
**Manchester City Council
Report for Information**

Report to: Economy Scrutiny Committee – 24 September 2014

Subject: Working Well

Report of: Head of Regeneration

Summary

Working Well (formerly known as Work Programme Leavers), is a new programme, designed and jointly funded by the Greater Manchester Combined Authority and the Department for Work and Pensions, which supports Employment Support Allowance (ESA) Work Related Activity Group claimants into sustained employment. Participants will be referred into the programme by Jobcentre Plus having completed two years on the Work Programme without moving into work. All will have at least one health condition, including poor mental health. Big Life has been commissioned to deliver the service in Manchester, with a key feature of the programme being the integration of other public services to achieve positive outcomes.

Fola Agbolaya, Assistant Director at Big Life, the delivery organisation for Working Well in the city, has been invited to attend the meeting along with one of the Big Life key workers.

Recommendations

Members are requested to note and comment on progress to date.

Wards Affected: All

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Background documents (available for public inspection):

None

1.0 Introduction

1.1 The purpose of Working Well, which has been co-designed between Greater Manchester and Government, is to test whether Greater Manchester public services can work together to better integrate support for a cohort with multiple barriers to work than business as usual arrangements. This is alongside more intensive support from key workers. Both the integration and the key worker element are critical to the success of Working Well. The Employment Support Allowance Work Related Activity (ESA WRAG) cohort was chosen for this service because claimants all have a health condition which affects their ability to work. Employment outcomes for this cohort from existing provision, including the Work Programme had been poor when the proposal was developed with Government in the autumn of 2013. In fact long term worklessness linked to health conditions has persisted across Greater Manchester throughout periods of growth and recession, hence the need to test a new approach which makes better use of public funding and the learning from previous programmes.

2.0 Background

2.1 Between Autumn 2013 and March 2014, representatives of the Greater Manchester Combined Authority and other stakeholders, including health services worked with the Cabinet Office on developing a new support model for ESA WRAG claimants exiting the Work Programme after two years without moving into work. Salford City Council led on the procurement of the service on behalf of the Combined Authority with the Department for Work and Pensions providing 80% of the funding and the ten local authorities the other 20%. The funding is based on a payment by results model which allows the service providers to claim more of the costs on attachment than is the case for the Work Programme. This allows for more intensive support for participants upon engagement.

2.2 Based on the numbers of Greater Manchester ESA WRAG claimants referred into the Work Programme and the low job outcomes for this payment group to date, the anticipated referral number to Working Well across Greater Manchester is 5,000, with 1,200 referrals anticipated in Manchester over the first two years.

2.3 The Working Well model is predicated on local public services across Greater Manchester delivering access to a range of appropriately integrated, prioritised, and sequenced interventions, giving key workers access to a range of tools to help in the development of bespoke packages of support for participants in the programme. Drawing on evidence of success from existing public service reform programmes such as Troubled Families, Working Well is built around a key worker model. Working with a small number of participants (40-50) as compared with Work Programme caseloads of up to 200, key workers are responsible for assessing participants' barriers to work and developing individual programmes of activity aimed at helping them to enter work.

2.4 All ten GM local authorities have led the development of Local Integration Plans for Working Well, working closely with public service partners and employers to ensure that there are mechanisms in place for integrating services in all ten localities. At the GM level, protocols have been developed with health, skills and housing

stakeholders, which will be reviewed and updated as necessary. The purpose of the protocols is to agree specific actions with key partners to ensure that the cohort can access their services effectively, agree how those services will be integrated and prioritised, and how actions will be coordinated across their sector. For example, the skills protocol will support access to provision for the cohort which will be tailored to their needs including an element of confidence-building and one to one support in the early stages for those who may not have previously achieved qualifications.

2.5 Success will be considered to be sustained employment by 15% of the cohort for over a year which is higher than the job outcomes achieved to date for this cohort under the Work Programme. Interim success measures will include the number of the cohort who find and sustain work for shorter periods than a year and volunteering. The intention is that all participants will benefit from reduced isolation, improved health outcomes and that even those who do not move into work will be supported into some meaningful activity which will ultimately reduce costs to public services. Evaluation of the programme has been co-designed with Government to ensure that the results are robust and can inform future programmes.

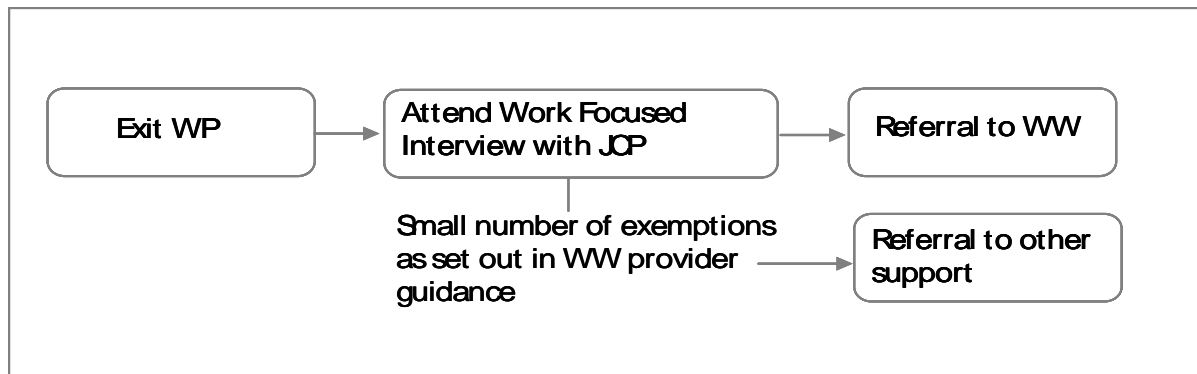
2.6 Achieving success with Working Well is critical to Greater Manchester's ambitions for growth and reform, as set out in "Stronger Together", the revised Greater Manchester Strategy. There is a need to collectively generate the strongest possible evidence during 2014/15 in order to have a different conversation with Government in 2015/16 about GM potentially commissioning or co-commissioning future welfare programmes to deliver better results for those furthest from work. This would be a key element within a differential deal for GM on growth and reform. There is collaboration with other cities through Core Cities in progressing this agenda.

3.0 Progress to date

3.1 In February 2014, Big Life was awarded the contract to deliver Working Well in Manchester, Salford and Trafford. Ingeus was awarded the contract for the rest of Greater Manchester. Referrals to both providers from local job centres started the week commencing the 26th March 2014.

3.2 The referral process set out below shows how ESA WRAG claimants move from the Work Programme to Working Well. As the process highlights, there are a small number of exemptions from the programme (such as those nearing retirement age, full time carers etc). However, it is expected that the majority of ESA Work Programme completers across GM will move onto Working Well.

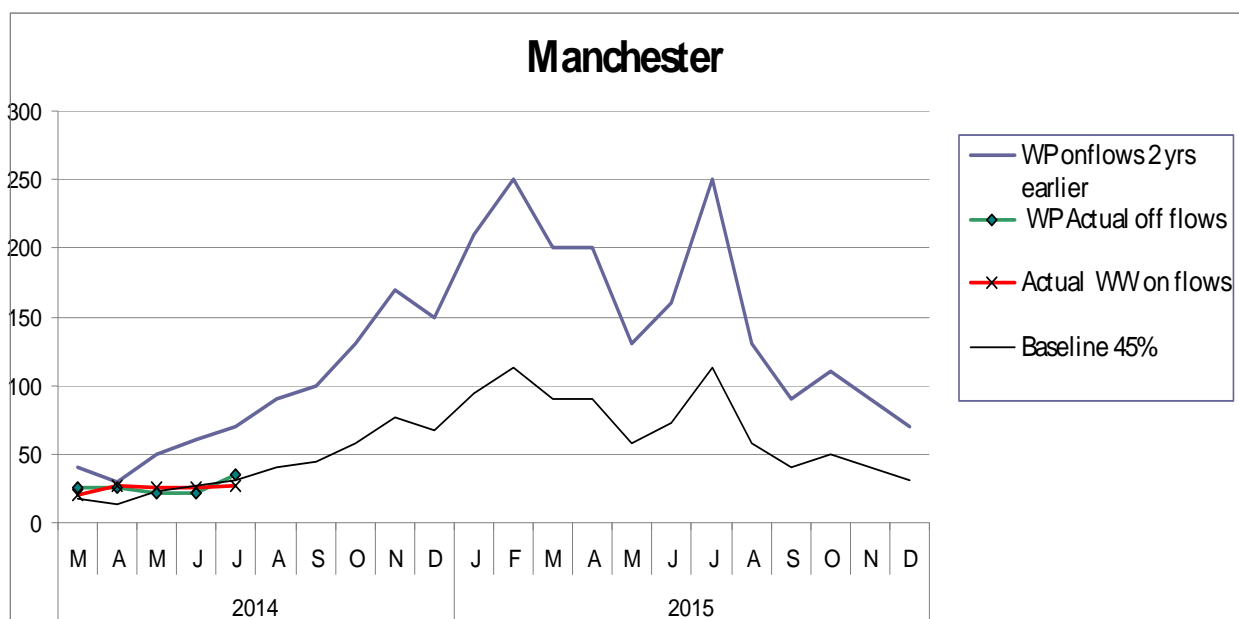
Figure 1: Working Well referral process



3.3 Referrals to both providers across Greater Manchester have been lower than originally profiled, partly because not all ESA WRAG claimants who have exited the Work Programme (WP) are returning to Jobcentre Plus (JCP) and are potentially moving off ESA. There have also been some delays in referrals to the providers due to claimants cancelling their appointments with Jobcentre Plus and having to re-book. However, the programme is currently on track to receive the 1,200 referrals in Manchester and total of 5,000 referrals across GM for the two years of the programme.

3.4 Between March-July 2014, 128 Manchester based ESA WRAG claimants exited the Work Programme, of which 124 joined Working Well. As shown in Figure 2 below, with 124 referrals into the programme, the overall referrals for Manchester are 11% above the baseline. A marked increase in referrals is anticipated from September 2014.

Figure 2 – Working Well on-flow, Manchester, March – end July 2014



4.0 Progress on key programme outputs

4.1 Of Big Life's 124 Manchester referrals, 96 clients have been claimed as fully attached which requires the delivery of a full assessment and action plan alongside the collection of other detailed evidence. Big Life have engaged with 98% of referred clients to date, which will be reflected in higher attachment rates within the official Greater Manchester performance report in future months.

4.2 To date, no job starts have been claimed across Greater Manchester due to the time lag within the reporting system, however, Big Life has supported three Manchester clients into employment. A further four clients are close to moving into work.

5.0 Big Life delivery model

5.1 Big Life's delivery model includes a wellbeing intervention which helps people with health needs to live better lives and achieve job outcomes through a combination of Motivational Interviewing and Supported Employment techniques. Big Life's view is that with the right support most people can work and their definition of work readiness is that clients;

- See employment as an achievable goal
- Commit to seeking work
- Identify an appropriate job goal for their skills, experience, circumstances and aspirations

5.2 Working Well key-workers use motivational interviewing and goal setting to improve clients' resilience, motivation to change and support clients to identify actions, and changes to their behaviour which will help them to achieve their goals. Big Life's experience suggests that the best way to help people is to put them in control so clients are supported to identify their own priorities, whether these relate to employment or other aspects of their lives. Key workers then have the freedom to help clients to tailor and schedule a package of support suitable for their needs, drawing on and coordinating the support provided by other agencies.

5.3 Once clients gain employment, support is provided for a further year and the key-worker is expected to maintain contact with both the client and the employer (with client consent) for this period.

5.4 This is a work focussed programme with a target of 20% job outcomes. However it is important that all clients achieve measurable progress against a range of wellbeing indicators so throughout their engagement with the programme, key-workers also assess clients using the following measures;

- Short Warwick Edinburgh Mental Wellbeing Scale; This measures an individual's perception of their overall level of mental wellbeing.
- General Self-Efficacy Scale; This measures an individual's belief in their ability to complete tasks and achieve goals.

- Work and Social Adjustment Scale; This measures an individual's perception of the level of impaired functioning caused by a mental health condition. Where appropriate, key workers also use the following assessments;
 - AUDIT-C (measuring alcohol dependency)
 - GAD7 (Measuring anxiety)
 - PHQ-9 (measuring depression)

5.5 Figure 3 shows that the Working Well client group is characterised by low or very low scores across all three scales.

Figure 3 – Analysis of baseline wellbeing scores across GM, August 2014

		Manchester	Salford	Trafford	All
Self Efficacy <i>Measures clients belief in their ability to achieve tasks and goals</i>	Low Self-efficacy	33%	44%	43%	38%
	Mixed response	50%	40%	43%	46%
	High Self-efficacy	16%	16%	14%	16%
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Wellbeing <i>8 = lowest possible score, 27 = regional average)</i>	Up to 10	11%	9%	6%	9%
	11 to 20	50%	58%	29%	50%
	21 to 27	33%	23%	29%	25%
	Over 27	6%	4%	18%	6%
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WSAS <i>Measures functional impairment due to mental health</i>	Severe Impairment	71%	62%	88%	70%
	Moderate Impairment	23%	23%	6%	21%
	Subclinical	6%	15%	6%	9%

6.0 Integration

6.1 As described in section 2 of this report, integration of other services is a key feature of the Working Well programme design. In Manchester, there is an agreement that where a Working Well client already has a key worker, for example within secondary mental health services, Big Life will work with that worker to bring in any additional support to progress the client towards employment. In most cases however, we anticipate that Big Life will take on the key worker role and that they will lead on the coordination and sequencing of support with other services.

6.2 In Manchester the oversight of this model is led by the Local Integration Board which includes members from MCC Regeneration, Commissioning, Troubled Families, Public Health, Adult Social Care, MAES, Manchester Mental Health and Social Care Trust, Jobcentre Plus, Strategic Housing, Eastlands Homes (representing all Registered Providers), The Manchester College and Probation. The Board's function is to support Big Life with the delivery of the Working Well Integration Plan for the city, identifying opportunities to better integrate services as the needs of the cohort become clearer and to deal with any blockages as they appear. The Work and Skills Board will oversee the work of the Integration Board and contract performance.

6.3 Both Big Life and Working Well Integration Board members have reported positively on the development of local arrangements to support service delivery and there are some good examples of collaboration to meet the skills and health needs of the cohort. The Mental Health Trust has, for example, agreed a case management protocol with Big Life for North Manchester which involves a lead worker triaging and managing any Working Well clients, prior to a full mental health assessment taking place where there are currently waiting lists for services. Referrals have also been made to MAES and The Manchester College work club and pre-employment training provision. The Manchester College is developing a bespoke course for Working Well clients which will start in September.

6.4 Big Life are recording numbers of services that assessed clients are also linked into, with 196 services linked to the 78 clients who have fully completed this part of the assessment. Key-workers have been in contact with 84 of these services.

7.0 Client characteristics

7.1 The information presented in figure 4, shows the key characteristics of clients engaged on the programme across Greater Manchester and Manchester. As anticipated, key barriers to employment identified through the initial assessment include poor physical and mental health, along with long periods of unemployment and low skills levels. To date, because of the nature of the cohort being referred to Working Well, responsibilities for children have not been high on the list of barriers and this has been reflected in the limited overlap with Troubled Families work.

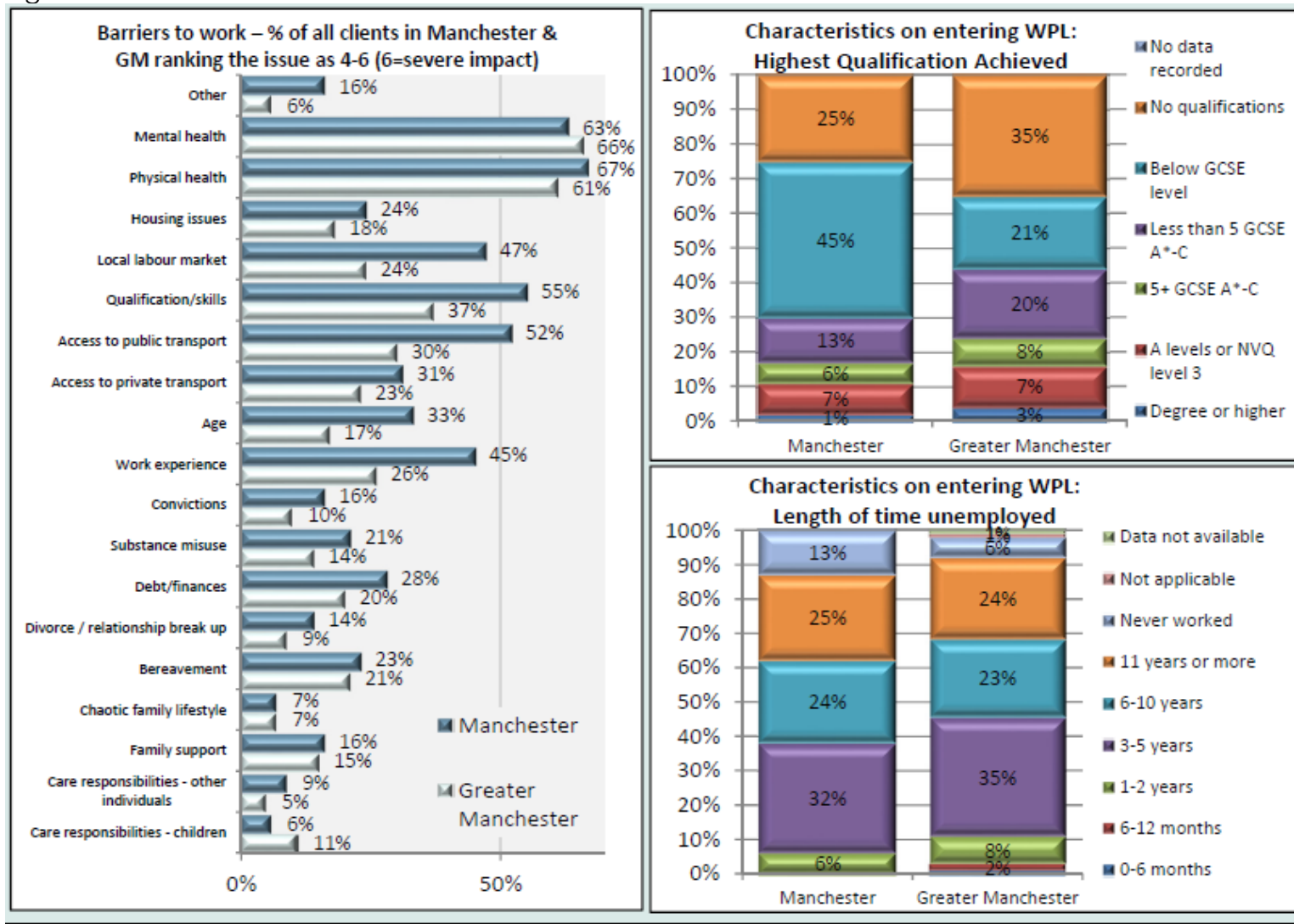
7.2 Big Life has reported that one unexpected barrier has been the number of clients having criminal records (about one-third) and 13% having unspent convictions. This is a particular issue in Wythenshawe, and a barrier where a lot of the hospital and airport jobs require DBS checks. Big Life will continue to monitor this over the course of the programme.

7.3 Appendix 1 includes two case studies which show some of the issues presented by the cohort and the range of services which need to be aligned to support an integrated pathway back to work.

8.0 Conclusion

8.1 Whilst it is very early days in terms of the delivery of the service, early indications are that the intensive support, motivational interviewing techniques and integration of services are already making a difference to increasing self-efficacy levels of the cohort which we believe will support higher numbers into employment or positive activity than previous programmes have delivered.

Fig 4



Appendix 1: Case Studies from Big Life Working Well Provision

Working Well Case Study 1: Sarah, Collyhurst:

Presenting Situation

Sarah is 55 and lives on her own in a Northwards Housing property. She is registered disabled and described her primary health condition as alcohol addiction and her secondary health condition as IBS. She had been given 6 months to live by her GP if she did not stop drinking. She also suffers from panic attacks and low mood. She rated how well she manages her health conditions at 3 (where 0 = very well, 6 = not all). She does not believe that she can find work ever and has been unemployed for 11+ years. She has level 1 qualification in Maths and English and cannot use IT. She reported the following barriers to work (0= no barrier, 6 = severe barrier); Bereavement (6), Debt (3), Alcohol Misuse (6), Lack of work experience (5), Health (5).

Actions Taken & Progress Made

The key-worker contacted the Community Alcohol Team and arranged for an appointment 1 week after her first appointment with Working Well. This was attended by the client and she was booked into a residential detox which she attended. Sarah is now alcohol free and has sustained this for 5 weeks. She has attended several nights out in this time without consuming alcohol. She has also set herself several goals which are; to manage her household better, stop smoking, and improve her diet and physical activity.

Services involved

The key-worker has maintained contact with three workers from alcohol services who are involved with Sarah's case and reports that the interagency relationship is effective (on a scale of Very Poor, Poor, Average, Effective, Superb). We felt that their response was excellent and with Sarah receiving the intervention she needed support rapidly. We have not experienced any barriers from service providers however Sarah is reluctant to attend either mental health or relapse prevention services. She does however report that she receives support from her family and friends who are supportive of her decision to give up drinking.

Distance travelled measures

Sarah's wellbeing has improved steadily with a spike following successfully completing Detox. She entered the programme with a wellbeing score of 70% of the regional average and is currently at 75%. She also reports that her health condition has a moderately lower impact on her day to day life. Her self-efficacy shows the greatest change; moving from entirely negative responses to questions about her ability to achieve things to entirely positive responses. This is reflected in her activity levels and goal setting. At her next appointment Sarah will undertake a review of her assessment which will allow us to track changes to her presenting issues.

Working Well Case Study 2: Susan, Crumpsall

Presenting Situation

Susan is 47 years old and lives in Adactus accommodation with her 12 year old daughter. Susan has a mortgage on a house in Huddersfield and relocated to Manchester after being the victim of a gang related incident.

Susan has epileptic fits and suffers from curvature of the spine, memory loss (epilepsy medication) and anxiety.

She was not looking for work and did not know when she would work again. She feels that she manages her health condition mostly very well. Susan worked for 17 years for Women Aid and has experience of working with vulnerable families.

She reported the following barriers to work (0= no barrier, 6 = severe barrier); Debt (5), Local Labour Market (5), Housing Issues (6), Physical Health (5).

Actions Taken & Progress Made

Susan has set and achieved multiple goals. She wanted to resolve the issue of her house in Huddersfield and has engaged with Shelter and CAB for advice which she is discussing her family.

She also joined a gym along with her daughter to improve their physical health. The key-worker referred and supported the daughter to access Self Help Services treatment.

Susan started volunteering at the Cheetwood Centre where she also receives support in the job club. Whilst doing this she has also contacted some women's refuges for volunteering opportunities.

Her health remains poor however and the client recently suffered from an epileptic fit immediately following an appointment.

Services involved

The key-worker works closely with the services at the Cheetwood Centre, co-producing support and undertaking three way meetings.

She is also communicating with Susan's Shelter advice worker and, when Susan missed an appointment due to poor health the key-worker was able to work with this person to get in contact with her.

We have spoken to her GP and he is aware that she is accessing our services. He has arranged to contact us before her next meeting to review her case with the key-worker.

We confirmed that the daughter is attending school and took the case to a Troubled Families allocation meeting where our support was found to be adequate and a referral in was not made.

Distance travelled measures

Susan's wellbeing has increased from 70% of regional average to 92%.

She reports that the impact of her health on her day to day life is significantly worse as she has suffered from more epileptic fits recently.

Her self-efficacy has improved slightly from a high starting point.

At her most recent appointment she undertook a reassessment of her presenting issues.

This showed variable results. Significantly an area which showed progress was employment and Sarah now expects to gain work in 7-12 months (at assessment she did not know when she might work again).