
**Manchester City Council
Report for Information**

Report to: Economy Scrutiny Committee – 11 March 2015

Subject: Working Well

Report of: Head of Regeneration

Summary

Working Well is the 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 are referred into the programme by Jobcentre Plus having completed two years on the Work Programme without moving into sustainable work. All participants have at least one health condition, often including poor mental health. Big Life has been commissioned to deliver the service in Manchester, Salford & Trafford with a key feature of the programme being the integration of other public services to achieve positive outcomes.

The Big Life Programme Manager responsible for the delivery of Working Well in the city, has been invited to attend the meeting along with one of the 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 a locally developed and delivered model of welfare to work can deliver better outcomes for Greater Manchester residents with multiple barriers to work than nationally commissioned programmes. Drawing from good practice in other reform programmes, Working Well has been designed around the principles of intensive support from a key worker who draws on and sequences other interventions and the integration of other public services to support a person's journey back to work

1.2 The Employment Support Allowance Work Related Activity (ESA WRAG) group 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. The intention is that Working Well as well as delivering better outcomes for those who have been referred, can also form an evidence base for working with other groups that traditionally have poorer employment outcomes, such as residents with Mental Health conditions or multiple support needs.

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 (Work Related Activity Group) claimants exiting the Work Programme after two years without moving into work. Salford City Council led the procurement of the service on behalf of the Combined Authority, with the Department for Work and Pensions funding 80% and the ten local authorities the other 20% of the costs. 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.

The funding is based on a payment by results model which better incentivises up front via an attachment fee, the initial work with those referred. This contrasts with the Work Programme, where there is not now any attachment fee. Working Well payment mechanisms allow 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 Working Well sees 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, Working Well is built around a key worker model. Working with a small number of participants (circa 40), 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.

2.5 The measures of success for the Programme are 20% of the 5,000 moving into work and 15% sustaining work for longer than a year. Interim success measures include the number of people who find and sustain work for shorter periods than a year. The intention is that all participants will benefit from reduced social 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.

3.0 Big Life delivery model

3.1 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 anyone 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

3.2 Working Well key-workers deliver an evidence based wellbeing intervention that uses 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. 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 not. Key workers then have the freedom to help people to tailor and schedule a package of support suitable for their needs, drawing on and coordinating the support provided by other agencies.

3.3 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.

3.4 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

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

Figure 1 – 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%
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%
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%

3.6 Big Life has 15 key-workers that provide a full range of support (inclusive of health and wellbeing) across Manchester, Salford and Trafford. Big Life has recently sub-contracted to two other organisations that deliver in the City: 'Breakthrough UK' (a Manchester based organisation providing employment support to individuals with disabilities) and 'Pathways CIC' (a social enterprise which focuses on health and employability and is delivering the Fit for Work service in North Manchester). Breakthrough has 3 key-workers actively working on the programme and Pathways has 2. Both are delivering end to end services and are using the Big Life model.

3.8 The Big Life model is already making a positive difference to those referred to the service Key-workers have reported the following positive feedback from clients:

1. Clients feel listened to, often for the first time.
2. Clients feel more confident around Big Life key-workers than with previous providers and they feel at ease.
3. The first sessions that we spend building rapport and trust with clients are important because this means key-workers get to know them and can understand their full circumstances and situation.
4. Clients report that they feel 'relieved' when they discover the type of service they have been referred to.
5. Clients have reported that there is more of a point to the service Working Well provides and that they have not felt that there was always a point to services they have attended previously.

6. Clients report that they feel empowered to have ownership of their journey with key-workers operating as agents who support them to achieve change.
7. Clients value the support which Big Life provide to access other services.
8. Clients state that Working Well is a non-judgemental service.

4.0 Integration

4.1 As described in section 2 of this report, integration of other services is a key feature of the Working Well design. In Manchester, we have agreed 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.

4.2 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 Working Well clients become clearer and dealing with any blockages as they appear. The Work and Skills Board oversees and receives regular progress on Working Well delivery in Manchester.

4.3 Both Big Life and Working Well Integration Board members are positive about 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.

4.4 The Integration Board has also been utilised to address significant practical challenges that Working Well key-workers have faced when providing support for clients. This includes instances where changes to benefits status have impacted on clients and which required swift action to ensure that, for example, a client was able to remain in employment. There have also been examples of good practice where group members have been active in addressing housing issues (and, in one case, postponing an eviction).

4.5 Big Life are recording numbers of services that assessed clients are linked into, with 992 services linked to the 302 clients who have fully completed this part of the assessment. Key-workers have been able to engage with 58% of these services, and been responsible for referring to a further 24% (so, in effect, are engaged with 82%

of support provision accessed by Working Well clients). Where other services are involved, Working Well key-workers are co-producing support with 42% of these providers, with the bulk of these being in primary healthcare, housing and welfare/debt advice services.

Figure 2 – Analysis of integration data Manchester: February 2015

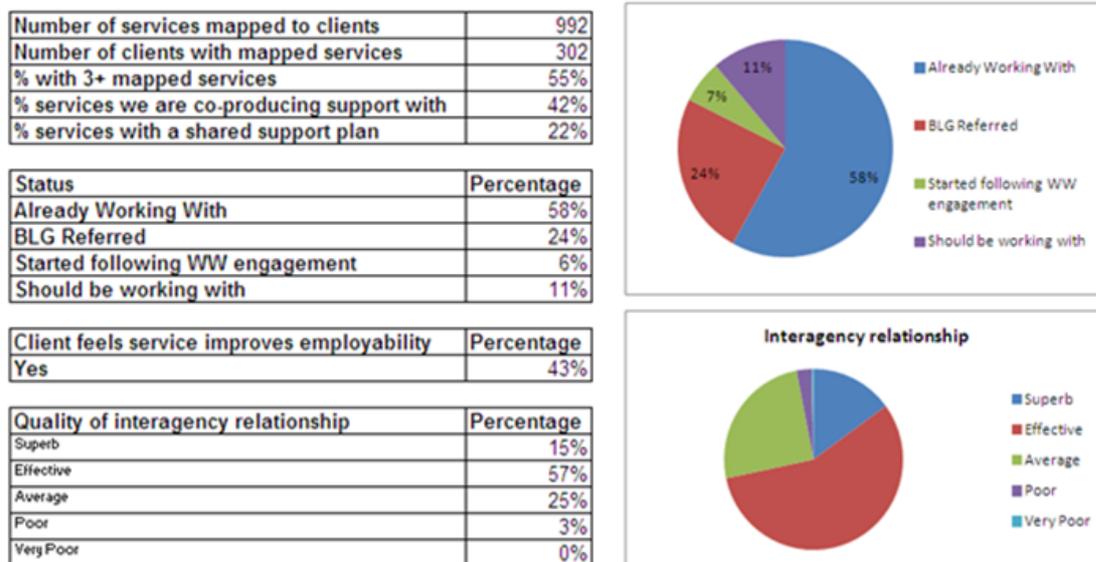


Figure 3 – Analysis of the service types that Working Well clients access, Manchester, February 2015.

Type of service	Number of clients	Co-roducing support		Shared support plan	
		Number	Percentage	Number	Percentage
GP	276	33	12%	13	5%
Physical Health Services	161	33	20%	6	4%
Housing	153	86	56%	34	22%
Mental Health Services	92	36	39%	21	23%
Other	56	23	41%	7	13%
Welfare/ debt advice	52	46	88%	32	62%
Substance abuse support	42	21	50%	13	31%
Employment Support	41	34	83%	17	41%
Skills Support	37	29	78%	17	46%
Qualifications Support	25	19	76%	16	64%
Local Council services	13	9	69%	1	8%
Family Support	11	7	64%	5	45%
Money Services	9	8	89%	3	33%
Criminal Justice	6	1	17%	0	0%
Legal Aid	5	2	40%	0	0%
Parenting support	4	2	50%	1	25%
Domestic Abuse support	2	0	0%	0	0%

5.0 Progress to date

5.1 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. Jobcentre Plus staff are well briefed and are consistently making referrals.

5.2 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), instead moving off ESA. There have also been a small number who have moved off Work Programme (and indeed Working Well) when their health has improved, and they have become JSA / Universal Credit claimants and are therefore ineligible. However, the programme is currently on track to receive the 1,200 referrals in Manchester and total of 5,000 referrals across GM within the first two years of the programme.

Figure 4: Working Well referral process

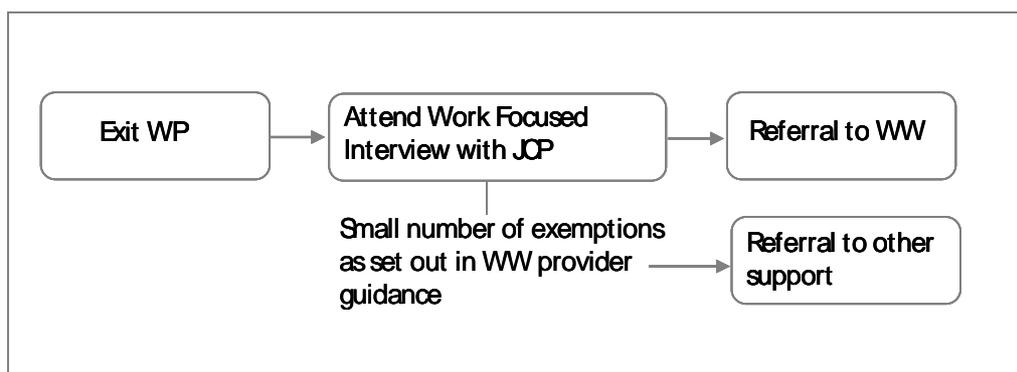
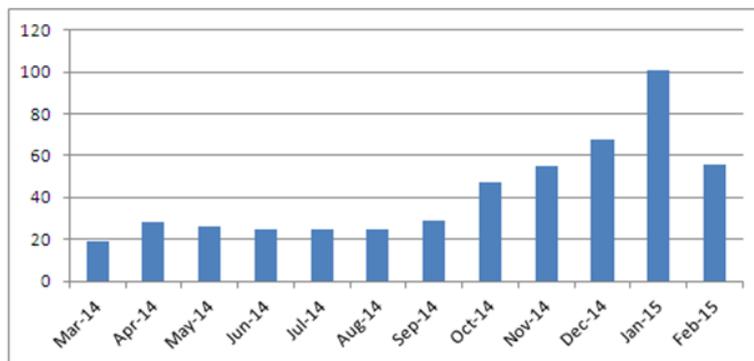


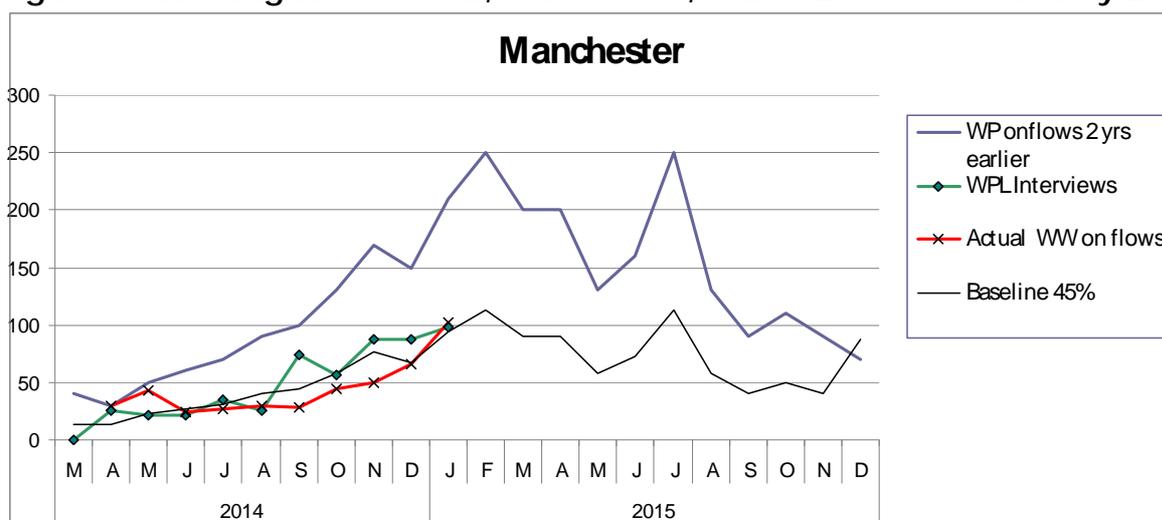
Figure 5: Referrals, March – February 2015

Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
19	28	26	25	25	25	29	47	55	68	101	56



5.4 Between March 2014 and January 2015, 532 Manchester based ESA WRAG claimants exited the Work Programme, of whom 448 joined Working Well. This means that overall referrals for Manchester are 9% below the baseline. However, a marked increase in referrals has been noted in January 2015 and rates in February continue to be high (referral numbers as of 25/2)

Figure 3 – Working Well on-flow, Manchester, March 2015 – end January 2015



6.0 Progress on key programme outputs

4.1 Of Big Life's 448 Manchester referrals (as at end of January 2015) attachment rates remain very high as they have attached 96% of clients, who have attended at least one appointment. A total of 98 clients remain unattached however 70 of these have not yet had their first appointment.

6.2 To date, 26 job starts have been claimed across Greater Manchester against a projected target of 27. In Manchester there have been 7 job outcomes up to 22nd December (6 of these clients have provided the evidence required to claim these outcomes). Minimum wage is paid for two of these jobs and the remaining roles are paid at £8+ per hour.

7.0 Client characteristics

7.1 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, 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 there has been a higher than expected number of clients having criminal records (circa one third) and 13% with unspent convictions. This is a particular issue in Wythenshawe, 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 to see how consistent a feature this is and how those particular barriers are overcome.

7.3 Appendix 1 includes an extended case study which shows some of the issues presented by residents accessing Working Well; the range of services that need to be aligned to support an integrated pathway back to work; and the role played by the key-worker in sequencing the range of support necessary to secure an employment outcome. It also outlines the wider support offered by the WW Integration Board and the GM Programme Board

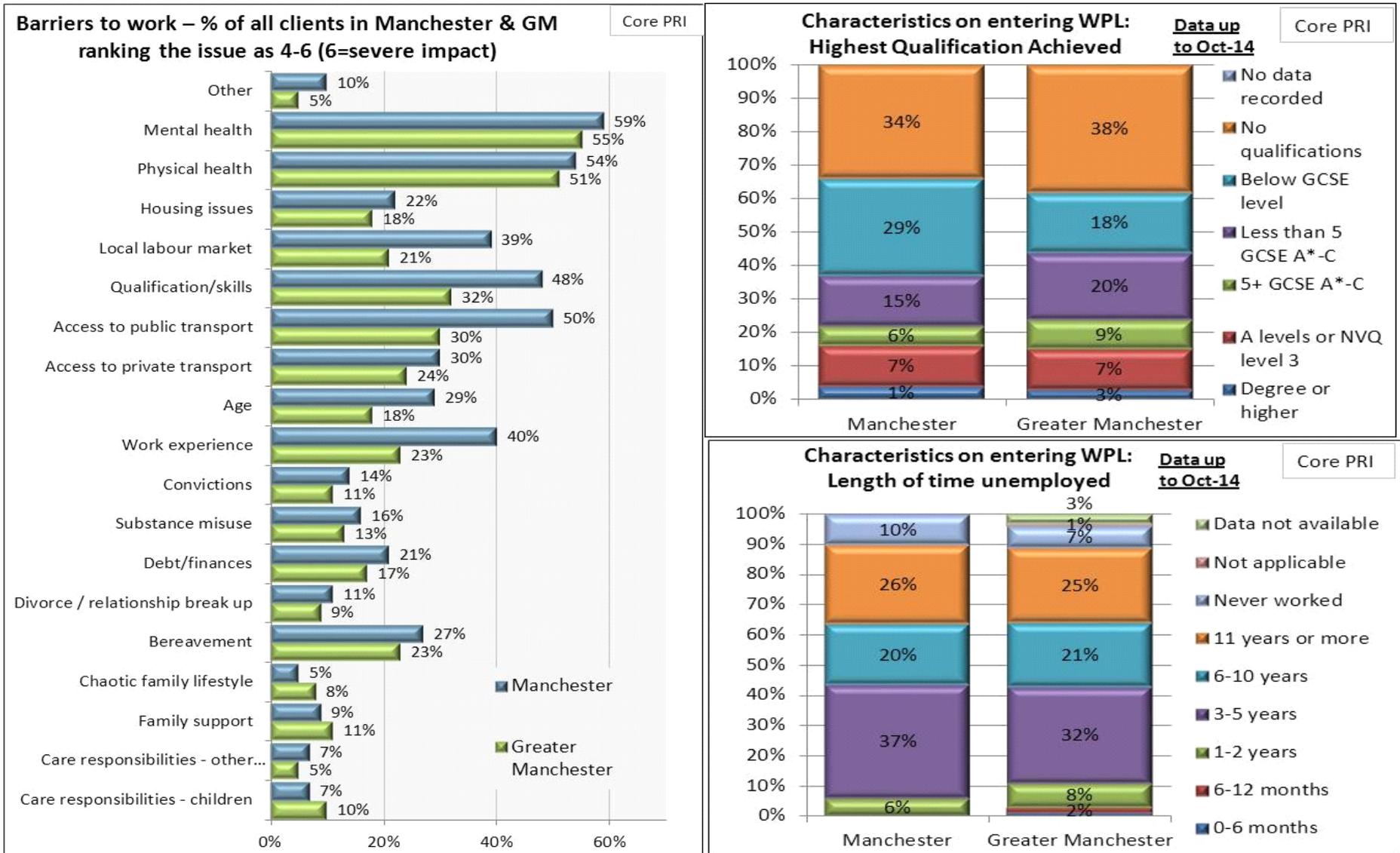
8.0 Conclusion

8.1 Although, it is still early days in terms of Working Well delivery, early indications are that the intensive support, motivational interviewing techniques and integration of services are already making a difference. Long-term unemployed residents accessing the programme report increased levels of self-efficacy, which should support higher numbers into employment than previous programmes aimed at the same group. After just 10 months of delivery, dealing with an at times very challenging people, Big Life staff are already seeing improved well-being outcomes for engaged clients, and, crucially, actual job outcomes.

8.2

8.3 The impact of the programme will continue to be evaluated independently by SQW and used to inform future programmes. The GM Devolution Deal agreed with Government last November provides an opportunity to scale up this approach with other groups of Greater Manchester residents who face multiple barriers to work, scaling up to 50,000 in total. The details are being negotiated with Government but the scaling up of this programme and the ability to co-commission the Work Programme provides the opportunity for this programme to have a much greater and longer-term impact beyond the current programme.

Fig 4: Key characteristics of Working Well Clients



Appendix 1: Enhanced Case Study (Peter)

Working Well Case Study 1: Peter

Presenting Situation

Peter is 45 and lives on his own in WCHG accommodation.

He has suffered from several heart attacks, depression and was overweight and unfit. He was also dealing with the break up of his relationship which resulted in being denied access to his children. He felt that he manages his health condition somewhat well. He was seeing his GP at referral.

He has 5 or more GCSE's grade A-C and had been unemployed for 1-2 years. He was looking for work and felt that it would take 2-3 months.

He reported the following barriers to work (0= no barrier, 6 = severe barrier); Physical Health (5), Debt (5), Qualifications (4), Skills (4), Other (IT and clothes) (4).

Services involved

Peter was in contact with his GP when he was referred and had previously accessed Self Help Services. He accessed Shelter Advice Service and attended appointments with Manchester Community Legal Advice service. Peter was in contact with mental health services prior to starting Working Well, was referred to pre-employment training at Manchester College and attended their jobclub. A successful application for a bicycle was made for Peter once he started work.

The key-worker was in **regular** contact with the employer when Peter started work and recently following his heart attack.

Actions Taken & Progress Made

Peter responded well to motivational interviewing and reported that attending the sessions made him suffer from low mood less. He quickly set goals for himself and made good progress re-engaging with his family and some friends; exercising and losing weight; and seeking work. Peter was very motivated to find work as his wife had left him with their children and finding work would help him to see them again.

He attended multiple interviews for a range of different employers and started work in July. We purchased work attire for him and have arranged for him to receive a bike to cycle to work.

Peter then suffered from another heart attack and was hospitalised. We engaged with his team leader and their HR manager and engaged with Peter to provide legal and practical advice. He declined our offer to attend his RTW interview although the employer was supportive of this.

Peter is still recovering and his employer is keeping his job for him at present (Last contact mid December) and is planning a phased return in January.

This is likely due to the significant progress Peter has made with his weight and fitness regime and his success in gaining interviews and employment.

Peter – Pathway, Integration and Lessons Learned

- Working Well Key-worker initially engaged with 2 agencies that Peter was already engaged with at point of referral (GP and Self help Services). Key-worker has supported Peter to engage with other support providers – Shelter Advice Service, Manchester Community Legal Advice and The Manchester College. Integration Board has also suggested that secondary healthcare provision (in particular 'Heart Club') to further reduce health risks.
- Peter has benefitted from the key-worker engaging with existing support provision, and also key-worker knowledge of employment support / training provision in order to gain employment. Key-worker also supported Peter to return to work, established relationship with his employer to the point where employer will consider other Working Well clients for entry-level opportunities. In other cases, Big Life key-workers have been very successful in establishing excellent working links with, for example, Mental Health Services, Community Alcohol Teams, large scale employers (such as Whistl), Revenues and Benefits, Housing Providers and employment support and training providers, and this has been to the benefit of their client group
- In Peter's case, key-worker supported engagement with TMC Work Club / pre-employment training provision, helped individual to put CV together, and supported through job application process and even helped him access finance to get a bike to get to work. Key-worker also helped to sort out Peter's finances through engagement with Shelter / Community Legal Advice which was significant in removing potential barrier to employment. Crucially, in this case, key-worker stayed engaged with individual following offer of employment, and was able to provide support and advocacy when Peter's health deteriorated, was able to negotiate that Peter be supported back into work through establishment of good working relationship with the employer concerned.
- Working Well has influenced/supported the development of relationships between people and organisations through the development of good working links through services represented on the Integration Board. This has led to, for example, improved access to Mental Health Services, better engagement with Housing Providers (in one case, stalling an eviction that was in progress), better access to employment opportunities, and more expedient processing of benefits claims issues. This has been facilitated through good working relationships between MCC departments and partners, and Big Life key-workers being able and comfortable using the resources and expertise of the Integration Board members.
- Whereas previously any number of services may have been working with an individual and concentration on a single presenting need (eg in Peters' case, health, mental health, family breakdown and unemployment would have been dealt with by 4 or more support services), the Working Well model allows one key-worker to have oversight of the entire package of care necessary and address this through the sequencing of an appropriate holistic support offer. Protocols – and in particular the Integration Board and the LA offer to help support training of WW key-workers – have been integral to the development of this.
- Big Life in Manchester is currently reporting that they are already exceeding employment outcomes on job starts on Working Well programme and are ahead of profile. Provision of in-work support (such as in Peter's case) also ensures that sustainable employment targets are being addressed from the outset. Big Life provide

additional narrative reports for Integration Board meetings which reflect this and point up both barriers to delivery and examples of good practice. Peter had previously been unemployed for over 2 years and felt that his physical health was his main barrier to employment, but that this was also affecting his mental health (worry, stress, lack of meaningful activity and increased social isolation)

- Delivery of a personalised welfare service for those who have been attached – this is the Big Life model- tailored, key-worker led intervention which accesses other appropriate support provision to ensure welfare of individuals engaged. Peter’s key-worker used Motivational Interviewing to address his lack of activity, to set achievable goals around this, to reduce stress and improve mental health and well-being. Key – worker also facilitated client in obtaining furniture for his house (client was living in bare rooms), and helped to reduce financial hardship and housing issues that Peter was experiencing through engagement with social housing provider (including applying for discretionary housing funding). Key-worker also facilitated referrals to CAB (for legal advice around family break-up) and Shelter (for support around housing issues). Also, in this case, Working Well were able to facilitate provision of a free bike from TfGM, which had the double benefit of providing Peter with a means to get to his employment, and improve his overall health while doing so.
- Key-worker led delivery model is embedded within Troubled Families interventions in Manchester, and ESF delivery. In Peter’s case, having a key-worker available to sequence the support offer from a range of services, gauge his mental and physical well-being as part of the motivational interviewing approach (including realistic goal-setting) throughout, and also using their knowledge of available local resources, has been key to the success of the intervention. As part of Complex Dependency in Manchester, there will be more of an expectation for partners such as Probation and Registered Housing providers to use this holistic support provision approach. This is building on the evidence and local learning which has been gained through the establishment of the Troubled Families Programme, the development of the (complimentary) ESF Provision and other bespoke, smaller projects such as the Fit for Work in-work and out-of-work support pilots.
- Working Well is already seen as an example of good practice in Manchester and is informing the development of other support provision as part of Public Sector Reform (eg Mental Health into Work Pilot) In Peter’s case, improved use of local resources had tangible benefits, including linking into other support services, such as CAB and Shelter
- Working Well has been successful in establishing a new way of working, and the model in Manchester is underpinned by a number of key elements, specifically:
 - The Big Life model, a motivational-interviewing led, key-worker approach which deals with the range of support needs an individual may have, sequencing support appropriately and ensuring that issues are prioritised and addressed, and additional support resources and expertise are utilised
 - A strong and involved Working Well Integration Board, which not only shapes ongoing delivery but also provides a bank of contacts for key-workers to use when facing significant blockages in support provision
 - The ongoing support of a wider GM Working Well programme Team, which has shaped delivery, addressed significant strategic blockages, afforded a forum for sharing of good practice throughout the region, and provided practical guidance

and protocols on key themes (eg communication, data collection), while also ensuring that on the ground delivery is appropriately protected and resourced.