
**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Health and Wellbeing Board – 19 March 2014

Subject: Health and Work

Report of: Dr Mike Eeckelaers, Chair, Central Commissioning Group
David Regan, Director of Public Health

Summary

People who are in work live longer, healthier lives. This document provides the Board with

- A summary of the evidence base of the health impacts of being out of work and the current barriers to an integrated approach
- Proposed key priorities as part of a Health and Work Delivery Plan setting out the actions needed across all partners to achieve work as a health outcome for Manchester residents
- An explanation of the importance of the Greater Manchester Work Programme Leavers scheme to this priority, providing a copy of the Health Protocol that all Health and Wellbeing Boards in Greater Manchester are being asked to support.

Recommendations

The Board is asked to:

1. Approve the objectives in the Health and Work Delivery Plan.
 2. Commit organisational support and resource to enable the delivery of the priority actions set out in Section 9 of this report.
 3. Approve the Greater Manchester Work Programme Leavers Health Protocol.
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Board Priority addressed:

Strategic Priority 7, Bringing people into full employment and leading productive lives

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Background documents (available for public inspection):

None.

1.0 Introduction

1.1 People live longer, healthier lives when they are in work.

1.2 A health and care system which incorporates a focus on moving into, and remaining in work as a routine element of service delivery will achieve better health outcomes for the Manchester population.

1.3 Maximum economic growth cannot be achieved without a healthy population, and a strong economy is essential if we are to realise the potential that employment has to improve the health of the local population. This interdependent relationship requires system change to create an integrated approach in order to achieve maximum gain across public sector partners, particularly the health sector and will require change at a structural, operational and cultural level.

2.0 Current challenges: The health impacts of being out of work

Table 1

People of working age who are out of work

- **20%** higher rate of preventable deaths (excess deaths) (increased suicide/mortality) in out of work population
- **1.5 - 2.5** times higher risk of fatal or non-fatal cardiovascular disease and events
- **1 in 7** men is diagnosed with clinical depression within six months of losing their job
- Unemployed young men are **25 times** more likely to attempted suicide than employed young men
- **16 to 34 %** increased incidence of psychological problems for those who experience prolonged unemployment
- Prevalence of psychiatric disorders in children aged 5-15 in families with parents who have never worked is **double** that of children with parents in low skilled jobs, and **5 times** higher than those with parents in professional occupations
- **Higher** rates of alcohol and tobacco consumption among those out of work
- **Lower** rates of physical activity among those out of work

2.1 Employment is a key determinant of health. The strong evidence base indicates that work for health is not given the priority it should have in relation to patient care. Training and education for healthcare professionals on the importance of vocational rehabilitation and work for health is lacking. There needs to be a systematic approach to integrate healthcare provision with programmes designed to move people back to work, in order to support the best health outcome for the individual.

2.2 A detailed summary of the evidence base is attached at Appendix 1.

3.0 Current Challenges: Health-related benefit claims and the impact of Welfare Reform

Table 2

Out of work benefit claimants

- **59,700 (16.5%** of working age population) claim an out of work benefit
- **31,880 (53%)** of these claim as a result of a health condition
- **50%** of those claiming sickness-related benefits have mental health as the primary health condition

3.1 Very high rates of health-related worklessness have persisted in Manchester regardless of the economic climate, and the number of health-related benefit claimants has remained high even during times of economic growth. In many cases, there will be multiple health conditions accompanied by a range of complex social circumstances for example low skills, family and relationship issues, social isolation, debt, housing problems.

3.2 The coalition government has introduced a series of welfare reforms and changes to the benefits system under the provisions of the Welfare Reform Act 2012, with the stated intent of 'making work pay' and a reduction in the welfare budget of £18 billion. These changes have been targeted mainly at people of working age and have had a significant, detrimental financial effect on many households across the city.

3.3 GPs in particular have been impacted by the reassessment of Incapacity Benefit claimants through the 'Work Capability Assessment' and movement of those onto Employment and Support Allowance, the main sickness-related benefit. For most claimants 'work related activity' conditions are now attached to receipt of benefit. This increased conditionality for receipt of benefit has led to a large increase in benefit suspensions or 'sanctions'. Additionally a new 'Personal Independence Payment' with higher eligibility criteria replaces the current Disability Living Allowance and a wholesale reassessment process is underway. Many will not now meet the threshold for this disability benefit and many more patients are asking for support with appeals or new claims, leading to increased footfall to GP practices.

3.4 Further welfare reforms are planned which will are likely to further deepen poverty and deprivation levels of benefit claimants of working age. The impact on health and socioeconomic circumstances makes it imperative that we prevent as many residents as possible from falling out of work, and support as many as possible back towards employment, as the only potential route out of poverty for people of working age.

4.0 Current Challenge: Mainstream programmes are failing those with health conditions

4.1 The Work Programme is the primary DWP-commissioned payment by results support service for longer-term out of work benefit claimants including those with health conditions who have more barriers to work e.g. ex-Incapacity Benefit

/Employment Support Allowance claimants. It has been in place since June 2011 and in Manchester the prime contractors are G4S, Avanta and Seetec. The Work Programme has not been effective for these individuals to date.

Table 3

Work Programme performance for those with health conditions

1.79% - 10 out of **560** - of Manchester ESA claimants *mandated* to take part have found work up to September 2013.

0% - no job outcomes have been achieved for those on sickness-related benefits who *volunteered* to take part.

4.2 This gives an indication of the difficulties in moving people with health conditions, many of whom will not have worked for a very long time, into work, even where they have volunteered to join the programme. There are particular concerns that the Work Programme is not effective in supporting people with mental health conditions into work.

5.0 Current challenge: No clear referral pathway for primary and secondary care

5.1 The employment and skills provision is complex. There are multiple services operating with different models in the North, Central and South of the city. This impedes the ability of health partners who recognise the importance of work for health to understand who to refer to appropriate support and therefore address the wider determinants of health.

5.2 Provision of a single, trusted referral point which health and other partners can refer into is being tested through the Fit for Work pilot and is outlined in section 8.2.

6.0 Current challenge: Sufficiency of appropriate job opportunities and willingness of employers to accommodate those with health needs particularly mental health.

6.1 This is a particular challenge for a labour market in recovery from economic downturn, although Manchester city centre remains a key generator of employment growth and there are other major employment opportunities e.g. Airport City on the horizon. Whilst brokering employment opportunities for those with health / mental health conditions is a key responsibility of Jobcentre Plus and Work Programme prime contractors, more work needs to be done to match residents with health conditions to vacancies who may not have recent work experience and to test the most effective approaches for this group at scale.

6.2 There are some strong local employment initiatives in place which can be built upon and which have supported residents with health conditions into work e.g. the recent TNT recruitment supported through the Manchester Employer Suite which is a partnership service between JCP, MCC and other skills and employment providers. There is also a good track record of local recruitment to entry level roles within the health sector e.g. CMFT's supported traineeship scheme and apprenticeship

recruitment. However, there is underdeveloped potential within the leadership role of Manchester's large public sector organisations, both in terms of creation of opportunities for this group and leverage through procurement policies. Similarly, influencing major employers through existing relationships to increase corporate social responsibility approaches for these groups would support this objective. Current provision of in-work support is not sufficiently consistent to ensure that both employers and the individual themselves have the right support to enable a sustained transition.

7.0 Key Changes that would make the biggest difference

- Commissioners of health and social care services incorporate work and skills outcomes into all relevant areas within commissioned services, including provision of suitable training and support on work as a health outcome
- Primary and secondary healthcare providers understand the health risks of worklessness, routinely identify this through consultations and make active referrals to the right services
- Coherent referral pathways are in place which provide primary and secondary care with a trusted service which can make an assessment of the socio-economic needs of the patient and co-ordinate the right support in a sequenced, prioritised way.

The Work and Health Delivery Plan attached at Appendix 2 sets out the full scope of the work to deliver on objectives.

8.0 Opportunities to build on

8.1 There are key programmes underway which provide opportunities to test and build a systematic approach to integration of work and health outcomes. Support for unemployed residents with health conditions into training and work has been included as a key activity within the Greater Manchester EU Investment Plan for 2014-20 submitted to Government.

8.2 'Fit for Work'

This has been commissioned by the Council's Public Health and Economic Development Unit and comprises two services:

8.2 **'Fit for Work' (In work) service** has been commissioned to deliver a service through GP referrals to prevent people who are in work but off sick from falling out of employment following on from a GM pilot from which a strong evidence base was developed. The service is currently exceeding targets with strong engagement from primary care across the city.

8.3 **Fit for Work (North Manchester out of work pilot)** commenced delivery in the North Manchester CCG area in November 2013. This was designed to test whether improved employment outcomes could be achieved through a health-focussed pathway. The service relies on GP engagement via referral of out of work

patients with health conditions to condition management and work progression services. Engagement and referral through GPs has been the most successful of any initiative with nine practices participating in the pilot. Early indicators demonstrate patient progression through the service is positive with clear outcomes.

Table 4

Case Study: North Manchester GP referral to 'Fit for Work'

40 year old man with with depression and diabetes. He had recently failed the 'Work Capability Assessment' and was told to claim Job Seekers Allowance (JSA). His JSA was then sanctioned as he declined a job offer he felt he couldn't cope with due to his mental health. He was struggling to manage on a hardship payment, and getting further into debt. His previous work history was in factory work and food takeaways. Patient assessed and provided with ongoing support and motivation to:

- Access Northwards Housing Money Mentors to help manage debt
- Access food bank to help his money go further through this period
- Access the Lalley Welcome Centre weekly who provided social support, gave him food when he attended and supported his CV building and job search
- Access a Manchester Communications Academy course on literacy, numeracy and IT for beginners
- Undertake a food hygiene certificate course
- Access a BOOST Emotional Resilience course

Outcome: Patient secured temporary job in a restaurant three months later. Still in contact with the programme to support transition when temporary contract ends.

8.4 Work Programme Leavers

8.5 Greater Manchester is testing new approaches to health related worklessness through the Work Programme Leavers scheme, which has been co-designed between Greater Manchester and Government. This is giving a real impetus to the testing of new ways to integrate health and worklessness delivery, building on previous experience within the city. This new approach will integrate all other public services to support ESA Work Related Activity Group claimants who have spent two years on the DWP's Work Programme without a job outcome, into sustained employment.

8.6 The Big Life Group has been appointed as provider for Manchester, Salford and Trafford, and commenced delivery on 5th March 2014. The approach is built around a key worker model, doing a whole person/family assessment of the issues preventing the individual from progressing into work, and then prioritising and sequencing the right support. This meets the needs of the individual, but relies on all public sector partners, including health providers providing the right services at the right time. The programme has the potential to reduce long term costs across public sector partners and to significantly add to the evidence base as to the most effective interventions for workless adults with health conditions.

8.7 In order to support the delivery of Work Programme Leavers Greater Manchester Protocols for Housing, Skills and Health have been developed. All Health and Wellbeing Boards across Greater Manchester are being asked to sign up to the Protocol to support the programme. The protocol for Health is attached at Appendix 3.

8.9 Health and Wellbeing system redesign in collaboration with Manchester Academic Health Science Centre

8.10 Manchester is commissioning a new Health and Wellbeing Service which will incorporate the resource from current public health services and the Council's mental wellbeing funding, to commence Spring 2015.

8.11 The focus of this will be a single referral pathway to a service which will provide a whole person assessment and triage to identify health, social, economic and environmental needs, providing action planning and individual support to access the right services, in the right order, for those who require it. Primary and secondary healthcare partners can refer patients into one place to co-ordinate support for those who have multiple problems e.g. Worklessness, debt, housing, social isolation and low level wellbeing issues. Employment and skills providers will also be able to refer people who have health and wellbeing needs into this system.

8.12 A collaborative approach is under development between Manchester City Council, Manchester Academic Health Sciences Centre, Central Manchester Foundation Trust and Public Health England to complement the Wellbeing System focusing on community leadership and asset-building. The key aim of this collaborative is to improve the health and wellbeing outcomes of individuals /families within the most deprived communities in order to

- Address inequality by improving the health of the poorest the fastest
- Reducing levels of worklessness as a cause and effect of poor health
- Reduce premature mortality

8.13 The investment this programme will provide gives the potential for Manchester's health and wellbeing system to develop community capacity at scale , integrating with Living Longer Living Better new delivery models and the existing primary care Fit for Work programme. Much work has yet to be done to develop the approach with partners and a further paper will be brought back to a future Board to update on the collaborative in more detail.

9.0 Priorities for 2014-16

9.1 The objectives set out in the Work and Health Delivery Plan are ambitious and will take a number of years to realise. The proposal to the Board is to commit all partners to joint work on key priority areas over the next 3 years.

Table 5

	What needs to happen?	Action required by HWBB Partners
Year 1	2014-15	
	Monitoring of employment /benefit status developed and ready to incorporate into contracting processes to enable reporting and data collection within all relevant commissioned services , use of CQUINs explored to incentivise providers	CCGs identify lead contact to work with Strategic Priority 7 Leads
	Priority services/redesigns are identified across Commissioning Partner responsibilities and commitment is made to ensure work as a health outcome is incorporated	CCGs identify lead contact to work with Strategic Priority 7 Leads
	Primary and secondary care Work and Health Education Programme developed	Partners commit to supporting the programme and provide contact and support for development
	HWB Board signs up to the GM Work Programme Leavers Health Protocol and supports the delivery of the programme as a key component of Public Service Reform	Approve protocol attached at Appendix 3
	HWB Board to commit to offer work experience and appropriate employment opportunities for local Work Programme Leavers and young people (through apprenticeships and traineeships) both directly and through supply chain.	HWBB members nominate leads to build on existing local benefit mechanisms and monitor achievements through recruitment within the year which will set the baseline for Year 2
Year 2	2015-16	
	Redesigned Health and Wellbeing system commences testing and delivery as a central referral pathway for work and skills support and for employment partners to access health and wellbeing support	Support and promotion of the new system
	Work and Health education and training programme delivered in primary and secondary care	Lead in partner agencies facilitates, supports and promotes programme delivery
	Primary and secondary care providers are monitoring and reporting accurately on work status as part of contract monitoring	Partners support provision of data
	HWB Board members report on increases to Year 1 baseline work experience and employment opportunities for local people.	Partners support provision of data and share good practice around delivery

10.0 Conclusion

There is a strong case for action across Health and Wellbeing Board and Work and Skills Board partners. A joint, integrated approach has the potential to significantly improve health, social and economic outcomes for this section of the population. The Board is invited to approve the recommendations in this report and make any further suggestions to accelerate progress within Strategic Priority 7 of the Joint Health and Wellbeing Strategy.

Appendix 1

How employment can affect health: The Evidence Base

Being out of work can lead to poor physical and mental health, across all age groups, with major impacts for the individual concerned, their spouse and family. Getting back into work improves people's health, as long as it is good quality work¹.

Why is work important?

The theoretical framework about work and well-being is based on extensive background evidence and states that:

- Employment is generally the most important means of obtaining adequate economic resources, which are essential for material well-being and full participation in today's society;
- Work meets important psychosocial needs in societies where employment is the norm;
- Work is central to individual identity, social roles and social status;
- Employment and socio-economic status are the main drivers of social gradients in physical and mental health and mortality;
- Various physical and psychosocial aspects of work can also be hazards and pose a risk to health(3).

The health effects of worklessness

There is a strong association between worklessness and poor health. This may be partly a health selection effect, but it is also to a large extent cause and effect. There is strong evidence that unemployment is generally harmful to health, and leads to

- Higher mortality;
- Poorer general health, long-standing illness, limiting longstanding illness;
- Poorer mental health, psychological distress, minor psychological/ psychiatric morbidity;
- Increased alcohol and tobacco consumption, decreased physical activity
- higher rates of medical consultation, medication consumption and hospital admission rates(4)
- Increase in family violence, child neglect
- Unemployment increases the risk of fatal or non-fatal cardiovascular disease and events, and all-cause mortality, by between 1.5 and 2.5 times (5)
- One in seven men develop clinical depression within six months of losing their job (6)
- Prolonged unemployment increases the incidence of psychological problems from 16 per cent to 34 per cent (7), with major impacts on the individual's spouse (8).

¹ What is Good work? Research studies on the benefits of work have defined 'good work' as adequately rewarded, placing appropriate demands in terms of quality and quantity, some control over work (decisions, place, time) fairness/perceived fairness, participation in decision-making, work/life balance, wellbeing: self-efficacy, sense of belonging, meaningfulness.

- Young people are particular at risk. Attempted suicides 25 times more likely for unemployed young men than employed young men, mental health problems in general much higher amongst unemployed populations

People living with long term health conditions

There is a broad consensus that, when possible, sick and disabled people should remain in work or return to work as soon as possible because it:

- is therapeutic;
- helps to promote recovery and rehabilitation;
- leads to better health outcomes;
- minimises the deleterious physical, mental and social effects of long-term sickness absence and worklessness;
- reduces the chances of chronic disability, long-term incapacity for work and social exclusion;
- promotes full participation in society, independence and human rights;
- reduces poverty;
- improves quality of life and well-being(3)

Re-employment

Getting back into employment increases the likelihood of reporting improved health (from poor to good) almost threefold, and boosts quality of life almost twofold (9).

There is strong evidence that re-employment leads to improved self-esteem, improved general and mental health, and reduced psychological distress and minor psychiatric morbidity. The magnitude of this improvement is more or less comparable to the adverse effects of job loss (3)

The exception to this can be young people.

- Unemployed young people, and particularly affected by ‘scarring’: effects of a bad early experience in the labour market can last for 20 – 30 years and restrict ability to progress
- Young people who are not in education, employment or training (NEET) for a substantial period are less likely to find work later in life, and more likely to experience poor long-term health (10)

Provisos

Although the balance of the evidence is that work is generally good for health and well-being, for most people, there are three major provisos

1. These findings are about average or group effects and should apply to most people to a greater or lesser extent; however, a minority of people may experience contrary health effects from work;
2. Beneficial health effects depend on the nature and quality of work;
3. The social context must be taken into account, particularly social gradients in health and regional deprivation(3)

Health Services

- *Vocational rehabilitation* is not routinely included in the training of medical staff at any level or in any discipline.
- *Cultural resistance* – despite it not being appropriate to judge an individual's employability or contribution to the economy such judgements are often made, usually without reference to the individual's own preferences or circumstances and without reference to the likely future impact.
- *Not our concern* – it is felt that since the NHS does not pick-up the costs of unemployment it shouldn't be an NHS responsibility to get people back to work.
- *Limited tools* – medical staff at all levels do not have the knowledge or skills to advise an individual on when or how to return to work
- *Low expectations* – some professionals don't think it is important for people to work or believe that people are 'better off' on benefits
- *Lack of knowledge* – despite the enormous and growing evidence base in this area, medical staff are rarely knowledgeable of the economic impact of health prescriptions.
- *Mental health* - Many people with mental health conditions are often told to not consider work as part of their treatment
- GPs say that don't feel equipped to advise people on whether they should return to work. Many still don't ask about employment status, and feel uncomfortable asking about employment status
- Junior doctors do not consider employment or work issues in relation to the patient's recovery.
- What medical staff say about return to work, what family and friends say and the response of their employer will together determine whether someone returns to work (14)

4. The business case

- Workplace injuries and ill health cost society an estimated £13.8 billion in 2010/11, excluding cancer (15)
- Sickness absence and worklessness cost the British economy £100 billion a year (16),
- 300,000 people every year fall out of work onto health-related state benefits (17)
- Evidence shows that getting people back into work and helping them 'be well' in work can help to reduce this huge economic burden (18). For example, Business in the Community has estimated that its programme of getting disadvantaged groups 'Ready for Work' provides more than £3 in benefits to society for every £1 spent over five years (19)
- Employee wellness programmes have also been found to return between £2 and £10 for every £1 spent (20)

References

1. Fair Society, Healthy Lives, Policy Objective 4, Professor Michael Marmott, UCL, 2010
2. Siegrist et al 2010).
3. Is Work Good for your health and wellbeing? Gordon Waddell & A Kim Burton 2006, 2008, Black (2008) Marmot (1997)
4. ibid
5. (Siegrist et al 2010).
6. Royal College of Psychiatrists 2013)
7. Paul and Moser 2009
8. Marcus 2012
9. (Carlier et al 2013)
10. Audit Commission, 2010
11. Black, 2008
12. Waddell and Burton
13. Black and Frost, 2011
14. Evidence from the Black & Frost (2011), Waddell and Burton (2008), Boorman (2009)
15. Health and Safety Executive 2012
16. Black, 2008
17. Black and Frost, 2011
18. McDaid et al 2008
19. Business in the Community 2012
20. PricewaterhouseCoopers 2008

Appendix 2

Joint Health and Wellbeing Strategy Priority 7 Work and Health Delivery Plan Objectives 2014-16

1.0 What would success look like in Health and Social Care commissioning?

- Commissioners of health and social care services incorporate work and skills outcomes into all relevant areas within commissioned services, including provision of suitable training and support on work as a health outcome
- Work as a health outcome is integrated into health assessment and care pathways within primary care and relevant elements of secondary care and is monitored and reported appropriately
- Local commissioning arrangements provide for sufficient flexibility to enable service providers to respond to the requirements of Public Service Reform Programmes (E.g Work Programme Leavers)
- Specifically within adult primary mental health care services, drug and alcohol services support to remain in work or move into work is a key priority within assessment, treatment and recovery services
- Skills and employment are a core priority of commissioned programmes for adolescents with mental health problems, physical and learning disabilities, with a priority on commissioning for effective *transition* between adolescent and adult services
- The barriers faced by older workless adults (over 50's) are understood and tailored support to meet the different characteristics of this group is integrated into commissioned programmes

Table 1

Objective	Action required
Work as a health outcome is embedded within all commissioned services	Priority services/redesigns identified across MCC and CCG commissioning responsibilities
	Newly developed service specifications enable prioritisation of locally identified individuals and groups to support Public Service Reform
	Local implementation of the CCG Outcomes Employment Indicator under development via DWP and NHS England
	Public Health Healthy Living System redesign tested as central referral mechanism for work and skills triage from health sector and vice versa

	<p>Living Longer, Living Better priority groups (Adults with long-term conditions/complex Needs) delivery models incorporate work and skills assessment</p> <p>Use of CQUINs explored as mechanism to incentivise providers across relevant contracts within CCGs</p>
Performance monitoring provides data and intelligence on effectiveness	Contract monitoring identifies work and skills progression and referrals across all commissioned services
<p>Locally commissioned health and work services fill gaps in current provision</p> <p>Primary and secondary mental health care</p>	<p>North Manchester Fit for Work (out of work) pilot delivers effective model of work progression within primary care</p> <p>Investigate closer integration of employment and skills support within primary mental health care, through IPS extension, IAPT and Work Programme Leavers</p> <p>Strengthen the integrated approach to mental health, work and skills as priority outcomes within Mental Health Improvement Programme</p> <p>Continue to commission IPS as part of secondary care recovery services</p>
CAMHS Adolescent Learning Disability Adolescent Physical Disability	Commissioning to support the effective transition between adolescent and adult services for work and skills is addressed in all three areas (further work on each area required)
Alcohol	Public Health Alcohol service redesign 2014-15 incorporates work and skills assessment and care pathways
Drugs & Substance Misuse	Sustain current commissioning focus on employment and training as part of recovery services
Over 50's	Review of the evidence base on best practice to ensure commissioned services address the characteristics of this group

2.0 What would success look like in service delivery?

- Primary and secondary healthcare providers routinely identify worklessness or risk of worklessness through consultations and advocate work and skills development as good for health for patients of working age, using evidence gathered from Work Programme Leavers
- GPs and primary healthcare providers intervene early to make active referrals to relevant services where (risk of) worklessness identified

Table 2

Objective	Action required
Clear understanding by GPs and healthcare professionals of the link between work and health	Develop and deliver work & skills health education programme on welfare reform, work, skills and health developed and delivered to GPs, primary mental health care, acute medicine and A&E)
Active referrals by GPs and healthcare professionals to work and skills support	Develop clear pathway to appropriate triage provision (consider Healthy Living System, National Careers Service or Information, Advice and Guidance) Informal learning provision co-designed and delivered by health and learning providers
	Referrals incentivised through CCG Clinical Outcomes Framework (QOF)

What would success look like in Employment and Skills provision?

- Employment support and skills provision which provides tailored, personalised support to meet individual need and is integrated with health provision
- Employment and skills pathways take an asset-based approach, focusing on what the individual can do, not the nature of their health condition
- Sufficient employment opportunities are available for people with long term health conditions and disabilities, including mental health problems
- Learning provision which offers informal learning activities and programmes that build motivation, confidence, self-care and resilience and provide an opportunity for an extended, broad based skills assessment and appropriate signposting.
- Personalised support is available for learners to support achievement of qualifications and progression to further learning and work.
- Coherent referral pathways are in place which provide a simple, accessible and effective routes into health services and provide triage to prioritised and sequenced support
- Employment and skills provision which can work to joint outcomes with health and care provision, providing co-case management where appropriate
- Appropriate in-work services are in place for those who require additional support to remain in sustained employment
- Employers within Greater Manchester work to improve the health and wellbeing of their workforce for business and population benefit

Table 3

Objective	Action Required
<p>Increased skills and employment opportunities within public services (directly and through procurement) for people with long term health conditions including mental health</p>	<p>All HWBB & WASB members ensure an offer is in place to provide skills and employment opportunities within public service organisations</p> <p>Board Members utilise social value within procurement</p> <p>Board members utilise their relationships with large organisations to influence Corporate and Social Responsibility pro</p> <p>Jobcentre Plus, WP Prime Contractors, WPL providers and commissioned partners broker appropriate opportunities</p> <p>Commission learning providers to deliver Skills for Work pilot to target group identified by health partners</p> <p>National Careers Service commissioned by SFA to have clear targets for those with mental health needs</p>
<p>In-work support packages are effective in sustaining the transition back to work</p>	<p>Review and evaluate the most effective methods of in-work support to influence practice where necessary and inform commissioning decisions regarding gaps in provision</p>
<p>Effective early intervention prevents job loss from sickness-related absence, and accelerates return to work</p>	<p>Commission Fit for Work (in work) service</p>
<p>Effective local system supports employers to accommodate health conditions within the workplace and take a best practice approach to sustaining and improving workplace health & wellbeing</p>	<p>Promotion and take up of National workplace health and wellbeing standards</p> <p>All public sector agencies are signed up to a comprehensive workplace health standard</p>

Appendix 3

Work Programme Leavers : Draft protocol with partners

Introduction

The Work Programme Leavers delivery model relies on the integration of a wide range of local services. Engaging relevant staff at all levels of partner organisations will be important to ensure that partners are able to liaise with WPL providers when designing bespoke packages of support for WPL participants.

The purpose of this protocol is to outline the collaborative working between and to deliver the Work Programme Leavers programme across Greater Manchester. It identifies the respective roles and the ways in which they will provide integrated support by working constructively to join up public services around the needs of the referred service users. The aim is for mental health services, skills provision, local authority services, housing support to be accessed and sequenced in a meaningful and timely way.

Work Programme Leavers

Work Programme Leavers (WPL) is a new programme to support Employment Support Allowance (ESA) claimants into sustained employment. The scheme, which has been co-designed between Greater Manchester and Government, will be built around a key worker model, giving providers the freedom to innovate and design services in the most effective and efficient way possible. By tackling the complex issues of the participants in a cohesive way, it will benefit their employment and life chances, as well as helping to reduce the overall cost of key public service interventions. The coordination of public service delivery will be a benefit to partners in delivery and budget issues.

The purpose of Work Programme Leavers is to:

- Fully integrate and sequence the range of public services available to support the ESA WRAG cohort in Greater Manchester, including skills, health, housing and local government services. By integrating services, an innovative new model will be created with potential to replicate across other priority groups
- Focus on a fully integrated key worker model. They will act as the prime conduit for integrated public sector services for WPL participants. They will be able to access a full range of services and provide bespoke packages for clients to ensure that their personal barriers to employment are tackled comprehensively and in an integrated and sequenced way.
- Provide tangible delivery of the Public Service Reform programme. Quantifiable and qualitative evaluation will identify best practice and learning for transfer to other PSR themes.
- Provide a new way of working and sequencing public services. It is much more than using existing services more effectively and working in Partnership. It is about a fundamental reworking of how services work together to provide integrated delivery and priorities

WPL will see 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. The protocol will be a key component in assuring the providers that the public services will be integrated, prioritised and sequenced.

Overview of Work Programme Leavers

Drawing on evidence of success from existing public service reform programmes, WPL will be built around a key worker model. Working with a small number of claimants (20-40), key workers will be responsible for developing individual programmes of activity to help programme participants enter work. Interventions in these bespoke packages should be:

- Chosen on the basis of the best available evidence.
- Integrated and sequenced, drawing on a range of local public services.
- Delivered on a family rather than individual basis to more effectively change behaviours.

The key purpose of WPL is to support participants into employment that lasts, tackling the range of barriers that may stand in their way. Participants in this programme will be ESA claimants in the Work-Related Activity Group (WRAG). All participants will therefore have one or more health related barriers to work.

Claimants eligible for the programme will have had at least two years of support through the Work Programme, exiting without having moved into a job. From 1 March 2014, around 5,000 participants will be referred to the programme by Jobcentre Plus, referrals will continue for up to two years.

Key workers will provide WPL participants with up to two years support towards gaining sustained employment. Participants who move into employment will also receive a year of ongoing support, helping ensure job starts become sustained employment.

The contract with WPL providers will provide them with access to prioritised, coordinated and sequenced local services, ensuring key workers are able to access the right services at the right time when developing bespoke packages of support. Given the nature of the barriers to work faced by WPL participants, access to health as well as skills related interventions will be particularly important for this programme.

Local authorities are leading the integration of services in their areas and prior to referrals starting, will work with providers to help develop understanding of the access routes to relevant services. The protocol will be the basis for coordinating and providing pathways to the services.

Evaluating Work Programme Leavers

WPL is a pilot programme. Collecting robust evidence of the impact of the programme is therefore extremely important. An evaluation partner, SQW, has been commissioned to provide ongoing monitoring of the progress of each participant in the programme.

Providers will be required to work closely with the evaluation partner, routinely capturing all information required and participating in regular performance management discussions. This will provide evidence to public sector partners on delivery and impact which will be valuable for service delivery and refinement.

WPL will require a unique approach to tackling the specific barriers to work of each participant. Providers will have the space to work flexibly and will have access to a flexible range of public services. Innovative approaches to working with programme participants will be vital to the success of this programme. The outcome of this programme and the independent evaluation will help shape future commissioning decisions across Greater Manchester, and potentially more widely.

Partner commitments

The partners to this agreement are committed to working together to help deliver integrated local services across Greater Manchester. Partners will commit to

- Putting in place the range of interventions across relevant service areas and provide the scope to reprioritise a proportion of these services for WPL
- ensuring sequencing will take place and coordinate intervention
- identify opportunities to influence future services
- ensure existing responsibilities, prioritisation and integration take account of cohort requirements
- share data with partners

Each partner to this protocol should ensure that all their staff who are affected by it are aware of its contents and the obligations which are formed by the organisations signing up to it.

The table below details specific actions which partners to the protocol could deliver to ensure that WPL is delivered effectively across GM and to ensure strong integration of local services and prioritisation for WPL clients.

<u>Ambition</u>	<u>Actions</u>	<u>Responsibility</u>
<p>The key principle of Public Service Reform is to integrate and deliver public services in the most effective and efficient way possible. Work Programme Leavers will tackle the complex issues facing participants in a cohesive way. This will not only benefit their employment and life chances, it will also help reduce the overall cost of key public service interventions across Greater Manchester. The coordination of public service delivery will therefore benefit partners in delivery and budget issues.</p>	<p>Key Greater Manchester partners are asked to sign up to a protocol which commits them to taking constructive action to make WPL work.</p> <p>An initiation discussion will take place within each locality to describe the integrated delivery model and to secure routes in partner organisations.</p>	<p>The designated lead organisation will sign the protocol and, in partnership with key organisations, will deliver or hold partners to account through their commissioning/governance arrangements.</p>
<u>Health</u>		
<p>NHS strategic planning to take account of WPL as part of the health service contribution to supporting the long term unemployed back into work and improving health outcomes.</p>	<p>Health & care commissioners to take account of the anticipated needs profile of the WPL cohort and identify a clear proposal for integrating relevant services around that cohort (this may build on similar work for Troubled Families)</p> <p>Health & care partners commit to engage with the WPL providers to agree appropriate referral protocols and ensure fit into the integrated model</p> <p>Health and care commissioners to agree ways to incorporate work and skills outcomes into all relevant commissioning strategies and contracts</p>	<p>Local health and care leaders to engage with their local authority WPL leads to provide direction and sponsorship to the delivery model.</p> <p>Health strategic change and actions to be championed by NHS England through the Greater Manchester Health and Wellbeing Board.</p> <p>GMHWWB to sign up to the protocol and recommend that each HWWB agrees to the protocol</p>

	<p>Each HWBB to identify practical scope for influencing immediate contracting process, to include:</p> <ul style="list-style-type: none"> • CQUINs to be identified across relevant contracts with CCG • Incorporating work as a health outcome into all relevant service and care pathway redesign <p>Ensure prioritisation discussions about contracting and strategic development incorporate impact of improving health outcomes for out of work patients. CCG's to make changes to commissioning strategies and contracts</p> <p>Initial discussions to take place in February 2014 to test that the contracting and partnering process for March 2014 onwards incorporates WPL requirements</p>	<p>Local HWWB to sign up to the protocol</p> <p>Local CCG's</p> <p>Local CCG's and commissioning leads</p>
<p>By moving towards “whole system thinking” and widening the definition of risk to reflect the negative impact of worklessness on health, greater links and improvement between health and employment outcomes can be achieved.</p>	<p>A strategic approach to Work and health to be developed and delivery plan produced that enables a cross-sector approach to the development and delivery of health services, focusing attention on a wide range of preventative services.</p> <p>Delivery of education programme to GPs</p>	<p>GMHWBB and local HWBB's</p> <p>NHS England & Public Health England in partnership with GM Public Health</p>

	<p>and primary healthcare providers, mental health care, and identified areas of secondary care.</p>	<p>Network and local HWBB</p>
<p>Integrate “progression to work” into health assessment and care pathways</p>	<p>Develop a health and care model which incorporates a focus on moving into work or staying in work as an integral and routine part of consultations and service delivery</p> <p>Mechanisms are put in place to ensure active referrals are made from primary care to work and skills providers.</p> <p>Adult primary mental health services care services to adapt assessment and pathways to specifically include support for remaining in work or moving into work as a key component of treatment and recovery services.</p> <p>Review commissioned public health services to ensure work and skills are outcomes are incorporated into all relevant specifications. In particular, drug and alcohol services need to ensure that pathways include support for remaining in work or moving into work as a key component of recovery services.</p> <p>Assessment of working age adults with long term and complex needs through</p>	<p>GMHWBB and Local HWBB’s</p>

	<p>integrated health and care proposals and associated delivery models incorporate work and skills</p> <p>Effective early intervention in sickness related job absences to accelerate return to work</p> <p>Supporting employers to understand the reasonable adjustments that may be required in order to support some residents to remain in work.</p>	
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