



## **Economy Scrutiny Committee**

Date: Wednesday, 5 September 2018  
Time: 2.00 pm  
Venue: Council Chamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

**There will be a private meeting for Members only at 1.30pm in Committee Room 6 (Room 2006), 2nd Floor of Town Hall Extension**

### **Access to the Council Chamber**

Public access to the Council Chamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

### **Filming and broadcast of the meeting**

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## **Membership of the Economy Scrutiny Committee**

**Councillors** - Priest (Chair), Connolly, Davies, Douglas, Green, Hacking, Johns, Newman, Noor, Raikes, Razaq, Shilton-Godwin and K Simcock

## Agenda

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- 1. Urgent Business**  
To consider any items which the Chair has agreed to have submitted as urgent.
- 2. Appeals**  
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.
- 3. Interests**  
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.
- 4. Minutes** 5 - 12  
To approve as a correct record the minutes of the meeting held on 18 July 2018.
- 5. Economic Impact of the City's Age-friendly Manchester Strategy** 13 - 26  
Report of the Strategic Lead – Ageing

This report provides an update on the approaches and work being undertaken to address the priority area of employment in the over 50s. It considers the economic impact of older workers on the city and the challenges they face, within the context of the city's ageing strategy *Manchester: A Great Place to Grow Older 2017-2021*.

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- 6. Manchester Population Health Plan** 27 - 46  
Report of the Director of Population Health and Wellbeing

This report provide an overview of the population health plan for the city, as it pertains to work and health and an overview of how commissioned programmes support residents with long term health conditions access the labour market.
- 7. Working Well and Work & Health update** 47 - 98  
Report of the Head of Work and Skills

This report provides an update on the performance of the Working Well programme which will include information on: work that was being done with employers, the supply of work opportunities for service users and the views of service users as to how well the service performed. The report also provides an update on the delivery of the Work & Health programme.

Representatives from The Growth Company will be in attendance as the lead providers of the Working Well programmes in Manchester along with a key worker and client.

**8. Greater Manchester Mayor's Good Employer Charter**  
Report to follow

**9. Overview Report**  
Report of the Governance and Scrutiny Support Unit

99 - 120

This report provides the Committee with details of key decisions that fall within the Committee's remit and an update on actions resulting from the Committee's recommendations. The report also includes the Committee's work programme, which the Committee is asked to amend as appropriate and agree.

## Information about the Committee

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Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Economy Scrutiny Committee has responsibility for looking at how the city's economy is growing and how Manchester people are benefiting from the growth.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

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Smoking is not allowed in Council buildings.

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## Further Information

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For help, advice and information about this meeting please contact the Committee Officer:

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This agenda was issued on **Tuesday, 28 August 2018** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 6, Town Hall Extension (Mount Street Elevation), Manchester M60 2LA

## **Economy Scrutiny Committee**

### **Minutes of the meeting held on 18 July 2018**

#### **Present:**

Councillor H Priest– in the Chair

Councillors Connolly, Davies, Douglas, Green, Johns, Newman, Shilton-Godwin, Raikes, and K Simcock

Councillor Leese, Leader

Councillor Richards, Executive Member Housing and Regeneration

Apologies – Councillors Hacking, Noor and Razaq.

#### **ESC/18/28 Minutes**

The minutes of the Economy Scrutiny Committee meeting held on 20 June were submitted for Approval.

In relation to Minute ESC/18/26 (Delivering the Our Manchester Strategy), Councillor Newman advised that the following point he had raised was inaccurate:-

- Whilst the expansion and development at Manchester Airport was welcome and in the main supported, the consequence of this and the recent introduction of charging for dropping off passengers, was resulting in anti-social parking within residential areas of Woodhouse Park ward and this needed to be addressed by the Council and the Airport.

He requested that it be amended as follows:-

- Whilst the expansion and development at Manchester Airport was welcome and in the main supported, the consequence of this and the recent increased activities of rogue meet and greet companies, was resulting in anti-social parking within residential areas of Woodhouse Park ward and this needed to be addressed by the Council and the Airport.

Councillor Douglas also requested that her attendance at the meeting be recorded.

#### **Decision**

To approve as a correct record the minutes of the meeting held on 20 June 2018 subject to the above amendments.

#### **ESC/18/29 Manchester Piccadilly Strategic Regeneration Framework update 2018**

The Committee considered a report of the Strategic Director (Development), which informed Members of the outcome of a public consultation exercise with local residents, businesses and key stakeholders on the draft Strategic Regeneration Framework (SRF) for the Manchester Piccadilly area.

The Strategic Director (Development) referred to the main points and themes within the report which included:-

- Consultation letters had been sent out to 3,276 local residents, businesses, and stakeholders;
- In total 15 responses were received to the consultation letters;
- The majority of the responses received to the consultation were generally supportive of regenerating the Manchester Piccadilly area, and of the SRF proposals;
- The issues raised following the consultation and responses given to these issues, which fell into the following major categories
  - Land and Property Impact;
  - Land Use;
  - Density and Height;
  - Heritage;
  - Public Realm;
  - Phasing;
  - Rail Services and Configuration;
  - Statutory Agency Responses; and
- HS2's configuration for Piccadilly station, at its current stage of design, did not mirror the configuration proposed within the SRF, which included a provision for Northern Powerhouse Rail (NPR).

Some of the key points that arose from the Committees discussions were:-

- There was strong support for the Piccadilly Station proposals within the SRF;
- There was concern in relation to the low response rate to the consultation and an assurance was sought as to whether this was a usual level of response to such important proposals;
- Consideration needed to be given to suitable walking and cycling routes to and from Piccadilly Station as well as suitable parking for bicycles;
- What was the Council intending to do to ensure the protection of historic buildings within the SRF;
- What potential impact would the difference in the design proposals for Piccadilly Station between HS2 and the Council have on the deliverability of the SRF;
- How would public space be delivered within the SRF in terms of land assembly;
- The SRF indicated that a residential tower block would be removed, was this accurate and if so had residents been informed;
- There was concern in relation to the provision of affordable housing within the SRF; and
- What further opportunity would there be to scrutinise the proposals.

The Leader welcomed the support for the proposals for Piccadilly Station from the Scrutiny Committee and advised that although a higher level of response to the consultation would have been welcomed, as the proposals were not contentious, the response rate that had been received was common. He acknowledged the point made around walking and cycling routes.

In terms of ensuring the protection of the historic buildings, it was reported that Heritage England had not raised any concerns. Both buildings within the SRF were protected and it was intended that these would be retained and returned back into active life as appropriate.

The Leader advised that there would be a variety of ways to deliver public spaces within the SRF. The key aspect of this would be the need to deliver this in the first phase of development with the cost covered between all land owners. He advised that the SRF would not be delivered quickly, and although progress would be made with HS2 and NPR over the next 12 months, if there was a different footprint for the station, this would need to be re-visited.

Officers advised that there was one residential block that, at the present moment, could be affected by the plans within the SRF. Work was ongoing to determine whether the land occupied by the residential tower block was required by HS2 and if not, how the road layout might be altered to mitigate the need to remove it.

The Leader commented that as the Council received more clarity on HS2 and NPR proposals further reports would be submitted to Scrutiny for consideration.

## **Decision**

The Committee:-

- (1) Notes the report; and
- (2) Supports the decision taken by the Executive to approve the Manchester Piccadilly Strategic Regeneration Framework with the intention that it will become a material consideration in the Council's decision making as the Local Planning Authority.

## **ESC/18/30 Northern Gateway – Draft Strategic Regeneration Framework**

The Committee considered a report of the Strategic Director (Development), which provided details on the draft Strategic Regeneration Framework (SRF) that had been prepared for the Northern Gateway area, which had the capacity to deliver up to 15,000 new homes over a 15 to 20 year period.

The Strategic Director (Development) referred to the main points and themes within the report which included:-

- The background and context as to why the Northern Gateway was seen as a key development opportunity for the City;
- The vision and objectives of the draft SRF;
- The geographic neighbourhoods that would form the Northern Gateway, each with their own individual character and identity, but which were integrated into one functioning whole;
- The scale and density of the proposed development;
- The proposed mix of housing, which included 20% of all new homes delivered being affordable; and

- How public consultation on the SRF would be undertaken and the time frame for adoption of the SRF.

The Committee had been invited to comment on the report prior to its submission to the Executive on 25 July 2018.

Some of the key points that arose from the Committees discussions were:-

- Reassurance was sought that as part of the consultation, local businesses would be included as well as residents;
- Could an assurance be given that as part of the proposed housing, these would not be marketed as buy to let properties and would in fact be housing for Manchester residents at affordable prices;
- Would the City Centre Transport Plan be taken into consideration as part of the SRF to address the issue of parking on residential streets on the periphery of the city centre;
- It was enquired as to whether the homes that were to be built would have provision for the parking of bicycles and how many car parking spaces would be allocated to each property;
- It was pleasing to see that the provision of secondary school places was already being taken into consideration as part of the draft SRF;
- How could the Council ensure that the correct mixture of housing, including type and tenure would be delivered;
- What guarantee could be given that the required infrastructure for the proposals would be delivered and appropriately funded;
- What would be the implications for the areas just outside of the SRF boundary, with specific reference to the Queens Road area.

The Executive Member for Housing and Regeneration advised that the consultation exercise would take place over the months of August and September with opportunities for comment being provided on-line, in writing and in-person via a number of locally based drop-in events. Given the forthcoming school holidays, it was intended that two sets of consultation drop in events would be held – the first within a two week window in August, and the second in a one week window in September. These would be hosted at a number of accessible venues in and around the Northern Gateway, with the views of local Ward Members sought in terms of the most suitable locations. She agreed that it would be important that local businesses were also included in the consultation. Officers advised that it was also proposed to hold a number of business drop in events to gain the views on the proposals from local businesses.

The Committee was advised that the draft SRF was clear that 20% of all the proposed housing would be affordable and a mixture of tenure. There was also plans to deliver some social housing. One of the aims of the SRF was to create a new neighbourhood for local people and as such, it was not within the vision of the SRF that the proposed housing would be buy to let properties. In terms of the issue of parking for bicycles and the allocation of parking spaces, this would be part of future planning and design submissions, however, it was acknowledged that the SRF would need to address the issues that currently existed around parking on residential streets.



The Leader advised that the Council was not able to provide any form of guarantees that all the proposals within the draft SRF could and would be delivered, however, the Council was confident that a number of sites within the SRF would be developed. Some of the proposals would be dependent on obtaining the necessary support from government. He also advised the Committee that the SRF was a 20 year plan, and as such, it was not possible to predict at this stage what the exact mixture of housing would comprise of.

The Executive Member for Housing and Regeneration advised that it was not the intention of the SRF to establish a 'hard' border with the areas that it neighboured and it was hoped that as the redevelopment of the area took place, this would have a positive ripple effect on neighbouring areas.

### **Decision**

The Committee endorses the recommendations to the Executive as follows:-

The Executive is recommended to:

- (1) Endorse the draft Northern Gateway Strategic Regeneration Framework as a basis for public consultation;
- (2) Note that the outcomes of the consultation exercise will inform a final version of the SRF to be brought back to a future meeting of the Executive for approval and adoption;
- (3) Note that proposals for a first phase development area in Collyhurst will be consulted upon as part of the SRF consultation exercise with a formal planning application expected to be submitted within the next 12 months

[Councillor Johns declared a personal and prejudicial interest in this item as his employer has worked on the economic vision for the Northern Gateway and left the meeting during consideration of this item]

### **ESC/18/31 Overview Report**

The Committee considered a report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

### **Decision**

The Committee notes the report.

### **ESC/18/32 The Eastlands Regeneration Framework update (Part A)**

The Committee considered a report of the Strategic Director (Development), which provided an update on the developments associated with the Sports and Innovation Zone at Eastlands. The report also sought approval to a Masterplan for the Sports and Innovation Zone and progress on acquiring land interests within the Edwin Road Industrial Estate which were required to deliver the Zone.

The Strategic Director (Development) referred to the main points and themes within the report which included:-

- The overall vision was to establish the Etihad Campus as the key driver of the development of a globally competitive sport, leisure and recreation economic cluster;
- A key component of securing the overall vision was the development of the Sports and Innovation Zone on the western side of the Etihad Stadium;
- The focus of this Zone would be to accommodate new academic facilities, student accommodation, offices for sports organisations and managed workspace for new business start-ups;
- Central to the successful delivery of the Etihad Campus Sport and Innovation Zone was the acquisition of all of the interests within the Edwin Road Industrial Estate on the western side of the Etihad Campus;
- The draft framework masterplan set out the preferred location for the Manchester Metropolitan Institute of Sport, together with options for the location of the House of Sport to accommodate existing and future National Governing Bodies; and
- The draft framework masterplan also set out a number of options for the future redevelopment of the Edwin Road Industrial Estate area to provide up to 1,000 student accommodation bed spaces;

The Committee had been invited to comment on the report prior to its submission to the Executive on 25 July 2018.

Some of the key points that arose from the Committees discussions were:-

- What public realm provision would be included within the Framework and would there be any spaces for people to congregate;
- The options proposed to change the road layout to improve pedestrian and cycle access was welcomed;
- What consideration had been given in regards to student integration with existing businesses and residents and student safety within the area; and
- Could the Framework make reference to the minimum room size standards for student accommodation.

The Strategic Director (Development) advised that the Council would be the principal land owner for the area that would be developed for student accommodation. Discussions had taken place with the University which had flagged up concerns around issues of affordability and the size of accommodation as well as the safety, security and wellbeing of students. The Council would be endeavouring to use its land interest to ensure these outcomes were delivered on behalf of the University and the city. The integration of students was very important to the University and these proposals were seen as being part of the University's long term trajectory in being a successful good neighbour within an area of the city it had previously not had a presence in. In terms of public realm, he advised that it was clear that in terms of delivering the quality of outcomes the Council wanted to achieve, it was important that a good and accessible piece of public realm existed across the whole campus and discussions were taking place around this with Manchester City Football Club and its owners.

The Leader commented that in terms of student accommodation, the Council had endeavoured to increase the amount of purpose built student accommodation in the appropriate areas of the city, and in doing so, there were particular requirements for purpose built accommodation which would not be replicated in individual housing units. This helped the Council maintain control over what could be built and where. He also advised that to apply the same standards to student accommodation as what was applied to multi-purpose accommodation would potentially lead to the loss of the limited control the Council currently had.

The Strategic Director (Development) reminded the Committee that the area identified for student accommodation was the only part of the wider Eastlands Regeneration Framework area where the Council supported proposed building of student accommodation.

### **Decision**

The Committee endorses the recommendations to the Executive as follows:-

The Executive is recommended to:

- (1) Welcome the decision of Rugby Football League, Rugby League's governing body, to relocate their Headquarters onto the Etihad Campus helping to deepen and broaden the range of international and national sports organisations based there;
- (2) Note the progress being made to assemble land within the Sports and Innovation Zone as set out in Section 3 of this report;
- (3) Endorse the draft Masterplan for the Etihad Campus Sport and Innovation Zone as a basis for consultation with residents, organisations and businesses, landowners and other statutory stakeholders who would be affected by these proposals.

### **ESC/18/33 Exclusion of Press and Public**

A recommendation was made that the public be excluded during consideration of the next item of business.

### **Decision**

To exclude the public during consideration of the following item which involved consideration of exempt information relating to the financial or business affairs of particular persons and public interest in maintaining the exemption outweighs the public interest in disclosing the information.

### **ESC/18/34 The Eastlands Regeneration Framework update (Part B)**

The Committee considered a report of the Strategic Director (Development), which provided details on the progress to date regarding its land assembly initiatives in and around the Edwin Road Industrial Estate and set out the financial consequences to

the Council of concluding this programme, including setting out the implication to the Council's revenue budget.

Officers referred to the main points and themes within the report and answered questions of the Committee.

### **Decision**

The Committee endorses the recommendations to the Executive as set out in the report.

**Manchester City Council  
Report for Information**

**Report to:** Economy Scrutiny Committee – 5 September 2018

**Subject:** Economic Impact of the City’s Age-friendly Manchester Strategy

**Report of:** Strategic Lead – Ageing

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**Summary**

The purpose of this report is provide the Committee with an update on the approaches and work being undertaken to address the priority area of employment in the over 50s. It considers the economic impact of older workers on the city and the challenges they face, within the context of the city’s ageing strategy *Manchester: A Great Place to Grow Older 2017-2021*.

**Recommendations**

To note and comment on the contents of this report.

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**Wards Affected:** All

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**Alignment to the Our Manchester Strategy Outcomes (if applicable)**

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	A key ambition of the city’s ageing strategy is to see an increase in the number of age-friendly employers and age-friendly employment practices. This in turn will improve greater retention rates and stability throughout a greater number Manchester’s employers
A highly skilled city: world class and home grown talent sustaining the city’s economic success	With a greater number of age-aware services and employers the strategy will support improved skills and employment support offered to Manchester’s over 50s, both in terms of in work progression and when returning to work
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	A major component of the Age Friendly Manchester (AFM) programme is a long term commitment to tackling ageism, promoting age equality and placing older people’s voices at the centre of its work.
A liveable and low carbon city: a destination of choice to live, visit, work	

A connected city: world class infrastructure and connectivity to drive growth	
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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Manchester: A Great Place to Grow Older 2017 - 2021  
 The Golden Generation - Wellbeing and inequalities in later life

## 1.0 Introduction

- 1.1 This report considers the current position of older workers in the city, those between the age of 50 and 64 and the challenges they face. It sets out the importance of older workers to the Manchester and Greater Manchester (GM) economies. This is set against Manchester, GM and national strategic contexts and the City's ageing strategy *Manchester: a great place to grow older*. The report details the range of activity being delivered across the city by the Work & Skills team and Age Friendly Manchester (AFM) programme, progress achieved to date and proposals for future delivery.
- 1.2 It is important to note that "Strengthening the positive impact of work on health" and "Creating an Age Friendly city" are two of the five priorities contained in the Manchester Population Health Plan. This Plan is also being presented to the Economy Scrutiny Committee on 5 September.

## 2.0 Older Workers in Manchester

- 2.1 Large health and wellbeing inequalities exist in later life with a person's socioeconomic position being a key factor (*"The Golden Generation? Wellbeing and Inequalities in Later Life. MICRA, 2017*). For example:
- The risk of becoming socially detached for the richest group of people is just one fifth of the risk for the poorest
  - Residents from the poorest communities have lower survival rates, higher levels of depressed mood, higher levels of frailty over time and will need medium to high levels of care and support up to 15 years earlier than people living in our least deprived neighbourhoods.
- 2.2 **Being in good, well paid, healthy, work and the ability to remain economically active into later life is a strong determinant in older people's health and wellbeing outcomes.**
- Employment rates in Greater Manchester for people aged 50-64 are below the UK average. An additional 19,000 over 50s would need to be in work to meet the current national employment rate.
  - In GM 50-64 year olds are the fastest growing age group among working people.
  - In Manchester over 26% of out of work benefit claimants are aged over 50, which is double the rate across all ages. Appendix 1 shows the concentrations, or hotspots, in Greater Manchester of older workers on out-of-work benefits, with the highest Manchester rates being found in north and east Manchester and in areas of Wythenshawe.
  - In Manchester 20% of out of work benefit claimants due to ill health are over 50 years old compared to 8% across all ages
  - 30% of 50-64 year olds in Manchester have no formal qualifications.

- 36% of older residents (of all ages) are income deprived
- 59% of older residents (of all residents) live in our most deprived neighbourhoods
- 56 years is the healthy life expectancy for a Manchester resident

### **3.0 Importance and positive impact of older workers to the economy of the city**

- 3.1 Nationally between 2012 and 2022, an estimated 12.5 million jobs will be opened up through people leaving the workforce and an additional 2 million new jobs will be created, yet only 7 million younger people will enter the workforce to fill these jobs (The Missing Million research, undertaken by ILC-UK). The important role of older workers is evident and there needs to be encouragement and support to enable older people to continue working into later life.
- 3.2 Increasing the rate of economic participation of those aged 50-64 has great economic benefit for the city and city region. Gross Value Added (GVA) could grow by as much as £813.6 million if the GM 50-64 employment rate matched the UK average. And if the GM 50-64 employment rate was at the all-age GM average, GVA could grow by as much as £901.6 million.
- 3.3 Being in fulfilling work for longer is key to people being able to prepare for a good later life. Good work is important financially but is also a major source of social connections, good health, and provides a sense of purpose. By delaying retirement until 65, instead of 55, someone with average earnings could earn £280,000 extra income and might increase their pension pot by 55%.
- 3.4 Despite pervasive views to the contrary, the evidence clearly demonstrates that increasing the number of older workers does not have a negative impact on the employment rates of younger workers nor on productivity.
- 3.5 Many successful employers who employ older workers as part of a multi-generational workforce, report benefits which include:
- a broader range of skills and experience;
  - opportunities for mentoring new recruits;
  - transfer of skills across the workforce;
  - reduced staff turnover; and
  - improved staff morale. (DWP, 2013)

## **4.0 Strategic Context**

### **4.1 National picture**

The Government has included ageing as one of the Grand Challenges at the heart of its Industrial Strategy (2017) and has committed investment in



harnessing the power of innovation to help meet the diverse needs of an ageing society. GM has been chosen as one of three national trailblazers and section 4.2 sets out how it is responding to this.

Older workers have more difficulty than any other group in returning to work. Analysis by the Department for Work and Pensions (DWP) shows just 16.2% of people over the age of 50 are supported into a long-term job. That is a success rate of less than one in six - worse than any other group regardless of gender, ethnicity, or disability.

Extending or achieving a fuller working life is therefore now firmly established as a core element of public policy. The framework for this has been set out in Fuller Working Lives: A Partnership Approach (DWP, 2017) which identifies what are viewed as the social and financial benefits of a longer working life.

As part of the Fuller Working Lives strategy, the National Careers Service (NCS) has teamed up with Local Enterprise Partnerships to trial supporting local employers with their employees' mid-life career needs. Equally, the NCS provides employees with careers and skills advice, encouraging them to rethink, refresh and reinvent their options so they can get the best out of their working lives. See section 5.5 for further detail.

## 4.2 Greater Manchester

*Our People, Our Place*, the Greater Manchester Strategy (GMS), states "our vision is to make Greater Manchester one of the best places to grow up, get on, and grow old". The Greater Manchester Ageing Hub has been formed to coordinate a strategic response to the opportunities and challenges of an ageing population, and to lead on transforming GM into an age-friendly City Region; priority ten of the GMS.

As one of three national *trailblazers* for the government's national Industrial Strategy, Greater Manchester is currently developing its Local Industrial Strategy (GM LIS), enabling the City Region to fully capitalise on the global opportunities presented by the Grand Challenges. This aims to provide a long-term vision that sets out the opportunities to grow the economy and reform public services to 2030 and beyond. Agreement has been reached with central government that the GM LIS will focus on; neighbourhood scale models; innovation ecosystems; developing new models of care and support; and supporting older workers. The GM LIS will be published in early 2019.

The Greater Manchester Ageing Strategy sets out the need to better capitalise on the talent and expertise of older residents, to combat poverty in later life, and increase economic participation among the over 50s. This is one of the three strategic priorities for creating an age-friendly Greater Manchester.

To achieve this the strategy proposes the following objectives under economy, work and skills:

- Create a GM network of public and private age-friendly employers

- Reduce the number of older workers at risk of falling out of work due to ill health or caring responsibilities
- GM agencies and businesses taking advantage of economic opportunities of ageing populations such as goods, services and tourism.

A dedicated Economy and Work task group has been established to drive and oversee the Economy, Work and Skills theme of the GM Ageing Strategy and the work of the Hub. The task group brings together GM strategic, policy and research leaders, along with the Centre for Ageing Better, to improve opportunities for older workers to choose to stay in work, create more age-friendly businesses, and support those out-of-work to find appropriate work, training and other relevant opportunities.

Some examples of actions being driven by the Group include:

- Link in with the National Careers Service Pilot as part of the DWP Fuller Working Lives Strategy. Further detail on this is included in the case study section below.
- Explore and develop new GM approaches to Skills and Apprenticeships for older people, alongside the opportunity to use Adult Education budget to support
- Deliver the Working Well programmes to provide intensive, integrated, holistic and personalised support to help individuals return to work, with the over 50s as a key priority group. See section 5.6 for more information.
- Explore the successes and challenges of the 'Ageing Well Oldham' Hub pilot and potential for scaling-up across GM.
- Develop an Over 50s' Employability Pilot, working alongside the Centre for Ageing Better and the DWP to develop a new model for supporting over 50s back into work.
- The GM Good Employment Charter, which aims to engage a wide range of businesses and public sector organisations to create a community of responsible employers.

#### 4.3 Age-Friendly Manchester (AFM)

The age-friendly strategy for Manchester; *Manchester: a great place to grow older* was refreshed in October 2017. This was in response to the major economic and demographic changes, alongside significant changes in the national and regional political context, which have affected the city since the original strategy's launch in 2009.

Taking the eight key features of an age-friendly city, as defined by the World Health Organisation, as its starting point the strategy puts forward three key priorities, which are all reflected in the Manchester Population Health Plan:

1. Develop age-friendly neighbourhoods - places where people can age well in neighbourhoods of their choice with access to the right services, housing, information, etc.

2. Develop age-friendly services - where commissioning includes age-friendliness in its specification and services are delivered in an age-friendly way and are age proofed
3. Promote age equality - by addressing negative images and changing the narrative to one that celebrates the valuable role and contribution of older people.

Of specific relevance to this report, the strategy proposes that in order to successfully deliver age-friendly services:

- We want businesses and employers to recognise the value of older workers: retaining a highly skilled, experienced workforce - providing healthy work, ongoing training, and maintaining skills
- We want opportunities to be there when older people wish to get new skills, knowledge and qualifications
- Apprenticeships need to be promoted as an opportunity for all age groups and not be perceived solely as something for young people.

## 5.0 Programmes and work being delivered across Manchester

Following the launch of the refreshed AFM strategy the AFM team has worked closely with the Work and Skills team to strengthen the city's focus on older workers, either via existing programmes of work or in the development of new partnerships and initiatives. These actions are set out in the AFM programme's delivery plan.

In April this year, the Work & Skills Board approved the inclusion of employment of the over 50s as a priority group. This has been reflected in the Work & Skills service plan which will focus on two broad priority themes:

- Raise levels of economic participation in over 50s
- Ensure employers maximise opportunities for over 50s

These broad areas are connected to the three themes within the Work and Skills Strategy but primarily support the delivery of the *Addressing Inequality* theme. Initial activity will:

- target support at work clubs to improve their 50+ employment and training outcomes;
- work with employer networks and employers to develop age-friendly employment practice;
- explore specific enterprise and business start-up support with the Business Growth Hub and BIPC.

The AFM and Work & Skills teams launched and jointly facilitated an Over 50s Employment & Skills Support group in July. The group brings together organisations working to support Manchester people into work, to develop their 50+ focus, share and collaborate on good practice and link them to employer engagement workers. Membership includes DWP, The Growth Company and voluntary and community sector organisations.

The group has been set up to highlight the offer available to support older residents to move from dependency on services and into employment or training by increasing knowledge and awareness of support services and resources that are available. The aims are to address some of the issues faced by those who are 'involuntarily workless' - pushed out of employment through redundancy, ill health or early retirement and to explore how we can work better together to tackle discrepancies across the city.

## 5.1 Work Clubs

There is a network of around 50 work clubs across the city, delivered by voluntary and community sector groups, housing providers and skills partners. The less formal nature of work clubs appeals to many older residents and offers one to one and peer support.

A number of focus groups were undertaken at work clubs across the city earlier in the year to gather the experiences of service users over 50, when looking for and finding employment. Feedback highlighted common themes with participants including:

- lack of confidence,
- lack of IT skills,
- daunted by online applications,
- needing jobs suitable for their age and physical abilities,
- valuing one to one support,
- and the need for employers to give them a chance.

This information will be used by the Over 50s Employment & Skills Support group to develop practical approaches to support.

Recently the Work & Skills team awarded a number of grants to work clubs to deliver projects or initiatives to improve employment outcomes for residents. One of the priority groups specified for this funding stream is the over 50s. Projects started in May 2018 and will run until March 2020. Activity will vary by organisation, however, specific outcomes include progression routes on to more formal training, volunteering opportunities and employment outcomes. Further work will take place over the next few months to monitor and evaluate the 50+ employment and training outcomes of the work clubs.

### **Case Study: Tree of Life Centre Wythenshawe**

The Tree of Life Centre in Wythenshawe supports residents five days a week, through a Work Club & IT Learning Centre and supported volunteering programme.

A 56 year old woman who had been unemployed for over 2 years volunteered for ten months within the centre café to boost her confidence and refresh her work skills.

After a short time she began applying for roles in catering and was successful in securing a role as a chef at a busy carvery.

This resident felt a great sense of achievement and also relief that she would be earning a salary again and is no longer claiming benefits.

## **5.2 In the Know Programme**

The Work & Skills team has developed *In the Know* tours which aim to equip unemployed and/or low skilled residents with knowledge to consider a career in one of Manchester's growth sectors, by giving them the opportunity to meet with teams and departments within the Council to find out more about specific job roles and the skills required to carry them out. The tours were initially developed for Not in Education, Employment, or Training (NEET) and those at risk of becoming NEET young people. However, it has been recognised that this kind of work exposure is also of value to adults without recent work experience and has been adapted to address their needs.

A group of adults from Manchester Cathedral work club recently attended the Town Hall complex to speak to city council staff members about their roles. A number of these were over 50 years old. Feedback from the tour was very positive and the group will act as a resident focus group, providing ideas on how the programme can evolve to address the barriers that adults with low or no skills face when trying to access employment opportunities.

The intention is to roll the programme out to external employers in the future. Early interest has been shown by UKFast, based in Hulme, to offer work exposure activities, work experience and apprenticeships.

## **5.3 Skills for Employment Service**

Manchester has a disproportionate number of residents with no or low skills, the over 50s making up the largest proportion of this group. A lack of digital skills has been identified as a particular issue for this age group. Some lower level qualifications have little value in the labour market with a need for greater focus on skills and work experience.

The Skills for Employment service has been commissioned across Greater Manchester to meet some of that need. Delivered by The Growth Company in Manchester it provides qualifications with work experience for residents with low skills as a barrier to work. Detail on the Skills for Employment Service is included in the Working Well Report, which is a separate item on the agenda.

Since 2016 the service has supported 1,107 people aged over 50 years in Manchester. Of these 268 have gained qualifications (24%), 319 have started work experience (29%), 275 have completed work experience (25%) and 167 have sustained employment (15%).

#### **5.4 National Careers Service (NCS)**

From October 2018 the NCS will include people aged over 50 as a priority group. The service provides personalised careers information, advice and guidance to assist young people and adults to make informed choices about learning, employment and skills. It helps residents to understand employer demand and skills gaps through government data presented in accessible job profiles, and assists residents to plan their progress through skills assessment, and a detailed directory of courses and vacancies. Officers from the City Council will work closely with The Growth Company to ensure the service reaches those it is designed to help, including an increased focus on residents over the age of 50.

#### **5.5 Employer Engagement**

A Fuller Working Lives Strategy was launched by the Department for Work and Pensions (DWP) in 2017. Members of the Business Strategy group were given the scope to identify and focus on areas they believed required change, reviewing a series of topics to see how they could improve the retention, retraining and recruitment of older workers. Nationally DWP is engaging with larger employers to become age positive but more needs to be done with small to medium enterprises. To improve the Jobcentre Plus offer for older workers, Older Claimant Champions have been introduced in all Jobcentre Plus regions, to increase awareness of the barriers faced by older claimants and how to address them.

The Growth Company is delivering the Fuller Working Lives programme alongside the National Careers Service (NCS) in Manchester. The offer includes helping business to manage workforce planning more effectively, supporting individual training and assessment at mid-life career point and supporting businesses to explore flexible working approaches.

Manchester City Council is becoming a Timewise Council which will promote flexible hiring and working across the Council. This will better meet the needs of some of our over 50s group who may need to balance work with health demands and other responsibilities and interests. It will also meet the needs of other groups such as women returners, disabled people and those who have been long-term unemployed for whom a part-time or more flexible employment pattern would be more sustainable.

Locally discussions are underway with Business Working in Wythenshawe (BW3) a corporate social responsibility partnership supporting the social, economic and educational development of local businesses and residents, to develop a local over 50s employment initiative. Early suggestions include developing a toolkit for BW3 members to promote and encourage age-friendly employment practices. Likewise Wythenshawe Forum Trust recently held a business breakfast to share ways to recruit and retain local people. Wythenshawe has a greater percentage of residents over the age of 50 than the citywide average. Businesses were given information on how to adopt age-friendly employment policy and practices.

Self-employment offers an opportunity for older people with greater flexibility and control. Initial conversations have been held with People Plus who are currently delivering the Start Smart self-employment support contract for the Business Growth Hub across Manchester, with the aim of developing an enterprise programme for residents aged over 50. A potential pilot project in South Manchester would build in additional digital skills training.

Complementary to the Start Smart programme is the Business and Intellectual Property Centre (BIPC) at Manchester Central Library. BIPC provides a one stop shop for business start-ups and entrepreneurs. This includes access to information resources, patent clinic and a series of workshops to support self-employment. BIPC *Start-up Day* Manchester will be held in September and will be promoted to older people's groups. This annual event delivers a programme of workshops, meet the experts and inspirational talks to give residents a head start to starting up in business. Following on from this the Work & Skills Team and BIPC will explore establishing enterprise clubs for older people to access peer support and advice from new and established businesses.

Over the next few months the Work & Skills team will develop an overarching communications campaign to promote Manchester's offer to supporting people into work. The campaign will have a specific focus on the over 50s and include a positive image campaign for apprenticeships.

## **5.6 Greater Manchester Working Well Programme**

The Greater Manchester Working Well programme, being delivered by The Growth Company in Manchester, has been commissioned to support people to address their barriers to work and move into employment. Working Well delivers holistic, intensive and personalised support through a key worker who draws on, sequences and integrates other public service interventions to support people with health conditions back to work.

There is a separate report on Working Well on this agenda but worth noting here that the programme evaluation has identified that people aged over 50 are more likely to have been unemployed for a longer period of time and to have severe physical health issues. A further finding suggests that many older people have the perception that they are viewed less worthwhile to an

employer compared to a younger person. This perception linked with low self-confidence acts as a barrier to work.

The programme has prioritised supporting those over 50 with employment, health, skills and qualification support.

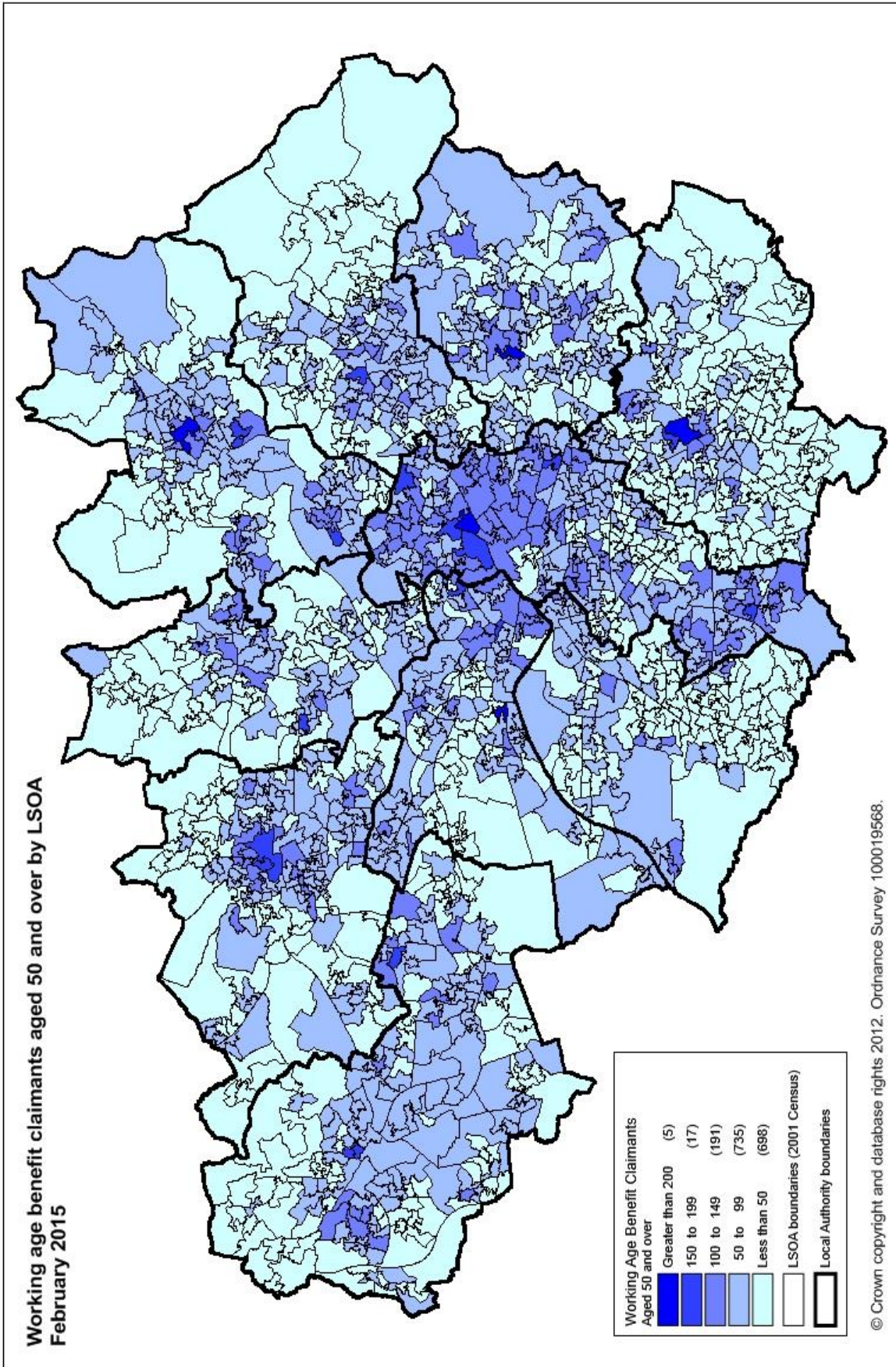
In Manchester, 45% of participants on the programme are over 45 years old. To date Working Well has supported 1,244 residents aged over 50 in Manchester, 167 of whom have gone into employment. However, participants over the age of 50 are less likely to secure a sustainable job outcome through the Working Well programme than those under the age of 50.

## **6.0 Conclusion**

This report shows that residents over the age of 50 in Manchester are more likely to be economically inactive; less likely to be highly skilled; and more likely to suffer from poor health. The evidence suggests that being out of work with poor health when you are 50 plus means that as they age, these residents will become more socially isolated, increasingly unhealthy and more dependent on services than if they had worked. Getting more of the City's residents who are over 50 economically active and maintaining those who are in the labour market at work as they age, will have a very positive impact on their health and wellbeing, as well as generate a significant contribution to the local economy.

Given this priority in the Population Health Plan, Age Friendly Strategy and work of the Work and Skills Board, it is timely to increase the focus on this area of work. There is a need to ensure that existing organisations and programmes enhance their delivery for this age group and that new programmes design it in from the outset. The development of the GM Ageing Strategy and agreement from Government to include older workers as a priority for the GM Local Industrial Strategy should bring further opportunities. Manchester's membership of the WHO network of age friendly cities, and European and national age friendly networks, provides the opportunity to further learn from international best practise.





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**Manchester City Council  
Report for Information**

**Report to:** Economy Scrutiny Committee – 5 September 2018

**Subject:** Manchester Population Health Plan

**Report of:** Director of Population Health and Wellbeing  
Consultant in Public Health

### Summary

The Manchester Population Health Plan was developed in partnership with a wide range of stakeholders in 2017-18 and was agreed by the Manchester Health and Wellbeing Board on 14 March 2018.

The Plan reflects the ambition of the Our Manchester Strategy and identifies five priority areas for action to be delivered over the life time of the Plan. The focus of this report is Priority 2 – Strengthening the positive impact of work on health.

### Recommendations

The Committee is asked to note the report

**Wards Affected:** All

### Alignment to the Our Manchester Strategy Outcomes (if applicable)

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Improving the health of the population has many positive benefits for the city's economy
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and life services are major employers in Manchester and provide opportunities for local people to develop their skills and careers
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The Population Health Plan is focused on reducing health inequalities
A liveable and low carbon city: a destination of choice to live, visit, work	Addressing the wider determinants of health will contribute to this outcome

A connected city: world class infrastructure and connectivity to drive growth	Better social connections and active travel improve health outcomes
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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

## **1.0 Introduction**

- 1.1 The Manchester Population Health Plan agreed by the Health and Wellbeing Board in March 2018 has five priorities:
1. The first 1000 days of a child's life
  2. Strengthening the positive impact of work on health
  3. Making social connection and changes that matter
  4. An age friendly Manchester
  5. Action on early preventable deaths
- 1.2 The full version of the plan providing the detail relating to all five priority areas can be found at [www.manchester.gov.uk/healthplan](http://www.manchester.gov.uk/healthplan).
- 1.3 Attached to this report is the relevant chapter on Priority 2 – Strengthening the positive impact of work on health (see Appendix 1) as well as a summary version of the whole plan (see Appendix 2).
- 1.4 The Economy Scrutiny Committee will also receive a report on 5 September relating to the economic impact of the Age Friendly Manchester Strategy.

## **2.0 Work & Health Programme**

- 2.1 Manchester Health and Care Commissioning (MHCC), a formal partnership between Manchester City Council and NHS Manchester Clinical Commissioning Groups have demonstrated their commitment to the health and work agenda, by the funding of the Healthy Manchester (for people out of work with a health condition) and Fit for Work (for people in work but off sick) services delivered by Pathways Community Interest Company (CIC).
- 2.2 The success of these services has been recognised by GP leaders in the city who have seen the positive benefits for their patients. Indeed the case study in the Plan 'The journey back to work' is a specific example of this and MHCC have now nominated a clinical lead for work and health, Dr Paul Wright, to sit on the Work and Skills Board.
- 2.3 It has been an ambition for a number of years to have a comprehensive social prescribing service for the city and integrate or align services that address the wider determinants of health.
- 2.4 This ambition is about to be realised, as part of the Manchester Prevention Programme. The social prescribing service in north Manchester is now up and running (called Be Well – North Manchester) and the service in central and south will commence in November. Social prescribing is strengths based and is designed to support people with a wide range of social, emotional or practical needs – these may include mental health, social isolation, support with employment, housing and money management, and managing health conditions.

2.5 Pathways CIC are working in partnership with the lead providers to deliver the new service:

- i) Greater Manchester Mental Health Trust in north
- ii) Big Life in central and south

The service partners also include housing providers and GPs.

2.6 There will be a managed transition over the next six months to ensure the current service offer from Pathways CIC is maintained and the enhanced offer implemented from 1 April 2019 as part of the Be Well social prescribing services.

2.7 The services will support Priority 2 of the Population Health Plan by providing support to residents who are in work but off sick, or out of work with a health condition and connect residents to sources of community support.

2.8 The services will also align with the Greater Manchester Work and Health Programme and operate in the first instance to the same timeline as the GM Programme (i.e. 2021/22).

2.9 Another key component of the programme relates to workplace health. All member organisations on the Manchester Health and Wellbeing Board completed a baseline assessment in 2016/17 and have agreed to set improvement goals and share good practice in relation to mental health, disability and other priority areas. The member organisations include the City Council, Manchester Health and Care Commissioning, Manchester University Hospitals NHS Foundation Trust and Pennine Acute Hospitals Trust. Since the baseline assessment was completed, Greater Manchester Mental Health Foundation Trust (GMMH) have become members of the Board and Manchester Local Care Organisation (MLCO) will be a member this year. GMMH and the MLCO are now involved in the programme.

### **3.0 Recommendation**

3.1 The Committee is asked to note the report

## **Priority 2 - Strengthening the positive impact of work on health**

### **Why is this important?**

The Marmot Review outlines the links between work, health, and health and social inequalities. Being in good employment can protect health and wellbeing, whilst unemployment can have short and long-term effects on health and is linked to increased rates of long-term conditions, mental illness, and unhealthy lifestyle behaviours. Access to good quality work (i.e. sustainable, offering a living wage, with opportunities for development and flexibility to balance work and family commitments, with protection against adverse working conditions) is central to reducing health inequalities and improving health and wellbeing.

The positive impact of employment, and the negative impact of unemployment, affect the whole population across the lifecourse, influencing the lives of children, adults and older people living in the city. Work can have a major positive impact on health and wellbeing through both economic reward and participation in society. For young people a bad early experience in the job market can have a lasting effect for many years. Increasing the skills of, and employment opportunities for families will contribute to improving education and training outcomes for them and their children and so will contribute to the wider ambition to reduce their social exclusion, health inequalities and family and child poverty. For adults and older adults, intermittent and unstable employment results in reduced self esteem and confidence and poorer mental and physical health.

### **Where are we now?**

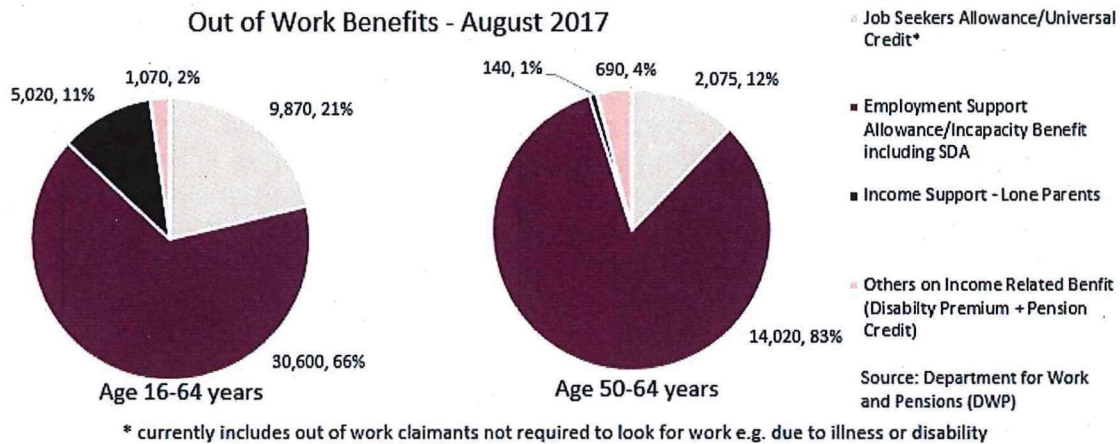
We have a well established Work and Health Programme in Manchester endorsed by the Health and Wellbeing Board and the Work and Skills Board. The primary care led Healthy Manchester (people out of work with a health condition) and Fit for Work (people in work but off sick) services have informed the development of the Greater Manchester Working Well/Early Help Programme.

### **Out of work benefits**

High rates of health-related worklessness have persisted in the city during times of economic growth as well as during the economic downturn. Getting back into employment increases the likelihood of reporting good health and boosts quality of life.

Almost 31,000 people are claiming sickness related out of work benefits, with mental health and behavioural disorders, musculoskeletal disorders and substance misuse issues being the top three most prevalent causes of sickness absence.

**Figure 8: Breakdown of types of benefits claimed**



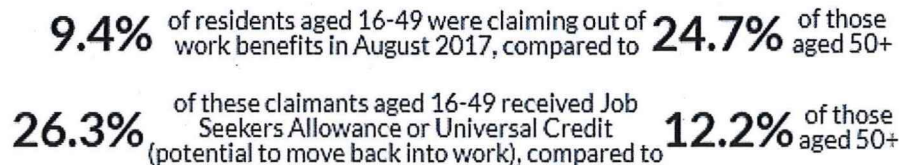
**Figure 9: Sickness related benefits**



Source: Department for Work and Pensions (DWP) November 2017

In the 50-64 age group 24.7% residents are claiming out of work benefits (9.4% in the under 50s) whilst only 12.2% of the 50-64 age group are claiming benefits with the potential to move back into work (26.3% in the under 50s).

**Figure 10: Age profile of benefit claimants (August 2017)**



Source: DWP, ONS, Nomis

These levels of benefit claimants both reflect and reinforce the health and social inequalities and comparatively poorer health of the 50-64 age group.

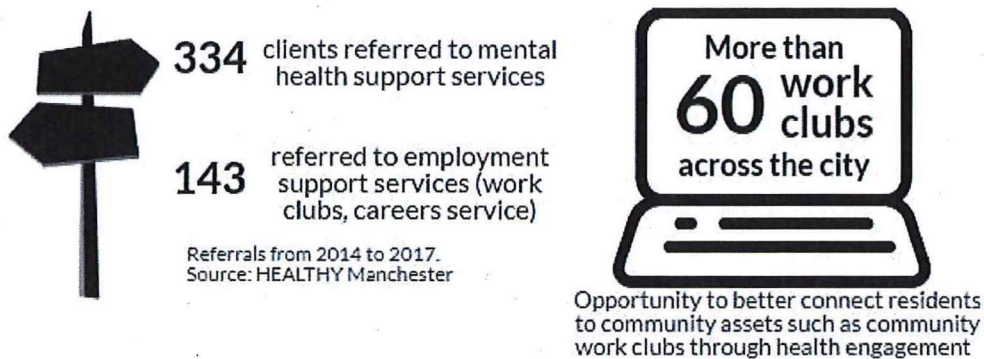
**Getting back to work**

A key part of a more proactive approach is maximising opportunities to refer residents to health and employment services and to connect residents to community assets such as



community work clubs.

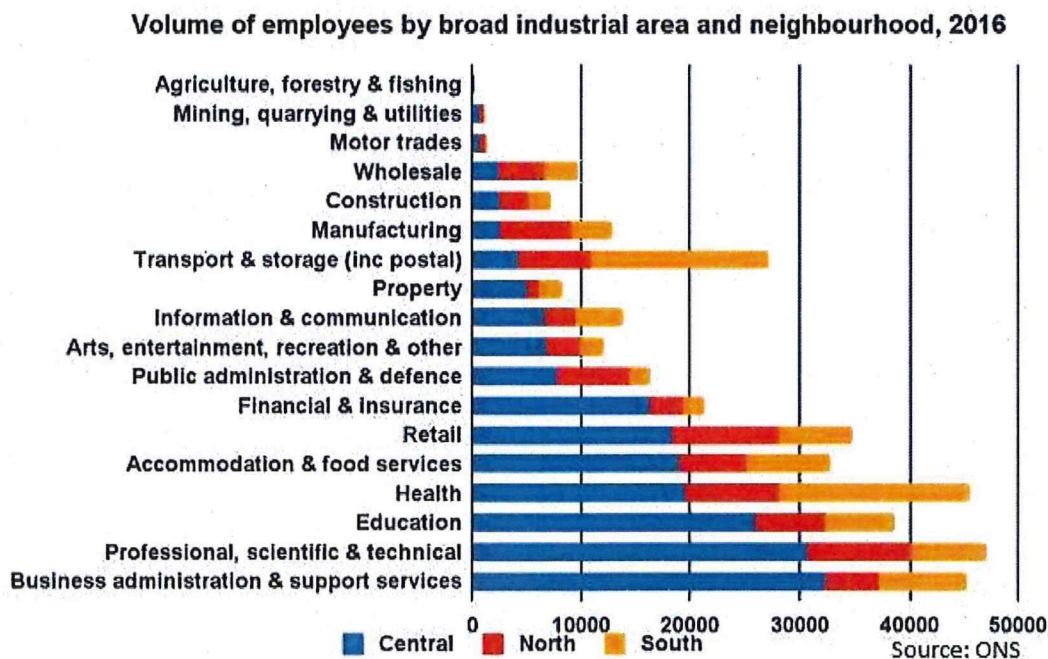
**Figure 11: Out of work assets**



**Employment sectors**

Training and support is required to improve access to jobs in the major employment sectors and health and care is by far one of the largest employers in the city.

**Figure 12: Manchester residents' employment by industry**



**What we will do**

- Integrate the evidence based programmes that support residents to stay in, and get back into work as part of the wider wellbeing service offer to residents
- Pilot a joint initiative with Job Centre Plus, for people newly unemployed with a health condition, under the Greater Manchester Working Well/Early Help Programme
- Increase employment rates for the over 50s by developing “Age Friendly”

approaches within the existing employment support system and strengthen links between over 50s seeking work and the sectors where there are large numbers of vacancies and skills shortages e.g. the health and social care system

- Encourage all Manchester health and care organisations to recruit more local people with targeted support for disabled people, those people in mid life with long-term health conditions, other under-represented groups and through the Apprenticeship Levy.
- Continue to target support programmes for households with children to reduce the cycle of unemployment across generations
- Encourage a positive attitude to work and career aspirations for young people through good work experience and meaningful job opportunities
- Support more people who become disabled or acquire a health condition to start or stay in work through good employment practice such as flexible recruitment and in work support
- Promote good employment conditions across all employers, with Manchester public sector organisations acting as exemplars by implementing the recommendations of the 2017 Workplace Health Baseline Assessment (Health and Wellbeing Board) and prioritising social value through procurement and other processes.
- Develop more opportunities for volunteering and training to improve self esteem and social connectedness with specific target groups (e.g people with substance misuse problems)
- Improve health and work outcomes through in-house policies and service commissioning e.g. host young disabled people to gain work experience and a job through supported internships

### **The journey back to work**

Manchester has a citywide GP referral service, working with people who are finding it difficult to find work because of ill health and related problems. Those referred must be of working age (16-64 years), not in work and experiencing wider issues impacting on their health that medical treatment alone cannot address.

Following assessment by a case manager, an intervention programme is designed to meet the individual's needs in relation to their current circumstances, health and wellbeing and condition management, all of which can affect their employment potential. For those people who have a desire to find employment, specialists will support them to find work that would suit their health condition, vocational aspirations, skills and qualifications. People will also receive guidance and advice on employment skills and how to have effective conversations with potential employers and agree the optimum level of role/responsibility to maintain healthy mental wellbeing.

An example of how the service works can be demonstrated by a positive outcome for an

out-of-work woman in her mid-30s suffering with long term depression. In the past, her low mood and frustrations had led to self-harm and attempted suicide.

Following a referral from her GP she was provided with a range of support including motivational interviewing to incorporate changes to routines, counselling to enable her to understand her depression and anger and confidence-building to apply for jobs and attend interviews. The programme also provided wellbeing advice, addressing her increased alcohol intake related to boredom/lack of routine and exploring alternative activities to relieve stress

Her outcomes included a better understanding of how to manage situations more positively by thinking about them differently and gaining the confidence to enable her to successfully apply for a job and gain employment.

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# Manchester Population Health Plan

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Summary Version  
2018–2027



# Introduction: Population health – what this plan is about

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**Up to 80% of what makes a difference in population health happens outside the health service. So although the NHS in Manchester does a brilliant job saving and transforming individual lives every day, Manchester's overall health statistics are poor.**

A detailed version of the Manchester Population Health Plan and Compendium of Population Health Indicators is available at: **[manchester.gov.uk/healthplan](http://manchester.gov.uk/healthplan)**

Indeed, Manchester's population is sicker and dies younger than other cities' populations, and shocking inequality sees 3.5 times more early deaths in our city's deprived areas compared to the rest.

The work needed to improve Manchester's population health needs to be delivered by everyone, not just health and social care workers and services. This is the essence of the Our Manchester approach: we will focus on what people say matters most to them and involve residents and communities to be active partners in their health and wellbeing.

**The plan focuses on getting results in five crucial aspects of life:**

- The first 1,000 days of a child's life
- Work and its positive impact on health
- Making social connections and changes that matter
- An age-friendly Manchester
- Action on preventable early deaths.

# PRIORITY 1: The first 1,000 days of a child's life



## Why?

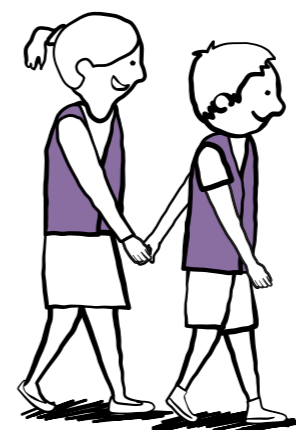
Good health starts in the womb. What happens there, and as the brain and body develop through the first two years, has a lifelong impact on factors including obesity, success at school and even wealth in later life. Babies falling behind now are more likely to stay behind. When we do put resources into a child's wellbeing in these important early years, it pays off more than spending later in life after a poor start. This is the time to make every day count with education, maternity services and support for parents.

## Where we are:

- Increasing rate of deaths under the age of one year old compared to England
- Higher percentage of pregnant mothers smoking than in England
- Greater proportion of low birth-weight babies than the rest of England
- Improvements in the percentage of children school-ready at reception year.

## What we will do:

An 11-point plan covers key factors: from stopping smoking, mothers' mental health, promoting breastfeeding, healthy eating and vaccinations, to the impact of housing, poverty, parental behaviour and learning support. We will target our support to where it is needed most.



# PRIORITY 2: Work and its positive impact on health

Page 40



## Why?

Having a good-quality job is vital to protecting and improving health and wellbeing. The effects of unemployment – short-term and long-term – are linked to high rates of long-term conditions, mental illness and unhealthy lifestyles. Being in work can make people feel useful to society, make families better off, and help to reduce the city’s health inequalities. A bad start early in working life can have an impact for years to come, while unstable work and frequent unemployment lowers confidence, leading to poorer mental and physical health.

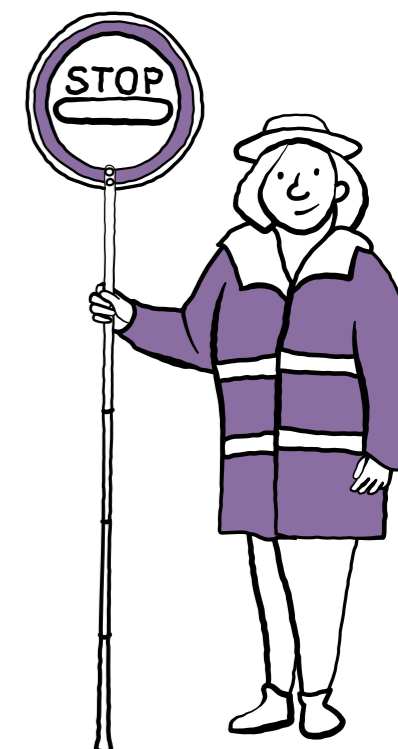
## Where we are:

- Almost 31,000 people claim sickness-related out-of-work benefits
- The majority of these have mental-health conditions, back problems or substance-misuse issues
- Significant growth in the city’s economy, with more jobs in health and social care.



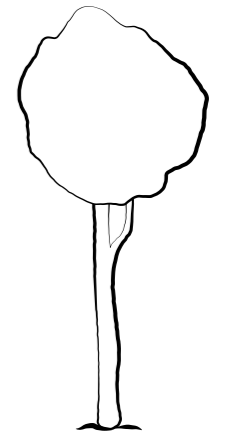
## What we will do:

There is a lot of good work underway in our city to address issues, but we could do so much more. This includes GPs referring people to support services, closer working with Jobcentre Plus, helping older workers find jobs that suit them, getting people to aim higher, and helping people stay in work with good, flexible opportunities.





# PRIORITY 3: Making social connections and changes that matter



## Why?

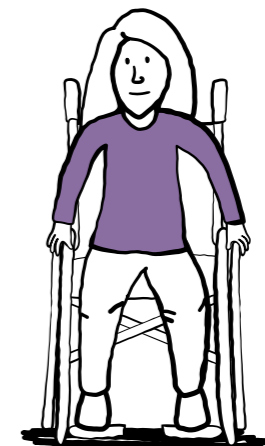
The conditions we are born into, and those we live, work and grow old in, are largely responsible for the health gap between the richest and poorest in society. Better housing can help to prevent physical illness and reduce stress, and good heating and insulation helps to keep people well in winter. A good physical environment makes us more active and helps us access the services we need. Good-quality air prevents chest conditions getting worse, and reducing long-term exposure to pollution has many positive health benefits. Social isolation has been reported to harm health as much as 15 cigarettes a day and being involved in community groups and activities can improve mental health and wellbeing.

## Where we are

- Life expectancy is seven years lower for women and eight years lower for men in our most deprived areas, compared to the least deprived areas
- Child-poverty rates have increased in recent years
- 89% of patients registered with GPs in Manchester were confident of being able to manage their own health.

## What we will do:

Our priorities include improving our local environment to promote better health, and designing services with people with lived experience of the issues that affect them. Health and social-care staff in neighbourhood teams will work alongside schools, the police, the fire service, local employers and communities to put people, not processes, at the centre of what we do. We will provide more opportunities for people to find local solutions for better health and wellbeing and self-care, building on people's strengths. We will also support work to provide warm, safe homes for children, families and older people, and our early-help work will include single adults to prevent problems developing.



# PRIORITY 4: An age-friendly Manchester

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## Why?

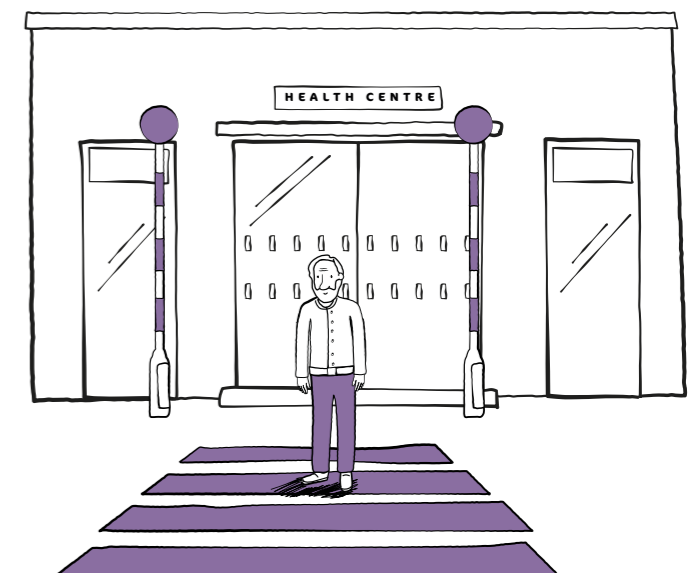
Cities are great places for people to grow older as long as we deploy age-friendly measures to keep people socially connected, with good housing and transport, and access to cultural and leisure facilities. Age-friendly neighbourhoods can support older people to maintain their independence for longer and ensure their voice is heard. Being in fulfilling work beyond the age of 50 provides financial security, and is good for emotional health by reducing social isolation. Older people can experience discrimination due to ageism and negative media portrayals, which can lower feelings of self-worth.

## Where we are:

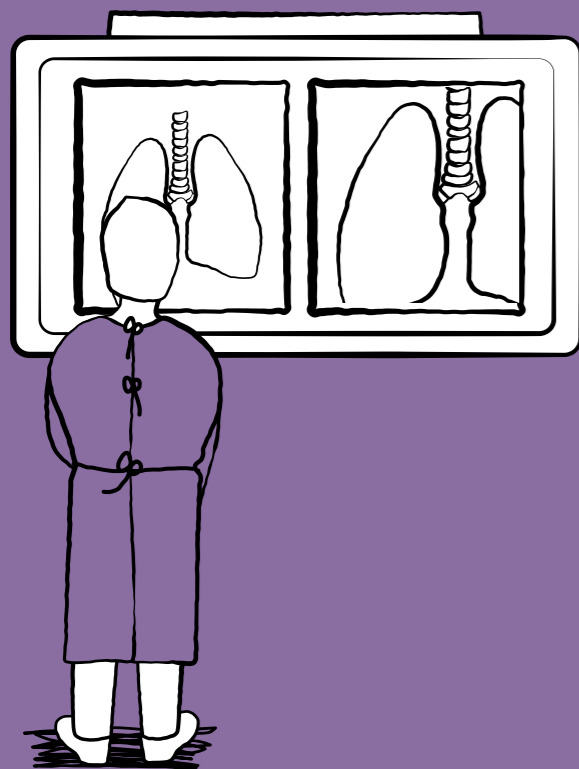
- Over the next ten years the number of people aged 50–64 will increase much faster than the number of people over 65
- Over one-third of our older people experience deprivation related to low income
- Older residents live less of their life in good health than peers in other regions
- The World Health Organization has recognised the efforts Manchester is making, and we are a designated Age-Friendly city.

## What we will do:

Age-friendly ways of working in neighbourhoods will be the norm, better connecting the most marginalised older people to local services and activities. We will support age-friendly employers and work programmes for over-50s, build age-friendly elements into all services, and improve older people's uptake of prevention services such as screening and health checks. We will also strengthen the links between age-friendly activities and dementia networks and will do more to prevent falls. Activity between the generations needs developing and we will choose our words carefully, to counter the widespread negative language and images used about older people.



# PRIORITY 5: Action on preventable early deaths



## Why?

Preventable deaths – those avoidable through healthy lifestyles or preventative care – are more likely in deprived areas. Three things can have a big positive impact: stopping smoking, eating healthy food and being more active. These cut the risk of the top causes of preventable death: cancer, lung disease, heart disease, strokes and diabetes. Spotting any disease early improves the length and quality of a person's life. Children suffering stressful events such as abuse, neglect, violence or substance-misuse are more likely to have unhealthy lifestyles and mental and physical conditions as adults, leading to early death. They, and vulnerable groups such as homeless people, refugees and people with mental illness, need support to improve their prospects and reduce population-wide health inequalities.

## Where we are:

- More premature deaths (under-75) from heart disease and lung disease than any other area
- More physical inactivity than the rest of England
- Less uptake of cancer screening than the national average
- Suicide rates below the north-west average
- Smoking rates have reduced, but they are still higher than England.

## What we will do:

We will spot and treat disease sooner, testing in places people go every day. More self-care and better co-ordinated care will feature in our approach to lung disease. We will cut preventable heart disease through activities that help people get more exercise in our most deprived areas. Different types of support will boost our stop-smoking efforts, and we have strong plans for suicide prevention. Active support for those whose childhood experiences put them at risk of earlier death will improve their lifestyles and prevent disease in later life. We will work with the rest of Greater Manchester to end all new cases of HIV in a generation.



## Our call to action

In 1800, Edwin Chadwick was born in Longsight. His work during the 19th century saved countless people in Manchester from dying in slums awash with fetid sewage and contaminated drinking water. However, he knew that all the medicines in the land would not fix the city's poor health outcomes. To solve the problem Chadwick and local residents had to fight to get clean water in and flush the sewage out: in other words, address the social determinants of ill health rather than treat the symptoms.

Our plan is nothing less than the 21st-century equivalent of Chadwick's approach to saving lives. We need the whole city to get behind this plan in order to reduce health inequalities experienced by our population. We will focus more on the social determinants of health, and through Our Manchester we will 'work with' rather than 'do to' local communities. We know the actions that will make a difference – from giving every child the best possible start through to ageing well.



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**Manchester City Council  
Report for Information**

**Report to:** Economy Scrutiny Committee – 5 September 2018

**Subject:** Working Well and Work and Health update

**Report of:** Head of Work and Skills

### Summary

Working Well is an employment support programme delivered across Greater Manchester, designed and jointly funded by the Greater Manchester Combined Authority (GMCA) and the Department for Work and Pensions (DWP). The Programme comprises of a pilot phase and subsequent expansion, followed by the recently commissioned Work and Health Programme. The pilot was developed to support Employment Support Allowance benefit claimants into employment. The Working Well Expansion was developed to build on the pilot to support a wider range of benefit claimants. The Work and Health programme started in March 2018 and will run until 2024. The programme will provide support for unemployed people with health conditions or disabled people.

This paper provides an update on all three programmes.

Representatives from The Growth Company will be in attendance as the lead providers of the Working Well programmes in Manchester along with a key worker and client. Case studies are attached in the appendices.

### Recommendations

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

**Wards Affected:** ALL

### Alignment to the Our Manchester Strategy Outcomes (if applicable)

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city:	The Working Well programme delivers a holistic

making a positive contribution by unlocking the potential of our communities	approach to addressing the barriers that prevent residents furthest from the labour market, from gaining and sustaining employment.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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**Background documents (available for public inspection):**

GMCA Work and Skills Executive members, 12<sup>th</sup> May 2017, GM Work and Health Programme Working Well

Working Well and Work & Health Economy Scrutiny update - 19th July 2017

SQW Fourth Annual Report and Evaluation of Greater Manchester Working Well Programme June 2018– available on request



## **1. Introduction**

- 1.1. In Manchester high rates of health related economic inactivity have persisted and remained constant over the past decade, despite periods of growth and recession in the national and local economy. Nationally there has been an absence of integrated health provision with programmes designed to move people into work. In November 2017 (latest data) 30,480 Manchester residents were claiming Employment Support Allowance or Incapacity Benefit. Whilst other benefit claimant numbers have significantly decreased over the past five years, this number has seen a very modest reduction.
- 1.2. The Working Well programme has been designed to support people to address their barriers to work and move into employment. It comprises a pilot phase , a subsequent expansion and now the third phase. The pilot was co-designed between the Greater Manchester Combined Authority (GMCA), Central Government and the Department for Work and Pensions (DWP) to test whether a locally developed and delivered model of welfare to work could deliver better outcomes for Greater Manchester residents with multiple barriers to work, when compared with nationally commissioned programmes such as the Work Programme.
- 1.3. Working Well Expansion is a separately commissioned programme to the pilot, which is built around a wider 'eco-system' of provision. As well as working closely with local partners in the same way as the pilot, additional services to support clients with mental health issues and skills have been commissioned alongside the providers of the Working Well key worker service. This builds on the findings that mental and physical health issues and low skills were amongst the most prevalent barriers to amongst the pilot cohort. Fundamentally, the services are expected to take a co-case management approach to supporting clients to ensure that their support is coordinated and sequenced appropriately. More detail on these services is in sections 5 and 6 below.
- 1.4. Drawing from good practice in other reform programmes, Working Well delivers holistic, intensive and personalised support through a key worker who draws on, sequences and integrates other public service interventions to support people with health conditions back to work.
- 1.5. The DWP announced its intention to commission a national Work and Health programme in early 2016. As part of the GM Devolution deal, GMCA co-commissioned the Work and Health programme in 2017/18 in partnership with DWP, allowing for a local approach to supporting residents. It facilitates integration with local partners and structures and used the evaluation of the Working Well programmes to deliver the most effective approach. See section 10 for more information.

## **2. Working Well Pilot in Manchester**

- 2.1. The Working Well pilot began in March 2014 and intended to support 5,000 Employment Support Allowance (ESA) WRAG (Work Related Activity Group)

claimants who had completed the Work Programme after two years without moving into work. The programme provided up to two years of support for people to move into work and a year of in-work support. Big Life delivered the programme in Manchester.

- 2.2. Referrals made by Jobcentre Plus Work Coaches ended in March 2016 meaning almost all clients have now left the pilot, having been on the programme long enough to have received two years of support. However, those that started work less than 12 months ago remain eligible for in-work support.

### **3. Working Well Pilot Update**

- 3.1. The Working Well pilot was expected to support 5,000 clients across Greater Manchester, with 1,200 referrals anticipated in Manchester. When the programme closed for referrals in March 2016, Big Life had received 1,227 referrals in Manchester, of whom 1,138 clients formally 'attached' to the programme.
- 3.2. The Working Well pilot aimed to move 20% of clients into work across GM and 15% of clients sustaining work for longer than a year. Job outcome profiles were developed based on when clients joined the programme and when they could be expected to move into work. For Manchester, based on the attachment figure of 1,138, it was expected that 227 clients would move into work and 170 of these to sustain work. The job outcome figure for Manchester at the end of June 2018 was 111, of whom 32 have reached a sustained job outcome (50+ weeks in work), therefore Big Life had achieved 55% of their baseline profile. GM fared slightly better with 610 job outcomes across GM of whom 242 have reached a sustained job outcome - a 65% job outcome rate. It should be noted that the job outcome baseline figure for Big Life is based on total attachments and does not take into account the higher than expected number of people leaving the programme early, around 31% across the programme. The early exit rates were outside of the providers' control and managed by JCP due to changes in people's circumstances. See table in 3.4.
- 3.3. Overall the pilot did not meet the job start target. However, the performance compares favourably to the Work Programme for a similar cohort. The Work Programme had most success with supporting the most work ready people into work and less success with Employment Support Allowance (ESA) claimants. The Working Well pilot worked with ESA claimants who had not secured a job outcome after 2 years on the Work Programme, who presented with more complex and multiple barriers holding them back from work. The most prevalent of these being mental and physical health.

## 3.4.

<i>Working Well Pilot</i>	<i>Job starts as % of attachments (including early leavers)</i>	<i>Indicative job starts as % of attachments (excluding early leavers)</i>
Manchester	10%	14%
Salford	11%	16%
Trafford	9%	13%
Bolton	20%	29%
Bury	18%	26%
Oldham	8%	12%
Rochdale	15%	22%
Stockport	16%	23%
Tameside	14%	20%
Wigan	16%	23%
GM	13.0%	19%

#### 4. Working Well Expansion in Manchester

- 4.1. The Working Well Expansion programme was commissioned across GM and The Growth Company was awarded the contract for Manchester, Salford and Trafford. Ingeus delivered the programme in the rest of GM. Referrals opened to the programme in April 2016 and were extended to the end of 2017 to allow up to 20,000 people to be offered support by the programme and ensure that there was no gap between the Working Well programme and the introduction of the Work and Health programme, which started in early 2018.
- 4.2. The Working Well Expansion programme is open to a wider range of benefit claimants than the pilot including Jobseekers Allowance, Employment Support Allowance (WRAG and Support group), Lone Parents on Income Support and more recently Universal Credit claimants. Again, it aims to improve work readiness, with a target of 20% of clients moving into work and 75% of these (15% of the total cohort) sustaining employment long term. Jobcentre Plus referrals placed a mandatory requirement on the client to attend their first appointment with the provider, after which it was at the client's discretion whether they wished to continue with the programme. This required work coaches having to 'sell' the programme to their clients. This challenge led to providers co-locating in some job centres to help build relationships with work

coaches and increase awareness of the programme.

- 4.3. The key worker model ensures that each referred client is allocated a key worker who works closely with them through their journey. A survey of clients highlighted the key worker as one of the most valued aspects of Working Well due to the personalised and friendly service they provided. This was in contrast to their reported experience on the Work Programme.

## 5. GP Referral Route

- 5.1. There is clear evidence that being in 'good' work supports health and should therefore be included within a prevention model of health support. The Healthy Manchester service, delivered by Pathways CIC in the city since 2014 supports patients referred by GPs where the GP considers that moving into work would help to improve the client's health outcomes. The original Manchester pilot set out to determine whether GP influence could support better patient engagement within employment support services and deliver a more integrated approach than previous employment support models.
- 5.2. A GP referral route was built into Working Well Expansion in Manchester, Bury, Tameside and Wigan to further test the approach piloted in Manchester for up to 1,000 clients across the four areas. Identified GP surgeries within these areas referred patients to the Expansion programme where the patient is out of work and the GP feels that they would be in a position to move into work with some intensive and holistic support. Each of the four Local Authority areas has an established 'GP Link Worker' role who works within the GP surgeries and can discuss the Working Well service with the patient and make referrals as appropriate.
- 5.3. The GP Link Worker role in Manchester is undertaken by Pathways CIC, who already have well established relationships with GPs across the city through the Manchester Fit for Work service which supports patients who are in work but off sick to return to work quickly. Patients referred by GPs receive a seamless service which provides a single referral route for GPs regardless of patient benefit type. Both the Healthy Manchester and Manchester Fit for Work services are phone based interventions which are effective in terms of engagement, improving self-care and raising self-efficacy levels.
- 5.4. For Manchester GPs, these services have allowed us to put in place a referral mechanism for patients whose needs are not purely clinical and who therefore benefit from a more holistic support model. This social prescribing model which includes employment support at its core has been scaled up initially in the North of the city through the Community Links for Health/Be Well service. This service is commissioned by Manchester Health and Care Commissioning and started in December 2017. The supply chain includes Northwards Housing and Pathways CIC. An equivalent service will be delivered in Central and South areas by Big Life with Pathways and housing providers included in the supply chain.

## **6. Talking Therapies**

- 6.1. The Working Well pilot highlighted that mental health problems were often the primary barrier to people moving into work and that poor mental health impacts negatively on physical health and vice versa. Long waiting lists for mental health services and a lack of integration of mental health and employment provision across GM have long been recognised as presenting barriers to moving into and sustaining work. The design of Working Well Expansion therefore incorporated a more coordinated approach between services to test whether outcomes for residents could be improved.
- 6.2. The Talking Therapies service was commissioned separately but as part of the wider Working Well Expansion 'eco-system'. It is delivered by Greater Manchester Mental Health NHS Foundation Trust from centres across GM, co-located with the Working Well key workers as well as based in GPs surgeries and other public service providers. The service provides access to Improving Access to Psychological Therapies (IAPT) for clients with mild to moderate mental health issues.
- 6.3. Clients are assessed for mental health issues and referred by their Working Well Expansion key worker, who have received training from the Talking Therapies service in assessing clients. The service allocates the client to the most appropriate mode of therapy depending on their issues. The client's therapist and their Working Well Expansion key worker are encouraged to work together to co-case manage the client's action plan, helping to streamline support and identify and address problems which may be hindering their mental health recovery and vice versa.
- 6.4. Talking Therapies began taking referrals in June 2016 and will deliver therapeutic interventions for up to 1,200 people across Greater Manchester. 1,912 people have been referred to date. As of June 2018, 13% of people attached to the programme in Manchester have been referred to the Talking Therapies Service. This integrated model is proving to be beneficial from both an employment support and mental health provider perspective in terms of improved outcomes and resident experience.

## **7. Working Well Expansion Update**

- 7.1. Between April 2016 and June 2018 in Manchester 4,553 referrals have been made with 2,546 attachments to the programme. As could be expected, Manchester has the largest number of attachments by local authority across the Working Well expansion programme.
- 7.2. General confidence and self esteem are the most common barriers to work with mental and physical health also prevalent. Residents have experienced a high level of improvement from the severity they reported initially in most of these areas and particularly in relation to lack of qualifications/skills. For more detailed information on addressing presenting issues please refer to GMCA Fourth Annual Report June 2018 (see appendix 1).

- 7.3. However, job start performance in Manchester is lower than elsewhere in GM with 16% having started work compared to 20% across GM overall. (see table in 7.7 below). As at the end of June 2018, 422 job outcomes had been achieved which equates to 98% of the expected percentage job starts. Issues with obtaining evidence for job starts continue to affect the outcomes. However, by the end of June, 88 sustained job outcomes had been achieved which is 95% of the expected target. Performance has improved over the past 6 months and both the GMCA Programme Office and officers from Manchester City Council work closely with The Growth Company to further improve outcomes.
- 7.4. The GMCA Programme Office has an important role in managing the programme overall and ensuring best practice is shared with areas where performance is lagging behind elsewhere. It employs an independent research company, SQW to undertake ongoing evaluation and research which provides valuable intelligence on the programme's achievements and challenges.
- 7.5. SQW recently undertook a Manchester sub-district analysis to try to understand why job start performance in Manchester is lower than much of GM. It found that there is little difference between presenting issues and barriers to work between Manchester and the overall programme. However clients in South Manchester are slightly more challenging than across Manchester overall. (see section 7.7)
- 7.6. A further finding is that Manchester's poor overall performance is affected by the number of people engaging on the programme for less than two years. The Growth Company is now focusing on this element of the service and working to retain clients on the programme which currently stands at an average 63% remaining at 6 months and 37% remaining for 12 months.

7.7.

<b>Characteristics and barriers to work that make a statistically significant difference to the likelihood of starting work</b>	
Age	For every one year in increase in age, the likelihood /odds of achieving a job start decreases by 2%
Work Experience	Individuals with some work experience were 1.5 times more likely to achieve a job start than someone who had no work experience
Length of unemployment	The longer an individual has been out of work, the less likely to start a job
Local Authority	Aside from Trafford and Bolton, individuals based in other LAs were 1.3-1.8 times more likely to achieve a job start than someone based in Manchester
Mental Health	For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a 12% decrease in the odds/likelihood of starting a job

Physical Health	For one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a 16% decrease in the odds/likelihood of starting a job
Substance misuse	For every one unit increase in the 0-6 ranking of substance misuse as a barrier to work, we can expect to see a 12% decrease in the odds/likelihood of starting a job
Convictions	For every unit increase in the 0-6 ranking of convictions as a barrier to work, we can expect to see a 10% decrease in the odds/likelihood of starting a job

*Extract from GMCA Working Well Fourth Annual Report June 2018*

Characteristics found to be significant determinants of a client starting a job mostly show Manchester with a slightly more challenging group to move in to work		
	<b>Manchester</b>	<b>Overall Programme</b>
45 years+	45%	43%
Ethnic Minority	37%	20%
No Qualifications/ below GCSE	46%	42%
Not worked in over 5 years	41%	40%

*Source: SQW Quarterly Report June 2018*

Presenting issues found to be significant determinants of the likelihood of starting a job shows very little difference between Manchester and the overall programme		
	<b>Manchester</b>	<b>Overall Programme</b>
Mental Health	21%	20%
Physical Health	22%	20%
Convictions	4%	4%
Substance Misuse	4%	4%

*Source: SQW Quarterly Report June 2018*

<b>Working Well Expansion</b>	<b>Job Starts to date against contract target of 20%</b>
Manchester	16.4%
Salford	21.0%

Trafford	16.9%
Bolton	20.8%
Bury	25.0%
Oldham	21.0%
Rochdale	22.2%
Stockport	18.0%
Tameside	23.4%
Wigan	29.7%
Unknown	2.8%
GM	19.3%

## 8. Skills for Employment

- 8.1. The Skills for Employment programme was commissioned by the Skills Funding Agency and started delivery in February 2016. The programme is delivered across Manchester by The Growth Company. In addition Athena Housing Group has been brought on as an end to end provider. Whilst the programme's criteria is wider than Working Well Expansion, it is a central part of the offer to Working Well clients and the providers of the services work in partnership to coordinate a client's journey towards employment.
- 8.2. The programme offers a key worker service to residents delivering personalised support to improve skills, motivation and confidence, access work experience opportunities and help find sustainable employment. The Growth Company work with a range of skills providers to match individuals with skills provision according to their needs and ambitions, and to commission specific courses to address gaps. Alongside this, individuals undergo work preparation activity and are matched with work experience opportunities. Individuals can spend between 7 and 200 hours on programme so where they present with more complex needs, their time on programme tends to be longer and their outcomes slower to achieve.
- 8.3. The Growth Company is now delivering the programme through two funding streams, ESF and Local Growth Fund (LGF), in conjunction with each other. The ESF contract stopped taking referrals in October 2017, but will continue to deliver to March 2019, allowing those currently on programme to benefit from further support and progress them into positive outcomes.
- 8.4. Referrals to the Local Growth Fund element of the programme started in September 2017. Referrals to date have been high and come from a variety of sources including Jobcentre Plus (26%), Working Well (23%), 51% from other



partners and community organisations and 15% self referrals.

- 8.5. The Growth Company and their subcontractors have fully engaged with 2859 clients in Manchester on the programme as at the end of June. Of these 478 have achieved a qualification, 238 have completed work experience and 500 have started work.

## 9. **Integration**

- 9.1. Integration with other services is a key feature of the Working Well design, to ensure that residents who access it receive a coordinated service and partners are able to contribute to a client's action plan through shared actions and outcomes. Wider integration also ensures that issues in the system, for example blockages in accessing services, can be addressed. In Manchester, this model is overseen by the Working Well Integration Board which includes representatives from City Council services such as Commissioning, Public Health, Public Service Reform and Housing as well as strategic leads from partner organisations including registered housing providers, DWP and mental health services.
- 9.2. Board meetings provide an opportunity for providers to highlight specific issues which need addressing, share good practice and positive outcomes and discuss client cases which are particularly problematic. For example a recent case of a client with learning difficulties was brought to the Board. The young man presented with significant rent arrears and facing eviction. Through Board members the key worker was connected with the most appropriate person in the City Council's Homelessness team who was able to support their client with housing options and assist him with a payment plan to address his Council Tax arrears. Alongside this, The Growth Company requested support for key workers to navigate the housing system in Manchester. A training session was arranged for with MCC Strategic Housing and One Manchester to upskill key workers enabling them to increase their knowledge of the allocation policy and Manchester Move in order to better support their clients with housing access.
- 9.3. An Integration Plan has been developed to ensure Working Well service delivery is fully integrated with local authority services and other programmes. These are working documents reviewed regularly by The Growth Company and the local lead for each local authority.
- 9.4. Alongside this Manchester has developed an Integration Log. Anonymised cases are shared between Working Well key workers and area based Work and Skills Team officers to review support provision to ensure that clients can access a wider universal offer including skills, leisure, health, well-being and volunteering opportunities where they live. The Log serves to improve key worker knowledge of local areas and provides a means to address client support issues outside of the Board.

## 10. **Work and Health Programme**

- 10.1. In early 2016 the Department for Work and Pensions (DWP) announced its intention to commission a national Work and Health Programme to support people on out of work benefits who are experiencing complex barriers to work including health problems. This forms part of a wider new approach by DWP including Jobcentre Plus providing more tailored & intensive support for claimants who need it. The Work Programme stopped taking new referrals in March 2017.
- 10.2. The Work and Health Programme is commissioned nationally by the DWP by regional contract package areas, as was the case with the Work Programme. However as part of the Devolution Agreement, Greater Manchester is a distinct contract package area and the programme has been jointly designed based on the learning from the Working Well programmes. A partnership of the Growth Company and Ingeus UK has been awarded the contract for Greater Manchester. The partnership called 'InWork GM' also includes two health and disability providers - Pathways CiC and Pluss. The Growth Company delivers the programme across Manchester which will run from March 2018 to 2024. This will allow around 22,500 people to be supported to address their barriers to work.
- 10.3. The development of the programme draws lessons learned from the Working Well pilot and Expansion programmes. This includes the utilisation of a key worker model but with a clear health offer to address the needs of those with mental and physical health conditions in particular, alongside work experience and skills provision. The programme offers participants up to 15 months support on programme and up to a further six months of in-work support.
- 10.4. The Programme will support the following groups into sustained employment: people who have a disability (80% of referrals on a voluntary basis); early access disadvantaged groups (circa 10% of referrals on a voluntary basis) and long-term unemployed residents of 24 months plus (circa 10% of referrals on a mandatory basis). Unlike the previous iterations of Working Well, clients will be expected to be 12 months away from gaining employment.
- 10.5. Jobcentre Plus is the primary referrer and gatekeeper for the programme. However, from June 2018 a number of signposting pathways from local services was put in place with External Local Signposting Organisations (ELSO's). These have been identified by the local Integration Boards as services that have regular contact with individuals who could potentially benefit from the Programmes' support. Numbers of participants referred to the programme via this route is fairly low - in Manchester, around 240 people over the lifetime of the contract, therefore the number of ELSO's has been kept small but includes housing providers and other reform programmes such as Troubled Families.
- 10.6. Learning from the Expansion programme has seen the introduction of Integration Coordinators. The role of the Integration Co-ordinator is to work

with Job Centres to enhance their knowledge of the programme to ensure the programme is right for the participants. This involves regular face to face meetings at Jobcentres and working directly with the Work Coaches. The Integration Coordinator acts as the main point of contact for local integration and works closely with the City Council's Work & Skills team to identify services within local areas, which can form part of a participants journey.

- 10.7. Performance outcomes for this programme include support interventions by 'My' categories eg. 'My Health', 'My Skills', 'My Life' and 'My Work'. These are reported to provide rich data on the type of support delivered to participants. Earnings outcomes are also new to the programme and will be validated using DWP data, avoiding the challenge of evidencing job starts from participants or employers. Once somebody secures a job, this can be difficult to evidence, as experienced on the pilot and Expansion programmes. For the first time Social Value Commitments (SVCs) have been built into a welfare to work contract. InWorkGM have developed 43 SVCs to ensure that there is wider social, economic and environmental impact of contract delivery, which contributes to GM's Social Value Policy objectives and outcomes.
- 10.8. During the lifetime of the programme, it is expected that there will be around 4,700 referrals in Manchester, with a target of 47% of those referred moving in to sustained employment. At the end of July, The Growth Company had received over 300 referrals in Manchester, of whom 200 have started on programme and 26 participants have started work.
- 10.9. The main risk to the programme at present is ensuring that there is the correct level and appropriateness of referrals. The Integration Co-ordinator is working along with the Jobcentre Disability Employment Advisers to increase their knowledge of the programme in order to support work coaches to make referrals. Referrals to the programme across GM stands at 91% of where they should be, which is the second highest in the country. Therefore, there is a need to ensure that processes and procedures that have been put in place by the Growth Company are effective in appropriately 'on boarding' residents ie. those who are referred actually start on the programme. As a result, a review of the 'on boarding' process is currently being undertaken by GMCA.

## 11. **Employer Engagement**

- 11.1. The Growth Company have an embedded employer engagement team to support the delivery of the Working Well Programmes in Manchester. The team work predominantly with SMEs and approach businesses either with vacancies or on a speculative basis depending on the job goals of the residents with whom they work. Working with SMEs enables them to have direct conversations with decision makers and to explain and reassure them about any gaps in employment the resident may have or discuss any adjustments to the role that may be required.
- 11.2. Employers are offered a full 360 recruitment service, sourcing suitable clients, preparing them for interview, arranging all the interviews, supporting with

application forms and the on boarding process for any successful candidates. A robust in-work support package is offered to ensure that residents sustain employment.

- 11.3. On the 5<sup>th</sup> June the GM Working Well Employers Summit was hosted by the GM Mayor at the Etihad Stadium. There were 268 attendees on the day, including 178 different employers. The day addressed the benefits of social value within business and encouraged employers to engage with the Working Well Programme by offering work experience and entry level jobs, particularly to GM residents with health conditions.
- 11.4. The Growth Company's Employer Engagement Consultant (EEC) is based within the Manchester Employer Suite in the Town Hall Extension and acts as a direct link to the Working Well teams to promote vacancies as they arise. The Work & Skills team have also made links with the EEC and MCC recruiting managers to ensure Working Well clients are given the necessary support to be able to apply for 'bulk' MCC vacancies. The Growth Company recently attended the Manchester Health & Care Commissioning homecare market warming event to talk to potential bidders about supporting their recruitment needs and how employers can deliver Social Value by taking on Working Well clients.
- 11.5. Working Well providers are kept up to date with vacancies and other opportunities through the Work and Skills team's weekly bulletin, and are proactively encouraged to put clients forward for opportunities within the City Council such as the recent apprenticeship recruitment, and work experience placements.
- 11.6. Recently the team supported the recruitment of Reablement Support Workers in Adult Social Services. A number of these roles were made available to those on employment support programmes. Candidates from Working Well were supported by the Employer Suite resulting in two gaining employment. Approximately 40% of Working Well customers are placed into vacancies brokered by The Growth Company's Employer Engagement team.
- 11.7. Alongside the work with employers on their vacancies, the team also work with employers to create meaningful work experience opportunities through the Skills for Employment programme. Since April 2016, 238 Manchester residents have completed an 8-week work experience placement. Work experience is generally one of the best ways for residents with low skills and little to no recent work history, to gain employment. However, not all participants are persuaded of the benefits.

## 12. **Client Feedback**

- 12.1. The Growth Company has undertaken monthly feedback surveys with Working Well clients over the last twelve months. The results have been:

- 92% are very satisfied or satisfied with the quality of information, advice and guidance received
- 95% are very satisfied or satisfied with the quality of service from their Key Worker
- 93% very satisfied or satisfied with the improvement in their self confidence
- 96% would recommend our programme to others

### **13. Conclusion**

- 13.1. All three iterations of the Working Well programme work with clients who have significant barriers to employment. The programmes have been ambitious in trialling new approaches to supporting those who have not been able to move into work through previous programmes with a target of 20% of residents accessing the programme moving into work and 15% sustaining it. While the target hasn't been achieved in Manchester, other areas of Greater Manchester have done better. However, beyond the figures, it is important to note the progress that clients have made towards reducing their barriers and moving closer to employment through activities such as volunteering and work placements. The programme has evolved over the last few years based on lessons learned, with an increasing emphasis on continued engagement, relationship building and establishing new support mechanisms where gaps in provision have become evident. This has led to many individual positive outcomes for clients and some new collaborative approaches.
- 13.2. Whilst the Working Well programmes have delivered relatively small scale outcomes, the more focused approach for the Health and Work programme and delivery by the consortium of the Growth Company working with Ingeus (which delivered the pilot and extension programmes in 7 of the 10 local authorities in GM) should deliver improved job outcomes particularly for disabled Manchester residents. The GM Work and Health Board is overseeing the development of a programme of early intervention and prevention and ensuring that further investment is secured. Working Well Early Help, building on the experience of the Fit for Work Programme in Manchester, is currently being commissioned. This will add another dimension to the Working Well offer, as a programme aimed at preventing residents with health conditions or a disability from falling out of the labour market long term. The programme will support up to 14,000 individuals across GM between 2019 and 2022.

## **Manchester client case studies from the Working Well Expansion and Work and Health Programme**

### **Case Study 1: Working Well Expansion**

Parma, a former GP, was supported by Working Well after a painful family bereavement led to a severe breakdown, unemployment and a period of homelessness. He was suffering with anxiety, depression and low self-esteem and believed there was no one who could help him – the Working Well programme turned his life around.

Immediately, his Key Worker helped him access the Cognitive Behavioural Therapy (CBT) he needed to address his complex emotional needs. The CBT sessions made a huge difference to Parma's confidence, and combined with the support in developing his CV and employability, he was soon in a position where he could apply for NHS vacancies.

Throughout the recruitment process, Parma's Key Worker provided intensive support to help him develop the resilience he needed to handle setbacks and maintain focus.

Parma's first step into employment was a volunteer placement as a receptionist, which was instrumental in helping him grow in confidence and employability.

Thanks to the ongoing support he received, Parma was able to complete a Level 1 qualification in Business Administration and his volunteer placement with The Growth Company was so successful that he's now been employed as a part-time Project Coordinator with the team.

Parma is a prime example of how the Working Well programme can get the most vulnerable people back into employment.

Commenting on his new role, Parma said: *"I never thought this day would come! After ten years of rejection and setbacks, I'm finally employed and getting acceptance - I'm very happy."*

He added: *"I'm really enjoying working in a professional and supportive environment where everyone has been incredibly positive. I can't thank Working Well and The Growth Company enough for helping me regain my confidence and control of my life."*

### **Case Study 2: Working Well Work & Health**

Partially sighted 'James', aged 20, had never been able to find sustainable work. His lack of employment history counted against him, and he felt like he'd missed out on past opportunities due to the way his disability was viewed by employers.

James was referred to Working Well (W&H) as he wanted help to overcome his low confidence and anxiety, and to lead a full and normal life. He was determined not to

be defined by his disability, and was keen to be a role model to his younger brother who also suffers from the same sight condition.

We quickly assigned James to a key worker, who helped him to put together a new CV and prepare for job interviews. We also provided James with 1:2:1 wrap-around support to help him with his confidence and anxiety issues, which went a long way in terms of getting him to change his perception of himself.

Thanks to the tailored support he received, James was soon ready to apply for a warehousing role – a field which he was keen to get in to.

To give him the best possible chance of getting the job, we gave him 1:2:1 interview support, as well as additional help in relation to the disclosure of his health condition. We made sure James understood the duties of the role, and supported him in having conversations about reasonable adjustment.

We're pleased to say James was successful in getting the job, and began his employment at the beginning of July.

Despite some difficult days in his first month, James has adjusted into his role. To assist James further, we helped his employer to order colour blindness correction glasses and encouraged his manager to explore more suitable ways of communicating with James. He now receives texts of his shift patterns, which he can easily read.

James is a prime example of how Working Well can help people with physical disabilities back into work. We're continuing our work with James, and are looking for alternative roles which provide the maximum support for his health condition. Whatever the future holds for him, his progress so far has been commendable.

### **Case Study 3: HEALTHY Manchester/ Working Well Expansion (Pathways CIC)**

Wioletta was referred into the HEALTHY Manchester service by her therapist from the Primary Care Team in July 2016.

She had suffered with depression since she was 6 years old, struggled socialising and going anywhere on her own and stated that her depression made her feel like a failure. Wioletta had aspirations to find employment or to get into training/education but was scared of new situations, lacked confidence and self-esteem and leaving the house. Wioletta had never worked.

After receiving CBT at North Manchester General Hospital for her depression and anxiety Wioletta was discharged having made tremendous progress during her time with the service. Wioletta was very proactive with wanting to make changes to benefit her health from the outset and set up her own goals to achieve. She engaged well with the service and took control of her health by making lifestyle changes towards her diet and fitness. She completed home exercises using online videos and went for daily walks with her mother. Sleep was an issue for her, so she undertook

online CBT computerised based treatment plan where she completed weekly modules and received regular telephone calls from her advisor.

Most of the sessions were focused around her anxiety and depression, and she received support from our in-house counselling service. In early 2017 she was referred onto the BOOST course which helped her look at ways to improve her confidence, self-esteem, communication and assertiveness. Wioletta actively visits YASP who are providing a befriending service and meet up regularly to do activities of enjoyment. Wioletta set herself long term goals to move closer to employment and improve her skills.

Wioletta was referred onto the Working Well Expansion programme, delivered by Pathways CIC on behalf of The Growth Company. Her main goal when joining Working Well was to access employment opportunities to help her become more independent as she has been a young carer for her mum since the age of 17 years old. Wioletta has a range of health issues where her mental health issues scored a significantly high score of six at the initial assessment stage.

Three months after her initial assessment, Wioletta's mental health score has moved to a lower score of three.

Wioletta says that she is grateful and relieved that the NHS referred her to Healthy Manchester who then referred her to the Working Well programme. She stated that the support provided helped build up her confidence, and enabled her to access services that she didn't know about. Their discussions have put things into perspective for her and she was very glad and thankful of their support, as it has put her on the path she wants to be on.

From here Wioletta was referred to Skills for Employment where she has been able to access a range of training and employment opportunities to enable her to live a more independent life where she has seen her confidence and self-esteem improve as each month has progressed.

Wioletta also receives support from MIND and 42<sup>nd</sup> Street who offer one to one mentoring, group support, and refer to local social events such as theatre productions and social gatherings in the city centre. This multi-agency support has been crucial in assisting Wioletta with moving forwards in her life and achieving the goals she wishes to achieve as a young adult.

Wioletta describes herself as having 'autistic traits' and also says that she has anxiety issues and struggles to mix in large groups and particularly with people her age. Wioletta says this could be down to the bullying she experienced when she was at school. Wioletta says that she was first referred for counselling therapy when she was six years old.

Wioletta has never worked and was unable to complete her Health and Social Care course due to her caring commitments. She felt that she had let herself and her mum down for not having achieved more in life such as going to University or having settled down with a family and job and living a more independent life. Through the use of motivational interviewing techniques, her key worker was able to have a



discussion where Wioletta recognised that she had achieved more than she had realised and that being a young carer requires strength and determination as well as other huge qualities that Wioletta will find beneficial as she continues her journey through life.

After completing an action plan at the initial assessment stage, Wioletta asked if she could have a copy to take home and show her mum so she could see the plans she had in place and the goals she had set herself.

The goals created included:

- Improving her self-esteem and confidence and overall health and wellbeing which is where the support from MIND and 42<sup>nd</sup> Street would be highly beneficial
- To improve independence by completing tasks at home such as cooking a meal for her mum and herself, completing a full food shop, and helping to arrange to pay utility bills. This is something that Wioletta is fully engaging with and she says that she has been making meals such as home-made soups and spaghetti bolognese.
- To access training and employment opportunities where Wioletta was referred to Skills for Employment. She is currently engaging with a Business Administrative Course.

Wioletta undertook a work experience placement with Business Finance Solutions (BFS) as part of the Skills for Employment programme and secured the role as an Early Arrears Management Officer with BFS which commenced in October 2017.

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# WARRINGTON WELL

Fourth Annual  
Evaluation Report

June 2018

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## Foreword from the Mayor of Greater Manchester

We have changed the weather in this area of public policy and brought in some much-needed new thinking. The Government’s own national Work and Health programme bears a striking similarity to many elements of Working Well – yet again Greater Manchester is doing things differently and leading the way.

It is my firm belief that devolving further powers from Whitehall will enable us to fully meet the needs of the people of working age in our city-region by providing skills, training and job opportunities to enable them to achieve success and fulfilment in life.

Our ambition in Greater Manchester is to create an employment, health and skills eco-system which has the individual and employer at its heart. It will better respond to the needs of residents and businesses and contribute to the growth and productivity of the regional economy.

Working Well is a flagship policy in this area and a shining example of how Greater Manchester can seize the initiative and deliver for each other. I am delighted by the content of this annual report and I hope you enjoy reading it.

Thank you.

Andy Burnham

The success story that is Working Well sets our city-region apart from the rest of the country. It was set up under new powers devolved to Greater Manchester, meaning we could use our local services and knowledge to give tailored support to our residents – whether that’s the training, health services or advice they need to get into work.

It proves that devolution is delivering for the city-region. The stated aim four years ago was to provide up to 50,000 people with health, employment and skills support; to date we have actively engaged with over 25,000 residents.

Working Well has already supported over 3,000 people into employment. These are residents who had not found work through previous Government programmes but are now have jobs thanks to our scheme.

Each individual had been long-term unemployed, but are now contributing to the regional economy and living more productive and fulfilled lives. That’s a measure of how we do things differently here, and I’m proud of our programme’s innovation and our skilful implementation.



## Page 69 Introduction from the Leader of Oldham Council

It gives me great pleasure to introduce the 4th Edition of the Working Well Annual Report, our most exciting and significant to date. It captures the background, development, principles and evolution of what is Greater Manchester's approach to the challenge of long-term unemployment.

The report details the journey of Working Well from a pilot for nearly 5,000 people through its expansion to nearly 20,000 long-term unemployed Greater Manchester residents.

It also introduces the next phase of Working Well – the devolved, locally commissioned and locally managed Working Well: Work and Health Programme. This is an eagerly anticipated opportunity which will set about supporting a further 22,000 long-term unemployed residents toward employment and better health, skills and lifestyle outcomes.

The report demonstrates the notable level of performance achieved to date. It draws on the experiences and lessons learned throughout the programme's lifespan. In contrast to previous annual reports, this edition's in-depth sections on key challenges to employment – health and disability, age and skills – generate much greater insight. That, in turn, enables us to approach key questions with an even better understanding of our services and the people accessing it. What emerges in this report is the ambition to continuously improve Working Well. This edition also includes the opinions and feedback from key partners to better demonstrate the value added by the integrated support services. It also details the programme beneficiaries' experiences and opinions through in-depth case studies, thereby ably demonstrating the programmes' successes to date.

Much of what is captured within this report is cause for further reflection and even celebration. I hope you find what is contained within these pages useful and enjoy the detailed insight it offers. Thank you for reading.

Sean Fielding

## Executive Summary

### The programme

1. The Working Well programme comprises a Pilot phase and subsequent Expansion, to support clients to address their barriers to work and move into employment. This has been followed by the commissioning of the Work and Health Programme, and the ongoing commissioning of Working Well Early Help. The Pilot was developed to support 5,000 Employment and Support Allowance benefit claimants, with referrals over two years starting from March 2014. The Working Well Expansion was intended to support some 20,000 people across multiple benefit types, with referrals starting in April 2016.
2. Each programme delivers holistic, intensive and personalised support through a key worker model and integration with Greater Manchester's public services. Clients comprise long-term unemployed people with multiple complex barriers to work, including physical and mental health issues, low level of skills and qualifications, and poor access to transport.
3. The programme is closely aligned with Greater Manchester's priorities, including the integration of services – particularly around employment and skills – and improving the health of the population.
4. The Working Well Pilot and Expansion have remained broadly the same since 2014, with the same core elements and critical success factors – the key worker model, integration, and the role of the Programme Office and local leads. The programme has nevertheless evolved, based on lessons learned, with an increasing emphasis on relationship building, co-location, incentivising continued engagement in the payment model for the programme and establishing new support mechanisms where gaps in provision for Working Well clients have become evident.

### The impact of Working Well

5. Overall, there have been over 17,100 'attachments' – clients joining the programme – and over 2,800 job starts (17% of attachments) to date (March 2018). For the Pilot, there have been 4,700 attachments, 610 job starts (13% of attachments, or closer to 20% when discounting clients that dropped out without completing the programme) and 237 clients have sustained work for more than 50 weeks (or 43% of job starts when considering those that started work over 12 months ago) For the Expansion, there have been 12,400 attachments, over 2,200 job starts (20% of those attached at least six months) and 341 sustained jobs (or 44% of jobs starts when considering those that started work over 12 months ago).
6. Mental and physical health are the most prevalent severe barriers to work amongst the Pilot cohort. General confidence and self-esteem, and lack of work experience are the most common severe barriers on the Expansion, with mental and physical health issues less prevalent but nonetheless a severe barrier for a fifth of all clients. A majority of Pilot and Expansion clients experienced an improvement in the most common barriers to work, where they identified these as severe on attachment. The average number of severe barriers to work faced by Pilot clients reduced from 4.2 on initial assessment to 3.7 at the intermediate stage. For the Expansion, the number reduced from 2.7 to 1.7 six months after attachment.
7. The likelihood of clients experiencing improvements against their barriers to work varies by characteristics such as local authority and length of unemployment. The likelihood of clients starting work also varies according to certain characteristics such as local authority, age, length of unemployment, level of qualifications and having certain severe presenting issues including mental and physical health.

8. Clients are supported through a wide range of internal and external support for their mental and physical health needs, particularly from the Talking Therapies Service for mental health which has supported over 1,400 clients. A lower proportion of clients with severe health issues got into work compared to those without, but nonetheless almost 780 with severe health issues started a job.
9. Clients aged over 50 are more likely to have been unemployed for a longer period of time and to have severe physical health issues. The programme has supported this group to a greater extent, with a larger proportion of the cohort receiving employment, health and skills and qualifications support compared to those aged under 50. Although a lower proportion of clients aged over 50 have started work, there have still been almost 650 job starts by this cohort to date.
10. Housing issues were identified as a severe concern by 12% of clients, although this varies widely by local authority. Clients with severe housing issues have a far higher average number of severe barriers to work, and are more likely to have severe barriers to work in relation to mental health and substance misuse. The programme helps these clients by enabling key workers to deal with the relevant bodies to resolve housing issues and by referring clients to other relevant support where necessary, e.g. financial advisors. Some 265 clients with severe housing issues on joining the programme have started work to date.
11. There is a high prevalence of clients with no or low qualifications on the programme. The programme helps these clients by referring them to predominantly basic skills and vocational-related accredited training, which is delivered both internally and externally including through Skills for Employment. Clients without qualifications are far less likely to have started a job. Nevertheless, almost 550 Working Well clients without qualifications have started a job to date.
12. The Working Well offer is continuing to evolve and inform further service provision. The Work and Health Programme launch in 2018 and the Working Well Early Help programme currently being commissioned, have both been informed by the lessons learned through delivering the Working Well Pilot and Expansion.
13. To date, the Working Well programme has supported some 17,000 clients, with 2,800 moving into work, with positive feedback from many clients. In the next 12 months, the Working Well programme can be expected to support many more people to address their barriers to work and support them to move into employment.

### The future of Working Well

## 1. Introduction

- 1.1 This report comprises the fourth Annual Evaluation Report for Greater Manchester's Working Well programme, undertaken by SQW Ltd (SQW) as part of the ongoing longitudinal evaluation of the programme.

### Summary

- The Working Well Pilot was intended to support 5,000 Employment and Support Allowance benefit claimants, with referrals made over two years starting from March 2014.
- The Working Well Expansion was intended to support 20,000 people across multiple benefit types, with referrals starting in April 2016.
- Each programme delivers holistic, intensive and personalised support through a key worker model and integration with Greater Manchester's public services.
- Many clients are long-term unemployed with multiple and complex barriers to work, such as their physical and mental health, level of skills and qualifications, and access to transport.
- The programme is closely aligned with Greater Manchester's priorities, including the integration of services – particularly around employment and skills – and improving the health of the population.
- This report draws on client monitoring data, qualitative interviews with stakeholders, case studies of client journeys and an online survey of clients.

### Background to the programme

#### Pilot

- 1.2 Working Well began in March 2014. It started as a Pilot programme, intended to provide support to 5,000 Employment and Support Allowance (ESA) Work-Related Activity Group (WRAG) benefit claimants who had completed the Work Programme but not found work, and was borne out of concerns that people on the Work Programme with health barriers to work were not moving into work. The Pilot was co-designed by the Greater Manchester Combined Authority (GMCA) and the Department for Work and Pensions (DWP), to test whether a locally developed and delivered model of welfare to work could deliver better outcomes for Greater Manchester residents with multiple barriers to work, when compared with nationally commissioned programmes such as the Work Programme. This was part of the move to devolve powers to Greater Manchester, which has now grown substantially.
- 1.3 The aim of the Pilot was to improve the work readiness of the whole client base, and achieve job start outcomes for 20% of clients, with 75% of those starting work sustaining employment for at least 50 out of 54 weeks. Recruitment took place over two years, from March 2014, with pre-work support available for up to two years after someone joined the programme. In work support was also available for 12 months, meaning that the maximum time of support was three years. There are two providers of the programme: Ingeus, in seven local authority areas<sup>1</sup>; and Big Life, in three<sup>2</sup>.

<sup>1</sup> Bolton, Bury, Oldham, Rochdale, Stockport, Tameside and Wigan

<sup>2</sup> Manchester, Salford and Trafford



## Expansion

- 1.4 In 2014 the GMCA signed a **Devolution Agreement**<sup>3</sup> with the UK Government, which gave extra powers to Greater Manchester. The agreement set out the new powers and responsibilities for the Greater Manchester Mayor and GMCA, including several around welfare reform and employment support. These included control of an expanded version of the Working Well Programme.
- 1.5 In April 2016 the programme grew to offer support to a further 15,000 people across a more varied, but equally complex, client group. The Expansion to the Working Well programme is for ESA clients, but also for claimants of Job Seekers Allowance, Income Support and, more recently, Universal Credit. Again, it aims to improve the work readiness of the whole client base, achieving 20% of clients into work, and with 75% of those starting work sustaining employment long term. Ingeus is one of the providers of the Expansion, covering the same seven local authority areas as for the Pilot, whilst The Growth Company is the lead provider for the other three. The Expansion was extended to the end of 2017 to allow a further 5,000 people to be offered support by the programme and to ensure that there was no gap between the Expansion and the Work and Health Programme (the next iteration of Working Well), which started in early 2018.

### The delivery model and core principles

- 1.6 At the heart of both Working Well programmes is the notion of providing intensive, personalised support, fully integrated into Greater Manchester's public services. There are various key elements to this:
- the programme was designed around the principles of intensive and holistic support from a 'key worker' who draws on, sequences and integrates other public service interventions to support people to address presenting issues that hold them back from starting work
  - local authority based 'local leads', Integration Boards, and Local Delivery Meetings ensure buy-in from, accountability to, and responsibility for local authorities in the delivery and

performance of the programme, with a key role in enabling effective integration. This has been supported by the development of 'Ask & Offer' documents from local areas for providers as well as Local Integration Plans

- the Programme Office oversees the programme, providing overarching strategic direction, intelligence on performance to date, and with a key role in resolving any issues in the programme, whether in relation to referrals, support, or job starts.
- 1.7 Additional support services have been developed and targeted at Working Well clients since the start of the Expansion: a Talking Therapies Service (TTS) to provide mental health support for clients where this was a presenting issue, and Skills for Employment (SfE) where skills issues prevent people from securing work. These additional services were initially open only to Expansion clients, but more recently both have also been opened to Pilot clients.

### Client complexity

- 1.8 Moving 20% of people into work needs to be seen in context. First, this is far above the Work Programme performance for ESA WRAG claimants. Second, one of the common threads throughout both the Pilot and Expansion programmes is the complex and multiple presenting issues holding back many clients from work. This is especially the case for the Pilot, where clients are all ESA WRAG claimants and had already gone through two years of the Work Programme without finding and sustaining work before joining the programme. For many Pilot clients, complex and multiple health issues were common, alongside other presenting issues relating to skills and qualifications, work experience, and access to transport to travel to work. Whilst Expansion clients tend to have fewer complex issues, the majority nevertheless face at least some issues that hold them back from finding and sustaining work, even after (often) many years of DWP support.



- 1.9 As such, whilst the ambition is to move 20% into work, this could be viewed as challenging, particularly for the Pilot's ESA WRAG cohort, given the client group and comparison with the performance of the Work Programme, where nationally job outcomes were claimed for just 6% of ESA ex-incapacity benefit claimants on the programme within the June 2011 to June 2017 timeframe. It is also important to consider alongside this the potentially substantial benefits to people and the public purse in resolving the severe and multiple barriers that clients face, even if this does not lead immediately to them starting work.

### Strategic fit

- 1.10 The Working Well programme is closely aligned with wider Greater Manchester priorities and strategy. Reform was a major part of the 2013 **Greater Manchester Strategy: Stronger Together**<sup>4</sup> that directly preceded Working Well. Amongst other actions, it included a call to deliver an integrated approach to employment and skills, with economic inactivity, mainly related to ill-health, identified as one of the key causes of Greater Manchester's productivity gap compared to the UK overall.

- 1.11 An integrated approach is also central to the more recent **Greater Manchester Strategy: Our People, Our Place**<sup>5</sup> from 2017, with devolution central to being able to fully join up services and implement a distinctive Greater Manchester person-centre approach. The strategy includes commitments to improving the mental and physical health of Greater Manchester residents, making Greater Manchester the UK's 'first age-friendly city region', giving those keen to get back into work the support and training they need, and improving the pay of Greater Manchester's workers.

### Methodology

- 1.12 This report covers both elements of the Working Well programme. Where it is necessary to differentiate we refer to the initial programme as the Pilot and the later programme as the Expansion. Given the very different starting points for the Pilot and Expansion, this report is able to comment to different levels about the two phases of the programme:
- Pilot clients have now all completed their two years on the programme. The analysis of the Pilot therefore presents an (almost) final view on performance
  - some Expansion clients have just achieved two years on the programme, but the vast majority have not and therefore continue to be supported by the programme (where they have not left early), outcomes here are therefore subject to change in the future.

<sup>3</sup> HM Treasury and Greater Manchester Combined Authority, 2014, Greater Manchester Agreement: devolution to the GMCA & transition to a directly elected mayor

<sup>4</sup> Greater Manchester Combined Authority, 2013, Greater Manchester Strategy: Stronger Together  
<sup>5</sup> Greater Manchester Combined Authority, 2017, Greater Manchester Strategy: Our people, our place

1.13 The report draws on a wide selection of data/information sources:

- routine monitoring data collected by providers, which includes client-level information describing clients' journeys through the programme, from their presenting issues on joining the programme, through to the support they received, the improvements they saw, and whether they secured a job start
- a series of qualitative interviews conducted in March and April 2018 with the Programme Office, providers, key workers, Job Centre Plus (JCP) staff, and through a focus group at the Local Delivery Meeting in March 2018, to understand how they viewed the effects and evolution of the programme
- case studies of clients, provided to SQW by the providers, setting out their journey through the programme, including how the providers worked to address these clients' presenting issues and improve their job prospects
- data from an online survey of Working Well clients, completed in April and May 2018, which asked clients to describe their experience of the programme, how it supported them to overcome presenting issues, what worked well with the programme and what they would improve. This was mainly completed by almost 600, mainly Expansion, clients whilst almost half of respondents are still on the programme.

### Report structure

1.14 The rest of this report is structured as follows:

- Section 2 describes the development of the programme in more detail, including its evolution since starting
- Section 3 presents an overview of the performance of the programme
- Section 4 includes a series of 'deep dives' to explore particular key issues and how the programme addresses them
- Section 5 reflects on this year's performance, including any new lessons learnt, and also looks forward to the next 12 months.

1.15 There are then two supporting annexes to the report: one is the full write-ups of the client case studies; and the other is a technical annex relating to the econometric analysis contained in Sections 3 and 4.

## 2. Programme development and evolution

### Summary

- The Working Well Pilot and Expansion have remained broadly the same since 2014, with the same core elements and critical success factors – the key worker model, integration and the role of the Programme Office and local leads.
- The programme has nevertheless evolved, based on lessons learned, with an increasing emphasis on relationship building, co-location, incentivising continued engagement in the payment model for the programme and establishing new support mechanisms where gaps in provision for Working Well clients have become evident.

has become more established. That said, they are reported as still being more 'hands-on' than was the norm with the Work Programme. The Programme Office also has an important role in ensuring that best practice on delivery of the programme is shared with areas where performance is lagging behind elsewhere.

2.3 Other elements of the way the programme has been commissioned and is managed have evolved more substantially:

- **The Programme Office, and indeed wider partners, have learnt from the commissioning process for the Pilot**, which was undertaken in a very short timeframe, and was prescriptive. For the Expansion, they allowed more time for commissioning and were more open to suggestions as to how to operate the programme. This evolution continued in a 'competitive dialogue' process over several months for the recent commissioning of the Work and Health Programme and the ongoing commissioning of the upcoming Working Well Early Help Programme, in order to ensure that the best proposal is taken forward and the proposed approach fully articulated ahead of commissioning.
- **The payment model has also evolved from the Pilot**, where 50% of the fee per client was paid to providers on initial attachment to the programme. To incentivise providers to keep clients engaged with the programme and move them into work, for the Expansion a higher proportion of the fees was retained for those that are engaged for longer or start work, with just 10% of the fee being given to the providers on initial attachment.

### Overview

2.1 The Working Well programme has also continued to evolve since its inception. This includes between the Pilot and Expansion, but also with both evolving over their delivery. This section sets out how the programme has evolved over time from its initial set-up in 2014, to informing the commissioning of the Work and Health Programme.

### Programme set-up and management

#### Overall management

2.2 The Programme Office has an important role in commissioning and managing the programme overall, as set out in the Introduction. Their role has stayed broadly the same throughout the programme; although they have become more 'hands-off' in terms of day-to-day delivery of the programme in later years, as the programme

2.4 Programme management has been influenced by continual intelligence gathering, including the ongoing evaluation activity undertaken by SQW. The approach to this activity has stayed broadly the same throughout the programme. Other pieces of research have supplemented the evaluation.





Together these provide a rich account of the programme's achievements to date, as well as highlighting any challenges to address. This evidence works alongside the Programme Office's own observations from their close working with partners.

### The role of local authorities – integrating local services and Working Well

- 2.5 Collectively, the individual local authority areas have been important in commissioning the Working Well Pilot and Expansion, with it incumbent upon the prospective providers to respond to Ask and Offer documents developed by the local authorities, which set out what services and support was required in their areas. Importantly, this means there is greater accountability to the local authorities than previously under the Work Programme, meaning there is genuine engagement by the provider with the local area during delivery.
- 2.6 The positive experience of giving the local authorities a stronger role in programme design has been taken forward through the development of the Work and Health Programme, where local authorities have again been involved in the design and commissioning of the programme.
- 2.7 Local leads also have an important role to play in enabling the programme to succeed. Local leads have been particularly effective where they have supported the provider to access local services, and helped resolve any blockages holding back the programme. 'Ask & Offer' documents and Local Integration Plans have been important in this regard. This local involvement in the delivery of the programme helps to ensure that the programme reflects the needs of local areas. It also ensures buy-in from local stakeholders, knowing that the programme can and does evolve to meet the needs of clients in their area.
- 2.8 Through close engagement with the programme, an increased understanding of the clients' needs, and through the intelligence produced in relation to the programme, there are also potential learning lessons for the local areas in understanding how the support ecosystem works as a whole in their area, supporting changes to service planning and delivery. Learning from each other is also important for improving the effectiveness of local leads in their area.

## Programme delivery

### Referrals

- 2.9 Managing the flow of referrals has been a challenge throughout the Working Well Pilot and Expansion, including where referrals have at times been too high and too low. Getting the referral flow right is very important; if referrals are too low, the programme risks not supporting the number of people it is supposed to, and if they are too high, there is a risk that some clients may not become attached as quickly as they should or may not receive the expected intensity of support due to high key worker caseloads whilst the providers scale up their staffing to respond to the high referral flow. The delivery model has been designed to meet the specific demand tolerances.
- 2.10 On the Expansion, JCP also had an important role in 'selling' the programme to the clients, so that they did not attend their initial meetings with the providers already expecting not to attach to the programme. This was because the Expansion was voluntary, unlike the Pilot which was mandatory. Prospective clients could therefore choose not to join the programme after being referred. It took time and effort to establish this approach consistently across the area.
- 2.11 The combination of these two challenges led to the providers co-locating staff in job centres, to help build relationships with work coaches and increase their awareness of the programme and who it was suited for.

### Key workers

- 2.12 The key worker model has always been, and remains, a central element of the Working Well offer, although when the Expansion was commissioned, the key worker model was not set – providers could propose a better alternative. In practice, the existence and role of key workers has been fairly consistent throughout the Pilot and Expansion. An important element of this being an effective model is having lower caseloads than was the case in the Work Programme, to ensure that clients receive sufficient support.

Caseloads have come under pressure over the course of the programme, but it is essential that low caseloads are retained in order for the model to remain effective. Also key to their performance are events, training and meetings held to increase their knowledge of the support ecosystem, and so improve their interactions with other parts of the support ecosystem.

- 2.13 Many respondents to the client e-survey highlighted the key worker as the best thing about Working Well, highlighting the personalised service they provided, their friendliness and their supportiveness. Quotes from client e-survey respondents demonstrate how clients valued the key workers on Working Well, in particular contrasting them against the Work Programme staff:

*"There has been more understanding regarding my disability than other programmes and I have found the key workers much more friendly... other programmes like the Work Programme were dreadful."*

*"All of the staff... dealing with the Working Well programme were much better trained than... where I was for the Work Programme. [The Work Programme] staff made my issues worse and set me back, whereas the staff at Ingeus were really understanding."*

- 2.14 Other quotes also highlight the potential value in the key worker role from the client's perspective:

*"Genuine interest in you and YOUR thoughts and feelings, my key worker listens to what I have to say. She has great suggestions and advice without being condescending."*

*"I have seen 3 key workers all together and felt that they actually understood my barriers. Very friendly and understanding and made effort to try and get me in to the right employment that reflected my skills and was best for me and my family. They also helped me to identify reasonable compromises to help me widen my horizons. [They] also encouraged me to aim higher than what my own confidence would allow and helped me to believe that I could."*

*"She understands the difficulties of getting back to work after a chronic illness without relapsing. She understands my fears and worries and gives relevant advice and boosts my self-esteem when I feel I'm not progressing as I think I should be health wise."*

*"My key worker was very understanding of my circumstances and went out of his way to ensure I got the help and information needed in order to overcome the issues at the time."*

*"The thought of someone extra being there when I needed to talk about my careers and other life in general. Quite reassuring."*

- 2.15 The key worker model has also been taken forward to the Work and Health Programme, with the inclusion of minimum service delivery standards to ensure sufficient key workers are in post throughout the programme.

### Work-first approach

- 2.16 The providers contracted to deliver the Pilot had different foci in their delivery method. For one provider, a 'work-first' approach was taken, where it is made clear to clients that the objective of supporting them on the programme is to move them towards and into work. The other provider did not have a work-first approach, instead preferring to focus on self-efficacy through the issues clients were facing, without reference to work. In practice, for the provider that did not have a work-first approach initially, their key workers were not well-trained for offering employability support, or working with employers. By comparison, the other providers on the Pilot and Expansion have employed staff who were experienced in employability support, that could work more easily with clients that were deemed work-ready to help move them into work.
- 2.17 Through the experience of the Pilot, it became clear that a work-first approach was achieving better outcomes, as it gave clients an understanding of what they were being supported for and a target to aim for, and also importantly set out how the client can be better off – financially and more generally – by moving into work. It is important therefore for staff to understand the role of employment, move clients towards work, and have the requisite skills to support people into work. Based on these lessons, the programme has become increasingly focused on a work-first approach, with all providers now adopting this attitude to supporting clients.



2.18 This is not to say that the programme is focused only on job starts. For some stakeholders, the Work Programme was focused too much on jobs starts in particular, with less attention on improving people's lives. In this respect, the Working Well programme is held in higher regard by stakeholders, being much more interested in the client journey through the programme and an holistic approach to supporting clients.

### Integration

2.19 Integration of the programme with local services has been central to the programme since its inception, in order to ensure that clients receive the best and most appropriate support available in their area, drawing on all the resources available. There have been several elements to this, with the role and extent of many of these having evolved over time:

- **At the outset, buy-in from senior leaders across Greater Manchester was key in driving integration** – the Pilot provided an opportunity for Greater Manchester to demonstrate what it could achieve with devolved powers, with senior leaders therefore keen to ensure that the programme was given the best start possible. As Working Well has become business-as-usual for Greater Manchester, and with devolution now secured, this senior level buy-in has been less important or prominent.

- **The local authorities authored 'Ask & Offer' documents at the outset, as well as Local Integration Plans**, setting out the service provision in the area and the requirement of the provider in integrating the programme into the local support ecosystem.

- **Integration Boards have operated since the Pilot**, but these are driven by the local leads within each local authority, and so are not held consistently. However, where they work best, they are seen as being valuable for interacting with local stakeholders and services.

- **Co-location of Working Well providers with other provision** e.g. having provider personnel based at job centres, or having services such as TTS co-located with the provider, including three way meetings between the provider, the service and the client. Co-location is reported as making it easier to talk to other important enabling elements of the support ecosystem e.g. the people referring the clients, or the services that key workers want to refer into. Co-locating was not a requirement of the programme at the outset, but has become commonplace since.

- **Relationship building is also an important element of effective integration.** With the Work Programme, the provider tended not to develop deep relationships with local services and stakeholders, instead delivering the programme in relative isolation. Stakeholders reported that Working Well has been more effective, with better outcomes for clients, where the provider has developed deeper and better relationships with the local stakeholders and services, on a formal and/or informal basis.

- **Employer engagement** has also been increasingly recognised as an essential component of Working Well. This includes developing relationships with employers that potentially leads to multiple clients starting work for them, perhaps even prioritising Working Well clients over other people. This engagement activity has not been undertaken consistently throughout the programme by all providers, but its importance is increasingly recognised by stakeholders. The Greater Manchester Good Employer Charter may help to improve this.

2.20 Integration of the programme into the wider support ecosystem has not been without challenges though. These include: difficulties in data sharing; issues in addressing potential duplication of efforts by different services; other services being 'precious' over the people they support, and therefore not working closely with the provider; referring clients to health services, given the approach of healthcare providers to prioritise clients based on clinical need (and therefore not prioritising Working Well clients simply because they are on the programme). Close working relationships between the local leads and providers are key in addressing these issues.

2.21 Service integration is seen as an important and central component of the Working Well programme. Indeed, this is also reported by local leads as helping to drive service integration more generally in Greater Manchester, beyond the Working Well programme, recognising the benefits of being as integrated as possible.

2.22 The focus of integration has also led to the Work and Health Programme being commissioned with Integration Co-ordinators as an important addition. This is in recognition of the need, in each local authority area, to develop close working relationships with local stakeholders and services, with a dedicated resource employed by the provider to ensure that this is done effectively. This compares favourably to the Work and Health Programme elsewhere, where the programme is being delivered with a single Integration Worker to cover the whole region.

### Support

2.23 The programme has also evolved to respond to gaps in service provision that have emerged for the Working Well cohorts. This has included the addition of new services:

- **Talking Therapies Service.** This service is delivered by the Greater Manchester Mental Health NHS Foundation Trust and is an Improving Access to Psychological Therapies (IAPT) service, aiming to support clients with mental health problems as a barrier to employment. Initially open to just Expansion clients, it was later opened up to Pilot clients, in response to lower than expected demand on the Expansion, and an unmet demand on the Pilot.

- **Skills for Employment.** This service is provided by The Growth Company, delivering personalised support to improve skills, motivation and confidence, access work experience opportunities, and help find sustainable employment. In essence the programme offers an additional set of support for key workers in addressing clients' work-related needs.

2.24 The support environment is changeable given the funding for different interventions in different areas, as well as the differing needs of people in each area. It is important for the programme to continue to evolve as necessary to respond to any issues with the provision of support elsewhere in the ecosystem.



### 3. High-level review of the programme

3.1 This Section explores the high-level performance of the programme, including key statistics on how many people Working Well has supported, how many of these people moved into work, and who the programme has better supported to do so.

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#### Summary

- Overall, there have been over 17,100 attachments and over 2,800 job starts (17% of attachments) to date (March 2018).
- There have been 4,700 attachments to the Pilot, 610 job starts (13% of attachments, or 19% of clients who left the programme early without starting work are excluded) and 237 clients have sustained work for more than 50 weeks (43% of those that started work more than one year ago).
- There have been 12,400 attachments to the Expansion, over 2,200 job starts (20% of those attached for over six months ago) and 341 sustained jobs (44% of jobs that could have been sustained).
- Mental and physical health are the most prevalent severe barriers to work amongst the Pilot cohort. General confidence and self-esteem, and lack of work experience are the most common severe barriers on the Expansion, with mental and physical health issues less prevalent but nonetheless a severe barrier for a fifth of all clients.
- The average number of severe barriers to work faced by Pilot clients reduced from 4.2 on initial assessment to 3.7 at the intermediate stage. For the Expansion, the number reduced from 2.7 to 1.7 by six months after attachment.
- Most Pilot and Expansion clients experienced an improvement in the most common barriers to work, where they identified these as severe on attachment. The likelihood of clients experiencing improvements varies by characteristics such as local authority and length of unemployment.
- The likelihood of clients starting work also varies according to certain characteristics, such as local authority, age, length of unemployment, level of qualifications and having certain severe presenting issues including mental and physical health.

### Overall performance

3.2 Over 24,600 clients were referred to the Working Well programme between 2014 and 2017. Of these, 69% (around 17,100 clients) were 'attached' to the programme, i.e. started and were supported by the programme; most

of the remainder were clients referred to the Expansion that chose not to participate. Some 3,700 clients live in Manchester, and 2,400 live in Bolton; together these two districts account for over a third of Working Well clients.

Figure 3-1: The number of attached clients, by local authority<sup>6</sup>



3.3 Based on the client e-survey, feedback on the programme is very positive (albeit the sample of respondents contains a particularly high proportion of clients that secured work whilst on the programme). Some 74% of e-survey respondents reported having had a good relationship with their key worker, with 70% reporting that their key worker responded well to their individual needs. Of those that received support from the programme, some 90% reported that the support provided was good. Notably, some 61% of clients who have experienced other welfare-to-work programmes (e.g. the Work Programme) felt that the Working Well programme is better. As might be expected, those that had started a job since attaching to the programme were more likely to give positive feedback on it.

3.4 Whilst feedback was largely positive, some areas of improvement were suggested. Many of these represent improvements that ought to be best practice anyway, suggesting that, for some clients, their experience has not reflected the intent of the programme. Many relate to the key worker model, suggesting that they should remain the same throughout the programme, should communicate better, meet clients more often, provide personalised support, and that key workers should have low caseloads to ensure sufficient attention is given to individual clients. Again, as set out in Section 2, many clients held the key workers in high regard, suggesting potentially varying quality of key worker support. Others included being able to undertake meetings in private rooms, rather than discussing issues of a sensitive nature in front of other people, and that more support should be given in finding course or jobs.

<sup>6</sup> The unknowns are clients that withheld this data from the evaluators

3.5 To date, over 2,800 clients have started a job. This is equivalent to 17% of all clients attached to the programme. It is important to note that many clients remain on the programme, and so this number can be expected to increase in the future. The number of job starts has accelerated over the course of the programme, as increasing numbers of clients were attached. However, referrals ceased at the end of 2017, meaning that the job starts can be expected to slow going forward. The most successful month to date was October 2017, when the programme supported over 200 clients into work.

3.6 Following a similar pattern with attachments, Manchester and Bolton have the highest number of job starts by local authority. However, Bolton, Bury, Rochdale and Wigan are the strongest performers in terms of job starts as a proportion of attachments in their area, e.g. Wigan accounts for 9% of attached clients but 12% of clients who have started a job.

3.7 The job starts cover a wide range of occupations, mainly comprising lower skilled and typically lower paid occupations. The most common occupations include: around 700 jobs in 'elementary administration, administration or service occupations' (24% of the total); almost 400 jobs in 'sales occupations' (13%); and almost 300 jobs in 'elementary trades, plant and storage related' occupations (10%).

3.10 The pilot has achieved 610 job starts to date, 13% of attachments. This is well below the 20% job start target, but it is important to put this into context:

- Performance on the Pilot compares favourably to the Work Programme for a similar cohort. Nationally, job outcome payments were achieved for just 6.1% of people in the ESA ex-incapacity benefits cohort that joined the Work Programme between June 2011 and June 2017.
- All Working Well Pilot clients had already been through the Work Programme without having started work. The Work Programme may have helped the most work ready clients into work, with the Working Well Pilot then working with the more challenging clients.
- Some 31% of clients left the programme early (before receiving the two-years of support) without starting a job. Excluding these from the analysis, the proportion of clients starting work is 19%

Figure 3-2: Overall job starts, by month

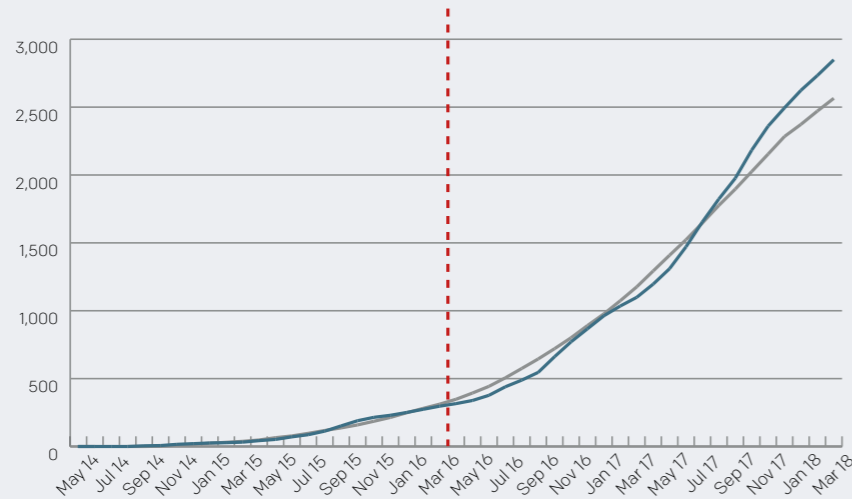
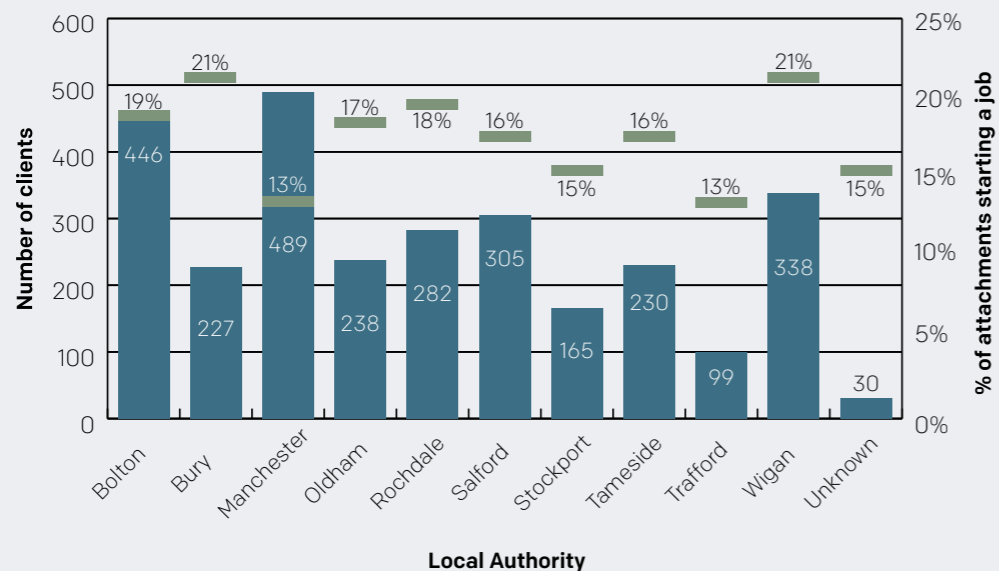


Figure 3-3: The number of clients who have started a job, by local authority



Pilot performance

3.8 There were almost 4,700 attachments to the Working Well Pilot between 2014 and 2016, as in Figure 3 4. Attachments increased steadily over the course of the programme. This steady flow was possible due to the clients coming through to the programme being directly related to the off-flows from the Work Programme and given the mandatory nature of the Pilot. As with the programme overall, Manchester represented the largest cohort of attached clients on the Pilot (over 1,100 clients, 24% of the total), followed by Rochdale (over 600 clients, 13%) and Salford (just under 600 clients, 12%).

3.9 Almost all clients have now left the Pilot, having been on the programme long enough to have received two years of support. However, those that started worked less than 12 months ago remain eligible for in-work support.

3.11 Figure 3 5 presents the proportion of clients attached in each quarter that have achieved a valid job start by months since attachment. All quarters have achieved below the 20% job start target, with performance in broad terms progressively worsening over the course of the Pilot.

Figure 3 4: Cumulative attachments by month for the Pilot

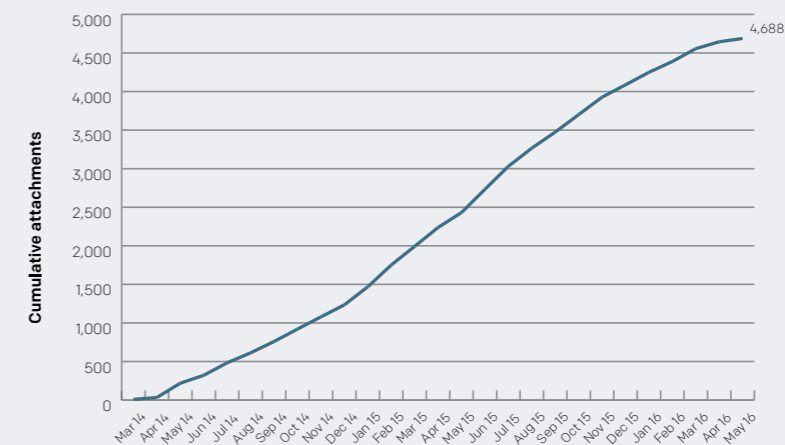


Figure 3-5: Job starts, by month after attachment for each quarter of attachment

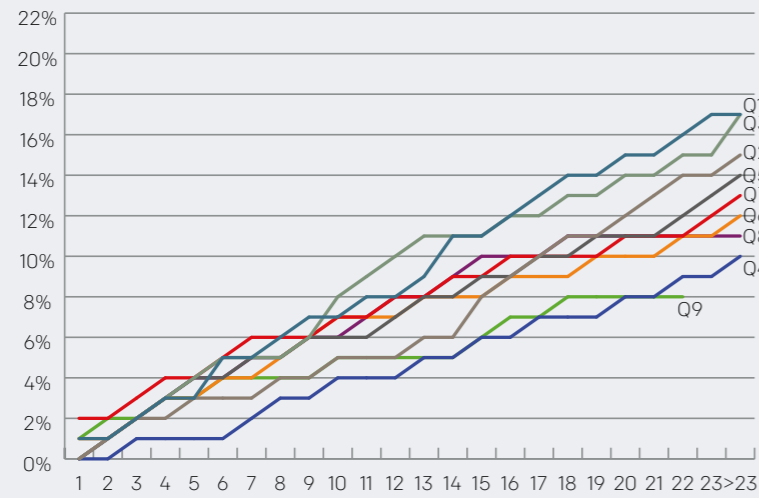
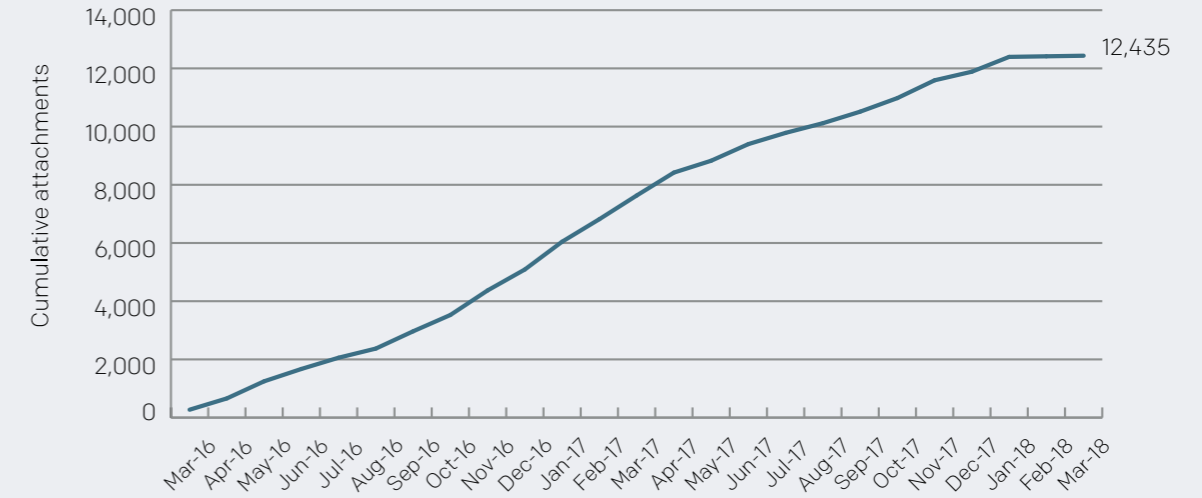


Figure 3 6: Cumulative attachments by month for the Expansion



3.13 Over 200 clients have sustained work for more than 50 weeks, equivalent to 43% of clients who started work more than 12 months ago. This figure may yet increase, with some clients still able to sustain work that they started whilst on the programme. It is also likely to be an under-representation of the true figure due to reported difficulties gathering the data after someone has been in work for 12 months.

Expansion performance

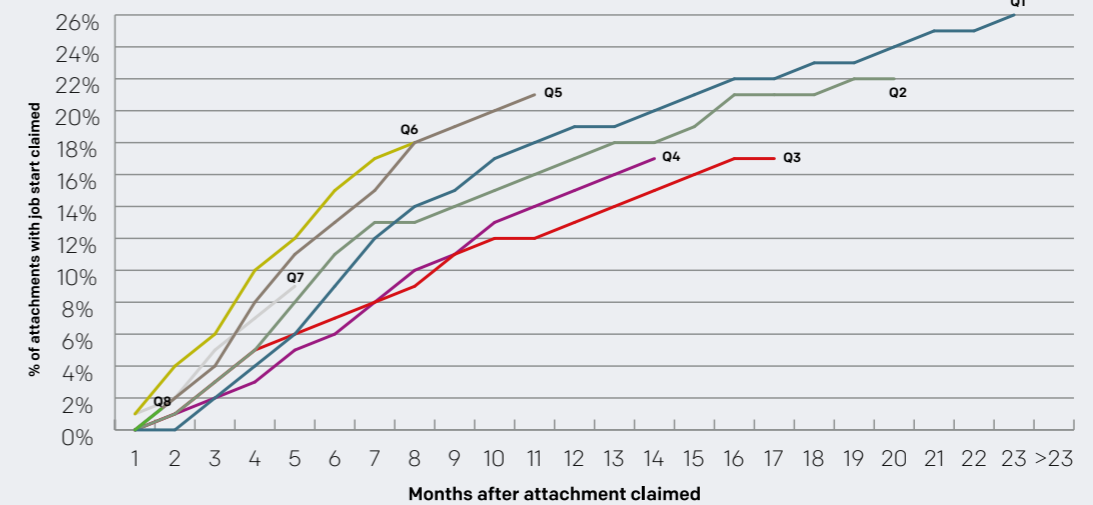
3.14 There have been 12,435 attachments to the Expansion programme over its two-year lifetime. The level of attachments over time is shown in Figure 3 6. Notably, attachments were less even over time than for the pilot. This is because: on the Pilot the number of referrals could be estimated as clients were coming off the Work Programme and with the programme being mandatory; with the Expansion the flow of attachments was less easy to establish and maintain, given different claimant types referred to the programme and its voluntary nature. The number of attachments varies by local authority but follows the pattern of the overall programme. Manchester accounted for the most attachments (2,546 clients, 20%) followed by Bolton (1,916, 15%).

3.15 With referrals to the Expansion having started two years ago, some clients are now reaching the end of their time on the programme, whilst others only recently started. Any findings in relation to the Expansion must be considered in the context that many clients have time remaining on the programme on which to see improvements in the barriers they face, or start work.

3.16 To date, over 2,200 job starts have been achieved by clients on the Expansion, with 20% of clients that have been attached for at least six months having started work. Figure 3 7 presents the proportion of clients attached in each quarter that have achieved a job start by months since attachment. It shows that the Expansion surpassed the target of 20% of attachments into jobs for Q1, Q2 and Q5 well before the cohorts had been attached for the two year period – particularly for Q5, which surpassed the target 10 months after the clients had been attached. The Q3 and Q4 cohorts have performed less well, but still appear to be on track to meet the target within the two year period.

3.18 Over 340 clients have sustained work for more than 50 weeks, equivalent to 44% of those that started their first job over 50 weeks ago.

Figure 3 7: Job starts, by month after attachment and quarter of attachment



# Who does the programme support...

## ... to address presenting issues?

3.19 This next sub-section explores, for the Pilot and Expansion separately, the nature of clients that come onto the programme and those for whom the programme has been most effective in helping them in to work.

### Pilot

3.20 First, it is important to understand the range of barriers to work that clients presented with when they attached to the Pilot. Table 3 1 presents the six most common severe issues for clients on the Pilot and the proportion that experienced improvements in that barrier<sup>7</sup>.

**Table 3-1: Top six severe barriers to work and proportion of clients experiencing improvement**

Barrier to work	% ranking this as a severe barrier to work at the initial assessment	% of those identifying this barrier to work as severe at the initial assessment that had seen an improvement at the intermediate assessment
Mental health	68% (n=4,730 <sup>8</sup> )	40% (n=3,234)
Physical health	62% (n=4,731)	37% (n=2,942)
Access to public transport to commute	31% (n=4,730)	47% (n=1,459)
Lack of qualifications/skills	30% (n=4,731)	57% (n=1,431)
Lack of work experience	27% (n=4,731)	55% (n=1,288)
Bereavement	27% (n=4,730)	57% (n=1,257)

3.21 The most common severe barriers to work were mental health and physical health, at 68% and 62% of the clients respectively, far higher than any other barriers to work. However, the level of improvement was much lower for health issues than the others, which could be because these are more challenging issues to address.

3.22 Many Pilot clients experienced several severe barriers to work on joining the programme, with an average of 4.2 severe barriers to work on attachment. As with the individual barriers above, the number of severe barriers to work often decreases over the course of the programme. At the intermediate stage the average reduced to 3.7 severe barriers<sup>9</sup>.

3.23 The following analysis considers whether the programme is more effective in leading to improvements in the severe barriers to work listed above for some people than others, with the analysis focusing on age, gender, time out of work and local authority residence.

• **The programme is particularly effective for addressing the physical health issues of younger people compared to older clients, but there is little difference between the proportion of clients seeing improvements in the other barriers by age group.** Whilst 47% of those aged 18 to 24 saw an improvement in their physical health barrier to work, this drops to 33% for those aged 55+.

<sup>7</sup> The first column shows the number of attachments that ranked each barrier as severe at their initial assessment; this is people that on a score of 0 to 6 rated the barrier as 4, 5 or 6. The second shows the proportion of clients that experienced an improvement in their score, at their intermediate assessment

<sup>8</sup> i.e. 68% of 4,730 people ranked mental health as a severe barrier to work at the initial assessment

<sup>9</sup> The data presented here are for clients who have reported both a presenting and intermediate issue

This may be a result of older clients having longer term chronic physical health issues that it is not possible or as easy to resolve. Importantly though, the older age groups are also more likely to identify severe physical health barriers to work to begin with, perhaps suggesting more targeted and intensive support is required here.

• **The programme has been particularly effective at supporting males to address many of these six issues.** Of the six barriers above, only on lack of work experience do more females than males see an improvement at the intermediate stage where they reported this as a severe barrier to work on attachment (although bereavement,

mental health and access to public transport are very similar for males or females).

• **The amount of time out of work seems not to be a determinant as to whether clients see an improvement in these barriers where they have identified them as severe on attachment** (although in most cases, the longer the client has been out of work, the more likely they are to identify any of these issues as severe barriers to work on attachment).

• **In large part, the programme appears not to support clients to address severe barriers on attachment consistently better in one local authority area than the other.**

**Table 3-2: Top six severe barriers to work and proportion of clients experiencing improvements**

Barrier to work	% ranking this as a severe barrier to work at the initial assessment	% of those identifying this barrier to work as severe at the initial assessment that had seen an improvement at the intermediate assessment
General confidence and self-esteem	27% (n=12,216)	75% (n=1,656)
Lack of work experience	26% (n=12,201)	77% (n=1,665)
Access to private transport to travel to work	25% (n=12,204)	73% (n=1,573)
Lack of qualifications/skills	23% (n=12,199)	82% (n=1,414)
Physical health	20% (n=12,210)	67% (n=1,232)
Mental health	20% (n=12,210)	74% (n=1,203)

3.24 Expansion clients had an average of 2.7 severe barriers to work on attachment, which is much lower than the Pilot on which clients had an average of 4.2. This is not surprising given that clients on the Pilot are all ESA claimants, with many have multiple and complex barriers to work, whereas the Expansion cohort includes clients from other benefit types where barriers to work are less severe or prevalent. Expansion clients that have both initial scores and six-month scores similarly had an average of 2.7 severe barriers, which reduced to an average of 1.7 after six months.

3.25 As with the Pilot, the following analysis considers whether the programme is more effective in leading to improvements in the severe barriers to work listed above for some people than others, with the analysis focusing on age, gender, time out of work, local authority and claimant type. It also briefly considers claimant type.

• The likelihood that a client ranks each of the barriers as severe varies by age, but age does not appear to determine the likelihood that a client experiences improvement in the barriers to work. Younger clients are more likely to identify general confidence and self-esteem, lack of work experience, mental health and

lack of qualifications/skills as severe barriers to work, whereas older clients are more likely to identify their physical health as a severe barrier. However, age does not appear to be strongly linked to the likelihood that a client will experience improvements in any of these barriers.

- Improvements in barriers to work between the initial and intermediate assessments do not appear to vary much by gender.
- In general, the longer a client has been out of work, the less likely they are to experience improvements in the most common severe barriers to work. This is particularly true when considering those who have been unemployed for 0-6 months against those who have been unemployed for over ten years or never worked, as the former are more likely to have experienced improvements than the latter two groups in all six of the barriers.
- Clients in some local authorities are far more likely to rank the barriers to work as severe, and less likely to experience improvements in these barriers, compared to other local authorities.

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ESA clients are more likely to have ranked each of the top barriers to work as severe than all other benefit types, and are the least likely to experience an improvement.

### ... to move into work?

3.26 This section concentrates on clients who have started work since attaching to the Working Well programme, to understand who is most likely to move in to work.

### Pilot

3.27 Over the course of the Pilot, 13% of clients started work. This sub-section presents a summary of how this proportion differs according to client characteristics and presenting issues, much of it drawing on insights from the econometric analysis which is described in more detail in Table B 1:

- Clients living in Bolton and Bury are more likely to start a job compared to other local authorities – the likelihood of starting a job ranges from 8% for Oldham up to 20% for Bolton and 18% for Bury.
- In general, a higher proportion of younger clients have started work compared to older clients – 22% for 18-24 and 25-34, versus 8% for those aged 55+.
- Clients that have been unemployed for a shorter period of time are 1.4 times more likely to have started a job. This is reflected in other analysis, which shows that 38% of those out of work for 0-6 months have started a job, versus 6% for those unemployed for over 11 years and 7% for those never worked.
- Clients with qualifications are 1.4-1.8 times more likely to have started a job than clients with no qualifications. Other analysis shows that 19% of clients with 5 or more GCSEs at A\*-C, 19% of those with A-levels and 19% of those with Degrees have started a job, compared to 8% for those with no qualifications.
- The gender of a client does not appear to influence their ability to start a job – 13% of male clients and female clients have become employed.
- Clients with fewer severe presenting issues are more likely to have started a job – 35% for those with no severe presenting issues, versus 6% of those with seven or more.
- Clients that identified the top six presenting issues as severe are less likely to have started a job than those that did not, as shown below in Table 3 4; the gap is most pronounced for physical health and access to public transport.

**Table 3-3: Proportion of those that have started of job based on whether they ranked each of the top presenting issues as severe or not severe**

	Severe	Not Severe
Mental Health(*)	11%	17%
Bereavement	11%	14%
Physical Health(*)	9%	20%
Lack of qualifications/skills	9%	15%
Lack of work experience	8%	15%
Access to public transport to travel to work(*)	7%	16%
Convictions(*)	8%	14%
Substance misuse(*)	6%	14%

### Expansion

3.28 For the Expansion overall, some 20% of clients attached for more than six months have started a job. This section presents a summary of how this proportion differs according to client characteristics and presenting issues, much of it drawing on insights from the econometric analysis in Table B 3, when controlling for other factors:

- **The proportion varies by local authority – from 17% for Manchester up to 25% for Wigan.** The econometric analysis captures differences between local authorities, confirming the under-performance of Manchester once other variables are controlled for, against all other local authorities except Bolton and Trafford.
- **Female clients are 18% less likely to achieve a job start, once all other factors have been controlled for in the econometric analysis.** This is not immediately apparent in a straightforward analysis of the data, which found 20% of females and 21% of males achieved job starts, but is revealed through econometric analysis that can ‘control’ for other differences between the cohorts.
- **In general, a higher proportion of younger clients have started work compared to older clients – 24% for 16-24 and 26% for 25-34, versus 12% for those aged 55+.** The importance

of age is confirmed by the econometrics, which found that for each year older a client is, the likelihood of a job start decreases by 2%.

- **Clients who have been unemployed for a shorter period of time are more likely to have started a job – 42% for those unemployed for 0-6 months, versus 9% for those unemployed for over 10 years.** The econometrics supports this and also found that clients with some work experience were 1.5 times more likely to have achieved a job start than a client with no work experience.
- **Clients with qualifications are 1.4-1.6 times more likely to have started a job than clients with no qualifications.** A straightforward analysis of the data finds that just 14% of clients with no qualifications started a job, compared to the other cohorts with qualifications varying between 20% and 24%.
- **People from an ethnic minority were found to be 44% more likely to have started a job than White British and White Irish.** According to the raw data, 25% of ethnic minorities have started a job compared to 19% of the latter group.
- **Clients with fewer severe presenting issues are more likely to have started a job – 28% for those with no severe barriers, versus 9% for those with eight or more.**

• IS and JSA clients are 1.6-1.9 times more likely to have started a job than ESA clients. Just 9% of ESA clients having started a job, whereas IS are the most likely to have started, with 27% having started a job. 22% of JSA clients, the most common benefit type, have started a job.

• Clients that identified any one of the top six presenting issues as severe are less likely to have started a job than a client who did not rank that particular barrier as severe, as shown below in Table 3-4.

**Table 3-4: Proportion of those attached for at least six months that have started a job, against whether they ranked each of the top presenting issues as severe or not severe**

	Severe	Not Severe
General confidence and self-esteem	14%	23%
Lack of work experience	15%	23%
Access to private transport to travel to work (*)	20%	21%
Lack of qualifications/skills	15%	22%
Mental health(*)	9%	23%
Physical health(*)	8%	23%
Convictions(*)	15%	21%
Substance misuse(*)	6%	21%

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## 4. Key area deep-dives

4.1 This Section explores key cohorts in detail, to see how the Working Well programme is supporting them to address their barriers to work. This includes analysis focusing on health, ageing, housing, and skills and qualifications. It also considers the effectiveness of integration.

### Summary

- Clients are supported through a wide range of internal and external support for their mental and physical health needs, particularly from the Talking Therapies Service for mental health which has supported over 1,400 clients. A lower proportion of clients with severe health issues got into work compared to those without, but nonetheless 779 with severe health issues started a job.
- Clients aged over 50 are more likely to have been unemployed for a longer period of time and to have severe physical health issues. The programme has supported this group to a greater extent, with a larger proportion of the cohort receiving employment, health and skills and qualifications support compared to those aged under 50. Although a lower proportion of clients aged over 50 have started work, there have still been 645 job starts by this cohort to date.
- Housing issues were identified as a severe concern by 12% of clients, although this varies widely by local authority. Clients with severe housing issues have a far higher average number of severe barriers to work, and are more likely to have severe mental health and substance misuse. The programme helps by enabling key workers to deal with the relevant bodies to resolve housing issues and by referring clients to financial advisors where necessary. Some 265 clients with severe housing issues have started work to date.
- There is a high prevalence of clients with no or low qualifications on the programme. The programme helps by referring clients to predominantly basic skills and vocational-related accredited training, which is delivered both internally and externally, including through Skills for Employment. Clients without qualifications are far less likely to have started a job than those that have, but still, 549 clients without qualifications have started a job to date.
- The views of consultees on integration were varied. Views were positive on the integration of Talking Therapies Service, but were more mixed for Skills for Employment and JCP.





## Health and disability

### How does health and disability impact employment chances?

4.2 There is plentiful evidence of lower levels of labour market participation for those with health conditions and disabilities. For example, working age people defined as ‘core disabled’ under the Equality Act 2010 are far less likely to be economically active (55%) and employed (50%) than those that are not (84% and 81%).<sup>10</sup> Furthermore, sickness/disability is the most commonly given reason for not working by workless households, with 32% of workless homes in the UK (equivalent to 3.4% of all working age households) and 35% of those in the North West, attributing not working to this reason.<sup>11</sup>

4.3 These findings however lack a distinction between mental and physical health conditions. A recent review for Government, Thriving at Work, found that individuals with mental health conditions are less likely to be in work than those with physical health conditions or no health conditions, and individuals with long-term mental health conditions lose their jobs at twice the rate of those without.<sup>12</sup>

Also worth noting is that mental health is interdependent with physical health, so individuals with a long-term physical health condition are two to three times more likely to experience mental health issues, and those with multiple long-term physical conditions are seven times more likely to experience mental health issues.<sup>13</sup>

4.4 These findings demonstrate the challenge nationwide, but the challenge is also notable in Greater Manchester. The Greater Manchester Population Health Plan 2017-2021 found that “9.8% of adults in Greater Manchester reported they had a long-term condition or disability that limited their day-to-day activities a lot, and a further 9.5% said that their day-to-day activities were limited a little, compared to England averages of 8.3% and 9.3% respectively.”<sup>14</sup>

The plan also highlights that there are health inequalities between local authorities within Greater Manchester, meaning the challenge is even more acute in some localities.

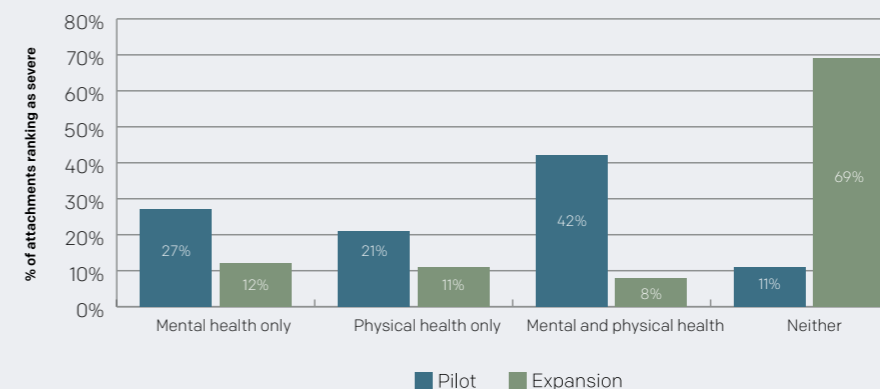
### How does the programme help these clients?

4.5 For the Working Well programme itself, physical and mental health are two of the most common presenting issues for clients. However, the scale of these presenting issues is substantially higher for the Pilot than the Expansion. As Figure 4 1 shows, 11% of Pilot clients identified neither as a severe barrier to work compared to 69% for the Expansion. For both Pilot and Expansion, the most common primary health conditions have been depression or low mood (22% Pilot; 10% Expansion), anxiety disorders (20% Pilot; 11% Expansion), and problems with back (9% Pilot; 5% Expansion).

4.6 Key workers consulted for this report emphasised that physical and mental health conditions – often undiagnosed – are major barriers to work, as are client perceptions of their conditions. In sequencing support, key workers often start with health due to its pervasive nature, particularly because of its impact on motivation, perceptions and confidence for those with mental health issues.

4.7 The support on offer for mental health includes the Talking Therapies Service (TTS), some in-house mental health advisors, and external services that deliver mental health support, such as MIND, as well as general wellbeing support (such as meditation groups). It was highlighted that group sessions are often inappropriate and inaccessible for those with mental health conditions due to anxiety or an unwillingness to speak about issues in a group setting. That said there were some concerns expressed that one-on-one sessions were not always available, particularly when referring to external services.

**Figure 4-1: Proportion of attached clients ranking health as a severe barrier to work (Pilot n=4,687; Expansion n=12,205)**



4.8 There was seen to be value in pushing some clients outside of their comfort zone, and group sessions and activities were cited as particularly useful for growing confidence and overcoming social isolation, which can be beneficial for the client’s mental health and general wellbeing. To date, TTS has supported over 1,400 clients, who have mostly received lower intensity cognitive behavioural therapy (CBT), with smaller numbers receiving high intensity CBT.

#### Client G’s story

Client G was referred to the Talking Therapies Service with post-traumatic stress, which was causing difficulties with low mood, sleeping, eating, panic attacks and flashbacks, and impacting on her quality of life. Over the course of eight CBT sessions, Client G was able to face her traumatic experiences and start to reclaim their life through establishing positive activities and routines in her life. By the end of treatment, she was looking forward to returning to work, moving into private rented accommodation and re-connecting with social contacts.

#### Client C’s story

Client C was forced to leave his profession as a GP due to a severe breakdown following a family bereavement, which led to him being homeless until he was ultimately housed in accommodation in Manchester. When Client C joined the Expansion he was depressed, so accessed CBT through Talking Therapies which started to improve his depression, anxiety and confidence. He received assistance with his CV and employability and job-searching skills, and Skills for Employment secured a voluntary position for Client C at The Growth Company which helped him to develop his confidence, socialise, and overcome his agoraphobia. Client C also completed his Level 1 qualification in Business Administration. He is now employed part-time as a Project Co-ordinator within The Growth Company, and said of his experience: “I never thought this day would come! After ten years of rejection and setbacks, I’m finally employed and getting acceptance – I’m very happy. I’m really enjoying working in a professional and supportive environment where everyone has been incredibly positive. I can’t thank Working Well and The Growth Company enough for helping me regain my confidence and control of my life.”

<sup>10</sup> Office for National Statistics. A08: Labour market status of disabled people  
<sup>11</sup> Office for National Statistics, 2017. Reasons given by people living in workless households for not working by country and region, Table D: People living in workless households, reasons for not working by regions  
<sup>12</sup> Department for Work and Pensions and Department of Health and Social Care, 2017. Thriving at Work: The Stevenson / Farmer review of mental health and employers  
<sup>13</sup> Public Health England, 2015 [updated 2018]. Wellbeing and mental health: Applying All Our Health  
<sup>14</sup> Greater Manchester Health and Social Care Partnership, 2017, The Greater Manchester Population Health Plan 2017-2021, p. 10

**Client H's story**

Client H was referred to the Talking Therapies Service with anxiety and depression. The treatment focused on changing his behaviours, moving from inactivity and avoiding others to re-engaging in activities he enjoyed, engaging in social situations, eating regular meals and including his physio exercises in his daily routine. His key worker referred Client H to group sessions which helped him in overcoming his social anxiety. He also engaged in a sleep intervention to help improve his sleep pattern. Client H completed treatment rather than progressing further as he was feeling improved and was concerned the next phase of treatment could negatively impact his mood, but knows he can return to TTS if he wishes to continue with treatment.

4.9 Out of the clients that responded to the e-survey, 102 had accessed TTS. Of these, 39% found the service very helpful and 22% found it quite helpful. Some of the clients specifically cited the support they received for their mental health to be the best thing about Working Well:

*"Talking Therapies has helped with controlling my panic and anxiety attacks, and working to build my confidence to get a job in the future."*

*"[Working Well] is focused on me as an individual and focuses on my personal circumstances. Also the key-workers are non-judgemental and have excellent understanding of mental health issues."*

*"[The best thing about Working Well was the provider's] understanding of my mental health and adapting to suit it."*

*"[The best thing about Working Well was] attending courses on different things e.g. stress management, confidence building and learning new coping strategies."*

*"[The best thing about Working Well was] meeting people I could relate to as they had similar mental health issues to mine."*

4.10 For physical health issues, key workers can refer clients to in-house physical health advisors or external services which cover a wide range of physical health needs, from pain management through to community groups that offer healthy eating courses and exercise classes such as yoga. Much of this support focuses on equipping clients with the knowledge, tools and lifestyle choices to manage their health conditions successfully. For example, in-house physical health advisors can equip clients with back pain with exercises and management plans.

**Client E's story**

Client E was suffering from rheumatoid arthritis and mobility issues, awaiting surgery for an artificial shoulder when he joined the programme. In the meantime, the programme supported him through a referral to a senior health practitioner, who conducted a review of his condition and suggested suitable exercises, and wrote to his physical health specialist to request any further assistance that was available.

Unfortunately, post-operation Client E's condition worsened and he had multiple falls. His key worker managed to secure an adapted property in which his physical health condition was better catered for. He is now able to move around his home independently and complete simple tasks.

His ambition prior to the surgery was to be a football coach, and throughout his time on the programme his key worker obtained an offer of support from the Professional Footballers' Association and Bolton Wanderers Football Club for Client E to achieve a Disability Coaching qualification – an offer that is still open to him should he ever feel in a position to take it.

Client E's story demonstrates how intertwined issues are, with the programme offering both physical health and housing support in order to improve his quality of life.

4.11 Again, some of the clients that responded to the e-survey cited the support they received for their physical health when asked to state the best thing about Working Well:

*"With my health issues, my coach has helped me regarding the job I'm interested in, looking into what type of job would suit me."*

*"[The best thing about Working Well was] on-site health day courses held at Ingeus."*

4.12 Working Well achieved improvements for around half of clients who ranked their health as severe by the time of their intermediate assessment (after six months for the Expansion, and after varied time periods for the Pilot). For mental health, 40% on the Pilot and 74% on the Expansion experienced improvements, and for physical health 37% and 67% experienced improvements respectively (note that the improvement across the Pilot and Expansion are not comparable, due to different methods for collecting this data). This disparity between the Pilot and Expansion may reflect the prevalence and seriousness of the issues amongst Pilot clients. Some of the disparity regarding improvements to mental health is arguably attributable to the Expansion's access to the Talking Therapies Service.

4.13 Key workers emphasised the importance of finding the 'right' job for clients with health issues or disabilities, which could entail holding conversations with employers on their behalf to explore how a role and the workplace could be adapted to suit the client and their needs, helping them to sustain work long term. In total, 779 clients that ranked their health as severe started a job: 357 clients that ranked just mental health as severe; 229 that ranked just physical health; and 193 that ranked both as severe, achieved a job start. This is equivalent to 13%, 10% and 7% achieving jobs out of the respective cohorts, which despite being below the 23% into jobs out of those that ranked neither as a severe barrier, nevertheless means that 779 clients that presented with these severe barriers at the outset started work whilst on the programme.

4.14 Key workers were also keen to emphasise that reporting on job starts and sustained jobs fails to capture the major progress that many of their clients make. Many clients that do not achieve

a job start are nonetheless in an improved position with their health conditions and wellbeing due to the programme. For example, multiple key workers cited examples of clients that had overcome crippling anxiety which prevented them leaving their house or travelling independently. This does not always lead to clients starting work, but does move them closer to doing so. This sort of progress can be difficult to capture, but for the clients themselves these improvements can be substantial and hugely improve their quality of life, and in some instances these improvements can be expected to reduce demand long term on public services.

**Summary**

- At a UK level, people with health issues are less likely to be economically active or employed. In Greater Manchester there is a higher prevalence of people with long-term health conditions or disabilities, although this varies by local authority.
- There is a high prevalence of physical and mental health issues amongst Working Well clients, particularly on the Pilot for which just 11% of clients ranked neither as a severe barrier to work.
- The programme offers a wide range of in-house and external support to clients. Of particular note is the Talking Therapies Service, which has provided mental health support to over 1,400 clients to date.
- The majority of clients on the Expansion who ranked physical or mental health as a severe barrier to work experienced an improvement. On the Pilot, over a third of clients who ranked either as severe experienced an improvement in that barrier to work.
- Clients who identified mental and/or physical health as a severe barrier to work are far less likely to have started a job, although to date almost 800 of these clients have started work since joining the programme

## Ageing

### How does age impact employment chances?

4.15 The ageing workforce is a major concern nationally, with around 30% of the workforce aged over 50<sup>15</sup>. The UK's Industrial Strategy includes a commitment to fund innovation in relation to this, as one of four Grand Challenges for the UK to tackle. Although unemployment levels for economically active people are lower for over 50s than for the whole population aged 16+ (3% for people aged 50-64 and 4% for people aged 16+ overall)<sup>16</sup>, this age cohort faces particular challenges in finding employment, from low levels of IT skills, lack of confidence, length of time unemployed, a high prevalence for severe physical health barriers to work, and social isolation and loneliness.

4.16 Similarly to the UK, Greater Manchester is facing the challenge of an ageing population. The **Our People, Our Place**<sup>17</sup> strategy responds to this, with one of the priorities of the strategy being for Greater Manchester to become the 'first age-friendly city region'. One of the ambitions in delivering against this aim is to increase the level of economic participation in the over 50s, with older people remaining economically active for longer.

### How does the programme help these clients?

4.17 The Working Well programme must also tackle challenges in relation to older clients.

Some 5,600 clients are aged 50+, with 57% of these clients having been unemployed for 6 years or more (compared to 42% of clients aged under 50). The number of severe barriers to work that the older age cohort faces are similar to the overall client base, but in many cases they face particularly challenging issues to address, for instance in relation to physical health, which is much more prevalent amongst those aged 50+, as in Figure 4-2.

4.18 Consultations with key workers suggest many older clients have the perception that they are unable to find a job or have a lack of confidence to do so. A potential reason for this is their perception that an older person is viewed less worthwhile to an employer compared to a younger person. Therefore, their perceptions about their age and subsequent lack of confidence act as a barrier to work. This is evidenced in the data, as 35% of clients aged 50+ see their age itself as a severe barrier to work, compared to 6% of clients aged under 50. The older group were also less likely to see this barrier declining over time.

4.19 Age has been seen to compound different issues experienced by the older clients as key workers believe that, as a function of being older, there has been more time for many of the health issues that clients aged 50+ face to have become more complex and severe, e.g. where physical health issues have gone undiagnosed or untreated long term.

4.20 Key workers also suggested that clients aged 50+ are more likely to lack essential skills for the workplace, which has implications on their ability to find and apply for jobs. For instance, 39% of 5,600 clients aged 50+ see their confidence in IT as a severe issue, compared to 27% of those aged under 50 (11,224 clients).

4.21 Importantly, the Working Well programme is working with these older clients to address their issues. Indeed, as set out in Figure 4-3, a higher portion of clients aged 50+ have received employment, health or skills and qualifications support than those aged under 50.

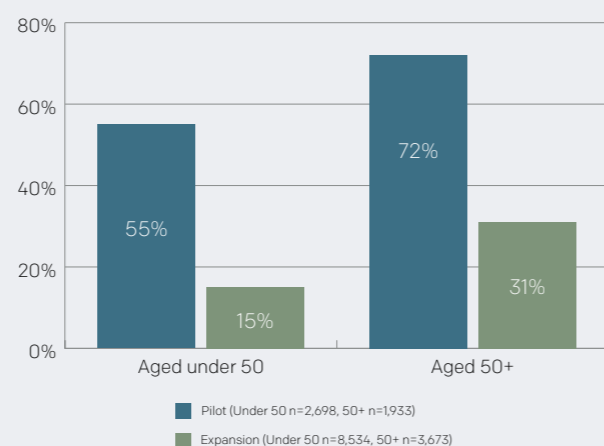
4.22 To encourage more clients to start a job, key workers interviewed for this year's report identified a need for support to tackle the long-term isolation of clients. Currently the programme offers some opportunities for this in the form of work trials, voluntary work and work placements however these are only used for a very small proportion of clients. Some employers have proved particularly good at taking on older clients, often in the retail sector. Others may be sought to help clients manage their own perceptions to being able to work and regarding the perceptions of employer preferences.

4.23 Overall, 12% of clients that were over 50 on the programme started a job. Whilst this is below the proportion of clients aged under 50 that started work, it still represents 645 more people that are over 50 that have started a job.

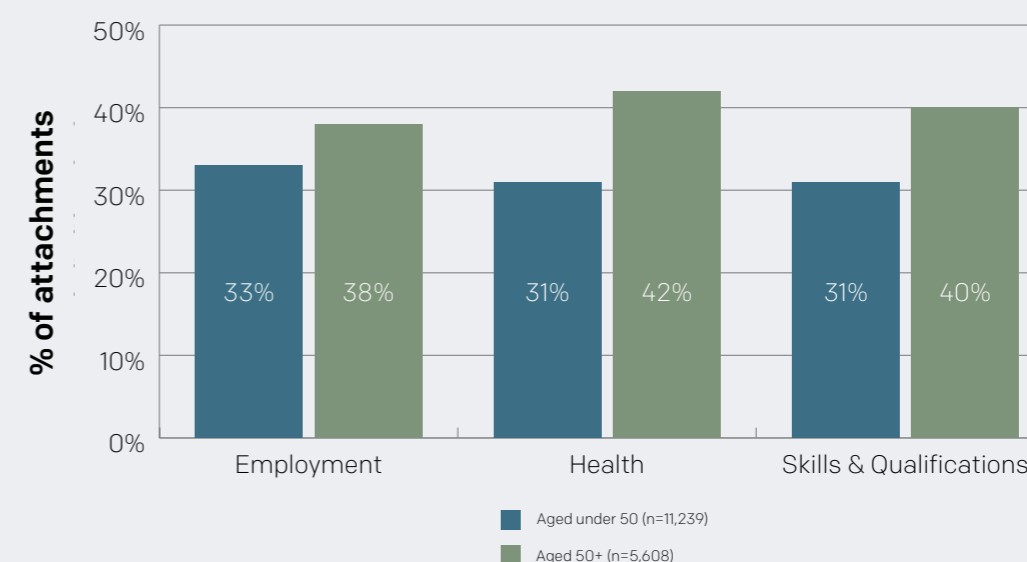
### Summary

- Dealing with an ageing population is a challenge both nationally and within Greater Manchester, with older people facing particular issues in finding employment. Including in relation to qualifications and skills, length of unemployment, physical health and social isolation.
- Clients aged 50+ on the programme are more likely to rank their physical health as a severe barrier to work compared to younger clients.
- A higher proportion of clients aged 50+ have received employment, health, and skills and qualifications support compared to younger clients.
- A lower proportion of clients aged 50+ have started work compared to younger clients, but to date almost 650 clients aged 50+ have started work since joining the programme.

**Figure 4-2: Proportion of attachments with severe physical health issue, by age**



**Figure 4-3: Proportion of clients receiving support, by age and support type**



<sup>15</sup> Age UK, 2018, Later Life in the United Kingdom

<sup>16</sup> Office for National Statistics, 2018, Employment, unemployment and economic inactivity by age group dataset

<sup>17</sup> Greater Manchester Combined Authority, 2017, Greater Manchester Strategy: Our people, our place



## Housing and homelessness

### How do housing issues impact on employment chances?

4.24 A paper from Joseph Rowntree Foundation (2016)<sup>18</sup> suggests the reduction in the amount of housing benefits paid, location of the housing (and reluctance to move due to lack of security in the private sector) and the costs and reliability of commuting via public transport, especially for part-time workers and those on anti-social hours can act as barriers to employment. Moreover, those that are homeless are more likely to be unemployed, have mental health issues, long term physical health issues and suffer from substance misuse<sup>19</sup>.

4.25 According to the **Our People, Our Place strategy**<sup>20</sup>, safe, decent and affordable housing is a priority for Greater Manchester in order to meeting the needs and demands for current and future residents. Homelessness and rough sleeping is recognised to be a growing problem within Greater Manchester, made worse by financial insecurity, health issues and family breakdown, as well as a lack of appropriate housing options. The objective for Greater Manchester is to end rough sleeping by 2020 by supporting people into suitable accommodation and tackling its underlying causes including mental health, family breakdown, substance misuse and poverty.

### How does the programme help?

4.26 Key workers interviewed for this year's report identified housing issues and homelessness as amongst the most challenging issues to address for clients. Issues regarding housing and homelessness raised by the key workers include clients being work-ready but lacking access to washing facilities or the necessary things needed for a job such as a permanent residence. In addition, starting work can put clients at risk of being homeless as their first pay is often given six or more weeks after their last benefits payment has been received.

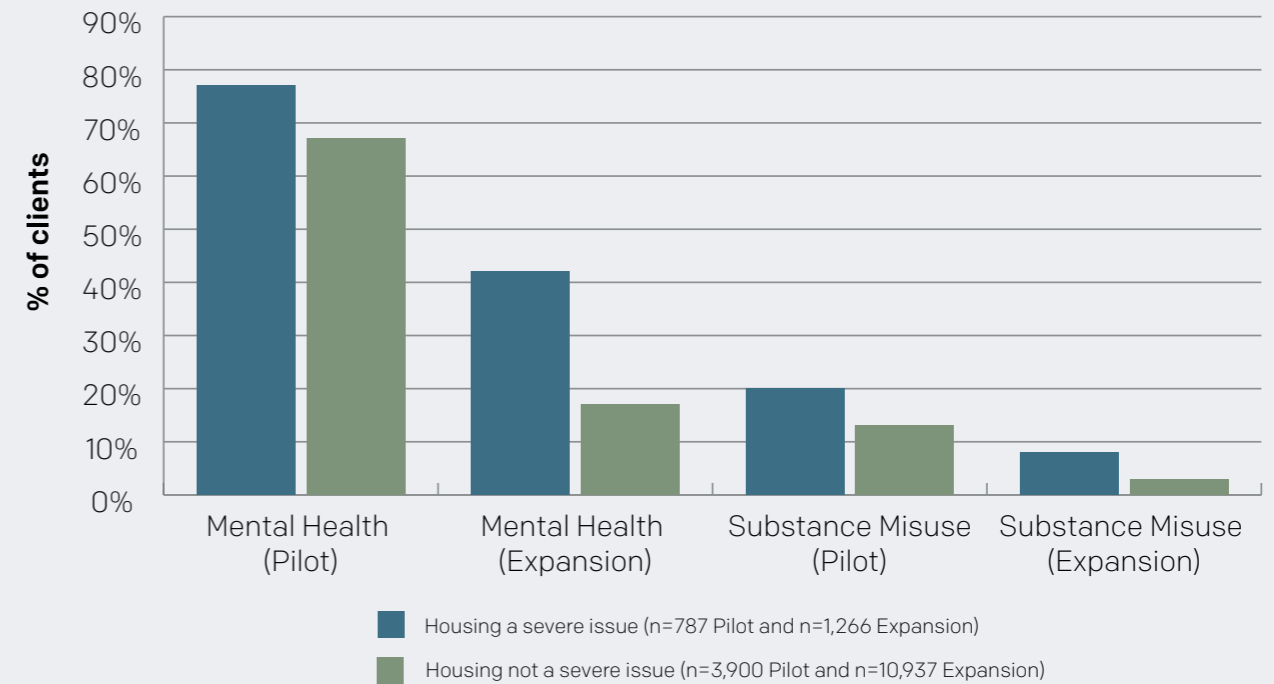
4.27 In the Working Well programme overall over 2,000 clients (12% of the total) saw housing issues as a severe barrier to work. As with many other barriers to work, the proportions identifying housing as a severe barrier to work were relatively higher in some areas than others, with the highest levels in Manchester and Bury.

4.28 Most of those who were homeless, at risk of homelessness, couch-surfing or living in a hostel identified housing as a severe barrier to work. Those clients identifying housing as a severe barrier to work reported an average number of 6.1 severe issues compared to 3.8 and 2.4 issues (Pilot and Expansion respectively) for clients without severe housing issues, showing the tendency for clients with severe housing barriers to work to have complex and multiple issues to address.

4.29 Reflecting the literature set out above, Working Well clients that identify housing as a severe barrier to work are particularly likely to identify severe mental health and substance misuse

barriers to work, as illustrated by Figure 4-4, albeit substance misuse remains a severe issue for only a smaller number of clients, whether they have severe housing issues or not.

**Figure 4 4: Mental health and substance misuse for clients based on their housing issue**



4.30 Key workers find that referring clients to financial advisors, often in-house, particularly useful for resolving housing issues, by helping with budgeting and planning repayments of arrears. Other support relating to housing is often given by external services, such as the local council or Citizens Advice Bureau. Key workers reported that the housing offer from external services varies in quality and extent by local authority, meaning that some clients may receive better support than others. This includes differences in the approach to homelessness (including access to food, hostels, washing facilities), getting repairs done on their property, and help in moving to a safer property (e.g. when currently living with someone who is abusive).

#### Client F's story

When Client F started on the programme, she was homeless, sofa-surfing, in over £3,000 of arrears, suffering from low mood, and had a conviction for benefit fraud. Her arrears meant she was not eligible for housing, so her key worker referred her to the Citizens Advice Bureau for help with repaying her arrears. Next, the HEN Project agreed to place Client F on a waiting list for a home because she was repaying her arrears and within weeks she was offered her own home.

She then received help from the National Careers Service to create her CV, and her key worker helped with job applications, from which she obtained a 10-hour cleaning role. For her next step she would like to increase her hours and is seeking a support role in a hospital ward, which her key worker hopes support from Skills for Employment will help with.

<sup>18</sup> Joseph Rowntree Foundation, 2016, How does housing affect work incentives for people in poverty

<sup>19</sup> Homeless Link: Impact of homelessness

<sup>20</sup> Greater Manchester Combined Authority, 2017, Greater Manchester Strategy: Our people, our place

4.31 Working Well has provided housing support to 30% of 2,056 clients that have identified housing as a severe barrier. Moreover, of the clients that identified housing as a severe issue on attaching to the programme, 60% of 787 clients on the Pilot and 82% of 539 clients on the Expansion reported an improved situation at the intermediate stage. The housing support was recognised by some key workers and clients as being very important. Indeed, one e-survey respondent reported that:

*“The help I received with my housing was the best thing about the support given by the Working Well programme”*

4.32 Overall, 13% of clients with severe housing issues started a job. This is marginally below the proportion of clients without severe housing issues that started work, but nonetheless means 265 clients that faced issues with their housing situation have started work.

### Summary

- Issues with housing can act as a barrier to employment, and homelessness is associated with health issues and substance misuse. Achieving sufficiently good-quality and affordable housing, and tackling homelessness are priorities for Greater Manchester.
- Housing issues are quite common on the programme. Clients that are homeless, at-risk of homelessness or in an insecure housing situation tend to have more complex barriers to work, with a considerably higher average number of barriers compared to those in more secure housing situations.
- The support provided to clients includes financial advice and working with external services to resolve housing issues.
- A marginally smaller proportion of clients with severe housing issues on joining the programme have started a job compared to those without severe housing issues. Almost 270 clients facing these barriers at initial assessment have gone on to start work since joining the programme.

## Skills and education

### How do skills levels/education impact on employment chances?

4.33 The likelihood that an individual is in employment is strongly linked to their qualification level, which can be seen as a proxy for skills. In Greater Manchester, just 38% of those with no qualifications are in employment compared to 68% of those qualified to NVQ2 and 84% of those qualified to NVQ4+.<sup>22</sup> Whilst Greater Manchester as a whole performs slightly better than the UK in terms of the proportion of working age residents with no qualifications (7.3% vs 8.0%), there are variations between local authorities, with Oldham having nearly twice the level of people with no qualifications as the average (13.1%). In addition, 13.2% of 19-24 year olds in the North West are not in education, employment or training, which can have a damaging impact on their future employment opportunities.<sup>23</sup>

### How does the programme help?

- 4.34 There is a high prevalence of clients with no or low qualifications on Working Well, with 40% of attachments on the Pilot and 25% on the Expansion having no qualifications, and with just 26% of Pilot clients and 36% of Expansion clients qualified to or above the equivalent of five or more GCSEs at A\*-C. A similarly high proportion of clients lack English and/or maths qualifications, and a smaller but nonetheless substantial proportion of clients lack confidence in using IT.
- 4.35 Key workers reported clients' skills and qualification needs most commonly concern basic skills, but also vocational qualifications or accreditations that are required for specific careers or sectors that clients wish to work in. Moreover, the challenge for the programme is not merely in formal qualifications, as key workers emphasised that many of

their clients lack the soft skills needed to be successful in employment such as communication, team working and socialising, as well as life skills such as budgeting.

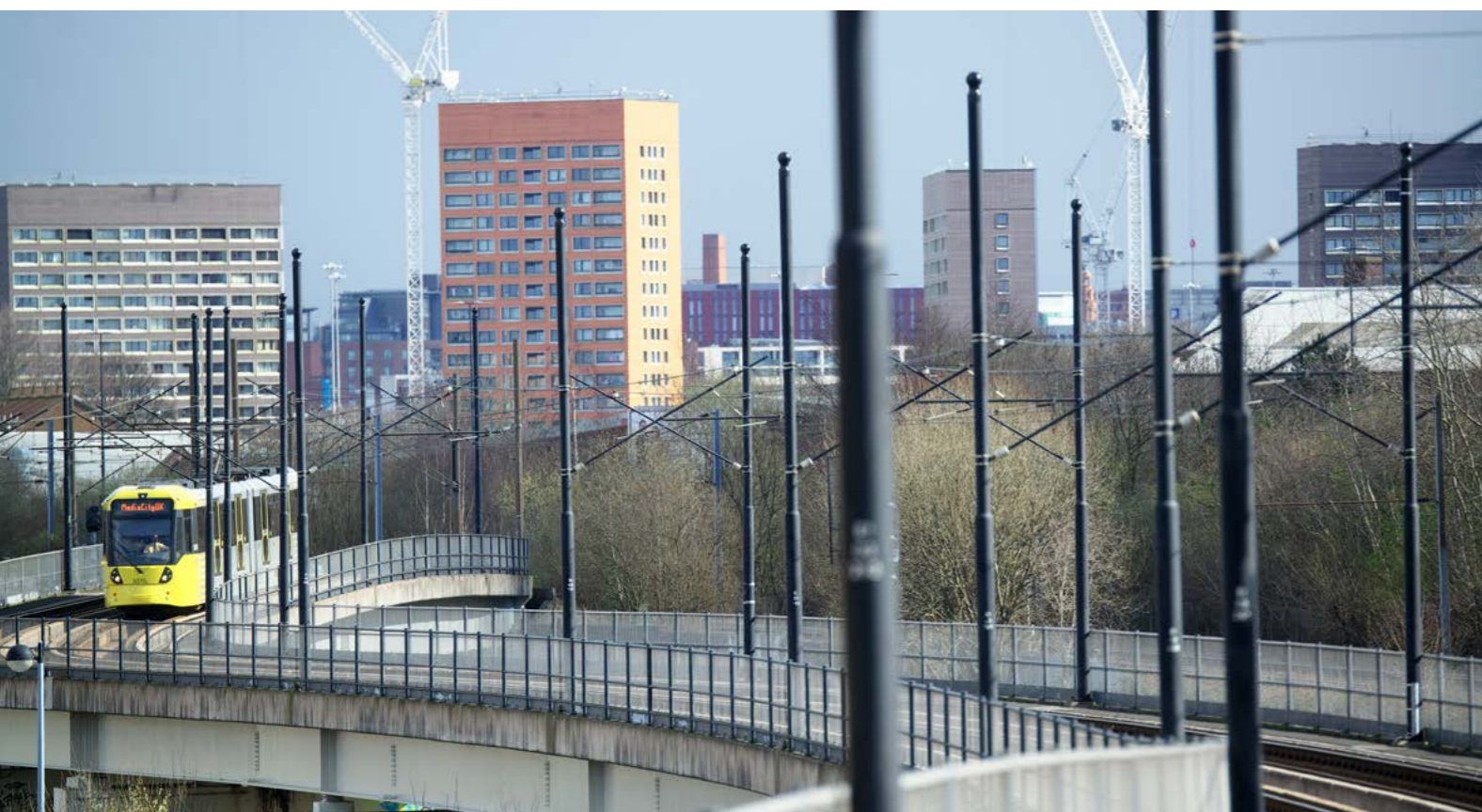
- 4.36 Much of the qualification and skills support for Working Well clients is offered either in-house or through Skills for Employment, which offers a range of courses covering basic skills, employability skills, and specific vocational qualifications and accreditation. Key workers will also refer clients to external support which is delivered by community organisations, colleges and professional skills providers. From this rich mix of available support, key workers report being able to address any identified skills or qualifications needs their clients may have, albeit with some support more readily available and of higher quality in some areas compared to others.
- 4.37 Basic skills are the needs that are most commonly addressed, followed by vocational and industry-specific qualifications and accreditation. Some of the most prevalent industry-specific qualifications and accreditation gained through the programme are CSCS cards<sup>24</sup>, HGV licenses, forklift truck licenses, and SIA licenses<sup>25</sup>. These are often less easily accessed than basic skills provision, so require more of an investment from clients in terms of time and sometimes financially, but key workers reported that when clients made this commitment it tended to lead to good outcomes. Key workers felt that whilst achieving accredited skills and qualifications, clients also tend to develop their soft skills. For example, one key worker found that enrolling clients on short courses at their local college tends to develop confidence, communication and a degree of self-efficacy.

<sup>22</sup> Nomis, 2017. Annual Population Survey

<sup>23</sup> Department for Education, 2018. NEET Statistics - Quarterly Brief – October to December 2017

<sup>24</sup> Construction Skills Certification Scheme cards are often required for on-site construction work.

<sup>25</sup> Security Industry Authority licenses are required to work in certain sectors within the private security industry.



**Client A's story**

Client A had not worked in nine years due to difficulties managing his arthritis in a warehouse role, and suffered with depression. After learning techniques to manage his health condition, Client A viewed returning to work as possible. He completed Bootcamp, which boosted his confidence and motivation. He felt unable to return to a warehouse role, but expressed an interest in working in security. This required an SIA card to be licensed to work in the industry, so his key worker referred him to Skills for Employment where he undertook training and obtained his accreditation. He received help with his CV and job searching, which led to a role through permitted work. Client A sought to work longer hours to sign off his benefits and managed to find a suitable job. He is now working full time and able to manage his health condition, with his life in a much more positive place.

4.38 Some of the clients that responded to the e-survey mentioned this area of support as the best thing about the Working Well programme:

*"I got to gain a Level 1 City & Guilds qualification in Business Administration through Working Well, and I did a work placement. I did not get these opportunities through the other programmes."*

*"I think attending short courses has helped to build my confidence up."*

*"The coaching for job interviews was amazing. I've never received such help before. Also, I gained more confidence in myself and my abilities and saw myself in a better light. Working Well was invaluable in me getting back to work!"*

*"I have been working in finance for many years but did not have any qualifications in it. [The provider] arranged for me to take an online course that would gain me a qualification in Finance and HR."*

*"[The best thing about the programme was] helping me to get qualifications as I didn't have any."*

*"[The best thing about the programme was] gaining the qualifications that I knew I had in me."*

*"I was put on a self-confidence course and this went very well. I felt I could talk and open up more in groups."*

4.39 In total, 11% of clients with no qualifications started a job. This is some way below the proportion of those with qualifications that started work, but it nevertheless equates to 549 clients who had no qualifications having started work since attaching to the programme.

**Summary**

- In Greater Manchester, people with no qualifications are far less likely to be in employment than those with qualifications. Although Greater Manchester as a whole has a lower proportion of the population with no qualifications compared to the UK, some local authorities have far higher levels of people of no qualifications.
- There is a high prevalence of clients with no or low qualifications on Working Well, including in maths, English and IT.
- The support provided by Working Well includes access to basic skills courses and vocational qualifications and accreditations. This is delivered by Skills for Employment and a wide range of other providers.
- A lower proportion of clients with no qualifications started a job compared to those with some qualifications. Nevertheless, almost 550 clients that had no qualifications on joining the programme started working since joining.

**Integration**

4.40 Integration with services is a key feature of the Working Well programme, as set out in Section 2. Key workers work with a wide array of local services and support that vary by local authority. The importance of effective integration is clear from the case study below, where multiple barriers to work have been tackled by different services.

**Client B's story**

Client B joined the Pilot after 20 years of alcohol dependency, and suffered from hallucinations and severe anxiety. After engaging with a detox programme and engaging with a community mental health team, things were looking positive, but Client B suffered a relapse and his attendance became sporadic so his key worker worked with JCP to keep him engaged. Due to his dependency progressing and multiple hospital admissions, Client B was placed under the care of Rochdale Council's Adult Care Team. His key worker worked with the local council to better understand his housing situation and got him some basic furnishings and helped him to claim the correct type of benefits. Client B's key worker also undertook an Integrated Partnership Meeting with the community mental health team, Pathways, and his support worker, to ensure a collaborative and complimentary approach to supporting Client B.

4.41 As touched upon in this section, many complex barriers to work are combined with others, which require different expertise to address. Three particular elements highlight the case for integration, as well as some of the key challenges in realising integration.

- Key workers generally spoke highly of the level of integration with TTS that had been achieved – starting with the speed and smoothness of the referral process. The level of co-operation that is possible between key workers and TTS can be limited by issues of confidentiality, but where clients are willing for information to be shared key workers are able to work collaboratively and complimentary to TTS. For example, key workers can: get involved in three-way interviews; be informed of support plans that TTS create for the client; easily hold discussions on the client with the TTS advisor; and in some cases being involved in three-way exit interviews which involve creating plans in case of relapse. This enables the key worker to be better informed and sighted on their client's issues and progress, and puts them in a better position to spot any signs that the client's mental health is deteriorating. Key workers felt that in-house mental and physical health advisors were also helpful, although this

**Client D's story**

Client D had not worked for six years due to depression, agoraphobia, mental health and addiction issues, which occurred alongside a family breakdown which led to him living alone, separated from his partner and children. After being referred to Working Well, he received support from Talking Therapies for his mental health issues. Client D received a range of skills and qualifications support, obtaining seven qualifications including a forklift license and warehouse worker qualification. He received help with interview techniques and had an induction with an employer for a temporary-to-permanent post. Client D said of his experience: "Working Well has given me so much confidence and the support I needed to turn my life around. I'm now fully employed, doing a job I love as a Warehouse Worker and Forklift Operator. I've also been able to rebuild my relationship with my partner and twin sons. We got engaged on Mother's Day this year and I was so proud to be able to use my first wages to buy the ring!"

was suggested by the TTS provider as sometimes presenting a confusing picture for key workers, as to whether they should refer to TTS or internal services. TTS is now in almost all places co-located with the Working Well provider, helping to smooth the referral process, and helping to build a strong relationship between the Working Well and TTS providers, including supporting easier and therefore more effective communications.

- Views on the integration with SfE were more mixed, from stakeholders and key workers. Whereas some key workers felt they were well-sighted on their clients and were able to work collaboratively with the SfE advisor, others found that once their client had been referred they would only receive updates via the client and there were no opportunities to speak with and compliment the SfE advisor. This points to some of the disadvantages where integration is not effective.

- Integration with JCP is another factor that is important for the success of the programme. Effective integration is essential to ensure that referrals are made appropriately, and that the flow of referrals is predictable. However, this has not always been done effectively, pointing to the challenges in maintaining this important relationship. Efforts to improve integration have included the Working Well providers putting staff within job centres to build better relationships and to increase awareness of who the programme is appropriate for. Having close working relationships is also important for safeguarding and changes of circumstance – ensuring that key workers have all the information they need in relation to any issues – and to support the key worker with non-attendance. Integration was also reported by key workers as being important in the exit process, to assist key workers in setting out a plan for clients that would allow them to maintain progress in overcoming their barriers to work and attaining a higher quality of life after their time on Working Well. Key workers were often uncertain as to how effective these plans are, as after exit they are not informed whether clients have moved successfully onto other support.

4.42 As reported in Section 3, performance for the programme is better in some local authorities than others. Whilst no data metrics are available for integration – it being somewhat an intangible concept, meaning different

things to different people – there is some anecdotal evidence from consultations that some areas have been better at integrating services than others. In particular some areas covered by Ingeus have tended to be perceived as better integrated within the local ecosystem, with better and more productive relationships having been developed.

4.43 In this context it is noticeable that on the Pilot the econometric analysis found that job starts were statistically significantly higher in Bolton and Bury when controlling for other factors – the former is held up as a local authority area with a particularly effective integration offer. This reiterates the importance of effective integration in the performance of the programme.

### Summary

- Integration with a wide array of local services and support is key to the success of Working Well.
- The programme had a high level of integration with the Talking Therapies Service. This provides opportunities for key workers to work collaboratively and complementarily with TTS and to have oversight of clients even when they are receiving TTS support.
- The integration achieved with Skills for Employment was not as uniformly positive, but where high levels of integration have been achieved key workers felt that were similar benefits to those for TTS.
- There are improvements to be made in integration with JCP. In particular, there are issues around the sharing of information and ensuring clients continue to be supported once they exit the programme.
- Anecdotally, the level of integration achieved with local support and services varies across local authorities.

## 5. Looking forward

### Summary

- The Working Well offer is continuing to evolve and inform further service provision. The Work and Health Programme launch in 2018 and the Working Well Early Help programme currently being commissioned have both been informed by the lessons learned through delivering the Working Well Pilot and Expansion.
- The previous sections have identified client characteristics and barriers to work resulting in clients being more and less likely to have started a job. This highlights the need for Working Well and future programmes to focus on understanding how to improve outcomes for some groups of clients.
- To date, the Working Well programme has supported some 17,000 clients, with 2,800 moving into work. In the next 12 months, the Working Well programme can be expected to support many more people to address their barriers to work and support them to move into employment.

### Anticipated outcomes for Working Well

5.1 The Working Well programme has come a long way since its inception in 2014. It started with a Pilot programme, supporting 4,700 ESA WRAG benefit claimants to address their barriers to work. In 2016 the programme had expanded to other benefit types, with another 12,400 people joining the programme. By the end of March 2018 the programme had supported

17,100 clients, of which 2,800 had started work. More clients can be expected to move into work in the future, with many clients having well over a year remaining on the programme.

5.2 Many of the systems and processes set up for the Pilot have matured with: the Programme Office developing a strong leadership role; and with the programme well embedded in Greater Manchester, with good name recognition and the delivery of service integration becoming seen as the norm. This structure in place, Greater Manchester's ambitions show no sign of slowing. The Work and Health Programme was launched earlier in 2018 to support a further 23,000 people to address barriers to work. Working Well Early Help is another programme being commissioned currently, which will add to the breadth of the Working Well offer as a programme aimed at preventing people from falling out of the labour market long term.

### Informing ongoing delivery of Working Well

5.3 As set out in the preceding chapters, the programme has been particularly effective for some people. Econometric analysis shows that, across both the Pilot and the Expansion, the programme is most effective at moving into work younger people, those with higher qualifications and people with more recent work experience. It is also most effective for those that identify the following barriers to work as less severe: convictions; mental health; physical health; and substance misuse. Other characteristics or barriers to work are determinants of how likely people are to start work, but for only the Pilot or the Expansion, not both. This includes, on the Expansion, clients on ESA being statistically significantly less likely to start a job than those on other benefit types, when controlling for other factors.

**Table 5 1: Characteristics and barriers to work that make a statistically significant difference to the likelihood a client has started work which are common to the Pilot and Expansion**

Characteristic / Barrier	Pilot	Expansion
Age	For every one-year increase in age, the likelihood/odds of achieving a job start decreases by some 4%.	For every one-year increase in age, the likelihood/odds of achieving a job start decreases by some 2%.
Work experience	Individuals with some work experience were 1.4 times more likely to achieve a job start than someone who had no work experience.	Individuals with some work experience were 1.5 times more likely to achieve a job start than someone who had no work experience.
Length of unemployment	The longer an individual has been out of work, the less likely they are to start a job.	The longer an individual has been out of work, the less likely they are to start a job.
Highest level of qualification	Individuals with some qualifications were 1.4-1.8 times more likely to start a job than those with no qualifications.	Individuals with some qualifications were 1.4-1.6 times more likely to start a job than those with no qualifications.
Local Authority	Individuals based in either Bolton or Bury were 1.8-2.1 times more likely to start a job than those individuals based in Manchester.	Aside from Trafford and Bolton, individuals based in any other LAs were 1.3-1.8 times more likely to achieve a job start than someone who was based in Manchester.
Quarter of attachment	Individuals who were attached in the fourth quarter of the programme were 37% less likely to start a job than those who were attached in the first quarter. The results for every other quarter were insignificant.	Individuals who were attached in during the third or fourth quarter of the programme were 25-35% less likely to start a jobs than those who were attached in the first quarter. The results for every other quarter were insignificant.
Mental health	For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a 12% decrease in the odds/likelihood of starting a job.	For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see an 11% decrease in the odds/likelihood of starting a job.
Physical health	For a one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a 16% decrease in the odds/likelihood of starting a job.	For a one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a 15% decrease in the odds/likelihood of starting a job.
Substance misuse	For every one unit increase in the 0-6 ranking of substance misuse as a barrier to work, we can expect to see a 12% decrease in the odds/likelihood of starting a job.	For every one unit increase in the 0-6 ranking of substance misuse as a barrier to work, we can expect to see a 9% decrease in the odds/likelihood of starting a job.
Convictions	For every one unit increase in the 0-6 ranking of convictions as a barrier to work, we can expect to see a 10% decrease in the odds/likelihood of starting a job.	For every one unit increase in the 0-6 ranking of convictions as a barrier to work, we can expect to see a 6% decrease in the odds/likelihood of starting a job.

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5.4 Conversely, this means that older clients, those with low qualifications, clients that have been out of work for longer, and those with severe barriers to work relating to convictions, mental health, physical health or substance misuse are less likely to start work. However, where the barriers to work that are determinants on the likelihood of started a job are addressed and improvements reported at the intermediate assessment, the likelihood of them starting work increases.

This holds true for all of the barriers that are statistically significant determinants of whether clients are likely to get a job, as shown in the table below, with the exception for substance misuse on the Expansion, although the significance of this may be limited given how small the cohorts are. The same is also true of many of the other common barriers set out in the table. This points to the importance of the programme in addressing these issues in supporting clients to move towards work.

**Table 5 2: Proportion of clients that started a job, out of those that did or did not experience an improvement in significant or prevalent barriers to work**

	Pilot		Expansion	
	Improvement	No improvement	Improvement	No improvement
<b>Barriers to work that are statistically significant for both the Pilot and Expansion</b>				
Physical health	13% (n=1093)	6% (n=1849)	8% (n=829)	3% (n=402)
Mental health	16% (n=1302)	8% (n=1932)	9% (n=892)	4% (n=310)
Substance misuse	6% (n=328)	5% (n=356)	6% (n=141)	9% (n=47)
Convictions	10% (n=261)	6% (n=239)	16% (n=160)	15% (n=48)
<b>Barriers to work that are statistically significant for just the Pilot</b>				
Access to public transport to travel to work	8% (n=684)	6% (n=775)	10% (n=506)	12% (n=137)
<b>Other barriers to work that were common on the Pilot and Expansion, or that are closely related to key characteristics that were statistically significant determinants of the likelihood of clients starting jobs</b>				
General confidence and self-esteem <sup>26</sup>	-	-	12% (n=1,242)	19% (n=124)
Access to private transport to travel to work	8% (n=543)	9% (n=622)	15% (n=1,144)	14% (n=428)
Lack of qualifications/skills	9% (n=809)	9% (n=622)	14% (n=1,158)	4% (n=254)
Lack of work experience	10% (n=714)	7% (n=574)	13% (n=1,283)	5% (n=380)
Bereavement	10% (n=717)	11% (n=540)	41% (n=145)	0% (n=30)

5.5 Based on the lower job start rates for people with the characteristics and barriers to work described above or where they are ESA claimants, these clients may need longer on the programme, or more intensive or personalised support. How this could be achieved in practice should be explored. This may include adapting the programme to be more flexible to the needs of these clients, or setting up a separate programme that better addresses these

cohorts. Stakeholders suggested that, where there are particularly challenging barriers to address, there may be a case for amending current services or developing new ones to ensure that these barriers do not hold back the clients or the programme e.g. in Bolton there have been issues with a shortage of provision from the Expert Patient Programmes for clients with long term conditions.

<sup>26</sup> This was not collected for the Pilot.



5.6 Through four years of the Working Well programme many important lessons have been learned that remain valid and central to the Working Well model:

- A personalised, tailored and sequenced approach

“It was catered to what YOU wanted to do as an individual and didn’t feel like you were being forced to look for work that you weren’t interested in.” (e-survey respondent)

- Role of the key worker and their intensive, flexible approach

“My key worker was very understanding of my circumstances and went out of his way to ensure I got the help and information needed in order to overcome the issues at the time” (e-survey respondent)

“My keyworker is tireless in his support and suggestions to get me to improve my lifestyle and therefore my health” (e-survey respondent)

- Integration, and the role of local leads and local integration boards

- Strong programme management and continuous improvement

- A work first approach, with employer engagement and in-work support

- Clear communications and close cooperation

- Sufficient and stable staffing

- Managing the transition between programmes.

5.7 As highlighted in chapter 3, there were a number of clients (from the e-survey) who provided feedback on how to improve the programme. This feedback reflect these lessons learned, showing them to be best practice in the delivery of this and future programmes.

5.8 In addition to these, with increasing numbers of clients now leaving the programme, the exit process is also very important. Where clients have not moved into work, there is still an important role for Working Well, working with JCP and others, to ensure that clients leaving the programme are able to sustain the progress that they have made and continue to address their barriers to work. This is to ensure that, whilst Working Well may not have helped people move into work whilst on the programme, it has a positive and lasting effect

on these people’s lives, and increases their likelihood of starting work in the future. Some consultees felt that this handover process could be improved, to ensure that clients’ improvements are maintained and built on going forward. Suggestions for this included JCP, the providers and other services working more closely together on handover, including keeping others informed of where handover has been successful or not, in order to learn from this and improve the handover process going forward.

### Informing delivery of the Working Well: Work and Health Programme

5.9 The Working Well: Work and Health Programme started in early 2018 and is to run until 2024, supporting around 23,000 people to address their barriers to work. The programme is in many ways similar to Working Well Pilot and Expansion. Key workers remain central to the delivery model and the programme is expected to address any barriers to work that clients face. The development of the Work and Health Programme is important to consider in the context of the lessons learned from the Working Well programme to date.

- First, it is essential for those clients still on the Working Well programme that the Work and Health Programme does not overshadow Working Well, and that these clients continue to receive and benefit from the same intensity of support. This is a particular risk given that the providers for both the Expansion and Work and Health Programme are the same, but this is a risk that can be mitigated through effective management from the Programme Office and providers themselves.

- Second, the development of the Work and Health Programme has taken on board many of the lessons learned through Working Well. For instance:

- learning around the importance of integration means that dedicated Integration Workers have been brought in to the Work and Health Programme to ensure that integration is effective in all local authority areas. Integration Workers are part of the model elsewhere, but typically one per region, not one per district

- Minimum Service Delivery Standards have been agreed to ensure that other critical success factors are achieved, including in relation to key worker ratios

- a ‘competitive dialogue’ process was undertaken over several months for the recent commissioning of the Work and Health Programme and the ongoing commissioning of the upcoming Working Well Early Help Programme, in order to ensure that the best proposal is taken forward and the proposed approach fully articulated ahead of commissioning
- the positive experience of giving the local authorities a stronger role in programme design has been taken forward through the development of the Work and Health Programme, where local authorities have again been involved in the design and commissioning of the programme
- earnings outcomes are validated using DWP data, avoiding the challenges on Working Well Pilot and Expansion of being able to evidence job starts from the clients and employers directly.

### Looking ahead to the next 12 months

5.10 To date, Working Well has supported some 17,000 clients, with 2,800 of these moving into work. Feedback from clients that responded to an e-survey is positive, with 90% finding the support they received good, 74% reporting a good relationship with their key worker, and 70% reporting that their key worker was good in responding to their individual needs. Positively, 61% of those that had been on the Work Programme or similar schemes thought that Working Well was better. Looking forward, it will be interesting to see how the programme continues to evolve in the next 12 months. By the time of the 2019 Annual Report, many more job starts can be expected, given that many clients remain on the Expansion. There will also be several thousand clients of the Work and Health Programme, which by this point will be well underway, continuing the legacy of the Working Well Pilot and Expansion.



# Annex A: Case studies

## Case study 1: Client A (Pilot)

### Presenting issues

A.1 Client A had not worked for nine years after leaving his last job due to being unable to manage his health. Having previously worked in a warehouse environment, he felt unable to return to this type of work. He struggled with low depression and Arthritis, and this was impacting on Client A's motivation and enthusiasm for work.

### How the programme helped

- A.2 The first step for Client A was to learn how to manage his health conditions. With support from a senior health practitioner and Ingeus health-related workshops, he found he could learn techniques to manage his health better and slowly the possibility of working again started to become a reality.
- A.3 Client A went on to complete Bootcamp, which aided his confidence and boosted his motivation. He started to review his possibilities and enquired about the possibility of starting a role in security. As he had not previously undertaken this work, before he could do so his key worker needed to help him to acquire an SIA card to be licensed to work in the industry. Client A was referred to Skills for Employment, where he undertook training to gain his card. Once he had acquired the card, it was time to start reviewing his CV and tailoring it for his desired industry.
- A.4 Client A initially secured a security role through permitted work, but wanted more hours to be able to sign off his benefits. Alongside working, Client A continued to attend appointments so his key worker could review his progress and develop a plan to secure a role with more hours. His key worker suggested that he adopt a speculative approach to his job search and, although he was sceptical about this, after sending his CV out to 15 employers and securing two interviews he was grateful he took this approach to job searching.

A.5 Client A has been successful and is now working full time. Through undertaking health management sessions and skills courses, he has been able to find a role which is suitable for his needs. The extra income, motivation and improved outlook on life is positively impacting his partner and grandchildren, and has definitely helped Client A to gain a positive future.

## Case study 2: Client B (Pilot)

### Presenting issues

A.6 Client B came to the Pilot programme in Rochdale after being alcohol dependant for 20 years. Alongside his dependency, Client B suffered from hallucinations and severe anxiety, all of which were pushing him further away from the labour market, and his enthusiasm and motivation towards change was low.

### How the programme helped

A.7 Client B attended his first appointment alongside his Support Worker from Pathways and his key worker was informed that he was currently on a waiting list for a detox programme due to start in the April. He stuck at his detox and completed this by May, and had begun engaging with the local mental health team in the community so things were looking really positive for Client B. Unfortunately, over the course of the summer, he regressed and his attendance at appointments became sporadic. In autumn, he attended a key worker appointment and disclosed that he had suffered a relapse over the summer and this was the reason behind his non-attendance. Whilst a plan was put in place to help keep Client B engaged, after this appointment the sporadic attendance continued. Moving into the new year, his key worker needed the support of JCP to help engage Client B, to help him understand his barriers and help him see how together with his key worker they could develop a plan to manage and move him forward at the right pace.

A.8 Client B finally attended in May and highlighted that his dependency had progressed, which had resulted in multiple hospital admissions, and he was now being placed under the care of the Adult Care Team at Rochdale Council. To help support Client B better his key worker linked with the local council to better understand his housing situation, as to help him progress forward it was important for him to have a stable home in which to progress from. Together, the key worker and local council put a plan in place to help get Client B set up with basic furnishings, as well as helping him to claim the right type of benefit. Client B felt that PIP and ESA support group was the right way forward so we progressed ahead with this application.

A.9 Unfortunately there were continued periods of disengagement, but through his key worker undertaking an Integrated Partnership Meeting with the Community Mental Health Team, Pathways, and his Support Worker, they were able to take actions to help support and progress Client B. Whilst work wasn't an option at this point for Client B, working as an integrated team has ensured a collaborative and complimentary approach to supporting Client B. Whilst he may have a challenge ahead to manage his health conditions and dependency, he is accessing the right support and together the key worker and wider support network are ensuring he continues to access the right support.

## Case study 3: Client C (Expansion)

### Presenting issues

A.10 Following a painful family bereavement, Client C suffered a severe breakdown and was forced to leave his profession as a GP. This had a huge impact on his feelings of status, confidence, friendships and mental health. He was then made homeless which pushed him further into depression and anxiety. With no family or support network around him, he found it harder to bring himself back up. He was eventually re-housed from the streets of London to Manchester, and has been in accommodation since.

## How Working Well helped

- A.11 When Client C first came to his induction appointment, he was very emotionally distressed and upset. He felt there was no one who could help him progress and was very low and depressed. Client C accessed the Talking Therapies service immediately and was recommended for Cognitive Behavioural Therapy, which started to address his depression and anxiety, and he found his confidence improving. He also received support from his key worker with his CV and employability, including interview techniques and a mock interview in order to build his confidence. Between these two interventions, Client C was soon in a position where he could apply for NHS vacancies.
- A.12 After some difficulty finding work, Client C was referred to Skills for Employment, who worked with him intensively and secured him a voluntary position at The Growth Company where he has been working on reception and supporting the Working Well Programme, Skills for Employment and The Work Programme. This has been instrumental in helping Client C with his development and emotional needs, allowing him to develop his confidence, socialise, and overcome his agoraphobia. A lot of work has been done and continues to be done with Client C, to support him when he has been unsuccessful in finding employment which he has struggled to deal with emotionally.
- A.13 Client C has now completed his Level 1 qualification in Business Administration and his volunteer placement with The Growth Company was so successful that he's now been employed as a part-time Project Co-ordinator with the team. Client C is a prime example of how the Working Well programme can get the most vulnerable people back into employment.
- A.14 Commenting on his new role, Client C said: "I never thought this day would come! After ten years of rejection and setbacks, I'm finally employed and getting acceptance – I'm very happy." He added: "I'm really enjoying working in a professional and supportive environment where everyone has been incredibly positive. I can't thank Working Well and The Growth Company enough for helping me regain my confidence and control of my life."

## Case study 4: Client D (Expansion)

### Presenting issues

A.15 Client D was referred to Working Well following a six-year period of unemployment due to depression, agoraphobia, mental health and addiction issues. His situation had been compounded by a complete family breakdown, which led to him living alone and separated from his partner and twin sons.

### How the programme has helped

A.16 When he was first referred to Working Well he was very nervous, visibly shaking and unable to maintain eye contact. Despite this, he quickly developed a good rapport with his key worker, who was able to initiate a package of targeted support which has helped Client D to turn his life around.

A.17 He received a package of one-to-one support which addressed both his mental health issues and his gap in skills. This included: Talking Therapies, goal-setting, obtaining seven qualifications including a forklift license and a warehouse worker qualification, help with interview techniques, and an induction with an employer for a temporary-to-permanent post. He now engages in full conversations with his key worker and has successfully completed technical qualifications and licences in counterbalance and reach.

A.18 Reflecting on Client D's journey, his key worker commented: "[Client D] has come a long way from that nervous first meeting. In the 12 months we've been working together, he's been able to give up his anti-depressants, pass seven qualifications and secure full-time employment. I'm really proud of what he's achieved."

A.19 Client D commented: "Working Well has given me so much confidence and the support I needed to turn my life around. I'm now fully employed, doing a job I love as a Warehouse Worker and Forklift Operator. I've also been able to rebuild my relationship with my partner and twin sons. We got engaged on Mother's Day this year and I was so proud to be able to use my first wages to buy the ring!"

## Case study 5: Client E (Expansion)

### Presenting issues

A.20 Client E had rheumatoid arthritis and mobility issues, and was awaiting surgery for an artificial shoulder when he joined the programme. He stated his deteriorating physical condition was impacting on his mental health, and he would like to seek support but was unsure how. He lived at home with his wife and three children and had a good family support network, and without this he mentioned that life wouldn't be worth living. He was managing his money well and wanted to improve his health. His long-term plan was to get in to teaching football as he had previously been a semi-professional football player.

### How the programme helped

A.21 He did not have a date scheduled for his operation and it was recommended that he should seek an appointment with the SHP to see if there was any way he could improve and manage his condition in the meantime. SHP did a full review with him, offering gentle exercises to assist with physical health and writing a letter to the specialist to express how much discomfort he was in to see if there was anything further they could offer.

A.22 After his operation, his health got worse, with the arthritis affecting his lower limbs worse than ever, causing him to have multiple falls at home that further damaged his shoulder and left him reliant on a wheelchair. After case conferences with the Bolton Council Local Lead, it was advised that the best course of action was to contact the involved teams – the council's Family First team, Bolton at Home, and the falls team – to develop a long-term plan.

A.23 After numerous calls to the housing teams to explore options, his key worker was told Client E would need to register for a property move, but as he already had accommodation he would not be considered low priority. After a meeting with Family First, an Occupational Therapist assessment was arranged which recommended that Client E should be housed in a bungalow or flat that was wheelchair-friendly. His key worker discussed the

recommendation with Bolton at Home and Bolton Council, and Bolton at Home agreed to place Client E on a priority housing list which meant he would get a property sooner.

A.24 Throughout the process, contact has been made with both the Professional Footballers' Association (PFA) and Bolton Wanderers regarding funding and support for Client E to achieve his ambition of being a football coach. They offered to support him with a Disability Coaching qualification, and this door has been left open for him should he ever feels able to undertake the opportunity.

A.25 Client E was offered a property in June 2016, however due to the amount of adaptation that was required, he only received the keys in April 2017. He can now see a brighter future in which he can enjoy spending time with his children and be able to move round his home independently and completing simple tasks, such as assisting his children with their homework.

## Case study 6: Client F (Expansion)

### Presenting issues

A.26 The 61-year-old Client F had multiple barriers preventing her from moving into employment. The foremost barrier was her housing situation, as she was homeless and sofa-surfing when she first started on Working Well. She was struggling to be re-housed due to owing over £3,000 in rent arrears. She had also been charged with benefit fraud four years earlier, which resulted in her being placed on a regulation order that required her to remain indoors during specific hours. She had previously worked in the care sector, but this was no longer an option due to her conviction for benefit fraud. She was also suffering with low mood due to the situation she was in.

### How the programme helped

A.27 After hearing about the service and support on offer, Client F was keen to join the programme. The priority for the client was to be re-housed, but unfortunately she could not apply for council housing due to her arrears and the fact that she was not paying anything towards clearing them. In order to support her, she was referred client to Citizens Advice for help with her debt.

A.28 To sort out Client F's housing, her key worker referred her to the HEN Project (Housing, Employment and New Opportunities) in Bury. She had an interview with them, but they were not sure they could support her due to her arrears. They contacted Client F's key worker, who explained that the client was attending appointments with Citizens Advice to support with clearing her arrears, and HEN Project agreed to support Client F with her housing. Within weeks, she was placed in shared accommodation and given a bidding number which allowed her to bid for properties, which her key worker assisted her with. Client F was suffering financially due to the costs of her supported accommodation, so her key worker supplied her with weekly food parcels and explained that it would be worth it once she got her own home again. Within 8 weeks of being in supported accommodation she was offered her own home. She is now living in her new property and is completely overwhelmed, as she thought it would never be possible.

A.29 Alongside dealing with Client F's housing and debt issues, her key worker also referred her to Talking Therapies due to her low mood. However, she did not attend her first appointment because she attributed her low mood solely to the situation she was in.

A.30 Her key worker subsequently referred Client F to the National Careers Service to support her with creating a CV because the next step on her action plan was to look for work. She also undertook a better-off calculation to figure out the number of working hours that would be most beneficial to her. When considering job roles, it required taking her conviction into account, and Client F decided she would like to apply for cleaning roles. Her key worker supported her in making applications, and Client F attended a few interviews. She was successful in obtaining a ten-hour a week cleaning job at a local college. Given that her ideal job would be within the care sector, her key worker has highlighted the NHS roles that Skills for Employment have available and Client F is keen that her next step will be into a support role on a hospital ward with increased hours.

A.31 Client F is now in a far better place than when she started the programme, and comes into every appointment smiling and feeling positive about her life. She never thought that she would be where she is now, with all her barriers overcome and moving forward in life. This all occurred within the space of less than a year.

She reported looking forward to achieving an income so that she can move into private rented accommodation, achieving her own space and re-connecting with her social contacts.

### TTS case study 1: Client G

#### Presenting issues

A.32 Client G's initial difficulties included symptoms concurrent with post-traumatic stress where she reported difficulties with low mood, sleeping, eating and experiencing panic attacks and flashbacks of trauma events that took place in her home over a number of years. She identified that these symptoms were preventing her from living her life in the way that she would like to.

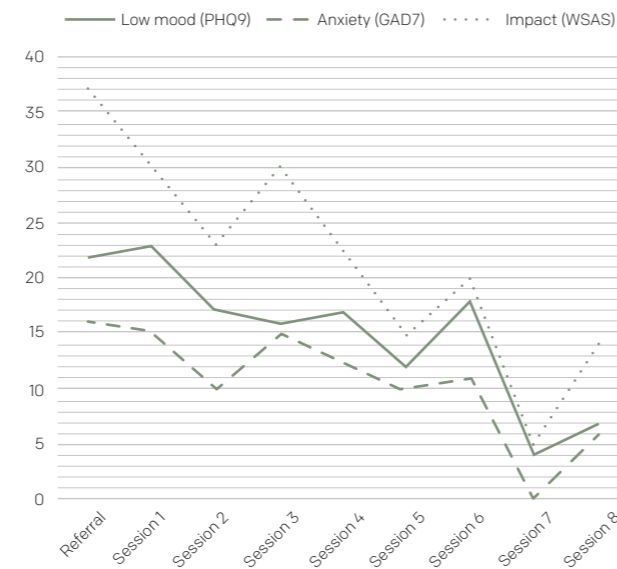
#### Treatment – 8 sessions

A.33 Following her initial telephone assessment, Client G attended 8 of 8 sessions offered. The treatment focused on a cognitive behavioural therapy approach to trauma. She began by understanding her experience through understanding the impact of traumatic experiences and the nature of trauma memories. She then focussed on reclaiming her life by establishing positive activities and routine for herself. She then focussed on her trauma-related cognitions and exploring and processing these in the safety of the therapy sessions.

#### Outcome

A.34 A key turning point in her therapy was when she took the courageous step to face the fearful image related to memories from past events. She was able to take control of this image and reduce its importance and significance to her. Following this, she reported a significant and consistent reduction in her day-to-day experience of anxiety, enabling her to build and expand on the routine that she had established. At the end of treatment she reported feeling ready and looking forward to returning to work.

**Figure A-1: PHQ9, GAD7 and WSAS outcomes for Client G**



#### Challenges

A.35 None. Attendance was very good, with no missed sessions or late cancellations.

#### Collaborative working with key worker

A.36 Three-way informal discussion with key worker at the point of referral.

#### Client feedback

A.37 Client G reported finding the service very helpful. She reported that before treatment she had written herself off as she expected that she would feel this anxious and low in confidence forever more. At the end of treatment, she reported feeling recovered from the flashbacks and anxiety that she had been experiencing when referred and having a plan and a strategy for continuing to reclaim her life.

### TTS case study 2: Client H

#### Presenting issues

A.38 Client H was referred due to past and present factors causing anxiety and depression. Initial difficulties included symptoms concurrent with low mood and worry.

#### Treatment – 12 sessions

A.39 The treatment focused on an approach to address his low mood through changing maintained behaviours of inactivity and avoidance of others into more helpful behaviours for his mood. This included gradually re-engaging in activities that he enjoys and increasing healthy behaviours, such as eating regular meals, making home-cooked food, and including his physio exercises as part of his daily routine. He also engaged in a sleep intervention to help improve his sleep pattern.

A.40 We also focussed on his avoidance of others and negative predictions about himself when interacting with others. Consequently, he raised his confidence in engaging in social situations. This part of the treatment was aided by his engagement in various group-based courses that he engaged in via his key worker.

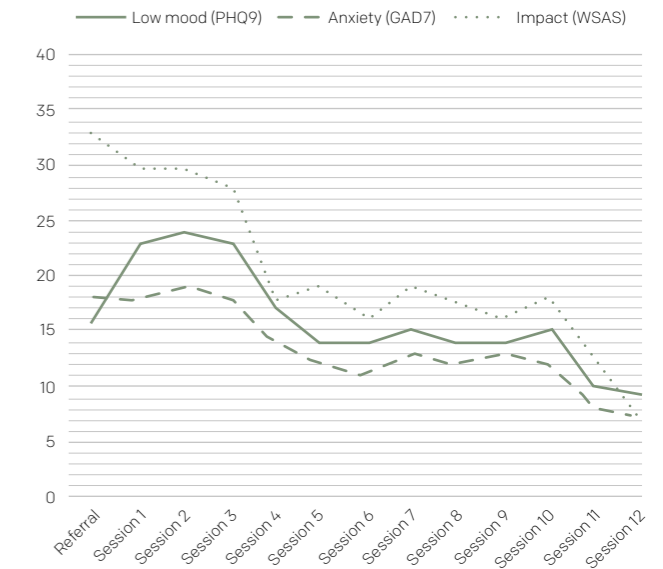
A.41 He chose not to progress to focus on ruminations about the past. We agreed to complete treatment, particularly as his scores were in recovery and he was feeling much improved in himself. He expressed concerns that progressing into this part of the treatment plan would bring his mood down again. We agreed that it made sense to complete treatment, discharge, and consolidate this course of treatment, and he could choose to return to the service in the future to focus on this as a discrete piece of working he future if he wished to.

#### Outcome

A.42 Coming into treatment his PHQ-9 score, indicating symptoms of low mood, was 16 out of 27, and GAD-7 score, indicating symptoms of anxiety, was 18 out of 21. At the end of treatment, his PHQ-9 score reduced to 9 and the GAD-7 score to 7, which demonstrates significant recovery. He identified generally facing situations that triggered his anxiety

rather than avoiding or escaping them as a key turning point in his recovery.

**Figure A-2: PHQ9, GAD7 and WSAS outcomes for Client H**



#### Challenges

A.43 Late night noisy neighbours impacting on ability to establish reliable good sleep. In winter, being cold at night also impacted on sleep.

#### Collaborative working with key worker

A.44 Little, initially, however, a major aspect of the success of this client's improvement lies in how well engaged he was in the Working Well programme, both with his TTS advisor – he was a good attender – and with attending courses put on by The Work Company. As well as the courses providing routine that was beneficial in conjunction with the behavioural activation intervention, they also provided experiences that were advantageous for the social anxiety intervention. For a number of weeks, when Client H and his TTS advisor were planning the end of treatment, he seemed on the cusp of gaining a volunteering placement that he hoped would lead to work. His TTS advisor liaised with his key worker and his Skills for Employment worker to better understand this part of the process. It could have impacted on his ability to attend his last therapy appointments, but it did not.

#### Client feedback

A.45 Client reported finding the service very helpful.

# Annex B: Econometrics Technical Information

## Introduction

B.1 Similar to the 2017 annual report, the analysis in this study makes use of statistical/econometric techniques to identify the key determining factors associated with a job start outcome. The use of econometric/statistical methods allow us to consider the effects of these different factors simultaneously, in a way simple descriptive statistics does not allow. We have used logistic regression to model a binary outcome; in our case, a participant of the programme will have either started a job or not. The output provides estimates of the 'direction' (positive or negative influence) and 'scale' of different factors, as well as an assessment of their statistical significance.

B.2 The econometric analysis in this report essentially updates the analysis for Pilot data, similar to last year, but this time using a complete dataset of all individuals who had been 'attached' onto the Pilot<sup>27</sup>. However, unlike last year's report, the econometric analysis is also performed on the expansion data, though the results are less robust and are caveated (discussed below). This annex begins by stating some of the main limitations/caveats of the econometric approach, followed by the key findings for both the Pilot and Expansion.

## Limitations to this type of analysis

B.3 The likelihood of an individual being able to secure a job or not will depend on a variety of factors, including levels of attitudes and motivations during the job search. Unfortunately, not all such factors are measurable or even easily observed, and as such, key factors are often omitted in these types of analysis. The choice of explanatory variables used in the model is largely dictated by the data collected through monitoring. As a result, one should

always keep in mind the possibility of omitted variables when considering the final findings.

B.4 Additionally, not all explanatory variables can be included in the analytical models, for several reasons. Some variables are likely to be highly interrelated and including these can result in technical issues of collinearity. This was particularly an issue with variables such as an individual's confidence level in starting a job, where confidence is highly correlated with a number of presenting issues including; mental health, physical health, work experience and qualification levels. Another reason not to include all the explanatory variables is when the number of observations in the categories are too small to allow robust estimates to be made. In all such instances, it may be justifiable to exclude some explanatory variables.

B.5 Nevertheless, the analysis estimated several models using a various combination of explanatory variables to assess the robustness of the results. Overall, the models produced consistent results in terms of which variables were statistically significant.

## Interpreting results from a logistical regression

B.6 Table B 2 and Table B 4 below present the full outputs from the logistical regressions for the Pilot and Expansion respectively. A number of matters need to be borne in mind when interpreting the findings derived from a logistical regression analysis:

- The key findings relate to the sign of the coefficient (indicating direction of effect) and the statistical significance of the factor. A variable is said to be statistically significant at the 95 percent level when the p-value is less than 0.05.
- The odds ratio indicates the scale of the effect.

That is, the odds ratio minus one tells you the % change in the odds/likelihood of starting a job, given a one unit increase in the explanatory variable, when all other variables are held constant. For example, an odds ratio of 0.96 for age indicates that for each one-year increase in an individual's age, the odds/likelihood of achieving a job start outcome decreases by 4%.

- For all categorical/dummy variables used in the analysis (e.g. Gender, Marital Status, Ethnicity, Disability, LA, Quarter of attachment, Highest level of qualification and Work experience), the coefficients/odds ratio should only be compared to the base case. In statistical terms, the characteristics of the base case do not matter per se, but from an intuition perspective, it helps to construct a base case that is plausible in some way. For example, the base case for the 'highest level of qualification' is 'no qualifications'. As such, the estimated coefficient refers to the likelihood of achieving a job start for someone with a certain level of qualification compared to someone without any; coefficients should not be compared between the different levels of qualifications.

## Pilot – results from the econometric analysis

B.7 As mentioned above, this year's econometric analysis included everyone who had been attached onto the Pilot programme, with the almost all attachments taking place by May 2016<sup>28</sup>. In total, the data for the Pilot analysis included 4,688 individuals, of which 610 secured a 'Job Start'. The sample size for this year's econometric analysis is more than double that used in the 2017 annual report; 1991 attachments and 265 job starts.

B.8 A summary of the key findings from the econometric analysis for the Pilot is provided in Table B 1. The results from the econometric analysis on the Pilot Data were consistent with the findings from last year's analysis. In short, the key determining factors were:

B.9 On characteristics:

- **age** – younger people are more likely to start work
- **disability** – those self-identifying as disabled are less likely to start work

- **highest level of qualification** – clients with higher qualifications are more likely to start work
- **work experience** – those that have never worked are less likely to start work than those that have.

B.10 On presenting issues: **access to public transport, convictions, mental health**, physical health and **substance misuse**. In each case, the more severe these barriers were reported to be, the less likely clients were to start work.

B.11 A slight change to the regression model was made to this year's econometric analysis with both local authority (**LA**) and the **Quarter of attachment** were included as explanatory variables.

- LA was included in the model as a proxy for local labour market conditions. The LA variable also captures the effect of how well a programme is 'integrated' with the local ecosystem. The feedback from the qualitative interviews suggested that integration has been more effective in some local authorities than others, and as such are able to provide better service to their clients. Moreover, the LA variable captures differences between the two main providers (Igneous and BLG); the programme is provided by one of the two providers in each LA. The results from the analysis suggested all bar two of the Ingeus areas (Bolton and Bury) performed better than Manchester. Moreover, no area was worse than Manchester. Manchester is one of only three LAs where the lead provider is BLG, and is the largest in terms of number of people supported. The different labour markets in different areas may also explain some of the differences between local authority areas.

- The qualitative research suggested the Pilot programme might have been effected by the large expansion/roll-out mid-way through the programme. The econometric results supported this view, where those individuals who were attached in quarter 4 were less likely to be associated with a job start, than those who had been attached in quarter 1. The actual number of attachments significantly increased at this point, from 475 in quarter 3, to 759 in quarter 4.

<sup>27</sup> The econometric analysis in the 2017 annual report only included those individuals who had been attached onto the programme for at least two years.

<sup>28</sup> There was one individual who was attached in August 2016 – this outlier appears to be an error in the dataset.

**Table B 1: Variables that were significant in the econometric analysis (p-value<0.05)**

Variable name	Sign of coefficient	Interpretation
Age	Negative	<ul style="list-style-type: none"> <li>The older an individual gets, the less likely he/she is to achieving a job start.</li> <li>For every one-year increase in age, the likelihood/odds of achieving a job start decreases by some 4%.</li> </ul>
Disability	Negative	<ul style="list-style-type: none"> <li>Individuals who considered themselves as disabled were 49% less likely to achieve a job start than someone who did not consider himself or herself as being disabled.</li> </ul>
Highest level of qualification	Positive	<ul style="list-style-type: none"> <li>Individuals with some qualifications were 1.4-1.8 times more likely to start a job than those with no qualifications.</li> </ul>
Work experience	Positive	<ul style="list-style-type: none"> <li>Individuals with some work experience were 1.4 times more likely to achieve a job start than someone who had no work experience.</li> <li>The length of time unemployed was negatively associated with a job start outcome. The longer an individual has been out of work, the less likely they are to start a job.</li> </ul>
Local Authority	Positive	<ul style="list-style-type: none"> <li>Individuals based in either Bolton or Bury were 1.8-2.1 times more likely to start a job than those individuals based in Manchester.</li> </ul>
Quarter of attachment	Negative	<ul style="list-style-type: none"> <li>Individuals who were attached in the fourth quarter of the programme were 37% less likely to start a job than those who were attached in the first quarter. The results for every other quarter were insignificant.</li> </ul>
Access to public transport	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their access to public transport was a barrier to work were negatively associated with starting a job i.e. for a one unit increase in the 0-6 ranking of access to public transport as work barrier, we can expect to see a 12% decrease in the odds/likelihood of starting a job.</li> </ul>
Convictions	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their past convictions were a barrier to work were negatively associated with starting a job i.e. for a one unit increase in the 0-6 ranking of convictions as work barrier, we can expect to see a 10% decrease in the odds/likelihood of starting a job.</li> </ul>
Mental Health	Negative	<ul style="list-style-type: none"> <li>Individuals who believed their mental health was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a 12% decrease in the odds/likelihood of starting a job.</li> </ul>
Physical Health	Negative	<ul style="list-style-type: none"> <li>Individuals who stated their physical health was a barrier to work were negatively associated with starting a job. For a one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a 16% decrease in the odds/likelihood of starting a job.</li> </ul>
Substance misuse	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their misuse of substances was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of substance misuse as work barrier, we can expect to see a 12% decrease in the odds/likelihood of starting a job.</li> </ul>

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**Table B 2: Results from the logistical regression (n=4,364)**

Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
<b>Personal Characteristics</b>					
Age	-0.04	0.00	0.00*	0.96	-4%
Gender					
- Male	(base)				
- Female	0.08	0.10	0.44	1.08	8%
Marital Status					
- Single	(base)				
- Married	-0.14	0.20	0.48	0.87	-13%
- Cohabiting	0.20	0.19	0.29	1.22	22%
- Other	0.00	0.23	1.00	1.00	0%
Ethnicity					
- White British / Irish	(base)				
- Ethnic Minority	0.04	0.16	0.83	1.04	4%
Disability					
- No	(base)				
- Yes	-0.67	0.18	0.00*	0.51	-49%
Local Authority					
- Manchester	(base)				
- Bolton	0.74	0.17	<b>0.00*</b>	2.10	110%
- Bury	0.61	0.26	<b>0.02*</b>	1.84	84%
- Oldham	-0.18	0.24	0.46	0.84	-16%
- Rochdale	0.19	0.18	0.29	1.21	21%
- Salford	0.03	0.18	0.85	1.03	3%
- Stockport	0.17	0.25	0.48	1.19	19%
- Tameside	0.37	0.20	0.06	1.45	45%
- Trafford	-0.10	0.29	0.72	0.90	-10%
- Wigan	0.36	0.19	0.07	1.43	43%
Quarter of attachment					
- Quarter 1	(base)				
- Quarter 2	-0.20	0.22	0.36	0.82	-18%
- Quarter 3	0.10	0.22	0.64	1.11	11%
- Quarter 4	-0.46	0.22	<b>0.03*</b>	0.63	-37%
- Quarter 5	-0.01	0.21	0.95	0.99	-1%
- Quarter 6	-0.36	0.21	0.09	0.70	-30%

Appendix 1, Item 7

Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
- Quarter 7	-0.27	0.22	0.22	0.77	-23%
- Quarter 8	-0.31	0.23	0.18	0.73	-27%
- Quarter 9	-0.57	0.38	0.14	0.56	-44%
<b>Skills and qualifications</b>					
<b>Highest Level of qualification</b>					
- No qualifications	(base)				
- Under 5 GCSEs at grades A*-C (or equiv)	0.32	0.13	<b>0.01*</b>	1.37	37%
- 5 or more GCSEs at grades A*-C (or equiv)	0.59	0.15	<b>0.00*</b>	1.80	80%
- A levels / NVQ level 3 (or equiv)	0.44	0.14	<b>0.00*</b>	1.55	55%
- Degree or Higher	0.46	0.24	0.06	1.58	58%
<b>Work Experience<sup>29</sup></b>					
- Worked	(base)				
- Never worked	-0.94	0.21	<b>0.00*</b>	0.39	-61%
<b>Presenting issues: Barriers to work (0 = No impact, 6 = Severe impact)</b>					
Access to private transport	-0.13	0.02	<b>0.00*</b>	0.88	-12%
Access to public transport	-0.02	0.02	0.53	0.98	-2%
Bereavement	0.02	0.02	0.29	1.02	2%
Care responsibilities for children	-0.01	0.03	0.79	0.99	-1%
Care responsibilities for other family members	-0.02	0.04	0.58	0.98	-2%
Chaotic family lifestyle	-0.02	0.03	0.50	0.98	-2%
Convictions	-0.10	0.04	<b>0.00*</b>	0.90	-10%
Debt / finance	0.04	0.03	0.10	1.04	4%
Divorce / Relationship break-up	0.06	0.03	0.06	1.06	6%
Family support	-0.03	0.03	0.30	0.97	-3%
Housing issues	0.00	0.03	0.96	1.00	0%
Local Labour Market	0.05	0.03	0.10	1.05	5%
Mental health	-0.13	0.02	<b>0.00*</b>	0.88	-12%
Physical health	-0.18	0.02	<b>0.00*</b>	0.84	-16%
Substance misuse	-0.13	0.03	<b>0.00*</b>	0.88	-12%
<b>Pseudo R-squared</b>	0.136				
<b>Chi-Squared</b>	<b>455.61</b>				
<b>Correct classification</b>	<b>87.4%</b>				

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<sup>29</sup> The survey did not collect information on actual length of work experience, but rather data on the length of time out of work. As 430 participants responded with 'never worked', and it was not possible to deduce the actual length of time these individuals had been actively seeking work, a binary variable was constructed to indicate whether an individual had some work experience or not. Separate models estimated using the 'length of time out of work' variable, where the 430 people who had never worked were excluded from the analysis. Results from these estimations confirmed the longer an individual was out of work, the less likely he/she was in achieving a job start outcome.

## Expansion – results from the econometric analysis

B.12 The Expansion data used for the econometric analysis only included those individuals who had been attached on the programme for at least one year, i.e. attached onto the programme by the end of March 2017. This limited the sample to 8,109 individuals, of whom 1,634 had secured a job start. It is important to note here that some individuals in the sample may have been attached onto the programme for much longer than a year. As such, the results from the analysis are to be interpreted with caution<sup>30</sup>.

B.13 The key findings from the econometric analysis on the Expansion data are presented in Table B 3. In short, the key statistically significant variables are:

B.14 On characteristics:

- age – younger people are more likely to start work
- female – female clients are less likely to achieve a job start than male clients.
- ethnic minority – clients from ethnic minority backgrounds were more likely to start a job than white British/Irish.
- highest level of qualification – clients with higher qualifications are more likely to start work
- work experience – those that have never worked are less likely to start work than those that have.

B.15 On presenting issues: convictions, mental health, physical health and substance misuse. In each case, the more severe these barriers were reported to be, the less likely clients were to start work.

B.16 Similar to the Pilot, both LA and Quarter of attachment were significant. Aside Bolton and Trafford, which were both insignificant, individuals based in every other LA are more likely to achieve a job start outcome than those based in Manchester. Further, either those who were attached in quarter three or four are less likely to achieve a job start outcome than those attached in the first quarter of the programme. The actual number of clients increased substantially from 1,125 in quarter two, to 1,998 and 2,448 in quarters three and four respectively.

B.17 The regression model for the Expansion also controlled for Client type, i.e. whether being an ESA, IS or JSA client type had an impact on the likelihood of achieving a job start outcome. The results suggested IS and JSA are more likely to achieve a job start than ESA clients do

<sup>30</sup> The results for the Pilot results are considered to be much more robust than for the Expansion. This point is highlighted when comparing both the 'Pseudo R-squared' and 'Correct classification', where the model estimated for the Pilot data scores much higher than the model for the Expansion data.

**Table B 1: Variables that were significant in the econometric analysis (p-value<0.05)**

Variable name	Sign of coefficient	Interpretation
Age	Negative	<ul style="list-style-type: none"> <li>The older an individual gets, the less likely he/she is to achieving a job start.</li> <li>For every one-year increase in age, the likelihood/odds of achieving a job start decreases by some 2%.</li> </ul>
Female	Negative	<ul style="list-style-type: none"> <li>Females were 18% less likely to achieve a job start than Males, everything else equal.</li> </ul>
Ethnic Minority	Positive	<ul style="list-style-type: none"> <li>Individuals from an Ethnic minority background were 44% more likely to start a job than individuals who were either White British/ White Irish.</li> </ul>
Highest level of qualification	Positive	<ul style="list-style-type: none"> <li>Individuals with some qualifications were 1.4-1.6 times more likely to start a job than those with no qualifications.</li> </ul>
Work experience	Positive	<ul style="list-style-type: none"> <li>Individuals with some work experience were 1.5 times more likely to achieve a job start than someone who had no work experience.</li> <li>The length of time unemployed was negatively associated with a job start outcome. The longer an individual has been out of work, the less likely they are to start a job.</li> </ul>
Client type	Positive	<ul style="list-style-type: none"> <li>IS and JSA are 1.6-1.9 times more likely to achieve a job start than ESA clients do.</li> </ul>
Local Authority	Positive	<ul style="list-style-type: none"> <li>Aside from Trafford and Bolton, individuals based in any other LAs were 1.3-1.8 times more likely to achieve a job start than someone who was based in Manchester.</li> </ul>
Quarter of attachment	Negative	<ul style="list-style-type: none"> <li>Individuals who were attached in during the third or fourth quarter of the programme were 25-35% less likely to start a job than those who were attached in the first quarter. The results for every other quarter were insignificant.</li> </ul>
Convictions	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their past convictions were a barrier to work were negatively associated with starting a job i.e. for a one unit increase in the 0-6 ranking of convictions as work barrier, we can expect to see a 6% decrease in the odds/ likelihood of starting a job.</li> </ul>
Mental Health	Negative	<ul style="list-style-type: none"> <li>Individuals who believed their mental health was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a 11% decrease in the odds/likelihood of starting a job.</li> </ul>
Physical Health	Negative	<ul style="list-style-type: none"> <li>Individuals who stated their physical health was a barrier to work were negatively associated with starting a job. For a one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a 15% decrease in the odds/ likelihood of starting a job.</li> </ul>
Substance misuse	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their misuse of substances was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of substance misuse as work barrier, we can expect to see a 9% decrease in the odds/ likelihood of starting a job.</li> </ul>

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**Table B 4: Results from the logistical regression (n=4,364)**

Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
<b>Personal Characteristics</b>					
Age	-0.02	0.00	<b>0.00</b>	0.98	-2%
Gender					
- Male	(base)				
- Female	-0.20	0.06	<b>0.01</b>	0.82	-18%
Marital Status					
- Single	(base)				
- Married	0.23	0.15	0.06	1.25	25%
- Cohabiting	0.28	0.18	<b>0.03</b>	1.33	33%
- Other	0.08	0.20	0.66	1.08	8%
Ethnicity					
- White British / Irish	(base)				
- Ethnic Minority	0.36	0.11	<b>0.00</b>	1.44	44%
Disability					
- No	(base)				
- Yes	-0.06	0.15	0.70	0.94	-6%
Client Type					
ESA	(base)				
IS	0.63	0.27	<b>0.00</b>	1.89	89%
JSA	0.50	0.19	<b>0.00</b>	1.65	65%
Other	0.62	0.33	<b>0.00</b>	1.85	85%
Local Authority					
- Manchester	(base)				
- Bolton	0.18	0.14	0.12	1.20	20%
- Bury	0.60	0.24	<b>0.00</b>	1.82	82%
- Oldham	0.32	0.17	<b>0.01</b>	1.38	38%
- Rochdale	0.51	0.22	<b>0.00</b>	1.67	67%
- Salford	0.28	0.16	<b>0.02</b>	1.33	33%
- Stockport	0.28	0.19	<b>0.05</b>	1.32	32%
- Tameside	0.29	0.17	<b>0.03</b>	1.33	33%
- Trafford	0.18	0.21	0.31	1.20	20%
- Wigan	0.58	0.21	<b>0.00</b>	1.78	78%
<b>Quarter of attachment</b>					
- Quarter 1	(base)				
- Quarter 2	-0.01	0.10	0.90	0.99	-1%
- Quarter 3	-0.28	0.07	<b>0.00</b>	0.75	-25%
- Quarter 4	-0.43	0.06	<b>0.00</b>	0.65	-35%
- Quarter 5	-0.14	0.09	0.20	0.87	-13%
- Quarter 6	0.03	0.31	0.92	1.03	3%

Appendix 1, Item 7



Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
<b>Skills and qualifications</b>					
<b>Highest Level of qualification</b>					
- No qualifications	(base)				
- Under 5 GCSEs at grades A*-C (or equiv)	0.36	0.11	<b>0.00</b>	1.43	43%
- 5 or more GCSEs at grades A*-C (or equiv)	0.31	0.13	<b>0.00</b>	1.36	36%
- A levels / NVQ level 3 (or equiv)	0.43	0.14	<b>0.00</b>	1.54	54%
- Degree or Higher	0.38	0.18	<b>0.00</b>	1.46	46%
<b>Work Experience<sup>31</sup></b>					
- Worked	(base)				
- Never worked	-0.77	0.07	<b>0.00</b>	0.47	-53%
<b>Presenting issues: Barriers to work (0 = No impact, 6 = Severe impact)</b>					
Access to private transport	0.02	0.01	0.18	1.02	2%
Access to public transport	-0.04	0.02	0.07	0.96	-4%
Bereavement	0.01	0.02	0.64	1.01	1%
Care responsibilities for children	0.00	0.02	0.88	1.00	0%
Care responsibilities for other family members	-0.03	0.03	0.36	0.97	-3%
Chaotic family lifestyle	-0.04	0.02	0.12	0.96	-4%
Convictions	-0.06	0.03	<b>0.04</b>	0.94	-6%
Debt / finance	0.04	0.02	0.06	1.04	4%
Divorce / Relationship break-up	0.04	0.03	0.16	1.04	4%
Family support	0.00	0.02	0.94	1.00	0%
Housing issues	0.00	0.02	0.99	1.00	0%
Local Labour Market	-0.03	0.02	0.08	0.97	-3%
Mental health	-0.12	0.02	<b>0.00</b>	0.89	-11%
Physical health	-0.16	0.02	<b>0.00</b>	0.85	-15%
Substance misuse	-0.10	0.04	<b>0.03</b>	0.91	-9%
<b>Pseudo R-squared</b>	0.089				
<b>Chi-Squared</b>	688.16				
<b>Correct classification</b>	79.46%				

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<sup>31</sup> The survey did not collect information on actual length of work experience, but rather data on the length of time out of work. As 530 participants responded with 'never worked', and it was not possible to deduce the actual length of time these individuals had been actively seeking work, a binary variable was constructed to indicate whether an individual had some work experience or not. Separate models estimated using the 'length of time out of work' variable, where the 530 people who had never worked were excluded from the analysis. Results from these estimations confirmed the longer an individual was out of work, the less likely he/she was in achieving a job start outcome.



Appendix 1, Item 7



**SQW**

**Manchester City Council  
Report for Resolution**

**Report to:** Economy Scrutiny Committee – 5 September 2018  
**Subject:** Overview Report  
**Report of:** Governance and Scrutiny Support Unit

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**Summary**

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Work Programme
- Items for Information

**Recommendation**

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

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**Wards Affected:** All

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**Contact Officers:**

Name: Mike Williamson  
Position: Team Leader- Scrutiny Support  
Telephone: 0161 234 3071  
Email: m.williamson@manchester.gov.uk

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

## 1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Items highlighted in grey have been actioned and will be removed from future reports.

Date	Item	Recommendation	Response	Contact Officer
6 Dec 2017	ESC/17/56 Manchester Adult Education Service (MAES)	To request the Executive Member lobbies the Department for Work and Pensions to share information at a local level with MAES to avoid the duplication of provision and to enable a targeted approach	A response to this recommendation has been requested and will be provided at an appropriate time	Councillor Stogia
3 Jan 2018	ESC/18/03 Apprenticeships in Manchester	To request that Officers investigate the reasons for the success in the number of its apprenticeship starts in Wigan and inform Members accordingly	<p>The Work &amp; Skills team have spoken with colleagues in Wigan but haven't been able to access the data that would show conclusively why apprenticeship numbers in Wigan are much higher than in Manchester. However, anecdotally it would seem that the consistently high numbers of apprenticeship starts is almost certainly due to Wigan retaining its light industrial, engineering and manufacturing base.</p> <p>Manufacturing and engineering constitutes a high number of the circa 12,000 businesses based in Wigan and large employers such as Heinz, AB World Foods and Pepsico take on a good number of both manual and</p>	Angela Harrington Head of Work and Skills

			<p>business admin apprentices. Linked to this is the stable and growing logistics sector, with companies such as Arrow XL and smaller SME's offering a decent number of apprenticeships.</p> <p>It is also worth noting that Wigan Council and the Wigan &amp; Leigh college have maximised the opportunities for local residents through campaigns and projects that they have collectively run.</p>	
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## 2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **16 August 2018**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

## Directorate - Corporate Core

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
Strategic Land and Building Acquisition Ref: 15/003	The approval of capital expenditure for the purpose of the strategic acquisition of land.	City Treasurer	March 2018 or later	Checkpoint 4 Business Case	Eddie Smith 0161 234 4821 e.smith@manchester.gov.uk
Collyhurst Regeneration Ref: 15/005	The approval of capital expenditure for land and buildings in Collyhurst.	City Treasurer	March 2018 or later	Checkpoint 4 Business Case	Eddie Smith 0161 234 4821 e.smith@manchester.gov.uk
Depots Programme Ref: 15/007	The approval of capital expenditure on the council's depots.	City Treasurer	March 2018 or later	Checkpoint 4 Business Case	Julie McMurray Tel: 0161 234 6702 j.mcmurray@manchester.gov.uk
Factory Project Ref: 15/012	The approval of capital expenditure in relation to the creation of the Factory.	City Treasurer	March 2018 or later	Checkpoint 4 Business Case	Dave Carty 0161 219 6501 d.carty@manchester.gov.uk
Abraham Moss Library and Leisure Centre Ref 18/05/30C	The approval of capital spend on the design/development costs and initial temporary building works for Abraham Moss.	City Treasurer	June 2018 or later	Checkpoint 4 Business Case	Neil Fairlamb 219 2539 n.fairlamb@manchester.gov.uk

Article 4 directions for office, light industry and logistics  Ref:2017/06/30A	To give notice of introduction of Article 4 directions for office, light industry and logistics in one year's time. To begin a year-long notice period for the introduction of Article 4 directions to manage the change of use from office, light industry and logistics to residential.	Head of Planning, Building Control and Licensing	March 2018 or later	Report to Head of Planning, Building Control and Licensing; supporting evidence report	James Shuttleworth Planning and Infrastructure Manager 0161 234 4594 j.shuttleworth@manchester.gov.uk
Carbon Reduction Programme  Ref:2017/06/30C	The Approval of Capital Spend in order to achieve a reduction in carbon emissions.	City Treasurer	March 2018 or later	Checkpoint 4 Business Case	Julie McMurray Strategic Development 0161 219 6791 Mobile : 07950 790533 j.mcmurray@manchester.gov.uk
Estates Transformation  Ref:2017/06/30D	The approval of capital spend to ensure that the operational estate is fit for purpose.	City Treasurer	March 2018 or later	Checkpoint 4 Business Case	Julie McMurray Strategic Development 0161 219 6791 / 07950 790533 j.mcmurray@manchester.gov.uk

Lincoln Square/Brazennose St Ref: 2017/12/04A	To approve the signing of a collaboration agreement among landowners, as a precursor to the Council investing £1.2m of a total of £4.08m in a new public square and public realm.	City Treasurer	March 2018	Draft collaboration agreement  Draft public realm development plans  High level cost schedule	Pat Bartoli Head of City Centre Growth and Regeneration 0161 234 3329 p.bartoli@manchester.gov.uk
Brownfield Land Register Update Ref: 2017/10/17A	To publish Manchester's Brownfield Land Register	Strategic Director, Development and the Deputy Chief Executive (Growth and Neighbourhoods)	March 2018 or later	Report and recommendations	Richard Elliott Head of Policy, Partnerships and Research 0161 219 6494 r.elliott@manchester.gov.uk
Acquisition of New Build Properties at Booth Hall, Charlestown Ref: 2017/11/01B	The acquisition of up to 20 new build housing units from Taylor Wimpey	Strategic Director (Development)	March 2018 or later	Report and recommendation	Nick Mason Development Surveyor 0161 234 1309 n.mason@manchester.gov.uk
Heron House Refurbishment 2017/12/13F	The approval of capital expenditure for the purpose of refurbishment works to office space including the Registrars in Heron House	City Treasurer	March 2018	Checkpoint 4 Business Case	Eddie Smith 0161 234 4821 e.smith@manchester.gov.uk



Local Plan Review – Issues and Options Consultation  Ref: 2018/01/16A	To agree document and proposals to consult on the Local Plan Review - Issues and Options.	Executive	March 2018 or later	Report with consultation document appended	Name: Richard Elliott Position: Head of Policy, Partnerships and Research Tel no: 0161 219 6494 Email address: r.elliott@manchester.gov.uk
City Cycle Ambition Grant (CCAG1) Withington Village  Ref: 2018/02/28B	The approval of capital expenditure to resurface the carriageway through Withington District Centre	City Treasurer	February 2018 or later	Business Case and Checkpoint 4 Business Case	Eddie Smith 0161 234 4821 e.smith@manchester.gov.uk
Factory/St. John's  Ref: 2017/12/12	Approval of the approach to delivery of Factory/St John's including all commercial and property transactions, contractual, delivery and operational arrangements together with capital funding arrangements and all ancillary agreements	Chief Executive	March 2018	Will include legal agreements relating to the delivery of both Factory and St. John's developments including property transactions, delivery and operational arrangements, the Management and Works contracts and all associated ancillary agreements	Dave Carty

Manchester Airport – MCC Freehold Leases rent Review 2016  Ref: 2018/03/21A	To approve the new rent to be received following the conclusion of the 2016 rent review	Eddie Smith	April 2018	Briefing Note	Name: Mike Robertson Position: Senior Development Surveyor Tel no: 31260 Email address: m.robertson@manchest r.gov.uk
Medieval Quarter Masterplan  Ref: 2018/04/03/A	The approval of capital spend to deliver quality public realm within the medieval quarter.	City Treasurer	April 2018 or later	Checkpoint 4 Business Case	Pat Bartoli 0161 234 3329 p.bartoli@manchester.go v.uk
North West Construction Hub High Value Framework (2018-2022) Reprocurement  Ref: 2018/05/1A	Approval to appoint contractors to the North West Construction Hub High Value Framework 2018, for the delivery of construction projects of a value between £8m – over £35m for public sector organisations within the North West of England.	City Treasurer	November 2018	Confidential High Value Report 2018 (will be attached at Key Decision stage once outcome of process is known)	Name: Jared Allen Position: Director of Capital Programmes and Property Tel no: 0161 219 6213 Email address:j.allen@manche ster.gov.uk  Name: John Finlay Position: Capital Programme Procurement Manager Email: j.finlay@manchester.gov. uk 0161 219 6213

<p>Northern Gateway Draft SRF</p> <p>Ref: 2018/05/1E</p>	<p>To endorse the draft Strategic Regeneration Framework (SRF) for the Northern Gateway and proceed to a period of formal public consultation.</p>	<p>The Executive</p>	<p>25 July 2018 or later</p>	<p>Executive Report and Draft SRF</p>	<p>Name: Ian Slater Position: Head of Residential Growth Tel no: 0161 234 4582 Email address: i.slater@manchester.gov.uk</p>
<p>Civic Quarter Heat Network Contract</p> <p>2018/06/22A</p>	<p>To award and enter into the necessary arrangements to deliver the Civic Quarter Heat Network (CQHN) including all corporate, commercial, contractual, delivery and operational arrangements together with all necessary property arrangements and all ancillary agreements. Approval of the business plan, business case and any funding arrangements</p>	<p>City Treasurer and Strategic Director (Development) and the City Solicitor</p>	<p>July 2018</p>	<p>Legal documentation and arrangements to effect the delivery of the CQHN together with Executive reports – Item 8, 21<sup>st</sup> March 2018 and Item 4 - 10<sup>th</sup> January 2018, business case, business plan, and Contract Report setting out the terms of the arrangements.</p>	<p>Name: Paul Hindle Position: Head of Finance Tel no: 0161 234 3025 Email address:p.hindle@manchester.gov.uk</p>

<p>Affordable Housing units at Booth Hall, Charlestown</p> <p>2018/06/22B</p>	<p>The disposal of 20 housing units for shared ownership</p>	<p>Chief Executive</p>	<p>July 2018</p>	<p>Report to Executive on 27 June 2018 and decision proposal to the Chief Executive.</p>	<p>Nick Mason Tel 0161234-1309 <a href="mailto:n.mason@manchester.gov.uk">n.mason@manchester.gov.uk</a></p> <p>Steve Sheen Tel 0161234-4115 <a href="mailto:s.sheen@manchester.gov.uk">s.sheen@manchester.gov.uk</a></p>
<p>Acquisition of lease for occupation for the decant of Alexandra House</p> <p>2018/08/06A</p>	<p>The Council would acquire a lease of occupation for up to 3 years. This would facilitate the decant of Alexandra House to enable it to be refurbished.</p>	<p>Strategic Director (Development)</p>	<p>September 2018</p>	<p>Heads of Terms</p>	<p>Name: Richard Munns Position: Head of Corporate Estate Tel no: 0161 245 7226 Email address: <a href="mailto:r.munns@manchester.gov.uk">r.munns@manchester.gov.uk</a></p>

<p>HQ2 - MHCC and MLCO collocated head quarters.</p> <p>2018/08/10B</p>	<p>MCC to take a lease on behalf of MHCC and MLCO, with back to back agreements in place with them, to mitigate the financial risk to MCC.</p>	<p>Eddie Smith</p>	<p>Sept 2018</p>	<p>Joint business case to support the decision making re the investment.</p> <p>Lease between the landlord and MCC</p> <p>The 'back to back' agreement with MHCC and MLCO in respect of the leased accommodation and financial commitment.</p>	<p>Name: Vibeke Dawes  Position: Programme Manager  Tel no: 0161 245 7512  Email address: v.dawes@manchester.gov.uk</p>
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## Directorate - Growth and Neighbourhoods

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
Land at Princess Parkway, Moss Side Ref: 2016/05/24B	Disposal of Land for Redevelopment.	Strategic Director (Development)	March 2018 or later	Heads of Terms	Laura Green Growth and Neighbourhoods 0161 234 1258 l.green3@manchester.gov.uk
Disposal of Land at Little Peter Street Ref: 2017/04/03/A	Disposal of existing car park on a long leasehold basis for development purposes.	Chief Executive	March 2018 or later	Heads of Terms for the transaction	Laura Green 0161 234 1258 l.green3@manchester.gov.uk
Ben Street Project – Land at Ilk & Alpine Street, Clayton Ref: 2018/02/07B	Disposal of Land for residential development	Strategic Director (Development)	April 2017	Note detailing the proposed disposal	Louise Hargan

## Directorate - Strategic Development

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
One Central Park Ref: 2017/07/18A	Capital expenditure approval for the cost of works to improve the facility and develop the City Council's Digital Asset Base.	City Treasurer	March 2018 or later	Reports to the Executive and Full Council dated 28 June 2017 (The Development of the City Council's Digital Asset Base)	Eddie Smith 0161 234 4821 e.smith@manchester.gov.uk
Heron House Refurbishment – Letting of the contract Ref: 2017/08/01A	To approve the letting of the contract for the refurbishment of Heron House.	City Treasurer	March 2018 or later	Briefing note	Gill Boyle 0161 234 1069 g.boyle@manchester.gov.uk
Lease of Space at Universal Square, Devonshire Street North, Manchester, M12 6JH Ref: 2017/10/24A	MCC to take a 5 year lease with a 5 year lease renewal option at Universal Square and 1 year rent free period. The rent is £102,250 per annum with a service charge of £4.50 per sq ft.	Strategic Director (Development)	March 2018 or later	The terms are of a commercial nature given third party interest and should remain confidential. The Strategic Director/ Head of Estates have visibility on the proposal.	Marcus Shaw Estates Surveyor 0161 234 3104 m.shaw1@manchester.gov.uk

Civic Quarter Heat Network Ref: 2017/11/20A	To agree the arrangements for managing the civic quarter heat network and the capital budget requirement.	Executive	March 2018 or later	Report and Recommendations	Eddie Smith Strategic Director Development 0161 234 3030 e.smith@manchester.gov.uk
Leasehold Land Disposal – 401 Mauldeth Road West Ref: 2018/02/19B	To agree the disposal of land by way of 125 year lease.	Chief Executive	April 2018	Briefing Note and Heads of Terms	Richard Cohen Senior Development Surveyor 0161 234 3019 r.cohen@manchester.gov.uk
Toxteth Street – phase 2 (final phase) 2018/02/23C	Development of phase 2 area by Lovell	Chief Executive	March 2018	Briefing Note	Gill Boyle, Development Manager ext 31069 g.boyle@manchester.gov.uk
Marginal Viability - Housing Infrastructure Fund, New Victoria site. Ref: 2018/03/1B	To release grant funding of £10.074m secured from the Government's Housing Infrastructure Marginal Viability Fund to enable delivery of a key strategic residential and commercial development scheme at New Victoria, developing 520 new homes in total.	Strategic Director of Development	April 2018	Checkpoint 4 Business Case	Martin Oldfield Director of Strategic Housing and Residential Growth 0161 234 4811 m.oldfield@manchester.gov.uk



<p>To bring forward two new housing affordability products.</p> <p>Ref:2018/02/14A</p>	<p>Approve the two schemes as set out in the report to the Executive 7 March 2018: Rent to Purchase Empty houses to First Time Buyer Homes</p>	<p>Director of Housing and Residential Growth in consultation with the Deputy Leader of the Council with responsibility for Housing</p>	<p>April 2018 or later</p>	<p>Agreements for each of the products</p>	<p>Martin Oldfield Director of Housing 0161 234 4811 m.oldfield@manchester.gov.uk</p> <p>Steve Sheen Housing Strategy and Partnerships Manager 0161 234 4115 s.sheen@manchester.gov.uk</p>
<p>Northern Gateway Draft SRF</p> <p>2018/05/25B</p>	<p>To endorse the draft Strategic Regeneration Framework (SRF) for the Northern Gateway and proceed to a period of formal public consultation.</p>	<p>The Executive</p>	<p>27 June 2018</p>	<p>Executive Report and Draft SRF</p>	<p>Name: Ian Slater Position: Head of Residential Growth Tel no: 0161 234 4582 Email address: i.slater@manchester.gov.uk</p>
<p>Gorton Health Hub</p> <p>2018/06/22D</p>	<p>The approval of capital spend on developing an integrated health, social care and broader public-sector Hub situated within the centre of the District of Gorton</p>	<p>City Treasurer</p>	<p>July 2018 or later</p>	<p>Business Case</p>	<p>Eddie Smith Strategic Director Development 01612343030 e.smith@manchester.gov.uk</p>

### 3. Economy Scrutiny Committee Work Programme – September 2018

Wednesday 5 September 2018, 2.00pm (Report deadline Friday 24 August 2018 * DUE TO AUGUST BANK HOLIDAY)				
Theme – Work and Health				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Age Friendly Manchester	To look at the economic impact of the Age Friendly Strategy for the City and in particular the focus on upskilling & supporting Manchester residents who are over 50 to access and/or progress in work	Cllr N Murphy	Paul McGarry Angela Harrington	
Population health plan - work & health elements	To provide an overview of the population health plan for the city, as it pertains to work and health and an overview of how commissioned programmes support residents with long term health conditions access the labour market	Cllr Craig	David Regan	
Working Well and Work & Health programmes	To receive a further report on the performance of the Working Well programme which will include more information on:- <ul style="list-style-type: none"> <li>work that was being done with employers</li> <li>The supply of work opportunities</li> </ul>	Cllr N Murphy	Angela Harrington	See July 17 minutes  Invite Mat Ainsworth, GMCA & Michelle Leeson, the Growth Company

	<p>for service users</p> <ul style="list-style-type: none"> <li>• The views of service users as to how well the service performed</li> </ul> <p>Also an update on the delivery of the Work &amp; Health programme</p>			
Greater Manchester Mayor's Good Employer Charter	To consider and comment on the draft GM Mayor's Good Employment Charter	Cllr N Murphy Cllr Leese	John Wrathmell, GMCA	
Overview Report	Monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and any items for information.		Mike Williamson	

## Items to be Scheduled

### Theme – Strategic Regeneration

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Impact of future housing developments on the Economy	To receive a report on the impact of housing on the economy, with specific reference housing ownership, the housing rental market and pressures on house prices.	Councillor Leese	Eddie Smith Martin Oldfield	See July 2017 minutes
District Centres	To receive a report on the work of the District Centres Sub-Group and Institute of Place Management	Councillor Richards	Eddie Smith	Invite Professor Cathy Parker, Institute of Place Management.
Outcome of the consultation with stakeholders in relation to the proposed Housing Affordability Zones	To receive a report on the outcome of the consultation with stakeholders on the four proposed Housing Affordability Zones	Councillor Richards	Eddie Smith	See November 2017 minutes
Consultation on the draft GMSF	To receive a report on the proposed consultation by the Combined Authority	Cllr Leese	Richard Elliott	To be considered at the 7 November 2018

	on the revised GMSF			meeting.
The Manchester Local Plan	To receive a report in relation to the proposes consultation on the first draft of Manchester's Local Plan	Cllr Leese	Richard Elliott	To be considered at the 7 November 2018 meeting.
<b>Theme – Transport and Connectivity</b>				
<b>Item</b>	<b>Purpose</b>	<b>Lead Executive Member</b>	<b>Lead Officer</b>	<b>Comments</b>
Bus Services Act 2017	To receive a report on the impact on the Bus Services Act 2017 – what the implications/opportunities are for Manchester and its economy	Councillor Leese	Richard Elliot & TfGM	This item will be dependent on where the Bill/Act is up to in Parliament
<b>Theme – Incorporating Inclusive Growth into Council Services/strategies</b>				
<b>Item</b>	<b>Purpose</b>	<b>Lead Executive Member</b>	<b>Lead Officer</b>	<b>Comments</b>
Industrial Strategy update	To receive an update on the progress with implementing a local Industrial Strategy for Greater Manchester	Councillor Leese	Eddie Smith Richard Elliott	Invite John Holden - GMCA
<b>Theme - Skills development for Manchester residents aged 16 and over.</b>				
<b>Item</b>	<b>Purpose</b>	<b>Lead Executive Member</b>	<b>Lead Officer</b>	<b>Comments</b>

Employment Contracts and Labour Market Flexibility	To receive a report on changes in employment contracts and labour market flexibility and the implications for workers in Manchester.		Angela Harrington	See February 2016 minutes
Greater Manchester Skills Strategy	To receive a report on how the Council is planning to ensure its residents have the necessary skills for future employment.	Councillor N Murphy	Angela Harrington	See October 2017 minutes
Hospitality and Tourism skills gap	To receive report on the issue around skills challenges within the hospitality and tourism sector	Councillor N Murphy	Angela Harrington	See November 2017 minutes
LTE Group (formerly Manchester College) Performance update	To receive an update on the performance of Manchester College, including the College's SAR and the outcome of LTE Groups response to its 2017 Ofsted inspection.  To also include details on the apprentices and the College's apprenticeship offer incorporating work that is taking place with young offenders and ex-offenders		John Thornhill, LTE Group	See June 2018 minutes
<b>Theme – Growing the Manchester Economy</b>				
<b>Item</b>	<b>Purpose</b>	<b>Lead Executive Member</b>	<b>Lead Officer</b>	<b>Comments</b>
Markets strategy and marketing the City's areas	To be captured in District Centres Sub Group	Councillor Leese / Councillor S	Eddie Smith	

		Murphy		
The Impact of Procurement Policies on Small and Medium Businesses	To receive an update report at an appropriate time.	Councillor Ollerhead	Ian Brown	See minutes October 2016 Invite Chair of RGSC
City Centre Business Engagement		Councillor Leese	Eddie Smith	
The Growth Company's business support activity in Manchester	To receive an future update on the development of the prosperity fund for post 2021 and the work the Council is undertaking to deliver a local Industrial Strategy	Councillor Leese	Eddie Smith	See November 2017 minutes
<b>Theme - Miscellaneous</b>				
<b>Item</b>	<b>Purpose</b>	<b>Lead Executive Member</b>	<b>Lead Officer</b>	<b>Comments</b>
Affordable Housing for Vulnerable Demographics	The Committee requested a future update on affordable housing for vulnerable demographic groups at an appropriate time.	Councillor Richards	Martin Oldfield	See minutes December 2016
Development of a Manchester City Council energy Company	To receive a report on whether the Council was considering a scheme to develop its own energy company	Councillor Leese	Eddie Smith	See November 2017 minutes
The Impact of	To receive a report on the impact on	Councillor S	Angela Harrington	See July 2016

Universal Credit in Manchester	Manchester's economy of the roll out of the Universal Credit full service in Manchester.	Murphy	Job Centre Plus	minutes
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