

**Report to:** Health and Wellbeing Board

**Date:** 23<sup>rd</sup> April, 2014

**Report of:** Director of Development and  
Regeneration.

**Report  
No:**

**Contact Officer:** Phil Green

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**Report Title:** **Working Well (Work Programme Leavers)**

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**Non Confidential:** This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

**Purpose:** The purpose of the report is to:-

- Provide an overview of the importance of the Greater Manchester Working Well pilot (formerly Work Programme Leavers) and its implementation in Bolton.
- Highlight the health impacts of being out of work and the importance of an integrated approach to health and wellbeing and Working Well
- Share a Health Protocol that has been prepared at Greater Manchester level and recommend its approval for implementation in Bolton

**Recommendations:** The Health and Wellbeing Board are recommended to:-

- Note and comment on the report
- Support the implementation of Working Well in Bolton
- Approve the Greater Manchester Working Well Health Protocol (Appendix 1)
- Agree that a further report on the wider links between work and health are brought to a future meeting of the Board

**Decision:**

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**Background  
Doc(s):**

There are no background documents to this report.
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**1. Background**

- 1.1 People live longer healthier lives when they are in work. A health and care system which incorporates a focus on moving into, and remaining in work as a routine element of service delivery will achieve better health outcomes for its residents. Public Service Reform is focussed on supporting people to be more self-reliant, reducing demand and cost on all public services in Greater Manchester. In view of this, a new programme is giving us impetus to test new ways to integrate health and worklessness delivery.
- 1.2 Working Well (formerly “Work Programme Leavers”) responds to the worklessness challenge that has persisted through periods of growth and recession, by drawing on the successes of integrated programmes such as Family First to inform a key worker delivery model. Working Well utilises local services to integrate a tailored, prioritised and sequenced package of support for each participant to, ultimately, assist them into work. The programme will work with individuals and families (as appropriate), addressing a breadth of issues and behaviours that may be barriers to employment.
- 1.3 Working Well is a high profile co-funded and co-commissioned pilot between Greater Manchester Local Authorities and Central Government. It is a two year pilot which aims to work with a cohort of 5000 Employment Support Allowance (ESA) clients in the Work Related Activity Group (WRAG) who are exiting the DWP’s Work Programme without a job outcome. The pilot aims to progress participants towards and into sustained employment and has the potential to significantly add to the evidence base for the most effective interventions for unemployed adults with health conditions.

**2. Local Integration**

- 2.1 Greater Manchester has commissioned Ingeus (a private sector provider of welfare to work services) to be the Working Well provider in Bolton and six other Greater Manchester districts. Big Life has been appointed as the provider in Manchester, Trafford and Salford.
- 2.2 While Ingeus will deliver and oversee the key worker service and ‘whole person’ approached assessment, local integration of all other public services will be the key component to successful delivery of the programme. Local partners across health (mental, physical, drug and alcohol), skills, employment and housing have a critical role in ensuring the integration and provision of the right services at the right time for Working Well participants. Over the coming years, Ingeus and local partners will need to work closely together to ensure a clear route into service areas to develop bespoke programmes for WPL participants.
- 2.3 In December 2013, a Task and Finish Group was established in Bolton, consisting of key partners from across health, housing, work and skills services, to plan how local

services could support access to an integrated network of local services. Partners agreed to work alongside Ingeus to integrate services. The Group concluded in February with a workshop with Ingeus when delivery models, assessment processes, referral processes, information sharing, co-location, action planning, interventions, governance and evaluation were discussed.

- 2.4 The Working Well programme officially launched in March and has seen over 200 referrals in the first 5 weeks (with over 30 in Bolton). To date, Ingeus's key workers have secured 100% engagement from all clients on the Programme.
- 2.5 Key workers are currently based in the Central Library and plans are in place for further co-location across the Borough as further key workers are allocated to Bolton. Mental and physical health care professionals provide triage services and direct key workers to appropriate referral points. In addition, local Work and Wellbeing coaches co-ordinate 121 and group support sessions for clients across a number of areas including life skills, confidence building and pain management.

### 3. Health barriers

- 3.1 Working Well providers have not been given definitive referral numbers as these are dependent on the performance of the DWP Work Programme. However, we estimate that approximately 450 clients will be referred in Bolton over the lifetime of the programme ranging from 15-50 referrals per month.
- 3.2 Whilst participants will have associated barriers relating to long term unemployment, such as low self-esteem, low confidence, low skills and issues relating to debt and housing; we know that all participants will have health barriers to work. Therefore, an integrated and well sequenced package of health services will be central to the success of Working Well. Analysis of ESA claimants generally highlights the following likely key health barriers to work:
  - **Mental Health Problems** - we expect as many as 65% of the cohort to have a mental health condition with depression particularly common
  - **Drug and alcohol abuse/dependency** - we expect between 25-50% of the cohort to have substance dependency issues
  - **Physical health problems**, particularly long term muscular skeletal conditions
- 3.3 Whilst it is too early to draw any conclusions, emerging data from the programme notes that health conditions have included osteoarthritis, alcohol dependency, anxiety and depression.
- 3.4 Once in sustained work, it is likely that this cohort will live longer, healthier lives. Public health agendas are increasingly recognising that health experience is shaped by genetic factors, individual lifestyles and a wide range of social, cultural, economic, political and environmental factors. Chapter 5 of the Bolton's Health and Wellbeing Strategy, already recognises that *"work contributes to health by improving self-worth, fulfilment, personal identity and standing in the community as well as providing the*

*means for maintaining and enhancing standards of living and social participation.”*

Overall, there is an acceptance that work is generally good for health and in particular for mental health and wellbeing.

- 3.5 Over the coming months, Bolton will have key role in trialling and informing future approaches to health and employment in Greater Manchester. The Greater Manchester ‘Work for Health’ Pathfinder in Bolton, Oldham and Wigan will be implemented this summer. It aims to engage with Primary Care professionals such as GPs, nurses, physiotherapists and occupational therapists to change professionals’ and patients’ perceptions of work in the rehabilitation process, and ensure the beneficial effects of employment form a key part of a patient’s treatment/recovery plan. The pathfinder will also engage with local communities via local networks and social media to influence perceptions about work and its effects on wellbeing. The programme will complement the local implementation of Working Well and will be used to inform a rollout across Greater Manchester.
- 3.6 It is proposed that a further report, which further examines the inter-dependency of work and health outcomes and the role of Programmes such as Working Well in improving these outcomes, is brought to a future meeting of this Board.

#### **4 Health Protocol**

- 4.1 Central to the success of Working Well is the integration of a wide range of local services which Ingeus can efficiently refer individuals to. Greater Manchester wide protocols have been devised with local partner input and subsequently signed off by appropriate strategic boards. It is anticipated that these protocols will aid cross-sector engagement in the delivery of locally integrated services.
- 4.2 Protocols are in development across health, housing, employment and skills to identify respective partner roles and how they will work constructively and collaboratively to support the needs of Working Well clients. The broad commitments include putting in place a range of interventions; supporting sequencing and co-ordination; identifying opportunities to influence future services; ensuring existing responsibilities take account of Working Well requirements; and sharing data with partners (See Appendix 1A).
- 4.2 All Health and Wellbeing Boards across Greater Manchester are requested to sign up to the Protocol to support the programme. The Health Protocol (attached in full at Appendix 1B) broadly commits health partners to the following core ambitions:
- NHS strategic planning to take account of Working Well as part of the health service contribution to supporting the long term unemployed back into work and improving health outcomes;
  - By moving towards “whole system thinking” and widening the definition of risk to reflect the negative impact of worklessness on health, greater links and improvement between health and employment outcomes can be achieved.

- Integrate “progression to work” into health assessment and care pathways

## **5 Recommendations**

5.1 The Health and Wellbeing Board are recommended to:-

- Note and comment on the report
- Support the implementation of Working Well in Bolton
- Approve the Greater Manchester Working Well Health Protocol (Appendix 1)
- Agree that a further report on the wider links between work and health are brought to a future meeting of the Board

## **APPENDIX 1A**

### **Working Well (Work Programme Leavers): Draft protocol with partners**

#### **Introduction**

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

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

#### **Work Programme Leavers**

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

The purpose of Work Programme Leavers is to:

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

WPL will see local public services across Greater Manchester delivering access to a range of appropriately integrated, prioritised, and sequenced interventions, giving key workers access to a range of tools to help in the development of bespoke packages of support for participants in the programme. The protocol will be a key component in assuring the providers that the public services will be integrated, prioritised and sequenced.

## **Overview of Work Programme Leavers**

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

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

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

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

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

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

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

## **Evaluating Work Programme Leavers**

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

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

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

## **Partner commitments**

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

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

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

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



## APPENDIX 1B

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

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

	<p>of consultations and service delivery</p> <p>Mechanisms are put in place to ensure active referrals are made from primary care to work and skills providers.</p> <p>Adult primary mental health services care services to adapt assessment and pathways to specifically include support for remaining in work or moving into work as a key component of treatment and recovery services.</p> <p>Review commissioned public health services to ensure work and skills are outcomes are incorporated into all relevant specifications. In particular, drug and alcohol services need to ensure that pathways include support for remaining in work or moving into work as a key component of recovery services.</p> <p>Assessment of working age adults with long term and complex needs through integrated health and care proposals and associated delivery models incorporate work and skills</p> <p>Effective early intervention in sickness related job absences to accelerate return to work</p> <p>Supporting employers to understand the reasonable adjustments that may be required in order to support some residents to remain in work.</p>	
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