Date: 31 March 2017

Subject: Working Well

Report of: Councillor Sean Anstee, Portfolio Lead for Employment & Skills and Councillor Peter Smith, Portfolio Lead for Health & Social Care and Theresa Grant Portfolio Lead Chief Executive for Employment & Skills

PURPOSE OF REPORT

The purpose of this report is to update GMCA on the progress of Working Well programmes and to gain support for future plans on the work and health agenda.

RECOMMENDATIONS:

- Note the Working Well Pilot’s success in supporting participants into sustained employment.
- Note how benefit reassessment has resulted in 23% of Pilot participants being exited early from the programme and its impact on performance.
- Note the analysis of factors that influence a participant’s likelihood of securing work.
- Note the broader well-being outcomes achieved by the Pilot.
- Note the positive job start performance for Working Well Expansion.
- Note the added value of the GP referral route and Talking Therapies.
- Note how local integration and co-ordination is supporting delivery and continuous improvement.
- Note that ESF has been secured to extend Working Well until Work & Health Programme goes live.
- Support the broader ambitions to address poor health, worklessness and low productivity through a GM health and employment system.

CONTACT OFFICERS:

Theresa Grant, Chief Executive, Trafford Council
Jon Rouse, Chief Officer, Health & Social Care Partnership
Mat Ainsworth, Strategic Lead for Employment Initiatives, GMCA

BACKGROUND PAPERS:
<table>
<thead>
<tr>
<th>TRACKING/PROCESS</th>
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<td>Does this report relate to a major strategic decision, as set out in the GMCA Constitution (paragraph 14.2) or in the process (paragraph 13.1 AGMA Constitution) agreed by the AGMA Executive Board:</td>
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<tr>
<th>EXEMPTION FROM CALL IN</th>
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<td>Are there any aspects in this report which means it should be considered to be exempt from call in by the AGMA Scrutiny Pool on the grounds of urgency?</td>
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1. **Introduction**

   1.1 This report provides members with an update on the progress, issues and key learnings from GM’s Working Well Pilot and Expansion. It also provides an update on the continuation of Working Well until the launch of the Work & Health Programme.

2. **Working Well Pilot**

   2.1 **Overview** - The Working Well Pilot went live in March 2014 with a target of supporting 5,000 long-term benefit claimants out of work due to ill health. All of those being supported would already have received Jobcentre Plus (JCP) support and completed DWP’s Work Programme, without succeeding in gaining and sustaining employment. Therefore, the cohort is among the most complex to support into sustained employment. Nevertheless, GM agreed a challenging target of supporting 20% of those completing the programme into work, with 75% of those sustaining work for 12 months.

3. **Referrals & attachments**

   3.1 Between April 2014 and March 2016 there were in total 4,985 referrals to the programme, which resulted in 4,684 successful attachments (an attachment rate of 94%). The referral window has now closed and the last person will complete the programme in March 2019. The average length of time out of work and on benefits for those referred to the pilot is 6 years, which clearly demonstrates how disengaged from the labour market people on the programme have been.

4. **Early leavers**

   4.1 When Working Well was designed, being a mandatory programme, there was an expectation that the vast majority of those who started the programme would complete two years later. However, the reality has been very different with significant numbers not completing their time on programme due to being exited by Jobcentre Plus following benefit reassessment.

   4.2 In total 1,049 people have left the programme early; 311 not due to benefit reassessment (common reasons include going to prison or moving out of GM), but 738 have been exited by JCP due to a change in benefits. The majority of these have been medically re-assessed and moved into the ESA Support Group due to their deteriorating health. There is an obvious impact on the programme’s ability to support 20% of people originally attached on the programme into work.
Therefore, the Programme Office has also been monitoring the proportion of participants who complete the programme who secure and sustain employment, not only those who started.

<table>
<thead>
<tr>
<th>Reason for leaving</th>
<th>No. of leavers</th>
<th>% of attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving to other benefit</td>
<td>738</td>
<td>16%</td>
</tr>
<tr>
<td>Moves into ESA Support Group after repeat Work Capability Assessment</td>
<td>546</td>
<td>12%</td>
</tr>
<tr>
<td>Claimant moves to JSA</td>
<td>119</td>
<td>3%</td>
</tr>
<tr>
<td>Participant moves on to Income Support as a full-time carer</td>
<td>31</td>
<td>1%</td>
</tr>
<tr>
<td>Changing benefit</td>
<td>24</td>
<td>1%</td>
</tr>
<tr>
<td>Participant moves on to Income Support as a Lone Parent</td>
<td>11</td>
<td>0%</td>
</tr>
<tr>
<td>Participant moves to Universal Credit and is in Work Focused Interviews only or no other conditionality group</td>
<td>4</td>
<td>0%</td>
</tr>
<tr>
<td>Change in benefit - Only in receipt of NI Tax Credits</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Participant moves on to Income Support as over 29 weeks pregnant</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Moved to Work Choice</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Non-benefit related reasons</td>
<td>311</td>
<td>7%</td>
</tr>
</tbody>
</table>

5. **Job starts**

5.1 As of the end of February 515 people had started work. Those who have started work is detailed below based on the quarter in which they started the programme i.e. Q1 relates to April – June 2014, Q2 relates to July – September 2014. No further job starts are now likely to be claimed for quarters 1 to 3, which show a job start conversion rate of less than our expected 20%.
5.2 When we factor those who were exited early from the programme into the job start figures, their impact can be clearly seen, with job start rates averaging over 20% for those who actually completed their time on programme.

5.3 Econometric analysis has been undertaken to ascertain the factors that have the greatest impact on whether clients start a job or not, which described below. To date, no other factors have shown to be statistically significant in terms of the likelihood of job start, but this analysis will be repeated and findings may change over time.
<table>
<thead>
<tr>
<th>Variable name</th>
<th>Significant at 10%</th>
<th>Sign of coefficient</th>
<th>Interpretation</th>
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</table>
| Level of qualifications | Yes                | Positive            | • Individuals with either 5 or more GCSEs at grades A*-C (or equivalent) or with A Levels / NVQ level 3 (or equivalent) were 62-65% more likely to start a job than those with no qualifications  
• The likelihood of an individual with only under 5 A*-C GCSE qualifications (or equivalent) starting a job was no different to that of a participant with no qualifications |
| Age                     | Yes                | Negative            | • Individuals aged between 15-24 are twice as likely to start a job than those aged over 50  
• However, the 24-49 age group were just as likely to start a job as participants aged between 15-24 |
| Length of time unemployed| Yes                | Negative            | • There was a strong negative relationship between those who had been unemployed for over six years and likelihood of starting a job – the odds/likelihood of achieving a job start for an individual who had been unemployed for 6-10 years was 76% lower than an individual who had been unemployed for 0-6 months |
| Physical health          | Yes                | Negative            | • 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 **21% decrease in the odds/likelihood** of starting a job

<table>
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<tr>
<th>Mental health</th>
<th>Yes</th>
<th>Negative</th>
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| • Individuals who believed their mental health was a barrier to work were negatively associated with starting a job. For a one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a **13% decrease in the odds/likelihood** of starting a job.

<table>
<thead>
<tr>
<th>Conviction</th>
<th>Yes</th>
<th>Negative</th>
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| • Individuals who felt their past convictions were 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 **15% decrease in the odds/likelihood** of starting a job.

### 6. Sustaining work

6.1 The target is that 75% of job starts are sustained for 12 months. The latest performance report shows that 144 people have now been in work for 12 months, which is higher than expected (120) based on actual job starts at this point in time. Therefore, the figures suggest that the time spent preparing people for the ‘right’ job is helping to keep people in work.

### 7. Other outcomes

7.1 Although Working Well’s primary outcome is to support people into work, it also provides support to address a wide range of issues, including health, housing, skills, debt and transport. The table below
shows the distance travelled for the top seven presenting barriers to work for those supported on the programme for at least 18 months.

Source: SQW analysis of monitoring data

8. Working Well Expansion

8.1 Overview - The Working Well Expansion went live in March 2016 and aims to support an additional 10,500 long-term benefit claimants from across a much wider array of claimant types. These include JSA Work Programme completers, Lone Parents claiming Income Support, ESA Work programme completers of differing prognosis groups and most recently those in receipt of Universal Credit.

8.2 As with the pilot, the cohort is among the most complex to support into employment. All clients have been out of work for many years and have already received all the support available to them from DWP and JCP without securing and sustaining work, although for some groups such as Lone Parents this is limited.

8.3 In recognition of the cohorts complex needs and grounded in the learnings of the pilot the expansion focuses its effort on providing a personalised support package enabling clients access the right service at the right point in time. This is supported by the ‘Working Well Ecosystem’ which provides expedient access to an integrated web of mainstream and bespoke support services such as Working Well’s Talking Therapies service, Skills for Employment and complementary local services (supported by LA local leads).
8.4 Due to the complex nature of the cohort and their distance from the labour market, GM & government agreed to maintain the challenging targets agreed in the pilot by supporting 20% of those completing the programme into work, with 75% of those sustaining work for 12 months.

9. **Referrals**

9.1 Between March 2016 and December 2016 there have been 9,357 referrals to the programme, which is broadly in line with where we would expect to be at this point in time.

9.2 A breakdown of referrals by claimant types is provided in the graph below. The largest number of referrals is JSA claimants, with over 3,000 having been supported by JCP for at least 12 months, then going onto Work Programme for 2 years, then being supported by JCP for a further 12 months before being referred onto Working Well. Lone Parents claiming Income Support is the second greatest referral cohort accounting for 18% of all referrals. Very little mainstream support is currently available for this cohort, which goes some way to explain why such large numbers have been referred to Working Well.

9.3 Unlike the pilot, the expanded programme allows for referrals from the GP surgeries in Bury, Manchester, Tameside and Wigan. Referrals via this route by the end of December reached 126 (see Appendix 1 for GP referral route case studies).
10. **Attachments**

10.1 By the end of December 2016 there had been 5,065 successful 1st attachments (an attachment rate of 58%). This rate continues to improve as providers adapt to the voluntary nature of the programme and as JCP’s message and communications to clients about the Working Well offer is refined. It is expected that the programme will achieve a 70% attachment rate by the end of the referral period (March 2017).

10.2 Interestingly, of the 126 clients referred through the GP referral route, 77% attach to the programme demonstrating a more successful attachment rate via this route, albeit with relatively small numbers at this point.

10.3 When a client reaches six months on programme a 2\textsuperscript{nd} attachment payment is triggered (providing all necessary documentation is in place). By the end of December 68% of all 1st attachments achieved a 2\textsuperscript{nd} attachment – only just shy of the 70% target.

10.4 Some client claimant groups (having undergone 1\textsuperscript{st} attachment) achieve better second attachment rates than others (for example JSA, WP completers comparable to Lone parents on Income Support). However, second attachment rates are broadly consistent across the range.

10.5 Interestingly, the graph below suggests that the older the client the more likely they are to remain on programme and reach/achieve the 2\textsuperscript{nd} attachment. This is useful learning for GM’s Ageing Hub.
10.6 At this point, the programme has not been running long enough to achieve 3rd attachments (expected after 1 year on programme)

11. **Job Starts**

11.1 By December 2016 job starts on the Working Well Expansion are significantly ahead of forecast (129% against target). The graph below shows the 20% job start target (319 jobs) and the number of jobs achieved (410).

11.2 The Job starts are well distributed amongst Local Authorities which demonstrates a healthy single approach across the two providers and 10 LA areas.
11.3 When comparing claimant types, job starts are more quickly achieved by Lone Parents on Income support. The graph below shows that 13% of Lone Parents have achieved a job start to date. At this point in time the most challenging groups are ESA, although from our learning in the pilot it is reasonable to expect that ESA clients will achieve a greater proportion of job starts at a later date (following a longer period of support).

**Working Well Ecosystem**

12.1 **IAPT Talking Therapies Service** – is a bespoke mental health support package exclusive to Working Well clients and delivered by Greater Manchester West NHS trust. By December TTS had received 756 referrals, many of whom have long-term, low to medium level mental...
health needs and have no previous interaction with mental health services. Waiting times are below 6 weeks across GM and 68% of referrals are entering treatment. The Working Well ecosystem is therefore enabling otherwise marginalised clients to access appropriate MH services.

12.2 To date of those that have completed a course of treatment and recovered as defined by the national IAPT guidance is very positive, with a recovery rate of 53%. The latest figures for reliable improvement are also very positive at 73%. This is higher than both the GM and national IAPT performance with a more complex cohort. Although numbers are still relatively small, this does suggest that the joint support of a Keyworker and Therapist could deliver improved outcomes.

12.3 Qualitative evaluation demonstrates good integration between WW providers and GMW mental health provision. Keyworkers and Mental Health practitioners are co-located across GM, driving new relationships with shared case conferencing between providers and LA’s supporting a holistic approach to provision.

12.4 **Skills for Employment** is commissioned by the Skills Funding Agency and offers a specialist intensive employment skills provision accessible to WW clients. The Programme specifically delivers CV and interview preparation, work experience opportunities, vocational and academic qualifications and employment opportunities.

12.5 To date Skills for Employment has supported with 986 WW clients in their preparation for work, with 316 starting a work experience opportunity and 40 having started a job.

12.6 **Local Integration** – Local Delivery Meetings between Providers, Programme Office and Local Authority Leads continue to operate with a specific mandate to provide an arena to challenge providers and Local Leads (in terms of performance and local opportunities), ensure shared learning and overcome barriers and issues raised through Local Integration Boards.

12.7 Recently, Local Delivery Meetings have supported the shaping of transformational change within one of our providers and driving improvement in the way Providers and Local Authorities work together to achieve employment outcomes for client. This has been supported by consultation on providers client management frameworks, consultation on staffing and structures, communication of employment
and work experience opportunities and highlighting and providing solutions to gaps in case conferencing and the client exit process. The meeting supports homogeneity of service quality across contract package areas.

12.8 Local Integration Boards between Providers, Local Leads and a broad range of locally integrated services continue to support the delivery of personalised wrap around support to clients in each Local Authority area. The boards support operational delivery and wider strategic alignment of services and well as specific case conferencing. Barriers and gaps in service are bought to the board in terms of real life case studies and consulted on to find solutions.

13. **Extending the Working Well Expansion**

13.1 The CA approved that GM proceeds with its £32.7m ESF CFO application in November 2016. This application, split between £10m for Working Well and £22.7m for the Work and Health Programme, was formally approved by the ESF Managing Authority (DWP) on 28th February 2017. The Memorandum of Understanding is in the process of being authorised by both GM and the ESF Managing Authority (DWP).

13.2 As a result over 33,000 GM residents are expected to benefit from the personalised key worker services offered by these programmes. In terms of the Working Well Expansion, providers were initially contracted to support 10,500 attachments / starts onto the programme between March 2016 and March 2017. The securing of ESF funding enables GM to continue the Working Well Expansion from April 2017 to January 2018.

13.3 Importantly this will ensure there are no gaps in employment support provision for GM residents as the GM Work & Health Programme will also start in January 2018. In total the Working Well Expansion will now look to support between 13,500-14,500 attachments towards sustainable employment with a maximum delivery contract value of c£14.8m.

13.4 GM officers are now working through the detail of contract extensions with the two contracted providers and also ensuring that JCP continues to make and monitor referrals from April 2017 onto the programme.
14 Creating a GM Health and Employment System

14.1 Working Well has demonstrated that GM is able to trial successfully innovative approaches to addressing worklessness and poor health through locally commissioned and managed service design. The challenge now is to build on the foundations that are place to create a transformation health and employment system that is able to enact positive change at scale to improve population health, address the worklessness challenge and increase productivity.

14.2 A considerable positive step has already been made in negotiating for the Work & Health Programme to be devolved to GM by DWP, and this provides an opportunity to mainstream Working Well and support a further 22,000 people over the next five years.

14.3 This will form part of a much broader programme of work to deliver change at a strategic, operational and cultural level to realise the vision of a system in GM which integrates health, employment and skills support. The Programme will be delivered within the context of a virtual joint team comprising the Work and Skills team at the GMCA alongside the nascent Health and Employment team from GMHSCP.

14.4 Outline of the programme
14.5 There are five key identified strands of work to deliver an integrated health and employment system. The high level proposition of each strand is detailed below.

14.6 RETURN POSSIBLE WITHIN 15 MONTHS: GM Work and Health Programme. GMCA has successfully negotiated for devolved commissioning of the Work & Health Programme from DWP. The programme’s primary outcome will be to support people out of work with a health condition into employment, but will also evaluate improvements in mental health, physical health and general well-being. The programme will accept referrals for 5 years from early 2018 and participants will receive 15 months out-of-work and 6 months in-work support.

14.7 IN WORK BUT AT RISK: Creating an effective early intervention model for people in work who become ill and at risk of falling out of employment. A GM Fit for Work Service to support those who have no existing access to occupational health, employment-related advice and support (Small and Medium-sized Enterprises and self-employed).

14.8 RECENTLY UNEMPLOYED: Early support for the newly unemployed who need an enhanced health support offer. Co-design and develop the health and care sector input to the expanded GM JCP remit to hold ‘work and health’ conversations and connect to community support through linking to developing placed-based offer within localities. Opportunity to capacity build with health partners on the benefits of good work and the range of support available in GM.

14.9 LONG-TERM ECONOMICALLY INACTIVE: A health pathway into employment, skills and social determinants support for those who are long term economically inactive and receive minimal support from JCP. Embed this work within emerging Locality Plan prevention and early intervention plans which address the social determinants.