
**Manchester City Council
Report for Resolution**

Report to: Health and Wellbeing Overview and Scrutiny Committee –12
January 2012

Subject: Health and worklessness

Report of: David Regan, Director of Public Health
Angela Harrington, Interim Head of Regeneration

Summary

This overview report provides the Committee with the evidence base on the impact of the current economic downturn on health and information on programmes being established to support Manchester residents back into work and training. It also highlights the role of the NHS as a local employer and contributor to the economic growth of the City.

Recommendation

The Health and Well-being Overview and Scrutiny Committee is asked to note the report and identify areas for more in depth scrutiny.

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Wards Affected: All

Background documents (available for public inspection):

None

1. Introduction

- 1.1 The jobs that people do have a major impact on their health and the health of the population as a whole. Conversely, being out of work can put people at increased risk of ill health and premature death. Therefore supporting Manchester residents back in to work, not only boosts the local economy but improves the life chances and health outcomes for individuals and their families.
- 1.2 This report provides members with an overview of the current and emerging national and local strategies that aim to promote independence and reduce dependency in Manchester. It describes the impact of the economic downturn on health and well being, presents the latest employment and benefits data and considers the wider role of the NHS as an employer and wealth generator, as well as being a commissioner and provider of services.

2. The impact of worklessness on health and wellbeing

- 2.1 In the 19th century recessions actually improved health, probably by easing the pressures of urbanisation and overcrowding in cities. However 20th century recessions showed a substantial adverse health effect. There are over a thousand studies from the 1930s, 1970s and 1980s about the effect of worklessness on health. These show that when people undergo a change in their life which alters their sense of identity, they go through a cycle of reactions in which health deteriorates from the moment that the change first starts to be seriously anticipated. It was also shown that not only health is adversely affected by the stigma of unemployment but that its negative impact is:
- greater the stronger the sense of commitment (of the individual) to the work ethic
 - less in those whose work involved responsibility for structuring their own time
 - reduced by strong supportive social networks
- 2.2 A major review of international studies *Is work good for your health and wellbeing?* published in 2008 concluded that there is strong evidence for associations between unemployment and:
- increased rates of overall mortality and mortality from cardio-vascular disease, lung cancer and suicide (a 1% increase in unemployment can lead to a 2% increase in premature deaths)
 - poorer physical health, including increased risk of cardio-vascular disease and of respiratory infections
 - poorer mental health, including more psychological distress and minor psychological and psychiatric morbidity
 - increased rates of medical consultation, consumption of medicines and admission to hospital and much worse prognosis and recovery rates.

Other key findings highlighted:

- the effects of becoming unemployed on mental health, with the greatest effects 3-6 months following loss of job
- loss of income and the effects of poverty on health
- changes in behaviour following unemployment, including less healthy lifestyles
- unemployment affecting the health not only of those who lose their job but of their families.

The review also concluded that there is good evidence that job insecurity has an adverse effect on health. In the anticipatory stage of the life change reaction, when the life change has not occurred but individuals are afraid of it coming, people may experience increased rates of infection and gastrointestinal disturbance, raised blood pressure and/or cholesterol and diminished glucose tolerance increasing the risk of diabetes. These are the classic consequences of the stress reaction. These effects will be present in a significant proportion of the local population during the current economic downturn

2.3 National health and social policy planners now recognise that being in good employment is protective of health and getting people into work is of critical importance for reducing health inequalities. However to have real health benefits, jobs need to be sustainable, offer a decent living wage, have opportunities for in-work development, have flexibility to enable people to balance work and family life, and protect employees from adverse working conditions that can damage health.

2.4 The Marmot Review, Fair Society Healthy Lives (2010) carried out by Professor Sir Michael Marmot identified the need to create fair employment and good work for all. In Manchester rates of unemployment are highest among those with no or few qualifications and skills, people with disabilities and mental ill-health, those with caring responsibilities, lone parents, those from some ethnic minority groups, older workers and increasingly, young people. The impact of poor health as a consequence and ultimately as a barrier to employment for these groups has a major detrimental impact on the individual, the family and the wider community.

3. Tracking the health impacts of the economic downturn in Manchester

3.1 Public Health Manchester have been tracking three proxy indicators since March 2010 to monitor the local impact of the economic downturn over time. One of these indicators, the suicide rate, was the subject of a report presented to the November 2011 meeting of the Committee. The 2011 data to be issued later this year will provide evidence on whether the recent increases in the suicide rate are indicative of a worrying upward trend. The other two indicators are:

- Prescribing of anti-depressants
- Under 18 conception rate

and the latest data sets are summarised below.

Prescribing of anti-depressants

3.2 Monthly data on the prescribing of selective serotonin reuptake inhibitors (SSRIs) has been obtained for the period from January 2008 to September 2011 (see figures 1 and 2 below). SSRIs have replaced benzodiazepine as the main drug treatment for anxiety and depression in line with National Institute of Clinical Excellence (NICE) guidance.

Figure 1

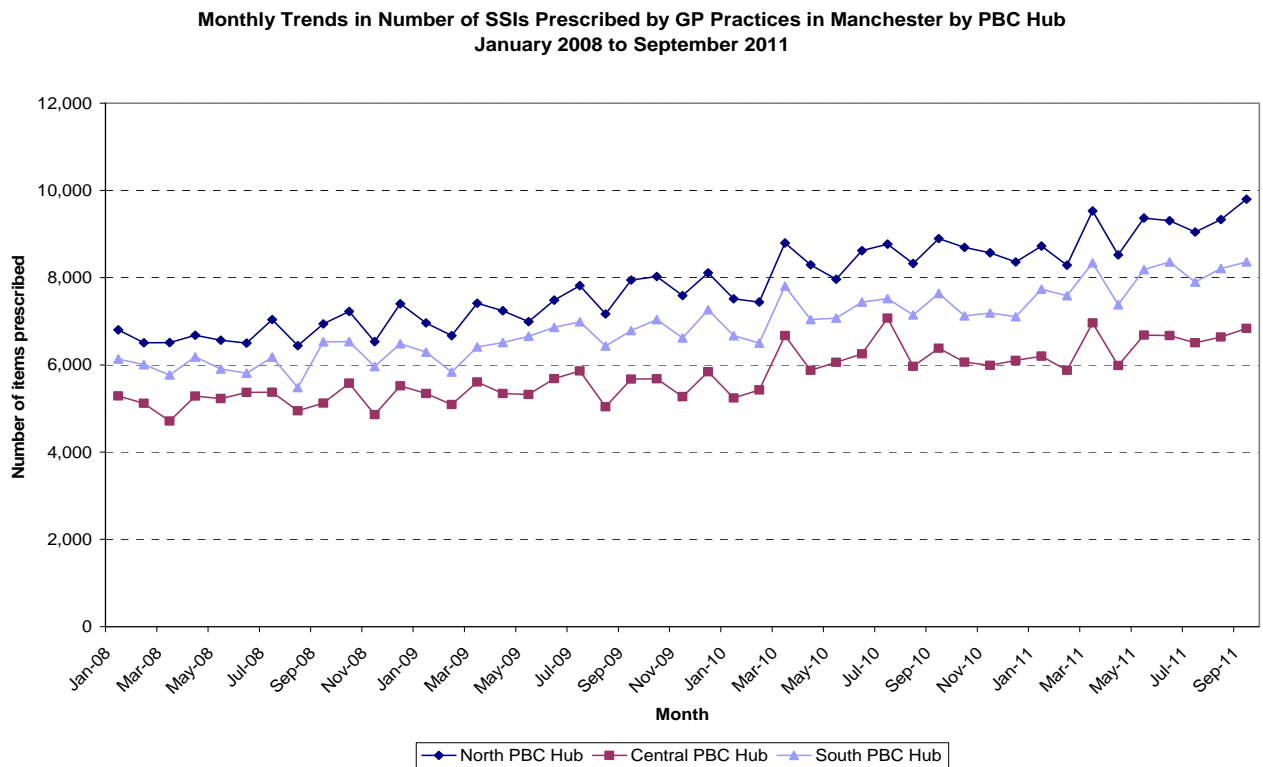
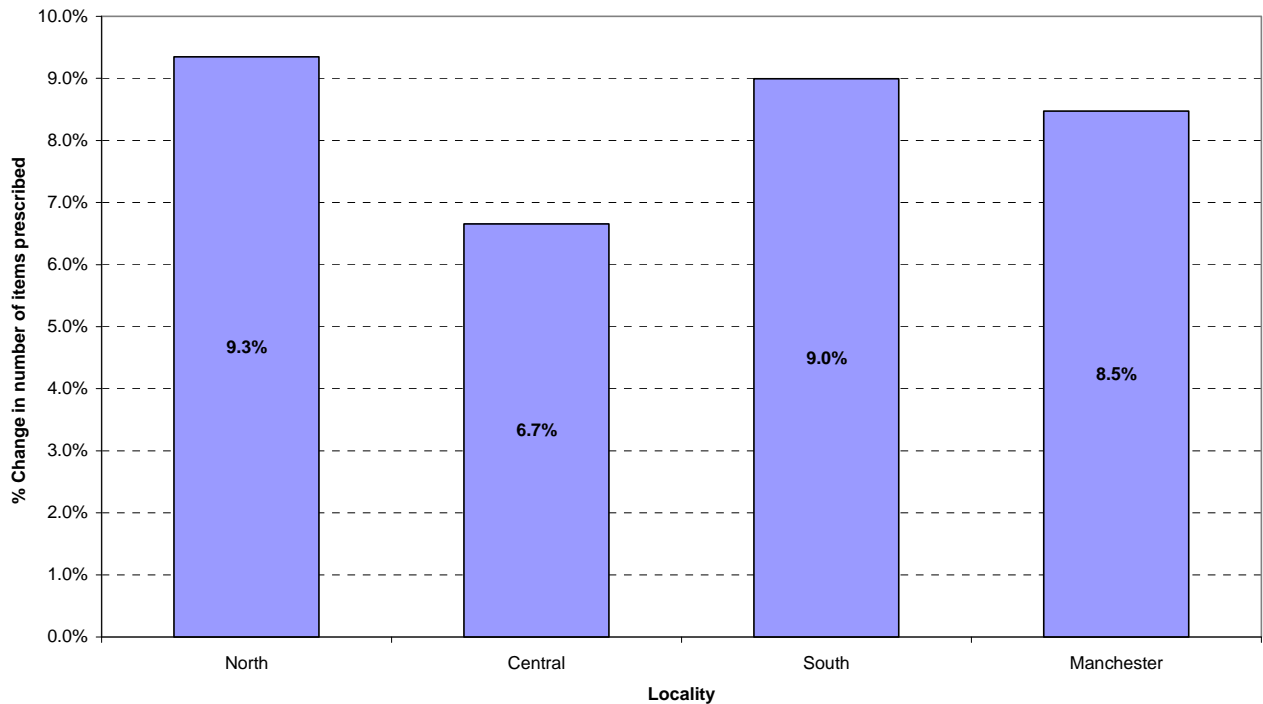


Figure 2

Percentage Change in Number of SSIs Prescribed by GP Practices in Manchester by Locality
12 months ending September 2010 and September 2011



- 3.3 The data shows a significant increase (8.5%) in the number of items prescribed in the 12 month period ending in September 2011 compared with the equivalent 12 month period in 2010. The increase is most marked in the north of the city (9.3%), although the south of the city has seen a very similar level of increase in prescribing. The data should be treated with some caution as there are still variations in prescribing practice, although colleagues at NHS Manchester are of the view that GPs are seeing increasing numbers of people presenting with mild to moderate mental health problems as a result of the recession.
- 3.4 Dr Ruth Thompson, a Rusholme based GP, is supporting NHS Manchester in looking at these trends and the service responses in primary care to them. Dr Thompson will also work with colleagues in the three Commissioning Clinical Groups over the next year, supported by Public Health Manchester, to monitor the involvement of GPs in the Work Programme building on the results of a recent local survey (see section 4.6)

Under 18 conception rate

- 3.5 There is evidence from previous recessions (early 1990s) that rates of teenage pregnancy rise during and for a short period after a recession hits. Indeed, Manchester had the third highest under-18 conception rate in the country in 1993-5 when rates in the UK were also at their highest. Progress in reducing the under-18 conception rate in Manchester over the last decade has been slow compared to the rest of the country; however, interestingly both the

number of under-18 conceptions and the under-18 conception rate in Manchester have fallen in 2008 and 2009 (see figure 3).

- 3.6 Furthermore data sources report an even more positive picture for the first three quarters of 2010. There were 307 under-18 conceptions during the first nine months of 2010, compared to the 364 recorded in the same period of 2009 (-15.7%) and 411 during the same period in 2008 (-25%). This is the lowest number of under-18 conceptions recorded since monitoring began (see figure 4).
- 3.7 The reasons for this decrease are not fully understood, although many of the services put in place following the visit of the National Support Team for Teenage Pregnancy in 2007 will have had a positive impact (e.g. increasing access for young people to clinical services for contraception and better outreach provision).

Figure 3

Under 18 conception numbers and rates for Manchester, 1998 – 2009

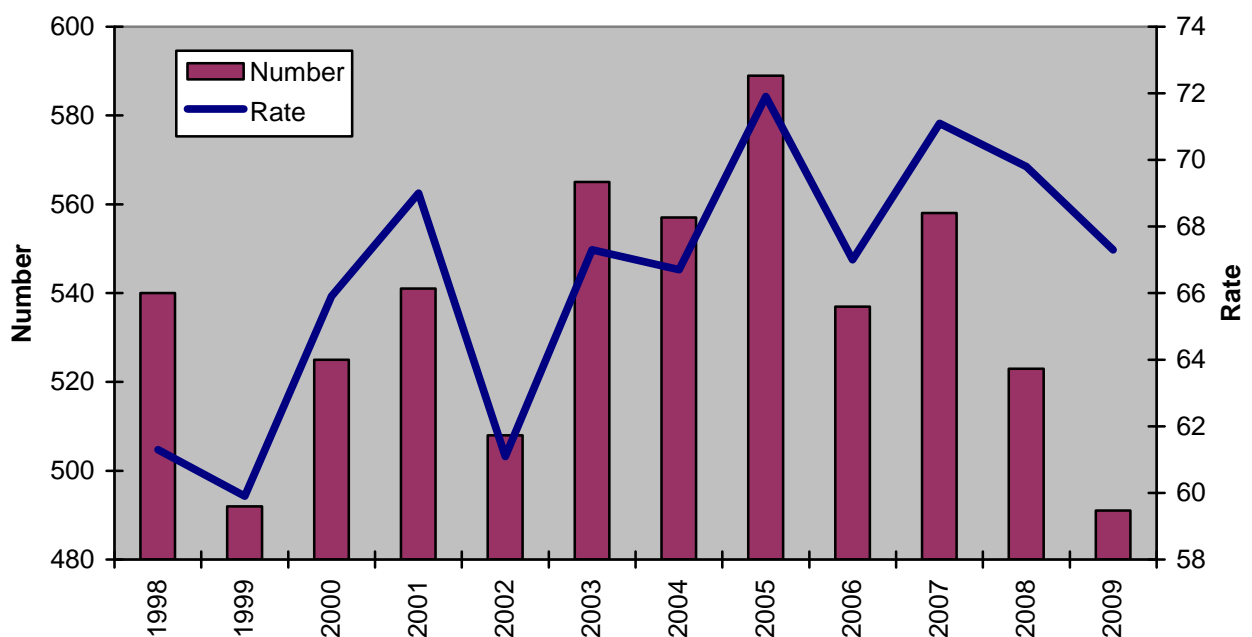
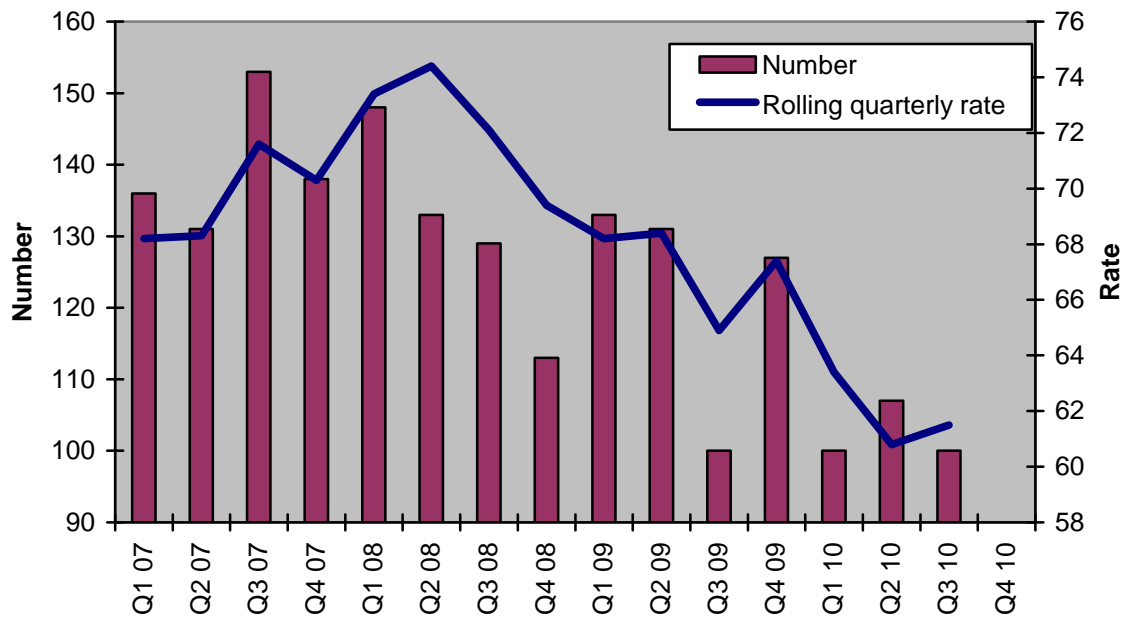


Figure 4

Under 18 conception numbers and rates for Manchester, 2007 - 2010



3.8 There is however one potential indicator which is a cause for concern. Abortion data for the first nine months of 2011 shows a small increase in the number of under-18s opting to have an abortion. It could be that some young women are choosing not to continue with their pregnancy due to concerns about income. However, there is also a concern that the disproportionate affect of the recession on younger people could mean that having a baby be thought a realistic choice in the absence of other opportunities. Further analysis will be conducted when 2011 data is published.

Summary

3.9 Clearly service responses can have a positive impact on some outcomes such as the under 18 conception rate and from a clinical perspective the prescribing of anti-depressants after other options have been discussed/tried is entirely appropriate. The concern is that if economic growth is slow and training and employment opportunities are limited, the suicide rate increases and worrying prescribing trends will be difficult to contain. It is also important to note that many of the drugs prescribed for anxiety and depression are now “off patent” which means that they are relatively cheap compared to other interventions.

4. Local data on health related benefit claimants

4.1 Within Manchester, over 33,000 people (almost 1 in 10 working age residents) are inactive in the labour market due to a health condition and claim Incapacity Benefit (IB), or its successor since late 2008, Employment Support Allowance (ESA). This accounts for over half of all key working age benefit claimants in Manchester (see Table 1 below) and although still quite low by historical standards (see Figure 5), the number of ESA/IB claimants rose for the first time in a year during the latest quarter (by 0.4%, representing 130 residents).

Table 1: Worklessness in Manchester

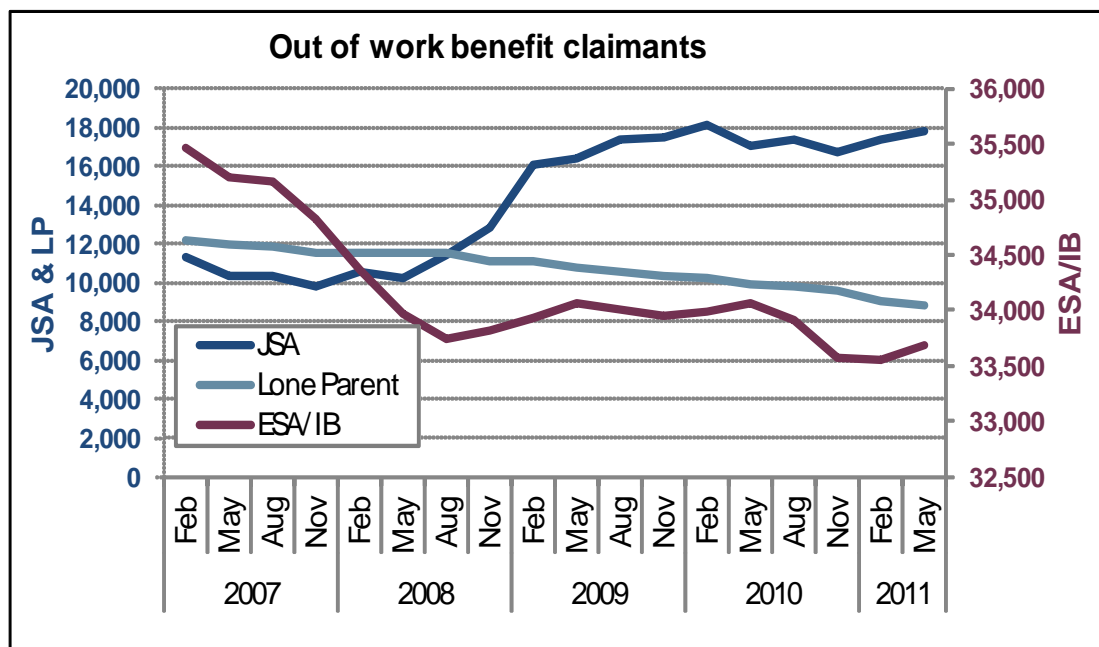
	Number (May 2011)	Quarterly change (Feb 10 to May 11)		Annual change (May 10 to May 11)		Biennial change (May 09 to May 11)	
		Number	Percentage	Number	Percentage	Number	Percentage
Job Seeker	17,790	400	2.2%	760	4.5%	1,370	8.3%
ESA/IB	33,690	130	0.4%	-370	-1.1%	-380	-1.1%
Lone Parent	8,790	-270	-3.1%	-1,150	-11.6%	-1,940	-18.1%
Total	60,270	260	0.4%	-760	-1.2%	-950	-1.6%

Note: Numbers rounded to 10 (Source: DWP Client Group)

4.2 The total number of Manchester residents claiming one of the three main out of work benefits stands at 60,270 for May 2011. This accounts for 16.7% of the working age (16-64) population. The number of residents claiming Lone Parent Income Support continues its steady decline, with a 3% fall during the latest quarter. However, the Job Seeker Allowance (JSA) claimant count continues to fluctuate around 70% above pre-recession levels and the percentage of working age people claiming JSA now stands at 5.4% compared to 3.9% nationally (November 2011 figures for JSA only)

Figure 5

Out of work benefit claimants (trends)

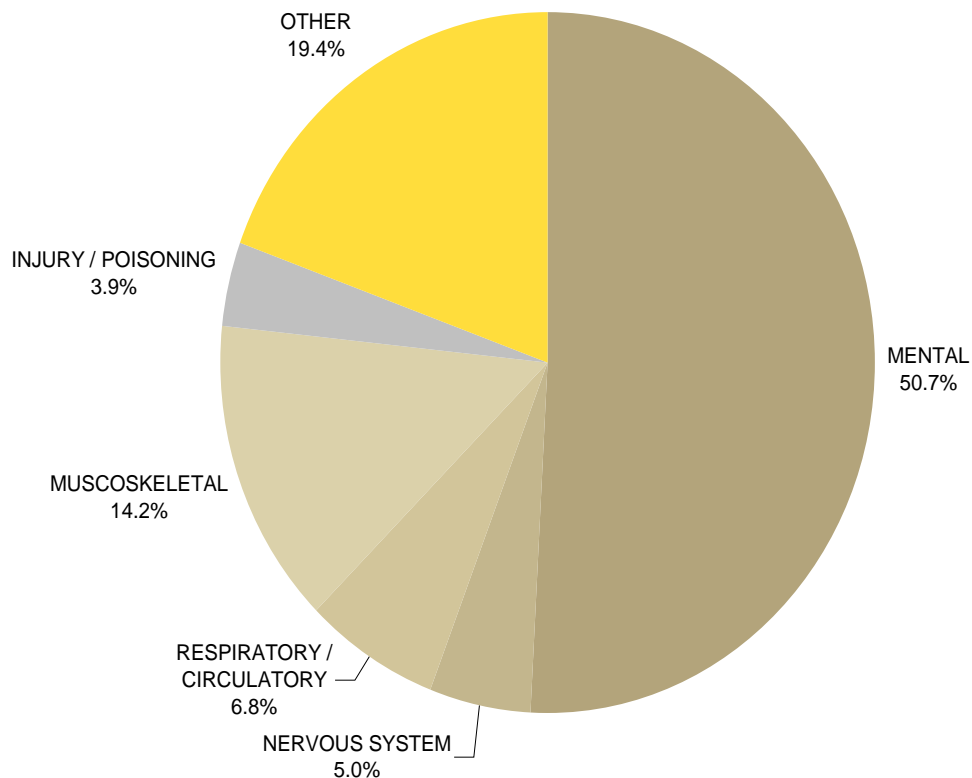


4.3 Of those claiming Incapacity Benefit, mental health conditions are cited as the primary cause in just over half of all cases in Manchester. There are also

significant geographical variations with a higher percentage of claimants in the north and east of the city and Wythenshawe.

Figure 6

Health related conditions of Incapacity Benefit Claimants



- 4.4 In addition to the large 'stock' of long-term IB claimants, around 2000 Manchester residents every quarter begin claiming Employment and Support Allowance. The proportion of ESA claimants in Manchester with mental health as their primary condition is currently around 40% - the disparity with the figures for IB claimants is most likely due to the more stringent nature of the Work Capability Assessment for ESA, compared to the previous test (Personal Capability Assessment) for Incapacity Benefit
- 4.5 However the numbers coming on to ESA continue to present a challenge as resources to support people who have been on benefits for a long time will be stretched because of this constant "flow". Stemming this flow is not a quick fix as many of the health problems will have been building over time. Therefore the case for early intervention and appropriate involvement of primary care is stronger than ever and programmes described in section 5 should facilitate this.
- 4.6 Finally the Work Capability Assessment (WCA) will also apply, from March 2011 until March 2014, to people currently receiving Incapacity Benefit, Income Support (on the grounds of disability) or Severe Disablement Allowance and they will be asked to go through the WCA rather than the

Personal Capability Assessment. The WCA process has not been without problems and a second independent review led by Professor Malcolm Harrington has just been completed (November 2011). Furthermore locally Manchester Alliance for Community Care has worked with Dr Ruth Thompson, to survey 25 GPs on their experience of the Work Capability Assessment. The results from this survey will be translated into a series of recommendations for local action and also be fed back to the DWP

5. Welfare Reform

- 5.1 This section of the report covers three key programmes relating to the welfare and broader public sector reform agenda: Get Britain Working; the Work Programme; and Community Budgets.
- 5.2 Get Britain Working, delivered by Jobcentre Plus and the Work Programme delivered by prime contractors, are major initiatives of the Coalition Government. They replace all previous provision and cover all benefit types. Jobcentre Plus continues to deal with the largest volumes of benefit claimants and works with them to get them back into work up to the point that they are referred to the Work Programme. Approximately 90% of new Job Seeker Allowance (JSA) claimants move back into work within a 12 month period through their own efforts and/or by accessing Jobcentre Plus services through one of their advisors.

Get Britain Working

- 5.3 The “Get Britain Working” measures introduced in April 2011 are part of the flexible back to work support that Jobcentre Plus can offer. The Get Britain Working measures are:
- Work Clubs – community based and ways of supporting people who are out of work to share skills and experience. There are currently 20 work clubs across Manchester;
 - Work Together – developing people’s skills through volunteering
 - New Enterprise Allowance – to support unemployed people who wish to use self-employment as a means of moving off benefit. Blue Orchid have been recently awarded the contract covering the Manchester area;
 - Enterprise Clubs – as with work clubs but providing advice and guidance for those who might wish to set up their own business. Currently there are no enterprise clubs in Manchester but Blue Orchid will be developing them as part of their delivery of the New Enterprise Allowance
 - Sector-based Work Academies (launched in August 2011) combining sector specific training with a work placement with an employer in that sector and targeted to people close to the labour market;
 - Work Experience – offers 18 – 24 year old unemployed people the opportunity to acquire practical work experience through a 2 to 8 week placement with an employer.

The Work Programme

- 5.3 The Work Programme covers all benefit claimants and is designed for those who are further from the labour market and/or don't secure employment through the Jobcentre Plus service offer as outlined above. All referrals to the Work Programme are done by Jobcentre Plus. There are different thresholds for referrals to the Work Programme depending on age and benefit type. In some instances referral will be voluntary and in others mandatory – examples are set out in table 2 below:

Table 2: The Work Programme

Customer Group	Time of Referral	Basis for Referral
Jobseeker Allowance aged 18-24	From 9 months	Mandatory
Jobseeker Allowance Aged 25 and over	From 12 months	Mandatory
Jobseeker Allowance Recently moved from Incapacity Benefit	From 3 months	Mandatory
All Employment Support Allowance	At any time	Voluntary
Ex-IB Employment Support Allowance placed in the Work Related Activity Group or Support Group	At any time When people are expected to be fit for work within 3 months	Mandatory or voluntary depending on circumstances

- 5.4 In summary, the Work Programme is a nationally contracted programme which has rolled out a payment by results model on a large scale, where Prime Contractors are paid on sustainable job outcomes. The payments are designed to incentivise the contractors to work with the full range of benefit claimants, with larger payments on securing job outcomes and ongoing payments for up to two years for those furthest from the labour market. The contractors receive a small attachment fee when someone initially engages with the Work Programme (between £400 and £600), a more substantial fee when someone moves into work (between £1,200 and £3,500) and a monthly payment (between £170 and £370) up to a maximum of 26 payments for ex-Incapacity Benefit claimants on the work related activity group (less for other groups).
- 5.5 The prime contractors and their supply chains have the freedom and flexibility to design and deliver interventions that work based on support that is tailored to address employment barriers such as poor health and meet individual needs. Depending on their needs, a person could participate on the programme for up to two years. Individual participation on the programme is under-pinned by new conditionality and increased sanctions for those on

benefit who do not actively seek work or engage with the Work Programme offer.

- 5.6 Manchester is part of the Greater Manchester, Cheshire and Warrington contract area. Three prime contractors were appointed by the Department of Work and Pensions (DWP) to cover this area in early April 2011 (Avanta, G4S and Seetec). They have different models of delivery with G4S sub-contracting delivery entirely to their supply chain, while Avanta and Seetec do a mix of direct delivery and sub-contracting. As well as job brokers who work with people on their employability (e.g. CVs, interview techniques, work related training), all three prime contractors have a bank of service providers from which they can purchase more specialist services (e.g. mental health support, drug & alcohol services, debt advice).
- 5.7 Officers from the City Council have been developing links with Work Programme Prime Contractors from the time that the framework contractors for the North West were announced and prior to them submitting their tenders for the Greater Manchester, Cheshire and Warrington contract area. Working with partners including the NHS a very comprehensive “ask and offer” document has been produced which sets out the City’s priorities for getting more Manchester residents into work. It identifies services that could be aligned with the Work Programme, such as adult skills, and facilities where the Work Programme could be co-located with Council services (e.g. libraries). This ask and offer document is available on request from Angela Harrington, Interim Head of Regeneration (Tel: 0161 234 3171 or e-mail: a.harrington@manchester.gov.uk) and the Executive Summary and health section is attached as appendix 1.
- 5.8 The City Council does not have contractual or financial levers with prime contractors as the Department of Work and Pensions (DWP) has responsibility to manage overall performance and that of individual contractors. However, it is recognised that it would be useful to have information on the impact of the Work Programme by ward and citywide on a regular basis. This would also support better alignment of Council and NHS services and complement / enhance the delivery of the Work Programme where appropriate. The City Council have raised this issue with senior officials from DWP and the Combined Authority at a recent visit by the Minister for Cities. Some of the prime contractors are also speaking to DWP as they made a commitment to share information in their tender bids.

Community Budgets and City Region Pilots

- 5.9 On 21 December 2011 Greater Manchester was selected by the Government as one of only four Whole Place Community Budget pilots in the country, building on the work that has been taking place across the conurbation over the past few years. In Manchester the city region pilots in Ardwick and the Local Integration Teams in Longsight/Gorton and Wythenshawe are examples of the Community Budget approach and the Committee has previously received a number of reports on the Ardwick pilot.

- 5.10 This pilot will end on 31 March 2012 and will include a full evaluation of all programmes under the themes of early years and better life chances, including the work of Ardwick Connect Team (ACT)¹. To date, 200 Ardwick residents have been supported by the ACT and in terms of outcomes, of the 70 clients supported by Work Solutions, only 2 have so far progressed into sustained employed (13 weeks), although this figure is expected to rise in the next month.
- 5.11 Not surprisingly, supporting people with long term mental health problems on the pathway to work in such a tough job market is impacting on these outcomes. Work Solutions will shortly be presenting their evidence from Ardwick to G4S (one of the Prime Contractors), for whom they act as a job broker under the Work Programme. This learning will be important as higher volumes of IB and ESA claimants will start to be mandated onto the Work Programme in the new year, because the Work Capability Assessment is now being applied to IB as well as ESA clients.
- 5.12 Improving Access to Psychological Therapies (IAPT) remains one of the key interventions that will help people with mild to moderate mental health problems such as depression, anxiety, low self esteem, low mood, OCD and panic disorders (Step 2 Programme) as well as those with more severe and enduring mental health conditions (Step 3 Programme). The lessons from Ardwick are that referral routes need to be better understood as providers of the Step 2 Programme have no waiting lists but waiting lists for Step 3 are very long.
- 5.13 In Wythenshawe and Longsight / Gorton, Local Integration Teams are working with some of the most complex families or those considered at risk of being complex and worklessness as a result of mental health and/or drug and alcohol problems are evident in many of the referrals made. Evidence from this Phase 1 Community Budget project involving 480 families in the areas will be available in summer 2012. Furthermore Phase II developments covering the north of the City will commence in 2012 and involve Job Centre Plus, the Work Programme Prime Contractors and North Manchester Clinical Commissioning Group from the outset.

6. The role of the NHS as major employers

- 6.1 The NHS in Manchester employs over 25,000 people and along with the City Council is one of the biggest employers of Manchester residents. All Manchester acute and specialist trusts have, or are in the process of becoming Foundation Trusts and have identified regeneration, local employment schemes and workforce development as key priority areas for improvement.
- 6.2 Since 2006, the seven NHS Trusts that operate across Manchester have been working with Manchester City Council and employment and educational

¹ The Connect Team is made up of a manager, four housing support workers, a member of the Council's contact centre and a virtual team consisting of an Advice worker, a Work Solutions Intensive Support worker, a Money Mentor Advisor and a Psychological Therapist

partners to maximise the opportunities to recruit local residents to NHS jobs. The key aims of this work, facilitated by the Council's Economic Development Unit have been to:

- Raise the profile of NHS Trusts as good employers
- Provide recruitment opportunities for local long term unemployed people
- Improve data collection on recruitment and retention
- Invest more in the training and development of the future NHS workforce
- Further develop approaches to maximise skills development and recruitment strategies to support local residents into NHS employment

6.3 However the funding constraints affecting all parts of the public sector have impacted on the number of new jobs in the NHS and the predicted growth in this sector is considerably less than it was back in 2006 (see Table 3)

Table 3: Change in employment by sector in Manchester 2010-2020

	2010-2020 (000s)
Agriculture	-0.1
Extraction	0.0
Manufacturing	-2.4
Utilities	0.0
Construction	0.2
Distribution & hotels	7.6
Transport & comms	5.4
Financial & business	30.6
Public admin & defence	-3.9
Education & health	1.1
Other personal services	4.1
Total	42.5

6.4 This is not to say that opportunities are limited, as the size of the sector and turnover rates are considerable, and the Trusts have identified the following priorities to address over the next year:

- Marketing –Trusts needs to work with partners to promote the NHS as an employer of choice especially amongst school leavers and those considering further adult education. Career services need to be more engaged with local Trusts.
- Skills disconnect – This has been identified as the biggest challenge facing NHS Trusts and greater collaboration with education, training and employment providers is required.
- Recruitment - At present NHS Trusts do not always capture data about those job applicants who are not successful. As a consequence contact is lost with a large number of motivated local people that could be

supported to move closer to future employment within the NHS. Trusts have asked for partner support to address this issue.

7. The contribution of NHS Trusts to the economic growth of the City

7.1 The NHS remains one of the largest purchasers of goods and services in Manchester. At the same time NHS organisations own or lease a wide range of buildings including large hospital sites and a range of community health centres.

7.2 NHS organisations are working with the Council through existing Strategic Regeneration Framework areas to maximise their positive impact on local communities and the following examples illustrate how this approach is being developed:

- The Director of Strategic Planning for Pennine Acute Hospital NHS Trust has recently met with the Head of Regeneration, North Manchester to discuss the role of North Manchester General Hospital site as a stimulus to the local economy
- Central Manchester Foundation Trust is fully engaged with the Council through the Corridor Manchester initiative and partnership. This includes the development of a new biomedical centre of excellence at the former Royal Eye Hospital site. Funding is now in place and this site will generate over 450 jobs with a gross added value for the local economy of £61m per annum.
- University Hospital of South Manchester Foundation Trust is actively engaged with the Council to maximise its participation in the Airport City Enterprise Zone which creates a new business hub for global businesses, logistics, advanced manufacturing, biotech and medical science industries.

8. Conclusions

8.1 There are a number of different areas covered in this report and members may wish to select some for further scrutiny and these are summarised below:

- 1) As the Work Programme is still relatively new it is too early to judge the impact of this major piece of welfare reform. However the Committee, in collaboration with the Employment, Economy and Skills OSC may consider inviting representatives of the Prime Contractors to see how they are addressing the health and well being aspects of their remit and the partnership arrangements they have put in place.
- 2) The Work Capability Assessment process and the view of local GPs and community and voluntary sector agencies from the field of mental health

- 3) The HR and Planning leads from the major hospitals in Manchester could be invited to report on their employment and regeneration schemes
 - 4) The importance of the Community Budget approach to health and worklessness and a consideration of the various evaluation reports that will be published in the next year
 - 5) Update on the health impacts of the economic downturn to be added to the update report on suicide
- 8.2 Finally, health and work will be a priority theme of the refresh of the Joint Strategic Needs Assessment and the first draft of this will be ready by May 2012.

Ask and Offer

Appendix 1

Executive Summary: This document outlines the Manchester Offer to Prime Contractors of the Work Programme on behalf of Manchester City Council and wider Partners through Manchester's Work and Skills Partnership. It intends to highlight MCC and Partner services that can be aligned and commission/co-commissioned, opportunities for co-location and co-management.

Alignment and Commissioning/Co-commissioning

1. Wrap Around Support: Skills - explores opportunities to link with existing skills provision to upskill clients on the Work Programme and highlights areas where capacity may be an issue where the Prime Contractor may wish to commission/co-commission.
2. Local Targeting – this section highlights opportunities for the Work Programme to operate locally by linking with social housing providers and Neighbourhood Regeneration teams, whose local knowledge of residents and areas can facilitate Prime Contractors target provision better and build on what is most effective in these communities and target groups.
3. Overcoming Barriers – this section explores those services that already exist that can help clients on the Work Programme overcome their barriers in areas such as health and financial inclusion, childcare and transport. It also highlights those areas where we anticipate bottlenecks will develop that the Prime Contractor may wish to commission/co-commission.
4. Employment Engagement – this section outlines how Manchester City Council and its partners can work with the Prime Contractor to take advantage of Manchester's significant employment base, both in the city centre but also in other key employment areas in Manchester such as the Corridor and Airport and further a field in Greater Manchester. Manchester Employer Suite, a joint initiative between Job Centre Plus and Manchester City Council can help to facilitate this. Manchester has extensive best practice both for public sector employers leading the way in changing their workforce practices to take on local residents but also with the private sector. Further opportunities arise through MCC's significant supply chain and local area activities.
5. Volunteering – this section outlines how the existing volunteering infrastructure in Manchester can work with the Work Programme to broker volunteering opportunities with integrated training based on their success moving volunteers into employment.

Opportunities for Co-location

Although Prime Contractors may wish to centralise some provision, lessons learnt have highlighted that initial assessment and early stage interventions are often best done locally. Therefore this section highlights opportunities for co-location both in MCC and Partner premises and possible delivery venues based on what works and meeting the needs of particular target groups.

Opportunities to co-manage

This highlights opportunities to align Work Programme provision to co-case manage with MCC's and other Partners provision where individuals are facing complex and multiple barriers which require more intensive interventions.

OVERCOMING BARRIERS

There are a number of services that can be aligned to combat barriers that may stand in the way of individuals progressing to employment:

HEALTH, IN PARTICULAR MENTAL HEALTH

Incapacity Benefit claimants make up the largest proportion of Manchester's out of work benefit claimants. Over 50% of those claim due to a mental health condition (compared to 4.3% nationally). However this understates the true scale of the issue with many long-term workless residents experiencing mental health issues. There is already strain on existing mental health services and gaps in service provision for people with especially mild and moderate conditions.

Manchester has a large mental health provision including a strong mix of NHS services and the third sector. Manchester Mental Health and Social Care Trust (MMHSCT) is the lead provider for statutory mental health services providing community based and inpatient/residential services for those with severe and enduring mental health problems and complex conditions.

MMHSCT is the lead provider for delivering Primary Care Mental Health services in Manchester and will be receive substantial service expansion as part of Transforming Community Services in Manchester.

Mild to Moderate Mental Health* - Manchester is a wave 3 site for Improving Access to Psychological Therapies (IAPT) which will bring in additional capacity to primary care mental health provision and pathways in Manchester with 24 high intensity workers and 16 low intensity workers. However with the reassessment of long-term incapacity benefit claimants moving onto the Work Programme, we anticipate a significant increase in demand for support for mild/moderate mental health conditions. Therefore we have been encouraging Prime Contractors to consider the need to buy more mental health support, particularly advocacy and support, talking therapies, life coaching, and peer mentoring, as part of the Work Programme offer as well as supporting mental health organisations with a good track record of delivering to be part of the supply chain.

Public Health will in future fall within the responsibility of Manchester City Council. The budget of approximately £30m will be linked to outcomes relating to disability and life expectancy. This opens up opportunities to focus on worklessness especially for Healthy Living Services who currently work with economically inactive people to build their social resilience, raise confidence and aspirations and as a volunteering gateway. It also presents opportunities to better align public health in terms of pre-Work Programme type support.

Health Trainers* offer one-to-one support helping people achieve their health goals. Local people are employed as Health Trainers while others work as Health Champions, an accredited volunteering scheme. There are 18 Health Trainers at present that can reach up to 1,000 people. There is scope to expand at limited cost and wrap health trainers around other provision such as the Work Programme, for example 2 are already attached to Primary Mental Health teams. Although this

service can be aligned initially, there is scope for commissioning/co-commissioning in the longer run since it offers a transferable model whereby health can train Health Trainers in other organisation, for example 10 health trainers have been trained within GM Fire Service.

Primary Care Service Offer* can be aligned to the Work Programme offer, in particular services such as occupational health/rehab or support to control long-term conditions. However Prime Contractors may need to consider opportunities for commissioning/co-commissioning should there be a need to buy more provision to overcome blockages caused by insufficient capacity within mainstream support such as condition or anger management, where this represents an obstacle to a client returning to work. Public Health Manchester can facilitate dialogue between and Clinical Commissioning Groups and Prime Contractors.

In addition, our skills providers such as Manchester Adult Education Service can provide a range of courses designed to support lifestyles to enable return to work or to build confidence around health and well being. They also have experience of delivering wider Family Learning with the Crime & Disorder Team including delivery of anger management and parenting skills to ex offenders/women about to come out of prison/families involved on gangs & guns.

Manchester Leisure offers access to Community Leisure Centres and Parks to promote active lifestyles and well-being. They can provide wrap around to the Work Programme encouraging workless residents to keep fit and keep well whilst looking for work. In addition, they can deliver* volunteering programmes including sports and fitness based coaching qualifications and Parks and Outdoor recreation programmes which support individuals to become more employable, with progression to leisure sector jobs.