Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board, 14 November 2012

Subject: Healthy Work and Skills

Report of: Director of Public Health and the Interim Head of Regeneration

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Summary

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. The link between meaningful employment and good health is well established, through a range of local, national and international research studies. The interrelationship between health and work or worklessness is vital to the economic and social wellbeing of the city's economy.

This report sets out the current situation in Manchester, describes some of the programmes currently underway and makes a number of recommendations for the board to consider.

Recommendations

1. The board is asked to note the Healthy Work and Skills report and to agree to work in collaboration with the Work and Skills Board on this strategic priority.

2. The board is asked to endorse the Core Cities report, "Towards a Local Health and Work Strategy' which is summarised in Appendix 1 of this report, and to work through the Core Cities to progress actions.

3. The board is asked to agree that a Clinical Commissioning Group lead represents the Health and Wellbeing Board on the Work and Skills Board (The Director of Public Health will remain a member of the wider Work and Skills Partnership to support this work).

4. The Board is asked to support the delivery of primary care and health interventions that will help people to move into, sustain and/or return to work.

Board Priority(s) Addressed:

5. Turning round the lives of troubled families
6. Improving people's mental health and wellbeing
7. Bringing people into employment and leading productive lives

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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. Core Cities: Towards a Local Health and Work Strategy, Nottingham Employment and Skills Board (May 2012).
2. Position Paper: Healthy cities, healthy economies: Health, Wellbeing and Competiveness, Health and Wellbeing Working Group (August 2012).
3. The Marmot Review, *Fair Society Healthy Lives* (2010).
4. The Greater Manchester Good Work Good Health Charter (2011).
5. Manchester Joint Health and Wellbeing Strategy (2012).
6. Manchester City Council, Employee Health and Wellbeing Strategy (October 2012).

1. Introduction

1.1 The purpose of this report is to highlight the findings and recommendations of the Healthy Work and Skills theme of the Joint Strategic Needs Assessment (JSNA) and to seek the board's endorsement of future collaborative work with the Work and Skills Board and Core Cities Health and Wellbeing Group. Taken together the development of the local JSNA recommendations and the implementation of a collaborative strategy in partnership with other Core Cities will enable the board to make progress bringing people into employment and leading productive lives.

2. Background

2.1 The interrelationship between health and work is vital to the economic and social wellbeing of a local economy, particularly in major cities such as Manchester. Being out of work, or in some instances never having been in work, puts individuals at increased risk of ill health and premature death, with all of the associated costs to society that this involves. Supporting individuals back into work and assisting them to remain in work where they have long term health issues not only boosts the local economy but improves the life chances and health outcomes for individuals and their families.

2.2 The Marmot Review, *Fair Society Healthy Lives* (2010) identified the need to create fair employment and good work for all. In Manchester, rates of worklessness 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.

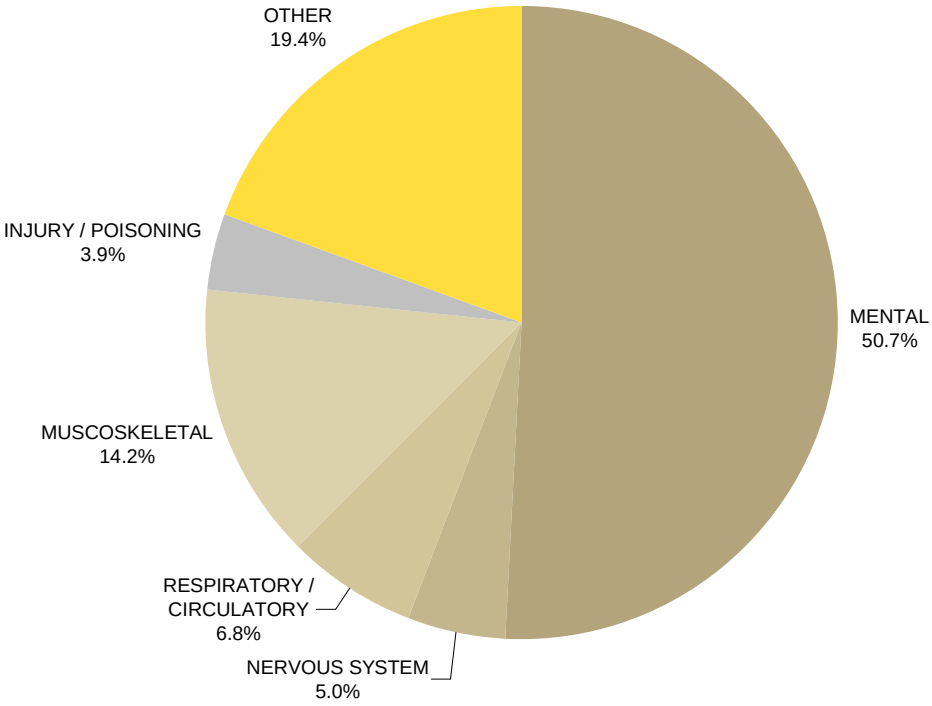
2.3 Information gathered through the JSNA process confirms that Manchester levels of worklessness have historically been high. Although there has been some progress in recent years to reduce number of residents claiming benefit, as at February 2012 there were 64,230 residents claiming one of the three main out of work benefits, which accounts for 17.8% of the working age population (16-64). A little over half of those claiming out of work benefits – around 9% of the working age population - are in receipt of incapacity benefit or employment support allowance due to a health condition.

2.4 In a time of recession, individuals with poor mental or physical health which may limit their ability to work and who may have been on Incapacity Benefit (IB) for many years, will clearly be competing with larger volumes of job-ready workless residents who might be more attractive to the majority of employers.

2.5 Just under 34,000 of the 64,000 workless residents in Manchester are claiming IB or Employment Support Allowance (ESA) because they have previously been assessed as medically unfit for work and given that of those 34,000, half are primarily claiming benefits because of a mental health

condition, support for people with mental health conditions is a priority for the Manchester. See Figure 1 for breakdown of health conditions of claimants.

Figure 1: Health related conditions of Incapacity Benefit Claimants



2.6 As part of a wider programme of welfare reform, the Work Capability Assessment (WCA) was rolled out for all ESA and IB claimants in April 2011. Over a three year period, all IB claimants will be re-assessed and new ESA claimants will be assessed based on what they can do rather than what they cannot do i.e. where an individual may have limited mobility, they will be assessed on their ability to do office-based work, where they may have previously only ever have done manual work. Whilst the Department of Work and Pensions (DWP) only records the primary reason for claimants having been assessed as unfit for work, the anecdotal evidence is that other claimants of sickness benefits are likely to have at least low level mental health conditions in addition to physical disabilities.

2.7 There have been some issues with the WCA, in particular its suitability for claimants with complex mental health conditions and there continues to be high levels of appeals made by claimants assessed as fit for work.

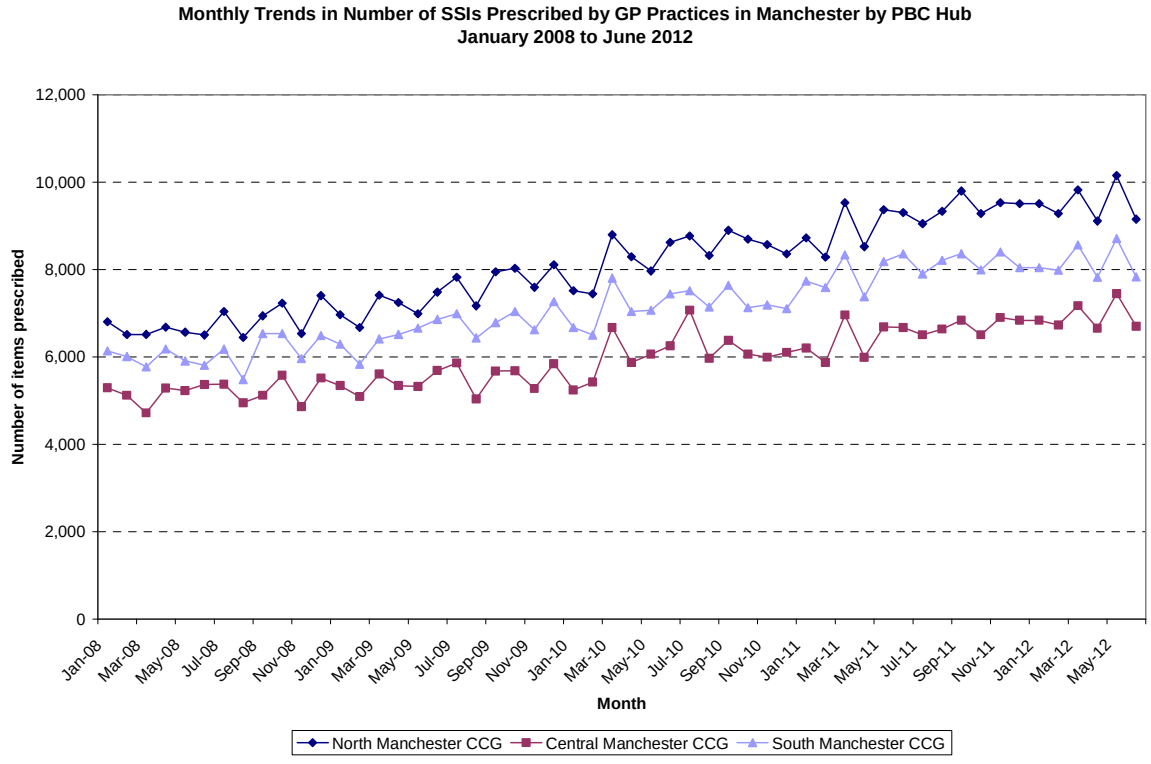
2.8 In Manchester, figures provided by DWP show that circa 40% of IB claimants are found fit for work and moved from IB/ESA to Jobs Seekers Allowance (JSA). Largely because of the delays in the system since the national roll-out of WCA and the large number of re-assessments going to appeal. Relatively modest numbers of this group have been referred to the Work Programme which is the primary support mechanism for ex-IB claimants. Anecdotal

evidence from both JobCentre Plus and the Work Programme Prime Contractors is that there are significant levels of JSA claimants who have mental health conditions.

2.9 The highest concentrations of IB and ESA claimants are in areas of the city where deprivation is high and where we have the highest concentrations of low income households, low skills and educational levels, poor nutrition and poor physical and mental health – in particular North Manchester and East Manchester and some parts of Wythenshawe. These are also the areas where family poverty levels are high and where we expect welfare reform to have the greatest impact thereby compounding the challenge, a map illustrating this can be found at appendix 2 of this report.

2.10 As stated earlier a disproportionate number of claimants have poor mental health, this has a significant impact on need as longer term mental health conditions are associated with increased health care consultations and treatment for other health problems. Residents who are out of work with physical conditions may also offer suffer from mental health problems. The impact of the economic downturn is illustrated in increased prescribing rates for illness linked to poor mental health as figure 2 highlights. This shows that since 2008 prescribing of selective Serotonin Reuptake Inhibiters (SSRI with depressants) had increased year on year in all localities of the City. The latest available figures show that the number of prescriptions for SSRI's in Manchester fell by just under 10% between May and June 2012. This contradicts previous trends for the same period in 2010 and 2011, where the number of items prescribed had increased our remained stable. Overall, the number of prescriptions for this drug continues to go up.

Figure 2: Monthly Trends in SSI Prescribing 2008 - 2012



2.11 The issue of poor employment practice is also an issue of concern, including anecdotal evidence to suggest the growth of zero hour contracts amongst certain sections of industry that may affect the lowest paid and part-time workforce. Further work is required to gather data on this issue locally and a report on this will be taken to the Work and Skills Board. As will a report on the benefits of the Living Wage both to employers and employees.

2.12 In addition to local research the argument for improving health as part of the drive for growth has been clearly articulated across the Core Cities as set out in the 'Healthy cities, healthy economies' paper drafted by Sheffield (appendix 1). As Public Health functions will transfer to Local Authorities the attached report identifies a common approach within the core cities. The report proposes a number of actions with a view to engaging with central government and national welfare to work providers as well as the development of local responses to support healthy work and skills.

3. Developing a Healthy Work and Skills Strategy

3.1 The main issue that the JSNA process highlights is that Manchester has a range of good services that support healthy work and skills but they are often small scale, fragmented and not fully embedded in mainstream services. The conclusion of the JSNA is that we need to strengthen the commissioning role of all strategic partners to tackle worklessness and support healthy work and skills.

3.2 Changes to welfare will need to be factored into the process to develop a healthy work and skills strategy. The Welfare Reform Act 2012 is now law. Through a series of legislative measures, it is seeking to reduce the UK's welfare benefit costs by £18 billion over the next five years and promote work as a more income beneficial approach than claiming benefit. Embedded in the Act are a range of measures designed to simplify, streamline and reform the payment of out of work, income, housing and disability related benefits; reassess the fitness or otherwise of claimants to work; and provide employment related support.

3.3 Clearly, the Welfare Reform Act will have both positive and negative consequences for people, communities and local economies. Positively, it will potentially move a significant number of people into jobs, with subsequent impact for economic growth and the productivity of local economies such as Manchester and for the UK. Negatively, there will be particular cohorts of the population adversely affected by benefit reductions and changes.

Based on research undertaken by the Centre for Local Economic Strategies (CLES) for Manchester City Council (MCC) in July 2012, the following impacts are likely to be felt in Manchester;

- up to 7,000 residents may lose their entitlement to Disability Living Allowance (DLA);

- up to 9,400 claimants of Incapacity Benefit (IB) may be moved to Jobseekers Allowance as a result of Work Capability Assessment.
- up to 14,000 social tenants affected by under occupancy changes to housing benefit
- residents on low incomes/benefits will need to pay Council Tax from April 2013
- a potential cumulative loss to Manchester local economy of £44.85 million;
- about 13,500 claimants of IB or more (given appeals) are likely to be judged unfit for work and will remain on IB over 6,000 of these remaining in the 'support group';
- there is a key challenge for the 11,000 (49%) Incapacity Benefit claimants who claim for a mental health related disorder; the focus of the WCA is certainly in perception terms, largely on physical fitness to work;
- up to 64,000 claimants of out of work benefits will become eligible for Universal Credit;
- difficulty in improving the livelihoods of 20,000 families living in poverty with income below 60% of the median;
- movement of private renters, particularly in the North and East of the City and Wythenshawe. There may also be movement to neighbouring authorities.

3.4 MCC has established a Welfare Reform Board to coordinate activity to mitigate the impact being undertaken across MCC departments. Knowledge and intelligence of welfare reform impacts will be used in the management, commissioning and delivery of Council services and those of partner agencies to better support communities affected. Clearly there will be impacts upon health services and a need to ensure that health and employment and skills provision are ever more coordinated.

3.5 Current services and good practice to support healthy work and skills are evident and are summarised below:

- Specialist disability employment support delivered by a range of providers
- Fit for Work, being led by primary care, although limited adoption in Manchester
- Secondary care services including psychological therapies
- Improving Access to Psychological Therapies (IAPT)
- Health Trainer Service
- A range of brief Intervention services including those for mental health, alcohol and drugs
- Emotional Resilience training and support
- Healthy Living Network services
- Sports led services such as Success Through Sport
- Active Lifestyles Service
- Manchester Adult Education Services

- Manchester Mental Health and Social care Services supporting people to become work ready

The following good practice examples should be incorporated into the development of a healthy work and skills strategy:

- Ardwick City Region Pilot – including the multi-agency approach and the importance of front line worker training to improve an integrated approach to mental health service provision and employment services.
- Work Solutions – building upon intensive support to IB/ESA claimants back to sustainable work with a focus on issues such as drug and alcohol dependency.
- Community Budgets Phase 1 and 2 working with complex families utilising case workers and sequencing of interventions
- Developing wrap around services in conjunction with Prime Contractors as part of the Work Programme to support those individuals being supported by the programme
- The development of employee health and wellbeing strategies – The Greater Manchester Good Work Good Health Strategy supports all employers to ensure that work does not have a negative impact upon health and that poor health does not impact upon work. In line with the Charter MCC have adopted a strategy that provides a framework that fosters a proactive approach to enhancing the health and wellbeing of employees (the strategy will be circulated to board members for information).

3.6 The formation of the Health and Wellbeing Board (HWB) and the development of the JSNA and Joint Health and Wellbeing Strategy (JHWS) to direct the work of the board have provided the City with an opportunity to build on work undertaken over several years to support residents with health conditions in work and into work. This is driven by the need to reduce dependency and increase economic activity in the City but also recognising that the right kind of work is good for (mental and physical) health and that unemployment is a major cause of ill health.

3.7 There is an opportunity for the HWB to work with other existing partnerships such as the Children's Board and the Work and Skills Board to ensure that the cross cutting impact of worklessness is tackled. For example that transition support is in place for young people moving from Children's to Adults' Services e.g. when they become ineligible for child and adolescent mental health services so that there are no potentially harmful gaps in support. This is particularly important as we have 2,000 young people claiming IB or ESA, 59% of which primarily because of a mental health condition.

3.8 Based upon the local data gathered through the JSNA process and the evidence considered to inform future commissioning priorities for the City the following areas will be developed. This work will form the basis of priority seven (Bring people into employment and leading productive lives) of the boards JHWS.

- **Primary Care -** Emerging Clinical Commissioning Groups offer the chance to provide better linkages through GP led services, primary care and employment services. Supporting GPs and other health and care professionals to adapt the advice and support they provide to help people enter, stay in, or return to work will be a priority for action.

  Action – The Fit for Work Programme to be adopted by GP led Primary Care Services in targeted areas of the City with high levels of worklessness with full roll out by 2015.

- **Self-Help -** It is recognised that more needs to be done to raise confidence and resilience to support people on IB/ESA onto the pathway to employment in advance of re-assessment and mandating onto the Work Programme. Services with wrap around employment support should be delivered to help out of work sickness-related benefit claimants to manage their health conditions better and increase their chances of getting back into the labour market.

  Action – We will develop and commission self-help programmes with wrap around employment support to help claimants of out of work sickness-related benefits to manage their health conditions better and increase their chances of getting back into the labour market. We will support the integration of employment and skills support as part of any future commissioning of IAPT or similar services.

- **Mental Health -** The lack of a joined up referral process between employment and mental health services needs to be improved. Clear referral mechanisms should be in place for employment support providers including Work Programme providers to support people with mental health issues and co-case manage individuals who are not in work and that have a mental health condition. Leading to non mental health specialists knowing how to refer clients into the most appropriate mental health services.

  Action - Creation of single referral process between employment service providers and specialist mental health providers.

- **Workplace Health and Wellbeing** - It is recognised that supporting individuals back into work improves the life chances and health outcomes for individuals and their families. However, alongside this is the need to ensure that work supports good health, as unsafe workplaces and poor employment practice can cause or exacerbate health problems.

  The business case for promoting and supporting employee health and well-being has been well documented. Employers can gain clear benefits in reducing employee turnover and increasing the productivity and engagement of employees**.** The board and its strategic partners will work with a wide range of employers to encourage investment in workplace initiatives to promote the health and wellbeing of employees.

Action - The board and its strategic partners will work with a wide range of employers to encourage investment in workplace initiatives to promote the health and wellbeing of employees. The first stage of this process will be to work through MCC and NHS employers to ensure that their organisations adopt strategies to promote the health and wellbeing of employees through schemes such as the Greater Manchester Good Work Good Health Charter.

- **Procurement and Contracting –** Poor employment practice can often lead to work having a negative impact on an individual's health and wellbeing. The board will have a key role in leading by example and influencing others to adopt good practice such as acknowledgement of the Healthy Living Wage and deterring negative employment practice such as zero hours contract.

  Action – We will influence public sector commissioning to ensure that good, healthy work is promoted through procurement and contracting processes, encouraging all supply chain partners to sign up to the Greater Manchester Good Work Good Health Charter or equivalent workplace health standards.

4. Core Cities Collaborative Work

4.1 The Core Cities Group is a network of England's major regional cities which works in collaboration to ensure that national and regional policy that affects cities takes full account of 'on the ground' realities, providing workable, successful solutions to accelerate economic growth and to translate this into increased social cohesion.

4.2 The summary report attached in Appendix 1 of this report has been commissioned by the Core Cities Health and Wellbeing Group "Towards a local Health & Work Strategy" proposes 4 key actions. The Core Cities have agreed to take this report to their respective HWBs for endorsement and agreement to progress these actions. The Core Cities report identifies:-

- Across the Core Cities over half a million people are claiming benefits making up almost **10%** of national claimants.
- In terms of those claiming ESA or its forerunner IB, the claimant figure across the Core Cities is 233,180 making up **9%** of the national claimant total (this figure equates to approximately £1.2 billion of benefit payment p.a.).
- ESA/IB makes up **42.1%** of the total share of all DWP related benefit claimants for the Core City group.

The key findings from the attached report supports the conclusion that there is very strong evidence that underpins the 'cause and impact' relationship between ill-health and worklessness and furthermore the scale of ill health related worklessness outlined in this paper represents a brake on the economic potential of the Core Cities and therefore the national economy.

4.3 The Core Cities report recommends further joint activity focusing on 4 key areas for action:

- **Collectively engage with central government to influence policy in this area to present the business case to government for localised health and work action.** This work will be taken forward by the Core Cities' Health and Wellbeing Group who will seek an early dialogue with Department for Work and Pensions (DWP) in autumn 2012. Assessing the current City Deal position and gaining local political backing would be paramount, as would utilising previous local commissioning strategy's. It is envisaged that the possibilities of alignment, co-investment, payment by result modelling and involvement in future policy design could all be established as the basis for further dialogue with Government regarding future policy;

- **Collectively engage with work programme prime contractors (and their sub-contractors) to identify how local cooperation can enhance the capability for the Work Programme to support sustainable employment for those with ill-health.** DWP would need to be engaged to manage the balance between self-organised, supportive action and sensitive data and commercial contract management procedures, which would otherwise be out of scope;

- **Collectively establish a Core Cities commissioning framework for Health and Work.** This will identify prevention/early intervention measures that can mobilise public health and local clinical commissioning activity alongside nationally delivered provision building on best practice in the Core Cities and beyond. The HWB could play an overarching role in Implementing the framework for each area. Commissioning should focus on addressing barriers into work from a health perspective and also aid prevention and, crucially, support sustainability in employment;

- **Individually undertake local stakeholder engagement around Health and Work in order to develop greater understanding of the local context.** A further assessment of the role that secondary mental health (such as IAPT service delivery) and the third sector organisations can play in supporting sustainable employment for people who experience ill-health and are out of work could also be made. HWBs may wish to lead this process with cross-themed 'Health and Work Steering Groups' to inform JSNA and JHWS outcomes.

5. Next Steps to Develop a Healthy Work and Skills Strategy for Manchester

5.1 The HWB will work in partnership with the Work and Skills Board to work with other strategic partnerships to ensure that work and skills provision and strategies are fully integrated with others to reduce dependency and ensure that Manchester residents benefit from economic growth.

5.2 The development and implementation of the JHWS will provide an opportunity to work with strategic partners to develop the areas for action outlined in section 3.8 of this report.

5.3 Working through the Core City Strategy will enable the board to have an influencing role with Government to ensure that further changes to employment and welfare policy does not adversely affect the health and wellbeing of local people.

Appendix 1: Core Cities Discussion Paper June 2012

CORE CITIES:
"TOWARDS A LOCAL HEALTH AND WORK STRATEGY"
DISCUSSION PAPER

Summary

The interrelationship between health and work or indeed a lack of work is vital to the economic and social wellbeing of the Core Cities economies. Being out of work, or in some instances never having been in work, puts individuals living in these cities at increased risk of ill health and premature death, with all of the associated societal costs involved. Supporting individuals with long term health issues back into work and assisting them to sustain in employment not only boosts the local economy but improves the life chances and health outcomes for these individuals and their families. The argument for improving health as part of the drive for growth in Core Cities is clearly set out in the 'Healthy cities, healthy economies' paper drafted by Sheffield. As Public Health functions are now positioned within Local Authorities, this paper seeks to inform the Core City group on the need to formulate a robust business case that can inform a cross- themed local health and work strategy.

The **headlines** for the Core Cities are as follows:-

- Across the Core Cities over half a million people are claiming benefits making up almost **10%** of national claimants.
- In terms of those claiming Employment and Support Allowance (ESA) or its forerunner Incapacity Benefit (IB), the claimant figure across the Core Cities is 233,180 making up **9%** of the national claimant total (this figure equates to approximately £1.2 billion of benefit payment p.a.[1]).
- ESA/IB makes up **42.1%** of the total share of all DWP related benefit claimants for the Core City group.
- However Work Programme data for the first quarter of delivery, up to and including October 2011, shows that referrals are overwhelmingly made up of JSA claimants with health related claimant groups making up just **4.3%** of total referrals.

[1] DWP's Resource Tabulation Tool May 2010 av. ESA/IB payment £100 pw

- There is a **ten year** difference between England's best life expectancy and that of the lowest ranking Core City (85 years old for men and just 74 in Manchester and almost 90 years old for women and just 79 in Newcastle).

Key **findings** from this work can be identified as follows:

- Statistically there is very strong evidence that underpins the 'cause and impact' relationship between ill-health and worklessness. The data included in this paper compares a range of themes- from life expectancy, economic activity and inactivity, through to skills and NEETs. **Poor health is a major barrier to employment** within the Core Cities and when combined with other issues such as low skills and multiple deprivation factors it becomes much more significant. Given the ongoing labour market stress caused by the underlying weak economic outlook, these challenges look likely to remain. **The scale of ill health related worklessness outlined in this paper represents a brake on the economic potential of the Core Cities and therefore national economy.**
- Given the significance of work-related benefits claimants within the Core Cities and the high proportion of these who are workless due to ill health and disability the **Government has much to gain from ensuring that the Work Programme and other national policy interventions are effectively targeting Core City populations and working effectively in a local context.**
- To date few of the Core Cities PCTs have invested mainstream Public Health resource in Health and Work interventions however a strong track record of effective work exists utilising external funding and central government programmes such as the Fit for Work pilots. The Public Health Outcomes Framework contains indicators within Domain 1 (tackling the wider determinants of health) which can provide a focus for future Public Health commissioning in this area. Health and Wellbeing Boards will have a critical role in determining whether local authority public health allocations should be commissioned to support this agenda. **Clear Public Health Commissioning Guidance endorsed by the National Institute of Clinical Excellence (NICE) could identify effective interventions and ensure that Public Health input is focussed on adding value to DWP and other core programmes.**

- Clearly there is a role to employ a localised 'joining-up' strategy. Government policy is once more developing a localisation programme and alongside the Welfare Reform and Health and Social Care Bills, there is further emphasis on interaction across private markets and with the Third Sector community. **Arguably, it will be down to local authorities themselves utilising their new Public Health duties to act as the lead stakeholder in developing a joining-up local strategy, which can connect public health, clinical commissioning and national welfare to work programmes into solutions that fit local need.** The Core City network focusing on this task in a united environment is potentially able to significantly add support and value overall.
- **Both the City Strategy programme in the past and the current City Deals process involved or will involve the opportunity for Core Cities to engage in a dialogue with Government regarding policy design.** Taking this a stage further it is recommended that a more detailed debate is held with government on the potential for co-investment into payment by results programmes across the welfare to work framework. This could act as a bridge to establishing innovation and potential private sector investment- social bond models being developed for schemes such as the DWP Innovation Fund model may be able to act as useful templates for developing this avenue of activity.

It is **recommended** that the Core City partnership agree an initial ***strategic intent*** to develop further joint activity focusing on four key areas for action:

1. **Collectively engage with central government to influence policy in this area to present the business case to government for localised health and work action.** This work will be taken forward by the Core Cities' Health and Wellbeing Group who will seek an early dialogue with DWP in Autumn 2012. Assessing the current City Deal position and gaining local political backing would be paramount, as would utilising previous local commissioning strategy. It is envisaged that the possibilities of alignment, co-investment, payment by result modelling and involvement in future policy design could all be established as the basis for further dialogue with Government regarding future policy;

2. **Collectively engage with work programme prime delivery providers (and their sub-contractors) to identify how local cooperation can enhance the capability for the Work Programme to support sustainable employment for those with ill-health.** DWP would need to be engaged to manage the balance between self-organised, supportive action and sensitive data and commercial contract management procedures, which would otherwise be out of scope;
3. **Collectively establish a Core Cities commissioning framework for Health and Work.** This will identify prevention/early intervention measures that can mobilise public health and local clinical commissioning activity alongside nationally delivered provision building on best practice in the Core Cities and beyond. Health and Wellbeing Boards could play an overarching role in impacting the framework for each area. Commissioning should focus on addressing barriers into work from a health perspective and also aid prevention and, crucially, support sustainability in employment;
4. **Individually undertake local stakeholder engagement around Health and Work in order to greater understand the local context and further assess the role that secondary mental health (such as IAPT service delivery) and the Third Sector organisations can play in supporting sustainable employment for people who experience ill-health and are out of work.** Health and Wellbeing Boards may wish to lead this process and cross-themed 'Health and Work Steering Groups' acting as an operational focus for stakeholder engagement could be formed to inform Joint Strategic Needs Assessment outcomes.

Appendix 2: Number of Manchester ESA/IB Claimants Total February 2012 (Source, NOMIS)