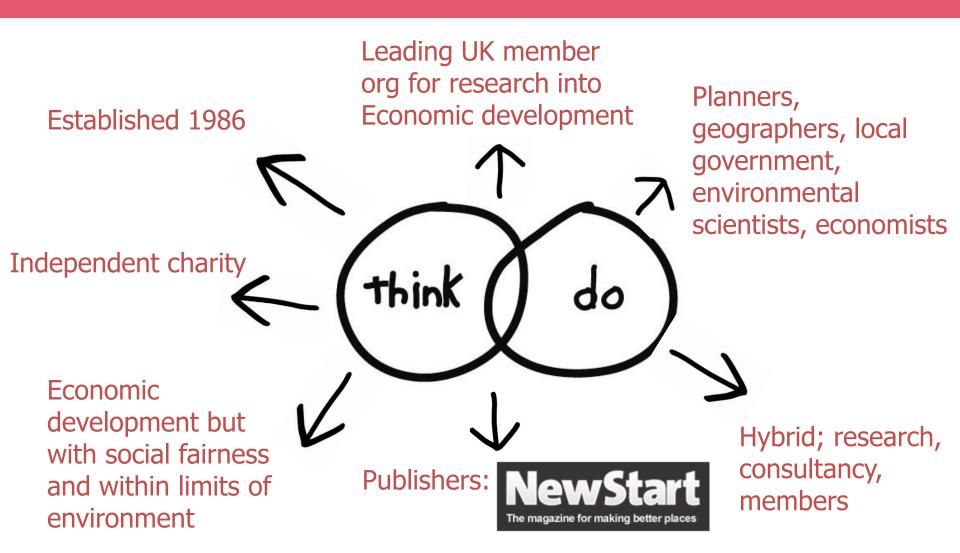


What Keeps UK Healthy? Geographical perspectives of work and worklessness

6th November 2012

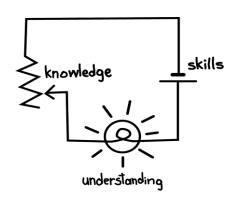
Neil McInroy, Chief Executive, CLES



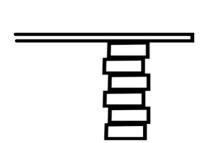




Make Strategies



Thinkers/trainers for government support



Evaluate policy and programmes



Work out social, economic value of things



Help to develop new ideas for places



Make, interpret, dissect and lobby for policy

regeneration



Key research themes

- Place resilience
- Progressive procurement
- Social economy
- Social exclusion and poverty
- Local Economic Futures



Policy and delivery structures

- The Health and Social Care Act
 - Increased role for LA's, GP's. Clinical Commissioning Groups
- The Work Programme
 - Payment by outcomes sustainable employment
- The move from Incapacity Benefit to Employment Support Allowance
 - Work Capability Assessments
- The wider welfare reform agenda
 - Introduction of Universal Credit and Housing Benefit reform
- Local Enterprise Partnerships/City Deals etc.



CLES case studies

Review of Health and worklessness in Greater Manchester

Health Trainers and worklessness: Making the Links project



Case Study — review of health and worklessness in Greater Manchester

Background to the study

- Mapping of health and worklessness provision, key gaps and issues that shape future activity.
- Cost of health related worklessness- £1.4bn (includes IB and loss of Tax revenues, but not loss of economic output)
- Almost 10% of Gtr Manchester working age claiming health related benefit (IB/ESA).
 - 45% (64,800) due to 'mental & behavioural disorders'
- A changing picture of WCA 39% of ESA assessments were 'fit to work'. 38% close their claim. Just 18% eligible or ESA



Case Study – review of health and worklessness in Greater Manchester

Conclusions

- Diffuse scale and quality of provision.
 - Very few dedicated services on health and worklessness but a wider aim of many.
 - Focus on benefit type NOT specific health conditions
- Current and planned investment is not enough to meet demand
- Policy infrastructure is developing but delivery is still catching up (worklessness or health)



Health Trainers

- National scheme run by public health consultancy, providing opportunities for people to act as health promoters and advisors within their own communities
 - Advice, support and signposting of people
- Also aims to provide route into health related employment for trainers
- Piloted possibility of extending this model, to link with worklessness and Job Centre plus.



Case Study — Making the Links project

Background to the project

Adaptation of Health Trainer model in Barrow, Workington & Sefton

Aims

- Improve employability and health of workless residents
- Increase referrals to local health and employment services
- Improve partnerships between health Trainer Service and JCP

Activities

 Engage, motivate & support workless residents. Activities (health or employment based). Referrals to other agencies



Case Study — Making the Links project

Key findings

- Outreach work within community is vital
- Flexibility is key high number of engagements per client & high drop out
- Increasing confidence, improving life skills and volunteering are vital.
- Support needs to be intensive and a long term process = high cost



Ongoing and Future challenges

- Increased demand for health services due to recession
 - a lack of jobs, poverty, depression, poor health outcomes
- Very few dedicated health/worklessness activities
- Fit between outcome of WCA's and available services is huge.
- The unknown health impact of overhauling the benefits system:
 - Monthly payments direct to claimants, debt, cuts to housing benefit, social cohesion impacts
- Is link between health and worklessness recognised within new health structures
- Work programme is broadly NOT tackling health related worklessness?



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