
Work and Health Programme: We don't know nothing

30 January 2017

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We don't know nothing about:

- What DWP wants
- The Work and Health Programme design
- What works

- But what do we still need to find out?

What DWP wants

- Tailored support
- High performance
- Local integration
- Added value

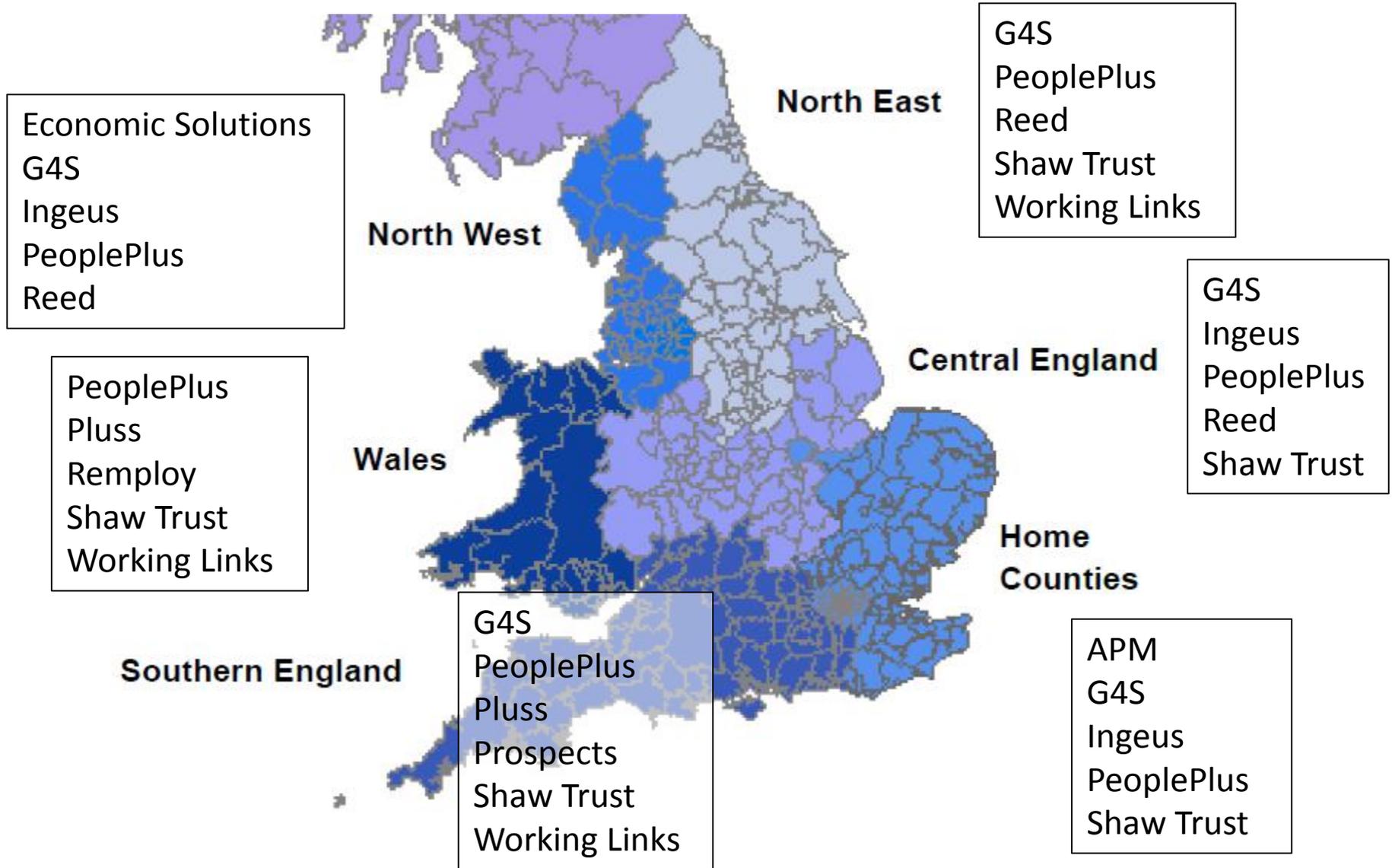
Which means?

- **Tailored support**
 - Specialist advisers/ coaches, smaller caseloads, personalised support
 - Supported Employment principles
 - Focus on engagement and retention in-programme
- **High performance**
 - Focus on results – meaning employment entry
 - Measures of progress towards work, progression in work?
- **Local integration**
 - Health and employment
 - But services misaligned in objectives, delivery models and culture
 - Where it works, co-ordination at **management** and **operational** levels – underpinned by public service leadership, governance, systems, ways of working
 - With skills support, devo deals, housing, welfare...
- **Added value**
 - = cash..?

WHP design

- Who got what
- Funding and what this will buy
- Key features on programme design

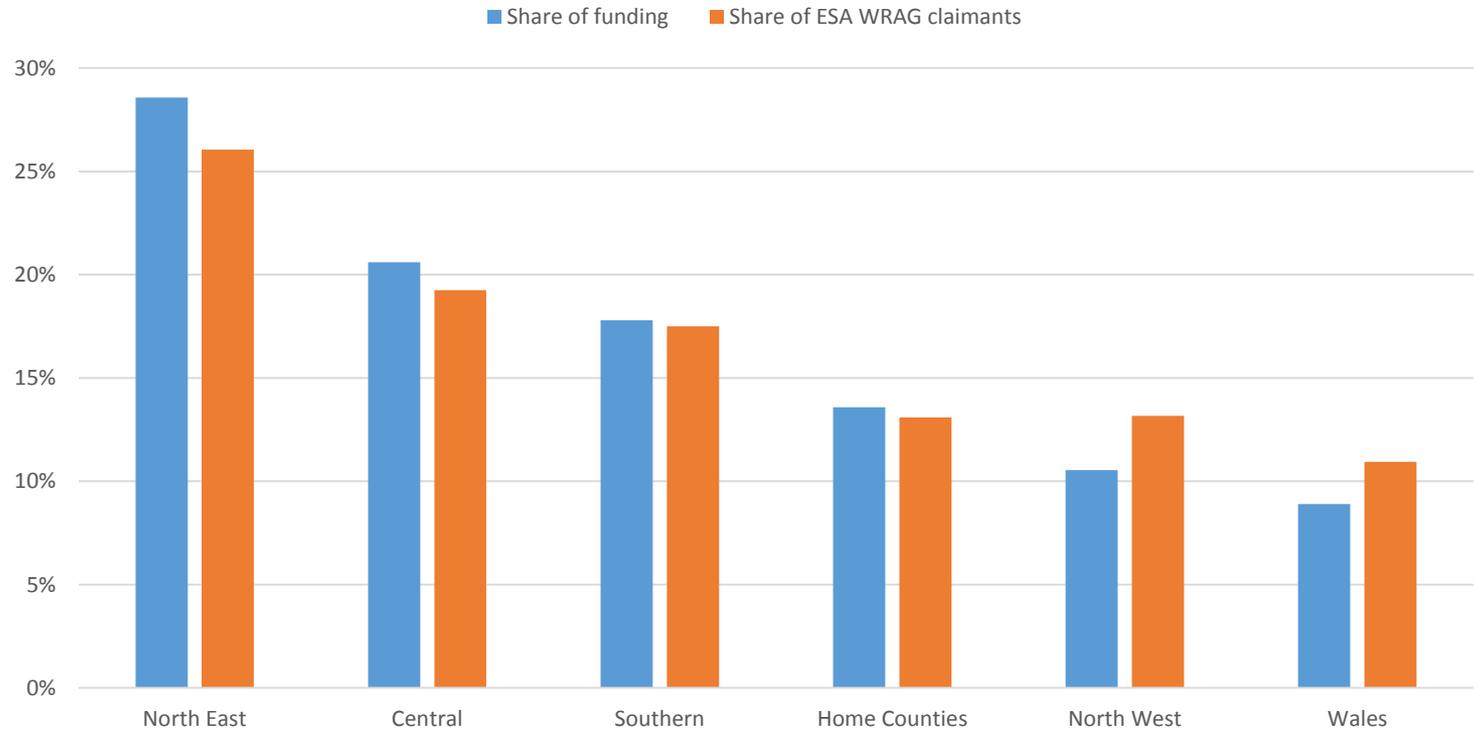
Who got what?



Contract values (from ITT):

CPA	Funding (£m)	Share of funding
North East	£121.9	28%
Central	£88.4	21%
Southern	£76.2	18%
Home Counties	£58.2	14%
North West	£45.2	11%
Wales	£38.3	9%
Total	£428.2	

We think funding broadly mirrors ESA WRAG volumes (and ESA generally)



Source: DWP ITT and L&W analysis of NOMIS

So what would this buy?

- DWP estimate **186,000 participants**, so an implied unit cost of **£2,300 per person**
 - Nearly double Work Programme (we estimate £1,281)
- Over five years of referrals, c37,000 a year
- DWP anticipate **75% ESA and disabled participants**; 25% LTU and early entry – so 27,000 plus 9,000
- So programme should be large enough to serve new ESA WRAG (and UC LCW) claimants and more
 - We forecast c31,000 new ESA WRAG p/a
- By comparison, Work Programme and Work Choice have supported over **750,000** disabled claimants over five years
- So big challenges in achieving objective of more integrated, localised services

Forecast volumes per CPA per year will be low

CPA	Funding (£m)	Share of funding	L&W forecast annual flows
North East	£121.9	28%	10,600
Central	£88.4	21%	7,700
Southern	£76.2	18%	6,600
Home Counties	£58.2	14%	5,100
North West	£45.2	11%	3,900
Wales	£38.3	9%	3,300
Total	£428.2		37,200

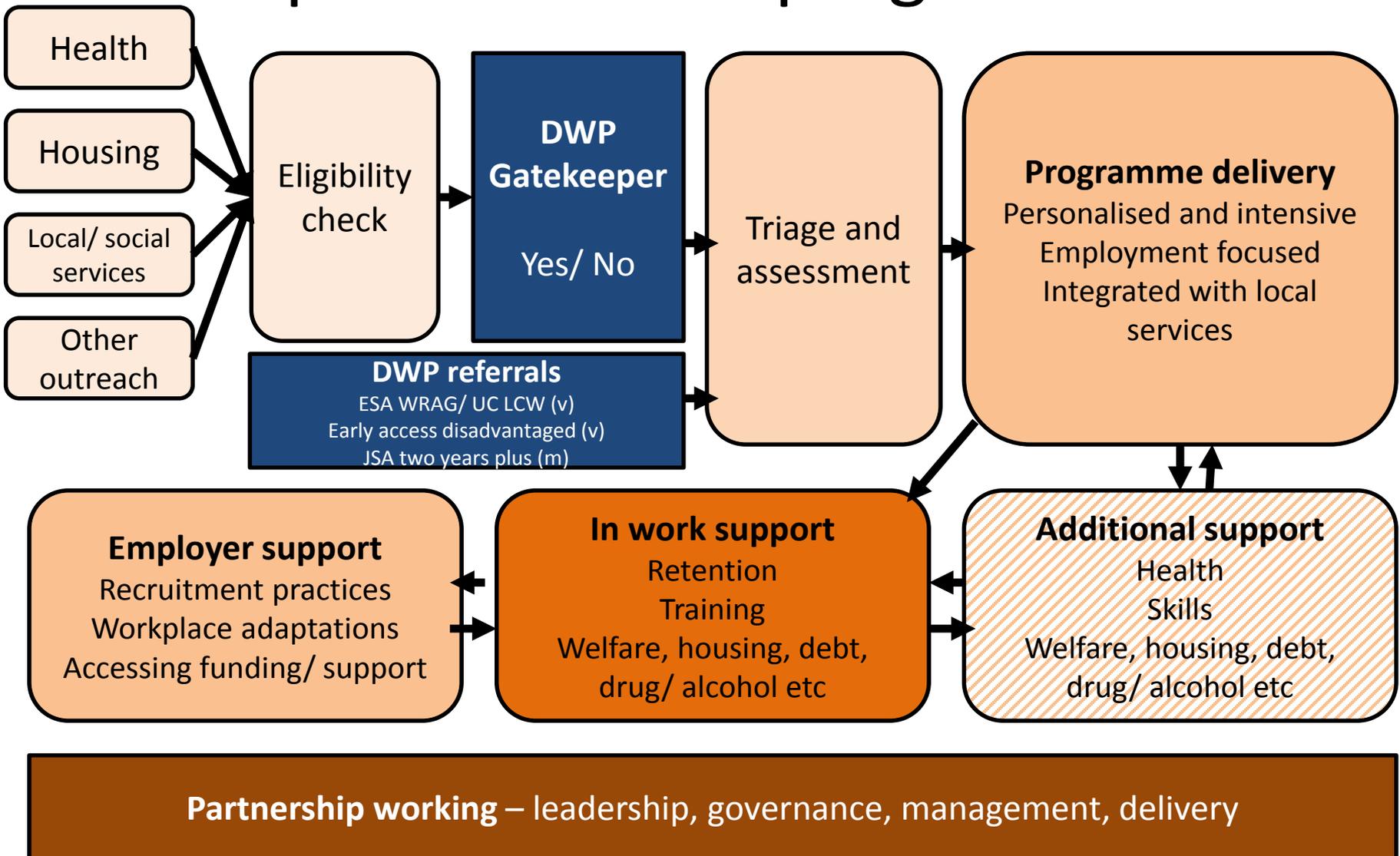
Local input, negotiation, oversight likely to be key

- Excluding London and Manchester, seven 'devolution deal' areas will have significant input into local design and selection
- We understand that two may have withdrawn from co-design?
 - Cardiff Capital Region (City Deal)
 - Liverpool City Region
 - Cambridge and Peterborough
 - ~~North East Combined Authority?~~
 - Sheffield City Region
 - Tees Valley Region
 - West of England
 - West Midlands Combined Authority
- Combined, we think these account for **26%** of potential participants
- The deals are all here: <http://www.local.gov.uk/devolution-deals>

The funding model – still very (job) outcome based

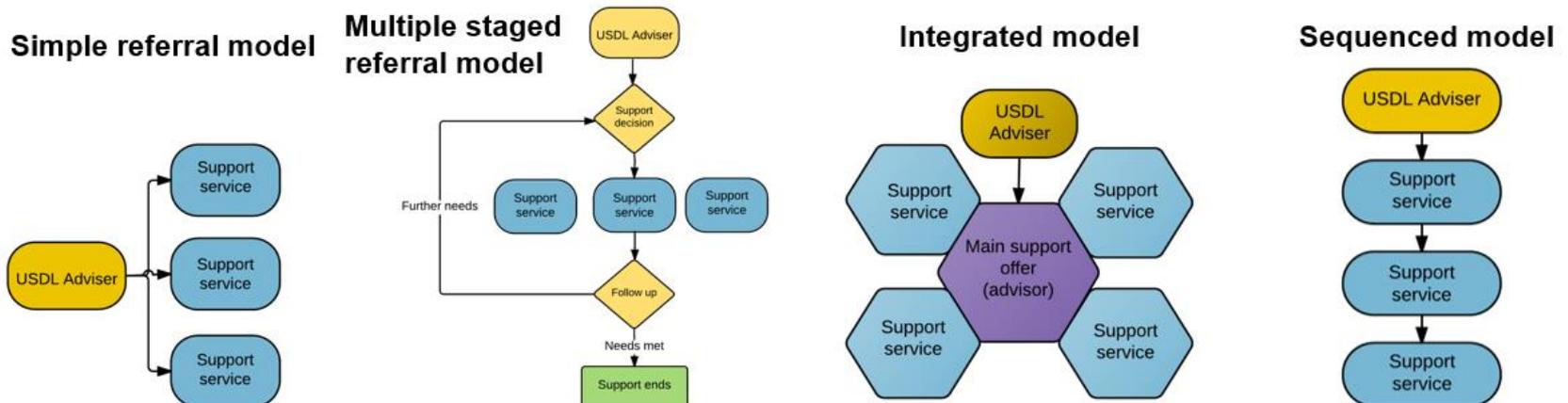
- Delivery fee – 30% of contract value
 - Good news – this is not an attachment fee
 - May be equivalent to £500 per participant
- 70% on outcomes
 - Cf. Work Programme, which will end up more than 80%
 - We think outcome payments in WP limited innovation and contributed to selection/ parking risks
- Innovative ‘accelerator’ model
 - Welcome in principle
 - Provides an antidote to parking risks?
 - But tough to model – where is breakeven, will this further inhibit innovation?

This will feel different to previous DWP programmes



Effective management – at all levels – will be key

- Partnerships
- Outreach
- DWP/ contract (local and national)
- Caseloads
- Referral systems, processes and monitoring
- Employer – engagement, brokerage, support
- Financial – within and without supply chains
- Performance
- And many different models for how this can work:



Source: L&W evaluation of DWP USDL trials

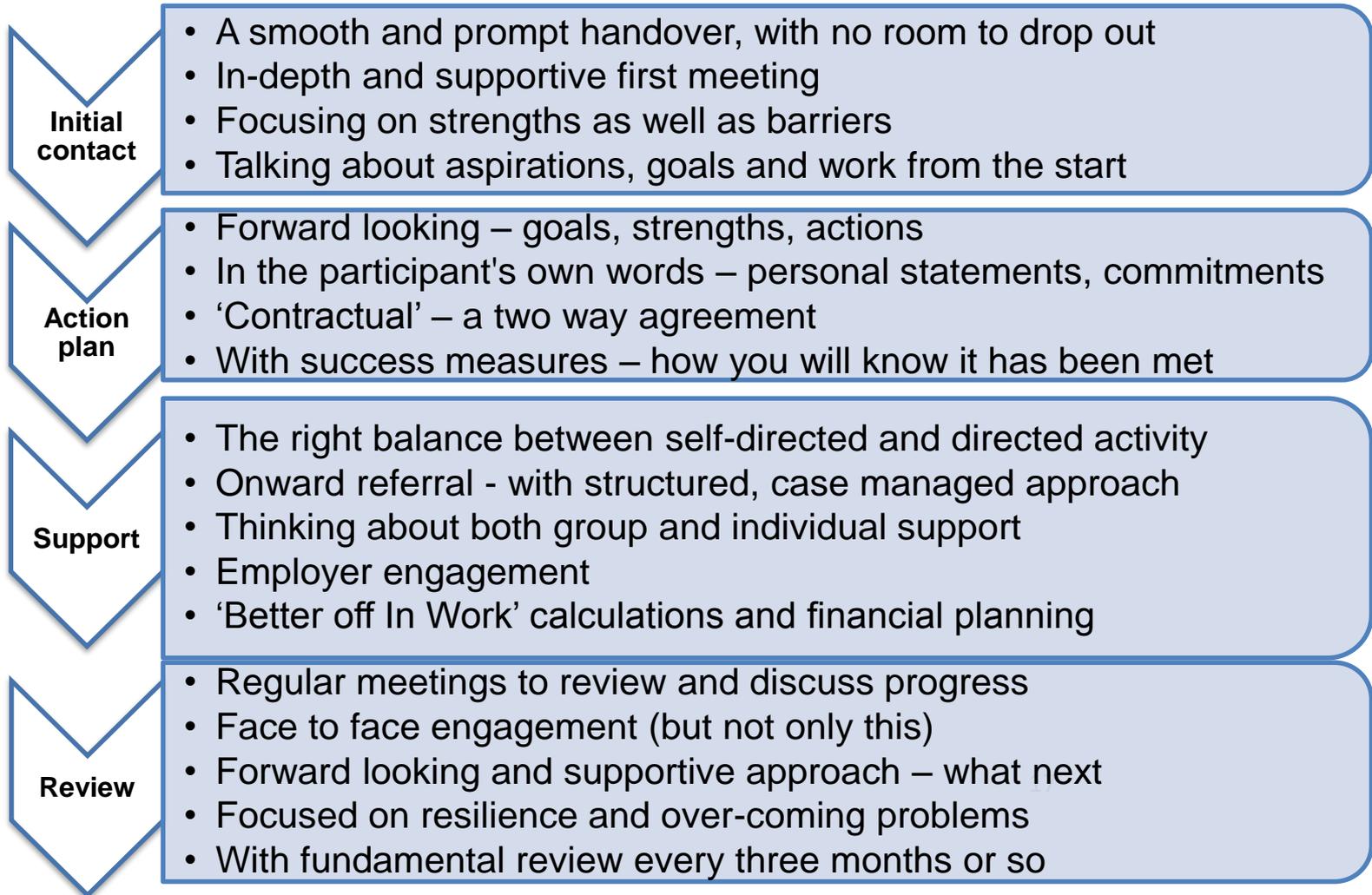
What works?

WHP – like its predecessors – will be built around the adviser

- One-to-one, regular and timely support
- Smaller caseloads and more frequent intervention associated with better results
- Range of skills and capabilities matter
 - Engagement, motivation, partnership working, job matching and brokerage, caseload management
- Action planning, building self-belief, overcoming setbacks
- A focus on maintaining momentum and achieving outcomes
- Supporting out of work and in transition into work
- Linking with additional support, and focused on outcomes

No one adviser can do all of this! Implications for organisation, supply chains, contract and customer journey management

What does this look like in practice?



For disabled people and those with health conditions

- Many of the key themes will be familiar:
 - Effective adviser support – right level of (specialist) support, tailored to needs, with smaller caseloads and enough time
 - Whole person support – raising expectations, of participants and their families, healthcare professionals, others
 - Effective profiling – of aspirations, capabilities, needs
 - Intervening at the right time – and often earlier
 - Job matching – including job (re)design – and in-work support
 - Effective employer engagement – ‘individual-based’ and ‘employment agency’ approaches
 - Financial planning and incentives – RtWC, Permitted Work

***But trade-offs: narrow and intensive
versus broad and shallow***

Critically, a different approach to employer engagement

- There are specific challenges in working with employers:
 - Low awareness of specific conditions or impairments
 - Low awareness of support available
 - Dependence on service providers to help them navigate support
 - Recruitment practices that discriminate or are not accessible
- How well can we address this through small scale, fragmented markets?
- Should JCP (or a single provider) act as a national employer engagement service, or clearing house for WHP providers?
- Can we marshal the public sector's power as commissioners/ purchasers?

‘Individual Placement and Support’ is the latest big thing

- Very good evidence that where this is done well, it works – for those with mental health conditions, and possibly others
- A ‘place, train’ sustain’ model – like supported employment
 - Vocational profiling/ in depth assessment
 - Whole person support
 - Strong focus on rapid transition to work
 - Support in work – to employer and individual
- Many of you will follow these principles – so is it the principles or fidelity to the model that matters?

The UK IPS Fidelity Scale

Caseload size	Adviser focus on employment	Multidisciplinary advisers	Integration with MH teams	Contact with MH teams
Collaboration with govt progs	Employment unit	Management of unit	Exclusion criteria	MH trust commitment
Executive team support	Work incentives planning	Employment disclosure	Ongoing support in work	Rapid jobsearch
Personalised jobsearch	Employer contact	Quality contact	Diversity of jobs	Diversity of employers
Competitive jobs	Ongoing support	Time unlimited support	Community engagement	Proactive outreach

<https://www.centreformentalhealth.org.uk/the-ips-fidelity-scale>

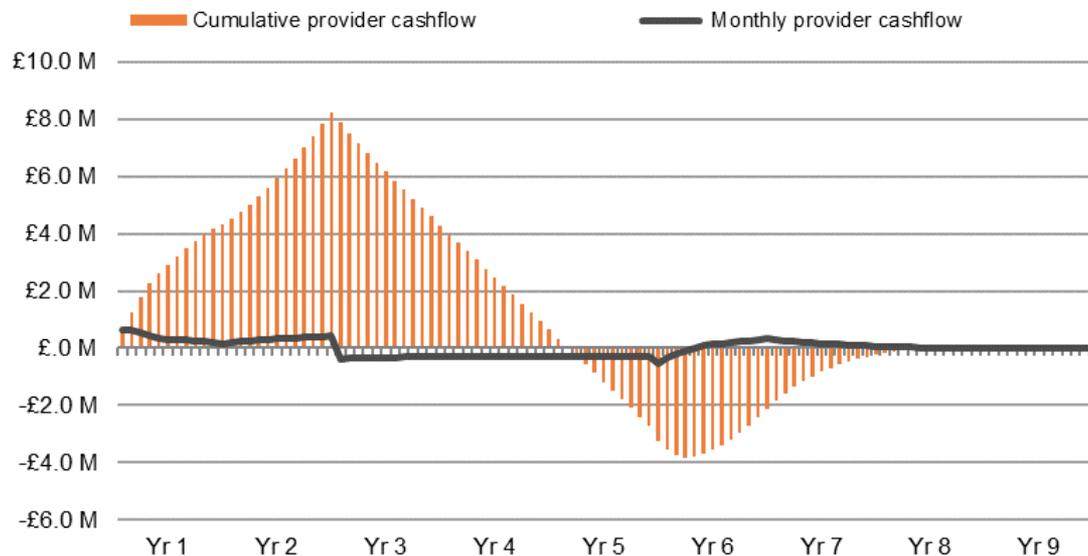
- Clear principles for effective programme management
- Specifies the *what* rather than the *how*
- Also a range of resources at <http://base-uk.org/knowledge-base>

But what don't we know – and need to know?

- **The gatekeeper role and tools**
 - The proposed Goldilocks tests – hard for JCP locally to be impartial
 - Local outreach, referrals and partnerships will succeed or fail on this
- **Local integration**
 - Always depends on public sector engagement and leadership
 - What is the offer and the ask from DWP/ areas?
- **Service expectations**
 - Frequent, personalised support is key – but expensive
 - Black box has had its issues in Work Programme
 - WHP still incentivises employment over progression
 - Will service requirements/ standards/ guarantees be stronger?
- **Testing, learning and doing what works**
 - How do we improve on the programmes we're replacing?
- **Volumes, price and funding assumptions**
 - Without these, impossible to judge viability of model

We've built our WHP model...

- A fully adjustable, excel-based tool that enables users to model the finances of the WHP
- Once we see the ITT, it will be finalised to incorporate the proposed payment model and assumptions on unit costs and baseline performance
- The model then enables users to input their own assumptions on performance, prices and costs – and from this generate forecasts of income, cashflow and profit/ loss



- Watch this space!

Final thoughts

- The model looks good – and welcome. But:
 - Timescales are tight
 - Challenges to local involvement and integration significant
 - Government and public services must lead – Work Programme showed that integration won't happen without
 - Volumes outside cities and deprived areas likely to be low – we need to do more
 - Would like to see clear service requirements, focus on innovation and learning, and independent gatekeeper

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