

APPENDIX 2: HEALTH RELATED WORKLESSNESS

EXECUTIVE SUMMARY

Wirral's ambitious Investment Strategy sets out how the Council and partners will drive economic growth and increase investment in the Borough. It identifies that a successful economy is fundamental to the Borough's future prosperity and sets out three essential areas for success, namely People, Places and Business. We are aiming high and have strong political backing to support this ambition. Locally we have full cross-party support for our Investment Strategy and have MP's who have held a range of appointments within government within this agenda; Angela Eagle MP, Parliamentary Under-Secretary Dept of Social Security (1998 2001); Rt Hon Frank Field MP, Minister for Welfare Reform (1997/98) and Rt Hon Esther McVey MP, Minister of State for Employment (2013 to date).

Within this context, Wirral has for many years sought to address worklessness, targeting programmes in support of all benefit recipients. In 2001 we were a pathfinder area for Jobcentre Plus and in 2004 we were the first borough nationally to set, and indeed achieve, a worklessness reduction target as part of the Local Public Service Agreements. Despite achievements to date, Wirral still has levels of worklessness exceeding the regional and national average, with persistent spatial concentrations of worklessness and significant levels attributable to health related worklessness. However despite significant success in reducing health related worklessness in the borough at a rate that is more than **double the national average**, high levels persist.

Partners in Wirral continue to acknowledge that worklessness has a scarring effect on individuals and communities, with deprivation and inequality also limiting the life chances of future generations. Therefore within the context of Welfare Reform, recent discussion has focused on developing a pilot initiative to work together and develop new approaches to address the high level of health related worklessness that has persisted for too many local people, for far too long. A single agency cannot achieve this independently. The public sector must therefore work together and raise its game in order to change the lives of our residents who are furthest from the labour market and revitalise our most deprived communities into working neighbourhoods.

This proposal will link to the Council's newly established Parliamentary Constituency Model. It will trail blaze a place based pilot in Birkenhead, with an added spatial focus on neighbourhoods within the constituency that have some of the highest rates of worklessness nationally. The pilot will hear the voices of our residents and work with them to explore how best to integrate and sequence a bespoke package of support to reduce health related worklessness and importantly reduce the cost to the public sector.

The approach will build on the good practice of the Liverpool City Region (LCR) Youth Unemployment Task Force facilitated by Wirral Council. As such this project will conduct an 'experiential review' with claimants and local employers, also including them in the heart of the solution phase. In addition to this we will incorporate business improvement methodology with our partner organisations and stakeholders in service re-design.

While Wirral has significant rates of worklessness that exceed regional and national rates, we realise that we are not alone in the challenge to address health related worklessness. We therefore intend to work with other areas nationally to develop our findings, recommendations and pilot delivery approach. We will also ensure that we publish our findings and share our journey with both local partners in the Liverpool City Region via our Combined Authority and also seek wider dissemination via the Public Service Transformation Network and central government.

CASE FOR CHANGE

Wirral has high levels of worklessness with rates that far exceed the regional and national averages.

Figure 1 identifies that there are currently 30, 210 workless residents claiming key out of work benefits in Wirral. This represents 15.3% of Wirral's working age population, compared to a regional and national average of 13.4% and 10.6% respectively.

18,750 residents are claiming the health related benefits of Employment Support Allowance (ESA) and Incapacity Benefit (IB); notably this accounts for 62% of all workless benefits claimed in the borough. These stark numbers equate to almost 1 in 10 working age residents in Wirral claiming health related workless benefits, compared to a national rate of 1 in 17.

Figure 1: Wirral Worklessness Data

Benefit Type	Wirral numbers	Wirral (%)	North West (%)	England (%)
Job seekers	6,960	3.5%	3.7%	3.1%
ESA and incapacity benefits	18,730	9.5%	7.9%	5.8%
Lone parents	3,570	1.8%	1.5%	1.3%
Others on income related benefits	950	0.5%	0.4%	0.4%
Total out-of-work benefits	30,210	15.3%	13.4%	10.6%

DWP, Working-age client Group, August 2013

Parliamentary Constituency of Birkenhead

Within Wirral persistent spatial concentrations of worklessness exist. Figure 2 highlights that the parliamentary constituency of Birkenhead has 12,700 residents claiming key out of work benefits, equating to 23.6% of the working age population. (Appendix 1 provides mapping detail.)

7,700 constituency residents are claiming the health related benefits of ESA and IB; notably these account for 41% of the Wirral total and strongly support the rationale to conduct a place based pilot in this area. 1 in every 7 working age residents claim health related workless benefits in the area compared to the national rate of 1 in 17.

Figure 2: Parliamentary Constituency Worklessness Data

Benefit Type	Birkenhead	Wallasey	Wirral South	Wirral West
Job seekers	2,970 (5.5%)	2,230 (4.0%)	850 (2.0%)	910 (2.3%)
ESA and incapacity benefits	7,700 (14.3%)	5,880 (10.2%)	2,620 (6.3%)	2,560 (6.4%)
Lone parents	1,660 (3.1%)	1,190 (2.2%)	370 (0.9%)	360 (0.9%)
Others on income related benefits	370 (0.7%)	310 (0.6%)	120 (0.3%)	150 (0.4%)
Total out-of-work benefits	12,700 (23.6%)	9,580 (17.4%)	3,950 (9.5%)	3,980 (9.9%)

DWP, Working-age client Group, August 2013

Small Area Data

Within the constituency there are also significant concentrations of health related worklessness which further demonstrate the striking deprivation and inequality that exists at neighbourhood level.

Figure 3 highlights the number and rate of ESA/IB claimants by ward¹. From this it can be seen that the wards of Bidston & St James; Birkenhead and Rock Ferry all have rates significantly above the Wirral average, rising to almost 1 in 5 working age residents in the ward of Birkenhead claiming a health related workless benefit. Conversely, both Oxtan and Prenton have rates that are equal to or below the Northwest regional average. (Appendix 2 provides mapping detail.)

Figure3: Birkenhead Parliamentary Constituency Data by Ward (ESA/IB)

Ward	ESA/IB Number	ESA/IB Rate
Bidston & St James	1,920	17.3%

¹ NB DWP data relates to XXX ward boundaries and not the most recent XXX definitions

Birkenhead	1,860	19.3%
Cloughton	895	11.8%
Oxton	845	7.9%
Prenton	680	7.8%
Rockferry	1,495	16.2%

DWP, Working-age Client Group for small areas, August 2013

More detailed analysis of small area data demonstrates significant levels of deprivation and worklessness at lower level super output area. Examples include:

- The Vittoria Dock area in the ward of Bidston & St James has 36% of the working age population claiming ESA/IB. This area was identified by Centre for Social Justice² in the report: 'Signed On, Written Off' as the 4th largest 'benefit ghetto' in England. In this area more than 1 in 3 residents are claiming health related workless benefits.
- The Morpeth Dock area in the ward of Birkenhead has 26% of the working age population claiming ESA/IB. This area was identified by Wirral Local Strategic Partnership Executive Board as a priority location under the "Stronger Communities Initiative" led by Merseyside Police, with the aim of narrowing the gap between this area and the rest of the Borough. In this area more than 1 in 4 residents are claiming health related workless benefits.

Age

Analysis of the age breakdown of ESA/IB recipients in the Birkenhead parliamentary constituency demonstrates that the largest proportion of claimants is the 25 to 49 age group, which represents nearly 50% of health related worklessness in the area. Interestingly certain age groups have stark differences between the rates of ESA and IB; namely the 18 to 24 cohort which represents almost 10% of ESA recipients but only 2% of IB. Conversely the rate of ESA recipients aged 60+ is 22% points less than IB for the same age group. In total there are 4,520 residents claiming either ESA or IB who are aged between 16 and 59 and as such have a significant working career remaining.

Figure 4: Birkenhead Parliamentary Constituency Data by Age (ESA/IB)

Benefit	Aged 16-24	Aged 25-49	Aged 50-59	Aged 60+	TOTAL
Employment Support Allowance	605 (9.5%)	3,300 (52.0%)	1,960 (30.9)	470 (7.4%)	6,335 (100%)
Incapacity Benefit	30 (2.0%)	585 (40.0%)	415 (28.4%)	430 (29.4%)	1,460 (100%)
TOTAL	635 (8.1%)	3,885 (49.8%)	2,375 (30.4%)	900 (11.5%)	7,795 (100%)

DWP, Working-age Client Group August 2013

² <http://www.centreforsocialjustice.org.uk/publications/signed-on-written-off>

Gender

Analysis of ESA and IB recipients by gender does not highlight any variance between each benefit type. For both, the majority are male, representing 56% of the total for the area.

Figure 5: Birkenhead Parliamentary Constituency Data by Gender (ESA/IB)

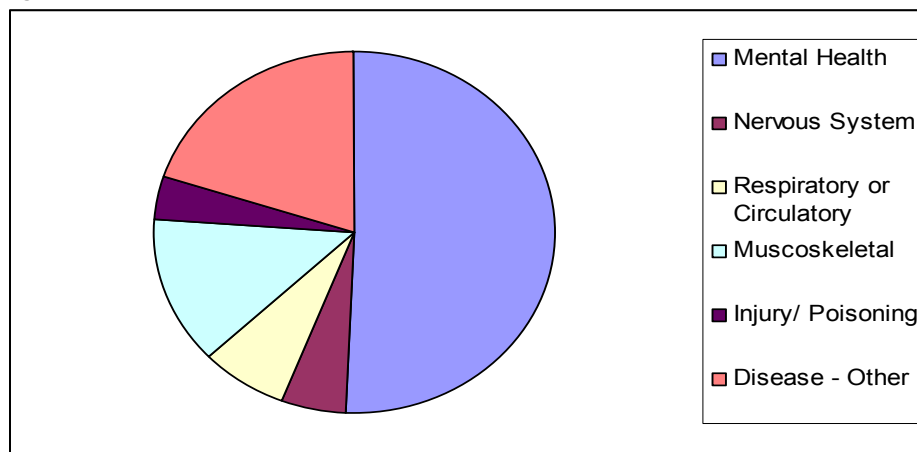
Benefit	Male	Female	TOTAL
Employment Support Allowance	3,550	2,790	6,340
Incapacity Benefit	820	650	1,460
TOTAL	4,370 (56%)	3,440 (44%)	7,800 (100%)

DWP, Working-age Client Group August 2013

Health Condition

Analysis of health conditions relating to claims for ESA and IB highlight Mental Health as the most common accounting for 50% of all claims. This will be vital when exploring the link with health partners.

Figure 6: Birkenhead Parliamentary Constituency Data by Health Condition (ESA/IB)



Source DWP Working-age Client Group August 2013

Duration

Figure 7 provides details of claims to ESA and IB by duration. When considering this data it is important to understand that ESA is a relatively new benefit and was only introduced for new claims in October 2008 with assessment of existing IB claims commencing in 2011. The duration of IB claimants who have been reassessed and now claim ESA is therefore distorted and we are unable to

understand the duration of health related worklessness within the borough. As part of this project we will seek a bespoke DWP sample test of individual records to test actual claimant duration across health related benefits.

Figure 7: Birkenhead Parliamentary Constituency Data by Duration (ESA/IB)

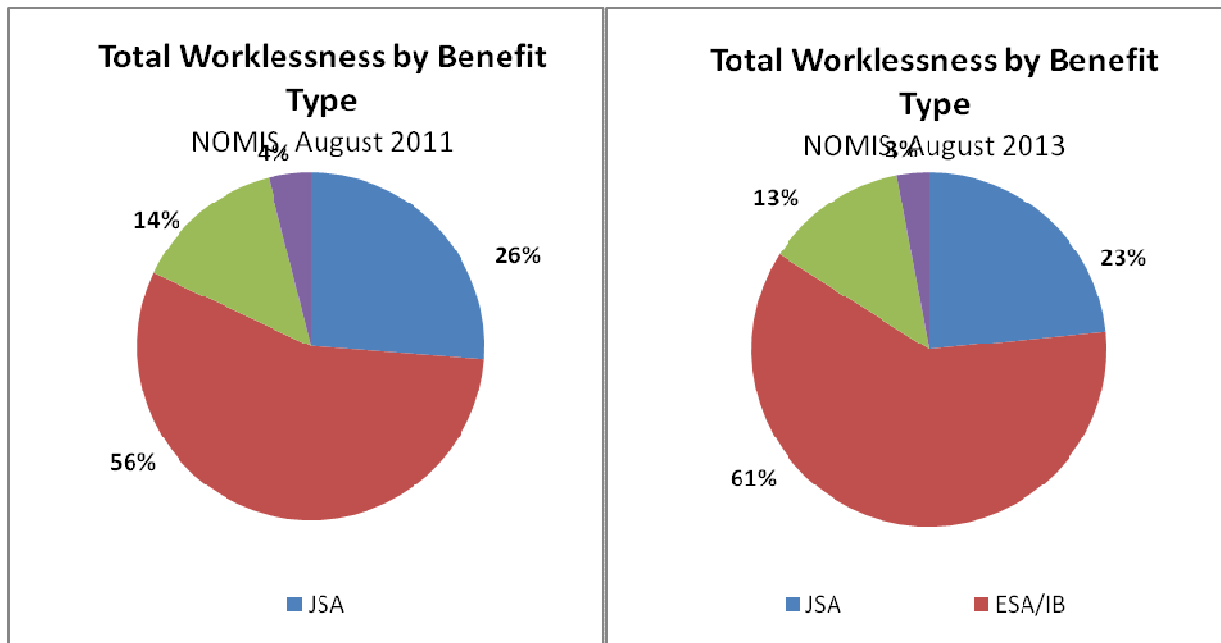
Benefit	Up to 6 months	6 months to 1 year	1 - 2 years	2 - 5 years	5 years and over	Total
Employment Support Allowance	1,775 (28%)	1,450 (22.8%)	1,915 (30.0%)	1,195 (18.8%)	0 (0%)	6,335 (100%)
Incapacity Benefit	5 (0.3%)	0 (0%)	10 (0.6%)	55 (3.7%)	1,385 (95%)	1,455 (100%)
TOTAL	1,780 (22.8%)	1,450 (18.6%)	1,925 (24.7%)	1,250 (16.0%)	1,385 (17.7%)	7,790 (100%)

Source DWP Working-age Client Group August 2013

Proportion of Worklessness

Figure 8 shows ESA/IB claimants relative to other out of work benefits and the change in proportion over time; this shows that whilst overall figures have reduced, ESA/IB as a proportion has increased. Whilst JSA claimant numbers fluctuate with the labour market, ESA/IB statistics only realise small incremental changes.

Figure 8: 2 Year Birkenhead Parliamentary Constituency Data by Proportion (Worklessness)



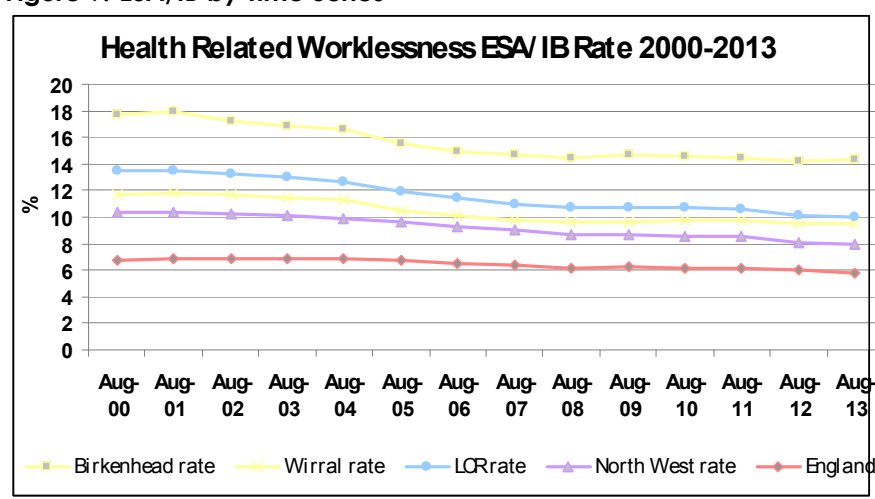
Source DWP Working-age Client Group August 2013

FAILINGS IN THE CURRENT SYSTEM

Wirral has for many years sought to address health related worklessness. In 2001 we were a pathfinder area for Jobcentre Plus which introduced a Work Focussed Intervention regime for 'inactive' benefits (including IB recipients). In 2004 we were the first local authority nationally to set (and achieve) a worklessness reduction target as part of the Local Public Service Agreements (LPSA); previously local authorities had only purely concentrated on reductions in unemployment. The worklessness LPSA saw a programme of co-location of DWP and local authority services in Wirral via what was then the DWP programme of Actions Teams and Working Neighbourhoods. In addition there have been, and indeed there still are, many examples of good practice across the borough, including promoting a 'Jobs on Prescription' approach to local GP's; Employment advisers based in GP surgeries; NHS Trusts commissioning employment support services; successful working between DWP Work Programme providers and local drugs and alcohol services; plus a pilot programme of work clubs working from GP surgeries. Figure 9 demonstrates the rate of ESA/IB over time. The time series commences in 2001, prior to the introduction of Jobcentre Plus Pathfinder and demonstrates our journey to date. From this it can be seen that both Wirral and the parliamentary constituency area of Birkenhead have significantly narrowed the gap with the national average:

- **Wirral:** Since 2000, Wirral has reduced health related worklessness by 3,830 claimants. This is a reduction of 2.2% points and is over **double the national average** reduction for the same period.
- **Birkenhead Parliamentary Constituency:** Since 2000, Birkenhead has reduced health related worklessness by 790 claimants. This is a reduction of 3.4% points and is over **treble the national average** reduction for the same period.

Figure 9: ESA/IB by Time Series



Source DWP Working-age Client Group August 2013

However despite our success, high levels of health related worklessness persist, with significant spatial concentrations. The public sector therefore needs to raise its game and increase the pace of change. That said, the scale of this challenge cannot be underestimated. Figure 10 highlights the required level of reduction for Birkenhead to narrow the gap with a range of areas. From this it can be seen that Birkenhead would have to reduce health related worklessness by 59% to reach the national average; not accounting for any new claims this would require a reduction of 4,777 ESA/IB claimants. Similarly the challenge for the area to close the gap with rest of the borough is also significant, requiring a 34% reduction. Once again to equate this numerically, this would require a reduction of 2,585 claimants (excluding any on-flow via new claims).

Figure 10: Reduction required for Birkenhead Parliamentary Constituent to close the gap with a range of areas

Birkenhead to close the gap with...	Required Reduction in Number of IB/ESA Claimants	Required Percentage Reduction
Wirral	2585	34%
Liverpool City Region	2315	30%
Northwest	3447	45%
England	4577	59%

NEW DELIVERY MODELS

Scope of Health Related Worklessness Project

Partners in Wirral accept the correlation between worklessness and health but acknowledge that while there are many examples of good practice, the public sector does not always work together and consider wider implications that may be affecting an individual, if it falls outside of the remit of their organisation.

This project will conduct a review to explore how the public sector can work together to enable more individuals to secure sustainable employment by focusing on health related worklessness through a place based pilot in the parliamentary constituency of Birkenhead. Within this there will be a focus on the wards of Bidston and St James; Birkenhead and Rock Ferry that have health related worklessness rates that are 3 times the national average and Mental Health services which represent 50% of ESA/IB claims.

We can also make some informed assumptions based on previous work in this field and from our Youth Unemployment Task Force experience about the types of interventions that could successfully support people and businesses reduce health related worklessness and the system changes that could support the process. Therefore, the project will also scope potential interventions and 'Government/Organisational Asks' ahead of implementation stage such as:

- Personalised Mentor Support ;
- Financial Incentives for Business;
- Work Experience and Volunteering;
- DWP: Permitted Work/Impact of a Reclaim to Benefit;
- Health: Use of Employment Outcomes;
- Public Sector Contracts: Targeted Employment Outcomes via Procurement.

Health related worklessness will be defined as residents in receipt of Employment Support Allowance and Incapacity Benefit. Much has been made in the media about Work Capability Assessments. These are used as part of the ESA claim process and also the re-assessment of existing IB claimants to determine what extent an individual's health condition affects their ability to work. Any judgement against the quality or robustness of the Work Capability assessment process is deemed out of scope for the remit of this project.

The aim of the project is clear: To reduce health related worklessness in the parliamentary constituency of Birkenhead

To achieve this the Health Related Worklessness project will:

- Understand the scale and of health related worklessness and the cost to the public sector within the parliamentary constituency of Birkenhead;
- Consider the support that is already available to address health related worklessness;
- Hear first-hand the issues faced by residents who are workless as a result of their health;
- Understand from employers if there any preconceptions or barriers to employing people with a history of health related worklessness, as well as gaining positive messages;
- Gain robust evidence to identify gaps in delivery, inform local commissioning and set a precedent for future investment;
- Review, develop and test new models embedding a more integrated and joined up approach between health and employment support partners.

Delivery Model for Health Related Worklessness Project

The Health Related Worklessness project will:

- i. Deliver an experiential review with ESA/IB claimants and businesses.
- ii. Deliver a business process review with partner organisations and stakeholders.
- iii. Re-examine old and pilot new models embedding a more integrated and joined up approach between health and employment support partners.

1. Experiential review with ESA/IB claimants and businesses

The approach will build on the good practice from the Liverpool City Region Youth Unemployment Task Force facilitated by Wirral Council. The Youth Unemployment Task Force was commissioned by the Liverpool City Region Employment & Skills Board who were concerned about the high levels of youth unemployment and specifically wanted to hear the views of young people and businesses. They therefore commissioned a Task Force to be made up of a cross section of young people and businesses and asked them to explore the issues from their perspective and feedback. This approach included a City Region Deal with Government to halve long term youth unemployment over a 3 year period to March 2015. The latest data to February 2014 highlights that the Liverpool City has already achieved 93% of this target.

This Task Force approach will be an integral element of this project and will offer primary research offering an 'experiential' review from ESA/IB claimants and employers that are already accessing the system at a variety of levels with a range of differing needs. This will continue to the solution design phase. The project will maximise the strong partnerships that exist in the borough utilising health and employment partners to engage claimants, in addition to utilising Wirral's highly successful business engagement networks via Wirral's Business Forum and Wirral Chamber of Commerce to engage employers.

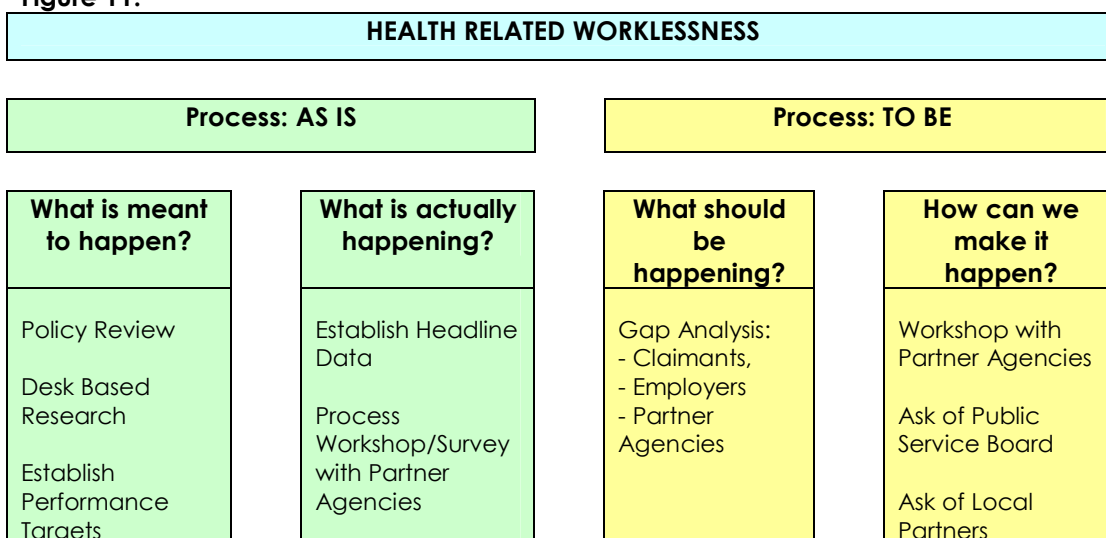
The project will deliver a place based pilot in Birkenhead, with an added spatial focus on neighbourhoods within the constituency that have some of the highest rates of worklessness nationally. As such it will also maximise community based assets such as the Council's newly established Parliamentary Constituency Model and the Stronger Communities Initiative led by Merseyside Police in the Morpeth Dock area of the borough.

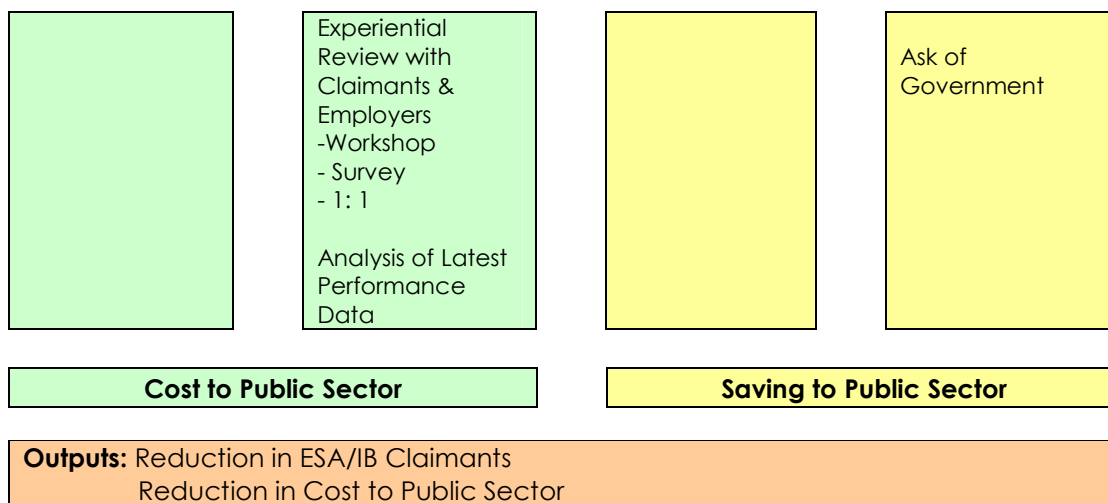
2. Business process review with partner organisations and stakeholders

This element will incorporate business improvement methodology with partner organisations and stakeholders in service improvement and re-design.

An essential element of this will be the 'As Is' process in determining 'what is meant to happen' and 'what is actually happening.' This element will incorporate the findings from the experiential review with claimants and employers in addition to a policy review; desk based research and analysis of headline targets and performance of key organisations E.g. Department for Work and Pensions. This process will support an understanding of where improvements are needed and the starting point for change. This will then inform the 'To Be' process which will identify gaps in service delivery and detailed work will be undertaken to understand 'how we can make this happen.' Making it happen, could include Asks of Wirral's Public Service Board, local partners and Government.

Figure 11:





3. Re-examine old and pilot new models embedding a more integrated and joined up approach between health and employment support partners.

The first two stages of delivery will provide a robust evidence base to inform local commissioning and delivery for new ways of working in order to reduce health related worklessness. While at this stage we can't be precise on the exact model, partners acknowledge that a single agency cannot achieve this by themselves and that we must not work in silo's. In order to make the required step change in delivery we will hear the voices of local people, employers and stakeholder to develop new ways of working and test more joined up approaches between health and employment support partners. We will also review past successes/failures and re-examine the policy and delivery barriers that have prevented us realising a step-change in reducing health related worklessness.

We have partners engaged and we will not stand still while we are conducting the first two stages of this project. Our 'day job' continues with some partner agencies already having a 'gut feeling' for the type of interventions they would like to deliver to reduce health related worklessness. Some of these have already started with other about to commence. We will support partners where we can and use their learning and experience to support the work of this project. Examples include Work Clubs in GP surgeries and a DWP pilot programme to engage and support ESA recipient via group sessions with support from Physiologists and other specialist support agencies.

FINANCIAL CASE

Cost of Health Related Worklessness

Locally we have the 'hearts and minds' of partners in Wirral who accept the requirement to reduce health related worklessness in Birkenhead against the numbers that continue to prevail. However to progress we need to understand

the costs to the public sector and the benefits that can be realised by reducing health related worklessness.

Figure 11 demonstrates a high level analysis based on guidance provided by the Public Sector Transformation Network through *New Economy: Supporting Public Service Transformation: Cost Benefit Analysis Guidance for Local Partnerships*.

Reduced Benefits Claimants: Employment Support Allowance or Incapacity Benefit: the monetisation value per individual securing and sustaining employment is:

- Reduced Benefit Payments: £7,500
- Improved Health Savings NHS: £1,132
- **Total Estimated Fiscal Saving Per Individual: £8,632**

The headline total estimated fiscal cost per annum of 7,700 ESA/IB claimants in the parliamentary constituency of Birkenhead is £66,466,400.

Health Related Worklessness Target: A 10% reduction in the number of ESA/IB claimants in the Birkenhead Parliamentary Constituency by April 2017.

Partners acknowledge that this target is highly ambitious. Not accounting for any on-flows this would require a target reduction of 770 ESA/IB recipients over a 3 year period; this requires the same level of reduction that the area has achieved over the past 13 years. This reduction would provide an estimated fiscal benefit of £6,646,640.

Figure 12: High Level Financial Analysis: Birkenhead Parliamentary Constituency

	Outcome	Unit Cost Associated with Outcome	Volume (no. of claimants)	Total Cost (unit Cost x Volume)
Business as Usual	10% Reduction in ESA/IB Claimants	£8,632	7,700	£66,466,400
New Delivery Model		£8,632	6,930	£59,819,760
Difference		£8,632	770	£6,646,640
Fiscal Benefit				£6,646,640

Source: Local Workings Based on 'New Economy: Supporting Public Service Transformation: Cost Benefit Analysis Guidance for Local Partnerships'.

It is important to note that the vast majority of estimated fiscal savings are likely to provide savings to central government agencies, namely DWP. Throughout the project we will continue to develop a robust full cost benefit analysis model using the New Economy methodology. This is likely to include additional areas such as:

- Establishing deadweight: What would happen anyway?
- Economic and social benefits of employment income;
- More detailed unit costs associated to specific target groups: Mental health;
- Exploring 'Asks' from central government in relation to re-investment for benefit savings in new delivery models.

IMPLEMENTATION PLAN AND GOVERNANCE

The project is sponsored by Kevin Adderley, Strategic Director for Regeneration and Environment at Wirral Council.

The day to day running and facilitation for the project will be led by Wirral Council who also facilitated the Youth Unemployment Task Force on behalf of the wider Liverpool City Region. This function will be supported by a multi-agency core development group.

The project will report to Wirral's Public Service Board via the multi-agency Wirral Economic Development and Skills partnership.

Key milestones are listed below.

Figure 13: Key Milestones for the Health Related Worklessness Project

Action	Timescale
Establish a multi-agency core development group with representatives from: Birkenhead Parliamentary Constituency Group, Public Health, NHS Trust, DWP, Housing, Voluntary and Community Sector, Business Support	April 2014
Establish Champions Portfolio Holder, DWP, Clinical Health lead (CCG)	April 2014
Conduct experiential review with ESA/IB claimants and businesses <ul style="list-style-type: none"> • ESA/IB claimant survey questionnaire • Business survey questionnaire • Task Force Meetings • 1:1 interviews • Question Time style event 	April to August 2014 April to May 2014 April to May 2014 April to August 2014 April to August 2014 July/August 2014
Conduct business process review with partner organisations and stakeholders <ul style="list-style-type: none"> • As Is process <ul style="list-style-type: none"> ○ Desk based research ○ Policy review ○ Stakeholder call for evidence ○ Analysis of performance targets ○ Process Workshop ○ Cost Benefit Analysis 	April to August 2014 April to June 2014
<ul style="list-style-type: none"> • To Be Process 	July to August 2014

<ul style="list-style-type: none"> o Review evidence o Gap Analysis (claimants, employers, partner agencies) o Workshop with partner agencies o Develop 'Asks' o Cost Benefit Analysis 	
Examine test model pilots	April to September 2014
Produce report and recommendations	September 2014
Develop Implementation Plan	October to November 2014
Pilot a more integrated and joined up approach between health and employment support partners.	December 2014 to April 2017

RESOURCES

The level of resource needed to drive the level of transformation we aim for cannot be underestimated. Figure 14 estimates the scale and scope of resource required.

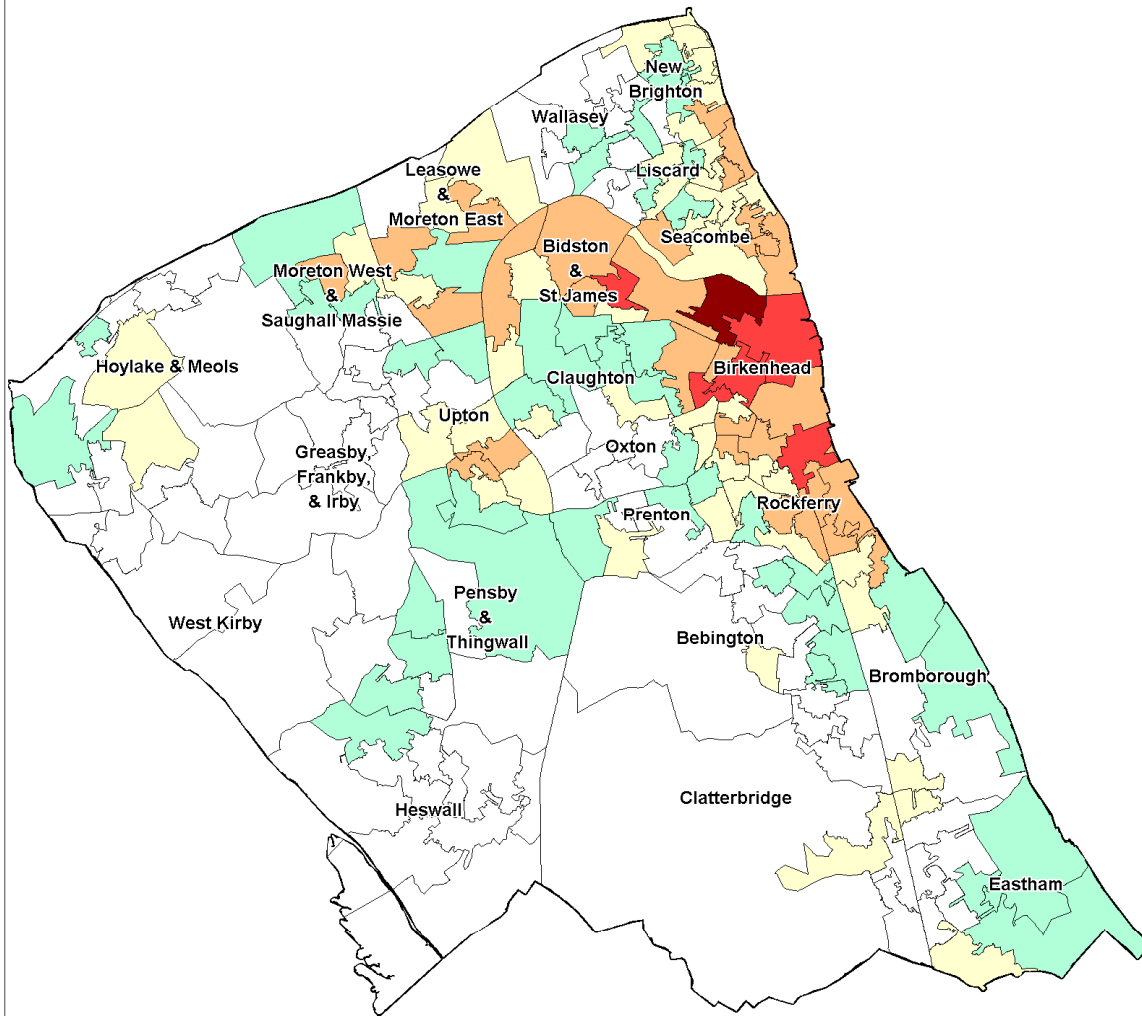
Figure 14: Key Skills/Resource Required to Deliver the Project

Skillsets	What	Where	How Much	When
Programme Management	Delivery Coordination	Local Office	F/T Post	Project Lifetime
	Initiate, Plan, Review			
	Stakeholder Engagement			
	Interim Report on Findings (As Is)			
	Recommendations (To Be)			
	Member/Board Reports			
Administration	Meetings, Papers, Correspondence	Local Office	0.4 P/T Post	Project Lifetime
	Establishing & Maintaining Records			
DWP Policy, Performance	Data & Policy Sharing & Interpretation	Local Office	0.2 P/T Post	April - December
	Local Operational Information			
	Sample Test LMS for IB/ESA Duration			
Health Policy, Performance	Data & Policy Sharing & Interpretation	Local Office	0.2 P/T Post	April - December
	Local Operational Information			
Leadership/Champions	Influence, Presentation, Communication	*	5 Days	April - December
Facilitation/Event Management	Partner Meetings	Site Specific	15 Days	April - September
	Participant Meetings			
	Workshops			
	Question Time Style Event			
	Report Launch			

Business Process Improvement	Customer Journey	Site Specific	15 Days	April - August
	Process Mapping			
	Gap Analysis			
	Helicopter View/Creative Solutions			
Ethnographic Research	Observations	Community	30 Days	April - August
	Community Interviews			
	Fieldwork			
	Community Engagement			
Research Collection & Analysis	Area Case Studies	Office (Any)	35 Days	April - June
	Health Studies			
	Employment Studies			
	Policy Horizon Scanning			
	Web Surveys			
	Cost Benefit Analysis			
Data Collection & Analysis	Statistical Updates	Office (Any)	5 Days	April - December
Publishing	Final Report Design & Print	Office (Any)	2 Days	September
Health Support	Implementation Stage	tba	tba	December +
Employment Support	Implementation Stage	tba	tba	December +

APPENDIX 1: Health Related Worklessness by LSOA's in Wirral

Wirral Health Related Worklessness
ESA/IB Claimants by LSOA
DWP, Working-age client group, August 2013 Data



Wirral LSOAs by Rate of IB/ESA (%)	
30 to 36	(1)
25 to 30	(5)
15.6 to 25	(29)
9.5 to 15.6 (Above Wirral Average)	(46)
5.8 to 9.5 (Above England average, but below Wirral Average)	(44)
0 to 5.8 (Below England Average)	(81)

Appendix 2: Health Related Worklessness by LSOA's in the Parliamentary Constituency of Birkenhead

