

# Public Document Pack

## AGENDA FOR

## HEALTH AND WELLBEING BOARD

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**To: All Members of Health and Wellbeing Board**

**Voting Members** : Dr Gibson (Chair), Pat Jones-Greenhalgh (Vice-Chair), Graham Atkinson, Dave Bevitt, J Black, Carriline, Dr Elton, Mark Granby, Staurt North, Andrew Ramwell and R Shori

**Non-Voting Members** : Rob Bellingham

Dear Member/Colleague

### Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

<b>Date:</b>	Tuesday, 17 September 2013
<b>Place:</b>	Meeting Rooms A&B, Bury Town Hall
<b>Time:</b>	2.00 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	<b>Please note Annie Coppell, National Institute for Clinical Excellence will provide members of the Board with a briefing prior to the meeting commencing at 1pm</b>

## **AGENDA**

### **1 RESIGNATION OF THE CHAIR**

A statement will be made at the meeting.

### **2 APOLOGIES FOR ABSENCE**

### **3 DECLARATIONS OF INTEREST**

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

### **4 MINUTES OF PREVIOUS MEETING** *(Pages 1 - 4)*

### **5 MATTERS ARISING** *(Pages 5 - 6)*

### **6 PUBLIC QUESTION TIME**

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

### **7 JOINT STRATEGIC NEEDS ASSESSMENT REFRESH (JSNA)** *(Pages 7 - 10)*

### **8 INTEGRATED CARE PLAN**

A report from the Executive Director Adult Care Services, will be sent to follow.

### **9 HEALTHIER TOGETHER**

A verbal presentation from Stuart North, Chief Officer, Bury Clinical Commissioning Group will be given at the meeting.

### **10 BRUCE KEOGH: REVIEW INTO THE QUALITY OF CARE AND TREATMENT PROVIDED BY FOURTEEN HOSPITAL TRUSTS IN ENGLAND.**

A verbal presentation from Stuart North, Chief Officer, Bury Clinical Commissioning Group will be given at the meeting.

### **11 PHARMACEUTICAL NEEDS ASSESSMENT**

A verbal presentation from Rob Bellingham, NHS England will be given at the meeting.

**12** **HOT TOPIC - BENEFITS UPDATE (FOR INFORMATION)** *(Pages 11 - 20)*

**13** **URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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<b>Minutes of:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date of Meeting:</b>	18 July 2013
<b>Present:</b>	B3SDA, Dave Bevitt Cabinet Member, Councillor Rishi Shori; Deputy Cabinet Member, Councillor Jane Black Chief Officer, CCG, Stuart North; Community Safety Partnership, Superintendent Mark Granby; Executive Director of Adult Services, Pat Jones- Greenhalgh (Chair); Executive Director, Communities and Neighbourhoods, Graham Atkinson;
<b>Also in attendance:</b>	Chris Shillitto – Democratic Services. Diane Halton – Service Manager, Public Health Karen Whitehead – Children’s Services
<b>Apologies:</b>	Dr Audrey Gibson; Director of Public Health, Dr P Elton; Chair of Healthwatch
<b>Public attendance:</b>	2 members of the public were in attendance

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**HWB.239 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**HWB.240 MINUTES****Delegated decision:**

That the Minutes of the meeting of the Health and Wellbeing Board held on 10 June 2013, be approved as a correct record and signed by the Chair, subject to the inclusion in the list of those present of “Deputy Cabinet Member, Councillor Jane Black.”

**HWB.241 MATTERS ARISING**

Members of the Board reviewed the Health and Wellbeing Board Action Log. It was noted that amendments to the Health and Wellbeing Strategy had been made and the document had been endorsed by Council on 3 October 2013.

It was agreed that separate discussions take place with Dave Bevitt with regard to input from the Third Sector into the Joint Service Assessment.

**HWB.242 PUBLIC QUESTION TIME**

There were no questions from members of the public.

**HWB.243 WINTERBOURNE VIEW IMPROVEMENT PROGRAMME**

A Briefing Note from the Executive Director for Adult Care Services was submitted which provided the background to action taken by the Department of Health following a BBC Panorama investigation into patient abuse at the Winterbourne View Hostel in South Gloucestershire. As a result, both Health and Local Authority Services have been working towards improving quality of care for people with both complex needs and learning disabilities.

Stuart North submitted and presented an update on the Winterbourne View Joint Improvement Programme which included an initial stock take of progress against Key Winterbourne View C0ncordat Commitment.

**Delegated decision:**

That the report be noted.

**HWB.244 FRANCIS ACTION PLAN**

Stuart North submitted and presented the current Joint Action Plan which had been developed in response to the Francis Review. The Plan would be presented to the Clinical Commissioning Group.

Current arrangements with regard to complaints were not considered to be sufficiently rigorous and it was intended in future to ensure that scrutiny of individual complaints was enabled. It was also intended that Francis would feature prominently in the operational groups of the children's Trust Board and Adult Safeguarding Board.

There would also be a review of what happens with regard to staff complaints.

**Delegated decision:**

That the report be noted.

**HWB.245 HEALTHIER TOGETHER**

Stuart North informed the Board that a Model of Care with options for delivery had been produced and would be made available for consultation towards the end of November/early December 2013.

**HWB.246 INTEGRATED CARE IN BURY**

The Board considered the following documents which had been submitted:-

- Collation of Executive Summaries of Greater Manchester Integrated Care Plans;
- A presentation document depicting "the story so far...."

It was reported that Integrated Care in Bury aimed to:

- Ensure people take responsibility for their own Health and Wellbeing through self care, ownership and accountability of their lifestyles.
- Provide information and access to advice to help people understand what is available in the community to facilitate them taking ownership and accountability for their lifestyles.
- Where someone requires support; the support will involve the person's/family's natural circle of support and maximise the use of the community assets.
- Integration to facilitate this approach by providing, by the right workforce in localities, in the right place at the right time.

The presentation also focused on:

- Shared Vision and Commitments
- Shared Design Principles
- Partner Involvement
- Governance Arrangements
- The Concept Model
- The Enabling Work Stream
- Achievements to Date

A crucial point was seen to be how data is shared so that clients just provide information once and the means are in place to share this between services.

**Delegated decision:**

That the report be noted.

**HWB.247 COMPETENCE ASSESSMENT PROCESS : SUMMARY**

The Executive Director of Adult Care Services submitted a Competence Assessment Process Summary which had been compiled on behalf of the Board and allowed individuals to test competency levels; identify gaps and identify training needs.

Board Members discussed how development could be achieved through "Buddying" and "Champions" for particular services working together.

**Delegate decision:**

That the report be noted.

**HWB.248 PRIORITY SETTING AND THE HWB WORK PROGRAMME**

**Delegated decision:**

That a working group meet to draw up a draft work programme to the next meeting of the Board, to be held on 17 September at 2.00 pm, consisting of:

Pat Jones-Greenhalgh, Stuart North, Graham Atkinson and Mark Carriline.

**Pat Jones-Greenhalgh**  
**Chair**

(Note: The meeting started at 6.00 pm and ended at 7.05 pm)



# Health & Wellbeing Board Action Plan

18<sup>th</sup> July 2013

Action No	Responsible	Action	Outcome
1	PJG/SN	Healthier Together, A review of Health and Care in Greater Manchester would be a standing agenda item.	
2	HC	To bring the proposal for the Virtual Network hub to a future meeting	
3	DH	A Community Health and Wellbeing Assessment update would be given at the next meeting of the Health and Wellbeing Board.	
4	JE	That a working group meet to draw up a draft work programme to bring to the next meeting of the Board. The working group would consist of: Pat Jones-Greenhalgh, Stuart North, Graham Atkinson and Mark Carriline.	
5	IC	Ian Chambers/Mark Carriline would provide an update at a future meeting of the Joint Committee in relation to the work of the Children with Additional Needs and Disability Partnership Group.	
6	JE	Democratic Services would liaise with the National	

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Institute for Clinical Excellence to arrange a training session for members of the HWB

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**7**      DB/JE      Information relating to the work undertaken by "Regional Voices" in relation to supporting the development of H&WB, would be circulated to members of the HWB

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**8**      PJG      The HWB would monitor the Winterbourne View action plan at subsequent Board meetings.

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**9**      PJG      The HWB would monitor the Francis report action plan at subsequent Board meetings.

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**10**     SN      Bury's Integrated Care Strategy would be considered at subsequent Board meetings.

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## REPORT FOR DECISION

<b>Agenda Item</b>	
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<b>DECISION OF:</b>	<b>The Joint Health and Well Being Board</b>
<b>DATE:</b>	<b>17<sup>th</sup> September 2013</b>
<b>SUBJECT:</b>	<b>Joint Strategic Needs Assessment</b>
<b>REPORT FROM:</b>	<b>Diane Halton, Service Manager, Public Health</b>
<b>CONTACT OFFICER:</b>	<b>Diane Halton, Service Manager, Public Health</b>
<b>TYPE OF DECISION:</b>	<b>For decision by the Board</b>
<b>FREEDOM OF INFORMATION/STATUS:</b>	This paper is within the public domain
<b>SUMMARY:</b>	<p>This report introduces the draft refresh of Bury's Joint Strategic Needs Assessment (JSNA), the key findings of which will be highlighted in a presentation. The JSNA has been produced in accordance with the Statutory Guidance on JSNA's and has been overseen by the Community Health and Wellbeing Assessment Task and Finish Group. The Board is asked to accept and consider its findings and approve this final draft version, such that, it now proceeds for consultation. The Board is also asked to note and consider key issues with regards to the process underpinning the preparation of the JSNA.</p>
<b>OPTIONS &amp; RECOMMENDED OPTION</b>	<ol style="list-style-type: none"> <li>1. That the Health and Wellbeing Board approves the final draft version of the JSNA</li> <li>2. That the Health and Wellbeing Board does not approve the consultation version of Bury's JSNA.</li> <li>3. That the Health and Well Being Board approves the final draft version of the JSNA subject to amendments.</li> <li>4. That the Health and Wellbeing Board agrees to commence a consultation process.</li> </ol>
<b>IMPLICATIONS:</b>	
<b>Corporate Aims/Policy Framework:</b>	Yes

<b>Statement by the S151 Officer: Financial Implications and Risk Considerations:</b>	Executive Director of Resources to advise regarding risk management
<b>Statement by Executive Director of Resources:</b>	Executive Director of Resources to advise.
<b>Equality/Diversity implications:</b>	Equality and diversity are integral to the JSNA. Any equality and diversity implications have been noted within the key findings.
<b>Considered by Monitoring Officer:</b>	Bury Council and Bury CCG have an equal and joint duty to prepare a Joint Strategic Needs Assessment, through the Health and Wellbeing Board.
<b>Wards Affected:</b>	All
<b>Scrutiny Interest:</b>	Health Scrutiny

**TRACKING/PROCESS****DIRECTOR: Executive Director, ACS**

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
Scrutiny Committee	Cabinet/Committee	Council	

**1.0 Purpose of the Report**

The report presents the draft JSNA to the Health and Well Being Board for consideration and approval, providing assurance on the process and highlighting any limitations.

**2.0 Background**

Bury Council and Bury CCG have an equal and joint duty to prepare a Joint Strategic Needs Assessment, through the Health and Wellbeing Board. The JSNA is a strategic assessment of current and future health and social care needs of the local community to inform planning and evidence-based commissioning priorities principally of the local authority, CCG and NHS England in order to improve the public's health and reduce inequalities. It is intended the JSNA will inform the priorities within the Joint Health and Wellbeing Strategy.

Bury's last JSNA was produced in November 2010. The Board, whilst in its shadow format, established a Task and Finish group to oversee the

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development and production of a refreshed JSNA scheduled for the end of June 2013.

Following a procurement exercise, a company called Linxs were commissioned to undertake the JSNA refresh. Linxs will present the findings at the Health and Wellbeing Board meeting.

### **3.0 Assurance on the process**

The refreshed document is intended to review more up-to-date datasets to:

- Provide analyses of data to show the health and wellbeing status of local communities.
- Define where inequalities exist.
- Highlight key findings based on the information and evidence collected.
- Identify changes that have occurred and what these changes mean for Bury.
- Identify areas for further analysis and exploration

The JSNA is based on the Office of National Statistics (ONS) defined resident population of Bury (unless otherwise stated in specific analysis) with due regard to cross boundary issues where possible. There is no mandatory dataset for JSNAs. However, Bury's refreshed JSNA is in line with national guidance around a core dataset based on 105 measures and is based on the most up-to-date data available. The JSNA also incorporates a range of other locally relevant data which enables an understanding of health, well-being and care needs in the Borough, including data from relevant outcomes frameworks. The assessment should cover demography and key characteristics of Bury's population; health and well-being; and social, environmental and lifestyle influences.

Many of the data sources utilised in the JSNA are publically available. However, the Task and Finish Group has worked closely with Linxs to identify any other locally available and relevant data. Engagement and support from colleagues across Bury Council, Bury CCG, Greater Manchester Police, and Greater Manchester Commissioning Support Unit, and Bury HealthWatch has been critical in sourcing and interpreting such data. This adds to the validity of the JSNA's findings.

### **4.0 Findings**

Key findings will be presented by Linxs at the Health and Wellbeing Board meeting.

### **5.0 Limitations**

#### **5.1 Participation**

The guidance makes clear that NHS England must participate in JSNAs. There is provision in the guidance for NHSE to ask a representative of the CCG or Commissioning Support Unit (CSU) to participate but this is only with the agreement of the Health and Wellbeing board. NHS England's Greater Manchester Local Area Team was aware of our intention to prepare a JSNA and invited to join the CHWA Task and Finish Group on two occasions. Unfortunately, no representative has attended or been involved in the process.

Bury CCG were unable to field an officer to join the CHWA Task and Finish Group in overseeing the production of the JSNA, as it was awaiting the appointment of the relevant officer.

HealthWatch were unable to participate for the most part of the production period, as key officers had not been appointed. The HealthWatch Vice-Chair has now in office and has agreed to join the CHWA Task and Finish Group

## **5.2 Resources**

The scope of the JSNA refresh has been constrained by available resources. It has been principally concerned with an assessment of need and highlighting any changes since the last JSNA. Whilst assets have been mapped at a borough level, there has been no reconciliation of needs to assets, particularly at a locality level. There has also been no capacity to co-produce both needs and assets at a community level. This would provide a rich source of qualitative data and provide further validity (or otherwise) for needs identified through using quantitative data. There is currently no agreed and dedicated resources for the production of the JSNA across the statutory agencies.

## **6.0 Consultation and Dissemination**

The statutory guidance governing the production of JSNAs states that qualitative information – the views of local Healthwatch, local voluntary sector organisations and feedback from local providers – must be gathered as part of the JSNA. The CHWA Task and Finish Group will now oversee the development of a consultation framework which will provide some of this feedback. However, the Task and Finish Group has identified a need for a longer-term engagement framework to support the co-production of needs and assets as a continuous process.

It has always been intended that the raw data used in the production of the JSNA would be housed on Bury Insight, a web-based information portal available to the public and officers, owned by Bury Council. The future viability of Bury Insight is currently under review.

## **7.0 Conclusion**

The Board is asked to note the key findings of the refresh of Bury's JSNA. The Board is requested to consider the assurances provided around its production in relation to national guidance and ratify the JSNA for onward consultation. The Board is also asked to note and consider the limitations of the JSNA.

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### **List of Background Papers:-**

### **Contact Details:-**

Diane Halton, Service Manager, Public Health, 0161 253 6828

**Bury Benefits Hot Topic**

*Text, data source and formatting:*

New Economy Online Labour Market  
Intelligence (LMI) Portal (accessed 06/08/13)

*Additional Bury commentary:*

K Hoyle

*Additional formatting and data check:*

A Barclay

## JSA Claimants

The count of claimants of unemployment related benefits, which is known as the claimant count, is based on the administrative records of people claiming Jobseeker's Allowance (JSA). Claimants must declare that they are out of work, capable of, available for and actively seeking work during the week in which their claim is made.

At the local area level, comparisons are published in the form of the claimant count expressed as a proportion of the local resident population of working age.

There is a large degree of overlap between the claimant count and unemployment although the latter figures are generally higher. People who are not claimants can appear among the unemployed if they are not entitled to unemployment related benefits. For example:

- people who are only looking for part-time work
- young people under 18 who are looking for work but do not take up the offer of a Youth Training place
- students looking for vacation work
- people who have left their job voluntarily

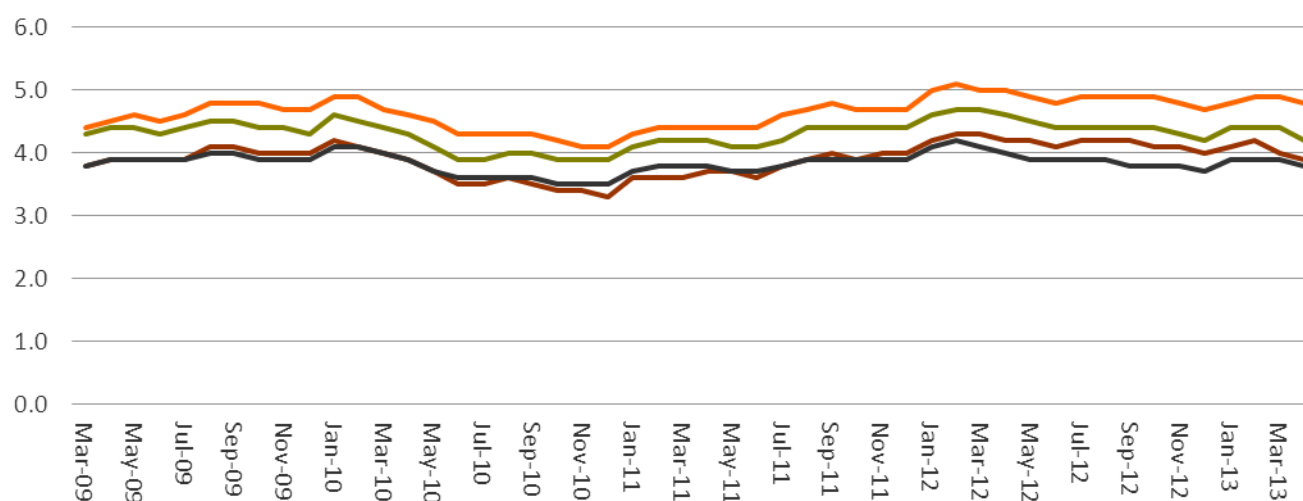
### BURY

Bury's JSA claimants over the last year have fallen from 4.2% to 3.9% of the working age population. Claimant rates in Bury are lower than Greater Manchester and the North West, although these areas figures are also falling.

**Table 1: Total JSA Claimants** (in brackets: Working age rate)

	Bury	Greater Manchester	North West	United Kingdom
Latest (Apr-13)	4,666 (3.9%)	83,960 (4.8%)	192,862 (4.2%)	1,538,576 (3.8%)
Last month	4,770 (4.0%)	85,466 (4.9%)	198,096 (4.4%)	1,584,468 (3.9%)
Same month last year	4,952 (4.2%)	85,810 (5.0%)	204,337 (4.6%)	1,616,849 (4.0%)
Diff. to last month	down by 104	down by 1,506	down by 5,234	down by 45,892
Diff. to last year	down by 286	down by 1,850	down by 11,475	down by 78,273

**Figure 1: Total JSA claimants: Working age rate (%)**





It is now clear that the continuing economic downturn is having a greater impact on young people than older people and that the impact is significantly worse in this recession than in the last.

So far, for young people this recession has more in common with the 1980s, with a prolonged period of high unemployment and rising long-term unemployment. Worryingly, long-term youth unemployment is now rising at a faster rate than at any point since comparable records began in 1992.

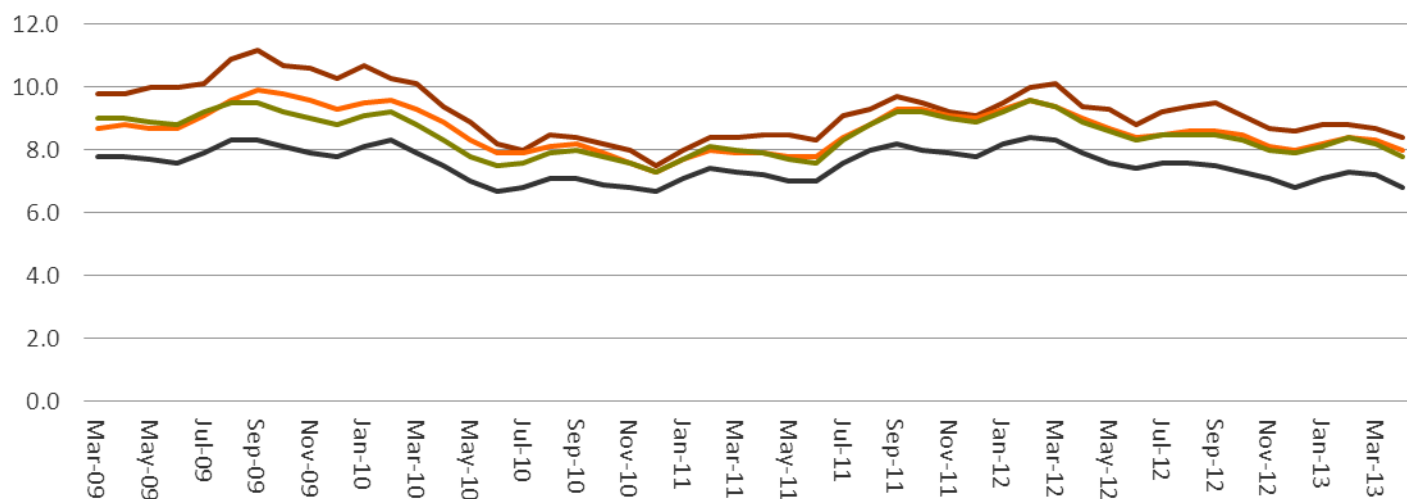
## BURY

Bury's rates have fallen since this time last year but are still higher than GM, NW and national rates.

**Table 2: JSA Claimants aged 18-24** (in brackets: proportion of residents aged 18-24)

	Bury	Greater Manchester	North West	United Kingdom
Latest (Apr-13)	1,265 (8.4%)	22,130 (8.0%)	52,930 (7.8%)	403,005 (6.8%)
Last month	1,315 (8.7%)	23,095 (8.3%)	55,785 (8.2%)	425,820 (7.2%)
Same month last year	1,470 (9.4%)	25,960 (9.0%)	62,150 (8.9%)	467,395 (7.9%)
Diff. to last month	down by 50	down by 965	down by 2,855	down by 22,815
Diff. to last year	down by 205	down by 3,830	down by 9,220	down by 64,390

**Figure 2: Total claimants aged 18-24: Proportion of residents aged 18-24 (%)**



Young people will generally enter the DWP Work Programme from nine months of their claim. This early access happens because:

- The proportion of unemployed young people is greater than for any other group. At any one time 18 to 24 year olds make up around 30% of Jobseeker's Allowance claims, and 30% of working age ILO unemployment, compared to just 14% of the economically active working age population.
- A lack of work experience and skills are a particular barrier for young people. A 2009 survey of employers found that the main barriers to recruiting young people (aged 16 to 24) were lack of experience (72%) and the availability of more suitable candidates (65%).

- Early entry into employment support is supposed to prevent young JSA claimants from becoming long-term NEET and to encourage the development of good work habits early in their career. Young people with additional disadvantages (for example, NEET status or disability) will be referred even earlier to the Work Programme at three months.

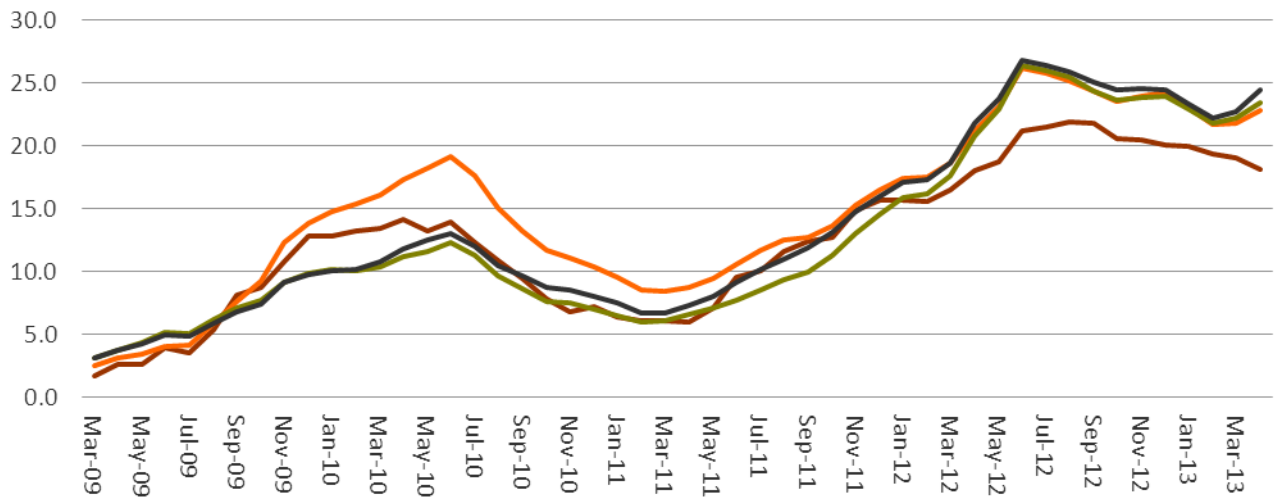
**BURY**

The number of JSA claimants aged 18-24 that have been claiming for 9 months or more in Bury has fallen from the same time last year by 35. Bury’s rates are lower than GM, NW and national rates.

**Table 3: JSA Claimants aged 18-24 over 9 months** (in brackets: proportion of all claimants aged 18-24)

	Bury	Greater Manchester	North West	United Kingdom
Latest (Apr-13)	230 (18.2%)	5,065 (22.9%)	12,435 (23.5%)	98,505 (24.4%)
Last month	250 (19.0%)	5,045 (21.8%)	12,375 (22.2%)	96,640 (22.7%)
Same month last year	265 (18.0%)	5,495 (21.2%)	12,910 (20.8%)	101,860 (21.8%)
Diff. to last month	down by 20	up by 20	up by 60	up by 1,865
Diff. to last year	down by 35	down by 430	down by 475	down by 3,355

**Figure 3: Aged 18-24 over 9 months: Proportion of residents aged 18-24 (%)**



## Working Age Benefit Claims

On 24 November 2008 changes were introduced to Income Support (IS) for some lone parents. Changes which have been phased in over three years:

- from 24 November 2008, if the youngest child was aged 12 or over, or would have been 12 that year, then Income Support may have stopped during that year
- from 26 October 2009, if the youngest child was aged 10 or over, or would have been 10 that year, then Income Support may have stopped during that year
- from 25 October 2010, if the youngest child was aged seven or over, or would have been seven that year, then Income Support may have stopped during that year

Most lone parents, with a youngest child of seven or over, making a new or repeat claim, are no longer entitled to Income Support only on the grounds of being a lone parent. From 21 May 2012 this will be extended to most lone parents with a youngest child of five or over.

Lone parents will have to instead find work. If they have not found work and need to make a new claim as a lone parent, they will be able to apply for either Jobseeker's Allowance or Employment and Support Allowance.

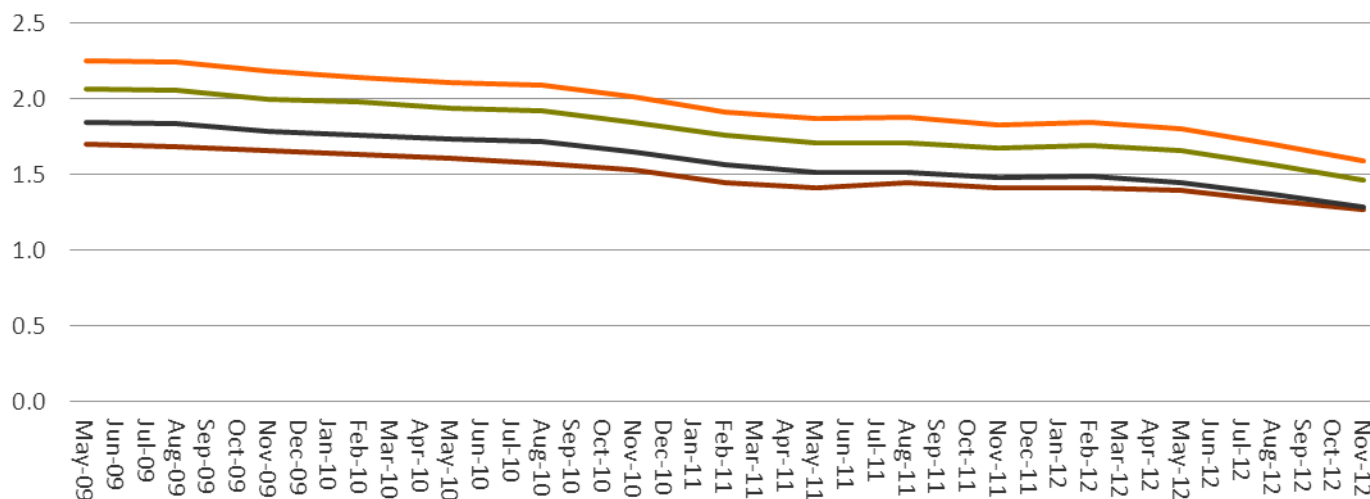
### BURY

The number of lone parents claiming IS in Bury is falling and is currently at a lower rate than GM and NW rates, and equal to national claimant rates.

**Table 4: Lone Parents on IS** (in brackets: Working age rate)

	Bury	Greater Manchester	North West	Great Britain
Latest (Nov-12)	1,500 (1.3%)	27,980 (1.6%)	66,650 (1.5%)	510,030 (1.3%)
Last month	1,580 (1.3%)	29,950 (1.7%)	71,360 (1.6%)	545,210 (1.4%)
Same month last year	1,660 (1.4%)	31,690 (1.8%)	74,920 (1.7%)	581,590 (1.5%)
Diff. to last month	down by 80	down by 1,970	down by 4,710	down by 35,180
Diff. to last year	down by 160	down by 3,710	down by 8,270	down by 71,560

**Figure 4: Lone Parents on IS – Working age rate (%)**



Employment and support allowance (ESA) was introduced on October 27th 2008. It is paid to people whose ability to work is limited by disability or ill health. Employment and support allowance replaces both incapacity benefit and income support paid on the grounds of incapacity. All applicants for ESA will be required to undergo an assessment process. This process has four main components:

- The limited capability for work test. This test determines whether your health or disability limits your ability to obtain a job. If you pass this test then you remain on Employment and Support Allowance. If you fail then you should claim jobseekers' allowance instead.
- The limited capability for work-related activity test. This determines whether claimants are placed in either the support group or the work-related activity group. Those in the support group will not be required to undertake work-related activities.
- The work-focused health-related assessment. This is only undertaken by those claimants that have been placed in the work-related activity group. It is carried out by a healthcare professional and its findings are used as the basis for discussion at the work-focused interview.
- The work-focused interview. Those applicants who are placed in the work-related activity group are required to attend six of these interviews. At interview an action plan will be drawn up with a view to getting you back into work. Failure to attend or participate in these interviews will result in sanctions being applied to your benefit.

Nearly all ESA decisions carry the right of appeal.

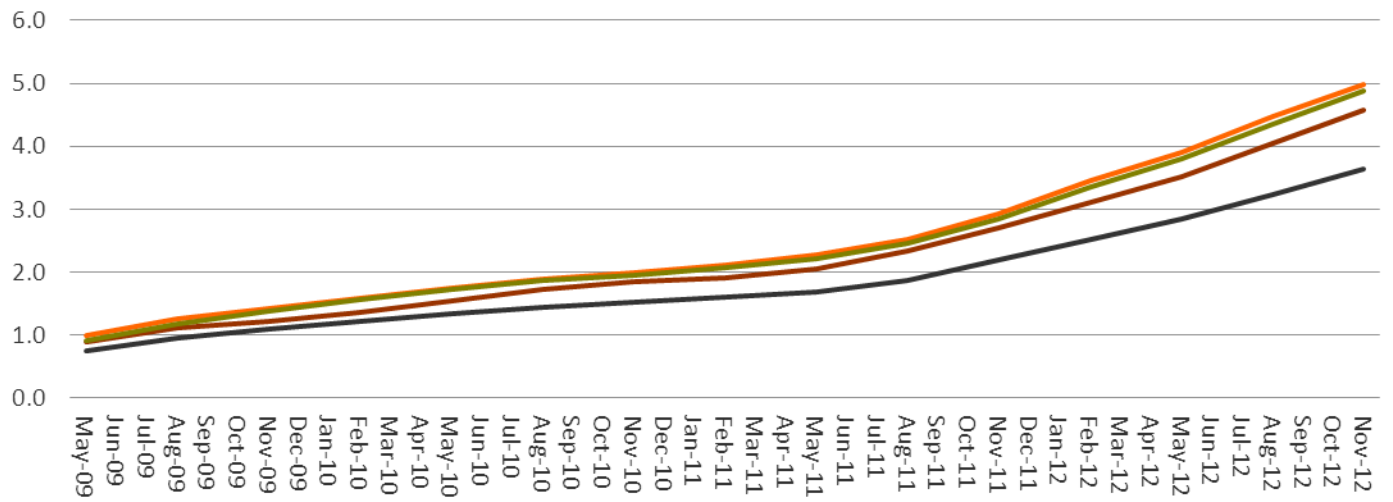
## BURY

The number of ESA claimants in Bury is increasing in Bury compared to this time last year but is still lower than GM and NW.

**Table 5: ESA Claimants** (in brackets: Working age rate)

	Bury	Greater Manchester	North West	Great Britain
Latest (Nov-12)	5,420 (4.6%)	87,700 (5.0%)	222,430 (4.9%)	1,445,140 (3.6%)
Last month	4,790 (4.0%)	78,580 (4.5%)	197,900 (4.3%)	1,284,320 (3.2%)
Same month last year	3,170 (2.7%)	50,530 (2.9%)	126,930 (2.8%)	857,160 (2.2%)
Diff. to last month	up by 630	up by 9,120	up by 24,530	up by 160,820
Diff. to last year	up by 2,250	up by 37,170	up by 95,500	up by 587,980

**Figure 5: ESA Claimants – Working age rate (%)**



# NEETS

A report by the British Chambers of Commerce on NEETS says that there are a number of reasons why young people become NEET. Educational disaffection, family disadvantage and poverty, being in care, teenage motherhood, having special educational needs, being a young carer, belonging to certain BME groups, and participating in crime and risk activities all increase a young person’s risk of becoming NEET and can act as additional barriers to finding work.

An analysis of over 6,000 young people who had been through the New Deal for Young People found that 80% of participants had at least one of four known markers of disadvantage - living in social rented accommodation, having no qualifications, suffering from a health problem or disability expected to last for more than a year, or having no job prior to their unemployment spell- and 40% experienced multiple disadvantage. The same research also found that the barriers to work mentioned most frequently by the young people were that there were no jobs nearby and a lack of personal transport.

The rates used in this tool are based on EET and NEET figures which have been adjusted for unknowns. The series now takes account of the young person’s usual residential address rather than the academic institution address.

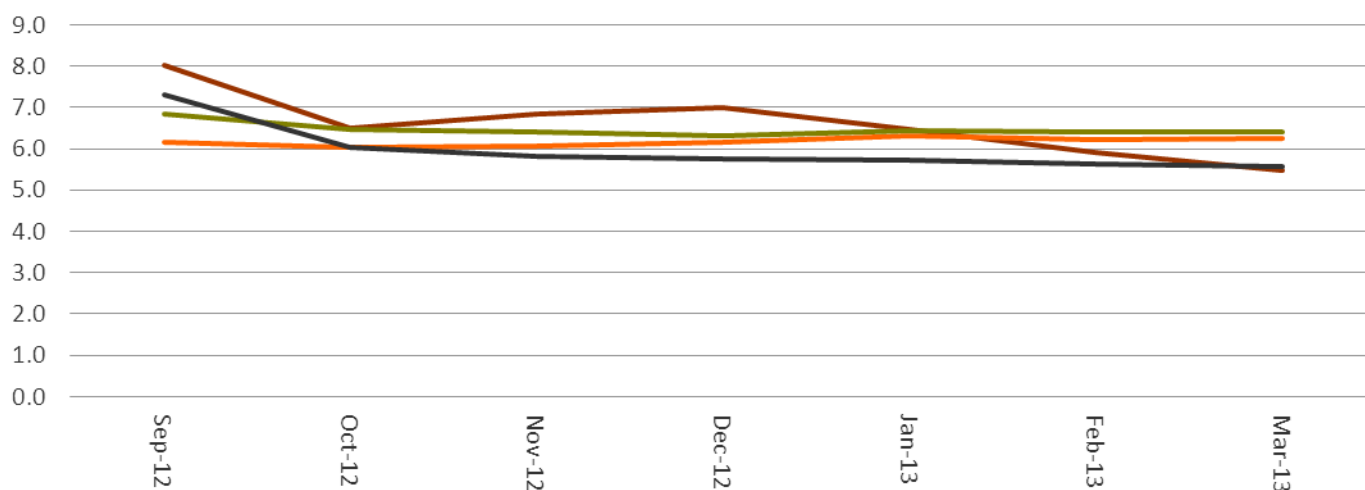
## BURY

The number of NEETs in Bury has fallen since September last year and is lower than GM, NW and England.

**Table 6: NEET** (in brackets: % of academic age 16-18 year olds)

	Bury	Greater Manchester	North West	England
Latest (Mar-13)	364 (5.5%)	5,795 (6.2%)	15,471 (6.4%)	93,904 (5.6%)
Last month	395 (5.9%)	5,782 (6.2%)	15,378 (6.4%)	94,660 (5.6%)
Same month last year				
Diff. to last month	down by 31	up by 13	up by 93	down by 756
Diff. to last year				

**Figure 6: NEET – % of academic age 16-18 year olds**



## Work Programme: Attachments and referrals & attachment ratio: by Payment Group. Up to July 2012

Work Programme was launched throughout Great Britain in June 2011. It provides personalised work-focused support for people who are long-term unemployed or who are at risk of becoming so. Jobseekers Allowance (JSA) and Employment Support Allowance (ESA) claimants are referred to the Work Programme at specified points in their claims, depending on their circumstances.

The statistics on referrals record the number of eligible claimants referred to the Work Programme by Jobcentre Plus. A claimant remains on the Work Programme for 2 years from the date of their referral to the programme. The statistics on attachments record the number of people with whom a provider has completed initial engagement activity. There will be a proportion of claimants who either sign off benefit or move into work after referral but before the point at which the provider has completed engagement activity with them. Therefore the number of attachments will always be slightly lower than the number of referrals.

Payment Group Payment Groups are assigned by Jobcentre Plus, on the basis of a claimant's circumstances, and benefit they receive.

**Table 7: Bury Work Programme Referrals and Attachments**

	Payment Group								
	Total	JSA 18 to 24	JSA 25 and over	JSA Early Entrants	JSA Ex-Incapacity benefit	ESA Volunteers	New ESA claimants	ESA Ex-Incapacity benefit	IB/IS Volunteers
Referrals	2,740	540	900	890	40	50	200	40	-
Referrals (% of total referrals)	100%	20%	33%	32%	1%	2%	7%	1%	0%
Attachments	2,680	530	880	880	40	50	190	40	-
Attachments (% of total attachments)	100%	20%	33%	33%	1%	2%	7%	1%	0%
Attachments % of referrals	98%	98%	98%	99%	100%	100%	95%	100%	-

SOURCE: DWP: Information, Governance and Security Directorate (IGS)

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