

<b>Classification</b>	<b>Item No.</b>
Open	

<b>Meeting:</b>	Bury Health and Wellbeing Board
<b>Meeting date:</b>	12 September 2024
<b>Title of report:</b>	WorkWell Vanguard
<b>Report by:</b>	Tracey Flynn,
<b>Decision Type:</b>	<b>Information/ Discussion/ Decision</b>
<b>Ward(s) to which report relates</b>	All

**Executive Summary:**

The attached briefing note outlines Bury's local approach to deliver the GM Working Well Programme.

**Recommendation(s)**

**That:**

The board receives the report

The board agrees the approach

**Key considerations:**

**Introduction/ Background:**

**Key Issues for the Board to consider:**

## Community impact/links with Community Strategy

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### Equality Impact and considerations:

*Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:*

*A public authority must, in the exercise of its functions, have due regard to the need to -*

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

*The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.*

<b>Equality Analysis</b>	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>
A full EA is in being progressed in line with the agreed approach to the delivery of the WW Vanguard.	

*\*Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

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### Legal Implications:

*To be completed by the Council's Monitoring Officer*

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### Financial Implications:

*To be completed by the Council's Section 151 Officer*

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## Introduction

### 1.1 National Programme

1.1.2 The national programme will support 59,000 people between 1st October 2024 and 31st March 2026 underpinned by £57million of national funding, and there will be 15 WorkWell Partnership vanguard sites who have 3 objectives:

1. Provide evidence-based, low intensity work and health assessments and interventions that support individuals to overcome health-related barriers to work.
2. Develop and implement an integrated work and health strategy for the ICB footprint.
3. Be part of a national evaluation and learning programme.

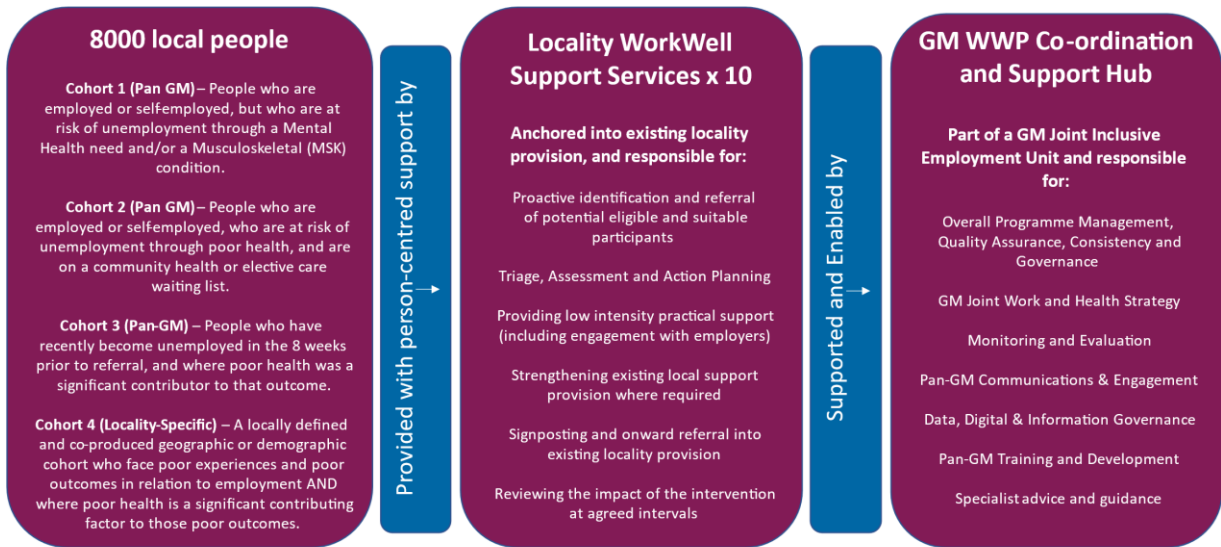
1.1.3 It differs from other employment support programmes in that it is a preventative programme to support those people who are recently unemployed or at risk of becoming unemployed due to health related barriers. Work Well focuses on early identification, triage and action planning with light touch support. The rationale is that early intervention may address health related barriers which may enable people to stay and remain in work without accessing services that may have long waiting lists. Across GM, WW is viewed as part of the wider Working Well suite of programmes with overlap with Live Well and connectivity to VCSE assets in localities.

### 1.2 GM Locality Programme

1.2.1 NHS Greater Manchester has been named as 1 of 15 national WorkWell Partnership Vanguard sites following an Expression of Interest process that involved all ten GM localities.

Under the GM '**Locality Led, GM Enabled**' proposals between a '*go live*' date of **1<sup>st</sup> October 2024** and 31<sup>st</sup> March 2026 GM aim to support 8,000 people who are at risk of becoming economically inactive through poor health and have been allocated up to £7million to achieve this. This will be by strengthening our focus on prevention and building upon our existing locality work and health provision with a particular focus on the 4 target cohorts contained within the EOI.

1.2.2 The GM WW model and the 4 cohorts are within the image below:



## 2.1 Bury - Progress to Date

2.1.2 Bury with support from the NHS Project team and Price Waterhouse Cooper have hosted 2 local workshops. The workshops covered the following with additional local discussion:

- Shared how current employment and health services are provided and the interaction between them for the target cohorts.
- Considered who is a priority local cohort and explore how the service could function in a locality and help shape what that looks like.
- Thinking about the key elements or parameters of what a WorkWell locality model should focus on e.g. low level, early intervention, integration with local services.
- Consider how Management Information and outcomes will be gathered.

2.1.3 Bury's two workshops took place on the 12<sup>th</sup> June and 1<sup>st</sup> August with a range of partners invited from across the local system including colleagues from Live Well, local Work, Health and Wellbeing providers, DWP, Public Health and NHS colleagues. The Bury discussion focused on agreeing in principle a locality specific cohort. A locality specific cohort allows for focus on a geographic or demographic cohort who may face poor experience and poor outcomes in relation to employment due to significant health related barriers. The attendees at the Bury workshop agreed a focus on working age young people up to 35 years and over 50's, although it was strongly recommended retain a flexible approach. Within the Bury focused cohort it was agreed that veterans and those with learning difficulties would naturally be in scope though not the entirety of the Bury focus.

2.1.4 The rationale for supporting young people as a priority was reflected in the proportionate number of young who are unemployed in Bury and the increase in economic inactivity in the over 50's population. The local evidence also showed the disparity in Bury between the number of young people and in the workforce and an ageing population.

2.1.5 GM LAs were required to submit a final local delivery plan by 16<sup>th</sup> August.

### 3.1 Bury WW Model

3.1.2 Bury's delivery model is based on the creation of a single access point (SAP) for all enquiries and referrals relating to work, health, skills and wrap round support available to Bury residents. The model is based upon a successful, impartial service delivered in Oldham and Rochdale and also Bury Council's SAP for business engagement.

3.1.3 The model will work for all available funded support that can assist residents to access the right support at the right time.

3.1.4 Referral pathways can come from all part of the Bury system:



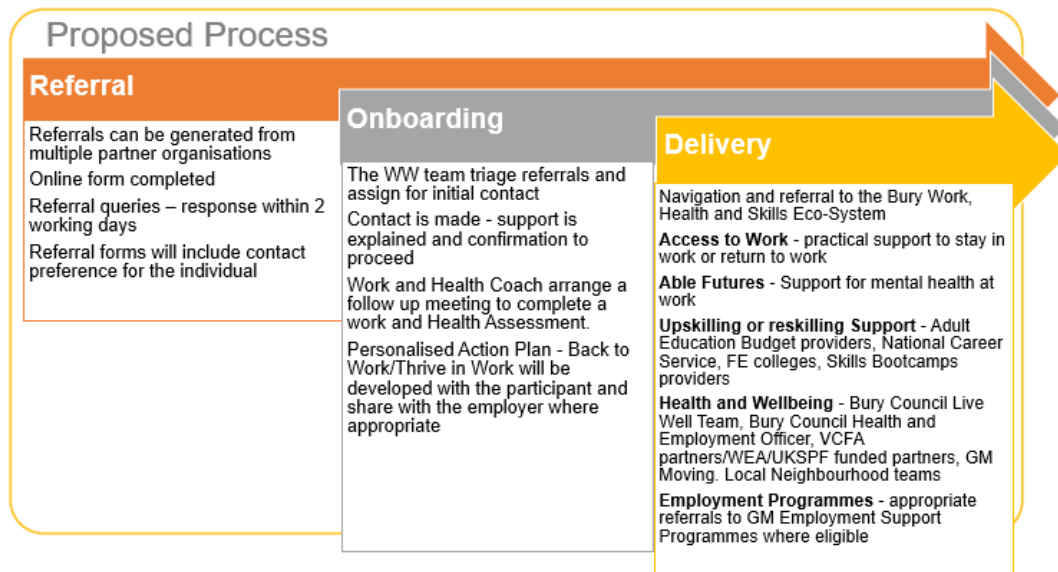
- Not exhaustive

#### Example Case Study - William (Billy)

- Worked in manufacturing for 30 years – highly skilled/valued employee
- MSK preventing him working at capacity/in pain
- Billy is overweight with other health issues
- Referred to service
- W & HC liaise with employer & supports Billy to access Live Well
- Billy's health improves but his capacity for heavy machinery may never be resolved
- Employer supports Billy to gain a teaching/training qualification
- Billy passes on his skills to apprentices within the organisation

3.1.5 Referrals to WorkWell will come through the SAP which will enable initial triage to ensure WorkWell is the appropriate support. It will also facilitate the WorkWell service to connect to other support for their clients.

3.1.6 The proposed referral and onboarding process is demonstrated within the diagram below:



## 4.1 Funding

4.1.2 Funding allocations to district is based on a 'fair shares' model reflecting population size.



WWP - Fair Shares  
Locality Allocations

4.1.3 Fair shares funding allocation for Bury is £432,927 over 18 months. The funding is split 60%/40%. Localities can claim eligible expenditure in arrears every quarter up to 60% of the total funding. For Bury this would be quarterly claims for delivery of the programme up to a maximum of £259,756, 40% of the funding equates to a maximum of £171,171 which can be claimed when a participant is engaged and an action plan/thrive in work plan is agreed.

4.1.4 Bury's funding model will be hybrid procuring an organisation with the relevant skills and experience to deliver up to 336 participants. The rationale for procurement is to address the following risks:

- Recruitment of Work and Health Coaches could take up to 4 months to go through agreement to recruit, evaluation and moderation, recruitment and interviews and any notice periods. The delivery of WorkWell starts 1<sup>st</sup> October 2024 until March 31<sup>st</sup>, 2026. (18 months).
- A fixed term contract of 18 months is a risk
- The programme will be behind schedule and may not deliver the right help to residents and be a reputational risk to Bury Council
- Bury Council cannot fully participate in piloting the service with our LA partners, NHS ICB and GMCA.

Benefits of the procurement route:

- Attract an experienced provider with proven track record to deliver

- Providers are able to recruit at speed
- Providers usually offer full time contracts
- Provider will manage the recruitment, onboarding, training, monitoring and development

4.1.5 In anticipation of a start later than October 2024 a proportion of the budget will be allocated to Bury Council's Live Well team to add additional capacity through their service to allow referrals to be accepted from 1<sup>st</sup> October or as near that date as possible. The Live Well Team will deliver the service to 200 participants over a 12 month period with an option to extend should the funding allow.

4.1.6 The Live Well team have established relationships with GP practices and community organisations and will be supported through the SAP process for wider support outside of their offer.

## **5.1 Finance Flow**

5.1.2 WW funding is not given to GM in advance, this is common of DWP funded activity. Funding is paid quarterly in arrears subject to our WW activity submitting the data returns by due dates. The data return will be compiled locally and submitted to the pan-GM programme team, who will then collate the total GM WWP response and submit it to DWP.

5.1.3 The quarterly income from will be paid directly from DWP to NHS GM (as the accountable body) who, in turn, will distribute it to the NHS GM locality teams. NHS GM locality teams will be responsible for ensuring that arrangements are in place for moving funding to where it needs to be at a local level.