

**LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE 19 DECEMBER 2024**

Subject:	LLR WorkWell Programme
Presented to the Health and Wellbeing Board by:	Louise Young – Deputy Chief People Officer (Joint SRO WorkWell) LLR ICB
Author:	Glenn Halliday – Strategic People Lead Work & Health Integration (WorkWell Lead) LLR ICB

EXECUTIVE SUMMARY:

1. The purpose of this report is to inform the Health and Wellbeing Board of the delivery plan for Leicestershire, Leicester City and Rutland (LLR) WorkWell, and how the programme will be placed in General Practice to support the population that may have barriers in returning to work and thrive in work. With considerations to languages and skills of the target area within City.

RECOMMENDATIONS:

2. The Health and Wellbeing Board is requested to:
 - a. note the update on the WorkWell programme for LLR and that seven Primary Care Networks (PCNs) within Leicester have signed up to host and deliver the Programme, and;
 - b. Support the implementation of WorkWell within Leicester.

Policy Framework and Previous Decisions:

3. A meeting of the Health and Wellbeing Partnership (the 'ICP') approved the submission of a bid to the Department of Health and Social Care (DHSC) at a special meeting of that board on the 15th August 2024. The bid was approved on the 3rd May 2024.

Background:

3. WorkWell, a joint Department of Work and Pensions (DWP) and DHSC pilot, is a demonstration of the Government's ambition to combine cross-government efforts to ensure everyone can reach their potential. Further, WorkWell supports the key aims of the major condition's strategy, with mental health and musculoskeletal health conditions being the most common conditions which lead to health-related labour market inactivity.
4. The LLR programme is one of 15 national vanguards being established to provide this service. WorkWell services are expected to begin service delivery from autumn 2024.
5. WorkWell recognises that reversing the trend in inactivity cannot be achieved by programmes acting in siloes - it requires an integrated whole-systems approach to addressing health-related barriers to work at a local level.

What is WorkWell?

6. WorkWell focuses on early intervention and support, offering participants an expert assessment of their health-related barriers, along with a tailored plan to address these. It will also serve as a pathway to existing local services to help people get the support they need.
7. WorkWell will provide advice and support to employers, and it will triage, signpost and send referrals to clinical and non-clinical support including wider community provision, for example, care navigation teams, work health coaches, accessing healthy lives programmes, or debt advice.
8. The service will be available to people with a disability or health condition who:
 - Need support to remain in work;
 - Need support managing a condition in order to return to work from sickness absence, or;
 - Need support to start work.
9. It is envisaged that the WorkWell service will be based on the principles of personalised care and delivered by a multi-disciplinary team. It is known that work is an important social determinant of health, both directly and indirectly on the individual, their families and communities. A healthier population is also a wealthier and more productive one. Data shows the longer an employee's sickness absence lasts, the less likely they are to return to work.

10. It is known that work and health are inextricably linked. Being in work raises living standards and pulls people out of poverty, and a prolonged absence from work can lead to a deterioration in health and wellbeing, both due to financial strains and the absence of positive psychological and social support.
11. Recruitment is under way by PCNs for a new specialist role of 'work and health coach' and employed by host practice. It is expected that work and health coaches will be able to provide:
 - An initial assessment of barriers to employment;
 - Return-to-work/thrive-in-work planning, with clear objectives that address physical, psychological and social needs;
 - Employer liaison - if the participant consents, the employer can be contacted to share the work plan and provide advice;
 - Advice on workplace adjustments;
 - Personalised work and health support with follow-up as required, including ongoing support in the form of locally determined, low intensity appointments to take stock of progress and recommend further actions and activities.
12. WorkWell services will be locally led in response to population need, building on existing supports to provide an integrated, local work and health service. Integrated Care Systems, including local authorities, will play a central role in convening local partnerships to design and deliver WorkWell, alongside wider partners including jobcentres.
13. Individuals can be referred to WorkWell through their employer, local services within their area, primary care providers such as GPs, Jobcentre Plus and through self-referral.
14. The LLR WorkWell service will:
 - Offer a delivery vehicle to Integrated Neighbourhood Teams (INTs) (working in communities across LLR);
 - Build on existing local services and provide a triage, referral and signposting service to other services;
 - Release pressure within primary care;
 - Bring health and wellbeing benefits to being in work. In LLR, according to NHS Digital, there are approximately 20,000 individuals yearly requesting a fit note, all eligible for a WorkWell service. Assuming 4,000 to 6,000 of these are a first or second episode, they would be the prime candidates for the service;
 - Achieve key performance indicators and outcomes that are agreed with the national team. These are likely to include: return to work, remain in work, reduced health barriers to working or looking for work, and user experience;
 - Support economic growth;

- Inform the development of an LLR Integrated Work and Health Strategy.
15. We will focus our efforts across Leicester where there are the highest levels of economic inactivity and long-term conditions, particularly musculoskeletal (MSK) and mental health conditions.
16. Seven PCNs in City have agreed to participate in the WorkWell programme. The remaining are in discussion, to onboard with the programme.

Resource Implications:

17. Funding for WorkWell is via an DHSC grant award. Across 2024/25 and 2025/26, around £57 million is planned for approximately 15 Vanguards to design and deliver WorkWell Vanguard Services across both financial years. The value of the grant award for LLR is £3,770,800.

Background Papers:

<https://www.gov.uk/government/publications/workwell/workwell-prospectus-guidance-for-local-system-partnerships>

Circulation under the Local Issues Alert Procedure:

N/A

Appendices:

1. LLR ICB EIA Stage 1
2. LLR WorkWell Full Delivery Plan – separate attachment

Officer to contact:

Louise Young, Deputy Chief Officer – People and Transformation.
Telephone: 07886 455817
Email: Louise.Young36@nhs.net

Relevant Impact Assessments

Equality Implications:

There are no equality implications arising from the recommendations in this report.

Human Rights Implications:

There are no human rights implications arising from the recommendations in this report.

Crime and Disorder Implications and Environmental Implications:

Not relevant.

Partnership Working and associated issues:

The LLR WorkWell Programme may increase capacity in Talking Therapies, Individual Placement Support and Occupational Health.

Appendix 1: LLR ICB Stage 1 EIA

Stage 1 Equality, Health Inequality Impact and Risk Assessment

Title of Assessment:

Impact Assessment – LLR WorkWell Programme: Local Support for People to start, stay and succeed in work

- **Person Responsible:**

- Louise Young, Deputy Chief Officer – People and Innovation
- Telephone: 07886 455817
- Email: Louise.Young36@nhs.net

- **Service Area:** LLR ICB People and Innovation

- **Overview of Programme:**

The LLR WorkWell programme backed by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC), aims to nationally

support around 60,000 long-term sick or disabled people to start, stay, and succeed in work through integrated work and health support. The LLR programme is one of 15 national vanguards being established to provide this service. WorkWell will focus on early intervention and support, offering participants an expert assessment of their health-related barriers to work along with a tailored plan to address these. It will also serve as a pathway to other local services to help people get the support they need. WorkWell will provide advice and support to employers where appropriate; triage, signposting and referrals to clinical and nonclinical support including wider community provision, for example, debt advice. It will be delivered to a large extent by the recruitment of Work and Health Coaches, supported by a wider multi-disciplinary team within health and care settings in LLR, accessible via a digital referral hub, used by health and care professionals and with the ability for people to self-refer into the service. Individuals can be referred to WorkWell through their employer, local services within their area, primary care providers such as GPs, Jobcentre Plus and through self-referral.

The service will be available to people with a disability or health condition who need support to remain in work, need support managing a condition in order to return to work from sickness absence or need support to start work.

It is envisaged that the WorkWell service will be based on the principles of personalised care and delivered by a multi-disciplinary team. We know that work is an important social determinant of health, both directly and indirectly on the individual, their families and communities. A healthier population is also a wealthier and more productive one. Data shows the longer an employee's sickness absence lasts, the less likely they are to return to work.

Equality, Health Inequality Impact and Risk Assessment

Section one: equality impact

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

1. Will this (decision / proposal / change) affect / impact on people in any way? (e.g., population, patients, carers, staff)?

Yes

2. Is this decision or change part of a transformation programme or commissioning / decommissioning review?

No

3. Is this a decision that may change or potentially change the delivery of a service / activity or introduce a charge?

No

4. Will this (decision / proposal / change) potentially reduce the availability of a service or activity or product (e.g., prescriptions)?
No
5. Is this a review of a policy, procedure, protocol or strategy?
No
6. Is this (decision / proposal / change) about improving access or delivery of a service?
Yes
7. Will this (decision / proposal / change) potentially negatively impact groups covered by the Equality Act and other vulnerable groups?
No
8. Will this (decision / proposal / change) affect Employees or levels of training for those who will be delivering the service?
No
9. Will this (decision / proposal / change) have any **positive** effect / impact in reducing health inequalities?
Yes
10. Will this (decision / proposal / change) have any **negative** effect / impact on health inequalities?
No

Section two: Equality Risk

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

11. To reach your (decision / proposal / change) have you considered any information / supporting documents?
Yes
Integrated Care Strategy 2023-2028
Leicester, Leicestershire and Rutland ICB 5 Year Plan
LLR Workforce Sharing Agreement
Accessibility Information Standards
General Practice Quality Assurance Toolkit
Public Sector Equality Duty Act
12. Have you engaged or consulted with people or stakeholders / staff that may be affected by the (decision / proposal / change)?
Yes
Group A - Target population groups for WorkWell
Group B - Staff directly delivering the service / Staff/stakeholders referring into the service
Group C - WorkWell partnership groups / Staff in LLR
ICS partner organisations
Group D - Other local stakeholders

Group E - National stakeholders

13. Have you taken specialist advice regarding impacts of the (decision / proposal / change)
Yes
Discussions via the WorkWell Steering Group - reports into the Integrated Care Partnership Board (ICP), who have overall accountability for WorkWell and the development of the LLR Work and Health Strategy.
14. Have you considered how this can address and eliminate discrimination, harassment and victimisation?
Yes
Incorporating diverse employee groups
Programme is open to participants with any protected characteristics
Wellbeing offerings e.g., flexible hours, mental health support to ensure accessibility for all, including marginalised or vulnerable groups
15. Have you considered how this can help to address inequality issues to enable all groups to access services?
Yes
Awareness and outreach -targeted communication to relevant stakeholders
Ongoing monitoring – data analysis to identify gaps and continuously improve accessibility and inclusivity
16. Have you considered how this can help foster good relations and community cohesion within communities?
Integrated care partnerships – collaboration with local authorities, local vendors, organisations, health and wellbeing boards fostering economic and social connections with shared values.
17. Can you address or minimise any negative impacts that may represent an equality risk?
We have targeted areas in LLR where there are the highest levels of economic inactivity and long-term conditions, particularly musculoskeletal (MSK) and mental health conditions. There has been high interest in the programme and have engaged 21 PCNs offering services beyond target areas.

Conduct regular equality impact assessments to identify potential disparities in access, participation or outcomes for underrepresented groups
Monitor data and feedback – collect disaggregated data to identify gaps or unintended impacts and adjust accordingly.
18. Will your decision reports be available to the public?
Yes – ICP Board

Section three: human rights impact

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

19. Is there any concern that Article 2: Right to life may be breached?

No

20. Is there any concern that Article 3: Right not to be treated in an inhuman or degrading way may be breached?

No

21. Is there any concern that Article 5: Right to liberty may be breached?

No

22. Is there any concern that Article 6: Right to a fair trial or hearing (this includes right to fair assessment, interview or investigation) may be breached?

No

23. Is there any concern that Article 8: Right to respect for private and family life may be breached?

No

24. Is there any concern that Article 9: Right to freedom of thought, conscience and religion may be breached? E.g., right to participate (individually or as a group) religion / belief

No

25. Is there any concern that Article 10: Right to freedom of expression may be breached? E.g., concern that people won't be able to have opinions and express their views on their own or in a group

No

26. Is there any concern that Article 14: Right not to be discriminated against in relation to any human rights, may be breached?

No

27. Is there any concern the obligation to protect human rights may be breached? E.g., concern that systems, processes and monitoring will not identify human rights breaches.

No

Section four: Assessment Comments

28. Further comments from individual / team drafting this assessment:

No

End