



Department
for Work &
Pensions



Department
of Health &
Social Care

WorkWell Prospectus Appendix B

Grant Application Form

November 2023

This form should be used to submit a Grant Application for funding as a Vanguard delivering a pilot WorkWell service.

This form should be completed with reference to the following documents:

1. *WorkWell Prospectus*
2. *Appendix A - Grant Instructions*
3. *Appendix C - Grant Guidance*

Section 1 – Contact Information

The following information is to identify you as a Grant Applicant, and to support correspondence during this Grant Application process:

Name and address of lead ICB member or representative:	Cheshire and Merseyside ICB
Contact name and telephone number:	Prof. Ian Ashworth Director of Population Health 07917791460
Email address:	ian.Ashworth@cheshireandmerseyside.nhs.uk

Section 2 – WorkWell Vanguard footprint

2.1 Outline your proposed Vanguard footprint, i.e., the area/areas where you propose to deliver your WorkWell service.

Explain what area or areas you propose to cover with your WorkWell service (your Vanguard Footprint). This could be across the entire ICB area or a smaller section or sections of the region such as within specific Local Authorities or towns. Where the whole ICB area is not covered please be as specific as possible about which areas will and will not be served. You may wish to provide a map or similar illustration.

Please enter your response in the box below. No word limit is set for this response.

This response is not scored

Cheshire and Merseyside is a large ICB with a population of 2.7million people and covering nine Local Authority areas. Across the region there are two Local Enterprise Partnerships with Liverpool City Region Combined Authority covering 6 Local Authority areas and Cheshire and Warrington Local Enterprise Partnership cover 3 Local Authority areas.

Given the scale and complexity of stakeholder relationships we have decided to focus WorkWell services in two distinct areas: Knowsley and Wirral. This will allow a quick

mobilisation of services and to learn from pilot sites which will inform further development of services into other areas of the ICB over time.



2.2 Is your proposed Vanguard footprint for the WorkWell service Predominantly Urban or Significantly Rural?

The UK Government is keen to see WorkWell Vanguard Services operate in settings of varying population density. You should make your determination of Predominantly Urban/Significantly Rural classification in line with the method (and worked example) set out in section 3.4 of *Appendix A WorkWell Grant Instructions*.

Please enter your response in the box below. No word limit set for this response.

This response is not scored

Cheshire and Merseyside ICB's vanguard WorkWell services would be delivered in predominantly urban areas. Both Knowsley and Wirral are classified as being urban with major conurbations. Wirral also adds the significant challenges that are associated with coastal inequalities.

2.3 Justify with evidence the proposed Vanguard Footprint for your WorkWell service.

As outlined within objective 2 of the *WorkWell Prospectus*, Vanguards will be expected to support and drive a strategic approach to integrating work and health services at a Place level. Doing so will require a strong understanding of the geography and demography of the Vanguard Footprint.

A Grant Applicant should demonstrate, with evidence, their current understanding of both the geographic and demographic context within which they propose to deliver a WorkWell service.

A Grant Applicant should offer a rationale for the coverage area proposed, whether that's the entire ICB area or a subsection of it. This should include reference to the demography of the area and the specific level of need there for work and health support, for those in work as well as out of work. In terms of providing evidence, a Grant Applicant should consider providing information such as data relating to the area's:

- Working age population
- Levels of inactivity
- Known measures of deprivation
- Local healthy life expectancy
- Employment rates

Max. word count – **800 words** (Scoring: Max. 6 points)

Please indicate the number of words used for this section in *italics* at the end of your response.

Please enter your response in the box below:

Due to the size of Cheshire and Merseyside ICB in terms of population and providers and given the complexity of economic inactivity the ICB will be taking a phased approach to WorkWell. Services will be introduced in Knowsley and Wirral through this initial vanguard opportunity, with a view to developing and sharing the learning across the ICB for further expansion where possible.

Areas have been selected following careful consideration of the data on economic activity, health inequalities and deprivation, alongside the ability and appetite of local Place Partnerships to mobilise WorkWell services. In addition to this, how well-developed stakeholder relationships are, and the existing joint working arrangements have been considered (see section 3.1).

Data on the selected pilot areas can be found below:

Knowsley is the second most deprived local authority area in the country according to the Index of Multiple Deprivation (2019). It has significant health inequalities, with a high proportion of individuals with long-term conditions and co-morbidities and high levels of individuals with poor mental health.

Based on nationally-reported ONS data, over the past five available years (2017/18 to 2021/22), Knowsley had the third-highest unemployment rate in Cheshire & Merseyside. Knowsley's rate of residents in employment has fallen from a peak of 78% in 2022 to 69.6% in 2023, whereas North West and national rates have stayed stable. The proportion of people with long-term conditions in employment is lower than the rest of the population; the same is true for those with learning disabilities.

Over one in four (27.9%) working aged people in Knowsley are economically inactive, this is significantly higher than North West (23.2%) and England (21.4%).

Knowsley has 9,800 working age people who are economically inactive due to "long-term sickness", this equates to 38.0% of economically inactive working age population, this is higher than North West (31.2%) and England (25.6%).

Knowsley also has a significantly higher percentage of the population reporting a MSK problem (24%) than North West (19.7%) and England (17.6%).

In the past twelve months, 58,335 fit notes were issued to 17,012 people in Knowsley. Four GP practices are responsible for 35% of all notes issued in Knowsley; three of these are in the Kirkby area. Five further practices are responsible for another 26% (meaning that 36% of practices issued 61% of notes), see table 1. The data on the average number of fit notes shows that most individuals who were issued a fit note were issued an average of 3.4 notes each.

Table 1: Knowsley Sick Notes Issued Per Practice, 2023

Practice	Patients Issued Note	Proportion of notes issued	Notes issued	Notes issued per patient	Total population	As proportion of population	Population issued note	
Aston Healthcare Limited	1,951	35%	7,204	3.69	22,325	40%	9%	
Dr Maassarani & Partners	1,508		5,280	3.50			16,158	9%
Wingate Medical Centre	1,233		3,845	3.12			12,094	10%
Millbrook Medical Centre	1,204		4,137	3.44			12,016	10%
Dinas Lane Medical Centre	1,049	26%	3,685	3.51	10,735	28%	10%	
Cornerways Medical Centre	927		2,815	3.04			9,424	10%
Stockbridge Village Health Centre	873		3,013	3.45			8,868	10%
The Macmillan Surgery	848		2,496	2.94			7,100	12%
Park House Medical Centre	710		2,334	3.29			8,059	9%
Other practices (16 in total)	6,709	39%	23,526	3.51	48,896	31%	14%	
Total	17,012		58,335		155,675		11%	

For **Wirral**, the Indices of Multiple Deprivation (IMD, 2019) shows that 114,900 people (35.6%, more than 1 in 3 people) lived in the 20% most deprived areas in England. The gap in average life expectancy between Wirral and England is the widest it has ever been: 1.6 years for males and 1.5 years for females. The gap in life expectancy and healthy life expectancy between the least and most deprived areas of the borough is particularly stark with a life expectancy in Rock Ferry of 72 for males and 78 for females compared with 84 and 87 respectively in Heswall.

Whilst **Wirral** has a rate of inactive workers close to the national average, based on nationally-reported ONS data, over the past ten available years (2012/13 to 2021/22), Wirral had the highest level of unemployment in Cheshire and Merseyside, with the exception of Liverpool. The rate in Birkenhead is, on average, more than 50% higher than Wirral as a whole. In Wirral, 76.9% of the working age population is in employment. Within the Borough 21.2% (40,800) are economically inactive which is broadly in line with the national average. However, 35.9% (14,700) of this group are economically inactive due to long-term sickness and claim Employment Support Allowance, which is significantly above the North West (31.2%) and national average (26.6%). Wirral's gap in the employment rate (16.1%) between people with a long-term health condition and the overall population is the second worst in the North West (12.2%) and significantly worse than England (9.9%). Wirral also has a significantly higher percentage of the population reporting a MSK problem (22.1%) than North West (19.7%) and England (17.6%).

Analysis of fit notes has identified that in the past twelve months, Wirral issued 27,808 fit notes. Analysis by GP practice has identified that four practices were responsible for 23% of notes issued (three of these are in Birkenhead), and five further practices were responsible for another 17% (meaning that 20% of practices issued 40% of notes); see table 2. The data on the average number of fit notes shows that most individuals who were issued a note were issued an average of 3.2 each.

Table 2, Wirral Fit Notes Issued Per Practice, 2023

Practice	Patients Issued Note	Proportion of notes issued	Notes issued	Notes issued per patient	Total population	As proportion of population	Population issued note
St Catherine's Surgery	1,339	23%	4,319	3.23	14,152	18%	9%
Paxton Medical Group	1,887		6,081	3.22	13,935		14%
Sunlight Group Practice	1,546		5,273	3.41	11,475		13%
Miriam Primary Care Group	1,605	17%	5,424	3.38	14,735	16%	11%
Marine Lake Medical Practice	850		2,674	3.15	17,286		5%
Whetstone Lane Medical Centre	830		2,951	3.56	8,021		10%
Somerville Medical Centre	946		2,893	3.06	8,302		11%
Central Park Medical Centre	887		4,149	4.68	8,838		10%
Moreton Group Practice	1,164		4,113	3.53	6,542		18%
Other practices (35 in total)	16,628	60%	59,491	3.58	202,480	66%	8%
Total	27,682		97,368		305,766		9%

The proportion of adults with a learning disability in paid employment in Wirral is 3% compared with a national figure of 4.8% (*Adult Social Care Outcomes Framework England 2022*).

(795 words)

Section 3 – WorkWell service proposal

Section 3.A – Your local delivery partnership

3.1 Please list your expected key delivery partners below.

To deliver a WorkWell service, Grant Applicants will work alongside Local Authorities and Jobcentres, as well as in close partnership with various local organisations, including but not be limited to NHS service providers and primary care networks, local employers, Local Authority economic development and public health services, and voluntary and community sector organisations. Use this response to outline who you expect your key partners to be.

Please enter your response in the box below. No word limit set for this response.

This response is not scored

Cheshire and Merseyside

The **Liverpool City Region Combined Authority (LCRCA)** is a key delivery partner to each of the boroughs within the vanguard proposal. The proposed WorkWell programme would establish strong and seamless links to the relevant employment support services, such as the LCRCA Ways to Work programme, which commenced in April 2016 and delivers a personalised route-way to support eligible workless residents into employment and training via a suite of flexible, tailored employment support services. Since the programme commenced the service has engaged 10,264 workless residents and supported 6,134 into employment or training. Shared delivery standards, paperwork, data sharing protocols, and participant cross boundary portability arrangements are in place across all LCRCA Ways to Work delivery partners.

The programme works closely with residents, employers and other key stakeholders to identify the challenges often faced by unemployed residents with a health

condition who are seeking employment and the challenges faced by employed residents with a health condition who want to remain in employment.

Whilst **Cheshire and Warrington Local Economic Partnership** will not directly be involved in service delivery, they have been involved in the development of the WorkWell bid and the ICB will look to utilise their experience and knowledge in this area going forward through our developing governance structures covering WorkWell (see section 4.1).

NHS Cheshire and Merseyside will work closely with the mental health programme and providers ensuring the **Employment Advisors in Talking Therapies** work is connected and informs WorkWell services. All Talking Therapy Services in Cheshire and Merseyside have employment advisors available to provide support where required.

Similarly, developments in **MSK services** for employment advisors to be embedded in services via new DWP pilot funding will be connected to WorkWell through our proposed governance.

Section 4.1 provides further detail on our system partners supporting this work and how they will work together.

Knowsley

Knowsley Place have identified a range of delivery partners who are committed to work collaboratively to support the delivery of an effective WorkWell service:

Knowsley Council – this includes the Director of Public Health and their team and the economic growth department as key supporters for the WorkWell programme. Within the economic growth department sits Knowsley Works, the Council's well-developed employment and skills team, which supports residents and employers.

Knowsley Chamber of Commerce – linked to the WorkWell programme via the Chief Executive who holds a joint role as Head of Business Growth in the Council and also sits on the Health and Wellbeing Board. The Chamber provide a key service in linking the health agenda to the workforce and workplace. The Chamber also delivered a Working Well programme, commissioned by Public Health, which aims to promote and support healthy workplaces.

One Knowsley – VCFSE leader organisation and social prescriber organisation. There are several community-based organisations who work with local residents around employment opportunities. VCSFE organisations will have a role in identifying, targeting and engaging client groups as part of the WorkWell programme. The VCFSE includes our two social prescribing delivery partners: One Knowsley and Care Merseyside.

JobCentre / DWP – DWP will be a fundamental partner to deliver the Workwell programme locally within Knowsley and we will build on our established working relationship.

NHS Providers – Knowsley's Place based partnership includes the following NHS Community and Acute providers, examples being:

- Merseycare NHS Foundation Trust (provider of mental health and community provider including MSK and Talking Therapy services)

- Mersey and West Lancashire Teaching Hospitals NHS Foundation Trust (MWLFT)
- Liverpool University Hospital Foundation Trust (LUHFT)
- Liverpool Heart and Chest Hospital (LHCH), Knowsley's specialist community provider

PCNs – Our Primary Care Networks and member GP practices will be a key partner in helping to support the Programme as part of the wider preventive offer.

Knowsley has a well-established **social prescribing** model that connects PCNs, our local Council and VCSFE sector. This is a respected model firmly embedded within all of our 3 PCNs with robust referral pathways to over 100 organisations within the Borough. **Elemental** is the social prescribing software that allows health and social care professionals to connect patients to social prescribing link workers. It is a cloud-based platform that fully integrates with primary care, secondary care and social care systems so that users can make, manage, and report on referrals to social prescribing.

We intend to widen the impact of our existing model providing individuals at risk of falling out of work/ recently out of work with timely, responsive, and targeted support. We will deliver this through an integrated population health management approach which will target our population based upon need and will further support the overall aims and objectives of the WorkWell bid.

Northwood and addressing Health Inequalities: We have established a targeted work programme focussed on Northwood ward in Kirkby which has the biggest health inequalities and lowest life expectancy in the borough. This programme is managed and hosted by the ICB, with the funding provided via the Local Authority Public Health grant. Over the last 10 months we have made extensive in-roads into the community itself, to understand the area from a community perspective. This has included setting up monthly community meetings with a newly formed residents' group and also bringing in partners from across a number of sectors to support this, including Local Authority colleagues focusing on green spaces, Leisure services, Housing and Health providers, Education and Youth Provision and linking closely with a Liverpool City Region funded programme led by Right to Succeed.

We have also linked in with locally based businesses such as Amazon, Liverpool Football Club (LFC) and Knowsley Works to explore work we can undertake to encourage employment opportunities.

Local people have received job offers through practical activities such as leafleting properties with employment opportunities. Knowsley Works are also supporting this programme by providing insight on the challenges and barriers facing people wanting to move into employment and by connecting local people with local businesses. Knowsley Works also have a focus on apprenticeships, mentoring and helping businesses to create job carved roles for people with physical or mental health issues.

Wirral

Wirral Place have identified a range of delivery partners who are committed to work collaboratively to support the delivery of an effective WorkWell service.

- **Wirral Borough Council** colleagues have provided key support for this proposal from several strategic and delivery perspectives, including Public

Health and Economic Development colleagues. Through collaboration with Wirral Council colleagues, pathways into commissioned employment support services will be further strengthened to ensure seamless support for clients.

- **DWP/Job Centre Plus** colleagues have worked in collaboration with Wirral Place partners on a range of support into employment schemes for people with both physical and learning disabilities. They have been supportive of and significant contributors to this Expression of Interest and are committed to support of the proposal as delivery partners.
- NHS including **Wirral University Hospitals NHS Trust** who provide local Musculoskeletal services and are keen to work with us, particularly around supporting people on chronic pain pathways.
- **Everyturn Mental Health**, our local Talking Therapies provider, who have established a team of employment advisors to support the employment aspirations of clients triaged as suitable for talking therapies. Everyturn are keen to work with a WorkWell provider to establish pathways to and from the service.

We have connected with a wide range of **Voluntary, Community, Faith and Social Enterprise organisations** who have agreed to be delivery partners for both core delivery and supporting specific needs. These include:

- One Wirral CIC,
 - WEB Mersey,
 - Opendoor
 - The Spider Project (Mental Health Crisis Support and Recovery)
 - Resilient
 - GROW Wellbeing
 - Make It Happen Birkenhead
 - The Lighthouse Centre
 - Positivitree
 - MenToo
 - Caritas
 - Family Toolbox
 - Wirral Change
 - Health Junction
- **Wirral Chamber of Commerce**, who have formally endorsed this EOI and have pledged to support the further joining up of business, health and employment services.
 - **Wirral Ways to Work**: The Council's Ways to Work service currently delivered by Involve Northwest 'Reach Out' and Wirral Change service will be an integral partnership providing a suite of flexible and tailored employment support services from accessible community-based locations to help and support economically inactive participants to overcome a range of barriers that are preventing them from gaining employment. The service also provides a waged subsidy scheme to support employers to recruit those furthest from the labour market with multiple barriers to employment. Recent successes have been with SEND young people.

The WorkWell pilot will provide a vital opportunity to test an approach to further link health and employment services by providing a referral pathway to Ways to Work to engage economically inactive residents, the majority of which are likely to have a health condition or disability and are likely to already

be engaged in the 'health' system. Evaluation of this element of the programme would provide learning and insight on a national level.

- **Career Connect:** support with raising aspirations and careers coaching and guidance via face to face, telephone and online access to meet the participants needs/requirements.
- **Primary Care Networks:** who are keen to link in their practice and PCN based services including Social Prescribing Link Workers, physiotherapy and health coaches into the scheme.

3.2 Provide a list of the letters of support from key partners you will attach to this application.

As described in the *WorkWell Prospectus*, local delivery partnerships are essential to successful work and health service integration. Applicants are **required** to provide letters of support for their Grant Application from all Local Authorities and Job Centre networks relevant to their proposed Vanguard Footprint. Letters of support must:

- 1) Be signed by a relevant individual within the partner organisation.
- 2) Confirm that the partner is in support of the ICB's Grant Application.
- 3) Identify the name and role of a lead contact from the partner organisation to work alongside the ICB Grant Applicant.

Additional letters of support from partners besides Local Authorities and Jobcentre networks may be included to show strong consultation with potential partners but are not required.

Letters of support should be listed below and included in PDF format as separate attachments accompanying the submitted application form. **Failure to supply the required letters from all Local Authorities and Job Centre networks will result in a rejected application.**

Please enter your response in the box below. No word limit is set for this response.
This response is not scored

The following letters of support are provided for NHS Cheshire and Merseyside's application:

1. Department for Work and Pensions and Job Centre Plus Networks
2. Liverpool City Region Combined Authority
3. Knowsley Council – Chair of HWBB
4. Knowsley Council – Director of Public Health
5. Knowsley Chamber of Commerce
6. One Knowsley- VCFSE organisation
7. Merseycare NHS FT
8. Wirral Council – Chair of HWBB
9. Wirral Council – Director of Public Health
10. Wirral Council – Director of Care and Health
11. Wirral Chamber of Commerce
12. Wirral Council for Voluntary Service
13. Wirral Primary Care Collaborative
14. Wirral Local Medical Committee

Section 3.B – WorkWell Work and Health Strategy Integration and WorkWell Service Delivery

3.3 Explain your approach to developing an integrated Work and Health Strategy with WorkWell at its centre.

As explained in the *WorkWell Prospectus*, Grant Funding will give Vanguard's the capacity to join up their work and health landscape at a local level, bringing together existing work and health initiatives and assets under one coherent place-based strategy. Expectations for this are outlined in more detail under objective 2 within the *WorkWell Prospectus*.

This response should set out your planned approach to offering an integrated work and health strategy for your Vanguard Footprint focused on supporting Disabled People and people with health conditions to start, stay and succeed in work.

Explain how you intend to develop an integrated strategy as part of your WorkWell pilot. If existing partnerships, for example under section 75 arrangements, are in place which you will build on, reference these. Describe how the WorkWell service being designed will drive greater integration between health, employment and wider community place-based services.

Also describe how you will ensure that you work effectively with your partners within the Vanguard Footprint in developing and delivering your integrated work and health strategy.

1500 max. word count (max. 12 points)

Indicate the number of words used for this section in *italics* at the end of your response.

Please enter your response in the box below:

At a Cheshire and Merseyside level, work is starting on the development of an integrated work and health strategy across our sub region and at a Place level to strengthen and articulate our vision for work and health, supported through our governance arrangements (see section 4.1).

This strategic work will build upon our innovative All Together Fairer (ATF)¹ programme, where one of its eight themes is focused on improving work and employment. This framework has been adopted by all nine of our Local Authorities and our Health and Care Partnership. As part of developing our new ICS wide integrated work and health strategy, we would maximise the strategic relationships we have as part of that partnership which includes working with our economic leaders and regional DWP leads as who are formal members of the partnership.

The ICS has endorsed the analysis and recommendations, making clear that the implementation of All Together Fairer is the Health and Care Partnership's strategy. Councils, the key bodies in tackling the social determinants of health, also endorsed the ATF approach and are progressing with implementation. Integration with health, care, housing, voluntary sector and business is at the heart of delivery for this.

The ATF programme functions through the provision of an overarching framework, the eight Marmot themes and system recommendations, which is evidence-based

¹ <https://champspublichealth.com/all-together-fairer/>

and draws on a thorough analysis of the data on health inequalities. This framework has broad and strong support across the system.

The strategy will be based on three guiding principles:

Principle 1: *Prevention* is better than cure by focusing on prevention as part of the WorkWell programme, we can make sure we use our resources most efficiently and improve people's overall health and wellbeing. We can target our resources effectively so that we are proactively working with business as part of our guiding Make Every Contact Count principles in order to support both the organisation and those staff employed.

Principle 2: *Equity* in everything. This principle recognises that not all people have equal health and care access, experience or outcomes. This strategy sets out that for some people and communities more support and resource might be required to achieve similar outcomes to others. We would seek to target those areas with the highest levels of sickness and fit notes issued, this will be a multidisciplinary approach.

Principle 3: *Integration*. Local people want joined up and seamless services. By making collaboration between all the workforce and teams the normal way of working, and by harnessing our resource and ingenuity, we can re-shape services to become more integrated, treating the 'whole person' and not just focusing on individual organisation areas of work.

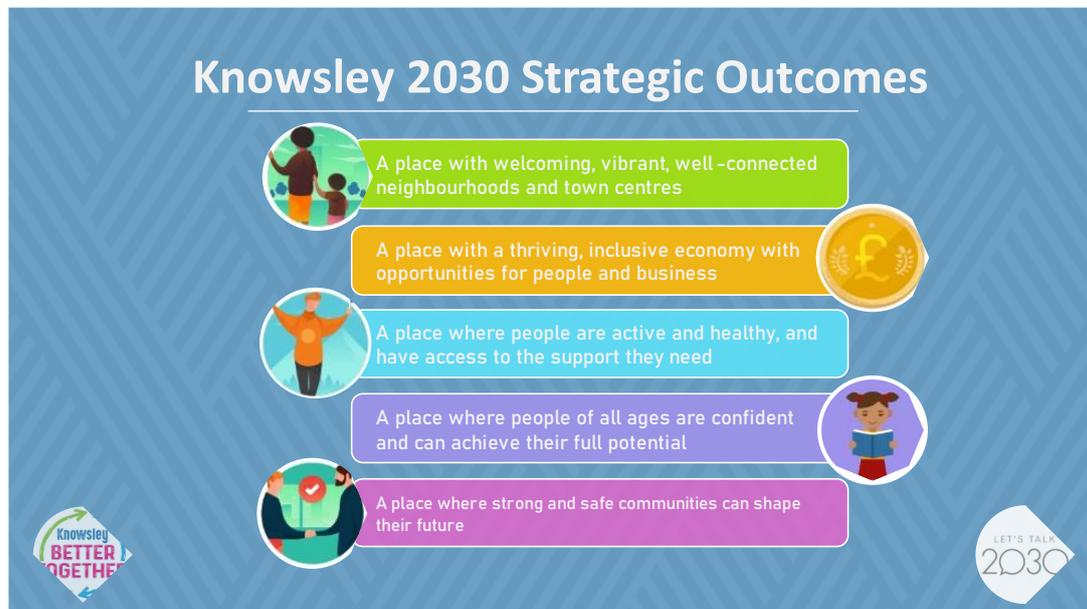
The system wide integrated work and health strategy will be developed as part of the established ICS Population Health Programme. The Places proposing to lead WorkWell services have their own integrated strategies which will support delivery of work and health initiatives including WorkWell. This reflects the importance of Place in leading work and health initiatives and the vital role Local Authorities have:

Knowsley

Knowsley 2030 – this is the long-term over-arching strategy for how Knowsley will look in 2030 and how the Council and wider partners will work together to achieve this. The strategy underpins and strengthens the place-based work under ATF. Work is already underway through the consistent and aligned governance of the Health and Wellbeing Board, Knowsley Better Together Board (key stakeholders and businesses) and Healthier Together Board (our Place Based Partnership Board). All five strategic outcomes (see figure 1 below) are relevant to proposed WorkWell activities.

The Knowsley 2030 Strategy was co-produced by agencies on the above Boards as well as residents, businesses and wider stakeholders.

Figure 1: Knowsley 2030 Strategic Outcomes



It is proposed that Knowsley's Health and Wellbeing Board will have oversight of WorkWell. The Board includes representatives from partner organisations including police, leisure provider, Citizens Advice, social landlord and the Chamber of Commerce. The Chamber advocate for connecting with and utilising the 4,500 businesses in Knowsley in reducing health inequalities and improving overall health and wellbeing. Also on the Board are leaders from the local NHS Trusts, primary care and voluntary sector. This provides a foundation of strategic links between key partners in the WorkWell programme through health, employment, and community-based services.

The Health and Wellbeing Board recently held a focussed session on employment and mental health. This resulted in fruitful discussions on linking employment services together, wider promotion of community-based services and additional public information on service availability. Key links were made between Knowsley Works and NHS Trusts to secure higher rates of local employment. It was noted that Knowsley has a plethora of community-based activities that operate within the world of health, wellbeing and employment. The WorkWell programme will utilise and strengthen this network.

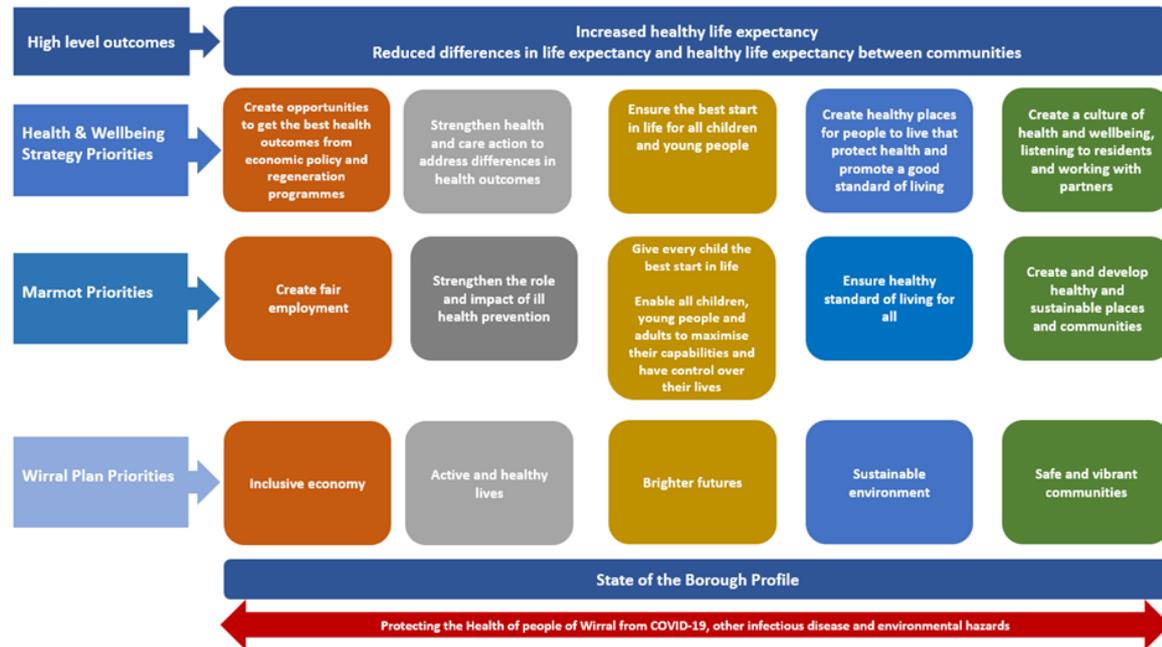
The overarching Health and Wellbeing section 75 partnership agreement in Knowsley commits the ICB and Council to a shared vision and strategic objectives to improve the health and wellbeing of the borough's residents. This is overseen by the Health and Wellbeing Board.

Wirral

Work and Health is a fundamental component of the key strategies guiding Wirral Place. Wirral's Health and Wellbeing Strategy brings together existing work and health initiatives and assets under one coherent place-based strategy. It is a system partnership strategy designed to take a different approach to tackling the root causes of poor health and wellbeing, focusing on areas of joint system effort that have the greatest impact on health inequalities and population health outcomes. The strategy aims to identify and share the good practice that already exists in Wirral, with a view to strengthening and joining that practice together more strongly in order to make 'greater' gains.

The themes and priorities of the Strategy were developed by the partners that made up the Health and Wellbeing Strategy Working Group, which has now evolved into the Implementation Group, and were closely informed by Wirral’s Joint Strategic Needs Assessment and the “All Together Fairer” Report. Resident input was obtained via a programme of qualitative insight to inform the themes and priorities. The Strategy is being delivered in partnership with representatives across the Wirral system. The voice of Wirral’s residents and communities will continue to be reflected in the implementation through an ongoing programme of engagement, to ensure the Strategy remains relevant and impactful.

Figure 2: Wirral’s Health and Care Plan Priorities



The Wirral Health and Care Plan is a collaborative plan driven by the Health and Wellbeing Strategy and describes how organisations across Wirral will work together to progress agreed priorities and address inequalities. To enable Wirral to be a thriving, inclusive borough, there is an ambition to establish an effective workforce strategy, recognising the health and wellbeing benefits of employment, promoting understanding of our people needs and responding to the workforce challenges.

Our key strategic outcome is the establishment and implementation of a People Strategy and Delivery Plan, that addresses the role and contribution of the formal and informal workforce, volunteers and carers, and ensures Wirral Place has the right people to provide the right support and care in the right place at the right time.

Wirral have a mature approach to the use and oversight of pooled funds which would support the establishment of a WorkWell Partnership, for example, in the use of Section 75 arrangements and the Better Care Fund to support a range of adult and children’s health and social care.

(1227 words)

3.4 Outline your proposed integrated service delivery model for WorkWell and how you will work with key partners to deliver this.

Objective one for WorkWell as outlined in the *WorkWell Prospectus* is for the Vanguard Partnership to deliver a holistic work and health service. This response is asking Grant Applicants to explain what their service will look like to Participants, who they will work with to deliver it and how they will develop the local workforce to provide the service.

The Grant Applicant is being assessed on their demonstration of a clear plan for turning their vision for WorkWell into an impactful service in their local area. They are not expected to be able to address every challenge at this early stage of planning but should demonstrate a clear understanding of the work required to take their strategy through to a live service offer. The Grant Applicant should include reference to:

- How they have involved Local Authorities and local Jobcentre networks in producing their Grant Application.
- How they will ensure that they work effectively in partnership with Local Authorities, local Jobcentre networks, and wider partners within the Vanguard Footprint to design and deliver their service.
- Details of the Participant journey (this should also demonstrate an understanding of data sharing / governance requirements for partnership working).
- How they will encourage referrals through the variety of applicable pathways outlined in the prospectus, including by engaging with primary care and employers.
- How their approach to triaging referrals will ensure priority is given to referrals from individuals most likely to benefit from the service they intend to offer.
- Proposals for workforce development to provide a multidisciplinary team (MDT) of professionals who are suitably skilled in delivering biopsychosocial work and health services. Include what roles they would envisage as part of the MDT.
- Details on how workforce will engage with Participants.
- How, overall, they can demonstrate confidence in the feasibility of their plans.

1500 max. word count (max 12 points)

Indicate the number of words used for this section in *italics* at the end of your response.

Please enter your response in the box below:

While there will be two distinct pilot sites for WorkWell within Cheshire and Merseyside, the following key principles for the development and delivery of WorkWell will be adopted consistently:

1. Co-Production as a core principle:

- Co-production will be central to our service design and review as we know this works.
- Engagement with partners and communities will be a practiced approach to leverage local expertise.
- Learning from existing strengths and experiences will guide our programme.

2. Community-Led design for Health and Wellbeing:

- Service will be led by the needs of communities.
- Health improvement advice and information will be co-designed through community collaboration.

3. Access to Community Assets and Partnership Support:

- Supporting access to community assets will be a priority for improving health and wellbeing.
- Confidence, work readiness and health literacy will be developed through strategic partnerships.

4. Collaboration for Comprehensive Programme Development:

- Stakeholder collaboration will ensure a comprehensive programme that meets the needs of the target cohort.
- Existing health and work initiatives will be woven together, avoiding duplication and enhancing delivery.

5. Referral System for Inclusive Identification:

- Referrals will be from both traditional and non-traditional sources, with clear and simple referral criteria.
- Identification will involve NHS Services, employment services, self-identification through VCFSE partners, and proactive use of multiple partner data. A comprehensive engagement/communication plan will be developed.

6. Effective Triage and Person-Centric Support Planning:

- Triage and support planning will be consistent and effective. There will be clear criteria to support triage and pathway navigation.
- Motivational interviewing and coaching techniques will ensure person-led interventions.

7. MDT Workforce for Biopsychosocial interventions:

- A multidisciplinary team (MDT) will be deployed for biopsychosocial interventions.
- The workforce will follow the enhanced primary care role structure, with additional specialised short interventions. This is a known existing workforce that will be easier to promote/embed and may provide opportunities for sustainability.

8. Sustainability and Value for Money:

- An asset and strengths-based approach will ensure sustainability.
- Plans for continued support, community engagement, and reduced dependency will enhance resilience.
- A commitment to understanding the social value delivered by the programme through agreeing themes, outcomes and measures (TOMs) that support place and system social value priorities.
- Regular assessment and evaluation of social impact to inform ongoing adjustments.

The specific delivery model for each pilot site is described below:

Knowsley:

Through the Council's existing employment and skills team, (Knowsley Works), there is a strong, established working partnership between the local authority and the local Job Centre Plus (JCP) network. Knowsley Works holds daily workshops in the local JCP network and receives, on average, over 1,000 referrals a year from JCPs for a number of supportive interventions.

The programme will receive referrals from GPs, JCPs, the voluntary sector, local employers and through the existing Knowsley Works provision which equates to over 60 frontline employment advisors based across the borough of Knowsley. Upon referral the participant would be invited to an assessment within 5 days of receiving the referral. The appointment would be held in a suitable, accessible setting based on the participants requirements. The participant would be assessed for barriers that are stopping them from fully participating in the labour market and from this assessment an action plan to address these barriers would be agreed with any suitable referrals identified and made. The adviser that's allocated the participant would then hold regular reviews with the participant to assess progress and discuss any issues that have arisen since their last appointment.

Employer engagement will be supported by Knowsley Works who have worked with local employers for over 15 years. The Employer engagement team has provided local employers with support for recruitment, response to redundancy, employing apprentices and retention and progression of existing employees. During these 15 years the Knowsley Works employer network has grown to over 1000 local businesses of all sizes. These working relationships will be vital in supporting the referral of employees who require the services of the WorkWell programme. The Knowsley Chamber of Commerce, through its network of members will also support the promotion of WorkWell provision.

The employment advisors are qualified to Level 5 NVQ in careers advice and Knowsley Works has been awarded Matrix Standard for the past 10 years which offers comprehensive quality assurance for the delivery of information, advice, and guidance. The team would consist of one Team Leader and 5 advisors with caseloads of 40 current participants who would be receiving support for three months. This would equate to 800 participants per year on the programme (1,200 over 18 months)

Knowsley Local Delivery Model

- Targeted approach with those identified at risk of leaving employment.
- Referred to Social Prescribing team to complete holistic assessment. A Personalised care plan will be co-produced based on what matters to the participant and focusing on the wider determinants of health and five ways to wellbeing. Our social prescribing organisations are accredited to deliver health improvement training by the Royal College of Public Health. We will build on this to develop a health coaching model with personalised plan enabling people to stay in or return to work.
- Sign posting and referrals will be made to a wide range of community-based and statutory services. The small grants aspect of the programme allows pathways and services to be developed by the VCSFE sector based on needs and gaps in local provision.
- Social Prescribing Link Workers have knowledge and access to both clinical and non-clinical services.

- Existing services will be supplemented to specialised short interventions (likely to include support around managing neurodiversity, and pain management).
- A wide variety of impact measurement tools are firmly embedded within the process.

Wirral:

Wirral has a proven track record of partnership working with organisations across sectors to improve the lives of our residents. Our partnership will build on the learning of previous programmes and forge ever stronger links through primary care networks, DWP, employment support programmes, local employers, voluntary sector collaboratives and the wider VCFSE sector. We will utilise partners expertise to develop a robust engagement plan which will include promoting referrals into the service, employer engagement and participant engagement. The WorkWell Collaborative will coordinate with Wirral Council, DWP and Chamber of Commerce to ensure local employers have a clear understanding of the programme, its referral pathways and the potential benefits of increasing local productivity and economic growth.

Our key enabler is our rich VCFSE collaborative, we will use a strengths-based approach to understanding needs to promote participant engagement and involvement in the programme and encourage the achievement of co-produced plans and outcomes.

Wirral Local Delivery Model

Co-produced with One Wirral CIC, Wirral Council Public Health and Employment & Skills teams and VCSFE Sector Collaborative.

We have established a local partnership which will be key to WorkWell delivery to promote referrals into the programme, it includes but is not limited to:

- Primary care (including social prescribers) through our local Primary Care Collaborative and the Local Medical Committee
- Wirral Council, particularly Economic Growth, Public Health and Lifelong Learning
- VCFSE WorkWell Collaborative and the wider sector
- Wirral Community Health & Care Foundation Trust
- Cheshire & Wirral Partnership Mental Health Trust
- Wirral University Teaching Hospital (particularly the MSK Service)
- Everyturn Talking Therapies Wirral
- Local Employers
- Wirral Chamber of Commerce
- DWP – particularly Job Centre Plus, the Disability Employment Advisor Team, Employer Engagement Team, and Work & Health Programme

The participant journey will be coordinated and supported from referral through to achievement of an individual's Thrive in work/Return to work plan. Each participant will have a named coordinator who will act as their point of contact and case manager who will undertake an initial assessment and triage to identify barriers to employment.

By utilising the strengths and assets of the partner organisations, the programme will provide holistic and tailored support to the individual which will be co-designed in the initial stages but will include personalised support planning, multidisciplinary

team support, signposting, and onward referral. As a partnership we have significant expertise in supporting people who have not flourished with main-stream support.

The team will comprise a combination of Health and Wellbeing Coaches and Care Coordinators with administrative support and will be modelled on our successful prehabilitation services for Cancer and Diabetes, which aims to optimise physical and emotional wellbeing for surgery readiness which optimises outcomes. This core service will be augmented with access to specialised short interventions including:

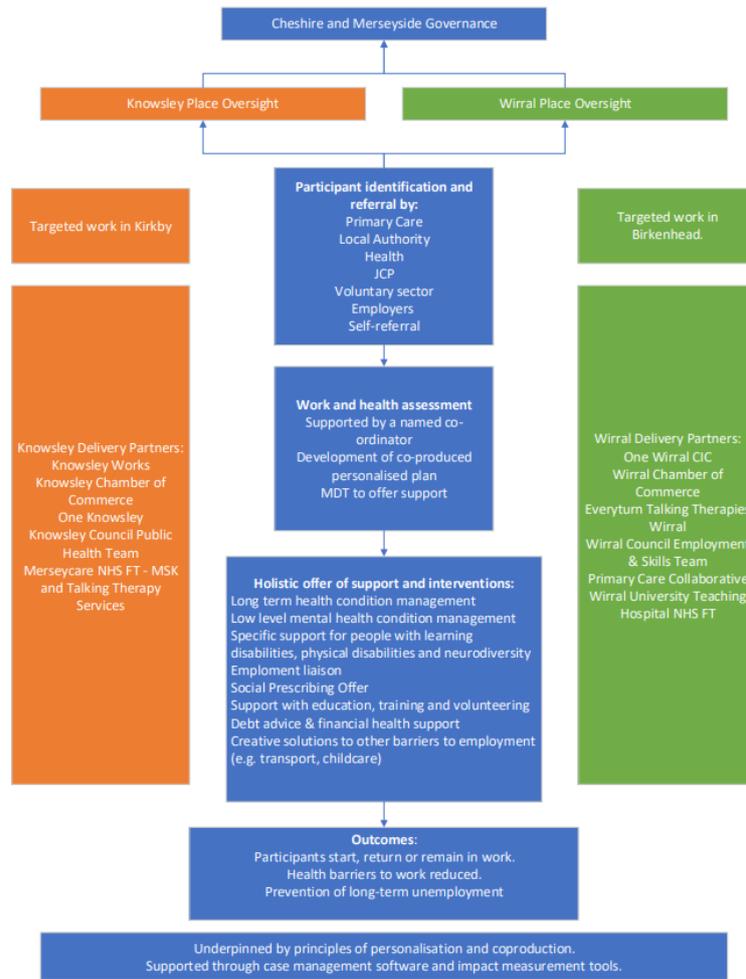
- Long term health condition management
- Low level mental health condition management
- Specific support for people with learning disabilities, physical disabilities and neurodiversity
- Support with education, training and volunteering
- Debt advice & financial health support
- Creative solutions to other barriers to employment (e.g. transport, childcare)

The programme will build a consistent approach to case management and outcome recording by using established case management software for information sharing and data capture. How we measure and record outcomes will be a priority to facilitate learning and improvement; consistency can be challenging for a large group of collaborating organisations so one system will be adopted to enable inter-referrals and comprehensive reporting.

Figure 3 provides the proposed user journey through WorkWell Services in Cheshire and Merseyside.

Figure 3: Proposed WorkWell Participant Journey

**Cheshire and Merseyside ICB
Proposed WorkWell Participant Journey**



(1499 words)

3.5 Provide your Expected Participant Volumes and estimated costs.

As outlined in *Appendix C – Grant Guidance*, successful Grant Applicants will submit a fully-costed delivery plan to DWP at the end of Q1 of the 2024/2025 financial year. As a precursor to this, Grant Applicants are asked as part of their application to provide the following information:

Element 1: The estimated number of Participants they plan to support during the 2024-2025 and 2025-2026 financial years respectively.

Note:

- The total estimate must exceed the set minimum volume level of 1000 referrals across the grant Funding Period (i.e., be more than 1000 total across both financial years).
- When determining estimated numbers of Participants that Grant Applicants are committing to support with the WorkWell service, the applicant should ensure they provide a clear rationale. The rationale should reflect on their ability to set up and operate a successful programme for the Funding Period. This should include staff recruitment, required integration within the local work and health systems, managing referrals, location (rural or urban), Participant demographics and any other relevant internal or external factors, which might impact the number of Participants they can successfully recruit to the programme and effectively support.

Element 2: The estimated Maximum Sum to fund your local WorkWell service to be covered by Grant Funding.

A Grant Funding envelope has been allocated for WorkWell pilot services that allows the DWP to fund 59,000 places on WorkWell support at a unit cost of £800 per participant. Further to this, an additional amount of £320,000 and £220,000 for additional leadership and management costs in Financial Years 2024-25 and 2025-26 respectively will be available to each Vanguard. The Grant Funding envelope will be shared across the approximately 15 Vanguards.

To estimate the Maximum Sum, the Grant Applicant should:

1. Multiply the unit cost (£800) by their total estimated number of participants (from their element 1 response).
2. Add to that figure the additional leadership and management costs of £320,000 and £220,000 (£540,000 total)

For example, a Grant Applicant who has estimated volumes of 3750 participants users over the course of the overall two-year Grant Funding period would estimate their costs by multiplying 3750 by the £800 unit cost, which equals £3 million. Next, they would add £540,000 to that figure. Meaning their response to this element would = £3,540,000.

Proposing a response to element 1 which does not meet required minimum volumes, or to element 2 which does not follow the methodology outlined above, will result in the Grant Application being rejected.

Please provide your response for element 1 in the box below. No word limit set for this response.

This response is not scored

Total number of participants across the two pilot sites is **4,200** (1,200 for Knowsley and 3,000 for Wirral)

In order to estimate the likely number of participants this vanguard would support, colleagues at both ICB and Place Level have reviewed population, demographic and employment data. Much of this data is summarised in section 2.3 of this document. However, this has been further triangulated with data from analysis of fit notes by PCN, and by quantitative and qualitative data from our talking therapies and MSK providers. We know, for example, that there are cohorts of economically inactive people who for various reasons are not eligible for talking therapies, yet their underlying conditions are creating barriers to seeking employment. Our WorkWell scheme would provide opportunities for these people to access the support they need. More detailed analysis of our Primary Care data is also yielding detailed and stratified population data which will support not just the estimates of how many participants there are likely to be, but also where the service can best focus its activity.

Please provide your response for element 2 in the box below. No word limit set for this response.

This response is not scored

Service delivery costs: 4200 x £800 = £3.360m

Additional leadership costs: £540,000

Total: £3.9m

Section 4 – Governance and Protecting Participant Data

Section 4.A – Governance

4.1 – Outline your approach to governance and any relevant experience

Outline any experience the Grant Applicant's organisation has of convening cross system partnerships around complex issues which should be considered relevant to the delivery of a WorkWell service.

Please then indicate how your organisation will establish the service in a way that ensures key partners are included appropriately in governing and co-designing the WorkWell service. The Grant Applicant is expected to develop an explicit role for partners into the governance of the WorkWell service and should outline plans to do so.

Finally, provide information regarding your organisation plans to:

- i) Put governance in place to demonstrate accountability for continuously improving the quality of your services, safe-guarding high standards of care and creating an environment in which excellence will flourish.
- ii) Enshrine effective safeguarding of service users and ongoing compliance with the public sector equality duty into the design and operation of your service e.g., through appropriate ongoing equality impact analyses.

1200 maximum word count (max 9 points)

Indicate the number of words used for this section in *italics* at the end of your response.

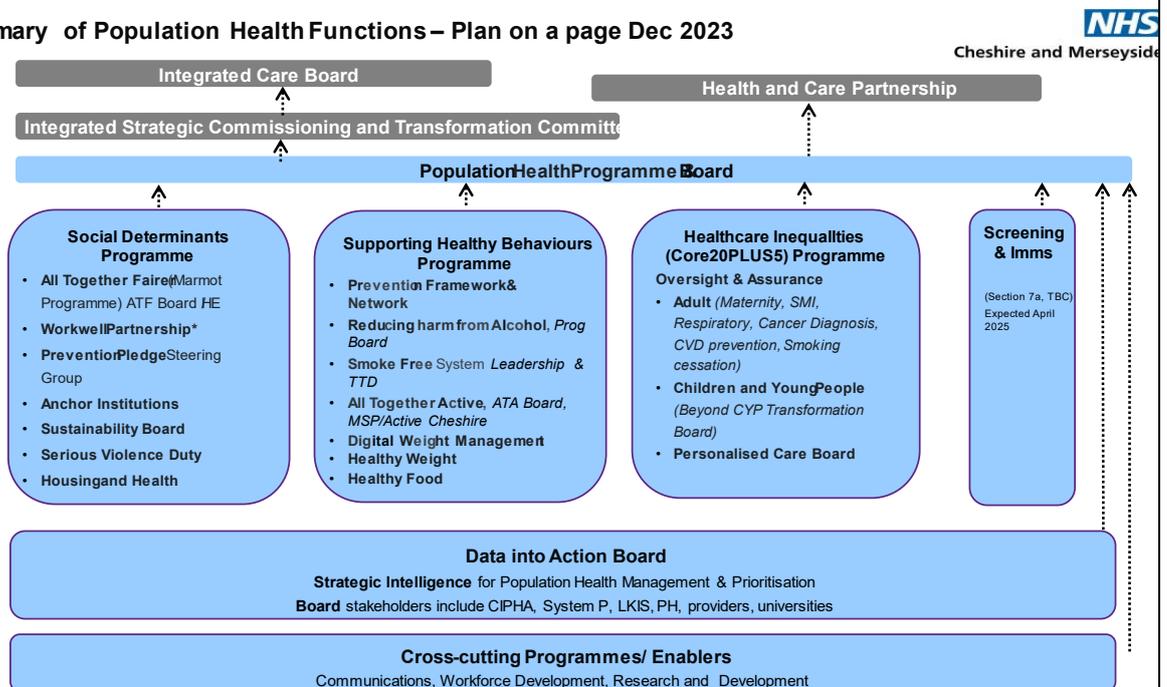
Please enter your response in the box below:

NHS Cheshire and Merseyside has considerable experience of convening cross system partnerships to address complex issues. These include convening work around housing and children and young people’s mental health at a Cheshire and Merseyside level. Our Health and Care Partnership has an extensive collaborative membership that includes regional DWP leadership, NHS, community and voluntary sector, Council and Economic representation from across all nine areas of our sub region. At a local level, partnerships have been convened around issues such as mental health and work and improving the outcome of respiratory services.

Work and health will be a key feature of the social determinants programme and a reference group is planned to bring together the work and health leads from across the nine Places within Cheshire and Merseyside Integrated Care System to share plans and lessons learnt; WorkWell Services will be part of this and local arrangements will report into it.

Figure 4: Cheshire and Merseyside Population Health Governance Structure

Summary of Population Health Functions – Plan on a page Dec 2023



In addition, local governance structures exist at a Place level where our WorkWell Services will be delivered ensuring local oversight and that all stakeholders are involved.

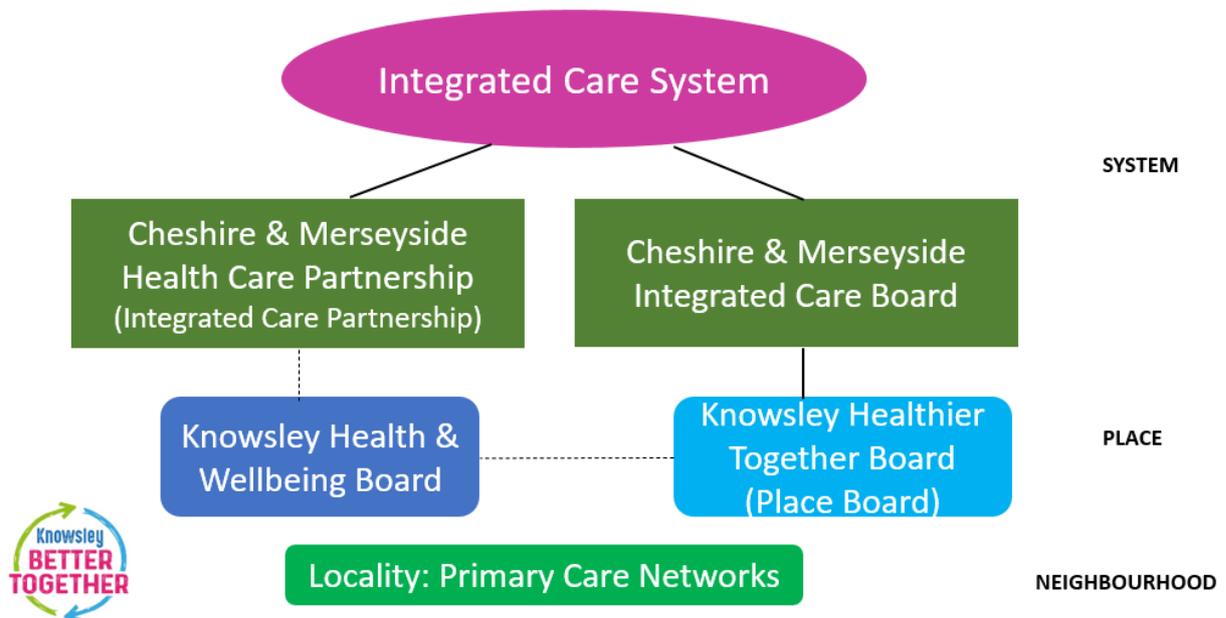
Knowsley

Knowsley has a well-established and robust governance framework. The recently introduced ICB and Place framework has strengthened links between the LA and the Place-based NHS governance.

The Health and Wellbeing Board already have oversight and ownership of both the ATF and Knowsley 2030 strategies. Both have achieved significant progress since their implementation in 2022 and 2020 respectively. This demonstrates the commitment of partners to the wider health and wellbeing agenda and the ability to work in partnership both in the implementation of programmes but also the governance.

Given its focus on the social determinants of health and the representation of its members it is proposed that the Health and Wellbeing Board will provide the overall governance for WorkWell. This will ensure key input to the programme as well as strategic accountability and robust governance. The Healthier Together Board reports formally to the Health and Wellbeing Board. A number of partners sit on both boards with well-developed communication networks. All members of the Healthier Together Board will receive regular updates on the programme and will input where necessary.

Figure 5: Knowsley Health and Wellbeing Governance Structure



To ensure oversight and delivery of the WorkWell programme we will convene a steering group including the ICB, Council, Job Centre Plus, DWP, NHS providers (of mental health and MSK services), GP’s and our two social prescribing organisations (both from the voluntary sector) to provide guidance on the design and delivery of the programme. We will also seek representation from residents who use the service to ensure that the service is co-produced.

Knowsley has a Section 75 agreement in place which in part, helps to support delivery of the BCF plan for 2023/2025 within Knowsley. Operational and Performance Management, is via the Monthly Section 75 meetings which is attended by Health and Social Care Partners.

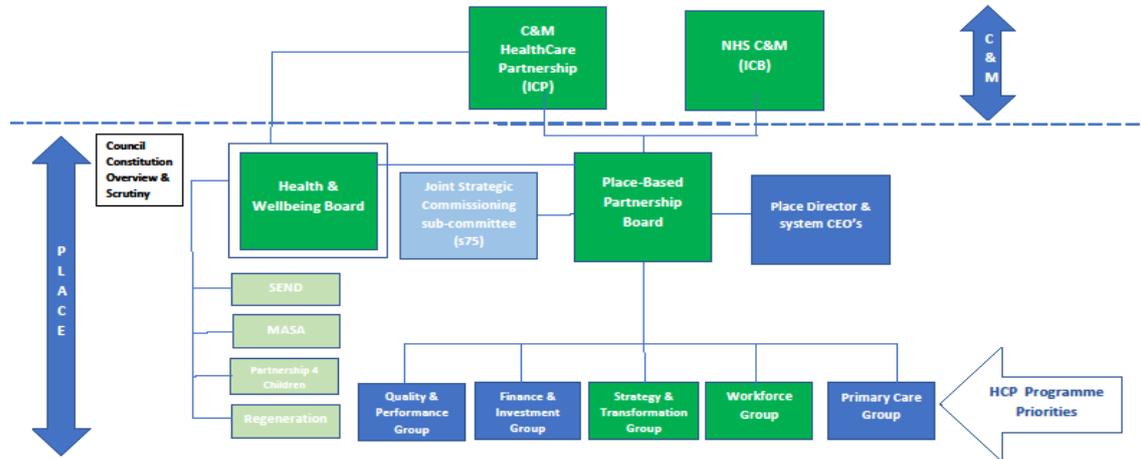
Wirral

Delivery will be stitched into established Wirral place level structures, including ICB Information Governance protocols and Provider Partnership Collaboratives. Robust governance will be developed through the utilisation of Partnership Agreements, programme management structures and communication networks for effective collaboration.

Wirral has a strong track record of establishing and delivering complex cross organisational programmes as part of the Place Transformation Programme. This has included multi-agency programmes around health and wellbeing and community cohesion. This has resulted in the development of a robust system accountability and governance framework to ensure effective oversight, escalation and leadership of cross system programme delivery. It is envisaged that the WorkWell partnership will be

integrated into this accountability structure which ensures a clear governance pathway at both Place and ICB Level. Wirral's governance structure is shown in figure (6) below:

Figure 6: Wirral Health and Wellbeing Governance Structure



Accountability for delivery and continuous quality improvement would be enshrined within this governance structure, with the establishment of a WorkWell programme oversight group with direct accountability to the Wirral Strategy and Transformation Group. This is chaired by the Wirral Place Director and includes senior provider and commissioning leads within the membership, ensuring accountability to the ICB and to the Place Based Partnership was maintained.

Commissioning oversight will be established and maintained by the ICB (Wirral) through the Joint Strategic Commissioning Sub-Committee, which manages all partnership commissions within the Wirral Section 75 agreement, including Better Care Fund Schemes.

We will use the skills, experience and governance arrangements of our quality and safety teams at both Place and ICB Level to review and improve the quality of the services we deliver. We will carry out both quality and equality impact assessments of services. We will also draw on the continuous improvement skills in both Local Authority and voluntary partners.

(786 words)

Section 4.B – Data Protection

4.2 – Declaration on data protection.

Sensitive information including participant data must be collected, stored and used appropriately and securely at all times. In running a WorkWell service Vanguard's will be legally required to ensure they meet established standards for data security, including UK GDPR and other applicable data protection legislation.

Vanguards must embed Data Protection by design principles into the design and delivery of their WorkWell service. This will include establishing appropriate procedures for information sharing between delivery partners and with the DWP (e.g., for monitoring and evaluation purposes). Further information regarding data security and protection requirements can be found in *Appendix C – Grant Guidance*.

By marking **Y** in the shaded box below the Grant Applicant confirms that:

- Should they be chosen as a Grant Recipient, they will develop and adhere to appropriate data handling practices to comply with applicable legal duties. Details of this approach will be required during Q1 of the 2024/2025 financial year.
- They furthermore confirm their understanding that failure to properly handle data may lead to legal penalties and/or breach the conditions of the Grant Agreement to be entered into with the DWP. Such a violation may lead to termination of their Vanguard status and access to Grant Funding.

Please enter your response in the grey box below.

Please note failure to mark Y in the box below will result in a rejected application.

Applicant confirmation (Y)

Y

Section 5 - Applicant Declaration.

By submitting its Grant Application signed by an authorised representative, the Grant Applicant confirms that:

- The information set out in the Grant Application is accurate and true at the time of application.
- The Grant Applicant is an Integrated Care Board applying on behalf of a Local System Partnership, Local Authority and Jobcentre network. As such, the Grant Applicant confirms that they are, if selected, appropriately empowered to deliver the WorkWell service proposed in the Grant Application. This includes due consideration of the mechanisms available to them to deliver the specific suite of services offered through their proposed WorkWell service. An ICB should for example consider using Section 75 arrangements to deliver WorkWell in partnership with Local Authorities where this may be required.
- They are confident and content to collect management information (MI) as part of delivering a WorkWell service, see *Appendix C - Grant Guidance* for further details.
- They are committed to conducting local impact evaluation of the WorkWell service delivered. See *Appendix C - Grant Guidance* for further details.
- They are committed to participating in complementary national evaluation to be codesigned by successful WorkWell Grant Applicants and the UK Government. See *Appendix C - Grant Guidance* for further details.
- They are committed to participating in a regional/national network to share good practice between other areas offering a WorkWell service.

- They are committed to delivering a WorkWell service in accordance with the final Grant Funding Agreement between the DWP and selected successful Grant Applicants.
- They are committed to handling all personal data securely and in full accordance with applicable Data Protection legislation including the UK GDPR.
- They are committed to ensuring compliance with the Public Sector Equality Duty in the design and delivery of their WorkWell service.

Signature: Name
and position of
authorised
representative

Prof. Ian Ashworth, Director of Population Health



Date:	22.01.24
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For and on behalf of the Grant Recipient