Economy, Business Growth & Skills Overview & Scrutiny Committee

Date: 13th April 2018
Subject: Commissioning Working Well (Early Help)
Report of: Theresa Grant, Portfolio Lead Chief Executive for Skills, Employment and Apprenticeships

1. PURPOSE OF REPORT

1.1 The report, which was approved at the Combined Authority on 29th March, proposes the GMCA commissioning a test and learn early intervention service to increase the productivity of up to 14,000 people who are at risk of falling out of work or have recently been made unemployed due to poor health. This will directly contribute to achieving the priorities and outcomes of the Greater Manchester Strategy.

1.2 Funding for Early Help has been secured from Health & Social Care Transformation Fund, DWP/DH Work & Health Unit, Reform Investment Fund and European Social Fund (through the Working Well co-financing arrangements).

1.3 The outline and rationale for the proposal has already been discussed and agreed by CA in June 2017, but this paper provides further details on the funding, commissioning, performance and evaluation proposals. It is specifically asking for agreement to commence the procurement process and the associated governance arrangements.

1.4 The paper has been sent (via correspondence) to Health Scrutiny, with comments expected by 11th April. Full consideration will be taken of any comments received prior to commencing the procurement process.

2. RECOMMENDATIONS

2.1 To provide comments to shape the design of the Working Well (Early Help) specification and procurement process.

2.2 Note the recommendations agreed in the March Combined Authority paper, namely:-

- Agree to the GMCA proceeding with the procurement of the Working Well (Early Help) Programme, which consists of two procurements; one for the service delivery contract and one for the evaluation contract, subject to Economy and Health Scrutiny comments
Agree that GMCA Chief Executive Eamonn Boylan, and GMCA Treasurer Richard Paver, in consultation with Theresa Grant, Chief Executive Lead for Work and Skills & Chair of the GM Health and Employment Programme Board, have delegated authority to take the Working Well (Early Help) programme tender and the evaluation partner tender to contract award.

- Note that the programme has been co-designed with localities and supported through local governance arrangements, such as Health & Wellbeing Boards & the Health and Social Care Partnership Joint Commissioning Board.
- Note that the procurement evaluation panel will be made up of Working Well Programme Office, Local Authority Local Leads, Jobcentre Plus and GPs will be involved in the competitive dialogue part of process.

3. CONTACT OFFICERS

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4. BACKGROUND

4.1 It is proposed that the Working Well (Early Help) programme will support up to 14,000 GM residents between 2019 and 2022, targeting occupational health and condition management support alongside employment rights and impartial careers advice and guidance. The primary focus will be on people employed in small and medium sized enterprises (SME) across GM, with referrals sourced from General Practitioners (GPs), employers and individuals directly. Jobcentre Plus will be a sign posting partner for those who are newly unemployed.

4.2 The primary outcomes the programme will test are whether the support provided enables a rapid and sustainable return to work, although there will be significant further learning captured in the evaluation process to inform financial sustainability modelling. The aim is to support more people with health conditions and disability to remain in the labour market, to support productivity, and to reduce the flow of people who move onto long-term sickness and disability benefits.

5. PROGRAMME DEVELOPMENT

5.1 A partnership approach to development has been taken across the ten Localities to ensure that the co-design of the programme has been undertaken jointly with local areas and the widest possible engagement with stakeholders. Approval to participate in the programme has been through locality Health and
Wellbeing Boards and other relevant governance, and within each borough a health and employment lead and GP lead is in place.

5.2 An extensive stakeholder engagement process has taken place over a number of months to co-design the approach to GM Working Well Early Help. Presentations and discussions have taken place at over forty meetings across GM; a survey of over one thousand experts by experience was conducted in partnership with the Centre for Ageing Better; thirteen co-design workshops took place with a range of audiences including employers, health professionals; Jobcentre Plus; and provider organisations. GM hosted a roundtable event with national work and health experts including Dame Carol Black. A report on the findings of this work is attached for information at Appendix One.

5.3 A strong focus has been placed on involvement of the voluntary, community and social enterprise sector. A member of the GM Health and Social Care Partnership’s Voluntary Sector Reference Group (VSRG) is a member of the GM Health and Employment Board, and hosted a workshop for GM voluntary sector organisations during the co-design process. GM requires a programme that will interface with primary care and VCSE at a place-based level. The programme team has taken advice from the VSRG as to how to encourage the widest possible dialogue with partners and their supply chains about how this will work on the ground in different localities.

5.4 Locality partnership and integration, the strength of which clearly differentiates GM from other areas, will be key to service delivery and the Early Help programme will utilise existing Working Well integration boards, supported by newly developed local ask and offer documents. Local Leads will be a point of contact and oversight, and have undertaken significant work with participating GPs and local partners to ensure that this programme aligns with existing local delivery plans. All localities were offered the option of delivering a standalone service or joining the GM-wide procurement, and all have opted to be part of the GM procurement due to the ‘test and learn’ nature of the programme and economies of scale achievable through a GM approach.

6. PROGRAMME CONTENT

6.1 The scale of the programme is dependent on funding and performance, but the proposal is to support 10,500 people who are in work (either employed or self-employed) and off sick and a further 3,500 who are newly unemployed due to poor health. The programme is expected to run from January 2019 for three years. Participation on the programme is voluntary.

6.2 The primary referral route for those in work and at risk of falling out of the labour market will be via GPs within the participating neighbourhood hubs. Referrals (including self-referrals) for those in work will be received from SMEs and individuals regardless of where they live in GM. Referrals from GPs will not be taken from Manchester, as there is already a service in operation. Referrals for newly unemployed will commence in Manchester only, but may roll out across GM as the programme develops. A summary of the GP neighbourhoods covered is attached at Appendix Two.
6.3 All participants in the programme will have a fit note and once referred will undertake a bio-psychosocial assessment, which will inform their action plan. Participants will be accepted with any health condition or disability, although we expect the largest groups to be people with mental health issues and musculoskeletal conditions, in line with national and local data. It is likely that some people will be referred who are employed by a large or public sector employer, or who do not require interventions or support. As part of return to work planning, they will be signposted into provision already provided by their employer where appropriate, and feedback provided to the referrer upon case closure.

6.4 Those without an appropriate employer offer will progress into a full service. Keyworker case management will be at the heart of this offer (anticipated to last for 3 – 6 months), coupled with a range of interventions. Although these will be finalised through the procurement process, the core minimum components of the service are expected to be:-

- Condition management, patient activation / motivation & self-care advice
- Rapid access to musculo-skeletal & mental health support
- Occupational Health Advice
- HR & Employment Advice
- Careers advice & job brokerage
- Support for psycho-social issues, eg. debt, housing, relationship etc.

6.5 We will be asking providers to submit bids outlining their expected performance against both the in work at risk & or newly unemployed over the lifetime of the programme (3 years). Evidence gathered from the literature review suggests an indicative:-

- 75-80% of those in work will return to work quicker than they would without the intervention.
- 15% of those who are newly unemployed will move back into employment (although we would expect this to be higher based on local Working Well performance).

6.6 A summary of the participant journey is attached at Appendix Two.

7. EVALUATION

7.1 A literature review has already been produced, providing analysis of the evidence base of what works and gaps to inform the programme co-design and specification.

7.2 An impact and process evaluation specification is now being developed with support from local academics, Learning and Work Institute and HM Government’s Work & Health Unit. The GMCA’s research and intelligence team is managing the process and will lead the procurement of the evaluation partner. The team will also undertake Cost Benefit Analysis of the programme.

7.3 The evaluation will support the test and learn approach to delivery, whilst also providing evidence of what works and future sustainability.
8. **FUNDING**

8.1 The total potential funding for the programme is £8 million, which covers delivery, programme office and evaluation costs. All funding decisions will have been made prior to the start of the procurement process.

- £4.5m NHS Transformation Fund (approved)
- £2.2m Work and Health Unit Innovation Fund (Final stage approval granted, awaiting ministerial approval)
- £0.8m European Social Fund - for newly unemployed cohort (pending agreement from Managing Authority)
- £500,000 GM Reform Investment Funding (approved by Reform Board subject to GMCA approval)

9. **PROCUREMENT AND PAYMENT MODEL**

9.1 It is proposed that STaR procurement manages the procurement process for the programme, as they have past experience of Working Well. The cost of procurement support will be covered in the Programme Office budget.

9.2 Initial market engagement has already taken place and has demonstrated very significant interest from providers. It is proposed that a Competitive Dialogue process is used to procure the service delivery provider, as this proved to increase the quality of bids for the Working Well (Work & Health) programme. The proposed timeline for the process is as follows:-

- Supplier Assessment Questionnaire: March – April
- Tender process, including competitive dialogue: May – Oct
- Contract Award: Oct – Nov
- Mobilisation: Nov – Feb

9.3 It is not proposed that a payment by results mechanism be used with providers, as it is not compatible with the test and learn principles of the programme. We will go out to market on cost as well as quality of provision, final payment model will therefore be agreed through the contracting process. The maximum fee per participant is anticipated to be between £450 - £600 and will be split into three elements:

- Delivery fee: c.15% of total contract value - based on achievement of minimum service standards including generation of referrals payable quarterly in advance
- Attachment fee: c.15% of total contract value – payable for every participant attached to the service with supporting evidence
• Outcome fee: c.70% of total contract value - paid for every participant accessing the full service, paid on exit with verified supporting evidence

9.4 There will be a strong focus on social value within the process, with a 20% weighting placed social value within the scoring process.

10. GOVERNANCE

10.1 Due to changes in the governance schedule dates a decision was made in consultation with the Head of Governance and Scrutiny, and the Chief Executive Lead for Work and Skills, to present the paper the CA prior to presenting to Economy and Health Scrutiny with the caveat that any comments from either Scrutiny Committee would be taken account of and actioned prior to commencement of the procurement process scheduled for the 20th April 2018.

10.2 A joint Programme Office will be established between GMCA and GM HSCP to programme manage Early Help. As with the current Working Well programme, this will be supported by a network of Local Leads and local integration boards, with reporting into district Health & Wellbeing Boards, as well as Skills & Work Boards or equivalents.

10.3 Programme Office will report into the GM Health & Employment Board, which is jointly chaired by Chief Executive of Trafford Council and Chief Officer of GMHSCP. Formal governance will be provided by the Population Health Programme Board and Employment and Skills Executive and ultimately the Strategic Partnership Board and Combined Authority.

The following is a list of the background papers on which this report is based in accordance with the requirements of Section 100D(1) of the Local Government Act 1972. It does not include documents, which would disclose exempt or confidential information as identified by that Act.

https://www.greatermanchester-ca.gov.uk/meetings/meeting/325/greater_manchester_combined_authority

https://www.greatermanchester-ca.gov.uk/meetings/meeting/479/greater_manchester_combined_authority

The above papers and documents may be inspected during normal office hours at GMCA, Churchgate House, 56 Oxford Street, Manchester M1 6EU.