

25<sup>th</sup> January 2021

**Working Win**

**Purpose of Report**

Following discussion at the October (20) and following endorsement at the January 2021 Education, Skills and Employability Board, this paper is seeking the approval of the MCA Board to accept £3m grant and approval to enter into a partnership agreement with NHS Clinical Commissioning Group to procure and contract the appropriate provider(s) to deliver the programme. The paper is seeking delegated authority to the Head of Paid Service in consultation with the Section 73 Officer and Monitoring Officer to enter into legal agreements for the programme.

**Freedom of Information and Schedule 12A of the Local Government Act 1972**

The paper will be available under the Combined Authority Publication Scheme.

**Recommendations**

The Board consider and accept:

1. The Work and Health Unit c£3m grant funding for the Working Win Programme subject to due diligence on any conditions of award.
2. Entering into a Partnership Agreement with Sheffield Clinical Commissioning Group (CCG) in order for the Working Win programme to be procured as an NHS contract, as stipulated by the Work and Health Unit on terms to be agreed by the Head of Paid Service.
3. Delegated authority be given to the Head of Paid Service in consultation with the Section 73 and Monitoring Officer to enter into a legal agreement for the scheme covered above.

**1. Introduction**

- 1.1 As part of the devolution proposition development, Sheffield City Region MCA were offered the opportunity to develop a health-led employment trial to test an approach to improving employment outcomes for individuals through a programme focusing on supporting an individual's health issues. The model developed focused on participants who were in work to retain and sustain work and those out of work to access employment. The health-led employment trial – Working Win – was one of only two national pilots funded by the Work and Health Unit, a cross department unit jointly sponsored by the Department for Work and Pensions and the Department for Health and Social Care. Since the first grant offer and a subsequent extension, the MCA has been in receipt of £9.56m to deliver the programme.
- 1.2 The Working Win Health Led Employment trial has been subject to rigorous national evaluation which continues. Our monitoring evidence is that over 3060 residents, of South Yorkshire and Bassetlaw, with mild/moderate mental health and/or any physical health

issues (e.g. neck and back problems) have been supported to move into paid work or sustain employment which was at risk because of their health issue.

- 1.3 The WHU offered the opportunity to submit a business case for a further year of funding. This has been discussed by the Education, Skills and Employability Board in October 2020 and earlier this month. This additional year would not be operated as a randomised control trial and the opportunity was offered to amend the focus of the extension.

The Thematic Board Members approved the submission of a business case, retaining the key worker model and the focus on both employed and in-work cohorts. Following that submission, on 11th December the MCA Executive has received notification that the proposal has been successful and the Director General of DWP is seeking to award the MCA c£3m to deliver the 12-month programme. The programme is currently restricted to 12 months due to the 1-year Comprehensive Spending Review.

## 2. Proposal and justification

### **The Outline Programme**

#### **Programme Focus**

The vision for this continuation programme is to actively intervene in supporting employment and minimising the barrier poor health plays in enabling our residents to fulfil their potential. With a more focused aim of intervening in order to mitigate the long-term effects on employment and health as a result of the COVID-19 pandemic.

The programme will:

- build on the core principles and fidelity scale of the established Individual Placement and Support (IPS) model but with in-built flexibilities to take into account the differing cohort that we will target and the corresponding differing support needs of that cohort.
- continue to utilise a modified IPS model to seek to deliver a transformational improvement in employment, health and wellbeing outcomes for people who have a self-defined mild/moderate mental health and/or physical health condition.

#### **2.2 The Service**

The programme will provide an intensive time limited support service for people with health conditions **who are unemployed**, or in work and their employers focussing on creating and maintaining a healthy workforce following Covid-19. It will also support those with health conditions that are at risk of redundancy, which may be particularly important for those that have been supported by the furlough scheme.

As this new programme will not operate under the conditions of a medical randomised trial, we are proposing to consider some additional features to further enhance outcomes and benefits, which were not permissible in the trial due to the potential to compromise the evaluation of the model. These additions are still in development but include a consideration of broadening the travel concessions, childcare offer to offset the costs of securing or retaining work.

The full details of the proposed service are included for consideration in appendix a

#### **2.3 Engagement with Health Services**

A crucial feature of the WorkingWin programme has been the relationships between the service provider and partners, particularly in the health sector. This was highlighted in the local evaluation as one of the strengths of the programme with senior buy in from a large range of health organisations. It is proposed that these relationships will continue with referrals being actively sought from:

- primary health (GPs, Improving Access to Psychological Therapies [IAPT], Musculoskeletal [MSK]), in addition to
- Community and voluntary sector organisations
- Self-referrals
- DWP
- A target cohort will be patients who are going to the GP for a fit note.

## **2.4 Benefits and Outcomes**

The programme aims to support approximately 1,550 participants on the programme. Evidence from the evaluation of the first programme points to an indicative split of beneficiaries with c40% in work but struggling or off sick and c60% unemployed.

As the programme seeks to maintain the strong linkage between employment and health, the geography for the programme will continue to mirror the ICS footprint of South Yorkshire and Bassetlaw. Participants will need to be registered with a GP in one of the 5 local authority areas. This will be checked at the point of referral.

The 1,550 participant target will be indicatively split across the boroughs in the following way, whilst recognising that the model is demand driven and therefore may not perfectly correlate to the estimated split of activity indicated below:

- Barnsley: (19%)
- Bassetlaw: (7%)
- Doncaster: (21%)
- Rotherham: (18%)
- Sheffield: (35%)

## **2.5 The Operating Model**

Consideration has been given to the most efficient means of procuring this activity.

The preferred option is that the procurement of the service provider will follow the route adopted for the trial, with the CCG procuring the contract via OJEU processes and the MCA funding the CCG via a grant funding agreement.

This approach enables the MCA to maximise referrals from GP's and from other NHS Departments and mitigates the challenges faced in accessing health data outside of NHS contracting could expose the MCA to a high level of scrutiny re medical ethics and patient data. Contracting via a health partner with the MCA leading the governance and programme management mitigates this risk.

At the point of developing the business case engagement with the CCG confirmed their support and agreement to continue to fulfil this role. The costs of a CCG led procurement are included in the financial forecasts for the programme. Should the CCG be unable to enter into the proposed arrangement the MCA will use this resource to undertake its own exercise.

## **Consideration of alternative approaches**

- 3.1 Do nothing:** The alternative to progressing with the programme is to rely upon the offer available within the current national Work and Health Programme and through other small-scale national programmes. This was discounted by the Thematic Board. The Renewal Action Plan emphasises the need to support people into employment and in view of the extreme circumstances faced as a result of the pandemic, furlough, mental health issues the support offered by a WorkingWin style service is felt to be essential.
- 3.2 Do something:** The proposal offered enables 1 year of support and bridges a gap whilst the Thematic Board and MCA can consider in greater detail its approach to employment

and health. The scale of the need for support is greater than the beneficiaries abled to be targeted through this programme, but the volume is manageable in a one-year timeframe. Alternative approaches were considered to the operating model including commissioning outside of the NHS structure. To do this presents higher risks to the programme and delays in approval. The key reasons are cited in section 2.5. and predominantly involve issues in accessing health data outside of NHS contracting which would necessitate a significant amount of work to become compliant with medical ethics and patient data. Contracting via a health partner with the MCA leading the governance and programme management mitigates this risk.

- 3.3 Do more:** The scale of need for alignment of health and employment outcomes will be significant as the full impact of the pandemic is realised. The development of the MCA Inclusion Strategy, planned for 2021/22 will consider in depth issues relating to inclusion, health and well-being and as a result of this enable the Thematic Board and MCA to develop a more medium-term approach to the development of the WorkingWin service and supplementary programmes and solutions. Until this depth of analysis and planning is undertaken it is not proposed the Board progresses a 'do-more' approach, although flexibility can be considered in the procurement exercise to provide opportunity if this is required.

## 4. Implications

### 4.1 Financial

The MCA Working Win Programme is 100% funded through the Work and Health Unit. In the absence of a memorandum of understanding to cover the main tranche of funding, the financial risks cannot be fully evaluated at this stage. Hence, officers are seeking agreement in principle to enter into the arrangement with authority delegated to the Group Finance Director to accept the grant after due diligence on the terms and conditions of the offer has been carried out.

### 4.2 Legal

Commercial procurement and legal technical support is being sought and has been engaged in the operational stage of the programme design.

Any confidentiality obligations imposed upon the MCA by central government must not be breached because to do so may lead to government legal action and, possibly more importantly, would lead to a loss in confidence in central government in dealing confidentiality with MCA – to say nothing of the reputational risk.

The MCA has power under Schedule 2 of the BDRSCA Order 2014 regarding both the general power of competence and educational functions as well as a more general power to do "anything it considers appropriate" for the purposes of carrying out its functions, or anything which is incidental or connection to, its functions (section 113A of the Local Democracy, Economic Development and Construction Act 2009).

### 4.3 Risk Management

The proposal is that the Education, Skills, and Employability Board provide detailed oversight of the Working Win programme and the associated strategic and operational risks. A detailed risk plan is in development.

The main strategic risks known at this stage are:

- Mobilisation of the programme, such that the full benefits can be realised. This is mitigated in part by the proposal to utilise the CCG to procure the service provider as cuts out complexity in medical ethics requirements. A milestone plan is in development to ensure that a viable programme can be delivered.

- Financial risk as the MCA is required to implement and mobilise the programme before the formal Grant Offer Letter is received. This is largely mitigated by the DWP's Director Generals underwriting of the funding.
- Local Service Infrastructure – The existing WorkingWin investment is due to conclude at the end of the financial year which could lead to a break in continuity and a loss of skills. Work is on-going to consider how best to mitigate this risk, continuing the work done through the Local Integration Boards and within the health sector.

#### **4.4 Equality, Diversity and Social Inclusion**

An equalities impact assessment will be undertaken, and the full programme design will go through the Medical Ethics Committee. This process will ensure that the interests of patients are protected, and any moral issues are identified and addressed.

### **5. Communications**

- 5.1** A communication and participation plan will be established and will be implemented. Key stakeholders including service users, employers and providers will be involved in the design and development of the models and this will continue across the life of the programmes

### **6. Appendices/Annexes**

#### **6.1 Appendix A : The service**

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Background papers used in the preparation of this report are available for inspection at: 11 Broad Street West, Sheffield S1 2BQ