



Department  
for Work &  
Pensions



Department  
of Health &  
Social Care

# **WorkWell Prospectus**

## **Guidance for Local System Partnerships**

**30<sup>th</sup> November 2023**

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This document should be read in conjunction with [the Appendices](#):

- Appendix A: WorkWell Grant Application Instructions and Assessment Criteria
- Appendix B: WorkWell Grant Application
- Appendix C: WorkWell Grant Guidance

## **Ministerial Foreword**

We know 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. It goes beyond the individual as well; good work is an important driver of health and wealth for families and communities, benefitting wider society through increased productivity, and laying the groundwork for levelling up local communities.

This Government is committed to the vision of a healthier and more productive nation. An individual's disability or health condition should not define whether they remain in the workplace, yet long-term sickness is the most common reason for economic inactivity in the UK.

To step up our focus on tackling rising ill-health related economic inactivity, we announced a wide-reaching support package at the Spring Budget 2023 of over £2 billion to support disabled people and people with health conditions to start, stay and succeed in work. Building on this, the Autumn Statement 2023 set out our plans to expand the employment support and treatment available, and reform the ways disabled people and people with health conditions interact with the state.

Our launch of WorkWell is part of delivering those plans. This Prospectus sets out in detail how WorkWell will be taken forward – but it is also only the starting point for how we want to partner with local systems on this agenda. For example, in the Autumn Statement we set out plans for new ways of providing people receiving a fit note with timely access to work and health support, and our intention is that a small number of WorkWell Vanguard Partnerships will have the opportunity to support this work through small-scale pilots.

This will drive forward our mission set out in last year's Levelling-Up White Paper to improve employment opportunities everywhere. WorkWell, a joint 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 conditions strategy, with mental health and musculoskeletal health conditions being the most common conditions which lead to health-related labour market inactivity.

WorkWell is an early-intervention work and health support and assessment service, providing holistic support to overcome health-related barriers to employment, and a single, joined-up gateway to other support services. WorkWell services will involve a genuine understanding of local needs. They will draw on new and existing support in local areas, joining up health services, local organisations, and job centres. We know that a locally-led approach is important for WorkWell to successfully support people who are at risk of falling out of work or who have already stopped working because of their health condition.

This Government is ambitious for people with health conditions who want to work, an ambition we know we share with many other organisations. Collaboration is vital to achieve these goals. Local authorities, Jobcentre networks and integrated care systems know their local populations and services best. Together, we will continue to build a healthier, prosperous, and more inclusive society for all.



**Tom Pursglove MP**  
Minister of State for Disabled People,  
Health and Work



**Helen Whately MP**  
Minister of State for Social Care

## 1. Introduction

- 1.1 This guidance is for Local System Partnerships of Integrated Care Boards (ICBs), local authorities (LAs) and local Jobcentre networks who wish to apply for funding to deliver WorkWell services. WorkWell funding will enable pilot areas in England to design and deliver local integrated work and health support services. Grant applicants will be ICBs, but applications will be required to demonstrate strong partnerships within Integrated Care Systems (ICSs) across local authorities, ICBs and local Jobcentre networks in their approaches to WorkWell design and delivery. This guidance is also intended to provide information about WorkWell for the wider group of local organisations with whom applicants are expected to work in partnership. This includes, but is not limited to, local employers, primary care, and voluntary and community sector organisations.
- 1.2 This guidance is intended to support decisions about participation in the programme by:
- Describing the **background and vision** for the programme;
  - Setting out the **expectations** of Vanguard Partnerships (Local System Partnerships selected to deliver a pilot WorkWell service);
  - Describing the **support package** for Vanguard Partnerships.
- 1.3 This document is accompanied by and should be read in conjunction with [the Appendices](#). Amongst other things, the Appendices set out more detailed timelines, instructions for how to complete the application and the assessment criteria for selection of successful candidate areas. Subject to the UK Government's right to change the timetable as set out in Appendix A, all Grant Applications must be received by the submission deadline of 23:55 22/01/2024.

## 2. The importance of Work and Health

- 2.1 Good quality work provides people with income, social interaction, a core role, identity, and purpose, among many other benefits. We know it has a positive effect on people's physical and mental health and wellbeing, while unemployment and long-term sickness often have a harmful impact.<sup>1,2</sup> Many groups face additional barriers to starting and maintaining employment, exacerbating existing health inequalities. Between 2014 and 2022, disabled people were nearly twice as likely to fall out of work as non-disabled people.<sup>3</sup>

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<sup>1</sup> Gordon Waddell and A Kim Burton, *Is Work Good for Your Health and Wellbeing?*, London: The Stationary Office, 2006, pp. vii-ix.

<sup>2</sup> *Fair Society, Healthy Lives: strategic review of health inequalities in England post-2010*, London: The Marmot Review, 2010, pp. 68-71.

<sup>3</sup> See [Employment of Disabled People 2023](#), 26 October 2023

- 2.2 Helping disabled people and people with mental and physical health conditions to start, stay and succeed in work is also a crucial part of the economic success and wellbeing of every community, as well as helping to reduce health inequalities. It creates the conditions for a more inclusive nation, but also for a healthier and more productive one.
- 2.3 However, long-term sickness has risen to become the most common reason for economic inactivity in the UK (2.6 million people, 29.7% of the economically inactive population). It is the biggest factor in the overall rise in economic inactivity since the start of the pandemic, and the number of people who refer to sickness as their main reason for economic inactivity is now 490,000 higher than at the start of the pandemic.<sup>4</sup> That puts us at odds with other economies internationally which have already started returning to pre-pandemic levels.
- 2.4 At Spring Budget 2023, the UK Government announced over £2 billion to support disabled people and people with health conditions to start, stay and succeed in work – of which WorkWell is a key component. This suite of measures will drive forward new approaches to work and health, and also includes, for example, introducing Employment Advisors into Musculoskeletal (MSK) clinical pathways and scaling up MSK community hubs to improve access. The Autumn Statement 2023 went further, announcing an expansion to the Universal Support programme, delivering a supported employment intervention, and plans for wider testing of fit note reforms, among other measures.
- 2.5 WorkWell is born out of a recognition 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. A joined-up approach to work and health services is required to systematically improve access to the kind of support we know helps people to start, stay and succeed in work.
- 2.6 Data shows the longer an employee's sickness absence lasts, the less likely they return to work at all, and once an individual falls out of work due to ill-health, they are likely to stay out of work for a long duration.<sup>5</sup> Conversely, early access to the right type of support can prevent health conditions from leading to long-term sickness absences, job loss, and long-term inactivity.<sup>6</sup> There is good evidence that we can support faster returns to work through interventions that take a holistic view of the barriers an individual experiences through their physical health, their psychological situation and their social situation – often referred to as biopsychosocial interventions.<sup>7</sup>

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<sup>4</sup> [INAC01 SA: Economic inactivity by reason \(seasonally adjusted\) - Office for National Statistics \(ons.gov.uk\) - May to July 2023](https://ons.gov.uk/economy/inactivepopulation/articles/inac01sa/economic-inactivity-by-reason-seasonally-adjusted-office-for-national-statistics-2023)

<sup>5</sup> *Fair Society, Healthy Lives: strategic review of health inequalities in England post-2010*, London: The Marmot Review, 2010, p. 70.

<sup>6</sup> *Disability, Work and Inclusion: Mainstreaming in All Policies and Practices*, Paris: OECD Publishing, 2022, Section 1.

<sup>7</sup> Gordon Waddell, et. al., *Vocational Rehabilitation: what works, for whom, and when?*, London: The Stationary Office, 2013.

- 2.7 The current picture of integrated working on work and health is variable. There are, however, a number of excellent examples of innovation across the country demonstrating the success of delivering low intensity work and health interventions in driving positive employment outcomes. A common feature of the success of such services has been a health-led integration of the local work and health infrastructure, ensuring a joined-up view of the support available locally to tackle people's specific needs. WorkWell provides an opportunity to build on this good practice.

### **3. What is WorkWell?**

- 3.1 Through WorkWell, around 59,000 disabled people and people with health conditions across England will have the opportunity to access:
- a. An early-intervention work and health assessment service, with low-intensity holistic support for their health-related barriers to employment (such as employer liaison and work and health coaching); and
  - b. A single, joined-up view and gateway into the services that are available locally to tackle their specific needs. This could include healthcare professionals, community sector services, health promotion programmes, more intensive employment support, and much more.
- 3.2 Underpinning the service, WorkWell funding will give Vanguard Partnerships the capacity to join up the work and health landscape at local level, bringing together various existing work and health initiatives and assets together under one coherent strategy
- 3.3 WorkWell is one key part of the UK Government's wider series of ambitious measures to better join up employment and health support and we are excited to work with local partners across that agenda. We are particularly interested in how we can integrate WorkWell pilot services with the trialling of new ways to provide individuals receiving a fit note with timely access to work and health support, as announced in the Autumn Statement 2023. We will work with healthcare professionals and other stakeholders to develop, design and test how best to reform the fit note process through initial small-scale pilots and trailblazers, and our intention is that a small number of WorkWell Vanguard sites will support this work.

#### **4. What will WorkWell Vanguard Partnerships be expected to deliver?**

- 4.1 Across 2024/25 and 2025/26, around £57 million is planned to be made available through a grants competition for approximately 15 areas to design and deliver WorkWell Vanguard Services across both financial years.
- 4.2 WorkWell Vanguards may also have the opportunity to take part in testing future government work and health initiatives should they wish to be involved. In particular, it is our intention that a small number of WorkWell Vanguard sites will have the opportunity to support the work to test reforms to the fit note process (see 3.3). His Majesty's Government will formally consult on proposals for this new approach in 2024.
- 4.3 The remainder of this document sets out the ambition for WorkWell Vanguard Partnerships, with further detail provided in the supporting grants documentation.
- 4.4 A WorkWell Vanguard Service will provide evidence-based, low intensity work and health assessments that support individuals with their low-level occupational health needs and to overcome barriers to work.
- 4.5 WorkWell will prioritise intervening at the earliest possible point, as evidence shows this is the most effective way of helping people to stay in work or go back to work. As a result, it is expected that the majority of people who will benefit from WorkWell are those in work with health barriers putting their work at risk, and those recently unemployed with health conditions. The service will also, crucially, sit at the heart of the local work and health system, connecting together the wider support and services available to meet participants' needs.
- 4.6 In practice, we expect Vanguard Partnerships to contribute to this vision by delivering across three broad objectives,<sup>8</sup> as set out below.

#### **Objective one: Deliver a holistic work and health service**

- 4.7 Vanguard Partnerships will design and deliver an early-intervention work and health assessment service. It will provide participants with light-touch holistic support for their health-related barriers to employment, and a single, joined-up view and pathway into the services that are available locally to tackle their specific needs.
- 4.8 The service will be available to anyone with a disability or health condition who: needs support to remain in work; needs support managing a condition in order to return to work from sickness absence; or needs support to start work (for full eligibility requirements, see Appendix C).

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<sup>8</sup> For detailed assessment criteria, please see Appendix B



- 4.9 It is anticipated (but not required) that WorkWell services will particularly work with individuals with mental health (MH) and musculoskeletal (MSK) conditions, reflecting that these are two of the key drivers of ill-health-related economic inactivity, and a focus of the major conditions strategy.
- 4.10 It is envisaged that the WorkWell service will be based on the principles of personalised care and delivered by a multi-disciplinary team (MDT). The overall composition of the MDT is to be determined by individual Vanguard Partnerships according to factors such as local population needs, workforce availability, and viable pathways to local service partners.
- 4.11 Generally, it is expected that the service will be based on the principles of personalised care and that the initial WorkWell point of contact will be a work and health coach. It is anticipated that work and health coaches will have a similar skills base to existing personalised care roles funded through the Additional Roles Reimbursement Scheme (ARRS), such as, social prescribing link workers and health and wellbeing coaches. We expect Work and health coaches will be able to provide:
- An initial assessment (which is evidence-based, person-centred, and holistic) 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.
- 4.12 A WorkWell service will also serve as a triage function, connecting participants into the rest of the local work and health infrastructure through signposting and referral. In general, where there are needs or requirements of the participant that go beyond what can be offered by the MDT, WorkWell will connect them to whatever other local service they need and follow up to ensure what support they receive elsewhere is fully integrated into their return-to-work or thrive-in-work plan.

### **The WorkWell multi-disciplinary team (MDT)**

- In addition to the work and health coach role, the MDT may include a mix of non-clinical or clinical roles. This composition will be for individual Vanguard Partnerships to determine, based on a consideration of what overall skills mix is needed for its WorkWell MDTs to most effectively deliver against Objective One.
- Taken as a whole, including the work and health coach role, the non-clinical roles within the MDT will need to draw principally on two key capabilities. First, they should look to the kinds of skills and expertise that can effectively support people in assessing their needs and addressing barriers to employment. Second, they will need to draw heavily on existing local expertise in connecting individuals with a wide range of relevant support, including forms of employment support as well as support for mental and physical health and wellbeing and social needs. Taken together, it is expected that the expertise found, for example, among social prescribing link workers; occupational health specialists; and employment experts with specialist knowledge of health and disability issues would form a valuable non-clinical core of the WorkWell MDT.
- The MDT may also include clinicians, who may be able to provide more detailed assessments and an improved range of referrals to other services. For example, clinical roles in the wider MDT could include (but are not limited to) occupational health clinicians, occupational therapists, vocational rehabilitation professionals, physiotherapists, or talking therapists.
- There is no requirement that WorkWell MDTs deliver clinical services. Although local areas should consider opportunities for integration with wider health and care services or assets, and may include clinical roles if they consider it an effective route to achieving WorkWell objectives, WorkWell is not intended as a service to address unmet clinical need.
- Funding will be available through the grant offer to support the development of new roles (such as the work and health coaches), as well as strategy development and workforce training (of both non-clinical and clinical staff if needed). (For more details, see Appendix C).
- Vanguard Partnerships will need to provide appropriate clinical governance and oversight for their service, including the MDTs they plan to employ. They will need to align with NHS best practice on [clinical governance](#).

### **Who could refer participants into WorkWell?**

WorkWell partnerships will be expected to engage actively with the local partners in work and health to encourage referrals into the service from a variety of applicable pathways. The service will have multiple, clear referral routes for people both in work or who have recently fallen out of work. In particular, WorkWell has the potential to alleviate pressure on primary care services in areas covered by Vanguard Areas, by providing a specialist referral route for patients through GPs, primary care teams, or social prescribing link workers.

Referring parties could include, but are not limited to:

- GPs, and Primary Care services
- Self-referral
- Employers in the area
- Jobcentre Plus (JCP)
- Voluntary and Community Sector (VCS) services
- Local authorities
- Social workers
- Link workers including social prescribers
- Other health related services in the area

### **Who could WorkWell refer or signpost participants onwards to?**

Onward referral routes from WorkWell will be dependent on the local work and health strategies in Vanguard Areas, the partnerships formed and what services are available locally.

Partner services could include, but not be limited to:

- VCS services
- Local authority services
- Health promotion programmes
- Debt advice/ financial health support
- JCP services
- GP, where clinical assessment is required (or other relevant healthcare professional such as mental health professionals)
- Educational training
- Adult social care
- Ongoing referral to other or more intensive employment support, e.g. Universal Support, Access to Work, Restart, Individual Placement and Support in Primary Care (IPSPC) where available, Work and Health Programme

## **Objective two: Take forward an integrated work and health strategy**

- 4.13 The drivers of rising economic inactivity are complex and numerous, and efforts to deliver services that tackle it at a local level can often be hampered by a lack of join-up between different elements of local work and health systems. A key objective of the WorkWell programme is therefore to support and drive a strategic approach to integrating work and health services at place level. Vanguard Partnerships will need to develop work and health strategies to achieve this or build on existing work and health strategies where they are already in place.
- 4.14 As part of achieving this, Vanguard Partnerships will be expected to understand the extent of cross-system working already in place in their geography. We recognise that this level of system maturity will vary between areas, and there will be no priority given to different grant applicants on this basis. They will, however, need to demonstrate how they intend to build on existing work and health services – where they exist – to support greater integration between health and care, employment and wider community place-based services.
- 4.15 Successful applicants will be responsible for engagement within their local area in order to ensure continuous improvement of the integrated service, for example in optimising processes for referrals into and onwards from WorkWell. This will involve engagement with the local Jobcentre network, NHS, local authorities including district councils, local employers, local authority public health services, Adult Social Care, Voluntary and Community Sector (VCS) services, and the communities of current or potential WorkWell participants themselves. Vanguard Partnerships will need to understand the demographics of their cohorts to ensure groups are not disadvantaged.
- 4.16 An effective work and health strategy will also need to be informed by an awareness of how other place-based initiatives may be taking shape within Vanguard Areas. This might include the UK Shared Prosperity Fund; the launch of Universal Support; Employment Advisors in NHS Talking Therapies and pilots of Employment Advisors in MSK clinical pathways; or any number of other programmes or partnerships with links to work and health outcomes. Levelling-Up Partnerships and English devolution deals, for instance, may offer opportunities to position integrated action on health-related economic inactivity through WorkWell place-based funding initiatives and devolved powers. Becoming a WorkWell Vanguard will not preclude any of the partners in the Vanguard Partnership from accessing other such pilots or programmes. On the contrary, a proactive approach to bringing together various work and health initiatives under one coherent strategy is a key feature of the WorkWell vision.

### **Objective three: Be part of a national learning programme**

- 4.17 WorkWell will also drive a programme of national and regional cross-system learning, growing out of the WorkWell National Support Offer (see section 6), to provide a bank of delivery experience and expertise that ensures all areas can benefit from the pilot.
- 4.18 Vanguard Partnerships will need to commit to working with the National Support Team and being part of a regional/national learning network to share good practice.
- 4.19 The expectation is that all Vanguard Partnerships will participate in both national and local evaluation. WorkWell services should therefore be prepared to collect management information as part of its delivery and be prepared to participate in evaluation activity. We are working to align Management Information (MI) data access for work and health programmes where appropriate to make it easier for local areas to collect data if they contribute to multiple work and health initiatives.<sup>9</sup>

## **5. Who will deliver WorkWell?**

- 5.1 Funding to Vanguards will be routed via the named ICB in each partnership. Experience from previous programmes has demonstrated the need for greater integration of health leadership into work and health provision. This funding route also reflects the four purposes of integrated care systems with particular reference to reducing health inequalities and helping the NHS to support broader social and economic development. Through WorkWell, systems will be able to support better productivity and successful enterprises, which in turn support economic prosperity and the health, social wellbeing, and wealth of their communities.
- 5.2 WorkWell is intended to drive an approach to work and health integration that is place-based as well as health-led, and applicant partnerships will need to demonstrate that ICBs, local authorities and local Jobcentre networks are set up to play a central role in the design and delivery of WorkWell services. For this reason, applicants will be expected as a minimum to supply letters of support from all local authorities falling within the area proposed to be covered by the WorkWell service (the Vanguard Footprint/ Vanguard Area) as well as local Jobcentre networks and identify a lead from each to work alongside the ICB lead. It is strongly encouraged that partnerships consider the contribution of a range of LA leadership roles (for example Health and Wellbeing Board Chairs, or Chairs of Integrated Care Partnerships), who can provide vital leadership in convening and driving change within places and systems.
- 5.3 It is expected that the proposed service model will include close collaboration with a wider group of local and system stakeholders in work and health,

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<sup>9</sup> An independent national evaluation will also be conducted.

including local employers, primary care, adult social care, council services and voluntary and community sector organisations. A central feature of the WorkWell programme is that design and delivery decisions are locally driven by a partnership of organisations across work and health. In recognition of this, we will require that Vanguards build an explicit role for partners into the governance of the WorkWell service. It will be for individual Vanguard Partnerships to determine which governance approach is most appropriate for their partnership.<sup>10</sup>

- 5.4 While the funding to Vanguard Partnerships will be awarded to ICBs, it is for the ICB in partnership with lead LAs and the local Jobcentre network to determine the most appropriate geography for the WorkWell service in their ICB area. We are asking for a maximum of one application per ICB and therefore request that a single ICB does not submit multiple applications. WorkWell Services should be co-produced by the lead partners (including ICBs, LAs and the local Jobcentre network) in a Vanguard Partnership, and it will be up to those partners to jointly determine which elements of WorkWell design and delivery should be undertaken by key partners including local authorities and employment services.
- 5.5 Local partnerships should consider the mechanisms available to them to deliver the specific suite of services offered through their proposed WorkWell service. In particular, each ICB should consider entering a Section 75 partnership agreement with its local authority under which the local authority agrees to delegate health-related functions to the ICB for the purposes of the Work Well programme (including its public health functions under section 2B of the National Health Service Act 2006 and its care and support functions under section 2(1) of the Care Act 2014). This will give the ICB the broader powers to put in place arrangements with its other partners. The ICB may be able to vary a Section 75 agreement that it already has in place with the local authority, such as the agreement for the Better Care Fund, to govern the delegation of the additional powers that it requires for WorkWell.

## **6. How will Vanguard Partnerships be supported?**

- 6.1 The UK Government recognises this is a new area of work for many local systems and will provide national and regional support for participating systems and their WorkWell services. This will be delivered through a National Support Offer (NSO), which will work in partnership with local systems to enable them to go faster and further in delivering WorkWell services. Part of this offer will include supporting Vanguard Partnership to develop integrated work and health strategies and delivery plans and facilitating national and regional cross-system learning and support. Opportunities will also be identified for sharing learning with non-vanguards where appropriate.

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<sup>10</sup> Applicants may wish to refer to the NHS and LGA [Thriving Places guidance](#), which sets out some potential governance approaches for place-based partnerships.

- 6.2 The NSO will include provision across three core tiers, all of which will provide ongoing points of engagement with Vanguard Partnerships:
- I. Regional Advisors
  - II. National Support Team
  - III. Local area Learning and Change Managers
- 6.3 **Regional Advisors** will provide support to navigate system complexity around work and health. They will:
- Support all Vanguard Partnerships to achieve cross-system join-up on work and health, particularly through WorkWell, but also on other key work and health programmes.
  - Support system implementation – particularly fidelity to the WorkWell objectives and adherence to management information requirements.
  - Work alongside regional work and health leads in the Office for Health Improvement and Disparities (OHID), with other relevant regional leads such as DWP Strategic Partnership Managers, to support wider work and health delivery.
- 6.4 **The National Support Team** will be a national team of experts, who will work closely with the Regional System Advisors to:
- Provide access to expert advice on work and health for all Vanguard Partnerships, tailored to the individual needs of local systems.
  - Provide strategic leadership support e.g. facilitating a self-assessment process for determining system maturity, as a basis for cross-system planning and delivery.
  - Ensure evidence-based planning and delivery for WorkWell.
  - Develop tools and resources to support local systems in line with identified need, including data products and support where required.
  - Support a programme of national and regional cross-system learning, via an active shared learning network for all local systems. This will utilise learning from all WorkWell sites to deliver a bank of delivery experience and expertise that ensures all areas can benefit.
  - Provide an ongoing point of engagement for successful applicants.
- 6.5 **Local area Learning and Change Managers** will act as NHS advocates for WorkWell, and advisors to the local system within a Vanguard Partnership. Each Vanguard Partnership will receive funding to identify and recruit for one of these roles. They will help to secure wider NHS and partner agency support for the programme locally, potentially providing a range of enabling functions such as:
- inter-agency training and capability building for work and health support;
  - internal and external communications to gain the support of partners and stakeholders to WorkWell;
  - encouraging appropriate referrals to the service;
  - working to ensure user voice in the design and delivery;
  - facilitating system-wide learning and change in relation to WorkWell.

## 7. Glossary

Term	Description
Vanguard	An ICB that is selected to deliver a WorkWell Vanguard Service
Vanguard Partnership	Partnerships selected to deliver a WorkWell Vanguard Service
Vanguard Service	Pilot Workwell services delivered by a Vanguard Partnership
Vanguard Area/ Vanguard Footprint	Geographical area proposed to be covered by a Vanguard Service
System	Usually larger geographies of about one million people which often (but not always) cover multiple places*
Place	A geographic area that is defined locally, but often covers around 250,000 to 500,000 people, for example at borough or county level*
Neighbourhood/Community	Areas covered by, for example, primary care and their community partners*
Local System Partnerships	Partnerships consisting of a range of organisations with a shared stake in work and health, including partners who may be at system level, place level, or neighbourhood/community level.

\*See [Health and social care integration: joining up care for people, places and populations; February 2022](#)



## 8. Annexes

- Annex A – List of Grant Application Support Documentation
- Annex B – Contact and Support
- Annex C – Typical User Journey
- Annex D – Illustrative example services

### **Annex A – List of Grant Application Support Documentation**

The appendices listed below set out more detailed timelines, instructions for how to complete the application and the assessment criteria for selection of successful candidate areas.

- Appendix A: WorkWell Grant Application Instructions and Assessment Criteria
- Appendix B: WorkWell Grant Application
- Appendix C: WorkWell Grant Guidance

They can be found at <https://www.gov.uk/government/publications/workwell>.

### **Annex B – Contact and Support**

#### **Inquiries:**

WorkWell related inquiries should be sent to [DHSC.WorkWell@dwp.gov.uk](mailto:DHSC.WorkWell@dwp.gov.uk).

#### **Webinars:**

Webinars will be held to provide an opportunity to hear more about WorkWell and the grant application process. These will be held on:

- 6<sup>th</sup> December 2023 at 11:00-12:00
- 7<sup>th</sup> December 2023 at 11:00-12:00

Please send an email to [DHSC.WorkWell@dwp.gov.uk](mailto:DHSC.WorkWell@dwp.gov.uk) if you would like to receive the link to the webinars.

#### **Question-and-answer log:**

All interested parties are encouraged to subscribe to the mailing list to access a regularly updated question-and-answer log about WorkWell. A question-and-answer log will be produced to capture questions asked during the webinar and subsequently updated regularly, dependent on additional questions being asked.

Please indicate if you would like to subscribe by sending an email to [DHSC.WorkWell@dwp.gov.uk](mailto:DHSC.WorkWell@dwp.gov.uk) with the subject heading 'Question and Answer Log'. For further details, see Appendix A.

Grant applicants may also contact regional OHID leads or the DWP Strategic Partnership Managers (below) for further information and discussion about the regional work and health landscape and how WorkWell fits in.

**Contacts for Regional Work and Health leads within the Office for Health Improvement and Disparities:**

OHID Midlands	Sean.Meehan@dhsc.gov.uk
OHID East of England	Neil.Wood@dhsc.gov.uk
OHID Southwest	Dominic.gallagher@dhsc.gov.uk
OHID Yorkshire and the Humber	Nicola.corrigan@dhsc.gov.uk; Alison.liff@dhsc.gov.uk
OHID North East	Helen.ford@dhsc.gov.uk
OHID London	Monica.Acheampong@dhsc.gov.uk
OHID Southeast	Victoria.Heald@dhsc.gov.uk
OHID North West	Rachel.swindells@dhsc.gov.uk

**Contacts for DWP Strategic Partnership Managers:**

North West	Nicki O'Connor nicki.o'connor@dwp.gov.uk
South West	SARAH CARHART sarah.carhart@dwp.gov.uk
West Midlands	Richard Smith and Patricia Rowe richard.smith2@dwp.gov.uk and patricia.rowe@dwp.gov.uk
North Central	Sharon Riding sharon.riding@dwp.gov.uk
North East	SHARON THORPE sharon.thorpe@dwp.gov.uk
London and Essex	Dave Ashdown dave.ashdown@dwp.gov.uk
South East	Anna Marshall anna.marshall@dwp.gov.uk
North and East Midlands	Brendon Downie brendon.downie@dwp.gov.uk

See [here](#) for geographic descriptions of each DWP region.

## **Annex C – Typical User Journey**

This user pathway provides an overview of some key potential components of a generic local system intervention through WorkWell Services. Vanguard Partnerships would tailor their own support based on local assets and population needs assessment.

## 1 Participant

Approximately 15 sites, England only

Person **in work** with health condition or disability: struggling with health barriers OR on sick absence AND at risk of falling out.

Person **out of work** with health condition or disability: likely with low level needs and/or recently out of work

## 2 Referred by

GP/ Primary care settings (inc. social prescribing)	Local Authority (e.g. social workers)	Voluntary / community sector	Local health services	Local employer	JobCentre Plus	Self-referral
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## 3 Support offer

Initial assessment with work and health coach of barriers to employment, experienced through physical health, mental health and social situation. Return to Work Plan/Thrive in Work Plan agreed. May recommend:

### Multi-disciplinary in-house support

May include:

- Employer liaison
- Work and health coaching
- Advice on workplace adjustments
- Regular low-intensity follow up on Return to Work Plan/Thrive in Work Plan with Work and Health Coach

### Triage, Signposting and Referral

May include:

- GP/healthcare professional – for further medical treatment
- Community services
- Council services
- Health promotion programmes
- Debt advice/ financial health support
- JobCentre Plus services
- Educational training
- Ongoing referral to more intensive support, e.g. Universal Support, Access to Work, IPSPC, Restart.

Participants draw on both components, and move between WorkWell service and external services

## 4 Completion

Support ends when participant achieves goals set in individualised Return to Work or Thrive in Work plan. Example outcomes may include return to work, remain in work, reduced health barriers to working or looking for work.

## Annex D – Illustrative example services

The following examples of work and health services are included to provide an illustration of the elements which a WorkWell Service could include, and the range of models it could draw inspiration from. The design and scope of a WorkWell service is not limited to those of the practice examples: Vanguard Partnerships will be expected to demonstrate flexibility to local needs and assets when designing their own strategy and services, in partnership with local and system stakeholders.

We are not recommending that Vanguard Partnerships specifically follow any of these models, but are including them here to help stimulate thinking for what might work in local areas.

### **1: Greater Manchester's Working Well Early Help (WWEH)**

#### **Scope:**

**Supported recently unemployed individuals with a health condition or disability, or those on medical leave, to return to sustained employment, with a direct pathway for participating GP practices to refer in patients in receipt of a fit note.**

#### **Model:**

Health-led early intervention with personalised, holistic support to address barriers to employment through two pathways:

- Light-touch **advice service** for in-work participants at large organisations with employer Occupational Health (OH) support, including guidance on planning and self-help tools, and signposting to wider services.
- More intensive six-month **support service** for SME, self-employed, or recently unemployed participants.
  - Vocational Rehabilitation Workers (VRCs) assess participant needs and work with them to develop bespoke return-to-work plans. VRCs provide some non-clinical support elements (e.g., coaching and motivation/confidence building), and can refer directly to health support (e.g., physiotherapy, CBT) as well as coordinating support from the wider Greater Manchester ecosystem of health, employment, training and wellbeing services (e.g., debt advice, foodbanks, CV and interview preparation).

### **2: Pathways Community Interest Company**

#### **Scope:**

**Early intervention for in-work individuals, referred from primary care, who are at risk of losing their job due to a health condition, or off work with a fit note.**

#### **Model:**

The service is made up of a multi-disciplinary team:

- A **link worker** acts as case manager throughout the process and co-produces an action plan with the client following an assessment of their physical, psychological and social needs.
- **Counsellors** provide support to clients with mild to moderate needs to develop skills and strategies to improve their health.
- The **physical health lead** (physiotherapist) undertakes an assessment but not treatment and offers guidance on ergonomics, workplace support aids and ongoing management of the condition.
- The **HR lead** offers impartial advice and guidance, empowering the client to have effective discussions with their employer and to understand what an effective return to work plan might look like.

### **3: Sheffield Occupational Health Advisory Service (SOHAS)**

#### **Scope:**

**Early intervention primary care-based service for in-work individuals whose health is affected by their work, or whose health is affecting their work, to help them stay in employment.**

#### **Model:**

- Referrals from GPs (the majority), other health/voluntary services, or self-referral.
- The service is provided by a **multi-disciplinary team of advisors with a range of skills that deliver a holistic work and health assessment** and aims to support clients to plan their return to work or sustain their attendance at work, identifying their needs and vulnerabilities and empowering them in their relationship with their employer, advising employers on reasonable adjustments.
- Clients report improved levels of confidence at work and 60% of clients say that the advice has kept them in a job. The service is well established within primary care GPs and has reduced the number of GP appointments required by patients after referral to the service.

### **4: Wales In-Work Support Service**

#### **Scope:**

**Service for in-work individuals with mental health or musculoskeletal problems, providing rapid access to tailored occupational therapy, physiotherapy, and psychological therapy services, as well as offering support and training directly to businesses.**

#### **Model:**

- Following self or third party-referral and an eligibility check, clients have a face-to-face or virtual appointment with a case coordinator, who provides an initial assessment and an onward referral to the provider.

- After the provider's own assessment, clients access up to six face-to-face or virtual sessions arranged directly with their chosen therapist.

Throughout treatment, case coordinators maintain regular contact with clients to monitor the service accessed, and follow-up reviews are undertaken after six months with every client.