

**Leicester, Leicestershire and Rutland Integrated Care Partnership**

<b>Meeting Title</b>	<b>Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership</b>	<b>Date</b>	<b>Thursday 15 August 2024</b>
<b>Meeting no.</b>	<b>1</b>	<b>Time</b>	<b>1:00pm – 1:30pm</b>
<b>Co-Chairs</b>	<b>Pauline Tagg Acting Chair, NHS LLR Integrated Care Board And Cllr Louise Richardson Chair, Leicestershire Health and Wellbeing Board</b>	<b>Venue / Location</b>	<b>NSPCC National Training Centre (Front Conference Room) 3 Gilmore Close, Leicester, LE4 1EZ</b>

<b>REF</b>	<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>PRESENTER</b>	<b>PAPER</b>	<b>TIMING</b>
HWP/24/25	Welcome and Introductions	To receive	<b>Pauline Tagg / Cllr Louise Richardson (Co-Chairs)</b>	<b>Verbal</b>	1:00pm
HWP/24/26	Apologies for Absence: <ul style="list-style-type: none"> <li>• Cllr Sarah Russell (Leicester City Council)</li> <li>• Cllr Diane Ellison (Rutland County Council)</li> <li>• Kim Sorsky (Rutland County Council)</li> <li>• Dawn Godfrey (Rutland County Council)</li> <li>• Angela Hillery (LPT) - David Williams will be deputising</li> <li>• Richard Mitchell (UHL) – Simon Pizzey will be deputising</li> <li>• Laurence Jones (Leicester City Council).</li> </ul>	To receive	<b>Cllr Louise Richardson (Co-Chair)</b>	<b>Verbal</b>	1:00pm
HWP/24/27	Notification of Any Other Business	To receive	<b>Cllr Louise Richardson (Co-Chair)</b>	<b>Verbal</b>	1:00pm
HWP/24/28	Declarations of Interest	To receive	<b>Cllr Louise Richardson (Co-Chair)</b>	<b>Verbal</b>	1:05pm
HWP/24/29	To consider written questions received in advance from the Public in relation to items on the agenda	To receive	<b>Cllr Louise Richardson (Co-Chair)</b>	<b>verbal</b>	1:05pm
HWP/24/30	Minutes of the meeting held on 31 January 2024	To approve	<b>Cllr Louise Richardson (Co-Chair)</b>	<b>A</b>	1:15pm
HWP/24/31	Matters arising and actions for the meeting held on 31 January 2024	To receive	<b>Cllr Louise Richardson (Co-Chair)</b>	<b>B</b>	
<b>UPDATES</b>					
HWP/24/32	WorkWell Final delivery plan		<b>Louise Young (Deputy Chief People Officer)</b>	<b>C</b>	1:25pm
<b>ANY OTHER BUSINESS</b>					
HWP/24/33	Items of any other business and review of meeting	To receive	<b>Cllr Louise Richardson (Co-Chair)</b>	<b>Verbal</b>	1:30pm
The next meeting of the LLR Health and Wellbeing Partnership meeting will be held on <b>Thursday 19 December 2024 at 1:00pm</b> (venue to be confirmed). <b>Dates for future meetings: tbc</b>					

**A**

**Minutes of the Leicester, Leicestershire and Rutland  
Health and Wellbeing Partnership (i.e., the Integrated Care Partnership) meeting  
held in public on Wednesday 31 January 2024  
9.30am – 11.00am, NSPCC National Training Centre,  
3 Gilmour Close, Leicester, LE4 1EZ**

**Present:**

Mr David Sissling	NHS LLR Integrated Care Board Chair and Co-Chair of the meeting
Cllr Louise Richardson	Chair, Leicestershire Health and Wellbeing Board and Co-Chair of the meeting
Cllr Sarah Russell	Chair, Leicester City Health and Wellbeing Board
Ms Caroline Trevithick	Chief Executive, NHS LLR ICB
Mr Ket Chudasama	Deputy Chief Strategy and Planning Officer, NHS LLR ICB ( <i>deputising for Ms Sarah Prema</i> )
Ms Debra Mitchell	Assistant Director Transformation and Integration, NHS LLR ICB ( <i>deputising for Ms Rachna Vyas</i> )
Ms Angela Hillery	Chief Executive Officer, Leicestershire Partnership NHS Trust
Mr Mike Sandys	Director of Public Health for Leicestershire County Council and Rutland County Council
Mr Rob Howard	Director of Public Health, Leicester City Council
Ms Kim Sorsky	Strategic Director for Adults and Health (DASS), Rutland County Council
Mr Jon Wilson	Director of Adults and Communities, Leicestershire County Council
Ms Nicci Collins	Leicestershire County Council ( <i>deputising for Ms Jane Moore</i> )

**In attendance:**

Mr David Williams	Group Director of Strategy and Partnerships, Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust
Ms Jean Knight	Deputy Chief Executive, Leicestershire Partnership NHS Trust
Ms Louise Young	Deputy Chief Officer, People and Transformation, NHS LLR ICB
Amit Sammi	Head of Strategy and Planning, NHS LLR ICB ( <i>for item HWP/24/20</i> )
Kerry Kaur	Head of Integration and Transformation, NHS LLR ICB ( <i>for item HWP/24/20</i> )
Mrs Daljit Bains	Head of Corporate Governance, NHS LLR ICB
Ms Charlotte Gormley	Corporate Governance Officer, NHS LLR ICB (minute taker)

One member of the public attended to observe the meeting.

ITEM		LEAD RESPONSIBLE
HWP/24/10	<p><b>Welcome and Introductions</b> Mr David Sissling welcomed all to the meeting of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership.</p> <p>Mr Sissling and Councillor Richardson would Co-Chair the meeting.</p>	
HWP/24/11	<p><b>Apologies for absence</b> Apologies for absence had been received from:</p> <ul style="list-style-type: none"> <li>• Cllr Diane Ellison, Chair, Rutland Health and Wellbeing Board</li> <li>• Sarah Prema, Chief Strategy Officer, NHS LLR ICB</li> <li>• Rachna Vyas, Chief Operating Officer, NHS LLR ICB</li> <li>• Jane Moore, Director of Children and Family Services, Leicestershire County Council</li> <li>• Dawn Godfrey, Strategic Director of Children and Families, Rutland County Council</li> <li>• Richard Mitchell, Chief Executive Officer, University Hospitals of Leicester NHS Trust</li> <li>• Dr Janet Underwood, Chair of Healthwatch Rutland</li> </ul>	

ITEM	LEAD RESPONSIBLE
	<ul style="list-style-type: none"> <li>Ms Harsha Kotecha, Chair of Healthwatch Leicester and Leicestershire</li> </ul> <p>The meeting was confirmed as quorate.</p>
HWP/24/12	<p><b>Notifications of Any Other Business</b> There were no items of additional business.</p>
HWP/24/13	<p><b>Declarations of Interest on Agenda Items</b> No specific declarations were noted on agenda items.</p>
HWP/24/14	<p><b>To consider written questions received in advance from the Public in relation to items on the agenda</b> There were no questions received in advance of the meeting.</p>
HWP/24/15	<p><b>Minutes of the meeting held on 17 January 2024 (Paper A)</b> The minutes of the LLR Health and Wellbeing Partnership meeting held on 17 January 2024 were accepted as an accurate record.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>APPROVE</b> the minutes of the LLR Health and Wellbeing Partnership meeting held on 17 January 2024.</li> </ul>
HWP/24/16	<p><b>Matters arising and actions for the meeting held on 17 January 2024 (Paper B)</b> Progress against the actions was acknowledged. It was noted that all actions were satisfactorily completed or in progress.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>RECEIVE</b> the action log, noting the progress made.</li> </ul>
HWP/24/17	<p><b>Highlights from recent meetings of the NHS LLR Integrated Care Board (Paper C)</b> Ms Trevithick introduced the report and provided a summary of the key areas of discussion following recent meetings of the LLR Integrated Care Board. She highlighted a number of challenges across the LLR system which included increasing financial challenges, the impact of industrial action, and pressures across the urgent and emergency care pathway throughout winter. It was noted that increased attendance and admittance across the acute pathway had created pressure for ambulance services.</p> <p>Additionally, the Board had received a presentation from the Maternity and Neo-Natal Voices Partnership (MNVP), providing an example of engagement work which had led to positive change. The Board had also approved the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) with associated actions plans in preparation for publication.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>RECEIVE</b> for information the update from the NHS LLR Integrated Care Board.</li> </ul>
HWP/24/18	<p><b>Updates from the respective Health and Wellbeing Boards (Paper D)</b> Local authority colleagues provided an update following respective Health and Wellbeing Board meetings.</p>

ITEM	LEAD RESPONSIBLE
<p><u>Leicestershire County Council</u>            Councillor Richardson highlighted the positive outcomes from the development session of the Leicestershire Health and Wellbeing Board held in July 2023. She advised that a forward plan of development sessions had been scheduled and that invitations would be extended to relevant professionals in accordance with the theme of each meeting.</p> <p><u>Leicester City Council</u>            Councillor Russell advised that meetings of the Leicester City Health and Wellbeing Board alternated between themed sessions to consider specific issues in detail, and sessions covering a wider range of business.</p> <p><u>Rutland County Council</u>            In the absence of Councillor Ellison, Mr Sandys advised that the Rutland Health and Wellbeing Board had considered the nature of service delivery across Rutland. Areas of discussion had included speech and language therapy, and the hip fractures and falls services. Updates had also been received regarding a dementia pilot and the Health and Care Collaborative. An update would be circulated to members regarding the Armed Forces Covenant.</p> <p>As Chair of the LLR Research Strategy Group, Mr Sissling commented on the excellence of the research taking place across the LLR Integrated Care System (ICS). This included non-medical research and research regarding health inequalities. He highlighted that research across LLR was population-based and ranked well in terms of patient participation.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE and NOTE</b> the update report for the Leicestershire Health and Wellbeing Board.</li> <li>• <b>RECEIVE and NOTE</b> the update report for the Leicester City Health and Wellbeing Board.</li> <li>• <b>RECEIVE and NOTE</b> the updates for the Rutland Health and Wellbeing Board.</li> </ul>	
<p><b>HWP/24/19</b></p> <p><b>Update from the Executive Officer’s Group (Paper E)</b>            Mr Chudasama introduced the item, providing an update on priority areas for joint action to be progressed by partners on behalf of the Health and Wellbeing Partnership (HWP). The Group had discussed the scale of the work to be undertaken and where the HWP could ‘add value’ through collective consideration of system and place-based collaborative work. The priority areas identified would not duplicate work already taking place and would be implemented with consideration of financial constraints. A resourcing plan would be developed with defined principles.</p> <p>There was some discussion as to where the HWP could achieve the greatest impact, such as working with small groups of challenged families across LLR. It was also identified that there was a need to differentiate between the roles and functions of the ICB and HWP, in order to determine how the HWP could engage in a different way.</p> <p>To summarise, Mr Sissling noted that the HWP would identify and focus on small-scale issues across LLR where the greatest impact could be achieved. The Work Well Programme was noted as an example of targeted work with the potential to achieve significant impact for a small group.</p>	

ITEM		LEAD RESPONSIBLE
	<p>It was agreed that a shortlist of priority areas would be presented for consideration at the next meeting. A set of principles and parameters would also be developed for further consideration.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> an update on the discussion from the Executive Officers Group</li> </ul>	
<p>HWP/24/20</p>	<p><b>Briefing note: LLR ICB Palliative and End of Life Care Strategy 2023/24 – 2027/28 (Paper F)</b></p> <p>Mr Sammi introduced the item, providing an update regarding the development and next steps of the LLR ICB Palliative and End of Life Care Strategy 2023/24 – 2027/28. He advised that reforms within the Health and Care Act 2022 conferred new legal responsibilities on ICBs to commission high quality, safe palliative care services. As such, all forty-two ICBs were required to outline how they would meet the requirements within the Strategy for all ages.</p> <p>A national framework had also been released, including six ambitions for palliative and end of life care. The framework included a self-assessment tool for benchmarking and would be used to structure LLR’s local strategy, which would be based on a life-course approach. The joint Health and Wellbeing Strategies had been refreshed and identified dying well as a priority.</p> <p>Ms Kaur elaborated, noting that engagement work with the public would take place to test the ten strategic priorities. Areas for improvement had been identified and included bereavement support; advanced care planning; record sharing to avoid gaps and duplication; care transitions between settings; and carer support. A series of system-wide workshops had been arranged to scope the actions which would deliver against these priority areas. The draft strategy would incorporate a comprehensive engagement exercise and include input from the Health and Wellbeing Boards, Local Authorities, and Healthwatch.</p> <p>Members welcomed the progress and ambitions outlined within the report, agreeing that the priority areas identified were largely appropriate. During discussion, it was noted that the language within the strategy could be reviewed, as members of the public may not identify themselves as ‘carers’. Additionally, members highlighted the importance of engagement with populations in which the subject of end-of-life care may be considered ‘taboo’. Cultural and spiritual support would be considered as part of a gap analysis, in order to strengthen and increase awareness of the services available.</p> <p>It was highlighted that taskforce representation included LOROS and Rainbows. In terms of funding, it was noted that priorities would be achieved in a phased and realistic manner. This would utilise links between organisations to improve interdependencies, reduce duplication, and increase effectiveness.</p> <p>It was proposed that improved links between service providers and charities across the system would help to reduce the current figure of 40% for patients dying in hospital.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE and NOTE</b> the update on the development and next steps of the LLR ICB Palliative and End of Life Care Strategy 2023/24 – 2027/28</li> </ul>	

ITEM		LEAD RESPONSIBLE
HWP/24/21	<p><b>Update on Women’s Strategy and Health Hubs (Paper G)</b>            Ms Mitchell introduced the item, providing an update against delivery of the National Women’s Health Strategy across LLR with specific focus on the priorities as set out in the ICB’s 5-year plan, Operational Plan, and delivery of Women’s Health Hubs. She advised that the National Women’s Health Strategy was released in August 2022. The Women’s Transformation Team was officially formed in June 2023 and included a Women’s Transformation Lead to ensure delivery against local priorities.</p> <p>An expression of interest for Primary Care Networks (PCNs) to bid on hosting a women’s health hub took place between August and September 2023. The three hubs would utilise slightly different models to tailor their services to the populations they would provide interventions for. This would include hybrid virtual clinics and clinics with outreach elements. Further work was taking place regarding service specifications to mitigate the financial risk for providers. The transformation team was working collaboratively across organisations to increase capacity and embed women’s treatment across all areas.</p> <p>It was noted that NICE requirements regarding IVF were not being met across the Midlands at present as only one cycle of IVF was offered rather than three. Members received assurance that the Midlands-wide policy was under review although the timescale to complete the review was not stated.</p> <p>There was some discussion regarding the link between family hubs and women’s hubs. It was noted that the three women’s hubs would be trialled as a pilot. The links with other organisations and hubs, and the means to provide distinct services without causing confusion or duplication, would form part of the evaluation process. The tenders were still being evaluated and the team would be fully engaged regarding the links with family hubs.</p> <p>It was suggested that engagement take place with women affected by disability and significant health issues to ensure support was provided to the most vulnerable groups and to achieve the greatest impact. It was confirmed that engagement was taking place with voluntary agencies and mapping exercises were being completed with vulnerable groups including the armed forces.</p> <p>Regarding sexual health services, it was suggested that the offer be termed as ‘multi-channel open access provision’ rather than ‘fragmented’.</p> <p>It was noted that the Women’s Strategy would be implemented over a ten-year period in accordance with available resources. The women’s health hubs were identified as a vehicle to achieve improvements in terms of women’s health, maternal health, reducing menstrual inequality, conducting research, and updating policy. Members welcomed the ambition to provide a network of connective services for local women, acknowledging that solutions may differ dependant on place or neighbourhood.</p> <p>Further progress reports would be presented at future meetings of the HWP.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report for information relating to the Women’s Programme in Leicester, Leicestershire, and Rutland.</li> </ul>	



ITEM		LEAD RESPONSIBLE
HWP/24/22	<p><b>Update on the Workwell Programme (Paper H)</b> Ms Young introduced the item, providing an update following the HWP's approval of the LLR Vanguard submission and proposed service model on 17 January 2024. She confirmed that the LLR WorkWell Vanguard expression of interest had been submitted, and that the actions proposed by members at the previous meeting had been implemented to strengthen the service model. An outcome was expected in April 2024. If successful, an implementation plan would be developed between April and September 2024, ensuring the correct resources and commissioned services would be in place.</p> <p>Members were advised that fifteen Vanguards would receive funding. Members also received assurance that work would take place to maximise existing services if the LLR submission was not successful.</p> <p>An update would be provided at the next meeting.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and <b>NOTE</b> the paper.</li> </ul>	
HWP/24/23	<p><b>Review of LLR Health and Wellbeing Partnership terms of reference (Paper I)</b> Mrs Bains introduced the item, advising that the HWP was required to review its Terms of Reference (ToR) on an annual basis. She noted that the ToR remained compliant. Additionally, Mrs Bains advised that the forward planner would be returned to a future meeting for consideration once a shortlist of priority areas had been agreed.</p> <p>In recognition of Mr Sissling stepping down from his role as Chair of LLR ICB, the following amendment was proposed:</p> <p><i>"The meetings will be jointly chaired by the NHS LLR ICB Chair and the Chair of one of the LLR Health and Wellbeing Boards. Each Health and Wellbeing Board Chair will serve as co-Chair on a rotational basis, each serving a year before rotating to the next Health and Wellbeing Board Chair. Under exceptional circumstances, the Health and Wellbeing Board Chairs may serve as co-Chair for an extended period, as determined by and subject to agreement of all four co-Chairs."</i></p> <p>The amendment was supported by the respective Chairs of the LLR Health and Wellbeing Boards.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the terms of reference for the LLR Health and Wellbeing Partnership as at Appendix 1.</li> </ul>	
HWP/24/24	<p><b>Any Other Business and Review of the Meeting</b> On behalf of the Partnership, Councillor Richardson thanked Mr Sissling for his contributions and leadership, wishing him all the best for the future. Mr Sissling reflected on the exciting potential of the Partnership, noting the focus on population and collaboration between organisations.</p>	



ITEM	LEAD RESPONSIBLE
<p><b>Date and Time of next meeting:</b> The next meeting of the LLR Health and Wellbeing Partnership would be held on Thursday 18 April 2024.</p> <p>The meeting closed at 10:59am.</p>	

DRAFT

**B**

**Leicester, Leicestershire and Rutland Health and Wellbeing Partnership  
 Action Log**

Minute No.	Meeting Date	Item	Responsible Officer	Action Required	To be completed by	Progress as at 15 August 2024	Status
HWP/22/29	15 December 2022	A discussion on equality, diversity and inclusion	<del>Cllr Sam Harvey</del> Sarah Prema	To coordinate the development of an overarching statement on anti-racism.	<del>April 2023</del> <del>December 2023</del> 31 January 2024 <del>18 April 2024</del> August 2024	To consider whether this action can be closed.	Red
HWP/23/22	11 September 2023	LLR HWP – ensuring positive impact	Sarah Prema	The membership and purpose of the Executive Officers' Group would be further developed.	<del>December 2023</del> 31 January 2024 <del>18 April 2024</del> August 2024	Verbal update to be provided at the meeting.	Amber
HWP/23/26	11 September 2023	Work Programme and priorities for the Health and Wellbeing Partnership	Sarah Prema / Executive Officers' Group	A long list of topics to be drafted by the Executive Officers' Group to assist and contribute items to the LLR HWP forward planner.	<del>End January 2024</del>  August 2024	Item on the agenda for the August 2024 meeting for consideration by the LLR HWP.	Amber

**C**

# LLR Health and Wellbeing Partnership WorkWell Pilot – Full Delivery Plan



*Louise Young – Deputy Chief Officer – LLR Integrated Care Board*

*Mark Andrews – Chief Executive Officer - Rutland County Council*



**Leicester, Leicestershire and Rutland Health and Wellbeing Partnership**

# Government Vision – National Crisis

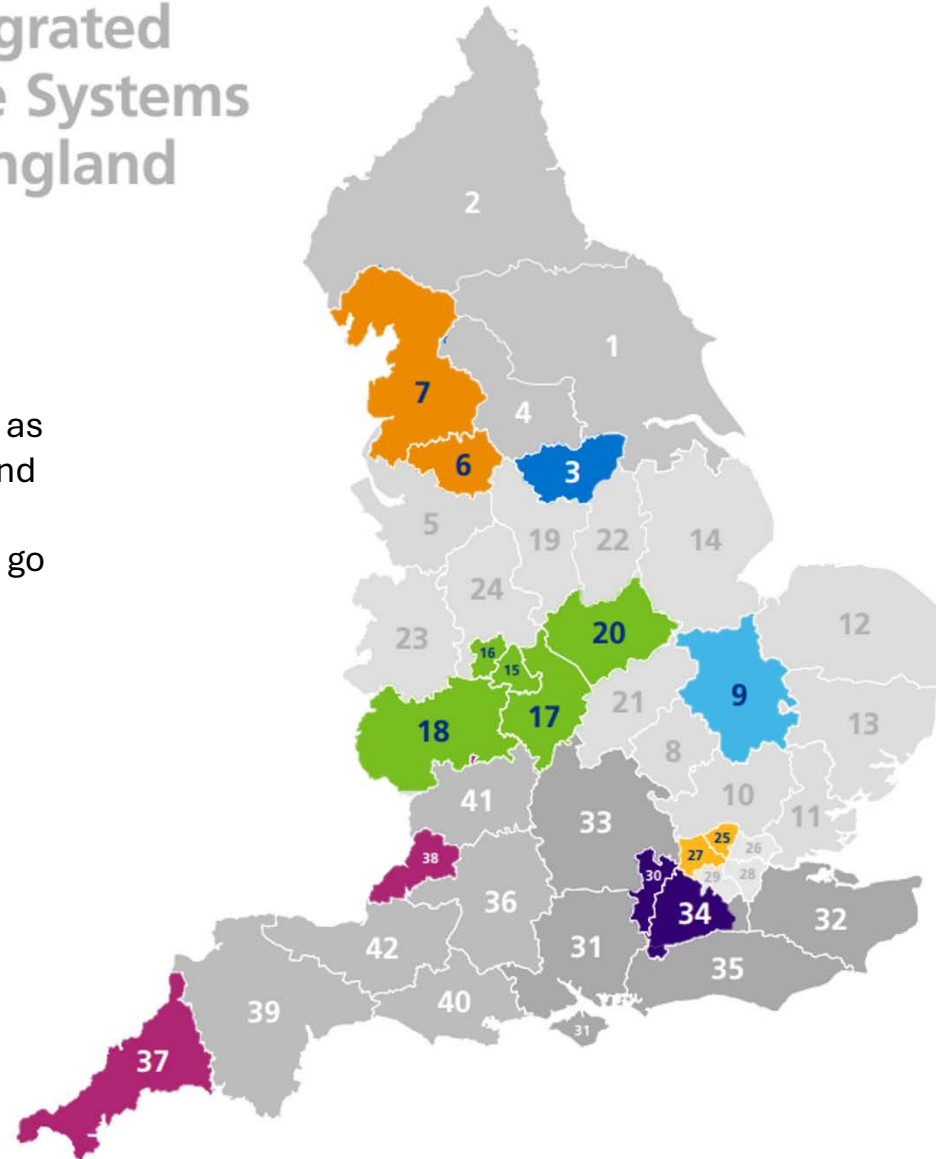


- **Economic inactivity** rates in the UK remain above the pre-pandemic level, with the current rate at 22.1% (Jan-March 2024)
- **All other G7 nations** and the OECD average are now below their pre-pandemic levels
- **Long-term sickness as a reason for economic inactivity** has risen over the last 20 years and is now the most common reason for economic inactivity in the UK
- The latest figures for Jan-Mar 2024 show there are now **2.8 million** economically inactive long-term sick, an increase of **0.2 ppt (109,000)** on the year.
- Data shows the longer an employee's sickness absence lasts, the less likely they return to work at all
- **Work is an important social determinant of health both directly and indirectly** on the individual, their families, and communities. A healthier population is also a wealthier and more productive one
- **At Spring Budget 2023, the UK Government announced over £2 billion of investment**, building on existing provision, to support disabled people and people with health conditions to start, stay and succeed in work
- A further package of support was announced in the Autumn Statement 2023

# Integrated Care Systems in England

## Where is WorkWell being trialled?

15 ICBs have been selected as WorkWell pilot Vanguards and will receive 2 years of grant funding. Services are due to go live 1st October 2024.



<b>North East and Yorkshire</b>	
3 South Yorkshire Integrated Care System	
<b>North West</b>	
6 Greater Manchester Integrated Care Partnership	
7 Lancashire and South Cumbria Integrated Care System	
<b>East of England</b>	
9 Cambridgeshire and Peterborough Integrated Care System	
<b>Midlands</b>	
15 Birmingham and Solihull Integrated Care System	
16 Black Country Integrated Care System	
17 Coventry and Warwickshire Integrated Care System	
18 Herefordshire and Worcestershire	
20 Leicester, Leicestershire and Rutland Integrated Care System	
<b>London</b>	
25 North Central London Integrated Care System	
27 North West London Integrated Care System	
<b>South East</b>	
30 Frimley Health and Care	
34 Surrey Heartlands Health and Care Partnership	
<b>South West</b>	
37 Cornwall and the Isles of Scilly Integrated Care System	
38 Healthier Together: BNSSG Integrated Care System	



# The DWP and DHSC Joint Work and Health Directorate

## National and Local LLR Vision for WorkWell

- Partnerships
- Local determination
- Collaboration
- Integrated work and health provision and pathways across place(s)
- Learning and continuous improvement approach

# What is WorkWell

## Local LLR Delivery Partnership

WorkWell is a low intensity assessment, triage and support service across LLR for people with a 'fit note', or off sick and claiming benefit or, sick and economically inactive.

Focus on people in work who are struggling due to a health condition or disability, for LLR mental health condition or MSK.

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The service will link people to local support services, offering tailored help to stay in or return to work.

Participants will receive light-touch holistic support through return to/thrive in work plans and referrals into local services





# Principles of LLR Local Vanguard

- ❑ Meet National requirements
  - ❑ Tackle local priorities and tackle LLR problems
    - Reducing Health Inequalities
    - Releasing Capacity in local General Practice Primary Care
    - Reducing Financial overspend – through attracting funding
  - ❑ Build on current service provision – rather than create something new
  - ❑ Pragmatic Light touch approach through digital solution(s) options already available
  - ❑ Connect and join up services through adding to the social prescribing model and care navigation teams.
-



# Benefits and Outcomes

- ❑ WorkWell service offers a delivery vehicle to Integrated Neighbourhood Teams
  - ❑ Informs the development of an LLR Integrated Work and Health Strategy.
  - ❑ Builds on existing local services, and provides a triage, referral and signposting service to other services.
  - ❑ Release pressure of people on GP books
  - ❑ Health and Well-being benefits to work - In LLR, there are approximately 20k individuals yearly requesting a fit note, all eligible for a WorkWell service. (NHS Digital fit note data).
    - Assuming 4 to 6k are a first or second episode and would be the prime candidates for the service.
  - ❑ KPIs and Outcomes to be agreed with national team likely to include: return to work, remain in work, reduced health barriers to working or looking for work. User experience
  - ❑ Supports economic growth
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# Delivering WorkWell, Locally, Together

**Infrastructure** is already in place in LLR through care navigation teams and social prescribing model.

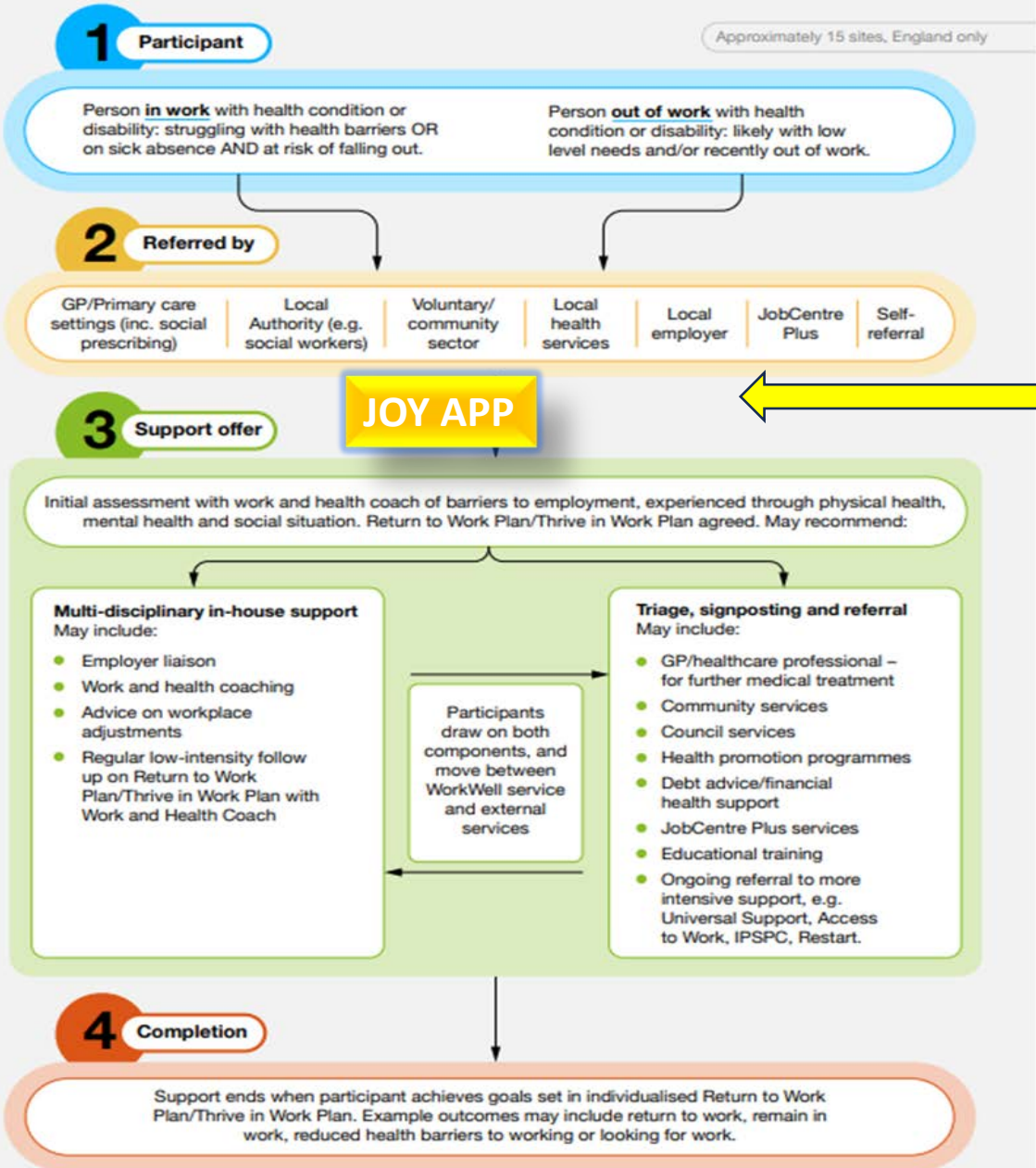
- PCNs**
- additionality of 26 Work Health Coaches (WHC) and 4 Senior WHC into PCNs to complement assisting care navigation teams within the wider INT footprint (care coordinators, well being coaches, social prescribers, in some areas local area coordinators, and so on).
  - Work health assessment undertaken by WHC
  - MDT where required
  - onward referral to other services (INTs)

**Front Door (triage)** Through an established digital solution

- familiar to social prescribing teams
- used by General Practitioners and teams
- already commissioned across LLR
- Pragmatic way forward
- contains a health indicator within the app to enable a health intervention for those requiring health intervention.
- Initial development to be able to launch WorkWell October 2024 .







Signpost

Joy App. Digital Front Door  
Work Health Assessment

Care Navigation teams in PCNs and part of wider Integrated Neighbourhood team – LACs, Neighbourhood connectors etc...)

Social Prescribers, Care coordinators, Health and Well being coaches PLUS  
26 Band 5 Work Health Coaches (WHC)  
4 x Band 6 Senior WHC



# NEXT STEPs

- Regional recruitment drive to recruit and onboard Work & Health Coaches
  - LLR 9 Coaches initially and to increase to 30 in total, to prepare for the peak capacity period in January 2024 to January 2025.
- Engage Care Navigation Teams, as an enabling function within Primary Care Network and, part of wider integrated neighbourhood teams.
- Embed Digital Referral Platform (stage 1)
  - Currently using JOY with our Social Prescriber Link Workers
  - Extend JOY to add Case Management (Stage 2) – 3 other systems

# WorkWell Summary Timeline – August 2024

Action	Deadline
Recruitment of WorkWell Programme Leadership/Management roles	9 <sup>th</sup> August
Digital solutions options appraisal	9 <sup>th</sup> August
Full Delivery Plan (FDP) – key headlines drafted for ICP	9 <sup>th</sup> August
Finance/management information return	9 <sup>th</sup> August
Follow-up meeting with other Midlands WorkWell pilots	14 <sup>th</sup> August
Presentation of Full Delivery Plan key headlines to ICP	15 <sup>th</sup> August
Final draft Full Delivery Plan (incorporating feedback from national WorkWell Team on the LLR Initial Delivery Plan)	19 <sup>th</sup> August
Full Delivery Plan submission to DWP DHSC	31 <sup>st</sup> August

# Recommendations

ICP is asked to:

- **RECEIVE** the presentation as an overview of the Full Delivery Plan (FDP), due 31 August 2024.
- **NOTE** the opportunity for WorkWell vanguard to become a pathfinder for LLR partnership approach, and emerging health and work programme.
- **APPROVE** the proposed implementation Plan remotely.