
**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 25 March 2015

Subject: Health and Work

Report of: Dr Mike Eeckelaers, Chair, Central Commissioning Group
David Regan, Director of Public Health

Summary

This paper updates the Board on progress against Strategic Priority 7 of the Joint Health and Wellbeing Strategy. Responsibility for delivery of this priority is shared between the Work and Skills Board and the Manchester Health and Wellbeing Board.

This document provides the Board with

- An Executive Summary of progress and challenges in delivering the Priority in 2014/5 and recommendations for 2015-2016
- Appendices providing background and detailed description of all areas of work.

Recommendation

The Board is asked to approve the recommendations included in the report (as set out in Section 6)

Board Priority addressed:

Strategic Priority 7, Bringing people into full employment and leading productive lives

Contact Officers:

Angela Harrington
Head of Regeneration, Manchester City Council
0161 234 3171
a.harrington@manchester.gov.uk

Jenny Osborne
Senior Strategy Manager, Public Health Manchester
07940300764
j.osborne1@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above

Executive Summary

1.0 Why work and health is a Board priority

- 1.1 People who are in work live longer, healthier lives. Better health outcomes will be achieved for the Manchester population if our health and care system plays its part in supporting people to move into and remain in work.
- 1.2 Maximum economic growth cannot be achieved without a healthy population, and a strong economy is essential if we are to realise the potential that employment has to improve the health of the local population.
- 1.3 We need to focus not only on getting people into employment, but ensuring that those jobs support good health and enable career progression throughout the working life.
- 1.4 Work as a health outcome cuts across key areas of the Greater Manchester Devolution Agreement, particularly Work & Skills, Integrated Health & Care, and Reform. The work undertaken on this Board priority over the last year puts Manchester in an excellent position to realise the opportunities that devolution brings.

Patient story

Mr B is a 46 year old Cheetham man referred by GP to Fit for Work Service for support to manage health conditions and to get on a pathway to skills and employment.. Health conditions were anxiety, panic attacks and depression. Spent criminal convictions, low skills and poor work history. Wife has been diagnosed with cancer. Rarely leaves the house. Received service over several months from Fit for Work keyworker with condition management, motivational interviewing and practical support.

Outcomes: *Reduced smoking from 20+ to 10 a day; increased physical activity to 30-60 minutes a day; accessed anxiety support from Self-help Services; supported with self-care & coping strategies for panic attacks; attended work clubs in Miles Platting, and Adactus Housing where he built social support; Registered and visited 'Yes Manchester' where he took courses to improve his maths and English, and through this after several interviews and work placements successfully applied for an apprenticeship. "It gave me the confidence to do something about my health and my life and it's made me want to work again"*

2.0 Work areas 2014/5

- 2.1 Three thematic areas have been taken forward through a Work and Health Driver Group
 - Health and Work Programmes
 - Primary Care & Commissioning
 - Organisational Leadership for Healthy Work
- 2.2 Appendix One provides a detailed description of all thematic areas, and underpins this summary and the recommendations in the report.

3.0 What has made an impact in this priority area?

- 3.1 Shared responsibility for delivery of this priority is between the Work and Skills Board and the Health and Wellbeing Board. This brings expertise and challenge from the perspectives of both employment/skills and health stakeholders. Representation through Dr Eeckelaers on both Boards has provided the strategic connection between the two areas.
- 3.2 The Fit for Work pilots and Working Well have delivered measurable health and wellbeing *and* employment outcomes for patients, and closer integration between employment support and primary mental health care services.
- 3.3 The most effective step change in GP engagement in work as a health outcome in the city to date has taken place through delivery of the Fit for Work pilots, and a GP health and work group has been established to provide clinical input to the development of Strategic Priority 7.
- 3.4 Agreement by the three Clinical Commissioning Groups to invest in the Fit for Work (in work) service in 2015/6 alongside the Council is an important milestone and would have been unlikely without Board Member leadership.
- 3.5 Establishing a Work and Health Task and Finish Group has been partially effective in increasing the profile and understanding of work and health agenda within Board organisations.
- 3.6 The Group enabled co-design of the GM CQUIN (Commissioning for Quality and Innovation) for mental health and employment between work and health delivery group members and the Manchester Mental Health and Social Care Trust.

4.0 Where is more progress needed?

- 4.1 Routine monitoring of employment status in primary care is not in place. It has been difficult to establish a shared understanding of why this is important and prioritise capacity to deliver. This needs greater ownership and drive through the Clinical Commissioning Groups.
- 4.2 Within health and social care commissioning the objective was to identify priority health services and redesigns to ensure work as a health outcome was incorporated where appropriate. This has made little progress because it does not have sufficient profile with commissioners. Redesign of pathways has continued without a focus on the wider determinants of health including employment. The design of the Service Specification for 2020 One Team Place based Care under Living Longer, Living Better, provides a longer term opportunity to address this, but in the short term more work is needed to increase the focus on work and health outcomes within commissioning.

The need to revisit commissioning plans is pointed up most sharply by the interim evaluation findings of the Fit for Work (In work Service):

Supporting the resilience of health services is not only about reducing demand but providing alternatively funded services. During the evaluation period, for example, 252 clients accessed physiotherapy directly through Manchester Fit For Work. This not only avoided long waiting times but potentially saved £59,000 in NHS provision. Similarly, 215 clients accessed mental health provision for counselling, CBT and anger management.

(Interim Evaluation of the Manchester Fit for Work In Work Project, February 2015,)

- 4.3 Both the Health and Wellbeing Board and Work and Skills Board members are significant employers within the city. Whilst there is good practice from Board Member organisations in terms of workplace health, employment of apprentices and supported traineeship schemes, this needs to be scaled up to make a significant impact, specifically in relation to disadvantage groups including people with mental health conditions. This is a large agenda which requires significant co-ordination across Board partners, and some dedicated capacity to drive it.
- 4.5 Senior representation from all Board Member organisations on the Work and Health Driver Group would support progress in this priority area

5.0 Conclusion

- 5.1 There is a central connection between Strategic Priority 7 and the realisation of increased economic growth and improved population health within the Greater Manchester Devolution Agreement. The NHS Chief Executive Simon Stevens was a signatory to the Agreement on behalf of the NHS England, and the NHS Five Year Forward View provides a clear statement on the need for the NHS to support people to get and stay in employment.
- 5.2 The work undertaken on behalf of the Health and Wellbeing Board in the last year means that Manchester is well positioned to accelerate progress in this area. Opportunities to support the interface between the Health & Care and Work and Skills elements of the Agreement should be identified and progressed as Devolution plans develop.

6.0 Recommendations

The Board is asked to approve the following recommendations

Commissioning and Primary Care

Recommendation 1: Approve the development and implementation of effective routine monitoring of employment status and referral pathway within primary care and exploration of appropriate elements of secondary care

Recommendation 2: Agreement to explore the feasibility through commissioning processes of accelerated access to treatment for those at high risk of falling out of employment due to a health condition based on the evidence gathered under the Fit For Work Service around the effectiveness of early intervention.

Organisational Leadership for Healthy Work

Recommendation 3: Approve the principle that Health & Wellbeing Board and Work & Skills Board members should be exemplar employing organizations in relation to workplace health, agree to work collaboratively over 2015-17 in order to set improvement goals and share good practice, including mental health as a priority area

Recommendation 4: Develop the use of the Social Value Act within Health and Wellbeing Board member commissioning and procurement processes to

- increase employment opportunities for people with mental health issues;
- increase recruitment from local communities and progress further work to ensure that workforces reflect the communities they serve
- incentivise employment conditions which promote good health e.g. Payment of living wage, healthy workplace

Health & Work Programmes

Recommendation 5: Agreement to support the rollout of work and health programmes within the city, in particular the proposal to expand the GP referral element citywide.

Recommendation 6: Agreement to sustain the Fit for Work in work and out of work services in Manchester through joint investment with other Greater Manchester resources.

General

Recommendation 7: Agree to provide senior organizational representation to sustain the Strategic Priority 7 Health and Work Driver Group

Detail on thematic areas within Strategic Priority 7

Background

In March 2014 the Health and Wellbeing Board members approved a delivery plan for Strategic Priority 7 focusing on the interface between health and employment. In that report three key changes were identified that would make the biggest difference:

- Primary and secondary healthcare providers understand the health risks of worklessness, routinely monitor this through consultations and make active referrals to the right services
- Coherent referral pathways are in place which provide primary and secondary care with a trusted, effective service which can make an assessment of the socio-economic needs of the individual and co-ordinate the right support in a sequenced, prioritised way.
- Commissioners of health and social care services incorporate work and skills outcomes into all relevant areas within commissioned services, including provision of suitable training and support on work as a health outcome

A Work and Health Task and Finish Group chaired by Dr Mike Eeckelaers, comprising senior representatives from the Health and Wellbeing Board was established to take forward the actions in the delivery plan. A summary of delivery plan objectives for 2014/15 and status update is attached as Appendix Two.

The remainder of this report sets out the progress in 2014-2015. The report is divided into three sections

- **Section One:** Impact of Health and Work Programmes
- **Section Two:** Primary Care & Commissioning
- **Section Three:** Organisational Leadership for Healthy Work

Section One: Impact of Health & Work Programmes

1.1 This section summarises the impact of programmes being piloted in Manchester to test the integration of health and employment outcomes. It also describes the connection to Greater Manchester programmes and draws the links to the objectives we are aiming to deliver within Section Two: Commissioning and Primary Care.

1.2 Fit for Work

Manchester has established two pilot programmes to test an integrated approach to work as a health outcome. Fit for Work (out of work) is a pilot within the North Clinical Commissioning Group area to support patients with health conditions to move towards and into employment. Fit for Work (in work) is a city-wide service which supports patients who are in employment but off sick and at risk of losing their job to return to work.

1.3 Fit for Work (North Manchester out of work pilot)

This pilot commenced delivery in the North Manchester CCG area in November 2013. It was designed to test whether improved employment outcomes can be achieved through a health-focussed pathway. The service relies on GP engagement via referral of out of work patients of working age with health conditions to condition management/ work progression services. Nine practices are participating in the pilot which is delivered by Pathways CiC who also deliver the in work service.

	Area	Number
1	Total number of eligible referrals Dec13 to Jan 2015	218
2	Total cumulative number of clients engaged (at least one contact)	155 (71%)
3	Total number of clients currently engaged in the service (inc tracking)	63
4	Total number of referrals who have previously been in employment	132 (60%)
5	Number engaged securing employment at 31.01.15	18 (11%)
6	Number of clients on work placements at 31.01.15	2
7	Number of clients awaiting outcomes of interviews	2
8	Number of clients fully discharged to date	41
9	Percentage of discharged clients with an outcome based measurable movement towards employment	85%

1.4 Fit for Work' (In work) service

1.5 This is a city wide service designed to take GP referrals of patients who are in work but off sick to prevent them from falling out of employment. The service provides condition management advice, access to CBT and physiotherapy, HR advice and negotiation of return to work plans between patients and employers.

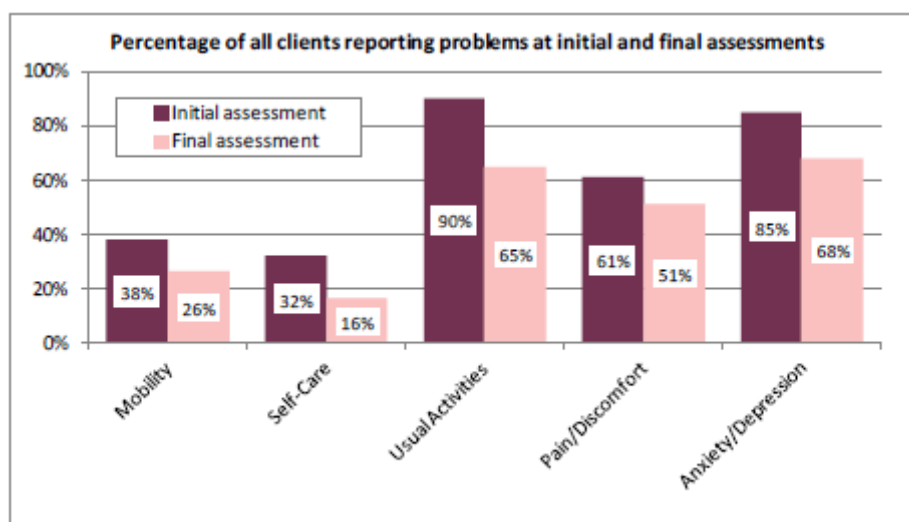
	Area	Number
1	Total number of referrals engaged in service at end January 15 (since 1 April 13)	689
2	Overall proportion of high or low intensity cases in the service	76% high 24% low
3	Total number of clients undergone/undergoing tracking	594
4	Total number of clients that have been fully discharged (following 13 week tracking period)	498
5	Percentage of clients in work at point of discharge	84%
6	Percentage of clients off sick at point of discharge	4.5%
7	Percentage of clients not retained employment at point of discharge, of which ...	11.5%
	Resigned	
	Retired	4%
	Settlement agreement in place	1%
	Dismissed	1%
	Other (employer unable to accommodate workplace adjustments, seeking legal advice, made redundant)	5%
		1%
8	Average number of weeks in service	8
9	Percentage of clients who felt the service had helped them	99%
10	Percentage of clients who felt they had returned to work earlier as a result of FFW	95%
11	Percentage of clients receiving an assessment and offered support within 3 working days of referral	100%

- 1.6 The service is currently exceeding targets with strong engagement from GP practices across the city – 77 practices have referred in patients. 57% of the referrals are for patients who are off sick with a mental health condition.
- 1.7 In February 2014 the three Clinical Commissioning Groups agreed to invest in the ‘In work’ service for 2015/16. The increased understanding of the role health plays in supporting people to stay in work and the commitment to shared investment to get better outcomes for patients represents significant progress. It positions Manchester ahead of the national proposals set out in the NHS Five Year Forward View, which provides a clear statement on the need for the NHS to support people to get and stay in employment.

Table 2: Fit for Work (In work) Service

Cumulative referral overview by health condition

Mental Health	MSK	Other	Cardio Vascular	COPD	Total
394 (57%)	265(38%)	26	3	1	689



1.9 Learning and issues to consider

- The Fit for Work pilots have delivered the most effective step change in GP engagement in work as a health outcome of any programme in the city to date.
- GPs have provided strong feedback that they find the fast assessment process and rapid access to physiotherapy and psychological support for employed patients who are off sick highly valuable due to waiting times within existing services.
- Patients who are out of work and in receipt of benefits will engage voluntarily with services designed to support them back to work because the referral comes from a source they trust (their GP)
- Fit for Work (out of work) services are delivering measurable improvements to patients’ health and wellbeing as well as employment outcomes as well as reduced footfall within GP practices

- GP engagement has been extremely resource intensive due to the number of practices and practitioners in the city.
- Agreement by the three Clinical Commissioning Groups to invest in the Fit for Work (in work) service in 2015/16 alongside the Council is an important milestone. It demonstrates the effectiveness of establishing this as a shared HWBB priority.

1.10 'Working Well', the Greater Manchester Devolution Agreement and impact on Manchester programmes

- 1.11 Working Well is the programme designed and jointly funded by the Greater Manchester Combined Authority and the Department for Work and Pensions, which supports Employment Support Allowance (ESA) Work Related Activity Group claimants into sustained employment. Participants are referred into the programme by Jobcentre Plus having completed two years on the Work Programme without moving into sustainable work. All participants have at least one health condition, often including poor mental health.
- 1.12 Big Life has been commissioned to deliver the service in Manchester, Salford & Trafford with a key feature of the programme being the integration of other public services to achieve positive outcomes. The programme is currently on track to receive 1,200 referrals in Manchester out of a total of 5,000 referrals across GM over 2014-16.
- 1.13 The measures of success for the Programme are 20% of the 5,000 moving into work and 15% sustaining work for longer than a year. Interim success measures include the number of people who find and sustain work for shorter periods than a year. The intention is that all participants will benefit from reduced social isolation, improved health outcomes and that even those who do not move into work will be supported into some meaningful activity which will ultimately reduce costs to public services.
- 1.14 Of Big Life's 448 Manchester referrals (as at end of January 2015) attachment rates remain very high as they have attached 96% of clients, who have attended at least one appointment. A total of 98 clients remain unattached however 70 of these have not yet had their first appointment.
- 1.15 To date, 26 job starts have been claimed across Greater Manchester against a projected target of 27. In Manchester there have been 7 job outcomes up to 22nd December.
- 1.17 Key barriers to employment identified through the initial assessment include poor physical and mental health, along with long periods of unemployment and low skills levels.
- 1.18 The Greater Manchester Devolution Agreement includes proposals to move 50,000 individuals into employment across GM as part of an expansion of the current GM Working Well model.
- 1.19 The GM Working Well expansion also includes a GM Mental Health and Employment pilot. The pilot will test mechanisms to boost employment and

clinical outcomes for people with mental health conditions. The cohort for the mental health programme was designed to include a GP referral route, building on the findings of the Manchester Fit for Work pilots.

- 1.20 The existing Working Well programme relies on the integration of local services including health services to provide the right support for each person on the programme, and this approach will also be taken to support the expanded 50,000 target.

1.21 Implications for Manchester

- The GM Working Well scale up to 50,000 will support the delivery of Strategic Priority 7.
- Plans were in place to sustain and expand Manchester's Fit for Work scheme using the Growth Fund resource allocated to the GM Mental Health and Employment Pilot for a GP referral route. Delays to the commissioning of the GM activity mean that Manchester will need to resource this in full to sustain these services for 2015/16.
- Whilst capacity to support Working Well clients with clinical interventions has not been a problem to date, there will be challenges around the ability of existing services, particularly mental health, to respond to identified need as the work and skills system scales up to meet the 50,000 target. A review of commissioning arrangements will be needed to understand how the health and care sectors respond to the Work and Skills element of the Devolution Agreement.

Recommendations to Board

- Agreement to support the rollout of work and health programmes within the city, in particular the proposal to expand the GP referral element citywide
- Agreement to sustain the Fit for Work in work and out of work services in Manchester through joint investment with other Greater Manchester resources.

Section Two: Commissioning and Primary Care

2.1 Routine monitoring of employment status in primary care

- 2.2 Routine monitoring of employment status and identification of risk caused by worklessness is a critical component of the drive to integrate work and health pathways, and support early intervention. It will enable accurate monitoring and reporting of employment status across primary care and in due course, monitoring of referrals to appropriate services against baseline data on out of work patients. Once implemented in primary care it should be tested in relevant elements of secondary care.

- 2.3 Progress in this area has been slow. Initial scoping work to understand technical issues and amendments to IT systems has taken place, but there

have been challenges in terms of shared understanding of the need for change and prioritising capacity to deliver.

- 2.4 This objective needs greater ownership and drive through the Clinical Commissioning Groups to ensure progress in 2015/6. Subject to the approval of the Board, it is proposed to seek agreement from the CCG Executive Teams to agree to the implementation of the proposal and to provide the relevant support to ensure this objective is implemented in early 2015/16.

2.5 GP Engagement in Strategic Priority 7

- 2.6 A GP health and employment clinical sub group has been formed to ensure clinical participation in the development of Strategic Priority 7. The Group is involved in the design of routine monitoring of work status within primary care (above) and informing the design of referral pathways for Fit for Work and GM Mental Health & Employment programmes as part of Working Well. This is an important marker of progress in terms of clinical engagement with the work and health agenda, and we will look to develop GP Champions for work and health in the coming year.

2.7 Commissioning and incentives to integrate work and health pathways

- 2.8 A CQUIN (Commissioning for Quality and Innovation) is under development for use by GM Mental Health commissioners in relation to mental health and employment. CQUIN's are a payment framework which enables CCG commissioners to reward excellence, by linking a proportion of English healthcare providers' income (up to 2.5%) to the achievement of local quality improvement goals. The development of this CQUIN has been led by Manchester Mental Health and Social Care Trust.
- 2.9 In Manchester we have co-designed the CQUIN with the CCG City-wide commissioning team. We are also working with them to determine how the Council and partners will work with the Trust to ensure that monitoring of employment status is effective, staff are trained on work as a health outcome and an integrated local employment offer is in place for the referral pathway. This has led to further discussions about the remodelling of psychological therapy services (IAPT) and how we can integrate a wider offer to improve work and health outcomes for people with mental health issues.
- 2.10 It is planned to use the Fit for Work services as the referral mechanism for the Mental Health & Social Care Trust. This creates a simple referral route to services which can help and will support the Trust to achieve the CQUIN and start to change the way that mental health professionals work in an integrated way with employment support services.

2.11 Learning and issues to consider

- 2.12 Whilst the GM Mental Health CQUIN is a welcome development, it will only apply to mental health providers at the point that a patient accesses their services. Within existing waiting times for psychological therapy services at

Step 2 and 3, it will be several months before any employment monitoring or referral to work and health services can take place. This time lapse can be crucial in terms of impact on health and ability to return to work. Evidence indicates that the majority of individuals who experience an episode of sickness absence in excess of 20 weeks will eventually go on to claim an out of work benefit. Moreover, once an individual has moved from work onto a health-related benefit, they are unlikely to return to work.

- 2.13 Routine monitoring and referral needs to take place within General Practice as the earliest point of contact, which emphasises again the need for more rapid progress outlined in the previous section.
- 2.14 The Delivery Plan stated the need to identify priority services or redesigns which could better support the health and work agenda. Whilst this is now taking place in the IAPT redesign, little progress has been made in other areas.
- 2.15 There is still a long way to go in terms of developing the understanding of commissioners on the need to include a focus on employment in terms of commissioning plans. Most of the Task and Finish Group members are not commissioners and it has been difficult to get a sense of how and when to feed into commissioning processes. In the longer term there is an opportunity to address this through the shared outcomes framework as part of the 2020 One Team Place Based Commissioning work.
- 2.16 The need to revisit commissioning plans is pointed up most sharply by the interim evaluation findings of the Fit for Work (In work Service):

Supporting the resilience of health services is not only about reducing demand but providing alternatively funded services. During the evaluation period, for example, 252 clients accessed physiotherapy directly through MFFW. This not only avoided long waiting times but potentially saved £59,000 in NHS provision. Similarly, 215 clients accessed mental health provision for counselling, CBT and anger management.

GP View: MH support is very useful as usual mental health services are very poor, waits of >4 months

(Interim Evaluation of the Manchester Fit for Work In Work Project, February 2015,)

Recommendations to Board

- Approve the development and implementation of effective routine monitoring of employment status and referral pathway within primary care and exploration of appropriate elements of secondary care
- Agreement from the Board to explore the feasibility through commissioning processes of accelerated access to treatment for those at high risk of falling out of employment due to a health condition

Section Three: Organisational Leadership for Healthy Work

3.0 Workplace Health

- 3.1 The significant efforts made at both Manchester and Greater Manchester level to move people back into employment will not achieve maximum gain if the work is not 'good work'. The role that employers can play is critical and significantly under developed, both in terms of protecting health and promoting longer, healthier lives. There is an economic case for stronger leadership across public, private and third sector partners at city and sub-regional levels.
- 3.2 This was recognised in the NHS Five Year Forward View which identifies workplace health as a key area through which employers should be incentivised to support health improvement opportunities.
- 3.3 The initial workplace health objective within Strategic Priority 7 recommended more organisations signing up to the Greater Manchester Workplace Health Charter or equivalent standard as one of its objectives. This was examined as a first step through an audit of Health and Wellbeing Board member activity and assessment of feasibility for Board organisations to sign up. HR leads from the Health and Work Task and Finish Group concluded that whilst the Charter provides a useful framework, the resources required outweighed the benefits of achieving the award itself.
- 3.4 The group also identified that the focus of workplace health needs to move beyond its traditional health and management focus to wider issues such as the importance of a regular income and relationship to living wage and zero hours contracts. The City's Economy Scrutiny Committee has also held a task and finish group focused on the Living Wage and made a number of recommendations in this area.
- 3.5 The theme of Organisational Leadership for Healthy Work needs significant development and will be the subject of a further working group in 2015/6. The Group agreed at the November 2014 meeting that as a first principle Health and Wellbeing Board members should be exemplar organisations. This principle was also endorsed by the Work and Skills Board as joint leads for Strategic Priority 7, members include The Manchester College.
- 3.6 There is a need to focus both within Board organisations and through their supply chains on this area. Partners have agreed to work collaboratively to share good practice and set improvement goals. The recommendations of the Economy Scrutiny Living Wage Task and Finish Group will also be considered as part of this work.

3.7 Work experience and local employment opportunities

- 3.8 The Work and Health Task and Finish Group has shared information on local benefit activities already being delivered by members, including local employment schemes and apprenticeships. There is also support in place for commissioners and bidders to deliver local benefit under the provisions of the

Social Value Act. Whilst there is already good practice in place around this, there are areas which are underdeveloped and could assist in tackling the City's priority groups furthest from the labour market, for example local residents with mental health issues. There was a strong view from the Group that the Social Value Act is an under-used mechanism for driving up good practice both in terms of local recruitment of people with health problems and through procurement processes.

3.9 Learning and issues to consider

- This is the area that has developed least in the last year. The Health and Wellbeing Board and Work and Skills Board are significant employers within the city, and there is a potential to make significant impact both in terms of workforce health and local employment. However it is a large agenda which requires significant co-ordination across Board partners, ownership at senior level and some dedicated capacity to drive it. As such Board Members are asked to continue to release senior representatives to support and deliver work on this Strategic Priority area.
- The importance of workforce health to the realisation of economic growth ambitions, particularly in the context of longer working lives, would lend itself to discussion at a Greater Manchester level. Consideration of the opportunities and incentives that might be utilised through GM Devolution would support the interface between the Health & Care and Work and Skills elements of the Agreement.

Recommendations to Board

- Approve the principle that Health & Wellbeing Board and Work & Skills Board members should be exemplar employing organizations in relation to workplace health, agree to work collaboratively over 2015-17 in order to set improvement goals and share good practice, including mental health as a priority area
- Agree to develop the use the Social Value Act within Board member commissioning and procurement processes to
 - increase employment opportunities for people with mental health issues;
 - increase recruitment from local communities and progress further work to ensure that workforces reflect the communities they serve
 - incentivise employment conditions which promote good health eg. Payment of living wage, healthy workplace

General recommendation

Agree to provide senior organizational representation to sustain the Strategic Priority 7 Health and Work Driver Group as required

Appendix Two

	What needs to happen?	Action required by HWBB Partners	On Track? RAG Status	Progress update March 2015
Year 1	2014-15			
1	Monitoring of employment /benefit status developed and ready to incorporate into contracting processes to enable reporting and data collection within all relevant commissioned services ,	CCGs identify lead contact to work with Strategic Priority 7 Leads	Amber	Scoping work delivered. CCG approval needs to be followed by EMIS Web (IT system), and implementation through GP education/developments.
	Use of CQUINs explored to incentivise providers		Green	GM MH CQUIN in place for 15/6, support is being provided to ensure effective implementation. See Section 2
2	Priority services/redesigns are identified across Commissioning Partner responsibilities and commitment is made to ensure work as a health outcome is incorporated	CCGs identify lead contact to work with Strategic Priority 7 Leads	Red	Underdeveloped. See Section 2.
3	Primary and secondary care Work and Health Education Programme developed	Partners commit to supporting the programme and provide contact and support for development	Amber	Framework under development, to be delivered as part of support to the Mental Health CQUIN and as part of Mental Health & Employment Pilot. Consideration of who should provide the training and resource involved is underway. Further resource will be required to implement monitoring of employment status in primary care.
4	HWB Board signs up to the GM Work Programme Leavers Health Protocol and supports the delivery of the programme as a key	Approve protocol	Green	Delivered.

	What needs to happen?	Action required by HWBB Partners	On Track? RAG Status	Progress update March 2015
	component of PSR			
5	HWB Board to commit to offer work experience and appropriate employment opportunities for local Work Programme Leavers and young people (through apprenticeships and traineeships) both directly and through supply chain.	HWBB members nominate leads to build on existing local benefit mechanisms and monitor achievements through recruitment within the year which will set the baseline for Year 2	Amber	Leads have scoped current practice to various disadvantaged groups. Further work needed. See section 3.