

## Manchester Health and Wellbeing Board Report for Resolution

**Report to:** Manchester Health and Wellbeing Board - 8 June 2016

**Subject:** Health and Work

**Report of:** Dr Mike Eeckelaers, Chair, Central Clinical Commissioning Group

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### Summary

This report provides an update on work related to the priorities and activities that are overseen jointly by the Health & Wellbeing Board and Work and Skills Board; Strategic Priority 7 of the Health and Wellbeing Strategy and health related outcomes in the Addressing Inequality strand of the city's Work & Skills Strategy.

The report is divided into three parts:

- Part One: Strategic developments in relation to work and health since the last report.
- Part Two: A summary of progress against recommendations approved by the Health and Wellbeing Board and Work and Skills Board in March 2015.
- Part Three: Recommended priorities for 2016/7

The biggest challenge remains to deliver an integrated approach to the people out of work with a health condition who make up over 32,000 (59%) of the total out of work population in the city. Doing so will improve health outcomes as well as employment rates.

Greater focus and investment within the Manchester Locality Plan and Greater Manchester Health and Social Care Transformation themes is required to ensure this is achieved at scale.

### Recommendations

The Board is asked to:

1. Approve the priorities set out for 2016/7
2. Note the progress against 2015/6 recommendations

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### Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Improving people's mental health and	

wellbeing	
Bringing people into employment and ensuring good work for all	This report summarises the scope and progress of the work and health programmes delivered under this priority
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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**Background documents (available for public inspection):**

[http://www.manchester.gov.uk/meetings/meeting/2056/health\\_and\\_wellbeing\\_board](http://www.manchester.gov.uk/meetings/meeting/2056/health_and_wellbeing_board)

[http://www.manchester.gov.uk/meetings/meeting/2262/health\\_and\\_wellbeing\\_board](http://www.manchester.gov.uk/meetings/meeting/2262/health_and_wellbeing_board)

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.

## **Introduction**

This report provides an update on work related to the priorities and activities that are overseen jointly by the Health & Wellbeing Board and Work and Skills Board; Strategic Priority 7 of the Health and Wellbeing Strategy and health related outcomes in the Addressing Inequality strand of the City's Work & Skills Strategy.

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## **Part One**

Work as a health outcome has gained traction both locally and nationally over the last twelve months. There have been significant developments in the policy landscape which present opportunities to effect the system change needed, and our learning and experience over the last three years makes us well placed to shape the agenda.

The **Greater Manchester Health & Social Care Strategic Plan** identifies work and health as a key priority within *Transformational Programme 1: Radical upgrade in population health*. A work and health group to drive action at a Greater Manchester level under the Reform Board has been established. Support to develop this work is being provided one day a week from the Strategic Lead for Adults Health and Work and Skills Specialist from Manchester City Council.

The visual representation the work and health landscape and priority areas which the City developed was shared and agreed as a useful framework to further develop this work in Greater Manchester. It is attached at Appendix 1 for information.

GM Health & Social Care devolution presents opportunities to embed the programmes we have tested in primary care within Manchester. This is reflected in the **Manchester Locality Plan** requirement that as part of the 'One Team' approach, employment and social outcomes are addressed as part of the offer to the Manchester population. In essence, the HEALTHY Manchester programme provides a prototype for the primary care prevention programme model; facilitating links to community sources of support, enabling self care and providing a holistic approach to health improvement that considers the social determinants of health including, employment and skills. More work is needed to bring this together with the Early Help Hub approach and the developing Early Help offer for adults without young children. This is a priority work area for 2016/7 – the challenge continues to be the integration of work within health focused service planning and commissioning process.

The **GM Working Well Expansion** to 15,000 GM residents includes a 'health pathway' which provides voluntary access to the programme via primary care referrals. This is a significant development for which Manchester advocated strongly

during the programme development & procurement processes. It assists with the expansion, resourcing and sustainability of our work and health programmes in the City. We are testing this pathway out via the existing HEALTHY Manchester programme.

Nationally, the Government has announced that the successor to the DWP Work Programme will be a smaller, more targeted '**Work and Health Programme**' with a target of halving the disability employment gap. Led by the Trafford MBC Chief Executive, there have been extensive discussions with DWP re how the new programme is to be commissioned and delivered locally. However, given the significant reductions to the scope and funding of the new programme nationally, it is estimated that it would only increase a Working Well type programme by 10,000 additional claimants, significantly below the GM ambition to expand the programme to 50,000. There is the potential to increase its scope and impact by commissioning some additional outcomes with devolved health & social care funding if seen as a health priority.

DWP have established a **Joint Work and Health Unit**, comprised of DWP and Department of Health staff, examining a range of areas in relation to this agenda. Manchester hosted a visit from the Deputy Director and staff from the unit in January 2016. They were particularly interested in the joint governance within Manchester across the Work and Skills Board and Health and Wellbeing Board and are also in ongoing dialogue at how to replicate the success of the Manchester Fit for Work service given the poor performance of the National Fit for Work programme. Dialogue on how Greater Manchester can deliver a different approach to in work support at scale will be explored as a priority in 2016/7.

## **Part Two**

This section summarise progress made against recommendations approved in 2015/6. Full detail is provided in Appendix 1. The work divides into three broad areas, overseen by a Work and Health Steering Group, chaired by Dr Mike Eeckelaers.

- Commissioning and Primary Care
- Organisational Leadership for Healthy Work
- Work and Health Programmes

### **Commissioning and Primary Care**

- **Recommendation 1** addresses the development and implementation of employment status monitoring and referral pathway within primary care
- This is being led by MCC through Public Health and the Work and Skills Team, which has proved challenging as we do not have access to EMIS web
- Effective buy in from NHS data lead and some key GP surgery leads has ensured the development of an automated referral pathway to Fit for Work/Healthy Manchester, and an agreement in principle to develop a template for routine monitoring based on seven appropriate Read Codes
- A CQUIN for Mental Health provision was implemented in 2015/16 and adopted by Improving Access to Psychological Services (IAPT) and Early Intervention into Psychosis (EIP) Teams. A series of local events for MH professionals based in

localities were held to raise awareness of available employment support and training provision

- **Recommendation 2** explored the feasibility of increased access to treatment for those at high risk of falling out of employment due to a health condition. After initial discussions it was ascertained that this has to be considered through the Greater Manchester Health & Social Care Strategy Transformation Programme 1

### **Organisational Leadership for Healthy Work**

- Funding of £30,000 has been secured through the Transformation Challenge Award (TCA) to appoint an independent partner to deliver a baseline assessment to progress this recommendation. It was agreed to restrict the exercise to Health and Wellbeing Board Members, and a specification has been agreed with input from Board HR leads. A tender process has now been completed, a contractor appointed, and the first Steering Group meeting will take place in June
- MCC Work and Skills Team are working with Timewise, a Big Lottery funded initiative which encourages employers to hire more flexibly, and engages with services whose users could benefit from flexible working hours (eg parents and carers)
- **Recommendation 3** requires Health and Well-Being Board member organisations to be exemplars in relation to Health and Work, and agree to work collaboratively to set improvement goals
- The Health and Work Delivery Plan Steering Group meets quarterly to discuss the application of this recommendation. It is envisaged that the baseline assessment (mentioned above) will also be a key resource in informing this work with identification of areas of good practice within partners, and practical recommendations of how to roll these out across the Board.
- **Recommendation 4** concerns the adoption of Social Value Act within contracting and procurement practices in HWB Board partners, to increase local opportunities, particularly for residents with support needs
- Again, there are examples of good practice within HWB Board organisations, but a need for a more focussed and co-ordinated approach.
- CMFT are developing a Social Value statement, which has had input from MCC and other partners. Additionally, HWB Board Healthwatch representative (Vicky Suzlist) has raised this with GMCA Heads of Procurement

### **Work and Health Programmes**

- **Recommendations 5 and 6** concern the support of roll out of work and health programmes in the City, and the sustainment of the Fit for Work (in and out of Work) provision
- The Out of Work service has been expanded City-wide and rebranded HEALTHY Manchester (HM). Over 270 patients have been attached since April 2015, with 33% of these in employment at discharge (provision plus 6 months) – Working Well target is 20% into employment / 15% sustained
- A GP referral pathway has been built into the expanded Working Well provision. Initial mapping suggests 85% of HM clients would meet new Working Well criteria, and MCC will sustain their commissioning of the service for the 15% who do not meet criteria or choose not to engage with Working Well.

- Fit for Work (In Work) continues to deliver City-wide and has engaged with 1151 patients in the last 3 years (382 in the last year). The 3 Manchester CCGs have agreed to match fund this delivery in this financial year
- **Recommendation 7** concerns appropriate representation to sustain the Health and Work Driver Group – this is happening and the group meets quarterly.

### **Part Three**

#### **Proposed priorities for 2016/7**

##### ***Strategic development***

- Collaborate with GM partners to influence the GM approach to health and work and required system changes via the GM Reform Board and GM Joint Commissioning Board and connecting to the devolution of work and skills via the GM Skills and Employment Partnership;
- Develop clear proposals for the integration for health, work and skills provision within the Manchester Locality Plan and Primary Care Led Prevention Programme, and ensure that they are given sufficient visibility, emphasis and momentum;
- Further develop our strategic relationship with the DWP Joint Work and Health Unit and identify opportunities for innovation and investment
- Continue to implement the City Council's & other partners' Living Wage policy through employment and procurement processes and influence other key stakeholders to do the same.

##### ***Organisational leadership for healthy work***

- Oversee delivery of baseline assessment of workplace health practice across Health & Wellbeing Board Partners, with the priority being to ensure organisational engagement and buy-in to enable provider to deliver the work;
- Develop a comprehensive approach to Social Value work across partner organisations to ensure that it informs both commissioning and procurement and maximises local benefit;
- Work with the health and social care system in GM to understand current and future skills requirements and provide more opportunities for Manchester residents to pursue careers in health and social care organisations.

##### ***Commissioning and Primary Care***

- Pilot of fit note triggers to develop systematic response within primary care (for referral to Fit for Work In-Work provision or the expanded Working Well programme).
- Drive forward the work around monitoring of employment status within primary care in order to extend and embed within practice
- Advocate for additional health and social care resources to significantly expand the Working Well programme and its capacity to deliver health outcomes

##### ***Work and Health programmes***

- Explore options to mainstream and expand Fit for Work in-work service in the city and potentially across Greater Manchester
- Test and refine integrated health pathway for HEALTHY Manchester within the expanded GM Working Well programme and as part of broader PSR work.
- Work with DWP to understand the impact and mechanisms to support Universal Credit claimants who become sick and test approaches to intervene earlier, using lessons learned from the UC pilot in Cheetham

## **Conclusion**

With the support of Health & Wellbeing Board partners and the joint work with the Work & Skills board to reduce worklessness, a number of exemplar projects have been developed in the City that link health & social care and welfare to work systems together in a tangible way. Fit for Work and Healthy Manchester, although modest in scale have delivered real improvement to residents health and working lives by supporting and/or sustaining residents in work. In doing so we have been able to generate long-term savings to the welfare bill and health system and achieve a return on investment.

These have been augmented by Greater Manchester devolved work and skills commissioned programmes such as Working Well. The successful pilot which has delivered economic and health benefits has been scaled up to 15,000, which is important but not to the scale required to deal with all of Greater Manchester's residents who are out of work with an underlying health condition. There are 32,000 of such benefit claimants in the City of Manchester alone.

Nationally, there is an increased recognition of the importance of the joint approach needed to health and work, with a new joint unit working across DWP and DOH. A Green Paper on this agenda is imminent. DWP's Work Programme is to be replaced by a new Health and Work Programme, which is much smaller in scale and focused on halving the employment gap for disabled people.

In Greater Manchester with Health and Social Care and Work & Skills devolution, we are uniquely placed to progress and embed the health and work agenda. Working across both systems, we can take the evidence of what has worked and scale up the approach to make an impact on the lives of the high number of people who are out of work because of poor health, which will result in cost savings in both the short and long-term.

## Appendix One

### Detailed update on progress against 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***

The driver behind this recommendation is that the health risks associated with being out of work are so significant that employment status monitoring should be a routine part of patient consultations and risk stratification, with onward referral to appropriate support.

**Update: implementation within primary care IT systems (EMIS web).** This has proved difficult to progress over the last eighteen months. However, we now have in place an automated referral pathway from EMIS web directly to Fit for Work / Healthy Manchester which is currently in use in a number of surgeries, which includes the monitoring of benefit status to ensure appropriate referral. The next phase is to test employment status monitoring at two trigger points:

- Point of registration for new patients
- Point of referral to secondary or specialist provision

This will have to be developed in EMIS Web, requiring NHS professionals to carry out this work. This work is currently progressing (albeit slowly) and data leads from the 3 CCGs have confirmed that it is possible to design and implement. This approach will also require a service to be in place to refer to - we are currently proposing to test this in a small number of interested surgeries who have positive input into Fit for Work and Healthy Manchester – which can then be used as an evidence base for a wider implementation.

**Update: Impact of GM Mental Health CQUIN.** The CQUIN (contractual incentive) to encourage mental health providers to record and refer to employment support has been implemented in Manchester in 2015/6. This asked providers of Improving Access to Psychological Therapies (IAPT) services and Early Intervention in Psychosis (EIP) services to monitor employment status and make referrals to the Fit for Work (out of work, aka Healthy Manchester) service or other appropriate support, including local work clubs.

EIP showed a significant decrease in numbers of patients for whom employment status was unknown and a modest increase in referrals to employment services. We are still awaiting data from the CCG in relation to IAPT service performance, and also information about how the rest of GM implemented the CQUIN and the impact it has had..

##### ***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.***

**Update:** Early discussions established that within current CCG commissioning processes it was not possible to effect this change without a separately commissioned service, nor was it possible to release funds from current contracts to do so.

The ability to respond to employee needs in a timely way to save cost and further ill health is a key system issue which needs to be considered at Greater Manchester level via the GM Joint Commissioning Board in the co-sponsored health and work priority. This should also be an area for further discussion with the Joint Health and Work Unit.

**2.2 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***

**Update:** Funding of £30,000 has been secured through the Transformation Challenge Award to appoint an independent partner to deliver a baseline assessment to progress this recommendation. Through scoping work it was agreed to restrict the exercise to Health and Wellbeing Board Members, and a specification has been agreed with input from Board HR leads. Support for the specification and process was agreed at the Health & Wellbeing Executive. A tender process has taken place and interviews take place on 21st April 2016. A Steering Group comprising Central Manchester Foundation Trust, Manchester City Council, UHSM and the three Clinical Commissioning Groups will oversee the delivery of the work, due for completion in Winter 2016.

City Council officers are working with an organisation which has been awarded Lottery funding to roll out an approach trialled in London to encourage employers to recruit more flexibly. Timewise works with employers of all sizes to consider recruiting differently for roles across their organisations. Whilst the primary purpose of the initiative is to support more parents returning to the labour market into flexible and part time work at a level which utilises their previous experience and skills, the model is also ideal for those who cannot work full time because of health conditions. Health and Wellbeing Board members have been invited to attend an employer event in April and there will be a launch of the 'Hire Me My Way' campaign in May.

The need to ensure that residents have decent work which supports health and wellbeing is an issue that needs to be addressed across Manchester and Greater Manchester, within all employment sectors. It is referenced in the GM Health and Social Care Strategy and is a Work & Skills Strategy priority. The City Council as an employer pays the Living Wage (goes beyond the nationally introduced rate) for all its staff. The majority of contracts let since adopting a Manchester Living Wage policy last year have been to organisations that pay their staff the Living Wage.

A proposal has been submitted via Manchester for a GM approach by an organisation with a significant track record in working with business to implement workplace health standards through an accreditation scheme, which has national recognition as a model framework for workplace health standards. The proposal suggests a tapering of public investment over three years, predicated on an untested model of sliding scale charges for businesses. There is an evidence gap regarding tangible impact in terms of improving workplace health, reducing sickness absence and evidence of benefits to business. Private sector employers often lead the way without reference to a 'workplace wellbeing framework and there is potential to extend best practice'.

This discussion about the right approach for GM is now beginning and will form one of the work areas developed under the GM Reform Board.

***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***

Whilst individual Board members have progressed some elements of the Social Value agenda, this area needs more focus and senior 'buy in' to make significant headway. For example, Big Life who deliver the original Working Well pilot, have been given early warning of apprenticeship vacancies within Manchester City Council to give them the lead in time to prepare their clients for interviews. One Working Well client successfully moved into an apprenticeship vacancy in 2015 and more candidates have been put forward for the next round of recruitment which is taking place now. Working Well clients are one of the City Council's priority groups for work experience placements.

Given the budget cuts to Board member organisations, direct recruitment will only ever provide a small scale opportunity for residents with (mental) health conditions to move into employment. The focus therefore needs to be more around the employment opportunities within the supply chain of Board member organisations and therefore the weighting of Social Value responses within commissioning approaches. The newly adopted MCC Fair and Ethical Procurement Policy puts a greater weighting on social value.

In addition, CMFT are developing their own Social Value statement, and have had a number of workshops to inform this, which have been attended by other Health and Well-Being Board partners, including MCC. This statement is also being informed by wider work that is being done at a GM level, work that has been done elsewhere (eg Halton, where Social Value is embedded in £200m of CCG and PCT contracts), and the Marmot Principles ([National and Local policies to redress social inequalities in health](#)).

The Board member who represents Healthwatch (Vicky Szulist), has been supporting this area of work by raising it with the GMCA Heads of Procurement. The next step is to have a similar discussion with procurement leads within the CCGs and other health organisations represented on the HWB Board.

The MCC Work and Skills Team will continue to work with Big Life and now the Manchester Growth Company on the Working Well Expansion service to broker the links with Health and Wellbeing Board members for direct recruitment of Working Well candidates where there are vacancies.

### **2.3 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.***

**Update:** The expansion of the fit for work service for out of work patients, rebranded 'HEALTHY Manchester' has been expanded to cover 19 GP practices citywide in 2015/6. Those practices who wanted the service were required to sign an agreement agreeing to conditions which helps us to build the evidence base on the benefits to primary care.

This service acts as a primary care single point of access to biological, psychological and social support helping unemployed people aged 16-64 who are struggling to manage their health condition and need to make progress back to employment. Of the 270 patients attached to the service since April 2015, 85% had previously worked, 38% had been unemployed for over five years, 64% had a mental health condition, 28% needed support with daily routines. 70% were on ESA of which 76% were awaiting assessment; 12% were in the Work Related Activity Group and 12% in the support group

#### **Outcomes and Impact:**

- **33%** into employment at discharge (service provision plus 6 months tracking)
- Social Value return on investment in terms of increased confidence/self-esteem, reduced isolation, improved positive functioning, wellbeing
- Social and economic cost benefit analysis shows £2.36 of total public value returned for every £1 invested (savings to DWP [87%], NHS, and local authority).
- EQ5D (health related quality of life assessment) scores show substantial improvements (0.15 Quality of Life Years), particularly significant improvements across usual activity/self care domains
- Overall average self reported health conditions improved significantly over the duration of the interventions

#### **Update on Working Well Expansion and Integration of the GP referral route**

A GP referral route has been built into the Working Well Expansion service which started in March, to support the roll out of good practice and continue to build the evidence base around work and health integration.. The Working Well Expansion contract has been awarded to the Manchester Growth Company (Economic Solutions for Manchester, Salford and Trafford and to Ingeus for the rest of Greater Manchester. GP referrals will start from May in Manchester, Bury and Wigan with referrals from Tameside GPs starting later in the year. Pathways CIC who have previously delivered the Healthy Manchester and Fit for Work services in the city, are end to end suppliers within the Growth Company supply chain in the Manchester contract area.

An initial mapping exercise undertaken by Pathways CIC suggests that up to 85% of unemployed GP patient referrals (and some in-work referrals) would meet the criteria for Working Well Expansion. As not all GP referrals into the service will be eligible (e.g. patients already on the Work Programme), each local authority involved in developing the GP referral route has established working arrangements to manage referrals and ensure that there is alternative provision in place for those who are ineligible.

In Manchester, we believe that it is vital to sustain the gains made in terms of GP referrals to a trusted source of work and health support, therefore we are working on a single referral point for all healthcare referrals, both in-work and out-of-work which would continue to be managed by Pathways CIC. The health pathway to GM Working Well Expansion is voluntary, not mandatory and conditional on effective engagement and handover by Pathways CIC. However, at the point of attachment to Working Well Expansion, an eligibility check needs to be undertaken by DWP so communication between Pathways, the GP and patient needs to be managed effectively.

The evidence from Healthy Manchester is that at least 15% of GP referrals will not be eligible for Working Well Expansion because of benefit status or because patients will be unwilling to participate in employment and skills provision once they have been through an eight week condition management service. MCC will therefore sustain the investment in interventions by Pathways CIC health condition management through public health funding in 2016/17. Pathways CIC will have to manage the risks around the percentage of patients moving onto Working Well Expansion being lower than 85% of referrals. The continuation of the model previously delivered and refined will allow us to further develop our approach to GP/health service integration with a range of public services, including Early Help Hubs. Longer term, we need to continue to develop our approach to 'social prescribing' and early prevention to improve health and work outcomes for residents.

**Update: Fit for Work (In Work):** This service has been delivering health-based interventions for people in work but off sick for the last 3 years, and has seen 1151 patients in this time, 382 of whom have been attached in the last year. The Fit for Work support service aims to proactively engage with patients with low level support needs, before conditions are allowed to deteriorate and to ensure that those in work are able to sustain employment despite having a health condition.

In 2015/6 the CCGs agreed an investment of £60,000 to support the service. In 2016/7 they have agreed to increase to £85,000, or 50% of the funding. **86%** of GP practices in city have referred patients to the In Work service. This is a major success. 98% of patients who engaged with the service reporting that it helped them to return to work earlier as a result of the service.

We will continue to work with the CCGs, the Joint Unit and GM Public Service Reform colleagues on the future funding model for this service which is an area which could be included within Devolution arrangements.

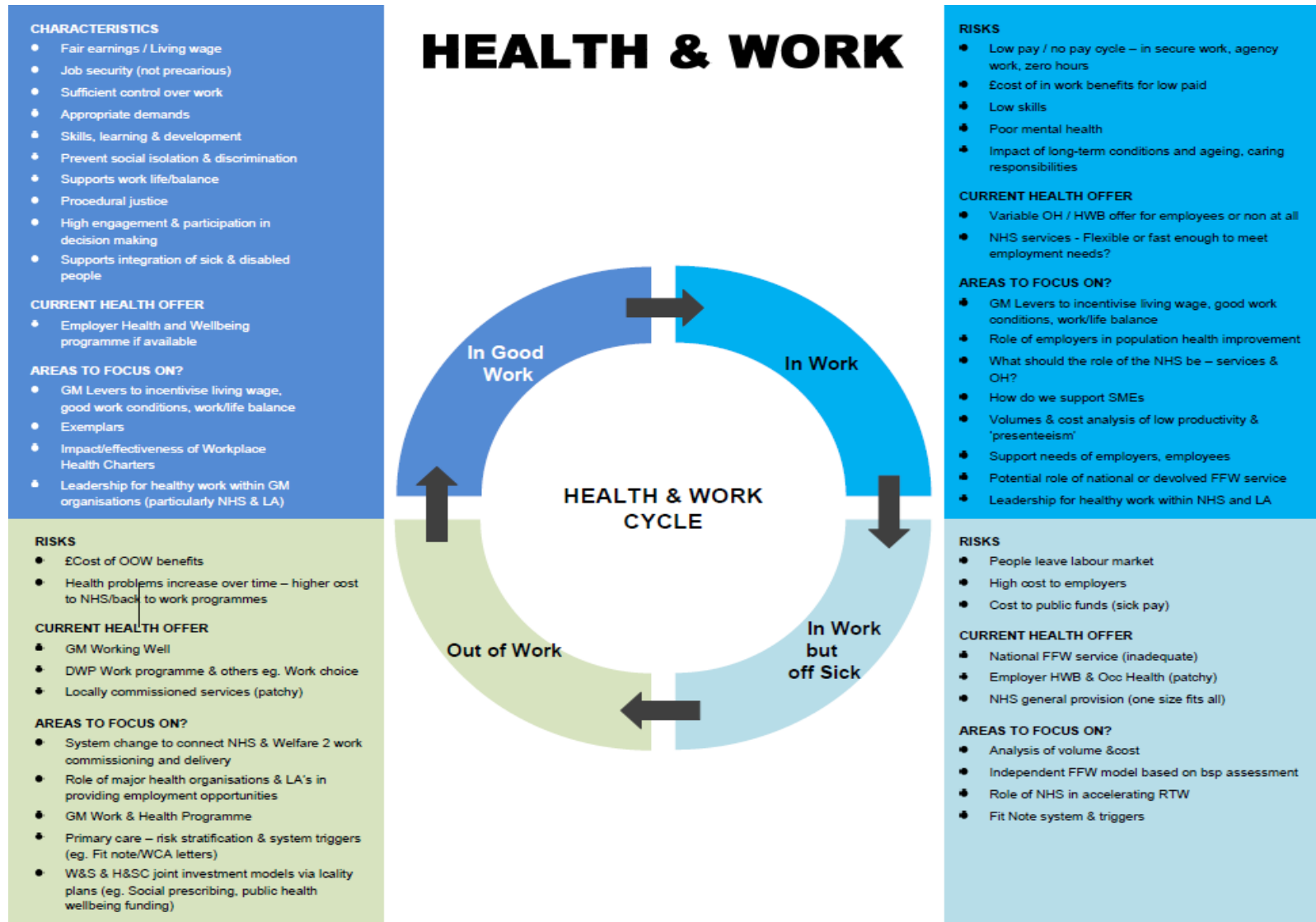
### **General**

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

The implementation of this is an ongoing priority for the Health and Work Delivery Plan Task and Finish Group, which is chaired by Dr Mike Eeckelaers. There is strong engagement from Central and South CCG, MCC, Healthwatch, MACC and three Acute Trusts (CMFT, Pennine Acute, UHSM), however we have been unable to secure consistent engagement from the Mental Health and Social Care Trust, or North Clinical Commissioning Group.

The Health and Wellbeing Board and Executive has been reconfigured. Dr Mike Eeckelaers has confirmed he will remain the Board champion for this priority.

## Appendix 2: Health and Work Journey Mapping



# WORK AND HEALTH

