

WorkWell RMG
(Employment & Health Support for Racially
Minoritised Communities)

Service Specification

Note: This document is subject to change due to ongoing updates to the GM Operational Guidance

Tender return deadline: Friday 15 November 2024.

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1. Specification Overview

Requirement	WorkWell Work & Health Support for Racially Minoritised Communities
Total Funding Available	Maximum = £228,269 Minimum = £127,320
Funding per organisation	Maximum = £114,134.50 Minimum = £63,660
Summary of Activity	
<p>As part of the Manchester WorkWell programme, Manchester City Council (MCC) wishes to grant fund two voluntary, community, faith sector (VCFS) organisations to provide a service which integrates employment and health support for communities experiencing racial discrimination and disadvantage.</p> <p>A key purpose of this commission is to improve access to employability and health support to marginalised groups across the city. Successful applicants will be required:</p> <ol style="list-style-type: none"> 1. To engage residents from black and South Asian ethnic groups with health barriers to employment. 2. To recruit dedicated Work & Health Coaches (WHC) 3. To work with residents in and out of work to develop WorkWell 'return to work' or 'thrive in work' plans. 4. To support residents transitioning from unemployment to paid employment. 5. To support residents in work to maintain employment, 6. To refer and signpost to specialist support where required including the Manchester Be Well service. <p>The grant funding period will run from December 2024 to March 2026</p> <p>Referral should end by January 2026. Please note that all activity must be completed by 31st March 2026 therefore the referral window will need to close earlier than this date to allow sufficient time to support participants as required.</p> <p>Further information about the scope and delivery of the activity can be found in section 4</p>	

2. Background and Strategic Context

WorkWell is a national initiative to develop integrated work and health services across the country through a series of Vanguard areas who applied for funding. Launched by the UK government, it aims to reduce health-related economic inactivity and support the broader goals of economic prosperity and social well-being. It forms part of government policy to upstream interventions supporting people before they become longer term unemployed due to ill health. The WorkWell programme is designed to provide holistic support for individuals with health conditions or disabilities, enabling them to start, stay, and succeed in work.

GM Integrated Care Board was successful in applying for £6.9m to work with 8000 residents through light touch early intervention work and health services. The GM WorkWell partnership (GMCA and NHS GM) has provided Manchester with £1.3m of funding to deliver a WorkWell service, the latest GM designed integrated work and health service. WorkWell will prioritise early intervention, as evidence shows this is the most effective way of helping people to stay in work or go back to work. The GM model is low intensity, light touch and

focuses on agreeing a 'return to work' or 'thrive in work' plan before referral into more intensive health and employment support services if required.

WorkWell will prioritise intervening at the earliest possible points. As a result, it is expected that most people who will benefit from WorkWell are those in work with health barriers putting their work at risk, those recently unemployed with health conditions and those experiencing disadvantages from racially minoritised communities. WorkWell will also sit at the heart of the local work and health system, connecting the wider support and services available to meet participants' needs.

The objectives of the national WorkWell programme are to:

- Deliver a holistic work and health service
- Inform and support the development of an integrated work and health system
- Deliver inclusive growth by tackling high unemployment rates among people with a health condition or disability
- Be part of a national learning programme

The Manchester WorkWell Programme is based on the following principles:

- Deliver Making Manchester Fairer
- The need to reduce pressures on the health system
- Intervene early to prevent unemployment and support those furthest away to move closer to work
- Address known inequality of access to good employment for Racially Minoritised Groups
- Integrate health and work services around residents through commissioned programmes to provide joined up solutions
- Engage residents in employability services in community and health settings outside of Jobcentre Plus

The programme will support delivery across three pathways:

- (1) Employment support in Manchester NHS Foundation Trust (MFT) MSK Pathways (with potential to include other elective care pathways)
- (2) Enhancement of the Be Well service (Social Prescribing)
- (3) Employment and health support for Racially Minoritised Groups

This commission is for the delivery of pathway (3) Employment and health support for Racially Minoritised Groups.

3. Evidence Base

Systemic discrimination and racism lead to poor health in several ways. Communities that experience racial inequality, and other marginalised groups, are more likely to experience socioeconomic disadvantage. Some communities are also less likely to have access to a range of services and opportunities as a result of structural and systemic discrimination. This in turn can create the conditions that worsen social stressors such as unemployment, poorly paid work, poor housing etc. Experiences of racism and discrimination (individual*, institutional* and systemic*) can also be a psychosocial stressor which builds over time with long-term impacts on health and wellbeing – for example, everyday discrimination* has been

linked to heart disease, infant mortality, mental illness, substance misuse and life expectancy.

There is a substantial difference between employment rates for the White ethnic group and those of ethnic minority groups. 1 in 25 White British adults are unemployed with that number increasing to 1 in 10 of those from Black, Pakistani, Bangladeshi or Mixed ethnicity groups.

MCC has commissioned 3 small pilots over the last two years to provide pre-employability support for South Asian women. Delivery has been via VCSE organisations who have a strong reach into specific communities. These pilots have demonstrated the advantages of having culturally competent provision when compared to a mainstream universal support offer. WorkWell Racially Minoritised Groups will expand on these pilots and provide citywide geographically targeted health and work support to those currently affected by racial inequality (aligned directly to anti racism and communities in power strands of Making Manchester Fairer)

Programmes exist in Manchester to integrate work and health services (e.g. Working Well). This service would provide greater integration and dedicated Work and Health coaches embedded into community-based services to support residents to access the most appropriate employment and health support to help them enter or maintain work, that would deliver support in culturally proficient ways.

4. Service Delivery Model

The WorkWell Racially Minoritised Groups pathway is an early-intervention work and health support and assessment service, providing holistic support to overcome health-related barriers to employment, and a single, joined-up gateway to other support services.

The service will also serve as a triage function, connecting participants into the rest of the local work and health infrastructure through signposting and referral. In general, where there are needs or requirements of the participant that go beyond what can be offered, the Work and Health Coach will connect them to whatever other local service they need and follow up to ensure what support they receive elsewhere is fully integrated into their return-to-work or thrive-in work plan.

Core Service Requirements

Applicants must ensure they meet all the core service requirements outlined within this specification.

Core Service Requirements	
Aim of the Programme	<p>We would like to fund two organisations to work with in and out of work residents from Black and South Asian communities to support them into employment and health support and provide culturally appropriate interventions:</p> <ul style="list-style-type: none">To engage participants from South Asian minority groups (e.g. individuals from Pakistan, Bangladesh, India and other Asian groups) <i>or</i> participants from Black communities (e.g., sub-Saharan African, African-Caribbean descent and individuals with mixed heritage)

	<ul style="list-style-type: none"> • To embed WorkWell Work and Health Coaches into community-based employment support services. • To work with 312 residents in and out of work overall to develop WorkWell 'return to work' or 'thrive in work' plans. Year One (Jan-Mar 2025): 60 starts; Year Two: (Apr 2025-Mar 2026) 252 starts. Provider (1) will work with 30 residents in year one and 126 residents in year two – 156 in total. Provider (2) will work with 30 residents in year one and 126 residents in year two – 156 in total. • To support residents transitioning from unemployment to paid employment. • Refer and signpost to specialist employment and health support where required.
<p>Intervention</p>	<p>The provider will recruit Work and Health Coaches (WHC) to deliver an early intervention work and health assessment service, providing participants with light-touch holistic support for their health-related barriers to employment. They will focus on strengths and resources as well as barriers. This should include:</p> <ul style="list-style-type: none"> • Initial assessment and eligibility check (person-centred and holistic) • Personalised work and health support • 'Move into work' and 'thrive in work' action planning and goal setting • Signposting to other work & skills programmes across Manchester, including in-work support, Working Well programmes, UKSPF People & Skills programmes and any future commissions • Signposting to additional health provision (appropriate to individual) • Employer liaison (with participant consent) • In-work support: advice on Access to Work, reasonable adjustments • Triage to further support (health and work related). For example, Be Well social prescribing service. • Gaining feedback from participants <p>The service needs to improve outcomes for racially minoritised communities by implementing the right solutions. Strong engagement with these communities will help to develop culturally proficient services and activities. Data collected in an inclusive way will identify patterns and gaps in services to monitor improvements. Work and Health coaches will need to build trust with participants from these communities so that they feel more comfortable to share information and develop confidence to access health and work services.</p>
<p>WorkWell Plans</p>	<p>As a minimum, the 'Move into Work' and 'Thrive in Work' plans will take a holistic view and will include:</p> <ul style="list-style-type: none"> • Health goals • Employment goals • Future aspirations or to maintain existing role • Identified barriers/support needs

	<ul style="list-style-type: none"> • Pathways of opportunity • Link to vacancies <p><i>Thrive in Work or Move into Work Plans</i> are essential tools that outline tailored support strategies for participants to help them stay in, return to, or enter employment, particularly when facing health-related challenges. The plan should document the specific services or interventions planned, such as mental health support, physical therapy, skills training, or job coaching. Include timelines, expected outcomes, and roles of the service providers involved.</p> <p><i>A signed and dated copy of the plan should be obtained.</i></p>
<p>Exit Reviews and Satisfaction Surveys</p>	<p>We would expect that the ongoing review process is appropriate to the length and intensity of support and comprises of:</p> <ul style="list-style-type: none"> • Review of any WorkWell plans completed and whether the resident has received what they wanted/needed. <ul style="list-style-type: none"> ○ Further provision should be offered if either all the original aims were not met, or new aims have been identified. • Conversation around progression opportunities available to the resident. • Referral and facilitation to further opportunities as appropriate. • Completion of participation satisfaction survey. <p>The <i>Participant Exit Form</i> will capture participant outcomes upon exiting the programme to assess its impact on participants. This form will document the participants progress such as successful job placement, continuing in work, access to recommended healthcare services, voluntary withdrawal or other reasons.</p> <p><i>Satisfaction surveys</i> are to be carried out at the point of either: 8 weeks after a participant's start date, (+/- 1 week) or on the date they complete their plan, whichever is the earliest. All attempts should be made to made to ensure they are administered in this timeframe.</p>
<p>Stakeholder Engagement</p>	<p>The provider will be expected to work with a range of stakeholders to ensure this programme benefits participants fully.</p> <p>Therefore, we expect the providers to have substantial experience in developing strong and collaborative working relationships with key stakeholders, particularly including (list not exhaustive):</p> <ul style="list-style-type: none"> • NHS • Jobcentre Plus • Housing Associations • Social prescribing teams • Community health practices • Health navigator services • Volunteering organisations • Employment support programmes • Local work and health provision
<p>Overarching standards</p>	<p>The following overarching standards apply to the whole delivery model:</p>

	<ul style="list-style-type: none"> (1) DWP have not specified the length of time participants are supported but we would anticipate participants to be supported with light touch interventions for up to 12 weeks, depending on the individual needs. A completion of WorkWell is defined as having completed all the actions outlined in either the participant's Move into Work or Thrive in Work plan, or 8 weeks after the participant had agreed their Move into Work or Thrive in Work plan, whichever comes first. The provider can continue to work with a participant for up to 12 weeks. The length of time spent with participants should not lead to underperformance of WorkWell plans achieved. (2) The quality of service will be assessed using the proxy measure of satisfaction scores obtained from participants of the WorkWell Programme using the '<i>WorkWell Customer Satisfaction Survey</i>' template. DWP have established a Key Performance Indicator (KPI) that requires 70% or above of participants to be satisfied or very satisfied with the WorkWell service. (3) The provider must ensure that all elements of delivery as part of this commission are flexible and adaptable, so that it is accessible to all residents across Manchester. This could include (list not exhaustive) offering interventions face to face or online interventions at times to suit the resident. (4) The provider must make reasonable adjustments to residents with protected characteristics (as defined by the Equalities Act 2010). (5) The provider must ensure they deliver the service in a culturally proficient manner that regards the specific barriers that different race groups may face when accessing work and health support. (6) Satisfaction surveys need to be completed 8 weeks (+/- 1 week) after the start date or the date they complete their plan. (7) 70% of in-work participants to sustain employment; 15% of out of work participants to move into work
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Referral Sources and volumes

Overall, the Service will be delivered to 312 participants overall and will commence December 2024 until March 2026. This is further divided into annual targets of 60 participants in year one (until 31st March 2025) and 252 participants in year 2 (1st April 2025 – 31st March 2026).

Each provider will need to achieve 156 participant starts – 30 in year one and 126 in year two. We would like provider (1) to work with 156 participants from Asian communities and provider (2) to work with 156 participants from African and Caribbean communities. However, consideration will be given to providers who can demonstrate their effectiveness in delivering culturally proficient services across both demographics.

The core referral routes are as follows:

- Self-referral signposted from wider local services e.g. Employers, Voluntary Community Sector
- Community organisations and work clubs
- Health providers - Primary care (GPs, practice nurses, allied health professions, other primary care staff members)

All referrals are voluntary and participating or not engaging will have no impact whatsoever on benefit claims.

Participant Eligibility

Participants for WorkWell will be either: (i) **out-of-work** (either unemployed or economically inactive) and requiring health related support to move into sustainable employment; or (ii) **in-work** and either off sick or struggling in the workplace due to a health condition. Participants will also need to meet the following criteria:

- Participant must be over 16.
- Participant must have the right to work in the UK.
- The provider deems the participant to have a health-related barrier to work. This eligibility check is important to ensure that participants will benefit from WorkWell and includes confirmation of eligibility/suitability for all potential participants including self-referrals. Participants who are not eligible/suitable should be signposted to other support as appropriate.
- Participant must identify as being from one of the ethnic groups in scope for this contract (as detailed in the Core Service Requirements).

DWP has the authority to conduct a check of a sample of Participants who start the programme to verify Eligibility Criteria are being met and discuss this as part of performance reviews.

5. Service Delivery

The Work and Health coach will deliver an **early intervention work and health assessment service**, providing participants with light touch holistic support for their health-related barriers, to employment. This will include (but not limited to):

Integration- WorkWell Work and Health Coaches will be embedded in community-based organisations.

Engagement -

- The WorkWell Racially Minoritised Groups service will be promoted across Manchester building on already established relationships with Health providers, employers, VCFSE and other local providers. A range of engagement strategies will need to be designed to reach participants through their preferred channels from all backgrounds.
- There are several avenues for resident engagement that will offer the provider the opportunity to promote the service and maximise referrals. This will include outreach sessions and community events. Individuals will also be able to self-refer.
- Individuals that are eligible, will be progressed to WorkWell support and triage. Individuals who are not eligible, can if they consent be referred or sign-posted to other provision.
- To confirm eligibility for the WorkWell programme, a **signed Participant Starter Form** must be submitted. The form must include a signature, which can be either a wet

signature (handwritten) or an electronic signature (digitally signed or confirmed) to ensure flexibility in the submission process. This form validates the participant's eligibility and ensures compliance with grant requirements whilst capturing essential participant information.

Support and triage -

- Throughout the support and triage process, it is expected that Work and Health coaches will take a holistic approach to the assessment and ensure participants fully understand and consent to the process.
- Unsuitable individuals, where consent has been given will be triaged to an alternative service, or referred for specialist support, by the Work and Health coach.
- The Work and Health coach will provide guidance aligned to the individuals' work preferences and employment status, taking into consideration any health-related challenges and as part of conversations. The Work and Health coach will discuss and seek advice on the participant's eligibility for benefits and how their income will be affected by going back to work; for those employed, conversations will focus on moving back into work and statutory sick pay. The participant and Work and Health coach will explore employment opportunities and access to other support services as required, such as debt advice, housing concerns.
- The Work and Health coach and the participant will agree a *Return to Work or Thrive in Work plan* based on the personal goals discussed. These plans are essential tools that outline tailored support strategies for participants to help them stay in, return to, or enter employment, particularly when facing health-related challenges. The plan should document the specific services or interventions planned, such as mental health support, physical therapy, skills training, or job coaching. Include timelines, expected outcomes, and roles of the service providers involved. ***A signed and dated copy of the plan should be obtained.***
- The provider should, where consent is provided, work with employers to encourage support for those in work and struggling with health-related employment barriers.

Exit Review -

The Work and Health coach will meet with the participant [and employer where possible] to review the agreed action plan and once all actions have been achieved an exit and wellness plan will be put in place for the participant. This will include:

- Participant satisfaction survey (for those who leave the programme earlier than planned, an opportunity will be provided to explain reason for leaving service and suggestions of service improvement, if appropriate). *Satisfaction surveys are to be carried out at the point of either: 8 weeks after a participant's start date, +/- 1 week or on the date they complete their plan, whichever is the earliest. All attempts should be made to ensure they are administered in this timeframe.*
- Access to online resources / toolkit
- Signposting to other support services, if required.
- Referral to other work and health provision, if required, such as the Be Well service, for wrap around support.

The **Participant Exit Form** will capture participant outcomes upon exiting the programme to assess its impact on participants. This form will document the participants progress such as successful job placement, continuing in work, access to recommended healthcare services, voluntary withdrawal or other reasons.

The exit review is designed to equip participants to access self-management resources or signpost to further support, so as not to create a cliff edge once the WorkWell service has ended.

It is expected that the provider will proactively source opportunities directly as well as work through existing employer engagement services.

Key Performance Indicators can be found in Annex A.

6. Organisational Eligibility

Eligibility criteria

The funding is open to voluntary and community sector organisations that are delivering services to Manchester residents. This means not-for-profit, non-governmental, community-based organisations that are value driven and reinvest surpluses to further social, environmental or cultural objectives for the community.

Manchester residents is defined as all people normally resident in the 32 electoral wards of Manchester, including people who are temporarily homeless. For this commission the successful providers will need to have a proven track record of providing culturally proficient services to the specific communities within scope.

We will accept applications from the following type of organisations:

- social enterprises
- co-operatives and mutual societies
- Community Interest Companies
- Charities i.e. non-governmental organisations which are value driven and which principally invest their surpluses to further social, environmental or cultural objectives.

Your organisation must:

- currently deliver employability support to Manchester residents.
- be constituted and have a bank account in the organisation's name
- have a set of objectives that allows you to undertake the activities you're proposing
- be value-driven, for the social good
- be non-party-political
- provide services or activities that are not religious or political in nature and that do not promote religious or political affiliation (please note that faith groups can apply but not for activities related to worship or the promotion of a particular faith)
- commit to recruiting a diverse team of Work and Health Coaches who reflect the communities we want to reach and who understand the barriers faced by racially minoritised people
- evidence that you can deliver a culturally proficient service

You will need to provide (when asked):

- safeguarding policy (including your named safeguarding lead)
- health and safety policy and/or procedure
- data protection policy statement
- equal opportunities policy
- copies of your insurance cover certificates.
- annual reports or equivalent covering the past 18 months.
- your annual accounts for at least the last 12 months. Only in cases where these are not available, provide a signed statement from the trustees/directors describing why the accounts are not available, the organisation's financial position for the last 12 months and current expectations about the future position (this should be signed by two trustees/directors – preferably the chair and treasurer)
- evidence of board meeting/management committee reports in line with your constitution.

Applicants will be asked to confirm they meet these requirements at application stage, which will then be confirmed at due diligence. Any organisation not able to provide evidence of these during due diligence will be unsuccessful in receiving funding.

Applicants must ensure and be able to demonstrate that:

- Delivery will take place in a culturally proficient way, addressing the specific needs of those experiencing racial inequalities.
- The management structure is of sufficient size, is organised appropriately and is supported by administrative systems and any other infrastructure necessary to effectively manage and deliver the provision.
- There is the capacity to operate flexibly and iterate delivery models if required.
- The necessary systems and governance arrangements are in place for ensuring robust performance and contract delivery.

Collaboration

The programme will consider supporting organisations that are connected to other voluntary and community sector organisations, public and private sector organisations, either formally or informally, to enhance the quality and scale of their work.

In your application we'll be looking for evidence of:

- how your organisation collaborates with others (i.e. VCSE organisations, public bodies and / or local businesses) to support and enhance the work you do and maximise the impact you are able to make on residents' lives
- how your work connects to what is going on in the city.

We encourage applications from organisations who can deliver the service efficiently but who may need to work in collaboration with partners to increase their capacity.

7. Decision Making

All applications will be initially assessed to ensure they meet the criteria for the programme. A selection panel will then assess bids and make recommendations on which applications should be funded.

The panel will comprise representatives from key Council employees. Measures will be taken to ensure that conflicts of interest are properly addressed and no VCSE organisations have a competitive advantage as a result of this.

The panel will seek to identify organisations that:

- support the funding programme’s core purpose.
- proportionately targets areas of underrepresentation across neighbourhoods and communities of identity with a particular focus on Black and South Asian communities.
- targets good geographical coverage across the city.

Successful and unsuccessful applicants will be informed by email. Feedback will be available upon request. There is no appeals process.

8. Timescale & Milestones

- **Stage 1: Application**
The application window open from 23 October 2024 until 15 November 2024
- **Stage 2: Decision-making.**
The panel will consider applications and make a provisional offer in the week commencing 25 November.
- **Stage 3: Grant Award**
Grant Funding Agreements will be issued by the end of November 2024.

Service delivery will begin in December 2024. All activity **must** be completed by 31st March 2026; therefore, the referral window should close by 31st December 2025.

8. Finance and Payment Model

The overall budget will be split equally between the two successful bidders i.e. Maximum £114,134.50 and minimum £63,660 per provider.

Manchester City Council will provide the first payment of £12,000 to each provider in December before going live. Minimum payments will be made at the beginning of each quarter. Payments relating to performance will be made quarterly in arrears once MCC has received funding from NHS GM/DWP. Example payment schedule is below.

Claim Period	Profile No. of Starts	Min Payment Paid at the start of each quarter	Max Payment	Payment Date for performance related payments
Jan - Mar 25	30	12,000	21,600	Jun-25
Apr - Jun 25	38	12,915	25,404	Aug-25
Jul - Sept 25	38	12,915	25,404	Nov-25
Oct - Dec 25	38	12,915	25,404	Feb-25
Jan - Mar 26	12	12,915	16,322	May-26
Totals	156	63,660	114,134	

Overperformance is permitted, however payment will be not made for plans achieved over and above those profiled.

9. Target Outcomes

The provider will report against the following outcomes on a monthly/quarterly basis:

Service Starts – the WorkWell Racially Minoritised Groups service will deliver to 312 participants overall. Each provider is required to achieve 30 service starts between contract start 02/12/2024 - 31/03/2025, and 126 service starts in the period 01/04/2025 – 31/03/2026. The provider must achieve the profiled starts in any given quarter. Non achievement of participant targets will result in reduced funding amount to be received. Key performance indicator is achievement of 90% of profile starts in each quarter. Performance cannot be carried over into new financial years but can be carried forward each quarter within a financial year.

DWP have not specified the length of time participants are supported but we would anticipate participants to be supported with light touch interventions for up to 12 weeks, depending on the individual needs. A completion of WorkWell is defined as having completed all the actions outlined in either the participant's Move into Work or Thrive in Work plan, or 8 weeks after the participant had agreed their Move into Work or Thrive in Work plan, whichever comes first. The provider can continue to work with a participant for up to 12 weeks. The length of time spent with participants should not lead to underperformance of WorkWell plans achieved.

Key performance indicators include 70% of in work participants to stay in work and 15% of out of work participants moving into employment as a result of the service.

Service Completions – Successful completion is defined as a completed action plan and exit from service document. Key performance indicator is achievement of 90% of service starts reaching service completion during the contract term.

Service Exits – An Exit Form and Participation Satisfaction survey is required to be completed upon exit to the programme.

Participant Satisfaction – the provider is required to evidence that participants are satisfied or very satisfied with the service they receive through regular surveys of participants. Key performance indicator is 70% satisfaction rate amongst participants for the duration of the contract. **Satisfaction surveys** are to be carried out at the point of either: 8 weeks after a participant's start date, (+/- 1 week) or on the date they complete their plan, whichever is the earliest. All attempts should be made to ensure they are administered in this timeframe.

10. Data Collection, Monitoring & Reporting

The provider will be required to collect baseline data from all individuals who are eligible for the service and consent to take part. This baseline data will need to be collected by the Work and Health coach in the initial meeting with the participant. The baseline data requirements are set out in Appendix A, please note these are draft pending confirmation of final monitoring information requirements from DWP.

The provider will be expected to collect further data throughout service delivery. This includes both key outcome measures, for which evidence will be required, and operational KPIs.

The sensitive nature of the data being collected, stored, and transferred raises the importance of strong compliance to the Information Governance protocols. To manage the data flows, the provider will be expected to work with the MCC programme team to collect and transfer data in an agreed, secure manner.

As part of the monitoring of the service, the provider will be required to:

- Collect Participant Data and input the data manually into the GMIT system fortnightly as a minimum
- Submit a detailed monthly Data Report against KPIs and management information (Annex A) no later than the 10th of each calendar month making all supporting evidence available to validation by the contract management team.
- comply with a robust Management Information framework that will monitor service delivery, outcomes and set goals for service development.
- additional reports may be required by the GM programme team, further details and frequency should these be required at any point will be confirmed through contract meetings with the provider.
- submit complete, accurate, and timely monitoring returns.

The provider will be required to attend a contract inception meeting to outline how the contract will run, this will include:

- The provider's offer, key personnel, key performance indicators, monitoring requirements, meeting obligations and dates; claim processes; risk management, communications and marketing, participant record keeping, evaluation, exit strategy.

Performance reports will include:

- Summary of progress made (in quarter)
- Management Information which will include local metrics/measures (see Annex A)
- Update on issues or risks identified or encountered (in quarter)
- Anticipated activity or progress for (next quarter)

10. Marketing and Communication

The provider must be prepared to work in partnership with Manchester City Council (MCC) to actively promote the WorkWell Programme and raise its profile across the delivery area, with particular focus and targeting on under-reached communities. This will include:

- Include WorkWell branding on any communications.
- Engage in regular campaigns with MCC. This will involve producing case studies, with consent, and marketing materials upon request to promote the programme.
- Making information about WorkWell accessible in formats suitable for speakers of other languages.
- Making use of existing and new networks to promote WorkWell across the health and employment sectors.
- Engaging employers to secure employment opportunities for participants working alongside existing local mechanisms.

11. Racially Minoritised Communities

The Manchester WorkWell Programme forms part of the Making Manchester Fairer plan. A key objective of the plan is to address the known inequality of access to good employment for racially minoritised communities. The Racially Minoritised Groups pathway has been designed to target communities that have historically been disadvantaged due to racial discrimination and aims to improve access to work and health support for these groups. It is important for the provider to take active measures to ensure the service is promoted to Black and South Asian community groups. There are significant differences between and within the various South Asian communities, including between first and subsequent generations. Therefore, service delivery to these groups will need to be culturally sensitive and tailored to meet individuals' specific needs.

12. Quality Assurance

The provider is responsible for ensuring eligibility checks are carried out in line with the contract specification.

- Implement the initial assessment process that capture each participants unique health conditions and work situation, personal goals, and barriers to engagement. The provider must ensure evidence is authenticated by the participant via signature on the document.
- Ensure each participant has a tailored holistic vocational / health plan that reflects their needs, preferences, and goals. This plan should be co-produced with the participant.
- Put in place a team capable of addressing various work and health related issues and enhancing their ability to deliver personalised care. Training may include but not limited to:
 - **Work coaching** – Training in personalised job search strategies, identifying skills gaps, making timely referrals.
 - **Local Knowledge and Networking** – Sessions with health services, Local Authorities, and community organisations to understand available services and pathways including specific services for minoritised communities.
 - **Ongoing Development** – Regular case reviews and peer learning sessions, introduction to online resources

The Department for Work and Pensions (DWP) holds the authority to carry out audit activities concerning locality performance in the WorkWell programme. These audits serve to ensure compliance with programme requirements and confirm the accuracy of reported data.

The primary goal of the audit is to verify that participants in the programme meet the eligibility criteria. This includes reviewing evidence such as signed participant forms, assessments, and any documentation used to confirm eligibility.

DWP audits also aim to confirm that the performance outcomes reported by the locality are accurate and backed by verifiable evidence. This could include reviewing employment outcomes, action plans, or health interventions provided.

13. Evaluation and Measuring Impact

Providers must make themselves available to take part in any evaluations if and when required. This may include external partners and will be communicated to the provider when necessary.

GM NHS may undertake reviews of its commissioned delivery, and the provider must ensure they respond to all reasonable requests that form part of an evaluation or review process, including:

- Sharing impact measures
- Submission of appropriate participant case studies

14. Governance

The WorkWell Programme accountability will be the responsibility of MCC's Director of Inclusive Economy and Director of Public Health via the Making Manchester Fairer Board. Regular reporting will also be provided to the MCC/NHS Internal Programme Board.

A monthly performance review will be established between MCC and the provider to review delivery, performance, issues, and risks.

15. How to Apply

Application forms can be completed online. Applications will be open from 23 October 2024 and must be submitted by **15 November 2024**. Visit the MACC website for the application form.

Completed application forms should be emailed to Beth de Borde. Email: beth.deborde@manchester.gov.uk

Applications received after midnight will not be considered. Confirmation of receipt of applications will be sent by email.

Annex A – Key Performance Indications and Data Collection

Key Performance Indicators

The provider is required to submit a Key Performance Indicator report each month detailing the status of each of the following:

KPI	Description	Target	In month	In year	Total Contract
1	Percentage of profiled Service Starts achieved	100%			
2	Percentage of Participants satisfied with service	70%			
3	Percentage of Service Starts achieving Service Completion	90%			
4	Percentage of out of work participants moving into work	15%			
5	Percentage of in-work participants sustaining employment	70%			
6	Percentage reporting improved mental health and wellbeing	70%			
7	Percentage reporting increased confidence in accessing employment support services	100%			
8	Percentage reporting improved management of health condition	70%			
9	Percentage of participants from black or Asian ethnicities	100%			

Data items for Collection

The provider is required to submit a monthly Data Report including the following information, for onward submission to the DWP:

Data	Items for Collection
Participant Data	<ul style="list-style-type: none"> o First Name o Surname o Date of Birth

	<ul style="list-style-type: none"> o Address o Postcode o Email Address o Telephone Number o National Insurance Number
Demographics	<ul style="list-style-type: none"> o Sex o Ethnicity o Highest Educational Level
Service Data	<ul style="list-style-type: none"> o Unique identifier number o Subcontractor/Partner (Letter) o GP Postcode o JCP Postcode (if relevant) o Date of first contact with participant o Did the participant start WorkWell (Plan agreed) o Date of WorkWell start (Plan agreed) o Referral route into WorkWell o GM target cohort o If Other Referral Route into WorkWell (how) o Reason for Referral into WorkWell o If Other Reason for Referral into WorkWell (why) o Employment status at first appointment o Employer name (if referred employer) o Employer sector (if applicable at first appointment) o Primary health related barrier to work o Primary health related barrier to work (other) o Secondary health related barrier to work o Secondary health related barrier to work (other) o Primary non-health related barrier to work o Primary non-health related barrier to work (other) o Secondary non-health barrier to work o Secondary non-health barrier to work (other) o Is the participant on an elective care waiting list o Is the participant on an elective care waiting list. If so, which list? o If they are on a hospital list, which speciality? o Month start claimed o Date satisfaction survey carried out. o How satisfied or dissatisfied are you with your experience of WorkWell o Outcome o Outcome (other) o Plan completion date

Additional Management Information to be submitted

The provider is required to provide a separate monthly report detailing the following:

<p>Workforce</p> <ul style="list-style-type: none"> o Number of Work and Health Coaches in post

<ul style="list-style-type: none"> ○ Average Caseload per Work and Health coach / Senior Work and Health Coach ○ Number of vacancies
<p>Participant satisfaction</p> <ul style="list-style-type: none"> ○ participants surveyed (number in month / total) ○ participants that have completed survey (number in month / total) ○ Participant satisfaction rate (percentage of total) - links to KPI 2 <p>Delivery</p> <ul style="list-style-type: none"> ○ Participant starts <ul style="list-style-type: none"> ▪ profiled (number in month / total to date) ▪ achieved (number in month / total to date) ▪ Start rate (percentage of profiled starts achieved in month / total to date) links to KPI 1 ▪ forecast (number in year / contract term)
<ul style="list-style-type: none"> ○ Participant completions <ul style="list-style-type: none"> ▪ profiled (number in month / total to date) ▪ achieved (number in month / total to date) ▪ forecast (number in year / contract term) ▪ Completion rate (percentage of participant starts that have completed the Service) - links to KPI 3 ▪ Job outcomes achieved (percentage of starts achieving a job outcome in year / total contract)

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