



West Yorkshire Health and Care Joint Health Overview and Scrutiny Committee

30 April 2025

Summary report	
Item No:	<i>TO BE COMPLETED BY SECRETARIAT</i>
Item:	Work and Health Plan and programmes
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Executive summary	
<p>West Yorkshire Work and Health Plan was launched by the Mayor Tracy Brabin, and Chair of the ICB, Cathy Elliot, last Monday 10th March.</p> <p>The West Yorkshire Work & Health Partnership commissioned the co-production of a Work, Health and Skills Plan in 2024. The Partnership convenes partners and stakeholders from the Combined Authority, the West Yorkshire ICB, Jobcentre Plus and the five local authorities, along with partners from the wider health, employment and skills system and the Voluntary, Community and Social Enterprise (VCSE) sector.</p> <p>Key points in the Plan:</p> <ul style="list-style-type: none"> ○ The vision for the Work, Health, and Skills Plan is for West Yorkshire to have the healthiest residents and workforce in England by 2040. ○ We will do this by creating a work, health, and skills system which provides person – centred support to individuals and helps employers fill vacancies and create a diverse, skilled workforce. ○ We will know we have succeeded when we see more people, especially those with health conditions and disabilities, enter, remain, and progress in good quality work. <p>Within this vision, the Plan has a clear objective:</p> <ul style="list-style-type: none"> ○ To reduce economic inactivity and health and socio-economic inequalities by supporting more residents with health conditions and disabilities to access or keep good quality work <p>The Government White Paper published on the 26th November 2024 – Getting Britain Working - announced eight trailblazer locations in England and Wales which would accelerate a more locally led and joined-up approach to tackling economic inactivity. Three of these eight would also receive funding for Integrated Care Systems to address the health drivers of economic inactivity.</p> <p>West Yorkshire has been nominated as a trailblazer and an accelerator location and is set to receive £37m in total for related programmes, West Yorkshire Combined Authority accountable</p>	

for the trailblazer (£10m) and the Connect to Work programme (£16m), with NHS West Yorkshire ICB accountable for the Accelerator programme (£11m).

The £11m for the West Yorkshire ICB is to support 1,300 people who are at risk of being (or who are) economically inactive due to ill health to stay economically active (or return).

A Joint Programme Board has been created. It has representatives from across the ICB, Combined Authority, Local Authorities, DWP, DHSC, NHSE, Skills and VCSE partners. This Board will oversee and ensure decisions from the Work, Health, & Wellbeing Strategic Board are enacted, advise and make recommendations on operational decisions and, more generally, maintain a sharp focus on reducing on economic inactivity across West Yorkshire.

Recommendations and next steps

- The Integrated Care Partnership Board agreed at its meeting on 1st April 2025 to endorse the collaborative approach to planning and programme governance for delivery of the accelerator and trailblazer programmes, and to support these programmes over 25/26 to ensure their success and delivery of our shared outcome target of 1,300 people prevented from becoming economically inactive, or returned to work from economic inactivity.
- Commissioning of the planned interventions in each place is underway as agreed in the detailed delivery plans, and governance at each place level has been established to bring together the different aspects of the overall programme, at a place level.
- The West Yorkshire Joint Programme Board meets regularly to share learning, address challenges collectively and review the progress, now moving from planning to implementation phase.

Work and Health Plan for West Yorkshire and Joint Delivery Plan

1 **Purpose**

This paper summarises the West Yorkshire Joint Delivery Plan of the NHS England Health and Growth Accelerator (Integrated Care Board-led) and the Economic Inactivity Trailblazer (Combined Authority-led).

The objective is to ensure that there is a coordinated, joined up approach that enables the development of a coherent plan with partners across the region. This includes collaboration on programme development and performance, delivery and evaluation as part of a long-term commitment to work in partnership on work, health, and skills as a shared priority.

1.1 **Accelerator and Trailblazer**

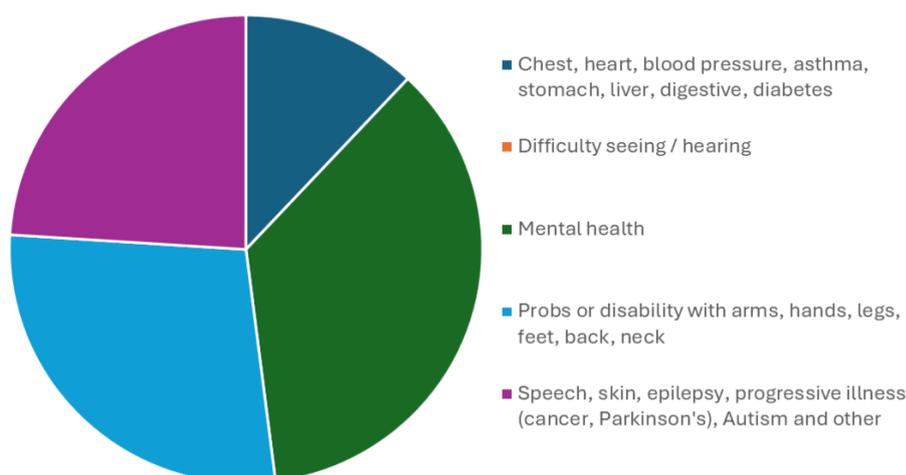
- 1.1.1 The [Work and Health Plan for West Yorkshire](#) sets out an ambition and roadmap to tackle health related economic activity, building on the strength of partnerships and the system leadership role of strategic authorities.
- 1.1.2 Aligned to the strategic approach within this plan, officers within the Combined Authority and West Yorkshire Integrated Care Board (ICB) have developed delivery plans for two schemes of work: the Economic Inactivity Trailblazer (trailblazer) and the NHS England Health and Growth Accelerator (accelerator).
- 1.1.3 A joint delivery plan aims to bring these schemes of work into alignment, reiterating the strategic and economic case for both, and highlighting opportunities for partnership working.
- 1.1.4 This work supports a Joint Programme Board to ensure coherence across the two grant funded programmes and demonstrate alignment with wider Work and Health activity. The Joint Delivery Plan also aims to ensure coordinated delivery across the region and consistency of evaluation to inform our approach from 2025 onwards.
- 1.1.5 To further integrate the region's work, health, and skills provision, work is underway to ensure that the accelerator and trailblazer are aligned with (CA - led) Connect to Work, which is focused on using supported employment models to support people with health conditions, disabilities and complex barriers to work.

2 **Context**

2.1 **Labour market context**

- 2.1.1 West Yorkshire's working age population is approximately 1.5m. The employment rate is 73% (vs national average of 76%). Employment rates have been below the national average since 2008, with local areas experiencing significant inequality of outcomes within this.

- 2.1.2 Economic inactivity rates are rising, with 26.3% of the working age population (399,944 residents) classed as economically inactive, compared with a national average of 21.6%.
- 2.1.3 The opportunity to build on our existing strengths and test new approaches to address economic inactivity is timely.
- 2.1.4 Rising incidences of ill health and disability - particularly post-pandemic - are a key contributing factor, with around 101,400 of those economically inactive and of working age reported to be inactive due to long-term sickness.



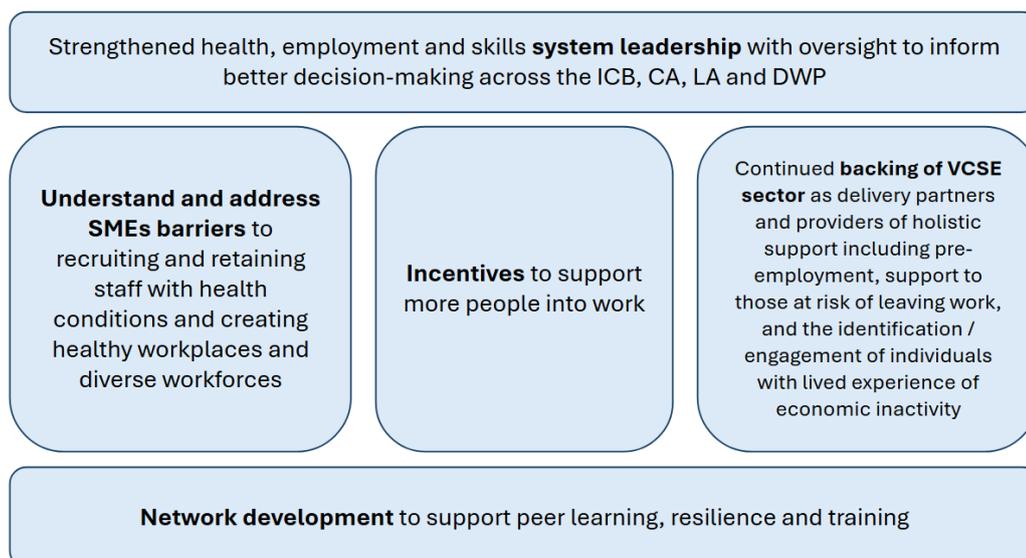
Employment status by health condition across Integrated Care Boards, England: April 2019 to March 2024 - Office for National Statistics

- 2.1.5 National data shows that, for those economically inactive due to long term sickness, 38% of people reported having five or more conditions. This suggests that those who are inactive because of long-term sickness have increasingly complex health issues.
- 2.1.6 The West Yorkshire Work and Health Plan (available under item 9: <https://westyorkshire.moderngov.co.uk/ieListDocuments.aspx?CId=133&MId=1402>) deepens our understanding of the labour market context and the impact of economic activity on individuals, through the data gathering and insights of around 500 stakeholders including people with lived experience, key experts and local people via public consultation.
- 2.2 **Work and Health in West Yorkshire**
- 2.2.1 The West Yorkshire Work & Health Partnership was formed in late 2023, convening key partners and stakeholders from the Combined Authority, the West Yorkshire ICB, Jobcentre Plus and the five local authorities, along with partners from the wider health, employment and skills system and the Voluntary, Community and Social Enterprise (VCSE) sector.

- 2.2.2 The Partnership seeks to provide a forum within which strategy amongst partners can be aligned toward the goal of a healthy West Yorkshire where residents are able to find good jobs.
- 2.2.3 Accelerator and trailblazer interventions provide an opportunity to build on this partnership working, to scale and spread the areas of good practice already showing success within the region, and test and pilot innovative approaches to support those at risk of becoming economically inactive to stay in work and move economically inactive individuals towards and into good work.
- 2.2.4 A key aspect of this work is ensuring knowledge and best practice is shared amongst partners, to eliminate potential gaps or duplication of commissioned interventions and to ensure activities achieve the objectives set out in the Work, Health and Skills Plan for the region.

2.3 **Work and Health Plan**

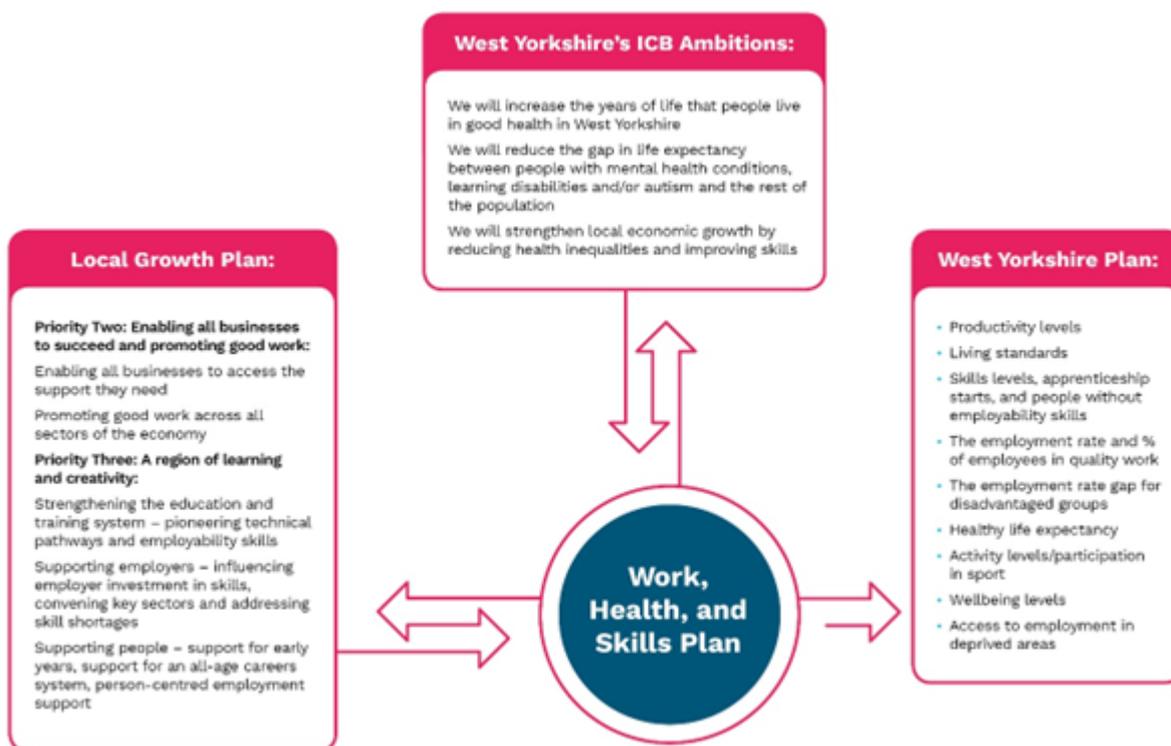
- 2.3.1 The West Yorkshire Work & Health Partnership commissioned the co-production of a Work, Health and Skills Plan in 2024.
- 2.3.2 Five priority areas of focus emerged from the plan, responding to the needs articulated by residents, employers and other key stakeholders:



2.3.3 Successful implementation of the plan will be measured through improved population health and well-being, and the improved labour market status of individuals.

2.4 **Alignment with organisational, local and regional priorities**

2.4.1 The Work and Health plan intersects key strategic priorities across West Yorkshire, including the [West Yorkshire Plan](#), [West Yorkshire’s ICB Ambitions](#) and the region’s [Local Growth Plan](#), illustrated by the diagram below.



2.4.2 It is also recognised that it is important to align this work with other priorities and strategies of the ICB, and an update is provided below on how this is being taken forward.

ICB priority / strategy	Connections with Work and Health Accelerator
<p>Integrated neighbourhood health</p>	<p>Presentation to Fuller Board 13/01/25</p> <p>Place level governance to ensure connections in developing plans</p>
<p>Independent Race Review refresh /</p> <p>Equity and Fairness Strategy</p>	<p>Recommendation included on Work and Health plans to focus on equitable access by ethnicity – to be addressed in planning and evaluation planning</p>

People Strategy and refresh	Regular attendance at People Board to ensure alignment and engagement in strategy development
Digital Strategy	Opportunity to strengthen through digital therapeutics funding (see section 6)
Creative Health System	Alignment through Work, Health and Skills plan – update to Creative Health Board 24/02/25 Creative Health interventions supported at place

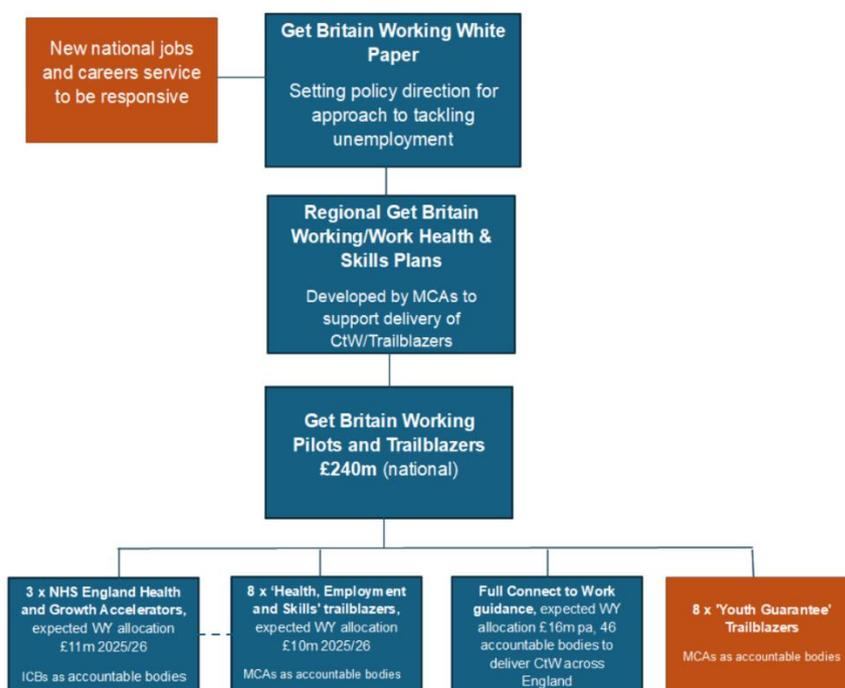
3 **Case for change**

3.1 **Existing provision and gaps**

- 3.1.1 Interventions within the accelerator and trailblazer will build on the reach, effectiveness and impact of existing provision, innovation and collaboration within West Yorkshire, informed by the co-designed Work and Health Plan that guides the region's approach.
- 3.1.2 The integration of Employment West Yorkshire as a key element of the employment and skills system infrastructure across the region is particularly important.
- 3.1.3 Employment West Yorkshire is a careers / employment programme service for residents of West Yorkshire, regionally co-ordinated by the Combined Authority and delivered by local authorities.
- 3.1.4 Other existing interventions related to work, health and skills include West Yorkshire's Fair Work Charter, employer networks, VCSE activity at neighbourhood-level, and some supported employment activity.
- 3.1.5 This existing provision provides infrastructure within which newly proposed interventions can be embedded, establishing them as part of wider referral pathways for those seeking employment support.
- 3.1.6 Despite this existing provision, rates of economic inactivity in West Yorkshire are rising. Whilst health is a key factor, significant numbers of people are economically inactive due to caring responsibilities and/or not having the skills they need to participate in the labour market.

- 3.1.7 The Work and Health Plan sets out the gaps in provision across West Yorkshire, where we can go further through these programme interventions for residents, businesses and the region.
- 3.1.8 For example, employers across multiple sectors report hard-to-fill vacancies and skills shortages, constraining business growth. However, raising employment to the national rate would bring over 60,000 more people into work.
- 3.1.9 Interventions delivered as part of this programme have the potential to bridge the gap between individuals and businesses, supporting inclusive growth across the region and moving those who are economically inactive into good work.
- 3.2 **Programme objectives**
 - 3.2.1 The vision of the Work and Health Plan is that West Yorkshire will have the healthiest residents and workforce in England by 2040. This will be achieved through:
 - Reducing the number of people becoming economically inactive through prevention and early intervention for those at risk
 - Supporting residents with health barriers towards and into good quality paid work
 - 3.2.2 Accelerator and trailblazer interventions, alongside Connect to Work, work towards these objectives and feed into the broader policy and funding landscape for Work and Health nationally.

Policy & Funding Landscape



- 3.2.3 The principal objective of the Accelerator and the Trailblazer is for the Combined Authority, ICB and partners to identify, engage and support 1,300 more people to be economically active through health-orientated interventions, compared to a do-nothing scenario.
- 3.2.4 Trailblazer anticipated outputs also include:
- Supporting 1000 economically inactive individuals and those in work with (a) health condition/s through Employment West Yorkshire
 - Work with 100 businesses
 - Support 1000 economically inactive people through the VCSE intervention
- 3.2.5 A further objective of this programme is to take a new system-wide approach to this challenge and to learn and test to scale activity – whether linked to the accelerator or trailblazer or Connect to Work. This is to shape a strong, joined-up local work, health and skills offer.

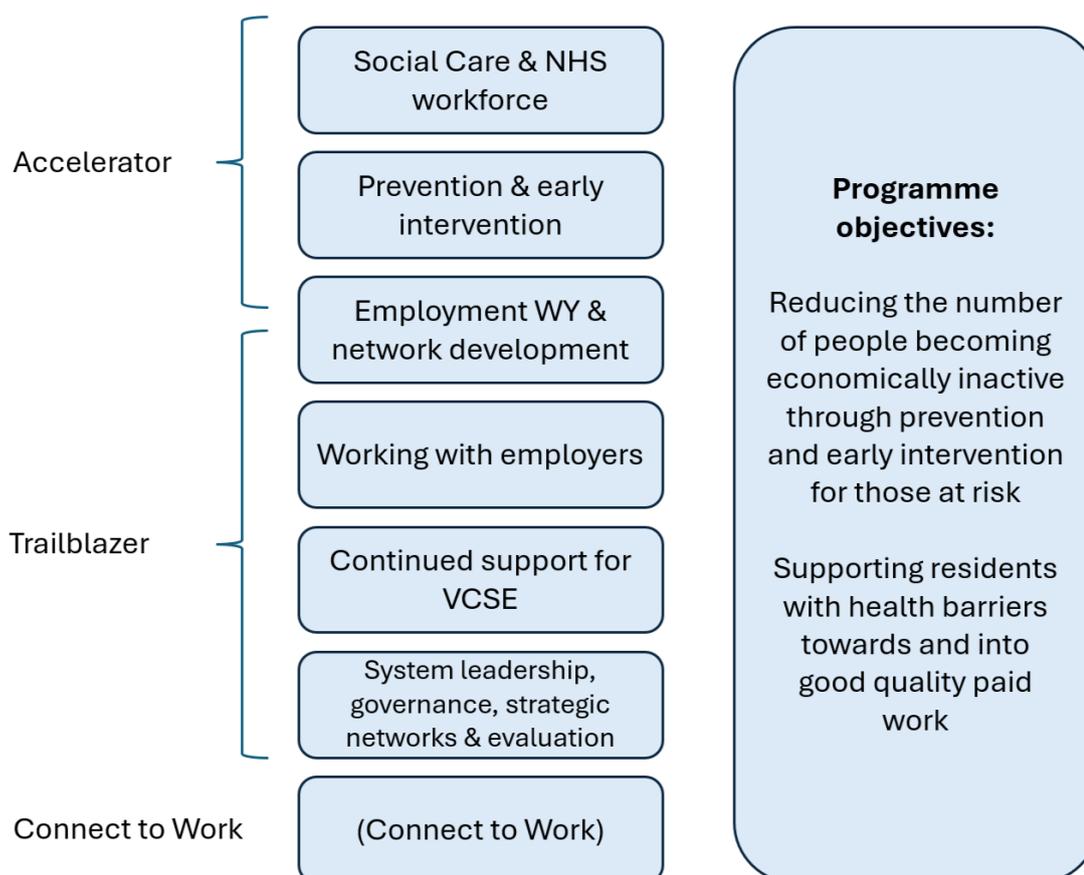
3.3 **Vision for testing and piloting new interventions**

- 3.3.1 Accelerator and trailblazer interventions both seek to test approaches to achieving the objectives set out above.
- 3.3.2 This will require strong programme, risk and change management as well as a flexible but thorough approach to monitoring and evaluation, so we can learn from pilots and share best practice across the region.
- 3.3.3 A successful approach to piloting interventions will enable West Yorkshire to improve outcomes and see the impact of Work and Health activity at pace, benefitting individuals, employers, and the region.

4 **Programme scope**

4.1 **Summary of planned interventions**

- 4.1.1 There are six interventions proposed across the accelerator and trailblazer delivery plans.



4.2 Connect to Work

- 4.2.1 Connect to Work is a supported-employment programme, grant-funded to Accountable Bodies (of which the Combined Authority is one) by the DWP.
- 4.2.2 The programme will utilise the Individual Placement Support (IPS) model and the Supported Employment Quality Framework (SEQF) to support residents in work and those at risk of falling out of labour market.
- 4.2.3 The ambition is to align oversight and further development of Connect to Work through the Joint Programme Board.
- 4.2.4 Employment West Yorkshire is a key element to ensuring the capacity and capability to deliver Connect to Work in West Yorkshire, acting as a front-door triage service for those seeking to improve their labour market status.

4.3 Targeted cohorts and accelerator interventions

- 4.3.1 The interventions outlined above target particular cohorts of economically inactive individuals.
- 4.3.2 The diagram below illustrates the expected targeted cohorts by intervention, to demonstrate potential intervention overlap and referral routes.

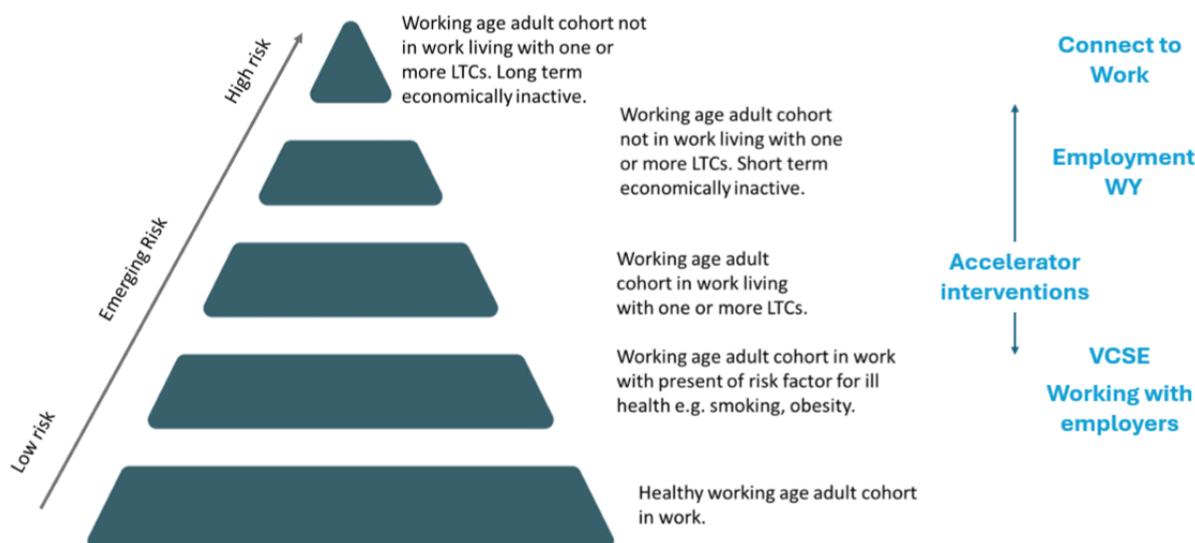


Diagram source: Accelerator update to Joint Programme Board 10.02.25

5 Accelerator Delivery Plans

5.1 Social and NHS Workforce Intervention

- 5.1.1 This pillar effectively enables us to undertake targeted work within our West Yorkshire health and social care sector. The pillar will use the core principles, data and priorities of the Prevention and Early Intervention Pillar in conjunction with sector specific workforce data, insights and opportunities, including any identified needs particular to this workforce.
- 5.1.2 Aligned around shared workforce objectives, built on collective insights and evidence, and enabled by collaborative working across West Yorkshire, this pillar will predominantly be designed at Place and connected clearly into the other two Pillars at Place to ensure coherence, recognise local contexts, and optimise impact for local populations and workforce.
- 5.1.3 Based on available population and sector workforce insights, the interventions for this Pillar will focus on the following targeted health conditions: Mental health, MSK and cardio-metabolic conditions, but will also pay specific attention to neurodiversity and disability and ethnicity where there is also an impact on health in the workplace.
- 5.1.4 Across each of the Places, the agreed shared objectives for this pillar are to:
- Prevent people leaving work due to ill health.
 - Support quicker returns to work through early interventions for those absent from work due to ill health.
 - Support alternative employment opportunities for people leaving work due to ill health.

5.1.5 These objectives help identify the people in our workforce who are most likely to benefit from this programme of work, specifically people in work with one of the targeted health conditions, people currently off sick with one of the targeted health conditions, and people who are leaving their current employment due to ill-health.

5.1.6 In order to optimise impact, there are a number of design principles specific to the Workforce Pillar:

- Deliver a small number of targeted, well-evidenced interventions.
- Focus on both pre-determined programme targets, and wider impact for individuals, families and communities.
- Narrowing inequalities will be core to our approach.
- Rigorous evaluation will be designed into every intervention.
- Places will prioritise and design local interventions within the agreed framework, but opportunities for joint delivery, shared learning and collective impact will enhance efficiency and effectiveness.
- 80-90% of interventions will be adapting and scaling-up existing models and services that demonstrate progress toward these objectives, and 10-20% will be innovation.
- The programme will be iterative, with an agile delivery plan which embeds learning throughout the delivery phase, as informed by new information and evidence that will enable increased impact.
- All decisions will have due regard for sustainability and long-term progress, whilst ensuring that short term impact is achieved.

5.1.7 £2m of the accelerator funding will be allocated to the Workforce pillar and managed through 90% being allocated to places based on health and social care workforce headcount as a proportion of West Yorkshire total, with an indicative target of 237 fewer economically inactive people from the health and social care sector, contributing to the overall target of 1,300.

5.1.8 This pillar agreed a set of principles for action as set out in the interim delivery plan, and a framework for interventions has been developed, prioritising the following intervention types:

- Increase capacity and improve connections across health coaching, work coaching and social prescribing. Building on Neighbourhood Health concept to improve access to resources and support networks for H&SC staff.
- Increase fast-track access to sector-specific services for guided self-management, professional assessments and first stage therapies for

targeted conditions (MSK, CMD - may include wider pain management, long term waits, and neurodiversity).

- Mental health interventions including fast-track services where these align appropriately with place plans.
- Develop the Workplace Promise – changing employer policy, culture, manager & HR training, access to health and work support services in work AND supporting people who are leaving employment due to health, to secure positive next steps.

5.2 Prevention and Early Intervention

5.2.1 The principles for this pillar are as follows:

- We recognise these interventions are only effective with the right support structure, taking account the wider circumstances surrounding a person. As such the healthcare interventions need to interface with wider employment support and related offers.
- The approach we take is grounded in the recognition that people are often living with multiple long-term conditions and may be living with multiple symptoms that impact their ability to work.
- We will focus our efforts and limited resource on the population groups with the highest levels of need who can benefit in the intervention period of April 2025 to March 2026.
- We recognise that mental health/musculoskeletal conditions/cardio-metabolic conditions as they are the biggest drivers of ill-health related economic inactivity.
- Whilst the outcome target is 1,300 fewer people becoming economically inactive due to their health, the number needed to treat for different interventions will vary, so numbers needing to be supported will be multiple times higher than the outcome numbers. The evaluation will help assess NNT (number needed to treat) of different interventions.
- We will tailor our approach based on the needs of local communities and population groups.
- We will remember that the six principles of ‘Keep it Local’ are a key contributor to achieving the strategic ambitions of the West Yorkshire Health and Care Partnership.
- We will work with the VCSE and community champions to support mobilisation and bridge the gap between “service” and “community”.
- We will support the collective system outcome and may agree collective interventions, but the how these interventions are delivered will be up to local determination.
- We will take a person-centred and trauma-informed approach to understand why the person is economically inactive.
- We will focus on scaling existing innovative interventions that are well evaluated and demonstrate outcomes relevant to our target, to enable us to move at pace.

- We will accept that the interventions may not be perfect, to allow space for reflection, adaption and change with the expectation we will learn over time and improve along the way.
- We will acknowledge the funding is non-recurrent and as such build in - sustainability and exit strategies.
- We will consider evaluation from the outset recognising the opportunity we have to build the evidence base in this area and influence future strategy.

5.2.2 £8million of the accelerator funding is allocated to this pillar of activity, and then further allocated to place using the relative proportion of people who are economically inactive due to poor health between each of our five places follows:

	% of all WY economically inactive LT sickness
Bradford	22.7%
Calderdale	14.8%
Kirklees	18.2%
Leeds	31.8%
Wakefield	12.5%
West Yorkshire	100%

5.2.3 This approach sets out 10% of the resource to be used across West Yorkshire to add value to place interventions and it is proposed this resource is used to support:

- Rehabilitation services – tailoring services to increase access to stroke, cardiac and pulmonary rehabilitation for working age adults and incorporating vocational support into existing rehabilitation programmes.
- Employment support for Unpaid Carers.
- Work and Health Accelerator Programme and Evaluation support.

5.2.4 **Rehabilitation services.** We will enhance the WY Rehabilitation offer. Pulmonary, Cardiac and Stroke rehab were highlighted as key areas to focus. Through scoping and stakeholder engagement we have highlighted the variations in rehabilitation provision that exist across the 5 places. Whilst differences also exist between the three patient cohorts, there is an

opportunity to grow and scale up areas of good practice with a needs-based approach whilst maintaining aspects of condition specific focus.

5.2.5 Key areas of focus with the potential to scale are:

- Providing a Vocational Rehabilitation offer using expertise from the Bradford Districts and Craven Long Covid pathway and the Airedale Stroke Vocational Rehabilitation Pathway – In year 1 this would provide Level 3: Advice and signposting on return-to-work plan (in line with the NHSE Stroke Vocational Rehabilitation Toolkit) alongside training to upskill the workforce
- Providing a psychologically informed offer across all 5 places – for further consideration
- Continuing areas of good practice within the VCSE, in particular Aphasia Support
- Consider emerging evidence around digital solutions in rehabilitation, such as KiActiv for patients with Heart Failure, Welsh Respiratory offer, local digital solution to patient reported outcome measures and patient support system

5.2.6 **Support for unpaid carers.** The 2021 census estimates 193,885 unpaid carers in West Yorkshire. We believe this figure to be much higher, General Practice Patient Survey suggests as many as 1 in 5 patients are unpaid carers, the NHS Staff Survey shows 1 in 3 NHS staff are unpaid carers. This equates to approximately 48,471 working carers with West Yorkshire. A commitment to our unpaid carers is in line with our West Yorkshire Health and Care Strategy.

5.2.7 The plans to support our unpaid carers include scaling our VCSE initiatives across West Yorkshire, to offer:

- Awareness training to employers
- Manager training
- Support for employer forums
- Individual discovery and action planning
- Organisational review and gap analysis

5.2.8 **Place plans.** As agreed, 90% of the funding will be allocated to our five local places on a weighted basis based as above. Based on the principles detailed above and the specification agreed, places have determined which interventions to implement based on local need. The need is related to the leading causes of economic inactivity due to ill health.

5.2.9 The impact on inequalities has been considered and referenced for each of the proposed interventions.

5.2.10 Following submission of draft plans in mid-late February, a rapid peer-review of plans was undertaken with written feedback provided to places. Places have reviewed and updated plans in line with this feedback. A further

workshop session was also held with all place representatives, where it was agreed that continual learning and sharing of plans and progress would be maintain. Regular weekly catch ups, and the programme board, will provide ongoing opportunities for this continuous learning/peer review.

5.2.11 The planned interventions include:

- Rehabilitation – embedding vocational support and expanding symptom-based approaches.
- Expanding Individual Placement support.
- Targeted secondary prevention for working age adults – exercise referral, hypertension case finding, diabetes footcare, expanding health check offers.
- Working with primary care to identify and offer referral routes.
- Support for people managing pain.
- Mental health support including improved access to NHS Talking Therapies.
- Waiting well support for ADHD and for planned care.
- VCSE employee support.
- Creative health support.
- Targeted employment support for people who use illegal substances.

5.2.12 In addition, places have built in capacity for programme and evaluation support and we have reviewed collectively the opportunities to align these resources (and processes), which has informed revised plans.

5.2.13 The proposals demonstrate commitment to working with VSCE organisations to support the delivery of Work and Health Accelerator interventions.

5.2.14 The submissions from places identify exit strategies to minimise financial risk to the organisation. It has been acknowledged due to timescales for procurement and recruitment that the timescales for the delivery of the intervention will vary over the 12-month period in 25/26. As such the spend over the period will be required to flex to support this. Most interventions will have a step up and potentially a step-down period and this is being incorporated in the planning.

6 **Risks and dependencies**

6.1 **Key risks and mitigations**

6.1.1 Individual interventions hold their own risks. However, there are some risks that are shared across the programme of work, as outlined below.

Risk	Mitigation
There is a risk that the recently announced cuts to ICB and NHSE	Reaffirmed as a government priority. Rapid review of impact to take place in late March/early April.

staffing and resources will leave insufficient capacity to deliver the plan.	
Tension between delivering at pace to achieve targets and the need to work equitably to address health inequalities.	<p>This will be continually reviewed as the programme develops, with a commitment to working equitably from the outset.</p> <p>Weighted allocations to place based on need.</p> <p>Impact on inequalities monitoring through intervention design and evaluation.</p>
Lack of assurance from government on the funding following the announcement of investment linked to the Get Britain Working White Paper and the risk that this poses for delivery and the reputation of the Combined Authority and West Yorkshire ICB and other partners.	Highlighting the risk through our relationships with DWP at all appropriate levels. In the meantime, being clear in delivery plans that 'all proposals are subject to funding terms, and are null and void if these funding terms change'.
Inability to 'course correct' at pace, due to lengthy assurance processes.	Establishing Joint Strategic Board with a view to providing delegated authority for system-wide, joined-up, and at pace decision making.
There is a risk that there will be some duplication of activity across all related work, health and skills programmes.	Established a Joint Programme Board to align the related programmes. Development of Joint Delivery Plan to highlight shared risks and opportunities for partnership working.
There is a risk that with the necessary planning, commissioning and recruitment timescales, service delivery will not commence on 01/04/25, and delivery may reduce towards 31/03/26 due to single year funding.	<p>Raised with NHSE – can we carry over activity as a system if commencement is delayed.</p> <p>Bids made to multi-year Spending Review which may increase number of years of activity. Further review of activity and planning will be required once spending review outcome known.</p>
There is a risk that co-design of interventions will be limited, due to the short timescales for funding.	Insight gathered through the Work, Health and Skills plan, which considers the perspectives of a broad range of stakeholders, will guide the design and delivery of interventions. Further development at place will support co-design and delivery.

6.2 Equality impact assessment

6.2.1 An Equality Impact Assessment was completed as part of the development of the Region's Work and Health Plan.

6.2.2 This will be built upon during the development of the Work and Health programme, to reflect emerging detail and plans for interventions.

6.3 **Capacity and capability within the system**

6.3.1 Capacity and capability within the system will need to increase to align with programme interventions.

6.3.2 For example, delivery of trailblazer and accelerator interventions rely on the VCSE sector across West Yorkshire as a key delivery partner, to enable early engagement and intervention within communities for individuals who are, or are at risk of becoming, economically inactive.

6.3.3 It is also recognised that employers play an important role in supporting employees to remain in work by adopting inclusive practices. Businesses can also support those who are economically inactive through interventions such as Employment West Yorkshire and Connect to Work, providing opportunities for individuals to move into good work.

6.3.4 The development of VCSE, employer, and lived experience networks as part of the Employment West Yorkshire intervention will build capability within those spaces and encourage sharing of learning and best practice.

7 **Programme management and governance**

7.1 **Governance including key roles and responsibilities**

7.1.1 To build on partnership working across accelerator and trailblazer delivery, and to develop strengthened governance of this agenda, a Joint Strategic Board is being explored and will be Chaired by the Mayor of West Yorkshire.

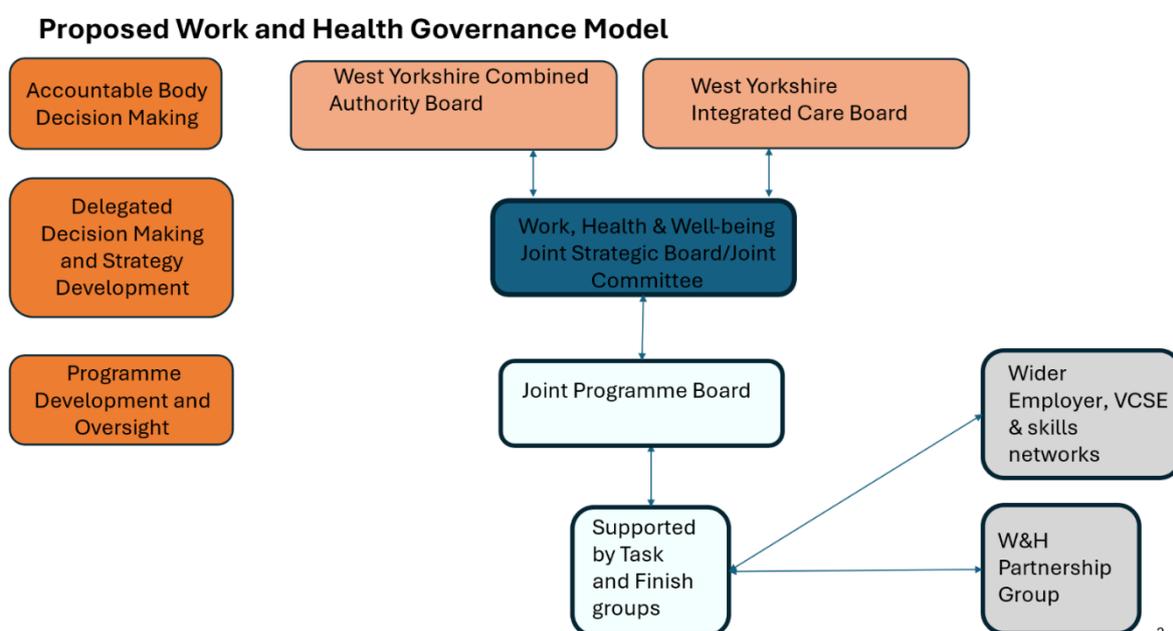
7.1.2 Options are being actively considered on how this body can operate with the intention to delegate authority from the Combined Authority and the ICB. Membership would include the ICB, CA, LAs, DWP, DHSC, VCSE and wider partners, with the intention to:

- Make strategic decisions to deliver shared outcomes
- Maintain a shared and sharp focus on reducing economic inactivity
- Collaborate on recommendations to the respective accountable body / decision
- Recommend action within respective organisations to support delivery of overall outcomes in West Yorkshire
- Create a strategic forum to share and test what is working well across the region and recommend a steer for change / adaptation on programmes

7.1.3 In addition, an officer-led **Joint Programme Board** has been created. It has representatives from across the ICB, Combined Authority, Local Authorities,

DWP, DHSC, NHSE, Skills and VCSE partners. This Board will oversee and ensure decisions from the Work, Health, & Wellbeing Strategic Board are enacted, advise and make recommendations on operational decisions and, more generally, maintain a sharp focus on reducing on economic inactivity across West Yorkshire.

- 7.1.4 This Joint Programme Board will be responsible for ensuring the necessary returns are made to NHS England on progress and reporting.
- 7.1.5 This Board met for the first time on 10th February and will continue to meet fortnightly thereafter. See figure below, a proposed governance model.



7.2 How will risk, quality, and change be managed across interventions?

- 7.2.1 With multiple interventions spanning different funding streams, the management of risk, quality and change will impact the adaptability and effectiveness of this programme of work.
- 7.2.2 The Joint Programme Board will have oversight of programme level risks, management and delivery outcomes to make informed recommendations and provide advice to the Joint Strategic Board for decision making, or in the interim to support Accountable Body decision making, namely through CA Board and ICB.
- 7.2.3 The Joint Board will appoint Task and Finish Groups to oversee design and delivery of individual interventions or on specific tasks related to performance, as needed.
- 7.2.4 Delegated authority to the Joint Strategic Board/ Committee could allow for decisions and changes to be made mid-intervention. The Programme Board

will provide direction and recommendations, informed by Task and Finish Groups, to enable informed and timely decision-making.

7.3 **Approach to programme monitoring and evaluation**

- 7.3.1 Testing new methods and models of intervention is key to the delivery plans of both the accelerator and trailblazer.
- 7.3.2 Indicators to monitor progress within each intervention will be agreed as part of the project development process, and will link to the actions, outputs, outcomes and indicators included in the West Yorkshire Plan, Local Growth Plan and Integrated Care Board ambitions / Joint Forward Plan.
- 7.3.3 Monitoring and evaluation requirements will vary for the accelerator and trailblazer schemes of work, due to potentially differing asks from DWP, NHSE, the ICB and the Combined Authority.
- 7.3.4 However, consistent monitoring practices will produce a robust understanding of the performance of interventions, enabling comparisons to be made across Work and Health activity, identifying lessons to be learned and improvements to be made.
- 7.3.5 To enable this, officers responsible for the evaluation of accelerator and trailblazer activities have been meeting regularly to align monitoring and evaluation planning.
- 7.3.6 This will give West Yorkshire partners the robust information and insight that they need to support informed decision making, continuously improve the support offer, and share lessons learned and best practice more widely.
- 7.3.7 A joint programme-level evaluation approach is being proposed, alongside performance management activities through the Joint Programme Board.
- 7.3.8 Given interventions will be predominantly delivered at place, an evaluation framework is currently in development, to support co-ordinated data collection across the five places. The framework seeks to include sufficient detail for West Yorkshire colleagues to provide assurance and track collective impact across interventions, whilst minimising the data collection burden. It has been shaped by feedback from an evaluation subgroup, with representation across the places. The aim of the evaluation is to understand what health interventions are supporting people to remain or return to work in West Yorkshire.
- 7.3.9 The evaluation framework will include a minimum dataset to be collected by the delivering services, to enable data collation across varying interventions. Data will be combined at a West Yorkshire level, ideally into clusters of interventions e.g. musculoskeletal, mental health etc. The proposed minimum dataset is tiered, with a core element including individual demographics and employment status. The methodology of data collection and the responsibility for analysis are under consideration. The evaluation framework will continue to be adapted following the commencement of intervention delivery.
- 7.3.10 In addition, a national evaluation of the Health and Growth Accelerator Programme will be conducted by the National Institute of Health Research

(NIHR). It is our understanding that this evaluation will be phased, with the first phase process driven, and further information is awaited. The regional evaluation team will continue to link in with the national team, to co-ordinate work where possible.

7.4 **Public and stakeholder support, including consultations and engagement**

7.4.1 The accelerator and trailblazer delivery plans and the activities outlined in this Joint Delivery Plan have been developed from the Work, Health and Skills Plan for West Yorkshire.

7.4.2 As such, they are directly influenced by the data and insights gathered from stakeholders through consultation.

7.4.3 Ongoing public and stakeholder engagement will be critical to ensure interventions are co-designed and delivered to the benefit of our target cohorts. This will include, but not be limited to:

- Monthly Health and Growth Strategy Mornings that convene local authorities, health partners, VCSE organisations and other partners from across the region's work, health and skills system.
- Regular sessions through existing employer-focused networks.
- The further development or creation of spaces to share and learn from the lived experience of local people to inform the ongoing development of our approach.
- Place-level convening of key system partners to inform design and delivery of interventions at local authority level

8 **The longer-term**

8.1 The shared ambition is agreed in the Work and Health Plan is for West Yorkshire to have the healthiest residents and workforce in England by 2040.

8.1.1 This joint delivery plan outlines the strong foundations developed through an integrated approach to governance and system leadership, a series of evidence-based interventions that scale up existing and test new innovative approaches and a robust approach to learning and evaluation.

8.1.2 The approach and our learning will inform our future approach to delivering an accessible, coordinated and coherent approach to addressing economic inactivity in West Yorkshire in 2024 and beyond.