Meeting of BNSSG ICB Board

Date: 2nd October 2025

Time: 12:45 – 15:45

Location: MS Teams

Agenda Number:	6.3
Title:	BNSSG WorkWell Programme
Purpose: Decision	
Key Points for Discussion:	
The Purpose of this paper and presentation is to provide the board with the background and delivery of the partnership approach to the Department for Work and Pensions (DWP) funded WorkWell Programme. The paper will present details of the delivery context, the methodology, the population, key insights and satisfaction scores. The paper will further discuss the future of WorkWell, and the Work and Health agenda as a whole, aligning the 3 shifts defined in the NHS 10 year plan with the "Get Britain Working" white paper and ongoing devolution.	
Recommendations:	To comment and discuss • WorkWell impact to date and the integration of Work and Health
Previously Considered By and feedback :	BNSSG ICS People Committee BNSSG ICB WorkWell Steering Group BNSSG ICB WorkWell Operations Group
Management of Declared Interest:	Consideration has been given to conflicts of interest
Risk and Assurance:	• Time to procure additional Health provision and capacity

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2	for the additional year of funding. • Fragmented Work and Health eco system, specifically the onboarding of Connect 2 Work • Restructuring of organisations within the Work and Health space including BNSSG ICB, West of England Combined Authority and the Local Authorities
Financial / Resource Implications:	The initial WorkWell pilot will result in an inward investment of £2.9m. The project is currently working with evaluators to define wider savings to ICB partners.
Legal, Policy and Regulatory Requirements:	WorkWell is linked to the following key policies: • Get Britain Working (white paper) • The NHS 10 Year Plan • Pathways to Employment • The Universal Credit and Personal Independence Payment Bill
How does this reduce Health Inequalities:	WorkWell is a provision focused on supporting individuals with health barriers to employment to remain in work and thrive or return to work. It is understood that "Good" employment supports the redress of health inequalities.
How does this impact on Equality & diversity	Bristol City Council has produced the Equality Impact Assessment see appendix
Patient and Public Involvement:	Regular engagement with individuals referred to the programme, current participants and past participants is informing our planning for the additional year of funding.
Communications and Engagement:	The WorkWell team have attended over 125 local events attended by members of the public, Primary Care Network meetings, Local

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3	Authority Employment and Skills Meetings, Local employer groups, Press release (7th August 2025) relating to the sharing of over £250,000 of funding to the VCSE sector and GP Surgeries.
Author(s):	Laurence Ross, Strategic Workforce Lead and WorkWell Learning and Change Manager. Paul Gaunt, Employment Support Manager Bristol City Council.
Sponsoring Director / Clinical Lead / Lay Member:	Jo Hicks, Chief People Officer.

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Background

WorkWell is a UK government pilot initiative, jointly led by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC). WorkWell, along with Connect 2 Work has been created in response to the rising number of people unable to work due to long-term illness, particularly post-pandemic. It seeks to integrate Work and Health support at a local level across 15 areas, aiming to help around 60,000 people with health-related barriers to start, stay, and succeed in employment.

In the Bristol, North Somerset, and South Gloucestershire (BNSSG) region, the programme is delivered through a partnership between the BNSSG Integrated Care Board (ICB), Bristol City Council (BCC), Jobcentre Plus, and the Voluntary, Community and Social Enterprise (VCSE) sector. Following a successful joint bid by BNSSG ICB and BCC, the pilot received £2.9 million to work with 3,000 participants, later revised to £2,650,000 for 2,550 people, with delivery commencing in October 2024.

WorkWell focuses on individuals aged 16–65 who are at risk of leaving work, are absent, or economically inactive due to ill health. The programme provides light-touch, person-centred support, including one-to-one coaching, vocational action planning, employer mediation, and referrals to specialist and VCSE services. Participants can access WorkWell through various referral routes.

Key Partnerships

1. Delivery Partnership

BNSSG ICB WorkWell provision is the result of effective and efficient partnership working. As part of the "Get Britain Working" white paper, WorkWell has brought sectors together to support individuals with barriers to returning to, or remaining in, employment. At the centre of this partnership model is the partnership between the BNSSG ICB and BCC (as the primary delivery partner). Regularly working across county boundaries, BCC has previously delivered Work and Health Pilots. From bid writing, to delivery, to evaluation and the evolution of WorkWell, BCC's expertise, partnership focus and reach have been a key success factors in the delivery of WorkWell.

- BNSSG ICB provides governance and strategic oversight, ensuring alignment with local health priorities and the co-designed Work and Health strategy. The ICB works with Health and Social Care partners to encourage participation with WorkWell, provide services for WorkWell participants, evaluate the effectiveness of the provision and identify innovations for continuous improvement.

- BCC deliver the Work and Health coaching provision, including the onboarding of new participants, data management, and the coaching process.

2. Governance Structure

The governance structure established to assure the role out of WorkWell demonstrates a commitment to work across sectors.

- WorkWell Steering Group: chaired by the ICB lead Executive with representation from Public Health, Combined Authority, local Authority, DWP, Health and the VCSE Sector.
- WorkWell Operations Group: representation from Public Health, Local Authorities, Combined Authority, Education, Health, VCSE sector, delivery partners, social prescribers and individuals with lived experience.

3. Wider Partnerships

The programme team work with strategic partners to encourage referrals to the WorkWell Programme and to provide activities to support participants on their journey. Partners include:

- **Primary Care:** WorkWell has worked closely with OneCare via the GP forums and bulletins, to raise awareness of the programme across Primary Care in BNSSG. The programme team has produced and promoted assisted referral routes for GPs, including WorkWell patient notifications via AccurX text messaging and an EMIS-enabled referral plugin. The programme also delivers in-reach via clinical and team meetings, provision of reception area and clinician information materials and the set-up of pop-up information desks. In addition to practice manager and GP communications, the programme team are also in close contact with Allied Health Professional teams and Personalised Care roles in Primary Care, including First Contact Physiotherapy, Social Prescribers, Health and Wellbeing Coaches and Community Link Workers.
- **VCSE organisations:** In June 2025 WorkWell in collaboration with Green Social Prescribing and the West of England Combined Authority provide over £250,000 of funding to 16 VCSE organisations to provide Work and health support services. Since the funding has been allocated WorkWell have seen a significant increase in the number of referrals from VCSE organisations (see chart 5 below). The 16 VCSE organisations also provide support directly to WorkWell participants within local community settings.
- **Treatment Pathways and Community Access Days:** WorkWell has collaborated with Treatment Pathways and the delivery Community Access days to provide support directly to patients.
- **Existing Employment Support Provision:** Held by local authorities, charities and training providers, the provision is key to providing holistic person-centred support to participants. The provision enables long-term support of participants beyond the scope of WorkWell. Employment support also addresses the top two non-health related barriers to employment, suitable jobs and confidence.
- **Individual Placement Support (IPS) and Employment Advisors in Mental health Services (EAMH):** WorkWell regularly collaborates with both IPS and EAMH services. WorkWell refers and takes referrals from both services, operating a no wrong front door approach to delivery.

In addition to the above and as a direct result of WorkWell, the BNSSG ICB has had a key role in the development of the upcoming local 'Get Britain Working' plan, 'Get the West of England Working'. Authored by the West of England Combined Authority (WECA), local plans are designed to bring key stakeholders together to address economic inactivity due to ill health.
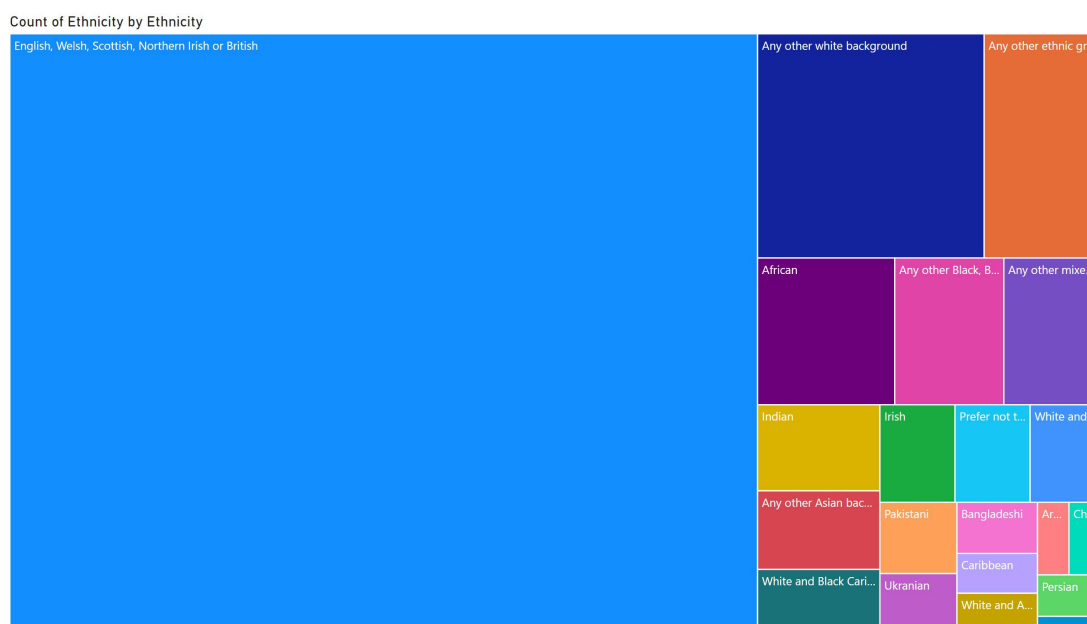
WorkWell is an example of effective partnership working. Bringing together expertise from health and employment to engineer a provision that supports the overcoming of health barriers to employment to positively impact the wider determinants of health inequalities. The primary partnership between BNSSG ICB and BCC is driven by the understanding that Good Employment positively effects health outcomes.

Key Insights

The following section provides an overview of the WorkWell population, the programmes progress to date and its planned expansion.

1. Population

Charts 1 and 2: Provide details concerning the ethnicity of participants within WorkWell. Demonstrating that most participants are manly white British. This is a key area of focus for the WorkWell team as we move into the second phase.
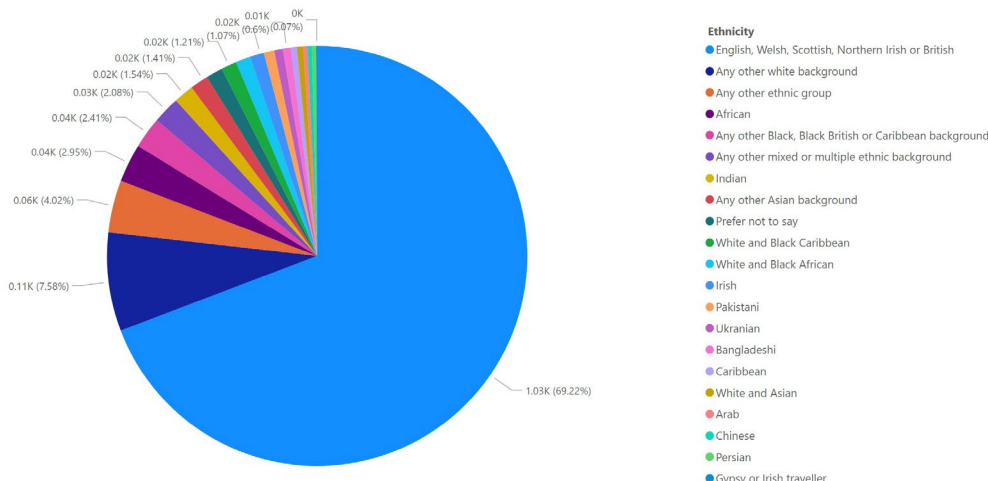

Count of Ethnicity by Ethnicity

Count of Ethnicity by Ethnicity

Ethnicity
- English, Welsh, Scottish, Northern Irish or British
- Any other white background
- Any other ethnic group
- African
- Any other Black, Black British or Caribbean background
- Any other mixed or multiple ethnic background
- Indian
- Any other Asian background
- Prefer not to say
- White and Black Caribbean
- White and Black African
- Irish
- Pakistani
- Ukranian
- Bangladeshi
- Caribbean
- White and Asian
- Arab
- Chinese
- Persian
- Gypsy or Irish traveller

While WorkWells participant population is diverse there is significant work required in this area. The majority of WorkWell's population is White British, Female and educated to Level 3 (A-Level). This is an area for development for the WorkWell provision. Specifically, WorkWell needs to attract a greater number of participants from global majority communities, discussions are currently under way with specific partnership community organisations e.g. Somali Resource centre.

Chart 3 provides information on the Primary Health Barrier (block colour) and the Primary Non-Health Related Barrier to employment. Illustrating that the barriers facing many of our local population are complex and varied.

Count of Primary Health related barrier to work by Primary Health related barrier to work and Primary non health related barrier to work

7

.
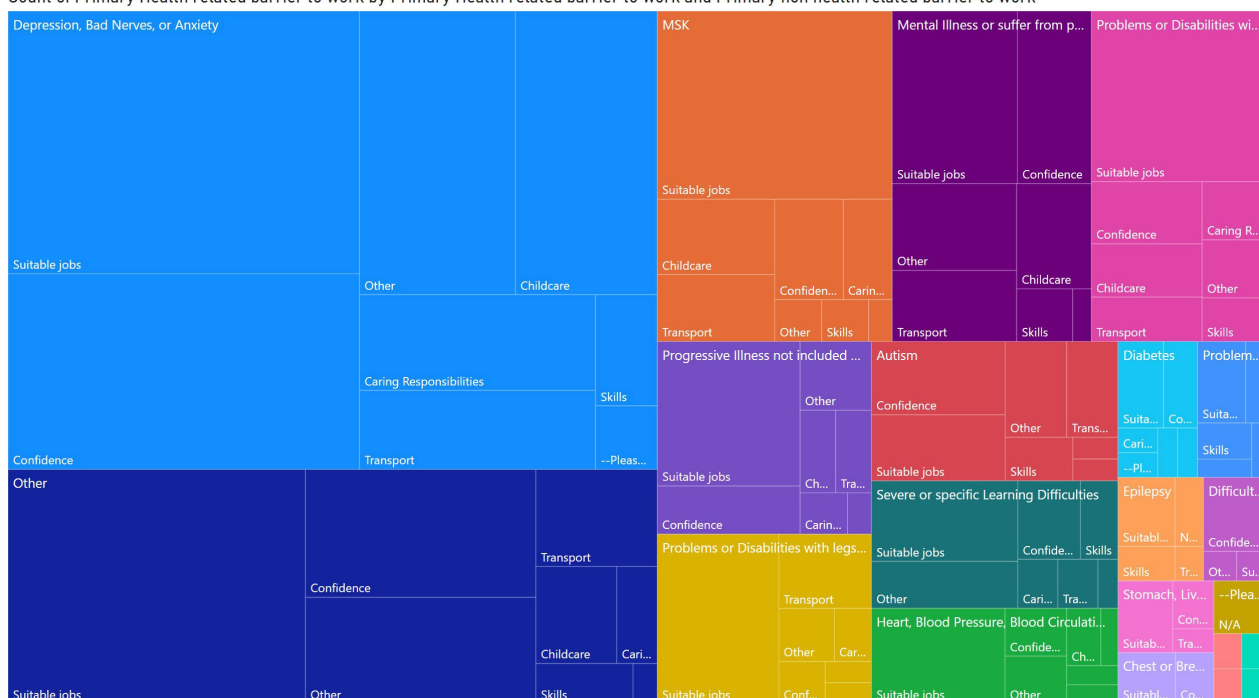
2. Development of WorkWells Referral Pathways

Chart 4 illustrates the expanding reach of WorkWell across the BNSSG region. Within Q1 participants where drawn mainly from south Bristol and Inner City and East. This has now expanded to Woodspring, Weston and Worle Villages and South Gloucestershire.
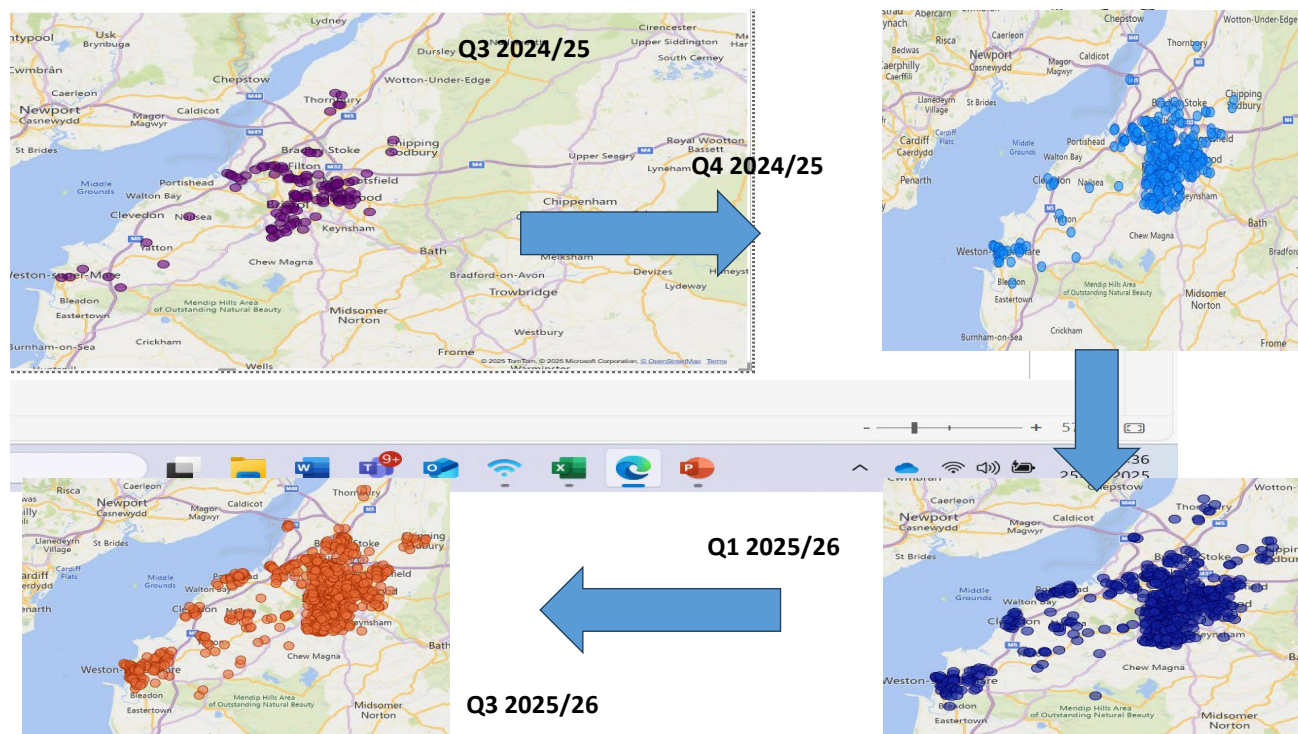
The expansion has been possible over the 12 months due to the maturing partnerships with Primary Care, Job Centre Plus and Health Pathways. The approach has been enhanced recently by the successful partnership with the VCSE sector.

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Healthier Together
Improving health and care in Bristol,
North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Referral Route ● - ● Jobcentre Plus ● Local Authority (f... ● Local Employer ● Local Health ... ● Other ● --Please Select-- ● Referred from ... ● Self-Referral ● Self-Referral ... ● Self-Referral ... ● Voluntary or...

Chart 5 demonstrates the diversity of WorkWells referral pathways, illustrating the programmes extensive partnership network.

The diversity of referral pathways is unique and not replicated across the 15 pilot areas. The majority of WorkWell regions focus on a specific pathway, for instance Primary Care or Job Centre Plus. The breadth of referral pathways within the BNSSG programme ensures all residents who require support from WorkWell can access the service.

Chart 5 also reinforces the important role the VCSE sector in supporting individuals to access the service. The VCSE sector is a key referral and delivery partner with the projects relationship facilitated by the VCSE Alliance and Mark Hubbard (VCSE Lead).

3. Progress to Date

Quarter	Total participants	Target	Satisfaction Score	Audit Outcome
Q3 24/25	86	345	92%	PASS
Q4 24/25	224	555	92%	PASS
Q1 25/26	510	510	93%	PASS
Q2 25/26	490	490	94%	PASS

Table 1 details the growth of the WorkWell programme and effectiveness via satisfaction scoring.

This is also encapsulated in a quote from the DWP WorkWell team concerning the BNSSG ICBs year 1 performance:

"The ICB has shown great ambition and a strong learning mindset in developing the WorkWell service…….. Its integration across the health, voluntary, and community sectors has been valuable; not only in terms of participant engagement and outcomes, but also in generating wider system learning for local partners and Joint Work and Health Directorate (JWHD)"

While the programme took 6 months to mature in terms of its performance against targets. This period was essential to the programme's eventual success. The National DWP team have recognised the BNSSG ICB WorkWell programme as a true test and learn site. Developing new provisions, investing in innovative support packages for participants and trailing new recruitment methods.

While WorkWell will finish the second delivery year achieving its performance targets, there is still room for further development. As evidenced from the charts and tables, the programmes 2nd phase will focus on the underrepresented communities of the BNSSG region, improve access to comparison data, and put in place a plan for the expansion of WorkWell as the ICBs footprint changes.

Future of WorkWell

A one-year extension (from April 2026 to March 2027) has been confirmed by DWP. There is also the potential for a further 2 years of funding following the 2025 Spending Review departmental allocation process. The messaging at present is that WorkWell will become a sustainable provision within the health sector from April 2029 onwards.

Moving into the 1-year extension period it is understood that funding will be decoupled from performance targets and awarded at the commencement of the financial year as a grant. The new funding model will incorporate the entirety of the BNSSG ICBs changing footprint and focus on expanding the referral routes into WorkWell. As the WorkWell programme develops DWP are particularly interested in WorkWell regions working with employers at a local level.

The programme team will grasp the opportunities of time and data to evolve the project over the next 18 months. Data will drive procurement activity, including the utilisation of the VCSE Brokerage service. Data will also identify gaps in our current population. The programme team will utilise our partners knowledge and expertise to identify innovative ways to reach populations currently underrepresented within the project. The project will also reinforce itself as a bridge between health and employment services.

1. Further Developments of the WorkWell Provision

- **Further Funding to be allocated to VCSE organisations:** through the VCSE Brokerage to facilitate increases in capacity and provide specific provision. Depending on the funding settlement from DWP, WorkWell is planning to deliver over £120,000 of funding through the VCSE Brokerage during 26/27.
- **North Somerset Allied Health Professional Hub:** The North Somerset AHP Hub pilot integrates Allied Health Professional (AHP) expertise into the WorkWell pathway to address health-related employment barriers. Developed in response to gaps identified by WorkWell coaches and national policy, it offers holistic, personalised support through a flexible delivery model—face-to-face or remote. Inspired by Northern Ireland's Conditions Management Service, it provides time-limited vocational rehabilitation using motivational interviewing and a bio-psychosocial approach. AHPs may produce Work and Health reports recommending reasonable adjustments to aid recovery and return to work. The pilot is hosted by North Somerset Council's public health team, with clinicians seconded from NHS and local authority partners. The model promotes mutual learning, system integration, and prevention-focused care. It aligns with national strategies including the NHS Long Term Plan and HT2040, and will run for six months, capturing outcomes and insights.
- **Fitnote innovation funding:** The next steps in Primary Care, will include bringing forward GP Innovation Funding workstreams to pilot co-locating Workwell coach advice in surgeries, and expand Primary Care knowledge and capabilities around Fit Notes and work and health support. This will sit alongside continued targeted engagement to embed Workwell information and referral routes in surgeries.
- **Transition to Elemental Case Management System:** Provide a single point of access for Health professionals looking to refer individuals in need of Work and Health Support. The programme is looking to link with Health IT systems by adopting Elemental as its case management system. Through this process of adoption, including the Data Protection assurance, there can be increased access for professionals and increased sharing of information.

WorkWell in the BNSSG ICB region is among the few pilots meeting performance targets, but there is room for improvement. Planned developments will align the local Work and Health agenda with emerging local plans, the "Get Britain Working" and Pathways to Employment white papers, and the NHS 10 Year plan.

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2. Widening the Work and Health Agenda

The Work and Health agenda is linked to a number of Government Missions. Including "Securing the highest Growth in the G7" and "Build an NHS Fit for the Future". The Work and Health agenda is also mentioned in the NHS 10 Year plan as a focus for ICB's, in particular:

- "we will expect all ICBs to establish specific and measurable outcome targets on their contribution to reducing economic inactivity and unemployment based on this model." (NHS 10 Year Plan).
- Support the development of a "seamless work, health and skills offer in their area" (NHS 10 Year Plan).

The government's determination to address economic inactivity due to ill health is reflected in policies such as the "NHS 10 Year Plan", "Get Britain Working", "Pathways to work", "FITnote Reform", and the "Universal Credit and Personal Independence Payment Bill", has resulted in cross-departmental collaboration between DWP, and the Department for Health and Social Care focusing on integrating health, skills, and employment services.

The "Get Britain Working" White Paper outlines a unified strategy to reduce unemployment caused by ill health, with ICBs expected to contribute to local plans, sign the regional agreement (such as the upcoming Get the West of England Working Plan), and remain actively involved in delivery through steering group participation. The aim of the local plans is to bring local stakeholders together to start a 10-year journey towards a locally defined desired outcome.

With the signing of the upcoming 'Get the West of England Working Plan" and the delivery of the NHS 10 year plan the role of ICB's within the Work and Health agenda is clear. BNSSG ICB is developing a significant amount of knowledge and expertise within the Work and Health area. This expertise is being developed through projects like WorkWell, Individual Placement Support (IPS) and Employment Advisors in Mental Health (EAMH). Collaboration with local strategic partners like BCC, the VCSE sector and the West of England Combined Authority will only enhance the ability of Health to impact economic inactivity due to ill health.

Appendix

1. Links to Government Papers

Document	Link
Pathways to Work Green Paper	Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK
Get Britain Working White Paper	Get Britain Working White Paper - GOV.UK
Fitnote Reform	Evaluation of the 2022 Fit Note Reforms - GOV.UK
Universal credit and personal independence payment bill	Universal Credit Act 2025
NHS 10 Year Plan	NHS England » Fit for the Future: 10 Year Health Plan for England

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2. Equality Impact Assessment (Bristol City Council)

EqIA WorkWell
Partnership 2024.doc

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Equality Impact Assessment [version 2.12]

Title: WorkWell Partnership 2024	
☐ Policy ☐ Strategy ☐ Function ☒ Service	☒ New
☐ Other [please state]	☐ Already exists / review ☐ Changing
Directorate: Children and Education	Lead Officer name: Paul Gaunt
Service Area: Employment, Skills and Lifelong Learning	Lead Officer role: Employment Support Manager

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here Equality Impact Assessments (EqIA) (sharepoint.com).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the Equality and Inclusion Team early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

> The purpose of this EQIA is to support the Cabinet decision to seek approval to hold detailed bid negotiations with the NHS Integrated Care Board and DWP to become a Vanguard Programme for the Government's Work Well Partnership Programme across Bristol, North Somerset and South Gloucestershire areas.
>
> The WorkWell Partnerships Programme was announced in the 2023 Budget and will pilot a new model in England for delivering integrated work and health support in 15 local Pilot areas, (known as "Vanguards"), linking jobcentres, health services and other local organisations to provide wraparound health support for jobseekers, those who draw upon benefit support and those at risk of falling out of work because of their health condition.
>
> The Council's Employment Support Team was approached by the Bristol, North Somerset and South Gloucestershire Integrated Care Board, (BNSSG) to submit a joint funding application, (lead by BNSSG) and, should we be successful, to lead on the employment support element of the proposed programme. WorkWell will run from September 2024 to March 2025.
>
> The BNSSG area has a working age population of 1,538,862 (ONS, 2022). In the 22/23 financial year, 192,751 fit notes were written in the 22/23 financial year. 5.9% (circa 9637) of these individuals were identified as "may be fit for work". This number has remained relatively stable over the 22/23 and 21/22 financial years.
>
> Furthermore, 32.8% of fit notes were awarded for a duration of 5 to 12 weeks, the highest of all identified durations.
>
> The most prevalent diagnosis was Mental Health Disorder followed by musculoskeletal, diseases of the respiratory system, symptoms signs and abnormal clinical / laboratory findings, injury, poisoning and certain other consequences of external causes.

62,900 individuals within Bristol are economically inactive, at 19.4% of the population, this is higher than the Southwest average but lower than the national average. The percentage of individuals economically inactive due to Long-term sickness (26.7%) is higher than both the southwest (25%) and national percentages (26.6%)

The BNSSG Work Well Project will be targeted within specific localities within Local Authority areas. The localities have been selected due to their level of health and Disability depravation together with life expectancy.

Economic inactivity due to long-term sickness was higher than both the national and Southwest average in two of the 3 Local Authorities covered by the BNSSG ICS. While the project will cover the 3 Local Authority areas, the majority of resources will be focused on North Somerset and Bristol due to the higher levels of inactivity, "fit notes" and population density.

In Bristol, the focus of the programme will be on the Bishopsworth, Stockwood, Easton and Horfield areas due to the high levels of Fit Notes issued by General Practitioners within the localities, with an initial focus on individuals being provided with their first or second fit note due to mental health reasons.

On a quarterly basis, the steering group will expand the Work Well provision to include Musculoskeletal (Q2), respiratory system (Q3), and injury, poisoning and certain other consequences of external causes (Q4). During quarter 3, the Steering Group will look to expand the provision to other areas of the BNSSG region, which will be identified through consultation and collaboration with all BNSSG ICS locality partners.

1.2   Who will the proposal have the potential to affect?

☐ Bristol City Council workforce	☒ Service users	☒ The wider community
☐ Commissioned services	☐ City partners / Stakeholder organisations	

1.3   Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

☒ **Yes**	☐ **No**	[please select]

There are three elements to the WorkWell Partnership that will have the potential to positively change the quality of life, health and standard of living of Bristol residents with health conditions:

1.   Employment Support:

The programme will enable Bristol City Council and partner providers to fulfil Mayoral social mobility commitments by working with 1500 Bristol based individuals who are either unemployed or at risk of losing their jobs through health conditions. The Council's Employment Support Team will deliver the employment support element of the programme, working in partnership with health providers such as GP's, social prescribers and the DWP.

2.   Joining up the system

As the WorkWell Partnership progresses, we shall work on strategically and operationally joining up Work and Health provision and support within the footprint of our local Vanguard Pilot area.

3. Development of Best Practice	
We shall work alongside the other 14 WorkWell Partnership Vanguard areas to identify, learn and share best practice in supporting people with health conditions to return or remain in paid employment.	

Step 2: What information do we have?

2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: How we measure equality and diversity (bristol.gov.uk)

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here Data, statistics and intelligence (sharepoint.com). See also: Bristol Open Data (Quality of Life, Census etc.); Joint Strategic Needs Assessment (JSNA); Ward Statistical Profiles.

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as HR Analytics: Power BI Reports (sharepoint.com) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the Employee Staff Survey Report and Stress Risk Assessment

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
LKIS Small and Medium Enterprises (SME) Health Report	PowerBi dashboard that focusses on the reasons and levels of sickness and absenteeism caused by condition in the region's small to medium sized businesses. This shows that the main causes are mental health, (12%) and muscular skelto conditions, (15.6%).
NHS England. Fit notes issued by GP practices	PowerBi dashboard offering a range of data metrics looking at Fit Notes issued by GP's, which can be filtered to show region, Integrated Dare Board, (ICB), and sub-ICB location data. The Health Deprivation and Disability Domain data for Bristol indicates that the South, Inner City, and North Bristol locality areas are hotspots areas for the authority. Within these areas, Bishopsworth, Easton, Horfield, Hartcliffe and Withywood, Filwood, Knowle, Lawrence Hill and Lawrence Weston are wards experiencing multiple depravation and are of significant concern. This shows us the highest areas where fit notes are issued correlate with our targeted areas of South, East and Central Bristol.
OHID Fingertips	Large public health data collection, with data organised into themed profiles. These include rich source of indicators across range of health and wellbeing themes, which can be filtered at different geographical levels, and benchmarked against regional or England average. This data can be further used to evidence both our initial targeted conditions

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
	and areas. It also shows us that Bristol has a lower life expectancy of the 3 BNSSG local authorities – Bristol, South Glocs and North Somerset (78.5 years for males and 82.6 years for females. 62,900 individuals within Bristol are economically inactive, at 19.4% of the population, this is higher than the Southwest average but lower than the national average. The percentage of individuals economically inactive due to long-term sickness (26.7%) is higher than both the Southwest (25%) and national percentages (26.6%). While this is higher than South Gloucestershire it is lower than North Somerset.
Stat-Xplore	Data tool to explore DWP benefits statistics, including UC conditionality regime data and health caseloads, and legacy ESA figures. This shows us that our targeted areas also correlate to areas that have a higher dependency upon benefits to get by.
NOMIS	Official census and labour market statistics.Gives a full breakdown of benefit data across the City by Ward and Lower Super Output areas which correlates to the areas where high levels of fit notes are issued as well as other economic indicators including lower academic achievement, indices of deprivation etc.
Bristol Census Data Microsoft Power BI	A variety of information regarding the health conditions and demographic details of Bristol localities to enable the targeting of our WorkWell Partnership activities to South, Central and East Bristol.

Additional comments:

2.2 Do you currently monitor relevant activity by the following protected characteristics?

☒ Age	☒ Disability	☐ Gender Reassignment
☐ Marriage and Civil Partnership	☒ Pregnancy/Maternity	☒ Race
☐ Religion or Belief	☒ Sex	☐ Sexual Orientation

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

We currently collect varying levels of protected characteristic data across all of our Employment Support Team activities.

In preparing the partnership application we have also had access to health and public health data through our partner the BNSSG, (NHS).

We intend to work across all of our programmes to ensure that data is comprehensively and consistently collected, analysed and acted upon to ensure that our services are targeted at and delivered to protected characteristic groups that represent Bristol's population. This work will be started Q1 2024-25.

There are gaps in overall diversity data at a local and national level for some characteristics e.g. gender reassignment – especially where this has not historically been included in statutory reporting e.g. for sexual orientation. As council we rarely monitor marriage and civil partnership. There is a corporate approach to diversity monitoring for service users and our workforce, however the quality of available evidence across various council service areas is variable. No robust data on gender identity exists. Gaps in data will exist as it becomes out of date or is limited through self-reporting.~~We are unable to collect data on pregnancy / maternity & gender reassignment, despite trying a number of sources. Therefore we would welcome the advice of the Equalities Team on how to gather this information.~~

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to Managing a change process or restructure (sharepoint.com) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

Through delivering ~~the original Future Bright programme as well as other~~ successful projects such as the national award winning Move On, Move In, Move Up rough sleeper programme, the WE WORK for Everyone Learning difficulty employment support programme, One Front Door generalist employment support programme,

the Future Bright in work support programme and other specialist employment support programmes, we have developed the WorkWell model in collaboration and consultation with individuals, communities, groups and Government agencies.

In developing our proposal we have met and reviewed data from:

- Individuals through delivering our services, customer feedback forms and evaluations of each programme.
- Individuals and Communities – Though three Community conversations held in September 2023 in Barton Hill, Southmead and Hartcliffe where we jointly facilitated sessions with the Council's community Engagement Team to inform the wider Employment, Skills and Learning strategy for the City. Each event was attended by an average of 20 people per session
- We hold quarterly strategic meetings with a City Leaders Group comprising representation from agencies including DWP, the Probation Service, Public Health, the West of England Combined Authority, the City of Bristol College to focus on the emerging employment and skills related needs of the City.

Feedback from the above has been incorporated into our WorkWell funding application.

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

As part of the development of the Employment and Skills Plan for Bristol, we recently undertook wide number of consultations including surveys with funders, stakeholders, employers, VCS organisations and three Community Conversations in September 2023 with groups of individuals drawn from the very communities that we wish to engage. The Community Conversations were held in South, North and East / Central Bristol and were facilitated by the Community Development Team. Each had an average of 20 attendees at each session. The findings will be published in April 2024 in the Bristol Employment, Skills and LifeLong Learning Plan – 2024 – 2029. We will seek to continue these conversations and consultations on an annual basis, (in September each year), within the wider Employment, Skills and Learning Team in inform current and future work. As part of the development of the Employment and Skills Plan for Bristol, we recently undertook wide number of consultations including surveys with funders, stakeholders, employers, VCS organisations and three Community Conversations with groups of individuals drawn from the very communities that we wish to engage. We will seek to continue these conversations and consultations on an annual basis within the wider Employment, Skills and Learning Team in inform current and future work.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. Equality Impact Assessments (EqIA) (sharepoint.com)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS   (highlight any potential issues that might impact all or many groups)

The programme may have both positive and adverse impacts on various groups based on protected or relevant characteristics.
Mitigations should be tailored to address the specific needs and challenges of different groups to ensure equity and inclusivity in the programme.

PROTECTED CHARACTERISTICS

Age: Young People	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: Young people may benefit from early intervention and support to enter or remain in the workforce, gaining valuable skills and experience. Adverse Impact: Young people might face challenges due to lack of experience or discrimination in the job market.
Mitigations:	Provide targeted mentorship and training opportunities tailored to the needs of young participants to address barriers to employment.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: Older individuals may bring extensive experience and knowledge to the workforce, contributing to workplace diversity and productivity. Adverse Impact: Older workers may face age discrimination or struggle to adapt to changing job requirements.
Mitigations:	Implement age-inclusive hiring practices and offer retraining programmes to help older workers update their skills.
Disability	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: The programme can empower individuals with disabilities by providing accommodations and support to access employment opportunities. Adverse Impact: Discrimination, inaccessible workplaces, and lack of understanding about disability-related needs may hinder participation and success.
Mitigations:	Ensure reasonable adjustments in programme delivery and working with employers, offer disability awareness training to employers, and advocate for inclusive workplace policies.
Sex	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: The programme should promote gender equality in employment by addressing systemic barriers and biases. Adverse Impact: Gender discrimination in hiring and workplace harassment may impede the progress of individuals.
Mitigations:	Implement gender-sensitive policies, provide support for victims of discrimination or harassment, and offer training to combat unconscious bias.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: The programme should promote gender equality in employment by addressing systemic barriers and biases. Adverse Impact: Gender discrimination in hiring and workplace harassment may impede the progress of individuals
Mitigations:	Implement gender-sensitive policies, provide support for victims of discrimination or harassment, and offer training to combat unconscious bias.
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: Supporting pregnant individuals and new parents can facilitate their continued participation in the workforce. Adverse Impact: Discrimination, lack of accommodations, and societal stereotypes may lead to barriers in employment and advancement.
Mitigations:	Ensure maternity leave rights are protected, provide flexible work arrangements, and address biases against pregnant individuals.
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: Creating an inclusive environment can support individuals undergoing gender transition to feel respected and supported at work. Adverse Impact: Discrimination, lack of understanding, and harassment may create significant barriers to employment and retention.

Mitigations:	Provide training on transgender inclusion, offer support networks, and enforce anti-discrimination policies.
Race	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Promoting racial diversity in the workforce can enhance creativity, innovation, and productivity. Adverse Impact: Systemic racism, unconscious bias, and discriminatory practices may limit opportunities for individuals from marginalized racial groups.
Mitigations:	Implement diversity initiatives, offer cultural competency training, and ensure equal access to resources and opportunities.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: Accommodating religious beliefs and practices can create an inclusive environment where individuals feel respected and valued. Adverse Impact: Discrimination, lack of understanding, and hostile work environments may marginalise individuals based on their religious beliefs.
Mitigations:	Promote respect for diverse beliefs, and address harassment or discrimination based on religion.
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: Recognising and supporting diverse family structures can contribute to a more inclusive and supportive workplace culture. Adverse Impact: Discrimination or lack of recognition for non-traditional partnerships may create barriers for individuals.
Mitigations:	Ensure equal treatment for all types of partnerships, provide family-friendly policies, and address biases related to marital status
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: Providing support for individuals from deprived backgrounds can help address socio-economic inequalities and promote social mobility. Adverse Impact: Limited access to education, resources, and opportunities may perpetuate cycles of poverty and exclusion.
Mitigations:	Offer targeted support and resources for individuals from deprived areas, including access to education, training, and employment opportunities.
Carers	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Positive Impact: Recognising and supporting the needs of carers can enable them to balance work and caring responsibilities effectively. Adverse Impact: Lack of flexibility, understanding, and support may lead to difficulties in managing work and caring duties.
Mitigations:	Provide flexible working arrangements, caregiver support programs, and promote awareness of carer rights and needs in the workplace.
Other groups [Please add additional rows below to detail the impact for any other relevant groups as appropriate e.g. asylum seekers and refugees; care experienced; homelessness; armed forces personnel and veterans]	
Potential impacts:	• Positive impact: Individuals experiencing ill health and are unemployed or at risk of losing their jobs through their condition can access support to break the cycle of by gaining skills and support to manage their health condition, gain or maintain employment, leading to improved financial and health well-being for themselves and their families. • Potential issue: Persistent structural inequalities may limit the job opportunities available to participants with health conditions, exacerbating socioeconomic disparities.
Mitigations:	Provide targeted support and resources for participants with health conditions, collaborate with community organisations to address systemic issues, and advocate for policies that promote economic inclusion.

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

> The programme seeks to support eligible residents who are at risk of losing their job or are unemployed due to their health condition. It will work with health providers, the DWP and employment support providers to help participants gain or remain in work whilst managing their health condition

Step 4: Impact

4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:
When the decision to progress the programme is agreed, focus will move to refining and implementing delivery plan to achieve the strategic aims of the programme.   Consultation highlighted the need for better communication and ongoing community engagement with the programme. Therefore we will explore ways of making the programme more accessible through working with our stakeholders, delivery partners, employers, as well as other Council Teams and will further involve citizens in the development of the delivery plan and monitoring of its progress.

Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
The WorkWell Partnership programme will work with a minimum of 1500 Bristol based individuals who are unemployed or at risk of losing their jobs due to their health condition. By working with and supporting them to manage their condition and increase their skills / employment opportunities will lead to improved, direct impacts of a greater quality of life and better standard of living together with the indirect outcomes of improved health and education.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
Work across the Employment Support Team's range of programmes to implement improvements in the collection and reporting of protected characteristic data	Support Manager / Programme Managers	April 2024
The actions and outcomes identified in the WorkWell Programme implementation plan and any actions and outcomes identified in subsequent delivery plans will be monitored by the Programme's Steering Group, the DWP and the West of England Combined Authority through an established monitoring plan.	Programme Manager	Ongoing
Performance targets and monitoring against Equalities groups will feed into the quarterly formal review of the delivery plan and subsequent strategies	Programme Manager	Ongoing

4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

> Through monitoring and reporting against equalities data consistently across all Employment Support programmes and developing action plans where appropriate to ensure that our services are representative of all equalities groups within Bristol.

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the Equality and Inclusion Team before requesting sign off from your Director[1].

Equality and Inclusion Team Review:	Director Sign-Off:
Date:	Date:

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[1] Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.

BNSSG ICB WorkWell

Laurence Ross – Strategic Workforce Lead BNSSG ICB

Paul Gaunt – Employment Support ManagerBristol City Council

WorkWell Partnership Approach

- WorkWell has brought sectors together to support individuals with barriers to returning to, or remaining in employment.

- Partnership with Bristol City Council is the key success factor for the project

- A governance structure that incorporates elements of Health, Education, Employment Support, VCSE

- Outcome a uniquely diverse referral pipeline that informs the evolution of the provision, ensures performance targets are met and mitigates risks
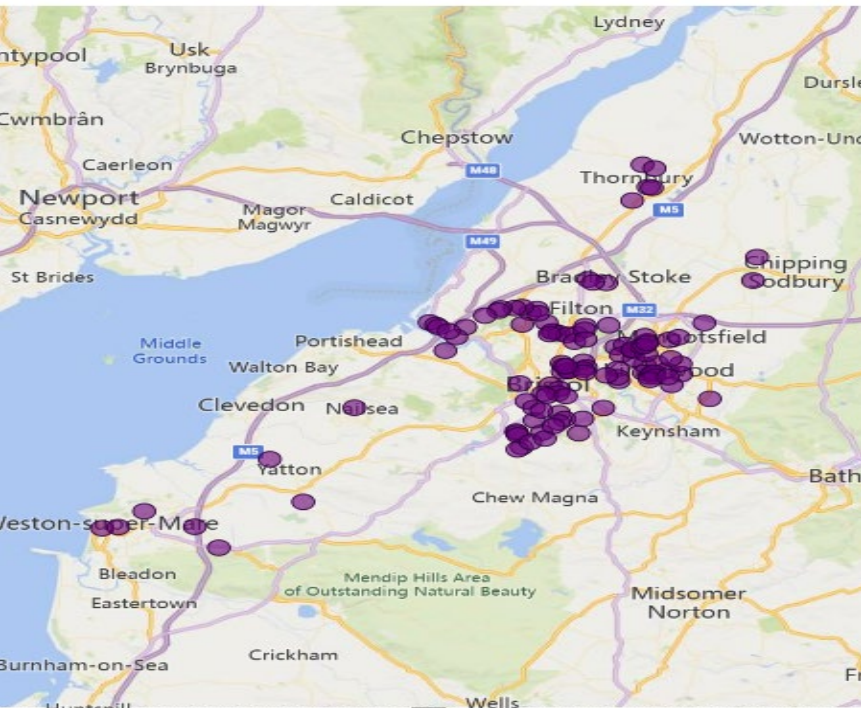
Bristol City Council

- BCC has a strong track record of delivering specialist employment, skills and learning programmes regionally, locally and within diverse communities through their established infrastructure

- They bring strong, established relationships with their neighbouring local authorities, WECA, the DWP, local employers, the VCSE and hard to reach communities.

- Provided support with bid writing, implementation, contract compliance / management, reporting, service delivery and managing the service.

- Through our close working, BNSSG and BCC have developed an effective, high performing partnership

VCSE Sector

- Collaborated with the West of England Combined Authority and Green Social Prescribing to provide £250,000 of funding to 16 VCSE organisations to deliver Work and Health Support.

- Effective at recruiting from communities that have been underrepresented within the WorkWell participant population

- Providing detailed feedback from participants on outcomes

- Informing, through the Steering and Operations groups the development of WorkWell.
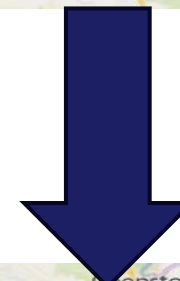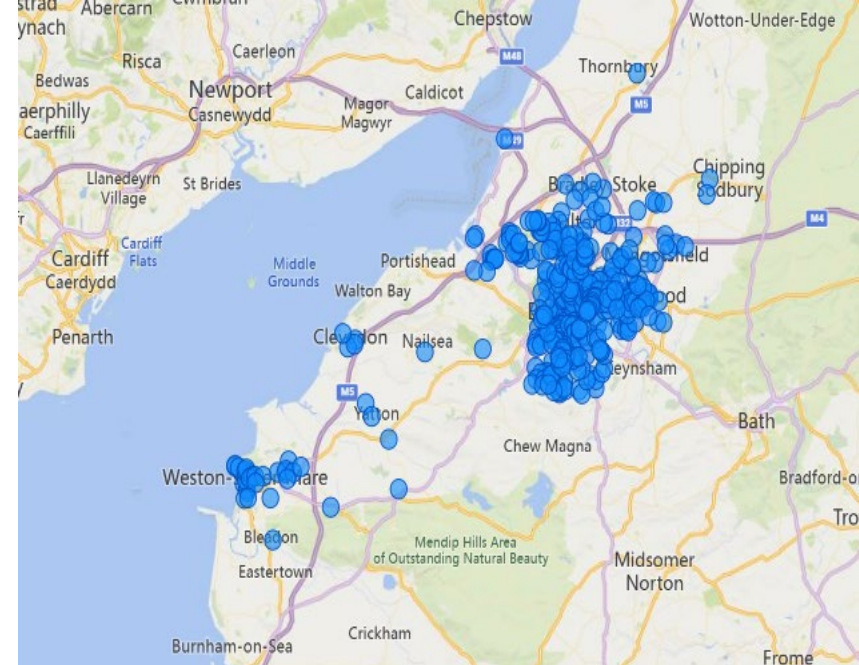
Progress to Date

Quarter	Total participants	Target	Satisfaction Score	Audit Outcome
Q3 24/25	86	345	92%	PASS
Q4 24/25	224	555	92%	PASS
Q1 25/26	510	510	93%	PASS
Q2 25/26	490	490	94%	PASS

Q3 2024/25

Q4 2024/25

Q1 2025/26

Q3 2025/26
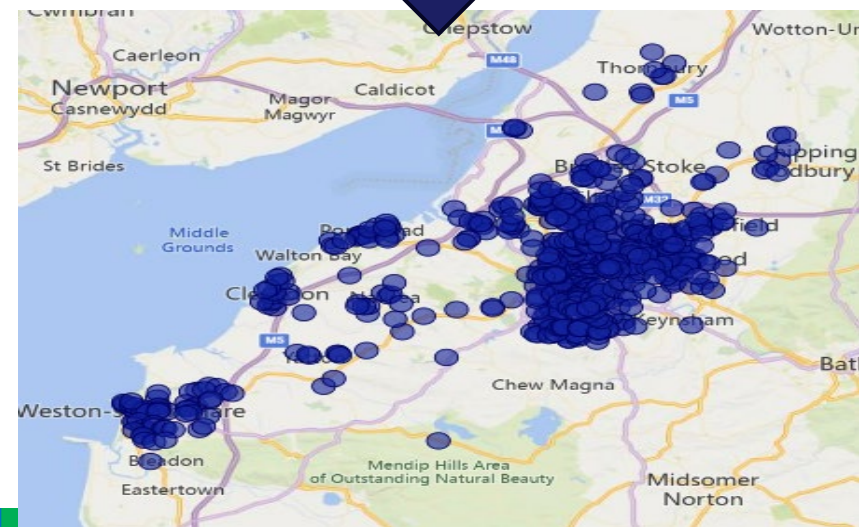
Count of Date of first contact with participant by Year, Quarter and Referral Route

Referral Route ●- ●Jobcentre Plus ●Local Authority (f... ●Local Employer ●Local Health ... ●Other ●--Please Select-- ●Referred from ... ●Self-Referral ●Self-Referral ... ●Self-Referral ... ●Voluntary or...
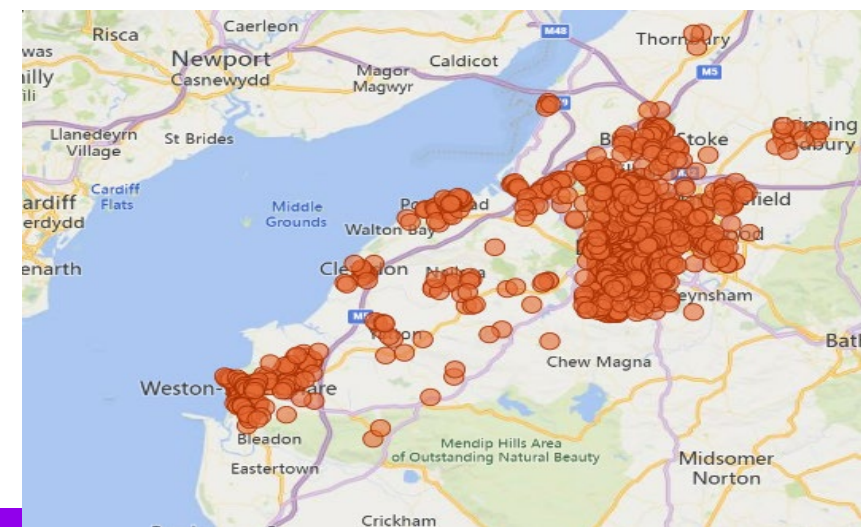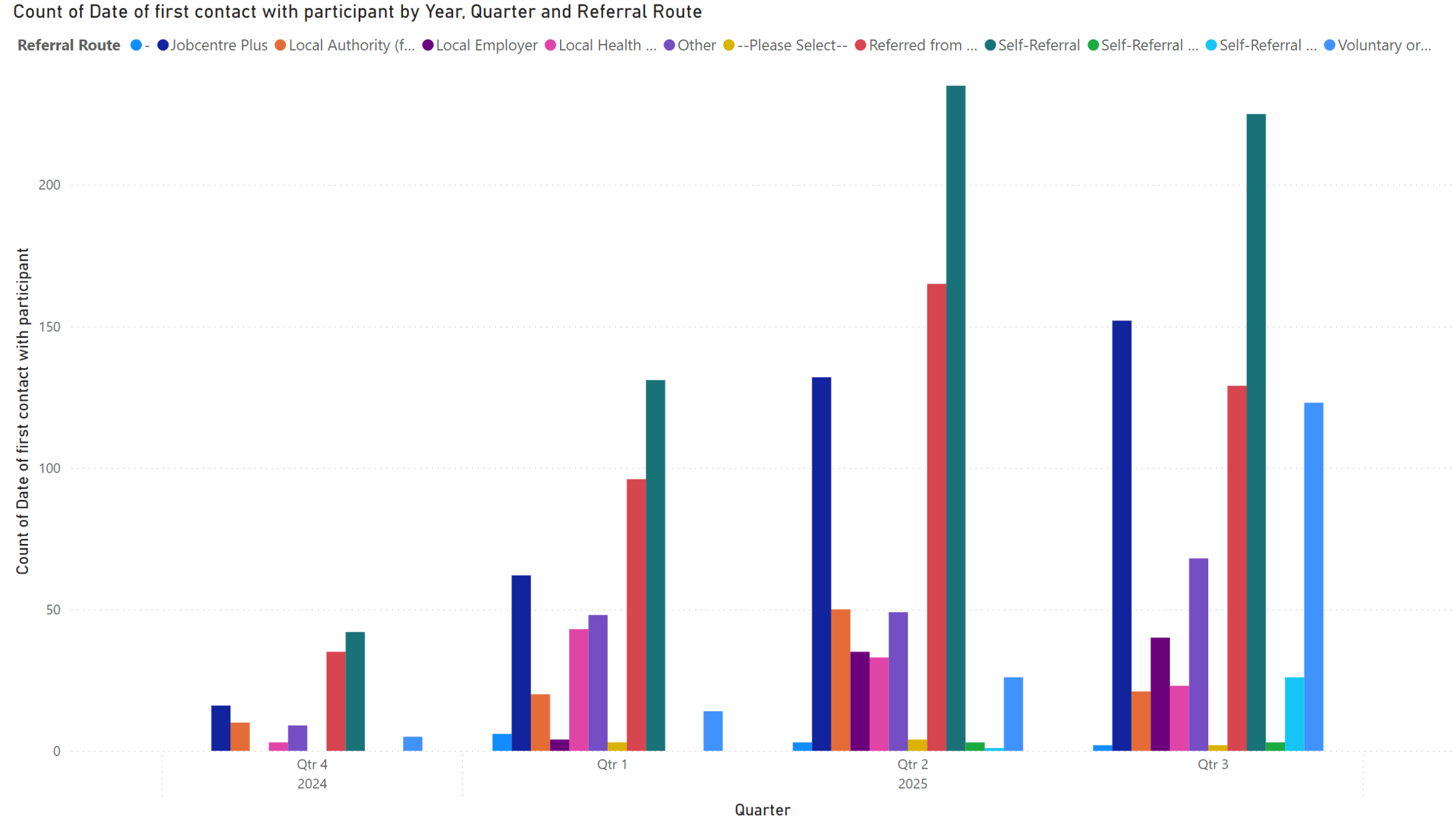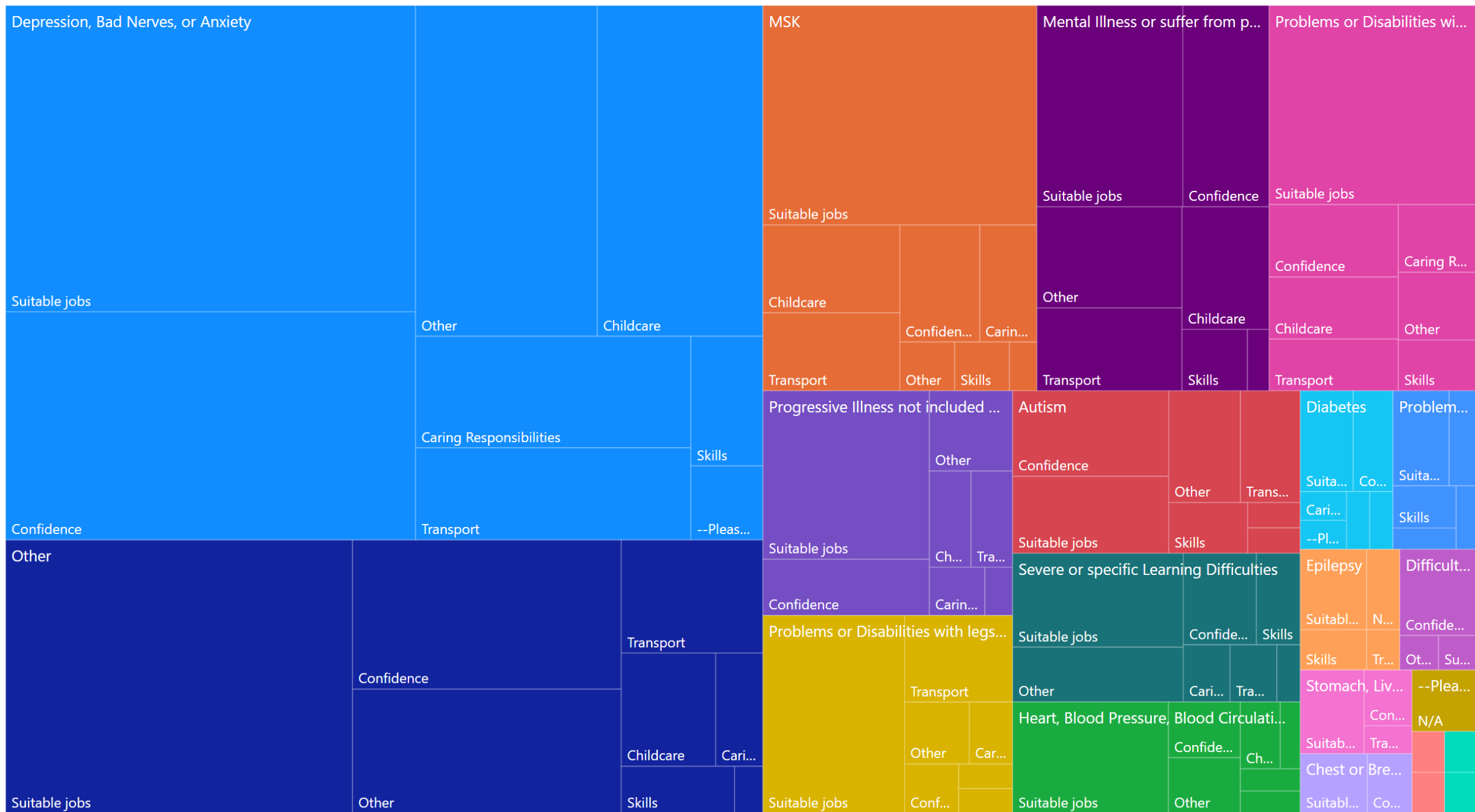
Count of Primary Health related barrier to work by Primary Health related barrier to work and Primary non health related barrier to work

Work and Health agenda

National Policies and Plans

- Get Britain Working
- Pathways to Employment
- NHS 10-year Plan and NHS ICN Blue Print
- Keep Britain Working Review
- Youth Guarantee and similar trailblazers
- The English Devolution and Community Empowerment Bill
- WorkWell & Connect 2 Work
- Individual Placement Support
- Employment Advisors in MSK and MH pathways
- FitNote Reform
- 80% employment rate and reduction in economically inactive due to ill health
- Universal Credit and Personal Independence Payment Bill

Neighbourhood Pilots

Local Growth Plans

Local Policies and Plans

- Get the West of England Working Plan
- WorkWell Work and Health Strategic Framework
- HT2040
- Local Skills Plan (WECA)