

# **Evaluation of the Work Wellness Project**

**For West Yorkshire Combined Authority**

**July 2019**

## Contents

1. Executive Summary.....	3
2. Introduction .....	5
3. Aims and objectives .....	5
4. Methodology.....	5
5. Key findings .....	6
5.1 How did the project work? .....	6
5.2 What did the project hope to achieve? .....	7
5.3 Monitoring data .....	7
5.4 What worked well?.....	8
5.5 Learning points.....	13
5.6 Social value assessment.....	14
6. Conclusions .....	17
7. Appendices .....	18
7.1 Work Wellness Social Value Engine report .....	18
7.2 Work Wellness social value assessment proposed methodology .....	30
7.3 Work Wellness Logic Model.....	32

Project number:	HEALT04-8342
Title:	Evaluation of the Work Wellness Project
Location:	S:\ProjectFiles\W\West_Yorkshire_Combined_Authority\HEA LT04-8342_Work_Wellness\Reports\Report_V1.doc
Date:	May 2019
Report status:	2nd Draft
Approved by:	Michael Fountain
Authors:	Becky Gulc & Kay Silversides
Comments:	To: <a href="mailto:Becky.Gulc@garesearch.co.uk">Becky.Gulc@garesearch.co.uk</a> & <a href="mailto:Kay.Silversides@garesearch.co.uk">Kay.Silversides@garesearch.co.uk</a>
This research has been carried out in compliance with the International standard ISO 20252, (the International Standard for Market and Social research), The Market Research Society's Code of Conduct and UK Data Protection law	

## Acknowledgements

Qa Research would like to thank those who contributed to this evaluation, including professional stakeholders (including GPs) and clients of Work Wellness who agreed to be interviewed. We would also like to thank Gráinne Hillery (Work Wellness Adviser) for her time and support in putting together this evaluation report.

## Foreword

**Cllr Susan Hinchcliffe, Chair of the West Yorkshire Combined Authority and Leader of Bradford Council, comments:**

*“The primary focus of national policy is on addressing health issues, alongside other needs, such as skills deficits, in order to get people into employment. There is a growing recognition that we also need to help people who are already in employment to deal with health conditions to keep them in work and to stay connected to the labour market. People who fall out of the labour market for health reasons often find it difficult to re-connect.*

*In this context, social prescribing is increasingly seen as an effective mechanism for addressing health conditions through referral to non-clinical interventions.*

*Work Wellness was developed as an innovative pilot which uses social prescribing to support people who were off work, or at risk of being off, due to stress, anxiety or depression. We wanted to test the effectiveness of referral to holistic, one-to-one advice, coaching and action planning as a means of tackling the full range of issues that prevented patients from returning to work.*

*This evaluation of the pilot provides an important insight into the effectiveness and value for money of this approach, the scale and nature of the benefits and the practical lessons learnt from delivery.*

*The findings will provide a strong basis for informing decisions about rolling out similar projects more widely. In this respect it is relevant not just to the Leeds City Region but to policy-makers and practitioners across the country.”*

## 1. Executive Summary

In February 2019 West Yorkshire Combined Authority commissioned Qa Research to conduct an independent evaluation of the Work Wellness project in York.

Work Wellness was an exploratory social prescribing project focussing on people aged 50+ who were signed off sick from work. The project was concerned with testing the theory that a non-clinical intervention could have a positive impact on ensuring those aged 50+ with mental health conditions can remain in work long-term, for the benefit of the individual and the wider economy. The project was set in the context of an increasing trend for those over 50 who are absent from work due to ill-health to fall out of the labour market altogether.

The project was awarded £27,350 and following a two-month period of networking project delivery took place between February 2018 and February 2019 by a Work Wellness Adviser (WWA). The adviser was based at and line-managed within the York Learning team at City of York Council whilst the overall project was managed by an independent consultant contracted to West Yorkshire Combined Authority. The project had a modest target to work with 10 people in the target demographic (50+ and in-work) to enable them to remain in work or return to the workplace if they were currently within a period of sickness absence.

Qa Research examined a range of secondary data as part of this evaluation provided by the WWA including monitoring, outcome and impact data for clients and employers. This also included a Social Value Engine which Qa has independently appraised with the support of a partner. Qa also conducted some independent primary research with a range of stakeholders as part of the evaluation.

The key findings from the evaluation are:

- Work Wellness demonstrated an effective model for supporting employed people who are experiencing low level mental health issues to remain in employment and/or negotiate adjustments or other arrangements with their employers - 70% of those supported were still employed at the end of the project.
- There was a clear demand for the service with the original target of 10 being exceeded sevenfold.
- Locating the WWA within GP surgeries was very effective in maximising uptake of the service with only 5 'no-shows' out of c.70 referrals.
- Clients reported a range of positive outcomes, and seemed to particularly value the length of time that the WWA could offer, the impartial non-judgmental perspective, and the support with confidence-building.
- Feedback from GPs was overwhelmingly positive with GPs indicating a reduction in time spent on repeat visits from Work Wellness clients.
- The project did not set out to specifically raise awareness or educate employers on the topic of mental health, however there was an increasing demand for the WWA to speak at events and share their learning/case studies during the latter stages of the project, (including from organisations such as Mind and a large national retailer). This work to influence employer behaviour is an example of 'added value' where Work Wellness extended its activity beyond the original remit of the project.
- Evidence from the social value assessment is promising in terms of delivering cost savings to the NHS and DWP and most importantly in keeping people aged 50+ in positive employment and financially secure. The assessment produced a Net Social Value of £9.10/£1.

- The project was fairly unique in its focus, and feedback from clients and GPs suggests that its absence will leave a gap in support.
- Key issues to consider for future similar projects including incorporating more support/supervision for the adviser, how to manage demand, building evaluation into the project design, and collecting more primary research evidence to support any social value assessment.

## **2. Introduction**

In February 2019 West Yorkshire Combined Authority commissioned Qa Research to conduct an independent evaluation of the Work Wellness project. Work Wellness is a small-scale pilot project running in two locations, York and Calderdale. The project ran in York between February 2018 and February 2019. The project began in Halifax in February 2019 and will run until February 2020.

Work Wellness is a social prescribing project focussing on people aged 50+ who were signed off sick from work. The project was concerned with testing the theory that a non-clinical intervention could have a positive impact on ensuring those aged 50+ with mental health conditions can remain in work long-term which is beneficial both to the individual but also the wider economy. This project is set in the context of an increasing trend for those over 50 who are absent from work due to ill-health to fall out of the labour market altogether.

This evaluation report is based purely on the York project. Project management for the York project was provided by an independent consultant contracted to West Yorkshire Combined Authority and on the ground support was provided by line management within the local authority structure in the individual locations. The project had a single Work Wellness Adviser (WWA) who was employed for four days a week to work with clients one to one using a holistic coaching based approach.

Qa have been supported by Ann Hindley in this evaluation. Ann, of Cross Key Associates completed an independent assessment of the Social Value Engine produced by the Work Wellness team.

## **3. Aims and objectives**

West Yorkshire Combined Authority required an independent evaluation of the Work Wellness project in York. The objectives were to make use of existing monitoring and evaluation data; independently assess the robustness of the Social Value Engine produced as part of the project and to conduct some small-scale independent primary research with project stakeholders.

## **4. Methodology**

The evaluation has comprised of the following data collection and analysis methods:

1. Analysis of existing monitoring and evaluation data collected by the Work Wellness Adviser, namely:
  - Background information/press releases;
  - Project statistics – numbers involved; age; gender; industry; job role; duration of support; outcomes;
  - Client feedback (survey monkey response data; client email responses);

- Client case studies;
  - GP survey data; ad hoc GP feedback through email;
  - Journey of support for one Employer and their feedback.
2. An independent review of the Social Value Engine produced as part of the project (reviewed by Ann Hindley).
  3. In-depth face to face and telephone interviews with ten stakeholders between February and April 2019, specifically:
    - The Work Wellness Adviser (WWA);
    - The Project Manager;
    - Line manager of the WWA;
    - 2 clients
    - 2 GPs;
    - 1 reception leader;
    - 2 individuals working for a local social enterprise/local community project.

It is important to note that there were some limitations in gathering primary evaluation data given that the project had already ended when the evaluation began. In particular, it was only possible to interview two clients due to the confidentiality agreements in place. Furthermore, the project did not collect any baseline measures from clients which limits the extent to which impact can be measured.

## **5. Key findings**

### **5.1 How did the project work?**

The project received £27,350 from West Yorkshire Combined Authority to cover a 14 month period; 2 months set up and 12 months delivery. The project operated as a partnership between York Learning, City of York Council, York Medical Group and Priory Medical Group.

The project ran within two GP surgeries in York and was marketed to patients as The Work Wellness Service. The two surgeries were located within adjoining Holgate and Guildhall wards. Both wards have higher numbers of working age benefit claimants than the York average and have seen an increase in total ESA claims since 2014/15.

The service was delivered by a Work Wellness Adviser who received referrals directly from GPs or self-referrals via the GP practices. The post of Work Wellness Adviser was integrated into the practices, including room space and access to patient records (for one of the practices only). Work Wellness also received referrals from Local Area Co-ordinators and Ways to Wellbeing and established connections with local mental health, social prescribing, and community groups and services

The WWA used a holistic, adviser/coaching based approach, to support people who were off work, or at risk of being off, with stress, anxiety or depression (not acute mental health issues). This work took place within 60 minute, 1-1 appointments which aimed to identify and address the problems that the client presented with, e.g. is the issue primarily work based? Are there other factors? Are there any other health issues, family issues or financial issues? An analysis of the work place was done, including specific job details, so that any inherent problems could be addressed. Confidence and self-esteem were key issues explored and the project offered the flexibility to offer in-depth work, over several months, as well as one-off appointments.

With the support of the adviser, the client developed an action plan for returning to their job, or to another opportunity, with ongoing support through the transitional phase, if required. Clients were given access to a broad range of information and resources relating to their situation, including referring and signposting to other services and community groups.

Along with the provision of holistic support, the adviser also offered to set up discussions between clients and employers or represent clients at work meetings where appropriate to support plans for reasonable adjustments needed for a return to work. The WWA also delivered work based advice and support to a small number of employers.

## **5.2 What did the project hope to achieve?**

The project aimed to support a minimum of 10 people in the target demographic (50+ and in-work) and enable them to remain in work or return to the workplace if they were currently within a period of sickness absence. The project also aimed to support individuals, where appropriate, to find suitable alternative employment. Alongside the benefits to the individual, the project hoped to demonstrate time saved and resource savings for GPs. Specific intended benefits included:

For patients

- Improved health and wellbeing
- Supported health and lifestyle change
- Improved self-esteem and confidence
- More specialised local knowledge
- Speed of referral
- Allowing time to be heard.

For GP practices

- Reducing frequent practice attendance
- More appropriate use of GP time
- Easy referral
- Provides links between the VCS and primary care
- Increased range of practical services
- Encouraging and supporting self-care.

Cost saving

- Decreased reliance on GP's
- Decrease in clinical prescribing
- Decreased need for acute services

## **5.3 Monitoring data**

In total the project saw 73 individuals (from a target of 10), mainly through GP referral. Further detail as follows:

- 64 of the 73 were eligible (i.e. employed)
- 45 were employed at project end
- 5 left work (with Work Wellness support, 4 managed to negotiate a redundancy or severance package)

- 14 clients were ‘outcome pending’ at end of project (including long term sick and individuals engaged with in the final few weeks). The project expired before the full impact could be delivered.

## 5.4 What worked well?

### Positive outcomes for clients

The project collected feedback from clients using a short survey (3 open questions) via Survey Monkey. In total, 30 clients responded to this survey and offered overwhelmingly positive feedback. This is explored in more detail below and additional feedback from the two evaluation interviews is also included.

The key benefits identified by clients included the support the project offered with confidence building both in terms of personal self-esteem (encouraging people to see their strengths) and also the confidence to be more open with employers about their mental health. Clients noted that they had been supported to have the confidence to speak to their employers about flexibility and other adjustments to support their mental health. This played a crucial role in their journey to recovery.

*“Work Wellness helped me to rebuild my confidence. Helped me realise I had something to offer and wasn’t alone.”* (Client)

*“Encouraged me to stay in my job and speak to my line manager about issues.”* (Client)

*“Without Work Wellness I probably would have gone back to my GP - the support was vital.”* (Client)

Clients also commented on the useful support provided in terms of understanding HR policies or letters that their employer had written to them and more generally the work focus and support provided to get back to or stay in employment.

*“Having a service specifically focused on work really made the whole process of recovering easier and helped me to work towards the goal of getting back to work.”* (Client)

*“Supporting me with paperwork, helping me understand all the processes, and to know what they should be doing to support me, and what questions to ask.”* (Client)

Clients valued help with decision making and support in unpicking and identify what was causing the issue, e.g. was it work or home or a combination? Client feedback also mentions useful referrals to other support organisations and access to self-help resources along with encouragement to prioritise self-care.

It is clear that the approach of the Work Wellness Adviser was very well received. Clients particularly appreciated the non-judgemental impartial perspective and the holistic approach providing the opportunity to discuss all aspects in detail. The non-directive approach of the adviser was also welcome in encouraging clients to reach their own solutions.

*“Work Wellness has played a major part in my return to work. I was guided each step of the way but never ‘told’ what to do.”* (Client)



*“I was off with work related stress and talking my issues through with someone totally independent really helped me and gave me the strength to challenge the issues I had at work.” (Client)*

### **Benefits for GP practices**

The project issued a short Google survey to the GP practices involved, and 3 out of 4 GPs who responded to survey rated Work Wellness as ‘very effective’ at getting patients back to work and improving mental health. Evidence from the evaluation interviews supports this and indicates that the project played a key part in facilitating recovery and a return to work or to stay in employment.

*“I think the people that have been through the project have probably really valued [WWA’s] support and they probably got better more quickly than they perhaps otherwise might have done and returned to work more quickly and hopefully they’ll feel empowered again to seek help in the future” (GP)*

GPs recognised that the support provided by Work Wellness went above and beyond what they were able to provide within the scope of a GP appointment and offered an accessible and unique type of support for low level mental health issues.

*“certainly the patients of mine had really good care and were really followed up thoroughly for a number of months and [WW adviser] got some of them back to work or helped them to sort a lot of things out like their finances, I think that really helped them improve and get better because it’s not all medication, it’s time and talking to another person giving impartial advice” (GP)*

*“I think that’s probably another reason why patients need more support [lack of continuity of care] because if they just see someone continuously, if they see [WWA] and tell her their story and then see her another two or three times they probably feel listened to rather than telling half a story to four different GP’s all the time” (GP)*

*“it’s just what to do with those people that [WWA] was seeing. Because quite often they’re not unwell enough to go to the mental health team but then they’re not getting any support other than a ten minute GP appointment every now and again and there’s the IAPT talking therapies but if people aren’t willing to talk about their problems..i always think with IAPT people are given six weeks of CBT and they’re not actually given chance to talk about their everyday lives, it’s sort of facilitating people to function really isn’t it” (GP)*

GPs also noticed that, in some cases, they saw less of these patients.

*“They’ve probably saved loads of appointments, they didn’t come back as often it definitely saved some appointments as follow-up” (GP)*

### **Location in GP surgeries**

A key contributing factor to project success is the positioning of the WWA within GP surgeries. The WWA ran appointments at two different surgeries (spanning two different practices). The project benefitted from a prior link some of the staff had with an existing practice which helped secure their involvement once more for this project. Opportune discussions and the ability of GP’s to respond through having a consultation room available for the WWA to use also helped facilitate surgery engagement.

*“I suppose because she’s actually working in the surgery it helps to remind us that that service is there and to refer patients there” (GP)*

*“unless you actually meet that person and hear what they’re doing, there’s a community nurse for this and that so it’s just hard to remember all the different things so I suppose because [WWA] was here I felt it was important to keep the project going, but other people, if you’re working at [another surgery] and you’ve never met [WWA] you’ve just forgotten about the project, it’s how to raise awareness of these things that are going on” (GP)*

Offering appointments with the WWA within the surgeries rather than at council offices (this occasionally happened in the latter stages of delivery) or elsewhere appears to have benefitted the project for several reasons. Firstly, whilst this was a non-clinical intervention it appears that the association with primary care, and certainly the referral from primary care, made it an appointment people would follow-through with, in fact, only 5 of c.70 referrals did not take up the appointment.

*“not only the GP’s but the frontline support staff have been so engaged, without embedding [WWA]’s post within the surgery you’ll never be as successful. The GP surgery gives this project credibility, if your GP says to you ‘would you like to talk to...’ you will take that as a credible offer whereas if you see a leaflet outside you might question what that is all about” (Project stakeholder)*

Secondly it didn’t require patients to go somewhere they were less familiar with. Appointments could also be made there and then (usually via reception staff) which means the project had the best chance of reaching people as soon as they were signed off work sick (or at risk of this) and thus hopefully maximising the chances of supporting the person to remain in work/return.

Towards the end of the project, the adviser noticed that as GPs had become more familiar with the support offered by Work Wellness, they began to make referrals if they felt that a patient was at risk of going off sick due to their mental health. This preventative approach was well-served by the close proximity of the adviser.

*“Sometimes I’d see people towards the end when the GP’s got to understand it better, they’d anticipate someone going off and send them to me and they might not even go off, it might be a job-retention rather than a back to work” (Work Wellness Adviser)*

## **Time**

Both clients and stakeholders noted that the length of time that the adviser could offer to clients was a clear benefit. Often the opportunity to have a detailed conversation about their situation was therapeutic in itself.

*“I think that what they really valued was the time, an hour and a GP is ten minutes” (Work Wellness Adviser)*

*“As a GP you’re just deciding if someone’s depressed or not depressed and signposting them to various things but she’s a lot more time to work with people” (GP)*

## **Strong skills and good working relationships**

It is also clear from client and GP feedback that the specific qualities and skills of the Work Wellness Adviser were central to the success of the project.

*“I think just her personality, people felt able to open up to her and I think patients probably found that very helpful because she was empathic and understanding” (GP)*

*“I really liked [WWA] right away, she was very friendly, very easy to talk to” (Client)*

The WWA took on the role having worked extensively in York previously in relevant fields and whilst they weren't working in the city immediately prior to being appointed, the first two months of the contract enabled them to network and quickly become familiar with the current support landscape in York. The WWA also had important prior working relationships with other staff involved which appears to have helped with the smooth running of the project and relationships involved.

Wider staff involved (in line managing the WWA and managing the project) have also been integral to success, through the strong partnership links they had, in championing and driving the project forward, and also for the flexibility, responsiveness and support provided throughout the contract. This includes ensuring exit strategies are agreed, which have been important considering that whilst this has been a non-clinical intervention, sessions could sometimes stretch the boundaries of this and staff have been conscious not to let the project veer into a counselling service.

*“We had all worked together, we all had an excellent working relationship. City of York Council were given the idea and then we worked closely together to make it a practical reality” (Project team)*

## **Appropriate referrals and signposting**

Perhaps down to the uniqueness of this project not all early referrals were appropriate, both in terms of economic status of individuals (not working, perhaps the norm in such social prescribing and social enterprise projects) and the severity of mental health need, with some being signposted back to their GP. However, this was soon a smooth process with the right kind of referrals coming in and one of the GP's commented that the lack of signposting back to GP's is indicative that the right kind of referrals were being made (lower level mental health needs) and that the WWA managed expectations of support well.

Work Wellness established good links with primary care and organisations in York to support the client's journey, including cross-referring across other social prescribing projects in the city.

*“[WWA] carefully getting to know her clients and signposting them on is a great thing for the client. It's really getting to know them, but also being able to walk away” (Project stakeholder)*

## **Links with employers**

Whilst few clients wanted the WWA to liaise directly with their employers, evidence suggests when this did happen this was beneficial for both employee and employer. One client experiencing high levels of anxiety/panic attacks at work discussed how it was a dialogue between the WWA and their employer which resulted in discussion of reducing their hours slightly and working more flexibly which was actioned, culminating in the employee being in a better place mentally at work.

*“I think from a managerial point of view it was how to understand me better, how to support me better and then if I’m in a stressful situation how to get me out of that stressful situation. That was the goal I was working towards, techniques to get me out of a stressful situation so that I didn’t have mad panic attacks” (Client)*

The project did not set out to specifically raise awareness or educate employers on the topic of mental health, however there was an increasing demand for the WWA to speak at events and share their learning/case studies during the latter stages of the project, including from organisations such as MIND and a large national retailer. The work with the national retailer is an example of ‘added value’ where Work Wellness extended its activity beyond the original remit of the project. Work Wellness delivered the following elements:

- An awareness event in MH Awareness Week
- Mental health drop ins in the staff canteen
- Suggestions for practical adjustments in the work place for managers, based on employee comments
- Existing good practice stories shared with managers
- Advice for managers on how to deal with disclosures of suicidal ideation
- Information for staff about who to contact in a MH crisis; info on MH charities and services; advice about keeping well at work; ideas generated by employees for improvements in their work space

Feedback from the retailer’s management team was very positive and having external input from Work Wellness was very welcome.

*“It was excellent to get [Work Wellness Advisers’] input on outside agencies within the local area that all employees can utilise as well. It was excellent to have someone from outside the company discuss mental health awareness and bring more open conversation and awareness.”*

In addition to this, Work Wellness also contributed to the development of a mental health toolkit developed by HEY Mind, funded by Calderdale College as part of the York North Yorkshire & East Riding Enterprise Partnership ESF Skills Support for the Workforce Programme.

During the lifetime of the project it became apparent through conversations with clients and employers that there appears to be a need for further support and information to be provided to employers on how to manage the mental wellbeing of employees and particularly how to keep positive channels of communication open whilst the employee is signed off. The WWA was uniquely placed to facilitate this communication and advocate on behalf of the client resulting in sometimes very minor adjustments which nevertheless enabled the client to make a positive return to work.

## 5.5 Learning points

It is evident that Work Wellness was a positive experience for clients, GPs and project stakeholders and there are no real criticisms to make. However, project stakeholders and clients offered some reflections that could inform the development of similar projects in the future.

### Support for the adviser

The project team acknowledged that the WWA role was a very demanding one and were mindful of this from the outset by designing the role on a 4 day week basis rather than as a full time post. And although the WWA was well supported by the project team, formal ‘supervision’ time was not necessarily factored into the budget and the extent to which the adviser developed ‘therapeutic’ relationships with clients was perhaps not anticipated.

*“With it being very intense you need regular supervision”* (Project team)

*“I think I would maybe advise having supervision with a counsellor as well, we probably didn’t anticipate that it would have a therapeutic element to it..it kind of falls in the middle, it’s more than learning and work advice..so I would recommend if someone was to do this role that you had supervision with a counsellor.”* (Work Wellness Adviser)

### Managing demand

The project set out with a very modest target of ten and achieved this sevenfold perhaps indicating the scale of latent demand for a project of this nature. The project team felt that if they were to repeat the project they would need to consider limiting the number of appointments per client. Again, suggestive of the need for a project of this nature, client themselves could offer no criticism of the project but simply wanted it to continue. As illustrated below suggestions for improvements from clients relate mainly to the number, length, and availability of appointments:

- More appointments as often they were filled quickly
- Longer (2 hour) appointments
- Availability at more doctors’ surgeries
- A longer initial appointment as the first appointment could be taken up by explaining the issues
- Appointments at different venues

## 5.6 Social value assessment

The Work Wellness team put together a social value assessment of the project using a tool called the Social Value Engine <https://socialvalueengine.com/>. The social value report itself is included as Appendix 7.1.

The principle behind social value assessment is that activities or interventions can have a ‘social value’ that extends beyond the boundaries of the project by generating cost savings for other services/social agencies, e.g. supporting people with mental health issues to stay in work can result in longer term savings in benefit payments and a reduction in demand for NHS services.

In summary, the Work Wellness social value report concludes that Work Wellness generated a Net Social Value of £9.10/£1 across a range of impacts including: Social Prescribing; Advocacy; Transferable Skills/Employability; Improved Mental Health, Confidence and Self Esteem; Resilience; HR Advice; Organisation Culture Change.

As part of the evaluation of Work Wellness we have independently reviewed the approach taken to the social value assessment and have made some suggestions on how this could be improved/adapted for use with other similar projects (including the project in Halifax).

### *Appropriateness of the Social Value Engine as a method of evaluation and impact assessment*

The Work Wellness programme is a small scale pilot of a social prescribing project with the potential of having a significant impact on the individuals involved and on employers and a saving for GP practices and mental health services. The Social Value Engine offers the opportunity to

- assess the unit costs of the intervention,
- quantify the wider social, environmental and economic outcomes of the work,
- impress potential funders with the value, both in terms of quality and quantity that can be produced as a result of future investment.

As the Wellness Programme is providing an intensive service to people who would otherwise be using a GP appointment or mental health services and is providing support to get people back to work, there are considerable savings to be made both to the NHS and to the employer, and potentially the DWP too. Setting outcomes and selecting proxies which relate to a reduction in GP time/frequency of appointments could provide some very useful data. The Social Value Engine is therefore, a useful tool to demonstrate cost savings but also has the ability to collect qualitative evidence of the impact on individuals.

### *Choice of proxies*

The standard way of using the tool is to work from the outcome, which then leads to the choice of proxies. While the proxies that have been chosen represent an appropriate selection to apply to this particular project, it perhaps would have been more appropriate to have set this out the other way round, with the outcome describing what is to be measured and the proxy chosen from a drop down list attached to that outcome with a description of how it will be measured.

The Work Wellness report provides detailed proxy descriptions along with a clear rationale for selecting each proxy.

### ***Preparation for use of Social Value Engine***

If the exercise were to be repeated, ideally this would begin with a Theory of Change which would document the issues that the project aimed to address, the programme objectives, the rationale, the level of input, the activities, the outputs expected/required, the intended outcomes and the intended impacts. This would then inform the choice of outcome from the SVE table as it would be clear what is to be measured.

### ***Methodology used***

Quantitative methods were used for collecting the numbers seen and the numbers ineligible because they were in employment. This provided figures for calculating the unit costs and value for money and to calculate leakage which is one of the deflators, i.e. a service provided to someone who was ineligible.

‘Deadweight’ refers to what might have been achieved anyway without the intervention and the calculations appear to be based on the assumption of a percentage of clients who ‘might’ have self-referred elsewhere, have fallen into long term unemployment, or who have personal coping strategies. It is unclear whether this was based on interviewing a sample of people who had used the service or on assumptions – ideally this would be based on primary evidence. One potential query is whether people falling into long term unemployment should be classified as ‘deadweight’.

‘Attribution’ refers to the proportion of the output that might be claimed by others. It is not clear from the report how this information was accessed and again ideally this would have a clear evidence source e.g. interviews with clients to determine what other services were accessed or via information recorded on referral forms.

‘Drop off’ is hard to calculate and usually relies on subjective judgement, unless a follow up study can be conducted to determine the extent to which positive outcomes are being maintained over time. Post hoc surveys, however, traditionally have low response rates.

‘Displacement’ refers to the phenomenon of a new service being set up which simply displaces a service that was already there and delivering. Within the Work Wellness social value assessment this is all calculated at 0% which is likely to be a reasonably accurate assumption given that the project was considered to be unique within York.

It is unclear whether any qualitative methods were used. If the exercise were to be repeated, there is scope to interview managers on improved workplace culture and on the usefulness of HR related employment advice. A sample of clients could also be interviewed to assess:

- what other groups, activities, services, support have been accessed,
- what were the results of meeting with a manager after receiving the support,
- how well prepared they felt,
- whether they have identified any transferable skills to enable them to move into other employment,
- improved self-esteem and ability to cope with personal challenges.

The figures could then be scaled up. The Social Value Engine is not an exact science but, provided the evaluation is based on sound methodology, it can give some credibility to the figures produced. The figure for the social value produced does seem a bit high which is probably because the calculation of the deflators was based on assumptions rather than research.

If the exercise were to be repeated it would also be useful to have some baseline information against which to measure; this could be provided by collecting information from clients at the start of the intervention or by looking at figures from referring practices. This could include baseline measures of well-being, job satisfaction and self-reported frequency of GP visits.

Overall, the Social Value Engine has been used as it is intended and the rationale for the choice of proxies is sound.

### ***Application to other projects***

In order to assist the Halifax project in carrying out a social value assessment using Social Value Engine, we have provided an example logic model/theory of change (Appendix 7.3) along with a proposed methodology (Appendix 7.2).



## 6. Conclusions

In summary, the project has demonstrated an effective model for supporting employed people who are experiencing low level mental health issues to remain in employment and/or negotiate adjustments or other arrangements with their employers. The project has been exploratory in nature, with modest targets that have been significantly exceeded, which could suggest a latent demand for projects of this nature.

Feedback from GPs was also very positive and, although the evidence is limited, there are indications that by accessing support via Work Wellness clients may have reduced their visits to see their GP thus saving GP time and resource. The location of the WWA within GP surgeries appears to have played a crucial role in maximising the number of referrals and legitimising the intervention.

The holistic, coaching-based approach encompassing mental health and employment has also been successful and feedback from clients has been overwhelmingly positive. Re-building self-confidence eroded by a negative employment situation has been a vital first step in supporting clients to improve their situation. Although most clients did not want the WWA to liaise directly with their employer when this did happen the outcome was very positive.

The skills and experience of the WWA have been central to the success of the project; in particular the non-directive coaching approach in combination with excellent research and listening skills.

Evidence from the social value assessment is also promising in terms of delivering cost savings to the NHS and DWP, employers in terms of reduced recruitment/training costs and increased productivity/engagement and most importantly in keeping people aged 50+ in positive employment and financially secure.

Although not initially an intention of the project, Work Wellness also contributed to awareness raising within the workplace on how best to support employees with their mental health.

In terms of lessons to apply to similar projects in the future, support for the adviser is a key consideration given that some of the support did stray into the realms of counselling. Managing demand would also be a key consideration given the uptake of referrals and the complexity of some of the cases. In terms of evaluation, future projects would benefit from evaluation being built into the project design to include more robust baseline and follow up measures, and similarly more primary research to feed into the development of the social value assessment would be beneficial.

It is clear that the project was fairly unique in its focus and feedback from clients and GPs suggests that its absence will leave a gap in support.

## 7. Appendices

### 7.1 Work Wellness Social Value Engine report

<b>Proxy 1 Cost of a community wellbeing programme with a network approach</b>
<b>SVE Area Outcome</b> <b>5b. improved health and well-being for local residents</b> <b>Proxy application: Social Prescribing element of the service which links people to community groups and activities and provides info and links to resources to enhance wellbeing, encouraging participation in hobbies, exercise, etc.</b>
<b>WW Proxy Description</b> Proxy describes the Social Prescribing element of Work Wellness and its wider reach. Work Wellness is a connector: it links people to other services, agencies, community groups, mental health support and resources as well as delivering ad hoc support. This proxy encapsulates the basic universal WW offer for every person referred: 1 hour coaching- based IAG appointment with a mental health-at-work focus, at the end of which people will be referred or signposted elsewhere, receive information on self-help resources or are engaged on the Work Wellness Project. Proxy chosen because everyone seen benefits from at least an hour's in depth appointment, whether or not they decide to go further with the project. They have access to community and other groups due to the social prescribing nature of WW. Appointment also acts as a screening and initial assessment tool.
<b>Deflators</b> <ul style="list-style-type: none"><li>- 8% Leakage (of 72 people seen, 11 were not eligible i.e. were unemployed = 8%): <i>to account for those people who were not eligible but who nevertheless benefited from a one hour appointment (by comparison, a private coaching session costs approx. £50-£60 per hour, )including signposting/referring/info and online resources/IAG/personalised mental health and work advice</i></li><li>- 10% Deadweight: Outcome: Develop/highlight networks including work/family/social/community; initial assessment; screening 10% to account for those individuals who might have self-referred to other services and found online resources themselves; one off universal service for all referred</li><li>-*20% Attribution to account for other services without a mental health or work focus which may have contributed to a person's improved well-being particularly by developing/highlighting their networks and signposting/referring. Services include LACs, W2W, GP, CPN, etc.)</li><li>*relatively high figure as the Social Prescribing (networking and connecting) aspect of WW can be found in other services</li><li>-0% drop off as this proxy is based on the minimum universal service from which everyone benefits by having network/social prescribing opportunity, so there is no diminished return on this one off element of the service</li><li>-0% Displacement: No displacement of other service anticipated; people can still access other Social Prescribing Services, and there have been two-way referrals, no mutual exclusivity</li></ul>

<p><b>Proxy 2 Average cost of advocacy per hour@ 28 hours</b></p>
<p><b>SVE Area Outcome: 6d. Improved ability to affect local change.</b></p>
<p><b>WW proxy application: Preparing for and Attending HR/Management meetings with client</b></p>
<p><b>WW Proxy Description</b> Proxy describes the *advocacy aspect of the Work Wellness. Part of the project’s remit is helping to prepare vulnerable people for difficult meetings with managers and HR, or OH meetings. WW supplied specific advice on what to say when those individuals were unable to prepare for themselves due to their poor MH, lack of confidence, lack of HR knowledge and/or difficult work relationships. Occasionally WW also represented staff at such meetings</p>
<p><b>Deflators</b></p> <p>0% Leakage as proxy only targeted eligible people (i.e. in work) who specifically requested this part of the service, assigned in number of hours</p> <p>0% deadweight as this aspect of the service was particularly requested by people who couldn’t do it themselves and had insufficient inherent resilience, HR/employment law knowledge and coping strategies to self-advocate</p> <p>5% Attribution (in reality 0%) as this aspect of the service required an in depth analysis of the person’s work situation, gathering info on their employers’ policies and procedures, and gaining details on their tasks and duties at work: this employment service is not duplicated in that clients do not have direct referral route to a similar service. However, I have applied a 5% Attribution to account for the IAPT Employment Support service, which clients can only access if they are registered with IAPT. One of my clients accessed the Employment Support Service. Her feedback was that this service concentrated more on CVs and interview skills ie general employability) than on HR/Employment Law advice and in depth analysis of an individual’s work situation including tasks/duties/stressors/staff dynamics/management structure/workplace culture, and that it had a lesser understanding of mental health.</p> <p>0% Drop off as this is a specific targeted aspect of the service with a definite outcome – preparing for meetings which happened, giving one off, ad hoc advice therefore no Drop off</p> <p>0% Displacement: No displacement of other service anticipated; people can still access other services, no mutual exclusivity, this particular aspect of WW not duplicated</p>
<p><b>Proxy 3 Emotional Cost of a Year of Unemployment</b></p>
<p>Proxy application: employability aspect of service; helping people to recognise their transferable skills and work achievements to keep them in work and prevent unemployment</p>
<p><b>SVE Area Outcome</b></p> <p><b>6e Improved Life Satisfaction</b></p>
<p><b>WW Proxy Description</b> This proxy was chosen because individuals are vulnerable and are off work with MH issues and therefore at risk of losing their jobs. It reflects the possibility that without Work Wellness these people could have become unemployed - some for up to a year. Of those who may have become unemployed, many would have faced further deterioration of mental and emotional health. The value here is in reducing the risk on unemployment by focusing on the employability aspect of the service ie looking at people’s transferable skills and successful work history to keep them in work</p>

*59 people seen by WW are eligible (avg age 45) 34 returned to original post/new post/job retention 5 redundancy or other desired negotiated outcome, 16 outcome pending or Long Term Sick beyond project end: so 39 out of 59 been prevented from entering unemployment and 16 not entered unemployment, as things stand at end of year.*

*As it is hard to predict how many of the remaining 16 pending will return to employment I have assumed 50% will, therefore I have added 8 to the figure of 34 remaining in employment: so 42 people of 70 people seen by Work Wellness were prevented from falling into unemployment, remaining there for a year and experiencing related emotional costs*

### **Deflators:**

0% Leakage as number of people inputted – \*42 – taking into account participants already discounted due to ineligibility (already unemployed); those who became unemployed during Work Wellness (redundancy, medical dismissal, settlement agreement, etc.), and 50% of those whose outcome was pending at end of project (assumption that the other 50% would return to work)

*(\*one client confirmed new job at end Jan 2019 so figure changed to 43)*

Deadweight: \*20% of those 42 in work, who, without WW intervention, may have fallen into long term unemployment :

*-\*people who are in work (WW target group) are unlikely to be out of work for longer than 21.5 weeks (US stat) therefore not likely to experience a full year of unemployment. However, as this is a **vulnerable** group they are perhaps more at risk, if falling into unemployment, of being unemployed for longer.*

*Therefore, a percentage, without WW support, might feel emotional effects of unemployment for up to a year*

*- individuals' inherent resilience and coping strategies (including medication) specific to this proxy ie mental health recovery and recognition of own skills and contribution to their jobs: approximate percentage of people would have **eventually** returned to work due to financial need/attendance policy/boredom, etc and avoided unemployment*

*\* relatively high figure to reflect the fact that a year is a long time, and many clients, who might have become unemployed without the help of WW, would not necessarily have remained unemployed for a full year due to their recent history of employment*

10% Attribution to account for supportive Line Managers, GPs/other health interventions in ensuring a person is not unemployed for up to a year; related but not duplicated employment related services in the city, e.g. Ways to Wellbeing, LACs, IAPT Employment Advisers, Experience Counts, and ACAS, MIND, Kyra etc. which might reduce the emotional costs of unemployment for up to a year

5% Drop off- very difficult to estimate; 5% as a 'token' estimate because cannot guarantee or account for tracking outcomes for each client after end of project.

*0% Displacement: No displacement of other service anticipated; people can still access other mental health support and employment support this aspect of WW not replicated as a direct referral IAPT ES not direct access, no mutual exclusivity with other services*

<b><u>Proxy 4 Improved Mental Health</u></b>
<b>SVE Area Outcome</b>
<b>5b. improved health and well-being for local residents</b>
<b>Proxy Application Improvement in Mental Health, including work related stress, anxiety and depression; focuses on wellbeing aspect of work</b>
<b>WW proxy description:</b> Proxy chosen as it highlights the wellbeing aspect of Work Wellness working 1-1 on improving people's confidence, encouraging them to recognise and value their attributes, discuss personal challenges and helping rebuild self-esteem;
<b>Deflators:</b> Leakage at 16 % to account for the people who benefited from improved mental health who are not eligible for project(i.e. are unemployed) but none the less received at least one intervention, plus appropriate signposting or referral to other service; 10% deadweight to account for personal resilience and coping strategies ; ie those whose general MH would have improved without WW intervention 15% attribution to GP time on mental health support at ratio of 10 min appointment to 1 hour WW appointment, but only every three weeks avg compared with weekly/bi weekly WW appointment, and to account for any mental health improvements as a result of engagement with mental health groups/charities, NHS statutory services, such as CPN, IAPT service, counselling, medication impact (rarely accessed as very long NHS waiting list and expensive if private) Slighter higher attribution to GPs as MH not work focused proxy, and they don't have work specialism but may have MH one 5% Drop off- very difficult to estimate; 5% as a 'token' estimate (Can't track each client after project ends) <i>0% Displacement: No displacement of other service anticipated; people can still access other mental health support services, no mutual exclusivity</i>
<b><u>Proxy 5 Improved Organisation Culture leading to more motivated staff: average cost of replacing an employee</u></b>
<b>SVE Area Outcome 2D Improved efficiency and dynamism of community and voluntary sector</b>
<b>Proxy application: Focuses on Work Wellness ability to improve motivation of employee and prevent them leaving job, thereby saving on recruitment costs; WW also enables employee to share good practice so that there is a positive change in organisation culture. Managers can improve as well, from advice and recommendations gained through Work Wellness which are shared by employee</b>
<b>WW proxy description</b> Improved motivation of staff due to involvement in Work Wellness and improved work place culture due to returning employee having positive effect on workplace mental health culture through sharing advice gained on Work Wellness and through own improved confidence; recruitment cost savings to the employer due to retention of rehabilitated staff member
<b>Deflators</b> 0 % leakage as only the 44 employed inputted 10% Deadweight to account for employee inherent motivation and ability to affect cultural change without intervention (lower deadweight for this proxy as it takes courage, confidence and knowledge of mental health to influence change amongst managers and this is a vulnerable group); the impact of these people's inherent resilience in retaining their jobs, thereby saving employers' recruitment costs 10% attribution to exceptional Line Management inherent good practice without outside intervention, helping to change culture and retain employee; and

<p>GP/other MH intervention less impactful in this proxy as specific to work culture and lack specialist knowledge                      5% Drop off- very difficult to estimate; 5% as a 'token' estimate (employees may leave of their own accord)                      0% Displacement as no equivalent service for this particular proxy has been identified; <i>people can still access other mental health support services and employment advice services, no mutual exclusivity</i></p>
<p><b>Proxy 6 Expert Employment Related HR advice @ 34 hours</b></p>
<p>SVE Outcome Area 9 Provision of Expert Business Advice to VCSEs and SMEs (e.g. financial advice, legal advice, HR advice, HSE)                      WW Proxy Application: WW advised several local employers on HR matters, Mental Health and employment law</p>
<p>WW proxy description: Proxy chosen to reflect WW work, either direct or via letters to clients FAO managers, on HR type advice e.g. RtW recommendations, MH best practice; including advice to CYC HR managers and M &amp; S managers, Phased Returns, Stress Risk Assessments, Action Plan advice</p>
<p>0% Leakage as this aspect of the service specifically requested by organisations or clients FAO employers, as reflected in the hours assigned                      0% deadweight as this is specific advice, tailored to individuals' work tasks and duties and organisation policies, procedures and culture and specific, expert recommendations were requested                      0% Drop off as this is a specific targeted aspect of the service with a definite outcome –giving one off, ad hoc recommendations, therefore no Drop off                      5% Attribution (in reality 0%) as this aspect of the service required an in depth analysis of the person's work situation, and or the organisation gathering info on the policies and procedures, and gaining details on tasks and duties at work: this employment service is not duplicated in that clients do not have direct referral route to a similar service. However, I have applied a 5% Attribution to account for the IAPT Employment Support service, which clients can only access if they are registered with IAPT. Unknown whether or not that service can provide HR, Legal Advice to SMES and other employers</p>

### **How the SVE works**

The SVE works by breaking a project down into different elements (proxies), and then working out the social return on investment for each proxy

↓

The cost savings for each proxy are then calculated (cost savings are based on current government approved research)

↓

A report is then generated combining each proxy's savings, and deducting input costs; a final calculation demonstrates the SROI for the project as a whole

↓

### **Rationale**

The assumption is that projects save costs in a variety of ways because they have several beneficial impacts on recipients. Depending on the breadth of its offer, a project can claim cost savings across a range of areas – referred to as proxies. Work Wellness is such a holistic project, and can demonstrate SROI across a number of proxies. Our proxies were chosen from an existing list.

We also requested two additional proxies:

-Outcome: Community-based lifestyle activities including mental wellbeing Proxy: Networked wellness community programme = Social Prescribing element of project

-Outcome: Value from jobs and training services Proxy: Reduction in life satisfaction from unemployment: emotional costs of a year of unemployment

Below are the main areas in which Work Wellness has had an impact, many of which we were able to apply the SVE to:

- Mental health support, advice and information for employee
- Mental health awareness and advice to staff and managers (how to manage stress at work, implement coping strategies)
- Connecting people to community activity as part of a GP social prescribing service
- Helping implement best practice by directly advising employers; and by equipping individuals to impact on work place culture by sharing the good practice explored through Work Wellness
- HR related employment advice to staff and managers (Return to Work Interviews, Phased Returns, Reasonable Adjustments, etc)
- Wellbeing and confidence support, advice, techniques; and where to find supplementary information and resources

- Transferable skills recognition to reintegrate back into job or other work; building self-esteem through acknowledgement of own skills, experience and talents
- CV building and interview tips and preparation

**Explanation of Deflators:**

Deflators are calculated to account for other services and contribution to outcomes. This can be individual action of from a group, such as social prescribing or an advocacy service. However, despite existence of these potential outcome contributors it cannot be guaranteed or expected that clients have accessed these or used their agency. More so, as vulnerable clients, they likely lack the confidence to access these services –and they may not have knowledge of them in the first place. There is also a potential economic limitation at play: while many of these complementary (but not duplicated) services operate free of charge, private counselling or coaching is relatively expensive at an average of £55 per hour. Often WW has signposted or referred clients to services they were unaware of. Due to clients potential to access services but not definite actual access, this analysis has assumed ‘best case’ of what services a clients may access. In addition there are waiting lists, eligibility factors, travel and schedule issues, and other factors which might limit access to such services that contribute to WW outcomes.

‘Best case’ assumption has been applied throughout this evaluation of Work Wellness to ensure no over-claim of outcomes. Therefore the SROI figure of approx. £9 is minimum estimated WW. It is highly likely the SROI is higher; however this analysis acknowledges the complexity of the social and community world, and the environmental, economic, health and social situation of clients.



## Social Value Engine report

Output	Outcome	Financial Proxy	Unit Cost	Units	Time Period	Leakage	Deadweight	Attribution	Drop-Off	Displacement	Total Annual Return	Total Project Return	Source
Improved staff motivation/Improved mental health practice' workplace	2d. improved efficiency and dynamism of community 'best voluntary insector. Cost savings on recruiting new staff	improved organisational culture leading to more motivated staff average cost of replacing employee	£10,185.00	43	1 year	£0.00	£43,795.50	£43,795.50	£21,897.75	£0.00	£437,955.00	£437,955.00	<u>CIPD</u>
Value from Jobs and Training Services (for Adults)	6e. improved life satisfaction	emotional cost of a year of unemployment	£1,086.00	43	1 year	£0.00	£9,339.60	£4,669.80	£2,334.90	£0.00	£46,698.00	£46,698.00	<u>The Social Impact of Housing Providers, Daniel Fujiwara, 2013 (p31-32)</u>
Community Based Lifestyle Activities Including Mental Wellbeing	5b. improved health and well-being for residents. 5b	cost of a community programme with a network approach	£38.11	72	1 year	£219.51	£274.39	£548.78	£0.00	£0.00	£2,743.92	£2,743.92	<u>PSSRU Unit Costs of Health and Social Care 2017 (p87)</u>

Output	Outcome	Financial Proxy	Unit Cost	Units	Time Period	Leakage	Deadweight	Attribution	Drop-Off	Displacement	Total Annual Return	Total Project Return	Source
Work Wellness Adviser	Improved health and wellbeing for local residents 5b. improved in health and well-being, including work related stress and anxiety, a result of engagement with work related stress, anxiety and low mood 6d.	improved mental health	£0.00	72	1 year	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	<a href="#">Citizens Advice Bureau, Modelling Our Value to Society 2015-2016</a>
Advocacy	improved ability to affect local change. Preparing for and Attending	average cost of advocacy	£36.00	28	1 year	£0.00	£0.00	£50.40	£0.00	£0.00	£1,008.00	£1,008.00	<a href="#">Children Society, Calculating Cost</a>

Output	Outcome	Financial Proxy	Unit Cost	Units	Time Period	Leakage	Deadweight	Attribution	Drop-Off	Displacement	Total Annual Return	Total Project Return	Source
	HR/Management meetings with client												
Expert Employment based HR legal advice	national framework. Recommendations for Return to Work and HR advice	provision of expert business advice to SMEs (e.g. financial advice / legal advice / hr advice/hse)	£84.00	34	1 year	£0.00	£0.00	£142.80	£0.00	£0.00	£2,856.00	£2,856.00	<u>National TOMS Framework</u>

### Returns

1. Active, Inclusive and Safe	£0.00
2. Well Run	£437,955.00
3. Environment	£0.00
4. Well Designed and Built	£0.00
5. Well Connected	£2,743.92
6. Fair to Everyone	£47,706.00
7. Thriving	£0.00
8. Well Served	£0.00
National TOMS Framework	£2,856.00
Added by User	£0.00

### Expenditure

Direct Costs	£40,000.00
Other: Equipment	£
Other: Advice	£
Other: Borrowing	£
Other: Expertise	£
Other: Mentoring	£
Other: Volunteering	£
	£40,000.00

### Less

Leakage	£219.51
Deadweight	£53,409.49
Attribution	£49,207.28
Drop-Off	£24,232.65
Displacement	£0.00
Total Return after leakage, deadweight, attribution, drop-off and displacement	£388,424.64
Total Expressed as a Net Present Value	£364,191.98

The Gross Social Value	The Net Social Value
------------------------	----------------------

is £12.28/£1

is £9.10/£1

Value from Jobs and Training Services (for Adults)	see separate document for proxy description
Community Based Lifestyle Activities Including Mental Wellbeing	Number of Units: per person.
Improvement in wellbeing, including work related stress and anxiety, as a result of engagement with Work Wellness Adviser	See separate supporting document for description of proxy
Advocacy	Hours of Advocacy: see supporting document for full description of proxy
Expert Employment based HR and legal advice	34 hours of WW advice to local employers on HR matters, including RtW recommendations, MH best practice, Phased Returns, Stress Risk Assessments, Action Planning - either direct or through letters to client FAO employer
Improved staff motivation/Improved mental health 'best practice' in workplace	See separate supporting document for explanation of deflators
Value from Jobs and Training Services (for Adults)	See separate supporting document for explanation of deflators
Community Based Lifestyle Activities Including Mental Wellbeing	See supporting document for full explanation of this proxy and deflators
Improvement in wellbeing, including work related stress and anxiety, as a result of engagement with Work Wellness Adviser	See supporting document for explanation of deflators
Advocacy	See supporting document for explanation of deflators
Expert Employment based HR and legal advice	Separate document describing Proxy, including details of Deflators

## 7.2 Work Wellness social value assessment proposed methodology

The aim of the research is to collect evidence of the programme producing a social return on investment, using the Social Value Engine to:

- measure the economic and social impact and health benefits of keeping people in work who are primarily over 50 and experiencing mental health problems,
- identify the activities and conditions that provide the success factors to enable people back into work.

The methodology comprises the following stages and collection methods.

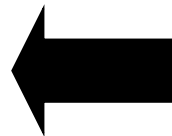
1. Baseline setting which involves gathering data on the evidence of need and demand for this service including:
  - statistical data on days lost from work by people over 50 for reasons of mental ill health,
  - other provision made locally that aims to meet the same need,
  - the demand on primary health care and mental health services by people over 50 with mental ill health, (figures available from CCG and local Mental Health Trust)
  - collection of statistical information: numbers seen and financial resources committed to the project.
2. Interviews with managers who have taken part, using a semi structured survey form to find out:
  - the usefulness of the advice on collaborative approaches,
  - what practical changes in the workplace it had led to,
  - identification of any cultural shifts that have taken place,
  - evidence of staff retention,
  - evidence of reduced absence through sickness,
  - evidence of increased productivity.
3. Interviews with advisers using a discussion guide to find out:
  - where did referrals come from?
  - what work based advice and support were you asked to deliver?
  - what signposting and referrals did you make?
  - examples of particular successes.
4. Interviews with key stakeholders, including GPs or Practice Managers from sponsoring practices and other referrers to find out:
  - any noticeable change in numbers of people over 50 in work being seen with mental health issues,
  - reduction in sickness absence certifications for this reason,
  - reduction in referrals to mental health services
  - any decrease in clinical prescribing for mental health issues in patients over 50,
  - any new contacts with other services or agencies in the voluntary and community sector.

5. Interviews with people who have received the service using a discussion guide to gather information about:
- what other groups, activities, services, support and resources have been accessed as a result of this intervention,
  - any changes in lifestyle made as a result of the intervention,
  - what were the results of attending a meeting with managers,
  - how well prepared they felt,
  - have they identified any transferable skills that can enable them to move into other employment?
  - improved self-esteem and ability to cope with personal challenges,
  - what other strategies they were using to deal with the issue,
  - how long the effect of the intervention has lasted or is likely to last,
  - any other services they were using that they stopped using once involved in this programme?
  - any other services they were using at the same time for the same purposes,
  - how useful was the action planning process,
  - time lost from work due to sickness since the intervention, if any.

**Project: Work Wellness**

**Conditions**

High numbers of people over 50 employed but signed off with mental health issues.  
 Increasing number of people over 50 absent from work due to ill health likely to fall out the labour market altogether.



- Intended impacts**
- To patients
    - Improved health and wellbeing
    - Supports health and lifestyle change
    - Improved self-esteem and confidence
    - More specialised local knowledge
    - Speed of referral
    - Allowing time to be heard.
  - To GP practice
    - Reducing frequent practice attendance
    - More appropriate use of GP time
    - Easy referral
    - Provides links between the VCS and primary care
    - Increased range of practical services
    - Encouraging and supporting self-care.
  - Cost saving
    - Decreased reliance on GPs
    - Decrease in clinical prescribing
    - Decreased need for acute services

**Programme objectives**

To test out the theory that a non-clinical intervention can have a positive impact on ensuring people with mental health conditions can remain in work long term providing benefits both to individuals and the wider economy.

**Rationale**

A holistic approach based on a Social Prescribing Model can offer a safe space to discuss problems and develop solutions, giving access to a wide range of information and signposting, and help people back to work.

**Inputs**

Project management by an independent consultant contracted to West Yorkshire Combined Authority.  
 One Work Wellness Advisor based in a GP practice.  
 Accommodation provided by GP practice.

**Activities**

60 minute one to one appointments with a Work Wellness advisor, based in accommodation offered by a participating GP practice, to develop an action plan.  
 Advice to employers on collaborative approaches to managing mental health at work.

**Outputs**

A minimum of ten people in target demographic are enabled to remain in work or to return to the workplace.

- Intended outcomes**
- Time and resource savings for GPs
  - Talented staff are retained
  - Sickness and recruitment costs saved
  - Productivity flourishes.

