

**Norfolk County Council**

**The Connect to Work Programme**

**SPECIFICATION**

**CONTRACT PERIOD:**

**1st October 2025 to 31st March 2028**

**Extension Period 1: 1st April 2028 – 31st March 2030**

**REFERENCE: NCCT43197**



Contents

[1. Specification Overview 4](#_Toc196316621)

[2. Background 4](#_Toc196316622)

[2.1 Individual Placement and Support and the CtW model 6](#_Toc196316623)

[3. The Norfolk Context 7](#_Toc196316624)

[4. Service Design 10](#_Toc196316625)

[4.1 Delivery Model 14](#_Toc196316626)

[4.2 Length of Support 18](#_Toc196316627)

[4.3 Volumes and Outcomes 18](#_Toc196316628)

[4.4 Local Integration 20](#_Toc196316629)

[4.5 Area of Operation 22](#_Toc196316630)

[4.6 Staffing 23](#_Toc196316631)

[4.7 Referral Sources 24](#_Toc196316632)

[5. Eligibility of Individuals 24](#_Toc196316633)

[6. Performance Requirements and Reporting 28](#_Toc196316634)

[7. Minimum Service Delivery Standards (MSDSs) 28](#_Toc196316635)

[8. Timescales and Milestones 32](#_Toc196316636)

[9. Payment Model 32](#_Toc196316637)

[9.1 Eligible Expenditure 32](#_Toc196316638)

[9.2 Ineligible Expenditure 33](#_Toc196316639)

[9.3 Payments 33](#_Toc196316640)

[9.4 Support costs 33](#_Toc196316641)

[10. Subsidy Control 34](#_Toc196316642)

[11. Data Input System 35](#_Toc196316643)

[11.1 Monitoring and Compliance 35](#_Toc196316644)

[11.2 Additional Information and Data Returns 36](#_Toc196316645)

[11.3 Mental Health Services Data Set Requirements 36](#_Toc196316646)

[11.4 Performance Management Framework 37](#_Toc196316647)

[12. Reporting and Governance 37](#_Toc196316648)

[12.1 Implementation 37](#_Toc196316649)

[12.2 Operations Boards 38](#_Toc196316650)

[12.3 Performance Monitoring 38](#_Toc196316651)

[13. Evaluation 39](#_Toc196316652)

[13.1 NCC Evaluation 39](#_Toc196316653)

[13.2 DWP Evaluation 39](#_Toc196316654)

[13.3 Fidelity Assurance 40](#_Toc196316655)

[14. Marketing and Communications 41](#_Toc196316656)

**Annex Table**

|  |  |
| --- | --- |
| **Annex** | **Title** |
| **Annex 1**  | Participant Journey  |
| **Annex 2a** | IPS Fidelity Scale |
| **Annex 2b** | Supported Employment Quality Framework **(**SEQF) Model Fidelity Assessment Guide |
| **Annex 2c** | SEQF vs IPS Fidelity |
| **Annex 3** | Childcare & Replacement Caring Costs |
| **Annex 4** | Monthly Performance Profiles |
| **Annex 5** | Connect to Work technical note – MI Management Information Note |
| **Annex 6** | Performance Management Framework |
| **Annex 7** | Information Governance |
| **Annex 8** | Branding Guidelines  |
| **Annex 9** | Example Job Description - Employment Specialist |
| **Annex 10** | Allowable Costs |

# Specification Overview

**Requirement Summary**

**The Connect to Work Programme- Norfolk**

**Norfolk County Council is expected to support 4048 individuals at an anticipated and average cost of approx. £3.3million per year between 1 October 2025 and 31 March 2030, of which 3036 participants will form part of this commission. The expectation is that delivery for this project will cover 4 years and 6 months, however, due to the Central Government spending review, the initial contract will be to March 2028 with the contract being extended for the final two years to March 2030 as soon as it is approved.**

**Contract Value: £6,282,281 (+ £2,522,119).**

**Summary of Activity**

Norfolk County Council (NCC) is seeking to commission providers to deliver the Connect to Work (CtW) programme for Norfolk residents. The CtW programme, funded by the Department for Work & Pensions (DWP), will provide support for pprox. 4048 Norfolk residents between 1 October 2025 and 30 March 2030, of which 3036 participants will form part of this commission with contracted delivery through the provision of locality teams.

CtW will be managed within the NCC Growth & Development suite of programmes and delivery and is expected to take place in co-locations within a range of primary and community NHS health services and range of community setting.

The programme will primarily provide support for people who are economically inactive within priority groups and want to work. It will also provide support to some people to retain work who are at risk of losing employment (and if they lose their job would be unlikely to move back into work without support). Individuals participating in CtW do so on a voluntary basis.

CtW will deliver support based on both [IPS Fidelity](https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf) and [SEQF Fidelity](https://www.base-uk.org/page/Quality-in-Supported-Employment) scales. Adherent delivery to these scales will require delivery of the ‘place, train, maintain’ employment support model, focused on engagement with employers to facilitate work opportunities for participants.

Further details on the delivery model, referrals, local integration requirements and payment model are outlined in this specification.

#  Background

**Get Britain Working** [Get Britain Working White Paper - GOV.UK](https://www.gov.uk/government/publications/get-britain-working-white-paper/get-britain-working-white-paper)

A key part of the government’s mission to kick-start growth is the commitment to building an inclusive and thriving labour market where everyone has the opportunity of good work, and the chance to achieve satisfaction at work. A central objective of this mission is to break down barriers to opportunity, and to improve the health of the nation.

The government has set a long-term ambition to achieve an 80% employment rate. This would place the UK among the highest performing countries in the world, with the equivalent of over 2 million more people in work.

The approach is based on 3 pillars:

* A modern Industrial Strategy and Local Growth Plans – to create more good jobs in every part of the country.
* Improving the quality and security of work through the Plan to Make Work Pay.
* Reforms to employment support, bringing together skills and health to get more people into work and to achieve satisfaction in work.

The Get Britain Working Strategy aims to bring fundamental reform to local areas and ensure that strong foundations exist with which to work in partnership to support people into good, sustainable work. The first major element in the delivery of the Get Britain Working Strategy is the CtW programme.

NCC has been awarded grant funding by the Department of Work & Pensions (DWP) to deliver the CtW initiative.

The primary aim of CtW is to help disabled people, people with health conditions, and those with more complex barriers to work who are outside the labour market in ‘Hidden Unemployment’ who wish to be in employment, to find a suitable job and sustainable work. It will also help those in work but at risk of falling out of the labour market (and who will struggle to get back into work if they lose their job) to retain their employment.

CtW is a voluntary programme to help tackle economic inactivity by providing a specific form of support targeted at the right people at the right time, based on their individual circumstances. Participants must be both eligible and suitable for the provision. CtW will deliver the evidence-based Supported Employment model, ‘place, train, and maintain’, building on the existing DWP funded Supported Employment programmes; Local Supported Employment (LSE) and Individual Placement and Support in Primary Care (IPSPC), to deliver support to 4048 Norfolk residents over the project duration.

CtW will take a collaborative, locally led approach to tackling ‘Hidden Unemployment’. It will help connect local work, health and skills support. The programme will support a coherent, systematic and joined up approach to maximise the benefits available for individuals and local Norfolk communities.

Good quality work provides people with income, social interaction, and a sense of fulfilment and purpose among many other benefits. It’s known that work has a positive effect on people’s physical and mental health, and their wellbeing, while unemployment often has a harmful impact.

The employment rate for disabled people is significantly lower than the employment rate for non-disabled people[[1]](#footnote-2).The NHS Long Term Plan[[2]](#footnote-3) recognises that mental health and musculoskeletal conditions remain the main causes of long-term sickness absence, and combined, are also the main health related causes of people falling out of work[[3]](#footnote-4). Supporting people to access employment through CtW will build on individuals’ skills and strengths, enabling them to:

* Realise their potential for recovery.
* Recover more rapidly and effectively from their health issue or build strategies to manage their health condition and barriers to work.
* Build social connections and support networks.
* Gain financial independence.
* Improve their general health and wellbeing.

There is a large international body of robust evidence including randomised controlled trials on IPS. Previous evidence has demonstrated that IPS can achieve up to twice as many job outcomes for people with severe mental illness than traditional programmes, i.e. in 2013 55% of IPS participants were found to be in competitive employment for at least one day compared to 28% of people in the control group[[4]](#footnote-5).

## 2.1 Individual Placement and Support and the CtW model

The Individual Placement and Support (IPS) model developed out of Supported Employment and both IPS and SEQF move away from a ‘train and place’ method that focuses on job readiness, to a ‘place, train, maintain’ framework focused on engagement with employers to make jobs possible - that is real jobs on real pay. Evidence shows consistently that this approach, with its focus on rapid job search, is more effective than a series of stepping-stones to employment.

IPS initially focused on supporting people with a severe mental illness (SMI). There is a large body of robust international evidence, including multiple randomised controlled trials, demonstrating the effectiveness of IPS for SMI with evidence showing that it can achieve up to twice as many job outcomes than traditional programmes[[5]](#footnote-6).

Health Led Trials (HLTs) funded by DWP and DHSC were conducted in the South Yorkshire Combined Authority and West Midlands Combined Authority areas between 2018 and 2020. The HLTs tested the effectiveness of a supported employment intervention, based on IPS principles, with a wider cohort of individuals with common mental health and/or physical health conditions.

HLTs have led to further pilot areas being established, including a variant focussed on Individual Placement and Support in Primary Care (IPSPC). This initiative is being delivered across 12 Local Authorities areas in England, including Norfolk. IPSPC supports those with mild-to-moderate mental health conditions, physical disabilities and other long-term health conditions to find work, and to stay in work. It works closely with Primary Care to enable strong referral pathways and a holistic approach to a patient treatment and recovery. IPSPC pilots are due to close to referrals in 2025.

CtW will continue the further roll out and evaluation of IPS, including a job retention element, with a wider cohort and enable the continued growth of the IPS model of supported employment.

CtW will support inclusive growth and help to achieve a reduction in health inequalities and will develop strong links and referral arrangements with community organisations and local partners such as GPs, Local Authorities, Jobcentre Plus, social care, community health services, health navigator services, educational institutions, volunteering organisations and housing services among others.

Rapid Job Search

Coordination between employment services staff and wider health network

Person centered Vocational Profiling with participant job preferences at the core.

Small Caseloads offering holistic support.

Placement in paid, competitive work.

Ongoing in-work support

# The Norfolk Context

Norfolk County Council are committed to the ‘[Better Together for Norfolk](https://www.norfolk.gov.uk/bettertogether)’ strategy - to give the people we serve every opportunity to improve their lives. It is about creating the conditions for people to have good and healthy lives, regardless of who they are or where they live. It is about removing discrimination and barriers to equal lives and enabling all people to participate in their communities, and it is about ensuring that Norfolk claims its fair share of investment to drive growth, prosperity and better skills so we are not left behind.

Norfolk County Council, alongside business, public sector and VSCE partners have recently developed the [Norfolk Local Growth Plan](file:///C%3A/Users/thomas.humphries/Downloads/Norfolk_Local_Growth_Plan%20%282%29.pdf) (LGP), outlining the economic objectives of the county 2024-2029. The Connect to Work programme will be a key contributor to the People & Skills priorities of the LGP, delivering employment opportunities, improved health and uncreased economic contribution from the counties economically inactive residents.

In Norfolk, during 2023, 20.6% (109,100) of individuals aged between 16-64 were classed as economically inactive. This proportion was 1.5% higher than found in 2019 (19.1%| 100,400).

In 2023, 27.7% (30,100) of those defined as economically inactive were classed as having a long-term sickness, compared with 23.7% in 2019.

During 2023 the the number of individuals inactive because of long-term sickness in Norfolk was higher than the average for the East of England (25.9%) and the UK average (27.2%). However, of those who were economically inactive in Norfolk during 2023, 32.5% (32,500) were reported as wanting a job. This was higher than the average proportion of economically inactive wanting a job in the East of England (18.6%) and the UK (17.6%).

Economic inactivity by reason 2023:



Student 21.6%; Family 19.3%; Long-term sickness 27.7%; Retired 15.1%;

Other 16.3%



 32.5% Want a job; 67.5% Does not want a job

Economic activity rates vary by district. In 2023, Norwich (87.8%) and King’s Lynn and West Norfolk (83.4%) had the highest proportion of economically active individuals. Conversely, North Norfolk (70.1%) and Great Yarmouth (70.7%) had the lowest levels of economically active individuals.

**Health of working-age population**

Between 2022-23 68.7% of individuals (16-64), classed as having physical or mental long-term health condition in Norfolk, were in employment. This is slightly higher than the average for the East of England (68.4%) and the average for England (65.5%), however the difference is not statistically significant.

Reports of long-term health conditions are rising in Norfolk, and the East and England overall.

In Norfolk during 2023, the percentage of people aged 16+ reporting a long-term musculoskeletal (MSK) condition, either arthritis or ongoing problem with back or joints, was 21.1% (up from 19.7% in 2022). This was significantly worse than the average for the East of England (18.1%) and England (18.4%) in 2023.

According to the practice disease registers, 12.9% (101,473) of patients aged 18 and over in Norfolk were recorded as suffering from depression during 2023. This is a 7.3% increase since 2012. In 2023 the proportion of individuals recorded with depression was higher in Norfolk than the average for the East of England (12.2%) but lower than the overall average for England (13.2%).

An analysis of Employment and Support Allowance claims in November 2023, showed that the top three reasons for claiming were Mental and Behavioural Disorders (52%), MSK (12.1%) and Nervous System Disease (9.9%).

The NHS Norfolk & Waveney area has the 2nd highest number of fit notes issued by GP Practices in the East of England, with mental and behavioural disorders being by far the most common diagnosis for issue.

Wellbeing levels in Norfolk are largely in line with regional averages, with measures of personal wellbeing for residents at the Norfolk level indicating (ONS 11-point scale):

* Life satisfaction is above average with residents reporting 7.6 compared to and the average across England (7.4).
* Residents feeling that life is worthwhile is slightly above national averages (Norfolk 7.9, average 7.7).
* Resident happiness is in line with national averages at 7.4.
* Resident anxiety is in line with national averages at 3.3.

Norfolk County Council is an experienced commissioner of work and health related programmes and has significant experience in building partnerships to deliver projects.

NCC is the commissioning and accountable body for the IPSPC pilot in Norfolk, branded locally as [Working Well Norfolk](https://www.norfolk.gov.uk/article/42124/Working-Well-Norfolk). The service commenced delivery in October 2023 and will run until September 2026, with referrals into the project ceasing in September 2025. 1,450 residents have been supported to date (March 2025), with the expectation that a further 380 residents will be supported by the end of the programme. CtW will be built on the networks and relationships established during the pilot.

NCC also managed [The Chances project](https://www.norfolk.gov.uk/business/grants-and-funding/european-funding/eu-programmes/business-growth-innovation-and-skills/chances) , which had a range of partners to deliver to specific cohorts and a similar approach will be taken for this project.

NCC will engage with the deliverers of other local IPS services in order to establish boundaries between provision and will encourage close working and delivery with similar programmes delivering to other cohorts. The project group developing this proposal includes representation from the NHS Norfolk and Waveney Integrated Care Board (ICB) and Public Health. These stakeholders will remain closely involved in project delivery, to ensure strategic fit and optimum pan-programme alignment, during implementation and delivery.

The CtW service will support inclusive growth and contribute to reducing health inequalities. It will complement, but not duplicate, similar existing provision and its commissioning and delivery will be informed by lessons learned to date.

The IPS element of the service will adhere to the 25-point IPS Fidelity Scale (Annex 2) but recognising this commission is for time-limited support. Evidence suggests that there is a correlation between high scores on the fidelity scale and the achievement of outcomes.

# Service Design

The commissioned element of the project will provide a bespoke IPS programme to individuals under-served by current provisions for sustained employment. Providing intensive, individual support, resulting in paid employment and time-unlimited in-work support for both the employee and the employer.

This IPS intervention will support 3036 participants across Norfolk, 2581 out-of-work participants and 455 in-work participants. Linking directly with Primary Care Networks (PCN), or the equivalent networks in the future, other secondary health services and other support services, the project will work with PCN clinicians and other health professionals to enable participants seeking to address and remove barriers to employment.

The programme will target key participant groups, all of which will be overlayed with the need to reach out to groups that are typically underserved and/or experience inequalities:

Eligible participants have a disability as defined in section 6 of the Equality Act 2010 or the Social Model of Disability.

**Or**

Meet the definition of one of the specified disadvantaged groups with additional multiple and complex barriers that would benefit from support;

**Definition of the disability groups:**

Participant must be a disabled person i.e. have a disability as defined in section 6 of the Equality Act 2010 or the Social Model of Disability. Under the Equality Act 2010 a person has a disability if (in summary):

• they have a physical or mental impairment; and

• the impairment has a ‘substantial’ and ‘long-term’ adverse effect on their ability to carry out normal day-to day activities’.

Further details on definition of disability under the Equality Act and Social model of disability are available on the [Connect to Work Grant guidance](https://www.gov.uk/government/publications/connect-to-work/connect-to-work-grant-guidance-for-england#annex-b--eligibility-and-suitability) (annex B – eligibility and suitability).

**Mental Health**

Individuals experiencing *mild to moderate* mental health difficulties, where the mental health difficulty may be known to/recognised by primary care (but not necessarily). The offer will include those who may or may not be supported by range of organisations such as Norfolk and Suffolk NHS Foundation Trust (NSFT), Talking Therapies (previously IAPT) and community assets that support wider determinants of wellbeing, including other Voluntary, community and social enterprises (VSCE)-led and/or community provision. This will include individuals whose experience of mental health puts them at risk of long-term sickness absence or cessation of existing employment.

**Physical Disabilities**

Individuals who experience physical disabilities or other similar provisions linked to the experience of physical disabilities. Including individuals whose physical disabilities are putting them at risk of long-term sickness absence or cessation of existing employment.

**Individuals who experience other long-term sickness or disability**

Individuals experiencing other long-term sickness or a disability that impacts on their daily activities (for longer than 12 months) and may have experienced prolonged unemployment, thus being classed as economically inactive. Including individuals where the experience of other long-term sicknesses or disabilities are putting them at risk of long-term sickness absence or cessation of existing employment.

**Definition of disadvantaged groups with additional multiple and complex barriers:**

The specified groups supported on IPS are as follows:

**A homeless person**

A homeless person, including a person with homelessness experience or currently at risk of homelessness, is someone who has encountered a period of having no accommodation available for their occupation, in the United Kingdom or elsewhere. It does not just refer to people who have experienced rooflessness/slept rough, but also those who have:

* Lived in insecure housing (threatened insecure tenancies, eviction, domestic violence, or staying with family and friends known as ‘sofa surfing’)
* Experienced houselessness (with a place to sleep but temporary, in institutions or a shelter)
* Lived in inadequate housing (in caravans on illegal campsites, in unfit housing in extreme overcrowding)

**Veterans (a former member of His Majesty’s (HM) Armed Forces (AF), a member of HM AF reserves, or a partner of current or former Armed Forces personnel).**

[While veterans and other members of the Armed Forces Community are included in this list and some will benefit from support, not all are disadvantaged.]

A person who is a former member of His Majesty’s (HM) Armed Forces (AF), their partners and armed force reservists (including volunteer reservists and regular reservists as set out below). To be classed as a veteran a person needs only to have served in HM AF for at least one day.

A person who is a volunteer reservist.

Voluntary reservists comprise:

* the Royal Naval Reserve,
* the Royal Marine Reserve,
* the Territorial Army, and
* the Royal Auxiliary Air Force, and
* a person who is a regular reservist.
* Regular reservists comprise:
* the Royal Fleet Reserve,
* the Army Reserve, and
* the Royal Air Force Reserve.

For the avoidance of doubt, the partners of armed force reservists are not eligible

**A person for whom a drug or alcohol dependency, including a history of dependency, presents a significant barrier to employment.**

A person for whom a drug or alcohol dependency presents a significant barrier to employment. This can include drug or alcohol dependency in the past. This could include individuals at the start or end of their recovery journey. Individuals may be experiencing a lack of confidence to take forward work, require support to maintain recovery or need to address wider barriers that stem from substance misuse such as housing or financial issues.

**A refugee, a resettled Afghan**

Refugee – a person who has been granted refugee status in the UK under paragraph 334 of the Immigration Rules made under section 3(2) of the Immigration Act 1971.

Afghan resettler – A person who arrived in the UK legally via a safe and legal protection route set up in response to the situation in Afghanistan, including the Afghan citizens resettlement scheme, the Afghan Relocations and Assistance Policy and the Afghanistan Locally Employed Staff Ex-Gratia Scheme.

**A person on the Ukrainian scheme**

A person who is living in the UK on one of the following Ukraine Scheme visas:

* the Homes for Ukraine Scheme (including Welsh and Scottish super sponsorship schemes),
* the Ukraine Family Scheme, or,
* the Ukraine Extension Scheme. The Ukraine Permission Extension (UPE) scheme which will extend existing permissions for Ukrainians who are living in the UK under a Ukraine scheme visa for a further 18 months starting from March 2025.

**A victim/survivor of domestic abuse**

A person who meets the Domestic Abuse Act 2021 15 definition of domestic abuse (summarised below).

Definition of domestic abuse:

* Behaviour of a person (perpetrator of the abuse) towards another person (victim of the abuse) is domestic abuse if: both are aged 16 or over and are personally connected to each other, and the behaviour is abusive. Behaviour is abusive if it consists of any of the following:
* physical or sexual abuse
* violent or threatening behaviour
* controlling or coercive behaviour
* economic abuse
* psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.

A victim of domestic abuse includes a reference to a child who –

* sees or hears, or experiences the effect of, the abuse, and
* is related to perpetrator of the abuse and the victim of the abuse.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, religion, socio-economic status, sexuality, or background.

**Young people identified as being involved or at risk of being involved in serious violence**

A young person (aged between 16-24) is classed as being involved, or at risk of being involved in serious violence if they are involved with specific types of crime such as knife crime, gun crime and areas of criminality where serious violence or its threat is inherent, such as county lines drug dealing.

**A victim of modern slavery**

A person who has been confirmed as a victim of modern slavery by having a positive ‘Conclusive Grounds’ decision issued by the relevant Competent Authority at the Home Office. The Home Office issues the decision letter to the adult concerned or to their appointed representative where applicable. Modern slavery is the illegal exploitation of people for personal or commercial gain. It covers a wide range of abuse and exploitation including human trafficking, slavery, servitude and forced or compulsory labour.

**A carer or ex-carer**

A person who provides (or has until recently provided) full or part-time unpaid care by looking after a family member or friend, who is infirm, disabled or seriously ill. They do not have to live in the same household. These people are called carers, but many would probably say they were just "looking after someone").

Connect to Work will also typically support the following groups under SEQF but these groups may potentially be supported by the IPS team:

**An offender or ex-offender**

Someone who is serving a community service or who has completed a custodial or community sentence.

**Care experienced young person or a care leaver**

A person who is defined as:

* Care leaver – a care leaver is a person under 25 who has been in local authority (LA) care (e.g. residential or foster care) for a period of at least 13 weeks or more, or periods amounting in total to 13 weeks or more, since they were age 14, and ending after age 16.
* Care experienced young people - A person with care experience has spent time within the local authority care system living in foster care or residential care.

The appointed supplier must have significant experience in supporting people with mental and physical health difficulties and other additional multiple and complex barriers to employment. The support will include intensive, individual and bespoke support, a supported job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employers. The model relies on close collaboration between PCNs and other health professional referrers and the IPS Employment Specialist working together to attain their employment goal.

## 4.1 Delivery Model

The CtW model will support residents to achieve their employment aspirations and in doing so focus on eight key principles:

1. **Paid, competitive employment**, including self-employment where relevant.
2. **Voluntary participation** underpinned by informed consent and a focus on understanding and supporting participant needs.
3. IPS Employment Specialist who is **closely aligned with primary and community care and physical health care teams** where appropriate, with participants receiving employment advice alongside other healthcare support.
4. Supported Employment via the Place, Train and Maintain model of **rapid activation** and job search, followed by in-work support tailored to the individual needs of a person.
5. **Rapid support for in-work participants** needing support with their health issues and involvement of employers as appropriate.
6. **‘Zero Exclusion’** based on the nature of health condition and barriers to work (within the Eligibility Criteria).
7. Employment Specialist **inputting into the treatment/discharge or clinical assessment** and review process as appropriate.
8. **Working alongside health professionals** to see the value of and embed the value of work to help improve health.

The CtW programme must adhere to the following key requirements:

* Provide support, for a period of up to 12 months, for out-of-work participants who require assistance and support to move into sustainable employment.
* Provide support, for a period of up to 4 months, to in-work participants who are employed and either off sick or struggling in the workplace due to their disability.
* Be delivered in line with the participant journey outlined at Annex 1.
* Support economic growth through the employment of people with a mental or physical health condition, disability or disadvantaged through economic inactivity.
* Enable sustained employment of Participants in employment but whose disability is impacting their ability to work.
* Develop a framework for effective, locally driven integrated employment support that can be sustained.
* Continue to build the evidence base for innovative employment interventions to facilitate a potential national proven approach.
* Improve Participants general health and wellbeing, including support to help people recover more rapidly and effectively, which could include building strategies to manage their disability and barriers to work and gain financial independence.
* Offer new provision for unmet need, complementing but not duplicating:
	1. Norfolk’s IPSPC Working Well - Norfolk provision.
	2. Norfolk Job Centre Plus services
	3. Norfolk’s employment support provision, including the DWP Restart programme.
	4. Norfolk’s Supported Employment provision which focuses on people with moderate to complex learning disabilities and/or autism known to local authorities as with DWP’s Local Supported Employment Initiative.

The CtW programme should be operated in a person-centred way, which requires professionals and Employment Specialist supervisors to distance themselves from traditional roles as ‘experts’ and ‘providers,’ into partners and advocates that work with individuals and communities. Open questions and active listening will be critical to developing mutuality, reciprocity and trust, and ensuring participants’ needs and preferences guide the support provided.

The service is designed around a preference-based model requiring tailored employer engagement. Employment Specialists will conduct their own employer engagement, including finding roles in the hidden job market, based on the specific skills, aspirations and goals of individuals on their caseload.

The programme delivery model incorporates the key components-

**Central Triage Provision**

The triage provision will be managed by NCC. Triage will receive referrals from a variety of sources including SEQF and IPS/Locality teams, self-referrals. This function establishes eligibility, suitability and the additional support requirements identified for participants. NCC triage will disseminate participants to the SEQF and IPS delivery teams. The triage provision is out of the scope of this procurement.

**Supported Employment Quality Framework (SEQF) Provision**

The programme will establish a county-wide SEQF provision, positioned to support participants eligible and identified suitable for SEQF/Higher supported provision. The SEQF team will receive referrals from the Locality teams where participants are identified as more suitable for this support and via the triage process. This provision will be managed and delivered by NCC and is out of the scope of this procurement.

**Locality Delivery Teams / Individual Placement & Support (IPS) Provision**

Locality Teams will be established delivering IPS support to participants. Locality teams will be located in each Norfolk district/locality providing high levels of community in-reach in the generation of referrals and accessibility for participant support. These teams will develop high levels of local knowledge and understanding towards the effective engagement opportunities with participants, interacting with a wide range of primary care, community and VCSE settings, engaging residents in the opportunity of CtW support and in on-boarding to the programme. Locality teams will include a variable number of Employment Specialists, dependent upon the targeted contracted outcomes.

The Locality team provision forms the scope for this procurement.



## 4.2 Length of Support

**Out of Work Participants**

The maximum service duration for out of work participants should be 12 months from service start in most cases and can be made up of both pre-work support and in-work support once the participant moves in to work. Reflecting the nature of the target group, a Participant’s allotted time on CtW can be flexed on a case-by-case basis where it would be of benefit to the Participant and funding allows. Flexible options, which are not mutually exclusive, include:

* pausing,
* extending, and
* re-referral.

**In Work Participants**

The maximum service duration for in-work participants should be 4 months in most cases from service start. Reflecting the nature of the target group, a Participant’s allotted time on CtW can be flexed on a case-by-case basis where it would be of benefit to the Participant and funding allows. Flexible options, which are not mutually exclusive, include:

* pausing,
* extending, and
* re-referral.

**For ‘Out-of-Work’ Participants**

Extensions (by exception) should be made for three months (91 calendar days) increments, subject to a maximum total extension of six months (182 calendar days).

**For ‘In-Work’ Retention Support Participants**

One extension may be granted for a two-month (61calendar days) period. This should be treated on a case-by-case basis.

Requirements for job leavers and returners, early completers, disengagement, re-referral and re-engagement will be agreed with the successful providers during implementation / mobilisation.

## 4.3 Volumes and Outcomes

During the life of the contract a minimum of **2115 (+ 921)** participants must be supported via IPS. This is broken down as follows:

* Around 85% (2512) Out-of-Work participants starting on CtW
* Around 15% (524) In-Work participants starting on CtW

We have allocated indicative number of participants for each Norfolk local authority district based on working age population and respective cohort size and experience of participants supported in the previous projects of Chances and Working Well Norfolk.

Table 1 below sets out the total anticipated service starts by Norfolk locality and by participant cohort:

**Table 1: Locality Fair Shares**

|  |  |  |  |
| --- | --- | --- | --- |
| Norfolk Locality | Total service starts | Out of Work starts | In Work starts |
| North Norfolk  | 146 (+ 63) | 124 (+ 49) | 22 (+ 14) |
| Breckland | 365 (+ 158) | 310 (+ 123) | 55 (+ 35) |
| Broadland & South Norfolk | 292 (+ 127) | 248 (+ 98) | 44 (+ 29) |
| King’s Lynn & West Norfolk | 365 (+ 158) | 310 (+ 123) | 55 (+ 35) |
| Great Yarmouth | 437 (+ 191) | 373 (+ 148) | 64 (+ 43) |
| Norwich | 510 (+ 224) | 434 (+ 172) | 76 (+ 52) |

Volumes will not be capped in relation to service starts per area, however providers will not receive additional funding for participant starts over the above targets. It is expected that there will be some attrition from referral to service start. Referrals to CtW for out-of-work participants can be accepted up to the end of March 2029 and in-work participants can be accepted up to the end of November 2029.

In delivery and provider performance, job outcome targets for residents are required, with a focus on maximising sustained paid employment. The provider will be expected to deliver the following:

* At least 50% of total ‘Out of Work’ programme starts to achieve first earnings
* At least 40% of total ‘Out of Work’ programme starts to achieve a Lower Threshold Job Outcome
* At least 29% of total ‘Out of Work’ programme starts to achieve a Higher Threshold Job Outcome
* At least 80% of total ‘In-Work’ Retention Support Participants to achieve a Higher Threshold Job Outcome

For clarity, the definitions of the above outcomes are:

**Job Start**

A job start will be counted when DWP reports to NCC that a participant’s first earnings have been reported to HMRC.

**Job Outcome Thresholds**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Type | Lower Threshold Job Outcome | Higher Threshold Job Outcome | Period to Achieve |
| Out-of-Work (Paid employment) | £1,338.48 @ Apr 2024 (9hrs x 13 weeks x current National Living Wage) This threshold will increase as the NLW rate will change annually. | £5,353.92 @ Apr 2024. (18hrs x 26 weeks x current National Living Wage). This threshold will increase as the NLW rate will change annually  | Up to 12 months (365 calendar days) of joining the programme, plus 13 weeks (91 days) of Tracking. If extended: within the cumulative period for length of provision, i.e. for first extension, up to 15 months (456 calendar days) plus 13 weeks (91 calendar days) Tracking and for the second extension up to 18 months (547 calendar days) plus 13 weeks (91 calendar days) Tracking.  |
| Out-of-Work(Self-employed) | Cumulative period of not less than 13 weeks (91 calendar days) of Self-employment.  | Cumulative period of not less than 26 weeks (6 months) of Self-employment.  |
| In-Work Retention Support(Paid employment) | Not applicable  | £5,353.92 @Apr 2024. (18hrs x 26 weeks x current National Living Wage). This threshold will increase as the National Living Wage rate will change annually  | Up to 12 months (365 calendar days) of joining the programme (the same period applies if extended for 2 months (61 calendar days))  |
| In-Work Retention(Self-employed) | Not applicable | Cumulative period of not less than 26 weeks (6 months) of Self-employment.  |

## 4.4 Local Integration

Integration and partnership working with local health services, key community organisations and referral opportunities within localities will be key to the success of the CtW service. Therefore, the successful providers must:

* Take responsibility and maintain capacity to develop referrals from their contracted delivery locality/s.
* Be committed to developing and maintaining strong partnerships with primary and community health services, including establishing co-location and co-working arrangements with a range of clinical teams, and within clinical referral systems.
* Demonstrate, through outcomes, practices, policies, and procedures, a commitment to working with participants with a variety of health conditions in the design, delivery, and evaluation of all services.
* Have a demonstrable track record in close partnership, collaboration and integration and successful delivery at local (district) level, of third-party provision in or close to primary care settings, including for example delivery of social prescribing services in primary care.

**Referral Partners**

Integration into Norfolk’s Primary Care and other health Services will be a prime objective of this contract. It is expected that provider/s will embed Employment Specialists within or close to primary care delivery areas, and similarly with voluntary sector and/or business engagement provision, working close to primary and secondary care, as a key source for referrals.

It is anticipated that some participants will self-refer whilst attending appointments with their General Practitioner (GP) (including Social Prescribing services), and others may prefer to do so in community mental health services settings. Therefore, exploring co-location will also be key and in line with IPS principles.

**Other Services**

Local integration of services, support and governance forms a key element driving the design and expected delivery of CtW. Local integration ranges from community, borough level or Norfolk wide services. The CtW integration approach is about local partners on the ground understanding what works in addressing individual's various barriers and challenges - strategically aligning services to work alongside the CtW Providers for the benefit of the participants.

Integration with local services has been recognised as one of the main advantages of the programme offer; it has been shown to make significant and sustained differences to the outcomes of participants’ lives. Therefore, NCC will continue to construct and develop the Norfolk approach throughout the lifetime of CtW. In recognition of the particular focus on health and work in this programme, the Providers will be required to contribute evidence and experience to inform system commissioning and delivery for the duration of the contract.

Providers will access support, share opportunities and develop a further integrated approach to working in partnership with local services to support residents and employers, by working in a sequenced way that has the participant at the heart of delivery. As such the CtW Providers are fully expected to work as a key partners within the Norfolk integrated approach.

In order to ensure the CtW integrated offer throughout the participants journey, the Providers will act as the linchpin of this wider support package and will be the ‘owners’ of the participant action plan until an employment outcome has been achieved, and will be responsible for:

* Carrying out stipulated assessments to ensure the referral is appropriate to the participant.
* Carrying out brief interventions for the participant, where appropriate
* Ensuring all front-line staff (as a minimum) are trained, and their knowledge of Norfolk services regularly updated and reviewed in all the training specified in this specification and the ask and offer documents.
* Referring any direct approach of potential participants to the triage team to ensure eligibility and suitability of the referral and where appropriate signpost to other support services.
* Conducting the initial meeting and subsequent appointments with the service(s).
* Support participants into specialist and additional support where identified.
* Co-producing action plans with the other service(s) and acting as owner of these plans with responsibility over action plan development and overseeing delivery of outcomes.
* Developing collaborative arrangements across the local system to enable co-case management and organise and facilitate regular case management meetings as required.
* Offering training (where appropriate to stakeholders in the local system) to enhance their knowledge and understanding of the importance of embedding work as a key outcome for health and wellbeing.
* Arranging and facilitating joint service development meetings between Providers within the Norfolk system
* Developing data sharing agreements across the system
* Exploring options for co-location with other services
* Working closely with Local Authority lead officers to participate in relevant meetings, as appropriate.

## 4.5 Area of Operation

The programme will be delivered across six identified Local Authority areas of Norfolk, and the Providers will be expected to ensure sufficient delivery locations are provided for each Local Authority area, which include:

* North Norfolk – 2 Employment Specialists in the operation.
* Breckland – 5 Employment Specialists in the operation.
* Broadland & South Norfolk – 4 Employment Specialists in the operation.
* King’s Lynn & West Norfolk – 5 Employment Specialists in the operation.
* Great Yarmouth - 6 Employment Specialists in the operation.
* Norwich – 7 Employment Specialists in the operation.

## 4.6 Staffing

Delivery of CtW will require a large workforce with the appropriate knowledge, skills and values. Employment Specialists will use person-centred approaches for working in partnership with participants, and alongside this, will have the skills to proactively engage with employers, including finding jobs in the hidden job market. They will also need to support In-Work participants to stay in work (job retention support). Open questions and active listening will be critical to developing mutuality, reciprocity, trust, and ensuring participants’ needs and preferences guide the support provided.

In line with IPS Fidelity recommendations, each Employment Specialists will hold an average maximum active caseload of 25 participants at any one time.

Employment Specialists, Team Leaders and Managers will also need good administrative and organisational skills, not only to support with the management of their caseload, but to ensure that service performance reporting and Fidelity Review requirements are met.

In line with IPS Fidelity recommendations, a Team Leader will manage no more than 10 Employment Specialists (or pro-rata) at any one time.

The Providers will recruit suitability qualified and trained staff and volunteers if applicable, who have been appropriately vetted including, where appropriate, enhanced Disclosure and Barring Service (DBS) check. Safer recruitment policies will be in place. The Providers will make available on request documentation relating to the recruitment and retention plans, staff training and details of previous experience.

The Providers must ensure that all directly employed staff, and through the supply chain if applicable:

* have the appropriate qualifications, experience, skills, and competencies to perform the duties required of them.
* are appropriately supervised managerially and professionally.
* are covered by the Provider’s Indemnity Arrangements for the provision of the service.
* carry, and where appropriate display, valid and appropriate identification.
* are aware of and respect equality and human rights of colleagues, participants, carers, and the public.

The Providers must ensure that every member of staff involved in the Service receives:

* proper and sufficient induction, continuous professional and personal development, supervision, training, and instruction
* professional leadership appropriate to the Service
* full and detailed appraisal (in terms of performance and professional and personal development)

A mobile workforce will be required to be supplied with suitable IT equipment. Appointments can take place in community settings e.g. libraries, cafes, as well as the providers’ and referrers’ delivery premises. Locations must be accessible by public transport and for participants whose disability, or childcare/caring responsibilities, limit travel and access. On and off job support should be in or near the workplace. Some phone, email or video-calling support is also permissible especially if in line with participant preferences.

An example job-description for an Employment Specialist can be found at Annex 9

## 4.7 Referral Sources

The CtW programme will offer a self-referral pathway where participants should complete an initial enquiry form via a landing page hosted on a dedicated page via the Norfolk County Council website.

Health or care professionals and other professionals can complete the initial enquiry form on behalf of the participant with the individual’s verbal consent. The details of participants will then be inputted to the online form for the provider to make initial contact and establish consent and eligibility. Social care, social work and other support providers will also be able to help people express and interest and support referrals.

The countywide SEQF team (NCC in-house provision) will generate and receive referrals from a range of health, community and VSCE settings. Where identified as more suitable for SEQF provision, Locality Team providers will refer these participants to the Triage team.

Locality Team providers are targeted to generate referrals and participant entry from their contracted locality. These providers will work in partnership with a wide range of local stakeholders to promote the service and maximise referrals, collaborating closely with primary care, community and VCSE settings and organisations supporting the eligible and marginalised cohorts suitable for the programme.

# 5. Eligibility of Individuals

Participants for CtW will come from two distinct cohorts:

* **Out-of-work participants** who require assistance and support to move into sustainable employment; and
* **In-work participants** who are at risk of losing employment (and if they lose their job would be unlikely to move back into work without support).

In order to be eligible to access this service, the referred individual must be a disabled person, **or** belong to one of the specified disadvantaged groups:

* Have a disability as defined in section 6 of the Equality Act 2010 or the Social
* Model of Disability.
* Meet the definition of one of the specified disadvantaged groups with additional multiple and complex barriers that would benefit from support;
* The specified groups are as follows:
* A homeless person.
* A former member of His Majesty’s (HM) Armed Forces (AF), a member of
* HM AF reserves, or a partner of current or former Armed Forces personnel (for the avoidance of doubt, the partners of armed force reservists are not eligible).
* A person for whom a drug or alcohol dependency, including a history of

dependency, presents a significant barrier to employment.

* A refugee, a resettled Afghan.
* A person on the Ukrainian scheme.
* A victim/survivor of domestic abuse.
* Young people identified as being involved or at risk of being involved in

serious violence.

* A victim of modern slavery
* A carer
* An ex-carer

Connect to Work will also typically support the following groups under SEQF but these groups may potentially be supported by the IPS team:

* An offender (someone who is serving a community service) or ex-offender
* (someone who has completed a custodial or community sentence)
* Care experienced young person or a care leaver

Definitions and Descriptions of the Participant Groups are available on the [Connect to Work Grant guidance](https://www.gov.uk/government/publications/connect-to-work/connect-to-work-grant-guidance-for-england#annex-b--eligibility-and-suitability) (annex B – eligibility and suitability) or please refer to section 4 above.

**Other Eligibility Criteria (all to be met)**

* They must not currently be doing any paid work and would be available to start a suitable job (applies only to participants who are not working), or are at risk of losing work (retention participants only).
* Should have been employed continually for at least 3 months before starting

CtW, (retention participants only).

* Are of Working Age, aged 18 or more in England.
* [Have the right to work in the United Kingdom.](https://www.gov.uk/prove-right-to-work)
* Have the right to live in the United Kingdom and are resident in England or Wales.
* Do not belong to a group which has [no entitlement to public funds](https://www.gov.uk/government/publications/public-funds--2/public-funds).
* Is not on a DWP employment programme
* Be a resident of Norfolk

In exceptional circumstances, young people aged 16 and 17 will be able to access the programme if they are on Universal Credit below the age of 18 (i.e. hardship payments) or where efforts to engage them in education or training options have not proved fruitful or on an apprenticeship and at risk of it ending due to their disability, health condition or additional barriers. If they are already engaged in training or education, then this should take precedence. Exceptional circumstances apply in each case.

For individuals on zero-hour contracts who are looking to access the ‘In-Work’ Retention Support strand of Connect to Work, the 3 month paid work criteria does not need to have taken place for a continuous period of 3 months. Any spell of employment within 3 months before accessing support will be acceptable. The potential participant will need to be in paid employment at the point of accessing Connect to Work. If they drop out of work whilst on Connect to Work, the same process will follow as for when this occurs for those in work.

For those considered for the offer of in work retention support, DWP would expect that they had been in work for at least three months so that the employer has had time to have completed their usual induction of new staff and had a chance, for example, to put in place appropriate adjustments. It is, however, acceptable to offer support to individuals who have been employed for shorter periods where this would be appropriate (this should be discussed and agreed with NCC in the first instance).

**Suitability criteria**

If all the above eligibility requirements are met, the prospective participant must also meet the suitability criteria. To be suitable for Connect to Work, eligible people must meet **at least one of the employment situation criteria and at least one of the ‘would benefit from Connect to Work’ situation suitability criteria**, set out below.

The primary focus for the programme will be individuals who are not required to seek work as a condition of benefit receipt (who have often been overlooked for employment support) but want to work. We’d expect appropriate participants to have never worked or to have not worked for around 6 months or more. It will also be available for those who are required to seek work but whose needs are best met by Supported Employment. It will also be available for those same groups where someone is in precarious employment and needs additional support to sustain employment.

**The suitability criteria are**:

1. Individuals must meet at least one of the following employment situations.

**Economically inactive or unemployed**: Person has not worked for around 6 months due to their disability, long term health condition or disadvantages and feel they need comprehensive tailored employment support to help them to identify the right roles for their needs and to engage in effective job search towards work.

**Employed but risk of dropping out of work**: Person is working/Self-employed for at least 3 months and is struggling to sustain employment due to their disability, long term health condition or disadvantages. However, it is acceptable to offer support to individuals who have been employed for shorter periods where it is judged appropriate.

**Maintaining work**: Person has never been in employment or a track record of struggling to retain jobs/sustain employment due to their disability, long term health condition or disadvantages

1. Individuals must also meet at least one of the following, ‘would benefit from Connect to Work’ situations:

**Comprehensive tailored help**: Person is unlikely to be able to move into/retain paid work without very frequent, comprehensive and tailored support above and beyond standard provision (e.g. IAG, CV & application support) or other national provision including Restart.

**Adaptability:** Person has previously, or is expected to, struggle with learning new skills or adapting to new environments due to their disability, long term health condition or disadvantages.

**Integration**: Person needs employment support that is integrated with support for their other needs e.g. health services, probation, social care.

**Job role and workplace**: Person will need employer flexibility to tailor the role and/or workplace to support with their disadvantages or disability or health condition.

**Sustained work**: Person requires/will require significant support to retain work over and above standard reasonable adjustments

If the individual meets at least one of the criteria in each of the situation categories

set out above and the individual is identified as motivated to work, they understand the Connect to Work offer and are willing to engage with Connect to Work, then they are eligible and suitable for Connect to Work. Connect to Work is a voluntary programme so individuals must be motivated to work and agree to volunteer for the programme.

Initial eligibility checks will be conducted by the Norfolk County Council triage team, it will not be the providers’ responsibility to conduct these initial checks. The NCC triage team will signpost ineligible and/or unsuitable individuals to relevant local services where applicable. Once a referral is deemed eligible and suitable, the triage team will allocate the referral to the relevant team. Employment Specialists employed by the providers will double-check and confirm eligibility and suitability of the individual at the Initial Appointment. Employment Specialists to advise the NCC triage team know if individual is deemed eligible and suitable to join the programme.

# 6. Performance Requirements and Reporting

Monthly performance profiles are set out at Annex 4. Volume of referrals will need to be determined by providers for their Delivery Area(s).

Performance reports on the Service will be produced by NCC.

Clear reporting is built into the programme at intervals in line with the payment model. Outputs will be monitored and reviewed in line with the contracted profiles.

# 7. Minimum Service Delivery Standards (MSDSs)

CtW is an ambitious programme, and providers will be expected to state what level of performance they anticipate achieving over and above the minimum service delivery standards set out in this specification at Table 3 below. It is important that providers state how they will deliver and measure their success in these areas and any additional minimum service delivery standards identified within their proposed services delivery model as part of their bids.

The Minimum Service Delivery Standards detailed below include the MSDSs that relate to the participant journey, job outcomes and social value. The MSDSs will be managed through the monitoring returns, performance meetings (Operations Boards) and contract compliance and audit functions.

The Providers should not be restricted by these requirements; they are the minimum service requirements.

**Offer to participants and employers - Minimum Service Delivery Standards**

Please note that your below Minimum Service Delivery Standards may be renegotiated during the implementation phase or during delivery of the programme where deemed necessary.

* **Initial Appointment, Eligibility Check and Consent**

For 95% of eligible referrals containing correct contact details, the provider must have contacted the referred individual and where the individuals agree, have held an initial face-to-face appointment within 10 working days of referral to discuss the service offer, check eligibility, suitability and confirm/decline participation. A Participant Agreement (designed by NCC) will be completed and signed by the participant. A Service Start Questionnaire will also need to be completed at the Initial appointment. The questionnaire will be designed by NCC and will include a number of the data items.

The Initial Appointment must occur within a maximum of 10 working days of referral.

* **Vocational Profiling Meeting**

For 95% individuals who meet the eligibility and suitability criteria and consent to participate in the service, the provider must have held a face-to-face Vocational Profiling meeting with the participant within 10 working days of the initial appointment. This appointment will be the participant’s service start date, where an initial vocational profile is completed and signed.

This must be a maximum of 10 working days from the initial appointment (but booked with at least 5 working days of notice).

**Pre-work Support**

* **Vocational Profiling and Action Plan**

The provider and participant must co-produce a vocational profile and action plan. This should take a number of contacts. Vocational profiling should start at the Vocational Profiling meeting and is a live, dynamic, and creative process which is used to understand a person’s experiences, skills, abilities, interests, ambitions and needs to be reviewed at each appointment with the participant. An initial plan should be completed and signed by 100% of participants at the Initial Vocational Profiling meeting.

Providers should give detail about the content and style of their vocational profiling and action planning processes in their tender submission.

* **Employer Engagement and Job Matching**

The providers and the participant must undertake rapid job search in line with the participant’s preferences using formal and informal methods including identifying opportunities in the hidden job market through employer engagement. If the participant requests support for self-employment, the providers must be able to offer this.

Providers will be required to set out how they will support all participants to find paid jobs and how they will work with, and their offer for, employers in their tender submission. The delivery model should include measures to ensure that Employment Specialists dedicate appropriate time and investigate all potential avenues to employment, widening the scope where applicable. Providers will be required to set out how they will do this in their tender submission.

* **In Work Benefits Calculation**

The providers must support the participant to understand the impact of paid work on their out of work and any wider welfare benefits. 100% of participants who wish to complete a better off Calculation should be offered support and signposting to complete the Calculation during their time on programme.

* **Sharing Personal Information**

The providers will discuss with participants the benefits of, and need to where appropriate, share personal information on their condition/diagnosis with employers.

Providers will be required to set out how they will do this in their tender submission. Disclosure status should be recorded for 100% of participants, included in their action plan and reviewed as part of an in-work exit plan.

* **Identification of Wider Support Needs**

Employment may have broader impacts for participants. Where participants have wider needs or concerns, the providers will work with referrers and other professionals to help the Participant access relevant support.

Employment Specialists should be trained to offer IAG to participants, with particular focus on engaging with any local support services for health and wellbeing or work readiness. Providers will be required to set out what training and continuing CPD they will provide to their staff to achieve this.

Funds will also be included in the budget to cover procurement of specialist provision when required for additional participant support. Providers will be required to detail clear rationale of how they intend to use this funding and will need to provide evidence of spend during delivery.

* **Service Discharge – participants who do not get a paid job**

Participants who do not get a paid job during their time on programme should be signposted or referred to other sources of support on discharge if/where possible.

This should be evidenced in the participants' exit plan/questionnaire.

**In Work Support**

* **Job Start Questionnaire**

Providers are required to ensure 85% of participants who gain paid employment with the service complete a Job Start Questionnaire within 15 working days of notification of first earnings via the Provider Referrals and Payments system (PraP). This applies to all participants who start a job or self-employment. This will be designed by NCC and will gather key data on the participant’s job as set out in the Performance and Evaluation Framework.

* **On/Off Job Support**

Once a Participant has gained a paid job, the Providers will continue to provide on/off job support in accordance with the Participant and employers needs in line with the available time on programme and as part of this, the provider and Participant must co-produce an in-work support plan.

This plan should include supporting the participant, and their employer, to find and develop the natural sources of support that exist within and around individuals and workplaces in order to enable individuals to sustain their job and enhance their experience of work including socially. It may also include supporting participants to increase the number of hours they work or could involve supporting participants into a different job in line with their aspirations and preferences.

Providers will be required to set out how they will provide on/off job support to both Participants and to employers in their tender submission. The delivery model should include appropriate training for Employment Specialists on the support available and how the provider will work in partnership with DWP or other stakeholders to ensure staff are kept abreast of new developments in this area.

* **Discharge from Service – Participants in work**

An Exit Plan and questionnaire will need to be completed, where possible, for each participants at the end of the support period. For in-work participants, the plan for employers could include information on where they can go to for support and advice in the future e.g., Access to Work.

This plan and questionnaire should be completed for 85% of participants who are discharged from the service in work, within 15 working days of exit date.

* **Caseload size**

100% of caseload are not to go above an average of 25 active participants per Employment Specialist. There will be some flexibility for example if a team is temporarily understaffed (e.g. an Employment Specialist is leaving, and their caseload is handed over to another team member).



# 8. Timescales and Milestones

|  |  |
| --- | --- |
| Milestone | Date |
| First starts onto programme | 1st October 2025 |
| Referral window\* | Oct 2025 – Nov 2029 |
| Contract end | 3st March 2028 followed by an 24-month extension until the 31st March 2030*\*Subject to Norfolk County Council contract arrangements with the Department for Work and Pensions*  |

*\*For out of work participants the last referral into service will be 31st March 2029.*

*\*For in work participants the last referral into service will be 30th November 2029.*

# 9. Payment Model

All staff delivering this service must be paid at least the Real Living Wage[[6]](#footnote-7) and NCC require that Employment Support Workers and Employment Team Leaders are paid comparatively in line with NHS Band 5 and Band 6 respectively[[7]](#footnote-8).

For the avoidance of doubt, the following costs/payments will be classified as Eligible Expenditure if incurred solely for the purposes of delivering the Funded Activities**.**

## 9.1 Eligible Expenditure (Annex 10)

Funding can be used for all costs directly associated with the CtW initiative including:

* Scheme administration costs.
* Staffing costs, including recruitment.
* Marketing/advertising including webpage design.
* Training of staff and Participants.
* Employment events such as job fairs.
* Transport costs where a Participant would not otherwise be able to attend employment/training.
* Costs associated with providing care for Participants.
* Costs associated with Disclosure and Barring Service (DBS) checks.
* Costs for specialist support services
* Childcare or replacement caring costs (see Annex 3 for further details)

## 9.2 Ineligible Expenditure

Ineligible expenditure shall include but not be limited to:

* Any contribution to the participant’s salary
* Incentives paid to participants.
* Contributions in kind
* Interest payments or service charge payments for finance leases
* Gifts
* Statutory fines, criminal fines or penalties civil penalties, damages, or any associated legal costs
* Payments for works or activities which the providers, or any member of their Partnership has a statutory duty to undertake, or that are funded by other sources.
* Bad debts to related parties.
* Payments for unfair dismissal or other compensation.
* Depreciation, amortisation, or impairment of assets owned by the providers.
* The acquisition or improvement of Assets by the providers.
* Liabilities incurred before the commencement of the contract.

## 9.3 Payments

Each Delivery Area's total budget will be calculated based on based on a fixed price of £2900 per participant.  This figure is used to calculate the total budget only and will be the maximum amount allowed.  Any participant numbers achieved higher than target will not receive any further payment. Payments will be profiled equally per month across each year and will not relate to the number of participants started (this is not payment by results) but will be based on the profile of payments received by NCC from DWP.  Please note that provider payments in 2029/30 are proportionally low and they will need to ensure that a proportion of the funding received in the period 2025 through to Mar 2029 should be retained to ensure sufficient funding remains available to cover the planned expenditure.  Please note that for this reason, NCC may require Delivery Partners to repay part of the contract value if a Delivery Partner chooses not to extend the contract after March 2028.

**Please note that the Providers Monthly Cost Forecast will not necessarily align with the monthly payments. Payments will be profiled equally per month across each year. Providers are however asked to complete the Monthly Cost Forecast tab with their own monthly forecasts as close as possible to their expected actual expenditure. This will help NCC to understand each Provider's expenditure plan.**

 Participant No’s Total Budget

North Norfolk 209 £ 606,100

Breckland 523 £1,516,700

Broadland & South Norfolk 419 £1,215,100

Kings Lynn & West Norfolk 523 £1,516,700

Great Yarmouth 628 £1,821,200

Norwich 734 £2,128,600

Annual Funding Profile

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **2025/26** | **2026/27** | **2027/28** | **2028/29** | **2029/30** | **Total** |
| **North Norfolk** |  | £68,664 | £163,913 | £198,455 | £168,091 | £6,976 | £606,100 |
| **Breckland** |  | £176,565 | £408,648 | £497,469 | £420,221 | £13,797 | £1,516,700 |
| **Broadland & SN** | £143,868 | £326,314 | £398,686 | £336,172 | £10,060 | £1,215,100 |
| **KL & WN** |  | £176,565 | £408,648 | £497,469 | £420,221 | £13,797 | £1,516,700 |
| **Great Yarmouth** | £212,532 | £490,227 | £597,141 | £504,264 | £17,037 | £1,821,200 |
| **Norwich** |  | £248,499 | £571,805 | £696,813 | £588,307 | £23,177 | £2,128,600 |

Delivery Partners will invoice NCC on a monthly basis, and NCC will make payments in arrears against the invoice. First claim period will be for October 2025.

Although payments will be based on monthly profiles, pre-payment validation will take place and NCC will review a sample of the Delivery Partners costs (along with participants data) on a monthly basis. A list detailing all incurred expenditure will need to be submitted by each provider every month. The providers expenditure does not need to match the value of the indicated payment profile above as the profiled payments indicated are a fixed amount based upon available funding. A number of lines (TBC) of each costs category (e.g. staff costs, accommodation costs, IT costs, communication costs participant costs etc.) will be sampled every month for each partner. A sample of supporting evidence will need to be provided to support the invoiced amount. An audit checklist will be used by NCC Finance and Monitoring officer to document inspections and expenditure checks.

For each sample, NCC will check that:

* the claimed amount corresponds with the evidence provided
* claimed costs fall within Allowable Cost categories;
* dates/information on the evidence matches the cost claim period; and
* sufficient, appropriate evidence has been supplied to support the cost

 claim.

In case an issue is identified/evidence is missing, another line of the specific costs category the sample has failed will be checked by the NCC Finance and Monitoring Officer. Any necessary adjustments will be applied to the next monthly claim.

All invoices, receipts, accounting records and any other documentation (including but not limited to, correspondence) relating to the eligible expenditure should be retained by the providers for a period of 7 years from the date on which the funding period ends.

## 9.4 Support costs

Providers are responsible for all costs associated with participation in the Service as and when required and as tailored to Participant needs. This includes but is not limited to:

* funding a participant’s travel costs to attend the service including all disability related costs.
* childcare and replacement caring costs
* the cost of advocate support including interpreters
* accessibility equipment/adjustments and associated costs

If a Participant attends interviews arranged as part of support to move them in to work, then the Provider is responsible for funding the Participant’s costs as and when required and as tailored to the Participant needs.

Expenditure on IT and communications equipment, staff training, participant costs of any costs of specialist provision to support participants will be the responsibility of the Delivery Partner, as provision for these costs has been included in the Fixed Cost per Participant.

NCC will lead on Marketing Activity for the CtW project, however, approval for locally purchased marketing materials must be obtained from the Project Management Team and to ensure all rules regarding Marketing and Promotion are followed.

All invoices, receipts, accounting records and any other documentation (including but not limited to, correspondence) relating to all eligible expenditure should be retained for a period of 7 years from the date on which the funding period ends.

# 10. Subsidy Control

The CtW contract does not represent a subsidy and will not constitute financial assistance that confers an economic advantage on one or more enterprises.

The CtW contract is being awarded on the basis that the Funded Activities being undertaken using the CtW Grant do not affect trade in goods and wholesale electricity between Northern Ireland and the European Union and shall ensure that the CtW Grant is not used in way that affects any such trade.

The CtW contract is awarded on the basis that the Funded Activities being undertaken using the CtW contract are, and will remain, non-economic activities.

Norfolk County Council (The Accountable Body) shall ensure that measures are taken (where necessary), and maintained, to ensure that the contract is not used to cross-subsidise any economic activity.

# 11. Data Input System

Norfolk County Council will be responsible for establishing a suitable Data Input System or CRM in order to collect data information and evidence project outcomes. Each provider will be given access to the CRM with full editing rights.

## 11.1 Monitoring and Compliance

NCC will use the DWP Management Information reporting template as the key reporting mechanism for all individual activity, evaluation and compliance. Data will be available directly from CRM and used by the NCC Programme Office to monitor performance and assess the impact of the programme. For information, a copy of the data set can be found in Annex 5, which is an example of the minimum data we will require but is not the definitive list (a technical note and a Management Information (MI) template are yet to be issued by DWP at the time of writing).

The NCC Programme Office will undertake regular verification and compliance visits to test systems, processes, compliance and outcomes against requirements.

This will include the sampling of individual records (paper or electronic) by NCC. This includes eligibility, action plans etc are being completed, evidence of follow ups, supporting evidence to verify outputs and outcomes and all other delivery standards required to ensure compliance across all aspects of the contract.

The NCC Programme Office will undertake regular sampling to ensure claims made, based on monthly submissions, meet the contractual requirements.

The sample of records to check will be selected randomly using a method chosen by NCC Programme Office. The frequency and size of the samples may change throughout the contract period. All issues arising from compliance checks will be reported to the Providers. Performance management and quality meetings with NCC Programme Office may include discussions around compliance issues. These meetings will be held on a weekly basis during the first 6 months of delivery but may move to fortnightly meetings. NCC’s preferred method of inspection/audit of evidence will be via remote access to centralised CRM system, to carry out centralised checks within NCC’s Programme Office.

The Providers are required to maintain a robust system of internal control which must include appropriate checks, monitoring arrangements and adequate records to demonstrate that they are entitled to make the claim.

The NCC Programme Office may also undertake “deep dives” into specific areas to understand where there are specific areas of weakness.

The Providers will be expected to participate in regular performance management and quality meetings. The meetings will be conducted in the spirit of co-design for the purpose of continuous improvement, but the commissioners reserve the right to terminate the contract, in line with NCC performance and management framework, if performance is consistently low. A weekly delivery and performance meeting with take place in the first instance during the first six months of delivery. The frequency of the delivery and performance meeting will be reviewed after six months of delivery and may move to fortnightly meetings if performance levels are satisfactory. Weekly meetings will continue to take place if any performance issues are identified at this stage.

## 11.2 Additional Information and Data Returns

You will be required to communicate clear and concise information demonstrating your understanding for broader performance and evaluative interests including (but not limited to):

* the number of staff working on this contract (including data on absences) and in what roles, including a full-time equivalent (FTE) breakdown
* caseload sizes per Employment Specialist; (including the average and maximum caseload size each of your advisers will be expected to manage)
* performance against the MSDS standards agreed in your contract.
* participant and service focused case studies
* the management and delivery of Social Value activities and outcomes

NCC Programme Office may undertake their own checks to complement those listed above by looking more in depth at individual cases. The checks will focus on the Participant’s journey, seeking assurances that the Provider is addressing the Participant’s barriers to remaining in/obtaining work, and to test that the approach is in line with the Contract.

## 11.3 Mental Health Services Data Set Requirements

All activity relating to people who receive specialist secondary mental health care services and have, or are thought to have, a mental illness is within scope of the Mental Health Services Dataset (MHSDS). This includes Individual Placement and Support. Where a service is wholly or partially made up of NHS funded patients, data set submission is mandatory.

The MHSDS is a patient level, output based, secondary uses data set which delivers robust, comprehensive, nationally consistent, and comparable person-based information for children, young people and adults who are in contact with Mental Health Services. This information is collected across hospital, primary care and community services. As a secondary uses data set, it intends to re-use clinical and operational data for purposes other than direct patient care including commissioning, local and national performance management and benchmarking and national reporting and analysis.

There are MHSDS items for NHS funded Individual Placement and Support services and the service must ensure that data is reported into the MHSDS in relation to both employment status, weekly hours worked, and delivery of the IPS intervention (using the required SNOMED code). The Provider will need to ensure that its Management Information System is able to extract the required data items needed for these MHSDS submission requirements and including responding to any changes in the required MHSDSs during the lifetime of the contract.

The IPS MHSDS submission, needs to be submitted via the Strategic Data Collection Service (SCDS) using a registered account. If the Provider does not currently have a registered account, they will need to register themselves. Information on how to register, and the necessary requirements to do this, can be found [here](https://digital.nhs.uk/services/strategic-data-collection-service-in-the-cloud-sdcs-cloud). These requirements include compliance with the NHS Data Security and Protection Toolkit. Compliance with this toolkit is also recommended for the provider to have access to clinical information on IPS Participants. The Provider may alternatively have negotiated with the Mental Health Trusts following contract award to do these submissions via their accounts, but it is anticipated that the Trusts will request the same level of IG compliance.

## 11.4 Performance Management Framework

A Performance Management Framework (PMF) has been developed to support the delivery of Provision and underpin your contract and will be implemented by the NCC Programme Office. The aim is to ensure the Provider meets the performance levels and Minimum Service Delivery Standards (MSDSs) stipulated in the contract and where required take formal action against the Provider, where they do not meet such performance levels and MSDS.

NCC Programme Office will manage performance at the headline contract level and may take performance improvement action should any area of performance fall below the levels stipulated in the contract. There are four levels of this Framework:

Level 1: Performance Management – NCC Programme Office

Level 2: Informal action – NCC Programme Office

Level 3: Informal action – NCC Growth & Development Directorate notice

Level 4: Formal action (Performance Improvement Notice)

Full details of each of the levels of the performance management framework can be found in Annex 6.

# 12. Reporting and Governance

## 12.1 Implementation

NCC will hold regular (weekly) meetings with contracted Locality providers as required during the mobilisation period to track and monitor the providers implementation process. Following contract award and in advance of the programme live date of 01 October 2025, NCC would anticipate fortnightly progress meetings with providers, supporting implementation preparations.

Locality Providers will be required to produce an implementation plan and timeline identifying key stages and specific activity to be delivered throughout, start up and mobilisation, this will include recruitment, management & delivery staff arrangements, creation of materials and resources, marketing and recruitment, delivery, output and profiles etc. This plan will be tracked and monitored by the NCC Programme Office as required.

## 12.2 Operations Boards

The Providers will be expected to attend and contribute to an Operations Board. This will be attended by the NCC, the provider and key stakeholders (referral partners, evaluation partners, Local Authority Leads etc.) with the purpose of monitoring and evaluating delivery, to review performance against contract standards, issues, risks, contractual activity and drive quality IPS Fidelity (in line with the IPS Fidelity Scale which is detailed in Annex 2).

The Operations Board will be accountable for effective collaboration, partnership and the immediate management oversight of CtW. It will provide a forum to share successes, good news stories, lessons learned, developments, evaluation and key messages between stakeholders to support and ensure high quality service provision and ensure the programme delivers within its agreed boundaries, acting as a point for issue resolution (and escalation) if required. Should performance escalation be required, NCC will implement Contract Review Meetings on at least a monthly basis to track and monitor a Performance Action Plan.

The Providers will produce a delivery report for the Operations Board as required by NCC to provide stories behind the data to open discussions and resolve issues. This will include but is not limited to: key activity and areas of focus to enhance performance, good news stories, and any risks or issues (with mitigation as appropriate).

The Providers will report on the Minimum Service Delivery Standards (and mitigation as appropriate) as required by NCC in line with the Operations Board. Details of Minimum Service Delivery Standards are outlined in section 11 of the specification.

As part of the delivery model the Provider will gather feedback from participants on the support they have provided and use this to inform future delivery to improve their service. As part of both the evaluation work and communications activity, case studies and examples will be expected at regular intervals.

Senior oversight for the Connect to Work programme will be provided by the Norfolk Employment & Skills Board.

## 12.3 Performance Monitoring

A performance dashboard will be produced monthly by Norfolk County Council covering key performance indicators e.g. referrals, service starts, job starts and outcomes etc. This will form the basis of review meetings between the provider and Norfolk County Council. Performance data may also be shared with other local authorities, delivery partners and stakeholders.

# 13. Evaluation

Evaluation is a crucial element of the CtW programme; it is as important as the intervention itself. With this information, we aim to determine whether the provision makes a tangible difference. The evaluation will be used to determine future investment decisions in welfare to work and health/employment programmes in Norfolk. Details of evaluation requirements are outlined below:

## 13.1 NCC Evaluation

In line with the reflective approach supported by the Fidelity models, it is expected that NCC will demonstrate what can be learned from how Connect to Work is being delivered in Norfolk, as an ongoing locally led activity additional to the Fidelity assurance system. This will include documenting and reflecting on delivery lessons based on feedback from NCC and delivery provider staff and local stakeholders. The learning gained will contribute to continuous improvement and inform future delivery.

As part of developing local learning, NCC may choose to conduct a local process evaluation, assessing whether Connect to Work is being delivered as intended, what is working well/less well and why, and the influence of context on delivery. NCC may appoint a local evaluation partner to conduct this.

Providers will need to work closely with the evaluation partner and input management and staff time into capturing the learning of the programme.

Further information on the NCC approach to any local evaluation programme will be provided once further details are known.

## 13.2 DWP Evaluation

To provide accountability for the expenditure committed on Connect to Work, DWP aims to establish evidence on the impact, value-for-money and delivery of Connect to Work. There is also a need to provide learning which will support DWP and NCC to improve Connect to Work and future interventions.

DWP is planning to conduct a national evaluation of Connect to Work and may commission a Third-Party evaluation organisation to undertake this or elements of it. Providers are required to actively participate in the national evaluation and to support the engagement of all types of research participants which may include potential programme participants (from receipt of an ‘Expression of Interest’ onwards), programme Participants, Provider staff, employers, wider stakeholders (such as staff at Supporting Organisations or support services involved in integrated support) and other research participant groups identified by DWP, with the national evaluation. As part of supporting the engagement of research participants, Providers will be required to take actions to enable surveys and qualitative research (for example, providing sample records, promoting opportunities to participate in research and providing access for site visits).

NCC, as the Accountable Body, will be required to securely provide personal data to enable DWP and any Third Party evaluation organisation appointed by DWP to conduct research and analysis as part of the national evaluation, and by taking additional actions where requested to collect and store sample details (such as identifiers and contact details) for all types of research participants, and share these sample details with DWP and/or a DWP appointed Third Party evaluation organisation. NCC and Providers must ensure that the data recorded and provided is of a consistently high standard of accuracy, completeness and timeliness.

The national evaluation will focus on estimating impact on sustained employment, earnings, health and wellbeing outcomes for Participants, identifying causal factors that have resulted in impacts, undertaking a cost-benefit analysis and assessing the process of delivery.

NCC will provide further advice and guidance to support Providers with their commitments to actively participate in the national evaluation, including on providing any data for evaluation purposes once further details are received from DWP.

## 13.3 Fidelity Assurance

The most effective Supported Employment programmes demonstrate fidelity to the five-stage Supported Employment model. Connect to Work will therefore be underpinned by a Fidelity Assessment system to ensure the development and consistent delivery of high-quality services. DWP will be responsible for procuring the Fidelity Assessment system.

The Fidelity Assessment system will involve both self-assessment and external assessment. The external assessment will be delivered by a Third Party and will comprise of scored assessments of services, alongside a full report and the co-production of an action plan with NCC and the Provider for improvement. Assessments will be conducted in-person at delivery sites through the collection of evidence and interviews.

All Fidelity Assessments will be conducted against the 25 items IPS Fidelity Scale a copy of which can be found in Annex 2. DWP have advised that the scales will be adapted in collaboration with Supported Employment experts, to make them relevant to the Connect to Work context without diverging from the existing evidence base.

The Delivery Partner will receive an initial Fidelity Assessment from the external Fidelity Assessment provider after month 12 of the Delivery Period. DWP and the Third-Party Fidelity Assessment provider will work with NCC to determine the schedule for Fidelity Assessments

In preparation for the initial external assessment, the Provider will first be required to conduct an internal self-assessment. The Provider will also be required to complete self-assessments in-between receiving an external assessment. Materials will be provided by the Third-Party Fidelity Assessor.

Engagement with the Fidelity Assessment system is mandatory. Engagement with self or external assessments, and with the co-production of action plans for service improvement are mandatory. The Provider will need to fully engage with the assessment process as a condition of the contract.

Scores, reports, and co-produced action plans will be shared with DWP by the Fidelity Assurance provider for information and to help DWP provide additional support where needed.

Resulting scores from a Fidelity Assessment do not form part of NCC’s formal Performance Management Framework. They offer the Provider an opportunity to understand, benchmark and improve the quality of delivery, therefore Performance Management will not be attached to Fidelity Assessment scores. However, this should not detract from their importance as part of the contract.

NCC shall provide support and training to the Provider to assist with the Fidelity Assurance process.

Further detailed information on the Fidelity Assessment process and its requirements will be shared with the Provider once known.

# 14. Marketing and Communications

Marketing of CtW should target both referrers (local health services and other community referrers) and potential participants. Publicity materials (social, online and print media) should follow the DWP branding guidelines, as outlined in annex 8. Norfolk County Council will provide copies of the Connect to Work logo to providers during the implementation stage.

Providers must consider how to promote CtW including ensuring it is recognised across Norfolk, in particular with hard-to-reach communities. This will include:

* Ensuring easy access to information on the programme, through social, online and print media.
* Making information about the programme accessible in formats suitable for people with sensory impairment and/or in other languages.
* Working closely with community and primary care teams to promote the programme; making use of existing or new networks to promote CtW across the health and employment systems.

Although Norfolk County Council will be responsible for the production and design of all digital marketing and communications materials, any additional marketing and communications materials produced by providers will need to be signed-off by Norfolk County Council before distribution. Please note the Providers will be required to produce/print hard copies of relevant materials (e.g. leaflets, flyers advertising the project, posters and others as required).

Relationships are critical to successful marketing. Working in partnership with Norfolk Public Health, the providers will be expected to work with identified NHS health lead(s) to champion CtW, benefitting from their identity and agency. The providers will be expected to attend local health service meetings on a weekly basis to promote the initiative for ‘patients’ and the providers will undertake outreach in referrer’s premises. During delivery, participant case studies will be shared with NCC on a regular basis to bring CtW to life.

Norfolk’s local authorities are engaging with local health services to identify CtW referrers and will share these with the successful providers. This includes GP Practices that referred to our health and disability job retention programme (now ended) and community mental health services.

Norfolk County Council will be responsible for the production and design of all digital marketing and communications materials and will expect the providers to engage in regular campaigns with NCC. Providers will be responsible for producing case studies to promote the wider programme.

Although Norfolk County Council will produce digital copies of marketing and communications materials, **the Providers will be required to produce/print hard copies of relevant materials** (e.g. leaflets, flyers advertising the project, posters and others as required).

The NCC Programme Office must immediately be notified of any media enquiries relating to the programme. The NCC Programme Office will take the lead in coordinating responses (via email, phone call, radio interview etc.), however the Providers will be required to input into these responses where required by the NCC Programme Office.

1. DWP, Shaping Future Support: The Health and Disability Green Paper, July 2021 [↑](#footnote-ref-2)
2. [NHS Long Term Plan » The NHS Long Term Plan](https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/) [↑](#footnote-ref-3)
3. DWP and DHSC, Health in the Workplace, 2019 [↑](#footnote-ref-4)
4. UCL (2014) Increasing employment opportunities and retention for people with a long-term health condition or disability: local action on health inequalities [↑](#footnote-ref-5)
5. UCL (2014) Increasing employment opportunities and retention for people with a long-term health condition or disability: local action on health inequalities [↑](#footnote-ref-6)
6. [What is the real Living Wage? | Living Wage Foundation](https://www.livingwage.org.uk/what-real-living-wage) [↑](#footnote-ref-7)
7. [Pay scales for 2024/25 | NHS Employers](https://www.nhsemployers.org/articles/pay-scales-202425) [↑](#footnote-ref-8)