Get Well – Get On

Summary Report

March 2020

RICHMOND FELLOWSHIP
MAKING RECOVERY REALITY

Department for Work & Pensions

Department of Health & Social Care

BRISTOL CITY COUNCIL

Contents

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Executive Summary

The Get Well – Get On Programme received a grant of £219,598 from the Work and Health Unit Challenge Fund to develop, pilot, test and evaluate a Bristol based Employment Support Service supporting people affected by mental health and or musculoskeletal conditions who are at risk of losing their jobs due to their health. The programme supported both the individuals and the businesses they worked in to facilitate return to work and effectively manage their condition. Furthermore the programme delivered a programme of support for employers to equip them with the necessary skills and tools to support their current and future workforce who may experience mental health or MSK conditions.

This report summarises the evaluation of the programme development and delivery as well as the impact upon individuals and employers, bringing together the evidence from the Learning and Impact reports. It further produces a series of recommendations for organisations and funders seeking to implement similar programmes.

1. Introduction

Get Well – Get On takes a new approach and provides an innovative solution to supporting people who are in work, at risk of falling out of work and who are on sick leave but are still employed with mental health and/or MSK conditions. It addresses the challenges they face in relation to retaining employment.

In Bristol, 97.8% of businesses employ fewer than 50 staff. For these employers, (and their employees), access to quality Occupational Health support is limited. The project worked with both employers and employees in the four WHU priority areas:

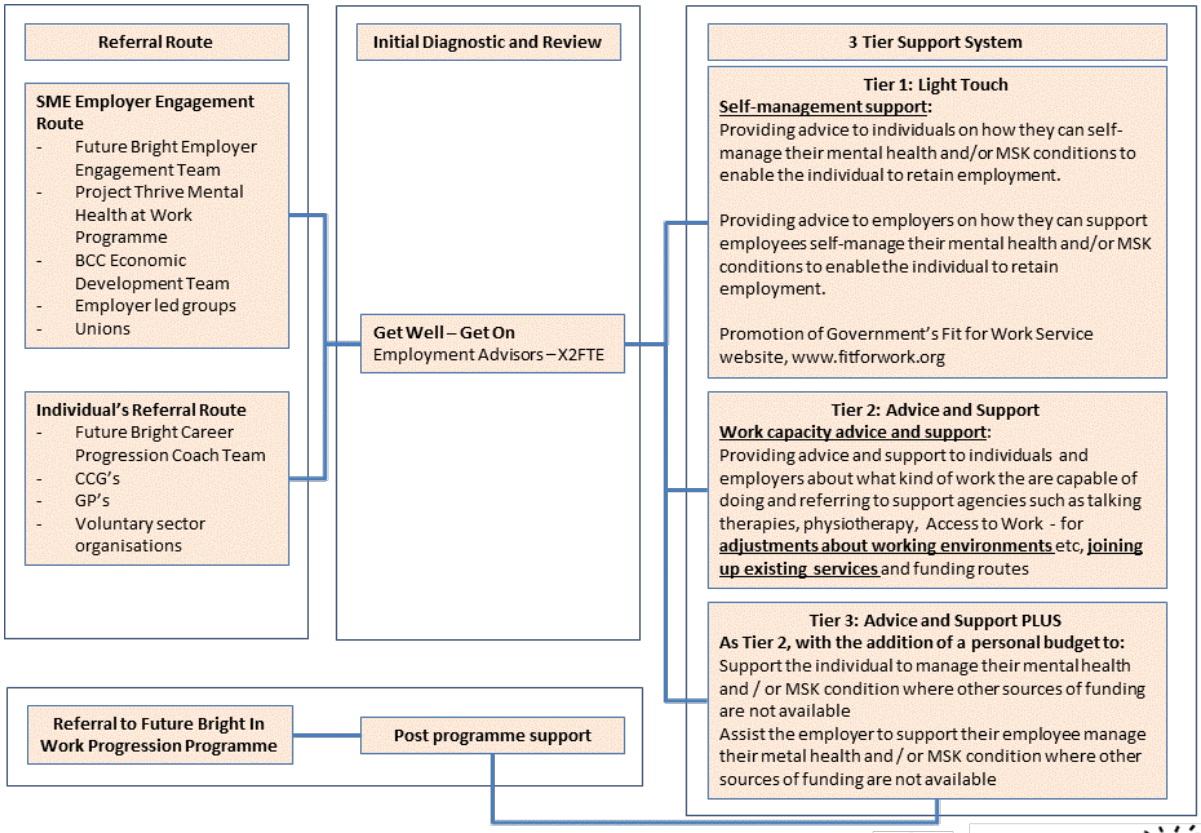
Self-management support

- Promotion of self-management support to individuals through employing three Occupational Health specialists
- Promotion of self-help to SME employers through OH specialists signposting to organisations such as FitforWork.org / Access to Work
- Work capacity advice and support / Adjustments to working environments
- Development of a three tier system of support for individuals and employers:
    - Tier 1: Identification and promotion of self help
    - Tier 2: Access to Occupational Health advice and support for both individual and SME employer, using existing funded sources
    - Tier 3: Access to Occupational Health advice and support for both individual and SME employer, using existing funded sources, with the addition of a Personal Budget where other sources of funding are not available.

Joining up services

- Use of established networks and programmes to recruit SME employers to the programme
- Use of established networks and programmes to promote and recruit individuals to the programme.
- Use of established solution providers.

- Use of Future Bright in work progression programme to further assist individuals increase their career prospects and skills post main programme.he original Customer Journey is below:



Get Well – Get On Customer Journey

Our research shows that there is a gap in the evidence of what works and for whom on how to engage and deliver Occupational Health services to small and medium sized businesses. The CIPD state that "only 3% of people working in SMEs have access to comprehensive OH advice". They further assert the view that early involvement of an OH professional is identified as the most effective approach for the management of long-term sickness absence.

A recent FSB survey suggests that most SMEs did not use any service for managing sickness absence of employees.

Long-term absence from work has the potential to make a substantial impact on the SME by virtue of the actual absence from the business. The consequences include:

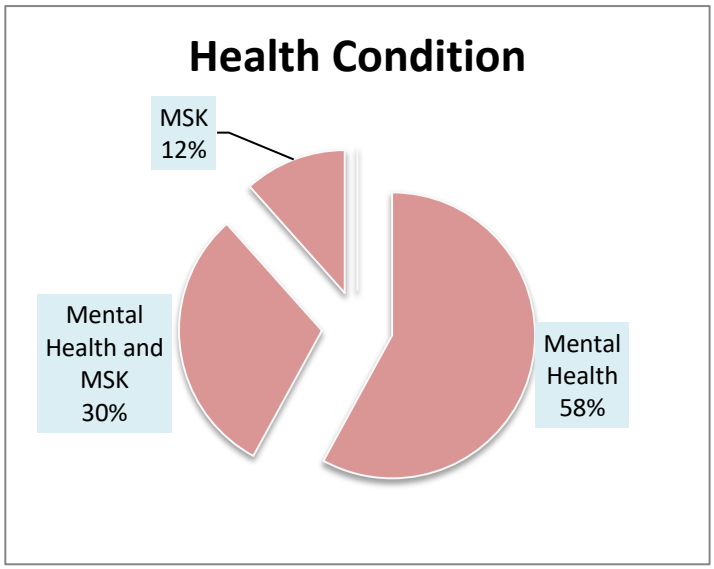
- The financial burden of paying out statutory sick pay and overtime to other workers;
- The effect on the skill mix and limited manpower for business productivity;
- The effect of unexpected employee absence with limited resources to cover loss of turnover and potential for loss of product or service delivery; and reorganisation of manpower and staff working longer shifts and more hours to compensate for the backlog of work.

2. What did Get Well – Get On Deliver?

This section broadly tracks the customer journey individually for beneficiaries and employers, from engagement to the provision of services and examines how the programme developed through delivery, enabling us to offer a service which met emerging, evidence based needs.

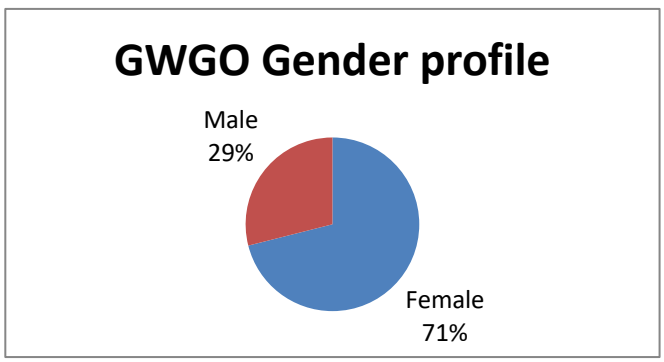
2.1 Beneficiaries – Initial Engagement

Clients were initially referred through a range of channels including GP's, Social Prescribing, Housing Associations, other employment services such as the Future Bright in work support programme , Mental Health Employment Services and self-referrals through attending self-help groups, networking opportunities, outreach events in Job Centres, Community Centres as well as Jobs Fairs and advice days.

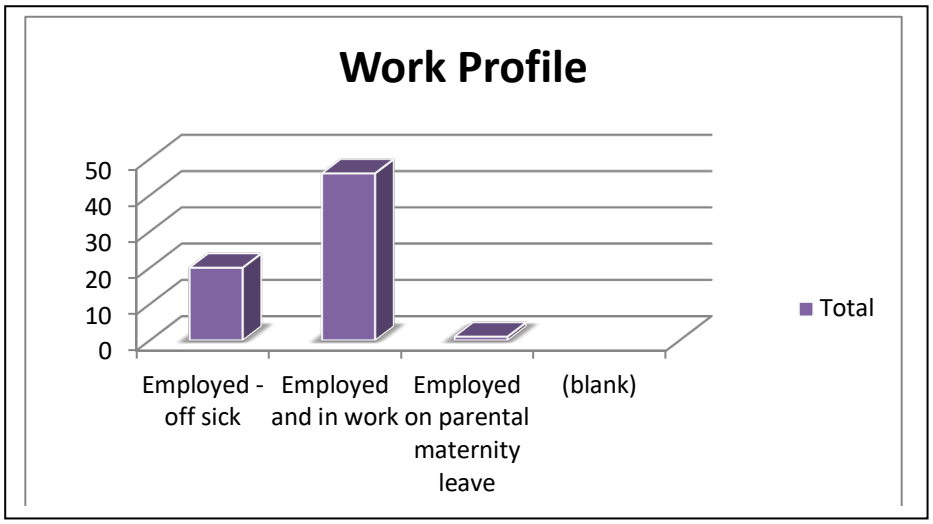


Clients presented with a range of Health conditions including: mental health conditions, work-related stress and MSK conditions.
Some of the work-related challenges included: low paid, unsupportive managers/employers, lack of flexible working, lack of job security, financial problems and issues accessing benefits.
The service has been weighted fairly heavily towards helping those with mental health concerns, with 88% having either a mental health concern or a combination of mental health and MSK. This could be due to the main focus of Richmond Fellowship as an organisation and its skills, or the demographic of those reached.

The programme developed a flexible approach to engaging clients which would "flex" depending on the environment that we were working in. We found that self-referral and referrals from GP's were the most successful routes to engaging clients, (due to the high levels of trust people put in their Doctor), and those that came through these channels demonstrated higher levels of engagement with the programme. People who self-refer are more motivated to address the situation and GP's understand the health difficulties and how this can impact their work. The lowest level of successful engagement was where an employer directly referred an employee.



The majority of referrals were female:



It is positive to see that most of the people referred were employed and in work, which could show that that the service is providing early intervention which could help those who are in work to stay there, and as a result, their employers.

Employment Sector	Total	Employment Sector	Total
Apprenticeship	2	Information Technology	1
Banking and Finance	2	Marketing and PR	2
Call Centre	1	Public services and administration	6
Care and social	1	Retail	5
Charity and voluntary work	5	Sales	2
Cleaning	1	Security	2
Construction	2	Self Employed	1
Creative arts and design	1	Self Employer - Healthcare	1
Engineering and Manufacturing	4	Social care	9
Healthcare	5	Transport and Logistics	1
Hospitality and events management	6	**Grand Total of Beneficiaries who declared their occupation**	**63**
Hospitality	3		

2.2 Beneficiaries – Services Offered

Services offered to individuals included:

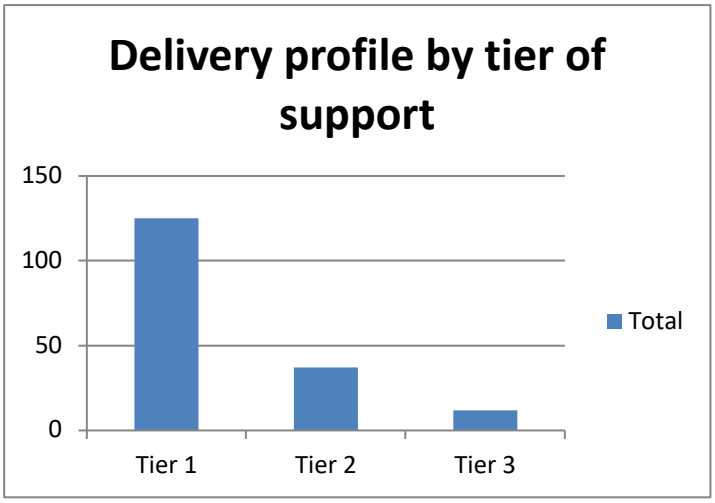
Information and advice.
Coping strategies.
Self-management tips.
Solution Focused therapeutic approach.
Reports recommending reasonable adjustments.

Advice on disclosure.
Meeting with line managers, HR staff or OH assessment.
Phase return plans support.
Signposting.
Signpost to Mental Health Employment Services when the client can no longer stay at their work.

Assisting with Access to Work application.
Referring to services funded by the personal budget.
Emotional Support.
Monitoring and follow up.

The elements of the three tiers of support of the programme accessed by clients were as follows.

Tier	Total
Tier 1 – help to help yourself	125
Tier 2 – Guided support from an Employment Adviser	37
Tier 3 – Intensive support from an Employment Adviser	12
Grand Total	**174**



2.3 Delivery to Beneficiaries – What Changed?

What changed

Team structure - We originally proposed having 3 occupational health specialists. Instead the team consisted of 1 Manager and 2 full time team members (employed as Employment Advisers)

The reasons why

There were structural changes at Bristol City Council and the Richmond Fellowship. The Manager was originally intended to be part time but spent all of her time, developing, managing and marketing the programme and took a greater role than originally anticipated.

The impact this had on our learning

With hindsight it would have been better to have an additional team member to focus not only on business development but programme delivery, to enable us to try and reach the maximum evidence base for the programme.

What changed

Use of personal budget for individuals

The reasons why

The take up of the Personal Budget, (PB), was affected in the early stages due to a lack of clarity in what it could be applied to. They were therefore unwilling to apply to begin with. After establishing the delivery of the basic / core services with the client, the PB was introduced to them, rather than at the beginning of the process. Services accessed through the PB included physio and solution focussed therapy sessions.

The impact this had on our learning

The idea of offering services dictated solely by the client was great in principal however introducing it at an early stage in the process meant that the clients were unwilling to use the funding at all. We found that introducing it after a period of delivering the two main core services, beneficiaries gain better insights into what help would be most beneficial for them and their individual circumstances. Services utilised included sessions with chiropractor, massage, gym membership and other services.

What changed
Evaluation for tier 1 service users
The reasons why
Participants solely accessing tier 1 of the service became difficult to contact for the purpose of the programme's final evaluation. As the contact with the client was very brief, (often a single phone call or email), individuals often didn't recall the services they and were unwilling to engage in the evaluation survey.

The impact this had on our learning
Feedback from tier 1 service users is limited and therefore it is difficult to make solid conclusions about the effectiveness of this approach.

2.4 Employers – Initial Engagement

The majority of our employers were engaged through networking events, online publicity, workshops and Job Fairs. The following table shows the number of businesses reached both directly and indirectly with this type of activity:

Activity	Business reach Directly	Business Reach Indirectly
Job Fair	95	100
Seminar	26	0
Networking	171	143
Exhibition	50	250
Other	227	20160
Totals	**569**	**20653**

They were keen to promote workplace wellbeing, wanting to adapt their sickness policies, implement reasonable adjustments, upskill managers and create a supportive workplace culture. We surveyed employers to ascertain if they knew the main sources of absence in their organisation.

We initially struggled to recruit employers, discovering that self-referral was not a successful route to market, however the launching and marketing of a series of workshops allowed us to engage people who are already interested in workplace wellbeing and supporting employees with health conditions. It also proved a good way of training their staff.

By adapting our employer engagement strategy to a workshop focussed approach significantly increased the numbers of organisations that we worked with. Further adaptations of the engagement strategy included the offering of additional services funded through the programme including Mental Health First Aid training and physical activity champions.

2.5 Employers – Services Offered

Services offered to employers included:

- Workshops + toolkit.
- Advice and information.
- Meetings to identify needs and support plans.
- Bespoke training.
- Funded services: MHFA and Physical exercise champion training.
- 1 to 1 support to line managers.

2.6 Employers – What Changed?

What changed
Services offered to SMEs within the 3 tiers of support –We originally planned to offer three levels of service but learned that the delivery of interactive workshops for SMEs, HR and managers to support their staff was far more appealing to SME's.

The reasons why
There was absolutely no interest from employers in the three tier service despite many different marketing approaches. It seemed like since this was not a tangible service to offer in the early stage of the project. SMEs failed to make contact for advice alone. But were very interested in the workshop format offering the same information.

The impact this had on our learning
It was interesting to see that employers would rather have a set time and meet in person to learn about reasonable adjustments and supporting staff at work. This however was not included in the Tiers of support, so it has been decided internally that this service should be counted as Tier 2 (due to the length of the workshop and face to face interaction with the team with the possible follow up service following the training session).

What changed
Use of personal budget for businesses

The reasons why
The team experienced similar issues with the take of the PB from SMEs that we did with individuals. We decided to fund businesses to participate in further training and workshops where they were not free of charge.

The impact this had on our learning
This shift placed a greater emphasis on the development of the business to support their staff through being able to access a wider variety of training packages outside of the project. The move had a broader impact across entire teams within the SME, developing the wider organisation to support employees with MSK or mental health conditions rather than developing individual managers to support their staff.
What changed

2.7 How the overall service links to the objectives of the Fund

Activities/services provided linked to one or more of the objectives of the Fund include:

Activities supporting self-management	Drop ins at the Old Library and Job Centre Attending Support Groups Art session Workshops Signposting and referring to services as Social Prescribing	Wellness Action Plans Access to Work scheme applications Referrals to Fit for Work website Coaching people on how to disclose to their manager Social Media posts.
Work capacity, advice and support	Signposting and referring to services Advice and support via email, phone and 1 to 1 sessions Workshops + Toolkit Coaching people on how to disclose to their employer Wellness Action Plans	Meeting with employer Referral to private or/and physiotherapy using personal budget Access to work applications Physical activity champion training MHFA training Wellbeing sessions.
Adjustments to working Environments	Meetings with Employers Workshops + Toolkits Using personal budget to adapt working environments Job Retention reports advising adjustments	Access to Work scheme application Support Bespoke training for managers and larger organisations.
Joining up of services	Creating the referral forms and pathways Encouraging “Champions” to speak about us Presenting the service at commissioning group meetings Launch event at BCC Promotion at Job Fairs	Attending Networking events Drop-Ins Shadowing DWP Job Coaches at the Job Centre Linking with private providers of counselling and physiotherapy to offer people faster access to health support service.

3. What impact did Get Well – Get On achieve?

Data was collected at all stages of the client journey, (individual and employers) and analysed by the Richmond Fellowship's Data and Insight Team. Sources of the data include:

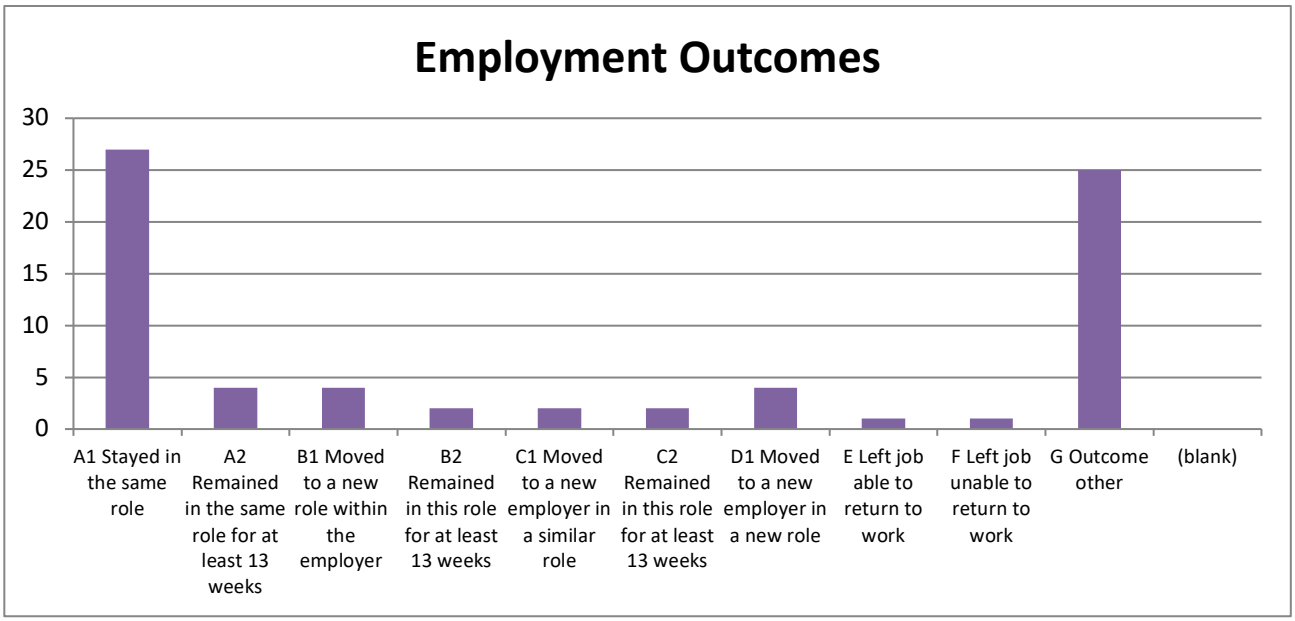
Item	Detail
Surveys – Outcome of support – from Clients	Tier 1 – Brief Questionnaire Tier 1 - Rationale: brief questions to reflect level of brief intervention from the service inquiring as to utility of information provided, the difference it has made and any other comments. Idea was to capture a snapshot of immediate usefulness in terms of the information and guidance provided in answering questions and queries. Tier 2 – Longer Questionnaire. Tier 2 - Rationale: slightly extended set of questions asking recipients to reflect on efficacy of project in enabling them to manage their health condition and how it has done this and how this might be improved: and then asking how it has helped in managing to stay in work and how, and how this might be improved? Aspiration was to glean information and feedback to help with ongoing reflections to explore different ways in which we might improve and develop the delivery of the service to meet varying individual client needs. Tier 3 – Wellbeing Scale (Pre and Post Surveys – Wellbeing) plus questionnaire. We used this scale for people accessing personal budgets to gain a better understanding of how these initiatives – highlighted above – impacted on their wellbeing. Frustratingly there has been a poor return rate on these Wellbeing Scales in part because there are a) still a significant number of clients in receipt of their support b) a later start in clients picking up on the offer of personal budgets C) staff overlooking the need to complete the scales or to encourage individuals to complete these and d) clients, having completed their support, being keen to put the support behind them and being difficult to engage thereafter. One of the learnings in this is some kind of incentivisation for completing a return – e.g. vouchers or a token as a nominal reward for the effort.
Application for Get Well Get On Grant for Client based Personal Budgets	The intention of this application originally was to ask clients to identify what they felt the obstacle was to self-funding an intervention or support to help then managing their health condition and improving their prospects of remaining in the work place. We stopped doing this following discussion with clients because it was evident that the only real reason for not prioritising these interventions were either due to obvious financial difficulty or waiting for an intervention which was available but only after a prolonged period of time (typically minimum 3 months +) which was likely to extend beyond the time in which such an intervention would be useful in enabling them to stay in the workplace. The subsequent focus of this individual application was to highlight exactly the type of intervention / service they were interested in – with a strong focus on physiotherapy and solution focussed therapy as a core provision. One of our staff members was previously a clinical psychologist and we used this experience to inform the decision to focus on evidence based, brief intervention solution focussed support. We included options to identify interventions under "Other" – and individuals used

Item	Detail
	this flexibility to identify support such as gym to swim to chiropractor, sport massage etc. We did not include counselling because meaningful interventions would extend beyond the life of the project.
1X Individual Focus group	Format was an art session with individuals as an incentive to attend – 7 individuals provisionally accepted but only 3 turned up on the day so limited responses.
Surveys – Outcome of support – from Employers	<u>Tier 1 – not applicable</u> <u>Tier 2 - Workshop questionnaire</u> Spreadsheet highlighting outcomes – in terms of proposed future changes in the workplace - and feedback from workshops. Evaluation forms asked employers to rate the workshops, their content and perceived effectiveness ahead of them actually applying the tools, ideas and approaches covered in the workshops. These have been useful in terms of highlighting where the focus of attention is for employers and what they consider most valuable – and the opportunity to share practices has been a primary outcome of both the workshops and the evaluations. <u>Tier 2 - 1 to 1 Support Survey for Employers</u> 9 questions focussed on what provision had been available before engaging with the service, how confident the business felt in dealing with long term sickness absence subsequently and what support they might offer or encourage employees to access and what funding they might consider themselves for future provision in light of their experience. Typically we have had little return from employers in this context as employers have understood the individual to be the beneficiary rather than themselves and so have not readily engaged in feeding back in relation to these circumstances. There has likely been two contributive factors in this respect – one relating to individual employee confidentiality and a reluctance to share what is seen as information relating to an employee's circumstances rather than seeing it from the employer's perspective. Secondly, busy HR personnel and / or managers will not have understood this as a priority for themselves from a business perspective. <u>Tier 3 – Extended questionnaire (evaluation of impact of personal budget) – for Businesses.</u> Survey composed of 9 questions querying familiarity with MSK/MH issues generally, what they consider the impact these have on absences, barriers they experience in accessing funding for initiatives and where would they go for support and advice? Finally, if funding was available what would they wish to invest in from a wellbeing strategies perspective. Responses limited and brief – and the challenge has been to gain feedback from some of the third parties engaged in the delivery of interventions on behalf of this project (e.g. from physical activity in the workplace providers and its impact on MSK sufferers, and Mental Health First Aid Providers).

Item	Detail
1 Focus Group with a Single Organisation	The questions in the FG for the organisation with whom we had done some significant pieces of work around reasonable adjustments and health and wellbeing management in the workplace. Activities included team building exercises across the organisation, not just interventions focussed on individuals with identified support needs.
Numerical Data – Downloaded from CRM and exported to Excel	This has been incorporated in the statistical data in the Impact Report headline data as well as in ongoing monthly reporting. Generated data completed by staff to track beneficiary and employer MI to meet the reporting requirements for the Challenge Fund as well as internal KPIs used to monitor, reflect and develop the delivery of the service.

3.1 Beneficiaries

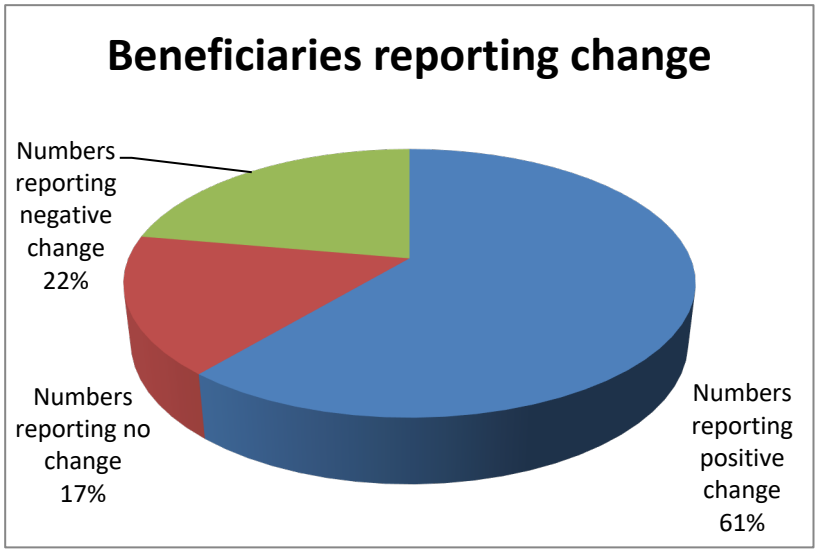
	Actual	Projected
Beneficiaries Reached –	2525	N/A
Beneficiaries Engaged –	1:1 Support = 79 Tier 1 = 39 Tier 2 = 28 Tier 3 = 12 Support Groups (Tier 1) = 95 **TOTAL = 174**	Total: 200 Tier 1 - 100 Tier 2 -80 Tier 3 – 20
Beneficiaries Completed –	163 – (11 cases still open at time of report)	200



The above graph shows the employment outcomes for beneficiaries recorded at the end of the intervention. It should be noted that this is made up by the majority of tier 2 and 3 clients. Those people who undertook a tier 1 route proved very difficult to re-engage and follow up to monitor outcomes and impact post intervention, (see section 5 Data Limitations). Furthermore, as we have secured continuation funding, those people who are mid journey will continue to be worked with until they achieve their outcome and will be reported against at the end of the intervention.

Feedback with regards to positive change have been reported and why is this the case?

Below you will find some of the positive changes that beneficiaries have experienced by accessing the service received from their feedback.



- "My Employment Adviser was patient; I received good advice and was good working with Mental Health issues (…) now I have started my own business".
- "The service helped me around how to communicate stuff at work (…) GWGO is a project that's worth it".
- "I was having an awful time and it really made a difference".
- "After support I disclosed my mental health condition with my new employer, and they were really understanding, they didn't judge me"
- "Support with my employer was great (…) they [EA] pushed me to come to this art/feedback session".
- "This service exceeded my expectations".
- "My work added reasonable adjustments to other staff after GWGO support (…) we have now access to EAP for staff".
- "GWGO helped me to talk with my manager as I didn't feel confident asking for changes (…) I feel lucky to have such a supportive employer".
- "I received great practical advice on how to manage my health in the workplace".

Feedback with regards to the reasons for beneficiaries reporting no change?

- Client currently feeling unable to speak to her manager or colleagues about her mental health. Employer contacted, awaiting response.
- After several meetings with the employer, client expressed no change at work. He has recently been moved to a different branch. Referred to Bristol Law Centre.
- Client unable to secure reasonable adjustments was referred to the BLC for support with a disability discrimination claim.

Feedback with regards to reasons for beneficiaries reporting negative change?

- Client felt unable to return to work with the adjustments and level of support offered.
- Client unable to return to work following sick leave due to difficult personal relationships in the workplace. Currently accessing BMHES for job searching support

- Client dismissed from job for misconduct unrelated to disability. Currently accessing job search support through BMHES and seeking additional support with health through GP

- Client dismissed from role on health grounds. Client considering appealing decision or raising a disability discrimination claim. Referral to Bristol Law Centre made.

Word Cloud from client feedback

WordCloud of the most frequently mentioned words in the individual client evaluation form free-text comments made post intervention. This shows some important and positive words being prominently displayed. Examples of these words are, 'confident', 'client' (being at the centre), 'better ', 'support'.

3.2 Employer Impact

Employers Reached –	1,288	2000
Employers Engaged –	Tier 1 not applicable; Tier 2 = 32 (workshops) Tier 2 = 17 (mediations with employer on behalf employee) Tier 2 = 8 (1:1 consultations) Tier 3 = 40 (reasonable adjustment / personal budget funding) **Total = 97**	Total: 100 Tier 1 - 40 Tier 2 - 50 Tier 3 - 10
Employers Completed -	97	100

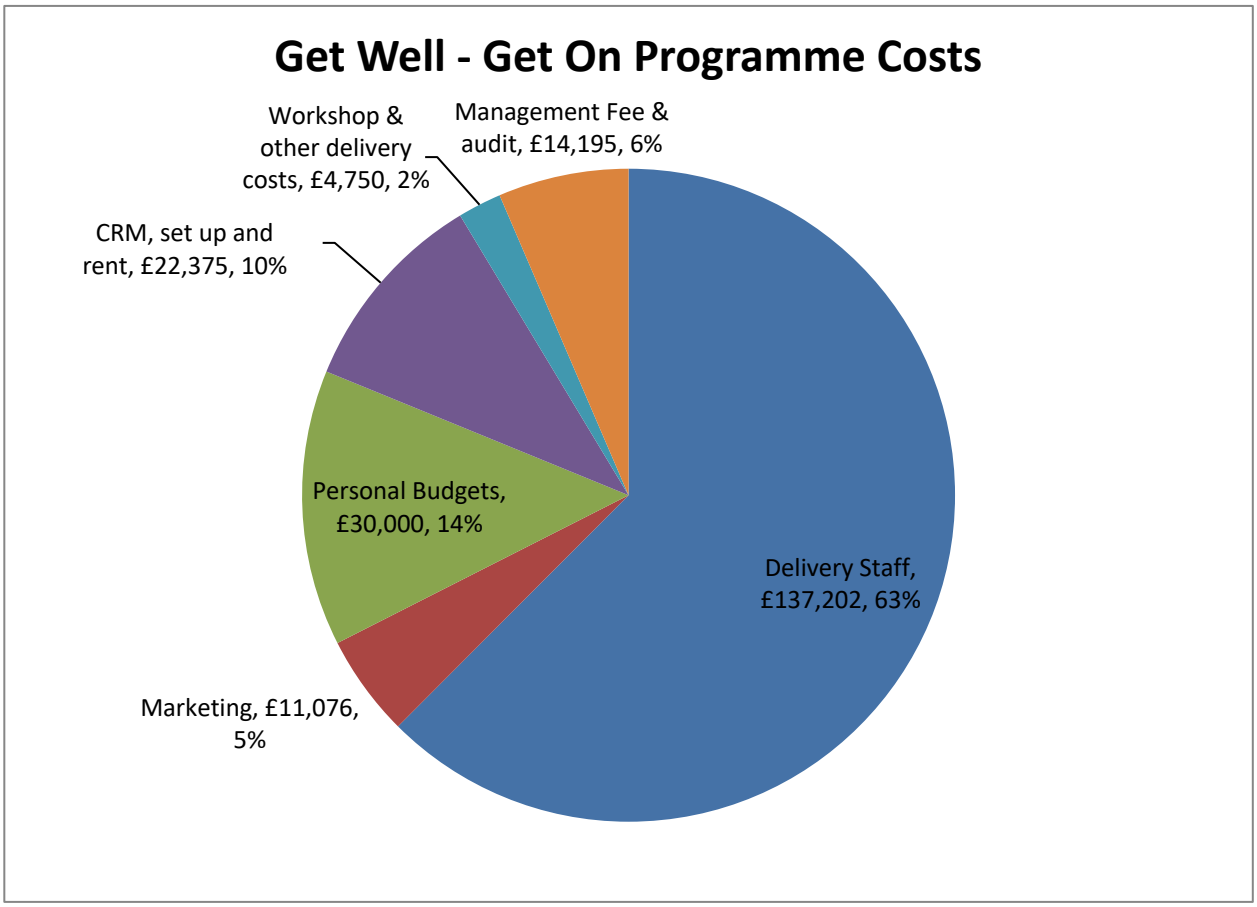
Intervention	Impact
Engaging with employers to support the management of conditions for our individual clients	17 interventions to support clients
Delivery of Workshops (Tier 2 Support)	Attended by 32 employers
Direct consultations with employers to advise on how best to support employees with mental health or MSK conditions	8 employers supported
Intensive support to help employers support their employers (Tier 3 support)	40 employers supported

Measuring change with the employers we have worked with

- The most useful insight we can provide in this context is from the focussed feedback from multiple employers who were asked to highlight what was useful from workshop delivery;
- Case study and sharing knowledge and experience with managers
- Conversations about what to do if someone off sick
- Discussions, hearing others points of view that you may not think of
- Gain different experience and listen different examples
- Good opportunity for shared experiences and opinions. Increasing knowledge
- Handouts/signposting to other resources and discussion time
- Hearing other experience and opinions. A structure for having conversations
- I find it all excellent very good to have time and space to think about workplace health.
- Opportunities to meet representatives of other organisations and learn from them
- Sharing experience and toolkit. Learning about resources
- Speaking with other people
- Starting a difficult conversation
- Talking to others with similar problems
- The holistic nature of the exercises and knowledge in the participants, which the facilitators brought out well
- The openness and discussions. Group work encouraged
- Useful to take time out to discuss this and really valuable to hear what others are doing. Lots of ideas and questions to take back to work.
- Working in groups/groups discussion
- Other organisations offering ideas on their policies. Sharing was useful.

3.3 Programme Costs

The total Challenge Fund grant awarded to Bristol City Council was £219,598. The breakdown of expenditure is as follows:



The spending was broadly as profiled however there was an underspend on the forecasted Personal Budget element of the programme and an overspend on salaries as we initially budgeted for the time of the Project Manager, (originally budgeted at 0.4FTE but moved to 1.0 FTE as they undertook a Business Development role). We have secured funding for an extension from Bristol City Council and the Richmond Fellowship. The budget for the extension has been reduced to reflect the fact that we do not need to fund project set up costs.

	Engaged	Completed
Cost per beneficiary	£757	£757
Rationale	Total Programme Budget (£219,518) x 60% / number of beneficiaries (174)	Total Programme Budget (£219,518) x 60% / number of beneficiaries (174). Note that we have secured additional extension funding to ensure that all clients currently on programme complete.
Cost per Employer	£905	£905
Rationale		Total budget x 40% / number of employers (97)

Cost Effectiveness of working with employers

It is difficult to compare with other programmes as there is no similar programme that offers three different tiers of support for the employer. We do not have access to similar service / product costs and benefits so it is not realistic to try to make comparisons. We expect that this will be one of the outputs from the Challenge Fund as a whole where different pilots projects working toward similar objectives with the same cohort -
but with a very different set of tools, skills, strategies and approaches - will generate some really useful comparative data.

Cost Effectiveness of working with beneficiaries

Our model which directly employed staff to deliver the service reduced the overall expense of initial diagnostic / triage followed by a series of commissioned interventions. The unit cost of working with beneficiaries is lower than that of other programmes which support people with complex barriers to enter or remain in paid employment.

Cost Effectiveness of our delivery model

By opting for a mainly directly delivered programme, (with the exception of the use of personal budgets), we were able to avoid the need for the commissioning of additional service providers, which helped to keep costs low and quality high. Furthermore when equating the overall programme costs for the outputs against the costs to society incurred by participant not being able to sustain their paid employment, the programme is a cost effective intervention. Experience of delivering programmes to support people with complex barriers obtain and retain paid employment, where a unit cost can equate to over £1500, demonstrate that this is a cost effective model of support.

4. Recommendations

4.1 Recommendations for scaling and replicating

Set up and Implementation	
Recommendation	Rationale behind recommendation
Develop a strategic partnership strategy before launching the programme	It is better to spend more time nurturing referral partners who will bring many clients to the programme than trying to work with many partners who will bring very few new participants
Apply strong leadership and contract management to multi partnership programmes	Initially the programme was impacted by significant key staff changes at our delivery partner which caused a break down in communications between BCC and RF. Firmer contract management together with an earlier consideration of alternative delivery arrangements would have shortened the delay in commencing the programme.

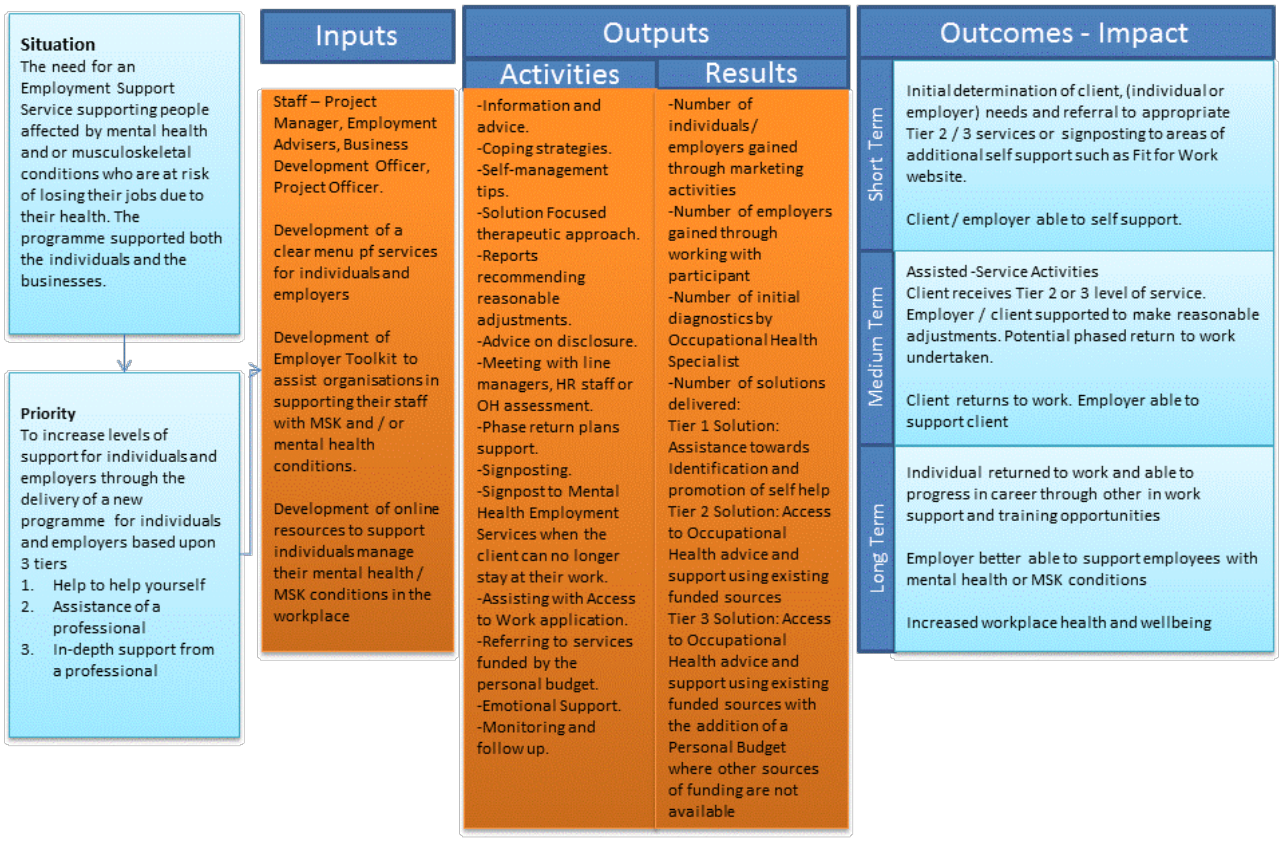
Develop a clear induction plan for any new staff	With any new programme there is a certain amount of ongoing development during early delivery however it is important that staff are inducted in a manner that ensures that they are equipped with knowledge of the key elements and eligibility of the programme to avoid any early confusion.
Have marketing materials and a concrete a significantly refined client pathway in place before accepting any referrals.	This will include as well social media pages. We received referrals before starting the service, with a number of them being either ineligible or not suited for the service. By developing a more refined pathway and including this in the marketing / briefing materials we would have saved valuable staff time at start up that was lost due to contacting ineligible / unsuitable clients and seeking alternative arrangements to support them.
Services and support for beneficiaries and employers	
Recommendation	Rationale behind recommendation
Use workshops as a way of engaging employers and raising awareness of MSK and MH needs in the workplace	Designing workshops specific to sectors can be useful for attendees and more attractive. However all of this relies on having and building a good relationship with employers.
Explore options for widening eligibility criteria to fill potential gaps that are not serviced by other programmes	The GWGO service was targeted at SME's however we were being contacted by larger organisations. The programme should cater for the needs of large employers because they experience similar problems as SME's. In-house Occupational Health services can't always meet the needs of everyone, therefore it is important that job retention services are external and impartial.
Ensure that the service remains based on clients' needs, however provide strong guidelines to ensure it remains focused	Is important that the service remains client focused and offer services that are appropriate to each person needs. Otherwise will be prescriptive and less effective.
Consider the options of supporting the client to change to a new employer.	Sometimes it is no longer tenable for a client to remain with their employer. In this situation it is better to support the participant to access a range of employment support services whilst supporting them to manage their health condition.
Gathering data from employers and beneficiaries	
Recommendation	Rationale behind recommendation
Issue the final reporting template before the programme commences	Whilst we produced a robust evaluation plan, the final reporting template was not issued until the end of the programme meaning that there was a risk we were collecting data that was not required or missing data that was.
Maintain and adaptable CRM system	A flexible and adaptable CRM system will enable you to react to changes in data requirements as the programme progresses and evolves

Minimising early exit and the impact upon employers and beneficiaries	
Recommendation	Rationale behind recommendation
Provide support for people who decide to leave their job their job	Occasionally it will become untenable for someone to remain with their current employer. The service then should work alongside employment support services and the new employer to ensure that the client has the maximum opportunity to participate in sustainable employment
Develop a strong marketing message and strategy	Having a clear idea of the scope of your service and being able to articulate that to clients, referral agencies and partner organisations. It minimises inappropriate referrals and manages the expectations of clients.
Evaluation and Impact team to be involved in the implementation of the service	Prioritising data collection from the outset, especially before and after baseline measures is key to demonstrating impact. This will also help us to understand potential trends and adapt the programme to the needs of our clients.
Recommendations for understanding and managing risks of similar programmes	
Recommendation	Rationale behind recommendation
Focus on developing a few strong partnerships than many weak ones.	Whilst we identified a number of partners at proposal level, we spent a lot of time building relationships which delivered very few referrals. In a project with a limited time duration, it is important to focus on developing those partners that will deliver the maximum number of eligible referrals
Get the marketing message consistent and right from the start	Our initial marketing didn't get the message right first time and took several iterations before we hit the "sweet spot". This caused employers and beneficiaries to have confusion over the benefits and features of the programme and lead to ineligible referrals.
Focus on the risk assessment and plan for the Unexpected	Get Well - Get On was hit by a major restructure at our delivery partner, the Richmond Fellowship. Whilst this was very much unforeseen, the risk assessment which was developed as part of the application process helped us develop an action plan and turn the project around.

4.2 Recommendations for Funders in developing future Challenge Funds

Recommendations for understanding and managing risks of similar programmes	
Recommendation	Rationale behind recommendation
Place a greater emphasis on disseminating the learning of each project, (and previous projects) funded by the WHU	Through peer learning, sharing of resources online and regular quarterly face to face meeting, this would be a useful tool to not duplicate mistakes made by other projects and would be useful to understand the challenges that fellow programmes are attempting to overcome.
To timely release final reporting templates before the programmes commence and a commitment not to change monthly reporting templates.	The early release of final reporting templates would mean that evaluation plans can be developed to meet the requirements of the WHU and improved data collection. Structures of report – they were getting longer and there were some structural changes mid contract, leading to challenges in there timely completion.
Challenging timescales	The original application process took place over the summer break with only a little time from the briefing meeting in Cardiff to the submission of the bid. A number of key potential partners were on annual leave which made the preparation of the application challenging. Furthermore the short timescales required for programme launch together with the overall duration provided us with some significant challenges.

4.3. Proposed Logic Model for scaling / copying model



5. Limitations

1. The requirements to capture occupational sectors was introduced by WHU in December 2019. Not all clients registered before this date had their occupational sectors recorded.

2. We found it very difficult to capture outcomes for Tier 1 light touch, “Help to Help Yourself” clients due to the short term of the intervention. We have reported upon as many retrospective outcomes as possible.