



WMCA Investment Board

Date	12 February 2024
Report title	Thrive into Work Individual Placement and Support in Primary Care (IPSPC) Single Assurance Framework (SAF) Change Request
Portfolio Lead	Councillor Izzi Seccombe, Portfolio Lead for Wellbeing
Accountable Chief Executive	Laura Shoaf, Chief Executive WMCA
Accountable Employee	Clare Hatton, Interim Executive Director Employment, Skills, Health and Communities
Report has been considered by	ESHC Delegated Sign Off Investment Panel

Recommendation(s) for action or decision:

£7,936,260 Grant Funded Thrive into Work IPSPC (April 23- March 25) SAF Change Request Approval.

The Investment Board is recommended to:

1. Approve the attached Change Request (appendix 1), supporting ongoing delivery of the DWP grant funded delivery phase of IPSPC services (April 23-March 25) of £7,936,260 for submission to SAF.
2. Note information within the Change Request setting out the programme financials, deliverables, commissioning activity and governance arrangements.

1. Purpose

Through the IPSPC Initiative, regionally known as Thrive into Work, West Midlands Combined Authority have been successful in securing further Grant Funding to continue to deliver Individual Placement & Support (IPS) services across the region through to 31st March 2025.

The original programme commenced as a pilot in 2018, at which time WMCA SAF processes were in early development stages resulting in no original business case. Since this time delivery has progressed through contract extensions. In order to ensure SAF compliance, it has been agreed with assurance, that in the absence of an original business case that a change request is progressed.

2. Background

The IPSPC Initiative is aimed at adults who have a physical or mental health disability, as defined by the Equality Act 2010, to help them to move into competitive employment providing the support they need to maintain that employment.

The West Midlands Combined Authority (WMCA) has been working with NHS England and the Work and Health Unit (WHU), a partnership between the Department of Work and Pensions (DWP) and the Department of Health and Social Care (DHSC) since 2016 to trial and implement a new model of integrated health and employment support, the Individual Placement and Support (IPS) model, at scale. Due to the success of the Health Led Trial (June 18-November 20), WMCA/Black Country integrated Care Board received additional funding to implement a Post-Trial service (October 20–March 23).

As set out in purpose, the initial Pilot was pre SAF and therefore no business case was developed, in parallel to this the funding model meant that the ICB were the main contract holder and the WMCA drew down funding.

In 2023, DWP and DHSC changed the funding model, moving to grant funding agreements been made directly to 11 Upper Tier Local Authorities (LAs) or Combined Authorities, in England, to take part in the continued implementation of Individual Placement and Support in Primary Care (IPSPC) (the “Initiative”). Effectively rolling out the IPS model beyond the initial pilot locations. For the WMCA the award covering 1st April 2023 to 31st March 2025 is a total value of £7,936,260.

Given the existing activity and relationships already in place within our region delivery the IPS model, this 2023 funding award is effectively a further extension to the programme already in place. The key changes that have been required relate to the overarching governance of the programme with the WMCA now taking on the role of the accountable body for this funding and issuing onward back-to-back funding agreements to existing delivery partners.

The governance of this programme in terms of performance monitoring and expenditure will now align with recently revised WMCA processes, and wider governance relating to the strategic direction of the programme will come under the remit of an expert advisory group focused on health, employment and labour market participation. This group will have reporting lines into both the WMCA’s Wellbeing Board and its Employment & Skills Advisory Panel, both of which have local authority representation. The detailed Terms of Reference for this group (including its composition) are currently being finalised.

This new round of funding provides us with an opportunity to support 3474 people to receive Out of Work (OOW) or In Work / Retention (IW) employment support over 2 years. As well as continue to provide support to those service users still on caseloads when the post-Trial service ended March 23. Through a targeted job conversion rate of 40%, there is an opportunity to deliver 1570 new employment outcomes through the service. 5622 people were supported from the Trial & Post Trial services (June 2018 – March 2023), with a total of 1667 outcomes achieved during this time. As of December 2023, a further 1755 people have been supported through IPSPC delivery with 499 outcomes achieved to date.

A breakdown of the IPSPC 2-year targets across the programmes’ 5 Lots, which align to primary care network boundaries and cover multiple Local Authorities, is included below:

Area	2 Year Engagement Target	2 Year Outcome Target
Lot 1 – Dudley & Walsall	603	271
Lot 2 – Sandwell, Wolverhampton & West Birmingham	725	330
Lot 3 – Birmingham & Solihull	904	399
Lot 4 – Coventry & Warwickshire	575	267
Lot 5 – Neurodiversity Pathways	667	303

Work has commenced across ESHC Directorate on benefits realisation across programmes and will include development of a logic model and benefits realisation plan for IPSPC. These will include the health and wellbeing benefits resulting from 1:1 support and employment outcomes, as well financial savings through reducing the number of people on benefits and increasing NHS capacity by reducing participants interactions following employment.

In the absence of an overarching business case the Thrive into Work Programme has been subject to a robust Health Check carried out by our WMCA Assurance Team. A copy of this report is attached at appendix 2, with the programme rated as Green/Amber which indicates the likelihood of a successful delivery. Positive observations focused on the programme’s approach to monitoring and evaluation processes which have been identified as best practice by DWP and rolled out to other programmes nationally, a clear and sound understanding of scope and programme processes across all stakeholders, robust governance in the form of IPSPC Funding Agreements and an Operational Plan issued to Activity Delivery Partners.

The Change Request provides InvestmentBoard with further details about the Thrive into Work programme and the delivery activity that is being progressed as part of the new funding received for 2023-2025.

2. Financial Implications

The paper is looking for approval to submit the Thrive into Work change request into the SAF team. The funding is in place for £7,936,260 from 1st April 2023 to 31st March 2025, which has a signed DWP grant letter in place.

There is a budget in place in line with the funding and onward award contracts have been entered with our two delivery partners.

Note there are two risks which are linked, firstly, a surplus at the end of the programme and secondly a potential budget gap in the programme. Work is currently on-going internally and with DWP to ensure there is no requirement for additional funding above existing approved budgets.

3. Legal Implications

The changes to the Programme Specification being requested through the Change Request - which is recommending be approved – does not require updated Contractual Arrangements through Deeds of Variation. The back-to-back agreements capture the revised Programme Specification. DWP does not need to approve the revised Programme Specification as amended for clarification purposes only.

4. Inclusive Growth/Equalities Implications

The Thrive into Work Programme support delivery of the WMCA Inclusive Growth Framework through localised provision of support to residents who have been on out of work for long periods of time due to ill health. Working with specialist providers individuals are identified through a number of sources including work with local GP practices or self-referral, the model therefore seeks to support employment and health priorities. Noting the impact ill health has on individuals and the ramifications of this, the aims

of the programme seek to support individuals to re-enter employment and improve their health and wellbeing.

The programme focuses on residents who are out of employment and operates in a number of areas across the WMCA including those hardest to reach or furthest from the market, and includes a focus on areas of high deprivation, which includes a large proportion of residents from an ethnicity other than white. This ensures we can support WMCA equality priorities, ensuring that all our residents can thrive and flourish regardless of their protected characteristics or background and support our target to reduce the employment gap between best and worst race and gender demographic.

Appendix 1. Thrive into Work Change Request

Appendix 2. Thrive into Work WMCA Assurance Health Check

Change Request Form

WHAT CONSTITUTES A WMCA CHANGE REQUEST?

Change Control is the process through which all requests to change the approved baseline of a project, programme or portfolio are captured, evaluated, and then approved, rejected or deferred. This **Change Request Form** is required when the tolerances that were set out in the approved Business Case are or will be breached. These include changes to Time, Cost and Scope.

The Change Control Process should be initiated by the Project Team in the following circumstances:

- There is a cost implication that cannot be managed within the existing contingency budget and results in the requirement of 10% or more of the originally approved budget
- There is movement of over 10% of total project/programme timings (measured in months) which impacts key milestones, the project start/end date and any associated dependencies
- The scope of the project/programme has changed and the outputs, outcomes and benefits which were approved have been impacted (if an output is to be changed, this is also known as a material change)

CHANGE REQUEST FORM GUIDANCE

- Text shown in **grey** is to be used as guidance in the writing of this form, it should be deleted prior to submission.
- Parts 1, 2 and 3 should be completed by the Applicant / Project Team
- Part 4 should be completed by the Programme Assurance and Appraisal Team / Finance Business Partner
- Please refer to the original WMCA approved Business Case when detailing any variance within this form
- Requested appendices will be shown in **orange** to support this form, these are to be attached with the submission
- If a partial or full Business Case re-write is required, you will be informed by WMCA

For further information regarding the Change Request Process or to submit this form for review, please contact ProgrammeAssuranceandAppraisal@wmca.org.uk

1 CHANGE REQUEST DETAIL

CHANGE SUMMARY	
Project Name:	Thrive into Work IPSPC
Programme Name (if applicable)	n/a
Directorate (if WMCA internal):	Health and Communities – Employment, Skills & Communities
Organisation (if WMCA external):	n/a
This Change Request is seeking additional WMCA funding of:	Grant Funding Award of £7,936,260
This Change Request is seeking a time extension of:	2 Years (April23-March25)
This Change Request is seeking the following change to the scope:	In most areas scope of the new grant funding remains consistent with the previous Post-Trial Service programme, outline in Appendix A. Slight variations in Lot 4's Geography & Lot 5's pathways model as implemented by WMCA, as well as changes to eligibility criteria and outcomes as defined by DWP are covered in Table 1 under section 3C

STAKEHOLDER INVOLVEMENT	
Provide the names of the following stakeholders who have been sighted on this change request prior to submission, note this is a mandatory requirement:	
Governance:	n/a
Senior Responsible Owner (SRO):	<i>Mubasshir Ajaz – Head of Health and Communities</i>
Programme SRO (if applicable)	<i>Lisa Hamilton – Senior Delivery Manager (Projects and Programmes)</i>
WMCA Executive Director:	<i>Clare Hatton – Head of Economy, Skills & Communities</i>
Finance Lead:	<i>Phil Cole – Finance Business Partner (ESC)</i>
Legal Representative:	<i>Peter Geach – Interim BP Solicitor (Law and Governance)</i>
Procurement Lead:	<i>Will Pemberton – Procurement Officer</i>
Other (i.e., HR / Health & Safety):	n/a

VERSION CONTROL			
Version:	1	Date:	04/08/23
Change Prepared by:	Ethan Williams	Job Title:	TiW Project Delivery Lead

2 BASELINE ASSESSMENT, CHANGE REQUEST DESCRIPTION AND RATIONALE

2A WHICH BUSINESS CASE STAGE IS THIS CHANGE AGAINST? (SELECT ONE OPTION BELOW)

There is no previous business case for Thrive into Work, the Programme Outline attached as Appendix A. provides an outline of the previous programme, national and local context, delivery model, timeframes, benefits, outputs and outcomes.

2B ROOT CAUSE

Determine the root cause of this change request i.e. the source of the change requirement from the list below:

Table 1		
Root Cause Categories		Tick if Applicable
Political	This is due to the need for WMCA to demonstrate to Central Government that WMCA is working towards its Strategies and Policies i.e., Strategic Economic Plan (SEP)	<input type="checkbox"/>
Governance	WMCA must spend in accordance with agreed terms and conditions and abide by public sector procurement requirements and devolved funding assurance frameworks as approved by Central Government	<input type="checkbox"/>
Reputational	There is a high chance of repercussion for organisations' reputation due to the potential of it leading to destruction of trust and relations	<input type="checkbox"/>
Operations	Disruption to delivery of key business functions that support wider business operations	<input checked="" type="checkbox"/>
Delivery	Impact on delivery and performance against delivery commitments in the area	<input checked="" type="checkbox"/>
Economic	Uncertainty with external factors such as inflation and interest rates	<input type="checkbox"/>
Financial	Seeking safe delivery options with little residual financial loss only if it could yield upside opportunities.	<input type="checkbox"/>
Opportunity	The ability to deliver more outputs, outcomes, and benefits	<input checked="" type="checkbox"/>

2C CHANGE DESCRIPTION AND RATIONALE (MAX 500 WORDS)

The West Midlands Combined Authority (WMCA) has been working with NHS England and the Work and Health Unit (WHU), a partnership between the Department of Work and Pensions (DWP) and the Department of Health and Social Care (DHSC) since 2016 to trial and implement a new model of integrated health and employment support, the Individual Placement and Support (IPS) model, at scale. Due to the success of the Health Led Trial (June 18-November 20), WMCA received additional funding to implement a Post-Trial service (October 20–March 23).

In 2023, DWP and DHSC awarded Grant Funding for 11 Upper Tier Local Authorities (LAs) or Combined Authorities, in England, to take part in the continued implementation of Individual Placement and Support in Primary Care (IPSPC) (the “Initiative”). The IPSPC Initiative is aimed at adults who have a physical or mental health disability, as defined by the Equality Act 2010, to help them to move into competitive employment providing the support they need to maintain that employment.

Through the IPSPC Initiative, West Midlands Combined Authority have been successful in securing Grant Funding to continue to deliver IPS services across the region through to 31st March 2025. Due to the existing provision of IPS services until March 2023, WMCA was in the position to launch the new IPSPC phase of delivery in April 2023, in line with DWP’s original planned timeframe for all successful LAs and CAs. The West Midlands Region is acknowledged as a Centre of Excellence for IPSPC provision. This is an opportunity to generate even greater momentum in improving health and employment outcomes for the citizens of the West Midlands

This new change request is seeking to:

1. Cover the launch of new DWP grant funded delivery phase of IPSPC services (April 23-March 25)
2. Outline the new grant funded value and WMCA IPSPC budget (April 23-March 25)
3. Outline variations in programme scope for new IPSPC delivery phase
4. Outline opportunity for new outcomes, outputs, and benefits through new IPSPC delivery phase
5. Outline change in governance from Black Country ICB NHS contracts to WMCA issued Back-Back Funding Agreements

The above change will cover £7,936,260 of funding over next 2 years. Table 1 in section 3A sets out a breakdown of this new funding into the IPSPC programme budget.

There is an opportunity to support 3474 people to receive Out of Work (OOW) or In Work / Retention (IW) employment support over next 2 years. As well as continue to provide support to those service users still on caseloads when the post-Trial service ended March 23. Through a targeted job conversion rate of 40%, there is an opportunity to deliver 1570 new employment outcomes through the service. Table 5 in section 3F sets out a breakdown of outputs and associated KPIs.

A folder with supporting documentation for this Change Request can be found here:

IMPACT ASSESSMENT

Complete the following sections to determine the impact of this Change Request, if a section is deemed not applicable, briefly explain why.

3A COST IMPACT (£)

Grant funding to the value of £7,936,260 has been awarded to WMCA for delivery of the IPSPC initiative. This will be subject to delivery and performance, claimed by WMCA on a quarterly basis as per DWP's funding schedule as contained in the Grant Funding Agreement (GFA).

This is the maximum sum the DWP will pay under the GFA and cannot be increased in the event of any overspend related to grant funded activities. DWP will only pay the IPSPC Grant in respect of eligible expenditure and once DWP is satisfied WMCA has provided a sufficient level of assurance. The new dependencies created as a result of this are covered under section 3D.

A breakdown of IPSPC Grant Funding over next 2 years, summarised from the current IPSPC 23/25 programme budget, is included in Table 1 below.

Title	Total 2 Year IPSPC Programme Budget
Programme Management	£973,400
Lot 1 – Dudley & Walsall Provider Costs	£1,190,640
Lot 2 – Sandwell and Wolverhampton Provider Costs	£1,452,000
Lot 3 – Birmingham and Solihull Provider Costs	£1,785,960
Lot 4 – Coventry and Rugby Provider Costs	£1,154,440
Lot 5 – Neurodiverse Pathways Provider Costs	£1,321,270
Total Budget	£7,877,710

Each Lot's Provider Costs are paid as 90% block contract payments, 10% payment by results (PBR) for achieving job outcomes targets.

Finance business partners have been sighted on this new grant funding and have been involved in creating the IPSPC programme budget for 23/25.

As this is newly awarded grant funding, this does not impact any previous financial profiles for the programme. For reference, a summary of previous programme funding for HLT and Post Trial services can be found in the Programme Outline attached as Appendix. A.

3B TIME IMPACT

Grant funding has enabled new programme delivery timelines, April 2023 – March 2025. The service relaunched and reopened referrals in April 2023, referral pathways will close in November 2024 and, subject to opportunity and additional funding, delivery will cease in March 2025 in line with DWP’s delivery timescales as outlined in the GFA.

IPSPC Initiative Implementation Phase	IPSPC Initiative Referral and Delivery Phase (20 months)	IPSPC Ramp Down and Closure (4 months)
n/a (not required as WMCA was already delivering IPS services until March 2023)	April 2023 – November 2024	December 2024 – March 2025

3C SCOPE IMPACT

. The IPSPC service will continue to operate using the same delivery model as the previous IPS Health Led Trial and Post-Trial Service IPS models outlined in the programme outline, with a focus on embedding the service within Health Systems and generating sustained employment and wellbeing outcomes.

The number of new programme starts targeted by each LA or CA has been limited by DWP to approx. 3500 over 2 years, which is line with targets and delivery for the last 2 years of programme. The structure of the programme’s 5 Lots and service delivery providers have been retained.

However there are slight variations in scope associated with one of the Lots’ geography as implemented by WMCA, as well as changes to eligibility criteria and outcomes as defined by DWP’s minimum expectations in the IPSPC Guidebook, are covered in the Table below:

Item	Details	Change in Scope from Previous Delivery
WMCA Expansion of Lot 4 - Coventry	Lot 4 now includes those registered to a GP in Warwickshire and Coventry	Previously limited to those registered to a GP only in Coventry
WMCA Refinement of Lot 5 – Specialist Pathways Model	Lot 5 refined to focus entirely on supporting those with a Neurodevelopmental Condition	Previously included pathways and support for those: At Risk of Homelessness, and/or At Risk of Offending, and/or Has a Mild Learning Disability. Support for these groups will instead be

		embedded in wider service's Lots 1-4.
DWP Retention Eligibility Criteria	To be eligible for IW support, participants must be working for a minimum of 6 months before signing up.	Previously there was no minimum time for eligibility on post-Trial service
DWP Retention Delivery Timeline	Support for the IW group should be limited to 4 months, but can be exceeded on a case-by-case basis	Previously this was limited to 12 months, in line with OOW support
DWP Job Outcome Minimums	Participants must be working for a minimum of 7 hours per week	Previously there was no minimum standard for an outcome to be claimed

There are no resource implications because of these variations in scope. The programme budget has been scaled accordingly, delivery specifications for Lot 4 and 5 have been adjusted, the performance framework and associated processes have been updated to manage DWP's changes to eligibility criteria, delivery timeline and outcome standards.

Although it does not impact scope of the programme, an additional key change for the programme is concerning IPSPC governance. Previously IPS was contracted through Black Country Integrated Care Board (ICB) using NHS standard contracts issued to service providers, WMCA maintained management responsibilities agreed via a Memorandum of Understanding (MOU). DWP's quarterly funding was also awarded to the ICB to then flow down to WMCA through onward awarding and to the service providers through quarterly payment in arrears. In April 2023, the ICB stood down from this relationship and WMCA has therefore developed a new approach to managing programme governance. An IPSPC Funding Agreement was signed by WMCA and DWP May 2023 to enable payment of Grant Funding to WMCA quarterly in arrears. Activity Delivery Partners have been retained and as of end of November 2023, Back-to-Back Funding Agreements have been signed by both ADPs.

This change in governance has had a minimal impact to delivery. Although the ICB previously held the contracts with service providers, WMCA was responsible for managing the programme directly with service providers through the MOU with the ICB. WMCA members of staff with experience of working on this programme and managing these processes previously have been retained to ensure these responsibilities are maintained effectively in the transition to new governance. The Back-to-Back Funding Agreements replicate the same constraints and provisions as DWP's and WMCA's Funding Agreement, and contains a full Operational Plan which mirrors the same processes included in the previous NHS contracts' service specification but includes the changes in scope listed above. With the move to WMCA issued B2B Funding Agreements, more robust claims and monitoring processes in line with WMCA expectations have been included in the Operational Plan to enable quarterly payment by results to activity delivery partners

3D DEPENDENCIES IMPACT

New dependencies have been created as a result of this grant funding. In order to enable payments quarterly in arrears based on financial profiles agreed with DWP, WMCA must ensure timely submissions of quarterly MI and spend claim returns.

New processes have been established for collation of MI using monthly performance data submitted via referral logs, reformatted into the DWP MI template. These have been completed successfully for Q1 & Q2 of the new delivery phase.

New processes have been established to enable completion of the Financial Claim form in line with WMCA's internal finance processes. Claims are approved prior to quarterly submissions by WMCA's Chief Finance Officer / Section 151 Officer and are included as an annexed update in the monthly WMCA performance and payment group meetings (DSO) once ready for onward awarding to ADPs.

DWP will pay WMCA in line with the approved DWP IPSPC profile template, approx. 6-8 weeks following submission. For any quarterly instalment period, if the actual amount requested by WMCA and to be paid by the DWP is less than the maximum amount for that period, the following instalment period will be increased with that surplus. If the amount requested exceeds the maximum amount for that period, the claim will be rejected and must be reduced accordingly.

To enable onward awarding of funds to ADPs, ADPs must also submit a Block Claim & Payment By Results (PBR) Claim to WMCA, a week prior to WMCA's submission deadline to DWP. The Block Claim will match the quarterly budget for each of the ADP's Lots and is supported by a breakdown of the staff currently working on the programme, including payroll ID and percentage of time spent working on programme. Although it is not anticipated this Block Claim will be reduced unless DWP stipulate a withholding of payment as is enabled though their Funding Agreement, the number of Employment Specialists on programme is a key delivery ADPs have signed up to in their Funding Agreement and will be monitored accordingly. The PBR claim requires a breakdown of outcomes claimed by the ADP and the evidence that has been collected to enable this. Both claim elements are reviewed quarterly and can be matched to monthly MI data submitted prior. There is an opportunity for increased audit of both these elements in the future.

3E STAKEHOLDER IMPACTS AND STRATEGY CHANGE IMPACTS

This new funding and associated change form will not impact existing approach to stakeholder engagement or health and employment strategy. It is very much a continuation of the existing approach to reduce health inequalities and generate employment outcomes for those individuals with a health condition in the region.

3F OUTPUTS, OUTCOMES AND BENEFIT IMPACTS

The Programme Outline attached as Appendix. A includes a clear breakdown of previous programme outputs and outcomes.

A robust performance framework for 23/25 has already been established and embedded with delivery providers across the 5 individual Lots. This covers a targeted number of programmes starts (OOW & IW Engagement) as agreed with DWP, with a 40% employment conversion rate across 2 years. Specific job outcome targets have been set with this

conversion rate in mind and increased to allow for additional claiming of job outcomes for service users carried over from post-Trial service, which will retrospectively increase the historic conversion rates for the post-Trial service.

Full MI for service users who joined the new service as of April 2023 is shared with DWP on a quarterly basis, in order for them to track performance and conversion rates centrally. A full KPI dashboard report is produced each month to monitor performance internally and provide insights on trends and delivery with stakeholders.

In addition to engagement and employment KPIs, additional metrics around sustainment of employment at 13 weeks, 26 weeks and health and wellbeing outcomes as a result of this sustainment, are measured across the programme. The 26-week sustainment is the only new KPI for the IPSPC service which has been stipulated by DWP and reporting processes for this are currently being tested successfully and embedded with service providers.

Health and Wellbeing outcomes are measured at the point of 13 weeks sustained employment via questionnaire. These can be used to calculate a percentage of people who, since sustaining employment:

1. Have an improved ability to manage their health condition.
2. Have reduced their original barriers to employment.
3. Are interacting with primary care services less

Programme Outputs

- Ensure that a Job Start is achieved for at least 40% of Participants.
- Ensure that a Baseline Threshold Job Outcome is achieved for at least 30% of Participants (13 Weeks Sustained Employment in a 16 Week period)
- Ensure that a Higher Threshold Job Outcome is achieved for at least 20% of Participants (26 Weeks Sustained Employment in a 32 Week Period)
- Ensure all Participants work towards securing a minimum of 7 hours work per week, with as many as possible supported to work more than 16 hours per week for a minimum of 13 weeks duration.
- Ensure Participants are being paid at least the Going Rate of Pay

A full set of the programme's primary KPIs are listed in the table below, along with targets for the next 2 years of delivery.

KPIs	2 Year Targets	Conversion Rate Targets
Out Of Work – Programme Starts	2605	N/A
In Work / Retention Programme Starts	869	N/A
Job Starts (New Employment)	1077	40% of Programme Starts
Job Retentions (Existing Employment)	493	
13 Week Employment Sustainment (OOW)	833	

13 Week Employment Sustainment (IW)	375	75% Of Employment Outcomes
26 Week Employment Sustainment (OOW)	699	65% Of Employment Outcomes
26 Week Employment Sustainment (IW)	292	

KPIs are collated through the submission of monthly referral logs created for service providers and monitored via the WMCA Thrive into Work KPI Dashboard. These processes are well established and across the lifetime of the previous programme they have successfully provided useful intelligence and insights to enable effective performance management and influence work and health strategy.

WMCA's approach to performance management is well received by DWP, and the framework established internally for the post-Trial service was shared with DWP ahead of developing the IPSPC initiative to form the baseline of DWP's new MI reporting expectations for all LAs and CAs.

Referral logs are therefore directly aligned to the DWP MI template and enable seamless quarterly returns. They also include a full set of demographic data which is analysed quarterly. This analysis provides opportunities for ongoing evaluation of the service. Tracking demographic trends against Local Insights data allows for detailed analysis of impact around reducing health inequalities and delivery of inclusive growth. Tracking of benefits data for participants will also support work on establishing cost/benefit analysis. There are opportunities to use this data to inform strategy across the ESC directorate and support other projects and programmes' approaches to MI reporting.

Programme outputs are reported monthly against the Annual Business Plan, to inform HLDs related to starts on programme and employment outcomes achieved over next phase of delivery. A quarterly deep dive is also being agreed with the ABP team, demonstrating the depth of insight the programme can provide to inform work across WMCA.

3G RISK IMPACT

(UNCERTAIN EVENT(S) THAT SHOULD THEY OCCUR WILL HAVE AN EFFECT ON THE ACHIEVEMENT OF OBJECTIVES)

The full risk register is attached as Appendix B. A summary of the current risks included on this register, are below:

1. Significant Changes In Programme Team Structure
 - Risk: WMCA programme team underwent restructuring during pivotal period of service delivery
 - Mitigation: Experienced staff have been maintained in key roles to ensure smooth transition into new structure. Recruitment for a Delivery Manager and Assistant Delivery Manager is rapidly underway. Support and oversight has been provided by senior leads.

2. IPSPC Budget Not Aligned to DWP Budget Profile

- Risk: There is a slight discrepancy of circa £54k between DWP's profile and WMCA's budget, this leads to a potential surplus at end of programme. Furthermore, as of November 2023 DWP have issued guidance to suggest a surplus cannot be carried from one financial year into the next.
- Mitigation: Work is underway to forecast expected year 1 surplus and explore opportunities to ensure this can be drawn down from DWP. These include potentially pushing back on latest guidance, which contradicts terminology used in the Funding Agreement; submitting a budget reprofile to DWP ahead of Q4 April 2024; submitting a claim for the surplus under 'committed costs' in Q4's spend claim.

3. Change in Governance / Contracting Approach from ICB NHS contracts.

- Risk: ICB has stood down from governance requiring WMCA to now directly contract services with Activity Delivery Partners through the form of Back-to-Back Funding Agreements.
- Mitigation: Funding Agreements have now been fully agreed and countersigned by both ADPs, associated payment processes have been implemented successfully for Q1 and Q2.

3H ISSUE IMPACT

(EVENT(S) THAT HAVE OCCURRED WHICH WERE NOT PLANNED AND REQUIRE MANAGEMENT ACTION)

There are no new or previous issues related to this change request.

3I PROCUREMENT IMPACT

This change request does not impact existing procurement strategy. Service delivery providers were retained for new IPSPC delivery phase and have been delivering IPSPC as of April 2023 through the provision of a Heads of Agreement. Back to Back Funding Agreements have now been countersigned by both Activity Delivery Partners as of end of November 2023.

4 GOVERNANCE AND DECISION – INTERNAL USE ONLY

TO BE COMPLETED BY WMCA PROGRAMME ASSURANCE AND APPRAISAL / FINANCE BP

4A APPRAISAL RECOMMENDATION

Change Reference Number:	
Has this change been reviewed by WMCA Appraisal?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Appraisal Recommendation:
<i>State if you recommend the decision-maker/s to approve, reject or defer this approval and why</i>

4B STAKEHOLDER INVOLVEMENT

WMCA Finance Business Partner Name:	Phil Cole
<p>There is a budget in place in line with the funding and onward award contracts have been entered with our two delivery partners.</p> <p>Note there are two risks which are linked, firstly, a surplus at the end of the programme and secondly a potential budget gap in the programme. Work is currently on-going internally and with DWP to ensure there is no requirement for additional funding above existing approved budgets.</p>	
WMCA Legal Representative Name:	Peter Geach
<p>Observations and Legal Statement:</p> <p>The changes to timescales and project funding allocations being requested through the Change Request, which is recommending be approved, will require new Contractual Arrangements in part driven by any changes in central government funding agreements which will need to be reviewed. Our back to back agreements will need to be supported by revised Project Delivery Plans (PDPs) reflecting any revised outcomes. Our back to back agreements with our delivery partners will need to be drafted and executed, and will capture the revised funding arrangements and timescales.</p>	
Other (i.e., HR/ Health and Safety): If external to WMCA, state any other WMCA stakeholders who have input or had oversight of this change?	
Observations and Comments:	

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4C DECISION AND GOVERNANCE

G O V E R N A N C E	Approval Body	Date of Meeting
	Executive Director (state if Delegated Authority or SRO)	
	Statutory Officer Approval	
	Investment Panel	
	Investment Board	
	WMCA Board	

D E C I S I O N	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Deferred <input type="checkbox"/>
	Decision Maker and Comments:		
	Date of Decision:		
	If rejected, what was the reason for this?		
	If deferred, what was the reason and what are the next steps?		