

WorkWell South Cumbria Participant information sheet

WorkWell is designed to support people with a health condition stay in employment or return to / start employment.

Joining the programme is entirely up to you, but before you decide we would like you to understand what taking part will involve.

What is WorkWell?

The aim of WorkWell is to support people with a health condition to start, stay or succeed in work. WorkWell can offer a range of support, and may include:

- A personal assessment of your needs to understand what support might work best for your circumstances.
- Personalised, goal-based plans to address your physical, mental wellbeing, and social needs to help you return to and/or thrive in work.
- Access and referral to local and community-based work and health support services
- Support for employers to understand your needs and advice on how to provide workplace adjustments that support you (employers will only be contacted with your permission).

Our team of **WorkWell** Coaches will offer individualised support for approx.12 weeks.

In addition to the above, through the WorkWell service individuals will also be able to access programmes at local Local leisure centres for Escape Pain Support, Behaviour/ Lifestyle change support and access to funded exercises classes tailored to their needs. This is aimed to support people in post-operation recovery, pain management etc.

They will also be able to access the MIND Guided Self-help service for funded courses on:

- Anxiety
- Stress
- Loss / Grief
- Menopause
- Depression
- Low Self Esteem
- Managing Anger
- Loneliness

The **WorkWell** service has a triage function to ensure the service will work for you. In general, where your needs or requirements go beyond what can be offered by the **WorkWell** Service, we will connect you to whatever other local service you need.

Am I eligible to take part in WorkWell?

To be eligible you will be either:

- out-of-work and need health-related support to return to work or
- employed and either absent through sickness or struggling in the workplace due to a health condition.

You must also meet the following criteria:

- Your home address OR the address of your GP falls within the WorkWell Service (Lancashire and South Cumbria ICB footprint).
- You are over 18.
- You have the right to work in the UK.
- Your WorkWell Service believes you have a health-related barrier to work that can be met by the service.

How can I access the WorkWell service?

Cumbria Health are delivering this service on behalf of Lancashire and South Cumbria ICB.

Referrals will be accepted from Individuals, Employers, Employability Services, GPs and other Healthcare Services, Integrated Care Community (ICC) and Voluntary Sector Organisations/Partners.

For referral information please email: WorkWell@cumbriahealth.nhs.uk

You can self-refer by completing the referral form either by clicking the link below or scanning the QR code below:

WorkWell

Alternatively, please click on the link: [Referral : Welcome](#)

How much does accessing the WorkWell service cost?

WorkWell is a grant funded service provided by the Department for Work and Pensions (DWP), as such access is fully funded through the NHS via the Lancashire and South Cumbria Integrated Care Board working in partnership with the Department for Work and Pensions (DWP).

What information will be collected about me, and who will it be shared with?

This is a pilot programme to assess the benefit of targeted support for health conditions and disabilities in relation to employment, as such research is an important part of this pilot and certain data is required to support that research.

If you take part in **WorkWell**, Cumbria Health will collate your information on behalf of Lancashire and South Cumbria ICB. This includes things like your name, address, telephone number, email address, and National Insurance Number as well as information on your employment and health situation and whether you claim any benefits. As a requirement of the grant funding, we will pass this information to the DWP.

DWP will use your information to confirm that you are eligible to take part in WorkWell, and to gather information from your records such as benefit, earnings and employment information. This information, along with information you tell us about your health, will only be used for the research purposes and nothing else – if you claim benefits, **your right to claim benefits will not be affected**.

DWP will also share your information with IFF Research who are evaluating **WorkWell** on their behalf. IFF Research will use this information to contact you to tell you more about the evaluation process, and to invite you to take part in a survey and interview. They will explain what taking part in the evaluation will involve when they contact you, and you will have a chance to ask questions. **Taking part in the survey and interview is completely voluntary.**

Once the evaluation has been completed and your personal information is no longer needed, it will be securely deleted.

The findings of the **WorkWell** evaluation will be published. However, evaluation findings will be anonymised and because your personal information will be deleted, it will not be possible to identify you in the findings.

How will my information be protected?

Lancashire and South Cumbria Integrated Care Board (ICB) will be the Data Controller for the WorkWell service. DWP will be the Data Controller for the evaluation. This means that Lancashire and South Cumbria ICB and DWP will make sure that your personal information is kept safe and is handled in line with the Data Protection Act and the UK General Data Protection Regulation. You can find out more about how the Controllers use and protect information at:

- Integrated Care Board:
<https://www.lancashireandsouthcumbria.icb.nhs.uk/privacynotice>
- DWP: www.gov.uk/government/organisations/department-for-work-pensions/about/personal-information-charter

What if I don't want to take part anymore?

WorkWell is completely voluntary, and you can stop taking part at any time without giving a reason. If you do stop taking part, you won't be asked to provide any more information, but we will still use the information you have already provided to help with evaluation.

Your rights

- You do not have to take part in the programme – it is voluntary and entirely up to you.
- Your right to claim benefits will not be affected whether you choose to take part or not.
- If you agree to take part but change your mind at a later stage, you have the right to withdraw and you don't have to give a reason as to why.
- You have the right to see any of the personal information that is stored about you. Cumbria Health can give you a form to fill out to request to see this information. You can make this request by emailing WorkWell@cumbriahealth.nhs.uk
- You can request that your personal information be amended if it is inaccurate or incomplete.
- You have the right to report any concern about how your information is handled to the Programme Data Controllers by emailing:
 - Lancashire and South Cumbria ICB; and
 - The DWP Data Protection Officer, Dominic Hartley
data.protectionofficer@dwp.gov.uk.
- You can also report any concerns to the Information Commissioner's Office (ICO). Details can be found at www.ico.org.uk, or you can ring 0303 123 1113.

Agreement to take part:

If you decide that you want to take part in WorkWell, you will be asked to sign a declaration to confirm that you agree to take part. To summarise, if you agree to take part:

- Your personal information will be used to provide WorkWell support to you.
- Lancashire and South Cumbria ICB will send your personal information to DWP.
- DWP will use your information to confirm that you are eligible to take part in WorkWell.
- DWP will gather information from your records for example, information about benefits, earnings, and employment. This information will be used for research purposes and nothing else.
- Your personal information will be shared with IFF Research who will be evaluating WorkWell. IFF will contact you and invite you to take part in the evaluation.
- Once the evaluation is completed and your personal information is no longer needed, it will be securely deleted.
- The findings of the evaluation will be published but will not include your name or anything else that can be used to identify you.

Participation agreement

WorkWell participation form:

Please circle.

1. I have read and understood the WorkWell Participant Information Sheet.	Yes / No
2. I have had a chance to think about the information in the WorkWell Participant Information Sheet, ask questions and have had these answered well.	Yes/ No
3. I understand that my participation is voluntary and that I am free to withdraw at any time. I know that my right to claim benefits will not be affected.	Yes / No
4. I understand that my personal information will be shared with DWP.	Yes / No
5. I understand that my personal information will be shared with IFF Research.	Yes / No
6. I understand that the information collected about me for this programme will be kept confidential and used solely for service delivery and research purposes.	Yes / No
7. I understand that I can see any of my personal information that is being stored about me.	Yes / No
8. I understand that once the evaluation is completed and my personal information is no longer needed, it will be securely deleted.	Yes / No
9. I understand that the findings of the evaluation will be published and will not contain my name or any information that can be used to identify me.	Yes / No
10. I understand that if I withdraw from the programme, my information will continue to be used for research and analysis only.	Yes / No

If you have circled 'Yes' to all the above statements, then please proceed to the statements below.

I agree to take part in WorkWell	Yes / No
I understand that my information will be shared, used, and linked as set out above	Yes / No

If you cannot sign the form yourself, you can ask someone else (an advocate) to sign it for you. The advocate should be:

1. Someone you are happy to sign the form for you.
2. Aged over 16.

Name of participant.....

Date.....

Signature.....

Signature of person administering the agreement process:

.....

If you sign below, you are confirming that the participant has understood the verbal explanation of the programme participation.

Name of advocate (if required).....

Signature of advocate (if required)

One copy should be retained by the participant, and one by the Lancashire and South Cumbria Integrated Care Board.