Cheshire and Merseyside
Health and Care Partnership

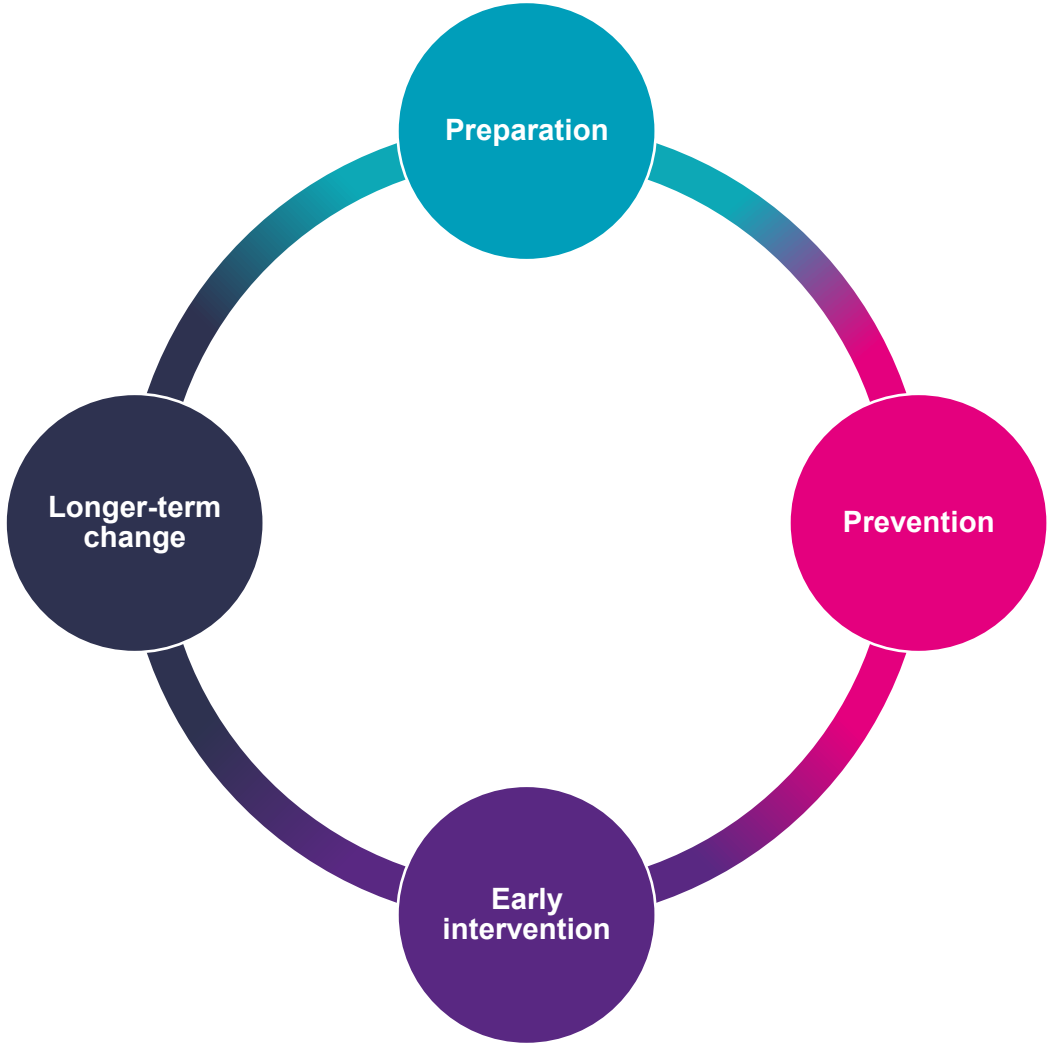
Cheshire and Merseyside

Roadmap for Change

Health and Work Strategy Project

The Health and Work Strategy is underpinned by four key pillars

- **Preparation** to support people with the holistic health, wellbeing and skills support to enter employment.
- **Prevention** to ensure the 1.1 million people who are employed can sustain employment.
- **Early Intervention** to ensure the 11.5k people who are signed off on temporary sickness absence annually can re-integrate into the workforce effectively.
- **Longer-term change** to support the 45k people unemployed and 97k people economically inactive due to health barriers, to live independent and fulfilled lives.



***See Appendix 2 for a detailed Roadmap to Change**

[1] ONS Annual Population Survey
[2] NHS England – Fit note data
[3] ONS Annual Population Survey
[4] NHS England – Fit note data

Why it matters: Outcomes for work and health are intrinsically interlinked, and must be treated holistically

There were 10,000 people with sickness absence in Cheshire and Merseyside in December 2024, and nearly 100,000 people are economically inactive due to poor health.

Actively employed (1.1 million)

In December 2024, there were 1.534 million people of working age (age 16-64) across the region. 74% of these were in paid employment.[1]

Sickness absence (11,500)

Around 3.3% of people were absent from work due to temporary sickness in December 2024 —a rise from 6,800 in December 2004.[2]

Unemployed (45,000)

The unemployment rate in Cheshire and Merseyside is 3.8%, slightly below the Great Britain average of 3.9%.[3]

Inactive – Sick* (97,000)

Fit note data shows that a combined 7% of people are off work with long-term and temporary sickness across Cheshire and Merseyside, compared with 5.1% nationally.[4]

*A further 352,100 people were economically inactive across the region without any known sickness.

To prevent worklessness, Cheshire and Merseyside should focus on widening access to skills and education

Rationale	Strategy	Outcomes Measure	Ideas	Corporate Alignment
Education and skills levels widen disparities (71% of working-age people with work-limiting health conditions who have degrees are in employment in the UK, compared with 40% without degrees)	Improve **access to education pathway**s for people with work-limiting health barriers, e.g. through wrap-around support, better financing models Improve **quality of skills provision** to better match employer demand in the region	Lower rates of young people not in education, skills or training (NEET) Increased adult numeracy and literacy rates Reduced vacancies in businesses; improvements in average income for residents	•Mapping of adult education and transition pathways to better understand barriers to education and skills for people with health conditions •Development of bespoke skills programmes, with smart financing options and an IPS-style model of wrap-around support for priority cohorts. •Specialist programme for over-50s looking to get back into work (taking from the Support to Succeed model in Greater Manchester)	Health and Care Partnership objective around 'supporting broader economic development' Build on good practice already emerging in Crewe – supporting young people suffering from mental health issues in order to prevent unemployment

Case Study from Crewe: multi-agency action to reduce drop out rates and improve well-being

Overall objective: A pilot to test and learn from a more collaborative multi-agency approach designed to reduce drop out rates as young people transition from school to college. A key focus is to improve resilience and mental health.

The size of the challenge: Approximately 800 students annually drop out of Further Education (FE) in Cheshire & Warrington before completing their studies and the transition from secondary school to FE has been identified as the period with the highest dropout risk. Approximately 8,000 young people aged 18-24 are currently claiming Universal Credit across Cheshire and Warrington. Many have mental health challenges.

Background: In 2024, the three local authorities in Cheshire and Warrington, in partnership with the Careers Hub, worked together to develop a sub-regional approach to identify and support young people at risk of becoming NEET (not in education, employment, or training). This included establishing data sharing agreements between the local authorities and local schools which are now being extended between schools and colleges. In parallel the Jobcentres set up Youth Task Forces with key partners in each local authority area. They surveyed young people who are claiming benefits in Cheshire and Warrington to better understand the reasons for not being in education, employment or training. Key reasons included lack of awareness of support available as they transition to college, insufficient tailored support, lack of resilience and poor mental health. They also reported the challenges of needing work experience to develop employability skills before applying for jobs.

Crewe Work and Health Pilot: The pilot builds on the partnership working described above. It uses a data-informed approach that brings together an extended network of partners including, health services, the Department for Work and Pensions (DWP), schools, colleges, and the voluntary sector. This collaboration aims to reduce drop out rates and mitigate the long-term impact on young people's mental health. The first phase involves a comprehensive analysis of data to identify at-risk young people, building the capacity of colleges to support those at highest risk of dropping out and multi-agency collaboration to support these young people including mentoring and flexible learning.

The Health and Work Partnership should support preventive employer strategies in at-risk sectors

Rationale	Strategy	Outcomes Measure	Ideas	Corporate Alignment
A high percentage of employees in Merseyside and Cheshire working in sectors higher rates of health-related worklessness (nearly 40%), including in health and care	Support employers to implement a **preventive approach to health-related absences** Aim to give businesses the **right incentives**, information and tools to adapt roles, improve job design and strengthen workforce management and awareness of best practice	Improved workforce retention Improved workforce wellbeing Reduced numbers of fit notes and health-related absences	•Stronger incentives for employers to take a preventative approach to ill health, with cross-sector sharing of what works •Timely access to vocational rehabilitation and financial support within anchor institutions, along with opportunities for work placements and retraining. •Stronger assurances that individuals can revert to their original benefits if work placements do not succeed. Support for employers to offer appropriate and sustainable work opportunities.	Cheshire and Merseyside Health and Care Partnership and ICB Joint Forward Plan aim to work collectively together to deliver better working conditions and upskilling/reskilling opportunities

The Health and Work Partnership should support employers in at-risk sectors, such as the NHS

Extract from the Health Foundation *Action for Healthier Working Lives* report

Workforce health in the NHS

As the UK's largest employer, the NHS also faces some of the most pressing workforce health issues and would have a large prize from improving workforce health. A recent report found that poor mental health – connected to presenteeism, absence and turnover – cost the NHS an estimated £12bn in 2022, and that stronger mental health support could help save up to £1bn a year.[61] Case studies from leading NHS trusts show that investing in high-quality occupational health and wellbeing can deliver clear returns on investment, strengthening the case for wider action.[62]

Early Intervention – co-location of health and employment navigators within primary care

Rationale	Strategy	Outcomes Measure	Ideas	Corporate Alignment
Without timely support – ideally within the first 4 weeks of absence – workers with health challenges face a much higher risk of long-term absence and permanent detachment from the workforce [Health Foundation Research, March 2025)	Improve **access to support for people with** work-limiting health barriers within healthcare services Improve **quality of employment support provision** to better match employer demand in the region	Lower rates of sickness absence resulting in long-term sickness Lower rates of economic inactivity Improved wellbeing for people with employment support	•Co-locate health and employment navigators in primary care networks in deprived neighbourhoods •Build local caseworker models, ensuring culturally appropriate support for minoritised communities •Train employers and line managers via Chambers of Commerce and CIPD North West in effective return-to-work planning	NHS Cheshire and Merseyside submitted the Employment Advisors in MSK bid

Case Study: Work coaches in GP surgeries

Background:

- In 2019–2022, the Department for Work and Pensions (DWP) piloted the embedding of Work Coaches (WCs) and Disability Employment Advisors (DEAs) in GP practices. The goal was to provide targeted, employment-related advice to patients experiencing health-related barriers to work, in a trusted health setting.

What was done:

- Work Coaches and DEAs were physically co-located in GP surgeries across 21 sites in England, Scotland and Wales.
- GPs referred patients who were out of work, at risk of leaving employment, or experiencing mental health-related challenges. Work Coaches provided tailored employment advice, confidence-building, and support accessing training or work-related opportunities.
- This work continues across DWP Cheshire with Jobcentre Disability Employment Advisers spending time in a number of GP surgeries and providing complimentary support. In addition, DWP Partnership Managers are forging links with Social Prescribers to ensure there is a consistent knowledge of the DWP Offer to patients and help engage with economically inactive people.

What Worked Well

- **Increased Patient Engagement**: Patients were more likely to engage with employment support when introduced by a trusted GP and in a familiar, non-stigmatising setting.
- **Holistic Care**: GPs could offer more than clinical advice - patients received help with financial and work-related stressors that were impacting their health.
- **Better Collaboration**: Regular contact between Work Coaches and GP staff enabled quicker referrals, case discussions, and joint problem-solving.

Case Studies from abroad: Employee retention

The Netherlands requires employers to act early in supporting employees on sick leave, with structured return-to-work plans developed in collaboration with occupational health professionals.

Impact: Lower long-term sickness absence; and higher employer accountability and job retention.

Norway has a national partnership between the government, employers, and unions whereby employers proactively stay in contact with absent workers, and the Norwegian goverment offers support.

Impact: Decreased sick leave duration; and greater re-integration of people with long-term health conditions.

Denmark uses local authority caseworkers to deliver early, tailored support to people at risk of long-term worklessness due to health problems. The caseworker coordinates medical, social, and employment interventions.

Impact: More equitable and rehabilitative-focused assessments. Reduced dependency on long-term incapacity benefits.

Sweden assigns case workers to everyone who is long-term sick. Progress is monitored thoroughly, and people only move onto long-term out-of-work benefits if, after a year, there is little progress/rehabilitation options.

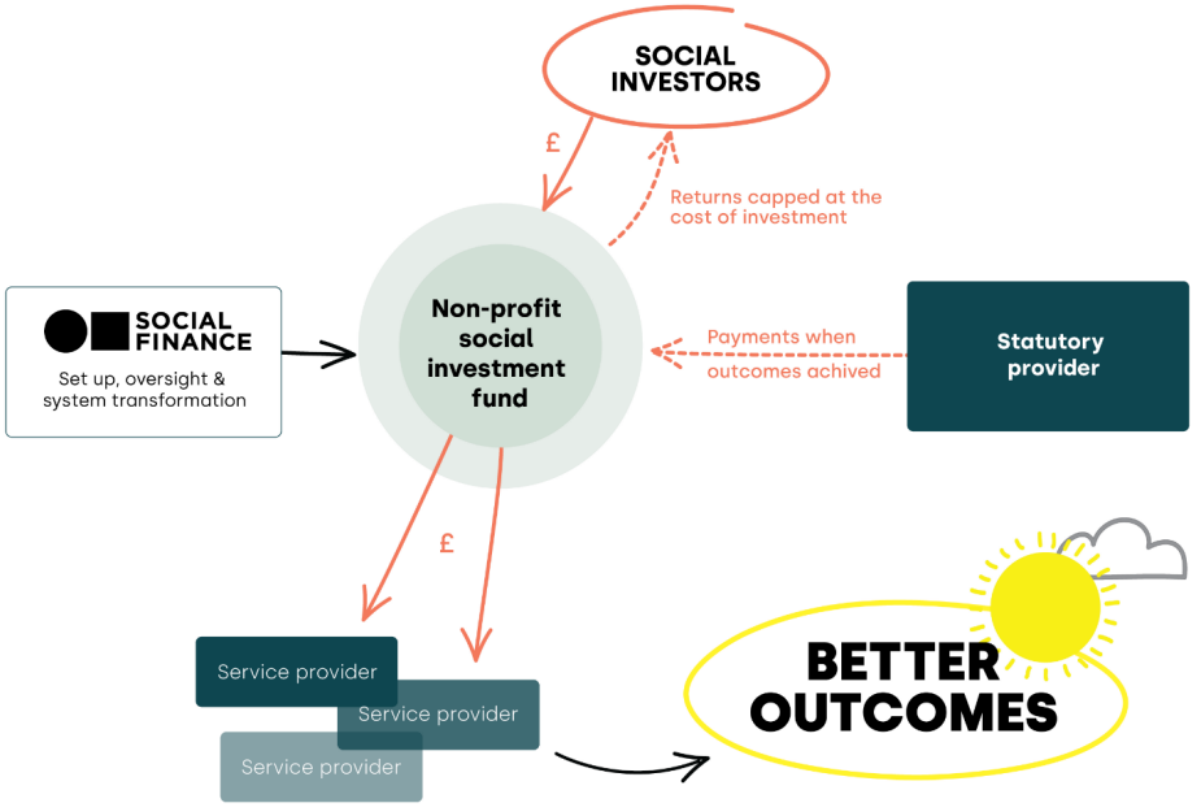
Impact: Reduced sickness durations and more efficient use of resources. Improved coordination across health and employment services.

Longer-term change needed to support improved service and system integration

Rationale	Strategy	Outcomes Measure	Ideas	Corporate Alignment
Under-investment in VCSEs Longer-term issues with the economy Lack of integrated data	**Single front-door** for people experiencing health-related barriers to employment to access support and opportunities	Disability employment gap Number of residents with complex needs who return to good-work Improved system information about the challenges	•Create a new community covenant to rebalance relationship and commissioning to VCFSE; this could be developed by a Cheshire and Merseyside *Work and Health Innovation Fund* to invest in grassroots models supporting people with multiple, complex needs back into meaningful work •Support and mandate local anchor institutions to report on employment practices for people with long-term conditions or disabilities •Develop an integrated data dashboard to monitor local health and employment inequalities	Health and Work Partnership forming

Case Study: non-profit social investment fund model

- In 2015, Social Finance launched the Care and Wellbeing Fund enabled by Macmillan Cancer Support and Better Society Capital.
- This was the first fund to use social investment in health and social care and its success led to the creation of the Macmillan End-of-Life Care Fund in 2019, which improves patient outcomes through allowing those in the last year of life to spend on average 11 extra days at home, rather than in hospital.
- This type of non-profit social investment is increasingly being used to catalyse service transformation in the NHS, and it's anticipated that the model will be included in the 10-Year Health Plan.
- Unlike a traditional SIB, investors do not have to make a profit. The statutory provider or outcomes payer, makes payments based on the value achieved by the service provider, with the investor (for example Macmillan Cancer Support) absorbing the financial risk of innovation.
- Most importantly payments are capped at the cost of the service, meaning any surplus can be re-invested back into the system. Under the fund, for each £1 contributed by a statutory provider, £5 was leveraged through social investment.



Changes needed to help improve outcomes for women

Rationale	Strategy	Outcomes Measure	Ideas	Corporate Alignment
Women living in the most deprived areas of Cheshire and Merseyside live on average 9.5 years less than those in the least deprived. Chronic conditions become worse and common for women, and many women from Black and minoritised communities are overlooked for endocrine, fibroids and poor maternity outcomes meaning women do not return to work	Cheshire and Merseyside is the best place to live and be healthy for women	Improved female health and employment outcomes Reduced number of women with co-morbidity leaving the workplace	•Deeper research into the problems faced by women leaving the workplace •Model to support women with long-term conditions / co-morbidity or those with pre-conception and post-conception and endocrine condition	Cheshire and Merseyside women's health strategy is due for renewal in 2026

Summary of recommendations

Pillar	Key Recommendations	Ideas
Preparation	• Improve **access to education pathway**s for people with work-limiting health barriers, e.g. through wrap-around support, better financing models. • Improve **quality of skills provision** to better match employer demand in the region.	**A)** Mapping of adult education and transition pathways to better understand barriers to education and skills for people with health conditions. **B)** Development of bespoke skills programmes, with smart financing options and an IPS-style model of wrap-around support for priority cohorts. **C)** Specialist programme for over-50s looking to get back into work (taking from the Support to Succeed model in Greater Manchester).
Prevention	• The health and work partnership should support employers in at-risk sectors, such as the NHS. • Aim to give businesses the **right incentives**, information and tools to adapt roles, improve job design and strengthen workforce management and awareness of best practice.	**A)** Stronger incentives for employers to take a preventative approach to ill health, with cross-sector sharing of what works. **B)** Timely access to vocational rehabilitation and financial support within key anchor institutions, along with opportunities for work placements and retraining. **C)** Stronger assurances that individuals can revert to their original benefits if work placements do not succeed. Support for employers to offer appropriate and sustainable work opportunities.
Early intervention	• Improve **access to support for people with** work-limiting health barriers within healthcare services. • Improve **quality of employment support provision** to better match employer demand.	**A)** Co-locate health and employment navigators in primary care networks in deprived neighbourhoods. **B** Build local caseworker models, ensuring culturally appropriate support for minoritised communities. **C)** Train employers and line managers via Chambers of Commerce and CIPD North West in effective return-to-work planning.
Longer-term change	• **Single front-door** for people experiencing health-related barriers to employment to access support and opportunities. • Cheshire and Merseyside is the **best place to live and be healthy for women.**	**A)** Create a new community covenant to rebalance relationship and commissioning to VCFSE. **B)** Support and mandate local anchor institutions to report on employment practices for people with long-term conditions or disabilities. **C)** Develop an integrated data dashboard to monitor local health and employment inequalities. **D)** Deeper research into the problems faced by women leaving the workplace. **E)** Model to support women with long-term conditions / co-morbidity or those with pre-conception and post-conception and endocrine condition.