



Cheshire and
Merseyside
Health and Care Partnership



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All Together in Health and Work – An integrated pathway to better outcomes in Cheshire & Merseyside

July 2025

Commissioned by Cheshire and Merseyside ICB and delivered by
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Towards a fairer future: Building an integrated approach to work and health

Aims of the work:

The aim of this work is to initiate and support the mobilisation of service integration on work and health across the Cheshire and Merseyside ICS area to increase workforce participation for disabled people and people with health conditions who face health and social barriers to work. This complements the 4th aim of ICSs, *to help the NHS support broader social and economic development*.

Social Finance and PPL have worked in partnership with Cheshire and Merseyside over the last four months to develop an integrated health and work strategy, and develop a Health and Work Partnership to oversee implementation of the strategy.

Principles of the work:

- **Prevention focused** – Early intervention to reduce health-related job loss and job-related health conditions.
- **Equity in access and outcomes** – Target support to the groups that are in most need of support.
- **Integration** – Deliver seamless, person-centred services across sectors.



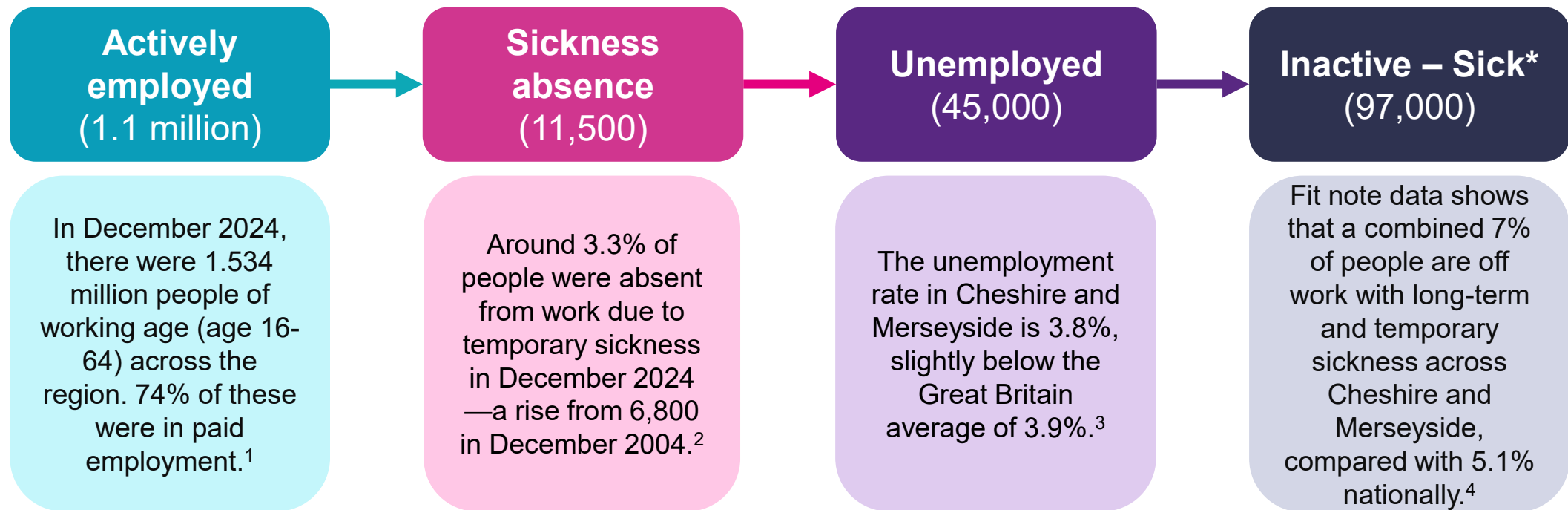
In 2022, the All Together Fairer (ATF) report outlined how public, private, and third sector bodies could address health inequalities through actions at both Place and regional levels, focusing on social determinants of health, including employment.

Each local area has its own approach to tackling unemployment and health inequality, supported by a wider ICS-level programme on work and health. An opportunity exists for more alignment and resource and knowledge sharing between local areas and health across the ICS region.

This piece of work supports our delivery against the Marmot indicator on employment and the Cheshire and Merseyside priority of addressing child and family poverty. It underpins our work with employers and system partners, supporting them to create environments that support our population to start, stay and succeed in work.

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

There were over 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.

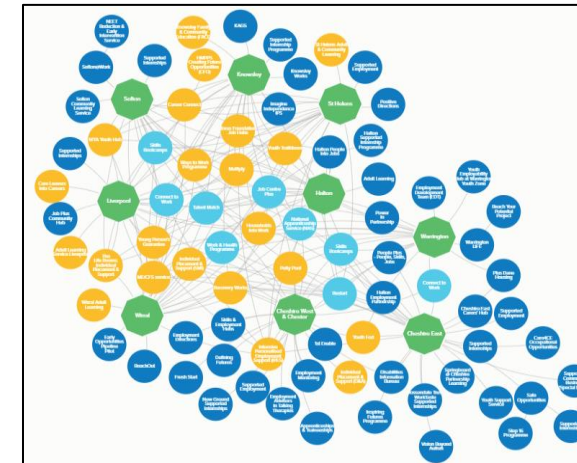


*A further 352,100 people were economically inactive across the region without any known sickness.

A broad range of services already exist in the region, but system partners must strengthen how they work together to ensure that we reach those with complex needs

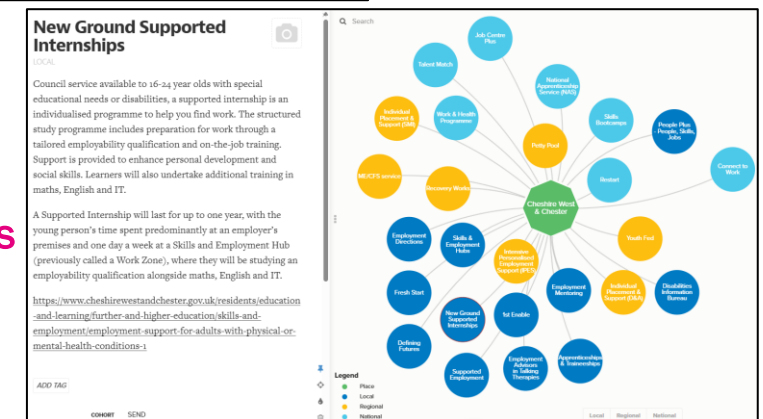
Summary of service mapping findings:

- **Service gaps and challenges with reaching people:** High-needs cohorts are falling through gaps in employment provision across the region. The depth of service provision is often not the issue here—greater challenges persist around better engaging people with health-related barriers to work at the right time and place.
- **Strategic commissioning:** Funding for employment programmes at regional and national levels is competitive, short-term and highly complex. Cohesive employment and skills provision would benefit from a more unified and simplified approach to funding and commissioning, supported by a robust needs analysis and a greater focus on outcomes.
- **Role of anchor institutions:** Anchor institutions have a key role to play in shaping health-promoting employment, but more could be done to scale examples of good practice and learning of what works at a regional level (e.g. Early Opportunities Pipeline in Wirral).
- **Greater support for employers:** Employers need additional incentives and support if they are to become partners in the system. Without this, they will struggle to create and maintain supportive roles for people with complex barriers to work in the current economic conditions.
- **VCFSE sector as a key enabler:** The VCFSE sector must be a key strategic partner across employment and health due to its ability to engage underserved communities. Partnerships with the VCFSE sector should be founded on commitments to sustainable funding and ensuring their voice is present in regional strategy decisions.



Health and Work service map: Region view

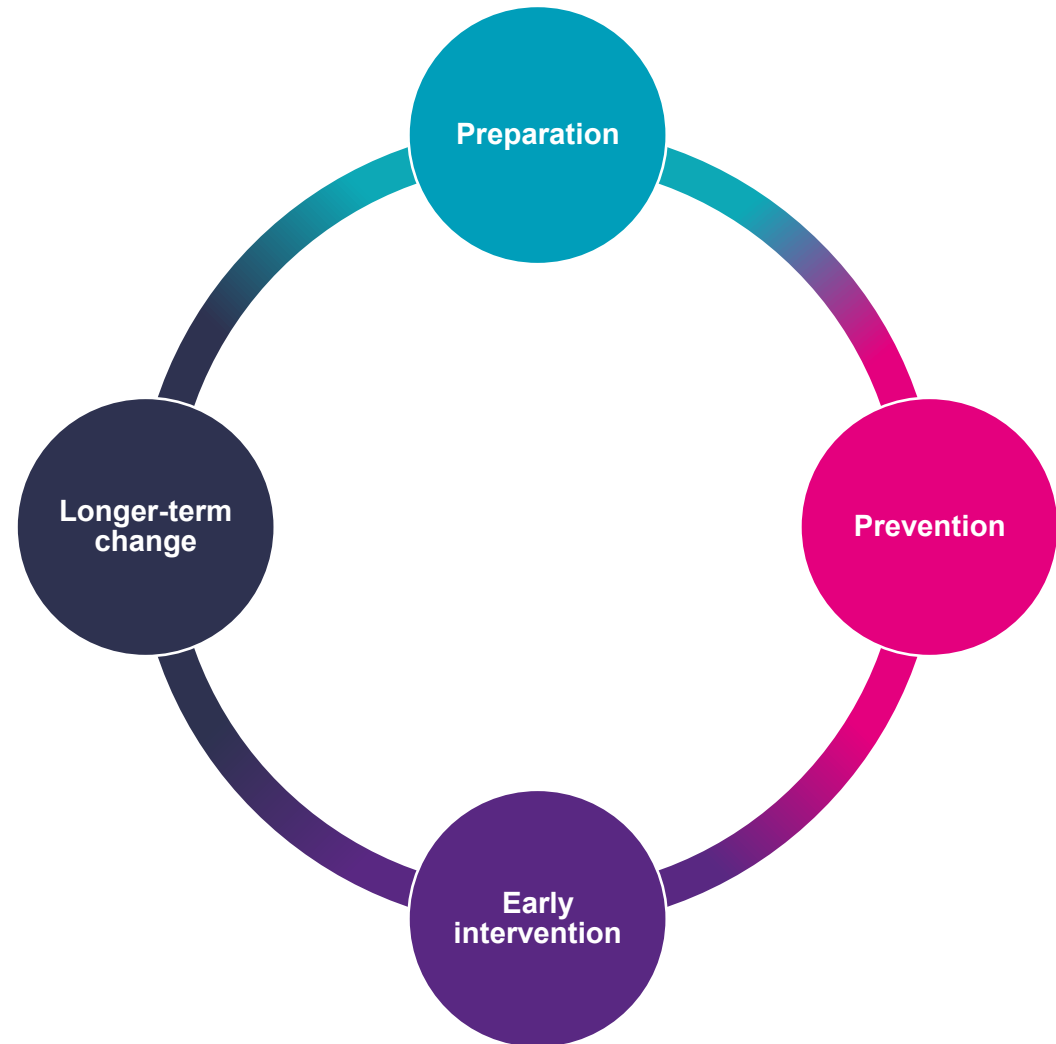
Health and work services map: Local view



Extracts from interactive Service/System Mapping

The Health and Work Strategy is underpinned by four key pillars

- **Preparation** to support young people and others not in employment, 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.



Making it real: How to drive better health and work outcomes

Pillar	Key recommendations	Example ideas
Preparation	To prevent young people from becoming unemployed: • Improve access to education pathways for people with work-limiting health barriers such as young people with mental health barriers (e.g. through wrap-around support, better financing models). • Improve quality of skills provision to better match employer demand in the region.	• 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.
Prevention	To improve retention: • 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.	• 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 key anchor institutions, along with opportunities for work placements and retraining.
Early intervention	To reduce economic inactivity: • 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.	• Co-locate health and employment navigators in Primary Care networks in deprived neighbourhoods. • Build local caseworker models, ensuring culturally appropriate support for minoritised communities.
Longer-term change	To improve equity: • Create a single front-door for people experiencing health-related barriers to employment to access support and opportunities. • Make Cheshire and Merseyside an excellent place to live and be healthy for women.	• Create a new community covenant to rebalance relationship and commissioning to VCFSE. • Support and mandate local anchor institutions to report on employment practices for people with long-term conditions or disabilities. • Model to support women with long-term conditions/co-morbidity or those with pre-conception and post-conception and endocrine condition.

Shaping a system-wide vision for health and work

This consultation employed a comprehensive, system-wide approach to shape an Integrated Health and Work Strategy for Cheshire and Merseyside. It lays the foundations for a joined-up, place-sensitive approach to improving employment outcomes for people with health-related barriers to work.



1. Stakeholder engagement

Engaged over **60 stakeholders** across the region, including health, local government, DWP, and VCFSE representatives, building on existing partnerships and ensuring wide input.

*See [Appendix 4](#) for a list of 27 stakeholders interviewed



2. Service mapping

Mapped **existing services and governance structures** to understand current activity, identify **integration opportunities**, and **highlight gaps** across the system.

*See [Appendix 1](#) for detailed service mapping findings



3. Data analysis

Analysed local data on economic inactivity, health conditions, and service access **using CIPHA and stakeholder insight** to inform a clear, targeted forward vision.

*See [Appendix 3](#) for further data analysis on the state of health and work in the region



4. Partnership building

Convened initial ICS-wide Health and Work Partnership sessions across the region, including over **35 representatives** from health, local government, DWP, and VCFSE representatives.

Co-developed a strategic framework and delivery plan anchored in prevention, equity, and integration, aligned to ICS population health priorities.

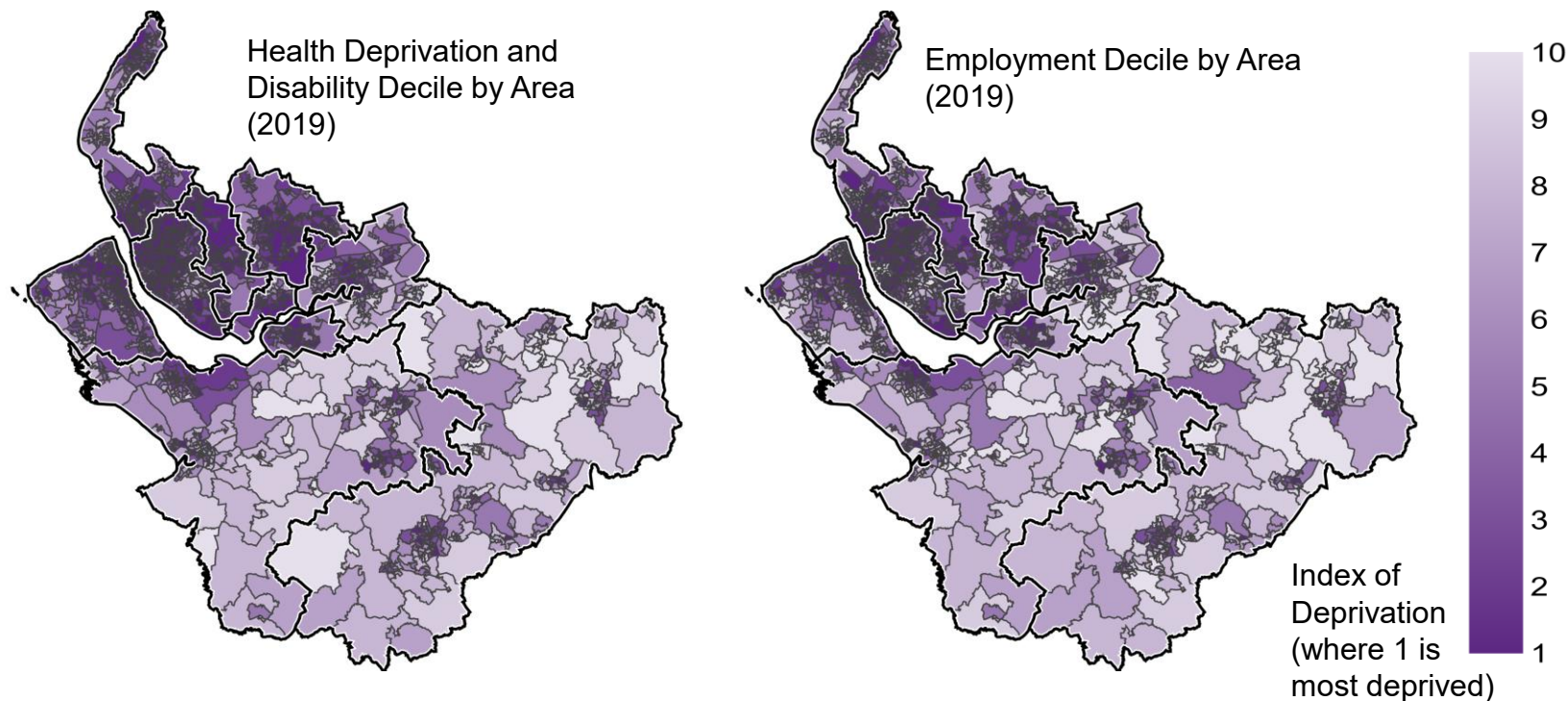
*See [Appendix 2](#) for a full list of recommendations against the strategy framework

Health deprivation is prevalent across Cheshire and Merseyside, with significant geographic overlap with employment rates

Life expectancy in the region's most deprived areas are 12 years fewer than in its least deprived areas. High rates of health inequality also exist within local authorities themselves – in Wirral, there is a difference in average life expectancy of nearly 12 years between the wards of Birkenhead & Tranmere and West Kirby & Thurstaston.¹

A third of the population in Cheshire and Merseyside live in the most deprived 20% of neighbourhoods in England. The region's average Index of Multiple Deprivation (IMD) score is 28.6, significantly higher than the national average of 19.6,² contributing to high rates of health inequality.

Considerable geographic overlap are observed between rates of health and economic deprivation, with areas of high health deprivation corresponding with areas of low employment. The interlinked nature of these indicators provides a compelling rationale for greater cross-sector alignment between health and employment partners.



Despite the broad range of services, several cohorts are falling through gaps in provision



Several disadvantaged groups need greater support in accessing employment and developing the skills needed to secure work that promotes positive health outcomes. While some are already experiencing poor health, many are understood to be at heightened risk of developing physical and mental health conditions due to their exposure to multiple disadvantages across the social determinants of health.

Several underserved cohorts are falling through gaps in current employment and skills provision:

- Children and young people with mental health conditions
- Carers who are 'economically inactive'
- Young people with experience of the care system
- People with experience of the criminal justice system
- Refugees and asylum seekers
- Over 50s with skills gaps
- Adults experiencing social isolation
- Women facing barriers to employment

The Health and Work Partnership should **develop a strategic approach to engaging with these groups**. See Appendix 2 for examples of potential engagement methods and tailored support interventions that promote improved health and employment outcomes.

- While local authority Employment and Skills teams feel that **bespoke services** to support these cohorts **can be beneficial**, efforts to reach some of the more disadvantaged groups (e.g. care leavers and people with experience of the criminal justice system) with such services have seen variable success.
- Maintaining **local sovereignty** over employment and skills strategy and approach is important to ensure that programme fit the **needs of local populations**. **Flexibility in funding** for employment and skills programmes would provide **important innovation space to trial new approaches** that target those most in need of support.
- The Health and Work Partnership should **implement a data and outcomes-led approach** and capitalising on regional participation and buy-in to **disseminate knowledge and evidence of what works** for underserved cohorts.

Funding and commissioning for programmes at regional and national levels is complex and would benefit from simplification

‘An integrated health and work strategy needs to be quite brave and accept from the beginning that the way the current structure has been set up allows people to fall down various cracks and there's not very much that we can do to get them out. We need to understand how funding mechanisms and various service provisions rub together.’

Manager of Council Employment & Learning Service

‘We hope that what comes out of this work shows the need for greater simplification and clarity. Because if we're confused, what does that say about our potential service users, who are either ending up with no assistance or in services that aren't right for them.’

Head of Council Employment Service

- **Gaps in services for people with health-related barriers** to work are being driven by a fragmented and complex funding landscape for employment and skills programmes.
- **Short-term funding cycles and overlapping eligibility criteria** across national, regional, and local programmes are creating structural gaps, contributing to confusion among both service providers and users about who qualifies for what support.
- The **Health and Work Partnership** has a key role to play in tackling the challenges caused by a fragmented funding landscape.
- To support its role future strategic commissioning of services that align with the health and work needs of people in Cheshire and Merseyside, the Health and Work Partnership should undertake **a robust needs analysis at the Place level** to support improved regional funding alignment for employment support programmes.

Anchor institutions are perfectly placed to lead

Cheshire and Merseyside has a high proportion of public sector employment, with anchor institutions such as the NHS, local councils, emergency services, and education providers serving as major regional employers. These institutions hold significant influence over recruitment and employment practices, shaping local social and economic conditions in several key areas:

- Raising incomes for the lowest earners and increasing overall average income
- Reducing inequality, including the gender pay gap, disability employment gap, and ethnic minority employment gap
- Narrowing health inequalities, such as the life expectancy and healthy life expectancy gaps between local populations and national averages, for both women and men

The Health and Work Partnership should be guided by the five pillars set out in the Anchor Institution Charter (see right).

‘The NHS and local authorities are by far and away the biggest employer in any local authority area. And so that I think we need to challenge ourselves. I think many councils and NHS providers are not good with inclusive recruitment of those with complex barriers.’

Council Economic Lead

The [Cheshire and Merseyside Anchor Institute](#) has developed a set of priorities and principles that anchor organisations are asked to commit to delivering based on the 5 recognised anchor pillars:

The Five Anchor Institution Pillars



Purchasing locally and for social benefit



Using buildings for spaces to support communities



Widening access to quality work



Working more closely with local partners



Reducing environmental impact

It is vital to work in partnership with employers to reduce the disability employment gap

Stakeholder engagement highlighted the extra support that employers will need if they are to become partners in the work and health agenda.

‘We can talk to employers about being a bit more flexible or a bit more open to working with different cohorts, but we can't dictate changing shift patterns and things like that. Some of them are brilliant with what they do, but at the end of the day, they have a 24-7 business to run. So, there's only so much we can ask—and we do—before they start to push back a little bit.’

Council Head of Inclusive Growth and Partnerships

‘Kickstart [DWP wage subsidy scheme] was really good. We are very supportive of that type of program and approach. The challenge for employers is taking a risk. And what a grants-based program like Kickstart gives them the ability to do is to reduce that risk.’

Head of Council Employment Service

- **Challenging economic conditions** in post-pandemic years have led employers to prioritise cost-cutting and efficiency, making them less likely to invest in training or support for individuals with complex barriers to work.
- **With limited resources and heightened competition**, businesses tend to view hiring such individuals as a greater risk, which presents additional challenges to employer engagement.
- **Local employers are expected to expand roles for people with complex health-related barriers to work**; however, without financial incentives and clearer guidance on how to create inclusive roles, the success of the Get Britain Working programme may be at risk.
- **De-risking inclusive recruitment** could include wage subsidies, tailored in-work support, and targeted employer engagement strategies which highlight the long-term social and economic benefits of supporting people with complex health-related barriers into work.

Better utilisation of the VCFSE sector will play a key role in success

- VCSFE organisations are deeply embedded within local communities and have built up trusting relationships with resident making them invaluable strategic partners for delivering employment and skills services to reach people who are unserved by statutory services. With over 120 full members, Voluntary Sector North West (VSNW) is the largest regional network and membership body, working to influence policy, drive system change, and strengthen the sector's voice in regional decision-making.
- The VCFSE sector faces challenges in places where its work is not viewed as part of the health system or is dismissed due to perceptions that it only delivers 'nice' or softer services. Additionally, structural and funding challenges—like short-term commissioning cycles, limited infrastructure and political attitudes—have led to underdevelopment in some areas.
- **The Health and Work Partnership should deepen collaboration with the VCFSE sector as a key partner at both strategic and service deliver levels.**

'VCFSE organisations are going through a really hard time at the moment. Shorter and shorter funding periods destabilise the local community and the people who work for and use the services. It's awful considering what they give back into our communities.'

Principal Public Health Officer, Council

Examples of effective partnerships between VCFSE organisations and local authorities across the region

Area	VCFSE assets
Liverpool	Liverpool CVS is well-developed, with over 100 years experience enabling VCSFE organisations in Liverpool. Currently manages wide range of grants and has funded employability services for people with health-related barriers to work.
Cheshire West & Chester	Cheshire West & Chester Council maintains strong local partnerships in the VCFSE sector. Youth Fed links to 150 youth groups in the area and delivers a range of programmes supporting young people with barriers to work.
Warrington	Warrington Youth Zone is supported by Warrington Council, hosting several programmes to support disadvantaged young people with training and work placements.
Wirral	Long-term partnership with Involve Northwest to deliver services to support people with employment and other issues. Recognised by Ofsted for effective VCFSE engagement.
Sefton	Sefton CVS is one of the biggest in the UK and works with the DWP and other partners to deliver services related to employment and health.

There are strong examples of partnership working, with a need to build on this to create a truly connected system

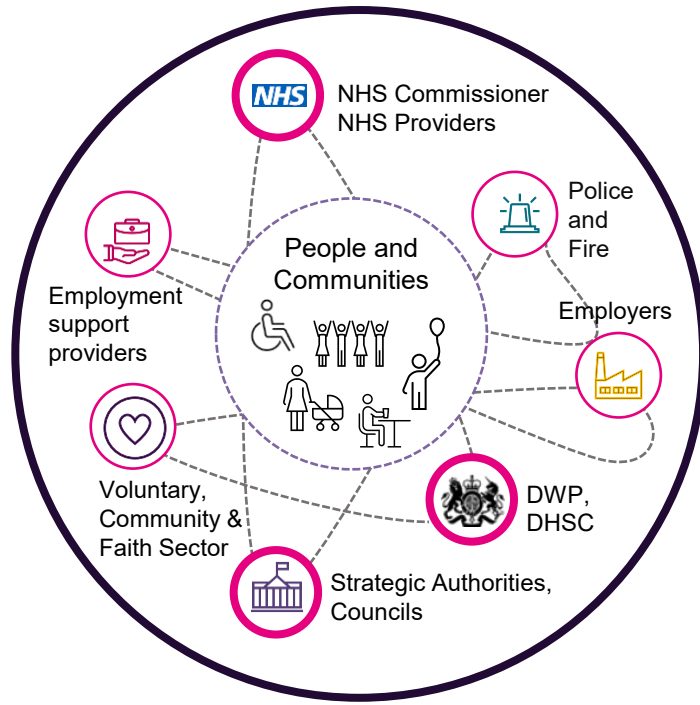
There is a long history of working in partnership across Cheshire and Merseyside, particularly in areas that require multiple partners to deliver on a shared vision. Partners have already been working on the Work and Health Agenda with an existing foundation to build on:

- **There are several active programmes already** in the geography that people we spoke to were working on: e.g. IPS, Devolution work, Trailblazers, Population Health Programme, Poverty Commission.
- **There is good collaboration taking place between national support programmes and the region:** e.g. DWP working with Enterprise Cheshire and Warrington on the 9,000 young people receiving benefits, anchor institutions work.
- **Positive collaboration is happening among partners in Cheshire and Merseyside:** e.g. targeted work on inequalities involving colleagues from across the ICB, Cheshire and Merseyside Public Health Collaborative (CHAMPS), and Liverpool City Region and Cheshire and Warrington.
- **There are a range of support pathways that are delivered through collaboration of key partners:** e.g. the Early Opportunities Pipeline Pilot in Wirral is delivered by Wirral Council in partnership with the borough's anchor institutions to remove barriers to work.
- **There are significant programmes of investment planned through devolution:** e.g. the Youth Trailblazer programme; WorkWell MSK programme; Widening Access Demonstrator.

- While there are some good connections already across different parts of the system, the opportunity to create a **connected system** is much greater. This will require greater clarity across Cheshire and Merseyside on the vision and everyone's roles and responsibilities to deliver that vision.
- **The opportunity here is to create the complementary links** between all the aspects we are working on: e.g. the opportunity in economic development to tackle poverty and the positive impact of better outcomes in enabling people to get into the workforce.
- **To do this we must broaden the understanding of each other's worlds,** and create those connections not just at the strategic level but also at the practical delivery points.
- **We must move from a series of targeted interventions** to a system focussed on delivering impact; including an ability to identify and measure outcomes, and an ability to learn from what does not work, and scale up the things that do, making best use of social impact investment opportunities.
- **Data will be critical:** There is a data richness across this area of work in Cheshire and Merseyside, but lots more can be done to create data insights that help focus and prioritisation. A crucial step will be to ensure all partners have access to standardised data that allow for human-centred insights into the state of health and work in the region.
- **Partnership with residents and communities** is key and an area that has not been consistently achieved – the Health and Work Partnership must have residents at the heart, with a shared mission to tackle inequalities as a primary focus.

To achieve our vision, we need a network of collaborators across a complex range of people and organisations

While the ICB and Local Authorities will provide a leading role in driving this work forward locally, they will do so as conveners and facilitators, of a much broader partnership that will develop and mature over time.



The partnership will work together across four fundamental areas :

Strategic partnership to set out the vision; outcomes we are trying to achieve (and for whom); and how we will measure success

Working together to design a model and pathways to tackle the health issues that are preventing people from work

Implementing support and joining up services

Defining what good looks like, tracking and measuring progress, and responding to this learning

And in ways that promote effective partnership and positive outcomes:

Co-produce change with our communities, operating to a shared set of co-production principles

Take action in an inclusive way that generates buy-in and ownership across the system

Build from the foundations and assets that already exist, including community assets

Ensure effective governance is in place and alignment to wider system priorities and values

Be data and evidence driven, and establish an innovative agile approach to change through a test, learn and adapt approach

Work to a shared set of long-term outcomes, tackling a whole system approach to delivering impact and value

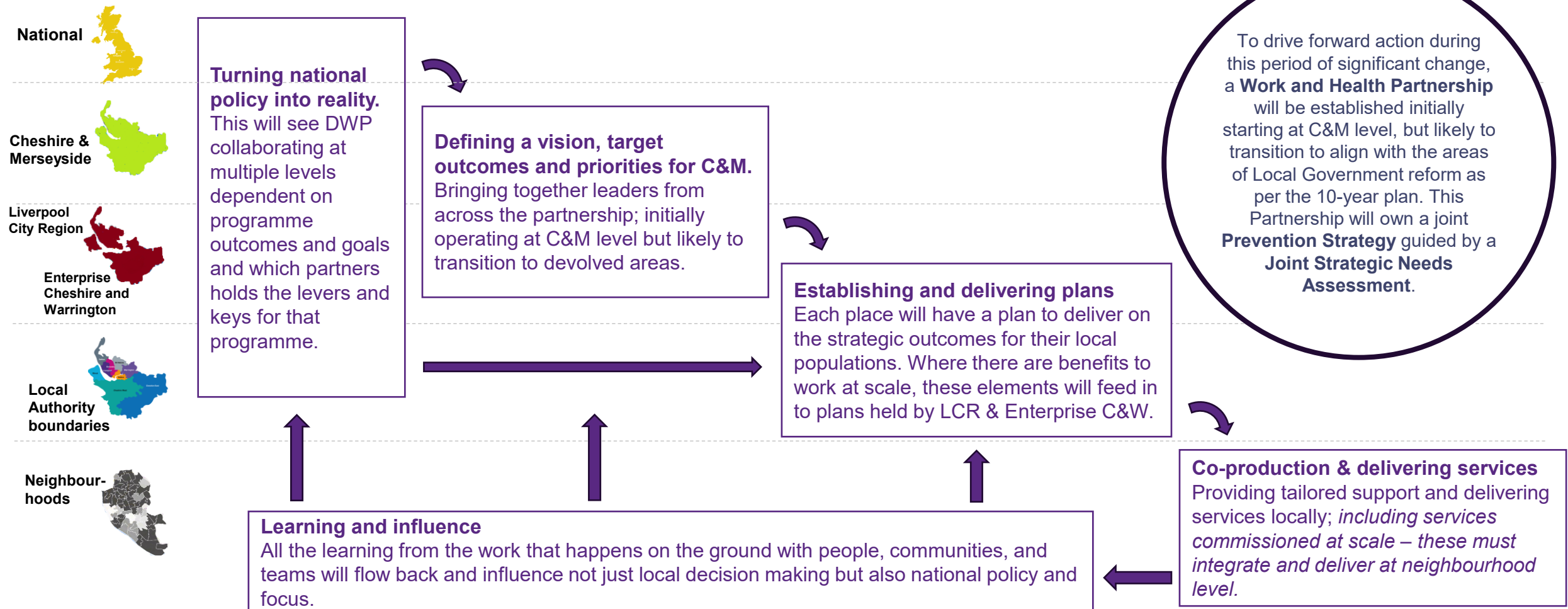
By working in this way the partnership will:

Focus on **prevention**, working with communities to understand needs and intervene early to maximise positive long-term impact on people's lives

Tackle **inequalities**, targeting our support on people and communities who are seldom heard and would benefit most from our support

Maximise our **impact**, by using our collective resources in a way that best meets the needs of the population

Partnership working will take place at multiple places across Cheshire and Merseyside



Tailored partnerships at each level will operate to a set of complementary roles and responsibilities

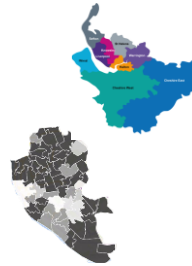


Who?

Strategic commissioning for work and health will happen at multiple levels stretching from national insights through to Strategic Local Authority area. To navigate this complexity a new group will be established at Cheshire and Merseyside level as a logical mid-point to convene partners.

Roles and responsibilities:

- Understand the specific needs of the population; both the whole population and variation within it, and to a neighbourhood level to understand specific demographics and needs hyper-locally.
- Develop strategic insights that will guide the utilisation of collective resources to better meet the needs of the work and health agenda.
- Own and communicate the collective vision for work and health across Cheshire and Merseyside
- Own the strategic approach to delivering on this vision, ensuring that this flows through the system and organisation effectively.
- Manage and distribute resources to ensure that they are aligned to the needs across the C&M population.



Who?

For the Health and Work Partnership to be successful, support must be provided locally and harness the breadth of assets of local neighbourhoods. Some services will be commissioned at a larger geography (e.g. across Cheshire and Merseyside or devolution areas), but they must commit to operating locally to ensure effective integration with all support and services as close to people and families as possible.

This will require partnership to be established at neighbourhood level, and at Place level to co-ordinate across and support neighbourhood delivery in community spaces, engaging with communities on their own ground.

Place roles and responsibilities:

- Develop and delivery of a shared plan.
- Deliver the plan through co-production, facilitating delivery at the neighbourhood level.
- Directing teams and organisational resources to deliver on the plan.
- Troubleshooting challenges and facilitating improvement and innovation.
- Create a learning and innovation environment where staff across statutory services, the voluntary and community sector and communities themselves are working together to deliver.

Neighbourhood roles and responsibilities:

- Analysing population health data to identify needs within the population and target resources
- Co-producing change to local support systems
- Helping people to navigate the local system and find the support they need through effective communication and guidance
- Co-designing and delivering support pathways that brings together partners to deliver integrated support that harnesses both statutory services and wider voluntary and community assets
- Operating to a 'no wrong door' approach, directing people to partner services as appropriate

Several immediate opportunities have been identified by partners from across the system

Co-production	Align priorities	Utilise momentum	Crack the data question	Share the learning
• The recommendations in this report are only the start of the journey, and partners are committed to co-producing the change with people and communities. • The partnership will become stronger as it develops a set of shared co-production principles to operate to as markers for success. • Any detailed plans will be built with these co-production principles at their heart.	• Reviews of existing organisational and partnership strategies and plans will enable the partnership to identify synergies, interdependencies and potential conflict. • Resolution of conflicts through open discussion and compromise at the start will help deliver change in the long term. • By aligning priorities against this shared vision now, partners will be able to build the outcomes and opportunities identified in this report into their individual organisation's priorities and plans.	• There are opportunities in existing projects and plans that can be used as a vehicle to move forward the agenda at pace as areas of test, learn and scale. • This will be supported by also identifying champions across the system who can embody the shared vision within and communicate it effectively to wider groups. • This champions must also come from the key communities who will benefit from this work and who can mobilise the strength of community assets to be part of co-producing the change.	• The partnership will take a pragmatic outcome focussed approach to improving data sharing and insight development, identifying the solutions that have the most impact (vs concentrating on all the risks and issues). • Over time the partnership will co-develop a data strategy and data improvement plan, including setting out any data sharing agreements that may be required in a mature system.	• The partnership will establish a simple infrastructure for sharing case studies and good practice. • This includes forums for staff to come together to share experiences, alongside service users, residents and charities. • It also includes processes and mechanisms to start small with innovative projects and changes, to then scale up the change if it works. • All supported by evidence shared through learning circles, ensuring feedback loops and two-way communication.

Change starts now

As a Marmot region, Cheshire and Merseyside has a golden opportunity to become a beacon of progress on work and health, both regionally and nationally. Guided by the strategy set out in this document and led by a cross-sector Health and Work Partnership, there is now undeniable momentum that must be capitalised upon to ensure that the wellbeing of the population and economic prosperity are advanced hand-in-hand. By embedding health into employment services and employment into health pathways, the region can reduce inequalities, boost productivity, and create a fairer, healthier future for all its residents.



Build on best practice

We see fantastic examples of best practice with regards to bespoke employment and skills programmes supporting underserved cohorts in the 9 Places. The Health and Work Partnership emerging from this work is an opportunity for shared learning of what works in the region and why, ensuring those services can support regional and hyper-local challenges and targeted public participation methods.



Drive inclusive growth

The NHS and local authorities have a strong opportunity to improve pathways to education, skills and employment for people with health barriers. Through leveraging their role as anchor institutions, building robust employer engagement programmes, and leveraging social impact investing to achieve outcomes—the region can improve its commitments to inclusive economic growth that leaves no one behind.



Focus on data and outcomes

An outcomes-based approach combining health, work, and skills will be needed to truly understand the long-term impact of delivery against strategic priorities. This will require the Health and Work Partnership to take a whole-system approach—one which focuses in on the interaction of work and health within the context of the wider social determinants of health.



Steward a complex system

The picture on health, work and skills—and how they relate to longer-term economic development and regeneration—is complex and can sometimes feel disjointed on the ground. While progress is being made, this remains a journey. There is now a clear opportunity for the Health and Work Partnership to play a central role in stewarding the next stage: strengthening regional integration and delivering better shared outcomes over time.

Glossary

ATF	All Together Fairer
C&M	Cheshire and Merseyside
C&W	Cheshire and Warrington
CHAMPS	Cheshire and Merseyside Public Health Collaborative
CIPHA	Combined Intelligence for Population Health Action
CVS	Council for Voluntary Service
DWP	Department for Work and Pensions
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
IPS	Individual Placement and Support
LCR	Liverpool City Region
MSK	Musculoskeletal
NHS	National Health Service
VCFSE	Voluntary, Community, Faith, Social Enterprise