WorkWell

2026

Lancashire and South Cumbria ICB WorkWell – End of Pilot Report

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NHS Lancashire and South Cumbria Integrated Care Board

Funded by UK Government

Contents

Foreword

Aaron Cummins, Chief Executive of Lancashire and South Cumbria ICB

The Lancashire and South Cumbria WorkWell pilot has demonstrated the critical role that integrated, locally led approaches can play in addressing health-related economic inactivity - one of the most significant challenges facing both our health system and local economy.

By bringing together the NHS, local authorities, DWP, VCSE partners and employers, we have established a coordinated, person-centred model that supports individuals to remain in, or return to, work through early, preventative intervention. This reflects a clear shift towards recognising work as a key determinant of health, and health as an enabler of employment.

The results of the pilot are strong, with high levels of engagement and satisfaction, and clear evidence of improved wellbeing, confidence and employment readiness. Just as importantly, the programme has shown that integration is achievable at scale, creating a more connected and effective system of support.

We are proud that the learning from Lancashire and South Cumbria has contributed to the national expansion of WorkWell. As we move into the next phase, our focus will be on scaling access, strengthening integration - particularly with Primary Care - and deepening our impact across communities and employers.

This report reflects the commitment and collaboration of partners across the system, and the tangible difference WorkWell is making to people's lives.

Tim Moore. Regional Programme Advisor, (Northwest) for WorkWell, DWP

The Lancashire and South Cumbria WorkWell vanguard has been a hugely important part of the WorkWell pilot phase, both in terms of supporting participants to stay in, or return to work but also being a valuable source of learning and good practice.

The pilot has successfully taken a varied and complex multi-locality model from concept to development to stable delivery, reflecting the varying issues, priorities and challenges in different parts of the region.

The team have responded to challenges and barriers where they arose effectively and constructively leading to increased performance and outcomes and demonstrating an agile and reflective approach to circumstances and ways of working where needed.

The ICB has worked well with partners throughout, ensuring alignment with other local and national strategies and programmes, such as Connect to Work, and "Team Barrow" whilst also demonstrating positive innovation and reactiveness in ensuring WorkWell was quickly embedded and included as part of wider targeted response to redundancy approaches in the

area. In addition, the Lancashire and South Cumbria approaches to data and outcome analysis and employer engagement are considered particularly positive examples of good practice nationally.

The learning and experience of Lancashire and South Cumbria ICB has played a key part in supporting the case for upcoming expansion and extension of WorkWell across England - as well as offering an exciting, positive and stable foundation for continued service delivery locally.

1.0 Executive Summary

The Lancashire and South Cumbria WorkWell pilot has delivered a locally led, integrated response to health-related economic inactivity, demonstrating how health systems can play a central role in supporting people to remain in, or return to, work.

Developed in response to rising levels of long-term sickness and economic inactivity, WorkWell has successfully brought together NHS, local authorities, DWP, VCSE partners, and employers to deliver a coordinated, person-centred service across seven localities.

The programme has evolved from concept to stable delivery within a complex, multi-provider environment, providing both direct support to participants and a nationally recognised model for system integration.

1.1 Key Achievements and Impact

- Strong engagement
    - Over 3,100 personalised work and health plans delivered across Lancashire and South Cumbria
    - High levels of participation from both in-work (38%) and out-of-work (62%) individuals, reflecting a strong preventative focus
- Positive participant experience and outcomes
    - 94% overall satisfaction, with consistent evidence of improved confidence, wellbeing, and employment readiness
    - Support delivered through holistic, tailored interventions addressing physical, mental, and social barriers
- Prevention and retention
    - Significant proportion of participants supported to remain in work or avoid labour market exit, aligning with a national policy shift towards early intervention
    - Demonstrated value in ‘stemming the flow’ of people leaving work due to ill health
- System-level impact
    - Established a functioning, integrated work and health system across multiple partners
    - Strengthened referral pathways, particularly through Jobcentre Plus, self-referral, and primary care

1.2 A Model of Integrated Delivery

WorkWell Lancashire and South Cumbria demonstrates that integration is operationally achievable at scale.

Key features of the model include:

- Locally tailored delivery models, reflecting population need
- A single, accessible entry point with triage and onward referral to appropriate services
- Coordination across health, employment, skills, and community provision
- Strong engagement with VCSE partners, particularly in community-based delivery

The programme has played a key role in aligning with wider initiatives including:

- Connect to Work
- IPS for Severe Mental Illness
- Get Lancashire Working / Get Cumbria Working

Together, these programmes are forming a joined-up system, reducing fragmentation and improving participant journeys.

1.3 National Contribution and Recognition

The pilot has contributed significantly to the national evidence base for WorkWell, informing the Government's decision to:

- Expand WorkWell across England
- Commit £259 million over three years
- Support up to 250,000 individuals nationally

The programme is recognised for:

- Strong partnership working
- Innovative employer engagement
- Robust data and outcome analysis
- Ability to adapt delivery models to local need

1.4 Strategic Priorities for WorkWell 2.0

As WorkWell transitions to a nationally funded programme, Lancashire and South Cumbria will focus on:

1. **Scaling access and reach**
    - Expanding provision across all localities and target populations
2. **Strengthening integration with Primary Care**
    - Embedding referral pathways and earlier intervention points
3. **Enhancing employer engagement**
    - Supporting job retention, workplace adjustments, and healthy workplaces
4. **Improving system alignment**
    - Simplifying pathways across WorkWell, Connect to Work, and related services
5. **Strengthening data and evaluation**
    - Demonstrating long-term health, employment, and system-level benefits

1.5 Conclusion

The WorkWell pilot in Lancashire and South Cumbria has successfully demonstrated that locally led, integrated approaches can address the complex challenge of health-related economic inactivity.

By positioning work as a key determinant of health - and health as an enabler of employment - the programme provides a scalable model for national implementation, supporting healthier working lives, reducing pressure on public services, and contributing to more inclusive economic growth

2.0 The Challenge of Health-Related Economic Inactivity

The WorkWell Pilot was designed to address the single biggest driver of economic inactivity in England: Poor health.

The topic of “Work and Health” has become such an important issue because several major pressures are colliding at the same time, and they all reinforce one another.

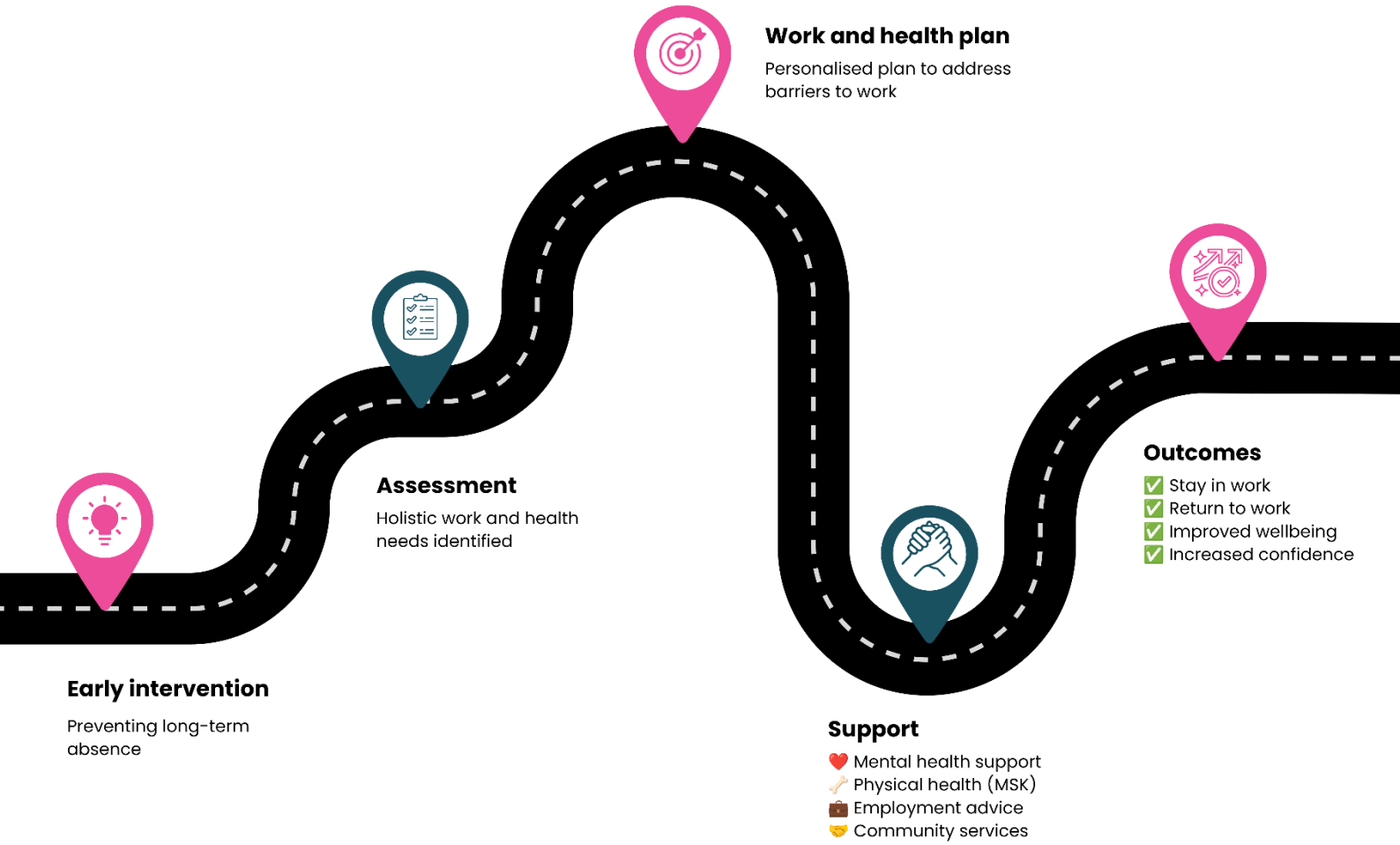
a) There are record levels of long-term sickness and economic inactivity. Latest figures indicate that around **2.8 million working-age adults** are economically inactive because of long-term sickness. Mental health and Musculoskeletal (MSK) problems are the largest contributors alongside growing numbers reporting multiple long-term conditions.
b) Labour supply is worsening – poor population health has become a binding constraint on economic growth
c) There is rising pressure on the NHS and Social Care system – being out of work for long periods of time is associated with worsening physical and mental health which increases demand for services. Without improving health among the working-age population, demand pressures on the NHS will continue to grow faster than capacity
d) Work and Health is also critical because of its impact on public spending. Government reviews, like Keep Britain Working, were commissioned specifically because health-related inactivity is now a major fiscal risk. For the first time ever, Welfare Costs are expected to be higher than Income Tax for the Year 2025/26.

There is now a policy shift towards prevention and retention and not just return to work. This involves recognising the role of good work, good management and workplace adjustments in supporting health, whilst encouraging integrated local approaches across the NHS, local government, employers and employment support.

ICB led programmes like WorkWell reflect a growing agreement that fragmented systems don’t work. Work and Health challenges are cross-cutting by nature and cannot be solved by any single organisation. WorkWell highlights that success depends on aligned local systems and shared objectives rather than vertical programme delivery.

We need to position Work and Health as part of delivering NHS priorities on prevention, long-term conditions and health inequalities and we need to move away from “getting people back to work” towards “how do we design health, employment and workplace systems so they genuinely support healthier working lives?”

3.0 The story so far - The WorkWell Service



3.1 National Context

WorkWell emerged in response to a growing national challenge: record numbers of people out of work due to long-term sickness, coupled with limited access to occupational health and fragmented support between the NHS and employment services. By 2024, around **2.8 million people** were economically inactive due to ill health, with mental health conditions as a major driver.

The government's diagnosis was that people were falling out of work too late, often after health issues had escalated and employment ties had already broken. Traditional support (GP fit notes, Jobcentre interventions) was not designed for early, preventative, health-led intervention.

WorkWell was therefore designed as:

- **Early-intervention**, not crisis support
- **Health-led**, not benefits-led
- **Locally designed**, not nationally prescribed
- **Integrated**, bridging NHS, local government and DWP systems

This marked a shift from managing worklessness to preventing it.

WorkWell focuses on early intervention and support, offering participants an expert assessment of their health-related barriers to work along with a tailored plan to address these, and serves as a pathway to other local services to help people get the support they need. WorkWell also provides advice and support to employers where appropriate; triage, signposting and referrals to clinical and non-clinical support including wider community provision, for example, debt advice.

The services within the programme are locally led in response to population need, building on existing support to provide an integrated, local work and health service.

WorkWell accelerates integration of local services with person-centred solutions across work, health, and skills systems to enable earlier, tailored support, helping more people stay and progress into work, live healthier lives, and boost economic growth.

3.2 The Pilot

The WorkWell pilot officially launched in October 2024 across 15 Integrated Care Board (ICB) areas in England, backed by £64 million of funding from Department for Work and Pensions (DWP) and Department for Health and Social Care (DHSC).

ICBs were funded to work in partnership with:

- NHS providers and Primary Care
- Local authorities
- Jobcentre Plus
- VCSE organisations
- Employers and skills providers

Each area had flexibility to design its own model, but all offered:

- A Work & Health Coach or equivalent
- A holistic work–health assessment
- Rapid access to local services (e.g. physiotherapy, mental health support)
- Help with workplace adjustments and return-to-work planning

Participation was voluntary, and people did not need to be on benefits to access support.

Throughout 2025, pilot areas focused on:

- Building new work-and-health partnerships
- Embedding referral pathways into GP practices and community services

- Commissioning fast-access health services outside traditional NHS waiting lists
- Learning how to work across culturally different systems (NHS, DWP, councils)

3.3 The Lancashire and South Cumbria Model

A deep dive into the local growth of economic inactivity[1] was commissioned by the Lancashire Skills and Employment Hub in partnership with Public Health and the ICB in 2023, before the WorkWell vanguard announcement.

The research highlighted a rise in economic inactivity, with health identified as a major contributing factor. Around half of this increase was among people under 40, with mental health more prevalent in younger groups and musculoskeletal (MSK) conditions becoming more significant with age.

The research identified several priorities including the need to 'Stem the Flow' of people leaving the labour market due to health – this aligned with the purpose of WorkWell, with the research providing a robust foundation for the Lancashire and South Cumbria bid.

As with other pilot areas, Lancashire and South Cumbria, designed a locally appropriate WorkWell model based on the needs of the population.

Throughout the pilot, WorkWell has been delivered through 7 individually commissioned delivery partners, all with locally designed services and led by local partners and stakeholders:

- Barrow-in-Furness
- Blackpool
- Blackburn with Darwen
- Burnley
- Lancaster
- Preston
- West Lancashire

Anyone living within the geographical footprint of Lancashire & South Cumbria ICB could access these services and it was the participants right to choose which service they accessed.

Referrals were accepted from anyone who met the following criteria:

- The home address OR the address of the GP Surgery was within the WorkWell Service area (Lancashire and South Cumbria ICB footprint).
- Were in employment or seeking employment
- Had the right to work in the UK
- The WorkWell Service believed there was a health-related barrier to work that could be met by the service.

WorkWell Lancashire and South Cumbria offered holistic support for health-related barriers to employment. Work and Health Coaches offered individualised support for approximately 12 weeks which included:

- a person-centered, holistic initial assessment to identify barriers to employment

[1] L2050-Economic-Inactivity-Insight-Report-2023.pdf

- the production of a thrive-in-work plan/return-to-work plan, with clear objectives that address physical, psychological, and social needs
- employer liaison, with the participants consent, to share the work plan and provide work related advice and support for employers on workplace adjustments
- personalised work and health support to take stock of progress and recommend further actions and activities
- GP liaison, with the participants' consent, to share the work plan and better support the Fit Note process

The WorkWell service also served as a triage function, connecting participants into the rest of the local work and health infrastructure through signposting and referral as appropriate.

Where the needs or requirements of the participant went beyond what could be offered by the WorkWell Service, they were connected to the most appropriate service for their needs.

The emphasis was not on creating a new service in isolation, but on stitching together existing assets into a single, accessible offer.

4.0 National and ICB Data Summary

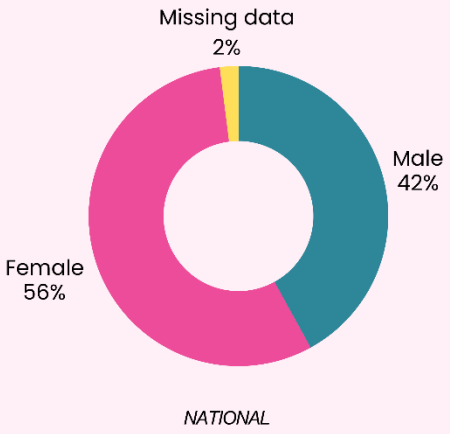
Total plans

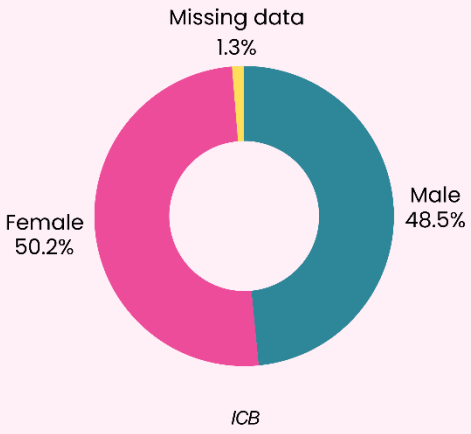
34,210	3,104
NATIONAL	*ICB*

Employment status

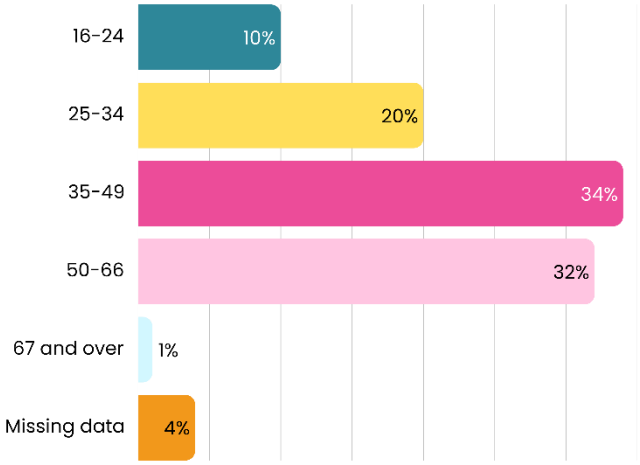
	NATIONAL	*ICB*
In work	43%	38%
Out of work	57%	62%

Gender profile

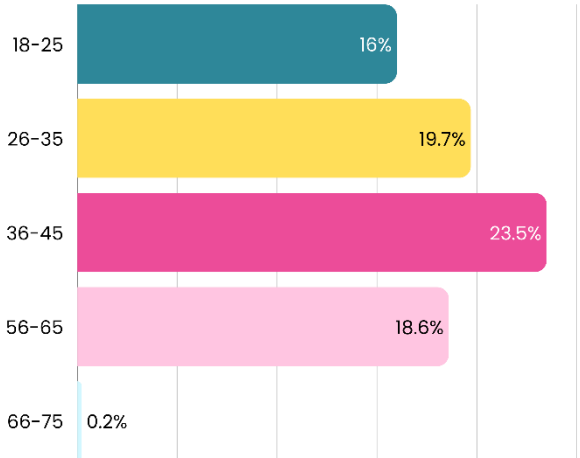


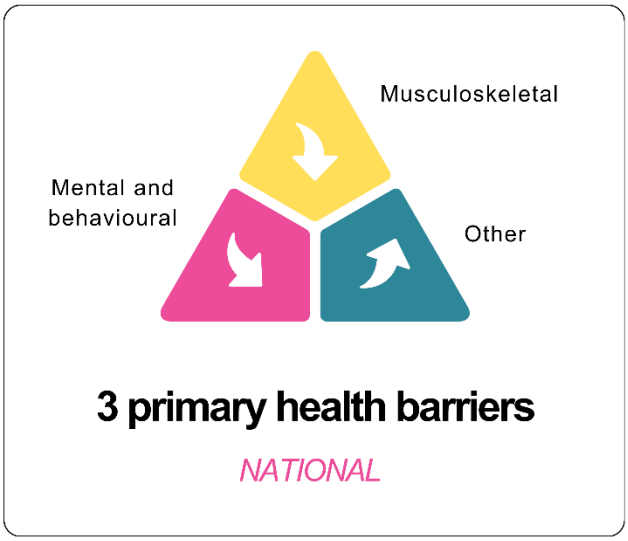


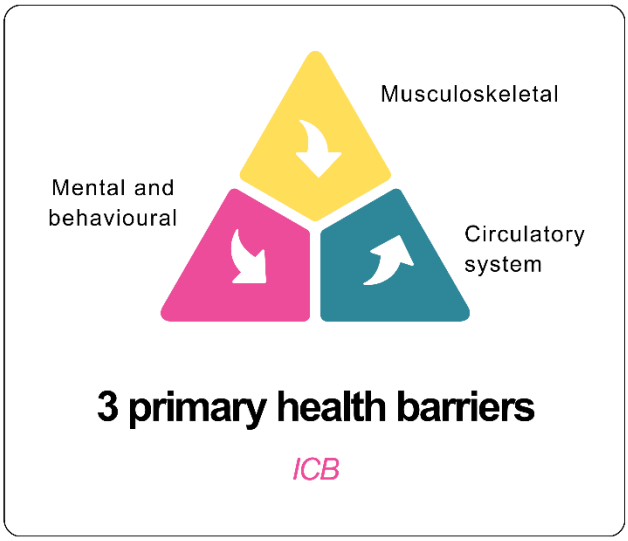
Age: National

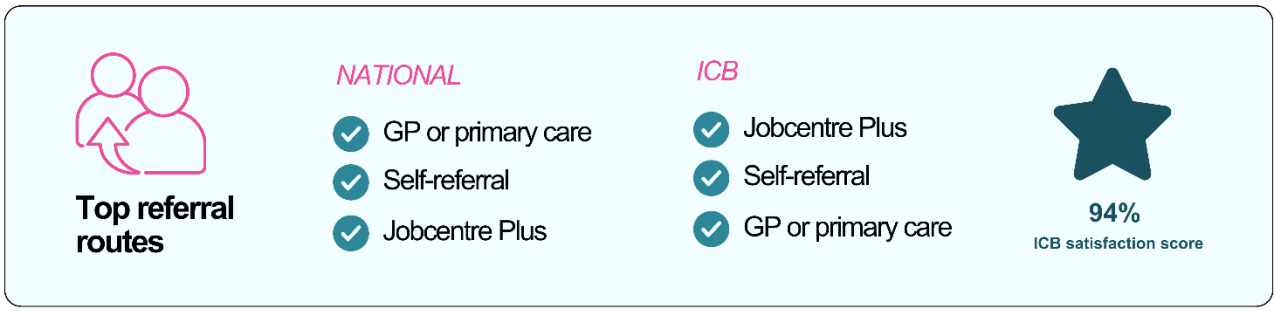


Age: ICB





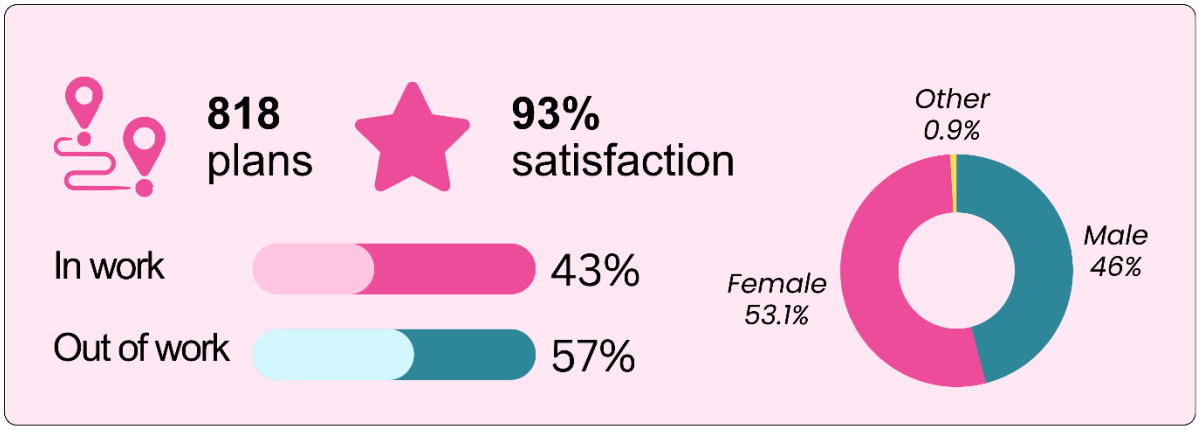


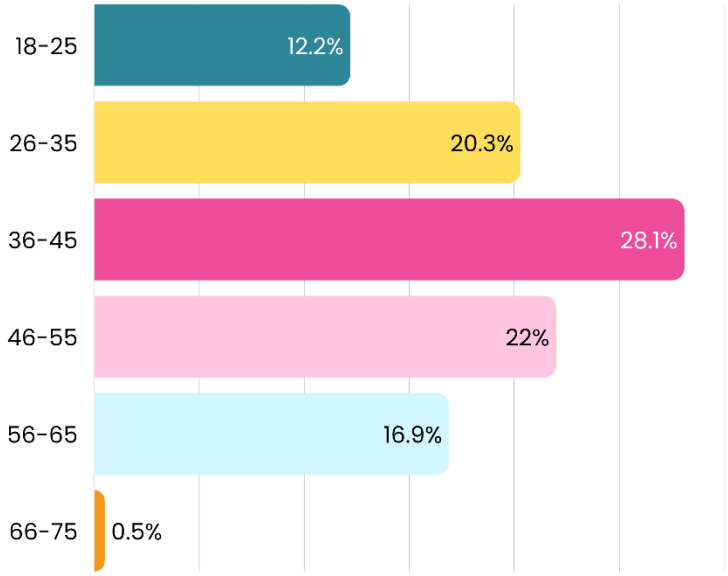


Source: [WorkWell Pilot management information from 1 October 2024 to 31 March 2026 - GOV.UK]

5.0 District Level Insights

5.1 Preston





TOP 3 PRIMARY HEALTH BARRIERS

- Mental and behavioural
- Musculoskeletal
- Endocrine, nutritional and metabolic

TOP REFERRAL ROUTES

- Self-referral
- Voluntary/community
- Jobcentre Plus

Liz Mossop, WorkWell Lead for Preston said:

"It has been a privilege to work with Active Lancashire as the lead delivery partner to develop a network of trusted voices in the community to deliver on this programme. The consistent results have shown that delivery via VCFS agencies really works and has enabled the programme to support individuals both in and out of work. I look forward to seeing how this develops over the next 3 years."

KEY LEARNING

Community based organisations can effectively deliver the WorkWell Service whilst enabling a support offer that is flexible and tailored to individual needs.

KEY ACHIEVEMENTS

- Organising an event promoting WorkWell to MSK Practitioners at Brockholes
- Sharing participant experiences to promote the WorkWell service
- Supporting those in work at risk of leaving (43% of those receiving support)

INNOVATIONS

- Engagement via workshops (migraine, fertility)
- Startup / enterprise outreach (Preston City of Enterprise, Skills Bootcamps)
- Tailored engagement for SMEs (Small to Medium Enterprises)
- Embedding WW into delivery partner organisations

PARTNERSHIP HIGHLIGHTS

- A strong Voluntary Community Faith Sector' (VCFS) led model
- Community-based organisations responding to local needs
- Delivery at the heart of communities
- Multi-faceted partners with specialisms including women only, BAME, housing support, money advise and ex-offenders support
- Referral/support packages between the delivery partners ensuring bespoke offers

SUCCESS DRIVERS

- Innovative and tailored approaches to engagement
- Working closely with VCFS
- Utilising the power of participant stories

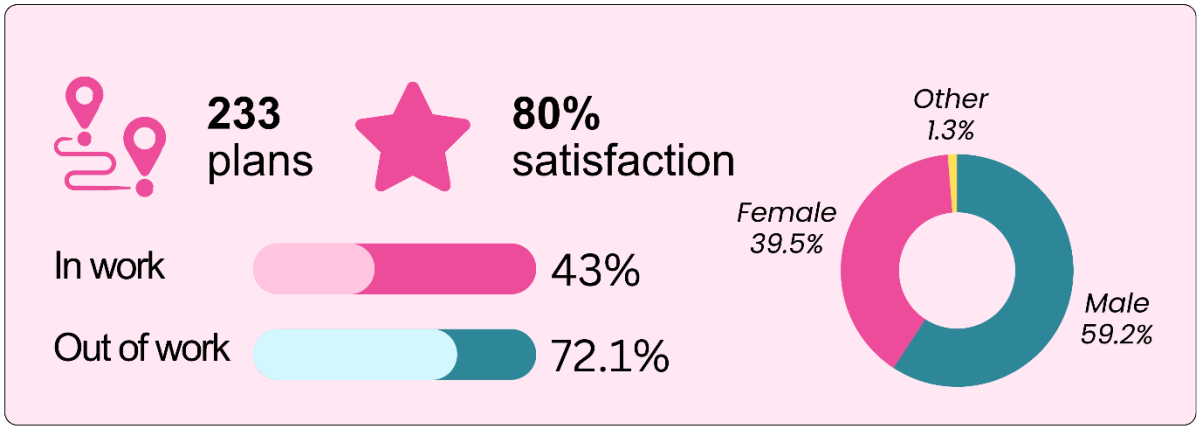
PARTCIPANT FEEDBACK

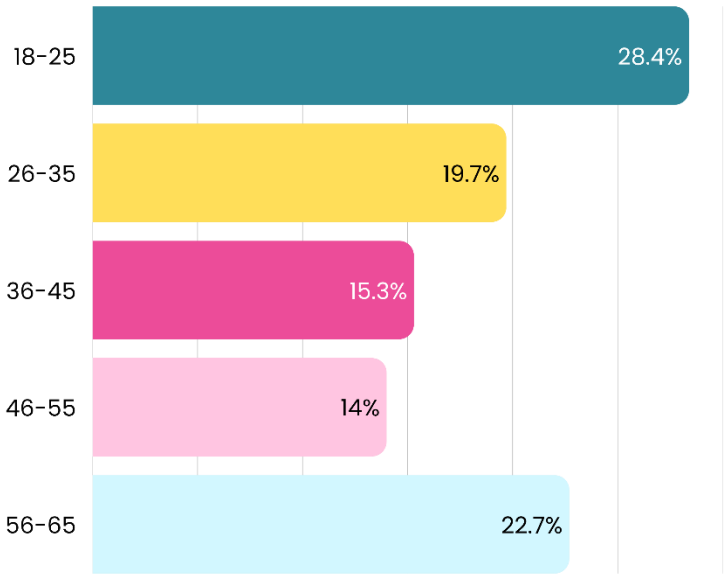
"I have found our sessions to be invaluable. Gillian (Work and Health Coach) has provided me with a wealth of information and practical advice which I have been / will be able to access to find additional help and support with staying in work."

Delivery partners

Preston City Council delivered in partnership with Active Lancashire working with Beanstalk Business Centre, GLL, Lancashire Community Finance, Lancashire Women, Onward, PNE, Sahara and Selnet-UK.

5.2 West Lancashire





TOP 3 PRIMARY HEALTH BARRIERS

- Mental and behavioural
- Musculoskeletal
- Nervous system / progressive illness

TOP REFERRAL ROUTES

- Jobcentre Plus
- Self-referral
- GP or primary care

Carly Morris, WorkWell lead for West Lancashire said:

"The team and I are incredibly proud of what has been achieved during the pilot, particularly the meaningful impact we have had in supporting some of our most vulnerable residents. The targets set were ambitious for a team of this size, and the outcomes are a strong reflection of what can be achieved whilst maintaining a high-quality, person-centred service."

KEY LEARNING

- Early engagement and outreach would have strengthened programme momentum
- Initial delivery constraints (referral criteria) can result in operational challenges
- The DWP are a key strategic partner for the service
- Engagement with Primary Care requires sustained effort
- Relationship-building with partners positively impacts on programme performance

KEY ACHIEVEMENTS

- Participant retention rates among the highest across all vanguard areas
- Improving participant's confidence, wellbeing, and progression into employment
- Growing trust and recognition of the programme resulting in self-referrals
- Exceeding performance expectations, despite ambitious referral targets
- Expanding delivery to Chorley and South Ribble without additional funding
- Receiving positive feedback, evidencing a life-changing impact on participants

INNOVATIONS

- Adopting marketing approaches including the distribution of WorkWell coasters
- Outreach activities within schools and colleges to engage educators and parents
- Co-locating partner services within the WorkWell team's employability hub, strengthening collaboration and referral pathways
- Using data monitoring reports to track performance and inform delivery

PARTNERSHIP HIGHLIGHTS

- Close collaboration with partners, including Social Prescribing, Health Checks, Connect to Work, and IPS, creating a comprehensive and holistic support network
- Effective working relationships with DWP and Jobcentre Plus colleagues enhancing access to opportunities for residents

SUCCESS DRIVERS

- High conversion rates from referral to personalised plans
- Delivery of personalised, person-centred support
- A high volume of self-referrals, driven by positive 'word-of-mouth'
- Offering a comprehensive support offer through partnership working
- Delivering participant appointments in a welcoming and safe environment
- Increasing service reach through expansion into Chorley and South Ribble

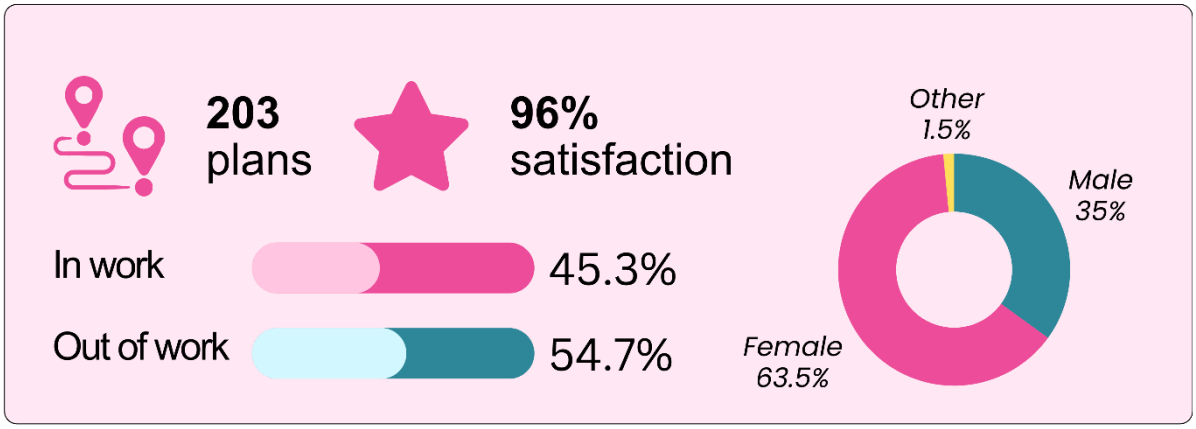
PARTCIPANT FEEDBACK

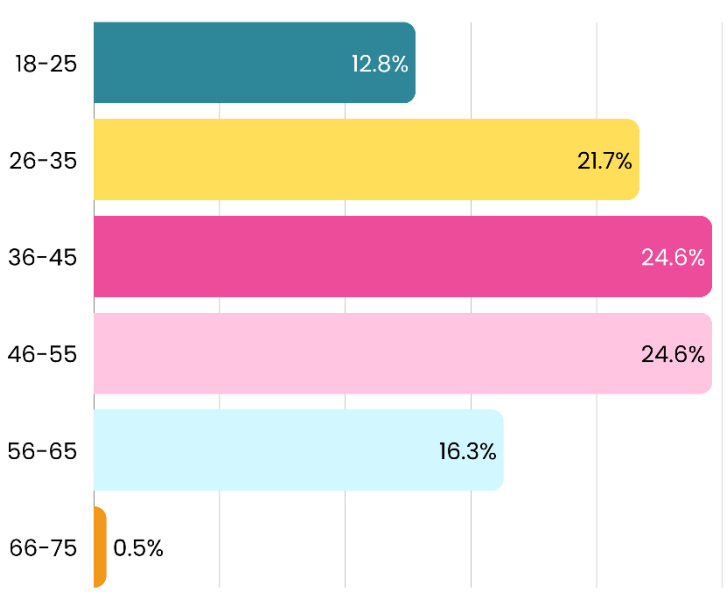
"Thank you so much for all you've done. Along with the job centre coaches and my family's support, you have helped me regain the confidence I needed to get back into work."

Delivery partners

West Lancashire Borough Council

5.3 Lancaster





TOP 3 PRIMARY HEALTH BARRIERS

- Mental and behavioural
- Musculoskeletal
- Circulatory system

TOP REFERRAL ROUTES

- Jobcentre Plus
- Self-referral
- GP or primary care

Louise Richardson, WorkWell Lead for Lancaster said:

“I am immensely proud of the team’s hard work, positivity and ability to embrace and implement changes. The pilot demonstrates the strengths of our communities and our continued commitment to enhancing quality of lives as we transition into the next phase.”

KEY LEARNING

- Flexible delivery across rural–urban areas improves service accessibility
- Use of community-based venues increases engagement
- Partnerships with health services enables the early identification of complex needs
- Consistent staffing supports trust-building and participant confidence

KEY ACHIEVEMENTS

- Successfully rolling out the WorkWell service across three district localities
- Strengthening multi-agency referral pathways
- Supporting individuals with long-term health and employment barriers
- Increasing service visibility through co-location, outreach and community events
- Positive participant feedback across all areas of the service

INNOVATIONS

- Developing a flyer to engage Jobcentre Plus, schools and employers
- Strong employer engagement, including a partnership with Haven Holiday Park supporting new seasonal starters
- Primary school engagement to promote WorkWell to parents, teachers and carers
- Delivery of multi-stakeholder events connecting participants to support services

PARTNERSHIP HIGHLIGHTS

- Partnerships with Social Prescribers, DWP/Jobcentre Plus, VCSE groups and community organisations
- Collaborative work with 'Build a Better Life' to support behaviour change, confidence and resilience

SUCCESS DRIVERS

- A dedicated and compassionate team
- Strong and supportive district leadership with effective communication streams
- Effective multi-agency collaboration
- The ability to tailor and adapt the delivery model whilst maintaining quality
- Working with partners who share the WorkWell values

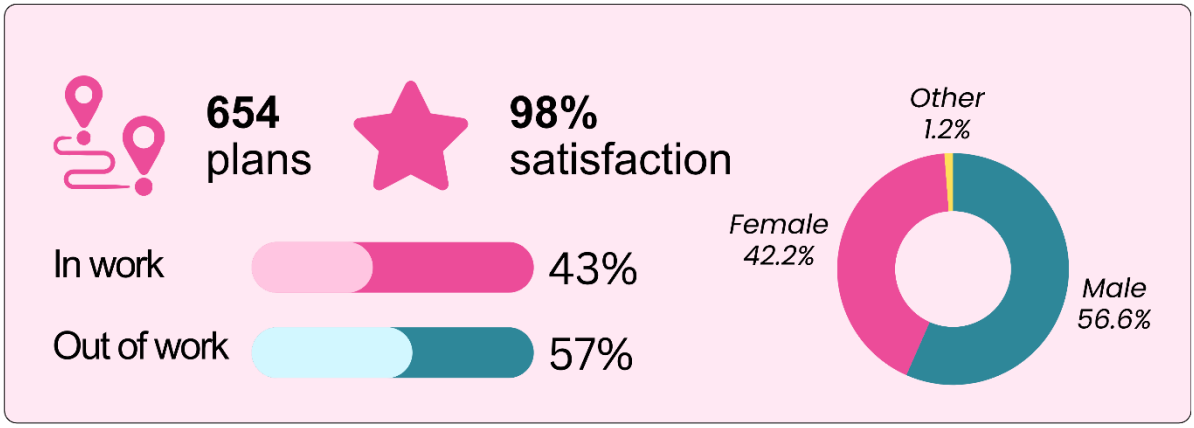
PARTCIPANT FEEDBACK

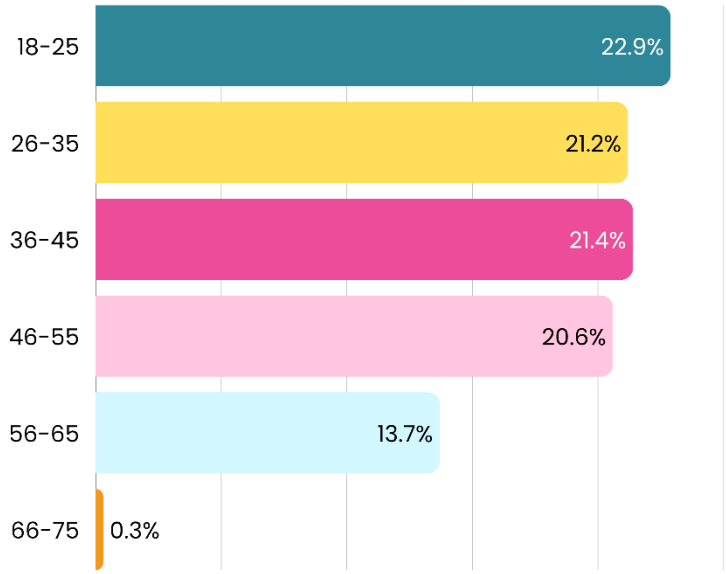
"When I first came to WorkWell, I couldn't see a future for myself, I had no direction, poor mental health and no belief that things could change. Now I wake up and am actually looking forward to what I can do and what's ahead. I feel proud to be feeling like the "old" me and am looking at returning to work after a long period off sick with a sense of positivity that I thought I'd never have again"

Delivery partners

Lancaster City Council

5.4 Burnley





TOP 3 PRIMARY HEALTH BARRIERS

- Mental and behavioural
- Musculoskeletal
- Circulatory system

TOP REFERRAL ROUTES

- Jobcentre Plus
- Self-referral
- Employer

Lindsey Danson, WorkWell Lead for Burnley said:

"The pilot has demonstrated a strong and growing need for integrated health and employment support. We are incredibly proud of the team for going above and beyond to help participants make significant improvements in confidence, resilience, physical health and wellbeing, resulting in excellent job outcomes."

KEY LEARNING

- Participant engagement is strongest when support is personal, flexible and holistic
- Trust building, active listening and consistent communication are essential
- Access to a variety of wellbeing services helps to address physical, emotional and social barriers
- Strong partnerships create routes to wellbeing services, interventions and training
- Events can strengthen visibility, increased access and relationship building

KEY ACHIEVEMENTS

- Supporting participants into a range of roles across multiple sectors
- Participants making progress in confidence, wellbeing, and readiness for work
- Delivery of community events to raise service awareness
- Providing strong redundancy support for large organisations including Boohoo
- Sharing of resources, contacts and best practice to support participant outcomes

INNOVATIONS

- Using motivational interviewing to build participant confidence
- Carrying out appointments in different locations in line with participant needs
- Organising Live well, Work Well events, connecting participants with services, employers and wellbeing
- Encouraging social interaction and learning through Cook and Connect sessions
- Using digital tools to strengthen CV building and job searching
- Promoting the service on social media and on town centre billboards

PARTNERSHIP HIGHLIGHTS

- Strong collaboration with local partners including Burnley Borough Council, DownTown and Burnley Together, the DWP SWAP team, Burnley UKSPF, National Careers Service, Kings Trust, Physio Fusion and Burnley Leisure
- Partners supporting access to wellbeing programmes, community groceries, skills development, mental health support and employability pathways

SUCCESS DRIVERS

- A supportive team who shares ideas, resources and solutions
- Strong knowledge of the employability sector
- Using of social media to increase visibility and drive referrals
- Partnership working to increase access to services, interventions and training
- A clear support model helping participants understand their journey
- Ensuring fair access for participants facing multiple barriers

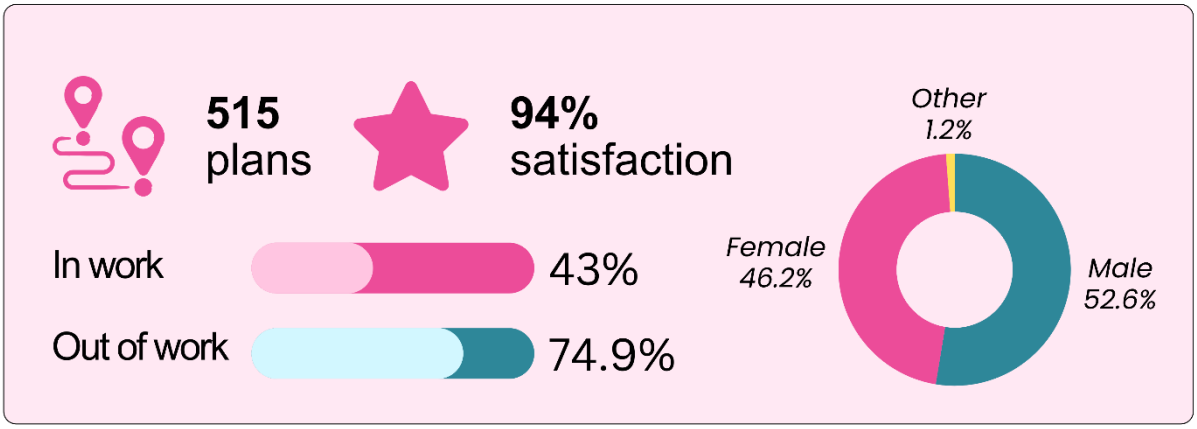
PARTCIPANT FEEDBACK

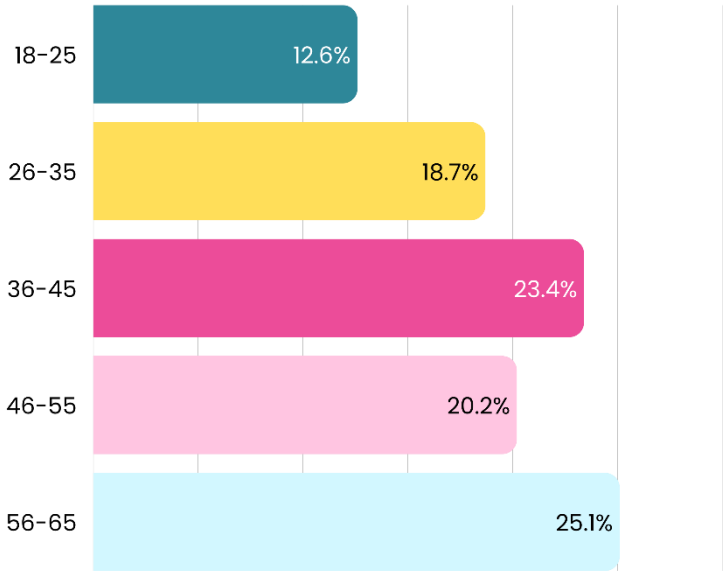
"I cannot thank Calico and my Work and Health Coach enough for their excellent help in assisting me with finding new employment after a difficult year with illness. I would highly recommend anybody who has been in a similar situation to myself to reach out for help - they are brilliant."

Delivery partners

Burnley Borough Council delivered in partnership with Calico

5.5 Blackpool





TOP 3 PRIMARY HEALTH BARRIERS

- Mental and behavioural
- Musculoskeletal
- Circulatory system

TOP REFERRAL ROUTES

- Jobcentre Plus
- Self-referral
- Other

Keith Potter, WorkWell Lead for Blackpool said:

"WorkWell across the Fylde Coast shows the impact of strong partnerships and a person-centred approach. By working closely with health, wellbeing and employment services, we've been able to support people with complex barriers, stabilise their circumstances and help them take positive steps towards work at a pace that's right for them."

KEY LEARNING

- Simple, clear communication reduces referral barriers
- The No Wrong Door approach allows partners to refer easily
- A tiered RAG--style system improves the management of high caseloads by enabling prioritisation, compliance and consistency

KEY ACHIEVEMENTS

- Improving access to mental health support, physical activity pathways and wellbeing services through multi agency working
- Delivery of timely emotional support through a Lancashire Mind secondment
- Improving employment preparation through better CV development, job search coaching, action planning and interview support
- Delivery of effective stabilising support for participants with complex barriers
- Increasing Primary Care referrals through successful networking and promotions

INNOVATIONS

- Developing a new screening form and referral tracker for consistent triaging
- Using a shared WorkWell mailbox, ensuring continuity during staff absence
- Creating a weekly diary for advisers, balancing appointments, admin tasks and engagement
- Regular audits ensuring high standards across service delivery

PARTNERSHIP HIGHLIGHTS

- Working with Lancashire Mind and Active Blackpool to enhance mental health and wellbeing outcomes
- Collaborating with Jobcentre Plus, adult learning providers and community organisations to offer wider pathways into education, volunteering and employment
- Working with Primary Care Networks to align support with participant health needs

SUCCESS DRIVERS

- Outreach is central to the success of the WorkWell service
- Work and Health Coaches embracing community-based support

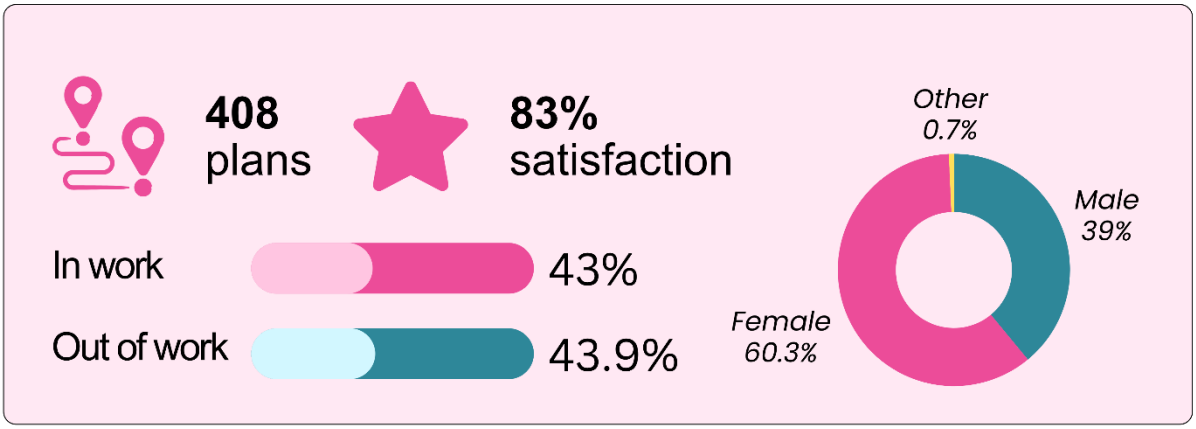
PARTCIPANT FEEDBACK

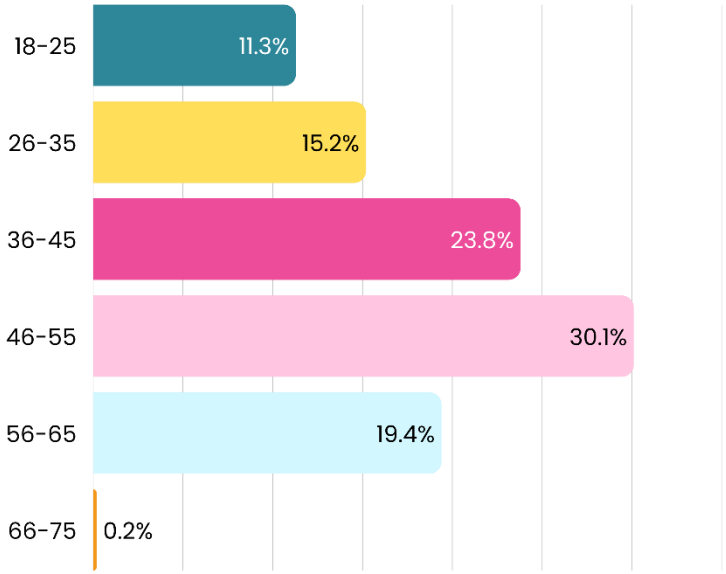
"The staff are very down-to-earth and positive. A great service to help people move forward into work."

Delivery partners

Blackpool Council

5.6 Blackburn with Darwen





TOP 3 PRIMARY HEALTH BARRIERS

- Mental and behavioural
- Musculoskeletal
- Respiratory system / circulatory system

TOP REFERRAL ROUTES

- GP or primary care
- Jobcentre Plus
- Employer

Amy Greenhalgh, WorkWell Lead for Blackburn with Darwen said:

"I am incredibly proud of the speed at which WorkWell was embedded into an existing service model. The team have been central to every aspect of the programme, from influencing the choice of data collection, partnership working and linking with wider strategic work. I am looking forward to seeing more positive outcomes for local people accessing this much needed service."

KEY LEARNING

- Building partner relationships is key to setting up and embedding a new service
- Absorbing WorkWell delivery into existing teams can result in faster service set up
- Existing infrastructure and partnerships enable system connectivity
- Working with well-established services can support strong referral pathways
- Regular working groups enable sustained focus and drive towards targets

KEY ACHIEVEMENTS

- Developing an accessible service with various referral routes
- Using incentives to increase participant engagement e.g. free gym memberships
- Creating resources and merchandise to promote the service at public events
- Embracing local advertising opportunities including road-side digital screens
- Developing an accessible webpage for the programme*

INNOVATIONS

- Collaborating with Primary Care to carry out targeted patient engagement
- Delivery of the service from different locations in line with local need
- Creating engaging content to promote the programme across multiple channels**
- Using existing networks to promote the service e.g. BwD Social Prescribing Alliance

PARTNERSHIP HIGHLIGHTS

- Buy-in from local GPs, enabling a streamlined referral route
- Collaborating with Growth Lancashire to support workplace retention
- Working with MSK/physio teams to strengthen referral pathways
- Joint efforts to increase mental health support in community and clinical settings
- Supporting staff from public sector organisations at open day events

SUCCESS DRIVERS

- Agile approaches to service delivery, responding to participant needs
- Leveraging years of partnership work to build trust in the service
- Well established infrastructure and community links
- Working with partners to build connectivity between services
- Involving staff in the development of processes, marketing materials and planning

PARTCIPANT FEEDBACK

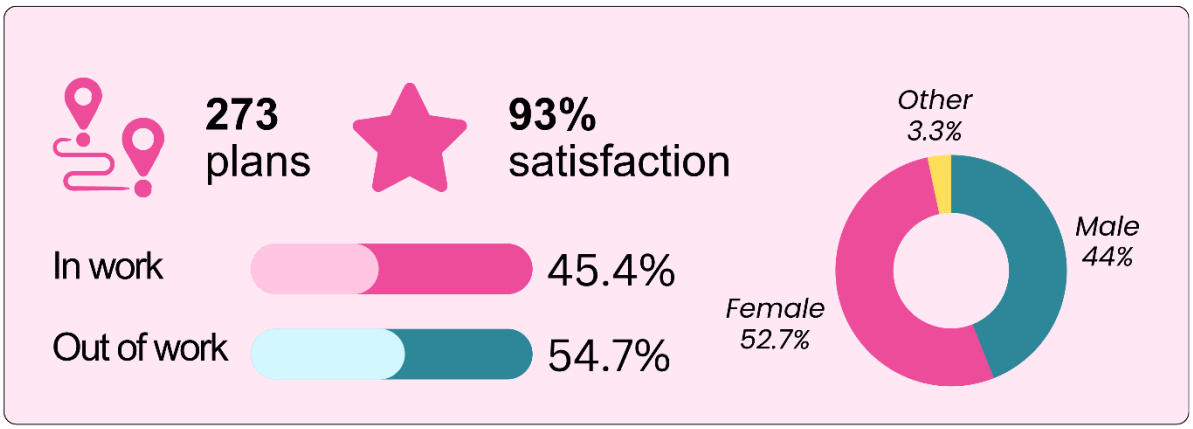
"I am very satisfied with the service I have received in the 8 weeks I have been attending. Working with a health coach on my weight and learning about the different foods that are good for weight loss. I would highly recommend the WorkWell to anyone who is struggling or just needs that bit of motivation. Thank you so much."

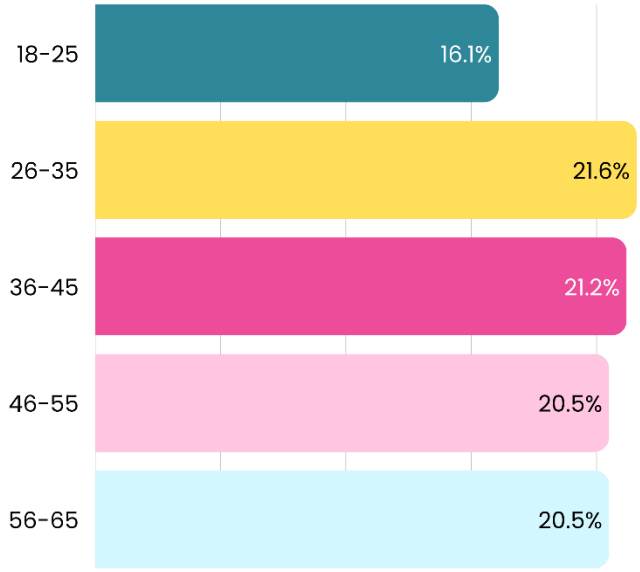
Delivery partners

Blackburn with Darwen Council

*Refresh Blackburn with Darwen
**https://youtu.be/xY1LsVAInmM

5.7 Barrow in Furness





TOP 3 PRIMARY HEALTH BARRIERS

- Mental and behavioural
- Musculoskeletal
- Progressive illness

TOP REFERRAL ROUTES

- Jobcentre Plus
- Self-referral
- GP or primary care

Suzy Ryan, WorkWell Lead for Barrow in Furness said:

“I am incredibly proud of the team- their flexibility, resilience, hard work, and unwavering dedication to making this pilot a success. Their ability to adapt, learn, and remain focused on participants has been exceptional.”

KEY LEARNING

- Clear service foundations need to be established prior to services going live
- Maintaining open, consistent communication will support the service model to evolve
- Early communication with partners is needed to clarify service purpose, criteria, referral processes, data sharing requirements and engagement expectations

KEY ACHIEVEMENTS

- Successfully rolling out the service within Primary Care
- Delivery of an ADHD learning session, enhancing support for participants
- Creating a comprehensive support service information booklet
- Registering with local foodbanks, helping provide essential support to participants
- Expanding the service across South Lakes and Millom
- Shortlisted for the Excellence in Healthcare Partnerships Award
- Work and Health Coach nominations for the Cumbria Health “Communities Award”

INNOVATIONS

- Collaborating with Furness Homeless Support for individuals facing multiple challenges
- Offering holistic support to Haverigg Prison employees
- Building partnerships with Furness College to widen opportunities for apprentices and signposting participants into adult learning pathways
- Participating in business breakfasts, enabling stronger employer engagement
- Using diverse promotion methods including coasters, bus adverts and videos

PARTNERSHIP HIGHLIGHTS

- Excellent working relationship with MIND including seamless referral flows
- Co-located partnership with BEATS (exercise scheme), supporting joint working and referrals
- Regular partnership meetings with DWP/Jobcentre teams
- Partnership with CVS Volunteering for Health, providing a pathway from volunteering to work readiness
- Sharing learning with WorkWell North to ensure consistency across the county
- Working with local business networks to engage employers

SUCCESS DRIVERS

- The team’s commitment, hard work, and dedication to participants
- Using success stories to reinforce value of the service
- Continuous upskilling and training opportunities for the team to improve confidence, capability, and understanding of participant needs.
- Support from the ICB to deliver a service that is successful and fit for purpose

PARTCIPANT FEEDBACK

“My experience with WorkWell is nothing but positive. It has changed my outlook on exercising and given me hope that I can improve my mobility. I feel safe and supported.”

Delivery partners

Cumbria Health

6.0 Case Studies

6.1 Blackburn with Darwen

Referral and Initial Engagement: As part of the WorkWell service a participant with long term health conditions was referred to the 12-week Refresh exercise on referral programme. They were experiencing high pain levels, low energy, reduced mobility and a loss of independence.

Support and Interventions: The individual accessed supervised exercise, including aquastride, in a supportive and understanding environment. They reported that the supportive staff and group setting helped to maintain engagement despite fluctuating symptoms.

Progress and Outcomes: Participation in the programme resulted in improvements in confidence, mood, energy levels and physical strength. In addition to these benefits the participant also gained the confidence to continue exercising independently and could manage their long-term condition, whilst remaining in work.

6.2 Burnley

Referral and Initial Engagement: A participant joined WorkWell after having to leave their role as a Vehicle Body Engineer due to health reasons following an operation. At the point of their first appointment, they were feeling low in confidence and morale.

Support and Interventions: With the support of their Work and Health Coach the participant explored employment barriers and future aspirations, resulting in an action plan focused on pursing driving work. Next steps involved CV development and digital support as part of the job application process.

Progress and Outcomes: With the support of the Work and Health Coach the participant was invited to an interview for a driving position which resulted in them being offered the job. They have now been successfully employed in this new role for several weeks.

6.3 Blackpool

Referral and Initial Engagement: An individual, who was working at McDonalds at the time, engaged in the WorkWell service due to concerns around the physical demands of the job. The participant expressed an interest in working with computers and despite having relevant skills, she lacked confidence with online meetings, video interviews, and professional presentation.

Support and Interventions: The team supported the participant using a gradual confidence building approach. This included delivering appointments online, allowing her to become more comfortable with video communication. She was also supported to complete an online job interview including preparation and guidance beforehand.

Progress and Outcomes: Although the participant was not offered the role following the interview, her confidence has grown considerably. She now feels confident identifying suitable roles, attending video meetings, and is progressing towards employment within her desired sector. Most recently the participant has been shortlisted for an apprenticeship following a recruitment day in Manchester and will receive the outcome shortly.

6.4 Barrow-in-Furness

Referral and Initial Engagement: A participant self-referred to WorkWell South Cumbria after seeing an advert on social media. At the time of joining the programme, they were working part-time in a takeaway whilst managing several physical and mental health conditions, including fibromyalgia, Type 2 diabetes, anxiety, and depression.

Support and Interventions: Due to their mental health needs, the participant was referred to Mind in Furness to undertake a six-week Guided Self-Help programme. A referral to BEATS (exercise and therapy scheme) took place later in the process once the individual's medical conditions stabilised. Other support included encouragement to attend social groups, access to a building confidence course with Cumbria Adult Learning and help with job applications which involved interview support from Inspira.

Progress and Outcomes: With growing confidence and improvements in physical health, the participant applied for three job roles which resulted in securing two interviews and subsequently, one job offer. They are now moving forward into full-time employment as an IPS Employment Specialist, marking a significant step in their journey.

Barrow-in-Furness participant

7.0 Nationally Recognised Innovations

7.1 Supporting large scale redundancies in Burnley

During the pilot phase, the WorkWell team in Burnley provided immediate on-site support to individuals affected by redundancies at Boohoo. The scale of the redundancies - affecting around 1,400 people locally - created a sudden employment shock, with WorkWell working closely with DWP and partners to rapidly mobilise targeted work and health support.

Innovation: The offer focused on:

- Rapid deployment of WorkWell support to affected individuals
- Close joint working with DWP to identify and reach those impacted
- Tailored, individualised support to help people manage health needs and transition back into employment
- Flexible use of WorkWell resource to respond to a sudden increase in demand

Process: Supporting the large-scale redundancy involved close consultation with Boohoo to coordinate on-site delivery and understand redundancy timelines. Deployment of the team and additional recruitment was also required to manage the demand and provide consistent support.

Working with local partners, the team were able offer tailored interventions including employment skills, access to training, links to local employers, health and wellbeing support and access to digital support including translation services. This holistic model ensured individuals were not only job-ready but were also supported physically, mentally, and financially through their transition.

Leanne Parsons, Pennine Health & Employment Lead from the Department of Work and Pensions said: “I have worked very closely with WorkWell on some large-scale redundancies here is Pennine including Boohoo, Exertis and the Original Factory Shop.

“The Boohoo redundancies were one of the largest we have ever seen in the local area with 1400 people immediately affected. Our WorkWell colleagues were eager to support, and the team quickly pivoted resource ready to offer their services to the displaced workforce. WorkWell worked closely with the DWP to offer support to each individual effected, helping to significantly minimise the social and economic risk to Burnley and the surrounding areas.”

Outcomes: The innovation delivered strong and measurable outcomes including:

Offering intensive support to over 100 individuals

Successfully supporting most participants into employment

Increasing access to accredited training, improving long-term employability

Reducing barriers to work through financial and practical support

Enabling entrepreneurship by supporting individuals to establish their own businesses

Summary: The Boohoo response demonstrated that WorkWell can act as a rapid-response intervention, using integrated work and health support to stabilise individuals, reduce long-term inactivity risk, and protect local economies during major redundancy events.

Chart 1

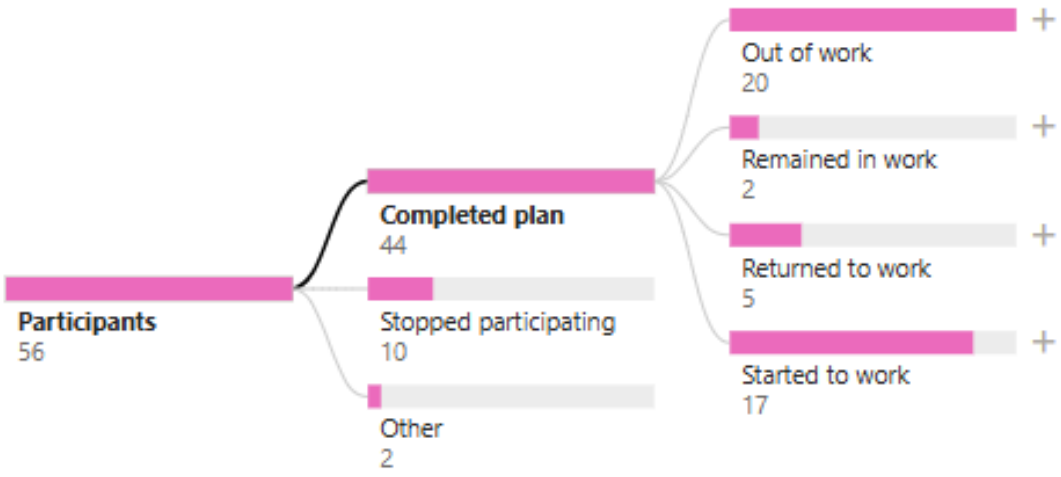


Chart 1 illustrates the outcomes of WorkWell participants impacted by the Boohoo redundancies in Burnley.

New business established following WorkWell support.

7.2 Primary Care Innovation Fund in Barrow-in-Furness

The Primary Care Innovation Fund (PCIF) was a time-limited, nationally funded pilot designed to test how primary care can play a more proactive role in work and health support.

Its core purpose was to create capacity, trial new models, and generate evidence on how integrating WorkWell into general practice could improve outcomes for patients, GPs, and the wider system.

Each WorkWell area received funding (nationally set at £100k per site) to:

- Test different delivery models
- Develop locally tailored approaches rather than a single national model

Locally, PCIF enabled:

- Closer integration between GP practices and WorkWell services
- Embedding of work and health support within practices
- Development of referral pathways between GP staff and WorkWell advisors

This effectively positioned primary care as a front door into work and health support.

Funded activity focused on:

- Increasing skills and capability within primary care teams
- Creating dedicated roles or protected time to address work-related issues
- Moving work and health from a peripheral issue to a core part of primary care practice.

A key national intention was to:

- Identify what works in different local contexts
- Develop models that could be scaled or replicated more widely

The Primary Care Innovation Fund was a catalyst for transformation, aiming to:

- Reframe fit notes as an opportunity for early intervention
- Embed work and health support into routine primary care
- Reduce GP burden while improving patient outcomes
- Generate evidence for scalable, system-wide change

Innovation: The Barrow model tested how WorkWell could be embedded within primary care, using PCIF funding to create a more integrated and accessible work and health offer. It explored the impact of placing a Work and Health Coach directly into GP practices, alongside providing additional support for proactively identifying suitable participants.

Core approach

- Co-location within GP practice (e.g. Bridgegate Medical Centre)
- Dedicated WorkWell presence in primary care, building day-to-day relationships with practice teams
- Introduction of weekly drop-in sessions for patients and staff
- Development of clear referral pathways between GP teams and WorkWell advisors
- Ongoing internal promotion and engagement within the practice to embed the offer

In practice, this moved WorkWell from an external service to a visible, embedded primary care function.

Process: Embedding the WorkWell service into Primary Care initially involved establishing a close working relationship with colleagues at Bridgegate Medical Centre. Early awareness raising took place through the introduction of weekly drop-in sessions to share the service

offer and tailored guidance with patients and staff. Next steps involved developing referral pathways between GP practice staff and WorkWell advisors to ensure patients had streamline access to support. Finally, the service was promoted internally within the practice to increase awareness and engagement.

Hallie Rea, Receptionist at Bridgegate Medical Centre said: "As well as a benefit to the patients, there is also a benefit to the practice. It is taking the workload off the GPs as well as us (reception team). At the end of their 12-weeks with WorkWell, we want patients to return to work safely and confidently."

Outcomes: The innovation delivered a variety of positive outcomes including:

Improving accessibility to support services within a trusted healthcare setting

Strengthening partnership working between primary care and WorkWell South Cumbria

Increasing awareness of employment and wellbeing support available to patients

Providing earlier intervention for individuals experiencing work and health barriers

Embedding a holistic approach to patient wellbeing through integrated support

Developing of a scalable model that could be expanded throughout Primary Care

Summary: The Barrow model showed that embedding WorkWell directly into GP practices can:

- Shift primary care from a reactive fit note function → to a proactive work and health intervention point
- Improve patient outcomes while reducing practice workload
- Provide a replicable blueprint for integrating work and health into neighbourhood care

8.0 Outcomes and Impact

The Lancashire and South Cumbria WorkWell pilot has delivered meaningful outcomes at participant, system, and strategic levels, demonstrating the value of early, integrated work and health interventions in addressing economic inactivity.

8.1 Participant Outcomes

WorkWell has delivered consistent improvements in confidence, wellbeing, and readiness for work, supported by a highly positive participant experience:

- 94% satisfaction rate across the programme, with strong qualitative feedback evidencing improvements in mental wellbeing, motivation and self-efficacy
- Participants reported increased confidence in managing health conditions, navigating employment pathways, and engaging with employers
- Case studies demonstrate progression into employment, sustained participation in work, and improved ability to manage long-term conditions

The holistic model - addressing physical, mental, and social barriers simultaneously - has enabled individuals to take practical, sustainable steps towards employment and improved health outcomes.

8.2 Employment Outcomes

A defining strength of the programme has been its focus on sickness prevention and job retention, aligning with a national shift towards earlier intervention:

- A significant proportion of participants were already in work (38%), enabling timely intervention before labour market exit
- Delivery partners report strong impacts in supporting individuals to remain in employment, particularly those at risk of exiting due to health conditions
- The programme has demonstrated its value in ‘stemming the flow’ of people leaving work due to ill health, a key driver of economic inactivity

For those out of work, WorkWell has supported:

- Increased readiness for employment
- Progression into interviews, training and job opportunities
- Successful transitions into employment, as evidenced through local case studies

This dual focus on retention and return-to-work represents a significant evolution from traditional employment support models.

8.3 Health and Wellbeing

WorkWell has demonstrated clear benefits in supporting improved health outcomes for working-age populations, particularly in relation to:

- Mental health and MSK conditions, which represent the primary barriers to work across the cohort
- Improved self-management of long-term conditions through early intervention and coordinated support

- Increased access to appropriate services, including mental health support, physiotherapy and community-based provision

Participants frequently reported:

- Improved mental wellbeing and resilience
- Increased physical activity and mobility
- Reduced anxiety relating to work and health

These outcomes reinforce the strong relationship between good work and good health, and demonstrate the value of integrating employment support within health-led pathways.

8.4 System-Level Impact

At a system level, WorkWell has successfully established a functioning, integrated work and health model, bringing together a wide range of partners across Lancashire and South Cumbria:

- Strengthened referral pathways across Jobcentre Plus, Primary Care, VCSE organisations and self-referral routes
- Improved connectivity between health, employment, skills and community services, reducing fragmentation
- Enhanced collaboration between NHS, local authorities and DWP, supporting a more coordinated system response

The programme has also:

- Enabled more efficient use of local resources, reducing duplication across services
- Provided a local, single point of access and triage, improving navigation for participants
- Supported the development of shared objectives and aligned delivery models across partners

This represents a shift from isolated service delivery towards a coherent, place-based system of support.

8.5 Strategic and Economic Impact

WorkWell has contributed to wider strategic objectives across health, workforce and economic systems, including:

- Supporting a reduction in health-related economic inactivity, one of the most significant challenges facing the UK labour market
- Reinforcing the role of the NHS and ICBs in influencing workforce participation and productivity
- Contributing to local strategies such as Get Lancashire Working and Get Cumbria Working, improving alignment across programmes

Crucially, the programme has provided a proof of concept for integrated work and health delivery, directly informing national policy development.

9.0 Integration with the Wider Work and Health Landscape

9.1 Return to Work Initiatives

In addition to WorkWell, there are many other ‘return to work’ initiatives in operation across Lancashire and South Cumbria, in particular Connect to Work and Integrated Placement Service for Severe Mental Illness (IPS/SMI). The teams overseeing these initiatives are working to increasingly align these offers to simplify the arrangements for local delivery teams and to ensure participants get the best level of support for their individual needs.

WorkWell and Connect to Work are complementary government initiatives in the UK under the broader ‘Get Britain Working’ strategy, designed to help people with heath conditions or other complex barriers to employment.

WorkWell provides holistic, health led support (mental and physical) via Work & Health Coaches. **Connect to Work** is a broader, larger-scale employment service focused on helping people move into work quickly via a Supported Employment model. Together, they create complementary entry points and an integrated pathway: Connect to Work concentrates on rapid job placement, while WorkWell addresses the underlying health issues that may prevent sustained employment. By working with local partners, they offer a joined-up system that ensures people receive the right blend of health and employment support-led support.

9.2.1 Connect to Work

Connect to Work is a supported employment programme that primarily targets individuals who are currently outside the workforce (unemployed or economically inactive) and face greater disadvantages or complex barriers to employment.

- Focus: Helping people find and sustain new work using an evidence-based "place, train, and maintain" model of supported employment.
- Support: Participants work one-on-one with an employment specialist to set goals, develop CVs, find job placements, and receive ongoing support for both the employee and employer to ensure the job is sustainable.
- Broader Employment Focus: A national programme designed to get people into work, often focusing on speed and job retention.
- Supported Employment: Aims to match people with jobs according to preference and need, support them in the workplace, and work with employers for necessary adjustments.
- Large Scale: Expected to support significant numbers of people, complementing other services.

9.2.2 Key Differences

Feature	WorkWell	Connect to Work
Primary Audience	People in work or recently left work due to health issues.	People primarily out of the workforce with complex barriers.
Intervention Stage	Early intervention to prevent job loss.	Focus on entering or returning to work from unemployment.
Support Model	"Light touch" work and health coaching and triage to local services.	Intensive, specialist-led "place, train, and maintain" employment support.
Delivery Mechanism	Led by NHS Integrated Care Boards.	Delivered via grants to Local Authorities.

9.2.3 Integration of the two services

- Complementary Services: WorkWell tackles the health barriers, while Connect to Work focuses on the job market; they aren't in competition but are part of a wider system.
- Joined-Up Support: The goal is to provide seamless care, with health teams and employment services collaborating so a participant gets health advice *and* job support, not one or the other.
- Referral Pathways: A person might start with a WorkWell coach to stabilize their health and then be referred to Connect to Work for job searching, or vice versa, depending on their immediate need.
- Local Partnerships: Local authorities and health bodies working together are key to ensuring these services, along with others, link up effectively to meet local needs.

In summary, **WorkWell** focuses on helping individuals manage their health to stay in their current job or return to work, while **Connect to Work** provides intensive support to help people who are out of work get into a new job. Both are part of a unified effort to integrate health and employment support systems in the UK.

9.3 Individual Placement and Support for people with severe mental illness

Individual Placement and Support (IPS) is an evidence-based employment support model, designed for people with severe mental illness (SMI) who want to work. The service integrates employment specialists within mental health teams and focuses on rapid job search and competitive employment rather than lengthy pre-work training.

IPS SMI is aimed at:

- Adults with severe mental illness
- OR mental illness that is severely impacting on their life

Who are over the age of 16 and are looking to secure/retain paid employment.

There is no requirement to be 'job ready', support starts immediately and works in conjunction with clinical treatment and recovery plans. Provision is offered in Primary and Secondary Care settings across the whole of Lancashire and South Cumbria footprint.

9.4 Working together

The teams overseeing these initiatives are working closely together to increasingly align their respective offers, recognising the need to reduce complexity across what can otherwise be a fragmented landscape of provision. This alignment is focused on simplifying referral pathways, clarifying roles and responsibilities between programmes, and improving coordination at a local delivery level. By doing so, local delivery teams are better supported to navigate the system and make timely, appropriate referrals, avoiding duplication and ensuring a more seamless experience for participants. Ultimately, this collaborative approach aims to ensure that individuals receive the right support, at the right time, in the right setting, drawing on the strengths of each programme to meet their specific health and employment needs and supporting more sustainable outcomes.

9.5 Get Cumbria / Get Lancashire Working

Within both Cumbria and Lancashire, WorkWell is not positioned as a standalone programme but as a foundational component of a broader, system-wide response. It enables:

- Earlier intervention before individuals fall out of work entirely
- Improved system navigation, ensuring participants access the right service at the right time
- More efficient use of resources, reducing duplication across programmes

This reflects the wider design principle that successful work and health approaches depend on aligned local systems rather than isolated interventions, with strong collaboration between NHS services, local authorities, employment support and employers.

WorkWell's role within the Get Cumbria Working and Get Lancashire Working Strategy's is particularly important in creating seamless pathways between health and employment programmes. It operates alongside other initiatives, helping to:

- Stabilise individuals' physical and mental health as a precursor to employment readiness
- Provide informed onward referrals into supported employment or specialist provision
- Support job retention and workplace adjustments, reducing avoidable exits from employment

This complementary positioning ensures that individuals are not forced to navigate complex systems independently but instead experience a more coordinated journey across services.

Both strategies seek to address local labour market challenges, including workforce shortages, economic inactivity and health inequalities. WorkWell contributes to these priorities by:

- Supporting people to remain in work, reducing recruitment pressures on local employers
- Enabling people to return to work more quickly, particularly following periods of ill health
- Addressing health inequalities, particularly in communities with higher rates of long-term conditions

Its locally commissioned, multi-partner delivery model also ensures that support is tailored to the specific needs of different places across Lancashire and South Cumbria, reflecting varied population health profiles and economic conditions.

As an ICB-led programme, WorkWell reinforces the role of the health system in economic and workforce outcomes. Through its integration into Get Cumbria Working and Get Lancashire Working, it helps to:

- Embed work-focused approaches within health pathways
- Strengthen partnership working across NHS, local government and DWP systems
- Align local delivery with national priorities on prevention, workforce participation and productivity

This supports a broader shift towards designing services that enable people to live healthier working lives, rather than focusing solely on returning people to work after crisis.

"The alignment of the Connect to Work and WorkWell programmes in Cumbria is integral to the success of the wider Get Cumbria Working Plan. The plan aims to achieve an 80% target employment rate in the county by 2029, and it is acknowledged that this can only be achieved through meaningful collaboration and partnership working.

No singular programme can tackle economic inactivity alone, therefore it is essential that there is true integration between Connect to Work and Work Well, as well as wider provision in the work and health space. This is especially the case in Cumbria, where existing structural barriers pose challenges to residents accessing services, and the need for programmes to work together is unavoidable.

I welcome the expansion of the WorkWell programme which will significantly support the residents of Cumbria, the aims of the Get Cumbria Working Plan, as well as those of the new Cumbria Combined Authority."

Isobel Brown, Programme Director, Enterprising Cumbria

"The ICB–LCC partnership did not just deliver WorkWell – it co-produced the evidence base that made it necessary, then jointly designed and implemented the solution.

This partnership is fundamental to tackling the rise in economic activity locally and has been further cemented through the development and joint publication of Get Lancashire Working, driving a strategic approach to better integrating work and health provision."

Dr Michele Lawty-Jones, Director, Lancashire Skills and Employment Hub, Lancashire Combined County Authority

9.6 The Role of the ICB

ICB's have an increasingly central role in the Work and Health agenda because they sit at the point where health improvement, service delivery and place-based partnerships or neighbourhood working intersect. The ICB's role is not to "run employment programmes" but to enable, align and influence the system so that health, work and productivity outcomes improve together.

ICBs are the strategic leaders of local health systems, with statutory responsibility for improving population health and reducing inequalities. This inherently includes people's ability to enter, stay in and progress in work, given the strong relationship between health, employment and deprivation.

ICB's have the ability to shape commissioning priorities and service models which enables them to embed work-related considerations into health pathways by encouraging work-focused conversations, supporting early interventions for people at risk of falling out of work and aligning MSK, mental health and long-term condition services with vocation and employment support. Evidence shows that early, work-focused health support significantly improves return-to-work and retention outcomes, reducing future demand on the NHS.

WorkWell has shown that meaningful change comes from how effectively we learn as a system. By embedding continuous feedback into delivery, strengthening relationships across partners, and using insight to inform decision-making, we are creating a more responsive and adaptive service model. This approach enables us to identify what works, address challenges early, and share learning at pace across localities.

In doing so, we are not only improving services today, but building the foundations for a more integrated, sustainable system that can better support people to stay in and return to work, while reducing health inequalities over the longer term."

Charlotte Moul, Work and Health Learning and Change Senior Manager, Lancashire and South Cumbria ICB

10. National Policy Recognition and Expansion

In January 2026, the government formally declared the WorkWell pilot a success and announced a national rollout across England, backed by £259 million over three years.

The key reasons cited for this expansion were:

- High demand and sustained take-up
- Strong engagement from Primary Care
- Clear alignment with:
    - Get Britain Working
    - Pathways to Work
    - NHS reform and waiting list pressures

The national rollout aims to:

- Support up to 250,000 people
- Continue delivery in existing pilot sites
- Expand WorkWell to all ICBs in England

This is a huge testament to the Lancashire and South Cumbria WorkWell Service and the other vanguard areas. At the outset, Ministers approached the pilot with caution given its innovative nature; there was no established evidence base, and it marked the first time funding for a programme of this kind had been devolved to ICBs. The pilot was intentionally designed to test a new, integrated approach. The decision not only to extend the programme for a further three years, but also to expand it nationally, is a strong reflection of the pilot's success and the value it has demonstrated

As WorkWell transitions from pilot into its next phase, Lancashire and South Cumbria will focus on scaling and consolidating its model to maximise impact and sustainability. Building on strong pilot performance and learning, the programme will prioritise increasing access and reach across all localities, strengthening referral pathways, particularly within Primary Care and community services, and further embedding WorkWell within integrated place-based systems. There will be a continued emphasis on aligning with complementary programmes to simplify the landscape and create seamless participant journeys. Over the next phase, the ICB will also invest in strengthening data capture, outcome measurement, and evaluation capability to evidence long-term health, employment and system benefits. Alongside this, employer engagement and preventative approaches will be expanded, with a focus on supporting job retention and reducing avoidable exits from the workforce. Collectively, these developments will position WorkWell as a core component of the local work and health infrastructure, supporting improved population health, reduced economic inactivity and more resilient local economies.

11. Strategic Priorities for WorkWell 2.0

As WorkWell transitions from pilot into its next phase, Lancashire and South Cumbria will focus on consolidating and scaling its model to maximise long-term impact. The following strategic priorities reflect both local learning and emerging national direction.

1. Scaling Access and Targeting Need

Objective: Expand access to WorkWell to reach a broader and more diverse population, with a focus on those at greatest risk of economic inactivity.

Priority actions:

- Increase service capacity across all localities
- Target underserved populations, including those with multiple long-term conditions
- Strengthen outreach and community-based delivery models

Strategic intent: Ensure WorkWell operates at sufficient scale to systematically reduce health-related economic inactivity, rather than acting as a targeted pilot intervention.

2. Embedding WorkWell within Primary Care Pathways

Objective: Strengthen integration with Primary Care to enable earlier identification and intervention for individuals at risk of falling out of work.

Priority actions:

- Embed referral pathways within GP practices, Primary Care Networks (PCNs) and wider primary care teams
- Support work-focused conversations within clinical pathways, particularly for MSK and mental health conditions
- Align WorkWell with fit note reform and wider NHS prevention priorities

Strategic intent: Position WorkWell as a core component of preventative health pathways, enabling earlier intervention and reducing avoidable escalation of both health and employment issues.

3. Enhancing Employer Engagement and Retention

Objective: Develop a stronger, more systematic approach to employer engagement, with a focus on job retention and healthy workplaces.

Priority actions:

- Expand engagement with employers, particularly SMEs and priority sectors
- Provide structured support for workplace adjustments, job redesign and retention planning
- Strengthen links between WorkWell and local economic and workforce strategies such as Get Britain Working

Strategic intent: Shift from a participant-focused model to a dual focus on individuals and employers, recognising that sustainable employment outcomes depend on supportive workplaces.

4. Strengthening System Integration and Alignment

Objective: Simplify and align the wider work and health landscape to create seamless participant journeys.

Priority actions:

- Strengthen alignment with Connect to Work, IPS SMI and other local provision
- Clarify referral pathways and programme roles across the system
- Reduce duplication and improve coordination at place level

Strategic intent: Move from a collection of programmes to a coherent, integrated system of work and health support, improving experience, efficiency and outcomes.

5. Developing Data, Evaluation and Insight Capabilities

Objective: Build a robust evidence base to demonstrate long-term impact and inform future commissioning and policy decisions.

Priority actions:

- Strengthen data capture and performance monitoring across delivery partners
- Align metrics to reflect prevention, retention and sustained employment outcomes
- Integrate local data with national evaluation frameworks

Strategic intent: Ensure WorkWell is evidence-led and outcome-focused, with the ability to demonstrate both short-term impact and long-term system value.

6. Embedding WorkWell within Place-Based Systems

Objective: Position WorkWell as a core component of local economic, health and workforce strategies.

Priority actions:

- Align delivery with Get Lancashire Working and Get Cumbria Working
- Embed WorkWell within place-based partnership structures
- Support local areas to adapt delivery models based on population need

Strategic intent: Reinforce WorkWell as part of a whole-system approach to improving population health and economic participation, rather than a standalone programme.

Collectively, these priorities position WorkWell 2.0 to move beyond pilot delivery and become a core element of integrated work and health systems, delivering sustainable improvements in health, employment and economic outcomes across Lancashire and South Cumbria.

12. Evaluation

12.1 National Evaluation

A full, independent evaluation of the pilot is currently underway, tracking:

- Health outcomes
- Employment sustainment
- Earnings impacts
- System-level benefits

Participants will be followed for up to two years after support, with a final evaluation report expected in Autumn 2028.

The findings will inform:

- Whether WorkWell becomes a permanent part of England's work-and-health infrastructure
- How outcomes are measured in future (prevention vs job outcomes)
- How far eligibility and scale should expand

12.2 Early Findings

Early implementation findings[2] show that WorkWell is successfully delivering a locally-led, integrated work and health model, with strong initial participant engagement and promising early outcomes. However, delivery remains at an early stage, with continued focus required on strengthening referral pathways, embedding partnerships, and reducing variation across local systems as the programme scales.

The Lancashire and South Cumbria pilot strongly aligns with these findings, and in several areas demonstrates more mature system development. The programme evidences robust partnership working, high participant satisfaction, and clear early outcomes, whilst also reflecting national challenges around referral pathways, system integration and service variation. Importantly, Lancashire and South Cumbria provides practical, place-based examples of how these challenges can be addressed, positioning the system as a leading example within the national WorkWell programme.

2 WorkWell Pilots Evaluation – Early Implementation Findings - GOV.UK

13 Summary

The Lancashire and South Cumbria WorkWell pilot has demonstrated the value of a locally led, integrated approach to addressing the complex and growing challenge of health-related economic inactivity. Emerging at a time of record levels of long-term sickness and widening pressures on both the labour market and public services, WorkWell has provided a practical, system-wide response that moves beyond traditional programme boundaries.

A key strength of WorkWell has been its focus on early intervention and prevention, supporting individuals before they fall out of work or become detached from the labour market entirely. By positioning work as a key determinant of health, and health as a critical enabler of employment, the programme has successfully reframed the national conversation from “return to work” towards sustaining healthy working lives.

Across Lancashire and South Cumbria, the pilot has shown that integration is not aspirational but operationally achievable. Through strong partnership working between the NHS, local government, DWP, VCSE, and employers, WorkWell has created a more connected system of support. This has enabled individuals to access timely, tailored interventions that address physical, mental, and social barriers to employment, rather than navigating fragmented services independently.

The programme has also demonstrated the importance of local flexibility within a national framework. By allowing places to design delivery models based on population need, WorkWell has supported innovation across diverse geographies, from urban centres to rural communities. The varied delivery models across districts highlight that while context matters, core principles - person-centred support, partnership working, and integration - remain consistent drivers of success.

Early evidence from the pilot indicates strong participant engagement, high satisfaction rates, and meaningful progress towards employment and wellbeing outcomes. Importantly, the programme has had a significant impact on individuals at risk of leaving work, reinforcing the value of preventative approaches in reducing future demand on both welfare systems and the NHS.

The Lancashire and South Cumbria model has also contributed to the national evidence base, with learning from the pilot directly informing the decision to expand WorkWell across England. Strengths such as data-driven performance management, employer engagement, and effective partnership structures position the system as a leading example of good practice.

WorkWell’s role within the wider work and health landscape has been critical. By aligning with complementary programmes such as Connect to Work and IPS SMI, the pilot has helped to create clearer pathways and a more coherent system offer, ensuring individuals receive the right support at the right time. This system approach reduces duplication, simplifies access, and improves outcomes.

Looking ahead, the transition to WorkWell 2.0 represents a significant opportunity to scale impact and embed sustainability. Priorities for the next phase include strengthening referral pathways - particularly through Primary Care - enhancing employer engagement, improving data and evaluation capabilities, and further alignment with wider economic and health strategies such as Get Lancashire Working and Get Cumbria Working.

At a strategic level, WorkWell reinforces the growing role of ICBs in shaping the relationship between health and economic outcomes. The programme demonstrates how health systems

can contribute directly to workforce participation, productivity, and inclusive growth, while also addressing health inequalities.

In conclusion, WorkWell has evolved rapidly from a time-limited pilot into a core component of the emerging work and health infrastructure. It provides a credible, scalable model for integrating services around individuals' needs, supporting healthier working lives, and addressing one of the most significant socio-economic challenges facing the UK. The Lancashire and South Cumbria experience shows that with the right partnerships, data, and local leadership, it is possible to deliver meaningful, system-level change that benefits individuals, communities, and the wider economy.