
NHS Sussex

WorkWell

Horizon Scan

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About this report

Announced at the Spring Budget 2023, WorkWell is a joint initiative by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC), launched as part of the UK Government's strategy to reduce health-related economic inactivity.

Health Innovation Kent Surrey Sussex (KSS HIN) was commissioned by NHS Sussex to provide two discovery reports. The first is a deep dive into three selected areas, to help plan, mobilise and evaluate a WorkWell service in Sussex. For more information, please contact Health Innovation KSS: enquiries@healthinnovation-kss.com

This second report covers the results of a wider Horizon Scan, providing additional information and context in relation to WorkWell services. It draws on key national, regional, and local sources of information to illustrate the context of economic inactivity, due to ill health. The report is split into the following four sections:

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1. The political landscape of WorkWell

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Introduction

The WorkWell initiative, a flagship programme jointly led by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC), is designed to support better integration between health and employment. It emerged from a complex and evolving political landscape shaped by rising levels of economic inactivity, growing health inequalities, and increasing pressure on the welfare system, especially since the pandemic.

To understand the rationale and trajectory of WorkWell, and outline its alignment with ongoing policy discussions, this report traces the key policy developments from 2020 onwards that laid the groundwork for the implementation of WorkWell initiatives. The report covers two periods:

1. 2020 to 2023, covering the policy drivers informed by the effects of the COVID-19 pandemic, and
2. 2023 onwards, covering the emergence of WorkWell and the wider policy focus on economic inactivity and health and employment support integration.

This report will also consider possible implications of the range of policies and proposals outlined here for the ongoing WorkWell programme in Sussex.

2020-2023: The COVID-19 pandemic and the health and employment policy drivers for WorkWell

In 2020, the COVID-19 pandemic triggered economic inactivity and health-related employment challenges, leading to increased demand for integrated health and employment support. Initial recovery plans from the UK Government focussed on furlough schemes and temporary employment support.

The first policy initiative emerging from the pandemic challenges regarding employment was the **Skills for Jobs White Paper**¹, which outlined new employer-led training. This put employers at the heart of the skills system by introducing **Local Skills Improvement Plans (LSIPs)**² to ensure training was aligned with local labour market needs.

Local Skills Improvement Plans

LSIPs form an integral part of the Skills and Post-16 Education Act 2022. They are a key part of the Government's transformational vision of the skills system where businesses, particularly SMEs, are given a much stronger voice in local skills planning. The aim of the plans is to ensure provision is more responsive to emerging and changing skills needs and being locally driven, they can be tailored to the challenges and opportunities most relevant to the area. LSIPs promote stronger alignment between health and employment services, emphasising upskilling and workforce retention, especially in sectors with high health-related attrition (e.g. care, construction, logistics etc.).

In Sussex, the Sussex Chamber of Commerce leads on LSIP delivery, launching its own LSIP in 2023 via a dedicated 'Future Skills Sussex' platform³ after extensive consultation with separate plans for Brighton & Hove, East Sussex, and West Sussex. The June Sussex LSIP 2025 report⁴ outlines developments in aligning post-16 technical education with local labour market needs across Brighton & Hove, East Sussex, and West Sussex. The report also highlights challenges such as economic inactivity, ageing demographics, and recruitment barriers, particularly in rural and coastal areas. Looking ahead, the priorities outlined included deepening employer engagement, preparing for potential skills devolution, and sustaining innovation through coordinated efforts. The LSIP

¹ [Skills for jobs: lifelong learning for opportunity and growth - GOV.UK](#)

² [Local skills improvement plans - GOV.UK](#)

³ [Future Skills Sussex](#)

⁴ [Sussex LSIP Report](#)

continues to evolve as a strategic framework to boost productivity, inclusivity, and employability across Sussex.

LSIPs are an example of a range of emerging regional networks embedding skills and employment initiatives. Skills and Employment East Sussex⁵ (SES) is a well-established network in East Sussex, and there are also established networks in Brighton & Hove and West Sussex. These initiatives create opportunities for programmes like WorkWell in Sussex to align health and employment support with sector-specific training pathways, helping individuals with health conditions re-enter or remain in work.

The LSIP promotes a whole-system approach through its 'Improvement Framework', which includes themes like Intelligence, Talent, and Innovation. These themes support data sharing and collaborative planning, which WorkWell services could potentially leverage to better target interventions and co-design services with employers and training providers.

The Changing Futures programme

The Changing Futures Programme⁶ is a £91.8 million joint initiative between the Ministry of Housing, Communities and Local Government and The National Lottery Community Fund designed to improve outcomes for adults experiencing multiple disadvantage. It launched in 2021 and is due to end in March 2026. At the time of writing, continuation plans for the programme have not been confirmed. Across 15 local partnerships in England, it aims to improve outcomes for adults facing multiple disadvantage, defined as experiencing three or more of the following:

- Homelessness
- Mental ill health
- Substance misuse
- Domestic abuse
- Current or historical offending.

Sussex was awarded a £4.45 million grant as part of the programme, accounting for approximately 5% of programme participants, with the 2024 Evaluation Report⁷ highlighting specific support for 193 individuals in Sussex. Whilst not Sussex-specific, the national report highlights how the programme has

⁵ [Skills & Employment East Sussex \(SES\) | East Sussex County Council](#)

⁶ [Changing Futures - GOV.UK](#)

⁷ [2024 Evaluation of the Changing Futures Programme](#)

developed employment pathways supporting participants into peer mentoring, volunteering, and training roles.

WorkWell and Changing Futures have a shared focus on (i) early intervention for individuals facing multiple barriers to stability, including health, housing, and employment and (ii) multi-agency collaboration and data sharing across health, social care, and employment services.

The Fuller Stocktake report and emergence of Integrated Neighbourhood Teams

Against a post-pandemic growing concern over long-term sickness and access to healthcare across primary, secondary and urgent care, NHS England (NHSE) commissioned Surrey Heartlands CEO, Dr Claire Fuller, to explore how primary care could be transformed to deliver more personalised, proactive, and preventative care. The Fuller Stocktake Report⁸ was published in May 2022. The report highlighted the urgent need to address health inequalities and wider determinants of health, such as employment, housing, and education, by embedding multidisciplinary teams within communities and aligning services across health, social care, and the voluntary sector. At the heart of this was the vision for integrating primary care through Integrated Neighbourhood Teams (INTs), also referred to today as Integrated Community Teams (ICTs), bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations. The transformation required is described as needing a “*step-change in progress, with a systematic cross-sector realignment to form multi-organisational and sector teams working in neighbourhoods.*”

The 2025 10 Year Health Plan for England (see below) builds directly on this vision. It identifies INTs with their multidisciplinary, place-based teams, designed to deliver proactive, personalised, and preventative care, as a core delivery mechanism for shifting care from hospitals to communities, from analogue to digital, and from sickness to prevention.

In their emergent form in Crawley, Hastings and East Brighton, the three selected Transformation Sites for the initial implementation and evaluation of a WorkWell service in Sussex, INTs have been key to the mobilisation and delivery of a WorkWell pathway. INTs align well with WorkWell in their integrated, neighbourhood-level approaches to deliver services. It is also noteworthy that the Fuller Report proposed that Integrated Care Systems (ICSs) should look to extend occupational health and wellbeing provision across primary care

⁸ [The Fuller Stocktake Report](#)

organisations, which could tie into WorkWell initiatives delivered within primary care – a theme developed in the NHS Long Term Workforce Plan (see below).

Individual placement and support for severe mental illness

In 2023, the government brought about guidance⁹ for ICSs supporting the national rollout of Individual Placement and Support for severe mental illness (IPS). IPS is an evidence-based model of supported employment, which has been rigorously trialled and has consistently outperformed all other tested forms of support for job seekers with severe and enduring mental health problems¹⁰. The implementation of IPS was part of the NHS Long Term Plan and is a fundamental part of the ongoing transformation of community mental health (CMH) services. IPS should be embedded within integrated models of primary and CMH services for patients with severe mental illness.

The NHS Long Term Workforce Plan¹¹

The NHS is the largest employer in the UK, and one of the largest globally. The Workforce Plan, published in June 2023, projects that, with full implementation, the NHS permanent workforce will grow to 2.2–2.3 million by 2036/37. Whilst directed towards the NHS workforce, the Plan is strongly aligned with the principles of WorkWell as it embeds a strong emphasis on the relationship between health and employment. Furthermore, as such a significant employer nationally, the focus on supporting its own workforce will naturally interface with WorkWell services wherever they are provided. An over-arching alignment with WorkWell is clear from the report in that it recognises that:

- Good health enables sustained employment.
- Employment contributes to better health outcomes.
- Integrated, preventative, and inclusive workforce strategies are essential to both.

The report echoes the findings of our accompanying deep dive report highlighting volunteering as a recognised pathway into NHS careers, with benefits for mental and physical health. It also noted the role of the NHS Cadets¹² initiative targeting underrepresented groups and offering skills and experience that enhance employability.

⁹ [NHS England » Individual placement and support for severe mental illness](#)

¹⁰ [A meta-regression of the impact of policy on the efficacy of individual placement and support - Brinchmann - 2020 - Acta Psychiatrica Scandinavica - Wiley Online Library](#)

¹¹ [NHS Long Term Workforce Plan](#)

¹² [NHS England » NHS Cadets youth volunteering programme](#)

The Workforce Plan re-asserts the important role for Occupational Health (OH) outlined in the Fuller Report, recommending ICSs invest in OH and wellbeing services aligned with the national Growing OHWB Together strategy¹³ that promotes a preventative, system-wide approach to keeping staff well. It highlights that even modest investments in mental health support can yield significant savings through reduced absenteeism, enhancing workforce capacity and productivity. The report sets a plan for NHSE to support ICSs in extending OH services across primary care to ensure a healthier, more resilient workforce.

The NHS major conditions strategy¹⁴

This strategy, published in August 2023, outlines a five-year blueprint to improve outcomes for six major health conditions, which together account for over 60% of ill health and early death in England: cancer, cardiovascular disease, musculoskeletal (MSK) disorders, mental ill-health, dementia, and chronic respiratory disease. With regard to the mental health and MSK focus of WorkWell it provides the following commitments:

Mental Health

- The strategy commits to better support people with serious mental health conditions, including improving their physical health and integrating mental health into broader care models.
- It emphasises early intervention, care coordination, and long-term condition management, recognising that mental ill-health often coexists with other chronic conditions.
- The strategy promotes whole-person care through ICSs, which is key to supporting people with mental health challenges in maintaining employment.

MSK

- The MSK strategy component promotes prevention, early detection, and workplace support, including physical activity, healthy weight, and ergonomic environments
- The strategy highlights the economic impact of MSK conditions and the need for workplace-based interventions to reduce early retirement and improve productivity.

The major conditions strategy was launched by the Conservative government of the time; however, in 2024, a representative of the current Labour government announced there would be a pause on the strategy while they developed their

¹³ [NHS England » Growing occupational health and wellbeing together strategy](#)

¹⁴ [Major conditions strategy: case for change and our strategic framework - GOV.UK](#)

plans to “rebuild the NHS”¹⁵. These plans have effectively come to fruition now in the recently published 10 Year Health Plan for England¹⁶ (see below). While both the strategy and the plan share overlapping goals – such as improving outcomes for major health conditions, shifting care upstream from secondary to primary and community care, and reducing health inequalities – there is no formal statement in the 10 Year Plan indicating that the major conditions strategy has been superseded or absorbed into it.

2023 onwards: WorkWell and the policy focus on economic inactivity

Emerging from the multiple post-pandemic policy initiatives, a range of policies with a more explicit focus on economic inactivity have been launched. Starting with the WorkWell Vanguards Scheme towards the end of the Conservative government, and further developed by the current government, many are tied to the theme and proposals of the Get Britain Working White Paper as detailed below.

Initiatives launched in the Conservative 2023 spring and autumn budgets

The Conservative Government’s Spring budget of 2023 was the launch pad for a host of policies and initiatives designed to improve the integration of health and employment, much of which followed through with the current Labour government. Most notably, this includes the WorkWell Vanguard scheme, but also includes initiatives in MSK services, Universal support and Fit Note reform (as detailed below).

The Back to Work Plan¹⁷

In the Autumn 2023 budget, the Conservative government launched the ‘Back to Work Plan’ that included a boost for four key programmes – NHS Talking Therapies, Individual Placement and Support, Restart and Universal Support – with the aim to benefit up to 1.1 million people over the following five years and help those with mental or physical health conditions stay in or find work. The plan also announced stricter benefit sanctions to be enforced by the DWP for people who can work but refuse to engage with their Jobcentre or take on work offered to them. Benefit claimants who continue to refuse to engage with the Jobcentre face having their claim closed under the plan. The reform of welfare support for the unemployed is also a central tenet of the Get Britain Working white paper (see below), launched by the current Labour government.

¹⁵ [Government pauses work on 'major conditions' strategy - Pulse Today](#)

¹⁶ [10 Year Health Plan for England: fit for the future - GOV.UK](#)

¹⁷ [Employment support launched for over a million people - GOV.UK](#)

The Universal Support scheme¹⁸

This component of the Back to Work Plan began its first phase with £53 million in funding, aimed at helping 25,000 long-term sick and disabled people into work by September 2024. In this programme, participants are referred by Jobcentre Work Coaches to contracted providers of personalised support from employment advisers, tailored to individual strengths and preferences. It targets people with complex barriers to employment, including those in the Employment and Support Allowance Support Group, where only 1% typically leave the benefit system each month. The Autumn Statement 2023 expanded the programme's ambition to reach up to 100,000 people annually.

Fit Note reform

The 2023 Spring Budget proposed Fit Note reform, including plans to test new models for Fit Note issuance, aiming to improve support for people with long-term health conditions and reduce economic inactivity. This led to a formal call for evidence¹⁹ launched in April 2024 to gain the perspective of relevant stakeholders, exploring how the Fit Note process could better support people to start, stay, and succeed in work. As of now, no formal government response has been published from the Fit Note Reform consultation that closed on 8 July 2024.

Despite no formal response to the consultation, the Government launched a £1.5 million WorkWell Primary Care Innovation Fund²⁰ to reform the fit note process across 15 WorkWell Vanguard regions (see below). This initiative aims to reduce pressure on GPs and help people with health conditions return to work by shifting the focus from simply declaring individuals "not fit for work" to offering constructive support and alternatives.

The funding will enable GP teams to integrate professionals such as work and health coaches, occupational therapists, and social prescribers into the Fit Note process. These specialists will provide holistic support, including career coaching, mental health advice, and advice on workplace adjustments. The pilot is expected to support up to 56,000 people into employment by spring 2026 and forms part of the government's broader Plan for Change (see below), which includes reforms to welfare, Jobcentre services, and NHS-community integration to tackle economic inactivity and improve public health outcomes.

¹⁸ [25,000 people to be helped into work as government ramps up roll-out of flagship Universal Support scheme - GOV.UK](#)

¹⁹ [Written statements - Written questions, answers and statements - UK Parliament](#)

²⁰ [Boost for GP practices to help people back to work - GOV.UK](#)

The WorkWell Vanguards Scheme²¹

Launched in the Spring Budget 2023, the WorkWell Prospectus: guidance for Local System Partnerships was followed through with formal invitations to local systems issued in late November 2023. The WorkWell initiative represents a strategic response to rising health-related economic inactivity, particularly among those with long-term health conditions. Initiated jointly by the DWP and the Department of Health and Social Care (DHSC), it is part of a broader £2 billion package announced in the Spring Budget 2023 to help individuals start, stay, and succeed in work. The programme aligns with the Levelling-Up agenda and the major conditions strategy (see above), focussed on the leading causes of health-related economic inactivity: mental health and MSK conditions. It aims to provide early, holistic support through integrated local services, recognising that good work is a key determinant of health and wellbeing.

The policy landscape underpinning WorkWell reflects a shift toward integrated, preventative approaches to employment and health, building on evidence highlighting the long-term risks of sickness absence and the benefits of early biopsychosocial interventions²². The initiative seeks to address systemic fragmentation by fostering collaboration across health, employment, and community sectors. By embedding employment support within health pathways and leveraging local knowledge, WorkWell aspires to reduce inequalities, enhance productivity, and support a more inclusive labour market. The guidance sets out clear expectations for delivery, funding criteria, and timelines, positioning WorkWell as a cornerstone of future work-health policy integration.

WorkWell is designed to be locally led, with Integrated Care Boards (ICBs) acting as grant applicants in partnership with local authorities, Jobcentre networks, and community organisations. These Local System Partnerships – known as Vanguard Partnerships – are currently piloting the delivery of WorkWell services, including low-intensity work and health assessments, coaching, and coordinated access to local support. The guidance emphasises the importance of tailoring services to local needs and building on existing infrastructure to create a single, joined-up gateway for individuals facing health-related barriers to employment. The programme also supports Fit Note reform pilots and aims to improve access to employment support through innovative, cross-sector collaboration.

The 15 Vanguards are:

- Birmingham and Solihull
- Black Country

²¹ [WorkWell prospectus: guidance for Local System Partnerships - GOV.UK](#)

²² Much of this evidence is collated in the '[Keep Britain Working Review: Discovery](#)'

- Bristol, North Somerset and South Gloucestershire
- Cambridgeshire and Peterborough
- Cornwall and the Isles of Scilly
- Coventry and Warwickshire
- Frimley
- Herefordshire and Worcestershire
- Greater Manchester (including Oldham and Bury)
- Lancashire and South Cumbria
- Leicester, Leicestershire and Rutland
- North Central London
- North West London
- South Yorkshire
- Surrey Heartlands

As these Vanguards are in their infancy, there is little published material on how they have chosen to design and operationalise their services. The information available online illustrates how varied the offerings can be and illustrates the expansion in remit beyond MSK and mental health to other long-term health conditions. This information provides valuable pointers to inform areas like Sussex who have received leadership funding (see below) to align health and employment support services in ways informed by the general principles of WorkWell. A selection of WorkWell Vanguard service designs is detailed below, with a range of resources attached to each available through the footnote hyperlinks.

- **Frimley Health and Care**²³ WorkWell programme covers the ICS footprint across Slough, Northeast Hampshire, Farnham, and Surrey Heath. Services include personalised coaching and access to local resources, aiming to help people start, stay in, or return to work. The programme is embedded within primary care settings and supported by a resource pack²⁴ for local practices to raise awareness. It reflects a proactive, preventative approach to economic inactivity, aligning with national goals, to reduce pressure on GPs and improve employment outcomes for people with long-term health conditions.
- **Surrey Heartlands** is integrating WorkWell within its broader health and care strategy, through a service delivered by **Surrey County Council**²⁵ focusing on neighbourhood-level delivery through multidisciplinary INTs (see above, Fuller Stocktake and below, 10 Year Health Plan for England). These INTs consist of professionals such as social prescribers,

²³ [WorkWell | Frimley Health and Care](#)

²⁴ [WorkWell | Frimley Health and Care](#)

²⁵ [WorkWell: Supporting people with health issues to start, stay or return to work - Surrey County Council](#)

occupational therapists, and community nurses, working collaboratively to provide holistic support. The approach aims to eliminate referral delays and enhance access to employment-related health interventions, particularly for those receiving Fit Notes. Five Voluntary Community and Social Enterprise (VCSE) organisations have been contracted to support the delivery of WorkWell, including: 'Way Through' who provide WorkWell coaches aligned to Primary Care networks and 'Active Surrey', who provide physical activity advice for WorkWell participants. The eligibility is a broad as: '*anyone who is currently worried about how their health is impacting their ability to start, return to, or stay in work*'.

- **Leicester, Leicestershire and Rutland (LLR)**²⁶ aims to deliver services via a digital referral hub and a team of Work and Health Coaches embedded in local health and care settings.
- **Greater Manchester**, including **Oldham**²⁷, has local delivery managed by Oldham Council in partnership with Action Together and NHS Greater Manchester. The programme targets four cohorts, including those at risk of unemployment due to mental health or MSK conditions, but also:
 - People with long-term health conditions or disabilities who are economically inactive. This cohort includes those who are not actively seeking work due to enduring health challenges but may benefit from tailored support to explore employment options.
 - People who are on Fit Notes and at risk of becoming long-term inactive. This group includes individuals currently signed off work by a GP, where early intervention could prevent prolonged absence and support a return to work.
- **Bury**²⁸, also part of the Greater Manchester footprint, has a 'Live Well' team delivering services to 200 participants, focusing on early intervention and integration with existing employment and health services.

The Vanguards are collaborating on a **WorkWell Toolkit** as an operational manual for ICB managers, councils and their partner agencies. As pilots continue to develop the content throughout the year, the final version is expected to be published towards the end of 2025, containing guidance on establishing local work and health programs that cover key topics such as recruitment, data sharing, and design.

As well as sharing learning from WorkWell pilot areas, the toolkit will bring insight from other programmes relevant to the integration of work and health.

²⁶ [LLR ICB WorkWell Full Delivery Plan August 2024 v4 FINAL \(2\) fully signed](#)

²⁷ [9 Committee-Report-EDS-06-24 GM Work Well Oldham Delivery Project.pdf](#)

²⁸ [HWB WorkWell 23-09-24.pdf](#)

WorkWell leadership funding

Following the launch of the Vanguards scheme, DWP & DHSC announced further WorkWell leadership funding available to all ICBs to make further progress in this critical area of enhancing health, work and skills integration to secure additional leadership capacity and strategy development in Integrated Care Systems across England. NHS Sussex was successful in applying for this funding and commissioned Health Innovation KSS to support the delivery of the current WorkWell programme, alongside other key partners (see Economic section for further details).

Health Innovation KSS plays an active role in the South East Work and Health Community of Practice Network run by the DHSC, which provides a platform for all ICSs and partners across the South East receiving leadership funding to learn from each other's perspectives and WorkWell Vanguards such as Frimley and Surrey.

Expansion in Talking Therapies Employment Advisor service

In January 2024, NHSE announced the expansion as part of a pilot programme across the country. Currently, 40,000 people are being linked up with employment advisors to support them back into work²⁹. The Employment Advisers in NHS Talking Therapies programme was first piloted in December 2017 as part of a collaboration between the Joint Work and Health Unit (a partnership between the DWP and the DHSC) and local NHS services.

Once individuals are signed up to the service, the NHS ensures that employment advisors are on hand to offer help with writing CVs, setting career goals, and giving them the confidence to apply for vacancies.

Employment and mental health are closely linked, and research shows employment support from an adviser, alongside therapy, can help improve symptoms of anxiety and depression³⁰. By March next year, every person accessing NHS Talking Therapies will be offered the chance to benefit from employment advice.

Employment Advisors in Musculoskeletal (MSK) Clinical Pathways and scaling up MSK Hubs

The Spring Budget announced a suite of measures to enable people to better manage their MSK condition so they could remain economically active. This included the introduction of employment advisers (EAs) into MSK pathways,

²⁹ [NHS England » NHS helps tens of thousands of people with mental health problems into work](#)

³⁰ For example a review of 17 randomized trials of the Individual Placement and Support programme (detailed earlier) [Cambridge University Press – Modini et al. \(2016\)](#)

building on the successful EAs in the NHS Talking Therapies programme because: “*Embedding EAs into MSK services will improve health and work outcomes by helping people with MSK conditions to start, stay and succeed in work, while aiming to free up clinical capacity.*”³¹

The Spring Budget also announced: “*Scaling up Musculoskeletal (MSK) hubs: we will turn community hubs and leisure centres into MSK hubs which deliver evidence-based support for MSK conditions in England so more people can access treatment.*”

*GIRFT Community MSK Delivery Programme*³²

The GIRFT (Getting It Right First Time) Community MSK Delivery Programme is a key channel for implementing and funding the Spring Budget 2023 announcements related to MSK community hubs.

Following the announcement, the Joint Work and Health Directorate (DWP/DHSC) awarded the GIRFT programme £3.5 million to work with ICSs that have the highest waiting lists for elective community MSK services.

The GIRFT programme’s goals directly align with the Spring Budget’s objectives to:

- Reduce waiting times
- Improve access to MSK treatment
- Support people back into employment
- Strengthen NHS MSK infrastructure

Sussex ICB was one of 17 ICBs successful in bidding for this fund and has recently been successful in a further bid for funding (see Economic Section below).

*Get Britain Working White Paper*³³

This key paper, published in November 2024, sets out the UK Government’s ambition to reach an 80% employment rate by tackling rising economic inactivity, particularly among people with health conditions, young people, and carers. It proposes major reforms, including the merger of Jobcentre Plus and the National Careers Service, the Connect to Work programme, and the devolution of employment support funding to local areas. The strategy emphasises integrating work, health, and skills systems to address regional disparities and support people into sustainable employment.

³¹ [Employment advisers in musculoskeletal pathways: prospectus - GOV.UK](#)

³² [Community MSK - Getting It Right First Time - GIRFT](#)

³³ [Get Britain Working White Paper - GOV.UK](#)

A key feature is the requirement for localised action, encouraging councils, ICBs, and other stakeholders to develop place-based plans – such as Get Sussex Working – that align with local needs and opportunities.

The Get Sussex Working Plan is a direct response to this national mandate. It is a collaborative effort between West Sussex County Council, East Sussex County Council, and Brighton & Hove City Council, designed to reflect the region's unique labour market challenges. The plan is:

- Supported by three local area action plans
- Informed by stakeholder engagement across sectors, including education and the voluntary sector
- Drawn on a report analysing public health and socio-economic data to identify pan-Sussex common themes that can be worked on collaboratively.

With an outline plan submitted to the DWP in June 2025, the final version is expected to be published in September 2025.

Funding for the Get Sussex Working Plan is expected to come from the broader £240 million national allocation outlined in the White Paper, although specific regional allocations have not yet been publicly detailed. The plan will focus on reducing economic inactivity by improving access to employment support, skills development, and health interventions. It is part of a wider devolution proposal for Sussex, aiming to give local authorities more control over employment and skills delivery, in line with the White Paper's emphasis on regional autonomy and integrated local systems.

Connect to Work Programme³⁴

The Connect to Work (CtW) Programme is the first major programme under the Get Britain Working Strategy and effectively serves as its operational arm. CtW offerings will also be a core component of the Get Sussex Working Plan as they are focussed on addressing economic inactivity where health inequalities are present. It is a voluntary supported employment initiative for disabled people, those with health conditions and individuals facing complex barriers to employment. Delivered via grants to 43 clusters of local authorities in England and four in Wales, it uses a 'place, train, and maintain' model to help participants find and stay in work, building on the existing DWP-funded Supported

³⁴ [Connect to Work - GOV.UK](https://www.gov.uk/government/programmes/connect-to-work-programme)

Employment programmes: Local Supported Employment³⁵ and Individual Placement and Support in Primary Care (IPSPC)³⁶.

Local authorities provide oversight for CtW through funding agreements with the DWP, but the national guidance indicates that delivery may include:

- Voluntary and community organisations
- Supported Employment providers
- Local health and skills services
- Employers and business representative bodies.

While there is some overlap in focus with WorkWell, the two initiatives may be differentiated in two key aspects:

- **WorkWell** acts as a **gateway** to local services, including employment support, healthcare, and community resources.
- **Connect to Work** offers **structured pathways and targeted interventions** that **WorkWell** can **signpost to** where appropriate, especially for those who may not yet be engaged with health services but are at risk of economic exclusion.

*Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper*³⁷

The Get Britain Working White Paper and the Pathways to Work paper that followed, continue the theme of reforming unemployment benefits from the previous government's Back to Work Plan (see above). The Pathways to Work paper proposed:

- Scrapping the Work Capability Assessment (WCA) with a system that assesses eligibility for extra Universal Credit support through the Personal Independence Payment (PIP).
- Tightening PIP Eligibility so claimants would need to score at least four points on one daily living activity to qualify for the daily living component, thus refocusing PIP on those with higher needs.

Other proposals included:

³⁵ [Local Supported Employment: guidance for local authorities - GOV.UK](#)

³⁶ [Individual Placement and Support in Primary Care Initiative - GOV.UK](#)

³⁷ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

- Increasing Universal Credit (UC) allowance from £92 per week to £106 per week by 2029, but reducing UC health element from £97 to £50/week by 2026/27.
- Delaying access to the UC health element until age 22, aiming to redirect funds into employment support for young people.

A £1.9 billion employment support package³⁸, also announced as part of the Spring 2025 Statement on disability and incapacity benefit reforms, is intended to support the aim of helping people with work-limiting health conditions move into employment. £1 billion annually was allocated to personalised support for disabled people and those with health conditions to help them enter and stay in work. The funding supports measures such as increased Universal Credit standard allowances (see above), targeted employment coaching, and integration with health services, and is a central component of the government's strategy to reduce long-term economic inactivity. However, the report notes that the majority of this funding – over £1 billion – is not scheduled to be spent until 2029-30, meaning it will arrive well after the benefit cuts begin to take effect. This delay has raised concerns about the support's ability to mitigate the immediate negative impacts of the reforms³⁹.

Following all party rebellion during passage of the Pathways to Work Bill, significant concessions were made to the welfare reforms; most significantly, that people already receiving PIP or the health element of UC will keep getting them, with cuts only applying to future claimants. Since its publication, the Green Paper has undergone public consultation (March–June 2025).

While some proposals – like the removal of the WCA and PIP eligibility changes – are not subject to consultation, others are being refined based on stakeholder input. The Government has committed to developing a support guarantee so that disabled people and those with a health condition affected by benefit changes also get the work, health and skills support they need to access and thrive in employment. However, the proposals have been met by strong criticism from organisations representing people living with disabilities and long-term health conditions, which argue that they risk pushing vulnerable people into financial hardship. There are calls for clearer safeguards, especially for people with progressive conditions like Motor Neurone Disease, to ensure they are not disadvantaged by delayed eligibility or increased conditionality. The government has committed to legislating key reforms in the 2025/26 parliamentary session,

³⁸ [Spring Statement 2025 health and disability benefit reforms – Impacts - GOV.UK](#)

³⁹ [No-Workaround-update.pdf](#)

with implementation of major changes (e.g. UC and PIP reforms) expected from 2026/27 onward.

*Keep Britain Working Review: Discovery*⁴⁰

The Keep Britain Working Review: Discovery was published in March 2025, authored by Sir Charlie Mayfield at the request of the Secretaries of State for Work and Pensions and for Business and Trade. It forms the first phase of an independent review into how employers can help reduce health-related economic inactivity and promote inclusive, healthy workplaces. The intended audience includes employers, policymakers, health professionals, and civil society organisations, with the goal of informing future policy by identifying where government and employers can most effectively intervene.

The review explores the drivers of inactivity, outlines systemic challenges, and sets the stage for a broader engagement phase to co-design solutions. It identifies key barriers to work – including poor job quality, lack of early intervention, and fragmented support systems – highlighting the need for better collaboration between government, employers, and health services. The review sets out a framework for future action, focusing on improving workplace health, supporting people to stay in work, and creating inclusive employment pathways.

*English Devolution Accountability Framework*⁴¹

This Framework sets out how local leaders and institutions with devolved powers, such as Mayoral Combined County Authorities (MCCAs), will be held accountable to residents, government, and Parliament. Sussex has been approved to form an MCCA, which will include East Sussex County Council, West Sussex County Council, and Brighton & Hove City Council⁴². This new strategic authority will be led by a directly elected mayor, with the first election scheduled for May 2026.

The MCCA will not replace existing councils – Brighton & Hove will remain a unitary authority, and East and West Sussex will continue to operate their county and district councils – but introduces new mechanisms like a Scrutiny Protocol and plain-English performance reporting to ensure transparency, ethical governance, and better public service outcomes. This accountability structure is designed to support the success of devolution deals and ensure that local decision-making delivers value for money and measurable progress. Mayors and combined authorities will gain enhanced control over employment support, including:

⁴⁰ [Keep Britain Working Review: Discovery - GOV.UK](#)

⁴¹ [English Devolution Accountability Framework - GOV.UK](#)

⁴² [Sussex and Brighton devolution consultation - GOV.UK](#)

- Local commissioning of employment programmes and
- Integration with health, housing, and skills services.

This is aligned with the aims of WorkWell as it enables employment support to be tailored to local needs, including those with long-term health conditions. The principals of devolution are reflected in the Get Sussex Working Plan (see above) in which the local authorities of East and West Sussex and the Unitary Authority of Brighton and Hove have come together to develop a pan-Sussex plan. There is further alignment with the emergence of INTs and the 10 Year Health Plan for England, also with the overlapping aim of ensuring planning is based on a comprehensive understanding of needs at neighbourhood levels.

Health and Growth Accelerator sites⁴³

Three Health and Growth Accelerator (HGA) sites at South Yorkshire, West Yorkshire, and North East and North Cumbria (NENC) were announced in December 2024. HGAs are designed to tackle economic inactivity by integrating NHS services with employment and skills support, particularly in areas with high levels of long-term sickness. Backed by £45 million shared across the sites over 12 months, South Yorkshire was named as one of the first areas to launch a trailblazer programme. NENC ICB has appointed our regional counterpart Health Innovation North East and North Cumbria (HI NENC) to support the innovation aspects of this accelerator.

This targeted funding is designed to pilot new models that connect people with health conditions – such as cardiovascular disease, diabetes, and mental health issues – to early treatment and tailored employment pathways.

Sites are trialling innovations such as placing employment advisers in GP practices, using digital tools for mental health and MSK conditions, and targeting chronic illnesses like diabetes and cardiovascular disease.

The economic impact of health interventions is currently being evaluated through collaboration with the Office for National Statistics (ONS) and the Office for Budget Responsibility, with findings expected to inform future policy. NHSE has indicated that if the trials prove successful, the HGA model could be scaled nationally, reinforcing its role in both public health and economic strategy.

While there is support for HGAs in the July 2025 10 Year Health Plan for England (see below), there are no specific details on funding plans currently.

⁴³ [NHS England » World leading NHS trial to boost health and support people in work](#)

The 2025 Spending Review⁴⁴

The current government Spending Review prioritises health and social care, allocating the largest departmental budget increases to these sectors, which supports the infrastructure needed for integrated services like WorkWell.

There is no specific mention of WorkWell, however, on page 93 it states “*DWPs RDEL [Resource Departmental Expenditure Limit] budget increases by more than £1.1 billion in real terms from 2023-24 to 2028-29, with a focus on tackling economic inactivity as set out in the Get Britain Working white paper and reducing fraud and error in the welfare system.*”

It is worth highlighting that the DWP continues to operate under significant financial constraints. While the review prioritised health spending, allocating 90% of all planned increases in day-to-day departmental budgets to health, the DWP did not receive a comparable uplift. A report from the Resolution Foundation highlights that the DWPs per-person budget has been cut in real terms by 31% since 2009-10, raising concerns about its ability to deliver expanded employment support and implement welfare reforms effectively⁴⁵.

Employment Rights Bill Implementation Roadmap⁴⁶

This document released in July 2025 details:

- Landmark worker protections: a roadmap outlining the rollout of new rights for around 15 million UK workers, including Statutory Sick Pay for 1.3 million low earners and day-one rights to parental and paternity leave
- Fair Work Agency Launch: a new Fair Work Agency to be established in early 2026 to enforce rights and prevent rogue employers from undercutting compliant businesses.

A phased implementation of the reforms will be introduced in stages through 2026 and 2027, giving employers time to adapt while continuing consultations with businesses, unions, and workers.

The 10 Year Health Plan for England⁴⁷

The 10 Year Health Plan for England provides more detail on plans for the three shifts that have been announced in the run up to publication:

⁴⁴ [Spending Review 2025 - GOV.UK](https://www.gov.uk/government/publications/spending-review-2025)

⁴⁵ <https://www.resolutionfoundation.org/app/uploads/2025/06/Spending-Review-2025.pdf>

⁴⁶ [Implementing the Employment Rights Bill - Our roadmap for delivering change](https://www.gov.uk/government/publications/implementing-the-employment-rights-bill-our-roadmap-for-delivering-change)

⁴⁷ [10 Year Health Plan for England: fit for the future - GOV.UK](https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future)

Shift to Community-Based Care: emphasising moving care away from hospitals and into community settings to improve accessibility and reduce pressure on acute services.

Digital Transformation: accelerating the adoption of digital tools and data systems to streamline care delivery and improve patient outcomes.

Prevention-Focused Strategy: prioritising preventing illness through early intervention, lifestyle support, and public health initiatives rather than reactive treatment.

The plan outlines a comprehensive strategy to integrate health and employment support for people with long-term conditions, disabilities, or mental health challenges:

“...we will put the NHS on a sustainable footing by adopting a new value-based approach that aligns resources to achieve better health outcomes. In turn, we will unlock broader economic benefits for the UK, helping to get people back into work and providing a bedrock for the industries of the future...”

In a section dedicated to Employment and Good Work⁴⁸ it highlights the need to build on WorkWell, Employment Advisers in Talking Therapies and Connect to Work programmes, to ensure people with health conditions have access to the holistic support they need. Furthermore, it proposes embedding employment advisers and work coaches into neighbourhood health services and making employment goals part of care plans. It expands IPS schemes for those with severe mental illness or addiction, and enhances access to online support via the NHS App. It states that the NHS, as a major employer, will work with job centres to promote inclusive recruitment, especially in economically deprived areas, and commits to reforming welfare systems to ensure people are supported into work without fear of losing benefits, while protecting those unable to work due to severe disability.

Support is also provided for HGAs under the heading ‘From sickness to prevention: power to make the healthy choice’: “*We will work with all ICBs to establish Health and Growth Accelerators models.*”

The 10 Year Health Plan also lays out a range of measures to improve mental health services including:

⁴⁸ The following Economic section provides a fuller account of this section of the 10 year Plan

- Recruitment of 8,500 mental health professionals and mental health support in schools with the rolling out of mental health support teams in education settings
- Investment in Talking Therapies, allowing patients to self-refer for these therapies via the NHS App, bypassing the need for a GP appointment. As detailed in the deep dive report, Talking Therapies clients can be linked up with employment advisers who can help with a variety of different tasks from finding a new role to CV writing, prepping for interviews, advising on reasonable adjustments in the workplace and setting goals
- Plans to set up Young Futures Hubs to make it easier for young people to access mental health, career and pastoral support in their communities, with youth workers, mental health support workers and careers advisers on hand to support young people's mental health.

Conclusion

The evolving political landscape surrounding WorkWell reflects a significant shift in national priorities toward integrating health and employment support to address economic inactivity. From early pandemic recovery strategies to the development of Integrated Neighbourhood Teams and targeted funding initiatives, successive policies have laid the groundwork for a more holistic, locally tailored approach. The WorkWell programme, supported by cross-sector collaboration and embedded within broader reforms such as the Get Britain Working strategy, could play a key role in future work-health integration. Its alignment with devolution, digital transformation, and preventative care underscores its potential to address economic inactivity while driving inclusive employment outcomes and reducing systemic inequalities across Sussex.

Bringing this review together with the findings of the NHS Sussex deep dive report, there are some shared take-home messages:

1. **Local integration is key:** The success of WorkWell depends on aligning health and employment support at the neighbourhood level. Sussex's Integrated Neighbourhood Teams and existing regional networks – like the Sussex Local Skills Improvement Plan – offer a strong foundation for delivering tailored, place and neighbourhood-based services.
2. **Policy momentum supports innovation:** A range of current and recent national strategies, exemplified by the 10 Year Health Plan for England, reinforce the importance of integrated, preventative care providing a supportive policy environment for WorkWell in Sussex.

3. **Cross-sector collaboration is essential:** Effective delivery requires partnerships across NHS, local authorities, Jobcentres, VCSEs, and employers. The partnerships evolving from the development of WorkWell in Sussex, and the collaborative planning for the Get Sussex Working Plan, exemplify this approach.

2. The economic landscape of WorkWell

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The cost of economic inactivity

Economic inactivity is defined by the ONS as “people not in employment who have not been seeking work within the last four weeks and/or are unable to start work within the next two weeks”⁴⁹. Over the past five years, the UK has seen a notable rise in economic inactivity due to ill health – particularly following the COVID-19 pandemic – rising most sharply and consistently since 2001 among 15-24-year-olds⁵⁰.

Between 2019 and 2022, the number of people economically inactive due to long-term sickness increased significantly, driven by factors such as mental health conditions, musculoskeletal issues, and long COVID⁵¹. The latest ONS data, released in July 2025, estimated that there is currently nearly 9.1 million people aged 16 - 64 who are economically inactive in the UK. Whilst the UK had one of the lowest inactivity rates in the G7 pre-pandemic, it experienced a sharper post-pandemic rise than most peers.

The Keep Britain Working Review: Discovery⁵² report highlights the significant economic burden of economic inactivity due to ill health. It cites a 2023 Oxera report⁵³, estimating that the total economic cost of lost output among the working-

⁴⁹ [Economic inactivity - Office for National Statistics](#)

⁵⁰ [LFS: Economic Inactivity: UK: People: Aged 15-24: %: NSA - Office for National Statistics](#)

⁵¹ [Rising ill-health and economic inactivity because of long-term sickness, UK - Office for National Statistics](#)

⁵² [Keep Britain Working Review: Discovery - GOV.UK](#)

⁵³ [The economic cost of ill health among the working-age population - Oxera](#)

age population – stemming from sickness absence and economic inactivity – was approximately **£150 billion**. International comparisons detailed in the Discovery show that the UK's economic inactivity due to ill health is relatively high compared to other advanced economies.

The size of the prize

The Health Innovation Network recently commissioned a report 'The Size of the Health Innovation Prize'⁵⁴ exploring how innovation has the potential to not only support personal wellbeing but also unlock economic growth and efficiencies in health care. Top-down estimates showed a potential £246 billion (9.62% of Gross Domestic Product) of productivity to be gained from reducing ill-health in the UK. The productivity gains coming predominately from increased employment rates through reducing inactivity due to health conditions and also reducing absenteeism.

The report highlighted that much of the economic impact from innovation could be realised through tackling four major health conditions:

- Mental health
- MSK disorders
- Cardiovascular disease
- Respiratory illness

In relation to mental health and MSK, which is the particular focus for the Sussex WorkWell Transformation Sites, the report goes on to look at evidence on the potential impact of return-to-work interventions. The evidence shows that they are particularly effective if implemented early, but also that they are health-focused and improve service coordination and work modification.

Current funding for addressing economic inactivity focussed on employment and health

The political section of this report outlines a range of government policies and initiatives, some of which have included funding packages for ICSs and local authorities to apply for to help address economic inactivity across England. The following tables provide more detail on the funding and financial implications of these policies and initiatives.

⁵⁴ [Defining-the-Size-of-the-Health-Innovation-Prize-report.pdf](#)

Date	Initiative and funding details	Application method and criteria
Nov 2023	<p>WorkWell Vanguards^{55, 56}</p> <ul style="list-style-type: none"> The total budget for the WorkWell pilot was designed to support up to 59,000 participants across 15 Vanguard areas. Funding was allocated based on a unit cost of £800 per participant. If each Vanguard site supported an equal share of participants (i.e. $59,000 \div 15 = \sim 3,933$ participants), each site would receive approximately: $\text{£800} \times 3,933 = \text{£3.15 million}$ over the funding period (April 2024 to March 2026). <p>Ongoing funding is contingent on a minimum data set and performance criteria set by the Department for Work and Pensions.</p> <p>There was no official statement on future funding for current Vanguard sites or any roll out to other ICBs at the time of writing this report.</p>	<p>Eligibility: Only ICBs not in the NHS Recovery Support Programme at the time of application were eligible to apply.</p> <p>Application submission:</p> <ul style="list-style-type: none"> ICBs had to submit a completed Grant Application Form on behalf of their local work and health system partnership. Applications had to follow a specific format and order, as detailed in the guidance. <p>Assessment criteria: Applications were evaluated based on a scoring methodology that included:</p> <ul style="list-style-type: none"> Local need and readiness Delivery model and integration Value for money Capacity and capability <p>There was also a tie-breaker process in case of equally scored applications.</p> <p>Timetable: The guidance included a grant application timetable, specifying deadlines for submission and notification of outcomes.</p>

⁵⁵ [WorkWell prospectus: guidance for Local System Partnerships - GOV.UK](#)

⁵⁶ A range of information and resources is available on the NHS Futures platform in the WorkWell workspace: [WorkWell National Programme - Futures](#). Access is by permission. The site has 2 levels of access: general, and for WorkWell Vanguards only.

Dec 2024	<p>WorkWell leadership and capacity funding</p> <p>The WorkWell initiative offered all ICBs additional leadership and capacity funding focused on developing Integrated Work and Health strategies, stating <i>“Putting funding and power in the hands of local partnerships to better integrate local work, health and skills services, breaking down the siloes to offer more joined up support to disabled people and people with health conditions to address their barriers to work, will be vital to getting Britain working.”</i> This fund, for the financial year (FY) 2023/2024, was aimed at new or additional leadership capacity focussed on work and health. The amount of funding available to each ICB would <i>“vary based on the level of interest, with the maximum an ICB can receive being £160,000”</i>. NHS Sussex were successful in applying for this funding, and commissioned Health Innovation KSS to support delivery of the current WorkWell programme, alongside other key partners.</p>	<p>This funding was made available via an addendum to the existing Memorandum of Understanding (MOU) that ICB's have with the DWP for the funding of employment advisers in talking therapy services. ICBs, with delivery partners, were required to submit an expression of interest for funding in a non-competitive process though the MOU addendum.</p>
May 2024	<p>Get Britain Working White Paper⁵⁷</p> <p>The government committed £240 million to support the reforms outlined in the Get Britain Working White Paper including:</p>	<p>Local authorities and mayoral combined authorities in England were expected to:</p>

⁵⁷ [Get Britain Working White Paper - GOV.UK](#)

<ul style="list-style-type: none"> • Early intervention for people at risk of long-term sickness absence • Skills development and retraining • Local employment support services • Expansion of mental health and musculoskeletal support • A new national jobs and careers service. <p>This includes £115 million in 2025/26 for local areas in England and Wales to deliver new back-to-work support for economically inactive individuals through the Connect to Work programme.</p> <p>Additionally, £125 million was announced in the paper to fund eight place-based trailblazers to reduce economic inactivity, with £45 million allocated to three areas for NHS Integrated Care System involvement. The paper does not list the eight specific areas by name. However, it does state: <i>“Trailblazers will be developed with Mayoral Combined Authorities, in London and with the Welsh Government.”</i></p> <p>A further £45 million will support Youth Guarantee trailblazers in eight mayoral authorities, aimed at ensuring 18–21-year-olds are either earning or learning.</p> <p>The WorkWell Leadership and Capacity Funding on offer (detailed above) was distinct but complementary to the funding announced as part of the White Paper, resourcing health system leadership capacity to play a central role in the development of those wider plans going forward.</p>	<ul style="list-style-type: none"> • Develop a ‘Get [Place] Working’ local plan to reduce economic inactivity (see political section above and below in ‘Current funding applied for’ for Sussex details). • Engage local stakeholders including the NHS, Jobcentre Plus, training providers, voluntary sector, and employers. • Submit plans in July 2025 that outline local challenges and proposed actions. <p>Funding Available:</p> <ul style="list-style-type: none"> • £115 million in 2025/26 for the Connect to Work programme. • Further funding through the Get Britain Working Fund and Integrated Settlements for eligible areas. <p>Key Criteria</p> <p>Plans will be assessed based on:</p> <ul style="list-style-type: none"> • Local need: demonstrating understanding of local labour market challenges. • Partnership working: evidence of collaboration across health, employment, and education sectors. • Deliverability: clear implementation plans, timelines, and governance. • Outcomes focus: measurable goals for reducing inactivity and improving employment. • Alignment: integration with other local and national strategies.
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August 2025	<p>Get Sussex Working Plan</p> <p>As detailed above, West Sussex County Council, East Sussex County Council, and Brighton & Hove City Council have collaborated on this plan, submitting their application in September 2025.</p>	<p>Currently this application is in the review process, with a review period of September–October 2025, and an expected announcement likely October–November in 2025.</p>

Future funding opportunities aligned to the 10 Year Health Plan for England⁵⁸

While the 10 Year Health Plan for England, detailed previously in the political section of this report, does not contain a section dedicated to intentions for funding health and work initiatives, it envisions a funding model that rewards integration, prevention, and outcomes, including employment. It supports a whole-person approach to care, where helping people stay healthy and in work is a core NHS objective.

This will require new partnerships, financial tools, and accountability mechanisms to ensure that health and work are no longer siloed. These tools include an expansion in Personal Health Budgets (PHBs) where patients receive a budget to manage their own care needs. The plan details a goal to double the number of PHBs by 2028–29 and make it a universal offer by 2035. PHBs can be spent on therapies, mobility aids, or community support, and so there may be opportunities for payment to flow into WorkWell aligned services such as those already signposted by social prescribers.

On pages 68-70 of the plan there is specific reference to all the initiatives outlined in this report focussed on integrating health and employment support to tackle economic inactivity, referencing a joined-up approach to initiatives launched outside the NHS by the DWP and DHSC:

“As announced in the Get Britain Working White Paper, we will join up support from across the work, health and skills systems to help address the multiple complex challenges that often stop people finding and staying in work. Our Health and Growth Accelerators are testing a novel approach where local NHS systems are supported to increase – and are held accountable for – the impact they have on people’s work status. If those Accelerators are successful, we will expect all integrated care boards (ICBs) to establish specific and measurable outcome targets on their contribution to reducing economic inactivity and unemployment based on this model. In developing that approach, we will expect ICBs to seek the closest possible collaboration with local government partners – including mayors and strategic authorities in particular – so that citizens benefit from a seamless work, health and skills offer in their area.

Building on our WorkWell Employment Advisers in Talking Therapies and Connect to Work programmes, we will ensure people with a health condition

⁵⁸ [10 Year Health Plan for England: fit for the future - GOV.UK](#)

have access to the holistic support they need. In the government's Pathways to Work green paper, we further committed to developing a support guarantee, so that disabled people and those with a health condition affected by benefit changes also get the work, health and skills support they need to access and thrive in employment. We will further pilot the integration of employment advisers and work coaches into the neighbourhood health service, so that working age people with long term health conditions have an integrated public service offer. A patient's employment goals will be part of care plans, to support more joined up service provision.

We will continue to expand provision of Individual Placement and Support schemes to help people with severe mental illness or drug and alcohol addiction find good work, provide employment support through primary care, and offer employment advice to those accessing Talking Therapies. The changes we will make in the NHS App will allow many more people out of work due to stress and depression to access online support.

Across the country, including areas with the 68 least economic opportunity, the NHS is the largest employer. We will work with local job centres and others to ensure that people from all backgrounds can benefit from a career in the NHS. Some organisations are already innovating in this space, including the Leeds Anchor Network, which has developed a novel approach to community recruitment. We outline further actions we will take to make the NHS a force for social mobility and economic prosperity in chapter.

We will also engage and partner with employers. The independent Keep Britain Working Review led by Sir Charlie Mayfield will consider the role of employers in tackling economic inactivity due to sickness and in creating healthy and inclusive workplaces. We will use the findings of that review to further explore how the systems around work and health can be improved.

*In exchange for improved support, we think it is right that citizens also take responsibility for improving their health and employment prospects. In Pathways to Work, we proposed a shift to a fundamentally more active system for those out of work due to ill health, where a guarantee of work, health and skills support is matched by an expectation to engage with conversations about work and health”*⁴⁷.

The three strategic shifts, detailed in the plan of hospital to community, analogue to digital and sickness to prevention, in turn have implications for future funding of work and health integration, as detailed below.

Strategic funding shifts in the 10 Year Health Plan for England to support work and health integration

1. Outcome-based funding models:

- The NHS will increasingly align funding with outcomes:

“We will use multi-year budgets and financial incentives to enable investment in better outcomes, not just into inputs and activity. Resources will be tied to outcome-based targets, which all commissioners and providers will have a responsibility to help meet.”

This marks a shift from funding based on activity (e.g. number of procedures) to funding based on health outcomes and patient experience.

- ICBs will be expected to establish measurable targets for reducing economic inactivity and unemployment, especially through models like Health and Growth Accelerators (see above, and in the political section).

2. Investment in transformation:

- All NHS organisations will be required to reserve at least 3% of their annual spend for one-time investments in service transformation.
- This could include pump-priming initiatives that integrate health and employment support.

3. Personal Health Budgets (PHBs):

- As detailed above, PHBs will be expanded significantly, with a goal of reaching one million people by 2030 and becoming a universal offer by 2035.
- These budgets can be used to support employment-related health needs, such as assistive technology, transport, or training.

4. Integrated commissioning and devolution:

- ICBs will be empowered to commission services across health, employment, and skills, working closely with local government and mayors.
- This supports a place-based approach to health and work integration as detailed in the above sections on ‘Get Sussex Working Plans’, tailored to local labour markets and population needs.

5. Shift from hospital to community:

- Funding will shift from hospital-based care to community and preventative services, including those that help people stay in or return to work.

- This includes Integrated Neighbourhood Teams (INTs) that integrate health, social care, and employment support. As detailed previously, the Sussex WorkWell programme is currently being delivered with oversight from INTs in Crawley, East Brighton and Hastings.

Conclusion

The economic case for developing a WorkWell service in Sussex is compelling. Rising levels of health-related economic inactivity – particularly among younger age groups – are placing significant strain on public finances and productivity. Evidence shows that early, health-focused interventions can unlock substantial economic gains, especially when targeting mental health and MSK conditions. With multiple national funding streams now available, Sussex is well-positioned to leverage these opportunities to deliver integrated, locally tailored services that reduce inactivity, improve wellbeing, and support inclusive growth. Sussex has already secured WorkWell leadership funding and is eligible for further investment through national programmes like GIRFT, Connect to Work, and the overarching Get Britain Working strategy, and is well placed to apply for any future funding for scaling up of WorkWell or delivering a Health Growth Accelerators.

3. Social aspects of economic inactivity due to ill health

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Introduction

Economic inactivity due to ill health is a growing and complex social issue that affects individuals, families, and communities across the UK. It is not only a matter of physical or mental health but also one of social connection, identity, and opportunity.

We have not included an exhaustive list of sources for this report, but have referenced several national, regional and local documents, including some that were found during the deep dive process, to help build a picture around the social aspects of economic inactivity due to ill health.

The deep dive reports developed for each of the transformation sites – East Brighton, Hastings and Crawley – also provide detail on this topic within their respective areas.

It is also worth highlighting that the 15 WorkWell Vanguards are likely to share learnings when they are further along with implementation, and we know that Frimley (ICB led approach) and Surrey (local authority led approach) are planning a joint evaluation and will be including metrics beyond the DWP reporting requirements.

What is evident throughout is that ill health – particularly mental health and MSK conditions – can drive people out of the workforce and into cycles of isolation,

financial hardship, and social exclusion. These effects are compounded by systemic inequalities, stigma, and a welfare system that can fail to provide timely adequate support, and this report highlights some key themes.

Moving forward, the development of Integrated Neighbourhood Teams (INTs, as detailed previously, also referred to as Integrated Community Teams/ICTs) provides an opportunity for deeper collaboration across local health and care services, including the voluntary sector and local government. Growing Health Together⁵⁹ based in East Surrey uses a place-based partnership approach to generate community solutions. Their recent evaluation of the work to date⁶⁰, cemented the importance of developing services at community level in order to see improvements in the health and care of individuals and the wider local population. INTs will be the foundation for delivering large-scale improvements and will enable a greater focus on initiatives that deliver population health and wellbeing benefits, relevant for any WorkWell offer.

Loss of identity and social disconnection

Leaving work due to ill health results in a profound loss of identity and social connection. Work provides structure, purpose, and a sense of belonging. When individuals fall out of employment, they frequently experience isolation and a diminished sense of self-worth⁶¹. This is especially true for young people, who are at risk of becoming NEET (Not in Education, Employment or Training)⁶². The King's Trust Youth Index 2025 found that 50% of NEET young people aged 16-25 feel hopeless about their future, and 30% have experienced a mental health problem due to unemployment⁶³Error! Bookmark not defined.. These young people also report significantly higher levels of depression, shame, and social withdrawal compared to their peers.

Social prescribing and integrated employment support models have shown some promise in addressing these issues. For example, the Working Well Individual Placement Support (IPS) in Primary Care programme in Greater Manchester showed improvements in wellbeing, mental health, confidence and an increase in job starts. Such initiatives have helped reconnect individuals with their communities, reduce isolation, and support re-entry into work⁶⁴.

Structural inequality and disadvantage

Economic inactivity due to ill health disproportionately affects those already facing disadvantage. People in low-income households, ethnic minorities, disabled individuals, and residents of deprived or rural areas are more likely to experience poor health outcomes and face barriers to accessing healthcare and

⁵⁹ [Growing Health Together](#)

⁶⁰ [Layout 1](#)

⁶¹ [working-well-ips-in-primary-care-annual-report-2024.pdf](#)

⁶² [Young people not in education, employment or training \(NEET\), UK: February 2025 - Office for National Statistics](#)

⁶³ [King's Trust TK Maxx Youth Index 2025](#)

⁶⁴ [The impact of social prescribing on health service use and costs](#)

employment support. For instance, in Sussex in 2023, only 44.6% of working-age disabled people were employed, compared to 76.2% of non-disabled people⁶⁵.

Structural racism and systemic bias further exacerbate these disparities. The NHS Race and Health Observatory's Cost of Racism report⁶⁶ highlights how ethnic minority patients often receive poorer care and face barriers to timely diagnosis and treatment. These inequalities are not just about access to services, they reflect broader social determinants such as housing, education, and employment opportunities.

Community-level consequences

The effects of economic inactivity extend beyond individuals to entire communities. Nearly one million NEET young people (age 16-25) in the UK would constitute the third-largest city by population⁶²⁶²⁶². The Keep Britain Working Review⁶⁷ states that health-related economic inactivity among the working-age population costs the UK economy, including the government and employers, £150 billion per year.

Community-based interventions have demonstrated their value in mitigating these impacts. The Study of Work And Pain (SWAP) trial showed that early vocational advice for people with MSK pain in primary care could reduce GP-certified absence by 6.7 days over a 12-month period, which could potentially save society £500 million annually if scaled⁶⁸.

Financial insecurity and the benefits trap

Financial strain is both a cause and a consequence of ill health. Many individuals face significant income loss when they leave work, and the process of accessing benefits can be lengthy, complex, and demoralising. In Eastbourne, Citizens Advice saw nearly £1.1 million in financial gains for 101 clients regarding disability-related benefits in the first seven months of 2024/25 alone⁶⁹, which is an average of £10,846 per client. Yet many clients waited months or even years for appeals to be resolved.

A 2025 DWP survey found that 50% of claimants feared losing their benefits if they tried to work and it didn't succeed, and this fear of losing benefits discourages people from attempting to return to work⁷⁰. This creates a "benefits trap" that locks people out of opportunities and reinforces dependency. As detailed in the deep dive report, the Fit Note binary classification of "fit" or "unfit"

⁶⁵ [Tackling-Poverty_Sussex-Uncovered_2023.pdf](#)

⁶⁶ [NHS-RHO-Report-Cost-of-Racism-March-2025.pdf](#)

⁶⁷ [Keep Britain Working Review: Discovery](#)

⁶⁸ [Effectiveness and costs of a vocational advice service to improve work outcomes in patients with musculoskeletal pain in primary care: a cluster randomised trial \(SWAP trial ISRCTN 52269669\) - PubMed](#)

⁶⁹ [Sickness and Disability Benefits Report 2025](#)

⁷⁰ [Work aspirations and support needs of health and disability customers: Interim findings](#)

for work is considered by many involved in the process as failing to reflect the fluctuating nature of many health conditions, particularly mental health.

Housing insecurity and environmental barriers

Housing insecurity is a critical but often overlooked factor in economic inactivity. Poor-quality housing, overcrowding, and homelessness are more common among those with long-term health conditions. In Sussex, 25% of homes in Chichester are in poor condition (higher than the national average of 20%), and 13.9% of Hastings households are in fuel poverty (the South East average being 8.6%)⁶⁵⁶⁵.

Such conditions can worsen health outcomes but also make it harder for individuals to engage in work or training. Stable, safe housing is essential for recovery, wellbeing, and participation in the workforce.

Stigma, discrimination, and workplace culture

Stigma and discrimination remain pervasive barriers to inclusion. Many individuals with health conditions report feeling judged or disbelieved by employers, healthcare professionals, and benefits assessors. In the Citizens Advice Eastbourne report⁶⁹ clients described feeling dehumanised by the assessment process.

In the workplace, stigma discourages disclosure and limits access to reasonable adjustments. Line managers often lack the training to support employees with health conditions, leading to missed opportunities for early intervention⁶⁷⁶⁷. The Health Foundation recently commissioned a report⁷¹ exploring the experiences of people navigating health and work in real life and found that for these people, managing health and work can feel like an uphill battle, and highlights why employment support is so crucial.

Currently, Fit Notes are frequently used to sign people off entirely, rather than exploring reasonable adjustments or supporting phased or flexible returns, reinforcing exclusion and undermining efforts to keep people connected to work (note: these issues are being addressed as part of government pilots reviewing the Fit Note process – see Fit Note reform section on page 11).

Summary and key takeaways

The social factors driving economic inactivity due to ill health are complex, systemic, and deeply interconnected. Ill health not only removes individuals from the workforce but also negatively affects social identity and wellbeing. The consequences – from isolation, stigma and financial hardship – are profound and far-reaching.

For health and social care this presents both a challenge and an opportunity. Addressing the social determinants of health is essential to reducing economic inactivity and improving population wellbeing. This requires a shift towards integrated, preventative, and person-centred care that recognises the social

⁷¹ [Balancing acts: navigating health and work in real life | The Health Foundation](#)

context of health. It also calls for stronger partnerships with employers, local authorities, and the voluntary sector to create inclusive pathways back to work and community life.

Ultimately, tackling the social dimensions of economic inactivity is not just about reducing benefit claims or increasing employment rates, it is about restoring dignity, purpose, and connection for individuals and communities.

The role of an integrated and person-centred initiative

Despite these challenges, there is some evidence that early, integrated, and person-centred interventions can make a meaningful difference. The SWAP trial, social prescribing initiatives, and the Working Well IPSPC programme are examples that demonstrate the value of holistic support that addresses both clinical and social needs. These models may work because they treat people as individuals, not as cases or conditions. They can build trust, provide continuity, and help people navigate complex systems.

The planning for a WorkWell offer should align with local and national policy. As detailed in the previous political and economic sections, the three local authorities across Sussex have set out their high-level ambitions in the Get Sussex Working plan, supporting the government's national long-term ambition of an 80% employment rate.

The Get Sussex Working plan includes looking at employment support programmes and referral routes in and out of relevant programmes such as Connect to Work – a structured employment programme aiming to help individuals who are economically inactive, unemployed, or at risk of losing their job due to disabilities or long-term health conditions³⁴.

There are synergies between WorkWell, the Connect to Work programme and other parts of the plan, so it will be important to align planning to support system integration, while also capitalising on potential co-commissioning opportunities.

Conclusion

A WorkWell initiative provides an opportunity to address not only health needs but also the broader social challenges that often accompany economic inactivity due to ill health, and there are several sources of information to draw upon when working through what such an initiative could and should look like in any given site.

By combining personalised coaching with coordinated referrals and local partnerships, WorkWell has the potential to address not just the clinical symptoms of MSK and mental health conditions, but the social realities that shape recovery and workability. One-to-one support from a dedicated work and health coach can help individuals rebuild confidence, set realistic goals, and maintain a connection to the world of work. This is especially important for those experiencing isolation, low self-esteem, or stigma related to their condition.

WorkWell may also play a key role in tackling inequality. It has the potential to support people who face multiple barriers, such as poor housing, financial

insecurity, or caring responsibilities, by helping them navigate complex systems and access the right help at the right time. This tailored approach is particularly effective for those in disadvantaged communities or with limited access to traditional services.

Crucially, WorkWell should intervene early – before people become long-term unemployed – helping to prevent the downward spiral of poor health, financial hardship, and social exclusion. It can also support employers by promoting inclusive practices, helping to retain staff, and facilitating phased returns to work.

WorkWell could play a crucial role in restoring dignity, purpose, and connection for individuals, tackling inequality and systemic barriers, and reducing pressure on public services in the process. It could strengthen communities by helping people stay engaged, supported, and economically active. In doing so, WorkWell has the potential to go beyond helping people work, it could also help them live well and contribute to a more inclusive and sustainable workforce.

4. Horizon scan of innovation

A Technology Horizon Scan, prepared by Health Innovation Kent Surrey Sussex for NHS Sussex, has been completed to explore digital and technological innovations aligned with the WorkWell programme's goal of reducing health-related economic inactivity. It focuses on musculoskeletal (MSK) and mental health conditions, identifying tools that support individuals who are at risk of falling out of work or are recently unemployed, as well as innovations that assist providers and workforce integration.

The scan showcases a range of solutions – from self-management apps and virtual physiotherapy platforms to social prescribing tools and triage systems – highlighting their implementation status, evidence base, inclusivity, and commissioning structures.

Innovation Highlight deep dives have been carried out for innovations that most closely align to the aims of WorkWell, and include:

- How the innovation addresses the needs of the WorkWell programme
- Current implementation – where it is used in the real world
- Evidence of where it can support people getting back to work/employment (data)
- Commissioning structure with a focus on free at the point of need
- Wider inclusivity criteria (e.g. how the innovation addresses language barriers).

A copy of this report is available on request from Julian O'Kelly at julian.okelly@nhs.net.

5. Glossary of acronyms

Acronym	Definition
CBT	Cognitive Behavioral Therapy
CMH	Community Mental Health
CtW	Connect to Work
DHSC	Department of Health and Social Care
DWP	Department for Work and Pensions
EA	Employment Adviser
GIRFT	Getting It Right First Time
HGA	Health and Growth Accelerator
HIN	Health Innovation Network
ICB	Integrated Care Board
ICS	Integrated Care System
ICT	Integrated Community Team
INT	Integrated Neighborhood Team
IPS	Individual Placement and Support
IPSPC	Individual Placement and Support in Primary Care
Health Innovation KSS	Health Innovation Kent Surry Sussex, part of the Health Innovation Network (HIN)
LLR	Leicester, Leicestershire and Rutland
LSIP	Local Skills Improvement Plan
MCCA	Mayoral Combined County Authority
MHCLG	Ministry of Housing, Communities and Local Government

MSK	Musculoskeletal
NEET	Not in Education, Employment or Training
NENC	North East and North Cumbria
NHSE	National Health Service England
NIHR	Definition not found in document
OH	Occupational Health
OHWB	Occupational Health and Well Being
ONS	Office for National Statistics
OT	Occupational Therapy
PHB	Personal Health Budgets
PIP	Personal Independence Payment
RDEL	Resource Departmental Expenditure Limit
SES	Skills and Employment East Sussex
SWAP	Study of Work And Pain
UC	Universal Credit
UK	United Kingdom
VCSE	Voluntary Community and Social Enterprise
WCA	Work Capability Assessment