

An evaluation of the WorkWell Sussex programme

Context

Musculoskeletal (MSK) and mental health conditions are a leading cause of economic inactivity in working-age adults, with many individuals either unemployed or off work due to their health (Department for Work and Pensions, 2024b). The national WorkWell programme aims to deliver evidence-based, low-intensity work and health assessments to help citizens with health conditions or disabilities overcome barriers to employment. Within NHS Sussex ICB, three pilot sites were established:

Locality	Local context	Delivery model
Crawley	Diverse population; MSK-related unemployment and low physical activity	Primary care model offering personalised coaching, expanded referral routes and community outreach
East Brighton	Diverse community with high deprivation, economic inactivity and mental health needs	Community-based support through the Crew Club, in close partnership with the PCN, linking citizens with health and employment services
Hastings	High deprivation; MSK and mental health-related unemployment	Primary care identification through repeat fit notes, with occupational therapy support

Unity Insights were commissioned by Health Innovation Kent Surrey Sussex to undertake a rapid qualitative, quantitative, and economic evaluation of the three NHS WorkWell Sussex pilots.

How was WorkWell implemented and delivered across local areas?

Delivery models varied across localities, but all used locally tailored approaches to meet population needs and improve engagement.

Referral volumes by locality

East Brighton



Crawley



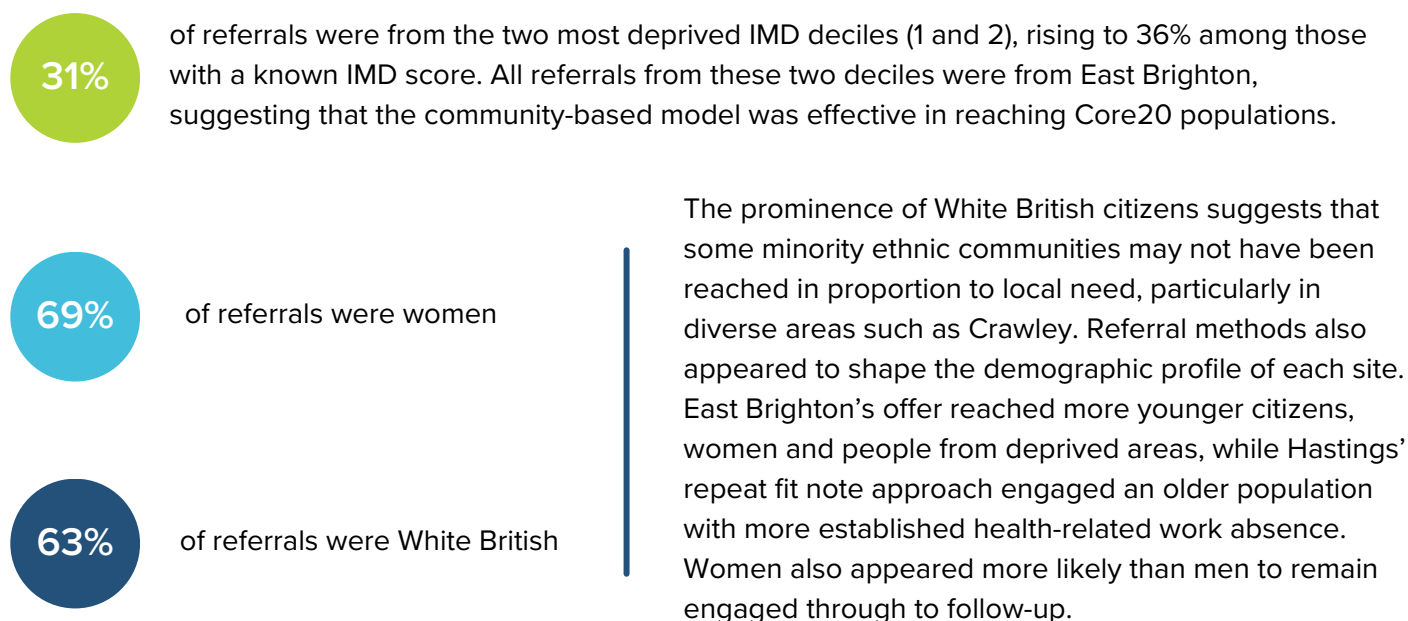
Hastings



Strong partnerships, trusted referral routes, flexible person-centred support, and ongoing adaptation were key enablers of implementation and engagement. Short delivery timescales, limited awareness, capacity pressures, and operational challenges constrained implementation and the ability to demonstrate longer-term impact.

How does access to WorkWell vary by service user demographics?

WorkWell Sussex reached citizens from a range of backgrounds, including a substantial proportion living in more deprived communities.



How might WorkWell impact patient-reported experiences?

Work-related confidence

Average confidence in managing health and staying in work when difficulties arose increased from 4.5 to 5.8 out of 10, a statistically significant improvement; however, respondents from the Crawley site scored, on average, below 5, suggesting that there was still a lack of confidence in managing their health and staying in work.



Managing health and wellbeing

Managing your own health and wellbeing saw a modest increase from 2.6 to 2.8 out of 5.



Short-Warwick-Edinburgh Mental Wellbeing Score (SWEMWBS) results

SWEMWBS results saw average total scores increase from 17.6 to 22.5 out of 35, with statistically significant increases across 6 of the 7 domains. These changes are consistent with WorkWell's personalised approach, which combined practical goal setting, service navigation, employment support and help with wider barriers such as benefits, finances, childcare and digital access. Trusted community relationships, longer one-to-one appointments, occupational therapy and access to practical opportunities may all have contributed to improved confidence and self-efficacy.



To what extent does WorkWell change health and employment outcomes?

Qualitative findings identified examples of citizens moving into work, completing training, volunteering, accessing job trials and becoming more ready to engage with employment. The three delivery models supported different stages of progression. Crawley's structured coaching model supported active jobseekers, East Brighton combined confidence-building with direct employer links that led to job trials and paid roles, and Hastings focused on job retention and return to work through occupational therapy and support with reasonable adjustments. Patient-reported outcome measures also provided early evidence of improved self-efficacy and wellbeing, supporting a return to employment.

What is the economic value of WorkWell?



Sensitivity analysis produced a mean benefit-cost ratio of £3.65, with an estimated range of £2.95 to £4.43 per £1 invested. Most of the estimated benefit, £130k, came from increased economic output associated with citizens entering or remaining in work, whilst the remainder related to estimated health-related quality-of-life gains - benefits potentially realised by WorkWell Sussex participants. These findings should be treated as modelled potential value rather than realised financial savings. Employment outcomes were estimated using evidence from a comparable programme and assume sustained employment for one year.

Recommendations

The following recommendations were suggested:

- To improve consistency whilst retaining responsiveness to local needs, establish a clear core WorkWell model with flexibility for local tailoring, leveraging existing relationships between VCSEs.
- To improve employment, health, and wellbeing outcomes, provide multidisciplinary, person-centred support that addresses wider barriers to work.
- To increase access to employment opportunities and job retention, strengthen employer engagement and support for workplace adjustments.
- To better understand long-term impact and value, implement consistent outcome monitoring and follow-up beyond the pilot period.
- Use local partners such as Health Innovation KSS to explore further innovations that may support citizens and services realise the greatest potential in the WorkWell model.

Conclusion

WorkWell Sussex demonstrated the potential of locally tailored, neighbourhood-based health and employment support delivered through trusted community and primary care settings. While evidence suggests improvements in wellbeing, confidence, and progression towards employment and training, longer-term evaluation is needed to assess whether these outcomes are sustained. Future delivery should retain local flexibility while strengthening referral pathways, implementation support, and long-term outcome monitoring.