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WorkWell engagement analysis report

Report for the North East and North Cumbria Integrated Care Board

January 2026

Contents

Executive summary

The North East and North Cumbria ICB is introducing local WorkWell services to help people with health conditions get back to work or stay in work, offering tailored support led by a named health coach and delivered through GP practices or other community settings. Olovus was commissioned to run a sequence of three workshops to understand what helps and what gets in the way of getting people back into work. The learning from these workshops will help to shape improvements to the Patient Advisory Service model and inform the design and rollout of WorkWell.

This report brings together participant insight gathered through the three in-person workshops (Carlisle, Newcastle, and Darlington) and an additional online Zoom session, delivered in November and December 2025.The additional zoom session was added to ensure broader participation and accessibility. This approach enabled us to gather insights from a diverse group of participants across the region. The workshops were designed to actively involve people with lived experience of being unable to work because of a health condition, exploring their journeys, the support they received, what worked well, and what barriers repeatedly blocked progress.

Across the workshops, insight was captured through facilitated discussion, written contributions on flipcharts and post-it notes, and structured prompts and scenarios that helped participants describe lived experience in practical terms. The approach was deliberately iterative, with learning from each workshop analysed quickly and used to refine the focus, prompts, and materials for the next session, so we could go deeper on what mattered most and test emerging ideas with new groups. Analysis is grounded in participants' words and written notes, with disagreement and tension treated as valid insight about what will and will not work in practice.

Key insights

Across the workshop sequence, participants repeatedly stressed that trust, independence, and choice are the foundations of any offer that aims to help people stay in work or return to work.

Participants described strong fear and disengagement triggers where the service feels linked to sanctions, the Jobcentre, or employer surveillance. They asked for visible safeguards and repeated clarity about confidentiality and information sharing.

The role of the work coach was described as the practical mechanism of change. Participants wanted a named person who they can build a relationship with, who understands the whole picture, and can act as an advocate.

Participants were clear that readiness is not linear. They asked for flexible pathways, including support for people who are not yet ready to look for work, plus the ability to pause and re-engage without penalty or shame.

Success was consistently defined as improved lives and well-being, not just employment outcomes. Participants suggested progress trackers and small wins, and identified the need for practical bridge support when starting work to reduce financial risk.

Summary recommendations

This section provides a summary of recommendations grouped into three priorities. Each recommendation is based on what participants said and wrote across the workshop sequence. A more detailed version of these can be found in section 7.

Priority one: Make the service feel safe, independent, and easy to access

- Make independence and confidentiality visible at every contact, using a short transparency check in plain language.
- Introduce granular consent so people can control what is shared, with whom, and change their minds easily.
- Make self-referral a core route and implement a ‘no wrong door’ approach through trusted community partners.
- Avoid anything that feels coercive or Jobcentre-like, including tone, settings, and referral routes.
- Make continuity of the named work coach the default, with credibility and flexibility built into the role and delivery options.
- Recruit and train coaches for credibility, empathy, and practical system navigation.

Priority two: Design for fairness, fluctuating readiness, and whole life barriers

- Publish simple eligibility guidance with examples and a discretionary route so people are not excluded by rigid criteria.
- Create a pre-readiness route and allow people to pause and re-engage without penalty.
- Build a holistic onboarding that addresses real-life barriers such as childcare, money pressure, transport, housing, and confidence, with an active connection to support.
- Define success beyond job outcomes, using personalised tracking and distance travelled measures that participants recognise.

Priority three: Support sustained progress and reach people who will not find the service on their own

- Test time-limited bridge support for the first month of work, such as travel or essential start-up costs, where this is feasible within programme rules.
- Build an exit and re-engagement offer so progress is not lost when circumstances change.
- Communicate through the channels and community settings, participants are named, using a mixed digital and offline approach.

1 Introduction

The North East and North Cumbria Integrated Care Board (ICB) is introducing new NHS WorkWell services across the North East and North Cumbria region.

The services are localised and designed to give people with different health conditions the help they need to get back to work after being off sick or who struggle to stay in work due to ill health.

WorkWell will provide a range of different support services, tailored to individuals, guided by a personally appointed health coach, and based in GP practices or other community locations.

The ICB has commissioned Olovus, an independent company that specialises in patient and public involvement, to run three workshops with the primary objective of gaining a deeper, nuanced understanding of the challenges and opportunities in supporting individuals' health and well-being in relation to work. The first workshop was delivered using both online and in-person formats to ensure broader participation and accessibility. This approach enabled us to gather insights from a diverse group of participants across the region.

This comprehensive insight will inform the refinement of existing support mechanisms, specifically the Patient Advisory service (PAS) model and guide the development and implementation of the new WorkWell model, ultimately aiming to facilitate successful returns to employment.

2 Methodology

2.1 In-person workshops

Three workshops were held as part of the engagement activity. The first workshop was uniquely structured to include both an online session and an in-person session, maximising accessibility for participants. Subsequent workshops were delivered in person at different locations across the region. This blended approach ensured that feedback was gathered from a representative cross-section of the community.

Additionally, two individuals who were unable to attend the workshops provided feedback through one-on-one interviews.

Applicants suggested preferred dates, times, and locations. Those invited to participate were selected to ensure representation from a broad demographic, different health conditions, and varying skill bases/professional capacities.

Joining instructions were sent to successful applicants outlining some background information about the WorkWell programme (see Appendix 1).

Those who were not chosen were given the opportunity to be kept on the database should further opportunities arise.

Workshops were hosted in three geographical areas across the region:

1 'North East' (of ICB area)

2 'South East' (of ICB area)

3 'North Cumbria' (West)

Workshops were in venues close to main transport hubs (for bus, rail, taxi or car/parking). They were also suitably equipped for access, including ramps, lifts, induction loops, etc.

The workshops took place on the following dates and times:

Workshop	Date / time	Location
Workshop 1 Online	Monday 24 November 18:00 to 20:00	Online via Zoom
Workshop 2 West In-person	Tues 25 November 16:00 to 18:00	The Consort Room, Carlisle County Hotel 9 Botchergate, Carlisle CA1 1QP
Workshop 3 North In-person	Tues 25 November 18:00 to 20:00	Balmoral Suite, The Royal Station Hotel, Neville Street, Newcastle, NE1 5DH
Workshop 4 South In-person	Tues 2 December 18:00 to 20:00	Pease Room, Dolphin Centre, The Dolphin Centre, Horsemarket, Darlington, DL1 5RP

Table 1 Workshop dates and venues

The workshops were deliberately spaced to allow for an iterative assessment. After each session, we reviewed the feedback and adapted the content for the next. This necessary iterative step required rescheduling the north workshop. We contacted all original participants, offering them the new date or a transfer to a different workshop.

2.2 Aim of the workshops

The aims of the workshops were:

- To actively engage members of the public who have direct lived experience of being unable to work due to a health condition.
- To explore their journeys and how they have been supported (e.g. through advice, signposting, or other interventions).
- To gain a deep understanding of what aspects of support worked well, and what barriers or challenges they encountered.
- To gather direct, valuable feedback on the proposed WorkWell model from the perspective of its intended beneficiaries.

In the first workshop, we explored participants' thoughts around the following six themes:

- Eligibility criteria
- Referral pathways
- Sign up considerations
- Support needs
- Promotion and awareness
- Measuring success.

Each group in the workshop was asked questions around three of the themes. See Appendix 2 for the first presentation from the Carlisle workshop.

Once the workshops had taken place, a thank you payment was sent via bank transfer to those who attended, along with a post evaluation survey.

2.2 Iterative design and workshop refinement

The approach was deliberately iterative, rather than treating each workshop as a standalone event. After every session, we reviewed what we had heard, checked it against the written outputs (flipcharts, post-it notes, and any live prioritisation), and pulled out the points that felt most important, most contested, or most practical for service design. We then used that rapid analysis to refresh the discussion guide, and decide where we needed to go deeper next time.

This meant each workshop did a slightly different job. Early sessions focused on surfacing the core issues, including what good support feels like and where people lose trust or fall through gaps. Later workshops tested those themes more deliberately, exploring what would make WorkWell feel credible and accessible in practice. It also helped establish

what detail would make or break things like referral routes, sign-up, the role of the health coach, and how success should be measured. By bringing a new group into each workshop, we also avoided simply validating one group's view and instead tested whether themes held up across different experiences and circumstances.

The grid in section 6 shows progression clearly. It sets out how participant insight evolved across the workshop sequence, what we heard first, what we then probed further, and what shifted as ideas were tested and refined. It is included to make transparent how the programme moved from exploration to definition and, ultimately, to practical design considerations that can be acted on.

2.3 Quality assurance

Quality assurance was a systematic part of the engagement management. NHS North East and North Cumbria Integrated Care Board appointed a specialist public and patient consultation practitioner, Olovus, to deliver the engagement activity.

Olovus followed a best practice engagement management approach, using tried and tested methods for delivering engagement activities. A key element of the management approach is conducting regular progress reviews to identify, acknowledge, and act upon issues that arose and to discuss and agree on actions.

Analysis of the survey responses and feedback received has been carried out and quality assured by Olovus' experienced, qualified research analysts who are members of the Market Research Society and Social Research Association.

3 Who responded

3.1 Demographic of participants

51 individuals participated in the workshops; 71% identified as female and 29% as male. The majority were White (88%) with the remaining identifying as Asian / Asian British (8%), Black / Black British (2%), or Mixed / Multiple ethnic groups (2%)..

All individuals were of working age, with the most represented age groups being 35–44 (33%) and 45–54 (29%).

Participants resided across the North East and North Cumbria; 45% reside within the Tees Valley Combined Authority and 41% within the North East Mayoral Combined Authority area.

Age group	% of participants
16 - 24	2%
25 - 34	14%
35 - 44	33%
45 - 54	29%
55 - 67	22%

Table 2: Age distribution

Local Authority	Town / City	% of participants
Tees Valley Combined Authority area	Darlington	25%
	Middlesbrough	14%
	Stockton-on-Tees	2%
	Hartlepool	2%
	Redcar & Cleveland	2%
North East Mayoral Combined Authority area	County Durham	14%
	Newcastle	10%
	Sunderland	8%
	North Tyneside	4%
	Gateshead	4%
	Northumberland	2%
Cumberland	Carlisle	6%
	Keswick	4%
	Wigton	2%

Local Authority	Town / City	% of participants
Westmorland & Furness	Kirby Stephen	2%

Table 3: Geographical breakdown

A third indicated that their normal type of work was desk-based (35%), with smaller proportions working in manual/operational roles (10%), healthcare (10%), or retail/hospitality (8%).

Normal main type of work	% of participants
Desk-based - office or from home	33%
Other	14%
Manual/operational	10%
Healthcare	10%
Retail / hospitality	8%
Community and office-based	8%
Peer support worker	6%
Education	4%
Out of work	4%

Table 4: Main types of work

37% reported being skilled professionals, while 24% told us they worked at a management / professional level. 16% were unemployed or unable to work due to health problems.

Professional level	% of participants
Skilled	37%
Management/professional	25%
Unemployed/unable to work due to health	16%
Other	12%
Unskilled	8%
Administration	2%

Table 5: Professional level

Most frequently, participants indicated that they had multiple health conditions affecting their ability to work (24%), whilst 18% indicated that their mental health condition had an impact on their work capacity.

Main health issue impacting the ability to work	% of participants
Multiple conditions	24%
Mental health condition(s)	20%

Main health issue impacting the ability to work	% of participants
Other	18%
Long-term condition	14%
Joint or muscular (for example, arthritis, osteoporosis)	10%
No response	8%
ADHD/autism	4%
Chronic pain	4%

Table 6: Main types of work

3.2 Data protection

Participants' data were processed on the basis of consent. The data provided has been processed only for the purposes of managing and reporting on the engagement. All data is held in line with the latest data protection regulations. Every effort has been made to ensure that individuals cannot be identified in this report.

Participants were informed of the data processing statement each time they provided information.

3.3 Publicity and selection

The workshops were promoted via targeted social media boosted posts and advertising (Facebook and Instagram), and direct emails to voluntary sector organisations and stakeholders. A communications toolkit was provided.

An online application form asked questions based on key criteria to assess the applicants' eligibility. Applicants had to fit three main criteria:

- they were eligible to work in the UK
- they had had a fit note in the last six months
- they were not on long-term sick leave

The graphics used in the promotional materials are included in Appendix 3.The online application form can be found in Appendix 4.

4 Priority areas and what participants said

4.1 Trust, independence, and confidence in confidentiality

Participants described trust important. If the service feels linked to sanctions, the Jobcentre, or employer surveillance, many said they would not engage. They asked for clear reassurance and repeated transparency about what is recorded and who can see it. For some participants, confidentiality is not just about data but emotional safety in public; for example preferring private 'walk and talk' sessions over coffee shops to avoid the stigma of being seen crying in public.

> *"What would scare me is if it came out of the Jobcentre...it would feel threatening. It would feel like you were going to make a sanction."*
>
> *"Please remind me each time who will get this information."*
>
> *"Nothing about us without us"*

4.1.1 How the insight deepened across workshops

In the early sessions, participants asked for the service to be clearly independent and for confidentiality to be explained up front in plain language. In workshop two, the emotional boundary around Jobcentre-linked systems became clearer, with participants linking this to fear, judgement, and sanctions. In workshop three, participants moved beyond principle and proposed practical routines, including a short transparency check at the start of every interaction and granular consent to support employer conversations without unnecessary disclosure.

4.1.2 Practical implications for service design

- Make confidentiality and information sharing clear in plain language at sign-up, then repeat it at each contact.
- Offer granular consent choices so people can decide what is shared, with whom, and change their minds later.
- Make employer involvement participant-led, with safeguards that default to the participant being involved in any employer conversation unless they explicitly choose otherwise.
- Make sure the service is visibly separate from sanction-linked systems in language, routes in, and staff behaviours, because participants described this as a deterrent.

4.2 The work coach role: continuity, credibility, and flexibility

Participants described the work coach as central. They wanted a named person who they can build a relationship with over time, who will understand their full situation, and act as an advocate. Participants rejected being pushed, judged, or processed through a script.

Participants emphasised that coaches should research an individual's cultural background and understand that language translations may not perfectly capture their mental state.

Participants also wanted work coaches to understand the Disability Act and reasonable adjustments to help them fight their corner with HR managers.

"I want my work coach to know me, not just my file."

"When you are speaking with someone, understand their culture."

"I don't want drug advice from someone who's never done any drugs... If you feel the coach has been through what you're going through."

"Not to be target-driven"

4.2.1 How the insight deepened across workshops

In the first Zoom and Carlisle sessions, participants stressed continuity and advocacy, with the coach helping them navigate fragmented systems. In workshop two, expectations sharpened around credibility and lived experience, alongside explicit rejection of target-driven behaviours. In workshop three, participants explored practical delivery, recognising that different people need different modes and levels of contact at different times. The key message was to offer choice rather than a single pathway.

4.2.2 Practical implications for service design

- Prioritise continuity so people can build a relationship and do not have to repeat their story.
- Recruit and train for empathy, credibility, and specialist understanding, and support reflective practice.
- Protect coaches from perverse incentives that make people feel pushed or pressured.
- Offer a menu of contact options, including face to face, video, and text-based contact, recognising anxiety and neurodivergent needs.

4.3 Eligibility, fairness, and readiness

Participants wanted fairness and clarity, but they did not describe fairness as a simple threshold. They were worried about being excluded for not presenting as ready, and they described readiness as something that changes with health, stress, money, and life circumstances.

"Trust me, I won't be ready before I am. Give me space, and I'll take your help."

"At your own pace, not rushed into work."

"Depression / mental health is not the same every day. Some days are good."

4.3.1 How the insight deepened across workshops

Early sessions highlighted cliff edges and practical triggers, including childcare and financial constraints. Workshop two brought out a genuine ethical tension about prioritisation when capacity is limited, with participants concerned that those with complex

needs could be left behind. Workshop three explored a practical response, proposing a pre-readiness support route, plus the ability to pause and re-engage without penalty.

4.3.2 Practical implications for service design

- Make eligibility and what happens next simple, visible, and free of jargon.
- Create routes for people who are not ready for job search activity yet, focused on stabilising health and life pressures.
- Build in the ability to pause and re-engage without penalty or loss of trust.
- Be explicit about fairness principles if prioritisation is required, including how decisions will be made and reviewed.

4.4 Referral pathways, safety, and 'no wrong door' access

Participants consistently described the route into the service as part of trust. They valued self-referral because it gives control, and they wanted routes through places that feel safe, practical, and non-judgemental.

> *"Self-referral gives you the control."*
>
> *"It's too hard to see your GP, you have to e-consult."*

4.4.1 How the insight deepened across workshops

In the first workshops, participants were sceptical about relying on a single medical route because access can be difficult and favoured self-referral. Workshop two strengthened the idea of 'no wrong door entry', with community settings seen as safer than Jobcentre or employer referral for many. Workshop three added practical suggestions about how to reach people, including using a mix of offline and digital routes, and making sure offline options exist for people who are digitally excluded.

4.4.2 Practical implications for service design

- Make self-referral a core access route and promote it widely.
- Build a 'no wrong door' network with trusted community entry points such as advice services, pharmacies, libraries, and voluntary sector partners.
- Avoid making Jobcentre or employer referral the default route, because participants described this as intimidating and linked to judgment.
- Use a mix of channels for awareness, including community venues and digital search routes, while protecting offline access for people who cannot engage online.

4.5 Holistic needs and real-life barriers to staying in work or returning

Participants described work and health as inseparable from money, childcare, appointments, housing stability, and the effort of navigating systems. They described needing practical help with things like improving their physical health, to remove barriers, not only advice.

“Help with finding childcare… I don’t know where to look.”

“Stigma of mental health…stigma of ill health…People start to believe you are a failure”

“How can WorkWell help or liaise with other services on this issue?”

4.5.1 How the insight deepened across workshops

Across the workshops, participants repeatedly described the ways that health, money, and caring responsibilities interact. Workshop two and three made this more concrete through scenarios and practical examples. The consistent message was that people cannot engage well with work planning if core pressures such as childcare, appointments, and debt are unmanaged. Participants wanted the service to be able to address these barriers directly or connect them quickly to the right help.

4.5.2 Practical implications for service design

- Take a whole-person approach that includes practical barrier removal, not only employability advice.
- Build strong referral links into services that can help with childcare, money advice, housing, and mental health support.
- Make reasonable adjustments in how support is delivered, including quieter appointment times and less formal contact options where needed.
- Use trauma-informed approaches and make sure people can pause or step back when topics become difficult.

4.6 Defining meaningful success and sustaining progress

Participants consistently rejected simple job outcome measures as the only definition of success. They described success as improved lives, improved confidence, and stability that makes employment sustainable when it is right for the person. Participants also described the risks at transition points, such as starting work while still financially fragile.

“People's lives are improved. That's the real tick box, isn't it?”

“It becomes like a tick box thing.”

“Success isn’t just a job. For some, just coming here today is success.”

“small signs of progress”

“keep[ing] benefits for [the] first month.”

“Visual progress chart”

4.6.1 How the insight deepened across workshops

In the early sessions, participants framed success as quality of life and well-being and asked for measures that reflect lived experience. Workshop two strengthened this into a health-first, work-second framing, and participants challenged any approach that prioritises

targets over outcomes that matter to people. Workshop three moved into practical measurement ideas, including personalised trackers and visual progress charts to make the development distance travelled visible. Participants also suggested practical bridge support, such as help with travel or clothing, to reduce the financial shock when returning to work.

4.6.2 Practical implications for service design

- Measure development distance travelled and quality of life outcomes alongside any employment outcomes.
- Use personalised goals, so success reflects what matters to the individual.
- Make progress visible through simple tools such as a progress tracker or a visual chart of achievements.
- Consider practical bridge support at transition points, such as help with travel costs or maintaining stability in the first weeks of work.

4.7 Cross-cutting insights

The themes below sit across every topic we explored, and they matter because they show the service is not a set of separate components. Participants described a lived reality where health, work, money, confidence, employers, and systems collide all at once.

When you change one part of the offer, for example, the referral route, the language used in communications, or how information is recorded, it has knock-on effects on trust, willingness to engage, and what people feel safe enough to share.

These cross-cutting insights capture the intersectionality in what people told us. They are the common threads that explain why some design choices will widen access and build confidence, while others could unintentionally exclude people or replicate the experiences they are trying to escape. They also highlight where the service needs to hold complexity rather than force everyone through a single pathway, because participants were clear that different people need different routes, at different times, with clear safeguards and genuine control.

Control, consent, and being treated like an adult

When discussing trust, employer involvement, referrals, and coaching, participants repeatedly returned to control over information, choice over pace, and being involved in decisions. They want consent to be specific and changeable over time.

Fear of punitive systems is not a side issue

Participants described anything that feels linked to sanctions or Jobcentre culture as an immediate barrier to engagement. This affects how the service is described, where it is accessed, and how staff behave.

A human relationship is the mechanism of change

Participants described the coach relationship as the bridge across fragmented systems. Credibility, empathy, and continuity were linked to engagement and progress.

Readiness and progress are not linear

Participants described readiness as fluctuating. They want the ability to pause and re-engage without shame, and they want support that starts where they are, including for people who are not ready to work yet.

Disagreement and tension point to design requirements

Participants held different views on employer involvement and on how to prioritise people fairly when capacity is limited. These tensions indicate that the service needs flexible pathways, clear safeguards, and transparent decision-making.

5 Recommendations

The recommendations that follow translate what participants told us into practical design choices for the WorkWell offer. They are grounded in the same evidence as the findings, including what people said in discussion and what they captured in writing during the workshops.

They reflect the reality participants described: that decisions about trust, referral routes, the coach role, consent, and how success is measured are not separate issues. They interact, and small design details can either build confidence or shut the door on engagement.

To make this usable for delivery planning, we have grouped recommendations into three priority levels.

Priority one recommendations are the foundations that participants described as essential for trust and take-up. If these are not right, people said they would be unlikely to engage.

Priority two recommendations strengthen fairness, accessibility, and the ability to support people with fluctuating readiness and complex lives.

Priority three recommendations add resilience and sustainability, helping people keep progress once it is made and improving reach over time.

Each recommendation is set out in a consistent format to make it easy to review and act on: what we heard from participants, what this means for service design, and practical steps that can be tested and implemented.

Priority one recommendations			
	What we heard	**Recommendation**	**Practical steps**
Make independence and confidentiality visible in every interaction	Participants said trust is the entry point. They described fear of anything that feels connected to sanctions, enforcement, or employer control. They said confidentiality breaches would break trust immediately.	Build a simple transparency check into the start of every contact, covering what is being noted, who can see it, what will and will not be shared, and how consent works. Repeat this consistently.	Use the same short script across channels and settings. Provide a plain language handout that mirrors the script and is easy to revisit. Offer “walk and talk” options for meetings
Introduce granular consent and make it easy to change	Participants wanted control over information sharing. They wanted to share adjustment needs without	Design consent so people can choose what is shared, with whom, and for what purpose. Make changing consent	Offer separate consent choices for employer contact, clinical services, and other support agencies. Confirm

	sharing medical details and to be able to change their choices later without being judged.	quick, normal, and supported.	consent at key moments, not only at sign-up.
Make self-referral a core route and implement a 'no wrong door' approach	Participants valued self-referral because it gives control and supports fluctuating readiness. They also wanted multiple safe routes in through community settings that feel non-judgemental.	Offer genuinely simple self-referral and multiple referral routes through trusted partners such as pharmacies, libraries, citizens advice, and community groups.	Provide phone and online options. Create a short partner referral pathway that protects privacy and avoids gatekeeping.
Avoid referral and delivery choices that feel coercive or threatening	Participants described Jobcentre-linked routes as intimidating. Some also raised that employer signposting could feel like pressure if it is linked to sick pay or job security.	Make participation clearly voluntary and avoid language and settings that feel official or punitive. If employers signpost the service, make the message explicitly about support for the individual, not the employer.	Review branding and wording for stigma and fear triggers. Provide a clear statement about what employers will not receive unless the person chooses to share it.
Make continuity of the named work coach the default and build flexibility into contact options	Participants wanted one named person who knows them and reduces the burden of repeating their story. They also differed on what feels safest: some prefer in-person, while others prefer phone or video, especially at the start.	Make continuity the default. Offer a menu of contact formats so people can choose what feels safe and practical and adjust over time.	Use clear cover arrangements that minimise retelling. Offer phone, video, in-person, and other low-pressure options, such as walk and talk, where feasible.
Recruit and train coaches for credibility, empathy, and practical system navigation	Participants asked for credibility and empathy, including lived experience or specialist understanding. They rejected a pushy or target-driven style	Recruit for empathy and credibility. Train coaches to support fluctuating health, reasonable adjustments, benefits, and better off conversations,	Make coaching behaviours explicit: ally, not enforcer. Provide support and supervision so staff do not default to scripts or targets when under

	and wanted practical help navigating benefits, childcare, and fragmented systems.	and advocacy skills that respect consent.	pressure. Provide training on cultural awareness and the nuances of supporting those whose first language isnt English.

Priority two recommendations			
	What we heard	Recommendation	Practical steps
Publish simple eligibility guidance and include human judgment	Participants worried about secret rules and being excluded when they needed help. They wanted clarity and examples, plus a person-centred approach rather than a one-size-fits-all script.	Publish simple eligibility guidance in plain language with examples. Include a discretionary route so people are not excluded by rigid criteria.	Use worked examples that reflect real circumstances such as zero hours work, self-employment, maternity return, and fluctuating conditions.
Design for fluctuating readiness through a pre-readiness route and the ability to pause and re-engage	Participants said readiness fluctuates and cannot be forced. They described a tension between prioritising quick wins and supporting complex needs. They wanted the ability to pause and re-engage without penalty.	Create a pre-readiness route focused on stabilising confidence and practical barriers before job search activity. Allow people to pause and re-engage without restarting or feeling punished.	Define what support is offered in pre-readiness, and how progression works. Make re-engagement simple and stigma-free.
Build a holistic onboarding that covers real-life barriers, not just job search	Participants described childcare, financial pressure, transport, housing, appointments, and confidence as barriers that shape whether work is possible. They said work and health cannot be separated	Include a holistic assessment at onboarding and make sure coaches can actively connect people into wider support, rather than handing out a list.	Create simple pathways to local advice and support services. Provide practical planning tools that help people manage appointments, fatigue, and workplace triggers.Ensure coaches have a

	from wider life pressures.		working knowledge of the Disability Act and legal rights regarding reasonable adjustments to support conversations with HR.
Define success beyond job outcomes and make progress visible	Participants rejected return to work only metrics and described tick box measures as harmful. They wanted quality of life, confidence, distance travelled, and recognition of small wins. Some suggested visual progress tracking.	Use personalised progress tracking that participants own and understand, including visual options. Measure soft outcomes alongside work outcomes and capture qualitative feedback as core evidence.	Agree on a small set of participant-friendly measures and make sure they can be used consistently without becoming burdensome.

Priority three recommendations			
	What we heard	**Recommendation**	**Practical steps**
Test time-limited bridge support for the first month of work, where feasible	Participants described the gap before the first pay packet and start-up costs as a major risk that can derail their return to work. They linked this to fear of financial collapse when trying to move forward.	If programme rules allow, test time-limited bridge support such as travel and essential start-up costs, alongside clear signposting to existing schemes, such as access to work.	Define what is in scope and what is not. Communicate it clearly so expectations are realistic.
Build a clear exit and re-engagement offer so progress is not lost	Participants worried about a cliff edge when support ends and asked for check-ins and an open door to return if circumstances change.	Design a light-touch aftercare and re-entry offer, for example, planned check-ins after starting work and a simple route back in	Set clear timeframes and triggers for check-ins. Make re-entry available without judgment.

		without repeating the full process.	
Communicate through the channels and places where participants are named	Participants suggested community visibility in everyday settings and the use of digital routes such as search and social, while also stressing the need for offline options for those who are digitally excluded.	Use a mixed awareness approach combining digital marketing, community partners, and local presence. Keep the message simple and explicit about independence, consent, and practical help.	Co-design messages with people with lived experience to avoid stigma language. Make sure there is a clear offline contact route in every piece of promotion.

6 Summary progression across workshops

Theme	Phase 1 Zoom and Carlisle	Phase 2 Workshop two - Newcastle	Phase 3 Workshop three - Darlington	Service design implications from participant evidence
Trust and confidentiality	Trust was described as fragile. Participants wanted clarity that the service is independent and that information will not be shared without consent.	A strong boundary around anything that feels like the Jobcentre or sanctions. Participants said breaches of confidentiality would end engagement.	Participants proposed a short transparency check at every interaction and granular consent so people can share adjustment needs without sharing medical details.	Make confidentiality and independence explicit, repeat it at every contact, and use simple consent choices that can be changed over time.
Work coach role	Participants wanted continuity and advocacy, with one named person who understands the whole picture.	Participants asked for credibility, empathy, and lived experience or specialist understanding. They rejected pushy or target-driven coaching.	Participants emphasised an ally style and a menu of contact options such as in-person, video, and text, recognising different needs and anxieties.	Recruit and train for relationship skills and credibility. Protect continuity. Offer a choice of delivery mode and pace.
Eligibility and readiness	Participants identified real-life cliff edges and groups who are often missed, including insecure work and limited employer support.	A tension emerged about prioritisation, between quick wins and complex needs. Participants feared people would be left behind.	Participants proposed a pre-readiness support route and the ability to pause and re-engage without penalty, recognising that readiness fluctuates.	Offer clear eligibility information and a fair approach that includes routes for people who are not ready yet, alongside flexible re-engagement.

Theme	Phase 1 Zoom and Carlisle	Phase 2 Workshop two - Newcastle	Phase 3 Workshop three - Darlington	Service design implications from participant evidence
Referral pathways	Self-referral valued for control. Participants were sceptical about relying on a single medical gateway because access can be difficult.	Participants expanded this into a ‘no wrong door’ model, naming community settings as safer routes than employer or Jobcentre referral.	Participants suggested practical outreach routes, including food banks and digital marketing, alongside offline options for digital exclusion.	Build multiple doors in, with self-referral as core, trusted community partners, and a mix of online and offline access routes.
Meaningful success	Participants rejected tick box return to work metrics and asked for wellbeing and quality of life measures.	Participants described success as health first, work second, and improvement in confidence and stability.	Participants suggested visual progress trackers and small wins, plus practical bridge support such as travel or clothing when starting work.	Measure distance travelled and quality of life. Recognise small wins. Consider practical support at the transition into work to reduce risk.

7 Next steps

Building on the insights and recommendations gathered through the workshops, the next phase of the WorkWell programme should continue to place people with lived experience at the heart of service development. The following principles will guide this ongoing process:

- **Sustained involvement:** The voices of participants need to remain central as the WorkWell model evolves. Opportunities should be created for ongoing dialogue, ensuring that those with lived experience continue to shape priorities, test new ideas, and provide feedback on proposed changes.
- **Co-Design and iteration:** Key elements of the service, such as referral pathways, communication materials, and support tools, need to be co-designed with people who use or may use WorkWell. Iterative cycles of feedback and refinement will help ensure the service remains responsive to real-world needs.
- **Testing and learning:** Recommendations from this engagement can be used to inform pilot activities and targeted improvements. The impact of these changes should be monitored so learning can be shared openly to support continuous improvement.
- **Inclusive communication:** Communication about service changes and opportunities for involvement needs to be accessible, transparent, and tailored to reach a broad and diverse audience, including those who may face barriers to engagement.
- **Ongoing evaluation:** Mechanisms for regular evaluation and feedback need to be embedded, enabling the service to adapt as needs and circumstances change.

By maintaining a commitment to meaningful involvement, the WorkWell programme can demonstrate a commitment to deliver a service that is trusted, inclusive, and genuinely shaped by those it is designed to support.

8 Appendices

8.1 Appendix 1 – Joining instructions

North East and North Cumbria Integrated Care Board (ICB) WorkWell programme handout

November 2025

Thank you for applying to come to a WorkWell workshop run by the North East and North Cumbria ICB.

We're happy to confirm that you have a place!

Below, you will find the date, time, and location of the workshop you have been invited to, along with directions on how to get to the venue.

We've also included some extra information about the WorkWell programme. It might be helpful to read this before the workshop.

8.1.1 Your workshop date and time:

Tuesday 25 November, 4:00 - 6:00 pm

The Consort Room, The County Hotel, 9 Botchergate, Carlisle CA1 1QP

If you cannot attend the workshop, please let us know as soon as possible so we can offer your place to someone else

Important things to bring and know

What to bring (don't forget!)

- **Photo ID:** You **must** bring a piece of photo identification (like a passport or driving licence). Our staff will check this before the workshop starts.
- **Proof of Right to Work in the UK:** Please also bring the necessary documents to prove your right to work in the UK. **More details are in the box at the end of this document.**

Payment and Expenses

- **Payment for your time:** You will be paid **£50** for taking part, plus your travel expenses. This will be sent to you by bank transfer after the workshop.
- **Travel expenses:** Remember to **keep all receipts** for public transport or parking, or note down the **mileage** from your home address.

- **Next steps for payment:** Shortly after the session, we will send you a **secure online form** via email. You will use this form to give us your **bank details** and your feedback about the workshop. Please look out for this email and complete the form as quickly as possible.

Arrival Time

- **Please arrive 15 minutes before the start time.** We need this time to check everyone in so we can begin the workshop promptly.

What will happen at the workshops?

What to Expect

- Each workshop will have up to 20 people and will last for 2 hours.
- We will divide you into smaller groups to make discussions easier.
- Be honest: We strongly encourage you to share your honest opinions. Remember, there are no right or wrong answers to any of the questions.
- Be respectful: We will ask you to share your views, but please also be respectful of opinions that may be different from yours.
- Listen up: Please be prepared to listen and respond thoughtfully. Try not to talk over others.

Confidentiality

- This is a confidential group discussion.
- The discussions will be recorded, but we will make sure you cannot be identified.
- All recordings will be destroyed after we finish analysing your feedback.
- In our final report, we may use quotes, but you will not be named.

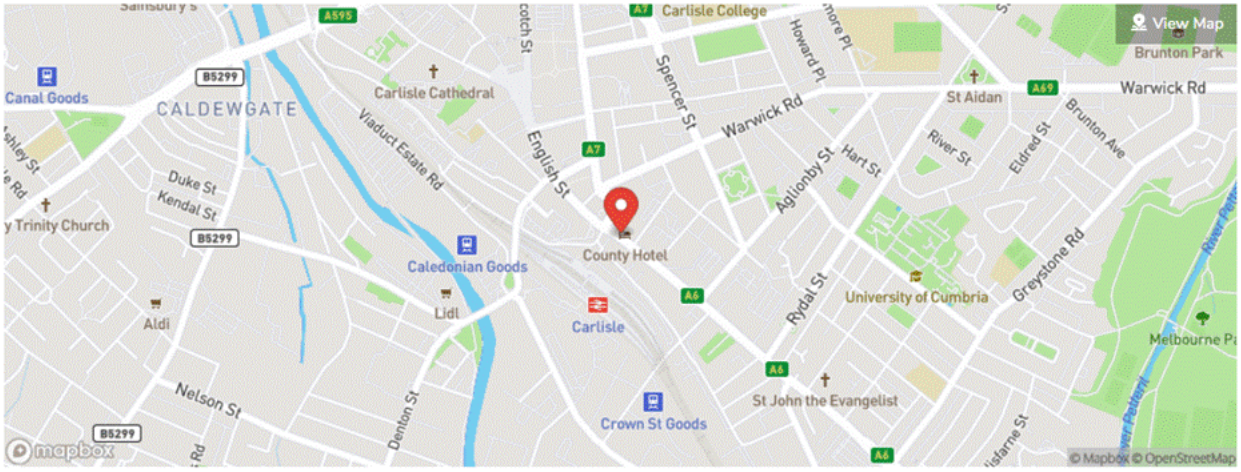
How to get to The County Hotel

You have opted to attend the workshop in Carlisle

Below are some instructions on how to get there, transport links and parking. Please get in touch with any questions you have, workingwell@olovus.co.uk.

Location

The County Hotel
9 Botchergate, Carlisle, CA1 1QP, United Kingdom



Travelling from the north (via M6(M))

1. From Scotland, take the M74 southbound, which becomes the A74(M) and then the M6 motorway as you cross the border into England.
2. Continue on the M6 towards Carlisle.
3. Take Exit 44 from the M6 towards Carlisle (North) / City Centre / Hexham / Workington.
4. At the roundabout (Greymoorhill Roundabout), take the exit onto the A7 (Kingstown Road) towards the City Centre.
5. Continue to follow the A7 into Carlisle, passing the Kingstown Industrial Estate.
6. At the Hardwicke Circus Roundabout, follow the signs for the City Centre and continue onto the A6/A7 one-way system.
7. The County Hotel Carlisle is located on Botchergate. Follow signs for the train station, as the hotel is conveniently located next to it.

Travelling from the south (via M6(M))

1. Exit the M6 motorway at Junction 43.
2. Follow the signs for the A69 towards Carlisle City Centre.
3. Continue to follow the A69 as it becomes Warwick Road.
4. Proceed straight along Warwick Road, which will lead you onto Botchergate (where the train station is located).
5. The County Hotel is located on Botchergate and will be on your left-hand side, immediately next to Carlisle train station.

Rail

To travel by rail to The County Hotel in Carlisle, you can arrive at Carlisle station, which is on the West Coast Main Line. The County Hotel is conveniently located directly across the street from Carlisle Train Station. After exiting the station, you'll see The County Hotel on Botchergate, within a 1-2 minute walk

Bus services

Local bus services operate throughout Carlisle. For detailed timetables and route information, please visit the Stagecoach Cumbria and North Lancashire website. Many city centre bus stops are within a short walk of The County Hotel. Timetables can be found on the Stagecoach website.

Parking

The hotel offers secure parking. The car park entrance is off **Mary Street** at the back of the hotel. Please note that a parking charge is now in place at £5. Delegates who are driving to the event will need to pay for parking on arrival. To ensure you can reclaim this cost, please keep your parking receipt and submit it with your expense claim form after the event. Reasonable parking expenses will be reimbursed in line with our usual expenses policy.

What is the workshop about?

Good health and good work go hand-in-hand. When we feel well, we're more able to stay in work, enjoy what we do, and support ourselves and our families. But when health problems – like stress, back pain, or long-term conditions – get in the way, it can be hard to stay in or return to work, even if we want to. Our WorkWell Programme is helping people to stay well and stay working.

You have been selected because we feel that you have valuable experiences that you can share with us about how we can make sure the WorkWell programme is as effective as it can be in helping people back to work.

Working with people like you who have lived experience is absolutely crucial because real-life insights are the most powerful way to shape a genuinely helpful and accessible service. Your unique perspective will help us:

- Identify barriers and challenges that might be helpful for service designers.
- Ensure the support offered in the Work Well programme is practical, relevant, and empathetic to help people get back to work.
- Develop a programme that truly reflects the needs and realities of the people it aims to support.

Information to read before you come

You don't need to read this information right now, but please take 10 or 15 minutes to read this before you come

More about the WorkWell programme

Here in the North East and North Cumbria, more people are out of work due to poor health than in most other parts of the country.

In some areas, it's as many as one in three working-age adults.

That’s not just tough for people affected – it also puts a strain on families, communities, the economy, and the NHS. We know people want to stay active, connected and independent. But too often, people don’t know where to turn for help – or they get stuck between services that don’t join up.

We want to change that.

Our WorkWell programme

We are one of three areas in England to receive money from the Government - £19m - to help people get the support they need, before they feel they have to give up work due to poor health. You might hear this described as a 'Health and Growth Accelerator site'.

This pilot programme brings together the NHS, councils, job support services, voluntary organisations, and employers to offer joined-up support for people who need it most.

Who will it help?

Our aim is to support around 2,000 people in the first year – including:

Adults struggling to stay in work due to mental health, musculoskeletal (MSK) or long-term conditions – the leading causes of work -related ill-health in our region

People who are under financial pressure or missing out on the benefits and support they are entitled to

NHS and care staff who need extra support to stay in their jobs

Small to medium size employers - who want to help support their staff and reduce absences.

How the WorkWell programme works

We’re focusing on three main areas to make a real difference.

1. **Direct support from NHS WorkWell**

   If you need help, a GP or other professional can refer you to a WorkWell service. A **WorkWell coach** will then create a personal plan with you. This plan could include:

   - Connecting you to health services (like mental health or pain support).
   - Giving advice on money, benefits, and housing.
   - Helping you manage conversations about work or changing your job.
   - Linking you to local groups and community activities.

2. **Extra support for NHS and care staff**

   We are offering extra support to help NHS and care staff who are struggling with their well-being. This involves:

- Faster access to mental health services.
- Group sessions and peer support networks.
- Help with common health issues like stress, menopause, weight management, and long-term conditions, along with support to stop smoking or reduce alcohol use.

This support is designed to help staff stay in their jobs and feel better at work.

3. **Creating healthier workplaces**

   We are partnering with local employers to help them build fairer and more supportive places to work. This includes:

- Working with businesses and councils to improve how they support staff with health issues (especially looking at occupational health advice for smaller businesses).
- Promoting flexible working, fair pay, and better job conditions.
- Expanding schemes that celebrate healthy workplaces (like the Better Health at Work Awards).
- Teaching employers how to spot when staff need help and how to offer it.

Working together to support our communities

The WorkWell programme is part of a bigger effort across our region to help people stay well and stay in or return to work.

We are working closely with local councils, city leaders, and charities (the voluntary, community, and social enterprise sector) to make sure our support is connected and links up with services that already exist.

This teamwork is essential to make the changes we want to see. Together, we know we can make a difference and help people in our region stay healthy and stay working.

Some frequently asked questions

What is the WorkWell service?

Funded by the Government as part of a national Health and Growth Accelerator pilot, WorkWell supports working-age people whose health puts them at risk of being out of work.

It's a service that works with GPs to help identify patients who may be struggling in work due to health problems and/or personal circumstances.

With the support of WorkWell coaches/advisors, patients will be supported to access the health, employment, and financial advice that they need to help them stay in work.

How does the service work?

GPs will identify patients at risk of not being able to work because of health problems. These people will be referred to a WorkWell advisor/coach which may be based in the same GP surgery practice or a local hub.

The advisor or coach will talk to them to understand their needs and make a plan to help them. They will also connect them to other services they need such as relevant NHS or community services. The advisor/coach will also offer practical help with benefits, workplace adjustments, confidence-building and returning to work, as well as help to navigate job centres, employers, or training services. The relationship will usually continue over several weeks or months, with follow-up where needed.

How can people get a WorkWell advisor?

Most people will be identified by their GP (or other professional) and referred to a local WorkWell Hub/Service. There, they will meet a **WorkWell advisor/coach** who will make a plan to help them manage their health and access support they need to stay in or return to work. In some areas, people may be able to refer themselves.

Who can get support?

GPs will identify patients at risk of not being able to work because of health problems. These people will be referred to a WorkWell advisor/coach which may be based in the same GP surgery practice or a local hub.

The advisor or coach will talk to them to understand their needs and make a plan to help them. They will also connect them to other services they need such as relevant NHS or community services. The advisor/coach will also offer practical help with benefits, workplace adjustments, confidence-building and returning to work, as well as help to navigate job centres, employers, or training services. The relationship will usually continue over several weeks or months, with follow-up where needed.

How are people identified for support?

GPs will help identify people at risk of having to stop working or going off sick. They will refer patients they see in their clinics. GPs will also do this by using data that is held by their practice. They will look for people who have had many sick notes in a short time.

In the longer term, we will be working to ensure that a range of healthcare providers, including occupational health services and voluntary, community, and social enterprise services, can refer to this WorkWell service. Plans for the future also include enabling people to contact a WorkWell advisor/coach directly to ask for help, rather than having to be referred.

Can I refer myself to the WorkWell service?

No, most people can't refer themselves. They will be contacted by their local WorkWell hub if they are suitable for support.

What makes this programme different from standard NHS care?

This programme combines healthcare, job support, money advice, and community help. Instead of being passed between services, people get a personalised plan with their WorkWell advisor/coach, who helps them with everything.

Who is delivering the service?

WorkWell services are delivered through NHS local delivery teams in partnership with councils and the voluntary sector. How these are run varies across different areas in the regio,n with roll-out being phased over the autumn. The programme is managed by the North East and North Cumbria Integrated Care Board, with support from NHS England. A national and local evaluation will help us understand how the service is working and how it helps people stay well and stay in work.

How is this different from other employment programmes?

Unlike standard job support, this programme aims to tackle the root causes of why some people are unable to work due to ill-health or other personal circumstances. The programme combines medical help and support, financial advice, and workplace support.

Don’t we already have things like this in the region?

Yes, there are some similar schemes in the region. In fact, these have provided the blueprint for the WorkWell programme. For example, the Patient Advisory Service (PAS) and the Waiting Well Programme.

The Patient Advisory Service has been in GP practices in County Durham, Northumberland, and the Tees Valley for more than 15 years. This service has achieved better outcomes for people who were previously at risk of going off work for a prolonged period, reducing their risk of dropping into long-term unemployment.

The service places trained patient advisors into GP practices, where they work alongside healthcare professionals to support people whose health is affecting their ability to work or stay in work.

It's been shown to bridge the gap between healthcare and employment advice. Based within primary care, where people already go for help, it is very accessible.

Alongside this, the Waiting Well programme offers targeted support to certain groups of patients waiting for surgery. It supports people to be in the best health they can be prior to surgery to make sure they can recover as quickly as possible.

Find out more…

There is more detailed information about WorkWell and how it works with other, similar services available to people in the North East and North Cumbria on the ICB website – WorkWell programme pages

About Olovus

The workshop is delivered by Olovus on behalf of the North East and North Cumbria Integrated Care Board (ICB).

Olovus is an organisation that works to support independent, unbiased Patient and Public Involvement and Engagement, strategic communications and programme leadership support for complex health and care service-change programmes.

Right to work

* If you're a British or Irish citizen, you can prove your right to work in the UK with either of the following:

- a British or Irish passport (can be current or expired).
- a UK or Irish birth or adoption certificate
- a certificate of registration or naturalisation as a British citizen

If you are not a British or Irish citizen:

- a current passport with a Home Office 'endorsement' in it
- an immigration status document (The letter must show your name and National Insurance number.)
- a letter from HM Revenue and Customs, Department for Work and Pensions or the Social Security Agency in Northern Ireland.
- an application registration card if waiting for a decision on an asylum application - your application registration card must say you have permission to work in the UK - it should say 'Work permitted'.
- UK Visas and Immigration (UKVI) account
- Graduate Visa
- biometric residence permit (BRP)

8.2 Appendix 2 – The Carlisle presentation

<table>
<tr><th>Slide number</th><th>Slide</th></tr>
<tr><td>1</td><td>NHS
North East and
North Cumbria

NHS WorkWell services workshop

November 2025

olovus+</td></tr>
<tr><td>2</td><td>Agenda

<table>
<tr><td>16:00 - 16:10</td><td>Welcome and introductions</td></tr>
<tr><td>16:10 - 17:00</td><td>Discussions 1 and 2 (25 mins per discussion)</td></tr>
<tr><td>17:00 - 17:15</td><td>Feedback to the room</td></tr>
<tr><td>17:15 - 17:25</td><td>Break</td></tr>
<tr><td>17:25 - 17:50</td><td>Discussion 3 (25 mins)</td></tr>
<tr><td>17:50 - 17:55</td><td>Feedback to the room</td></tr>
<tr><td>17:55 - 18:00</td><td>Thanks and close</td></tr>
</table></td></tr>
<tr><td>3</td><td>Welcome

Thank you all for coming along today.

Today is a very informal meeting where we hope to hear your thoughts on the WorkWell programme.

We are an organisation called Olovus; commissioned by the Integrated Care Board to carry out independent, un-biased public engagement on the WorkWell service for them.

We do have the ICB here today to observe and listen to your opinions.

 
</td></tr>
</table>

4	**Introduction** + **Who is launching this?** The Integrated Care Board (ICB) for North East and North Cumbria. • Help people stay in work or get back to work after sickness due to ill health or a long-term condition. • Recognise that most people living with poor health **want to work and enjoy working**.
5	**Introduction** + **How WorkWell helps** • **Personalised support:** Services are **tailored to the individual** based on their unique barriers. • **Dedicated health coach:** Each person is guided by a personally appointed health coach. • **Community-based:** Support is located in GP practices and other community settings.
6	**What we would like to understand** + **There are some key themes about WorkWell services we'd like to work through with you and have questions on each. The themes are:** • Eligibility criteria • Referral pathways • Sign up considerations • Support needs • Promotion and awareness • Measuring success NHS

7	**1. How can we decide who gets to use the WorkWell service first to make sure we help the most people get jobs and become healthier, in a way that's fair for everyone?** • What do you feel would be fair and inclusive? • Could this unintentionally exclude some people who might want to work but struggle because of their health condition(s)? • How can we make sure the criteria support those people? NHS
8	**2. At first people will be referred to WorkWell by a GP.** **What other referral routes do you think would work?** • What about employers, community organisations, or self-referral? • Could other clinicians like physiotherapists or mental health professionals be involved? NHS
9	**3. What would you want to know before signing up for WorkWell?** • What might encourage or discourage you from joining? • Would it matter who the coach is, where the support happens, or how personalised it is? NHS

10	**4. What kind of support would help you stay in or return to work right now?** • Advice, action planning, training, work experience, phased return? • Imagine you've just been referred to WorkWell, what would you expect to happen next? • Have you used similar support before, either through your employer or elsewhere?
11	**5. Where should WorkWell be promoted to reach the right people?** • GP surgeries, health professionals, leaflets, posters, social media, bus ads? • Can you think of any creative or unexpected ways to raise awareness?
12	**6. How should we measure the success of WorkWell beyond just numbers?** • Would stories or case studies from people in similar situations be helpful? • Would recognition from employers or colleagues make a difference?

13	**And finally, do you have any final thoughts or comments you would like to add ?**  NHS
14	**Thank you** olovus.co.uk

8.3 Appendix 3 – Publicity graphics

Text	Graphic
Been off sick and struggling to get back to work? Help us get people back to work Paid workshops in November – interested? Apply here https://www.smartsurvey.co.uk/s/WorkWellWorkshops/	
Are you off sick regularly due to poor health? You could help us develop a new service that can help people back to work. We're hosting three, paid workshops across the region in November – interested? Apply here https://www.smartsurvey.co.uk/s/WorkWellWorkshops/	

8.4 Appendix 4 – Online application form

Application to attend the WorkWell Workshops

Introduction

Thank you for your interest in the WorkWell workshop. We're excited about the possibility of you joining us!
To make sure the workshop is the right fit for everyone and that we can provide the best support possible, we would like to ask you a few questions. Please take a moment to answer them, and we'll be in touch very soon.
If you are selected to attend, you'll be paid £50 for your time.

Closing date for applications Friday 31 October, 2025.

Data Processing Statement

North East and North Cumbria Integrated Care Board has commissioned Olovus, a team of independent patient involvement and public engagement specialists, to conduct these workshops on their behalf. Rest assured, your information will be kept confidential. Olovus will process any data provided in line with the latest data protection regulations, using it solely for the analysis of your responses. No data will be shared for marketing purposes. Personal information identifying you will be retained by Olovus for no more than 6 months after the project has been completed.
For details on how Olovus uses the information you provide, your rights, and complaints, please visit: www.olovus.co.uk/mydata

Eligibility

1. Have you taken part in any focus groups or online workshops about the WorkWell service earlier this year?

- € Yes
- € No

2. Have you had a fit note in the last 6 months?

This is not a survey for you if you are long-term sick (having to take extended periods off work for medical reasons).

- € Yes
- € No

Eligibility to work in the UK

We will need to see proof from you that you are eligible to work in the UK.

We will ask you to bring proof along to the workshops. We'll provide more details if you are selected.

If you're a British or Irish citizen, you can prove your right to work in the UK with either of the following:

- a British or Irish passport (can be current or expired).
- a UK or Irish birth or adoption certificate
- a certificate of registration or naturalisation as a British citizen

If you are not a British or Irish citizen:

- a current passport with a Home Office 'endorsement' in it
- an immigration status document (The letter must show your name and National Insurance number.)
- a letter from HM Revenue and Customs, Department for Work and Pensions or the Social Security Agency in Northern Ireland.
- an application registration card if waiting for a decision on an asylum application - your application registration card must say you have permission to work in the UK - it should say 'Work permitted'.
- UK Visas and Immigration (UKVI) account
- Graduate Visa
- biometric residence permit (BRP)

3. Are you eligible to work in the UK?

€ Yes

€ No

Your contact details

4. Your postcode comes in two parts. Please give us:

the first part of your postcode (e.g. **NE1** 1NZ, **NE34** 5HC)

the number from the second part of your postcode (e.g. NE1 **1**NZ, NE34 **5**HC)

5. What is your age?

6. What is your email address? (so we can contact you to let you know if you have been successful or not)

7. What is your phone number (in case we can't email you)

Workshops

8. Please tell us which of the following three workshops you would prefer to attend if chosen to take part. You can attend any one that suits you

- € **South of the region – in person, central Darlington** (if selected full details will follow) Tues 18 November 10:00 to 12:00
- € **North of the region – in person, central Newcastle** (if selected full details will follow) Weds 19 November 18:00 to 20:00
- € **West of the region (North Cumbria) – in person, Carlisle** Tues 25 November 16:00 - 18:00

About your work

9. Please tell us the type of work you normally do

- € Manual/operational
- € Desk based - office or work from home
- € Retail/hospitality
- € Other (please specify):

10. Please tell us what your professional level is:

- € Junior/trainee
- € Unskilled
- € Skilled
- € Management/professional
- € I cannot work at all due to my health
- € Other (please specify):

About your health

11. What is the MAIN health issue that stops you from working:

- € Breathing difficulties (for example COPD)
- € Joint or muscular (for example arthritis, osteoporosis)
- € Chronic pain
- € ADHD/autism
- € Mental health condition(s)
- € Hormonal (for example menopause)
- € A combination of issues or a health issue not listed above (please specify):

Demographic questions

We now need to know a little more about you personally.

These questions are completely optional, but we hope you will complete them. This will help us to make sure we have a diverse mix of people in the workshop.
Any information you provide will be kept entirely confidential and will never be traced back to you as an individual.

12. What is your ethnic group?

- € Asian or Asian British
- € Black, black British, Caribbean or African
- € Mixed or multiple ethnic groups
- € White
- € Prefer not to say
- € Other (please specify):

13. Which of the following best describes you?

- € Female
- € Male
- € Non-binary
- € Prefer not to say

€ Prefer to self-describe:

14. Is the gender you identify with the same as your sex registered at birth?

€ Yes

€ No

€ Prefer not to say

15. Which of the following best describes your sexual orientation?

€ Straight or Heterosexual

€ Gay or lesbian

€ Bi or bisexual

€ Prefer not to say

€ Prefer to self-describe

Thank you for sharing your valuable insights.

Your feedback is crucial and will directly help us shape a more effective, inclusive, and future-focused community engagement strategy for Marie Curie. We appreciate you taking the time to contribute to this important work.

This report has been authored by Olovus, independent specialists in involving people and communities in health service transformation.

Olovus | Enterprise House, Barnard Castle DL12 8XT | olovus.co.uk

The project was carried out in line with best practice industry standards for engagement.