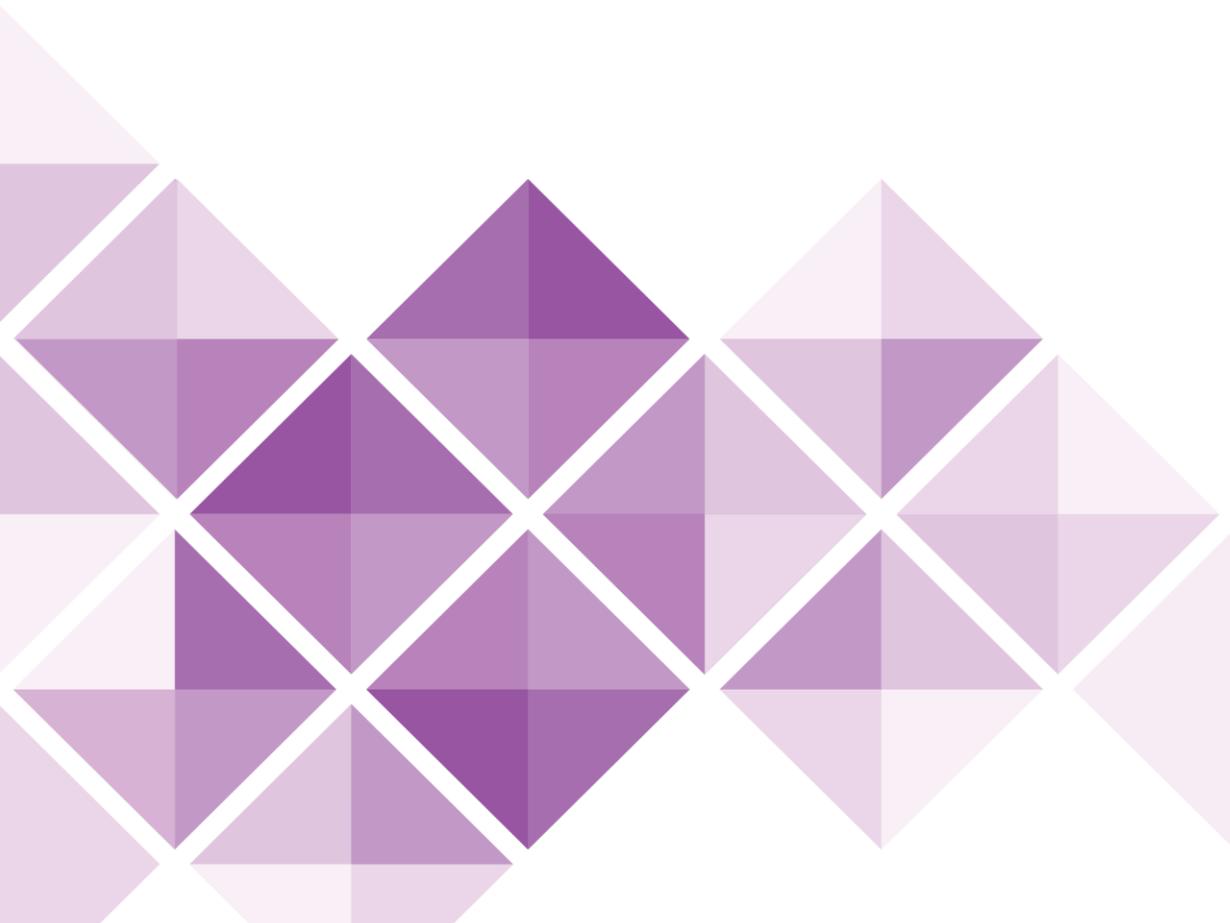# Exploring views of 'WorkWell'

Involvement findings report

FINAL REPORT v0.9

March 2026

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Executive Summary

Introduction

J. Harvey Research Ltd was commissioned by North East and North Cumbria Integrated Care Board (ICB) to support the development of WorkWell, a government-funded programme designed to provide personalised bio-psychosocial support to patients living with a long-term health condition to help them remain in or return to work.

WorkWell builds upon the ICB's Waiting Well programme and the Department for Work and Pensions' (DWP) Patient Advisory Service (PAS). The funding will also support local employers to enhance health and wellbeing in the workplace.

The involvement activities aimed to understand perceptions of WorkWell, identify barriers to service access and expectations of the programme, and determine key considerations for local planning.

Methodology

The methodology involved three phases of involvement activity which spanned a 12-month period - January 2025 – January 2026.

Phase 1 consisted of online focus groups held January - February 2025 with members of the public and staff working within employability services.

In June 2025, desk-based research was undertaken to explore what is known about WorkWell and the two programmes which the service builds upon. This review was used to help shape subsequent involvement activity.

Findings from Phase 1 and the desk-based review informed Phase 2 activities, which included stakeholder interviews with representatives from key organisations, focus groups led by voluntary and community sector organisations, an online public perception survey, and interviews with PAS Advisors, WorkWell Coaches, and employers of small organisations.

Phase 3 involved online focus groups to test communication materials with individuals who could potentially benefit from the programme (i.e. individuals with a long-term condition in/out of employment).

A total of 519 people took part in the engagement; comprehensive efforts were made to ensure feedback was obtained from a wide range of audience groups.

Key insights

The survey revealed that a significant proportion of individuals are managing long-term health conditions that affect their ability to work. Mental health conditions (34%) and musculoskeletal issues (30%) are the most reported, but a wide range of other conditions are also present which underscores the complexity of workplace health needs.

Flexible working, remote options, and tailored support help individuals to overcome the daily challenges at work, however, many have not received sufficient help, often due to a reluctance to ask or lack of clear information from their employers as to whether and how they would be able to help. Smaller proportions told us that they have asked but their employer was unable to make any changes / offer support.

Attitudes towards WorkWell are generally positive, with 77% of survey participants open to discussing workplace support for health-related employment difficulties. Employers also viewed WorkWell very favourably, perceiving it to be a beneficial addition to their existing wellbeing initiatives and expressing willingness to promote it.

Several concerns were however raised about WorkWell including a perceived lack of clear guidance, uncertain funding, and integration with the wealth of other services / initiatives available in the employability sector. Additionally, questions were asked about the eligibility criteria, whether participation would be voluntary, and the impact that participation would have on benefits received. The latter was one of the biggest concerns for individuals currently out of work and identified as a key barrier to access.

Apprehensions were additionally expressed about the expertise and lived experience of WorkWell staff, the capacity of WorkWell services, the logistical challenges of embedding WorkWell within GP practices, the lengthy waits for specialist services and the impact this will have on WorkWell support, and the programme's ability to address and tackle the negative attitudes and discrimination that individuals with long-term health conditions and/or disabilities commonly face within the workplace.

Key barriers to accessing WorkWell were therefore identified, these included:

- Poor public / employer awareness of the programme, including its purpose and benefits
- Limited support from employers and negative / poor attitudes within the workplace
- Fear of loss of, or reduction in benefits received
- Logistical and accessibility challenges
- Unpredictability and uncertainty of living with a long-term condition
- Primary care capacity and challenges in referring to WorkWell
- Capacity of WorkWell and waiting lists for support
- Negative experiences of accessing similar services and lack of trust / faith
- Fear of disclosure, being judged or overwhelmed / preference to deal with issues independently or with employer.

Respondents were encouraged to think about what 'good' would look like for WorkWell.

For people accessing WorkWell, this included maintaining suitable employment or returning to work with necessary workplace adjustments, improved mental health and wellbeing, feeling valued and supported within and outside the workplace, greater ability to self-manage health and communicate needs, improved relationships with

employers, streamlined access to wellbeing and employment services and financial independence.

For local WorkWell services, this included consistency in access across all GP practices, visible presence in both GP practices and the wider community, ongoing appropriate referrals, increased employer awareness and support, clear patient expectations, effective collaboration and seamless integration with related services, and improved patient outcomes and sustained employment / return to work.

For employers, reference was made to reduced sickness absence, improved productivity, increased staff retention, and the preservation of valuable skills. It was hoped that WorkWell would provide practical guidance and support for employers to better support employees, who are accessing WorkWell, in the workplace.

For the wider system, positive outcomes included alignment with regional priorities driving improved workplace and economic productivity and growth and effective collaboration with other initiatives, ensuring joined-up efforts towards common goals. A reduction in demand and dependency on primary care services is another key outcome as is data / intelligence to inform commissioning and future service development.

Respondents were asked to suggest ways to overcome barriers to accessing WorkWell and meet people's expectations for the service. The report presents considerations for the development and implementation of local WorkWell services, based upon real-world insight. Suggestions are made under the following headings:

- Raising awareness and enhancing visibility
- Encouraging participation
- Simplifying referral routes
- Tackling barriers to access
- The WorkWell workforce
- Support available
- Evaluation metrics
- Employer engagement and education
- Service alignment and integration.

Next steps

The insight collated here will be shared with North East and North Cumbria ICB and used to help shape the development and delivery of local WorkWell services.

1 Acronyms and descriptions

Acronym	Full Term	Description (as used in this report)
AHP	Allied Health Professional	Clinicians such as physiotherapists, occupational therapists, and other non-medical professionals involved in supporting patient care.
BME	Black and Minority Ethnic	Used to refer to individuals or communities from Black or minority ethnic backgrounds engaged in the involvement activities.
CV	Curriculum Vitae	A document summarising a person's employment history and skills; referenced in relation to employability support.
DSE	Display Screen Equipment	Equipment used when working with screens; referenced in relation to workplace adjustments.
DWP	Department for Work and Pensions	UK Government department responsible for welfare, pensions and employment; co-developers of PAS and related work-and-health programmes.
EAP	Employee Assistance Programme	Workplace wellbeing service offering counselling or advice, mentioned in employer interviews.
GP	General Practitioner	Primary care doctor who can identify and refer patients into WorkWell or related services.
HR	Human Resources	Employer function responsible for supporting staff, including wellbeing and workplace adjustments.
ICB	Integrated Care Board	NHS body commissioning and overseeing local health services; WorkWell is funded and delivered through the North East & North Cumbria ICB.
MDT	Multi-Disciplinary Team	Collaborative team of professionals working together to support individuals' health and employment needs.
NENC	North East and North Cumbria	The regional footprint for the ICB and the geographic focus of the WorkWell programme.

Acronym	Full Term	Description (as used in this report)
NECSU	North of England Commissioning Support Unit	Organisation supporting commissioning, data and programme delivery, involved in stakeholder interviews.
OH	Occupational Health	Workplace health provision used to support employees through adjustments, assessments or phased returns.
PAS	Patient Advisory Service	A DWP-embedded employability and wellbeing model operating in GP practices; WorkWell builds on elements of this service.
SMS	Short Message Service	Mentioned as a possible contact method; standard text-messaging communication.
VCSE	Voluntary, Community and Social Enterprise	Sector involved in delivering focus groups and community engagement activities.
VONNE	Voluntary Organisations' Network North East	Regional VCSE umbrella body used for survey distribution.

2 Introduction

J. Harvey Research Ltd was commissioned by North East and North Cumbria Integrated Care Board (ICB) to conduct a piece of involvement activity to support the development of the WorkWell programme.

WorkWell is a new government-funded initiative which will offer person-centered bio-psychosocial support to patients to help them sustain themselves in or return to work. Its purpose is to maximise health outcomes, help to minimise the amount of time spent out of work, and reduce the associated costs of economic inactivity.

The WorkWell initiative will see work and health coaches in GP practices and other services, offering advice, coaching and support to people when health issues become a barrier to working.

Local WorkWell services will be targeted at working age individuals, registered with a GP in North East and North Cumbria, who are:

- In work and living with one or more long-term conditions, and therefore at risk of becoming economically inactive. These people may have had one or more fit notes in the past six months.

- Not in work (short-term economically inactive) living with one or more long-term health conditions.

Initial planning indicates there will be three referral routes: primary care, self-referral and other, including access through occupational health, other health care professionals and voluntary, community and social enterprise organisations.

Local WorkWell teams will offer tiered interventions based on the following framework:

- A universal offer for those who are motivated and digitally able to access online support to maximise their economic activity.

- A targeted offer for those who require a greater level of support to make the lifestyle changes needed to optimise economic activity and health outcomes. This includes social prescribing referrals to existing services in their communities.

- A holistic, multi-faceted offer for those requiring the most dedicated support to be sustained or return to economic activity, which can include access to specialist services, including mental health therapies, and workplace adjustments agreed with their employer.

WorkWell will build on two pioneering programmes led by North East and North Cumbria ICB and GP practices alongside the Department for Work and Pensions (DWP) and the region's combined and local authorities. These are:

- The ICB's Waiting Well programme – which provides advice and support for people awaiting non-emergency surgery.

- The DWP's Patient Advisory Service (PAS) – provides holistic support for patients with complex needs and who struggle in mainstream services. PAS advisors work alongside GPs in GP practices.

Government funding will also help the region's employers offer more health and wellbeing support to their staff.

3 Objectives and methodology

3.1 Objectives

The purpose of the engagement activities was to understand perceptions of WorkWell, identify potential obstacles to service accessibility, explore expectations, and establish critical factors for consideration in local programme planning.

The following outlines the approaches utilised to engage different audience groups.

3.2 Phase 1

3.2.1 Focus groups with members of the public and staff working to support people with their employment

Online focus groups were conducted over a three-week period from 20th January – 7th February 2025 with 29 members of the public and 12 staff working to support people with their employment.

A stand-alone findings report was produced and presented to North East and North Cumbria ICB in February 2025. This was used to guide development of the service and inform decisions on further involvement activity. For completeness, an overview of the key findings from this involvement activity is included within this report (see Appendix 1 - Key insights from Phase 1).

3.2.1 Desk-based review

In June 2025, desk-based research was conducted to gather information about what is known about WorkWell and the two programmes which the WorkWell service builds upon. This included a review of the findings from the initial engagement in January 2025 (detailed above), DWP's 2023 report which explored Work coach provision of employment support[1] and a study by Pattani et al. (2024) which explored perspectives and perceptions of Work Coaches, Disability Employment Advisors and GPs regarding the benefits and challenges of embedding Work Coaches and Disability Employment Advisors in GP practices[2].

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[1] DWP (2023) Work Coach provision of employment support; https://www.gov.uk/government/publications/work-coach-provision-of-employment-support/work-coach-provision-of-employment-support

[2] Pattani et al. (2004) Embedding work coaches in GP practices: Findings from an interview-based study in the UK; https://pubmed.ncbi.nlm.nih.gov/39381593/

A summary of the key themes from the review is included within this report (see).

3.3 Phase 2

The findings from Phase 1 were used to shape further involvement activity. An overview of this activity is detailed here:

3.3.1 Stakeholder interviews

Eight 30-minute interviews were conducted with key stakeholder contacts from DWP, Northeast Combined Authority, Sunderland Council, North East and North Cumbria ICB, North of England Commissioning Support Unit (NECSU) and primary care. Contacts were identified by the project team at NHS North East and North Cumbria ICB.

3.3.2 Focus groups led by voluntary and community sector organisations

Voluntary and community sector organisations were supported to hold focus groups with the communities they serve. Organisations were invited to express interest in undertaking a discussion and were selected ensuring a geographical spread across North East and North Cumbria.

Organisations were provided with a discussion guide, recording template and an equality monitoring form. Organisations received £250.00 for their participation.

In total, 13 focus groups were undertaken, engaging with 115 individuals. A list of the organisations engaged with is detailed below.

Voluntary and community organisation	Location	Organisation focus	No. of people engaged with
Healthwatch	Darlington	Independent champion for people who use health and care services	8
Healthwatch	North Tyneside	Independent champion for people who use health and care services	6
Healthwatch	Westmorland and Furness	Independent champion for people who use health and care services	8
Healthwatch	Sunderland	Independent champion for people who use health and care services	10
Healthwatch	Gateshead and Newcastle	Independent champion for people who use health and care services	4
Healthwatch	Stockton-on-Tees	Kinship carers group	16
Veterans in Crisis	Sunderland	Veterans	10
Other Ways to Care	Cumbria	Ethically minoritised people residing within Workington	10

Live Well with Cancer	North Tyneside	Supports people affected by cancer diagnosis to improve their health and wellbeing	8
Community Opportunities	Sunderland	Group 1 – residents looking to improve their skills or are looking for work Group 2 – people facing social isolation in Redhill	14
Red Balloons,	Stockton-on-Tees	Supports people with poor mental health	7
JET Jobs Education and Training	Newcastle	Supports people from the Black Minority Ethnic (BME) community, asylum seekers, refugees and New Migrant communities	10
Family Gateway	North Tyneside	Supports the lives of people across Howdon, North Tyneside and the wider North East	4
Total			**115**

Table 1: Focus group details

3.3.3 Public perception survey

An online survey was developed and disseminated through the avenues detailed below. In total, 328 individuals responded.

- North East and North Cumbria ICB contacts and networks (including public and VCSE sector contacts such as VONNE and Healthwatch network.
- Social media (including some paid for promotions)
- People Hub newsletter (mailing list of approx. 1,000)
- ICB website.

The survey captured details of individuals who would be happy to participate in further activity (see Phase 3).

3.3.4 Interviews with PAS Advisors and WorkWell Coaches

DWP PAS Advisors and newly recruited WorkWell Coaches were invited to take part in an online interview to discuss WorkWell and any experience they had of PAS or other employability-related services.

Five staff took part in the discussions – three were employed by DWP and two were newly appointed to WorkWell.

3.3.5 Interviews with employers

Nine online interviews were conducted with business owners or HR representatives of organisations employing between 10-49 employees in North East and North Cumbria. Small organisations were recognised as an important audience group, as they may encounter more significant challenges related to employee wellbeing.

Four individuals were recruited via the Better Health at Work Award network and five through external recruitment. Individuals were incentivised with a £50 cash payment to a charity of their choice.

3.4 Phase 3

3.4.1 Online focus groups to test communication materials

Three online discussion groups were held to gather initial feedback on several patient materials developed to promote WorkWell.

Individuals who responded to the public perception survey who expressed an interest in taking part in further research opportunities and indicated that they have a health problem, condition or disability that affects their ability to work were contacted to take part. Thirteen individuals attended the one-hour group discussions. All individuals received a £30 One4All voucher as a thank you for their time and input.

	No. of participants
Monday 25th November; 1-2pm	4
Wednesday 27th November; 5.30 – 6.30pm	6
Monday 1st December; 1-2pm	3
Total	**13**

Table 2: Online focus group details

3.5   Final sample

A full breakdown of the number of people who took part / responded is detailed here.

Phase	Activity	Dates	Number engaged with
Phase 1	Online focus groups with members of the public and staff working to support people with their employment	Jan – Feb 2025	41
Phase 2	Stakeholder interviews	Jun – Jul 2025	8
	Focus groups led by voluntary and community sector organisations	Aug – Oct 2025	115
	Public perception survey	Sept – Nov 2025	328
	Interviews with PAS Advisors and WorkWell Coaches	Nov – Dec 2025	5
	Interviews with employers	Jan 25 – Feb 26	9
Phase 3	Online focus groups to test communication materials	Nov – Dec 2025	13
Total			**519**

Table 3: Timescale and numbers participating in the involvement activities

The final sample included 443 individuals participating as members of the public, 350 of these provided equality and monitoring information. The final sample reflects the comprehensive efforts made to engage with individuals from different demographic backgrounds.

76% Female
22% Male
1% Non-binary

52% Christian
33% No religion / belief
2% Buddhist
1% Jewish
1% Muslim
1% Other

92% White
3% Asian / Asian British
3% Black / Black British
1% Mixed or Multiple ethnic groups
1% Other

91% Straight or heterosexual
4% Gay or lesbian
4% Bi or bisexual
1% Other

41% had a mental health condition
17% Neurodivergent
15% Physical impairment / mobility issues
13% Long-term condition
9% Sensory impairment

5% Serving / have previously served in the UK Armed Forces
1% gender does not match sex registered at birth
1% pregnant or had been in the last year

87% North East
11% North Cumbria
2% Other

Figure 1: Sample demographics

3.6 Analysis and reporting

The aim of the report in this report is to present the views of the individuals who took part. It is important to note:

- This report is a snapshot in time, with the purpose of informing the development of WorkWell; people's views may change over time.

- This was a largely qualitative exercise, which did not aim to be representative of the local population. As such, findings are not statistically representative of the wider public, nor generalisable.

3.6.1 How to read this report

Section 4 - Summary of findings provides a detailed review of the findings for all involvement methods undertaken. Included within the Appendix is the detailed analysis of each involvement activity. These analyses were shared with the ICB project team on completion of each activity.

Quotes are used throughout the report to illustrate points, not replace narrative. When using respondents' own text, these are provided verbatim, although spelling or grammar may be amended to make comments easier to read.

4 Summary of findings

WorkWell provides an exciting opportunity for the ICB to branch into the employability sector and support the wealth of initiatives that are in place across North East and North Cumbria to tackle economic inactivity.

The programme will be delivered by seven local WorkWell services across the region. It targets individuals living within the region who have one or more long-term health conditions who are struggling to remain in work or may be out of work.

At the time of publication of this final report, local WorkWell services will have either just begun operating or will be launching imminently. The report presents important considerations for the development and implementation of WorkWell, based upon the real-world insight from members of the public, stakeholders, voluntary and community representatives, employers / small business owners and staff working in the employability sector. In total, over 500 individuals participated in the activities over a 12-month period (Jan 25- Jan 26).

Draft versions of this report were made available to the ICB's project team throughout the involvement contract to ensure that findings could be considered in service planning.

WorkWell will see work and health coaches in GP practices and other community settings, offering advice, coaching and support to people when health issues become a barrier to working. It builds on two pioneering programmes: North East and North Cumbria ICB Waiting Well programme and the Department of Work and Pensions (DWP) Patient Advisory Service (PAS).

Within the involvement activities we wanted to explore:

- Experiences of living and working with long-term health conditions
- Initial views on WorkWell
- Perceived barriers to accessing WorkWell
- What 'good' looks like for WorkWell
- Considerations for the programme's development and implementation.

The findings are structured under these headings.

4.1 Living and working with a long-term health condition

The survey revealed that a significant proportion of individuals are managing long-term health conditions that affect their ability to work. Mental health conditions (34%) and musculoskeletal issues (30%) are the most reported, but a wide range of other conditions are also present which underscores the complexity of workplace health needs.

Nearly every respondent with a health issue feels some impact on their ability to work - 49% say their condition affects them a lot, and another 49% a little.
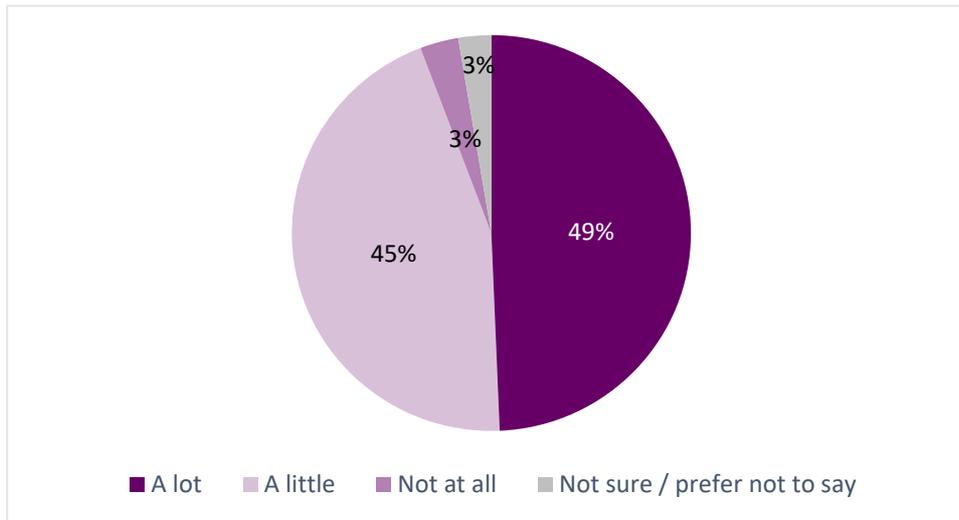
Figure 2: Question – How much does your health issue, condition or disability affect how you can work? (n=225)

While many individuals with long-term health conditions say flexible work arrangements, remote working options, and tailored support are crucial to their ability to work, a significant proportion have not received assistance from their employers. This is often due to a reluctance to ask, uncertainty about the help that is available, or organisational limitations.

"I have been given special equipment to help within my role, reduced hours, my own desk and space"

Public perception survey findings

In terms of what would help individuals to work, respondents identified -

- *Flexible working hours (57%)*
- *Ability to work from home (52%)*
- *Flexibility / ability to take sick days (37%)*
- *More breaks or rests (35%)*
- *Help to focus or manage stress (30%)*
- *Working part-time hours (30%)*
- *Physical equipment (28%).*

> *46% told us their employer has provided support or made changes to accommodate their needs, whilst 23% say they have not received any support. Of these -*
>
> - *33% have not asked*
> - *31% don't want to ask*
> - *23% don't know what will help them*
> - *19% are unsure what their employer will offer or whether they will be able to help*
> - *19% had asked but their employer would not offer any support*
> - *13% had asked but their employer was unable to offer any support (e.g. for financial or staffing reasons).*

4.2   Initial views on WorkWell

Most survey respondents would welcome support at work if their health was affecting their ability to perform, with 77% expressing positive feelings about receiving help. There is recognition that many people lack adequate support when facing health-related employment challenges.

"I would appreciate the support to help me manage my health in a workplace."

"Any help to allow me to get back into work would be welcome."

"Making best use of your skills as a person, helping you to find and stay in work"
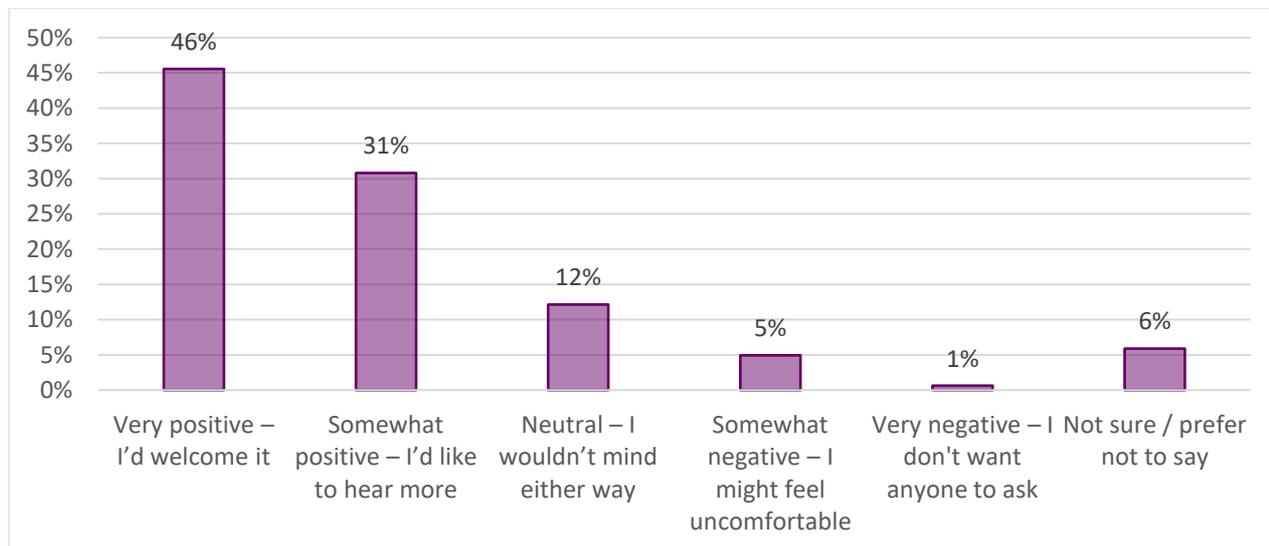

Figure 3: Q – If your health was affecting your work, how would you feel if someone offered help? (n=305)

Employers talked very positively about the benefits of WorkWell and expressed willingness to promote the programme within their workplaces. They perceived that the programme would complement and be a useful addition to their existing wellbeing approach / initiatives.

However, in all involvement activities questions were asked and concerns raised. These include:

- Uncertainty regarding the source, duration, and sustainability of funding.

- Lack of clear guidance and consistency in the information provided about WorkWell, resulting in confusion over the programme's scope, eligibility criteria, and how success would be measured.

- Apprehension that individuals could feel pressured to accept unsuitable employment opportunities simply to fulfil targets.

- Queries were raised about the involvement of DWP and whether participation in the programme would be entirely voluntary, as well as the potential impact of participation on an individual's benefits.

- Concern about how well the initiative would be integrated with other existing or planned employability services, and whether the rapid, nationally driven pace of deployment might compromise the efficient use of resources.

- Knowledge and expertise of WorkWell staff, and their capacity to support participants, particularly in rural areas where travel is a challenge.

- Concern about the practicalities of embedding WorkWell within GP practices, given space constraints. The embedding of PAS into GP practices is viewed as an enabler to the success of the service.

- Lengthy waiting times for specialist services and how this will impact on timescales for WorkWell support.

- Unrealistic patient expectations, especially regarding engagement with employers and what that entails.

- Concerns about the programme's ability to address workplace barriers and negative attitudes that exist within the workplace towards people with long-term health conditions (and/or disabilities).

"Will individuals be pushed into unsuitable work to meet programme targets?"

"How will participation impact on benefits received?"

"How does it differ / overlap with existing services such as PAS?"

4.3   Perceived barriers to accessing WorkWell

Various barriers were identified as preventing people from engaging with WorkWell, there was a general feeling that it will be more difficult to engage with those who are in work and struggling, as opposed to those who are out of work.

Poor public / employer awareness	Limited employer support and negative attitudes / discrimination within the workplace	Fear of loss of, or reduction in benefits received
Logisitcal and accessibility challenges (including cultural / language barriers, travel and transport, digital exclusion)	Unpredictability and undertainty of living with a long-term condition	Capacity of WorkWell and waiting lists for support
Primary care capaciity and challenges in referring to WorkWell	Negative experiences of accessing similar services and lack of trust / faith	Fear of disclosure, being judged or overwhelmed / preference to deal with issues independently or with employer

Figure 4: Key barriers to accessing WorkWell

"I wouldn't want help from a DWP work coach, what qualifies them to support me when they are working to an agenda that the DWP sets rather than for me and what I need"

"Please tell how this person based at my GP would have any influence over my manager??? They wouldn't!!"

4.4 What 'good' looks like for WorkWell

Individuals were encouraged to think about what 'good' would look like for WorkWell for people accessing the programme, for local WorkWell services, for employers and for the wider system.

"Someone staying in employment or progressing into employment as a result of the support provided"

"People who can & want to work are supported more in the workplace."

"Feeling listened to and supported, especially by managers, and being able to access the service without fear or repercussion"

For individuals accessing WorkWell	- Sustained employment or a return to appropriate employment with necessary adjustments implemented and work-health balance. - Improved mental health, confidence, and wellbeing. - Feeling valued, listened to, and supported, both within and outside the workplace. - Improved ability to self-manage health and engage in open conversations with employers about health needs. - Increased opportunities for employment, training, and volunteering, leading to greater financial independence. - Reduced sickness absence and stronger relationships with employers. - Straightforward access to wellbeing and employment support services.
For local WorkWell services	- Consistent access across all GP services. - Visible and accessible WorkWell staff in GP practices and the wider community. - Steady stream of appropriate referrals and positive engagement with the service. - Employer awareness and support. - Clear management of patient expectations. - Collaborative working for more complex cases and seamless integration with related services, ensuring holistic, coordinated support for individuals. - Improved patient outcomes and sustained return to work - whether in their previous roles or transitioning into new opportunities, with appropriate adjustments in place.
For employers	- Reduced sickness absence and higher productivity. - Better staff retention and preservation of skills. - Guidance and support for workplace wellbeing, including recommendations for workplace adjustments.

For healthcare services and the wider system	• Alignment with regional priorities and improved workplace and economic productivity / growth. • Raised awareness and continuing positive work of PAS – changing mindset that if people are struggling with their employment, they know what services are available to support them. • Efficient collaboration with initiatives working towards similar goals (i.e. Trailblazer and Connect to Work) • Decreased demand / dependency on primary care. • Intelligence is used to understand the real needs as to why people are off work to help inform and shape service development and future commissioning.

Table 4: What 'good' looks like for WorkWell

They further talked about some of the expectations they have about WorkWell;

➢ **Clear, accessible information** about what the programme provides and its benefits to raise awareness and set realistic expectations of the service.

➢ **Prompt engagement** after referral, reflecting the operational needs of small businesses where lengthy absences or uncertainty can be challenging and preventing disengagement.

➢ **A safe, confidential, and trustworthy environment**, with clear consent processes ensuring individuals have control over how their information is shared.

➢ **Genuinely supportive, empathetic and expert staff**, ideally with lived experience, providing **consistent, person-centred support that is not time-bound**.

➢ **Flexibility and inclusive in approach** to support the unpredictability / uncertainty of living with a long-term health condition and addressing a broad range of needs including physical health, mental health, and neurodiversity.

➢ **Holistic support for health and wellbeing** considering and providing support for health, social and environmental factors.

➢ **Comprehensive employment support** – building confidence and skills; helping individuals find sustainable work and enabling more open communication of health needs and rights to employers.

➢ Added value to employers through **practical and actionable recommendations** to help support individuals in the workplace. This approach is especially important for small organisations with limited HR capacity, as it enables them to effectively assist employees and create a supportive environment.

➢ **Financial assistance** to support the transition back into employment, with practical support for meals, clothing, and transport costs to remove barriers to participation.

➢ **Integration with other support services and existing workplace support** to ensure comprehensive, non-duplicative assistance, maximising the impact of WorkWell.

4.5   Considerations for the programme's development and implementation

We talked about what would help overcome the barriers people might face in accessing the service and help fulfil the expectations that people have about WorkWell. In doing so, a list of recommendations and key learnings were developed which are considered imperative for local WorkWell services to consider.

Raising awareness and enhancing visibility

- ➢ Information should be clear, simple, and utilise real-life examples to show how the service can help.
- ➢ Promotional materials should be visible in health and community settings such as GP practices, hospitals, and community hubs. Broader outreach is needed to reach people who don't regularly use these services (e.g. social media, community groups, mailouts, workplaces).
- ➢ People should be able to learn about and access the service at a time that feels right for them.

Encouraging participation

- ➢ Some individuals, particularly those with more complex needs, will require extra support to engage. These individuals may respond better to a more personalised approach of face-to-face discussion with healthcare professionals or within healthcare settings.
- ➢ The service's voluntary and confidential nature must be clearly communicated in all communication materials. Transparency and reassurance are needed to dispel misconceptions about any connection to DWP and to confirm that participation will not affect benefits / DWP records.
- ➢ Include accredited partner organisations on communications materials to build credibility.
- ➢ Ensure communications materials set realistic expectations i.e. what does 'talking with your employer' entail / mean for individuals.

Simplifying referral routes

- ➢ As per the approaches used in PAS;
  - o Simplify the referral process for professionals / partner organisations, minimising paperwork and repeated explanations.
  - o Leverage trusted settings and relationships to increase confidence and engagement (i.e. GP practices)
- ➢ Ensure there is an accessible self-referral option.
- ➢ Ensure GP practices / other appropriate healthcare professionals / PAS teams are provided and kept up to date with clear, simple information about WorkWell, including its criteria and referral process.
- ➢ Coordinate with related services (e.g., Waiting Well) while addressing information-sharing challenges.
- ➢ Set realistic expectations for waiting times and ensure prompt service response following initial referral.

> *Public perception survey findings*
>
> *75% of survey respondents felt that individuals should be able to refer themselves with other popular referral routes including GP or other healthcare staff (67%) and employers / managers (65%).*

Tackling barriers to access

- ➢ Offer flexible delivery with in-person, online, telephone, drop-in options available within / outside standard hours to suit different needs and schedules.
- ➢ Recognise individual circumstances such as mobility limitations, caring, work and other responsibilities / commitments.
- ➢ Support inclusivity with translated materials and access to interpreters.

The WorkWell workforce

- ➢ Recruit coaches with experience supporting complex needs and possessing strong empathy and resilience-building skills.
- ➢ Consider training needs and monitor employer engagement approaches to ensure WorkWell teams have the skills to advocate for employees when needed (ensure communications materials match these expectations).
- ➢ Leverage collaboration with PAS Advisors for guidance on benefits, mentoring, and ongoing expertise sharing.
- ➢ Adopt a strategic approach to balance in-person and virtual appointments, especially for teams covering large rural areas.
- ➢ Consider alternative titles to 'WorkWell Coach' to avoid negative associations with DWP.

Support available

- ➢ Recongise that every person's journey into work requires tailored interventions and varying levels of support.
- ➢ Support should cover not just the return to work, but the entire transition process, aiming for sustainable, long-term solutions rather than quick fixes.
- ➢ Support should not be time-limited and should be available throughout and beyond probationary periods.
- ➢ Vocational support, opportunities for upskilling, volunteering, and short-term placements should be available to build confidence and gently reintegrate individuals into the workforce (opportunity to use the ICB's network for work and volunteering opportunities, enhancing corporate social value).
- ➢ Explore opportunities to provide work trials to assess job suitability (without risking benefit support) and swift re-entry into the benefits system if employment proves unsuitable.
- ➢ Collaborate with agencies such as the DWP and welfare rights teams for addressing financial concerns and reassuring service users about benefit entitlements.
- ➢ Fast-tracking to specialist services should be considered carefully to avoid exacerbating health inequalities.

- Potential barriers, such as the lack of an employment hub in Sunderland, need to be addressed as they may affect the effectiveness of WorkWell's support and signposting.

> *Survey findings*
>
> *In terms of the support respondents would benefit from, 38% selected help to manage their physical and mental health, including access to services to support them to do this. Others would benefit from talking to someone about their health and work needs (33%), building their confidence (22%) and finding a job / work that suits their health needs (18%).*

Evaluation metrics

- Clarify outcome metrics, recognising that achieving positive outcomes may take time for some individuals.
- Evaluate long-term outcomes beyond 12 weeks.
- Maintain a person-centred approach rather than focusing solely on targets – use mixed methods to capture participant feedback and evidence the programme's success.

Employer engagement and education

Without changes within the workplace, it was strongly felt that the issues faced by individuals with long-term conditions (and disabilities) will remain. Employer education and active involvement were considered critical for the effective implementation of WorkWell.

- Utilise different engagement approaches to promote WorkWell and disseminate resources. Suggestions included in-person networking / workshops, online webinars, digital and print materials, using established business networks like Chambers of Commerce and sector associations, and social media, especially LinkedIn.
- Provide clear, concise resource packs for employers to promote the service, including eye-catching communication materials (leaflets / posters) and ready-to-use scripts for internal messaging (i.e. use in staff intranet). Use real-life case studies to highlight positive outcomes.
- Simplify funding routes or provide financial assistance, especially for small businesses, to facilitate the purchase of assistive equipment and workforce aids.
- Where consent is given, provide employers with practical, actionable guidance on how they can effectively support the health needs of employees accessing WorkWell.
- Introduce an accreditation or 'kite-mark' to recognise businesses actively engaging with WorkWell and prioritising employee wellbeing.
- Deliver comprehensive training to workplaces on supporting staff with health conditions. As part of this, provide practical resources and frameworks, such as workplace guides, policy templates, as well as clear information about support services like WorkWell and Access to Work, to facilitate open communication,

promote workplace adjustments, and ensure organisations have readily adoptable tools for effectively supporting employee health and wellbeing.

Service alignment and integration

- ➢ Enhance collaboration between WorkWell and existing services to ensure users experience seamless, person-centred support, minimising the need for individuals to repeat their stories.
- ➢ Foster robust links between WorkWell teams across the region to enable effective resource sharing, streamline processes, and encourage regular interaction for joint working and best practice exchange.
- ➢ Provide PAS / GP practice staff with frequent updates and clear guidance regarding the ongoing development of WorkWell within their areas.
- ➢ Ensure WorkWell maintains a visible and accessible presence in GP practices through regular reminders and proactive communication, keeping the service front-of-mind and easily accessible for those in need.
- ➢ Address the issue of limited funding by exploring options such as using current funds as seed capital for future commissioning and considering co-commissioning or pooled budgets to support ongoing viability, rather than relying solely on annual allocations.

4.6   Next steps

The insight collated here will be shared with North East and North Cumbria ICB and used to help shape the development and delivery of local WorkWell services.

5 Appendix 1 - Key insights from Phase 1

5.1 Overview

Initial involvement activity was conducted over a three-week period in early 2025 (Jan – Feb) and involved speaking with members of the public and staff working to support people with their employment via online focus groups. An overview of the key findings of this activity is presented here.

5.2 Key insights

Aside from supporting people with long-term conditions to remain or return to work after a period of unemployment, several other benefits of the WorkWell service were identified including increasing support capacity for people with long-term conditions, providing reassurance to employers, and offering advocacy between employees and employers.

Questions were asked as to what the WorkWell service will do differently, and how it will integrate with the wealth of other services that offer similar support. There was strong feeling that the WorkWell service must not duplicate existing service provision, and it must work in collaboration with other services operating in the employability sector.

The fear and lack of understanding that employers have with regards to supporting employees with long-term health conditions and reasonable adjustments was considered a significant issue for the service. Whilst the WorkWell service could help bridge the gap between employees and employers, especially regarding reasonable adjustments, there are concerns about employers' motivation and the authority of the WorkWell service to implement recommendations. Buy-in from employers was therefore considered essential to the effectiveness of the service.

The process of identifying eligible patients includes potential challenges with the accuracy and limitations of GP practice data, and data sharing implications. More effective routes may involve referral from employers who are likely to have a better understanding of employees' sickness / absence, and self-referral. It is also likely that people may be struggling with their employment but may not / be unable to take time off work, therefore they would not meet the criteria but would benefit from accessing the service.

Concerns were raised about the approach of contacting eligible patients to take part in the service, without any prior information / discussion. It was felt essential that foundations need to be laid before contact is made to ensure there is a level of trust from the outset. Alternative suggestions included opportunistic discussions with GPs, Allied Health Professionals and other clinicians, as well as signposting and referral by charities and Job Centre Plus.

It was felt imperative that individuals are made aware of the service and given the opportunity to contact the service at a time that is right for them. The importance of voluntary participation was also emphasised.

Lack of faith in services, particularly among those who have accessed similar services in the past and language difficulties were also identified as barriers to participation.

Service delivery considerations include the need for out-of-hours support, options for face-to-face and online support and the importance of continuity with the same advisor. It was deemed essential that the service operates flexibly recognising the unpredictability and challenges that living with a long-term health condition pose.

Waiting lists for specialist services will also be a challenge and impact on the ability for patients to receive timely support. This will have implications on the length of time the WorkWell service would need to support people.

The journey into work is different for every individual, participants felt it is essential that the WorkWell service recognises this in terms of the support interventions that are put into place. It was noted how some individuals will require ongoing support.

The provision of vocational support is deemed necessary to help build confidence and self-esteem for those who have been out of work for longer periods. Opportunities for upskilling, volunteering and short-term placements should also be available as methods to build confidence and gently introduce people back to work.

The importance of involving individuals with lived experience in the service design and delivery and learning from existing services like the Individual Placement Support service were stressed.

6 Appendix 2 – Desktop review findings

Desk-based research was conducted to explore what is known about WorkWell and the two programmes which the WorkWell service builds upon. This review was used to help shape the involvement activity and research documents. Key findings from this review include:

Insights on patient eligibility, identification and referral

The review highlights several practical issues in identifying and referring people into the service. Using GP clinical system searches raised concerns about the accuracy of patient data and the risk of contacting individuals without prior awareness or trust. Many participants felt that initial conversations should come from trusted clinicians rather than automated messages. The review also points to the value of multiple routes into the service, including self-referral and signposting from charities and Jobcentre Plus, so that people can engage at a time that feels right for them.

What people said they need from support

A strong theme throughout the review is the need for personalised and flexible support that reflects the varied experiences of people living with long-term conditions. Participants emphasised that routes back into work differ widely, with some needing only light guidance and others requiring longer-term, tailored involvement. Barriers such as fluctuating health, digital exclusion, language needs and low confidence were commonly raised. People valued support that helps to build confidence and skills, and many noted the importance of opportunities for vocational training and upskilling.

Challenges around employers and workplace support

The review identifies significant concerns about employer engagement. Participants questioned whether employers would fully understand long-term conditions or be willing to implement reasonable adjustments. While WorkWell could help open conversations between employers and employees, many felt unsure whether the service would have enough authority to influence workplace decisions. Because employers play a decisive role in whether someone can stay in or return to work, securing meaningful employer involvement was viewed as essential.

Avoiding duplication with existing services

Participants described an already crowded landscape of employability and wellbeing support. The review notes a strong expectation that WorkWell should work alongside existing services rather than replicate them, particularly those delivered through the voluntary and community sector. Clear communication, coordination and learning from established models such as Individual Placement Support were seen as key to gaining trust and avoiding confusion.

How support should be delivered

The review emphasises that support should be proactive yet voluntary. People should be able to access the service in ways that feel manageable and safe. Flexibility was repeatedly highlighted, with suggestions for online sessions, out-of-hours availability and continuity with a single advisor. Participants also raised concerns about waiting lists for specialist services, which could delay timely support, reinforcing the need for thoughtful coordination between parts of the system.

Learning from work coaches and the Patient Advisory Service

The desktop review draws on evidence from existing Work Coaches, Disability Employment Advisers and the Patient Advisory Service. Locating employment support within primary care has shown clear benefits, including better accessibility and reduced GP workload. However, challenges such as high caseloads, inconsistent training, digital barriers and emotional strain on staff will need to be addressed. The PAS model provides particularly valuable learning, as its holistic approach to benefits advice, goal setting, workplace liaison and practical employment support has proved effective for people with complex needs. This model offers a strong foundation for how WorkWell could operate.

Overall themes emerging from the review

Across the findings, the desktop review points to the need for a service that is holistic, trustworthy and easy to access. The importance of clear communication, partnership working and attention to local needs is emphasised throughout. A successful model must be shaped by the experiences of the people it aims to support and should integrate effectively with existing services, employers and community networks.

7 Appendix 3 - Insight from the stakeholder interviews (Phase 2)

7.1 Overview

Eight interviews were conducted with key stakeholder contacts from DWP, Northeast Combined Authority, Sunderland Council, North East and North Cumbria ICB, North of England Commissioning Support Unit (NECSU) and primary care.

7.2 Waiting Well and PAS models

With the WorkWell programme building on the Waiting Well and the PAS models, stakeholders provided some information about these services. Notably, stakeholders were better placed to discuss PAS.

Patient Advisory Service (PAS) model

The following details the service delivered across County Durham and Tees Valley**.**

- PAS work coaches (referred to as 'Patient Advisors') are embedded full-time in GP surgeries. Within County Durham there are 5 Patient Advisors (4.1 full-time equivalent) based in 33 practices, with an additional 40+ practices referring patients to the service.
- PAS is a voluntary service and has no ties with Jobcentre Plus. It is available to anyone who is working but struggling, anyone who is economically inactive (may/may not be claiming benefits) and those in receipt of long-term benefits.
- GPs, nurses and reception staff can book appointments with a Patient Advisor as they would normal medical appointments. Patients are also able to self-refer. If a patient has attended for three consecutive fit notes, the GP will suggest referral to PAS.
- The PAS model enables '*front-loading of support'*, with some patients seen within a couple of weeks after their first fit note has been issued.
- Support is not time-bound, and individuals can re-engage at any time if needed (some have been accessing the service 12-18 months).
- Appointments are with the same Patient Advisor and scheduled based on the needs of individuals (typically every 2-3 weeks). The service in County Durham and Tees Valley has a very low DNA rate of 3%.
- PAS operates a patient-led support model, there is no rigid structure for appointments. Patients are given the opportunity to talk about their work / employment and any problems that may be having in / out of work. The individual will work with the Patient Advisor to put a support plan in place.
- PAS is described as '*situation-focused'*, Patient Advisors use realistic goal setting to address the situation and explore long-term sustainable solutions for the individual. It provides patient-dependent support addressing workplace challenges, confidence building, career progression, social isolation and practical skills development (CV preparation & job search techniques).

- PAS will work to upskill individuals to have the confidence to communicate their needs with their employer, in extreme circumstances they will advocate for the patient.
- After returning to work, individuals receive transitional support, before being discharged (2-week review, 4–6-week check-ins).
- PAS utilises community and voluntary sector if support requirements are more intense / specific.

Waiting Well

- Provides health and lifestyle advice to patients on elective surgery waiting lists.
- Referral and uptake are variable. An opt-out model is now in operation and has seen an uptake in referrals. The regional hub extracts patients from elective waiting lists, they send an invite to patients and give them an option to opt-out within five days, if the patient does not opt-out they are contacted by the regional hub and an appointment made with local teams (if they consent).
- There are concerns about the approach of the regional hub making initial engagement with patients, specifically whether admin staff are best placed to have conversations with this cohort of patients. It was noted that this cohort may need more intensive discussions to encourage engagement with the service at a local level.
- It was noted that work to open-up the pathway and boost referrals has been restricted by regional decision-making.

Table 5: Information collected about the PAS and Waiting Well service

7.3   Learnings and considerations for WorkWell

The discussions led to stakeholders identifying learnings and considerations for WorkWell.

7.3.1   Programme development and use of PAS model

From a GP perspective and in practices where PAS is embedded, clarity was sought as to what the unique offering of WorkWell will be, how WorkWell differs from PAS, given that PAS works with people with health conditions, and what the deployment of WorkWell will mean for PAS, as this is considered a valuable resource helping practices provide holistic support for patients. It was queried how WorkWell will operate alongside PAS and social prescribing teams, acknowledging the space constraints / room availability in GP practices.

It was noted that it has taken years for PAS to be embedded within GP surgeries across Country Durham and Tees Valley and for relationships with practice staff to develop. PAS Patient Advisers are now viewed as an extended part of the practice team. It was noted that it will take time for relationships between practice staff / health professionals and WorkWell coaches to develop.

Although PAS has been successful, it was noted that this does not automatically mean the model will be as effective in other areas, for example the population in Sunderland was noted to have very different personalities / characteristics to those in Teesside. Additionally, other localities face practical challenges in delivering PAS, such as space in GP practices.

There were challenges about WorkWell's focus on the PAS model, with it noted by one stakeholder that PAS is a referral and signposting mechanism which does not necessarily provide specialist support individuals require outside of benefits and career advice.

7.3.2 Regional vs local allocation of funds

Frustrations were expressed about the allocation of funds regionally versus locally, with it noted that other accelerator sites have put a greater proportion of funds into place. There were concerns that investment is being made into regional initiatives which may not show measurable progress on monitored targets like uptake.

Delays in funding being received at place level has also caused challenges, relying on goodwill from existing services to test prototypes.

Whilst there is an expectation on place to deliver outcomes, it was felt that there has been limited input of place in regional decisions (including lack of filtering down on decisions made i.e. meetings notes) with frustration that interventions currently available at place are not being considered.

7.3.3 Multiple programmes / interventions

WorkWell is viewed as an opportunity for the ICB to branch out into employability sector. It is noted that social prescribing teams, which are now facing cuts, potentially provided some of that support in the system.

However, concern was expressed about having a clinical intervention morphing into a sector where there are many existing and planned interventions / provision, including the imminent launch of two new programmes to tackle health-related economic inactivity in the North East - Economic Inactivity Trailblazer and Connect to Work. Although different targets / outcomes, these interventions all have a similar focus which raises concern in terms of:

- Lack of oversight / coordination
- Duplication of efforts
- Risk of overwhelming / complicating understanding amongst employers
- Patient confusion with risk of the same individual being targeted by multiple different services.

It was noted that there is a need to align interventions / programmes to -

- Add value to each other's work.
- Make it easier for people to navigate the system (i.e. single point of contact)
- Realise operational and financial benefits

- Explore collaborative funding to create sustainable solutions across different employment and health-related programmes.

7.3.4 Referral routes

The simple referral method that PAS operates was felt to be particularly beneficial, with GPs and other practice staff able to book appointments with a PAS Advisor as they would a normal medical appointment (no complex paperwork).

Primary care representatives noted that when PAS is discussed with eligible patients it is generally well received, evidenced by the limited appointment slots available. It was noted that because the service is recommended by the GP there is generally more support, and its location within a familiar, trusted environment makes patients feel more comfortable. The issuing of fit notes via e-Consults has however created a challenge for PAS, as patients aren't having the same contact with the GP as they would a face-to-face consultation.

"The fact that the appointments are consistently fully booked suggests patients find the service helpful and are open to receiving employment support through their healthcare provider"

Given the concerns about the use of regional hubs for contacting patients in the Waiting Well model, it was noted that it will be more effective for GPs to identify patients and then local WorkWell teams to make contact, given their experience of engaging with patients.

An opportunity was also identified for patients to receive support from both Waiting Well and WorkWell, however complexities around information governance and sharing patient notes were raised.

7.3.5 Complexity of need and skill set of WorkWell coaches

It was noted that fit notes may not disclose the real reasons for work absences, as various factors can affect health and wellbeing, some of which employees may wish to keep private from employers. WorkWell coaches therefore require the skillset to be able to tease out underlying issues through careful conversation.

The discussion emphasised the need for WorkWell coaches to have experience of working with individuals facing complex challenges. It was agreed that these coaches should possess empathy and the skills necessary to help build resilience in their clients and to advocate for them in conversations with employers, if needed. One stakeholder raised concern about using social prescribers in these roles.

In terms of experience of the benefit system, there were two differing perspectives. Some argued that WorkWell coaches need to have benefit experience, recognising the knowledge and wealth of contacts that DWP PAS Advisors have. Being able to speak to someone with this knowledge is a particular benefit of PAS promoted by GPs.

"Patients want to speak to someone with benefit knowledge – they want to know what they are entitled to and what they aren't. They need to be compassionate, they must want to help, they must be in these roles for the right reasons"

However, others felt that benefit experience wasn't necessary, providing recruited individuals have the right skill set to support individuals with complex needs. It was suggested if this was the case DWP PAS Advisors would be able to provide guidance on benefits, share regular updates with WorkWell coaches, and act as mentors for complex cases. This collaborative approach ensures WorkWell coaches can call on PAS advisers for support, building a networked system of ongoing learning and expertise exchange.

There was concern about the impact that recruiting staff who didn't have the right skill set, experience and knowledge would have on the reputation of PAS.

Terminology for WorkWell coaches

There was much discussion about the terminology that should be used for WorkWell coaches, with some suggestion that there is consistency across the region. Various terminology was discussed:

- *WorkWell Work Coach* – concern about immediate association with 'work' when individuals may not be at a point to think about returning to work. Potential to also create confusion with DWP Work Coaches.
- *WorkWell Work and Progression coach* – some people may never get to the point where work is an option.
- *WorkWell Health Coach / Health and Wellbeing Coach* – noted that there are three roles within social prescribing, this terminology has the closest link with the social prescribing role which provides more intensive support.
- *WorkWell Advisors / Patient Advisors* – encompasses all lifestyle aspects not just work and employment. Worked effectively in PAS model for 16 years.

7.3.6 Support available

There was felt to be much learning that can be taken from PAS in terms of its patient-led support model and flexible appointment scheduling. Additionally, the consistency provided to individuals enables trust to be developed.

In terms of the support available, some important considerations were raised to avoid creating the cycle of doom whereby patients are pushed back into work prematurely, without the root causes of the needs being addressed:

- Provision of holistic support beyond work and medical aspects (not all issues will be simply resolved by GP or WorkWell coach).
- Ensuring patients benefit from all support available to them, with WorkWell coaches acting as an advocate and ensuring connections are made.
- Different levels of intervention required depending on absence duration, people with multiple fit notes will require more intensive support.
- Provision of wrap around support – not just getting people back into work but providing support for the transition process.
- Focus on long-term sustainable solutions for patients, rather than quick fixes (i.e. job / career change). Opportunity to signpost people to services offering skill development or careers guidance. Noted however that Sunderland does not have an employment hub, which may be a potential barrier to the effectiveness of WorkWell.

"Not just about quick wins, it is finding the long-term sustainable solution"

Access to health services

Waiting lists, particularly for mental health and musculoskeletal, were identified as one of the biggest challenges for PAS and noted to result in the service 'holding onto' patients.

PAS representatives noted how PAS recently trialled fast-tracking Occupational Health support, which enabled workplace adjustments to be identified within a much quicker timescale. However, when a referral to a health service was needed, the support could not be accessed any quicker. It was noted that until that support is received, the individual will not be in the right place to be able to discuss next steps and returning to work.

Stakeholders discussed the idea of patients accessing WorkWell being fast-tracked to health services. It was recognised that this would be hugely beneficial, with waiting lists for health services being identified as one of the greatest challenges for WorkWell. It was further noted that employment is the best catalyst for people to improve their lives and how it will reduce the amount of time patients must be supported.

However, not all stakeholders agreed with this approach and noted this was a controversial issue.

Some stakeholders, including primary care representatives, discussed how the approach may unfairly prioritise people who have taken sick leave over those who continue working despite health challenges. It is noted that the approach could potentially push patients who have been persistently working and managing their health conditions further down waiting lists, which is deemed fundamentally unfair.

"It's almost like rewarding the person that's got their fit note because they've got knee pain, rather than the person who struggled on and kept working while they're waiting for their knee replacement."

From a health inequalities perspective, there was concern about fast-tracking patients accessing WorkWell who may be from more affluent areas, due to WorkWell having a blanket approach to all patients.

An alternative approach is being considered in South Tyneside and Sunderland, whereby patients get a personal health budget which they can spend on services agreed with their WorkWell coach if the system is unable to meet their needs or there are barriers to engagement (e.g. gym membership, physiotherapy, counselling). However, the risk was identified of people accessing WorkWell to get access to a personal health budget.

7.3.7 Sustainability and long-term impact

Concerns were raised about the programme's long-term sustainability and support for individuals with complex health needs once initial targets are met.

It was noted that WorkWell has not received extra funding beyond the allocated financial year, raising questions about ongoing viability. It was suggested that current funding could serve as seed capital to develop ideas that could be integrated into future

commissioning, and that co-commissioning / pooled budgets are considered instead of relying solely on existing funds.

7.3.8 Other

- **Speed of deployment** – challenges were highlighted with the nationally driven pace of deployment. It was felt important to ensure that resources are used efficiently and not wasted.

- **Awareness** – the need for clear communication with patients, employers, and health professionals was emphasised, with employment-related support from GPs being a new concept for many.

- **Support for employers –** it was noted that smaller employers often lack occupational health departments, making workplace adjustments difficult. Questions were raised about employers' willingness and resources to support returning employees, with fear that little is being done to assess their capacity or knowledge of work support programmes.

- **Work and volunteering opportunities –** Given the ICB's size and network, embedding work and volunteering roles into the WorkWell programme was suggested. It was felt that this would enhance corporate social value and support the case for prioritising patients for health services.

7.4   What would 'good' look like for WorkWell?

Stakeholders discussed what 'good' would look like for the WorkWell initiative.

For WorkWell this included -

- ➢ Consistent WorkWell service across all GP services

- ➢ Referrals and positive engagement with WorkWell

- ➢ Employer awareness and support

- ➢ Patient expectations managed from the outset

- ➢ Collaborative working for more complex cases

- ➢ Improved patient outcomes i.e. patients who are more activated in their health and more socially connected

- ➢ Sustained return to work (including existing and new roles).

Some benefits also extended to the **wider system** -

- ➢ Raised awareness and continuing positive work of PAS – changing mindset that if people are struggling with their employment, they know what services are available to support them.

- Improved workplace and economic productivity / economic growth

- Intelligence used to understand the real needs as to why people are off work to help inform and shape service development and future commissioning.

- Efficient collaboration with initiatives working towards similar goals (i.e. Trailblazer and Connect to Work)

- Positive contributions from the VCSE sector that strengthen the overall system and enhances the sustainability of organisations.

Three considerations were noted in terms of evaluating and reporting:

- Variation in delivery at place for regional evaluating and reporting.

- Importance of person-centred approach of WorkWell as opposed to an approach solely focused on meeting targets.

- Evaluating outcomes for patients who access the service beyond 12 weeks (down to local Waiting Well teams to evaluate outcome after 12 weeks).

8 Appendix 4 - Insight from the focus groups led by voluntary and community sector organisations (Phase 2)

8.1 Overview

Focus groups were undertaken by 13 voluntary and community sector organisations. In total, 115 individuals participated in the discussions.

8.2 Participant profile

A summary of the equality monitoring information collected is provided here with a full breakdown available within Appendix 8 - Equality and monitoring information Percentages are calculated based on the total sample (n=115)

Participants were from a range of different areas across North East and North Cumbria, with the greatest proportions residing within North East Mayoral Combined Authority area – specifically Sunderland (19%), Newcastle (12%) and Country Durham (10%), whilst 11% resided within Tees Valley Combined Authority and 6% North Cumbria.

		%
North Cumbria	Cumberland	3%
	Westmorland & Furness	3%
North East Mayoral Combined Authority area	Sunderland	19%
	Newcastle	12%
	County Durham	10%
	North Tyneside	9%
	Gateshead	3%
	South Tyneside	2%
	Northumberland	1%
Tees Valley Combined Authority area	Stockton-on-Tees	7%
	Darlington	4%
Unknown	-	27%

Table 6: Location of focus group participants (n=115)

The sample consisted of a greater proportion of females (54%) compared to males (30%), with 2% identifying as non-binary.

3% indicated that their gender identity did not match their sex registered at birth and 1% were pregnant or have been in the last year.

The majority identified as White (including English, Welsh, Scottish, Northern Irish or British; Irish; Gypsy or Irish Traveller; Roma, or any other white background) (69%), with smaller proportions identifying as Black, Black Caribbean or African (9%) or Asian or Asian British (7%).

28% were aged 25 – 44 years, 43% between 45 – 64 years and 13% 65 or over.
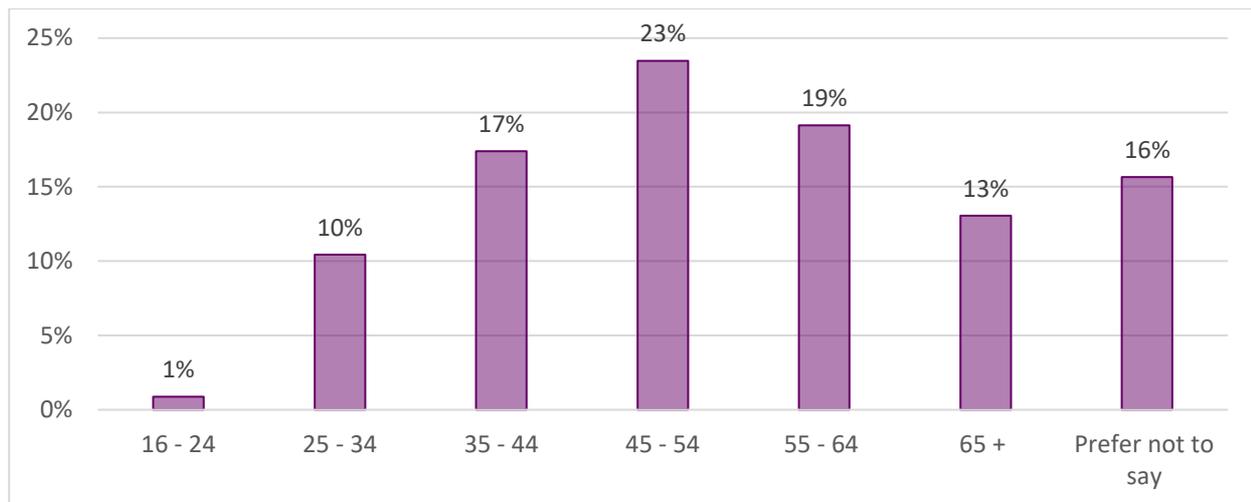

Figure 5: Age distribution of focus group participants (n=115)

In terms of health conditions, impairments or learning differences that impact their ability to carry out day-to-day activities; 38% have a long-term health condition, 28% a mental health condition, 18% a physical impairment or mobility issue, 11% are neurodivergent, 8% have a sensory impairment and 3% a learning disability.

One fifth (19%) look after a child/children under 18 years and the same proportion a disabled adult. A smaller proportion care for a disabled child/children under 18 years (3%).

6% are serving or have served in the UK armed forces and 2% in the reserve armed forces.

8.3   Initial thoughts on WorkWell

Overall, WorkWell was discussed with optimism with many identifying benefits that the service would bring to individuals with long-term health conditions, employers and a lesser extent primary care in terms of decreasing demand with individuals being less dependent on the service.

For individuals with long-term conditions, WorkWell was highlighted as an opportunity to provide tailored support to help overcome the challenges of maintaining employment and help build confidence, self-esteem and sense of purpose. Additional benefits include easing financial pressure on families through increased income and providing clearer routes to employment and wellbeing support.

> *"It would be great to have the support to get back into work if people are well enough to use it"*

Benefits for employers include employee retention preserving skills and knowledge, reduced sickness absence and improved productivity.

"Think it will be helpful for workplaces to firstly keep employees at work, rather than them be on long term sickness. Being able to keep employees at work retains skills and knowledge and not needed to recruit new staff"

Some found WorkWell difficult to understand in terms of how it would work and what support people will receive. The most frequently asked questions were:

➢ How is WorkWell funded? Is it a government backed initiative?

➢ How is the service linked to and how will it work with DWP?

➢ How does WorkWell differ from other services that are already available? What connections will WorkWell have with these services?

➢ How will the service work with / support employers?

➢ Is WorkWell voluntary?

➢ How long will individuals be supported?

➢ Will people be penalised if WorkWell doesn't work for them? How will it impact on benefits received?

➢ What targets does WorkWell have?

Despite various benefits being identified, there was considerable concern that WorkWell does not address key workplace barriers like accessibility, inclusivity, and ableism which make it difficult for individuals with long-term health conditions or disabilities to sustain / return to employment. It was strongly felt that without changes being made within the workplace and by employers, the issues faced by individuals with a long-term condition and disabilities will remain.

There were also concerns regarding WorkWell's underlying intentions, as some individuals perceived the service as focused on decreasing the number of benefit recipients. Participants emphasised the need to promote the service by highlighting its positive impact and the advantages it offers to individuals.

"Making best use of your skills as a person, helping you to find and stay in work"

8.4 Barriers to accessing WorkWell

Participants discussed the barriers that would prevent them and others from accessing WorkWell and provided suggestions of the measures that can be undertaken to overcome these.

Barriers	Suggestions
Lack of awareness and understanding of the service among members of the public and employers.	➢ Comprehensive awareness campaign promoting WorkWell, targeting those who will benefit most from the service. It was noted that information needs to be clear and simple and use real-life examples to show people how the service could benefit them. ➢ Participants talked about the role of GP signposting in raising awareness, as well as more widespread measures to reach those who don't access their GP as frequently (e.g. on social media, via community and support groups, mail shots and within workplaces).
Changeability of living with a long-term condition - participants discussed the difficulties of living with a long-term health condition and the concerns they would have in sustaining employment due to the changeability of their health. They noted that one day they can be fine, and the next unable to get out of bed/the house. Many worried about being perceived as unreliable, being misunderstood and letting others down. Participants questioned whether employers would truly understand and accommodate their needs and circumstances. Additionally, managing multiple appointments for long-term conditions makes sustaining regular employment difficult.	➢ WorkWell to explore flexible employment options, starting with part-time or phased work. ➢ WorkWell to provide ongoing support during and after the probationary period.

Loss of benefits and being financially worse off in employment - there was significant concern that engaging with WorkWell will result in a loss / reduction of benefits with many perceiving that they will be financially worse off being in employment. Some expressed a lack of trust of 'better off' calculations. There were also concern about people suffering financially as they wait to be paid by their new employer.	➢ Work trials to enable people to test out work for a short period and see if it is suitable, while also maintaining their link with the benefit system so they do not have to re-apply for benefits if the job does not work out. ➢ Ability for WorkWell staff to support people back into the benefits system if employment does not work out for them. Individuals wanted assurance that they would be able to receive their benefits again and at the same level as they were before.
Logistical and accessibility challenges – various challenges were identified in terms of accessing WorkWell. These included: - accessibility for people with additional sensory needs / who are neurodivergent - difficulties accessing physical venues (i.e. transport, cost) - stigma / discomfort with unfamiliar environments - difficulties making appointments around other commitments / responsibilities - over-reliance on online services, which can exclude those lacking digital skills or internet access.	➢ A hybrid model offering both in-person and online / telephone options was suggested to cater to different needs and schedules. ➢ Flexible appointments to cater for those who have other commitments and responsibilities. ➢ In-person appointments in accessible, community-based locations to reduce travel and make it easier for people to attend. ➢ Drop-in sessions in local communities, providing space where people can go for guidance.
Cultural and language barriers - it was noted that language differences could pose a challenge for people trying to access WorkWell, and there could be cultural issues also relating to stigma.	➢ Translated information about WorkWell for those who don't speak English. ➢ Availability of good translators for WorkWell appointments.
Lack of employer support and attitudes in the workplace – this was a significant concern with the following issues discussed: - Employers and colleagues do not always fully understand the nature or impact of health conditions. Staff may complain	Employer education and active involvement were considered critical by many stakeholders for the effective implementation of WorkWell. The following strategies were identified: ➢ Ensure employers are informed about relevant legislation and best

about or misunderstand co-workers with fluctuating health conditions. - Perception that some employers are fearful of illness / disability and reluctant to hire or retain individuals with such. - Employees worry about being labelled as 'complainers' or being judged for seeking help. Fear of redundancy, perceived inability to perform, and concerns about job security also make employees hesitant to discuss their health conditions with employers. - Employees often face difficulties obtaining necessary workplace adjustments, with employers unwilling or not obliged to implement them. Some organisations have strict sickness policies (i.e. three strikes and you are out).	practices for integrating inclusivity into daily operations. ➢ Provide employers with accurate information and resources, enabling them to guide employees toward appropriate support services. ➢ Develop and implement standardised frameworks and guidance which can be incorporated into organisational policies to assist staff living with health conditions or disabilities. ➢ Provide financial incentives / promote the benefits to motivate employers to support employees with health conditions. ➢ Encourage / facilitate regular meetings between employers and employees to define roles, clarify responsibilities, and discuss necessary accommodations. ➢ Promote accessible workplaces.
Waiting lists and capacity of WorkWell - there were concerns as to whether WorkWell would have adequate capacity to support individuals, without resulting in lengthy waiting times following referral.	*None identified*
Capacity of primary care to discuss WorkWell and refer patients – participants highlighted the difficulties they have making GP appointments and how stretched primary care services are. There was concern that GPs will not have enough time to discuss and refer individuals to the service.	➢ Allow referrals from a range of organisations / health professionals, with an accessible self-referral option. ➢ Simplify initial paperwork and avoid requiring people to repeatedly discuss their medical conditions, making the process as accessible as possible.

Table 7: Barriers to accessing WorkWell

8.5 Expectations of WorkWell

Participants were asked the expectations they have of WorkWell and the support individuals would receive. Responses are captured in the themes below.

- A confidential and trustworthy environment where people feel safe to discuss their health and work without judgement. They want a clear consent processes and control over what information is shared and with whom.

- A person-centred, holistic approach that supports people's mental, physical and emotional well-being and considers people's individual health barriers as well as wider circumstances that impact them day-to-day.

- They want to be supported to find desirable, sustainable and suitable employment which suits their skill set, experiences and circumstances, rather than feeling pushed into any available job that may worsen their health.

   "Need to go in with the attitude of how we can help this person rather than how do we get this person back into work"

   "They would just kind of encourage you to apply for absolutely any possible job that was available, and I thought, well, that doesn't really work, because if the job's not suited to you, it's not going to last…if it was a job that was like 12 hours a day or something, with neurodiversity I would get overwhelmed with that and they would still encourage you to apply"

- WorkWell staff who demonstrate empathy and expertise, drawing upon their lived experiences and networks to deliver personalised advice and support.

   "I am pressured to find work, but no one understands how difficult it is for me"

   "Peer supporters that have their own lived experience, they will have understanding of how you feel"

- A consistent person to work with; someone they can build rapport with and who understands their needs and circumstances. They want staff to have manageable caseloads that allow for meaningful support.

- Timely access to local health services, including improved access to mental health support, ensuring their needs are met promptly and effectively.

   "Fundamentally it would be better if there was less waiting for NHS treatment and people got the care they needed promptly."

- Practical help for managing their wellbeing and health conditions, empowering them to self-manage their health.

- Flexible support that accommodates those who are not comfortable with or do not use the internet, offering a blend of online and face-to-face options.

- Practical support to help people regain confidence and skills, including access to training, mentoring, work experience / volunteering roles as well as hands-on guidance with job applications, interviews and paperwork. It was highlighted how hard it is for people re-entering the job market after a period of absence with the rapid developments in technology.

- Support and practical guidance in communicating with employers about their long-term conditions. In some situations, individuals would appreciate someone to communicate on their behalf about their workplace needs. They want to understand their rights and want employers to be able to have offer a range of different support options which individuals would benefit from.

Note: Some participants emphasised the importance of promoting and timely access to schemes like Access to Work, however concerns were raised about cuts to Access to Work and the impact it will have.

"The employer support, to talk to them about supporting us with any issues we have"

- Ongoing support, extending beyond the probation period, recognising that long-term conditions don't just disappear once back in work. They would value having regular and ongoing check-ins to see how employment is working for them and what further support WorkWell can provide to help them sustain employment.

"Have regular reviews between your caseworker at WorkWell and your line manager at work"

- The service to be available for people who are in employment but need / want a new role which would be more suitable for their needs.

- They want options for group support and buddy systems to enable the sharing of problems, information and solutions.

"If the individual has a buddy, I think it's important so that they can speak to each other to discuss problems"

- Financial support to return to work, including help with funding meals, interview clothes, and transport.

"Consider offering free meals as money will be short and embarrassing for the person going to work till wage comes in"

9 Appendix 5 - Insight from the public perception survey (Phase 2)

9.1 Overview

Members of the public were invited to express their views on WorkWell via an online survey. A total of 328 individuals responded.

9.2 Key insights

- The survey reveals a significant proportion of respondents are managing long-term health conditions that affect their ability to work. Mental health conditions (34%) and musculoskeletal issues (30%) are the most reported, but a wide range of other conditions are also present which underscores the complexity of workplace health needs.

- Nearly every respondent with a health issue feels some impact on their ability to work: 49% say their condition affects them a lot, and another 49% a little. This suggests that for most, health is a daily reality influencing their work experience.

- When asked what would help them work, respondents most frequently cited flexible hours (57%) and the ability to work from home (52%). Other important factors include the ability to take sick days (37%), more breaks (30%), and part-time work (30%). Equipment, physical changes to the workplace, and less physically demanding roles were also mentioned.

- While 46% say their employer has provided support or made changes - most often flexible hours, hybrid working, or physical equipment, 23% say they have not received any support. The remaining 31% either have not worked in the last year or did not need support. Notably, among those who have not received support, a third simply have not asked, and another third did not want to ask. Uncertainty about what would help (23%) or whether the employer could help (19%) is also common. Some have asked but were refused (19%), or told support was not possible (13%).

- There is a generally positive attitude toward being offered help if their health affected their work: 46% would feel very positive, and 31% somewhat positive. Among those with a long-term health problem, these numbers are slightly lower but still significant (38% very positive, 34% somewhat positive). However, a small number of respondents express concerns about the knowledge and intentions of support staff, fear of being judged, or worry that seeking help could be seen as a weakness by employers/other colleagues. Others prefer to handle issues independently or just with their employer.

- In terms of the support respondents would benefit from now, over a third selected help to manage their physical and mental health (38%), including

access to services to support them to do this. Others would benefit from talking to someone about their health and work needs (33%), building their confidence (22%) and finding a job / work that suits their health needs (18%).

- Most respondents would want to be able to self-refer to WorkWell (75%) but also see value in referrals from GPs and other healthcare professionals (67%) and employers (65%). The NHS app and employer/occupational health are the preferred channels for hearing about the service (both 55%).

- In terms of service design, being listened to (67%) and receiving tailored support (63%) are paramount. Flexibility in appointments (50%) and consistency in support staff (49%) are also highly valued. Support for mental health (47%), physical health (41%) and neurodivergence (27%) is also important.

- The preferred name for staff working within the service was WorkWell Advisor (27%), followed by WorkWell Health and Wellbeing Coach (20%) and WorkWell Coach (16%).

- Most respondents are comfortable using digital tools to access support: 58% feel very confident, and 33% somewhat confident. Only a small minority (3%) lack confidence, and 5% prefer face-to-face support.

- Respondents define success for WorkWell as achieving and maintaining suitable employment with the right adjustments, while also ensuring a healthy balance between work and personal health and wellbeing. Other success indicators include improvements in mental health and mindset, feeling supported both inside and outside the workplace, and enhanced communication with employers about health needs. Additional markers include reduced sickness absence, having a clear plan and goals, job satisfaction, improved access to relevant services and training, and increased independence from benefits.

- The findings paint a picture of a workforce with diverse and significant health needs, a strong desire for flexible and individualised support, and a generally positive attitude toward receiving help - tempered by concerns about stigma, employer attitudes, and the practicalities of accessing support.

9.3   Respondent profile

A summary of the equality monitoring information collected is presented here, with a full breakdown available within Appendix 8 - Equality and monitoring information. Percentages are calculated as a proportion of the total sample (n=328).

- 24% were aged 55-64 years, 19% 45-54 years and 15% 35-44 years. Smaller proportions were aged 34 and under (10%) or 65 and over (9%).

- The majority identified as female (62%), with 13% identifying as male and 1% non-binary. 2% told us their gender did not match their sex registered at birth.

- 2% were currently pregnant or had a baby in the last year.

- 73% of the sample were White, with much smaller proportions Black / Black British (1%) and Mixed / multiple ethnic groups (1%).

- 21% look after a child/children under the age of 18 years, 3% look after a disabled child/children and 14% a disabled adult.
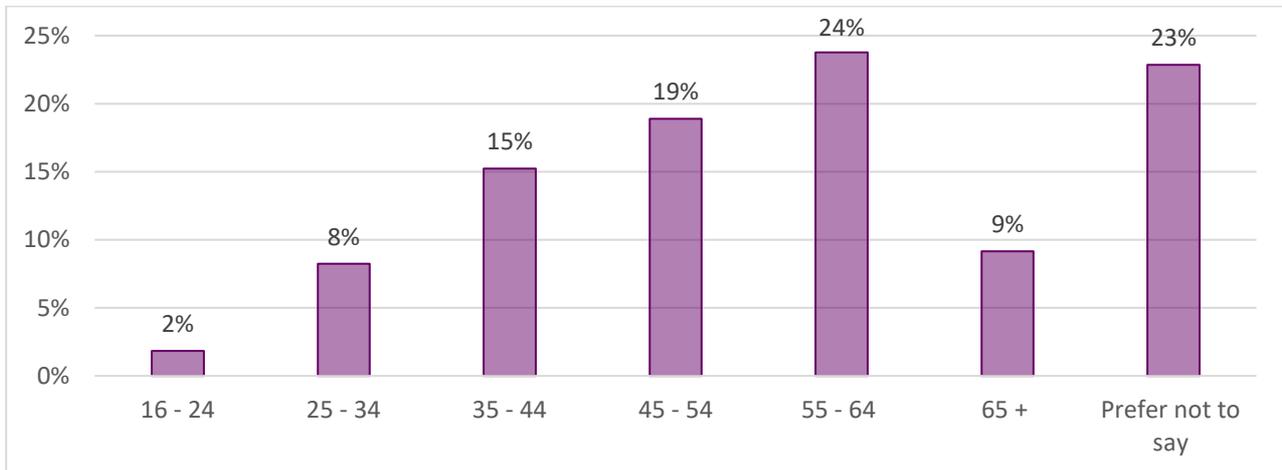

Figure 6: Q – How old are you? (n=328)

The majority resided within the North East Mayoral Combined Authority area (total 70%) – most frequently County Durham (16%), Northumberland (14%), Sunderland (13%) and Newcastle (13%). Smaller proportions resided within Tees Valley Combined Authority area (total 14%) and North Cumbria (total 12%).

		%
North Cumbria	Cumberland	10%
	Westmorland & Furness	2%
North East Mayoral Combined Authority area	County Durham	16%
	Northumberland	14%
	Sunderland	13%
	Newcastle	13%
	North Tyneside	5%
	South Tyneside	5%
	Gateshead	3%
Tees Valley Combined Authority area	Stockton-on-Tees	5%
	Middlesbrough	4%
	Redcar & Cleveland	3%
	Hartlepool	2%
	Darlington	1%
Other	North Yorkshire	2%
	Lancaster	<1%
Unknown	-	6%

Table 8: Q – Where do you live? (determined by postcode) (n=328)

The majority were in employment (including full/part time or self-employment) (74%), whilst 11% stated being retired. Smaller proportions were out of work and on disability

benefit (5%), off work sick (2%), unemployed and looking for work (2%) and in work and on disability benefit (2%).

	%
Employed	74%
Retired	11%
Out of work and on disability benefit	5%
Other	4%
Off work sick	2%
Unemployed and looking for work	2%
In work and on disability benefit	2%
Not looking for work	1%

Table 9: Q – Which of these best describes you…? (n=325)

9.4 Working with a long-term health problem, condition or disability

One in three (34%) indicated that they had a mental health condition that affected their ability to work and a similar proportion a condition/disability affecting their joints, bones or muscles (30%).

One in five (19%) had a hormone/gland condition, 17% a gut/stomach condition and 12% another long-term condition.

Additionally, 14% stated being neurodiverse, 10% said they had a physical disability and 7% sensory impairment. 5% or less had a condition affecting their brain/nerves, immune system or a learning disability.
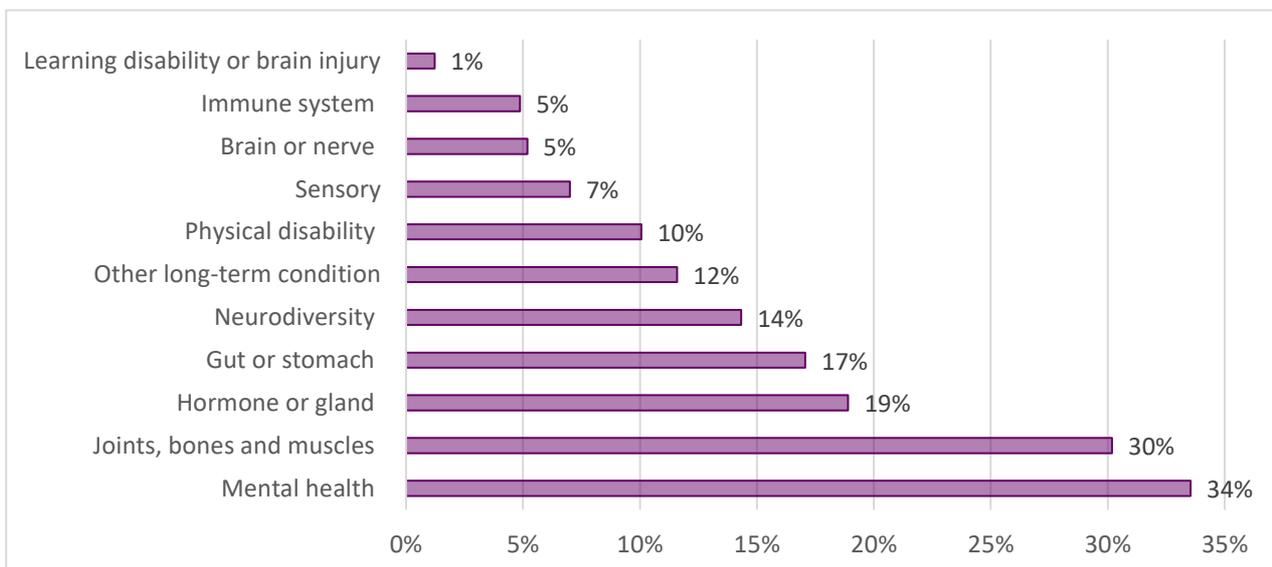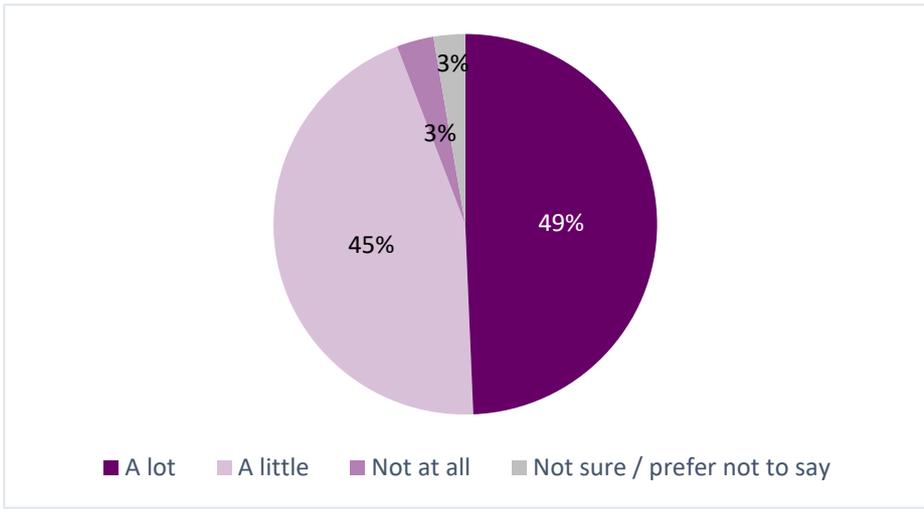

Figure 7: Q – Do you have any long-term health problems, conditions or disabilities that affect your work? (n=328, multiple response question)

49% feel their health affects their ability to work 'a lot' and the same proportion 'a little'.

Just 3% of those with a health problem, condition or disability feel it has no impact.

Figure 8: Q – How much does your health issue, condition or disability affect how you can work? (n=225)

In terms of what would help these individuals to work, respondents most frequently selected flexible hours (57%) and the ability to work from home (52%). This was followed by the ability to take sick days (37%), more breaks or rests (30%) and working part-time temporarily or permanently (30%).

Additionally, 28% felt equipment to help them do their job would be beneficial, 23% physical changes and 20% a job that is less physical.

Other suggestions included counselling / mental health support, more understanding / supportive employers, travel flexibility, adjustment to job descriptions / support finding a more suitable job role, more regular hours (not shift work) and having a less stressful job.
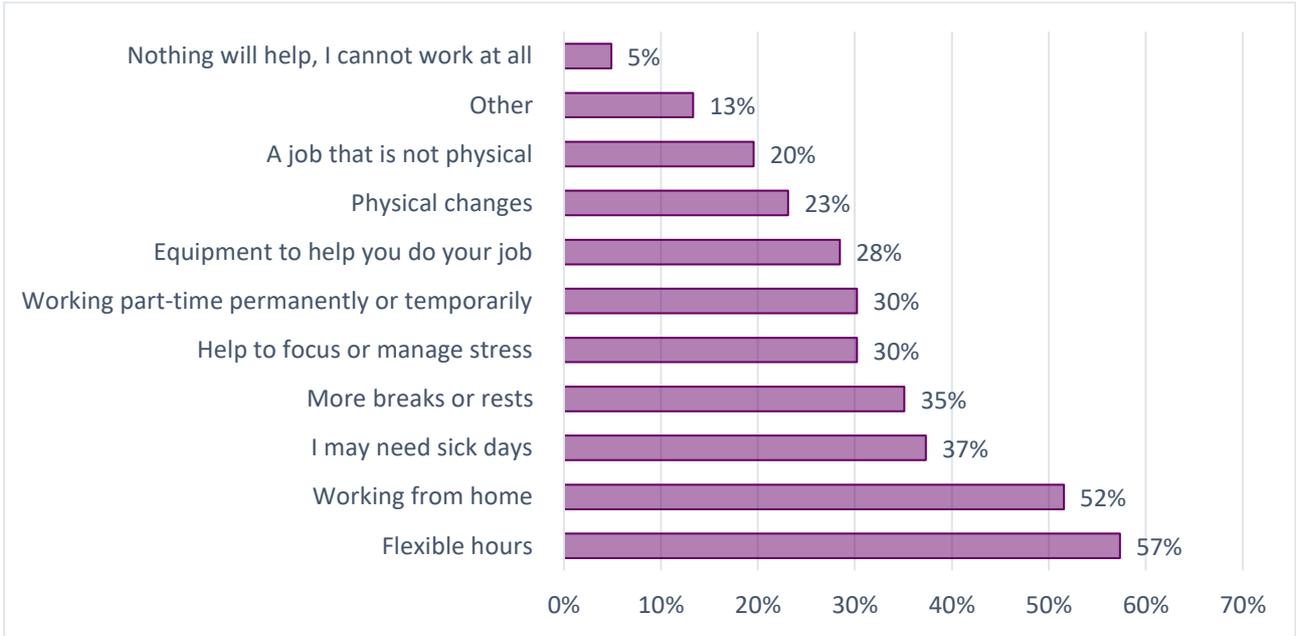

Figure 9: Q – What would help you work? (n=225, multiple response question)

46% told us that that their employer has provided support or made changes to help manage their work and health, whilst a quarter (23%) said their employer has not. The remaining 31% have not worked in the last year or haven't needed any support or changes.

For those whose employer has provided support or made changes (46%) this was most frequently flexible working hours, including the ability to take breaks when needed and flexible start / finish times, hybrid working / work from home, and access to physical equipment (i.e. chairs, back / wrist support, desk adaptation). Slightly less frequently respondents had benefitted from more support and empathy from their employer including regular supervision and check ins, time off for appointments and adjustment to contracted hours (i.e. reduced hours / compressed days).

"It's taken 25 years but the section I work in now has 6 weekly mental health check ins to ensure I'm not stressed or anything. I have the equipment from my previous role.

"I have been given special equipment to help within my role, reduced hours, my own desk and space"

Open response question – theme	No. of comments
Flexible working	44
Ability to work from home / hybrid working	30
Access to physical equipment / display screen equipment (DSE) assessment	27
Support and empathy from employer	14
Time off for appointments	10
Adjustment to contracted hours	10
Other, including access to physiotherapy and employee support	8
More leeway with sick days	5
Phased return	4
Reduced pressure / managed caseloads	4
Access to quiet working areas	2

Table 10: Q – Please tell us about the support that has been provided or the changes that have been made? (n=92)

For those who have not received support or adjustments in the workplace (23%), this was most frequently because they have not (33%) or haven't wanted to ask (31%).

Furthermore, similar proportions were unsure what would help them (23%) or whether their employer would be able to help (19%). 8% were unsure who to speak to.

In contrast, 19% had asked their employer but they would not offer any support / make changes and 13% said their employer was unable to offer any support / make changes (e.g. for financial or staffing reasons).

	%
I haven't asked my employer about any support or changes I need	33%
I don't want to ask my employer about any support or changes I need	31%
I don't know what will help me at work	23%
I don't know what my employer will be able to offer or whether they will be able to help me	19%
I asked my employer, but they would not offer any support or changes	19%
Other	15%
I asked my employer, but they were unable to offer any support or changes	13%
I don't know who to speak to at work	8%

Table 11: Q – Which of the following applies to you…? (n=52, multiple response question)

9.5   Awareness and attitudes

If health was affecting their ability to work, 46% would feel very positive about someone offering support, whilst 31% would feel somewhat positive and would like to hear more. Specifically, for those who indicated they that have a long-term health problem, condition or disability – 38% would feel very positive and 34% somewhat positive.
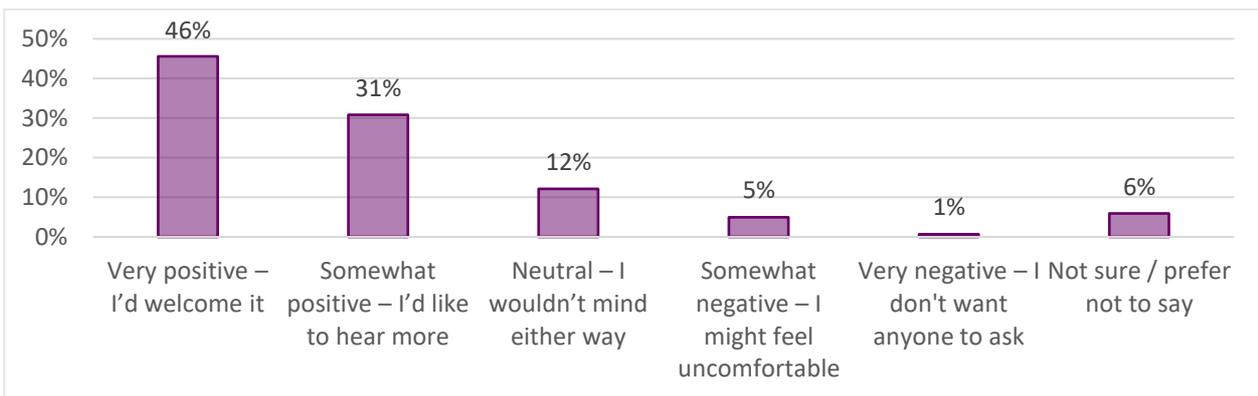

Figure 10: Q – If your health was affecting your work, how would you feel if someone offered help? (n=305)

When asked to elaborate, many noted how they would welcome the support, with others stating that they want to be able to work and how they struggle with their mental and/or physical health. There was acknowledgment that there is a lack of support for individuals struggling with employment for health reasons.

"Any help to allow me to get back into work would be welcome."

"I do not feel able to work at present but would like some help getting back into work"

"I would appreciate the support to help me manage my health in a workplace."

Some felt that the programme would improve their relationship with their employer with them being more confident talking about their health or having someone who would be able to support these conversations, whilst others felt it is beneficial to know what help is available and what they are entitled to.

The key reasons as to why respondents wouldn't want someone to offer them support included:

- Concern and scepticism, including concern about the knowledge / lived experience of WorkWell staff, people being pushed into unsuitable work to meet targets and people not wanting to be approached at their GP / linked to the DWP.

- Impact within the workplace – some respondents worried employers might view using the service as a weakness and hold it against employees, while others felt WorkWell will have limited impact as it can't ensure employers follow recommended adjustments.

- Preference to deal with any issues independently and/or not wanting to talk to anyone other than their employer.

- Fear of being judged or overwhelmed.

"Please tell how this person based at my GP would have any influence over my manager??? They wouldn't!!!"

"What actual can they do to get employers to listen and ensure equality act compliant"

"I wouldn't want help from a DWP work coach, what qualifies them to support me when they are working to an agenda that the DWP sets rather than for me and what I need"

Others felt that it would depend on what support was available and who provided the advice (i.e. whether they are knowledgeable and have lived experience) and whether the service was genuine, beneficial and accessible.

Open response question – theme	No. of comments
Positive	
Welcome help / want to be supported	33
Want to be able to work	10
Struggling with mental / physical health	10
Hard to get help / very little support available	6
Support to help communicate with employers	5
Good to know what entitled to / support available	4
Negative	
Concern / scepticism of WorkWell	8
Concern about impact within workplace	7
Prefer to deal with myself / don't want to speak to anyone other than employer	5
Fear of being judged / overwhelmed	2
Neutral	
Depend if genuine / beneficial / what is available / accessible / advice given by experienced individual	23
Would need to know more information	6

Table 12: Q – Please explain your answer… (n=126)

There was strong feeling that individuals should be able to refer themselves to WorkWell (75%), with other popular referral routes including GP or other healthcare staff (67%) and employers / managers (65%). Lower proportions selected charity or support group (41%) and JobCentre Plus (35%).

Other suggestions included any relevant professionals / clinicians including Social Prescribers and Occupational Health Therapists and anyone working within local communities.
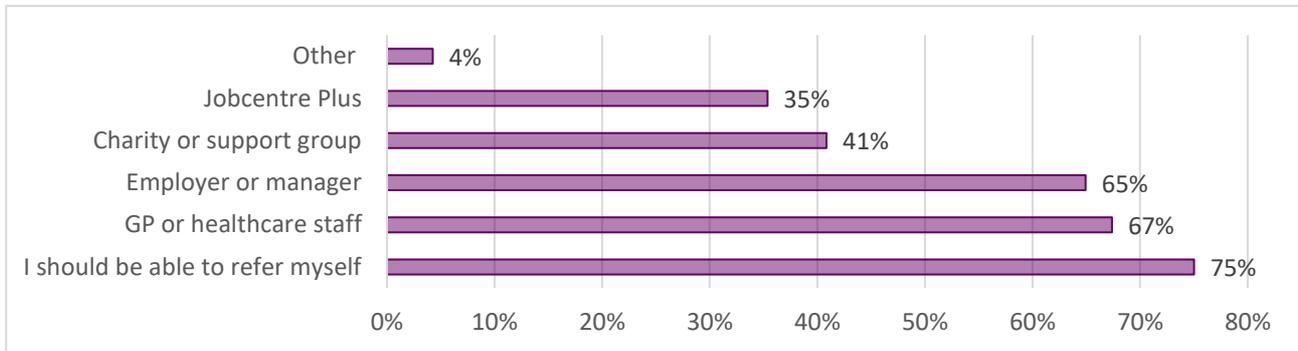

Figure 11: Q – Who do you think should be able to offer help or refer you to WorkWell? (n=328, multiple response question)

Most would like to hear about WorkWell via the NHS app (55%) or through their employer or occupational health (55%). Other preferred routes include the NHS or GP website, social media, posters or screens in waiting areas and text / leaflet or email from the GP.

Other suggestions included adverts on local radio stations and public transport and within leisure centres / gyms.
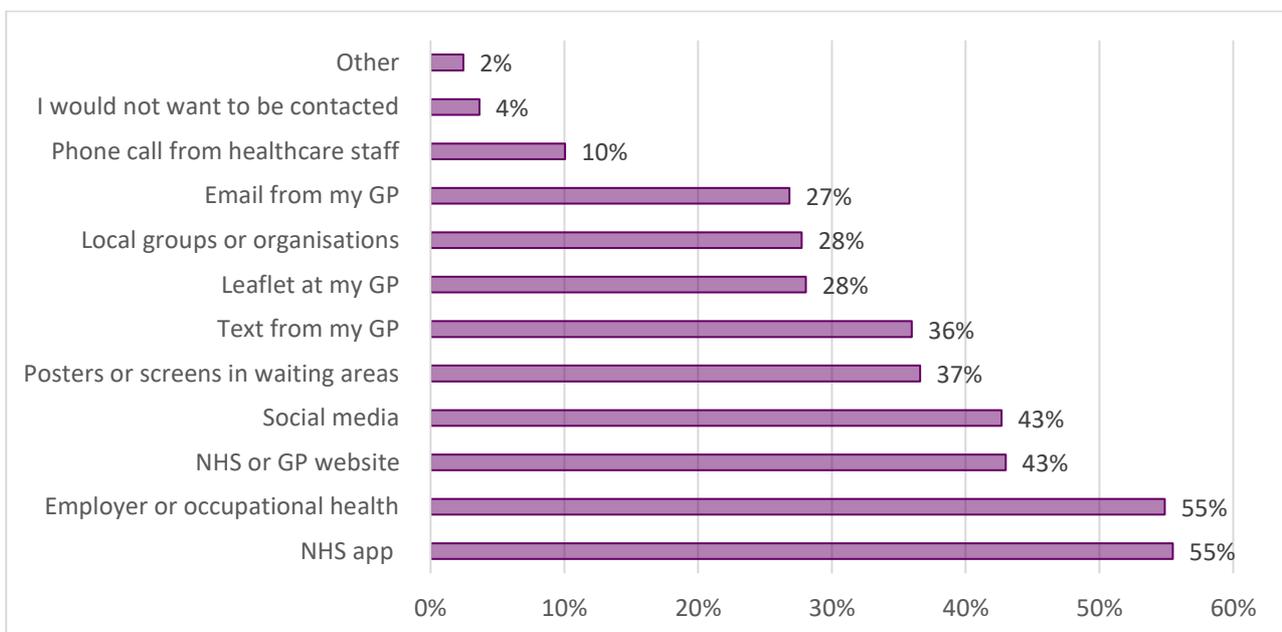

Figure 12: Q – How would you like to hear about WorkWell? (n=328, multiple response question)

9.6 WorkWell service design

When accessing WorkWell, respondents feel it is most important that they are listened to (67%) and that the support they receive suits them (63%). Additionally, people want flexible appointments (50%), consistency in terms of the person providing support (49%) and help finding or staying in work (43%).

47% identified support for mental health and wellbeing as most important, while 41% prioritised support for physical health. Additionally, 27% indicated that support for neurodivergence is most important.

Other factors included:

- The service being holistic

- Confidentiality and respect – no stigma or judgment

- Support being accessible i.e. appointments outside of normal working hours

- Being able to move to a different WorkWell staff member if another is more suitable / a better fit

- Independent, quality assured support - staff with understanding and awareness of different health conditions and employee rights / laws

- Support with other disability barriers to work

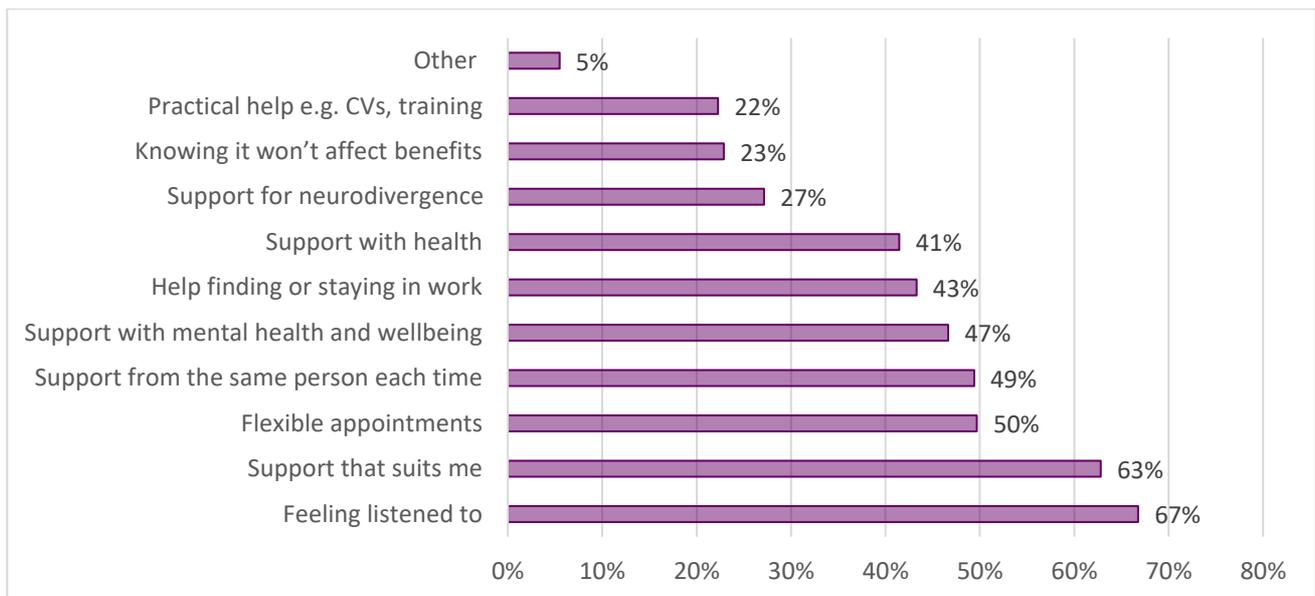- Showing people the real benefits of being employed

- Buy-in from employers.

Figure 13: Q – What is most important for people using WorkWell? (n=328, multiple response question)

In terms of the support respondents would benefit from now, over a third selected help to manage their physical and mental health (38%), including access to services to support them to do this. Others would benefit from talking to someone about their health and work needs (33%), building their confidence (22%) and finding a job / work that suits their health needs (18%).

Other included:

- Job application support (including in house positions)

- Education information support

- Assistance in facilitating discussions with employers

- Help with anxiety / financial issues / childcare

- Occupational health guidance

- Self-employment advice

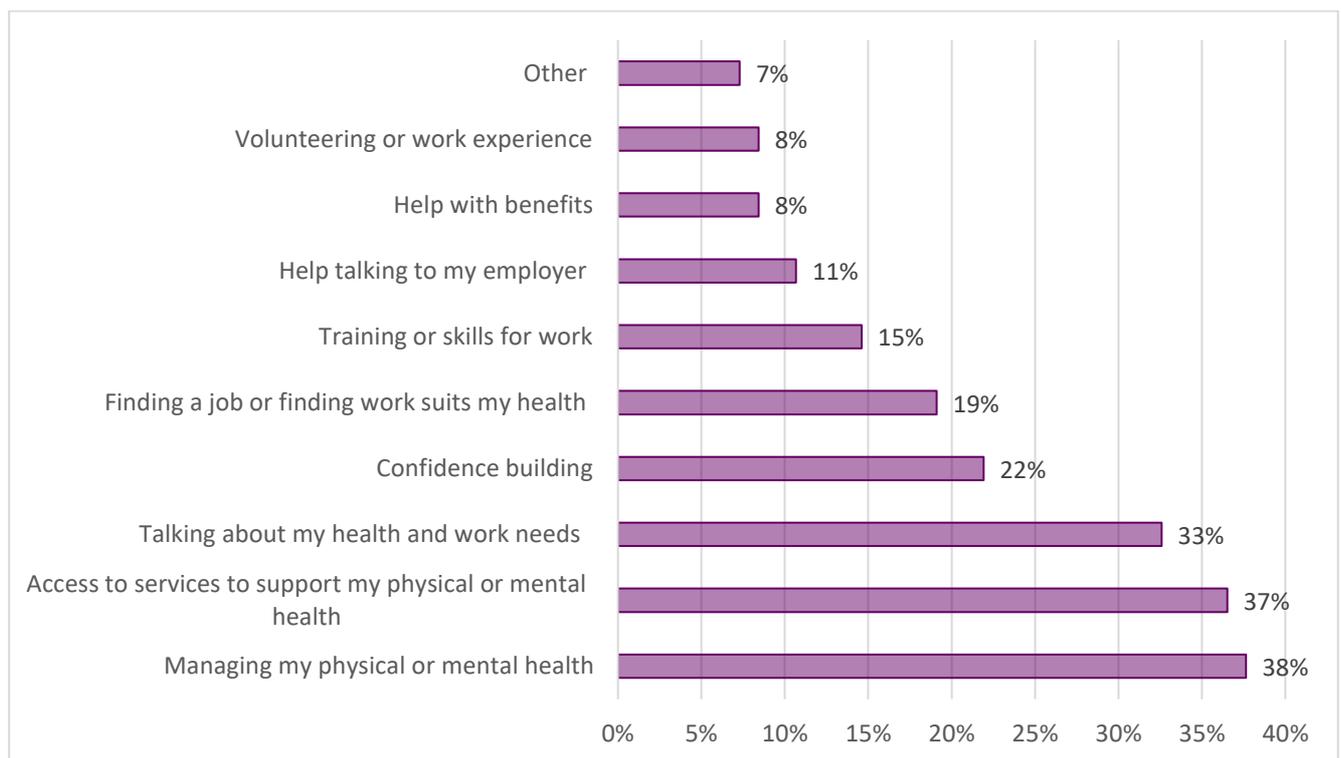- Support to better understand health condition.

Figure 14: Q – What kind of support would help you most right now? (n=178, multiple response question)

The preferred name for staff working within the service was WorkWell Advisor (27%), followed by WorkWell Health and Wellbeing Coach (20%) and WorkWell Coach (16%).

Other suggestions included:

- Health and WorkWell Supporter

- Support Representative

- Wellbeing Coach

- Workplace Connector
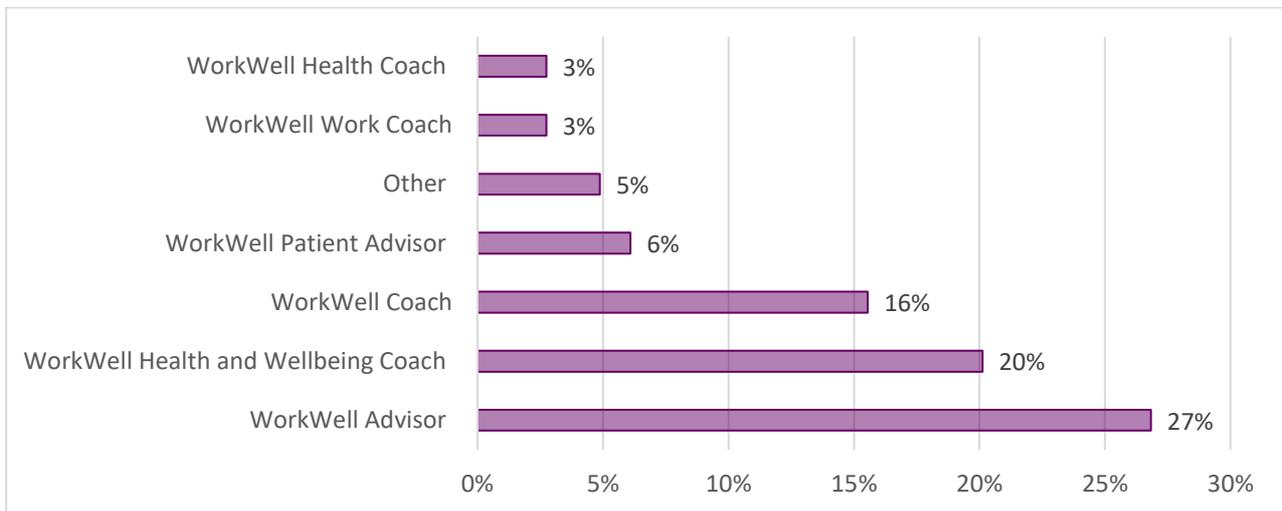
- WorkWell Advocate

- WorkWell Health Advisor.

Figure 15: Q – What name do you like best for the staff who offer support? (n=328)

In terms of using digital tools to access support, over half (58%) feel very confident, whilst 33% feel somewhat confident. Just 3% do not feel confident and 5% indicated a preference for face-to-face support.
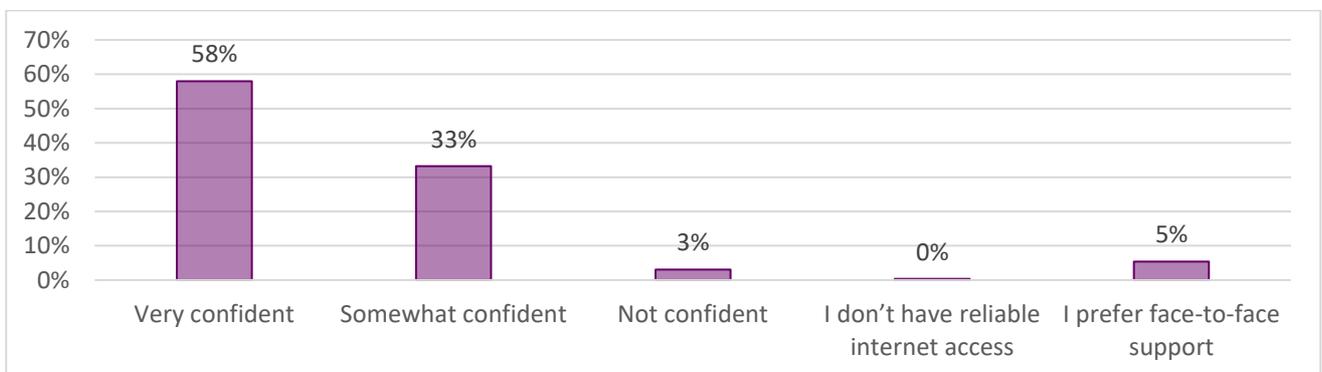

Figure 16: Q – How confident do you feel using digital tools to access support? (n=262)

Most respondents indicated that success for WorkWell would be sustained employment or a return to appropriate employment with necessary adjustments implemented, along with a work – health and wellbeing balance.

"Staying in work and providing flexibility where/when needed"

"Someone staying in employment or progressing into employment as a result of the support provided"

Other success indicators include better mental health and a more positive mindset, including feelings of confidence, empowerment, purpose and value as well as service users feeling more supported both within and outside of the workplace.

"That they feel comfortable discussing all issues - work, health, mental health, emotional health with a person they trust. That they feel supported to achieve a life that is worth living."

"People who can & want to work are supported more in the workplace."

Success for some would include feeling heard and understood, having an improved relationship with their employer and/or feeling more confident discussing their health needs, and reduced sickness.

"Feeling listened to and supported, especially by managers, and being able to access the service without fear or repercussion"

Others highlighted having a clear action plan with agreed goals, job satisfaction, better access to services, support and training / volunteer opportunities and independence (not being benefit dependent).

Open response question – theme	No. of comments
Return to work / sustained employment with reasonable adjustments in place and work-health balance	87
Better mental health / more positive mindset	41
Feeling supported within and outside the workplace	31
To feel heard and understood, with no judgment	16
Improved relationship with employers / feeling able to discuss health with employer	15
Other	14
Improved health / ability to self-manage condition	11
Reduced sickness / long-term absence	6
Clear action plan with agreed goals	6
Job satisfaction	5
Better access to services, support, training and volunteer opportunities	5
Independence / not being benefit dependent	4

Table 13: Q – What would success look like for someone using WorkWell? (n=173)

9.7 Experience of similar services

Small proportions had accessed support from similar employability services; this included JobCentre Plus (5%), Individual Placement Support (1%) and a Council Employment service (1%). 9% had accessed other services which included Able Futures, Access to Work, Citizen's Advice Bureau, Restart, Living Well, First Step Employment Advice (via NHS Talking Therapies) and Council Welfare Support.

Respondents were asked what was good about their experiences, 26 people provided a comment. Key themes included:

- Friendly, supportive and non-judgmental staff

- Consistency in the support received

- One-to-one, personalised support recognising an individual's physical and mental health

- Access to other services and courses for skills development

- Practical skills development

- Practical help with job searching and applications

- Service confidentiality

- Staff knowledge of the benefit system and entitlements

- Independent and reliable advice, with advocacy and contributions to long-term change.

"Once I was matched with the right coach, I was treated as a person. I had a bad experience with my initial coach who pushed me immediately into considering work. The better ones saw the bigger picture, and how small steps were more sustainable. I gained employment after I left their service but helped by the work they did. While my pay may not have been reflected in their outcome figures, a lot of what they did is no doubt undervalued."

"Same nurse involved throughout. Very supportive and letters to manager spot on."

"Completely independent and trusted brand - no agenda from charities and I know they are focused on me and what I need."

In terms of what could be improved, 23 individuals provided a response. Key themes included:

- Greater empathy, patience, and realism from staff

- Increased appointment availability, including access outside of normal working hours

- More local and face-to-face support

- Improved liaison and assertiveness with employers

- Better access to mental health and holistic support, including bereavement services

- More respectful, personalised, and targeted job search assistance

- Disability-appropriate communication

- More knowledgeable staff for careers advice and options

- Quicker response times and greater consistency

- Enhanced practical help with CVs and personal statements.

"Individualised to me. I was judged and not supported into work"

"A bit more empathy for the situation and not made to feel like I was not wanting to be in work"

"Health coach had very little experience or knowledge, I knew more than she did and ended up offering her careers advice"

10 Appendix 6 - Insight from PAS Advisors and WorkWell Coaches (Phase 2)

10.1 Overview

Discussions took place with five Patient Advisors / Work Coaches – three worked for the DWP as part of PAS (Patient Advisors) or the Disability Employment Advisor service, and two were newly recruited to WorkWell – one working within Hartlepool (the pilot area for Tees Valley) and the other North Cumbria. When interviewed, WorkWell Hartlepool was waiting for its launch, whilst WorkWell North Cumbria had been operational for a few weeks.

The conversations focused upon what works well with PAS, what challenges PAS has faced, what good looks like for WorkWell and challenges and considerations for the service.

10.2 What works well with PAS?

PAS Advisors noted how the service has been particularly successful in Northumberland, where it is well-established and positively received, serving as a benchmark for other areas. The strengths of PAS were felt to lie in its person-centred approach and its collaborative and adaptable working style. This has enabled the service to positively impact patients and build strong partnerships within the healthcare and employment support systems.

Factors that are felt to have contributed to PAS's effectiveness include:

Person-centred approach – PAS Advisors discussed the value the service brings to individuals and how its approach is tailored to the needs of individuals.

Working with GP practices – PAS Advisors have established their presence within GP practices, making themselves accessible and visible to staff and patients. They work with practice staff to overcome challenges like room availability, sometimes using remote access or sharing resources across locations to maintain continuity of support. PAS has benefited from efforts by GP practices to continually promote the service to patients.

System access - In most GP practices, gaining access to patient record systems has been smooth.. PAS Advisors noted that recording consent in records following their initial contact appointment with patients and limiting access to relevant information (such as FIT notes) further builds trust.

Collaboration and multi-disciplinary team (MDT) approach – PAS thrives when working as part of a MDT, breaking down barriers and improving communication between services. This approach enhances the quality of information and support provided and supports patients to navigate complex health and benefit systems.

10.3 What challenges has PAS faced?

PAS Advisors discussed the challenges they have faced in their roles:

System access - Gaining access to medical record systems in GP practices has been inconsistent. There was some initial resistance from a few, particularly in Newcastle and Gateshead, due to concerns about added workload and confidentiality.

Health and safety requirements – Being employed by the DWP, PAS Advisors face stringent health and safety requirements which pose logistical challenges for staff, for example fire risk assessments and safe room allocation. These protocols were thought to exceed NHS protocols.

Room and resource availability - Securing consistent, suitable space in GP practices is a persistent challenge due to limited room availability. On occasion, PAS Advisors have worked from other locations or use NHS laptops remotely.

PAS Advisors were asked whether their association with DWP has an impact on engagement with the service in terms of DWP's involvement and concerns around the impact on benefits. The Advisors didn't feel this was a challenge, noting how in all initial appointments they reinforce the confidentiality and voluntary nature of the service. Being transparent was felt to help dispel misconceptions about the association with DWP. The service, not being labelled as a 'work' programme, was additionally thought to help. PAS Advisors discussed positive stories of where the service has delivered significant benefits to patients, including helping resolve complex benefit issues and securing substantial financial support.

10.4 What does 'good' look like for WorkWell?

The individuals discussed what 'good' would look like for WorkWell highlighting the importance of clear communication and seamless integration with health and related employability support systems like PAS.

They discussed how staff and patients would be well-informed about referral criteria and the benefits of the service, with advisors visible and accessible in GP practices and the wider community.

Positive outcomes include empowering individuals to stay in work or motivating them to start their journey towards employment, fostering a sense of purpose.

To evidence outcomes and the success of the programme, a mixed methods approach was suggested, capturing feedback from individuals participating in the programme.

10.5 Challenges and considerations for WorkWell

The staff discussed the challenges that they anticipate WorkWell to face and points that need to be taken into consideration based on their experience of working in the PAS or other employability-related services, or in WorkWell to date.

Challenges are presented under the following headings -

- Establishing clarity and consistency in WorkWell's early implementation
- Addressing barriers to patient engagement
- Setting realistic expectations about engagement with employers
- Communication gaps and referral confusion
- Collaboration and multi-disciplinary team working.

Challenges	Considerations and actions

Establishing clarity and consistency in WorkWell's early implementation
 	
WorkWell staff discussed how they have received a lack of guidance on what the programme could look like and the metrics for measuring positive outcomes.
 	
In the first meetings held by WorkWell North Cumbria, it was noted that there has been some uncertainty among patients as to what they expect from the service, this was considered a challenge with WorkWell staff also experiencing the same uncertainty.
 	
With WorkWell being a national initiative, there was an expectation amongst staff that more groundwork would be in place. In relation to this, reference was made to the absence of an assessment tool which will be used as part of initial appointments. This has resulted in local WorkWell teams having to devise their own tools.
 	
There was uncertainty as to the metrics that will be used to measure improvement / positive outcomes for the service with questions asked as to whether enrolment and participation in a training course or volunteer work would be accepted. For the outcome of a return to work, there was concern about how long that process
	➢ Establish connections with WorkWell teams across the region to:
	   o Support the sharing of resources to help streamline processes.
	   o Encourage regular interaction to facilitate joint working and knowledge exchange and support best practice development.
	
	➢ Clarify outcome metrics for WorkWell with understanding and appreciation of the time it will take for some individuals to achieve a positive outcome.

can take, with a 12–16-week window perceived to insufficient to capture a positive outcome.	
Addressing barriers to patient engagement WorkWell North Cumbria serves a vast rural area with a small team. The team anticipate challenges covering the area and encouraging individuals to participate in online appointments, when many are exhausted with virtual services. At the same time, there was acknowledgment that to secure employment, there must be a willingness among individuals to travel. Refusal / apprehension to travel to WorkWell appointments was highlighted as a barrier to employment further down the line. With the voluntary nature of the service, there was concern amongst WorkWell staff that there would be a nervousness about the impact participation would have on benefits received. Additionally, it was felt that it will be more challenging for the service to engage with those who are in work and struggling, as opposed to those who are out of work.	➢ A strategic approach is essential for teams, especially those covering rural areas, to maintain an effective balance between in-person and virtual appointments. ➢ Geographical mobility must be recognised as a key factor in employment support. WorkWell staff must openly discuss with individuals the potential need to travel to access broader employment opportunities. ➢ WorkWell staff must identify and address barriers to employment for clients unwilling or unable to travel, offering tailored advice and exploring alternative options where possible. ➢ WorkWell staff must communicate clearly with patients, confirming that participation in the service is voluntary, confidential, and will have no impact on their benefits / DWP records.
Setting realistic expectations about engagement with employers WorkWell literature suggests that WorkWell staff will speak to employers on the individuals' behalf. The team in North Cumbria have realised that for varying reasons, this is impractical and relies on the staff having HR experience / background. They have now changed their approach and are focusing on empowering clients to communicate with their employers themselves, offering support and strategies rather than direct intervention. Supporting individuals who work within small businesses to have conversations about	➢ Evaluate the approach to employer engagement and assess whether WorkWell teams possess the necessary experience and skill set to effectively communicate with employers on behalf of individuals. Ensure that communications materials do not overpromise and individuals have realistic expectations of the service. ➢ Identify ways to provide training for WorkWell staff so they can better assist with employer engagement.

reasonable adjustments was also noted as a challenge with these organisations facing financial constraints and/or no occupational health support.	➢ Identify ways WorkWell can raise awareness of services able to support employers / employees with reasonable adjustments such as Access to Work. ➢ Staff emphasised the need for a massive piece of work focusing on shifting culture within businesses across North East and North Cumbria.
Communication gaps and referral confusion PAS Advisors expressed a lack of clarity about the development and implementation stages of WorkWell within their regions. Even after attending a couple of meetings about WorkWell, one PAS Advisor noted that they only have a vague understanding of WorkWell, relying on second-hand updates from more involved colleagues. Another describes the situation as a 'grey area', highlighting that the communication about WorkWell's criteria, its scope, and how it differs from or overlaps with existing services is insufficient. Confusion about the scope of WorkWell and referral criteria is noted to extend to GP practice staff. In its early stages of roll-out, WorkWell North Cumbria have encountered a high volume of inappropriate referrals. This is considered a result of a lack of understanding among referrers. The team have had to review and filter referrals, engaging in discussions with GP practices to clarify why some referrals are not accepted. Balancing the need for suitable referrals with the desire to onboard and test the new service remains an ongoing challenge.	➢ PAS staff want more regular updates and clearer guidance about the development of WorkWell in their areas. They stress the importance of ongoing dialogue between WorkWell developers, PAS teams, and GP practice staff to ensure everyone is aligned and ready / able to work collaboratively. ➢ Ensure GP practices are provided and kept up to date with clear, simple information about WorkWell, including its criteria and referral process. Referral processes and criteria must be straightforward to prevent ambiguity and encourage referrals.
Collaboration and multi-disciplinary team working The evolving nature of WorkWell, such as changes from being based within GP practices to working out of community hubs, adds to concerns amongst PAS Advisors who worry that	➢ Learning from PAS emphasises the importance of maintaining a visible and accessible presence in GP practices. Regular reminders and proactive communication with staff in GP practices ensure the service

not having a strong presence in GP practices will impact collaborative working and patient awareness. Effective MDT collaboration is highlighted as a powerful element. While there may be some reluctance to include DWP in MDTs, their participation is perceived to enhance the quality of information and support available.	remains in people's minds and accessible to those who need it. ➢ Promote strong collaboration and open communication between PAS and WorkWell to support the MDT approach.

Table 14: Challenges and considerations for WorkWell

11 Appendix 7 - Insight from employers (Phase 2)

11.1 Overview

Online interviews were conducted with nine business owners or HR representatives of small organisations, employing between 10 and 49 staff. Four contacts were recruited through the Better Health at Work network and five through external recruitment.

11.2 Approaches used to support employee wellbeing

Employee wellbeing is a priority within all the organisations engaged with. Employers discussed the policies and diverse initiatives in place to support this.

"We're a family run business, so the most important thing is health and wellbeing"

Four organisations participated in the Better Health at Work network and considered that their approaches align with guidance about employee wellbeing. Others offered routine health checks, undertook quarterly staff surveys and provided access to wellbeing apps, Employee Assistance Programmes (EAP) and/or other third-party counselling/mental health/wellbeing services.

Where possible and appropriate for job roles, flexible working hours and remote / hybrid work arrangements were available.

"We do kind of go above and beyond… we don't tend to just stick to statuary"

11.3 Initial impressions of WorkWell

Employers feel WorkWell aligns well with regional priorities around tackling economic inactivity. Employers valued the NHS connection and the programme's biopsychosocial model resonated with employers who recongised the impact that both social and health factors can have on employee's ability to carry out their roles / sustain employment

"I think it's really helpful, especially with mental health"

"It makes perfect sense. It aligns with everything that everybody's trying to do"

"Knowing that it's been referred… through the doctors… gives you a bit more confidence"

11.4 Anticipated benefits

Employers talked very positively about the benefits of WorkWell and expressed willingness to promote the programme within their workplaces. They perceived that the programme would complement and be a useful addition to their existing wellbeing approach / initiatives.

For businesses, specific benefits included helping to maintain employment, decreasing sickness absence, boosting return-to-work rates and improving staff retention.

Employers discussed the value of empowering individuals to have conversations with their employers in terms of improving communication and employer understanding. It was noted that these conversations can be difficult with some staff fearing disclosure, particularly where mental health is concerned. Employers identified a need for guidance regarding workplace adjustments to support individuals in maintaining employment. As a result, it was suggested that where consent is given, WorkWell should provide organisations with recommendations on specific accommodations required by employees.

11.5 Barriers and concerns

The employers were optimistic that their employees would not face any barriers in accessing WorkWell, however they discussed some of the general concerns that employers / employees may have.

Waiting times and complexity of access - a concern was speed of access with lengthy waiting lists leading to disengagement and job loss. There were also comments about the complexity of the referral process with employers hoping that it would be easier to navigate than schemes like Access to Work.

"If there are massive wait lists, that might be a real barrier to… getting back to work in a timely way"

Small-business capacity and costs – employers noted that for small organisations, cost is the key barrier when investing in employee wellbeing or making reasonable adjustments. For instance, if someone requires specific ergonomic equipment, this could pose financial difficulties for certain organisations (reference was made to changes and cuts to Access to Work).

Flexibility around attending appointments – in consultancy and agency settings, being able to take time away from work for appointments during core working hours can be challenging and may lead to concerns about balancing client commitments and workload.

Disclosure, stigma and unfairness - employers noted how some staff fear being judged or treated differently if they disclose their needs. They also discussed how it can be hard for employers when they are seen to treat one employee differently.

"If they keep it black and white, then everyone's treated the same but it doesn't always work"

Raising awareness – within small organisations, staff felt it is likely that only a very small number of staff may be eligible for WorkWell. Raising and sustaining awareness amongst employers of small businesses may therefore be challenging, as they may not perceive that this is something they need to take notice of / applicable to their workforce.

Additionally, there was concern about how WorkWell differs from existing employability and health support services.

11.6 Service expectations

Employers discussed the expectations they have about WorkWell. They discussed what they expect to receive and what they would expect for employees accessing the programme.

- Clarity of information about what the programme provides and its benefits, so employers and employees understand what to expect and how to proceed.
- Prompt engagement following initial referral. This reflects the operational reality of small businesses, which may not have the capacity to manage long absences or uncertainty.
- Flexible support to accommodate varied workforce needs.
- Empowerment so employees feel able / confident in communicating their health needs with their employer. In circumstances where employees do not feel able to do this, it was suggested that the service could help facilitate these conversations.
- Practical and actionable recommendations / action plans for employers, where consent is given from the employee, to enable them to effectively support the individual in the workplace. This was considered one of the most important factors especially for small organisations with limited HR capacity.
- An inclusive service, addressing a broad range of needs including physical, mental health, and neurodiversity. Reference was made to the waiting lists associated with autism diagnostic pathways and how difficult it can be for employees and employers during this time.
- Integration with existing workplace support, collaborating with in-house professionals to ensure comprehensive, non-duplicative assistance.

11.7 Considerations

Employers highlighted several key considerations for the WorkWell. These insights reflect both practical concerns and strategic suggestions for maximising the programme's impact among small businesses and their employees.

Raising awareness amongst employers	➢ For micro small-medium organisations, suggested to target office / business managers and for larger organisation HR / line managers. ➢ Use of face-to-face networking, workshops and webinars - considered to be more impactful than emails / leaflets which can get overlooked. ➢ Leverage established business networks such as Chamber of Commerce, Better Health at Work, sector-specific associations and networking groups like Federation of Small Businesses or regional enterprise partnerships. ➢ Provide clear, concise resource packs including information for employers to hold conversations about

	the programme and for employees to self-refer and act independently. Reference was made to eye-catching posters / leaflets that can be displayed within staff rooms / pinned to noticeboards (including QR codes) and ready-to-use templates for emails, intranet posts and scripts for team meetings. ➢ Use of real-life case studies to evidence success and reinforcing the '*return on investment message*' employers say will land internally (e.g. avoided sickness days). ➢ Use of social media, particularly LinkedIn, to raise awareness more widely.
Supporting employee access	➢ Prompt service response following initial referral with clear communication and regular updates about timelines. ➢ Options for phone / Teams appointments to support staff in roles where flexibility is limited (i.e. those involving direct client support or physical presence).
Employer support	➢ Provide concise information that lists recommended workplace adjustments and suggested return to work schedules. ➢ Provide practical materials, such as guides for return-to-work conversations, to help employers to more effectively support employees with long-term health conditions. ➢ Consider financial support or more accessible funding routes for small organisations to purchase assistive equipment or workforce aids. ➢ A 'kite-mark' or accreditation for businesses engaging with WorkWell, to demonstrate commitment to employee wellbeing.
Other	➢ It was questioned whether the programme will provide support for individuals with a cancer diagnosis, with research indicating that this has the greatest impact on economic inactivity. It was felt imperative that this is considered when shaping eligibility criteria and support offers.

Table 15: Key considerations for WorkWell

12 Appendix 8 - Testing communication materials (Phase 3)

12.1 Overview

Three online discussion groups were held to gather initial feedback on several patient materials developed to promote WorkWell. Thirteen individuals attended the one-hour group discussions.

12.2 Participant profile

All individuals were of working age, most commonly 35-44 years (9 individuals), and included five males and eight females.

Most were currently in employment (8 individuals), whilst three were either in or out of work and on disability benefit, one was off work sick and one was currently volunteering.

Health conditions most frequently included mental health (9 individuals), a musculoskeletal condition (5 people), a health condition affecting their gut / stomach (4 people) and/or neurodiversity (3 people). Eight said their health condition/disability affects their work a lot whilst four told us it did a little.

Materials shown to participants included:

- GP digital screen infographic
- GP handout (leaflet given to patients following discussion about WorkWell)
- Flyer for self-referrals
- Digital animation.

Copies of these materials are available in Appendix 9 – Phase 3 materials.

12.3 Initial thoughts and comments

Overall, participants had a positive initial impression of the materials, describing them as 'good', 'easy to read' and 'visually accessible'. However, there were notable concerns and suggestions for improvement, reflecting the varied needs of potential service users.

Text and information

The simplicity of the materials was generally appreciated, but some participants wanted greater detail about the support available, reassurance about benefit impacts, and clearer guidance on what users could expect from the service. Participants felt that having this knowledge and assurance would encourage them to engage with WorkWell.

Specifically, there was uncertainty about:

- Whether the service is new and voluntary – some had experiences, not always positive, of accessing similar employability services so wanted assurance that this was a different service.
- DWP involvement and whether participation will affect benefits – this was a key concern with participants wanting to understand DWPs involvement and whether/how the service will work with DWP services/advisers. For some, connection with DWP was a barrier to accessing the service.
- Timeframes for service contact and the length of time individuals can receive support – waiting lists for support services were recongised to be an issue, with individuals wanting assurance that if they contact the service, they won't have to wait for weeks to be contacted. The term 'shortly' was felt to be too ambiguous. Additionally, people want assurances that support is not time bound and want to feel that the service is available for them for however long it takes.
- Availability of the service and whether appointments can be accessed outside of normal 9-5pm working hours – this was particularly important for those in employment as they were unsure how they could access the service around their current work commitments.
- The criteria for people to access the service, i.e. is the service available to those with chronic health problems, disabilities and those with carer/parental pressures.

Additionally, comments were made about:

- The materials being more appealing to those seeking work rather than individuals currently employed and struggling.
- The materials lacking inclusivity for women's health (i.e. menopause and endometriosis) – it was recongised that this can be struggle for many women and questioned whether individuals could access the service for these reasons.
- The materials lacking inclusivity for LGBTQ+ communities or other minority groups.

In terms of contacting WorkWell, the QR code was noted to be effective, making it easier for people to access information. There were however two key concerns – the length of the domain which would be difficult for people to remember, and the reliance on digital-only options which would create a barrier for those without internet access or smartphones.

Design and layout

The overall look of the GP handout and flyer was considered easy to digest. There was appreciation for the clear, sectioned layout of the information, with enough detail included to help individuals make informed decisions about engaging with the service.

The main criticism was that the materials (not including the digital animation) were not overly appealing with it felt that they will blend in with other promotions found in healthcare settings.

Comments were also made about the icon, which approximately half perceived to resemble a 'sad face' or 'sad cyclops', potentially sending the wrong message. Others did not immediately have this association but could see the perspective of these individuals once pointed out.

Whilst some preferred the use of icons over photos of real people, others shared a preference for images of real people or case studies which they felt were more relatable. Icons were seen as helpful for readability and understanding, especially for individuals who process information visually or have limited reading skills.

The digital animation was considered well-structured, informative and visually appealing. Some also felt it made the service feel more personal with its more empathetic and warm approach. This was something felt to be lacking in the handout, flyer and GP digital screen infographic.

There were however two key concerns with the animation – the background music distracting or overwhelming some viewers, especially those who are neurodiverse, and the sound of pouring an alcoholic drink which may be triggering for those with alcohol-related issues.

12.4 Suggested improvements

The discussions evolved into talks about proposed changes.

Text and information

- ➢ Clearly communicate key service features:
    - ○ Highlight that the service is new and voluntary
    - ○ Confirm its independence from DWP/JobCentre and how benefits will not be immediately affected – i.e. 'participation will not affect benefits or JobCentre status'. Ensure this reassurance is up-front and repeated throughout the materials (suggestion to include question/section 'Will participation in WorkWell affect my benefits?')

- ➢ Emphasise the scope of support:
    - ○ Promote mental health support more prominently – mental health was noted to be a very common issue faced and something that individuals will seek support for.
    - ○ Include a comprehensive list of all support areas to help individuals understand the holistic approach of the service (suggested inclusion of women's health / menopause support)
    - ○ Include information about opportunities to access specialised support (i.e. support for those who are visually impaired / neurodiverse).
    - ○ List accredited organisations (i.e. services WorkWell has partnered with) to build confidence and show the service's credibility and structured support.
    - ○ Ensure content is relevant for those in work and struggling - suggestions included providing greater detail about 'talking with your employer' and what that could look like, such as specific reference to reasonable adjustments, highlighting consent / confidentiality.

- ➢ Clarify service pathways and expectations:
    - ○ Clearly explain the referral routes and state that all referrals are treated equally.
    - ○ Include more specific timelines to set clear expectations for service contact (e.g. you will be contacted within X days, rather than using the word 'shortly')
    - ○ Ensure promises of support are realistic (reference made here to waiting times).

- ➢ Highlight practical and ongoing support:
    - ○ Emphasise that the service can work with individuals for as long as they need and that support is not time bound.
    - ○ Consider an alternative title to 'WorkWell Coach' to avoid negative associations with DWP Work Coaches (i.e. WorkWell Support Worker).

o   Include more information about the availability of appointments outside of standard 9-to-5 working hours, to support individuals to access the service around existing commitments.

Design and layout

➢ Revise the icon for increased visual appeal and to eliminate associations with a 'sad face'.

➢ Make the flyer, handout and digital screen infographic more engaging and visually appealing using more eye-catching and warmer colours and graphics e.g. incorporate inclusive icons or imagery representing different conditions and communities.

➢ Offer alternative formats, such as versions with photos or real-life stories, to better suit different preferences and learning styles and make the materials more relatable.

Animation specific

➢ Tone down background music to improve accessibility, particularly for neurodiverse individuals.

➢ Remove or replace audio cues (such as pouring wine) that could trigger vulnerable viewers.

Accessibility / methods of contact

➢ Shorten the website domain or abbreviate it (e.g., NENC) to make it easier to remember.

➢ Provide alternative contact methods to improve accessibility, such as a phone number and specified opening times, email address and SMS/text-based contact to accommodate different communication needs.

The following outlines alternative suggestions included recommendations about where and how the service should be promoted, the referral process and engagement with employers and other support services.

➢ Promote the materials in venues frequented by individuals with health needs, including GP practices, hospitals, and community hubs, to enhance the relevance of the messaging and encourage greater uptake.

➢ Recognise that some individuals respond better to the more personalised approach of face-to-face discussion with healthcare professionals or within healthcare settings.

➢ Recognise that people with complex needs, mental health difficulties, or substance use concerns may struggle to engage independently and need more encouragement and support to engage.

➢ Ensure the referral process for professionals / partner organisations is quick and easy to complete.

➢ Provide targeted education and training for employers (HR and management), emphasising their role in supporting staff and highlighting the benefits of

WorkWell to address concerns, reduce stigma, and increase buy-in among current employees and employers.

➢ Work closely with agencies such as the DWP and welfare rights teams to address concerns about financial implications for service users, especially those not currently working.

➢ Improve integration and coordination with existing services to prevent users from having to repeat their stories and ensure a seamless, person-centered support experience.

Appendix 9 - Equality and monitoring information

		Perception survey (n=328)		Focus groups (n=115)	
		No.	%	No.	%
How old are you?					
	16 - 24	6	2%	1	1%
	25 - 34	27	8%	12	10%
	35 - 44	50	15%	20	17%
	45 - 54	62	19%	27	23%
	55 - 64	78	24%	22	19%
	65 +	30	9%	15	13%
	Prefer not to say	75	23%	18	16%
Which best describes you?	Female	204	62%	62	54%
	Male	42	13%	35	30%
	Non-binary	3	1%	2	2%
	Prefer to self-describe	0	0%	0	0%
	Prefer not to say	79	24%	16	14%
Does your gender identity match your sex as registered at birth?	Yes	249	76%	94	82%
	No	2	1%	3	3%
	Prefer not to say	77	23%	18	16%
Are you currently pregnant or have you been pregnant in the last year?	Yes	2	1%	1	1%
	No / not applicable	246	75%	97	84%
	Prefer not to say	80	24%	17	15%
What is your current marital status?	Married	133	41%	44	38%
	Single	54	16%	31	27%
	Divorced	28	9%	12	10%
	Widowed	9	3%	3	3%
	Separated but still legally married	8	2%		
	In a legally registered civil partnership	2	1%	2	2%
	Formerly in a civil partnership which is now legally dissolved	1	0%	1	1%

	Prefer not to say	93	28%	22	19%
What is your ethnic group?	Asian or Asian British	1	0%	8	7%
	Black or Black British	2	1%	10	9%
	Mixed or multiple ethnic groups	3	1%	1	1%
	White	240	73%	79	69%
	Other	1	0%	1	1%
	Prefer not to say	81	25%	16	14%
Which of the following terms best describes your sexual orientation?	Straight or heterosexual	217	66%	83	72%
	Gay or lesbian	7	2%	6	5%
	Bi or bisexual	7	2%	5	4%
	Other	3	1%	0	0%
	Prefer not to say	94	29%	21	18%
What is your religion or belief?	Christian	118	36%	54	47%
	No religion or belief	111	34%	33	29%
	Buddhist	2	1%	3	3%
	Jewish	0	0%	2	2%
	Sikh	0	0%	0	0%
	Hindu	1	0%	0	0%
	Muslim	0	0%	4	3%
	Other	3	1%	0	0%
	Prefer not to say	93	28%	19	17%
Do you look after any of the following (not including paid work)?	Child or children (under 18 years)	70	21%	22	19%
	Disabled child or children (under 18 years)	10	3%	4	3%
	Disabled adult (including long-term physical or mental health conditions, or problems related to old age)	46	14%	22	19%
Do you or have you previously served in the UK armed forces?	Yes, the regular armed forces	5	2%	6	5%
	Yes, reserve armed forces	4	1%	2	2%
	No	238	73%	87	76%
	Prefer not to say	81	25%	20	17%
Are you or have you been a care experienced young person?	Yes	8	2%	-	-
	No	237	72%	-	-
	Prefer not to say	83	25%	-	-

Do you have any physical or mental health conditions, impairments, or learning differences that impact on your ability to carry out day-to-day activities?	Long term health condition	-	-	44	38%
	Physical impairment or mobility issues	33	10%	21	18%
	Sensory impairment	23	7%	9	8%
	Mental health condition	110	34%	32	28%
	Learning disability	4	1%	4	3%
	Neurodivergence	47	14%	13	11%

Appendix 10 – Phase 3 materials

GP digital screen infographic

GP handout

Flyer for self referrals

Is your health making it hard for you to work?

NHS North East and North Cumbria WorkWell Service

Sometimes health problems make it hard to stay in work – or get back to work. If you're finding it a struggle, an NHS WorkWell work coach can help.

WorkWell can help

WorkWell North Cumbria is a free NHS service.

A WorkWell work coach can listen to your needs, make a plan and put you in touch with services to help. **You don't need to manage alone.**

Support for you

We can help you with things like:

- Getting fitter and healthier
- Mental health or pain
- Money, benefits or housing
- Talking with your employer
- Alcohol or drug problems
- Counselling

Who's the service for?

Our service is for adults in North Cumbria who:

- Are struggling to stay in work because of health problems
- Are not working because of health problems
- Have had a fit note in the last six months
- Live in the area and have the right to work in the UK

Find out how WorkWell could help you

Contact us at WorkWellNorth@cumbriahealth.nhs.uk to find out how a WorkWell work coach could help you.

You can also find out more at www.cumbriahealth.co.uk/workwell-north-cumbria or scan the QR code.
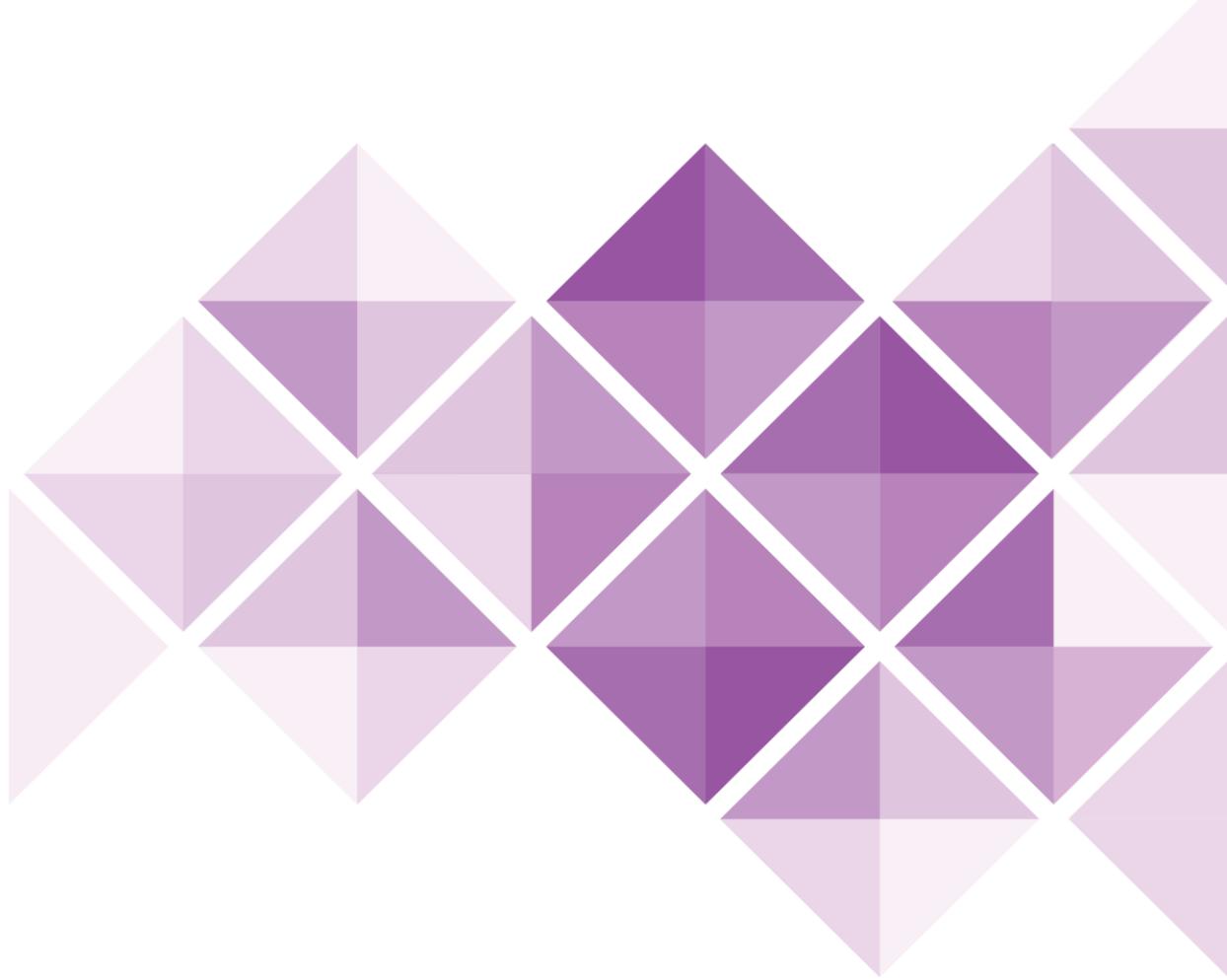
Helping you stay well, and stay in work...

WorkWell North Cumbria is commissioned by North East and North Cumbria Integrated Care Board and delivered by Cumbria Health.

CumbriaHealth

Digital animation

https://youtu.be/BsZL0fBSFdM

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