Item: 17

NHS
North East and North Cumbria

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD

30 SEPTEMBER 2025

Report Title:	**North East and North Cumbria Health and Growth Accelerator – Work Well Programme**

Purpose of report

To provide an overview of the ICB's Health and Growth Accelerator programme and how the ICB is working with local and regional partners to deliver a programme will reduce health-driven economic inactivity in the North East and North Cumbria.

Key points

- In December 2024 NENC ICB were designated as one of only three Health and Growth Accelerator sites in England,
- This report updates the board on how we have responded to this by rapidly developing a programme of work to tackle the growing challenge of health-driven economic inactivity in our region, by taking an early intervention and prevention approach.
- The cost of delivering this programme is covered by a £19.46m grant from DWP/NHS England for 2025-26, with future years funding to be determined in this year's Autumn budget.

Risks and issues

- The pace of mobilisation required by this programme has been challenging, so we have established a dedicated programme management team from existing resources, and have looked to build on existing services wherever possible
- The uncertainty over future funding has made longer term planning for this work challenging, so we are working hard to gather the evidence of impact that will help make the case for sustained investment in this programme.

Assurances and supporting documentation

- Agreed and active governance structure, led by SRO Dr Neil O'Brien
- Effective programme management in place with regularly reviewed programme documentation
- Appropriate and active involvement of key internal and external stakeholders
- NENC Delivery Plan approved by the national Health and Growth Accelerator programme board

Recommendation/action required

To receive assurance on the progress of the Health and Growth Accelerator programme in the North East and North Cumbria, and to consider how the NHS in our region can best work with partners to reduce rising rates of health-driven economic inactivity.

Acronyms and abbreviations explained

DHSC – Department of Health and Social Care
DWP – Department of Work and Pensions

GBW – Get Britain Working (White Paper)
HGA – Health and Growth Accelerator
HINENC – Health Innovation North East and North Cumbria
NENC – North East and North Cumbria
PCN – Primary Care Network
SMI – Serious Mental Illness

Executive Committee Approval	13 May 2025
Sponsor/Approving Executive Director	Dr Neil O'Brien, Chief Medical Officer Claire Riley, Chief Corporate Services Officer
Date approved by Executive Director	12 September 2025
Report author	Dan Jackson, Director of Policy, Involvement and Stakeholder Affairs

Link to ICP strategy priorities	
Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

Any potential/actual conflicts of interest associated with the paper?	**Yes**		**No**	✓	**N/A**	
Equality analysis completed	**Yes**	✓	**No**		**N/A**	
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	**Yes**	✓	**No**		**N/A**	

Essential considerations	
Financial implications and considerations	A full financial plan was approved by Executive Committee in June 2025
Contracting and Procurement	The Programme team has active representation from contracting and procurement.
Local Delivery Team	We have established regular weekly meetings with LDTs to oversee implementation of the programme.
Digital implications	We are working with HINENC to commission digital therapeutics. NENC ICB digital colleagues are also engaged in this work.
Clinical involvement	Dr Neil O'Brien is the overall SRO and Dr Martin Weatherhead is the clinical lead. Clinical engagement has also been embedded in all workstreams.
Health inequalities	These have been considered as one of the design principles and is embedded in the outcomes framework, currently under development.

Patient and public involvement	A co-production workstream forms part of the governance structure for the programme. A series of focus groups were commissioned to help us understand the priorities of potential service users.
Partner and/or other stakeholder engagement	We have a multi-sectoral steering group for this programme.
Other resources	We have assembled a delivery team for this work via existing resources and internal secondments.

North East and North Cumbria Health and Growth Accelerator Programme

1. Introduction

1.1 Early in 2025, NHS North East and North Cumbria ICB was designated as one of three 'Health and Growth Accelerators' in England, alongside West Yorkshire and South Yorkshire ICBs. This meant that NENC ICB received a £19.46m funding package to develop an innovative programme of work to help tackle the unmet health needs that can often lead to absence from work and then longer term economic inactivity. This is a significant and growing challenge in the North East and North Cumbria, where up to one in three working age adults in many parts of our region are economically inactive due to poor health.

1.2 Since January this year, we have been working closely with our partners to develop a programme of work that aims to help more of those local people who struggle to stay in work to get the help they need. The attached Accelerator delivery plan was developed in partnership through the Work and Health Oversight Group of the ICB's Healthier and Fairer Sub Committee and was approved by the national Accelerator Programme Board in March 2025.

2. National Policy Background

2.1 The UK faces a significant challenge with economic inactivity, especially due to ill health. Over 9.3 million working-age adults are economically inactive, with 2.8 million of them classified as long-term sick (amongst the highest rates of any G7 country). Currently, 36% of the UK's working-age population is living with a long-term condition, an increase from 29% ten years ago. One in every 10 working-age people in Britain is now claiming at least one type of health or disability benefit, and benefits spending has increased by £20 billion since the pandemic. Projections indicate this figure will approach £100 billion annually by 2029/30, almost half of the current NHS budget, making this one of the UK's biggest fiscal risks, a

2.2 What is more, long-term economic inactivity has been shown to significantly worsen physical and mental health, reduce life expectancy, and increase social exclusion; while staying in good quality work has significant health and wellbeing benefits. Analysis of this problem has also shown that mental health, musculoskeletal, and cardiometabolic conditions increase the likelihood of people dropping out of work, and they are the most prevalent health challenges amongst those who are inactive due to ill health.

Get Britain Working White Paper

2.3 The "Get Britain Working" White Paper, launched by the UK government in November 2024, outlines comprehensive reforms aimed at addressing long-term unemployment, and reducing economic inactivity. This includes the transformation of Jobcentres into a national jobs and careers service, focusing on personalised career support rather than solely administering benefits, alongside reforms to the health and disability benefits system, focusing on prevention and responding to the complex needs of individuals.

2.4 In terms of unmet health needs, additional resources will also be directed to areas with high inactivity to reduce waiting lists and provide comprehensive mental health support, and an independent Employer Review will examine how employers can better support employees with disabilities and health conditions, aiming to create healthier workplaces.

2.5 Mayoral Combined Authorities (MCAs) and local authorities will be empowered to develop tailored "Get Britain Working" plans – in partnership with ICBs – integrating work, health,

and skills support to meet specific community needs. All MCAs will also be funded to deliver the 'Connect to Work Programme' to assist individuals in overcoming barriers to employment. Alongside this, some MCAs – including the North East MCA and Tees Valley MCA – will also receive additional funding to become 'Trailblazer sites', going further and faster on reducing economic inactivity and youth unemployment.

2.6 Each Combined Authority is required to develop local Get Britain Working (GBW) Plans that identify local labour market challenges and show how local areas are tackling these challenges. They will show how an area is contributing to the government's ambition of an 80% UK employment rate. Where local Get Britain Working plan and Integrated Care Board geographies are coterminous, local areas may choose to produce a single plan that meet the requirements of both the local Get Britain Working plan and the ICB Work and Health strategy, and the ICB is now working on options to develop a joint Work and Health plan.

3. The role of the NHS in Work and Health

3.1 Lord Darzi's independent investigation in 2024 found that the NHS is not contributing to national prosperity as it could be. For example, the waiting list for elective treatments was at 7.46 million in December 2024, and more than half of those on the waiting lists for inpatient treatment are working-age adults. These NHS backlogs and long waiting times have worsened outcomes, delayed treatment and undermined early intervention efforts that can prevent long-term worklessness.

3.2 As the main drivers of health-related worklessness are poor mental health and musculoskeletal conditions, this has led to increased investment in targeted interventions that can help to address absence from work and economic inactivity.

- The joint DWP, DHSC and NHS England 'Getting It Right First Time' Musculoskeletal Community Delivery Programme is working with ICBs to further reduce MSK community waiting times, as well as improving referral pathways to wider support services

- 'Further Faster 20' is targeting inpatient productivity in 20 areas of the country (including NENC) with high levels of economic inactivity, to reduce waiting times for surgery and enable people to return to work as quickly as possible

- Expanding access to NHS Talking Therapies for adults with common mental health conditions in England, with the aim of 100% of NHS Talking Therapies services in England offering employment support as part of their service

- Expansion of Individual Placement Support (IPS) for those with severe mental illness or substance dependency, helping people find and retain employment through intensive, individualised and unlimited in-work support for both employers and employees.

3.3 There is an emerging consensus though that more radical work needs to be done, and with an increasing role for the NHS in finding solutions to rising economic inactivity. This is at the heart of the *Get Britain Working White Paper*, which called for 'scaling up and deepening the contribution of the NHS and wider health system to improve employment outcomes', and when the Secretary of State for Work and Pensions launched the Inactivity Trailblazer and Accelerator programmes in March 2025, she noted that this was **'the first time that the NHS in England will have responsibility for work as well as health outcomes'** South Yorkshire kicks off £125 million plans to get Britain back to health and work - GOV.UK.

3.4 This new focus on economic inactivity was welcomed by the Medical Royal Colleges and others through the 2025 Healthcare Professionals' Consensus Statement for action on health and work - AOMRC – which stated that 'Good work is a health outcome' – which in turn responds to the Darzi review's recommendation that the NHS do more 'on prevention and helping people back to work'.

4. Health and Growth Accelerators

4.1 To address the challenge of economic inactivity, as part of the Autumn Budget 2024, the Chancellor announced a £240m 'Get Britain Working' package to provide work, skills and health support for those with health conditions. This package includes 'Trailblazers' in eight Mayoral Combined Authorities (MCAs) to bring together and streamline work, health, and skills support. Three of these Trailblazer areas (North East and North Cumbria, South Yorkshire, and West Yorkshire ICBs) will receive a share of £45m total funding for 2025-26 to launch 'Health and Growth Accelerators'.

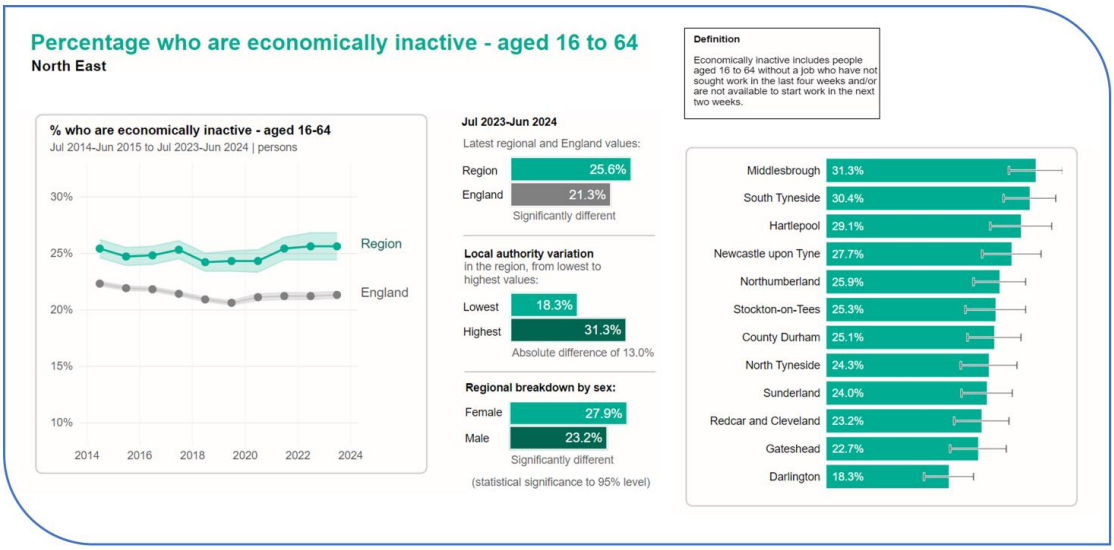
4.2 These three Accelerators will become the first sites to adopt a 'health and growth mission approach', where the NHS takes a more proactive role in addressing health-driven inactivity, which government expects to become the delivery model all ICSs will adopt in due course. Accelerators will aim to reduce the projected increase in health driven economic inactivity by improving the health of those in work or recently out of work. Accelerators will provide preventative health and employment support to those at risk of falling out of work and those who have recently left work and stop people's health conditions becoming a barrier to work.

4.3 Accelerators will foster a new system-led way of working with ICBs and will incentivise systems to undertake system change which drives the other two big shifts towards delivering care in the community and digitising services. The following table set out the scale of the economic inactivity challenge in the three pilot areas and the funding that each ICB is receiving as a Health and Growth Accelerator.

ICB Area	Inactive due to health (2025)	% of working age adults	Approx 1.2% reduction	Accelerator funding
North East and North Cumbria	165,805	9.1%	2,000	£19.46m
South Yorkshire	78,970	8.9%	950	£8.65m
West Yorkshire	108,635	7.3%	1,300	£11.89m

5. Work and Health in the North East and North Cumbria

5.1 Nowhere is the challenge of health-driven economic inactivity more acute than in NENC. In some of the local authority areas in our region this affects up to one in three working age adults, but we have the opportunity through the Accelerator Programme to work more effectively to tackle those unmet health needs that are so often the root cause of economic inactivity.



5.2 In 2023, as a Department of Health and Social Care (DHSC) sponsored 'Local Systems Project: improving work and health strategies and partnerships', NENC ICB was funded to undertake qualitative research with the then North of Tyne Combined Authority to understand what local interventions exist to support those with poor health to access or stay in work, as well as exploring what support is missing for these two groups, and what action is necessary to join up these interventions.

5.3 The ICB commissioned IPPR North to lead this research, which involved an evidence review, interviews with employment support and public health leaders, and workshops with those working in health and social care and as employers. Their report made several recommendations which have informed our approach to developing our Health and Growth Accelerator. These included

- Using devolution to develop a more integrated work and health system
- Developing employment support hubs in the community
- Promoting healthy workplaces
- Increasing the impact of NHS 'anchor institutions' on local economic growth and employment opportunities.

6. What this means for the North East and North Cumbria

6.1 Becoming a Health and Growth Accelerator site is therefore an exciting opportunity for the North East and North Cumbria health system to put these findings into practice, and work with our partners – in primary and acute care, local and combined authorities, DWP and the voluntary sector – to innovate and develop new solutions that better support local people and help to tackle one of the most serious challenges facing our region.

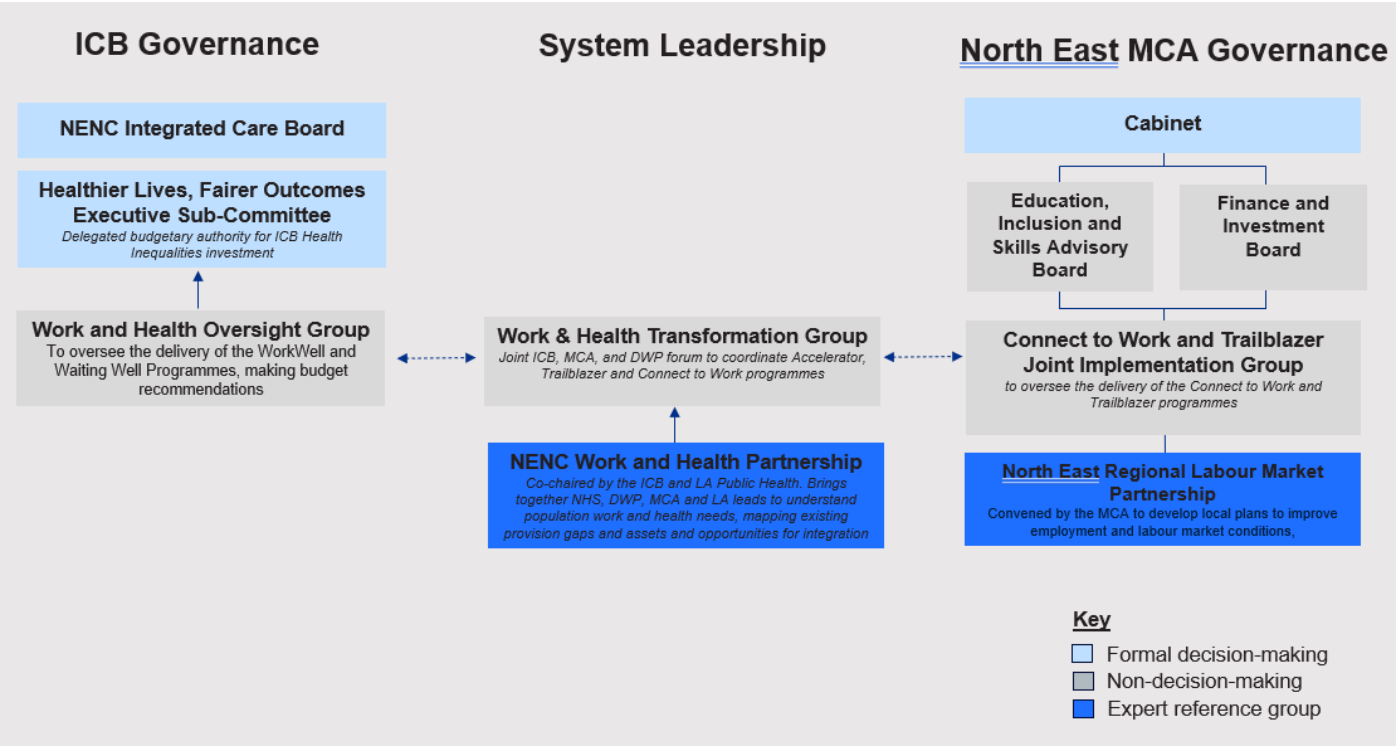
6.2 We have now signed an MOU with NHS England committing the ICB to delivering the following key objectives:

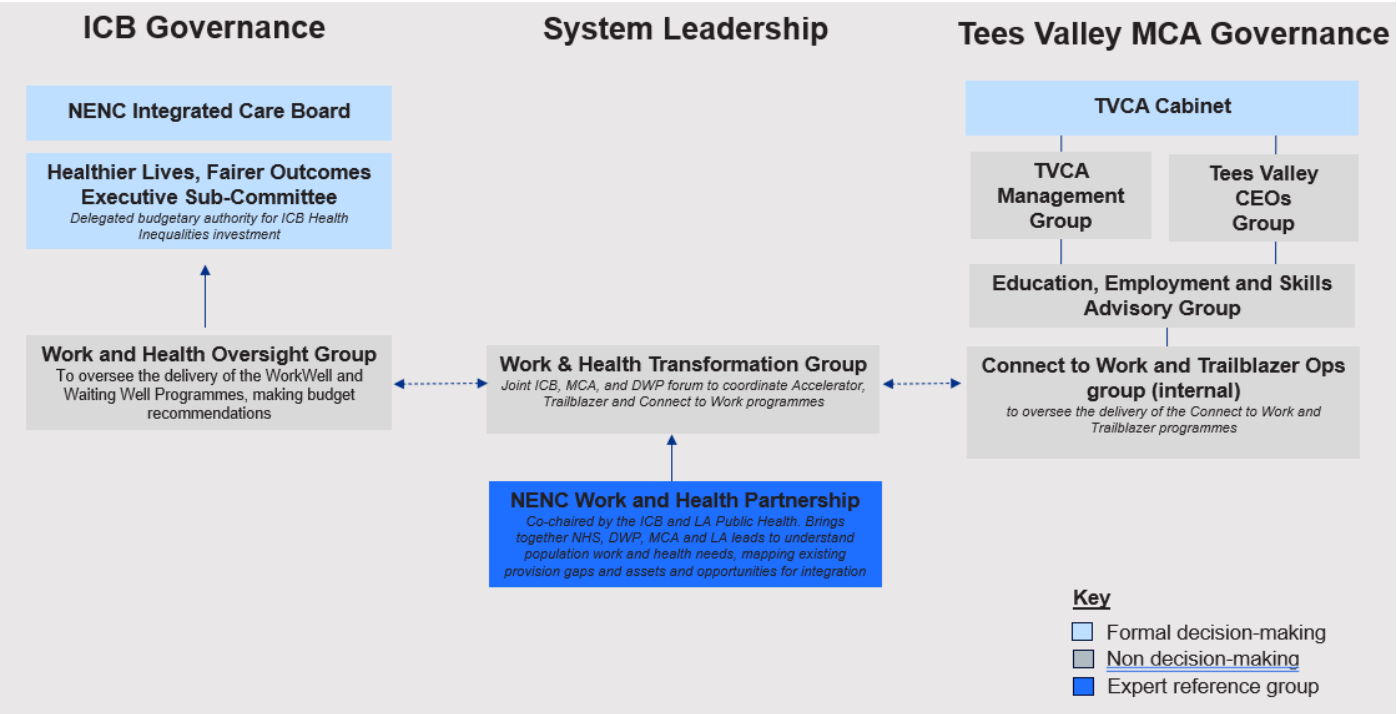
- To improve population health outcomes in 2025-26 by investing in prevention and early intervention
- To reduce economic inactivity by 1.2% in North East and North Cumbria, totalling 2,000 people by April 2026.
- To build the evidence base that targeted action to better prevent, treat and manage the health conditions most associated with economic inactivity (mental health, musculoskeletal and cardiovascular disease) will drive and maintain economic growth.
- To establish in 2025-26 sustainable long-term governance arrangements for joint decision making locally, including with MCAs. These structures must not only support a joined-up offer on work, health and skills, but must also provide the infrastructure for

longer term system transformation that can help deliver the shift to prevention at local system and place level.

Programme Governance and Partnership Arrangements

6.3 The charts below illustrate our internal ICB governance and wider partnership arrangements, based on programme level coordination and multi-sectoral participation. This has allowed for agile decision-making and strengthened system leadership to ensure coordination with the MCA-led Connect to Work and Trailblazer programmes.





6.4 Each MCA is responsible for developing local 'Get Britain Working Plans', with ICB and DWP input and approval. These are attached as appendices to this report and set out how these plans have been developed with the ICB and other local partners, so that our respective programmes complement each other. In general terms, our Accelerator

programme is focused on providing support for those individuals who are in work but struggling due to their health needs, whilst the Connect to Work and Trailblazer programmes have a greater emphasis on supporting those who are already out of work back into employment.

6.5 We are also working closely with colleagues in Cumberland Council and Westmorland and Furness Council on the development of Get Britain Working plans for North Cumbria, and will establish similar partnership arrangements with the proposed Cumbria Mayoral Combined Authority when it is established.

North East and North Cumbria Health and Growth Accelerator Programme Overview

6.6 Our Health and Growth Accelerator programme has been built upon three key pillars:

7. Pillar 1: Person-centred early identification and prevention - WorkWell

7.1 Our priority is to identify those local people at greatest risk of economic inactivity and get them the holistic 'Work and Health Coach' support that they need as soon as possible. Our 'WorkWell' model has been heavily influenced by DWP's existing Patient Advisor Service (PAS) which has been running out of GP practices in County Durham and Tees Valley (and parts of Northumberland) for over 17 years, and has proven to be highly effective in meeting the complex 'bio-psychosocial' needs of those at risk of going off work, or those who have recently become unemployed. The PAS service has strong evidence base and has been independently evaluated to show that it has supported one in three clients - whose health impacts their ability to work - to remain in or return to the workplace.

7.2 Our WorkWell Advisors will provide tailored support to help patients remain in work, ensuring their most pressing health and wellbeing needs are prioritised, recognising the dynamic interplay between biological, psychological, and social factors in influencing health and wellbeing.

7.3 These Advisors will manage the first contact with each patient and then become their case manager, focusing on building trusting relationships with patients to support their journey – informed by behavioural insights on sustaining engagement. They would then work to understand the patient's bio-psychosocial needs and develop a plan to meet them, which would include helping the patient to access support from a menu of interventions, including:

- Health and lifestyle advice, especially targeted on obesity, tobacco and alcohol
- Benefits and debt advice (as in-work poverty is a major cause of stress and anxiety)
- Employer liaison if workplace adjustments would help the patient to stay in work
- Alternative job search if their current workplace is not conducive to their health
- Innovative digital therapeutics
- Existing local social prescribing schemes
- Prehabilitation support for patients awaiting surgery (the Waiting Well programme)
- Enhanced access to targeted physical and mental health therapies

Enhanced Access

7.4 Given that the ICB has received a package of funding with the explicit objective of reducing health-related economic inactivity, we recommend that the board supports a policy of 'enhanced access' for our target cohort to a range of targeted clinical services that we estimate will have significant impact on meeting their health needs which could otherwise deteriorate to such an extent that they become economically inactive. The recommendation agreed by the Work and Health Oversight Group was that this approach is justifiable because only those patients agreeing to accept the support of a WorkWell Advisor will be offered enhanced access to the additional clinical capacity which will be specifically commissioned with Accelerator funding to meet the needs of this target cohort.

7.5 The Accelerator Programme's target cohort will not have enhanced access to routine NHS care – although, we expect that the extra clinical capacity we are commissioning for our target cohort will have a generally positive impact by relieving pressure on other core waiting lists. The additional services commissioned through the programme are summarised below:

Intervention	Description
GP referral incentivisation scheme	A local enhanced service to support cohort identification and referral. This has two parts: • A retrospective search run by individual GP practices. • Prospective referral via consultations
Local Delivery Team Interventions	A range of interventions including: • Personal Health Budgets • VCSE Microgrants • Local Health and Well-Being services • Additional commissioned mental health and MSK capacity • Employment Advisors in MSK Pathways
Waiting Well Programme (now focused on Working Age adults)	The Waiting Well Programme (WWP) utilises a population health management approach to identify vulnerable patient groups on clinical waiting lists and providing them with targeted prioritised support. There are four stages to model delivery: • Risk stratification and segmentation to identify patients most at risk of poorest outcomes using a smart RAIDR dashboard. • Assertive outreach to support equity of outcome and not just equity of access. • Personalised care assessment to develop tailored plans for individuals. • A tiered support package agreed with patients, based on individual needs and goals. This support is now being targeted on working age adults who may be struggling to stay in work due to their health needs.
Digital Therapeutics and Innovations	**Digital Innovations and Technologies commissioned to date include:** **Dr. Julian** is an innovative mental health platform that aims to improve access to mental healthcare. It connects patients with therapists through secure video, audio, or text appointments, offering a digital alternative to traditional in-person therapy. The

	platform is integrated with the NHS Improving Access to Psychological Therapies (IAPT) services and offers features like self-help tools and resources. www.dr-julian.com **Sword Health – Thrive** is a digital physical therapy solution. Thrive pairs Doctors of Physical Therapy with Phoenix, our AI Care Specialist, to offer members a personalized experience with real-time feedback, as effective as in-person PT—from the comfort and convenience of home. Thrive helps members feel better and avoid surgery and ER visits, drastically reducing healthcare costs. https://swordhealth.com/ **XR Therapeutics -** offers award winning therapy treatments that combine immersive therapy experiences with evidence-based techniques. www.xrtherapeutics.co.uk/ **Tellmi -** a British innovation which is successfully addressing the mental health crisis and tackling health inequalities for young people. It is a safe, anonymous app where you can talk about absolutely anything. From anxiety to autism, dating to depression, or self-harm to self-esteem, sharing your experiences with our awesome community helps you to feel better. Our moderators check everything to keep you safe, and our in-house counsellors are always on hand if you need extra support. https://www.tellmi.help/what-is-tellmi
Intermediate MSK Pathway (reducing secondary care referrals)	Implementation of a Single Point of Access for Spinal Services. This will make the make access to spinal services more efficient, ensuring those in greatest need get the help they need more quickly, by directing referrals from GPs and First Contact Practitioners (FCPs) through their local iMSK services for assessment and imaging as required, rather than directly to neuro and orthopaedic spinal surgeons
Chronic Pain Pathway	Combined Psychological and Physiotherapy Programmes (CPPP) support those living with pain and improve recovery. Access and provision of services are currently varied across the system. The high intensity CPPP is an intense 100 hours' programme that includes components of physical activity, education, and cognitive behavioural therapy (CBT). The CPPP is offered to those patients who have failed to improve sufficiently through the pathway and before they can be considered for surgery. The low intensity CPP aims to try and bring together some of the key psychological factors known to influence lower back pain recovery and try and address these in combination with promoting physical activity and exercise.
Proactive waiting - obesity	Contact and triage to assess, collect baseline data and offered opt in to a proactive waiting scheme. Benefits of providing this include

	reduced sickness absence over 12-to-24-month period and BMI, reduce number of patients waiting and improvements in self-esteem.
Women's Health	The delivery of additional clinics using a "one-stop-shop" model across NENC's Foundation Trusts to reduce the waiting times, improve patient experience, and generate valuable insights for future service planning as they transition from acute to community delivery. The model utilises the current workforce based at each Foundation Trust to do additional clinics out of standard working hours which are often more accessible for working age women.
Targeted Interventions for NHS and Social Care Staff	
Staff Mental Health and Wellbeing Hub expansion	This service operates a 'nip it in the bud' model, offering rapid access to mental health support for the health and care workforce of the North East and North Cumbria. The hub provides an established regional 'front-door' for the health and care workforce to self-refer or be referred from any source and offers comprehensive assessments conducted within 7-10 days and up to 3 additional brief support sessions provided without wait times. This ensures timely interventions to help staff stay at work or return to work quickly.
Smoking Cessation	Procuring additional licences via the Smoke Free app company to provide regional universal digital behavioural support provision for health & social Care staff in NENC. The regional Smoke Free app provision will incorporate an offer of nicotine vapes for those engaged with support and who set a quit date as part of the regional Swap to Stop provision. The Smoke Free app will provide information and direct support to referral into community Stop Smoking Services across the NENC as required.
Alcohol Harm	Drinkcoach offer to staff in NENC - to enable access to support for all staff who have risky alcohol use. Provided by Way Through (previously operating as Humankind), a national charity providing confidential support for mental health, drugs, alcohol or related challenges. The service includes an evidence based online alcohol test, online advice, access to 1:1 extended brief interventions with a trained professional, and onward supported referral into alcohol treatment if required.

7.6 Justifying non-clinical prioritisation of patients on a waiting list can be ethically and practically defensible under certain circumstances—especially when aiming for fairness, social benefit, or system efficiency. These justifications can be grouped under the following headings:

- **Ethical Principles**
  If treatment enables a person to return to a critical role in society (e.g. a primary caregiver or essential worker), prioritising them can create wider societal benefit. This is sometimes known as a utilitarian justification, where benefits are maximised across a population, and is applicable to those patients who we are targeting to help them remain in work. Some patients may also face greater social, economic, or geographic barriers to care. Prioritising them helps correct systemic inequities. For example, a patient who lives in a rural area and must travel long distances may be prioritised to reduce the

hardship of repeat visits, or in the case of UK Veterans who are entitled to priority access to NHS care for conditions related to their time in the armed forces.

- **System-Level Efficiency**
  Delays in treating some patients may lead to worsening conditions, increasing overall system burden (e.g., emergency care or long-term disability). Prioritising such cases, even if not the most clinically urgent in the short term, improves resource use and reduces future healthcare costs. Furthermore, some patients could be prioritised because they are more likely to attend, respond well, or require fewer resources, thereby increasing overall system efficiency by maximising throughput.

- **Patient-Centred Considerations**
  Long waits can have severe mental health impacts, even if the physical condition is stable. Prioritisation can be ethically justifiable where the psychological burden is significant and may increase the likelihood of that patient becoming economically inactive. Similarly, timing may be critical for personal reasons (e.g., employment, family responsibilities, bereavement), even if the clinical condition allows a longer wait.

7.7 In summary, non-clinical prioritisation (in this case based on the risks of becomingly inactive due to unmet health needs) can be ethically justifiable when it:

- Promotes equity
- Improves system efficiency
- Reduces long-term harm
- Is applied transparently and fairly

There are several high-quality academic references supporting ethical, efficient, and equitable non-clinical prioritisation for patients on waiting lists (see endnote).[i]

Cohort Identification

7.8 To identify our target cohort, we will incentivise GPs through a Local Enhanced Service (LES) approach to identify eligible patients and then referring them into local WorkWell services to be matched to an Advisor.

7.9 Our target cohort will be focused on working age adults who have received at least 2 fit-notes within the last 6 months (or, in a minority of cases, those who have become recently unemployed), and of those, extra weighting will be applied to those with MSK and Mental Health issues as evidence shows that these are the main drivers of economic inactivity.

7.10 We have commissioned the Clinical Digital Resource Collaborative (CDRC) and PRIMIS for North Cumbria to put a standard clinical search onto our GP practice systems, EMIS and SystmOne. This will allow GPs to proactively identify the patients whom the GP feels could benefit from an early intervention that would support them to stay in work or return to work.

Local mobilisation

7.11 Our six ICB Locality teams have each received a financial allocation to project manage the Accelerator Programme locally, including developing local hubs to manage referrals from GPs, coordinate multi-disciplinary teams and commission additional health and wellbeing interventions from local providers. These local hubs are being coordinated with our Combined and Local Authority teams who are simultaneously developing Connect to Work and Trailblazer initiatives, supporting those local people who are already out of work back into employment.

7.12 Given that we only have funding confirmed for one year we are working with our LDTs to ensure that we can rapidly mobilise these Work and Health coach services by partnering with existing providers and commissioning services via service variation wherever possible. The DWP Patient Advisor Service have provided us with model job descriptions for their PAS workers, and they have agreed to share learning with all our LDT teams on the PAS model.

8. Pillar 2: Supporting the Health and Care Workforce

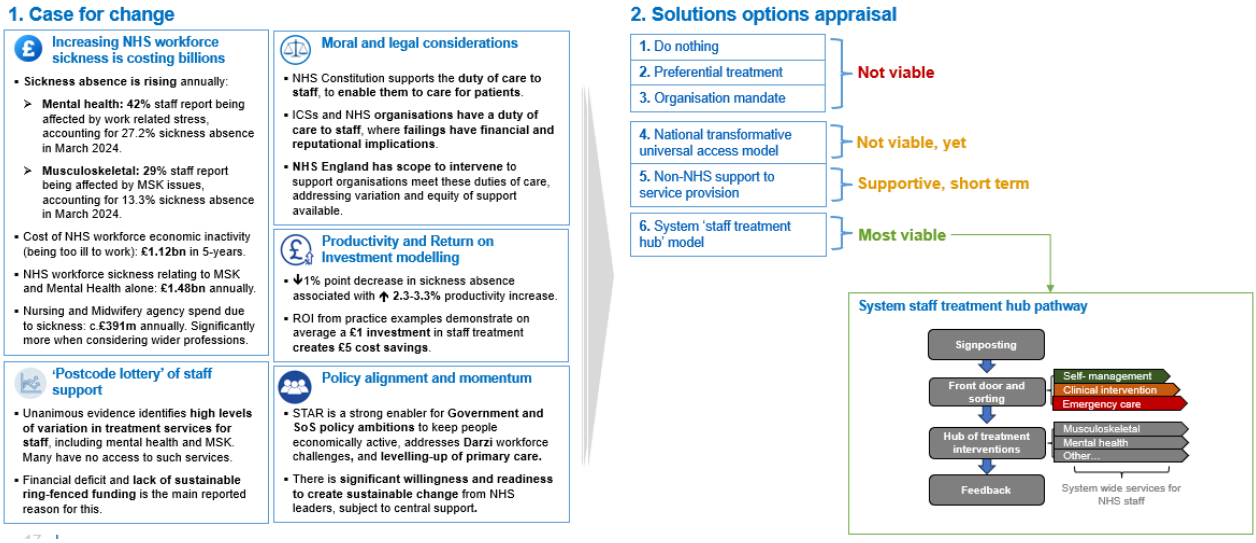
8.1 Around 10 percent of the working age population of the North East and North Cumbria work in the health and care sector. Therefore, supporting more of this health and care workforce to remain at work will make a major difference to our overall target. We know from NHS England's 2024 'Staff Access Treatment Review' (STAR) that providing rapid access to treatment for common short-term acute conditions for NHS staff will improve their wellbeing and productivity as well as demonstrating a clear financial return on investment in delivering quality and safe patient care, and avoiding the costs associated with staff absence.

8.2 Estimates in the STAR review showed that in the North East and North Cumbria we lose around 500 staff per year from the health and care workforce to economic inactivity due to unmet health needs. Therefore, we are working closely with local NHS employers on how best to support their staff who are either off long term sick or have a long-term condition that is causing them to have frequent sickness.

8.3 In doing so we are taking a similar early identification and prevention approach as in Pillar 1 to this challenge, given the persistently high rates of staff absence in our system. A key component of Pillar 2 is to expand access to the Staff Mental Health and Well-Being Hub which is provided by Cumbria, Northumberland and Tyne & Wear NHS Foundation Trust (CNTW). This service operates a 'nip it in the bud' model, offering rapid access to mental health support for the health and care workforce of the North East and North Cumbria.

8.4 The hub provides an established regional 'front-door' for the health and care workforce to self-refer or be referred from any source, and offers comprehensive assessments conducted within 7-10 days and up to 3 additional brief support sessions provided without long wait times. This ensures timely interventions to help staff stay at work or return to work quickly. This regional model of rapid, confidential access to skilled psychological support is unique in the North-East and was cited as best practice in the national STAR review, and 92% of the workforce who completed treatment with the Mental Health and Wellbeing Hub reported that timely support helped them either return to work or remain at work when they were on sick leave or at high risk of needing it.

8.5 We are now utilising Accelerator funding to sustain and expand the reach of the service from 800 NHS colleagues per year, to 2,400 ensure more consistent access for NHS staff across NENC ICB, including primary care. We are also working with regional HR Directors to consider how the service could be more sustainably funded beyond 2025-26 by becoming the basis of a single system-wide 'Staff Treatment Hub' (as recommended in the STAR review, below), and how the service could be made more accessible and affordable to regional colleagues in the social care and VCSE sector as well as the civil service.



9. Pillar 3: Promoting Good Work and Employer Liaison

9.1 The availability of Good Work in the North East is a key contributary factor in the health of our population. For example, we know that more work needs to be done to increase the proportion of local employers offering the Real Living Wage, and we assessing what influence we can have as an Accelerator system to make this happen.

9.2 As part of the Accelerator programme we are we are assessing how the NHS in the region bests supports local good employment frameworks, including the Better Health at Work Awards (BHAWA) scheme which supports workers with health issues and disabilities to maintain and progress their employment and develop healthier lifestyles.

9.3 This work should be seen in conjunction with the ICB's 'Neighbourhood Promise' framework, which aims to maximise the role of NHS anchor institutions in our region through concerted action on employment, education, environment, the economy and inequalities, and how this can make the greatest impact on raising overall economic activity levels across the North East and North Cumbria. We also remained committed to exploring how we support more local employers, especially Small and Medium Sized Enterprises (SMEs), to access occupational health advice for their employees. Some local NHS providers are interested in making NHS occupational health services available to local employers as part of their anchor institution commitments to the local economies in which they operate.

9.4 Given their track record on working with local businesses and helping NHS organisation take new products and services to market, we are now working with Health Innovation North East and North Cumbria (HINENC) – as well as local business representative bodies and the combined and local authorities – to arrange a series of design sprints to further develop these concepts.

10. Measuring Impact

10.1 The overall objective of our programme is to prevent the projected rise in economic inactivity in NENC by 1.2% (totalling 2,000 people) by April 2026. Measuring progress against this objective is complex, and relies assessing the health and wellbeing of patients on the programme as a proxy for their likelihood of remaining in (or returning to) work.

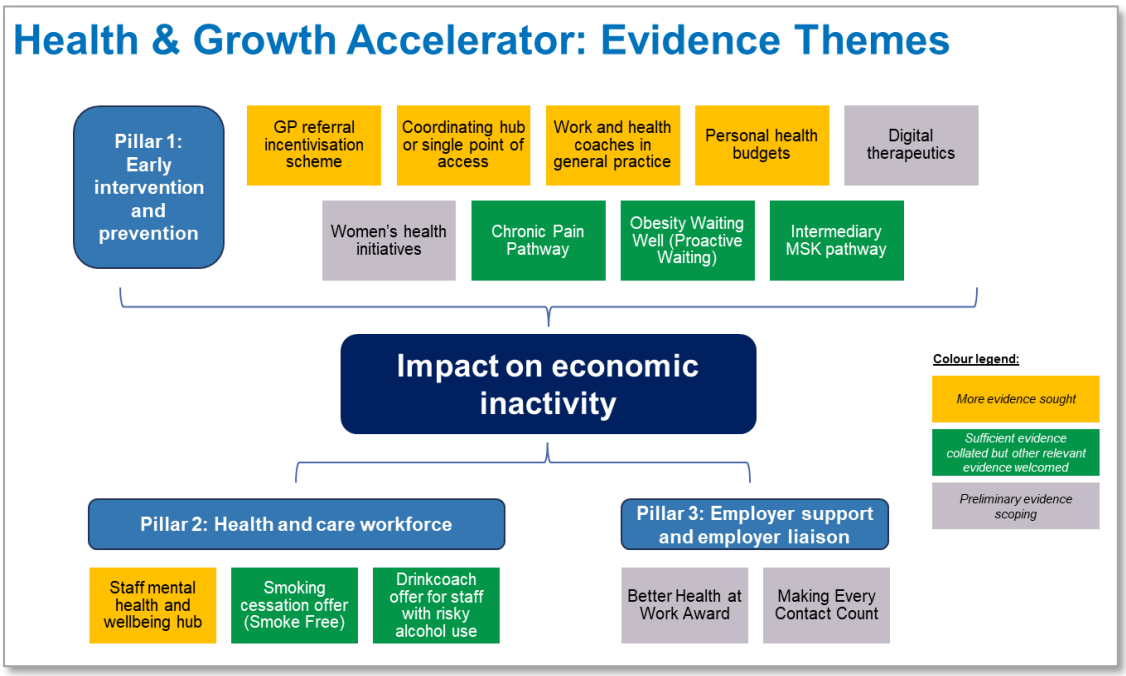
10.2 We have developed the following standardised metrics to capture progress:

- Key metrics
- Number of referrals
- Referral source

- Number of starts
- Number completing support package
- How many people have 'Declined and why'
- Numbers 'Kept well and in work' (12 Weeks post)
- Numbers 'Supported to return to work (short term)'

10.3 We are also utilising the 'EQ-5D' framework which is a standardized health-related quality of life questionnaire developed by the EuroQol Group that measures a person's health status across five domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression.

10.4 Alongside this we are also participating in a national evaluation of the overall Accelerator programme led by Manchester University, as well as detailed locally led work by the ICB's own research and evaluation team on all the components of our programme in NENC.



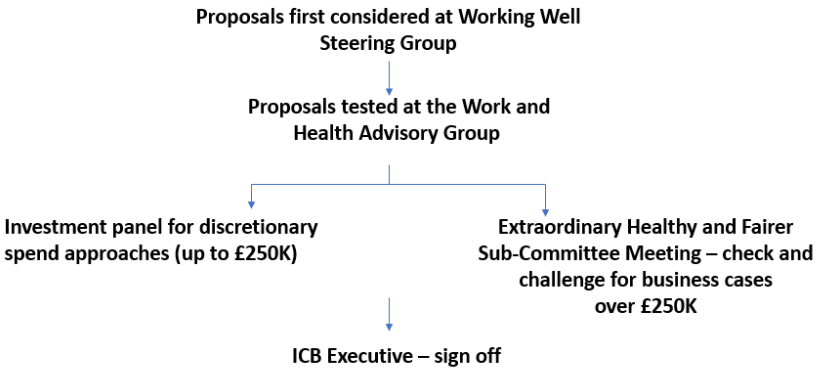
10.5 Given that the three Accelerator sites are mobilising their local services from September/October onwards, the national Joint Work and Health Unit is undertaking a rapid 'plausibility analysis' of the likely impact of the Accelerator programme to inform the proposals going forward into the Autumn Budget setting process in November.

11. Proposed investment

11.1 Given the timescales we have had to work to get our programme up and running we have had to act quickly to identify our investment priorities and mobilise new services in year. These priorities were based on the following principles:

- Impact on reducing economic inactivity
- Pace of mobilisation
- Exit Strategy
- Cost effectiveness
- Evidence base
- Impact on health inequalities

11.2 To ensure robust financial governance, the programme's investment priorities all went through a rigorous check and challenge process with executive team colleagues and key partners:



Following this exercise, an overall budget for the programme was approved by the ICB Executive Committee in June 2025.

11.3 As part of our MOU with NHS England we have been mandated to spend £1.46m of our overall funding package on commissioning innovative digital therapeutics. We have been supported to scope the market, assess submissions from potential providers and commission these services by Health Innovation North East (HINENC). The final suite of products and services will be announced following a due diligence process in late September.

11.4 In addition to our £19.46m Accelerator funding package, the North East and North Cumbria is also receiving £2m from DWP to cover the cost of Employment Advisors in Talking Therapies, which will make a major contribution to our work and health offer in 2025/26.

11.5 A summary of our proposed budget is set out below, showing an overall split of Accelerator investment in the programme of 82 per cent on interventions, and 18 per cent on enablers.

Interventions	Budget (£)
GP referral incentivisation scheme	1,000,000
Budget Allocations to Local Delivery Teams - Local project management and hub development - Local WorkWell Advisors - Other local health and wellbeing services	6,000,000
Waiting Well Programme (now focused on Working Age adults)	2,052,160
Digital Therapeutics (mandated spend by NHS England)	1,486,000
Intermediate MSK Pathway (reducing secondary care referrals)	800,000
Chronic Pain Pathway	482,000
Proactive waiting - obesity	300,000
Women's Health	435,314
Sub Total	12,573,474
Targeted Interventions for NHS and Social Care Staff	**Budget (£)**
Staff Mental Health and Wellbeing Hub expansion	1,423,909
Smoking Cessation	454,000
Alcohol Harm	20,000
Sub Total	1,897,909
Interventions Grand Total	14,471,383 (82%) of total

Enablers	Budget (£)
Cohort Identification and Monitoring	
Population Health Management support (NECS)	300,000

Clinical Digital Resource Collaborative (CDRC) – patient searches	232,000
Patient outcomes data capture	100,000
Local Evaluation	200,000
Service Development	
Service user involvement and co-production	75,000
VCSE engagement and mobilisation (VONNE)	156,000
Communications	250,000
Making Every Contact Count (MECC) expansion	263,250
Better Health at Work Awards	193,900
Scoping an NHS occupational health offer for local employers	100,000
Developing a volunteering support offer (Helpforce)	100,000
Programme Delivery	
Accelerator Programme Delivery Team	720,000
Project support for LDTs (6x B7 project officers)	420,000
HI NENC Digital Innovation and Technology Implementation	480,000
Grand Total	3,590,150 (18% of total)

12. Relevance of this work to the future Role of ICBs:

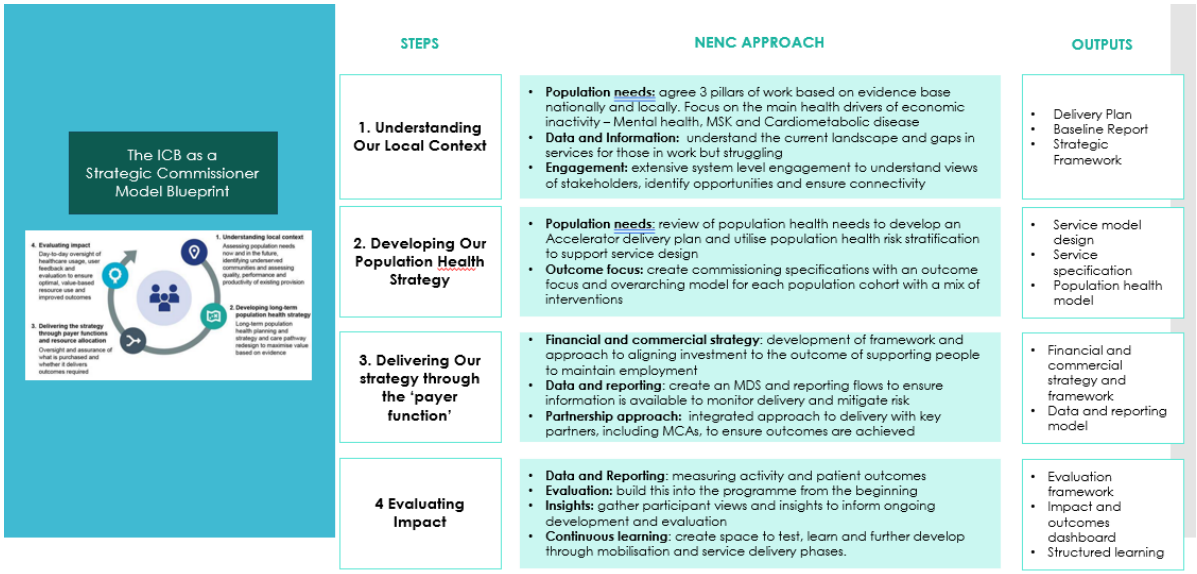
12.1 The intersection of work and health is a key area of policy focus for government, and securing Accelerator status has allowed the ICB to develop innovative local solutions and shape emerging national policy in this field. In the recent NHS Ten Year Plan, the government were clear that:

> *Our Health and Growth Accelerators are testing a novel approach where local NHS systems are supported to increase – and are held accountable for – the impact they have on people's work status. If those Accelerators are successful, we will expect all integrated care boards (ICBs) to establish specific and measurable outcome targets on their contribution to reducing economic inactivity and unemployment based on this model*

12.2 Therefore, the ICB's leadership as an Accelerator site presents an opportunity for health systems to think differently about how it meets this challenge, and with the uncertainty over future years funding for this programme, for us to think how we could mainstream the solutions we develop here in NENC to a policy area that continues to dominate the public policy landscape.

12.3 In the context of the development of the 10 Year Plan, our work on the Accelerator programme has also allowed to us to put the government's 'three big shifts' – sickness to prevention; hospital to community; analogue to digital – into action, by working with primary care to identify those at risk of economic inactivity and then referring this target cohort into local community based services for targeted support (including access to digital therapeutics).

12.4 The national Joint Work and Health team (spanning the Departments of Health and Social Care and DWP) have also made it clear that the Accelerator programme is not only an exemplar for the 'test and learn' approach that government is committed to, but has also helped to illustrate how the future 'strategic commissioning' role set out in the ICB Model Blueprint could work in practice.



12.5 Although the needs of our frail elderly population are rightly a key focus for the emerging models of Integrated Neighbourhood Health set out in the Ten Year Plan, the national team have also stressed the need to consider the needs of the working age population in how we design our neighbourhood health structures. We know that too many local people in regions like ours are becoming 'frail before they're elderly', and this is often driven by persistent health inequalities and prolonged periods of health-driven economic inactivity.

13. Recommendations

13.1 The Board is asked to:

- Review this overview of our Health and Growth Accelerator programme, budget and system leadership arrangements, and identify any gaps that need to be addressed.
- Consider what influence the ICB has to ensure that this important work continues to be funded by government beyond 2025-26
- Ensure that the important role of the NHS in tackling health-driven economic inactivity continues to shape the ICB's priorities and operating model.

Name of Author:
Dan Jackson, Director of Policy, Involvement and Stakeholder Affairs.

Name of Sponsoring Directors:
Dr Neil O'Brien, Chief Medical Officer
Claire Riley, Chief Corporate Services Officer

[i] 1. Targeting Patients from Deprived Areas Reduces Inequity
Gibbs et al. (2025) modelled elective surgery in England's NHS, comparing universal vs. deprived-area-targeted wait reductions. They found targeting deprived quintiles yields nearly identical total QALYs, but significantly less increase in health inequalities.

2. Using Social Vulnerability Indices (SVI) to Inform Policy
Mah et al. (2023) and Cutter et al. (2003) describe the construction and value of SVI in identifying social determinants impacting patients' ability to cope with health challenges. Studies in surgery (e.g. cholecystectomy and cardiac procedures) show high SVI correlates with emergency rather than elective care, indicating unmet need for vulnerable patients.

3. Frameworks for Equitable Resource Allocation
Keya et al. (2020) developed fair Cox models to prioritise Medicaid waiting lists based on need while avoiding bias from demographic or socioeconomic data. Broader reviews (e.g. Esnaashari et al. 2023) emphasise the need for algorithms in resource allocation to balance efficiency with ethical fairness.

4. Ethical, Economic & Legal Foundations
Clark et al. (2023) propose a priority-setting framework integrating economic ("opportunity cost"), ethical (justice), human rights (non-discrimination), and legal transparency to shape health and social care. BMJ analysis (2020) highlights that validating waiting lists clinically without addressing social barriers may exacerbate existing health inequalities in the NHS.

5. Deprivation Indices Inform Policy
UK deprivation indices (e.g. Townsend, Jarman, Index of Multiple Deprivation) are well-established and widely used to direct resources toward the neediest areas.