

# Inclusion health and work in North East and Yorkshire

Prepared by:

North East and Yorkshire Office for Health Improvement and Disparities (OHID)

Department for Health and Social Care (DHSC) and Department for Work and Pensions (DWP) Joint  
Work and Health Directorate

**October 2025**

## How to use this interactive document

This interactive document has features to help you access the information you need quickly and easily.

Use the tabs at the top of this page to go straight to the start of a different section (or just scroll through page by page).

Throughout the document there are hyperlinks to web addresses for additional information and resources.

## Purpose of this pack

This slide set has been developed by North East & Yorkshire (NEY) OHID team and DHSC/ DWP Joint Work and Health Directorate Regional Programme Advisor to support work around work and inclusion health across the NEY region.

It can be used/adapted to suit a range of audiences to be delivered by and for:

- Local Authority Public Health Work and Health leads, and Employment and Skills leads
- Job Centre Plus District Partnership Managers and their teams
- Local Authority and Integrated Care Board (ICB) Inclusion Health leads

*Caveat: this slide deck represents the most recent data from a number of sources to provide an overview- care needs to be taken with interpretation.*

**Work as a wider  
determinant of  
health**

Work and  
inclusion  
health

Work and health

Policy Context

DWP  
Structures

Case Studies

# **Work as a wider determinant of health**

## Health and work cycle



A healthy and happy workforce has synergistic benefits for:



workplaces



productivity



the economy

# Wider determinants of work and health



Being in good work is better for your health than being out of work.



‘Good work’ is defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development.



There is clear evidence that good work improves health and wellbeing across people’s lives, not only from an economic standpoint but also in terms of quality of life.



There is also evidence that shows that good quality work protects against social exclusion through the provision of:

income  
social interaction  
a core role  
identity and purpose

# Health and work

[Work and Health - eLearning for healthcare](#)

[2025 Healthcare Professionals' Consensus Statement for action on health and work - AOMRC](#)

[An NHS workforce, fit for the future](#)

[Promoting work as a health outcome: guidance for AHP leaders - GOV.UK](#)

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# Work and inclusion health

# Why focus on inclusion health and work?



Work is an evidenced **wider determinant of health**



**Opportunities - Government growth agenda focus on reducing economic inactivity**



**Increased cross sector working** at scale on this agenda leads us to build better relationships and understand each other's role



Across NEY, we wanted to **focus attention on supporting those who can be furthest away from the labour market and therefore reducing inequalities and preventing the widening of the inequality gap**



**Work underway** between JWHD, DWP, NHSE and NEY OHID (DHSC) at a regional level to address this

# What do we mean by inclusion health and why is intersectionality important?

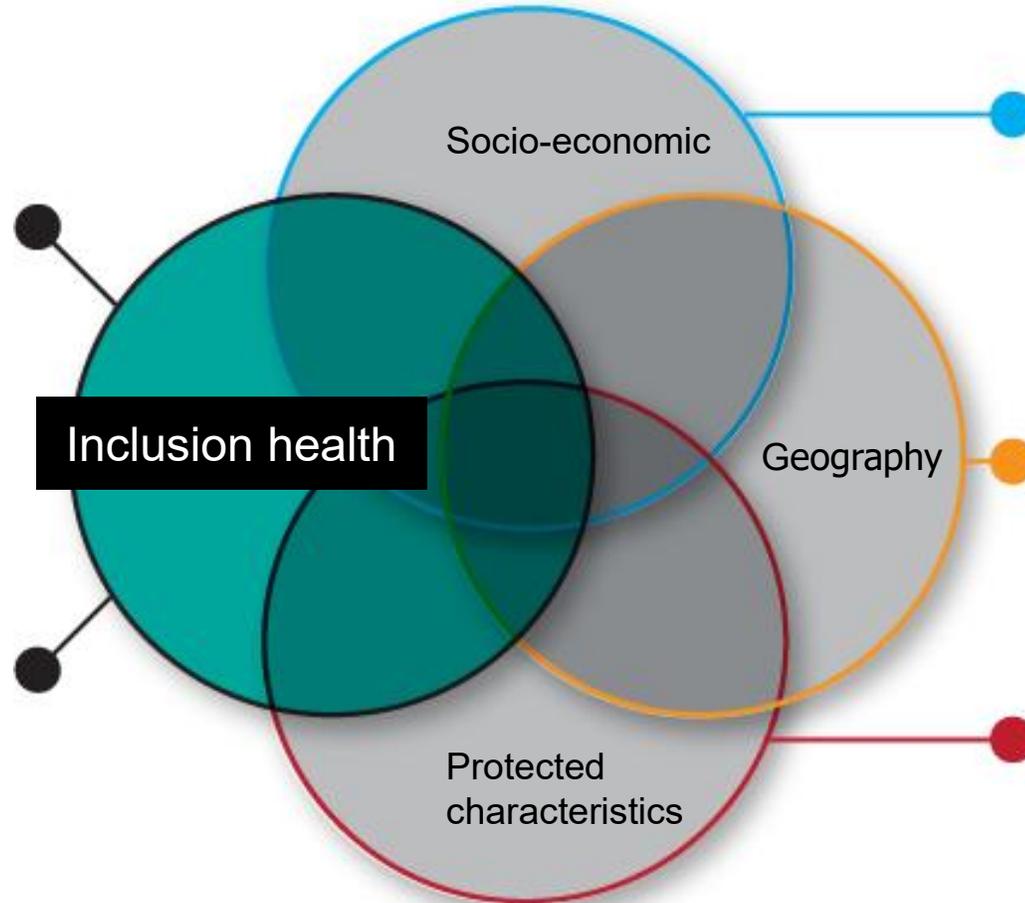
**Inclusion health** describes an approach to prevent and address extreme health inequities.

Populations are diverse but can share common experiences such as social exclusion, extremely poor health, and barriers in accessing services.

They are largely absent in electronic systems meaning their needs can be overlooked.

## Includes

- People experiencing homelessness
- Gypsy, Roma and Traveller communities
- Sex workers
- Migrants in vulnerable circumstances
- People subject to modern slavery
- People in contact with the justice system
- People experiencing drug and/or alcohol dependence
- Among others e.g. people with experience of the care system



**Impact of wider determinants** such as education, income, employment and housing

**Area you live:** Population composition, built and natural environment, levels of social connectedness, and features of specific geographies such as access to green spaces and transport

**Personal attributes:** Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation

The health inequalities experienced by belonging to one or more inclusion health group can be further exacerbated if individuals also experience other domains of inequality as described above



So, **inclusion health is about more than health inequalities**, these groups can have significantly worse health, quality of life and die earlier than the general population <sup>(1, 2, 3)</sup> inc. those living in the most deprived areas <sup>(4)</sup> . They are populations that experience multiple overlapping risk factors for poor health and whilst diverse, studies have shown these common characteristics can result in them experiencing the most extreme health inequities.



We know **factors that influence health relate to multiple conditions suggesting importance of whole systems approach**  
A job, safe place to live, social network and community links



Access to healthcare is important but also the **upstream work / wider determinants (like work!)**  
Wider than NHS - role of LA, CA, VCSEs, JCP, police, communities is key  
**Biggest impact – have everyone looking at the needs of these populations within existing work but to do this we need to be proportionate to need and develop bespoke approaches**

# Inclusion health data

- Data on health needs and outcomes for **inclusion health populations are not routinely available.**
- **Spotlight** provides data on public health outcomes for inclusion health groups, but this is mainly available at national level.
- Work is underway by health partners to bring together a **summary of publicly available data and intelligence** to support work on inclusion health at a local level.
- The following slides may help you to **consider some of the communities to focus on where there may be higher levels of economic inactivity.**
- To note, the **use of national datasets is limited and should be used in conjunction with local** which can provide a much richer source of information and can describe populations and their needs more effectively.



# People experiencing homelessness data: estimated people sleeping rough over the month

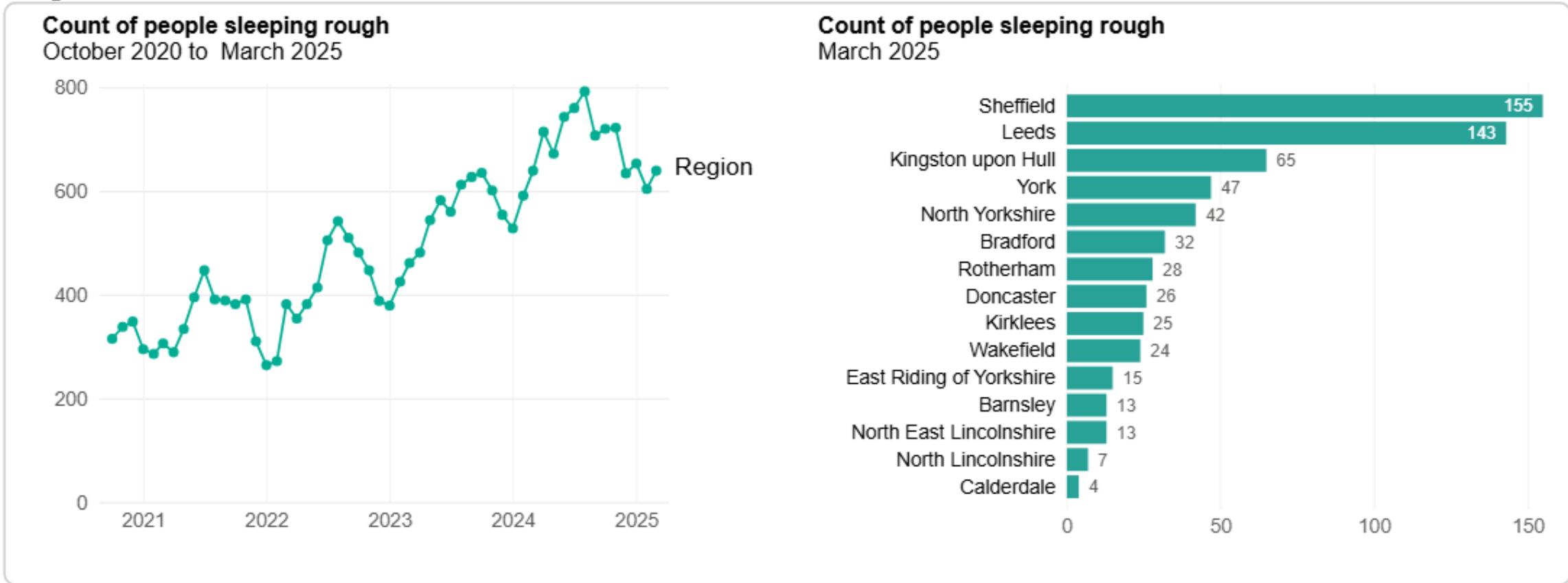
Yorkshire and the Humber ▼

Yorkshire and the Humber

Estimated numbers of people sleeping rough over the course of the month

Region and LTLA

Switch to rate



The number of people sleeping rough over the course of the month is an estimated figure based on outreach contacts.

The data shown in this slide is taken from publicly available sources. Please access the original source for the most up to date information.

Data source: [Rough Sleeping Data Framework, January to March 2025 - GOV.UK](#) (tables 1 and 2), MHCLG



# People experiencing homelessness data: estimated people sleeping rough over the month

Yorkshire and the Humber ▼

Yorkshire and the Humber

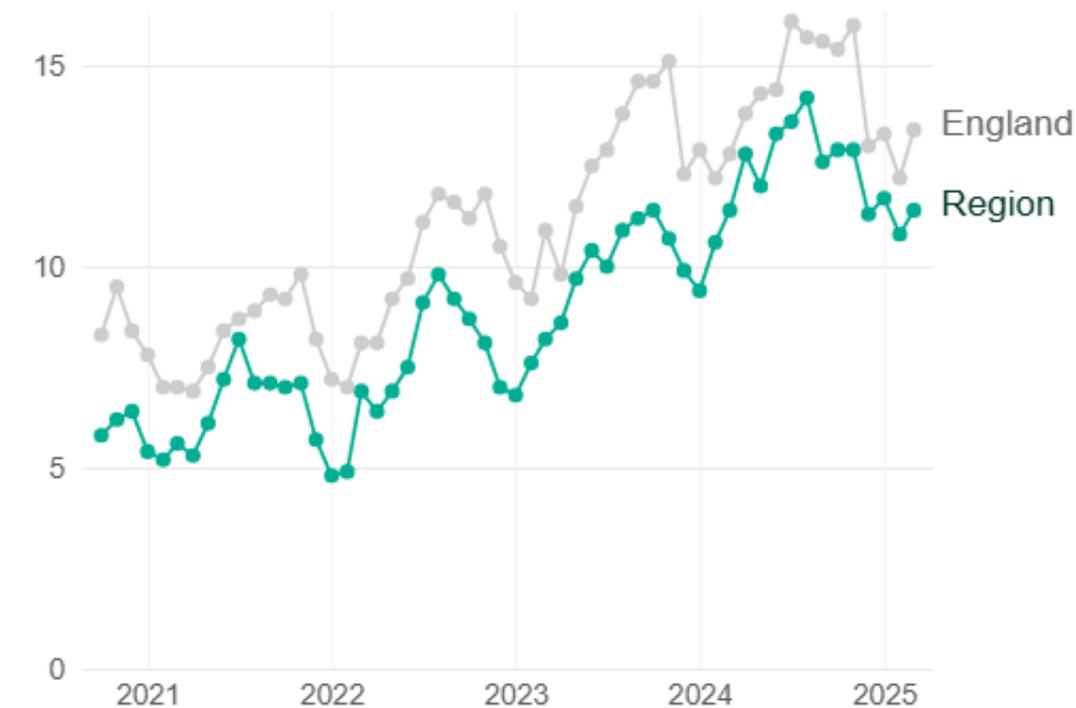
Estimated numbers of people sleeping rough over the course of the month

Region and LTLA

Switch to count

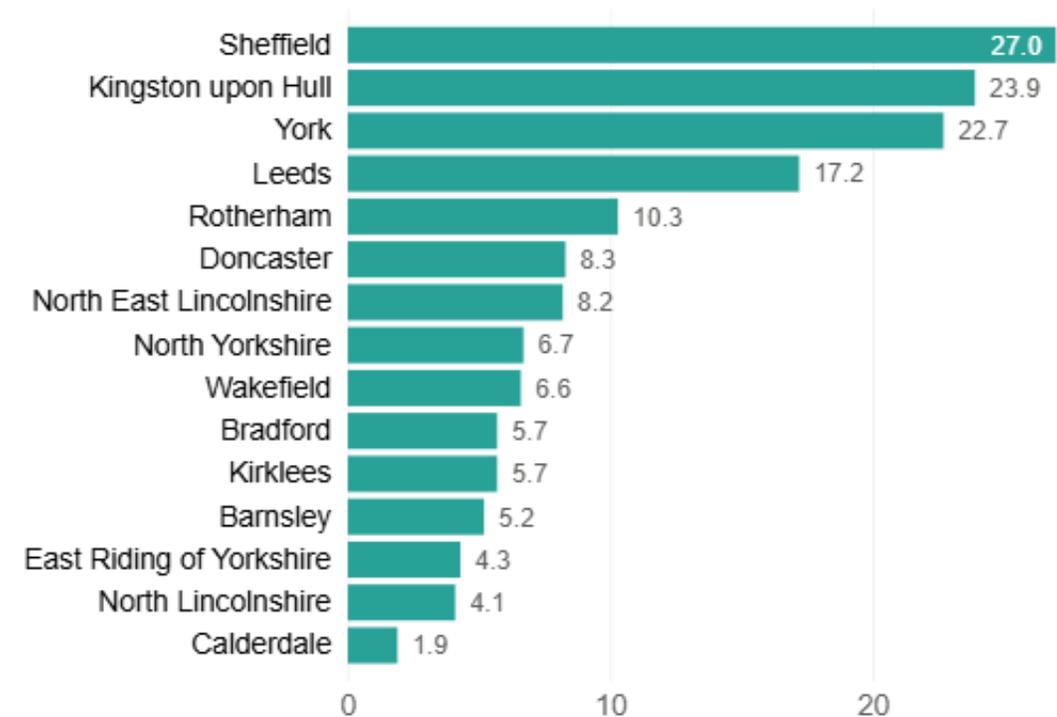
### Rate of people sleeping rough per 100,000 people

October 2020 to March 2025



### Rate of people sleeping rough per 100,000 people

March 2025



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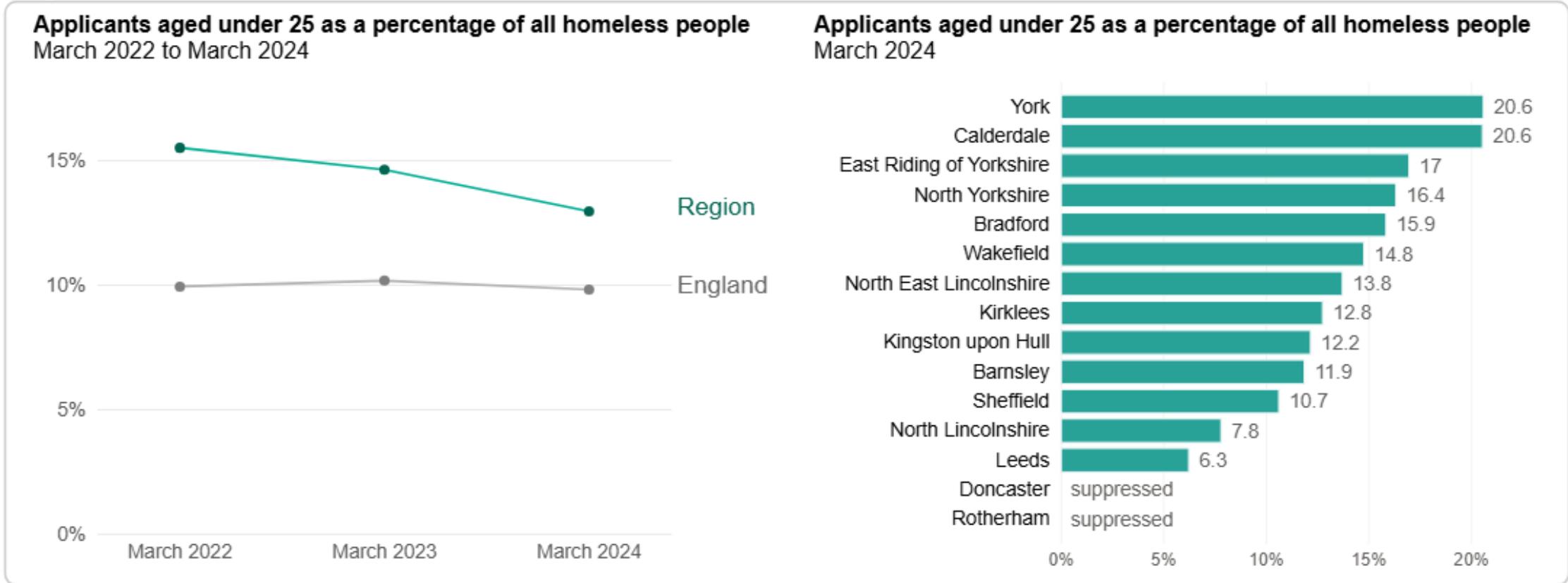
# People experiencing homelessness data: young people in temporary accommodation

Yorkshire and the Humber ▾

Yorkshire and the Humber

Households in temporary accommodation where the main applicants are aged under 25 - Region and LTLA

Switch to count



Households in temporary accommodation (TA) refer to households living in accommodation secured by a local housing authority under their statutory homelessness functions. Age breakdowns have been suppressed for local authorities with fewer than 5 households assessed as owed a duty. Temporary accommodation is a snapshot at the end of the quarter. It is not a cumulative total of all placements across a quarter.

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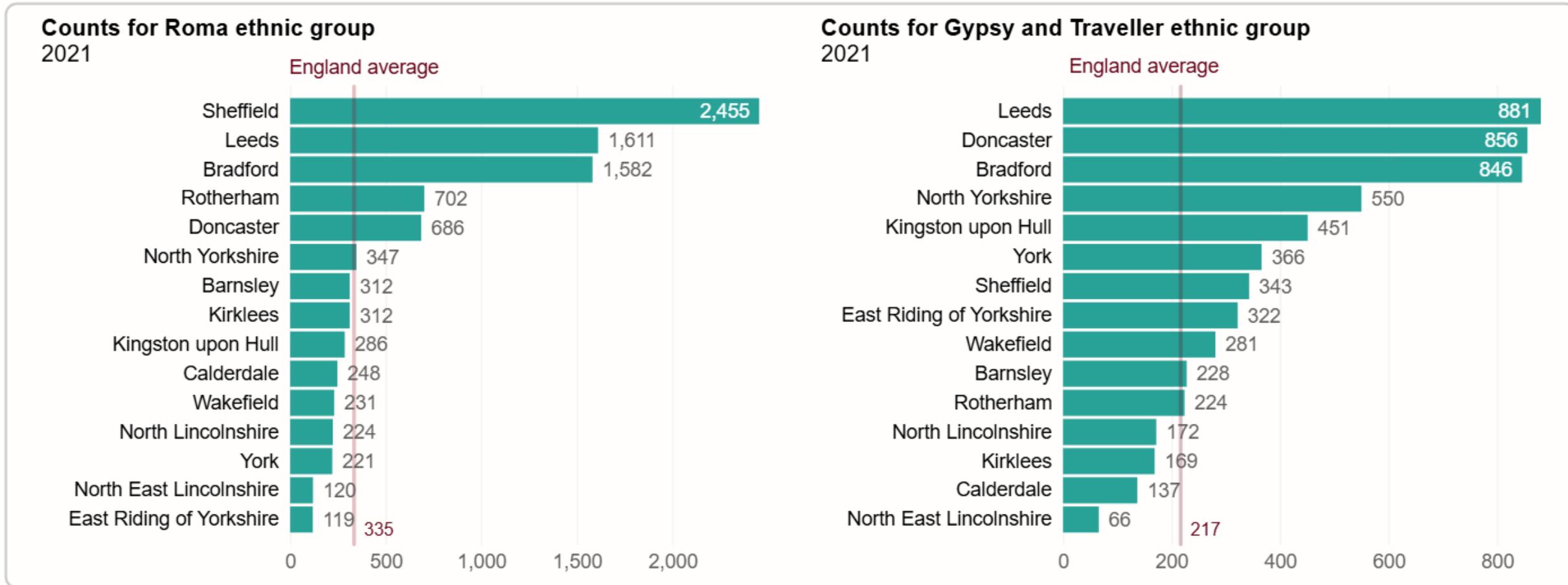
Source: [Statutory homelessness in England: financial year 2023-24 - GOV.UK](https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2023-24) Additional temporary accommodation breakdowns, age of main applicants in TA, MHCLG



## Yorkshire and the Humber

### Number of people classified to the ethnic groups Roma or Gypsy and Traveller from the 2021 census

Switch to age breakdown



Census 2021 estimates that classify usual residents in England and Wales by ethnic group. The estimates are as at Census Day, 21 March 2021.

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Source: [NOMIS census data 2021 \(ethnic group\)](#)

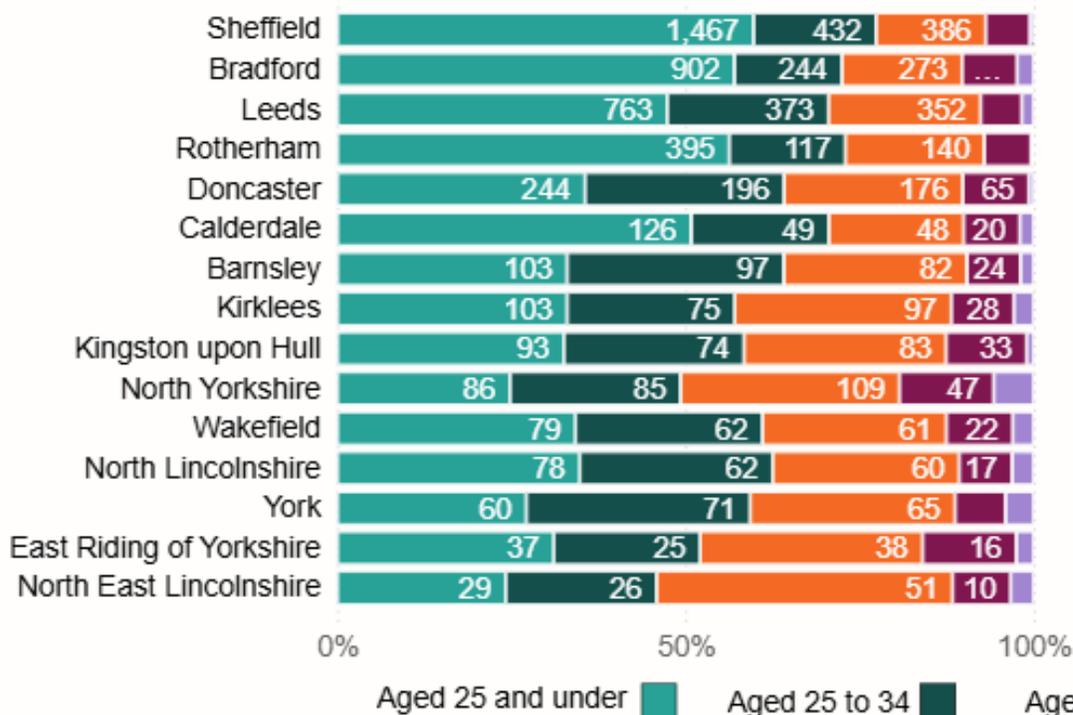


## Yorkshire and the Humber

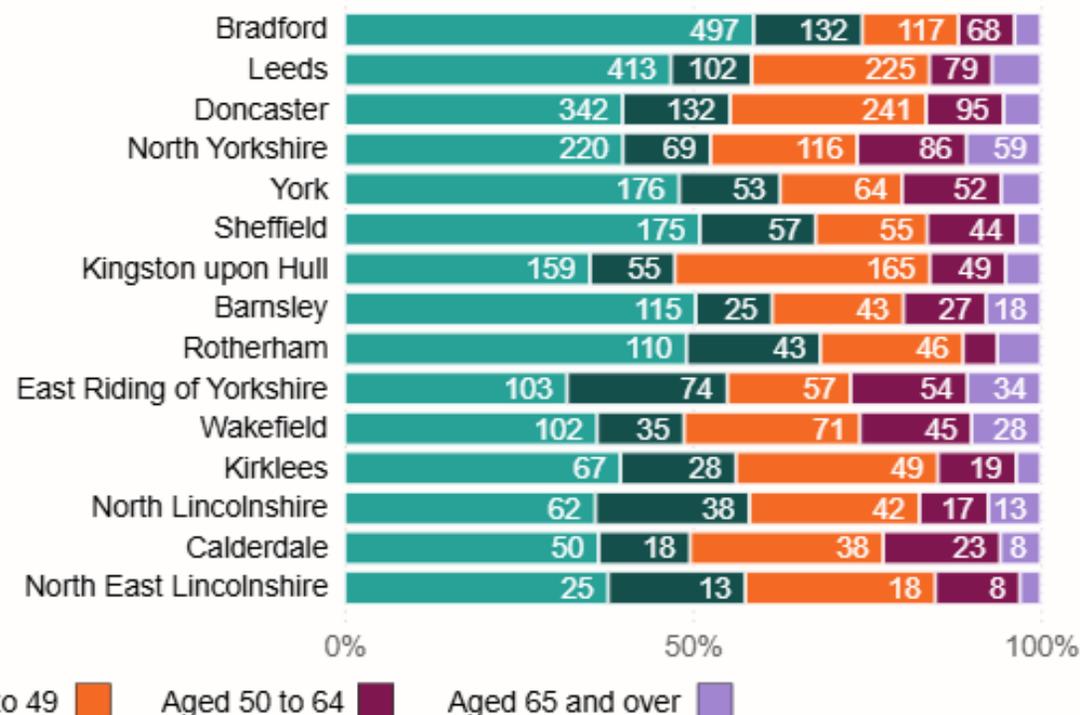
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Switch to count

#### Age breakdown for Roma ethnic group



#### Age breakdown for Gypsy and Traveller ethnic group



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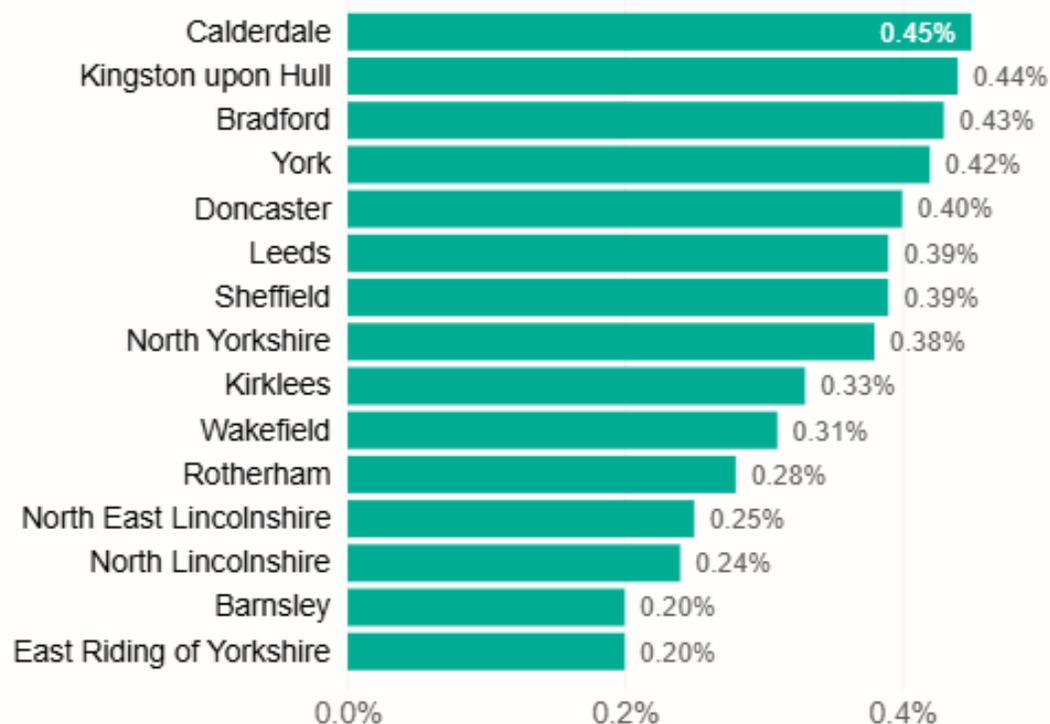
# Migrants in vulnerable circumstances data: Homes for Ukraine, Afghan resettlement and supported people seeking asylum

## Yorkshire and the Humber

Individuals on the Homes for Ukraine scheme, those under the Afghan resettlement Programme, and asylum seekers receiving support

### Individuals as a percentage of population

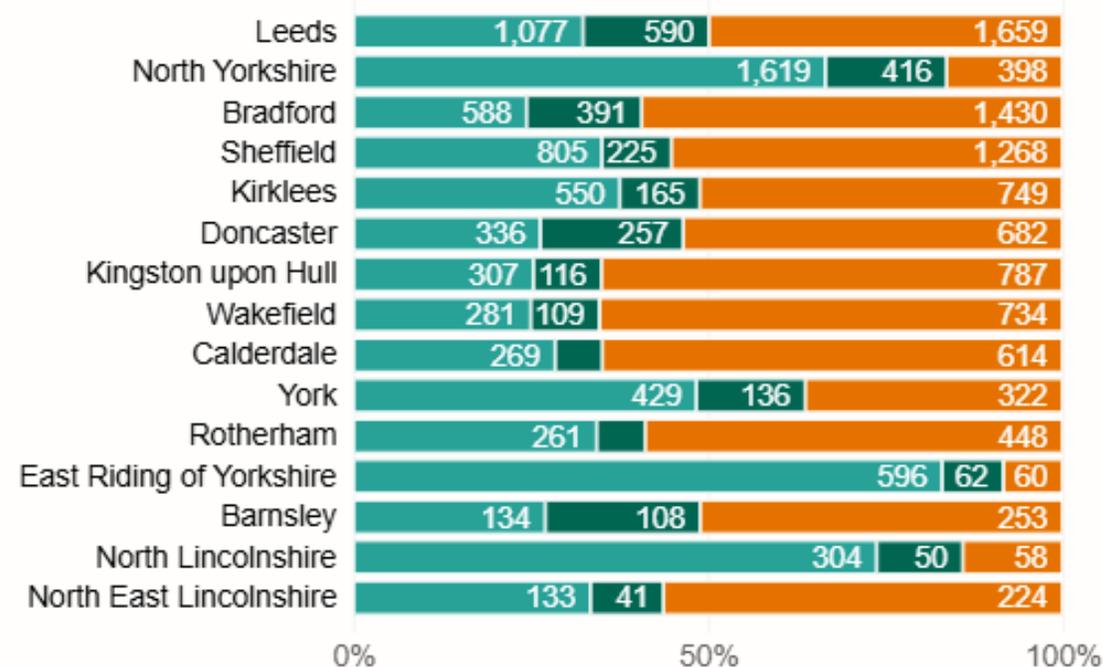
Year ending June 2025



### Breakdown of individuals by pathway

Year ending June 2025

● Homes for Ukraine ● Afghan Resettlement Programme ● Supported Asylum



Homes for Ukraine does not including super sponsors ([arrivals](#)).

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# People experiencing homelessness data: estimated people sleeping rough over the month

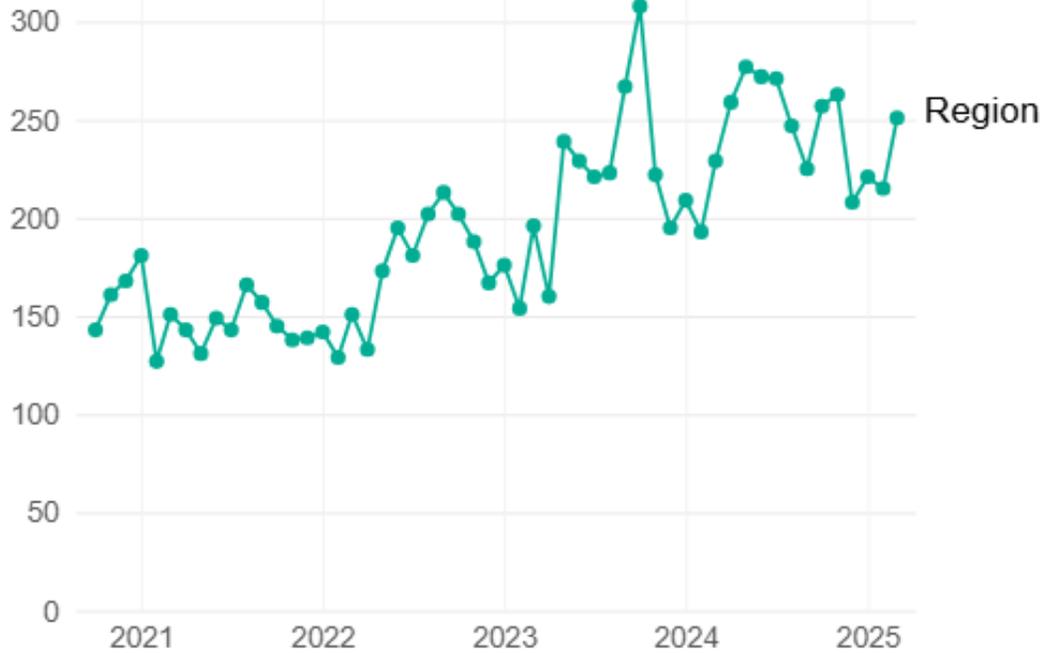
North East ▼

North East

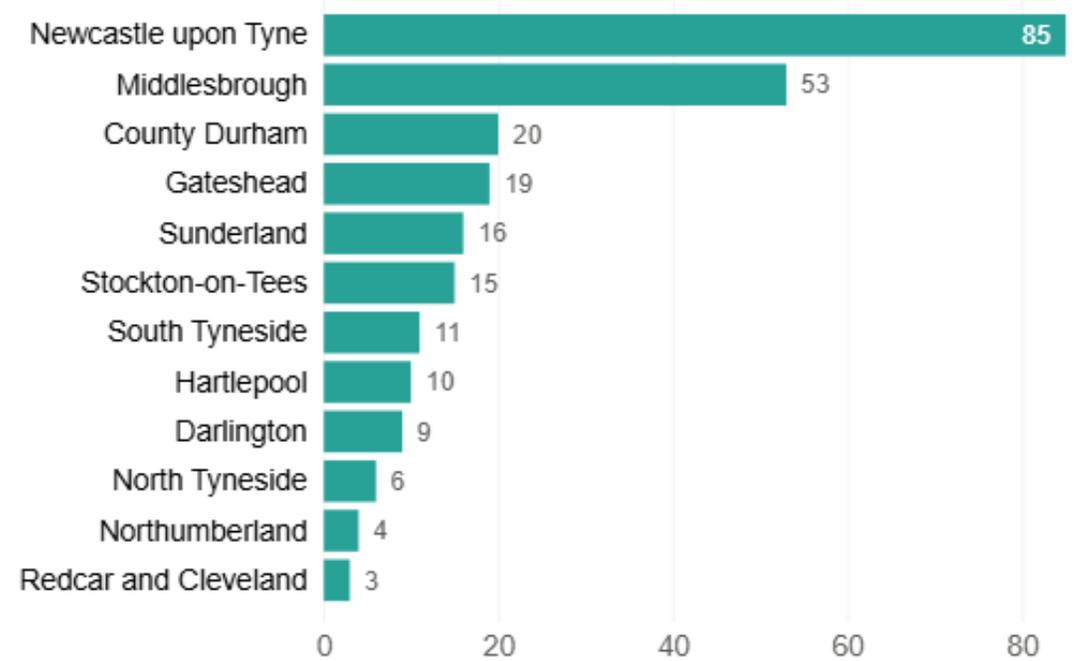
Estimated numbers of people sleeping rough over the course of the month  
Region and LTLA

Switch to rate

Count of people sleeping rough  
October 2020 to March 2025



Count of people sleeping rough  
March 2025



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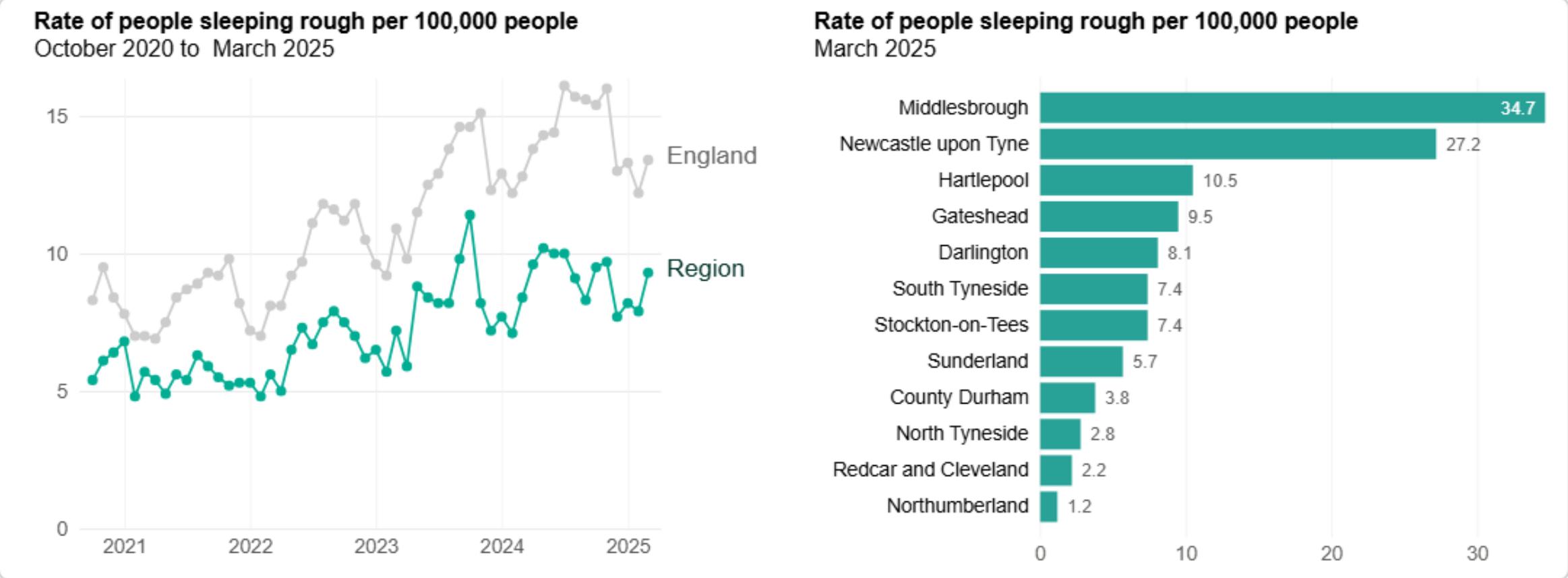
North East ▼

## North East

Estimated numbers of people sleeping rough over the course of the month

Switch to count

### Region and LTLA



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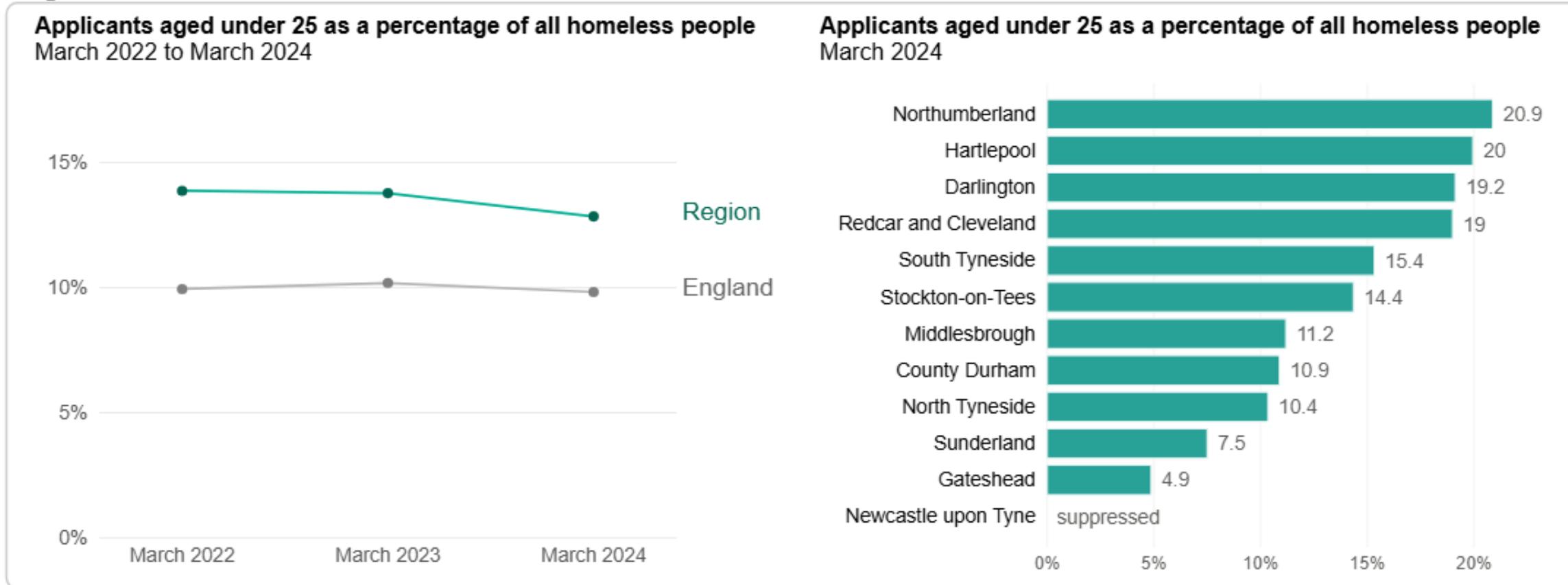
# People experiencing homelessness data: young people in temporary accommodation

North East ▼

## North East

### Households in temporary accommodation where the main applicants are aged under 25 - Region and LTLA

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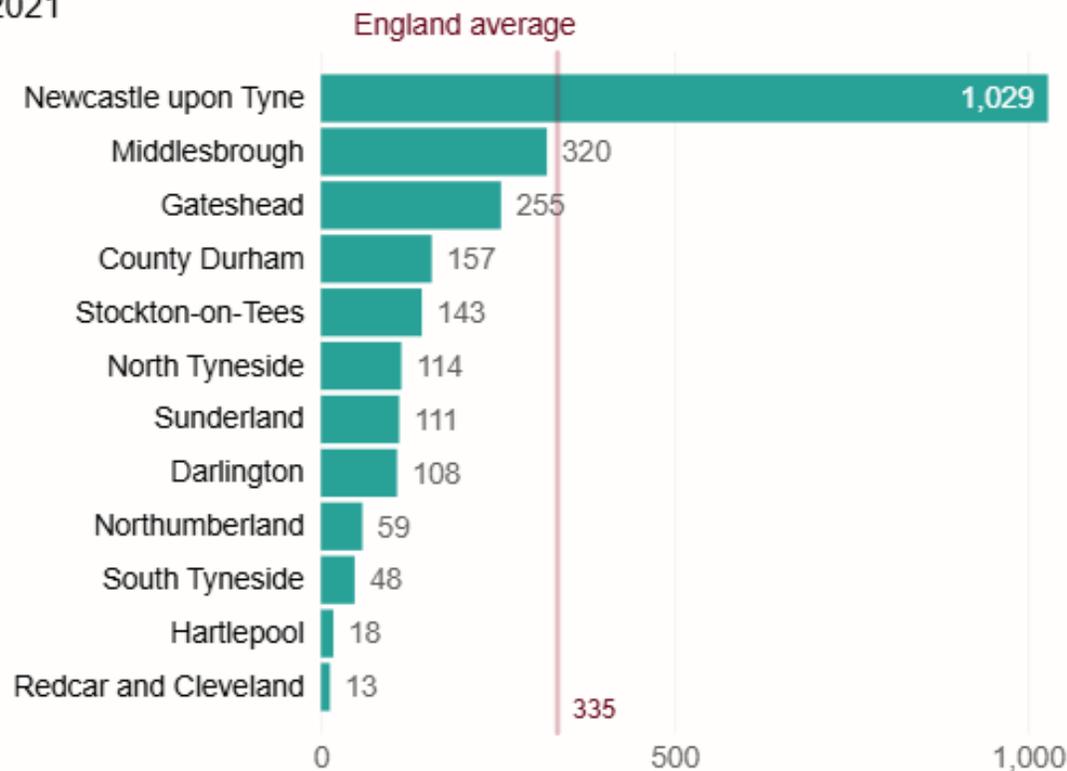
## North East

Number of people classified to the ethnic groups Roma or Gypsy and Traveller from the 2021 census

Switch to age breakdown

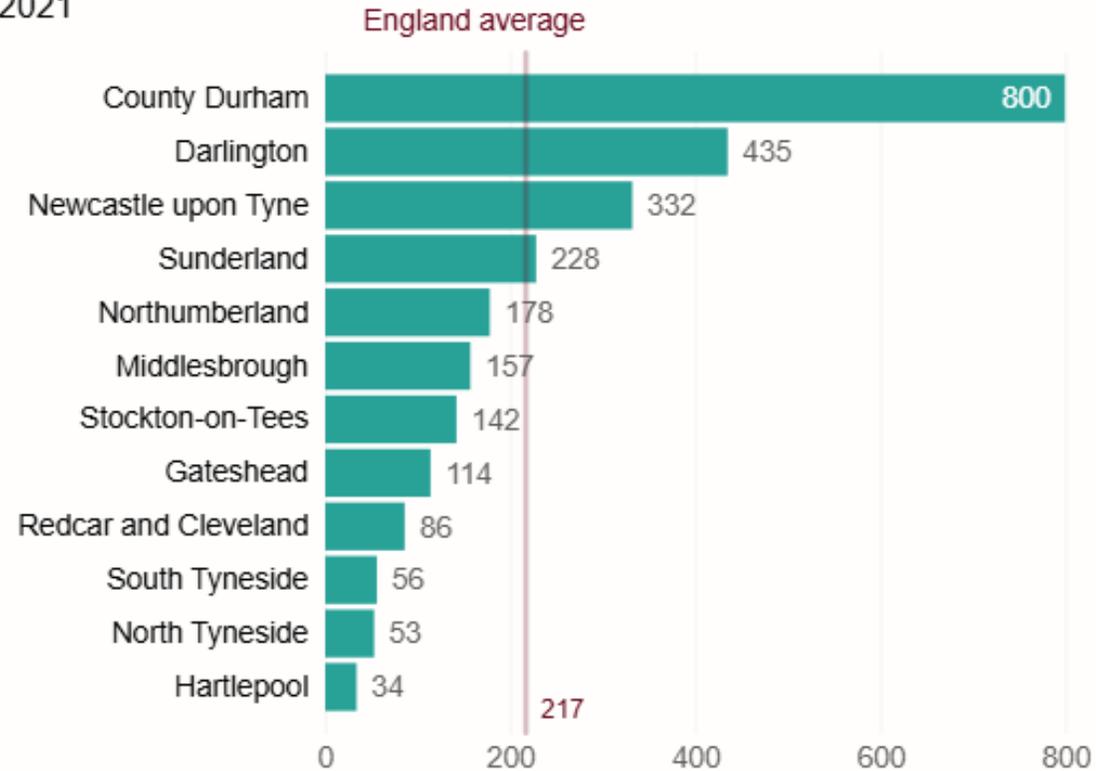
### Counts for Roma ethnic group

2021



### Counts for Gypsy and Traveller ethnic group

2021



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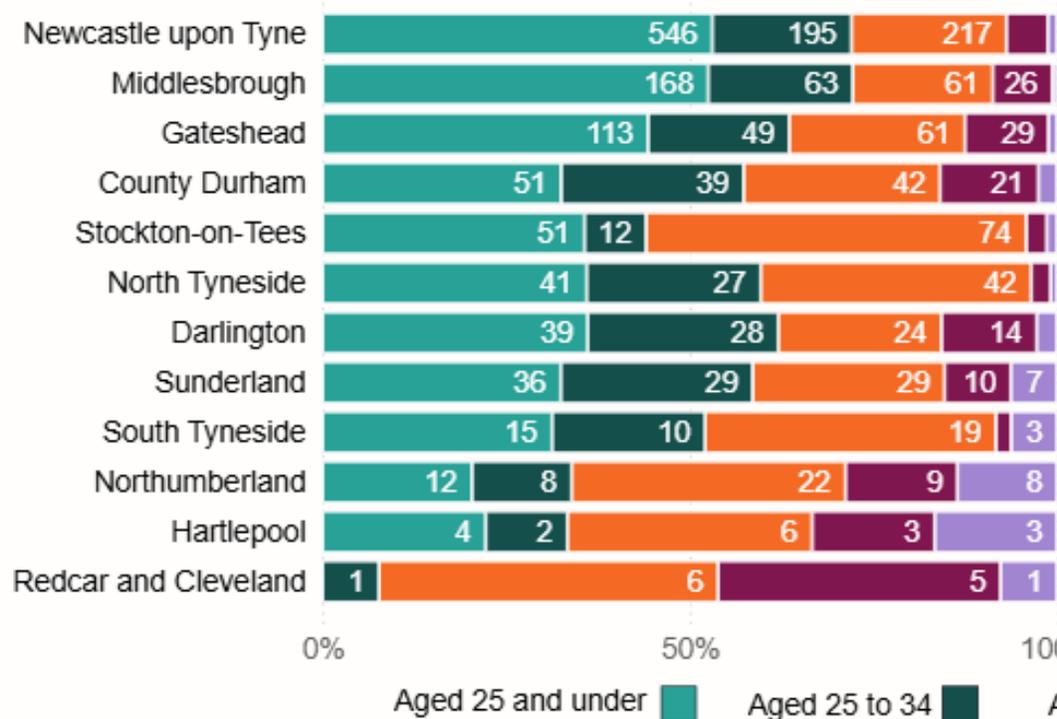


## North East

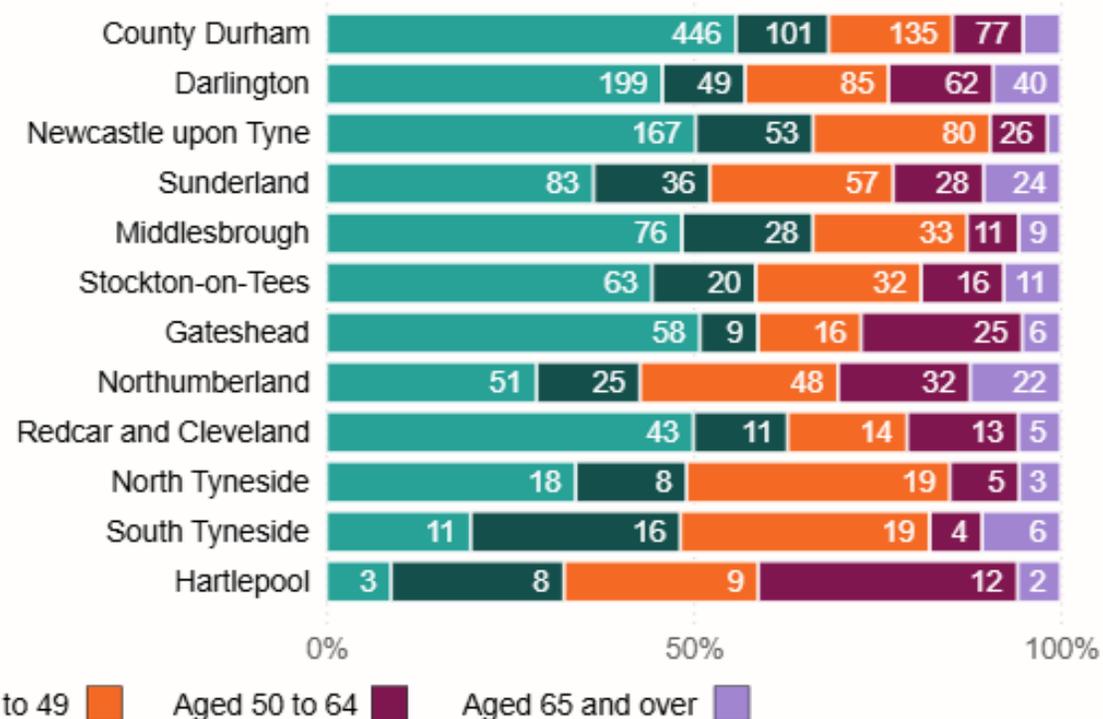
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Switch to count

### Age breakdown for Roma ethnic group



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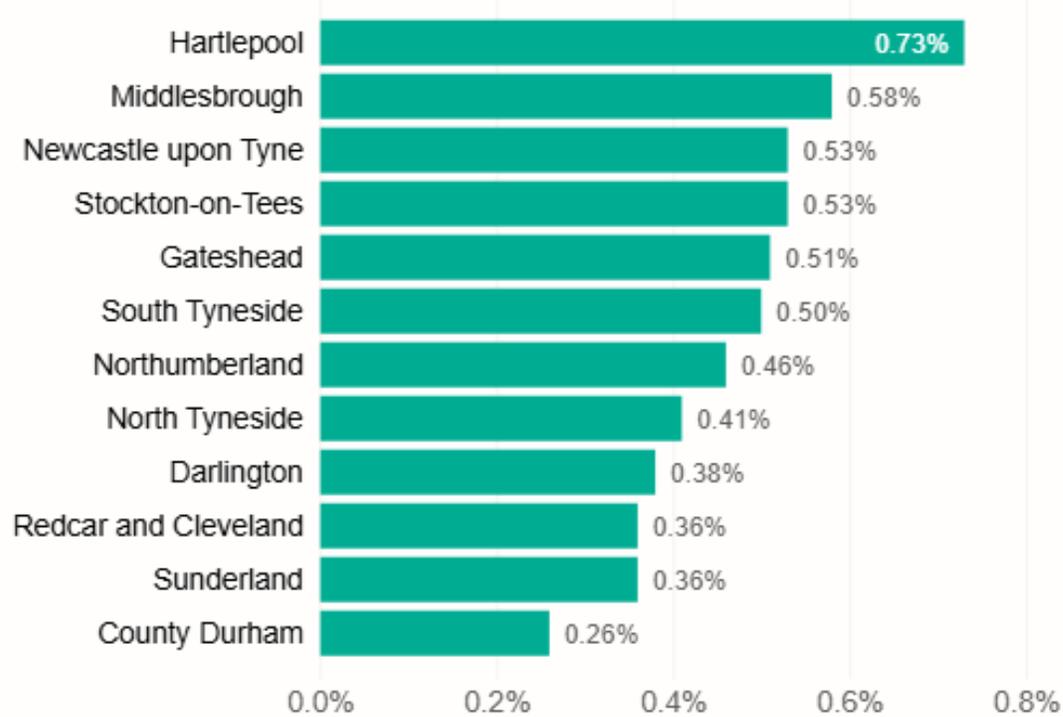
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North East

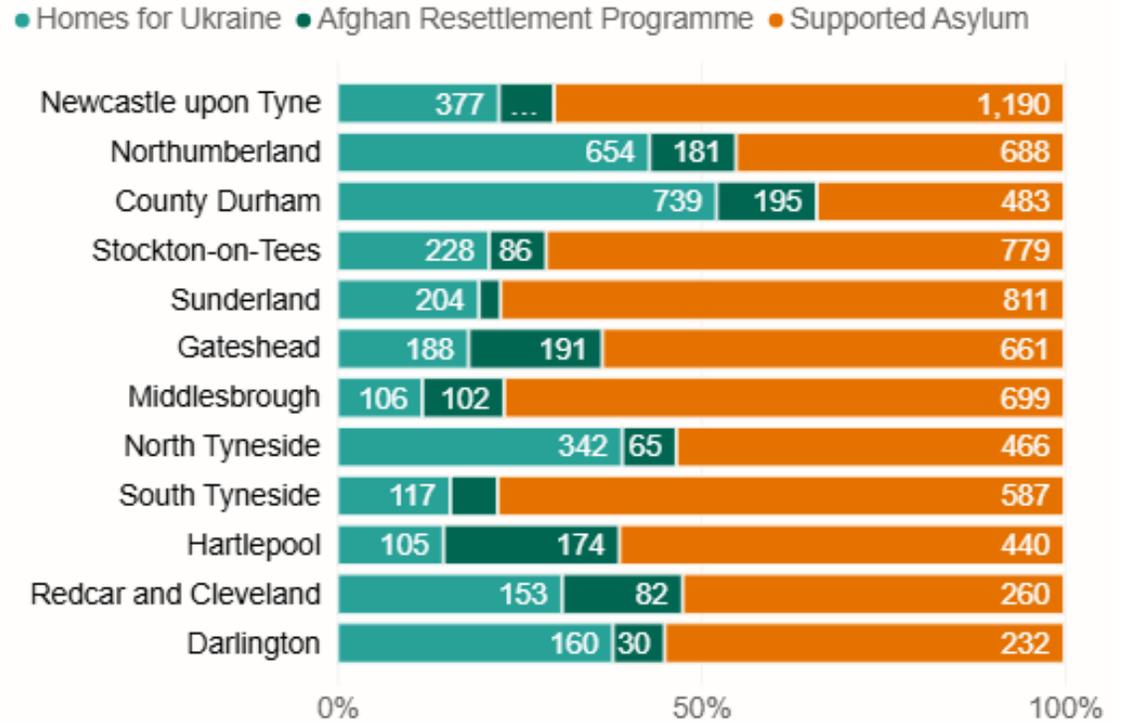
## North East

Individuals on the Homes for Ukraine scheme, those under the Afghan resettlement Programme, and asylum seekers receiving support

Individuals as a percentage of population  
Year ending June 2025



Breakdown of individuals by pathway  
Year ending June 2025



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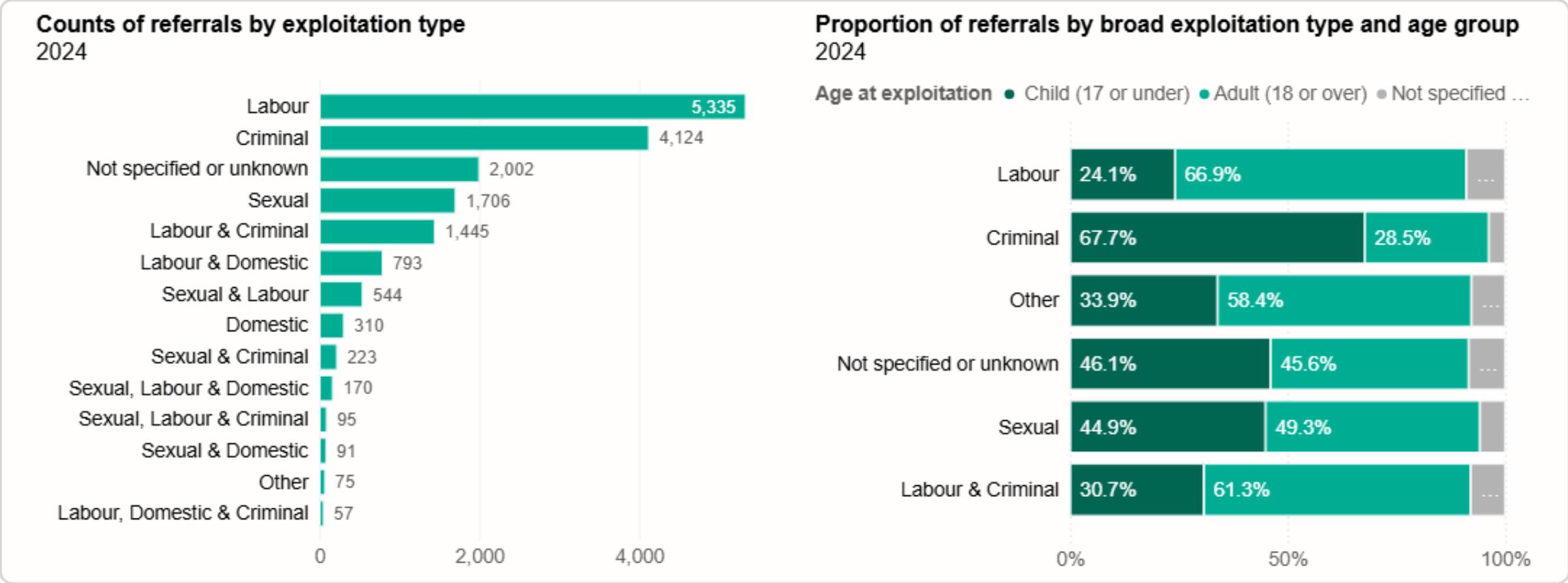
Source: [Regional and local authority data on immigration groups - GOV.UK](#) Reg\_02, Home Office and MHCLG



# People subject to modern slavery: National Referral Mechanism - referrals by age at exploitation and exploitation type for England

## Referrals from the National Referral Mechanism by age at exploitation and exploitation type for England

Switch to count



Age at exploitation; exploitation type; and location of exploitation are variables the potential victim has reported.

The data shown in this slide is taken from publicly available sources. Please access the original source for the most up to date information.

Source: [Modern Slavery: National Referral Mechanism and Duty to Notify Statistics](#), table 6, Home Office

# Other inclusion health data

- **Sex workers:** It is difficult to estimate the number of sex workers in and there is a huge variety of different types of sex work and settings.
- **People in the justice system:** People under the supervision of the Probation Service account for over two thirds of those in contact with the criminal justice system.
- As March 2025 across YH there were 18,125 people being supervised by probation<sup>1</sup> and 9,411 people in prison<sup>2</sup>. In the NE there were 8,861 being supervised by probation<sup>1</sup> and 4,904 people in prison<sup>2</sup>.
- **People experiencing drug and/or alcohol dependence:** Across YH during 2023/24 there were 37,390 adults in treatment and 1,440 young people (under 18). Based on prevalence estimates around 42,000 adults are thought to be using opiates and/or crack cocaine. That's about 12 people for every 1,000 in the region and around 15 adults per 1,000 are likely dependent on alcohol (apx. 60,000 adults), (OHID 2023).

<sup>1</sup> Prison population data tool

<sup>2</sup> Probation table 6\_8\_Caseload\_Region

# So, what do we need to consider?

1. **Understand the concepts of inclusion health and social exclusion.** These populations face structural discrimination, are more likely to have had past experiences of being turned away from services or being badly treated and be afraid of punitive action after accessing services.
2. People in inclusion health groups may have experienced significant trauma in their lives so it's important that **staff are trained to work in a trauma informed way and understand the importance of cultural humility.**
3. People may not speak English or be able to read or write (Inclusion Health: applying All Our Health, GOV.UK) - **is a translator or interpreter offered routinely** to ensure they are fully able to communicate and understand?
4. To support access, do you need to **consider bespoke approaches such as peer support and providing outreach** to bring the services you provide closer to communities?

**5. Work collaboratively**, the needs of inclusion health groups are often complex and intersect across different domains. Consider the networks and services available in your area that can help. There are inclusion health leads in all local authority public health teams who can signpost you to information and local contacts.

**6. Encourage local businesses to get involved:** Raise awareness about the benefits of inclusive hiring practices and the support available to employers.

7. Sometimes, **people are keen volunteer/work within organisations that focus on topics they have lived experience of**, e.g. in a drug and alcohol service, for a local refugee VCSE etc. This isn't right for everyone but providing options like this could be considered.

# Further information

For some inclusion health populations there are more **established national government led programs** to support people to work such as the [Probation Employment Pathway](#) and more recently the [New Employment Councils](#) to bring probation, prisons and local businesses together to help people in the justice system into work. There is also the [Individual placement and support](#) work for adults in drug and alcohol treatment.

There are also examples of work to support other inclusion health groups which are often led through the VCSE sector such as:

- [Access to Employment in NHS Health Care Support Worker Roles for People with Lived Experience of Homelessness: Programme Evaluation Final Report – Pathway](#)
- Refugee Action delivers the [Pathways to Work](#) project, focusing on helping refugees build skills and find employment aligned with their aspirations.
- Organisations like [National Ugly Mugs](#) offer vocational support workshops designed by and for sex workers and services such as [Basis](#) in Leeds offer support to those wanting to transition into alternative employment, volunteering and training
- To support Gypsy, Roma and Traveller communities with employment and education, VCSE work includes [The Traveller Movement](#), Leeds [GRT outreach and inclusion team](#) and [London Gypsies and Travellers](#) runs the Bright Futures program for young people aged 16-25, offering one-on-one mentoring, career guidance, and well-being support.
- [Migration Yorkshire](#) provide [information to support professionals working with migrants](#), and more specifically regarding with [work and education](#) and advice [for employers](#).
- Locally, your VCSEs supporting inclusion health groups may offer volunteering and work experience for the communities they serve.

## Other useful information

- [Health Equity Assessment Tool \(HEAT\) - GOV.UK](#) to support systematic action on health inequalities and equalities
- [Safety and Survival: How the Work Ban Fuels Violence Against Women Seeking Asylum](#), Women for Refugee Women, 2024

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# Work and health

# Key work and health data headlines – NEY



## Work & Health Regional Data Report

# Employment rate - working-age population aged 16 to 64

## Yorkshire and the Humber

The latest employment rate, around 74% in the Yorkshire and the Humber region, is not significantly different compared with ten years ago, but please note caveats to trend data via Labour Force Survey detailed further down.

The employment rate for the latest 12 month period in the region is significantly lower compared with the England average. The employment rate in Apr 2024-Mar 2025 in the region was around 74% compared with England at 76%.

The latest estimates vary widely by local authority, ranging from around 67% to 79% in the region. In Apr 2024-Mar 2025, working age men aged 16 to 64 had an employment rate of 77%, significantly higher than the estimated 70% in women.

### Background

Meaningful employment is essential for economic, social as well as physical and

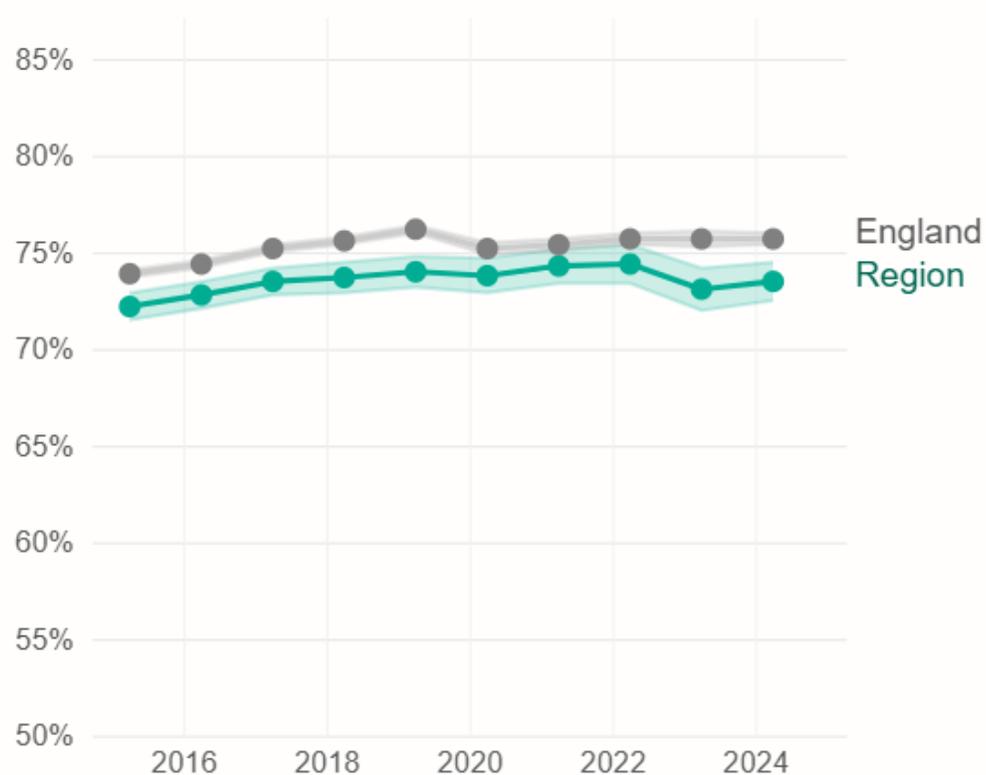
Scroll down text for more information

See ICB level data

Switch to local authority

### Employment rate - aged 16-64

Apr 2015-Mar 2016 to Apr 2024-Mar 2025 | persons



Region value and 95% confidence intervals

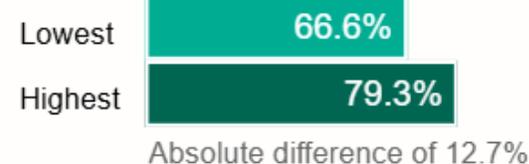
### Apr 2024-Mar 2025

Latest regional and England values:



### Local authority variation

in the region, from lowest to highest values:



### Regional breakdown by sex:



(statistical significance to 95% level)

# Percentage who are economically inactive - aged 16 to 64

## Yorkshire and the Humber

Switch to local authority

The region had an **estimated 817,500 people economically inactive** in the latest 12 month period. The proportion and the number of working age people economically inactive is higher than in the pre-pandemic period in most regions (although differences are not statistically significant). London and East of England regions are the only exceptions. The latest rate in the **Yorkshire and the Humber region is significantly higher compared with England.**

The rate in Apr 2024-Mar 2025 in the region was 24%. The estimated rates vary by local authority, ranging from around 18% to 29%.

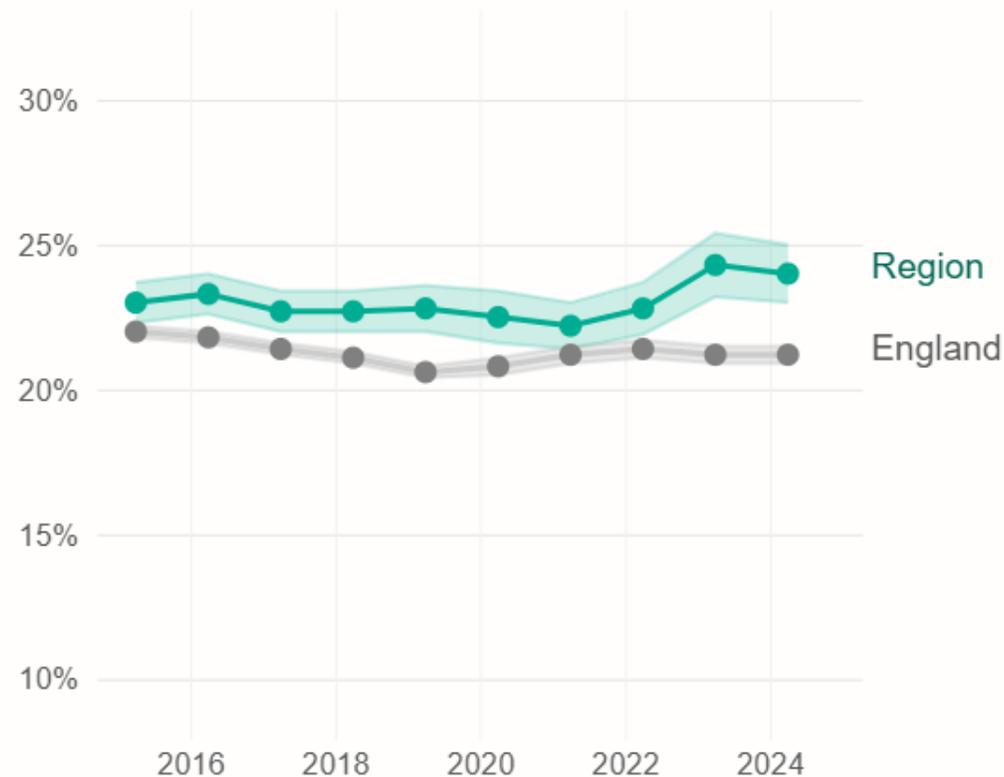
In the same period an estimated 20% of men aged 16 to 64 were economically inactive in the Yorkshire and the Humber region, a rate which is significantly lower compared with women at around 28%.

### Background

Scroll down text for more information

### % who are economically inactive - aged 16-64

Apr 2015-Mar 2016 to Apr 2024-Mar 2025 | persons



Region value and 95% confidence intervals

### Apr 2024-Mar 2025

Latest regional and England values:

Region **24.0%**

England **21.2%**

Significantly different

### Local authority variation

in the region, from lowest to highest values:

Lowest **17.5%**

Highest **29.1%**

Absolute difference of 11.6%

### Regional breakdown by sex:

Female **27.6%**

Male **20.3%**

Significantly different

(statistical significance to 95% level)

# Trends in economic inactivity by reason, age and sex

## Yorkshire and the Humber

All persons

Females

Males

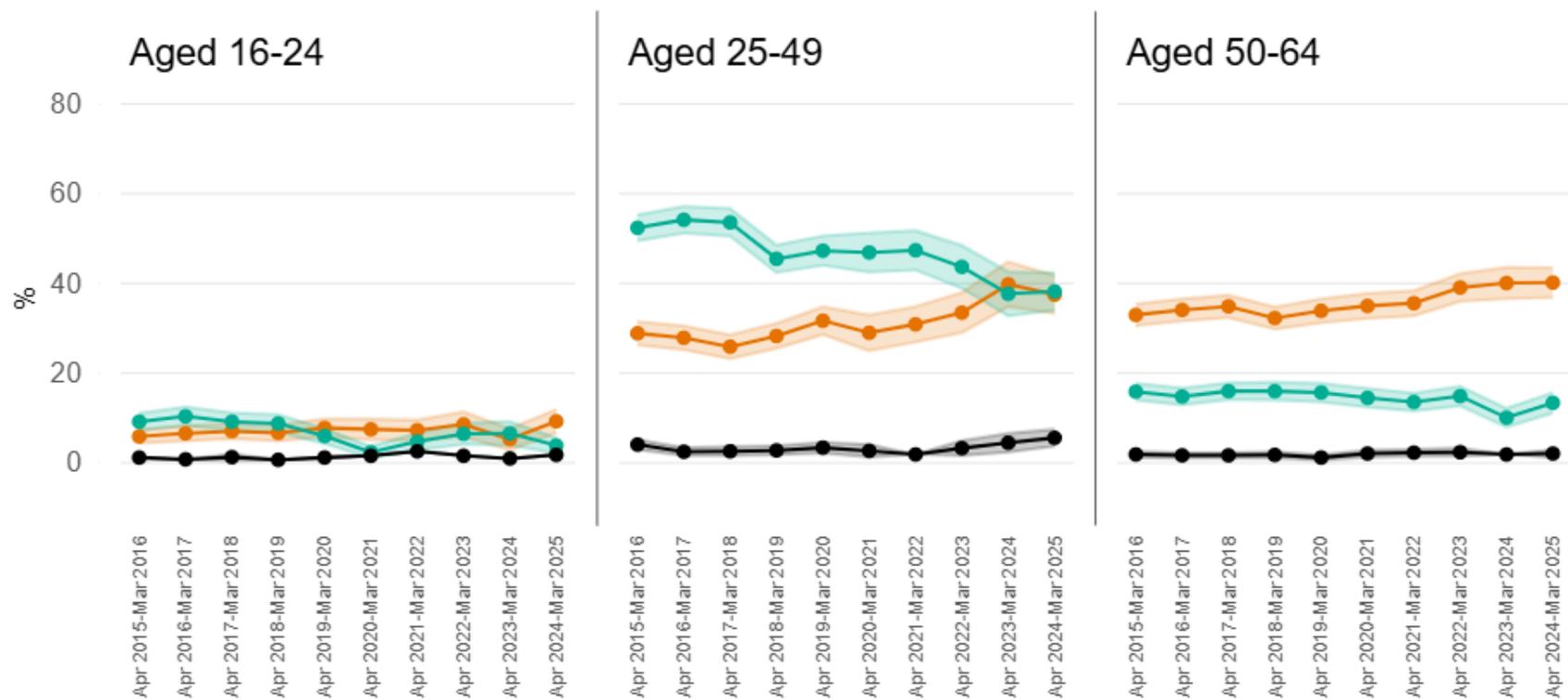
The region had an **estimated 94,500 people aged 25 to 49 economically inactive due to long term sickness** in the latest 12 month period. In 2019 to 2020, the estimate was 77,900. With the exception of the South West region, the number of people economically inactive due to long-term sickness in this age group has risen since the pre-pandemic period.

In the last 10 years there appears to have been an increase in the proportion economically inactive due to long-term sickness in women, both in age groups 25 to 49 and 50 to 64 across all regions, whilst looking after family or home as a reason in the younger age group has dropped. In men, the rise in the proportion of economically inactive due to long term sickness has been less consistent across regions but the

### Reasons for economic inactivity

Apr 2015-Mar 2016 to Apr 2024-Mar 2025 | All persons

● Long-term sick ● Looking after family/home ● Temporary sick



Scroll down text for more information

95% confidence intervals

(Excludes reasons: discouraged, retired, student)

# Economically inactive due to long-term sickness who want a job

## Yorkshire and the Humber

The Yorkshire and the Humber region had an estimated 44,800 people economically inactive due to long-term sickness who want a job.

This refers to the latest 12 month period for ages 16 to 64.

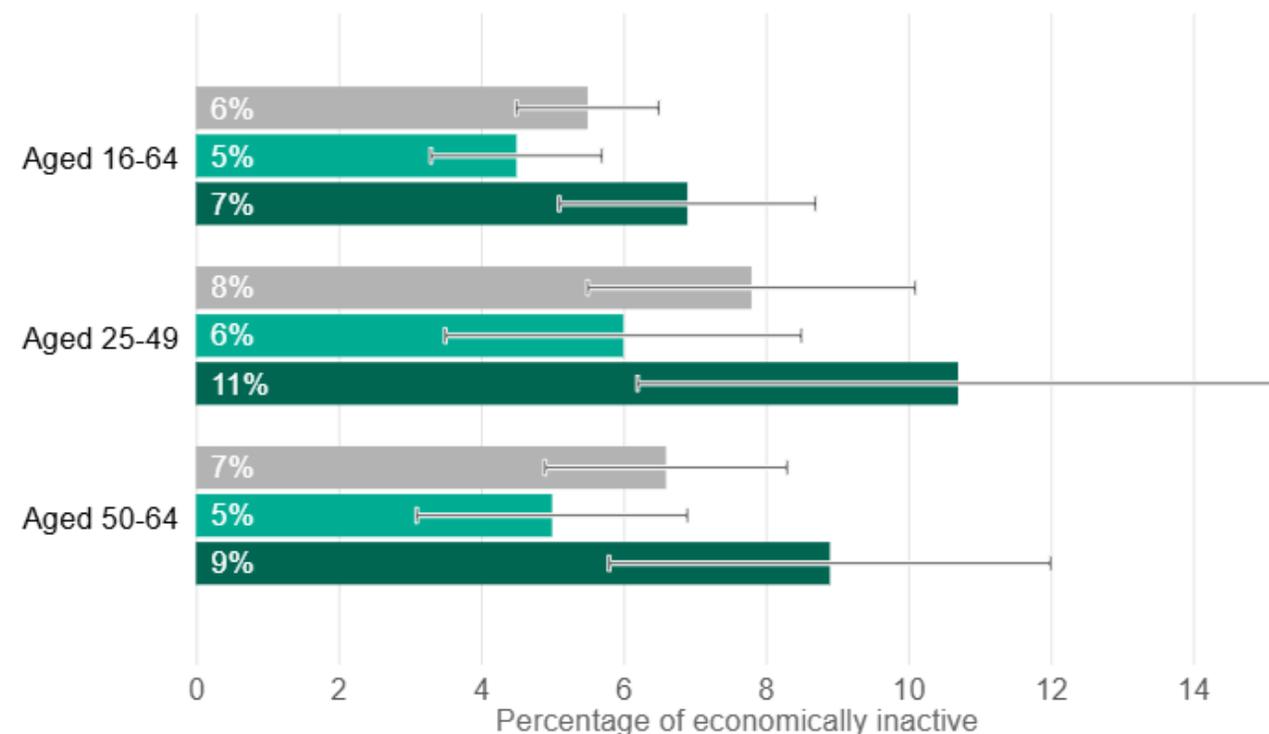
Across regions, the proportion is generally higher in males aged 25-49 although the differences are not statistically significant.

**Please note** that the wide confidence intervals indicate relatively small sample sizes. Therefore this data should be interpreted with caution. This is also why year on year comparison is not presented.

### Economically inactive due to long-term sickness who want a job - the proportion of all economically inactive

Apr 2024-Mar 2025

● All persons ● Females ● Males



# Employment rate - working-age population aged 16 to 64

## North East

The latest employment rate, around 71% in the North East region, is not significantly different compared with ten years ago, but please note caveats to trend data via Labour Force Survey detailed further down.

The employment rate for the latest 12 month period in the region is significantly lower compared with the England average. The employment rate in Apr 2024-Mar 2025 in the region was around 71% compared with England at 76%.

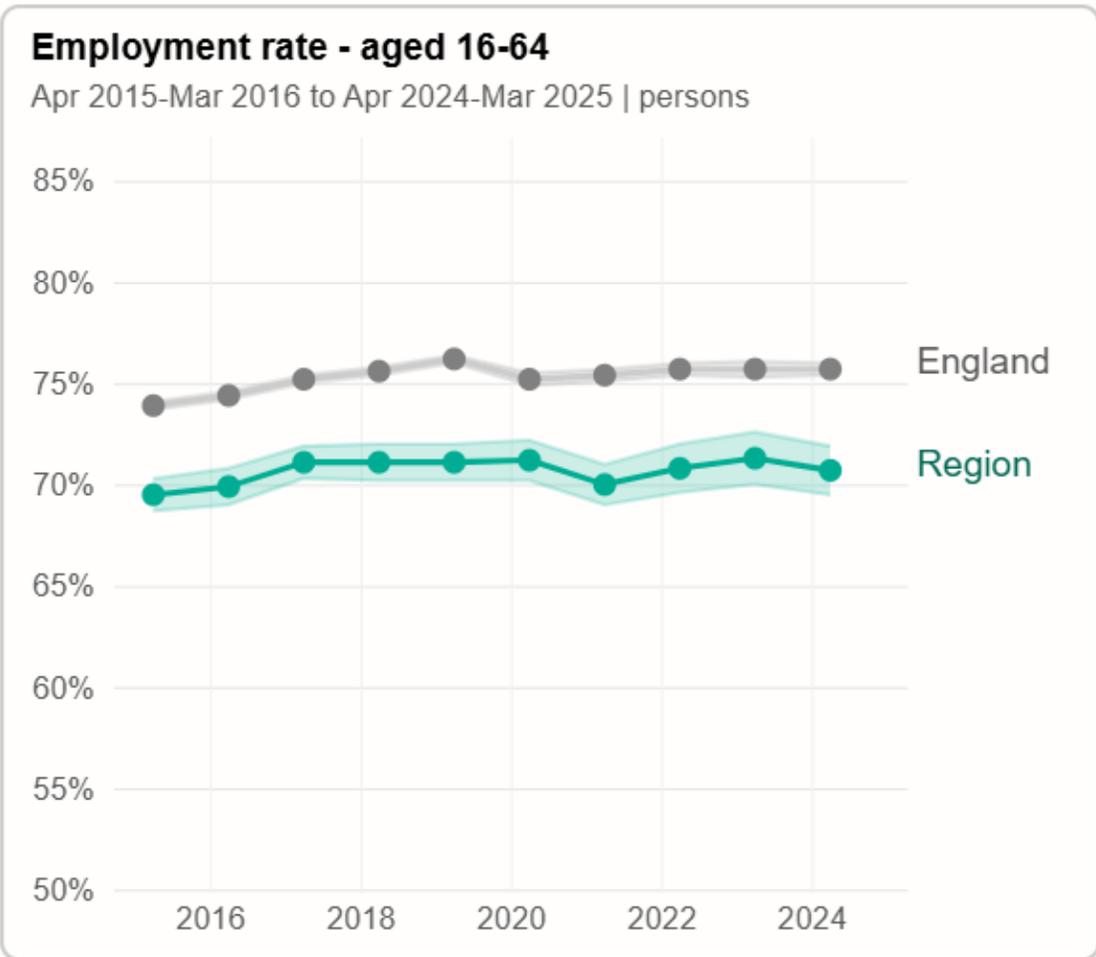
The latest estimates vary widely by local authority, ranging from around 65% to 77% in the region. In Apr 2024-Mar 2025, working age men aged 16 to 64 had an employment rate of 72%, not significantly different than the estimated 69% in women.

### Background

Meaningful employment is essential for economic, social as well as physical and

Scroll down text for more information

[See ICB level data](#) [Switch to local authority](#)



Region value and 95% confidence intervals

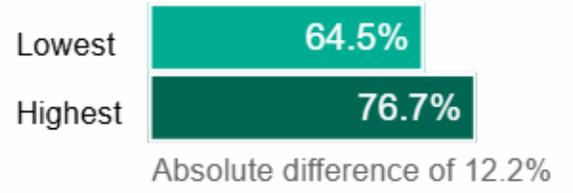
### Apr 2024-Mar 2025

Latest regional and England values:



### Local authority variation

in the region, from lowest to highest values:



### Regional breakdown by sex:



(statistical significance to 95% level)

Data source: Office for National Statistics. Indicator source: Produced by Office for National Statistics from Annual Population Survey (APS), accessed via [annual population survey - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#) - Employment rate - aged 16-64. Percentages in text rounded to nearest whole number.

# Percentage who are economically inactive - aged 16 to 64

## North East

Switch to local authority

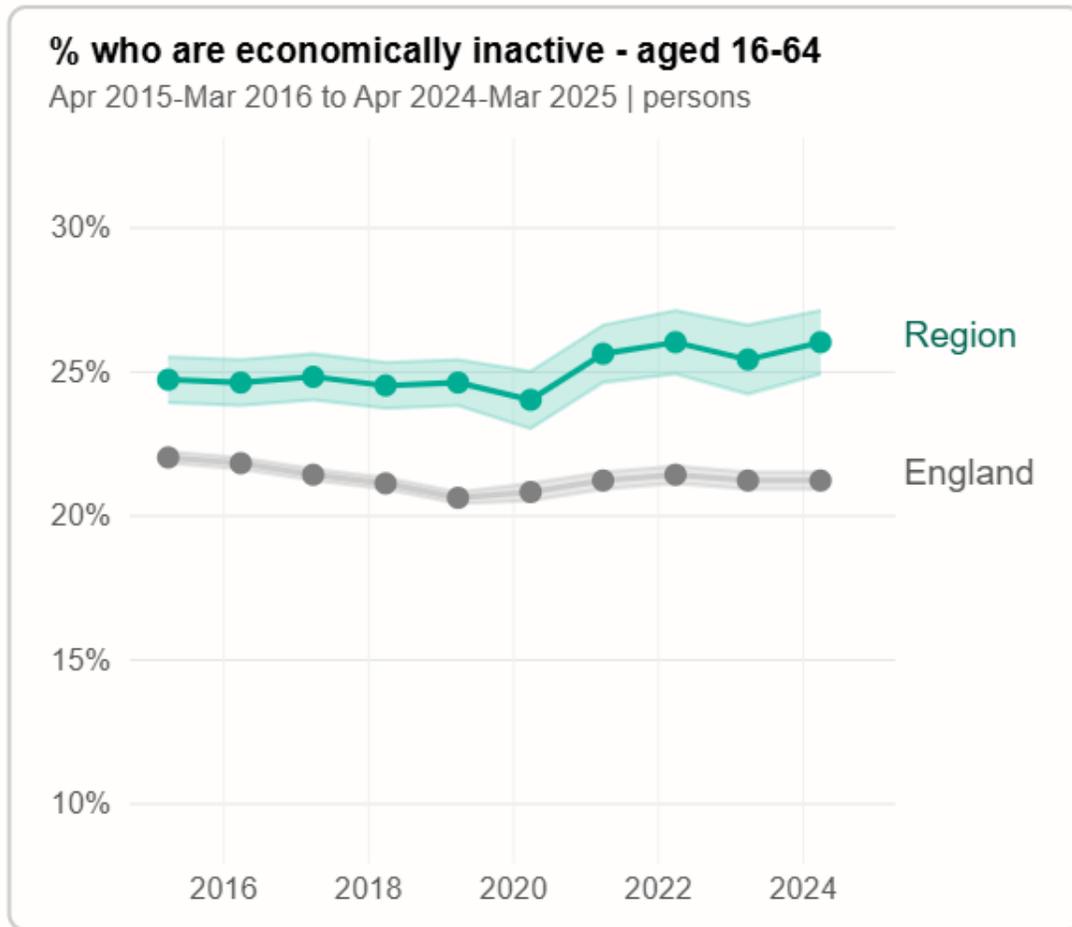
The region had an **estimated 426,400 people economically inactive** in the latest 12 month period. The proportion and the number of working age people economically inactive is higher than in the pre-pandemic period in most regions (although differences are not statistically significant). London and East of England regions are the only exceptions. The latest rate in the **North East region is significantly higher compared with England.**

The rate in Apr 2024-Mar 2025 in the region was 26%. The estimated rates vary by local authority, ranging from around 20% to 31%.

In the same period an estimated 24% of men aged 16 to 64 were economically inactive in the North East region, a rate which is significantly lower compared with women at around 28%.

### Background

Scroll down text for more information



Region value and 95% confidence intervals

### Apr 2024-Mar 2025

Latest regional and England values:

Region **26.0%**

England **21.2%**

Significantly different

### Local authority variation

in the region, from lowest to highest values:

Lowest **19.6%**

Highest **31.0%**

Absolute difference of 11.4%

### Regional breakdown by sex:

Female **28.1%**

Male **23.7%**

Significantly different

(statistical significance to 95% level)

# Trends in economic inactivity by reason, age and sex

## North East

All persons

Females

Males

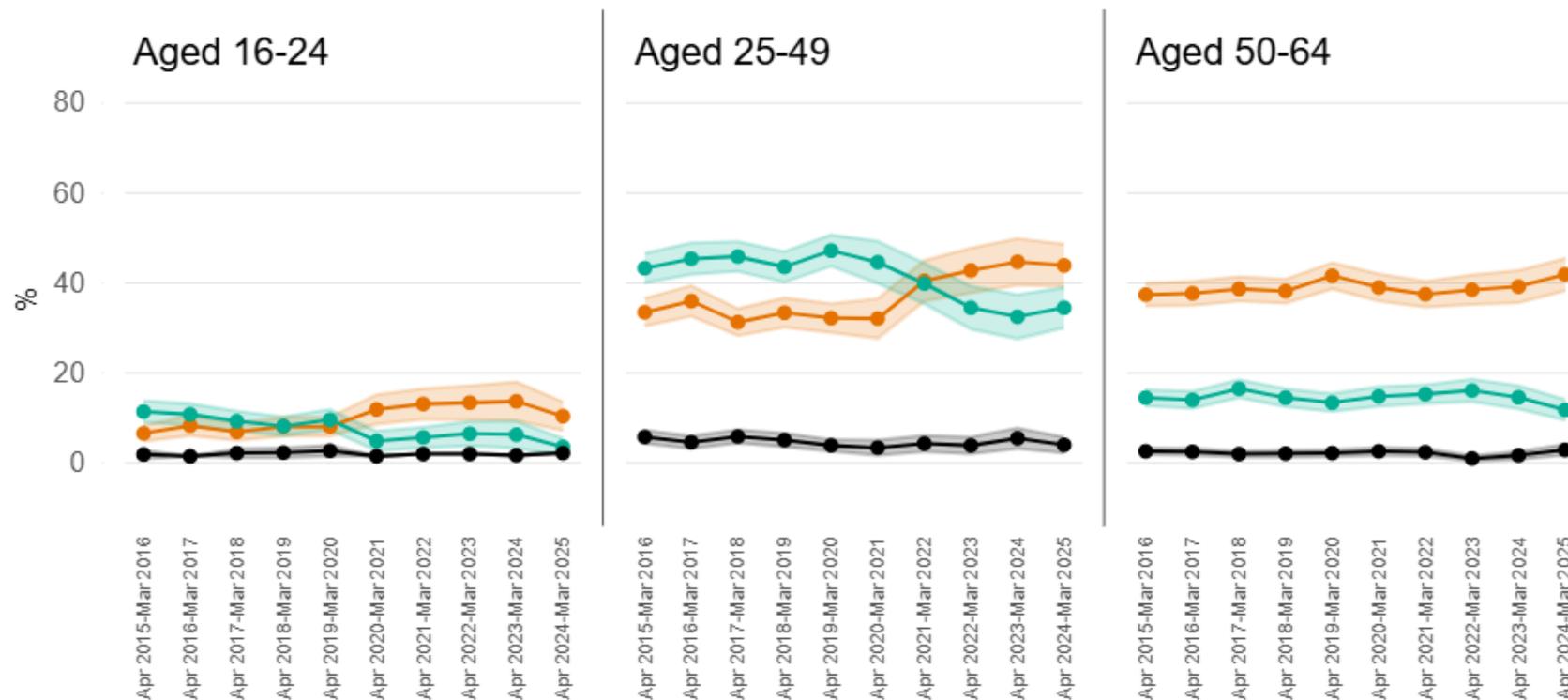
The region had an **estimated 58,900 people aged 25 to 49 economically inactive due to long term sickness** in the latest 12 month period. In 2019 to 2020, the estimate was 40,900. With the exception of the South West region, the number of people economically inactive due to long-term sickness in this age group has risen since the pre-pandemic period.

In the last 10 years there appears to have been an increase in the proportion economically inactive due to long-term sickness in women, both in age groups 25 to 49 and 50 to 64 across all regions, whilst looking after family or home as a reason in the younger age group has dropped. In men, the rise in the proportion of economically inactive due to long term sickness has been less consistent across regions but the

### Reasons for economic inactivity

Apr 2015-Mar 2016 to Apr 2024-Mar 2025 | All persons

● Long-term sick ● Looking after family/home ● Temporary sick



Scroll down text for more information

95% confidence intervals

(Excludes reasons: discouraged, retired, student)

# Economically inactive due to long-term sickness who want a job

## North East

The North East region had an estimated 31,100 people economically inactive due to long-term sickness who want a job. This refers to the latest 12 month period for ages 16 to 64.

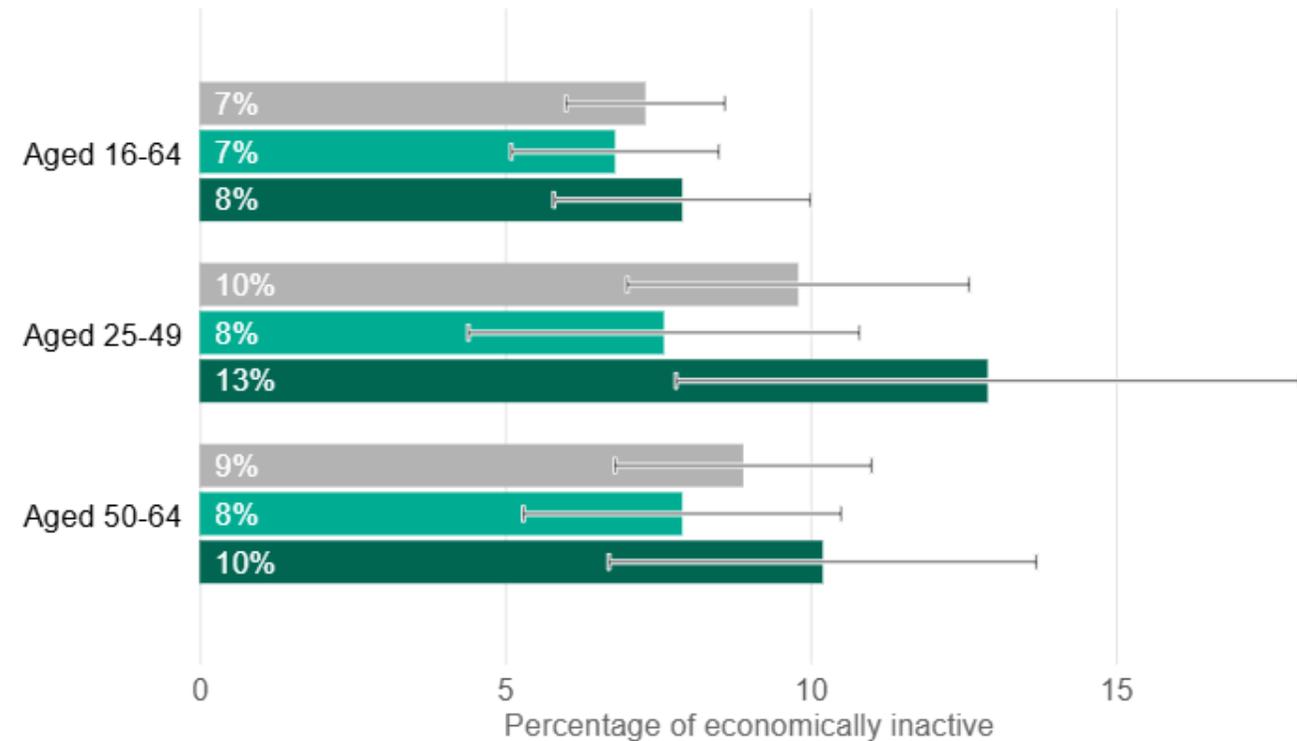
Across regions, the proportion is generally higher in males aged 25-49 although the differences are not statistically significant.

**Please note** that the wide confidence intervals indicate relatively small sample sizes. Therefore this data should be interpreted with caution. This is also why year on year comparison is not presented.

### Economically inactive due to long-term sickness who want a job - the proportion of all economically inactive

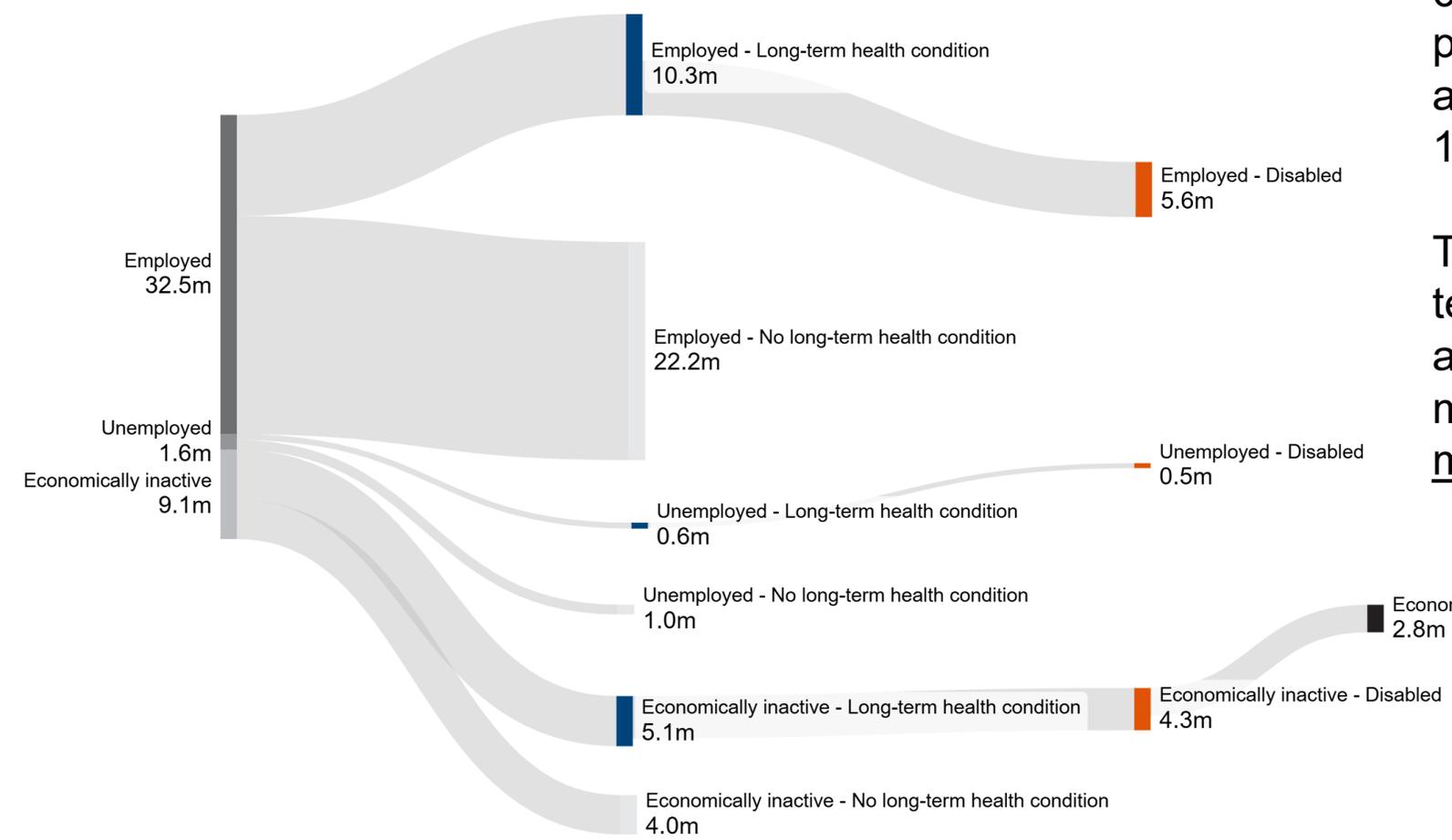
Apr 2024-Mar 2025

● All persons ● Females ● Males



# Over a third of working-age population report having a long-term health condition, nearly two-thirds of which are in work

**UK labour market by health status, 16 to 64, UK, January to May 2025**  
 Chart is point in time and not flows and is intended to show the different sub-groups (and their size) within the labour market.



There are 16.1 million people aged 16 to 64 (over a third of the working-age population) in the UK who report having a long-term health condition. Of which, 10.3 million (64%) are in work.

There are 5.1 million people with a long-term health condition who are out of work and economically inactive. Of which, 2.8 million give long-term sickness as the main reason for being inactive.

*Figures are semi-illustrative and may include data from slightly different time periods and using slightly different methodologies e.g., figures for all people who are economically inactive are seasonally adjusted whereas those for people who are economically inactive with a long-term health condition are not.*

Work as a wider  
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# Policy Context

10 Year Health Plan for England: fit for the future and Get Britain Working

# Policy: 10 Year Health Plan for England: fit for the future

## • Recruitment

- Reorientate the focus of NHS recruitment away from its dependency on international recruitment and towards its own communities; supporting those unemployed or economically inactive into appropriate roles.
- Expand apprenticeships and accessible training so that people can earn while they learn.
- Allocate £5 million across ten integrated care systems (ICSs) to support 1000 young people and those from deprived backgrounds into pre-employment training, entry level roles or training posts.
- Continue to actively support care leavers, building on action the NHS has already taken as a signatory to the care leaver covenant.

## • Professional development

- By 2035, every single member of NHS staff will have their own personalised career coaching and development plan, to help them acquire new skills and practice at the top of their professional capability.
- Embed a culture of lifelong learning with a focus on skills and competencies. Introducing ‘skills escalators’ to give staff a trajectory for clear career progression.
- Create 2,000 more nursing apprenticeships over the next three years, prioritising areas with the greatest need.
- Development of advanced practice models for nurses, midwives, and allied health professionals, particularly in neighbourhood settings. And including increasing the number of nurse consultants.

The [Get Britain Working White Paper](#) sets out the government's ambition to build a thriving labour market— achieving an 80% employment rate to boost growth. This would place the UK among the highest performing countries in the world, with the equivalent of over two million more people in work. The Government is going to tackle this challenge, in four priority areas:

1. Improving the health of the population so that more people can stay in and thrive at work.
2. Mobilising local leadership to tackle economic inactivity by better connecting work, health and skills support and increasing engagement with that support.
3. Supporting employers to promote healthy workplaces, and to recruit and retain workers with a health condition or disability.
4. Reforming the system of health and disability benefits to promote and enable employment.

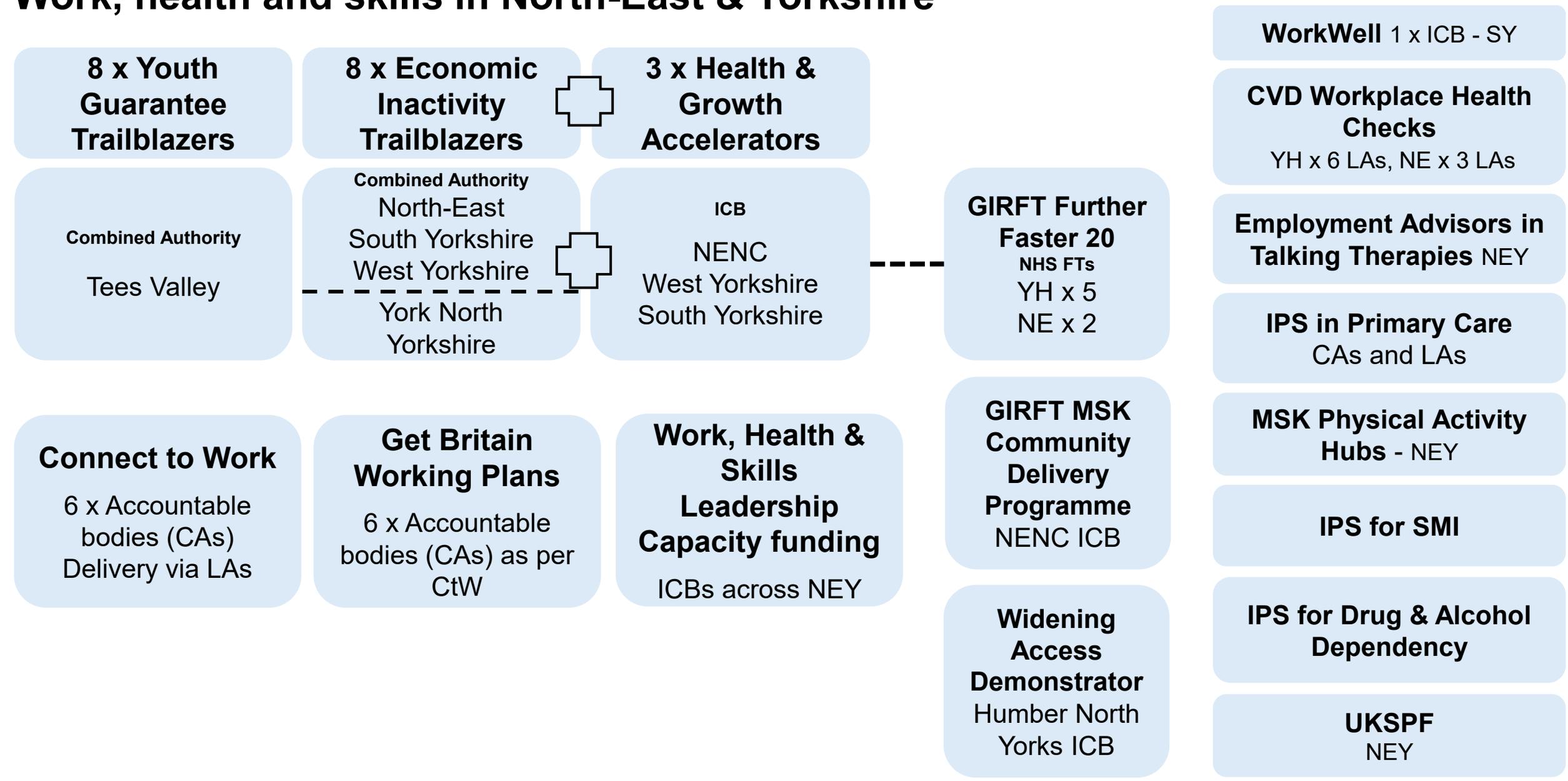
Measure	Location	Target Group
Work Well	15 ICBs in England. Birmingham and Solihull, Black Country, Bristol, North Somerset and South Gloucestershire, Cambridgeshire and Peterborough, Cornwall and the Isles of Scilly, Coventry and Warwickshire, Frimley, Herefordshire and Worcestershire, Greater Manchester, Lancashire and South Cumbria, Leicester, Leicestershire and Rutland, North Central London, Northwest London, <b>South Yorkshire</b> and Surrey Heartlands	Early low intensity intervention for people in-work and at risk of falling out, or recently out-of-work; and where health is a barrier to work
Inactivity Trailblazers/Youth Guarantee	Youth Guarantee – Liverpool City Region, West Midlands, <b>Tees Valley</b> , East Midlands, London 1, London 2, Cambridge and Peterborough, West of England. Economic Inactivity – <b>West Yorkshire</b> , <b>North East</b> , <b>South Yorkshire</b> , Greater Manchester, Wales, London 3, London 4, <b>York and North Yorkshire</b> .	Employment and skills intervention for the economically inactive and young people between 18 and 21 with tailored support for those who are not in education, employment or training (NEET) or at risk of becoming NEET.
Connect to Work	Connect to Work funding covers all of England and Wales	Primarily economically inactive people with a disability or complex barriers (disadvantaged groups),

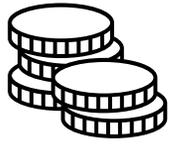
Measure	Location	Target Group
NHS Health and Growth Accelerators	<b>South Yorkshire, West Yorkshire and North East North Cumbria ICB</b>	Higher intensity health led intervention for people in-work and at risk of falling out, or recently out-of-work focussing on health conditions most likely to impact economic inactivity
Employment Advisers in NHS Talking Therapies	All NHS Talking Therapy Services in England	Adults (16+) with anxiety disorders and/or depression accessing NHS Talking Therapies. Combined employment support and therapy for individuals who request it available to both in-work and out-of-work individuals, with tailored support depending on employment status
Employment Advisers in Musculoskeletal Services	TBC	Individuals with Musculoskeletal (MSK) conditions
MSK Community Delivery Programme (GIRFT)	17 ICBs across the East of England, London, Midlands, <b>North East</b> , North West, South East and the South West	Individuals with Musculoskeletal (MSK) conditions

Get Britain  
Working  
Plans

Biggest **employment  
reforms** in a generation  
unveiled to **Get Britain  
Working** again

# Work, health and skills in North-East & Yorkshire





# Investment into the region

Programme	Funded by	Awarded to	Targeted at
Economic Inactivity Trailblazer	DWP	NECA, WYCA, SYMCA, YNY MCA £10m to each area	Locally determined
Health and Growth Accelerator	NHSE	Three ICBs in the region: North-East North Cumbria - £19m West Yorkshire - £11m South Yorkshire - £8m	Those out of work or at risk of falling out of work
Connect to Work	DWP	Amounts paid over 3 years to Accountable Bodies: NECA £16m, TVCA £5, Cumberland £4m, YNY £3, WY £16m, Hull & East Riding £4m, SY £10m	People with disabilities, health conditions and complex barriers
Youth Guarantee Trailblazer	DfE	Tees Valley Combined Authority - £5m	18 – 21 year old NEET

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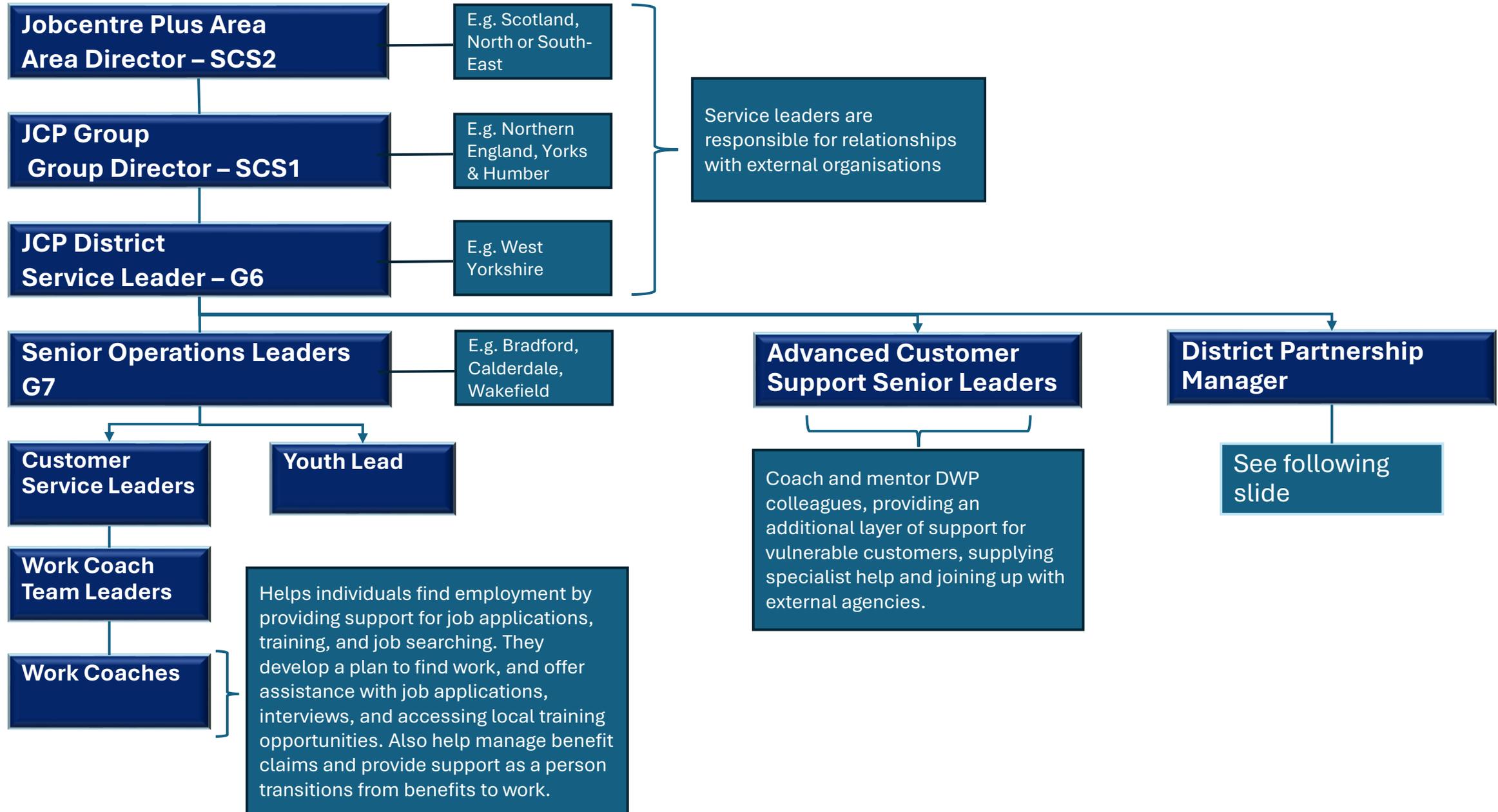
Policy Context

**DWP  
Structures**

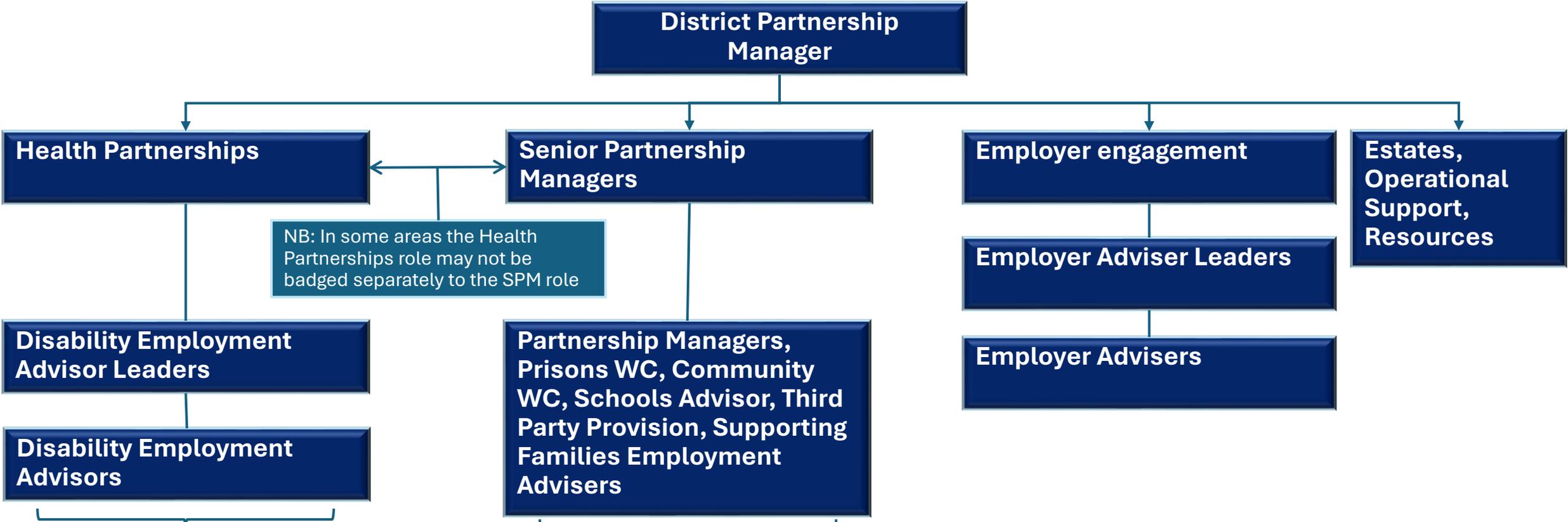
Case Studies

# **DWP Structures**

# Jobcentre Plus organisation chart



# Jobcentre Plus organisation chart



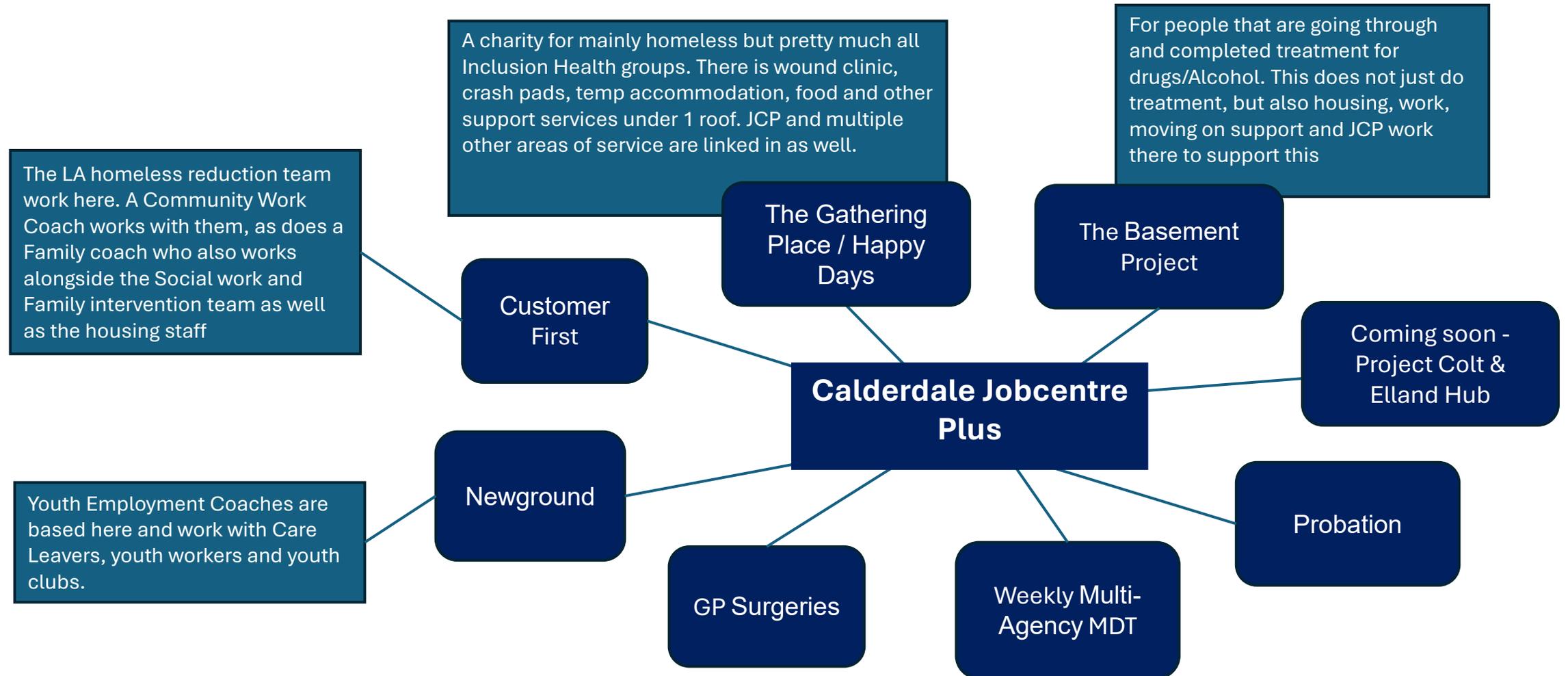
NB: In some areas the Health Partnerships role may not be badged separately to the SPM role

Supports Work Coaches by providing specialised support to help people with disabilities or health conditions find and stay in work. They offer personalized advice on job searching, skills training, and government schemes like Access to Work. DEAs also help with practical aspects like work preparation, interview coaching, and identifying Disability Confident employers.

- Prison WC - work with prisoners to build skills, support their Universal Credit claims, and can contact employers to help retain a job. Assist in managing the transition back into society, aiming to reduce reoffending by creating a path to stable employment.
- Community WC – Embedded within, and often co-located with, services that work with Inclusion Health groups: e.g. Drug & Alcohol services, Probation, Homelessness, Gypsy, Roma, Traveller groups.
- Schools Advisors - support schools in providing high-quality, impartial careers advice, assist students with the transition from education to work, and connect students with opportunities like traineeships, apprenticeships, and work experience.

# Opportunities to support IH populations example

This diagram illustrates what the Jobcentre's relationships with local services typically look like, using the example of Calderdale in West Yorkshire. In addition to the services offered in the local Jobcentres they also have people working in these community settings. What happens locally around the region will vary but local Partnerships teams in Jobcentre Plus will be open to exploring opportunities where they can work with other services to support people.



# Opportunities to support IH populations – Joint Work and Health Directorate

The Joint Work and Health Directorate have programmes in trial and pilot stages. These initiatives join up health and employment systems, both at national and local level, and are key to providing effective support.

**WorkWell** sites went live from October last year in 15 areas across England and provide a low intensity holistic support for health-related barriers to employment, and a single joined up gateway to existing local work and health service provision. Locally designed services will support disabled people and people with health conditions through building a personalised action plan that will guide core support to address a person's health related barriers to work. The pilot has been funded to deliver until Spring 2026.

We also have established programmes and areas of work:

- **Employment Advisors in NHS Talking Therapies** combines the expertise of therapists and employment advisers to give those with mental health conditions the support they need to find work tailored to them. This voluntary service enables Talking Therapies clients to access therapeutic treatment and employment support through a single service to help them to remain in, return to or find work and improve their mental health. Employment Advisers support patients in NHS Talking Therapies irrespective of their employment or benefit status.
- In the UK, over 20 million people live with a **musculoskeletal (MSK) condition**. MSK is a leading cause of sickness absence, comorbidity and of Years Lived with Disability in the UK. Waiting lists for MSK Community Services are high at 340,000 people. Key modifiable risk factors include physical inactivity, being overweight or obese, alcohol, drugs and smoking.
- The **fit note** is the primary form of medical evidence used for Statutory Sick Pay and some welfare benefits. They can be issued by doctors, nurses, physiotherapists, pharmacists and occupational therapists. There is an opportunity to improve the fit note process to support effective health and work conversations and enable people to access the right support at the right time to help prevent a move toward economic inactivity.

Additionally, the JWHD is working to support NHS England on the Health and Growth Accelerators which are developing a new approach to how the health system operates with local partners to join up services and deliver on shared outcomes. In 2025/26, three Health & Growth Accelerators ICBs (North-East and North Cumbria, West and South Yorkshire ICBs) will receive a share of £45million to meet a target for reducing economic inactivity by 1.2% through working with local partners.

# Opportunities to support IH populations – Joint Work and Health Directorate

JWHD works with employers to support individuals and workplaces with the tools needed to promote inclusive work environments recognising that employers play an important role in addressing health and disability

- The **Disability Confident scheme** provides employers with the knowledge, skills, and confidence they need to attract, recruit, retain and develop disabled people in the workplace. It is a voluntary scheme, developed by disabled people, employers and disability organisations representing disabled people. As of 31 January 2025, there are over **19,000** Disability Confident members and they estimate over 12 million paid employees working in their organisations.
- We have worked with employers from SME businesses, disability organisations, and other parts of government, to build the **digital service Support with employee health and disability**. This service provides a first port of call from which employers are guided through ‘must-dos’ in common health and disability scenarios. The service signposts to related services, and to sources of more detailed advice and expert help. Employers tell us they trust government the most in this area and want guidance on how to manage situations in a way that fulfils their multiple legal obligations.
- **Statutory Sick Pay (SSP)** is the minimum level of income that employers must pay to eligible employees when they are sick or incapable of work. The costs of paying sick pay are met in full by the employer. SSP can play a key role in supporting people to return to and stay in work.
- **Occupational health (OH)** is expert (clinically-led) advisory support which helps to maintain and promote employee health and wellbeing and an important enabler to retain and support earlier employee returns to work from sickness absence and prevent job loss. Most UK OH provision is delivered privately and voluntarily purchased by employers, with only 45% of GB workers having access. Previous focus of OH reforms have involved increasing private market coverage of employer-led OH to help businesses support disabled people and those with health conditions to remain in work.
- JWHD is facilitating “**Keep Britain Working**”, an independent review of the role of UK employers in reducing health-related inactivity and to promote healthy and inclusive workplaces. The lead reviewer, Sir Charlie Mayfield, is expected to bring forward recommendations in Autumn 2025

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**Case Studies**

# Case Studies

# CASE STUDY: ReSTORE – Refugee Support Training Orientation Recruitment and Education

**CONTACT:** [ReSTORE](#), [blerta.ilazi@nhs.net](mailto:blerta.ilazi@nhs.net) -



## Context

Established in 2023, ReSTORE is provided by South Yorkshire Primary Care Workforce and Training Hub.

The Programme is a cross-sector collaborative initiative designed to support healthcare professionals from inclusion health groups, particularly refugee nurses, midwives, and allied healthcare professionals in South Yorkshire, in returning to their nursing careers and joining the NHS workforce through a structured program.



## The offer

ReSTORE aligns with the principles of the IPS Model:

- Prioritises competitive employment in standard NHS roles
- Participation is voluntary and based on individual choice. offers trauma-informed, pastoral support
- Tailored to each participant's clinical background, career aspirations, and personal circumstances
- Participants begin NHS job applications alongside exam preparation, reducing delays between registration and employment
- The programme works with five NHS Trusts in South Yorkshire, primary care providers, and academic institutions to develop employment pathways
- Participants receive ongoing support beyond employment recognising that integration is a long-term process



## Learning

ReSTORE addresses significant barriers that refugee healthcare professionals face in joining regulatory bodies and resuming their careers trained in their home countries. Our partners include the DWP (Lisa Dalby, copied into this email), five NHS Hospital Trusts across South Yorkshire, the Nursing and Midwifery Council, both Sheffield universities, and various voluntary and community sector organisations such as the Refugee Council, Hope English School, and SAVTE.

40 refugee nurses have been supported so far, 30 of them are now working in the NHS. Of these, 9 have fully qualified and are now working as Registered Nurses in the NHS and 21 participants are working as Clinical Support Workers, catering assistants and volunteers whilst they continue their Registration journey.

Find out more about ReSTORE [Building ReSTORE - National Association of Primary Care](#)

# CASE STUDY: Sheffield Inclusive Recovery Cities Model

**CONTACT:** [tracey.ford@sheffield.gov.uk](mailto:tracey.ford@sheffield.gov.uk), [Joanna.yardley@likewiseshffield.org.uk](mailto:Joanna.yardley@likewiseshffield.org.uk)



## Context

Inclusive Recovery Cities (IRC) started out as a UK movement that aims to create communities where recovery from addiction is visible, celebrated, and supported. The IRC approach takes action to remove the shame and stigma surrounding substance dependence, increasing understanding, support and opportunities for recovery, and one of the core goals and essential metrics for success is reducing stigma and social exclusion.

There is a mutual benefit – not just for recovering people, but for the city, in that people in recovery, individually and as part of a vibrant and integrated recovery community, make the city a better place for everyone.

The movement is led by Lived Experience Recovery Organisation individuals in partnership with Sheffield City Council, Partnership Board and Recovery Community.



## The offer

- Visible Recovery:** Making recovery achievements and events prominent to challenge negative perceptions and foster a sense of hope and possibility.
- Challenging Stigma:** Actively working to dismantle negative attitudes and stereotypes surrounding addiction and recovery through public awareness campaigns and community engagement.
- Multiple Pathways:** –Recognising that individuals recover in different ways and supporting diverse approaches to recovery, including peer support, professional treatment, and community-based initiatives.
- Collaborative Approach:** Encouraging partnerships between city councils, recovery organisations, healthcare providers, employers, and community members to create a supportive ecosystem for recovery.
- Public Events:** Hosting regular public-facing events to celebrate recovery, promote positive narratives, and foster a sense of community

Includes pre-employment pathways such as volunteering in services, ambassadors' scheme and Shelter's Getting Real Opportunities of Work (GROW)



## Learning

We know anecdotally that people experiencing issues with addiction, whether it be themselves or being an affected family member will shy away from disclosing to employers because of the stigma associated with addiction. – hence the inclusive recovery cities campaign, which aims to have more open conversations in the workplace and for employers HR departments to have policies that support individuals

We are currently doing some consultation work to back up what we know anecdotally. We also have plans for a recovery toolkit aimed at supporting conversations about addiction and recovery and are engaging the public in conversations about recovery.

### Timeline so far:

Established a Steering Group in 2023 and co-created a mission statement. Set up subgroups in 2024 looking at Comms, BAMER communities, Business & Employment. These led to the Recovery Directory and a conference held in Sheffield Pakistan Muslim Centre.

# CASE STUDY: Individual Placement and Support (IPS) in Drug & Alcohol Services

**CONTACT:** Various (see accompanying service directory)



## Context

IPS is an employment programme funded by DHSC/OHID and DWP. It is currently available in every local authority area in the North East and Yorkshire. Participation is entirely voluntary.

Each local authority (or consortium where working in partnership) is responsible for appointing an IPS provider. Contact details of providers can be found in the accompanying service directory

The aim of IPS is to help people to secure paid employment

OHID-funded IPS can be accessed by anyone in structured treatment for drug and/or alcohol use regardless of (e.g.) perceived job-readiness, complexity, cooccurring needs, prognosis, offending history or housing circumstances. The eligibility requirements are:

- Working age
- Able to work legally in the UK
- Keen to find paid work/retain their current job where that is at risk



## The offer

IPS is a manualised, evidence-based model of employment support. As specified by OHID, IPS rests on 8 core principles:

- Focus on open market employment (not ringfenced jobs)
- Open to anyone, regardless of diagnosis, complexity etc (zero exclusion)
- Aims to follow client employment preferences
- Works quickly: job search within 4 weeks
- Integrates employment support and clinical services
- Employer engagement by all IPS staff
- In-work support to clients and employers
- Benefits/work incentives advice is included

For more information about IPS see [here](#)



## Learning

There is an extensive and growing evidence base for the effectiveness of IPS, including evidence from the services that OHID and DWP fund around the country. The first report of employment outcomes of OHID-funded IPS teams working in community drug and alcohol treatment can be found [here](#).

The most recent analysis of outcomes attained by over 6,000 IPS clients found that 52% of IPS clients find work (44% for opiate clients), with 77% of those sustaining work for 13 weeks or longer (80% for opiate clients)

OHID has commissioned a consortium led by RAND Europe to undertake an independent qualitative evaluation of the national expansion of IPS in community drug and alcohol treatment. Their report will be published in the summer of 2025. It will be accompanied by a practice manual, which draws on the experience of currently live IPS to create a “how to” guide for any future services.

# CASE STUDY: Women's Out of Court Pathways pilot

ORGANISATION: West Yorkshire Combined Authority [adultskillsfund@westyorks-ca.gov.uk](mailto:adultskillsfund@westyorks-ca.gov.uk)



## Context

### Provide context:

- **Lead organisation /service:** West Yorkshire Police (WYP) in partnership with West Yorkshire Combined Authority (WYCA) funded through devolved Adult Skills Fund / intervention programme delivered by Kirklees Council
- **Overall aim of service/team:** To provide an intervention to divert women from the criminal justice system. The programme offers a bespoke, women-led curriculum delivered in trusted spaces. It includes employability support, confidence building, role models, job matching, and self-esteem development. The gender informed approach is in line with the Ministry of Justice Female Offender Strategy and the National Police Chiefs' Council vision to reduce reoffending and enable women to thrive in society.
- **Population group(s) supported:** Currently offered to women referred by WYP within the Kirklees region, due to be rolled out across Leeds within the next few months.



## The Offer

### Detail the support / offer: Include more specifics - services, interventions, or actions:

- **Referrals** to the pathway from WYP (via Conditional Cautions, Community Resolution, Outcome 22)
- **Course** – 12 hr provision, 3 sessions :
  - Developing essential psychological tools, self-awareness, and resilience.
  - Build confidence, emotional strength, and coping strategies
  - Be better prepared to navigate difficult circumstances and make positive choices
- **Wrap Around Support:-**
  - Travel & Childcare (For those who don't have nursery/school age children)
  - Employment support via Employment Kirklees programme
  - CV's/Job Applications
  - Barrier breaker (Interview clothes, safety equipment)
  - Interpreters
- **Actions**
  - Any breaches will be reported back to WYP
  - Feedback to WYP on progression/next steps



## Learning

### What's the learning/top tips for others: How do you know it works:

- **Delivery partner's involvement** with WYP Mandatory Police Training (MPT) briefings which raise awareness for the pathway:  
**Know it works** – increase in referrals following briefing sessions.
- **Experienced tutor** who understands the cohort and regularly evaluates delivery, revising the course where necessary:  
**Know it works** – positive feedback from women who have been referred to the pathway (see ILP details).
- **Individual Learning Plan (ILP)** – captures impact of the course from a women's perspective.  
**Example of content captured on ILP:**  
**Session 1** – 'Your Personal Target / your reason for doing the course' response – 'being made to'  
**Session 3** – response: *'feel better after this course, overall, it opened my mind, feel like I understand how different things can affect your brain'*. Along with increased confidence, reduced doubt in their abilities, gained new knowledge and skills.
- **Offering wrap around support** breaks down the barriers that are used as reasons to not attend:  
**Know it works** – attendance

# CASE STUDY: Public Health Work Experience Placement

CONTACT: Stockton on Tees Borough Council, [Grace.Wali@stockton.gov.uk](mailto:Grace.Wali@stockton.gov.uk)



## Context

In 2024, Stockton-on-Tees Borough Council developed a 14-week hybrid Public Health Shadowing Work Experience Placement for three individuals from ethnic minority and migrant communities. The programme was designed to support participants in gaining exposure to UK workplace cultures, systems, and professional expectations while developing employability skills and confidence.

Delivered in partnership with organisations including Refugee Futures, NHS North Tees & Hartlepool Foundation Trust, and a range of community partners, the placement offered structured opportunities for participants to shadow public health teams, engage with external services, and volunteer with community-based projects.

The overall aim was to increase adaptability, understanding the UK workplace culture and integration, and skills in health literacy, promotion, and community engagement, while also providing opportunities for lived experience to shape service delivery.



## The offer

The placement provided participants with:

- Workplace exposure and shadowing opportunities across public health, environmental health, commissioned services, and wider council teams including Employment and Training Hub, Fairer Stockton-on-Tees.
- Volunteering opportunities with internal and external partners such as Fairer Stockton-on-Tees (Community Spaces), the Bread-and-Butter Service, and Stockton Food Power Network.
- Training and development, including ICT induction, CPD, reflective writing, and support with job applications and interviews.
- Knowledge of public health systems and priorities, including commissioning, procurement, and contracting processes.
- Links with NHS employment pathways through the North Tees & Hartlepool NHS Foundation Trust and the SBC Employment & Training Hub, supporting job readiness workshops, NHS volunteering, and career progression.

This comprehensive approach enabled participants to gain skills, experience, and connections, while supporting their employability and future involvement in local health initiatives.



## Learning

The programme demonstrated that an asset-based approach to working with ethnic minority and migrant communities yields positive results for public health.

Key outcomes included:

- All participants were recruited as Lived Experience Community Wellbeing Champions/Advocates/Connectors, strengthening links between communities and public health services.
- Participants reported increased confidence, employability skills, and understanding of UK workplace culture.
- The placement led to improved community engagement, with participants supporting health promotion, screening uptake, and mental health discussions in their communities.
- Positive feedback highlighted that expectations were exceeded, staff guidance was excellent, and participants would recommend the placement to others.
- Importantly, all participants are now employed, showing the programme's effectiveness in creating sustainable employment pathways.

# CASE STUDY: UK Shared Prosperity Funded delivery

ORGANISATION: [Employability Durham](#) [Employability@durham.gov.uk](mailto:Employability@durham.gov.uk)



## Context

Provide context:

- Employability Durham, Durham County Council
- 1:1 support to economically inactive adults and those in vulnerable employment to overcome their barriers and support with moving closer to or into employment
- Population group(s) supported include:
  - Those rurally isolated
  - Parents of young children
  - Those with caring responsibilities
  - Those who have retired early
  - Those managing health conditions



## The offer

Our model brings employment & skills support to individuals in their local communities by providing a place-based, hyper local service to individuals in places where they feel comfortable and can easily access.

We use trusted local hubs and venues such as community centres, leisure centres, libraries, foodbanks as well as partner venues, using these community facilities helps nurture relationships and keeps us connected with VCSE organisations which enables individuals to gain priority access to services.

Many of our participants have become disillusioned with services, so it's crucial to build rapport and trust in environments where they feel safe and at ease

Structured one-to-one guidance, supported by diagnostic tools like Outcomes Star, enables participants to explore their options and set their own goals. This approach promotes participant-led action planning, giving individuals ownership and control over the support they receive.



## Learning

Taking time to understand an individual's circumstances, the challenges they face and offer a holistic, solution-based plan to connect them with other vital support services to help them to build the foundations that supports future successful employment.

This approach supports removal of barriers to employment and makes the individuals ready to engage with us and others as well as increase their confidence across many aspects of their life.

Knowing we don't have all the answers and maintaining a network of other professionals who do is key to maintaining the trust of participants

Phase 1 delivery (Jan 2024-March 2025) saw us over-achieve our engagement target with 494 participants supported, of these;

- 75 people were supported to retain vulnerable employment
- 43 gained employment (against a target of zero)
- 29 gained a qualification (against a target of 20)

# CASE STUDY: Working Well North Tyneside

CONTACT: Claire Dunn [claire.dunn@northtyneside.gov.uk](mailto:claire.dunn@northtyneside.gov.uk) <https://www.skillsnorthtyneside.org.uk/support/workingwell/>



## Context

North Tyneside Council, in partnership with the NHS, Department for Work and Pensions (DWP), and a wide range of voluntary and community sector (VCS) organisations.

Working Well North Tyneside (WWNT) was launched as part of North Tyneside's *Health and Wellbeing Inequalities Strategy: Equally Well*. Its core aim is to reduce health-related inactivity by bringing together health, wellbeing, and employment support under one accessible, community-based model.

The service supports all residents through an inclusive, universal offer, with targeted provision for those facing additional barriers, including:

- Individuals furthest from the labour market
- People with health barriers, including substance dependency and neurodivergence
- Refugees and asylum seekers
- Social housing tenants
- People experiencing financial hardship
- Over 50s
- Carers
- Lone parents and young people

Working Well North Tyneside Hubs are high-street based centres that make work, health, and wellbeing support visible and accessible. They aim to reduce social isolation, build confidence, and connect employers with motivated local candidates, creating stronger, healthier, and more inclusive communities.



## The offer

The **Working Well Hubs** operate as a *one-stop shop* for residents to access coordinated support across employment, health, housing, skills, and financial wellbeing. By colocating multiple partners in one space, the model ensures residents receive joined-up, person-centred support.

### Key Features and Services:

**Triage and Navigation:** Dedicated advisors ensure residents are quickly connected to the most appropriate service or intervention — reducing duplication and improving outcomes.

**Employment Support:** Access to employability advisors, job search support and direct links to local employers.

**Health and Wellbeing Services:** Access to community services, addiction recovery, and lifestyle support.

**Financial and Welfare Advice:** Regular sessions with Citizens Advice and partner organisations providing benefits, debt, and cost-of-living support.

**Community Engagement:** Informal drop-in space encouraging social connection and reducing isolation.

**Employer Engagement:** Events and workshops that promote inclusive employment and provide direct employer connections for residents.

### Collaborative Working:

The co-location of services has significantly increased partnership working, improved coordination, and reduced siloed delivery. Residents can now access multiple types of support in a single visit — for example, receiving employment advice alongside mental health or welfare support.



## Learning

Since opening, the Working Well North Tyneside Hubs have welcomed **over 22,000 visitors**, many of whom were previously disengaged from traditional services such as Jobcentre Plus.

### Independent evaluation has shown that:

- The Hubs successfully engage a diverse range of residents across age, ethnicity, economic participation, and qualification levels.
- Integration and partnership are key strengths — the shared physical space promotes daily collaboration, coordination, and reduced duplication across partners.
- Residents value the ability to address multiple issues in one visit, accessing employment, health, housing, and financial advice in a single, joined-up setting.
- Neutral branding as part of the *North Tyneside Employment Partnership* (rather than solely a council service) has enhanced trust and accessibility, helping to change perceptions among residents who might otherwise hesitate to engage.
- The Hubs' informal, welcoming, and non-clinical atmosphere has proven vital in encouraging footfall and engagement, particularly among residents who are socially isolated or have previously had negative experiences with formal services.
- The model has also strengthened relationships between the local authority, partners, and employers, creating a visible, trusted community asset that supports both individual and system-wide change.

**Co-location drives collaboration.** Housing multiple partners under one roof ensures that joint working happens organically and daily, not just through formal meetings.

**Design matters.** The physical layout and atmosphere of the hubs — bright, informal, and welcoming — directly influence engagement and retention.

**Neutral, partnership-led branding** increases community trust and reduces perceived stigma associated with statutory services.

**Simplify access.** A clear triage process ensures that people reach the right service first time, reducing frustration and drop-off rates.

**Tell the story.** Capturing and sharing success stories and case studies reinforces the value of the model and builds momentum with partners and funders.

**Build employer relationships early.** Employer-facing events not only promote inclusive hiring but also create tangible job opportunities for residents.

**Embed continuous learning.** Ongoing feedback loops between partners and residents help refine delivery and sustain innovation.