Economies for Healthier Lives

Improving employment outcomes in Liverpool City Region

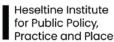## Health and Integration toolkit

Background

This Toolkit outlines how other local or combined authorities can replicate what Liverpool City Region (LCR) achieved through the Economies for Healthier Lives programme (2021-2024), should they also want to deliver a programme that aims to enhance public health and employment, and improve health and well being through employment support.

The context:

- Health-related worklessness has been increasing in the UK since the 2010's and this was exacerbated by the Covid pandemic. Due to this, there is a lot of political interest in how this can be reduced.

- Currently, 2.8 million people are out of work due to poor health, with poor mental health and musculoskeletal conditions the most common reasons for this. People with disabilities are almost 30% more likely to be out of work than others.

- LCR is an area with the highest rate of economic inactivity due to health and this is a substantial contributor to the productivity gap when compared to England, making our region ideal for this work.

About the Programme

The main aims of the Economies for Healthier Lives (EHL) programme in the Liverpool City Region were to:

- Improve access to employment opportunities for job seekers *or* improve retention in existing employment for people with a health condition(s).

- Raise the visibility and, where appropriate, encourage the development of arrangements for collaboration between the hierarchies of organisations which directly or indirectly aim to improve people's health, wellbeing and economic prosperity.

- Identify how data can be used in novel ways to inform employment support and how this can be used in collaboration with stakeholders.

This was achieved by gathering evidence on employment support, mapping provision, and engaging stakeholders to inform a redesign of services. A summary of this process is shown in the of Theory of Change – see overleaf.

Theory of Change

THE PROBLEM
Due to high levels of ill health among working aged people, Liverpool City Region (LCR) has some of the highest rates of economic inactivity.

THE SOLUTION
A coordinated approach between employment support and public health across Liverpool City Region to improve health and employment opportunities, outcomes and job retention for citizens experiencing one or more health conditions.

To do this, Liverpool City Region undertook a three-step approach:

1. Stakeholder Engagement

Meet with stakeholder focus groups to identify opportunities and insights across public health and employment teams. Focus groups should be run with: (1) Residents (2) Employers (3) Services.

Resulted in practical and pragmatic measures/suggestions which, because they are based on the lived experiences of people, are more likely to be adopted and effective.

2. Context Mapping and Evidence Benchmarking

Map and understand local provision, identifying gaps in provision, with the support of local frontline stakeholders.

Identify the existing programmes and policies in place in LCR to create an up-to-date picture of the current landscape. Benchmark this against current evidence for best practice.

3. Data Analysis

Utilise existing data within the locality to inform services and practice. This includes:
- Reviewing data from local employment support services to understand who is accessing the services.
- Link local employment data into the wider NHS data infrastructure to better understand population needs.
- Identifying how health at the local area level affects employment outcomes.

Leading to SERVICE REDESIGN & IMPROVEMENTS

1 Identify recommendations to improve the service offering and better meet population needs.

2 Design an options appraisal to assess feasibility and cost of potential interventions that meet local population needs.

3 Test the health effects of the redesigned services through further stakeholder engagement and data analysis.

OUTPUTS
An identified set of approaches to test within the LCR Economy and Health Integration Toolkit: The customised toolkit will collate the findings and offer a blueprint for other regions to follow.

OUTCOMES
Health in all decisions is now an embedded feature of the policymaking process. This means decision making around employment support now considers health to be integral to the process.

What we did

The aim of the EHL programme was to improve access to employment opportunities for job seekers or retention in existing employment for people with a health condition(s) and link the aims of public health with employment support across Liverpool City Region.

Three actions provided the insight and intelligence needed to select and direct interventions to achieve this aim:

- **Undertaking evidence benchmarking** to identify what is currently offered in a local area and what evidence is there for interventions that should be offered.

- **Utilise data** in a wide variety of ways to inform the interventions put in place to improve employment outcomes for people with long-term health conditions or disability.

- **Identify methods of engagement** for stakeholders, including which stakeholders to engage with, how to effectively engage with them, and recognise what key information can be learnt from stakeholders

Each of these steps were run concurrently and the learning from all three workstreams was used to inform an options appraisal – **identifying what activities are possible to improve and redesign the service offer for our population.**

Who should be involved

A range of stakeholders were engaged with, including:

1 Organisations with responsibility for local economic development such as local authorities, combined authorities, Growth Platforms and Chambers of Commerce.

2 The local health systems (primary/secondary care providers, allied health practitioners, Integrated Care Board).

3 Health and employment support frontline workers (employment support workers, health teams).

4 People with experience of living and/or working with a long-term health condition or disability and the local/community organisations that work with them.

Who to engage with and in what capacity is outlined in the following pages.

STEP 1: Stakeholder Engagement

The aim of this action was to collaborate with employers, residents and public services to work better in partnership, make workplaces more inclusive, and identify areas where employment and health teams have a shared purpose/ value.

Stakeholders also included policy makers, commissioners, funders, managers and practitioners of relevant organisations (NHS, local authorities and VCFSE).

The different stakeholder groups represented their different interests and contributions. Specific approaches were then chosen to engage with them.

Stakeholder Engagement: Residents

What it is

Meaningful and timely dialogue with people who understand the purpose of the programme and are willing to give their time to talk about and make meaningful contributions to the project.

Why it is useful

Listening to the real-life experiences of people who have a health condition gives a deeper understanding of the problems they face and can help generate practical and meaningful ideas to tackles the problems. It also sustains the relationship with the people and their ongoing support and involvement with the programme.

Who can help engage with the residents?

- Identify organisations and services that operate in the Voluntary, Community, Faith, Social Enterprise (VCFSE) sector. In LCR this included STEC, the Rotunda, Centre 63 and Make it Happen Birkenhead. Collectively, the organisations chosen were largely representative of the characteristics of the people we wanted to engage with.
- The whole 'VCFSE' is a great starting place for resident engagement because the organisations are usually deeply embedded within the communities they serve, are long established and have the trust of the people living in their area. If an area is not well served by the CVFSE sector, the local authority should be approached as it should have information relating to this.

How should we work with CVS?

Meet in person with a representative of each organisation and take the time to explain what you are attempting to achieve and why their involvement is needed. Be sure to point out benefits of the work to the organisation and if appropriate/possible, provide an incentive. Although the incentive doesn't have to be financial, it is important to remember that organisations working in the VCFSE sector typically operate on very small value income streams and they have limited cash reserves. A contribution towards additional costs incurred by them collaborating e.g. lighting, heating, refreshments should be offered.

Who engages with the residents?

LCR's EHL programme established an EHL Associate role and invited people (health, employment and community practitioners) with relevant knowledge or experience to take on the role. The EHL Associate:

- advises the programme on its approach to improving access to employment opportunities for people with particular health conditions.
- offers help to organisations and employers that the EHL programme is working with to help improve the support they offer to residents with a health condition.
- helps to raise awareness of the work of the EHL programme across the area.
- helps to inform and influence local and national policy decisions which relate to wellbeing, health and employment.

What do we talk about?

- The type of condition(s) a person might have and how it came about.
- How it has affected their working and home lives.
- What they think could be done to help them find work or be better supported whilst in work.

Stakeholder Engagement:
Employers

What it is

Conversation that is purposeful, is relevant and demonstrates a benefit(s) to the employer. If employers aren't involved in this, it will likely result in recommendations which are impractical, unaffordable and worst of all, not taken seriously by the employer.

Why it is useful

Understanding the employer workforce needs, and the issues of recruiting or retaining people with a health condition(s), improves the likelihood of them adopting a proposal(s) or suggestion(s) aimed at improving their recruitment or employment processes. Engagement that is mutually beneficial would mean that skills strategies are informed by local employers' needs and potentially attract more investment in an area by business / employers.

Who should be involved?

Identify employers or services which represent all employers within your local area. The range and extent of services which represent employers will differ between areas and where an organisation might not exist a local level, it might at a national level. Examples include Chamber of Commerce, Growth Platform, Federation of Small Business, local authority and CiPD.

Where possible you should arrange for an introduction to the employer from someone known to them as this might encourage the employer to give you some of their time. Once contact has been made with the employer, there must be a reason for them to continue giving their time to you.

What do we talk about?

- Increasing awareness of health conditions and how it may limit or restrict access to employment opportunities
- How existing employees can be affected by a health condition and what adaptations or adjustments are needed to allow a person with health conditions to fully participate in work. Directing employers to services and organisations that can provide specific advice and support around accommodation of employees with health conditions. This may include financial support for workplace adjustments

What are examples of good practice?

- Some areas such as the Liverpool City Region have a **Fair Employment Charter** covering local employers. Where a Fair Employment Charter is in place, starting engagement with the organisation that manages this may be beneficial. In Liverpool City Region the Fair Employment Charter is managed by the Combined Authority.
- The approach adopted by the Liverpool City Region's EHL programme included an introduction from someone known to the employer e.g. a member of the Fair Employment Charter team and the Federation of Small Business. An incentive offered to the employers was **free training** for employees, including managers, supervisors and team leaders. The training need had been identified when they registered for the Fair Employment Charter and included Mental Health First Aid, Menopause Awareness, the Disability Passport, and an Introduction to the Disability Confident Employer Scheme. The Fair Employment Charter team also offered employers a warm introduction to organisations and services providing specialist support e.g. Dyslexia Foundation (Liverpool), the Women's Organisation (Liverpool), Supported Internship programme, HD Sunflower and DWP Access to Work.

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Give the employer a good reason to engage with you.

Case Study

Mental Health First Aid training was offered to employers signed upto the LCR Fair Employment Charter but paid for by EHL. The training was delivered over 6 sessions in April 2024 and from a total of 72 training places offered, 66 were booked.

Outcomes from the training included:

- A number of employers commissioning this training for all of their employees.
- Fair Employment Charter Organisations saw an overall increase in Mental Health First Aiders of 47%
- One Organisation decided to become fully trained in Mental Health First Aid so they could deliver the training to contractors they work with.
- Four Fair Employment Charter Organisations chose to implement an Employee Assistance Programme.
- Two employers introduced free counselling sessions (up to a maximum of 6 sessions) for all their employees and their direct family members.

Stakeholder Engagement:
Services

What it is

Visible, honest and frank conversations between organisations which traditionally work in employment and health, to understand the relationships between services and make the connections clearer.

Why it is useful

Greater collaboration between such organisations can improve the delivery, quality and effectiveness of services. Sharing information and plans can also avoid duplication of delivery and reduce the risk of completely missing people who are most in need.

Who should be included?

- Within the LCR, arrangements are already in place for representatives from many of the organisations to meet and so this made engagement easier than it would otherwise have been. This includes an 'All Together Fairer' group comprising of C&M Public Health leads, a LCR Employment & Skills Lead Officer group, Communities of Practice groups, DWP/JCP Collaboration Group.
- Those responsible for the allocation of funding and resources, and strategic planning across a borough and city region, such as the Integrated Care Board, public health teams and growth platforms.
- Although it might appear obvious which organisations should be included as stakeholders, engaging with this stakeholder group can present many challenges. Reasons for this might include the geography covered by the organisation, the corporate or political objectives and the governance arrangements/structures of the organisation. Locally held lower-level data held by the individual organisations was used to reduce this risk.

What do we talk about?

- What's current and relevant to the work of the organisation and the influences of the national policy agenda.
- How services and policy could be better informed and designed to help them support people with health condition
- How employment outcomes can be improved by recognising connections to the building blocks of health e.g. access / affordability of transport, housing, education, training and skills development opportunities

Example of Collaboration

An example of recent collaboration can be seen in the Work Well application submitted by C&M ICS. A work group was formed, comprising of representatives from LCRCA, Public Health, the local authorities, Jobcentre Plus and C&M ICB. The group was formed at relatively short notice, met over the course of 2 months to complete and submit the Work Well application before the deadline. The group reformed at later dates to work on other funding applications, such as EAs in Muscular Skeletal Pathways and on the development of Cheshire & Merseyside Health & Care Partnership Plan 2024 - 2029.

Context Mapping an area & Benchmarking the best support

The aim of this action was to:

- Map the local area to take stock of employment support and the current relevant policy context.
- Assess evidence and identify gaps in understanding how effective current employment support is in the UK.

These two elements can be used together to identify whether the current provision of employment support appropriately meets the needs of the population and adequately reflects on what the evidence tells us about employment support.

Context Mapping with Stakeholders

What it is

Stakeholder engagement, mapping and identification of current provision is an important first step to inform needs and areas for focus through a series of roundtables.

Why it is useful

The workshop sought to identify the benefits of (and barriers to) employment related support services delivered across the LCR and explore their different components, namely the activities, outputs and outcomes of these services.

Who should be included?

The invitation list includes people who work for health (primary care, integrated care board, social prescribers), employment support services, the VCFSE, policymakers and academics

What are the areas to discuss?

- Identify what key areas to discuss and you want to learn about the local context. There will be a degree of area-based specificity to what areas are key.
- Consider the different goals based on time horizon – short-term (e.g. quick wins), medium-term and long-term goals (e.g. change the inequalities to make employment a realistic goal for some groups).
- What can be done to help people who need only limited help to find employment, and what can be done to help people who require extensive help to find employment. e.g. the economically inactive.

What is the structure of the event?

Three separate sessions, with facilitated table discussions around key questions. Each table should include varied stakeholders to encourage a range of views. Each session was conducted at a different time over a 12-month period to allow any changes brought about by EHL to be identified..

How should the findings from this activity be interpreted?

Identify organisation to help interpret findings. Preferably this would be done by an impartial organisation with experience in stakeholder events and interpreting the key qualitative points. Alternatively, the interpretation could be done by, for example, local authority public health teams, but the greater the expertise, the more useful the interpretation of the information or the data.

Best Practice Review

What it is

A systematic review of peer-reviewed and grey literature (local or organisational reports) of what works in the UK to improve employment outcomes for people with disabilities or long-term conditions. The results are then applied to the local area

Why it is useful

Provides robust evidence that can be used to inform organisations with responsibility for employment support, what services are actually required locally.

What we did

Our systematic review identified existing UK evidence for employment support, against which to benchmark the local area's provisions. These findings should apply to all local areas in the UK so there is no need to repeat the review.

What were the key findings?

- Severe mental illness was the most commonly assessed health condition in worklessness.
- Limited evidence for employment interventions for physical illness or disability.
- Appears to be consistent evidence from Individual Placement and Support (IPS) intervention studies of better employment outcomes from IPS compared to traditional vocational interventions.
- Dedicated employment support in clinical Community Mental Health Teams (CMHTs) is beneficial.
- Intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both employee and employer.
- **"High fidelity" IPS** interventions work best to maximise employment outcomes.
- Some evidence that tailored vocational interventions for people with physical illness or disability (e.g., musculoskeletal) are effective, cost effective, and represent a high societal-level return on investment through reductions in work absence.
- https://doi.org/10.1101/2024.12.03.24318405

Rapid structured review

What it is

A rapid structured review of evidence on the effectiveness of public funded UK employment interventions for people with health conditions and disabilities

Why it is useful

Captures the wider, albeit lower methodological quality, evidence on UK employment interventions at national and local levels. Provides insights on a wider range of programmes

What we did

Our rapid structured review (informed by systematic approaches) is synthesising evidence on how effective different programmes have been over time, how they have changed, and how they and the evidence base could be improved.

What were the key findings?

- Over time, programmes have shifted towards sustaining employment, providing ongoing support, working with employers, integrating support across services, and tackling complex needs. Success towards these aims is mixed.
- Programmes that provide ongoing support tailored to individual needs are more effective at getting people into *and* sustaining employment.
- Components including voluntary referral, flexible support locations, named key workers, person-centred ethos, and personal budgets may increase success.
- Payment by performance incentives to promote job entry and sustained employment outcomes are effective but may skew support towards people with less complex needs.
- Incentives need to adequately promote support for more complex needs, multimorbidity and intersectionalities with population characteristics and individual circumstances.
- Attention needs to be paid to nature, accessibility, suitability, quality, and stability/security of jobs, as well as people's preferences.
- The design of evaluations *must* be improved to allow for accurate and meaningful comparisons of effectiveness for different groups, between programmes, and over time.
- The nature of employment in the UK is changing and support programmes as well as their evaluations need to consider this.

Benchmarking local provision

What it is

Rapid evidence reviews of programmes and policies in place in LCR. A single report will be produced to collate findings and contextualise the findings to the wider environment. This will incorporate support provided by NHS and local government.

Why it is useful

This will provide an up-to-date picture of employment support practices in place locally.

What we did

Asses local information and reports to identify what programmes are in place and relevant policies, both national and local, to the local area.

Who leads and what are the initial steps?

Define the geographical area for review and identify a lead organisation, e.g. an organisation with responsibility for economic development across the area.

Who should provide information?

Work with NHS organisations and others involved in commissioning and delivery to gather information. The overall picture is likely to be complex, with programmes being commissioned and delivered at different tiers, settings and across various geographies.

There are two parts to the review, which may be sequential but are more likely iterative

- **A: Taming the complexity** – a mapping exercise to understand the nature and extent of existing activity, the reporting structures, the availability and quality of evidence, and to scope the review.
- **B: Asking the questions** – seven core questions that explore how health considerations are integrated within existing programmes, strengths of the existing provision and areas that might be improved. The process may highlight information (or information gaps) that can be fed back into Part A.
  - *How is support and provision informed by evidence on maximising both employment and health benefits?*
  - *How does it measure health and wellbeing outcomes?*
  - *How does it connect with wider health and social support?*
  - *How does it recruit and retain participants with disabilities and health conditions? (How are they supported to access provision?)*
  - *How does it respond to lived experience of people with disabilities and health conditions?*
  - *How are lessons learnt used to embed health and wellbeing within wider economic policy? (What data is produced? What are the mechanisms for influence? Is there evidence of influence?)*
  - *How is expertise in disability, health and wellbeing shared between employment support professionals?*

STEP 2:
Overview

How can we use the activities?
- Use best practice to identify what should be offered.
- Use benchmarking to identify how local practice compares to best practice.
- Use context mapping to identify what the next steps should be and how best practice can be used to meet the goals identified.

Next Steps – If evidence does not exist this does not mean areas should not utilise such support:
- Careful consideration is needed to understand what a lack of evidence means in practice.
- Evaluation practices should be predefined for all programmes, but these take on added importance when looking at programmes that do not have an evidence base.
- Consider publishing the evaluations you undertake, as creating an evidence base is beneficial to all. Consider partnering with relevant academic groups to do this.

Using Local Data

The aim of this action was to utilise the existing data assets to understand the needs in the local area. This provides evidence to inform policymaking decisions. This focuses on:

- **Data-sharing & Linking**: what data, how can it be used and infrastructure/skills needed.
- **Local Profiling**: using data to identify who is accessing employment support and how successful these programmes are.
- **Area profiles**: Identify which health conditions are linked to employment outcomes.

Setting the infrastructure to start linking data

What it is

Work with LCRCA, ICB and NHS Commissioning Support Unit to link the employment support programme data with the data infrastructure held within CIPHA of health and social care data, as well as working with the population and key stakeholders as part of the Civic Data Cooperative.

Why it is useful

Through linkage, we can assess the health effects of programmes using natural experiment methods. More fine grain health analysis of programme participants will be possible through linkage, for example assessing equitable access.

What expertise is needed to set up the linkage?

Specific information governance requirements and laws which apply to different data types, mean specialist knowledge is required. Specialist technical knowledge is required for other areas, particularly around the practicalities of linkage and pseudonymisation.

What are the main challenges?

The main issue will be work to link non-health data assets to health data, with a particular focus on the Information Governance requirements. Learning from the experience of doing this in LCR, particularly around the practicalities of this linkage and who should be involved, will help other areas replicate the approach.

Examining interesting facts and posing key questions

How well does knowledge of health conditions translate between economic support programmes and health service records? How are health services used by employment support clients and does the pattern of use change after they become a client?

Organisations to support

Organisations with responsibility for local economic development, organisational representatives from providers and the local NHS Integrated Care Boards all need to be involved.

Skills needed to maximise the benefit

Expertise in data analysis, data management and the specific methods is needed to maximise the benefit of the data.

Using data to identify if support is equitable

What it is

Use data from local employment support services and compare the demographic breakdown of clients with census. Model demographics and service outcomes to identify factors associated with success.

Why it is useful

Use the equity audit to identify if local services are being accessed equitably.

Use the specific analysis of effectiveness to identify factors associated with success.

Areas will be able to arrange an equity audit of key programmes in their local area, identified through their mapping work. Specific learning from the activity will not be generalisable and will be area specific.

1 **Identify the data that will be assessed**
- This will be the routine data that is collected by the employment support programmes which you want to assess for equity.
- Be clear this is **not** part of performance management but rather focussed on improving the support for the local population. Services will hold records about their clients.

2 **Identify people with quantitative expertise to analyse and produce outputs – what is the demographic breakdown of service users?**

3 **Use the census to create a picture of the demographic features of the out-of-work population (either unemployed or economically inactive).**

4 **Compare the employment support programme with the census by SES, age, sex, ethnicity – how does the demographic breakdown of the clients compare to the population of economically inactive/unemployed in the census?**
- The choice of census population will depend on the aims of the service and which population it is focussed on.

5 **Use modelling to identify what factors are associated with success.**
- You will need to identify what success is, e.g. is it employment status, personal skills or resilience?
- Input demographic factors and other key factors into a model with previously identified success as the outcome.

This will tell you two things:
- *Do programmes need to be targeted at specific demographic groups?*
- *Do programmes need to be changed to better serve specific groups?*

Health and employment in a small area

What it is

Use Quality Outcomes Framework (QOF; from GP) data to estimate prevalence rates for certain health conditions and assess the relationship between health prevalence rates and employment outcomes using the 2021 census (economically inactive due to health and unemployment). This is relevant to the entirety of England.

Why it is useful

Understanding the relationship between health and employment will allow us to identify the important health conditions for employment. The analysis using QOF will provide this information across England.

Key findings

- We estimated how much certain employment outcomes increase when the prevalence of health conditions in the population increase.
- For economic inactivity due to health, if the prevalence of epilepsy goes up by 1%, economic inactivity due to health increases by over 2%
- Other conditions associated with a significant increase include:
  - Severe mental health problems
  - COPD
  - Learning disabilities
  - Coronary heart disease
  - Peripheral arterial disease
  - Atrial fibrillation
  - Stroke
  - Chronic kidney disease
  - Depression

- For unemployment, if the prevalence of severe mental health problems goes up by 1%, unemployment increases by over approximately 1%.
- Other conditions associated with a significant increase include:
  - Osteoporosis
  - Learning disabilities
  - COPD
  - Diabetes
  - Coronary heart disease
  - Hypothyroidism
  - Hypertension

Service Redesign

Using all of the insights gathered through steps 1-3, we can redesign services to address gaps, align provision with best practice, and ensure that the employment support offer best meets the needs of the local population

Service Redesign

What it is

Using findings from each workstream to assess potential actions to improve the service offer and better meet population needs.

Why it is useful

Such an approach provides transparency on how evidence generated is used and provides multiple options which can be considered among wider aims and the local context.

Who should inform this?

- Organisations with responsibility for local economic development to lead on the collation of findings to identify suitable options.
- Include organisational representatives from providers, the local NHS Integrated Care Boards, VCFSE, and frontline workers who are involved in employment support or health support for people with long term conditions.
- A key element of this is to incorporate a wide range of views when collating the findings from the work done and consider these differences when creating options for service redesign.

What questions come from each activity?

- **Context mapping** – what are the short and long-term goals for employment support?
- **Evidence benchmarking** – does the current provision of employment support appropriately meets the needs of the population and adequately reflect what the evidence tells us about support?
- **Data** – are there inequalities in accessing employment support programmes? Are there specific areas with a health profile that would benefit from targeted support?
- **Stakeholder engagement** – what challenges are faced (for example by employers)? Can we use residents' lived experiences to inform service redesign? How can we increase recognition and acceptance of the Social Determinants of Health among partner organisations?

Examples of how activities fit together

- Using context mapping with evidence benchmarking gives an excellent understanding of the local context and how local aims can be matched against evidence.
- Data work combined with stakeholder engagement ensures analysis can be contextualised.
- Data can help inform the learning from the context mapping – does the data show what the mapping tells us?

SERVICE REDESIGN:
Case Study

A key aim of LCR's EHL programme is to create, improve or strengthen arrangements for collaboration between the Liverpool City Region (LCR) Combined Authority (CA), the Cheshire & Merseyside Integrated Care Service (C&M ICS) and the City Region's Public Health (PH) teams.

In 2024, the C&M ICS began work on the NHS Joint Forward plan for 2024 – 2029 and at the same time, the C&M Health & Care Partnership (HCP) began its work on the HCP plan for 2024 – 2029. Both organisations recognise the role of the social determinants of health to their agenda and the need to work collaboratively with organisations outside of the health sector. There was a clear demonstration of this when the LCR CA was invited by the C&M ICS to join the group that was working on the C&M HCP plan 2024 – 2029.

The CA was keen to accept the invite and over the following 8 months, the new HCP plan was developed. The result was a bold, innovative and ambitious plan, which quite obviously moved beyond what many might traditionally see as the health role. The plan deliberately chose headline ambitions that reflected the social determinants of health agenda and more specifically the Cheshire & Merseyside All Together Fairer framework.

We used the insights from the stakeholder engagement and context mapping activities to inform this. Including consideration of the short and long-term goals, and how the influence of national policy and local aims can be balanced.

During the same period, the C&M ICS, the LCR CA and C&M's PH teams worked together on a Work Well application. Although the application itself was unsuccessful, it is another demonstration of the willingness for these different organisations to come together and work constructively at relatively short notice, on something that straddled both health and employment.

Concurrently our learning from the data has informed the way employment support programmes will be commissioned through the UK Shared Prosperity fund, Connect to Work, and apprenticeships. Additionally, the data linkage work will allow a more focussed approach to the delivery of services at local area level.

The results thus far demonstrate a genuine willingness and desire by the LCR CA, the C&M ICB and the C&M PH teams to work collaboratively in a mature and constructive manner. Perhaps the real test of this relationship will be when these same organisations explore the sharing of their resources and/or funding.