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Liverpool City Region Combined Authority
Economies for Healthier Lives Programme
Stakeholder Workshop Report

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Introduction

The Economies for Healthier Lives Programme online stakeholder workshop took place on 13th December 2022. The aims of the workshop were to:

- Bring together different stakeholders to identify the benefits of, and barriers to, delivering employment related support services within the Liverpool City Region (LCR), and the impact on the social, physical and psychological wellbeing of those who use them.
- Explore the different components of these programmes, namely activities, outputs, and outcomes to capture and better understand the broader system level impacts of the services.

The workshop was attended by 31 stakeholders who came from different services and organisations (see 'key stakeholders' detailed below). The workshop was facilitated by three members of the research team from the Public Health Institute, Liverpool John Moores University (LJMU). All of the stakeholders who attended had experience and/or involvement in the development, delivery, and implementation of programmes of employment and/or employability support to residents in the LCR.

The key information captured around activities, outputs and outcomes is displayed in Table 1 below. An additional narrative has been provided around these areas of focus, in addition to exploring the factors that influence effective partnership working between the health and employment sectors in the Liverpool City Region.

A summary of key points is provided at the end of this report.

Table 1: Economies for Healthier Lives Programme – Logic model

Key stakeholders	Key Activities	Outputs	Outcomes		
			Short-term	Medium-term	Long-term
<p>Local Authorities (incl. Public Health, Adult Social Care, Education)</p> <p>Academic Partners</p> <p>VCFSEs (e.g., work and health programmes, Sefton CVS, One Knowsley)</p> <p>NHS (incl. Primary Care Networks, Integrated Care Boards)</p> <p>DWP (incl. Employment and Skills)</p> <p>Community and Mental</p>	<p>Co-production / development of the Economies for Healthier Lives Programme (residents, employers, and other key stakeholders to directly contribute to and influence the work undertaken by the programme - developing a shared vision)</p> <p>Support for individuals with long-term health conditions, to move forward towards and into employment</p> <p>Mediation between individuals and employers where individuals feel their job is at risk due to ill health</p> <p>Opportunities for those with health disadvantages to undertake different aspects of work-related experience with specific employers</p> <p>Advice on prescription providing wellbeing and social welfare support</p>	<p>Current</p> <p>Complex needs plans in Job Centres that feed into each Cluster Plan to the Merseyside DWP Health Strategy and the National Plan. The DWP have also recently added a function that allows additional information such as a long-term health condition or disability to be recorded on the Universal Credit System.</p> <p>Individuals into work and retention in work. In addition to this, progression information to identify successes and gaps.</p> <p>Data sets such as reduction of claimant count, Universal Credit claims, employment outcomes, reduction in economically inactive etc., but looking at the ‘distance travelled’, e.g., through self-measured wellbeing and quality of life measures (such as the WHO 5 and</p>	<p>Individual</p> <p>Stabilisation of personal circumstances</p> <p>Preparing households for work</p> <p>Motivation to work towards employment progressions</p> <p>Improved provision of early support for individuals (and employers) when they are starting to have long-term sickness absence</p> <p>Improved awareness and self-management of health conditions (people feel better able to manage their health condition while in employment)</p> <p>Enable better access to employment support and advice to young</p>	<p>Individual</p> <p>Build personal and economic resilience - through building on financial capacities to manage a household budget</p> <p>Maximisation of household incomes</p> <p>Improved finances</p> <p>Reducing debt</p> <p>Improved employability of those with Learning Disability Support – it is hoped this will have a direct impact on this group being targeted by and becoming involved with criminal gangs</p> <p>Reducing barriers to entry to work for people with complex lives/ health issues</p>	<p>Individual</p> <p>Every resident of the Liverpool City Region feels like employment is a viable option to them</p> <p>Individuals are able to maintain good employment</p> <p>Individuals have developed career progression pathways, with alternative progression routes to include supported volunteering</p> <p>Reduced need for specialist health interventions</p> <p>Improved health and wellbeing</p> <p>Community</p> <p>Work with schools, students and parents to encourage</p>

Key stakeholders	Key Activities	Outputs	Outcomes		
			Short-term	Medium-term	Long-term
Health Services	Support for those with long-term mental health	individual testimonies) taken at the beginning, middle and end of interventions – providing an evidence base for justifying a collaborative approach and funding.	people with a range of (complex) needs	Reduction in the number of visits to the GP for social issues	longitudinal change to empower residents
Engagement and Research	Support for those with poor literacy and those with neurodiversity	Profile, activity, and impact data is shared with Liverpool NHS systems and The University of Liverpool - and is then linked for analysis by Liverpool Local Authority and The Public Health and Systems Department (Citizens Advice on Prescription)	Increased sense of purpose	Community Improved digital inclusion for communities (digital exclusion seen to exclude many residents from being able to get educated, access work, courses etc.)	Work with probation services to try and break the cycle of repeat offenders through providing training and employment
Public Service Redesign Agencies	Programmes focussing on health and work that support individuals who have a health condition or disability or have been unemployed for a long time	European Social Fund targets include measuring people with disabilities being supported through the Ways to Work programme, and into work (monitoring is fed back to CA /DWP quarterly). <i>Barrier:</i> This, however, relies on people declaring a disability, which many do not want to do.	Increased self-esteem	Reduced stigma attached to people living with health conditions	Develop learning hubs, offering training for hospitality, trades etc.
CHAMPS Public Health Collaborative	Advising/advocating on housing conditions Housing – e.g., working with street homeless to provide housing and further support around work and education		People are able to stay in work through health challenges as they are receiving the right support		
Merseyside Youth Association	Enabling access to employment support and advice for young people (15-29) who have a range of (complex) needs		Improved access to good work opportunities for those with health issues	System Development of Employer Partnerships for sustained employability.	System Better meeting the needs of our populations through changing the way in which services within the system work (and work together)
Communities (e.g., young people, families, the public)	Provision of school-age support		Community Increased engagement with communities providing clarity and a simplified landscape for all around support available	Positive changes in organisational culture (leading on from short-term outcomes of increased help and training to improved awareness and understanding)	
Citizens Advice	Health and wellbeing courses		System Developing a network of employers to engage in the Economies for Healthier Lives		Reduce duplication across the region, through joining up relevant place-based strategies (with comparable outcome measures)
Charitable organisations / companies	Volunteering opportunities				

Key stakeholders	Key Activities	Outputs	Outcomes		
			Short-term	Medium-term	Long-term
Chambers of Commerce	<p>Signposting</p> <p>Training and support for employers around mental health</p> <p>Future activities Identify a pool of employers, who are willing to engage from the outset, and use the Economies for Healthier Lives Programme to fill vacancies.</p> <p>Engage with schools, colleges, universities, Liverpool in work, apprenticeship, and internship providers etc to promote the programme.</p> <p>Utilise the apprentice levy to train residents to make them suitable for employability</p> <p>Engage with communities to identify what training and skills are required and explore what can be put in place in communities. This may include an established programme for residents, to inform and engage with, to</p>	<p>Gaps / Future output monitoring Capturing a baseline of the work underway in LCR systems supporting people into/back into employment (to assist in looking at any gaps/challenges etc.)</p> <p>Reference the data from System P to bring into the data set framework you are putting together Develop a powerful comms campaign, which spotlights organisations across the region that have been proactive in recruiting people with health challenges and how both they and the employee have benefited (this is an output as well as an activity)</p> <p>Alignment of different (local and LCR strategies) with exploration of how data from different services / organisations can be fed in to support the outcomes</p>	<p>programme to work together to support transition into sustainable employment</p> <p>Increased help and training for employers and their teams so they better understand 1) health conditions (including chronic conditions and how these may present) and the impact of particular health conditions on the employment prospects of individuals; and 2) and are more aware of the support and benefits available to them to help their (current) workforce (retention) or new recruits with health issues. Identification of challenges/barriers to employment. For example, through identification of simple,</p>	<p>Increased awareness and understanding on a wider system level of collective working such as how childcare, transport costs etc. can impact upon those trying to work with a health condition</p> <p>Reduced competition and increased collaboration across funded provision so that everyone can access support and there are fewer gaps as a result</p> <p>Increased engagement and commitment of employers to the Economies for Healthier Lives Programme</p> <p>Enabling fast track access to health support</p> <p>Improved / developing collective leadership across LAs and Health.</p>	<p>Greater devolution towards more local service delivery health and employment</p> <p>Fully integrated health, social care, and employment systems</p> <p>Positive impact on economic inactivity rates in the LCR – with a more productive local economy, with more people with long-term conditions in work</p> <p>Flexible employment options with responsive health related benefits</p> <p>Supported accessible recruitment policies which enable people with health conditions to source suitable good jobs and lasting employment</p>

Key stakeholders	Key Activities	Outputs	Outcomes		
			Short-term	Medium-term	Long-term
	<p>shape what the Economies for Healthier Lives Programme should look like</p> <p>Closer partnership engagement with community groups</p> <p>Develop a collective partner comms strategy that is aligned with the Economies for Healthier Lives Programme</p>	<p>frameworks to measure impact of these plans.</p> <p>Visits to the GP for social issues (to measure the impact of the support provided by social prescribing/link workers and the community interventions accessed)</p> <p>Exploration of reasons for worklessness within communities to inform priority areas for the Economies for Healthier Lives Programme – e.g., skill levels, educational attainment, caring responsibilities, impact on benefit, lack of opportunity or career progression etc.</p> <p>Customer Relationship Management System (utilised by individual programmes and organisations) that measures outcomes including health and employment outcomes.</p>	<p>inexpensive, and practical steps that can be taken by the individuals and the employer to overcome these challenges (including willingness to address them).</p> <p>Flexible working arrangements to empower and encourage support of the Economies for Healthier Lives programme</p> <p>Increased recognition by employers of the benefits for them and their staff of providing good employment that enhances health</p>	<p>Improved connection between health front line workers, including GPs, and the trusted local services that can support people with health and work</p>	<p>Accessible real living wage across employers in LCR</p>

Key stakeholders	Key Activities	Outputs	Outcomes		
			Short-term	Medium-term	Long-term
		Job role satisfaction Reference the data from System P to bring into the data set framework for the Economies for Healthier Lives Programme ¹			

¹System P is the whole system approach to addressing multiagency, multisector challenges that negatively impact population health and will deliver transformational change in service provision through collaborative working. It is a Cheshire & Merseyside ICS funded programme and commenced in September 2021

Activities

The key activities being undertaken in the LCR in relation to employment-related support can be seen in 'Key Activities' in Table 1. Overall, the focus of these activities was on programmes of work with residents, employers and other key stakeholders that sought to identify the challenges often faced by (i) unemployed residents with a health condition who are seeking employment, and (ii) employed residents with a health condition who want to remain in employment; and provide the necessary levels of support and signposting. These programmes of work focus on the following key areas: training, education, employability, health, social cohesion, housing and safer communities.

Aligning the Economies for Healthier Lives Programme and its associated activities with current policy and guidance across the LCR (and more widely) was felt to be necessary to maximise the outputs and outcomes of the programme and open dialogue and communication within and between the six local authority areas of the LCR (Liverpool, Sefton, Knowsley, St. Helens, Halton and Wirral).

"We need to ensure that the City Plan and One Liverpool Delivery Plan and the focus on the 5 population cohorts is referenced in this work so we can maximise our collective work together to support the work of this programme."

"...the whole point of this particular exercise is to try and build up, make better some of the arrangements for dialogue and communication, not just between you guys and your own local authority areas, but also across the six local authorities within the City Region."

As well as the programme delivering specific 'service' elements, it was felt that the programme can also contribute to the growing narrative around health, wellbeing, employment and the economy across the LCR.

"I think that that narrative is important so as well as the programme delivering on this specific kind of service stuff. I think if the programme can continue to contribute to building that narrative about health, wellbeing and employment and economy. In the wider discussion across LCR that would be a great thing as well."

There were several examples given by stakeholders of the specific activities being undertaken in the LCR, which are detailed below:

Organisation/Service	Programme of work
Department for Work and Pensions (DWP)	<p>Each Job Centre has one Disability Employment Adviser (DEA). They are able to support all customers with long term health conditions, to move forward towards and into employment. The DEA have a range of partners and specialist provision, to support and overcome hurdles. The DEA are looking to work with community groups across the region to support joint service users. They also offer a retention service, acting as a mediator to support individuals who feel their job is at risk, due to their health conditions.</p>
	<p>Disability Confident Scheme. Employers sign up, and commit to offer those with health disadvantages, the opportunity for Work Experience, a work trial, paid employment, apprenticeships, job shadowing, traineeships, paid internships, student placements and sector-based work. Employers are expected to move up through three levels of commitment.</p>
	<p>Work and Health Programme – 1) 12-month programme of support for those with health conditions to find and keep employment. 2) Intensive personalised employment support program is there to support service users with complex health conditions to move into work and support them to keep the job - this is a 15-month programme.</p>
	<p>Other support that the DWP provides includes specialist support/provision for those: with long term mental health impacting individuals’ ability to leave their home (weekly professional telephone support for up to 20 weeks); with difficulty with reading or writing (no diagnosis required); that feel they are on the ASD spectrum</p>
Citizens Advice (CA)	<p>The CA Advice on Prescription Liverpool provides all front-line health staff with access to social welfare support and works closely with link workers from all Liverpool PCNs. This service also provides a blended service of wellbeing and social welfare support to secondary care staff and has a focus of priority health conditions: respiratory conditions, cancer, and long-term health conditions, diagnosed mental health conditions, women on the perinatal pathway. Referrals are taken from multiple community sector groups, including but not limited to WHISC, The Stroke Society, James Place, YPAS, PSS, Life Rooms etc.</p>
Housing First	<p>This is a combined authority programme working with street homeless people to get safe and permanent housing first, to build further engagement and progressions including work and education routes</p>

Happy Go Cooking	This is a small social enterprise, whose initial aim was to provide training around food hygiene, food preparation, cookery skills to adults with learning, physical and mental health support needs. The social enterprise has, however, changed into a catering agency for events, restaurants etc, with the service users getting work experience, paid employment etc. Along with local community leads, they produced and delivered 8,000 meals per week to Princess Park residents during the pandemic.
Community Connectors (CC)	The CC work within Liverpool City Council Adult Services. They connect people to community organisations, promoting social/community engagement, and personal health and wellbeing. The CC have worked with people who are interested in finding work and will signpost to employment services, as well as helping people understand barriers to working, and maybe signpost to volunteering opportunities or courses to help overcome barriers, e.g. anxiety workshops.
Merseyside Youth Association (MYA)	Talent Match Programme - MYA provides a personalised employability programme, which works with young people aged 15-29 who have complex barriers including mental health issues and neuro-diverse conditions. Trauma informed, intensive mentoring is the golden thread that co-designs bespoke support including therapeutic support (counselling, CBT programmes etc), speech and language support and personal and social development. The programme works to deliver a holistic approach.
	Youth Employment Hub - co-located DWP work coaches work alongside Talent Match mentors to enable better access to employment support and advice to young people with a range of needs, to whom a job centre may be a barrier to support, including two specialist outreach workers for young people who are neuro-diverse and young people from diverse communities.
Liverpool City Council (LCC)	LCC provides an Employee Assistance Programme to staff. This includes training, mindfulness, counselling, bereavement help etc. and also signposts to other providers to assist with various issues.
	LCC Adult Learning Service deliver health and wellbeing courses to employers / workforce and to unemployed residents, including mental health, laughter yoga, breathing techniques, mindfulness etc.
	The SEND Team at LCC are providing support to young people at schools and beyond to support them into work through a Supported Internship programme, working with schools, parents, employers, health providers etc.

Croxteth Good Help Hub	This is a pilot which focuses on training, education, employability, health, social cohesion, housing, safer communities etc. The idea is a 20-minute neighbourhood, so that residents can access services within 20 minutes from their homes. This has involved co-production with residents, around 'what would a good Croxteth look like to you?' The Hub is scheduled to open mid-January 2023.
Merseycare	The Life Rooms service supports and signposts people and currently offer services across Liverpool and Sefton.
Transform Lives Company (TLC)	TLC are funded by Life Rooms and aim to support people in employment to better manage their wellbeing to enable them to stay in work. TLC work with social prescribing teams - many of their referrals come via social prescribing and are people with long-term health conditions. The TLC programme GiveGetGo links people to volunteering opportunities as a stepping stone back into employment. This includes identifying where there may be need for a change in career due to the health condition. As well as the practical "how to get a job" support the programme focused on resilience, self-regulation, self-management of wellbeing etc.
Work Programme	Supporting individuals with a dedicated key worker as well as support from our health team and our employer services team to understand individuals needs and implement the right support for individuals to transition back into sustainable employment

It was highlighted that there is a 'huge barrier' to many of the activities discussed in that individuals must be 'out of work' rather than in 'poor employment or on zero hours' and that there is a vital need for support to be provided to those 'who may be at risk of going off work'. A holistic, whole system approach, rather than just relying on the responsibility being placed on the 'employing organisation', was seen to be important.

"I think all these wonderful activities are brilliant...There's a lot of to be done about knitting these together and enabling access to all of them and sharing understanding what each of them can deliver. But what seems to be a consistent barrier with all of these things is that you have to be out of work. You have to tick a certain load of boxes in order to be able to access a number of these services, which I get. But there is a sort of unmet need for people who are in poor employment or in zero hour contracts are very unsuitable because they're doing what they need to do to survive, but it's not maximising their capabilities, their ambitions, they're not meeting anything above their very basic needs, and this is a group of people who can't access things like Liverpool Into Work...For the vast majority of these programmes it was just something to bear in mind."

"How we can support people who may be at risk of going off work before they do, with more holistic delivery models rather than just the employing organisation?"

One example of a programme that had received funding to work with those who are already in employment but experiencing poor health was through The Life Rooms, a free NHS service. It was highlighted that there have been limited referrals to this programme, but it was felt that this may be because employers are 'frightened to open the flood gates' and that it is important to promote the benefits of such programmes with employers and find ways of encouraging them to engage.

"We have been lucky enough to get some funding to work with people who are in a job and so this is through The Life Rooms. And you're right, it is so unique, and it is so rare to actually get that kind of thing...you would think we would be overwhelmed with referrals and we're not. And there's a couple of things going on. I think with employers...they're frightened of putting it out to their teams...So the message isn't getting down to the teams on the ground who really need that support. Because the employers are frightened of open the flood gates. And then there's also a little bit of. We're also frightened of admitting that there might be a bit of a problem within the workplace that people are struggling and we're not being able to deal with it. And so there is a programme here. And it does exist, and we would love to get more people on this programme to provide more learning into this as to as to what can work really, really well, but it's getting into the people who need it, and we know that they're there."

It was discussed that the DWP has a Retention Service within its Job Centres whereby the Employment Advisors and Disability Advisors can act as mediator between somebody who feels that they are going to lose their job due to their health condition. Again, the importance of ensuring employers and employees know about the presence of such support was highlighted, as was facilitating ease of access.

"...an employee who's putting pressure on them to maybe return to the labour market or to leave their job...the Job Centre can act as a mediator between those two groups of people as long as they're both willing to come into the same room. I've been in cases where the National Trust had somebody who couldn't read their scripts. We put a temporary screen until they had their cataracts. Those things do actually exist, but it's the same thing, people don't know what they don't know, so employers don't know the service exists. Most people coming into the Job Centres feel that they are under so much pressure with the health condition they leave before discussing these things with a Disability Employment Advisor, and it's maybe we're missing the step there."

Communicating what is available was seen to be 'key'. Discussion focussed on the potential benefits of having a resource where all assets were detailed in one place and information could be accessed by anyone rather than specifically linked to organisational web pages or directories. The Live Well Directory was seen as a possible resource that could be utilised; however, it was acknowledged that it can be challenging to keep such resources up to date.

Targeted and place-based approaches, based on best practice, were seen as the best way of supporting and meeting the needs of local communities – an example was provided of the DWP Disability Employment Advisors with Merseyside Job Centres.

"[we] need to look at best practice examples and also how to meet different needs of populations in each of the relevant areas."

"What we're also looking to do as well is identify...what the range of health conditions is. We're not going to be able to address them all. [We] Can't be all things to all people, but I would like to find out when we start to engage more with the residents...which are the ones that are more prevalent."

"...in Merseyside, we have just done a recruitment exercise [so] we now have at least one Disability Employment Advisor in every single job centre across Merseyside and we are there to support any customer who walks through outdoor who has a long-term health condition. Absolutely any health condition. We don't discriminate...We are now pushing to move back out of the Job Centres...[before the] pandemic we were out in the community...We've got the numbers up to actually go back into community."

Bringing services to communities rather than the other way round was seen to provide a shift in how services work with vulnerable people as well as destigmatising access to support. An example was provided of the Talent Match Programme and integration of DWP work coaches within Youth Centres. As well as engaging community members in activities that have health derived benefits.

"And a shift in in how they work with vulnerable people. There is a model around the youth hubs which has been really really successful. Working with young people where you basically bring the Job Centre to the Youth Centre rather than the other way around and actually embed the DWP Work Coaches in with your community providers. So in our neck of the woods, it's the Talent Match Programme though it's properly integrated into a community venue that's destigmatised and that doesn't have a security guards on. And it's a completely different environment. It works so well and I think there are models out there...which show excellent practise that DWP have actually committed to that could really work for this cohort. So I think it's building on what we what we know works and some of that integration."

"...there are activities being delivered by a whole host of other organisations and services which aren't necessarily badged themselves as health, but actually they give the people who take part in those activities, health derived benefits, and one of the examples which resonated with me was services that often go out and push the health agenda quite obviously. For example, come along to our centre and do some exercises and physical exercise and some breathing exercises may not always attract or appeal to the type of people who were looking to engage with and exactly the same exercise when it's come along to our centre and have a bit of fun singing and dancing, which involves exactly the same thing appeals to perhaps the audience that we are trying to engage with does exactly the same thing, it's just done differently."

Being able to understand the different roles of professionals within these communities so that individuals could be appropriately referred and signposted was also highlighted.

"Understanding of different roles within the community such as link workers - role definitions for key support posts such as link workers would be great."

For example, it was felt that roles such as those of link workers were ‘massively misunderstood’ by professionals and that they have an important role in bridging conversations and engagement of people with services or community groups and programmes of support.

“...from feedback what we get from patients and from other colleagues and other PCNs [primary care networks] is that when patients have been referred straight away to an outside organisation, they feel like they haven't been listened to. So, they feel like their needs are sort of being downplayed a little bit and they felt like the GP's or the clinicians in the surgery have just tried to get rid of them out of the practise and I think that that's a problem why outcomes aren't improving. I think that the understanding of PCN link workers is massively misunderstood...I feel like it's important that the role of the PCN link workers is properly understood, because when organisations out in the community do understand that, it's going to be our staff filling your groups. And without PCN link workers, them community groups aren't going to thrive and they're not gonna be filled. They might get referrals through sign posting in, but the retention isn't gonna be good because people aren't gonna have that before a lot of work put into them around the behaviour change and understanding why they need to go and access the support in the community and the benefits that they're gonna get from it. So I feel like right across Liverpool, there needs to be a lot of work done. I feel like a lot of people see PCN link workers as competition or a threat to their service, when in fact they're not. They can actually help you.”

There were mixed views on whether social prescribing models across the LCR should be standardised.

“It's such a fantastically untapped resource, the link worker resource. There's a whole army of fantastically gifted and committed people working across the region. But there's no meaningful and shared definition... people are all working in different ways. If only everyone worked like North Liverpool across the region, we'd have one system that could be used as and when needed with required flex.”

“...in Knowsley we do actually have a really strong social prescribing model that is led by the sector. So one size doesn't fit all. I think there's something here about learning about what's working well across the City Region, but it's not as straight forward as picking up something that works for example in North Liverpool and assuming that the same model and blueprint would fit and work elsewhere.”

Comments were also made around resource and the potential over use of signposting into the VCFSE where further investment is needed as well as where current resource may be better utilised.

“VCFSE are the Social Prescriptions that provide support and interventions to address wider determinants of health. It's crucial that any social prescribing initiative either within PCN or other interventions invest in and support the capacity of the prescriptions. We need to move away from too much signposting into this sector.”

"Link workers in the PCNs tangibly contribute and support people with a health condition. This is anything from 4-10+ link workers per network - big human resource which could be better used."

Outputs

Stakeholders highlighted that there were a number of ways in which outcomes of engagement with individuals and communities are currently measured and how they may be measured or evidenced in the future. Across all of these, the importance of collecting both quantitative and qualitative data was highlighted. This included data being collected at the beginning, middle and end of any engagement to enable 'distance travelled' to be measured.

"Data sets such as reduction of claimant count, UC claims, reduction in economically inactive etc. can be measured, but doesn't capture any of the other progression, and is very blunt."

"Self-assessment tools such as Work Star etc can be useful, if used properly, consistently and at regular periods during intervention with people - as this can capture some of the 'softer' measures, and shows progression, without needing to have an ultimate output e.g., into employment."

Services such as the DWP spoke about using local information 'to influence the types of additional support [they] contract for' including data from the Office for National Statistics (e.g., www.nomisweb.co.uk).

Discussion also focused on data sharing and accessibility, with stakeholders stating that whilst some data that is collected is fed into local and national data sets (e.g., DWP) or is used for reporting to funders and at shared events, a disparate picture is often presented as it is not possible to access data from other systems.

"...these [data] are reported to funders and shared at events, but are not plugged into other systems e.g., Health and LA data collection. So, it is a disparate picture."

Output measurements were seen to be an important way of not only evidencing outcomes, but also providing 'validity' to specific roles and interventions.

"I think it's very important from a social prescribing / link worker perspective that the main outcome is a reduction in visits to GP for social issues, so for me the validity of the link worker support and the community intervention they are supported to access is measured by this."

It was highlighted, however, that the way in which data is collected and presented can be dependent upon the reporting requirements of particular services / organisations / funders.

"I think that especially in the voluntary sector, what you've had is people developing their own systems because they've needed to measure what they do, and because they've got funders...we've had three different systems...to one programme...as well as a national evaluation...So I've now got five sets of data, all subtly different, it's the same programme but with kind of five different nuances depending on what people want...And people who have developed different things either in line with a funder or because you know certain things, like Outcome Stars,

became the flavour of the day, or WEMWBS and people have tried different kind of measurements to see what fits... you're always gonna have people with disparate kind of outcome measurements, however, it's how that gets channelled into something on a city region wide basis."

The LCR Civic Data Cooperative is seen as a medium through which to bring together and make better use of different data sources from health, employment, and welfare services to provide a more detailed and broader picture of health and work (-lessness) in the LCR; with the University of Liverpool being the stewards of the data. Also how this data set can be utilised to improve health and service provision. This involves data sharing agreements between services and organisations, and the University of Liverpool.

"...the purpose of the Civic Data Cooperative is to try and make better use of the different sets of data that we, as individual organisations often hold, but are unable to share because of the GDPR type of thing and all the stuff that we're all well familiar with. With the University of Liverpool being involved in the programme, the idea is that they will be the stewards of data, which individual's organisations who are signed up to the service will provide them with and what they'll then be able to do is use that data together with all of the other data sets that it has been given in order to then analyse and research in much greater detail..."

"To look at all the different data sources from employment support services and see how well we can link that with and health data. So this is early thoughts. It's not that we've done yet, but the idea behind that would be to allow us to get a better understanding of what kind of health needs there are for people accessing employment support and whether actually the services we provide are meeting the needs of our population."

Outcomes

Several short, medium and long -term outcomes were identified by stakeholders, which can be seen in Table 1.

It was commented that through the support available, people should feel confident and optimistic about their chances of finding and staying in 'good' employment and so that they feel they are contributing to society in a meaningful way. Also that there should be local opportunities that communities can tap into.

"Supporting people to find work that facilitates balance, so they are contributing to society in a way helps them feel well, but they are able to do all the other things they need to do, such as looking after children, or doing a caring role, manage self-care, and engage in 'life - leisure interests'; not spending significant periods of their time preparing for and recovering from work."

This could be achieved, for example, through 'enabling SMEs [small and medium enterprises] with incentives to support individuals with LTCs into work [or] support flexible working'. It was also commented that the Economies for Healthier Lives Programme could work with the region's Integrated Care System (ICS) to improve referral times, including diagnoses for neurodiversity (e.g., dyslexia), which are seen to be one of the more prevalent health condition groupings that create barriers to employment.

"Working with ICS to ensure that delayed referral to treatment times are addressed so less people lose work / having extended periods of being unable to work while waiting for diagnosis/assessment/treatment."

"Addressing (with ICS) the long-term issues around waits for diagnosis for neurodiversity's (many years) and until a diagnosis is received support / reasonable adjustments/ Access to Work is harder or even impossible to get."

"...dyslexia if it's been diagnosed of how that can impact on a jobseeker from the very off in terms of trying to find employment and trying to read the information that sometimes published about a job opportunity which is intelligible to them and automatically presents as a barrier and what we're looking to do with employers is work with them to be able to provide alternative formats to the text"

Accessing volunteering opportunities to be able to 'trial' a workplace was seen as a way in which people could development meaningful and sustainable engagement within the workforce. The structures in which this would be possible, however, are not currently possible or permitted.

"I'd like to ask somebody who's witnessed the radical transformation that volunteering opportunities provide to people and how you can have almost a trial within a workplace environment. I'd like to stress but the importance of volunteering to it in somebody's development, particularly the people who've been long term unemployed. And it's something that the conditions now of the benefit system prevent. And I think it's a real tragedy because people are afraid to jump"

into employment in case it doesn't work out, whereas if you can have work within the structures of a workplace environment through volunteering and then also build the confidence and financial resilience. I think you're much better placed to have meaningful engagement within the workforce that's sustainable."

Factors that influence effective partnership working

When looking at the factors that influence effective partnership working between the health and employment sectors in the Liverpool City Region, there were key themes that emerged from the written responses that were provided as well as the accompanying discussions. These included: system level buy-in and management of change; collaborative practices, including communication and alignment; and funding and resource.

System level buy-in and management of change

Senior organisational buy-in, alongside trusted relationships between providers with a collaborative, not competitive, mindset was seen as a catalyst for change at a system level as was a 'real commitment' to the systems changes, rather than 'tinkering at the edges'.

"There's a sense that better connections across the system and from the system, including those that maybe are trying to impact at a very local level. That that's a massive thing for us that could be better."

"I'm optimistic that the momentum is gathering around collaboration, with commitment at a senior level."

"You need that senior organisational buying as well to give the permission and to allow those things to happen and to sort of take away some of the potential for competition. So it becomes much more of a collaborative process."

It was acknowledged that existing pressures and targets may impact upon how certain sectors are able to commit to change and manage their staff health and wellbeing.

"[The] Frontline NHS is preoccupied with trying to get through the winter / systems pressures. And their pressures and wait times impact on the public which makes it harder for them to manage their health and be work fit."

Local, regional and national policy, aligning 'joint mandates', and workforce development was seen to be a way in which to drive forward change and prioritise key actions and outcomes.

"Can we use Marmot agenda as a catalyst to bring divergent systems together."

"In Knowsley we have a shared strategy, data set and action plan that all sectors work to the delivery of avoiding duplication and maximising resources available."

"Aligning our joint mandates and potentially turn policy into action. Good example Net Zero/energy can help reduce HI [health inequalities] if at scale and prioritising our most vulnerable."

"If we can communicate the benefits of working jointly, i.e., our agendas and KPIs etc align, then it becomes easier to work collaboratively."

"Having workforce development and a clear vision/agreement on what we are trying to achieve and why."

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"...[the] All Together Fairer, the Marmot programme...[I'd] be interested in how we can link up with this programme to keep that whole narrative going about health being important for employment and the economy".

Collaborative practices (including communication and alignment)

Collaborative practice was seen as key to the success of providing support and developing the Economies for Healthier Lives Programme. 'Connectivity' and 'genuine collaboration' was seen as a way in which to best utilise the available resources and maximise impact. This involved sharing and linking data, but also targeted and 'meaningful' access to welfare services that for example, enable people to manage their finances effectively.

"Any initiative that targets people who are unemployed or in low paid work will need meaningful access to independent, indemnified and quality assured benefits, debt and housing information, advice and support."

The importance of identifying key people responsible to lead on particular aspects of work was seen to be important, but it was not felt to be necessary that they be at a certain level of leadership, more that there is a supportive team of professionals around them to provide 'collective support'.

"...if [name]'s leading on that let [name] lead on it and we support and get as many people to support [name] in terms of that...if anything, with the new transition of what's happened in the NHS and if the ICB, the integrated Care Board and Integrated Care System is going to actually change, then we've got to change. We've got to make sure that we'll support who wouldn't necessarily have to be leading stuff, but supporting and collectively kind of being part of that... So it's like a strategic moral."

Working across 'place-boundaries' as well as sharing information between organisations was highlighted as a barrier and challenge. It was felt that there could be better communication across services and organisations as to what support is available, what key roles are, and what is happening at local (community), regional and national levels. There needed to be efforts to raise the profile of services and organisations and the benefits that they provide for health. The Economies for Healthier Lives Programme was seen to be a facilitator through which to "create a series of networks and opportunities for people to be able to talk to promote what they do...and hopefully that may encourage more conversation and dialogue with them". A further role was to evidence good practice that may be replicated. The potential to co-locate services and organisations was seen as 'helpful'.

"There is lots of support out there, but as Elaine said earlier unless it's communicated at a community level, residents aren't always aware of the support being there."

"Maintaining the golden thread of communications & engagement from a city, city region, regional and national perspective. Lots of amazing things happening but keeping abreast of programmes and activities is challenging."

"Common understanding of what our region's link workers (social prescribers) are doing, with whom and to what end - and how is this evidenced."

"Understanding how the health systems work can be confusing, social prescribing for example, no central place to communicate with everyone."

This understanding and awareness of what is available may also highlight where there is duplication of practice and where future collaboration or 'knitting together' of services could be beneficial.

"Duplication of what is commissioned with different name tags but primarily trying to do the same things supporting each other's strengths so we can complement each other's services which will help pts feel even more supported and empowered within a trusted environment."

"...one of the things that I come across quite a lot is unnecessary kind of duplication really on terms of in terms of who's doing what..."

"...wherever you go whoever you speak to this, there'll be four or five different people leading on the kind of same thing, and I think it's time for us to just narrow that down and support that leadership and support who's doing what and where. And I think would be far more proactive and maximise...it is a way of working and it's a different approach...I think we've got a kind of trust each other to do that. But it's not just in the city, it's right across. It's right across Cheshire, Merseyside. That's the same thing but very very simple to fix and very effective if we can."

Creating opportunities for services and organisations to engage with each other may be further facilitated through stakeholder events (both online and in person). Stakeholders commented that the number of initiatives within the community can make it difficult to keep up with the support that is available across the health and employment sectors. Mapping of what is already available was seen as a possible way of understanding what we already have available (i.e., services, key workforce roles and leads) as well as identifying where the gaps are.

"There are more events being set up, which is great to better understand each other's services and other services available out there, and to communicate what is happening to residents. More events in local areas, and a central 'on-line' location where this is shared from would be helpful."

"...it puts people together in the same room and they're able to speak, which is better because sometimes when we have these teams and things. The quite forced impairments so think getting people together in a mutual space where there's not really an agenda and people just get it, get chance to you know, mix with each other and talk and explain services and things. I feel like it's really beneficial and I have benefits as of Paisley from that as well."

Having a common language or being able to understand language and terminology used by different services and organisations was also seen to be important.

"Understanding - we speak different languages! Even within employment and skills there is a different language, set of KPIs, monitoring, funding streams etc, then add in health, it's no wonder we're not maximising our working together."

Funding and Resources

Funding was felt to be something that can get 'in the way of being able to work collaboratively' as was the potential for service, organisations and individuals to become 'protectionist' around that limited funding that is available, leading to siloed working.

"A willingness to collaborate and communicate at all levels. Often strategic decisions are made to work in partnership, but at an operational level, people sometimes fear change and work in silos because they are worried about the impact on their jobs etc."

Pooling of funding and also budgets was felt to lead to effective partnership working, with a shared aim and focus.

"There's too much competition for funding and grants, if we can move the funding barrier and work as a collaborative, there is more chance of successful partnership."

It was also acknowledged that there are monies available that are not necessarily 'tapped into' because of lack of awareness, and that there may be a role for the Economies for Healthier Lives Programme in supporting potential applications.

"...there is money out there which doesn't always get tapped into because it doesn't always get known about. And that's where some of these networks perhaps. And I am confident the fact that they're already existing networks between organisations...that sometimes facilitate that. Where we [the Economies for Healthier Lives Programme] can help. Perhaps again, even if it's just a case of saying that there is an association with the combined authority to do XYZ and it's Marmot principles that supports applications, that's something that would be more than happy to."

It was highlighted, however, that despite resource being available, current programmes focused on health and work may not be connecting 'with the people that would need the help the most'. It was felt that this had been exacerbated since COVID-19.

"...there is resource and that can help around the health and work agenda. And increasingly, especially since COVID, it's been very difficult to actually connect with the people that would need the help the most and it feels like maybe the people who are meeting those people through the health services and GPS and whatever else that might be and things are starting to improve, but that's the thing that I think we could do a lot better at together so that people get the help that they need."

Summary

- The stakeholder event brought together different stakeholders from statutory and non-statutory (including third sector voluntary) services and organisations. This enabled exploration and identification of the system level benefits of, and barriers to, employment related support services delivered across the LCR, on the social, physical, and psychological wellbeing of those who use them.
- The Economies for Healthier Lives Programme was seen to have a vital role in contributing to the growing narrative around health, wellbeing, employment, and the economy across the LCR. The Programme is also a facilitator through which new networks and opportunities may be created for promoting what is happening and the sharing of good practice.
- Programmes of work in the LCR engage with residents, employers, and other key stakeholders, with key activities focussing upon training, education, employability, health, social cohesion, housing, and safer communities. Aligning these activities and the Economies for Healthier Lives Programme with current policy and guidance, with joint mandates was seen to drive forward and manage change. A holistic, whole system approach with collaborative practice across services and organisations will best meet the needs of those requiring support (including providing support to those who may be at risk of going off work, as well as those who are out of work)
- Stakeholders considered targeted and place-based approaches to be the best way to support and meet the needs of local communities by bringing services to communities. Encouragingly, it was felt that there is evidence of a shift in practice and work to destigmatise access to support. When working across place-boundaries, it was highlighted that the following aspects were important to communicate to other services/organisations, employers, employees and communities: (i) what support is available (for example, through a centralised resource that can be accessed by anyone to increase awareness and understanding); (ii) how this support can be accessed, and (iii) what the key roles are, ensuring that the roles of professionals are understood so that appropriate referral and signposting can take place.
- The ways in which data is collected and measured is dependent upon the service and organisation and their different reporting needs (e.g., funding, sharing at events). It was highlighted that there is a role for the collection of both qualitative and quantitative data. Local data (e.g., from individual services and organisations, LCR and national bodies) can be used to build up a picture of employment and health within local communities. There is a need to explore how data from different services and organisations across the LCR may be shared and made more accessible across stakeholder groups. This would enable service user and client pathways to be navigated more effectively and understood longitudinally. The LCR Civic Data Cooperative is seen

as medium through which to bring together and make better use of data sources across health, employment, and welfare services to provide a more detailed and broader picture of health and work (-lessness).

- There were numerous outcomes identified in the short, medium, and long term on an individual, community and system level. These focus upon, for example, health and wellbeing, access to and provision of support, preparation, and motivation to work, building personal and economic resilience, developing relationships and collaborative partnerships, and changes to organisational culture. Through the support available and that is received, individuals and communities should feel confident and optimistic about their chances of finding and staying in 'good' employment and so that they feel they are contributing to society in a meaningful way.

There were several factors seen to influence effective partnership working between the health and employment sectors in the Liverpool City Region:

- Buy-in at senior organisational level, developing trusted relationships between partners, and collaborative and non-competitive mindsets are catalysts for system-level change. As are connectivity, genuine collaboration and utilising available resources and maximising impact. It was acknowledged that existing pressures may be present across services and organisations that make this a challenge. It was also acknowledged that current programmes of work around health and work may not be connecting those most in need.
- Mapping out current provision is seen as a way of identifying duplication of practice, but also where future collaboration may take place.
- It is felt to be important to encourage services and organisations to move away from being 'protectionist' around limited funding and resource, encouraging collaboration and leading to more work that has shared aim and focus. The Economies for Healthier Lives Programme could be a facilitator to help services and organisations tap into funding and provide support for potential applications.

