



Work and health plan

A Kada Research report for West Yorkshire Combined Authority

KADA 



West
Yorkshire
Combined
Authority

Tracy
Brabin
Mayor of
West Yorkshire

Contents

Foreword	3
Executive summary	5
1. <u>Introducing the Work and Health Plan</u>	12
2. <u>Contributing to strategic priorities</u>	14
3. <u>Opportunities and challenges</u>	17
4. <u>The West Yorkshire experience</u>	22
5. <u>Vision, principles and areas of focus</u>	28
6. <u>Turning the Plan into action</u>	32
7. <u>Monitoring and evaluation</u>	34
8. <u>Priority Areas of Focus</u>	37
Appendix 1: Reference materials	48

Foreword



This Work, Health, and Skills Plan comes at an important time, as we look to take bold actions that will shape West Yorkshire for the next decade and beyond.

Our ambitious Local Growth Plan, supported by the greater powers and funding that further and deeper devolution will make available, will transform our region, boost the economy and put more money in people's pockets.

Building a more skilled and healthier workforce is at the heart of our vision, but the challenge we face is stark.

Across West Yorkshire, with its total population of 2.4 million people, over 280,000 people of working age are economically inactive – and over 100,000 of these are due to long-term sickness.

At the same time, our region lags the national average for the number of people in work, qualification levels, and pay.

Meanwhile, employers report skills shortages among their staff and vacancies that are hard to fill due to a lack of candidates with the necessary skills, slowing business growth, productivity and service delivery.

Most concerning is the fact that healthy life expectancy is lower in West Yorkshire than the national average, and the gap has widened over the past decade.

Within our region, there are also significant disparities in life expectancy between our most and least deprived neighbourhoods – sometimes just a few miles or streets apart.

If we fail to tackle economic inactivity and the factors that cause it, too many people will face reduced life chances and see their potential left untapped. We risk narrowed social, cultural and creative horizons, and shorter, less happy and less fulfilled lives.

As the voices in this report show, economic inactivity need not be a one-way street if we can give people the right help, targeted to their specific needs.

This plan presents a clear and coherent vision for West Yorkshire, combining public services with community-led initiatives at a neighbourhood level, to help individuals receive the support they need, to find – and crucially, stay in – good quality jobs.

It seeks to put in place prevention and early intervention to reduce the number of people becoming economically inactive and help those who already are to take steps back toward - and then into - good quality paid work, where and when they can do so.

This can only be achieved by the whole system working together as one, with a greater and more strategic role for Mayors and Combined Authorities at the centre, to shape and direct support across their areas, working with Local Authorities, our health services, the Voluntary, Community and Social Enterprise sector (VCSE) and other partners.

It will require incentives to support more people into work, to support peer learning, resilience and training, and to continue to support VCSE in working and engaging with individuals where they are.

This will be a fundamental transformation of the relationships between our services and our communities, building on the best of what is happening in our neighbourhoods today and creating a system that sees the whole person and can respond to their unique needs and aspirations.

By doing this, we can improve the overall health of our population and the economic strength of our region.

But more importantly, we will improve the wellbeing of countless people, giving them the confidence to return to, or take steps back towards, the workplace.

Tracy Brabin

Mayor of West Yorkshire

Cllr James Lewis Leader

Leeds City Council and Chair of The Economy Committee

Cathy Elliott

Chair of NHS West Yorkshire and Deputy Chair of West Yorkshire Health & Care Partnership

Executive summary

West Yorkshire's first Work, Health, and Skills Plan will strengthen partnerships and create a system that can deliver transformational change to improve population health and wellbeing and economic outcomes.

The case for change

In West Yorkshire, there are currently over 280,000 working age people who are classed as economically inactive (excluding students) which means they are not in paid employment or looking for a job. Within this number, over 100,000 people are not in paid work due to long-term sickness. This is not just a challenge for West Yorkshire but for the country as levels of economic inactivity have been rising since the Covid-19 pandemic. It reflects a wider challenge of worsening health outcomes, reducing life expectancy, and growing levels of health and socio-economic inequality.

The recently published Get Britain Working (GBW) White Paper details a new approach to support people with a health condition or disability to move closer to or remain in the labour market. West Yorkshire is one of eight Economic Inactivity Trailblazer areas across the country that will receive funding to test new, innovative approaches and create a more joined up work, health, and skills offer.

West Yorkshire has also been selected as one of three NHS England Health & Growth Accelerator areas and will benefit from £11 million to test new approaches to reduce health-driven economic inactivity. Thus, this Plan is timely and there are opportunities through the Trailblazer and Accelerator Plans to create a cumulative power that can deliver real change in West Yorkshire and provide lessons for the country as to how to innovatively create a more joined up work, health, and skills offer.

Vision and objective

The **vision** for the Work, Health, and Skills Plan is **for West Yorkshire to have the healthiest residents and workforce in England by 2040.**

Within this vision, the Plan has a **clear objective**:

- To reduce economic inactivity and health and socio-economic inequalities by supporting more residents with health conditions and disabilities to access or keep good quality work

The research undertaken has led to **five priority areas of focus** which respond to the needs articulated by West Yorkshire residents, employers, and other key stakeholders and will enable the creation of a work, health, and skills system which provides person-centred support to individuals and helps employers fill vacancies and create a diverse, skilled workforce:

- Strengthened health and employment systems leadership with oversight to inform better decision-making across the Integrated Care Board (ICB), West Yorkshire Combined Authority (the Combined Authority or CA), the five local authorities (LAs), the Department for Work and Pensions (DWP) and Department of Health & Social Care (DHSC), skills representatives, and the Voluntary, Community and Social Enterprise (VCSE) sector.
- Understand and address micro, small and medium-sized business (SME) barriers to recruiting and retaining staff with health conditions and creating healthy workplaces and a diverse workforce

- Incentives to support more people into good quality work
- Continued backing of the VCSE as delivery partners and providers of holistic support, including pre-employment support, support to those at risk of leaving work, and the identification/engagement of individuals with lived experience of economic inactivity and socio-economic inequality
- Network development to support peer learning, resilience and training

By delivering against the key recommendations, the **long-term impacts** of the Plan will be to:

- Improve population health and wellbeing
- Improve economic outcomes

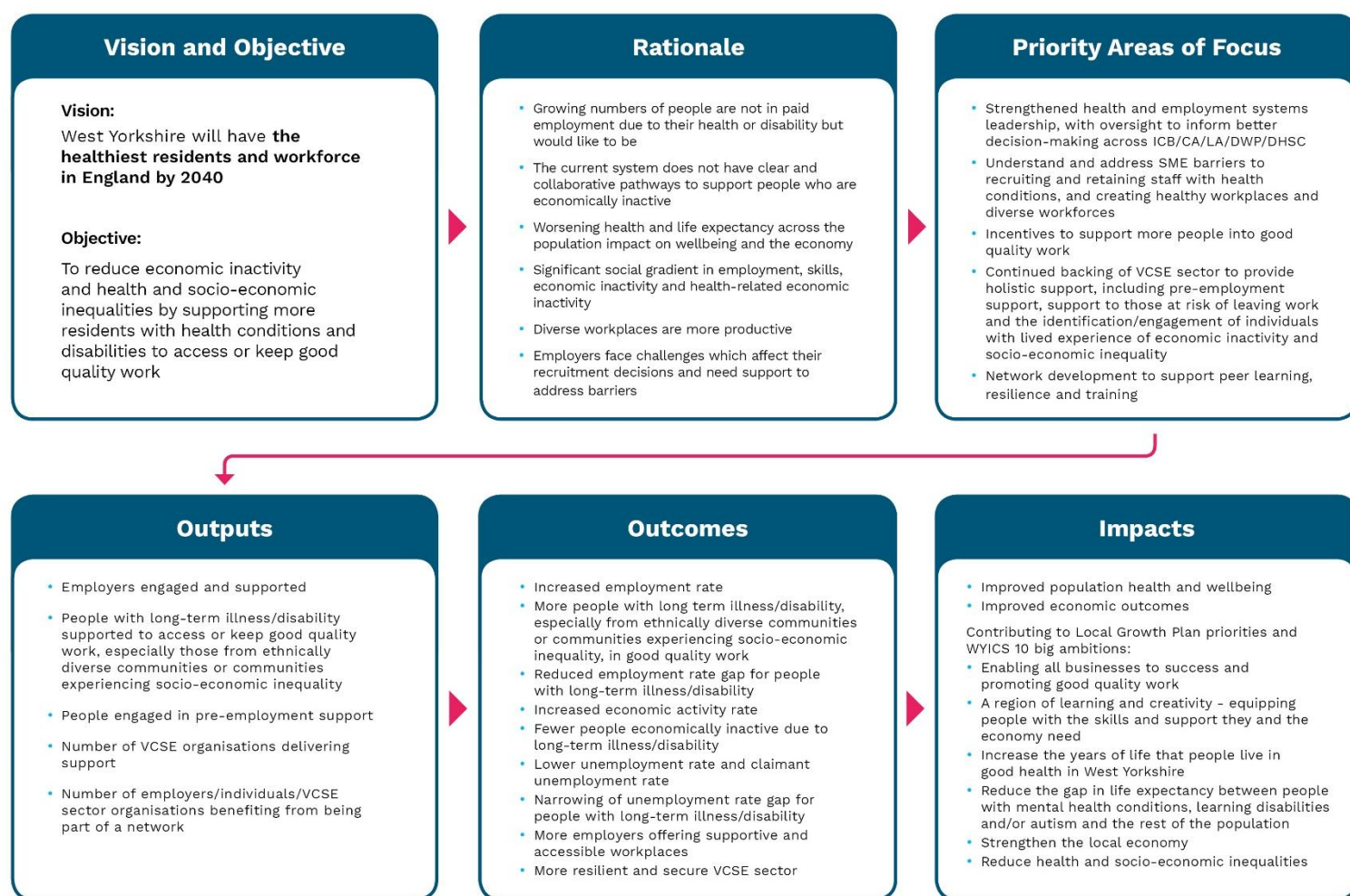
We will know we have succeeded when we see more people, especially those with health conditions and disabilities, enter, remain, and progress in good quality work and achieve equitable pay.

Progress towards the objective will be measured and evaluated using metrics which have clear links to wider strategic priorities including the West Yorkshire Plan, Local Growth Plan, and the West Yorkshire Integrated Care Strategy.

Interventions intended to reduce inactivity and support residents into work will be co-designed, emphasising the voice of those with lived experience of the work, health, and skills ecosystem. Co-design will ensure that interventions are truly person-centred, and that the varying needs of stakeholders can be flexibly addressed.

Wherever possible, stakeholders will take a multi-agency approach to supporting residents and employers, simplifying the system of support and minimising 'hand-offs' to ensure a seamless journey of support under one roof – whether this be virtual or physical.

Work, Health, and Skills Plan overview



Priority areas of focus

Strengthened health and employment systems leadership with oversight to inform better decision-making

Multiple organisations and departments – nationally, regionally and locally – have a role to play in improving work, health, and skills:

- Nationally, central government responsibility, policy development, funding and commissioning sit across the DWP, the Department for Education/Skills England, and DHSC/NHS England.
- Regionally, the Combined Authority and West Yorkshire's five LAs have a long track record of supporting people to move into, progress in and sustain good quality work, working with partners in the VCSE and private sectors, as well as further education and learning providers.
- West Yorkshire's Health & Care Partnership (WYHCP) brings together NHS organisations, councils, Healthwatch, hospices, and VCSE to join up health and care services, improve people's health and wellbeing and reduce health inequalities across West Yorkshire, working with Directors of Public Health in each LA to address the wider determinants of health.

Separate governance arrangements across these systems can lead to siloed working and a disjointed approach to tackling interconnected problems. This makes it challenging to align multiple funding streams

and reduces resource efficiency and effectiveness, with wasteful duplication, stop-start support and gaps in provision.

The consultations with people with lived experience of economic inactivity due to health or disability and with the organisations looking to support them highlighted the human cost of this complexity, including inconsistent availability and levels of support, challenges around eligibility, and a lack of awareness of what is available leading to delays in accessing support.

Thus, there is a clear need for improved connectivity and collaboration across the work, health, and skills system. Through the Work, Health, and Skills Plan, the West Yorkshire partners will work together to **strengthen health and employment systems leadership**, putting in place **oversight to inform better decision-making across ICB/CA/LAs/DWP/DHSC/Skills/VCSE**.

Understand and address SME barriers to recruiting and retaining staff with health conditions and creating healthy workplaces and a diverse workforce

Employers must be at the heart of a strengthened work, health, and skills system. They are the source of good quality employment in West Yorkshire but face challenges due to the rising cost of doing business, market instability, and increased employment costs. Some face additional issues due to ill-health within their workforce or in finding the new recruits they need for their business to thrive. Many micro and SMEs do not have access to the occupational health expertise they need.

Understanding the barriers faced by micro and SMEs and supporting businesses to retain and recruit workers affected by ill-health and disability, including through upskilling and re-skilling to enter new roles, has the potential to benefit individuals, businesses and the West Yorkshire economy. In order for West Yorkshire to meet the national average employment rate and contribute to both the Local Growth Plan targets and the nation's economic growth an additional 60,000 residents must be employed.

Given the impacts of becoming economically inactive, it is better, easier, and more cost-effective for the individual, employers, and society to support people to remain in paid work. Both workers and employers need support and guidance to navigate and access support for someone with a health condition or disability.

Through the Plan, West Yorkshire partners will work with employers to understand and address the barriers they face and develop a support offer. This will include providing resources, incentives and access to training, advice and expertise, to encourage and enable micro and SMEs to overcome barriers to recruiting and retaining staff with health conditions, creating healthy workplaces and a diverse workforce.

Incentives to support more people into good quality work

Being in work matters – the longer people spend out of the labour market the more difficult it becomes to return. Analysis by ONS (ONS (2021), Which groups find it hardest to find a job following a period out of work?) found that disabled people and those with diagnosed health conditions were less likely to return to work (7.6% returned in the next three months compared to 26.8% of non-disabled people), as were people with caring responsibilities.

There is growing concern over both the levels and rate of growth of young people (18 – 24) not in employment, education or training since the Covid-19 pandemic, particularly due to mental health (Resolution Foundation (2022), [Not Working, Exploring changing trends in youth worklessness in the UK, from the 1990s to the Covid-19 pandemic](#)), given the 'scarring' impact of youth unemployment on future opportunities.

To ensure opportunities are open to those who are struggling to secure employment, it is important to address concerns which employers may have about the reasons for their spell out of work and the risk which may be involved in recruiting someone with gaps in their employment history. It will be important to work with both employers and individuals, to ensure residents' skills are recognised and can flourish within a work environment. Multi-agency wraparound support for wellbeing may also be required to help an individual embed themselves into employment.

Providing incentives to employers and individuals, including paid placement schemes, offsetting employment costs and financial support to individuals, can help to provide employment opportunities – and it may be prudent to consider how incentives can encourage residents to move closer to the labour market/enter employment.

Continued backing of VCSE sector as delivery partners and providers of holistic support, including engagement, pre-employment support and support for those at risk of leaving work

The longer the time spent out of paid work, the greater the risk of increased barriers which limit an individual's progression into paid employment and cause a lower quality of life. In West Yorkshire, there are approximately 67,000 working age residents who are currently economically inactive but would like a job. There is recognition that for some people paid employment is several years away or will not be an option, yet improving their quality of life is critical as can be seen in the levels of healthy life expectancy across West Yorkshire.

For people who are economically inactive due to long term sickness, 38% reported having five or more conditions. In 2023, one quarter of those aged 16 to 34 years reported five or more health conditions, as did nearly half of those aged 50 to 64 years (ONS (2023) Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023. [Available here](#)). This suggests that those who are inactive because of long-term sickness have increasingly complex health issues. Living with multiple health conditions means you are more likely to have poorer health, lower life quality, and are at a greater risk of death than the general population.

There is a significant social gradient in employment, skills, economic inactivity and health-related economic inactivity, and deprivation is linked to an increased risk of multimorbidity. In addition to prevalence linked to socio-economic status, there are higher levels in certain groups (older people, women, and certain ethnic minority backgrounds); thus, the nature of experiences and certain characteristics are interconnected and often compounding. It is vital that people can access support in their communities through organisations they trust.

The **support through the VCSE sector** will identify and engage people who are furthest away from the labour market in their own communities. It could include wraparound support and help to navigate the work, health, and skills system more widely, including support for those struggling to remain in employment due to health conditions or disabilities.

Network development to support peer learning, resilience and training

There is an appetite from employers and members of the VCSE sector to have networks where they can connect with peers for learning and support. A more joined up work, health, and skills system will require deeper connections at every level. Drawing on the consultations with stakeholders and people with lived experiences, there was a clear need and value for peer networks and examples of these already providing support. The **creation of networks** for employers, VCSE members, and people with shared lived experiences could provide opportunities for people to connect and learn.

Next steps

Timeline

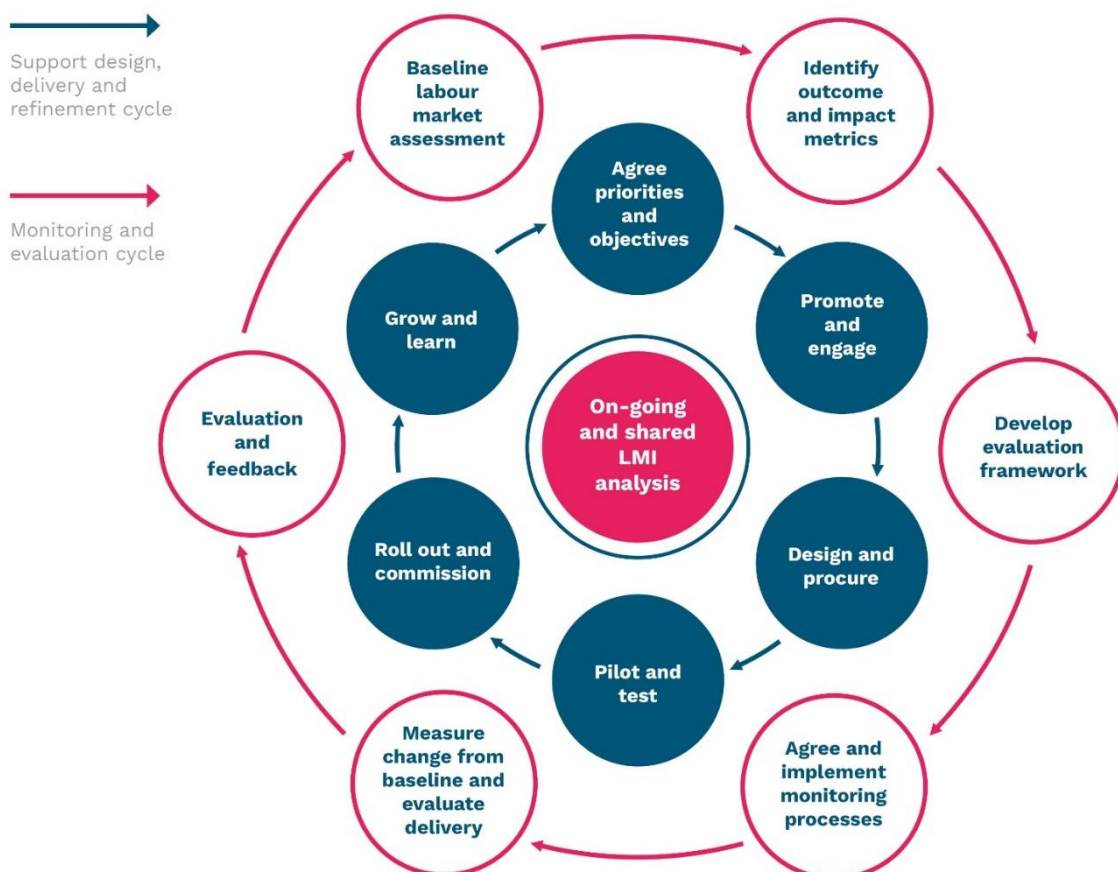
- In the **first six months**, we will: prioritise building on the strong partnership foundations to build our systems leadership approach and conduct detailed design work for all five priority areas of focus to ensure they have solid foundations to deliver impactful change.
- In the **first 12 months**, we will test and launch (at varying levels/timings) activity within the priority areas of focus and promote and create new support and ways of working together and decision making across ICB/CA/LAs/DHSC/DWP systems.
- **Following the initial activity**, we will test further, evaluate, learn and adapt our approach prior to taking forward support.
- In **year 2** we will seek opportunities to scale up ways to support employers, individuals and VCSE
- In **years 3 to 5** we will continue to deliver priority interventions and evaluate our progress and the impact of the support.

Aligning Intervention with Monitoring and Real-Time Evaluation

Monitoring and evaluation

Monitoring and evaluation are key to understanding the impact of the proposed priority areas of focus and to provide a more robust and nuanced understanding of the West Yorkshire experience.

Progress towards the Work, Health, and Skills Plan objective will be robustly and regularly measured to ensure we are on track to contribute to the region's strategic priorities. Indicators to monitor the progress on the priority areas of focus will be developed as part of the project development process.



There will be clear links to the Plan priorities, although it is recognised that some important activities may not have direct links to the region's high-level indicators, given the complexities of working with and supporting people in this area and the 'small steps' which indicate real progress for those furthest from the labour market.

The monitoring of progress will inform a comprehensive real-time evaluation of the Plan's activities. The ICB's Joint Forward Plan ([Our Joint Forward Plan 2024 :: West Yorkshire Health & Care Partnership](#)) which sets out how the ICB will meet the population's health needs includes a range of indicators which are being used to measure progress and the West Yorkshire Evaluation Strategy sets out the Combined Authority's approach to evaluation. This will be applied to the Work, Health, and Skills Plan interventions.

1. Introducing the Work, Health, and Skills Plan

This is West Yorkshire's first Work, Health, and Skills Plan which builds on the West Yorkshire Plan, the Local Growth Plan and the West Yorkshire Integrated Care Strategy. The Plan sets out the vision of how system leaders in West Yorkshire can work together to co-design and commission services that meet the needs of individuals, employers and communities, to support improved health and wellbeing, improved access to good quality work and a stronger economy.

1.1 Why West Yorkshire needs a Work, Health, and Skills Plan

The vision set out in the West Yorkshire Plan – *A brighter West Yorkshire, a place that works for all. An engine room of ideas where anyone can make a home* – recognises the importance of good quality work being available for all, and of having a diverse and inclusive workforce, where everyone who wants to work, can. These are crucial to the Plan's missions of creating a prosperous and happy West Yorkshire.

But too many people – in West Yorkshire and across the country – are unable to work due to a health condition, disability or a lack of the skills needed in today's jobs market, often combined with other barriers and disadvantages.

As a result, household incomes and prosperity levels are lower than they should be, and people who are excluded from the labour market experience poorer health and isolation. West Yorkshire's employers are less able to recruit the skilled workers they need.

With too many working age people outside the labour market and dependent on benefits, the growth of the West Yorkshire economy is restricted and there is less public funding available to invest in the drivers of future growth.

Our Work, Health, and Skills Plan sets out how West Yorkshire Combined Authority (the Combined Authority or CA) will work together with other system leaders within health, employment and skills e.g. the Integrated Care Board (ICB), local authorities (LAs) and local jobcentre services to address these challenges whilst demonstrating return on investment (ROI).

The plan will ensure that all West Yorkshire's employers and all residents, especially those experiencing long-term sickness or disability, have the support and opportunities they need to either provide or enter and sustain, secure, rewarding and fulfilling work.

1.2 Developing the Plan

To develop our Work, Health, and Skills Plan, we have consulted widely with people who are unable to work due to a health condition or disability (or because they care for someone else in that position) to understand their experiences and their needs regarding work, health, and skills. The voices of diverse groups of people with lived experience have influenced the objectives, principles and the areas of focus

identified in the Plan and will continue to be heard as people with lived experience input to intervention co-design.

Many stakeholders, providers and partners also contributed, by identifying strengths which the Plan should build on and challenges in the current support system which it needs to overcome. All stakeholders have come together to co-design the improved services which the Plan will deliver. The Plan's development has been overseen by a steering group consisting of officers from the Combined Authority, LAs and the ICB.

2 Contributing to strategic priorities

West Yorkshire's Work, Health, and Skills Plan has an important part to play in delivering national and regional strategic priorities to get more people into good quality employment. The development of the Plan is timely and has been informed and influenced by the Get Britain Working White Paper recently published by the UK Government, and by the West Yorkshire Plan, the Local Growth Plan 2025-2035 and the West Yorkshire Integrated Care Strategy.

2.1 The UK Government's commitment to Get Britain Working

West Yorkshire's Work, Health, and Skills Plan is a key part of the region's response to the UK Government's mission to kick-start growth in the national economy. The Get Britain Working (GBW) White Paper sets out national priorities to improve living standards and tackle challenges facing people who are economically inactive including a long-term ambition to achieve an 80% employment rate, bringing two million more people into work.

The UK Government defines economic inactivity as 'A person who is neither employed nor unemployed is economically inactive. This means that they are not in paid work and are not looking for work. This may be because someone is retired, looking after family or home, or a student, among other reasons'. The ONS defines economic inactivity as 'People not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks'.

The term 'economic inactivity' covers a wide range of individual circumstances, and the Work, Health, and Skills Plan recognises that experiences of economic inactivity are diverse and complex.

The White Paper outlines a series of priorities to transform the current work, health, and skills system, including:

- **Tackling economic inactivity caused by ill-health**, through improving population health and wellbeing, better connecting work, health, and skills support at local level, and supporting employers to promote healthy and inclusive workplaces – with an independent review to be undertaken to identify practical recommendations to support employers.
- **Building synergies between employment services and the wider health system**, including improving access to expert employment advisers as part of treatment and care pathways.
- **Creating an effective joined up work, health, and skills offer for local people**, with mayoral combined authorities leading eight place-based Trailblazers to deliver new back-to-work support for people who are economically inactive.
- **A Youth Guarantee for every young person aged 18-21**, providing access to further learning, help to get a job or an apprenticeship, initially tested through eight Trailblazer areas.
- **A new locally responsive jobs and careers service to help people get into work and progress at work**, bringing together Jobcentre Plus and the National Careers Service to deliver a locally embedded, cohesive employment service, responsive to individuals' needs.

The White Paper provides the framework in which West Yorkshire's Work, Health, and Skills Plan will be taken forward and signals the Government's commitment to locally led approaches to providing work, health, and skills support. Going forward mayors will at least co-chair Integrated Care Partnerships and this new duty in relation to health improvement and health inequalities positions the Combined Authority as convenor on public service reform and prevention bringing local partners together to deliver change that is locally responsive and enables better support for residents.

2.2 West Yorkshire's strategic priorities

The Work, Health, and Skills Plan is closely aligned with the priorities in West Yorkshire's key strategic documents.

The [West Yorkshire Plan](#) sets out an ambitious vision and five missions for 2040 (see right), with equality, diversity and inclusion at its heart. The Work, Health, and Skills Plan aligns particularly with [Mission 1 – A prosperous West Yorkshire](#), in which the objective is to create an inclusive economy with well paid jobs, ensuring there is good quality work available for all; and [Mission 2 – A happy West Yorkshire](#) which seeks to create great places and healthy communities, measured by better health and wellbeing outcomes.

West Yorkshire's [Local Growth Plan](#) articulates the region's approach to unlocking growth and prosperity for all and tackling the investment, skills and connectivity barriers that are holding back growth. The Work, Health, and Skills Plan will make a significant contribution to the achievement of Priority 3: *"build a region of learning and creativity equipping people with the qualifications, skills and support they and the economy need"*, as well as supporting Priority 2: *"enable all businesses to succeed and promote good quality work"* through the support which will be provided to individuals and employers.

The [West Yorkshire Integrated Care Strategy](#) is built from the health and wellbeing strategies from the five places of Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield which put people at the heart of the strategy. The [ten big ambitions](#) overleaf are the outcomes that will be achieved through partnership working on the important things that matter for people's health and wellbeing so people can thrive in a trauma-informed, healthy, equitable, safe and sustainable society.

The West Yorkshire Health & Care Partnership (WYHCP) has a real focus on the fourth purpose of Integrated Care Systems (the role of the NHS in social and economic development), and in September 2023, a Partnership Agreement was signed between the Combined Authority and the ICB, as partners committed to improving the physical, mental, economic and social wellbeing of people in West Yorkshire.

West Yorkshire Plan Vision and Missions

Our vision:

A brighter West Yorkshire – a place that works for all. An engine room of ideas and creativity, where anyone can make a home.

Our vision and missions put equality, diversity, and inclusion at the heart of everything we do. We will lead the way to embed these values across all our work.

Our missions:

- 1** **Mission 1:**
A **prosperous** West Yorkshire – an inclusive economy with well paid jobs
- 2** **Mission 2:**
A **happy** West Yorkshire – great places and healthy communities
- 3** **Mission 3:**
A **well-connected** West Yorkshire – a strong transport system
- 4** **Mission 4:**
A **sustainable** West Yorkshire – making lives greener
- 5** **Mission 5:**
A **safe** West Yorkshire – a region where everyone can flourish

This led to the development of a [Work and Health Partnership](#), established in September 2023 in West Yorkshire, which brings together LA and Combined Authority leads from skills, employment support and public health alongside colleagues from the ICB, DWP, local Jobcentre Plus and the VCSE.

West Yorkshire, therefore, has a strong strategic and partnership context in which to deliver the Work, Health, and Skills Plan which will provide the key mechanism to meet West Yorkshire's priorities and address the interlinked challenges surrounding work, health, and skills.

Integrated Care Strategy Big Ambitions

Our 10 big West Yorkshire ambitions



1 We will **increase the years of life that people live in good health** in West Yorkshire

2 We will **increase our early diagnosis rates** for cancer

3 We will **reduce suicide rates**

4 We will **reduce antimicrobial resistant infections**

5 We will **reduce stillbirths, neonatal deaths, brain injuries and maternal mortality**



6 We will **reduce the gap in life expectancy** between people with mental health conditions, learning disabilities and/or autism and the rest of the population

7 We will **address the health inequality gap** for children living in households with the lowest incomes

8 We will have a **more diverse leadership**

9 We will **tackle climate change**

10 We will **strengthen the local economy**



wypartnership.co.uk - search '10 big ambitions'

3 Opportunities and challenges

There are several opportunities for West Yorkshire to build upon to create a more joined up work, health, and skills offer for residents. This will help to overcome challenges including rising numbers of people classed as 'economically inactive' and falling life expectancy – both of which could offer lessons for overcoming the same issues at the national scale.

3.1 Opportunities to build on

Both collaboratively and individually, the West Yorkshire partners have delivered employment, health, and skills programmes over many years, learning from each experience and refining the support offer based on a growing understanding of what works and for whom. In developing the Work, Health, and Skills Plan, there are several existing programmes and partnerships which provide a starting point for developing a more joined up work, health, and skills system. Further details on these programmes can be found below:

Structures to support shared priorities and closer joint working: West Yorkshire Work and Health Partnership

As previously referenced the West Yorkshire Work and Health Partnership has since September 2023 brought together key stakeholders to provide strategic direction, oversight and expertise to guide the regional approach to work and health.

Through the partnership the insight and co-design work to develop this first Work, Health, and Skills Plan was commissioned and members of the group have formed a steering group to oversee its development.

Sector-focussed support for inclusive recruitment: Leeds Talent Hub

The Talent Hub connects people with careers, training and volunteering opportunities in health and social care.

Part of Leeds Health and Care Academy – developed to deliver a step change to tackle workforce challenges in the sector – the Talent Hub works with health and care organisations to match potential candidates with relevant roles, training, development or deployment opportunities.

The quality of the matching process and support provided is demonstrated by the fact that after 12 months, 90% of the people recruited through the project remained in their role.

Closer collaboration in delivering locally tailored support: Employment West Yorkshire (EWY)

The EWY programme is coordinated by the Combined Authority and delivered in partnership with the five West Yorkshire LAs, who tailor provision to meet local needs. It supports people from all demographics – one in five of whom have a disability – to overcome barriers, access meaningful employment, upskill, reskill and/or improve their labour market status.

Beneficiaries highlight the quality of Employment West Yorkshire Advisers, the standard of advice received, and the friendly and caring approach, and 91% are satisfied with the general advice and support received. Every £1 spent on delivering support is expected to generate a £4.80 ROI.

Testing new approaches for national roll-out: Leeds Health Model Office

Part of the DWP in Leeds, the Leeds Health Model Office is one of 11 in Great Britain. It uses a holistic approach to provide more intensive but tailored support to disabled people and people with health conditions who are looking for work. It is leading on national trials aimed to improve the delivery of Universal Credit to health journey claimants.

The approach includes adapting Jobcentres to improve the access and experience for people with a disability or health condition, and improving the links between Jobcentres and health services, including by basing work coaches in GP surgeries and healthcare professionals in Jobcentres.

New communication tools have been introduced, such as using appropriate communication methods to engage with the most vulnerable.

Mechanisms for engaging and supporting employers: West Yorkshire Fair Work Charter

The West Yorkshire Fair Work Charter promotes and recognises the positive impact of fair work on businesses and their people. The initiative provides ongoing support to embed fair work across member organisations. The Charter provides a mechanism for engaging and supporting employers upon which the Work, Health and Skills Plan can build.

Demonstrating individuals' abilities: West Yorkshire Promise

The Combined Authority is working with stakeholders including business, colleges, ITPs and educators to develop a 'West Yorkshire Promise' which will include a soft skills recognition scheme that is backed by a range of employers.

It will provide opportunities to develop the essential employability skills needed to succeed in work, such as communication, teamwork and problem-solving, and provide opportunities for internships, placements or work experience for West Yorkshire residents.

Increased funding to tackle work, health, and skills challenges: GBW Trailblazer and NHS Health and Growth Accelerator

Whilst the Plan has been in development, West Yorkshire has been given access to significant new funding. Funding for the previously announced Connect to Work programme, which will support up to 4,500 people per year, has been confirmed and will provide £16.2m per year at its peak in West Yorkshire.

West Yorkshire is one of eight Combined Authority health, employment and skills Trailblazer areas which will benefit from £10m for 2025/26. And as the location for one of three Health and Growth Accelerators, it will also receive £11m to test new approaches to reduce health-driven economic inactivity.

The alignment of funding streams and interventions will shape early delivery plans and play a central role in a new, joined-up system, including Jobcentre Plus commissioning.

Using devolved funding to improve health and wellbeing: Tailored Learning through the Adult Skills Fund

Tailored Learning delivers first steps engagement to those with multiple barriers to progression. Working closely with VCSEs and communities, individuals are supported to gain skills which improve their health and wellbeing.

A range of innovative courses cover how to improve and sustain physical and mental health through healthy eating, confidence building, meeting new people, learning a new skill and building aspirations. This is delivered with an individualised approach with embedded access to employability and progression routes.

Increased devolved powers around Work, Health, and Skills

There is a commitment from Government to work with Mayoral Strategic Authorities (MSA) on delivering the devolution framework set out in Get Britain Working and the English Devolution White Paper and shape the details of proposals via the Mayoral Council, including spending implications through the Spending Review process.

MSAs will take on joint ownership of the Local Skills Improvement Plan (LSIP) model and will be responsible for producing a local Get Britain Working Plan focused on reducing economic inactivity and to enable this supported employment funding will be devolved to all local areas and form part of the Integrated Settlement for established MSAs.

All MSAs will have a substantive role in design and delivery of any future non-Jobcentre Plus employment support, and established MSAs will have a substantive role in its delivery. Government will work in close partnership with MSAs to design, develop, and test the National Jobs and Careers Service and more closely align Jobcentre Plus geographies with existing MSAs. There will be a central role for MSAs in convening local youth careers provision within the national context, including greater flexibility to support the work of Careers Hubs

There will be a new bespoke duty for Combined Authorities in relation to health improvement and health inequalities with an expectation that Mayors are appointed to Integrated Care Partnerships and are considered for the role of Chair or Co-Chair. The Mayor should also be engaged in appointing Chairs of ICBs. This will position Combined Authorities as convenors on public service reform, working in partnership with LAs, to bring partners together to drive forward public service reform and prevention.

Strengthened system leadership and joint governance arrangements will enable the integration of approach fundamental to the successful delivery of the Get Britain Working agenda.

3.2 Health, skills, and labour market challenges

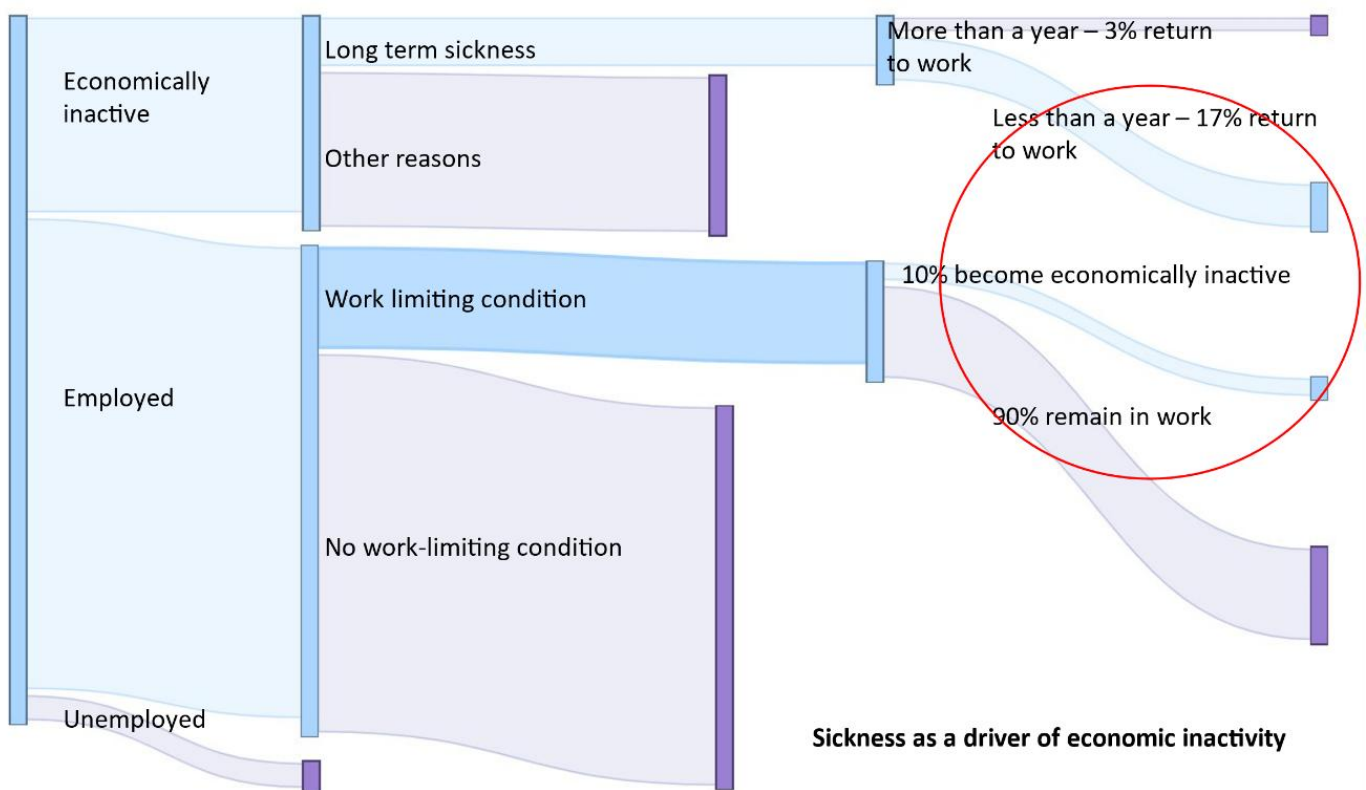
West Yorkshire faces several interlinked challenges relating to work, health, and skills, which present a strong case for change and inform the design of the Plan:

- **Rising economic inactivity:** Since 2018, the employment rate in West Yorkshire has reduced and levels of economic inactivity have risen. 26.3% of West Yorkshire's working age population (16 – 64) is economically inactive, which is higher than the national average (21.6%) (Annual Population Survey (2024) Current data for July 2023 – June 2024.). **Over 280,000 working age people in West Yorkshire are economically inactive** (excluding students).
- **Economic inactivity due to ill-health:** Long-term sickness accounts for 26.3% of economic inactivity in West Yorkshire which is slightly below the national average (28.4%). **Over 100,000 working age people in West Yorkshire are economically inactive due to long-term sickness.**
- **Healthy life expectancy has fallen: Healthy life expectancy for both men and women is lower in West Yorkshire than nationally and has fallen since 2018.** Wakefield has the lowest healthy life expectancy: for males this is 58 years old and for females 56.7 years old – compared to 63.1 years (males) and 63.9 years (females) nationally (ONS (2024) Life expectancy for local areas in England, Northern Ireland and Wales: single year periods, 2018 to 2022.) There are significant disparities in life expectancy between Leeds' most and least deprived neighbourhoods, and women living in the region have a greater life expectancy disparity compared to national levels.
- **Below average levels of people in work:** Between July 2023 – June 2024, the employment rate in West Yorkshire was lower than the national average at 71.3% compared to 75.4% (Annual Population Survey (2024) Current data for July 2023 – June 2024.). **Raising employment to the national rate would bring over 60,000 more people into work.**
- **Skills shortages, reskilling and hard-to-fill vacancies.** West Yorkshire's nearly 100,000 businesses generate 1.2 million jobs across a diverse range of sectors, providing labour market opportunities at all levels and in all occupations for local people. **Many, across multiple sectors, report hard-to-fill vacancies and skills shortages, constraining business growth.** There is also a need to **reskill those that are unable to continue in their current roles for health reasons.** (West & North Yorkshire Chamber of Commerce & Mid Yorkshire Chamber of Commerce, (2024), West Yorkshire Local Skills Improvement Plan)
- **Digital exclusion:** The close association between **digital exclusion and other dimensions of inequality underpins an urgent social and economic need to act.** Across Yorkshire and Humber 7% of adult residents don't have Essential Digital Skills for Life.
- **Variations in qualification attainment:** There are proportionately more people in West Yorkshire with no formal qualifications than in Great Britain (7.5% compared to 6.5%) (Annual Population Survey (2024) Current data for Jan 2023 – Dec 2023.), with the proportion highest in Bradford (11.8%). Wakefield has the lowest proportion of its population with qualifications at Level 4 and above (28.8%), whilst Leeds outperforms the national average with 53.9% of residents holding a RQF4 or above (compared to 47.3% nationally). **Young people in West Yorkshire are less likely to have achieved a level 2 qualification by the age of 19 than their national counterparts** (77% v/s 82%) and this underperformance at level 2 feeds through into a similar gap at level 3 (55% v/s 61%).

- **Young people not in education, employment or training:** Leeds has a particularly high proportion of 16-17 year olds not in education, employment or training (NEET) or whose activity is 'not known' – 8.3% of the cohort, compared to 5.4% in England (DfE (2025), Participation in education, training and NEET age 16 to 17 by local authority, academic year 2023/24). Data for 2023 shows care leavers are at particular risk of becoming NEET, with 31% of 17-18 year old care leavers in West Yorkshire categorised as NEET (34% nationally), and 47% of 19-21 year old care leavers (44% nationally).
- **Lower pay compared to national levels:** Amongst those who are in work, weekly pay for workers across West Yorkshire is lower than the national average (£574.90). It is lowest in Bradford (£512.40) and highest in Leeds (£572.30) (Annual Survey of Hours and Earnings (2024) Current data for 2023.)

The diagram below indicates how sickness contributes to economic inactivity in West Yorkshire and demonstrates the importance of early intervention and prevention.

Labour Market Flows and Health



Source: The Health Foundation

4 The West Yorkshire experience

The diverse group of people with lived experiences of health or disability are connected by the desire to improve their health and lives. People shared the challenges of living with a health condition or disability and their experiences of paid work. Often barriers to paid work evolve, change, and intersect over time, which can add extra pressure and highlights the need for timely and responsive support. Employers provided important insights on the challenges and opportunities for retaining and recruiting staff with a health condition or disability.

4.1 Voices of lived experience

The experiences of people who have a health condition or disability and would like to be in paid employment, or have previous experiences of this, are diverse. This group is often referred to as 'economically inactive' (in policy and data) yet the lived experiences of this often seldom heard group show active lives in different ways. The insights shared also highlight how this is not a single group of people but one made up of many experiences, circumstances, and characteristics.

Many of the people who shared their experiences wanted to be in paid employment, for example **Ryan** is in his mid-thirties and keen to find a job. He enjoys sports, the performing arts and his voluntary work. Ryan has physical and mental health conditions which makes everyday life challenging from accessibility issues around transport and participating in sport to the way he is treated by other people. Ryan often felt that people “*look down their nose*” at him or act as though he “*doesn't exist*” because of his physical disability which he found upsetting and frustrating. (All names have been changed to keep identities anonymous and any identifiable information removed.)

Despite his own aspirations to find work which would give him “*purpose*”, Ryan believes that employers have lower expectations of his capabilities. When he has been unsuccessful in getting jobs in the past it felt like a “*body blow*” emotionally, mentally, and for his self-confidence. He explained “*I deserve an opportunity like anybody else does and not be looked down on because I look different*” as he felt that people saw his disability rather than him as a person. Ryan believes more needs to be done to raise awareness and understanding of employers around lived experiences of disability.

Ryan's experiences around employer expectations were echoed by others who had a visible health condition or disability and those who were neurodiverse.

The risk of becoming economically inactive increases with each additional health condition or disability. The connection between physical and mental health was frequently spoken of with one often intensifying the other. This was particularly challenging for people with new or deteriorating physical health such as musculoskeletal conditions (MSK).

Grace was in her early fifties and recently diagnosed with a MSK condition having had undiagnosed symptoms for several years which had led her to leave work. The increasing difficulties with moving and physical pain were negatively impacting her mental health as she explains “*It is definitely affecting my mental health because it's preventing me from being me. I used to love going on walks and listening to music. That was my favourite thing, and I can't do that anymore*”.

Losing her sense of self and not being able to enjoy the passions she had previously is a daily “*battle*”. Grace is now enrolled in an IT course, having previously been supported by a keyworker who helped her with several different issues. She enjoys attending community groups and arts and crafts which give some routine and a chance to socialise.

It was common for people's mental health to worsen whilst they were not in paid employment due to a sense of lost purpose, routine, socialisation, as well as the general challenges of life on a low income.

Sadiq described how his worsening physical health was negatively impacting his mental health and confidence, as well as leaving him isolated. He volunteers and cares for his partner. They have struggled with money since he left his last job especially since the cost-of-living crisis which saw their energy bills double. Sadiq used to enjoy playing sport but is now unable to due to his health.

He is hoping to return to paid employment part-time yet explained how he was seen as over-qualified by potential employers for the roles he was applying for which was affecting his ability to secure a new job.

Sadiq's experience highlights that whilst people may leave paid employment, or never enter it, due to one health reason, the barriers can evolve and change over time. It highlights the importance of support connecting with people quickly before challenges multiply and responding to changing needs over time.

Jade is in her twenties and after finishing university started to work with children. She enjoyed supporting the children and their families, as well as being creative in the workplace. The stress of the job coupled with her previous experiences led to worsening mental health for Jade who has depression and anxiety.

After several months off work due to sickness, Jade decided to leave her job. She claims Employment Support Allowance, which she felt had less “*stigma*” as it was connected to past paid contributions. Jade received support from a social prescriber who helped keep her active and get out of the house. She also has been supported by a keyworker who has helped her to find a new role after several months out of work.

Jade praised all the support she had received but did reflect that at the start it was overwhelming having several different organisations engaging with her at the same time. Jade is still waiting for in-person therapy and must pro-actively manage her mental health every day. She is keen to start work again as it will allow her to “*breathe again*”. Jade's experiences illustrate how timely and sequenced support for health and employment can empower people and help them return to paid work.

Experiences of how neurodiversity is misunderstood or not catered for by employers and wider society were also shared.

Jake is in his early twenties and was diagnosed with autism as a child. He now attends college and works part-time, loves music and going to events. Jake's part-time job has given him confidence, friends, and a small amount of money. Yet he was originally told by an advisor when applying for PIP to quit his job to increase his chances of a successful application.

Fortunately, with the support of a parent, Jake successfully applied for PIP and kept his job. Jake reflected on the challenges of accessing support as an adult: “*It seems really odd that you have all this support as a child and then when you get to 18 or 20 and it just goes*”. The situation left Jake and his supportive parent feeling like they had been “*left on [their] own*”.

Jake now receives far less support and has a personal assistant to help him one day a month. He is concerned that should his mental health worsen, as it has done in the past, the wait for treatment is lengthy as an adult (compared to the support he received as a child). When he was younger, Jake had access to CAMHS and now as an adult when he needed mental health support was advised of a wait time of over

four months. Despite the challenges, Jake is hopeful and passionate about his future and is keen to have a career in the police or probation service.

Lydia has also experienced challenges connected to her neurodiversity which had previously been misdiagnosed as anxiety and depression. Lydia balances her health with her caring responsibilities for her neurodiverse child and physically disabled parent.

In the past, employers have been dismissive of her health issues and caring responsibilities and made her feel “*guilty*” when she had time off. She is currently not working and focusing on her caring responsibilities and exploring her diagnosis as neurodiverse and what this means for how she lives day to day.

Shivani has had caring responsibilities since childhood and is worried about her own worsening physical health and what this might mean for her future mobility. She enjoys attending social events at her local community centre which provide a short break from her caring responsibilities. Shivani also volunteers and is passionate about using her experiences of caring to help others.

Several people described the balancing act of managing their own health with caring responsibilities and the pressure this can create. For some people who were also carers, work was seen as an “*escape*” where for a few hours they were not focused on caring.

However, work was only possible when employers were understanding and flexible and several people described how this was not always a reality. Being a carer can be an isolating experience and one which can feel overwhelming without support.

People described the importance of attending groups to connect with other carers or people with similar experiences. For Lydia, her past experiences of attending a support group have not been positive as they were not designed with neurodiverse people in mind:

“...it's never quite right and I hate to say that because I don't want to throw it back, there is an effort there, but I think one of the biggest problems is that the support offered isn't always support that's been created by people who really understand it and who are living with it. I think there's sort of an outsider's perspective of what autism is, what ADHD is, what support could help and then there's people who have it going that's not actually what would help”

Lydia's comments highlight the importance of making sure support is designed and tested with people who have lived experiences. The involvement of residents like Ryan, Grace, Sadiq, Jade, Jake, Lydia and Shivani is fundamental to the approach and people with lived experience will be involved in the co-design of interventions at every step of the way.

4.2 Employer insights

Recruitment

Employers who participated in the Plan scoping consultations are increasingly developing inclusive recruitment processes, affecting both where and how advertisements are placed and the ways in which job interviews are conducted. Current advertising channels for recruitment include online portals, social media, and local job centres.

This included 13 employers through 121 interviews and a roundtable and was supported by 8 responses via the Your Voice survey. Just over half were from small businesses (7) and the rest from large organisations (6). The employers were from a range of sectors including HR (3), digital (2), VCSE (2),

manufacturing (2), engineering, hospitality, and health and social care. All were actively engaged in this agenda. Employer representative organisations were also consulted.

There is an increased focus on making accommodations for individual needs and recruiting people based on skills and capabilities rather than traditional qualifications. Employers recognised the need to simplify the application process by reducing or eliminating application forms, offering alternative methods for submission of applications, and moving away from formal panel formats during the interview process.

One employer explained how they try to have an ongoing conversation with the potential candidate through the application process and start interviews with icebreakers. As an example, employers discussed specific support for neurodivergent individuals such as offering flexible interview settings, ensuring job descriptions use clear and concise language, and offering the use of additional tools for accessibility.

Employer representative organisations identified the wide range of factors affecting job creation from an employer perspective, including the cost of doing business, market instability, and increased employment costs. They highlighted the potential for businesses to become more risk averse in recruitment in response to changes in the business landscape, and less willing to give an opportunity to someone who has previously had difficulties in sustaining a job.

Retention

Employers noted several essential actions and ways of working to improve the retention of employees with health conditions or disabilities, and employer representatives highlighted that conversations about retaining existing staff would be more likely to engage smaller businesses than efforts to encourage additional recruitment.

Individualised support tailored for employees is the golden thread that supports people to stay in employment, and there is a need to provide examples of how relatively straightforward and effective this can be, to change the culture and help smaller businesses to engage.

The provision of flexible working spaces, quiet areas, and general flexibility in the workplace (accommodating medical appointments, flexible working hours, and the option to work from home where feasible) were examples of reasonable adjustments already being made by some employers in West Yorkshire.

For workers who had spent time off work due to sickness, a phased return to work, reduced hours, or changing job roles (where possible) were examples of adjustments to help retain employees. Several employers with lived experiences of a health condition or disability explained how they were able to use this understanding to support their workers and create a more inclusive workplace.

Medium to large companies have greater capacity to develop health and wellbeing programmes which include policies, procedures and dedicated packages of support. Smaller businesses are often still in the process of building support for health and wellbeing, with perhaps some foundational principles that are built upon as the business grows. Often, these businesses do not have in-house HR expertise or occupational health capacity.

Access to Work is a publicly funded employment support grant scheme that aims to support disabled people start or stay in work. It can provide practical and financial support for people who have a disability or physical or mental health condition. Support can be provided where someone needs support or adaptations beyond reasonable adjustments.

Experience of the Access to Work scheme was mixed. Whilst employers valued the help to make reasonable adjustments, the lengthy application and assessment process was challenging as was the

need to meet the costs upfront for smaller companies. One employer reflected how the wait for the Access to Work support could lead to an employee leaving the workplace. Another employer reflected on the lack of understanding and support in relation to Access to Work:

“...we do know that Access to Work is out there, but how many employers are getting trained on the Access to Work? It’s really disjointed...people kind of get thrown around when they’re going through the Access to Work process”

Employers detailed how communication with staff around experience of health and/or disabilities should be early, open, and ongoing. The challenges reported by employers in supporting staff included resource planning and a lack of awareness of reasonable adjustments (and the help available for this). Some smaller businesses reported increased employer National Insurance contributions and other changes linked to the Employment Rights Bill create business pressures and a focus on keeping the business going.

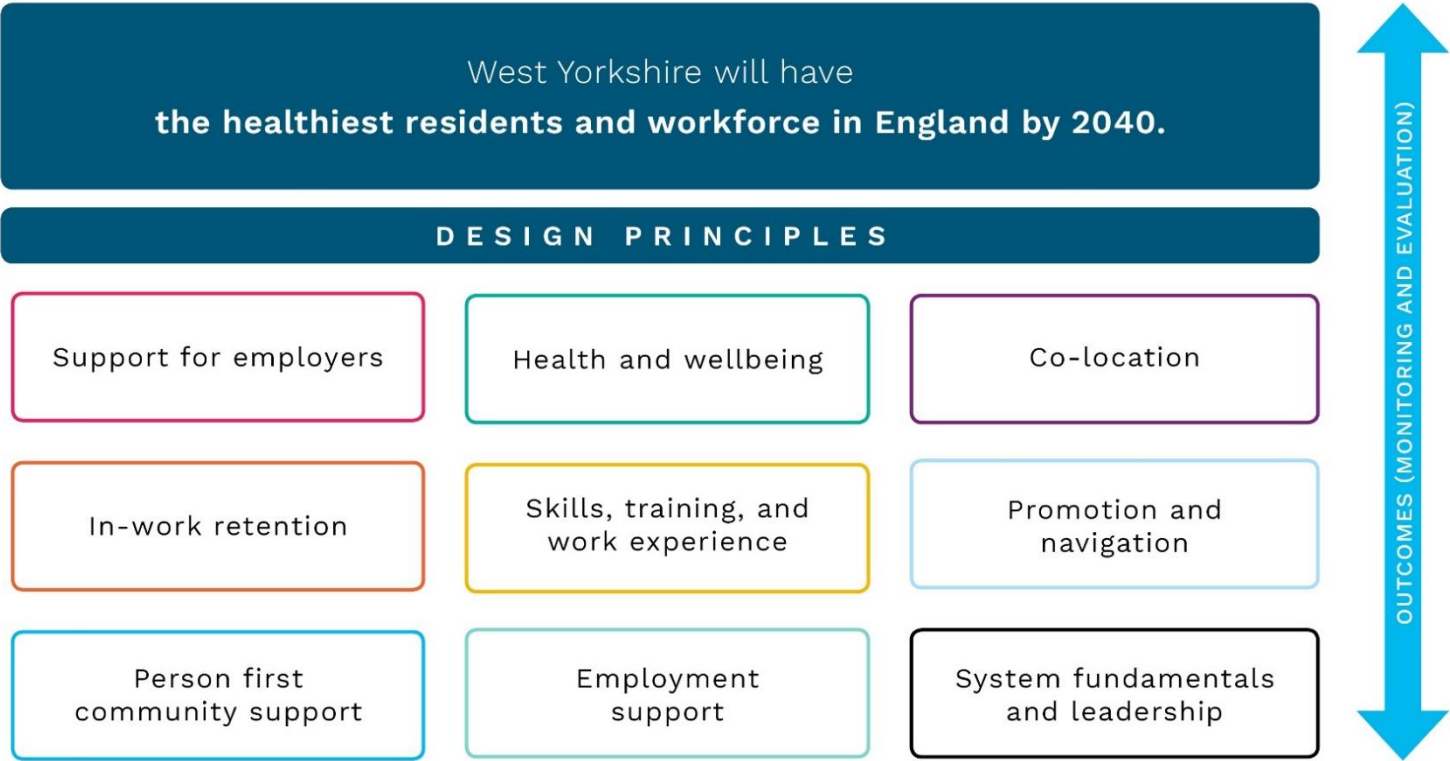
Priorities for employer support

Employers highlight the need to prioritise increased awareness and understanding of the impact of health conditions, disabilities and the interlinked factors which can affect these (age, ethnicity, and socio-economic circumstances). Employers would like to see a single point of contact to a unified and easy-to-navigate system of work, health, and skills support, including human resources (HR) and occupational health advice, which includes telephone support and builds on existing support infrastructure. Incentives for employers would help organisations to offset additional employment costs and access support, training, and provide work placements and work trials. Additionally, employers would like a toolkit to help them support workers with a health condition or disability which would include local examples of good practice.

They would also like awareness of the Access to Work scheme to be raised and help to overcome the bureaucracy of applying for support. There is a need for training (for leadership teams, line managers and the wider workforce) and grants to make the courses accessible to smaller organisations. Employers would also welcome the space to share experiences and best practice with their peers for example in a network.

The employer representative organisations also highlighted the importance of ensuring self-employed people facing health challenges can access support which reduces the risk of them having to leave the labour market, and support for self-employment as an option for people looking to return to work.

Feeding into the emerging Work, Health, and Skills Plan for West Yorkshire



5 Vision, principles and areas of focus

The Work, Health, and Skills Plan is underpinned by a shared vision and objective and principles which will guide the future design and delivery of support. The Plan includes five priority areas which will be the focus for detailed co-design work to develop, test and deliver interventions to support more people to enter and remain in good quality work.

5.1 Vision and objective

The **vision** for West Yorkshire's first Work, Health, and Skills Plan is:

For West Yorkshire to have the healthiest residents and workforce in England by 2040.

The Plan has a **clear objective**:

- To reduce economic inactivity and health and socio-economic inequalities by supporting more residents with health conditions and disabilities to access or keep good quality work

5.2 Plan development

Through extensive and iterative scoping and co-design work, a wide range of ideas and solutions to improve work, health, and skills in West Yorkshire were identified and grouped into nine themed areas, as shown in the diagram below. These ideas were then refined and tested by a panel of experts representing work, health, and skills to define the design principles which should underpin all support (see 5.3). Five areas which will be the focus of further co-design work were identified. These are summarised in section 5.4 with more detail provided in section 8.

5.3 Design principles

The future design and delivery of work, health, and skills support in West Yorkshire will be aligned with the following themed principles.

A transparent and reliable system

A system which builds and maintains **trust** and focused on delivering **ambitious** and impactful change through prevention and early intervention. The system will provide **timely** access to **local, adaptive and responsive** support delivered by organisations representing the **diversity of the communities** they serve.

A nurturing, trauma-informed and person-centred approach

Focus on **quality of life** as a starting point and considering the **whole person** and the different areas of their life (including home, family, support networks, work, skills, and hopes). Support will **journey with people** from whatever starting point they seek help and wherever their goal.

Place-based with strong pathways

Place-based approaches offering **tailored, local solutions** supported by **effective cross-referral pathways** so that people are supported at the right time, pace, and place.

A system for all

An **inclusive** and **accessible** system where everyone can access support which is appropriate for them. The routes to support are **clear** and **simple** with help available for people who need assistance with navigating support possibly using region-wide management information systems.

A focus on outcomes for the whole person

Appropriate **targets** and metrics which can capture **progress**, with effective **monitoring** and **evaluation** processes which can work across the system with improved **data sharing** capabilities. Recognising the length and complexity of a journey and build processes to **celebrate the small steps**.

A system driving and enabling positive impacts beyond the economic

Social value underpins the design and delivery of an effective system. **Procurement** processes embed social value. The commissioning and funding of support reflects and promotes the shared objectives and vision of the system.

A learning, listening, and evolving system

Continuous **learning** is embedded within the system to provide the space to reflect and refine support and **celebrate best practice**. **Listening** is key and future support will be **co-designed** with delivery partners and residents with clear feedback loops. Through listening and learning the system will **evolve** to improve support for all.

Leadership and collaboration

A **system leadership role** for ICB, Combined Authority, LAs, DHSC and local DWP to **provide oversight** and better decision-making, to **align the system** around **common outcomes** across **system partners**. Working collectively to lead the design and delivery of work and health programme of activity through **commissioning** and **performance management** programmes including (but not limited to) linked to **Get Britain Working** and other subsequent funding streams and regional commissioning.

Funding, resilience and longevity

Longer term funding streams provide security to organisations and recognise the value and contribution of those delivering support. The **VCSE sector** plays a vital role as a delivery partner in communities and the system is designed to improve resilience within organisations and the wider VCSE infrastructure with improved coordination between health, employers and community-based services.

5.4 Priority areas of focus

The research undertaken has led to **five priority areas of focus** which respond to the needs articulated by West Yorkshire residents, employers and other key stakeholders:

- Strengthened health and employment systems leadership with oversight to inform better decision-making across the ICB/CA/LAs/DHSC/DWP

- Understand and address micro and SMEs barriers to recruiting and retaining staff with health conditions and creating healthy workplaces and a diverse workforce
- Incentives to support more people into good quality work
- Continued backing of the VCSE sector as delivery partners and providers of holistic support including pre-employment support, support to those at risk of leaving work, and the identification/engagement of individuals with lived experience of economic inactivity and socio-economic inequality
- Network development to support peer learning, resilience and training

5.5 Delivery and impact

The Work, Health, and Skills Plan will create a more joined up system that can provide improved support for residents and employers to help address health and disability related barriers to paid employment.

Strengthening health and employment systems leadership with improved oversight and better-informed decision-making across the partners will ensure the Plan:

- Sets out the direction of travel towards a more effective and collaborative system
- Lays the foundations for closer partnership working across work, health, and skills
- Identifies priority areas of focus to enable change and test new ways of working

By delivering against the priority areas, the **long-term impacts** of the Plan will be to:

- Improve population health and wellbeing
- Improve economic outcomes

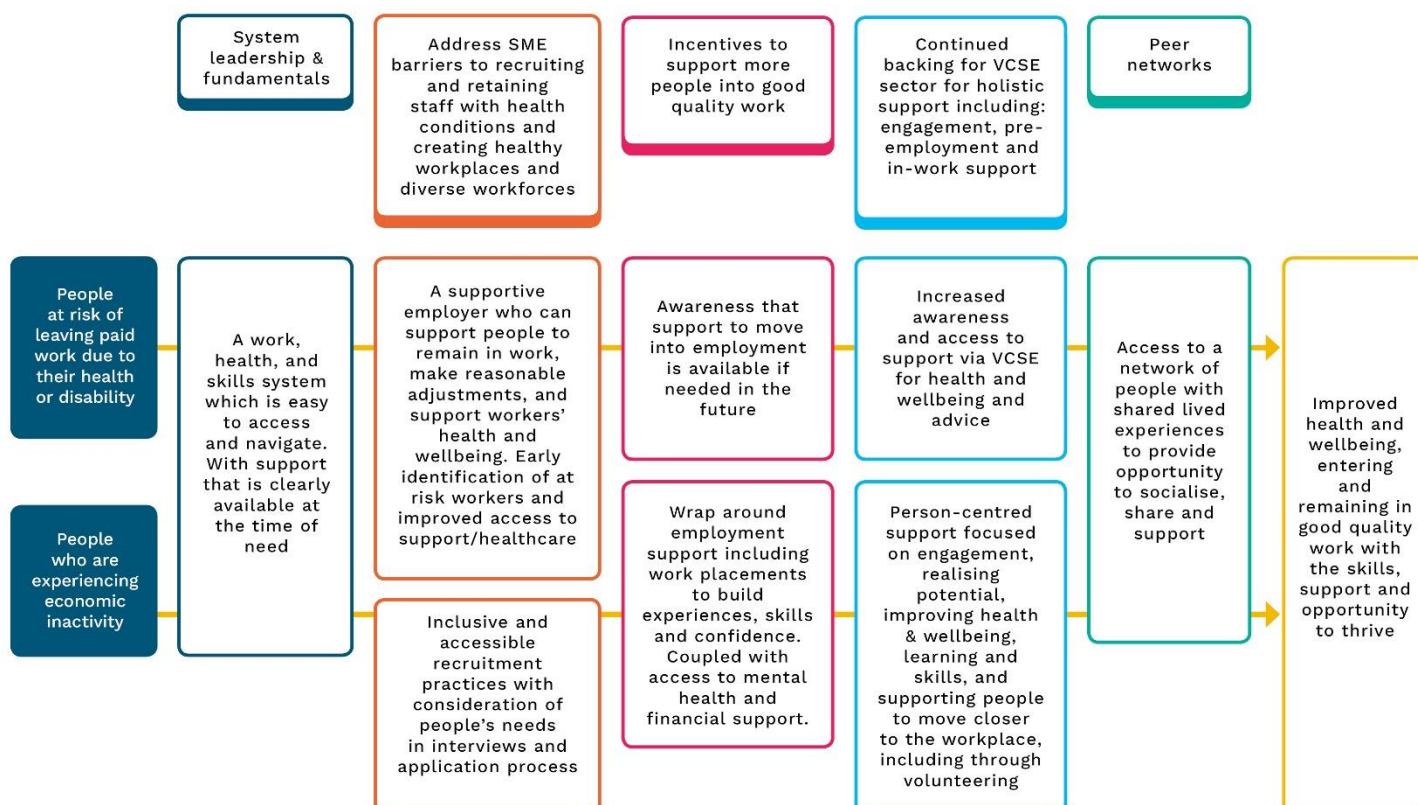
Progress towards to objective of the plan will be measured and evaluated using the metrics detailed in section seven which have clear links to wider strategic priorities including the West Yorkshire Plan, Local Growth Plan, and the West Yorkshire Integrated Care Strategy, enabling continuous improvement, learning and innovation.

The diagrams below provide an overview of the Plan, and how the priority areas of focus will support those at risk or already economically inactive due to ill health or disability:

Work, Health, and Skills Plan Overview



Work, Health, and Skills Plan Support



6 Turning the Plan into action

Action will be required over the short, medium, and long term to deliver meaningful impacts and change to residents' health, wellbeing, and economic opportunities.

6.1 System roles and responsibilities

To create a joined up work, health, and skills system clear roles and responsibilities are required. Strengthening health and employment systems leadership across ICB/CA/LAs/DHSC/DWP will provide the structure for successful delivery and Return on Investment (ROI).

Strategic and Programme Level Boards will manage progress and monitor outcomes against an agreed framework whilst continuing to deepen and strengthen partnerships at all levels in the transition towards a more effective work, health, and skills system.

6.2 Timescales

We will deliver the Work, Health, and Skills Plan with a sense of urgency, recognising the long-term damage which can be done when people lose contact with the labour market and their situation creates additional barriers to employment. Partners across West Yorkshire have shown their enthusiasm for change through their engagement with the Plan development process, and we want to harness their energy and commitment and deliver visible change.

But we recognise that the work, health, and skills system is complex with many stakeholders, each with their own priorities, funding constraints and decision-making and governance processes. Some elements of the Plan will take longer to bring to fruition, although this does not mean that we cannot begin the change process straight away.

For most of the priority areas of focus, the development process includes a period of promotion and engagement, followed by detailed co-design, critically involving people with lived experience, and procurement of the solution.

A testing phase, followed by refinements and full roll-out leads onto commissioning, growth and evaluation. For the Work, Health, and Skills Plan – given the availability of current, time-constrained funding to support some of the proposed focus areas – these phases will be compressed, making the monitoring and evaluation process even more important.

Our collective ambition in West Yorkshire goes beyond the next 12 months which provides an important test-bed to identify what works, and what does not work before we scale up the right support and interventions that work for communities in West Yorkshire.

The timeline, which commenced in January 2025 and which will incorporate the joint Accelerator and Trailblazer Delivery Plan, is as per below:

- In the **first six months**, we will prioritise building on the strong partnership foundations to build our systems leadership approach and conduct detailed design work for all five priority areas of focus to ensure they have solid foundations to deliver impactful change.

- In the **first 12 months**, we will test and launch (at varying levels/timings) activity within the priority areas of focus and promote and create new support and ways of working together and decision making across ICB/CA/LAs/DHSC/DWP systems.
- **Following the initial activity**, we will test further, evaluate, learn and adapt our approach prior to taking forward support.
- In **year 2** we will seek opportunities to scale up ways to support employers, individuals and VCSE
- In **years 3 to 5** we will continue to deliver priority interventions and evaluate our progress and the impact of the support.

7 Monitoring and evaluation

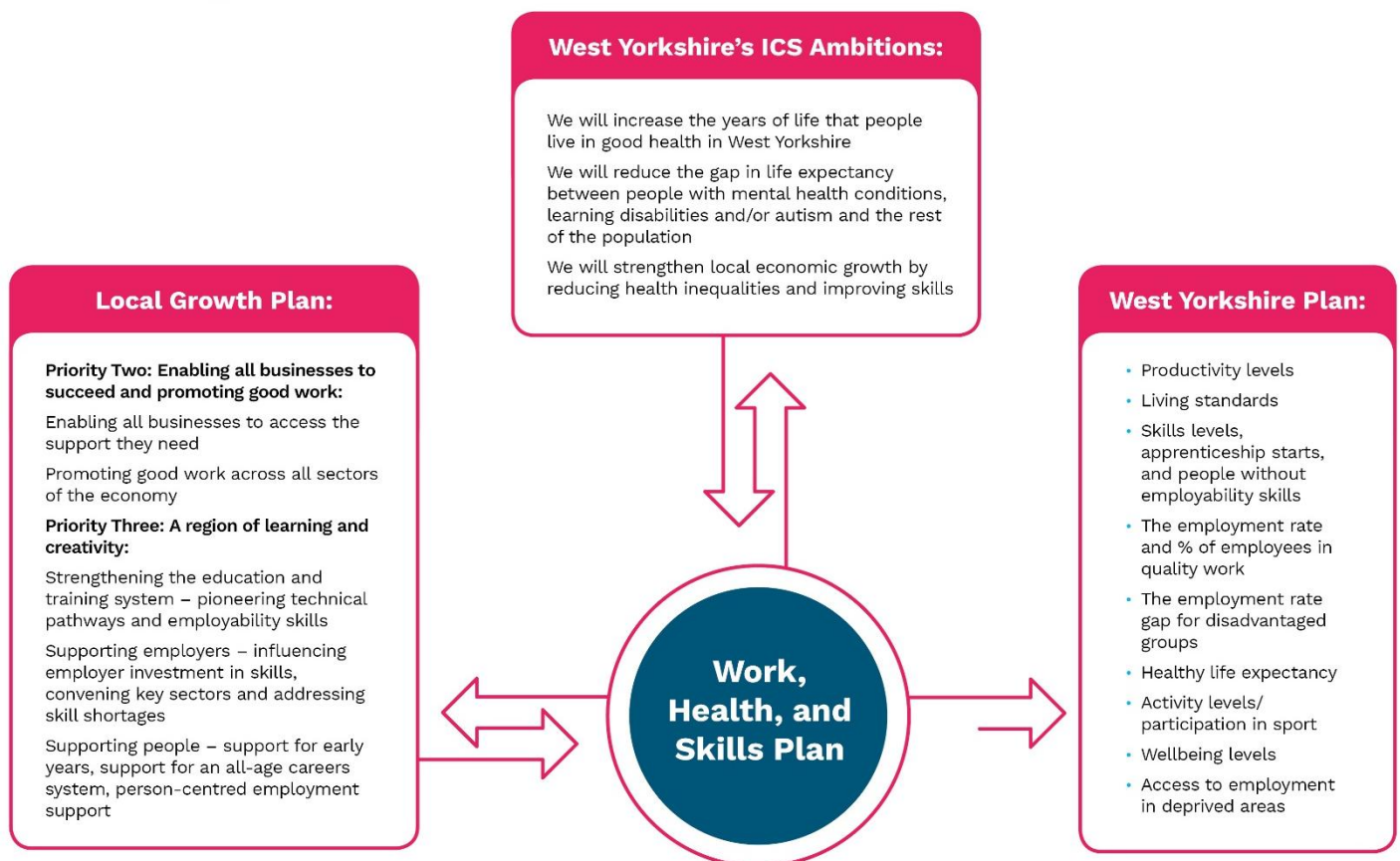
Progress towards the Work, Health, and Skills Plan objectives will be robustly and regularly measured to enable continuous improvement and ensure we are on track to contribute to the region's strategic priorities.

7.1 Measuring success

The Combined Authority's Performance Management Framework establishes the vision, governance and approach to managing performance across all areas of the Combined Authority's work and will guide the monitoring and evaluation of the Work, Health, and Skills Plan, alongside the West Yorkshire Plan, Local Growth Plan and 10 ambitions set out in the West Yorkshire Integrated Care Strategy (ICS), which are monitored through the Joint Forward Plan. The Performance Management Framework aims to provide clear, objective and transparent insight on impact, and standardises approaches across different themes.

The Framework confirms that the outcomes the Combined Authority monitors to measure success are those set out in the West Yorkshire Plan. These indicators are formally reviewed on an annual basis through State of the Region reporting. Accordingly, the success of the Work, Health, and Skills Plan will be measured against strategic priorities for West Yorkshire identified from the West Yorkshire Plan, Local Growth Plan, and the ICS's 10 Ambitions, allowing progress in addressing variation and inequalities to be measured.

Measuring Success



7.2 Monitoring and evaluation

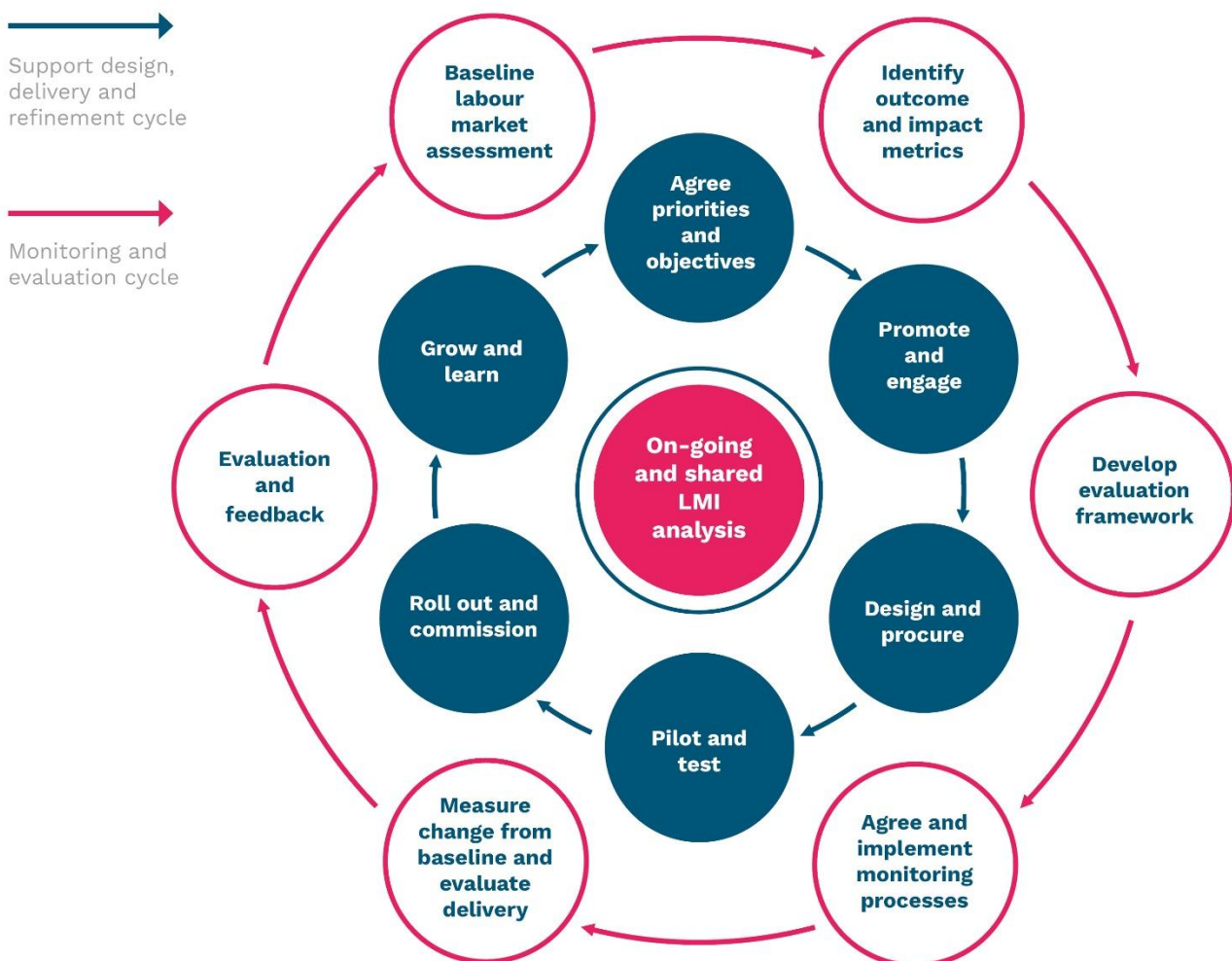
Indicators to monitor progress within each of the priority areas of focus will be developed as part of the project development process, and will link to the agreed actions, outputs, and outcomes and the indicators included in the West Yorkshire Plan, Local Growth Plan and West Yorkshire Integrated Care Strategy/Joint Forward Plan.

There will be clear links to the Plan priorities, although it is recognised that some important activities may not have direct links to the region's high-level indicators, given the complexities of working with and supporting people in this area and the 'small steps' which indicate real progress for those furthest from the labour market.

Delivery progress will be monitored monthly and reported as part of the agreed management and governance processes for the Plan. Consistent monitoring practices will produce a robust understanding of the performance of interventions, enabling comparisons to be made across different interventions within the Plan, allowing lessons to be learned and improvements to be made.

This will ensure the West Yorkshire partners have near real-time understanding of project progress, enabling any areas of under-performance to be identified and addressed in a timely manner.

Aligning Intervention with Monitoring and Real-Time Evaluation



The monitoring of project progress will inform a comprehensive evaluation of the Plan's activities. The West Yorkshire Evaluation Strategy sets out the Combined Authority's approach to evaluation, ensuring the voices of those with lived experience are heard. This will be applied to the Work, Health, and Skills Plan.

The Combined Authority is developing an Outcomes Framework which will set out core outputs and outcomes with common definitions and metrics. This will provide consistency and enable a joined up approach to monitoring and evaluation, helping to generate evidence of impact and insights into what works across intervention themes, funding streams and across the many partners who will have a role in delivering the Work, Health, and Skills Plan. This approach will ensure alignment between the strategic objectives set out in the Work, Health, and Skills Plan and the outputs and outcomes measured across the individual interventions.

A consistent approach will ensure the data collected is comparable and can be aggregated across projects and partners. This will give the West Yorkshire partners the robust information and insight that they need to support informed decision-making, continuously improve the support offer and share lessons learned and best practice more widely.

8 Priority Areas of Focus

Five priority areas will be the focus for further detailed co-design work to understand specific challenges, barriers and opportunities, and develop interventions and support which respond to the needs of employers, individuals and communities.

8.1 Strengthened health and employment systems leadership with oversight to inform better decision-making

The case for change: Multiple organisations and departments – nationally, regionally and locally – have a role to play improving employment, health, and skills. Central government responsibility, policy development and funding sit across the DWP (with Jobcentre Plus commissioning and delivering services in local communities), the Department for Education/Skills England (responsible for the National Careers Service and for young people’s and adult skills, with the Adult Skills Fund devolved to Combined Authorities) and the DHSC/NHS England.

At regional level, the Combined Authority and West Yorkshire’s five LAs have a long track record of supporting people to move into, progress in and sustain good quality work, working with VCSE organisations and the private sector to tackle barriers to employment and with learning providers and the further education sector to upskill and re-skill people to enable them to enter and progress in work.

The West Yorkshire Health & Care Partnership (WYHCP) brings together NHS organisations, councils, Healthwatch, hospices, and VCSE to join up health and care services, improve people’s health and wellbeing and reduce health inequalities across West Yorkshire, working with Directors of Public Health in each LA to address the wider determinants of health and socio-economic inequalities.

Separate governance arrangements across these systems can lead to siloed working and a lack of a joined up approach to tackling interconnected problems. This makes it challenging to align multiple funding streams (often working to different funding cycles and subject to change in policy priorities) and means the value of available funding is not maximised, with wasteful duplication, stop-start support and gaps in provision.

The consultations with people with lived experience of economic inactivity due to health or disability and with the organisations looking to support them highlighted the human cost of this complexity, including inconsistent availability and levels of support, challenges around eligibility, and a lack of awareness of what is available leading to delays in accessing support.

What we will build on: West Yorkshire’s Work, Health, and Skills Plan is being developed at an opportune moment, with immediate potential to build on the partnerships already established locally and strengthen systems leadership across employment and health. The existing work of West Yorkshire’s Work and Health Partnership, including overseeing the development of this Plan, has brought partners together, helped to develop shared priorities, provided strategic direction and steered the regional approach to work and health.

The Combined Authority has played a leading role in the work, health, and skills agenda, through joint leadership of the Work and Health Partnership and its work with the LAs to deliver Employment West Yorkshire (see box on page 18 for explanation). The strong strategic and delivery infrastructure in place in

West Yorkshire has secured £10m funding to develop this plan and the region is now a DWP EI Trailblazer area to test new, innovative approaches and create a more joined up work, health, and skills offer.

Additionally, West Yorkshire is one of three Health & Growth Accelerators and will benefit from £11m to test new approaches to reduce health-driven economic inactivity. Thus, this Plan is timely and there are opportunities through the Trailblazer and Accelerator to develop a joint delivery plan to deliver real change in West Yorkshire and a more joined up system is key to achieving this.

The Get Britain Working White Paper and English Devolution White Paper provide the opportunity for a significant strengthening of the Mayoral role in relation to skills and employment support, health improvement and health inequalities, including chairing or co-chairing the WYHCP.

Next phase development: Through the Work, Health, and Skills Plan, the West Yorkshire partners will work together to strengthen the leadership of the health and employment systems, putting in place improved oversight for better informed decision-making. Detailed work will be undertaken in the coming months to design the new structures and ensure they provide the leadership and capacity that will be required to deliver the Work, Health, and Skills Plan vision. It is expected to include:

- Strengthened governance arrangements including a Board or Committee responsible for delegated decision-making, strategy and oversight across West Yorkshire and the delivery of outcomes, with a sharp focus on reducing economic inactivity
- Public sector reform, including new ways of working and sharing information, engaging people with lived experience and delivering services to join up support and ensure interconnected issues are tackled in a holistic way
- Increased focus on improving neighbourhood health and wellbeing and reducing health and socio-economic inequalities as a means of improving economic outcomes
- Mayoral accountability for improvements to work, health, and skills outcomes.

Who we could work with: We will work with partners from across the work, health, and skills system to design and deliver the new leadership and governance system. This will include drawing on the existing expertise and leadership capacity within the Combined Authority and ICB and supporting further integration of decision-making. The LAs and national agencies such as Jobcentre Plus will be key partners in the system, and we will work with them to develop a system which is fit for purpose to deliver the ambitions in this Plan.

We will continue to convene, listen and engage with the wider system including employers, learning providers and the further education sector through networks and engagement events at a regional and place level to ensure that decision-making is informed by those that are affected by it, in line with the key principles of this plan.

Indicative costs: The new governance and decision-making system will build on existing structures and staffing and is not expected to require significant additional investment.

How we will measure success: We will know we have been successful when our work, health, and skills system works more effectively. Decision-making will be streamlined, priorities will be aligned, and delivery partners will tell us that they can use funding more effectively. Key Performance Indicators might include: a reduction in the amount of time and resource partners must devote to competitive bidding and increased trust amongst partners across the system. Strengthened governance and joint decision-making capabilities will contribute to all the activities brought forward through the Work, Health, and Skills Plan achieving the identified monitoring indicators.

8.2 Understand and address SME barriers to recruiting and retaining staff with health conditions and creating healthy workplaces and a diverse workforce

The case for change: Employers must be at the heart of a strengthened work, health, and skills system. They are the source of good quality employment in West Yorkshire but face challenges due to the cost of doing business, market instability, and increased employment costs. Some face additional challenges due to ill-health within the existing workforce or in finding the new recruits they need for their business to thrive. Supporting employers to retain and recruit workers affected by ill-health and disability has the potential to benefit individuals, businesses and the West Yorkshire economy, if barriers can be understood and overcome.

Ill-health is becoming more prevalent, with the number of working-age people saying that they have at least one long-term health condition rising from 29% in 2016 to 36% in 2023. (ONS, (July 2023) Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023. Figures from quarter 1 (Jan to Mar) 2023, up from 31% in the same period in 2019 and 29% in 2016.) MSK, respiratory illness and mental health conditions are all common reasons for sickness absence (ONS (April 2023), Sickness absence in the UK labour market: 2022). 30% of adults in the UK report having an MSK condition with many saying that their condition is worsened by work ([Arthritis Research UK: Working with Arthritis](#)) and 30 million working days are lost annually due to MSK conditions (ARMA UK (2024). Act Now: Musculoskeletal Health Inequalities and Deprivation).

Mental ill health is the most common cause of work-limiting conditions among those aged 44 years and younger and the number of workers aged 16–34 years stating that their mental health limits the type or amount of work they can do has more than quadrupled over the past ten years (The Health Foundation (2023), What we know about the UK's working-age health challenge). Neurodiversity can also cause people to struggle to remain in paid work and only three in ten working age people with autism are in employment (DWP, The Buckland Review of Autism Employment, 2024. [Available here](#)).

Longitudinal analysis (Work Foundation (2024). Stemming the tide: Healthier jobs to tackle economic inactivity. [Available here](#)) found 9% of workers who developed a health condition or disability left the labour market within four years, with nearly half leaving in the first 12 months – 4.2% left in the first year compared to 2.5% of workers who left the labour market with no negative health transition. People with multiple conditions are at greater risk of leaving the labour market (with the risk increasing when combined with some additional protected characteristics) and poor mental health makes people nearly twice as likely to leave work compared to those with good mental health.

This level of ill-health presents challenges for employers. 44% of senior leaders said absenteeism due to health was a serious issue and 64% stated poor workforce health negatively affected their economic performance.

However, many employers lack the skills and expertise to support workers with health conditions, with only 30% of SMEs offering occupational health services. Two thirds of employers (66%) said their organisation is ready to support people who are out of work due to long-term health conditions back into employment, although SMEs were less likely to agree (59%) than larger businesses (77%).

But there is an 'awareness to action' gap, with many businesses struggling to implement effective measures to make their workplace more suitable for new recruits with a health condition or disability, and

changes in the business landscape, including increased employment costs are making businesses more risk averse when it comes to recruitment. Businesses need to be supported to be able to take the 'less safe' employment option.

Given the impacts of becoming economically inactive, it is better, easier, and more cost-effective for the individual, employers, and society to support people to remain in paid work. Both workers and employers need support and guidance to navigate and access support for someone with a health condition or disability, including help to offset additional employment costs and training to re-skill people for new roles.

What we will build on: Initiatives such as the Fair Work Charter encourage employers to develop workplace cultures which support physical and mental health and wellbeing. The national Access to Work scheme provides help with the costs of practical support. Traditionally, limited support has been available for people who are in-work, but there are several projects which combine health and employment support to support retention. Many LA and VCSE partners have close links to employers who provide employment opportunities for people with health conditions or disabilities.

Individual Placement and Support (IPS) is an employment support approach that was originally developed for people experiencing mental health and addiction issues which offers intensive, individually tailored support to help people to choose and find the right job, with ongoing support for the employer and employee to help ensure the person keeps their job. IPS projects have forged new relationships with employers in certain areas of West Yorkshire and pilot projects in South Yorkshire and the West Midlands have informed the development of the Connect to Work offer which will be rolled out in West Yorkshire in 2025/26.

Next phase development: Through the Plan, the West Yorkshire partners will address the barriers which constrain micro and SMEs from recruiting and retaining staff with health conditions and creating healthy workplaces and a diverse workforce and develop a proposition for employers including incentives, and access to specialist external expertise and support. Detailed design work will be undertaken in the coming months, but the support could include:

- Financial support to help employers meet the up-front costs of creating inclusive workplaces and offset additional employment costs.
- Specialist external support for employers to enable them to provide a supportive environment for employees experiencing ill-health/disability and those at risk (e.g. access to occupational health services, training and re-skilling, HR advice, work psychologists, preventative measures addressing employee lifestyle factors etc)
- Using peer employer networks to raise awareness of the prevalence of ill-health and disability within the working age population and the benefits of adopting accessible and supportive approaches to both recruitment and retention
- Early identification and engagement of people at risk of leaving work due to ill-health (through employers, VCSE and health services)
- Support for self-employed people and those for whom self-employment is a route to remaining economically active

This support will align with the Fair Work Charter, the Connect to Work offer and in-work support being developed through the Health & Growth Accelerator. It will link to several other interventions within the Plan including the incentives to support more people into work and the employer network.

Who we could work with: We will target support on SMEs in growth sectors who are more likely than larger firms to need external HR and occupational health expertise, but account for a significant number

of West Yorkshire's jobs and recruitment opportunities. We will also support people who are self-employed and at risk of leaving work due to ill-health.

We will particularly promote the service to employers in sectors with highest levels of sickness absence, including health and care; education; public administration; wholesale and retail, and the accommodation and food services sector, and those in high growth sectors.

Indicative costs: Support for employers is scalable and the cost of support per business will depend on the mix of 1-to-1 and 1-to-many support provided, and the nature of the support (including whether occupational health support is provided as part of any service or employers are directed to sources of this type of support). With a mix of higher (£5,000 unit cost) and lower (£2,000 unit cost) intensity support, a budget of £2m per year would enable 700 businesses to be supported and training provided to staff teams, with many more engaged or provided with access to toolkits and guidance materials.

How we will measure success: We will know we have been successful when more competitive job opportunities are accessible to and secured by people with a health condition or disability, and when fewer people with health conditions leave their job roles. Indicators might include the number of employers signing up to the Fair Work Charter or Disability Confident, or the number of roles being advertised on the main [GOV.UK site](https://www.gov.uk) or other disability-friendly job sites or the number of people enquiring about and/or accessing Access to Work support.

The employer support intervention will contribute to the indicators below:

Local Growth Plan delivery indicators	West Yorkshire Plan monitoring indicators	ICB Joint Forward Plan indicators
<ul style="list-style-type: none"> • Priority 2: Scaling of the Fair Work Charter to significantly increase the number of businesses supporting the movement • Priority 3: Employment support that is person-centred 	<ul style="list-style-type: none"> • Productivity levels • The employment rate and % of employees in quality work • The employment rate gap for disadvantaged groups • Wellbeing levels 	<ul style="list-style-type: none"> • Increase the proportion of people with mental health conditions, learning disabilities and/or Autistic people who can access meaningful employment opportunities • Engage with major employers to support employee health, tracking results and learning. • Increase in the percentage of employees in quality work.

8.3 Incentives to support more people into good quality work

Case for change: Being in work matters: the 2025 Healthcare Professionals' Consensus Statement for action on health and work (AOMRC, RCN, AHPF, (2025) [Healthcare Professionals' Consensus Statement for action on health and work](#)) states that “*good work is good for your health, and good health is good for your work*”. The longer people spend out of the labour market the more difficult it becomes to return.

Between 2007 and 2020, more than two fifths (41.4%) of people who had been out of work for up to three months returned to work within the next three months. This reduced to 28.5% of people who had been out of work for up to six months, and 23.3% of people who had been out of a job for six to nine months. This both reflects and reinforces a drop-off in the currency of any work experience they may have and the quality of their employment-related skills, and the effects of a period out of work on confidence levels.

Analysis by ONS (ONS (2021), Which groups find it hardest to find a job following a period out of work?) found that disabled people and those with diagnosed health conditions were less likely to return to work (7.6% returned in the next three months compared to 26.8% of non-disabled people), as were people with caring responsibilities. People experiencing other types of economic disadvantage (including a very difficult financial situation, living in a workless household, or living in social housing) were all less likely to return to work than those with a more stable economic situation.

There is growing concern over the levels and rate of increase in the number of young people (16 – 24) not in employment, education or training (NEET) since the Covid-19 pandemic particularly given the ‘scarring’ impact of youth unemployment on future opportunities. Mental health is a growing reason why young people are not in paid employment (Resolution Foundation (2022), [Not Working, Exploring changing trends in youth worklessness in the UK, from the 1990s to the Covid-19 pandemic](#)).

Levels of children and young people missing school due to mental health has been increasing since the Covid-19 pandemic – currently 1 in 5 children are persistently absent from education (missing 10% or more of school which equates to a morning or more off a week) (Centre for Mental Health (2024) [Not in School: the mental health barriers to school attendance](#)). Longitudinal research has identified five risk factors most strongly associated with becoming NEET: not having an academic qualification above level 1, having a limiting disability, having a child, having poor mental health, and having special educational needs (SEN) (National Centre for Social Research (2023), Risk factors for being NEET among young people).

There are long-term social and economic costs to youth unemployment ([Youth Unemployment in the UK - Youth Employment UK](#)) and those with limited work experience and low skills levels can find it particularly challenging to navigate recruitment processes and secure good quality work, impacting on future career prospects, earnings, and wellbeing.

To ensure opportunities are open to those who are struggling to secure employment, it is important to address concerns which employers may have about the reasons for their spell out of work and the risk which may be involved in recruiting someone with gaps in their employment history.

It is also important to understand the individual's needs and work with them to reduce or remove barriers. Providing incentives both to the employer and the individual can help to achieve this, including paid placement schemes, direct financial support for individuals to help them overcome barriers and offsetting employment costs e.g. National Insurance and minimum wage increases.

What we will build on: Many partners across West Yorkshire are already providing support for NEET young people and those at risk of becoming NEET (e.g. learning providers and through family hubs and youth hubs, where they exist) and others finding it hard to enter employment to move closer to work—although this support does not generally include incentives for employers or the individual (in the form of paid placements, direct financial assistance for individuals and support with employment costs).

There have been previous incentivised schemes to support people into work, including the Kickstart scheme which provided a wage subsidy of c. £4,500 to cover 25 hours a week of subsidised employment over a six-month period. Activities will also take account of the feedback provided by employers during the Plan development work and learning from elsewhere. See for example research undertaken by the Behavioural Insights Team, Local Government Association and Stockport MBC, (2022), Encouraging employers to offer work placements for NEETs

Next phase development: Through the Plan, West Yorkshire partners will design new incentives to support more people into work, such as paid placement schemes targeted at specific cohorts in the labour market, support for employment costs and a range of support mechanisms for individuals to provide them with an opportunity to establish themselves in work and demonstrate their value to employers. Detailed design work will be undertaken in the coming months, but support could include:

- Engagement with employers and people with lived experience to co-design the incentives and promote the scheme
- Recruitment of individuals needing support and matching to suitable employment opportunities possibly through an Apprenticeship Training Agency or similar
- Pre-employment support for employers to ensure a supportive and inclusive workplace
- Incentivised work placements
- Wrap-around support for the individual to address barriers and overcome challenges e.g. direct financial assistance, mental health support, soft skills development and more formal training and mentoring
- Support for employers with offsetting increased costs e.g. National Insurance and minimum wage increases, line manager training etc.

The support will align with that provided to employers and will link to existing support for NEET young people and others who need a supported opportunity to access employment, and to the pre-employment work which will continue to be undertaken by VCSE sector organisations and learning providers.

Who we could target: Given the concerning increase in the number of NEET young people in West Yorkshire, we will focus support on this cohort initially. In particular, the initial focus will be on care leavers and formerly looked after children; young people experiencing mental health issues (both diagnosed and undiagnosed); young people with neurodiverse conditions or learning disabilities; and young people from ethnically diverse communities or who are resident in communities experiencing socio-economic inequality which have higher prevalence of becoming NEET (Pakistani, Bangladeshi, Black, White).

Indicative costs: Based on Kickstart as an illustrative example, and adjusting for inflation, increases in the minimum wage and provision of wrap-around support plus employer and on-boarding costs, a budget of £4m per annum would cover the costs of 400 incentivised placements (with an estimated unit cost of £10,000 per placement).

How we will measure success: We will know we have been successful when there is a high take-up for the incentives; when there is a good conversion rate from placement to permanent employment; and when employers who have benefited from the incentive recruit from a similar cohort without the requirement for

an incentive to be paid. Indicators might include the number of employers engaged and the number of NEET young people/economically inactive people with a health condition or disability supported.

The employer support intervention will contribute to the following indicators:

Local Growth Plan delivery indicators	West Yorkshire Plan monitoring indicators	ICB Joint Forward Plan indicators
<ul style="list-style-type: none"> • Priority 2: Scaling of the Fair Work Charter to significantly increase the number of businesses supporting the movement • Priority 3: Employment support that is person-centred 	<ul style="list-style-type: none"> • The employment rate and % of employees in quality work • The employment rate gap for disadvantaged groups • Healthy life expectancy • Wellbeing levels 	<ul style="list-style-type: none"> • Increase the proportion of people with mental health conditions, learning disabilities and/or Autistic people who can access meaningful employment opportunities

8.4 Continued backing of VCSE sector as delivery partners and providers of holistic support including pre-employment support, support to those at risk of leaving work, and the identification/engagement of individuals with lived experience of economic inactivity and socio-economic inequality

The case for change: The longer the time spent out of paid work, the greater the risk to an individual of developing more barriers which limit their progression into paid employment and cause a lower quality of life. In West Yorkshire, there are approximately 67,000 working age residents who are currently 'economically inactive' but would like a job, and 101,400 economically inactive people in West Yorkshire who are classed as 'long-term sick'.

In 2024 (Q2), the disability employment rate was 53% compared to 81.6% for non-disabled people – a gap of 28.6 percentage points. The disability employment gap is wider for males, people aged 50 – 64, people with no qualifications, and those living in social housing (DWP (2024). The employment of disabled people.). Time and resource are needed to engage with people furthest away from the labour market to build trust and confidence.

There is recognition that for some people paid employment is several years away or will not be an option, yet improving their quality of life is critical as can be seen in the levels of healthy life expectancy across West Yorkshire. The National Institute for Health and Care Research (NIHR) (NIHR (2021) [Multiple long-term conditions \(multimorbidity\): making sense of the evidence](#)) explain the number of people with multiple health conditions (multimorbidity) is rising, with more than 25% of adults in England living with two or more health conditions.

For people who are economically inactive due to long term sickness, 38% reported having five or more conditions. In 2023, one quarter of those aged 16 to 34 years reported five or more health conditions, and nearly half of those aged 50 to 64 years did (ONS (2023) Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023. [Available here](#)). This suggests that those who are inactive because of long-term sickness have increasingly complex health issues.

Living with multiple health conditions means you are more likely to have poorer health, lower life quality, and are at a greater risk of death than the general population. Deprivation is linked to an increased risk of multimorbidity and there are higher levels in certain groups (older people, women, and certain ethnic minority backgrounds). Thus, national evidence shows us the interconnected nature of experiences and certain characteristics.

What we will build on: Across West Yorkshire there are many organisations in the VCSE sector delivering vital support in communities and working closely as partners with LAs, further education and training providers. The ICB has a joint [Memorandum of Understanding](#) with the VCSE sector detailing how they will engage and embed partnerships to deliver a shared vision for health and care services across West Yorkshire.

Next phase development: The support through the VCSE sector will identify and engage people who are furthest away from the labour market in their own communities and provide support for those at risk of

leaving employment due to ill-health. Detailed design work will be undertaken in the coming months, but the support could include:

- Engagement activities for those distant from the labour market and experiencing health and socio-economic inequalities with a focus on quality of life
- A new/enhanced support offer for those currently in work but at risk of leaving
- Intensive wraparound support during the user journey, and support with system navigation including connections at place into institutions and employers
- VCSE support for both the Health & Growth Accelerator and GBW Trailblazer activities
- Co-location of health services in VCSE
- Adult/tailored/further learning and volunteering in communities

Who we could work with: Residents with a health condition or disability who are not in paid employment, are experiencing socio-economic inequality and are 'seldom heard', this includes those who are classed as 'long-term sick'. Current employees who are struggling to manage employment and a health condition/disability, including those with 'fit notes'. Local VCSE organisations and learning/training providers working in West Yorkshire.

Indicative costs: Evidence from existing programmes show costs range between £500 to £3,600 per person supported, depending on the level of need and intensity of support provided. This means a mid-range cost for support would be £2,000 per person supported. Reaching 1% of the economically inactive each year would equate to c. 2,800 people supported (excluding students and recognising that only around one in six economically inactive people in West Yorkshire says they would like a job), at a cost of c. £5.6m per annum.

How we will measure success: During the design phase, a monitoring and evaluation framework will be developed which will include hard and soft outcomes.

Activity will contribute to the following indicators:

Local Growth Plan delivery indicators	West Yorkshire Plan monitoring indicators	ICB Joint Forward Plan indicators
<ul style="list-style-type: none"> • Priority 3: Employment support that is person-centred 	<ul style="list-style-type: none"> • Living standards • Skills levels, apprenticeship starts, and people without employability skills • Healthy life expectancy • Activity levels/participation in sport • Wellbeing levels • Access to employment in deprived areas 	<ul style="list-style-type: none"> • Increase the proportion of people with mental health conditions, learning disabilities and/or Autistic people who can access meaningful employment opportunities • Increase opportunities to undertake physical activity for people with mental health conditions, learning disabilities and/or Autistic people, by supporting partners to implement bespoke pathways into physical activity • Increase the proportion of the West Yorkshire NHS budget invested in the VCSE

8.5 Network development to support peer learning, resilience and training

The case for change: There is an appetite from residents, employers and members of the VCSE support providers to have networks where they can connect with peers for learning and support. A more joined up work, health, and skills system will require deeper connections at every level. Drawing on the consultations with stakeholders and people with lived experiences, there was a clear need and value for peer networks and examples of these already providing support.

What we will build on: Across West Yorkshire there are networks of peer support, often at a local level. The Women of West Yorkshire network established by the mayor highlights the power of bringing people with shared interests and similar experiences together in a forum to share, support, and learn.

Next phase development: Establish and support peer networks for employers, the VCSE, and residents with shared lived experiences. The networks will provide opportunities for people to connect and learn. Detailed design work will be undertaken in the coming months, but the support could include:

- Explore demand and delivery options for an employer network and West Yorkshire-wide VCSE network and build capacity for networks at the place level
- Explore demand and delivery options for networks for residents with lived experiences including support to 'seed' networks in places and organisations e.g. bringing together those with common symptoms to support self-management
- Learning and training opportunities

Who we could work with: We will target VCSE organisations and partners delivering work, health, and skills support across all five West Yorkshire LAs. We will target employers across West Yorkshire with a focus on SMEs and encourage employers with experience and expertise in employing people with health conditions and disabilities to share their knowledge with peers. We will develop peer networks for residents based upon local needs and demand.

Indicative costs: Based upon similar support elsewhere, it is estimated that establishing and supporting a VCSE network and employer network would each require 0.5 FTE Officer time, most likely hosted in the Combined Authority. The network lead would need to draw on marketing/communications support, administrative support and would need strategic and management oversight.

How we will measure success: The peer networks will create more connections and spaces for shared learning. The peer networks will contribute to the following indicators:

Local Growth Plan delivery indicators	West Yorkshire Plan monitoring indicators	ICB Joint Forward Plan indicators
<ul style="list-style-type: none"> • Priority 2: Scaling of the Fair Work Charter to significantly increase the number of businesses supporting the movement • Priority 3: Employment support that is person-centred 	<ul style="list-style-type: none"> • Productivity levels • The employment rate gap for disadvantaged groups • Wellbeing levels • Skills levels, apprenticeship starts, and people without employability skills 	<ul style="list-style-type: none"> • Increase the proportion of people with mental health conditions, learning disabilities and/or Autistic people who can access meaningful employment opportunities • Increase the proportion of the West Yorkshire NHS budget invested in the VCSE

Appendix 1: Reference materials

Below is a list material reviewed to date:

- Bradford District Plan 2021-2025
- Bradford Workforce Development Plan
- Calderdale's Employment and Skills Framework 2024-2029
- Calderdale's Post 16 Learning, Employment and Skills Strategy
- Employment and Skills Strategy: Wakefield a Learning City and District
- Forthcoming Local Growth Plan for West Yorkshire
- Healthy Leeds Plan 2023-2028
- Kirklees: Aspire, Achieve, Include: Post-16 Employment and Skills Plan
- Kirklees Health and Wellbeing Strategy 2022-2027
- Leeds Health and Wellbeing Strategy 2023 – 2030
- Leeds Inclusive Growth Strategy 2023 – 2030
- The West Yorkshire Health and Care Partnership Memorandum of Understanding (MOU)
- Wakefield's Economic Wellbeing Strategy: 2024-2029
- West Yorkshire Employment and Skills Framework
- West Yorkshire Fair Work Charter
- West Yorkshire Local Skills Improvement Plan (LSIP)
- West Yorkshire Plan for 2040

westyorks-ca.gov.uk

West Yorkshire Combined Authority

Wellington House

40-50 Wellington Street

Leeds

LS1 2DE