Priority 3: Reducing poverty through better housing, employment and skills

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INTRODUCTION

Poverty limits life chances, health and wellbeing, and has a much wider societal impact beyond the individuals who are personally affected. This priority focuses on reducing poverty through improving skills, better employment and better housing though reducing poverty is much broader than just these aspects.

Paid work is the main route out of poverty for working-age adults. Sometimes paid work is not feasible for some people due to disabilities, caring responsibilities, or other life circumstances, though there is still a large opportunity for employers to show greater creativity and flexibility in their approach.

Employment is not a guarantee of escaping poverty; there are growing issues of in-work poverty and insecure employment which affect many of our residents and later in this document we consider how to improve the opportunities for our residents to secure 'good' employment (stable, well-paid, and safe). A good job should also be one that does not pose a threat to physical or mental health.

The interaction between housing and poverty is two-way; poverty limits people's housing choices, often resulting in living in poor quality housing as that is all that is affordable or available. However, housing also affects the risk or severity of poverty; expensive housing reduces the financial resource for other life essentials, poor quality housing is likely to require considerably greater spend of limited incomes on heating, and poor quality or insecure housing also affects wellbeing and physical health which in turn can limit educational or employment outcomes. Stable, secure, and good housing can have huge benefits not just to health but to the wider life chances. For example, housing with adequate space not only improves personal privacy reducing depression, anxiety and stress but also gives children room to play, a good night's sleep and provides sufficient study space enabling better achievement[1],[2],[3],[4].

The issue of poverty is being exacerbated by the cost-of-living crisis. The 'Let's Talk - your health and care' campaign that was launched on 7 October 2022 to inform the Health and Wellbeing Integrated Care Strategy has identified that 45.8% of the respondents (1051/2292) felt that the cost of living crisis was impacting their health and wellbeing; key themes were the cost of heating and not having the heating on, having to cut down or purchase cheaper versions of food, the costs of transport to key services such as hospital appointments, reducing activities and increasing feelings of isolation.

KEY LONG TERM POVERTY OUTCOMES

The overarching outcomes for this priority need to focus on reducing poverty. This is not simple to capture and there is no single measure that captures it well; but we will measure it in four main ways:

1. Reduce the proportion of children living in relative poverty.
2. Reduce the proportion of the working age population claiming out of work benefits.
3. Reduce the proportion of the working age population claiming in-work Universal Credit.
4. Deliver improved quality and availability of housing that meets health and wellbeing needs

[1] Friedman, Danny. Social impact of poor housing. ECOTEC. 2010
[2] Carmona M, Gallent N, Sarkar R. Space standards: the benefits. University College London for CABE. 2010.
[3] Cassen R, Kingdon G. Tackling low educational achievement: An examination of the factors underlying low achievement in British education. Joseph Rowntree Foundation. 2007.
[4] Authority, The Greater London. Homes for London: The London Housing Strategy. 2014.

We acknowledge that this does not include all working age households experiencing poverty and does not measure poverty in older people. Good data (up to date and frequently refreshed data) is not available at local authority level for these groups. We also acknowledge that there are many influences on poverty, work and pay that are outside the sphere of influence of Health and Wellbeing Board / Integrated Care System partners. However, reducing poverty must remain the overall aim.

REDUCING POVERTY THROUGH BETTER HOUSING

While fewer homes nationally are classed as non-decent compared with 10 years ago; overcrowding and affordability problems have increased in recent years and are likely to worsen given the cost-of-living crisis. The Covid-19 pandemic has also highlighted the direct health implications of housing with the Cambridgeshire and Peterborough Covid Impact Assessment showing that deprivation, including poor housing conditions such as overcrowding, and high density were associated with greater spread of COVID-19[5]. The economic fallout from the pandemic and the current cost of living crisis is likely to lead to an increase in evictions, a lack of housing security and increased over-crowding. [6]

It is costing the NHS some £1.4bn per year to treat those people who are affected by poor housing conditions. The most common extreme hazards likely to be found in the home are those relating to cold and home accidents. These are, generally, not expensive to rectify or avoid compared with the long-term cost to the health services and society if they are ignored. Such hazards are particularly harmful to the most vulnerable, especially older people and families with young children[7]. This was particularly highlighted recently in the case of Awaab Ishak, who died at two years old as a direct result of mould in his family home resulting in DLUHC highlighting some of the commitments needed to tackle poor housing standards [8].

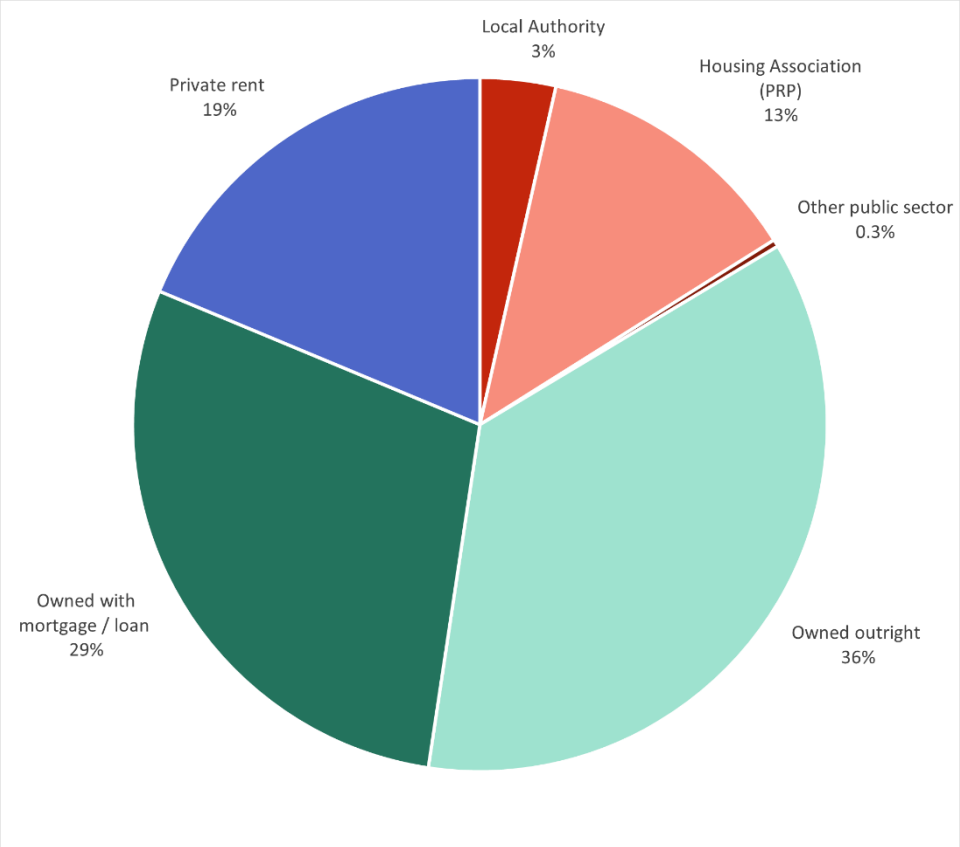
There are also broader 'societal costs' to poor housing conditions including loss of economic potential (poorer educational achievement, loss of productivity, career prospects) for individuals, family carers and employers and mental health costs. When these societal costs are included, it is estimated that the full cost to society of leaving people living in poor housing is some £18.5bn per annum[9]. Improving poor housing also has benefits beyond those that just relate to the health and wellbeing of their occupants. These include reduced energy costs and carbon emissions, higher residual asset values, and local job creation opportunities.

The pandemic has reinforced this challenge, with rapid house price rises that have deepened the household wealth disparities between renters and owner-occupiers. Rising rents depress living standards for renters and diminish spending in the local economy. Higher private rents can lead to greater churn, impacting the stability of people's housing, the ability to plan for a settled life, and community stability. The pandemic put key workers front and centre of the national response, but without local affordable housing acting as critical infrastructure, those on low wages (especially in the south of the region) cannot afford to live where they undertake their essential work.

[5] Cambridgeshire and Peterborough Covid Impacts and Needs AssessmentCovid-Impacts-and-Needs-Assessment-Pack-1-V1.1-Public.pptx (live.com)
[6] The Health Foundation, Better housing is crucial for our health and the COVID-19 recovery (Better housing is crucial for our health and the COVID-19 recovery - The Health Foundation)
[7] BRE, The Cost of Poor Housing in England 2021 (BRE_Report_the_cost_of_poor_housing_2021.pdf (bregroup.com)
[8] Letters from 20221116 LA direction letter on standards (publishing.service.gov.uk); Direction letter on standards to all providers of social housing (publishing.service.gov.uk)
[9] BRE, The Cost of Poor Housing in England 2021 (BRE_Report_the_cost_of_poor_housing_2021.pdf (bregroup.com))

Tackling poor housing is complicated and will require more cross sector working. The pattern of tenure and ownership shows that only a very small proportion (16.3%) of housing is under the direct control of system partners, the vast majority of housing in Cambridgeshire is either private rented or owner occupied.

Fig1: Tenure Ownership In Cambridgeshire



STAKEHOLDER ENGAGEMENT & STOCKTAKE SUMMARY ON HOUSING AND HEALTH

The 'Let's Talk - your health and care' campaign that was launched on 7 October 2022 to inform the Health and Wellbeing Integrated Care Strategy. The following question targeted views on housing; -

Q13 - Where you live and the type of home you live in can impact on your health, both physical and mental. This could be related to worries about paying bills, lack of privacy, poor heating or repair costs. Do you think your own housing situation impacts your health?

Answer Choices	Responses	
Yes	23.38%	474
No	75.93%	1,539
If you answered yes, can you tell us more about the way your housing has impacted your health (physically or mentally)	22.35%	453
Total Responses *(Total survey responses received 2,315)*	**87.5%**	**2,027**

This highlighted that more than 23% of respondents felt that housing impacted their health. The issues identified have been incorporated into the key themes identified for action. There has also been work with housing partners across the system, especially the Housing Board who have considerable insight based on current data insights and housing priorities.

Many of the respondents to this question mentioned the cost of living rises and interest rate rises. People are concerned about paying bills, mortgages, and rent. People describe not having the heating on in their homes to save money on bills and trying to manage in cooler houses as a result. People mention that their houses are feeling damp and some talk about the impact of mould on their health because of using less heating.

People also mentioned house improvements as being too costly, particularly insulation, adaptions, and windows to reduce heat loss and noise. People describe not being able to afford to move at the current time.

People describe changes in living circumstances due to the rises in the cost of living, other family members moving in together due to costs rising and cannot afford to live separately. This adds to mental health issues and caring responsibilities in some cases.

People describe the stress and worry of paying bills, rent or mortgage as impacting on their mental health.

People also talked about lack of access to public transport increasing their sense of social isolation.

Stocktake summary

There is considerable ongoing work across Cambridgeshire and Peterborough on housing and health. This priority has identified where additional focus and action of the Health and Wellbeing Board/Integrated Care Partnership will benefit the existing work.

- Housing Board priorities - Cambridgeshire Insight – Housing & Planning – Housing priorities
- Housing strategies and Local Plans for Peterborough City Council, Cambridge City Council and the district councils
- Changing Futures
- Learnings from previous work on NHS Healthy New Towns
- ICS Workforce strategy (including Key Worker housing for ICS Staff)

THE CASE FOR CHANGE FOR BETTER HOUSING

Delivering new homes to meet health and wellbeing need

Across Cambridgeshire, it is calculated that there is a need for an additional **3,854** dwellings per year. The affordable housing analysis shows that **2,066** households will require affordable housing to rent per year between 2020 and 2040. This can be broken down to the individual authorities and equates to around 43% of overall number of homes needed[10]. The data for Peterborough is less current but suggests that between 28-30% of new homes need to be affordable[11].

The population aged 65 or over is projected to grow by 55% between 2020 and 2040 potentially accounting for 50% of total population growth. Between 2020 and 2040 the number of older people with dementia is expected to increase by 76.2% and those with mobility problems is expected to increase by 65.6%. Our existing and future housing must be able to support these needs.

The evidence base from the NHS Healthy New Towns program highlights the need to create buildings of all types, not just homes, that are healthy and efficient as well as the importance of community and social connection on health[12].

Improving quality of housing to enable health and wellbeing resilience

Local authorities may conduct stock condition surveys, this link[13] takes you to the latest reports, however these are not carried out regularly. Although in 2020/21 only 145 private rented homes across Cambridgeshire and Peterborough were found to have one or more Category 1 hazards (classed as "serious") under the Housing Health and safety Rating System[14], as with other areas there is a much more general issue with poor quality and poorly insulated homes.

Access to decent housing reflects affordability. Low-income households and vulnerable groups are the most likely to occupy poor standard homes, often related to issues of overcrowding, fuel poverty, disrepair, damp, and mould particularly in private housing tenures. Health impacts of cold homes include increased risk of heart attack or stroke, respiratory illness, poor diet due to heat or eat choices, mental health, and slower recovery from existing conditions[15].

Across Cambridgeshire and Peterborough there are an estimated 7,404 homes in multiple occupation (HMOs) where many poor condition homes can be found. Some 2,810 of these are estimated to be licensable[16] though only approximately half are licenced[17]. This highlights 2 areas of focus: exploring the

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[10] Housing Needs of Specific Groups (https://cambridgeshireinsight.org.uk/wp-content/uploads/2021/10/CWS-Housing-Needs-of-Specific-Groups-Oct21.pdf)

[11] (https://www.peterborough.gov.uk/asset-library/imported-assets/SHMAFinalReport-2017.pdf)

[12] Putting Health into Place, Findings from the NHS Healthy New Town Programme 2019 NHS England » Healthy New Towns

[13] https://cambridgeshireinsight.org.uk/housing/priority-themes/existing-homes/

[14] The housing health and safety rating system (HHSRS) is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. It was introduced under the Housing Act 2004 and applies to residential properties in England and Wales. The HHSRS assesses 29 categories of housing hazard. Each hazard has a weighting which will help determine whether the property is rated as having category 1 (serious) or category 2 (other). https://www.gov.uk/government/publications/hhsrs-operating-guidance-housing-act-2004-guidance-about-inspections-and-assessment-of-hazards-given-under-section-9

[15] Cantrell A, Booth A. Warmer Housing – What are the Choices? NIHR Public Health Research Evidence Briefing. Sheffield: University of Sheffield, 2022. Warmer Homes Briefing.pdf - Google Drive

[16] Not all licensable HMOs actually have a licence, district teams work with landlords to grant licence wherever possible but certain standards need to be attained to grant the licence.

[17] Local Authority Housing Statistics data returns, England 2020-21 Section F https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1084729/Local_Authority_Housing_Statistics_2020_2021_all_tables_06_2022.xlsx

conditions in HMOs which do not qualify for a mandatory licence and the ongoing work needed to enable non-licenced HMOS to achieve the standard needed to get a licence.

Increasing the proportion of residents in safe and secure housing

Homelessness is traumatic for any household, but for families with children it is particularly stressful. It is a priority to prevent homelessness for families with children, older people, and other vulnerable groups wherever possible. If homelessness is inevitable, the focus must be on swift action to relieve the impact.

In 2021/22 across Cambridgeshire & Peterborough some 2,284 households were accepted as needing help to prevent homelessness. Of these households, 919 (40%) included dependent children. However, it was not possible to prevent homelessness for 1,952 households, who needed help to relieve their homelessness of these households 508 (26%) included dependent children. With the cost-of-living crisis, it is anticipated that those at risk of homelessness will significantly increase over the next year and it is key that pathways to early prevention and support is flagged by all services that come into contact with those at risk of homelessness and in the longer term reduce families that are homeless.

Homelessness, in any of its forms, is the enemy of a healthy lifestyle, of wellbeing in general and of good mental health. Although homelessness can be a short 'stop' in someone's life, it is important people are supported through the process, and once they have secured accommodation, supported to set up the behaviours needed to maintain settled housing in future. This may include some longer-term access to support if needed, should a life change or a crisis arise.

Compared to the general population, homeless people experience poorer health outcomes. Physical health, drugs, alcohol, mental health and wellbeing have been recognised as priority health issues among homeless people, especially rough sleepers. Homeless people can also experience difficulties accessing health services which impacts on their health status.

Supporting mental health in new and existing homes

Housing problems are key stressors for poor mental health: 1 in 5 people have experienced mental health issues because of housing problems[18]. Stable, good quality housing is a protective factor for mental health and can be a vital part of recovery from mental illness[19]. However, poor quality housing and unstable housing can have a detrimental impact on mental health. A lack of appropriate accommodation is a well-known barrier for people being discharged from inpatient psychiatric care[20].

For people with long-term degenerative conditions such as dementia, living well in their own homes can be a challenge and moving to long-term care is often seen as the only option. However, the projected increase in this population places substantial financial burdens on society, so that the traditional expectation of supporting people in long-term residential settings is no longer viable. Additionally, with greater diversity within the housing and care markets, residential care is now just one option alongside a range of models including sheltered housing, extra care housing, independent living services and remaining in one's own home with additional support.

[18] Shelter. The impact of housing problems on mental health. 2017
[19] Public Health England. Mental health: environmental factors [Internet]. Mental health and wellbeing: JSNA toolkit. 2019 [cited 2022 Sep 5]. Available from: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place
[20] NHS Confederation. Healthy foundations: integrating housing as part of the mental health pathway [Internet]. 2022 [cited 2022 Oct 5]. Available from: https://www.nhsconfed.org/publications/healthy-foundations-integrating-housing-part-mental-health-pathway

Issues such as hoarding can highlight the more extreme end of the inter-relationship between housing and mental wellbeing. This can lead to risk to life of both residents, visitors and neighbours as well as the risk for landlords of not tackling serious hoarding. This situation requires both mental health and other specialist support to enable someone to make a change to get out of hoarding and stay out of it, long term.

Access and utilisation of green space is also consistently linked to greater wellbeing and improved mental health, as well as acting as a buffer for the effects of mental distress. Moving to an area with more green space produces long-term improvements to mental health, though the relationship between green space and mental health may be moderated by factors such as the safety of local parks.

HOUSING PRIORITY THEMES FOR ACTION AND KEY OUTCOMES

There are four high level themes as set out below

Delivering new homes to meet health and wellbeing need

Proposed outcomes:

1. Increase the supply of more affordable housing including addressing needs of key workers across Cambridgeshire and Peterborough.
2. Ensure the design and layout of new homes enable people, especially children, to live with personal privacy and be able to play, learn and rest.
3. Support new and existing communities to adopt active and healthy lifestyles
4. Increase the number of homes which provide for specialist housing need
5. Increase the availability of assistive technology in new homes & communities

Improving quality of housing to enable health and wellbeing resilience

Proposed Outcomes:

1. Increase the identification and improvement of homes in poor condition across all tenures, especially for vulnerable groups such as children with asthma
2. Reduce housing related delayed transfers of care
3. Increase thermal comfort in homes, reducing excess winter and summer deaths
4. Improve quality of houses of multiple occupation

Increasing the proportion of residents in safe and secure housing

Proposed Outcomes

1. Reduce or eliminate the use of bed and breakfast accommodation as temporary housing
2. Reduce the number of families in temporary accommodation
3. Increase prevention of homelessness by increasing early referrals by all partners into homelessness prevention teams
4. Improve access to health and wider services for those that are homeless, especially rough sleepers

Supporting mental health at home (for new and existing homes)

Proposed Outcomes:

1. Increase the supply of homes suitable for the ageing population including dementia-friendly homes
2. Support people out of hoarding, improving their life chances and reducing risk of death due to fire and other risks for them, their neighbours and their visitors
3. Increase support to prevent people having to leave their homes due to mental health crisis
4. Improve access to and use of green space

There are core **enablers** to all of these including:

- Improved data sharing between partners
- Closer working between partners in Cambridgeshire and Peterborough including:
    - improved links between ICS and home improvement agency work and outcomes
    - improved pathways and links between housing and mental health support where support will help avoid a later crisis.
    - closer working with registered providers to ensure housing meets need.
    - closer working between all tiers of Local Government to identify need and influence the Local Plan outcomes e.g. needs of people with Learning disabilities, older people, children and families.
- Embedding findings from the NHS Healthy Town Programme in Local Plans
- Embedding the ongoing work with partners on the system-wide Changing Futures programme to tackle multiple disadvantage.

REDUCING POVERTY BY BETTER EMPLOYMENT

In many ways Cambridgeshire and Peterborough is a microcosm of the wider UK economy, with strong economic growth in the south and a context of lower wage jobs and lower qualifications in the north. As well as these differences between our three economies we also see major inequalities in health, wealth and wellbeing within our towns and cities, with concentrations of deprivation in Peterborough and The Fens but also within Cambridge. In our most deprived neighbourhoods, healthy life expectancy is below the retirement age. Our areas of deprivation are associated with a lower paid workforce and fewer opportunities for "Good Work". Recent high overall economic growth has not changed the picture for our poorest communities. We have a long-standing levelling up challenge.

Elsewhere the barriers to future growth and maintaining our success represent increasingly complex challenges. In Greater Cambridge high housing costs coupled with congestion and low public transport connectivity make it harder for people to enjoy the high quality of life that they could expect from local high productivity, and for businesses to attract highly skilled people.

Most people spend the greatest proportion of their lives as part of the working age population. There is solid evidence that jobs and the workplace environment are key influencers on health and wellbeing outcomes. It is, however, a complex issue requiring a systems approach.

To address this priority of reducing poverty through employment – there will be three key areas of focus, to:

- Generate employment through more and higher skilled jobs
- Increase employability by providing all residents with opportunities to gain new skills throughout their careers,
- Ensure that a long-term health condition or disability are not barriers to being in employment

STAKEHOLDER ENGAGEMENT & STOCKTAKE SUMMARY ON SKILLS, EMPLOYMENT AND HEALTH

As part of the 'Let's Talk - your health and care' campaign that was launched on 7 October 2022 to inform the Health and Wellbeing Integrated Care Strategy, there were various questions on skills, employment, and health. Workplace, academic stress, and employment was identified by 25% of individuals as an issue that prevented people from living health and happy lives. Financial concerns also were highlighted by a similar proportion (26%). Education and skills were also flagged, with 63% of respondents highlighting the importance of career planning through school that led to apprenticeships and other career-based learning.

Fig 3: Response to Let's Talk Survey Q14 To what extent do you think the options below prevent you or those you care for from living healthy and happy lives?

Answer Choices	Not at all	Not sure – neutral	A little	A lot	Total
Workplace/academic stress/unemployment	34.27% 670	11.92% 233	28.80% 563	25.01% 489	1,955
Financial concerns	28.96% 571	13.29% 262	31.59% 617	26.47% 522	1,972

Fig 4: Responses to Let's Talk Survey Q15 What type of support do you think would make the biggest difference to the lives of children and young people? (Selected answers)

Answer Choices	Responses	
More affordable access to higher education	51.60%	986
More career planning through school, leading to apprenticeships and other career based learning opportunities.	63.32%	1,210
Total Responses		**1,911**

Stocktake summary

There is considerable ongoing work across Cambridgeshire and Peterborough on skills, employment and health. This priority has identified where additional focus and action of the Health and Wellbeing Board/Integrated Care Partnership will benefit the existing work.

Existing work on skills, employment, work and health.

There are three key strategies have recently been developed and have all engaged widely with local stakeholders. All three strategies are connected and through this Priority hope to achieve more through wider system working.

- The **Economic Growth Strategy** which aims to reduce inequalities in health, wealth and opportunity, whilst increasing productivity and output to create the jobs and higher wages needed to do so
- The **Employment and Skills strategy** with its vision to create a successful, globally competitive economy offering high-skilled, well-paid, good quality jobs, delivering increased productivity and prosperity to support strong, sustainable and healthy communities.
- The Work, Health and Wellbeing strategy which aims to create a **healthy workforce that supports a local healthy economy, that there is good work for everyone, and that disability or poor health is not a barrier to being in work.**

THE CASE FOR CHANGE FOR BETTER SKILLS AND EMPLOYMENT

Generate employment through more and higher skilled jobs:

Many people spend the greatest proportion of their lives as part of the working age population. There is solid evidence that jobs and the workplace environment are key influencers on health and wellbeing outcomes. Conversely unemployment and low-paid or insecure work is associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, suicide and health-damaging behaviours[21].

Work protects against social exclusion through the provision of income, social interaction, providing a core role, identity, and purpose. Overall, the impact of employment can impact both directly and indirectly on the individual, their families, and communities.

[21] M.Marmot, J.Allen J, P.Goldblatt , T.Boyce, D.McNeish, M.Grady, et al. Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: The Marmot Review; 2010.

However, central to the evidence is that these positive impacts are dependent on "good work". Good work is defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development. This includes a working environment that prevents ill health and promotes good health.

Concurrently it is essential that residents have the appropriate skills to enable them to perform in their roles, linked to job satisfaction and productivity.

Of a total population of 860,000, around 405,000 residents are in employment, slightly above the national average at 76% compared with 75%. Of those in employment, 12% are self-employed, which is slightly below the national average of 13%. Slightly fewer employed people work part-time at 23% compared with 24% nationally.

Our working age population is growing more slowly (0.1%) than the national average (1.5%) and in our most deprived neighbourhood's life expectancy is below retirement age. To achieve better employment for all, we need to understand the challenges that that the region faces in terms of the wider economy.

GVA and employment in the innovation-based growth sectors is strong and growing – maintaining Cambridgeshire and Peterborough's role as an economic growth centre. However, overall productivity across all sectors has fallen slightly by -1.1% compared with 1.2% growth nationally. Productivity has only grown in Peterborough – by 7.9%, and Huntingdonshire by 2.9%.

Strong productivity and GVA performance in Peterborough is not following through to wages for residents. There is large disparity in residents' earnings across the area: Peterborough (with Fenland) has the lowest average earnings in the area, at £23,973 compared with £31,673 in Cambridge and South Cambridgeshire[22]. The impact of lower skill levels in places such as Fenland means that communities are struggling to benefit from the region's growth, threatening future opportunities.

Employment levels across the area are slightly higher than national average, but levels have fallen in Fenland, Huntingdonshire and South Cambridgeshire. Employment in innovation-based growth sectors is rising faster in the area than average at 17.4% compared with 6.6% nationally. However, the positive growth in these sectors is not experienced evenly across the area – with priority sectors clustering in specific places, for example, advanced manufacturing in Peterborough, Cambridge and South Cambridgeshire, and life sciences in Cambridge and South Cambridgeshire.

In Peterborough and the Fens, efforts to create new jobs in the area are intrinsically linked to efforts to raise local skill levels. Providing a place's residents with access to higher-level skills ultimately has little or no effect on productivity or addressing local levelling up challenges without also stimulating the supply of higher value, good quality jobs for those residents to go into.

Despite progress in recent years, skilled residents in Peterborough and Fenland still have limited job opportunities available to them in the local area. The current reality is that Peterborough and surrounding areas are deprived places, where low skills levels have historically limited wages, progression and quality of life. This therefore must be an area of focus if we are to achieve this priority with all parts of the system seeing a role in working collectively to create change, to Level up the region.

Not only do we need to create more jobs along with providing access to higher level skills provision we must also ensure that those currently in work, continue to be effective in their roles.

[22] Metro Dynamics analysis of ONS Annual Survey of Hours and Earnings (ASHE) data (2020).

Increase employability by providing all residents with opportunity to gain new skills throughout their careers:

The **area is starting to fall behind the national average on higher level skills**. Currently levels of higher skills are in line with the rest of the UK at 43% of the working age population qualified at level 4+, but this rate is growing more slowly than average, and there is large variation between places. Rates range from 60% of the working population in Cambridge to 27% in Fenland. Rates are rising fastest in Huntingdonshire at 6.7%. But in Fenland, Cambridge and East Cambridgeshire, rates are falling[23].

The occupational structure varies significantly across the area. In Cambridge, 53% of residents are working in occupations at skill level 4 (jobs which typically require a degree or equivalent period of relevant work experience), compared with just 14% in Fenland and with 31% nationally. All areas have lower than average rates of level 3 workers. In Huntingdonshire, Fenland, Peterborough and East Cambridgeshire, around 32% of the workforce is employed in level 2 roles (in line with national averages).

Fenland and Peterborough have much higher than average level 1 workers – at 18.3% and 17% respectively compared with 9.2% nationally. This reflects the five highest employing occupations across the area: sales and retail assistants, administrative occupations, care workers and home carers, elementary storage occupations, and nurses[24].

Across the area, the main skills gaps are in mid-level, skilled roles, those which require strong work-related and/or technical training. Considering these skills needs, the lower occupational levels, and fall in employment levels, in places such as Fenland, **a drive for increasing higher level skills alone will not address barriers facing residents and the structure of jobs and businesses[25]**. There needs to also be a focus on growing local businesses, and creating and attracting new jobs to the area, particularly considering the higher likelihood of school leavers entering work rather than continuing education, as seen above.

Overall economic inactivity and unemployment levels have moved closer to national averages, indicating inequality and gaps in people having the experience, exposure and opportunities – from providers and employers – to lead their own learning and career development. It is hard to predict the extent to which these patterns will hold, as recovery continues and the area moves to a 'rebound' position. However temporal, this has been a significant change from the norm in the area, the impacts of which must be addressed and future recurrence mitigated for.

Ensure that a long-term health condition or disability are not barriers to being in employment:

An unhealthy workforce negatively impacts individuals, society and our economy, due to general ill health, lost productivity, reductions in income tax receipts, increases in long-term sickness, informal caregiving, and increased health and social care costs.

In 2017 the Stephenson Farmer Review revealed that the UK is facing a much greater mental health challenge at work than had been thought stating that, *"Not only is there a big human cost of poor mental health at work, there are also knock on impacts for society, the economy and Government. Employers are losing billions of pounds because employees are less productive, less effective, or off sick."*

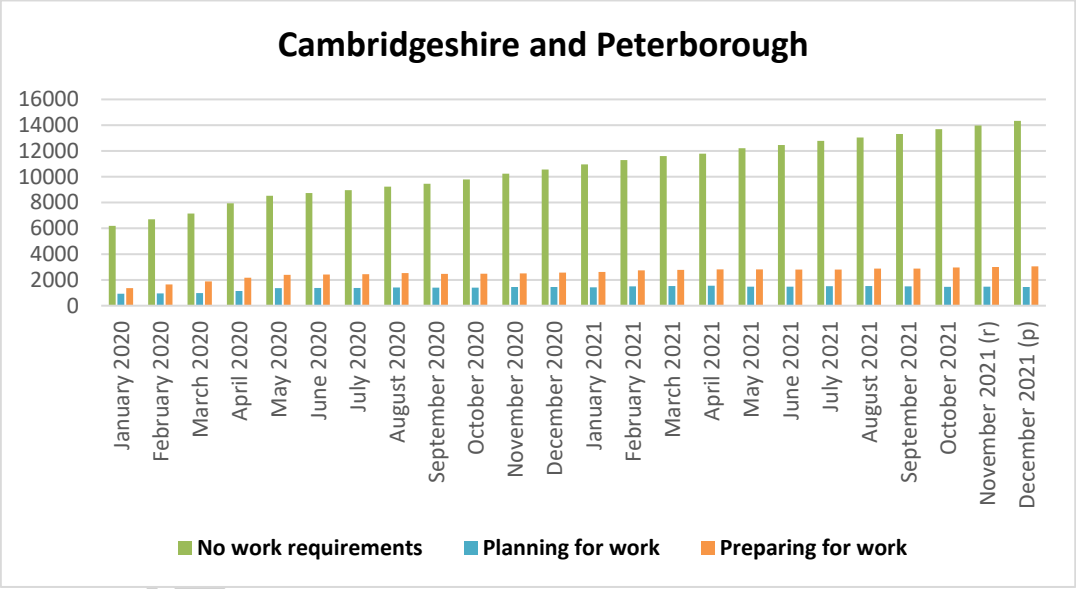
[23] Metro Dynamics analysis of ONS Annual Population Survey (APS) data (2020).
[24] Metro Dynamics analysis of ONS Annual Population Survey (APS) data (2020).
[25] Metro Dynamics analysis of DfE Employer Skills Survey (ESS) data (2019).

The report identified that there are more people at work with mental health conditions than ever before. However, 300,000 people with a long-term mental health problem lose their jobs each year[26], and at a much higher rate than those with physical health conditions. Deloitte also analysed several mental health workplace interventions and found that manager mental health training had a return on investment of £9.98 for every pound spent[27]. Enabling people with health issues to obtain or retain work, and be productive within the workplace, is therefore a crucial part of the economic success and wellbeing of every community and industry.

ONS Data on Economic Inactivity indicates that 20,700 individuals were reported to be Long-Term Sick (Oct 2020-Sept 2021) equating to 20% of all people classed as economically inactive in the Greater Cambridge and Greater Peterborough area. [28]

This reflects the impact to some degree of the COVID 19 pandemic. Using pre-pandemic Employment and Support Allowance data from November 2018, the majority of the ESA claims were for mental health (50%) with musculoskeletal (12%) being the next biggest group and fewer attributed to circulatory (3%) and respiratory conditions.[29]

Universal Credit is now the overall benefit system. It is means tested and includes the ESA. Under the Universal Credit Conditionality Regime those with health conditions and disabilities are included under the categories 'No work requirements' or 'planning/preparing for work'. In the graph below, the trends have shown that those with no work requirements have increased substantially over the last two years in Cambridgeshire and Peterborough from 5,465 in January 2020 to 17,546 in December 2021.



Enabling people with health issues to obtain or retain work, and be productive within the workplace, is therefore a crucial part of the economic success and wellbeing of every community and industry[30].

[26] Annex C:Analytical evidence and Methodology Thriving-at-work-stevenson-farmer-review (2017)
[27] Milligan-Saville et al. Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial - The Lancet Psychiatry (2017)
[28] ONS annual population survey
[29] Office for Health Improvement and Disparities
[30] PHE Health Matters: Health and Work 31 January 2019

EMPLOYMENT AND SKILLS THEMES FOR ACTION AND KEY OUTCOMES

Proposed outcomes

Generate employment through more and higher skilled jobs

- Integrate health and wellbeing into business and economic growth actions
- Protect accessible and good employment in our foundation sectors
- Support low carbon, green technology transition in all sectors.

Increase employability by providing all residents with opportunities to gain new skills throughout their careers

- Organisations within the ICS, actively promote careers choices within the health and care sector, working with partners to enable positive career choice.
- Increase the number of organisations within the ICS and within wider Cambridgeshire and Peterborough organisations that have committed to become anchor institutions
- Anchor institutions to commit to recruiting through mechanisms such as apprenticeships
- To include skills outcomes in commissioning of all new contracts

Ensure that a long-term health condition or disability are not barriers to being in employment

- Improve access to support services for people with a long-term condition/disability to enter or stay in work through improving the integration of health, local authority and the Department of Work and Pensions (DWP). E.g. pathways between primary health care and Department of Work and Pensions, co-location of services
- Increase the number of employers and employees to have access to support through for example an information "hub" or a "Good Work" Charter.
- Reduction in long-term unemployed due to ill health

HOUSING, EMPLOYMENT AND SKILLS – INTERDEPENDENCIES WITH OTHER HWICS PRIORITIES

Early overlapping identified within this priority as follows:

- Housing and children health outcomes e.g. damp and respiratory outcomes; space standards, play and education
- Mental health and housing – security of housing and impact on mental health, hoarding, dementia friendly housings
- Healthy environment and healthy planning of new communities and the impact on physical activity and obesity
- Children's education and skills and the economy

Further work is scheduled to focus on overlapping activities within the priorities. Where uniting, identifying, and working as one to focus on specific activities and tasks to tackle defined goals. These activities will form through projects coupled with measures, timelines, and the appropriate governance applied.

This is where the system golden thread pulls together and collectively identifies added value and efficiency, whilst the service user experience is more personable, tailored, and effective.

System partners' commitment to all HWICS priorities

Further discussion on topics we all attribute commitment:

- System leader support for policies that have impact and require collaboration across boundaries.
- Share data from our collective and varied analytical groups to present the case of need.
- Our organisations to offer apprenticeships and work experience placements to our local schools.
- Work with system partners to reduce inequalities and combat the known wider determinates of health that have a negative impact on our residents.
- Ensure our organisations have robust work policies which focus on well-being and support employees on Mental Health issues