

A meeting of the **OVERVIEW AND SCRUTINY PANEL (CUSTOMERS AND PARTNERSHIPS)** will be held in **CIVIC SUITE, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON PE29 3TN** on **THURSDAY, 8 SEPTEMBER 2022** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

AGENDA

APOLOGIES

1. MINUTES (Pages 5 - 8)

To approve as a correct record the Minutes of the Overview and Scrutiny Panel (Customers and Partnerships) meeting held on 7th July 2022.

Contact Officer: B Buddle
01480 388008

2. MEMBERS' INTERESTS

To receive from Members declarations as to disclosable pecuniary and other interests in relation to any Agenda item.

Contact Officer: B Buddle
01480 388008

3. NOTICE OF KEY EXECUTIVE DECISIONS (Pages 9 - 14)

A copy of the current Notice of Key Executive Decisions is attached. Members are invited to note the Plan and to comment as appropriate on any items contained therein.

Contact Officer: H Peacey
01480 388169

4. WORK, HEALTH, AND WELLBEING STRATEGY FOR CAMBRIDGESHIRE AND PETERBOROUGH CONSULTATION RESPONSE (Pages 15 - 98)

The Work, Health, and Wellbeing Strategy for Cambridgeshire and Peterborough Consultation Response is to be presented to the Panel.

Contact Officer: O Morley
01480 388103

5. EXCLUSION OF PRESS AND PUBLIC

To resolve:-

that the public be excluded from the meeting because the business to be transacted contains exempt information relating to the financial or business affairs of any particular person (including the authority holding that information).

6. HINCHINGBROOKE COUNTRY PARK INVESTMENT (Pages 99 - 120)

The Panel is invited to comment on the Hinchingsbrooke Country Park Investment document.

Contact Officer: N Sloper
01480 388635

7. RE-ADMITTANCE OF PRESS AND PUBLIC

To resolve:

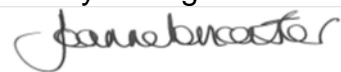
That the press and public be re-admitted to the meeting.

8. OVERVIEW AND SCRUTINY WORK PROGRAMME (Pages 121 - 124)

The Overview and Scrutiny Work Programme is to be presented to the Panel.

Contact Officer: B Buddle
01480 388008

31 day of August 2022



Head of Paid Service

Disclosable Pecuniary Interests and other Registerable and Non-Registerable Interests.

Further information on [Disclosable Pecuniary Interests and other Registerable and Non-Registerable Interests is available in the Council's Constitution](#)

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The District Council permits filming, recording and the taking of photographs at its meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening at meetings.

Arrangements for these activities should operate in accordance with [guidelines](#) agreed by the Council.

Please contact Mrs Beccy Buddle, Democratic Services Officer (Scrutiny), Tel No. 01480 388008/e-mail Beccy.Buddle@huntingdonshire.gov.uk if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Committee/Panel.

Specific enquiries with regard to items on the Agenda should be directed towards the Contact Officer.

Members of the public are welcome to attend this meeting as observers except during consideration of confidential or exempt items of business.

Agenda and enclosures can be viewed on the [District Council's website](#).

Emergency Procedure

In the event of the fire alarm being sounded and on the instruction of the Meeting Administrator, all attendees are requested to vacate the building via the closest emergency exit.

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HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (CUSTOMERS AND PARTNERSHIPS) held in Civic Suite, Pathfinder House, St Mary's Street, Huntingdon PE29 3TN on Thursday, 7 July 2022.

PRESENT: Councillor N J Hunt – Chairman.

Councillors T Alban, S Bywater, S J Criswell,
J E Harvey, M Kadewere, C Lowe,
S R McAdam, D J Shaw and G J Welton.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillor J E Kerr.

IN ATTENDANCE: Councillor S Ferguson.

4. MINUTES

The Minutes of the meetings held on 7th April 2022 and 18th May 2022 were approved as a correct record and signed by the Chair.

5. MEMBERS' INTERESTS

No declarations were received.

6. NOTICE OF KEY EXECUTIVE DECISIONS

The Panel received and noted the current Notice of Key Executive Decisions (a copy of which has been appended in the Minute Book) which has been prepared by the Executive Leader for the period 1st July 2022 to 31st October 2022.

7. ENERGY BILLS REBATE - LOCAL SCHEME

By means of a report by the Revenues and Benefits Manager (a copy of which has been appended in the Minute Book), the Energy Bills Rebate – Local Scheme was presented to the Panel.

Following a question from Councillor McAdam, the Panel heard that around 7,000 residents would initially benefit from the scheme.

Councillor Criswell praised the officers for the work that they had undertaken over the course of the pandemic in ensuring that the needs of residents had been met. He further welcomed the report and the pragmatic approach of the team to ensure best use of the funding available to the benefit of residents.

These sentiments were echoed by Councillor Bywater, who further enquired how residents would know that they were eligible for further support. The Panel heard that affected residents would be contacted directly and that a comprehensive communications plan was in place to support that message.

Following an enquiry from Councillor Shaw, the Panel heard that around 150 residents in Council Tax bands E to H would also benefit from the scheme having been identified as in receipt of Council Tax support.

Councillor Harvey enquired on the anticipated timescales for the project as it was observed that some residents were not yet in receipt of the initial rebate. The Panel heard that those residents who do not pay their Council Tax by direct debit had been contacted for their payment details but that this was a considerable piece of work. It was noted that should no contact be received from these residents by the end of July, their rebate would be credited to their Council Tax account in place of a payment to their bank account. The Panel were further appraised that the roll out of this proposed scheme would begin in August and is anticipated to run smoothly due to the payment detail collection and verification work done so far.

Following a question from Councillor Lowe, the Panel were advised that residents eligible for the rebate were identified on 1st April 2022. In the unlikely circumstance of a deceased resident since this date, the rebate would be passed to their estate.

Councillor Alban enquired whether this work had resulted in a positive increase in direct debit uptake. The Panel heard that this was indeed the case and that it was too early to tell if there would be any direct debit drop out following the initial increase.

The Panel were advised that eligible residents would be contacted directly but that Councillors would be able to signpost to a dedicated webpage should they receive any enquiries.

Having widely praised and welcomed the report, the Panel thereupon

RESOLVED

that the Cabinet be encouraged to endorse the recommendations within the report.

8. OVERVIEW AND SCRUTINY – REMIT, ROLE AND STUDIES

By means of a report by the Democratic Services Officer (a copy of which was appended in the Minute Book) the Overview and Scrutiny – Remit, Roles and Studies report was presented to the Panel.

Having welcomed the report, the Panel thereupon

RESOLVED

to endorse the recommendations contained within the report.

9. CAMBRIDGESHIRE COUNTY COUNCIL HEALTH COMMITTEE

The appointment of Councillor McAdam as a non-voting co-opted Member to the Cambridgeshire County Council Health Committee was noted.

10. OVERVIEW AND SCRUTINY WORK PROGRAMME

With the aid of a report by the Democratic Services Officer (Scrutiny) (a copy of which is appended in the Minute Book) the Overview and Scrutiny Work Programme was presented to the Panel.

Chairman

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NOTICE OF EXECUTIVE KEY DECISIONS INCLUDING THOSE TO BE CONSIDERED IN PRIVATE

Prepared by: Councillor Sarah Conboy, Executive Leader of the Council
Date of Publication: 18 August 2022
For Period: 1 August 2022 to 30 November 2022

Membership of the Cabinet is as follows:-

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Councillor S Wakeford	Executive Councillor for Jobs, Economy and Housing	4 Croft Close Brampton Huntingdon Cambridgeshire PE28 4TJ Tel: 07762 109210 E-mail: Sam.Wakeford@huntingdonshire.gov.uk

Page 11 of 12

notice is hereby given of:

- Key decisions that will be taken by the Cabinet (or other decision maker)
- Confidential or exempt executive decisions that will be taken in a meeting from which the public will be excluded (for whole or part).

notice/agenda together with reports and supporting documents for each meeting will be published at least five working days before the date of the meeting. In order to enquire about the availability of documents and subject to any restrictions on their disclosure, copies may be requested by contacting the Democratic Services Team on 01480 388169 or E-mail Democratic.Services@huntingdonshire.gov.uk.

Agendas may be accessed electronically at the [District Council's website](#).

Formal notice is hereby given under The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that, where indicated part of the meetings listed in this notice will be held in private because the agenda and reports for the meeting will contain confidential or exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. See the relevant paragraphs below.

Any person who wishes to make representations to the decision maker about a decision which is to be made or wishes to object to an item being considered in private may do so by emailing Democratic.Services@huntingdonshire.gov.uk or by contacting the Democratic Services Team. If representations are received at least eight working days before the date of the meeting, they will be published with the agenda together with a statement of the District Council's response. Any representations received after this time will be verbally reported and considered at the meeting.

Paragraphs of Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) (Reason for the report to be considered in private)

1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the Financial and Business Affairs of any particular person (including the Authority holding that information)
4. Information relating to any consultations or negotiations or contemplated consultations or negotiations in connection with any labour relations that are arising between the Authority or a Minister of the Crown and employees of or office holders under the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the Authority proposes:-
 - (a) To give under any announcement a notice under or by virtue of which requirements are imposed on a person; or
 - (b) To make an Order or Direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Huntingdonshire District Council
Pathfinder House
St Mary's Street
Huntingdon PE29 3TN.

- Notes:-
- (i) Additions changes from the previous Forward Plan are annotated ***
 - (ii) Part II confidential items which will be considered in private are annotated ## and shown in italic.

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private (paragraph no.)	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Community Chest Grant Aid Awards 2022/23	Grants Panel	17 Aug 2022 14 Sep 2022 12 Oct 2022 9 Nov 2022		Claudia Deeth, Community Resilience Manager Tel No: 01480 388233 or email: Claudia.Deeth@huntingdonshire.gov.uk		B Pitt & M Hassall	Customers & Partnerships
Market Towns Programme - Autumn Update***	Cabinet	20 Sep 2022		Pamela Scott, Housing Strategy and Delivery Manager Tel No: 01480 388486 or email: Pamela.Scott@huntingdonshire.gov.uk		S Wakeford	Performance & Growth
Hinchingsbrooke Country Park Investment##	Cabinet	20 Sep 2022		Jacqueline Cadogan-Poole, Project Support Officer Tel No: 07732 404780 or email: Jacqueline.Cadogan-Poole@huntingdonshire.gov.uk	3	S Taylor	Customer & Partnerships

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private (paragraph no.)	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Tenancy Strategy	Cabinet	18 Oct 2022		Pamela Scott, Housing Strategy and Delivery Manager Tel No: 07874 887465 or email: Pamela.Scott@huntingdonshire.gov.uk		S Ferguson	Performance & Growth
Community Infrastructure Levy Funding	Cabinet	18 Oct 2022		Claire Burton, Implementation Team Leader Tel No: 01480 388274 or email: Claire.Burton@huntingdonshire.gov.uk		S Wakeford	Performance & Growth
The Old Falcon, St Neots***##	Cabinet	18 Oct 2022		Pamela Scott, Housing Strategy and Delivery Manager Tel No: 01480 388486 or email: Pamela.Scott@huntingdonshire.gov.uk	3	S Wakeford	Performance and Growth

Page 14 of 124

Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Work, Health, and Wellbeing Strategy for Cambridgeshire and Peterborough Consultation Response

Meeting/Date: Overview & Scrutiny (Customer and Partnerships) – 8th September 2022

Executive Portfolio: Ben Pitt (Executive Councillor for Communities and Health)

Report by: Oliver Morley (Corporate Director for People)

Ward(s) affected: All

Executive Summary:

The County Council are currently consulting on a draft of the Work, Health, and Wellbeing Strategy for Cambridgeshire and Peterborough. The timing of the consultation running from the 15th July to the 15th September, means this is the first available meeting for Huntingdonshire District Council to review and comment on the document ahead of the deadline.

This follows the recent engagement around the overarching principles of the Joint Health and Wellbeing/ICP Strategy 2022-2030, which will inform health activity across the region for the medium term.

Recommendation(s):

The Committee is asked to consider the attached report, and to provide feedback on its contents.

It is asked to delegate the formal response to the Consultation to the Corporate Director for People in Consultation with the Executive Member for Communities and Health.

1. PURPOSE OF THE REPORT

- 1.1 To ensure Huntingdonshire District Council have appropriately considered and responded to the consultation taking place on the Work, Health, and Wellbeing Strategy for Cambridgeshire and Peterborough. To ensure members have had an opportunity to give their views, and that these are formally fed into the consultation process which ends on the 15th September.

2. BACKGROUND

- 2.1 All areas are required to have a Health and Wellbeing Strategy which lays out the approach in the area to improve the health and wellbeing results of the local community and reduce inequalities for all ages. This guidance is especially important as under the Health and Social Care Act 2012 will form the basis of clinical commissioning groups, the NHS Commissioning Board and local authority commissioning plans, across all local health, social care, public health and children's services.
- 2.2 Following recent health reorganisation, and the implementation of the Health and Care Act 2022 on 1 July 2022, clinical commissioning groups (CCGs) have been abolished and their functions have been assumed by integrated care boards (ICBs). Meaning that the Health and Wellbeing Strategy which will dictate the wider priorities of the Integrated Care System, which has broader responsibilities than under the previous arrangements.
- 2.3 The purpose of ICSs is to bring partner organisations together to:
- improve outcomes in population health and healthcare
 - tackle inequalities in outcomes, experience and access
 - enhance productivity and value for money
 - help the NHS support broader social and economic development.
- 2.4 This change in focus is significant for District Councils as it brings greater statutory focus onto those services delivered by District Councils and their partners in housing, Parish and the community sector. As the King's Fund states "[Evidence](#) consistently shows that it is the wider conditions of people's lives – their homes, financial resources, opportunities for education and employment, access to public services and the environments in which they live – that have the greatest impact on health and wellbeing.¹"
- 2.5 Within this context, the County Council are consulting on a new strategy as a national pilot that recognises the significant role that employment plays in health, as a contributor to good health, and where employment needs to reflect the health needs of the wider population it seeks to employ.
- 2.6 In 2021 the Office for Health Improvement and Disparities (OHID) Work and Health Unit approached the Cambridgeshire and Peterborough system to be a pilot site for the development of a Work and Health Strategy

¹ <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

development template to be used nationally. Its aim was to understand how local systems could develop a strategic approach to health and work in an integrated way and to be able to share the learning with other systems.

- 2.7 The outcome was a partnership between the Work and Health Unit and the Cambridgeshire and Peterborough System which included the Integrated Care System, Local Authorities and the Combined Authority to jointly develop a local integrated system wide Work and Health Strategy.

3. KEY IMPACTS / RISKS

- 3.1 Opportunity to influence a broader approach to health that contributes to stronger outcomes, and which appropriately recognises the contribution that District Councils make in this space.

4. WHAT ACTIONS WILL BE TAKEN/TIMETABLE FOR IMPLEMENTATION

- 4.1 App 1 sets out the report, and the action plan for delivery. HDC would be a partner to these actions.

5. LINK TO THE CORPORATE PLAN, STRATEGIC PRIORITIES AND/OR CORPORATE OBJECTIVES

(See [Corporate Plan](#))

- Enhancing employment opportunities and supporting businesses
- Strengthening our communities

6. RESOURCE IMPLICATIONS

- 6.1 The reality is that our contribution to the health agenda, is likely to be through stronger alignment to shared objectives of activity we are already doing, or through the joint funding of activity which is recognised as contributing to the outcomes desired around health.

7. REASONS FOR THE RECOMMENDED DECISIONS

- 7.1 This review will provide the committee with the confidence that outstanding actions are receiving proportionate focus by service managers, with oversight provided by senior managers.

8. LIST OF APPENDICES INCLUDED

Appendix 1 – Draft Work, Health, and Wellbeing Strategy for Cambridgeshire and Peterborough

Appendix 2 – Summary presentation of the Draft Work, Health, and Wellbeing Strategy for Cambridgeshire and Peterborough

CONTACT OFFICER

Name/Job Title: Oliver Morley (Corporate Director People)

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Cambridgeshire and Peterborough Work, Health and Wellbeing Strategy

DRAFT

Contents

1. FORWARD Dame Carol Black	3
2. INTRODUCTION.....	3
3. EXECUTIVE SUMMARY	4
4. WHY DO WE NEED A WORK, HEALTH AND WELLBEING STRATEGY?	10
6. WHY WOULD EMPLOYERS WANT A WORK, HEALTH AND WELLBEING STRATEGY?	11
7. WHY WOULD EMPLOYEES WANT A WORK, HEALTH AND WELLBEING STRATEGY?	12
8. THE CAMBRIDGESHIRE AND PETERBOROUGH PROFILE: SOCIO-ECONOMIC DETERMINANTS AND INEQUALITIES.....	14
9. WORK AND HEALTH IN CAMBRIDGESHIRE AND PETERBOROUGH.....	18
10. WORK AND HEALTH: THE COVID-19 PANDEMIC	20
11. WHAT EMPLOYERS AND EMPLOYEES SAY	24
12. THE NATIONAL STRATEGIC CONTEXT	30
13. THE CAMBRIDGESHIRE AND PETERBOROUGH STRATEGIC CONTEXT.....	31
14. STRATEGY INTEGRATION AND SEIZING THE OPPORTUNITIES	36
15. CONTEXT: WHAT HAS HAPPENED BEFORE AND WHAT ARE THE OPPORTUNITIES.....	39
16. BUILDING AND LEARNING FROM THE PAST AND THE PRESENT	39
17. OUR STRATEGY.....	41
18. STRATEGIC PRIORITIES / OBJECTIVES.....	43
19. HIGH LEVEL SYSTEM WIDE STRATEGIC OUTCOMES	43
20. WORK AND HEALTH HIGH LEVEL STRATEGY GOALS.....	44
21. SUMMARY OF PRIORITY WORK AND HEALTH NEEDS IN CAMBRIDGESHIRE AND PETERBOROUGH	45
22. PRIORITIES.....	47
23. NATIONAL ASK	49
25. WHAT WORKS? -THE INTERVENTION EVIDENCE	50
26. CONCLUDING COMMENTS AND NEXT STEPS	53
28. APPENDICES	54

1. FORWARD Dame Carol Black

2. INTRODUCTION

Our Work, Health and Wellbeing strategy provides the framework for a whole systems approach to improving the health and wellbeing of the working age population, reducing inequalities, and supporting economic prosperity in Cambridgeshire and Peterborough.

The strategy builds on the work of public health, national and local government and employers and responds to the impacts of the COVID 19 pandemic which shone a light on the key relationship between the economy and health. It also brought new opportunities for working from home which enables more flexible working for people with a health condition or a disability.

New strategic drivers provide impetus and opportunities to have a shared system wide approach, to mobilise and align resources to address worklessness and the provision of good work, bringing added value and addressing persistent weaknesses in the system.

3. EXECUTIVE SUMMARY

This Work, Health and Wellbeing strategy provides the framework for a whole systems approach to improving the health and wellbeing of the working age population, reducing inequalities, and supporting economic prosperity in Cambridgeshire and Peterborough.

New strategic drivers provide impetus and opportunities to have a shared system wide approach, to mobilise and align resources to address worklessness and the provision of good work, bringing added value and addressing persistent weaknesses in the system.

In addition, in 2021 the Work and Health Unit approached the Cambridgeshire and Peterborough system to be a pilot site for the development of a Work, Health and Wellbeing strategy development template to be used nationally. Appendix A is the Theory of Change that was developed and shared with other areas.

The outcome was a partnership between the Work and Health Unit and the Cambridgeshire and Peterborough System which included the Integrated Care System, the Local Authorities and the Combined Authority to jointly develop a local integrated system wide Work, Health and Wellbeing strategy.

Why do we need a Work, Health and Wellbeing strategy?

The majority of 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.

There is also a strong economic case for Work and Health action, nationally combined costs from worklessness and sickness absence amount to around £100 billion annually. In the UK, 131 million working days are lost to sickness absence every year. 34.3 million days are lost to minor illness, 28.2 million days lost to Musculoskeletal problems and 14.2 million days lost to stress, depression and anxiety.

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.

The Cambridgeshire and Peterborough Profile: Socio-Economic Determinants and Inequalities

In some ways the Cambridgeshire and Peterborough local economy is a microcosm of the wider UK economy, with strong economic growth in the south and a context of lower wage jobs and lower qualification levels in the north. Across the region there are inequalities and disparities with strong economic growth in the south and lower waged jobs and lower qualification levels in the north. Our areas of deprivation are associated with a lower paid workforce and fewer opportunities for “Good Work”.

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. Healthy Life Expectancy (HLE - the number of years from birth someone lives in good health) in Cambridgeshire 64.3 years for males and in Peterborough it is 61.4 years, the England figure is 63.4 years. For females the figures are 66.7 years for Cambridgeshire and 59.5 years for Peterborough with England at 63.9. Since 2012 there has been little variation in these HLE figures.

ONS Data on Economic Inactivity indicates 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.

The COVID 19 pandemic has demonstrated how structural factors acted as a disincentive to testing and self-isolation with increased workplace COVID 19 cases amongst lower paid workers on non-supportive contracts.

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.

What employers and employees say

The findings from the engagement undertaken with key stakeholders to underpin the development of this strategy, reflect the findings identified through similar research undertaken by other organisations at a national level. The research identifies the barriers to supporting people with long term health conditions and disability to enter and stay in work including a lack of awareness and understanding about reasonable adjustments and challenges in their implementation in the workplace.

Barriers also include how misconceptions and bias on the part of employers and managers impact on the recruitment and support for people with a disability and/or health condition, which are further impacted by a lack of training for line managers and unsupportive line manager attitudes. A lack of integration between health and employment support services and a lack of availability of information about suitable support and retaining opportunities were also identified as barriers. Whilst businesses, particularly smaller businesses were often challenged by the availability of financial resources or financial viability of providing support.

The National Strategic Context

This Work, Health and Wellbeing strategy for Cambridgeshire and Peterborough has been developed in the context of national reviews, policy and guidance. Since 2005 there have been a number of national strategies that have highlighted Work and Health and what it means for morbidity and mortality, inequalities and economic growth.

Dame Carol Black's reviews in 2008 and 2011 however brought a focus on how work can have a significant impact upon health. In 2017 the Improving Lives: the future of work, health and disability Green Paper made a clear acknowledgement that disability or a health condition should not be an obstacle to work and a commitment to improving the work opportunities of those living with poor health or a disability or both.

The Cambridgeshire and Peterborough Strategic Context

The Cambridgeshire and Peterborough System has, through the Cambridgeshire and Peterborough Health and Wellbeing Board, Integrated Care Partnership, Combined Authority and Public Service Board coalesced around four key priorities that partners will work together to achieve the desired outcomes. The four shared priorities include:

- Create an environment to give people the opportunity to be as healthy as they can be.
- Ensure our children are ready to enter education and exit, prepared for the next phase of their lives.

- Reduce poverty through better housing and employment.
- Promote early intervention and prevention measures to improve mental health and wellbeing.

The Work and Health Agenda will help enable these priorities and their outcomes to be achieved.

Our Strategy

The Work, Health and Wellbeing strategy aims to ensure that our system through working together supports:

“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.”

Underpinning this vision is the mission statement that is embedded into the Cambridgeshire and Peterborough strategic landscape.

“All together for healthier futures.”

Embedded into the Strategy is that it aims to improve the health of the whole workforce but acknowledges that there are inequalities between those who are healthy and those who face poor health or disability barriers to employment that need to be addressed.

Also central to the Strategy are employers and employees, there is an imperative that they are engaged and shape delivery bringing their unique knowledge and understanding of workplaces.

The Work, Health and Wellbeing strategy has two core strategic ambitions:

- To ensure that there is robust support in place for people with a disability or health condition who are not working to help them back into employment. This will include addressing their health and social care needs, training and skills as part of increasing the overall support for getting back to work.
- To ensure that people have “good” work. This means that their employment is secure, with good wages and fair terms and conditions which includes working environments that support good health. In addition, workplaces support people who have a health condition or disability to remain in work through making adjustments that enable them to stay in work.

The strategy’s two overarching ambitions are reflected in the following core strategy objectives:

- More people across Cambridgeshire and Peterborough remain fit and healthy throughout their working lives.
- A reduction in health inequalities in the working age population.
- An increase in “good” employment.
- Working place environments that support prevention and promote good health.
- Disability or Long-Term Health Conditions (LTHC) are not barriers to securing and maintaining long term employment, increasing and maintaining workplace productivity.
- A vibrant growing economy.
- Develop datasets and data sharing agreements to enable effective monitoring of interventions at local levels.

Figure 1 below provides an overview of the Work, Health and Wellbeing Strategy.

Figure 1: Cambridgeshire and Peterborough Work, Health and Wellbeing Strategy Summary



Summary of priority work and health needs in Cambridgeshire and Peterborough

A number of key needs have been identified through data and consultations locally and nationally about the challenges facing the work and health agenda. The key needs focus upon economic, information, skills integration and inequality challenges. These needs have informed our priority areas for taking the Work, Health and Wellbeing strategy forward.

In response to the identified needs we identified the following objectives.

In Cambridgeshire and Peterborough, a long-term health condition or disability are not barriers to being in employment:

1. Build a flexible workforce that is able to learn new skills and take on new jobs or adapt to changes in health and their lives.
2. Increase productivity to drive up wages and employment opportunities for everyone
3. Decrease the proportion of the workforce who are not working because of health conditions or disability.

In Cambridgeshire and Peterborough, there is “good work” everywhere that prevents ill health and promotes the health of the whole workforce:

1. Increase the proportion of the workforce who have a “fair wage” (average earning) and who have contracts that provide secure employment.

2. Employers and employees have access to information and support to improve their own and workforce health and make any changes required to retain or recruit staff with LTHCs or disabilities.
3. Establish innovative new interventions to address Work and Health priority areas.

Concluding comments and next steps

A key area for development identified through the strategy is the need to work as an integrated system at local and national levels if our outcomes are to be achieved. This includes empowering employers and individuals to play their part in the system, for all key organisations to be fully engaged and for funding commitments to be made.

A fundamental next step in achieving this is a system wide consultation process to agree the strategic priorities, the priority interventions to be taken forward and the lead partners to be involved.

Once agreed, the priority interventions will require a systems approach to support their design, development and implementation. Prioritisation of any targeted sectors and geographies will be necessary to ensure that interventions are appropriate for the level of need.

It is important, that this work is completed to inform the development of robust business cases to secure funding to enable intervention implementation.

STRATEGY DEVELOPMENT

4. WHY DO WE NEED A WORK, HEALTH AND WELLBEING STRATEGY?

The majority of 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 behaviours¹.

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.

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.

There is also a strong economic case for Work and Health action, nationally combined costs from worklessness and sickness absence amount to around £100 billion annually.² In the UK, 131 million working days are lost to sickness absence every year. 34.3 million days are lost to minor illness, 28.2 million days are lost to Musculoskeletal problems and 14.2 million days lost to stress, depression and anxiety.³

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 industry⁴. Figure 2 captures the cycle of work and how a workforce that is in “good work” has synergistic benefits for workplaces, productivity and the economy.

Figure 2: Work and Health Cycle (Public Health England 2019)⁵



¹ 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.

² PHE Health Matters: Health and Work 31 January 2019

³ Department for Works & Pensions, Department of Health (2016), Work, Health and Green Paper Data Pack

⁴ PHE Health Matters: Health and Work 31 January 2019

⁵ PHE Health Matters: Health and Work 31 January 2019

6. WHY WOULD EMPLOYERS WANT A WORK, HEALTH AND WELLBEING STRATEGY?

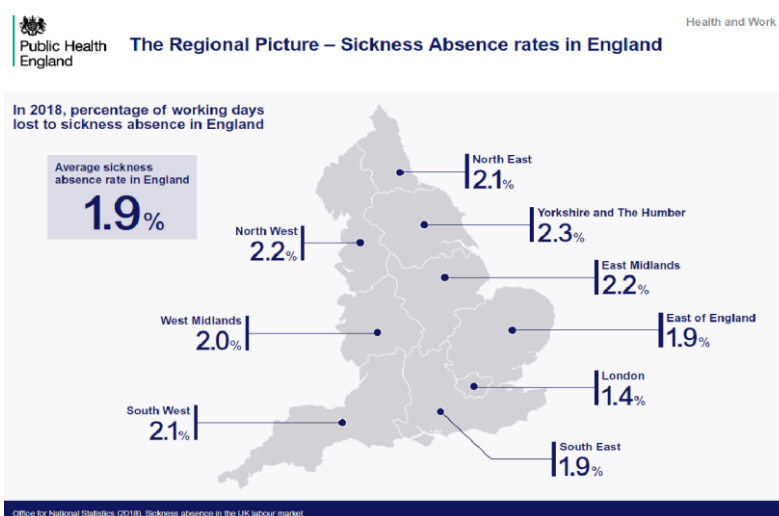
For the employer there are clear benefits from having a healthy workforce. Healthy staff are more productive, take less time off sick and do not necessarily need to retire early. However, a workforce that is characterised by poor health has a negative effect on the economy and in turn society which PHE attributes to lost productivity, a reduction in income tax receipts, increases in long-term sickness and increased informal caregiving. Figure 3 outlines the estimated number of days lost in the UK to sickness absence, with over 131 million working days lost every year.

Figure 3: Managing Health at Work for Employers (Public Health England 2019)⁶



Figure 4 shows the sickness absence rates by region. The East of England has the same estimated sickness absence rate as England at 1.9%. Overall sickness absenteeism was estimated in 2010 to have cost businesses £9bn.⁷

Figure 4: The Regional Picture - Sickness Absence Rates in England 2018⁸



⁶ Public Health England Health and Work 2019

⁷ Department for Works & Pensions, Department of Health (2016), Work, Health and Green Paper Data Pack

⁸ ONS (2018) Sickness absence in the UK labour market

7. WHY WOULD EMPLOYEES WANT A WORK, HEALTH AND WELLBEING STRATEGY?

Prior to the COVID 19 pandemic in the UK there were an estimated 32.4 million people in work, with the employment rate for 16- to 64-year-olds who were in work being 75.7%. There were 1.38 million unemployed people (people not in work but seeking work and available to work), with the unemployment rate estimated at 4.1%. In terms of the economic inactivity rate there were 8.74 million people aged from 16 to 64 years who were economically inactive (not working and not seeking nor available to work), with the economic inactivity rate estimated at 21.2%.

However, if you drill down into these figures 31% (12.8 million) were estimated to have long-term health conditions. One in four employees reported having a physical health condition and one in five a mental health condition. Overall, the employment rate was 61% for those with one health condition and for those with five or more the figure was 23%.

There is a substantial gap in employment between those with a health condition or disability and those without, 51% compared to 81%. Around 54% of those with a health condition or disability have a mental health or a musculoskeletal (MSK) condition and of these nine in ten were economically inactive.

Figure 5: Health of the Working Age Population (Public Health England 2019)⁹

⁹ Public Health England Health and Work 2019

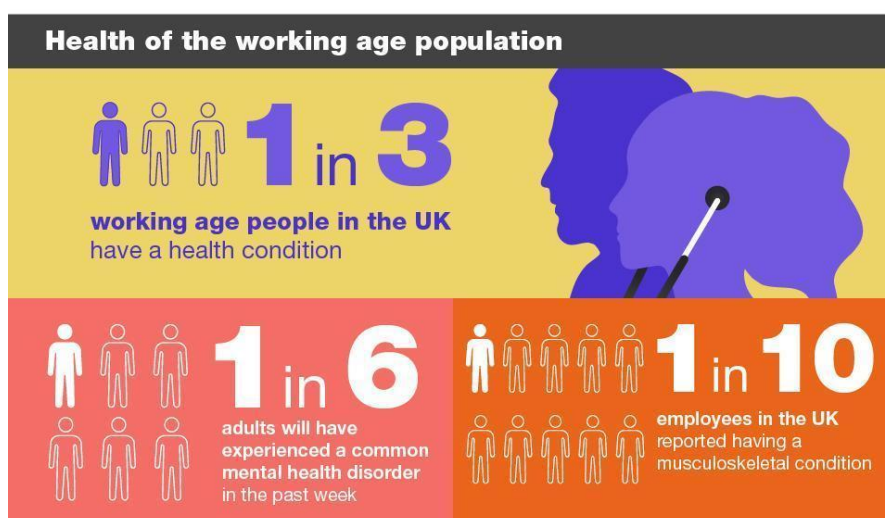


Figure 5 above captures how poor health and disability is played out across the workforce nationally. What this means is that there were over 28 million working days lost per year. It was the second most common cause of sickness absence, with one in ten employees reporting having a Musculoskeletal (MSK) condition.

Mental health was the main concern with stress, depression and anxiety being the most common conditions. In 2017 they accounted for over 14 million days being lost per year with one in six experiencing a common mental health disorder.

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.”*

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 year¹⁰, and at a much higher rate than those with physical health conditions.

As part of the review an independent study commissioned from Deloitte identified the cost of employee poor mental health to employers:

- There is a large annual cost to employers of between £33 billion and £42 billion¹¹ (with over half of the cost coming from presenteeism – when individuals are less productive due to poor mental health in work) with additional costs from sickness absence and staff turnover.
- The cost of poor mental health to the Government is between £24 billion and £27 billion.¹² This includes costs in providing benefits, falls in tax revenue and costs to the NHS.

¹⁰Annex C:Analytical evidence and Methodology Thriving-at-work-stevenson-farmer-review (2017)

¹¹ Deloitte report www.deloitte.co.uk/MentalHealthReview

¹² Annex C:Analytical evidence and Methodology Thriving-at-work-stevenson-farmer-review (2017)

- The cost of poor mental health to the economy as a whole is more than both of those together from lost output, at between £74 billion and £99 billion per year.¹³

Deloitte also analysed a number of mental health workplace interventions and found that manager mental health training had a return on investment of £9.98 for every pound spent¹⁴.

8. THE CAMBRIDGESHIRE AND PETERBOROUGH PROFILE: SOCIO-ECONOMIC DETERMINANTS AND INEQUALITIES

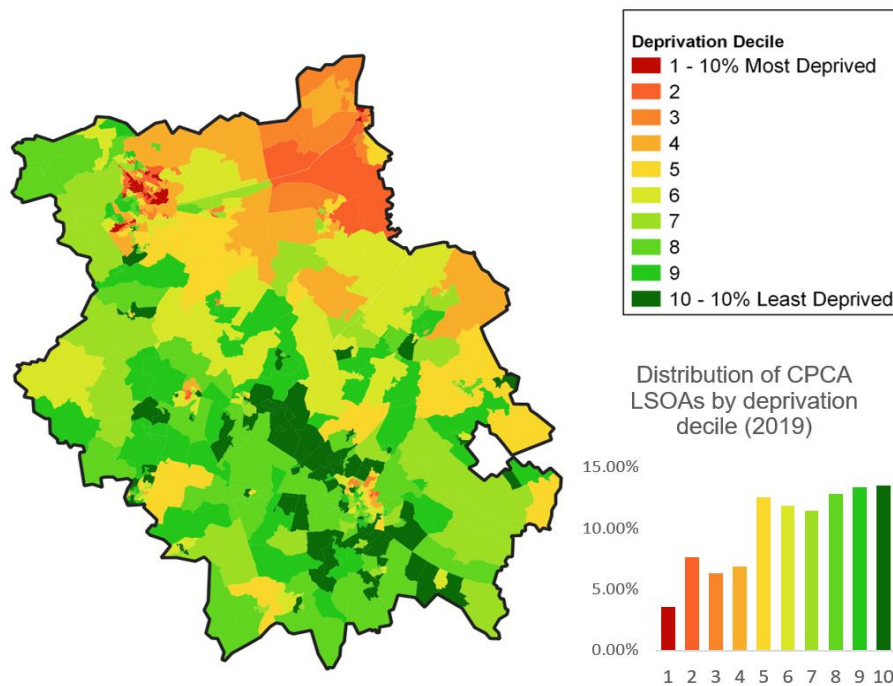
In some ways the Cambridgeshire and Peterborough local economy is a microcosm of the wider UK economy, with strong economic growth in the south and a context of lower wage jobs and lower qualification levels in the north. Across the region there are inequalities and disparities, with many

¹³ Annex C: Analytical evidence and Methodology Thriving-at-work-stevenson-farmer-review (2017)

¹⁴ 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)

places in Fenland, Peterborough and pockets of Cambridge experiencing higher deprivation in particular. In the most deprived neighbourhoods, healthy life expectancy is below the retirement age. These areas are associated with lower paid workforces and fewer opportunities for “good work”. Despite recent high overall economic growth, the picture for the region’s poorest places has not changed.

Figure 6: Index of Multiple Deprivation across Cambridgeshire and Peterborough (2019)¹⁵

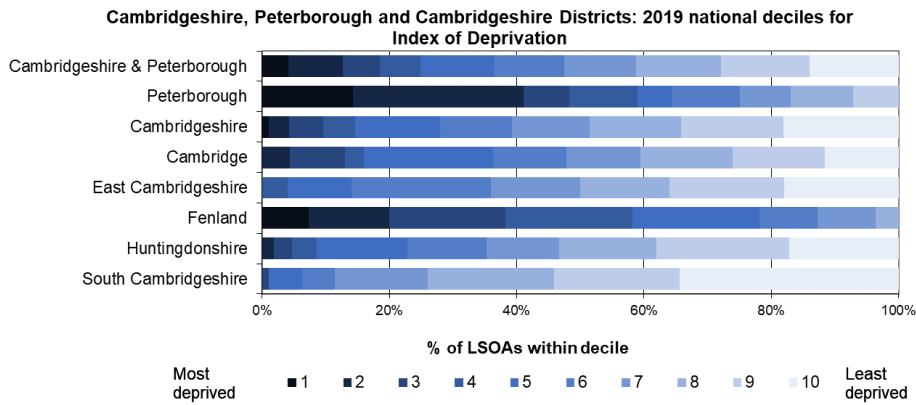


More specifically this can be broken down in each district to demonstrate where the poorest Lower Super Output Areas are concentrated as shown in Figure 7 below.

Figure 7: Indices of Deprivation, 2019 (IoD2019) - percentage of lower super output areas (LSOAs) in national IoD deciles in Cambridgeshire and Peterborough and Cambridgeshire Districts¹⁶

¹⁵ Index of Multiple Deprivation, 2019

¹⁶ Index of Multiple Deprivation 2019, Department for Communities & Local Government (DCLG) (JSNA CDS figure 17)



The region hosts a growing population of more than 850,000 people. While the Combined Authority area population is expected to grow by 2.6% by 2040, the working age population is growing slower than average at 0.1%, compared with 1.5% growth nationally. The data suggests that future ageing is happening faster, but it is uneven across the region, with South Cambridgeshire the only area with working age population growth above average at 2%, and Cambridge and Huntingdonshire seeing the working age population fall by -3.4% and -0.3% respectively.¹⁷

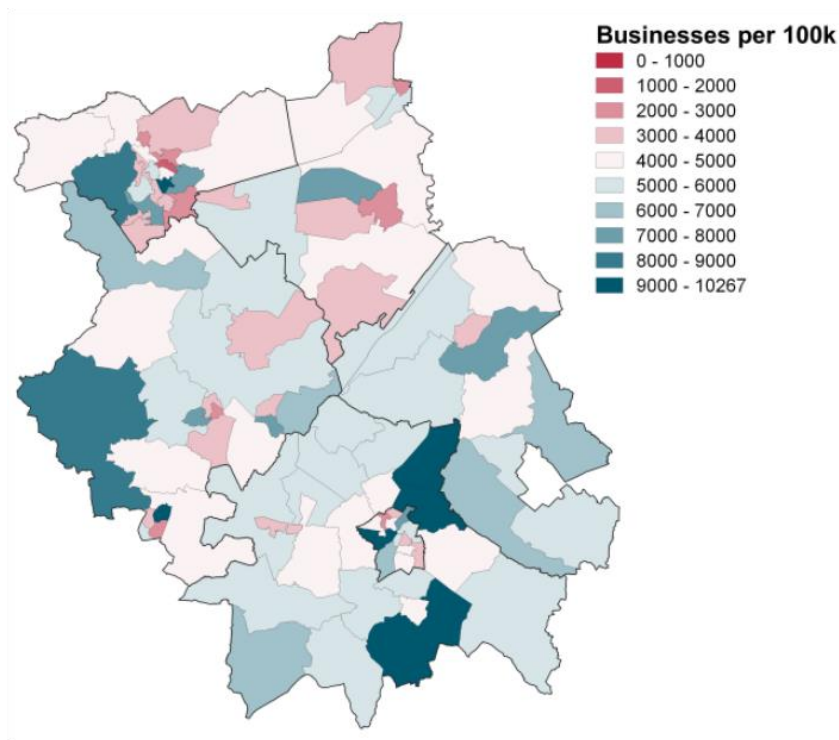
80% of employment in Cambridgeshire and Peterborough is provided by the region’s foundation sectors such as health, education, food production, retail and construction, with the total number of businesses in the area at 36,945 (or 2% of total businesses nationally), and the employment rate is higher than average at 78.3% (compared to 75.1% nationally).¹⁸ However, the number of businesses and start-up and survival rates varies significantly, with businesses concentrated in the cities, science parks and enterprise zones, and recent data suggesting that affordability and commercial space issues have reduced the number of successful start-up and business locations in Greater Cambridge.¹⁹

¹⁷ ONS Annual Population Survey (APS) data (2020).

¹⁸ ONS Annual Population Survey (APS) data (2021).

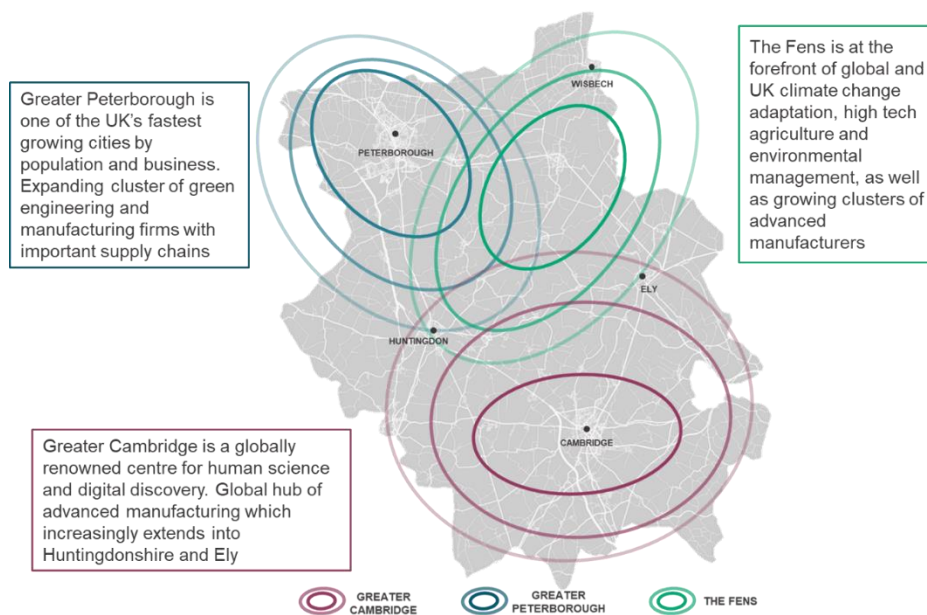
¹⁹ Legatum Institute. *Prosperity Index* (2021).

Figure 8: Business Density in Cambridgeshire and Peterborough



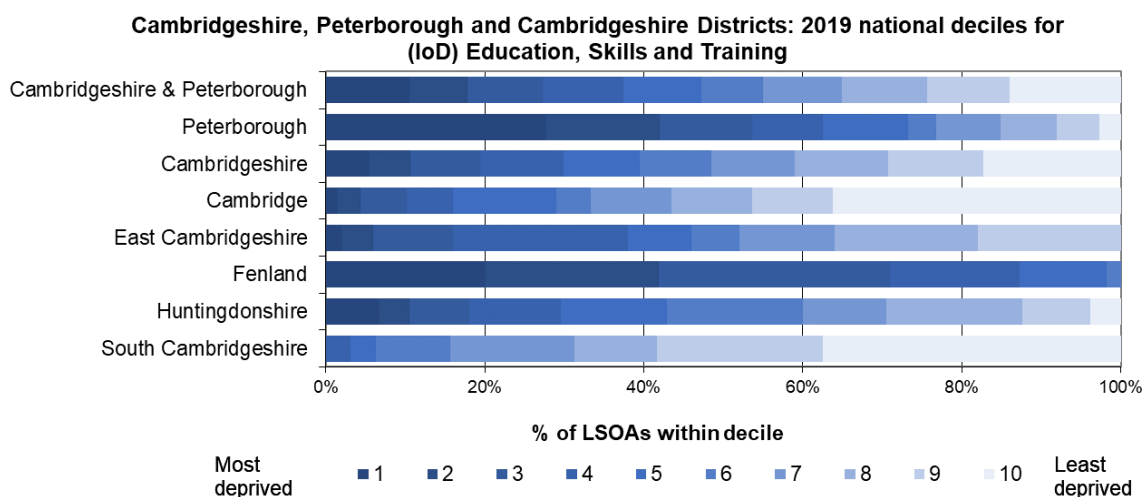
Within this density across the area there are three different types of economies each one characterised by different types of businesses as shown in Figure 9 below.

Figure 9: Cambridgeshire and Peterborough Economic Landscape



Business growth is dependent upon education, skills and training. This is seen as a concern in Cambridgeshire and Peterborough with lower levels of these found in more deprived areas.

Figure 10: Indices of Deprivation, 2019 - education, skills and training domain - percentage of lower super output areas (LSOAs) in national IoD deciles by district in Cambridgeshire and Peterborough and Cambridgeshire Districts²⁰



9. WORK AND HEALTH IN CAMBRIDGESHIRE AND PETERBOROUGH

Health and Wellbeing

This picture of relative prosperity with areas of inequality is reflected across health and wellbeing outcomes. Generally, Cambridgeshire has good health outcomes but there are some disparities between local authorities and the communities within them. In Cambridge life expectancy ranges from 80.4 years in the most deprived communities to 85.2 years in the least deprived communities (above national averages), and in Fenland it ranges from 73.1 to 77.5 (below national averages), compared to the England average of 75 to 82.8 years.²¹

Healthy Life Expectancy (HLE) is the number of years from birth someone lives in good health. In Cambridgeshire for males this is 64.3 years and in Peterborough it is 61.4 years, the England figure is 63.4 years. For females the figures are 66.7 years for Cambridgeshire and 59.5 years for Peterborough with England at 63.9. Since 2012 there has been little variation in these HLE figures. HLE is important as it means that the working age population is experiencing poor health and highlights the importance of the workplace environment to having more years in good health.²²

National figures in Figure 11 show how HLE is closely linked to deprivation. Those in the most deprived categories live fewer years in good health and for some this starts around the age of 50 years.

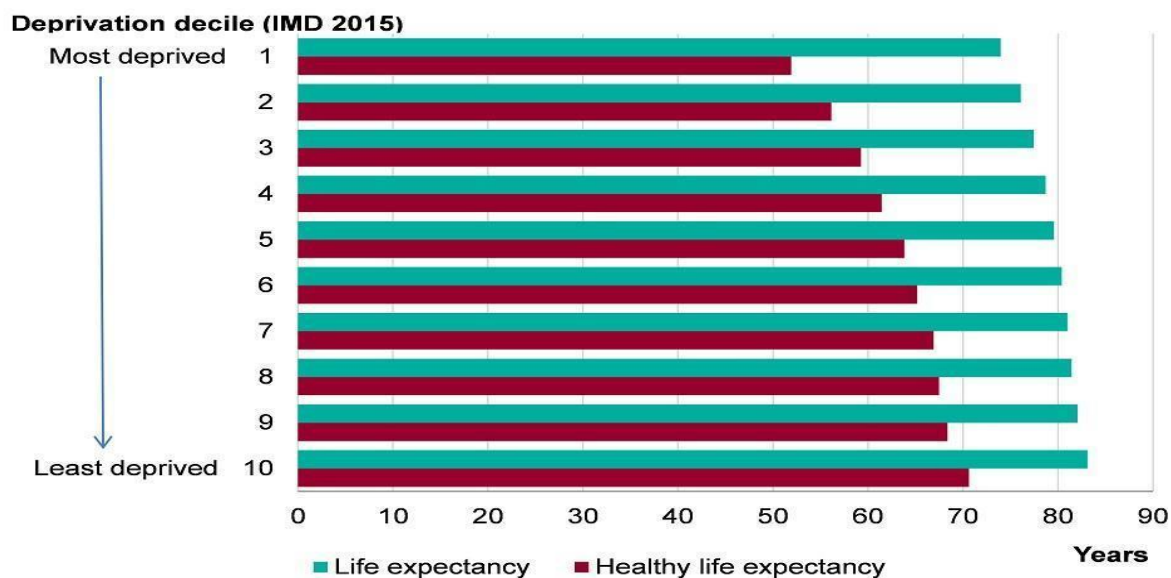
²⁰ Index of Multiple Deprivation 2019, Department for Communities & Local Government (DCLG)

²¹ Public Health England, Health Inequalities by Local Authority (2019).

²² ONS Health state life expectancy at birth and at age 65 years by local areas, UK 2016-18

An unhealthy workforce negatively impacts individuals, society and England’s 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.²³

Figure 11: National Healthy Life Expectancy and Deprivation²⁴



Cambridgeshire and Peterborough: Work Related Benefits

ONS Data on Economic Inactivity indicates 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.²⁵ This reflects the impact to some degree of the COVID 19 pandemic.

Pre-pandemic data from November 2018 saw total claims for the Employment and Support Allowance (ESA) across Cambridgeshire and Peterborough to be 22,370. The majority of the claims were for mental health with MSK being the next biggest group and fewer attributed to circulatory and respiratory conditions.²⁶

- Mental & behavioural disorders = 11,160 claims (50%)
- Musculoskeletal = 2,760 claims (12%)
- Circulatory = 760 claims (3%)
- Respiratory = 540 claims (2%)

In May 2019 benefit data for ESA was discontinued on the Department of Work and Pensions (DWP) dataset, NOMIS. The current dataset Stat-Zplore suggests that in May 2021 there were still 18,766 people claiming ESA.²⁷

²³ Department for Works & Pensions, Department of Health (2016), Work, Health and Green Paper Data Pack

²⁴ Public Health England

²⁵ ONS annual population survey

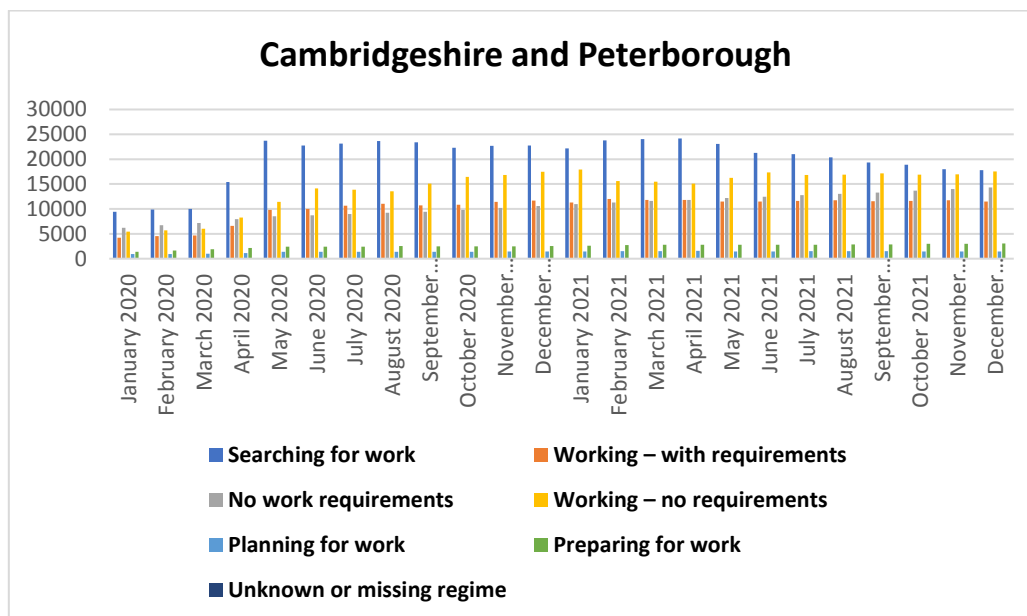
²⁶ Office for Health Improvement and Disparities

²⁷ Department of Work and Pensions

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’.

Conditionality trends over 2 years for Cambridgeshire and Peterborough show that those with no work requirements have increased from 5,465 in January 2020 to 17,546 in December 2021.

Figure 12: Cambridgeshire and Peterborough Conditionality Regime



10. WORK AND HEALTH: THE COVID-19 PANDEMIC

The COVID 19 pandemic has demonstrated how structural factors acted as a disincentive to testing and self-isolation. This increased workplace COVID 19 cases amongst lower paid workers on non-supportive contracts with the increases in Universal Credit claims being highest in areas of deprivation. There has been a particular impact upon young people in terms of mental health and the increase in numbers not in employment.

The impact of long COVID is not fully understood, but there is emerging evidence that this could also affect workforce and Universal Credit claims. At a UK level estimated prevalence of self-reported long COVID (duration 12+ weeks) was greatest in the 35 to 49 and 50 to 69 age groups and strongly associated with deprivation. In addition, a greater proportion of those with an activity-limiting health condition or disability compared to those without, reported long COVID.

COVID 19 demonstrated the potential positive impact our system can have for our population when we work together in an integrated way, and now there is an opportunity to take this learning forward as part of the Work and Health agenda.

Figure 13 below describes the different aspects of the management of the pandemic that were orchestrated across the system in relation to Work and Health.

Figure 13: Systemwide COVID 19 Management in Workplaces

Domain	Who	What	Impact & Outputs
Outbreak Management- Workplace Cell	Public Health, Environmental Health, HSE	Outbreak Management	Challenges for lower paid workers/ insecure contracts etc. identified, Excellent relationship with employers formed
Workplace Testing Programme	Public Health, Local Test & Trace	Workplaces with high risk workforces able to order testing kits if they did on-site testing	Increased testing in high risk workforces / Contributed to relationships with employers
Vaccination	Multi-agency Vaccine Confidence Group, Clinical Commissioning Group	Information sent to all workplaces Vaccination buses to workplaces with low vaccination uptake rates	Increased vaccination coverage in targeted workplaces
Community Engagement	Local Authority & Voluntary Sector community engagement teams	Engaging local communities with high risk working age population e.g. migrant workers	Increased vaccination rates in the communities/workforce
Communications/ Information	Local Authority Departs., Voluntary Sector, Community Groups comms & engagement teams	Wide ranging comms re. COVID-19 prevention, vaccination, financial support to self-isolate, Business Support Grants, mental health services - Multiple languages, culturally sensitive	Comms & information provided to employers/employees Increased knowledge, improved relationships
Enduring Transmission	Sponsored by DHSC and The Treasury Public Health LA services	Target lower paid/insecure contracts Trusted 3 rd sector organisation providing additional benefits to support self-isolation	External evaluation: increased self-isolation. Contributed to employer and community engagement & relationships

The COVID 19 pandemic has presented some new challenges to the Work and Health agenda including the widening inequality across Cambridgeshire and Peterborough, with places that were already more deprived being more affected by the health and economic impacts of the crisis. There is a need to ensure priority areas are identified and targeted interventions e.g. developed.

During the pandemic Mental Health was a key theme emerging for employers. This continues to be highlighted through the Employers Work and Health survey results (see following pages). Just over 58% of respondents identify Mental Health conditions as the main long-term conditions affecting their employees.

- COVID 19 and Long COVID were reported as the next main condition affecting employees (34%).
- 19% of businesses indicated that COVID had made it significantly more difficult, and 29% said it was slightly more difficult to support the health and wellbeing of their employees.

COVID 19 pandemic economic recovery and the challenging medium term economic outlook

Substantial efforts are being made to recover from the impacts of the pandemic upon work and health. However, 2022 has brought with it a host of new challenges which are likely to impact local businesses and workers into the medium term, particularly rising inflation, tight labour markets, supply chain disruptions, the ongoing workforce impacts of the pandemic and the rapidly increasing cost of living.

- Inflation expectations continue to rise. In February 2021 the Bank of England expected inflation in mid-2022 to be 2.2%. This has since been revised upwards five times, with a revised expectation of 9.5%.²⁸
- The cost of living is being driven up by energy and transport costs. Housing and utilities costs have increased by 8.6% in the 12 months to 2022. Electricity and gas prices have also risen sharply and will continue to do so, driven by supply chain bottlenecks and costs associated with phasing Russian oil out of domestic markets.²⁹
- These costs fall disproportionately on the poorer in society. Work by the Institute of Fiscal Studies (IFS) has shown that the lowest income tenth in society have seen an effective inflation rate of 10.9%, versus 9.0% for the highest income tenth.³⁰ In 2020, some areas of Cambridgeshire and Peterborough already had over a quarter of the population in fuel poverty – in pockets of Peterborough, Wisbech, and Cambridge. This will have sharply increased since then and is set to become an even more significant issue as energy costs rise further.³¹
- A tight labour market is pushing up wages, though not as fast as prices. There are now 15,000 more payrolled employees in Cambridgeshire and Peterborough than there were in March 2020³². However, the number of vacancies in businesses continues to rise. Particular shortages exist for nurses and other health and care workers, customer service and retail workers, and a range of roles in IT.³³
- Universal Credit claimants across Cambridgeshire and Peterborough were rising prior to the pandemic at a steady rate as Universal Credit superseded other benefit forms. However, in the two years from February 2020 – February 2022 the number of claimants increased by 91%, from 24,000 to 46,000 as shown in Figure 14.³⁴

²⁸ Bank of England Monetary Policy Committee, 2022

²⁹ ONS Consumer Price Index (CPIH)

³⁰ Institute of Fiscal Studies (IFS)

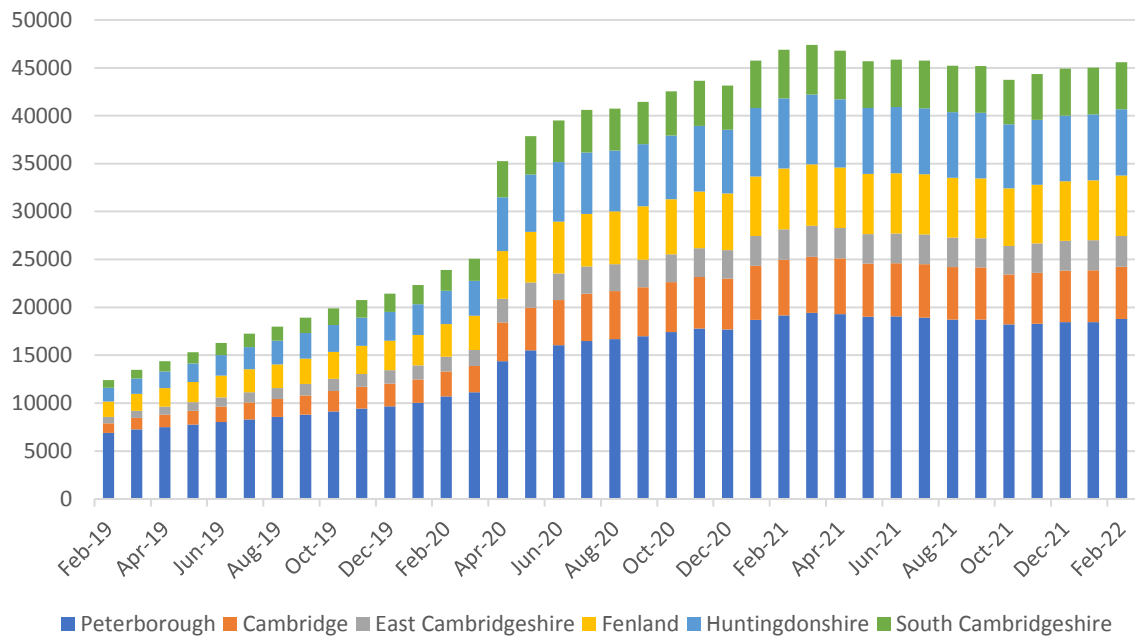
³¹ BEIS Fuel Poverty sub-regional tables

³² ONS Real time information from PAYE records

³³ Emsi, May 2022

³⁴ ONS Labour Force Survey, May 2022

Figure 14 Universal Credit claimants in Cambridgeshire and Peterborough, Feb 2019 - Feb 2022



COVID 19 is still a significant issue, although the total numbers of those dying with it has fallen. Cambridgeshire and Peterborough is averaging 12.5 deaths per week from COVID 19, a reduction compared to 2021 (17) and 2020 (16.5)³⁵. However, the long-term impacts of long COVID on the labour market are not yet fully understood.

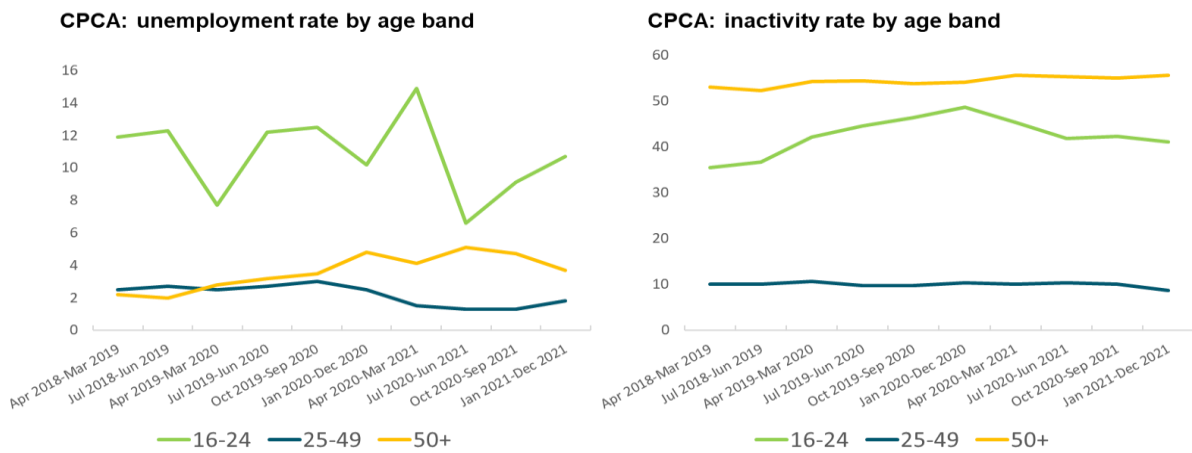
There is also evidence that economic inactivity is growing among the over 50s in Cambridgeshire and Peterborough (see Figure 15 below), which corresponds to anecdotal evidence of the pandemic having pushed some to retire early.

The impact of COVID-19 upon young people’s mental health and the increase in the numbers who are out of work in another challenge to the system.

The drive towards digitisation is a calling for new skills and training but can offer opportunities for those with disability and health condition.

³⁵ Government Coronavirus Data; weekly deaths with COVID-19 on the death certificate by date registered

Figure 15: Cambridgeshire and Peterborough Unemployment rate and inactivity rates by age band, Apr 2010 - Dec 2021



11. WHAT EMPLOYERS AND EMPLOYEES SAY

We have consulted and engaged with key stakeholders to underpin the development of this strategy and its findings are reflected in similar research undertaken by other organisations.

Lived Experience - Key Themes

Telephone interviews undertaken with those experiencing disability and/or long-term health conditions identified a number of barriers and enablers to them gaining and / or retaining employment.³⁶

³⁶ Interviews were conducted during February/March 2022. Individuals interviewed were nominated by local Job Centres, The Work and Health Programme (Papworth Trust) and the Individual Placement Support Service (CPFT).

The barriers

Challenges in the implementation of reasonable adjustments, particularly for those in manual occupations.

Variable perceptions of fitness to work.

Lack of integration between health and employment support services.

Lack of access to health services during the COVID 19 pandemic.

Line manager attitudes.

Challenges relating to transport and internet access (impacting on attending interviews, travelling to work, and applying for jobs).

The enablers

Improved understanding within Primary Care (especially GPs) of the function of 'fit notes' and how to complete the reasonable adjustments section.

Increased number of employers committed to disability confident and implementing this effectively across organisations.

Organisations committed to developing Line Manager understanding of reasonable adjustments in relation to long term conditions and disabilities within the constraints of their business.

A Lived Experience

Female interviewee aged between 55 and 65 with a long-term musculoskeletal condition

She had been unable to work because of severe backpain since 2019. After six months of sickness, she commenced a phased return to work with telephone based Occupational Health Support. She felt confident she could complete her job role with adaptations. However, her manager, due to the nature of her role, considered this to be unfair on other colleagues. Despite Union involvement she left by mutual agreement.

The interviewee is now claiming universal credit and is keen to work. She misses the social contact provided by her employment and her mental health is deteriorating due to the loneliness that she is now experiencing. She is being supported by the Papworth Trust to find a suitable

Cambridgeshire and Peterborough Business Survey Results – Summary

An online business survey³⁷ provided further evidence to inform the development of this Strategy. See Appendix B for the full results report.

52% of the responses received came from large (over 250 employees) businesses, with small businesses (less than 50 employees and turnover under £10m) providing 19% of the responses. Responses provided cross sector and cross geographical representation for Cambridgeshire and Peterborough.

Businesses reported that the top three areas to be impacted by employee health included increased workload / work pressure, productivity levels and absenteeism levels.

58% of the businesses responding indicated that mental health conditions were the main long term health issues affecting their employees, with COVID and Long COVID and Musculoskeletal (MSK) conditions identified as the next most prevalent conditions respectively.

19% of businesses indicated that COVID had made it significantly more difficult, and 29% said it was slightly more difficult to support the health and wellbeing of their employees.

The main barriers to supporting people with long-term health conditions and disability to enter and stay in work included:

- Constraints due to the nature of the work or workplace.
- Availability of information about suitable support.
- Availability of financial resources or financial viability of support.
- A lack of information about support and training to enable employers to recruit and retain individuals with long-term conditions and/or disabilities.

Flexible working practices, access to counselling services, vaccine promotion, active promotion of healthy behaviours and mental health first aid were the most commonly implemented support mechanisms by employers to keep employees healthy at work.

Business responses varied on what was being done differently to support employees with health and wellbeing as a result of the COVID 19 pandemic. Key themes included a heightened emphasis on supporting mental health, increased support for flexible working and a requirement for managers to 'check in' more frequently with staff working remotely.

The most highly rated enablers to supporting the health and wellbeing of staff, particularly those experiencing long term health conditions and disabilities, included information on best practice examples and forums, information on local workplace health initiatives and information on workplace policies.

The results gathered through the local survey mirror some of the key findings from various national surveys conducted by both the Chartered Institute of Personal Development (CIPD) and Federation of Small Businesses (FSB).

³⁷ Online survey open during February / March 2022. 55 responses received.

In the CIPD's response to the consultation on the Work, Health and Disability Green paper (2017) they report the most significant barriers to recruiting and retaining the talent of disabled people and people with health conditions to be:

- A lack of awareness and understanding of disability, in particular knowledge about reasonable adjustments.
- Misconceptions and bias on the part of employers and managers in relation to recruiting people with a disability and/or health condition.
- A lack of training for line managers.
- Not enough open and inclusive working environments.
- Poor use of job design and flexible working.

Chartered Institute of Personal Development Health and Wellbeing at Work Survey

Most recently the [Health and Wellbeing at Work survey](#) conducted in 2022 by the Chartered Institute of Personal Development (CIPD)³⁸ reports that:

- Most organisations are taking additional measures to support employee health and wellbeing in response to COVID 19.
- The vast majority of organisations are taking action to support employee mental health at work through employee assistance programmes, phased return to work or other reasonable adjustments, or access to counselling services.
- 65% of organisations provide managers with training in handling absence. While 44% are training managers to support staff with mental ill health.

Just over half of the organisations that responded to the CIPD survey take a strategic approach to employee wellbeing. These same organisations are far more likely to report positive achievements at both the individual and organisational level.

Federation of Small Businesses Report Business without Barriers

A Federation of Small Business (FSB)³⁹ report - [Business without Barriers](#) published in April 2022 reports the following relevant findings:

- 52% of members have experienced a barrier due to their disability or health condition, such as being unable to commit to consistent hours or meet short deadlines (34%), applying for financial support (15%), and getting access to equipment (11%).
- 34% of business owners reported a decline in their mental health during the pandemic.
- 28% of small employers provide occupational health services to their staff, up from 10% in 2018.

³⁸ 804 organisations responded to the survey covering more than 4.3 million employees in the private (57%), public (27%) and voluntary (16%) sectors. The survey took place between November and December 2021.

³⁹ The FSB represents 160,000 members across the UK.

- 44% would be encouraged to use Occupational Health services if they received financial support for them. 35% could be encouraged with additional information and 31% would be encouraged by a specialist service aimed at small businesses.
- 45% of small business employers are aware of [Access to Work](#)⁴⁰ but only 5% have used it.
- 23% have heard of [Disability Confident](#)⁴¹.

Stakeholder Workshop Feedback

A stakeholder consultation workshop involving over 40 representatives from across the Cambridgeshire and Peterborough System helped to set objectives and determine what success would look like for the Strategy outcomes.

The strategic themes that emerged from the consultation included:

- Leadership at a high level within the system is required to ensure all aspects of the system are integrated and a need for employer commitment.
- A need to address inequalities through the identification of priority sectors, groups and geographies.
- A need for employer engagement with an emphasis on changing employers' understanding and perception of the Work and Health agenda, increased prevention, good practice sharing and innovation.
- Increased levels of integration between employer and primary care providers and across the wider system to bring together economic drivers, education and skills to engage with the health system.
- Increased information provision with the need for single points of access for information that are visible and relevant.
- Increased access and equality of access to support services to enable both employees and employers, particularly SMEs to better access Occupational Health and other support services.
- The need to ensure that those that are 'out of work' gain support to access employment.
- The need for monitoring and evaluation including the creation of joint business information to support impact evaluation.

⁴⁰ Access to Work can individuals to get or stay in work if they have a physical or mental health condition or disability.

⁴¹ Government campaign to enable employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people.

STRATEGIC CONTEXT

12. THE NATIONAL STRATEGIC CONTEXT

This Work, Health and Wellbeing Strategy for Cambridgeshire and Peterborough has been developed in the context of national reviews, policy and guidance. Since 2005 there have been a number of national strategies that have highlighted Work and Health and what it means for morbidity and mortality, inequalities and economic growth. Dame Carol Black's reviews in 2008 and 2011 however brought a focus on how work can have a significant impact upon health. In 2017 the Improving Lives: the future of work, health and disability Green Paper made a clear acknowledgement that disability or a health condition should not be an obstacle to work and a commitment to improving the work opportunities of those living with poor health or a disability or both.

The following section captures the significant national strategic developments that have focused upon work and health.

- The health, work and wellbeing initiative which began in 2005 under the labour government with the publication of '[Health, work and wellbeing: caring for our future](#)', a strategy for the health and well-being of working age people.
- The scientific evidence review of the links between health, work and wellbeing – [Is work good for your health and well-being? An independent review](#)⁴² commissioned by DWP in 2006.
- Dame Carol Black's Review of the health of Britain's working age population, '[Working for a Healthier tomorrow](#)' published in 2008 which recognised the human, social and economic costs of impaired health and wellbeing in relation to working life in Britain.
- Dame Carol Black and David Frost CBE's 2011 review, '[Health at Work: an independent review of sickness absence](#)'. The review sought to '*stop as many people as possible from needlessly moving away from work because of ill health, and to find ways of improving the coherence, effectiveness and cost of the existing system for managing sickness absence.*'
- [Fitness for Work](#): the Government's response to the above-mentioned review.
- [Improving Lives: The Future of Work, Health and Disability](#), published in 2017 by DWP and the Department of Health (DoH), which pledges to see 1 million more disabled people in work over the next ten years. The Strategy sets a vision for '*a society where everyone is ambitious for disabled people and people with long-term health conditions, and where people understand and act positively upon the important relationship between health, work and disability.*'⁴³
- [Thriving at Work: a review of mental health and employers](#), an independent review of mental health and employers by Lord Dennis Stevenson and Paul Farmer published in 2017. The report includes a detailed analysis that explores the significant cost of poor mental health to UK businesses and the economy as a whole and quantifies how investing in supporting mental health at work is good for business and productivity. It sets out what employers can do to better support all employees, including those with mental health problems to remain in and thrive through work.

⁴² Gordon Waddell and A Kim Burton – 2006

⁴³ Improving Lives: the Future of Work, Health and Disability responded to the Work, Health and Disability Green Paper published in October 2016.

- The Government’s response to the 2019 consultation on how Government and employers can take action to reduce ill-health related job loss. The response ‘[Health is everyone’s business](#)’ puts forward a number of proposals to minimise the risk of ill-health related job loss through better workplace support for disabled people and those with long-term health conditions.
- The 2021 [National Disability Strategy](#) which commits to making the world of work more inclusive and accessible through various measures.
- The Government’s [Levelling Up White Paper](#) identifies that good health is vital to creating prosperity and commits to raising healthy life expectancy by 2035, and narrowing the gap between local areas through 12 medium-term levelling up missions, including boosting pay, jobs and living standards. A white paper on health disparities in England will also be published in 2022 by the Department of Health and Social Care (DHSC), setting out a strategy to tackle the core drivers of health inequalities.

13. THE CAMBRIDGESHIRE AND PETERBOROUGH STRATEGIC CONTEXT

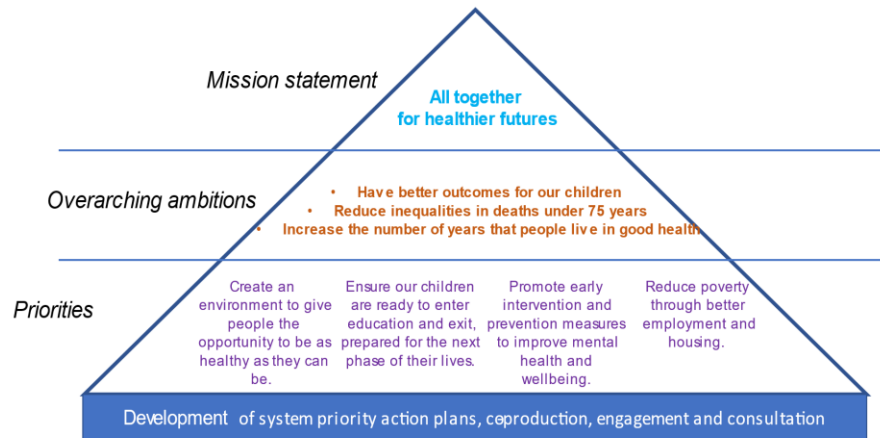
The Cambridgeshire and Peterborough System has, through the Cambridgeshire and Peterborough Health and Wellbeing Board, Integrated Care Partnership, Combined Authority and Public Service Board coalesced around four key priorities that partners will work together to achieve the desired outcomes. The work and health agenda is pivotal to the success of the four priorities set in this system. The following describes the Health and Wellbeing Strategy along with key individual partner system wide strategies that support all four key priorities.

[Cambridgeshire and Peterborough Health and Wellbeing Strategy](#)

The development of the new Cambridgeshire and Peterborough Health and Wellbeing Board brings together Cambridgeshire County Council (CCC), Peterborough City Council (PCC), the Cambridgeshire and Peterborough Integrated Care System (ICS)/ Integrated Care Partnership, Cambridgeshire and Peterborough Combined Authority (CPCA). This Board has agreed the four key priorities to be captured in the Health and Wellbeing Strategy along with their individual strategies. These priorities provide strong system wide strategic support for a Work, Health and Wellbeing Strategy and include:

- Create an environment to give people the opportunity to be as healthy as they can be
- Ensure our children are ready to enter education and exit, prepared for the next phase of their lives
- Promote early intervention and prevention measures to improve mental health and wellbeing
- Reduce poverty through better employment.

Figure 16: Cambridgeshire and Peterborough Health and Wellbeing Strategy



Cambridgeshire and Peterborough Integrated Care System (ICS)

Cambridgeshire and Peterborough ICS is one of 42 ICSs nationally due to be established on the 1st July 2022. ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. Their aim is to integrate care across different organisations and settings, join up hospital and community-based services, physical and mental health, and health and social care.

Its vision, values and four core purposes support the Work, Health and Wellbeing Strategy are shown in Figures 17 and 18:

Figure 17: ICS Vision and Values



Figure 18: ICS Four Core Purposes



The ICS system wide strategy is being developed and will take the form of one strategic 'book' for the system that will together tell the story about how the system will deliver the shared priorities for Cambridgeshire and Peterborough. The delivery of the Work, Health and Wellbeing Strategy is a key chapter of this book and will be enabled and supported by several other chapters of this system strategy. There are many interlinkages, but some key chapters are covered below:

Overarching ICS strategy and ICB joint forward plan – the work and health agenda supports all of the four shared priorities and five strategic objectives.

Anchor charter – this will set out how all anchor institutions across the system will commit to delivering social value in our work around several pillar areas including employment.

Healthcare Delivery strategy – this will be relevant to how the population health will be supported to be in good health and prevent ill health.

Care professional and clinical leadership framework – the work and health agenda has links here around professional development and leadership.

VCSE Framework – this support outline how VCSE partners will be critical to system delivery, and this includes the work and health agenda.

Health Inequalities – there is a clear link between health inequalities and employment, the health inequalities lead is a key member of the Work, Health and Wellbeing Strategy working group to ensure activity is focused on addressing health inequalities.

Population Health Management – the data and tools available through this chapter will support the evidence required to target actions relating to work and health and evidence if we are making a positive difference or not.

People and Communities – this chapter sets out how the system will engage with people and communities, and this is relevant to our collaborative development approach to this strategy and how activities will be implemented.

People Plan – a key objective within this plan is health and wellbeing with clear links across to the health and wellbeing of our collective and large workforce and the wider community. A member of the health and wellbeing group is a key member of our working group.

Cambridgeshire and Peterborough's Combined Authority Economic Growth Strategy 2022

The primary objective of the Cambridgeshire and Peterborough Combined Authority's Economic Growth Strategy is 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 Strategy vision below harnesses the different and reinforcing strengths of our three sub-economies and establishes an increased focus on environmental impacts and health and wellbeing as the backbone of a strategy for economic growth through a focus on 6 capitals:

Figure 18: 6 Capitals of the Cambridgeshire and Peterborough Sustainable Growth Model



- **Reducing inequalities:** investing in the community and building social capital to complement improved skills and connectivity as part of the effort to narrow the big gaps in life expectancy and people's income between places.
- **Climate and Nature:** restoring the area's depleted natural capital and addressing the impact of climate change on our low-lying area's special vulnerabilities and encouraging businesses to come up with solutions.
- **People:** building human capital - the health and skills of the population - to raise both productivity and the quality of life so that that people in our region are healthy and able to pursue the jobs and lives they want.
- **Infrastructure:** from digital and public transport connectivity to water and energy, building out the networks needed to support a successful future.
- **Innovation:** building on our reputation for new thinking, new technology and new ideas in Cambridgeshire and Peterborough in order to ensure this area can continue to be one of the most dynamic and dense knowledge economies in Europe.
- **Financial and systems:** improving our institutional capital and ability to attract inward investment.

Our vision for Cambridgeshire and Peterborough is for it to be the place where unique business, natural and research assets tackle world problems whilst creating **good jobs and healthy lives for all our residents in all our places**. We are globally leading and competitive, and also more equal and sustainable.

Our objectives are to:

- Grow the economy while reducing inequality.
- Ensure transition to green, low-carbon economy.
- Support good quality jobs in high-performing businesses.
- Ensure better quality skills via a world-class skills system.
- Accelerate local placemaking and renewal.
- Accelerate business growth.

Cambridgeshire and Peterborough Combined Public Service Board

At a local government level, the Cambridgeshire and Peterborough’s Combined Public Services Board’s (CPSB)⁴⁴ Strategy and policy priorities also align to the wider system priorities and the work and health agenda. The strategic priorities and the supportive initiatives that link to them are captured in Figure 19.

Figure 19: Cambridgeshire and Peterborough Public Service Board strategic priorities

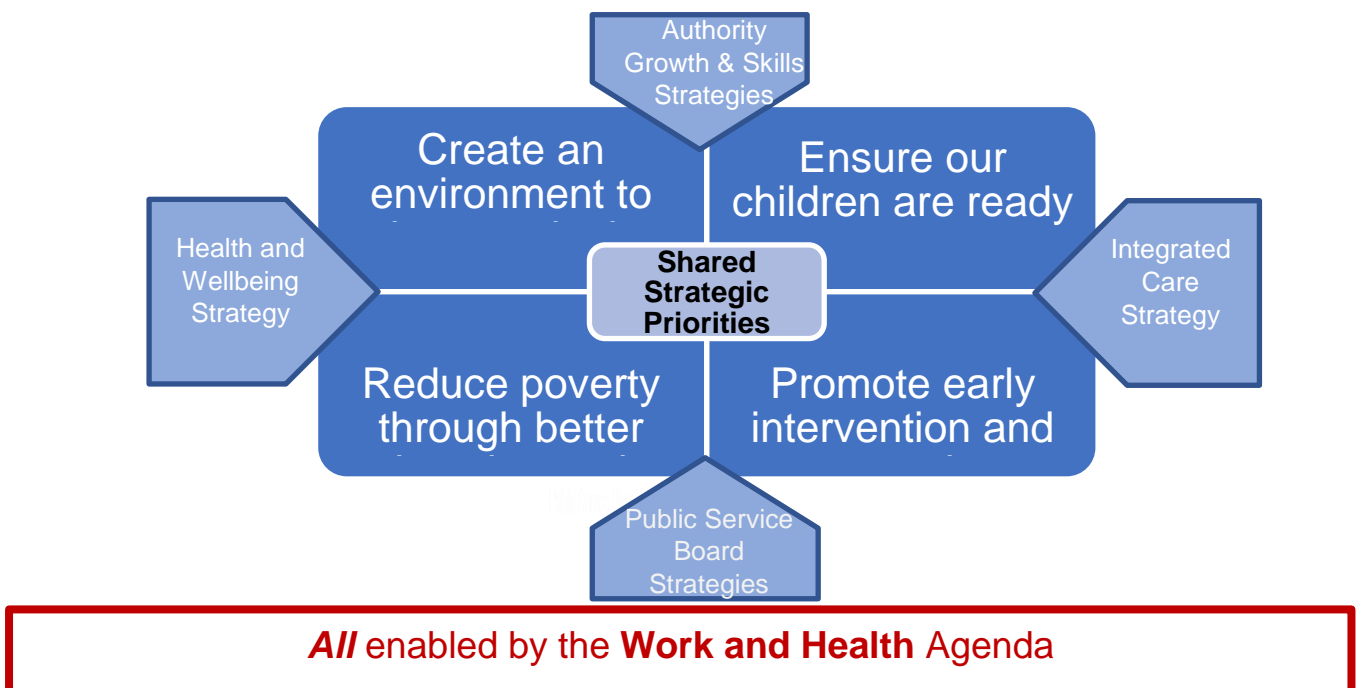


⁴⁴ The CPSB’s membership includes officer level representation including CEOs from all Local Authorities (at District, County and Unitary Level), the CPCA, the Police and Crime Commissioner’s office, NHS Cambridgeshire and Peterborough CCG and Fire Service.

14. STRATEGY INTEGRATION AND SEIZING THE OPPORTUNITIES

The challenge of integrating efforts to address work and health across the system has been a barrier which is also now an opportunity as new strategic drivers have emerged that will provide opportunities to have a shared system wide approach, to mobilise and align resources to address worklessness and improve access to good work for all. A bespoke local Work, Health and Wellbeing Strategy will provide the focus for the system wide drivers and contribute towards achieving many of their goals, bringing added value.

Figure 20: Shared System Strategic Priorities



Appendix C includes an initial mapping exercise to identify all enabling strategies across the system and identifies interdependencies with the Work and Health agenda.

External support – work and health unit - office for health improvement and disparities

In 2021 the Work and Health Unit⁴⁵ approached Cambridgeshire County Council Public Health through its previous involvement on Work and Health Programmes, both locally and nationally, which acted as catalyst for driving this Strategy forward. The outcome was a partnership agreement between the Work and Health Unit and the Cambridgeshire and Peterborough System which included the ICS, upper and lower tier Local Authorities and the Combined Authority to jointly develop a local integrated system wide Work and Health Strategy. Appendix A details the Theory of Change developed to support the strategy development process.

⁴⁵ A cross-government unit, jointly sponsored by the Department for Work and Pensions and the Department of Health and Social Care.

In Cambridgeshire and Peterborough, the Health and Wellbeing Board and ICP along with the CPCA and other key partner organisations will set the single strategy for the system using the four priorities described in the bullet points above. The role of the Integrated Care Board will be delivery. The work and health agenda is pivotal to the success of the four priorities set in this system.

OUR STRATEGY

15. CONTEXT: WHAT HAS HAPPENED BEFORE AND WHAT ARE THE OPPORTUNITIES

There have been both sustained and intermittent approaches to address work and health issues in Cambridgeshire and Peterborough. Organisations and employers across the area have approached it in different ways. The Improving lives: the future of work, health and disability white paper in 2017 and other linked policy papers brought a renewed focus upon the health of people in work and those out of work. National policy clearly called for the involvement of a wide range of national and local organisations both voluntary and statutory who support employers, employees and the unemployed. The focus is not just specifically on health issues in the workplace but the wider determinants such as helping with access to benefits, retraining and pathways into work.

The main challenges have been employer commitment especially from small and medium sized companies and identifying what would have traction with them. Also, there are the inequalities that many workers experience in the workplace that do not correlate with the size of the workplace. Lower paid workers often on insecure contracts such as zero hours already have a higher risk of poor health associated with poverty. This is exacerbated by job insecurities and terms and conditions such as only receiving the Statutory Sick Pay. These are structural issues that would require employer incentives or national regulation measures to improve.

16. BUILDING AND LEARNING FROM THE PAST AND THE PRESENT

Support for Workplaces

For many years there have been, led by Public Health, services in different forms that have provided support to employers to promote the health and wellbeing of their employees. Currently there is a commissioned Workplace Health Service that provides support for the development of policies and protocols along with workplace training which includes mental health first aid which has the highest demand, and health champion training. Services provided for employees include NHS Health Checks, stop smoking and weight management. It facilitates employer health and wellbeing networks that is an opportunity for peer support amongst employers.

The service has focused upon businesses with over 150 employees and has targeted workplaces with high numbers of routine and manual occupations with known health inequalities.

However, a key challenge continues to be business engagement especially in terms of translating the benefits of the service into something that is meaningful to each individual employer. Whilst the majority of workplaces are convinced by the business case for investing in staff and wellbeing, it has been difficult for many to take a strategic approach within their own organisations due to the constraints of the business.

The Improving Lives White Paper of 2017 prompted closer working between local Job Centres and Public Health. Since 2018 local services such as the Integrated Healthy Lifestyle Service have provided clinics within Job Centre locations so that DWP Work Coaches can refer benefit claimants for health support as part of their journey to employment. Closer links and improved referral pathways were also put in place for local drug and alcohol services. Job Centre case conferences have been used to improve the understanding of the Work Coaches of the health support available to customers. However, this integration of services has been slowed due to the recent recruitment of additional Work Coaches during the pandemic which has placed increased pressure on the physical space within Job Centres for colocation of services.

Financial Support for Small and Medium Sized Businesses (SMEs)

Over the pandemic period District Councils received an increased number of requests from SMEs for health and wellbeing support. A significant number of Cambridgeshire and Peterborough employers are SMEs or micro businesses with no access to Human Resource or Occupational Health support for their employees yet experience a huge impact upon their businesses if an employee is off sick. Many have struggled with the financial challenges of the pandemic and the cost-of-living rise. Interventions which support small and micro businesses to retain and support their employees with disabilities and long-term conditions could mitigate these situations.

Integration

A system wide approach to integrate the DWP support with health, social care and other services is repeatedly identified as needed and a development that could substantially improve the outcomes for employees. Areas for development flagged locally include: improving the understanding and use of the Fit Note to help employees to stay in work by recommending appropriate reasonable adjustments; and improved access to support services such as locating services such as Improved Access to Psychology Services (IAPT) within Job Centres which should help claimants gain help more rapidly and would also support DWP Work Coaches and Disability Employment Advisors to gain expert advice with regard to local mental health services and appropriate referrals.

Cambridgeshire And Peterborough Workforce Health, Safety and Wellbeing Group

The Cambridgeshire and Peterborough Integrated Care System (ICS) has an active embedded workforce health, safety and wellbeing group which serves the care and health sectors. The strategy group was established before the pandemic, creating a set of strategic priorities to understand, improve and monitor the health and wellbeing of its workforce. The group is also a vehicle for sharing best practice in supporting staff to be in work and well. During the pandemic the group added an additional function as joint fund managers and commissioners of ICS wide staff support services and provision. This has included commissioning and managing the implementation of a staff support hub funded by central NHS, staff mental health service and a pilot project to bring equitable Occupational Health and HR advice to GP practice staff also funded by central NHS. The group is aligned with this Strategy and ambitions.

Occupational Health services embedded within NHS Acute Trusts in Cambridgeshire & Peterborough have a history of serving sectors and businesses beyond their immediate organisations. They have the potential to do so in the future but require investment including in the workforce pipeline, training and infrastructure.

17. OUR STRATEGY

Vision Statement

The Work, Health and Wellbeing Strategy aims to ensure that our system through working together enables:

“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.”

Underpinning this vision is the overall vision statement that is embedded into the Cambridgeshire and Peterborough strategic landscape.

“All together for healthier futures.”

This captures the core theme of the Work, Health and Wellbeing Strategy; that delivery will require a system wide approach. The key partners will need to align around the Strategy’s ambitions and outcomes.

Employers and employees are central to the Strategy and there is an imperative that they are engaged and shape delivery bringing their unique knowledge and understanding of workplaces.

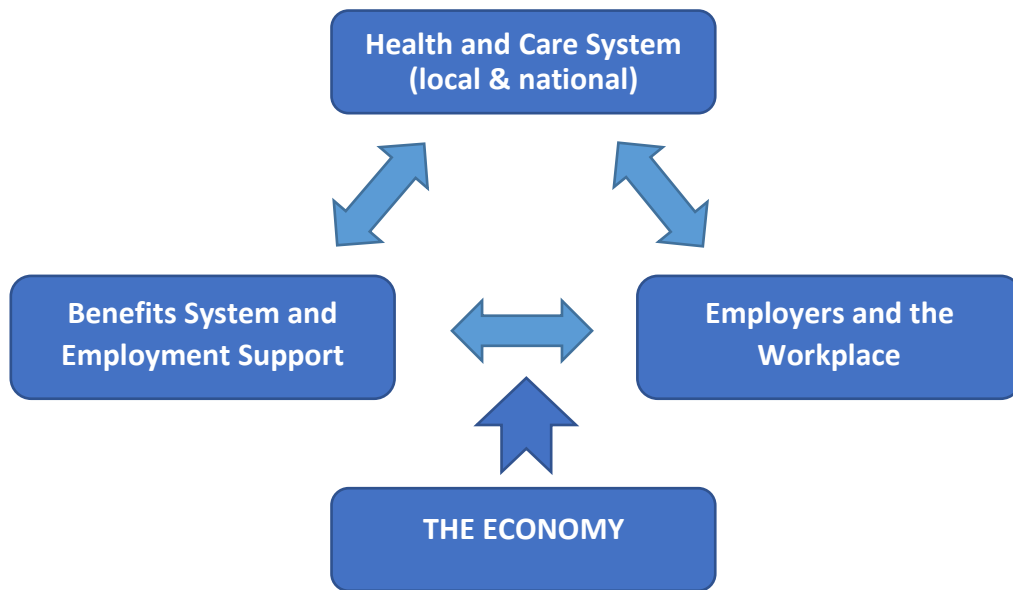
The Employment and Benefits system provides invaluable support to workers who are challenged by their health or disability and needs to work closely with health and social care to align services.

Also, our local economy needs to thrive, and this is very dependent upon the workforce and growth can facilitate the ambitions of the Work, Health and Wellbeing Strategy.

Local government and partners have an unparalleled understanding of their local area and the key institutions in it. They support building a more inclusive, healthy and prosperous economy in their local area to improve health and wellbeing and reduce inequalities.

Good employment and related health outcomes require that three, historically separate systems: Health and Care; Employers and the Workplace and the Benefits and Employment Support system work much more effectively together.

Figure 21: System Collaboration and Integration Requirements

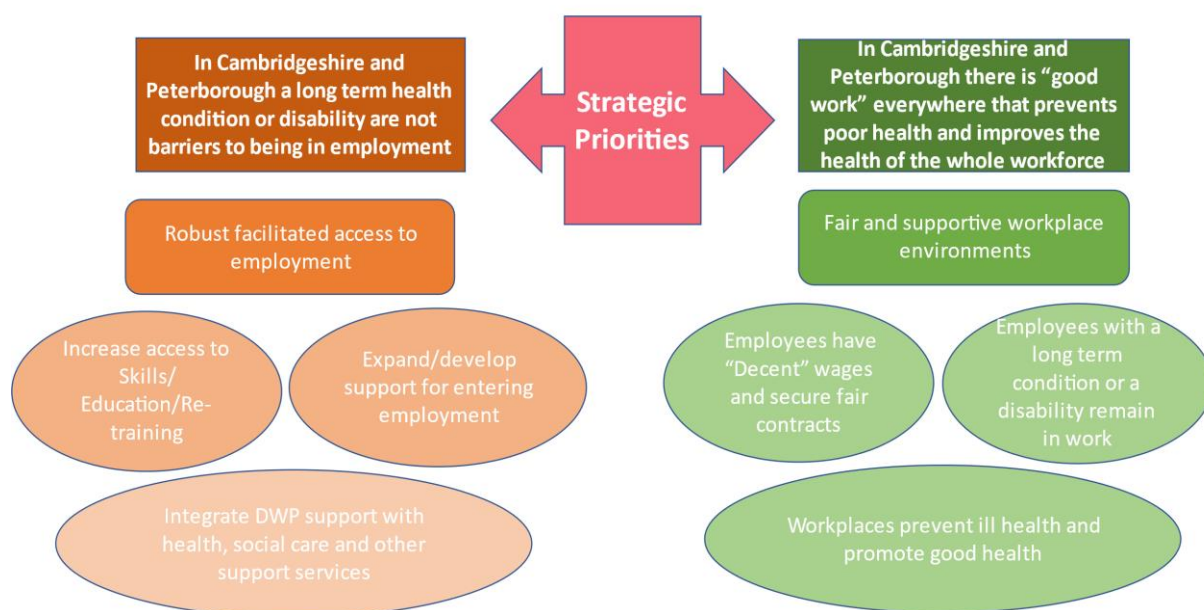


18. STRATEGIC PRIORITIES / OBJECTIVES

The figure below is the Work, Health and Wellbeing Strategy on a page and captures our key priorities.

Figure 22: Cambridgeshire and Peterborough Work, Health and Wellbeing Strategy Priorities

Cambridgeshire and Peterborough Work, Health and Wellbeing strategy Priorities: Working as a System



Two core strategic priorities:

1. We want to ensure that there is robust support in place for people with a disability or health condition who are not working to help them back into employment. These will include addressing their health and social care needs, training and skills as part of increasing the overall support for getting back to work.
2. Our second strategic priority is to ensure that people have "good" work. That their employment is secure, with good wages and fair terms and conditions. In addition, workplaces that support people who have a health condition or disability to remain in work through making adjustments that enable them to stay in work.

However, we want to ensure that all of our working population has the opportunity to improve their health and to have a long illness free working life. The workplace environment has a key role in preventing ill-health and promoting good health through creating conditions that engender health and provides access to support for all workers to improve their health.

19. HIGH LEVEL SYSTEM WIDE STRATEGIC OUTCOMES

Addressing these priority areas will contribute to achieving the overarching systemwide goals found in the Health and Wellbeing Strategy and the key system wide strategies.

Figure23: The System's Goals

Our overarching goals (“ambitious but achievable”)		
<p>1. Have better outcomes for children</p> <p>On many measures of health, Cambridgeshire and Peterborough children are faring less well than children in similar areas.</p> <p>We want better outcomes for our children, especially when compared to other LAs with similar makeup.</p>	<p>2. Reduce inequalities in deaths under 75</p> <p>There is a strong link in Cambridgeshire and Peterborough between neighbourhood rates of early death from preventable disease, and the deprivation of the local area.</p> <p>People in our poorer areas are much more likely to die young, and we want to reduce this inequality. There are multiple reasons for this, many of which we can tackle through this strategy.</p>	<p>3. Increase the number of years in good health</p> <p>‘Healthy life expectancy’ measures the number of years in good health (rather than overall lifespan).</p> <p>We want to increase healthy life expectancy by at least two years for men and women in our areas.</p>

20. WORK AND HEALTH HIGH LEVEL STRATEGY GOALS

The longer-term objectives for this Strategy will support the high-level system wide goals that will see improvements in health and a reduction in inequalities.

The Strategy’s two overarching ambitions are reflected in the following core Strategy objectives.

- More people across Cambridgeshire and Peterborough remain fit and healthy throughout their working lives.
- A reduction in health inequalities in the working age population.
- An increase in “good” employment.
- Working place environments that support prevention and promote good health.
- Disability or long-term health conditions are not barriers to securing and maintaining long-term employment, increasing and maintaining workplace productivity.
- A vibrant growing economy.

21. SUMMARY OF PRIORITY WORK AND HEALTH NEEDS IN CAMBRIDGESHIRE AND PETERBOROUGH

The following section is a summary of the key needs identified through data and consultations locally and nationally about the challenges facing the work and health agenda. The key needs focus upon the economic, information, skills integration and inequality challenges. These needs have informed our priority areas for taking the Work, Health and Wellbeing Strategy forward.

- Cambridgeshire and Peterborough have a significant number of people out of work because of health reasons and are claiming benefits.
- Local employers named three main areas impacted by employee including health workload / work pressure, productivity levels and absenteeism levels.
- The COVID 19 pandemic impacted in ways that are not fully understood but there is evidence that long COVID is affecting the working population above the age of 35 disproportionately. It is strongly associated with deprivation and activity limiting health conditions or disability. Recovery from long COVID can be lengthy and additional support for returning to work is likely. COVID 19 also highlighted how the impact of the pandemic fell disproportionately on lower paid and those with insecure contracts e.g., zero-hour contracts.
- There are substantial efforts being made to recover from the economic impacts of COVID 19. Central is the inflationary costs that impact businesses and employees. The increased costs fall disproportionately on the poorer in society and impacts on the benefit system. There is also evidence that economic inactivity is growing among the over 50s in Cambridgeshire and Peterborough, which corresponds to anecdotal evidence of the pandemic having pushed some to retire early which exacerbates the workforce shortages being experienced across all sectors.
- Mental health is considered to have the greatest impact on work and is a priority that was found in local and national consultation and studies. It was of particular concern in the context of the COVID 19 pandemic.
- There is a lack of integration amongst services that can support work and health. This is a particular concern in relation to the benefits system and health/social care.
- There is a specific need for information for employers and employees about work and health, preferably through a single point of access.
- There is demand for training about the impact of health and disability upon work and how any needs can be addressed by employers and their managers. Similarly, there needs to be a better understanding in the Health System of the relationship between work and health and the role of the health services, for example the use of the Fit Note. There were demands for examples of good practice where initiatives had been successful in other places.
- There is a particular need for training to help employers and their Human Resource Departments to make reasonable adjustments that will enable people with particular needs to stay in work. For example, the Disability Confident Gold Standard.

- There are substantial skills, education and training inequality gaps that will require addressing to enable employers and workforces to be flexible and respond to the challenges of the work and health agenda.
- Employers with smaller businesses often face financial challenges in implementing initiatives to support work and health.
- Nationally only 28% of employers provide occupational health services for their employees, this is mirrored locally. Issues were a lack of financial support to provide them or a requirement for more information about how they could support work and health, and the lack of a specialist service for small businesses. The need is for increased and equal access to support services to enable both employees and employers, particularly small and medium size employers to better access Occupational Health and other support services.
- Support for people to access employment if they are out of work through ill health or disability needs to be strengthened including greater integration of health, social care services and the benefits system and improved transport to access employment or interviews.
- Greater integration will be facilitated and enhanced through greater sharing of data across organisations which will support better referrals and access to support. It will also enable monitoring and evaluation of any improvements introduced into the system.

22. PRIORITIES

In Cambridgeshire and Peterborough, a long-term health condition or disability are not barriers to being in employment					
No.	Objective	Deliverable	System Strategy Link	System lead	Timeline Long/medium/short
1	Build a flexible workforce that is able to learn new skills and take on new jobs	Ensure that there are lifelong opportunities for learning and re-skilling	Skills and Employment Strategy	Combined Authority	Medium
2	Increase productivity to drive up wages and employment opportunities	Implement the Growth Strategy	Growth Strategy	Combined Authority Local Authorities	Long
3	Decrease the proportion of the workforce who are not working because of health condition or disability (Please note 3.2 to 3.6 will also apply to the second Priority area below)	3.1 Expand and develop support for entering employment 3.2 Create new data system that includes indicators for monitoring and evaluation 3.3 Mainstream pathways and data sharing between health and social care and benefit services 3.4 Establish referral pathways between Health services and the DWP Work and Health Programme 3.5 Establish an Individual Placement Support (IPS) Service in Cambridgeshire and Peterborough 3.6 Increased use of the Fit Note 3.7 Co-locate Benefit Services with health and prevention services	Growth Strategy Integrated Care Partnership, Skills and Employment Health and Wellbeing Integrated Care Partnership	Department of Work and Pensions (DWP) NHS Five Year Plan Health and Wellbeing Integrated Care Partnership	Short

In Cambridgeshire and Peterborough, there is “good work” everywhere that prevents ill health and promotes the health of the whole workforce					
No	Objective	Deliverable	System Strategy Link	System lead	Timeline Long/medium/short
1	Increase the proportion of the workforce who have a “fair wage” (average earning) and who have good contracts that provide secure employment	<p>1.1 Increase in local “anchor” institutions adopting fair wage and secure contract policies.</p> <p>1.2 Local anchor institutions ensure that their workplaces support people with poor health or with disabilities to stay in work.</p> <p>1.3 Use anchor status as route to model behaviour and work with employers to encourage them to adopt fair wage and secure contract policies through initiatives such as the Real Living Wage which is promoted by Cambridge City Council</p>	<p>Integrated Care Partnership Strategy</p> <p>Growth Strategy</p>	Public Sector organisations	Medium
2	Employers and employees have access to information and support to improve work and health	<p>Secure funding from system partner organisations and/or government to:</p> <p>2.1 Establish an information hub to offer information, advice and support to employers to enable them to adopt prevention policies and reasonable adaptations for employees challenged with poor health or a disability. This includes a communication plan to engage with SMEs who are most challenged.</p> <p>2.2 Provide training for employers and their managers on work and health issues</p>	<p>Health and Wellbeing Strategy</p> <p>Integrated care Partnership Strategy</p>	<p>Combined Authorities</p> <p>Local authorities</p> <p>Integrated Care Partnership</p>	Short
3	Establish innovative new interventions to address Work and Health priority areas	3.1 Establish an innovation fund to generate innovative solutions to address both priority areas e.g. Occupational Health Support for SMEs	Health and Wellbeing Strategy	All system partner leaders	Short

23. NATIONAL ASK

There is work being done at national level that will also support our local Work, Health and Wellbeing strategy as part of its Health is Everyone's Business (HiEB) Programme. This started as a Government consultation in 2019 on different ways in which it and employers can take action to reduce ill health-related job loss. Its response in 2021 indicated that it would be pursuing the following areas:

- A national information and advice service for employers on health, work, and disability.
- Reform of Statutory Sick Pay and better enforcement.
- Non statutory guidance.
- Awareness of reasonable adjustments duty.
- Fit Note improvements.
- Subsidies for Small and Medium sized Employers to increase access to Occupational Health services.

24. MEASURING IMPACT

A set of indicators have been identified to measure the impact of the planned interventions. However, there are some barriers to be overcome in relation to the indicators that include data which is available or could be strengthened, for example GP Fit notes, the number of patients of working age discharged from mental health services in employment. Data sharing could greatly enhance early identification and referral pathways, most notably referrals between Department of Work and Pensions (DWP) and the Health Sector.

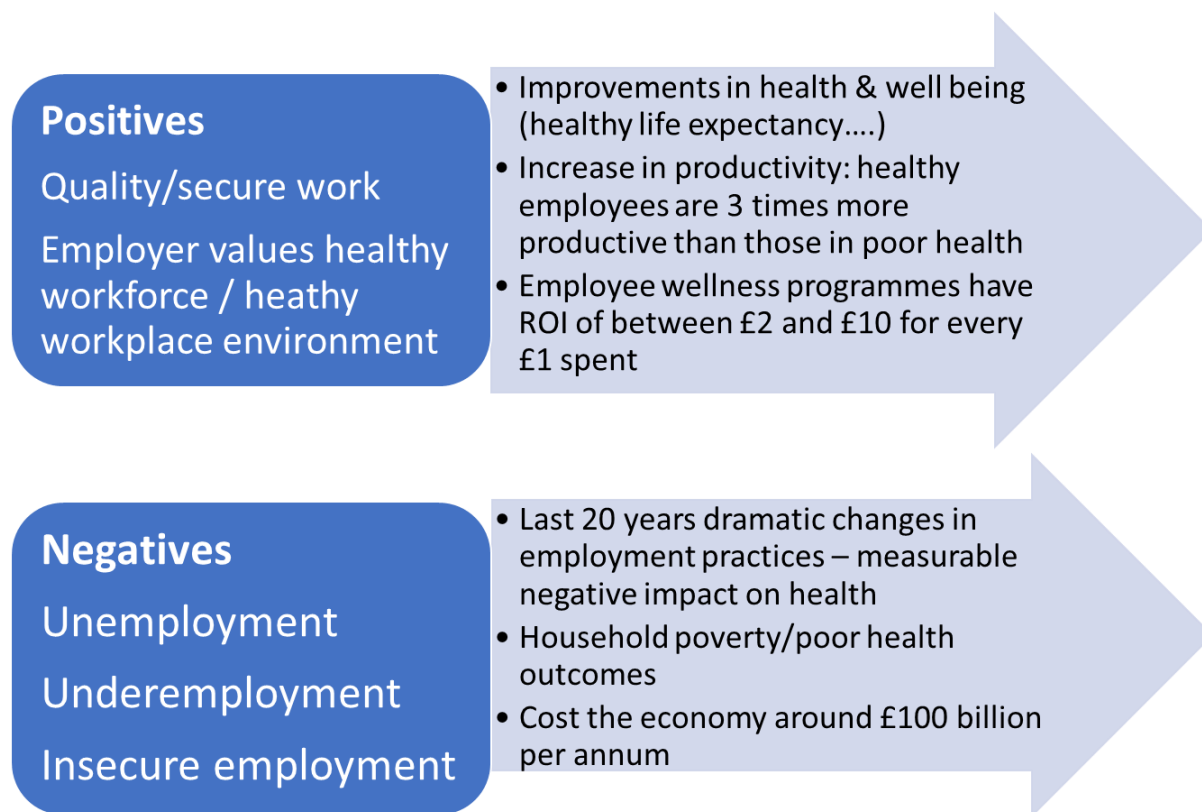
Another data challenge is that DWP data is only available currently at regional level, this will require action from the centre to enable impact to be measured at local level.

It will require a collaborative system wide support to build on existing datasets and develop new ways of measuring impacts.

25. WHAT WORKS? -THE INTERVENTION EVIDENCE

When considering our priority areas, it is key that our proposed interventions reflect any evidence or examples of good practice. Figure 22 describes the evidence headlines and articulates the rationale for our priorities. (See Appendix D for evidence references)

Figure 24: Evidence Headlines



The following are the evidence headlines for interventions to address work and health issues.

Priority 1: In Cambridgeshire and Peterborough a long-term health condition or disability are not barriers to being in employment

If any economic growth is to have a positive impact on work and health, it needs to have the following characteristics:

- Increased productivity to drive up wages and employment opportunities for everyone.
- Supporting inclusive growth through support to small businesses.
- Addressing the inequalities to focus opportunities for education, skills and good work in areas of inequality.
- Workforces require lifelong opportunities for learning and re-skilling to enable them to be flexible and able to take on skills and jobs. E.g., DWP/Job Centre Plus schemes that foster skills development.
- Joint action across the system is required to ensure that growth addresses the “good work” issue. That wages are fair, and contracts provide security for employees. Anchor institutions can provide “good work”.

Priority 2: In Cambridgeshire and Peterborough there is “good work” everywhere that prevents ill health and promotes the health of the whole workforce

- Flexible work practices are required to ensure that those with LTHC and/or disabilities are able to stay in, return to or find new employment.
- Co-location of health services, social care and benefits enables better support into employment.
- Support for mental health issues in the workplace through management training schemes can mitigate work and health issues.
- The Individual Placement and Support (IPS) Service supports and places individuals usually with severe mental ill health issues into work has been positively evaluated.
- Support employers to consider job security, job design, management practices and the working environment to boost job quality.
- Policies that promote the support schemes for employers and employees for prevention and the promotion of “healthy workplaces”.

Examples of Good Practice

Hackney Works.

LA in-house service links residents who are unemployed, underemployed, or in low paid employment, and 16–24-year-olds/NEETS with employment opportunities provided by local businesses, work experience, training and pre-employment schemes, as well as full-time jobs, including in the creative sector.

Between 2016 and 2019: provided employment support to more than 4,500 residents, with 2,275 supported into jobs and over 1,132 into training.

Co-location

Locating related services in the same building or complex can help to provide a more seamless set of services to the public. e.g., Basildon Advice Store.

JobCentre Plus relocated in some areas into a local council-run building such as a library or civic centre.

Preston City Council

Worked with **anchor institutions** to ensure their procurement supports local businesses

26. CONCLUDING COMMENTS AND NEXT STEPS

This Work, Health and Wellbeing Strategy provides the framework for a whole systems approach to improving the health and wellbeing of the working age population, reducing inequalities, and supporting economic prosperity in Cambridgeshire and Peterborough.

New strategic drivers have provided impetus and opportunities to deliver a shared system wide approach, which can mobilise and align resources to address worklessness and the provision of good work, bringing added value and addressing persistent weaknesses in the system.

This Strategy explores the national and local strategic context and identifies how the work and health agenda is aligned to and supportive of shared system strategic priorities for Cambridgeshire and Peterborough.

The Strategy aims to ensure that our system works together to enable:

“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.”

In response to the evidence gathered to inform the strategy development process the Work, Health and Wellbeing Strategy has established two core strategic priorities underpinned by a number of short, medium, and long terms priorities for action:

- Priority 1: In Cambridgeshire and Peterborough, a long-term health condition or disability are not barriers to being in employment.
- Priority 2: In Cambridgeshire and Peterborough, there is “good work” everywhere that prevents ill health and promotes the health of the whole workforce.

27. NEXT STEPS

A key area for development identified through the Strategy is the need to work as an integrated system at local and national levels if our outcomes are to be achieved. This includes empowering employers and individuals to play their part in the system, for all key organisations to be fully engaged and for funding commitments to be made as appropriate.

A fundamental next step in achieving this is then a system wide engagement process to agree the strategic priorities, the priority interventions to be taken forward and the lead partners to be involved. This engagement process will need to embed support for the Strategy and drive the development of an action plan, whilst also identifying and addressing any gaps in priority interventions and the system partners that are critical to success. Employers and employees are central to the Strategy and there is an imperative that they are engaged and shape delivery bringing their unique knowledge and understanding of workplaces.

Once agreed the priority interventions will require a systems approach to support their design and development. The prioritisation of target sectors and geographies will be necessary to ensure that interventions are appropriately focused to maximise impact. Importantly, this work will need to be completed to inform the development of robust business cases to secure funding to enable intervention implementation.

28. APPENDICES

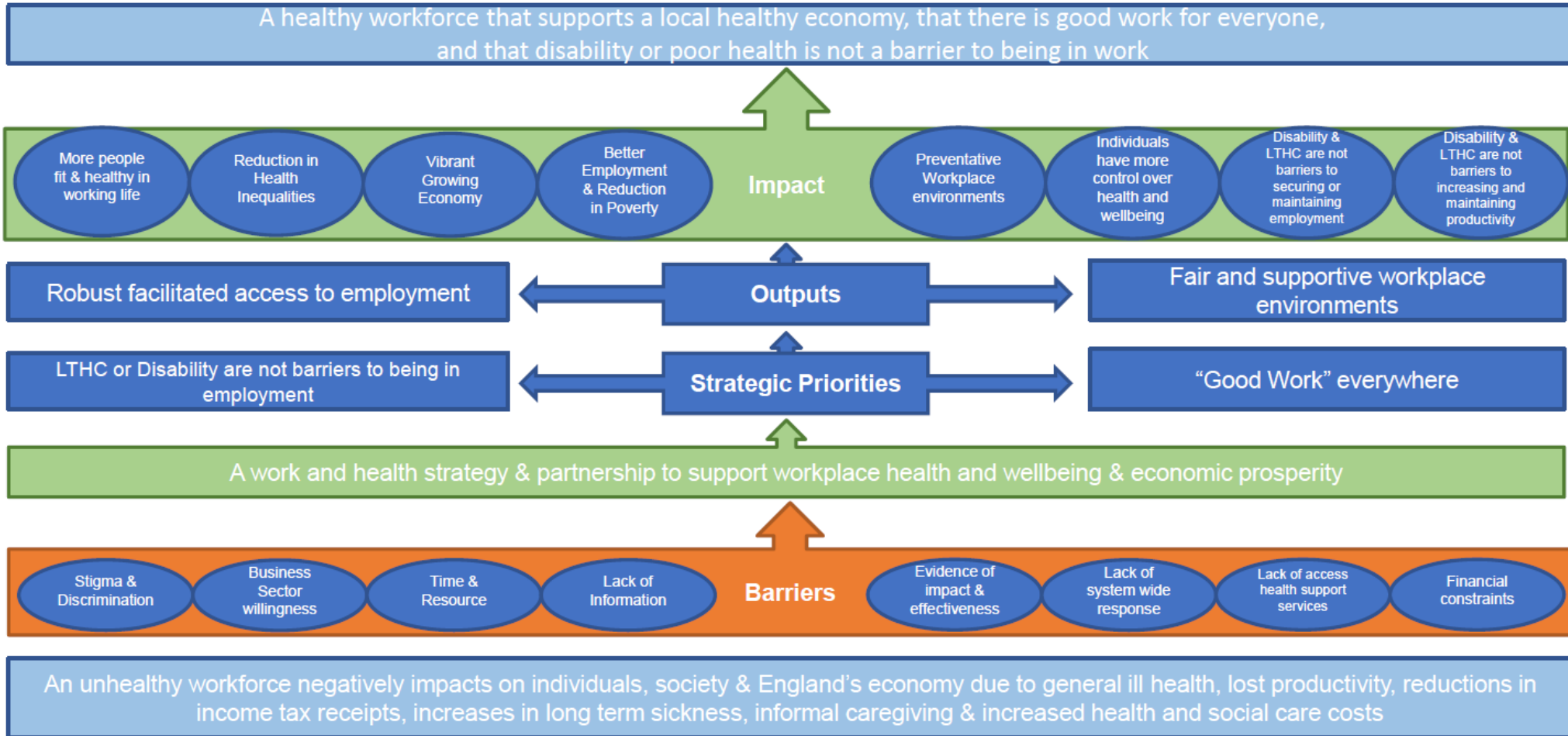
Appendix A - Theory of Change

Appendix B - Work and Health Business Survey Results Report

Appendix C - Work and Health – (Strategy Alignment Assessment – enablers and interdependencies)

Appendix D – Evidence Base References

APPENDIX A - Theory of Change



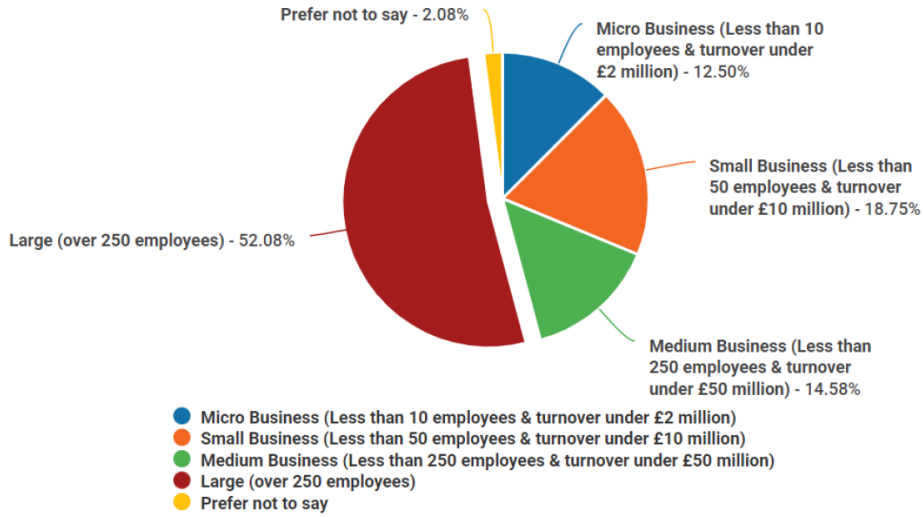


Work and Health Business Survey Results



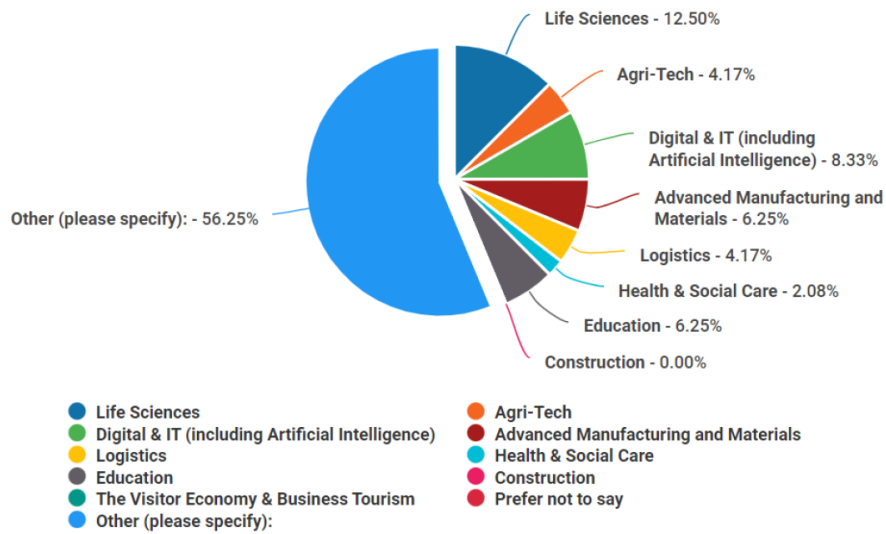
Question 1

What is the size of your business?



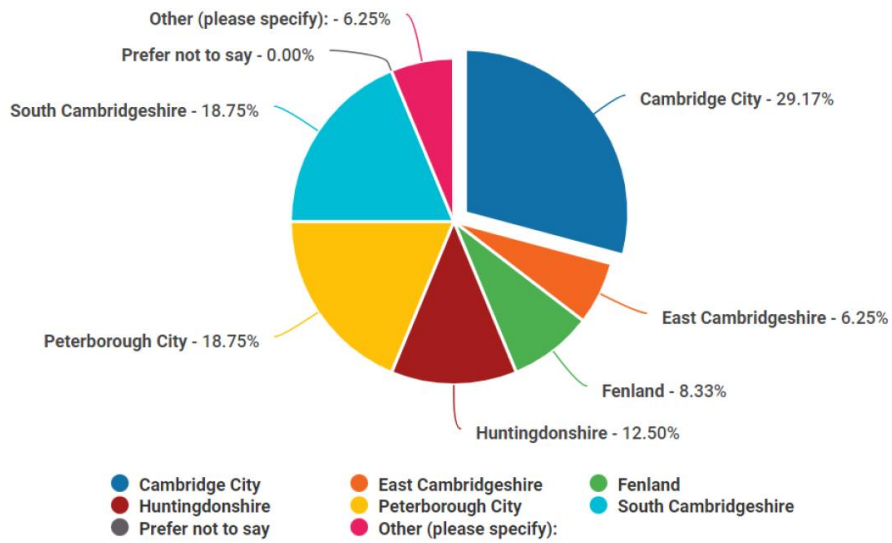
Question 2

What sector does your business operate in?



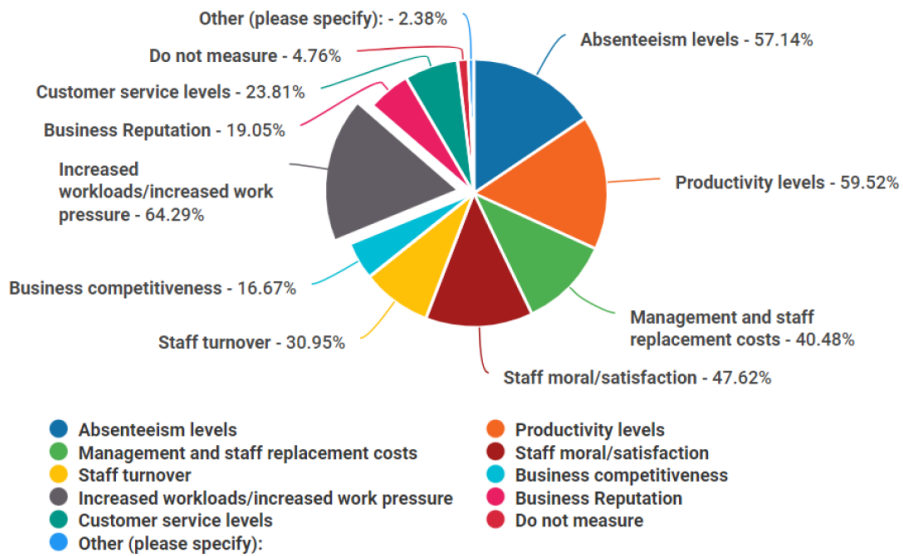
Question 3

In which Local Authority Area is your business located?



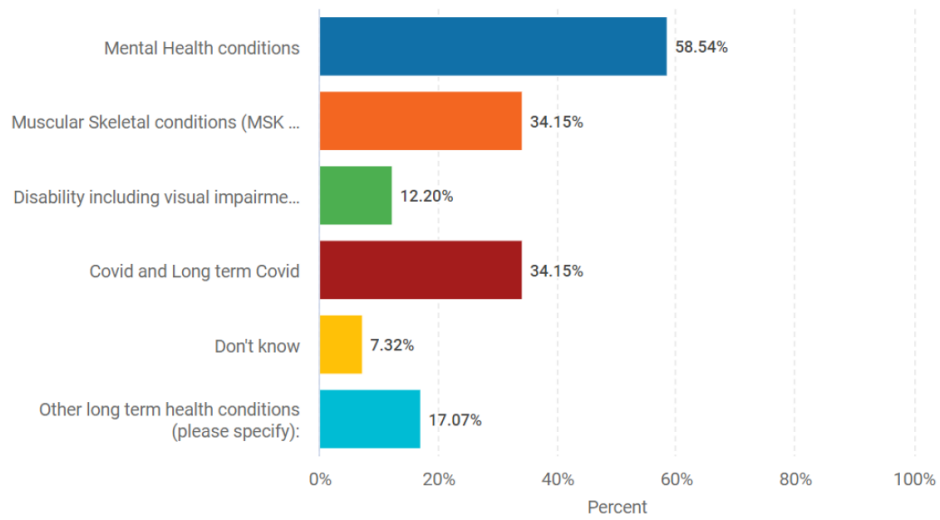
Question 4

What areas of your business are impacted by the health of your employees?



Question 5

What are the main long term health issues that affect your employees?



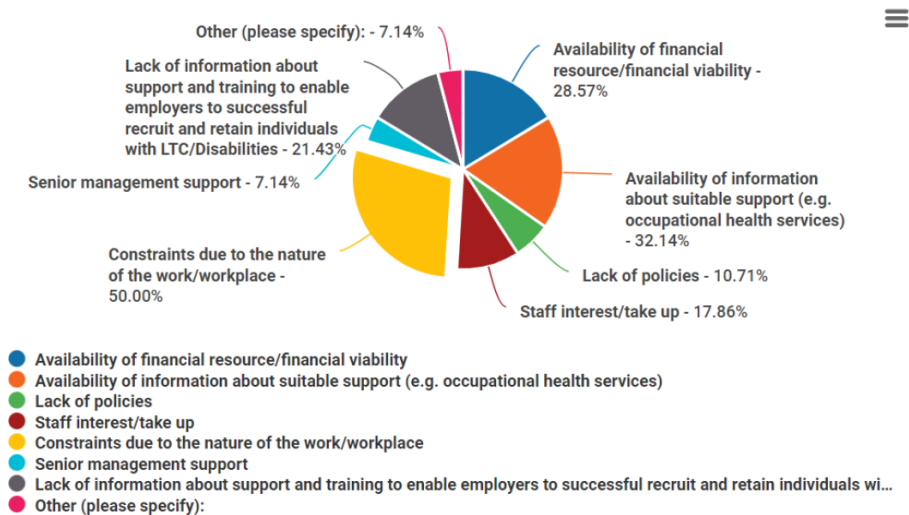
'Other' Responses

1. Not yet known but I fear RSG which I guess is your MSK
2. Long-term serious illness (e.g. cancer diagnoses)
3. Dermatitis
4. Cancer
5. Nervous system, cardiac issues



Question 6

What are the main barriers to supporting people with long term health conditions and disability to enter and stay in work?



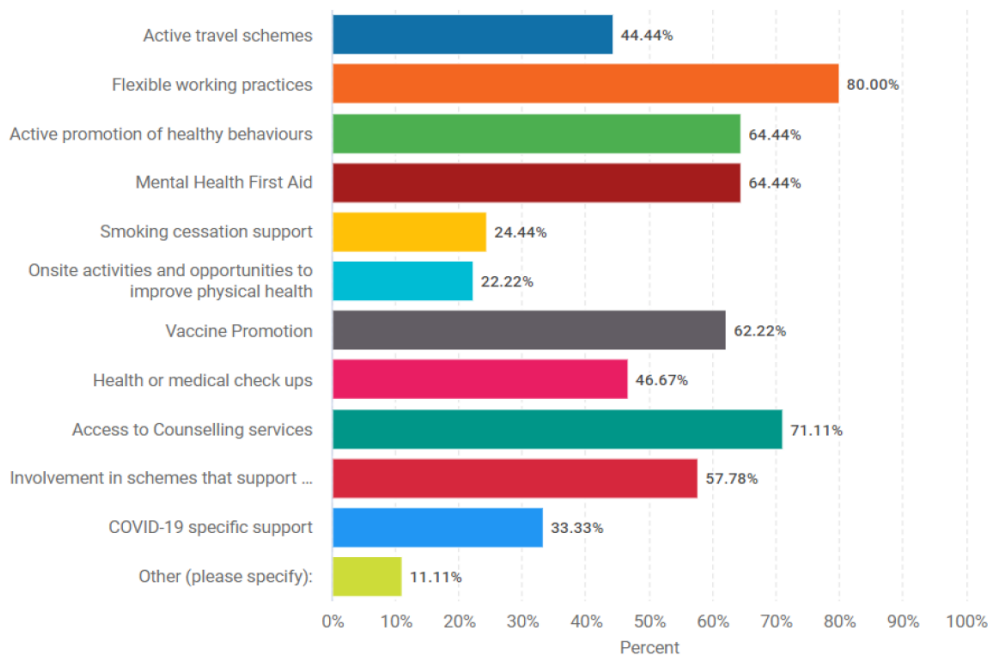
'Other' Responses:

1. Employment law favours the employee
2. Need to be physically fit to work on the farm



Question 7

Over and above any statutory requirements what activities do you currently undertake to keep your employees health at work?



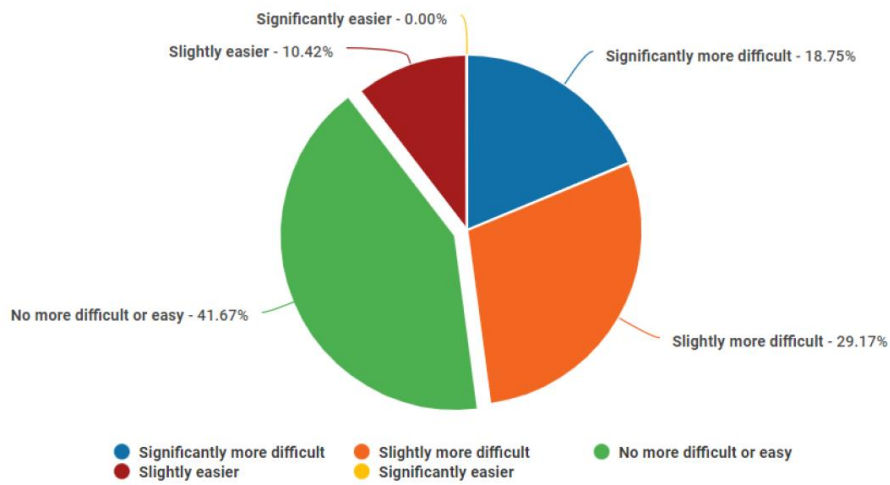
'Other' Responses:

1. Employee Assistance Programme
2. None, but we try to do free MH courses when possible
3. Cycle to work scheme, Cambridge science park offers activities
4. Disability Ambassadors
5. Vaccine validations for employees from overseas



Question 8

Has the COVID pandemic made it more or less difficult to support the health and wellbeing of your employees?



Question 9

What are you doing differently to support your employees with their health and wellbeing as a result of the COVID pandemic?

access allowing areas awareness basis cafe communication counselling cover covid difficult employee
employees ensure flexibility flexible focus greater health helpline hybrid increased isolation
issues managers mental mhfa online pay people practices regular role staff stay support team
teams training wellbeing work working

Responses:

1. Working with steadfast training to deliver training before new recruits start work with us
2. Support there needs as requested
3. More flexible working is in place to support staff where appropriate but in a retail environment it is a difficult thing to do. We have put screens in around cash tills and ensured regular cleaning taking place throughout the public areas of the business. Employee areas are also cleaned on a more regular basis as well.
4. We have a great health, wellbeing and support system – we have just had to do more things and more often
5. Encourage Vaccine take up/if unwell pay sick pay to ensure they stay at home and recover/Access to information



for them to make informed choices

6. Even more aware of the importance of supporting the mental health of the staff team. Also need to maintain flexibility of taking physical activity breaks during the working day (especially when team are back in the office) which we adopted / was regularly taken during Covid. Still trying to work out post-Covid flexible / hybrid working arrangements.
7. Ongoing working from home practices, regular management conversations re health issues and workloads when wfh
8. Hybrid working means employees can go off radar and withdraw. We advise managers to check in with their teams on a regular basis. Greater communication of our Mental Health First Aid and our Employee Assistance Programme to ensure people know where they can access support
9. We were lucky enough to be able to get a grant so everyone could purchase something to help them feel better (counselling, a trip, gym membership etc). We also try to take part in MH courses to support ourselves and customers. We are also looking into doing the full MH First Aid course if we can. However, we have very limited staff and volunteer numbers so cover is extremely difficult (we have to close the centre/cafe if we want to do any training) and if there's illness the manager often has to leave their own work to cover the caretaker or cafe supervisor role, which then adds to their own issues.
10. Nothing. No support provided. Senior leaders so old fashioned won't support flexible and agile working practices
11. Training Line managers to support their teams in a broader way, not just within the realm on their work role with the company. "How are you? Really HOW are you?"
12. Nothing really different, just changed the methods by which the support was provided, i.e more online support.
13. No.
14. N?
15. Keeping in touch with employees more and

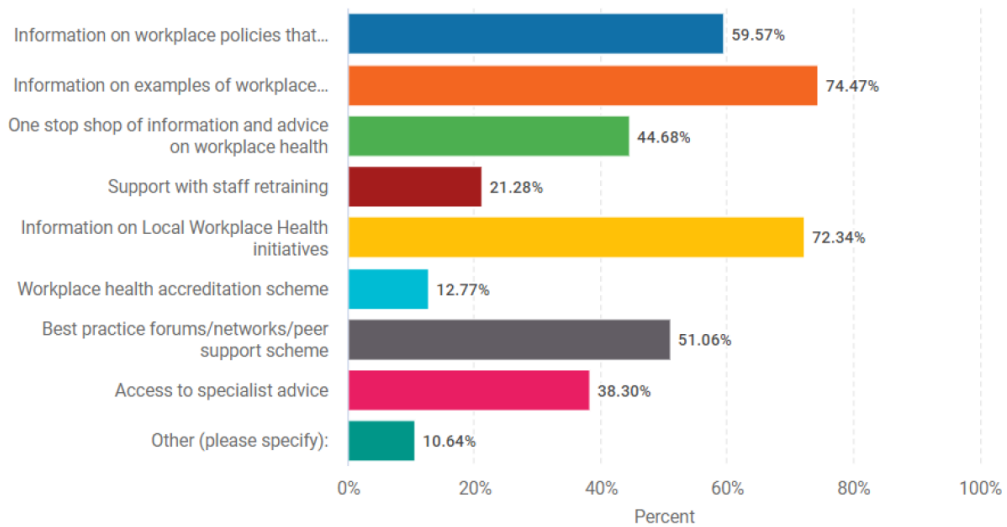


- encouraging teams to stay in contact with one another.
16. Technology use and changes.
 17. Group helpline and greater focus on looking after their employees.
 18. Support for self-isolation.
 19. Regular meetings with the staff.
 20. More checking of staff.
 21. Increased awareness of employee health issues.
 22. Increased support.
 23. Allowing more flexibility about where people work.
 24. Allowing more flexibility about where people work.
 25. Higher awareness of health and wellbeing of staff.
 26. Financial support for those with Covid.
 27. utilising our Occupational health provider much more than pre-Covid and communicating more about our employee helpline (including free counselling) provided by an external supplier.
 28. I don't think they are really.
 29. Increased communication with employees.
 30. Full payment throughout sickness absence Access to EAP MHFA training and awareness MHFA network and support Masks, sanitizers, 1 way walk route all site, social distancing
 31. Hybrid working
 32. More support for working from home.
 33. More frequent health messages to staff.
 34. Focus on work/life balance. Increased online delivery of health programmes.
 35. Worked to decrease isolation for those working from home.
 36. More support for home working. Increased mental health support.
 37. Supply all staff with an RBR legflow to keep them safe from Deep Vein Thrombosis whilst sedentary at the desk



Question 10

What would help you to better support the health and wellbeing of your staff particularly those experiencing long term health conditions and disabilities?



Question 11

Any other feedback/comments that you wish to make?

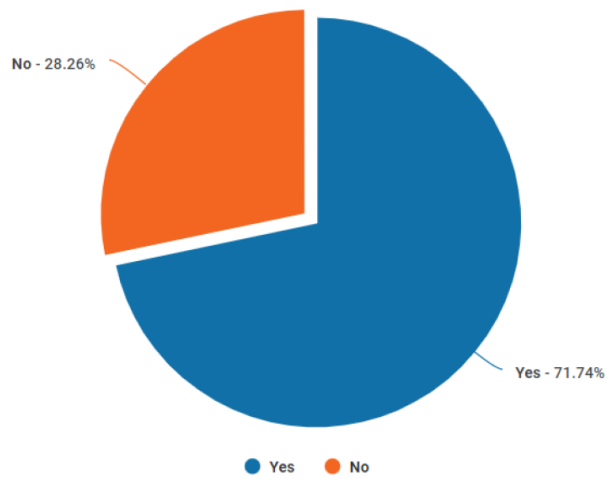
Responses:

1. No
2. No
3. I started as Manager at the end of 2019, and within 6 months we were closed for COVID. I was the only staff not furloughed and so this is all still quite new to me, as it would seem there is nothing in place at all regarding employee health.
4. Staying up to date with government guidance for Covid has been difficult.
5. Business recognises the importance of this topic
6. Working with Healthy Workplace service before and during Covid has been invaluable



Question 12

Would you be interested in getting involved in developing workplace health interventions in Cambridgeshire and Peterborough as part of our work?



APPENDIX C - Work and Health – (Strategy Alignment Assessment – enablers and interdependencies)

Strategy/Workstream	Scope	Strategy alignment	Stakeholders
ICS Green Plan	To significantly reduce the carbon footprint of the system (net zero by 2040 at the latest) and subsequently improve the health of our population by reducing emissions	Greener methods to work and access work	ICS Green Plan Stakeholder group and author
ICS Estates Strategy	To ensure we make efficient use of our system estate and ensure it is modern and fit for purpose supporting the needs of our population and staff	Potential innovative opportunities for people to work? Either in development of estates or within its new purpose?	ICS Estates Strategy Stakeholder group and author
Personalised care workstream	To change the conversation, we have with our patients and citizens to ask what matters to them	Opportunity within coaching conversations in the personalised care model to discuss employment?	ICS Personalised Care Group
Draft Local Transport and Connectivity Plan	Sets out a vision and a framework to deliver a modern, integrated transport system for the people and businesses of Cambridgeshire and Peterborough.	Six goals including of relevance – Productivity – Connecting residents to good jobs, Connectivity – affordable and accessible transport, Health – promoting active lifestyles	Cambridgeshire and Peterborough Combined Authority
ICS People Plan Strategy	10-point national plan including Culture/Workforce/health and	Opportunities for employment and retention for our population (massive	ICS People Board and author

	wellbeing/Diversity/Recruitment/Retention etc	system employers health and care)	
ICS Digital and Data Access Strategy	Innovating the way, we work and creating digital solutions that improve health outcomes and address data access inequalities	Opportunity for digital solutions for staff and therefore potential for increasing the range of people we employ i.e. homeworking	ICS Digital Group and author
Impact Assessment Strategy	How we impact assess our developments to ensure equality	Equality rights and opportunities very relevant to work and health	ICS OA task and finish group and author
Cambridgeshire and Peterborough Sustainable Growth Ambition Statement	Devolution deal investment programme recognising the need for 'good growth'.	Six dimensions including: People, Infrastructure, Reducing Inequalities	Cambridgeshire and Peterborough Combined Authority
Cambridgeshire and Peterborough Employment and Skills Strategy	Focusing on whole system leadership across the statutory education, post-16 skills, higher education and employment sectors.	Four short term priorities: Pre-work learning and formal education Employer access to talent Life-wide and life-long learning Support into and between work	Cambridgeshire and Peterborough Combined Authority
Cambridgeshire and Peterborough Economic Growth Strategy	Reducing inequality between and within Greater Cambridgeshire; the Fens and Greater Peterborough	Productivity, job creation and higher wages.	Cambridgeshire and Peterborough Combined Authority
Digital Connectivity Strategy	Delivering future facing, long lasting digital infrastructure that will ensure that Cambridgeshire and Peterborough residents and businesses	Reducing inequalities – improving access to education, jobs and health Health & skills – reducing health inequalities and providing better access to	Cambridgeshire and Peterborough Combined Authority

	have the access they need to digital connectivity, supporting our sustainable growth ambitions	jobs, education and public services Supporting home working and more flexible and inclusive job opportunities Infrastructure – supporting a thriving local economy	
ICS Anchor Charter	Maximising opportunities to enhance social value as a system	Anchor includes employment impact and impact on local economy	ICS Anchor author and stakeholders?
ICS Health and Wellbeing Strategy	Improving the health and wellbeing of the population in C&P	Strong links to employment and health	HWBB and authors
ICS Research and Innovation	Maximising opportunities for research and innovation to improve outcomes for our population	? Not sure explicit but may be some opportunities in here joint research for example?	Author and stakeholder group
ICS Comms/Engagement/Coproduction	Integrated approach to communications, engagement and maximising opportunities for coproduction	Engagement process and thoughts around this (employers and employees discussion)	ICS Comms and Engagement team/author
Health and Well Being Strategy	Improving health outcomes and reducing health inequalities	Strategy includes four key overarching higher level ambitions and outcome goals that link to workplace health	ICS Health and Well Being Board CPCA County, City and District Authorities
Cardio-Vascular Disease Prevention Strategy	Improving outcomes for people with CVD	ICS Strategy and Health and Wellbeing Strategy includes improving health of the working age population	ICB, ICP and Health and Well Being Board

Obesity Strategy	Improving outcomes for those living with obesity and related co-morbidities	ICS Strategy and Health and Wellbeing Strategy includes improving obesity rates	ICB, ICP and Health and Well Being Board
Active Travel	Proposed active travel strategy for Cambridgeshire to provide policy steer for existing and future work by County, CPCA & GCP	Improve air quality, increased journeys by foot and cycle and associated health benefits	Highways & Transport Committee, CPCA,
Combined Public Services Board (CPSB)	Advocating that quality of life across all our communities should form the foundations for sustainable and inclusive growth, in a place that makes the most of its every advantage and addresses the significant challenges faced including the climate crisis	Strategic priorities Good Start: giving people a good start in life Good Work: ensuring that people have good work Good Place: creating a place where people want to live Living Well: Ensuring that people live well.	Local Authorities (at District, County and Unitary Level), the CPCA, the Police and Crime Commissioner's office, NHS Cambridgeshire and Peterborough CCG and Fire Service
Anti-Poverty Strategy (Cambridge City)		Five Strategic Objectives including of relevance: Helping people on low incomes maximise their income and minimise their costs Promoting an inclusive economy, by raising skills and improving access to a range of employment opportunities for people on low incomes Improving health outcomes for people on low incomes	Cambridge City Council

Appendix D

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Appendix

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of the Local Government Act 1972.

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Overview and Scrutiny Work Programme 2022/23

Performance and Growth

In Progress

Topic	Membership & Scope	Lead Officer	Progress
Review of External Appointments to Outside Organisations	Cllrs S Cawley, S J Corney, I D Gardener and S A Howell	TBC	<p>Summer 2022: Terms of Reference have been established. Questionnaire has been sent to all relevant boards and organisations. Regular meetings are established from September.</p> <p>Next Steps: Review results of survey. Meetings established to progress the project.</p>

Completed

Topic	Membership & Scope	Lead Officer	Progress
Market Towns	Councillor B S Chapman Councillor S J Corney Councillor D B Dew Councillor A Roberts Councillor T D Sanderson	Oliver Morley	<p>16th November 2021 – Members met to complete scoping document.</p> <p>December 2021 – Members heard from the Corporate Director – People and selected a focus for the group.</p> <p>April 2022 The report was presented to the April 2022 O&S Meeting.</p> <p>June 2022 The report is due to be presented to the July 2022 Cabinet Meeting.</p>

Customers and Partnerships

In Progress

Topic	Membership & Scope	Lead Officer	Progress
Climate Change Strategy	Councillor T D Alban Councillor Mrs S R Wilson One Vacancy	Neil Sloper	<p>18th October 2020 – The Democratic Services Officer (Scrutiny) attended the Centre for Public Scrutiny and Local Government Association Scrutinising Climate Action Webinar on 18th September.</p> <p>Next Step A consultation was undertaken in March 2022 and following its completion, the strategy will now evolve.</p>

Completed

Topic	Membership & Scope	Lead Officer	Progress