Essex County Council

PUBLIC HEALTH

Healthy lives. Healthy communities.

An Economy for Levelling Up Health

Annual Public Health Report

Essex 2024/2025

Contents

Good health is an enabler for individuals to participate fully in society

Foreword by the Director of Public Health

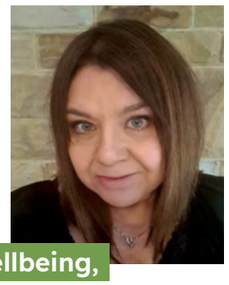
Welcome to this year's Director of Public Health Annual Report for Essex.

This year we have decided to look in more detail at the economy and health. We know that good health and wellbeing has social and economic value. Good health helps people participate fully in society. Equally health is greatly influenced by economic circumstances - income, wealth, whether they have a job, and the type of work they do.

We also know that economic development does not have a positive impact on all in society equally, in fact it can amplify existing inequalities. The approach we take to economic development has the potential to contribute to the increasing or reducing of health and other inequalities.

Taking a more inclusive approach to economic development is explored along with some of the key factors that have a big impact – income, education, and work. I also want to take the opportunity to share a bit about Essex as a county and some of the things we are doing in these important areas. There is lots going on so it would be impossible to include it all and as always there is more to be done.

Finally, these reports take a lot of work to produce so it is important for me to thank all those people that have contributed to its development. Your hard work and commitment is, as always, very much appreciated: Gemma White - Business Planning Coordinator; Katherine Thompson - Public Health Consultant; Daniel Showell - Public Health Consultant ;Chris French - Head of Wellbeing and Public Health; Adrian Coggins - Head of Wellbeing and Public Health, Oludamilola Olubowale – Adult Social Care Worker; Tristan Childs – Speciality Registrar in Public Health; Clare Kershaw - Director of Education; Clare Perkins Sustainable - Growth Delivery Manager.



Sarah Muckle
Director for Wellbeing, Public Health and Communities

Introduction

It is widely acknowledged that the wider determinants of health, such as education, employment, income, and housing, have the largest impact on health outcomes[1,2]. Furthermore, wider determinants are the predominant drivers of health inequalities.

Of course, there is more that we can and must do to support people to adopt healthier behaviours, reduce clinical risk factors and ensure equity of access to health care services. However, we will not successfully reduce inequalities in health outcomes, unless we tackle inequalities in the wider determinants of health. This report is set out in chapters discussing the importance and impact of income, education, and good jobs as enablers of better health and wellbeing outcomes.

It is important to improve health outcomes for everyone. However tackling inequalities and improving outcomes for those who are experiencing the worst outcomes is particularly important. This is because avoidable differences in health and wellbeing can have a significant impact on people's lives.

Whilst overall outcomes for Essex, both economic and health, are good, there is considerable variation by geographic and demographic characteristics.

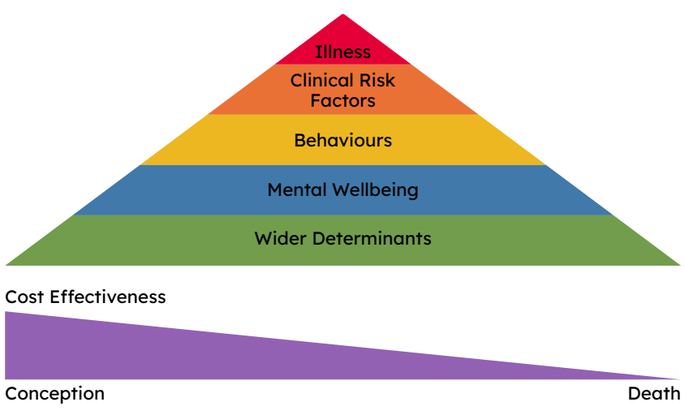
Babies born into poverty, through no fault of their own, will have this disadvantage compounded throughout their life course in multiple ways. They are more likely to experience poorer educational attainment which will mean they can't get a good job and have low income and poor housing. They may not be able to afford good food, and they will have poorer access to health services.

Having inequalities impact people in this way is unfair, unjust, and unacceptable. In addition, people who are least well-off die earlier from causes that are considered preventable and live more of those years in poorer health, than their more affluent counterparts meaning they are more likely to need health and social care services.

Figure I.1 provides a simplified model for how the wider determinants can have an impact on health outcomes. The wider determinants, such as low income or poor housing, can affect our mental wellbeing. This is an important health outcome in its own right, but poor mental health can also impact on our behaviours. Low mood may lead to comfort eating, smoking, or increased alcohol consumption. It is these unhealthy behaviours that impact on clinical risk factors such as hypertension and high blood sugar. These in turn are driving the patterns of disease that we are seeing in Essex, such as diabetes and stroke.

Real life is of course much more complex, with multiple factors interacting with each other in many different ways. Nevertheless, the model highlights the importance of tackling the wider determinants of health. The orange triangle at the bottom of the model depicts the importance of interventions early in the life course, as these are likely to be the most cost-effective and will have an impact across the whole life course.

Figure I.1: Model of wider determinants impact on health outcomes.



Life expectancy is the average number of years a person can expect to live. This is used as a measure of overall health status. It is also used to indicate inequalities in different groups or populations. Life expectancy for both males and females are higher in Essex than the England average (excluding a dip related to Covid-19). The general trend is upwards however this masks considerable variation within Essex. Between Tendring and Uttlesford there is a 3.5year gap and 5.1year gap for female and male life expectancy respectively [Figure I.2 and I.3].

Figure I.2: Life Expectancy at Birth; Female, 2023.

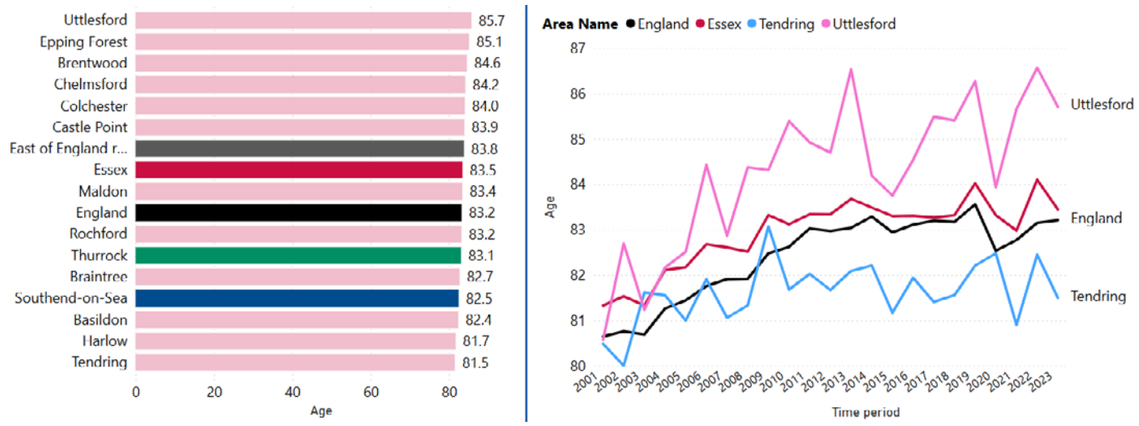
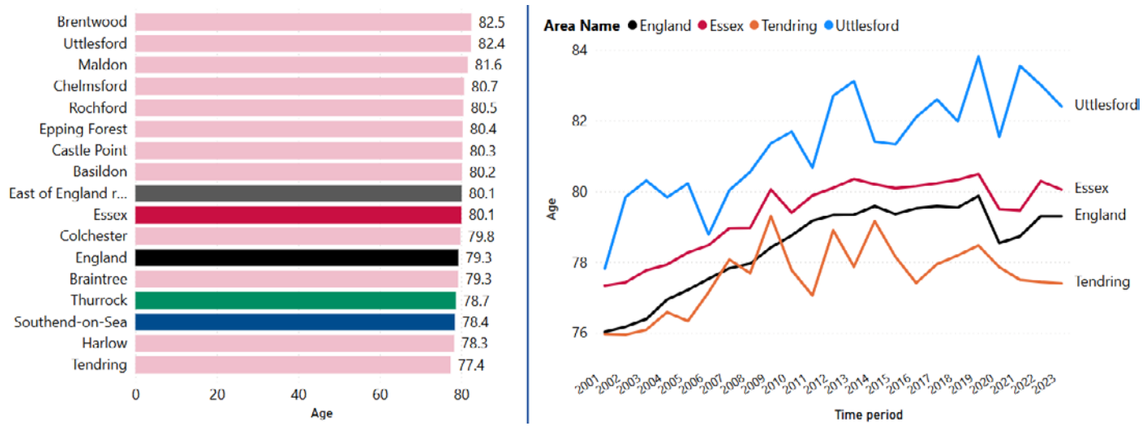


Figure I.3: Life Expectancy at Birth; Male, 2023.



The variation within districts is even starker [Figure I.4 and I.5]. Basildon has the greatest internal variation, with an internal gap of 10.2 years for males and 9.3 years for males in Tendering. While Brentwood has relatively high levels of life expectancy, particularly for males, there is an 8.0-year internal gap in male life expectancy.

This means that there are areas in Brentwood that have lower male life expectancy than the average life expectancy for Tendring. Therefore, targeting interventions at district level, and only to districts with the poorest overall outcomes, would result in smaller subpopulations in need in other districts, being overlooked.

Figure I.4: Inequality in Life Expectancy; Females, 2018 - 2020.

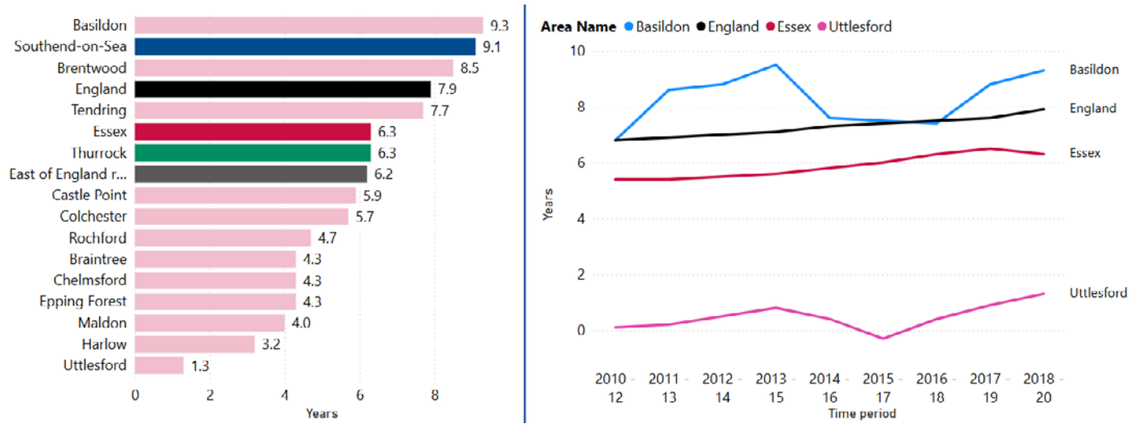
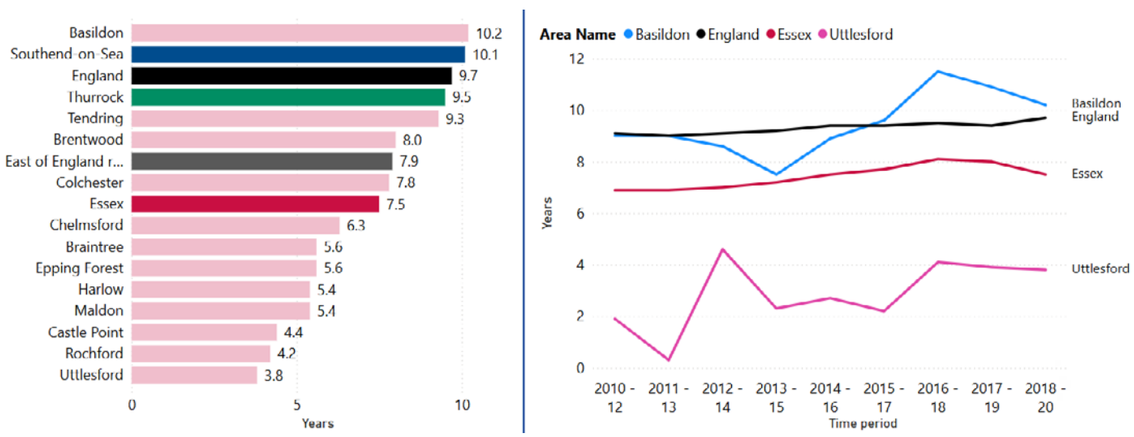


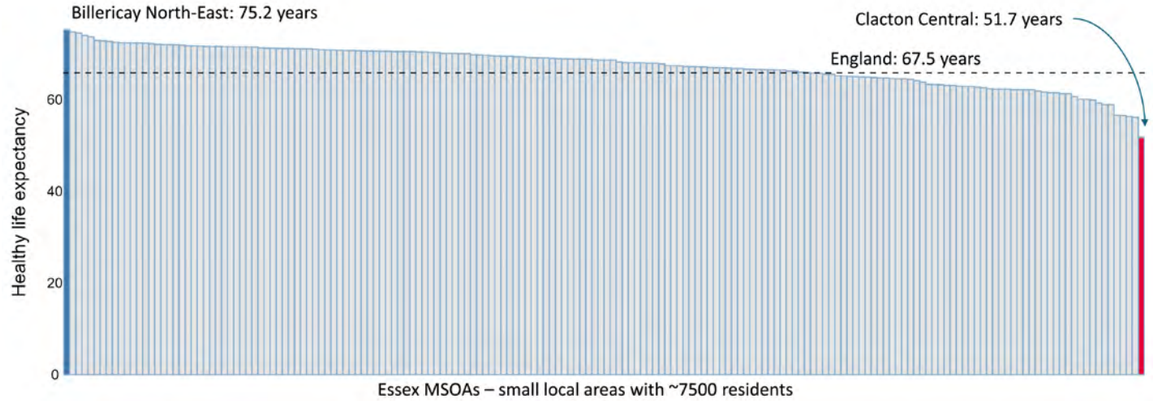
Figure: I.5: Inequality in Life Expectancy; Males, 2018-20.



Mortality under 75 years, is a particularly strong outcome marker of inequalities and approximately 1/3 of premature deaths can be attributed to socioeconomic factors[3]. Not only are socioeconomic factors associated with how long we live, but they are also associated with how well we live. Healthy Life Expectancy (HLE) can be defined as 'a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.'

HLE is made up of two components: the prevalence of self-reported good health in the population and mortality rates. The drivers of HLE can be quite difficult to understand but many factors play a role including socio-economic factors[4]. HLE rates in Essex overall are higher than England, however, this masks considerable variation within Essex and inequalities for HLE are even starker than those for life expectancy. A baby born in Clacton can expect to reach poor health by age 52, almost 25 years earlier than a baby born in Billericay North-East [Figure I.6].

Figure I.6: Healthy Life Expectancy.



The gap between healthy life expectancy and overall life expectancy is also significant. This is because not only is it undesirable to live in poor health, but these years also place a greater demand on health and social care services.

In Essex overall, the gap between life expectancy and healthy life expectancy is 13.5 years for males and 15.9 years for females. In Uttlesford, the gap is slightly smaller—12.7 years for males and 15.6 years for females. In contrast, Tendring shows a wider gap: 15.5 years for males and 19.5 years for females.

This means that not only are people in Tendring living shorter lives compared to those in Uttlesford, but they are also more likely to experience poor health at an earlier age.

Given the current pressures on health and social care systems, and the undesirability of extended periods in poor health, it is crucial to consider the impact of interventions. Addressing the wider determinants of health can help improve healthy life expectancy, alongside efforts to reduce premature mortality and increase overall life expectancy.

While there is a strong and established evidence base for the relationship between the wider determinants and inequalities in health outcomes, the evidence for interventions that are effective at reducing inequalities through the wider determinant is less established.

Many of the levers for addressing the wider determinants of health lie with national government, such as taxation and benefits policies. But for the purposes of this report, the focus will be on effective interventions that can be applied across Essex.

This report will focus on exploring the relationship between the different wider determinants of health and health inequalities, the role of public health in addressing these and evidence based interventions to address them. We will test plausible interventions where we do not yet have the evidence available.

Chapter 1:
An inclusive economy for health and wellbeing

Introduction

Health and the economy are inextricably linked. There is evidence of a significant association between many measures of economic status including income and wealth and a variety of health outcomes such as mortality or morbidity.

In middle and at older ages, there are pronounced effects of new health events on household income and wealth. While economic resources (i.e. infrastructure, education, inward investment, growth, labour market) also appear to impact health outcomes, this may be most acute during childhood and early adulthood when health levels and trajectories are being established[5].

Everyone would agree that a strong and growing economy is a good thing but there are different ways to approach this[6].

Economic growth. An increase in the production of goods and services in the economy from one period of time to another.

Inclusive Growth. The opportunities created by economic growth (e.g. education, training, and jobs) and the outcomes of the economy (e.g. income, wealth and goods and services) are more equitably distributed. This is often referred to as fair growth.

Inclusive Economy. The same as above but recognising the role of the economy in delivering essential goods and services, the contribution of unpaid work and the opportunity to identify and reduce inequalities.

Inclusive Wellbeing Economy. A more deliberate and socially purposeful economy, measured not only by how quickly it grows but also by how well wealth is created and shared across the whole population and place, and by the social and environmental outcomes it realises for people. There is a bigger focus on social justice in this approach.

The balance of local, regional, and national economies is set to exclude good health by design.

Economic growth which creates wealth across communities and regions through job creation, greater connectivity and increasing also supports greater health and wellbeing. It does this by providing jobs and increasing economic opportunities. Economic growth which creates poor quality lower wage jobs can increase health inequality e.g., dangerous or zero contact jobs. This can cause income anxiety as well as poor working conditions. Shifting the balance and putting more weight into economies that promote wellbeing creates more health and wealth in our communities.

There is competition between our towns and cities. This has a negative impact on people's wellbeing and subsequent ability to work (ONS, 2023). Cutting people off from their communities, resulting in a deteriorating spiral, as shown in red on the left pan below. Shifting the balance, putting more weight into economies that promote wellbeing creates more health and wealth in our communities.

Impact on Health and Wellbeing

The economic prosperity of a place is linked to the health of its population. High-quality work and affluence are highly correlated with good mental and physical health and wellbeing. Conversely, poor-quality work or unemployment and financial difficulties are highly correlated with poor mental and physical health. This relationship works in both directions.

Unemployment, particularly if it is long-term, or poor-quality work can trigger or exacerbate mental and physical health conditions. However, mental, and physical health conditions can also become barriers to gaining employment, keeping a job, or progressing in a career[7].

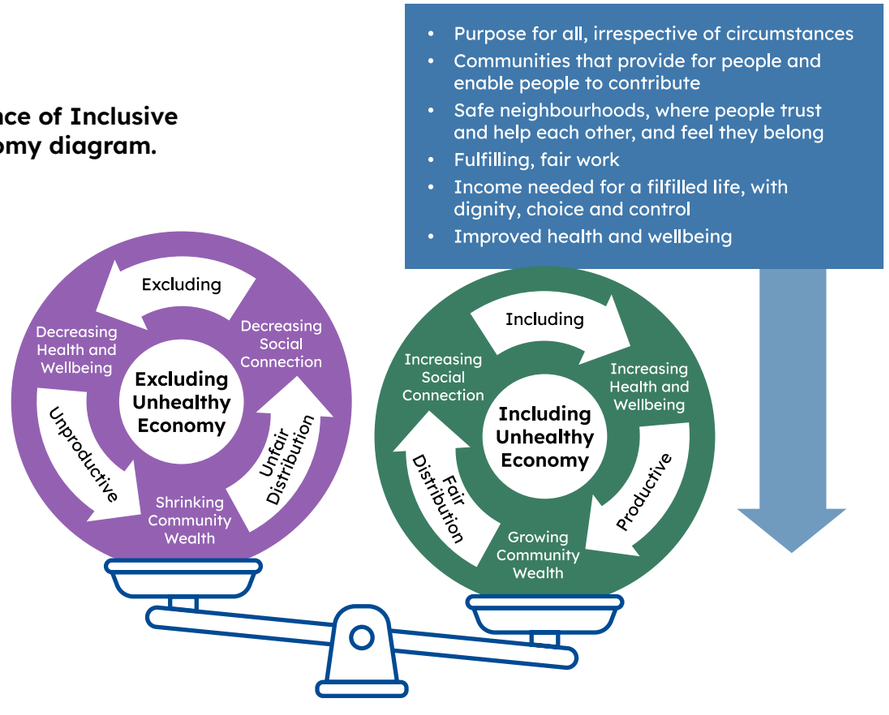
A study published in The Lancet Public Health in January 2020 found that just over one third of premature deaths (those under the age of 75) in England during the period 2003-2018 were attributable to socioeconomic inequality[8].

The biggest contributors were coronary heart disease, respiratory cancers, and chronic obstructive pulmonary disease. The most unequal causes of death were tuberculosis, opioid use, HIV, psychoactive drugs use, viral hepatitis, and obesity, each with more than two-thirds attributable to inequality. In addition, illnesses associated with health inequalities resulted in "productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs"[9].

Decisions we make that benefit economic growth can also negatively impact people's health and wellbeing. The World Health Organisation calls this evidence of "market failures" which highlight the need for policy intervention to improve education, urban development, and infrastructure as key social determinants of health (6). Market forces will not alleviate and may worsen health inequalities if action is not taken to consider the needs of communities in the context of economic growth.

Ultimately an inclusive economy for health and wellbeing is a set of collective actions to promote growth. Further chapters of this report will look at some of the individual elements and the impact and opportunity they bring to improve health and wellbeing.

Figure 1.1: Balance of Inclusive Wellbeing Economy diagram.



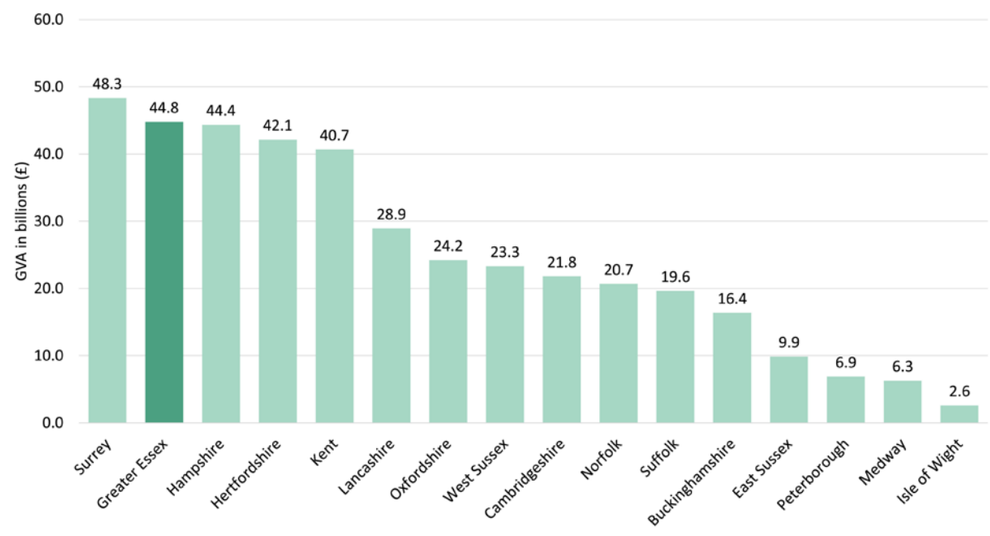
While we will focus on the potential for the economy to impact on health and wellbeing in this chapter, other chapters will go into more detail on key contributors to inclusive growth – Income, Education and Work.

The local picture: The Greater Essex Economy

The following summary of the Greater Essex economy is taken from Greater Essex Trends: Economy, written by Essex County Council's Policy Unit (June 2024). It gives some insight into the potential opportunities and challenges in the Essex economy.

Greater Essex historically has a large and highly productive economy. The total value of the economy in 2021, measured as total Gross Value Added (GVA), was £44.8 billion [Figure 1.2]. This is similar in scale to Northern Ireland and larger than several major UK cities. Total GVA for the North Essex Councils (NEC) area was £25.4 billion and for the South Essex Councils area (SEC) was £19.4 billion.

Figure 1.2: Total economic output (Gross Value Added – GVA), Greater Essex and comparators, 2021.



The value of economic output varies widely across the Greater Essex region. Basildon (£6.3 billion) and Chelmsford (£5.6 billion) continue to generate the largest economic outputs. By contrast Rochford, Maldon and Castle Point have the smallest economies, each around £1 billion per year. This reflects the wide variation between urban, rural, and coastal places in Greater Essex.

Looking back over the last 20 years, Greater Essex has experienced lower levels of economic growth. This is measured by GVA and compared to all other comparator regions and is behind the Southeast and East of England.

Compounding this challenge, the COVID-19 pandemic presented a profound shock to the Greater Essex economy. In 2020, the value of output fell below 2018 and 2019 levels. In the same year, some business sectors experienced reductions in outputs of over 60%, with the air transport sector being even higher. We also saw increased economic uncertainty and decreased confidence, with high numbers of business closures and the largest spike in unemployment in almost 30 years.

Along with post-pandemic increases in inflation and the cost of living, these economic impacts have the potential for lasting repercussions, with an increase in inequalities in income, wealth, education, and skills.

Figure 1.3: Economic growth of Greater Essex and comparators, 2004-2021 (Base rate=100 in 2004).

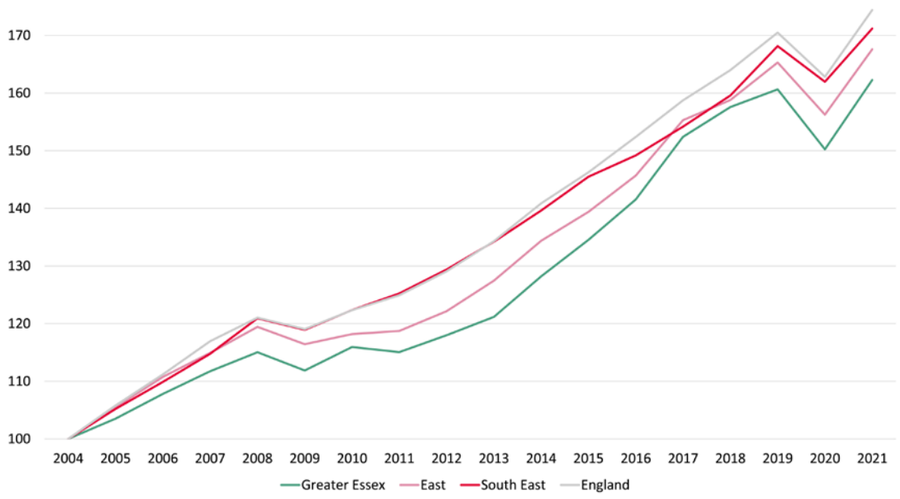
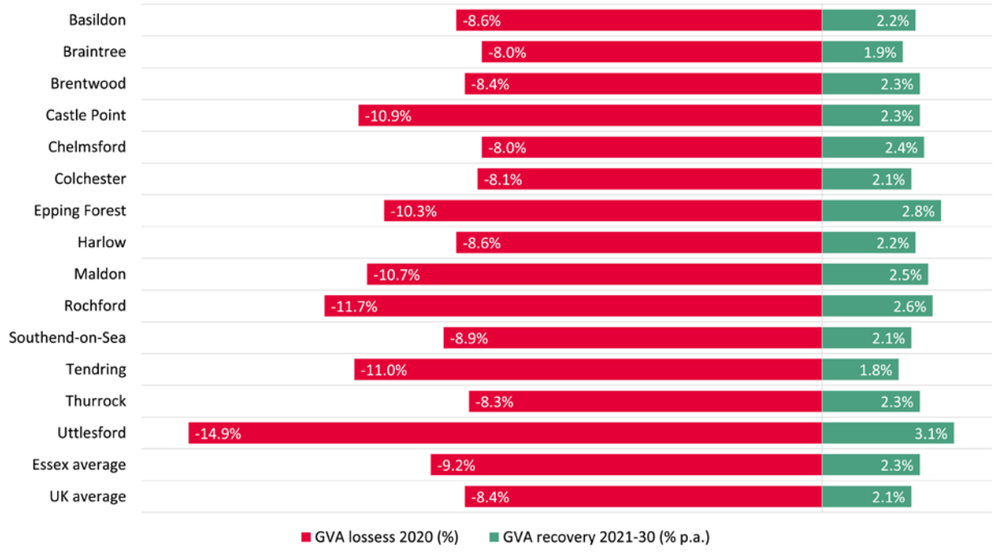


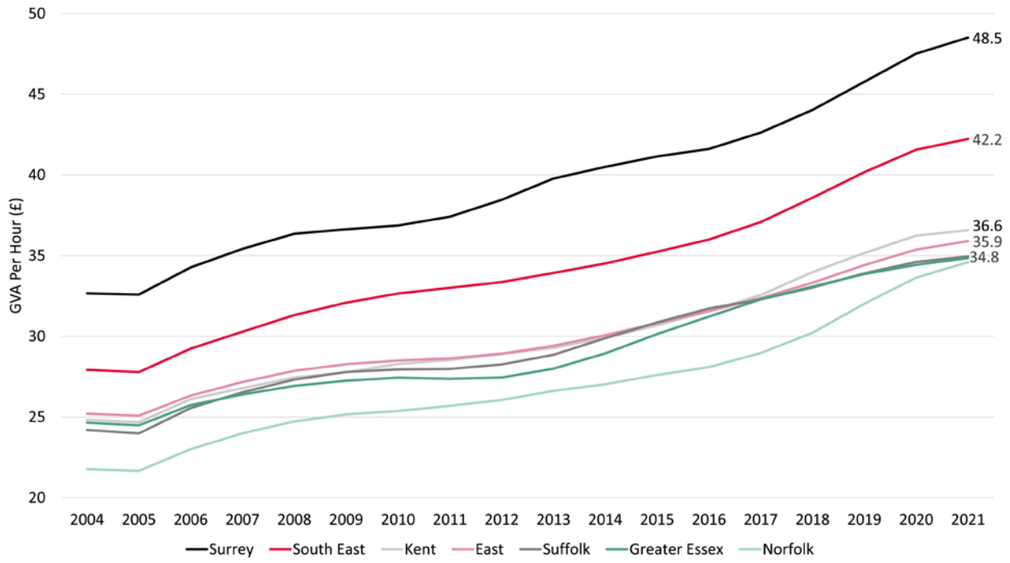
Figure 1.4: Projected GVA impact and recovery from the Covid-19 pandemic, unitary and local authority area in Greater Essex, 2019-2030.



Source: Cambridge Econometrics Projections for Essex

Based on productivity levels for each hour worked, Greater Essex ranks significantly lower than other, often smaller, economies in the Southeast and East of England. Lower productivity matters to the everyday lives of people across Greater Essex. It reflects that our businesses generate less value for the work they do, and means local workers typically earn less than counterparts in other areas. In 2021, Surrey had a GVA per hour worked of £48.5, compared to Greater Essex at £34.8. If Greater Essex had the same productivity rate as Surrey in 2021, the Greater Essex economy would be worth some £62.5bn [Figure 1.5].

Figure 1.5: Local productivity and Gross Value Added per Hour, Greater Essex, and comparators, 2004-2021.

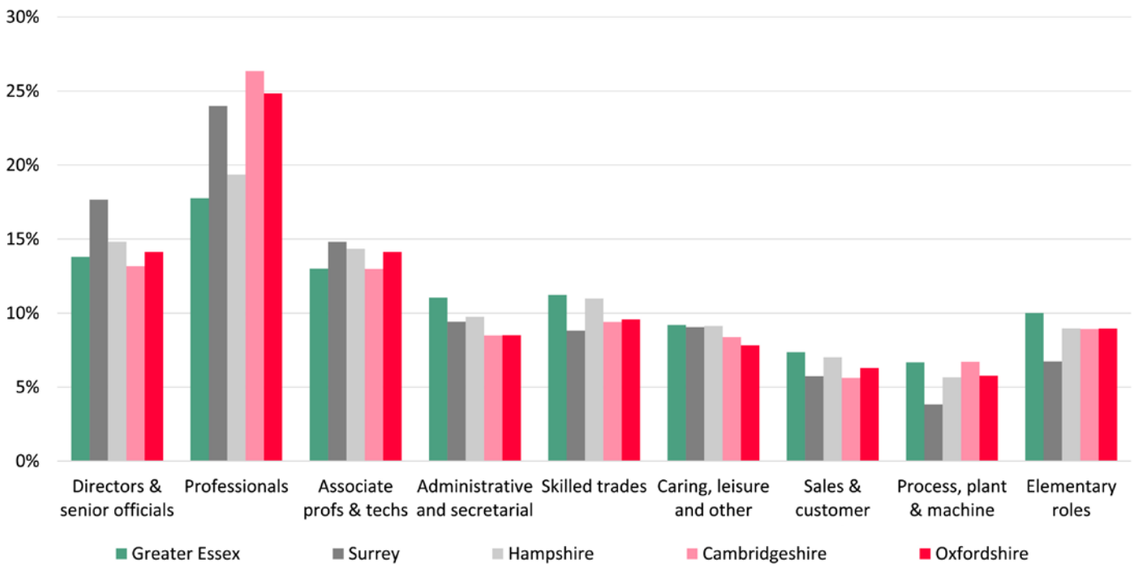


One of the key factors underlying lower levels of productivity in Greater Essex is the relative shortfall in local jobs. There are fewer jobs, and fewer high-value jobs, per head of working-age population in Greater Essex than in other areas. To bring Greater Essex into line with other counties across the East and Southeast regions, an additional 100,000+ jobs would need to be created. Around 30,000 would need to be high value 'professional' roles.

The relative shortage of high-quality local jobs has implications for communities across Greater Essex. It lies behind the fact that the workforce tends to be less well qualified – less highly skilled – than comparator areas. Talented young people from Greater Essex also often leave the county to study and cannot find appropriate work to enable them to return. It is also reflected in the substantial difference in earnings between residents who work in Greater Essex and those who commute to neighbouring areas.

This shortage of high-quality local jobs also constrains opportunities and drives inequality within Greater Essex too. The places that are most affected tend to be our most isolated coastal communities. The people who are affected the most are those who cannot travel significant distances for work. This can include vulnerable groups, people with disabilities and/or limiting health conditions, and those with family and/or caring responsibilities.

Figure 1.6: Occupational group of the workplace population for Greater Essex.
Source: Annual population survey - regional - occupation (SOC2020) by sex by employment type



Despite the challenges of historically slow growth and lower productivity than in comparator areas, Greater Essex maintains a level of relative prosperity. Communities across the region benefit from lower levels of unemployment and households benefit from incomes that exceed national and regional benchmarks.

There are also signs of stress in Greater Essex's business community. Traditionally, Greater Essex has a strong spirit of enterprise with a higher proportion of residents being self-employed than elsewhere. However, since the pandemic, the rate of self-employment in Greater Essex has reduced and has fallen behind England for only the second time in almost 20 years.

The cost-of-living crisis has exposed vulnerabilities for new businesses. Rising interest rates have affected business loans and investment opportunities. Additionally, the pandemic and cost-of-living challenges have eroded consumer confidence, replacing optimism with pessimism among both consumers and entrepreneurs. However, the latest data suggests that levels of self-employment in Greater Essex are starting to recover, as the England average is falling. For the long-term, policymakers should focus on providing targeted support, fostering collaboration, and adapting policies to the evolving business landscape, to avoid another dip in self-employment numbers.

Figure 1.7: Self-employed as a percentage of all in employment aged 16-64, Greater Essex and comparators, 2023.

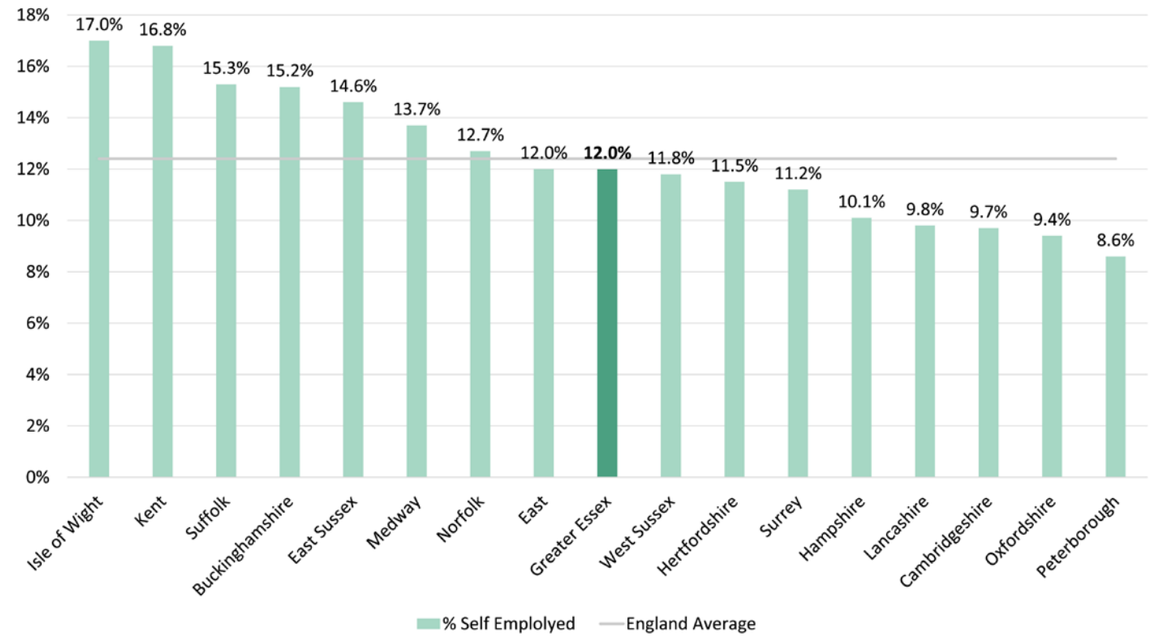
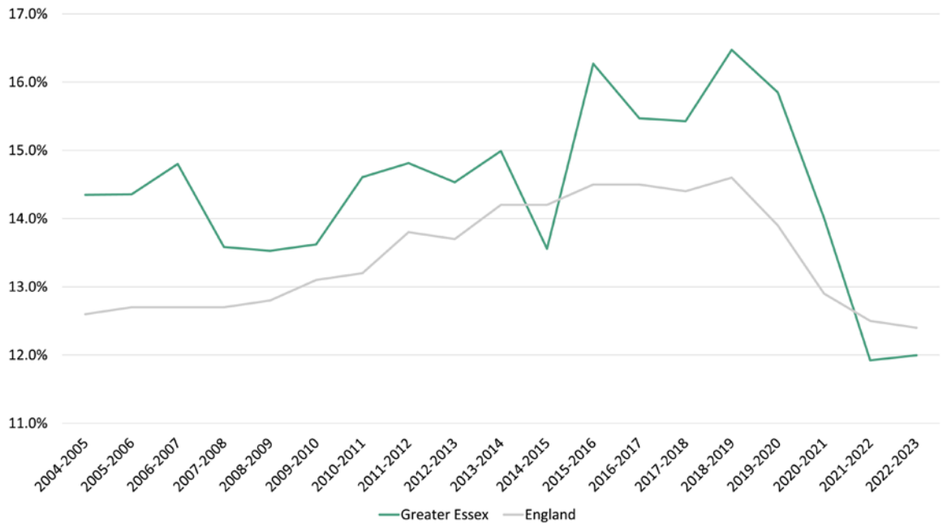
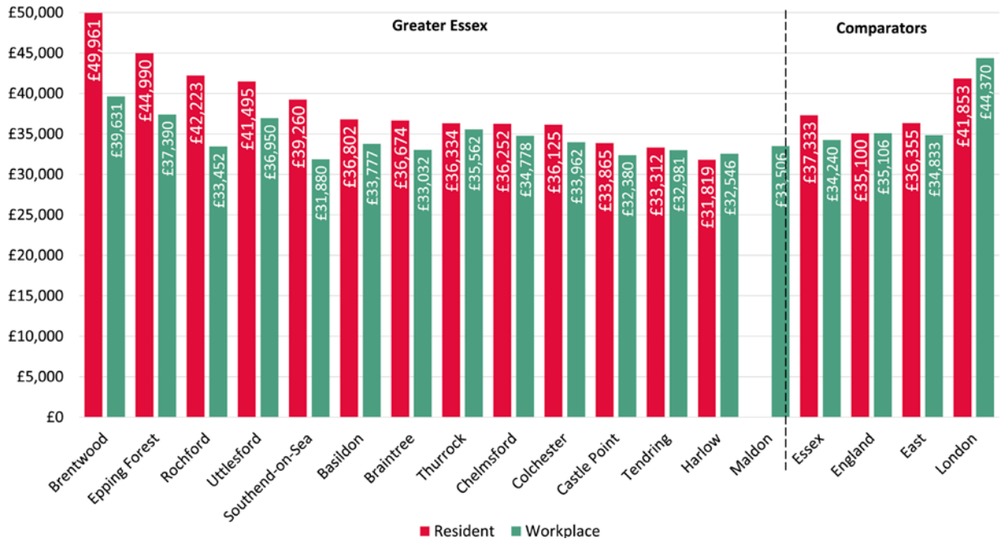


Figure 1.8: Self-employed as a percentage of all employment aged 16-64, Greater Essex and comparator areas, 2004/05-2022/23.



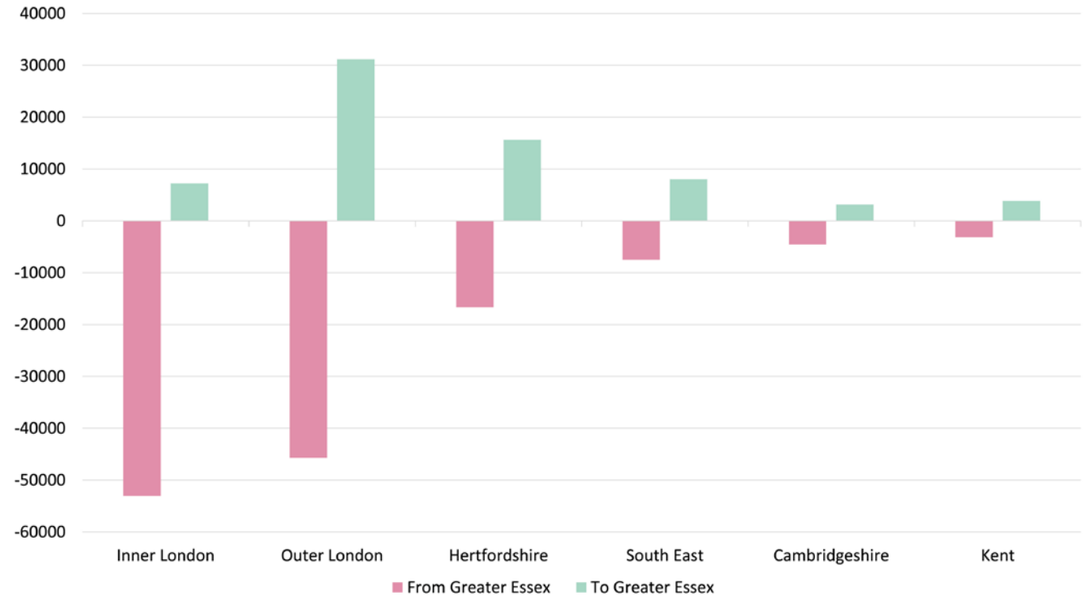
Greater Essex's prosperity, reflected in higher incomes and lower levels of unemployment, is in large part a reflection of Greater Essex's relationship with London, and its position within the London 'city region.' Greater Essex's economy and prosperity are directly interconnected with that of the capital city, which accounted for 28% of England's total productivity in 2023. 100,000 Greater Essex residents travel to work in London (or have jobs that are based there), with similar numbers travelling into inner and outer London boroughs. Incomes of Greater Essex residents who work in London are around 40% higher than those working in Essex [Figure 1.9].

Figure 1.9: Workplace vs resident earnings: median gross annual pay for full time workers by Greater Essex district and comparators, 2023.



*Data for Maldon's resident annual income has been suppressed as statistically unreliable.
Source: Annual survey of hours and earnings – resident & workplace analysis, NOMIS

Figure 1.10: Number of Commuters travelling to and from Greater Essex by origin/destination, 2011.



These higher salaries help support our local businesses. They generate demand for services and create local jobs. The higher salaries also mean residents pay council tax which is vital for the provision of council services. Historically, they have helped Greater Essex avoid large-scale deprivation and keep local benefit claims low, although levels of deprivation have increased in more recent years. Though it brings many benefits, our reliance on London does pose a risk, tying our prosperity to that of the capital and reducing the perceived need to invest in and improve Greater Essex's own economic base.

This helpful summary of the characteristics of the Greater Essex economy sets the scene for how we will ensure all residents can benefit from our economy. It also outlines how we will deal with some of the challenges highlighted to increase opportunities for economic growth and productivity - developing an inclusive wellbeing economy. Some of the issues highlighted will be explored further later in this report.

Evidence of what works

Inclusive economies aim to achieve thriving communities and healthy people, healthy and sustainable places, and increased productivity and shared prosperity. This requires action across the wider determinants of health to reduce socioeconomic inequalities and, in turn, inequalities in health and wellbeing. Health inequalities occur because of differences in the social, economic, and environmental factors that shape our lives.

A Framework developed by Public Health England[10] identified what works in terms of the collective action on the building block to creating inclusive economies.

Social

Ensure equal access to a good education and provide lifelong opportunities for training and skills development.

Access to a high-quality education for all children – regardless of gender, ethnicity, and socioeconomic position – will reduce the social gradient in educational outcomes, enabling children to maximise their capabilities and have control over their lives. Lifelong learning opportunities across the social gradient allows people of all ages to develop the skills and qualifications needed for employment and progression.

Provide equitable access to high quality services and amenities for all.

Inclusive health and social care provision, as well as the inclusive provision of other key services, allows local health needs to be met, protects and improves population health and wellbeing, and addresses local health inequalities.

Support social capital and community infrastructure.

A thriving social economy includes voluntary and community organisations, foundations, businesses, cooperatives, and other organisations which achieve social value at the place level. The social economy also values community and family relationships, reciprocity, social support and giving, especially through the roles of parenting, caring, befriending and volunteering and collective efforts such as mutual aid and time banking (supporting others based on sharing the skills and assets that individuals can offer, which is banked in terms of time given and which can be drawn upon when needed).

Enable empowered and engaged communities.

Individual and community engagement in decisions that affect their lives improves democratic accountability and improves social cohesion. Empowered communities can take more control of using and nurturing local assets including natural, human, and capital resources.

Economic

Elevate income to the minimum income standard.

Income is a major determinant of health and living on a low income or in poverty is associated with poorer long term health outcomes and shorter life expectancy.

Income is a key factor contributing to poverty, and the risk of household poverty is about 10 times higher among low earners than among workers paid above the standard low pay threshold.

Ensuring a minimum income standard can prevent individuals, families and communities being held back from reaching an acceptable minimum standard of living.

Provide access to good work.

Being in work is good for health if it is good work; that is a fair, safe and secure job with decent pay (pay that is at least the minimum income standard), good working hours and conditions, supportive management and opportunities for training and development.

Increasing access to good work leads to better health and, in turn, boosts productivity and prosperity across the population.

Establish inclusive labour markets.

Labour markets should be inclusive, diverse, and free of discrimination so that anyone, regardless of age, gender, ethnicity, other protected characteristics, and socioeconomic position, can access good work with fair pay and opportunities for development and fulfilment.

Good work for all supports social mobility and leads to better outcomes for individuals, employers and, in turn, the wider population. Individuals in good work benefit from better health outcomes and evidence suggests that employers with a more diverse workforce perform better financially.

Support community wealth-building.

Community (or local) wealth building is a powerful tool to create inclusive and sustainable locally controlled economies that work for local people.

It puts communities in control of the wealth that exists in the local economy, stops it flowing out and instead, places control of this wealth into the hands of local people, communities, businesses, and organisations.

Environmental

Foster a green economy.

A green economy aims to promote sustainable development without degrading the environment. Green economies are those that are low carbon, resource efficient and socially inclusive.

Examples of green economic transformations include shifting to renewable energy sources, phasing out polluting sectors and promoting circularity.

In other words, the replacement of the traditional linear economy (make, use, dispose) with circular economic principles (reduce and reuse; repair refurbish and remanufacture; repurpose and recycle).

Build healthy transport and travel systems that promotes connectivity.

Transport and communication services play a vital role in connecting people to jobs, learning opportunities, health, and other services, and each other.

Connectivity refers to widely available and effective telecommunications and internet access. A healthy transport and travel system includes a public transport system that connects communities and the people within them, provides safe opportunities for cycling and walking, supports cleaner air and promotes social connectivity.

Improve access to and sustain the natural environment.

Our natural environments include blue (such as rivers, canals, lakes and so on) and green spaces and the air we breathe.

Access to blue and green spaces improves our mental health, physical health, and feelings of wellbeing.

It can reduce stress, feelings of loneliness, anxiety, and depression, encourage physical activity and reduce obesity. Blue and green spaces also mitigate against the effects of climate change, reduce noise pollution, reduce risks from flooding and heatwaves as well as improve air quality.

Poor air quality is the largest environmental risk to public health.

Increase the contributions of the built environment to health and health equity.

Our built environments, including homes, workplaces, schools, and high streets, have a profound effect on our lifestyles and behaviours.

Some aspects of the built environment promote health while others undermine it.

For example, living in unhealthy (such as cold, damp, or hazardous), unsuitable (such as overcrowded) or unstable (such as unsecure tenure) homes can have a serious impact on mental and physical health.

A healthy high street should have a health-promoting retail offer, be inclusive, be walkable and provide options for cycling, be safe, and provide things to do, communal space, shelter, and places to rest.

What is Essex doing?

Economic Growth and Partnerships: Essex County Council has established strong relationships with private and statutory partners to drive economic growth and support residents. Priority areas include Harlow, Basildon, Tendring, and rural Braintree, focusing on inclusive growth through various successful projects.

Place Renewal and Regeneration: Place renewal is key to sustainable economic growth. The council is delivering regeneration projects such as the Clacton Hub and library rebuilds in Harlow and Harwich, along with other projects in Castle Point and Tendring.

Garden Communities: In partnership with the government and local authorities, the council is developing four new Garden Communities, providing 30,000 homes, and securing over £1 billion in infrastructure contributions for highways, transport, community facilities, schools, and green spaces over 30 years.

Business Support and Innovation: The Greater Essex Business Board (GEBB) supports business growth by bringing together experts from business and education. The Ambitious Essex initiative drives economic growth and innovation, supporting local businesses and fostering an entrepreneurial ecosystem.

Green Infrastructure Strategy: Essex has a retrofit academy to create jobs in the green economy, the climate action commission, and a walking strategy.

Employment and Skills Development: Through the Backing Essex Business service, the council has engaged with over 1,500 businesses, providing technical help and expertise. £3 million from the Government's Multiply programme has funded over 6,000 adult numeracy training opportunities, supporting everyday life skills and job opportunities. A new 5-year program will help residents gain skills for quality jobs, including the Connect to Work employment support program, the 'Essex 200' apprenticeship initiative, and a new careers advice offer for schools.

Digital Connectivity and Inclusion: The council is expanding gigabit-capable infrastructure and improving mobile connectivity. They will identify areas needing digital support using an UN-recognized tool and expand digital inclusion hubs to provide essential skills training. Community groups will receive support through the Digital Help Finder.

Adult Community Learning (ACL): ACL Essex, the largest provider of adult education and apprenticeships in the county, offers a wide range of courses to improve job prospects, learn new skills, and pursue personal interests.

Recommendations for Action

To support inclusive economic development that maximises the opportunity to improve health and wellbeing and reduce inequalities locally the following approaches can be taken.

- Advocate for consideration of the economic determinants of health in policy development and decision making.
- Strengthen relationships between public health, economic development, planning, and political leaders to facilitate honest discussions about the opportunities offered through economic and infrastructure design and policy development.
- Make clear links between Joint Health and Wellbeing Strategies and Inclusive Growth/Economic Strategies to make interdependencies between health and the economy clear and generate discussions about the opportunities for collective action.
- Use community centred approaches – understand the needs in different communities and involve them in the development and delivery of economic development and regeneration programmes.
- Support and Promote community wealth building – social enterprise, community economic development, alternative economic models, co-operatives.
- Consider opportunities for social value to contribute to local joint health and wellbeing strategy outcomes.
- Understand local anchor institutions and bring them together in your place to explore their role in helping to address local social, economic, and environmental priorities in order to improve health, wellbeing and reduce health inequalities.
- Development of design principles that maximise opportunities to improve health and wellbeing in capital and infrastructure projects, such as, green spaces, access to nature, active travel, access to services, etc.
- Ensure climate impact is considered in decision-making and actions taken where possible to reduce negative impacts and future proof developments.
- Ensure short term economic gains are not prioritised at the expense of negative impacts on health and wellbeing.

Some examples of work that has already started in Essex and achievements to date regarding 'Levelling Up,' include, but are not limited to:

- The Levelling Up Essex programme has invested several million pounds into projects designed to widen access to opportunity for residents and communities that face the greatest barriers to attainment, skills, and employment. By targeting our efforts in this way, we have been able to have demonstrable impact and support the ambition of tackling the root causes of poorer social, economic and health outcomes.

Achievements so far include:

Over 100,000 children from low[1] income families accessed our award[1] winning holiday activity clubs.

Trained 8,600 adults in numeracy skills since January 2023 through our Multiply programme.

Supported 450 unemployed residents and care leavers into NHS employment through our Anchor Ambition Programme.

Donated over 200 devices since April 2024 to help people get online.

Supported 27 primary schools in Harlow to deliver sessions focused on resilience, perseverance, and mental wellbeing through our Harlow Futures programme.

Supported over 150 Health & Social Care learners to complete a certification or diploma through the Nightingale Care Bursary, supporting recruitment and retention in this key workforce sector.

More on the Levelling up can be found in the three year report: A thriving Essex: more opportunities, better lives

Chapter 2: Income and health

Introduction

People with low incomes die younger and experience poorer health than people with higher incomes. This is demonstrated in Figures 2.1 and 2.2 which show the relationship between average household income and life expectancy for males and females in England, with Figure 2.3 showing the impact that income can have on self-reporting of health state.

Figure 2.1: Income and Life Expectancy; Males, 2016-20.

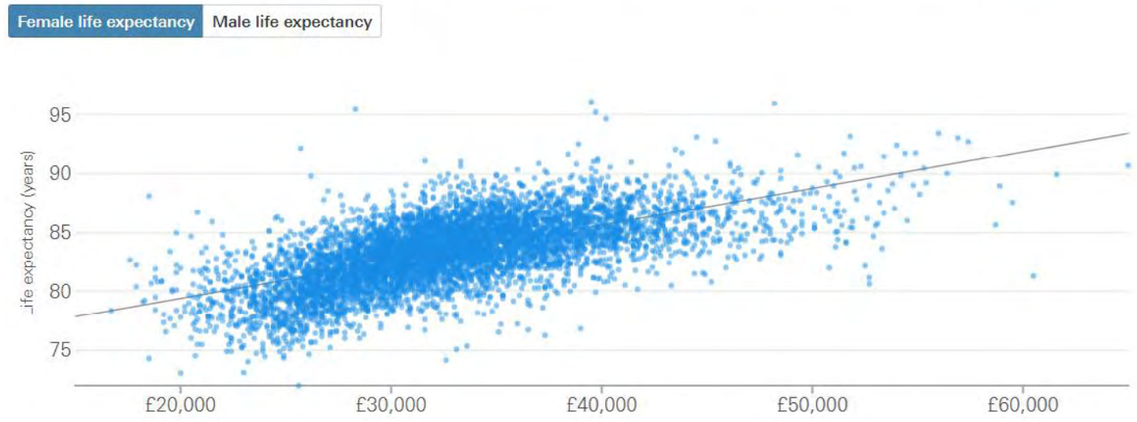
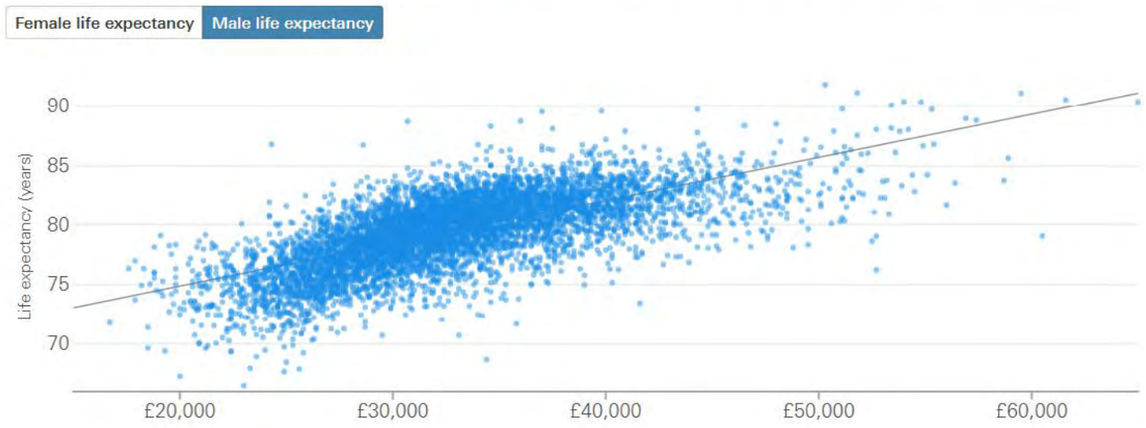
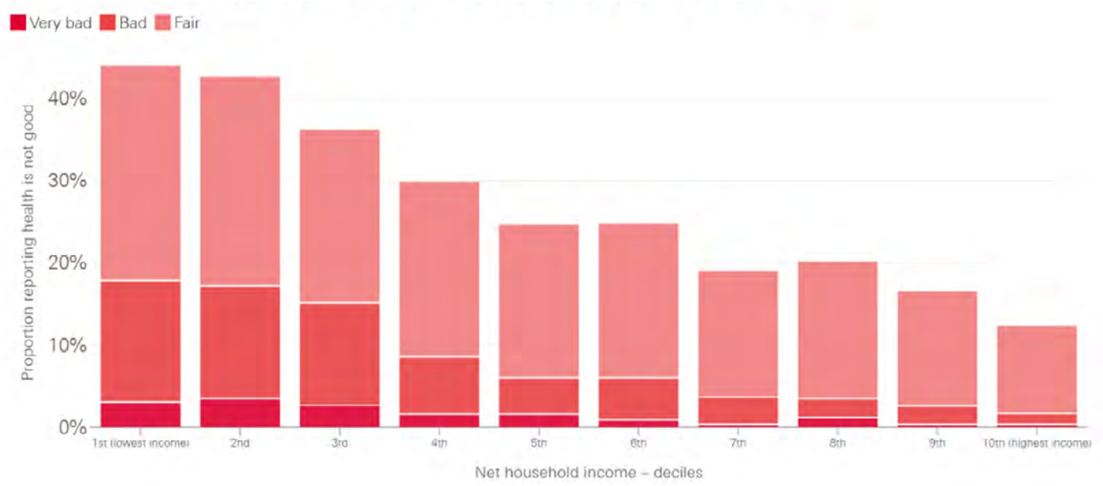


Figure 2.2: Income and Life Expectancy; Females, 2016-20.



Source: The Health Foundation. https://www.health.org.uk/evidence-hub/money-and-resources/income/relationship-between-income-and-healthy-life-expectancy-by-neighbourhood

Figure 2.3: Self rated health by household income, 2021/22.



Source: Health Foundation analysis of Department for Work and Pensions, Family Resources Survey, UK, 2021/22

Money helps people to buy the necessities they need for health such as shelter, warmth, and food.

People at the lowest income deciles will be experiencing the poorest health outcomes and should be prioritised for intervention, as they will have the greatest potential to benefit. However, Figure 2.3 shows that self-reported health status improves with each increase in income decile. Therefore, shifting the whole curve, whilst also reducing inequalities at the bottom end of the spectrum, is desirable in improving population health measures.

Definitions of poverty

In England, in recent history, the concepts of poverty have been relative to the median, as it is assumed that because we have a welfare state, people will have their basic needs such as food and shelter met.

Two commonly used measures are:

- **relative low income:** This refers to people living in households with income below 60% of the median in that year.
- **absolute low income:** This refers to people living in households with income below 60% of median income in a base year, usually 2010/11, adjusted for inflation[11].

However, rising inflation is resulting in an increased number of households being unable to afford the basics, including people in work.

There has been a reported increase in the use of food banks and people struggling to heat their homes. A Commons Library Research Briefing identified that the number of people in food insecure households rose from 4.7 million in 2021/22 to 7.2 million in 2022/23 meaning that 11% of people lived in food insecure households in 2022/23, including 17% of children. The same report projects that absolute poverty will worsen over the next two years. The inability of households to meet their basic physical needs, could also be defined as destitution.

A Joseph Rowntree Foundation study into destitution in the UKi defined a person as destitute if they have lacked two or more of the following six essentials over the past month, because they cannot afford them:

- **shelter** (they have slept rough for one or more nights)
- **food** (they have had fewer than two meals a day for two or more days)
- **heating their home** (they have been unable to heat their home for five or more days)
- **lighting their home** (they have been unable to light their home for five or more days)
- **clothing and footwear** (appropriate for weather)
- **basic toiletries** (such as soap, shampoo, toothpaste, and a toothbrush).

OR:

their income is so extremely low that they are unable to purchase these essentials for themselves.

The same report identified that approximately 3.8 million people experienced destitution in 2022 (of which a million were children), almost two and a half times the number of people in 2017. The report states that nearly three quarters of these were in receipt of social security payments, which they state is evidence of benefit inadequacy.

3.8m
people experienced destitution in 2022

Impact on health and wellbeing

Research tells us that income and health are linked by a range of different pathways[12]. Money helps people to buy the necessities they need for health such as shelter, warmth, and food. It also allows them to participate in social activities such as hobbies or holidays, which are important for mental wellbeing. The more money people have, the better their health because money allows them to purchase more and/or better-quality goods and services.

Living on a low income is stressful. This is often compounded by people in disadvantaged circumstances having less supportive networks to draw on to help them cope. Over time this can lead to changes in the body, which damage physiological systems and lead to poor health.

People on low incomes are more likely to adopt unhealthy behaviours such as smoking tobacco and drinking alcohol. The precise reasons why are contested and uncertain.

People's health status can also influence their income. Most directly, ill health can prevent people from working, which reduces their income. Thinking about lifetime impact, ill health in childhood may influence educational outcomes, which in turn affects employment opportunities and earning potential later in life.

People living on low incomes are more likely to experience associate deprivation such as lower educational attainment, poorer quality housing or reduced access to green space, which also contribute to worse health outcomes[13]. A family without enough money to afford healthy food can lead to malnutrition, which results in poor growth in some cases and obesity in others[14]. For those with respiratory health concerns, living in a home with damp and mould, or not being able to afford to keep the home warm can make respiratory problems worse[15]. People might be unable to afford transport to work, healthcare appointments, education facilities or social activities.

Mental health and money problems are often intricately linked. People with problem debt are significantly more likely to experience mental health problems, and people with mental health problems are also more likely to be in problem debt. This creates a negative spiral of money and mental health problems[16].

The Local Picture

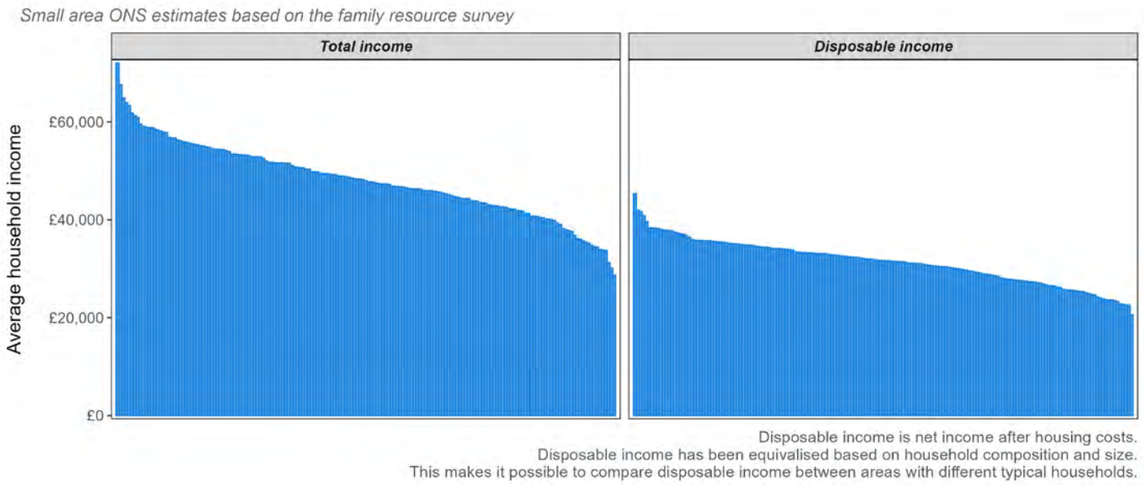
Income distribution and inequality

The office for National Statistics (ONS) publish income data down to the Medium Super Output Area (MSOA) level – small local areas of roughly 7,000 residents. Average income data for MSOAs is available. In should be noted that averaging the income data will hide the extremes – households with very small or very large incomes. This chapter looks at the small level average income data in more detail[17], but bear in mind that by working with averages we will most likely be underestimating income inequality.

There are large inequalities in total and disposable income [Figure 2.4]. There is a gap of more than £40,000 between the average household income in Shenfield & Hutton Mount (average total household income £72,000) and Jaywick & St Osyth (£28,700).

The income gap narrows to circa £25,000 after accounting for taxes, pension and national insurance contributions, and mortgage payments / rent. Shenfield & Hutton Mount remains the part of Essex with the highest average disposable income (£45,300), and Clacton Central has the lowest (£20,600).

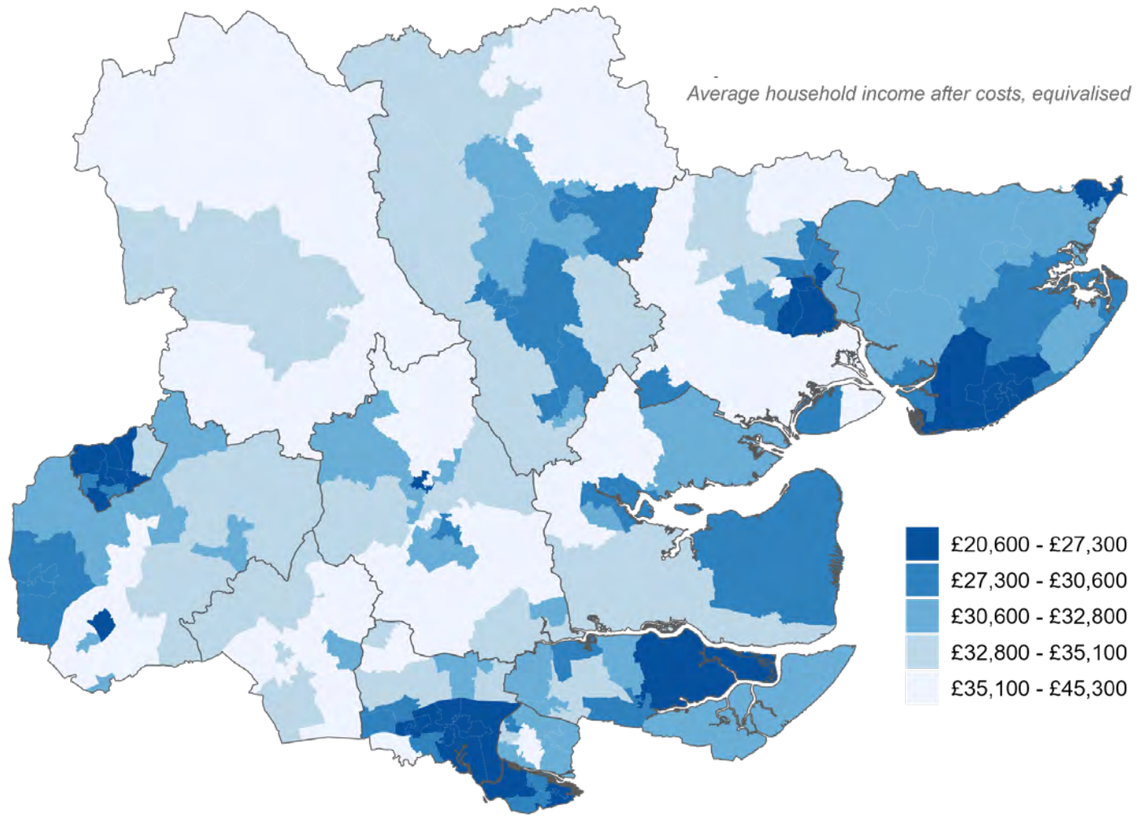
Figure 2.4: Household Income across Essex.



The levels of income inequality in Essex are significantly lower than the inequality seen in England. The Gini coefficient is a measure of inequality. It ranges from 0 to one. An area with a Gini coefficient of 0 has no inequality (that is, everyone has the same income), and an area with a Gini coefficient of one is as unequal as possible (e.g. one person has all the income, and everyone else has zero income). Smaller values are more equal. Essex has significantly lower levels of income inequality compared to England, both in terms of total income (Essex Gini coefficient = 0.089 vs England's 0.133) and disposable income (Essex 0.081 vs England 0.108).

Even though Essex overall has relatively low levels of income inequality, there are clear geographic clusters of low income [Figure 2.5]. There are pockets of low disposable income around coastal Tendring (Clacton and Jaywick), central Basildon, and central Harlow.

Figure 2.5: Disposable Household income across Essex.



Self-reported poor health (Census 2021) increases as income decreases. In areas of Essex with the highest levels of disposable income the proportion of residents in poor health is 3.1%, compared to 7.4% in areas with the lowest levels of disposable income. A similar pattern is seen nationally – as income decreases, the proportion of residents living in poor health increases.

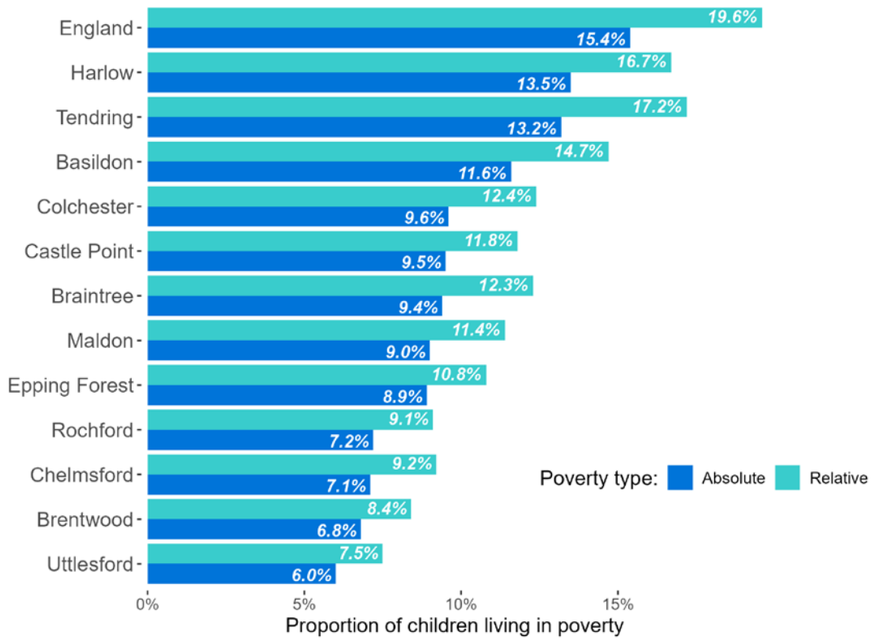
Children in low-income families

Poverty has a particularly large impact on children[18]. In the financial year 2022-23 there were 27,102 (9.4%) children aged 0 to 15 living in absolute poverty before housing costs[19]. Data after housing costs is not available.

The proportion of children living in absolute poverty has decreased by nearly 3% points compared to 2014-15 (when 12.1% of children were living in absolute poverty). Nationally the proportion of children in absolute low-income families has remained relatively stable at circa 15%.

Figure 2.6 shows the number and proportion of children living in low income across the districts. All districts have seen a decrease in terms of absolute poverty. The picture is more mixed for relative poverty, with Colchester and Harlow both seeing large increases compared to 2014-15.

Figure 2.6: Child poverty in Essex (relative and absolute) – 2022/23.



Similar to disposable income, child poverty is not evenly spread across Essex. Pockets of high levels of child poverty exists across Essex, and they line up with the pockets of low disposable income – costal Tendring, central Basildon, and central Harlow.

Urban areas tend to have slightly higher levels of absolute child poverty (10% vs 8%). There are also two areas of Essex which have some of the highest levels of child poverty in the country, both are in Tendring - Jaywick & St Osyth (21.6%) and Clacton Central (19.7%).

Essex children experiencing absolute poverty are more likely to live in a lone parent household compared to England. 57% of Essex children in absolute poverty live in a lone parent household, compared to 48% across England. 59% of children in absolute poverty live in working families, this is lower than England (66%).

A broader definition of low income – households earning below £30,000 per year.

If we consider a broader definition of low income, which includes people who are above the poverty line but still struggle to thrive. The recently published Inequality in Greater Essex report included an analysis of households on relative low incomes, defined as household income below £30,000 per year[20].

Around one in every four households (27.7%) in Greater Essex are on incomes below £30,000 per year, which is around 205,000 households[21]. Although many of these households will not meet the threshold required for financial support and may not be experiencing the most acute forms of deprivation, they may struggle to make ends meet and be vulnerable to taking on debt.

The report identified local population groups who are more vulnerable to pressures on their income, including people living in households with children (particularly single parent households), older women who live alone, and people with black and minority ethnic heritage. Geographically, areas with the highest proportion of households on relative low incomes are Tendring (55.2% of households earning below £30,000 per year), Harlow (34.5%), Southend (31.9%), Basildon (29.6%) and Thurrock (26.1%).

Local survey results

Responses to the Essex Residents Survey indicate that wellbeing is worse among people on lower incomes. Respondents with lower levels of financial security reported lower life satisfaction and higher stress and loneliness than those with higher levels of financial security.

A qualitative research project commissioned by Essex County Council investigated the experience of residents who earn below the level required for a decent standard of living, but not so far below that they are experiencing severe deprivation. This cohort (which represents around 180,000 people in Essex) who are 'just about managing' reported a range of challenges with everyday life, including:

- a lack of financial stability and resilience to deal with unexpected costs
- persistent worries about finances, which consumes both time and mental energy.
- being in low paid jobs with limited opportunities to progress
- the basic need to 'get by' from month to month crowds out any focus on self-improvement and income progression.
- juggling work and childcare, with many being heavily reliant on informal networks due to formal childcare costs being prohibitive
- childcare meaning that many working parents, particularly mothers, must limit their hours of employment.
- all these pressures are felt even more acutely by single parent families.

Evidence of what works

Options available for helping people on low incomes to increase financial resilience can be crudely grouped into three categories:

- those that directly maximise income, such as benefits.
- those that increase access to unaffordable goods and services without directly increasing income.
- those that increase financial resilience without directly increasing income.

Options that directly maximise income

Policy related to directly increasing people's income is driven by national government. The main income related benefit is Universal Credit, which helps with living costs for people who are on a low income, out of work or unable to work. The actual amount paid out depends on a person's circumstances, such as their age, number of dependent children, and caring responsibilities. Universal Credit has a two-child limit, with support only provided for the first two dependent children in a family.

There are a range of benefits for people on low incomes. It is important that people understand what financial aid they are entitled to claim and how to go about claiming it. Many people do not claim income related benefits they are entitled to, with recent estimates suggesting that £18.7 billion of income-related benefits and social tariffs go unclaimed each year[22]. Local government can play a role in supporting people to take up their entitlements via support organisations or targeted advertising.

Options that increase access to unaffordable goods and services without directly increasing income

There are a range of nationally led interventions aimed at helping people on low incomes access goods and services that would otherwise be unaffordable. All are linked to being a benefit claimant and some, such as free school meals are targeted at families with children.

Social tariffs are cheaper broadband and phone packages for people claiming Universal Credit, Pension Credit, and some other benefits. The contracts are delivered in the same way as normal packages, just at a lower price. Amid rising living costs, Ofcom (the regulator for communications services) encourages companies to offer social tariffs to help customers on low incomes[23].

People living on low incomes can get support to improve the energy efficiency of their home. This can help to reduce heating costs and reduce the harmful effects of living in a cold and/or damp environment[24].

Working families with children can get support with childcare costs. This includes up to 30 hours of free childcare for three or four-year-olds and up to 85% reimbursement of childcare costs for Universal Credit claimants. For working families not eligible to income related benefits, the government backed Tax-Free Childcare scheme helps with the cost of childcare by contributing an extra 20p for every 80p spent on childcare costs[25].

At a local level, charity and voluntary organisations play a vital role in supporting families on low incomes. Food banks are community led projects which rely on charitable donations and volunteer time. They usually provide enough essential items for a family for three days, and there if often a limit to the number of parcels an individual can receive within a given period. Food banks offer a reactive service to support those in greatest need, but they are not designed to provide longer term access to adequate nourishment.

Options that increase financial resilience without directly increasing income

Financial resilience is about being able to deal with unexpected costs without becoming financially vulnerable. People on low incomes are less likely to be financially resilient.

One way of helping people to be more financially resilient is by developing skills such as budgeting, so that they can spend their money as efficiently as possible. This type of training can be aimed at adults and children alike.

We are all likely to benefit from financial advice at key life stages, such as when becoming a parent or experiencing redundancy from employment, and people on low incomes are no different. Free advice is available from organisations such as Citizens Advice Bureau and the government funded Money and Pensions Service. At particularly challenging times such as when struggling to repay debt, free advice is essential. The Money Advisor Network brings together debt advice providers so people can access free, confidential, and independent debt advice straight away[26].

Opportunities for debt respite from making payments should be offered, such as the Breathing Space Scheme in England. In situations where the debt is related to council tax, the recovering authority should work collaboratively with debt advice agencies to support people in arrears.

In Essex, one in five children (19.6%) are eligible for free school meals.

What is Essex doing

Options that directly maximise income

Essex County Council has taken a proactive approach to supporting vulnerable residents affected by the cost-of-living crisis, which is described in a Cost-of-Living Support for Households and Communities Strategy. Phase one of the strategy focusses on providing financial support with essential living costs for the most vulnerable residents and was primarily funded via the government's Household Support Fund[27].

Options that increase access to unaffordable goods and services without directly increasing income

Children of school age are entitled to a free school meal if their family receives income benefits from the Government[28]. In Essex, one in five children (19.6%) are eligible for free school meals. Out of 43,470 children who are eligible, 35,001 (80.5%) are known to be taking up free school meals[29]. Individual reasons for not taking up free school meals may include not being aware of entitlement or feeling uncomfortable taking up the offer due to social stigma. The holiday food scheme has added further resilience for struggling families, although the future of that is currently uncertain.

The Warm Homes Essex project provided holistic energy advice to households whose health is adversely affected or at risk from living in a cold home. Although this project ended in March 2024, it has created a legacy of improved fuel poverty support in Essex.

There are numerous food banks operating across Essex, many of which are organised by local community groups. The largest individual operator of food banks in England is the Trussell Trust. In the year April 2023 to March 2024, the Trussell Trust distributed a total of 92,056 food parcels across Essex. Use of food banks has increased significantly over recent years, with a more than threefold increase (339%) in the number of food parcels distributed between 2017-18 and 2023-24.

Community supermarkets are not for profit community assets, which are delivered by the community for the community. They are a type of affordable food programme which hold the space between the crisis intervention of food banks and more affordable supermarkets such as Aldi and Lidl. They offer people an opportunity to access a discounted retail experience, to maintain choice and control over how they spend their money and most importantly, are based around dignity.

Active community supermarkets are in Laindon, Vange, Jaywick, Harlow, Chelmsford, Canvey Island, Epping Forest, and Colchester. They currently support over 2,700 members (around 5,700 adults and 4,000 children).

Options that increase financial resilience without directly increasing income

Phase two of the Cost-of-Living Support for Households and Communities Strategy involves developing residents' financial resilience so that they better equipped to withstand future pressures.

This will create the conditions for people to flourish and live independently.

The Citizens Advice service gives people the knowledge and the confidence they need to find solutions, whatever their problem. In response to increased demand during the cost-of-living crisis, Citizens Advice created an out of hours virtual contact centre. This helped an additional 5,400 residents with income-related issues to be supported.

Essex County Council has delivered numeracy training to around 5,500 adults in a range of community settings via the Multiply project (a national funded programme to support basic numeracy skills). The bite-sized courses focus on the acquisition of skills for life, such as becoming a savvy shopper, cooking family meals on a budget, helping children with schoolwork, and understanding your payslip.

Recommendations for Action

1. All Essex organisations and commissioned services to pay the living wage.

To achieve: Reduced in work poverty.

2. Increase uptake of benefits (Universal Credit, free school meals, pension credit etc) to be the highest in East of England region.

Public Health and education colleagues work together to increase free school meals uptake and use this as a lever to improve the quality of school food.

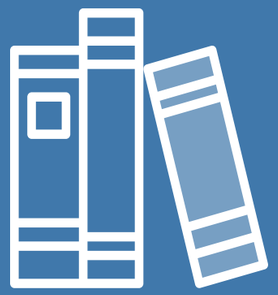
To achieve: Year on year increase in the proportion of eligible individual taken up benefits.

3. Increase investment where possible and signposting of residents and employees to voluntary sector organisations offering advice on income and debt management

To achieve: Increased total value of benefits claimed reduced average debt.

4. Advocate for the inclusive growth in the 'Everyone's Essex' strategy through a foundation of good jobs and a higher skilled workforce.

To achieve: Increased proportion of employee receiving the Real Living Wage and reduced in work poverty.



Chapter 3: Education and health

Introduction

In England, education is a central part of our societal values. It is nurtured and developed through statutory attendance and teaching curriculum for five- to 18-year-olds and encouraged into adulthood through higher education and post graduate settings. Further education, apprenticeships and skills development programmes also provide formal opportunities for adult learning to help individuals gain technical qualifications, progress, or change career.

Education and skills programmes aren't the only opportunity to learn and master new skills. Learning starts from the cradle, when we begin to move, communicate and problem solve and continues over our lifetime. Participation in clubs, using libraries, youth services, volunteering as well as adult and community learning, also provide important informal opportunities, throughout our lifetime, to develop knowledge and master new skills.

The purpose of this chapter is to:

- highlight the interrelationship between health and education for five- to 18-year-olds, in any educational setting.
- share evidence on interventions known to improve health and education outcomes.
- make recommendations on opportunities to go further.

Impact on health and wellbeing

The value of education

A good education can lead to better life expectancy[30]. Data shows that by the time a school leaver is 30, those with the highest level of education can expect to live four years longer than the lowest educated[31]. Not only that but data from the Organisation for Economic Cooperation and Development (OECD) shows that OECD countries with higher levels of enrolment in tertiary education and higher tertiary adult education see:

- lower levels of infant mortality
- lower levels of potential years of life lost
- fewer deaths from cancer
- higher child vaccination rates.

Conversely, across OECD countries increasing levels of young people not in education, employment or training is associated with higher levels of infant mortality and lower child vaccination rates[32]. The evidence is clear that education or its absence is linked to positive and negative impacts on health outcomes, respectively. These health benefits can be explained by the protective influence of educational attendance and attainment across three domains[33].

Social, psychological, and interpersonal factors - relate to a greater sense of personal control, learned effectiveness, self-esteem, coping strategies, and supportive social connections as well as problem solving and feeling valued and empowered.[1] Educational attendance and attainment enable the development of this broad range of life skills[34].

Behavioural factors – higher levels of educational attainment benefit health literacy, enabling individuals to recognise signs and symptoms of illness and get help early. High health literacy also supports the adoption of healthy behaviours, such as being physically active and getting vaccinations, while minimising risky behaviours such as drinking alcohol, smoking or taking drugs[35].

Economic factors - educational attainment can protect against other social determinants of health such as low income, unemployment and poverty; higher educational attainment is associated with better job prospects[36], wages[37] and job stability[38]. Similarly, further education and skills development programmes contribute, for example, by supporting adults in poor quality work or in unstable sectors to retrain and enter more secure employment[39].

Regular physical activity is strongly associated with academic achievement and improved health in both childhood and later life.

The impact of health on education outcomes

Poor education is linked to poor health in adulthood due to social, psychological, interpersonal, and economic factors. Conversely, poor health in childhood is associated with poor educational outcomes, often due to learning difficulties stemming from disabilities, absenteeism, and cognitive disorders.[1,4] Children and young people with better health and wellbeing are likely to achieve better academically[40].

Mental health

Since 2017/18, there has been a 62% increase in pupils reporting poor social, emotional, and mental health in Essex. Children with neurodevelopmental disorders, learning difficulties, or those who are depressed or anxious are twice as likely to be absent or excluded from school[41].

Mental health symptoms in girls often manifest as anxiety and depression, leading to school absence, while in boys, these symptoms commonly result in disruptive behaviours, leading to exclusion. Children who self-harm are four times more likely to be absent, those with bipolar disorder are five times more likely to be absent, and those with schizophrenia are four times more likely to be absent[42].

The pandemic disproportionately impacted girls' mental health, resulting in higher levels of psychological distress, self-harm, and suicide attempts compared to their male peers[43].

Heling children and young people develop the capability to cope with social and emotional pressure is associated with greater health and wellbeing, as well as better educational achievement[44].

Physical health

In Essex, 15.5% of 15-year-olds report having a long-term illness, disability, or medical condition diagnosed by a doctor, such as physical disability, asthma, diabetes, or epilepsy[45].

Often children with asthma, epilepsy or diabetes living in more deprived areas are more likely to go to A&E and to need emergency hospital treatment than those living in the least deprived areas[46]. These conditions, the need for planned and emergency health care can contribute to absences from education and skills/training programmes potentially impacting on educational attainment and disproportionately impacting on children from the most deprived areas.

Health risk factors

Poor diet, hunger, and malnutrition in childhood are linked to poor health both in child and adulthood. These factors hinder a child's ability to learn at school, impede cognitive development[47], and are associated with increased mood and behavioural problems[48].

In Essex, one in five children are overweight or obese at reception and this rises to one in three by year six[49]. There is emerging evidence that child obesity is linked to poorer educational outcomes, especially for girls[50].

Regular physical activity is strongly associated with academic achievement[51] and improved health in both childhood and later life[52]. Children who use drugs and alcohol are three to four times more likely to be absent from school[53]. In Essex, nearly three out of four 15-year-olds have ever had alcohol[54], with one in six having been drunk in the last four weeks[55]. Nearly one in five Essex 15-year-olds engage in three or more risky behaviours, such as smoking, alcohol, drugs, and physical inactivity[56].

The changing climate and extreme weather events mean that children and young people will be exposed more often to heat and cold, air pollution and flooding[57]. Hotter temperatures can lead to the overheating of school buildings in summer[58]. As well as wetter winters with more frequent flooding can mean a child loses their home creating worry and anxiety. Air pollution can exacerbate respiratory conditions and contributes to some cancers[59].

Health risk factors are more common among families with lower socio-economic status. In Essex in 2022/23, 18.8% of children eligible for free school meals do not take them up.[60] Child obesity is higher among poorer families in Essex[61]. Childhood vaccination rates are also lower among families with lower socio-economic status[62]. Evidence also shows that climate health risks also disproportionately affect low-income households[63].

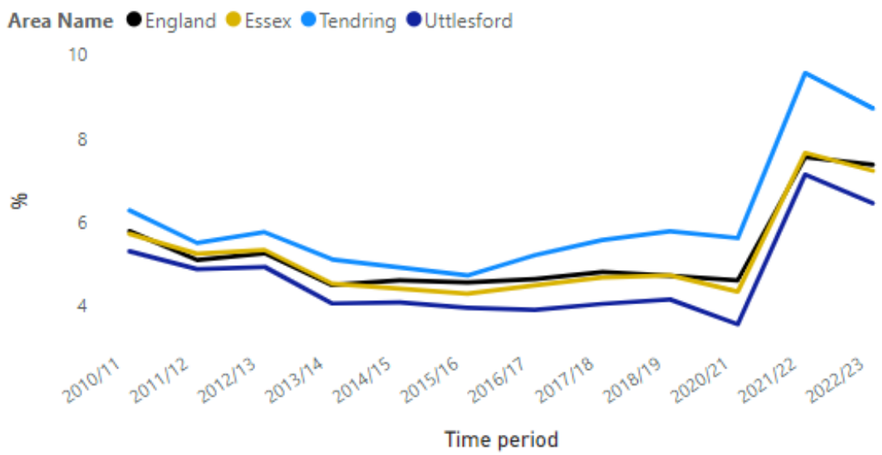
The Local Picture

Essex children's absence, recorded as missing a half day, from primary and secondary school has worsened. In the 10 years prior to the pandemic absence from school had largely been decreasing.

However, in 2021/22, it spiked. Figure 3.1 shows that absence in Essex increased by 76% compared to 2020/21 [Figure 3.1] and while the absence reduced in 2022/23 levels Figure 3.1 shows that they continue to remain higher than those seen prior to the pandemic[64].

While Essex follows the same trend since 2010/11 Figure 3.1 highlights the variation between districts with absences consistently higher in Tendring and lower in Uttlesford.

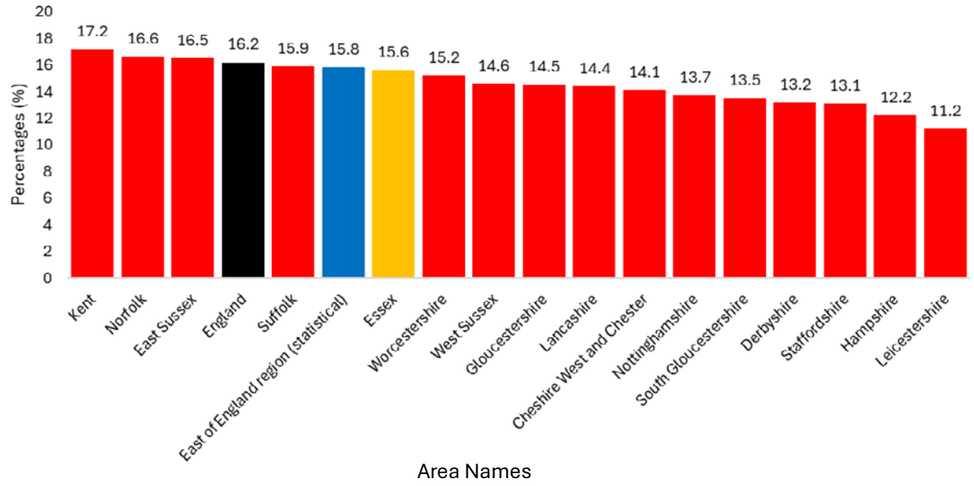
Figure 3.1: Essex pupil (primary and secondary) absence between 2010/11 and 2022/23.[8]



The proportion of children who are persistently absent – where 10% or more sessions are missed - from primary school has more than doubled since 2020/21. Levels in Essex are slightly higher (15.6%) although, lower than the national average (16.2%).

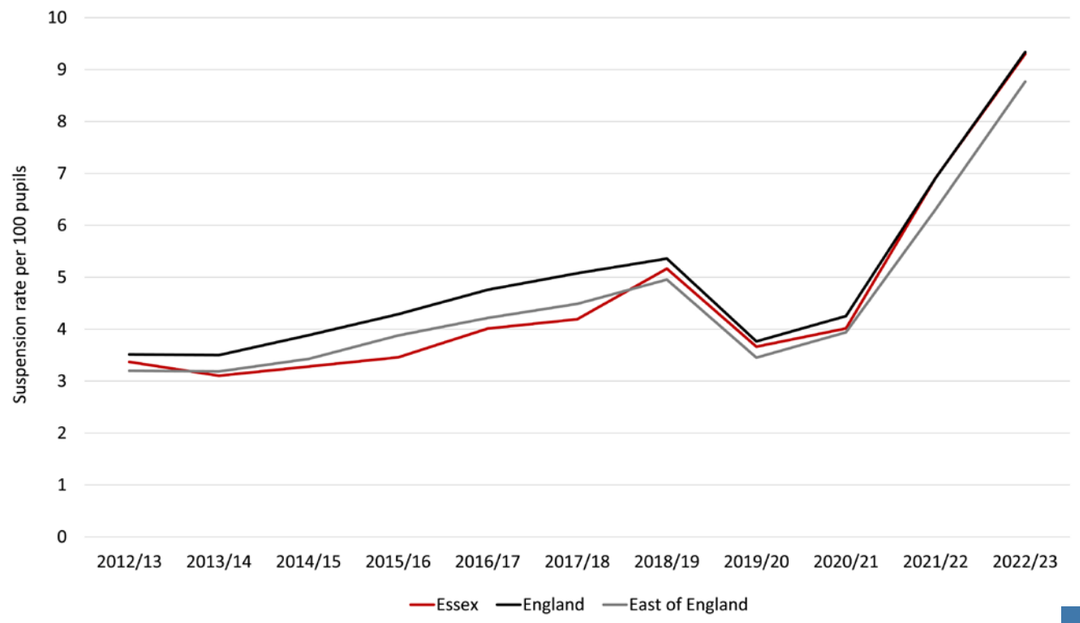
Figure 3.2 compares the persistent absence at primary schools for 2022-23 in Essex to other areas with a similar population and shows Essex ranked as 12th out of 16[65]. Similarly, among secondary schools there has been a near doubling in persistent absentees which has risen to 25.4%[66].

Figure 3.2: Primary school pupils persistently absent in 2022/23, by Essex's nearest statistical neighbours[67].



Additionally, more primary, and secondary aged children have been suspended (also known as fixed exclusions) from school, because of breaches of school behavioural policies. Figure 3.3 shows that compared to 2018/19 there has been a near doubling in the rate of primary and secondary school suspensions in Essex up from 5.1 in 2018/19 to 9.2 per 100 pupils in in 2022/23, this rise follows the same pattern seen across England and the East of England[68].

Figure 3.3: Primary and secondary school suspension rate between 2012-13 and 2022-23.



There are around 1,725 (5.2%) 16 to17- year-olds in Essex who have not been in education, training or employment (NEET) for around six to12 months, this is 1.5 times higher than London.[12] What's more Figure 3.4 shows that the number of 16 to17-year-olds who are NEET in Essex has been steadily increasing since 2019, with nearly a 25% increase between 2021/22 and 2022/23. This compares to a reduction over the same period in London and a plateauing in the East of England, as shown in Figure 3.4[69].

Figure 3.4: Percentage of 16 to 17-year-olds not in education, employment, or training in 2022/23.

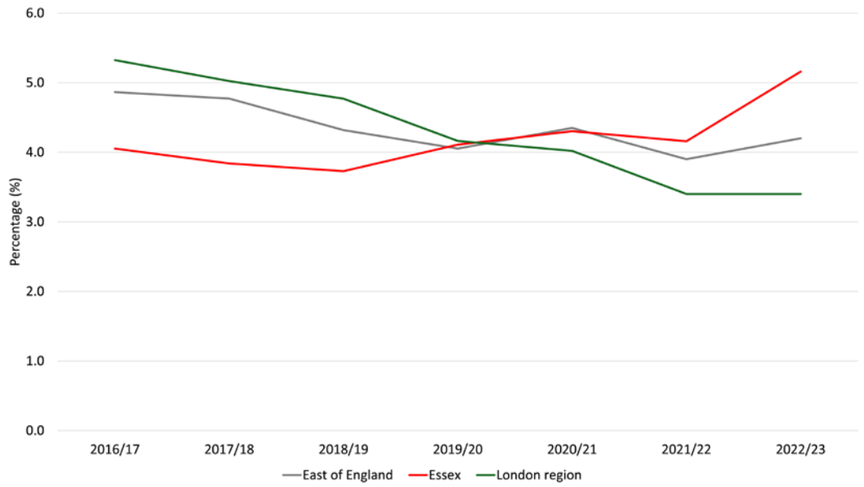
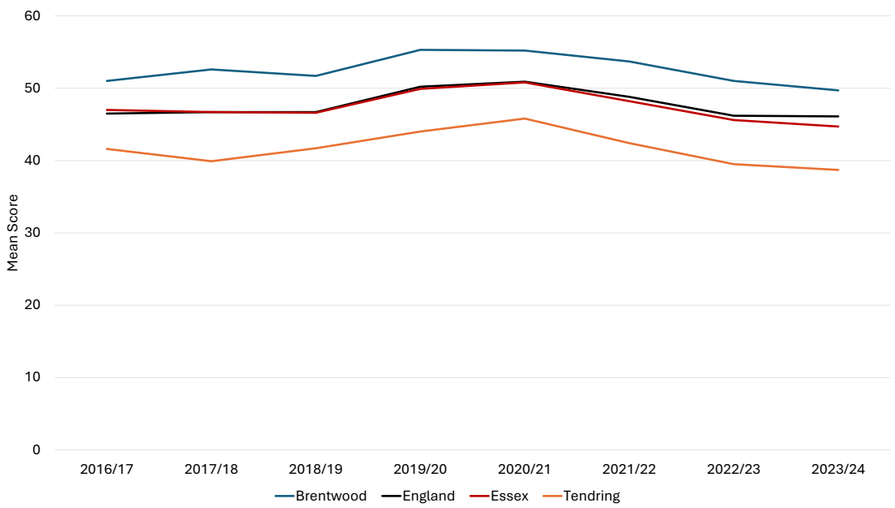


Figure 3.5 shows that, similar to attendance, the average attainment 8 score – the results of pupils at state-funded mainstream schools in England in eight GCSE level qualifications – was relatively static across Essex prior to 2019/20.[13] The slight rise seen in Essex between 2019/20 and 2020/21 is likely a result of the change in method for measuring Attainment 8 because of the pandemic. Since then, Figure 3.5 shows that scores have seen a steady downturn, a trend also seen across England and that districts follow a similar pattern with our highest performing area being Brentwood and the lowest Tendring[70].

Figure 3.5: Average attainment 8 score between 2016/17 and 2023/24.



Inequality in education

Education, or a lack of it, also has an important role to play in increasing or reducing health inequalities,[71,72] both within and across generations. Evidence shows that increasing a parent's educational attainment improves health outcomes for their children[73].

This is because educational achievement has a powerful role in determining an individuals' and their dependents income which in turn has a bearing on whether for example, they can afford to live in a safe neighbourhood or adopt healthy lifestyles, factors which serve to protect and enhance health[74].

While education can help to overcome social and economic disadvantage and combat health inequality,four equally, persistent inequalities in educational attainment and attendance serves to perpetuate inequality in education, health, and other outcomes[75].

Data reveals that all pupils, regardless of disadvantage and additional needs, experienced significant increases in absence between 2020 and 2023.[8] While national data shows widespread and indiscriminate increases in absence, evidence is clear that some children are more likely to not regularly attend school.

- national data shows 47% of secondary school pupils eligible for Free School Meals (FSM) were persistently absent in 2022/23[76].
- Children with Special Educational Needs (SEN) are at a higher risk of absence from school. Nationally, secondary school pupils with SEN support and those with an Education and Health Care Plan have persistent absence rates of over 40%[77].
- Female pupils have experienced a greater rise in overall, persistent, and severe absence since the pandemic, higher than boys[78].
- In Essex in 2023/24 we know that the overall absence of 7% across Essex masks the fact that some children are disproportionately absent from school.
- Children in Tendring at 8.7%, Basildon at 7.8% and Braintree at 7.5%, areas which have higher levels of deprivation[79].
- Absence is slightly higher among girls (7.1%) than boys (6.9%)[80].
- Irish heritage traveller children (31.6%) and black Caribbean children (9.7%)[81].
- Is higher among children eligible for free school meals at 12%[82].
- Is higher among pupils receiving Special Educational Need support at 10.7% or an Educational Health Care Plan at 11.9%[83].
- Was higher among children in need at 21% and children on a protection plan at 22.7% in 2022/23[84].

Absence from school has a serious impact on attainment. If a child is not regularly present at school, they miss the opportunity to learn and experience worse educational outcomes. For example, only 11% of severely absent pupils and 36% of persistently absent pupils achieve grades 9 to 4 in English and Maths compared to 84% who missed no Key Stage 4 lessons[85].In Essex, children achieving disproportionately poorer educational outcomes than their peers include: Pupils eligible for Free School Meals (FSM) - Figure 3.6 shows that less than half of pupils on FSMs achieve a good level of development at age , compared to nearly three quarters of those not receiving free school meals. This gap persists across a child's educational career with about 40% fewer children eligible for free school meals achieving expected levels of reading, writing and maths (RWM) at key stage 1, key stage 2 and grades 9-4 in maths and English at key stage 4 (KS4) compared to children not eligible for FSM in Essex[86]. In Essex, half as many children on FSM enter higher education compared to non-FSM pupils[87].

Pupils living in more deprived areas – In 2022/23 children's average attainment 8 scores in Harlow (40.5%) and Tendring (39.5%) were 10.5% to 11.5% lower than those in Brentwood (51.0%) and Chelmsford (50.3%)[88].

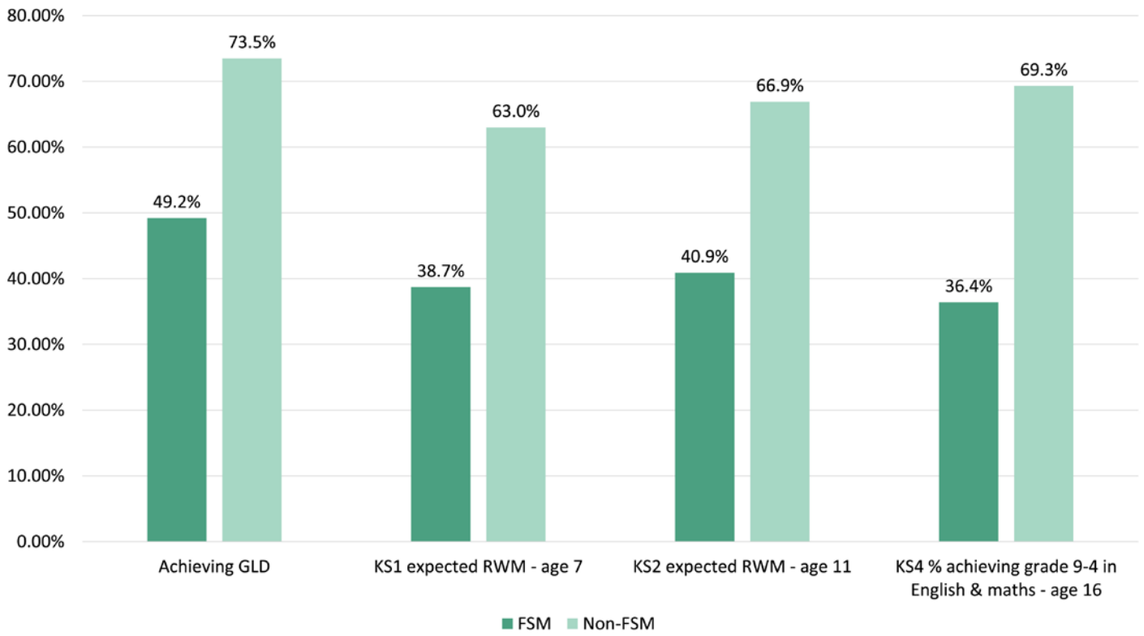
Children in care - report worse attainment 8 scores than those who are not[89].

Exclusion from school also has a serious impact on attendance, disrupting a pupil's learning and is linked to poorer educational and life-long outcomes[90].

Evidence shows that:

- boys are significantly more likely to be excluded than girls[91]. Being older is also associated with higher levels of exclusion[92]
- children with a neurodevelopment disorder, a mental health disorder or a record of self-harm are also much more likely to be excluded from school[93]
- there are clear socioeconomic inequalities in the risk of being excluded with national rates four-times higher among children on free school meals.[94]

Figure 3.6: Outcomes at different stages of education- children who receive free school meals and children who do not.[95]



Evidence of what works and examples of local action.

Attendance

There is a dearth of evidence on interventions that are effective at improving attendance. A systematic review from 2011 identified that implementing behavioural strategies, targeted parental engagement/training and school-based attendance groups appear to be more effective than other interventions, such as mentoring and family therapy[96].

The Government's evaluation of its attendance mentoring pilot recently identified that during the course of the 20-week intervention mentors provided pupils and parents with personalise one to one support helping to improve attendance from 53% to 64%. However, this dropped to 56% once the intervention had concluded[97].

There is some emerging evidence that interventions which take a holistic approach in understanding pupils and their specific need and address the specific barriers to attendance may have a positive impact on attendance[98].

The council has well established best-practice guidance Let's Talk We Miss You[99] which provides school staff and other professionals with a toolkit for maximising school attendance. The Attendance Specialist Teams also work closely with all schools offering advice and support as well as providing targeted support to those schools where levels of absence are higher.

Equity

Educational settings provide critical support for pupils who are more likely to face adversities or are at high risk of health issues that could lead to absenteeism. These environments offer an ideal opportunity to support children and young people from diverse socio-economic, ethnic, and cultural backgrounds in a familiar setting where established relationships exist[100].

Evidence shows that schools actively engaged in whole-school health initiatives, particularly those with a high proportion of children from deprived backgrounds, experience faster improvements in pupil behaviour, work standards, personal, social, and health education quality, and pupil management and support[101].

The council's levelling up programme and SEND team have helped schools in Harlow to go further on emotional wellbeing and bring on board the MyHappyMind Programme.

From April 2025 public health will be funding a further 40 schools to access this offer through the healthy school's programme.

Outdoor learning is increasingly linked to health improvements and skill development[102]. For school-aged children, spending time in natural environments reduces stress and anxiety, improves mood and concentration, enhances mental wellbeing, and makes lessons more enjoyable. This, in turn, boosts confidence, motivation, and engagement with academic tasks, leading to higher achievement levels[103]. Adopting a whole-school approach to outdoor learning can reduce inequality, benefiting those in deprived areas, with physical disabilities, ethnic minorities, and lower socioeconomic status[104].

The council's public health team are currently trialling a new intervention with 10 schools to help them take learning outdoors.

Physical health

School based health interventions can offer access to critical health services including primary, dental, and mental health care. This ensures that children and young people get the treatment for physical and mental health conditions that can keep children from attending school such as asthma, diabetes, depression and anxiety and poor dental health[105].

Mental health

Based on the existing evidence, the National Institute for Health, and Care Excellence (NICE) recommends taking action to improve the social, emotional, and mental wellbeing of children and young people in schools by[106]:

supporting everyone: Creating a supportive environment for both staff and students, focusing on their social, emotional, and mental wellbeing

training staff: Providing ongoing training and resources for staff wellbeing and give them time for supervision and support.

involving families and students: Including parents, carers, and students in planning and carrying out wellbeing strategies

identifying and helping at-Risk students: Proactively identify students who might be struggling and offer them targeted support based on their individual needs.

Many schools have taken action to support their pupils emotional wellbeing using a trauma perceptive practice approach by completing the council's training available to schools or by undertaking a focus on emotional wellbeing through the healthy schools programme. In 2025/26 the healthy schools programme will offer a new grant scheme to enable more schools to adopt a whole school approach to emotional wellbeing and mental health.

Health risk factors

Early evaluations of universal free school meals indicate that they may boost primary school pupils' performance, especially for those from less affluent families and with lower prior attainment[107]. Making these meals free for everyone helps remove stigma and ensures children most in need participate[108]. Providing a nutritious lunch daily can improve diet quality, reduce food insecurity, and may protect against obesity and school exclusion[109,110].

The Essex School Meals Advisory Service currently supports 125 primary schools across Essex, providing advice and guidance to subscribing schools to meet their statutory responsibilities to provide safe and healthy meals to their pupils. As part of this, the service has also achieved the ProVeg Bronze Award, demonstrating their ongoing commitment to help schools to serve healthy and climate-friendly meals by increasing the uptake of plant-based foods and promoting more plants and less meat on menus.

Initiatives like the national school fruit scheme, which offers healthy snacks, can enhance cognitive function and overall health[111]. Additionally, activities like breakfast clubs, after-school programmes, and creating a supportive school environment often increase a child's motivation to attend school,[112] reducing absence and significantly improving behaviour and academic performance[113].

Physical activity programmes not only improve health but education outcomes too. The National Institute for Health and Care Excellence (NICE) recommends schools should[114]:

- have active and sustainable travel plans.
- offer diverse physical activity programmes to build children's confidence and motivation.
- create a supportive environment with opportunities for physical activity during breaks and after school.
- provide homework activities that children and their parents or carers can do together.
- organize family 'fun' days.

The Creating Active Schools in Essex project is promoting a whole systems approach to embed physical activity at the heart of school policies and behaviours.

Twenty-three schools in Essex are currently working with Active Essex to increase commitment from leaders within schools. This is to identify gaps and develop bespoke action plans that will embed physical activity into policies, the physical environment, the local community and into opportunities across the school day. This project also aims to change how we work with schools in Essex and will deliver a recommendation for a framework that will address inactivity in schools. The work will ensure that recommendations and implementation will deliver objectives in school improvement plans and make long lasting, cultural changes to daily school life, both within the school day and beyond the school gate.

NICE also recommends adopting a whole school approach to support the development of life-long healthy eating practices and maintaining a healthier weight, schools can achieve this by[115]:

- providing a pleasant, sociable, and inclusive environment for children and young people to eat regular, healthy meals and that they are given adequate time to finish their meals.
- adapting catering choices to accommodate individual dietary needs (including cultural preferences and beliefs) e.g. using the African and Caribbean and South Asian Eat well guides while maintaining nutritional standards.
- ensuring that all school policies align with healthy weight aspirations.
- avoiding using food-based rewards or incentives
- addressing bullying related to weight.
- considering the layout and design of recreational spaces and catering halls
- embedding healthy eating principles into the taught curriculum
- involve families and carers in any action aimed at preventing excess weight gain such as through newsletters, information about lunch-menus and after-school activities.

Six schools in Essex are currently signed up with the Bite Back in Schools programme where students are supported to transform their school food environment. This might include installing hydration stations, introducing a salad bar, or commissioning a mural to improve the dining environment.

Raising academic aspirations, self-esteem, and motivation can reduce teenage pregnancies[116]. Career development and work experience show young people the benefits of delaying parenthood until they are more established in their careers, acting as a strong motivator to avoid early pregnancies. Providing a supportive environment and better opportunities, for example through a strong relationship, sex and health education provision makes early parenthood less appealing[117].

Currently, career advice is required from age 11, but research shows children as young as five start forming career aspirations influenced by gender, ethnic, and socio-economic stereotypes, and media[118,119]. This early bias shapes their future aspirations and choices, highlighting the need to broaden horizons from a younger age. Through the council's Year of Opportunity programme, schools are offered the opportunity to work with local businesses to progress projects and activities that will help to nurture career aspirations.

Recommendations for action

It is clear from the evidence that poor educational attendance and achievement has a major role to play in the health and prosperity of children and young people in Essex. It is also clear that it is often the most vulnerable and marginalised groups that are disproportionately absent or excluded from school.

What is more through, the county's 2024 'Beyond the Ballot' work, which engaged over 200 young people in Essex, showed that health and wellbeing as well as education and job prospects are important to local children and young people[120]. We are recommending a number of changes.

Educational settings should embed a whole school approach that addresses social, emotional, and mental wellbeing, physical health and healthy behaviours and draw on the free resources available through the Essex Healthy Schools programme, the Let's Talk resources, Trauma Perceptive Practice and Mental Health Support Teams. Best practice case studies will be shared through the existing headteacher networks.

a. The council's school food team and public health will provide advice to schools to help them achieve a universal provision of nutritious, breakfasts, lunches, and snacks across educational settings in Essex.

b. System partners e.g. schools, social care, Essex Child, and Family Wellbeing Service (ECFWS) to promote the free holiday and food programme to higher risk children and their families in Essex.

c. Essex Child and Family Wellbeing Service (ECFWS) strengthen the presence of nurses and child and young people practitioners in schools. They should focus on delivering interventions which support a whole school approach to addressing social, emotional, and mental wellbeing, physical health, and healthy behaviours.

d. Educational settings and the ECFWS school age teams should identify children and young people more vulnerable to health risks and provide/support access to tailored interventions e.g. schools participate in Risk Avert a free intervention available to all schools and focussed on risk taking behaviour.

e. Educational settings should continue to use absenteeism data to identify and pre-emptively support individual at-risk pupils, drawing on local services to provide support i.e. the ECFWS school age team, mental health support teams, social prescribers etc. Historical attendance patterns could be used to identify incoming pupils at greatest risk of absence and inform the use of targeted interventions. Live attendance data could be used to quickly identify pupils with changing attendance patterns and disrupt trajectories towards persistent and severe absence.

f. Educational settings, the council's education team and public health to continue to monitor absenteeism by socio-demographic characteristics and explore opportunities for targeted work to improve equity of attendance among higher risk communities i.e. travellers of Irish heritage and demographic groups.

g. Schools to utilise the council's Year of Opportunity to help nurture children and young people's career aspirations and recognise the opportunities open to them.

h. Educational settings to foster a positive and open culture which, gives children a sense of belonging and creates an environment which encourage attendances drawing on the council's inclusion framework approach to guide action.

i. The council's Health Determinants Research Centre to support schools with evaluating the impact of local interventions which seek to improve attendance.

j. The council to support schools to further develop the recently implemented Ready to Regulate and outreach services designed to better support children with SEND and reduce exclusions and suspensions.

k. The council to routinely measure and review the interdependence of health and educational attendance among particular groups of children and young people, such as teenage parents and their children, looked-after children, and young carers.

l. The council and Schools to ensure that equity and the voice of children and young people visibly inform decisions about education policy and funding.

m. Schools to continue to develop their grounds to maximise the natural environment i.e. tree planting and bio diversity, drawing on recommendations from the council's Biodiversity, green infrastructure and wellbeing guidance.

Ensure that equity and the voice of children and young people visibly inform decisions about education policy and funding

Chapter 4: Good jobs for health

Introduction

There are numerous different definitions of what makes a good job from a health perspective that researchers have used[121,122,123,124]. Though they all differ, they share several common components.

- **Voice:** having effective communication with employers.
- **Degree of control:** over how work is completed.
- **Fair reward:** to match effort.
- Secure employment with flexibility.
- **Growth and development:** opportunities to progress at work.
- **Safe:** both physically and psychologically.

Fair work is not only a good outcome, but also a contributor to good health. Productivity and job quality are correlated across countries and sectors[125].

The Working Group on Measuring Job Quality was a group of representatives from across trade unions, industry, charities, and academia, brought together to consider the practical challenges of implementing national job quality measurement in the UK.

They proposed seven measures of job quality[126]. Derek Bosworth and Chris Warhurst, for the Warwick Institute for Employment Research, examine the association between these measures of job quality and productivity [Figure 4.1][127].

They found that of the 17 sub-indicators across the seven domains of job qualityseven[128] were associated with higher productivity and for a further eight the association was an inverse U shape, meaning that productivity increased to a peak as quality improved then dipped. The correlation is stronger for bad work and poor productivity. This demonstrates the need for a focus on improving bad work rather than simply increasing the average quality of work.

Fair work is not only a good outcome, but also a contributor to good health.

Figure 4.1: the association between sub-indicators of job quality and productivity.

Dimension of job quality	Sub-indicator	Association between good quality work and productivity
Terms of employment	Is your job permanent?	Positive
	Chance of losing job in next 12 months	Negative
Pay and benefits	Satisfied with pay aspect of your job	Positive
Health, safety, and psychosocial wellbeing	After I leave my work, I keep worrying about job problems	Inverse U
	I find it difficult to unwind at the end of a workday	Inverse U
	I feel used up at the end of a workday	Inverse U
Job design and nature of work	In my current job I have enough opportunity to use my knowledge and skills	Positive
	How much choice do you have over the way you do your job	Other
	This organisation really inspires the very best in me	Inverse U
Social support and cohesion	My job requires that I help my colleagues to learn new things	Inverse U
	Importance of working with a team	Inverse U
	Importance of cooperating with colleagues	Positive
Voice and Representation	Whether management arrange meetings where employees can express views	Positive
	Do you think that you personally would have any say in the decision about the change or not?	Positive
	Whether there are unions or staff associations at workplace	Positive
Work-life balance	I often have to work extra time, over and above the formal hours of my job	Inverse U
	How often you come home from work exhausted	Inverse U

Is any job better than no job?

Though being in work is strongly associated with better health outcomes work can be harmful. In 2016 it has been estimated that there were 1.9 million work related deaths[129].

As already mentioned the Whitehall II Study showed that characteristics at work can be risk factors for poor health outcomes such as mental illness or addiction.[1] This is not evidence that those developing mental illness or addiction would be better off without a job, but does show that low-quality work is a risk factor for poor health. Is unemployment less of a risk to health than low quality work?

In their report “Participating in fair work for health, well-being and equity (2022)” the expert panel convened by Public Health Wales, noted existing evidence does not clearly answer this question[130].

It is likely that this will be dependent on the context; how poor the quality of the employment is and what resources and support network an individual has outside of work.

Importance of getting people into work and helping people stay in work

Work is positively associated with health. Overall, the beneficial effects of work have been shown to outweigh the risks and to be much greater than the harmful effects of long-term worklessness or prolonged sickness absence[131]. Families without a working member are much more likely to suffer persistent low income and poverty[132]. Worklessness is also a drag on productivity and the wider economy. These are the reasons why it is important that people can get into work.

For the same reasons, for people in work it is important that illness does not lead to long-term absence when it could be avoided. The replacement of the sick note with fit notes has enabled general practitioners and other clinicians to record details of the functional effects of their patient's condition so the patient and their employer can consider ways to help them return to work. This was a reform recommended in Dame Carol Black's Review 'Working for a Healthier Tomorrow'[133].

Uneven access to work helps fuel social inequality. Under the Equality Act 2010 it is unlawful to discriminate against and individual on the bases of a person having one of nine protected characteristics.

In 2022 in the UK, 77% of white people were employed, compared with 69% of people from all other ethnic groups, with people from the combined Pakistani and Bangladeshi ethnic group being employed at 61%[134]. That said from 2004 to 2022, the biggest increases in employment rates were in the combined Pakistani and Bangladeshi ethnic group (from 44% to 61%) suggesting that there is much more to do to achieve equity but the situation is moving in the right direction.

The 2021 national census found that[135]:

- males (61.4%) were more likely to be employed than females (53.2%)
- non-disabled adults were more than twice as likely to be in employment (64.7%) than disabled adults (27.3%)
- just under half (48.6%) of adults who identified as "Muslim" were in employment compared with two in three (66.0%) of those with "No religion" and 64.4% of those who identified as "Hindu".

These inequities have two important dangers. First, some sectors of society are prevented from reaching their potential and maximising their own health. Second, the economy is missing out by not tapping into the full pool of talent.

Importance of developing people once in work

Although it forms part of many of the definitions of good and fair work, there is no research evidence showing that developing people at work is associated with improved health outcomes for employees.

It would make sense that such an association would hold. Increased skill at their work would be expected to reduce effort an employee needs to achieve the same result or increase the output with the same effort, both of which would be expected to improve employee wellbeing and productivity. Advancement in the workplace because of development may lead to greater autonomy at work, promotion, and higher earnings.

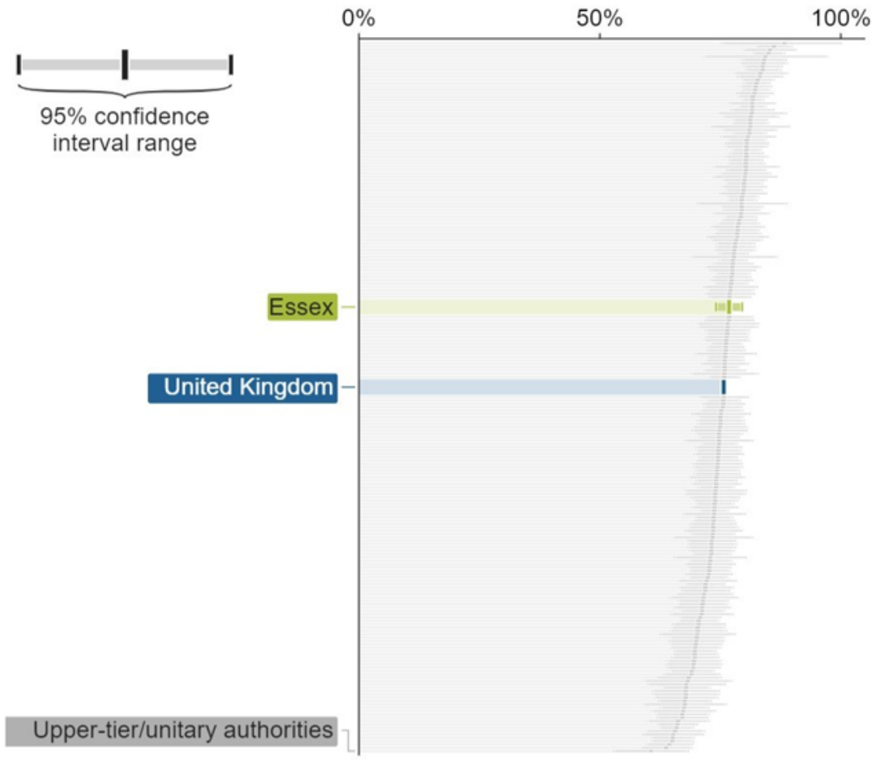
These factors are also associated with better health outcomes for employees[136,137]. In addition, an increasingly competent work force would be expected to increase the productivity of an organisation, so long as the development was related to the work undertaken.

Overall, the beneficial effects of work have been shown to outweigh the risks

The Local Picture

Figure 4.2 below shows the unemployment rate for Essex and all other upper tier and unitary authorities in the UK[138].

Figure 4.2: Employment rate (GB): percentage of people aged 16 to 64 in employment, 2023.



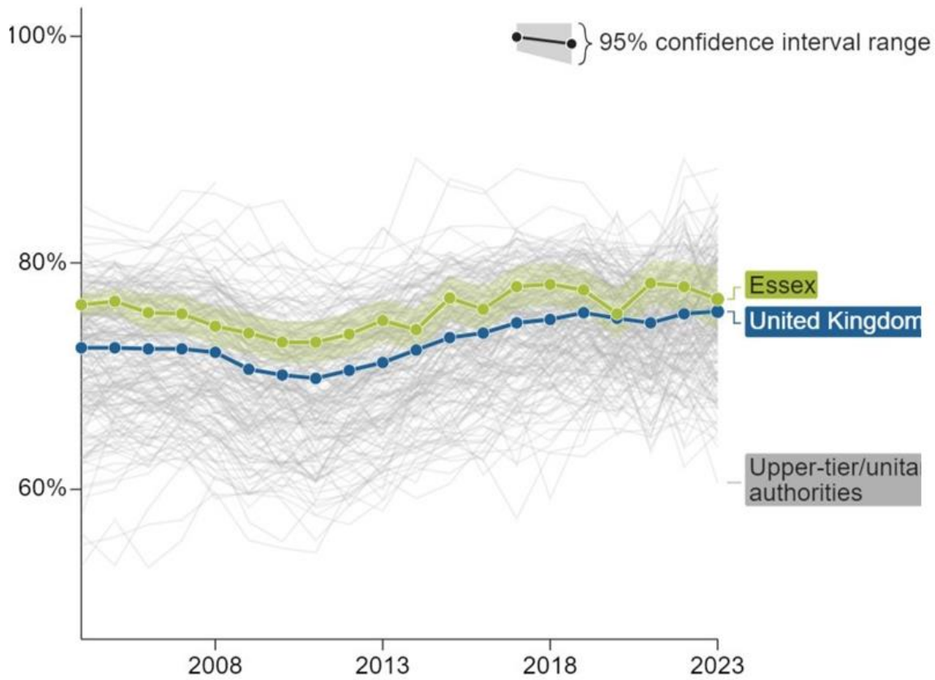
Source: Office for National Statistics.

It can be seen that the employment rate in Essex in 2023 (76.8%) was above the UK average (76.0%) but not significantly so.

https://www.ons.gov.uk/explore-local-statistics/areas/E10000012-essex/indicators

Figure 4.3 shows that this picture of employment in Essex being marginally above the average has been evident over the last 20 years.[139]

Figure 4.3: Employment rate (Great Britain): percentage of people aged 16 to 64 in employment 2004 to 2023.



Source: Office for National Statistics.

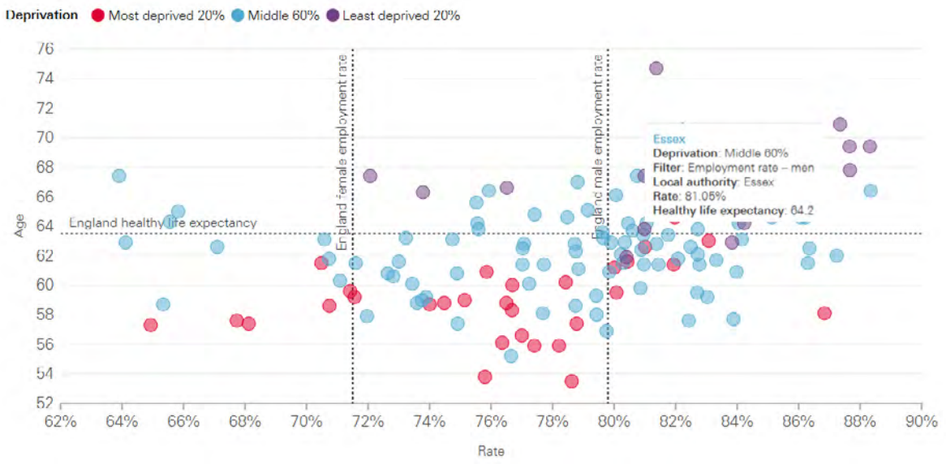
https://www.ons.gov.uk/explore-local-statistics/areas/E10000012-essex/indicators

Figures 4.4 and 4.5 below show the association between higher rates of employment and higher health life expectancy in English local authorities[140].

It can be seen that the slightly higher than average employment rate in Essex is associated with a slightly higher health life expectancy.

Figure 4.4: Healthy life expectancy at birth for women by rate of deprivation and employment: England 2018 to 2020.

Figure 4.5: Healthy life expectancy at birth for men by rate of deprivation and employment: England 2018 to 2020.



Source: Health Foundation Analysis of Office for National Statistics, Annual Population Survey, England, Oct 2022–Sep 2023, Ministry of Housing, Communities & Local Government, English Indices of Deprivation, England, 2019, Office for National Statistics, Health state life expectancies, UK, 2018–20. https://www.health.org.uk/evidence-hub/work/employment-and-unemployment/relationship-between-employment-and-health

Evidence of what works

There is no research evidenced interventions that have been shown to work in all scenarios. The best evidence available is from expert opinion. The Welsh expert panel on fair work made a number of recommendations on how to promote fair work. Those with relevance to Essex are[141]:

- **Incorporating participation in fair work into relevant policies, strategies, and plans in order to demonstrably increase equitable participation in fair work.** This should be taken up by public sector agencies and partners. Wider plans and strategies such as transport plans, digital inclusion and local development plans also have an essential role in supporting participation in fair work for different population groups.
- **Ensuring that public money is spent in ways that improve health, well-being, and equity through participation in fair work by:**
  - job creation for fair work,
  - attracting fair work employers and
  - socially responsible procurement

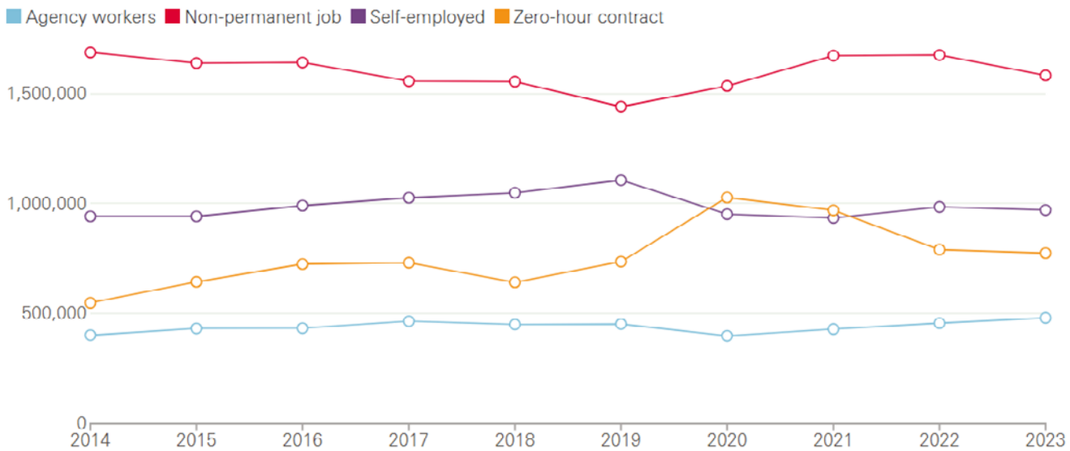
  This is being done through the consideration of social value in procurement. Other tools to support this approach include ethical employment in supply chains and Section 106 agreements. The use of these instruments and their effectiveness needs to be monitored and evaluated to promote best practice.
- **Evidence-based tools, resources and accreditation schemes for employers are identified and promoted to support application of fair work practice to improve business performance and support health, well-being, and equity.** Accessing appropriate leadership and management training and resources should be facilitated or at least promoted so that business are supported to become fair work employers.
- **Engaging with employers in Essex to develop, share and showcase fair work to improve business productivity and employee health and well-being.** Business to business sharing of good practice should facilitate a cultural change towards normalising good jobs, not only to improve employee health but as essential to maximise productivity and business success.
- **Undertaking targeted action with employers and education and training providers within area to ensure that people experiencing inequalities, including those with mental health conditions and physical disabilities, have equitable opportunities for employment into fair work.** This should include active labour market policies such as job search assistance, job creation, and education and training programmes.
- **Working with employers and education and training providers to increase local workforce capability to adapt to job opportunities which support health and well-being, through upskilling, in-skilling, and reskilling.** Efforts should focus on population groups assessed as most disadvantaged.
- **Developing a fair work approach to employability incorporating social marketing, to increase young people's and other specific groups' awareness, knowledge and uptake of services supporting access to fair work.** This should include specific consideration of entrepreneurship and self-employment as routes to fair work. Careers advice should support people to access fair work.
- **Reducing the impact of the digital exclusion to maximise the opportunities for hybrid working.** Digital exclusion is associated with low income and other disadvantage.

Changing nature of work and impacts for health, how to maximise positive impacts and minimise negative impacts

"The future of work is very uncertain at this stage; the digitalisation and urbanisation of work have the potential for improvements in working conditions but also bear the risk of de-skilling, lower pay, lower job security and poor working conditions for parts of the labour force[17]."

The following figure (Figure 4.6) produced by the Health Foundation using Office for National Statistics data shows that the proportion of workers in insecure employment grew from 2014 to 2023, but only slightly from 10.2% to 10.6%. The number of workers in insecure employment fell in 2023 for the first time since 2018.

Figure 4.6: The number of workers in insecure employment: UK, 2014 to 2023.



Source: Health Foundation analysis of Office for National Statistics, Quarterly Labour Force Survey, UK, 2014 to 2023

The OECD recommend three broad approaches to maximising the benefits of work and minimize the harms in the changing work environment[142]. These are:

raise awareness: of the benefits of a quality work environment and make these tangible to employers. The immediate costs to an employer can be all too real but the rewards may appear diffuse and illusionary.

provide coordination: employers, workers' representatives, and the public sector.

strengthen incentives: increase the rewards for high quality employer and decrease the rewards for low quality employers. For example, public sector commissioners prioritising social value when procuring goods and services.

What is Essex doing

Essex County Council has implemented a range of initiatives to tackle unemployment:

Essex Opportunities Portal

www.essexopportunities.co.uk

This provides a one-stop-shop for employment, skills, and training information. It has regularly updated listings of job vacancies across Essex; information on available training programs and courses and career advice.

Essex Youth Service

youth.essex.gov.uk

This service provides targeted support and opportunities to reduce youth unemployment through skills programmes (employability skills such as CV writing, interview techniques, and workplace etiquette) and youth employment hubs; physical spaces where young people can access job listings, career advice, and support services.

Adult Community Learning (ACL) Essex

aclessex.com

Providing adult education and training opportunities to improve employability through vocational courses; basic skills courses; employability workshops; and networking events.

Anchor Programme

www.england.nhs.uk/blog/unemployment-and-health-inequalities-innovative-approaches-in-mid-and-south-essex

Supports local people into work and internships, with a special focus on disadvantaged groups, including those with learning disabilities.

Tendring Future Skills

www.essex.gov.uk/news/2024/new-skills-programme-tendring-residents

A two-year programme by the University of Essex Outreach team and East of England Energy Group will help Tendring residents gain the skills to seize new employment opportunities in: Freeport East; North Falls Offshore Windfarm; and Tendring / Colchester Borders Garden Community.

Recommendations for action

All bar one of the initiatives mentioned under the heading of ‘what is already done in Essex’ are employee focused. Supporting people into jobs. This is important as the more skills an individual has the more likely they are to be able to find good quality work. It is however unbalanced, and more work is needed to support employers to improve the quality of the working environment. The focus has been more on creating jobs rather than on creating quality employment.

Leadership

For effective change leadership is needed. This could come from the public sector. It would be helpful if the public sector organisations across Essex agree a shared definition of fair work and a standard way of measuring it. That would help enable the Essex Health and Wellbeing Board to share and encourage good practice among its member organisations as employers. Fair working practices could not only be stimulated in the public sector organisations themselves but also in the organisations they buy goods and services from as part of social corporate responsibility.

Business to business networks could be established to support peer to peer learning. Businesses who have improved the quality of their work environment should be supported to show case what they did, and the result achieved.

Fair working practices could not only be stimulated in the public sector organisations themselves but also in the organisations they buy goods and services from

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