Introduction

Public health is now part of the local authority. The key reason for this move was the recognition of the opportunities for public health to integrate with historic areas that have long been the responsibility of the County Council that have a potential impact on the health of the public. Perhaps the area that has been least considered up until now is the opportunities around closer working between those leading on public health and those leading the ‘Place’ agenda. The place team at Essex County Council is the decision making team that holds accountability for investing the Council’s resources to secure outcomes relating to improving the Essex economy, environment and communities.

The 2014/15 Annual Public Health Report, usually the domain of the public health team has this year been jointly written by Essex County Council place officers and public health officers with additional input from district, borough and city colleagues.

The scope of the report has been aligned largely with the breadth of work undertaken by place colleagues. Areas included then are Safe communities, economy and employment, transport and the environment.

The complex interrelationship between public health and place commissioners cannot be dealt with comprehensively in a brief report such as this. This report simply outlines these areas and gives examples of how teams are and could work together, as well as with networks of others commissioners and providers outside of Essex County Council.

The reader will note that this report does not cover the whole public health agenda, focussing only on those areas where there is synergy with the “Place” agenda. It is apparent then that many key public health challenges, particularly those around the children’s agenda are not addressed. Our intention is that next year’s report will focus largely on children and young people.
Executive Summary

The responsibility and funding for community safety in Essex (which includes looking at how to reduce Crime) sits with many organisations. In order to influence the use of resources Public Health and Place Commissioners need to work in collaborative networks. These networks need to support offenders not to reoffend, as much crime is committed by those who have already offended. Collaboration is also needed to tackle the factors predisposing to crime; low educational attainment, restricted opportunities and substance misuse. Although community safety is an issue across all areas in Essex, some communities are in greater need. Efforts are therefore needed across all communities but with greater effort in those with greatest need. This principle is known as proportionate universalism.

People need a transport network to be able to access the services and to be able to enjoy their surroundings. By improving the access to and the desirability of active transport, such as cycling and walking, residents can realise their transport needs in a way that also improves or maintains their health. Public transport, principally in the form of the bus network, offers transport whilst reducing road congestion and pollution when compared to private car use.

Economic activity has important health impacts. Unemployment is detrimental to the health of individuals and their families. Increasing the opportunities for people to gain work and to undertake work that is fulfilling improves the health of the population. One important contribution to economic improvement is educational attainment and skills training. Education also has health benefits above and beyond the improved access to work.

Some groups in society have particular difficulties finding meaningful employment. These include those with persistent mental health illness and those with learning difficulties. These groups need increased support to enter and remain in the job market.

The places that people live in and how these places support physically active lifestyles, including regular walking or cycling, affect the health of the population. Having accessible natural green-spaces for rest and recreation supports mental well-being. Such green-spaces can also help reduce pollution, provide shade and reduce the risk of flooding. Designing and maintaining such neighbourhoods requires the continuation and development of partnerships between Public Health and Place Commissioners.

Given our shared corporate agenda and objectives and the challenge of limited and reducing resources available, people and place need to work together to identify potential win-wins. This will include looking at opportunities where limited resources secured through efficiencies in more traditional areas of public health spend might be specifically focussed at improving public health through initiatives developed and driven with Place colleagues as well as with external partners who have an impact on the wider Place agenda.
Health and Community Safety

Introduction
Community Safety and how safe people feel has a major impact on their health and wellbeing. The agenda is broad with issues ranging from road safety to substance misuse; from problems faced by individuals to problems experienced by the community as a whole. This complexity is exacerbated by the number of stakeholders involved and the fact that resources and responsibilities are widely shared amongst them.

Understanding the issue locally

**Fig 1. Community Spending in Essex**

The above illustration gives an indication of the comparable levels of investment across Essex in relation to Community Safety. It can be seen that to be effective Essex County Council’s commissioning for safer communities requires collaborative working.

Background and evidence
Whilst Essex County Council, and in particular Public Health and Place Commissioners, have some direct influence over many approaches to issues relating to community safety, many areas fall under the responsibility of partners. As a result, there is a need to work with and support partners and communities to deliver services and initiatives to improve safety.
Crime
The level of crime in Essex (per 1,000 residents), although comparable with the East of England, is lower than our nearest statistical neighbours; that is other areas most closely matching the demography of Essex. Crime levels have fallen consistently since 2009/10 and significantly in 2011/12. Monthly figures for 2012/13 have plateaued. The level of crime affects the entire population but it is associated with social disorganisation, dysfunctional communities, deprivation and inequalities and therefore affects certain sections of the community more. Some minority groups, such as those defined by ethnicity, sexuality and disability, are additionally at risk of experiencing prejudice or hate crime.

The Police and Crime Commissioner (PCC), whose office is accountable for local crime and policing, has emphasised the need for additional focus on the causes of crime and the importance of support to the victims of crime as well as catching and managing offenders. This is complimentary to Essex County Council’s aim to improve the population’s health and improve community safety. By acting against the causes of crime such as poor educational attainment, lack of opportunity and substance misuse and by supporting victims of crime both the Police and Crime Commissioner’s and Essex County Council’s objectives will be served.

Working with the PCC to understand the opportunities for joint commissioning is key. We also need to work with other partners responsible for key services including the NHS and districts, borough and city, probation and prisons to address mental health and drink/drug abuse which can address some of the causes of crime and anti-social behaviour.

Domestic Abuse
Numbers of incidents of domestic abuse are difficult to calculate and there is a difference between actual figures recorded locally and academic estimates, indicating that there is a need to improve reporting. Domestic abuse impacts on both adults and children, and makes up one fifth of all police incidents (29,000) - with Essex Police receiving around 80 domestic abuse related calls a day. Around half of these are repeat police incidents, with women most likely to be the victims and to have a higher risk profile. In 2009, using the British Crime Survey, it was estimated that there were over 44,000 incidents in Essex per year (Walby 2009). Some 14,000 (4.5% of) children experience severe domestic abuse before they reach 16 in Southend, Essex and Thurrock (Stanley 2011).

Child neglect and abuse
Child neglect and abuse is understood to occur as a result of a number of factors: social deprivation, parenting history, poor education, parental mental health, and drug and alcohol misuse. The Essex Drug and Alcohol Partnership (EDAP) estimates there are 5,240 families in the county with four or more vulnerabilities, with a greater concentration of these families in deprived areas. Other estimates suggest that there are 57,902 children in Essex with at least one parent abusing alcohol, 7,300 children with at least one parent who is a dependent drug user and 46,636 children with at least one parent with a mental health problem. Most of Essex County Council’s looked after children have parents with two or more of these vulnerabilities.
**Anti-Social Behaviour**

No area is free from anti-social behaviour but it is more frequent in some localities than others. Harlow has the highest rates of offending and anti-social behaviour incidents in Essex.

A perpetrator of antisocial behaviour is more likely to:

- have witnessed domestic abuse
- suffer from post-traumatic stress
- have serious social and behavioural problems
- live in a household with complex needs or disadvantage
- misuse drugs and/or alcohol

Pupils in Essex who have had a Police warning are more likely to:

- not be in education, employment or training (NEET)
- have poorer levels of wellbeing
- lose their temper twice or more per week
- say their school deals badly with bullying
- say they have been a victim of crime
- smoke and drink regularly or have taken drugs

They are less likely to feel they are listened to and taken seriously at home/school, to enjoy, and try their best at, school, want to go to university, and say that there is enough to do in their area.

Antisocial behaviour at age ten is a powerful predictor of the total cost spent by public services on an individual by age 28 years, with criminal justice costs the highest. Children who engage in antisocial behaviour are disproportionately likely to face a lifetime of social exclusion and offending. This does not have to be the case. Early intervention can reduce the likelihood of later offending.

**Fear of Crime**

Fear of Crime is only weakly associated with the level of crime and remains persistently high even though crime levels are comparatively low. The fear of crime can have a devastating effect on a person's sense of personal safety, lifestyle and quality of life. It can curtail social activities and precipitate isolation through an unwillingness to venture outside home. It can increase stress, fear and anxiety. It
can lead to an increase in household costs, for example, choosing a car or taxi instead of public transport or installing home security systems. It can lead to reduced use of local amenities, leading to greater economic and social costs for local communities.

There are a number of factors which may significantly increase the fear of crime in the community, including: sensationalist media crime reporting; perceptions of vulnerability; infirmity and limited mobility; social isolation; disorderly surroundings such as litter, abandoned buildings/cars, graffiti and broken/barricaded windows; and disruptive behaviour such as rowdy youths, beggars, drunks and inconsiderate neighbours.

The percentage of residents who feel safe after dark is a standard perception measure of the fear of crime. Women (29%), those over 65 (28%), those living in social housing (40%), and those with disabilities (32%) are more likely to feel unsafe after dark; compared with men (18%), all residents (24%), owner-occupiers (21%), and able bodied (20%), respectively.

Where residents live affects how safe they feel after dark. Uttlesford (75%) and Maldon (68%) residents feel the safest outdoors after dark, followed by residents in Chelmsford and Colchester (65% in both cases). However, residents are less likely to feel safe after dark in Castle Point (49%), Basildon (48%), and particularly in Harlow (where 37% feel safe).
Offenders with Complex Needs

Some characteristics put offenders at greater risk of reoffending. When more than one of these characteristics occurs in an individual they are considered to be offenders with complex needs (OCN). Needs may relate to substance misuse, learning difficulties or mental health problems. It is anticipated that by attending to these needs the risk of reoffending will be reduced.

To this end services are working in collaboration to:
- Provide clear pathways and a director of services
- Promote closer working of partners working with offenders with complex needs through networking events, joint training and colocation
- Enhanced information sharing potential through portable risk and needs files that will travel with the offender through their criminal justice system

A review into the most effective interventions for reducing the fear of crime found most evidence for home security measures and general environmental improvements to public areas. Street lighting has been found to be ineffective at reducing the fear of crime in controlled studies and there is little evidence to support the effectiveness of CCTV or crime prevention through environmental design.

Re-offending

A key strategy to reducing the crime rate is to tackle reoffending. This is important as a high proportion of crimes are committed by a small number of offenders. The Essex reoffending figures are below regional and national averages. In 2011 the percentage of ex-offenders who reoffended in the first 12 months after release was 23%.

Transforming Rehabilitation Services requires Essex County Council to take a fundamental role in influencing commissioning and

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reshaping of services to reduce reoffending. From 1st April 2015, a new refocused National Probation Service will be tasked with keeping the public safe from the most dangerous and high-risk offenders. A Community Rehabilitation Company will be established in Essex, run by a private and/or voluntary sector organisation, and will work on closing the 'revolving door' of the criminal justice system by tackling lower risk offenders. For the first time all offenders, including those serving less than 12 months, will be subject to mandatory supervision and tailored rehabilitation to address alcohol and substance misuse on release from prison. The delivery of offender services in the community will aim to reduce reoffending rates whilst delivering improved value for money for the tax payer. This is of particular significance given that Chelmsford Prison has been designated as our local resettlement prison. All prisoners who are Essex residents will complete their prison term and be released back into the community from Chelmsford Prison.

Youth offending is falling. In 2011/12 the Youth Offender Service (YOS) caseload was 1,061; down from 1,220 young people in 2010/11. As with anti-social behaviour different areas in Essex experience difference rates of youth offending. Tendring and Harlow experienced the highest rates of first time youth entrants in the criminal justice system in 2011/12.

Road Safety
Essex County Council has a role in influencing the partnership response to road safety in Essex. The numbers killed or seriously injured on the roads in Essex per 100,000 population at 45 is significantly higher than the National and Regional averages (ONS, 2010 to 2012). In part this is due to the high number of non-Essex residents using the roads of Essex. This means that the denominator for this statistic underestimates the population at risk.

The number of people killed or seriously injured on Essex roads (KSI) has decreased over recent years and Essex County Council works very hard with its partners to deliver targeted education and enforcement to maintain a downward trend. The average cost arising from a fatality in a road collision is estimated to be £1.7m.2

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In response to a number of deaths involving young motorcycle riders and young drivers, the Strategic Child Death Overview Panel has supported and promoted the ongoing work of Essex County Council and Essex Fire & Rescue Service to promote road safety education for the year 12 age group.

Drowning
There is currently no legislation in the UK around residential swimming pools. No planning permission is required and there are no requirements around child safety.

Following a number of deaths of children drowning in residential swimming pools the Strategic Child Death Overview Panel are planning a major campaign for 2015 to focus specifically on swimming pool safety and more generally on safety around paddling pools, hot tubs and garden ponds.

Guidance is to be produced around access and fencing of swimming pools. The campaign will target locations such as Children’s Centres, schools, libraries and shopping centres. Involvement will also be sought from District and Borough Councils and national organisations such as the Royal Society for the Prevention of Accidents (RoSPA) and Swimming Pool and Allied Trades Association (SPATA).

How working together can impact on community safety
The delivery of the community safety agenda is supported through the Safer Essex Partnership, which brings together:

- Essex County Council: for services that fall under both the ‘place’ and the ‘people’ commissioning teams (Trading Standards, Community Resilience, In Person Services in respect of developing community hubs, and others).
- all unitary, district and borough councils through their Community Safety Partnerships
- the office of the Police and Crime Commissioner
- Essex Police
- Essex Fire and Rescue Services
- Probation Services
- the voluntary and community sector.

Although each of these partners has a role to play it is only through coordinated, sustained action that community safety will be maximised.

Healthy Festivals
Working in conjunction with Essex Police, Essex Trading Standards and event security, Essex County Council has work to increase the safety of festival such as V and Brownstock. This has involved checking the business are not selling alcohol to underage costumers both on site and in the surrounding area and acting against the supply of nitrous oxide, a drug abused as such events.

This collaboration has reduced the risk to festival goers.
Essex has a national reputation and track record for successful partnership working; delivering change through innovation. Partners are committed to working together to reduce re-offending, protect the public, and reducing the number of victims of crime, by delivery of joined up and integrated services that actually transform rehabilitation, eliminate bureaucracy, focus on outcomes not process, reduce risk and increase opportunity.

**Tobacco Control**

An Essex tobacco control approach in partnership with Essex Trading Standards has proved very effective particularly in respect to seizures of illicit tobacco. There are three strands to this work

- Enhancing the delivery of the Challenge 25 initiative to prevent sale of tobacco products to minors.
- Inhibiting the supply of illicit tobacco
- Ensuring compliance with tobacco display legislation.

**Recommendations**

- Essex County Council commissioners for place and people services need to continue to work together with multiple partners to develop a complex mix of approaches to address the underlying causes and consequence of threats to community safety: education, training & employment opportunities, alcohol and substance misuse treatment and road safety measures.
- Action is needed within all communities but those communities facing the greatest difficulties need to be a priority (proportionate universalism). For example Harlow should be a priority as antisocial behaviour and youth offending are high.
- Working with offenders to address their behaviour needs to be a priority to reduce crime
- As with more established behavioural risk the emerging risks faced by young people on the internet needs to be appraised and the possible interventions considered.
Public Health and Transport

Introduction
Being physically active is one of the most important behaviours in helping people to stay healthy. Physical activity helps to maintain a healthy weight, reduces blood pressure, improves the health of the heart, reduces cancer risk and maintains mental health. The transport options that people face can either;

1. support being physically active, such as when walking or cycling are possible or;
2. hinder being physically active, such as when transport by car is the only viable option.

There are many factors governing an individual’s decision to choose active transport, some of which Essex County Council cannot influence but some that we can. By supporting people to undertake physical activity Essex County Council can contribute to maintaining the health of its residents.

Walking has long been a popular and well used form of transport for all journeys and especially for trips to local schools and in the course of getting to work. However cycling has declined in popularity over the last 30 years despite the advance in formal and informal cycling provision through infrastructure, training activities, marketing and promotion.

Recent events have revived the population’s interest in cycling as a form of sport, recreation and transport. Such events have included national events such as the London 2012 Olympics and the success of the British Cycling Team; as well as prominent Essex events including hosting the Tour series in Colchester, the Tour of Britain and the Tour de France. This interest means that endeavours to support an increased uptake of cycling are more likely to be successful. Although the focus of the public towards cycling often focusses on the provision of cycle tracks and lanes the greatest stimulus to get people cycling appears to be a promotional one which encourages participation.

By active transport we are principally talking about cycling and walking. However, those taking public transport are likely to be more physically active in reaching their destination than if the same route was undertaken by private car. Access to good public transport has important health implications by connecting people to services, recreational, social and employment opportunities.

Active transport and public health
There is a natural overlap between the public health goal of increasing the number of residents in Essex who are physically active and the need of Essex County Council commissioners to reduce the reliance on private cars for transport. The need to keep the road network efficient with improved journey time reliability to support businesses in Essex may, on the other hand, conflict with improving the infrastructure of active transport.

This is not a dichotomy between supporting business and car use on the one hand and the public’s health on the other. Indeed the health of the people in Essex is
most critically linked to material wealth and employment that are driven by the vibrancy and success of business in Essex. Our task then is to find the balance that optimises business growth and efficiency and allows the healthiest environment for active transport options.

Active transport needs to be promoted throughout Essex but some areas need more focus. Tendring, where the cycling prevalence is above the average, might be thought to have a lower priority than other areas. However the deprivation in Tendring with associated poor health means that to achieve equity in health outcomes improving physical activity needs to be prioritised.

**Current Cycling & Walking Usage, Provision and Potential**

Essex is ideally situated to see resurgence in cycling and more opportunities to travel on foot.

Cycle usage rates are only readily available for certain journeys or on the basis of national returns; however the following is a guide to cycling levels for employment. About 27% of journeys to work are under 5kms (3 miles) and levels of sustainable transport usage are reasonably encouraging. The map below shows the percentage of people who travel to work on foot or by bike. In some urban areas rates exceed 30%.

**Fig 5. Percentage of Essex residents who travelled to work by bicycle or on foot, 2011**

Cycling Provision & Walking Provision

Essex has the following infrastructure, initiatives and facilities to encourage active travel:

- 208 miles of dedicated cycletracks
- 8 miles of cycle lanes
- 43 miles of on-road signed cycle networks in towns
- Fully signed cycle networks in Basildon, Chelmsford, Colchester and Harlow
- 250 miles of signed national Cycle Network
- 3,888 miles of footway provision in most towns and villages
- Increasing public realm in town centres
- 4,000 miles of public rights of way, including named longer distance routes such as the Essex way
- 8 Country Parks plus town parks in larger Essex towns
- Cyclist training scheme for year six children (Bikeability standard 1 and 2) and Adult level 3 Bikeability standard available

There is plenty of potential to increase levels of cycling and walking in the county. The SWOT (strengths, weaknesses, opportunities, threats) table below demonstrates this.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature features: flat, low rainfall, good quality public open spaces</td>
<td>Rural areas have accessibility issues and access to basic services involve of necessity longer journeys</td>
</tr>
<tr>
<td>60% of the population live in towns with a radius of under 3 miles</td>
<td>Pedestrian priority areas are not widespread and often need retro-fitting</td>
</tr>
<tr>
<td>60 stations in Essex take commutes to London which can be combined with cycling</td>
<td>Cycle networks are of lower quality than road environments and there are gaps in provision</td>
</tr>
<tr>
<td>Four of our towns have established cycling networks</td>
<td>Urban and built environments have made cycling and walking less convenient through the prioritisation of car travel</td>
</tr>
<tr>
<td>Established cycle clubs and organisations</td>
<td>Insufficient targeting of groups of people for whom walking and cycling would be beneficial</td>
</tr>
<tr>
<td>Cycling information is readily available</td>
<td></td>
</tr>
<tr>
<td>Cycling and walking events are widespread</td>
<td></td>
</tr>
<tr>
<td>A dedicated team engages with employers and other organisations in travel planning</td>
<td></td>
</tr>
<tr>
<td>Cycling infrastructure is growing. The National Cycle Network is signed throughout Essex</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>The new cycling strategy being prepared will pick up public health concerns</td>
<td>Expanding towns may result in longer distances between homes and services</td>
</tr>
<tr>
<td>Local Highway Panels have funding to support the provision of infrastructure and funding also available through the LEP and s106/CIF</td>
<td>Local services are centralising meaning longer distances to travel</td>
</tr>
<tr>
<td>Grant aid funding for target groups is available</td>
<td>Parents choosing schools at distances impractical for cycling and walking</td>
</tr>
<tr>
<td>Master-planning for new developments affords the chance to design convenient walking and cycling</td>
<td>Cycling is perceived as unsafe</td>
</tr>
<tr>
<td></td>
<td>Cycling amongst younger age groups has declined and is viewed as unfashionable</td>
</tr>
</tbody>
</table>
We also have to be aware of the current situation. Where there is infrastructure supporting physically activity, such as pedestrianised walkways and cycle paths, it may be sufficient to promote these physical activities. Where such infrastructure is not present the focus may need to be on making the environment safe and desirable for active transport before promoting its use.

In order to increase the numbers cycling sustained effort is required. This needs to come from public health and place commissioners working together with district and borough partners.

A number of factors will need to be considered in order to identify the groups and areas most in need of interventions to increase physical activity. These factors include economic regeneration areas, housing plans, and highways development plans, as well as traditional public health datasets such as healthy lifestyle prevalence, burden of disease, and deprivation. This has to be done in partnership with our district and borough colleagues. This intelligent use of routine data should maximise the effectiveness of available resources to increase physical activity.

However, where opportunities for relatively little effort could produce a fruitful universal offer, these should be developed. Campaigns which capture the groundswell of public interest in cycling following the Tour De France in Essex for example are likely to be more successful now than if tried in previous years because of the current high profile of cycling.

**Active transport and the built environment**
On its own encouraging people to be more active is unlikely to be effective if there are no convenient routes to walk or cycle to the places they wish to work, shop or

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**Good Practice in Cycling – improving participation**
There are many good examples of where we and our partners currently seek to improve participation rates in cycling. These include:

- **Cycle Towns** initiatives. Colchester and Harlow have both developed this approach where a network of signed and colour coded routes have been provided, Extensive training is given to a range of organisations and a dedicated website created to help with promotion. [http://www.cyclecolchester.co.uk/](http://www.cyclecolchester.co.uk/)

- **Cycle Hubs** Harlow has a dedicated hub with two premises in Bush Fair which runs guided cycle rides and is community led. The hub promotes cycling through providing a centre to get advice from, cycle training, cycle hire and repair/sales. The hub is grant aided by ECC. [http://www.hubandspokeharlow.co.uk/website/](http://www.hubandspokeharlow.co.uk/website/)


- **Getting into cycling locally with Cycling Champions**: Working with the CTC Essex supports the initiative to increase participation rates for new or returning cyclists [http://www.ctc.org.uk/near-me/essex](http://www.ctc.org.uk/near-me/essex)

- **Getting into longer distance cycling**: Essex works with Sustrans to develop the National Cycling Network. [http://www.sustrans.org.uk/](http://www.sustrans.org.uk/)
socialise. The National Institute for Health and Care Excellence (NICE) published guidance on promoting physical activity. It recommended that walking and cycling should be prioritised and to do this they recommend:

- Reallocate road space: widen pavements and develop cycle lanes
- Decrease road capacity: close or narrow roads
- Charge motorists for road usage
- Develop traffic calming to reduce speed
- Engineer safe walking / cycling routes to school.

To promote cycling and walking, route networks need to be developed and maintained to a high standard. These need to connect workplaces, homes and schools as well as public facilities such as shops, greenspaces and places to play and socialise.

**Bus transport**

Buses have an important public health function. Bus journeys account for almost two thirds of all public transport journeys. They link people to jobs and educational opportunities; both important factors in health and wellbeing. They get people to the shops and to places where they can enjoy social, cultural and leisure activities. In so doing they help maintain the vitality of urban centres and the viability of rural communities. They also enable people to access health service provision and to get to appointments. By offering an alternative to the private car, buses can decrease pollution which benefits health; and by reducing congestion on the road network they benefit business and support economic growth.

Commercial bus services account for around 85% of the total network in Essex. These are services run on routes and at times governed by the commercial interests of the company that operates them. Council funded services account for around 15% of the total and include statutory responsibilities, like home to school transport (£25 million), concessionary fares (£20 million), looked after children (£1.2 million) and adult social services (£5 million).

In addition to the statutory responsibility, the council has discretionary spend on bus transport. This includes services that are not commercially viable (normally in the evenings or at weekends). The Council invests £8.3 million in the local bus network and £1.2 million in community transport schemes.

In order to maximise the advantages of bus services, Essex County Council has developed a strategy with key partners. Called ‘Getting Around in Essex’ this strategy aims to improve services for those who currently use bus services and to attract new passengers, including those who currently use their cars. Elements of the strategy include bringing partner organisations together, developing the bus network infrastructure, increasing the desirability of bus travel, making bus travel easier and improving the commercial viability and flexibility of services.

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3 NICE public health guidance 8, 2008
The strategy will be delivered through partnership working with bus operators, boroughs/districts, highways professionals, and community and passenger groups. This is so that a coordinated service can be developed using the insights from local communities and experts in relevant fields. This partnership approach will help identify the need for infrastructure development within the existing bus network as well as on new developments in Essex.

The desirability of bus transport can be improved by convenient timetabling, reliability and vehicle comfort and cleanliness. In addition services such as availability of Wi-Fi on board buses and responsiveness to feedback from customers will make the service more desirable. There is some scope to influence these factors through the contracts Essex County Council holds with bus companies. In addition working in partnership with commercial companies will give the chance for informal support to service improvement.

There are many things that can be done to increase the ease of using buses. Simplified fares that can be used across providers helps, as does convenient timetabling and routes that join key locations. Live bus location information help passengers know how the services are running as can personalised alerts. Electronic applications (Apps) can be developed to enable individuals to plan their personal routes. In areas where a traditional service with a single large vehicle is operating on a fixed timetable along a predetermined route is not cost effective some innovative solutions may be found using community schemes or taxi operators.

Where services are currently commissioned by the Essex County Council the commercial operators can be incentivised to increase the utilisation of the route by allowing them to keep the revenue from fares. Lengthening contracts so that they run over extended periods will give providers the security they need to invest in vehicles, drivers and routes.

**Recommendations**

- Understand the transport and health needs of groups within geographical areas.
- Facilitate a “Cycling Summit” for Essex, under the aegis of Active Essex, to co-ordinate interest and effort for cycling promotion across Essex.
- Work in partnership with others, especially districts and boroughs to facilitate residents using active or public transport.
Health and the Economy

Introduction
There is now little disagreement that a strong link exists between employment and health although it initially proved hard to clarify cause and effect. Up until the 1980’s the key source of data was longitudinal studies that examined what happened to health when people lost their employment. Those who did not feel that there was a link argued that it was equally likely people who had poorer health were unable to retain jobs and were subsequently then unable to get another job.

One key set of studies that helped clarify the causal relationship were those conducted in a GP practice in Wiltshire. On 1 July 1982, the factory of C. and T. Harris (Calne) Ltd (manufacturers of bacon, sausages and pies) established in Calne in 1770 finally closed following several years of job cuts and uncertainty. Norman Beale, the local GP with researcher Susan Nethercott studied the impact of threat of closure and then job loss over a prolonged period using other Calne residents as a control group. They found both threat of job loss and actual unemployment had major negative impacts on health, both physical and mental, and use of health services, in both a hospital and GP setting and not just for those who lost their jobs but for their families too. In addition to the severe impact on families the increased demands on health services were marked with a 60% increase in hospital outpatient attendances amongst the unemployed workers and their families.

Employment and health
Unemployment and not disease is the biggest cause of health inequalities, social exclusion, deprivation and mortality. Employment is absolutely key to the health of the Essex population and being in work is a determinant of good health. Studies have shown that unemployment has a serious detrimental impact on all aspects of physical and mental health not just of the individual who is unemployed but on their whole family, including:

- Families with no one working are more likely to suffer persistent low income and poverty;
- Lower parental income correlates with poor health in children;
- Child deaths from injury correlates with low employment status and worklessness;
- Behavioral and conduct disorders are more likely where no parent is working; and
- Children of workless households are more likely to experience worklessness themselves when adult.

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Job Centre Plus (JSP)
A partnership between JCP and Essex County Council has led to Social Justice Coaches and other advisers being equipped with Royal Society of Public Health training. They then provide increased levels of support to vulnerable individuals struggling to find work. The training module equips advisers with the skills to recognise and signpost people to appropriate health and wellbeing services. Early observations are that Coaches are seeing positive behavioural changes as their customers move closer to securing employment.

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In addition to unemployment the issues of underemployment and low paid employment are increasingly having a significant impact on economic and social well-being with a consequent impact on health. Employment is generally the most important means of obtaining adequate economic resources, which are essential for material well-being and full participation in today’s society. Employment and socio economic status are the main drivers of social gradients in physical and mental health and mortality. For people in Essex to enjoy good health and wellbeing, and to help us to tackle the key health issues and inequalities, it is important that Essex communities and businesses enjoy the benefits of sustainable economic growth.

Essex County Council’s outcome strategies are aligned to support this vital public Health issue:

**Children get the best start in life:**
If we can bring about a reduction in the number of children living in workless households we are more likely to break the cycle of generational worklessness and to support children to be motivated to learn, be inspired to work and contribute to society.

**People in Essex Enjoy Good Health and wellbeing**
Unemployment causes more than a doubling of ill health in the person who is unemployed AND their family. Certain localities have higher unemployment including Harlow, Tendring and Basildon, specifically high youth unemployment which is increasing. Actions to address this will be through delivery of our commissioning strategy regarding economic growth.

**People have aspirations and achieve their ambitions through education, training and lifelong learning**
Percentage of working age people in employment: employment enables people to achieve their aspirations and ambitions. Sustaining employment in an increasingly competitive global marketplace requires a commitment to lifelong learning.

**People in Essex experience a high quality and sustainable environment**
Conditions of Roads and Footways: Our highways and transportation infrastructure represents one of Essex County Council’s largest assets and provides the connectivity needed by businesses, communities and individuals alike. Increasingly this network is coming under strain from extreme weather, natural ageing, increased demand and the effect of historic underinvestment.

**Sustainable economic growth for Essex communities and businesses**
The population of Essex is forecast to grow by 71,000 in the period up to 2021. This means that to sustain the county’s economic growth and increase economic prosperity, an additional 33,000 jobs will need to be created by 2021. To improve economic resilience employment growth will be targeted in a number of opportunity growth sectors (advanced manufacturing, low carbon & renewables, logistics, life sciences & healthcare and digital, cultural & creative) as well as continuing to support existing core employment sectors (financial services, construction, manufacturing, tourism and logistics).

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Education, Health and Employment

“Education and health are the two most important characteristics of human capital. Their economic value lies in the effects they have on productivity: both education and health make individuals more productive. Education and health have a considerable impact on individual wellbeing, as well. The wealth of nations is to a large extent determined by the educational attainment and the health status of its population.”

There is strong correlation between education, employment and health. Greater levels of education help to create better employment, wealthier economies and populations. However, the benefits of education go beyond economic ones. A good education improves the life chances and opportunities of people for good future employment and a healthier lifestyle.

A good education helps to promote and sustain healthy lifestyles and positive choices. This is particularly true in relation to physical activity, diet, smoking and sexual activity. Education provides individuals with better access to information, improves critical thinking and cognitive skills which accounts for up to 30% of the education effect on health behaviours. What this means is that people with more education tend to be better-informed and make better use of the information they acquire when making health-related choices.

A focus on these wider determinants (worklessness, unemployment and education) is absolutely fundamental to improved health across the Essex community.

Understanding the issues, the Essex Picture

- As at 31 March 2014 80% (compared to 77% in Great Britain) of the working age population (16 to 64 years) were economically active; meaning that they were either employed or unemployed but available for work. A greater proportion of males (87.2%) were economically active compared to women (73.4%).

- 7% of working age males were unemployed (compared to 8% in Great Britain) and 6% of working age females (compared to 6.7% in Great Britain).

- 20% of the population aged 16 to 64 years were economically inactive; meaning that they were neither employed nor unemployed but available for work. Those economically inactive as a result of long term sickness account for 4% of the population aged 16 to 64 year (compared to 5% for Great Britain). Other reasons for being economically inactive include: looking after a home or family; being a student and being retired.

- Compared with the average for Great Britain less people of working age in Essex are qualified to Higher National Diploma, Degree and Higher Degree level or equivalent (28% compared to 35% for Great Britain). The proportion with no

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7 Groot W, Maassen van den Brink H. in Measing the effects of education on health and civic engagement Proceedings of the Copenhagen Symposium OECD 2006
Workplace Health and Health Champions

Hundreds of Employees across Essex have taken advantage of Essex County Council’s workplace Health programme. The programmes have helped workers give up smoking, lose weight, reduce their alcohol intake, understand and manage stress and be more physically active. In addition there were over two hundred workplace health champions trained in Essex last year by Essex County Council commissioned services who support their colleagues with ongoing Health promotion and signposting. These initiatives have all contributed to a healthier work force and consequently Essex Businesses being more productive.

Workplace health

The health and wellbeing of employees is significant in determining a business’s success. The costs of smoking alone to Essex businesses is calculated to be in excess of £234 million, and includes lost output from early death and lost productivity from smoking related sick days and smoking breaks. Specific guidance exists from the National Institute for Clinical Excellence (NICE) focussing on general health in the workplace, physical activity in the
workplace and promoting mental wellbeing at work. There are also a number of tools to assess the financial advantage to businesses of a healthy workforce in terms of improved attendance and productivity.

Essex County Council commission specific workplace support for businesses, and hundreds of employees across Essex have benefitted from support on issues including Mental Health and Stress, Physical Activity, weight management and smoking cessation.

**Workplace Challenge**

Active Essex, working with Active Networks and partners have signed up businesses and employees to the activity log and have then signposted participants to many other opportunities. As well as offering workplace competitions, they have also delivered workplace challenge champion training. The next phase of delivery is currently being planned.

NICE have produced a spreadsheet ‘Managing long-term sickness and incapacity for work: business case’ that can be downloaded from: [http://www.nice.org.uk/guidance/ph19/resources](http://www.nice.org.uk/guidance/ph19/resources). It allows employers to estimate the likely costs and savings from supporting those on long-term sickness absence with a number of interventions:

- workplace intervention (workplace assessment and work modifications based on participative ergonomics and counselling the employee about return to work)
- cognitive behavioural programmes
- physiotherapy/physical activity
- workplace visit

NICE also produce a spreadsheet for calculating the saving employers can make through work based smoking cessation. The spreadsheet is called ‘Workplace interventions to promote smoking cessation: costing template’ and can be downloaded from: [http://www.nice.org.uk/guidance/ph5/resources](http://www.nice.org.uk/guidance/ph5/resources).

**Economic Growth in Essex**

Essex County Council, working with partners, has a key role to play in delivering sustainable economic growth for Essex communities and businesses. This role is focussed on:
• Enabling factors – those strategic elements that must be firmly in place to support employment and housing growth;
• Embedding factors – elements required to ensure that growth is sustainable and impacts directly on the communities of Essex.

Employment growth will be targeted on both existing core employment sectors (financial services, construction, manufacturing, tourism and logistics) and opportunity growth sectors (advanced manufacturing, low carbon & renewables, logistics, life sciences & healthcare and digital, cultural & creative). To support this employment growth and ensure that the labour market functions, new, good quality homes will be provided which meet a range of needs.

The effects my Essex County Council to improve growth will be focussed along four growth corridors:
- A120 Haven Gateway
- A13/A127 Thames Gateway South Essex
- A12 and Great Eastern Mainline
- West Essex M11 (London-Stansted-Cambridge Corridor)

To enable economic growth we will focus on a number of priority actions:
• Generating a stronger skills base
• Ensuring that the relevant physical infrastructure is in place
• Delivering quality new homes to meet local need
• Maintaining a relevant business support offer and structures
• Raising aspirations for growth locally
• Improving the inward investment offer
• Improving partnership working

To embed growth we will focus on the following strategic actions:
• Ongoing improvement of business space
• Developing effective innovation capacity
• Establish effective supply chain networks
• Improving the quality of the environment
• Increasing economic participation and reducing inequality

Vulnerable groups

Mental Health
A briefing issued by the Centre for Mental Health looked at the Barriers to Employment for people with mental health problems. They identified a number of barriers to employment including:
• The discriminatory attitudes of employers;
• Low expectations of health professionals; and
• Ineffective models of supported employment

The briefing evidenced that the most effective approach to helping people with serious mental health conditions to overcome the barriers to finding paid work was Individual Placement and Support (IPS).

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The IPS model of support is an intensive model of individualised support including rapid job search followed by placement in paid employment and time-unlimited-in-work support for both the employee and employer. The providers of the current supported employment service in Essex are part of 13 Centres of Excellence in the UK for delivering the IPS model of support.

Both the North and South Joint Mental Health Strategies highlight increasing the number of people with mental health needs in employment as a focus for the forthcoming years.

Re-commissioning of these services is currently underway and the proposed new service model has recovery and enablement as core principles and the service has been designed to widen access, address the inequalities across the county and increase the number of people in employment.

**Adults with disabilities**

A two year study undertaken by the National Development Team for Inclusion (NDTi) concluded that there is strong evidence to suggest that supporting disabled people into work leads to a reduced demand on other local authority services. However the study also stressed the importance of using evidence based models such as Supported Employment or Individual Placement and Support (IPS) to deliver cost effective outcomes.

The current employment service for adults with disabilities is part of the block contract for the Employment and Inclusion service with Essex Cares Ltd (ECL) which expires on 31st March 2015.

The service offered for adults with disabilities is being transformed through the Increasing Independence programme. The programme aims to embed enablement and progression across the system so that individuals are supported to fully utilise their capabilities and as a result become less reliant on local authority funded social care services. Employment is recognised as a key enabler in supporting people to increase their independence.

The financial model for the Increasing Independence programme is based on a shift away from traditional day opportunity services towards employment.

The proposed new service model will form part of an overall employment pathway which starts during the transition from children’s services to adult services, and sets the expectation that people with disabilities should have the same opportunity to work as their non-disabled peers. The evidence base recognises that historically this group are the most difficult to support into employment with less than 10% of adults with learning disabilities in paid employment and very few working more than a few hours per week.

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Recovering addicts
An employment, training and education programme through our Support Advice and Mentoring service (SAMs) supports individuals exiting treatment to prepare them for employment opportunities. SAMs matches volunteer mentors who may or may not have personal experience of recovery with people who have drug or alcohol problems. This has already resulted in a number of ex-clients successfully being employed.

Open Road is a substance misuse recovery provider commissioned by Essex County Council. They are working with Natural England’s Access to Nature programme to help service users in the final transitional stage of their treatment. A group of Open Road’s clients regularly visiting Gravel Wood, at Tendring near Clacton to learn about woodland management and take part in hands-on activities such as coppicing and clearing streams.

Recommendations
Our strategy for economic growth provides a number of opportunities to positively impact on the wider health determinants – worklessness, unemployment and education. The strategy recognises that economic growth is more likely to be achievable and have long lasting benefits where local communities are equipped to take advantage of opportunities. This requires that communities do not face unnecessary barriers to participation. It also requires work to build upon existing activity and utilising existing infrastructure for delivery of mainstream and specialist support services to communities as well as the expertise and skills of the voluntary and community sector.

Specific opportunities relate to:
- **Creating a stronger more relevant skills base** - commission skills programmes that emphasise:
  - employability, giving employers a greater role in influencing the syllabus
  - promote careers relating to science, technology, engineering, and mathematic
  - provision skills programmes.
- **Raise aspirations for growth locally** – the development of improved aspiration is key to successful economic development and employment growth. It is also key to improved health. There is a role here for targeted marketing of opportunities emerging from the growth agenda and how these can be taken advantage of by local people. There is also an opportunity to tie learning processes to the needs of target sectors. This might include initiatives in schools to encourage young people to consider careers in target sectors.
- **Improve partnership working** a number of key partners and partnerships will play key roles in the delivery of this strategy. For example by working closely with Job Centre Plus and other partners to run Employment, Training and Skills Fairs that increase the number of out of work people moving into employment or training. In addition Public Health partnership working with District, Borough and City councils will help to link workstreams that will improve outcomes in this area.
- **Creating quality jobs through inward investment** – marketing Essex to businesses considering relocation or expansion.
- **Business engagement and support**, liaising with major businesses in Essex to help understand their pressures and inform Council strategy. This support is focused around key sectors and growth locations.
• *Increasing the number of apprenticeships* ensuring the skills and qualification requirements of Essex’s key sectors and high growth businesses can be met by the local population.

• *Support people into employment* through skills and employability programmes with a particular focus on people with mental health issues and disabilities.
Environment and Public Health

Introduction

The environment in which we live impacts upon us in many ways. Some of the environmental considerations that have a more direct effect on health will be considered here. The quality of our environment will affect how active we are, how contented we are, the degree of pollution we are exposed to and the chance of our homes being flooded.

In a report by the Town and Country Planning Association, supported by Public Health England, the influence of Place on public health is recognised. On maintaining healthy weight, it says ‘there is a complex web of societal, behavioural and environmental factors that make it increasingly difficult for most of us to maintain a healthy weight. These factors can be exacerbated in deprived areas. For example, children living in the most deprived areas are twice as likely to be obese as children living the least deprived areas.’

As a nation we are inactive and Essex is no exception. It is estimated that only 21% of the Essex population undertakes the level of physical activity recommended to stay healthy (source, health profiles 2012). If half the population in Essex aged 40 to 79 years could achieve 150 minute of moderate physical activity per week it would be expected that every year there would be 117 fewer emergency hospital admissions due to coronary heart disease, 51 fewer new cases of colorectal cancer and 2,837 fewer people with diabetes in Essex.

The more inactive an individual is the more likely they are to suffer ill health as a result. However the majority of ill health due to lack of physical activity will occur in those whose activity is around the average level for Essex. This is known as the prevention paradox. It is why it is inadequate to concentrate only on the people who are least active and why a population approach is needed.

If the environment in which we live helps support a more active lifestyle such a population level change might be seen over time. That is not to say that there might not be sectors within the community who need focused activity, or who might have particular problems that being more physically active would help. This is the idea of proportionate universalism, the example of cycling in Tendring is given in an earlier chapter.

Exploring how the environment we live in might support a population level increase in physical activity is the subject of this chapter. In particular how ‘Place Commissioners’ and ‘Public Health Commissioners’ might work together to achieve more than either could working independently.

Open spaces, physical activity and mental wellbeing

What we have already
Essex County Council is responsible for eight country parks and forty woodlands. In addition to this there is a wider network of open spaces in Essex managed by multiple agencies and landowners. This includes beaches, 6,000 kilometres of public rights of way, freshwater bodies and town parks. There are numerous parks, gardens and allotments provided and managed by city, district and borough councils and land managers such as the National Trust, Essex Wildlife Trust, Land Trust and farmers. Organised activities in open spaces range from ‘Wild Wednesdays’ in Danbury Country Park to healthy walks and boot camps.

In order to judge if the amount of open space is enough to support health and how it compares to other areas a standard for comparison is needed. In 2008, Natural England proposed a standard that is growing in acceptance to assess the adequacy of open space. This is the Accessible to Natural Greenspace Standard (ANGSt) and recommends that people living in towns and cities should have:

- An accessible natural greenspace of at least 2 hectares in size, no more than 300 metres (5 minutes-walk) from home;
- At least one accessible 20 hectare site within two kilometres of home;
- One accessible 100 hectare site within five kilometres of home;
- One accessible 500 hectare site within ten kilometres of home.

An analysis of greenspace provision published in 2009 compared Essex to Hampshire and Kent, two counties of equivalent geographical and population size. See graph below. Although only a third of Essex residents have natural greenspaces of 2 or more hectares within 300 metres or where they live this is a higher percentage than in either Hampshire (25%) or Kent (15%). Many fewer Essex residents however (23%) have large sites, 500 or more hectares, within 10 km of home compared with Hampshire (63%) or Kent (44%).

There is no available comparable study on broader open space provision. We believe the quality of open spaces will affect how well they are utilised. Four Blue Flag Awards for beaches were awarded in the Tendring district and around 30 Green Flag Awards were achieved across Essex in 2013. The Blue Flag Award is an international voluntary eco-label. Entrants work towards sustainable development of beaches and marinas through strict criteria including water quality, safety and environmental management. The Green Flag Award® recognises and rewards the best green spaces in the country.

13 Essex Wildlife Trust, Analysis of Accessible Natural Greenspace Provision in Essex, including Southend-on-Sea and Thurrock Unitary Authorities. 2009
In the East of England, Essex is the only county where the proportion of the population making a visit to the natural environment for health or exercise purposes (11%) is significantly below the average for England (15%). For the purpose of this statistic visits to the natural environment are defined as time spent "out of doors" e.g. in open spaces in and around towns and cities, including parks, canals and nature areas; the coast and beaches; and the countryside including farmland, woodland, hills and rivers.

The maintenance of open spaces such as country parks are non-statutory functions for Essex County Council. In order to be sustainable open spaces may need to generate income by charging for services related to their use. This could provide a tension between wanting to encourage use of open spaces and wanting to charge.

There are over 6,000 kilometres of Public Rights of Way in Essex, comprising footpaths, bridleways and byways. Essex Highways, on behalf of Essex County Council, has a statutory duty to maintain and protect the network of Public Rights of Way. Essex Highways also provides a number of services to enable users to gain access to the whole network. With such an extensive network of footpaths (4,000 miles) Essex County Council has to prioritise its efforts at maintenance. It has chosen to prioritise maintenance of Public Rights of Way that are most used. Whilst logical this has two drawbacks. First there is the danger that it becomes self-reinforcing with rarely used paths being rarely maintained and their use becoming rarer. Secondly good quality walkable environments may be most beneficial in areas

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**Fig 7. Percentage of residents meeting Accessibility to Natural Greenspaces Standards in Essex compared with Hampshire and Kent, 2007 (taken from Essex Wildlife Trust report August 2009)**

<table>
<thead>
<tr>
<th>Distance and Size</th>
<th>Essex County Council</th>
<th>Hampshire</th>
<th>Kent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 300m of 2+ hectare site</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 2km of 20+ hectare site</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 5km of 100+ hectare site</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 10km of 500+ hectare site</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting no ANGST criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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with poor health. If paths in such areas are not being used it would be beneficial to work to increase their use. This may require funding from the public health budget.

Active transport (walking and cycling) in open spaces will be encouraged if they are accessible via a network of safe and attractive routes that connect these spaces with each other and with the places that people live and work. This is a theme that is picked up in the next section on the built environment. Various interest groups, such as walking clubs and nature societies, use open spaces and supporting these groups can increase utilisation of the outdoor resource, increase the numbers of people being physically active and enhance mental wellbeing.

In addition to physical activity and general wellbeing open spaces have other public health benefits. They may reduce air pollution caused by chemicals (ozone, oxides of nitrogen, sulphur dioxide) and particulate matter. They may also provide shade in hot weather and help regulate the water flow reducing the risk of flooding and its resultant mental stress.

Level of pollution
This section gives a sense of scale to comments about mitigating pollution. Pollution – be that air, water, noise, chemical, waste or light is an issue that has significant interdependencies with other outcomes. Some guiding facts on pollution:

• Air pollution is now recognised as one of the biggest public health risk with an estimated 25,000 deaths in England (2010) from long term exposure to air pollution. It is expected to reduce the life expectancy of everyone in the UK by 6 months on average, at a cost of around £16 billion per year.

• The latest data from Public Health England estimates local mortality burdens associated with particulate air pollution. For Essex the percentage of attributable deaths due to long-term anthropogenic particulate air pollution is 5.7% (East of England = 5.6%, England = 5.6%). Air pollution also damages biodiversity, reduces crop yields and contributes to climate change.

To deliver its Place outcomes, Essex County Council is developing a pollution dashboard, from which to plot action to reduce level of pollution with partners.

The built environment, planning and housing
The built environment influences our health. Earlier it was considered how the built environment influences how likely it is that physically activity is a part of routine life. It can even affect the food choices that we will make.

Promoting healthy communities is one of 12 core planning principles in the March 2012 National Planning Policy Framework (NPPF). The Framework seeks to actively manage patterns of growth to:

• make the fullest possible use of public transport, walking and cycling, and focus significant development in locations which are or can be made sustainable; and
• take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs.

Local planning authorities should aim to involve all sections of the community in the development of Local Plans and in planning decisions. This will facilitate social interaction and create healthy, inclusive communities.

There is potential to help shape Essex’s Local Plans through our duty to cooperate. Locality-based health solutions might also be co-created with communities through neighbourhood plans.

The NPPF also recognises that transport policies have the opportunity to contribute to wider health objectives.

Making places walkable is a responsibility for developers, planners and transport planners. It is also possible to retrofit features to open spaces, such as trim trails or green gyms eg Castle Park in Colchester.

Sea cadets get active in the water in Chelmsford.

The Green Flag awarded Woodside Park in South Benfleet provides a range of physical activities. Clubs fund improvements and have their own branding on park features.

It will be essential for Essex County Council to work hand in glove with city, district and borough authorities to coordinate any environmental improvement through the planning system and in parks and open spaces.
Active by Design

Active by Design is the Design Council’s response to the current major health crisis caused by many people’s very low levels of activity, and a lack of access to healthy food. Through Active by Design, the Design Council hopes to find new ways to connect our planning system, health services and the built environment sector in ways that have not been done before. It seeks to do this by providing guidance and support to a wide variety of built environment professionals, including town planners, architects, landscape architects, developers, buildings managers, transport planners, public health professionals, leisure and parks professionals, and employers. The Design Council aims to bring these different disciplines together to help improve the health of the nation. http://www.designcouncil.org.uk/projects-active-design

The report by the Town and County Planning Association supported by Public Health England mentioned earlier makes the case for public health in local authority collaborating with Place Colleagues to influence the planning process and planning policy-making in the interests of reducing obesity. This would be done through measures to encourage active travel, improving access to green open spaces, improve community cohesion and safety and supporting healthy eating.\(^\text{14}\)

There are strategic opportunities to build a shared sense of purpose in places with communities and to take ownership of health risks that people face. Concepts such as ‘dementia friendly’ communities are also emerging.

Furthermore, we can provide large areas of quality countryside throughout Essex which are good for wildlife and people, recognise the importance of history and culture, and which integrate social and economic benefits i.e. partnerships working on a landscape-scale. Existing partnerships include the GreenArc, Thames Chase Forest and Thames Estuary Partnership. Essex County Council is also seeking to complete comprehensive estuary and coastal path for Essex with our partners.

Housing

The housing that is available to people plays a role on many levels in maintaining health and is important in the economic development/ regeneration of an area. The quality of our housing is one factor in the risks that cold poses to our health. It also has an influence on healthy weight maintenance.

Essex County Council does not have direct control over or responsibility for housing strategy and planning. This sits with the city, districts and borough councils. With housing being such an important contributor for many of the things Essex County Council does have responsibility for we are developing a housing approach in

partnership with the city, districts and boroughs. This will have a time line of 10 to 15 years and will look at:

- Specialist housing
- Areas of greatest deprivation: in particular Jaywick
- Best use of Public land use (Essex County Council and others)
- Investment opportunities: capital returns.

The quality of some private rental accommodation is a concern in Essex as elsewhere. To improve the quality of this accommodation Essex County Council has collaborated in an accreditation scheme; the Essex Landlord Accreditation Scheme (ELAS). This will allow landlords meeting obligation around renting and managing property to be accredited. They will be given free impartial advice and support, free fire risk assessment and discounts on safety products and insurance. It is a badge of quality that can be used in attracting tenants and tenants can use to help decide where to rent. It is too early for the project to be evaluated but it is expected to be a tool to drive up quality in the private rental market.

**Excess winter deaths and the built environment**
The death rate is higher in the winter months. This is known as ‘excess winter deaths’. Although excess deaths in cold weather are seen in all countries, the extent of this excess for any given temperature varies markedly from area to area. This shows that this is not simply a biological certainty but it is affected by modifiable factors such as behaviour or the environment.

Fuel poverty is a potential contributory factor as is vulnerability to cold weather. It might be expected that greater fuel poverty and thus excess winter deaths would be associated with areas of deprivation. However there is no clear relationship between deprived areas and excess winter deaths. One possible explanation for this is that the social housing in which some on the lowest income residents live is easier to heat than private accommodation that older people in more affluent areas may be living in.

The adequacy of the heating within a dwelling is affected by the actions of its occupants as well as its thermal efficiency. Essex County Council gives grants to community based organisations to help vulnerable residents of Essex protect themselves in cold conditions. This is known as the ‘Warm Homes’ scheme. Activities undertaken by community organisations have included providing room thermometers so that vulnerable people can know if they have heated their room adequately, advice to maximise uptake of benefit entitlements, and simple adaptations such as draft excluders.

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**Warm Homes Uttlesford**

Working in partnership with the Citizens Advice Bureau and other organisations the Council for Voluntary Service Uttlesford has launched a 3 pronged approach to helping people cope with cold weather:

- Visit elderly visually impaired and blind to give personalised advise on keeping warm.
- Use the ‘assisted bin’ register to target information on maintaining a warm environment to vulnerable people.
- Cold weather emergency fund for minor house hold adaptations emergency heating, food, clothing and transport for the vulnerable.
City, district and borough councils have a key role in reducing excess winter deaths linked to their statutory duty in respect to housing standards.

**Supporting healthy weight maintenance**
There are many factors that influence our food choices: personal preference; cultural norms; advertising. In addition to these is the simple influence of what is easily available. A systematic review into the relationship between food availability and weight found greater accessibility to supermarkets and less access to takeaway outlets were associated with a lower BMI or prevalence of people being overweight/obese (Giskes K et al, 2010). Although more research is needed to be certain it seems that restricted access to outlets selling unhealthy food and increased access to those selling nutritious food is likely to improve the health of a community.

Public Health England has produced a briefing paper advising on how to counter the expansion of fast food outlets (Obesity and the environment: regulating the growth of fast food outlets, March 2014). It advocates three broad approaches:
- working with the takeaway businesses and food industry to make food healthier
- working with schools to reduce fast food consumed by children
- using regulatory and planning measures to address the proliferation of hot food takeaways

**Fast Food Initiative**
Essex County Council in partnership with city, district and borough council environmental health departments are working with small and medium sized fast food outlets to improve nutritional value of the food they offer.
The project focuses on reducing salt, sugar, fat and calories consumed through:
- alternative menu choices
- subtle changes to the ingredients within their core products.

As Environmental Health Officers across Essex routinely visit these fast food premises for food safety inspections, they are well placed to support business make these changes.

**Environmental commissioning**
Essex County Council considers the environmental impact of the providers from whom we commission. Essex County Council’s pre-qualification questionnaire process requires providers to prove that they meet minimum standards and takes account of basic sustainability measures and when evaluating tenders the environmental impact is given a weighting of 4%. Some providers have achieved far more than the minimum and are actively looking for ways to positively impact on the environment.

**Sustainability**
The South Essex Partnership NHS Trust (SEPT) takes a partnership approach to sustainability with a clear governance structure. SEPT has achieved national awards as well as external accreditation. It is able to evidence tangible examples of implementing the Trust’s sustainable development management plan and low carbon plan across a range of measures. There is consideration given to environmental, social and economic well-being. [http://www.sept.nhs.uk](http://www.sept.nhs.uk)
Recommendations

We cannot expect that solving problems such as obesity and physical inactivity can be achieved simply by changing our approach to the design of the spaces around us. How we construct our environment will however be part of the solution.

There is a need to:

- Develop a strategy for maintaining and improving access to open spaces prioritising areas with the highest degree of ill health.
- Public health and Place Commissioners should develop shared strategic approach to maximising the benefits of open spaces.
- Understand the potential for greening roads and areas where pollution naturally accumulates.

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Public Health England, Healthy people, healthy places briefing, Obesity and the environment: increasing physical activity and active travel. November 2013
Action

For this report to be useful it must be followed by action. The actions below are a starting point and will not doubt need to be amended as together both teams come to a better understanding of what is needed and what is possible if we are to optimally work together and with partners to improve the health of the people of Essex.

Overarching recommendations

- Working on all four major topics of this report public health and place commissioners should analyse:
  - The needs of population and sub-populations
  - The interventions that will improve outcomes
  - The right mix of interventions to benefit the whole population and interventions aimed at particular sub-populations.
- Evaluation of the interventions and initiatives is needed. This should include:
  - Process measures that show the activity being undertaken
  - Outcome measures that show the extent residents of Essex have benefited.

Health and Community Safety

- Essex County Council commissioners for place and people services need to continue to work together and with multiple partners to develop a complex mix of approaches to address the underlying causes and consequence of threats to community safety: education, training and employment opportunities, alcohol and substance misuse treatment, road safety measures.
- Action is needed within all communities but those communities facing the greatest difficulties need to be a priority (proportionate universalism). For example Harlow where antisocial behaviour and youth offending are high should be a priority.
- Working with offenders to address their behaviour needs to be a priority to reduce crime
- Keep behaviour risks faced by young people under review including review internet safety

Public Health and Transport

- Understand the transport and health needs of groups within geographical areas.
- Facilitate a “Cycling Summit” for Essex, under the aegis of Active Essex, to co-ordinate interest and effort for cycling promotion across Essex.
- Work in partnership with others, especially districts and boroughs to facilitate residents using active or public transport.

Public Health and the Economy

Our strategy for economic growth provides a number of opportunities to positively impact on the wider health determinants – worklessness, unemployment and education. The strategy recognises that economic growth is more likely to be achievable and have long lasting benefits where local communities are equipped to take advantage of opportunities. This requires that communities do not face unnecessary barriers to participation. It also requires work to build upon existing
activity and utilising existing infrastructure for delivery of mainstream and specialist support services to communities as well as the expertise and skills of the voluntary and community sector.

Specific opportunities relate to:

- **Creating a stronger more relevant skills base** - commission skills programmes that emphasise:
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  - promote careers relating to science, technology, engineering, and mathematic
  - provision skills programmes.

- **Raise aspirations for growth locally** – the development of improved aspiration is key to successful economic development and employment growth. It is also key to improved health. There is a role here for targeted marketing of opportunities emerging from the growth agenda and how these can be taken advantage of by local people. There is also an opportunity to tie learning processes to the needs of target sectors. This might include initiatives in schools to encourage young people to consider careers in target sectors.

- **Improve partnership working** a number of key partners and partnerships will play key roles in the delivery of this strategy. For example by working closely with Job Centre Plus and other partners to run Employment, Training and Skills Fairs that increase the number of out of work people moving into employment or training. In addition Public Health partnership working with District, Borough and City councils will help to link workstreams that will improve outcomes in this area.

- **Creating quality jobs through inward investment** – marketing Essex to businesses considering relocation or expansion.

- **Business engagement and support**, liaising with major businesses in Essex to help understand their pressures and inform Council strategy. This support is focused around key sectors and growth locations.

- **Increasing the number of apprenticeships** ensuring the skills and qualification requirements of Essex’s key sectors and high growth businesses can be met by the local population

- **Support people into employment** through skills and employability programmes with a particular focus on people with mental health issues and disabilities.

### Environment and Public Health

Our strategy for a sustainable environment offers a range of opportunities for targeted co-commissioning of joint activity plans. We cannot expect that solving problems such as obesity and physical inactivity can be achieved simply by changing our approach to the design of the spaces around us. How we construct and manage our environment, and enable people to access it, will be part of the solution.

There is a need to:

- Undertake comprehensive literature searches to better understand the opportunities and underpin co-commissioning of activity plans.
- Re-baseline certain environmental information and overlay it on public health information to identify places of greatest need for joint solutions.
- Advocate health-related factors embedded in the National Planning Policy Framework.
- Develop a strategy for maintaining and improving access to natural greenspaces prioritising areas with the highest degree of ill health.
• Public health and Place Commissioners should develop shared strategic approach to maximising the benefits of open spaces.
• Understand the potential for greenspace along roads and areas where pollution naturally accumulates.