EB 130

Chelmsford City Council

Safer Communities

Public Health Strategy

June 2012

Contents

Foreword

I have pleasure in presenting Chelmsford Council's first Public Health Strategy.

In late 2010 the Government published its Public Health White Paper *Healthy Lives, Healthy People* that outlined how local authorities will take on more responsibility for improving the health of the local population they serve. The production of this strategy is a reflection of our commitment and contribution to the new public health system in England.

In Chelmsford we are proud that the majority of our residents lead healthy, active and fulfilling lives, but as this strategy demonstrates this affluence and good health is not geographically shared across the entire City. Chelmsford has a range of isolated health problems and contains pockets of deprivation and poverty that are detrimental to the health and wellbeing of the whole community.

The information contained within this strategy is a reflection of this City-wide picture. Each strategic theme contains extensive data on the health and socio-economic profile of the City in each specific area of public health that we as a Council directly influence. This data has helped us to decide our priority areas for action over the coming years. We have consulted with key stakeholders on these priorities to ensure that detailed action plans, performance measures and outcomes are developed that enable us to achieve our cross-cutting objective of a reduction in health inequalities.

By seizing the opportunities presented by the new localised public health system, we believe that over the coming years Chelmsford City Council can make a vital contribution to making sustainable improvements in the health of our local residents and the wider Essex community.

Cllr Ian Grundy

Cabinet Member for Safer Communities

Introduction

Good health is what we all aspire to, for ourselves, our families, friends and communities. Much ill health is a direct or indirect result of public health matters affecting the entire population. Defined as the science of promoting and protecting health and wellbeing, preventing ill health and prolonging life, public health encompasses three core domains:*

- **Health Improvement** (socio-economic background, lifestyle choices and inequalities in health)
- **Health Protection** (environmental hazards and infectious diseases) and,
- **Health Services** (service planning, efficiency, audit and evaluation)

Over the coming years the responsibility on local government to oversee a more joined-up and collaborative approach to these three domains of public health is emerging. From April 2013, a new statutory responsibility will be placed on local authorities to take steps to improve the health of their local population. Led locally by Essex County Council (ECC) Health & Wellbeing Board, a wide-range of local stakeholders will come together on this partnership board to commission integrated public health and social care services. This strategy outlines our contribution to the public health system in England and how we intend to work with the Health & Wellbeing Board to improve the health of our local residents over the coming years.

Recognising the need to tackle the wider socio-economic determinants of ill health, detrimental health-related behaviours and specific health conditions, we intend to use a combination of policy instruments. This will include the statutory regulation available to us, targeted interventions and behaviour change techniques from across our Services. The Council will have a continued focus on improving the health of the entire resident population, however particular resources and interventions will be targeted towards those most in need. This proportional universalism will ensure we improve the health of the poorest fastest and reduce health inequalities.

The strategy's overarching policy approach will be implemented across our cross-cutting objective and four strategic themes. Each of these strategic themes contains a robust and wide-ranging evidence base that highlights our most acute health and socio-economic problems. Following consultation, cross-departmental action plans have been developed to ensure we tackle these specific problems and make sustainable long-term improvements the Government's Public Health Outcomes Framework.

This Strategy will remain a 'live document' to ensure it is responsive to changes in the annually reviewed ECC Joint Health & Wellbeing Strategy and emerging public health arrangements. The Strategy will therefore be updated annually and its implementation monitored and reviewed.

* UK Faculty of Public Health in *Healthy Lives, Healthy People* (2010), p. 11

Vision for Public Health

The Council's overall vision for Chelmsford is set out in the Council's Corporate 2012-2016 and Community Plan '*Chelmsford Tomorrow*'. The Corporate and Community Plans aim to create:

'*a long-term vision for Chelmsford to enhance the economic, cultural, leisure and retail heart of Essex and to become a leading regional centre in the East of England. It is a vision for the future of the City and its people*'.

This Public Health Strategy will contribute towards achieving the following priorities contained within these plans:

Chelmsford Corporate Plan 2012-16

Priorities

Attracting investment and delivering infrastructure
Facilitating suitable housing for local needs

Providing high quality public spaces

Promoting a more sustainable environment

Promoting healthier and more active lives

Enhancing participation in cultural activities

Chelmsford Partnership – Community Plan

Themes

Our Community is Healthy and Active

Our Community is Socially Inclusive

Our Community is Thriving

Our Community is Nurturing the Environment

Cross Cutting Themes

Tackling Deprivation

Utilising Culture

Embracing Equality and Diversity

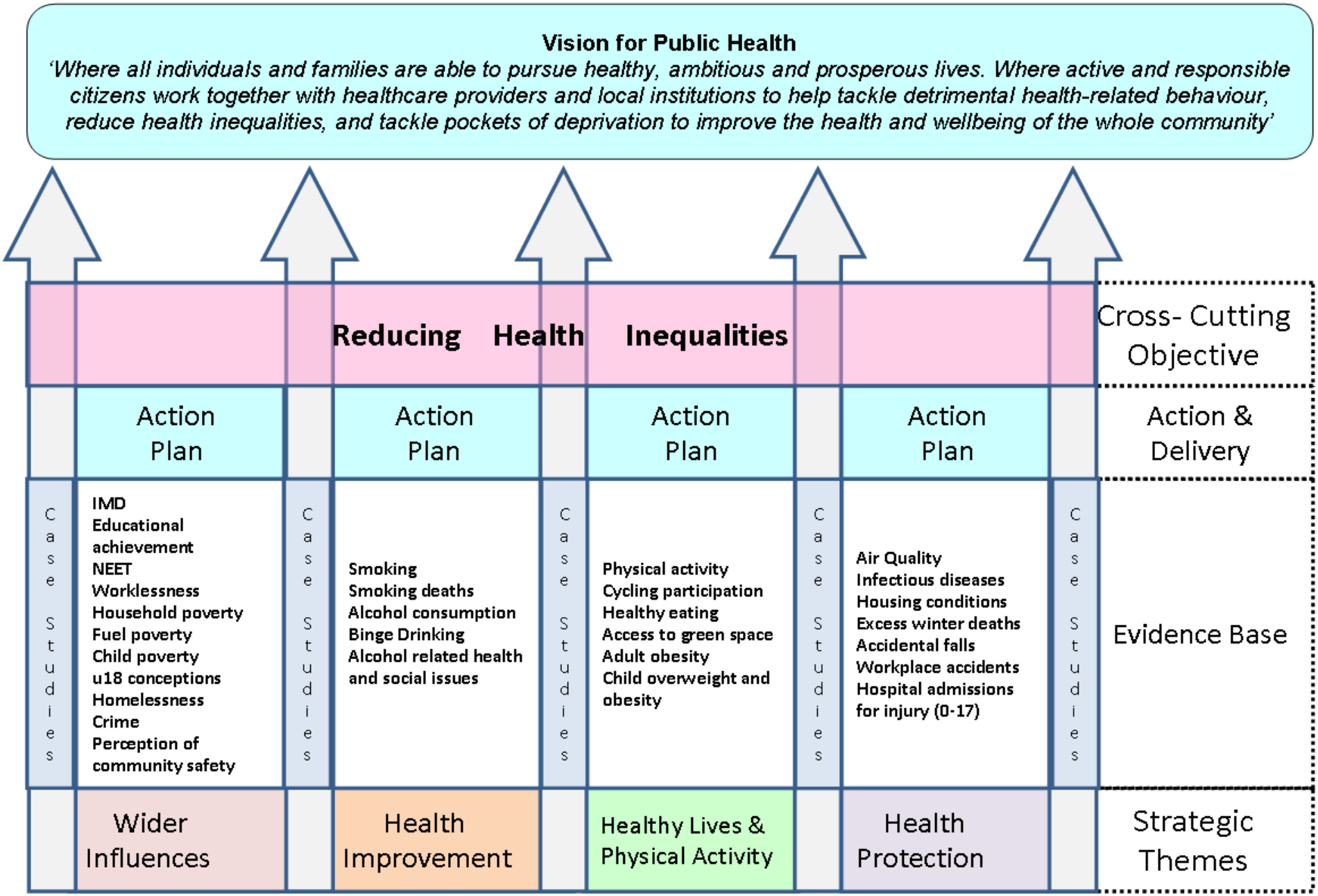
Valuing Young People

Valuing Older People

Based on these Corporate and Community Plan commitments, the cross-cutting objective, strategic themes and priority actions of this strategy, our vision for public health in Chelmsford is:

'***where all individuals and families are able to pursue healthy, ambitious and prosperous lives. Where active and responsible citizens work together with healthcare providers and local institutions to help tackle detrimental health-related behaviour, reduce health inequalities, and tackle pockets of deprivation to improve the health and wellbeing of the whole community***'

Figure 1


Vision for Public Health
'Where all individuals and families are able to pursue healthy, ambitious and prosperous lives. Where active and responsible citizens work together with healthcare providers and local institutions to help tackle detrimental health-related behaviour, reduce health inequalities, and tackle pockets of deprivation to improve the health and wellbeing of the whole community'
Reducing Health Inequalities
Cross- Cutting Objective
Action Plan
Action Plan
Action Plan
Action Plan
Action & Delivery
Case Studies
IMD
Educational achievement
NEET
Worklessness
Household poverty
Fuel poverty
Child poverty
u18 conceptions
Homelessness
Crime
Perception of community safety
Case Studies
Smoking
Smoking deaths
Alcohol consumption
Binge Drinking
Alcohol related health and social issues
Case Studies
Physical activity
Cycling participation
Healthy eating
Access to green space
Adult obesity
Child overweight and obesity
Case Studies
Air Quality
Infectious diseases
Housing conditions
Excess winter deaths
Accidental falls
Workplace accidents
Hospital admissions for injury (0-17)
Case Studies
Evidence Base
Wider Influences
Health Improvement
Healthy Lives & Physical Activity
Health Protection
Strategic Themes

Understanding the Data

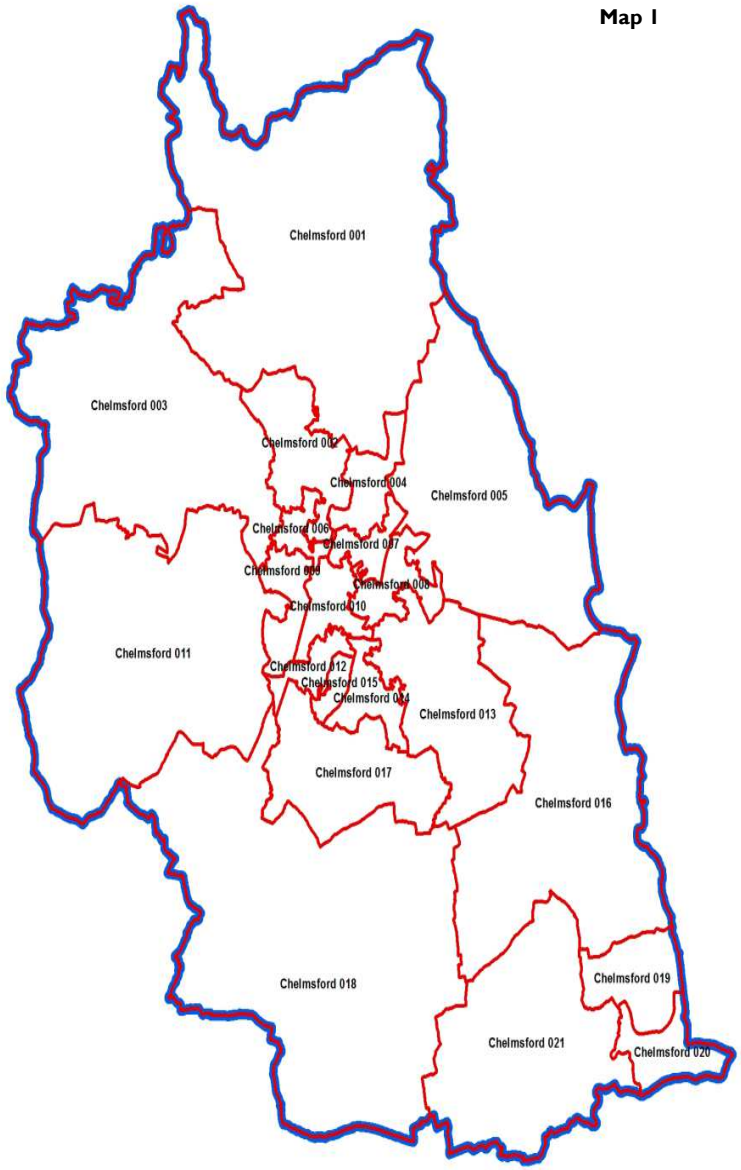
Local Authority Comparisons

All the data (except housing conditions) within this strategy contains comparisons at district and borough level within Essex. Where data is available this is also presented and analysed at Essex and England levels. As both the unitary authorities of Southend and Thurrock have their own Health and Wellbeing Boards arrangements they are discounted from all the figures presented.

Super Output Areas

To ensure that we highlight our most acute needs and align our action plans accordingly, data is presented at both Middle and Lower Super Output Area level (where this information is available). Super Output Areas are geographical areas designed for the collection and publication of small area statistics. Unlike electoral wards, Super Output Areas are similar in population size and therefore allow for better statistical analysis.

Map 1



Middle Super Output Areas (MSOAs)

MSOAs are larger geographical areas than electoral wards and are used to compare a wide range of different statistics. As Table 1 (page 10) and Map 1 show, Chelmsford has 21 different MSOAs. As they are based on population size MSOAs can include areas from a number of different electoral wards. For instance, MSOA 006 (Northwest Chelmsford) contains parts of the electoral wards of Marconi, St Andrews and Patching Hall. In total across the 12 district and boroughs included in this strategy there are 176 MSOAs.

Lower Super Output Areas (LSOAs)

LSOAs are smaller than MSOAs and allow more detailed statistical analysis. As they are considerably smaller than MSOAs, a number of individual LSOAs make up a single MSOA. They are therefore confined to a small area of each electoral ward. In total across the 12 district and boroughs included in this strategy there are 863 LSOAs, of which 104 are within Chelmsford.

Understanding the Data

Table 1
Middle Super Output Area and Ward Areas
001 (Boreham and The Leighs, Broomfield and The Walthams)
002 (Patching Hall)
003 (Chelmsford Rural West, St. Andrews)
004 (Springfield North, The Lawns)
005 (Boreham and The Leighs, Chelmer Village and Beaulieu Park, Little Baddow, Danbury and Sandon)
006 (Marconi, Patching Hall, St. Andrews)
007 (Springfield North, the Lawns, Trinity)
008 (Chelmer Village and Beaulieu Park, Trinity)
009 (Marconi, St. Andrews, Waterhouse Farm)
010 (Marconi, Moulsham & Central, Trinity)
011 (Chelmsford Rural West, Waterhouse, Writtle)
012 (Goat Hall, Moulsham & Central, Moulsham Lodge)
013 (Chelmer Village and Beaulieu Park, Great Baddow East, Little Baddow, Danbury and Sandon)
014 (Great Baddow East & West)
015 (Goat Hall, Moulsham Lodge)
016 (Bicknacre and East and West Hanningfield, Little Baddow, Danbury and Sandon)
017 (Gallywood, Goat Hall)
018 (Bicknacre and East and West Hanningfield)
019 (South Woodham-Elmwood and Woodville)
020 (South Woodham-Chetwood and Collingwood)
021 (Rettendon and Runwell)
Source: ONS

Public Health Outcomes Framework

The Public Health Outcomes Framework will replace the previous set of national targets and measure specific improvements in health outcomes. A set of central Government indicators they provide a context for public health activity across the whole of the public health system .

Essex Policing Neighbourhoods

Policing neighbourhood teams are dedicated to small areas throughout the County. Each district in Essex is divided into neighbourhoods, with Chelmsford having 12 different policing neighbourhoods. These districts have been included in the 'Crime' section (page 31) in order for recorded crime figures (published by police.uk) to be analysed per 1,000 of the population across Essex.

Census Output Data

Census output data is provided by the Department for Work and Pensions (DWP). DWP Census Out-put Areas are smaller geographical areas than LSOAs. There are 4,434 of these areas within the 12 districts and boroughs of Essex, with 517 coming from within Chelmsford.

Cross-Cutting Objective

Reducing Health Inequalities

National Context

The primary objective of public health policy is to reduce geographical health inequalities amongst the population to help prevent people from dying prematurely. The national rate of premature death has fallen steadily over the last decade for both men and women. In 2009, the rate was 223 premature deaths per 100,000 males and 138 per 100,000 females, compared to 271 and 166 respectively a decade previously. This is a fall of around a fifth for both men and women.*

Despite this, in England approximately 62,000 people under the age of 75 died prematurely of cancer in 2008. In 2009, 45,000 died prematurely from circulatory disease and further 25,000 died of coronary heart disease.**

It is health inequalities that are the most important factor behind premature death. Following the Marmot Review into Health Inequalities and the Public Health White Paper, the Government has brought a renewed focus on tackling this root cause of premature mortality.

Whilst health in England has improved markedly over the last 150 years, health inequalities continue to increase. This is not because the poor are getting less healthy; life expectancy of the poorest quintile of the population is now as high as that of the richest quintile 30 years ago. However, richer people are getting healthier more quickly.***

People living in the poorest areas die on average 7 years earlier than people living in richer areas. They also spend up to 17 more years living with poor health compared to those living in wealthier areas. There are also economic costs resulting from health inequalities and premature death of around £31-33bn per year from productivity losses, £20-32bn per year in lost taxes and higher welfare payments, and additional NHS bills in excess of £5.5bn per year.****

*The NHS Information Centre for health and social care
** The NHS Information Centre for health and social care
***House of Commons Health Committee. *Health Inequalities Third Report of Session 2008–09*, p .10
**** The Marmot Review. *Fair Society, Healthy Lives* (2010) & Department of Health. *Healthy Lives, Healthy People* (2010)

Cross-Cutting Objective

Reducing Health Inequalities

Local Context

Summary of Findings

- **Male life expectancy is 80.3 years and 84.3 years for females**
- **MSOA 006 (Northwest Chelmsford) has the lowest life expectancy for men in Chelmsford & the 10th lowest in Essex at 75.4 years**
- **MSOA 020 (South Woodham & Collingwood) has the longest male life expectancy in Chelmsford & Essex**
- **MSOA 015 (Goat Hall & Moulsham Lodge) has the longest female life expectancy in Chelmsford & Essex**
- **Chelmsford has the largest geo-graphical inequality in female life expectancy in Essex**
- **Premature deaths rates are relativity low compared to the rest of Essex**

Although Chelmsford enjoys some of the longest life expectancy averages in Essex for both men and women, the City also has some of the largest geographical and income related inequalities in life expectancy in Essex. Moreover, whilst the City again has relatively low levels of premature death rates for a number of illnesses, we still believe that these rates remain too high.

*The NHS Information Centre for health and social care
** The NHS Information Centre for health and social care
*** Department of Health. *Heathly Lives, Healthy People* (2010)
**** The Marmot Review. *Fair Society, Healthy Lives* (2010)

Reducing Health Inequalities

The reforms to the public health system in England place local authorities alongside healthcare providers at the forefront of achieving the national reductions in health inequalities and premature death. Reductions will require all stakeholders to maintain a sustained focus on tackling the key drivers of health inequalities over a number of years. This strategy is a reflection of our local commitment to do our part.

To deliver on this commitment we believe that whilst universal action is needed to reduce the steepness of the social gradient of health inequalities in Chelmsford, our actions should be proportionate to the level of community disadvantage. Therefore this Strategy's action plans will focus particularly on improving the health of the poorest and those with the worst health-related behaviours. This will ensure long-term improvements in the life expectancy and mortality indicators contained within the Public Health Outcomes Framework:

- Healthy life expectancy
- Differences in life expectancy and healthy life expectancy between communities
- Mortality from causes that are preventable
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- Mortality from all cardiovascular diseases (including heart disease & stroke)

Cross-Cutting Objective

Reducing Health Inequalities

Chelmsford Profile

Life Expectancy at Birth

Table 2 and Graph 1 show life expectancy data at birth for the 12 district and boroughs in Essex for 2007-2009. With a life expectancy at birth of 84.3 years, Chelmsford females have the longest average life expectancy in Essex. Men have an average of 80.3 years, the third longest amongst the district and boroughs in the County.

Graph 1

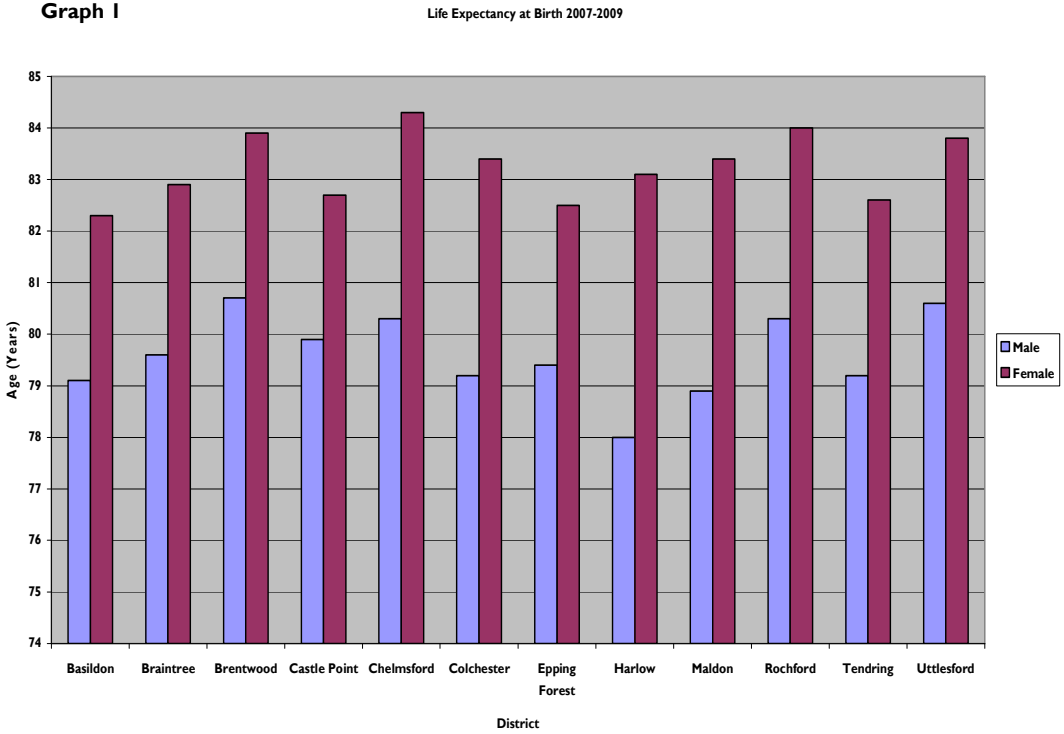


Table 2		
Life Expectancy at Birth – 2007-2009		
	Male	**Female**
Basildon	79.1	82.3
Braintree	79.6	82.9
Brentwood	80.7	83.9
Castle Point	79.9	82.7
Chelmsford	**80.3**	**84.3**
Colchester	79.2	83.4
Epping Forest	79.4	82.5
Harlow	78	83.1
Maldon	78.9	83.4
Rochford	80.3	84
Tendring	79.2	82.6
Uttlesford	80.6	83.8
Essex	**79.6**	**83.1**
Source: APHO		

Cross-Cutting Objective

Reducing Health Inequalities

Chelmsford Profile

MSOA data from 2006-2008 (shown in Table 3 and Graph 2) indicate that despite Chelmsford's high life expectancy averages at district level, within the City itself there are large inequalities. Although the MSOA area Chelmsford 020 enjoys the longest life expectancy for males at 87.2 years compared to the other 176 MSOAs within Essex, Chelmsford 006 has the tenth lowest at 75.4 years.

The difference of 11.7 years between the longest and shortest life expectancies of the 21 MSOAs of Chelmsford for men is the second largest compared to the MSOA variations of the other district and boroughs of Essex. There is also a large variation between the longest and shortest life expectancies of the 21 MSOAs in Chelmsford for women. Whilst Chelmsford 016 and Chelmsford 006 are in the bottom 25% for life expectancy in Essex, Chelmsford 015 has the longest life expectancy for women of 94 years. Due to this particularly high life expectancy (4.7 years higher than the second highest MSOA in Essex) the difference between the top and bottom MSOAs in Chelmsford is 13 years for women - the largest difference in Essex.

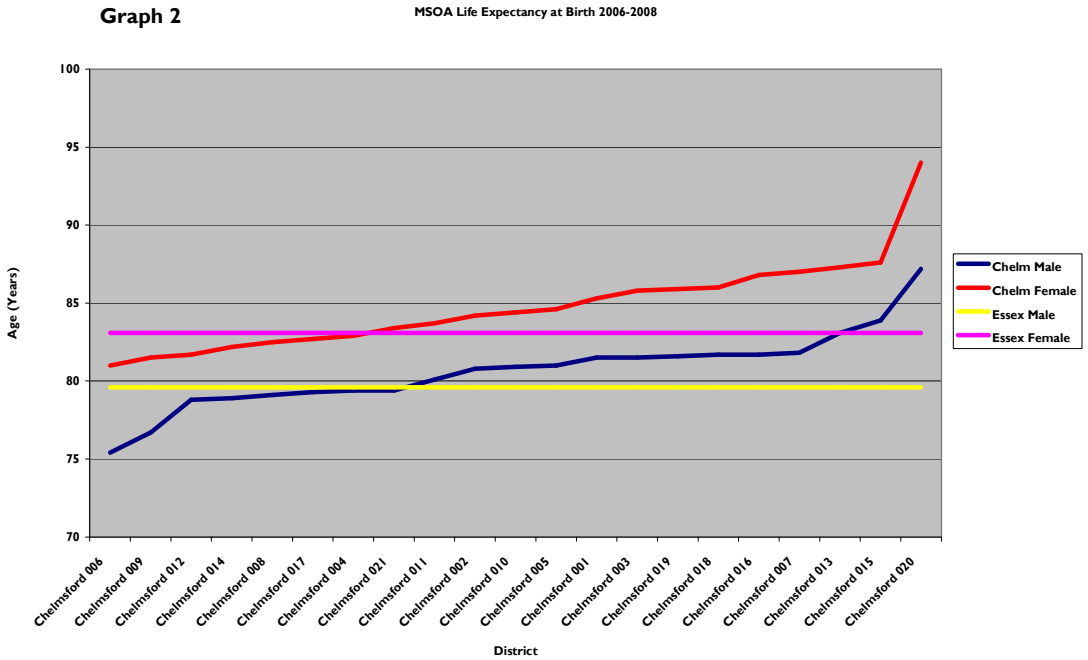
Table 3

MSOA Life Expectancy at Birth – 2006-2008

	Male	Female
001(Boreham and The Leighs, Broomfield and The Walthams)	81.5	85.9
002 (Patching Hall)	80.8	82.5
003 (Chelmsford Rural West, St. Andrews)	81.5	85.3
004 (Springfield North, The Lawns)	79.4	82.9
005 (Boreham and The Leighs, Chelmer Village and Beaulieu Park, Little Baddow, Danbury and Sandon)	81.0	85.8
006 (Marconi, Patching Hall, St. Andrews)	75.4	81.7
007 (Springfield North, the Lawns, Trinity)	81.8	86.8
008 (Chelmer Village and Beaulieu Park, Trinity)	79.1	87.0
009 (Marconi, St. Andrews, Waterhouse Farm)	76.7	82.2
010 (Marconi, Moulsham & Central, Trinity)	80.9	83.4
011 (Chelmsford Rural West, Waterhouse, Writtle)	80.1	87.6
012 (Goat Hall, Moulsham & Central, Moulsham Lodge)	78.8	87.3
013 (Chelmer Village and Beaulieu Park, Great Baddow East, Little Baddow, Danbury and Sandon)	83.1	84.6
014 (Great Baddow East & West)	78.9	83.7
015 (Goat Hall, Moulsham Lodge)	83.9	94.0
016 (Bicknacre and East and West Hanningfield, Little Baddow, Danbury and Sandon)	81.7	81.0
017 (Gallywood, Goat Hall)	79.3	82.7
018 (Bicknacre and East and West Hanningfield)	81.7	86.0
019 (South Woodham-Elmwood and Woodville)	81.6	84.2
020 (South Woodham-Chetwood and Collingwood)	87.2	84.4
021(Rettendon and Runwell)	79.4	81.5

Source: Erpho

Graph 2



Cross-Cutting Objective

Reducing Health Inequalities

Chelmsford Profile

Tables 4 & 5 and Graphs 3 & 4 (page 16) contain data on male and female life expectancy according to deprivation decile (decile 1 being the most deprived and decile 10 being the least deprived). The difference in life expectancy of 7.4 years for men is above the Essex average of 7.1 and fifth highest variation in Essex. For females the figure of 2.3 years is the fifth lowest in Essex and below the Essex average of 4.3 years.

Table 5

Female Deprivation Decile – Number of Years

	1	2	3	4	5	6	7	8	9	10
Basildon	73.1	74.8	76.7	76.7	78.6	79	80.5	80.9	82.9	81.9
Braintree	76.5	78.4	77.4	79.8	79.9	79.6	80.1	77.7	81.2	82.3
Brentwood	76.3	78.1	79.3	79.1	79.9	80.9	82.5	81.1	83.8	82.8
Castle Point	76.8	79.8	80	79.7	79.4	79.8	80.9	77.4	82.4	83.5
Chelmsford	**76**	**78.9**	**79.5**	**79.1**	**80.8**	**81**	**80.9**	**81.1**	**81.5**	**83.4**
Colchester	72.9	75.8	78.1	76.8	79.6	79.9	80.5	80.1	81.8	81.4
Epping Forest	76.6	74.9	77.9	78.9	78.4	78.1	80.7	80.7	80.9	82.1
Harlow	74.5	78.4	75.2	79.2	75.6	77.7	78.1	79	79.8	83.4
Maldon	75.6	77.8	78.2	76.2	78.8	79.7	78	81.3	80	81
Rochford	76.5	79.4	79.4	79.3	80.8	82	80.2	81.2	82	80
Tendring	72.8	76.4	77.5	79.1	78	78.5	80	80.4	80.1	81.9
Uttlesford	79.2	80	79.7	79.5	80.1	80.7	79.3	82	80.2	81.2
Essex	**80.5**	**81.2**	**82.5**	**82.2**	**83.9**	**82.8**	**83.3**	**84.3**	**84.4**	**84.8**

Source: APHO

Table 4

Male Deprivation Decile – Number of Years

	1	2	3	4	5	6	7	8	9	10
Basildon	78	81.3	79.6	81.7	81.6	81.4	84.8	84.4	84.6	85.1
Braintree	82.3	81.7	81.9	82.4	83.7	84	82.8	80.7	87	83.6
Brentwood	81.5	79.6	86.4	81.3	82.9	85.4	85.7	84.9	89.2	85
Castle Point	79.7	82	80.8	83.5	83.6	81.7	87	80	85.6	86.8
Chelmsford	**82.7**	**83.6**	**84**	**83.8**	**83.6**	**84.8**	**83.8**	**83.5**	**88.3**	**85**
Colchester	80.2	80.5	84.8	82.1	83.4	83.9	83.8	84.3	83.8	84.5
Epping Forest	83.5	78.8	81.2	83.7	84.8	80.7	83.6	84.9	83.7	82
Harlow	84.1	84.8	82	81	79.7	81	86.6	83	88.8	88.1
Maldon	82.2	84.3	81.7	83.4	82.3	81.1	80.3	86.7	86.6	88.3
Rochford	80.5	84	84.5	83.5	85.6	87.3	86.6	85.6	86.6	81.8
Tendring	77	83.1	81.4	84.1	83.7	81.1	83.8	83.5	82.6	87
Uttlesford	85.7	81.4	84.8	84.3	84.8	85.3	83.1	88.8	80.9	82.7
Essex	**74.9**	**76.8**	**78.1**	**78.5**	**79.7**	**79.7**	**79.9**	**80.7**	**81.4**	**82**

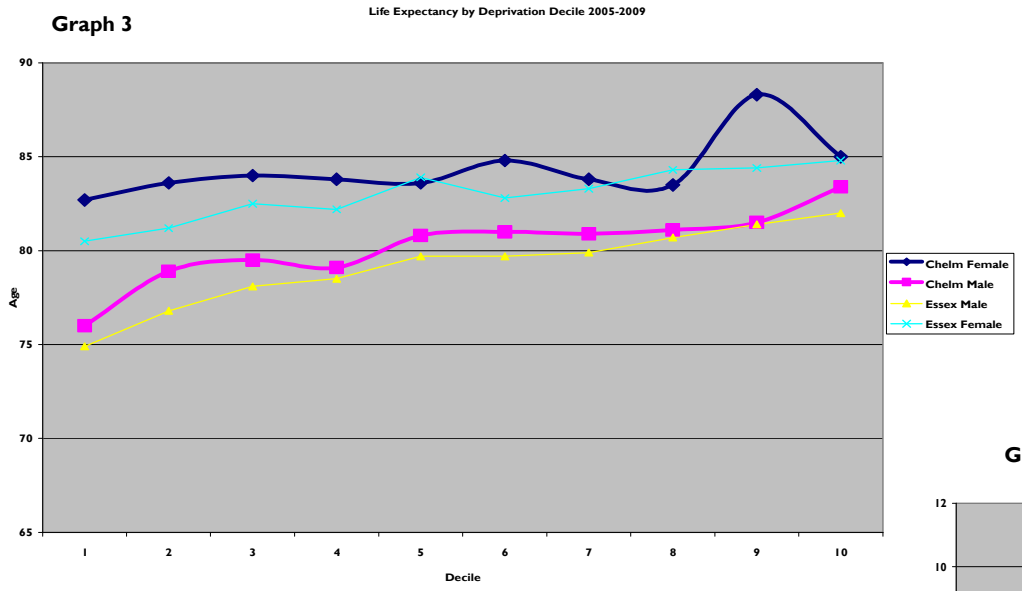
Source: APHO

Cross-Cutting Objective

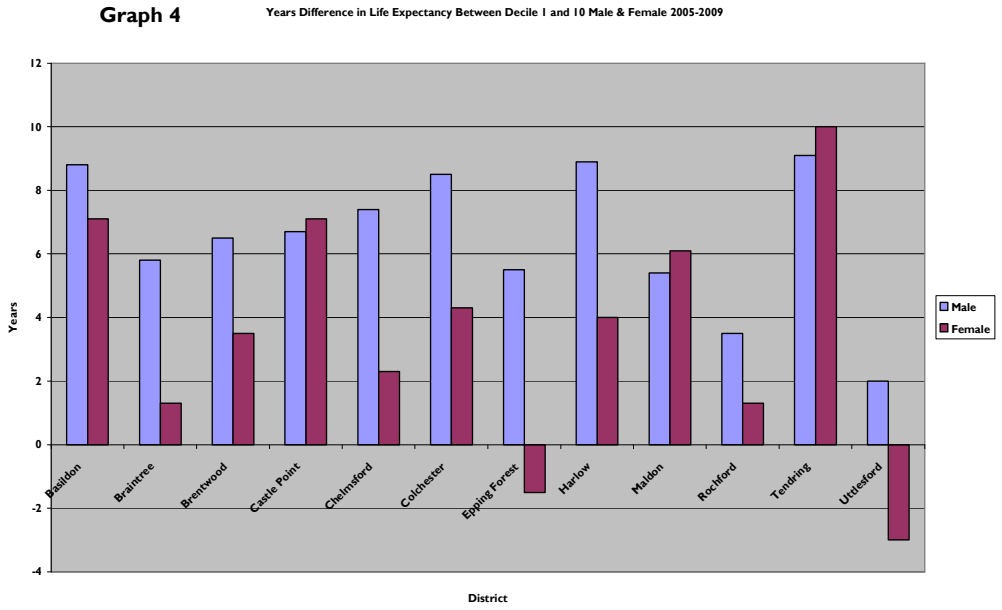
Reducing Health Inequalities

Chelmsford Profile

Graph 3



Graph 4



Cross-Cutting Objective

Reducing Health Inequalities

Chelmsford Profile

Premature Death Rates

Chelmsford's overall life expectancy levels translate into relatively low levels of premature death. Table 6 and Graph 5 & 6 (page 18) show levels of premature death amongst those under 75 for chronic liver disease are the third lowest in Essex, whilst rates of death from cancer, circulatory disease and heart disease are the fourth lowest in Essex. The City also has the fifth lowest level of strokes and the sixth lowest rate of suicide. Men are more afflicted by premature death in Chelmsford than women. Men have higher rates of premature death in all the illness categories shown, with more than double the amount of men dying from chronic liver disease and circulatory disease, and over five times as many from heart disease.

Table 7 and Graph 7 (page 16) show the number of years lost to premature death amongst men is the fourth lowest in Essex at 417.25 deaths per 100,000 of the population. For women, the figure of 268.76 deaths is the fifth lowest. Both figures are below the Essex average.

Graph 5

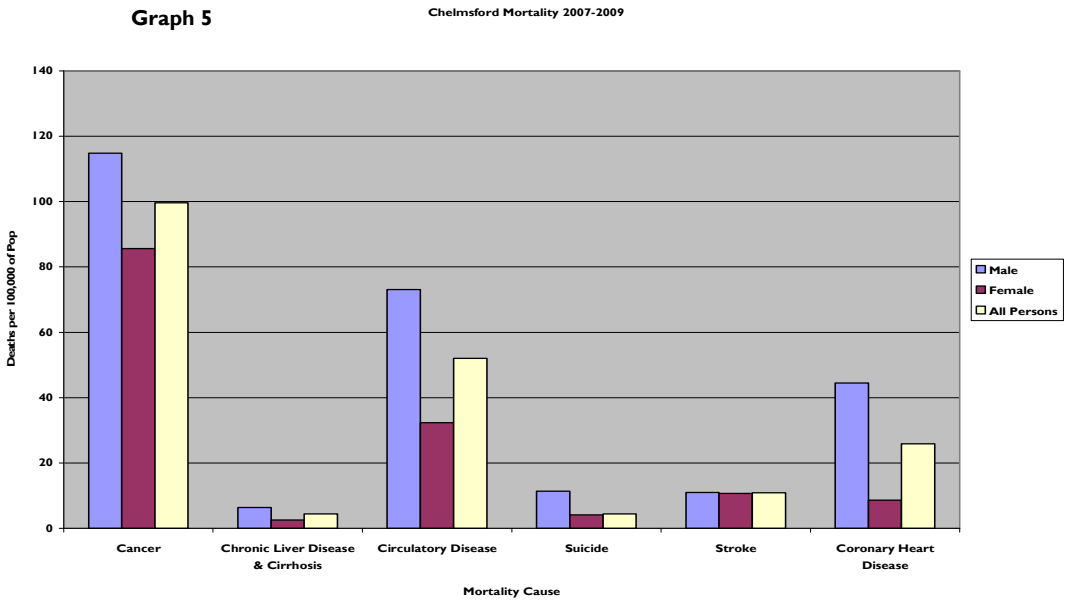


Table 6

Mortality Rate in Persons Less than 75 per100,000 (DSR) 2007-2009

District	Cancer	Chronic Liver Disease & Cirrhosis	Circulatory Disease	Suicide	Stroke	Coronary Heart Disease
Basildon	116.4	8.2	66.2	4.8	12.9	32.5
Braintree	105.3	6.3	59.4	4.4	12.0	32.9
Brentwood	95.8	7.8	54.0	5.4	10.5	32.6
Castle Point	105.9	3.1	55.6	6.2	12.7	26.3
Chelmsford	**99.7**	**4.4**	**52.0**	**4.3**	**10.8**	**25.9**
Colchester	101.4	9.1	52.0	5.2	11.1	26.9
Epping Forest	104.3	5.3	65.4	3.0	11.8	36.8
Harlow	129.7	7.0	78.3	2.2	12.3	42.7
Maldon	111.2	6.6	47.7	4.7	11.8	24.8
Rochford	97.3	4.6	42.1	4.1	6.2	23.4
Tendring	111.4	7.7	66.6	3.3	10.2	39.2
Uttlesford	94.1	4.3	46.0	4.0	10.8	23.7

Source: APHO

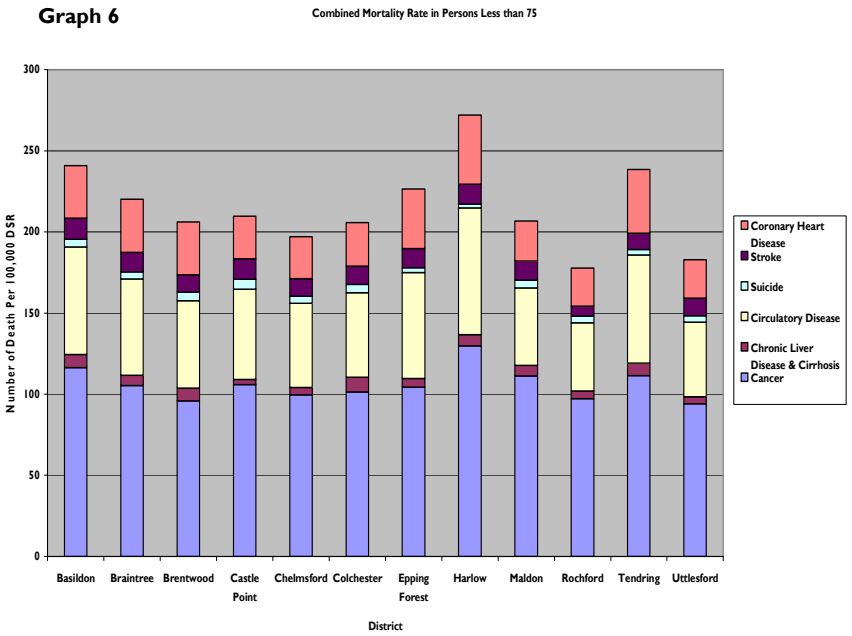
Cross-Cutting Objective

Reducing Health Inequalities

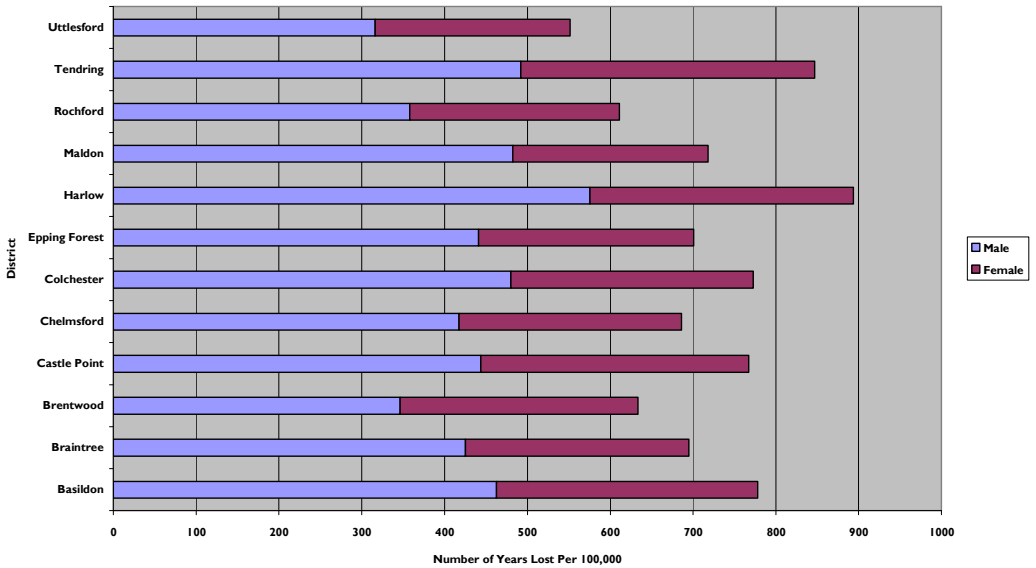
Chelmsford Profile

Table 7 Years Lost to Premature Death (Under 75) – Years Per 10,000 Pop (DSR) 2007-2009		
District	**Male**	**Female**
Basildon	462.4	315.7
Braintree	425.1	269.9
Brentwood	346.2	287.1
Castle Point	443.7	323.5
Chelmsford	**417.3**	**268.8**
Colchester	479.9	292.8
Epping Forest	441.0	259.9
Harlow	575.6	318.3
Maldon	482.2	236.0
Rochford	358.1	253.0
Tendring	492.0	354.8
Uttlesford	315.9	235.6
Essex	**439.5**	**288.1**
Source: APHO		

Graph 6



Graph 7



Strategic Theme

Wider Influences on Health & Wellbeing

National Context

Our health and wellbeing is influenced by a wide range of factors beyond our physical health and mental wellbeing. The Marmot Review showed that bad health does not arise by chance and is not simply attributable to genetic make-up, unhealthy lifestyles and access to medical care, important as these factors are. Instead, differences in health status reflect differing levels of economic and social deprivation throughout the population.*

For instance, material poverty is associated with the undermining of a range of key human attributes. Those suffering from poverty tend have a higher exposure to personal and environmental health risks, are less well nourished, and have less information on how to take steps to improve their heath.** Although the relationship is complex, individuals that suffer from sustained periods of unemployment suffer a number of health related problems, including the increased risk of psychological and psychiatric morbidity.*** With the close association between educational attainment and enhanced human capital, improved employment opportunities and superior living standards, poor attainment can also have a considerable impact on our future health.

In addition, factors such as crime that are closely associated with deprivation also have considerable negative effects on our health and wellbeing. Anti-social behaviour is strongly linked to wider public health determinants such as deprivation, poor educational attainment and homelessness. Those exposed to violence in childhood are at increased risk of experiencing further violence and developing a wide range of health-damaging behaviours (e.g. substance use, risky sexual activity) and health conditions (e.g. cancers, heart disease) in later life. Moreover, violent crime also has strong links to the development of mental health problems. These types of crime alone cost society a staggering £24bn a year, with £2bn of these costs falling on the NHS.****

*The Marmot Review. *Fair Society, Healthy Lives* (2010)
** World Health Organisation (WHO), http://www.who.int/topics/poverty/en/
*** Health Development Agency. *Worklessness and health –what do we know about the causal relationship?* (2005)
****Association of Public Health Observatories, http://www.apho.org.uk/resource/view.aspx?RID=78565

Strategic Theme

Wider Influences on Health & Wellbeing

Local Context

Summary of Key Findings

- **Pockets deprivation within a mainly affluent City**
- **Small but concentrated pockets of child & household poverty**
- **Small pockets of worklessness**
- **Good educational achievement but high & rising rates of NEETs**
- **Increasing rates of homelessness decisions**
- **Low crime-rates but isolated problems with community safety**

The compelling national evidence on the link between poor health and the socio-economic environment of individuals and families is mirrored by our local evidence. The statistics contained within this strategy show a direct association between poor health and detrimental health-related behaviours and higher levels of deprivation, poverty and worklessness in our most deprived areas of the City. Therefore, to reduce local health inequalities and premature death rates we must tackle these wider causes of poor health, with a particular focus on helping improve the socio-economic circumstances of our poorest, vulnerable and most hard-to-reach citizens.

Tackling the Wider Influences

Over recent years the Council's Corporate and Community objective to promote social inclusion has brought a sustained commitment to tackle these issues during extremely difficult and turbulent economic times. We know that tackling many of these wider determinants of health is reliant on the combined efforts of a range of national and local stakeholders. Nonetheless, Chelmsford Council can help individuals and families overcome these wider determinants of poor health through supporting economic growth, job creation and the supply of affordable homes; providing support services and targeted interventions; and co-coordinating local partnerships to tackle specific socio-economic and community safety issues. Therefore, our priority areas for action to tackle the wider determinants of ill health will focus on:

- **Promoting & supporting sustainable economic growth and employment to tackle pockets of deprivation**
- **Facilitating collaborative partnership work to support our more deprived communities**
- **Increasing the supply of decent, genuinely affordable homes for purchase and for rent**
- **Preventing homelessness & providing adequate accommodation for those affected**
- **Encourage safer communities & reduce the fear of crime**

Strategic Theme

Wider Influences on Health & Wellbeing

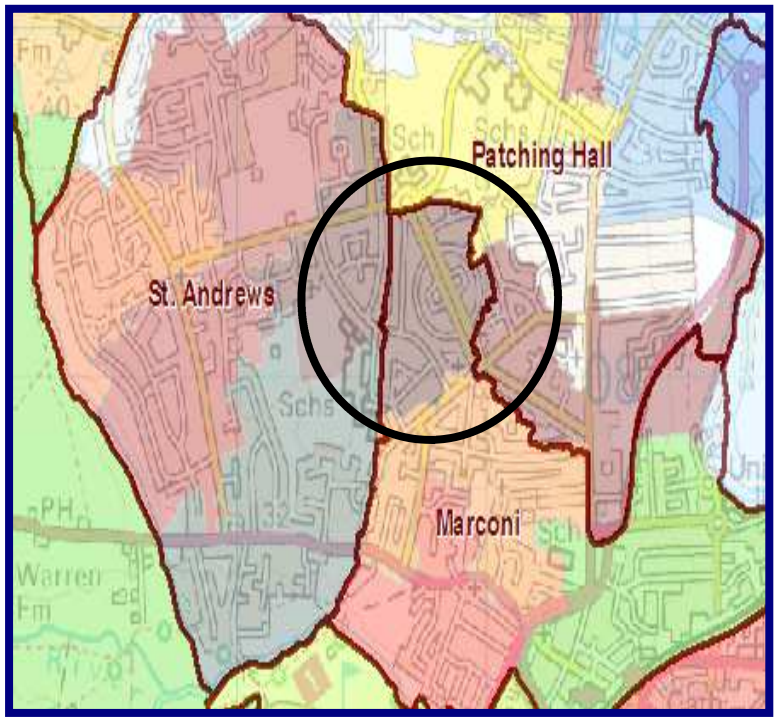
Chelmsford Profile

Index of Multiple Deprivations (IMD)

The headline IMD score combines a number of indicators which examines income, employment, health, disability, education, housing and access to services into a single deprivation score for each Lower Level Super Output Area (LSOA). These LSOAs are then ranked from 1 to 32,482 with a lower rank indicating higher levels of deprivation.

In comparison to the rest of England, the 2010 IMD scores show that Chelmsford is broadly an affluent area with only small pockets of deprivation. Of Chelmsford's 104 LSOAs Chelmsford has no LSOA within the 10% most deprived areas in England. Nonetheless, Chelmsford does have two LSOAs, Chelmsford 006A in the Marconi Ward and Chelmsford 006E of St Andrews within the bottom 25%.

Comparing Chelmsford to other district and borough Council's within Essex the LSOAs of Chelmsford 006A and 006E are within the bottom 10% most deprived. The wards in which these LSOAs are located, Marconi and St Andrews, combined with Patching Hall make up Northwest Chelmsford; the most deprived area of the City. A further eight LSOAs* are within the bottom 25%.



Northwest Chelmsford (MSOA 006) is comprised of small areas within the three wards of Marconi, St Andrews and Patching Hall. The darkest areas in Marconi and St Andrews (circled) indicate the most deprived LSOAs of Chelmsford 006A and 006E.

* 014B (Great Baddow East), 006D & 006B (Patching Hall), 009E (Waterhouse Farm), 011F (Writtle), 021B (Rettendon and Runwell), 003E (St Andrews) and 014C (Great Baddow West)

Strategic Theme

Wider Influences on Health & Wellbeing

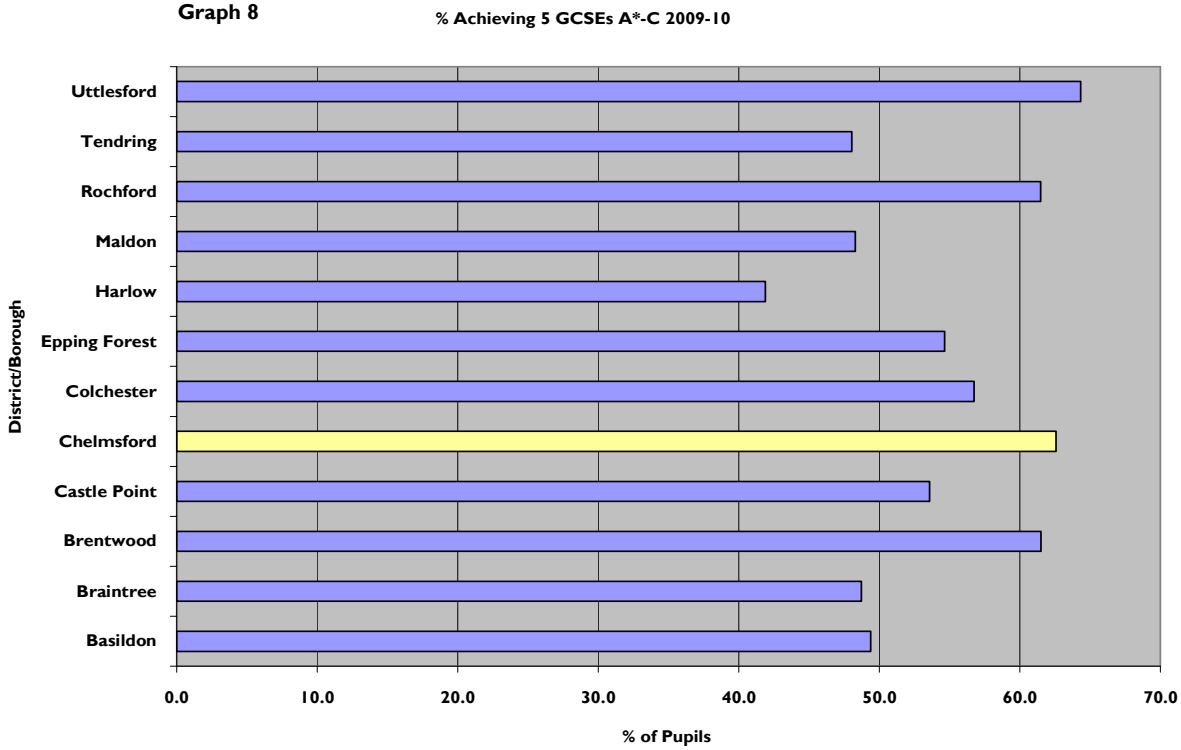
Chelmsford Profile

Educational Achievement

The latest district level data shows that Chelmsford has good levels of educational attainment amongst those leaving secondary school. Table 8 and Graph 8 show Chelmsford has the second highest level of pupils achieving five A*-C GCSEs in Essex. The City was above both the Essex and England averages in 2009-2010.

Table 8	
Educational Achievement Secondary School 2009-2010	
District	**% of Pupils Achieving 5 GCSEs A*-C**
Basildon	49.4%
Braintree	48.7%
Brentwood	61.5%
Castle Point	53.6%
Chelmsford	**62.6%**
Colchester	56.8%
Epping Forest	54.7%
Harlow	41.9%
Maldon	48.3%
Rochford	61.5%
Tendring	48.0%
Uttlesford	64.3%
Essex	**55.3%**
England	**54.6%**
Source: Department of Education	

Graph 8



Strategic Theme

Wider Influences on Health & Wellbeing

Chelmsford Profile

Adolescents Not in Education, Employment or Training (NEET)

Figures presented in Table 9 and Graph 9 for Chelmsford show that in July 2011 Chelmsford was sixth out of the 12 districts for the percentage of those aged 16-18 not in work, education or training (NEETs). Essex as a whole has particularly high rates of NEETS, above the National average, as well other counties such as Kent (4.9%), West Sussex (5.8%) and Hampshire (5.2%).

Graph 9

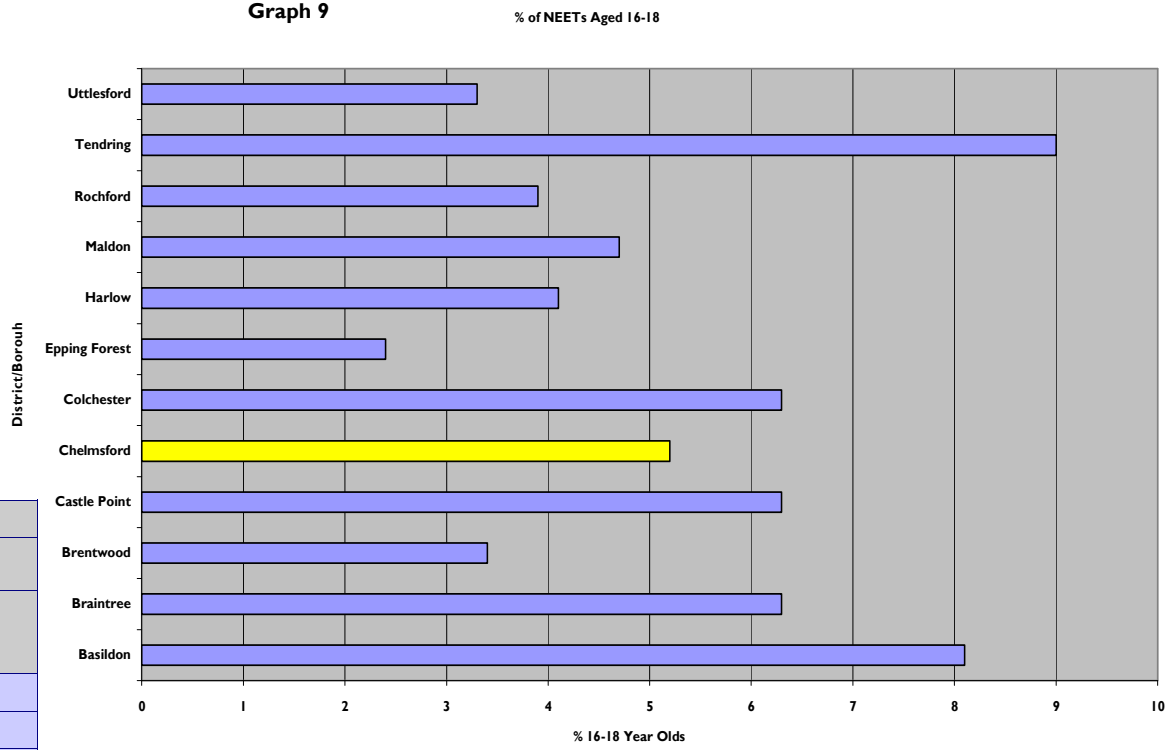


Table 9		
Adolescents Not in Education or Training – July 2011		
District	**% of Total Popula-tion aged16-18**	**Number**
Basildon	8.1	520
Braintree	6.3	318
Brentwood	3.4	86
Castle Point	6.3	209
Chelmsford	**5.2**	**314**
Colchester	6.3	367
Epping Forest	2.4	78
Harlow	4.1	114
Maldon	4.7	104
Rochford	3.9	123
Tendring	9.0	433
Uttlesford	3.3	75
Essex	**6.3%**	-
England	**6.0%**	-
Source: Department for Work and Pensions		

Strategic Theme

Wider Influences on Health & Wellbeing

Chelmsford Profile

Worklessness

Table 10 shows that as of February 2011 Chelmsford had the fifth highest number of claimants of out of work benefits (aged 16-64) in Essex but the fourth lowest percentage of the adult population claiming. Graph 10 presents this data at Census Output Area level. The data shows that a Census Output Area within the LSOA of Chelmsford 009D (Waterhouse Farm) had the 5th highest level of out-of-work benefit claimants in Essex (4,434 Census Output Areas in total in Essex) with 115 and an area of Chelmsford 005C (Chelmer Village and Beaulieu Park) having the 14th highest.

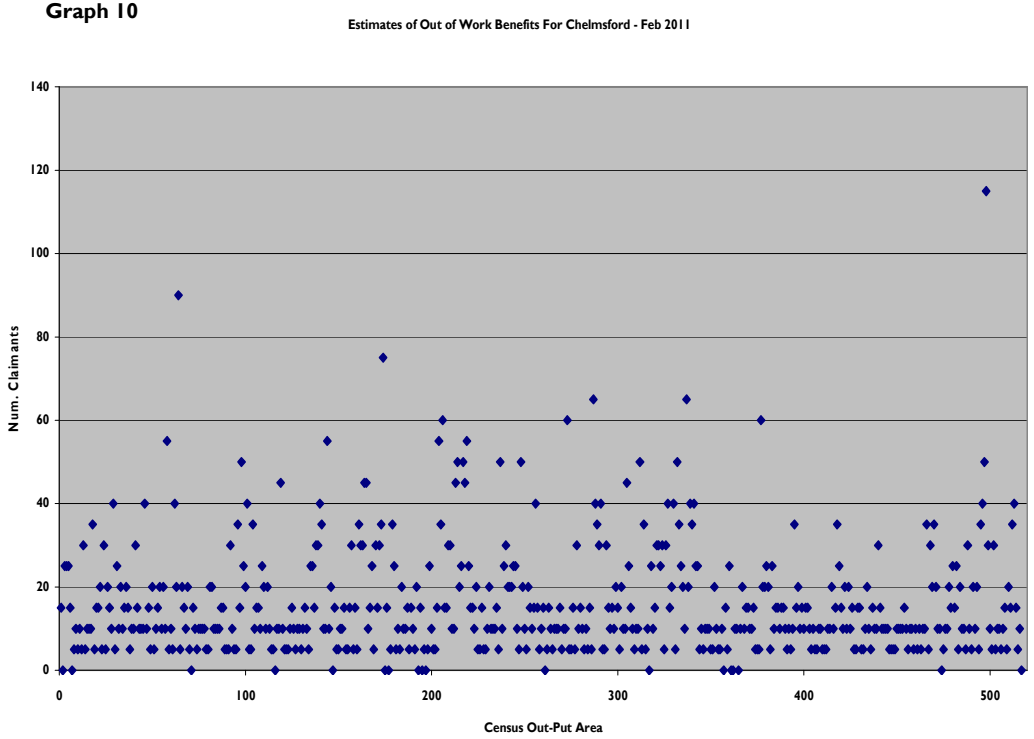
Table 10

Key Out-of-Work Benefits (Worklessness) Feb 2011

District	Num. Claimants	% of Total Population aged16-64
Basildon	13,970	12.4
Braintree	8,620	9.4
Brentwood	3,210	6.8
Castle Point	5,400	9
Chelmsford	**8,250**	**7.4**
Colchester	10,740	8.8
Epping Forest	6,720	8.5
Harlow	6,910	13.1
Maldon	3,110	7.9
Rochford	3,670	7.1
Tendring	12,720	15.1
Uttlesford	2,620	5.4

Source: Department for Work and Pensions

Graph 10



Strategic Theme

Wider Influences on Health & Wellbeing

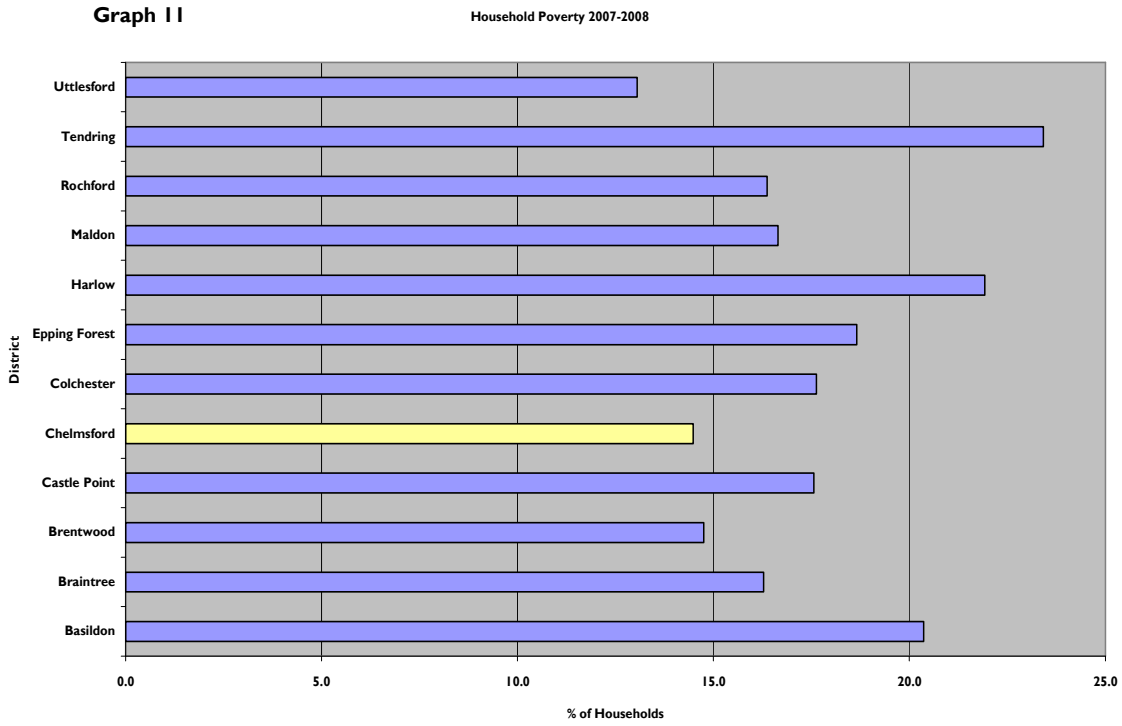
Chelmsford Profile

Household Poverty

The word 'poverty' can be used to describe different things. The figures produced in this section focus solely on income related poverty. The measure of poverty used in the latest household poverty statistics for 2007-2008 is the proportion of households below 60 per cent of the UK median income after housing costs. Chelmsford has relatively low levels of household poverty, with Table 11 and Graph 11 showing 14.5% to be the second lowest level of household poverty in Essex.

Table 11	
Household Poverty 2007-2008	
District	**% of Households**
Basildon	20.4
Braintree	16.3
Brentwood	14.8
Castle Point	17.6
Chelmsford	**14.5**
Colchester	17.6
Epping Forest	18.7
Harlow	21.9
Maldon	16.7
Rochford	16.4
Tendring	23.4
Uttlesford	13.1
Essex	**17.6**
Source: Department for Work & Pensions	

Graph 11



Strategic Theme

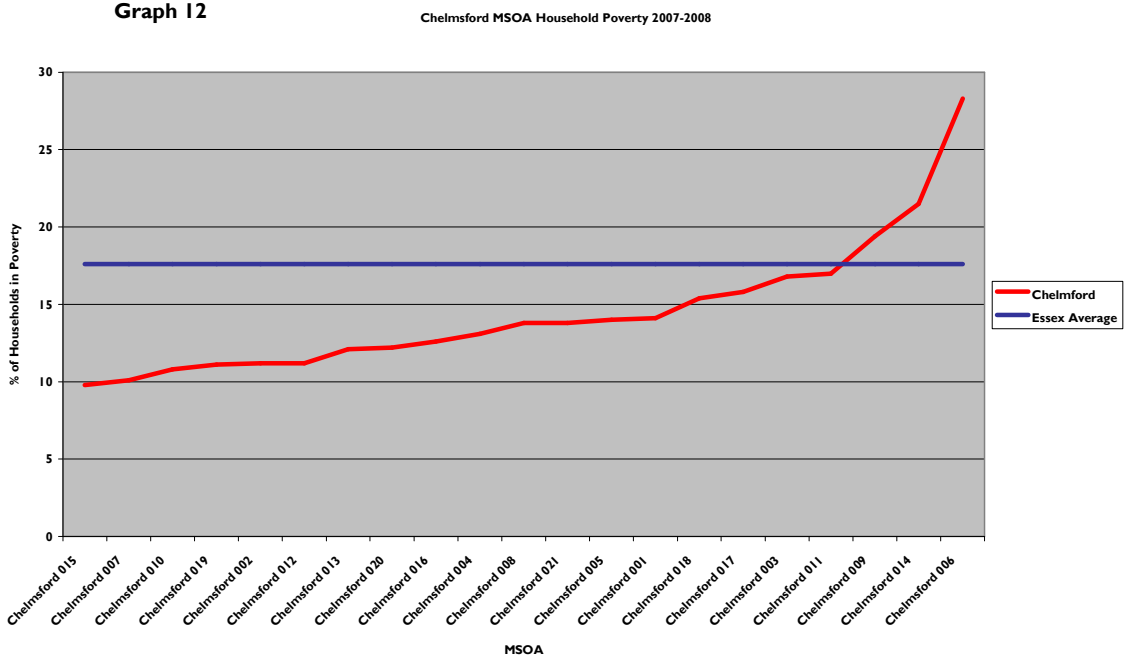
Wider Influences on Health & Wellbeing

Chelmsford Profile

Household Poverty

Table 12 MSOA Household Poverty 2007-2008	
Middle Output area & Ward Areas	**% of Households**
001(Boreham and The Leighs, Broomfield and The Walthams)	14.1
002 (Patching Hall)	11.2
003 (Chelmsford Rural West, St. Andrews)	16.8
004 (Springfield North, The Lawns)	13.1
005 (Boreham and The Leighs, Chelmer Village and Beaulieu Park, Little Baddow, Danbury and Sandon)	14.0
006 (Marconi, Patching Hall, St. Andrews)	28.3
007 (Springfield North, the Lawns, Trinity)	10.1
008 (Chelmer Village and Beaulieu Park, Trinity)	13.8
009 (Marconi, St. Andrews, Waterhouse Farm)	19.4
010 (Marconi, Moulsham & Central, Trinity)	10.8
011 (Chelmsford Rural West, Waterhouse, Writtle)	17.0
012 (Goat Hall, Moulsham & Central, Moulsham Lodge)	11.2
013 (Chelmer Village and Beaulieu Park, Great Baddow East, Little Baddow, Danbury and Sandon)	12.1
014 (Great Baddow East & West)	21.5
015 (Goat Hall, Moulsham Lodge)	9.8
016 (Bicknacre and East and West Hanningfield, Little Baddow, Danbury and Sandon)	12.6
017 (Gallywood, Goat Hall)	15.8
018 (Bicknacre and East and West Hanningfield)	15.4
019 (South Woodham-Elmwood and Woodville)	11.1
020 (South Woodham-Chetwood and Collingwood)	12.2
021(Rettendon and Runwell)	13.8
Source: Department for Work and Pensions	

Graph 12



Breaking these statistics down to estimates at MSOA level in Table 12 and Graph 12, we can see that despite Chelmsford's low overall levels of poverty, there are pockets of income poverty. Table Chelmsford 006 (Northwest Chelmsford) has the 11th highest rate of household poverty in Essex. Within Chelmsford there is a wide variation between MSOA areas. Chelmsford 006 has a household poverty level almost three times the bottom ranking MSOA (Chelmsford 015 – Goat Hall & Moulsham Lodge) and more than double the middle ranking MSOA (Chelmsford 008 - Chelmer Village and Beaulieu Park & Trinity).

Fuel Poverty

With 3.3 million people in the UK suffering from fuel poverty, the 2011 Government commissioned Hills Review into Fuel Poverty has shown the close connection between fuel poverty and its impact on public health, such as excess winter deaths (see Health Protection, page 67). The definition of fuel poverty used here represents the official Government definition of fuel poverty. Under this definition a household is in fuel poverty if, in order to maintain a satisfactory heating regime, it needs to spend more than 10% of its income on all household fuel use. According to 2008 statistics in Table 13 Chelmsford has the lowest level of fuel poverty in Essex.

Table 13

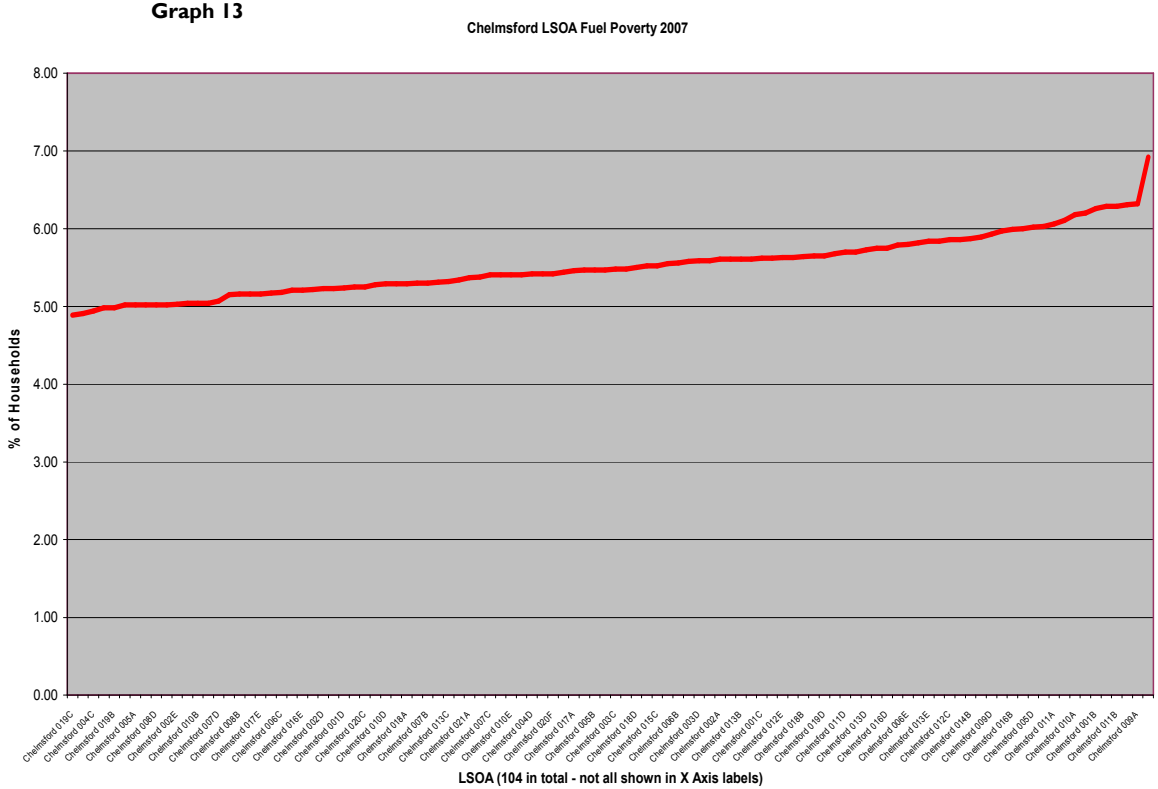
Fuel Poverty 2008

District	% of Households
Basildon	10.0
Braintree	12.1
Brentwood	10.5
Castle Point	11.2
Chelmsford	**9.8**
Colchester	11.5
Epping Forest	12.1
Harlow	9.9
Maldon	14.0
Rochford	11.0
Tendring	15.7
Uttlesford	13.5
Essex	**11.7**

Source: Department for Energy & Climate Change

In 2007, figures were also produced at LSOA level. These figures are presented in Graph 13. In total Chelmsford has one LSOA (Chelmsford 003A – Chelmsford Rural West) in the top 10% for fuel poverty and a further nine in the top 25% in Essex.* The figures across all of the 104 LSOA in 2007 are below the headline figure of 2008, reflecting an increase of 3.4% in fuel poverty in the City between 2006 and 2008.

Graph 13



* 009A, 009B and 010A (Marconi), 010C (Boreham and The Leighs), 001A and 010B (Moulsham and Central), 011B (Waterhouse Farm), 001B (Broomfield and The Walthams), and 011C (Writtle)

Strategic Theme

Wider Influences on Health & Wellbeing

Chelmsford Profile

Child Poverty

Statistics on child poverty show us the number of children living in families in receipt of Child Tax Credit whose reported income is less than 60% of the median income or in receipt of Income Support or Jobseekers Allowance. Compared to other districts in Essex, Chelmsford has a relatively low level of child poverty according to the latest 2008 figures. Table 14 show that with 11.9% of children suffering from child poverty Chelmsford has the fourth lowest percentage in Essex.

At LSOA level Chelmsford has four LSOAs, 006A, 006E, 006D (Northwest Chelmsford) and 009E (Waterhouse Farm) in the top 10% for child poverty in Essex. Chelmsford 006A (Marconi) is the 11th highest LSOA for child poverty in Essex with 45.6%, a 2.7% increase since 2006. The LSOA figures in Graph 14 show that 23 of Chelmsford 104 LSOAs are above the Essex average.

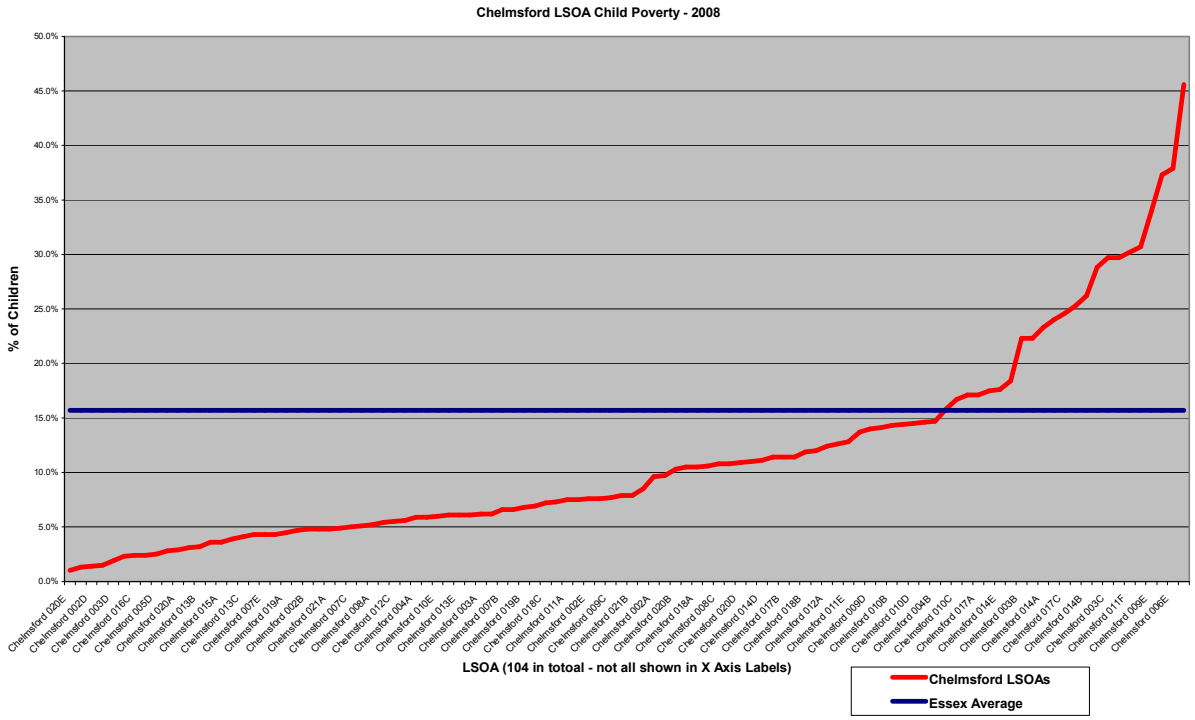
Table 14

Child Poverty 2008

District	% of Children
Basildon	22.1
Braintree	13.8
Brentwood	9.9
Castle Point	15.2
Chelmsford	**11.9**
Colchester	16.6
Epping Forest	14.5
Harlow	21.8
Maldon	12.5
Rochford	10.2
Tendring	23.5
Uttlesford	7.3
Essex	**15.7**

Source: Department for Work and Pensions

Graph 14



Strategic Theme

Wider Influences on Health & Wellbeing

Chelmsford Profile

Under 18 Conceptions

Table 15 and Graph 15 show that in Chelmsford between the years 2007-2009 the City had an average conception rate in girls aged between 15 and 17 of 26.1 per 1,000 females, the ninth lowest in Essex and below the Essex average.

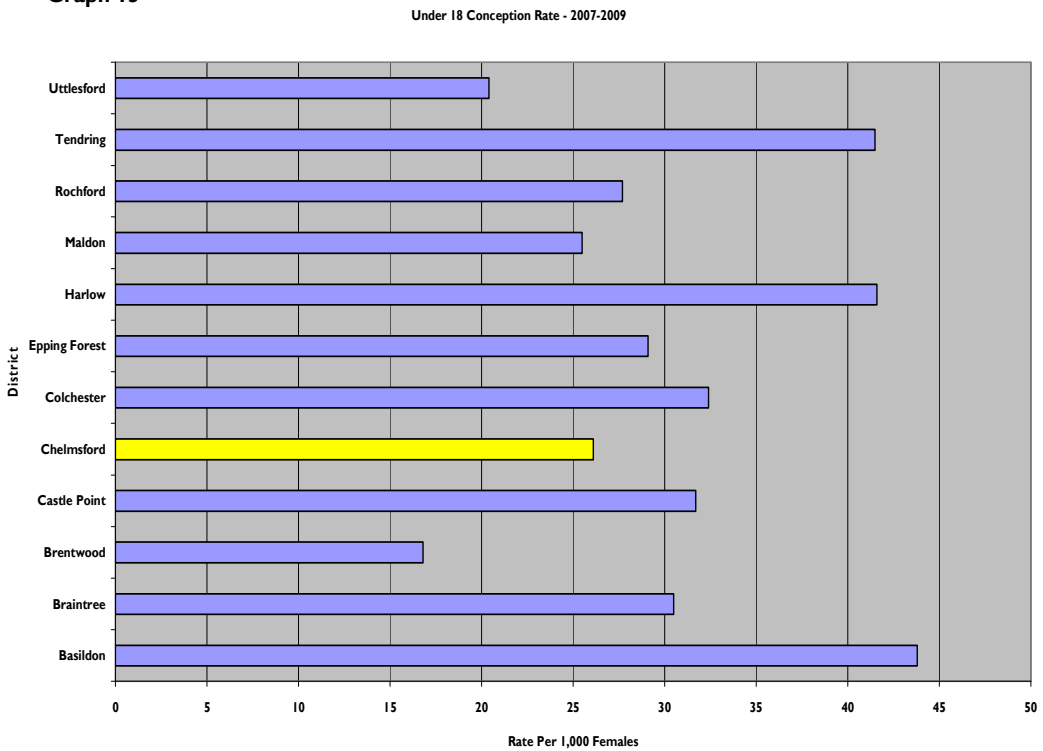
Table 15

Under 18 Conceptions 2007-2009

District	Number of under 18 Conceptions	Rate Per 1000 Females 15-17
Basildon	434	43.8
Braintree	246	30.5
Brentwood	72	16.8
Castle Point	165	31.7
Chelmsford	**248**	**26.1**
Colchester	297	32.4
Epping Forest	199	29.1
Harlow	182	41.6
Maldon	88	25.5
Rochford	135	27.7
Tendring	328	41.5
Uttlesford	93	20.4
Essex	**2487**	**31.80**

Source: Department for Education

Graph 15



Strategic Theme

Wider Influences on Health & Wellbeing

Chelmsford Profile

Homelessness

Access to appropriate and stable accommodation has a substantial impact on the health of individuals and families. Statutory homelessness figures indicate that both the number of decisions and acceptances within Chelmsford rose during 2010-11. Table 16 and Graph 16 show that during 2010-2011 the number of homeless decisions increased 27.5% from 40 to 55, the fourth highest increase in Essex. The number of those accepted as homelessness also increased by 31.4% to 35, the third highest increase in Essex. Table 16 and Graph 17 show that per 1,000 households, the number of accepted homeless and in priority need was 1.8%, fourth highest out of the 12 districts.

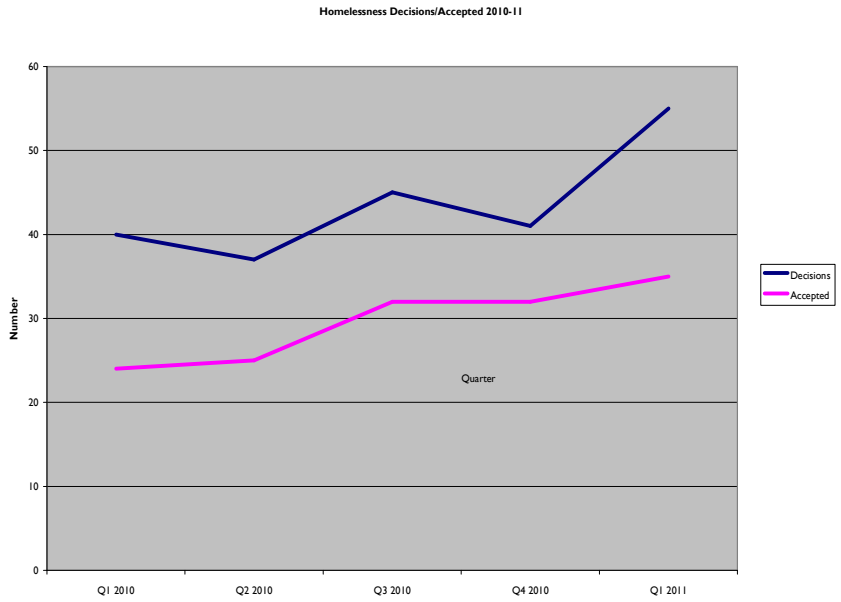
Table 16

Homelessness 2010-11 & Homeless Per 1,000 in Priority Need

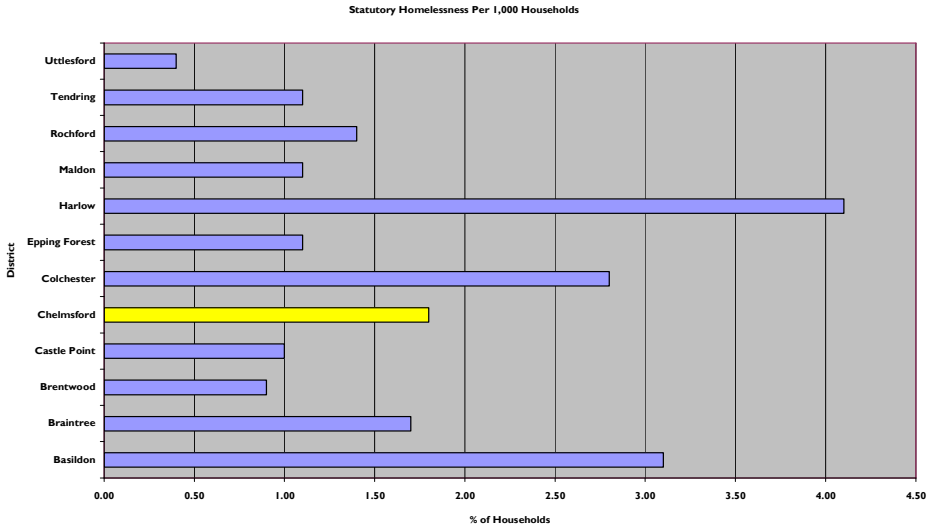
District	Decisions	Accepted	Per 1,000 Pop
Basildon	71	54	3.1
Braintree	60	30	1.7
Brentwood	9	6	0.9
Castle Point	18	7	1.0
Chelmsford	**55**	**35**	**1.8**
Colchester	92	59	2.8
Epping Forest	17	12	1.1
Harlow	47	32	4.1
Maldon	7	6	1.1
Rochford	18	14	1.4
Tendring	29	15	1.1
Uttlesford	7	3	0.4

Source: Department Communities and Local Government

Graph 16



Graph 17



Strategic Theme

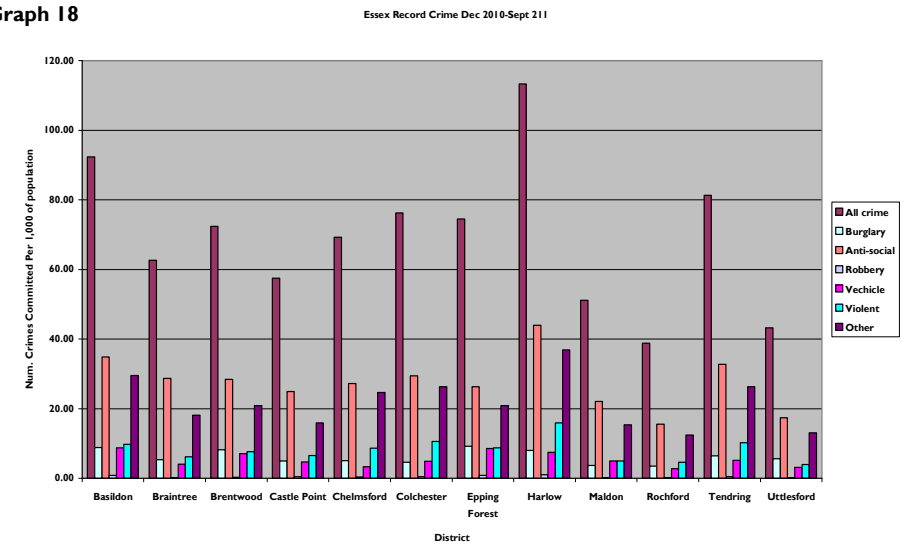
Wider Influences on Health & Wellbeing

Chelmsford Profile

Crime

Recorded crime data for Essex between December 2010 and September 2011 can be used to show us the total number of crimes committed per 1,000 of the population. The figures in Table 17 and Graph 18 show that Chelmsford is ranked 7th out of the 12 districts for its level of crime. For burglary and anti-social behaviour Chelmsford is eighth and seventh respectfully, and for vehicle and violent crime is it ninth and sixth. Graph 19 shows the number of crimes committed at neighbourhood level within the Chelmsford district. The policing neighbourhood of Moulsham has the highest level of overall crime out of the 12 policing areas within Chelmsford. Marconi, the most deprived area of Northwest Chelmsford, has the highest level of anti-social behaviour.

Graph 18



Graph 19

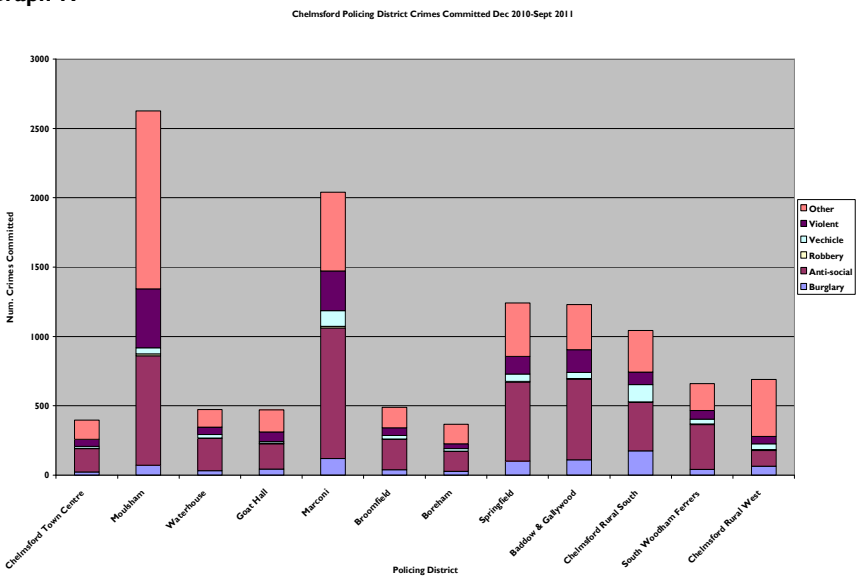


Table 17

December 2010-September 2011 – Record Crimes Committed per 1,000 of Population

District	All Crime & ASB	Burglary	Anti-social Behaviour	Robbery	Vehicle Crime	Violent Crime	Other Crime
Basildon	92.33	8.86	34.82	0.80	8.69	9.70	29.46
Braintree	62.63	5.32	28.71	0.20	4.07	6.21	18.12
Brentwood	72.42	8.17	28.44	0.25	7.09	7.63	20.84
Castle Point	57.52	5.00	24.92	0.49	4.69	6.50	15.92
Chelmsford	**69.20**	**5.03**	**27.23**	**0.36**	**3.26**	**8.65**	**24.67**
Colchester	76.25	4.58	29.40	0.51	4.88	10.59	26.29
Epping Forest	74.51	9.25	26.29	0.82	8.54	8.76	20.86
Harlow	113.28	8.03	43.97	1.00	7.44	15.92	36.92
Maldon	51.09	3.72	22.04	0.11	4.95	4.95	15.32
Rochford	38.87	3.48	15.54	0.17	2.73	4.56	12.40
Tendring	81.27	6.42	32.73	0.43	5.16	10.22	26.30
Uttlesford	43.20	5.60	17.37	0.12	3.14	3.92	13.06

Source: Police.uk

Strategic Theme

Wider Influences on Health & Wellbeing

Chelmsford Profile

Perception of Community Safety

Survey data in Table 18 and Graph 20 from Essex County Council in 2010 gives us an indication of overall levels of community safety perceptions. The data shows that Chelmsford has relatively high positive perception on levels of community safety, with 91% of respondents indicating they feel safe during the day – the fourth highest in Essex. Chelmsford also has the fourth highest positive perception of community safety after dark, however the positive response falls to 65%.

Graph 20

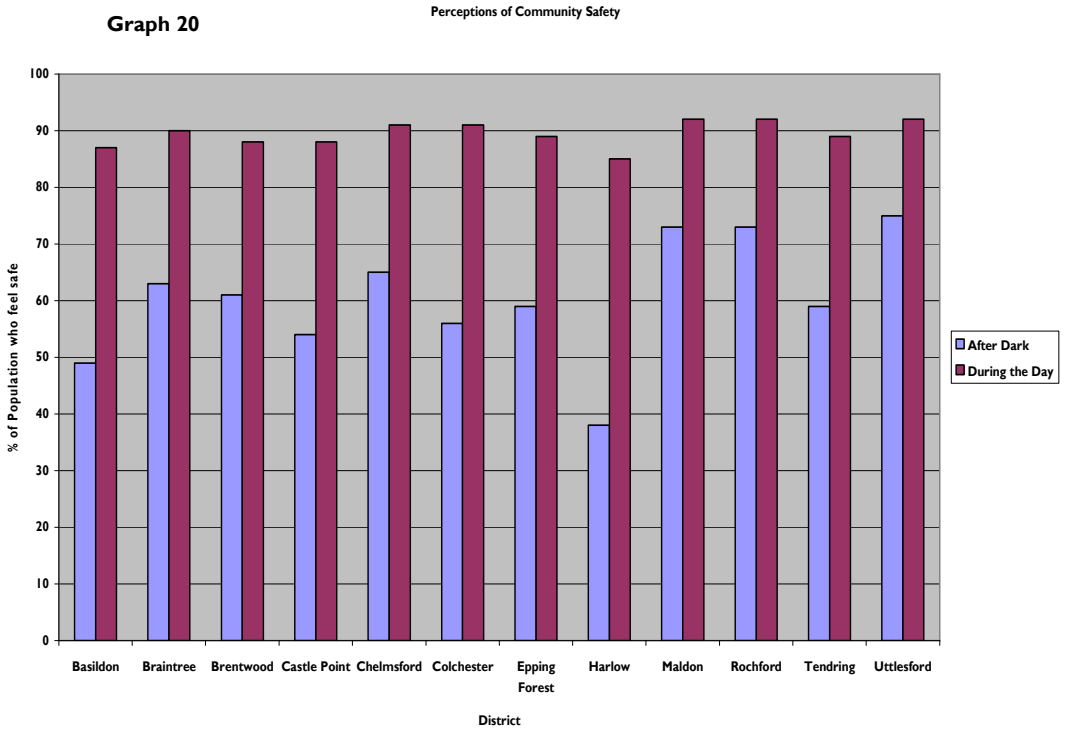


Table 18		
Perceptions of Community Safety 2010		
District	**Before Dark**	**After Dark**
Basildon	49	87
Braintree	63	90
Brentwood	61	88
Castle Point	54	88
Chelmsford	**65**	**91**
Colchester	56	91
Epping Forest	59	89
Harlow	38	85
Maldon	73	92
Rochford	73	92
Tendring	59	89
Uttlesford	75	92
Source: Essex County Council		

Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
Promote & support sustainable economic growth and employ-ment to tackle pockets of deprivation	**Inward Investment & Growth** • Increase social capital of individuals and families through employment opportunities; • Provide Rise Redundancy Programme • Bring in house the services previously offered by Mid-Essex Enterprise Agency • Continue to provide business support through business supports events such as Chelmsford Business Showcase • Provide business support webpages • Maintain Chelmsford Business Directory **Planning** • Provide planning framework, infrastructure and business environment to support and encourage private sector growth and job creation; • Implement Spatial Planning Framework (see Case Study 1) to help private sector create additional jobs in addition to the 80,000 jobs already supported within the City.	• SUS LPI 1- Number of new businesses formed in Chelmsford • Level of commercial floor-space completed • NI 157a - Major planning applications in statutory period • NI 157b - Minor planning applications in statutory period • NI 157c - Other planning applications in statutory period • SAF 10 - Satisfaction of businesses with local authority regulation services • SUS 13 - Planning pre-application service satisfaction level	– Children in Poverty – Child development at 2-2.5 years – School readiness – Rates of NEETs – Fuel Poverty – First-time Entrants into the Youth Justice System
Facilitate collaborative partnership work to support our more deprived communities	**Safer Communities & Financial Services** • Provide targeted interventions for hard-to-reach and vulnerable groups in the community in collaboration with community partners; • Deliver final stages of Addressing Inequalities Plan (see Case Study 2) • Support the development of the Parkside Community Hub, including community ownership projects (see Case Study 3) • Coordinate the One Chelmsford Partnership and Subgroups to help deliver & commission additional targeted interventions to tackle the wider determinants of good health • Support the voluntary and third sectors through active partnership work and funding streams **Customer Services** • Through the Customer Services Centre provide a one-stop-shop for all council services • Increase awareness, accessibility and take-up of benefits for those entitled to support • Improve service empowerment & access through community engagement initiatives such as the citizens panel & youth panel • Provide space in council buildings for residents to access voluntary & third sector organisations such as the Citizens Advice Bureau & Council for Voluntary Service	• CS 13- Customer Service Centre Satisfaction • FS 1 - The average time taken in calendar days to process all new claims and change events in Housing Benefit and Council Tax Benefit • FS 2 - New Benefit Claims Outstanding over 50 days • FS 10 - Customer satisfaction with benefits service	– Social Connectedness – Employment for those with a long-term disability – Statutory Homeless Households

Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
Increase the supply of decent, genuinely affordable homes for purchase and for rent	**Strategic Housing & Planning** • Increase the supply of decent, affordable homes for purchase & rent • Work with developers & registered social landlords to deliver the council's plan for 700 new homes per year • Aim for 35% of new homes to be affordable	• NI 154 - Net additional homes provided • NI 155 - Number of affordable homes delivered	– Children in Poverty – Rates of NEETs – Fuel Poverty – Children in Poverty – Social Connectedness – Statutory Homeless Households – People with mental illness or disability in settled accommodation – Child development at 2-2.5 years
Prevent homelessness & providing adequate accommodation for those affected	**Homelessness Service** • Support those made homelessness and in need of additional support; • Ensure our allocations policy (and housing register) focuses on those most in need & protects the vulnerable • Provide frontline housing advice and support services such as the Council's Choice Based Letting Service • Use the homelessness prevention fund to support access to the private rented sector • Develop the Private Sector Leasing Scheme with Genesis Housing Association • Work with community partners to enable suitable accommodation for re-offenders and aid rehabilitation	• NI 156 - Number of households living in temporary accommodation • SUS LPI2 - Homeless prevention per 1,000	
Encourage safer communities & reduce the fear of crime	**Safer Chelmsford Partnership (SCP) & Community Safety** • Partnership work with member agencies of SCP such as Essex Police, Fire Authorities, CHP, ECC & Essex Probation Service • Provide reassurance in the town centre through Taxi Marshals & supporting Street Pastors • Develop ASB outreach work with Team Connectics in Waterhouse farm & additional hotspots in the City • Continue to provide a comprehensive CCTV system & Publink Radio System • To complete a violent crime strategy and action plan, and focus on delivering a scheme to carry out licensing enforcement based on intelligence led information from lead agencies, and necessary evaluation at the completion of the project • Provide effective management and recording of ASB cases in partnership with Essex Police • Effective management of the Victim-Offender-Location structure and provide performance reports from the sub group chairs to One Chelmsford Board (quarterly) • Produce a Reducing Re-offending Strategy and Action Plan • Obtain Purple Flag Accreditation that recognises excellence in the management of the night-time economy.	• NI 15 – Serious violent crime rate per 1,000 population (low is good) • NI 16 – Serious acquisitive crime rate per 1,000 population (low is good) • NI 20 – Assault with injury crime rate per 1,000 population (low is good) • LPI 11 – Percentage of incidents handled proactively by CCTV staff • LPI – All crime (reduction) • Reduction in reports of Anti Social Behaviour (satisfaction measure) • Service requests dealt with in three working days (satisfaction measure)	– Older Peoples Perception of Community Safety – Violent Crime, Including Sexual Violence – First-time Entrants into the Youth Justice System – Re-offending

Strategic Theme

Wider Influences on Health & Wellbeing

Case Studies

Case Study 1 - Spatial Planning Framework

Chelmsford Council's spatial planning framework is one of the most developed in the county. Driven by an agenda for growth, the planning framework fosters business growth and job creation throughout the City. A particular area of growth is private sector retail investment such as John Lewis and Primark to enhance the retail offer of the town centre and in turn create employment opportunities. In Chelmsford town centre, 38 development opportunity sites are identified in the Town Centre Area Action Plan (2008).

Elsewhere in the City three new strategic employment sites are identified at Temple Farm, and within North East Chelmsford at Greater Beaulieu Park and the former Mid Essex Gravel Pits plant site. Backed by a new rail station Greater Beaulieu Park Business Park has the potential to be within the top 10 business parks in England (Savills 2006). The planning framework also seeks to protect existing employment areas from non employment related development. Local economies transcend local authority boundaries and Chelmsford, Brentwood and Maldon are working together as the Heart of Essex to engage with business and set out future economic priorities within the sub-region through effective engagement with the South East Local Enterprise Partnership.

Case Study 2 - Addressing Inequalities

The 'Addressing Inequalities across Chelmsford Plan' has been delivered as a community development project in collaboration. It has focussed on collaborative partnership intervention within three identified areas of priority within the City. This has been achieved primarily through project work based around key priorities such as improving health and wellbeing. The overall aim has been to ensure improved access to services, including health services. This time limited project has been formed to empower the community and build effective links and networks to partner organisations. The Health and Well Being Partnership as a multi-agency partnership has consistently supported and informed this work. Currently transition arrangements are being facilitated by CBC with support from Partners and the community enabling communities to be empowered to take ownership in addressing their evolving needs. Strong partnership links have been established and forged.

By being independent the community development project has been able to achieve the highest standard of partnership working. Initiatives within the project have been used as good examples by the Audit Commission in relation to the Mid Essex Health Inequalities Review- the Active Families Event (enabling communities and agencies to engage with each other) and Cooking for Your Neighbours (healthy cooking) initiatives were highlighted as examples of good practice. Partners have demonstrated an ongoing commitment. CBC is strongly placed to identify and address the wider detriments to public health by working in partnership with other agencies and the community.

Case Study 3 – Parkside Community Hub

Over a number of months the Council has been working closely with NHS Mid Essex and Chelmer Housing Partnership (CHP) to support the Parkside Community Hub. This well-being centre and community hub will provide a wide range of services designed to improve access to health services as well as training opportunities for the local community of North-West Chelmsford to help equip individuals with the skills to gain employment opportunities over come difficult financial circumstances.

Partner agencies will be available at the hub, for advice and information, including: Citizens Advice Bureau, Job Centre Plus, the City Council, Relate, and Women's Aid. Future Actions will include the development of community ownership projects at the Hub. These projects will seek to actively engage residents of Northwest Chelmsford in the design and delivery of local services. Giving residents a proactive say over local services will aim to increase the independence and social capacity of individuals and families to overcome barriers to improving their own socio-economic environment and that of the wider community.

Strategic Theme

Health Improvement

National Context

One of the main root causes of ill health is the lifestyle choices taken by individuals and families. The way we choose to live our lives and the choices we make are one of the most important barriers to good health and a key component of health improvement.

Whilst these lifestyle choices include the degree to which we choose to participate in physical activity and the types of food we wish to eat, the personal choice to smoke or excessively drink alcohol are particularly detrimental to our health. Not only does smoking and excessive drinking restrict our ability to undertake exercise through reduced lung capacity and an increased likelihood of obesity, these preventable causes of illness can lead to people suffering from chronic conditions like asthma, diabetes, mild depression, arthritis, osteoporosis, poor mobility, high blood pressure, and eventually potentially fatal diseases such as cancer, heart and liver disease.

Whilst there are two million fewer smokers than a decade ago, one in five adults still smokes. Smoking kills approximately 80,000 people a year and costs the NHS more than £5bn a year for treating diseases directly caused by smoking.*

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Excessive alcohol consumption and the increasing prevalence of 'binge drinking' has a significant impact on the individual and society. Alcohol is now the third biggest lifestyle risk factor for disease and death in the UK and liver disease is the fifth biggest cause of death in England.** According to the National Audit Office, over 10 million adults in England drink more alcohol than the recommended daily limit, with the House of Commons Health Committee reporting that 2.6 million of them are drinking more than twice this.

A combination of irresponsibility, ignorance and poor habits has led to almost 1 million alcohol related crimes and 1.2 million alcohol related hospital admissions being inflicted on society annually. Alcohol misuse places a huge financial burden on the NHS at an estimated cost of around £2.7bn a year, whilst the wider cost to society from alcohol related harm is estimated at £21bn each year.***

* Oxford University Research 2009. http://news.bbc.co.uk/1/hi/health/8086142.stm
** Department of Health. *Healthy Lives, Healthy People: A call to action on obesity in England, 2011*, p. 20
*** *Healthy Lives, Healthy People*. Department of Health. November, 2010 and HM Government, *The Government's Alcohol Strategy*. 2012.

Strategic Theme

Health Improvement

Local Context

Summary of Key Findings

- **Low overall smoking rates. But 1 in 5 residents continue to smoke and there are concentrated issues**
- **Large geo-graphical variation in smoking rates across Chelmsford**
- **High levels of higher risk and increasingly at risk alcohol drinkers**
- **High levels of binge drinking across the City**
- **No clear link between alcohol consumption & economic deprivation**
- **Rising health & social costs due to alcohol consumption, including hospital admissions**

Whilst there has long been a national policy focus on reducing the harmful health effects associated with smoking, there is a clear and growing recognition regarding the significance of alcohol misuse and its involvement in a number of health, social and family related issues. The statistics show that smoking rates are relatively low, but rates still remain too high given the health impact of this preventable cause of ill health. Moreover, both the level and intensity of alcohol consumption amongst Chelmsford residents presents real health and social problems, storing up considerable health and economic cost for the future.

Achieving Health Improvement

The Government's Public Health White Paper set out that whilst targeted regulation may be necessary to reduce detrimental health-related behaviours such as smoking and excess alcohol consumption, there should be a particular focus on how local government can use interventions to enable and guide people towards making healthier choices. The Government's Alcohol Strategy combines this intervention, enforcement and behaviour change approach. The Government is currently consulting on its intention to introduce a national minimum price for alcohol units to prevent the sale of cheap alcohol and encourage behaviour change. This will be combined with a focus on local authorities leading concerted local action in their communities to enforce new licensing regulations and encourage more responsible alcohol consumption.

The Council is committed to taking the right action locally through the enforcement of new and existing statutory powers and targeted interventions to help individuals change their health-related behaviours. But, whilst local enforcement may be necessary to prevent smoking in public places and excessive alcohol consumption we believe that guiding people in the right direction of healthy choices through education and raising awareness is the most appropriate policy method of promoting and improving health-related behaviours. The next strategic theme demonstrates that behaviour change is central to our approach to increase physical activity and healthy eating. However, the severity of the impact of smoking and excessive alcohol consumption warrants dedicated actions to:

- **Encourage adults to quit smoking**
- **Discourage children from starting to smoking**
- **Encourage people to drink less excessively**
- **Reduce the levels of binge drinking across the City**

Strategic Theme

Health Improvement

Chelmsford Profile

Smoking

Table 19 shows that Chelmsford had an average smoking rate of 18.8% of all adults putting it below the England and County average. Relative to other areas of Essex, Chelmsford is ranked six of out of the 12 districts. MSOA data shown in Graph 21 indicates that there are wide variations in the rate of adult smokers across Chelmsford. The highest rate of adult smokers at 31.2% can be found in the urban area of Chelmsford 006 (Northwest Chelmsford), the 11th highest ranked MSOA for smoking in Essex. The smoking rate within Chelmsford 006 is almost double that of the 10th ranked MSOA within Chelmsford (Chelmsford 005) and more than double the lowest rate of 13.5% within Chelmsford 002 (Broomfield and The Walthams & Patching Hall). Graph 22 shows the highest ranking MSOA in each of the 12 districts for adult smoking.

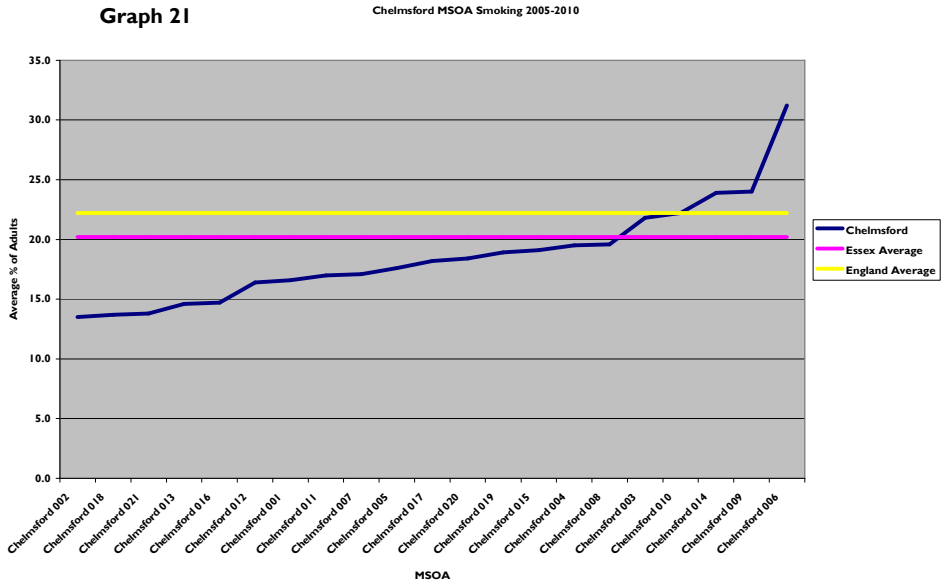
Table 19

Adult Smoking Rate 2005-2010

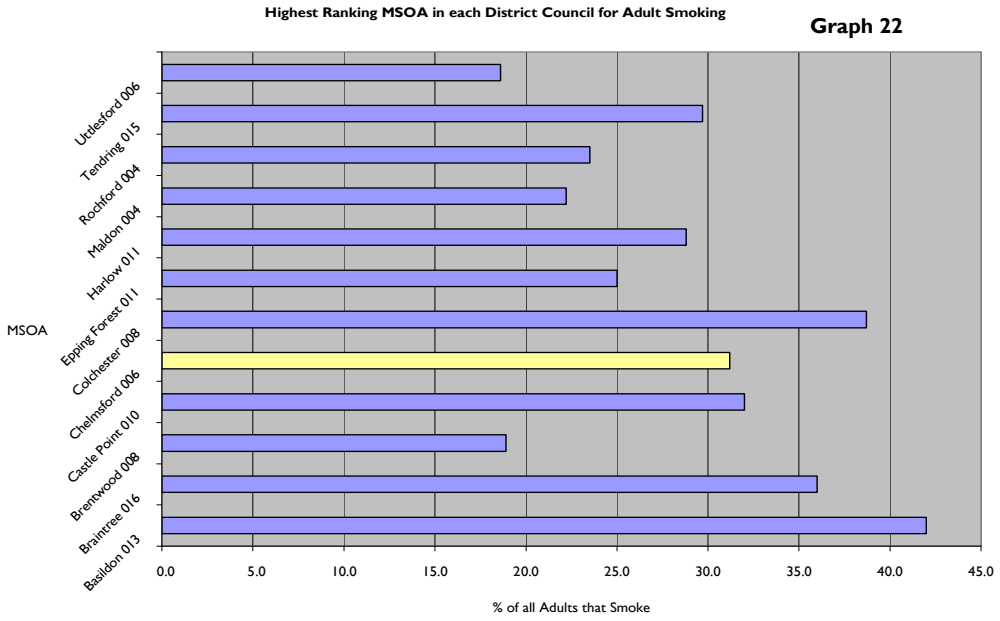
District	Estimated % of Adults
Basildon	24.4
Braintree	21.8
Brentwood	15.2
Castle Point	19.6
Chelmsford	**18.8**
Colchester	21.4
Epping Forest	18.5
Harlow	25.2
Maldon	18.5
Rochford	16.5
Tendring	20.2
Uttlesford	16.1
Essex	**20.2**
England	**22.2**

Source: Health Survey for England

Graph 21



Graph 22

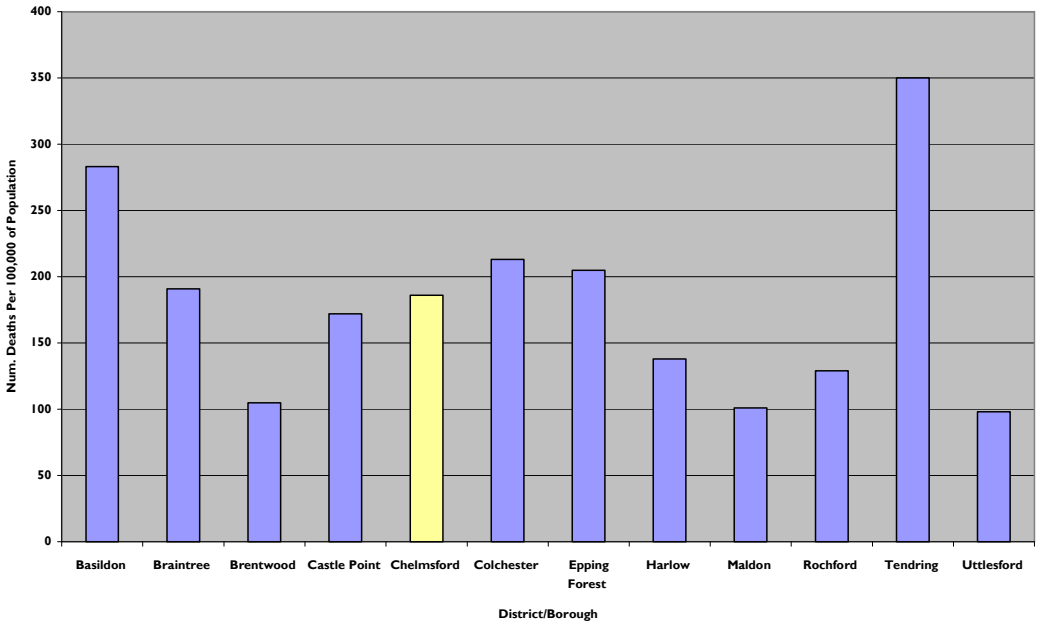


Smoking Deaths

Data presented in Table 20 and Graph 23 on the number of deaths directly attributable show us the number of deaths amongst those aged over 35 per 100,000 of the population. The statistics show that Chelmsford had the fifth lowest level of deaths in Essex between 2007-2009.

Table 20	
Deaths Directly Caused by Smoking Amongst over 35s (DSR) 2007-2009	
District	**Deaths Per Year**
Basildon	283
Braintree	191
Brentwood	105
Castle Point	172
Chelmsford	**186**
Colchester	213
Epping Forest	205
Harlow	138
Maldon	101
Rochford	129
Tendring	350
Uttlesford	98
Source: Public Health Observatories	

Graph 23 Deaths as a Direct Result of Smoking - Per Year 2007-2009



Strategic Theme

Health Improvement

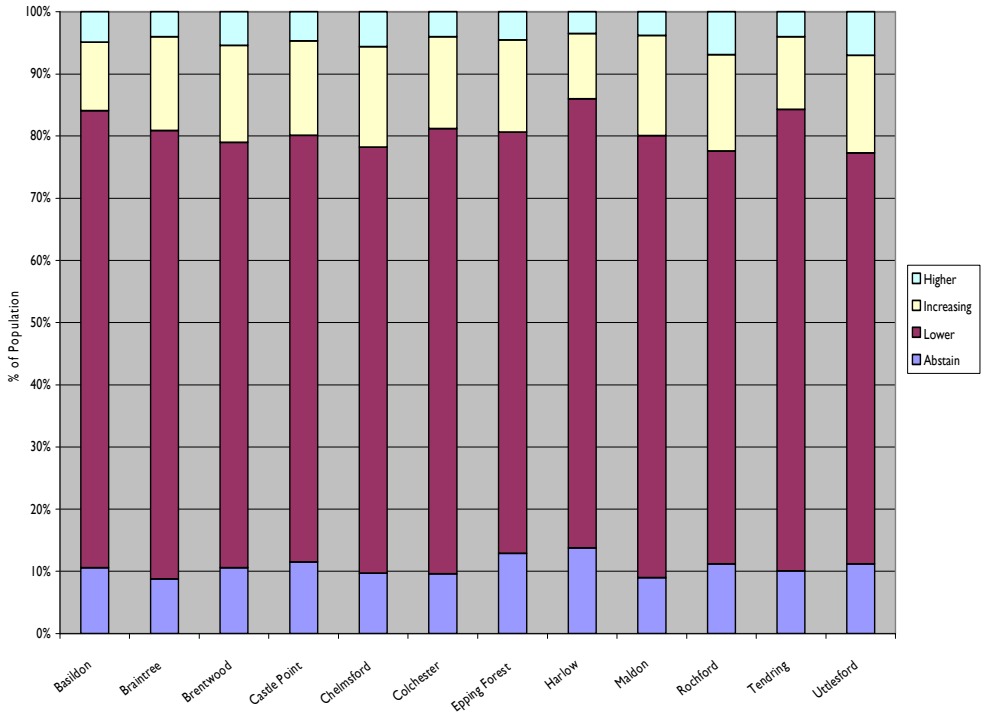
Chelmsford Profile

Table 21				
Drinking Levels Amongst Adult Population 2011				
District	**Abstain**	**Lower**	**Increasing**	**Higher**
Basildon	10.6	73.5	11	4.9
Braintree	8.8	72.1	15.1	4
Brentwood	10.6	68.4	15.6	5.4
Castle Point	11.5	68.6	15.2	4.7
Chelmsford	**9.7**	**68.6**	**16.2**	**5.6**
Colchester	9.6	71.7	14.8	4.
Epping Forest	12.9	67.7	14.8	4.5
Harlow	13.8	72.2	10.5	3.5
Maldon	9	71	16.1	3.8
Rochford	11.2	66.4	15.5	6.9
Tendring	10.1	74.3	11.7	4
Uttlesford	11.2	66.1	15.7	7
Definition	Weekly alcohol consumption was 0 units over the previous 12 months	Weekly male alcohol consumption was between 1-21 units in the previous 12 months. Women's was 1-14.	Weekly male alcohol consumption was between 21-50 units in the previous 12 months. Women's was 14-35	Weekly male alcohol consumption was greater than 50 units in the previous 12 months. Women's was greater than 35.
Source: Centre for Public Health				

Alcohol Consumption

Data presented in Table 21 and Graph 24 can show us estimates on the percentage of the adult population that abstain from consuming alcohol at all, or consume alcohol at levels that pose a lower, increasing or higher risk to their health. Chelmsford has the fourth lowest percentage of the population that totally abstain from the consumption of alcohol. Of those that do drink, the City is six out of 12 for lower risk drinkers. However, Chelmsford does have the highest percentage of adults whose health is increasingly at risk from alcohol consumption and the third highest percentage that is already at a high risk of health problems.

Graph 24 Synthetic Estimates of % of Abstainers, Lower Risk, Increasing Risk and Higher Risk Drinkers in Essex



Strategic Theme

Health Improvement

Chelmsford Profile

Binge Drinking

Over recent years the UK has witnessed the growing prevalence of 'binge drinking'. The NHS definition of binge drinking is drinking heavily in a short space of time to get drunk or feel the effects of alcohol. The amount of alcohol someone needs to drink is more than double the daily recommended units of alcohol in one session. In this public health area, Chelmsford fairs poorly. Table 22 and Graph 25 show the modelled estimates for binge drinking obtained from the Health Survey for England (surveying the adult population aged 16 and over living in private households in England). For 2007-08 the figures show that the City is above both the England and Essex averages, with Chelmsford ranked 2nd out of 12 districts for binge drinking.

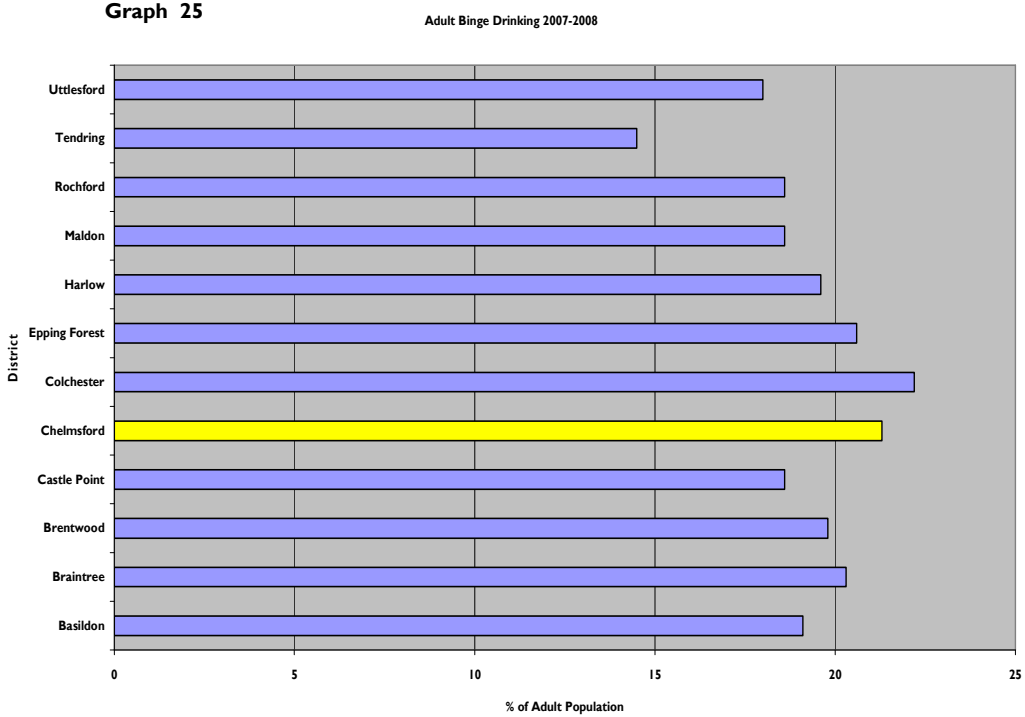
Table 22

Estimated Adult Binge Drinking 2007-2008

District	% of Adults
Basildon	19.1
Braintree	20.3
Brentwood	19.8
Castle Point	18.6
Chelmsford	**21.3**
Colchester	22.2
Epping Forest	20.6
Harlow	19.6
Maldon	18.6
Rochford	18.6
Tendring	14.5
Uttlesford	18.0
Essex	**19.4**
England	**20.1**

Source: Health Survey England

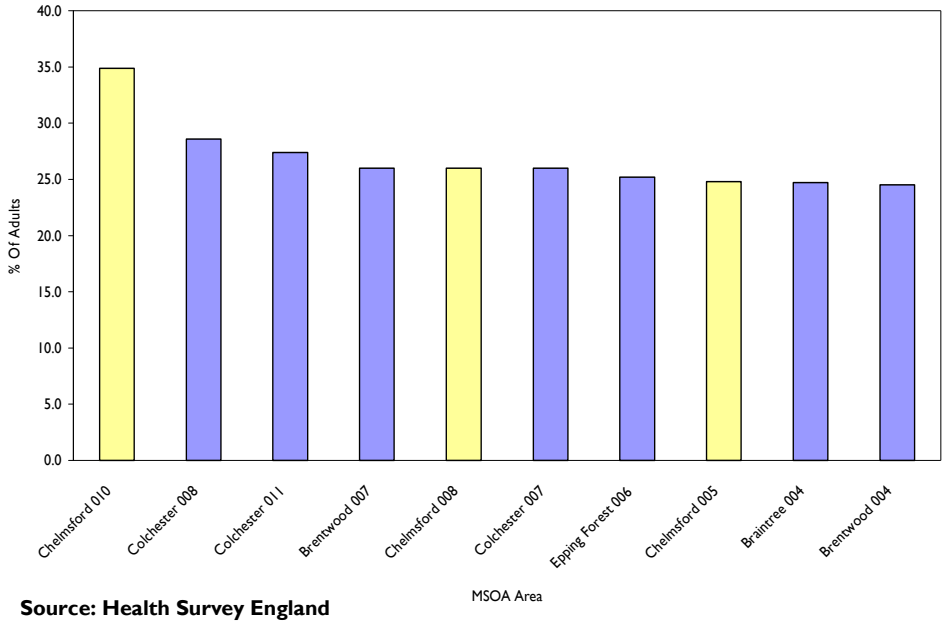
Graph 25



Binge Drinking

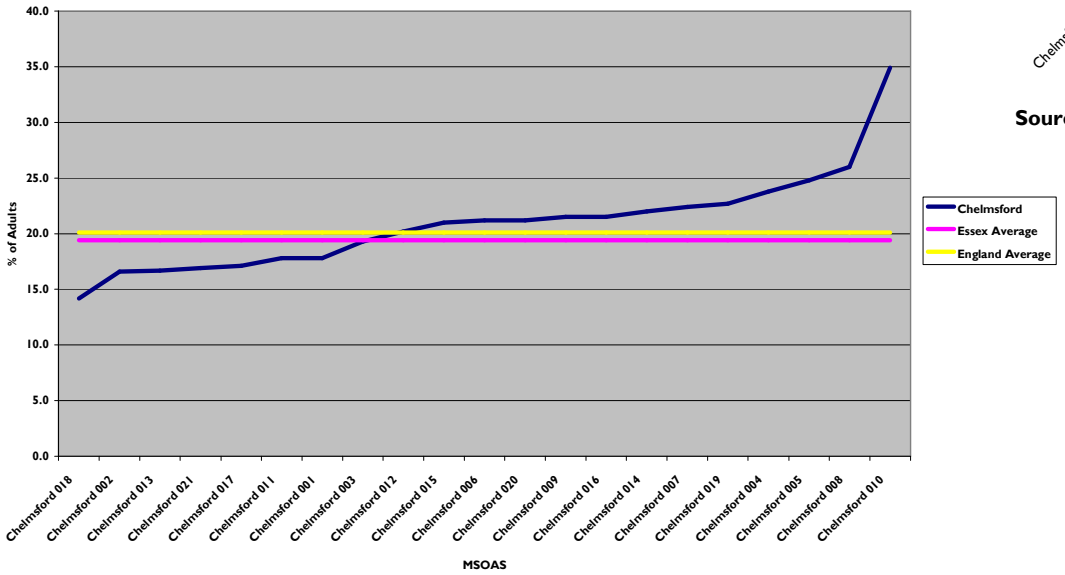
MSOA data in Graph 26 shows that the urban area of Chelmsford 010 (Marconi, Moulsham and Trinity) is the worst ranked MSOA in Chelmsford with a rate 34.9% of adults drinking in this manner. Graph 27 shows that this MSOA is also the worst ranked out of the 176 MSOA in Essex. This graph also indicates that a further two MSOAs are within the top 10 areas for binge drinking in Essex. Graph 26 shows that in total 13 of Chelmsford's 21 MSOAs are above the Essex average for binge drinking.

Graph 27 Top MSOAs in Essex for Binge Drinking



Source: Health Survey England

Graph 26 Chelmsford MSOA Binge Drinking 2007-2008



Alcohol Related Health and Social Issues

Figures presented in Table 23 on the health and social consequences of excessive alcohol consumption indicate that Chelmsford is 11th out of the 12 district and boroughs for alcohol related hospital admissions amongst those under 18. Whilst Chelmsford is seventh out of the 12 district and boroughs for overall alcohol related hospital admission, Graph 28 (page 45) shows that except for 2006-2007, Chelmsford has witnessed year on year increases in alcohol related hospital admission. Chelmsford has seen a 46.5% rise in admissions, slightly above an Essex average of 45.2%.

Of the remaining statistics, Chelmsford has the fourth highest level of crimes committed that are attributable to alcohol in Essex and also has a higher rate of alcohol specific mortality amongst men. However, relative to other districts in Essex, Chelmsford has low rates for both men and women.

Table 23

Alcohol Related Health Issues 2008-2010

District	Alcohol Related Hospital Admissions Under 18s**	Alcohol Related Hospital Admissions*	Number of all recorded crime attributable to alcohol***	Number of Male Alcohol Specific Mortality****	Number of Female Alcohol Specific Mortality****
Basildon	45.7	1455	1379.80	20	18
Braintree	29.3	1221	616.63	25	9
Brentwood	36.3	1091	438.14	9	4
Castle Point	25.2	1585	422.98	7	7
Chelmsford	**14.1**	**1328**	**907.69**	**16**	**6**
Colchester	38.4	1175	1128.35	29	10
Epping Forest	39.9	1411	902.16	14	3
Harlow	23.9	1900	863.29	17	3
Maldon	39.7	1282	232.18	6	5
Rochford	18.8	1554	234.10	8	6
Tendring	50.6	1243	908.59	36	20
Uttlesford	23.6	1352	351.12	5	3

* Directly Standardised Rates per 100,000 of population

** Per 100,000 of Population 2009-2010

*** Per 1,000 of population 2009-2010

**** Directly Standardised Rates Per 100,000 of population 2008

Centre for Public Health & North West Public Health Observatory

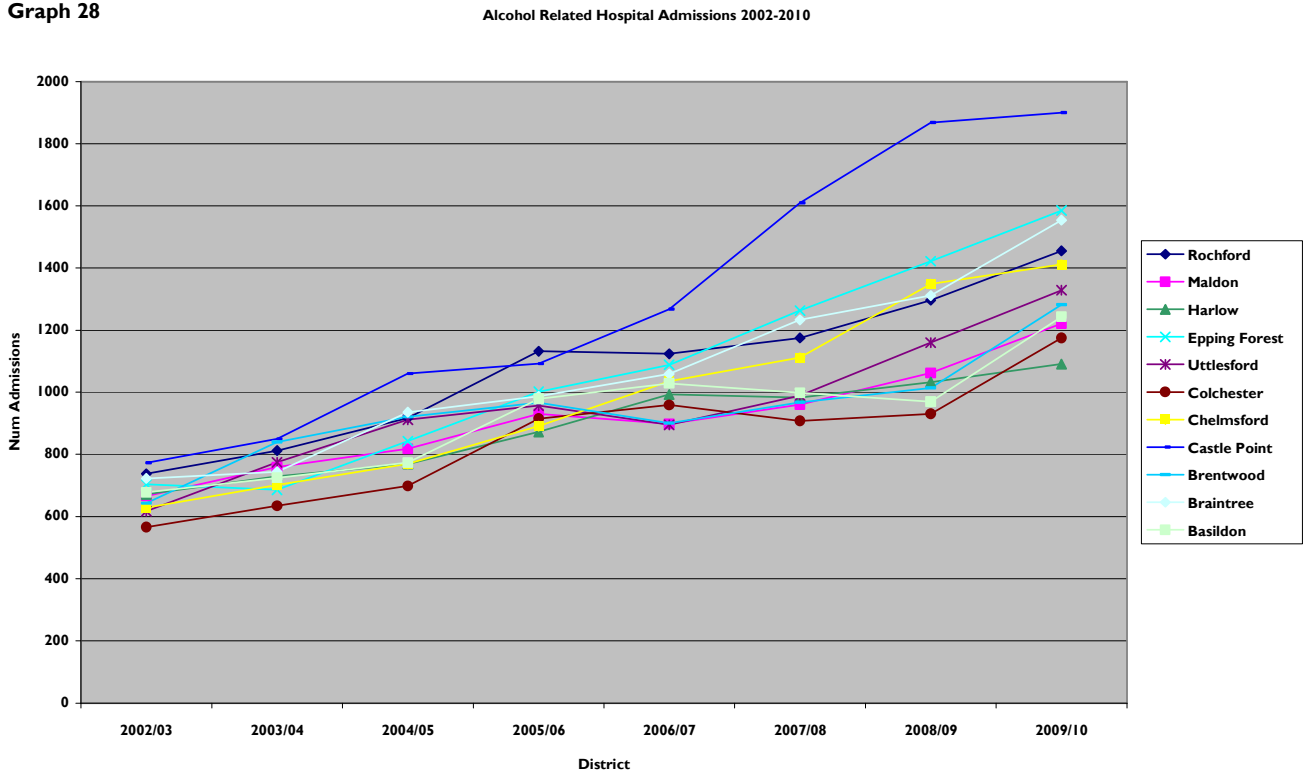
Strategic Theme

Health Improvement

Chelmsford Profile

Alcohol Related Health and Social Issues

Graph 28



Source: ECC Annual Health Report 2011

Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
Encourage adults to quit smoking **Discourage children from starting to smoking**	**Environmental Services** • Enforce the smoke free legislation which prohibits smoking in work and public places • Be an active member of the Smoke Free Essex Tobacco Alliance • Signpost & promote national stop smoking campaigns • Develop behaviour change initiatives to support the Alliance objective of reducing smoking levels in more disadvantaged communities • Raise awareness of the harm caused by secondary smoke in the home, especially its effect on children **Leisure** • Provide Forever Health Programme with CHP Sheltered Residents to highlight the dangers of smoking (see Case Study 9) **Community Safety** • Provide a range of interventions and educational initiatives to raise awareness of smoking and its health and social consequences: – Provide annual school age prevention work through Crucial Crew & Reality Road Show (see Case Study 5 & 6) – Develop further alcohol outreach work based on the Alcohol Outreach Programme model (see Case Study 4) – Deliver existing national awareness campaigns on alcohol misuse and binge drinking in specific hotspots in the City – With partners exploit potential funding opportunities to expand both alcohol misuse & binge drinking outreach and awareness campaigns	• No. reactive inspections to enforce smoke free legislation • Evaluation reports • No. of Children attending outreach events	– Smoking prevalence - 15 year olds – Smoking status at time of delivery – Smoking prevalence - adults (over 18s) – Mortality Rate from Cancer
Encourage people not to drink excessively **Reduce the levels of binge drinking across the City**	**Licensing** • Promote the four licensing objectives, and take appropriate action where necessary to protect residents from harm • In partnership with the responsible authorities and following wide consultation develop the City's Licensing Policy • Investigate irresponsible drinks promotions that impact on any of the four licensing objectives • Take action against licence holders by way of review or prosecution where appropriate • Co-ordinate the review of the local licensing policy in view of the reforms under the Police Reform and Social Responsibility Act 2011- which grants the (local) PCT or Health & Wellbeing Board responsible authority status • Explore with new responsible authority the potential for considering health impact within the licensing policy	• Intelligence led licensing enforcement visits (Community Safety & Resilience Team Plan) • ES LLPI 2 - Percentage of applications received under the Licensing Act or Gambling Act that are processed within 56 day	– Alcohol-related hospital admissions – Excess weight in adults – Mortality from liver disease – Recorded Diabetes – Older Peoples Perception of Community Safety – Violent Crime, Including Sexual Violence – First-time Entrants into the Youth Justice System

Priority Action	Actions	Performance Measures	Outcomes Framework Indictors
	Community Safety • Provide a range of interventions and educational initiatives to raise awareness of alcohol misuse and its health and social consequences: – Provide annual school age prevention work through Crucial Crew & Reality Road Show (see Case Study 5 & 6) – Develop further alcohol outreach work based on the Alcohol Outreach Programme model (see Case Study 4) – Deliver existing national awareness campaigns on alcohol misuse and binge drinking in specific hotspots in the City – With partners exploit potential funding opportunities to expand both alcohol misuse & binge drinking outreach and awareness campaigns • Coordination of local activities for national awareness campaigns relating to partnership priorities • To analyse need for diversionary projects and implement, monitor and evaluate as necessary • To respond to service requests in three working days (i.e. ASB, Hate Crime, Data Subject Access) • To oversee and promote the implementation of A & E sharing at Broomfield Hospital and set up quarterly contact meetings with NHS Mid Essex • Support the enforcement of Designated No Drinking Areas within the City, including parts of the high street and town parks. **Leisure** • Provide Forever Health Program with CHP Sheltered Residents to highlight the dangers of excessive alcohol consumption (see Case Study 9)	• NI 15 – Serious violent crime rate per 1,000 population (low is good) • NI 16 – Serious acquisitive crime rate per 1,000 population (low is good) • NI 20 – Assault with injury crime rate per 1,000 population (low is good) • LPI 11 – Percentage of incidents handled proactively by CCTV staff • Intelligence led licensing enforcement visits (Community Safety & Resilience Team Plan) • ES LLPI 2 - Percentage of applications received under the Licensing Act or Gambling Act that are processed within 56 day	– Alcohol-related hospital admissions – Excess weight in adults – Mortality from liver disease – Recorded Diabetes – Older Peoples Perception of Community Safety – Violent Crime, Including Sexual Violence – First-time Entrants into the Youth Justice System – Re-offending

Strategic Theme

Health Improvement

Case Studies

Case Study 4 - Alcohol Outreach Project

The Alcohol Outreach Project was 2010 as a joint venture between Safer Chelmsford Partnership (SCP) and Westminster Drug Project (WDP). Chelmsford has a vibrant night time economy which can generate issues for the police in terms of offences linked to alcohol. The negative effects of alcohol misuse upon Chelmsford residents were evident with the alcohol related offences ranging from anti-social behaviours, public order offences, assaults, criminal damage and domestic violence.

The aim of the Alcohol Outreach Project was to combine elements of arrest referral and treatment; enabling access for excessive alcohol users in the community into treatment via criminal justice settings and community outreach. Once identified these clients could be offered advice and information, key work plans, onward referral and ongoing support. Set up initially to provide brief intervention, it soon became apparent that clients were requesting and benefiting from extended key working (six to 12 sessions) and most of the Alcohol Outreach Project clients were kept on the caseload and continued to engage until they had been accepted onto a partner agency caseload and had successfully commenced work with this agency.

Joint working was a key feature of the Alcohol Outreach Project with a number of important and productive treatment pathways established. In particular a close working relationship was formed with the custody staff at Chelmsford police station. Regular cell sweeping proved to be an effective way to engage with clients and offer them advice and support around their alcohol use.

Case Study 5 - Crucial Crew

Crucial Crew is delivered and coordinated by the Safer Chelmsford Partnership and offered to 10-11 years old students in the Chelmsford area. It is generally accepted that children start to become more independent at this age and are often expected to cope increasingly on their own and deal with changes in their lives. The project is an interactive way to learn about personal health and safety and consists of a series of seven workshops that teaches students to:

- Become more aware of their personal safety and the safety of others
- Consider the consequences of their actions
- Learn how to react and deal with difficult and dangerous situations

Chelmsford Crucial Crew operates for three weeks each academic year. In 2011 a total of 1,610 year 6 students from 48 of the City's primary schools attended over the 13 days. There are seven workshops provided by partner agencies, namely Alcohelp, Chelmsford Council Emergency Planning, Essex County Council Road Safety, Essex Fire and Rescue Service, Essex Police, Essex Young People's Drug and Alcohol Service and NHS Mid Essex.

Case Study 6 - Reality Road Show

Reality Roadshow is delivered and coordinated by the Safer Chelmsford Partnership and is a continuation of Crucial Crew but delivered to year 9 students (13-14 years old). Reality Roadshow has been delivered to schools in the City since November 2009 and a total of 1,549 students have attended in this time. The project is an interactive workshop based safety initiative and the aim is to provide students with the knowledge and skills to make their own choices and to take responsibility for their actions as well as building their confidence and self-esteem. Eight workshops take place on:

- Crime and consequences
- Anti-Social Behaviour and perceptions
- Internet Safety
- Effects of Alcohol misuse
- Choices that students may have to make & consequences
- Fire safety in the home
- Pedestrian safety
- Smoking consequences & cessation

Strategic Theme

Healthy Lives & Physical Activity

National Context

Individuals leading physically active and healthy lifestyles is central to improving health outcomes in a number of different areas. Physical inactivity is the fourth leading risk factor for global mortality, accounting for 6% of deaths world-wide. In England just 16.5% of those aged over 16 meet the (new) recommended weekly guidelines of 150 minutes or more of physical activity.*

The benefits of regular physical activity have been clearly set out across the life-course. Pre-school children should be physically active for 180 minutes spread throughout the day and school age children should have vigorous physical activity for at least 60 minutes per day. The health benefits of meeting these guidelines include reduced body fat and the promotion of healthy weight, enhanced bone and cardio-metabolic health, and enhanced psychological well-being. For adults, meeting the recommended weekly guidelines helps to prevent and manage over 20 chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, and musculoskeletal condition. It also contributes towards preventing mental health problems and improving the quality of life of those experiencing mental health problems and illnesses. For example, evidence shows that physical activity can reduce the risk of depression, dementia and Alzheimer's.**

Obesity is one of the most acute health risks resulting from a lack of physical activity in both adults and children. Whilst in England only a third of adults were obese in the 1980s, it is estimated that 61% of adults and a third of children are now overweight or obese – higher than almost all other developed nations. Modelling for the Government Office for Science has shown that, unchecked, 60% of men, 50% of women and 25% of children will be obese by 2050. The scale of the national problem of obesity also has economic cost. Obesity currently cost the NHS £5.1bn, potentially rising to £6.4bn in 2015, and £9.7bn in 2050. The total cost of obesity through treatment costs, unemployment and lost productivity was estimated at £16bn in 2007, potentially rising to £50bn in 2050.***

Reducing the health risks and economic costs of treating conditions such as obesity necessitates that physical activity is combined with additional lifestyle changes. Maintaining a healthy and balanced diet can have a major impact on rates of excess weight and obesity amongst the population. The 2007 Foresight Report – *Tackling Obesities: Future Choices* made clear that the abundance of calorie-rich food, coming on top of more sedentary lifestyles for most of us, is at the heart of the obesity challenge that we face. The Government's Obesity Strategy estimates that on average adults consume 10% more calories than the daily recommended guidelines of 2,500 calories for men and 2,000 per day for women.***

There is also strong evidence to suggest that there is a positive relationship between green space accessibility and usage and the general health of the population. Access to quality green space provides physical and mental health benefits, social interaction and integration, and space for physical activity and play. Studies indicate that access and utilisation of green spaces has a beneficial impact on mental wellbeing and cognitive functions through physical access and usage regardless of the socio-economic status of the people who use it.

* Department of Health. *Start Active, Stay Active A report on physical activity for health from the four home countries' Chief Medical Officers* (2011)
and Essex County Council. *Delivering the public health outcome framework Report of the Director of Public Health* (2011)
** Department of Health. *Start Active, Stay Active*

Strategic Theme

Healthy Lives & Physical Activity

Local Context

Summary of Key Findings

- **Chelmsford has the second highest rate of adult physical activity in Essex, but less than 1 in 5 adults participate in 30 minutes of physical activity three times a week and there has been a 1.9% decline in rates between 2007-2010**
- **MSOA 006 (Northwest Chelmsford) in the bottom 25% for physical activity in Essex**
- **Chelmsford has the third lowest non-statutory physical activity rates amongst secondary school children**
- **Geographically isolated problems with adult obesity**
- **Concentrated problems of childhood obesity at reception & year six**
- **Large overall increases in overweight and obese children between reception and the final year of primary school**

Promoting physical activity and additional lifestyle changes is essential to confronting the growing health and economic costs of conditions such as obesity. Figures presented within this chapter show that whilst Chelmsford is above England and County averages for levels of physical activity, cycling participation and healthy eating, it must be remembered that levels are poor in Essex as well as nationally and are generally getting worse. Moreover, although Chelmsford has relatively low levels of both adult and childhood obesity compared to its district neighbours, the County and England rates are high and increasing. This relatively good weight profile is not geographically shared across Chelmsford either.

Promoting Health Lives & Physical Activity

Over recent years the Council's sustained efforts to promote healthy and active lives amongst our local residents has sufficiently contributed to our overall good levels of weight management. Nonetheless, the isolated weight issues within the City demonstrates that over the coming years the Council and its community partners need to do more.

In order to address Chelmsford's obesity and excess weight issues, our priority actions will focus on encouraging individuals and families to lead more active and healthy lifestyles through education, raising awareness and targeted interventions, alongside continuing to provide quality and accessible leisure and recreational facilities for all. This approach is line with the Government's National Obesity Strategy, *Healthy Lives, Healthy People: A call to Action on Obesity in England* which places local authorities at the forefront of encouraging individual responsibility and behaviour change to reduce excess weight and obesity. Our priority action areas will help improve the weight management of our local residents by;

- **Providing quality & accessible leisure and entertainment facilities**
- **Encouraging physical activity throughout the whole population and providing targeted interventions**
- **Promoting healthy eating amongst the whole population**
- **Increasing the use & accessibility of green spaces**

Strategic Theme

Healthy Lives & Physical Activity

Chelmsford Profile

Physical Activity

Survey data in Table 24 and Graph 29 provided by the PE and Sport Survey 2009-2010 can give us an indication of the level of children's physical activity beyond the statutory curriculum minimum. The data shows that 49.5% of pupils are physically active in Chelmsford for 3 hours per week beyond the statutory requirement. This is the third lowest level amongst the 12 districts and boroughs and below the Essex and England average.

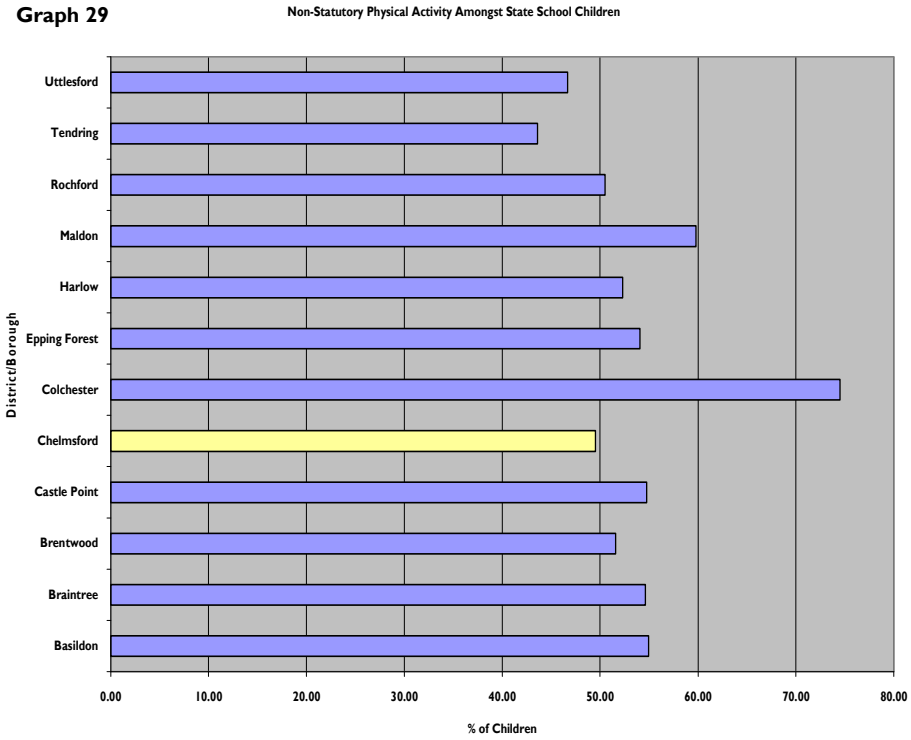
Table 24

Physical Activity Amongst Children beyond the Statuary Requirement 2009-2010

District	% of Children
Basildon	55
Braintree	54.6
Brentwood	51.6
Castle Point	54.7
Chelmsford	**49.5**
Colchester	74.5
Epping Forest	54
Harlow	52.3
Maldon	59.8
Rochford	50.5
Tendring	43.6
Uttlesford	46.7
Essex	**55.1**
England	**54.4**

Source: PE & School Sports Survey

Graph 29



Strategic Theme

Healthy Lives & Physical Activity

Chelmsford Profile

Physical Activity

The Sport England Active Peoples Survey provides local authority data on the level of number of adults participating in 30 minutes of physical activity three times a week. The 2007 survey also included modelled estimates at MSOA level (page 53). The survey results in Table 25 indicate that whilst in 2009-10 Chelmsford had the second highest number of physically active adults and was above both the England & Essex average, less than 1 in 5 adults meet the recommended guidelines. Graph 30 shows the three year trend for these figures across Essex. Chelmsford has witnessed a 1.8% decrease in activity rates, this is greater than both the Essex (-1.8%) and England (0%) declines.

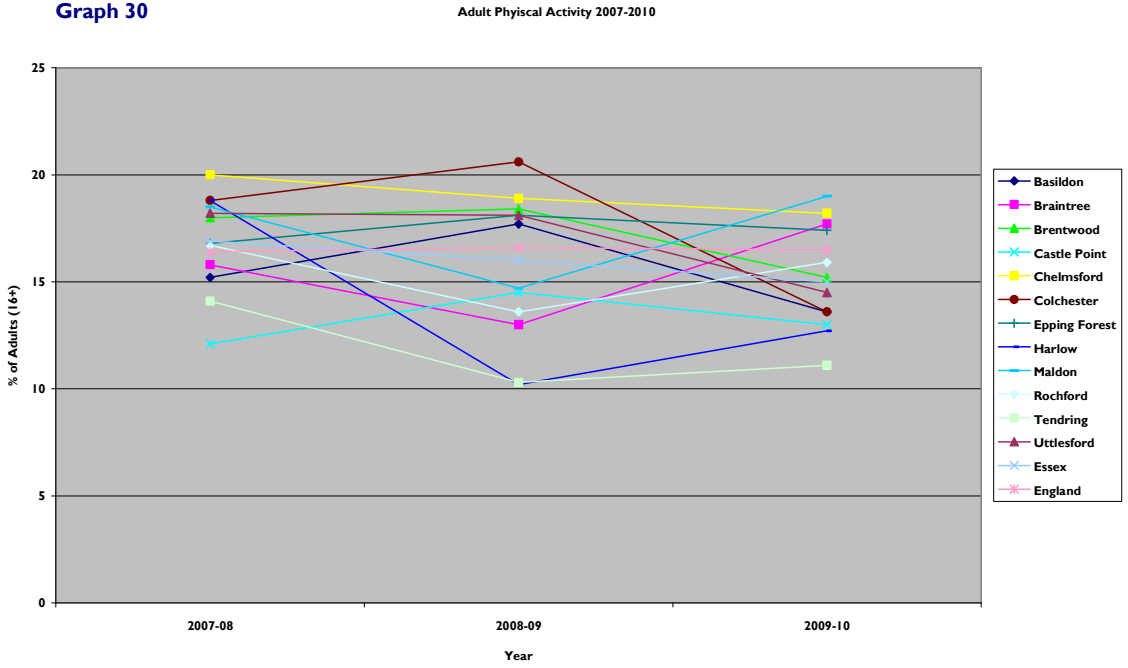
Table 25

Active Peoples Survey – Adult Physical Activity 2009-2010

District	% of Adults (16+)
Basildon	13.6
Braintree	17.7
Brentwood	15.2
Castle Point	13.0
Chelmsford	**18.2**
Colchester	13.6
Epping Forest	17.4
Harlow	12.7
Maldon	19.0
Rochford	15.9
Tendring	11.1
Uttlesford	14.5
Essex	**15.0**
England	**16.5**

Source: Sport England Active Peoples Survey

Graph 30



Strategic Theme

Healthy Lives & Physical Activity

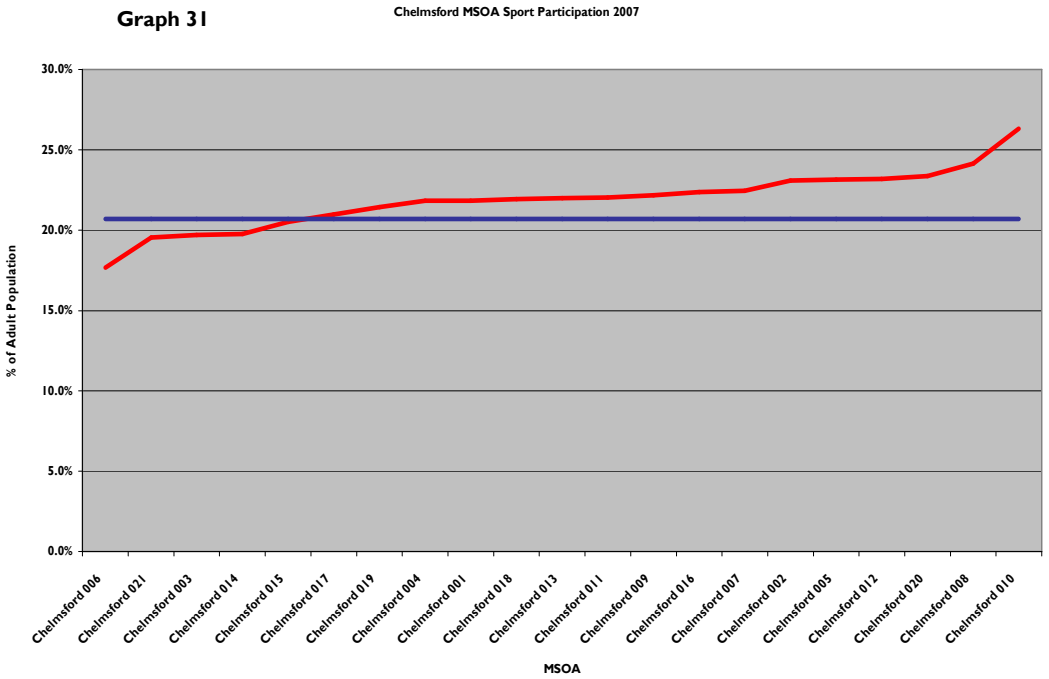
Chelmsford Profile

Table 26	
MSOA Adult Physical Activity 2007	
Middle Output area & Ward Areas	
001(Boreham and The Leighs, Broomfield and The Walthams)	21.9
002 (Patching Hall)	23.1
003 (Chelmsford Rural West, St. Andrews)	19.7
004 (Springfield North, The Lawns)	21.8
005 (Boreham and The Leighs, Chelmer Village and Beaulieu Park, Little Baddow, Danbury and Sandon)	23.1
006 (Marconi, Patching Hall, St. Andrews)	17.7
007 (Springfield North, the Lawns, Trinity)	22.5
008 (Chelmer Village and Beaulieu Park, Trinity)	24.1
009 (Marconi, St. Andrews, Waterhouse Farm)	22.2
010 (Marconi, Moulsham & Central, Trinity)	26.3
011 (Chelmsford Rural West, Waterhouse, Writtle)	22.0
012 (Goat Hall, Moulsham & Central, Moulsham Lodge)	23.2
013 (Chelmer Village and Beaulieu Park, Great Baddow East, Little Baddow, Danbury and Sandon)	22.0
014 (Great Baddow East & West)	19.8
015 (Goat Hall, Moulsham Lodge)	20.5
016 (Bicknacre and East and West Hanningfield, Little Baddow, Danbury and Sandon)	22.4
017 (Gallywood, Goat Hall)	21.0
018 (Bicknacre and East and West Hanningfield)	22.0
019 (South Woodham-Elmwood and Woodville)	21.5
020 (South Woodham-Chetwood and Collingwood)	23.4
021(Rettendon and Runwell)	19.6
Source: Sport England Active Peoples Survey	

Physical Activity

At MSOA level in 2007 (shown in Table 26 and Graph 31) Chelmsford again had relatively strong rates of sport and exercise participation rates amongst adults. Chelmsford has no MSOAs in the 10% worst performing in Essex and only one – Chelmsford 006 in the bottom 25%. There is a difference of 8.6% in participation rates between the top MSOA Chelmsford 010 and bottom ranked MSOA (Chelmsford 006) - the largest variation between MSOAs out of all the districts in Essex.

Graph 31



Strategic Theme

Healthy Lives & Physical Activity

Chelmsford Profile

Cycling Participation

Sport England Survey data from 2008-09 in Table 27 and Graph 32 indicate that 13.2% of adult males and 4.5% of adult females in Chelmsford undertake at least one recreational cycle ride for at least 30 minutes at moderate intensity per week. The male percentage is fifth highest in the County and above the Essex and England averages. The female percentage is third lowest and below the Essex and National average.

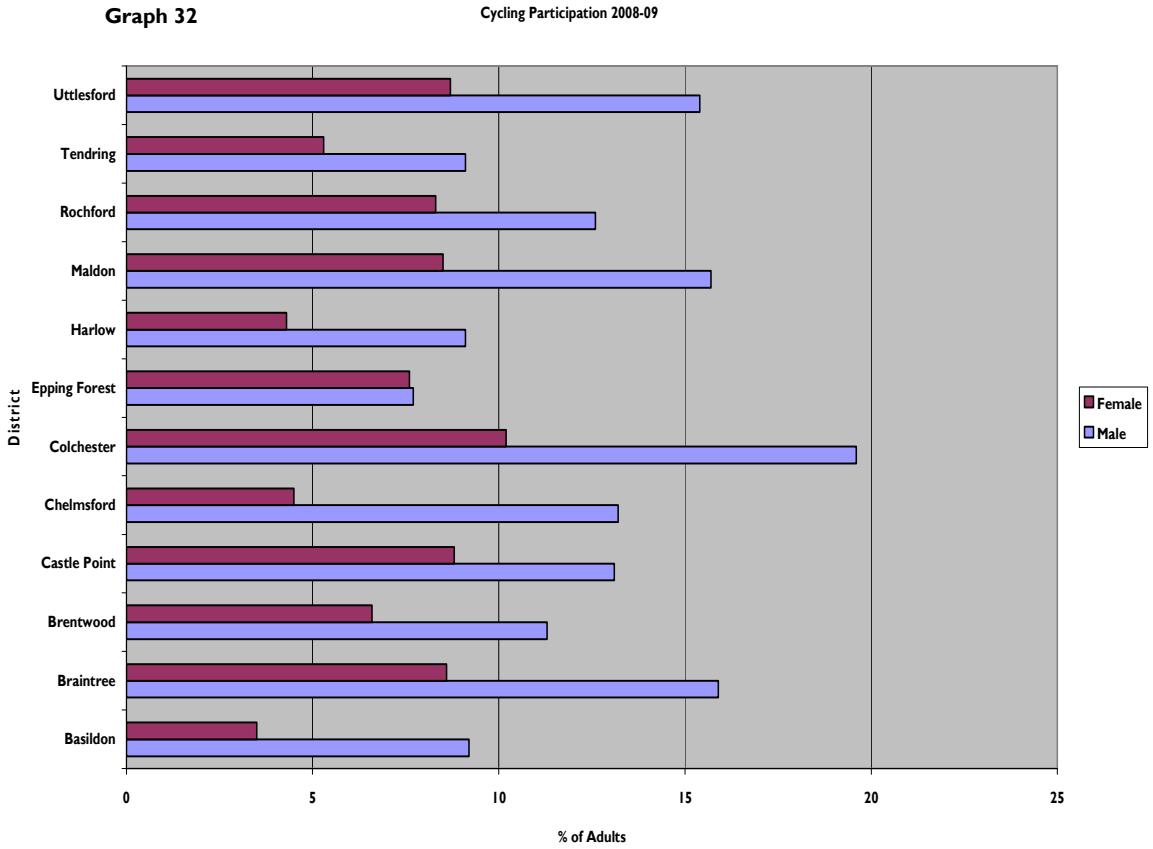
Table 27

Adult Cycling Participation 2008-2009

District	Male	Female
Basildon	9.2	3.5
Braintree	15.9	8.6
Brentwood	11.3	6.6
Castle Point	13.1	8.8
Chelmsford	**13.2**	**4.5**
Colchester	19.6	10.2
Epping Forest	7.7	7.6
Harlow	9.1	4.3
Maldon	15.7	8.5
Rochford	12.6	8.3
Tendring	9.1	5.3
Uttlesford	15.4	8.7
Essex	**12.8**	**6.9**
England	**12.3**	**5.9**

Source: Sport England Active Peoples Survey

Graph 32



Strategic Theme

Healthy Lives & Physical Activity

Chelmsford Profile

Healthy Eating

Modelled estimates at local authority level from 2006-2008 in Table 28 and Graph 33 indicate that adults within Chelmsford eat relatively healthily. Chelmsford has the fourth highest rate of adults eating healthily in Essex. Repeating the trends seen previously, the MSOA data in Graph 34 shows that Chelmsford 006 (Northwest Chelmsford) is by far the worst ranked MSOA within this category. With only 24.7% of adults eating healthily, it is ranked 150 out of 177 MSOAs for healthy eating within Essex. Whilst the variation between areas isn't as great as within the smoking category, there is a difference of 11.3% between the top and bottom ranked MSOAs within Chelmsford.

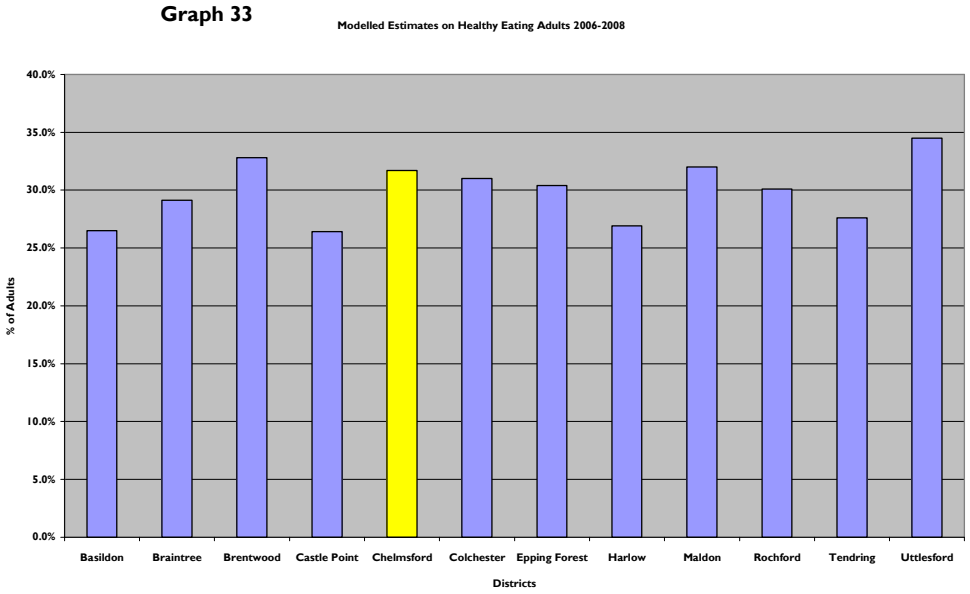
Table 28

Health Eating Adults (Modelled Estimates) 2006-2008

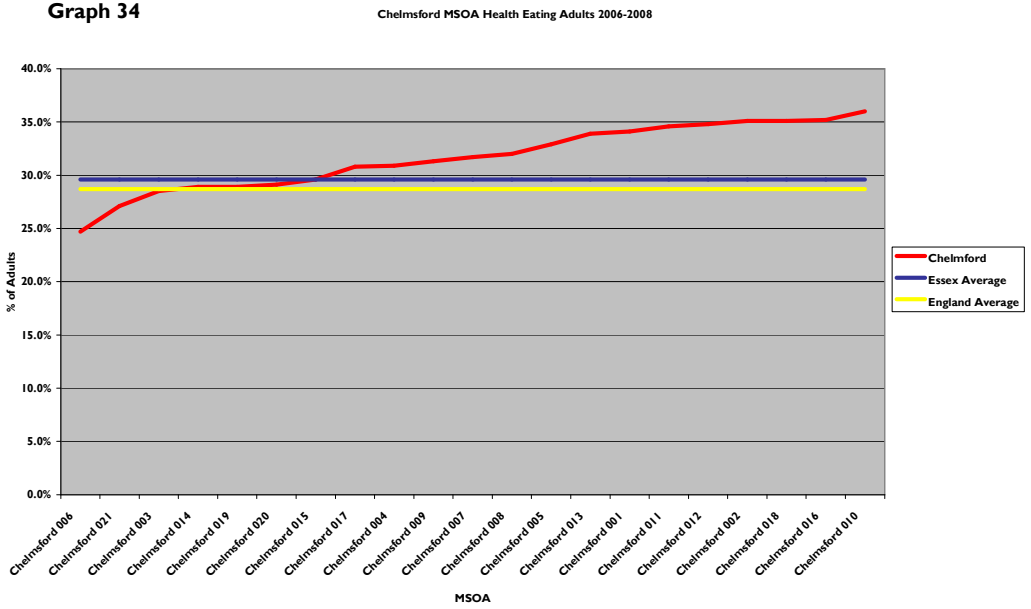
District	% of Adults
Basildon	26.2
Braintree	29.1
Brentwood	33.0
Castle Point	26.3
Chelmsford	**31.8**
Colchester	30.7
Epping Forest	30.3
Harlow	26.9
Maldon	31.9
Rochford	30.3
Tendring	27.8
Uttlesford	34.5
Essex	**29.6**
England	**28.7**

Source: APHO

Graph 33



Graph 34



Access to Green Space

Whilst data is not currently available on the utilisation of green spaces, the National Obesity Observatory has provided immediate green space access statistics at MSOA level. The figures from 2005 presented in Table 29 and Graph 35 show that on average Chelmsford residents have access to 13,836 square metres of green space. At MSOA level Chelmsford 015 (Moulsham Lodge) has the 3rd lowest amount of immediate access to green space in Essex with just 160 square metres and Chelmsford 006 (Northwest Chelmsford) with 503 square metres the 10th lowest. Due to Chelmsford urban centre and surrounding rural wards there is wide variation in immediate access to green space as Graph 35 demonstrates.

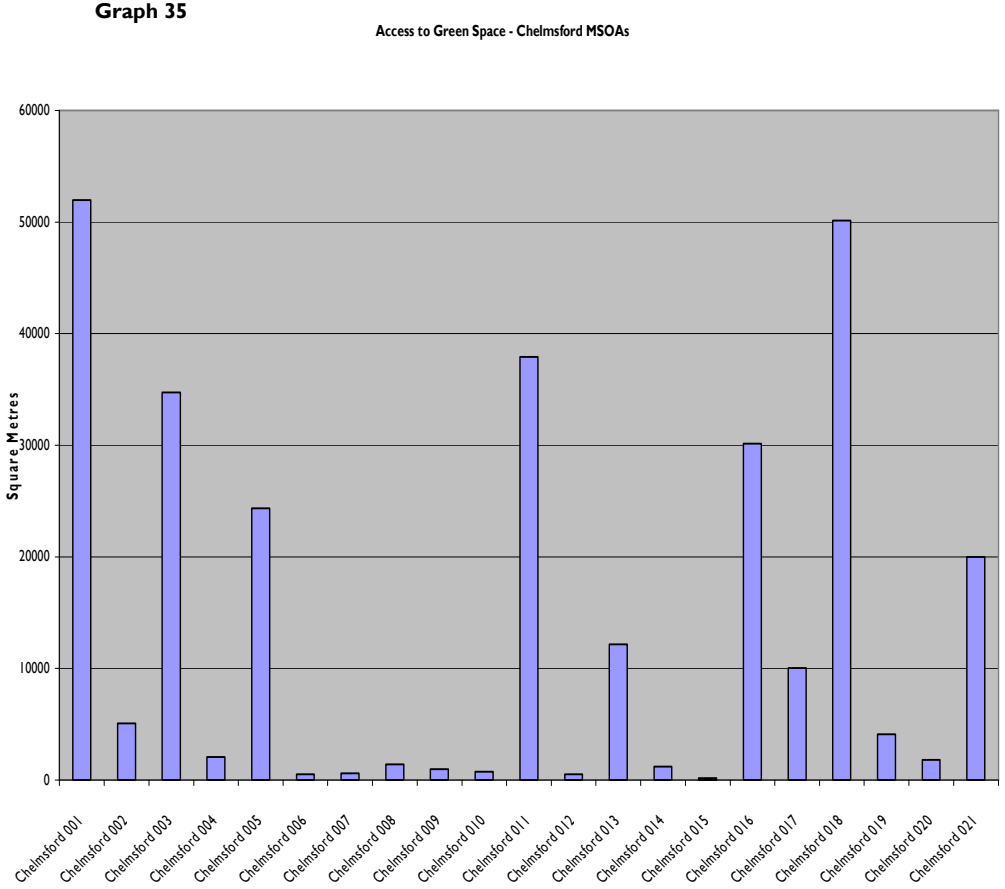
Table 29

Immediate Access to Green Space 2005

District	Square Metres
Basildon	3,268
Braintree	31,201
Brentwood	14,440
Castle Point	2,225
Chelmsford	**13,836**
Colchester	13,151
Epping Forest	17,311
Harlow	14,84
Maldon	40,980
Rochford	14,377
Tendring	16,063
Uttlesford	6,670

Source: National Obesity Observatory

Graph 35



Adult Obesity

Chelmsford's relatively good levels of healthy eating and physical activity amongst adults have translated into comparatively lower levels of adult obesity. Amongst the 12 district Councils Table 30 shows whilst Chelmsford has the fourth lowest level of obesity amongst adults at 22.9%, almost a quarter of the adult population were obese between the years 2006-2008. In contrast to other lifestyle areas, Graph 36 shows that Northwest Chelmsford (006) does not contain the worst statistics amongst the 21 MSOAs for this category, with 021 (Rettendon and Runwell) having an adult obesity level of 27.3%.

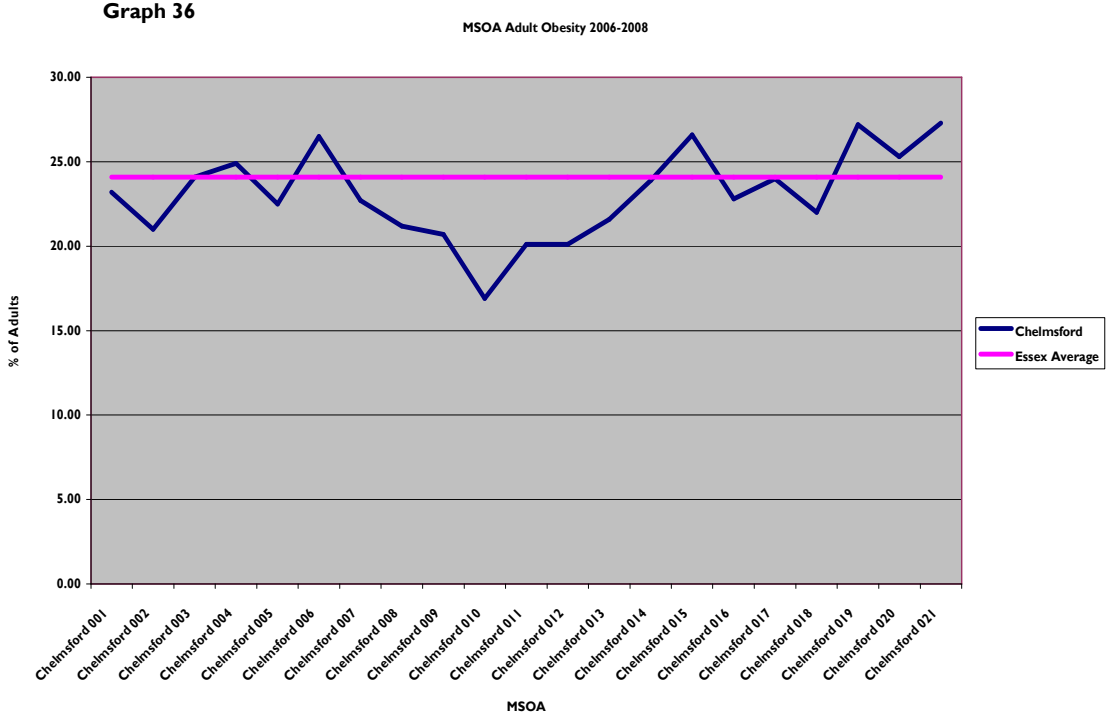
Table 30

Modelled Estimates Adult Obesity 2006-2008

District	% of Adults
Basildon	26.7
Braintree	25.9
Brentwood	21.6
Castle Point	27.5
Chelmsford	**22.9**
Colchester	23.6
Epping Forest	23.9
Harlow	26.6
Maldon	25.7
Rochford	25.4
Tendring	22.2
Uttlesford	17.3
Essex	**24.1**

Source: APHO

Graph 36



Strategic Theme

Healthy Lives & Physical Activity

Chelmsford Profile

Child Excess Weight & Obesity

For children, figures are provided from the National Child Measurement Programme and cover a wider range of weight categories at both the reception (4-5) and year six (10-11) stages of primary school. Figures at MSOA level (presented in Graph 37 & 38 on page 60 & 61) were obtained between the years 2007-10. The weight profile of Chelmsford's children displays a mixed picture. The City contains some of the healthiest weights in Essex at reception age but experiences some the sharpest increases in underweight, overweight and obese children at year six.

Tables show the percentage of children underweight is statistically low at both reception and year six. Nonetheless, Table 33 (page 59) shows there is a 0.6% increase between the two different ages placing Chelmsford fourth out of the 12 districts at year six. At reception age, the prevalence of overweight children is the second lowest in the county; however we witness the largest percentage increase in overweight children between the two primary school stages. The year six percentage of 16.8% places Chelmsford third out of the 12 districts for overweight children. Tables 34 & 35 (pages 59 & 60) show that a higher percentage of girls are overweight at reception than boys in Chelmsford. However, by year six a 5.9% increase in overweight boys compared to a 3.6% in girls means more boys are overweight at this age. The increase in the prevalence of overweight boys at year six moves them from having the second lowest to the second highest rate amongst the 12 districts in Essex.

Table 31

Reception Age (4-5) Weight 2009-2010

District	Underweight Children	Overweight Children	Obese Children	Healthy Weight Children
Basildon	0.7	12.7	8.8	77.7
Braintree	3.1	9.9	6.2	80.8
Brentwood	0	14.1	8.5	77.4
Castle Point	0.8	13.7	8.4	77.1
Chelmsford	**0.7**	**12**	**7.4**	**79.9**
Colchester	0.1	14.2	9.3	76.4
Epping Forest	0.6	15.6	10.2	73.5
Harlow	0.8	14.5	10.6	74
Maldon	1.4	13.5	6.7	78.4
Rochford	0.9	14.7	8.3	76
Tendring	0.1	15.2	10.7	74
Uttlesford	0.1	16	10.6	73.3

Source: National Obesity Observatory

Table 32

Year 6 Age (10-11) Weight 2009-2010

District	Underweight Children	Overweight Children	Obese Children	Healthy Weight Children
Basildon	1.3	15.1	16.5	67
Braintree	1.9	14.6	13.7	69.8
Brentwood	0.7	15.4	12.8	71
Castle Point	1.1	16.4	14.4	68.1
Chelmsford	**1.3**	**16.8**	**14.4**	**67.4**
Colchester	0.9	14.4	17.1	67.6
Epping Forest	0.8	13.2	20.7	65.3
Harlow	1	19.2	19.4	60.5
Maldon	2.4	14.4	14.4	68.9
Rochford	1.1	17	15	66.9
Tendring	0.9	13	19.2	66.8
Uttlesford	0.8	11.9	14.5	72.8

Source: National Obesity Observatory

Strategic Theme

Healthy Lives & Physical Activity

Chelmsford Profile

Child Excess Weight & Obesity

The percentage of obese children in both Chelmsford and across Essex displays a similar but less severe pattern. Obesity amongst those aged 4-5 is relatively low at 7.4%, with Chelmsford having the third lowest rate of obesity in this age group. Nonetheless, with a rate of 13.4%, Chelmsford 006 (Northwest Chelmsford) has the sixth highest level of reception age obesity out of the 176 MSOAs in Essex. At reception age boys have a marginally higher rate of obesity than girls at 7.4% compared to 7.3%.

By year six this gap between boys and girls has widened by 3.3% . Chelmsford is ninth for boys and seventh for girls amongst the 12 districts for obesity at year six. Overall, whilst Chelmsford does witness a greater percentage increase in the number of obese children than overweight (the figure almost doubles between the two age groups), obesity remains comparatively. At MSOA level Chelmsford has no MSOA in the top 10% for year six obesity in Essex, and only one – Chelmsford 001(Boreham and The Leighs & Broomfield and The Walthams)- in the top 25%. However, there are particularly high increases between reception and year six experienced in the MSOAs of Chelmsford 001 and Chelmsford 009 (Marconi, St Andrews and Waterhouse Farm), with increases of 14.6% and 13.6% respectively.

Given the increases in underweight, overweight and obese children in Chelmsford, there is an overall reduction in the number of healthy weight children. At reception Chelmsford has the second highest level of healthy weight 4-5 year olds at 79.9%. Within the City itself, the MSOA of Chelmsford 006 has the lowest prevalence of health weight amongst this age group with 72.6%, the 16th lowest amongst all 176 MSOAs in Essex. By year six the overall rate of healthy weight children in Chelmsford decreased by 12.5% (the second largest decrease behind Harlow). This moves the City from second to sixth amongst the 12 districts. At year six, Chelmsford 011(Chelmsford Rural West, Writtle and Waterhouse Farm) has the 9th lowest level of healthy weight children in Essex at 59.7%. The greatest declines in the prevalence of healthy weight children occurs in Chelmsford 001 (-23.1%) and Chelmsford 009 (-16.8).

Table 33

Weight Difference Between Years Reception and Year 6: 2009-10

District	Underweight Children	Overweight Children	Obese Children	Healthy Weight Children
Basildon	+0.6	+2.4	+7.7	-10.7
Braintree	-1.2	+4.7	+7.5	-11
Brentwood	+0.7	+1.3	+4.3	-6.4
Castle Point	+0.3	+2.7	+6	-9
Chelmsford	**+0.6**	**+4.8**	**+7**	**-12.5**
Colchester	+0.8	+0.2	+7.8	-8.8
Epping Forest	+0.2	-2.4	+10.5	-8.2
Harlow	+0.2	+4.7	+8.8	-13.5
Maldon	+1	+0.9	+7.7	-9.5
Rochford	+0.2	+2.3	+6.7	-9.1
Tendring	+0.8	-2.2	+8.5	-7.2
Uttlesford	+0.7	-4.1	+3.9	-0.5

Source: National Obesity Observatory

Table 34

Reception Weight by Sex: 2009-10

District	Underweight & Healthy Children		Overweight Children		Obese Children	
	Boys	Girls	Boys	Girls	Boys	Girls
Basildon	76.8	80.1	13.3	12.1	9.8	7.8
Braintree	84.4	83.5	9.1	10.7	6.5	5.9
Brentwood	74.6	80.1	16.1	12.2	9.3	7.7
Castle Point	77.8	77.9	14.1	13.3	8.1	8.7
Chelmsford	**80.8**	**80.5**	**11.9**	**12.2**	**7.4**	**7.3**
Colchester	75.1	77.8	13.6	14.8	11.3	7.4
Epping Forest	73.1	75.1	16.4	14.8	10.4	10.1
Harlow	73.6	76.1	14.8	14.2	11.5	9.7
Maldon	77.1	82.8	14.9	12	8	5.2
Rochford	75.2	78.7	15.4	14	9.4	7.3
Tendring	74.2	74	15.3	15.2	10.6	10.9
Uttlesford	70.7	76	16.6	15.3	12.7	8.6

Source: National Obesity Observatory

Strategic Theme

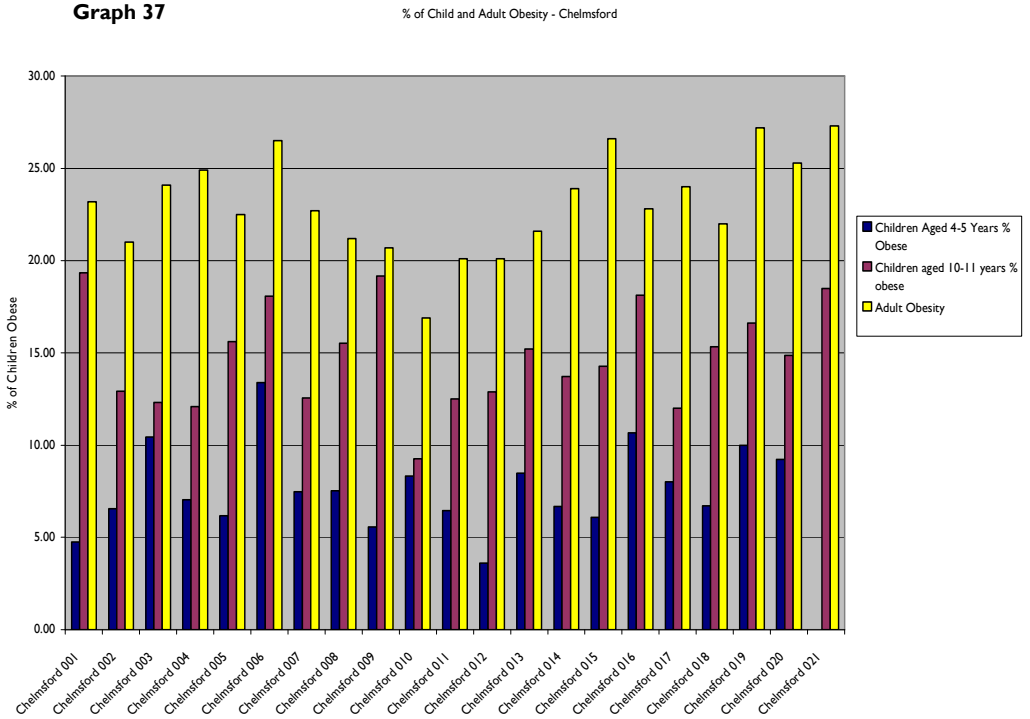
Healthy Lives & Physical Activity

Chelmsford Profile

Child Excess Weight & Obesity

Table 35						
Year 6 Weight by Sex: 2009-10						
District	**Underweight & Healthy Children**		**Overweight Children**		**Obese Children**	
	Boys	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
Basildon	66.7	70.2	15.2	15.1	18.1	14.7
Braintree	70.2	73.5	15.8	13.1	14	13.4
Brentwood	70.7	72.7	15.9	15	13.4	12.3
Castle Point	65.8	72.7	17.4	15.4	16.8	11.9
Chelmsford	**66.3**	**71.5**	**17.8**	**15.8**	**16**	**12.7**
Colchester	63.9	73.7	16.5	12	19.6	14.2
Epping Forest	63.4	69.1	13.7	12.8	22.9	18.1
Harlow	57.5	66.1	20.8	17.2	21.7	16.7
Maldon	70	72.7	13.4	15.5	16.6	11.8
Rochford	65.7	70.4	16.6	17.5	17.7	12.1
Tendring	65.8	69.8	12.5	13.6	21.7	16.6
Uttlesford	69.2	78.8	14	9.3	16.7	11.9
Source: National Obesity Observatory						

Graph 37



Strategic Theme

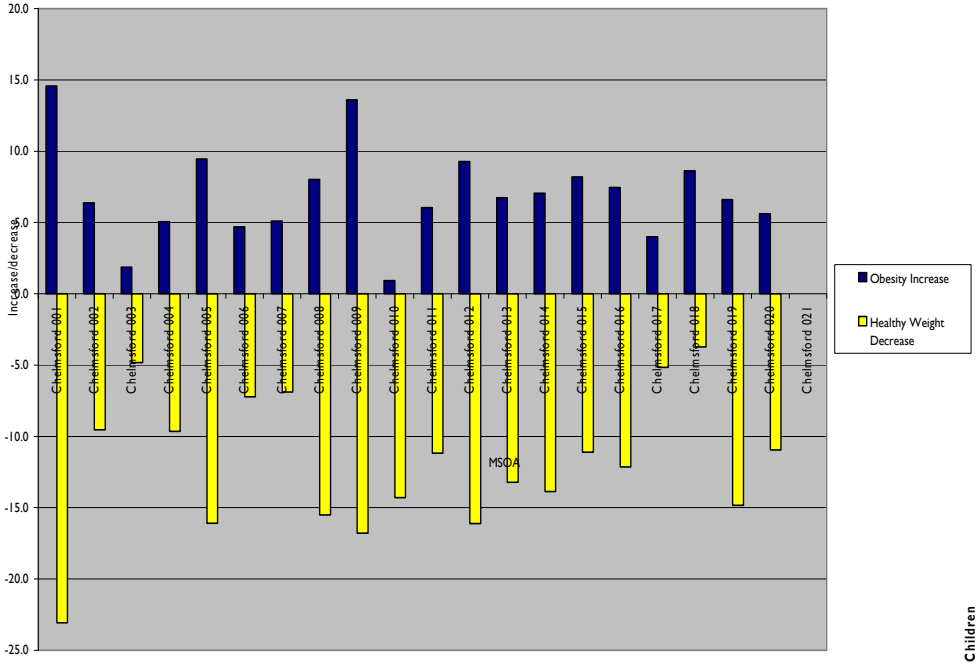
Healthy Lives & Physical Activity

Chelmsford Profile

Child Excess Weight & Obesity

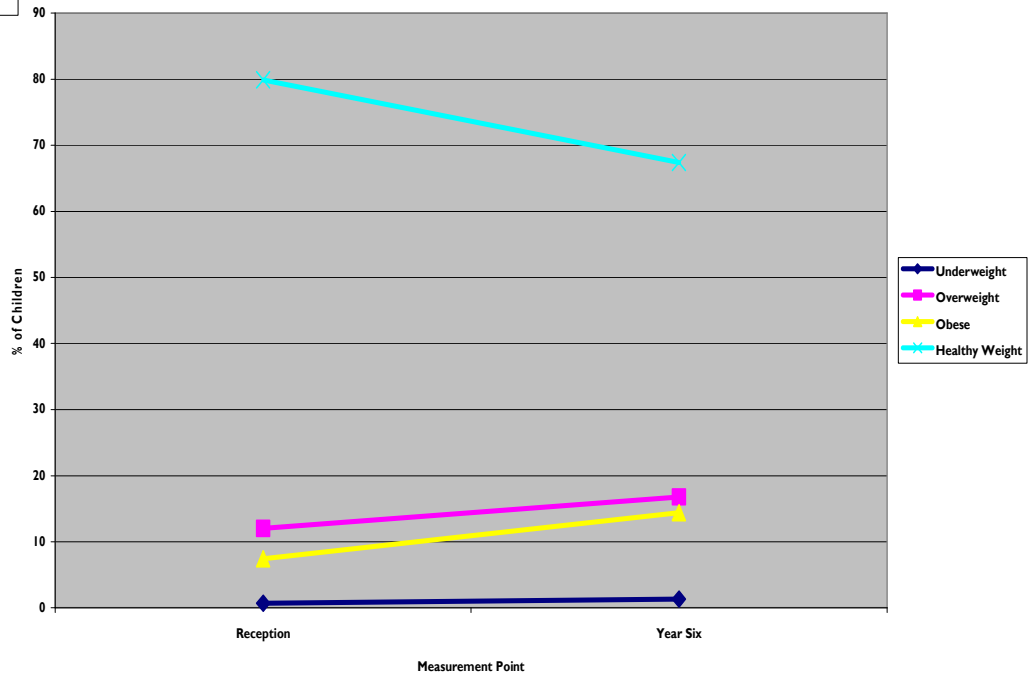
Graph 38

Obesity Increases and Healthy Weight Decreases
Between the Age Groups 4-5 and 10-11 - Chelmsford 2009-10



Graph 39

Childhood Weight at Reception & Year Six - Chelmsford 2008-2009



Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
Provide quality & accessible leisure and entertainment facilities	**Leisure Services** • Encourage local residents and the wider Essex community to be more physically active through the provision of sports facilities & events; – Riverside Ice & Leisure – South Woodham Ferrers Leisure Centre – Dovesdale Sports Centre – Chelmsford Sport & Athletics Centre (Northwest Chelmsford) – Sports Relief Mile – Race for Life • Ensure facilities are available to all through low cost pay & play basis (such as Leisure Plus) • Use facilities to sport a wide range different sporting activities including Excel Gyms, athletics, sport halls, tennis, swimming and ice skating • Provide additional services such as holiday and term-time courses and play schemes, structured swimming lessons for children, specific sessions for the disabled and Multi-Active sport sessions targeting women and older people • Provide new Adizone Multiuse Games Area in Andrew Park • Complete the gym extension at CSAC and use facilitates to develop additional exercise and intervention programmes for local residents	• LCS 1 - Riverside Visits • 2 - Dovedale Visits • 3 - SWFLC Visits • 4 - CSAC Visits • LCS 2 - Customer visits to Sports and Leisure Centres • LCS 5 - No. of Leisure Plus card holders • LCS 9 - Sales from Leisure cards & additional memberships	– Excess weight in 4-5 and 10-11 year olds – Excess weight in adults – Recorded Diabetes – Proportion of physically active and inactive adults – Utilisation of green space for exercise/health reasons
Encourage physical activity throughout the whole population and provide targeted interventions	**Leisure Services** • Sports Development Team will continue to provide a number of additional targeted interventions to increase physical activity: – To co-ordinate and run a programme of Body Care Health Promotion activities in at least 25 schools across the City and a further 11 schools in areas where health indices are lowest. – Organise a minimum of 5 Forever Health Activities (target age 60+) in community venues across the City (see Case Study 9) – To co-ordinate the Heart and Sole Healthy Walks programme, to train walk leaders and increase the number of walker attendances in 2012/13 to 5,000 – To develop the GP Referral scheme (Live Life) at Riverside and Chelmsford Sport & Athletics Centre and seek to re-launch at South Woodham Ferrers (see Case Study 8) – To continue to promote the free swimming initiative to over 60's with the target of securing over 900 active users – To promote the Young at Heart classes (Falls Prevention Programme) and secure average weekly attendances of 50 older people (normally aged 75+)	• 9 - Sports Development (monitor the level of attendance at Sports Development initiatives) • LCS 2 - Customer visits to Sports and Leisure Centres	– Excess weight in 4-5 and 10-11 year olds – Excess weight in adults – Proportion of physically active and inactive adults – Recorded Diabetes – Utilisation of green space for exercise/health reasons

Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
	• Explore potential funding opportunities to expand targeted interventions to increase physical activity • Work closely with the Health and Wellbeing Board and community partners to develop GP referral schemes and the National Child Measurement Programme • To establish a range of Olympic promotional opportunities to promote sport and health activities in order to introduce new activities and increase participation (eg Big Splash, Play Sport 2012 days)		
Promote healthy eating amongst the whole population	**Environmental Services** • In partnership with dieticians, the Mid-Essex PCT, local schools, Trading Standards, single parent groups, Age Concern and Social Services; our Food Safety Team will continue to be a central provider of a number of health related projects to raise awareness and provide practical support to encourage healthy eating (see Case Study 11) • Deliver & administer the Essex Gold Award for Healthy Eating • Provide & signpost information on healthy eating for both the carers of children and directly to parents • Provide routine food inspection regime • Raise employer awareness on assess to healthy options for staff in workplace canteens through inspections • Develop a Food Plan (see Sheffield for an example of good practice) **Parks & Public Places** • Provide 959 allotment plots in the CIty for residents to adopt better eating habits and also partake in light exercise • Continue to meet demand through maximising lettings with more manageable half-sized plots and increased investment in maintenance (such as new water supplies) • Continue to develop and support the Community Allotment in Melbourne **Neighbourhood Environmental Action Team (NEAT)** • Provide and organise a community allotment with Mencap to encourage young teenagers with mental health issues to adopt healthier diets • Continue to work in partnership with local primary schools to deliver targeted interventions around healthy eating • Use excellent links to groups such as the Youth Offending Service, Mencap, Essex Wildlife Trust, Marsh Farm Country Park, Schools and Colleges to expand targeted interventions	• PRK 3 - Allotment occupancy • ES LPI 9 - Health & Safety Inspections carried out on business premises with a risk rating of A or B1. • ES LPI 11 - Food establishments in the area which are broadly compliant with food hygiene law	– Excess weight in 4-5 and 10-11 year olds – Excess weight in adults – Recorded Diabetes – Utilisation of green space for exercise/health reasons

Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
Increase the use & accessibility of green spaces	**Parks & Public Places** • Continue to maintain and manage approximately 691 hectares (1,707 acres) of parks and green spaces, sports and playing fields, sports equipment and allotments across Chelmsford, including; – 126 fixed equipment play areas for children – Over 15,000 trees and 56 hectares (138 acres) of woodland trees – Award winning ornamental gardens - One World Garden at Hylands Park Estate and The Echo Garden at Oaklands Park – 20 main parks, including Hylands Park and Central Park – Two outdoor gym equipment sites (see Case Study 12) – Over 15,700 sports fixtures played each year on 49 foot-ball, six rugby, eight cricket pitches and nine bowling greens. – Use green spaces to host over 80 community events a year including V Festival at Hylands Park • Parks and Planning officers to ensure new developments meet the best standards of provision and implement a phased programme of improvements to design and layout of key public spaces in Chelmsford town centre as part of a wider strategy to enhance the public realm **Neighbourhood Environmental Action Team (NEAT)** • Provide specific projects aimed at involving people of all ages and abilities to help improve the environment and give them and other residents access and enjoyment of green spaces (see Case Study 10)	• PP 7 - Visits to Hylands (House, SVC and Park) • PRK 3 - Visitors to all parks (exc Hylands) • PRK 8a- Green Heritage Awards • PRK 1 - Parks and open spaces provision • PRK 2 - Parks and open space provision compared to LDF space standard • PRK 3 - Allotment occupancy • PRK 4 - Sports pitch users • PRK 7 - Volunteer activity - equivalent value	– Utilisation of green space for exercise/health reasons – Excess weight in 4-5 and 10-11 year olds – Excess weight in adults – Proportion of physically active and inactive adults

Strategic Theme

Healthy Lives & Physical Activity

Case Studies

Case Study 7 - BodyCare

Bodycare is a health promotion and weight management scheme run in primary schools and has proved hugely popular. The scheme is delivered by instructors employed by Chelmsford Council's Sports Development Team and is purposefully targeted at children in year two and year six stage of primary school. Each instructor visits a class for an hour a week for a five week period. Schools are charged a fee to cover the cost of running the scheme. There is no budget associated with Bodycare and is therefore self financing.

At the beginning of the scheme, children are given information and free vouchers for activities and sports sessions running in the local area. Throughout the 5 weeks children are asked to keep an activity diary and receive stickers for every activity they complete. This can include informal activity such as taking the dog for a walk or cycling to school. Stickers are collected in their workbook. Bronze, Silver & Gold certificates of achievement are given to the most active children. Each child also receives a Certificate of attendance. Lessons are delivered in a set format with a specific focus each week. The lessons follow a workbook given to children in the first week. The lesson begins with a theory section outlining and explaining the subject to be covered. Practical activities that are fun and active are then used to reinforce the learning.

Case Study 8 - Live Life GP Referral Scheme

Set up by the Council with Mid Essex PCT over 10 years ago, GP's and other health professionals refer their patients to the Council's leisure facilities where they are provided with a full assessment and given a tailored exercise programme. They are then monitored closely over a 12 week period and the results passed back to their GP. The initial programme is at a reduced price and should patients wish to continue after 12 weeks, the programme continues to be affordable for a 12 month period. After this time the customer has often established a potentially life changing approach to exercise and often remain as a customer at one of the facilities (Riverside, Chelmsford Sport & Athletics Centre and South Woodham Ferrers Leisure Centre).

Patients are referred for a number of reasons. The most common reason relates to weight or poor lifestyle, but often in relation to coronary heart issues, asthma, high blood pressure, muscle injuries. Patients may also be referred for mental health issues ranging from mild stress through to manic depression. The patients are assessed by a well qualified gym instructor, many of whom have significant experience in achieving positive outcomes for such customers. For those that may lose interest in the gym, patients are encouraged to try different activities ranging from hydrotherapy sessions, walking groups or other forms of exercise to maintain participation. Around 500 patients commence the scheme each year and the adherence rate over the 12 week period has regularly exceeded 60%.

Case Study 9 - Forever Health

The aim is to promote physical activity and a healthy lifestyle to older residents and leave a lasting legacy once the programme has been delivered. This project involves an instructor visiting CHP Sheltered Schemes and community venues delivering a 5 week programme of activities to up to 20 people. Each session lasts for 90 minutes. Each of the weeks includes a theory and practical element as follows:

1. The benefits of exercise in later life & Boccia session
2. Healthy eating for good health & Health Walk
3. Good sense guide to looking after your diet
4. The health risks associated with smoking and alcohol misuse & Otago (seated Exercise)
5. Brain Training & Exercise Resistance Class

An "Activity Champion" is identified in each group. This could be the Scheme Manager or a resident. This person is given advice, guidance and training on how to continue the activities using the equipment left at the venue once the instructor led sessions have been completed. This person could be trained up as a Healthy Walks Leader.

Strategic Theme

Healthy Lives & Physical Activity

Case Studies

Case Study 10 - NEAT Projects

A number of Neighbourhood Environmental Action Team (NEAT) projects aim to increase the usage and accessibility of green spaces.

Admirals Park/Tower Gardens Walks - NEAT worked with Westland Community Primary School to develop 3 short walks that are 30 minutes through the park and gardens with the aim of encouraging gentle exercise and getting people out into green space. Walk guides via the Council's website, leaflets and signposting at park locations have been made available to aid accessibility and usage.

Public consultation - Was undertaken by NEAT with a local community in Brownings Avenue on how they wanted their local green space developed. Attention was brought to the consultation through local schools, advertising and events on site. This resulted in a play area being installed in accordance with the design created by local children and a garden has been designed by the local community.

Litter Picks – NEAT organises these across the City and the two annual spring/autumn river clearances encourage people to get out into the outdoors and exercise. Many who volunteer on group events go on to organise their own regular picks in their local area.

Volunteering – Alongside the litter pick, volunteering work takes place with a number of partners including the CVS and ECC on Volunteer Days. NEAT organises projects which encourage the ECC volunteers to get out into the green spaces and work for the community.

Case Study 11 - Healthy Eating Projects

Funded through the Foods Standards Agency, our healthy eating projects have targeted a diverse section of the population focusing on early intervention and support for individuals and families throughout the life cycle. Healthy eating talks at primary school assemblies have been delivered alongside cookery demonstrations and competitions. These healthy eating talks have also targeted young adults living away from home for the first time at local colleges and Anglia Ruskin University. Working in partnership with Essex Community Learning we have provided certificated courses in food safety for parents within the family learning healthy eating programme. Outreach food safety and nutritional information has also been targeted on the over '60's. Training of 'community champions in healthy cooking' through the Cooking for Your Neighbours project has been provided to enhance community advice and demonstrations in some of our most hard-to-reach areas of the City, including Northwest Chelmsford

Case Study 12 - Outdoor Gyms

CBC and The Mid-Essex PCT worked together to generate interest in the physical activity undertaken by local populations and it was intended to be achieved by using existing green spaces and parks. Outdoor gyms provide equipment that the whole community can enjoy for free, without the need to book a session in advance. This enabled residents to exercise and have fun whether they are out walking the dog or enjoying the park with friends and family.

A joint procurement exercise was led by Chelmsford City Council that also benefited Braintree and Maldon District Council residents. The PCT funding (£40,000 per authority) was for low impact, resistance based equipment suitable for children and adults (including older people) that offers users cardiovascular, tonal and well-being exercise. Two sites in each district received 13 items of equipment, plus instruction signage and bases. Typically this equipment included a health walker, cross trainer skier, chest press, push hands yoga worktop, and waist twist machines amongst others.

Representatives from Chelmsford Council and colleagues from Braintree District Council, Maldon District Council and the PCT evaluated bids and tested a range of equipment first hand at sites around the country where outdoor gyms have already been installed. Having chosen the supplier and required equipment colours, arrangements were made by each authority for installations to take place.

Strategic Theme

Health Protection

National Context

Individuals taking care of their own health is not always enough to improve the health of the public. The quality of the environment that surrounds us all has a major impact on our ability to maintain a good standard of health. Protecting residents and local businesses from dangerous and hazardous conditions in the community and at home is therefore a cornerstone of public health policy.

Exposure to poor quality air and high levels of pollution can lead to a number of health complications including coughing, a tightening of the chest, the inflammation of the lungs and potentially the development of cancer. The House of Commons Environment Audit Committee has estimated that poor air quality reduces the life expectancy of everyone in the UK by an average of seven to eight months and up to 50,000 people a year may die prematurely because of it.* Moreover, work-related pollution such as asbestos is responsible for the development of a number of fatal and non-fatal diseases later in life and causes up to 4,000 deaths per year.**

The prevalence of air-borne and food-borne infectious diseases can lead to a number of health problems. Food-borne infections such as Salmonella and Shigella cause an estimated 5.5 million people per year to suffer from illness – 1 in 10 people in the UK.*** Whilst infectious diseases now account for 1 in 50 deaths per year, cases of Tuberculosis and STIs are rising, and pandemic flu remains a threat. ****

A poor outdoor and indoor environment also impacts on our health. Accidental falls are a major cause of distress and can lead to long term disability. Every year 1 in 3 people over 65 and almost 1 in 2 people over 85 experiences one or more falls, with many of these incidences preventable. Most of this prevention can come in the home, where housing design or layout can lead to hazardous internal structures or fixtures resulting in increased numbers of acute admissions and deaths as a result of falls.

This association between housing conditions and physical and mental ill health is well established. Overcrowded living conditions are often linked with health problems such as stress and depression, higher rates of communicable infections and diseases, and wider determinants such as poor educational achievement, and family breakdown. It is estimated that 1.4% of owner occupiers (204,000 households); 7.1% of social renters (273,000); and 5.4% of private renters (152,000) were living in overcrowded conditions in England during 2009-10. *****

Moreover, people living in cold, damp and mouldy housing conditions as a result of poor installation, heating and ventilation systems are more likely to suffer from cardio-vascular and respiratory diseases, arthritis and rheumatism and more minor illnesses such as colds and flu. The Marmot Review Team has estimated that 21.5% of the 23,800 Excess Winter Deaths in the UK during 2009-10 can be attributed to the coldest quarter of housing. The annual cost to the NHS of treating winter-related disease due to cold private housing is over £850 million. ******

* House of Commons Environmental Audit Committee. *Air Quality Fifth Report of Session 2009–10*, Volume 1.
** Health and Safety Executive, http://www.hse.gov.uk/asbestos/dangerous.htm
*** Food Standards Agency, http://www.food.gov.uk/
****Department of Health. *Heathly Lives, Healthy People* (2010) & Department of Health
*****Department of Communities & Local Government. *English Housing Survey 2009-10* (2011)
****** The Marmot Review Team. *The Health Impacts of Cold Homes and Fuel Poverty* (Friends of the Earth England, 2011) & NHS Cold Winter Plan (2011) & NHS Cold

Strategic Theme

Health Protection

Local Context

Summary of Key Findings

- **Above average air pollution**
- **Third highest rate in Essex of infectious disease cases**
- **Second highest rate of Excess Winter Deaths in Essex**
- **26.1% of private sector homes failed the decent homes standard**
- **Fourth lowest rate of hospital admissions as a result of falls, but the highest mortality rate for accidental falls**
- **Second highest rate of hospital admissions for those aged between 0-17 and the largest increase in admissions between 2007 and 2010**

Locally, protecting residents and visitors to Chelmsford from environmental hazards in the home and wider community, as well the threat of infectious, communicable and food-borne diseases is essential to improving the health of the public. The health protection data presented in this Strategic Theme demonstrates that whilst our accidents profile in workplaces remains relatively good, the number of accidents to those aged under18 are amongst the highest in the County. Due to our large and mainly urban population we are also above the Essex and National average for poor air quality and have high levels of infectious and communicable diseases. The data also reveals that Chelmsford has some of the highest levels of mortality from housing-related health conditions such as accidental falls and excess winter deaths.

Providing Health Protection

Through both our statutory and discretionary environmental and housing services we can have a direct and sufficient impact on these areas of health protection and additional areas such as noise pollution. The reforms to public health facilitate the alignment of all areas of health protection, presenting considerable opportunities for the Health & Wellbeing Boards to bring a coordinated and responsive approach to this area of public health. Our priority action areas for health protection are;

- **Provide responsive frontline services to protect the local population from infectious, communicable and food-borne diseases, and noise pollution**
- **Providing responsive frontline services to protect the population from noise pollution**
- **Minimise the risk from accidental injuries in the work place, home and those aged under 18 through statutory interventions**
- **Fulfill our statutory responsibility to monitor and improve local air quality**
- **Reduce exposure to contaminated land & Filthy and Verminous Premises**
- **Improve housing conditions and reducing overcrowding in all forms of housing tenure**

Strategic Theme

Health Protection

Chelmsford Profile

Air Quality

Data provided by Office for National Statistics from 2007 can show us the level of pollution (nitrogen dioxide, sulphur dioxide, particles and benzene) in the air for district authorities in Essex. The score is a weighted (by population) average of the scores for all districts in the area. A score of 1 indicates the national average air quality score; figures above 1 indicate a poorer air quality and figures below a better air quality. The data in Table 36 and Graph 40 show that with a score of 1.16 Chelmsford has a pollution level above the national average indicating a poorer quality of air. Compared to the rest of Essex, Chelmsford is ranked sixth out of 12.

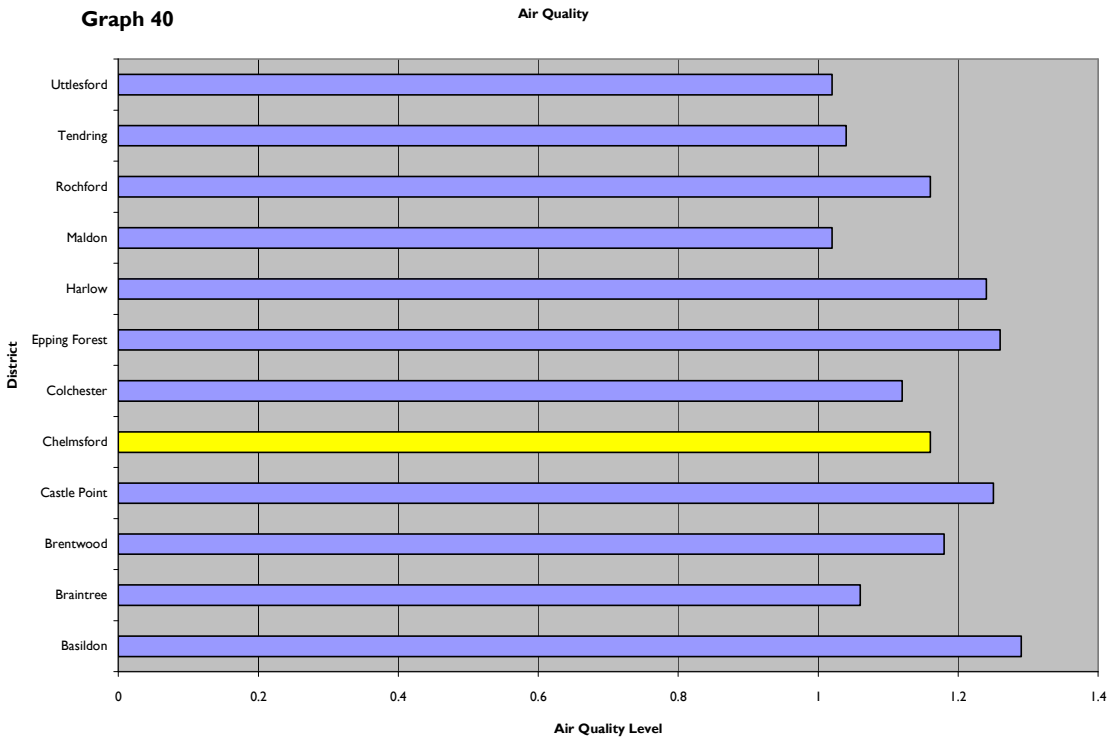
Table 36

Air Quality 2007

District	1= National Average
Basildon	1.19
Braintree	1.06
Brentwood	1.18
Castle Point	1.25
Chelmsford	**1.16**
Colchester	1.12
Epping Forest	1.26
Harlow	1.24
Maldon	1.02
Rochford	1.16
Tendring	1.04
Uttlesford	1.02

Source:Office For National Statistics

Graph 40



Strategic Theme

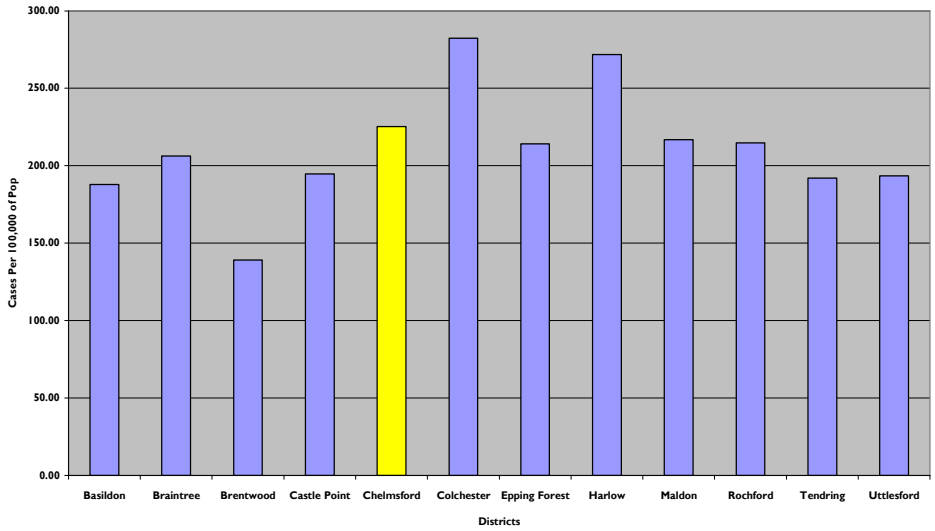
Health Protection

Chelmsford Profile

Infectious Diseases

Statistics on the number of cases of infectious, communicable and food-borne diseases dealt with by local authorities between September 2009 and September 2010 per 100,000 of the population are presented in Table 37 and Graph 41. They show that with a rate of 225.37 Chelmsford has the third highest level of cases dealt with in Essex behind Colchester and Harlow. Figures amongst the under 75s for infectious and parasitic diseases are presented in Table 37 and Graph 42. They show that Chelmsford has a mortality rate amongst those aged under 75 of 4.95 per 100,000 of the population. This is the fifth highest in Essex but below the Essex and England averages of 5.03 and 7.61 respectively.

Graph 41 Number of Infectious, Communicable and Food-Borne Diseases Sept-Sept 2009-10



Graph 42 Mortality from Infectious & Parasitic Diseases 2007-09

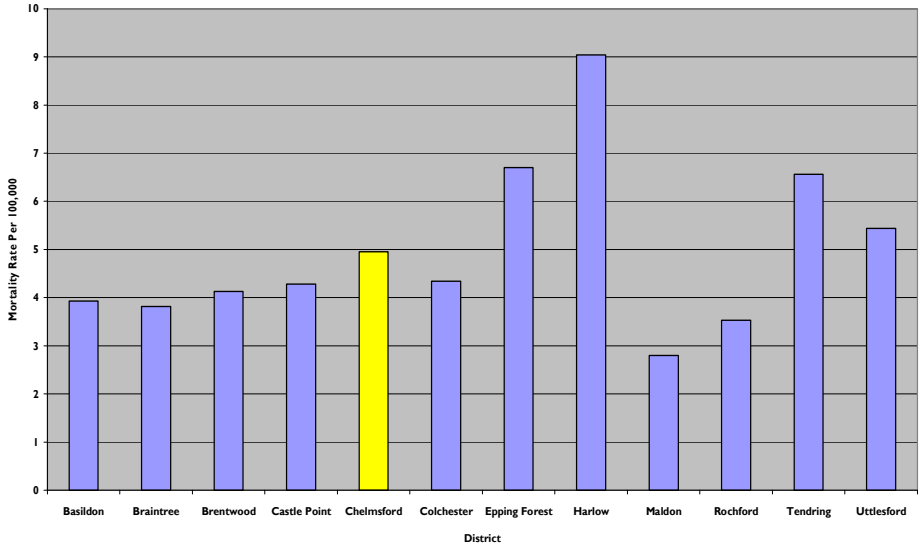


Table 37

Infectious, Communicable. Parasitic & Food-Borne Diseases

District	Mortality from Infectious & Parasitic Diseases 2007-2009 (DSR per 100,000 pop)	Local Authority Cases 2009-2010 (Cases Per 100,000 of Pop)
Basildon	3.93	187.79
Braintree	3.82	206.25
Brentwood	4.13	139.04
Castle Point	4.28	194.63
Chelmsford	**4.95**	**225.37**
Colchester	4.34	282.32
Epping Forest	6.70	214.11
Harlow	9.04	271.73
Maldon	2.80	216.77
Rochford	3.53	214.63
Tendring	6.56	191.92
Uttlesford	5.44	193.55
Essex	**5.03**	-
England	**7.61**	-

Source: www.nchod.nhs.uk & Essex Health Protection Unit

Strategic Theme

Health Protection

Chelmsford Profile

Housing Conditions

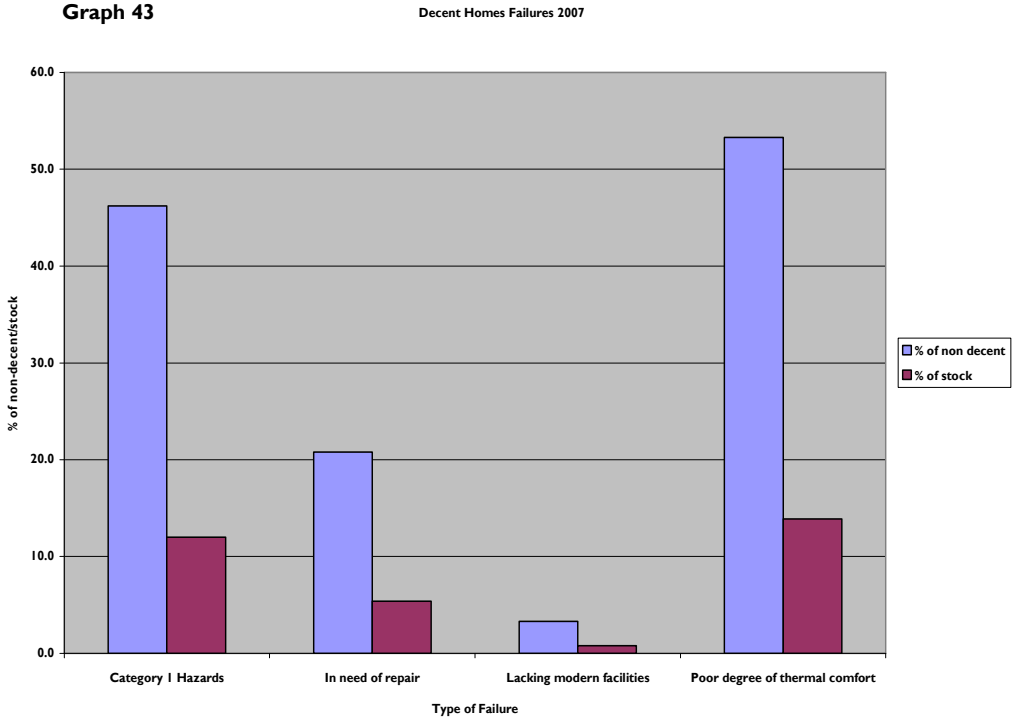
The only available local data on housing conditions is the Private Sector Stock Condition Survey 2007 for Chelmsford. This estimated that:

- 15,400 homes (26.1%) failed the decent homes standard
- 8,200 (13.9%) homes failed the thermal comfort criterion
- Failures due to the presence of category 1 health and safety hazards under the Housing Health & Safety Rating System occur at 12% (7,100 homes)

Of the 7,100 private homes that present an unacceptable category 1 health and safety hazard to their residents:

- 2,640 (37.2%) are due to poor thermal insulation and/or heating provision (the hazard of *Excess Cold*)
- 3,678 (51.8%) are due to the design and maintenance of stairs and steps (the hazard of *Falls on Stairs and Steps*)

Graph 43



Excess Winter Deaths

Cold housing is one of the factors associated with excess winter deaths (EWDs). The Excess Winter Mortality Index (EWM Index) is the excess winter deaths expressed as a ratio of the expected deaths based on the non-winter deaths. Table 38 and Graph 44 show that Chelmsford has the second highest level of excess winter deaths in Essex behind Brentwood with an average of 22.6 of deaths per year. This is 20% higher than the Essex average of 18.81 deaths per year.

Graph 44

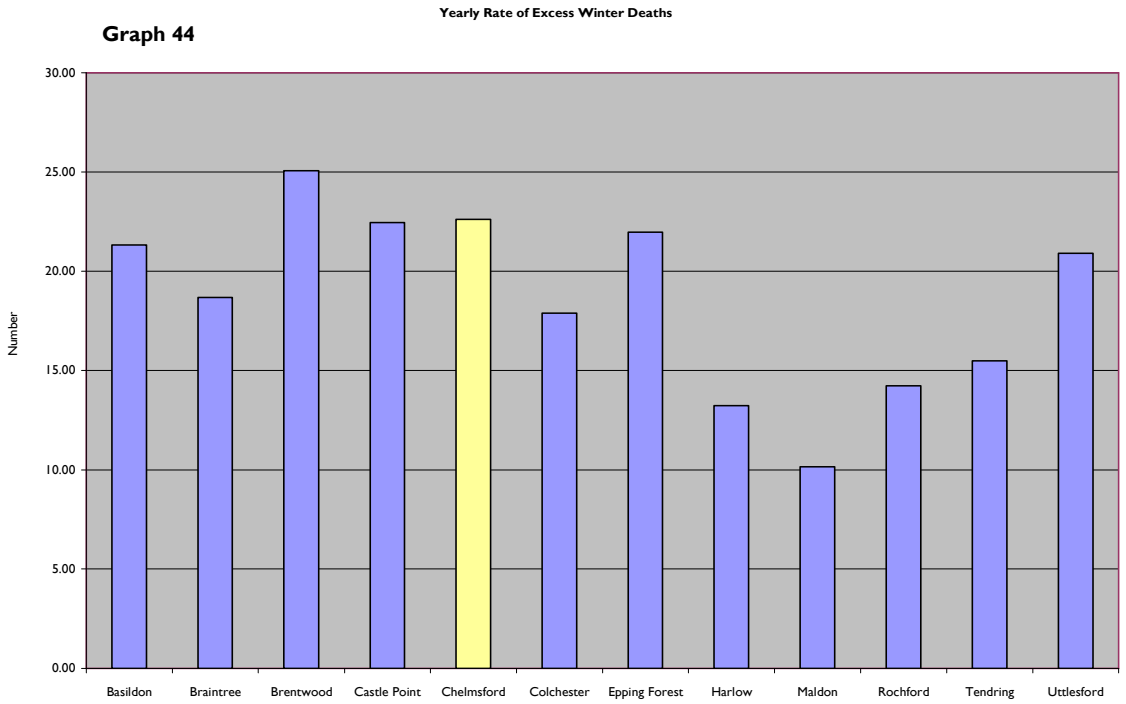


Table 38	
Excess Winter Deaths 2007-2009	
District	**DSR Per 100,000 Pop**
Basildon	21.32
Braintree	18.67
Brentwood	25.06
Castle Point	22.45
Chelmsford	**22.61**
Colchester	17.89
Epping Forest	21.97
Harlow	13.22
Maldon	10.15
Rochford	14.22
Tendring	15.49
Uttlesford	20.91
Essex	**18.81**
Source: APHO	

Strategic Theme

Health Protection

Chelmsford Profile

Accidental Falls

Falls account for the majority of hospital admissions for unintentional injuries in older people, and falls prevention is a key public health priority. Data for the number of hospital admissions as a result of falls presented in Table 39 and Graph 45 indicate Chelmsford has the fourth lowest level of admissions at 1,272 per 100,000 of the population. However, whilst this number of admissions is relatively low, Chelmsford has the highest mortality rate for accidental falls in Essex at 2.23 per 100,000 of the population in 2009. Over an eight year period since 2002, Graph 46 indicates that Chelmsford has on average had a rate of mortality from accidental falls that is 35% higher than the County average.

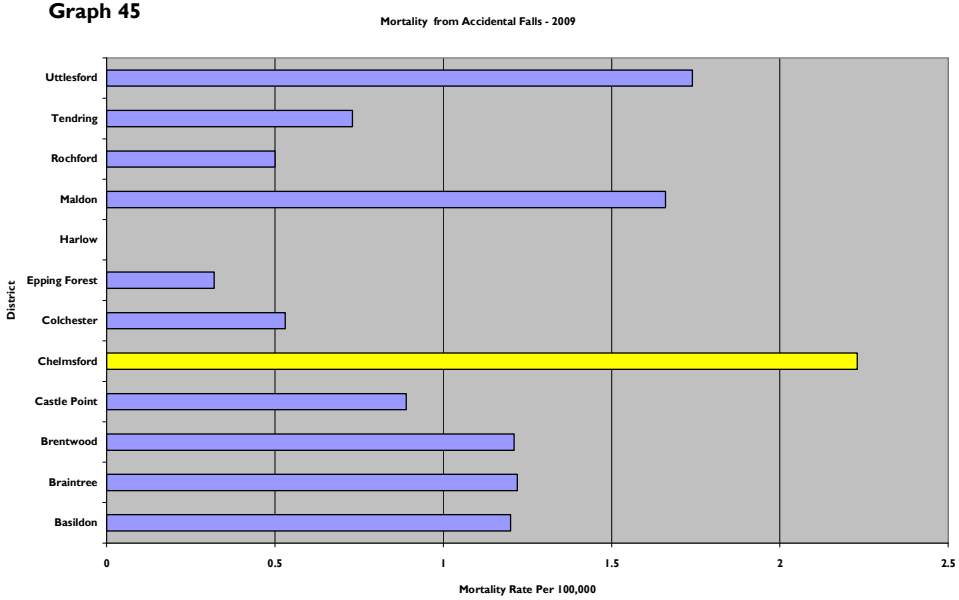
Table 39

Hospital Admissions & Mortality from Accidental Falls 2008-2009

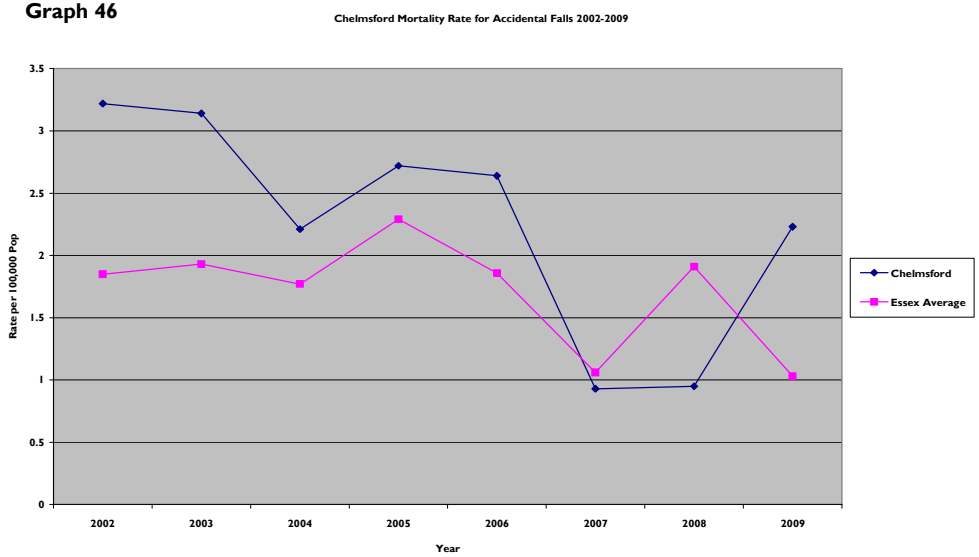
District	All Hospital Admissions For Accidental Falls (DSR Per 100,000 of pop)	Mortality from Accidental Falls 2009 (DSR Per 100,000 of Pop)
Basildon	1,162	1.20
Braintree	1,306	1.22
Brentwood	1,413	1.21
Castle Point	1,578	0.89
Chelmsford	**1,272**	**2.23**
Colchester	1,004	0.53
Epping Forest	1,504	0.32
Harlow	1,462	0.00
Maldon	1,333	1.66
Rochford	1,428	0.50
Tendring	978	0.73
Uttlesford	1,402	1.74
Essex	-	**1.03**
England	**1,495**	-

Source: Essex County Council Annual Health Report 2011 & APHO

Graph 45



Graph 46



Strategic Theme

Health Protection

Chelmsford Profile

Workplace Accidents

A key part of health protection is minimising the risk of injury within the workplace. Health and Safety Executive data in Table 40 and Graph 47 show us that in 2010-11 Chelmsford had the second lowest level of major and fatal injuries in Essex and the fourth lowest level of injuries that prevent an employee working for 3 days. Overall, Chelmsford has the fourth lowest level of workplace injuries.

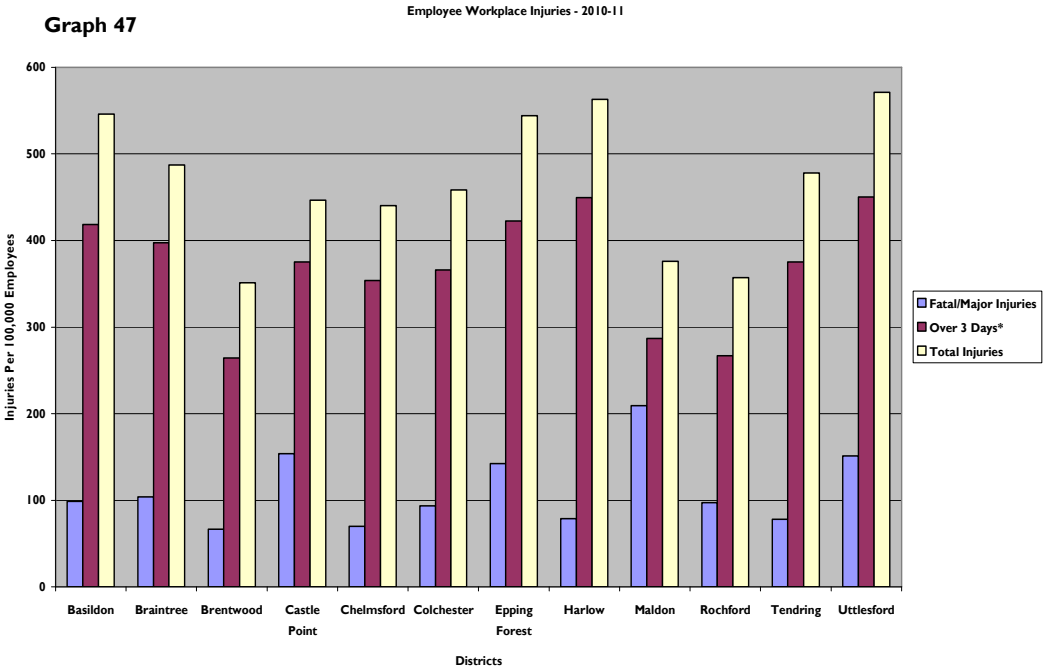
Table 40

Injury Rates Per 100,000 Employees

District	Fatal/Major Injuries	Over 3 Days Absence	Total Injuries
Basildon	98.7	418.4	546.0
Braintree	103.7	397.4	487.2
Brentwood	66.3	264.2	351.2
Castle Point	153.8	375.0	446.4
Chelmsford	**69.6**	**353.7**	**440.3**
Colchester	93.4	366.0	458.4
Epping Forest	142.3	422.5	544.1
Harlow	78.7	449.2	563.1
Maldon	209.2	286.6	375.8
Rochford	97.1	266.7	357.1
Tendring	77.8	375.3	477.7
Uttlesford	151.0	450.2	571.0
Essex	**99.3**	**103.7**	**493.8**

Source: Health & Safety Executive

Graph 47



Chelmsford Profile

Hospital Admissions Due to Injuries in Those Aged 0-17 Years Old

Unintentional injury in those under the age of 18 is a leading cause of death among children and the young, and can also affect a child or young person's social and emotional wellbeing. Data on the injuries per 10,000 of the population are shown in Table 41. It shows that for 2009-2010 Chelmsford had a crude rate of 116.9 injuries, the second highest in the County, well above the Essex average but below the National average. Graph 47 shows the three year trend for the figures. Chelmsford has the biggest increase in injuries amongst the 12 districts and boroughs in those aged under 18 of 14 injuries per 10,000 between 2007 and 2010 .

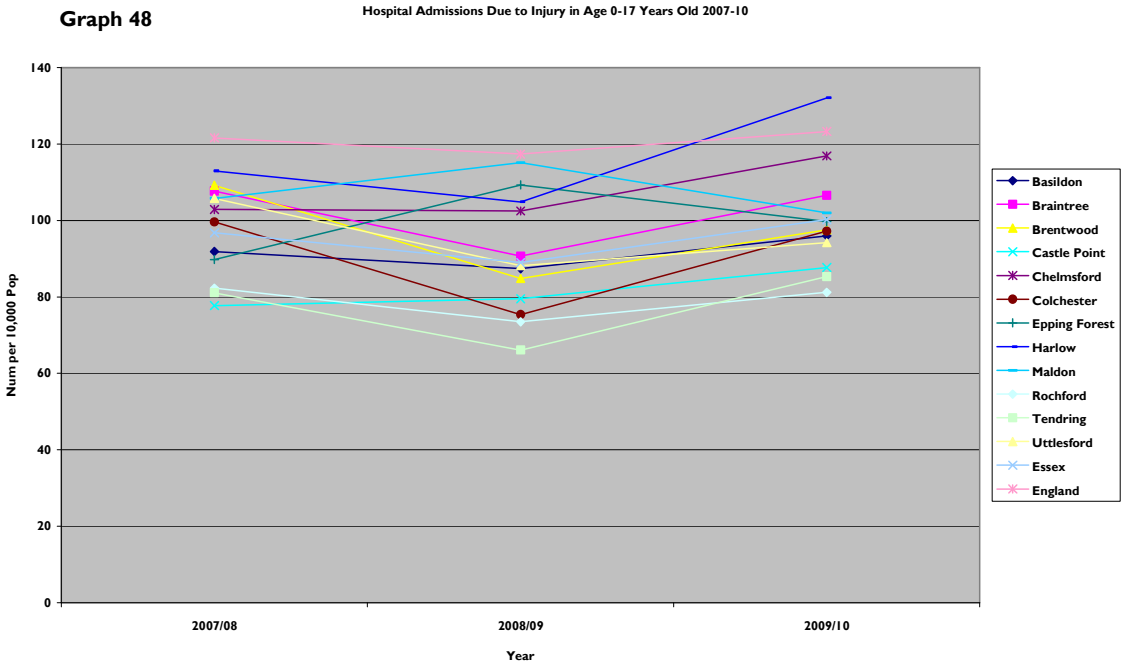
Table 41

Hospital Admissions Due to Injuries in those Aged 0-17 Years Old 2009-2010

District	Crude Rate per 10,000 of Pop
Basildon	96
Braintree	106.6
Brentwood	97.6
Castle Point	87.7
Chelmsford	**116.9**
Colchester	97.2
Epping Forest	99.7
Harlow	132.1
Maldon	102
Rochford	81.2
Tendring	85.3
Uttlesford	94.2
Essex	**100.2**
England	**123.3**

Source: ECC Public Health Report 2011

Graph 48



Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
Providing responsive frontline services to protect the local population from infectious, communicable and food-borne diseases	**Environmental Services** • Provide statutory inspections of food premises throughout the City • Investigate incidents and outbreaks of food-borne illness and non-food-borne community illness (e.g. VTEC, e.coli and legionella) • Use expertise to coincide with food safety week and support other local events to raise awareness of food safety hazards in the domestic environment • Use regulatory role to prevent the spread of illness (e.g. stopping school children attending school, or employees the workplace) • Focus on protecting against the outbreak of infectious diseases amongst high risk groups, (i.e. those suffering from deprivation, the elderly, infirm or very young) • Carry out essential disease control and awareness work alongside the Food Standards Agency & Health Protection Agency relating to communicable and non-communicable diseases	• ES LPI 11 - Food establishments in the area which are broadly compliant with food hygiene law • ES LPI 8 - Food Premises Inspected. % of food premises inspected with a risk rating of A or B.	– Mortality from Communicable Diseases
Providing responsive frontline services to protect the local population from noise pollution	**Environmental Services** • Undertake regulatory interventions to control noise from licensed premises and residential dwelling where noise amounts to a statutory nuisance • Continue to provide an out of hours noise service Thursday nights through to Monday morning to deal with emergency noise issues such as alarms, parties and current casework • Monitor noise levels from events such as V Festival to ensure limits are not exceeded • Provide educational initiatives to promote noise awareness, including; – Service participates in the annual Noise Action Week (NAW) to promote noise services and the health effects of noise exposure – Deliver educational awareness in schools on effects of exposure to loud noise on hearing and the social consideration to neighbours of loud noise and its prevention – Liaise with social landlords and businesses to promote good practice; reduce unwanted noise; and to promote to persons who may be affected what steps can be taken to resolve noise nuisance • Work with community partners to exploit potential funding opportunities to expand existing interventions	• Service requests dealt with in three working days • % of noise complaints responded within 1 hour (out of hours service) • % of statutory notices served in accordance with enforcement policy	– The percentage of the population affected by noise

Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
Minimise the risk from accidental injuries in the work place, home and those aged under 18 through statutory interventions	**Environmental Services** • Undertake regulatory interventions to prevent accidental injuries to employees or members of the public formally notifiable under the 'RIDDOR' HSE system or by complaint direct to our service • Primarily target interventions towards activities or hazards that result in most workplace injuries • Implement locally the regional and national campaigns to raise awareness and take staged action where necessary in areas such as; – Work-related dermatitis; – Hearing damage due to exposure to noise; – Reducing work-based exposure to asbestos; – Protecting the health & safety of the vulnerable such as migrants and young people; – Raising businesses awareness of their regulatory responsibility to assess levels of stress associated with employment • Use close contact with businesses and technical colleges to raise awareness on effects of asbestos to young people about to enter professions where there is potential for high exposure (such as painting & decorating, plumbing & electricians) • Home interventions (see Housing Standards/Leisure, page 79 and 80) **Community Safety** • Provide Crucial Crew educational initiative to 1,635 10-11 year old students from 48 primary schools in Chelmsford to raise awareness of personal safety, including road and railway safety. • Provide follow up Reality Road Show to 13-year old students on increased awareness and promotion of safety and prevention of injuries.	• ES LPI 9 - Health & Safety Inspections carried out on business premises with a risk rating of A or B1. • No. of region/national campaigns participated in. • No. of premises interventions	– Hospital admissions caused by unintentional and deliberate injuries to under 18s – Hip-fractures in the over 65s – Falls and injuries in the over 65s
Fulfilling our statutory responsibility to monitor and improve local air quality	**Environmental Services** • Monitor and improve air quality through; – Regulatory interventions to prevent nuisance arising from domestic bonfires and from the illegal burning of waste by businesses	• ES LLPI 3 - No relevant monitoring point within the Army and Navy Air Quality Management Area to exceed 45µgm-3 • Automatic monitoring of air quality and publish on website	– Air Pollution

Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
	– Developing an intervention programme, visiting businesses throughout the City to ensure waste is disposed of within their duty of care. – Continue programme of periodical stop and searches of trade vehicles carrying waste with Police support to enforce legislation – Passive monitoring of nitrogen dioxide levels at 50 plus locations in the City improve air quality, with data made available through www.essexair.org. • Continue to provide expert support and advice services to other local authorities in Essex enabling them to improve air quality in their respective areas • Future work will include the regulation of certain potentially polluting industries to minimise their contribution (in the form of dust, smoke or vapour) to air pollution in the area. • Continue to implement with partners at Essex County Council, other stakeholders and local residents the Council's Air Quality Action plan to make sustainable reductions in levels of pollution in Chelmsford (see	• Service requests dealt with in three working days	N/A
Reducing exposure to contaminated land & Filthy and Verminous Premises	**Environmental Services** ***Contaminated Land*** • Environmental Services to continue to be consulted on all planning and building regulation applications and assess the proposals for any health effects linked to contaminated land • Provide support and preventative measures during developments and contaminated land clean ups • Provide public information on common causes of minor contamination and how they can be prevented • Future initiatives to reduce the risks associated with contaminated land will include**;** – Extending publicity around the risk to human health resulting from leakage from poorly maintained heating oil tanks and pipes – promoting the Essex Contaminated Land Consortium booklet giving guidance on oil storage, maintenance and what to do in the event of a spill	• ES LLPI 4a - All sites identified as potentially contaminated are prioritised for further investigation and added to the GIS database.	N/A

Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
	Filthy and Verminous Premises • Intervene with vulnerable adults who self neglect and whose premises become filthy and verminous. Interventions include; – To resolve the immediate crisis taking over arrangements to cleanse the property – Gaining warrants from Magistrates Court to enter premises and serving notices and undertaking works in default. – Notifying Social Services so they can be assess for any necessary support. – Fulfil statutory function to make funeral arrangements for persons who die at home within the Borough without any next of kin or friends willing or able to make funeral arrangements • Future service developments to improve health protection focusing on promoting the work of the Service and encouraging increased referrals and liaison with other agencies and social landlords	N/A	N/A
Improve housing conditions and reducing overcrowding in all forms of housing tenure	**Housing Standards** • Provide assessments of hazardous homes in both the private and social sectors • Through interventions provide advice and information to tenants and landlords on improving conditions, targeted on making homes safer, healthier and more sustainable • Take appropriate enforcement action to bring about improvements in conditions where necessary • Provide access to sources of financial assistance for improvements through specific funding streams; –Disabled facilities grants supported by a substantial capital programme (£800,000 in 2011/12) –Herts Essex Energy Partnership (HEEP) –Warm Front Scheme –The Green Deal (late 2012)	• Address unacceptable category 1 hazards in 60 or more private homes per annum • Adapt the homes of 120 or more disabled people per annum to help maintain independence and reduce the risk of falls	– Hip-fractures in the over 65s – Falls and injuries in the over 65s – Excess seasonal mortality

Priority Action	Actions	Performance Measure	Outcomes Framework Indictors
	• During 2012 introduce the Council's Housing for Health policy and procedures that increases regulation of housing conditions by focusing a wide range of stakeholders including private landlords, letting agents and private tenants on health impacts • Continue to increase our service intelligence on the connection between housing and specific health conditions, and localised needs through (see Case Study 14); – Mapping housing data on our GIS system to identify specific needs and problem areas, and exploring whether mortality and hospital admission statistics for accidental falls and excess winter deaths could also be mapped – Closer working with GPs to help establish referrals and publicity campaigns on conditions – Improving our understanding of the extent to which living in cold homes contributes to cardio-vascular and respiratory disease, arthritis and rheumatism, and cold and flu – Explore the potential link between above average incidence of deaths from falls in Chelmsford, and the stock condition survey data which shows that 3,678 (6.2%) homes present an unacceptable risk of harm to residents due to the hazard of falls on stairs and steps **Leisure** • To promote the Young at Heart classes (Falls Prevention Programme) and secure average weekly attendances of 50 older people (normally aged 75+)		

Strategic Theme

Health Protection

Case Studies

Case Study 13 – Air Quality Action Plan

The Air Quality Action Plan recognises the need for sustainable transport and encourages the use of bicycles and recognises the need for a cycle network to link Baddow into the town centre. Whilst developing the action plan (2007) we engaged in a public consultation process and promoted sustainable transport through a 'Commuter Challenge' – a race between commuters using various modes of transport into the town – walking, cycling, car and bus.

Over the coming years we are looking to build upon our experiences gained from this initiative to develop further awareness and promotional campaigns both internally and through the Essex County Council Sustainable Travel as part of the action plan. Initiatives will focus on providing information on the effects of traffic pollution on people suffering with Asthma and other respiratory conditions, as well as encouraging schools and employers to promote and plan more environmentally friendly travel options such as walking, cycling and public transport.

Case Study 14 - Housing Standards - Using Mapping, Intelligence & Referrals

Mrs N approached the Council when deteriorating health and finances within her three generation family unit lead her to the realisation that their current housing was unsustainable. Both Mrs N and her husband are in their late 50s and suffer from both cardiovascular and respiratory disease. Their daughter who is in her 30s has suffered a stroke and suffers from ongoing mental health problems. Her young son has special educational needs. Also resident is the boys sister and his uncle. The two men in the household both work but the Family's combined income is £350 per week. They privately rent a Victorian three bedroom semi-detached home which has been neglected and requires major investment. The Family spends more than £3,000 per year on domestic fuel and it is clear that the combination of poor housing conditions and lifestyle factors such as smoking is impacting badly on their health.

Whilst this in-need family came forward for help from the Council, this isn't always the case. Through the use of intelligence mapping, effective joint working and referral systems from GPs and other health professionals we have the opportunity to channel our services towards the most vulnerable people living in the worst housing conditions to identify more hard-to-reach residents such as these. The Council is then able to help such families' access benefit entitlements to improve income levels, apply for re-housing and advise them on switching energy tariffs. The Council can also enter into discussion with the landlord to remedy the hazardous living conditions and will take further legal action as required to ensure that a safe, healthy environment is achieved for whoever occupies the house in future.

Delivering Better Health Outcomes

Our Plan for Delivery

A Plan to Deliver

Over the coming years this Council is determined to improve the health and wellbeing of local residents and the wider Essex community. The contents of this strategy demonstrates that the Council has a plan to achieve this across the cross cutting and four strategic themes. The overarching principles of this plan for achieving better health outcomes can be summarised as:

- **Proportional Universalism**: ensuring key services are provided for all residents, but extra resources and interventions are targeted on those most in need
- **Prevention & Early Intervention**: identifying and tackling the wider causes of ill health, poor lifestyle choices and health conditions
- **Personal Responsibility**: individuals taking more responsibility for changing their own health-related behaviours
- **Protection & Support**: continuing to provide frontline health protection alongside support services to help people led healthier lives

Whilst this document is Chelmsford Council's contribution to delivering better health outcomes, we are part of a much wider local coalition of partners under the new public health arrangements. At a County level we will work closely with the Health & Wellbeing Board to implement the reforms and secure their successful delivery going forward. At a City level we want to work closely with our community stakeholders and the wider Mid-Essex region. We plan within the next 12 months to develop a partnership strategy that can bring together a wider range of expertise to deliver the core priorities set out in this strategy.

Monitoring our Progress

Public health is in period of transition, with arrangements set to be in place and fully operational by April 2013. The government has stated its commitment to allowing local arrangements to developed on a local basis so they are responsive to local needs.

To ensure that this strategy is flexible to the developing Essex arrangements, this strategy will therefore remain a 'live' document. Reviewed and updated on an annual basis, this will facilitate the alignment of our priorities with key annually published public health documents such as the ECC Joint Health & Wellbeing Strategy. In addition our action plans will be refreshed annually to ensure that our contribution to achieving better health outcomes is measured and monitored.

Chelmsford City Council

Glossary of Terms

Alcohol Units - a guideline for the consumption of alcoholic beverages.

Alzheimer's - a progressive form of presenile dementia that is similar to senile dementia except that it usually starts in the 40s or 50s.

Arthritis - inflammation of a joint or joints.

Behaviour Change - a policy approach to improving the health behaviours of individuals and families. The focus is on the individual taking active steps to improve their own health (i.e. quitting smoking) with help from local agencies, without the need of excessive intervention or regulation.

Binge Drinking - drinking heavily in a short space of time to get drunk or feel the effects of alcohol.

Dementia - mental deterioration of organic or functional origin.

Deprivation - The lack of material, educational, physical or mental benefits or surroundings.

Diabetes - a disease in which blood glucose (blood sugar) levels are above normal.

Health Inequalities - the differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility or life expectancy between elderly people and younger populations or differences in mortality rates between people from different social classes.

Index of Multiple Deprivations (IMD) - an IMD score combines a number of indicators which examines income, employment, health, disability, education, housing and access to services into a single deprivation score.

Cardio-metabolic - Concerning both heart disease and metabolic disorders such as diabetes.

Northwest Chelmsford - is an area of the urban City Centre comprised of small areas within the three wards of Marconi, St Andrews and Patching Hall. Due to a combination of IMD scores, it is statistically the most deprived area of the City.

Osteoporosis - A medical condition in which the bones become brittle and fragile.

Premature Mortality - Deaths that have occurred before the age of 75 in men and women.

Psychological and Psychiatric Morbidity - people who die of mental illness.

Tuberculosis - is a common (and in many cases lethal) infectious disease.

Salmonella - food poisoning bacteria.

Shigella - group of bacteria that can cause infantile gastroenteritis.

Socio-economic - An individual or group's position within a hierarchical social structure. Socioeconomic status depends on a combination of variables, including occupation, education, income, wealth, and place of residence.

STIs - sexually transmitted diseases.

Worklessness - people of working age who are not in formal employment, but who are looking for a job (the unemployed), together with people of working age who are neither formally employed nor looking for formal employment (the economically inactive

Chelmsford City Council