



Chelmsford City Council Cabinet

18th October 2022

Health & Wellbeing Plan

Report by:

Cabinet Member for Greener and Safer Chelmsford

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Purpose

To approve a refresh of the Council's Health & Wellbeing Plan

Options

1. To approve the Health & Wellbeing Plan
2. To approve with amendments the Health & Wellbeing Plan
3. To not approve the Health & Wellbeing Plan

Preferred option and reasons

To approve the Health & Wellbeing Plan so as to provide a focus for the City Council and its partners on the most important health and wellbeing issues facing the residents of Chelmsford

Recommendations

Approve the Health & Wellbeing Plan

1. Background or Introduction

- 1.1 The Council has a key role in promoting healthy, active lifestyles and encouraging people to live well. To prioritise the Council's work in this area and direct resources to areas of greatest need the Council produced a Health & Wellbeing Plan which was approved by Cabinet in 2019.
- 1.2 A significant number of changes have taken place since the Plan was published in 2019 and many of our partners within the health system have developed new strategies to address the changing needs of our population. To take these changes into account the Council's current Health & Wellbeing Plan has been refreshed and is attached at Appendix 1.

2. Health & Wellbeing Plan

- 2.1 The Plan identifies population needs and key priorities, and actions to be taken to address them as part of a wider health system. The majority of the Council's contribution to public health improvements is delivered through its day-to-day service provision. However, the co-ordination of service delivery identified as priorities in the Plan will assist in delivering more effective health outcomes.
- 2.2 The Plan is structured to provide information on the health and wellbeing of Chelmsford residents and how Chelmsford City Council, and the services it provides, contribute to health and wellbeing of its residents, the key health and wellbeing priorities, and what work the Council in conjunction with partners will do to contribute to tackling these priorities over the next few years.
- 2.3 The Plan is aimed to inform partners, wider stakeholders and residents of the approach to be taken to health and wellbeing. It is recognised that this results in parts of the Plan being detailed and technical, therefore, a simplified summary of the Plan will also be made available shortly after the Plan has been published.
- 2.4 The refresh of the Plan is informed by the Essex Joint Strategic Needs Assessment which confirms a continued need to focus on preventative health issues and address the wider determinants of health and factors that impact health outcomes and health inequalities.
- 2.5 The refresh of the Plan proposes a continued focus on the current Health and Wellbeing Plan priorities whilst noting the areas of focus may have been exacerbated by the COVID-19 pandemic. The priority areas also align with the Essex Joint Health and Wellbeing Strategy and the focus of our NHS partners and wider stakeholders on the Mid Essex Alliance.

3. Consultation

- 3.1 There has been a two-stage consultation process carried out on the refresh of the Health and Wellbeing Plan. The first stage of the consultation was launched at Livewell Chelmsford on the 19th July 2022. The consultation was also sent to wider stakeholders including provider organisations, NHS, Primary Care Networks, Essex County Council, EPUT, Voluntary Sector Organisations and all Parish Councils within the District. The consultation details were also sent to the Heads of Public Health at Essex County Council.
- 3.2 After the first consultation stage a designed draft copy was produced and reconsulted on with all the organisations listed at above. This stage of the consultation started week commencing 22nd August 2022.
- 3.3 The consultation responses showed that all partners generally agreed with the vision and principles of the Plan. A suggested change was to add 'work with system partners' to reflect the new way of working and to reference 'Livewell' as a strategic theme for all partners.
- 3.5 Partners also wanted to see the principles embedded in the Plan being at a high level and not to specify commissioned services as this can change often.
- 3.6 It was proposed to include the Robert Wood Johnson model to illustrate the range of factors that influence health and wellbeing in a similar way to the Joint Essex Health and Wellbeing Strategy.
- 3.7 The Livewell Strategic themes have been adopted by multiple partners and all partners deliver the most relevant themes aligned to their organisation's services. It was suggested to add the 'Diwell' theme as several partners contribute to the delivery of this theme.
- 3.8 Overall, partners agreed with the health and wellbeing priorities and most noted how their organisations will help address the focus areas. Partners also provided additional information of what they would like to see referenced within the Plan. Within each priority area, the Plan notes the importance of considering our vulnerable and disadvantaged groups. It also makes references to the consideration of the impact of COVID-19 pandemic and the current issues arising from the cost of living.

4. Conclusion

- 4.1 The Health & Wellbeing Plan will, in conjunction with Essex County Council's Joint Health & Wellbeing Strategy, provide a coherent and joined up approach to tackling health inequalities and improving the health and wellbeing of people in Chelmsford.
- 4.2 It is recommended that the Council approve the Health & Wellbeing Plan

List of appendices:

Appendix 1 – Health and Wellbeing Plan

Background papers:

Essex Joint Health and Wellbeing Strategy

<https://data.essex.gov.uk/dataset/e6k09/essex-joint-health-and-wellbeing-strategy-2018-2022>

Corporate Implications

Legal/Constitutional: None

Financial: None

Potential impact on climate change and the environment: None

Contribution toward achieving a net zero carbon position by 2030: None

Personnel: None

Risk Management: None

Equality and Diversity: N/A

Health and Safety: None

Digital: None

Other: None

Consultees:

Details of consultees and consultation process are described within the report

Relevant Policies and Strategies:

CHELMSFORD HEALTH AND WELLBEING PLAN



www.livewellcampaign.co.uk

www.chelmsford.gov.uk





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1 Introduction

What is the Health and Wellbeing Plan?

The Health and Wellbeing Plan is our strategy for improving the health and wellbeing of people in the City of Chelmsford including the large urban areas of Danbury and South Woodham Ferrers and rural communities. This refresh builds on our previous Plan adopted in 2019 and broadly continues with a focus on the previous health and wellbeing priorities. This is informed by the Joint Strategic Needs Assessment which displays a continued need to focus on preventative health issues and address the wider determinants of health and factors that impact health outcomes and health inequalities.

The role of prevention and understanding where we play a significant role in addressing the social and wider determinants of health has been further enhanced by the impacts of the COVID-19 pandemic as stated by the COVID-19 Marmot Review and the Essex County Council Health Inequalities report.

The purpose of our Plan is to express our shared set of aspirations and to provide a focus for collective action on the most important health and wellbeing issues facing the people of Chelmsford as part of a wide system of partners.

This aims to support Chelmsford City Council, Essex County Council, Mid Essex Alliance and NHS

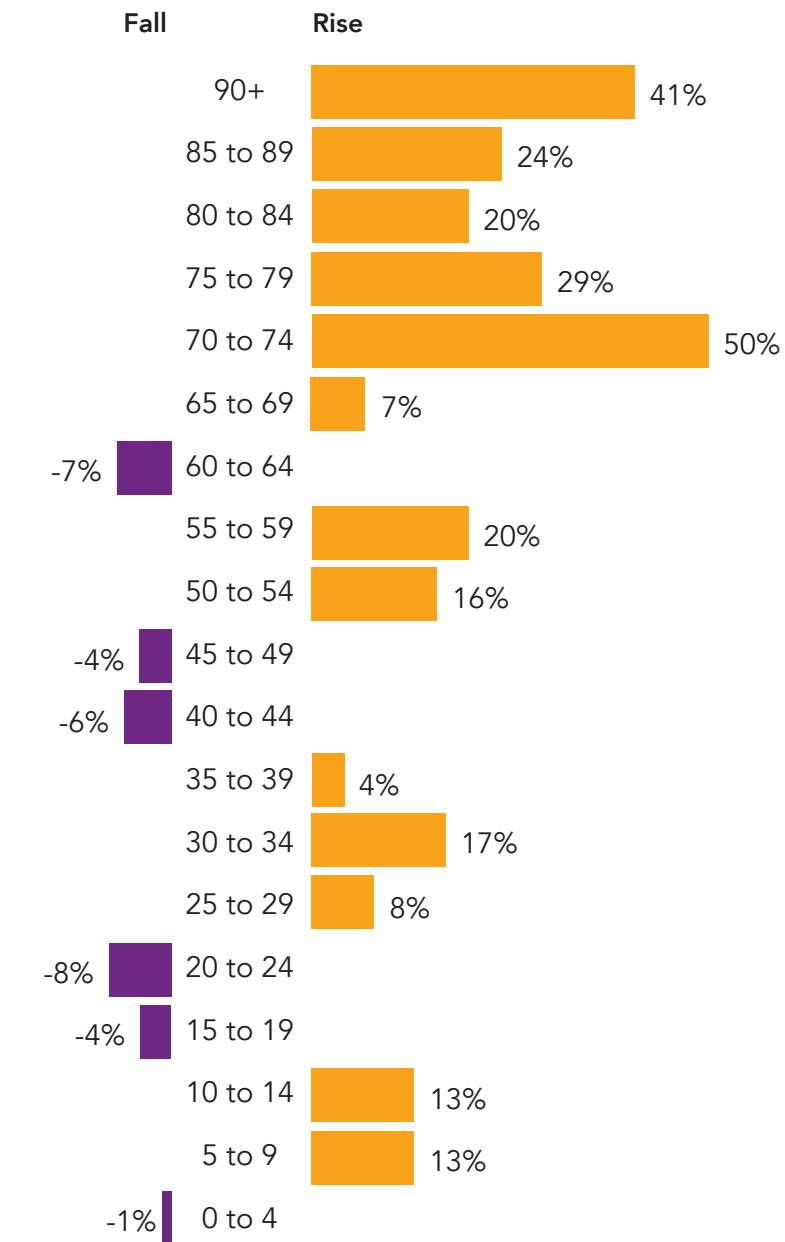
Partners, Active Essex, Culture Chelmsford and Voluntary sector organisations to combine resources and skills to help improve the health of those who live, work and play in the City of Chelmsford, including the large urban areas of Danbury and South Woodham Ferrers and rural communities.

It is only through collaborative and partnership working that Livewell Chelmsford and other key partners can support and empower people throughout their life to maximise their potential for a healthy life. The Plan also aims to encourage and enable people to do more for themselves in maintaining and improving their health and wellbeing.



2 Our District

Population change (%) by age group in Chelmsford, 2011 to 2021



Approximately 181,500 people live in the City of Chelmsford, including the large urban areas of Danbury and South Woodham Ferrers and rural communities. The population size has increased by 7.8%, from 168,300 in 2011 to 181,500 in 2021. This is higher than the overall increase for England (6.6%).

In terms of population, there has been an increase of 26.0% in people aged 65 years and over, an increase of 3.3% in people aged 15 to 64 years, and an increase of 8.3% in children aged under 15 years.

Chelmsford and the surrounding areas cover an area of approximately 339 square kilometres and is the fourth largest in Essex in terms of area. As of 2021, Chelmsford is the 21st most densely populated of the East of England's 45 local authority areas, with around four people living on each football pitch-sized area of land.

Source: Census 2021

Health and wellbeing indicators across the life course in Chelmsford

BIRTH	SMOKING IN PREGNANCY In 2018/19, 6.07% of mothers were known to be smokers at the time of delivery compared to 10.59% nationally	BREASTFEEDING 77.6% mothers initiate breast feeding within 48 hours of delivery compared to the national average of 74.5%	CHILDHOOD OBESITY 17.1% children aged 10-11 are classified as obese compared to the national average of 20.4%
	TEENAGE CONCEPTION The rate of teenage conceptions is 8.0 per 1,000 which is lower than the national average of 18.8%	GCSE RESULTS Average Attainment 8 score for all pupils in state-funded school is 54.8 compared to 50.9 nationally	CHILD INJURIES 220 hospital admissions for unintentional and deliberate injuries, a rate of 68.3 per 10,000 for 0 - 14 year-olds compared to 75.7 nationally
	DIET It is estimated 55.42% of adults meet the recommended '5 a-day' compared to the national average of 57.4%	ALCOHOL 565 per 100,000 persons admitted to hospital due to alcohol-specific conditions compared to 587 nationally	PHYSICAL ACTIVITY Locally, 67.42% adults are physically active meeting the CMO recommendations. Nationally, this is 66.0%
END OF LIFE	DEATHS FROM CANCER Standardised mortality ratio for deaths from all cancer, aged under 75 is 91.4 per 100 significantly better than the national average of 100.0	EARLY DEATHS 289 per 100,000 early deaths (under 75 yrs.) significantly better than the national average of 359	UNEMPLOYMENT 3.6% of the population aged 16+ are unemployed compared to 4.5% nationally
	DEPRESSION The estimated prevalence of depression for aged 18+ is 9.2% compared to 12.3% nationally	HEALTH INEQUALITIES AND DEPRIVATION Life expectancy is 6.3 years lower for men and 4.3 lower for women in the most deprived areas of Chelmsford than in the least deprived areas. Overall inequality in life expectancy at birth is 4.3%. In 2020/21, it was recorded that there are 9.5% (3,279) children living in low income families	
	LONG TERM CONDITIONS 10.0% of population reported that they have at least two long-term conditions that limits their day to day activities and has lasted, or is expected to last, at least 12 months. Nationally this is 12.1%	DEMENTIA The estimated dementia diagnosis rate (aged 65+) is 52.8% compared to 62% nationally	FALLS Emergency hospital admissions due to falls in people aged 65 and over is 1,850 per 100,000 compared to 2,023 nationally

The health of people in Chelmsford is generally better than the England average. The Essex Communities Needs Index also shows that on average, Chelmsford is among the best equipped for civic assets concerning community, civic, educational and cultural assets and the extent to which people have access to key services and generally has active and engaged communities. However, at smaller geographical levels, there are pockets of deprivation and higher levels of community need when compared to the district level.

3 Our Vision

“Our vision is to work with residents, communities, and partners within the health and social care system to reduce health inequalities and improve the opportunities for adults and children to livewell so that they can enjoy a healthy, safe, and fulfilling life.”

We are committed to embedding health and health equity in all local policies by following advice and guidance provided by the World Health Organisation through the UK Health Cities Network. Furthermore, by working with other organisations, we form part of a strong collective voice for public health and sustainable development.



We want the district of Chelmsford to be a place where:

- The physical environment in which people live will improve their health and wellbeing
- Children grow up to reach their full potential and are happy
- Older people feel valued and supported in their local communities
- People have access to good employment and work opportunities
- People stay healthy and enjoy life and have the resilience to cope with life's changes
- People can expect to enjoy good health, whatever their social or economic circumstances
- People are connected to their communities and each other



City Events: Chelmsford Carnival

4 Our Principles

A set of principles have been identified to enable and set the foundation for decision-making and evaluating actions against our identified health and wellbeing priorities. It is important to ensure we work towards contributing to and facilitating a sustainable health system through shifting focus from health-related work and care to prevention, early intervention, and resilience.

■ Partnership working

A commitment to a holistic and collaborative approach to improving health and wellbeing in the district, enabling statutory and voluntary sector organisations to work collaboratively and build on existing assets (A Mid Essex Asset Mapping report has been produced to support health and care partners in Asset Based Community Development approach).

■ Prevention and early intervention

A focus on improving the social determinants of health contributing to the causes of ill health, poor life choices and health conditions.

■ Increase communication and make use of technology

On-going and effective communication, co-production and engagement with people and health and care partners about health issues.

We will raise awareness of local activities and events by using the "livewell" platform for information and guidance to help communicate health and wellbeing messages.

■ Improve mental health and wellbeing

Promote a joined-up approach to mental health across all streams of work. Support the promotion of mental health in all strategies and plans where possible.

■ Effective health and wellbeing services and self-care

Contribute to achieving effective health and wellbeing services and promoting self-care by utilising and promoting social prescribing and effective signposting.



Chelmsford CVS: Chelmsford C100

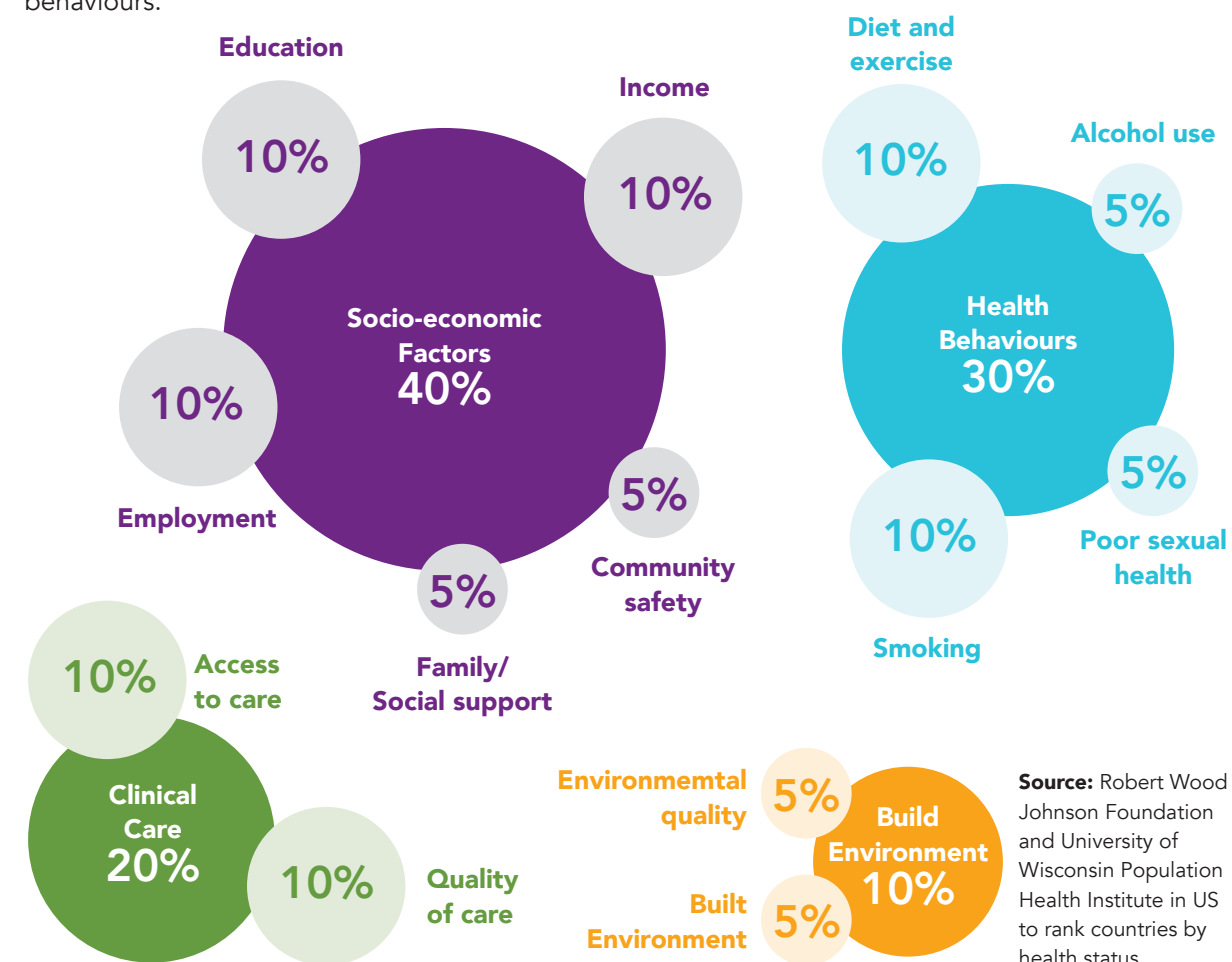
5 Strategic Context

5.1 Wider Determinants of Health

It is understood and recognised that a range of factors influences health and wellbeing. The Robert Wood Johnson model below, illustrates the wider determinants of health framework showing that health outcomes, length and quality of life are influenced by the physical environment, social and economic factors, access to clinical care and health behaviours.

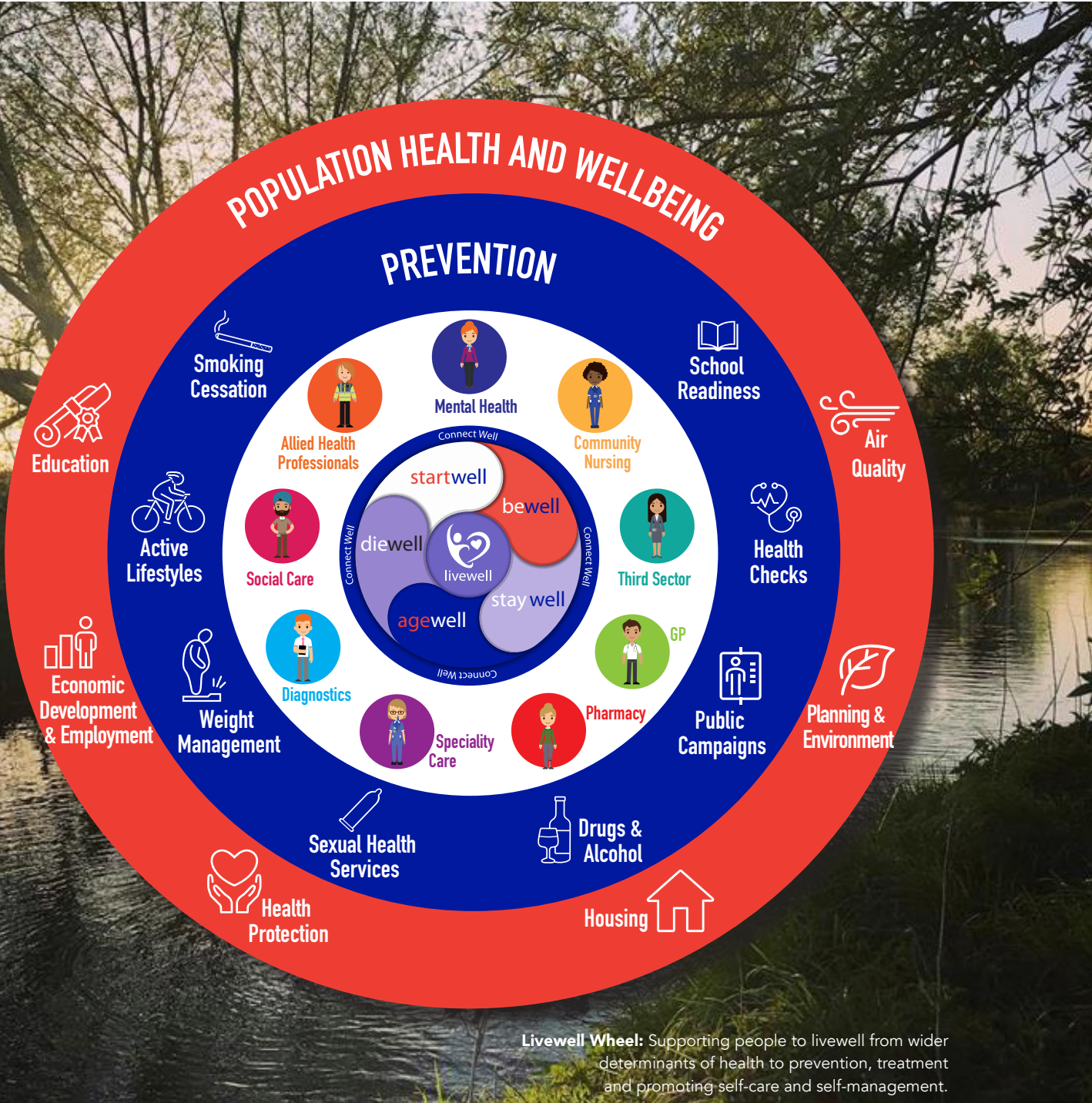
The model shows that socio-economic factors have the most significant impact (40%) on health outcomes, much more than health behaviours (30%), clinical care (20%), and the built environment (10%). Consequently, our social networks, local economy, and natural environments play a crucial role in influencing our health and wellbeing.

To improve the health and wellbeing of people we must address these determinants of health collectively whilst also recognising the interdependent and interconnected nature of these. This can only be achieved by working together across the system to have an impact on all the determinants with a set of shared priorities and objectives.



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

5.2 Working Together



The Livewell Wheel also shows connections that support health in the system from wider determinants of health to prevention, treatment and promotion of self-care and self-management.

This Plan supportively links and is aligned to the:

- Essex Joint Health and Wellbeing Strategy
- Mid Essex Alliance Place Plan
- Southend, Essex and Thurrock Dementia Strategy
- Essex All Age Carers Strategy
- Fit for the Future Physical Activity and Sport Strategy for Essex, Southend and Thurrock
- Chelmsford City Council's Corporate Plan.

Livewell Chelmsford is our local Health and Wellbeing Board with partners working closely to focus on and target similar priority areas. The partnership provides the opportunity for increased discussion and input into decisions that seek to maximise whole-system preventative approaches.

Chelmsford also sits under the Mid and South Essex Integrated Care System (ICS) and is covered by the Mid Essex Alliance with a Place Plan to focus on:

- Life expectancy- increasing average life expectancy
- Suicide – reducing the suicide rate
- Childhood obesity – reducing the number of children who are obese and overweight in reception and Year 6

At the neighbourhood level, there are Primary Care Networks, which are groups of GP practices covering a population of between 30,000 – 50,000. These networks are starting to work in a more collaborative way to deliver a number of nationally developed service specifications, as well as local services for their district populations. The Alliance is starting to develop integrated neighbourhood teams, complementing the work of Primary Care Networks, to deliver the hyper-local needs of our populations.

A number of key principles have been outlined for the development of these neighbourhood teams.

- Focused on prevention and wider determinants of health
- Supporting people of all ages
- Covering meaningful geographies and support all areas
- Working collaboratively with Primary Care Networks
- Demonstrably impact our population health priorities
- All health, local government and VCSE partners will be properly engaged

In Chelmsford, there are five Primary Care Networks of which two cross over local authority boundaries with Maldon and Braintree District Councils.

6 Livewell Themes

All Essex local authorities and wider partner agencies have adopted the use of the Livewell branding which highlights the high-level outcomes for the identified priority areas.

The Livewell branding enables work to be categorised in relatable formats, which can be used to convey appropriate messages through social marketing. The Livewell website has been designed to provide information about all that is on offer in Chelmsford and across Essex to improve health and wellbeing.

www.livewellcampaign.co.uk

The Diwell theme has been introduced in this refresh as our VCS and other partners on Livewell contribute to the delivery of the theme.



1 Startwell:

We will endeavour to help young families have the best start in life.



2 Staywell:

We will work together with the community and professionals to ensure our residents have access to the best clinical services.



3 Feelwell:

We will improve the access to services that address mental wellbeing.



4 Eatwell:

We will raise awareness across the district about healthier eating.



5 Bewell:

We will encourage more people to undertake regular physical activity which will, in turn, produce longer-term health benefits.



6 Agewell:

We will endeavour to encourage people to look at improving their health and wellbeing now to be able to lead a better quality of life in the future. We will also encourage and provide the opportunity for our elderly population to be more active during their retirement years.



6 Diwell:

A dignified death: palliative support for carers and relatives.



Livewell Linkwell:

A free and confidential social prescribing service that provides practical or emotional support of a non-medical nature.

7 Our Strategic Priorities

Our strategic priorities provide a continued focus on preventative health issues and addressing the wider determinants of health to improve health outcomes and reduce health inequalities.



Physical Activity and Healthy Weight



Alleviate Loneliness and Social Isolation



Improve Poor Housing



Enable people to Agewell in Chelmsford



Reduce alcohol, substance misuse and behavioural addictions (including supply of illegal substances)

Within each priority area, it is important to consider how our actions and how each area of focus is likely to affect certain groups, particularly the most disadvantaged and vulnerable.

This can include but is not limited to:

- Carers
- People who are homeless
- People with learning disabilities or physical health problems
- Ethnic minority groups
- Low-income groups
- Older adults
- Children and young people

For each priority area, we have sought to identify action at every stage of the 'life course' using the appropriate livewell themes.

It is also important to note that all priority areas are equal, not one is more important than the other. However, for some people some priorities may be more important than others.

7.1 Physical Activity and Healthy Weight

Obesity is associated with and increases the risk of developing a number of health conditions such as type 2 diabetes, coronary heart disease and stroke. It can also exacerbate conditions such as asthma and psychological problems such as social isolation and low self-esteem.

The rising prevalence of obesity is a global and national health problem, and the fundamental causes of obesity are the imbalance between energy intake and energy expenditure. However, several factors can influence this, including genetics, lifestyle, and medication.

Childhood obesity is a good indicator of adult obesity which can lead to poor health outcomes and there is also a concern about the rise of childhood obesity and the implications of such persisting into adulthood. In Chelmsford, 58.1% of adults are classified as overweight or obese, 19.9% children in reception are overweight or obese and this increases to 31.8% for children in Year 6.

Whilst this priority mainly focuses on preventing excess weight due to the prevalence of obesity, it is also important to consider eating disorders that may impact on healthy weight such as bulimia, anorexia and body dysmorphia.

Physical Activity

Evidence shows that regular physical activity provides a range of physical and mental health and social benefits. The recent Active Lives data shows that 18.7% of adults are physically inactive, having less than 30 minutes a day of physical activity and 67.4% of adults are achieving at least 150 minutes of physical activity. Within the children and young people population, 40.8% of children aged 5 to 16 years are achieving the Chief Medical Officers' physical activity guidelines of 60 minutes or more every day.

Healthy Eating

Poor diet and nutrition are recognised as major contributory risk factors to ill health.

According to the Office for Health Improvement and Disparities, 60.6% of the adult population are meeting the recommended '5-a-day' on a 'usual day'.

COVID-19 Impact on Physical Activity and Healthy Weight

Locally, nationally, and globally, the COVID-19 pandemic has had a detrimental impact on the way we all live, learn and

work. The Marmot COVID-19 review stated that the impacts of the pandemic are likely to be felt across every stage of life course, from the best start in life with the rise of child and food poverty, to employment and impact on low-income groups. Health behaviours in this priority are also likely to have been impacted where physical activity was significantly reduced and potential increases in poor dietary habits.

Within this priority, it is also important to consider the current rising issues of the increased cost of living and the rise of food poverty.

What we do and will do:

Bewell: We will encourage more people to undertake regular physical activity which will, in turn, produce longer-term health benefits.

- Promote and encourage engagement in physical activity through Active Chelmsford, Active Essex Activity Finder, Find Your Active, Livewell Campaign and other partners
- Work within the planning system to create healthier built environments designed to support healthy lifestyle choices

- Work in partnership to maximise and encourage the use of green space for exercise
- Ensure new developments encourage sustainable travel, walking and cycling
- Promote healthy placemaking principles such as access to green spaces and community facilities
- Support and promote active travel initiatives such as Stop, Swap, Go and GoJauntly Essex-based walks
- Maximise our social prescribing teams and health and wellbeing coaches working in partnership across the system to support people's health and wellbeing
- Continue to develop and offer new activities such as community gardening, walking and community My Weigh Matters sessions
- Support the delivery of Fit for the Future Strategy for Essex, Southend, and Thurrock
- Promote physical activity sessions as a part of carer wellbeing activities.
- Co-ordinate the Playing Pitch Strategy group bringing NGBs, Sport

England and Chelmsford City Council to ensure a coordinated approach to future developments and access to facilities

- Use Active Chelmsford to raise the profile of sport and physical activity while investing in local projects
- To further develop the Sport for Confidence model at Riverside (subject to UK Shared Prosperity Fund) to help a wider range of groups to participate in leisure opportunities, with a specific focus on young people
- To appoint an Active Health Coordinator (subject to UK Shared Prosperity Fund) to enhance the exercise referral scheme and develop new opportunities with key health partners, such as the cancer referral scheme and pre/post-op hospital referrals
- Use Ride London as a vehicle to promote cycling opportunities to people of all ages and abilities. Utilise the grants available from London Marathon Events and Essex County Council to achieve the objective

Eatwell: We will raise awareness across the district about healthier eating.

- Improve nutritional awareness, and healthy eating and help low-income households access healthy food options
- Produce and implement a Food Plan to raise awareness of healthy eating, and accessing healthier and more sustainable diets
- Maintain current TuckIN pledges and increase the uptake of the healthier eating pledge TuckIN by food businesses throughout the district
- Host sessions on healthy eating as part of carer wellbeing activities.
- Successful delivery of Essex Activate, providing hot meals and physical activity to children on free school meals
- To fund the launch of a Social Supermarket for Chelmsford offering discounted groceries to those Chelmsford residents who are most in need (subject to UK Shared Prosperity Fund)
- Enhance the use of Health Impact Assessment for new developments through the Livewell Development Accreditation

7.2 Alleviate Loneliness and Social Isolation

Social isolation is characterised by an absence of social interaction, social support structures and engagement with the wider community activities. Loneliness describes an individual's subjective sense of lacking contact with social interactions to the extent that they are not wanted or needed. Loneliness and isolation have both been identified as part of the most significant public health challenges of our time and one of the most significant risks to the quality of life for older people.

Anyone can experience social isolation and loneliness. There are a wide range of factors that can exacerbate feelings of being socially isolated or experiencing loneliness. This includes demographic changes, retirement, bereavement, disability, becoming a carer or hospitalisation. Research suggests that feeling lonely or socially isolated is linked to an increased risk of heart disease or stroke and depression. Livewell Chelmsford continues to prioritise loneliness and social isolation as it is recognised that it can have an impact on mental and physical health.

COVID-19 Impact on Loneliness and Social Isolation

Locally, nationally, and globally, the COVID-19 pandemic has had a detrimental impact on the way we all live, learn and work. The Marmot COVID-19 review stated that the impacts of the pandemic are likely to be felt across every stage of life course, from the best start in life with the rise of child and food poverty, to employment and impact on low-income groups. Within this priority, research shows that people who were already at risk of being lonely, this includes young adults, digitally excluded groups, people with low household income and adults living alone, experienced heightened risk during the pandemic. This has highlighted a need to continue to address factors that may contribute to social isolation and loneliness and enhance efforts towards increasing social interactions and helping communities to reconnect.

What we do and will do:

Bewell:

- Promote and encourage engagement in physical activity through Active Chelmsford, Active Essex Activity Finder, Find Your Active, Livewell Campaign and other partners
- Support a programming of events and activities to include those who are alone
- Work collaboratively to fill gaps in the provision
- Use our online searchable directory, Chelmsford Connects, for local assets to enable people to identify local groups, networks and activities
- With funding through Find Your Active, continue to work with Chelmsford City Council on the Forever Active programme connecting people to physical activity opportunities
- Using our Find Your Active Community Connector to meet with people and support them to access opportunities to get out of their homes and be more active

Feelwell:

- Promote health and wellbeing messages through Livewell Campaign and wider partners' communication platforms
- Support further exploration of community led creative space via Ignite Chelmsford Cultural Partnership
- Promote social interventions and capitalise on the use of local Link Workers through the Live Well, Link Well social prescribing initiative
- Work with partners to develop, invest, commission and deliver a distinctive city-wide programme of cultural events and activities that are reflective of our communities



Chelmsford CVS: The Men's Shed Chelmsford

7.3 Improve Poor Housing

The quality of housing greatly affects the health and wellbeing of residents. Poor housing can be a result of inadequate insulation, and poor and expensive heating systems. This can cause many preventable diseases and injuries, including respiratory diseases such as asthma and bronchitis, cardiovascular diseases, and cancer. It can also have a detrimental impact on mental health and living in a cold home can increase the risk of falls and other accidents.

A report by BRE states that the cost burden to the NHS caused by poor quality homes in England could be costing £1.4billion a year in treating people with illnesses directly linked to living in cold, damp, and dangerous homes. The Chelmsford housing market is made up of private-rented, and social sectors. 73.8% of households in Chelmsford are owner-occupied, 13.1% social tenants and 13.0% are private tenants.

Official Statistics show that 10.6% of households in Chelmsford were fuel poor in 2020, which is approximately 8,000 households.

A household is considered fuel poor if it spends more than 10% of its income on fuel to maintain an adequate standard of warmth. At a more local level, the 2019 statistics for LSOAs within Waterhouse Farm, Trinity, Marconi and Writtle wards show a high proportion of households in fuel poverty, at 18% (156 households), 23% (166 households) and 18% (156 households) respectively.

To reduce the risk of health from living in poor housing conditions, Livewell Chelmsford will work in partnership with local organisations and partners to raise awareness of the opportunities available to reduce fuel bills and stay warm throughout the winter months.

COVID-19 Impact on Poor Housing and Fuel Poverty

Locally, nationally, and globally, the COVID-19 pandemic has had a detrimental impact on the way we all live, learn and work. The Marmot COVID-19 review stated that the impacts of the pandemic are likely to be felt across every stage of life course, from the best start in life with the rise of child and food poverty, to employment and impact on low-income groups. Within this priority, it is particularly important to consider the implications of the pandemic and the rising costs of living for low-income and vulnerable groups in Chelmsford.

What we do and will do:

Staywell:

- Promote energy switch schemes and engage with initiatives that aim to help heat homes and reduce fuel bills
- Partnership working to deliver Warm Homes Fund, including recruitment of a Sustainable Warmth Officer to promote energy efficient schemes
- Engage with energy suppliers to identify households that would benefit from energy efficiency improvement through the Energy Company Obligation – help to heat scheme
- Engage with fuel poverty forums for partnership working and building a collaborative network
- Provision of the discretionary interest-free Healthy Homes Loan for repair works to a property to remedy health and safety hazards
- Work with partners to develop, invest, commission and deliver a distinctive city-wide programme of

cultura events and activities that are reflective of our communities

- Social Prescribers will support people to connect with local support, advice, and guidance available for people such as warm home grants, benefit checks and household support fund
- Promote the use of Chelmsford Connects, an online searchable directory of local assets including agencies that can offer expert advice such as Citizens Advice, Peabody and HomeStart
- Develop a new homelessness strategy and action plan which sets out a proactive approach to preventing homelessness and review it annually. The strategy aims to increase the number of households that are prevented from becoming homeless, increase involvement of other agencies supporting to prevent homelessness, improve the quality and reduce cost of temporary accommodation and increase choice and options for those at risk of homelessness

- Work in partnership with Aran Services to deliver the Warm Homes Fund project, delivering the commitment for 20 vulnerable families a year

Agewell:

- Promote schemes and programmes that aim to prevent falls in the City through livewell
- Increase access to available resources which support people with the rising cost of fuel
- Offer weekly benefits surgery for carers to look at income maximisation



7.4 Enable People to Agewell in Chelmsford

Chelmsford has a relatively high ageing population and has had a 26% increase in people aged 65 years and over from 2011 to 2021. ONS population projections using 2018-based estimates indicate that there will be nearly twice as many people aged 90+ by 2043.

An ageing population puts a high demand on health, social care services and housing needs.

It is therefore important for us to help people age well and remain independent for as long as possible. This includes areas of work, such as helping to prevent falls amongst those at risk and enabling people to live well with dementia.



Preventing and reducing falls

The risks and consequences of a fall amongst older people are particularly high, with potentially severe pain, injury and loss of independence. Falls are a common and serious health issue for older people with around a third of all people aged 65 and over falling each year, increasing to half of those aged 80 and over. According to the Office for Health Improvement and Disparities, the standardised rate for hip fractures in people aged 65+ was 472 per 100,000 in 2020/21.

Preventing falls is important for the health and wellbeing of older people and those that care for them, as well as for the future of our health and social care services. Fortunately, many falls and fractures can be prevented by well-organised services, including those within the community and organisations working in partnership. For example, engaging older people in regular physical activity to develop and maintain strength and balance.

Enabling people to livewell with dementia

Dementia is an umbrella term that is used to describe a group of progressive symptoms such as memory loss and personality changes. While dementia is a degenerative condition, people can live with it for 7-12 years after diagnosis, so it is important that people are able to live well with dementia for as long as possible.

The Office for Health Improvement and Disparities shows a decrease in the estimated dementia diagnosis rate for those aged 65+ from 55.2% in 2021 to 52.8% in 2022. The trend for the estimated dementia diagnosis rate between 2018 to 2022 has been noted as being significantly worse when compared to the national average. A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

Within this priority, it is important to recognise the contribution of carers and the need to support their health and wellbeing. Unpaid

family carers are more likely to be socially isolated, and experience poor health and young carers are likely to experience mental health issues, including anxiety and depression and achieve lower educational outcomes than non-carers.

COVID-19 Impact on the older population

Locally, nationally, and globally, the COVID-19 pandemic has had a detrimental impact on the way we all live, learn and work. The Marmot COVID-19 review stated that the impacts of the pandemic are likely to be felt across every stage of life course, from the best start in life with the rise of child and food poverty, to employment and impact on low-income groups.

Research by AgeUK (2020) highlighted that the pandemic had a significant impact on the older population, from anxiety and fear of the virus, loss of mental and physical capacity and loneliness and isolation. Within this priority, it is particularly important to consider the implications of the pandemic on the ageing population and ensure actions support reconditioning and reconnecting with local communities.

What we do and will do

Bewell:

- Increase opportunities for older people to engage in physical activity with an enhanced Forever Active programme
- Promote the use of Chelmsford Connects an online searchable directory of local assets that includes agencies that can offer activities or support for older people and those with dementia such as Age Concern and Mid Essex Alzheimer's
- Continue to develop Men's Shed to encourage older men to connect
- With funding through Find Your Active, continue to work with Chelmsford City Council on the Forever Active programme connecting people to physical activity opportunities
- Using our Find Your Active Community Connector to meet with people and support them to access opportunities to get out of their homes and be more active

Feelwell:

- Raise awareness of available information, signposting and guidance for carers through the livewell platform and other partner platforms
- Work with partners to develop, invest, commission and deliver a distinctive city-wide programme of cultural events and activities that are reflective of our communities. Providing support and information in new and accessible ways and encouraging communities to be involved in developing programmes
- Social Prescribers will support older people to connect with local support, advice and guidance, especially at times of change in their lives such as retirement, bereavement, ill health and leaving hospital
- Support digital inclusion for older people

7.4 Enable People to Agewell in Chelmsford

Agewell:

- Promote the Chelmsford Dementia Action Alliance and Dementia Friends initiative to continue to increase knowledge and understanding of dementia so that that people with dementia, their families and carers can continue to lead happy, healthy and fulfilling lives
- Raise awareness of programmes that aim to prevent falls through livewell
- Partnership working on allocation of the Better Care Fund and Disabled Facilities Grant on home adaptations to help reduce the risk of injury
- Work with partners to develop, invest, commission and deliver a distinctive city-wide programme of cultural events and activities that are accessible to communities and through outreach, harnessing existing relationships in the community and providing support and information in accessible ways
- Commit to offering all staff and volunteers Dementia Friends training
- Ensure the planning system works to provide suitable housing for all needs and provide and protect community facilities
- Our Primary Care Network partners will support to increase fall referrals
- Work towards providing an adequate supply of homes that meet the needs and demands of an ageing population



7.5 Reduce Alcohol, Substance Misuse and Behavioural Addictions (including supply of illegal substances)

Drinking alcohol and smoking can cause or contribute to the development of many preventable health conditions. Chelmsford has the 4th lowest smoking prevalence (12.6%) in Essex which is significantly better than the England average (15.9%) and Essex average (15.2%).

However, the prevalence of smoking is higher in people in routine and manual jobs (26.7%) and those with long-term mental health conditions (18%).

Alcohol-specific admissions to hospital in Chelmsford were 318 per 100,000 population in 2020/21 and alcohol-related mortality is 28 per 100,000. However, this is higher in males at 41.9 per 100,000 and lower in females at 16.1 per 100,000.

Reducing harmful drinking is one of our health and wellbeing priorities as it has a detrimental effect on the mental and physical health of an individual, and community safety. Since 2018/19 the trends for alcohol-specific conditions have slightly decreased year on year. The reasons for alcohol misuse can be complex and are primarily driven by the price and

availability of alcohol added to the social and economic disparities. Alcohol-specific and related admissions can be reduced through local intervention to reduce alcohol misuse and harm.

Chelmsford also faces issues related to gangs and drug-related violence, and the risk factors of these issues are associated with substance and alcohol misuse, anti-social behaviour, deprivation, pro-criminal peers and high unauthorised absence.

COVID-19 Impact on alcohol consumption

Locally, nationally, and globally, the COVID-19 pandemic has had a detrimental impact on the way we all live, learn and work. The Marmot COVID-19 review stated that the impacts of the pandemic are likely to be felt across every stage of life course, from the best start in life with the rise of child and food poverty, to employment and impact on low-income groups. Within this priority, it is particularly important to consider the implications of the pandemic due as research has shown that the pandemic seems to have accelerated the trends of alcohol consumption.

What we do and will do:

Staywell:

- Work in partnership with Licensing to ensure responsibility for alcohol availability and act to reduce alcohol harms
- Work with commissioned alcohol and drug intervention providers and treatment agencies and alongside charitable organisations that are addressing the needs of the community
- Deliver the Community Safety Action Plan
- Implement the Public Space Protection Order
- Partnership working to deliver services to support and prevent young people from getting involved in crime
- Work effectively with the Essex Violence and Vulnerability Team in our Community Safety Partnership Hub

- Work in partnership with charities such as Gangsline, St Giles Trust and Reach Every Generation to deliver awareness training to young people, parents and professionals on drug trafficking
 - Art and cultural services partnership working to develop events and cultural programmes accessible to communities through outreach.
- Feelwell:**
- Delivery of the Chelmsford SOS Bus Project in partnership with Open Road, Street Pastors and other partners
 - Strategic representation and engagement in key groups such as the Mid Essex Children's Partnership Board
 - Social Prescribers will support people to connect with local support, advice, and guidance available for those with drug or alcohol-related issues
 - Promote the use of Chelmsford Connects, an online searchable directory of local assets which include agencies that can offer activities or support for people with drug or alcohol-related issues to ensure effective signposting to the support available
 - We will continue to work collaboratively with agencies such as Safer Chelmsford, Open Road, the Children's Society and Keep It 100 Essex to develop and offer local solutions to emerging needs in this theme
 - Work in partnership to deliver services that support and prevent young people from getting involved in crime through the Early Intervention Youth Fund
 - Work in partnership with Essex Police on tackling drug trafficking through Operation Overwatch and Op Aegis
 - Work collaboratively across Essex to tackle the influences of gangs, organised crime and knife crime and the impact it has on our district



8 Taking health and wellbeing forward

We aim to ensure that the outcomes of health and wellbeing work that have already been implemented will be effectively evaluated to provide an evidence base to enable successful projects to continue.

Furthermore, through close partnership work, and the collaboration of ideas with our local health and wellbeing board, Livewell Chelmsford, we will continue to explore opportunities to implement new and innovative schemes that effectively promote good health.

We cannot achieve these priorities alone. Delivering this strategy will not only require the health and wellbeing board but all our partners, communities and residents.

What will success look like?

Success will be measured locally and on county-wide bases against the Joint Essex Health and Wellbeing Strategy. However, longer-term this will be measured against improvement in the Office for Health Improvement and Disparities health profile for Chelmsford.

We will also use the Thriving Places Index to help us look at the strengths and challenges of our City, to help us identify whether the conditions are in place for people to thrive, fairly and sustainably. The Thriving Place Index consists of a broad set of indicators from datasets produced by established national data agencies such as the Office for National Statistics (ONS), Office for Health Improvement and Disparities and the Index of Multiple Deprivation (IMD).

For more information:

Office for Health Improvement and Disparities – Health Profile:

<https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e07000070.html?areaname=chelmsford>

Thriving Places Index

www.thrivingplacesindex.org/candidates/E07000070

Joint Strategic Needs Assessment

<https://data.essex.gov.uk/explore-jsna-data/>



Glossary

CMO:	Chief Medical Officer
ECC:	Essex County Council
EJHWS:	Essex Joint Health and Wellbeing Strategy
ICS:	Integrated Care System
JSNA:	Joint Strategic Needs Assessment
LSOA:	Lower Super Output Area
NGBs:	National Governing Bodies
VCS:	Voluntary and Community Sector
VCSE:	Voluntary, Community and Social Enterprise



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