

Health and Wellbeing in Uttlesford



A Strategy for 2017-2022

**“Health is a state of complete physical,
mental and social wellbeing and not
merely the absence of disease or infirmity”**

World Health Organisation, 1948

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Foreword



As chair of the Local Strategic Partnership, I have pleasure in presenting Uttlesford's first Health and Wellbeing Strategy.

In Uttlesford, we are committed to improving the health and wellbeing of our residents and communities by working collaboratively with partners and local organisations and ensuring people feel empowered to achieve and maintain good health.

This new Health and Wellbeing Strategy for Uttlesford will be instrumental in initiating a clear direction for the Council and its partners to address a number of key health and wellbeing priorities for the district.

In Uttlesford, we are proud that the majority of our residents lead healthy, active and fulfilling lives, but as this document demonstrates, this good health is not geographically shared across the entire district.

Uttlesford has particular health issues, and contains pockets of deprivation that are detrimental to the health and wellbeing of the whole community. Rising levels of obesity are increasing pressures on local clinical and frontline services. In addition, according to our most recent Public Health Profile (2016), we are predicted to see a 32% rise in over 65s by 2025, which in itself will mean a greater need for social and clinical service provision.

Never has it been more pertinent for the promotion of prevention, self-care and personal responsibility in regards to caring for our own health and wellbeing. Furthermore, more than ever before there is a need to focus our efforts to work in a more streamlined and joined-up manner, to strengthen our communities and address our local population's health and wellbeing needs.

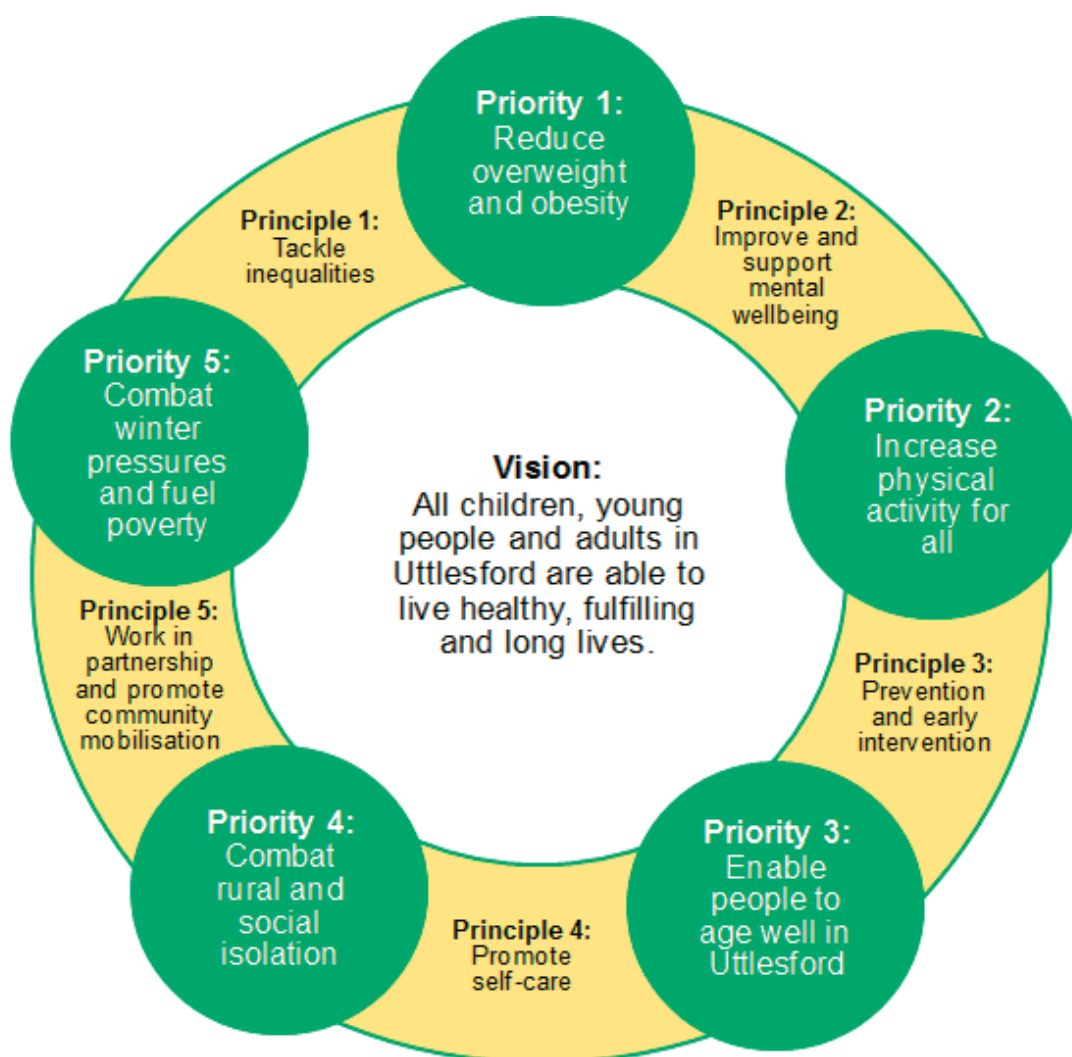
Cllr Howard Rolfe
Chair of Uttlesford Local Strategic Partnership

Summary

The Uttlesford Health and Wellbeing Strategy (2017-2022) has been developed in partnership with members of the Uttlesford Health & Wellbeing Board. The Strategy presents a direction for the Council and partners to address an

agreed set of five key health and wellbeing priorities, with a particular focus on preventative health.

The following diagram represents the key information as set out within this Strategy:



1 Introduction

The purpose of this document is to provide a clear direction for the Uttlesford Health & Wellbeing Board and its partners to address a number of key health and wellbeing priorities for the district.

Numerous factors can affect our health and wellbeing; issues such as unemployment, poor housing and feeling unsafe can impact upon our physical and mental health. Furthermore, our social networks, local economy and natural environments also play a key role.

These are collectively known as the wider determinants of health, as depicted in figure 1.

Our lifestyles influence the way our health develops over our lifetime. Research indicates that people who practice four key 'healthy' behaviours - not smoking, taking regular exercise, eating five portions of fruit and vegetables a day and drinking alcohol within recommended limits, stay healthy for longer and live on average 14 years more than people with none of these behaviours¹.

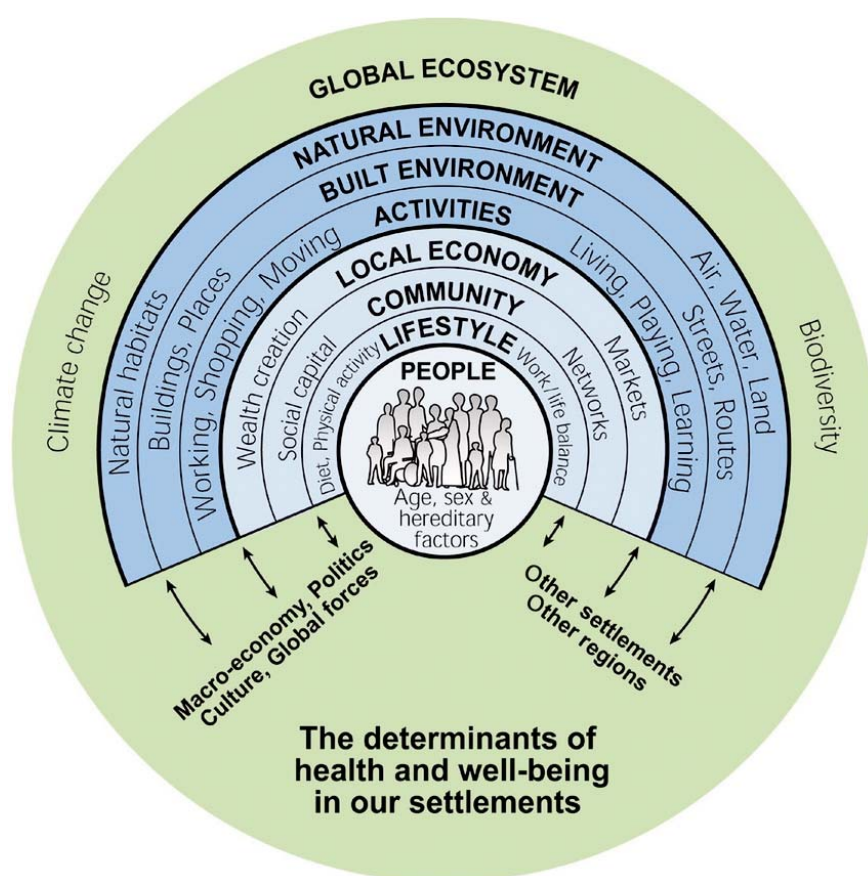


Figure 1: A health map of the local human habitat, Barton & Grant (2006)

¹ Khaw et al. (2008). Combined Impact of Health Behaviours and Mortality in Men and Women: The EPIC-Norfolk Prospective Population Study. PLoS Medicine 5 (1)

2 Background

Uttlesford is a relatively healthy and affluent area. However, with sufficient homes needed to meet the district's significant housing need, our population is predicted to increase significantly over the next ten years, with an estimated 12,000 more people between now and 2025 (Public Health Portrait, 2016). It is important to recognise the significance and long-term effects of new development design, including considerations with regards to air quality, in shaping healthy communities, now and in the future.

Whilst currently many Uttlesford residents lead healthy, active and prosperous lives, the district does have particular health and social problems, including:

- Increasing excess weight and obesity amongst children and adults.
- Low levels of physical activity - only 22% of adults are doing enough physical activity to benefit their health (i.e. exercising three or more times per week).
- Increasing issues related to an ageing demographic, including high levels of hip fractures in the over 65s as a result of falls and increasing levels of people living with dementia.
- Elevated levels of rural and social isolation.
- High levels of winter deaths, exacerbated by winter pressures and fuel poverty.

Our aim is to mitigate such factors, as well as encourage and empower people to take a more active role in their own and others physical and mental health and wellbeing.

We will do this by collaborating and working with partners to deliver targeted interventions within areas of need, as well as supporting people to find local, existing services that are appropriate and helpful; this includes those associated with reducing fuel bills, and services designed to help individuals lead healthier lifestyles. Furthermore, we will work closely with Essex County Council's Public Health team, planning teams and other partners to assist with planning for healthy new communities.

The **Uttlesford District Health & Wellbeing Board**, which forms part of Uttlesford's Local Strategic Partnership (LSP) - "Uttlesford Futures" - will be the strategic partnership for the coordination, communication and commissioning of health improvement and wellbeing services for the local population. We will monitor the work that is being delivered to address our key health and wellbeing priorities. This will include working collaboratively with other member organisations of the Uttlesford LSP and partners across west and wider Essex. These partnerships will regularly review our approach to ensure evidence-based best practice is achieved.

3 Our Vision

Vision

All children, young people and adults in Uttlesford are able to live healthy, fulfilling and long lives.

We will achieve our vision by working collaboratively with partners to support and empower communities and residents to take control of their own health and wellbeing and enable further opportunities for people to live well within the district.

Furthermore, we will encourage and promote “Making Every Contact Count” (MECC), which is an approach to behaviour change that utilises the millions of day to day interactions that

organisations and people have with others in order to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.

This vision links in with Uttlesford District Council’s corporate vision: “Working together for the wellbeing of our community and to protect and enhance the unique character of the District”.



Overarching Principles

Improving child and adult mental health and ensuring it is considered to be of equal importance to physical health is fundamental to unlocking the power and potential of our communities. It is therefore important to facilitate holistic approaches that benefit health and wellbeing in its widest sense.

As this document highlights, we must shift the focus of health-related work and care to prevention, early

intervention and resilience in order to facilitate and work towards a sustainable health system.

In order to achieve our vision, we have identified five overarching principles.

These principles will be central to the work we undertake to address the key health and wellbeing priorities that have been identified for the district.

1. Tackling inequalities

Ensure key services are provided for all residents, but that resources and interventions are targeting those most in need.

2. Improving mental wellbeing

Ensure that mental health and wellbeing is regarded across all streams of work.

3. Prevention and early intervention

Prevent and tackle the wider causes of ill health, poor lifestyle choices and health conditions.

4. Promoting self-care

Encourage and empower individuals to take more responsibility for changing their own health related behaviours.

5. Working in partnership and promoting community mobilisation

Enable statutory, voluntary and faith organisations to work collaboratively with communities to improve health and wellbeing within the district.

4 Key Health and Wellbeing Priorities in Uttlesford

Five key priorities have been identified for the district using the data and information captured within the local Public Health Portrait (2016), which forms part of the Essex Joint Strategic Needs Assessment (2016), and Public Health England's Public Health Profile (2016). These priorities have also been established following consultation with local partners in order to gain an understanding of local issues as well as a sense of particular areas of need within the district.

With a focus on prevention, a delivery plan will coexist alongside this document indicating how we will address these priorities, outlining the timeframe for progressing this work.

However, we recognise that new issues will arise and national policies may change during the lifetime of the Strategy, and there may be a need to renew the delivery plan as and when deemed necessary to ensure it remains relevant.

Five key health and wellbeing priorities identified for Uttlesford District include:

- 1. Reducing overweight and obesity in children and adults**
- 2. Increasing physical activity for all**
- 3. Enabling people to age well in Uttlesford**
- 4. Combating rural and social isolation**
- 5. Combating winter pressures and fuel poverty**

Priority 1:

Reducing and Preventing Overweight and Obese Children and Adults

The number of overweight and obese people in England has been rising sharply for the best part of 20 years.

According to the Health Survey of England, one in four adults is obese (BMI ≥ 30 kg/m²), compared to less than 15 per cent in 1993.

Rising levels of excess weight in children is a key concern now being measured on a regular basis in primary-aged children as part of the National Child Measurement Programme (NCMP). The Government's strategy, Childhood Obesity:

A Plan for Action (2016) indicates that a third of children aged two to 15 years are either overweight or obese, highlighting the need to significantly reduce this increasing trend.

According to local health data, more than 60 per cent of adults living in Uttlesford are classified as either overweight or obese. When comparing this with local NCMP data, a pattern becomes apparent (see figure 2). This has major long term implications and could mean that today's children will have a lower life expectancy than their parents.

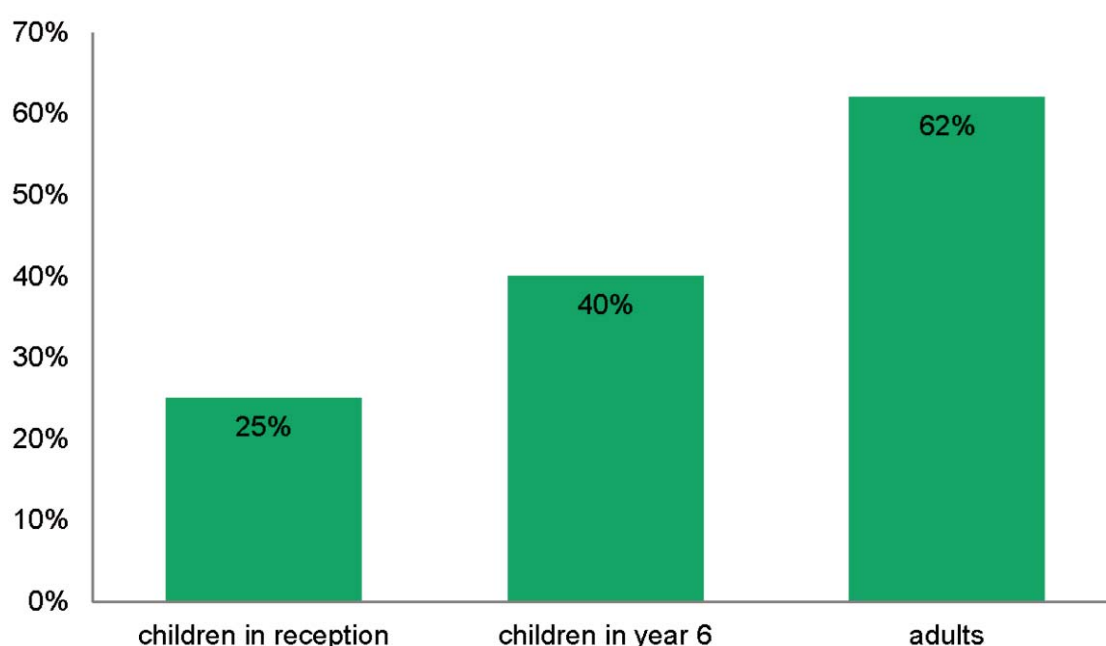


Figure 2: Levels of overweight and obesity in children and adults within Uttlesford (Public Health England, 2013-2015)

Risk Factors Associated with Excess Weight

Being obese can increase the risk of developing a range of diseases and health problems. The physical changes caused by increased fat cause musculoskeletal problems, from wear and tear on the joints to back pain; this in turn can lead to or exacerbate mental health issues, including depression and anxiety.

Other effects are linked to invisible changes, such as increased fat in the blood and an altered response to insulin, increasing the risk to type 2 diabetes. Whilst significantly lower than national levels, recorded rates of

diabetes in Uttlesford are increasing year-on-year (see figure 3), supporting the requirement to work together with our partners to address one of the biggest risk factors - excess weight.

Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. However, at its root, obesity is caused by an energy imbalance: taking in more energy through food than we use through activity.

Prevention is fundamental. Long-term, sustainable change will only be achieved through the active engagement of a range of partners including schools, communities, families and individuals.

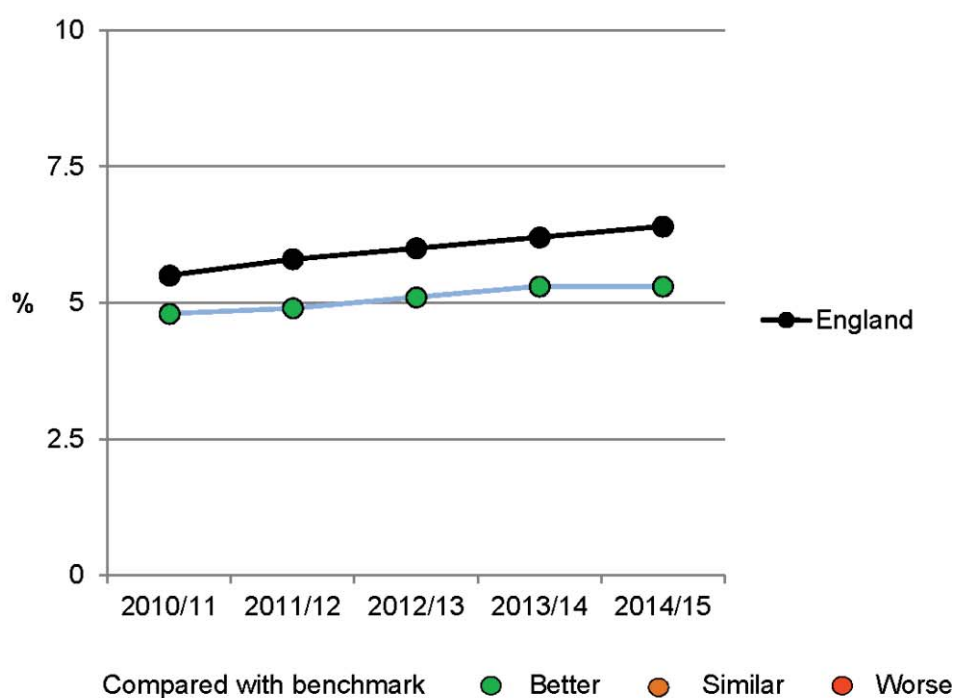


Figure 3: Recorded diabetes (Uttlesford and England), Public Health England (2016)

Priority 2:

Increasing Physical Activity for All

An active lifestyle is crucial for improving and maintaining both physical and mental health and wellbeing. There is strong evidence to support the benefits of daily activity, including reducing the risk of major illnesses, such as heart disease, stroke, type 2 diabetes and cancer by up to 50 per cent (NHS, 2016).

According to a report by Sport England (2016), approximately 23 per cent of adults (16+) in Uttlesford are inactive, compared to the national average of 28 per cent. The estimated health costs associated with inactivity in the district is £1.4 million.

A survey of residents published in 2015 indicated that 49 per cent of Uttlesford residents are most likely to cite lack of time as the main reason for not taking more exercise. Other reasons included lack of motivation, transport/access and lack of childcare. This highlights the importance of raising awareness of the types of activities that can be undertaken as part of busy modern lifestyles, as well as the need to work with local employers to encourage workplace wellbeing, including providing opportunities to be active during work time.

Encouraging activities that are feasible with current infrastructure will be central to our work within this Strategy. It is important to ensure that people have access to provisions that are right for

them in order to reduce the barriers associated with being active, including those with disabilities. This may include providing the right opportunities that build confidence, motivate and encourage people - particularly women and girls who are less likely to participate in sport and activity - to try new activities, such as clubs for parents and children to enjoy together, and by providing activities appropriate for varying abilities.

The Uttlesford Cycling Strategy, published in 2014, sets out some clear recommended priorities for investment in order to encourage and increase cycling within the three largest settlements in the district: Saffron Walden, Great Dunmow and Stansted Mountfitchet. Furthermore, the recent Sports Facilities Development Strategy, adopted by Uttlesford District Council in 2016, provides further details on the potential future needs of sports facilities within the area, and aims to provide context for future funding applications for new facilities and inform planning teams on facility requirements in new developments.

We will work in partnership with Active Essex, a funded organisation hosted by Essex County Council, to form our own network of partners - Active Uttlesford - who are interested in increasing physical activity levels, and in particular, getting the inactive more active, within the district.

Priority 3:

Enabling People to Age Well in Uttlesford

According to the most recent Public Health Portrait (2016), Uttlesford is expected to see a 32 per cent increase in over 65s between 2015 and 2025, which equates to 5,200 more people. Our ageing population will put greater demand on health, social care services and housing needs. It is therefore important for us to help people to age well and remain independent for as long as possible. Some areas of work that can help with this might include working together to enable people to live well with dementia and help to prevent falls among those at risk.

Enabling people to live well with dementia

Dementia is an umbrella term that is used to describe a group of progressive symptoms such as memory loss, changes in personality and difficulties in day-to-day living.

Dementia can have a significant impact on an individual's health and quality of life. It can result in a range of health and social problems which can be challenging for the person with dementia, their carers, and health and social care professionals. Research shows that large proportions of people with dementia feel unsupported and do not feel part of their community. They often experience anxiety and depression and three quarters do not feel society is geared up to deal with dementia (Alzheimer's Society, 2012).

Whilst dementia is a terminal 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.

Recent data from Public Health England (2016) indicates that 1,070 people living in Uttlesford aged over 65 are thought to have dementia, and this figure is expected to rise by 79 per cent to 1,920 by 2030. Increasing numbers of people with dementia will have an impact on health services.

In the current health and social care climate there is much emphasis on sustainability through better community care, keeping people out of hospital and enabling people to live independently within their own homes for as long as possible. This focus is particularly salient when applied to the needs of people with dementia.

'Persons living with dementia are usually capable of more than we can imagine'

Bob DeMarco,
Alzheimer's caregiver

Uttlesford Health & Wellbeing Board will strive to work collectively with partners to enable people to live well with dementia. We will work to raise public and professional awareness of dementia in order to increase public understanding of how our ageing population is affected by it and the impact it has on daily lives.

Working together to prevent and reduce falls

Falls among older people are a major and growing concern. A fall is a symptom, not a diagnosis. It can be a marker for the onset of frailty, the first indication of a new or worsening health problem and/or can represent a tipping point in a person's life, triggering a downward decline in independence and confidence; the effects of which can be isolating and give way to fear of the outdoors.

In 2014/15, there were 508 hospital admissions for hip fractures in those

living in Uttlesford and aged 65 years and older. This is similar to the national figure of 571 per 100,000 population (Public Health Profile, 2016).

Many falls and fractures can be prevented by well organised services, including those within the community, and organisations working in partnership. As part of these support services, care is not only extended to the person suffering from falls but to their carer should they have one. The consequences of falls therefore cut across all agencies working with older people, and all agencies can be part of the solution.



Priority 4:

Combating Rural and Social Isolation

Social isolation is defined as:

'The inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment)'

PHE, 2015

Uttlesford is a large, yet sparsely populated district. Its rural nature is an additional factor which can determine that people live in pockets rather than whole communities. This can contribute to loneliness and/or social isolation, especially if you are a younger or older person with limited access to transport.

The Uttlesford Health & Wellbeing Board has prioritised social isolation because it recognises that it is a serious problem for many Uttlesford residents and it can have far reaching consequences for individuals of any age, as well as wider communities.

Anyone can experience social isolation and loneliness. While social isolation is more commonly considered in later life, it can occur at all stages of the life course. Particular individuals or groups may be more vulnerable than others, depending on factors like physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life-stage.

At present, there is limited data available that robustly measures social

isolation. However, according to a recent report conducted by the Council for Voluntary Service Uttlesford (CVSU) on 'Rural and Social Isolation in Uttlesford' (April 2016), there appears to be a high proportion of women over 75 years living with limiting sight conditions (Macular Degeneration, retinal damage from diabetes, untreated cataracts and glaucoma) within the district.

The key issues they face in regards to social isolation are loss of hobbies, inability to manage practically at home, fear of moving outdoors, and loss of control over their circumstances and private affairs (e.g. banking), which in turn can contribute to mental health issues, including depression.

A range of services provided by the public sector, private sector, third sector and community and voluntary services may have the potential to impact on social isolation, even if this is not their primary aim. For example, aspects of the built and natural environment and transport infrastructure can help or hinder efforts to enhance social connections.

To help alleviate social isolation there are numerous befriending services that already exist in Uttlesford. We aim to work together with these services to ensure there is greater awareness of what is already available. We also plan to determine where people may be at

risk of being socially isolated and reduce the barriers that prevent individuals from accessing social activities across our district, providing further opportunities for people where appropriate, and communicating effectively in order to reduce any duplicated efforts.



Priority 5:

Winter Pressures and Fuel Poverty

The relationship between housing and health is a recognised association but a complex one. A number of elements in and around the home can impact on health and wellbeing and will be influenced by other factors.

Specific housing related issues affecting health are indoor pollutants, cold and damp, housing design, overcrowding, accessibility, neighbourhood safety, social cohesion and housing availability.

Uttlesford's housing market is made up of private, private rented and social sectors. There are around 31,316 dwellings in Uttlesford (2011 census data). Of these, 74 per cent of homes are owner occupied (22,746 dwellings), 12 per cent (3,961 dwellings) are listed as social housing, and 14 per cent (4,609 dwellings) are rented from a private landlord. For all stock, Uttlesford performs better than the English Housing Survey (EHS 2011) average for various indicators such as disrepair and low income households. However, it performs slightly worse for falls and fuel poverty, and levels of excess cold are considerably higher in Uttlesford compared to the EHS average.

A cold home can have a significant impact on an individual's health and wellbeing; it can increase the risk of falls and cause stress and worry. It can also

increase the risk of pneumonia and exacerbate existing conditions, such as chronic obstructive pulmonary disease (COPD).

Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator. Under the LIHC, a household is considered to be fuel poor if they have required fuel costs that are above average (the national median level), and if they were to spend that amount, they would be left with a residual income below the official poverty line.

According to a recent Health Impact Assessment on housing interventions in Uttlesford (2015), 21 per cent of all households in Uttlesford are considered to be on low incomes and 9.4 per cent of the district's households were deemed fuel poor in 2012.

This is less than the national average (10.4 per cent), but the highest in Essex. To add to this, there were 54 excess winter deaths in Uttlesford between 2011 and 2012. This is around 30 per cent additional deaths, and this figure is higher than the national average of 16 per cent.

The highest concentrations of fuel poverty in the private sector are found in The Sampfords, Littlebury and Wendens Lofts wards.

For excess cold, the highest concentrations are in The Sampfords, Wendens Lofts and The Rodings wards.

With limited grant funding available to support the vulnerable, the Council aims to prioritise vulnerable households and will change the current policy to include a range of assistance measures and loans. This will include creating warm areas - or “zones” -

within larger, less energy efficient properties, as specified within the Private Sector Housing Strategy (2017-2022).

Furthermore, the Council will work in partnership with local organisations in order to raise awareness of the opportunities available to reduce fuel bills and stay warm throughout winter months.



5 Strategic Themes

Working in partnership is central to this Strategy in order to drive local delivery and identify local needs. It is also important to recognise wider support and add value to the health improvement work across the district's borders, including the west Essex area which covers Uttlesford, Epping Forest and Harlow. We will collaborate with the West Essex Clinical Commissioning Group, the West Essex Children and Young People's Board and the West Essex Public Health Partnership as well as Essex County Council, in which its Public Health Strategic Approach document (2017) will offer guidance on what we aim to achieve.

It is essential to understand the

degrees of influence in order to tailor appropriate initiatives to specific audiences when focusing on our five key priority areas. With obesity, for example, children are largely influenced by their family as well as their school, and thus initiatives and interventions must take this into consideration.

Given that our lives, and subsequent health, can be influenced by numerous factors (see figure 4), a life-course approach has been fostered by numerous partners across west Essex, categorising health improvement work under three key themes: Early Help & Start Well, Be Well & Work Well, and Age Well.

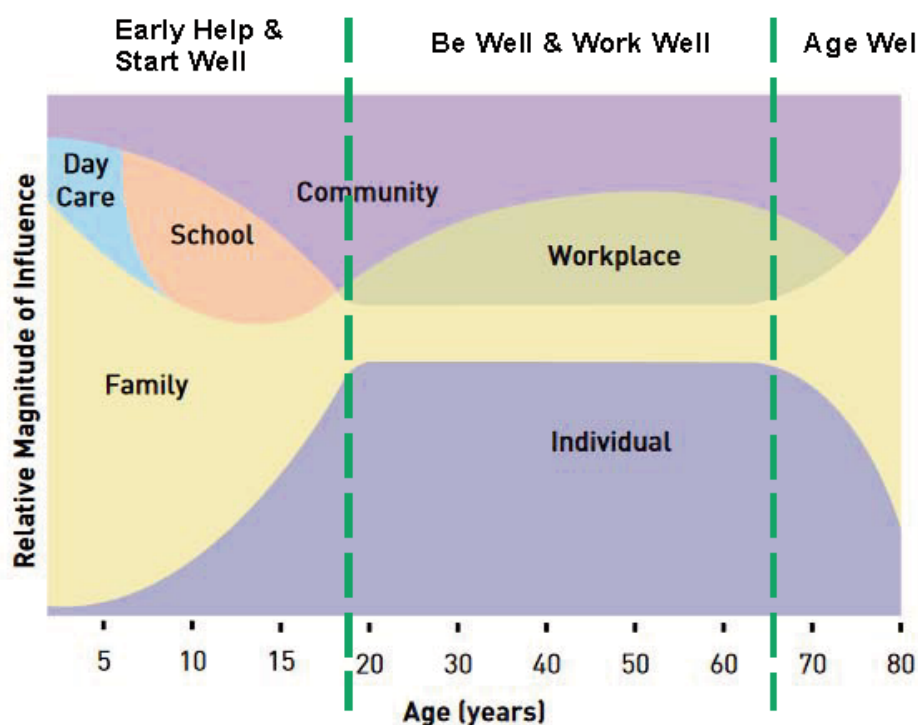


Figure 4: Influence of health status across the life course, incorporating strategic themes. Adapted from Nordio S. 1978. Needs in Child and Maternal Care

6 Livewell in Uttlesford

To enable consistency across Essex in regards to promoting health and wellbeing activities, initiatives, campaigns and marketing, we have adopted “Livewell” as part of a joined-up approach and shared platform. Livewell will be used to communicate similar health and wellbeing interests which are shared by other districts,

boroughs and cities across the county.

The Livewell brand contains strong themes that enable the promotion of healthy messages and behaviours via social marketing. Through this we will develop “Livewell in Uttlesford” and use this as our outward facing communications tool.

The Livewell brand consists of the following strands:

startwell

- Supporting children and families to get the best start in life.

eatwell

- Promoting messages to support healthy eating, including increasing fruit and vegetable consumption and reducing sugar intakes.

bewell

- Encouraging people to be physically active through sport and everyday activities to support healthy physical and mental health and wellbeing.

feelwell

- Increasing awareness of the importance of mental health and wellbeing, and facilitating and promoting opportunities for people to engage with others to reduce social isolation.

staywell

- Raising awareness of services that may offer support to individuals in relation to their lifestyle or health needs.

agewell

- Helping to support people to live a healthy later life via appropriate sign-posting and health promotion.



7 Taking Health and Wellbeing Forward in Uttlesford

We aim to ensure that the outcomes of health and wellbeing efforts will be effectively evaluated. Success will be measured by key performance indicators and the delivery of targets for each of the priorities as set out within the biennial delivery plan.

We will use a robust evidence base in order to enable successful projects to continue and use the Public Health Outcomes Framework as guidance for this.

Furthermore, through close partnership work, and the collaboration of ideas within our local Health & Wellbeing Board, we will continue to explore opportunities in order to implement new and innovative schemes that effectively promote good health and wellbeing.

The work we deliver will be continually monitored via the Uttlesford Health & Wellbeing Board.



**“Alone we can do so little;
together we can do so much”**

Helen Keller

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