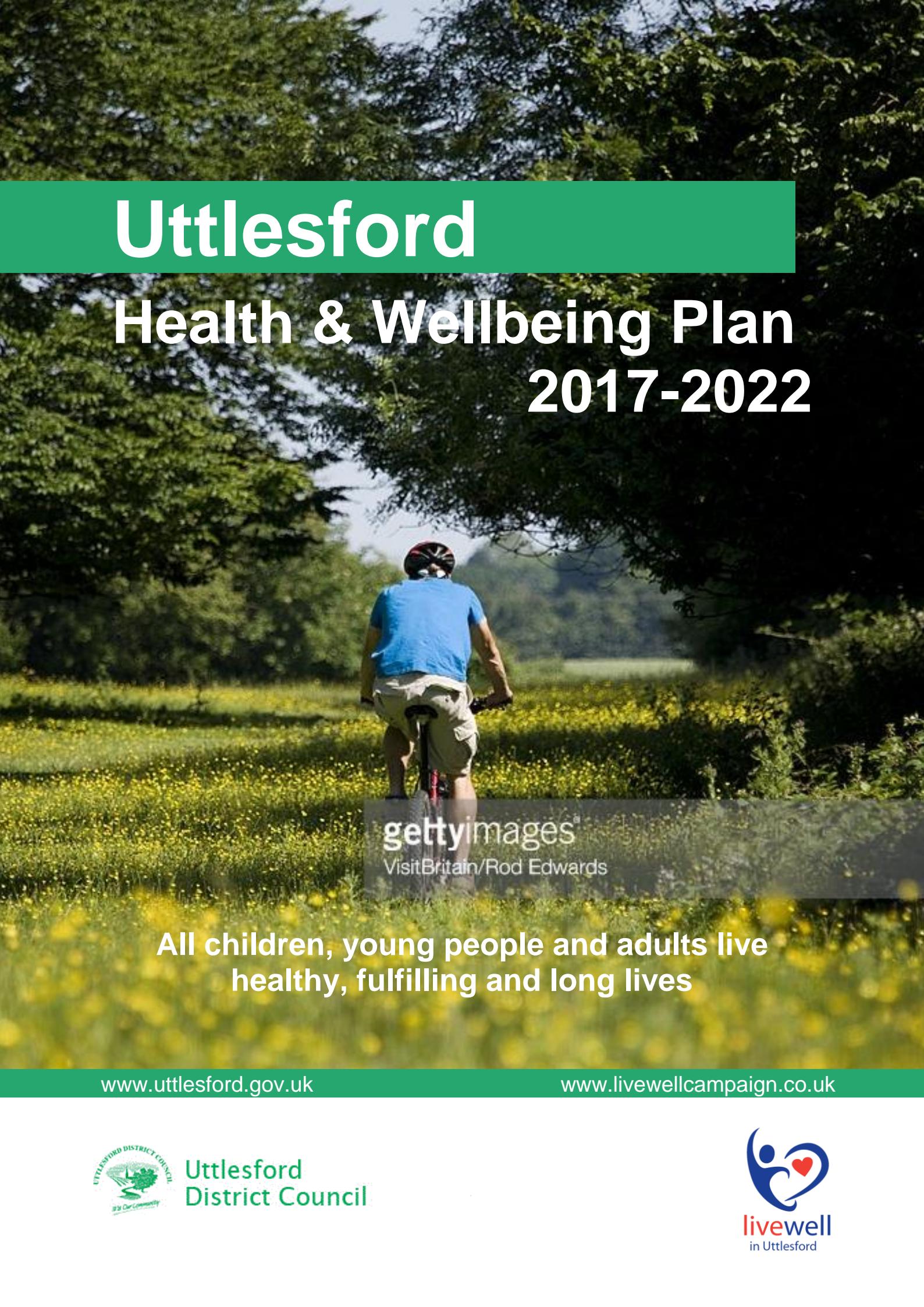


Uttlesford

Health & Wellbeing Plan

2017-2022



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All children, young people and adults live
healthy, fulfilling and long lives

www.uttlesford.gov.uk

www.livewellcampaign.co.uk



Uttlesford
District Council



“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



I have pleasure in presenting Uttlesford District Council's first Health and Wellbeing Plan.

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 Plan 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.

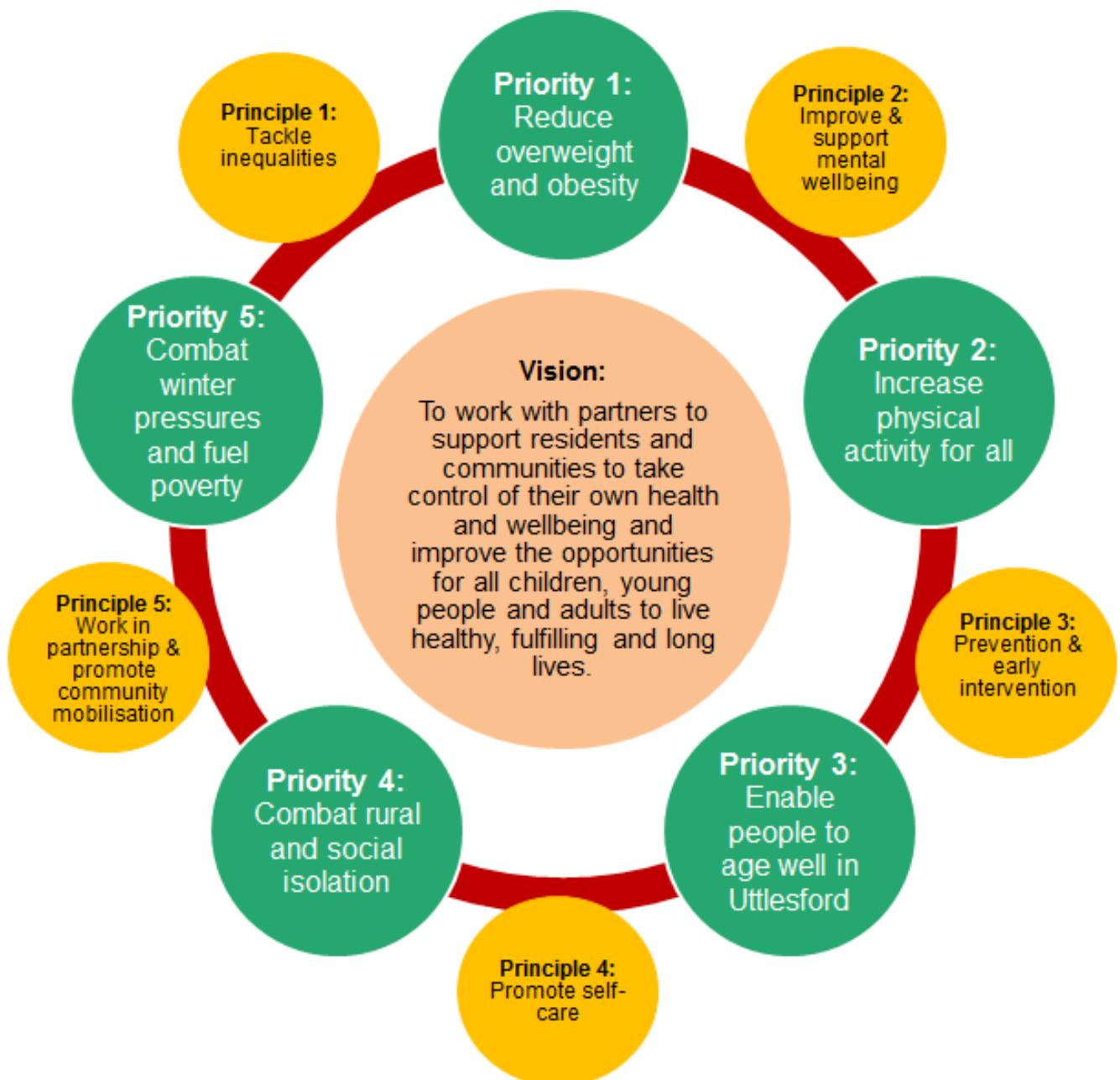
In Uttlesford, we are proud that the majority of our residents lead healthy, active and fulfilling lives, but as this Plan demonstrates, this good health is not geographically shared across the entire district.

Uttlesford has a range of isolated health problems, 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 Lesley Wells
Portfolio Holder for Health & Wellbeing

Summary



1 Background

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 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.

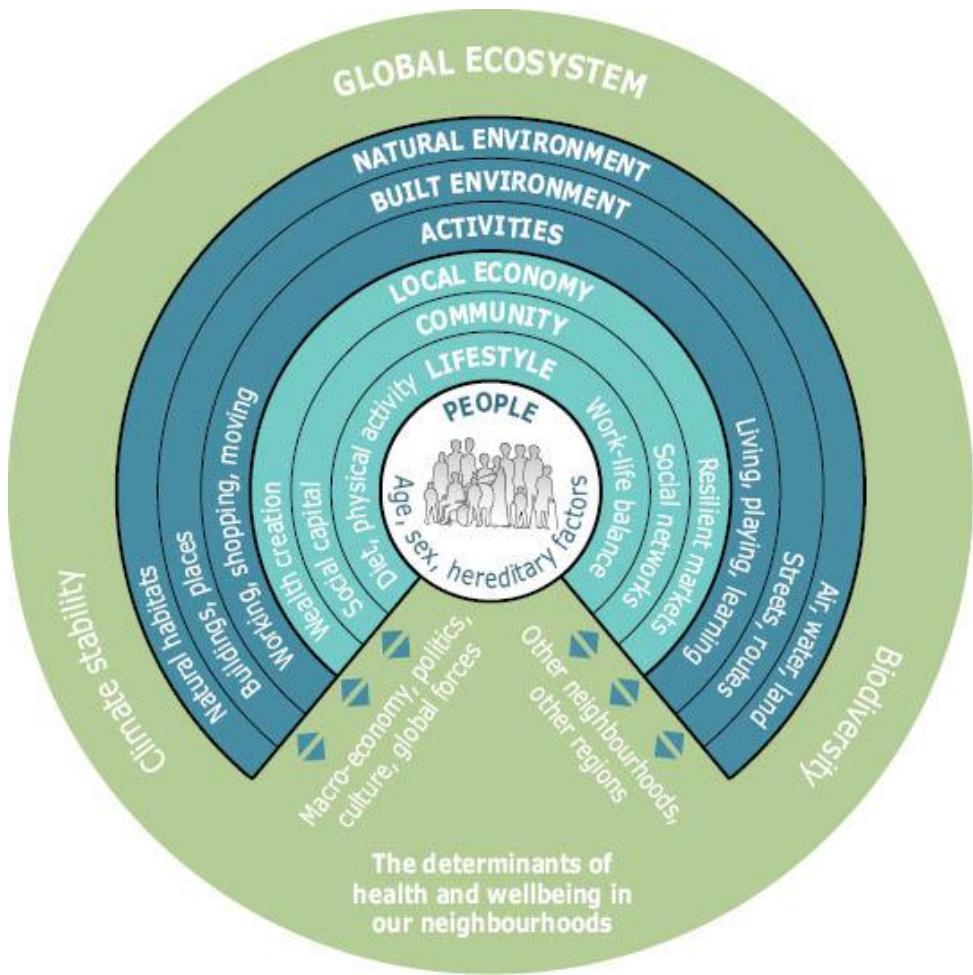


Figure 1: A health map of the local human habitat, Barton & Grant (2006)

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)

Health and Wellbeing in Uttlesford

Uttlesford is a relatively healthy and affluent area. However, with numerous large new housing developments – already built and planned for the near future – our population is predicted to increase significantly over the next ten years, with an estimated almost 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 in shaping healthy communities, now and in the future.

Whilst currently, many Uttlesford residents do lead healthy, active and prosperous lives, the district has a number of isolated 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, including 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 further partners to assist with planning for healthy new communities.

The **Uttlesford District Health and Wellbeing Group**, 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.

2 Our Vision and Ambitions

Vision

Our vision is to work with partners to support communities and residents to take control of their own health and wellbeing and improve the opportunities for **all children, young people and adults to live healthy, fulfilling and long lives.**

This vision links in with the 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

In order to achieve our vision, we have identified **5 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 & promoting community mobilisation

Work in partnership to address similar aims, and enable and support communities to improve health and wellbeing within the district.

3 Key Health & Wellbeing Priorities in Uttlesford

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

Five key priorities have been identified 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) for the district. 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, the accompanying action plans provided within the Appendix address how we will deliver 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 Plan and there may be a need to renew the action plans as and when deemed necessary to ensure they remain 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. Enable people to age well in Uttlesford
4. Combating rural and social isolation
5. Combating winter pressures and fuel poverty



Priority 1: Reducing & 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, compared to less than 15 per cent in 1993.

Childhood obesity is a key concern now being measured on a regular basis in primary school-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 2 to 15 are overweight or obese, highlighting the need to significantly reduce this increasing trend.

Whilst slightly lower than national and regional figures, more than 60 per cent of adults living in Uttlesford are overweight, with levels of childhood obesity reaching similar levels to the rest of the region (see figure 2).

By combining overweight and obese measures, recent NCMP figures indicate that 26% of Uttlesford children in Reception classes and 42% of those in Year 6 were classified as either overweight or obese in 2013/14. This has major long term implications for health and could mean that today's children will have a lower life expectancy than their parents.

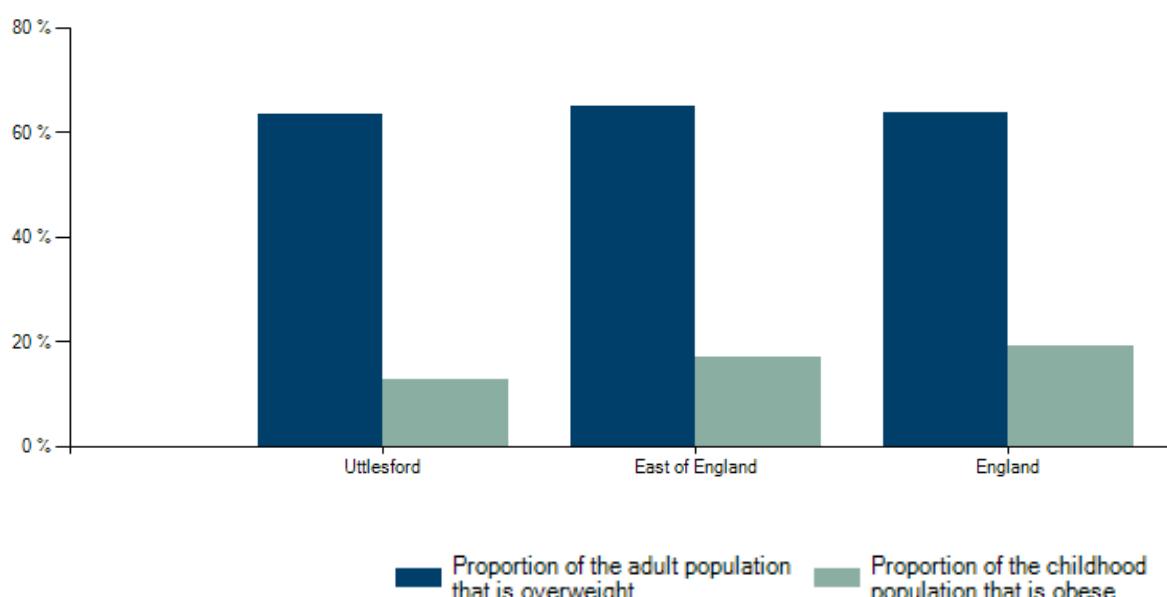


Figure 2: Levels of overweight adults and obese children (Uttlesford, East of England and England), Department of Health (2013/14)

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 schools, communities, families and individuals.

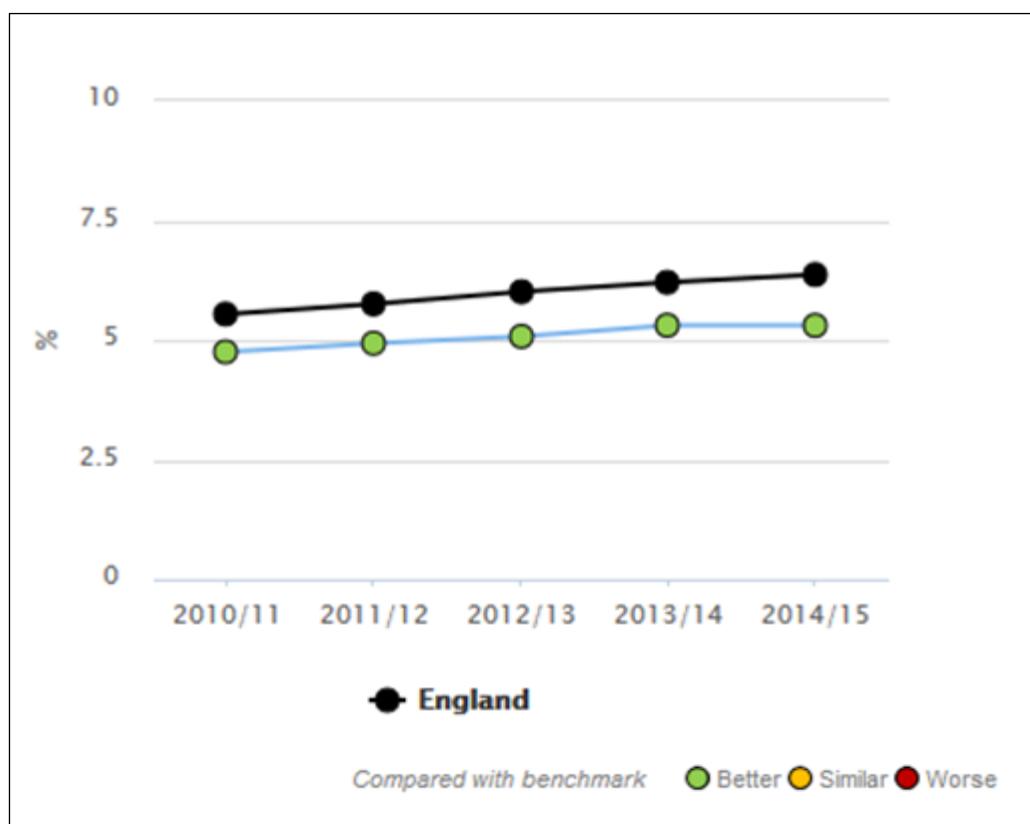


Figure 3: Recorded diabetes (Uttlesford and England), Public Health England (2016)

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% (NHS, 2016).

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

A Residents Survey published in 2015 indicated that 49% of Uttlesford residents are most likely to cite lack of time as the main reason for not taking more exercise. Other reasons cited included lack of motivation, transport/access and/or 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 Plan. 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. This may include providing the right opportunities that build confidence, motivate and encourage people to try new activities, such as clubs for both parents and children to enjoy together and by providing activities appropriate for varying abilities.

The recent Sports 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, and in particular, getting the inactive more active, within the district.

Priority 3: Enable People to Age Well in Uttlesford

According to the most recent Public Health Portrait (2016), Uttlesford is expected to see a 32% 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% 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

We will strive to work collectively with partners to enable people to live well with dementia in Uttlesford. 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

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 and Wellbeing Group 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 as well as wider communities.

Anyone can be socially isolated, but some people are at greater risk than others. A change in individual circumstances such as deterioration in physical health, death of a partner, becoming a carer and loss of income can all contribute to a person becoming more socially isolated.

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 (i.e. banking etc.), which in turn can contribute to mental health issues, including depression.

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 that 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 determinants. 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 (2011 census data) dwellings in Uttlesford. Of these 74% of homes are owner occupied, which equates to 22,746 dwellings, 12% or 3961 dwellings are listed as social housing and 14%, namely 4609 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 reduce sleep and cause stress and worry. It can also increase the risk of pneumonia and exacerbate existing conditions, such as chronic obstructive pulmonary disease (COPD).

A fuel poor household is defined as one which needs to spend more than 10% of its income on all fuel use and to heat its home to an adequate standard of warmth. In England, this is

defined as 21°C in the living room and 18°C in other occupied rooms.

According to a recent Health Impact Assessment on housing interventions in Uttlesford (2015), 21% of all households in Uttlesford are considered to be on low incomes and 9.4% of the district's households were deemed fuel poor (based on the "Low income, high cost" methodology) in 2012. This is less than the national average (10.4%), but the highest in Essex. (Essex highest: Uttlesford 9.4%, Essex lowest: Basildon 6.1%). To add to this, there were 54 excess winter deaths in Uttlesford between 2011 and 2012. This is around 30% additional deaths, and this figure is higher than the national average of 16%.

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

With limited grant funding available to support the vulnerable, the council aims to prioritise vulnerable households for assistance and will change the current policy to include a range of grants, offers and loans to encourage uptake and assist those in greatest need, as specified within its Private Sector Housing Strategy (2016-2021).

We will ensure that work is coordinated across departments at the Council, and in conjunction with partners to address this key priority area.

4 Strategic Themes

Working in partnership is central to this Plan in order to drive local delivery and identify local needs. It is important to recognise wider support and add value to the health improvement work across the West Essex area, which covers Uttlesford, Epping Forest and Harlow. In addition, it is important with much wider partners such as the West Essex Clinical Commissioning Group, the West Essex Children and Young People's Board and the West Essex Public Health Partnership as well Essex County Council in which their Public Health Strategic Approach document (2017) offers 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 throughout our life course (see figure 4), a life-course approach has been fostered by numerous partners across West Essex, categorising health promotional work under three key themes: Start Well, Be Well & Work Well, and Age Well.

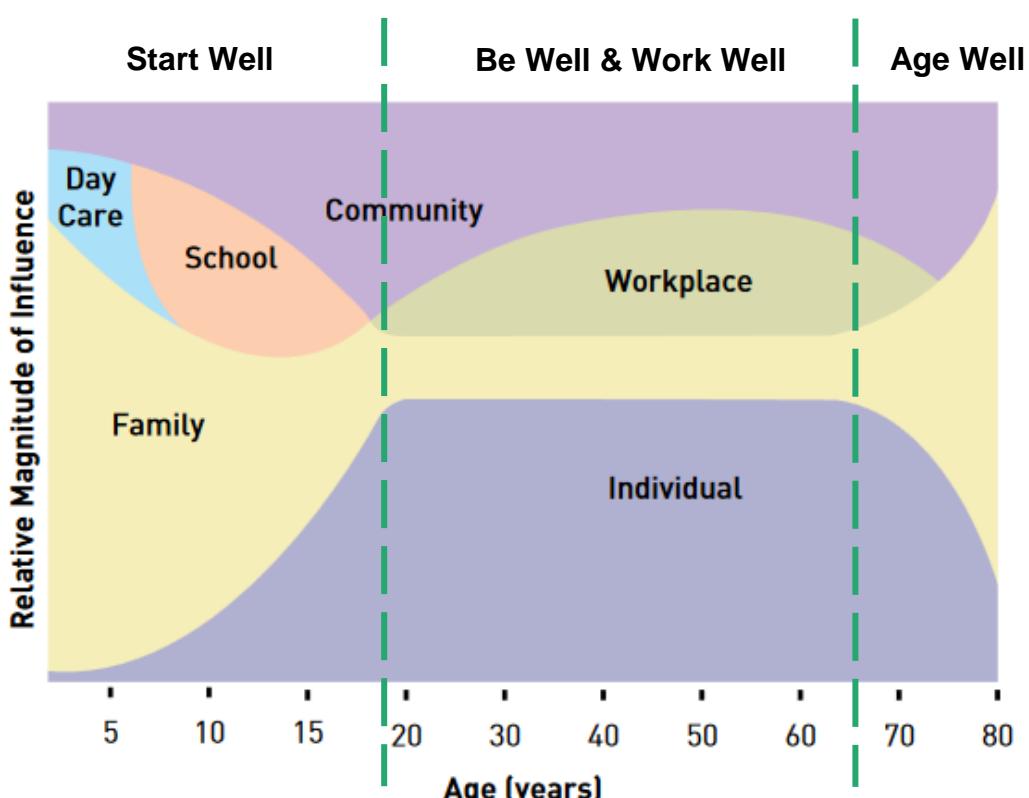


Figure 4: Influence of health status across the life course, incorporating strategic themes.
Adapted from Nordio S. 1978. Needs in Child and Maternal Care

5 Livewell in Uttlesford

To give gravitas and 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 in which 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.

Livewell-related Image

6 Taking Health & 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 individual action plans. 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 and Wellbeing Group, we will continue to explore opportunities in order to implement new and innovative schemes that effectively promote good health and well.



Appendix: Health & Wellbeing Action Plan