



## Uttlesford Locality Board Meeting

**4.00-6.00 pm, Monday 18 September at UDC, Council Offices, Saffron Walden**

**Members:** Cllr Susan Barker (UDC/ECC); Cllr Ray Gooding (ECC); Cllr Simon Howell (UDC); Cllr John Moran (ECC); Cllr Vic Ranger (UDC); Cllr Julie Redfern (UDC); Cllr Howard Rolfe (UDC - Chairman); Cllr Howard Ryles (UDC); Cllr Simon Walsh (ECC)

1. Introductions
2. Minutes of last meeting
3. Public health profile
4. Education outcomes and 6<sup>th</sup> form places
5. Social isolation project update
6. ECC budget update
7. ECC response to Uttlesford Reg 18 local plan consultation
8. Felsted Gypsy Traveller Site
9. Future meeting agenda items
- 10.AOB

Directions to Uttlesford Council Offices are available [here](#)

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## Uttlesford Locality Board: Minutes

### Uttlesford District Council, 26 June 2017

Attendees: Cllr Susan Barker (UDC/ECC), Ben Ferguson (UDC), Dawn French (UDC), Fiona Gardiner (UDC), Cllr Ray Gooding - Chair (ECC), Roger Harborough (UDC), Cllr Simon Howell (UDC), Wendy Jackson (ECC), Cllr John Moran (ECC), Cllr Julie Redfern (UDC), Cllr Vic Ranger (UDC), Marcus Roberts (ECC), Cllr Howard Rolfe (UDC), Karen Sanders (ECC) and Cllr Simon Walsh (ECC).

Apologies: Cllr Kevin Bentley (ECC) and Peter Fairly (ECC)

- 1. Welcome and introductions** Cllr Gooding welcomed all present and introductions were made.
- 2. Minutes of previous meeting** The minutes of the meeting held on 23 January 2017 were agreed as a correct record subject to the following correction:

*Cllr Vic Ranger had attended the meeting held on 23 January 2017.*

- 3. Transport and Buses** The Chair brought Item 8 forward in the proceedings in response to a request from Cllr Barker, Karen Sanders and Wendy Jackson. Cllr Barker asked a question relating to unsubsidised bus routes and timetables in Great Dunmow. After 7pm, residents were isolated as there were no transport links to Bishop's Stortford, the nearest social hub. It was explained that as the providers of such services were commercial, the only recourse available to officers was to notify the companies of such requests.

Cllr Rolfe said the County Council provided three options of public 'bus' services within the district; Dial and Ride Transport (DaRT), Uttlesford Community Travel and local bus services. He asked if these bodies were co-ordinated and how they engaged with parishes. Karen Sanders said the transport department at ECC liaised with parishes directly but there was no 'quick fix' to timetabling problems, as there was a 56 day notice period before a change to a timetable could take effect. She agreed to send out the contact list for parish and transport representatives, so members had a point of contact for community transport related enquiries.

Karen Sanders said ECC was looking at transport holistically and were developing schemes to mitigate the impact of withdrawal of services. The district of Uttlesford was a difficult area for commercial bus services to operate in, due to its sparse and rural nature. Communication was key to ensuring services worked effectively. Wendy Jackson stated that parish councils needed to disseminate information to the relevant parish transport representative, to ensure local authorities worked with communities to get around service issues.

**Action:** To circulate to members a 'point of contact' contact list for parish/transport representatives.

**4. Uttlesford Local Plan Update**

Cllr Rolfe provided an update on the status of the Uttlesford Local Plan. Officers had recently issued the Regulation 18 Draft Local Plan, which set-out proposals for the building of around 6,000 houses across the district including 3 new settlements on garden community principles.

The new Local Plan would provide the statutory planning framework for the District up to 2033, and as well as housing, sets out where and how new jobs, services and infrastructure would be delivered. He gave a timetable for the future of the Local Plan.

Cllr Gooding raised the question of Section 106 funding with regards to educational needs. He asked for a continued dialogue between ECC and UDC to ensure statutory requirements were met in areas such as education and transport.

**Action:** For a continued dialogue between ECC and UDC regarding education and transport within the Local Plan.

**5. School Places**

The Chair agreed to move School Places forward in proceedings.

Cllr Gooding told members that Uttlesford had a good record of pupils attending their first choice school, but people were concerned with the prospect of new developments taking place, without the necessary school places to accommodate the influx of pupils. With regards to secondary schools, Saffron Walden County High (SWCHS) was an extremely popular first choice but there was still capacity in the Joyce Frankland Academy, Newport and Forest Hall, Stansted. Cllr Barker suggested a member briefing take place regarding school places and the Local Plan. Dawn French agreed and said a briefing could be held just before Christmas, prior to the issue of the Regulation 19 draft Local Plan in January 2018.

Cllr Gooding spoke of the changing dynamic within Essex; whilst demand was increasing in certain areas, the viability of some rural schools was being questioned. Cllr Rolfe asked Cllr Gooding to produce a presentation/detailed charts in 6 months-time, as he had done previously, forecasting the capacity of school places within the district.

**Action:** To schedule a UDC member briefing regarding the impact of the Local Plan on school places.

**Action:** Cllr Gooding to arrange for officers at ECC to produce detailed charts forecasting the capacity of school places in the district. To be presented to the Locality Board in 6 months-time.

**6. Walden School**

For the benefit of the discussion, the Chair moved this item forward in Proceedings.

Members discussed the potential closure of the Walden School (WS).

Cllr Gooding reminded members that as an independent school, WS was outside of the County Council's remit. However, if the school was to close, there were sufficient state school places for the children to attend. He added that only 60% of pupils attending the school lived in Uttlesford.

The general perception around the town was that there was a shortage of school places in Saffron Walden and therefore some had called for the conversion of the WS into a state school. Cllr Gooding reminded members that there was still capacity in local secondary schools, and the pressure stemmed from the popularity of SWCHS as pupils' first choice. Whilst the market price for the Walden school was reasonable, the costs for conversion made the purchase impracticable and unattractive.

Cllr Redfern said there was a real problem in Great Chesterford of getting children into SWCHS and therefore many felt there was a need for another school in the area. Cllr Gooding suggested that the reason children in Great Chesterford were not getting into SWCHS was due to the 'sibling priority' policy, which meant children from villages outside of the catchment area were taking up places. He agreed that SWCHS was oversubscribed. Cllr Redfern questioned the admission policy when children in villages north of Saffron Walden had to travel even further to attend school when theoretically they were in the SWCHS catchment area and, in her view, deserved priority.

Cllr Ranger suggested that an offer to retain the school had been submitted by individuals and parents already connected with WS, and this would hopefully be confirmed in the coming weeks. Cllr Moran said there was a need for urgency, as staff would already be looking for other work before the school year closes.

Members discussed the capacity of Sixth Form colleges in the area and agreed to look at it in more detail at the next meeting.

**Action:** Sixth Form/college places to be included on the agenda for the next meeting.

**7. Economic Development Update**

Marcus Roberts provided members with a verbal update on the various economic development schemes undertaken by ECC. Specifically, members were updated on the progress of SELEP, Growing Place Fund, Essex Growth Model and Invest Essex. The report was noted.

**8. Essex Vision and new ECC organisation strategy**

Marcus Roberts presented a report on the Essex Vision which aimed to inform strategic thinking within local authorities and other partner agencies up to 2035. Broadly, the document presented a narrative of the Essex identity and how partners – including communities and residents – said that they wanted Essex to be perceived, as well as setting out themes for action.

Cllr Rolfe commended the strategy; it was aspirational and would help

shape policy in the future. Cllr Ranger likened the 'Vision' to a Corporate Plan and said UDC could contribute through its own Corporate Plan.

Cllr Moran said he had encountered cynicism regarding the Vision; many saw it as 'marketing the brand' of Essex, whilst others highlighted the varying nature of the county, rather than the 'single entity' presented. For example, Saffron Walden, Colchester and Basildon were all very different places within Essex and the Vision needed to take this into account if it wanted to appeal to all parts of the county.

Dawn French said the Vision was an opportunity for Uttlesford as it would help bring Essex together and share the same story. Cllr Moran reinforced this point by suggesting that as a result of the Harlow Enterprise Zone, Stansted Airport (and therefore Uttlesford) would benefit greatly. The chances of success were greatly improved if both Essex and Uttlesford worked together in pursuit of mutually beneficial aims.

## **9 Social Isolation Pilot Update**

Fiona Gardiner informed members of the Social Isolation scheme which had just been rolled out by the Communities team at UDC and the Young Foundation. Three areas were selected, chosen due to their differing characteristics: Usterdale Road, Saffron Walden, Little Bardfield and Takeley-Little Canfield. The primary aim of the project was to learn about social networks in different areas and research was planned to continue for 5 months. Following the consultation with residents and businesses, plans would be drawn up to create sustainable social networks based on the findings of the research. The hope was to produce a more structured approach to coordinating isolation prevention schemes but also to encourage 'community-led' support networks, by identifying local 'social ambassadors' and engaging with them.

Cllr Rolfe commended the work and said that social isolation was a recognised problem in Uttlesford. He hoped that as a result of such work, a clear and simple system would be established so that members of the public suffering from loneliness knew whom to contact if they required support.

## **10. Public Health and Links with ECC**

Cllr Rolfe said he found it difficult dealing with ECC on Public Health issues and wanted a 'clearer picture' in terms of statistics and data. Marcus Roberts said there were initiatives to assist in this process and there were plans to establish a District-County Health and Wellbeing Forum to bring together chairs of local health and well-being boards and the Essex Board to discuss issues bi-annually.

Dawn French told members that the Public Health profiles would be ready in time for the next Locality Board meeting.

**Action:** For the Public Health profiles to be presented at the next Locality Board meeting.

**11. Agenda for next meeting**

The next meeting to be held in September 2017 at the UDC offices – date TBC.

The following subjects were suggested for the agenda:

- Sixth Form places in Uttlesford
- Emergency Planning
- Public Health

The meeting finished at 6pm.



# Uttlesford

District

This profile was published on 4th July 2017



## Health Profile 2017

### Health in summary

The health of people in Uttlesford is generally better than the England average. Uttlesford is one of the 20% least deprived districts/unitary authorities in England, however about 8% (1,200) of children live in low income families. Life expectancy for both men and women is higher than the England average.

### Health inequalities

Life expectancy is not significantly different for people in the most deprived areas of Uttlesford than in the least deprived areas.

### Child health

In Year 6, 16.3% (141) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 25\*. This represents 5 stays per year. Levels of teenage pregnancy and GCSE attainment are better than the England average.

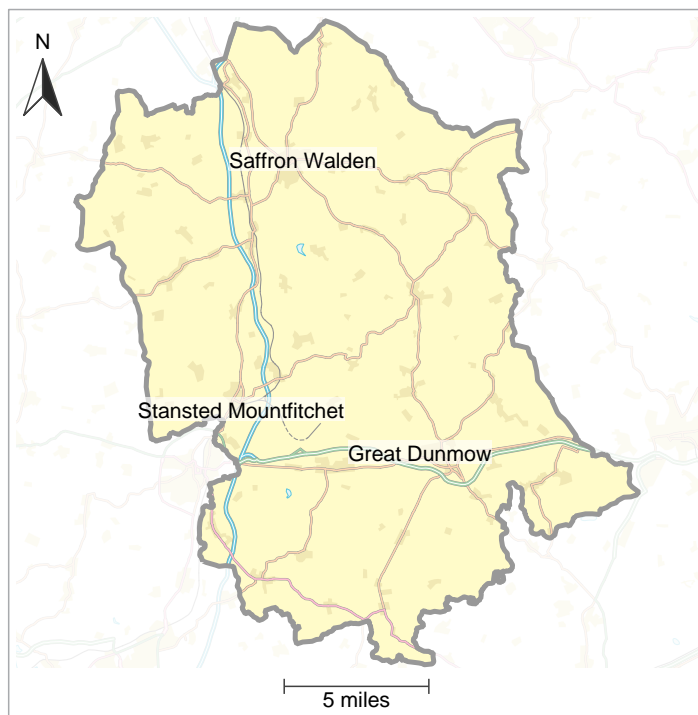
### Adult health

The rate of alcohol-related harm hospital stays is 519\*, better than the average for England. This represents 435 stays per year. The rate of self-harm hospital stays is 144\*, better than the average for England. This represents 116 stays per year. Estimated levels of adult excess weight, smoking and physical activity are better than the England average. Rates of hip fractures and people killed and seriously injured on roads are worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment and early deaths from cardiovascular diseases are better than average.

### Local priorities

Local priorities in Uttlesford include: reduce the number of people who are overweight and obese, increase physical activity for all, enable people to age well, and combat rural and social isolation, winter pressures and fuel poverty. For more information see [www.uttlesford.gov.uk](http://www.uttlesford.gov.uk)

\* rate per 100,000 population



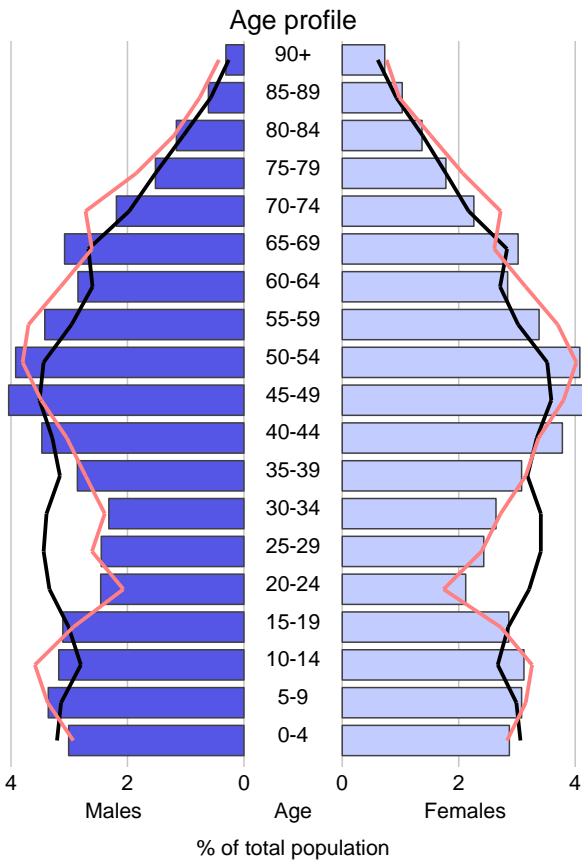
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This profile gives a picture of people's health in Uttlesford. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

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# Population: summary characteristics



	Males	Females	Persons
<b>Uttlesford</b> (population in thousands)			
Population (2015):	42	43	85
Projected population (2020):	45	47	92
% people from an ethnic minority group:	5.7%	4.4%	5.0%
Dependency ratio (dependants / working population) x 100			66.9%

	Males	Females	Persons
<b>England</b> (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

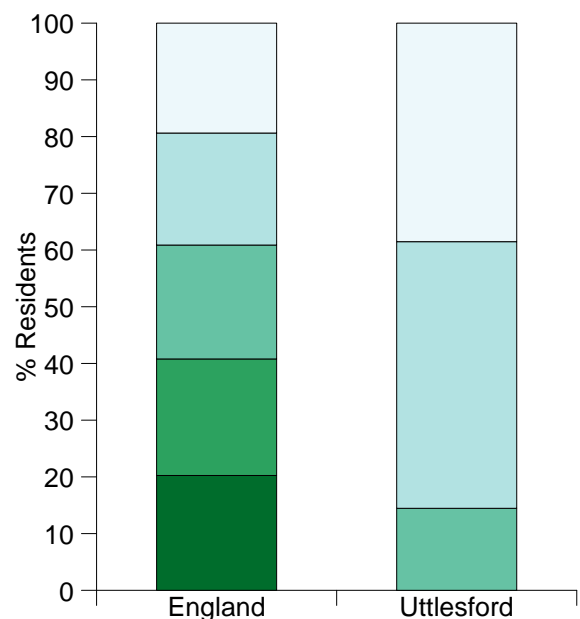
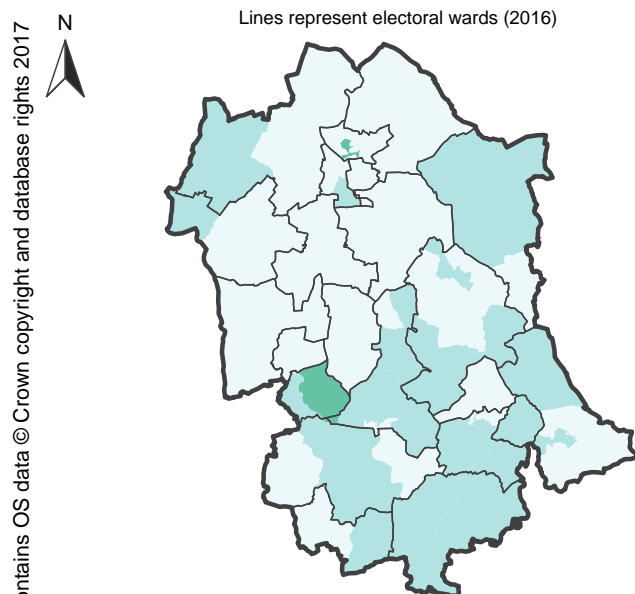
The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

- Uttlesford 2015 (Male)
- Uttlesford 2015 (Female)
- England 2015
- Uttlesford 2020 estimate

# Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

This chart shows the percentage of the population who live in areas at each level of deprivation.

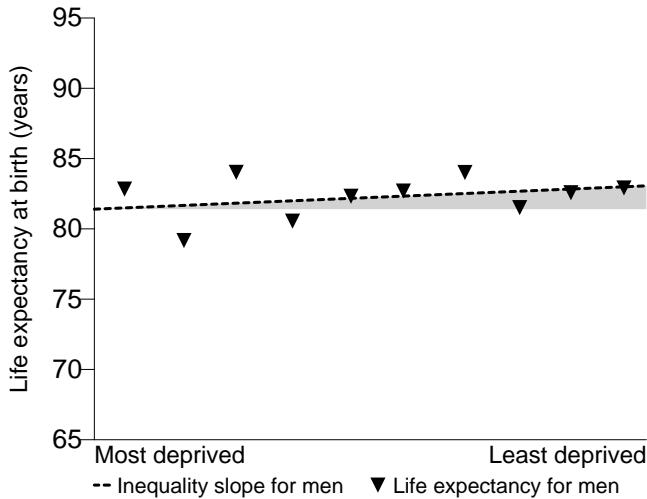




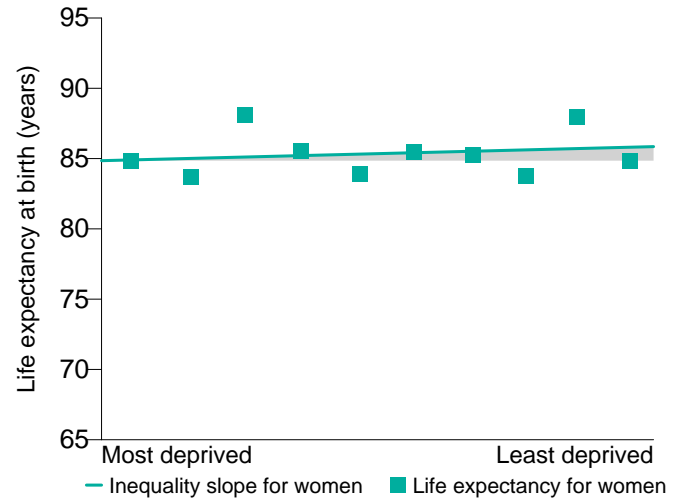
# Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 1.7 years



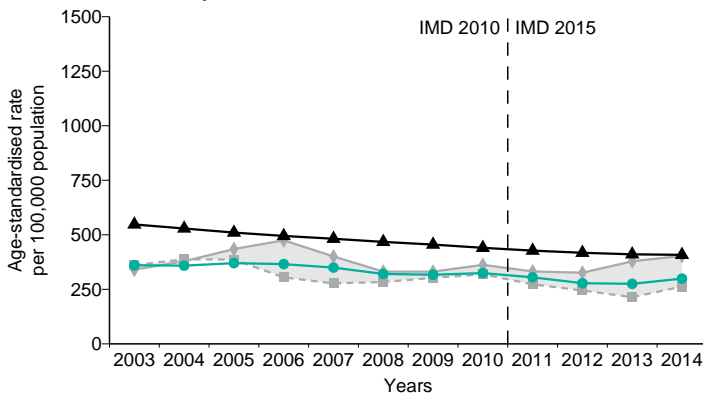
Life expectancy gap for women: 1.0 years



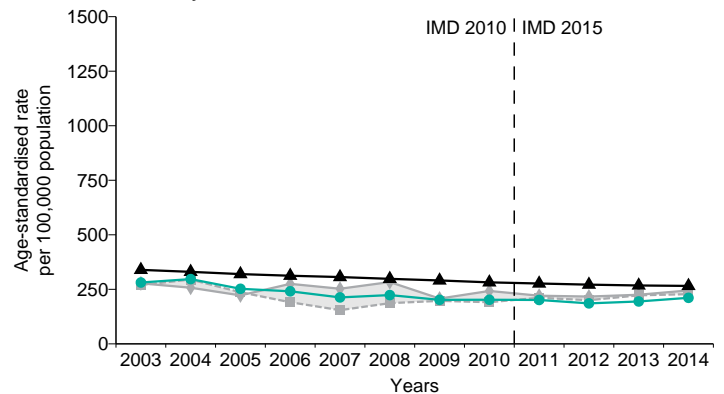
# Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

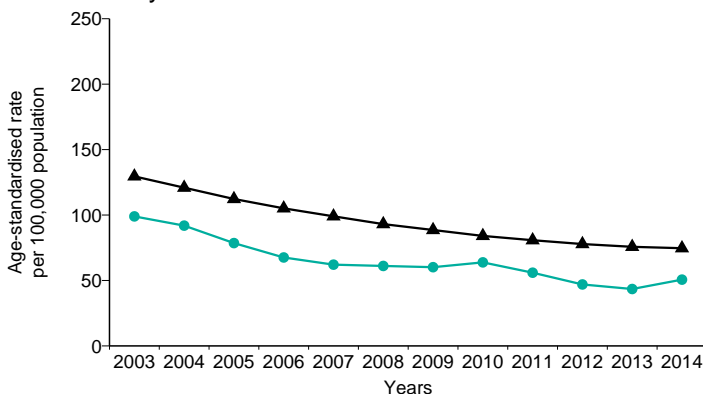
Early deaths from all causes: men



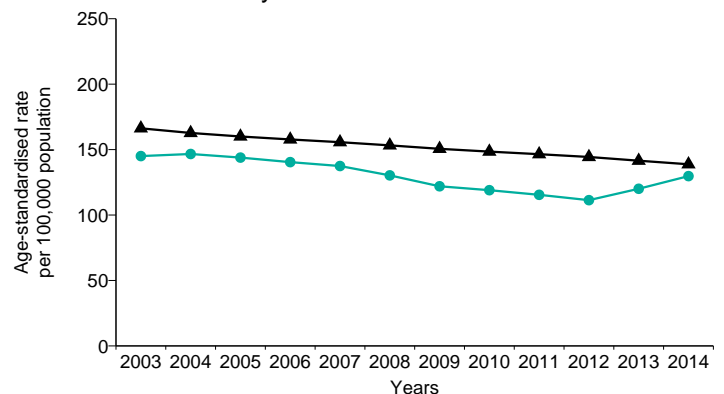
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

▲ England average   ● Local average   ■ Local least deprived   ◆ Local most deprived   ■ Local inequality

# Health summary for Uttlesford

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared

Domain	Indicator	Period	Local count	Local value	Eng value	Eng worst	Regional average <sup>€</sup>		England average		Eng best
							England worst	25th percentile	75th percentile	England best	
Our communities	1 Deprivation score (IMD 2015)	2015	n/a	9.7	21.8	42.0				○	5.0
	2 Children in low income families (under 16s)	2014	1,190	7.9	20.1	39.2			◆	●	6.6
	3 Statutory homelessness	2015/16	5	0.1	0.9						
	4 GCSEs achieved	2015/16	593	70.4	57.8	44.8			◆	●	78.7
	5 Violent crime (violence offences)	2015/16	666	7.9	17.2	36.7			◆	●	4.5
	6 Long term unemployment	2016	46	0.9 <sup>Λ20</sup>	3.7 <sup>Λ20</sup>	13.8			◆	●	0.4
Children's and young people's health	7 Smoking status at time of delivery	2015/16	x <sup>1</sup>	x <sup>1</sup>	10.6 <sup>\$1</sup>	26.0			◆		1.8
	8 Breastfeeding initiation	2014/15	529	x <sup>1</sup>	74.3	47.2			◆		92.9
	9 Obese children (Year 6)	2015/16	141	16.3	19.8	28.5			◆	●	9.4
	10 Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	14	24.6	37.4	121.3				●	10.5
	11 Under 18 conceptions	2015	13	8.2	20.8	43.8			◆	●	5.4
Adults' health and lifestyle	12 Smoking prevalence in adults	2016	n/a	6.4	15.5	25.7			◆	●	4.9
	13 Percentage of physically active adults	2015	n/a	63.9	57.0	44.8			◆	●	69.8
	14 Excess weight in adults	2013 - 15	n/a	62.0	64.8	76.2			◆	●	46.5
	15 Cancer diagnosed at early stage	2015	186	56.2	52.4	39.0				○	63.1
Disease and poor health	16 Hospital stays for self-harm†	2015/16	116	144.0	196.5	635.3				●	55.7
	17 Hospital stays for alcohol-related harm†	2015/16	435	519.1	647	1,163			◆	●	374
	18 Recorded diabetes	2014/15	3,545	5.3	6.4	9.2			◆	●	3.3
	19 Incidence of TB	2013 - 15	8	3.2	12.0	85.6				●	0.0
	20 New sexually transmitted infections (STI)	2016	179	337.4	795	3,288				●	223
Life expectancy and causes of death	21 Hip fractures in people aged 65 and over†	2015/16	122	728.1	589	820				●	312
	22 Life expectancy at birth (Male)	2013 - 15	n/a	81.9	79.5	74.3			◆	●	83.4
	23 Life expectancy at birth (Female)	2013 - 15	n/a	84.8	83.1	79.4			◆	●	86.7
	24 Infant mortality	2013 - 15	8	3.0	3.9	8.2				●	0.8
	25 Killed and seriously injured on roads	2013 - 15	122	48.4	38.5	103.7				●	10.4
	26 Suicide rate	2013 - 15	23	x <sup>2</sup>	10.1	17.4				◆	5.6
	27 Smoking related deaths	2013 - 15	n/a	n/a	283.5						
	28 Under 75 mortality rate: cardiovascular	2013 - 15	113	50.6	74.6	137.6			◆	●	43.1
	29 Under 75 mortality rate: cancer	2013 - 15	293	129.7	138.8	194.8				●	98.6
	30 Excess winter deaths	Aug 2012 - Jul 2015	174	28.7	19.6	36.0				●	6.9

## Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A\*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

<sup>Λ20</sup> Value based on an average of monthly counts x<sup>1</sup> Value not published for data quality reasons x<sup>2</sup> Value cannot be calculated as number of cases is too small \$<sup>1</sup> There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

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