

# Uttlesford Health & Wellbeing Strategy

2023-2028

All Children, Young People  
and Adults in Uttlesford  
can Live Healthy, Fulfilling  
and Long Lives









# Foreword

In 2019, the Uttlesford Health & Wellbeing Strategy was refreshed whilst maintaining the key ambition to improve the health and wellbeing of our residents.

When the strategy was developed, nobody anticipated the COVID-19 pandemic, the global impact of which has affected us all, in various degrees. Despite the challenges the pandemic brought, and may continue to bring, communities across our district have come together in a way that highlights why Uttlesford is a desirable place to live. The district has demonstrated our residents' resilience, capacity for care, and compassion. COVID-19 has arguably been one of the biggest challenges in generations for our residents, the NHS, the volunteer community sector and local Businesses.

It is timely that we are now in a position to renew our strategy and focus on the impact of recent affairs, and we have included the cost-of-living crisis which will impact the health and wellbeing of our residents.

This new strategy outlines the current health profile of our residents and highlights the new challenges that are faced within our communities. It provides an evidence base to enable work by Uttlesford Health & Wellbeing Board to be informed and appropriately targeted. We will build on the strengths, assets and expertise of individuals and communities, also letting you, our residents, inform and work with us. Only by doing this together can we develop and make things better. As we move forward, we will continue our efforts to ensure that Uttlesford remains a great place to grow up, live, work and enjoy life to the full.



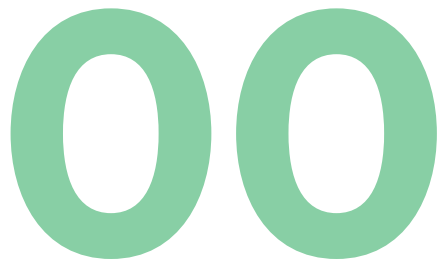
Cllr Petrina Lees











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## 01

# Background

This Strategy has been produced by Uttlesford Health & Wellbeing Board. The aim of the Board is to work collaboratively with a wide range of partners to help Uttlesford residents to live long, healthy lives.

The purpose of this document is to provide information and evidence to support actions over the next five years and furthermore, to present a basis for future funding acquisition. It follows the previous Health & Wellbeing Strategy 2019-2022.

Uttlesford Health & Wellbeing Board, which is administered by Uttlesford District Council and independently chaired, consists of a range of partners listed below:

- Active Essex
- Alzheimer's Society
- Community Agents Essex
- Essex County Council Public Health
- Essex County Fire & Rescue Service
- Essex Wellbeing Service
- Hertfordshire & West Essex Integrated Care System (ICS)
- Uttlesford Citizens Advice
- Uttlesford Community Action Network (UCAN)
- Uttlesford District Council
- Uttlesford Foodbank

- Uttlesford Health
- Mind in West Essex
- Support 4 Sight
- Volunteer Uttlesford
- West Essex Voluntary, Community, Faith and Social Enterprise (VCFSE)

The Board works with numerous groups that exist across Essex, including the Primary Care Networks (PCNs) and the local NHS commissioning area across West Essex and Hertfordshire, known as the Integrated Care System (ICS). Furthermore, it works collaboratively with other groups managed by Uttlesford District Council, specifically the Community Safety Partnership (CSP), the Children and Families Group and the Employment, Economic, Skills & Transport (EEST) Group.







## Strategic Context

We have designed our approach with the aims and strategic plans of our Health and Wellbeing Board partners in mind. This document supports and is aligned to numerous local plans and strategies, including:

- Essex All-Age Carers Strategy 2022
- Essex Children and Young People's Plan 2020
- Essex Early Years and Childcare Strategy 2022-2027
- Essex Joint Health and Wellbeing Strategy 2022-2026
- Everyone's Essex: our plan for levelling up the county 2021 to 2025
- Fit for the Future Physical Activity and Sport Strategy for Essex, Southend and Thurrock 2021-2031
- Hertfordshire and West Essex Integrated Health and Care Strategy 2018
- NHS West Essex Local Delivery Plan for Adult Mental Health Services 2019-2024
- Southend, Essex and Thurrock Dementia Strategy (currently being refreshed)
- Uttlesford Climate Crisis Strategy 2021-2030
- Uttlesford District Council's Corporate Plan 2022-2026
- Uttlesford District Council's Housing Strategy
- Uttlesford District Council's Indoor and Built Facilities Strategy 2019
- Uttlesford District Council's Playing Pitch Strategy & Action Plan 2019





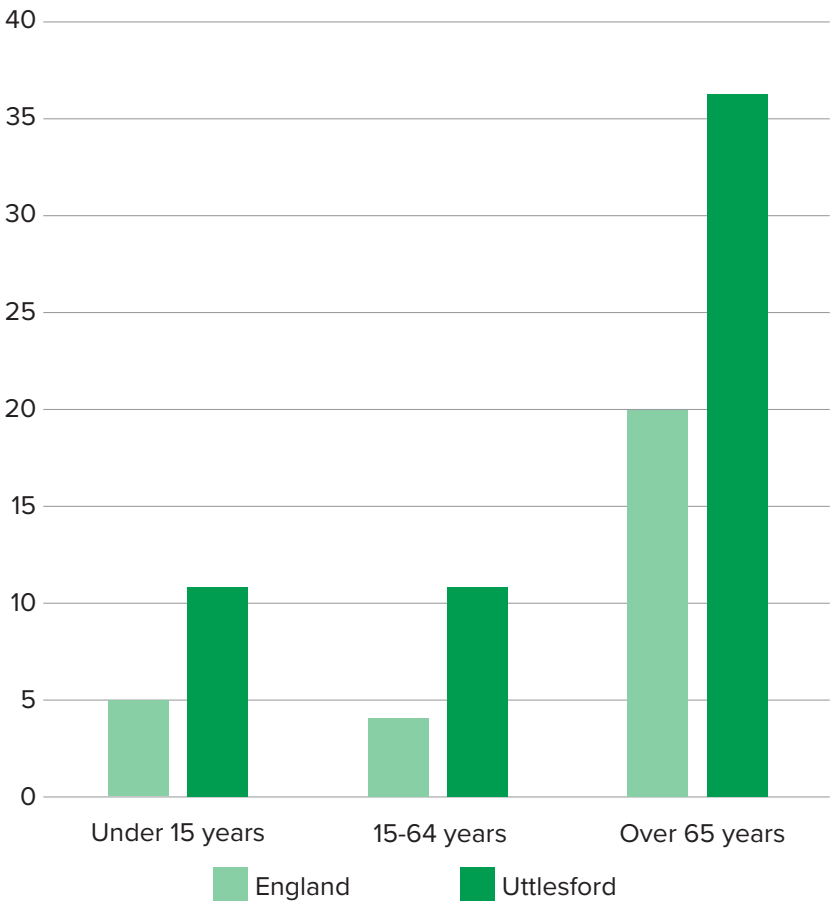
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## Introduction

There are 91,300 people living in Uttlesford (ONS, 2022)<sup>1</sup>. The population size has increased by 15% since the previous Census in 2011. This is significantly higher than the overall increase for England at 7% and East of England at 8%. Graph 1 illustrates the percentage increases in population by age group between 2011 and 2021. Uttlesford has seen larger increases in all age groups compared with the rest of England, however most notable is the increase in the over 65s at 36%. This rise in older adults will considerably increase demand on local health and social care services.

It is also important to note that in August 2022, there were 321 Ukrainian guests staying with sponsors in Uttlesford under the Homes for Ukraine scheme. This is something that needs to be recognised when we look at access to services and provision within the district.

Graph 1. Population percentage growth from 2011-2021  
England and Uttlesford





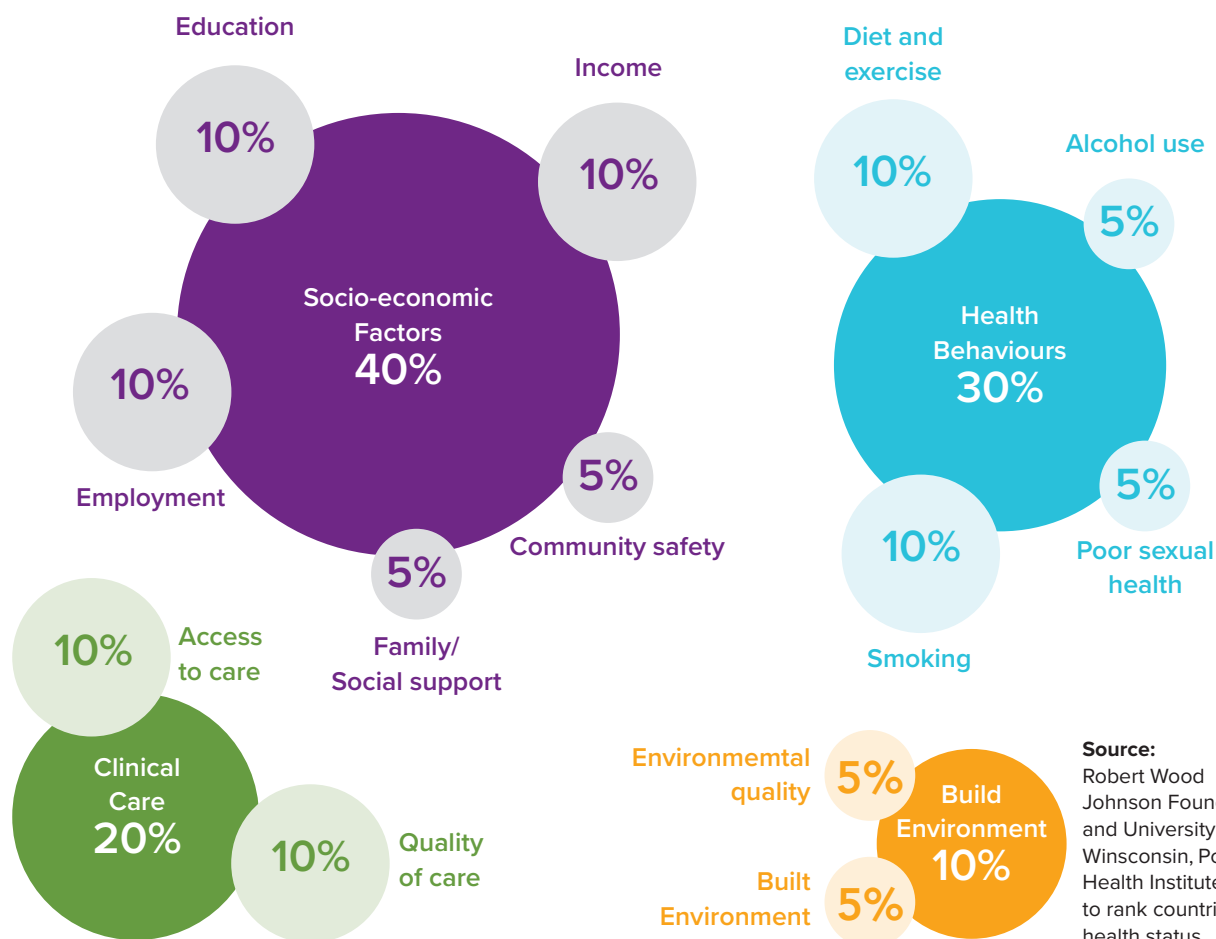


## Robert Wood Johnson (RWJ) Model

Many residents lead healthy and prosperous lives; however, this is not the case for all. Some people struggle with their physical health or mental health, or a combination of the two. There are various factors that can influence this, including the environment, housing, access to services, education, financial

circumstances, and lifestyle choices. These are reflected within the Robert Wood Johnson (RWJ) model, which illustrates the many factors that, if improved, can help make communities healthier places to live, learn, work, and play.

Policies and programs at a local, county, and national level play an important role in influencing these. By implementing strategies that target the specific health challenges of a community, there is an opportunity to influence how long and how well people live.



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





## Focusing on Health Prevention

Preventive health deals with the prevention of illness to decrease the burden of disease and associated risk factors. Preventing ill health and promoting positive messages around wellbeing is the core aim of this strategy.

We will work collaboratively with wide-ranging partners to improve the health of our population, improve access to support and early intervention and enable personal empowerment to reduce demand on primary and secondary healthcare services. This will be focused and targeted work, looking at the broader picture associated with population health, as outlined within the RWJ model. There will be overarching priorities with specific actions, which will be reviewed by the Board on an ongoing basis.

## Health Equality & Health Equity

Health equality means treating everyone in the same way, delivering the same care and offering the same level of service to all. Health equity, on the other hand, means that people have the same opportunities based on their needs, i.e., means tested opportunities (St Catherine University, 2022).

Both health equality and health equity are important considerations in our work. Uttlesford is the least deprived local authority in Essex and one of the least deprived in England (ECC, 2019), however there are areas of deprivation, outlined within section 4.1(2), which can cause inequalities within our communities and mean that some people live a longer and healthier life than others.

Healthy life expectancy (HLE) is a measure that estimates the average number of years that an individual is expected to live in a state of self-assessed good or very good health.

Across Uttlesford wards, there is a...

- Six year gap in healthy life expectancy at birth for males (Great Dunmow South, 66 years; Wimbish and Debden, 72 years)
- Nine year gap for females (Stansted South, 68; Wimbish and Debden, 77 years)

This highlights the importance of resourcing and delivering universal services at a scale and intensity that is proportionate to the degree of need (also known as proportionate universalism).





## Access To Support and Services

Uttlesford is a large, rural and dispersed district. The district is categorised by DEFRA as Rural 80 which means that more than 80% of the population live in rural settlements putting Uttlesford in the top 12% most rural areas of the country. This can make it more difficult for people to access services and general activities, especially younger and older individuals, who may not have access to a car or regular public transport.

People may also face barriers to access opportunities digitally. Older people are more likely to be digitally excluded than others. 20% of the district's population is aged 65 years and over. Further sections of the population at risk of digital exclusion include:

- people in lower income groups
- people without a job
- people in social housing
- people with disabilities

- people with fewer educational qualifications excluded left school before 16
- people living in rural areas
- homeless people
- people whose first language is not English

(NHS Digital, 2022)

We must understand and consider accessibility – both physical and digital – and appreciate the barriers that some may face to reduce potential health inequalities within our district.

## Post COVID-19

It is important to recognise that whilst COVID-19 and its vaccination programmes will continue to evolve, behaviours and attitudes have changed since the pandemic and its associated lockdowns, which may have negatively influenced health-related outcomes. Socio-economic factors such as reduced income and job loss, as well as increased caring responsibilities (particularly for women), have posed significant barriers to engaging with health promoting behaviours (McBride et al., 2021).

An estimated 1.5 million people living in private households in the UK (2.4% of the population) were experiencing self-reported long COVID (symptoms persisting for more than four weeks after the first suspected COVID-19 infection that were not explained by something else) as of 31 January 2022 (ONS, 2022)<sup>2</sup>. Whilst this figure is low, we must still appreciate that there will be people in the district living with long COVID who may need extra support. Furthermore, we will continue to promote and support the COVID-19 vaccination programme to ensure that our most vulnerable residents have greater protection.





## Climate Change

Climate change affects the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter. Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution (WHO, 2021).

Climate change is already impacting health in numerous ways, including illnesses caused by extreme weather events, such as heatwaves, storms and floods, which are becoming increasingly frequent, the disruption of food systems, increases in food- and water-borne diseases, and mental health issues (WHO, 2021).

In 2019, Uttlesford District Council declared a climate and ecological emergency and committed to achieving net-zero carbon status by 2030 and protecting and enhancing biodiversity by producing a bold plan of action that is

realistic, measurable, and deliverable. Furthermore, the Council has adopted a Climate Change Interim Planning Policy document to influence development proposals to mitigate and adapt to climate change. The Policy sets out how The Council intends to judge whether development proposals adequately mitigate and adapt to climate change. It is important that any overlapping work to address climate change (i.e. increasing opportunities for active travel), is coordinated and communicated effectively amongst partners to reduce any duplicated efforts.

## Cost-of-living Crisis

Increases in costs of living have already – and will have – a considerable impact on everybody. The cost-of-living crisis has surpassed COVID-19 as the main concern for many communities. Due to rising costs, changes in household disposable incomes will impact on health. This may be experienced differently across households. There will be some

who were already struggling, who are now harder hit, and others who will be seeking financial help for the first time to purchase essentials.

Increasing costs of fuel and food will mean that many people will struggle to heat their homes, fill their cars with fuel and put food on the table. Fuel is important in Uttlesford. Many homes are old and have low energy efficiency scores, making them expensive to heat. Also, given the rural nature

of the district, transport by car or bus is essential in most areas. Increasing fuel prices will therefore mean that many of our residents will be very hard hit by this crisis.

The RWJ model illustrates that socio-economic factors carry the most weight (40%) for determining health outcomes, highlighting the importance of this. We must therefore find ways to support our communities through these challenging and unprecedented times.





## 03

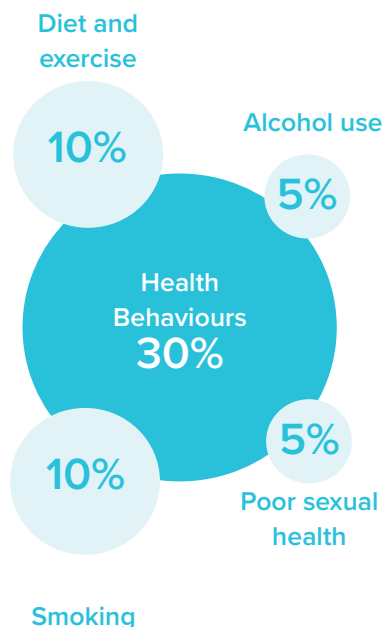
# Health in Uttlesford

The health of people in Uttlesford is generally better than the England average. However, there are key issues associated with the rurality of the area and the potential to overlook local inequalities, which are masked by Uttlesford's generally affluent socio-economic profile.

Here we will look at the four pillars of the Robert Wood Johnson (RWJ) model indicating the wider determinants of health. We will focus on how our communities in Uttlesford are affected by these key elements, which will provide supporting evidence for our priorities.

## 4.1 Robert Wood Johnson Model: Determinants of Health

### Health Behaviours



Our lifestyle choices can greatly impact our health. The amount of activity we do, the food and drink choices that we make and whether we choose to smoke, can individually and collectively affect our risk of developing numerous diseases, including type 2 diabetes, cancer and cardiovascular disease. Whilst our behaviours and choices are individual, they are significantly shaped by the environments in which we live, i.e., availability and access to healthy/unhealthy foods and the opportunities available to be active.

### Diet and exercise

Diet plays an important role in our overall health. A healthy diet can protect against many diseases such as heart disease, cancer and diabetes. It can also support good dental health.

High fruit and vegetable consumption is one element of the diet that can have a positive impact on health outcomes. According to surveys, 60% of adults in Uttlesford eat the recommended “5-a-day” fruits and vegetables on a usual day. Although this is higher than many other areas within Essex, numbers have gradually decreased over recent years (63% in 2015/16). Encouraging and supporting people to eat a healthy diet will be an important element of our work, especially during the cost-of-living crisis, which will see food prices rise and expected greater demand on Foodbanks. One aspect of this will be promoting the opportunity for those who are eligible to claim NHS Healthy Start vouchers to purchase healthy foods.



Data from March 2022 indicates that only 55% of eligible families in Uttlesford were accessing these vouchers.

Being active plays a significant role in maintaining a healthy body weight and supporting mental wellbeing. Recent Active Lives data indicates that 33% of adults in Uttlesford are active for less than 150 minutes a week (Sport England, 2021), which is the recommended level of activity for disease prevention (NHS, 2021). Activity levels have dropped slightly over recent years. The impact of COVID-19 in some cases has encouraged further activity in those who were already active, whilst the number of inactive people has slightly increased (Sport England, 2021).

There are notable access issues towards facilities and services, both able and disabled, especially in rural localities. Some of these are highlighted within Uttlesford's Sports Facilities Strategy and Playing Pitch Strategy. We need to think of ways to activate isolated communities, such as improving transportation links or building upon existing assets within smaller parts of the district. This needs to be done in collaboration with communities to enable environments that encourage sustained behaviour change. The Active Uttlesford Network, a group that is administered by Uttlesford District Council and Active Essex, will work to address the barriers that people face to being active within our district. This work will feed in to Uttlesford Health & Wellbeing Board.

## Smoking

Smoking is the largest preventable cause of disease and health inequalities in England. Furthermore, smoking in pregnancy is a leading contributor to poor health outcomes during pregnancy and childbirth for both child and mother.

Health data indicates that approximately 13% of adults in Uttlesford smoke (OHID, 2021). Approximately 22% of adults with a long-term mental health condition are smokers and in 2020, 11% of pregnant women smoked at the time of delivery (OHID, 2021).

We must promote and enable easy access to smoking cessation services, especially if there are barriers associated with accessing such opportunities.

## Alcohol and drug use

The rate of alcohol-related hospital admissions in Uttlesford was 1,318 per 100,000 population in 2020/21. This was the 8th highest of the 12 districts in Essex. Furthermore, there were 6 deaths related to drug misuse between 2019 and 2021. Whilst comparatively lower than other areas, it is notable that data may be skewed towards areas where access to support services is easier, such as more urban areas, which may therefore increase health inequalities. This needs to be analysed in greater depth to reduce these figures further and enable people to access the support that they need.

## Sexual health

In Uttlesford the under 18 conception rate per 1,000 population has been consistently below the Essex, East of England and England levels and has seen an overall decreasing trend since 2017 up until 2019. Uttlesford saw a 38% increase in rate in 2020, in contrast to the decrease seen across the rest of the region and country. There has been a fluctuating trend in the percentage of these conceptions leading to abortion in Uttlesford since 2010 through to 2020. Uttlesford saw an 83% increase in 2020, taking Uttlesford way above comparator areas. England in contrast saw a decrease in 2020 (ECC, 2020). This requires further analysis to determine an appropriate course of action.

The rate of sexually transmitted infections (STIs) in Uttlesford is lower than other areas. In 2020, there were 290 reported STIs per 100,000 population, compared with 562 in England and 377 in Essex. This could be a reflection the age demographic within the district. It is, however, possible that data may be skewed towards areas where access to relevant services is better, thus underestimating the level of need. We will promote preventative messages around STIs and furthermore, seek to address any potential service access issues.

## Socio-Economic Factors

### Income

Lower socioeconomic status (SES), whether measured by education, poverty, or other indicators, predicts worse health outcomes.

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England and is part of a suite of outputs that form the Indices of Deprivation (IoD). The seven domains of deprivation, which contribute to the IMD are: income, employment, education, health, crime, barriers to housing and services, and living environment (English Indices of Deprivation, 2019).

Uttlesford is one of the 20% least deprived local authorities in England, however about 18% (3,272) of children live in low-income families, after housing costs\* (JSNA, 2020)<sup>1</sup>. This figure is likely to increase with rising costs of living.

Deprivation in affluent areas can be very challenging. It has been suggested that a poorer individual living in a wealthier area may

have worse health than a poorer individual living in a deprived area, for example (Stafford & Marmot, 2003), although the evidence for this is not conclusive. We must, however, be mindful of this and focus efforts on areas of need within the district as part of our work to support the UK's Levelling Up agenda to reduce inequalities.

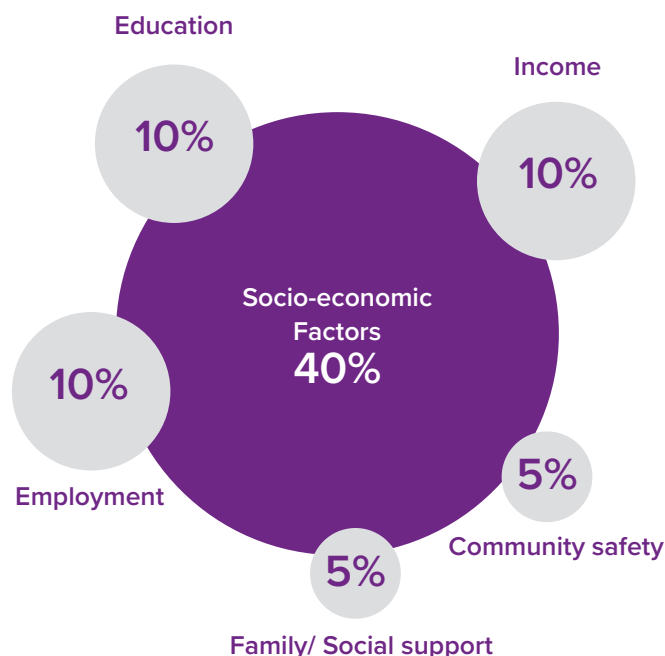


Table 1 shows the ten most deprived lower super output areas (LSOA) and their corresponding wards within Uttlesford, according to IMD scores, and in order of deprivation (English Indices of Deprivation, 2019). This helps inform where efforts should be targeted.

**Table 1. 10 most deprived LSOAs and wards in Uttlesford based on IMD score (1 = most deprived)**

LSOA Name		Ward Name
1	Uttlesford 002C	Saffron Walden Castle
2	Uttlesford 009D	High Easter & the Rodings
3	Uttlesford 006D	Thaxted & the Eastons
4	Uttlesford 006B	Takeley
5	Uttlesford 007D	Great Dunmow North
6	Uttlesford 006A	Stansted South & Birchanger
7	Uttlesford 007F	Great Dunmow North
8	Uttlesford 008A	Great Dunmow South & Barnston
9	Uttlesford 004C	The Sampfords
10	Uttlesford 003E	Littlebury, Chesterford & Wenden Lofts

*\*The official DWP indicator for children in low income families (previous slides) reports on a 'before housing costs' (BHC) basis. That is, it takes no account of the fact that comparing incomes for households in different parts of the country where housing costs vary does not produce a like for like comparison of disposable incomes. As a result, the figures potentially understate the impact of low income in areas with higher housing costs.*

*In order to get estimates that are more sensitive to these costs, Loughborough University have produced an **after housing costs (AHC) set of local child poverty indicators**, using local data on rents and house prices to supplement DWP figures.*



## Employment

A high healthy life expectancy (HLE) is strongly correlated with higher employment rates, particularly for men (The Health Foundation, 2022). There are four mechanisms by which unemployment might affect health: poverty, stress, unhealthy behaviours, and implications for future employment (Bartley, 1994). Recent figures indicate that 83% of 16–64-year-olds in Uttlesford are economically active (employed or active in the labour force). Furthermore, median gross pay for full-time workers (male and female) in 2021 was £728.30/week (ONS, 2021). Whilst this is higher than the East of England (£628.60/week), property prices in Uttlesford are equally higher than figures for the Eastern region due to the district's proximity to London and Cambridge. For example, the average price of a property is £411,283 for the Eastern region compared to £614,695 for Uttlesford (UDC, 2022).

## Support services

Certain service providers have recorded notable changes in the needs of residents in recent years. In 2019/20, Uttlesford Foodbank issued approximately 600 food parcels. By 2021/22, this had risen to 1,160 food parcels. This near doubling of referrals is reflected by other Foodbanks nationally. The pandemic is likely to have influenced this as well as the removal of £20/week uplift to Universal Credit in October 2021.

Furthermore, Uttlesford Citizens Advice has seen a considerable increase in clients since 2019 regarding energy debts (see graph 2). The cost-of-living crisis will likely add to this as well as Foodbank referrals, highlighting the need to work collaboratively and support the services that are going to be helping residents most during these challenging times.

**Graph 2. No. of clients seen by Uttlesford Citizen's Advice regarding energy debt during winter months**



## Community safety

Living in an unsafe area can cause anxiety, depression, and stress, and is linked to higher rates of pre-term births and low birthweight babies, even when income is accounted for (County Health Rankings and Roadmaps, 2022).

The crime rate in Uttlesford is one of the lowest in Essex. In 2021, there were 51 reported crimes per 100,000, compared with 117 in Harlow (JSNA, 2022). Whilst comparatively low, there are some areas with higher crime rates than others. At mid-super output level (MSOA), Takeley, Airport and Mountfitchet South reported the highest number of crimes in the district between 2019-2020, at 2,241, compared with 284 at Audley End, Ashdon and the Chesterfords. This provides guidance to target work in the areas that need it most.

An Essex-wide initiative called Risk-Avert is a school-based programme giving young people the skills and confidence to make better choices when faced with issues such as drugs, alcohol, self-harm, youth violence and poor mental health. It is offered freely to all schools across the county. Whilst there are primary and secondary programmes available, take up in primary schools in Uttlesford is low – four primary schools delivered the programme in 2021-2022. We will work with our partners and colleagues within Uttlesford Community Safety Partnership to improve this figure.

## Clinical Care



Primary care already plays an essential role in preventing ill health and tackling health inequalities. The recent Fuller Stocktake report (2022) indicates three areas in which primary care is taking a more active role in creating healthy communities and reducing the incidence of ill health: by working with communities, through more effective use of data, and via close working relationships with local authorities.

The inception of Integrated Care Systems (ICSs) in 2022 provides a refreshing opportunity to re-shape and significantly improve the way in which health and social care services are designed and delivered across the UK. Uttlesford is part of Hertfordshire and West Essex ICS. There is a great opportunity here for Uttlesford Health & Wellbeing Board to work collaboratively with the Hertfordshire and West Essex ICS and the two Primary Care Networks (PCNs) in Uttlesford, which enable GP Practices to collaborate, to ensure that health prevention opportunities are established. It is also important that communication does not stop at the northern border of the district, where Essex meets Cambridgeshire. Many residents use health services at Addenbrooke's Hospital in Cambridge. We must therefore

work with all surrounding partners to effectively maintain and improve health outcomes for our residents.

Wider primary care teams could also be much more effectively harnessed, specifically the potential to increase the role of community pharmacy, dentistry, optometry and audiology in the prevention agenda and utilising the Making Every Contact Count (MECC) approach. The MECC approach enables health and care workers to engage people in conversations about improving their health by addressing risk factors such as alcohol, diet, physical activity, smoking and mental wellbeing.

Here are some examples taken from the Fuller Stocktake report (2022) to give insight into how this might work:

- on early years and children's services: working with nurseries to tackle dental caries in the under-fives and improve MMR vaccine delivery; working with school immunisation services on HPV vaccination uptake and child and adolescent mental health services; community health

service teams improving diagnosis of autism and helping improve the health and life chances of children with special educational needs, as well as safeguarding;

- on cancer diagnosis: community pharmacy playing a more active role in signposting eligible people to screening and supporting early diagnosis;
- on lifestyle choices: referring to alcohol and smoking support services, if appropriate, during routine eye tests

One example of how the PCNs in West Essex (Uttlesford, Harlow and Epping Forest) have improved opportunities for people to receive additional support following a consultation with the GP is via the recruitment of Social Prescribing Link Workers. According to the West Essex Voluntary, Community, Faith and Social Enterprise (VCFSE), which consists of local voluntary sector and wider partners, 30% of referrals made in the first half of 2022 were from NHS contracted social prescribers, indicating the importance of recognising an individual's holistic needs.





## Built Environment



Covering an area of approximately 641 square kilometres, Uttlesford is the largest local authority in Essex in terms of area, and the least populated in terms of numbers and density. Approximately 4% of the district consists of built environment, 96% is agriculture and forestry land. Consequently, residents have the second highest travel times to local services compared to the Essex average of 19 minutes, with an average of 24 minutes by walking or public transport to eight key services.

The design of places including homes, where we work and public spaces are important for promoting health. Factors linked to place, including the quality and scale of housing, the amount of living space within homes, employment opportunities, the provision, quality and design of open space and recreation, the balance of local services and the general feel of an area can all reinforce positive behaviours and a sense of wellbeing.

Planners play an essential role in shaping the environments in which we live. Well-planned neighbourhoods can increase the opportunity for people to walk or cycle to employment,

shops, schools, parks, services, facilities, improve sustainable public transport and increase opportunities for social interaction. This supports healthier lifestyles for residents, a more socially vibrant local neighbourhood and brings with it associated economic and environmental benefits.

Uttlesford District Council is in the process of developing a new Local Plan which will outline how the Council will support vibrant and healthy communities, and reflect current and future needs across health, social and cultural well-being. The Council is also in the process of developing a design guide for new development in Uttlesford which will include engagement with residents, to improve and enhance placemaking across the district. It is important that this work is effectively aligned with our work within Uttlesford Health & Wellbeing Board to ensure that appropriate partners can support community cohesion where required.

## Housing

Living in a house that is cold and/or damp can cause respiratory conditions such as flu, pneumonia and bronchitis and cardiovascular conditions, such as heart attacks and strokes.

In 2020, before increased fuel costs, 12% of houses (approximately 4,000) in Uttlesford were described as fuel poor, a term used to describe living in a property with a low energy efficiency rating and low disposable income (JSNA, 2020)<sup>1</sup>. The highest concentrations of fuel poverty in the private sector are found in the wards of The Sampfords, Littlebury and Wenden Lofts. For excess cold, the highest concentrations are in the wards of The Sampfords, Wenden Lofts and The Rodings. Furthermore, 24% (6,882) of private sector dwellings and 29% (1,273) of private rented dwellings in Uttlesford are estimated to have a low Energy Performance Certificate rating (EPC below band E). These homes are expensive to heat and will be even more so with increasing fuel costs.



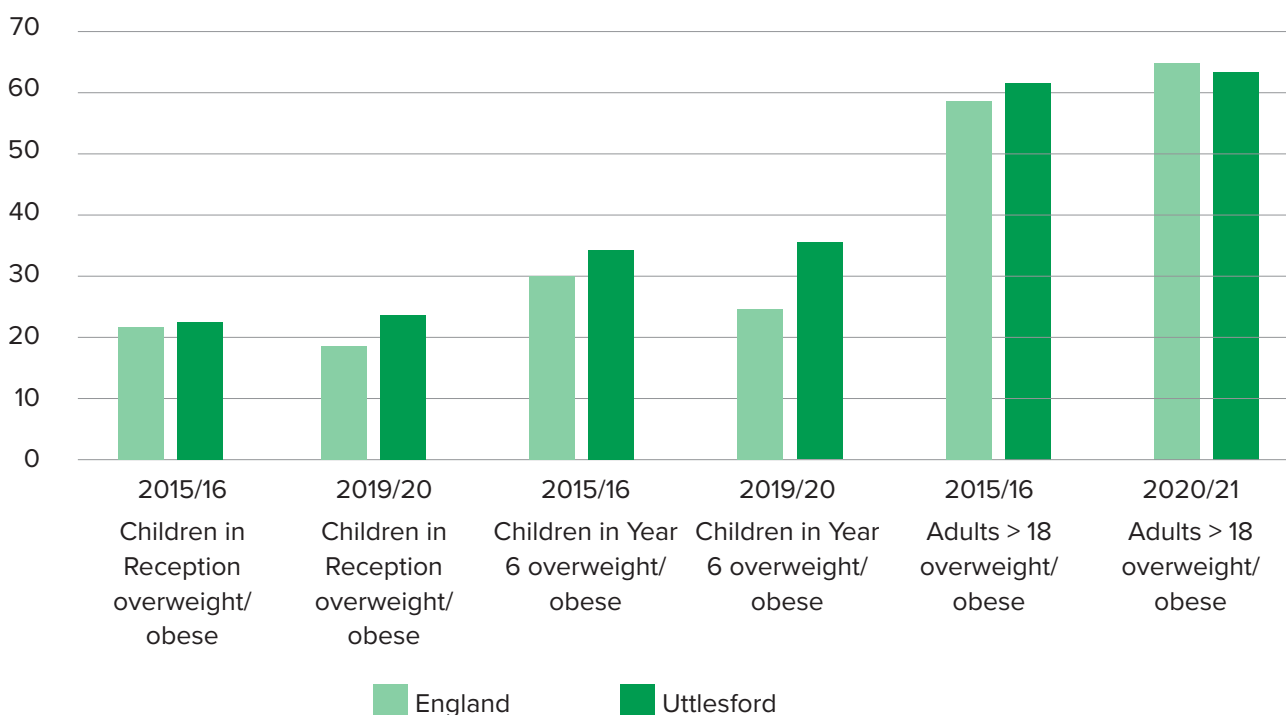


## 4.2 Healthy Weight

Being overweight (body mass index (BMI)  $\geq 25$ ) or obese (BMI  $\geq 30$ ) increases an individual's risk of many serious diseases and health conditions. In Uttlesford, we have seen a decrease in Reception aged children (4-5 years) measuring as overweight or obese in recent years. A similar pattern has been observed in Year 6 pupils. In adults, however, there has been a 14% increase since 2016, which is not dissimilar to the pattern we are seeing on a national scale (see graph 3).

Whilst it is positive to see a reduction in children's data, it does not mean that the issue and factors contributing to excess weight have been resolved. It is important that we recognise the significance of excess weight in relation to health and the wider determinants that contribute to its development. All four sections of the RWJ model can influence an individual's weight and work that is undertaken to address obesity must therefore reflect this.

**Graph 3. Percentage of overweight and obesity in children and adults: Uttlesford and England**





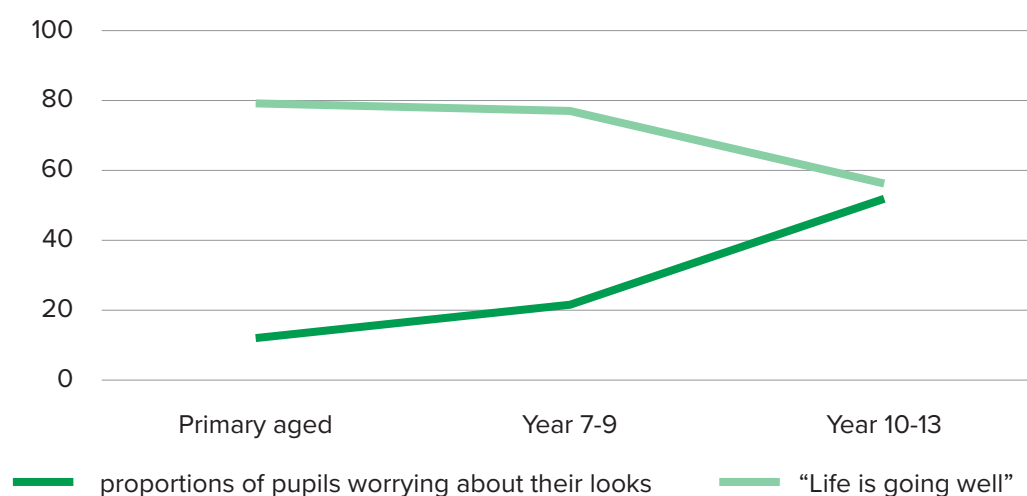
## 4.3 Mental Health

Uttlesford has the lowest percentage of patients with mental health disorders such as schizophrenia and bipolar affective disorder within Essex (JSNA, 2019/20). However, 1 in 4 people will experience a mental health problem of some kind each year in England. 1 in 6 people report experiencing a common mental health problem, such as anxiety or depression, in any given week in England (Mind, 2022). On average, 1,806 Uttlesford individuals accessed primary care mental health services (IAPT) between April 2021-April 2022.

### Children and Young People

The most recent School's Health and Wellbeing Survey (SHEU, 2019), which was completed by 1,505 school children in Uttlesford, highlighted that 65% of girls in Year 10-13 (15–18-year-olds) said that they wanted to lose weight. Furthermore, an increase in the proportions of pupils worrying about their looks was observed as age increased, whilst fewer students agreed with the statement “life is going well” as they reached Year 10-13 (see graph 4).

**Graph 4. Percentage of pupils at primary and secondary schools in Uttlesford - mental health indicators**



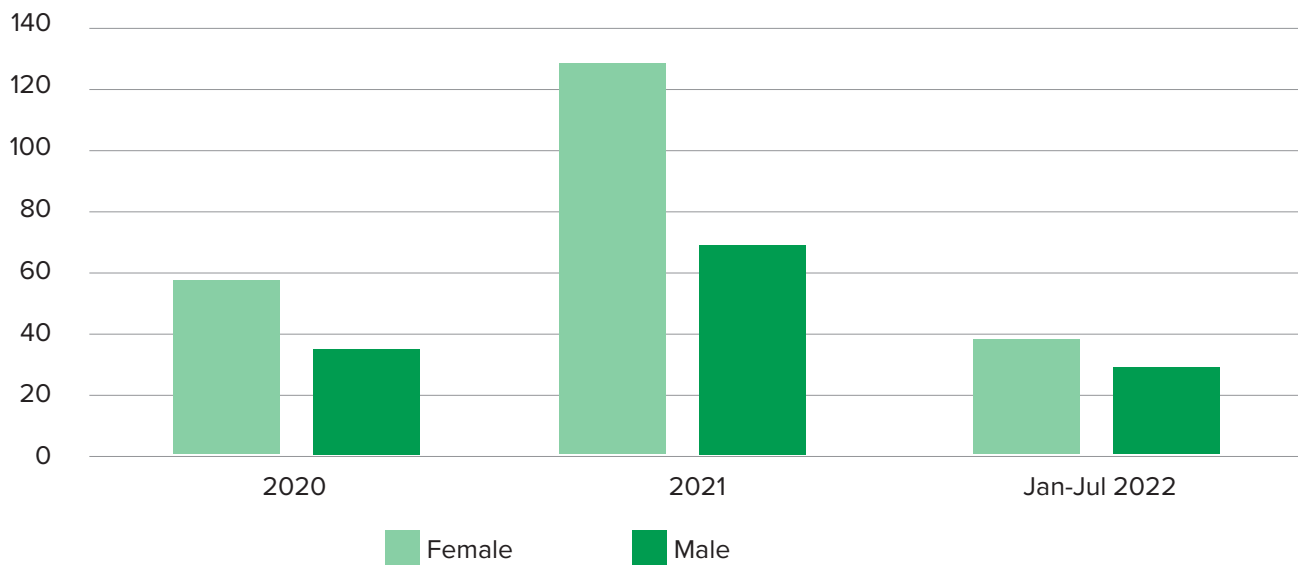
Of all those asked in secondary schools (350 pupils), 73% agreed with the statement ‘My life is going well’; 85% said they had a good life and 65% said they have what they want in life; 9% wished they had a different life. It is important to note that this survey was conducted pre-COVID 19 and its associated lockdowns and school closures.

Graph 5 shows that there was a steep incline in children presenting with initial mental health needs in Uttlesford in 2021, particularly in girls. Figures for 2022 reflect mid-year findings (up to July 2022), it is predicted that these values will also be higher than 2020. There is uncertainty, at this stage, as to whether this spike is a result of COVID-19 and its related lockdown measures or other causes.

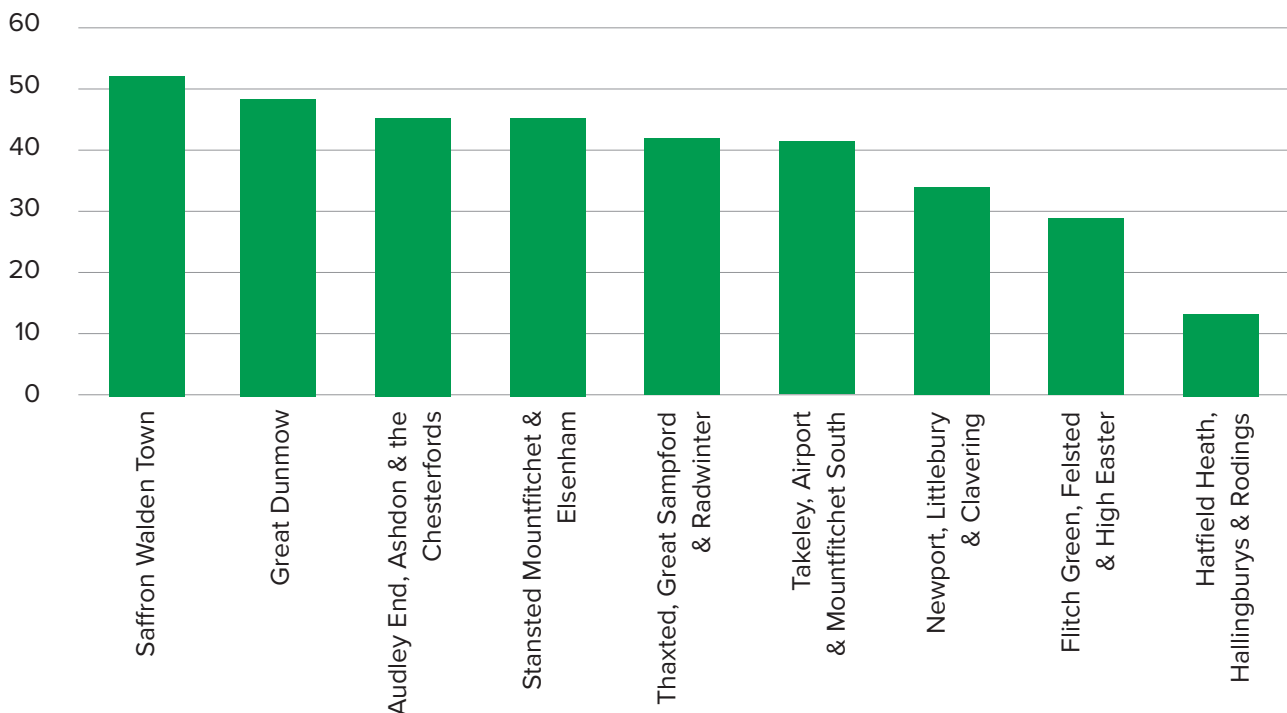
Additionally, there are areas within the district that have higher numbers of children requiring an early triage step, namely Saffron Walden and Great Dunmow, likely due to the concentration of children within these areas (see graph 6).

We will work specifically with partners within Uttlesford Children and Families Group and our local secondary schools to assess the type of support and preventative actions that can be carried out to address mental health issues in young people.

**Graph 5. No. of children presenting with initial mental health needs**



**Graph 6. No. of children subject to an Early Help Triage Step**





## Adults

Mental health issues are wide-ranging and so, therefore, are the causes. One particular cause for conditions such as anxiety, depression and stress is related to concerns around money or debt. Mental ill-health can also make it more difficult to manage money effectively. According to the Mental Health Foundation (2021), half of all adults with a debt problem also live with mental ill-health.

Last year 2,381 clients in Uttlesford sought help from Citizens Advice. Mental health was the number one health condition affecting clients. It is predicted that the cost-of-living crisis will increase these numbers, highlighting the need to collaborate and devise a plan of action that supports our residents and the services that are supporting those seeking help.

## Older Adults

Whilst older adults may experience similar issues faced by younger adults, older adults are more likely to encounter factors such as living alone, the loss of family or friends, chronic illness and hearing loss, which can increase the risk of loneliness and social isolation.

## Loneliness and social isolation

Loneliness is not the same as social isolation. People can be isolated (alone) yet not feel lonely. People can be surrounded by other people, yet still feel lonely (Age UK, 2022). Loneliness amongst older people is associated with increased rates of depression, and older people with a high degree of loneliness are twice as likely to develop Alzheimer's as those with a low degree of loneliness (Age UK, 2022).

Accessing social spaces physically and digitally can have a marked impact in improving mental well-being and reducing loneliness (Good Things Foundation, 2022). Last year, the Lloyds Consumer Digital Index found that those who are online, for example, feel they are more able to connect with others and feel less lonely and more connected to other people and their communities (Lloyds Bank, 2021).

Uttlesford Community Action Network (UCAN), formerly known as the Council for Voluntary Services Uttlesford (CVSU), works with people who have reported feeling lonely. UCAN delivers several projects to combat loneliness, including a Walking Buddies scheme and digital inclusion schemes. They also coordinate the Essex Shed Network's "Men's Shed" projects, which specifically support men who may be at risk of being lonely. UCAN is an active member of Uttlesford Health & Wellbeing Board and we will continue to collaborate to support those who may be at risk.

## Dementia

Research shows there are more than 850,000 people in the UK who have dementia. One in 14 people over the age of 65 have dementia, and the condition affects 1 in 6 people over 80. The number of people with dementia is increasing because people are living longer. It is estimated that by 2025, the number of people with dementia in the UK will be more than 1 million (NHS, 2020).

The recorded prevalence of dementia in people aged 65 years and older and living in West Essex (Uttlesford, Epping Forest or Harlow) was 5% in 2020 – this is the second highest clinical commissioning area across the county (JSNA, 2020) 2. In Uttlesford, 80 people were referred to memory clinics between April-June 2022. Furthermore, of the 122,103 people over 45 years recorded on GP practice registers, 745 have a diagnosis of dementia, of which 15 are under 65 years of age. We are likely to see an increase over the coming years due to our growing older population, which means we will also see an increase in people caring for loved ones too.

Uttlesford Dementia Action Alliance (UDAA) works to address the issues that people with dementia and their carers face within the community. UDAA is supported by Uttlesford Health & Wellbeing Board and the Alzheimer's Society and also guided by people who are living with dementia or caring for someone who is. A new action plan was developed in 2022 to work towards becoming a "dementia friendly community" – a place where people with dementia are understood, respected, and supported.







# 04

## Our Vision and Priorities

### Our Vision

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



### Our Priorities

Our priorities have been established as a culmination of the information and evidence put forward within section 3. No one service or organisation can achieve this alone. This will require strong collaboration and joint working through effective working groups and reporting structures channelled through Uttlesford Health & Wellbeing Board.

#### 5 Key Priorities

1. Improve and support mental wellbeing
2. Enable people to live healthy, active lifestyles throughout their lives
3. Build healthy, resilient, active communities
4. Alleviate pressures associated with increased costs of living
5. Improve access to services and facilities

Each priority will have specific areas of focus, which will be determined by the Board. Subsequent actions and delivery mechanisms will be presented and published on Uttlesford District Council's website.



## 05

# Delivery and Monitoring

Our actions will develop over time and will be regularly reviewed by Uttlesford Health & Wellbeing Board.

Initially, we will:

- Establish specific areas of focus within each priority, utilising the evidence set out within this strategy, as well as any new emerging evidence
- Set up appropriate action groups that are required to report to Uttlesford Health & Wellbeing Board to enable delivery against our priorities and specific areas of focus
- Create an action plan that indicates what we will do with realistic timescales, which will be monitored at Uttlesford Health & Wellbeing Board meetings and published on Uttlesford District Council's website
- Create a method of communicating health-related messages and information to organisations and the public
- Work with wider partners to establish a method of evaluation to measure success and determine adjustments to our work





## 06

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