# CHAPTER 7: QUALITY OF LIFE

Quality of Life means different things to different people, but it includes some common themes such as: enjoyment of the local environment; good personal health and well-being; quality time with friends and family; satisfying work or voluntary activities; and a strong community spirit. It is also about ensuring a good quality of life for future generations, so this means taking seriously the actions needed to minimise the impacts of climate change.

## 7.1 Satisfaction with Local Area

Over the summer of 2007, ECC conducted its first Quality of Life Survey[49]. The results showed that:

- just over half of respondents rate the countryside and coast as being the best thing about living in Essex
- 73% of respondents are proud to live in Essex with a similar proportion feeling that living in Essex has a positive impact on their quality of life
- 81% of respondents are satisfied with their local area as a place to live
- 76% of respondents put their current level of overall happiness as 7 out of 10 or above.

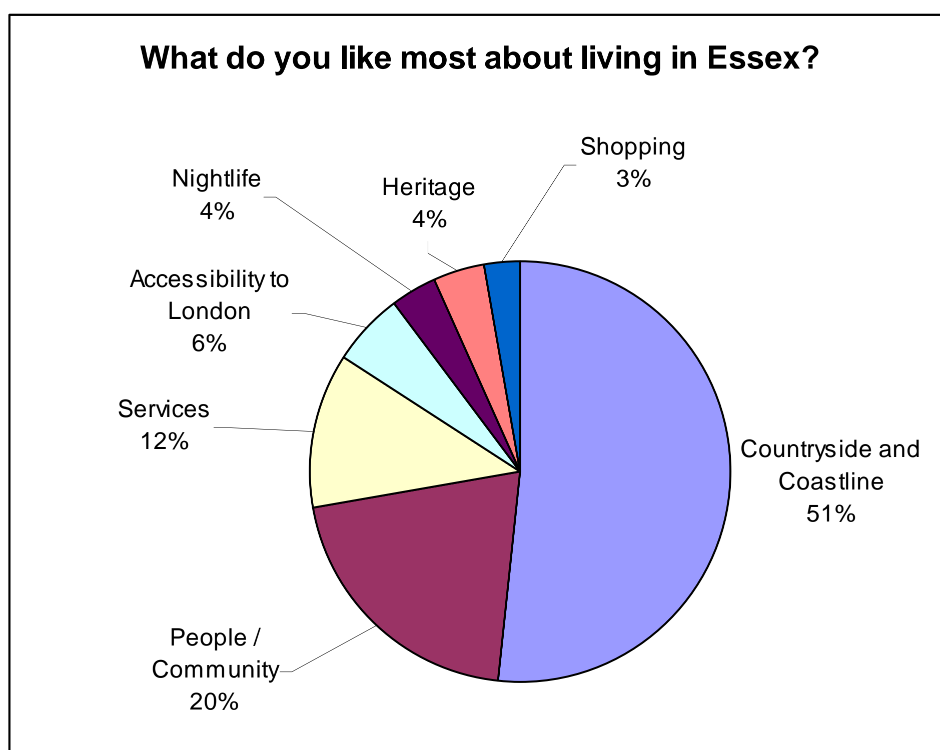


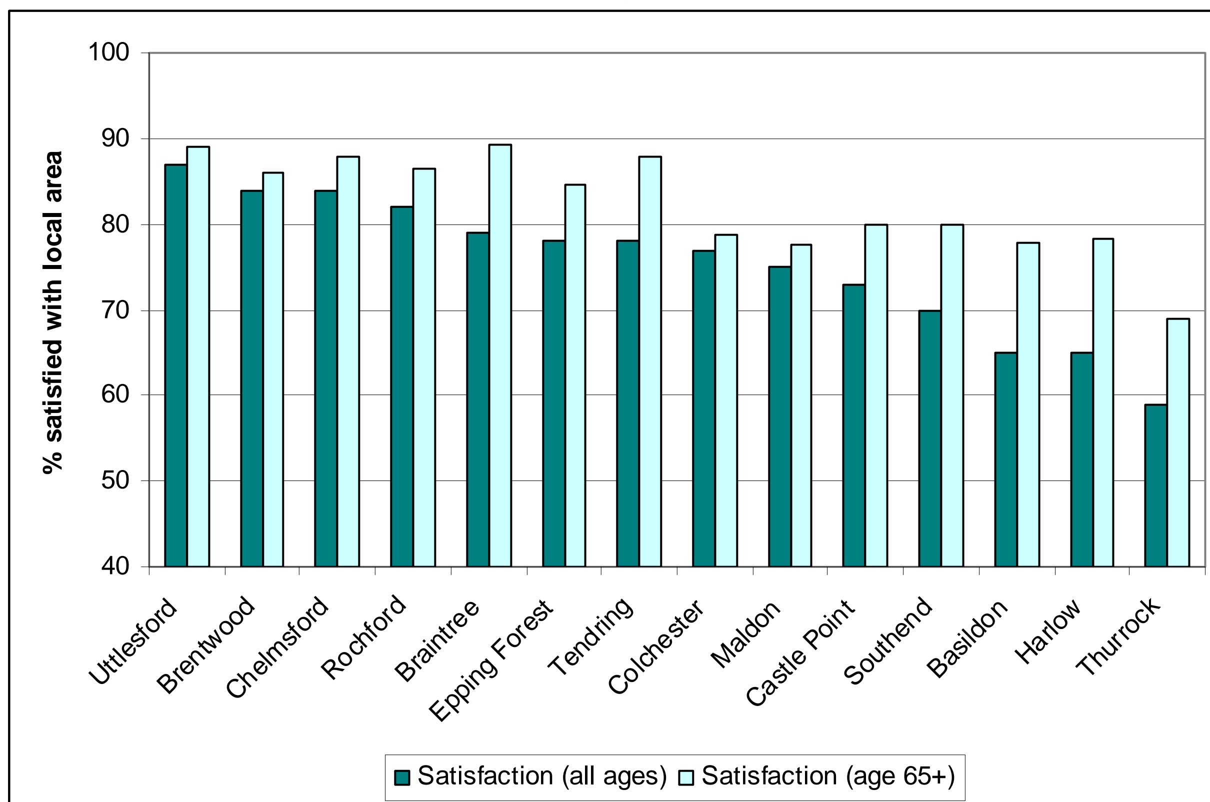

Figure 7.1: ECC QoL Survey, 2007

All local authorities are required to conduct a user satisfaction survey every three years. Results show that, although satisfaction outweighs dissatisfaction in all areas, rates range

49 The Quality of Life Survey was published in *Essex Matters* and local papers. The 761 responses have not been weighted to reflect the profile of Essex residents.

from 89.2% satisfied among those aged 65+ in Braintree to 59% satisfied among all ages in Thurrock.

Figure 7.2: Essex satisfaction with local area by age, 2006




Source: Best Value

In general, residents in rural areas report a higher overall level of satisfaction with their local area and, as respondent age increases, so does satisfaction with the local area. Respondents with disabilities or long-term illnesses are less likely to report satisfaction than those without (ECC Tracker Survey, 2006).

## 7.2 Feelings of Safety

According to the ECC Tracker Survey, feelings of safety are less positive with regard to safety after dark than during the day:

- 84% of respondents state they feel safe during the day
- 47% feel safe after dark.

Respondents in rural locations are more likely to feel safe outside, especially after dark – 58% of rural and 46% of urban respondents indicating they feel safe. By contrast, during the day, 85% of urban and 84% of rural respondents feel safe.

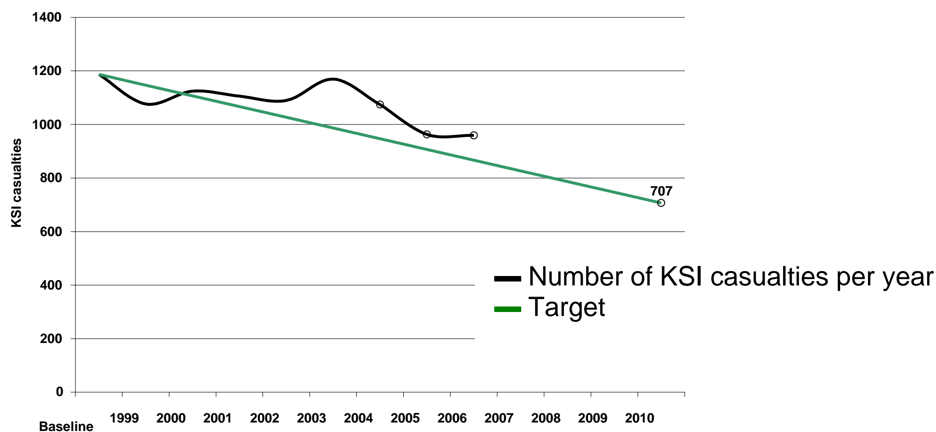
At a district level, respondents in Uttlesford (91%), Braintree (88%), and Chelmsford (87%) feel safest whereas those in Castle Point are least likely to feel safe outside during the day (77%). After dark, respondents in Uttlesford (64%), Maldon (57%), and Braintree (54%) feel safest whereas only 37% of respondents in Harlow feel safe in a similar situation. Respondents from Harlow are indeed the only cohort more likely to feel unsafe than safe whilst outside in Essex after dark.

There is a more positive perception of safety amongst BME respondents than their white counterparts (57% vs 47% feel safe). And older respondents are less likely to feel safe than those from younger age groups (43% of those aged 65+ vs 50% of those aged 35-64 feel safe).

## 7.3 Road Safety

During 2006, 987 people were killed or seriously injured (KSI) in road traffic collisions in ECC. Although there has been a downward trend over the past few years, the 2007 PSA target of 842 or fewer KSI casualties requires at least a 15% reduction on the 2006 level.

Figure 7.3: ECC progress towards 2010 target for KSI casualties




Source: ECC Highways & Transportation

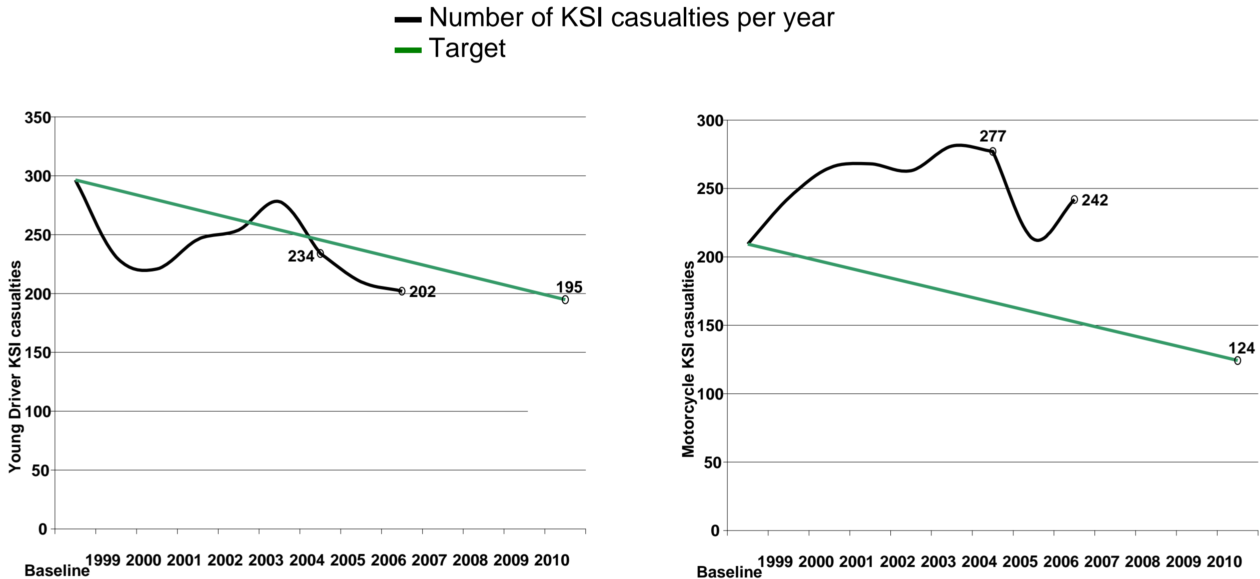
Four target groups have been identified as requiring particular attention: young car drivers (aged 17-25), motorcyclists, drink driving and speeding. These groups are over represented in the KSI casualty data set and are the focus of attention for intervention work.

### 7.3.1 Young car drivers / motorcyclists

There is a long term downward trend in young car driver KSI casualties. However they remain over-represented in the KSI casualty data set and involvement in high-risk and poor driving behaviours is high. Young drivers are the most likely to fail a breath test and 25% of young car driver crashes involve excessive speed.

Motorcycle KSI casualties increased in 2006 and remain significantly above the target level. Comparison with national data for 2006 shows Essex to have amongst the highest numbers of motorcycle KSI casualties in the country. Nationally motorcyclists account for 19% of all KSI casualties, in Essex they account for 26%.

Figure 7.4: ECC progress towards 2010 target for young driver / motorcycle KSI casualties

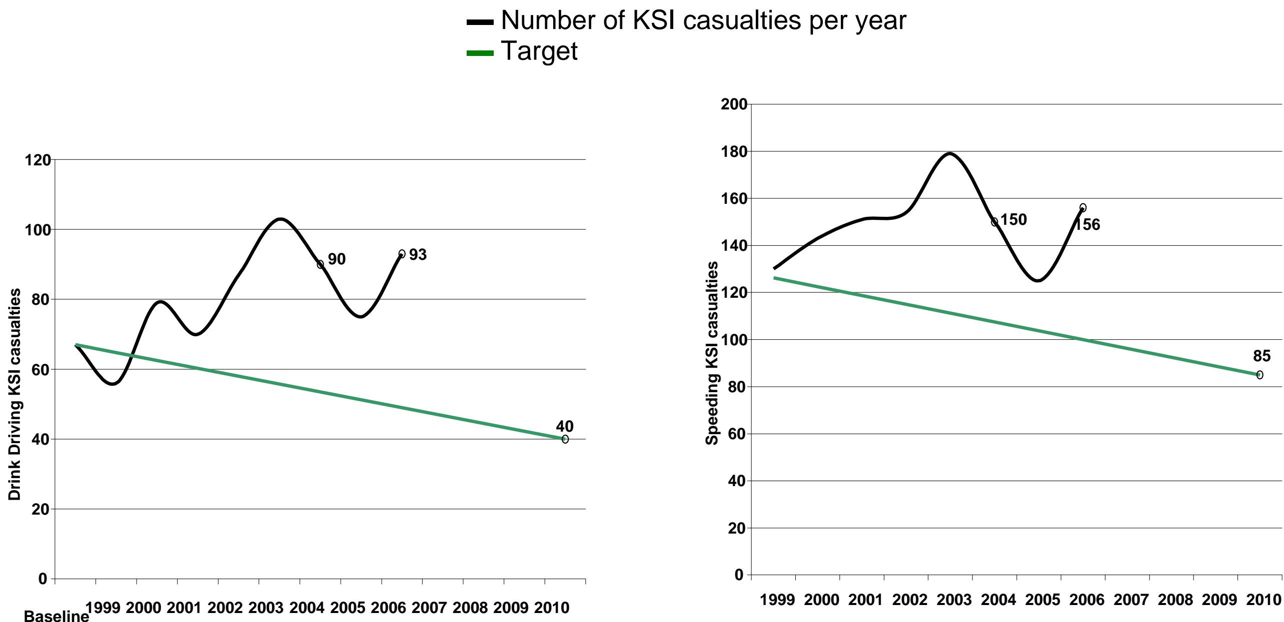



Source: ECC Highways & Transportation

### 7.3.2 Drink driving / speeding

There is a long-term increase in the level of drink drive KSI casualties in Essex and they now account for 9% of the total. Speed-related KSI casualties increased in 2006 and accounted for 16% of the total.

Figure 7.5: ECC progress towards 2010 target for drink driving / speeding KSI casualties

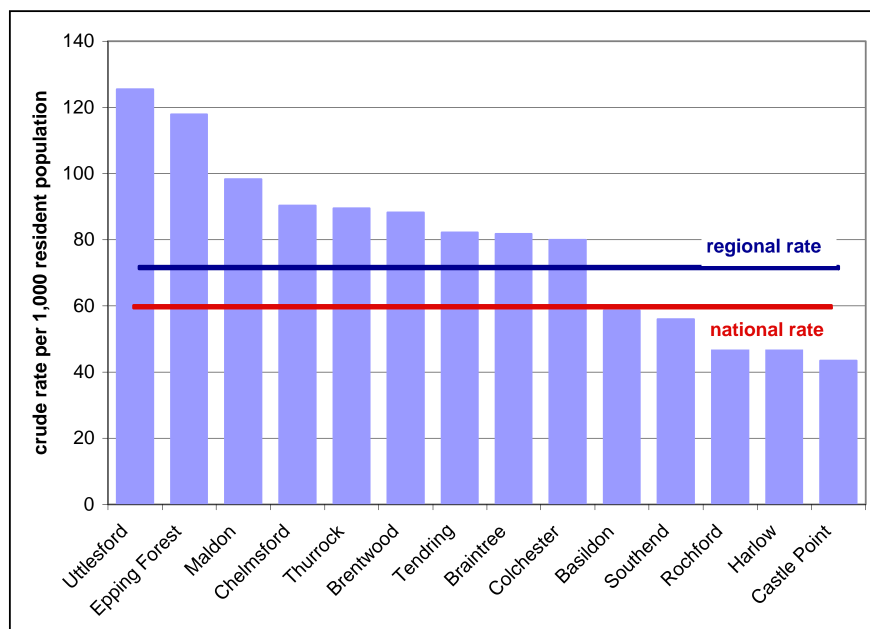



Source: ECC Highways & Transportation

### 7.3.3 Unitary and district performance

As can be seen from the chart below, rates of KSI casualties are above national and regional levels in most areas. It should be noted that it is the location of the collision not the person(s) involved which is recorded and there are major differences in the road types in each area.

Figure 7.6: Essex KSI casualties per resident population, 2003-05




Source: Health Profile, SWPHO

The table below shows the distribution of types of KSI casualty across ECC districts / boroughs. Young drivers, motorcycles and speeding appear to contribute to the high levels in Epping Forest, Chelmsford and Uttlesford respectively.

Figure 7.7: ECC KSI casualties by district / borough, 2006

| | KSI casualties 2006 | | | | |
|---|---|---|---|---|---|
| | All | Drink Driving | Motorcycles | Speeding | Young Drivers |
| Epping Forest | 143 | 16 | 27 | 24 | 34 |
| Chelmsford | 130 | 17 | 45 | 22 | 23 |
| Colchester | 116 | 7 | 33 | 18 | 27 |
| Braintree | 109 | 7 | 27 | 15 | 21 |
| Tendring | 99 | 10 | 23 | 12 | 21 |
| Basildon | 91 | 12 | 22 | 10 | 17 |
| Uttlesford | 74 | 3 | 20 | 18 | 14 |
| Brentwood | 62 | 3 | 12 | 14 | 18 |
| Maldon | 59 | 4 | 13 | 13 | 14 |
| Castle Point | 42 | 7 | 9 | 4 | 7 |
| Rochford | 39 | 4 | 5 | 3 | 2 |
| Harlow | 23 | 4 | 6 | 3 | 4 |
| **ECC Total** | **987** | **94** | **242** | **156** | **202** |

Source: ECC Highways & Transportation

## 7.4 Priorities for Improvement

Information on quality of life can also be obtained from the ECC Tracker Surveys. Although the methodology has changed slightly over time, the results show that, broadly, people's perceptions are relatively stable in terms of what is important in making somewhere a good place to live and which factors most need improving locally. The following table shows the top ten priorities across ECC.

Figure 7.8: ECC Tracker Survey priorities, 2006 and 2007

| | MOST IMPORTANT (2007) | MOST NEEDS IMPROVING (2007) | PRIORITY INDEX[50] (2007) | 2007 RANK | 2006 RANK |
|---|---|---|---|---|---|
| Level of crime | 57.00 | 29.00 | 66.82 | 1 | 1 |
| Health services | 48.70 | 22.90 | 45.08 | 2 | 2 |
| Affordable decent housing | 35.30 | 26.70 | 38.10 | 3 | 4 |
| Activities for teenagers | 18.70 | 43.10 | 32.58 | 4 | 5 |
| Road and pavement repairs | 17.00 | 43.40 | 29.82 | 5 | 7 |
| Clean streets | 36.20 | 19.70 | 28.83 | 6 | 3 |
| Public transport | 24.70 | 28.10 | 28.06 | 7 | 8 |
| Level of traffic congestion | 15.90 | 35.40 | 22.75 | 8 | 6 |
| Care services for older people | 23.40 | 19.30 | 18.26 | 9 | NEW |
| Shopping facilities | 23.30 | 13.00 | 12.24 | 10 | 9 |

*The darker the colour coding in the columns, the higher the score.*

The five things most in need of improvement across the county were:

| | 2007 | 2006 |
|---|---|---|
| 1. | Road and pavement repairs | Activities for teenagers |
| 2. | Activities for teenagers | Road and pavement repairs |
| 3. | Level of traffic congestion | Level of traffic congestion |
| 4. | Level of crime | Level of crime |
| 5. | Public transport | Affordable decent housing |

Many of these issues pose a challenge to the Essex Partnership. With the exception of crime, they are not well represented in the current Local Area Agreement.

According to Thurrock's Quality of Life 2006 Survey, the three main priorities for improving Thurrock were: better policing and more emphasis on tackling crime (40%), more for children and young people to do (31%) and cleaner streets (19%).

### 7.4.1 District results

A key design principle of ECC's Essex Strategy is that it should recognise different needs in different parts of the county. It is therefore important to look at what the district survey results tell us about relative priorities locally. There are slight differences both between the areas and in comparison to ECC results overall.

- High priority themes are level of crime, activities for teenagers, health services, clean streets, level of traffic congestion, affordable decent housing, public transport and road / pavement repairs.
- Shopping facilities is a middle-ranking priority for all districts / boroughs except Harlow where it is a lower priority.
- Job prospects tends to be a lower-ranking issue, except in Braintree, Chelmsford, Harlow and, especially, Tendring where it is afforded higher priority.

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[50] The Tracker Survey is one of many ways to look at priorities. The priority index for each domain is calculated in the following way: Priority Index = (MI Score x MNI Score) / (Max MI score x Max MNI score) where MI Score = Most Important and MNI = Most Needs Improving

- Education provision is more of an issue for Basildon, Colchester and Epping Forest.
- Parks and open spaces is more of an issue for Castle Point and Rochford.
- Facilities for young children is more of an issue in Harlow.
- Cultural facilities are more of an issue for Brentwood and Maldon.
- The level of pollution is more of an issue for Uttlesford.
- The level of traffic congestion is less of an issue in Tendring.

## 7.5 Lifestyle Choices

### 7.5.1 Adult obesity

Obesity is one of the major public health issues that face the developing world. It can lead to increased risk of heart disease, type 2 diabetes and some cancers.[51] The trend in increasing obesity levels in thought to be related to:
- Increased food portion sizes;
- Increased availability of fast food, processed foods and snack foods;
- Reduction in the physical activity we do, such as walking less; and
- People doing less physically demanding jobs.

Obesity and its consequences costs the NHS approximately £1 billion per year. However, it has been estimated that the total economic cost of obesity is £3.3-3.7 billion per year and of obesity plus overweight, £6.6-7.4 billion (Select Committee on Health, 3rd Report, May 2004). Adult obesity figures have almost quadrupled over the last 25 years with approximately two thirds of adults being overweight. Of these people 22% of men and 23% of women are classed as obese[52]. Obesity and its consequences costs the NHS approximately £1 billion per year. However, it has been estimated that the total economic cost of obesity is £3.3-3.7 billion per year and of obesity plus overweight, £6.6-7.4 billion (Select Committee on Health, 3rd Report, May 2004). Adult obesity figures have almost quadrupled over the last 25 years with approximately two thirds of adults being overweight. Of these people 22% of men and 23% of women are classed as obese[53]. As can be seen from Figure 7.8, many areas in Essex are above the national rate. The National Audit Office found that, on average, each person whose death is attributable to obesity had lost 9 years of life.

[51] DH www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Obesity/DH_078098
[52] NHS Direct www.nhsdirect.nhs.uk/articles/article.aspx?articleId=265§ionId=34
[53] NHS Direct www.nhsdirect.nhs.uk/articles/article.aspx?articleId=265§ionId=34

Figure 7.8: Essex estimated prevalence of obesity, 2003-05

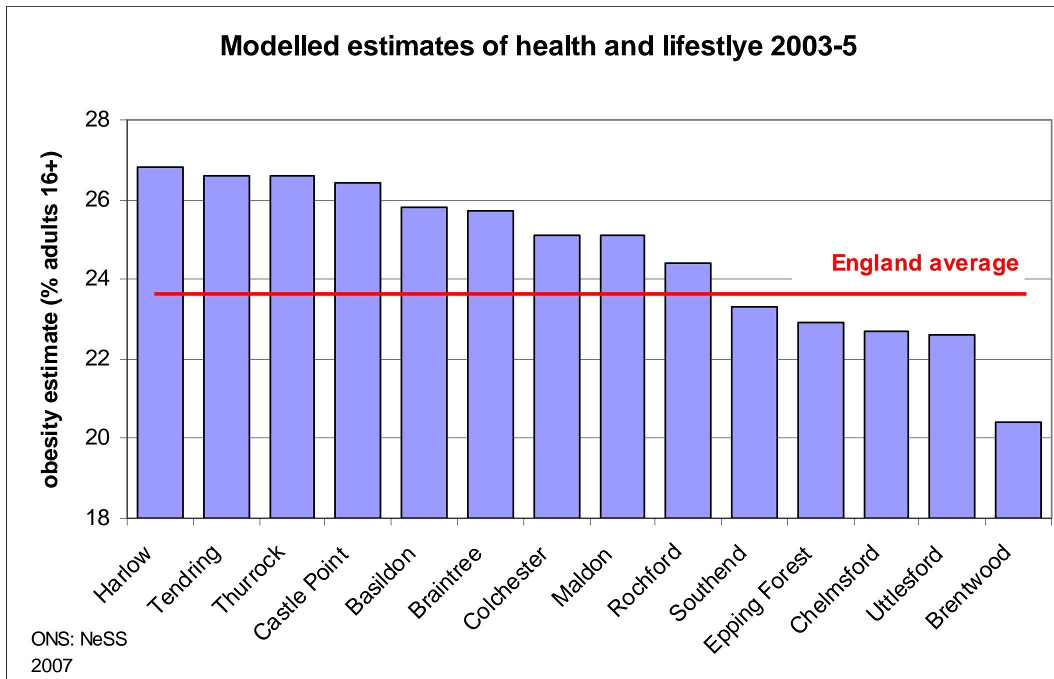
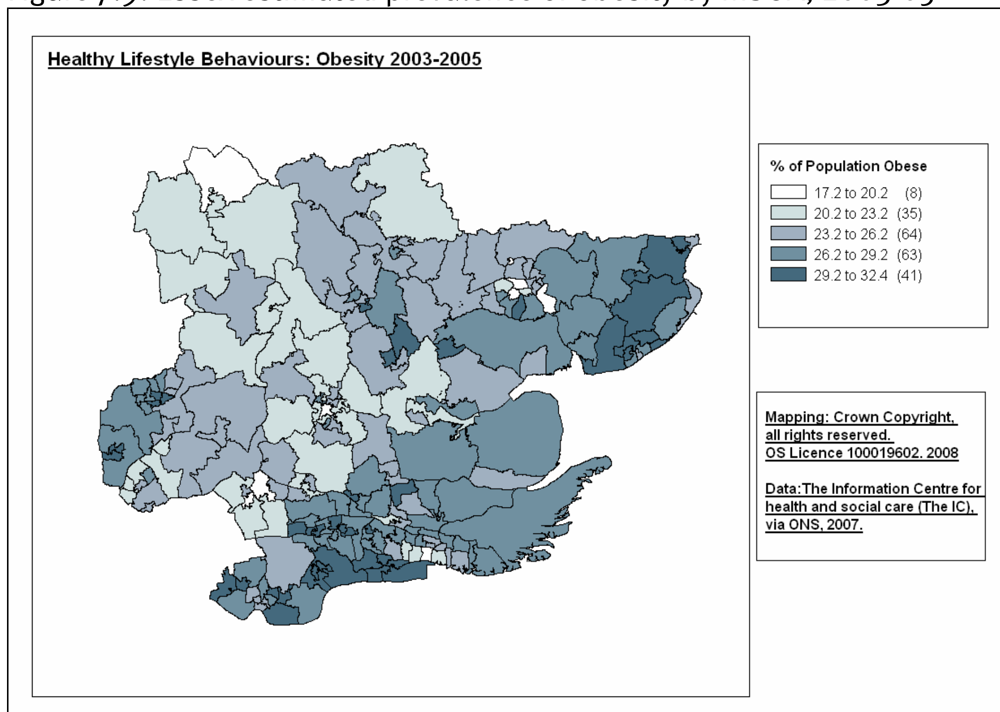



Figure 7.9: Essex estimated prevalence of obesity by MSOA, 2003-05



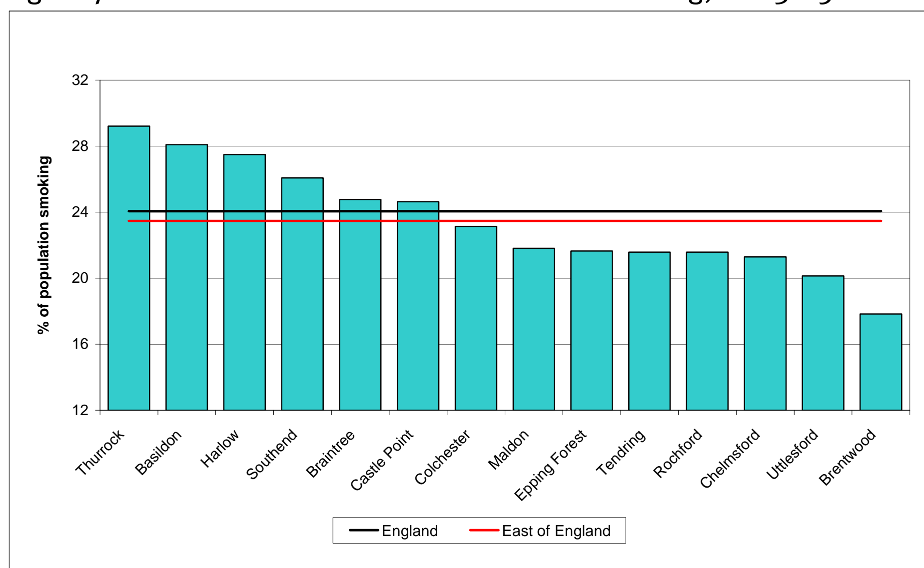

## 7.5.2 Smoking

Smoking is the UK's single greatest cause of preventable illness and early death, most dying from the three main diseases: cancer, COPD and CHD. Half of all smokers will be killed by their habit[54]. Nationally, the prevalence of smoking in the adult population is estimated at 24%[55]. Figure 7.10 shows that Thurrock, Basildon, Harlow and Southend are all significantly above the

[54] Health Statistics Quarterly. National Statistics, Winter 2006
[55] Community Health Profiles. SEPHO, 2007

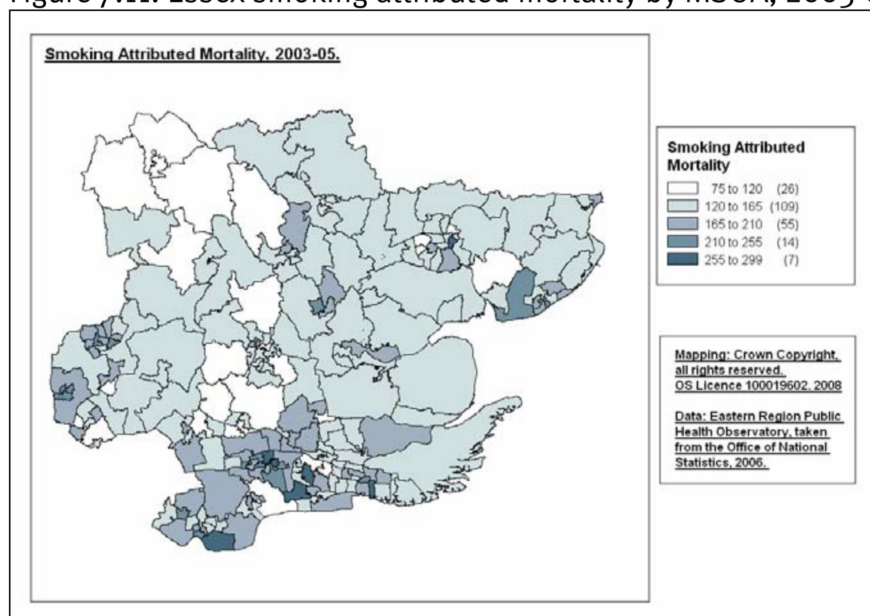
national rate but Figure 7.11 shows that several other areas also have pockets of high smoking-attributed mortality. PCTs have been working hard to support people to quit smoking and reduce the prevalence of smoking. During 2006/07, Essex PCTs helped 10,907 people to quit.

Figure 7.10 Essex model-based estimate of smoking, 2003-05




Source: Information Centre via ONS, 2007

Figure 7.11: Essex smoking attributed mortality by MSOA, 2003-05

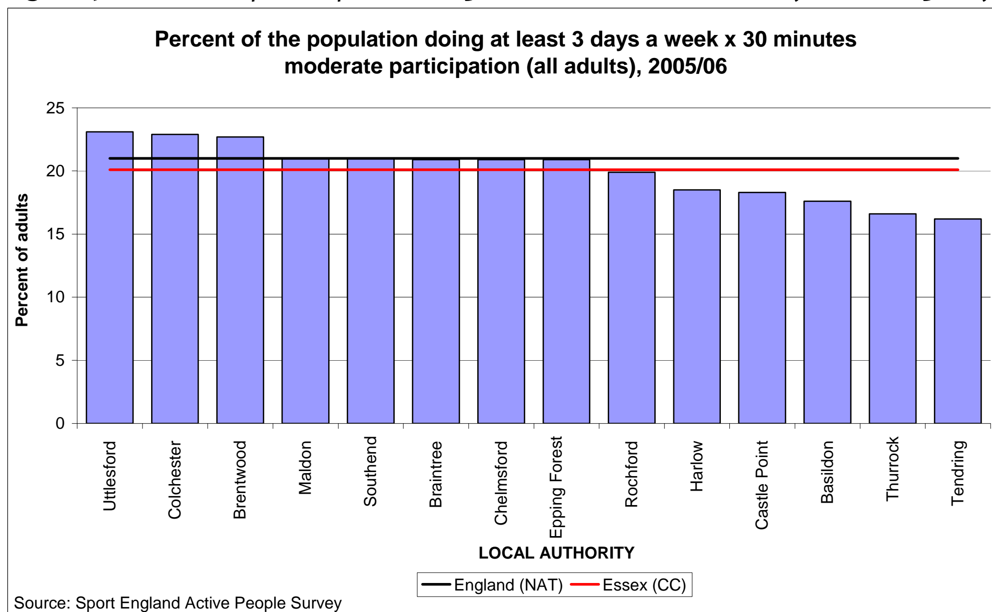



## 7.5.3 Physical activity

Over the last 25 years there has been a significant decrease in physical activity as a part of daily routines, but a small increase in the proportion of people taking physical activity for leisure in the UK (Faculty of Public Health, 2005). Walking and cycling as a mode of transport has decreased since the 1970s and the dramatic increase in the use of cars has contributed significantly to this. Types of employment are now also less physically demanding, and the introduction of newer time- and energy-saving devices in the household contributes to a sedentary lifestyle.

A recent Active People survey by Sport England in 2005/06 found that 23.7% of adult males did at least 30 minutes of moderate physical activity three times a week and only 18.5% of adult females. Within Essex there are only three areas which have a rate above the England average, Uttlesford, Colchester and Brentwood. The area with the lowest participation rate is Tendring at 16.2%.

Figure 7.12: Essex participation in 30mins moderate activity at least 3 days a week

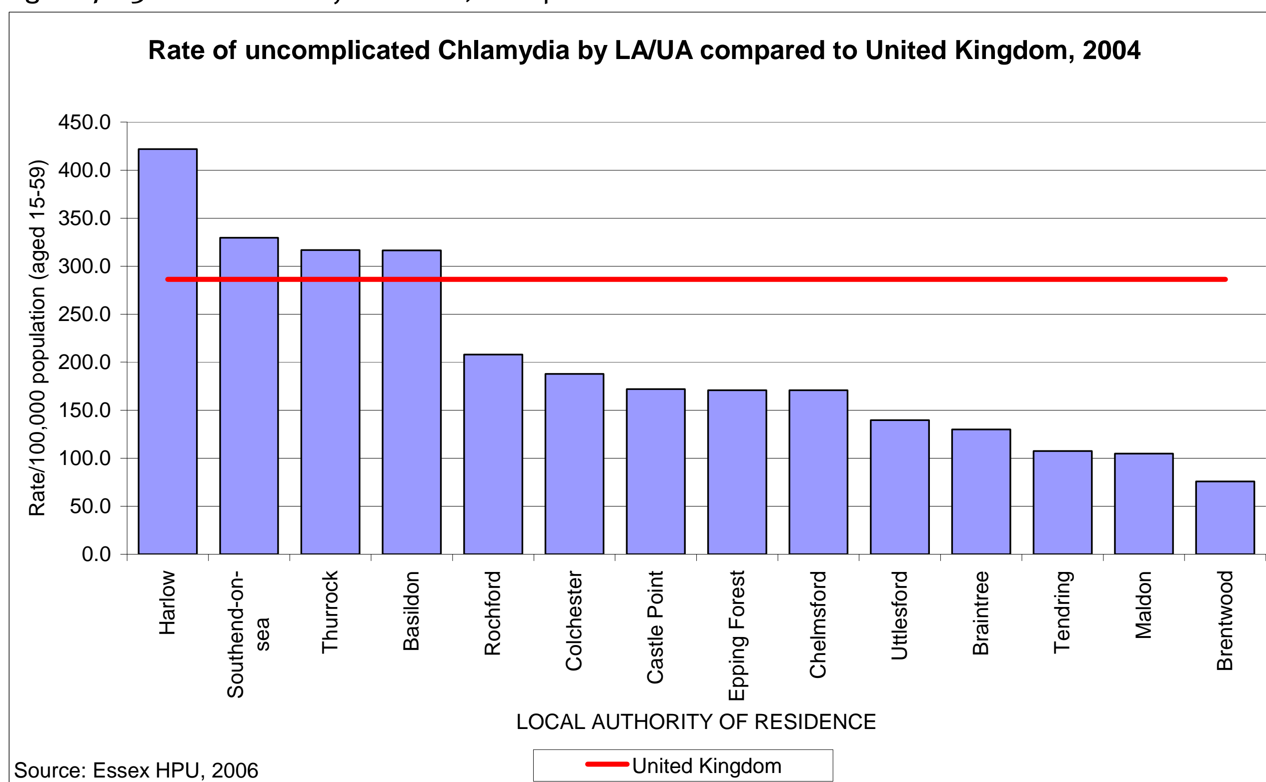



### 7.5.4 Sexual activity

Sexual risk-taking behaviour is increasing across the population. This is supported by increases in sexually transmitted infections (STIs) such as chlamydia, warts and syphilis. In Essex, there have been large increases in the diagnosis of chlamydia and warts. Some of this increase is due to increased testing and improved access to sexual health services, particularly for young people. However, it is likely that there is a real increase in the prevalence of these STIs in the population due to unsafe sexual health practices.

Chlamydia is a sexually transmitted infection which gives us an idea of what the STI rate is like in a population. Figure 7.13 shows that there are four areas in Essex with a rate higher then the UK. The Harlow rate is nearly 50% more then the UK rate – 422 cases per 100,000 population compared to 286.4 per 100,000 in the UK (2004).

Figure 7.13: Essex chlamydia rates, 2004




## 7.5.5 Alcohol and drugs

Alcohol and drug misuse can have a significant impact on health, crime and society. For some people alcohol and drug misuse is a very real problem which can result in harm to themselves or to others and affect the wider community. People can easily become dependent or addicted often without realising they have a problem, yet they are more likely to suffer from mental health problems and premature death.

The vast majority of people can enjoy alcohol without causing harm to themselves or others and there is growing evidence that a small amount of alcohol can be beneficial to a person's health, but this has to be balanced against the damaging effects it can have. Heavy drinking is linked to a number of diseases, including cirrhosis of the liver, certain cancers, heart muscle damage and alcoholic dementia. It also raises blood pressure, leading to an increased risk of stroke and coronary heart disease. Binge drinking (drinking a large amount of alcohol at once) can not only be harmful to both physical and mental health in the longer term, but can lead to coma and even death.

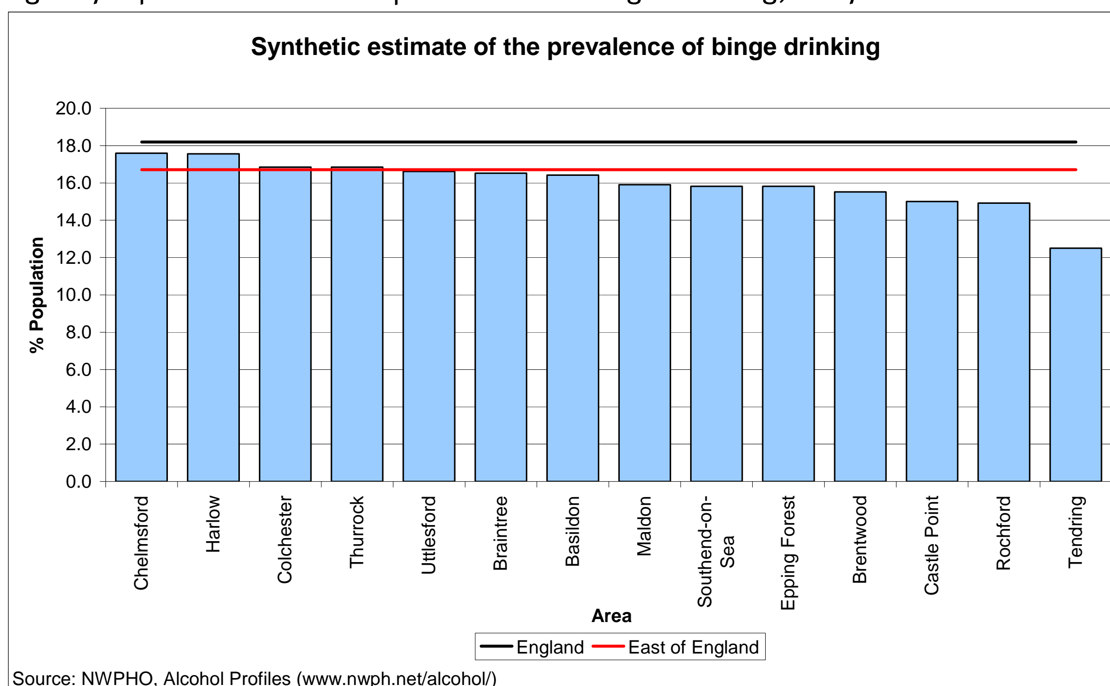
There is a strong link between excessive alcohol consumption and crime, particularly violent crime, assaults, accidents and anti-social behaviour. It has been estimated that alcohol misuse is now costing around £20bn a year through its health, crime and social impacts[56], and accounts for almost 10% of the disease burden, surpassed only by tobacco and blood pressure.

[56] Alcohol Harm Reduction Strategy for England. Prime Minister's Strategy Unit, March 2004

It is estimated that 18.2% of adults binge drink in England, that over 600 hospital admissions per 100,000 people are related to alcohol and that 10.45 crimes per 1,000 people can be attributed to alcohol.

No areas in Essex have been estimated as having a binge drinking prevalence over the England average but four areas have prevalence rates over the East of England average: Chelmsford, Harlow, Colchester and Thurrock whose prevalence rates range from 17.6% to 16.8%.

Figure 7.14: Essex estimated prevalence of binge drinking, 2007



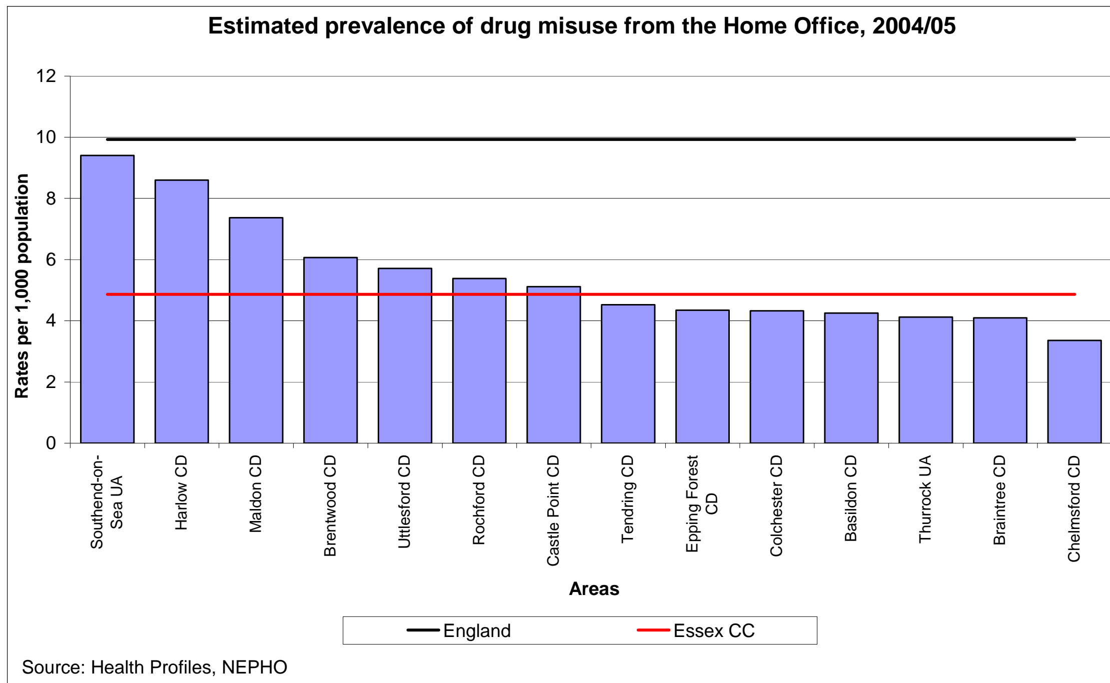
Source: NWPHO, Alcohol Profiles (www.nwph.net/alcohol/)

The problem use of illicit or prescription drugs carries many serious health risks. As well as the possibility of physical or psychological dependency, heavy or long-term use of some illegal drugs may cause the user to overdose, which can cause permanent damage to the body or a fatality. Drug misusers can suffer from blood born viruses (HIV, hepatitis), injecting related injuries, poor diet, personal neglect and mental illness, such as depression and paranoia, all of which put an increased demand upon health care services. Drug use can also cause significant social problems involving, for example, increases in acquisitive crime, prostitution, unemployment, family breakdown and homelessness.

The UK has a higher prevalence of drug misuse than any other country in Europe and it has been estimated that almost 3 million people in England and Wales aged 16 to 24 have used illicit drugs in their lifetime.

ECC has been estimated as having a drugs misuse prevalence of 4.86 per 1,000 population. No areas in Essex have been estimated as having drug misuse prevalence over the England average but seven areas have prevalence rates over the ECC average ranging from 9.41 to 5.12 per 1,000 population.

Figure 7.15: Essex estimated prevalence of drug misuse, 2004-05



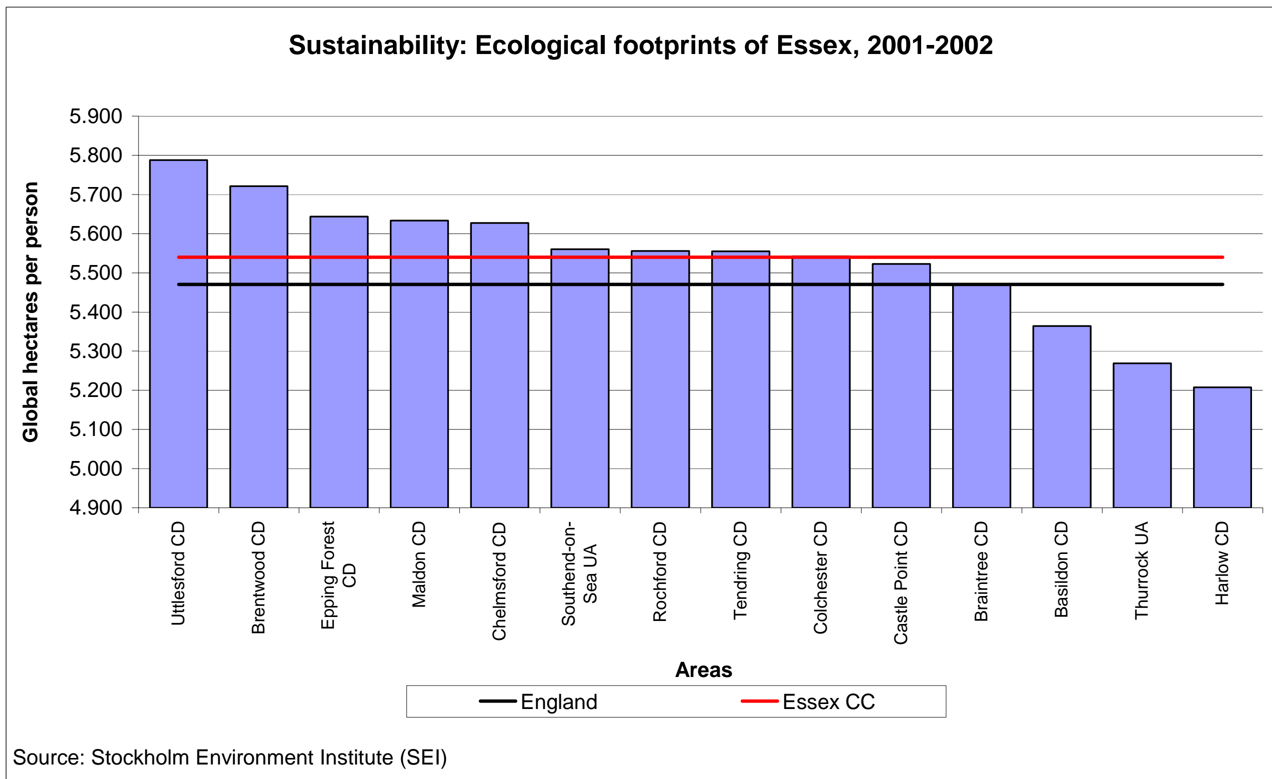

## 7.6 Ecological Footprint

The majority of residents consider the countryside and coastline as the best thing about living in Essex[57] and parks and open spaces are a particular priority for Castle Point and Rochford[58]. However, climate change and rising sea levels are already changing our environment and pose a serious future threat. Our impact on the environment can be measured by our 'ecological footprint'. This allows us to benchmark the amount of resources we use and compare it to the level of resources available. The ecological footprint for the world is 2.2 global hectares per person but the UK average is 5.4 global hectares per person. This is 65% higher than our ecological budget (the sustainable amount we can use) and the UK has an ecological footprint among the highest 15 countries on a per person basis.

Essex has an ecological footprint of 5.5 global hectares per person, which is just above the England average. This is higher than the ecological budget, which means that residents of Essex are using resources at a rate that cannot be sustained. Of the areas within Essex only four are below the England average. Comparing the breakdown of the ecological footprints in those areas with the highest and lowest score, the most significant differences are in the following categories: food and drink consumption; energy consumption; travel; and holiday activities.

[57] ECC Quality of Life Survey (2007)
[58] ECC Tracker Survey (2007)

Figure 7.16: Essex Ecological Footprint, 2001-02




The Greater Essex Business Consortium has also recognised that 'sustainability' needs to be at the heart of the planning and economic vocabulary and that there are now increasing expectations of how industry and commerce should adapt to energy conservation through alternative fuel sources and carbon neutrality. One of the priorities agreed by Greater Essex Prosperity Forum is for Essex to be a leader in environmental technology and in helping businesses to reduce their carbon footprint.

## 7.7 Conclusion

Generally, residents are satisfied with the area where they live. There is, however, room for improvement. Older people and those living in urban areas tend to feel less safe, especially after dark. There is also an almost universal desire for two things – a reduction in crime and the ability to get from A to B quickly and easily. With increasing traffic volumes, road safety is important too. Despite overall improvements, there are some worrying upward trends in people killed or seriously injured as a result of risk-taking behaviour among young people.

We are becoming increasingly aware of how our own lifestyle choices impact on our health and – long term – quality of life. Although the choices we make about diet, exercise, smoking and drinking are not so different to elsewhere in the UK, the biggest preventable contributors to health inequalities and future service demand remain obesity, smoking and alcohol misuse.

The Essex countryside and coast is valued highly but is under threat. We must reduce the impact that our lifestyles have on the environment and minimise the environmental impact of housing and business development.