

EXECUTIVE SUMMARY

As part of their service planning and commissioning, local authority and health partners across the county of Essex have undertaken a high level Joint Strategic Needs Assessment (JSNA). This JSNA has been derived after extensive analysis of comparative and epidemiological data. The key findings of this work will inform priority-setting as part of the Essex Strategy and Local Area Agreement and the commissioning of health and social care services.

Geography & Demographics

Essex² has a population of around 1.66m, residing in its twelve district and borough councils and the two unitary authorities of Southend-on-Sea and Thurrock. Compared to the national profile, Essex has a smaller proportion of 15-34 year olds and greater proportions of people in higher age groups (from age 55 upwards).

By 2029, the population of Essex is expected to grow by somewhere in the region of 6.5% and 14%. This reflects government plans for housing development (including the Thames Gateway, Haven Gateway and London, Stansted, Cambridge and Peterborough Corridor), past trends in births, deaths and migration and the fact that older people are living longer. These same factors also mean that the concentration of people aged over 65 – and indeed those aged over 85 – will increase dramatically and at a higher rate in Essex than nationally. We can also expect a step-change in the ratio of working-age people to older people.

Back in 2001, Essex had 72,000 residents from black and minority ethnic (BME) groups (5.5% compared to 13% for England) and 37,200 residents (2.3%) of a faith other than Christian. Experimental statistics suggest that the population is becoming increasingly diverse with the highest proportions of people from BME groups residing in Epping Forest, Harlow and Brentwood. We know also that just over 8,855 economic migrants from A8 countries have registered to work in Essex – largely in the northern half of the county (Tendring, Colchester, Braintree and Uttlesford) – since the expansion of the European Union and that 9.4% of our younger residents are from BME communities.

Gypsies and travellers have long featured in Essex. There are 11 registered gypsy / traveller sites in Essex which have a total of 164 pitches (all of which are residential rather than transient) and capacity for 305 caravans. The county is also host to over a third of the East of England's unauthorised developments, many of which are in Basildon.

Social & Environmental Factors

There is a tangible link between deprivation and poor health, economic and social outcomes. Essex has some of the most affluent and some of the most deprived areas in the country. Although at district level Tendring and Southend are the most deprived, there are pockets of deprivation overshadowed by overall affluence in most districts / boroughs. Residents in

² Throughout this document, the term 'Essex' is used to refer to the county of Essex, which includes the unitary authorities of Southend-on-Sea and Thurrock. Where information only applies to the county council locality, the term 'ECC' is used.

Harlow are most likely to be in receipt of means-tested benefits, to be in low-skilled occupations and least likely to own their own homes.

Across the county as a whole, a higher proportion of residents are owner-occupiers (75% compared to 69% nationally), despite house prices being higher than the national average. There is, however, an acute shortage of affordable housing, especially in rural areas and for local workers whose salaries do not compete with that on offer in London. Nearly 36,000 households (approx 5%) are on local authority waiting lists for housing, with demand highest in Chelmsford, Harlow and Epping Forest.

A further 2,500 households a year are accepted as homeless, with Harlow showing a significantly higher rate than elsewhere. Drug, alcohol and mental health problems are inextricably linked with a large section of the homeless client group. Research shows that 83% of homeless people take some form of drug (other than alcohol); one in four tenants with mental health problems risks losing their home; and 25% of offenders known to NACRO (National Association of the Care and Rehabilitation of Offenders) have mental health problems.

Poor quality housing is associated with poor health and psychological problems. Only 1% of Essex households have more residents than rooms and only 2.1% of dwellings are deemed to be 'unfit'. This is the lowest proportion in the East of England and only 3% of 'unfit' dwellings are public-sector owned.

Street cleanliness is a key priority for many residents, especially in Colchester, Epping Forest and Harlow. In 2005-06, there were higher than average levels of litter in Tendring and Rochford and, despite a relatively low county rate, the level of abandoned vehicles in Thurrock is over six times higher than average (38 per 1,000 households compared to 6 per thousand for England).

In terms of pollution, Essex has a relatively low carbon footprint. However, Thurrock has more than four times the carbon emissions of Maldon and, on a per capita level, Uttlesford has a higher tonnage than the UK.

The Essex economy has been one of the fastest-growing in the East and South East since 2000. However, productivity levels are below national and regional averages and there are fewer local jobs than in the rest of the region. Without inward investment and local job development, this situation will only intensify with housing and population growth.

In Essex, as in England, 59% of pupils gained five or more high-grade GCSEs in 2006. However, in Tendring and Maldon results were below the 50% mark, whilst in Rochford they were nearer 80%.

Only 21% of working-age adults in Essex have a level 4 qualification or above (England 27%) and 17% have no qualifications (England 14%). Parts of Essex suffer from an even greater skills deficit; in Maldon, Tendring and Uttlesford more than a fifth have no qualifications and in Maldon and Castle Point the proportion with level 4 qualifications is half that for England.

Despite low local job density, only around 4% of people in Essex are unemployed (England 5.4%). Lower unemployment rates and higher earnings are largely due to the fact that 15% of

residents commute to London for work. However, there are pockets of high unemployment with rates in Tendring and Southend above 7%.

Despite Essex's relatively low crime rate (46 crimes per 1,000 population compared to 61 per 1,000 in England), the reduction of crime / anti-social behaviour and fear of crime are afforded very high priority across districts / boroughs. Thurrock, Harlow and Southend have higher than average crime rates. Harlow also has a higher than average violent crime rate and alcohol-related crime rate.

Poor transport systems limit life opportunities and good health and, in Essex, is the biggest contributory factor to people feeling isolated. The county's road and rail networks take well over half a million people to and from work every day. Growing car use and new housing developments are set to increase congestion and pollution levels as well as the need for network maintenance.

Health & Welfare

Life expectancy is a measure of overall life chances, can indicate areas of poor health and is influenced by economic and social determinants. Life expectancy varies across the region with Southend (78.1 years) and Thurrock (78.2 years) having the shortest life expectancy in Essex (England 78.3 years). Brentwood, Uttlesford, Rochford and Chelmsford have the longest life expectancy (80 years or over).

At ward level, the differences in life expectancy are even more pronounced. Residents in Pier ward (Tendring) have a life expectancy of only 70.1 years compared to Littlebury ward (Uttlesford) with 88.7 years. This is a difference of 18.6 years from one part of the county to another.

Research indicates lower life expectancy among vulnerable groups; life expectancy tends to be below that of the general population for the gypsy/traveller population, those with serious mental illness and those with severe learning disabilities.

Mortality reflects both the incidence of disease and the ability to treat it. Across Essex mortality rates have largely improved steadily over the last ten years. Although the rate of improvement has been faster for males, female mortality rates are, without exception, lower than those for males. Circulatory diseases remain the most common cause of death with cancer a close second now for females. There is wide variation in mortality rates across Essex with, for example in Southend, a five-fold variation among males and an eight-fold variation among females in circulatory disease mortality.

When considering male mortality from all causes, both Thurrock and Southend have rates above the national average closely followed by Tendring and Harlow. In the female population, Southend, Basildon and Thurrock are all above the national average. There's a similar picture in premature mortality (among those aged under 75). Detailed analysis shows that there are marked inequalities both between and within districts / boroughs.

In relation to circulatory diseases (heart diseases, strokes), male mortality rates are below the national average in all districts / boroughs but for females they are higher in Thurrock, Maldon,

Braintree and Epping Forest. Those with severe mental illness have a greater risk of dying from coronary heart disease and Basildon, Southend and Thurrock have higher rates of hospital admission for circulatory disease than the Essex average.

In relation to all forms of cancer, male mortality rates are above the national average in Maldon, Tendring, Basildon and Harlow and female rates higher in Basildon, Southend, Uttlesford and Castle Point. Hospital admission rates for cancer vary widely across Essex with 13 of the 14 districts / boroughs being significantly different from the Essex average.

If you are a male living in Harlow, you are twice as likely to die from lung cancer, than if you live in Uttlesford and Southend has high lung cancer mortality rates for both genders. Uttlesford, however, has the highest mortality rates for both breast and prostate cancers.

In the UK, it is estimated that over 15 million people report living with a long-term condition. People with long-term illnesses often suffer from more than one condition, making their care even more complex. Eighty percent of primary care consultations and two thirds of emergency hospital admissions in the UK are related to long-term conditions. As well as geographical differences in the prevalence of long-term conditions, some populations are also known to have higher prevalence (eg diabetes among those with mental health problems).

In Essex, 215,471 people (16.2%) consider themselves to have a limiting long-term illness (LLTI). All of Tendring and most of Southend have high levels of LLTI, with particularly high levels in Tendring's coastal areas. LLTI is often associated with mental ill-health, unemployment and benefit claims. With adequate support, training and supervision, many of those affected can find employment, regain their social status and improve their well-being.

Children & Young People

Low birth weight babies (<2.5kg) were traditionally linked to high deprivation but are increasingly also a result of improved medical technology. Thurrock and Uttlesford have the highest rates of babies born with low weight.

Harlow is the only area to have an MMR vaccination rate higher than the England average. The incidence of measles varies hugely across Essex; Thurrock, Southend, Braintree, Castle Point and Epping Forest all have higher than average rates (and also some of the lowest uptake for the MMR vaccine).

Childhood obesity is on the rise with a 22% increase in those overweight or obese between 1995 and 2003. Given the difficulty in obtaining good data, a local baseline of 11.3% for childhood obesity has been agreed from the 2006 NHS data collation. Tendring, Thurrock and Colchester appear to have the highest obesity levels in reception year whilst Harlow and Thurrock the highest among children in year 6.

Babies who are breastfed are less likely to be obese in adulthood. However, breastfeeding initiation rates in the UK remain relatively low compared to other countries, particularly among women in lower income groups.

In the UK, around 10% of 5-15 year olds have a behavioural or mental health problem. They are more likely to be boys, living in a lower income household and in social sector housing. Many of them will have poor education, are more likely to be in trouble with the police and have poorer life chances. Children and young people who are looked after are more likely than others to suffer from poor emotional well-being and to misuse drugs and alcohol. Local estimates of prevalence indicate over 19,200 children and young people diagnosed with behavioural or mental health problems.

Among 15-year-olds in Essex, 55% drink alcohol, 19% are regular smokers and 13% use drugs. It is also known that 14.5% of care leavers misuse drugs or alcohol and that 8% of young offenders re-offended with an offence related to drugs or alcohol.

In Essex, 49% of primary school pupils and 27% of secondary school pupil felt afraid of going to school as a consequence of bullying. There were 8,292 incidents of serious crime affecting children and young people reported to Essex police in 2006-07.

Early pregnancy brings health risks for mothers and an increased likelihood of poor outcomes for children. Essex has seen a steady decline in teenage conceptions over the last few years but they remain higher than the national average (41 per 1,000 aged u18) in Basildon (47/1000), Southend (47/1000) and Thurrock (44/1000). At ward level, there are pockets of very high teenage pregnancy rates, often located in more disadvantaged communities and linked to poor educational attainment. The highest rate in Southend is more than five times the regional average.

Across Essex, the proportion of year 11 statutory school leavers remaining in education has increased since 2004 and there has been a significant reduction in the proportion not in education, employment or training (NEET). However, there remains a 'hard core' of difficult to engage young people (approximately 13%) who are being targeted through specialist school intervention.

Essex is home to a number of very vulnerable children at risk of poor health, education and social outcomes. At any one time, there are around 700 children on the Child Protection Register and 1,700 children and young people looked after. Southend, Basildon, Tendring, Thurrock and Colchester all have over 150 children looked after with the rate in Southend nearly double that in ECC (86 per 1,000 aged u18 compared to 44 per 1,000).

Working Adults & Older People

The population in the UK is ageing fast and a key factor in determining demand on health and social care services, is the living circumstances of older people. In 2008, it is estimated that there will be around 86,100 people aged 65 years and over living alone. By 2025, this figure could rise to 124,200.

As residents grow older, levels of impairment and disability will rise. Almost 10% of the population is involved in providing informal care to relatives, friends and neighbours. Although the majority receive some form of support from local authorities and voluntary organisations, about a third does not receive any support at all. Nationally, 8.9 carers per 1,000 adults are supported by social services. Thurrock and ECC support well below this figure (4.8/1000 and

6.9/1000 respectively) but Southend supports more (9.4/1000). Tendring is the only district council with a higher than average rate (9.4/1000).

In Essex, over 17,000 units of housing-related support services are provided through Supporting People across a range of client groups. Over 90% of service users are older people. As our population ages, we can expect to see 24% more frail elderly people, more age-related mental health problems and a dramatic rise in the need for housing-related support. Of those currently living in social rented housing, just under a third live in sheltered housing.

Mental health and well-being is an area of concern nationally. Southend, Tendring, Harlow, Basildon, Colchester and Thurrock have above average proportions of their working age population claiming benefit/allowance for a mental or behavioural disorder – Uttlesford has the lowest rate.

Southend, Harlow, Thurrock, Basildon, Castle Point and Tendring all have above average proportions of their working age population suffering from a neurotic disorder / depression. And there is large variation at district level in terms of hospital admission rates for mental illness. The male mortality rate for suicide is markedly higher than the female rate with both rates seeing an increase in recent years. In Harlow, the male rate is considerably higher than in other areas in Essex and than the national average.

Depression is the most common mental illness in older people and the second commonest single underlying cause for all GP consultations. There are currently nearly 44,000 (highest prevalence estimate) people aged 65+ in Essex who are suffering from depression. By 2025, it is predicted that there will be over 62,000 sufferers aged over 65 years.

Dementia can affect people of any age, but is most common in older people and in women (especially Alzheimer's). One in 14 people over 65 years and one in six people over 80 years, have a form of dementia. It is estimated that there are around 22,300 sufferers in Essex, with the prevalence estimated at 1.14% in ECC, 1.61% in Southend and 0.71% in Thurrock (1.1% in UK). The number of people suffering from dementia is expected to increase to just under 33,500 by 2025. This is a much greater rate of increase (50%) than in England (44%).

Looking after people with chronic conditions is costly and consumes a large proportion of health and social care resources, especially in older age. Obesity is a major problem and is likely to get worse over the next 20 years. Obesity is already known to have serious health implications such as diabetes, cardiovascular disease, arthritis and many more. In Essex the current number of older people thought to be obese is around 71,300 and by 2025 it's estimated it will top 100,000.

Mobility problems and incontinence among women are expected to increase at faster rates than nationally – 48% and 37% respectively over the next 20 years. The risk of suffering from heart disease, stroke and cancer also increases with age. Co-morbidities such as diabetes or other chronic illnesses increase the risk of having heart disease or associated illnesses. Essex has a high rate of cardiovascular disease and this is predicted to be well above the national average by 2025. It is also estimated that, by 2025, there will be over 48,500 (highest prevalence estimate) people aged over 65 in Essex with a chronic respiratory condition.

Falls are a common problem amongst the older population and can often result in fracture of the wrists or femur. Older people take longer to recover, become more dependent (through subsequent mobility issues and lack of confidence) and are at greater risk of isolation. Currently there are 18,300 attendances at Accident & Emergency (A&E) departments as a result of falls among older people. By 2025, this is expected to rise to 27,100.

Nationally 158 older people per 1,000 adults are supported by social services. Rates across Essex are lower than this: ECC 151/1000; Southend 147/1000; Thurrock 106/1000. Within ECC, the highest rate of service users open to an older people's team is in Braintree (113/1000) and the lowest is in Harlow (73/1000).

People Living with Disabilities

Levels of disability are expected to increase sharply as our population ages and as more children with complex and multiple disabilities survive into adulthood.

Nationally 3.9 people with learning disabilities per 1,000 adults are supported by social services. The rate in Southend is the same but rates in ECC (3.5/1000) and Thurrock (2.7/1000) are lower. There are currently 4,500 (4.4/1000) people registered with a learning disability in ECC. North East Essex (Tendring 7.2/1000 and Colchester 6.6/1000) has the highest prevalence.

In England, 27 people per 1,000 population aged 18+ have a physical disability, temporary disability or are considered frail and are supported by adult social services. ECC (32/1000) and Southend (30.3/1000) rates are higher than this but Thurrock's is lower (16.9/1000). In ECC, the highest rates of service users open to physical impairment teams are in Tendring (3.1/1000), Colchester (2.9/1000), Harlow (2.9/1000) and Braintree (2.8/1000).

ECC (1.3/1000), Southend (1.7/1000) and Thurrock (0.7/1000) all have rates of sensory impairment below the national rate (2.2/1000) for population aged 18yrs+. However, the inclusion of those with mild or secondary impairment (eg uncertified sight loss or hard of hearing) increases the ECC rate to 4.6/1000. The highest rates of all forms of impairment can be found in Colchester (6.7/1000) and Tendring (5.8/1000) while the lowest rates are in Harlow (2.4/1000) and Epping Forest (3.1/1000).

Quality of Life

Quality of Life means different things to different people, but it often includes enjoyment of the local environment; good personal health; quality time with friends and family; a strong community spirit and positive perceptions about the quality of services received.

73% of those living in ECC reported that living in Essex has a positive impact on their quality of life, 81% were satisfied with their local area as a place to live and 76% were happy overall.

In regards to personal safety, 84% said they felt safe during the day but only 47% felt safe after dark. People felt safest in Uttlesford (91%), Braintree (88%) and Chelmsford (87%) and least safe in Castle Point (77%). Older people generally feel less safe and people living in urban areas tend to feel less safe after dark.

Common high priority themes for improvement are: the level of crime, activities for teenagers, health services, clean streets, level of traffic congestion, affordable decent housing, public transport and road / pavement repairs. District differences include: Tendring affording higher priority to job prospects; education provision being more of an issue in Basildon, Colchester and Epping Forest; parks and open spaces being of greater concern in Castle Point and Rochford; facilities for young children given higher priority in Harlow; better cultural facilities needed in Brentwood and Maldon; and Uttlesford being the only area to identify pollution as a key issue.

Generally, people's lifestyle choices are having a negative impact on their health with obesity now one of the major public health issues. In Tendring, Basildon, Thurrock and Harlow the prevalence of obesity is higher than national levels and only in Uttlesford, Colchester and Brentwood are exercise levels better than average. Smoking remains the single greatest cause of preventable illness and early death. However, alcohol and drug misuse also have a significant impact on health, crime and society. Chelmsford, Harlow, Colchester and Thurrock have binge-drinking rates above the regional average and the prevalence of drug misuse is highest in Southend, Harlow and Maldon. Despite overall improvements in road safety, there are some worrying upward trends in people killed or seriously injured as a result of risk-taking behaviour among young people.

England has an ecological footprint of 5.47 global hectares per person, which is 65% higher than its ecological budget. The ecological footprint for Essex is 5.54 with only Harlow, Thurrock and Basildon below the England figure. We need to reduce the impact that our lifestyles have on the environment and minimise the environmental impact of housing and business development.