

Greater Essex Area Profiles

Mid Essex Unitary Authority

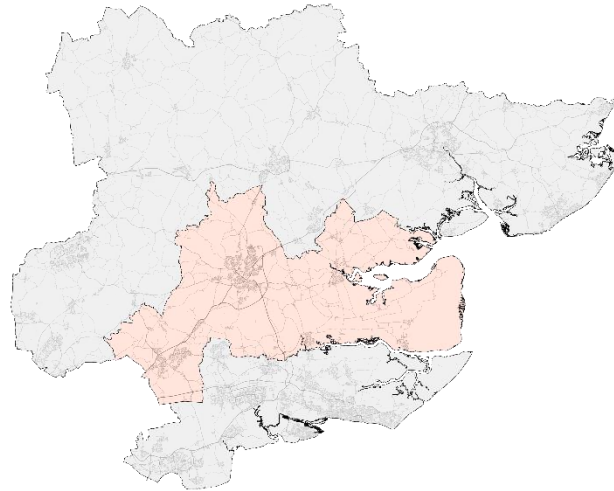
Public Health Intelligence
Research & Citizen Insight
Policy Unit

Mid Essex Unitary Area Profile

This profile gives a high-level picture of the health of a new Mid Essex Unitary Authority, made up of the current Maldon, Chelmsford, and Brentwood districts.

The report looks at demographics, mortality, disease prevalence, early years, and socioeconomic factors.

Area profiles are updated annually by Essex County Councils Public Health Intelligence team. The PHI team have also produced a comprehensive [Joint Strategic Needs Assessment \(JSNA\)](#) suite of dashboards, which covers the topics in this report and the wider determinants of health. These dashboards are regularly updated and are the best source of local health data.



Demographic characteristics

Mid Essex UA area is home to c.325k residents (17.5% of the Greater Essex population). The population is projected to grow by 8% in the years to 2040, with the fastest growth being seen amongst the 65+ age group. The area is less ethnically diverse than England as a whole.

The health of the population

Life expectancy in Mid Essex UA is 84 years for females and 81 years for males, broadly similar to figures for England as a whole. Rates of preventable mortality and infant mortality are lower than England.

Inequalities

There are inequalities within the area. Women born in the most deprived parts of Mid Essex die 4.2 years earlier than in the least deprived areas. For men the gap is 4.6 years. Deprivation in Mid Essex is generally low and there are no pockets of high deprivation in the area. There is a high demand for housing in Mid Essex, and the median house price is almost 10 times the median salary.

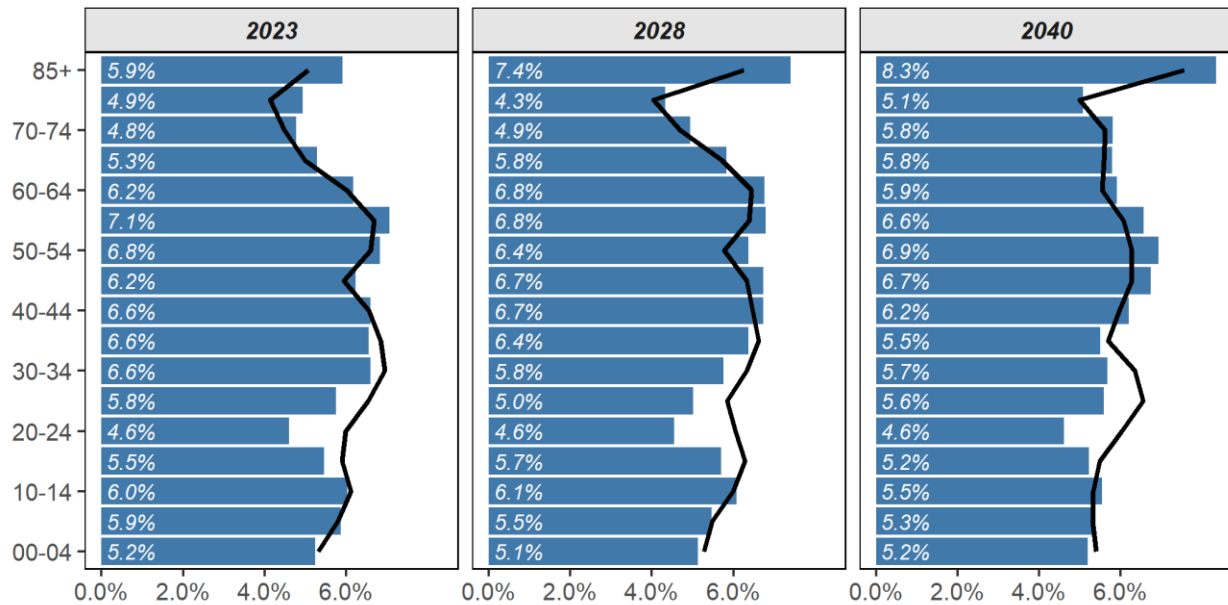
Demographic characteristics

Mid Essex has a population of 324,780 according to the latest 2023 ONS population estimates. This is 17.5% of the Greater Essex population. The population is set to increase to 335,388 and 352,153 in 2028 and 2040 respectively.

58,742 (18.1%) of residents are aged 0-15, 198,788 (61.2%) are age 16-64, and 67,250 (20.7%) are age 65+.

Current & future population structure

Black line is England



The **median age in Mid Essex is 43**, higher than the England median age (40). There is a roughly equal sex split with females making up 51.1% of Mid Essex residents.

48,050 (14.8%) of residents in Mid Essex identify as an ethnicity other than White British. This is lower than England, where 26.5% identify as an ethnicity other than White British. 95.9% of residents speak English as their main language.

After English, the three most common languages spoken in Mid Essex are 'Any other European languages' (3,920, 1.2%), 'Any other South Asian languages' (1,570, 0.5%), and Polish (1,090, 0.3%).

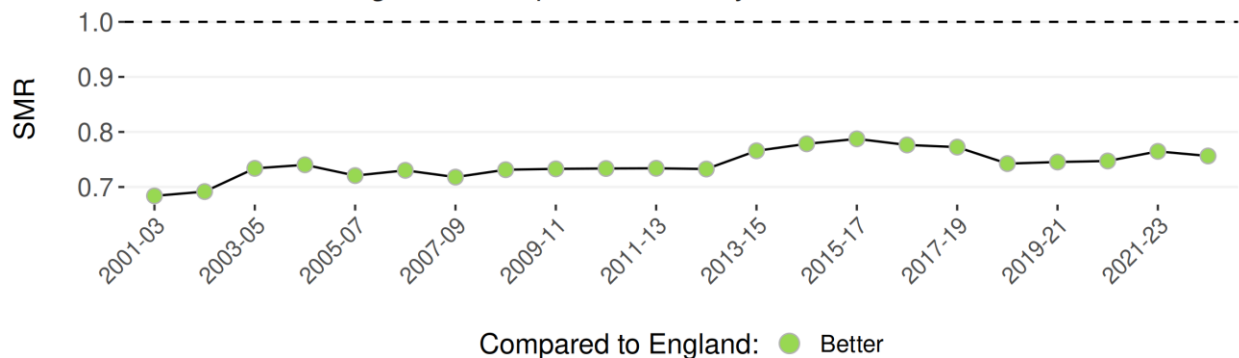
Mortality

Mortality is an important measure of the health of a population. Some key indicators are preventable mortality rates, suicide rates, and child mortality.

The charts below show the standardised mortality rate (SMR) for preventable deaths in Mid Essex. The SMR shows if Mid Essex sees more or fewer preventable deaths than we would expect, based on England's overall rates. SMRs account for differences in the age and sex profile of the local population to make this a fair comparison. A SMR greater than 1 means that preventable deaths are higher than expected, and lower than 1 means preventable deaths are lower than expected. If the preventable mortality rate is significantly higher than England, the point is shown in red. Mortality rates which are lower or similar to England may still represent important public health issues – for example if there has been year on year increases locally which haven't been seen nationally.

Standardised preventable mortality rates, residents aged under 75

Values above 1 indicate higher than expected mortality



Compared to England, Mid Essex has a lower level of preventable mortality. Preventable deaths can be grouped into four main causes – deaths which are considered preventable due to cancer, circulatory disease, liver disease, or respiratory disease. Trends in preventable mortality are shown on the next page, split by the cause of death and current LTLA.

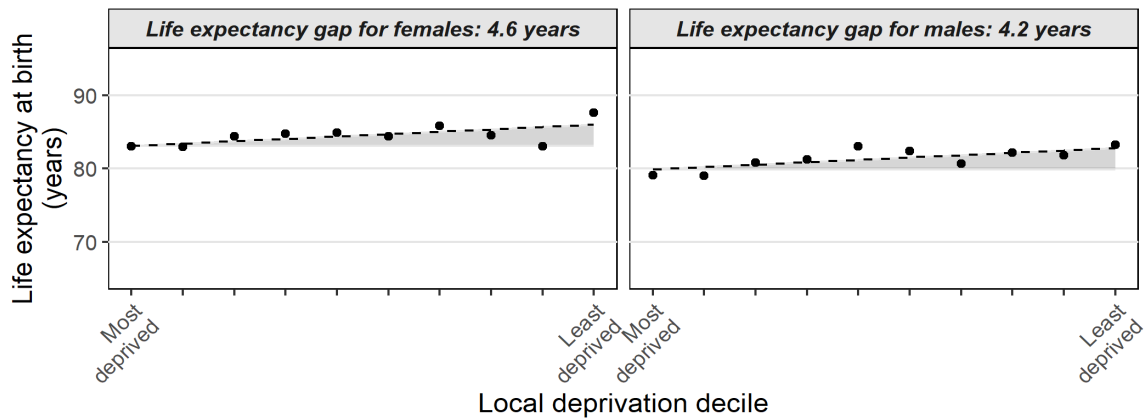
Preventable mortality is generally low in Mid Essex and all preventable mortality rates are either similar to or significantly lower than England. All three districts in Mid Essex have seen recent increases in preventable respiratory mortality, and the preventable cardiovascular mortality rate has been increasing recently in Chelmsford.

Preventable mortality rates per 100,000 residents aged under 75



Preventable mortality is concentrated in deprived areas. People living in the most deprived parts of Mid Essex die roughly 4 years earlier than people living in the least deprived areas.

Inequality in life expectancy within Mid Essex



In the chart above the area is split into 10 groups based on their index of multiple deprivation decile. Life expectancy is calculated for each area. If there is no inequality then the dotted line on the chart will be flat. The chart shows that life expectancy generally increases as deprivation decreases.

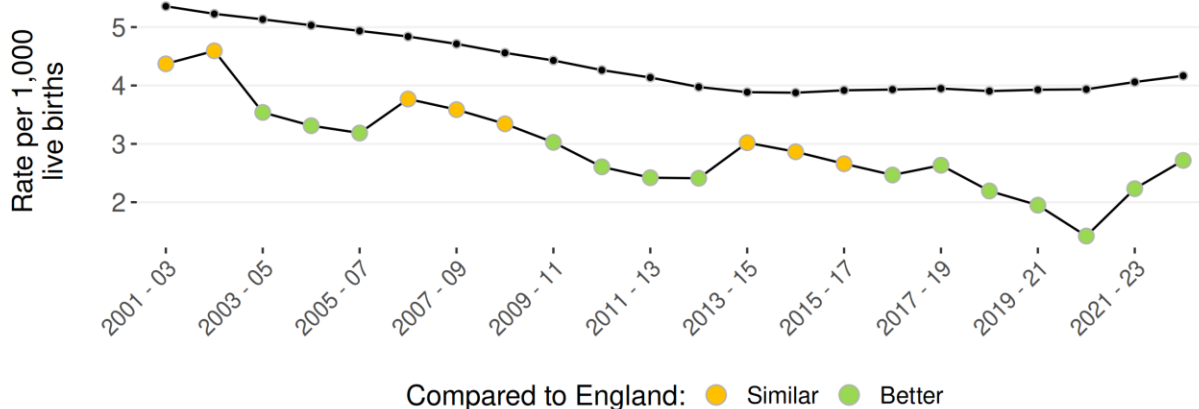
Infant mortality is influenced by the ‘upstream determinants’ of health such as social, economic, and environmental conditions. Infant mortality can be thought of as an indicator of the general health of an area.

Similarly suicide is high-level indicator of the mental health of an area. The drivers of suicide are complex and can vary person to person. Some of the nationally recognised risk factors for suicide include poor mental health, loneliness and isolation, history of self-harm, and (in adults) long term unemployment. There is also a link to physical health and distressing events, such as being recently diagnosed with a terminal illness.

The charts below show infant mortality and suicide rates in Mid Essex:

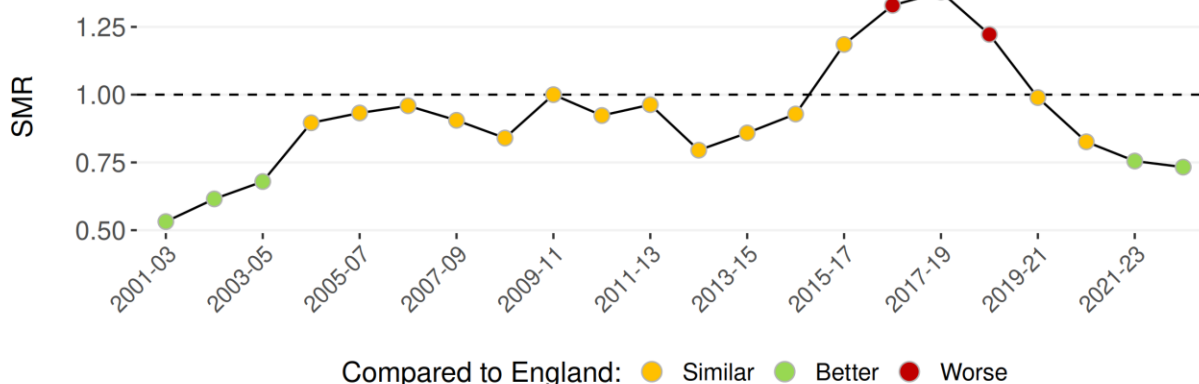
Infant mortality rate

Black line is England



Standardised suicide mortality rates

Values above 1 indicate higher than expected mortality



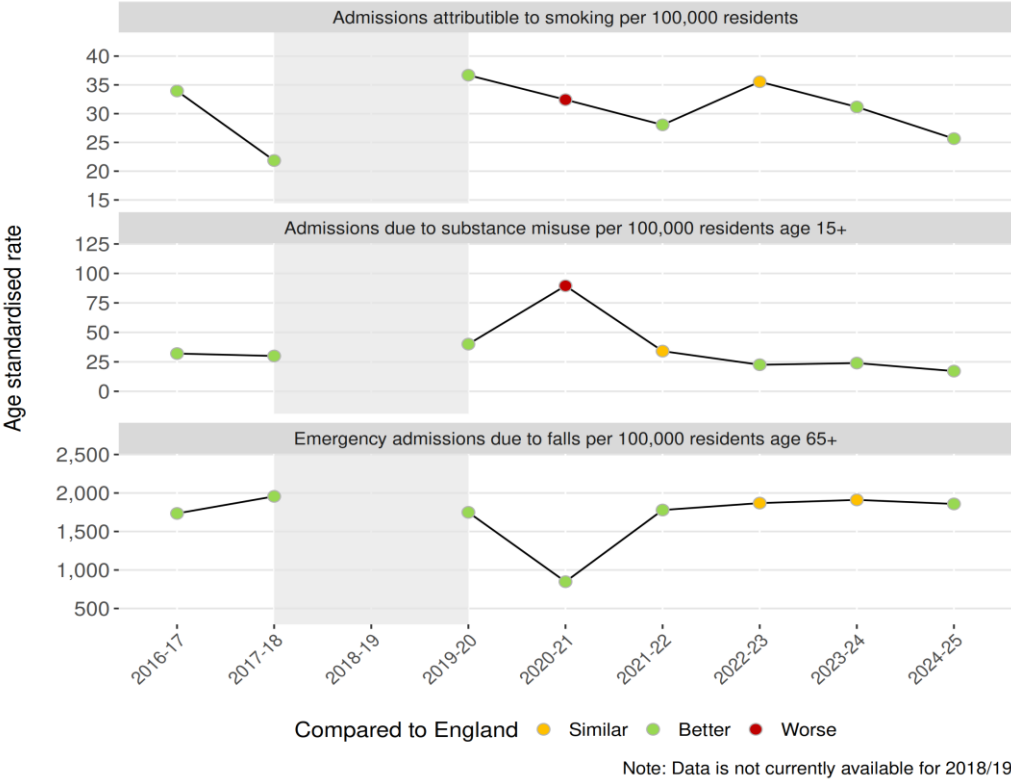
Disease prevalence and hospital activity

GPs maintain registers of their patients who have been diagnosed with certain conditions. This data can be used to estimate the disease prevalence of some common conditions in Mid Essex (table below). Mid Essex has lower estimated prevalence for COPD, and Osteoporosis. Estimated prevalence is higher for Rheumatoid Arthritis. The prevalences in the table above are based on people who have been diagnosed with each condition. This will miss people who have the condition but haven't been diagnosed, so the true prevalence is likely higher than the figures in the table.

Condition	Residents diagnosed	Mid Essex %	England %
Asthma	21,957	6.6%	6.6%
COPD	4,997	1.4%	1.9%
Osteoporosis	665	0.5%	1.2%
Rheumatoid Arthritis	2,466	0.8%	0.8%

Hospital admissions due to smoking, substance misuse, and (in older people) falls are largely preventable. Older people who fall usually present to hospitals as emergency admissions, which are typically more expensive compared to other admissions. Public health interventions such as smoking cessation, drug and alcohol services, and strength and balance programmes can all help to reduce demand on health care services. The charts below show admission rates for these three causes in Mid Essex:

Hospital admission rates in Mid Essex



Early years

A child's early years can have a lifelong impact on their health behaviours and outcomes in later life. Some indicators in this area include childhood obesity, admissions to hospital due to injuries, oral health, the proportion of children who are living in poverty, and educational attainment and attendance.

- The proportion of **year 6 children in Mid Essex who are overweight or obese between 2022/23 - 24/25 is 31.0%**, similar to the England proportion (36.2%). Since 2008/09 - 10/11 the proportion of children who are overweight or obese has **increased by 1.3%** (compared to 3.1% in England).
- **11.3% of Mid Essex 5-year-olds have visually obvious dental decay in 2023/24**, similar to England (22.4%). Since 2007/08 the proportion has **decreased by 13.7%** (compared to 8.5% in England).
- There are **6,678 (10.8%) children living in absolute poverty** in Mid Essex in 2024/25 (defined as households with a total income below 60% of the 2011

median income, adjusted for inflation). This is similar to England (19.8% of children live in absolute poverty). Since 2021/22 the proportion of children living in absolute poverty in Mid Essex has decreased by 0.4%.

Socioeconomic

The area a person lives in, their employment, and their financial situation all influence health. This section looks at affordability of housing, average weekly earnings, and violent crimes in Mid Essex.

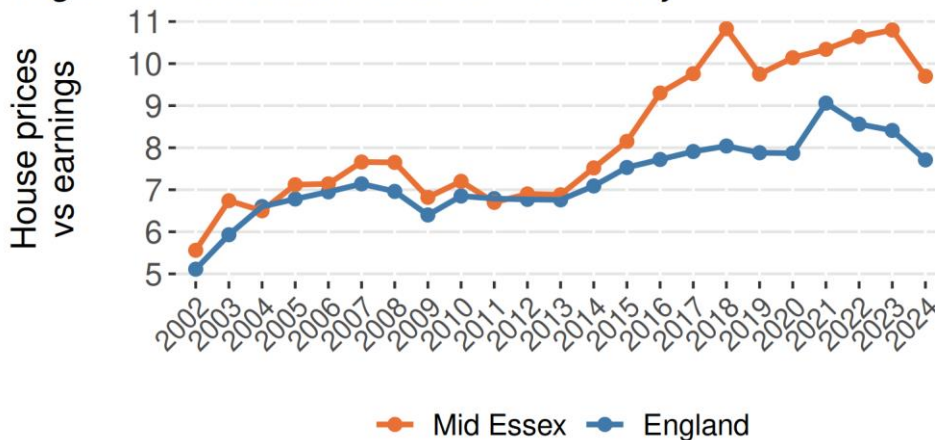
Median weekly earnings have increased by £220 between 2011 and 2025 in Mid Essex. Over the same period median earnings for England increased by £242. In 2025 the median gross weekly earnings in Mid Essex was £701, compared to £632 for England.

The chart below shows the ratio of median house prices to median gross annual earnings. This is an indicator of housing affordability – a value of 2 for example means that the median house price is twice the median income. The higher this ratio is, the less affordable houses are. In 2024 the median Mid Essex house price in 2024 was £385,000 and the median annual gross income was £39,708, giving an affordability ratio of 9.7. England’s affordability ratio was 7.7 – **houses in Mid Essex are less affordable compared to England.**

Since 2014 the housing affordability ratio in Mid Essex has increased by 29.0%, faster than England (over the same period England’s ratio increased by 8.7%).

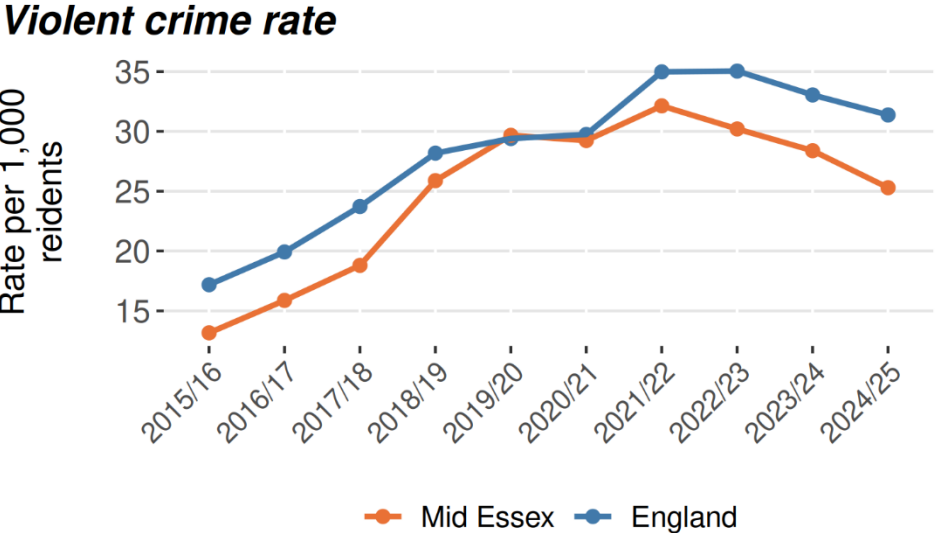
Housing affordability ratio

Higher values indicate lower affordability



Violent crime rates have been increasing across England – this is due to a combination of an increase in the number of crimes, and improvements in crime reporting. In

2024/25 the violent crime rate in Mid Essex was 25.296, lower than the England rate (31.375). The chart below shows how the violent crime rate has changed over time.



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