



A profile of people living in Braintree

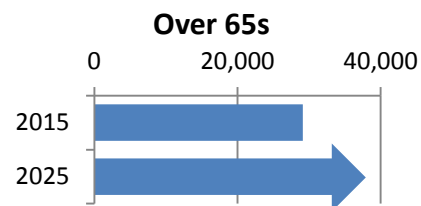
May 2016
Organisational Intelligence

Covering approximately 612 square kilometres, the Braintree district is the second largest Essex local authority in terms of geographical area (Uttlesford is the largest). Whilst large in area the district is only the fifth most populated of the 12 Essex local authorities. The district consists of the two large market towns of Braintree and Halstead along with the 1970's urban 'expanded town' of Witham interconnected with many smaller villages and rural areas. Crossing the southern portion of the district are the two main arterial roads of Essex, the A12 and the A120 which provide the area with quick access to the rest of the county, London and Stansted airport.

An overview of Braintree including key issues impacting the population, health and wellbeing, and demand on services

People and place

- An **ageing population** is increasing demand on services.



- Few **deprived areas** with poor health and unemployment.
- Low population density.
- Lower than average rate of **crime** and residents feel safe.
- Higher than average waste **recycling** levels.



Lifestyles

- Reducing **smoking** prevalence and **obesity** rates, plus increasing the level of physical activity, are all areas for improvement.
- Interventions need to reach high risk groups to reduce the number of preventable health conditions and service demand.
- Hospital admissions due to **alcohol** related conditions are better than the England average.
- Increase in number of adults in **substance misuse** treatment.

Physical and mental health

- Increasing rate of **diabetes** although it is near the average.
- Third worst rate of hospital admissions due to **hip fractures** in the county.
- Both prevention and treatment are important to improving health outcomes.
- Good **wellbeing** amongst adults and pupils and a low percentage with **mental health** problems.
- Increasing number of people with **dementia**. Unpaid carers require support to achieve their role.



Housing

- Lower than average proportion of **owner occupied housing**, with more in rented/social housing.
- Lower than average increases in **house prices** and lower number of dwellings being built.
- Fourth highest number on **housing waiting** list.
- Low level of **homelessness**.
- Ageing population will impact on the availability of health services, housing and care homes.



Children and Young people

- Average rate of **teenage pregnancy** is linked to a range of poor outcomes in later life.
- Lower than average **Chlamydia** testing but higher positive rate.
- Average levels of **child poverty**, but some pockets of deprivation.
- Average **take up** of free early education entitlement (two year olds).
- Higher than average rate of **children in care**.

Education

- Low percentage achieving a **good level of development** at age 5, including those eligible for free school meals.
- Low proportion attend a **good or outstanding school**.
- Low proportion achieve five or more **GCSEs** at grades A*-C.
- Second highest proportion of **persistent secondary absenteeism**.
- Significantly fewer pupils than average aspire to go to **university**.



Employment

- Average number of adults with **no qualifications**.
- Lower **adult unemployment** and average proportion of young people **Not in Education Employment or Training**.
- Slightly higher **employment** and average percentage of adults who are inactive.
- Lower than average ratio of **jobs** per population.
- Most businesses have 9 or fewer employees.



Transport

- Average **travel time** by public transport or walking to reach key services in Essex.
- Third lowest percentage of residents in Essex who are satisfied with local **bus service**.
- Access to a car is essential for people out of work and not able to use public transport or walk to an employment centre. 16% may miss out on **work opportunities** unless they have access to a car.

Greater demand on health and social care due to an ageing population and schools and services supporting 5-15 year olds

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



Sustainable environment

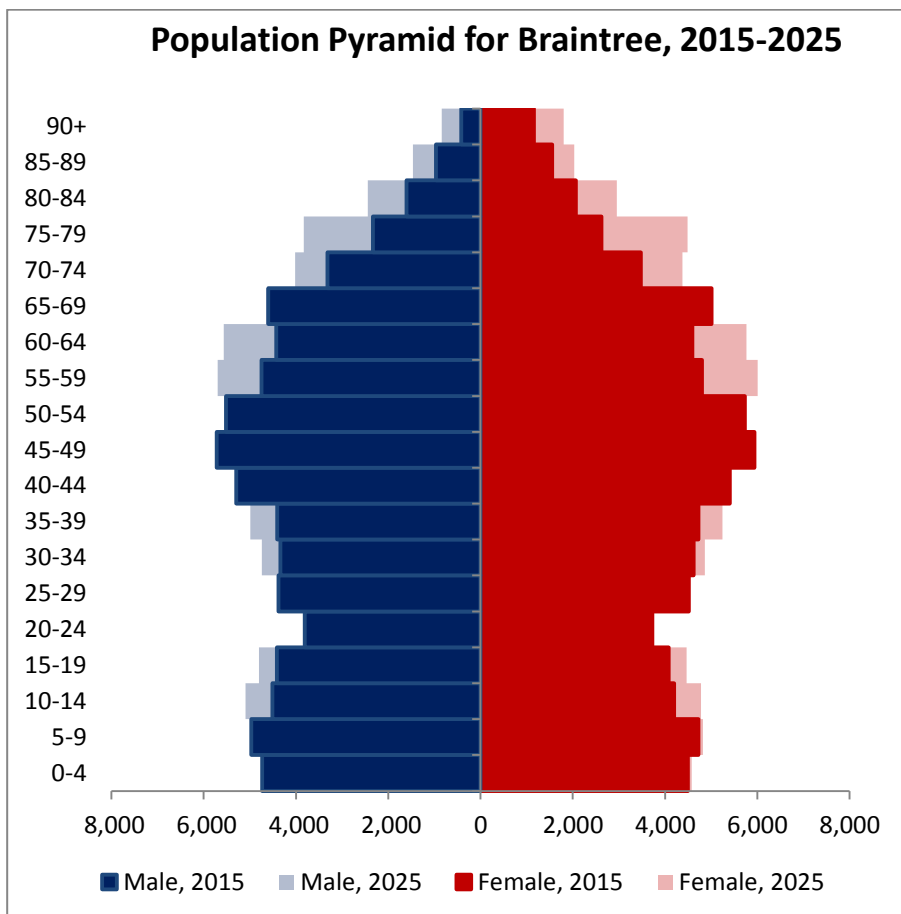


Independence



Braintree is the fourth largest district in Essex in terms of total population numbers and the population is forecast to grow by 8% in the next ten years. It has a relatively high proportion of over 65s and a 30% increase is expected between 2015 and 2025. This ageing population will put greater demand on health, social care services and housing needs.

The working population is essential for economic growth, requiring adequate housing, access to jobs and businesses, but the Braintree proportion is forecast to decrease by three percentage points by 2025.

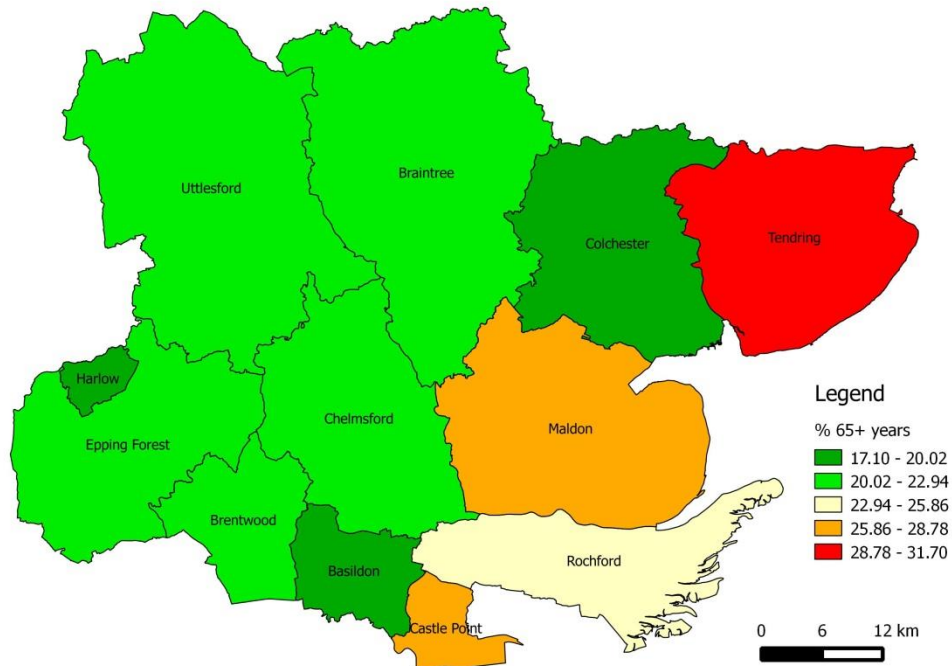


Between 2015 and 2025:

- The total population will increase from 151,910 to 164,650 - an increase of 8% or 12,740 more people.
- Over 65s will increase from 29,100 to 37,700: an increase of 30% (8,600) and will represent 23% of the total population in the district.
- The working age proportion will fall slightly from 57% to 54%.
- There will be 2,100 more under 19s
- 19,800 new babies will be born over the period.

Source: ONS, 2012 sub-national populations

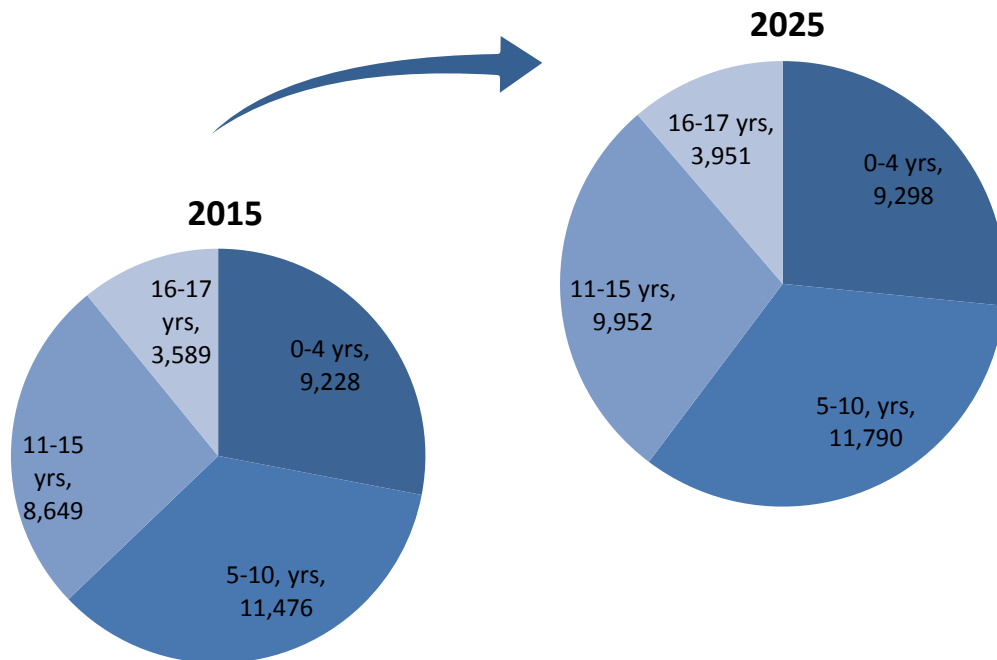
Percentage of older people (65+ years) by district (2024)



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Source: Office for National Statistics 2012-based sub-nation population projections

10th June 2015

Between 2015 and 2025, the 11-15 year old and 16-17 year old age groups will be the biggest growing age groups for children: an increase of 1,303 and 362 respectively. School places and services will need to be available to support these changes.



Braintree is relatively affluent, with few areas of deprivation

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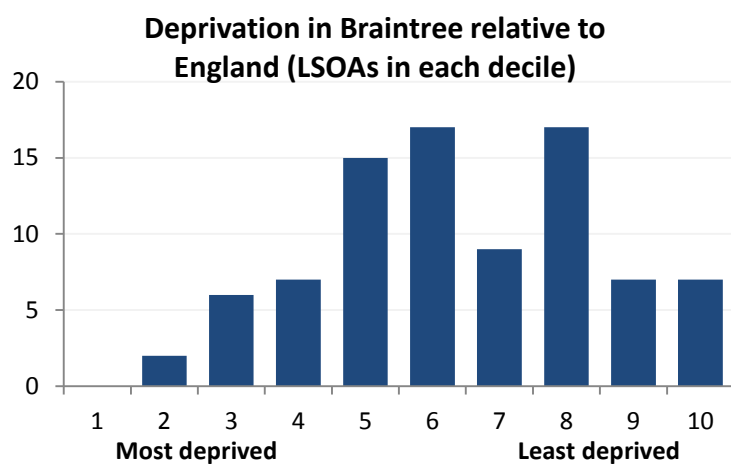
Economic growth



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Independence



The Indices of Multiple Deprivation are made up of a number of different domains including: income; employment; health and disability; education, skills and training and housing and services which impact the overall deprivation.

There are 87 LSOAs in Braintree, with none of them being amongst the most deprived 10% in England and just two that are in the bottom 20%.

Source: DCLG, Indices of Multiple Deprivation (IMD) 2015

The distribution would suggest that there are some affluent areas of Braintree but few that are relatively deprived. Braintree is ranked 202 out of 326 local authorities in England on overall deprivation (where 1 is the highest level of deprivation).

MOSAIC is a tool for identifying the characteristics of households within an area. There are 66 different household types in MOSAIC and some or all of them can be present in an area. The top three most prevalent household types in Braintree, representing 14% of households are:

“G29 Satellite Settlers” 5.7% of households	“A04 Village Retirement” 4.3% of households	“M56 Solid Economy” 4.3% of households
<ul style="list-style-type: none"> Retired couples and singles, aged 66-70 Own their property, in large villages with some amenities e.g. post office, pub, village store Income between 20-29k Generally don't need state support. 	<ul style="list-style-type: none"> Retired couples and singles, aged 66-70 Own their property, in large villages with some amenities e.g. post office, pub, village store Income between 20-29k Generally don't need state support. 	<ul style="list-style-type: none"> Families with children, aged 18-25 Renting from social landlord Household income less than £15k Lower wage service roles Relatively stable finances but small bills may be a struggle

Bocking South, Witham West and Witham North wards are areas with high deprivation and health inequalities. The household profiles in these areas are quite different and therefore the approach needed to reduce inequalities is also likely to be different.

Bocking South ward	Witham West ward	Witham North ward
<ul style="list-style-type: none"> • 14% of households are M56 'Solid Economy' who tend to be families with children renting from a social landlord with relatively low incomes. • 6.3% are N61 'Estate Veterans' with an average age of 75, on low incomes who often live alone and are long term social renters of their current home. • 6.1% are K47 'Offspring Overspill' (see right for description). • 5.5% are H35 'Primary Ambitions' - families with children under 11 owning 2/3 bedroom terraces or semis with household incomes of £30-59k. 	<ul style="list-style-type: none"> • 10.9% are M56 'Solid Economy' (see left for description). • 8.6% are M54 'Childcare Squeeze' who are couples likely to have pre-school children, own low value homes and have incomes of £30-39k. • 5.7% are K48 'Down-to-Earth Owners' who are older married couples whose children have left home, owning their semis/terraces with an income of £20-39k. • 5.1% are K46 'Self Supporters' who live alone, are aged 46-65 and own 2/3 bedroom small homes with incomes of £20-29k. 	<ul style="list-style-type: none"> • 9.1% are M56 'Solid Economy' (see left for description). • 7.6% are H30 'Affordable Fringe' who are married couples in 30s/40s with school age children, owing their own home and with an income of £30-49k. • 6.3% are K47 'Offspring Overspill' who are pre-retirement families with adult children and incomes of £30-39k. • 5.8% are K46 'Self Supporters' (see left). • 5.6% are J45 'Bus-Route Renters' who tend to be aged 25-40, living alone and renting lower value flats.

Reducing smoking and obesity are areas for improvement

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



Sustainable environment



Independence

Smoking, drinking alcohol and obesity can cause preventable health conditions. Braintree has the fourth lowest smoking prevalence in the county, and it is also below the national average of 18%. Prevalence is higher in people in routine and manual jobs (21.4%).

Alcohol related admissions to hospital in Braintree were lower than the national rate of 645 per 100,000 population in 2013/14. There were 166 arrests for drug possession in Braintree in the year to September 2015, down 12% from a year earlier and accounting for 6.7% of all arrests across the county. 232 adults and 32 young people were receiving treatment for drug abuse, plus 128 adults and 11 young people were receiving treatment for alcohol abuse in the district in 2014/15.

- 13.0% of adults are smokers, lower than the national average.
- 815 people (563 per 100,000) were admitted to hospital with alcohol related conditions, significantly better than the national average.
- 360 adults (and 43 young people) were in treatment for drug/alcohol misuse, up 7% from a year earlier.

Citizen Insight Source: Residents Survey 2015

15% of Braintree residents stated that they smoke, above the Essex average (10%).



Obesity in adults in Braintree is worse than the national figures, although levels of physical activity are higher than average. The proportion of adults who are overweight or obese is the fourth highest district figure in Essex and higher than the national average (64.6%). Braintree performs better than the national average for 10-11 year old children (33.3% in 2014/15) but it is slightly above the county average of 30.7%.

Compared to the county average Braintree has a higher level of physical activity in terms of organised sport participation (36.4% compared to 35.4% of adults) and higher participation as part of a club membership (25.3% against 22.9%). Residents should still do more to improve their levels of physical activity in order to benefit their health, to achieve a lower risk of cardiovascular disease, stroke and coronary heart disease and this may mean creating more opportunities for people to do so.

- 68.0% of adults and 29.7% of 10-11 year old children are overweight or obese. This is higher than the national figure for adults but below it for children.
- 14.2% of adults in Braintree are doing enough physical activity to benefit their health (i.e. exercising three or more times per week), the second lowest in the county and lower than the national average



Citizen Insight Source: Residents Survey 2015

- 41% said that in the last week they did 30 minutes of moderate physical activity on five days or more, slightly above the county average (39%).
- Braintree residents (43%) are most likely to cite lack of time as the main reason for not taking more exercise (similar to the Essex average). Other reasons given are lack of motivation or the expense.

Increasing numbers of people with dementia, diabetes and admissions due to hip fractures will put demand on health services

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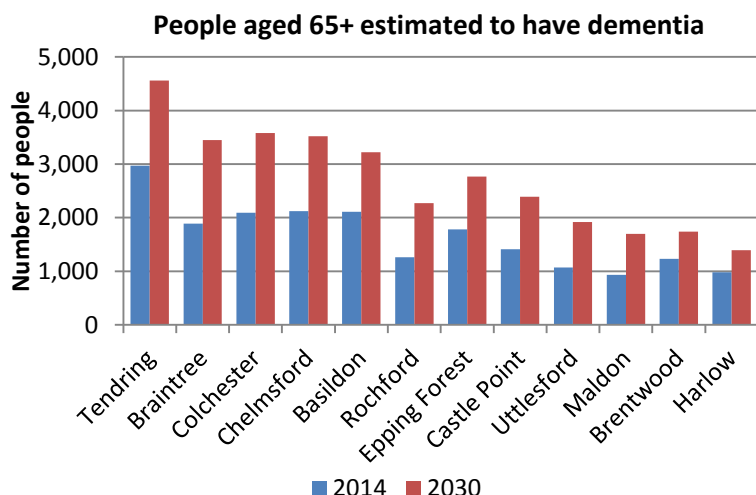
Sustainable environment



Independence



Increasing numbers of people with dementia will have an impact on health services including training of staff, support for unpaid carers, and the available housing stock as more places in supported and sheltered housing and care homes will be needed.



1,890 people aged over 65 are thought to have dementia and this number is expected to rise by 83% to 3,450 by 2030, the highest percentage increase in the county.

Braintree was in the mid-range of district figures for the rate of people who died prematurely from cardiovascular diseases (CVD), and the same for the rate of preventable deaths from CVD. These figures are both better than the national average. There has been a general improvement of these rates which is consistent with the national picture, and likely due to improvements in treatment and lifestyle. Prevention and treatment are important to improve things further.

- 60.0 per 100,000 people (235) died prematurely from cardiovascular disease (2012-2014), below the Essex rate of 62.4%. 37.3 per 100,000 (146) were preventable deaths from CVD.

- 686 per 100,000 (192) residents aged 65+ were admitted to hospital with hip fractures in 2013/14.
- Braintree is in the mid-range of districts for the rate of diabetes at 6.1% (6,825) of the GP registered population, and the rate has risen over the last four years.

The prevalence of hospital admissions due to hip fractures in the over 65s in 2013/14 was higher than the previous year. It was worse than the England average and the third worst district figure in the county. Hip fractures can cause a loss of independence and are likely to result in an increased need for social care and care home places.

There was an increase in the number of recorded cases of diabetes in 2013/14, compared with the previous period, and the rate has been increasing over the last four years (as has the national figure). This may be due to higher levels of diabetes or improved detection by GPs. The rate is similar to the national average.



Citizen Insight Source: Residents Survey 2015

71% of Braintree residents rate their general health as good, similar to the county average of 70%.

1,034 adults in Braintree were receiving social care support in 2014/15. 92% had personal budgets while 27% had Direct Payments, close to the proportions in the whole of Essex.

69% of adults who had accessed reablement services during the year had left as self-carers, i.e. being able to live independently, compared to 71% in the whole county. (Reablement is a short-term service to help people with their daily living activities in order to regain or increase their independence following an illness, injury, disability or when people need some support in re-building confidence).

- 1,034 adults in Braintree were receiving social care support in 2014/15.
- 92% of them had personal budgets, just above the county average.

Pupils rate their overall wellbeing levels well and adult mental health prevalence in Mid Essex CCG is lower than England figures

This section links to the following Essex County Council Outcomes



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Independence



National research highlights that good emotional and mental health is fundamental to the quality of life and productivity of individuals, families, communities and nations. It is associated with improved learning; increased participation in community life; reduced risk-taking behaviour and improved health outcomes. Poor child emotional well-being and mental health can have a lasting effect into adulthood. Research has shown that early intervention, preventative strategies and resilience building are effective to improve emotional wellbeing and mental health and are most effective when they take a holistic, family centred approach.



Citizen Insight

According to the 2015 School, Health and Education Unit (SHEU) survey:

- Primary pupils in Braintree scored their overall wellbeing as 14.0 out of 20, the same as the county average while secondary pupils scored their overall wellbeing as 13.1 out of 20, also close to the Essex figure.
- 26.2% of secondary school pupils in Braintree say they have sometimes felt afraid to go to school because of bullying, above the Essex average of 20.5%.

According to the 2015 Residents Survey:

- 76% of residents rated their life satisfaction at 7 or more out of 10, above the 72% in the whole of Essex and the third highest in the county.
- 4% of Braintree residents said that they often feel isolated from others while 24% said that they do so some of the time, compared to 6% and 19% of all Essex residents.

People with a serious mental illness have mortality rates 2-3 times higher than the total population that is largely due to undiagnosed or untreated physical illness as there had been a focus on the mental illness.

The proportion of people with a mental health problem in the Mid Essex CCG area (0.68%) is the lowest in Essex. This indicator shows the prevalence of schizophrenia, bipolar affective disorder and other psychoses. It is much lower than the 4.1% of those completing a GP survey who report they have a long term mental health problem, which may be due to an under recording of diagnosis or the increased likelihood of people with mental or physical health problems completing GP surveys.

A large proportion of older people diagnosed with mental health problems are often related to dementia. During 2014/15 the Older Age Mental Health team conducted 23 assessments for people entering the service and 152 reviews on residents in Braintree. This represented 5% of all assessments and 9% of all reviews conducted in Essex - a disproportionately small number of assessments when compared to the district's population but proportionate for the number of reviews.

In the NHS Mid Essex CCG area, which covers Braintree, Chelmsford and Maldon:

- 0.68% have a mental health problem lower than the England figure (0.86%, QOF prevalence)
- 4.1% of people completing a GP survey report a long term mental health problem,

Higher than average rate of children in care, pockets of children in poverty and average rate of teenage pregnancy

This section links to the following Essex County Council Outcomes



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Independence

The wellbeing of children and young people can be affected by many factors. Children and young people in care are among the most socially excluded children in England and there tend to be significant health and social inequalities for these children compared with all children. At 25.1 per 10,000 population, Braintree has the fifth highest rate of children in care in the county, although only a quarter of children originating from Braintree are placed there while over 50 of the children placed there originate from outside the area.

The rate of children with a Child Protection Plan is 18.4 per 10,000 population, above to the Essex average of 16.9, while its rate of children receiving other social care support at 118.6 is lower than the county average of 152.5. During 2015, Braintree had 138 families commenced on a Family solutions episode, representing 13% of all episodes in Essex. Family Solutions is an early intervention project.

The rate of hospital admissions caused by injury to children aged 0-14 (either unintentional or deliberate) was 106.3 per 10,000 in 2013/14, above the Essex average of 92.3 and the third highest district in Essex

26.6% of two year olds were eligible for Free Early Education Entitlement and the take up rate was 70.9% in autumn term 2015.

Inequalities that develop in childhood tend to also disadvantage people as they become adults, for example poor health and social exclusion of care leavers and poor health, and financial outcomes for children who experience poverty. Early support can help to mitigate these problems later in life. Free Early Education Entitlement (FEEE) is a priority nationally for early years and Braintree was in the mid-range of districts in the proportion of families who are eligible and also in the mid-range of take-up rates.

Low earnings and long-term worklessness are key factors impacting child poverty. Parental qualifications, family structure and size also have an impact on available income. Child poverty can lead to poor health outcomes including child-mortality and illness such as child mental health and low birth weight. Targeting initiatives at areas of high long-term unemployment may improve income and potentially reduce the risk of child poverty.

The map below shows the percentage of children in low income families compared to long-term unemployment (those claiming Job Seekers Allowance for more than 12 months). The bandings are

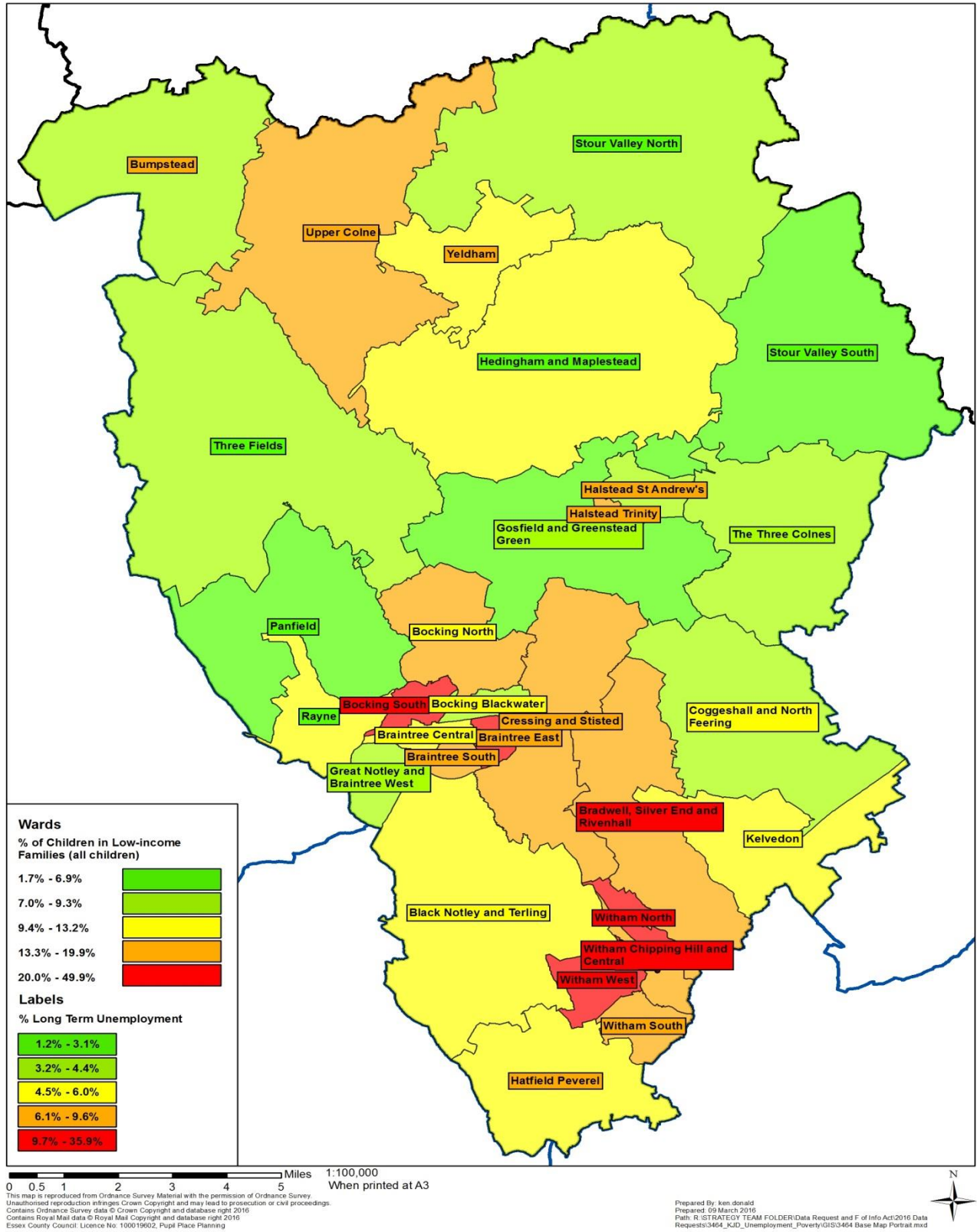
- At the end of December 2015 there were 82 children in care originating from the Braintree district.
- 60 children with a Braintree postcode had a Child Protection Plan in place.
- 387 children received other social care support.

- During 2015, Braintree had 138 families commenced on a Family Solutions episode.
- 289 children were admitted to hospital due to injury in 2013/14, higher than the Essex average.

based on the data across all wards in Essex and the map shows that Braintree has four areas of significant child poverty when compared to the rest of the county plus a number of other wards that show above average child poverty or long-term unemployment.

Percentage of children in low income families (2014) and long-term unemployment (2012/13) by ward

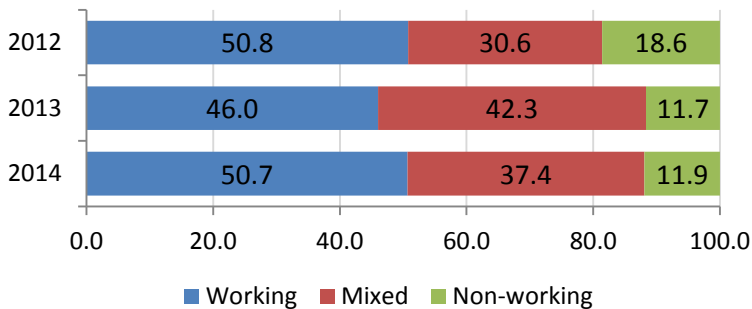
Braintree



Braintree has a number of wards with a higher than average percentage of children living in low income families, including Bocking South (28.46%), Witham North (25.1%), Braintree East (22.8%), Witham West (21.5%), Halstead Trinity (19.8%), Bocking North (18.8%), Bradwell, Silver End and Rivenhall (16.1%), Cressing and Stisted (15.7%) and Braintree South (15.6%), Witham South (15.2%). All of these wards also have higher than average levels of long-term unemployment.

- 13.3% of all children are in low-income families, in the mid-range of districts in Essex and below national figures (18.0%).
- 4.1% of adults were long-term unemployed (2014/15), below the national average of 7.1%.
- A smaller proportion of children were in non-working households (11.9%) in 2014 than in 2012, and this was slightly lower than the Essex average of 12.5%.

% Children in households



The proportion of Braintree residents who were long term unemployed in 2014/15 was in the mid-range of districts (the Essex average was 7.4%), and below the national average. 88.1% of children in 2014 were in working/mixed households, compared to 81.4% in 2012, and Braintree has a higher than average proportion of children in mixed households.

Research evidence suggests that teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers.

- Braintree had a lower rate of under 18s teenage conceptions in 2013, at 22.3 per 1,000, when compared to England.
- 8.8% of Chlamydia tests were positive in 2014, the second highest proportion in Essex (7.6%).

The teenage pregnancy rate for Braintree was lower than the national average (24.3 per 1,000 population) but the same as the Essex average in 2013.

Chlamydia testing suggests that Braintree has a proportion of 15-24 year olds testing positive that is higher than the county average. However, just 18.7% of 15-24 year olds were tested, lower than the county figure of 21.5%.

Early years measures and GCSE results are low, and a lower than average proportion of pupils attend good or outstanding schools

This section links to the following Essex County Council Outcomes



Children get the best start
✓



Good health & wellbeing
✓



Learning
✓



Safer communities
✓



Economic growth
✓



Sustainable environment



Independence
✓

The general level of educational attainment within a population is closely associated with the overall health of that population. The long-term demographic and health problems for a child born into a

family with traditionally low standards of educational attainment may be severe, affecting health choice behaviour and service provision uptake into adulthood. Parental unemployment, single parent households, having parents with low educational qualifications, being a persistent absentee and eligibility for free school meals are factors linked to low educational attainment. All attainment data relates to pupils attending schools in Braintree.

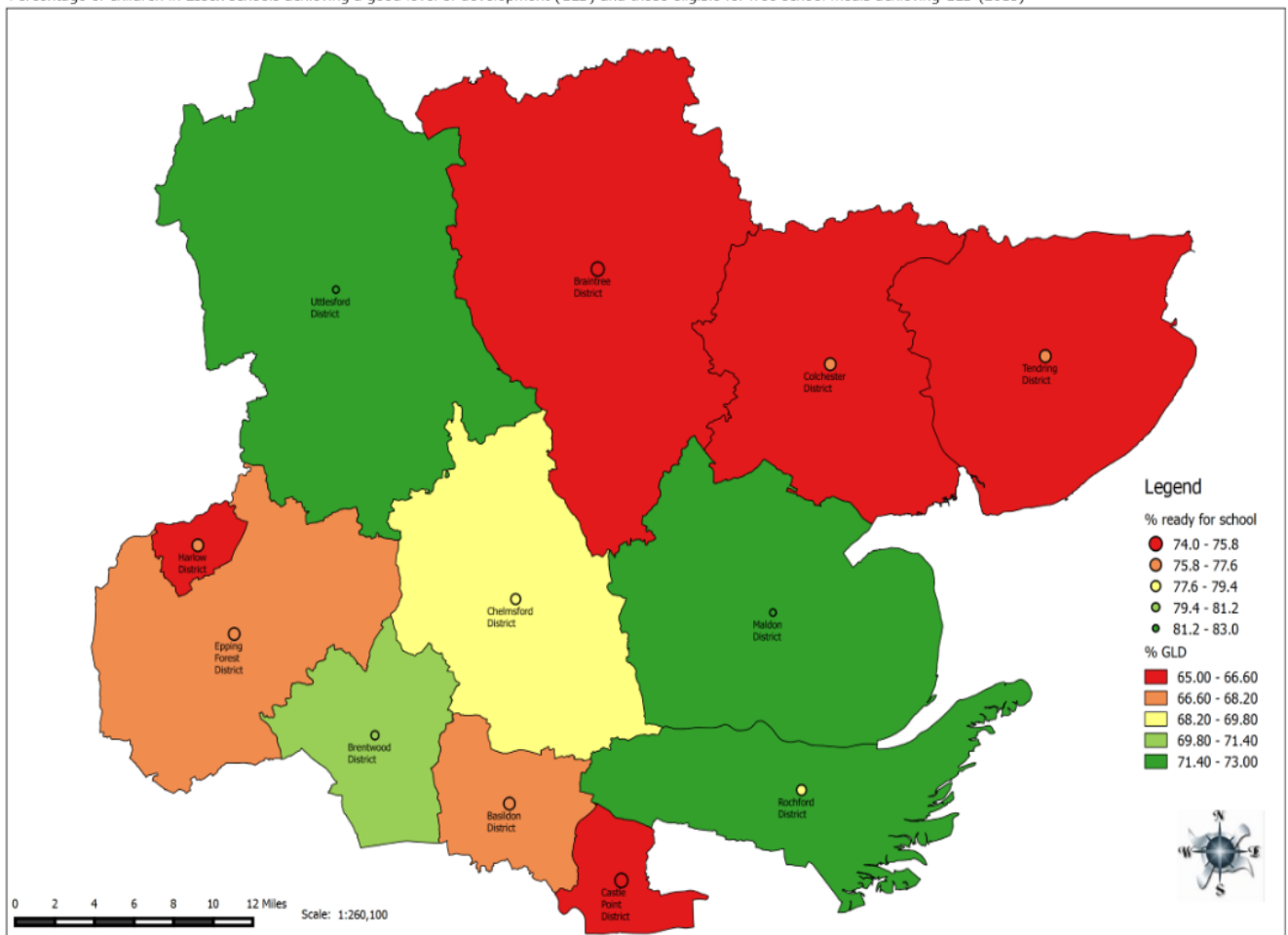
The percentages of children in Braintree who are deemed 'ready for school' and who achieve a good level of development in the first year of school are below the county average of 78% and 68% respectively and the lowest figures in Essex.

9% of primary and secondary pupils were eligible for free school meals in 2015, compared to 12% and 9% in the whole county.

- 74% of pupils were 'ready for school' in 2014/15, the lowest rate in the county but higher than the 70% in 2013/14.
- 65% achieved a good level of development at the end of the Early Years Foundation Stage, higher than the 57% a year earlier but below the Essex average.

In 2014/15, just 36% of pupils who were eligible for free school meals (ie families with low income) achieved a good level of development, compared to 61% of those not eligible for meals (this was lower than the equivalent Essex figures of 43% and 66% respectively). This is an area for improvement.

Percentage of children in Essex schools achieving a good level of development (GLD) and those eligible for free school meals achieving GLD (2015)



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The percentage of pupils at Braintree secondary schools who achieved five or more GCSEs at grades A*-C including English & Maths in 2015 increased from 47.4% a year earlier. This appears to be contrary to the national trend. The results are the second lowest in the county and are considerably below the Essex average of 57.6%.

81.3% of all primary and secondary children studying in Braintree attend a good or outstanding school, similar to 2014 but below the 84.3% in the whole of Essex.

- 50.9% of pupils attending secondary school in Braintree achieved five or more GCSEs at grades A*-C including English & Maths, the second lowest proportion in Essex.
- 81.3% of all pupils attend a good or outstanding school, the fourth lowest in the county.

- 5.3% of half days in state funded secondary schools were missed due to authorised or unauthorised absences in 2014/15.
- 5.6% of secondary pupils are deemed to be persistent absentees, the second highest district level.

Young people who attend school regularly are more likely to get the most they can out of their time at school, more likely to achieve their potential, and less likely to take part in anti-social or criminal behaviour. Reducing absenteeism and exclusion levels are therefore important. Braintree has a slightly higher absenteeism prevalence in state funded secondary schools than Essex (5.1%) and has the second highest percentage of persistent absentees in the county, above the Essex average of 4.8%.



Citizen Insight Source: SHEU 2015

- 78% of primary and 53% of secondary pupils in Braintree say they enjoy school most or all of the time, above the Essex average for primary(75%) but below for secondary (62%).
- Aspirations in Braintree are low, with 42% of secondary pupils wanting to go to university – the second lowest district figure - compared to 54% overall in Essex.

Average proportion of adults with no qualifications, unemployment is lower and there is a high proportion of economically inactive adults

This section links to the following Essex County Council Outcomes



Health and employment are intimately linked, and long term unemployment can have a negative effect on health and wellbeing. Unemployment leads to loss of income, which affects standards of living. The long-term effects can include depression and anxiety, a loss of identity and reduced perceptions of self-worth. In addition, work can play an important role in social networks and the complex interactions between the individual and society, as work is an integral part of modern day social networking.

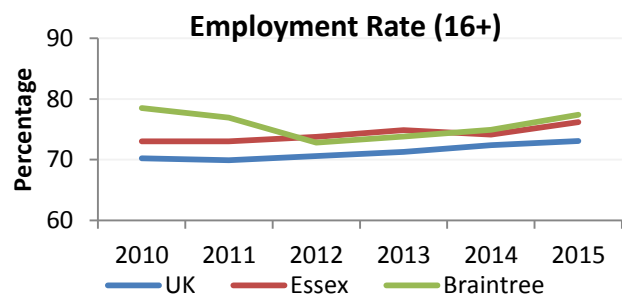
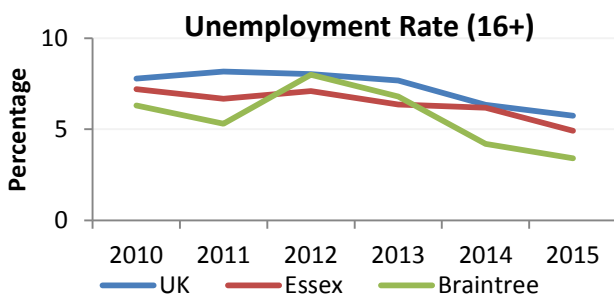
- 8.7% of 16-64 year olds have no qualifications (2014), similar to the Essex and England averages (8.7% and 8.6%).
- 5.7% of young people were not in education, employment or training from Nov 2014 - Jan 2015, the same as the Essex average.
- 3.4% of 16-64 year olds were unemployed in June 2015, below the Essex average of 4.9%.
- 1,260 people were in apprenticeships in 2014/15.

Young people with no qualifications are more likely to not be in education, employment or training post 16 and more at risk of not being in paid work and of receiving lower rates of pay.

A similar proportion of working age adults in Braintree have no qualifications when compared to the national and Essex averages. Braintree has a proportion of adults (47.7%) with qualifications at level NVQ 3 or above that is below the county average of 49.5%. 2,970 adults were engaged in some form of further education in Braintree in 2014/15.

There are slightly fewer adults over 16 who are unemployed in Braintree but a similar percentage of young people aged 16-18 who are not in education, employment or training (NEET) than in the rest of Essex.

380 young people under 19 were in apprenticeships in 2014/15 (plus another 880 aged 19+), a 10.5% rise over the previous year.



Braintree has lower than average unemployment and had a percentage of adults aged 16-64 who were in employment in June 2015 that is just above the county average of 76.2%. The district had a proportion who were economically inactive that is close to the Essex figure of 19.7%. The latter group includes, for example, all those who are looking after a home, retired or studying.

- 77.4% of adults were employed in June 2015, in the mid-range of district figures in Essex.
- 19.8% were economically inactive, close to the county average.



Citizen Insight Source: Residents Survey 2015

35% of Braintree residents consider themselves to be a participant in lifelong learning, close to the county average of 34%. The main barriers preventing them from participating in lifelong learning are lack of time, cost of courses and lack of information.

Low job density, mostly small businesses but higher than average earnings

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



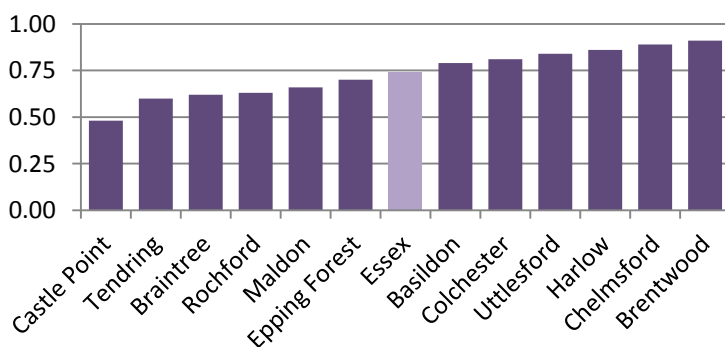
Sustainable environment



Independence

The number of jobs is expected to increase in the next five years by a similar percentage as the 2.8% in the whole of Essex. Job density in Braintree is low, with the ratio of total jobs to working age population in 2013 being below the 0.74 in Essex and 0.80 in England. This suggests that a number of residents travel out of the district to work.

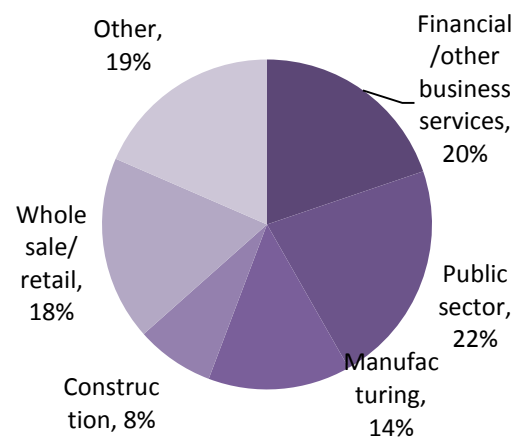
Jobs Density 2013



- The jobs to population ratio of 0.62 is lower than the Essex and England figures.
- 2.7% growth in number of jobs is expected between 2015 and 2020, close to the Essex average growth.
- Average weekly earnings are £610, higher than earnings for the whole of Essex and national figures.

Average gross weekly earnings for full time workers in 2015 were £514 in Braintree, lower than the Essex and England averages of £575 and £533 respectively.

Two fifths of jobs are in the public sector or in financial/other business services, while just under a fifth are in wholesale/retail. 89.5% of businesses in Braintree have 9 employees or less (the same as across the whole of Essex).



Superfast broadband coverage in Braintree will rise from 58% to 87% by 2020.

The superfast broadband project is expected to make a real difference to Braintree residents and businesses, whose ability to trade and communicate online will be greatly enhanced. Better connectivity will also support digital inclusion in terms of lifelong learning and skills development as well as the use of public services provided through online channels.

Superfast broadband coverage in Braintree was the third lowest in Essex in 2013 and the district includes many rural areas with no coverage. Braintree District Council has chosen to directly invest in the project, which should mean that 87% of Braintree premises (compared to 94% in the whole of Essex) will have access to superfast broadband by early 2020.

Residents of Braintree feel safe and the rate of crime is lower than average

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



Sustainable environment



Independence

The majority of Braintree residents feel safe during the day and many also feel safe after dark.

Citizen Insight Source: Residents Survey 2015



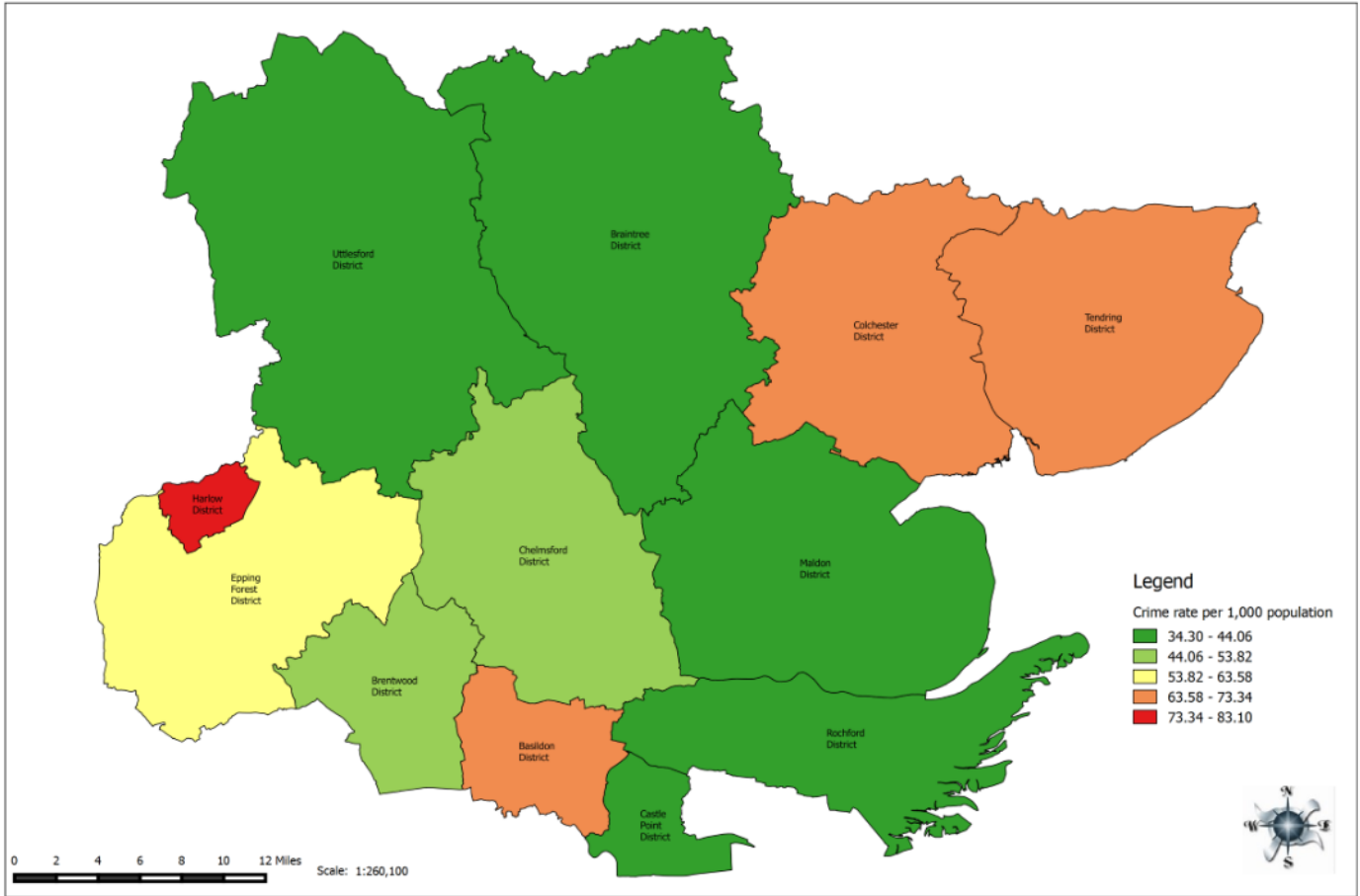
- 90% of adults in Braintree say they feel safe during the day, the third highest district figure and above the Essex average of 85%.
- 59% say they feel safe after dark, considerably higher than the county average of 49%.
- 41% of adults are satisfied with safety on the roads, close to the county average of 42%.

Motor vehicle traffic accidents are a major cause of preventable deaths, particularly in younger age groups. For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socio-economic groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety. Braintree had a rate of people killed and seriously injured on the roads in 2012-2014 that was below the Essex figure of 42.2 but slightly above the England rate of 39.3.

The rate of those killed/seriously injured on the roads (40.5 per 100,000 population) is slightly above the national average.

There are many risk factors that increase the likelihood of offending and other poor outcomes. These risk factors include: a person's attitude to crime, risk taking behaviour, substance misuse, mental and physical health, access to employment and training, financial issues and family relationships. These poor outcomes may not only impact the individual but their children and have long-lasting effect. The pathways into offending are very complex and there may be no link, an indirect link or direct link from risk factor to offending and some risk factors may make certain types of offending more likely. Evidence suggests that supporting people with the right support at the right time and ensuring that there are not any gaps or inconsistencies between agencies may be most effective way in reducing crime.

Crime rate per 1,000 population in the 12 months to September 2015

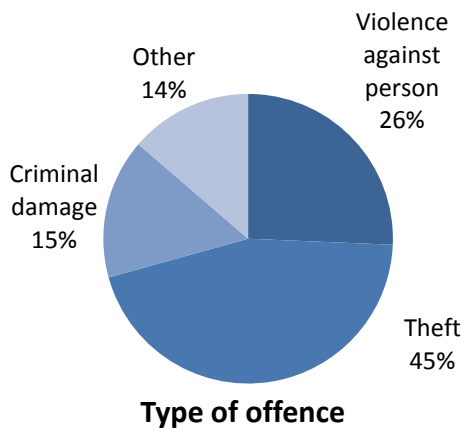


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Created Date: 28-01-2016
 Created By: Andrew Heynes
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Data Source: Office for National Statistics. Crime in England and Wales

Braintree had a crime rate in the 12 months to September 2015 that was up 10.8% on the previous year and the fifth lowest rate in the county. Theft offences accounted for 47% of all offences during this period (this comprises burglary 12%, vehicle theft 9% and other theft 24%).



- The rate of crime in Braintree is 42.6 per 1,000 population and represents 6,391 offences.
- The rate of domestic abuse offences at 13.5 per 1,000 population is lower than the county average.
- The rate of anti-social behaviour incidents is 24.3 per 1,000 population (3,649 offences).
- 20.4% of offenders re-offended in 2013, in the mid-range of districts.

There were 711 domestic abuse offences in 2014/15, a rate which was below the county average of 19.7 per 1,000 population. The rate of anti-social behaviour incidents in Braintree is the fifth lowest in the county (the Essex rate was 28.4 per 1,000 population) but was up 2.0% over the previous year.

The percentage of all offenders who re-offended was in the mid-range of district figures in 2013 (this is the latest data publically available).

Some areas show significantly worse health across a number of indicators, compared to England

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



Sustainable environment



Independence

Health inequalities are differences in health outcomes between different population groups. To improve health and reduce inequalities, we need to consider all the factors that influence health, which are known as the wider determinants of health.

This 'tartan rug' table shows for each Middle Super Output Area (MSOA) in the local authority, the value for each key indicator and whether it is significantly different from the England average. The map shows the exact location of individual MSOAs.

Middle Super Output Areas (MSOA) Braintree 008 and 011 which are around the Braintree town area have significantly worse outcomes for a number of the indicators listed in the table. MSOA 016, to the west of Witham, also performs significantly worse on several of the metrics.

The chart also demonstrates that Braintree district has a higher than average 65+ population. This varies throughout MSOA's.



Please note that some of this data may differ from those presented earlier in the report due to varying data sources. (It may not be the most recent source as it is broken down by MOSA)

Key: ■ significantly worse than England (higher for population indicators)
■ significantly better than England (lower for population indicators)
■ not significantly different

	Percentage of population aged 65 years and over	Income Deprivation	Child Poverty	Older people deprivation	GCSE achievement (5 A* C incl. Eng & Maths)	Unemployment	Adult obesity	Adult Binge Drinking
England	16.9	14.7	21.8	18.1	58.8	3.8	24.4	20.1
Essex CC	19.2	15.5	16.5	14.9	59.8	3.0	24.2	19.4
Braintree CD	17.6	10.7	14.6	15.6	56.7	2.8	25.9	20.3
Braintree 001	18.8	7.6	8.7	13.2	71.7	2.2	24.7	20.3
Braintree 002	23.7	6.3	8.2	9.9	73.8	1.4	23.3	17.8
Braintree 003	22.5	8.8	11.0	14.1	63.5	1.9	21.7	21.6
Braintree 004	17.2	15.4	21.2	22.4	42.2	3.0	30.7	24.7
Braintree 005	21.8	6.6	7.1	12.2	66.0	1.1	23.3	17.5
Braintree 006	21.2	8.3	9.4	13.7	60.5	1.6	24.9	16.9
Braintree 007	18.6	7.7	8.4	14.2	52.4	2.0	26.8	17.6
Braintree 008	16.0	19.2	26.0	24.4	39.6	4.5	28.8	20.6
Braintree 009	16.0	11.6	15.9	18.0	52.5	3.5	27.3	20.0
Braintree 010	16.0	5.5	8.2	8.6	67.0	1.7	25.2	18.7
Braintree 011	13.8	15.3	21.2	22.7	28.8	4.2	28.2	21.2
Braintree 012	14.6	13.7	21.0	16.7	51.7	3.1	27.9	17.2
Braintree 013	14.2	5.9	8.6	8.9	74.3	1.8	24.1	19.5
Braintree 014	19.8	8.5	9.6	14.6	72.7	2.3	23.3	24.4
Braintree 015	17.4	12.9	20.9	14.8	46.2	4.2	26.2	19.3
Braintree 016	10.5	19.0	27.1	25.6	39.0	5.0	31.2	20.9
Braintree 017	17.5	11.8	15.1	19.5	59.2	3.3	25.2	22.1
Braintree 018	20.6	8.6	12.5	12.6	57.5	2.2	24.2	24.2

The health of people in Braintree is varied compared with the England average. Life expectancy for men is similar to the England average, life expectancy for women is better than the England average. Life expectancy differs for each MSOA.

Life expectancy & Causes of death (per 100,000 population)

	Life Expectancy for males	Life Expectancy for females	Deaths all ages, all causes	Deaths under 75, all causes	Deaths under 75, all circulatory disease	Deaths under 75, all cancer	Deaths under 75, all coronary heart disease	Deaths all ages, stroke	Deaths all ages, all respiratory disease
England	78.9	82.8	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Essex CC	79.8	83.3	95.3	89.3	84.7	96.1	81.5	89.5	93.2
Braintree CD	79.8	82.9	98.7	88.2	85.3	94.8	80.3	99.5	90.3
Braintree 001	81.6	86.3	75.3	70.1	42.0	95.0	31.4	57.3	67.4
Braintree 002	83.6	87.3	66.9	62.9	49.0	80.8	56.3	82.2	55.2
Braintree 003	78.9	82.7	105.0	77.6	47.6	76.6	39.3	134.9	110.4
Braintree 004	78.4	81.1	108.0	105.0	112.3	93.6	126.7	94.9	107.5
Braintree 005	81.2	85.0	80.4	78.5	93.6	83.7	71.0	87.9	55.6
Braintree 006	79.8	83.4	102.3	93.7	99.2	96.0	90.0	115.5	87.3
Braintree 007	77.7	80.6	134.9	86.2	91.8	71.1	93.9	144.6	137.7
Braintree 008	77.6	83.6	99.7	114.7	86.4	144.8	82.3	65.3	82.3
Braintree 009	79.1	83.2	93.8	99.6	102.0	98.6	75.2	130.3	106.3
Braintree 010	85.0	86.7	65.9	63.1	66.1	70.5	59.7	52.7	29.7
Braintree 011	78.5	83.1	99.4	107.1	113.3	94.4	93.6	102.2	97.3
Braintree 012	80.2	81.9	105.4	87.6	78.6	111.2	51.8	107.0	109.1
Braintree 013	80.9	85.2	86.5	70.9	59.7	68.5	56.8	66.1	65.7
Braintree 014	80.9	84.2	87.3	86.4	103.1	86.0	85.9	103.6	63.0
Braintree 015	79.3	85.0	90.8	91.5	97.2	109.1	121.8	77.0	94.3
Braintree 016	81.7	82.0	95.2	106.7	126.2	135.5	150.1	69.5	40.7
Braintree 017	77.3	81.3	118.6	117.8	110.2	131.6	119.7	98.6	109.1
Braintree 018	78.8	82.2	112.0	76.2	63.1	85.4	57.4	96.8	102.8

Satisfaction with bus services is low and local road conditions are below average, but recycling levels are higher than average

This section links to the following Essex County Council Outcomes



Children get the best start
✓



Good health & wellbeing
✓



Learning
✓



Safer communities



Economic growth
✓



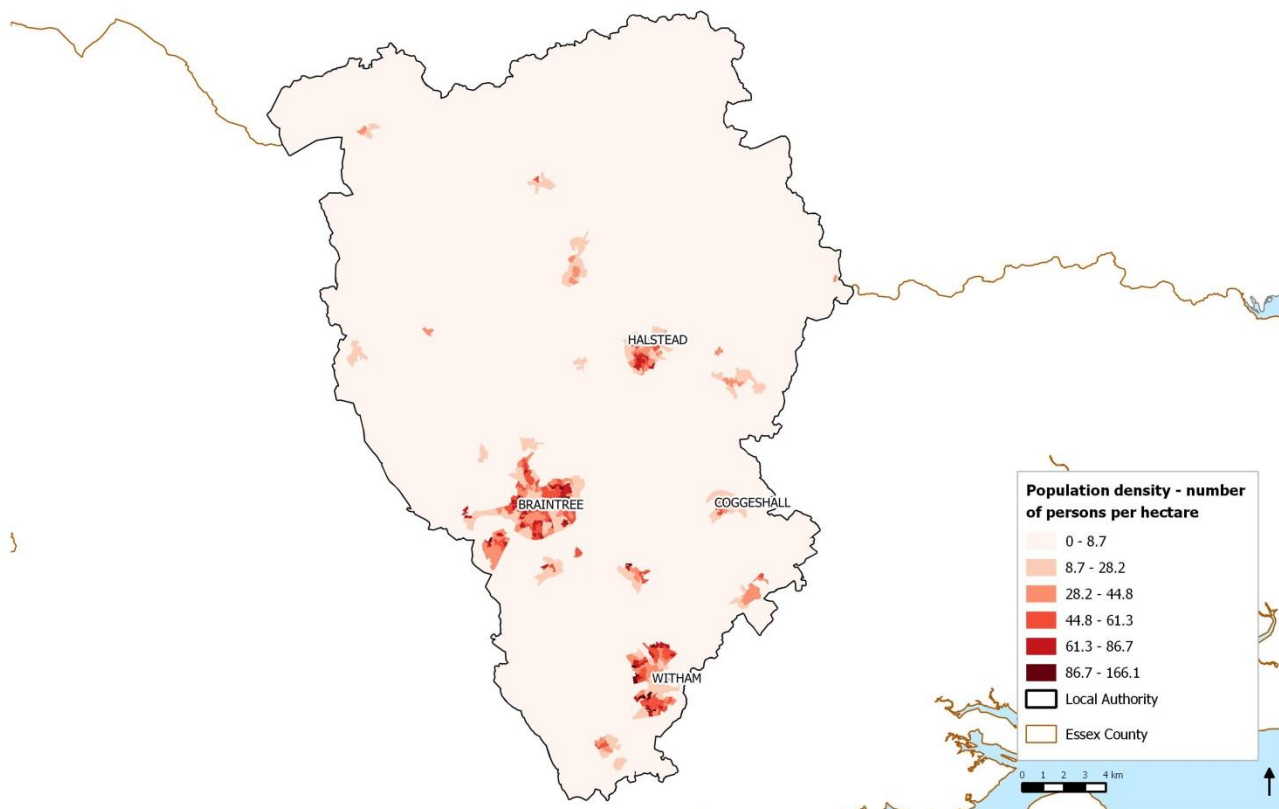
Sustainable environment
✓



Independence

Braintree has a population density of just 2.2 persons per hectare, the third lowest district in the county and below the 4.0 average of the whole of Essex. The population density map below shows the highest rates of population are in the Braintree and Witham town areas, plus Halstead, and there are large expanses of low population density. 92% of the Braintree district is classified as green space (the Essex highest figure is 93% in Uttlesford while the lowest is 51% in Castle Point): green spaces are important for wellbeing, community cohesion and for wildlife.

Population Density in Braintree, 2011



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March 2016

Citizen Insight Source: Residents Survey 2015

- 80% of Braintree residents agree that they have a high quality environment, above the Essex average of 75%. 87% are satisfied with the local area as a place to live, also above the county average of 82%.
- 27% say they have given unpaid help to groups, clubs or organisations over the last 12 months (volunteering), higher than the county average of 23%.



Transport impacts on the health of a population via a number of factors including unintentional injuries, physical activity undertaken, air pollution and access to services. The last of these involves people traveling for basic necessities such as work, education, healthcare and purchasing food. Good transport links have an important role in enabling access to business and jobs which are important to allow for economic growth. Some 16% of people seeking jobs in Braintree (ie on job seekers allowance) may miss out on employment opportunities unless they have access to a car.

- At 14 minutes, the average travel time by public transport or walking to reach key services is close to the county average.
- 84% of those on job seekers allowance are able to access employment centres by public transport or walking, close to the Essex average (83%).

The affordability and accessibility of driving a car has increased over the past 30 years and this has heavily influenced planning decisions to be car focussed. However, there is still a significant proportion of the population without car access who are reliant on public transport, cycling and walking. The 14 minute average travel time by public transport or walking to reach key services is close to the Essex average of 13 minutes. Improvements in the travel time to key services (i.e. employment centres, primary schools, secondary schools, further education, GPs, hospitals and food stores) by public transport/walking is a national trend.

In 2015, between 1% and 3% of the main road network was in a condition where structural maintenance should be considered (similar to the countywide figure). However, 16% of the local road network was in this condition, the third highest district proportion in Essex and slightly worse than the county average of 13%.



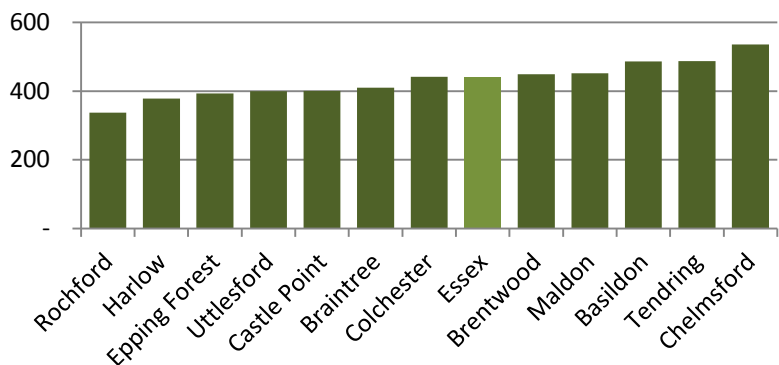
Citizen Insight Source: Residents Survey 2015

- Just 43% of residents are satisfied with their local bus service (the third lowest in the county) and 37% are satisfied with their local transport information. Both are below the county averages of 51% and 39% respectively.
- 21% are satisfied with the condition of roads in Braintree, above the county average of 17%.

Braintree has one of the highest levels of recycling in the county with 54.3% of household waste sent for reuse, recycling or composting in 2014/15. It had a lower amount of residual waste per household in 2014/15 than the county average.

- With 54.3% of household waste being recycled in 2014/15, Braintree was the third highest district and above the Essex average of 51.1%.
- It had 410 kg of residual waste per household, just below the county average.

Residual Household Waste Per Household (kg) 2014/15



Lower than average housing development and fourth highest number on housing waiting list

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



Sustainable environment



Independence



The relationship between housing and health is a recognised association but a complex one. A number of elements in and around the home can impact on health and wellbeing and will be influenced by other determinants such as education, employment and infrastructure. Specific housing related issues affecting health are indoor pollutants, cold and damp, housing design, overcrowding, accessibility, neighbourhood safety, social cohesion and housing availability.

Additionally as people get older and demand for people to stay within their own homes for longer increases the demand for specific housing needs will also increase.

Economic growth and housing are inextricably linked. Without a sustainable housing programme providing homes for people to live in and without a growing local economy, an area will be unable to provide the jobs and homes to attract new people and retain current residents and drive the economy forward.

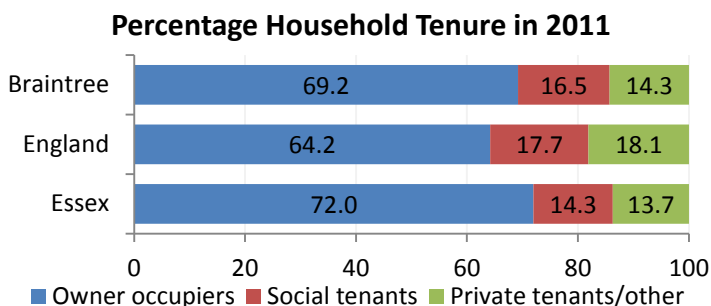
- The number of dwellings in Braintree rose by 1% to 63,360 between 2011 and 2014, lower than the rise in Essex and England (both 1.7%).
- House prices in Braintree have increased by 11.9% since 2011, the fourth lowest district rise.
- 8.2% of Braintree households were deemed fuel poor in 2013, in the mid-range of districts in Essex.

The increase in dwellings in Braintree since 2011 is one of the smallest rises in Essex.

House prices across Essex have been increasing year on year outstripping wages, making home ownership less and less affordable for a large proportion of the Essex community. However, the rise in Braintree has been less than in the rest of Essex.

High energy prices coupled with low income mean 8.2% of people in Braintree are considered to be fuel poor. (A household is said to be fuel poor if it needs to spend more than 10% of its income on fuel to maintain an adequate standard of warmth.) From 2013-2014 there were 42 excess winter deaths in Braintree. This is around 10.0% additional deaths, just below the national average (11.6%).

69.2% of households in Braintree are people that own their own homes (either with a mortgage or outright), more than nationally (64.2%) but fewer than in the whole of Essex (72.0%). There is a proportion of social tenants (16.5%), who may be impacted by low stock levels, and private tenants (14.3%).



- Residents in Braintree are less likely than most other districts to own their homes outright (30.5% compared to 34.7% in the whole of Essex).
- 8,944 properties in the district have been assessed as having category 1 hazards, the third highest figure in Essex.

Local authorities have a duty to ensure that dwellings in their area should provide a safe and healthy environment for the occupants and any visitors, and they have a statutory duty to take enforcement action to deal with defects and deficiencies which may pose a category 1 hazard. In 2014/15 8,944 properties were identified in Braintree as having category 1 hazards, of which 20% were in the private sector.

- Fourth highest number of households on the housing waiting list.
- 2.2 per 1,000 households were homeless or in priority need in Braintree in 2014/15, the fifth highest rate in Essex.
- The rate of homeless households in temporary accommodation at 0.87 per 1,000 households was the fourth lowest in the county.

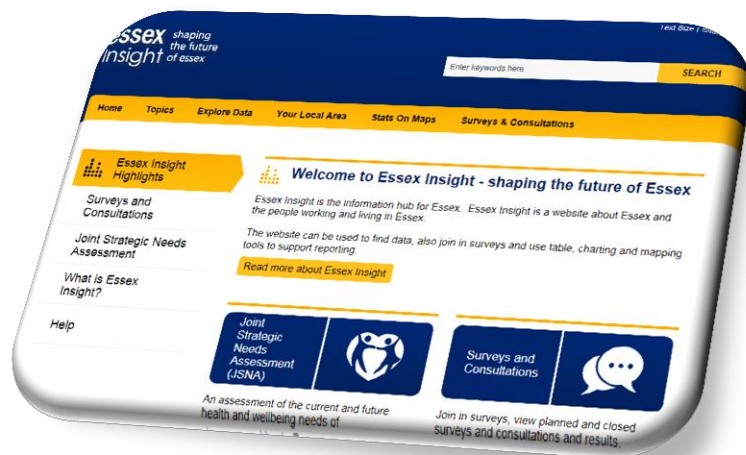
There were 2,305 households on the housing waiting list in 2014/15, which was the fourth highest number in Essex.

Homelessness is associated with severe poverty and is a social determinant of health. It is also associated with adverse health, education and social outcomes, particularly for children. In 2014/15, the proportion of households that were homeless or in priority need in Braintree was the fifth highest rate in Essex, although just below the national average of 2.4 per 1,000 population. Braintree had a rate of homeless households in temporary accommodation awaiting a settled home in March 2015 that was the fourth lowest rate in the county (the Essex average was 2.21 per 1,000 households).

Essex Insight is the Partnership information hub for Essex and a website about Essex and the people working and living in Essex.

The website can be used to find data, also join in surveys and use table, charting and mapping tools to support reporting.

It is home to a suite of products that supports the Joint Strategic Needs Assessment (JSNA).



There are links in this report to the JSNA specialist topic reports found on Essex Insight e.g. Child Poverty and CAMHS Needs Assessments.

Bookmark it now as your one stop shop for data on Essex

www.essexinsight.org.uk