



GREATER ESSEX TRENDS

June 2024



HEALTH AND WELLBEING

This document has been prepared by the **Essex County Council Policy Unit**.

The Policy Unit supports the Chief Executive, the Council's Cabinet and the whole organisation in the overarching strategic direction and leadership of the County Council. Its objectives are to:

- Work closely with the County Council's political leadership to set and influence policy direction and help the organisation to determine its key objectives;
- Generate insight – to underpin effective decision making and to ensure the Council is evidence led and learning orientated;
- Lead our equalities and levelling up work and responsible for our strategic relationships with partners;
- Lead on performance and evaluation for the whole Council; and
- Communicate with our key audiences to support the achievement of our objectives.

Information on data sources

More detailed research, analysis and statistical information on Greater Essex, its component administrative areas and comparator areas can be found on the Essex Open Data Platform. This can be accessed at: <https://data.essex.gov.uk/>.

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Foreword

Greater Essex Trends has been developed to describe and communicate some of the key challenges and drivers of change that are shaping the lives of people across our diverse communities. It describes some of the strengths of Greater Essex and the opportunities we will have to grow, learn, and prosper in the years ahead. By bringing these different threads together, the document provides a high-level summary of the context in which public service partners across Greater Essex, do business.

Greater Essex Trends is based on a synthesis of some of the research and analysis that has been used to inform our strategic plans and policy positions. Inevitably in this type of document, as soon as it is published 'the world moves on' and further analysis is required to keep it up to date. This document therefore represents a starting point for what will be ongoing work. We are continuing to build and develop an evidence base for policy and, as part of this, will provide online updates to this document to reflect more recent trends and developments.

Greater Essex Trends is not a document about local government per se. It does not say how public service partners intend to address the challenges facing our region, what we have achieved so far, or how we will finance our ongoing work. Nor does it make specific recommendations for what specific partners and agencies ought to do.

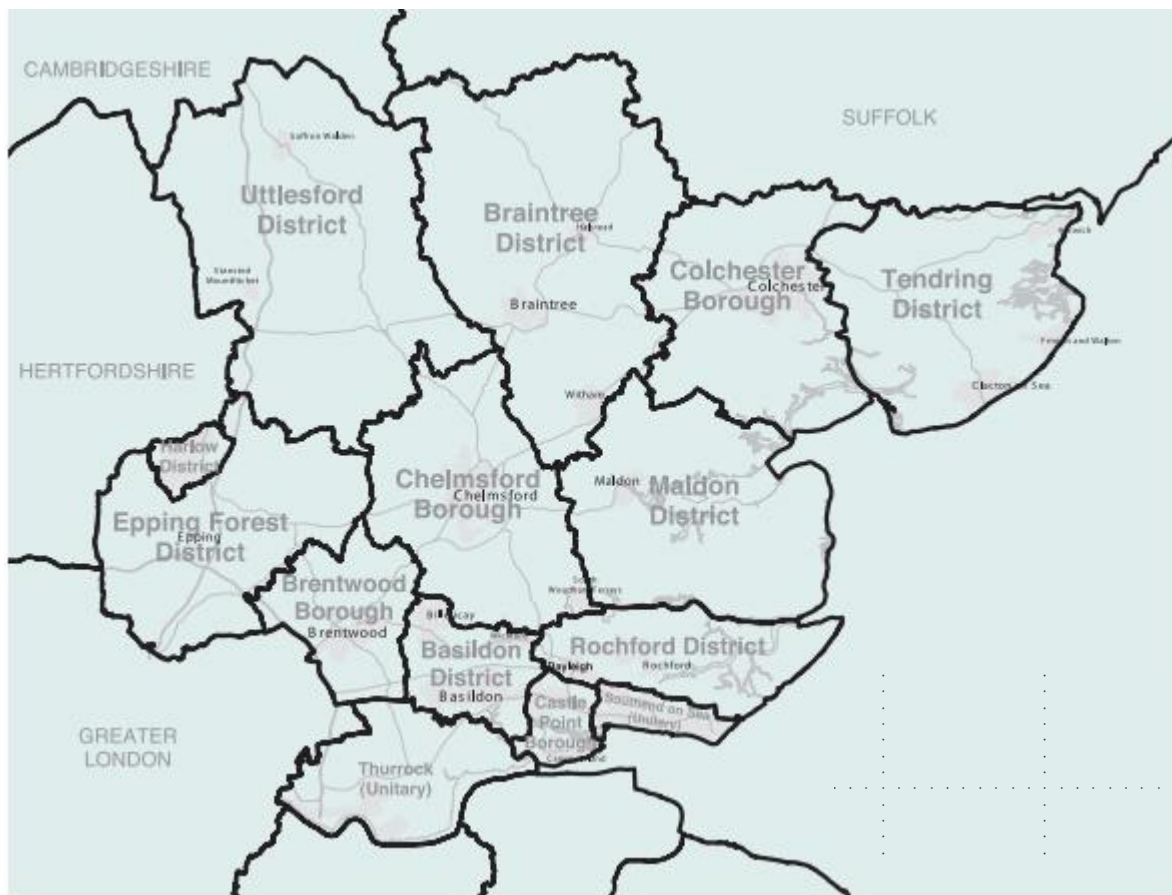
Rather, Greater Essex Trends provides information at a more fundamental level. It presents the information that allows us to make these decisions. It paints a picture of our county's population profile, economy, environment, and infrastructure as it is today and how it might develop in the future. In preparing this document, we have let the evidence tell its own story.

We hope you will find this useful. If you would like to discuss or develop thinking on any of the issues raised in this paper, please do get in touch.

This chapter focuses on Health and Wellbeing.

Our Geography

Reference map: Greater Essex and its constituent areas



This map above provides an overview of Greater Essex’s geography and highlights the region’s administrative divisions. It shows the twelve local authority districts that make up the Essex County Council area, together with the neighbouring areas governed by the unitary authorities of Southend-on-Sea City Council and Thurrock Council.

The majority of statistics reported in this document relate to the Greater Essex area. There are, however, some exceptions which are noted throughout the document. In general, when we refer to “Greater Essex” within this document we refer to the area covered by Essex County Council, Southend-on-Sea Council and Thurrock Council.

In some cases, the document also makes reference to statistics gathered on the North Essex Councils (NEC) area (Braintree, Chelmsford, Colchester, Epping Forrest, Harlow, Maldon, Tendring and Uttlesford), and the South Essex Council (SEC) area (Basildon, Brentwood, Castle Point, Rochford, Southend-on-Sea and Thurrock).

Health & Wellbeing

Summary

Historically, Greater Essex has enjoyed good health and wellbeing. Life expectancy and healthy life expectancy for both men and women are generally higher for Essex compared to the England average. Amongst the adult population, premature mortality is also lower compared to England. The data on children's health suggest that rates of infant mortality are relatively low as are levels of childhood obesity. Residents tend to make positive choices about their health and wellbeing; smoking prevalence is lower than national average, as is the number of alcohol related hospital admissions. In addition, levels of physical activity tend to be higher than the England average.

Yet, Greater Essex is not free from health challenges. Levels of obesity have been increasing amongst adults and children. There has been a rise in preventable mortality driven by cancer and liver conditions, and environmental factors, such as air pollution. Despite lower than England rates of alcohol related hospital admissions, this has still been on the rise across Greater Essex which is a cause for concern. The county is experiencing increasing mental wellbeing challenges and tragically high suicide rates, particularly within more deprived areas.

The most important challenge affecting the health and wellbeing of residents across Greater Essex is the prevalence of inequalities that persistently exists between communities. On average, there is a 17-year difference in life expectancy for males, and 14 years for females depending on location across Greater Essex. Those living in the most deprived areas – Thurrock, Southend-on-Sea, Tendring, Basildon and Harlow – are more likely to die prematurely and live in poorer health than those in affluent areas. Identifying the causes of health inequalities is complex. The influences go further than access to and the quality of health and care available or health behaviours. Socio-economic and environmental factors, referred to as the 'wider determinants of health' have a large part to play. The inequalities in employment, education, support networks, safety, and the built environment all lead to inequalities in health outcomes and life expectancy.

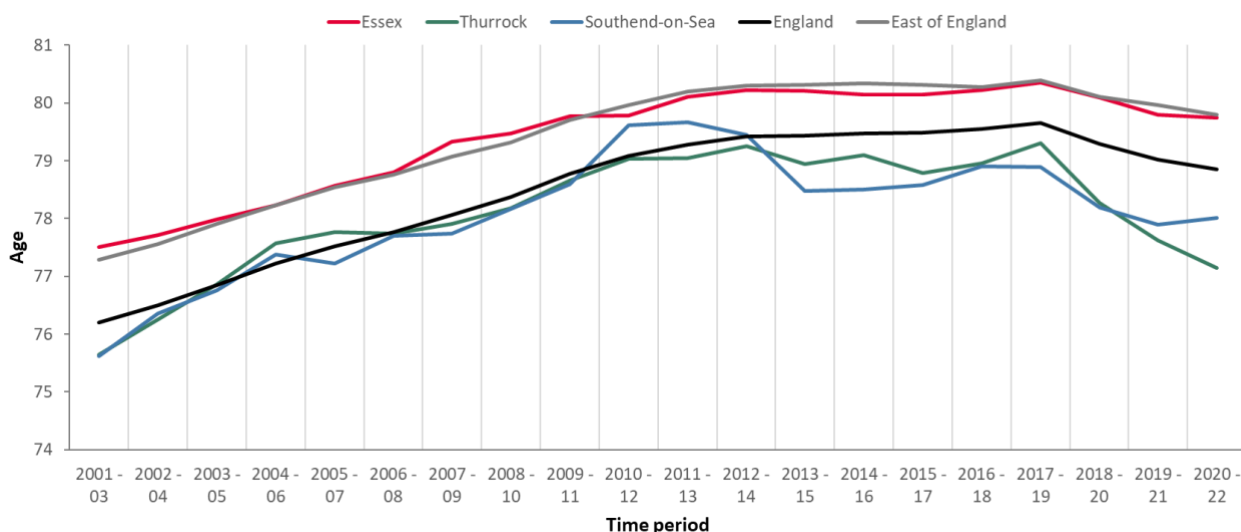
Driving out these persistent inequalities across our communities is required to protect health, wellbeing, and services in the future. Yet, these challenges need addressing while also navigating the additional pressures of keeping up with need, the rapid growth in frail older people, younger people with disabilities and a growing population. Social and health care provision is key, yet in the face of continued pressure, there is a risk that resources are driven towards the most acute, complex, and expensive services rather than investing in earlier interventions that secure better health outcomes in the long run.

The health of our population

Over the course of the last two decades, the Greater Essex population has benefitted from steady improvements in health and wellbeing amongst both men and women. A good indication of this is the increase in life expectancy of between 1.7% to 3.1% across Greater

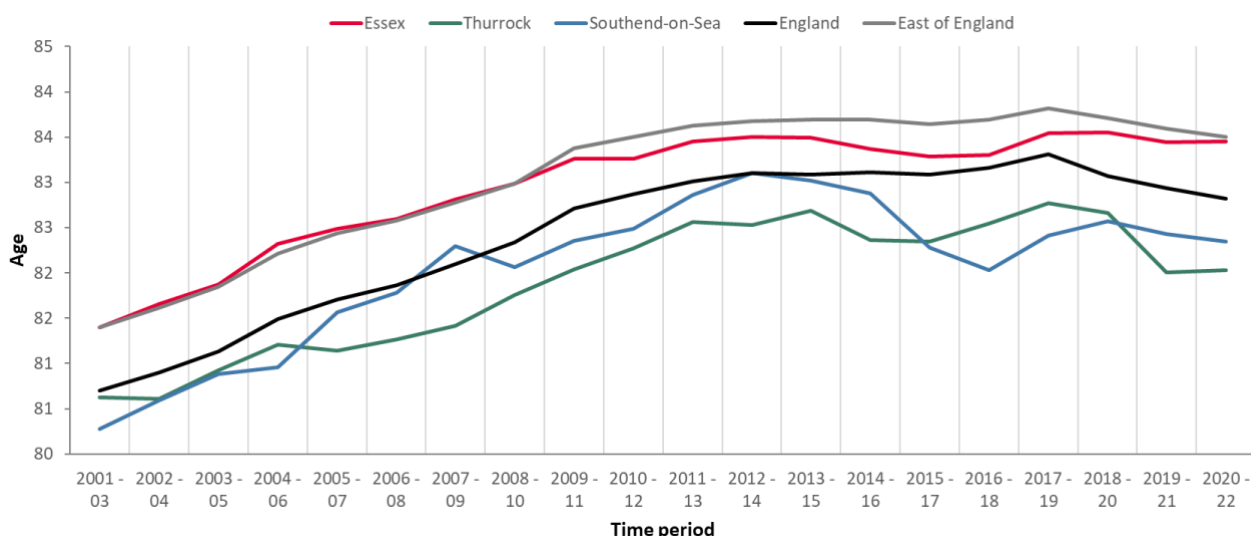
Essex between 2001-2003 and 2020-2022. As a result, life expectancy for males is now 79.8 in Essex, though slightly lower in Thurrock (77.1) and Southend-on-Sea (78.0). Females are still more likely to have a longer life expectancy at 83.5 in Essex, 82.0 in Thurrock and 82.4 in Southend-on-Sea.

Chart HW1: Life Expectancy at birth trend 2001-2003 to 2020-2022 (Male)



Source: Fingertips – Life expectancy at Birth (Indicator ID: 90366) – data available to 2022

Chart HW2: Life Expectancy at birth trend 2001-2003 to 2020-2022 (Female)

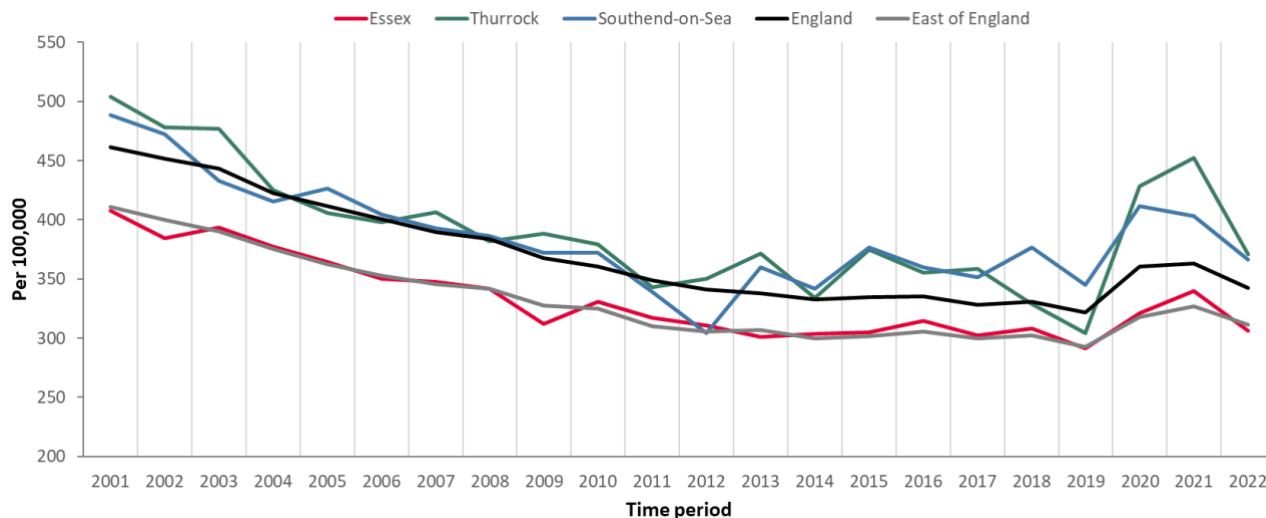


Source: Fingertips – Life expectancy at Birth (Indicator ID: 90366) – data available to 2022

There are disparities in the patterns of premature deaths across Greater Essex. In 2022, Essex districts generally experienced a lower level of premature deaths compared to England, at 306 per 100,000 population vs. 342. Whereas Thurrock (371) and Southend-on-Sea (366) and Tendring (407) all see much higher levels of premature death compared to England. In general, premature mortality has been in decline over the course of the last 20 years, with the exception of peaks during 2020 due to the Covid-19 pandemic. Yet, there is a concerning rise in some preventable mortality. This is mainly due to increases in cancer, and liver-related deaths. While cancer related preventable deaths saw a steady decline since the early 2000s, there has been an increase in recent years which requires monitoring. Liver

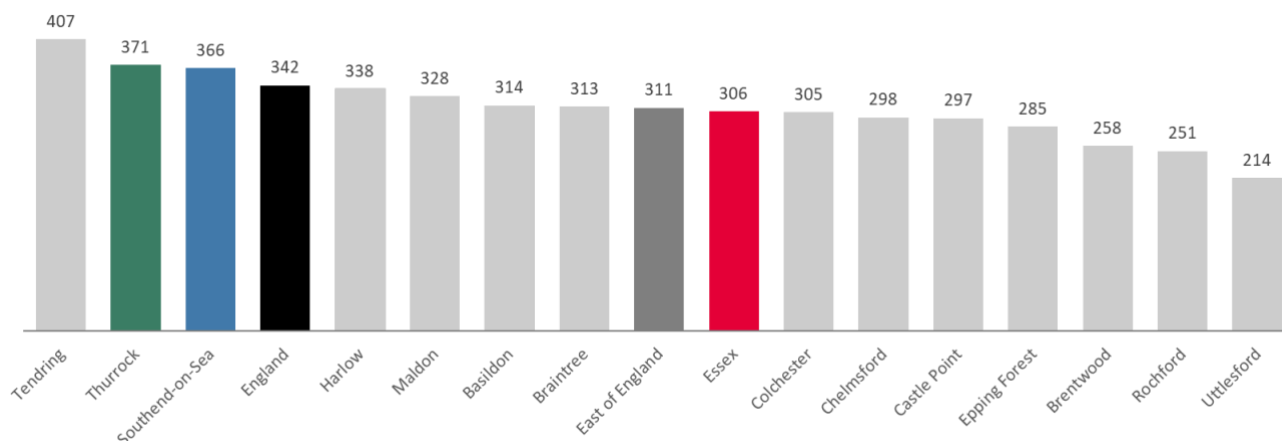
related preventable deaths have seen a steady increase since 2000, with higher rates for males than females.

Chart HW3: Under 75 mortality rate from all causes (persons)



Source: Fingertips – Under 75 mortality rate (Indicator ID: 108) – data only available to 2022

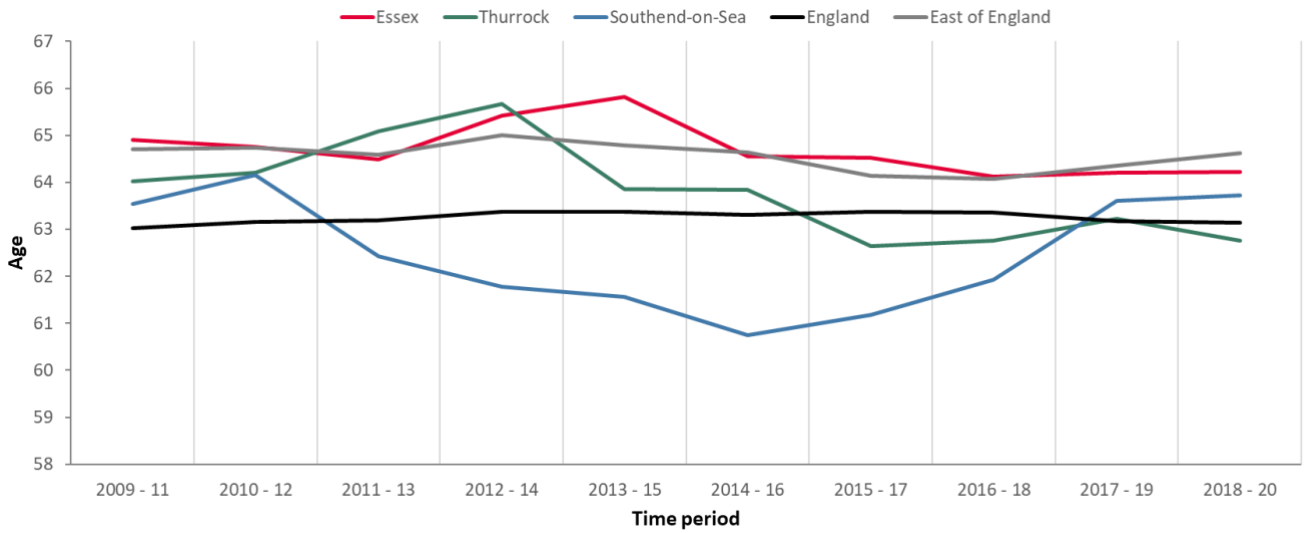
Chart HW4: Under 75 mortality rate from all causes, by District and Unitary (per 100,000 persons)



Source: Fingertips – Under 75 mortality rate (Indicator ID: 108) – 2022

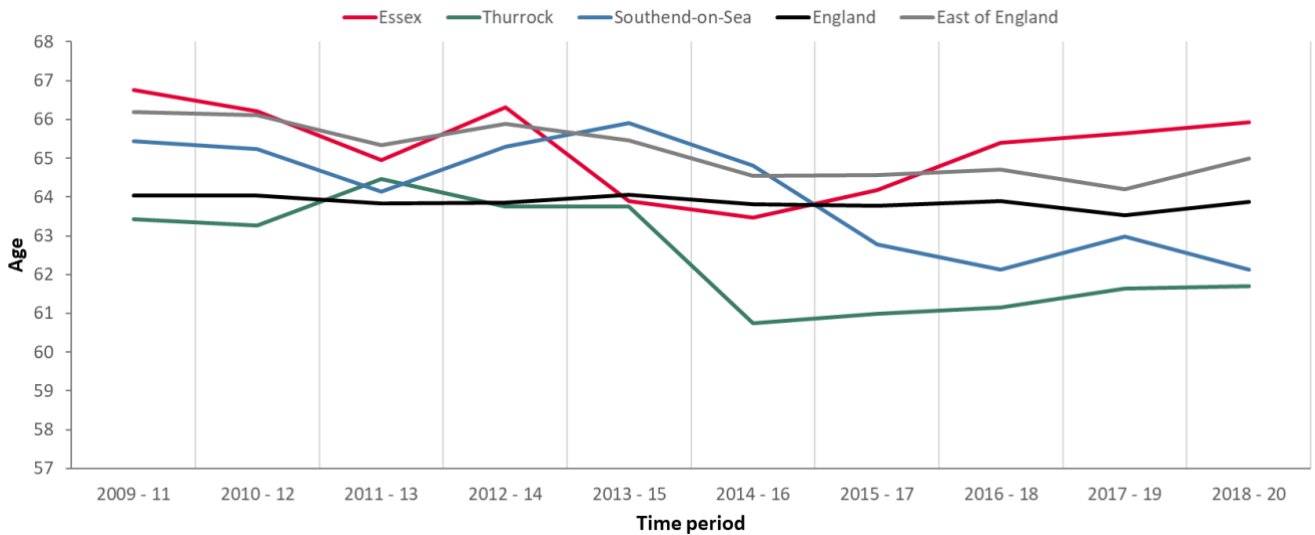
Despite living for longer, the quality of health residents can expect across Greater Essex varies greatly and has not improved at the same rate as life expectancy. Essex residents generally experience a better quality of health compared to England. Yet, those living in Southend-on-Sea and Thurrock experience a much lower healthy life expectancy, particularly amongst females. There have been some improvements at a local level over the last decade, yet the continued variations across Greater Essex are largely driven by factors out of individuals’ control. For example, deprivation, which links to employment and education opportunities, can limit access to resources and services necessary for maintaining health opportunities, as well as impacting healthy behaviours.

Chart HW5: Healthy life Expectancy at birth trend 2009-2011 to 2018-2020 (Male)



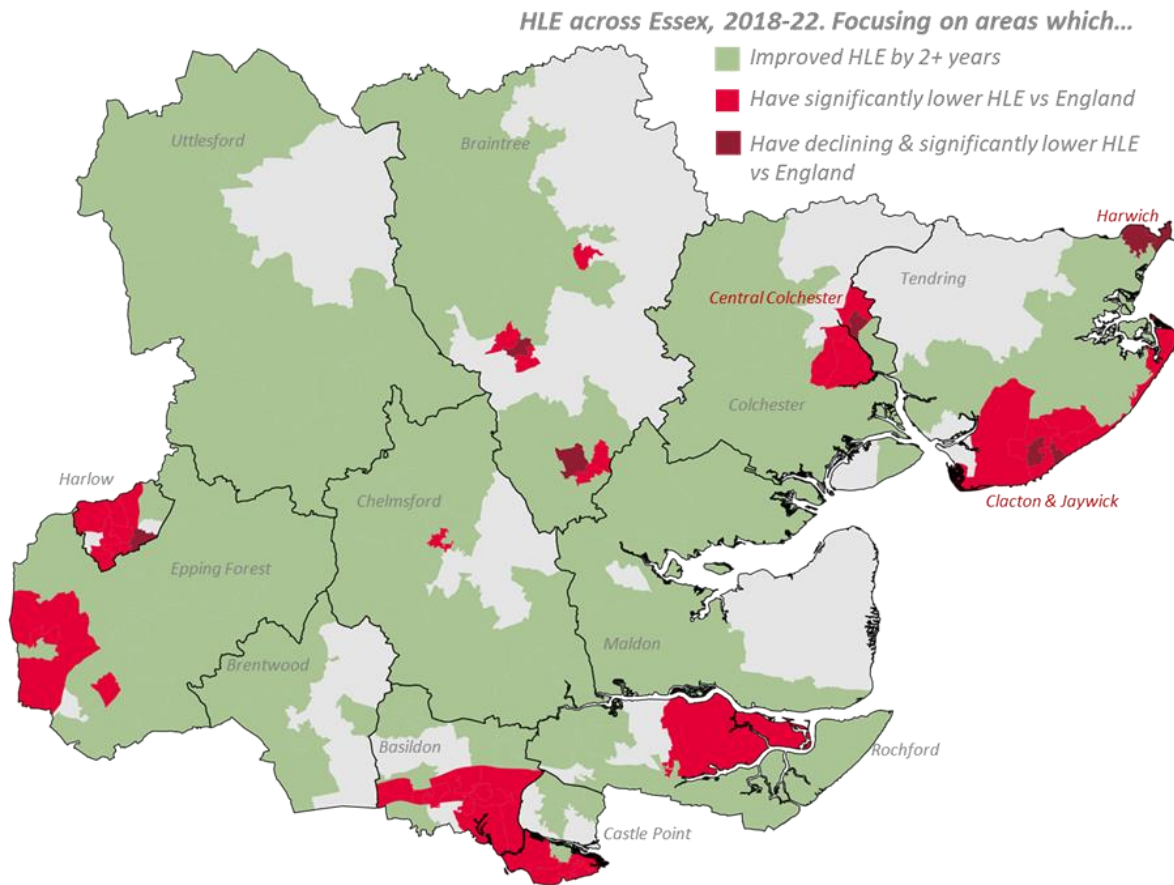
Source: Fingertips - Healthy Life Expectancy at Birth (Indicator ID: 90362) – data only available to 2020

Chart HW6: Healthy life Expectancy at birth trend 2009-2011 to 2018-2020 (Female)



Source: Fingertips - Healthy Life Expectancy at Birth (Indicator ID: 90362) – data only available to 2020

Chart HW7: Change in Healthy Life Expectancy across Essex, 2018-2022.

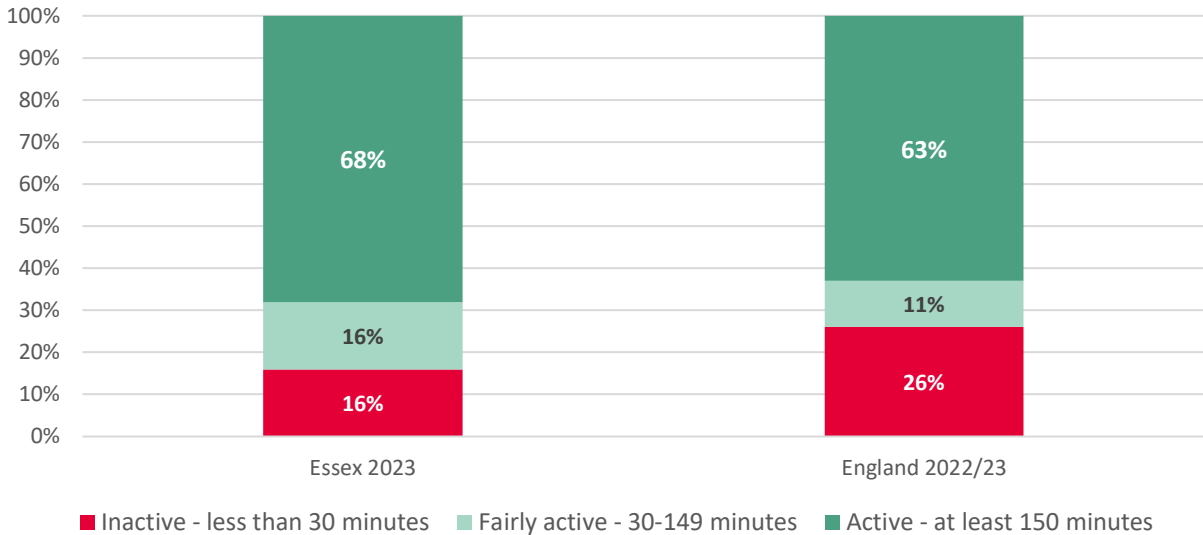


Source: Essex County Council (2024) 'Healthy Life Expectancy – small area estimates & inequalities. Please note: analysis is based on census 2021 combined with ECC mortality data. Thus, information is not available for 2022 in Southend-on-Sea and Thurrock.

With an increasingly ageing population it is vital to improve healthy life expectancy in line with life expectancy, to ease pressure on health and social services as residents experience somewhat inevitable associated health needs which often come with older age. It is generally accepted that services should focus strategies and interventions on maintaining good health in the young and improving health in the older ages, in order to protect our health and social care services in the future.

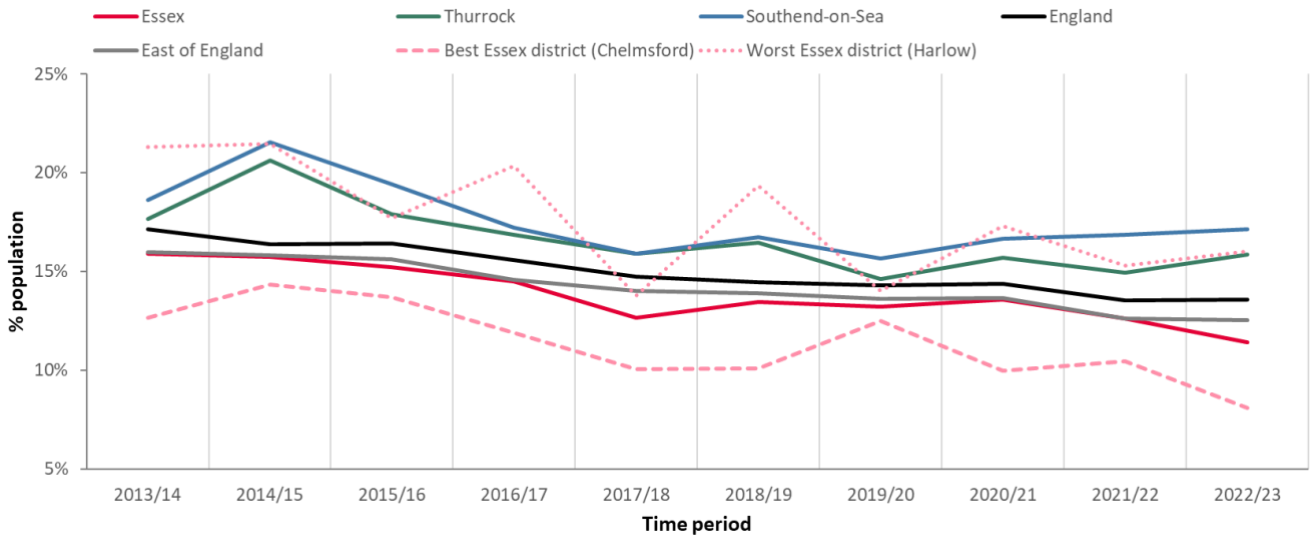
Greater Essex residents make some positive health decisions to support a healthier life. For example, residents within Essex districts report higher levels of physical activity compared to the latest England average. In 2023, 68% of Essex residents reported being 'active' (do at least 150 minutes of at least moderate-intensity activity a week). Levels of 'inactivity' (doing less than 30 minutes of physical activity per week) are also comparatively lower vs. England at 16%. Rates of smoking in Greater Essex have declined in recent years, though prevalence is still much higher in areas such as Thurrock, Southend-on-Sea, and Harlow. This indicates progress in reducing tobacco use and promoting healthier lifestyles.

Chart HW8: Levels of Physical Activity a week



Source: Essex Residents Survey 2023; Active Lives Survey Nov '22- '23. Please note that data for Thurrock and Southend-on-Sea is not available.

Chart HW9: Smoking prevalence in adults (18+)



Source: Fingertips indicators, Smoking prevalence in adults (18+) - current smokers (GPPS) (92304)

However, there are challenges and concerning disparities in health and wellbeing across Greater Essex communities, which directly impacts life expectancy and healthy life expectancy. To improve the well-being of all residents across Greater Essex, it is important to understand health in terms of prevalence of diseases, access, and quality of healthcare, as well as socio-economic and environmental factors, referred to as the ‘wider determinants of health’, which have a large part to play.

Diagram HW1: Wider Determinants of Health



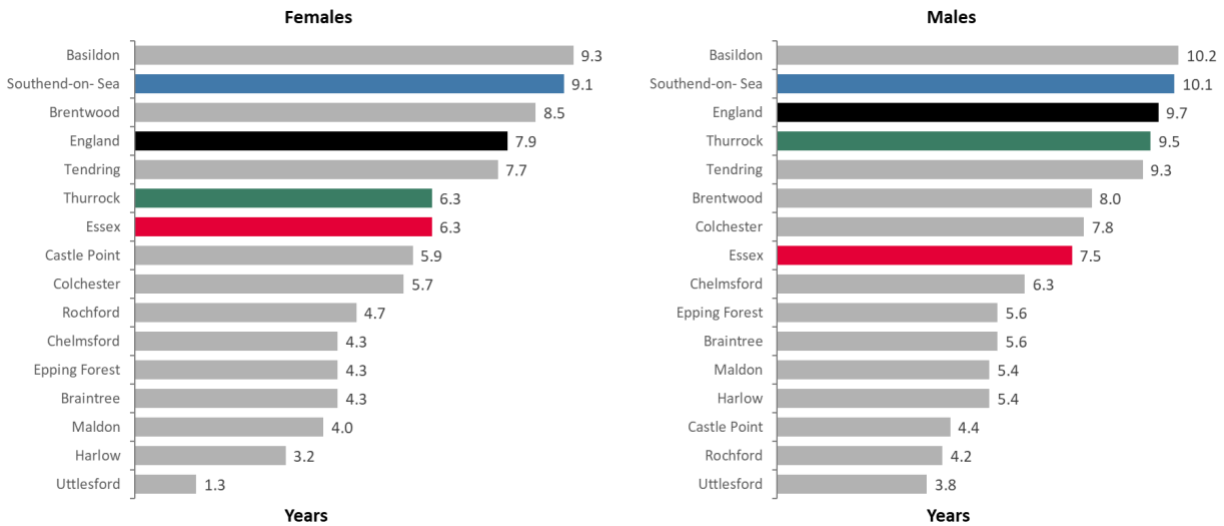
Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

Challenges and disparities in health outcomes

Levels of deprivation across the county sit at the heart of health inequalities felt across Greater Essex communities. Those living in more deprived communities not only experience lower levels of life expectancy, but the gap between the least and most deprived communities has widened within all areas in Greater Essex. The starkest differences are seen in Basildon, Southend-on-Sea, Thurrock, Tendring and Brentwood. These areas also experience higher prevalence of diseases that cause premature deaths, such as circulatory disease, cancer, respiratory conditions, and digestive disorders which account for 55%-90% of the differential in life expectancy. Those from deprived areas are also less likely to live their lives in 'full health'. Recent analysis using Essex MSOA level data indicates that healthy life expectancy is comparatively shorter in Tendring, Harlow and Basildon, where higher levels of deprivation are experienced, compared to more affluent areas such Uttlesford or Brentwood (see Chart HW10).

These communities tend to face additional challenges related to deprivation that impact health and wellbeing, such as deep-rooted inequalities in socio-economic and environmental factors. There are clear links between level of deprivation and ability to access services and ability to embed healthy behaviours which lead to positive health outcomes. The more deprived Greater Essex communities exhibit greater levels of unhealthy behaviours which have the potential to not only impact future health, but also future earning and employment potential if quality of health is not maintained.

Chart HW10: Inequality in life expectancy at birth (2018-2020)



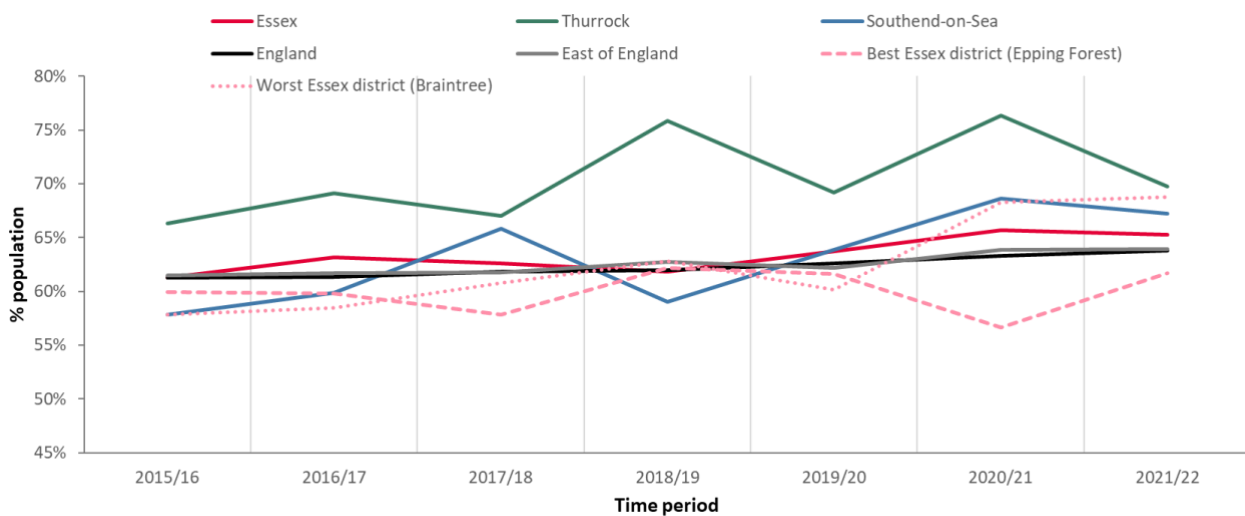
Source: Essex JSNA 2022. Please note the data reflects the slope index of inequality (SII), which indicates how much life expectancy varies with deprivation.

Health behaviours

There are six common risk factors which are responsible for higher death rates and higher number of years living in ill-health or with disease / disability: smoking; high systolic blood pressure; high fasting blood glucose; high body mass index; high LDL cholesterol and alcohol use. The prevalence of which can, to a certain extent, be addressed by focusing on reducing unhealthy behaviours.

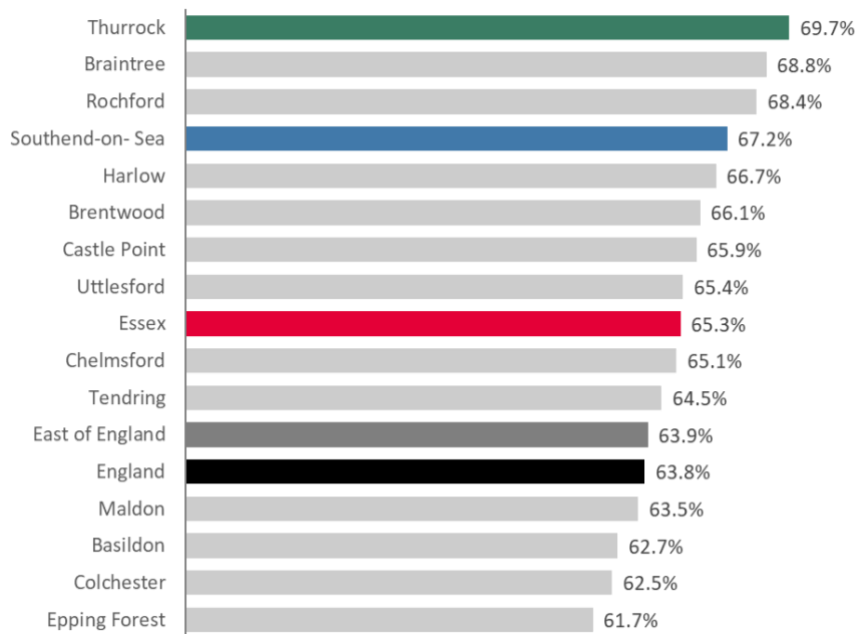
The levels of adult obesity across Greater Essex have now edged higher compared to England (63.8%) and East of England (63.9%) picture. Despite a period of consistency pre-2020, in the last 2 years obesity levels have seen a worrying increase across Greater Essex – over the last 7 years obesity has increased by +6% in Essex, +5% in Thurrock and +14% in Southend-on-Sea. This post pandemic rise demonstrates a worrying future trajectory if not addressed.

Chart HW11: Adults (18+) classified as overweight or obese



Source: Fingertips indicators, Percentage of adults (aged 18+) classified as overweight or obese (93088)

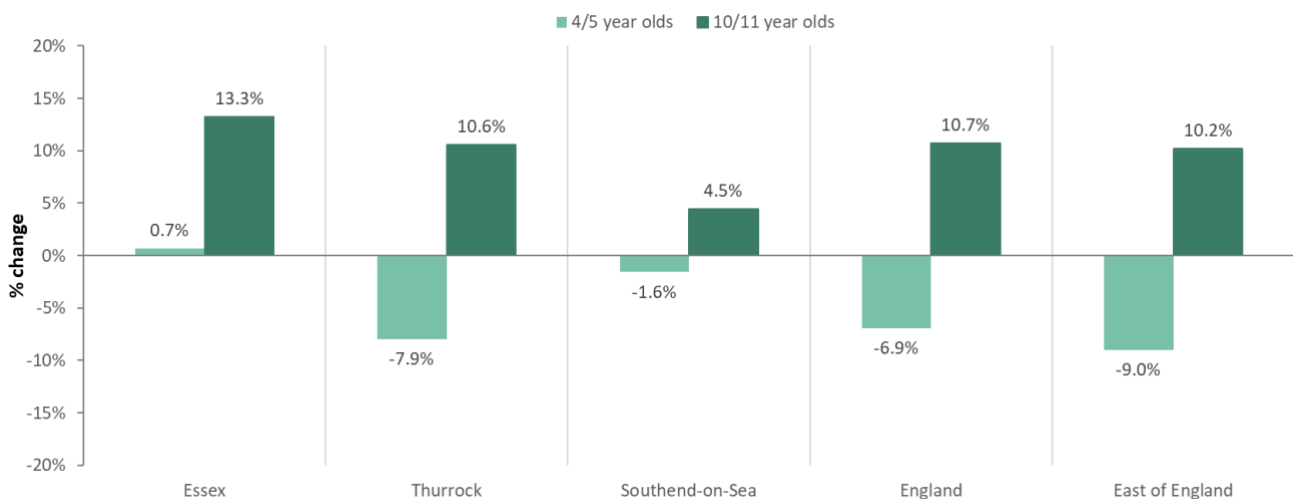
Chart HW12: Adults (18+) classified as overweight or obese by district (2021/2022)



Source: Fingertips indicators, Percentage of adults (aged 18+) classified as overweight or obese (93088)

In 2022/23 21% of children aged 4/5 years old in Essex, 24% in Thurrock and 22% in Southend-on-Sea were classified as overweight, which increases for children aged 10-11 years old to over a third (Essex, 34.2%; Thurrock 38.7%; Southend-on-Sea, 35.4%). The trend for younger people is slowly getting worse. Over the course of the last 15 years, the proportion of 10/11 years olds classified as overweight and obese has increased by +13.3% in Essex, +10.6% in Thurrock, and +4.5% in Southend-on-Sea. This reflects a worrying proportion of children and young people exhibiting behaviours that will likely follow through to adulthood.

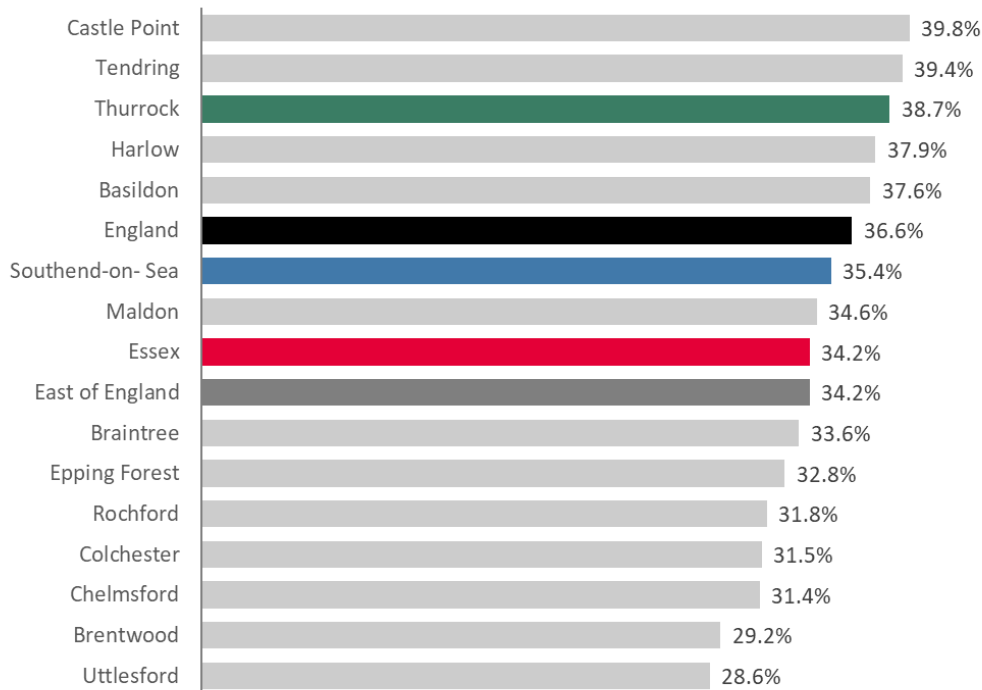
Chart HW13: % Change in prevalence of overweight and obese children: 2008/09 -2022/23



Source: Fingertips indicators, YR and Y6 prevalence of overweight (including obesity) (20601/20602). Please note there was no Essex or district level data available between 2020/2021

In addition, districts with more deprived areas across Greater Essex – Thurrock, Basildon, Castle Point, Harlow, Tendring - have higher rates of overweight children compared to more affluent areas - Brentwood and Uttlesford. Poor diet and lack of access to nutritious food for these families, may be contributing to the greater health disparities across Greater Essex communities.

Chart HW14: Prevalence of overweight children (including obesity) (10-11 yrs) by district: 2022/2023

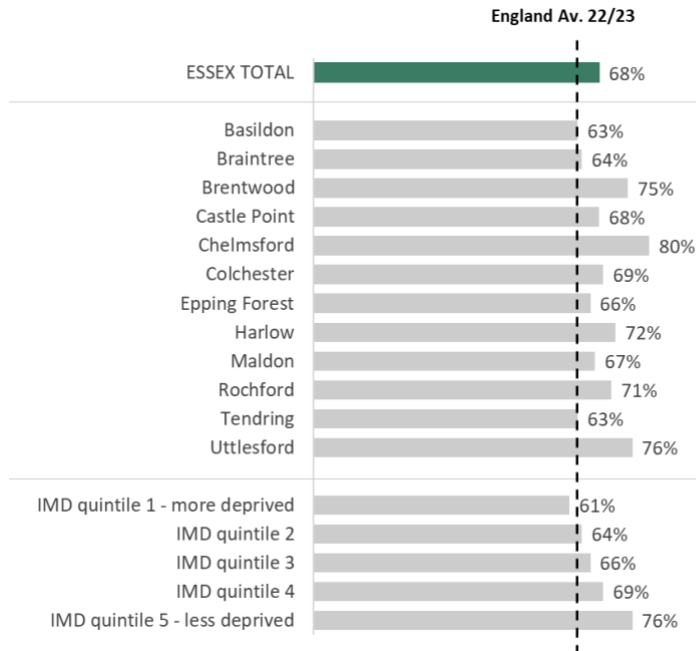


Source: Fingertips indicators, Y6 prevalence of overweight (including obesity) (20602).

While Essex district data shows higher physical activity levels compared to the England average, deprivation plays a role in activity levels. Levels of inactivity are highest in Basildon (22%) and Tendring (21%) compared to the Essex average. This increases once more within the most deprived areas within these districts – most deprived areas in Basildon (24%), Colchester (27%) and Tendring (24%). Females also tend to be less physically active compared to males (65% females are active vs. 74% males).

Research shows that barriers to physical activity include lack of health, funds, enjoyment, energy, and life commitments reducing opportunity. These barriers can in turn restrict access to services or opportunities that may help to encourage greater physical activity and contribute to better health outcomes.

Chart HW15: Levels of Physical Activity a week: % 'active' (at least 150 minutes per week)



Source: Essex Residents Survey 2023; Sport England Active Lives Adult Survey (Nov 2023). Please note, Thurrock and Southend-on-Sea data is not available.

It is vital to focus on promoting healthier weight through diet and exercise as it helps to reduce risk of chronic conditions, improves mental health, and alleviates pressure on public services by reducing strain on health systems, minimises absenteeism from work and lessens demand for medical interventions. Yet, where socio-economic inequalities persist there is a risk of increasing disparities in health and life expectancy across communities.

While rates of smoking and drug misuse in Greater Essex have levelled off in recent years and track below England, there are wide inequalities across the county. Harlow (20.5%) and Tendring (15.2%) report higher smoking rates and proportion of smokers than the Greater Essex average, and those living in Tendring have also seen a rise in tragic deaths from drug misuse over the last 20 years.

Chart HW16: Proportion of current smokers by Local Authority

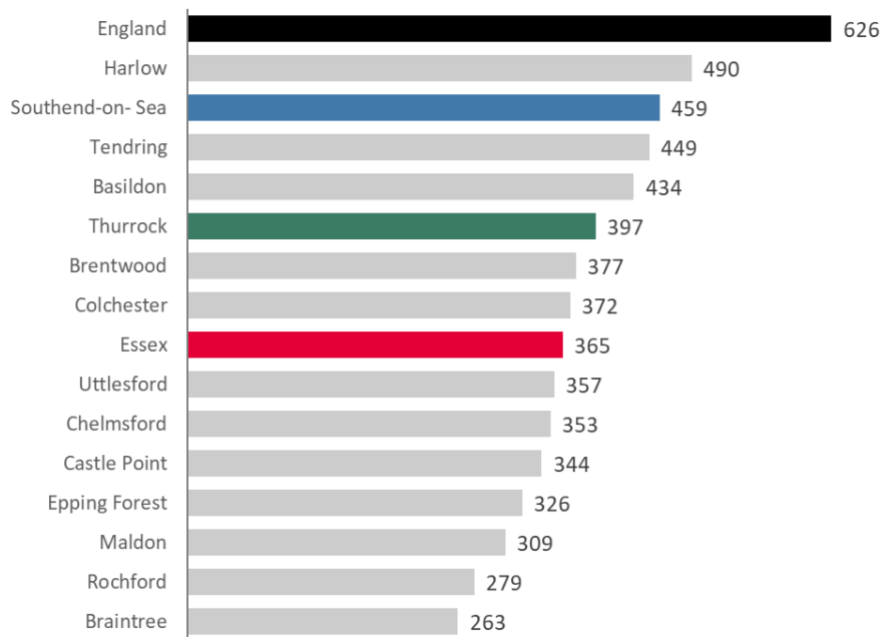


Source: ONS Annual Population Survey: Please note data is only available to 2021

Alcohol-related hospital admissions in Greater Essex have been a matter of concern. These admissions are linked to conditions, injuries, and diseases, that can be attributed to alcohol consumption. In England, there were almost 1.3 million estimated admissions where alcohol played a role - an 8% increase compared to the previous year (2017/18). With the exception of Southend-on-Sea, from 2016 to 2022, alcohol related mortality is lower in Greater Essex than England. However, figures have remained consistent, with alcohol mortality only falling by 0.3 per 100,000 since 2016 (33.2 per 100,000 in 2022).

While volume of alcohol consumption tends to rise with gross weekly income, those with lower socio-economic status or from more deprived areas are more likely to exhibit problematic drinking patterns and dependency. In this case, higher levels of hospital admissions tend to be associated with higher levels of deprivation. This is reflected across Greater Essex where higher levels of admission episodes for alcohol related conditions are seen in Harlow, Southend-on-Sea, Tendring, and Basildon. This once again indicates the inequality of health need and pressure on health services across more deprived and least deprived areas.

Chart HW17: Admission episodes for alcohol-specific conditions (2021/2022)



Source: Essex JSNA 2022. Data reflects admissions to hospital where the primary or secondary diagnosis is an alcohol attributed condition. Directly age standardised rate per 100,000 population

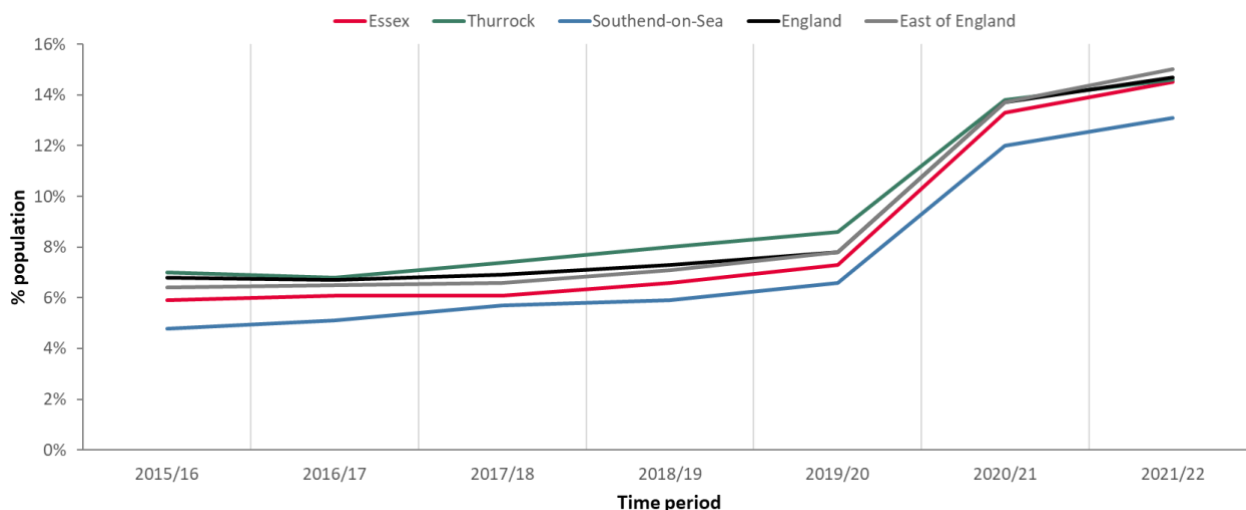
Recognising and understanding the impact of deprivation on health and life expectancy is crucial. By addressing social inequalities, promoting a healthy lifestyle, and providing targeted interventions, we can work towards improving the well-being of all residents in Greater Essex and bridging the health inequalities gap between communities.

Mental health and wellbeing

The whole of the UK faces a mental health crisis, which has been exacerbated by the pandemic, and the recent economic challenges. While exploring the health and wellbeing of Greater Essex, mental health is a particular concern due to the disproportionate impact on groups that are more at risk of inequalities in social, economic, and environmental circumstances.

Over the course of the last 5 years, our residents have had to endure the social isolation and economic uncertainty that came with the Covid-19 pandemic and the subsequent cost of living crisis. As a result, there are major concerns over worsening mental ill-health. Young people in particular are at risk. Since 2015, the prevalence of school children with social, emotional, and mental health needs has increased rapidly. Impact was particularly felt during the pandemic, where it was reported nationally that 80% of young people with pre-existing mental health needs experienced exacerbated or new issues as a result. Mental wellbeing of older girls, under 18s, and secondary school pupils due to sit exams have been most affected.

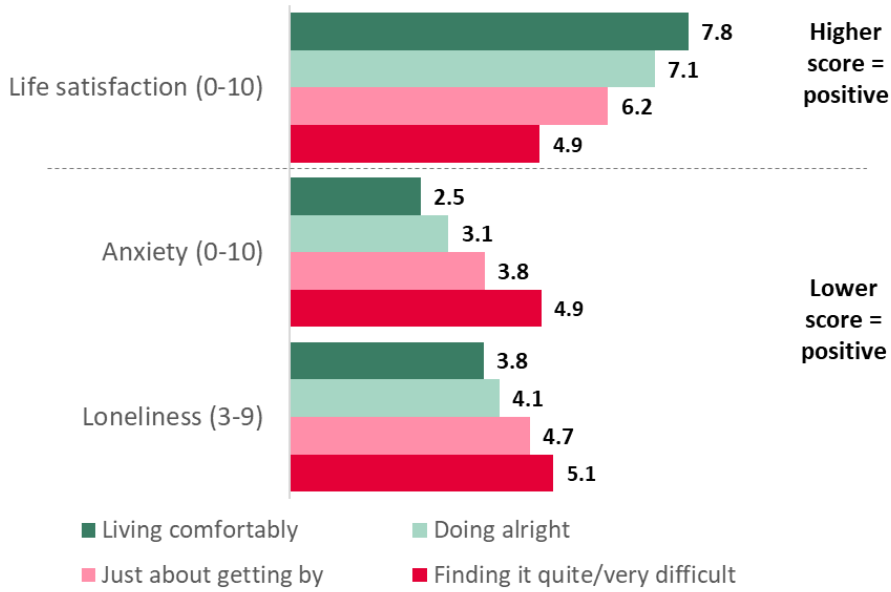
Chart HW18: School pupils with social, emotional, and mental health needs (2015-2022)



Source: Department for Education special educational needs statistics (Via [Fingertips](#)).

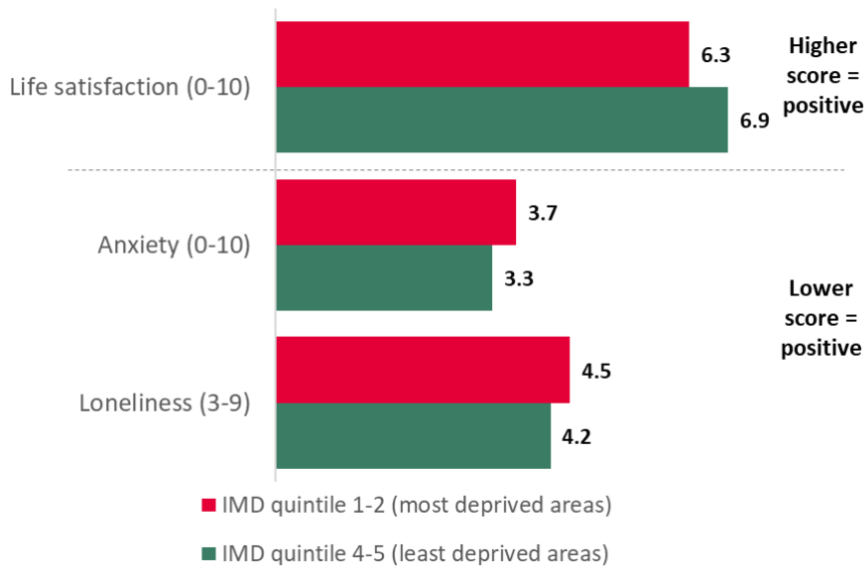
Financial difficulties have long been recognised as a risk factor for mental health issues. During Covid-19, increased unemployment, reliance on Universal Credit, increased numbers of families shifting to lower income households, uncertainty over job market and job security all increased demand on mental health services. For many, these challenges still remain, with an additional ~62,500 households across Essex districts at risk of negative discretionary income by October 2024 (data for Southend-on-Sea and Thurrock is unavailable). Feelings of life satisfaction have been declining across Essex districts since 2018. Yet, there are vast disparities across wellbeing metrics depending on circumstance. Those living in more deprived areas or those struggling more financially report lower levels of life satisfaction and higher levels of anxiety and loneliness compared to residents that are living more comfortably or in less deprived areas.

Chart HW19: Financial security vs. wellbeing metrics (2023)



Source: Essex Residents Survey 2023. Please note, Thurrock and Southend-on-Sea data is unavailable.

Chart HW20: Levels of Deprivation vs. wellbeing metrics (2023)

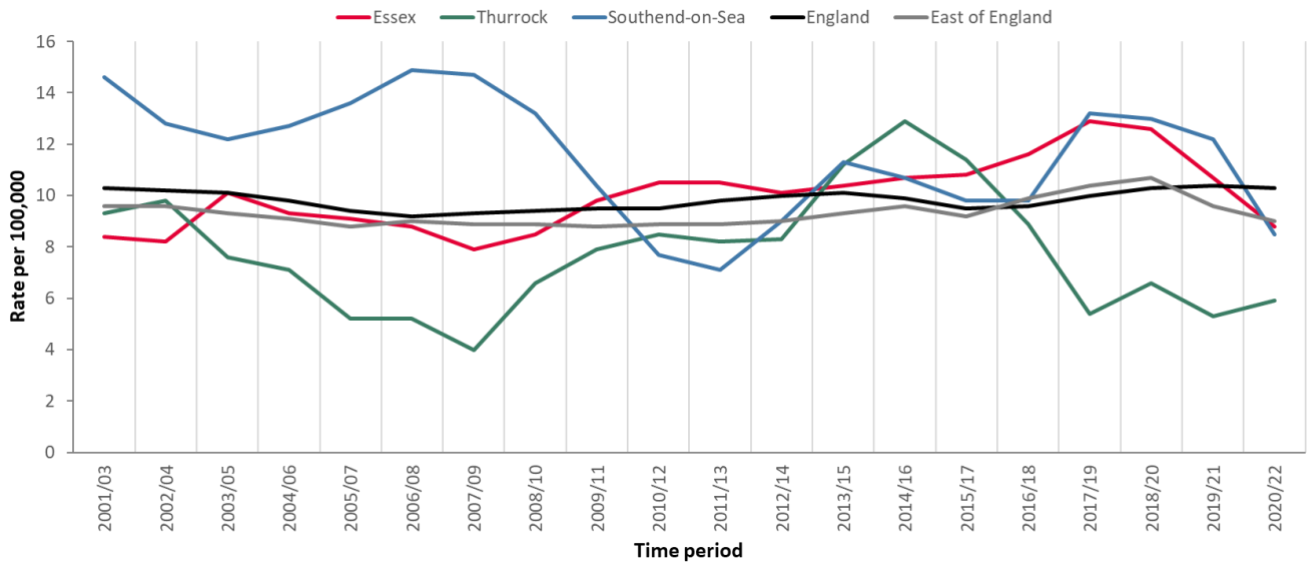


Source: Essex Residents Survey 2023. Please note, Thurrock and Southend-on-Sea data is unavailable.

The increasing pressures faced by our communities is reflected in the continual rise in IAPT (psychological therapy) referrals across Greater Essex, which is reflective of national trends. In the past year, mental healthcare staff across England reported 17,340 serious incidents, occurring at a rate of two incidents per hour. These incidents span issues like self-harm, eating disorders, and psychosis. The prevalence of common mental disorders is far higher across districts with a higher proportion of deprived areas – Harlow, Southend-on-Sea, Thurrock, Basildon and Tendring.

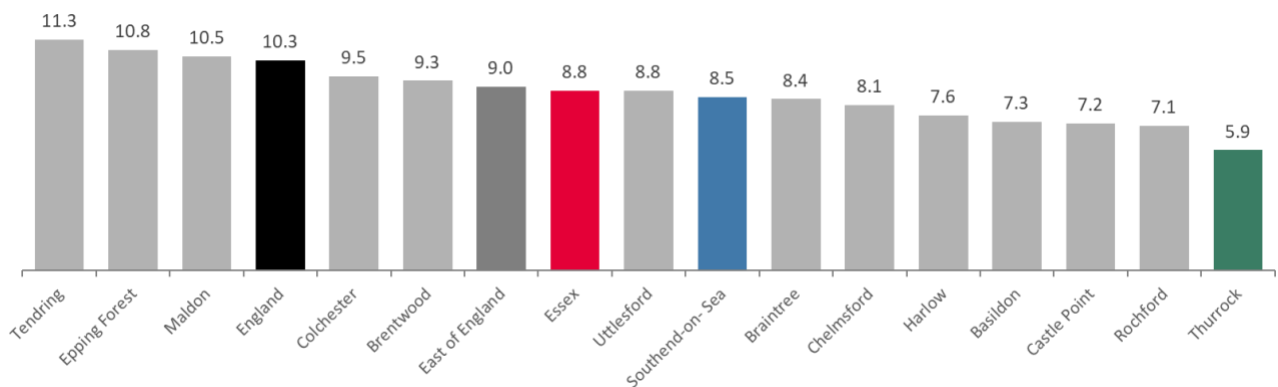
Tragically, for the most part this reflects the rate of suicide across the county, where rates have been historically higher in more deprived areas such as Tendring. Over the course of the last 10 years, suicide rates across Essex districts and Southend-on-Sea have for the most part been higher than England and East of England averages. Rates can fluctuate, but have slowly been increasing over the past decade, though recent data for 2020/2022 suggests the tide may be starting to turn as rates start to decline across Essex, Southend-on-Sea, and East of England. Worsening mental health and increasing suicide rates are a particular risk in more deprived areas of the county as it can be exacerbated by societal risk factors that may be felt more in these areas during the current economic crisis, such as job loss, unmanageable or mounting debts on a reduced income, social isolation, and loneliness.

Chart HW21: Suicide rate per 100,000 population (trended)



Source: Essex JSNA 2022.

Chart HW22: Suicide rate per 100,000 population (2020-2022)



Source: Essex JSNA 2022.

Access to healthcare

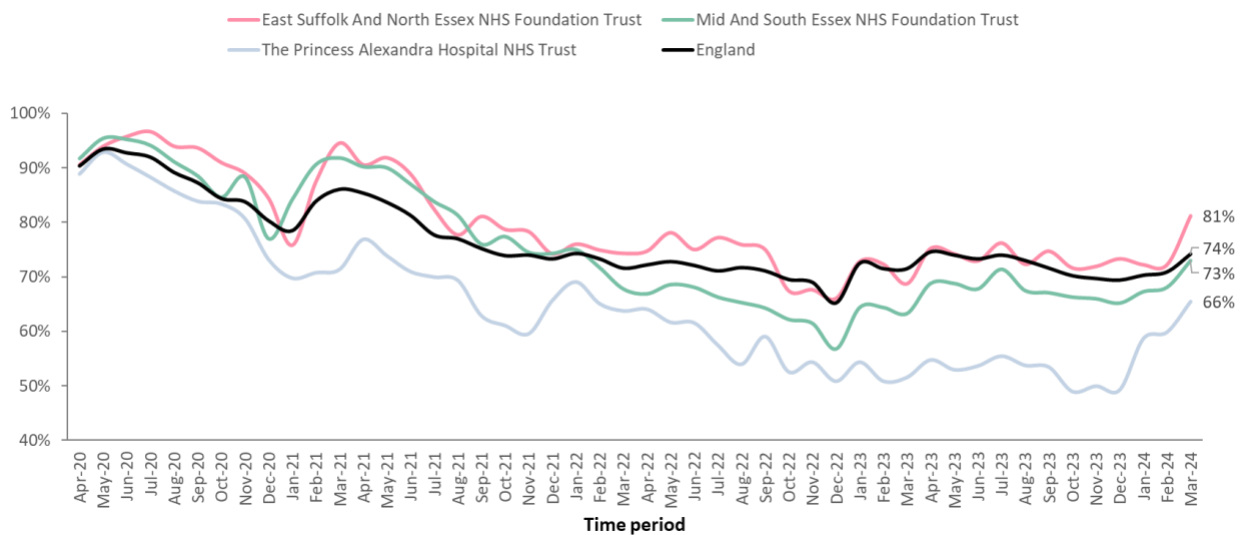
Healthcare services have come under immense pressure over the course of the last decade. During the Covid-19 pandemic, many services were paused as priorities shifted, and healthcare services are yet to recover to pre-Covid service levels. As health services try and recover, they are met with an economic climate which results in a lack of funds to cater to

the needs of our growing, and ageing population, and a crisis of workforce shortages which impacts the quality of care and ability to meet demand. These challenges are felt nationally but have local impacts on our residents and communities.

Research undertaken by Essex County Council, demonstrates that the NHS and healthcare system is a longstanding concern for residents. This is driven by difficulty accessing GP appointments as a first touchpoint; inaccessible appointment processes; long wait times; disjointed services leading to inconsistency in experience, communication breakdown and inefficient record keeping.

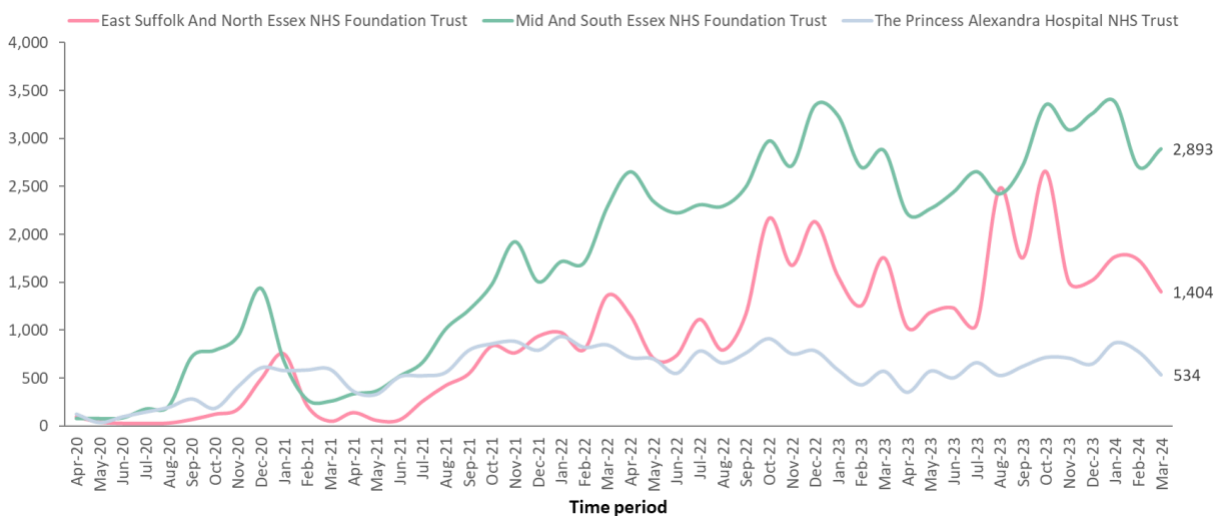
These concerns are reflected in the recorded wait times for treatment across a variety of areas. Wait times for A&E attendances, planned care, emergency admissions, ambulance wait times and cancer diagnosis have all been increasing since the Covid-19 pandemic, despite need remaining fairly consistent.

Chart HW23: Proportion of attendances waiting 4 or less hours from A&E arrival to admission, transfer, or discharge (time-series)



Source: NHS England A&E Attendances and Emergency Admissions

Chart HW24: No. of emergency admissions with a wait of over 4 hours from decision to admit to admission



Source: NHS England A&E Attendances and Emergency Admissions

Distance and travel time to healthcare services is also a contributing factor to inequalities in healthcare usage and access. Residents that have longer travel times to services are less likely to seek care, which may increase longer term risk of health conditions.

Generally, across Greater Essex travel time to GP surgeries is relatively short; 99% of the Essex population can get to a GP in a 10 minute drive, 79% a 10 minute public transport journey or 57% within a 10 minute walk. However, the more rural areas of Greater Essex have unique challenges in accessing health and social care. Residents living in Epping Forest, Braintree, Maldon and Uttlesford all experience longer travel times, and are also more likely to face additional vulnerabilities in their rural areas due to a combination of issues such as poor transport, broadband, lower income, less community support, higher social exclusion, and higher housing costs. Further, with a higher average age demographic, there may inevitably be greater health needs for these residents.

Health and Wellbeing: Looking ahead.

The health and social care system is still struggling to recover from the shocks of the Covid-19 pandemic, as the country swiftly entered an economic crisis, and faces the fallout of climate change on demand and operations, which has added to the pressure pot on the system. The subsequent impacts will be felt for years to come.

The future health and wellbeing of residents across Greater Essex will rely heavily on the recovery and long term resilience of the healthcare system – which will be influenced by the following factors:

- The growth of our population – as people live longer with poorer health there is likely to be increased demand on health and social care services, as well as other services such as the need for social housing, built and green infrastructure and town planning or transport, to support a more sustainable, healthier lifestyle for residents and communities.
- The economic climate – prices for goods and services have been increasing substantially over the course of the last 2 years. While the rise in inflation is slowing - from 11% in autumn 2022 to 3.2% in March 2024 - services will still cost substantially more to run than they did a few years ago. The consequence is increased strain on health and social care services to deliver more for less, for years to come.
- Individual health behaviours – smoking, diet, physical activity, and exposure to harmful levels of drugs and alcohol are all major risk factors in preventable death and ill-health. While some, not all, of these factors may be moving in the right direction across Greater Essex, the ability to adopt healthy behaviours is influenced, in part, by structural social and economic conditions that are beyond the full control of individuals. Health disparities are at risk of increasing, given the difficult financial context, and the impact will be felt most acutely in our most deprived communities.

- Access and quality of services – While health needs will likely increase, health and social services are still struggling to recover from the backlog experienced during the Covid-19 pandemic. Staff shortages are at critical levels, and the need for trained staff is predicted to increase further in the future. Skilled, trained staff are critical to providing quality care and reducing the backlog. As such a lack of trained and skilled staff is one of the biggest risks to individual and community health to face over the coming years.

Policy makers, both nationally and locally, will need to make some tough decisions to balance the need to address short-term demands on access to services, and the longer-term need to invest in improving social and environmental conditions for our communities to shape better health and wellbeing, and reduce already embedded health inequalities.

The growth of our population

Our population is living longer, but in poorer health. It is predicted that over the period to 2043, the fastest levels of population growth will be seen amongst those aged over 75 years old – at a rate of over 2% per year, which is substantially higher than the 0.3% predicted growth of the working age population. Healthy life expectancy is not improving at the same rate as life expectancy and varies greatly across our communities, and it is predicted that the number of people living with major illnesses will continue to increase. Inequalities are likely to continue, with those from the most deprived communities continuing to see greater disparities in levels of good health, particularly amongst working-age adults.

The result is that inevitably there will be even greater pressure on health and social care services - and other related services such as social housing - as our population grows and ages. Yet, as the working age population fails to grow at the same rate, the resources available to support the health of our population will be severely impacted in the long term. A wider example of challenges around resources is the ability to develop a built environment to reduce carbon emissions and support improved health outcomes, by encouraging physical activity through walking and cycling infrastructure, improve mental and physical health through green infrastructure in urban centres and deprived areas or retrofitting homes to relieve financial pressures and resultant health impacts of living in cold and damp homes. Yet, while the health and social care sector seeks to address immediate concerns around access and financial pressures, care needs to be taken to incorporate wider social and environmental impacts of health into the planning for a growing population.

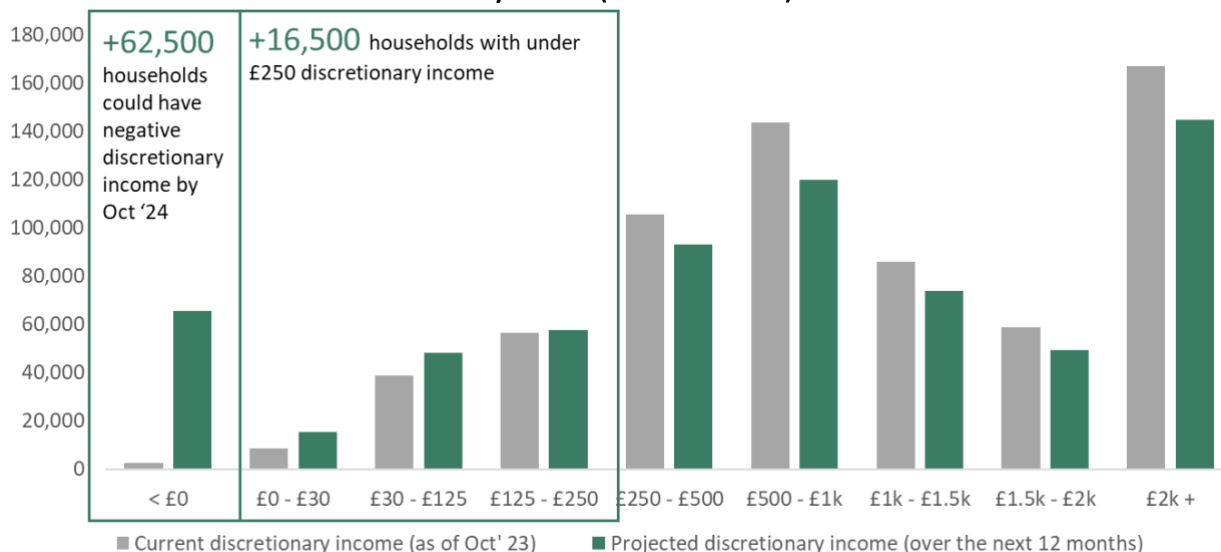
The economic climate

The economic challenges felt over the last few years have the potential to increase health disparities between more deprived and less deprived communities, as well as increasing demand on services.

As an example, financial and economic pressure are major risk factors for mental wellbeing. While inflation rates may have started to decline Greater Essex residents are still feeling the effects. For example, in 2023 13% of Essex district residents are reported financial difficulties – a significant increase from 11% in 2022. Those living in more deprived areas feel the impacts more acutely. In addition, there still remains a long-term risk of more households

not being able to cover basic costs with current income levels. So, the question becomes how will this play out in terms of demand for mental health services? And are services equipped to deal with an increase in demand that may be felt more in certain areas of our communities?

Chart HW25: Household counts: Discretionary income (Household level) – October 2023 release



Source: Experian Mosaic 'Cost of Living dashboard'. Please note: Data reflects Essex only, data for Southend-on-Sea and Thurrock unavailable.

Individual health behaviours

Individuals' ability to adopt healthy behaviours is heavily influenced by the resources they have to buy food and access to safe places to play and exercise. If the current trajectory of discretionary income continues, there could be a continued increase in the risk factors and health behaviours that lead to poor health – which will particularly impact the communities with more volatile socio-economic circumstances.

Across Greater Essex, the obesity trends for adults and children are already heading in the wrong direction, particularly amongst children - where over the last 15 years there has been an increase of overweight and obese children aged 10/11 years by between 4.5% and 13.3% across Greater Essex. Worryingly, the increase is far higher amongst more deprived areas, and is unlikely to get better if access to healthier, often more expensive, food becomes harder. This trajectory poses a threat for the future health of our population. Health behaviours exhibited as adults often start in childhood, if childhood obesity continues to increase this is likely to be reflected in adult obesity in the future. Being overweight / obese is linked with conditions such as diabetes which are not only life limiting but cause increased strain on health services.

Access and quality of services

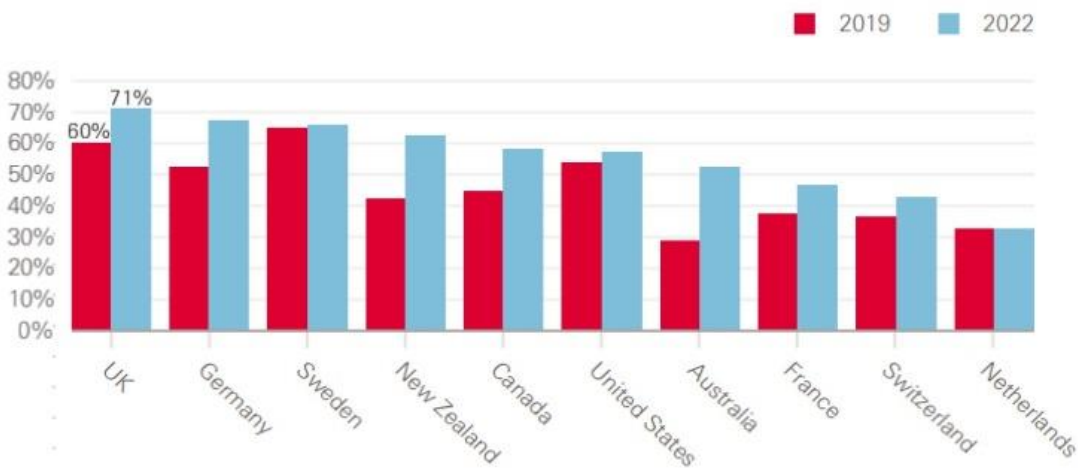
Within the healthcare system, waiting lists have been increasing since the Covid-19 pandemic. As of February 2024, nationally 7.54 million people were waiting to start elective (planned) treatment, an increase from 4.57 million in January 2020. Delays of treatment can result in deteriorations in health and worse outcomes for patients, but also can have social

and economic impacts, such as an ability to be independent and stay in employment. Such unmet health demands also pose risk to other pressurised services such as primary care, Accident & Emergency (A&E) and social care.

The healthcare workforce is vital to maintain the quality of care needed for residents. Yet, there is a gap between workforce in employment and those needed. This gap is predicted to reach 250,000 nationally by 2030. There are a variety of factors driving this, including difficulty recruiting and retaining staff, staff leaving employment early due to stress or burnout, lack of funding and training, or workers experiencing levels of poverty and deprivation.

These challenges are felt across Greater Essex, where there was a 0.8% decline in full-time GPs between October 2021 and April 2022, with the largest declines seen within Basildon, Southend-on-Sea and North East Essex. A lack of trained and properly skilled staff is one of the biggest risks to individual and community health over the coming years.

Chart HW26: How stressful is your job? % of GPs responding, 'extremely or very stressful', 2019 and 2022



Source: Health Foundation analysis of the Commonwealth Fund's International Health Policy Survey in Primary care physicians in 10 countries. 2019 and 2022.

National spending on the health service will have a substantial impact on the local ability to meet our population's health needs. There will need to be a balance in attention between tackling the longer term, systemic challenges that can help support future health and address inequalities, and the more immediate challenges around addressing staff shortages, access to services, and reducing waiting times.

Appendices - Data Sources

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