

The Global Burden of Disease in Essex

Summary

Essex's Health: A Mixed Picture

- Essex has higher life expectancy than England, but its crude (all-ages) disease burden is slightly higher than the national average — largely reflecting its older population and higher premature mortality. It still carries a significant, largely preventable burden of disease.

32,000 DALYs per 100,000 People

- This is the estimated DALY rate in Essex, representing years of healthy life lost due to illness, disability, or early death.

DALYs Have Plateaued Since 2010

- Essex saw major health gains up to 2010, but progress has stalled in recent years. This was driven by long-term illness, widening inequality, and the impact of COVID-19

Older Adults Bear the Greatest Burden

- The disease burden is concentrated in the 65+ age group, due to increased prevalence of heart disease, dementia, and disability.

Behavioural risks are the largest contributor to DALYs

- Responsible for 6,053 DALYs per 100,000 people
- Tobacco use, poor diet, alcohol and drug use, and low physical activity are major drivers of health loss, particularly among working-age males.

Metabolic risks follow closely behind

- 5332 DALYs per 100,000 people
- Conditions like high BMI, high blood glucose, and high blood pressure are the top contributors to disease burden across all ages and genders.

Environmental risks contribute significantly less

- 1940 DALYs per 100,000 people
- The main contributing risks are occupational risks and air pollution and are mainly localised to urban and industrial areas.

Top Causes of Disease Burden

- The leading contributors to DALYs in Essex include neoplasms, respiratory infections, cardiovascular diseases, musculoskeletal disorders, and mental health disorders.

Local Area Data

- Healthy life expectancy has a 23-year gap between Essex MSOAs.
- The worst health outcomes are clustered in the coastal areas.
- Averages hide problems: Essex overall is better/near England, but district/MSOA differences are pronounced.

GBD tells us what to tackle and local data shows where and for whom, enabling precise, place-based work.

Introduction to the GBD

What is the GBD?

The Global Burden of Disease (GBD) is a worldwide research programme led by the Institute of Health Metrics and Evaluation (IHME) that provides comprehensive data on the causes of death, illness, and disability across countries and regions.

The data provides a consistent and comparable burden of diseases, injuries, and risks across locations and populations.

The GBD database currently includes data up to 2021.

<https://www.healthdata.org/research-analysis/about-gbd>

The GBD Measures:

- 396 diseases and injuries
- 87 risk factors
- 204 countries and territories
- Over 1000 modelled location-age-sex-year combinations per health outcome
- More than 60,000 modelled estimates published each GBD cycle

Why This Matters for Essex

Using GBD data ensures that public health actions in Essex are targeted, effective, and based on the best available evidence.

Understanding Essex's Health Priorities

- Identifies the leading causes of poor health and early death in our communities
- Supports evidence-based decisions on where to allocate resources
- Highlights emerging trends and risk factors affecting residents

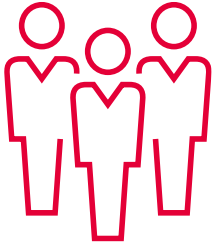
Tackling Health Inequalities

- Identifies difference in health outcomes between districts and population groups
- Helps tailor interventions to those most at risk, improving equity

Planning for the future

- Informs long term public health strategies and prevention programmes
- Supports collaboration with NHS partners, local authorities, and community services
- Aligns Essex with national health priorities and global health insights

Health Profile of Essex



Population overview

- Approximately 1.56 million residents
- Ageing population: higher proportion aged 65+ compared to national average
- Predominantly White British, with growing ethnic diversity in urban centres



Health Summary

- The health of people in Essex is generally better than the England Average
- Life expectancy in Essex (80.2 years for men, 83.7 years for women) is higher than the England average of 79.3 years for men and 83.1 years for women (ONS, 2018-20)
- Disparities exist across Essex with varying levels of deprivation, access to care, and ethnic disparities

Methodology

Data Sources Used

- Global Burden of Disease (GBD) 2021 - IHME
 - Used for international and UK-wide health burden estimates
- Office for National Statistics (ONS)
 - Provided local mortality and population data
- OHID Fingertips & Essex JSNA
 - Supplemented with local health indicators and contextual data

Analytical Approach

- Focused on DALYs, YLLs, YLDs, mortality, and prevalence
- Where Essex-level GBD data was unavailable, used East of England regional data as a proxy
- Identified top disease burdens and risk factors based on GBD metrics
- Compared local patterns to national and regional benchmarks
- Integrated qualitative insights from Essex's public health profiles

Limitations

- GBD data not available at lower-tier local authority level
- Estimates are based on modelled data and assumptions
- Some local nuances may not be fully captured
- Rates shown are crude (all-ages); Essex's older population raises crude rates, so comparisons use age-standardised rates where possible

Key Measures Used in the GBD

- Deaths
- Prevalence
- Years of Life Lost (YLL)
- Incidence
- Life Expectancy
- Years Lived with Disability
- Healthy Life Expectancy
- Maternal Mortality Ratio
- Disability-Adjusted Life Year



Years of Life Lost

Measures premature mortality by comparing the age at death to a standard life expectancy



Years Lived with Disability

Quantifies the impact of non-fatal conditions by multiplying prevalence by the severity of disability

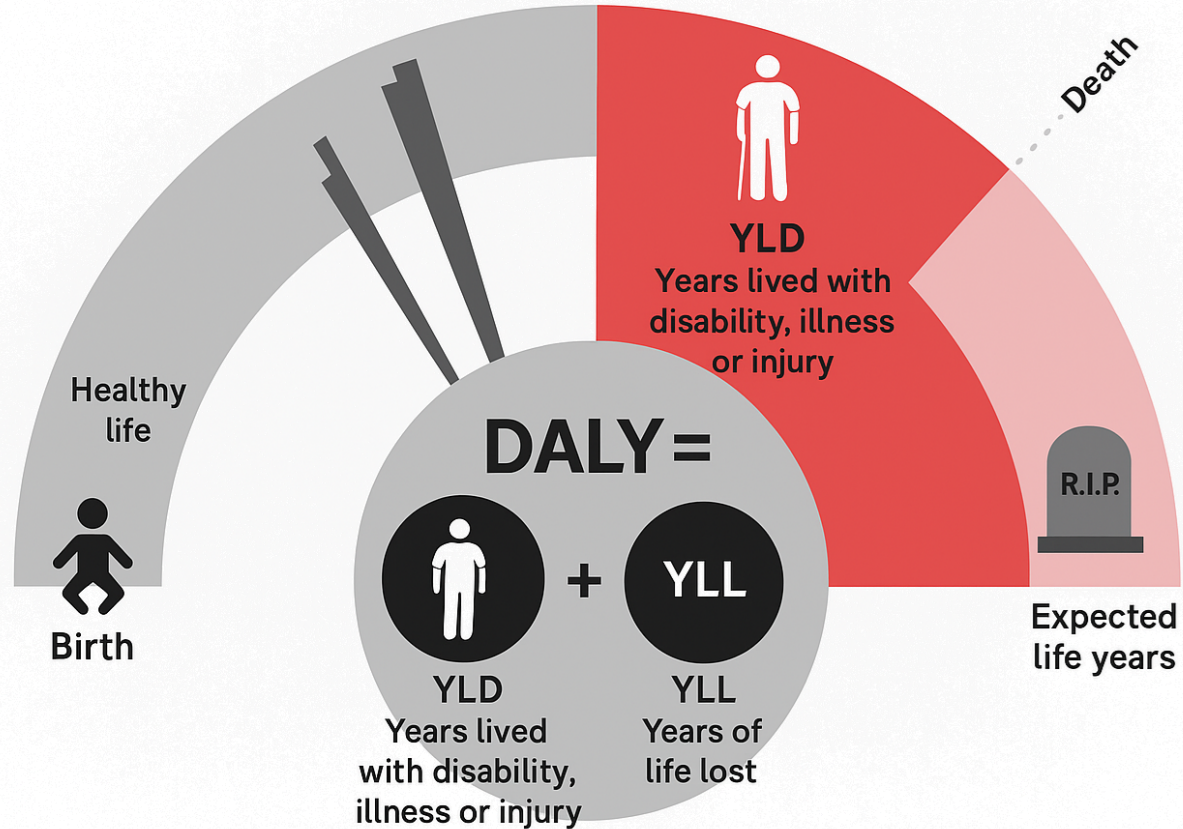


Disability-Adjusted Life Year

A summary measure that combines YLL and YLD

1 DALY = 1 year of healthy life lost

What is a DALY?



Definition: A DALY represents the loss of one year of healthy life due to premature death or living with a disability.

Comprehensive measure: Combines both mortality and morbidity into a single metric, providing a holistic view of the burden of disease.

Importance: DALYs are used in evaluating the cost-effectiveness of health interventions, comparing different health conditions and populations, and ensure proper resource distribution.

Disability-Adjusted Life Years

DALYs in England



**Disability-Adjusted Life
Year**

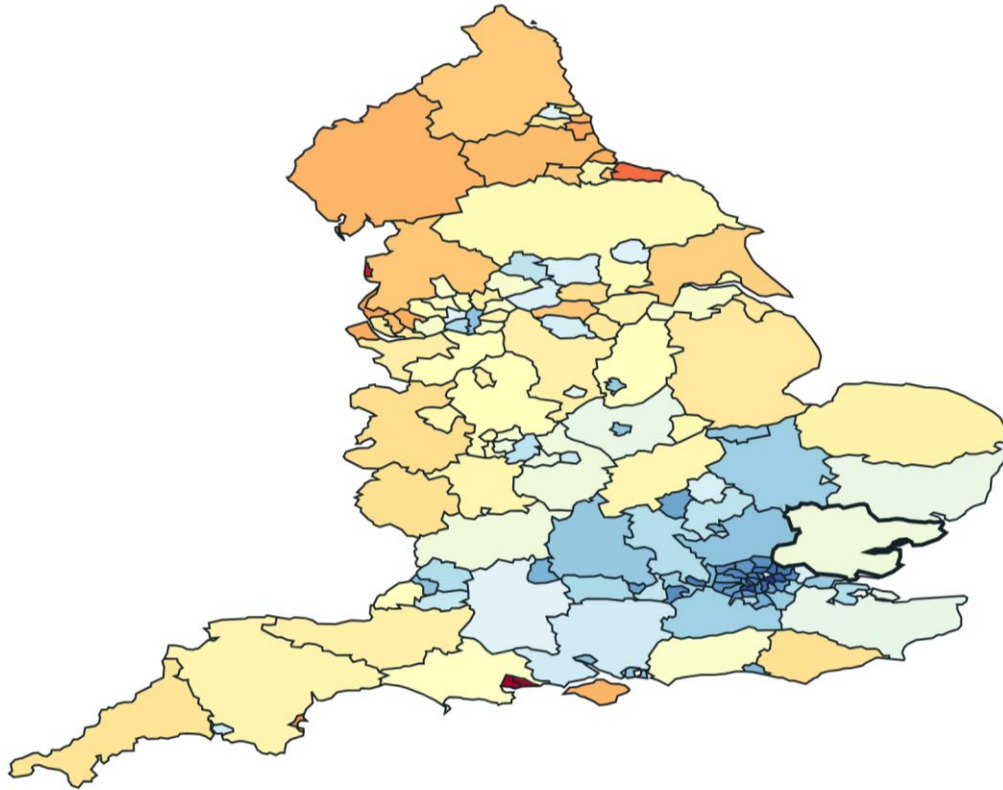
A summary measure that
combines YLL and YLD

1 DALY = 1 year of healthy life
lost

DALYs by County in England

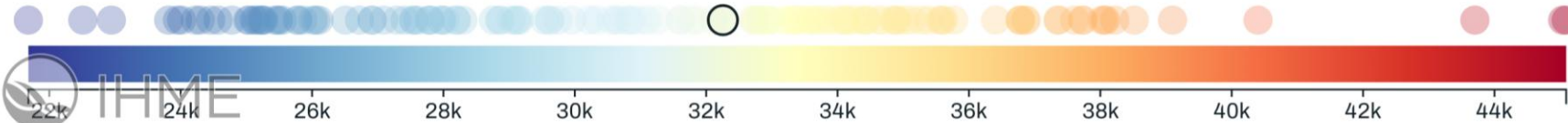
All causes

Both sexes, All ages, 2021, DALYs per 100,000



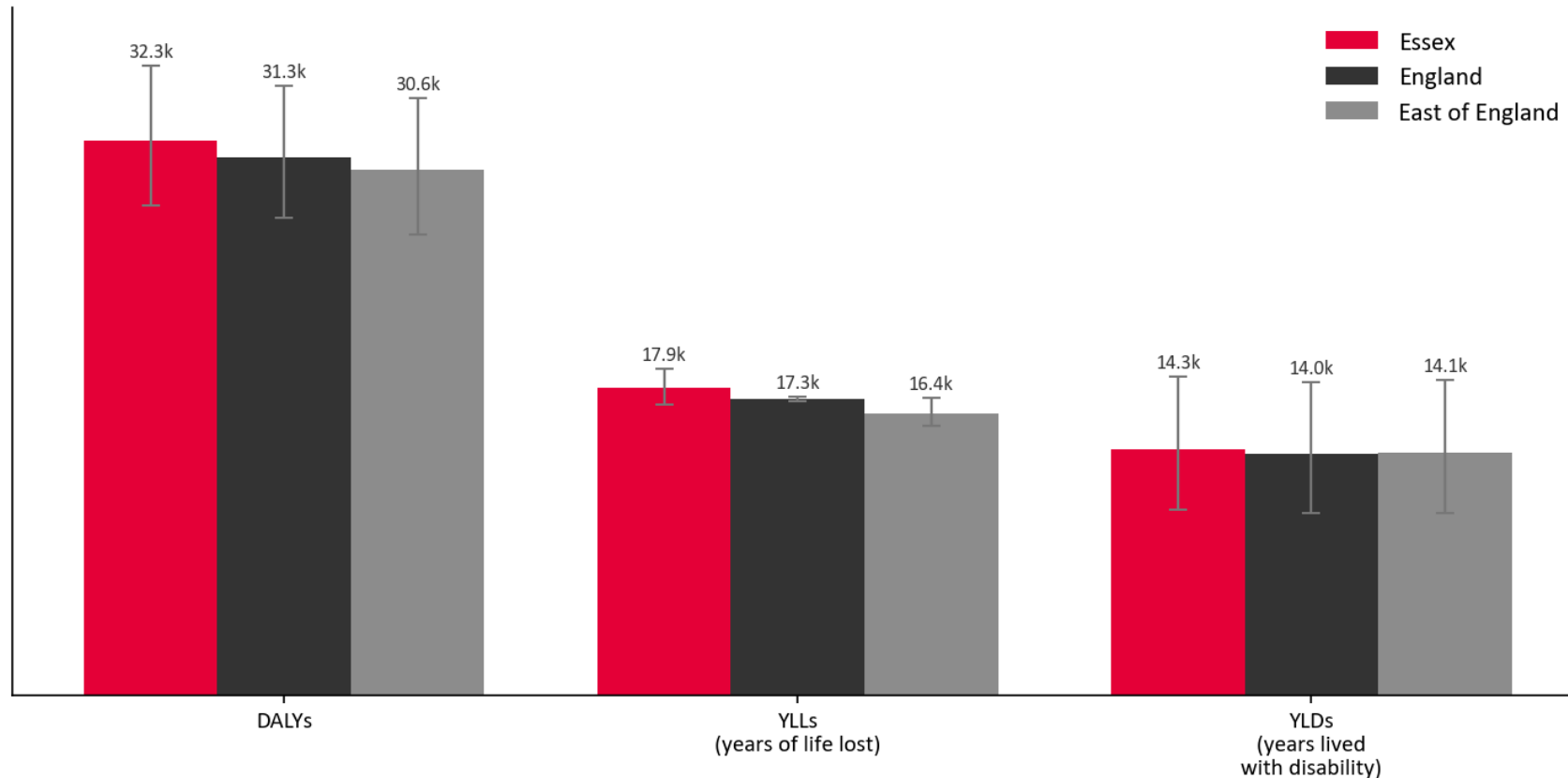
Key Insights

- In 2021 there were around **32,000 DALYs per 100,000 people** in Essex, placing it in the mid-range disease burden compared to other counties in England.
- There is a visible **North-South divide** with higher DALY burden concentrated in the North (dark red and orange shades) with lower DALY burden in the south (light yellow and blue shades)
- On crude all-ages rates, Essex's DALY burden (32,255 per 100k) is slightly above England (31,293) and the East of England (30,556). Its older age profile inflates crude rates, and the excess is concentrated in premature mortality rather than disability.

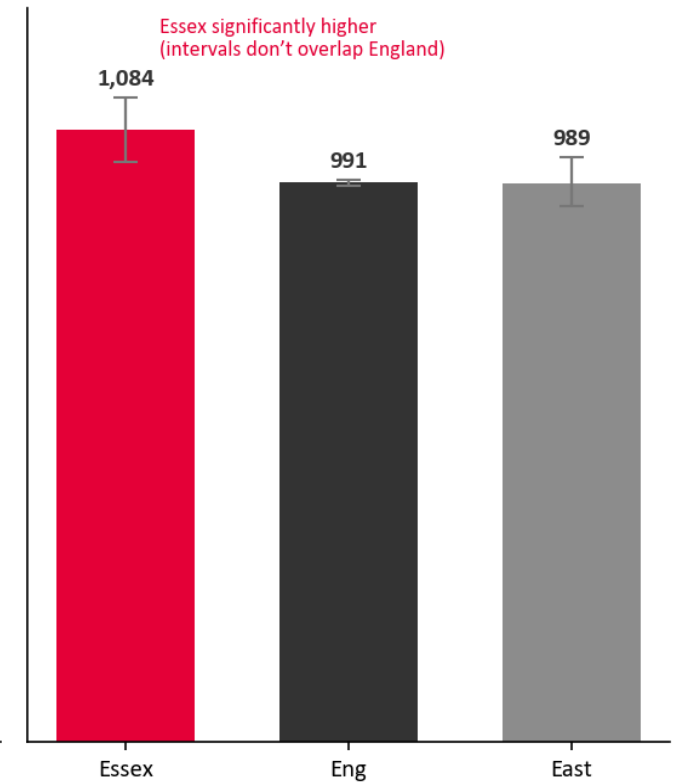


How Essex Compares to England & the Region

Disease burden per 100,000, 2021 (bars = value, whiskers = 95% uncertainty interval)



Deaths per 100,000, 2021



The honest comparison: on crude all-ages rates, Essex's burden sits ABOVE England and the East of England — not below.

The excess is driven by premature mortality: Essex's death rate (1,084/100k) is significantly higher than England's (991), and its years of life lost are higher too. Disability (YLDs) is statistically identical across all three areas — so age structure and premature death, not more disability, explain the gap.

How Essex Really Compares with England

How Essex compares with England

Red = Essex • Grey = England Latest official data (OHID Fingertips; GBD 2021 for burden)



*Crude all-ages rate: Essex's older population lifts the figure; on age-standardised measures Essex is closer to or better than England.

The nuance the average hides

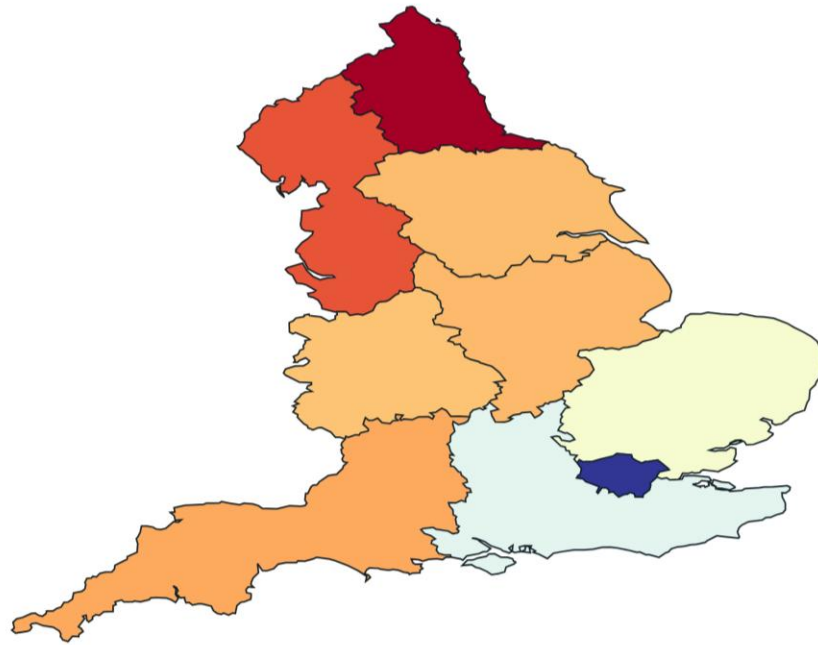
Essex beats England on most outcomes — life expectancy, cancer and heart-disease deaths, suicide and injuries.

But it is clearly worse on obesity, and its crude disease burden is higher because its population is older.

“Better than average” and “higher burden” are both true — which is why prevention and place-based targeting still matter.

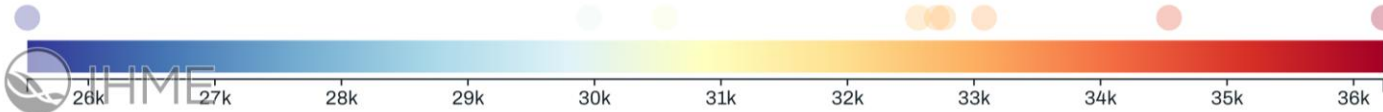
DALYs in England by Region

All causes
Both sexes, All ages, 2021, DALYs per 100,000



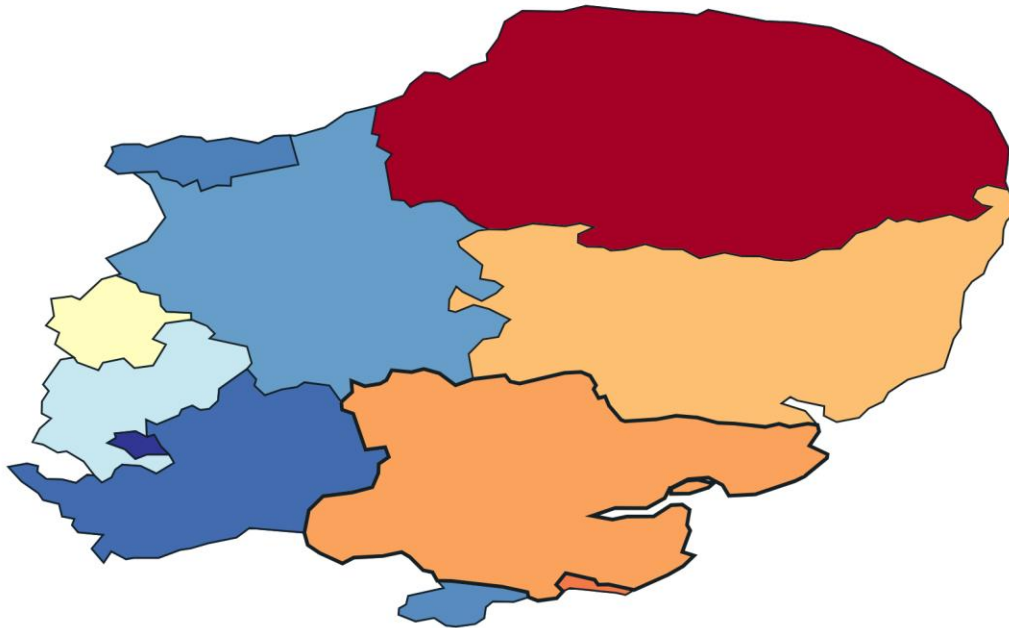
Key Insights

- London and parts of the South-East (including Essex) report some of the lowest DALY rates in England (darker blue/green shades), indicating better overall health outcomes.
- The North-East and North-West show the highest burden (dark red shades), reflecting higher levels of premature death and chronic illness.
- The East of England, where Essex is located, sits on the lower end of the burden spectrum, suggesting relatively lower health loss compared to most other regions



DALYs in East of England

All causes
Both sexes, All ages, 2021, DALYs per 100,000



- There is significant variation in disease burden across districts in the East of England, with DALYs ranging from below 28,000 to above 34,000 per 100,000.
- **Highest burden of disease:** Norfolk (dark red) suggesting greater prevalence of chronic illness, disability, or premature death.
- **Mid to high range:** Essex and Southend-on-Sea (orange), indicating a moderate-to-elevated disease burden compared to surrounding districts.
- **Low range:** Hertfordshire, Luton, and parts of Cambridgeshire (blue shades), reflecting better overall health outcomes or more effective preventive services.



DALYs in Essex



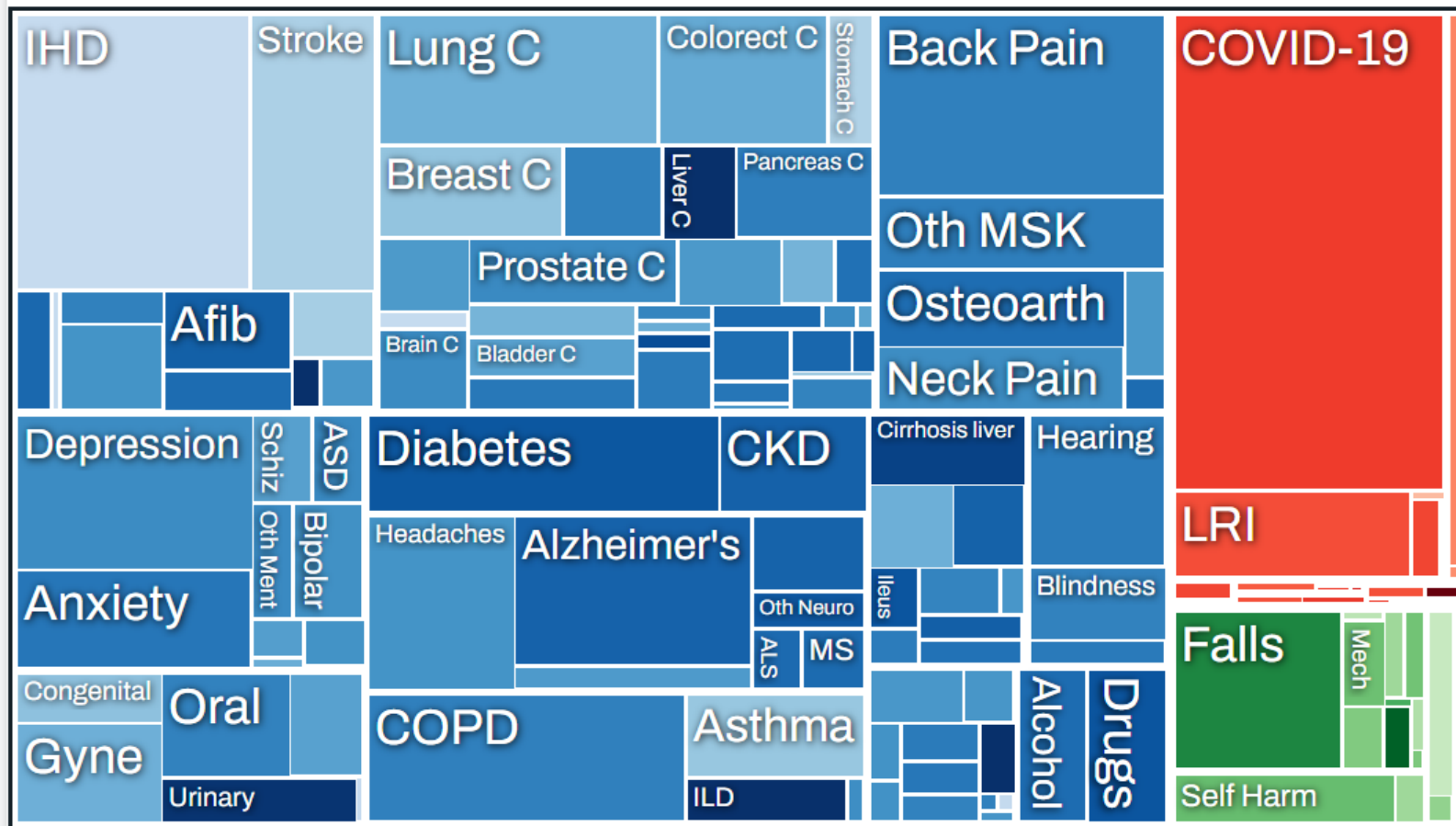
**Disability-Adjusted Life
Year**

A summary measure that
combines YLL and YLD

1 DALY = 1 year of healthy life
lost

Cause of DALYs in Essex

Essex
Both sexes, All ages, 2021, DALYs



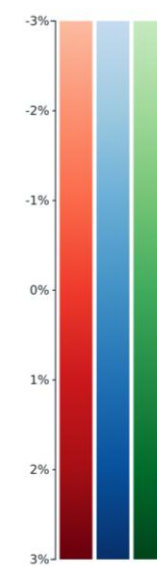
There are **32,000 DALYs per 100,000** people in Essex

- 79.56% come from Non-communicable Diseases
- 14.39% come from Communicable Diseases, maternal, neonatal, and nutritional diseases
- 5.32% come from Injuries

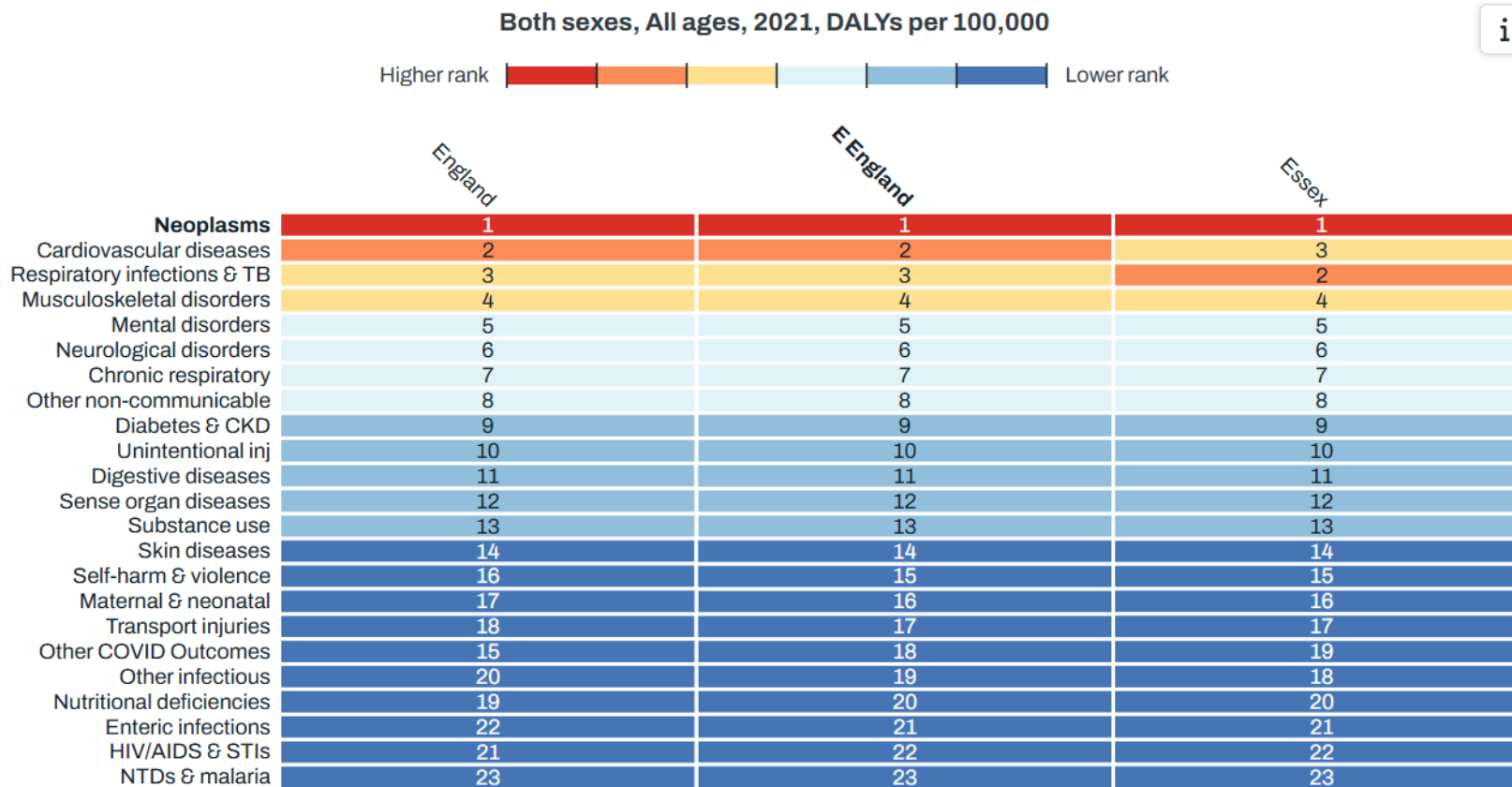
Non-communicable Diseases

Injuries

Communicable Diseases, maternal, neonatal, and nutritional diseases



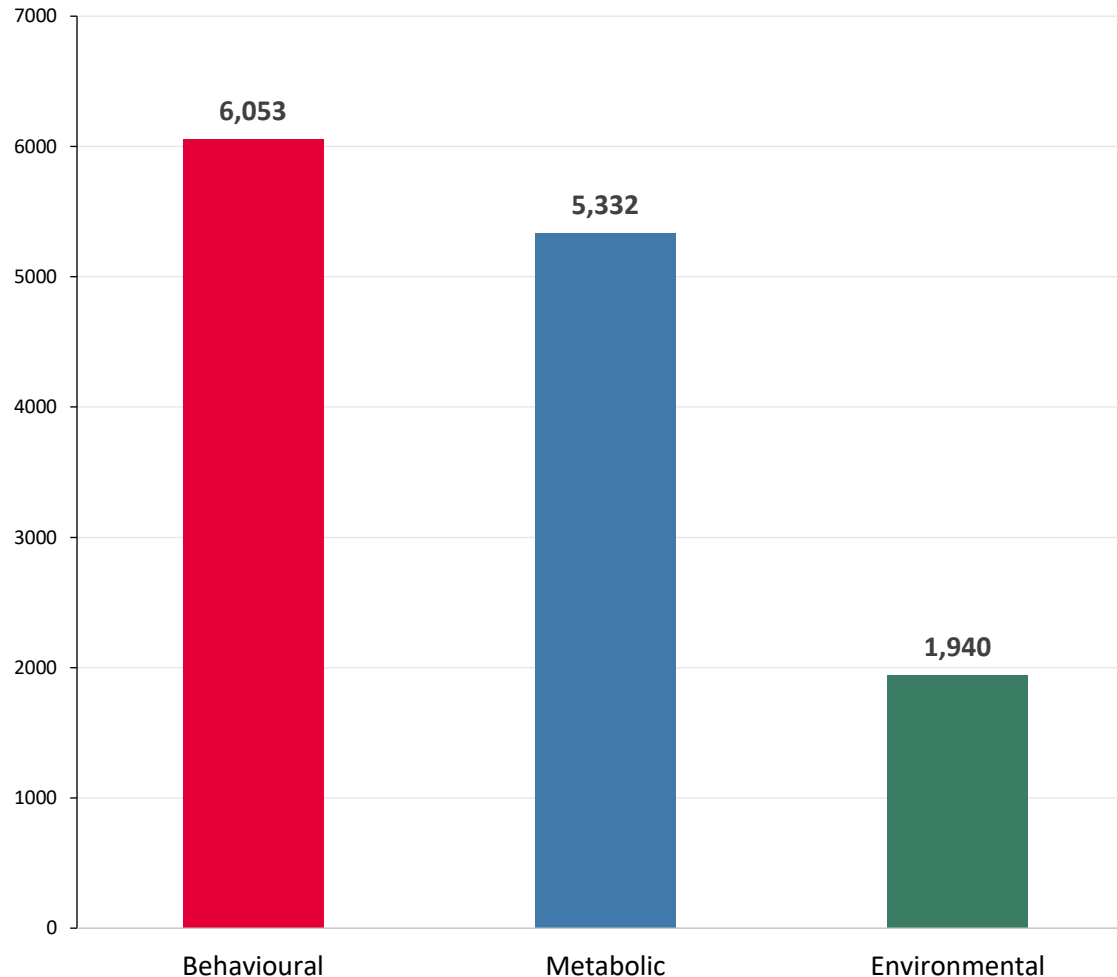
Top causes of Disease Burden



Key Takeaways

- **Neoplasms, respiratory infections & TB, and cardiovascular disease** are the leading cause of DALYS in Essex
- The Top 10 disease burdens are the same across all three locations except that in Essex respiratory infections & TB rank above cardiovascular diseases.
- Respiratory infections & TB overtaking cardiovascular diseases in Essex could be caused by several factors including a temporary shock from COVID, long-term inequalities, and successful CVD prevention lowering cardiovascular burden faster than respiratory burden.

DALYs by Risk Category



The factors contributing to DALYs are divided into **three risk categories**

Behavioural risks

- Smoking, alcohol use, poor diet, physical inactivity

Metabolic risks

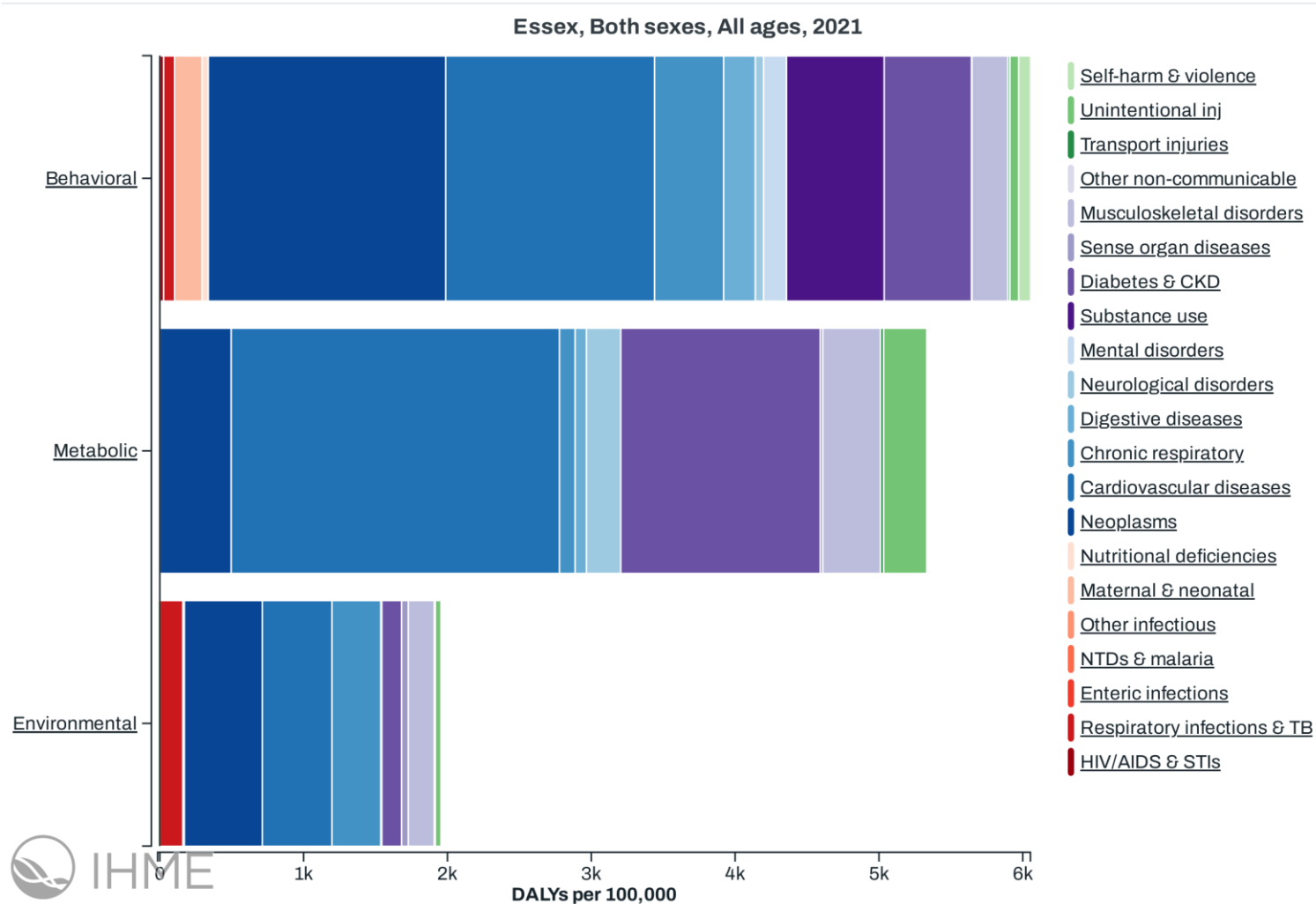
- High blood pressure, high BMI, elevated blood glucose

Environmental risks

- Air pollution, occupational exposures

In Essex, **behavioural risks have the largest impact** on the overall disease burden and DALY rate

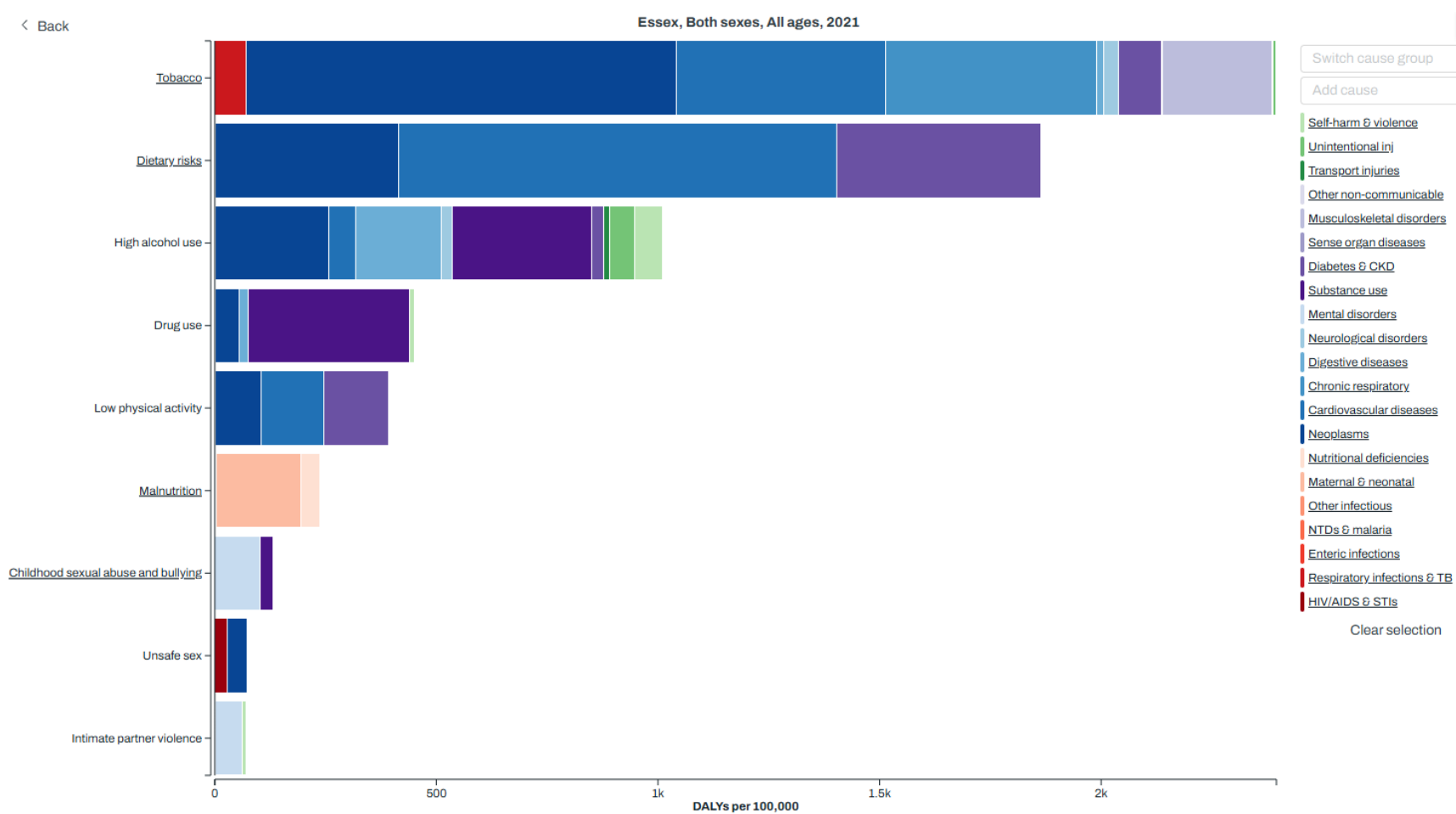
Risk Category



Key Insights:

- The majority of disease burden in Essex is driven by **behavioural** and **metabolic** risks
- The risk factors are strongly linked to chronic conditions like heart disease, cancer, and diabetes
- Environmental risks are smaller but are notably linked to poor respiratory health outcomes

Behavioural



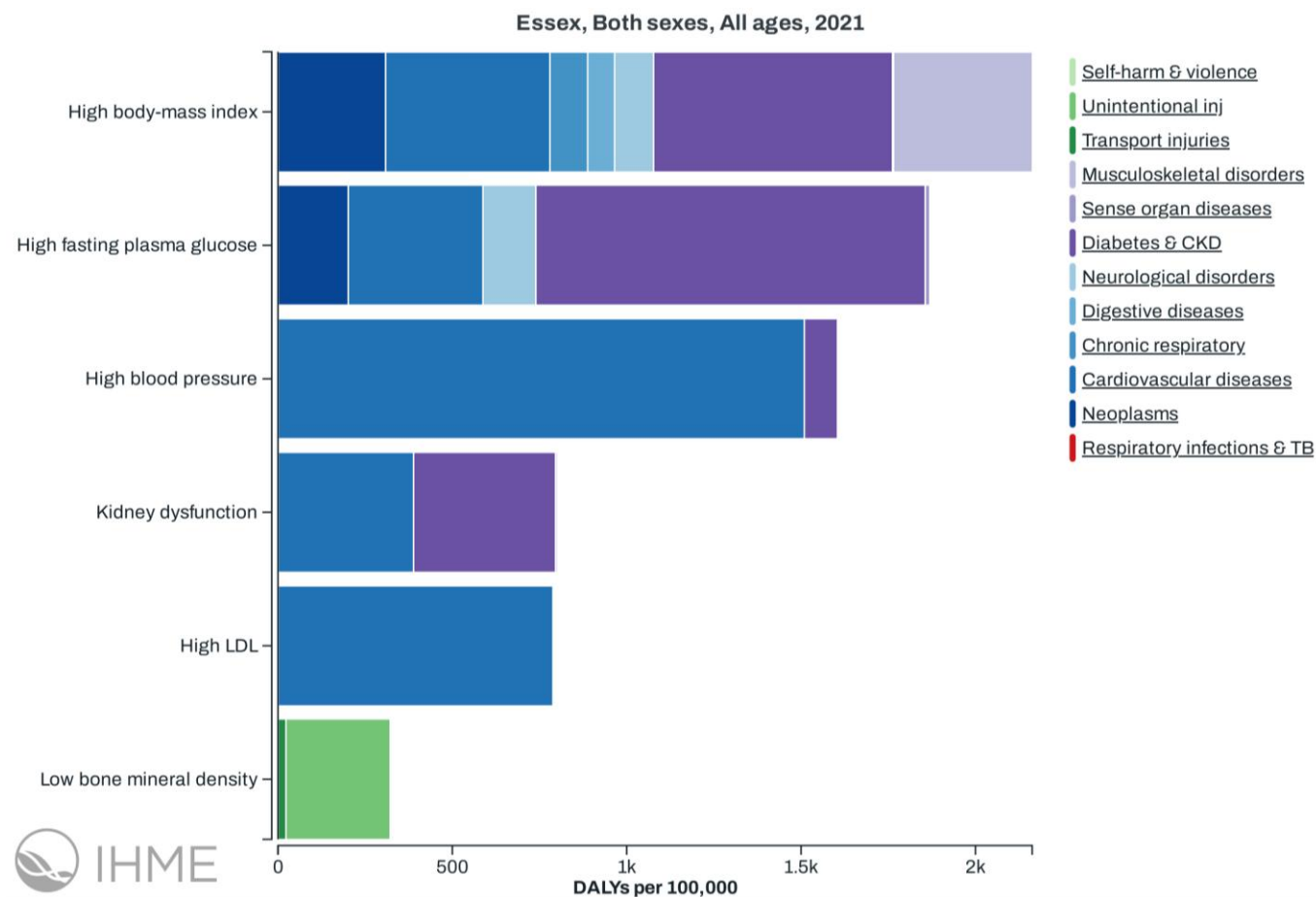
Key Insights:

The leading drivers of DALYs from the behavioural risk category include:

- Tobacco use** (primarily smoking) is the single largest behavioural contributor to disease burden – contributing to neoplasms, cardiovascular disease (CVD) and chronic respiratory infections.
- Dietary risks** follow closely behind driven primarily by low whole grains, high processed meat, low fruit, and high red meat consumption

Over 60% of DALYs from behavioural risks in Essex are linked to modifiable factors like smoking, diet, and alcohol use

Metabolic



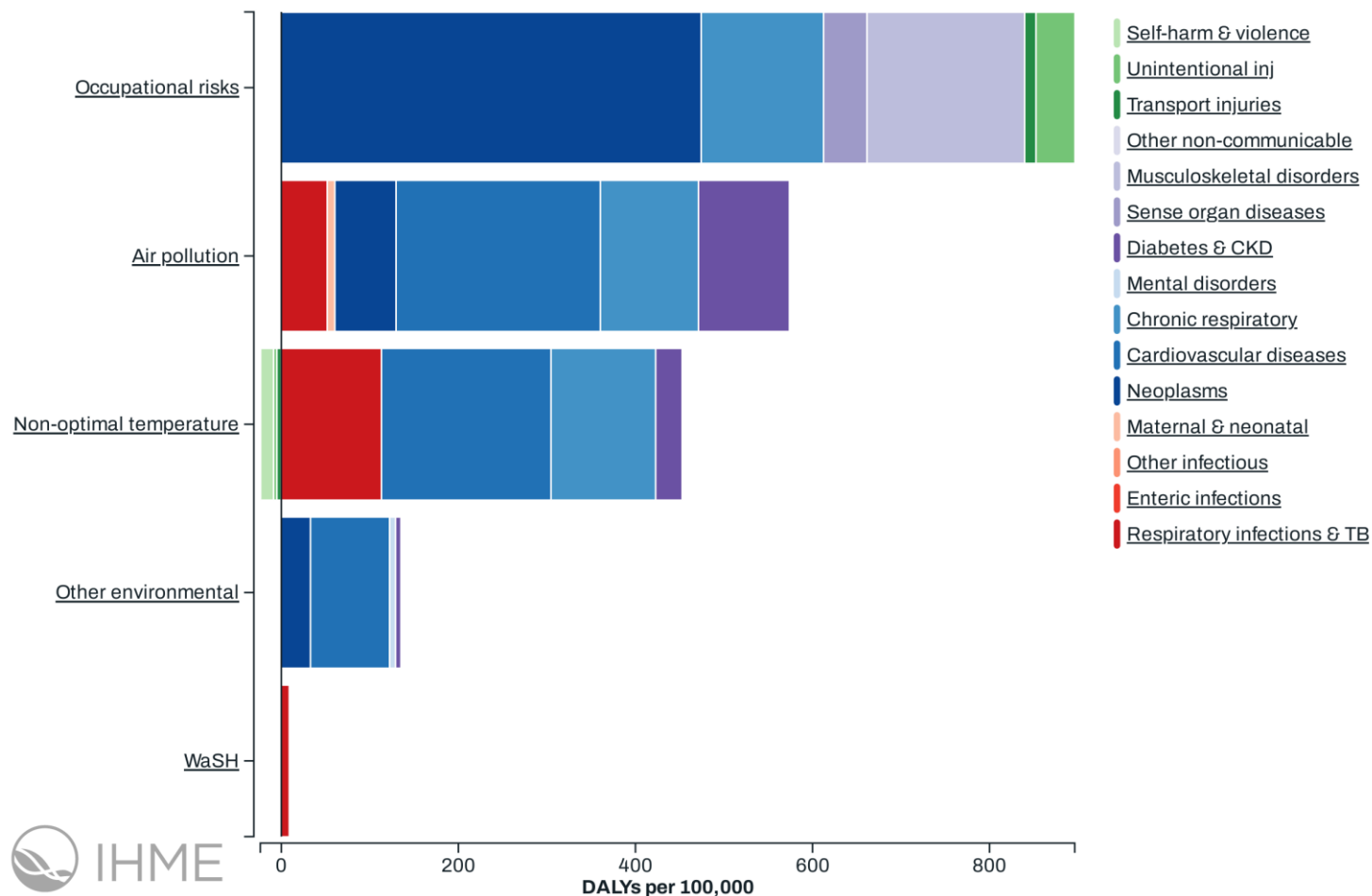
Key Insights:

The leading drivers of DALYs from the metabolic risk category include:

- **High BMI** is the leading metabolic risk factor – contributing to musculoskeletal disorders, CVD, diabetes, and cancer
- **High fasting plasma glucose** also contribute significantly to the burden of disease – particularly to diabetes, chronic kidney disease, and CVD.

Environmental

Essex, Both sexes, All ages, 2021



Key Insights:

The leading drivers of DALYs from the environmental risk category include:

- **Occupational risks** (such as occupational carcinogens) which contributes to musculoskeletal disorders, chronic respiratory conditions, and injuries
- **Air pollution** which contributes to chronic respiratory diseases, cardiovascular conditions, and diabetes.

*The small negative value shown for non-optimal temperature is a modelling artefact. GBD nets the effects of higher- and lower-than-optimal temperatures, and the estimate carries wide uncertainty intervals. It should not be interpreted as a protective effect of cold weather.

Trends in DALYs

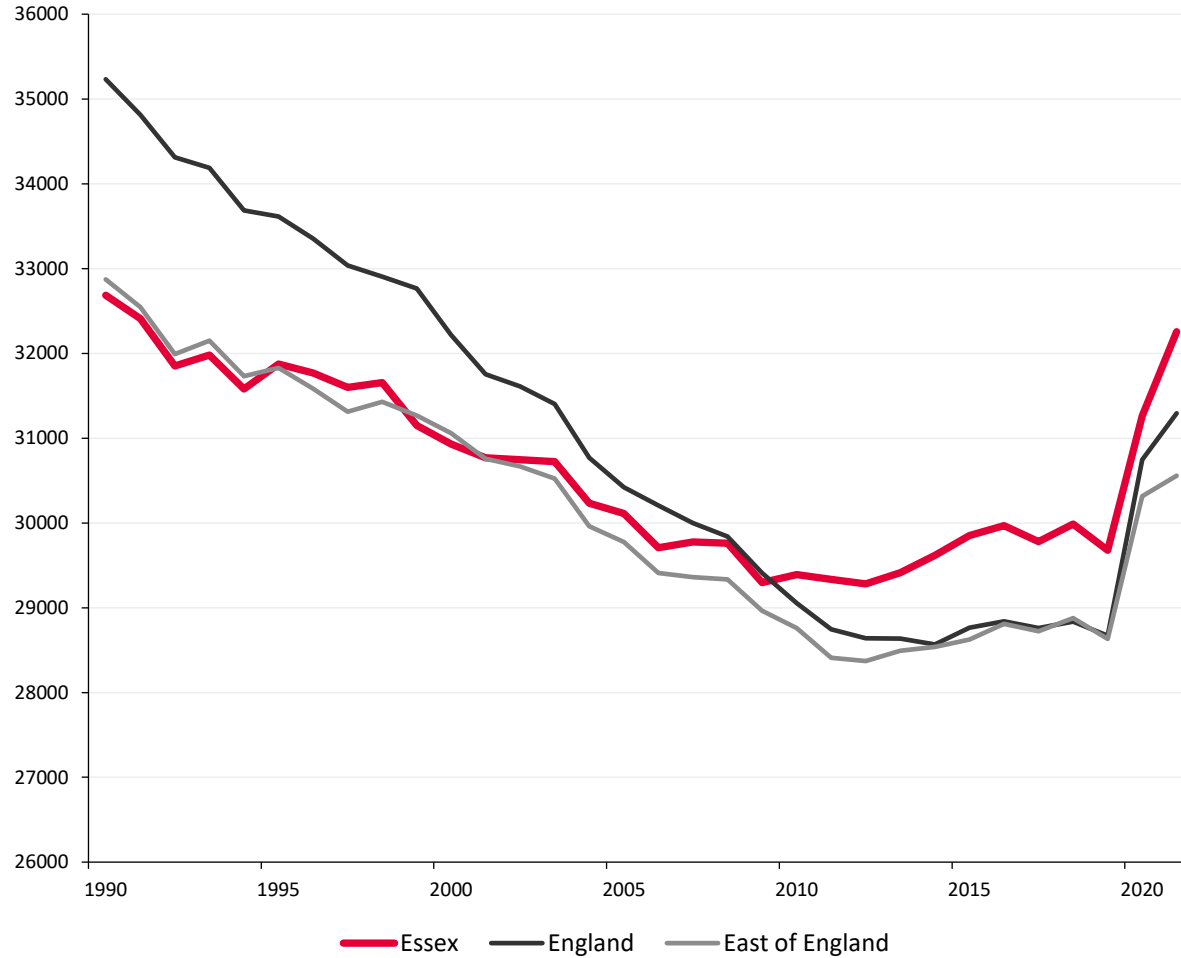


**Disability-Adjusted Life
Year**

A summary measure that
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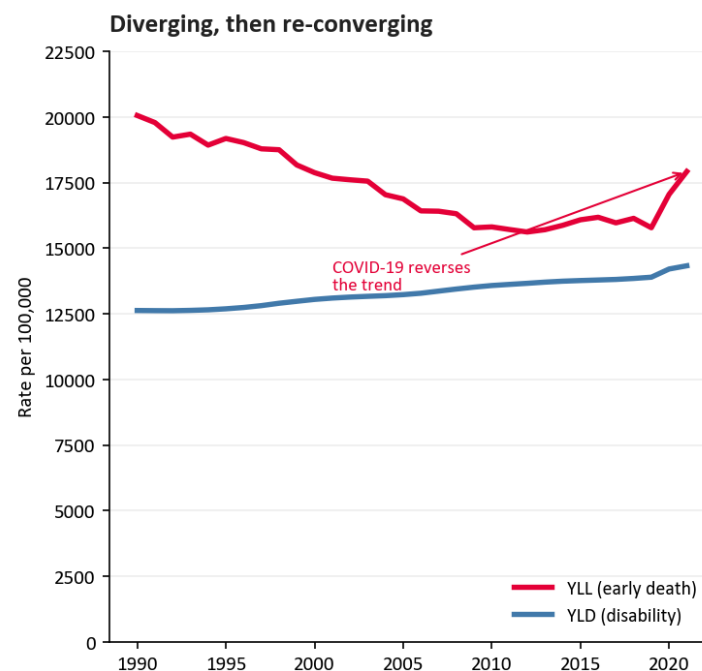
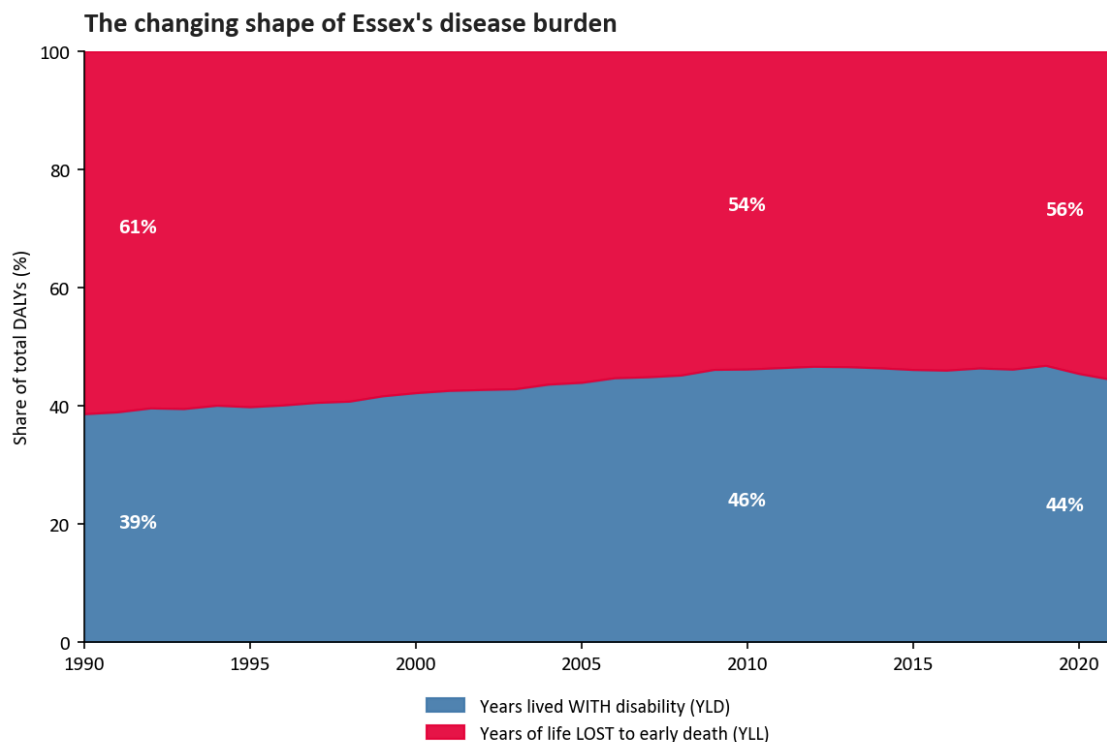
DALYs over time



Key Insights

- Essex began the 1990s healthier than England (32,700 vs 35,200 DALYs per 100k) — but England improved faster.
- England's burden fell 18% by 2010 while Essex fell only 10%, so England overtook Essex; Essex now sits above both England and the East of England.
- After a decade-long plateau (2010–2019), COVID-19 drove a sharp rise: Essex DALYs rose about 9% between 2019 and 2021.
- Rates are crude (all-ages); Essex's older age profile lifts its crude rate.

The Changing Shape of Illness in Essex



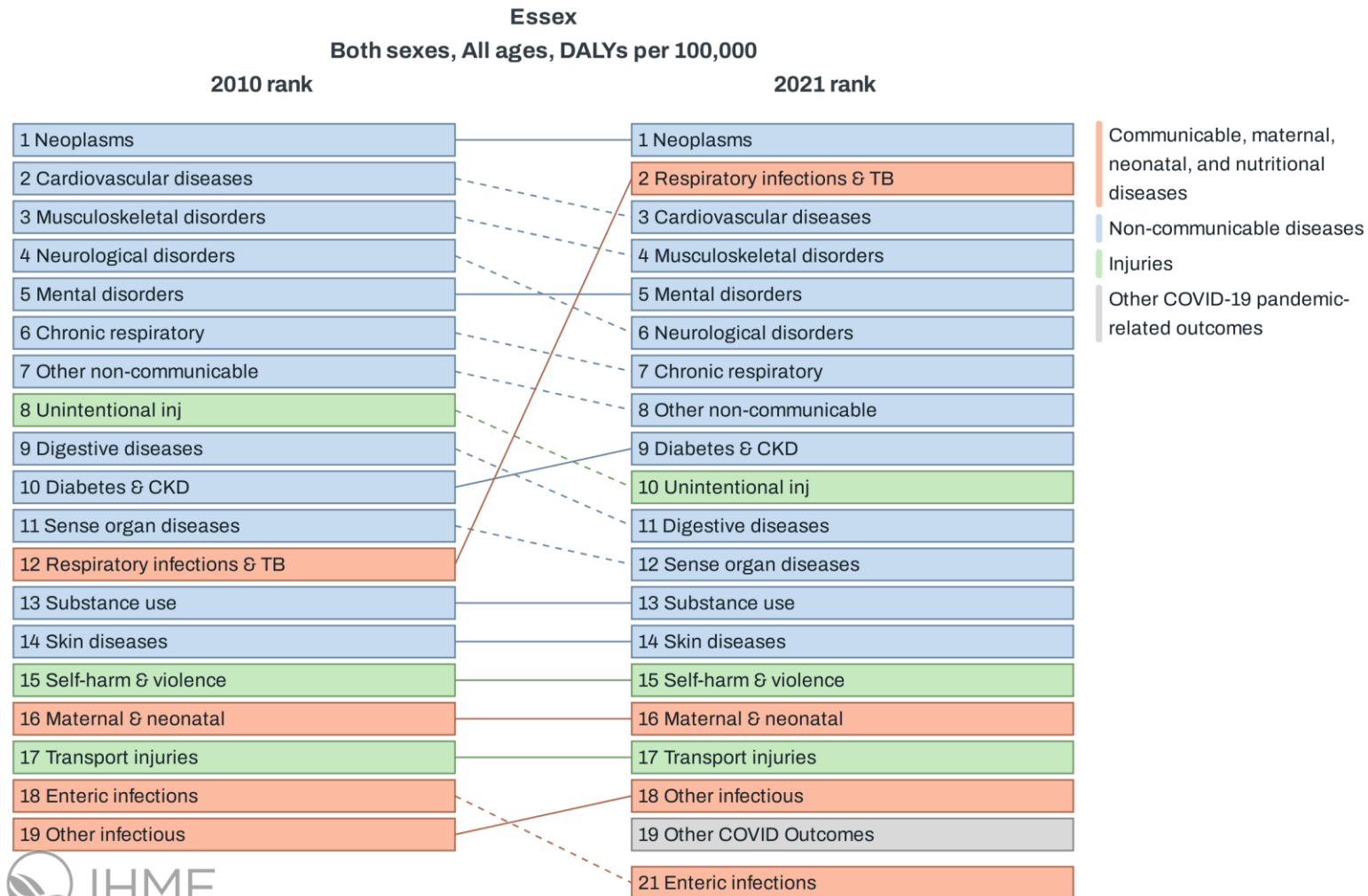
From dying early to living with illness

In 1990, 61% of Essex's lost healthy years came from early death. By 2019 that had fallen to 53% as fewer people died young.

The other side of that shift: disability (YLD) now drives a far larger share — chronic pain, mental illness and long-term conditions.

COVID-19 briefly reversed it, pushing early death back up to 56% in 2021.

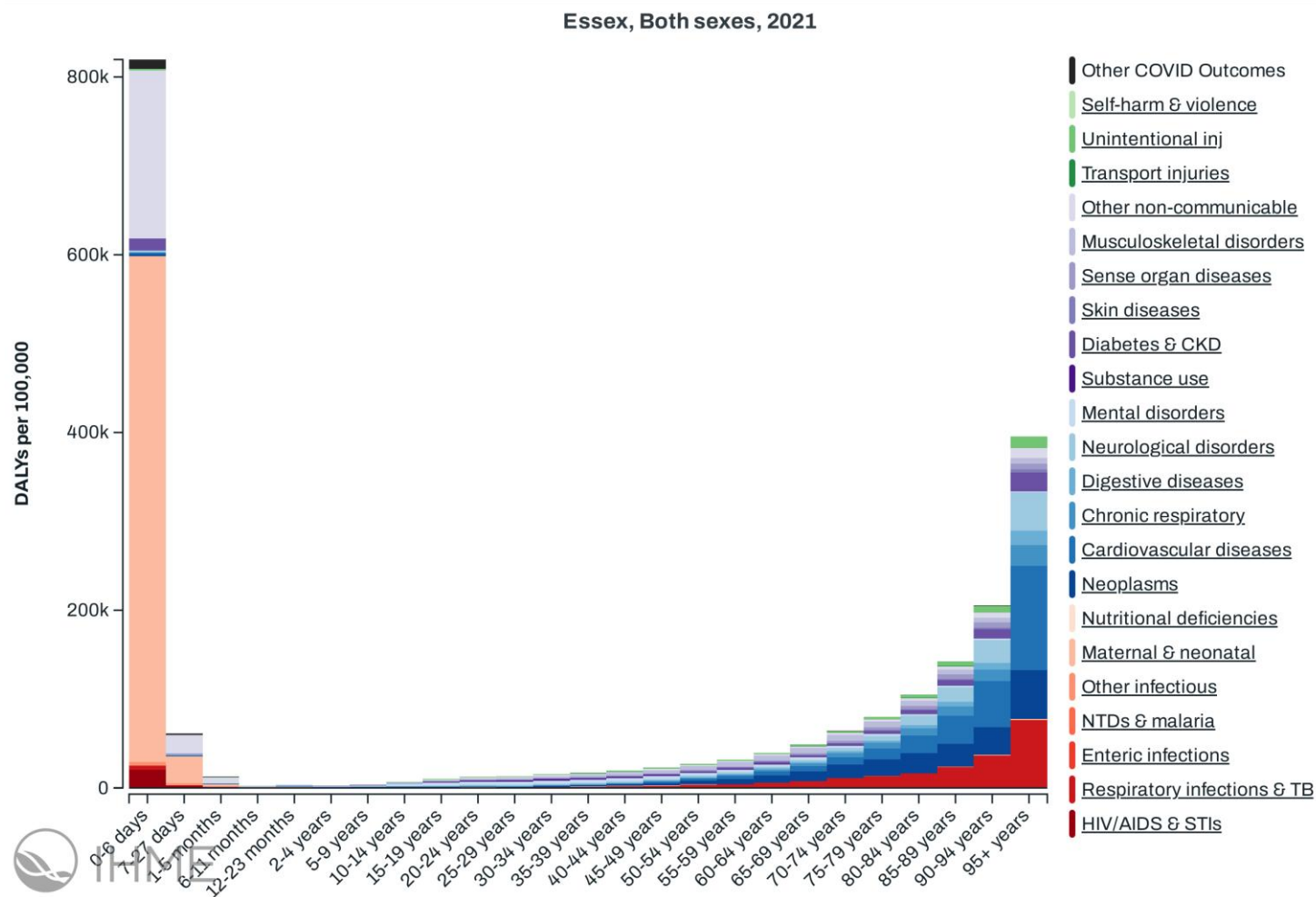
Trends Over Time: Causes



Key Insights:

- **Neoplasms** have remained the leading cause of disease burden in Essex
- **Respiratory infections & TB** jumped significantly in rank, likely due to COVID-19
- **Cardiovascular diseases and mental disorders** remain major contributors

DALYs by age group



Key Insights

- The overall disease burden in Essex is concentrated at **both ends of the age spectrum**.
- The highest DALY rate occurs in the neonatal period (0-6 days), primarily due to maternal and neonatal conditions.
- From adulthood onward, DALYs steadily rise with age, peaking in those over 85

Area Trends

Behavioural Risks

e.g., smoking, alcohol use, poor diet, low physical activity

Metabolic Risks

e.g., obesity, high blood pressure, high cholesterol

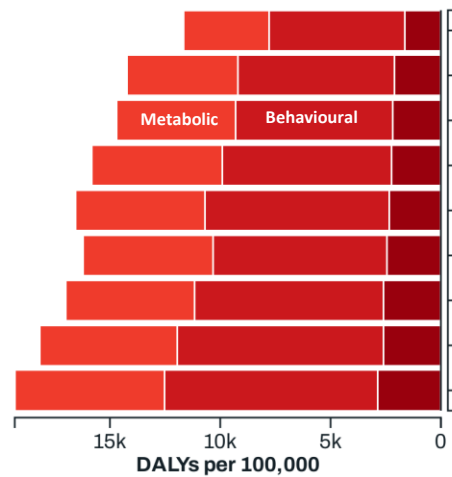
Environmental Risks

e.g., air pollution, occupational exposure

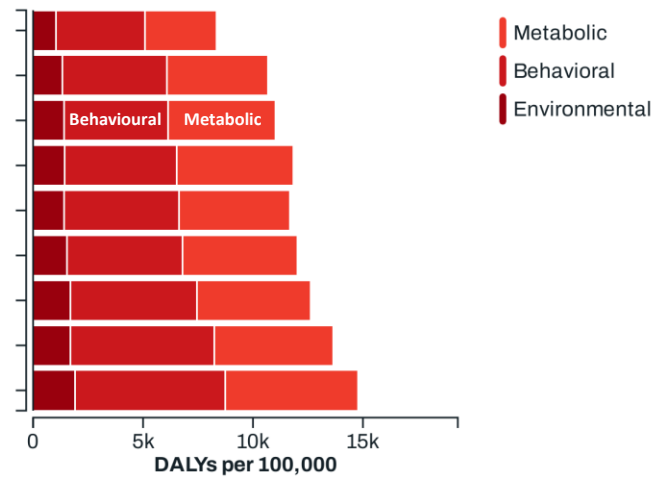
Key Insights

- The East of England has a lower-than-average burden of disease compared to the rest of England.
- Essex has higher than average burden of disease compared to the region.
- Men have a higher burden of disease in all risk categories both in the East of England and in Essex

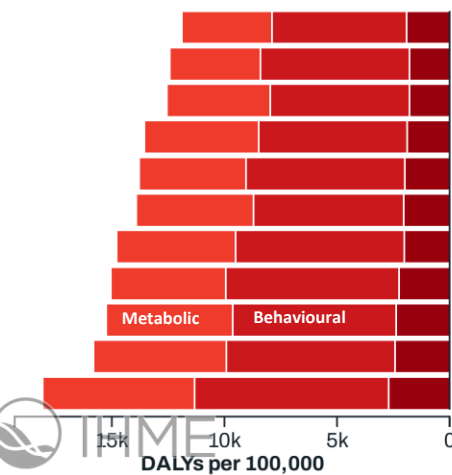
Males, All ages, 2021



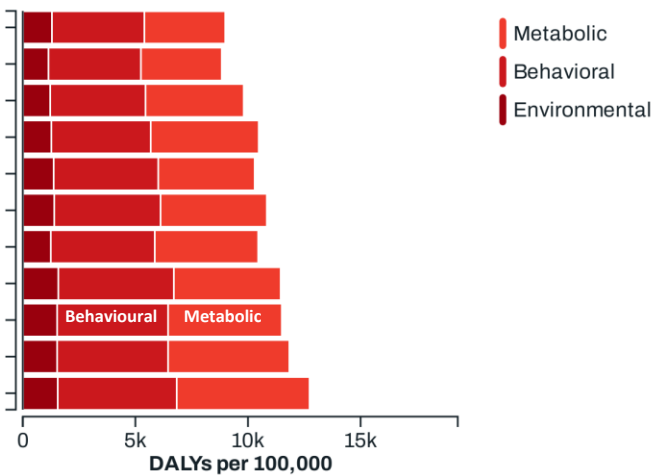
Females, All ages, 2021



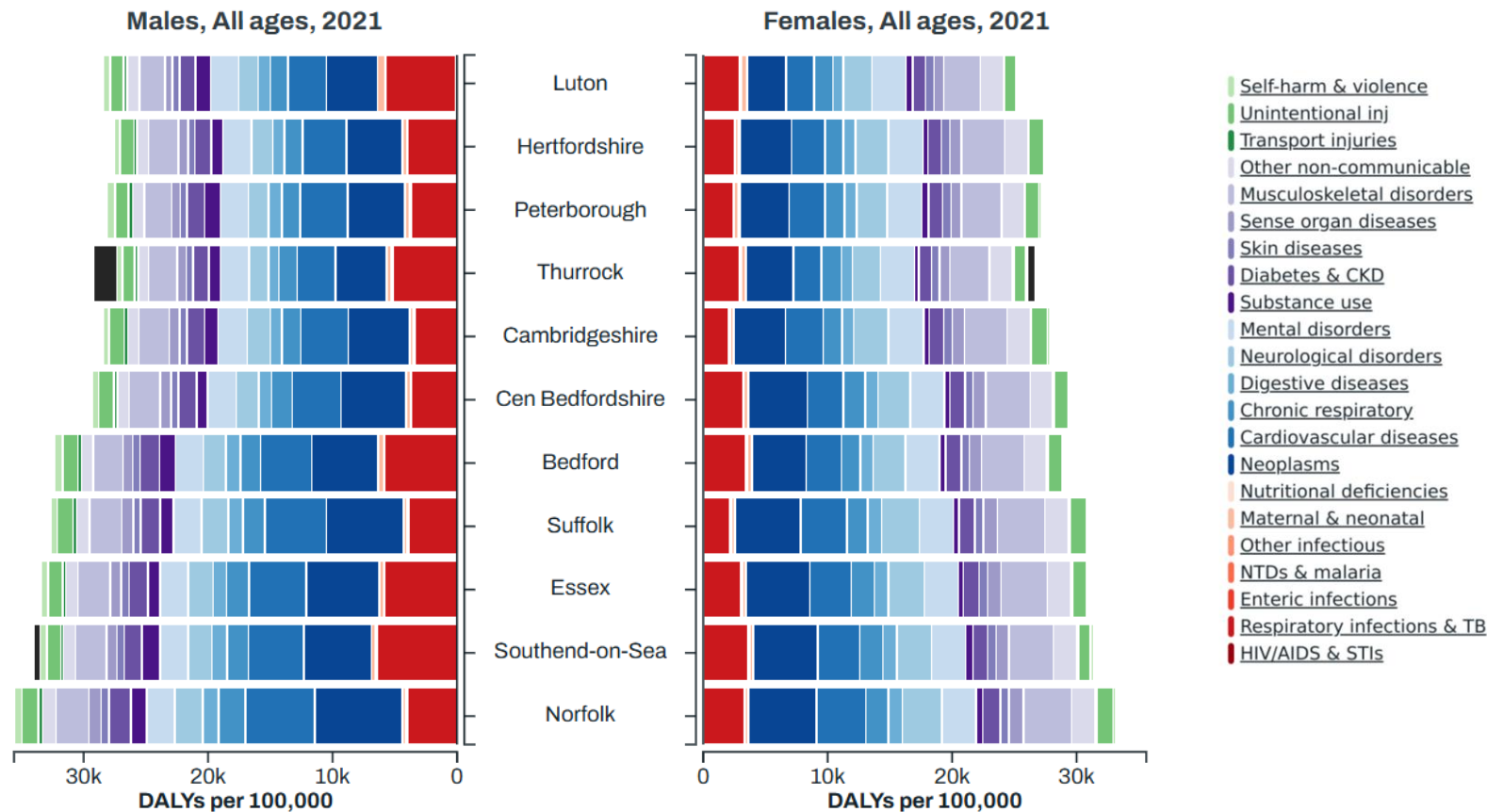
Males, All ages, 2021



Females, All ages, 2021



DALYS by Gender in the East of England



Key Insights

- Across the East of England, males consistently have higher DALY rates than females
- This is driven largely by greater burdens from cardiovascular disease, respiratory illness, and substance use.
- Females show a higher proportion of DALYs from musculoskeletal and mental health conditions
- Essex sits in the middle of the region and has similar gender disparities to the region

Years Lived With Disability (YLD)

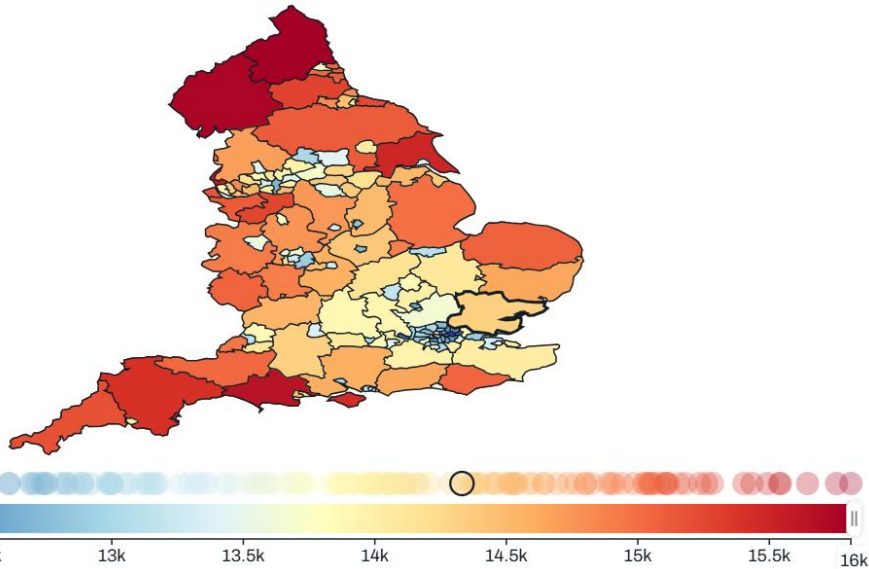


Years Lived with Disability

Quantifies the impact of non-fatal conditions by multiplying prevalence by the severity of disability

YLD

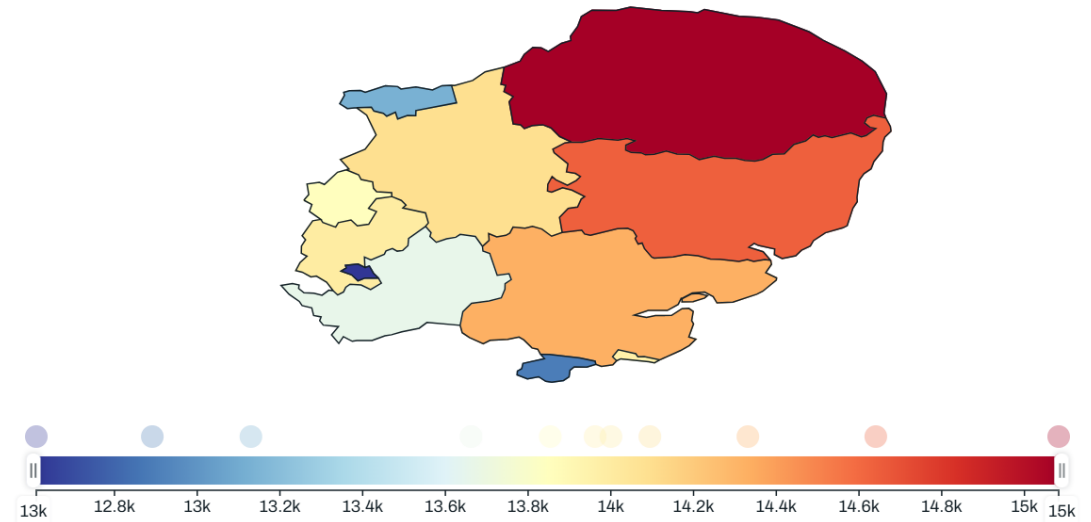
All causes
Both sexes, All ages, 2021, YLDs per 100,000



England Comparison

- In England there were 14,013 Years Lived with Disability (YLD) per 100,000 in 2021
- The highest YLD are concentrated in northern and southwestern regions
- Essex falls in the mid-to-high range and performs more poorly in YLDs than DALYs when comparing to the rest of the country

All causes
Both sexes, All ages, 2021, YLDs per 100,000

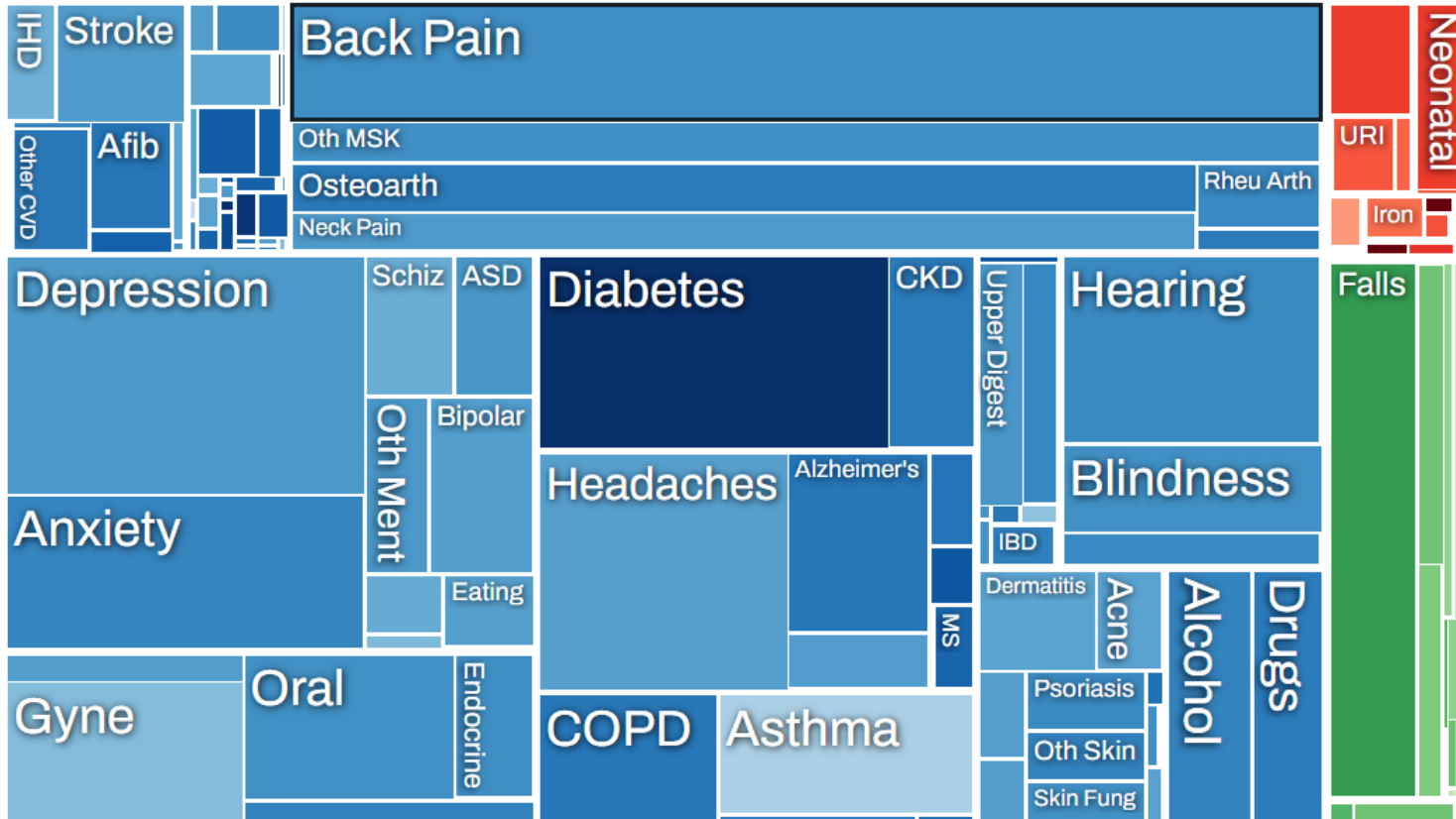


East of England Comparison

- Essex sits in the mid-range for YLD when compared to the East of England with 14,331 YLDS per 100,000 people
- This suggests that chronic illness and long-term conditions are significant contributors, but premature death also plays a role

YLD Causes in Essex

Essex
Both sexes, All ages, 2021, YLDs



Key Insights

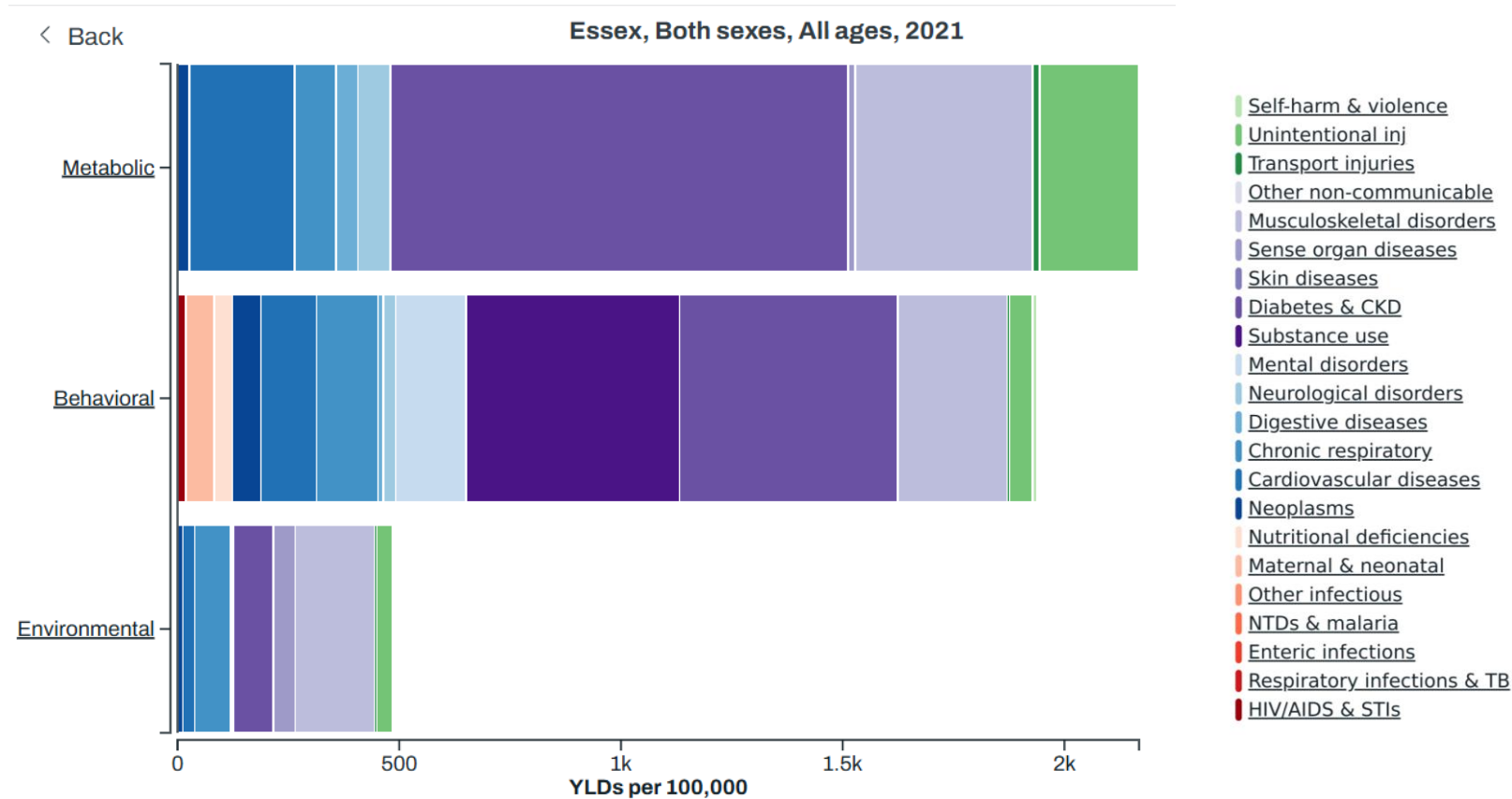
- Back pain is the largest single contributor to disability, followed by mental health conditions such as depression and anxiety.
- Chronic conditions, including diabetes, chronic kidney disease, asthma and COPD, contribute a substantial share of YLDs.
- Headaches, hearing loss and visual impairment are also important contributors to disability despite limited impact on mortality.
- Non-communicable diseases dominate the burden of disability, with injuries and communicable causes contributing relatively little.

Non-communicable Diseases

Injuries

Communicable Diseases,
maternal, neonatal, and
nutritional diseases

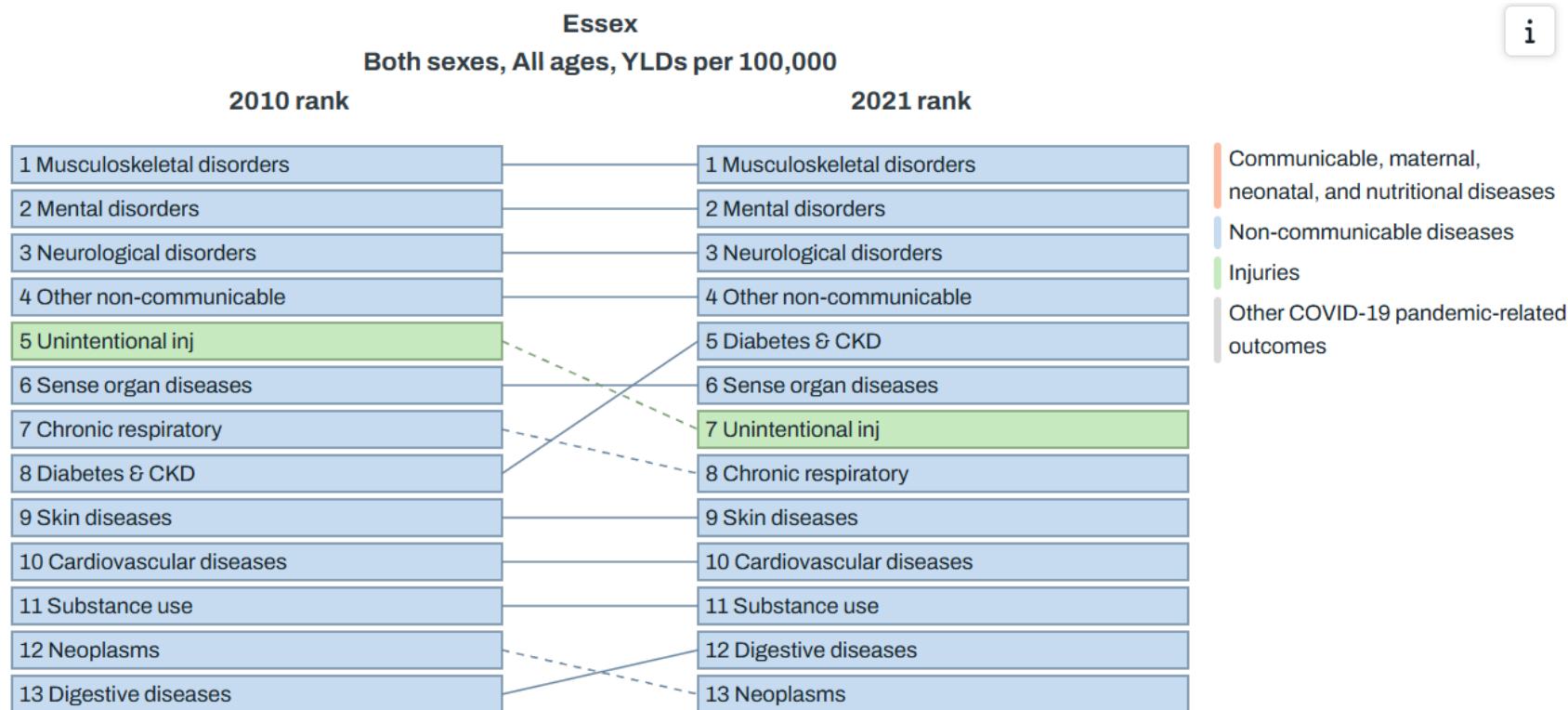
YLD Risk Factors in Essex



Key Insights

- **Metabolic** risk factors (such as high BMI and high blood pressure) are the largest contributor to disability, particularly through diabetes, cardiovascular disease, and musculoskeletal disorders.
- **Behavioural** risks (such as smoking, alcohol use, and poor diet) also contribute significantly to disability such as mental health disorders and substance use.
- **Environmental** risks are much smaller but still contribute to disability such as respiratory and musculoskeletal conditions

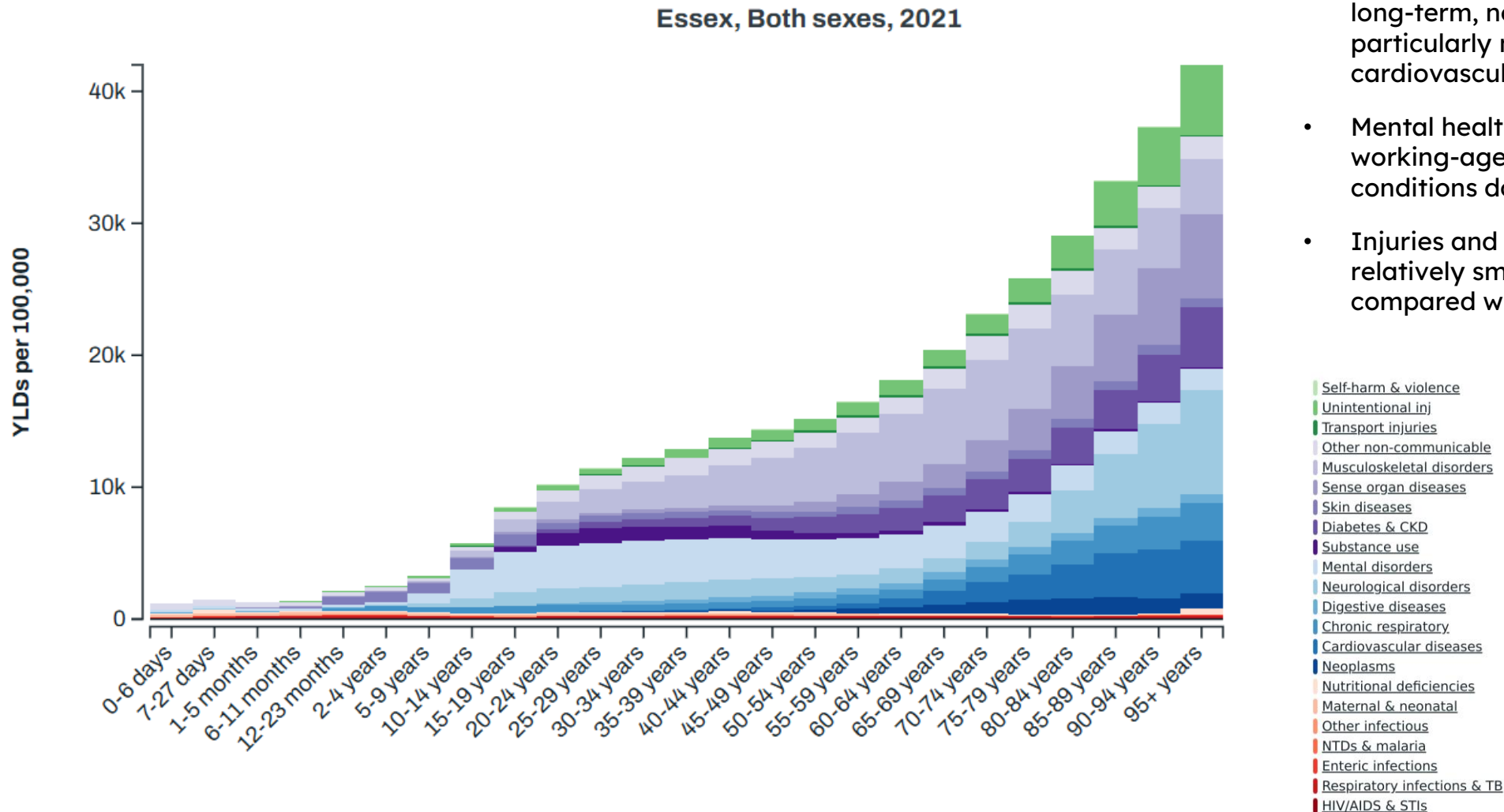
Changes in YLD over time



Key Insights

- Musculoskeletal and mental disorders remain the leading causes of disability in Essex, with little change in ranking since 2010.
- Neurological disorders continue to rank highly, reflecting the ongoing impact of long-term neurological conditions.
- Diabetes and chronic kidney disease have increased in rank, indicating a growing disability burden from metabolic disease.
- Unintentional injuries have fallen slightly in ranking, from 5th to 7th.
- Overall, YLD patterns show relative stability over time, with disability largely driven by chronic, non-fatal conditions.

YLD by age



Key Insights

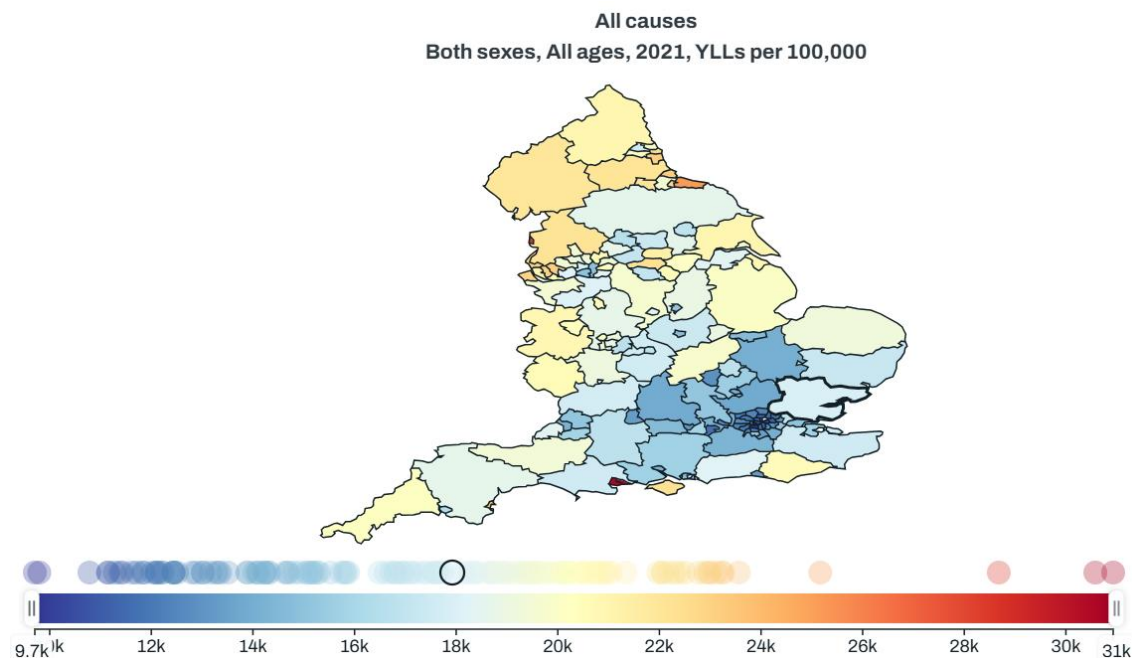
- Disability increases steadily with age in Essex, with the highest YLD rates observed in adults aged 65 and over.
- The rise with age reflects the accumulation of long-term, non-communicable conditions, particularly musculoskeletal, neurological and cardiovascular diseases.
- Mental health conditions contribute substantially in working-age adults, while physical and sensory conditions dominate at older ages.
- Injuries and communicable diseases account for a relatively small share of disability at all ages compared with chronic conditions.

Years of Life Lost (YLL)



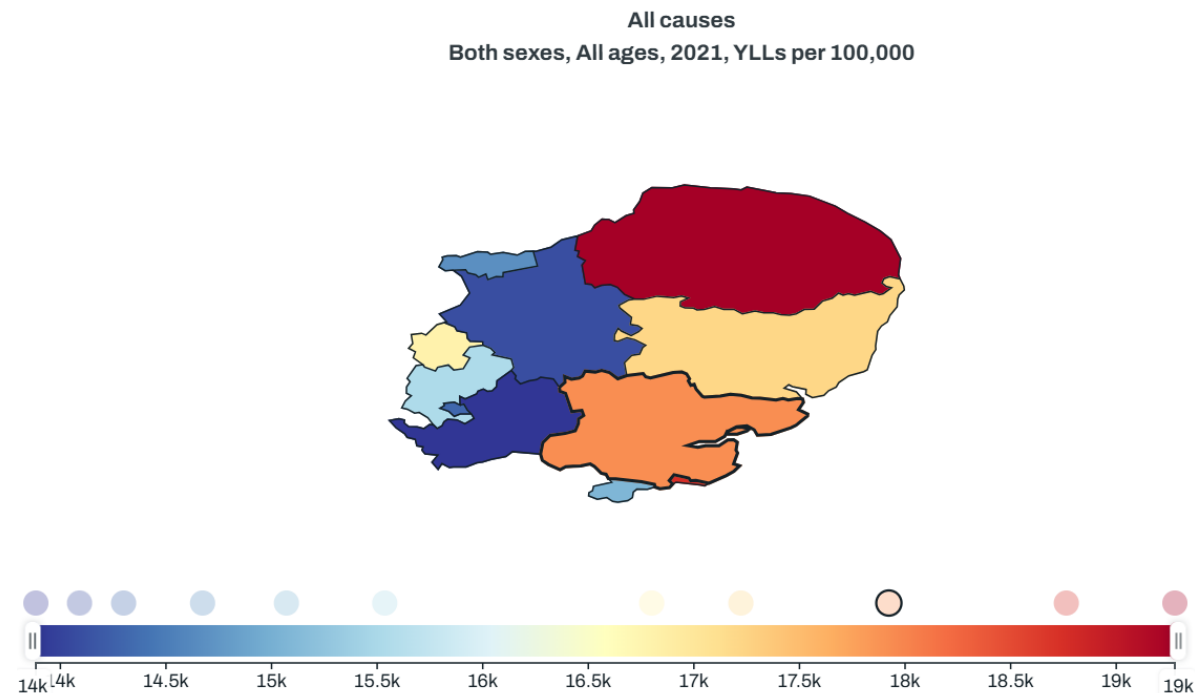
Years of Life Lost

Measures premature mortality by comparing the age at death to a standard life expectancy



England Comparison

- In England there were 17,262 Years of Life Lost (YLL) per 100,000 people in 2021.
- This measures the impact of early death
- The highest YLD are concentrated in the Midlands and North of England
- Essex falls in the mid-to-low range and performs better in YLLs than DALYs and YLDs when comparing to the rest of the country

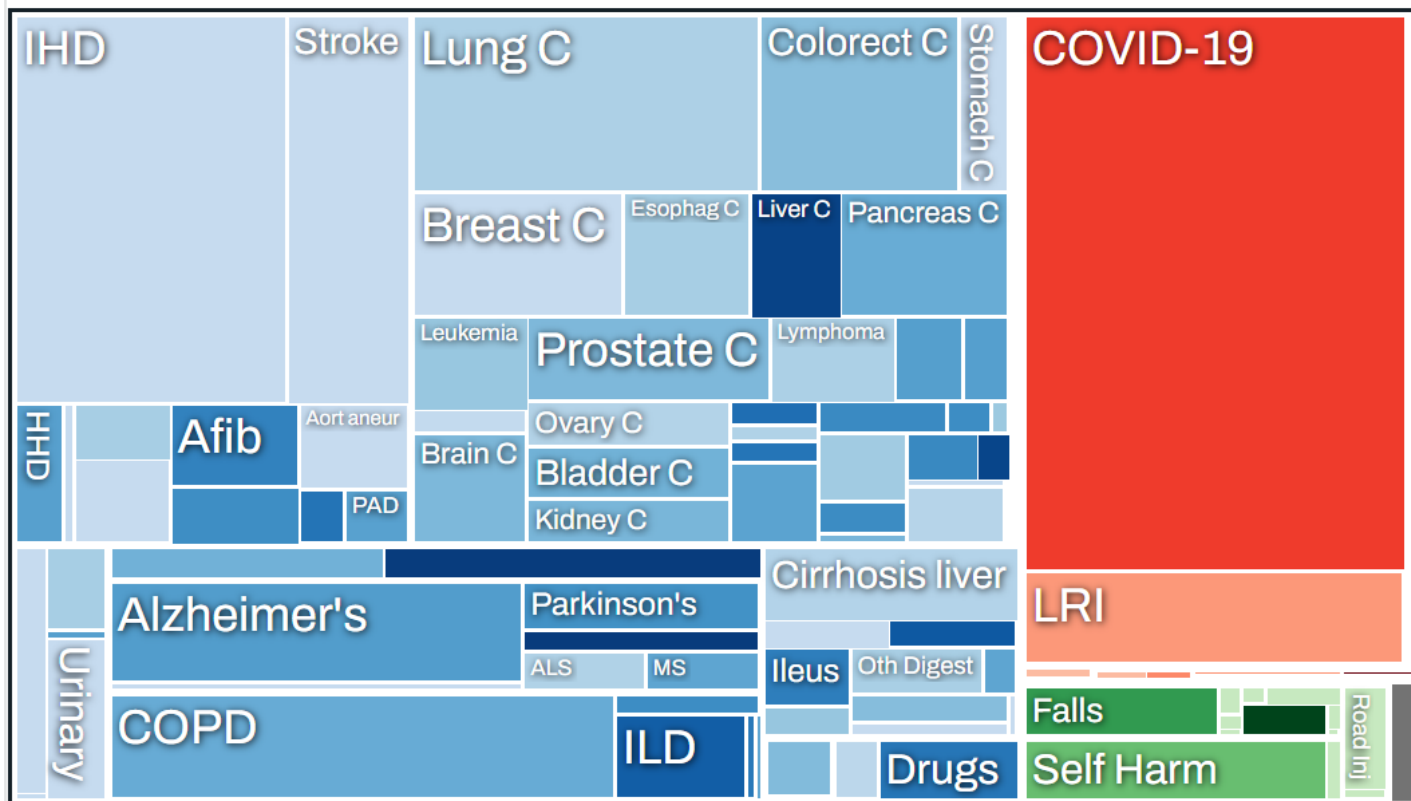


Regional comparison

- In Essex there were 17,923 YLL per 100,000 people in 2021.
- Norfolk and parts of Suffolk have the highest YLL rates
- Essex falls in the mid-to-high range but performs better in YLLs than YLDs.
- Essex's primary burden comes from YLDs but still has significant impact from YLLs

YLL in Essex

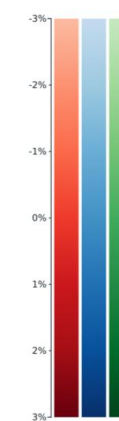
Essex
Both sexes, All ages, 2021, YLLs



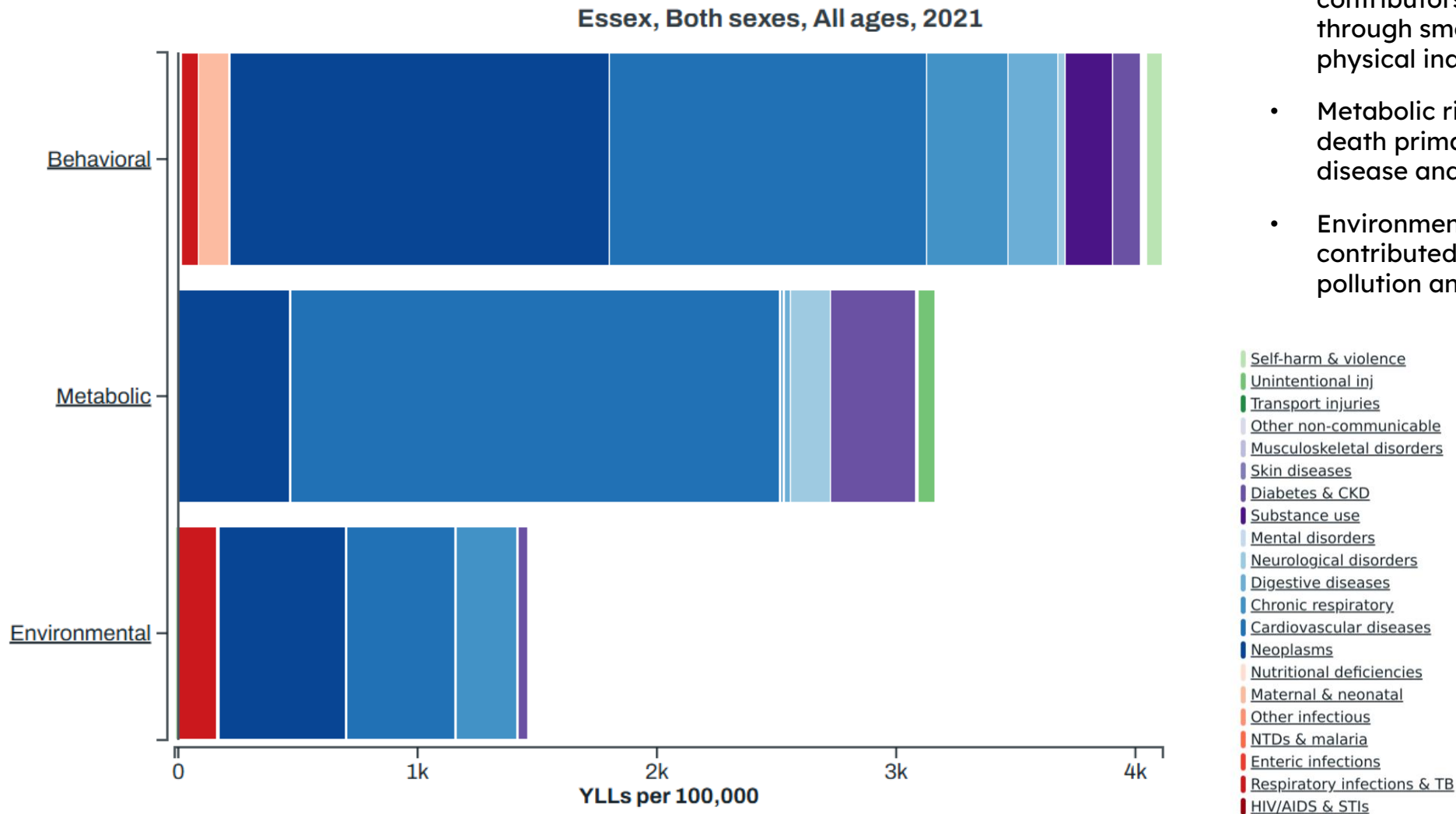
Key Insights

- COVID-19 was the leading cause of premature mortality in 2021, reflecting the exceptional impact of the pandemic.
- Excluding COVID-19, cardiovascular disease (including IHD and stroke) and major cancers remain the main contributors to years of life lost.
- Lung, colorectal, breast and prostate cancers account for a substantial share of premature mortality.
- Respiratory diseases, including COPD and lower respiratory infections, also contribute significantly.
- Overall, premature mortality is dominated by non-communicable diseases, with injuries and other communicable causes accounting for a smaller share.

- Non-communicable Diseases
- Injuries
- Communicable Diseases, maternal, neonatal, and nutritional diseases



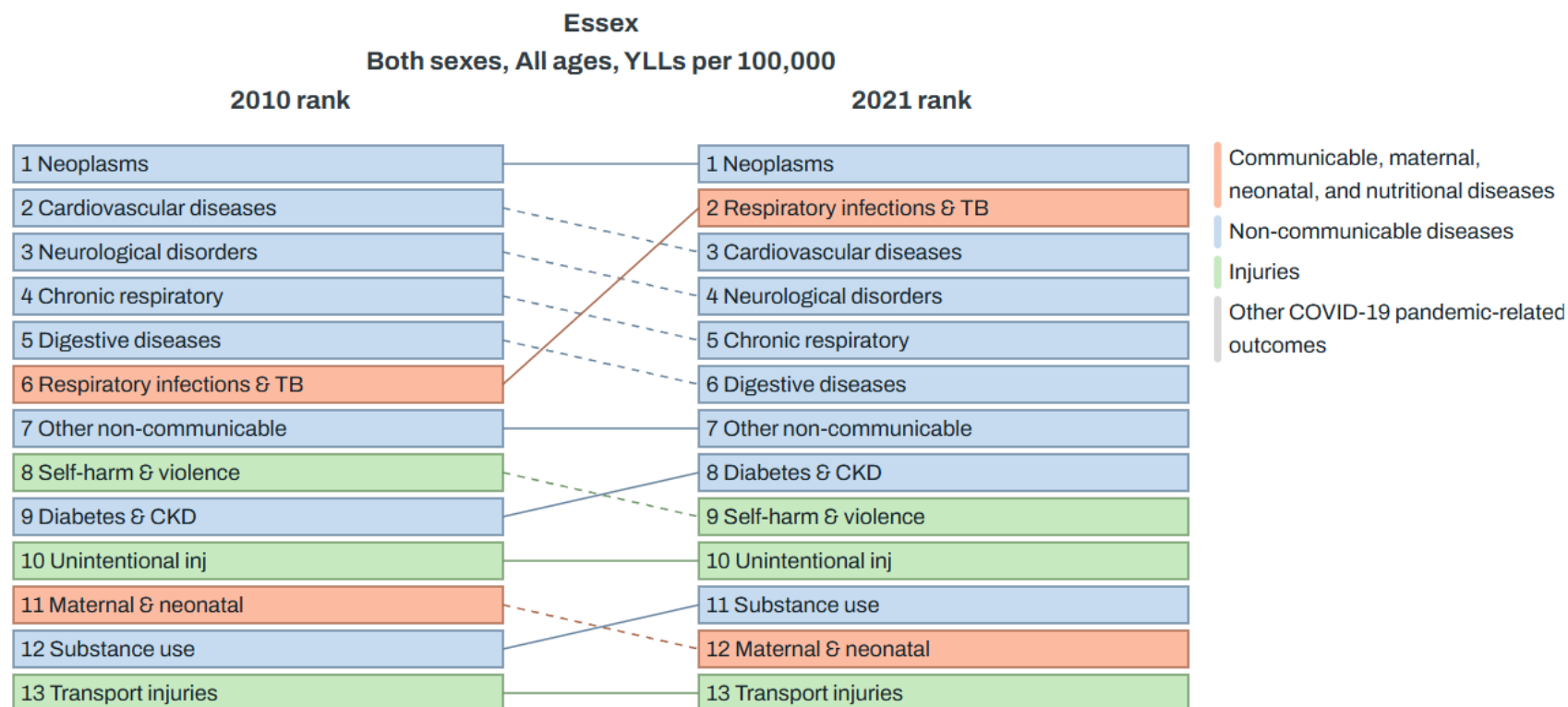
YLL by Risk Category



Key Insights

- Behavioural risks were the leading contributors to premature death, primarily through smoking, alcohol use, poor diet, and physical inactivity.
- Metabolic risks contributed to premature death primarily through cardiovascular disease and diabetes related mortality.
- Environmental risks were low but still contributed to early death through air pollution and occupational exposures

Changes in YLL over time

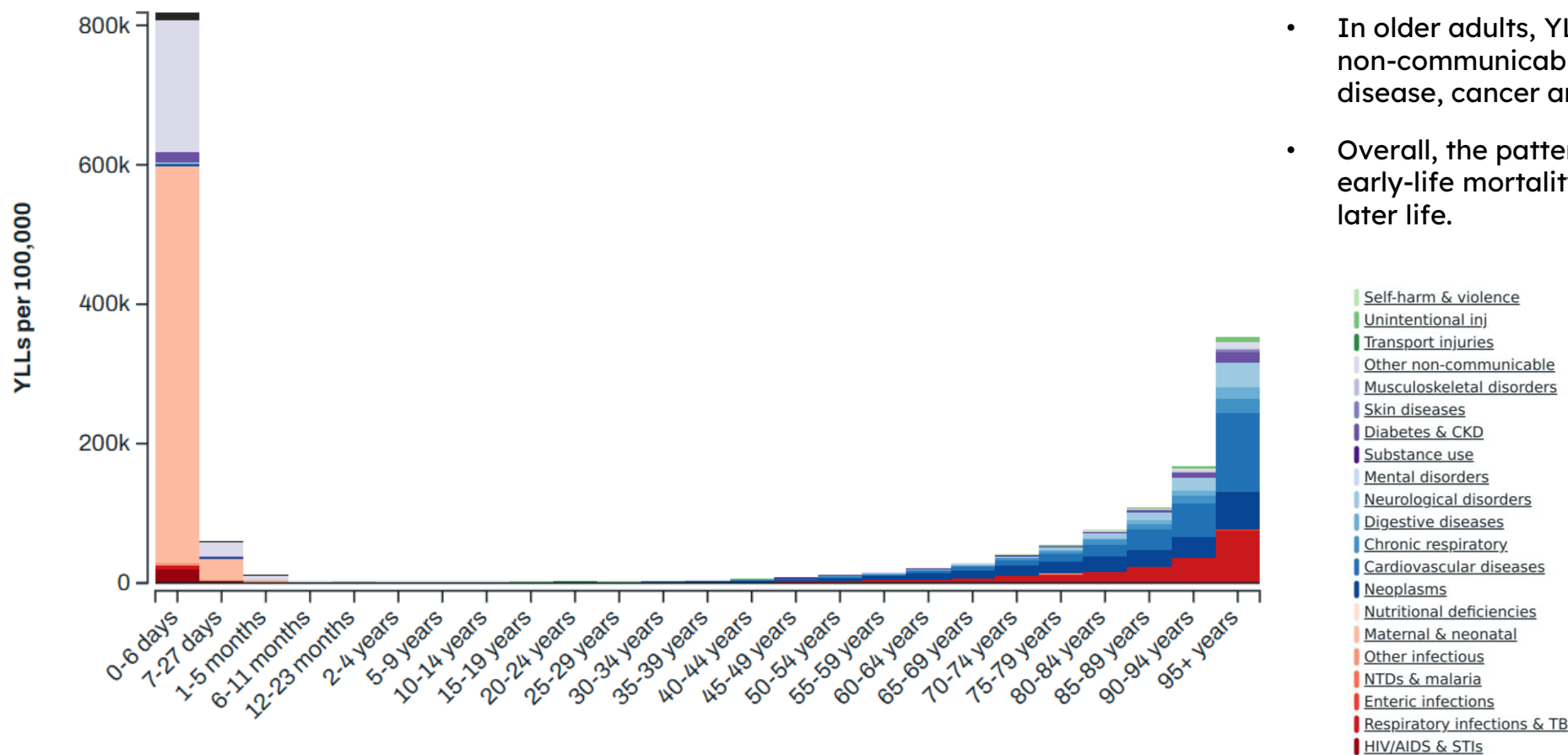


Key Insights

- Neoplasms have remained the leading cause of premature mortality in Essex across both 2010 and 2021.
- Respiratory infections and tuberculosis increased sharply in rank, becoming a leading cause of YLL in 2021, largely driven by the COVID-19 pandemic.
- Cardiovascular diseases remain a major contributor but have fallen slightly in relative ranking over time.
- Neurological and chronic respiratory diseases continue to contribute significantly to years of life lost.
- Overall, changes over time reflect a combination of long-term trends in chronic disease and the exceptional impact of COVID-19 in 2021.

YLL by age

Essex, Both sexes, 2021

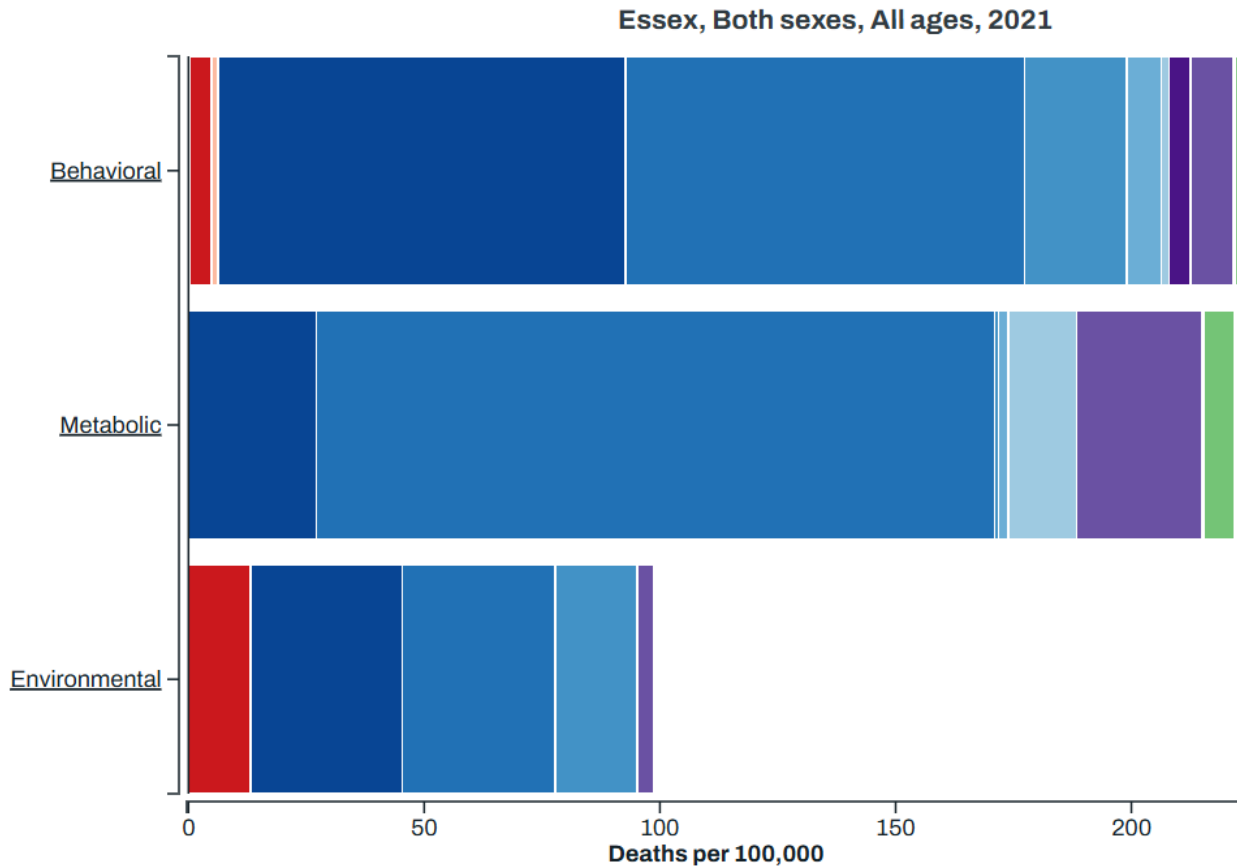


Key Insights

- Premature mortality is concentrated at the extremes of age in Essex.
- Neonatal deaths (0–6 days) contribute very high YLLs, driven by neonatal and maternal conditions.
- YLL rates remain low through childhood and early adulthood, before rising sharply from around age 65, peaking in the oldest age groups.
- In older adults, YLLs are driven primarily by chronic non-communicable diseases, including cardiovascular disease, cancer and respiratory conditions.
- Overall, the pattern reflects the combined impact of early-life mortality and cumulative chronic disease in later life.

Deaths

What's Causing Death in Essex?



This chart shows the main risk factors linked to deaths in Essex in 2021, based on Global Burden of Disease (GBD) data.

- **Behavioural risks** like smoking, poor diet, and alcohol use were the biggest contributors to deaths.

- **Metabolic risks** such as high blood pressure, obesity, and diabetes also had a major impact.

- **Environmental risks** (e.g. air pollution) played a smaller role but are still important.

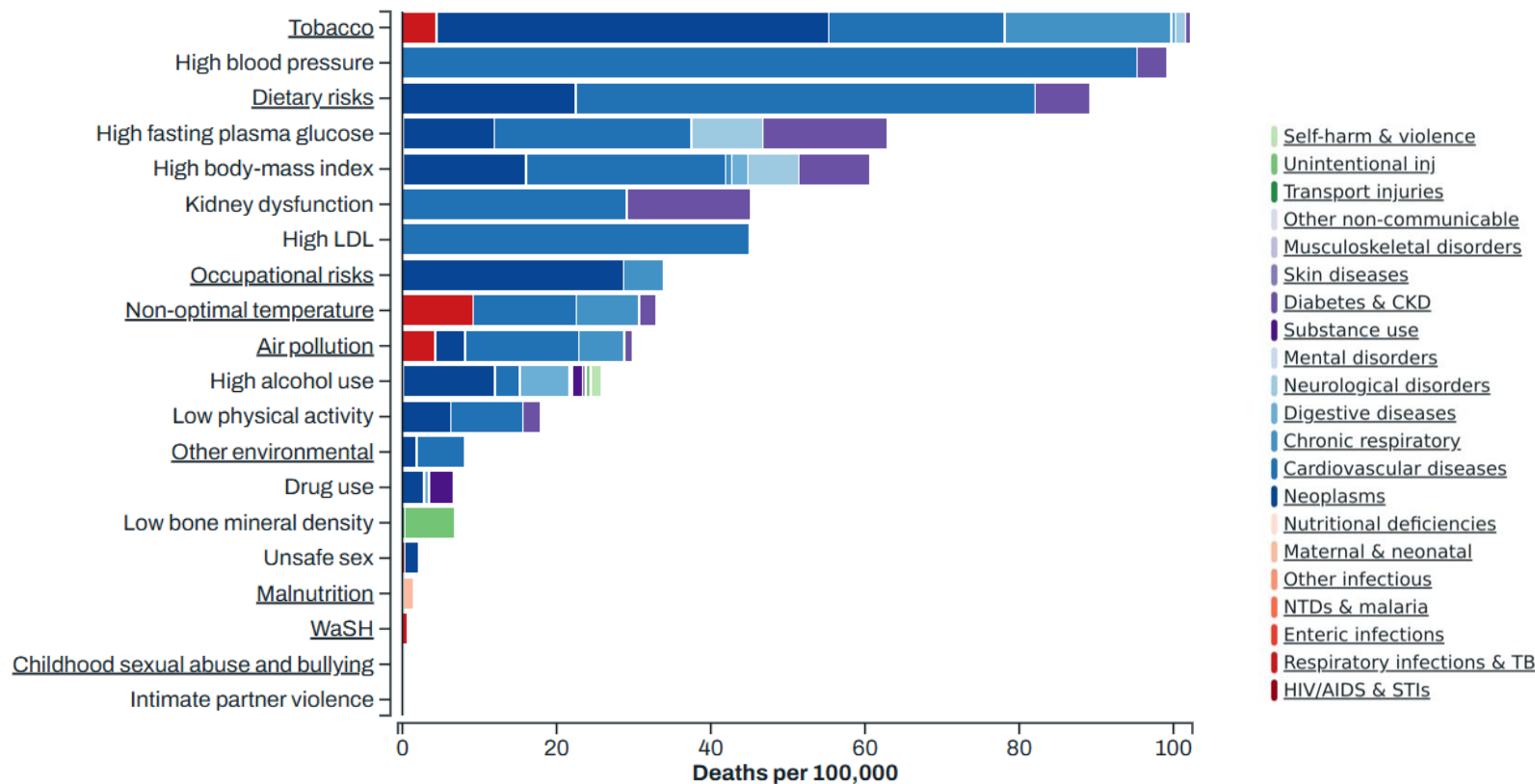
Most of these causes are preventable, which shows why public health work on smoking, healthy eating, and exercise really matters.

- [Self-harm & violence](#)
- [Unintentional inj](#)
- [Transport injuries](#)
- [Other non-communicable](#)
- [Musculoskeletal disorders](#)
- [Skin diseases](#)
- [Diabetes & CKD](#)
- [Substance use](#)
- [Mental disorders](#)
- [Neurological disorders](#)
- [Digestive diseases](#)
- [Chronic respiratory](#)
- [Cardiovascular diseases](#)
- [Neoplasms](#)
- [Nutritional deficiencies](#)
- [Maternal & neonatal](#)
- [Other infectious](#)
- [NTDs & malaria](#)
- [Enteric infections](#)
- [Respiratory infections & TB](#)
- [HIV/AIDS & STIs](#)

Leading Risk Factors for Death

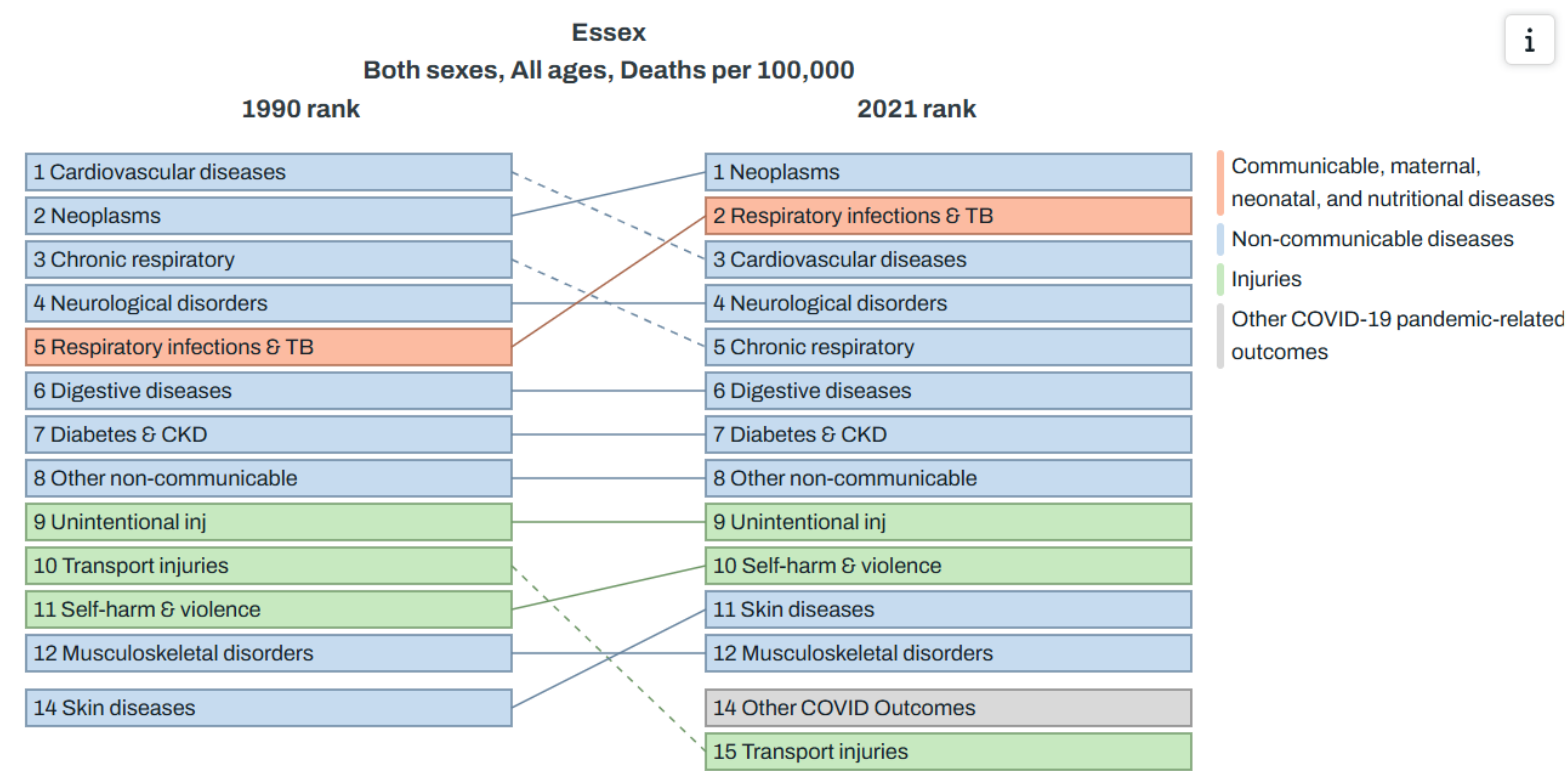
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Essex, Both sexes, All ages, 2021



- Tobacco use and high blood pressure are the leading risk factors for death in Essex, accounting for the largest share of mortality.
- Dietary risks and metabolic factors (including high fasting plasma glucose and high body-mass index) also contribute substantially.
- The overall pattern highlights mortality driven primarily by preventable, non-communicable disease risk factors, particularly those related to cardiovascular disease and cancer.
- Environmental and occupational risks, such as air pollution and workplace exposure, contribute a smaller but still important share of deaths.

How Causes of Death Have Changed

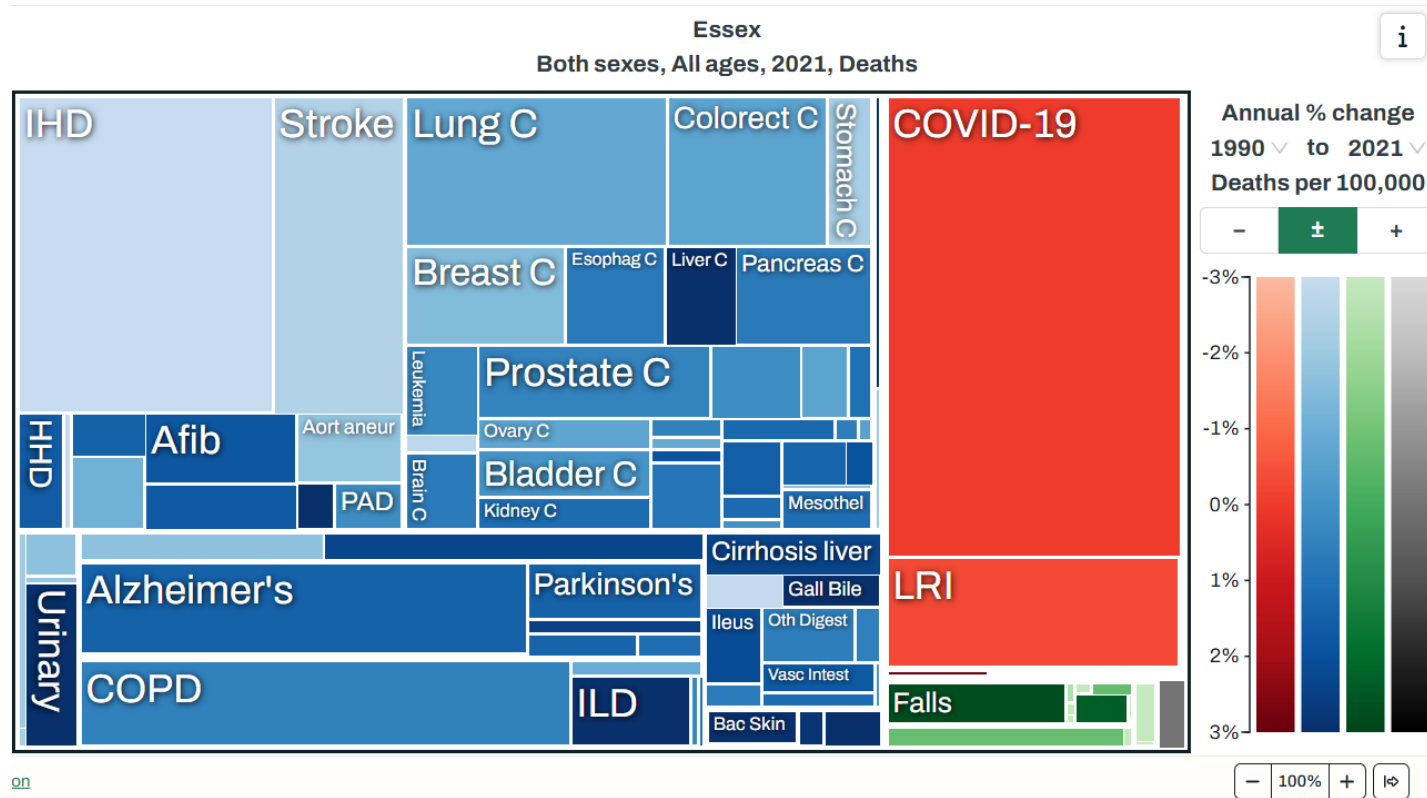


This chart compares the top causes of death in Essex in 1990 and 2021.

- **Cancers (neoplasms)** have become the leading cause of death, overtaking heart disease.
- **Respiratory infections and TB** moved up the list, possibly due to the impact of COVID-19.
- **Cardiovascular disease** dropped from 1st to 3rd, still a major issue, but some progress may have been made.
- **Self-harm and violence** rose into the top 10, suggesting growing concern around mental health and safety.
- **COVID-19** appears directly in the 2021 rankings under “Other COVID Outcomes.”

Most causes of death in Essex are now **non-communicable diseases** (like cancer, heart disease, and diabetes), which are linked to lifestyle, ageing, and chronic conditions.

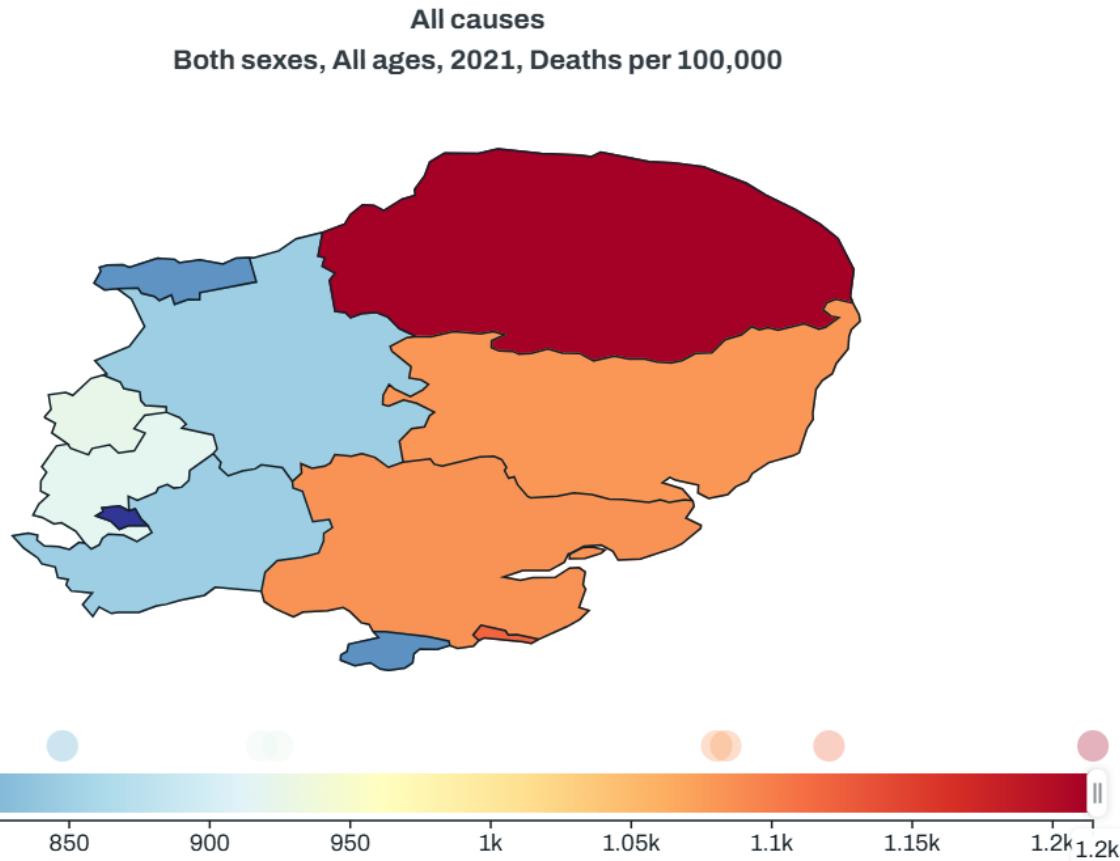
Causes of death



This chart shows the leading causes of death in Essex in 2021, ranked by the absolute number of deaths (size of each box).

- COVID-19 was the single largest cause of death in 2021
- Excluding COVID-19, the leading causes of death are largely chronic, non-communicable conditions, including:
 - ischaemic heart disease (IHD)
 - stroke
 - lung cancer
 - Alzheimer's disease and other dementias
- The colour scale indicates the average annual percentage change in death rates between 1990 and 2021, not just changes during the pandemic:
 - Red shades indicate causes where death rates have increased over the long term
 - Blue shades indicate causes where death rates have decreased
 - Green shades indicate causes with relatively little change or modest increases

Variation in Death Rates Across the East of England



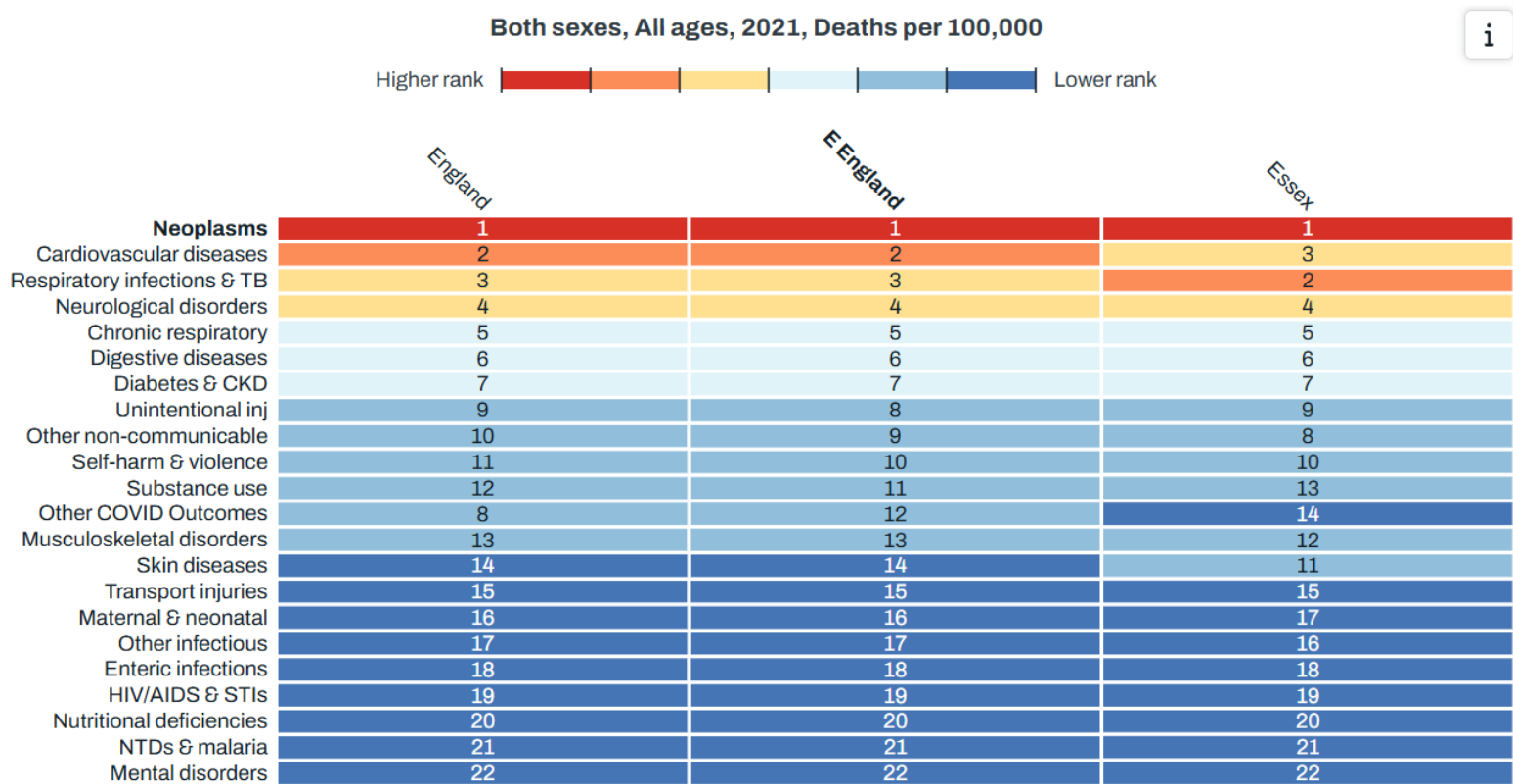
This map shows deaths per 100,000 people across different areas of Essex in 2021, for all causes and age groups.

- The dark red areas in the north and northeast had the highest death rates, over 1,200 per 100,000.
- The blue and light areas in the west and southwest had lower death rates, around 750–900 per 100,000.

•There's a clear east–west divide, suggesting possible differences in health, deprivation, access to care, or age structure across the county.

This kind of variation points to underlying health inequalities — and helps show where targeted local action could have the most impact.

How Causes of Death Compare



This chart ranks the leading causes of death in Essex compared to the East of England region and England overall.

- Cancers (neoplasms) are the number one cause of death everywhere — in Essex, the East of England, and nationally.

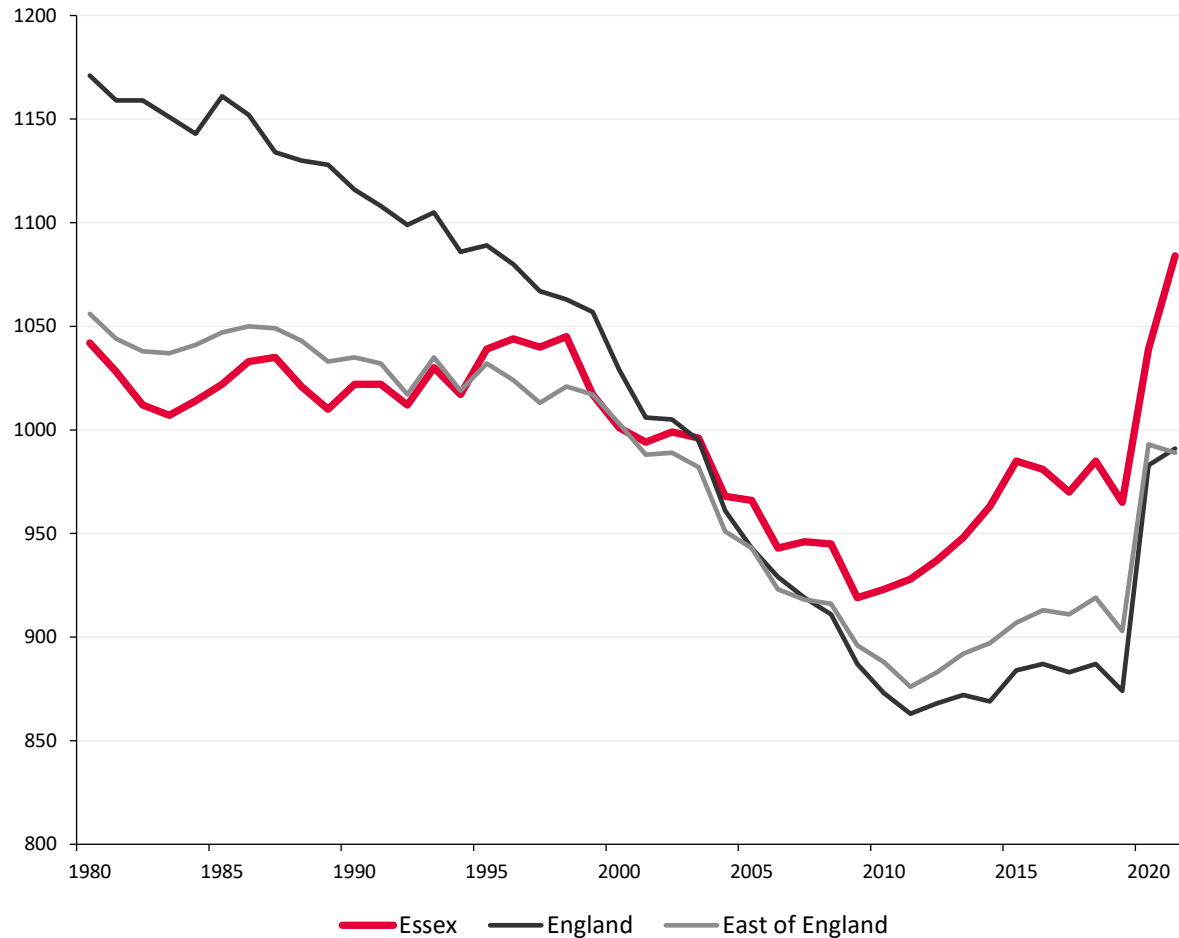
- Cardiovascular disease ranks slightly lower in Essex (3rd) compared to England (2nd), while respiratory infections and TB rank slightly higher (2nd in Essex).

- The overall pattern is very similar across all three areas, but there are small shifts that may reflect local differences in health, care access, or population needs.

- Lower-ranked causes, like substance use, self-harm, and COVID-19 outcomes, are broadly consistent but still worth monitoring.

The colour scale shows higher-ranked causes in red and lower-ranked in blue, making it easy to spot differences at a glance.

Deaths over time



This chart shows how the overall death rate (per 100,000 people) has changed in Essex, the East of England, and England from 1980 to 2021.

- Death rates declined steadily across all areas for several decades, reflecting improvements in healthcare, prevention, and living standards.
- However, in recent years, especially from 2020, there is a sharp rise — most likely due to the COVID-19 pandemic.
- Essex (red line) has generally tracked close to or just above the East of England average but had a notably higher spike in 2021.

This highlights the impact of the pandemic — and how quickly progress in life expectancy can be reversed when public health is under strain.

Local Area Data

Supplementing the GBD

- **Supplementing the Global Burden of Disease (GBD)**
- GBD estimates provide a strong high-level picture but are modelled and cannot show variation below county level.
- This means district-level inequalities and place-specific needs may be masked.
- Using local data sources alongside GBD allows us to:
 - Identify where burden is most concentrated
 - Target prevention and services to the communities with greatest need
- Small-area analysis complements GBD, helping us understand where to act, not just what to prioritise.

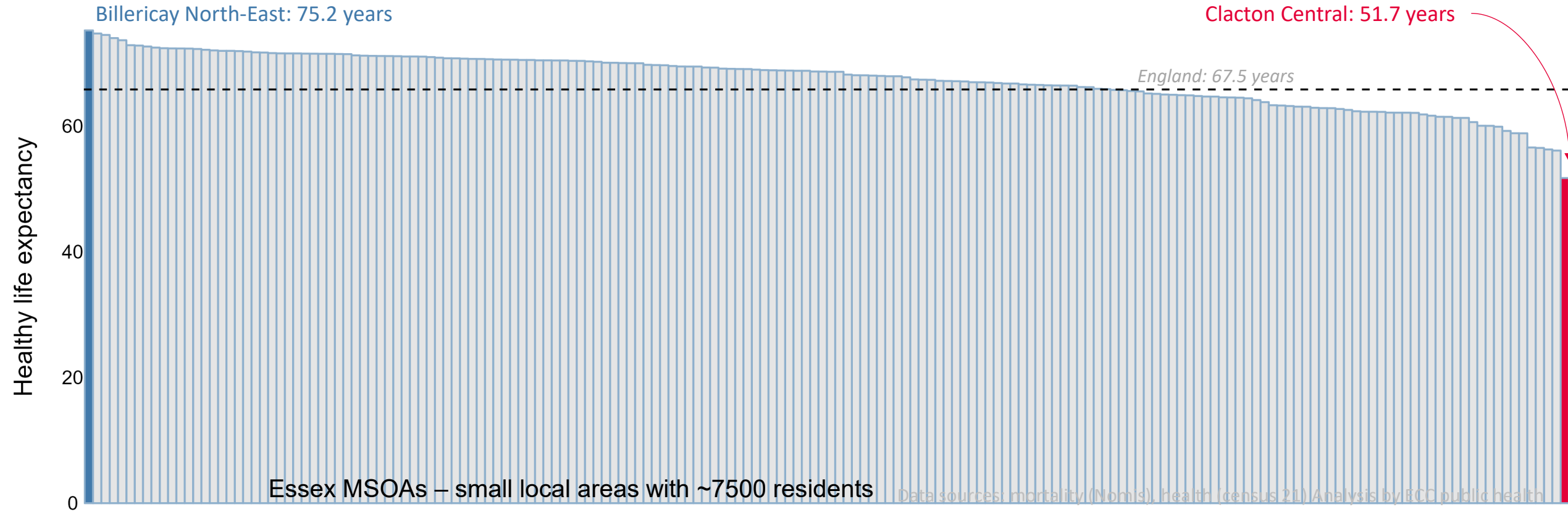
Geographic Inequalities

- Health outcomes vary sharply across Essex, with a 23.5-year gap in healthy life expectancy between the highest- and lowest-ranking small areas.
- Residents in the most advantaged areas experience substantially longer and healthier lives than those in the most deprived communities.
- County-level averages mask this variation, risking under-recognition of communities facing the greatest burden of poor health.

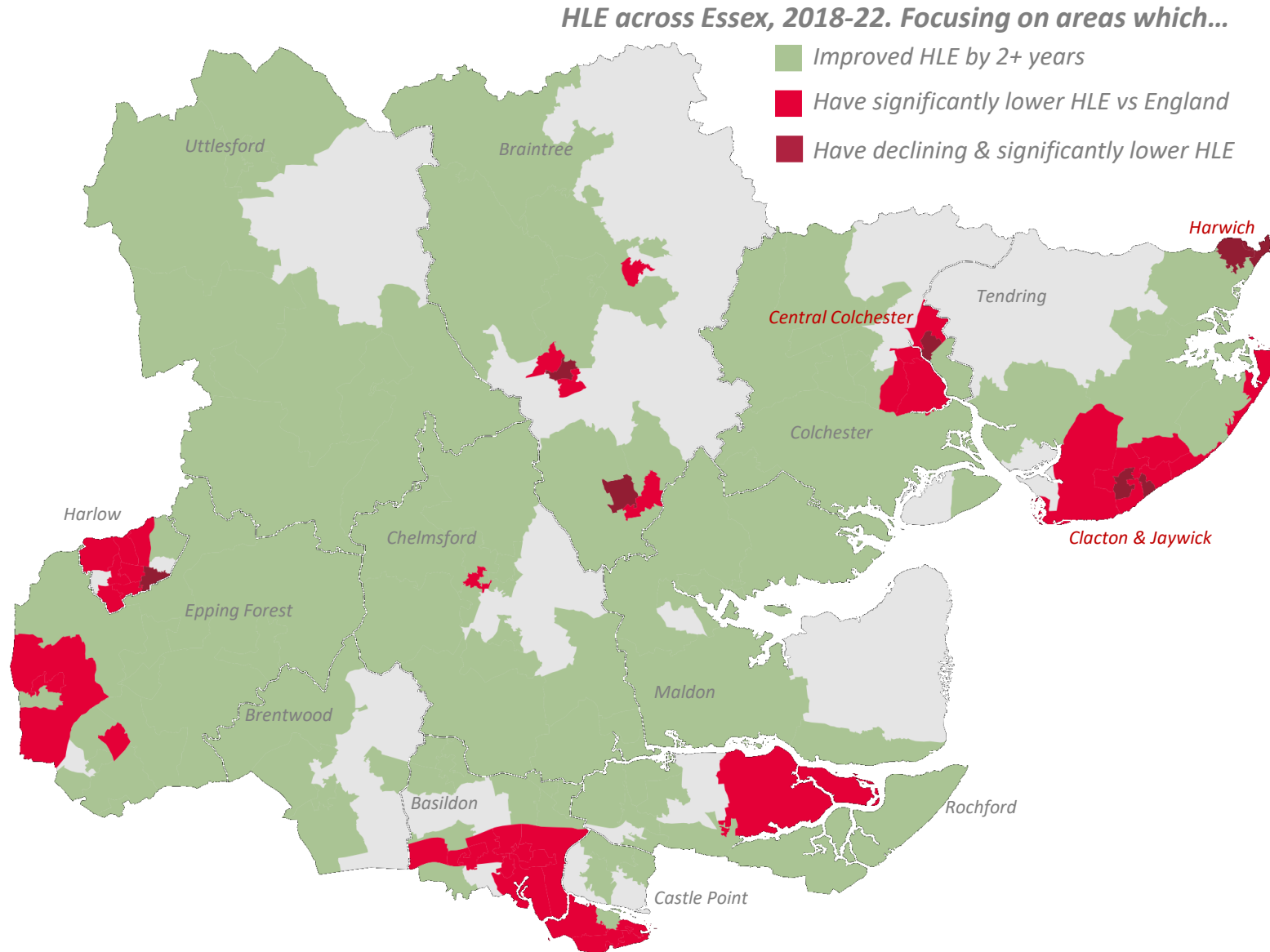
These inequalities align with the wider findings in this presentation, including:

- Higher burden of preventable chronic disease
- Greater exposure to modifiable risk factors
- Earlier onset of ill health and disability

Addressing population health in Essex therefore requires a place-based approach, targeting action where the need is greatest rather than relying on overall averages.



Life Expectancy



- Healthy life expectancy varies markedly across Essex, with clear geographic patterns.
- Coastal and some urban areas show consistently lower life expectancy, while many inland districts perform closer to, or above, the England average.
- Encouragingly, several areas achieved gains of two or more years between 2018 and 2022, demonstrating that improvement is possible with the right conditions and services.
- However, significant inequalities exist within districts, highlighting that outcomes can differ substantially between neighbourhoods.
- This reinforces the need to look beyond district averages and adopt a small-area, place-based approach to improving life expectancy and reducing inequality.

Healthy Life Expectancy

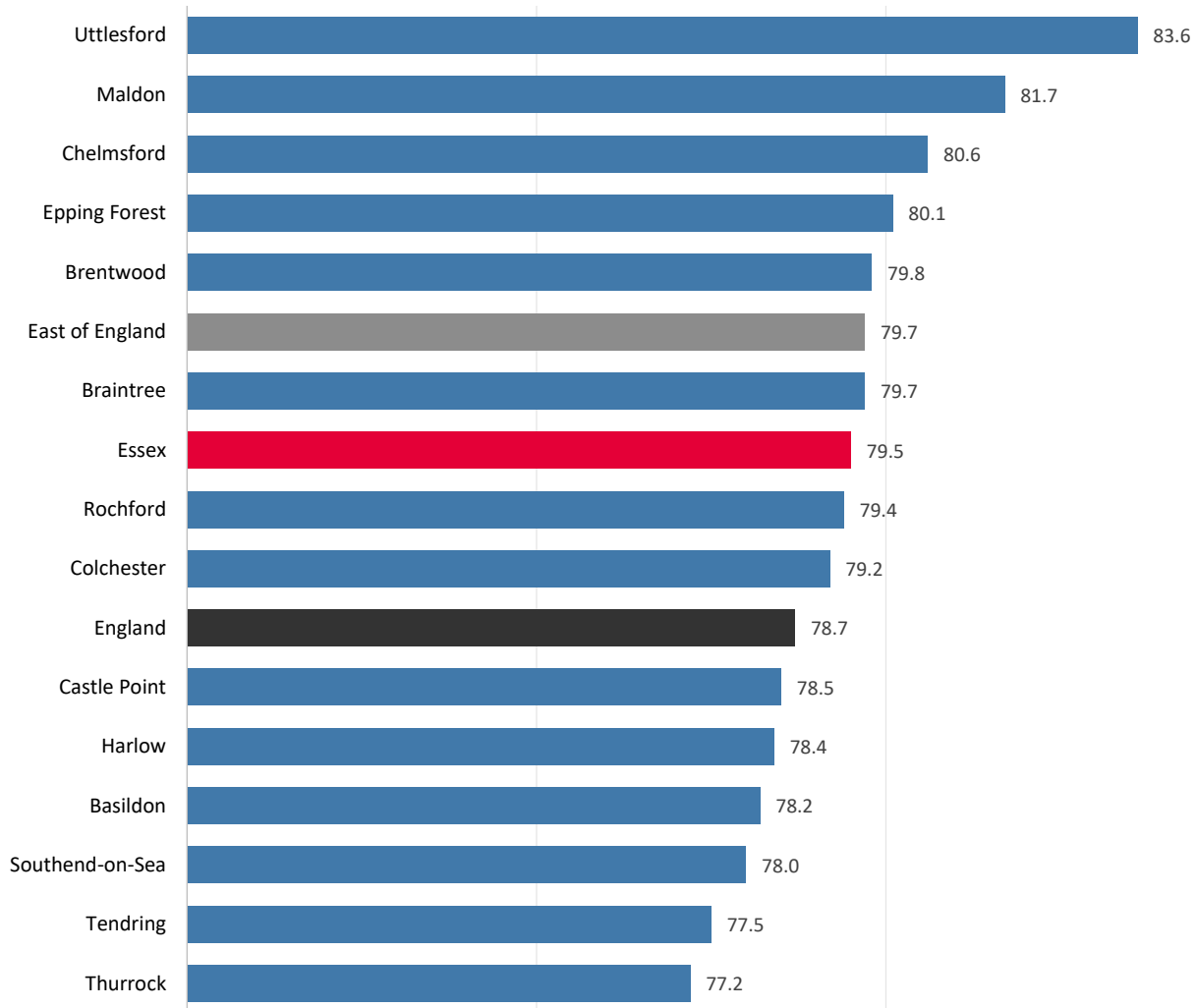
HLE in England and Essex, 2018-22. Essex districts ranked by HLE, high to low

Area	Persons	Male	Female
England	65.8	65.1	66.5
Essex	67.5	66.8	68.2
Uttlesford	71.7	70.3	71
Brentwood	69.7	67.7	69.8
Chelmsford	69.7	68.9	69.8
Epping Forest	68.8	67.7	69.2
Rochford	68.7	67.5	68.6
Maldon	68.2	66.1	67
Colchester	67.4	66.5	67.9
Braintree	67.2	66.4	67.3
Castle Point	66.5	65.3	66.3
Basildon	65.7	64.8	66
Harlow	64.1	63.5	63.7
Tendring	62.6	61.9	63

- Essex residents can expect to live an additional 1.5 years in good health compared to England.
- Across England healthy life expectancy ranges between 57.8 years in Blackpool to 72.3 years in Richmond upon Thames. The inequality in HLE across is England is 14.5 years
- Healthy life expectancy varies across Essex, ranging from 71 years for a female born in Uttlesford to 61.9 years for a male born in Tendring

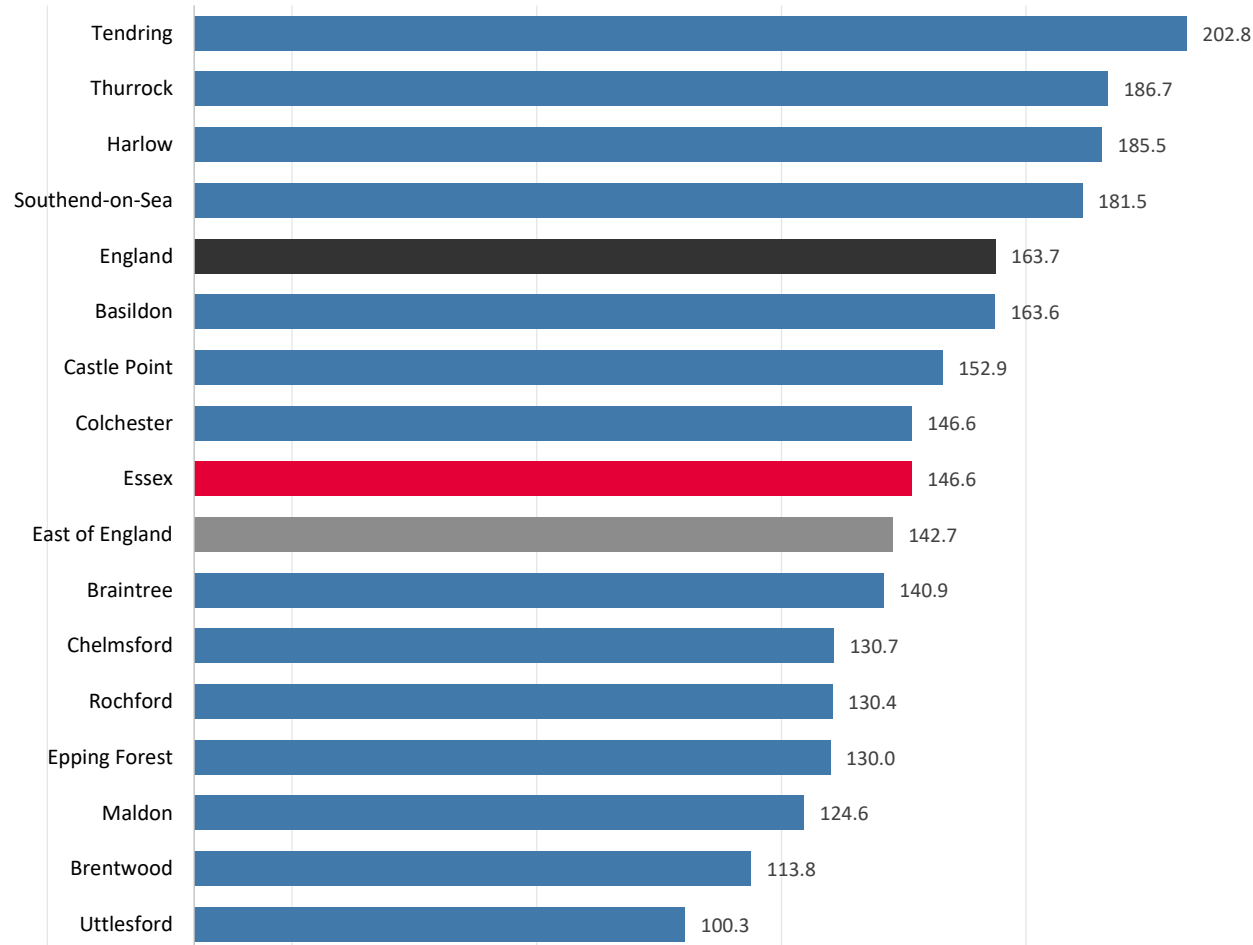
England & non-Essex death counts are sourced from Nomis, and are rounded to the nearest 5. This may have resulted in small underestimation of values and underestimation of the gap in HLE. Public data for 2018-20 found a gap of 21 years across England

Life Expectancy at Birth 2019-2021



- Life expectancy at birth varies widely across Essex, with a 6.4-year gap between the highest (Uttlesford, 83.6 years) and lowest (Thurrock, 77.2 years).
- Essex overall (79.5 years) is slightly above the England average (78.7), but this masks substantial within-county inequality.
- Coastal and urban areas, including Thurrock, Tendring, Basildon and Southend-on-Sea, have consistently lower life expectancy.
- In contrast, more affluent districts achieve much longer life expectancy, illustrating the strong link between health outcomes, deprivation and place.
- These patterns reinforce the need to look beyond county averages and target action to communities experiencing the poorest outcomes.

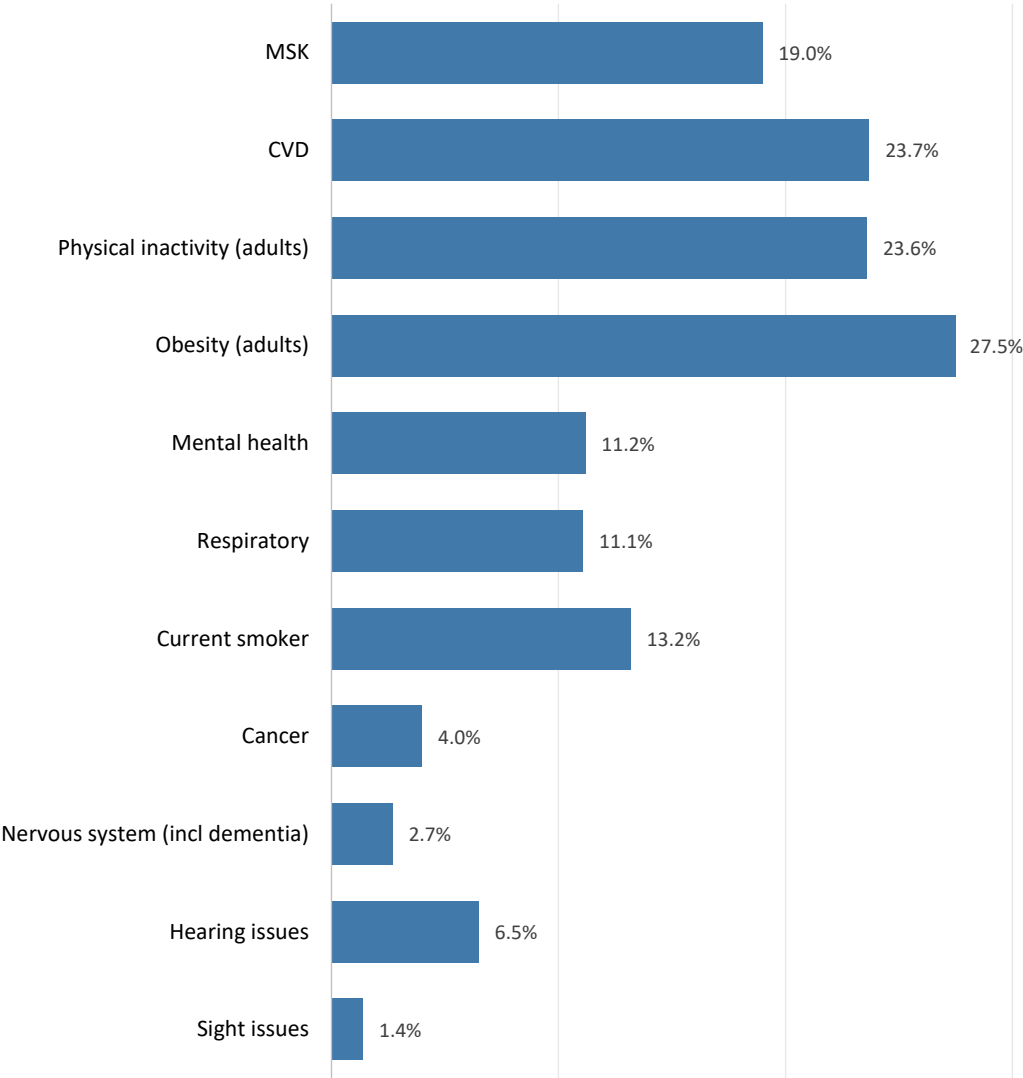
Under 75 mortality rate – Avoidable causes 2019-2021



- Avoidable mortality before age 75 varies substantially across Essex, indicating strong geographic inequality.
- Rates are highest in Tendring, Thurrock, Harlow and Southend-on-Sea, while Uttlesford, Brentwood and Maldon have the lowest rates.
- The gap between the highest and lowest areas is over 100 deaths per 100,000, highlighting the scale of inequality.
- Essex overall performs close to the England average, but this masks significant differences between communities.
- These deaths are, by definition, largely preventable, reinforcing the need for targeted, place-based prevention and early intervention in the areas with greatest burden.

Prevalence of health conditions

Estimated prevalence of various health conditions & behaviours – Essex
Health conditions / behaviours have been ranked by their prevalence & association with poor health



- Survey data can be used to estimate the prevalence of these conditions in Essex.
 - There is some bias here – most of the data is self-reported from the GP survey, so will miss people who aren't registered with a GP and may result in an over-estimation of observed prevalence.
- The chart shows the estimated prevalence of various conditions and behaviours in Essex. These have been ranked by their impact on poor-health in the population.
- **Musculoskeletal** and **cardiovascular disease** both have strong associations with poor health and high prevalence in Essex. For health behaviours, **physical inactivity** and **obesity** are potential areas of focus.
- Nervous system conditions (including dementia) had the strongest link to poor health, followed by cancer. These are relatively rare conditions so are ranked lower than other more common drivers.

From Population Burden to Place-Based Action

- Global Burden of Disease (GBD) data identifies what drives ill health and premature mortality overall in Essex, highlighting the dominant role of chronic disease and modifiable risk factors.
- Local area data reveals where this burden is concentrated, exposing wide variation in life expectancy, healthy life expectancy, and avoidable mortality between communities.
- Together, these sources show that the same key drivers of poor health are experienced very differently across Essex.
- Integrating GBD with small-area local intelligence allows us to:
 - Prioritise the right conditions and risk factors
 - Target the places and populations with the greatest need

This combined approach supports more effective, equitable and preventative decision-making.

From Evidence to Action: Five Priorities for Essex

1

Tackle obesity and poor diet

67.5% of Essex adults are overweight or obese — worse than England. High BMI is the top metabolic driver of disease burden. This is Essex's clearest prevention prize.

2

Keep driving down tobacco

Smoking is still the single largest behavioural cause of lost healthy years — feeding cancer, heart disease and respiratory illness — even though Essex's rate now matches England.

3

Target the coastal and urban hotspots

Tendring, Harlow, Basildon and Southend carry far higher avoidable mortality. Direct prevention to where the 23-year healthy-life gap is widest.

4

Plan for an ageing population

Burden is concentrated in the over-65s — heart disease, dementia and musculoskeletal conditions. Demand for long-term condition care will keep rising.

5

Prioritise disability, not just death

Back pain and mental illness are the biggest causes of years lived with disability. Prevention must protect quality of life, not only prevent early death.

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