

**ANNUAL REPORT  
OF THE  
DIRECTOR OF PUBLIC HEALTH  
2015**

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## Introduction

The transfer of public health back into local government has given local authorities a renewed role in improving the health of the local population. Indeed, this has been one of the most significant opportunities for local authorities in many years.

Preventing illness and helping people to look after their health is not just about access to health services. For people to enjoy healthier lives they need to live, work and play in places that promote health and wellbeing – in schools, the workplace and at home, as well as on streets and in parks. Local authorities are uniquely placed to positively influence and shape all of these environments.

This Annual Public Health Report highlights examples of local work currently being undertaken in the various everyday settings in Southend to promote health and wellbeing. Many of the initiatives are delivered by other departments from across the Council as well as by working in partnership with other organisations.

It is recognised that our new responsibility for improving the public's health has arrived at a time when our budgets are tight and set to reduce even further over the coming years. Whilst the Council has a track record of doing more with less, I believe that the time has arrived to consider how we should prioritise our funding to ensure that we are delivering the most cost effective and efficient services that will have the greatest impact on health.

Going forward we need to promote a culture in which all aspects of the Council are aware of how they can contribute to achieving better public health outcomes. We need to understand the health impact of every policy we make and every service we commission. I am confident that if we embrace this ambition we will succeed in making Southend a healthier place to live, work and age well.



Councillor James Moyies  
Portfolio Holder for Adults, Health and Social Care, and  
Chair of Southend Health and Wellbeing Board

## Foreword

The Director of Public Health has a statutory duty to produce an independent report on the health of the local population. The aim is to highlight the key issues facing local people, looking at patterns of poor health and wellbeing, and providing recommendations on how opportunities to improve health should be achieved.

We know much of what improves health is not about what the NHS does, but instead health is influenced and shaped by the “wider determinants of health”. These include good housing, a good education, whether you are in work or not, and the environment - including access to green spaces and the quality of the air we breathe. These are all issues where local council services can exert some influence and present an opportunity for health and wellbeing to be at the centre of how we plan and deliver services.

This year my annual report builds on aspects of the theme of the wider determinants of health and particularly focuses on ‘healthy settings’. Each chapter explores the opportunities for improving health and wellbeing provided by early education and childcare settings, schools, homes, the workplace as well as the physical environment of the Borough.

In the past the Annual Public Health Report was a place where health data was brought together and published. This year I have changed the style of my report, which now only presents headline data. More detailed information about the health and wellbeing of the population of Southend can be found in the Health and Wellbeing and Joint Strategic Needs Assessment sections of the Southend-on-Sea Borough Council’s website (available at <http://southend.gov.uk>).

I hope you find my report of interest. As in previous years I would welcome your feedback, comments and suggestions.



Dr Andrea Atherton, Director of Public Health

## Acknowledgements

I am indebted to many people who have supported and contributed to my report. These include: Stuart Burrell, Nick Harris, Nevada Shaw, Lee Watson, Simon Ford, Lisa Holloway, Sally Watkins, Anthony Fiore, Dawn Harvey, Jane Carroll, Angela Squires and James Williams. I would particularly like to thank Margaret Gray and Liesel Park for their help in editing the report. I also want to thank all my Public Health staff for their hard work and support.

## **Executive Summary**

The 2015 Annual Public Health Report for Southend focuses on 'healthy settings' and explores the opportunities for improving health and wellbeing provided by early education and childcare settings, schools, homes, the workplace as well as the physical environment of the Borough.

In 2014 there were 11,400 children aged 0-4 years in Southend, and under 5's made up 6.5% of the general population. Each year there are around 2,200 live births to women resident in the Borough.

The foundations for good health, wellbeing and life chances are laid in early childhood, starting even before birth. Early education and childcare settings play an important role in improving outcomes for young children and their families, helping to ensure that every child has the best start in life.

Children's Centres provide a vehicle for integrated delivery of services for children and their families. They support all children to develop well and assist with school readiness, offer advice and support to parents to improve aspirations, self-esteem and parenting skills. In addition they offer antenatal education, advice and support for breast feeding mothers, with a number acting as a distribution point for Healthy Start vouchers and vitamin supplements.

From the 1<sup>st</sup> October 2015, the responsibility for commissioning the Healthy Child Programme for 0-5 year olds, and the Family Nurse Partnership, transferred from NHS England to the Council, offering opportunities to link more closely with services such as housing, early years education providers and social care, to provide a more joined up effective service. The Healthy Child Programme (0-5) is led and coordinated by Health Visitors and provides screening, immunisation, health and development reviews from early pregnancy, through the early weeks of life up to 5 years. The Family Nurse Partnership is an intensive preventive home visiting programme for first time young parents, which is currently supporting 64 teenage parents in Southend.

Children who have had the opportunity of early education have better cognitive development, greater concentration and better social skills when they start primary school. All 3 and 4 year olds are entitled to a funded early education place, up to a total of 570 hours in a school year. In 2015, 96% of 3 and 4 year old children benefited from funded early education places.

There is evidence that a child's development score at 22 months is an accurate predictor of educational outcomes at the age of 26 years, which in turn is related to long term health outcomes. Both the Healthy Child Programme and the Early Years Foundation Stage Programme require assessments at this time. Children identified at the 2 to 2½ year old review with possible additional need are offered targeted support, which may include the opportunity to take up funded early education. Currently 622 local two year olds are accessing this free provision, which equates to 70% of those eligible.

The Early Years Foundation Stage (EYFS) sets standards for learning, development and care of children from birth to 5 years old. All schools and Ofsted registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

Ofsted inspections of early years settings indicate the quality of early years education locally is very good and improving. In summer 2015, 68.5% of children in Southend achieved a Good Level of Development (as a measure of 'school readiness') at the end of reception compared to 66.3% nationally.

Children growing up in Southend experience greater disadvantage than the England average, with 21.7% of children living in poverty compared to 19.2% in England and 15.9% in East of England.

The Council has prioritised actions to tackle and reduce the impact of childhood disadvantage and Southend is one of five sites in the country for Big Lottery Fund programme: Fulfilling Lives-A Better Start. This is a funded ten-year 'test and learn' initiative to see what methods are best for creating conditions for 0-3 year olds to improve their future health, social and educational outcomes and put prevention and early intervention at the centre of service delivery and practice. A Better Start Southend is focused on six specific wards but the learning and interventions will benefit all families with young children across the Borough.

Education is a key determinant of health, and there is a strong correlation between educational attainment, life expectancy and self-reported health. Children and young people who are healthy and have a sense of wellbeing, have an increased capacity to learn, and are more likely to benefit from their education and to fulfil their academic potential.

Schools are potentially one of the most important assets within local communities, providing an important setting for promoting and supporting healthy behaviours. They can have a beneficial impact on the health and wellbeing of pupils, parents and the wider community.

The Southend Healthy Schools Programme is a voluntary awards programme in which schools undertake a needs assessment, develop and implement an action plan and then evidence achievement across four areas of focus, including healthy eating; physical activity; personal, social, and health education (PSHE); and emotional health and wellbeing.

A total of 54 schools in Southend have achieved Healthy Schools status and 25 schools have gone on to achieve Enhanced Healthy Schools status through participating in a wide range of additional initiatives including DrugAware or the Equality and Diversity Champions programme.

Southend schools are being supported with their delivery of personal, social, and health education (PSHE) through a series of regular PSHE and Healthy Schools network events. A common curriculum and scheme of lesson plans for relationships and sex education has been developed and is being delivered in primary, secondary and special schools in Southend.

The Southend School Nursing Service plays a key role in the co-ordination and delivery of the Healthy Child Programme for 5-19 year olds, which includes a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and tailored support for children and families. This service is also responsible for weighing and measuring children in Reception and Year 6 as part of the National Child Measurement Programme.

The latest figures, for 2013/14, show that 19.1% of children in Year 6 (aged 10-11) were obese and 14.4% were overweight. Of children in Reception (aged 4-5), 9.5% were obese and 13.1% were overweight. A number of initiatives are available to help tackle overweight and childhood obesity, including the More Life child weight management service which helps children and their families adopt healthier lifestyles, by becoming more active and eating a healthier diet.

Secure, affordable, accessible housing is a fundamental human need and an important determinant of health. Inadequate housing can contribute to injuries and have a negative impact on a wide range of physical and mental health problems,

Fuel poverty relates to a household's ability to pay for adequate heating, due to a range of factors including poor home insulation, inefficient or inadequate heating, high fuel prices and low income. An estimated 9.8% of households in Southend are in fuel poverty.

Tackling fuel poverty is a key element of the national strategy to reduce deaths and illnesses related to cold weather and cold homes. Local action to tackle fuel poverty includes help with energy bills through "Southend Energy", a partnership between Southend-on-Sea Borough Council and OVO Energy which offers cheaper energy to local residents. The Private Sector Housing Team in the Council provides services, support and advice for improving energy efficiency to privately renting tenants, homeowners and private landlords. There is also help available for local residents to access a range of grants and benefits.

Children under the age of five years and people over 65 are most likely to have an accident at home. Falls from heights, poisoning from medicinal and household cleaning products, and scalds and burns are the most common type of accident in children. Hospital admissions related to unintentional and deliberate injuries in children under the age of 15 years are significantly lower in Southend than the national average.

Older people, particularly the frail elderly, are one of the groups most vulnerable to accidents in and around the home. The bedroom and the living room are the most common locations for accidents in general, with the most serious accidents involving older people usually happening on the stairs or in the kitchen.

Slips trips and falls and associated injuries are a particularly common and serious problem for older people. About one in three people over the age of 65 will fall each year, increasing to one in two of those over 80, with 10% of falls resulting in serious injuries such as head injury and hip fractures. The local falls prevention programme

includes a community falls service, a postural stability instructor programme, rehabilitation services and a fracture liaison service.

The workplace can have a direct influence on the physical, mental, economic and social wellbeing of workers and in turn the health of their families and communities. It also offers an ideal setting and infrastructure to support the promotion of health of a large audience.

There are 110,400 people of working age in Southend, of which 81,900 are in employment.

Being in employment is good for health and wellbeing and being a healthy employee is good for productivity. In the UK there are 131 million working days per year lost to sickness absence, equivalent to 4.4 days per worker. The biggest cause of sickness absence is back, neck and muscle pain (25%); followed by stress, anxiety and depression (12%).

In the UK the annual economic costs of sickness absence to the taxpayer are estimated to be over £60 billion in benefit costs, additional health costs and foregone taxes. There is evidence that as well as reduced sickness absence, the benefits of workplace wellness programmes include a reduction in staff turnover and accidents and injuries and an increase in employee satisfaction, productivity, staff health and welfare and company profile.

One of the local initiatives to improve wellness at work includes the offer of NHS Health Checks in various workplaces, including industrial estates. The national NHS Health Check Programme is offered to adults aged 40-74 years with the aim of preventing vascular disease, including heart disease, stroke, chronic kidney disease, type 2 diabetes, and some types of dementia.

Prolonged sitting poses significant health risks including an increased risk of cancer, heart disease, type 2 diabetes and early death. Many of these risks remain even if exercise is performed regularly. Encouraging employees to be more active at work and adopt standing behaviours will help to reduce these health risks.

Initiatives such as Walking for Health and cycle2work are promoted by the Council to help increase levels of physical activity, and advice and support is available to employees who wish to stop smoking or lose weight.

Organisations signing up to the National or Southend Public Health Responsibility Deal commit to taking action to improve the public's health through their responsibilities as employers, as well as through their commercial actions and community activities. To date 81 small and medium sized businesses in Southend have signed up to the local Public Health Responsibility Deal.

The built and natural environment, including air quality and green spaces, are major determinants of health. Clean air is vital for people's health and the environment. Today the main air pollutants of concern are nitrogen oxides, volatile organic compounds, particulate matter and carbon monoxide. All of these are mainly emitted from motor vehicles, and also emitted from fossil fuel power generation, domestic



and industrial sources. Short term exposure to high levels of air pollutants can cause a range of adverse health effects including exacerbation of asthma and increases in hospital admissions for respiratory and cardiovascular conditions. Over the longer term exposure to particulate matter increases mortality risk.

A number of initiatives within the Council promote the use of sustainable transport with the added benefits of supporting healthier lifestyles and a reduction in air pollution. These include increasing availability of cycle parking spaces across the Borough, the provision of electric charging points for vehicles, and the 'Ideas in Motion' programme which has delivered personalised travel advice and planning, as well as social marketing to promote cycling, walking and greater use of public transport.

Access to good quality green spaces is associated with a range of positive health outcomes including better self-rated health, improved circulatory health, lower levels of overweight and obesity, improved mental health and wellbeing and increased longevity. Environmental benefits of green spaces also include improved air and water quality, noise absorption, and improved absorption of excessive rainwater, reducing likelihood of flooding.

Southend is a densely populated urban area with 577 hectares of green space, including 80 parks and 14 conservation areas. Open spaces are not evenly distributed across Southend, with the wards of Westborough, Victoria and Kursaal having the most limited provision of open space in the Borough.

The Southend Parks and Green Spaces Strategy 2015-2020 sets out the key actions that will be undertaken to ensure parks and open space continue to play an important role for the health, wellbeing and the economy of the Borough and its neighbourhoods. In addition the strategy outlines proposals to introduce new open spaces where possible, improving the "green" street scene, and improving signage and routes to open spaces with priority given to those space deprived areas.

Meals eaten outside of the home account for a quarter of the calorie intake of men and a fifth of the calorie intake of women respectively and account for 30% of household expenditure on food. Fast food takeaways provide just over a quarter of the food in the eating out market and are a particular concern as they tend to sell food that is high in fat and salt and low in fibre and vegetables. A number of research studies have found a direct link between a fast food rich-environment and poorer health, and some have demonstrated an association with obesity.

In 2010, Southend was ranked 11 out of 324 local authorities in England for fast food outlets. Many areas are developing strategies to tackle the impact of fast food takeaways in their local communities. However, local strategies for working with fast food outlets should be based on a detailed appraisal of the role fast food outlets play not just in contributing to obesity but also in providing employment and leisure opportunities for different sections of the community.

A number of the national fast food chains which are represented in Southend have signed up to the National Public Health Responsibility Deal, with commitments to

deliver various pledges such as food labelling, use of trans fats, reduction of salt, and physical activity pledges.

The Southend Public Health Responsibility Deal is aimed at local small to medium sized businesses and includes a number of pledges to support food businesses to provide healthier options.

## **Summary of Recommendations**

- Develop a methodology to inform the prioritisation of resources to meet public health need in the local population.
- Support early education and child care settings to become early adopters of the emerging evidence based findings of Southend A Better Start.
- That early education and child care settings play a leading role in the delivery of integrated early years services in Southend.
- That the Healthy Start Scheme is available in all Children's Centres.
- That all Children's Centres are encouraged to be accredited as Healthy Early Years Settings.
- The Public Health Team should continue to encourage schools in Southend to continue to participate in the Healthy Schools Programme and achieve enhanced healthy schools status by achieving meaningful outcomes in a public health priority area.
- Schools should be encouraged to identify opportunities to incorporate more physical activity throughout the school day, for both staff and pupils.
- Schools should support teachers and other relevant staff to access training to identify and assess the early signs of anxiety, emotional distress and behavioural problems and refer appropriately to school nursing, early help or the emotional health and mental health service.
- Provide targeted information to vulnerable members of the public that will ensure people know how to protect themselves from the cold e.g. dressing and eating appropriately for the cold, staying physically active, having a flu jab and ensuring householders are accessing all benefits and grants to which they are entitled.
- Continue to promote the use of home insulation and energy efficiency.
- To provide support to employers to take appropriate action to help their staff to be more active and less sedentary at work.
- To promote the provision of healthier and more sustainable catering.
- To encourage local workplaces and businesses to sign up to the National and /or Southend Public Health Responsibility Deal and put into place effective actions to support employees and customers to make healthier choices.
- Review the current air quality strategy for Southend and ensure there is a full range of actions to improve air quality.

- Ensure all major developments and significant developments in areas of elevated air pollution are required to produce an air quality assessment.
- Further develop the public health role of green spaces, parks and park staff by co-ordinating involvement and input from local agencies such as the local Walking to Health programmes, GP referrals and social prescribing and referrals from the Southend Health and Wellbeing Service.
- Undertake social marketing to develop a clear understanding of what motivates local residents to use green spaces and help further increase their use
- Develop additional pledges in the Southend Public Health Responsibility Deal to cover specific actions to support local fast food takeaways to produce healthier food.
- Promote the Southend Public Health Responsibility Deal with local schools as part of the Enhanced Healthy School status.

# **Chapter 1    Healthy Early Education and Childcare Settings**

## **Introduction**

There is overwhelming evidence that what happens in childhood has a huge impact on health in later life. The foundations for good health, wellbeing and life chances are laid in early childhood, starting even before birth. Early education and childcare settings can play an important role in helping to ensure that every child has the best start in life.

## **The Early Years**

### **Key facts**

In 2014, there were approximately 11,400 children aged 0-4 years in Southend, and under 5s made up 6.5% of the population; a small but very important group.

Each year there are around 2,200 live births to women resident in the Borough. The infant mortality rate (3.9 per 1000 live births) and child mortality rate (10.3 per 100,000 children aged 1-17 years) are both similar to the England average.

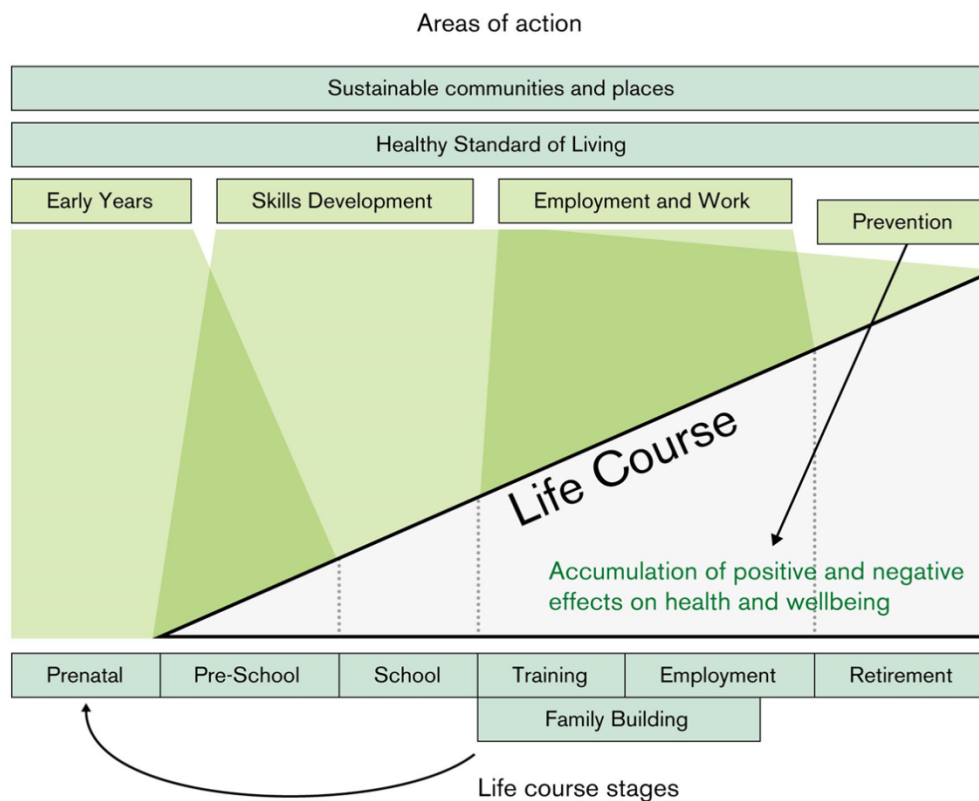
The level of child poverty in Southend is worse than the England average, with 21.7% of children aged under 16 living in poverty.

In recent years, a considerable body of evidence has highlighted the enormous influence that the earliest experiences in a child's life can have on later life chances. In particular there is emphasis on the time between conception and age 2 which is a period of rapid brain development, with the child's brain forming and changing with experience. The Marmot review highlighted how the foundations for every aspect of development - physical, intellectual and emotional are laid in early childhood (1). This developmental period is considered so important, that it has been referred to as the 'age of opportunity' (2).

The factors which influence early development can be positive (protective) or negative (risk). Risk factors such as exposure to alcohol and cigarette smoke during the prenatal period or neglect during childhood have been shown to lead to poor developmental and health outcomes (3, 4). Breastfeeding and good parent child attachment are protective factors which lead to improved developmental and health outcomes (5).

Disadvantage starts before birth and accumulates throughout life, as shown in Figure 1. It follows, that action to reduce health inequalities must start before birth and continue through the life of the child.

**Figure 1. Action across the life-course**

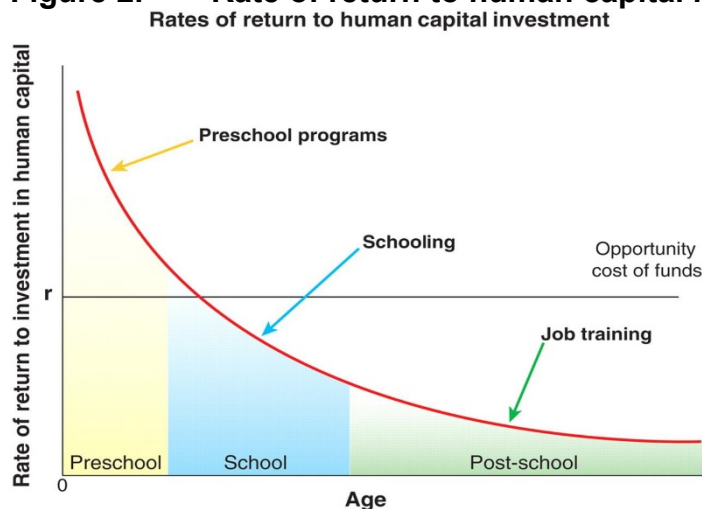


Source: Marmot 2010 (1)

### Why invest in Early Years?

Prevention and early help for disadvantaged children in this early part of life can reduce health and social inequalities and save money for the public sector by avoiding later more costly interventions (6). Figure 2 illustrates the evidence for this. There is a higher rate of return for investment at younger ages. This is partly as the costs to society of not preventing or intervening early with a health or social issue can be very high.

**Figure 2. Rate of return to human capital investment**



In this context, Sure Start Children's Centres (and other early years settings such as nurseries and registered child minders) have a vital role to play in supporting babies, children and families.

### **What is being done locally:**

#### **Sure Start Children's Centres – Integrated Services**

The core purpose of Sure Start Children's Centres is to improve outcomes for young children and their families; with a particular focus on those in greatest need. The centres provide a vehicle for integrated delivery of services for children and their families. They work to make sure all children are supported to develop well and are properly prepared for school, regardless of background or family circumstances. They also offer support to parents to improve aspirations, self-esteem and parenting skills.

Southend has 9 Children's Centres across the Borough: in Blenheim, Milton, Kursaal, Eastwood, Shoebury, Southchurch, St Laurence, Victoria, and St Luke's wards.

#### **Preparation for Birth and Beyond: Pregnancy and the transition to parenthood**

Parent education, both before and after birth, has an important contribution to improving maternal and infant health outcomes and to reducing health, social and educational inequalities. There is good evidence those who are at the greatest risk of poor pregnancy outcomes are the least likely to access and/or benefit from the care that they need (the inverse care law).

There is a significant body of evidence that demonstrates the importance of sensitive attuned parenting on the development of the baby's brain and in promoting secure attachment and bonding. Preventing and intervening early to address attachment issues will have an impact on resilience and physical, mental and socio-economic outcomes in later life.

Work is currently underway in partnership with NHS Southend Clinical Commissioning Group to review and strengthen antenatal education, particularly in Children's Centres.

#### **Healthy Start**

A healthy diet both during pregnancy and in childhood is a key component of giving every child the best possible start. Healthy Start is a voucher scheme for women who are pregnant or who have young children and are receiving benefits and tax credits.

In addition to a healthy and varied diet, pregnant women are advised to take appropriately formulated vitamin and iron supplements during pregnancy. These include folic acid and vitamin D, as well as iron supplements if required.

Under the national Healthy Start scheme, vouchers are provided to low income mothers and pregnant women under the age of 18, to spend on fresh milk, fresh and frozen fruit and vegetables. They also get free vitamin supplements.

Currently work is underway in Southend to widen community access to Healthy Start vouchers and vitamin supplements through Children's Centres.

## **Breastfeeding**

Breastfeeding is the healthiest way to feed a baby. It has been shown to have benefits for mother and baby including promoting strong emotional attachment between them. Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.

Women who breastfeed are at lower risk of breast cancer, ovarian cancer and hip fractures/reduced bone density. Breastfeeding is a key element of the Healthy Child Programme 0-5 years, as it reduces the risk of excess weight and weight associated health problems late in life (7).

The UK has one of the lowest breastfeeding rates in Europe, with particularly low rates among White British families living in disadvantaged communities. Southend has also had low breastfeeding rates over the last few years. However, recent data has shown an upward trend in both initiation and continuation of breastfeeding.

The National Institute for Health and Care Excellence (NICE) recommends the implementation of a structured, externally evaluated programme, such as the UNICEF Baby Friendly Initiative, to increase local breastfeeding rates (8,9). In Southend, the Public Health team has adopted a whole system approach to promoting breastfeeding by implementing the UNICEF Baby Friendly Standards in Maternity and Community Services, and the new neonatal unit.

Children's Centres are well placed to work alongside health professionals to improve breastfeeding rates. The Centres in Southend are also working to become 'baby friendly'; offering a welcoming environment for breastfeeding mothers. The staff have strong and trusting relationships with parents, and with training will be able to offer simple advice and support for breastfeeding mothers. In addition, as part of A Better Start Southend we are recruiting women who have successfully breastfed to be trained as peer supporters.

## **The Healthy Child Programme 0-5 years**

The Healthy Child Programme is a universal, evidence based public health programme to ensure that children have the best start in life. The programme consists of a schedule of assessments, reviews, immunisations, health promotion, parenting support and screening tests to promote and protect the health and wellbeing of children from pregnancy through to age 5.

The Healthy Child Programme is coordinated by health visitors, who are specialist community public health practitioners who work collaboratively with other professionals to address identified needs.



The delivery of the programme is based on an approach termed 'proportionate universalism' that involves adapting interventions according to the needs of the child, family, and local community, with the aim of achieving equity of outcomes for all children.

In recognition of the importance and contribution of the Healthy Child Programme to improving outcomes for 0-5 year olds, there has been additional national investment in health visiting services over the last two years.

Children's public health commissioning responsibilities for 0-5 year olds were transferred from NHS England to Local Authorities on 1st October 2015. This offers opportunities to link more closely with other council systems, such as housing, early years education providers and social care, to provide a more joined up, effective service to meet individual needs. In Southend we are currently reviewing how this programme links with other children's services.

### **The Family Nurse Partnership Programme**

The Family Nurse Partnership Programme (FNP) is a preventative programme which aims to improve health outcomes in pregnancy and early years for vulnerable first-time young mothers and their babies. Structured home visits are delivered by specially trained family nurses who offer the programme from early pregnancy until the child is two years of age. The nurses build a close supportive relationship with the young family.

Family nurses work with the mother, father and the wider family to help them to build self-efficacy, make changes to their behaviour, and increase their parenting capacity. They also encourage the young parents to access education, training and employment opportunities.

Research evidence developed over 30 years in the USA consistently identifies FNP as the most effective preventative early childhood programme for improving the health and development of vulnerable young parents and their children. A recent randomised control trial conducted in England showed disappointing results in some key short-term health outcomes e.g. smoking in pregnancy and breastfeeding, but promising results in areas such as better cognitive development, language development, and the quality of parent-child relationship.

At present the FNP programme is being delivered to 64 teenage parents, but as part of the A Better Start Southend, this will be piloted as a universal entitlement for all young parents in the target wards.

### **Supported Access to Early Education – Two, Three, and Four-year old funding**

Early education provides children with the opportunity to play and learn together; developing the physical, cognitive, social and emotional skills they need to do well in school. There is strong evidence that children who have had the opportunity of early education have better cognitive development, greater concentration, are more sociable and are better behaved when they start primary school (10).

All 4 year olds have been entitled to a funded early education place since 1998 and in 2004 this was extended to all 3 year olds. Each child is entitled to 570 hours of free early learning, usually as 15 hours for up to 38 weeks in a school year.

In Southend, the free entitlement can be taken up at a nursery class in a maintained school or academy, or at a private, voluntary or independent setting (known collectively as PVI), or, with a registered childminder.

**Table 1. Percentage of 3 and 4 year old children benefiting from funded early education places (2011 to 2015)**

Area	2011	2012	2013	2014	2015
England	94	95	96	96	96
East of England	96	96	97	97	97
Southend	93	94	94	97	96

In addition, some younger children are eligible for 570 hours of free childcare and early education from the term after their 2nd birthday. To qualify the family must be in receipt of certain benefits.

Two year old children are also entitled to a place if:

- they are looked after by a local authority
- they have a current statement of special educational needs (SEN) or an education, health and care (EHC) plan
- receive Disability Living Allowance (DLA) (11)

Currently 622 local two year olds are accessing this free provision, which equates to 70% of those eligible.

The Government has prioritised support to working families and intends to double the free childcare entitlement for all three and four year olds from 15 to 30 hours per week by 2017 for working parents. The universal entitlement for all parents of three and four year olds to 15 hours will remain in place.

### **Integrated two year old review and readiness for school**

Experiences in the early years and a child's early development are strongly linked to health and social outcomes in later life. Universal services include assessment of a child's development at regular points to identify problems and provide early help.

Age 2 to 2½ years is a crucial stage; and an important time for children and their families.

It is:

- a key time of learning, growth and development, especially speech and language, cognitive and emotional development

- the point where children are gaining independence and learning new skills and behaviours
- when many children are moving into early years provision
- an ideal time for assessment, as problems such as speech and language delay or behavioural issues start to become visible, and it is important for these to be detected and addressed before the child starts school

There is evidence that a child's development score at 22 months is an accurate predictor of educational outcomes at age 26 which in turn is related to long term health outcomes (12). This reinforces the view of this early period of development as the 'age of opportunity' and the importance of optimising the child's experiences in the 1001 critical days between conception and age 2, reducing risk factors, promoting protective factors, and protecting from harm.

Both the Healthy Child Programme (HCP) and Early Years Foundation Stage (EYFS) Programme require assessments at this time. The HCP assessment checking health status, appropriate development for the age and stage of the child; the EYFS requiring a written summary of children's progress in the EYFS prime areas of learning i.e. physical, personal social and emotional, and language and communication areas of development.

Children identified at the 2 to 2½ year old review with possible additional need are offered targeted support, which may include the opportunity to take up funded early education.

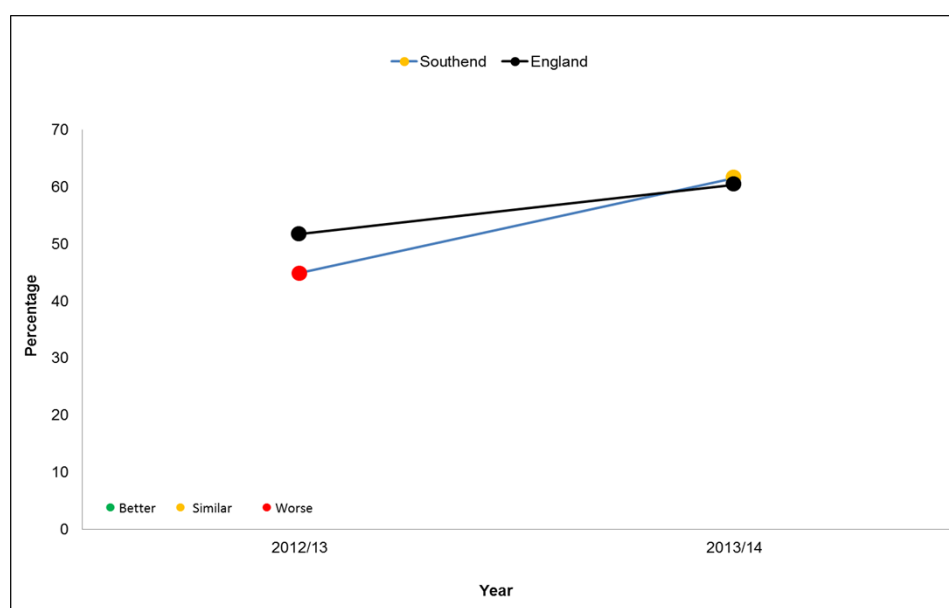
In Southend we are piloting an integrated review, covering both the Healthy Child Programme and Early Years Foundation Stage Programme assessment requirements. We believe this will provide a more effective use of resources and a better experience for the child and parent.

## **Early Years Foundation Stage**

The Early Years Foundation Stage (EYFS) sets standards for learning, development and care of children from birth to 5 years old. All schools and Ofsted registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

Children's development is measured through the Early Years Foundation Stage Profile (EYFSP) in the summer term in reception classes. This indicator gives a validated and comparable measure of 'school readiness'. The EYFS assessment changed in 2012, so we are unable to compare recent years with those before 2012/13, and only have 3 years of data. Ofsted inspections of early years settings indicate that the quality of early years education in Southend is very good and improving (Figure 3).

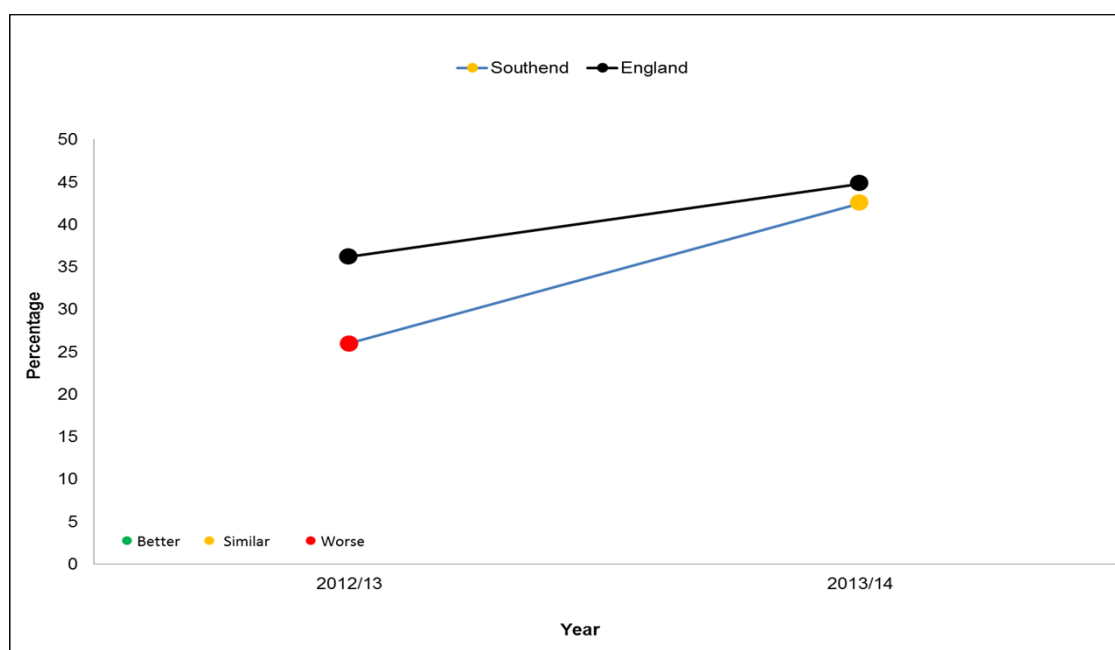
**Figure 3. School Readiness: The percentage of children achieving a good level of development at the end of reception as a percentage of all eligible children in Southend**



Source: PHE

A second indicator (Figure 4) is used to help local authorities see if their early years support is targeted to the needs of the most disadvantaged children and their families.

**Figure 4. School readiness: The percentage of children with free school meal status achieving a good level of development at the end of Reception in Southend**



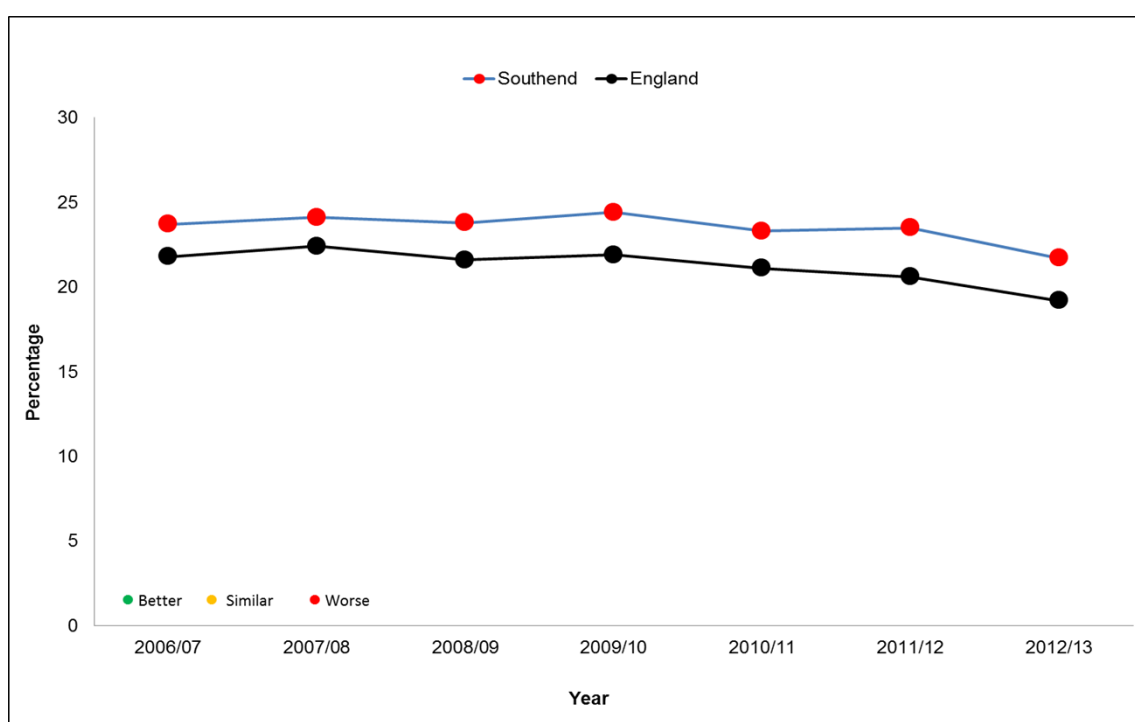
Source: PHE

In summer 2015, 68.5% of children in Southend achieved a Good Level of Development at the end of reception compared to 66.3% nationally (13).

## Child Poverty

The threshold for 'being in poverty' changes annually, as it is defined as having a household income less than 60% of the average British household income that year. In Southend, the level of child poverty has been worse than the England average for several years (see Figure 5). The latest reported data highlights that 7,205 children aged under 16 years are growing up in relative poverty (21.7%), compared to 19.2% in England and 15.9% in the East of England (14).

**Figure 5. The percentage of children living in poverty (under 16s) in Southend compared to England (2006-7 to 2012-13)**



Source: PHE

This is of great concern as there is a growing body of evidence that shows that, without intervention, early disadvantage tracks forward i.e. 'children who start behind tend to stay behind'.

Children living in poverty and experiencing disadvantage in the UK are more likely to:

- die in their first year
- be born small
- be bottle fed
- breathe second-hand smoke
- become overweight
- perform poorly at school
- die in an accident
- become a young parent.

As adults, they are more likely to:

- die earlier
- be out of work
- live in poor housing
- receive inadequate wages
- report poor health (15)

These outcomes are not inevitable. Preventative measures and early intervention for parents and children in the first years of life can improve their life chances and reduce inequalities.

Local Children's Centres are providing access to a wide range of support services which can mitigate the effects of poverty. These include access to education and employment, benefits advice and help with housing and financial problems.

### **The Big Lottery Fund (BIG) Fulfilling Lives - A Better Start**

The Big Lottery Fund is investing £215 million over 10 years in five areas: Blackpool, Bradford, Lambeth, Nottingham, and Southend. Local partnerships of voluntary and community organisations, health services, academic institutions, businesses and local authorities will provide programmes and initiatives designed to improve the outcomes for children in three key areas of development:

- social and emotional development
- communication and language development
- diet and nutrition

A Better Start (ABS) is a ground-breaking ten year 'test and learn' initiative to see what methods are the best for creating the conditions for 0-3 year olds to improve their future health, social and educational outcomes and to put science-based and evidence-based prevention and early intervention at the centre of service delivery and practice.

The approach will use the latest research findings on the key risks and protective factors affecting the development of young people in the town to ABS, will also ensure that the views and opinions of local people as service users will be at the heart of the development, design and delivery of any programmes and services for children 0-3 and their families.

The Southend ABS programme is focused on 6 wards: Kursaal, Milton, Victoria, Westborough, Shoebury, and West Shoebury. In 2014, 44% of all our children aged 0-3 years lived in these wards.

A Better Start workstreams will include measures to:

- **Strengthen protective factors and empower local parents and communities:**

This involves improving antenatal and postnatal care and education, promoting good parenting, a focus on attachment and healthy parent-child relationships,

improving language and communication, creating resilient, cohesive and self-sufficient communities.

- **Tackle key risks factors:**  
This involves work on poverty, social isolation, drugs and alcohol, smoking, mental ill-health, relationship problems and domestic abuse.

### **Recommendations**

- Support early education and child care settings to become early adopters of the emerging evidence based findings of A Better Start Southend.
- That early education and child care settings play a leading role in the delivery of integrated early years services in Southend.
- That the Healthy Start Scheme is available in all Children's Centres.
- That all Children's Centres are encouraged to be accredited as Healthy Early Years Settings.

## **Chapter 2            Healthy Schools**

### **Introduction**

Schools are potentially one of the most important assets within local communities, providing an important setting for promoting and supporting healthy behaviours. They can have a beneficial impact on the health and wellbeing of pupils, parents and the wider community.

Education is a key determinant of health, and there is a strong correlation between educational attainment, life expectancy and self-reported health (1). Children and young people who are healthy and have a sense of wellbeing, have an increased capacity to learn, and are more likely benefit from their education and to fulfil their academic potential. A good education improves their chances of getting a good job and securing adequate income.

### **The National Healthy Schools Programme**

The World Health Organisation (WHO) first promoted the concept of 'healthy schools' (2). In 1999, the UK Government introduced National Healthy Schools Programme (NHSP) to promote the link between good health and achievement through four key themes:

- healthy eating – including availability of healthy and nutritious foods in school canteens and enabling young people to make informed decisions about healthy food
- physical activity - including encouraging young people to do physical activity, being given opportunities to be physically active and developing an understanding on how physical activity can make people healthier and improve well being
- personal, social and health education (PSHE) – including sex and relationships and drugs education, empowering young people through the provision of knowledge and skills to enable them to make informed decisions about their lives
- emotional health and wellbeing - including bullying, how to express feelings build confidence and emotional strength and supporting emotional health.

### **What is being done locally?**

#### **Southend Healthy Schools**

The Southend Healthy Schools programme is a voluntary awards programme that recognises schools achievement in:

- improving the health and wellbeing of the school community
- protecting the physical and mental health of children and young people



- providing the optimum conditions for learning

The programme is available to all schools in the Borough. The Southend programme is based on the principles of the national programme, but content has been revised and developed in consultation with local schools, health and education partners (3).

To achieve Healthy Schools Status, schools undertake a needs assessment, develop and implement an action plan and then evidence achievement across four areas of focus: healthy eating; physical activity; personal, social, health education (PSHE); and emotional health and wellbeing.

The requirements in the four areas of focus are aligned to National Institute for Health and Care Excellence guidance and to the Ofsted framework and guidance. Public Health support local schools by providing a framework for review, specialist health advice, validation and moderation, and access to high quality and relevant training.

A total of 54 schools in Southend have achieved Healthy School Status. This includes community schools, academies, faith schools, special schools and independent schools. The 'virtual school' which ensures the best possible education for children in care achieved Healthy School Status in 2013. Healthy School status is revalidated every 2 years.

Most schools in Southend have chosen to further develop their schools as a healthy setting by identifying their own health topics, and challenging the school community to achieve Enhanced Healthy School Status. To date 25 schools have been awarded Enhanced Healthy School status.

Examples of work undertaken by the schools includes: vast improvement in the provision of school meals and lunchboxes and all food consumed in the school, increasing the number of activities open to students driven through pupil voice, becoming a DrugAware school, adopting the Equality and Diversity Champions Programme and increasing how positive and safe children feel at school.

### **Personal, social and health education (PSHE)**

Research evidence suggests that children with good levels of health and social wellbeing perform better at school. PSHE aims to equip young people with the knowledge, understanding, attitudes and practical skills to live healthily, safely, productively and responsibly.

PSHE is a non-statutory subject, but the National Curriculum framework requires that:

*'All schools should make provision for PSHE, drawing on good practice' (4).*

The majority of schools choose to teach PSHE because it makes a major contribution to their statutory responsibilities to promote children and young people's personal wellbeing and to provide relationships and sex education (5, 6).

A robust and well-structured PSHE curriculum also helps schools evidence that they are meeting a range of inspection criteria, as the 2015 Ofsted Common Inspections Framework places a greater emphasis on safeguarding, personal development, behaviour and welfare than the previous framework (7).

There is evidence that specialist teachers trained in PSHE deliver the most effective health-related teaching, especially in relation to the topics that children are reported to be most likely to want information about, including health exploratory behaviours (e.g. experimenting with alcohol or drugs) and sexual health.

Children and young people need to understand, respond to and calculate risk effectively in relation not only to well-known 'risky' behaviours such as smoking, drinking alcohol, substance misuse, but also to a number of threats: abusive relationships, domestic violence, child sexual exploitation, female genital mutilation, forced marriage, gang activity, radicalisation and extremism, and e-safety.

Public Health has been working with schools and national experts to ensure the PSHE that young people receive is appropriate and of a high standard. Schools are supported through regular PSHE and Healthy Schools' network events. Each meeting has a presentation or training from external providers and charities, informing schools about new information, policy, resources and services.

## **Relationships and Sex Education**

Relationships and Sex Education (RSE) is learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. It should equip children and young people with the information, skills and values to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual health and wellbeing.

Southend schools, specialist support services and public health, have worked together to implement a common curriculum and scheme of lesson plans for relationships and sex education in schools.



The programme for primary aged children, *Growing up with Yasmine and Tom*, covers: the body, feelings, relationships, family life, good health, mutual respect, trust, resilience, negotiation, online safety and preparing for puberty (8).

All primary and special schools in Southend have signed up to participate in the scheme which includes the delivery of 50 core lessons.

Public Health have also commissioned a core curriculum, scheme of work and staff training sessions for the delivery of RSE in secondary schools.

Frontline primary and secondary school staff have been supported with training on delivering the materials, policy writing, engaging parents, and other bespoke needs required by the schools.

### **DrugAware**

DrugAware is an aspirational standard for schools and their communities, supporting them to address drug and alcohol issues through early intervention. The standards set out for schools to achieve DrugAware status helps them to build on existing work to develop a more effective, evidence based approach, with active participation of staff pupils and parents. DrugAware schools have better and more robust drug and alcohol education, policy and support for vulnerable young people. To date 3 schools in Southend have achieved DrugAware status.

### **Equality and Diversity Champions**

The newly developed Equality and Diversity Champions Programme has given schools the opportunity to explore difference and diversity using the expertise of outside agencies such as Stonewall and Show Racism the Red Card. The aim of the programme is to reduce bullying by promoting strong inclusive values and spelling out how pupils should treat each other.

Schools use a whole school approach to look at their anti-bullying policy. Baseline data is taken from the children at the beginning of the programme and at the end to ascertain impact. Schools are required to develop their PSHE and RSE programmes to include the input that they have received, to sustain improvements in future years. Ten schools achieved the award in 2015 and a further eleven are working on the 2016 programme.

### **Public Health School Nursing Service and The Healthy Child Programme 5-19 years**

School nurses are key professionals in supporting children and young people in the developing years (5-19) to have the best possible health and education outcomes. Their position, working with schools and local communities, provides the opportunity to interact with children, families, education and wider community services.

School nurses are qualified nurses, some of who hold an additional specialist public health qualification, which is recordable with the Nursing and Midwifery Council. Along with their team, they co-ordinate and deliver public health interventions for school aged children; with a focus on prevention and early help. The local team consists of a range of professionals including School Nurses, Community Nurses, School Nurse assistants and School Health administrative staff.

The key intervention which they lead, co-ordinate and deliver is the Healthy Child Programme (5-19); an evidence based schedule of health and development reviews, screening tests, immunisations, health promotion guidance and tailored support for children and families, with additional support when they need it most.

The nurses undertake health promotion, advice, signposting or referral to other

services, active treatment/procedures, education, support, protection and safeguarding.

The service model aligns with that described for Health Visiting in Chapter 1 and is based on four levels of interaction with the community, families and individuals, with safeguarding as a theme through all levels. The four levels outline the support which children and young people can expect to receive through the school nursing service and multi-disciplinary working.

School nursing is a Universal Service, which intensifies its delivery offer for children and young people who have more complex and longer term needs (Universal Plus). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (Universal Partnership Plus).

The School Nursing Service was brought into the Public Health Department in the Council on 1<sup>st</sup> April 2015, having previously been a commissioned service. This has provided greater opportunities for working collaboratively with other services in the Council that support children and young people, particularly children's social care and education.

### **Social and emotional wellbeing and mental health**

Mental health problems affect about one in ten children and young people and are often triggered by, or are a direct response to what is happening in their lives (9,10). The modern world is complex and ever changing, and children and young people may be exposed to many pressures and challenges such as poverty, bullying, family breakdown, abuse, crime, early sexualisation, alcohol and drugs. Looked after children, those leaving care, and children in more disadvantaged communities may be particularly vulnerable, as are those with a long-term physical illness or disability (11).

The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders. Self-harm is also a major concern (9, 10).

Mental health problems not only cause considerable distress to children and young people and their families, but can also be associated with significant problems in other aspects of life, including:

- disruption to education and school absence
- poorer educational attainment
- difficulties in social relationships
- increased risk of substance misuse
- increased probability of 'not being in education, employment or training' (NEET)
- poorer employment prospects
- poorer physical health (12,13)

Schools have a key role in preventing mental ill-health by promoting the social and emotional wellbeing of children and young people: by helping them develop

protective factors such as resilience and good self-efficacy; reducing bullying behaviour; reducing risk-taking behaviours and supporting the development of social and emotional skills. This creates the foundations for healthy behaviours and good educational attainment. It also helps prevent behavioural problems, including substance misuse.

Schools also have an important role in recognising and referring children and young people who may be experiencing mental distress for intervention and support through the school nursing and early help services.

### **What is being done locally:**

Public Health, in partnership with South Essex Partnership Trust, delivered a series of workshops for school PSHE and welfare staff on mental health topics: self-harm, anxiety, depression, general mental health and resilience and eating disorders.

Public Health commissioned “Prince Charming”, an effective piece of hard hitting forum theatre based on teenage relationship abuse. Interactive and thought provoking this hour long workshop looks at the effect of unhealthy teenage relationships and investigates how to help avoid violent, demoralising and abusive relationships in young people.

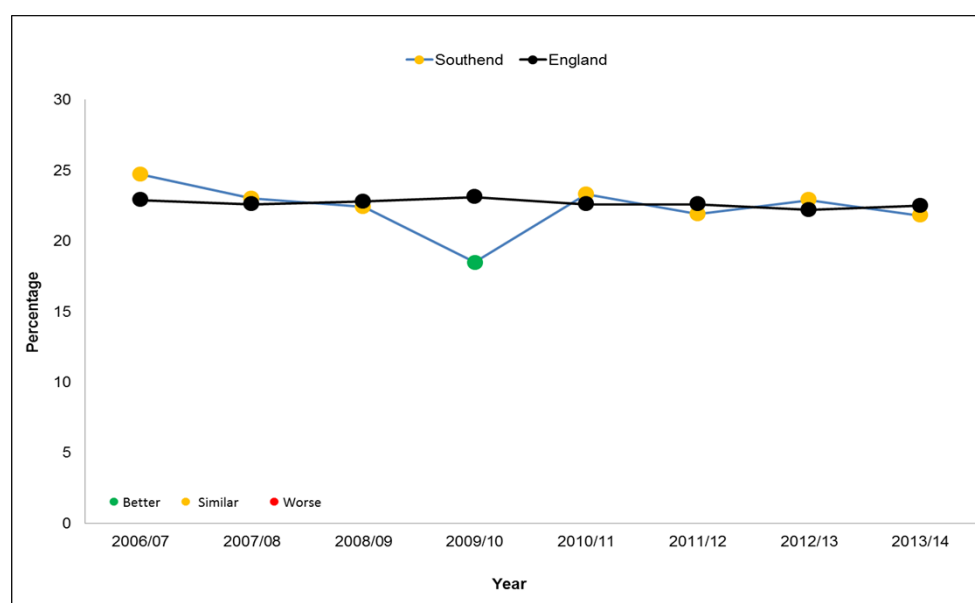
A new emotional wellbeing and mental health service (EWMHS) has been commissioned for children and young people. The new service will deliver preventative programmes in schools as well as providing a clinical service for children and young people experiencing emotional or mental distress.

### **Childhood Obesity**

The World Health Organisation regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are at an increased risk of developing various health problems, and are also more likely to become obese adults.

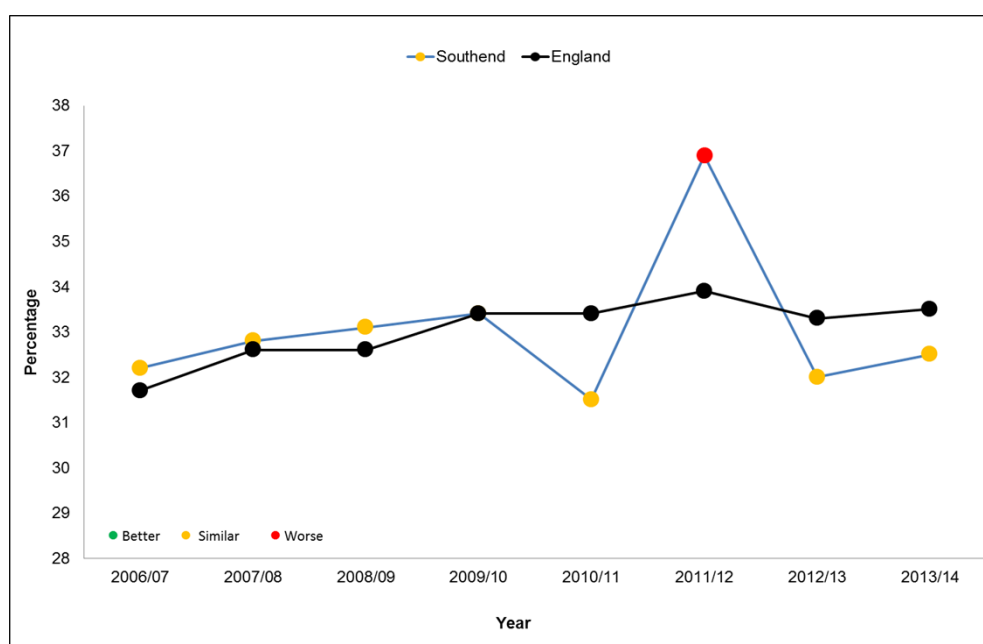
The National Child Measurement Programme (NCMP) measures the height and weight of around one million school children in England every year, providing a detailed picture of the prevalence of child obesity. Figures 1 and 2 show the percentage of children classed as overweight or obese (excess weight) in Reception and Year 6.

**Figure 1. Excess weight in 4-5 year olds (Reception year) in Southend**



Source: PHE

**Figure 2. Excess weight in 10-11 year olds (Year 6) in Southend**



Source: PHE

In Southend the School Nursing Service is responsible for weighing and measuring children as part of the National Child Measurement Programme.

The latest figures for Southend (2013/14) show that 19.1% of children in Year 6 (aged 10-11) were obese and a further 14.4% were overweight. Of children in Reception (aged 4-5), 9.5% were obese and 13.1% were overweight.

This means a third of 10-11 year olds and over a fifth of 4-5 year olds were overweight or obese classified as obese, which is broadly similar to the England average.

## **What is being done locally:**

Examples of some of the initiatives to tackle overweight and childhood obesity include:

- The Healthy Child Programme (0-5): emphasises the importance of increased rates of breastfeeding initiation and continuation, as a contribution to maintaining weight in growing children
- Portion plates: the “Me Size” plates used to assist parents to judge appropriate portion size. These are distributed to parents of children who are identified as overweight or obese following assessment by School Nurses
- The More Life child weight management service helps children and their families adopt healthier lifestyles, by becoming more active and eating a healthier diet
- Local Change4Life: local delivery of healthy eating, physical activity and social marketing with Active Southend
- Cook4Life: a local programme providing cookery courses (over four weeks) and healthy lunchbox sessions.

## **Physical Activity**

Regular physical activity in childhood promotes physical and emotional health and wellbeing; and children and young people who are physically active are more likely to continue the habit in adult life (14,15,16). There is also emerging evidence which suggests an association between physical activity and improved concentration, attention, and educational attainment.

Schools and colleges have an important contribution to make in encouraging and providing opportunities for children and young people to be physically active across the school day. They can do this through curricular and extracurricular activities, by promoting active travel choices, and by creating a culture and ethos that promotes activity and reduces sedentary behaviour.

The Chief Medical Officer’s guidelines for children and young people aged 5 to 18 years are:

- all children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day
- vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week
- all children and young people should minimise the amount of time spent being sedentary for extended periods (17)

Data indicates that many children and young people are not active enough with only around two out of ten 5-15 year olds achieving UK Chief Medical Officers' recommendations for physical activity. There is also evidence to suggest that physical activity is decreasing in children and young people. In both boys and girls in England the proportion of children aged 5-15 years meeting physical activity recommendations fell between 2008 and 2012; the largest declines were in children aged 13-15 years.

#### **What is being done locally:**

- The Southend Health and Wellbeing Board have made physical activity a local priority and are developing a physical activity strategy and action plan with the support of the Chief Culture and Leisure Officers Association.
- Active Travel: Southend-on-Sea Borough Council and Partners are working together to encourage active travel by assisting schools to develop or update school travel plans. A school travel plan promotes and facilitates active healthy and sustainable travel to school as an alternative to using private cars. There is also a particular focus on increasing the number of children cycling to school.

#### **Recommendations:**

- The Public Health Team should continue to encourage schools in Southend to continue to participate in the Healthy Schools Programme and achieve Enhanced Healthy Schools status by achieving meaningful outcomes in a public health priority area.
- Schools should be encouraged to identify opportunities to incorporate more physical activity throughout the school day, for both staff and pupils.
- Schools should support teachers and other relevant staff to access training to identify and assess the early signs of anxiety, emotional distress and behavioural problems and refer appropriately to school nursing, early help or the emotional health and mental health service.



## **Chapter 3      Healthy Homes**

### **Introduction**

Secure, affordable, accessible housing is a fundamental human need and is an important determinant of health. Inadequate housing can contribute to injuries and to many preventable diseases such as respiratory disease, cardiovascular disease and cancer (1). Poor housing can also have a negative impact on a wider range of physical and mental health problems, such as anxiety and depression.

Local authorities have substantial statutory responsibilities for housing, including providing accommodation for the homeless, the replacement of poor quality housing stock, and ensuring the availability of affordable housing to all those who need it (2).

### **WARM HOMES**

#### **Fuel poverty**

Fuel poverty relates to a household's ability to pay for adequate heating. It can be caused by a number of factors including:

- a poorly insulated home
- inefficient or inadequate heating
- high fuel prices
- low income
- type of residents – for example, pensioners and disabled people may spend more time at home and therefore need heating on more often.

Households are considered to be fuel poor if:

- they have required fuel costs that are above average (the national median level)
- were they to spend that amount, they would be left with a residual income below the official poverty line.

In 2013, the number of households in fuel poverty in England was estimated to be 2.35 million, representing approximately 10.4% of all English households. This is broadly unchanged from 2.36 million households in 2012 (3). In Southend there are estimated to be 9.8% of households in fuel poverty.

The picture of fuel poverty nationally is very complex, with a range of households affected. The most recent annual fuel poverty statistics identify that the typical fuel poor households are families with children (45%), single adults (25%), couples (21%) and other (8%) (4). The statistics also show that fuel poor households are usually in private sector housing: owner occupied (51%), private rented (33%), compared with social housing (16%).

In addition, of those in fuel poverty, 49% are in work compared to 39% inactive or retired and 12% unemployed. This picture will change over time as energy prices, relative incomes and energy efficiency levels all change.

## Excess Winter Deaths

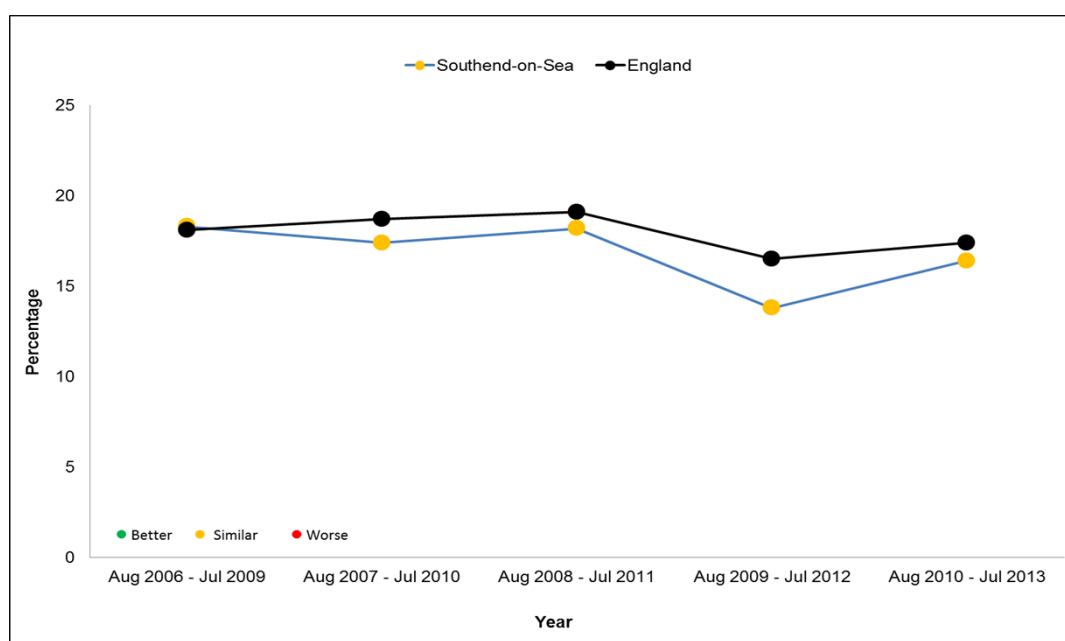
In common with other countries, in England and Wales more people die in the winter than in the summer. This seasonal increase in mortality is referred to as excess winter deaths.

On average, there are around 25,000 excess winter deaths each year in England (5), many of these are in people over the age of 65 . Much of this is a consequence of living in a cold home which brings an increased risk of cardiovascular disease, respiratory illnesses and stroke. Some groups, such as older people, very young children, pregnant women and people with serious medical conditions are particularly vulnerable to the effects of cold.

Tackling fuel poverty is a key element of the national strategy to reduce deaths and illness related to cold weather and cold homes.

The seasonal mortality is measured by the Excess Winter Deaths Index i.e. the difference between the number of extra deaths that occur in the winter months (December-March) compared to the average number of deaths in non-winter months (August-November and April-July). In Southend, the trend remains similar to the national average (Figure1).

**Figure 1. Excess Winter Deaths Index (2006- 2013) Southend compared to England.**



Source: PHE

Excess winter deaths are largely preventable if people are able to:

- Keep warm indoors: a combination of adequate heating, insulation and ventilation.
- Keep warm outdoors: sufficient warm clothing and physical activity, such as walking

- Ensure uptake of other preventive measures such as flu and pneumococcal vaccination where appropriate (6).

## **What is being done locally:**

### **Reducing energy bills**

Launched in May 2015, “Southend Energy” is a partnership between Southend-on-Sea Borough Council and OVO Energy that has been formed to offer residents of Southend Borough access to cheap energy. The money saved from the tariff can be re-invested in the local community and customers of Southend Energy are able to make decisions about how some of the income could be used to support the fuel poor at a local level.

As of the 31st of December 2015, it had acquired 2148 customers. These customers are Southend residents, saving on average £250 each per year. This equates to a saving to the local economy of just over £530,000 or just over £0.5 million.

### **Improving energy efficiency**

The Private Sector Housing (PSH) Team in Southend-on-Sea Borough Council provides services, support and advice to privately renting tenants, homeowners and private landlords. Under the Housing Act 2004 the PSH Team has the responsibility for maintaining standards within all properties not owned or operated by Southend – on-Sea Borough Council. This is achieved by assisting with repairs or adaptations through to enforcement where the conditions represent either a high likelihood or high risk of an injury. These assessments are made using the Housing Health and Safety Rating System (HHSRS), a recognised measure for risk and harm. The PSH Team also provides licenses for houses in multiple occupation above a legally determined size, ensuring the quality of that accommodation to meet the requirements of service users with an increased level of need or dependency.

The PSH team are also able to assist with other housing issues including:

- Fire safety
- Damp and mould growth
- Trip and falling hazards
- Dangerous or defective electrics
- Overcrowding
- Structural stability
- Inadequate ventilation and lighting

### **Supporting residents to access grants, benefits and services**

Services include:

- A Tenure Sustainment Officer to assist residents that may be at risk of losing their home.
- Targeted debt or benefit advice is available through Citizens Advice Bureau, the local Money Advice service and other partners, as well as benefit checks to

increase the personal disposable income available to households, and help reduce fuel poverty.

- A handyman service is available to undertake loft clearances and install low cost loft insulation.
- A “befriending service” is provided to maintain contact with vulnerable households and ensuring that basic needs for food, warmth and care are met during periods of cold weather.
- A supply of electric heaters and finance is available to tackle emergency boiler breakdowns or fund additional fuel in cold snaps. Temporary accommodation can be made available if required.
- Volunteers have been trained to assess need, signpost to the relevant Council departments, support services or the Fire Service for detailed advice and assistance.

## **SAFE HOMES**

### **Accidents**

Every year in the UK more than 6,000 people die in accidents in the home and 2.7 million seek treatment at accident and emergency departments. Children under the age of five and people over 65 (particularly those over 75) are most likely to have an accident at home.

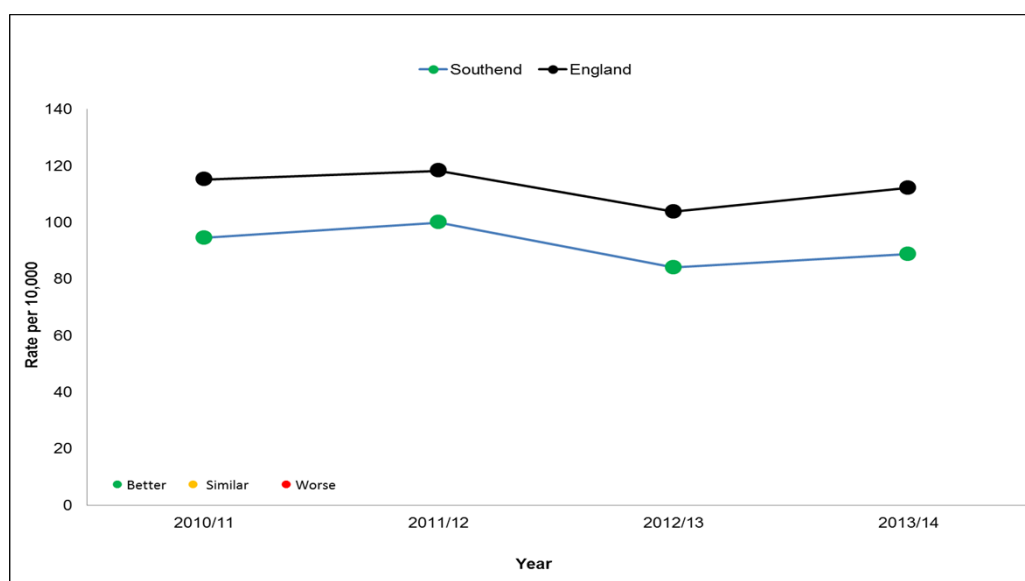
### **Accidents in children**

Each year, it is estimated that around 2 million children under the age of 15 are taken to accident and emergency (A&E) after being injured in or around the home. Around half a million of these children are younger than five (7).

The most common types of accidents/injuries are:

- Falls from heights
- Poisoning – from medicinal and household cleaning products
- Scalds and burns

**Figure 2. Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years (2010 -2014)\***



Source: PHE - \* data collection also includes deliberate injuries

Hospital admissions related to unintentional and deliberate injuries for those aged 0-14 are significantly lower in Southend than the national average, but follow a similar trend (Figure 2) to that of England.

### Accidents in Older People

Older people, in particular the frail elderly, are one of the groups who are most vulnerable to accidents, particularly in and around the home. The most serious accidents involving older people usually happen on the stairs or in the kitchen. The bedroom and the living room are the most common locations for accidents in general.

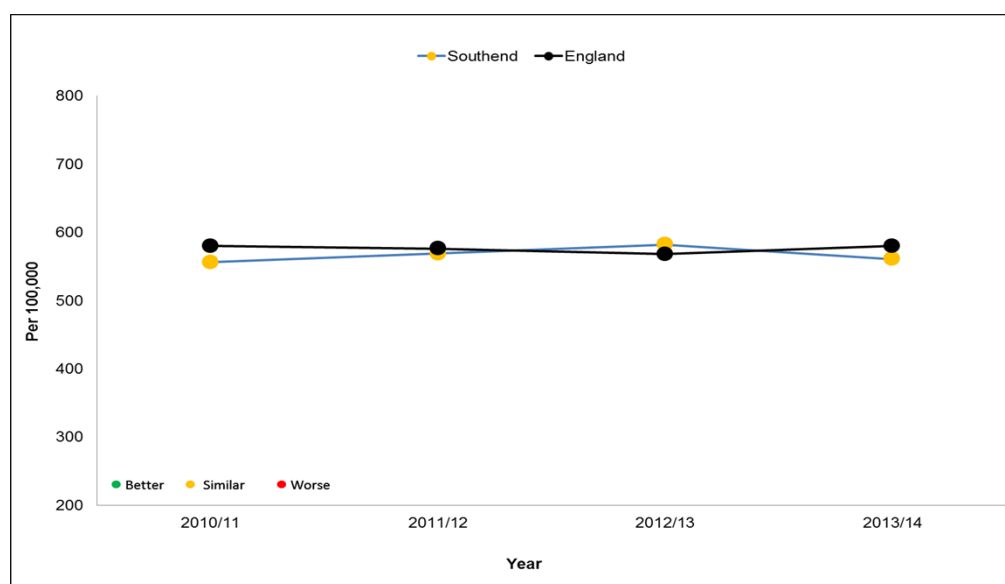
Slips, trips, falls and associated injuries are a particularly common and serious problem for older people. About one in three people over the age of 65 will fall each year, increasing to one in two of those over 80 (8).

The psychological impact of falling can be devastating, resulting in lower levels of confidence and independence, leading to increased isolation and in some cases depression.

Around 10% of falls results in serious injuries such as head injury and hip fractures, and half of those who suffer a hip fracture never regain their former level of function, with 1 in 5 dying within three months of the event (9).

The annual cost to the UK Government from falls in those aged 60+ is £1 billion with the average cost of a single hip fracture estimated at £30,000. This is five times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent falls (10).

**Figure 3 Hip Fractures in People aged 65 and over in Southend and England (rate per 100,000 population)**



Source: PHE

In Southend the rate of hip fracture in people aged 65 and over per 100,000 population is similar to that of the national average and also follows a broadly similar level over time as the national pattern.

### **What is being done locally:**

With a growing proportion of our population now aged 65 and over, there has been some concentration on ensuring that the Southend falls prevention programme is able to offer preventative factors within the pathway. The pathway includes a community falls service, a postural stability instructor programme, re-ablement services and a fracture liaison service.

If a vulnerable older person is identified as at risk of fall or having fallen they can be referred to the falls service, who will assess them and triage accordingly to the service or organisation who are best placed to help. If the older person is deemed as likely to gain benefit from it, the falls service will refer for postural stability instructor exercise programme, or they may refer to the local acute hospital for further investigation, in liaison with GPs or the appropriate person facilitating the care of the older person. Housebound older adults are given a home based exercise programme with support from trained volunteers.

There is also a community geriatrician service to provide rapid support to people in the community identified as being at risk of falling. This service is in conjunction with the falls service.

Local action to reduce unintentional injury in children is delivered as part of the 0-5 Healthy Child Programme. In addition there is work focused on settings outside of the home, in particular on reducing road traffic collisions.

## **The case for investment in warm and safe homes**

Poor quality housing is estimated to cost the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes (11).

Treating children and young people injured by accidents in the home is thought to cost Accident and Emergency departments around £146 million a year (12).

Among the over-65s, falls and fractures account for 4 million hospital bed days each year in England, costing £2 billion (13). Prevention programmes are cost effective, with NICE estimating that offering home safety assessments to families with young children and installing safety equipment in the most at risk homes would cost £42,000 for an average local authority. If this prevented 10% of injuries, this could save £80,000 in prevented hospital admissions and emergency visits, with further savings in associated GP visits and for ambulance, police and fire services.

Meeting the NICE guidelines on safety assessments and installing safety equipment in homes would cost £42,000 for an average local authority. If this prevented 10% of injuries, this would save £80,000 in prevented hospital admissions and emergency

## **Recommendations**

- Provide targeted information to vulnerable members of the public that will ensure people know how to protect themselves from the cold e.g. dressing and eating appropriately for the cold, staying physically active, having a flu jab and ensuring householders are accessing all benefits and grants to which they are entitled.
- Continue to promote the use of home insulation and energy efficiency.

## Chapter 4      Healthy Workplaces

### Introduction

The workplace directly influences the physical, mental, economic and social wellbeing of workers and in turn the health of their families, communities and society. There are significant harmful effects of long term sickness absence and long term worklessness. The workplace offers an ideal setting and infrastructure to support the promotion of health of a large audience.

### Key facts

There are 110,400 people of working age in Southend (1), of which 81,900 are in employment. The workplace can have a direct influence on physical, mental, economic and social wellbeing of workers. With full time UK employees working on average 42.7 hours per week, time spent in the workplace fills a substantial proportion of their time. In the working day there is scope for employers to influence employee behaviours that promote a culture of good health and support those with health problems to continue working (2).

The World Health Organisation suggests that the benefits of the workplace as a setting for improving health are widespread for both the organisation and the employee:

To the organisation	To the employee
a well- managed health and safety programme	a safe and healthy work environment
a positive and caring image	enhanced self-esteem
improved staff morale	reduced stress
reduced staff turnover	improved morale
reduced absenteeism	increased job satisfaction
increased productivity	increased skills for health protection
reduced health care/insurance costs	improved health
reduced risk of fines and litigation	Improved sense of wellbeing

Source: World Health Organisation (3)

### Why workplace health is important

Being in employment is good for health and wellbeing and being a healthy employee is good for productivity (4). In the UK there are 131 million working days per year lost to sickness absence (or 4.4 days per worker) (5).

The largest contributing factor (25%; 31 million days) is back, neck and muscle pain; followed by stress, anxiety and depression, which are large contributors (12%; 15 million days).



Manual occupations have the largest proportion of total hours of sickness (2.4 hours; 3.2%), but the next highest are office based administrative/secretarial/sales or customer service occupations (2.1–2.2%) (5).

In their latest annual survey of absence management, the Chartered Institute of Personnel and Development highlight that “minor illnesses” (including colds, flu, stomach upsets, headaches and migraines) are by far the most common cause of short-term absence for both manual and non-manual employees. Musculoskeletal injuries, back pain and stress are also common causes of short-term absence, with musculoskeletal injuries and back pain being the more common causes of absence for manual workers, while stress is more common for non-manual workers (5).

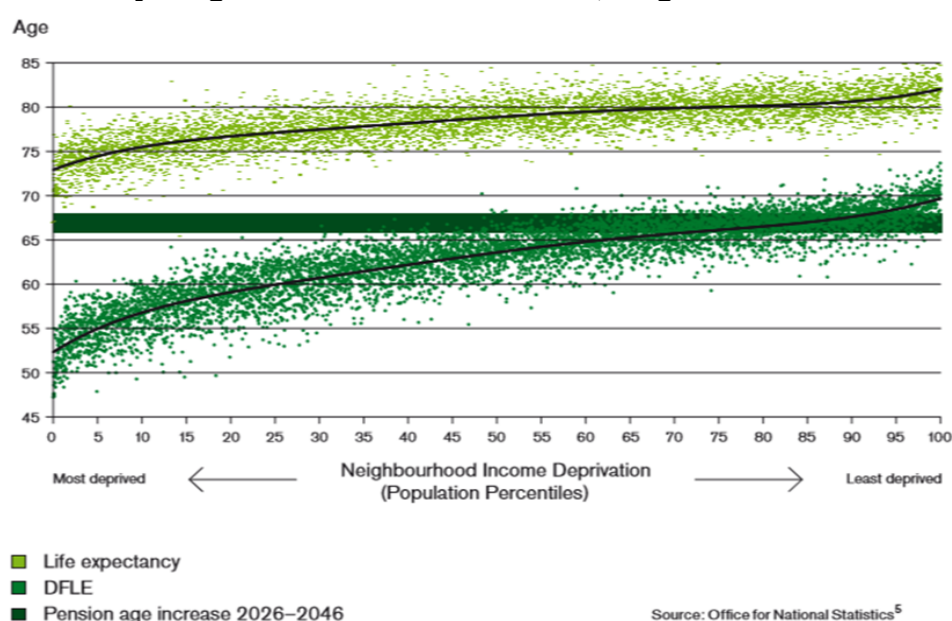
The annual economic costs of sickness absence to the taxpayer are estimated to be over £60 billion in benefit costs, additional health costs and foregone taxes (6).

There are 7,740 claimants of Employment and Support Allowance (ESA) in Southend (1). ESA provides financial support for those unable to work due to an illness or disability and also provides personalised support to allow people to work if they are able to.

As pensionable age in England increases to 68, it is more important than ever that people are able to not simply live for longer, but to live a healthy life that enables them to remain economically and socially productive members of society.

We have long been aware of the differential between the life expectancy of the wealthiest compared to the most disadvantaged in society. In his report “Fair Society, Healthy Lives” (7) Marmot highlighted how people of working age may be affected by poor health by the age of 68 - the pensionable age to which England is moving.

**Figure 1. Life expectancy and disability free life expectancy (DFLE) at birth, persons by neighbourhood income level, England 1999-2003**

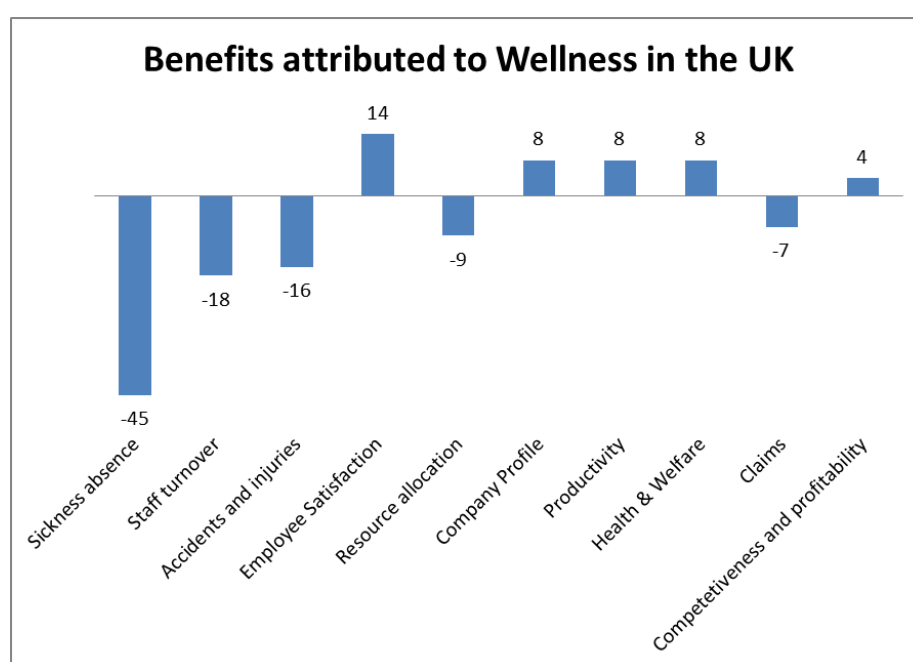


Source: Taken from Marmot Report (7).

Figure 1 shows the distribution of disability free life expectancy across the social gradient and that more than three-quarters of the population do not have disability free life expectancy as far as the age of 68. This suggests that action to improve the health of working age people could reduce the number of people that are unable to work owing to ill health prior to reaching pensionable age.

The 'Building the Case for Wellness' report produced on behalf of the Health Work Wellbeing Executive, explored the economic case for workplace health (8). As part of this work a systematic literature review of the research and case studies was undertaken to identify what benefits could be derived for employers from employee wellness. These are illustrated in Figure 2.

**Figure 2. Benefits Attributed to Wellness Programmes in the UK**



Source: PWC (8)

### **Prevention in the workplace – what is being done locally:**

There are a multitude of evidence based programmes of activity that can be offered from the workplace to help improve employee health.

### **NHS Health Checks**

The NHS Health Check programme aims to help prevent cardiovascular disease (heart disease, stroke, diabetes, kidney disease) and certain types of dementia.

Everyone between the ages of 40 and 74 years, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.

## **NHS Healthchecks on Industrial Estates in Southend**

Cardiovascular disease is more prevalent amongst lower socio-economic groups, who are more likely to adopt unhealthy lifestyle behaviours such as smoking, poor diet and insufficient physical activity. People of working age may also find it difficult to take time off work to visit their GP practice for an NHS Health Check, and may not prioritise this prevention programme, especially if they feel well. Uptake rates for the programme nationally are well below the expected uptake of 75%.

Southend-on-Sea Borough Council commissioned an outreach service to provide NHS Health Checks in the community. Whilst the majority of NHS Health Checks (93%) were carried out in shopping centres and other public places, a small pilot targeting local industrial estates was implemented.

Clinical data from all the NHS Health Checks was analysed to see if there were any differences between those carried out in the general population compared with those on the industrial estates. Only 7% of the data related to the industrial estate locations so general analysis and assumptions should consider this.

Whilst there was no distinguishable variation in levels of HbA1c (a marker for diabetes), slight differences were found with systolic blood pressure (BP), Body Mass Index and significant results found for cholesterol levels.

There were a higher proportion of pre-hypertensives (systolic BP of 130 – 139) on the industrial estates (23% v 18% in the other venues). There were more overweight people on the industrial estate (45% v 40%) but a lower proportion of obese (21% v 25%).

## **Mindful Employer for mental wellbeing**

Everybody responds differently to the stresses and strains of modern life. We all need and, to a degree, thrive on pressure. It gives us energy, helps with performance, inspires confidence and drives us forward to achieve things. When pressure becomes too much for whatever reason (e.g. too much work, lack of time for social, family and personal activities, inadequate training to do the job) it can lead to stress and this can lead to other mental health issues such as anxiety and depression. Helping employees to build mental resilience is mutually beneficial for the employer and employee.

Mindful Employer is a scheme aimed at increasing awareness of mental health at work and providing support for employers in the recruitment and retention of staff. The voluntary scheme provides a Charter for Employers who are supportive of mental health. The scheme offers a set of resources for employers and managers to use to help maintain positive employee mental wellbeing and provides training designed to increase awareness of mental health among managers and staff. In 2014, Southend-on-Sea Borough Council became a signatory to the Mindful Employer Charter as part of the on-going commitment and work programme to improve the working lives of its staff.

## **Sedentary Working**

The campaign “On Your Feet Britain” was established following substantial research evidence that prolonged sitting poses significant health risks (9).

Sedentary behaviours involve sitting or reclining, resulting in little or no physical activity energy expenditure. As working people spend most of their adult life in the workplace, it is a key setting to implement changes to reduce sedentary behaviour.

Sedentary behaviours are a known risk factor for cancer, cardiovascular disease, type 2 diabetes, weight gain, mental health problems, osteoporosis and early death (10,11).

Recent research studies have shown that it is too much sitting - not just too little exercise - that creates risks to health. Adults can meet public health guidelines on physical activity, but if they sit for prolonged periods of time, their health is still compromised and the risk of premature mortality remains higher when more time is spent in sedentary behaviours.

Remedies for reducing sedentary work are dependent on the context and conditions, but may include:

### **Taking a Stand! – How we can be more active at work**

- where possible, review and revise job and task design to minimise sitting time for sedentary workers
- vary work tasks throughout the day so that there is a change in posture and different types of muscles are used—or alternate between sitting and standing by finding a reading area that allows standing for example
- ensure a standing friendly culture is promoted and supported - for example, have a regular 'standing' agenda item and encourage staff to stand during meetings
- use a height adjustable desk so workers can work either standing or sitting
- encourage managers to role model standing behaviours and regular movement
- use iMails - walk over and talk instead of sending emails to colleagues

## **Physical Activity – Active Commuting**

Active travel is another way of bringing physical activity into the working day. Active travel is all about reducing car use by walking and cycling instead, even down to helping individuals with travel planning.

Southend-on-Sea Borough Council has teamed up with Halfords to offer employees the Government initiative cycle2work. The scheme offers the use of a bicycle as part

of employees work commute and enables employees to benefit from valuable tax and National Insurance savings.

Cleaner, greener and more cost effective than any other motorised form of transport, cycling is good for the individual and the environment.

The Southend Public Health Responsibility Deal has pledges regarding sustainable transport, businesses signing up to these pledges can access personalised travel planning for their staff to support them to make changes to more sustainable commuting methods. Businesses can also access support to create a sustainable transport action plan which will focus on improving travel across the organisation.

Businesses can also be supported with free training to create lunch time walking groups or join the established “Walk this Way” Southend health walks.

### **Stop smoking support**

Since 2007, smoking has not been allowed in any enclosed workplace or public place. The law requires that businesses must:

- display ‘no smoking’ signs in all workplaces and vehicles
- make sure people do not smoke in enclosed work premises or shared vehicles
- staff smoking rooms are not allowed - smokers must go outside.

According to the Health and Safety Executive, employers should consult their employees and their representatives on the appropriate smoking policy to suit their particular workplace, though this has to meet the requirements of the legal ban. For many organisations a smoke-free policy is the answer. This should aim to protect all staff from the harmful effects of second-hand tobacco smoke, comply with the law and support workers that wish to give up, but also make provision for those unable or unwilling to give up.

There is support available via the Public Health Stop Smoking Service in Southend-on-Sea Borough Council free of charge, to run either groups or provide individual one to one support to any staff who may wish to make a quit attempt.

### **Obesity**

Obesity can impact on the workplace in a number of ways. Studies suggest that obese employees take more short and long term sickness absence than workers of a healthy weight (12). In addition to the impact on individual health and increased business costs due to time off work through associated illnesses, obese people frequently suffer other issues in the workplace including prejudice and discrimination. There are significant workplace costs associated with obesity. For an organisation employing 1000 people, this could equate to more than £126,000 a year in lost productivity due to a range of issues including back problems and sleep apnoea.

Southend-on-Sea Borough Council commissions a variety of weight management services which people can access through their GP, including the health trainer

service which offers motivational support to assist individuals to make healthy lifestyle choices.

## **Public Health Responsibility Deal for Employers**

National Public Health Responsibility Deal:

The National Public Health Responsibility Deal embodies the Government's ambition for a more collaborative approach to tackling the challenges caused by our lifestyle choices. Organisations signing up to the National Public Health Responsibility Deal commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities.

Many large organisations in Southend are signed up to a variety of pledges within the National Public Health Responsibility Deal including:

- H2. We will use only occupational health services which meet the new occupational health standards and which aim to be accredited in the next 12 months.
- H3. We will include a section on the health and wellbeing of employees within annual reports and/or on our website. We will record our sickness absence rate and actively manage this as an organisation.

Southend Public Health Responsibility Deal:



The Southend Public Health Responsibility Deal was designed to support local small and medium sized businesses to improve the health of their customers and employees. There is a range of support available to Southend businesses to enable them to commit to at least one of the following workplace health pledges:

- WH1: Complete a workplace health needs assessment to shape future workplace health improvement activity.
- WH2: Support Staff Attendance - e.g. monitoring sickness absence rates to understand the impact of sickness absence on your business.
- WH3: Support staff to give up smoking and support a smoke free environment

e.g. signpost to local stop smoking service, ensuring those that do choose to smoke are away from access doors, or implementing a no-smoking policy.

- WH4: Support your staff to live physically active lifestyles - e.g. introduce a lunch time walking group, promote stair use over lifts, or use the workplace challenge website.
- WH5: Sign up to be a Change4Life local supporter. Utilise Change4Life resources to support the national campaign.

To date 81 small and medium businesses, covering 4,500 employees, in Southend have signed up to the Southend Public Health Responsibility Deal and 55 have included workplace health pledges.

## **Health and Safety**

The Health and Safety at Work Act was introduced in 1974 and is designed to protect the health and safety of workers by providing a set of rules for both employers and employees that will help avoid unintentional injury at work. Rates of death, injury and work-related ill health have declined for most of the past 35 years, although the rate of decline has noticeably slowed in more recent years. Nationally in 2014/15, 142 people were killed at work, 1.2 million working people suffering from a work-related illness and 27.3 million working days were lost due to work-related illness and workplace injury.

All workers have a fundamental right to work in an environment where risks to health and safety are properly controlled. The primary responsibility for this lies with the employer. However, workers have a duty to care for their own health and safety and for others who may be affected by their actions. The legislation therefore also requires that workers co-operate with employers on health and safety issues.

Since then:

- fatal injuries to employees have fallen by 86% (RIDDOR);
- reported non-fatal injuries have fallen by 77% (to 2011/12) (RIDDOR); analysis of non-fatal injuries is complicated by changes in the reporting legislation over recent years;
- self-reported non-fatal injuries have fallen (since 2000/01) (Labour Force Survey 2000/01-2014/15);
- the rate of total cases of self-reported work-related illness, and specifically musculoskeletal disorders, has fallen (since 1990) (Labour Force Survey 1990-2014/15);

## **Career and Personal Development**

### **Appraisals**

Having the support and development in place to help an individual do their job can be greatly beneficial for mental wellbeing at work. Ensuring that staff have a clear purpose and can have an open dialogue with their manager is one of the benefits to

carrying out permanent development review or appraisals. These can be used to help to target training needs, set goals, chart progress to build a sense of achievement, and build rapport and open communication lines between staff and manager.

## **Policies**

Policies are written statements, developed in light of the organisation's missions and values, which communicate and document the organisation's plans, instructions, intents, and processes. Policies should guide management, staff and volunteers, clarify an organisation's values and influence its culture. Policies help give the workforce clear guidelines and a framework for action that helps them do their job. Policies can generally reflect the way the organisation has agreed to do its business, and this in turn, can support healthier lifestyles.

As part of its policies organisations can introduce specific guidelines for its workforce about some of the behaviours that can affect both health and effectiveness at work. Examples include policies on the use of alcohol, smoking and flexible working.

## **Organisational Culture**

Stand-alone wellness programmes within organisations are helpful, however, co-ordinated programmes of wellness initiatives with regular monitoring at a board or senior level can help to create a culture of wellness and be part of how business is done.

An example is the culture change programme in Southend-on-Sea Borough Council; "The Southend Way", supports 3 large themes/projects, with each project underpinned by a range of workstreams:

1. Engaging Leadership
2. Resilience & Growth
3. Focused Performance

Each of the projects is supported by a group of staff from across the organisation as a means of ensuring ownership and communication. This helps to improve employee engagement in the programme, reduce scepticism about it, and increase participation.

## **Environmental**

The physical environment of a workplace can also influence health and wellbeing at work. This will include good lighting, a comfortable temperature, access to healthy food choices and changing rooms/showers on site to encourage an active workforce. Properly assessed work stations that are ergonomically arranged for the user are helpful for avoiding unnecessary musculoskeletal problems.

Standing desks are an excellent example of an adjustable workstation that allows the member of staff to change position between sitting and standing during the day. These also help to mitigate against some of the risks associated with sedentary working.



## **Occupational Health**

An occupational health service is the other element to providing support for workplace health. Occupational health services can help to deal with absence management; providing appropriate self-care advice to support the worker back to health, disability management to provide the relevant support that will allow people with disabilities or long-term conditions to continue working and to review people on their return to work following sickness and help make any necessary adjustments to facilitate their rehabilitation back in to work.

The Government has introduced a new free and confidential national service, known as Fit for Work that provides the services of occupational health professionals to employed people if they have been, or are likely to be, off work for four weeks or more.

All GPs in England are be able to offer their working patients a referral to the new service, which includes an in-depth assessment, followed by a personalised Return to Work Plan and managed support to get back to their jobs. Employers will also be able to refer their employees to the service.

The service is expected to be of particular value in small and medium sized businesses where there is no, or limited, employer occupational health support available.

## **Recommendations**

- To provide support to employers to take appropriate action to help their staff to be more active and less sedentary at work.
- To promote the provision of healthier and more sustainable catering.
- To encourage local workplaces and businesses to sign up to the National and /or Southend Public Health Responsibility Deal and put into place effective actions to support employees and customers to make healthier choices.

## **Chapter 5      Healthy Southend**

### **Introduction**

The built and natural environments are major determinants of health. The impact on our health and wellbeing caused by buildings, access to green spaces and clean air is well documented. In addition to good housing, other elements of local places impact on our opportunities to stay healthy. These include connectivity and transport to reach work, services and healthy food.

The particular focus of this chapter is on air quality, access to green spaces and to healthy food environment.

### **Air Quality**

Clean air is vital for people's health and the environment, and is an essential aspect of making sure that our towns and cities are welcoming places for people to live and work.

Concern about urban air quality is not new. Since the middle of the 19th century the atmosphere of major British cities was regularly polluted by coal smoke in winter, giving rise to the infamous smog – a mixture of smoke, sulphur dioxide emissions and fog. The Great Smog in London, which lasted for 4 days in December 1952, led to an additional 4000 deaths (1). Public concern about the health impacts of this episode subsequently led to the Clean Air Acts of 1956 and 1968, which regulated domestic sources of coal smoke.

Emissions causing air pollution have changed considerably since the 1950's. Today the emphasis has shifted from the pollution caused by coal combustion to the emissions associated with motor vehicles.

The main pollutants of concern are nitrogen oxides (NO<sub>x</sub>), volatile organic compounds (VOCs), particles (PM<sub>10</sub> and PM<sub>2.5</sub>) and carbon monoxide. All of these are mainly emitted by motor vehicles, but are also emitted from fossil fuel power generation and domestic and industrial sources.

Other routinely monitored pollutants include lead and complex molecules such as 1, 3-butadiene, benzene and polycyclic aromatic hydrocarbons. Road vehicles are the main source of many of these substances.

There are also a number of secondary pollutants which are formed by chemical reactions from other pollutants in the atmosphere. The most significant of these is ground level ozone which is caused by a series of chemical reactions between nitrogen oxides, volatile organic compounds and oxygen in the presence of sunlight. Ozone can remain in the atmosphere for several days before breaking down and can be transported downwind thousands of kilometres (1). The yearly average concentrations of ozone are slowly increasing and this is partly due to pollutants generated outside of the UK.

## Health effects of air pollutants

Short term exposure to high levels of air pollutants can cause a range of adverse health effects including exacerbation of asthma, effects on lung function and increases in hospital admissions for respiratory and cardiovascular conditions (2).

Those most at risk from the impact of air pollutants include the elderly, young people and those with respiratory diseases such as asthma and bronchitis.

## Health Effects of Air Pollutants

- Sulphur dioxide (SO<sub>2</sub>) - coughing, tightening of chest, irritation of lungs
- Nitrogen dioxide (NO<sub>2</sub>) - irritation and inflammation of lungs
- Particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>) - inflammation of lungs, worsening of symptoms of people with heart and lung conditions, linkage of long term exposure to coronary heart disease and lung cancer
- Ozone - pain on deep breathing, coughing, irritation and inflammation of lungs
- Carbon monoxide – prevention of normal transport of oxygen by blood, resulting in reduction of oxygen supply to the heart
- 1,3- butadiene – cause of cancer
- Benzene- cause of cancer
- Polycyclic aromatic hydrocarbons – toxicity and cause of cancer
- Lead – linkage of exposure to impaired mental function and neurological damage in children

Studies following people's health over the longer term have shown that exposure to particulate air pollution also increases mortality risk (3,4). Particulate matter is a complex mixture of small airborne particles and liquid droplets which may arise from a wide variety of sources, man-made or natural. The main source of particulate matter is the combustion of solid and liquid fuels, such as for power generation, domestic heating and in vehicle engines. Natural sources include soil particles, sea spray, pollens and fungal spores.

There is also a variation in size of particles, PM<sub>10</sub> and PM<sub>2.5</sub> indicating that the diameter of the particles is 10 micrometres and 2.5 micrometres respectively. PM<sub>2.5</sub> is also known as fine particulate matter (2.5 micrometres is one 400th of a millimetre). In general, the smaller the particle the deeper it can be inhaled into the lung. Research has shown that there is no safe level of PM<sub>10</sub>, and in particular PM<sub>2.5</sub> particles. Exposure to PM<sub>2.5</sub> particles accounts for around 29,000 premature deaths each year in the UK (3).

A recent report by Public Health England estimated that each year in Southend, there are 1022 associated life years lost attributable to long term exposure to particulate air pollution (5). The Public Health Outcomes Framework also reports that in 2012, 5.3% of all-cause adult mortality was attributable to man-made particulate air pollution, measured as fine particulate matter (PM<sub>2.5</sub>) (6).

## **Monitoring air quality**

Environmental legislation introduced over the past seventy years has provided a strong impetus to reduce the levels of harmful pollutants in the UK.

The Environment Act 1995 set out the requirement for a National Air Quality Strategy, which was first published in 1997. The strategy set out the UK's air quality objectives for key air pollutants and established a framework to help identify what we all can do to improve air quality.

The most recent review of the Strategy was carried out in 2007, and contains targets for reductions in the concentrations of nine major pollutants, to be achieved between 2010 and 2020 (7).

A number of air quality standards are set out in a number of European Union Directives which requires all Member States to undertake air quality assessment, and to report the findings to the European Commission on an annual basis.

Since December 1997, each local authority in the UK has been carrying out a review and assessment of air quality in their area. This involves measuring air pollution and trying to predict how it will change in the next few years. The aim of the review is to make sure that the national air quality objectives will be achieved throughout the UK by the relevant deadlines.

If a local authority finds any places where the objectives are not likely to be achieved, it must declare an Air Quality Management Area. This area could be just one or two streets, or it could be much bigger. The local authority will then put together a plan to improve the air quality - a Local Air Quality Action Plan. There are currently no Air Quality Management Areas in Southend.

## **What is being done locally:**

### **Sustainable Transport**

Sustainable transport is one of six key strands of Southend-on-Sea Borough Council's Low Carbon Strategy for 2015-20.

A number of initiatives within the Council promote the use of sustainable transport with the added benefits of supporting healthier lifestyles and a reduction in air pollution. These include:

#### **Local Sustainable Transport Fund**

A major initiative supported by the Local Sustainable Transport Fund in Southend is the 'Ideas in Motion' programme. This has delivered personalised travel advice and planning to over 4,000 households in Southend. A targeted social marketing campaign to promote walking, cycling and use of public transport in the Borough has been supported by the development of a smart phone app to promote 'Ideas in Motion'. To date there has been an 11% reduction in the number of people travelling to work by car or van and a 14% increase in the number of people walking.

A joint project between the Council and Sustrans is also looking at embedding cycling in the primary and secondary school curriculum.

### **Park that Bike**

This project has delivered 50 new cycle parking spaces in schools, voluntary sector groups, small businesses and London Southend Airport.

### **Evalu8**

The Council's participation in the regional Evalu8 programme has helped to kick start a programme of providing electric charging points for vehicles, with 7 installed across the Borough to date.

### **Cycle Southend**

Cycle Southend is about getting people cycling. A dedicated website provides all the details about cycle training courses on offer for all ages and for individuals or groups, as well as cycling routes and cycle events.

On a national basis, the Government has encouraged people to buy cleaner vehicles through the car scrappage scheme (2009/10) and providing incentives to buy and use electric cars

### **Recommendations**

- Review the current air quality strategy for Southend and ensure there is a full range of actions to improve air quality.
- Ensure all major developments and significant developments in areas of elevated air pollution are required to produce an air quality assessment.

### **Access to Green Spaces**

Access to good quality green spaces is associated with a range of positive health outcomes including better self-rated health, improved circulatory health, lower levels of overweight and obesity; improved mental health and wellbeing and increased longevity (8).

More generally, green open space provides a platform for community activities, social interaction, physical activity and recreation, as well as reducing social isolation and improving community cohesion (8,9).

There is a wide variety of open green spaces, including local parks, gardens and playing fields (see Box 1). However, access and proximity is unequally distributed across the population, people living in deprived areas generally receive a far worse provision of parks and green spaces than their affluent neighbours. In addition they often do not have gardens and so access to good quality public green space matters even more (11).

## Box 1 Green Spaces

- Parks and gardens – including urban parks and country parks
- Natural and semi-natural urban green spaces – including woodlands, grasslands, wetlands,
- Green corridors – including canal and river banks, cycle ways and rights of way
- Outdoor sports facilities - including bowling greens and playing fields
- Amenity green space – including informal recreation spaces, green space in and around housing,
- Provision for children and teenagers – including play areas, adventure playgrounds,
- Allotments and community gardens,
- Civic spaces, including civic and market squares
- Landscape around buildings – including street trees

Source: Department for Communities and Local Government (10)

Green open spaces help to contribute to a healthier living environment overall, with consequential positive health benefits. Some of the environmental benefits that green spaces can provide include improved air and water quality, noise absorption, and improved absorption of excessive rainwater, reducing likelihood of flooding.

### Why invest in green spaces?

People who have good perceived and/or actual access to green space are 24% more likely to be physically active. If the population of England had equitable good access to quality green space, an estimated £2.1 billion in health care costs could be saved each year (12).

There is also an economic benefit from having high quality open and green spaces. Within the retail sector, a high quality public realm can boost trade by encouraging greater footfall. Well planned improvements to public spaces in town centres can increase trade by up to 40 per cent and encourage significant private investment (13).

Even modest increases in physical activity can delay or even prevent the onset of recognised medical conditions. A brisk walk every day has the potential to reduce the risk of coronary heart disease, stroke and type 2 diabetes by up to 50%, and the risk of premature death by about 20–30%.

People living in areas with high levels of greenery are thought to be three times more likely to be physically active and 40% less likely to be overweight or obese than those living in areas with low levels of greenery.

Proximity to green space in the neighbourhood is associated with the use of green space for exercise and general moderate or vigorous physical activity during leisure time. Proximity to green space is, moreover, related to a lower risk of being obese.

## **What is being done locally:**

Southend is a densely populated urban area with 577 hectares of green space, including 80 parks and 14 conservation areas. Such spaces are under increasing pressure from a growing population and the need for new development. These pressures mean existing facilities are less able to satisfy the increasing demands placed upon them. This underlines the need to safeguard current spaces and to incorporate new spaces and facilities in future development schemes.

### **The Southend Parks and Green Spaces Strategy 2015-2020**

This strategy sets out the key themes, standards and actions that will be undertaken to ensure parks and open space continue to play an important role for the health, wellbeing and the economy of the Borough and its neighbourhoods.

The principle standards are to:

- Ensure that all residents have easy access to a public open space of at least 0.2 hectares
- Provide one hectare of public open space per 1,000 people
- Provide and maintain a high quality 'street scene'
- Adopt the Green Flag standards as the quality mark for parks and open spaces

Open spaces are not evenly distributed across Southend (Figure 1) and it is estimated that approximately one third of the borough does not meet the standard 'to provide one hectare of public open space per 1,000 people'. The wards of Westborough, Victoria and Kursaal have the most limited provision of open space in the Borough.

The strategy outlines proposals to improve this by introducing new open spaces where possible and where planning policy allows; improving the "green" street scene by making it attractive and well maintained; and improving signage and routes to open spaces with priority given to those space deprived areas.

Five of the parks in Southend have received the prestigious Green Flag Award for two years running. The assessment criteria used for the award includes horticultural standards, cleanliness, sustainability and community involvement.

## **Play areas**

There are 39 publicly accessible play areas in Southend which are managed by the Council. Nearly three quarters of the play areas were fully refurbished five years ago to develop more challenging play opportunities, increase imaginative and inclusive play spaces, and include the use of natural elements as part of the play experience.

## **Health walks**

'Walking for Health' is England's largest network of health walk schemes, helping people across the country to lead a more active lifestyle. The programme offers free health walks which are led by trained volunteer walk leaders. The walks are suitable

Local organisations can set up their own lunchtime walking groups or join the established ‘Southend Walk This Way’ health walks. Details of these walks, training for volunteer walk leaders and accreditation of new schemes is available at the Walking for Health website <https://www.walkingforhealth.org.uk>

*Park area (hectares) per 1000 persons*

- No value
- 0 - 0.31
- 0.31 - 1.24
- 1.24 - 1.64
- 1.64 - 2.88
- 2.88 - 9.55

Wards labeled on the map:

- St. Laurence Ward
- Blenheim Park Ward
- Westborough Ward
- Pitsford Ward
- St. Luke's Ward
- West Shosbury Ward
- Southhuns Ward
- Victoria Ward
- Thorne Ward
- Shosbourness Ward
- Sunial Ward
- Milton Ward
- Leigh Ward
- West Leigh Ward
- Oakwood Park Ward
- Belfast Ward

- Further develop the public health role of green spaces, parks and park staff by co-ordinating involvement and input from local agencies such as the local Walking to Health programmes, GP referrals and social prescribing and referrals from the Southend Health and Wellbeing Service.
- Undertake social marketing to develop a clear understanding of what motivates local residents to use green spaces and help further increase their use.



## **Obesity and the environment: Access to fast foods**

What we eat and how we eat has changed a lot in recent years. We are eating bigger portions, cooking less at home with a greater demand for convenience foods and eating out more. Meals eaten outside of the home account for a quarter of the calorie intake of men and a fifth of the calorie intake of women respectively and account for 30% of household expenditure on food (14).

Fast food takeaways provide just over a quarter of the food in the eating out market (14) and are a particular concern as they tend to sell food that is high in fat and salt and low in fibre and vegetables. A number of research studies have found a direct link between a fast food rich environment and poorer health, and some have demonstrated an association with obesity (15,16).

The growth in the number of people in the population who are overweight or obese is of great concern and is considered to be a 'global epidemic' (17). Obesity impacts on health in many ways and is associated with an increased risk of heart disease and stroke, diabetes, raised blood pressure and some cancers.

In Southend two thirds of adults, one fifth of children in Reception (four to five year olds) and just under a third of children in Year 6 (ten to eleven year olds) are overweight or obese (18). Obesity tends to track into adulthood, so obese children are more likely to become obese adults (19).

There are also stark inequalities in obesity rates between different socioeconomic groups: among children in Reception and Year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived.

Obesity is a complex problem that requires action from individuals and society across multiple sectors. One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy dense food (20). The aim is to help make the healthy choice the easy choice via environmental change and action at population and individual levels.

Many areas are developing strategies to tackle the impact of fast food takeaways in their local communities. Guidance issued by the Chartered Institute of Environmental Health and London Food Board has suggested a three pronged approach to tackle the impact of fast food (21). This includes:

- Working with the food industry and takeaway businesses to make food healthier
- Encouraging schools to introduce strategies aimed at reducing the amount of fast food children consume on their journey to and from school and during lunch breaks
- The use of regulatory and planning measures to address the proliferation and concentration of hot food takeaway outlets.

Other negative aspects of the presence of takeaways include:

- Many hot food takeaways may generate substantial litter in an area well beyond their immediate vicinity

- Discarded food waste and litter attracts foraging animals and pests
- Hot food takeaways may reduce the visual appeal of the local environment and generate night time noise
- Short-term car parking outside takeaways may contribute to traffic congestion

However, local strategies for working with fast food outlets should be based on a detailed appraisal of the role fast food outlets play not just in contributing to obesity but also in providing employment and leisure opportunities for different sections of the community (22). Improving access to healthier food in deprived communities may contribute to reducing health inequalities.

### **The case for investment**

An estimated 70,000 premature deaths in the UK could be prevented each year if diets matched nutritional guidelines. The health benefits of meeting the national nutritional guidelines have been estimated to be as high as £20 billion each year (14).

In 2002, the average local authority area incurred NHS costs of around £18 - £20 million due to obesity, and a further £26 million to £30 million in lost productivity and earnings due to premature mortality (23).

### **What is being done locally:**

Southend ranks 11 out of 324 local authorities in England for fast food outlets (crude rate of 120 per 100,000 population: the range in England is 15 to 172 per 100,000 population).

The National Public Health Responsibility Deal (24) was introduced back in 2011 as a way of harnessing the contribution of businesses and other organisations to improve the public's health through their influence over food people eat, the amount of alcohol they drink, the amount of physical activity they take, and their health in the workplace. A number of the national fast food chains which are represented in Southend have signed up to the deal, with commitments to deliver various pledges such as food labelling, use of trans fats, reduction of salt, and physical activity pledges.

The Southend Public Health Responsibility Deal is aimed at local small to medium enterprises and includes a number of pledges to support food businesses to provide healthier options.

One of the four criteria to become a 'Healthy School' is healthy eating. Schools are required to comply with nutritional standards for food in schools, deliver a broad curriculum on food and nutrition, develop extracurricular activities centred on cookery and growing food and involve parents and the wider school community in promoting healthy eating.

## **Recommendations**

- Develop additional pledges in the Southend Public Health Responsibility Deal to cover specific actions to support local fast food takeaways to produce healthier food.
- Promote the Southend Public Health Responsibility Deal with local schools as part of the Enhanced Healthy School status.

## References

1. Marmot M (2010). Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post-2010
2. WAVE Trust (2013). Conception to age 2 – the age of opportunity Addendum to the Government's vision for the Foundation Years: 'Supporting Families in the Foundation Years'.
3. Shonkoff and Phillips (2000). From neurons to neighbourhoods: The science of early childhood development.
4. McCain and Mustard (1999). Early years study: Reversing the real brain drain. The final report. The Canadian Institute for Advanced Research. Toronto.
5. Treyvaud K et al. (2009). Parenting Behaviour is Associated with the Early Neurobehavioral Development of Very Preterm Children. *American Academy of Paediatrics*, Volume 123/Issue 2.
6. Heckman J and Carneiro P (2003) Human Capital Policy, NBER Working Paper 9495, JEL, No 12, 128.
7. Department of health (2009). Healthy Child Programme: pregnancy and the first five years of life. London: Department of Health.
8. NICE: Clinical Guideline 37, (2006). Postnatal care up to 8 weeks after birth
9. UNICEF The Baby Friendly Initiative. (2013). *Going Baby Friendly*
10. Camilli G et al. (2010). Meta-analysis of the Effects of Early Education Interventions on Cognitive and Social Development. *Teachers College Record* Volume 112 Number 3, 2010, p. 579-620
11. Department for Education (2015) 2-year-old early education entitlement: local authority guide.
12. Feinstein L (2003). How early can we predict future educational achievement? Very early. *Centrepiece*, Summer 2003.
13. Early Years Foundation Stage Profile 2014
14. ChiMat (2015). Child Health Profile 2015
15. Taylor-Robinson D, Higgerson J, Anwar E, Gee I, Barr B. A Fairer Start for Children in the North of England. , University of Liverpool, 2014.

## Chapter 2 Healthy Schools

1. The King's Fund (2013). Improving the public's health; a resource for Local Authorities.
2. World Health Organisation (WHO) (1995). Global School Health Initiative [http://who.int/school\\_youth\\_health/gshi/hps/en/](http://who.int/school_youth_health/gshi/hps/en/)
3. Department for Education and Department of Health (2009). National Healthy Schools Programme: A guide for teachers
4. Department for Education (2014). The national curriculum in England. Framework document. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/335116/Master\\_final\\_national\\_curriculum\\_220714.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335116/Master_final_national_curriculum_220714.pdf)
5. Legislation.gov.uk. Children's Act (2004) The Stationery Office, London.
6. Department for Education and Employment (2000). Sex and Relationship Education Guidance.
7. Ofsted (2015). School Inspection Handbook. Handbook for inspecting schools in England under section 5 of the Education Act 2005. [www.ofsted.gov.uk](http://www.ofsted.gov.uk)
8. Family Planning Association (2013). Growing up with Yasmine and Tom. <http://www.fpa.org.uk/schools-and-teachers/online-sre-and-pshe-primary-schools>
9. Office for National Statistics (1999) The mental health of children and adolescents in Great Britain. London
10. Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2004) Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave Macmillan
11. Parry-Langdon N (2008) Three years on: Survey of the development and emotional wellbeing of children and young people. London: Office for National Statistics
12. Sainsbury Centre for Mental Health (2009) Childhood mental health and life chances in post-war Britain: Insights from three national birth cohort studies.
13. Goodman A, Joyce R, Smith JP (2011) The long shadow cast by childhood physical and mental health problems on adult life. Proc Natl Acad Sci 2011, 108(15): 6032-6037
14. Department of Health (2011) Start Active Stay Active: A report on physical activity from the four home countries' Chief Medical Officers

15. British Heart Foundation National Centre for Physical Activity and Health (2013). Making the case for physical activity. Loughborough University.
16. Trudeau F, Lurencelle L and Shepherd RJ (2004). Links between childhood and adulthood physical activity. Med Sci Sports Exerc. 2004 Nov 36 (11) 1937.
17. Department of Health (2011). UK Physical Activity Guidelines; Fact sheet 3: children and young people (5 –18)

### **Chapter 3    Healthy Homes**

1. World Health Organisation. Housing and Health.  
<http://www.euro.who.int/en/health-topics/environment-andhealth/housing-and-health>
2. The King's Fund (2013). Improving the public's health; a resource for Local Authorities.
3. Department of Energy and Climate Change (2015). Annual Fuel Poverty Statistics Report.
4. Department of Health (2015). Cutting the cost of keeping warm – fuel poverty strategy for England.  
[http://www.gov.uk/government/uploads/attachment\\_data/file/408644/cutting\\_the\\_cost\\_of\\_keeping\\_warm.pdf](http://www.gov.uk/government/uploads/attachment_data/file/408644/cutting_the_cost_of_keeping_warm.pdf)
5. Department of Health (2015). The Cold Weather Plan for England. Protecting health and reducing harm from cold weather.  
<https://www.gov.uk/government/collections/cold-weather-plan-for-england>
6. Faculty of Public Health (2006). Briefing statement on fuel poverty and health  
[www.fph.org.uk/uploads/bs\\_fuel\\_poverty.pdf](http://www.fph.org.uk/uploads/bs_fuel_poverty.pdf)
7. Royal Society for the Prevention of Accidents (ROSPA) (2015) Facts and Figures in Home Safety.  
<http://www.rospace.com/>
8. Department of Health (2009). Falls and fractures: effective interventions in health and social care  
[http://www.laterlifetraining.co.uk/wp-content/uploads/2011/12/FF\\_Effective-Interventions-in-health-and-social-care.pdf](http://www.laterlifetraining.co.uk/wp-content/uploads/2011/12/FF_Effective-Interventions-in-health-and-social-care.pdf)
9. Age UK (2012) Later life in the United Kingdom  
[www.ageuk.org.uk](http://www.ageuk.org.uk)
10. Taske N, Taylor M, Mulvihill C and Doyle N (2005). Housing and public health: a review of reviews of interventions for improving health. Evidence Briefing. NICE.
11. Friedman D (2010). Social Impact of Poor Housing. Ecotec, London  
[www.ecotec.com](http://www.ecotec.com)

12. NICE (2010). Unintentional injuries in the home: interventions for under 15's  
<https://www.nice.org.uk/guidance/ph30>
13. Royal College of Physicians (2011). Falling Standards, Broken promises. Report of the national audit of falls and bone health in older people 2010. London: RCP  
[www.rcplondon.ac.uk/resources/falling-standards-broken-promises](http://www.rcplondon.ac.uk/resources/falling-standards-broken-promises)

## **Chapter 4    Healthy Workplaces**

1. NOMIS (2015). Official Labour Market Statistics.  
<https://www.nomisweb.co.uk/>
2. CBI (2014). Getting Better: Workplace Health as a Business Issue.  
<http://www.cbi.org.uk/media/2727613/getting-better.pdf>
3. World Health Organisation (2007). Occupational Health.  
[http://www.who.int/occupational\\_health/publications/global\\_plan/en/](http://www.who.int/occupational_health/publications/global_plan/en/)
4. Waddell G, Burton A K, (2006). Is Work Good for Your Health and Wellbeing.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214326/hwwb-is-work-good-for-you.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf)
5. Chartered Institute of Personnel and Development (2015) Annual Survey Report Absence Management  
[https://www.cipd.co.uk/binaries/absence-management\\_2015.pdf](https://www.cipd.co.uk/binaries/absence-management_2015.pdf)
6. Black, Dame Carol (2008). Working for a Healthier Tomorrow  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf)
7. Marmot M (2010). Fair Society Healthy Lives. UCL Institute of Health Equity  
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
8. Price Waterhouse Coopers. (2008) Building the Case for Wellness.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209547/hwwb-dwp-wellness-report-public.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209547/hwwb-dwp-wellness-report-public.pdf)
9. Get Britain Standing. The Sitting Problem.  
<http://www.getbritainstanding.org/sitting-problem.php>
10. Van der Ploegg H,, Chey T, Korda RJ, Banks E and Bauman A (2012) Sitting Time and All-Cause Mortality Risk in 222 497 Australian Adults. Archives of Internal Medicine, 172 (6) p494-500
11. Buckley JP et al (2015). The sedentary office: a growing case for change towards better health and productivity. Expert statement commissioned by

Public Health England and the Active Working Community Interest Company.  
British Journal of Sports Medicine. 10:1136. 2015.  
<http://bjsm.bmj.com/content/early/2015/04/23/bjsports-2015-094618>

12. Public Health England. Tackling Obesity in Workplaces.  
<https://www.noo.org.uk/LA/tackling/workplaces>

## **Chapter 5    Healthy Southend**

1. Parliamentary Office of Science and Technology (2002) Postnote 18. Air Quality in the UK.
2. Committee on the Medical Effects of Air Pollutants (COMEAP 1998). The Quantification of the Effects of Air Pollution on Health in the United Kingdom.  
<http://www.comeap.org.uk/documents/reports>
3. Committee on the Medical Effects of Air Pollutants (COMEAP 2010). The Mortality Effects of Long Term Exposure to Particulate Air Pollution in the United Kingdom.  
<http://www.comeap.org.uk/documents/reports>
4. Committee on the Medical Effects of Air Pollutants (COMEAP 2001). Statement on the long term effects of particles on mortality.  
<http://www.comeap.org.uk/documents/statements>
5. Public Health England (2014). Estimating Local Mortality Burdens Associated with Particulate Air Pollution.
6. Public Health England. Public Health Outcomes Framework  
<http://www.phoutcomes.info/public-health-outcomes-framework>
7. Department for Environment Food and Rural Affairs. The Air Quality Strategy for England, Scotland, Wales and Northern Ireland: Volume 1. 2007. Norwich: The Stationary Office.
8. Public Health England (2014). Local Action on Health Inequalities: Improving Access to Green Spaces. Health Equity Evidence Review September 2014. PHE publications gateway number: 2014334
9. Faculty of Public Health in association with Natural England (2010). Briefing Statement. Great Outdoors: How our Natural Health Service Uses Green Space to Improve Health.
10. Department for Communities and Local Government (2010). Consultation paper on a new Planning Policy Statement: Planning for a Natural and Healthy Environment. London.
11. CABE. Urban green nation: Building the evidence base. London: CABE; 2010.



12. Natural England Technical Information Note TIN055 (2009). An estimate of the economic and health value and cost effectiveness of the expanded Walking the Way to Health Initiative Scheme 2009.
13. DoE and the Association of Town Centre Management (1997) Managing Urban Spaces in Town Centres – Good Practice Guide, London, HMSO.
14. The Strategy Unit (Cabinet Office). 2008. Food Matters Towards a Strategy for the 21st Century.  
[http://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/food/food\\_matters1.pdf](http://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/food/food_matters1.pdf)
15. Public Health England (2014). Healthy people, healthy places briefing. Obesity and the environment: regulating the growth of fast food outlets.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/296248/Obesity\\_and\\_environment\\_March2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf)
16. Greater London Authority (2012). Takeaways toolkit.  
<http://www.london.gov.uk/sites/default/files/TakeawaysToolkit.pdf>
17. World Health Organisation 1997. Obesity. Preventing and Managing the Global Epidemic. Report of a WHO consultation on obesity.
18. Public Health England. Public Health Outcomes Framework.  
<http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000033>
19. Maffis C, Tato L. Long term effects of childhood obesity on morbidity and mortality. Horm.Res [Review] 2001; 55 Suppl 1:42-5.
20. Lake A, Townshend T. Obesogenic environments: exploring the built and food environments. J R Soc Promot Health [Research Support, Non-US Gov't Review]. 2006 Nov; 126 (6): 262-7.6. London
21. London Food Board and CIEH, 2012. TakeAways Toolkit, London: Greater London Authority.
22. Bagwell S, 2013. Fast food takeaways. A review of the wider evidence base.  
[www.citiesinstitute.org/.../Publications%202013/Fast%20Food%20Evide](http://www.citiesinstitute.org/.../Publications%202013/Fast%20Food%20Evide)
23. The National Obesity Observatory. 2010. The economic burden of obesity.
24. Department of Health. 2011. The Public Health Responsibility Deal.  
<https://responsibilitydeal.dh.gov.uk/partners/partner/?pa=288>