

# Director of Public Health Annual Report 2019

JUNE 2020

PRIDE  
& JOY

**SOUTHEND 2050**  
it all starts here

Working to make  
lives better  
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**southend**  
on sea  
BOROUGH COUNCIL

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# Introduction

This is my independent public health report for 2019. It reflects on some of the key achievements, some challenges and highlights where we can continue to collaborate to improve health and wellbeing in Southend-on-Sea.

I have also provided an update on the progress with last year's recommendations in the appendices, which is generally very positive and shows where we can continue to build on.

It has been a positive start for the implementation of the Southend 2050 ambition for the Council and we also welcomed the publication of the NHS's Health and Care Partnership strategy, for Mid and South Essex.

We successfully managed the measles' outbreak and our collective learning was shared and has prepared us for the arrival of the Coronavirus pandemic. We will need to improve the uptake of flu jabs and protect more of our vulnerable residents. Our MMR immunisation rates continue to improve.

Our battle against obesity remains key to improving health and wellbeing, including increasing physical activity, and taking further steps to reshape our unhealthy food environment. With a significant proportion of our population living in more disadvantaged communities, our collective approach will continue to help reduce the pronounced health inequalities, with a place-based and wider community development.

We have made some real improvement in our air quality following a number of initiatives (highlighted in this report). We must continue to build on this and on what we have learnt so far in 2020, following the impact of the pandemic on positive behaviour changes and the reduced traffic into Southend.

Preparing for parenthood is one of the most significant transition in any parent's life. This event impacts on every aspect of expectant and new parents in more ways than any other event in our lives. Many of the issues leading to adverse childhood experiences, have their foundation anchored in parenting and the support available to many parents.

The abuse and harm that children are subjected to locally has contributed to a higher rate of children in need and a significant need for statutory intervention, predisposing for a dedicated and highly effective risk assessment team. A number of other initiatives are in place to mitigate for this challenge.

Mental wellbeing is not simply the absence of mental illness but is a broader indicator of social, emotional and physical wellness. The adverse impact of perinatal mental illness affects the child's emotional, social and cognitive development, with teenage parents more prone. 1 in 5 children will suffer a mental ill-health by the time they are 12 with a new challenge looming with the consequences of the pandemic.

Through our many partnerships, we have a myriad of opportunities to make more positive impact on people's lives and explore how we can collectively work to improve health outcomes. Building on the social capital generated through the early stages of responding to the coronavirus pandemic, we can further galvanise our efforts with our citizens. To this end, I have narrowed our focus as we will need to continue with the manage the pandemic into 2021 which will require of significant amount of our collective resources to be diverted.



# Population Size

Since 2001, Southend-on-Sea's population has grown from 160,362 to **183,125**, this is a **growth rate of 14%**, and broadly matches the rate for England.

**By 2031, the projected population for Southend-on-Sea will be 202,935.** This assumes a growth rate of 12.87% which is higher than the projected growth rate for England (10.11%).

The proportion of the population who are of working age is projected to decrease by 3% by 2031 while the **over 65 population is projected to increase by 4%.**



11,103

**0-4  
Year  
olds**



28,635

**5-17  
Year  
olds**



107,762

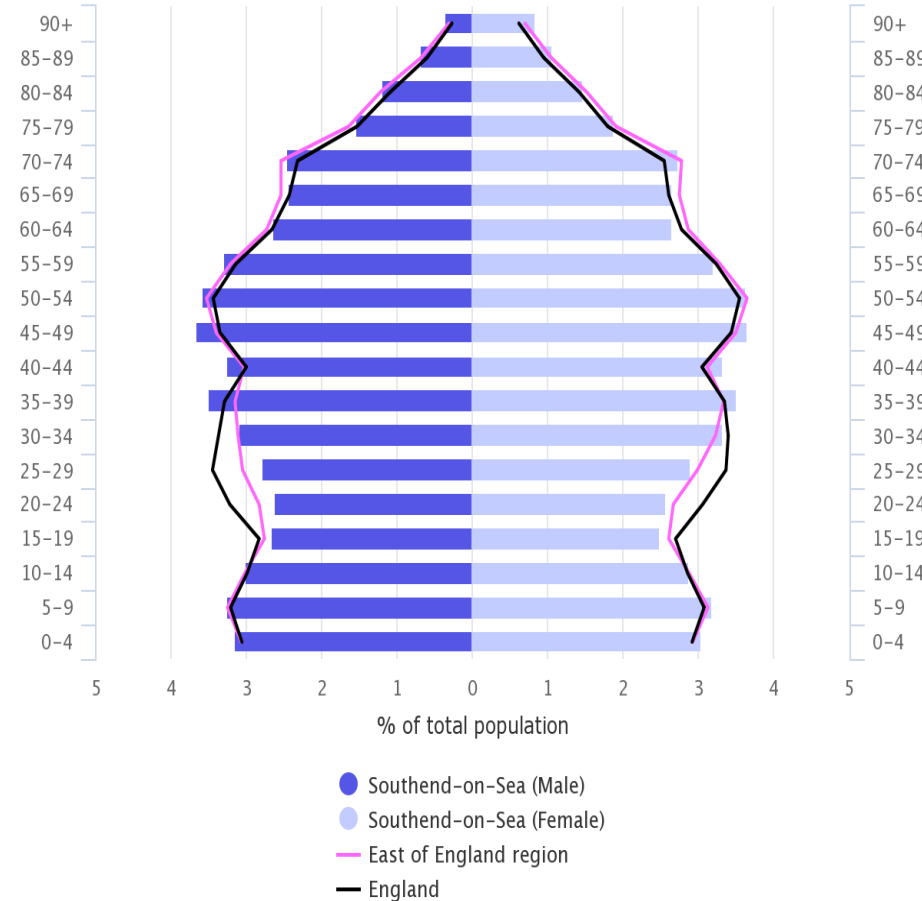
**18-65  
Year  
olds**



35,625

**65+  
Year  
olds**

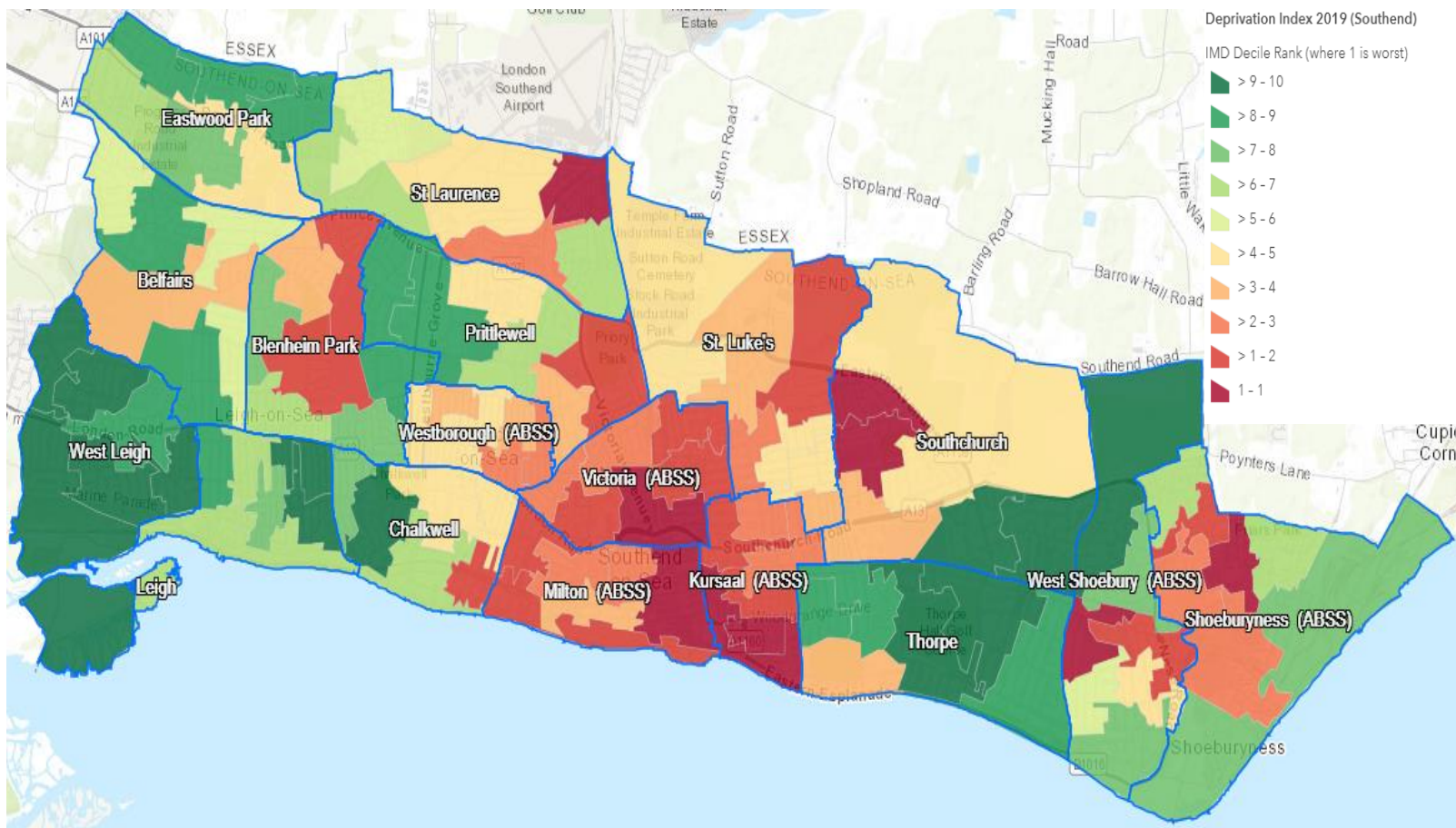
Age Profile  
Resident population 2018



**SAFE  
& WELL**



# Deprivation Index 2019



**SAFE  
& WELL**

The Index of Multiple Deprivation (IMD) is a measure which is used to determine deprivation in every small area in England, relative to other areas in England. The map shows the deprivation deciles, areas marked in dark red are amongst the most 10% deprived small areas in England.

**Many of our more disadvantaged communities are located within the Southend 'town centre' wards, Blenheim Park, the Shoebury area and across Southchurch and St Luke's wards.**

# Health Protection and Preventing Ill-health

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# Flu Immunisations





Flu and other adult immunisations are critical in reducing the number of preventable deaths in older people, and at risk groups. For older adults, they may not have received certain vaccinations when they were younger, or there may be new vaccinations that were not available to them as children.

**It is equally important that at risk groups are offered the flu vaccination to reduce the risk of death and serious illness, and pregnant women to avoid the risk of complications with their pregnancy. This is even more important with the risk of COVID-19 as a result of the spread of coronavirus.**



Vaccination are given to protect people from:

- Pneumococcal infections (65+)
- Shingles (70+)
- Whooping Cough (Pregnant women)
- Influenza (all groups)

Influenza Vaccinations		Southend	Target	England
	2-3 year olds	43.5%	65%	44.9%
	At risk groups	40.5%	55%	48.0%
	Pregnant Women	39.3%	55%	N/A
	65+ years	64.3%	75%	72.0%



# Childhood Immunisations



The Measles, Mumps and Rubella vaccine (MMR2) and booster coverage are used as indicators of coverage for routine childhood immunisations. Southend often achieve coverage of their childhood immunisations above the national average, however, this is still below the recommended target of 95% coverage to achieve 'herd immunity'.

Insight from Southend parents advised that there was a lack of understandable information and opportunities to discuss vaccinations with healthcare professionals before appointments. There has been some disruptions in the programme due to the pandemic and we need to renew our efforts in ensuring we continue to improve uptake.

*What is 'herd immunity'?  
If enough people get vaccinated against a disease, it reduces the chance of the disease spreading. 95% vaccination coverage is recommended to achieve 'herd immunity'.*

## Focus areas for Southend

- Increase acceptability of vaccinations across all coverage
- Reduce risk of outbreaks
- Reduce hospital admissions and attendance
- Focus on increase of flu, MMR and PPV
- Improve health literacy of communities underserved by co-producing effective communications

	Southend	Target	England
MMR one dose(2yrs old)	91.1%	95%	90.3%
MMR one dose (5yrs old)	95.4%	95%	94.5%
MMR two dose (5yrs old)	87.2%	95%	86.4%



# Measles Outbreak

- Between October and December 2019, there was an outbreak of measles amongst adults with learning disabilities in Southend, the first such large outbreak in this vulnerable group in the past decade.
- 19 suspected cases - after testing, 11 were confirmed as measles, 5 were confirmed not to be measles, and 3 remained inconclusive.
- Swift multi-agency intervention led by the Council and PHE, limited the spread of this virus and it was contained, using systematic contact tracing and maximising self-isolation where applicable. Urgent efforts to increase MMR vaccination coverage were needed to control the outbreak.
- This did lead to the disruption of support services and activities for this group of residents and their families. Southend citizens were diligent and admirable in their support to our local response to contain this outbreak.

## LESSONS & ACTIONS\*

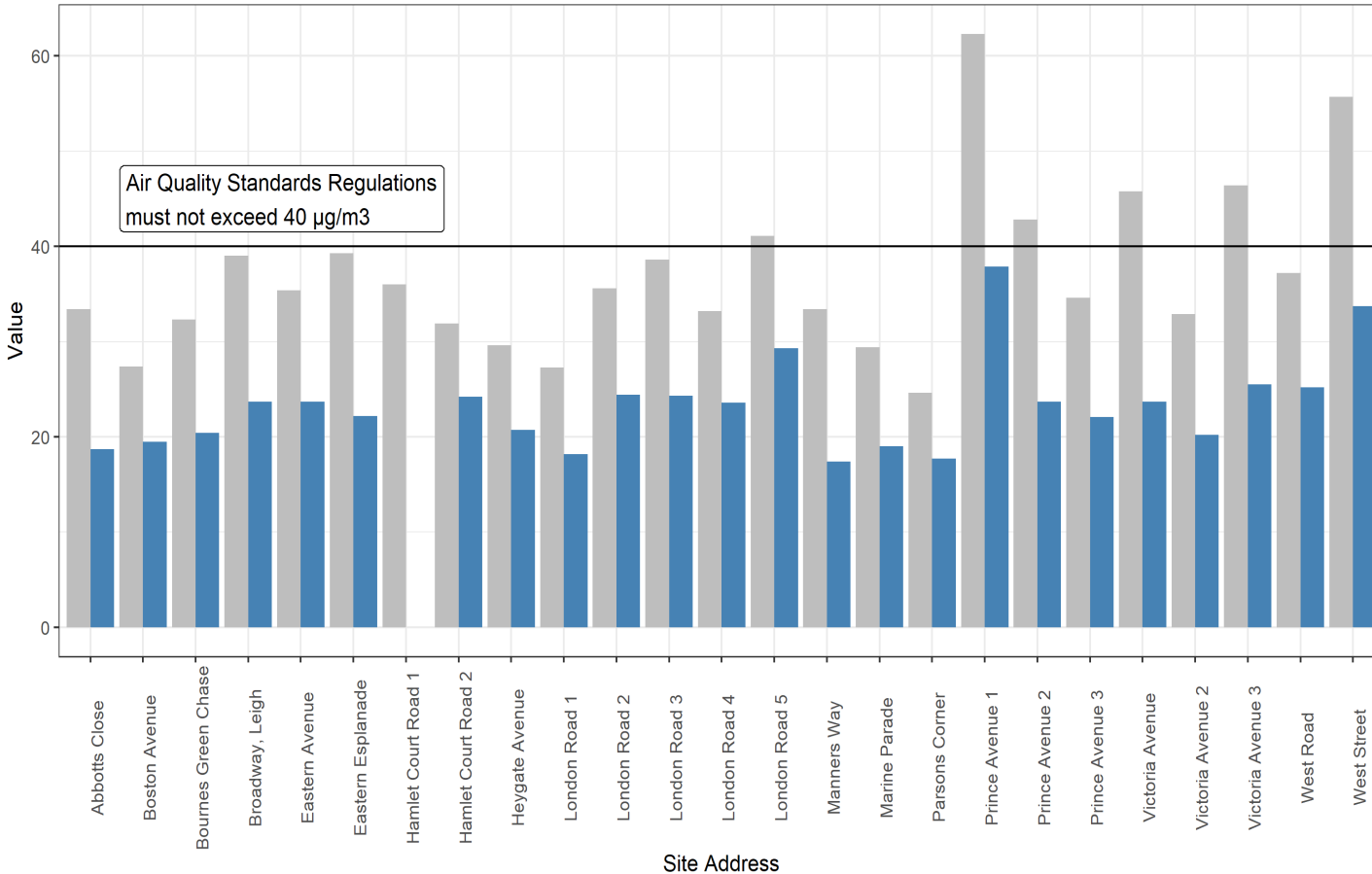
- We agreed to complete an MMR information and immunisation campaign for this vulnerable group.
- Active engagement with the media proved very productive for communicating the actions with the defined population and for reassurance for the wider populace.
- Planning for such emergencies must consider the need for readily accessible MMR jabs and out-of-hours clinical services.
- Defining roles and responsibilities from the outset regarding information on delegation, communication, and the management of information in order to mitigate future risk.

\*A comprehensive report is available on request



# Air Quality

Year on year comparison of average Nitrogen Dioxide levels at various permanent locations throughout the borough



Date

April 2019  
April 2020



The year 2019 was generally considered a “good” year nationally and locally for nitrogen dioxide with average levels lower than previous years

Of the 25 permanent monitoring sites in the borough only 1 observed values exceeding the annual mean air quality objective – A127 Bell Junction Air Quality Management Area (AQMA)

Road Traffic emissions were identified as the main source of air pollution in the borough, most notable the A13, A127 & A1159.



# Air Quality

**In Southend, we have taken forward a number of direct measures during 2019 in pursuit of improving local air quality. The pandemic and the impact of the national lockdown, have contributed to a further reduction in pollution and some positive change in behaviour, which we need to capitalise on for the wider benefit of our communities.**

## Key completed measures are:

- Throughout 2019 the Air Quality Steering Group held more meetings to monitor actions.
- Feasibility Study: Review of The Bell A127 AQMA Junction Infrastructure Design. Preliminary work commenced in January 2020, and the full construction phase will commence in July 2020.
- A detailed assessment of the A127 Victoria Avenue and junctions with West Street, East Street, Priory Crescent and Fairfax Drive commenced in June 2019 and will be completed in June 2020, having decided to extend the real-time monitoring period from six to twelve months.
- The A127 Kent Elms Corner Junction alterations aimed at improving traffic flow, reducing queue length and congestion, was completed in July 2019 and monitoring continues to demonstrate a steady improvement in air quality.
- A literature review of Air Quality Sensor performance in collaboration with Essex University has been completed. This will inform future decision making with regard to the type and make of sensor, should these prove to be reliable and cost effective.
- An application to Government for £90K funding towards £120k cost of four dedicated taxi only charging points was successful.
- Social media campaign and Variable Message Signage to support National Clean Air Day 2019.





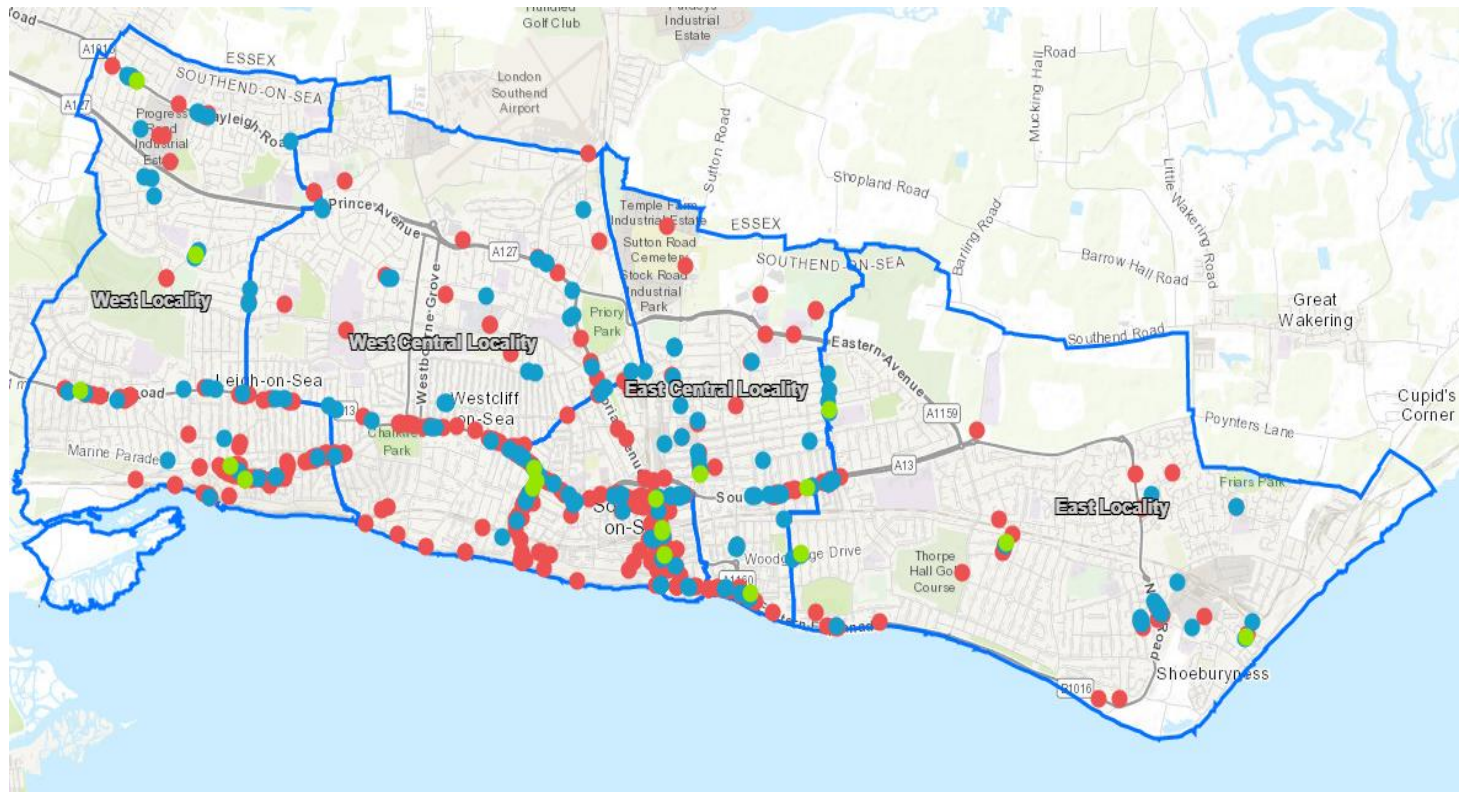
# Wider Inequalities

Some key factors to focus  
our efforts

ACTIVE &  
INVOLVED



# Food Environment



● Bakers ● Takeaways & Sandwich Shops ● Restaurants, Cafes and Canteens



*Around 6 million Brits eat takeout food at least once a week*

**OPPORTUNITY & PROSPERITY**

An unhealthy food environment can be a huge contributor to unhealthy populations, with significantly higher levels of obesity in areas where fast food outlets are most prevalent. There is robust evidence of the need to invest more effort into the 'energy in' challenge alongside promoting physical activities.

Southend has the 254<sup>th</sup> highest density of fast food outlets, out of 326 authorities across England, with 109.6 outlets per 100,000 population.

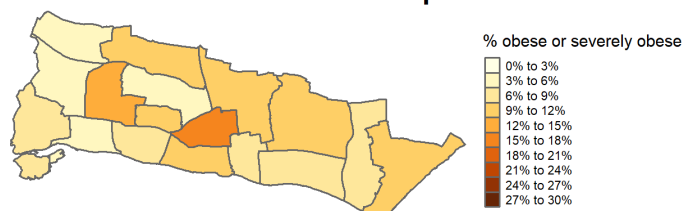
The wards with the highest rate of fast food outlets are:

- Milton – 363.3 outlets per 100,000 population (42 outlets)
- Victoria – 194.5 outlets per 100,00 population (23 outlets)
- Kursaal - 142.0 outlets per 100,00 population (17 outlets)

# Obesity

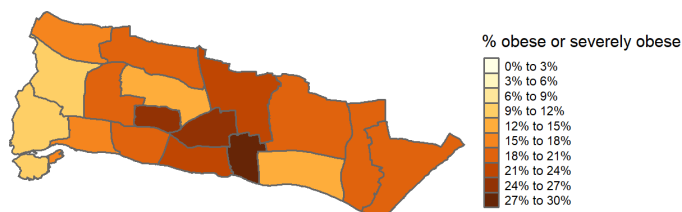
## NCMP and Child Obesity – Local Landscape

### NCMP 2018/19 Reception



9.1% obese or severely obese, which is similar to England (9.7%). Increased from 8.6% in 2017/18.

### NCMP 2018/19 Year 6



19.5% obese or severely obese, which is similar to England (20.2%). Increased from 18.6% in 2017/18.

Children living with obesity are more likely to be obese in adulthood and thus increase the risk of obesity for their own children later in life

*Through partnerships in Southend, families are encouraged to establish healthy nutrition and physical activity choices throughout pregnancy and childhood.*

*Weight loss services are not recommended for pregnant women and children under the age of 5.*

## PHE National Child Measurement Programme (NCMP): trends in child BMI National Summary key findings academic years 2006 to 2007 and 2018 to 2019

	Reception		Year 6	
	Boys	Girls	Boys	Girls
Prevalence of obesity	↓	↑	↑	↑
Prevalence of excess weight	↓	↑	↑	↑
Prevalence of severe obesity	↔	↑	↑	↑
Increased ↑	Decreased ↓		No upward or downward trend ↔	



*In England 27% of women are overweight and 21% of women are obese at the start of pregnancy.*

Obesity and excess weight prevalence is showing a downward trend in Reception boys. Reception girls and Year 6 boys and girls are seeing an **upward trend** in the prevalence of **obesity and excess weight**



# Obesity

## Breastfeeding

In Southend, we continue to promote the importance of breastfeeding for women, babies and their families. In 2018/19:



73% babies received breast milk as their first milk. This was above the national average (64.7%) and regional average (70%).



By 6-8 weeks, breastfeeding rate fell to 48.2%, but remains similar to the national average.

## Adult Obesity

The Health Survey for England 2017 estimates that 28.7% of adults in England are obese and a further 35.6% are overweight. In Southend, excess weight in adults is at 58.5%.

A physically inactive lifestyle can be a major contributor to adult obesity. It is recommended that adults perform 150 minutes of physical activity each week as part of living a healthy lifestyle.



# Parenting Support

Early intervention and support enables every baby, child and young person to acquire the social and emotional foundations to ensure that every child has the best start in life.



## Broader context

- Parents have a critical role in their children's social and emotional well-being
- Children's secure attachment depends on their early relationship with primary carers
- Parenting behaviours have a key role to play in children's emotional and behavioural development

## Southend context

- In Southend, the majority of children perform well in school and achieve the expected level of development
- Whilst a large proportion of children have a good standard of living, the level of child poverty within Southend is a cause for concern in some areas

## Adverse Childhood Experiences

- Some events in a child's life can have a damaging effect on a child's health and wellbeing if they are repeatedly exposed to them, these are called adverse childhood experiences (ACE's)
- Children exposed to ACE's are less likely to succeed in education/employment and more likely to have poor mental health & wellbeing

*Children exposed to significant abuse or harm are subject to statutory intervention from Children's Social Care or other partners. These children will require intensive intervention to either achieve/maintain or to prevent significant harm to their health or development*

# Parenting Support

*Some children are living in environments with a high risk of domestic abuse. These children are referred into the Multi Agency Risk Assessment Team (MARAT) to ensure that the relevant agencies are aware of the potential risk to them.  
In 2019/20 there were 693 referrals to MARAT*

**74.0%** of children achieved a Good Level of Development in 2019 - **Better** than England (71.8%)

**19.1%** of children under 16 were in low income families in 2016 – **Worse** than England (17%)



*In 2019 the 0-19 Children's Public Health Service received 3294 notifications of domestic violence where a child/young person was residing within the household*



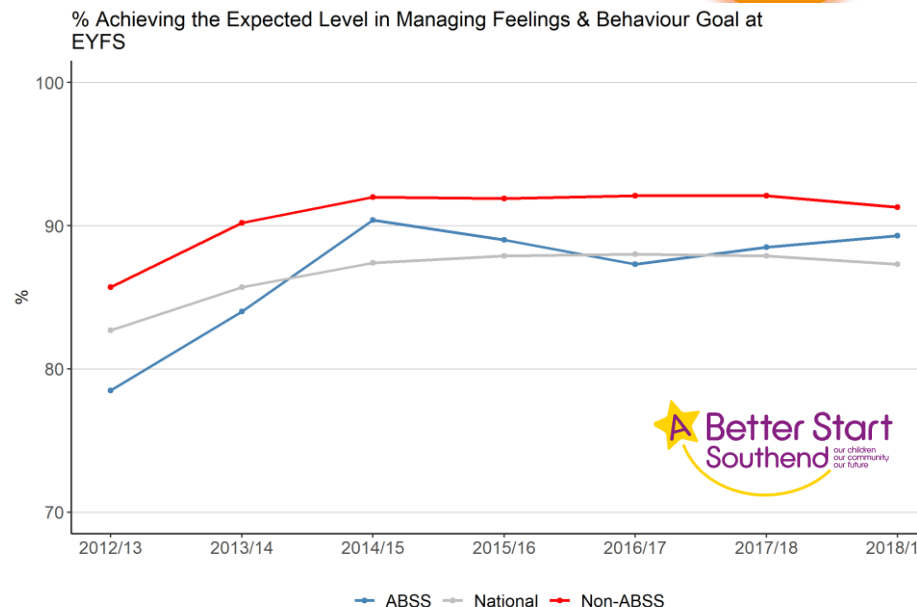
**359.1** Rate of children in need per 10,000 children in 2019 – **Higher** than England (334.2)

**43.2** Rate of children subject to a child protection plan per 10,000 children in 2019 – **Similar** to England (43.7)



The impact of COVID-19 would have seriously affected the ability of services to support children and families at the very time that these families are facing even greater challenges.

ABSS together with partners, are making a positive impact on the most deprived children in the Borough through the National Lottery-funded program.





# Parenting Support

A range of interventions are currently delivered in Southend to support parents in their interactions with children and young people, these are delivered via group-based programmes or via home visits. We also need to re-assert our approach in reducing teenage pregnancy and continue to build on the good work in supporting teenage parents and enhance their parenting skills.



**16,159** Visits made by 0-19 service to support families with children and young people (in addition to core Healthy Child Programme)



**182** Families attending parenting support sessions run by Family Action at Southend Children's Centres



**728** Families attending Early Help Take 3 Parenting Programme or receiving help via Family Support Team



**1,665** children aged 0-3 and pregnant women benefiting from A Better Start services in the 6 target wards, reaching **34%** of the population in these areas

In Southend we want to support parents to ensure that children have the best start in life. Currently, a range of programmes are being used by different agencies rather than an evidence based graduated offer from which to jointly proactively drive positive parenting practices.

Building on the aspirations of Southend 2050 and the key findings and outcomes from A Better Start, the opportunity exists to achieve life-changing results for Southend's children and young people. This can be realised through better, smarter and more effective investments in a system-wide approach to early intervention & parenting support that will benefit the entire economy and community.

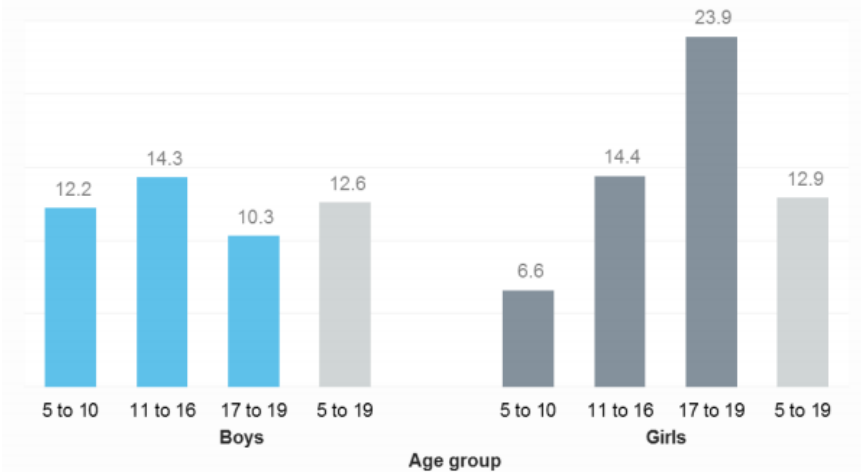
# Mental Health in Children & Young People



**In 2017, one in eight (12.8%) 5 to 19 year olds met the criteria for at least one mental disorder** - estimate based on a sample. If all children in the population had participated, it is likely that the proportion identified with at least one disorder would have been between 11.9% and 13.7%. The school disruption during the pandemic will have some negative impact on the emotional wellbeing of our children and we will need to continue to provide additional support through our schools and the wider community as further mitigation.

Any disorder, by age and sex (2017)

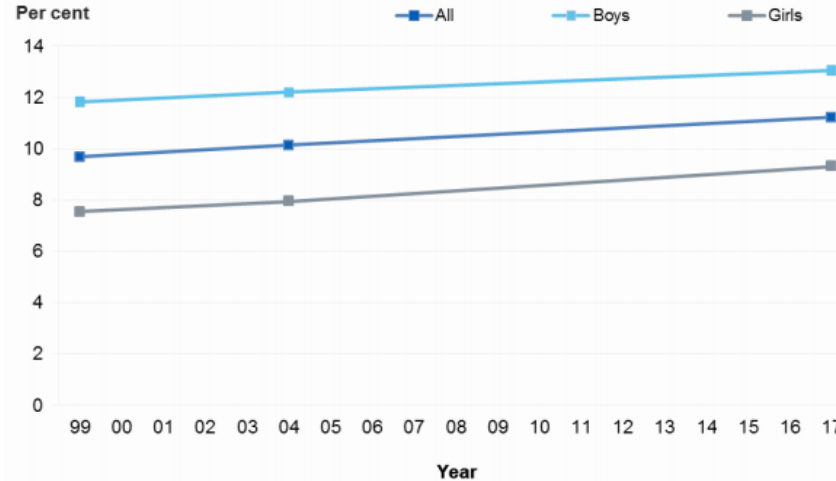
Base: 5 to 19 year olds  
Per cent



Source: NHS Digital

Trend in any disorder by sex (1999 – 2017)

Base: 5 to 15 year olds  
Per cent



Source: NHS Digital

*There has been a slight upward trend over time in the prevalence of any disorder among 5 to 15 year olds:*

- 9.7% in 1999
- 10.1% in 2004
- 11.2% in 2017

# Mental Health in Children & Young People

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## Pre-birth



More than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a baby. If untreated, these perinatal mental illnesses can have a devastating impact on the women affected and their families.

- perinatal mental illness can have an adverse impact on the interaction between a mother and her baby, affecting the child's emotional, social and cognitive development
- suicide is one of the leading causes of death for women in the UK during the perinatal period.

## 0-5 years



ONS report estimates the prevalence of mental disorders in children aged 2 to 4 years old. It found that 1 in 18 preschool children experienced difficulties with their mental health and that boys (1 in 15) were more likely than girls (1 in 24) to have a mental disorder.

Identifying mental disorders in children at the earliest opportunity is important as research has shown that the early years of a child's life is a foundation for lifelong emotional and physical health as well as education and economic achievement – ONS 2017

## 5+ years



As you may expect, rates of mental disorders were higher in older children than younger children.

In primary school aged children (5 to 10 year olds), one in ten had a mental disorder, increasing to one in seven children of secondary school age (11 to 16 year olds).

One in six young people aged 17 to 19 year olds had a disorder, with rates much higher in girls than boys.



# Recommendations

**OPPORTUNITY  
& PROSPERITY**

## 1. Health Protection & Preventing Ill-health

**R1.1 Flu Immunisation** – Early planning and delivery of a more innovative approach to significantly increase our uptake of flu jabs will be prioritised.

**R1.2 MMR Immunisation** – We will review our engagement and marketing approach and co-produce the information and advice for parents, in line with the insights gathered. We will also ensure that all our eligible residents with learning disabilities have received their MMR dosage.

**R1.3 Lessons from Outbreaks** – We will implement all the key actions following the measles outbreak and ensure we continue to closely collaborate in managing the coronavirus pandemic.

**R1.4 Air Quality** – We will explore innovative ways to monitor the level of pollution locally, and further expand our work on promoting active travel and more social media engagement to raise awareness and support the National Clean Air Day, especially in our younger populace.



## 2. Tackling Wider Inequalities

**R2.1 Obesity** - With the increasing childhood obesity trend, we must now consider more innovative and drastic interventions. We will review our engagement with the local food environment in three ways:

- (1) Improve our healthier eating campaign reach
- (2) Use the Local Plan to reshape our food environment
- (3) Co-produce our physical activity offer

**R2.2 Parenting** - We should ensure strategic alignment across the partnership to support families on their parental journey. We must also ensure we are making effective use of good practice.

**R2.3 Mental Wellbeing** – We must continue to take a collective approach in preventing or reducing the impact of perinatal mental ill-health, while exploring more innovative ways of supporting children and young people and in co-producing more meaningful information and guidance for them.



# Appendices

# Glossary

- **Southend 2050** – *The Borough's ambition for the future, developed following extensive conversations with those that live, work and visit Southend-on-Sea*
- **Health and Care Partnership Strategy** – *A publication that sets out how partners can work together to improve health and care*
- **Place-based** – *An approach that targets and entire community and aims to address issues that exist at the neighbourhood level.*
- **Deprivation** – *The English Indices of Deprivation is a measure of seven distinct domains that when combined from the Index of Multiple Deprivation*
- **Decile** – *one of ten equal groups which a population can be divided into according to the distribution of values*
- **Ward** – *Local Electoral area*
- **Pneumococcal infections** – *A number of bacterial infections that are generally minor, but can lead onto more serious infections such as Meningitis, Sepsis and Pneumonia*
- **Coverage** – *The proportion of the population that are vaccinated*
- **Co-produce** – *Jointly create a document or product with other organisations*
- **Nitrogen Dioxide** – *Forms from emission from cars and motor vehicles, and is one of the main measurements of air pollution*
- **Variable Message Signage** – *Road signage with the ability for custom messages*

- PHE – “Public Health England”
- AQMA – “Air Quality Management Area”
- NCMP – “National Child monitoring program”
- ABSS – “A Better Start Southend”
- EYFS – “Early Years Foundation Stage”
- WHZAN – “WHZAN Digital Health”
- ECC – “Essex County Council”
- HWB – “Health & Wellbeing Board”
- BMI – “Body Mass Index”
- ONS – “Office of National Statistics”
- PPV – “Pneumococcal Polysaccharide Vaccine”



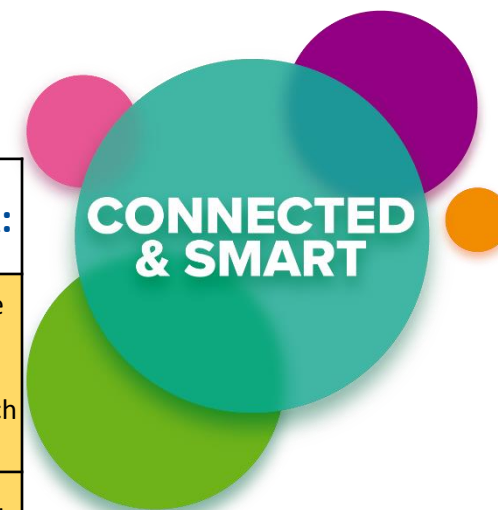


# Ethnicity



	Southend (%)	East of England Region (%)	England (%)
<b>White</b>	<b>91.60%</b>	<b>90.80%</b>	<b>85.40%</b>
English/Welsh/Scottish/Northern Irish/British	87.00%	85.30%	79.80%
Irish	0.90%	1.00%	1.00%
Gypsy or Irish Traveller	0.10%	0.10%	0.10%
Other White	3.60%	4.50%	4.60%
<b>Mixed/multiple ethnic groups</b>	<b>2.10%</b>	<b>1.90%</b>	<b>2.30%</b>
White and Black Caribbean	0.60%	0.60%	0.80%
White and Black African	0.40%	0.30%	0.30%
White and Asian	0.60%	0.60%	0.60%
Other Mixed	0.50%	0.50%	0.50%
<b>Asian/Asian British</b>	<b>3.70%</b>	<b>4.80%</b>	<b>7.80%</b>
Indian	1.00%	1.50%	2.60%
Pakistani	0.60%	1.10%	2.10%
Bangladeshi	0.50%	0.60%	0.80%
Chinese	0.60%	0.60%	0.70%
Other Asian	0.90%	1.00%	1.50%
<b>Black/African/Caribbean/Black British</b>	<b>2.10%</b>	<b>2.00%</b>	<b>3.50%</b>
African	1.60%	1.20%	1.80%
Caribbean	0.30%	0.60%	1.10%
Other Black	0.20%	0.20%	0.50%
<b>Other ethnic group</b>	<b>0.50%</b>	<b>0.50%</b>	<b>1.00%</b>
Arab	0.20%	0.20%	0.40%
Any other ethnic group	0.30%	0.30%	0.60%

# Outcomes of last year's recommendations



<b>R1</b>	<b>Reducing the impact of cardiovascular conditions and diabetes and improving related prevention work:</b>	
<b>R1.1</b>	Develop an agreed locality approach to improve earlier identification of Stroke and Diabetes, ensuring reduced variability in access to primary care services	Work on the development of an enhanced quality improvement for stroke prevention and diabetes have been delayed by the pandemic and will be relaunched as part of the South East Essex Alliance work programme. The delay in reaching a consensus on the joint outcomes and collective approach have hampered our progress
<b>R1.2</b>	Improve the management of patients at risk of stroke and those afflicted with diabetes, including the use of digital technology as appropriate, and delivery of the Diabetes Strategy	Limited development as stated in R1.1. However, much has been achieved with the introduction of new technology – myDiabetes app is being rolled out; planning for education/self-management tool in Care homes; education is now all provided online; online clinical consultation tool (ACCURX) introduced; rolling out WHZAN's remote monitoring systems to Care homes
<b>R1.3</b>	Increase referral to the new Wellbeing Service to reduce and/or better manage lifestyle risk factors and implement the Harm Reduction Strategy as a key enabler.	<p>New Wellbeing Exercise Programme for primary care launched in March 2020 although this was paused due to the pandemic lockdown;</p> <p>Lack of resourcing delayed implementation of the Harm Reduction Strategy – a new joint post between internal Council department will be appointed in September 2020.</p>

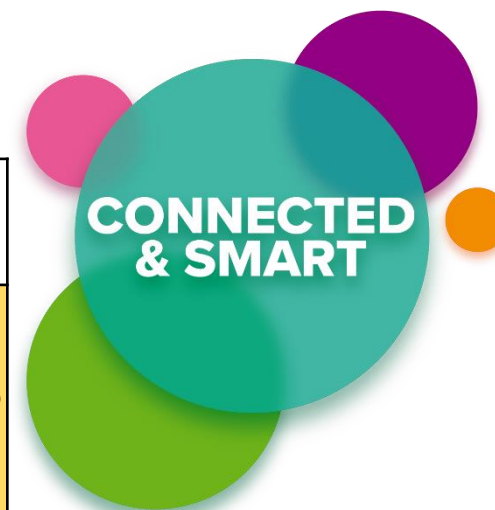
# Outcomes of last years recommendations



<b>R2</b>	<b>Improving community safety and building resilience, with a particular focus on our children and young people:</b>	
<b>R2.1</b>	Develop a programme of work that will provide for, and link into, a range of diversionary activities and avenues for vocational development. This will include local apprenticeships to make young people safer, provide skill development and job opportunities and to have a healthier outlook on their lives	Pilot Cadet Scheme in development to support vulnerable young people and their skills development. Through our Economic Development and Skills team, we have undertaken 4 dedicated events (532 delegates), aimed to encourage young people to embark on apprenticeships and pursue locally available, fulfilling and healthy careers.
<b>R2.2</b>	Build on the work already in progress across Greater Essex and regionally, to reinvigorate the local partnerships (Community Safety and Violence and Vulnerability groups) to disrupt the local drug market and to eliminate the criminal exploitation of young people and vulnerable adults in our communities	Effective partnership with ECC in place, with all local partners engaged and the Council providing leadership, informing planning and interventions locally.
<b>R2.3</b>	Undertake a deep-dive on local teenage conceptions to understand local determinants and triggers, including the link with child sexual exploitation, local opportunities for young people to promote a delaying approach to parenthood.	Recommendations endorsed by HWB and implementation plan will be ready for delivery from Autumn 2020 (delayed by pandemic).



# Outcomes of last years recommendations



<b>R3</b>	<b>Ensuring that spatial planning incorporates health and wellbeing impacts, and delivers what residents will need to promote their health and wellbeing:</b>	
<b>R3.1</b>	Adopt new evidence on spatial planning, including the adoption of the PHE/Sports England's Active Design principles, making it a requirement on developers to undertake a Health Impact Assessment where most relevant and review the barriers inhibiting local access to our physical assets	Evidence and good practice have been reviewed and now being prepared to inform subsequent stages of the Local Plan
<b>R3.2</b>	Our housing renewal policy must take into consideration the need for more affordable housing which espouses a mix of social housing, adaptable homes which will ensure that the adverse health effects are mitigated, promote local ownership and more affordable rent, and support the drive to increase prosperity	Leading on the development of a mixed portfolio of housing types, including the development of a regeneration approach to numerous council-owned assets (delivery of 16 units); a successful acquisitions programme (delivery of 27 units ); and to ensure that new developments bring forward suitable affordable housing to meet local needs (e.g. Better Queensway estate regeneration).
<b>R3.3</b>	Accelerate our local undertakings in improving local transportation to further reduce the risk of pollution and traffic congestion and promote active travel.	Work through the Air Quality Steering Committee continue to support our approach in minimising air pollution. Investment in local cycling and walking infrastructure has improved facilities in and around the town centre and the A127 corridor. The South Essex Active Travel Programme has promoted and encouraged active travel including providing training and behaviour change interventions. As of March 2019 a modal shift of 8% towards sustainable modes was observed across South Essex.