



Braintree District Council

Livewell Strategy 2024-28



Foreword



As we introduce this new Livewell Strategy 2024-28 it is set against a backdrop of great change. During the lifetime of the previous strategy, we have seen a

global pandemic and national socio-economic challenges that continue to impact the ability of our communities to live well.

Whilst the long-term impacts of the pandemic and economic climate are still unclear, we know that our communities are resilient and strong. More than ever before, the pandemic highlighted the strength of our relationships, requiring partners, organisations and residents to work collaboratively. This strategy aims to build on the momentum of this positive partnership working in the district. We know that it's not just what we do but how we do it together that achieves the greatest outcomes.

We also know that there is a direct link between where you live and the ability to live a healthy and fulfilling life, which is why having a district strategy that focuses on supporting good health and wellbeing and addressing key public health challenges is vital.

In many of our wards people enjoy good health and wellbeing and, in some areas, average life expectancy is above the national average. However, there are existing health inequalities in some of our wards that persist, where life expectancy is below the national average. We continue to collaborate with partners such as Essex County Council, the Mid and South Essex Integrated

Care System, NHS, Mid Essex Health & Wellbeing Alliance, Essex Police, Essex County Fire & Rescue Service and voluntary sector to address this. Collectively we aim to reduce the impact of disadvantage on residents' health and wellbeing.

This strategy also takes in to account the things we can do for ourselves to manage our own health and wellbeing. Encouraging more people to participate in regular activities that benefit their health, both physically and mentally is a key priority. By working with our residents to find out what matters to them we hope we can enable good health and wellbeing. Ultimately, by focusing on early intervention and prevention not only will we support residents to thrive and do more for themselves, we will also help to reduce the pressure on our local GPs and hospitals.

Braintree District Council and the Health & Wellbeing Panel partners are committed to ensuring this Strategy is implemented across the district and, consequently, health and wellbeing is a key priority in our Corporate Strategy 2024-2028.

I encourage all residents to engage with this strategy and explore the opportunities it presents for improving our collective wellbeing. Together, we can create a district where everyone has the resources and support they need to live healthy, happy, and fulfilling lives.

Cllr Lynette Bowers-Flint

Cabinet member for Housing, Health and Wellbeing at Braintree District Council

Contents

Introduction	04
Vision	05
Case for change:	06
What have we learnt from the past 4 years?	
Case for change:	08
Health Inequality	
Case for change:	
Our Communities	09
Our Principles	12
Key Public Health Challenges	14
Our Priorities	16
Our Objectives	17
Links to other strategies	21
Monitoring & Governance	22



Introduction

This strategy sets out the aims and aspirations of the Braintree District Health and Wellbeing Panel to improve the health and wellbeing of everyone living in the Braintree District.

The Panel is made up of representatives from Braintree District Council, Essex County Council, the Mid Essex Health & Wellbeing Alliance, Mid and South Essex Integrated Care System and a wide range of local health and voluntary sector organisations.



This strategy outlines the work that we will do and the key areas we will focus on, as well as the principles and approach we intend to take. In developing this new strategy, the Health and Wellbeing Panel has considered:

- Progress made against our last strategy
- The emerging needs of our communities
- Other national, county and local strategies and plans
- Data and insight from a broad network of sources across health, wellbeing and local partners
- How we will work together to achieve our aims

As part of the Health and Wellbeing Panel's work it has developed a Health and Wellbeing Programme under the "Livewell" banner. There are six themes that guide the work of the Panel and its partners and this strategy focuses on priorities based around these themes and therefore is referred to as the *Braintree District Livewell Strategy*.

An action plan will sit alongside the strategy to show how we are implementing it and will detail the work we are doing and the outcomes we will measure to monitor our impact and progress.

Vision

Our Vision for the Livewell Strategy is:

Working in partnership, we will reduce health inequalities and improve the health, wellbeing and quality of life for children, families and adults in the Braintree District.

We will have a district where:

- People are living more active and connected lives
- Children grow up to meet their full potential
- Residents can enjoy life in to old age
- Communities can expect to have good health, whatever their social or economic circumstances



Case for change

What have we learnt from the past 4 years?

The case for change for how we work together, deliver services and commission activities to achieve our aims is wide ranging.

Throughout the lifetime of the previous strategy, we have seen extraordinary circumstances that have impacted wellbeing and the ability of communities to live well. The Covid-19 global pandemic, climate change and national socio-economic challenges impacting the rising cost of living continue to dramatically expose health and wider inequalities that persist in our society.

Whilst these circumstances have brought many challenges, our ability to work with our system partners at all levels across the health system and beyond to achieve positive outcomes together is evident. The past four years have set a foundation for closer working strategically and locally, with a collective desire to collaborate, share resources and to nurture community assets to thrive.

This was particularly seen throughout the pandemic, where the collective strengths and flexibility of our communities to be able to support each other and do more for themselves was clear and demonstrates the strongest case for community asset driven approaches to improving the health and wellbeing of communities in the district.

What have we learnt?

- The health system has evolved, with the establishment of Integrated Care Systems, Mid Essex Health & Wellbeing Alliance and the role of Primary Care Networks being more established.
- The changing health landscape and response to public health issues means that there is an increasing focus on Health and Wellbeing and the role of local authorities in supporting health improvement and community resilience.
- Longstanding health inequalities have been exacerbated by the pandemic and impacted by the cost of living with the long-term implication on health and communities still unknown.

What should we build on?

- The wider Voluntary, Community, Social Enterprise and Faith (VCSEF) group response to the pandemic and the collective strength and flexibility of our communities to be able to support each other and themselves provides a platform for 'bottom up' community driven change.
- The past four years have set a foundation for closer partnerships working strategically and locally, with a collective desire to collaborate, share resources and nurture existing assets to enable them to achieve more.
- The way in which we communicate and engage with our residents, partners, stakeholders and communities is vital to maintaining trust and solving challenges together.

What are the gaps?

- Recognising that a considerable proportion of health challenges are derived from socio-economic factors, the sphere of influence of local authorities in addressing these challenges can be hugely impactful.
- We have been in a reactive environment with the pandemic and the *Cost of Living* responses, and there is a need to recalibrate our efforts back to early intervention and prevention priorities to influence long term changes.
- Commissioning across our local system can be varied. How we utilise our collective strengths across our partnerships to pursue opportunities together can be further developed.



Case for change

Health Inequality

Health inequalities are ultimately about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives, both of which can contribute to their health status.

We know that there are longstanding health inequalities in the district that are closely linked to a person's socio-economic circumstances, which can be measured by levels of deprivation.

One of the most important measures of health inequality is life expectancy. In Braintree District, the average life expectancy at birth for males is 79.7 years which is higher than the national average of 78.7 and the county average of 79.5 years.

For females the average life expectancy in Braintree District is 82.3 years which is lower than the national average of 82.8 and the Essex average of 83 years.

However, males living in least deprived areas of the district can, at birth, expect to live up to 10.2 years longer than males living in more deprived areas. For females, this gap is up to 8.6 years.

Healthy Life Expectancy

Another key measure of health inequality is the amount of time people spend in good health over the course of their lives. Healthy Life Expectancy (HLE) estimates the average number of years that an individual can expect to live in good health.

In Braintree District there is a 10-year difference in HLE at birth for males and almost a 12-year gap for females between those living in the most and least deprived areas.



Case for change

Our Communities

Braintree's communities are diverse and interconnected. Some communities are well established whilst others may emerge in response to specific circumstances and needs.

Covering an area of approximately 612 square kilometres, Braintree District is the second largest local authority in Essex in terms of area. It is classed statistically as 'predominantly rural' with 79,200 (51%) of residents living in the three market towns of Braintree, Witham and Halstead and the remaining 76,000 (49%) living in more rural areas.



Population Growth

The 2021 census shows that the population of Braintree District has increased by 5.5% since 2011, with 155,200 residents living in the district.

Population predictions for the next twenty years indicate an 80% increase in the over 80-year-olds and a 13% increase in 60- to 70-year-olds, with an expected decrease in 0-19 and 40-59-year-olds.

Local Deprivation Profile

According to the English Indices of Deprivation, in 2015 Braintree District ranked 194 out of 317 local authorities in England, and in 2019 the rank was 203 indicating an above average position. However, the district has some contrasts, with the three most deprived wards being in the 20% most deprived areas in the country and two of the three least deprived wards being in the 10% least deprived wards in the country:

Most Deprived Wards

1. Bocking South
2. Braintree Central & Beckers Green
3. Halstead Trinity and Bocking North (joint 3rd)

Least Deprived Wards

1. Great Notley & Black Notley
2. Bumpstead
3. Kelvedon & Feering

POPULATION OF THE BRAINTREE DISTRICT

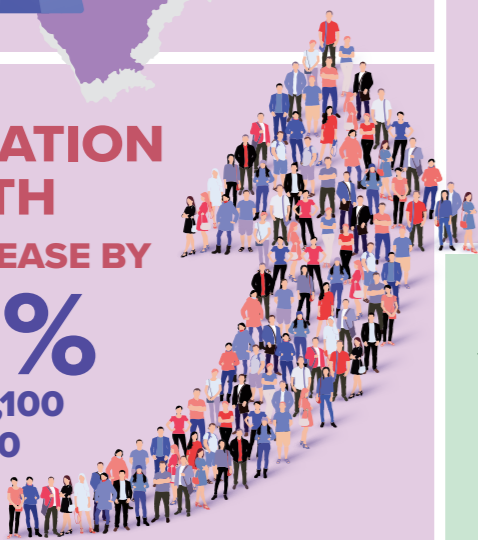
155,268



POPULATION GROWTH SIZE INCREASE BY

5.5%

FROM 147,100 TO 155,200 PEOPLE (2011-21)



POPULATION GENDER SPLIT



MALE 76,123 (49%) FEMALE 79,145 (51%)

WORKING AGE POPULATION

95,820 (61.2%)



279 SPORT AND PHYSICAL ACTIVITY GROUPS

39 CONSERVATION AREAS AND 1 COUNTRY PARK AT GREAT NOTLEY



12 SPORT AND PLAYING FIELD SITES WITH GRASS PITCHES



£2.5M

INVESTMENT INTO I-CONSTRUCT INNOVATION HUB



49%

OF RESIDENTS LIVE IN THE RURAL AREAS OF THE DISTRICT



£30M

INVESTMENT INTO MANOR STREET REGENERATION



£3M

WAS INVESTED INTO THE LIVWELL HUB



POPULATION GROWTH SIZE INCREASE BY

5.5%

FROM 147,100 TO 155,200 PEOPLE (2011-21)

£5.6M

SCIENCE, TECHNOLOGY, ENGINEERING AND MATHS (STEM) INNOVATION CENTRE AT BRAINTREE COLLEGE



£14.3 MILLION

INVESTMENT INTO THE PLAZA, ENTERPRISE AND INNOVATION CENTRE



138

FAITH CENTRES/ GROUPS



79

COMMUNITY VENUES



51 PARKS



10 BDC ALLOTMENT SITES



4 LEISURE CENTRES WITH 3 SWIMMING POOLS



16% OF ADULTS REPORT VOLUNTEERING AT LEAST ONCE A MONTH



1122 COMMUNITY AND VOLUNTARY SECTOR ORGANISATIONS



3189 LISTED BUILDINGS AND 40 SCHEDULED ANCIENT MONUMENTS



16.3% OF PROPERTIES WERE IN THE SOCIAL RENTED SECTOR



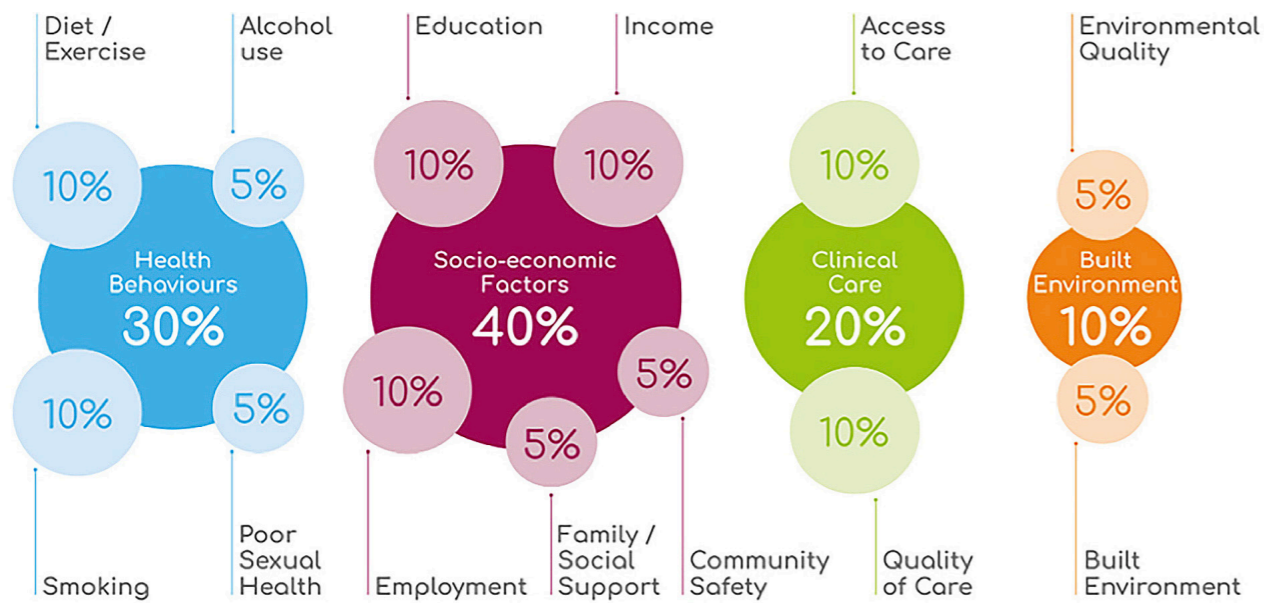
Our Principles

We know that the way in which we lead, operate and collaborate directly impacts the outcomes we want to achieve. We are committed to ensuring local organisations and community assets work together in partnership as a whole system to collectively tackle issues and to explore new opportunities. By sharing an agreed set of principles and objectives we believe we can achieve more together.

A Whole System Approach

Health and wellbeing is influenced by more than just the food we eat or how active we are. Our health is influenced by a range of factors such as our education, our jobs, how much money we have and where we live, otherwise known as the *Wider Social Determinants of Health*.

The Robert Wood Johnson Foundation model of the wider determinants demonstrates that Socio-economic factors (40%) and Built Environment (10%) equates to 50% of an individual's wellbeing, emphasizing that where you live (your postcode) influences health outcomes as much as the access to and quality of the healthcare you receive.



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

To improve the health and wellbeing of residents we must focus on the social determinants of health collectively, recognising their independencies. This can only be achieved by working together and having an impact on all the determinants with a set of shared priorities and objectives.

Early Intervention & Prevention

It is widely accepted across health and wellbeing policy that prevention is better than cure and that Early Intervention and Prevention is key to long lasting change in addressing health inequalities, influencing healthy lifestyle behaviours and addressing ongoing pressures across the health system. By focusing on the social determinates of health we can influence the 'causes of the causes' of ill health.

Health Creation

Health Creation describes a process through which individuals and communities gain a sense of purpose and control over their own lives and immediate environment. When this happens their health and wellbeing is enhanced.

The Three C's of Health Creation provides a framework for this approach, focusing on building an individual's meaningful **contact** within their community, which builds **confidence** and leads to greater **control** over their lives and the determinants that impact their health.

We will seek to increase the opportunity for our residents to participate in activities that improve health and wellbeing across the life course and the wider social determinants of health framework.

Life Course Approach

A *Life Course* approach values health and wellbeing of both current and future generations. It means identifying key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages. The *Livewell* model reflects this approach locally and can be mapped out against the wider determinants of health to identify opportunities of greatest impact.

Place Based Approaches

Acknowledging that wide ranging factors influence health over periods of time at place level requires us to consider how we align our partnerships efforts, resources and capacity to address specific needs.

We recognise that at times there are areas of our district that may require more support than others and we are committed to taking a data driven approach to determining key priorities across demographics, places, health and wellbeing.

Asset Based Community Development

Focusing on good health and what makes us well, rather than on bad health and what makes us sick, moves us to consider assets rather than deficits. People and communities have assets which determine their health, and these can be built on and strengthened.

An Asset Based Community Development (ABCD) approach requires us to recognise that local people can change the things they believe need changing in their communities better than anyone else. By investing in the skills and capacities of our community assets we can enable ground-up community action which is paramount to addressing local challenges together and embedding lasting change.



Key Public Health Challenges

Physical Activity

24%

of adults are inactive, undertaking less than 30 minutes of physical activity per week.



51%

of children and young people

do not meet the recommended daily physical activity guidelines.



Mental Health

10%

of over 65's and 15% of adults aged 16+ are estimated to have a common mental health disorder.



Obesity

22%

of reception aged children are overweight including obese. In year 6, this rises to 35% of children and young people.



69%

of adults are overweight,

including obese. With approximately 43% of adults not eating the recommended 5 portions of fruit and veg per day.



Income & Economy

Braintree District households

5th lowest median wages in Essex.



15%

of children are eligible for free school meals



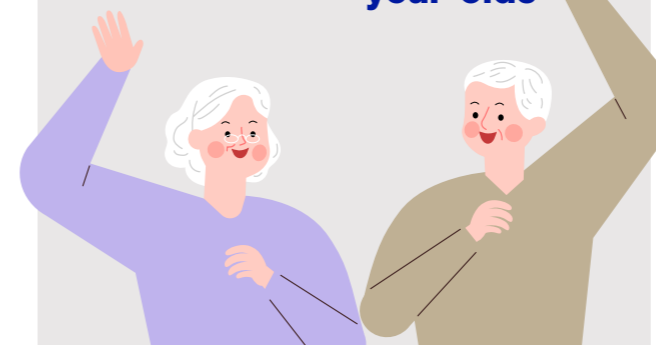
Ageing population

Population predictions for the next twenty years indicate an

80% increase in the over 80-year-olds

and a

13% increase in 60- to 70-year-olds



Access to services

The district has some of the highest average travel times in Essex to access key services



Life Expectancy

Life expectancy can be up to **9 years lower for females** and **over 10 years lower for men** in the most deprived areas of Braintree District.



Our Priorities

Whilst the health and wellbeing of all residents is of upmost importance, we acknowledge that different communities face different challenges, with some facing more challenges than others and with more disproportionate health inequality due to circumstance, conditions or characteristics. Consequently, we take into consideration that:

- We have an ageing population that is estimated to significantly increase, therefore a focus on supporting people to age well and have access to good services, including those that support end of life is vital.
- Overall, the district continues to be an outlier for overall female average life expectancy, with underlying factors impacting this needing further analysis.
- With average travel times, digital access and evolving technologies being impacted by the rural nature of the district, there is a need for continuous evaluation of how residents can access key services.

Priorities for Health & Wellbeing

Our strategic priorities have been developed through the careful analysis of a range of data sets alongside detailed insight from partner organisations and colleagues who work with our residents daily, all of which has been collated and presented in the Livewell Strategy Evidence Base report which informs this strategy.

Additionally, there has been extensive consultation with the Health and Wellbeing Panel partners and wider stakeholders.

The five overarching strategic priorities identified are:

- **Reduce health inequalities**
- **Improve mental health and wellbeing**
- **Increase participation in active and healthy lifestyle behaviours**
- **Enable residents to maintain independence and support the most vulnerable to do more for themselves**
- **Build community capacity and enable our assets to achieve more**

For each of the priorities key objectives have been identified across the Livewell Domains. The Health and Wellbeing Panel partners will work together to develop and deliver projects, initiatives, and interventions in line with these objectives.

Our Objectives

The objectives and outcomes for this strategy have been characterised through the six themes of the Livewell Model which identifies interventions at key life stages. The objectives have been identified by the Braintree District Health & Wellbeing Panel members where they feel a significant impact can be made to improve health and wellbeing.



startwell

Experiences in early childhood profoundly influence physical and emotional health into adulthood. There are challenges in Braintree District with childhood physical and emotional development linked to obesity, physical inactivity and economic circumstances.

Objective:

The Panel will endeavour to create more opportunities for children, young people and families to participate in experiences that engender healthy lifestyle behaviours, supports emotional and physical development and creates the conditions for family friendly communities where children and young people can thrive.

Outcome:

Children, young people and families will have the best start in life.



staywell

Our ability to stay well throughout life is influenced by a range of factors across the Wider Social Determinants of Health; socio-economic, our lifestyle choices, environmental and our ability to access services when we need them. We know that where we live determines life prospects, as well as the type, quality and access to services or activities that supports good health and wellbeing.

Objective:

By working in partnership with the community and professionals the Panel will identify opportunities to improve access to activities and services that will support residents to maintain healthy and fulfilling lives. The Panel acknowledges that at times there are specific geographies, demographics and health needs of our district that may require more focus than others.

Outcome:

Residents will have access to support, activities and services that maintain healthy, productive and fulfilling lives.



feelwell

Positive mental health and wellbeing is associated with an increase in life expectancy, improved quality of life, physical outcomes, education attainment, increased economic participation, and positive social relationships. Therefore, knowing where, when, and how to access activities or services that support positive health and wellbeing is vital for both residents and agencies working the district.

Objective:

For residents to be able to do more for themselves and to enable agencies to work more collaboratively, the Panel recognises the requirement for the ongoing development of how we collectively communicate what is available in the district and it how it can be accessed.

Outcome:

Agencies and residents will know where and how to access activities and services that support good mental health and wellbeing.



bewell

Around thirty percent of the health outcomes for an individual can be traced back to the lifestyle behaviours engaged in. This includes tobacco use, vaping, alcohol intake, substance misuse, diet and levels of physical activity. Compared to other areas of Essex, Braintree District has an above average position for childhood and adult obesity. Participation in active lifestyles is equally challenged with nearly one in four adults undertaking less than thirty minutes of physical activity a week and just over half of school age children not meeting the daily recommended physical activity guidelines.

Objective:

The Panel aims to increase early intervention and prevention measures, particularly participation in active and healthy lifestyle behaviours. We will seek to support existing and establish new opportunities that reinforce positive lifestyle choices.

Outcome:

More opportunities for residents to participate in active and healthy lifestyle choices.



agewell

Population predictions for the next twenty years indicate a significant increase in the over eighty-year-olds and those at retirement age in the district. Acknowledging that our aging population are more at risk to long-term and major health conditions, such as dementia, respiratory diseases, fragility, loneliness and isolation, requires us to carefully consider how our older residents continue to live independently and healthily into older age.

Objective:

The Panel is committed to working with our communities to age well; working with partners to provide access to good services that supports those in older age, ensuring we provide a wide range of opportunities to participate in wellbeing activities and identifying those who may need more support to live independently and safely as they grow older.

Outcome:

Enabling a better quality of life for the future, supporting people to live independently and safely as they grow older.



diowell

Good health and wellbeing across the life course includes end of life experience and care for children, young people, adults, families and carers. This means acknowledging that residents of all ages nearing end of life require choice around their care, and that families and carers need to know where to access support during and after their loved one's end of life.

Objective:

The Panel has a role to play in supporting our communities during times of poor health and personal loss and will work collaboratively with local people, community groups, faith organisations and health organisations that enhance the resilience of the community to cope with issues related to death and dying.

Outcome:

Individuals, with their families and carers, will have greater choice around end of life care and support



Links to other strategies

The Livewell strategy does not operate alone in the ecology of the health care system in Braintree District and Essex. How we interact and collaborate with our system partners will enhance the health and wellbeing offer for our residents and coordinate our collective resources to have greatest impact.

Several key local and national strategies exist that have been designed by system partners, all having their own thematic priorities which influence local outcomes. Some of the key strategies, frameworks and policies that underpin and work alongside the Livewell Strategy are:

- Mid and South Essex ICS Integrated Care Strategy
- ECC Joint Health and Wellbeing Strategy 2022-26
- ECC Everyone's Essex Levelling up
- Active Essex Fit the Future
- ECC Children's and Young Peoples Plan
- ECC All Age Carers Strategy 2022
- Suicide Prevention (SET) Strategy
- Braintree District Council Local Plan 2033
- Levelling Up White Paper
- PFCC Crime Prevention Strategy

- A Connected Society: A Strategy for Tackling Loneliness 2018
- Braintree District Council Digital Strategy 2022-26
- Digital Strategy for Essex 2022-2025
- People At the Heart of Care White Paper
- The Fuller Stockdale Report
- Early Intervention Policy & Provision



Monitoring & Governance

A strategic Livewell Action Plan will be developed which will ensure the strategic priorities for health and wellbeing in the district are clearly defined, whilst accounting for the need to be agile and proactive as any new priorities and policies emerge during the lifetime of the strategy.

For the Braintree District Health & Wellbeing Panel

The action plan will be reported to the Braintree District Health & Wellbeing Panel which will be responsible for overseeing the delivery and successful implementation. For every action, intervention and project developed, specific impact targets will be agreed with stakeholders, partners and deliverers. Partners will regularly report on progress and we will consult with our communities and stakeholders to seek their feedback to ensure we are responding to emerging needs. Quarterly reviews of the action plan will take place with a full review published annually.

For Braintree District Council

Braintree District Council is committed to delivering the priorities set out in this strategy and will do this by:

- Committing officer resource to coordinate and lead the strategic action plan
- Hosting place based Public Health practitioners, focusing on early intervention, prevention and addressing health inequalities
- Coordinating existing and seeking new financial resources that build community capacity and seek to achieve the outcomes set out in the strategy
- Include the Livewell Strategy priorities within the councils Corporate Plan

Measuring & sharing success

Placing highest value on achieving outcomes and developing partnerships the Health and Wellbeing Panel will promote the success of all stakeholders through:

- Developing case studies and outcome reports
- Sharing achievements through dedicated marketing campaigns
- Advocacy of the Livewell Strategy and the Health and Wellbeing Panels aims

It is essential that the strategy remains current and evolves with local, national and global influences so that it remains effective. Therefore, our ability to work with our strategic and locality partners across the broad spectrum of health and wellbeing to address key challenges will be a key indicator of our success.

We will also utilise the **Thriving Places Index**, a tool which measures wellbeing economy in the district through detailed analysis of the indicators that have the greatest influence over our health and wellbeing. This tool has been developed with our Mid Essex Health and Wellbeing Alliance partners and demonstrates our commitment to a systems approach to place based working.



livewell

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