

PLANNING FOR HEALTH & WELLBEING

Local Plan Evidence Baseline

January 2025



Colchester
Local Plan Review



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Introduction

Objectives

This report forms part of the evidence base to support the Colchester Local Plan review, which is currently underway. To inform the Local Plan, updated evidence is required to support the policy approach, recognising that Health and Wellbeing is embedded in many aspects of planning and placemaking. The evidence in this report was collated in collaboration with Health and Wellbeing colleagues at both Essex County Council and North-East Essex ICB Alliance and support from the Town and Country Planning Association (TCPA).

National Policy and Guidance

The [National Planning Policy Framework](#) (NPPF) sets out the government's planning policies for England and how these should be applied. It provides a framework within which Local Plans can provide sufficient housing and other sustainable developments.

Section 2 – Achieving a sustainable development “to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being”.

Section 3 – Paragraph 20, states that ‘strategic policies should set out an overall strategy for the pattern, scale and design quality of places (to ensure outcomes support beauty and placemaking) and make sufficient provision c) for community facilities (such as health, education and cultural infrastructure)’.

Section 8 – focuses on promoting healthy and safe communities. This section of the framework outlines planning policies that should aim to achieve healthy, inclusive, and safe places. Paragraph 96 outlines criteria such as promoting social interaction, safe and accessible neighbourhoods and enable and support the community to live healthy lives through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking, wheeling and cycling. Paragraph 97 outlines criteria relating to hot and fast-food outlets and takeaways and their distance to places where youth congregate. Paragraphs 103-107 focuses on the provision for open space, sports and recreational buildings and land. It highlights the importance of access to high quality open spaces and opportunities for sport and physical activity for the health and wellbeing of communities. This also has wider benefits for nature and addressing the impacts of climate change.

Section 12 – focuses on achieving well-designed places. Paragraphs 131-134 outline the need for clarity and clear design expectations in the creation of high-quality places through design guides and design codes. Paragraph 135f) is clear that planning policies should ensure that development create places that are safe, inclusive, and accessible and which promote health and wellbeing, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience. Paragraph 136 focuses on the requirement for tree planting and Paragraph 137 discusses the need for design quality and style to involve the community.

The NPPF is clear that provision should be made for community facilities and services, including social, recreational, and cultural and that these should be protected against the unnecessary loss of valued facilities and services. An integrated approach should be taken to considering the location of housing, economic uses and community facilities and services. The revised NPPF for 2024 introduces reforms to housing delivery, protection from “out of character” residential development, Green Belt alterations, energy-efficient building improvements, and allocation of agricultural land for development.

The [National Design Guide](#) also focuses on health and wellbeing in the following sections:

Identity	Well-designed places, buildings and spaces have a positive and coherent identity that everyone can identify with, including residents and local communities, so contributing towards health and well-being, inclusion and cohesion.
Movement	A well-designed movement network defines a clear pattern of streets that is safe and accessible for all and promotes activity and social interaction, contributing to health, well-being, accessibility and inclusion.
Nature	Well-designed places provide attractive open spaces in locations that are easy to access, with activities for all to enjoy, such as play, food production, recreation and sport, so as to encourage physical activity and promote health, well-being and social inclusion.
Public Spaces	Well-designed places include well-located public spaces that support a wide variety of activities and encourage social interaction, to promote health, well-being, social and civic inclusion.
Homes and buildings	Well-designed homes and buildings provide good quality internal and external environments for their users, promoting health and well-being, and relate positively to the private, shared and public spaces around them, contributing to social interaction and inclusion.

Resources A compact and walkable neighbourhood with a mix of uses and facilities reduces demand for energy and supports health and well-being.

The Government's [Planning Practice Guidance](#) recognises that planning and health need to be considered together. Paragraph 001 (Reference ID: 53-001-20190722) to Paragraph 013 (Reference ID: 53-013-20220807) set out the key areas in relation to healthy and safe communities within plan making and summarises the two ways planning can contribute to healthier communities. Firstly, in terms of placemaking and creating environments that support and encourage healthy lifestyles (primordial prevention) and secondly, in terms of identifying and securing the facilities needed for the wider health and care system (primary, secondary and tertiary prevention), considering the changing needs of the population.

Many factors contribute to a person's physical health and mental wellbeing, such as the home and community within which they live, their lifestyle, local environment and access to local services.

Local Policy and Guidance

Essex County Council's (ECC) [Joint Health and Wellbeing Strategy](#) (JHWS) focuses on reducing the gap in life expectancy, increase years of healthy life expectancy and reduce the differences between health outcomes in the population. To reach these long-term ambitions, the strategy identifies five key overarching priority areas:

1. Improving mental health and wellbeing
2. Physical activity and healthy weight
3. Supporting long term independence
4. Alcohol and substance misuse
5. Health inequalities & the wider determinants of Health

This strategy sets out how ECC want to work collectively as a partnership to deliver against these priorities, the importance of working with our communities, and how the JHWS links with other strategies and policies locally which are 'owned' by other partnership/s. The [Joint Forward Plan](#) of the North-East Essex Integrated Care Board (NEE ICB) states their commitment to deliver on three aims, termed 'Triple Aim' by improving public health, preventing ill-health, and reducing health disparities for our population.

The [Core20PLUS5](#) is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population of which the "Core" is the most deprived "20%" of the national population (as identified by the national Index of Multiple Deprivation (IMD), "PLUS" population groups that should be identified at a local level and identifies "5" focus clinical areas requiring accelerated improvement: 1. Maternity, 2. Severe mental illness, 3. Chronic respiratory disease, 4. Early

cancer diagnosis and 5. Hypertension case-finding and optimal management and lipid optimal management.

The [Essex Healthy Weight Strategy](#) focuses on preventing and reducing excess weight and the risk of people being underweight. Both excess weight and underweight have extremely complex causes which are individual and environmental, and the two extremes will require a very different management approach. There are two themes for putting the strategy into action; Theme 1: PLACES – changing the obesogenic environment and Theme 2: PEOPLE – helping people start and keep healthy weight behaviours.



Other Guidance

The [Town & Country Planning Association \(TCPA\)](#) works to challenge, inspire and support people to create healthy, sustainable and resilient places that are fair for everyone. They work to secure fresh perspectives on major issues, including planning policy, housing, regeneration and climate change. Informed by the [Garden City Principles](#), the TCPA's strategic priorities are to:

- Work to secure a good home for everyone in inclusive, resilient and prosperous communities, which support people to live healthier lives.
- Empower people to have real influence over decisions about their environments and to secure social justice within and between communities.
- Support new and transform existing places to be adaptable to current and future challenges including the climate crisis.

[TRUUD](#), which stands for 'Tackling Root Causes Upstream of Unhealthy Urban Development', is an organisation that is currently collating evidence and designing tools and interventions

with industry partners, like TCPA, government bodies and communities to help prioritise health in our urban planning. Their aim is to change the way decisions are made about urban development to prevent non-communicable diseases (NCDs) in the future as there have been links found between NCDs (diseases you can't catch) such as diabetes, heart disease and poor mental health and where we live.

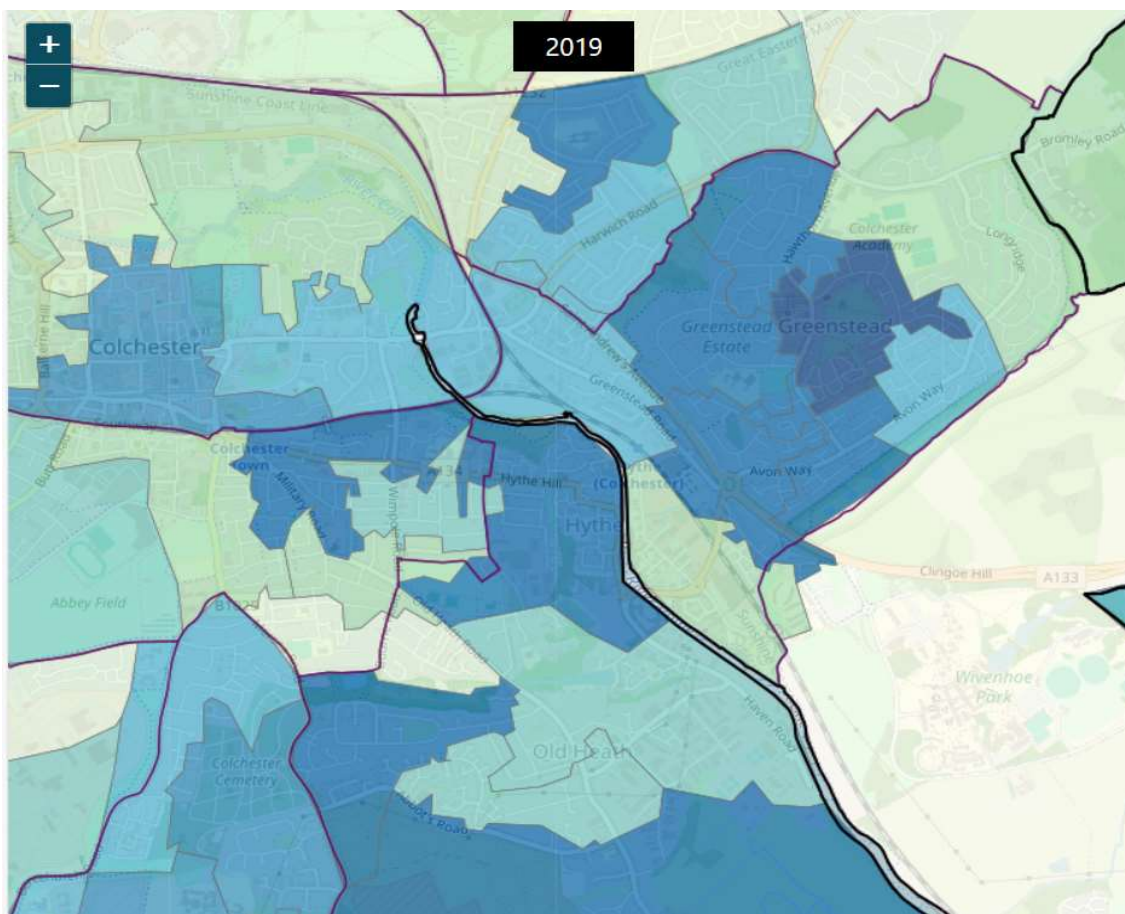
The [Institute of Health Equity \(IHE\)](#), works with places to reduce health inequalities, by assessing the extent of inequalities in health and the social determinants of health (SDH) (the conditions in which people are born, grow, live, work, age, learning and working conditions for local residents). A Marmot Place recognises the health inequalities that are mostly shaped by the SDH and takes action to improve health and reduce health inequalities. The recommended actions are developed in the following areas (known as the 'Marmot Eight' principles):

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

Based on these eight principles, Marmot Places develop and deliver interventions and policies to improve and embed approaches to health equity in local systems and take a long-term, whole-system approach to improving health equity.

Local Context

Significant inequalities in health exist, both within Colchester and between Colchester and its neighbours. According to the latest data from the Office for Health Improvement and Disparities OHID (2019) the life expectancy is 8.6 years lower for men and 8.0 years lower for women in the most deprived areas than in the least deprived areas of Colchester. The most deprived areas of the city are: Magnolia, Forest and Salary Brook South (Greenstead Ward) and St Anne's Estate (St Anne's and St John's Ward). Magnolia is also within the top 10% of most deprived areas in England and most deprived by income and employment. The least deprived areas are: Bergholt (Lexden and Braiswick Ward) and Drury (New Town and Christ Church Ward).



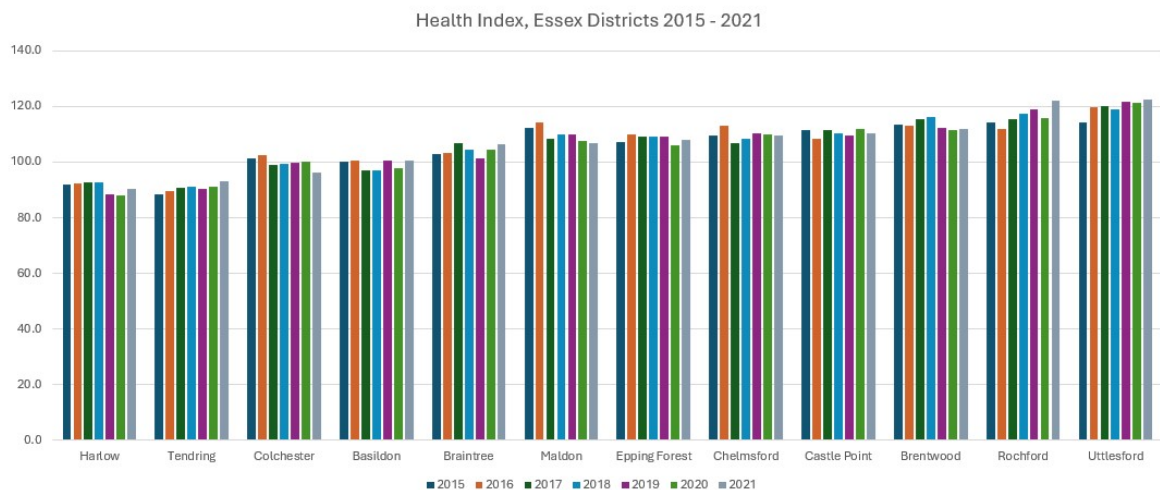
Indices of

Deprivation 2019

Data from the Office of National Statistics (ONS) has shown a volatility in levels of wellbeing (ONS, 2023) in Colchester in recent years. Further data from the ONS Health Index shows that the level of overall health, as measured across three domains: healthy people; healthy lives; healthy places in Colchester has seen a slight deterioration in recent years (ONS 2023).

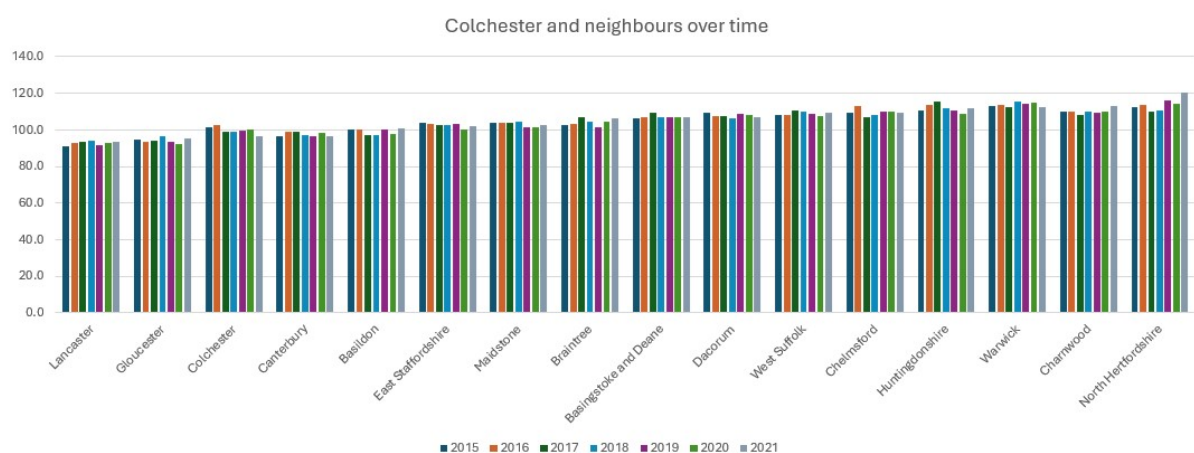
The Health Index for England is a new measure of the health of the nation. It uses a broad definition of health, including health outcomes, health-related behaviours and personal circumstances, wider drivers of health that relate to the places where people live. The overall Health Index score can be broken down into three areas of health, known as domains, which are: Healthy People, Healthy Lives and Healthy Places.

Comparison with other Essex districts over time



Colchester performs poorly when compared to other Essex districts on this measure (10th out of 12 districts) and also performs poorly when compared with our “statistical neighbours” as determined by the Chartered Institute of Public Finance and Accountancy where the city places at 14th out of 16 districts across England (Essex Open Data).

Colchester and its statistical neighbours over time



Evidence

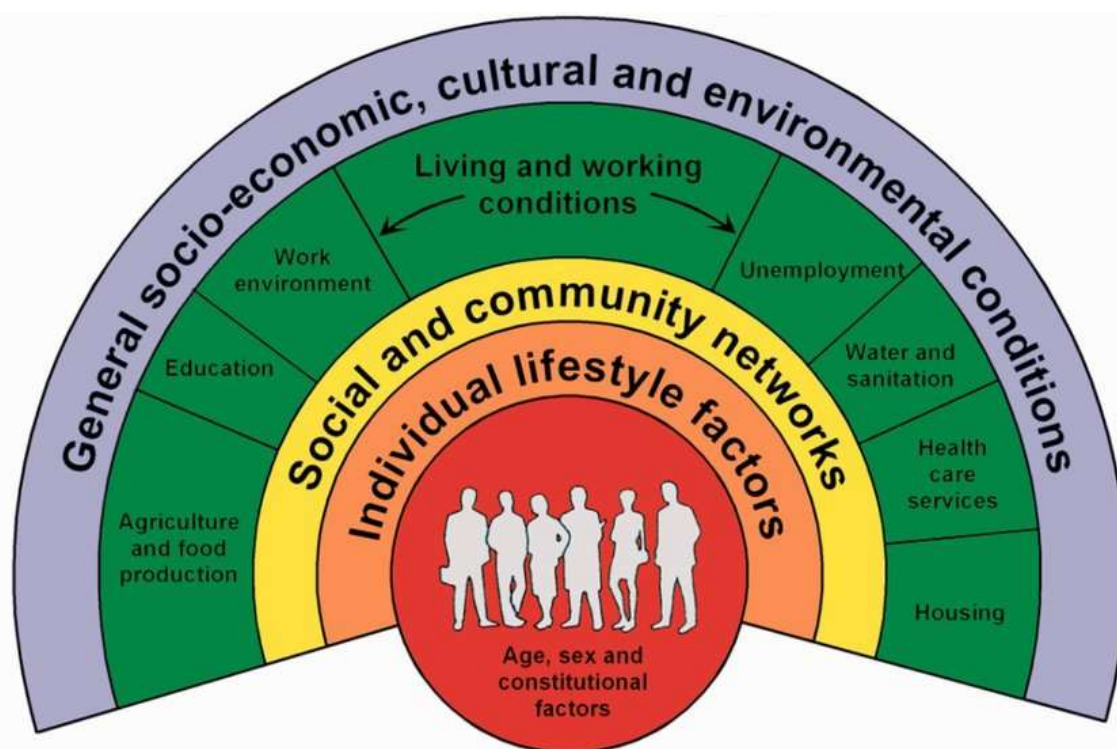
To inform the Local Plan, updated evidence is required to support the policy approach, recognising that Health and Wellbeing is embedded in many aspects of planning and placemaking. To support the approach to a focussed and proportionate evidence base to underpin and justify a range of policy approaches, it has been agreed that the framework set out below, in the following headings, is used to structure and organise this report of evidence. The is based on Essex Planning Officers Association (EPOA) Essex Healthy Places Guidance:

1. Active and Sustainable Environments / Active & Sustainable Travel
2. Design of Homes and Neighbourhoods
3. Access to Open Green and Blue Spaces
4. Supporting Communities and Neighbourhoods for the life-course (mainly for public realm)
5. Access to Healthier Food Environments
6. Access to Education, Employment, Skills and Training
7. Access to Healthcare Infrastructure and Self-care
8. Environmental Sustainability / Addressing Health Impacts

Evidence is set out below under each of the headings. For each heading, evidence has been gathered where available setting out the high-level national context; the local context reflecting the extent to which the evidence is relevant to Colchester; data where this is available; and a summary of findings relating to each topic.

Colchester City Council (CCC) works closely with its partners through the NEE ICB Health and Wellbeing Alliance and ECC public health teams. The overall aims of the Alliance are to increase healthy life expectancy and to reduce inequalities in health and wellbeing. Colchester City Council recognises that planning has a significant role to play in helping to achieve these aims for our population.

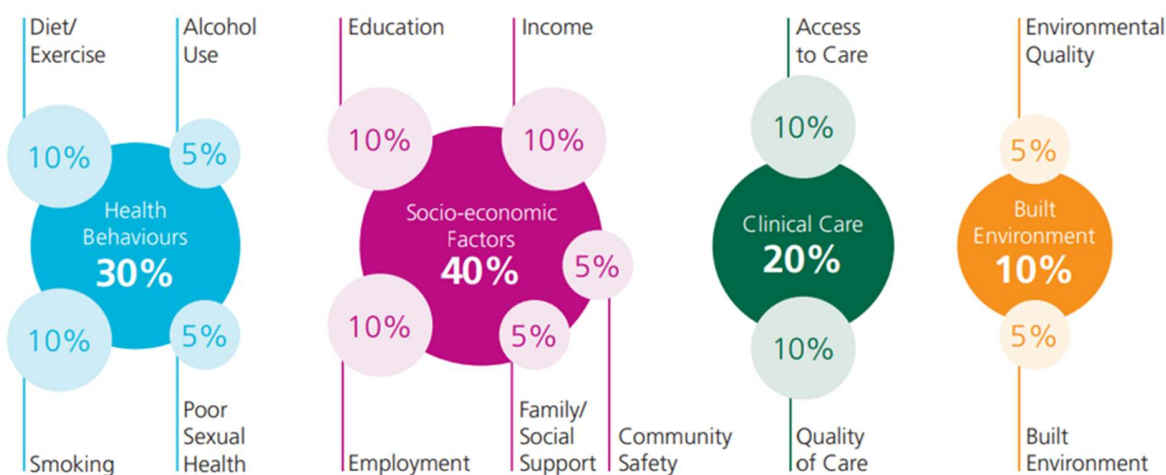
Our health and wellbeing are strongly influenced by where we live (built & natural environments, infrastructure and local economy) and how we live (availability of education, employment, services & amenities). These are called the “wider determinants of health” as illustrated by Dahlgren and Whitehead’s model below.



Source: Dahlgren and Whitehead, 1991

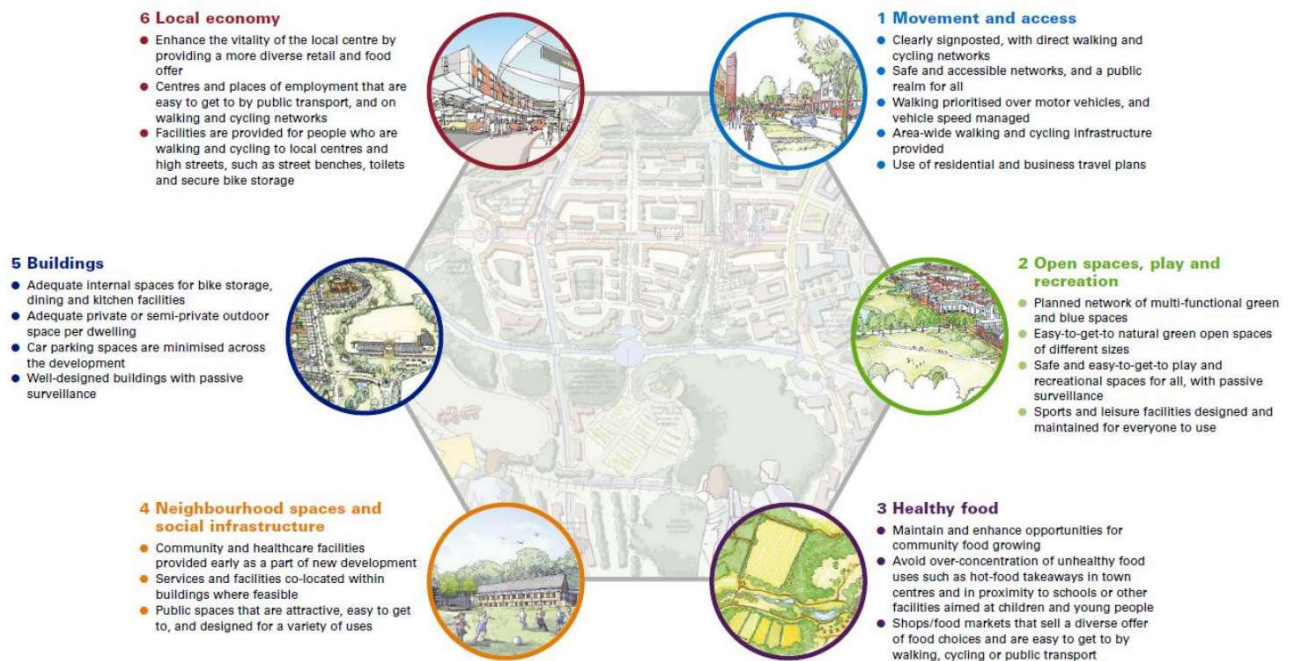
The Robert Woods Johnson model, adopted by the NEE ICB Health and Wellbeing Alliance goes further in quantifying the wider determinants of health (below).

Figure 1: Model for Determining the Wider Determinants of Health



Good health and wellbeing begins where we live, learn, work and play. Good quality housing, schools, access to good jobs, and neighbourhood safety as well as access to health and care services are all key factors in influencing our health and wellbeing. This was established in

2014 by the TCPA and then Public Health England which set out 6 elements to achieve healthy weight environments through planning in their publication of 'Planning Healthy Weight Environments'. The diagram below shows these 6 elements:



Therefore, planning & place making design can positively improve people's health and wellbeing and healthy life expectancy. This is the aim. Engaging with residents, our local partner organisations in the statutory and voluntary sector and with other key stakeholders is of paramount importance in the development of the Local Plan.

Healthy Placemaking

Active & Sustainable Environments / Active & Sustainable Travel

[Active Environments](#) is about developing stronger, happier, healthy communities and better places to live, by ensuring our built and natural environments and the connections in between, are designed or adapted around people, creating the opportunities for all to inclusively increase their physical activity levels, improve health and mental wellbeing.

Sport England's [Active Design Guidance](#) sets out 10 design principles within 3 themes: Supporting Active Travel, Active High-Quality Places & Spaces and Creating & Maintaining Activity. Most recently the Active Design Code Guidance supports planners on how to embed Active Design for improved design code quality ensuring a healthy environment.

The quality of the street environment is also crucial to health and wellbeing. [Healthy Streets](#) is a framework for embedding public health into transport, public realm and planning. The 10 Healthy Streets Indicators focus on the 'human experience needed on all streets, everywhere, for everyone and gives towns and cities around the world an evidence-based approach to create fairer, sustainable and attractive urban spaces.' The Healthy Streets Index is a dataset that scores every street in relation to the 10 Indicators using a composite of key city-wide datasets and provides a score between 0-100 for how healthy a street is to inform decisions about where we live, our travel routes and urban planning.

Active Travel England's [Planning for Active Places](#) draws on existing policy and guidance on a range of topics that support walking, wheeling and cycling within the built environment. Guidance on paths that are free from motorised traffic (green routes) to residential streets and active travel features on streets with low volumes and high volumes of motorised traffic.

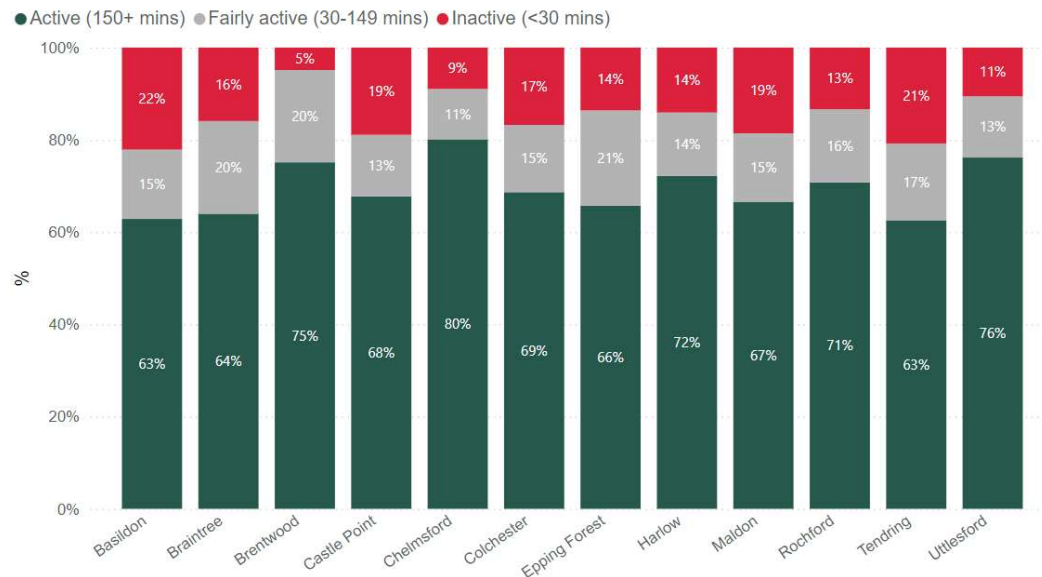
The Sport England [Planning for Sport](#) 12 principles, which are split into four categories: overarching, protect, enhance and provide, and the [Facilities Planning Model](#); looks to assess whether the capacity of existing sport and leisure facilities are capable of meeting local demand for a particular sport. It covers sports halls, swimming pools and artificial grass pitches. [The Active Standard](#) is a quality marker for the physical activity sector, developed by ukactive and its partners. The Active Standard is there to help consumer confidence in the health & safety and inclusivity of local fitness, leisure and sport facilities, providing the facility is a registered member of ukactive. The standards have been raised recently in 2024 with a higher focus on safety and inclusivity, which will improve the opportunity for all to have access to a facility no matter their background or disability.

The Essex Residents' Survey is undertaken by Essex County Council and aims to generate insights into residents' aspirations, views and values on a range of subjects including physical activity. The survey explored physical activity levels across a range of sporting activities including walking and cycling. The Active Lives Survey is undertaken by Sport England and collects data on the engagement in, and attitudes to, sport and physical activity.

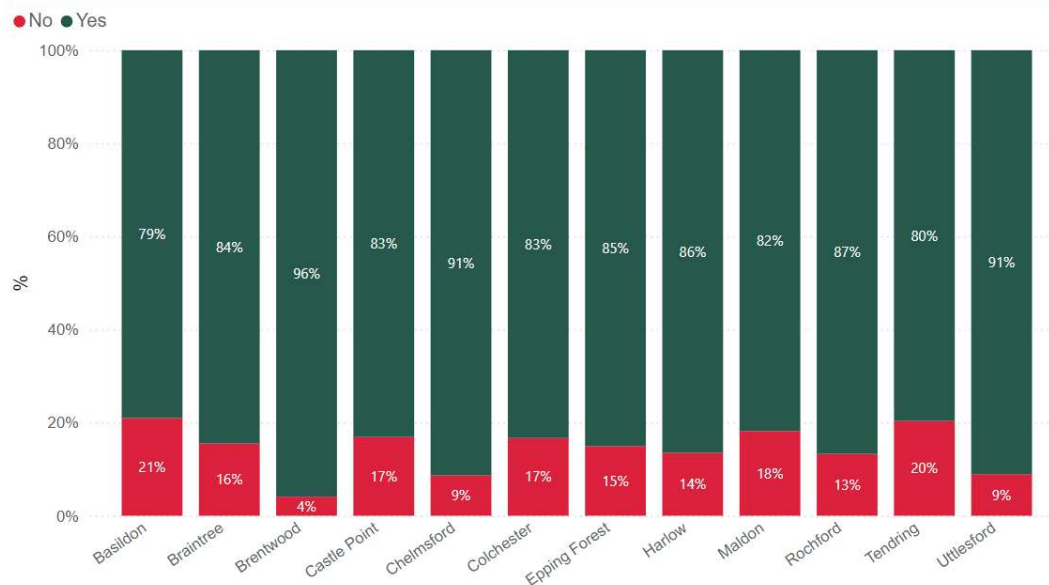
Data below is taken from the 2023 Residents' Survey and Active Lives data 2022-2023.

Essex County Council's Residents' Survey Responses to Physical Activity and Active Travel

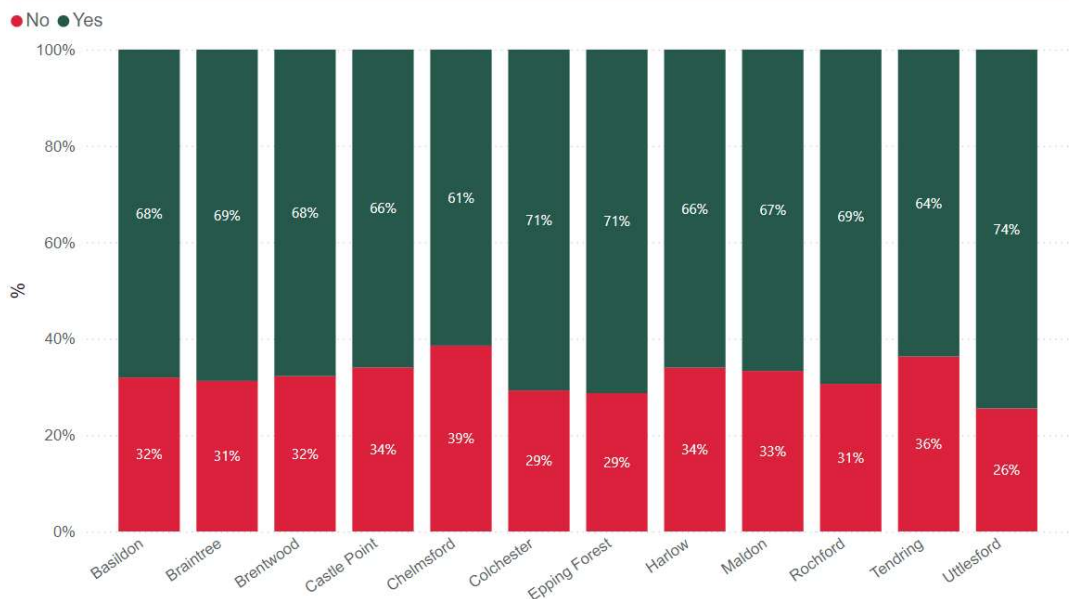
Activity Level in the past 7 days



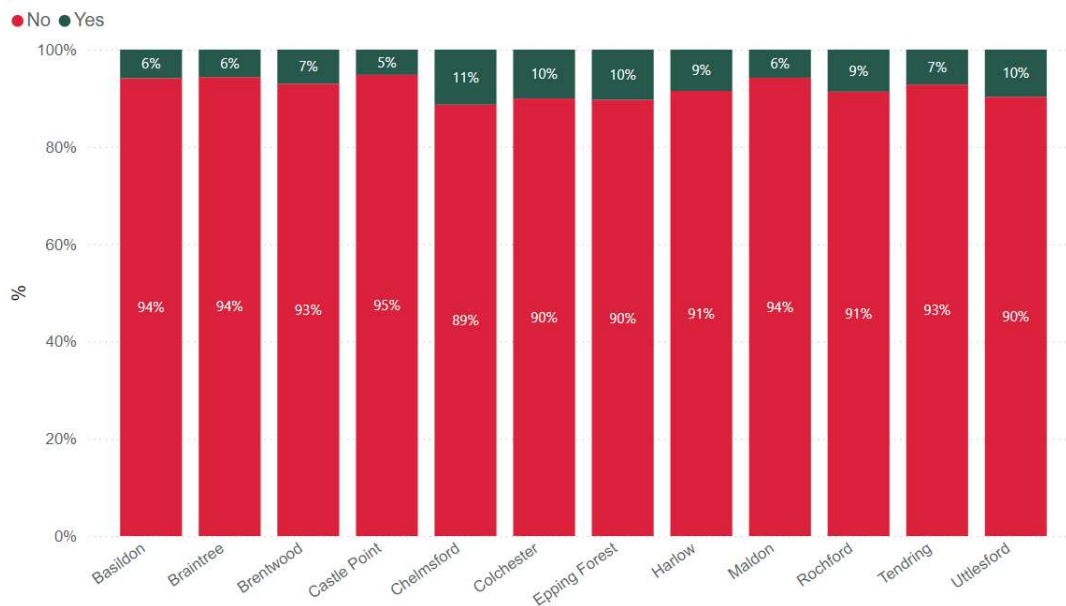
In the past 7 days, have you done a continuous walk lasting at least 10 minutes?



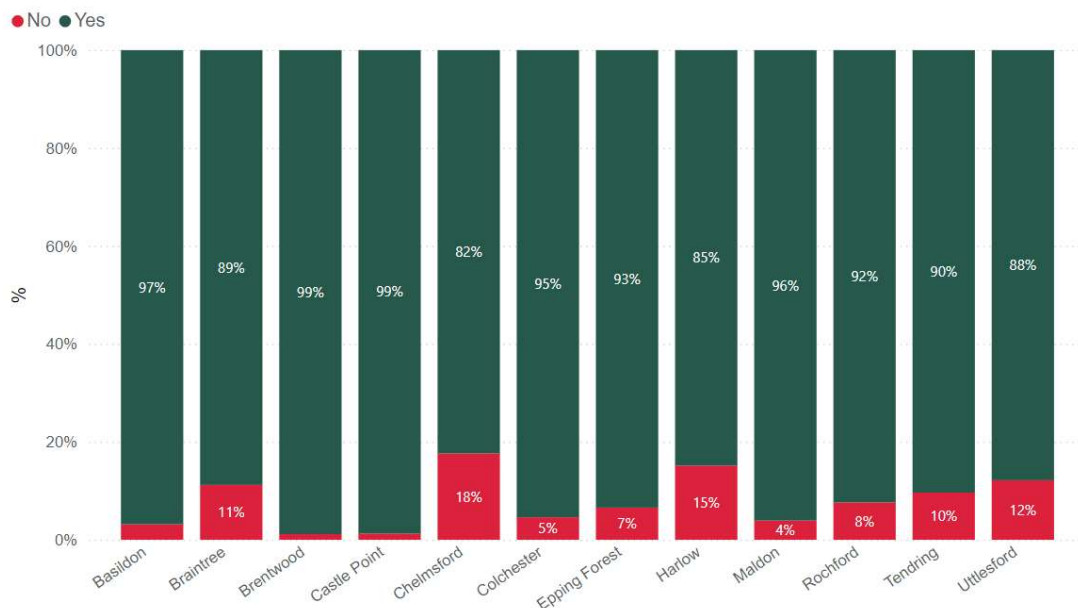
Was the effort you put into walking usually enough to raise your breathing rate?



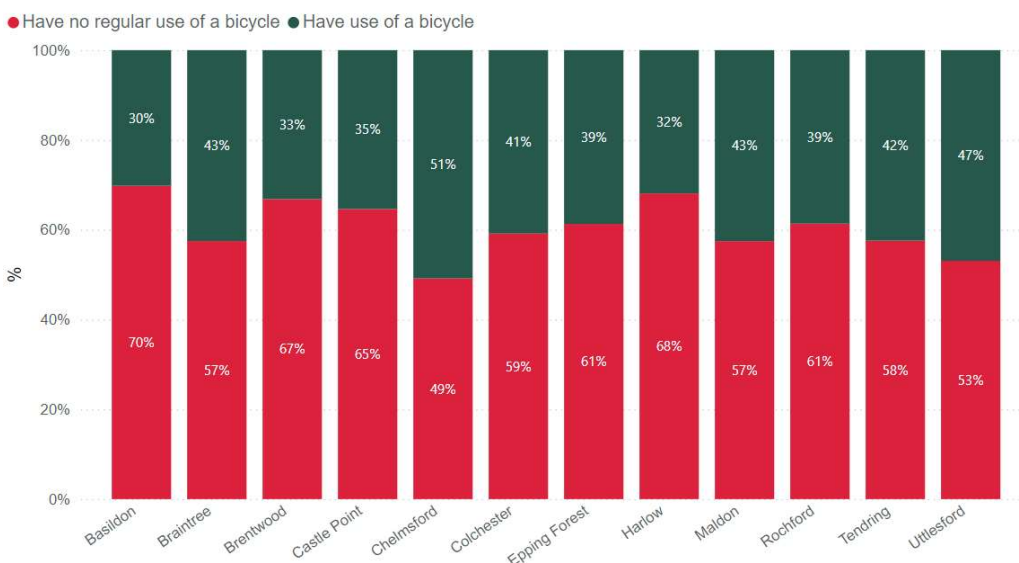
In the past 7 days, have you done a cycle ride?



Was the effort you put into cycling usually enough to raise your breathing rate?



Excluding exercise bikes, do you...?



The above data from the ECC's Resident's Survey shows that 71% of the 83% of Colchester residents breathing rate was increased by walking 10+ minutes. Out of the 40% of residents who have access to a bike only 10% used it within the last 7 days of which most (95%) stated that it did raise their heart rate. If more residents had access to a bike and regularly use it, it could increase more individuals heart rates.

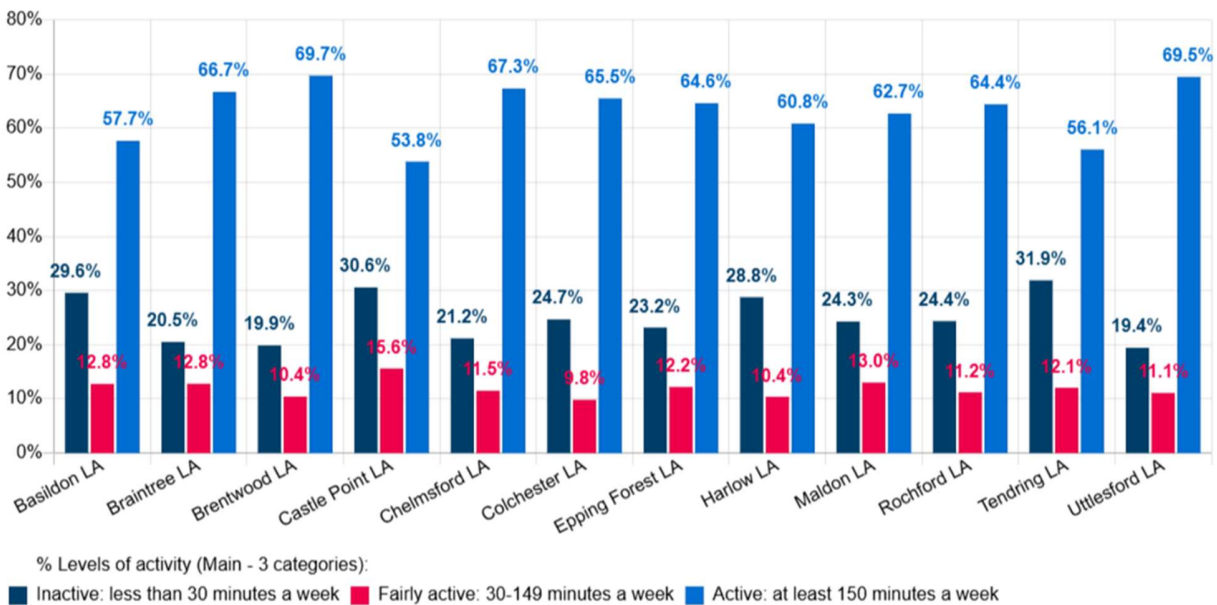
Active Lives data below shows a contrast in levels of activity to that of the Residents' Survey, where 'Active' is 4% less at 65.5%, 'Fairly Active' is 5% less at 9.8% and 'Inactive' is nearly 8% higher at 24.7%. Colchester has the fifth highest number of inactive adults across Essex according to Active Lives data as opposed to eighth by the Residents' Survey.

Active Lives Survey Responses to Physical Activity and Active Travel

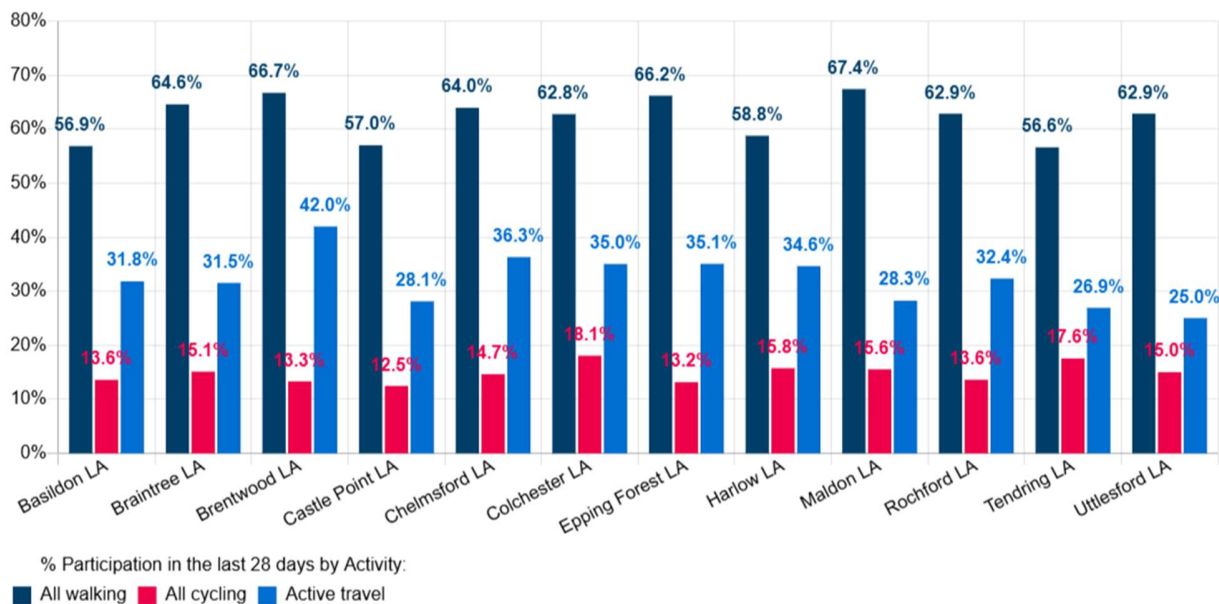
Levels of activity (Main - 3 categories)

Local Authority and County Council - Whole population : Whole population (16+)

Nov 22-23



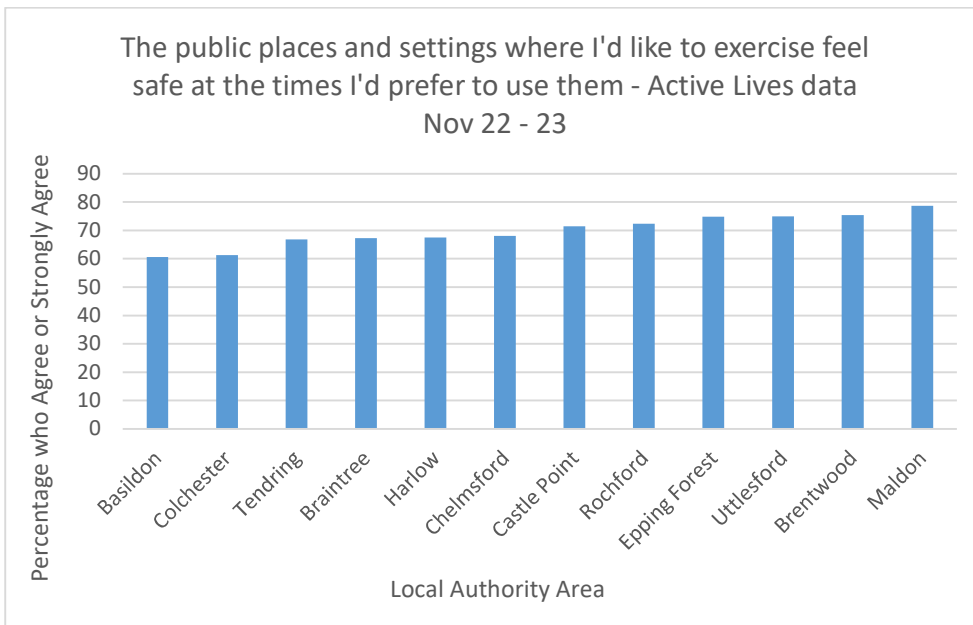
Participation in the last 28 days : At least twice in the last 28 days by activity
Local Authority and County Council
Nov 22-23



Further data from the Active Lives Survey on physical activity and the environment, shows Colchester rating the lowest in inclusive and welcoming environments at 59.4% and second to lowest for feeling safe when exercising in the environment at 61.4%.

Active Lives Survey Responses to Physical Activity, Inclusivity & Safety in the environment



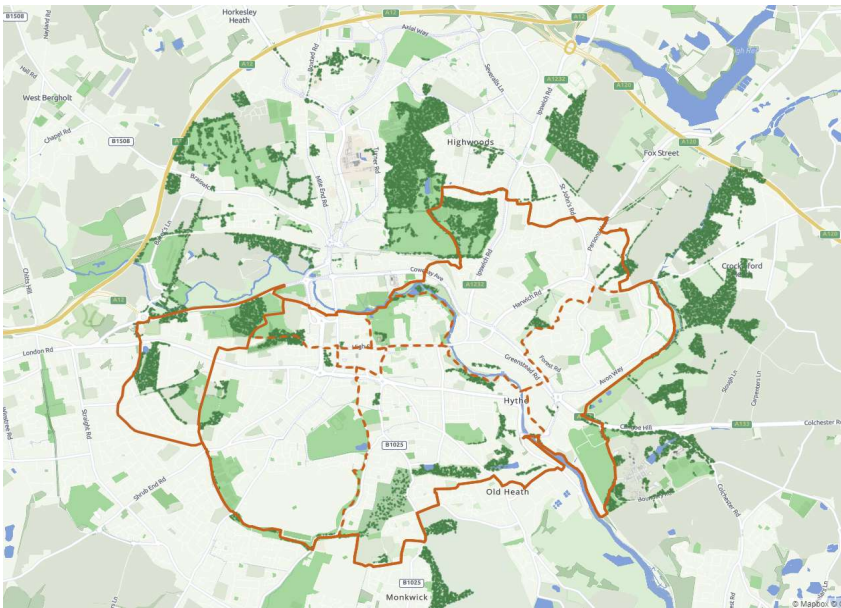


Active Travel Infrastructure and Projects in Colchester

The [Colchester Orbital](#) (below) is a circular active travel route through greenspaces and parks in the city's urban area, following public rights of way where possible. Currently, improvements to the route are being made to make it more inclusive and accessible to all, to encourage active travel and increase accessible access to greenspace.

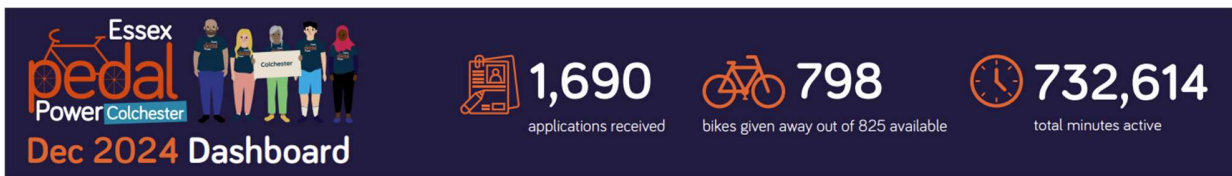


Walking Route (above) Cycling Route (below)



Other existing active travel infrastructure can be found on the [Cycle Colchester](#) website. Work has been carried out to improve the page and information provided to the public that makes it easier to see the existing cycle network and to plan their route to and from destinations more actively. Colchester City Council works closely with ECC's Sustainable Transport colleagues and most recently published our latest version of Colchester's Local Walking and Cycling Infrastructure Plan (LCWIP). The aim of the plan is to highlight areas where infrastructure is needed in order to bridge gaps in the network and to create routes to areas of the city where active travel infrastructure is scarce; therefore, reaching more people and promoting further access and opportunity for people to travel more actively.

Essex Pedal Power (EPP) is one of the flagship programme's of Active Essex's Local Delivery Pilot (LDP), working together with ECC, The Active Wellbeing Society (TAWs) and other key partners. This active travel scheme provides FREE bikes to residents in the county's most disadvantaged communities, to significantly increase their physical activity levels through cycling. The inclusive programme aims to make cycling accessible for everyone and providing recipients to access employment, training and educational opportunities and key local services. The below diagrams show the latest statistics for the Colchester EPP programme.

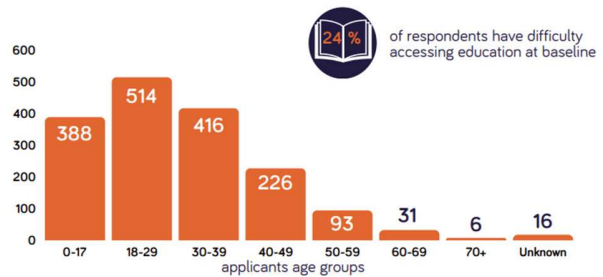
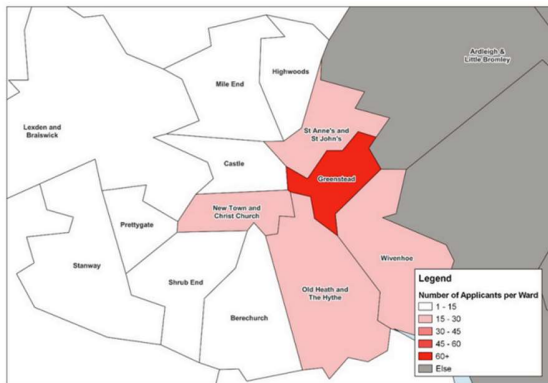


87.6%
applications living in
IMD areas 1-4

242
applicants
referred by LTO's

1,450
hours logged by **39** volunteers

302
childrens bikes



486
males

302
females

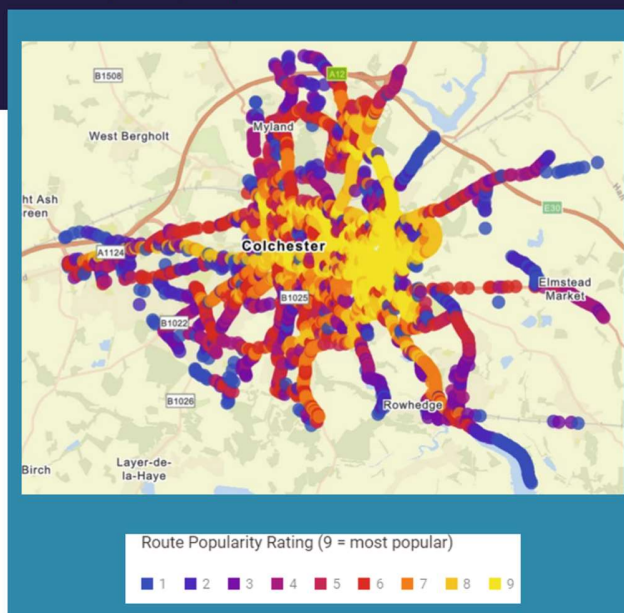
3
non-binary/
non-conforming



17,703.69kg
of CO₂ saved in total
Equivalent to 13,940 10km trips with a diesel car

126,726.94km
travelled by bike recipients

Route Popularity Map



Below is a summary of evidence from EPP recipients on access to employment, improved physical activity and general wellbeing. EPP has helped recipients to commute to their workplace. Some recipients are Hospital workers and before getting their bikes, they were

forced to rely on taxis and public transport to reach the Hospital. Since getting their bike, they regularly cycle to work, feeling fitter and saving on transport costs.

42% of bike recipients reported finding it easy to access employment opportunities compared to 32% at baseline, 3 bike recipients found a job as a delivery driver, thanks to their bikes, an opportunity they would not have had without their bikes, and 33 bike recipients reported having a bike has helped them access both educational and job opportunities in their area.

On average, each bike recipient with a tracker cycled for 2,753 minutes since getting a bike. Inactivity levels dropped from 42% at baseline to 32% at follow-up for bike recipients. At follow-ups, bike recipients consistently reported feeling on average less anxious, happier and being more satisfied with their lives compared to participants who did not receive a bike. Recipients, on average reported feeling their lives were more worthwhile since getting their bikes, with an increase from 6.96 to 7.05.

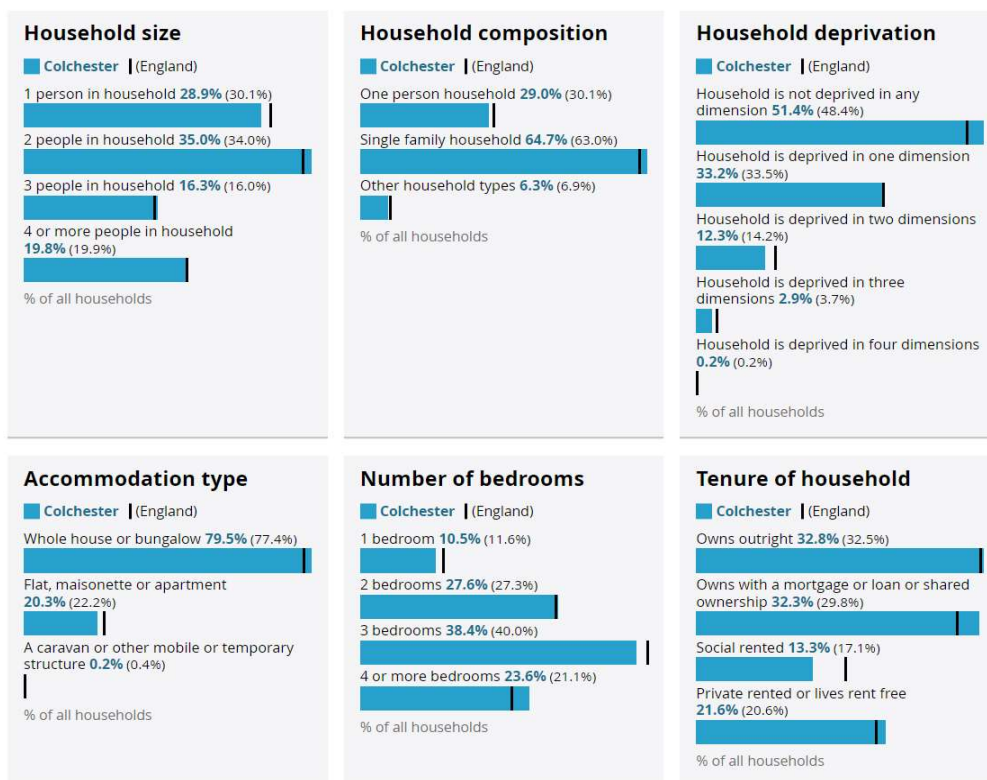
Design of Homes and Neighbourhoods

The places we live can affect our health in a number of ways, including through the way a neighbourhood is designed and the quality and design of homes. The NPPF states clearly, that to create safe, accessible environments, promote inclusion and community cohesion that Local planning authorities are required to have a clear understanding of evidence that demonstrates the housing needs in their area, including those for people with specific housing needs that may require accessibility, adaptability and wheelchair standards in new dwellings.

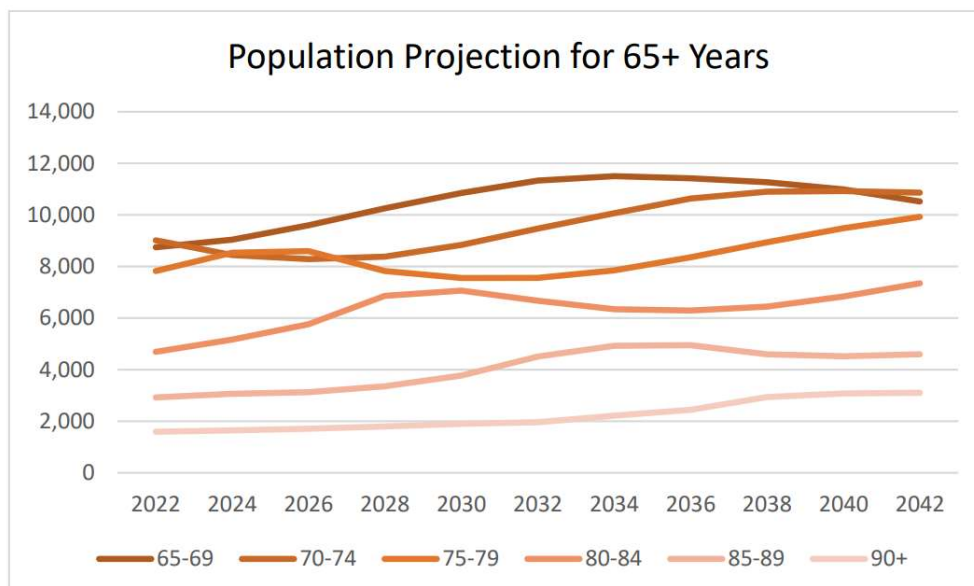
Currently, one of the most recognised quality of sustainable home standards are, [The Passivhaus Standard](#), which is a set of voluntary criteria for an ultra-low energy use home. It accounts for all the energy used in the home, from the heating and cooling, the cooking and lighting, through to electrical device use. The Passivhaus Standard ensures that the home uses very little energy because of the way it is designed and constructed.

Population Data in Colchester

The number of households in Colchester increased by over 11% between ONS 2011 Census and 2021 Census. Although household size has fallen slightly since 2011, this fall is slower than in previous decades. The decline in household size and the increase in the number of households to 2021 can be linked to the predicted growth in the over 65 population, impact of relationship breakdowns and an increase in the number of single / couple households.



More than 15,000 students attend The University of Essex (UoE) [Colchester Campus] with around 130 different nationalities, making the university one of the most culturally diverse campus' in the UK. Students who are not based on the campus have to look somewhere else for accommodation, in particular the private rented sector.



(Source: [Interim 2018 based Subnational Population Projections](#), March 2020)

Housing Data in Colchester

The [Colchester Housing Strategy](#) identifies that in Colchester, the median property price to median earnings ratio is 8.8 compared to 8.16 (England & Wales average ratio). Below shows the property market in Colchester on the following price bands (lower to upper quartile).



The Homelessness Reduction Act (2017) places two additional statutory duties on local housing authorities:

1. The prevention duty – to intervene to prevent homelessness at an earlier stage, when a household is at risk of losing their home in the next 56 days.

2. The relief duty – to offer more advice and support to anyone who is already homeless, regardless of whether they are in priority need and may involve offering accommodation.

The Housing Solutions Team (Colchester Borough Homes) provides free, expert housing advice to residents of all tenures in the city. The team has a strong focus on preventing homelessness and can advise people with housing problems or assist people in finding somewhere to live. For the year 2022-2023, the team prevented homelessness for 209 households and relieved homelessness for 77 households, accepted a full duty under the homelessness legislation for 90 households and helped them into accommodation.

Colchester City Council (CCC) and Colchester Borough Homes (CBH) successfully received funding from the Governments' Rough Sleeper Initiatives programme. This funding enabled work to be carried out, through a Rough Sleeper Team, to provide a specialist support service for rough sleepers or those at risk of sleeping rough and help them move off the streets and access an accommodation pathway. The below graph shows the successful impact of the team's work.

Rough Sleepers or clients at risk of sleeping rough	2019-2020	2020-2021	2021-2022
Number of clients supported	158	161	124
Number of clients accommodated	144	101	38

CCC carries out a yearly programme of repair and maintenance on its housing stock to bring substandard homes up to the Decent Homes Standard that complies with the [Council's Asset Management Strategy](#). There is also the Private Sector Housing (PSH) team which are responsible for ensuring that all properties not owned by CCC are safe and do not present unacceptable hazards to occupiers as assessed using the Housing Health and Safety Rating System (HHSRS).



As of 31 March 2022, there were 105 properties that were NOT at Decent Homes standard (a significant reduction from the figure of 304 properties on 31 March 2021).

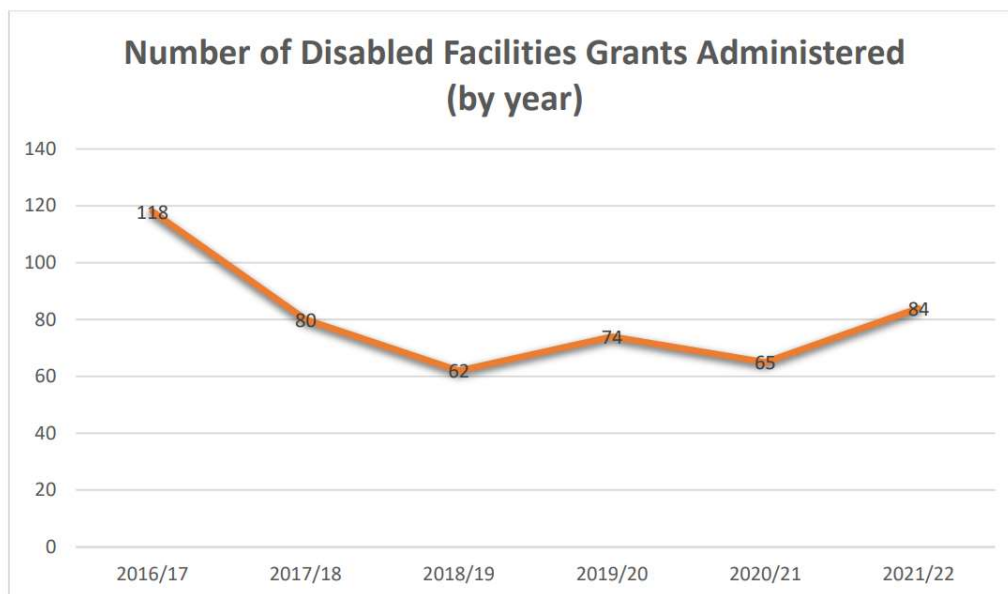
SERIOUS HOUSING HAZARDS REMOVED				
2017-18	2018-19	2019-20	2020-21	2021-22
326	324	406	220	953

Source: PSH data

HOMES IMPROVED IN THE PRIVATE SECTOR				
2017-18	2018-19	2019-20	2020-21	2021-22
112	90	167	179	335

Source: PSH data

CCC administers Disabled Facilities Grants (DFGs) to criteria set out by the Government. The grants are paid after completion of works to adapt properties to enable people with disabilities to continue to live in them. This reduces the burden on social care, the need to move into residential care, prevents delayed hospital discharge if a property is suitable for the occupiers needs and contributes to reduced admissions to hospital A&E departments due to falls and similar issues.



(Source: [Key National Trends \(windows.net\)](#), 2022)

Access to Open Green and Blue Spaces

Access to open green and blue spaces can provide multiple benefits for people; 'green' spaces are referred to open space that is undeveloped with grass, trees or other vegetation e.g. parks and woodlands, 'blue' spaces are referred to as natural areas with visible water such as lakes, rivers, ponds, canals or coastal waters. Natural England has developed a set of [Green Infrastructure Principles](#) and set out the benefits of well-designed green infrastructure. The benefits listed include active and healthy places, setting out that access to green and blue spaces can support active lifestyles and nature connections that can benefit physical and mental health, wellbeing and quality of life.

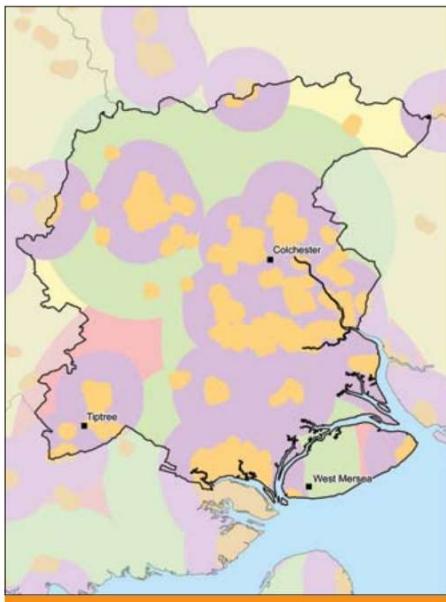
Colchester Data

Natural England's Accessible Natural Greenspace Standards (ANGSt) model was created to measure the distance people have between where they live to their nearest local green space.

Natural England's ANGSt state that:



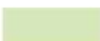



- no person should live more than 300m from their nearest area of accessible natural greenspace of at least 2ha in size;
- there should be at least one accessible 20ha site within 2km of home;
- there should be one accessible 100ha site within 5km of home;
- there should be one accessible 500ha site within 10km of home.

- 29%** of households within Essex have access to a site of at least 2 hectares within 300 metres
- 68%** of households within Essex have access to a site of at least 20 hectares within 2 kilometres
- 72%** of households within Essex have access to a site of at least 100 hectares within 5 kilometres
- 19%** of households within Essex have access to a site of at least 500 hectares within 10 kilometres
- 7%** of households within Essex have all of their ANGSt requirements met
- 14%** of households within Essex have none of their ANGSt requirements met

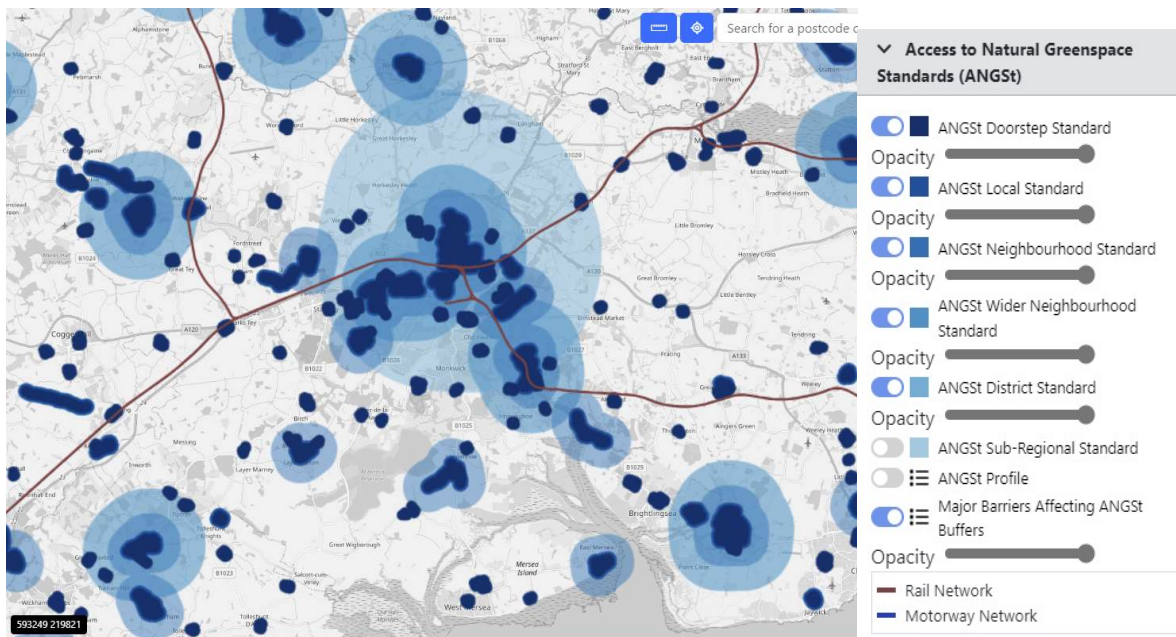


Map 5. Colchester Borough
All combined buffers
for ANGSt size classes

Legend – maps 4, 5, 6 and 7

-  300m buffers around 2ha+ accessible natural greenspace
-  2km buffers around 20ha+ accessible natural greenspace
-  5km buffers around 100ha+ accessible natural greenspace
-  10km buffers around 500ha+ accessible natural greenspace
-  Areas with no accessible natural greenspace provision
-  Local Planning Authority

The district of Colchester is above the Essex average in the provision of all ANGSt size categories. The newer standard, the ANGSt 'Doorstep Standard' which is a greenspace of at least 0.5ha within 200m and represented as 'gold standard' distance. The map below highlights that Colchester's country parks, especially Highwoods, encaptures most of the urban area of the city in the ANGSt 'District Standard'. Other large accessible greenspace also covers areas of the large settlement towns of Tiptree and Wivenhoe and villages of Eight Ashe Green and Great Tey.



The ANGSt analysis indicates that generally the most rural communities are less well-served by accessible natural greenspace than their urban equivalents. This is due to the perception that within rural areas, the natural greenspace surrounding them supplies the area with sufficient accessible greenspace. However, this is often not the case with the sites being private land with limited public access.

In the west, within the more built-up areas of Stanway, Copford and Marks Tey, access to greenspace is least well provided. Developments at Wyvern Farm and adoption of Lakelands Country Park will help improve access to green space in this area of the city.

Supporting Communities and Neighbourhoods for the life-course (mainly for public realm)

A person's physical and mental health and wellbeing can vary throughout life and are influenced by the wider determinants of health. Supporting communities and neighbourhoods for the life-course through the built environment and public realm is an important factor in improving health and wellbeing. Health Matters (2019).

The [Violence and Vulnerability Unit \(VUU\)](#) have produced reports that analyse the public realm spaces. Across Essex, Southend and Thurrock, 1434 young people took part in this year's Listening Project. 1335 from a diverse range of 64 youth organisations (including groups with protected characteristics), 49 via social media and 50 via the youth voice conference. The report shows the views and concerns of the young people of Essex about youth violence, the impact social media has on this, and how safe young people feel in their communities.

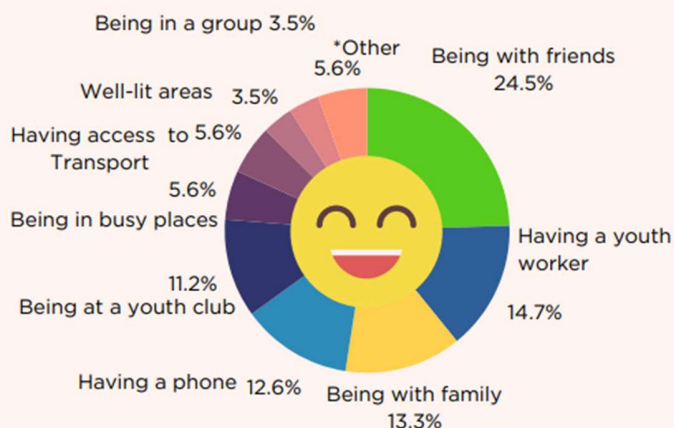
The top five concerns are the same concerns as the previous year and although there is an increase in the percentage of young people that say their biggest concerns are knife crime and getting jumped, this year sees a drop in the percentage that stated youth violence/fights and drugs/dealing. "Knife crime/getting stabbed" has increased marginally since last year by 5% to 21.6%. However, through feedback from new questions added to the latest VVU report (2023-2024), there is a closer link to young people's 'fear' of getting stabbed rather than their 'actual' experience of knife crime.

Young people also recognise the importance of trusted adults and safe spaces such as youth clubs and sports facilities/activities in helping them feel safe. In response to "What else would make you feel safer?" In all but two areas young people mentioned "Increasing police presence and improving signage to locations of police stations", "Better lighting on the streets and in recreational areas", along with "more CCTV/security" were also high priorities.

One of the leading preferences of young people (recorded over 50% of them), stated that they would like to see various sports, especially non-competitive and affordable sport made more available to them. However, cost is seen as a barrier for many to get involved in local sports and other activities aimed at young people. This aspect was raised numerous times and across the majority of all areas. Young people in many areas have strong and empowering relationships with youth leaders. Young people are asking for safe quiet study areas and stated they want to get involved with community activities, affordable sports and youth clubs, learn life skills and improve relations with the Police.

Colchester has the highest percentage of young people (77%), across Essex, Southend and Thurrock that have witnessed serious violence. The following diagram highlights what makes young people feel safe or unsafe in Colchester and available activities.

What helps young people feel safe?



*Other: Being close to home, running fast, the Police, walking with my dog

“Being with friends” and “Having a Youth Worker/trusted adult”, remain at the top of the list of what helps young people in Colchester feel safe.

“We need more youth workers”

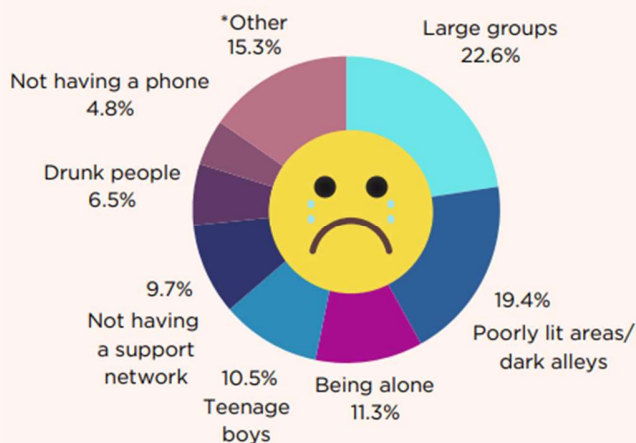
“Having a phone” has increased in importance for young people in Colchester, while those saying **“Well-lit areas”** helps them feel safe has decreased.

What makes young people feel unsafe?

Almost a quarter of young people stated that **“Large groups”**, make them feel unsafe.

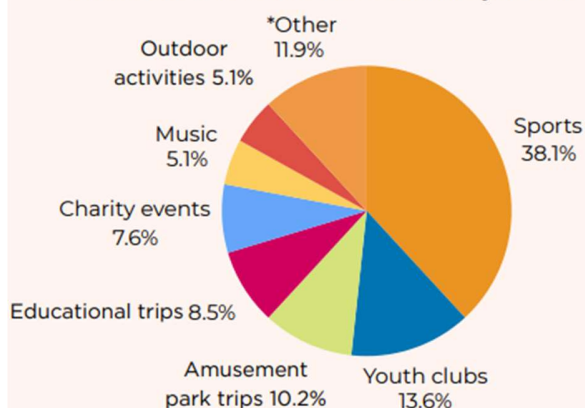
Those saying, **“Poorly lit areas/dark alleyways”** make them feel unsafe, has increased in percentage since last year, but **“Being alone”**, remains in third place.

A small number of young people mentioned that **“Drunk people”** make them feel unsafe, this was not mentioned last year.



*Other: Men, drug users, young people smoking

What activities would young people like to see more available for them to take part in?



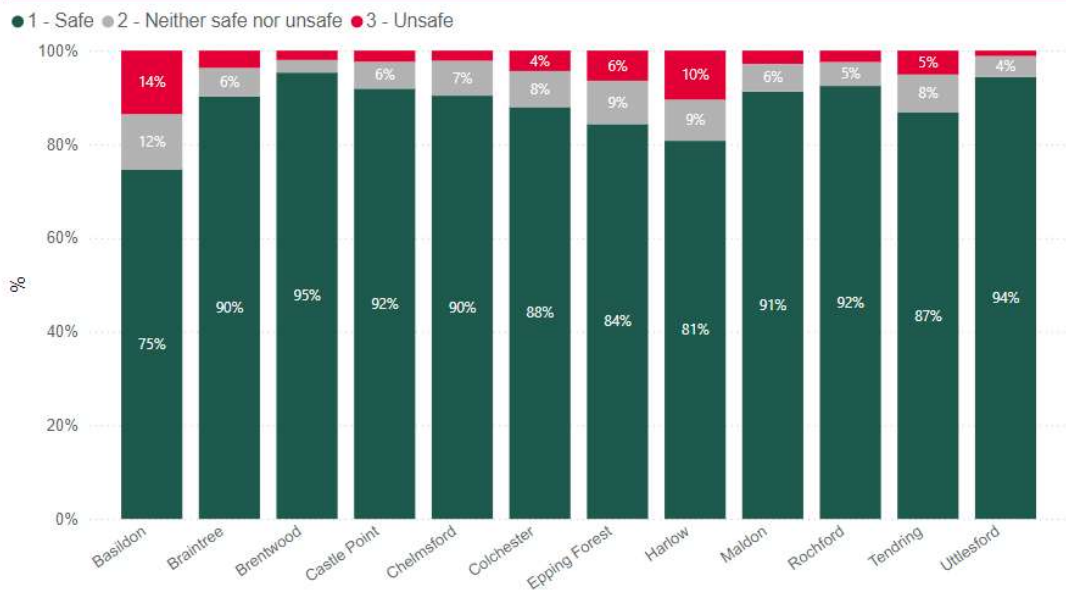
*Other' included a variety of activities such as: cooking, mindfulness sessions, biking, more shops, talent shows and more places to go to in town.

“Sport activities” was the most popular answer that young people in Colchester would like to see made more available to them.

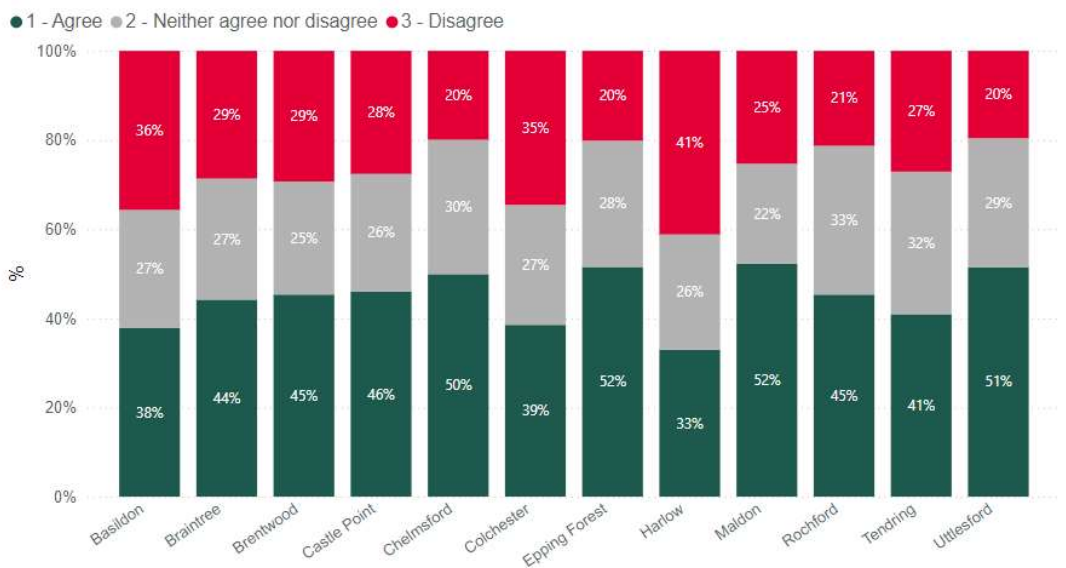
This has risen by over 10% since last year.

Essex County Council's Resident's Survey (2023) Responses to Isolation and Where They Live

How safe or unsafe do you feel when outside in your local area, during the day?

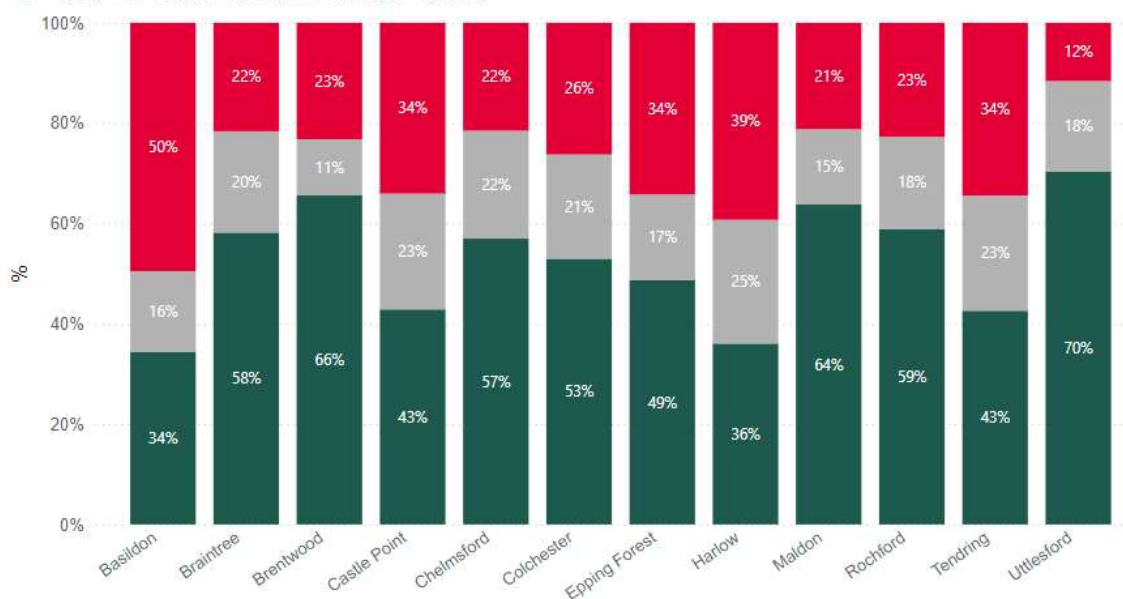


How much do you agree or disagree? I feel close to people in the area where I live



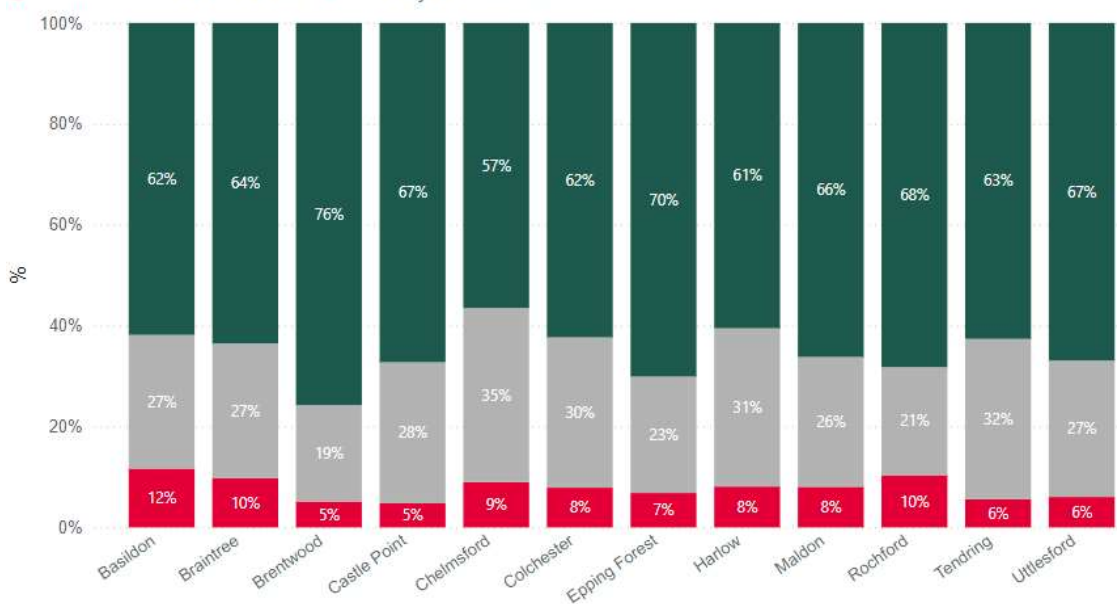
How safe or unsafe do you feel when outside in your local area, after dark?

1 - Safe 2 - Neither safe nor unsafe 3 - Unsafe



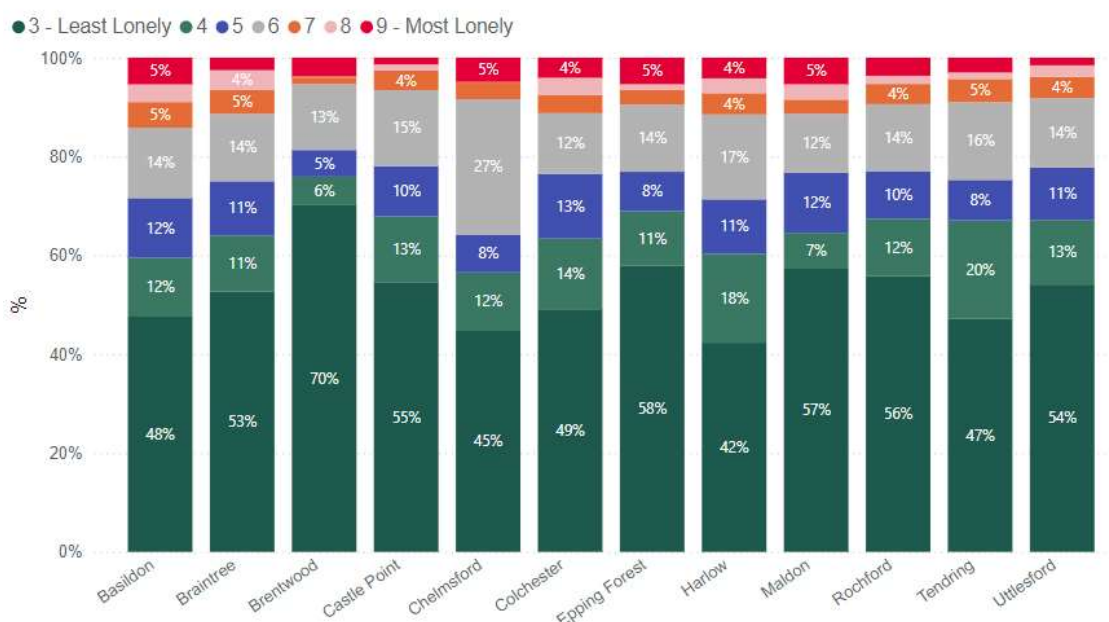
How often do you feel isolated from others?

1 - Often 2 - Some of the time 3 - Hardly ever or never



Combined Loneliness Score

[See here for full question wording](#)



Data (above) is from the Essex County Council Resident's Survey (2023) and shows that Colchester residents feel less safe being outside in their local area than many other Essex residents. Colchester has the third lowest percentage of residents in Essex agreeing with the statement that "I feel close to people in the area where I live".

In her seminal meta-analysis and subsequent work Holdt-Lunstad (2010) has shown that only smoking compares to social isolation as a risk factor for early death. 21.34% of residents aged between 16-65+ years, in Colchester reported feeling isolated from others. This was the second lowest percentage compared to that of the other Districts in Essex, and lower than that across Essex as a whole (25.50%). Although Colchester rates joint 5th, with two other districts in Essex, on how isolated residents feel from others, connected communities that enable social interaction are key to improving the wellbeing of a place.

Supporting communities to develop neighbourhoods for the life-course is important. The strategic approach adopted by Colchester City Council and partners with regards to our communities is known as "asset-based community development (ABCD)". This approach is based upon viewing communities through their assets and strengths rather than deficits and is encapsulated in our "Communities Can" approach though which the aim is to seek to empower and enable communities to build upon the strengths that exist within them.

Healthy Lifestyles

Access to Healthier Food Environments

Currently, access to and consumption of Ultra-Fast-Food (UFF) or Ultra-Processed-Food (UPF) has been anticipated as one of the main factors in chronic diet related diseases, such as obesity. There is growing evidence linking poor dietary quality and diet related diseases with the consumption of UPF by children, adolescents and adults (Chang et.al 2021). UPF remains strongly associated with obesity and health-related outcomes after adjusting for quality and dietary patterns. For adolescents, food patterns and practices are driven by influence from their peers, social normalcy, food environments and eating contexts. These patterns can be influenced by commerciality (advertising, marketing & product placement) and pricing strategies (discounts & promotions).

The Food Foundation's flagship [Broken Plate Report](#) looks at the current trends impacting the United Kingdom's food system using 13 key metrics and provides an outline of the current environment and offers solutions and actions needed from policy makers to ensure everyone can afford and access healthy and sustainable food.

Key findings showed that healthier food/s are more than twice as expensive than less healthier foods and with the most deprived 5th of the population needing to spend 45% of their disposable income, rising to 70% for households with children, on healthier food/s to be able to afford the governments recommended healthy diet. A quarter of all food outlets in England are fast-food outlets and rising to one in three in the most deprived areas.

Colchester Data

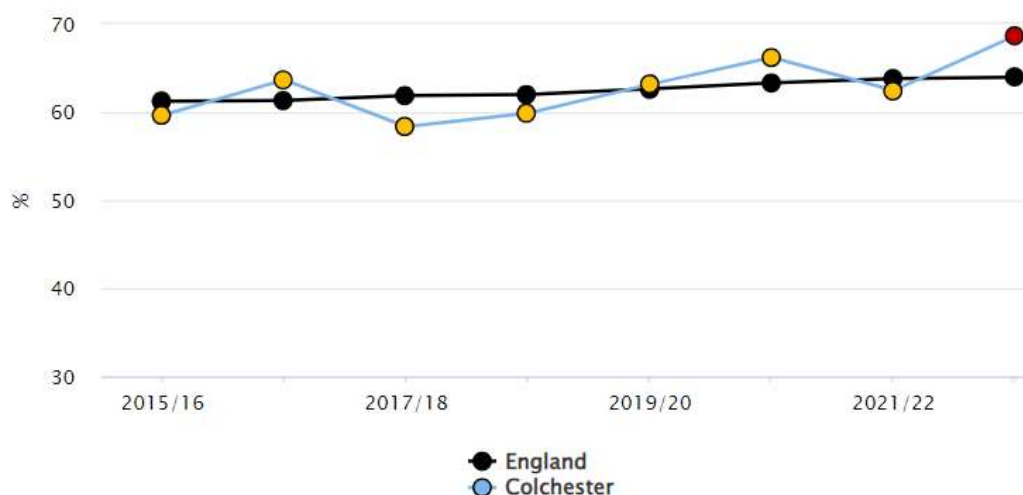
Obesity levels in Colchester are increasing and are a cause for concern, as shown in data from the Office for Health Improvement and Disparities (OHID, 2024)

In the most recent data (below) we can see that Colchester's adult overweight and obesity prevalence, at 68.7% is higher than the English average of 64%. The prevalence of overweight and obese adults in the East of England is 64.8%

Overweight (including obesity) prevalence in adults (18+ yrs)

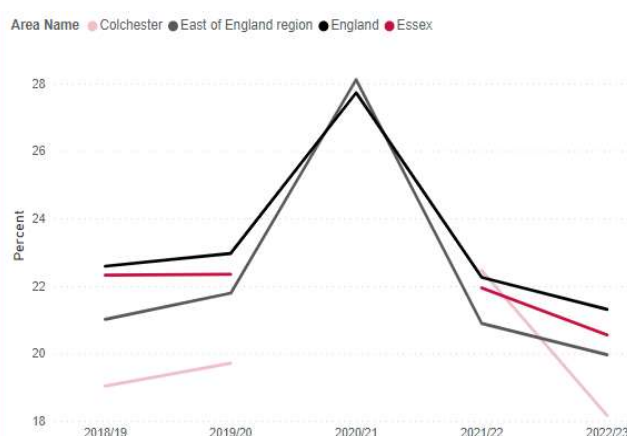
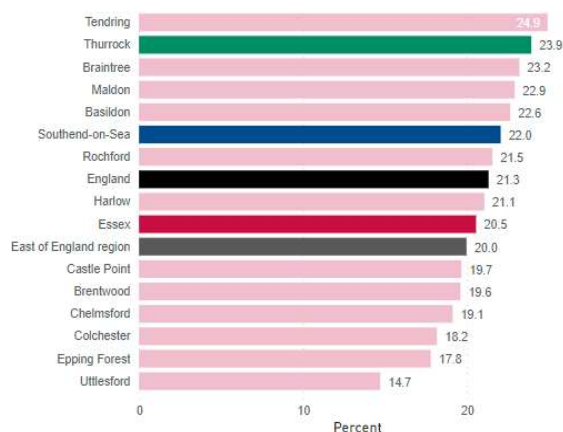
[Show confidence intervals](#)

[Show 99.8% CI values](#)

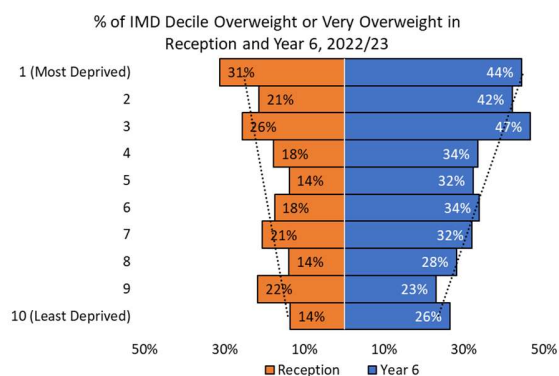
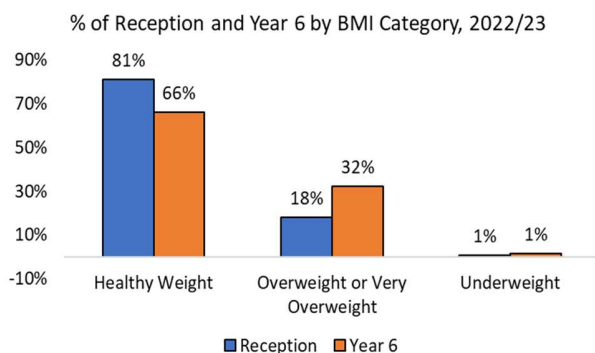
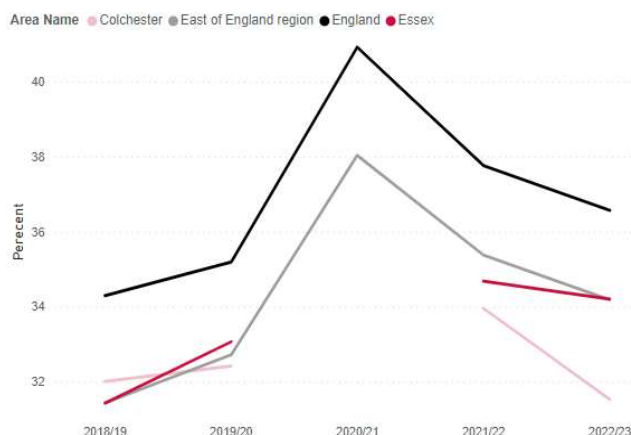
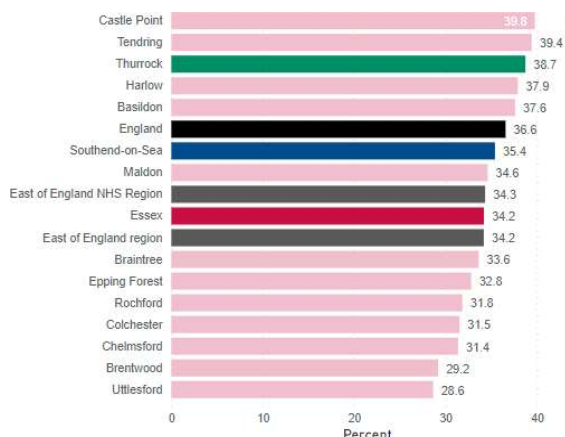


The National Child Measurement Programme (NCMP 2022-2023) measures the height and weight (Body Mass Index [BMI]) of school children in Reception (age 4-5 years) and Year 6 (10 to 11 years) in mainstream state-maintained schools. Data below shows that in Colchester schools, 25.4% of measured children in Reception and Year 6 in total were Overweight or Very Overweight, with 18.2% in Reception and 31.5% in Year 6 Overweight or Very Overweight. These are amongst lowest across all Essex districts, below county, regional and national levels (data 2022/23).

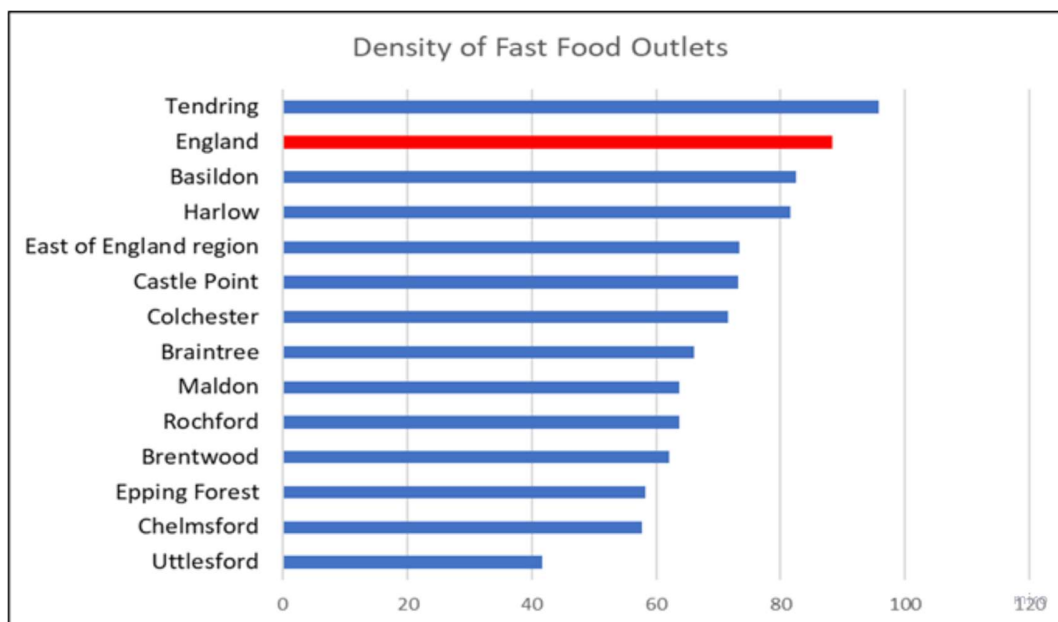
Reception - % Overweight or Very Overweight



Year 6 - % Overweight or Very Overweight



Prevalence of Overweight or Very Overweight continues to be higher among children living in more deprived areas compared to less deprived areas. The ward in Colchester with the highest percentage of Reception and Year 6 resident population in total 29% Overweight or Very Overweight was Greenstead. There is also a higher percentage of Reception and Year 6 Children as Overweight or Very Overweight living in 'Urban' areas compared to rural areas; year 6 seeing the largest increase between 2017/18 to 2022/23.

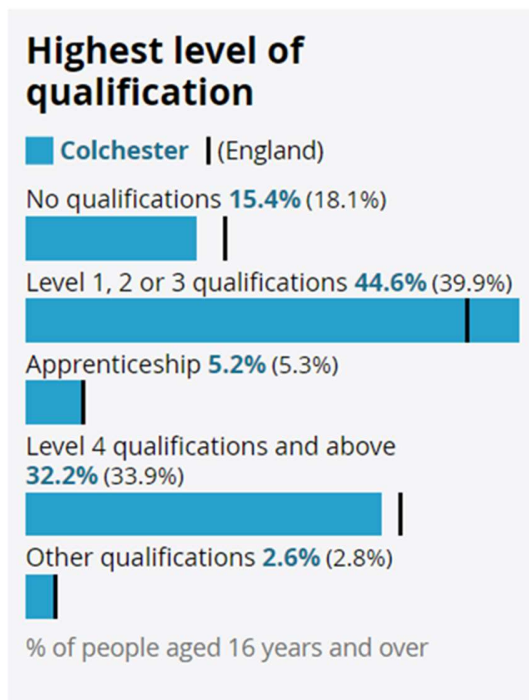


2016 data (above) shows Colchester as 5th in the county of Fast-Food density at 71.4% which is higher than the Essex average of 69.5%; England average is 88.2%.

Access to Education, Employment, Skills and Training

Access to employment can improve health and wellbeing, not only from an economic perspective but also in terms of quality of life. Access to education, skills and training can also have an impact on health and wellbeing.

Data from the latest census (ONS, 2021) shows that while Colchester has fewer residents with no qualifications than the English average (15.4% as opposed to 18.1% in England), slightly fewer residents have Level-4 (degree-level) or higher qualifications (32.2% as opposed to 33.9% in England), with a high concentration in mid-level qualifications (Levels 1,2 and 3) at 44.6%.



Within the ONS' Indices of Multiple Deprivation (ONS, 2019), the education, skills and training deprivation domain measure the lack of attainment and skills in the local population. The indicators fall into two sub-domains: one relating to children and young people and one relating to adult skills.

Colchester has 32 small areas (LSOAs) that fall into the top 40% of most deprived LSOAs in the county for this access to education domain. These LSOAs are concentrated in the wards of Berechurch, Greenstead and Old Heath & The Hythe. Colchester has 6 LSOAs in the 10% most deprived in the country, found in the wards of Greenstead, St Anne's & St John's.

Recent census data shows, that while Colchester has fewer residents employed in elementary occupations and process, plant and machine operatives, more residents classify themselves

both caring, leisure and other service occupations, and associate professional and technical occupations than English averages.



ONS data (NOMIS, 2024) shows that while Colchester residents’ earnings by place of residence are slightly above averages for the East of England and Great Britain, earnings by place of work are lower than both of these averages. This means that for higher earnings, residents may need to leave the city council area (ONS, 2023).

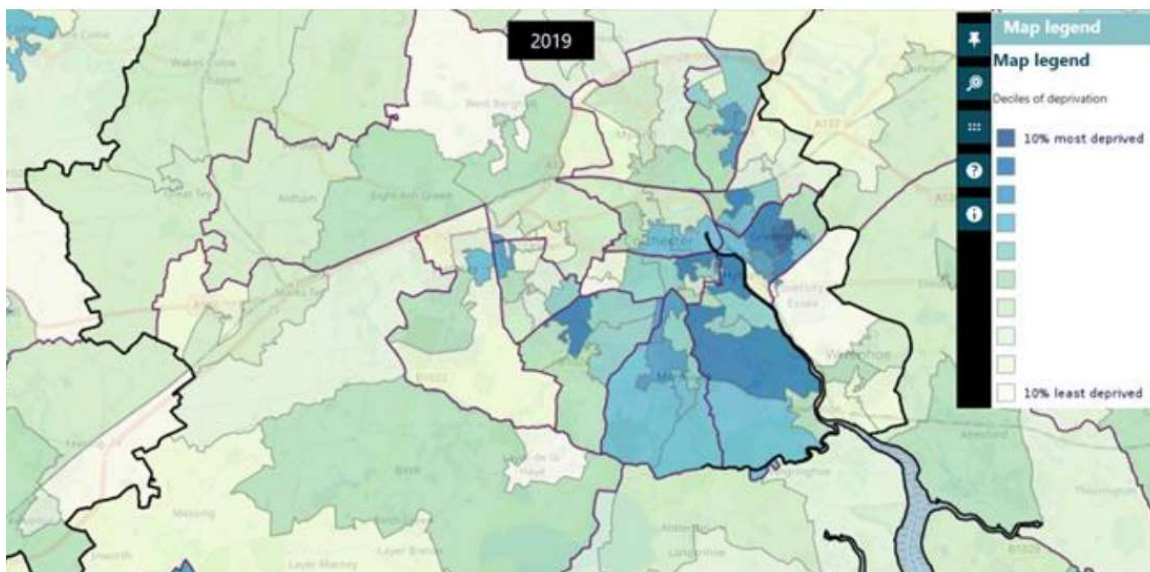
Earnings by place of residence (2023)			
	Colchester (Pounds)	East (Pounds)	Great Britain (Pounds)
Gross Weekly Pay			
Full-Time Workers	715.9	705.7	682.6
Male Full-Time Workers	742.6	755.6	728.3
Female Full-Time Workers	645.6	635.3	628.8
Hourly Pay - Excluding Overtime			
Full-Time Workers	18.68	17.89	17.49
Male Full-Time Workers	18.96	18.79	18.15
Female Full-Time Workers	16.82	16.85	16.64

Earnings by place of work (2023)

	Colchester (Pounds)	East (Pounds)	Great Britain (Pounds)
Gross Weekly Pay			
Full-Time Workers	634.9	673.5	682.6
Male Full-Time Workers	709.1	717.8	728.3
Female Full-Time Workers	565.5	607.9	629.1
Hourly Pay - Excluding Overtime			
Full-Time Workers	16.65	17.00	17.49
Male Full-Time Workers	18.64	17.64	18.14
Female Full-Time Workers	14.19	15.93	16.65

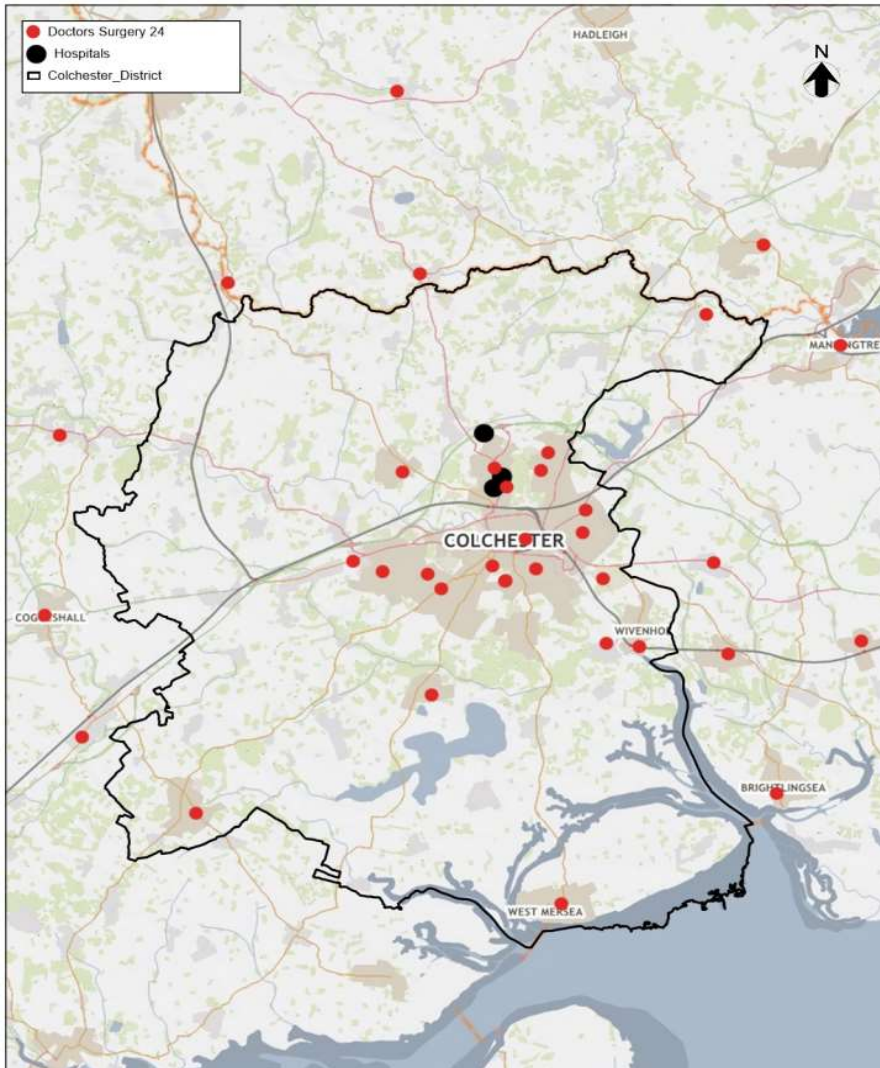
Within the ONS' Indices of Multiple Deprivation (ONS, 2019), the Employment deprivation domain refers to the proportion of the working age population in an area who are involuntarily excluded from the labour market. In Colchester 49,225 people are affected by Employment Deprivation, which equates to 25.57% of the overall population. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities.

Colchester has 30 small areas (known as Lower Layer Super Output Area LSOAs) that fall into the top 40% of most deprived LSOAs in the county for the domain of employment deprivation. These LSOAs are concentrated in the wards of Berechurch, Greenstead and Old Heath & The Hythe. Colchester has one LSOA in the 10% most deprived in the country, Magnolia in the ward of Greenstead.



Access to Healthcare Infrastructure and Self-care

Colchester has 3 hospitals, and they are all located in the Myland Ward north of the urban city area. There are 23 GP Surgeries/ Medical Practices within the City boundary and 11 just outside the City Boundary (see diagram below).



Both the Rural North & Rural South Wards are the least supported and require residents of these rural areas to travel further than their urban counterparts. However, service provision is different and there is a focus on preventative care through public health initiatives as identified through the NEE Joint Forward Plan.

Environmental Sustainability / Addressing Health Impacts

Environmental sustainability is the accountability to preserve the planet's natural resources, protect ecosystems and preserving biodiversity to uphold ecological balance that supports health and wellbeing of both present and future generations. ECC set up the [Essex Climate Action Commission](#) to advise on how best to tackle the climate challenge and become a net zero emissions county by 2050. The action plan has several recommendations and initiatives on creating healthy and sustainable communities by supporting Essex households, on low income or in fuel poverty and in poorly insulated homes to retrofit their home and improve its energy efficiency, lowering carbon emissions but also improving the living conditions supporting lower income families.

In 2019 Colchester City Council declared a climate emergency and since then have carried out various projects to address the climate emergency. In 2023, three Supplementary Planning Documents (SPD) were adopted to communicate Colchester City Council's ambitions for how all development proposals, in the city, should respond to the climate and ecological emergency; the SPDs are: Active Travel, Biodiversity, and Climate Change.

The aims clearly set out the principles the Council expects to ensure that development proposals respond to the climate emergency by delivering sustainable buildings, which are highly energy efficient, include renewable energy and combine active design and green accessible & inclusive infrastructure.

Sport England's environmental [Every Move Sustainability Strategy and Action Plan](#) looks at the impacts of sport and physical activity on the environment and climate change and taking action to improve, connecting participation, inequalities (inclusion) and environmental sustainability through a three-circle model process. The aspirational vision for the sector on community health and wellbeing is Community Wellbeing Hubs, where sport and leisure facilities are community orientated and co-located with health and other essential services and events; zero carbon and climate resilience and nature thriving through Active Design. Championing environmental sustainability with every move through a positive and regenerative sport and physical activity sector.

Summary & Conclusion

The data gathered in this report provides information and evidence to support a focused and proportionate evidence base to underpin the Colchester Local Plan. It provides local data and project examples illustrating how health and wellbeing is strongly influenced by a number of factors including where we live and how we live. This data can be used to influence and underpin the review of the Colchester Local Plan and the policy approach to Health and Wellbeing.

Engagement

In preparation for this evidence base document Colchester City Council's (CCC) Planning Policy team scheduled a plan of engagement with CCC Communities Health and Wellbeing research team, ECC public health colleagues, NEE ICB Health and Wellbeing Alliance and TCPA via a range of workshops. The first workshop was held on 20th June 2024 which set out the time scales of the Local Plan review and how we want to build an ongoing relationship between planning and health by forming a sub-group of these partners. Discussion was held in relation to scoping the evidence that is required to support the Local Plan on Health and Wellbeing by simply asking 'what evidence is out there?' 'What would be the best format to scope the required evidence?' Following Workshop 1 the evidence base was to use the EPOA Essex Healthy Places Guidance framework.

Workshop 2 was held on the 24th September 2024 and the aims of the workshop was to talk through the local evidence above from the following highlights listed below:

1. 17% of residents are inactive and have not completed a continuous walk for 10+ minutes.
2. 60% of residents don't have access or regular access to a bike.
3. Adult overweight and obesity is at 68.7% (higher than the English average of 64%).
4. 25.4% of children in Reception and Year 6 in total were Overweight or Very Overweight in Colchester, with 18.2% in Reception (4-5yrs) and 31.5% in Year 6 (10-11yrs) compared to Tendring where the figures were 24.8% & 36.3% respectively.
5. 25.4% of children in Reception and Year 6 in total were Overweight or Very Overweight, with 18.2% in Reception (4-5yrs) and 31.5% in Year 6 (10-11yrs). Amongst the lowest across all Essex districts, below county, regional and national levels (data 2022/23).
6. Higher among children living in more deprived areas compared to less deprived areas. Greenstead ward had the highest percentage (29%) of Reception and Year 6 population were overweight or very overweight.
7. Essex Residents Survey (2018), 21.34% of Colchester residents aged 16-65+ years reported feeling isolated from others. (2nd lowest % to the other districts in Essex); compared to 29.08% of Tendring residents (3rd highest % to the other districts in Essex) (Essex as a whole 25.50%).
8. Rural areas lack the most access which can be deceiving (privately owned land) so increase of isolation with fewer areas to access open space.
9. 21.34% of Colchester's residents reported feeling isolated from others whereas in Tendring this figure is significantly higher at 29.08%.
10. Both Colchester and Tendring have above average levels of depression and anxiety at 14.30% (National average 13.74, Essex average 12.49%)
11. Both Colchester and Tendring have above average suicide rates at 13.08% & 15.96% respectively . (National average 9.57%, Essex average 10.88%)
12. 2022 records show 105 properties not at Decent Homes standard.

13. 88% of residents feel safe in their community during the day as opposed to 53% after dark.
14. Numbers of people living with dementia in both Colchester and Tendring are projected to increase by 32.7% and 29.8% respectively from 2020 to 2030.
15. 25.57% of the Colchester population are affected by Employment Deprivation; including people who would like to work but are unable to.
16. Tendring has the highest density of Fast-Food outlets in the county and England at 95.8%, Colchester was 5th in the county at 71.4%. (higher than the Essex average 69.5%; England average 88.2%).

From the groups' discussions of the evidence statistics the following points were gathered:

Points related to Environment (from neighbourhood level to larger open space)

- Existing communities – introduce incidental play/ play on the way, pocket parks, kerbsides.
- Street Tag and Beat the Street incentives to get people moving
- Look at Community safety, antisocial behaviour statistics (reality vs perception)
- Localised policies per ward
- Links to areas of deprivation for access – EPP
- Connectivity in Monkwick/ Stanway
- People's behaviour vs infrastructure
- Enhance and improve PROWs and rural paths as not accessible to wheelchairs and pushchairs
- Better Transport options to destination open spaces e.g. 'beach bus'.
- Localised community open spaces in design to encourage socialising
- Link with Mental Health and suicide – importance of GBI spaces
- Wayfinding and communicational advertising – distances/timings to destinations.
- Dog walking routes and areas
- Landscaping that is self-maintaining – communal garden areas outside homes rather than cars (should be placed away).
- Planting that is climate appropriate, attractive, sound proofing and sensory.
- Bringing historically significant areas to life – educational
- Spaces for all – accessible, inclusive, multifunctional, multi-generational and changes in cultures and safety.
- Protected coastal areas

Points related to Homes, Neighbourhoods and Community

- Healthy Homes Guidance – principles
- Employment Deprivation Needs Assessment
- Private rental statistics.

- New homes built to building regulation standards – policies on most energy efficiency, lighting, water, heat sources and ventilation.
- Types of materials used.
- Sustainability of homes designed for the life course – easily adaptable, accessible.
- Safety zones with no cars
- Using case studies and best practice metrics to influence policies and the plan.
- Multi-use community 'wellbeing' hubs – bringing healthcare services to neighbourhoods. Areas of desk spaces 'working at home' but within the neighbourhood hub.
- Better provision for free activities – gym membership/activities/clubs. Mixture of things to do in a park for example.
- Better lighting and natural surveillance
- Movable neighbourhoods with suitable routes to areas of commerce.
- Secure cycle parking – proximity to local shops to walk/cycle to.
- Where there are higher areas of inactivity/ education and access – improved path/lighting infrastructure – School streets

Points related to accessing services (Healthcare, food environments)

- Refer back to ECC Healthy Wellbeing Strategy.
- Policies around density and fast-food locations. Limit number of fast-food outlets within certain locations (FEAT tool)
- Planning conditions for smaller retail outlets that are affordable allowing healthier eateries to establish / farm shops and local produce.
- Healthier Catering Commitments
- Healthy Food Desert
- Community kitchen/ allotments/ supermarkets – training skills on cooking and growing produce within the community. Reducing stigma around community supermarket for food sustainability rather than cost– Stewardship ABCD (Communities Can)
- Is the need not more GP surgeries but more of a the mixed use 'Community Wellbeing Hub' model for preventative healthcare services as well as GP's from Public Health measures?

During the second workshop examples were given of what good policies look like in relation to the themes. Discussion was held relating to 'how the health and wellbeing of our community can be influenced and improved from development and planning policies':

What Planning can do?

- Can help to create and support healthy places and spaces
- Promote healthy and active lifestyles through design

- Provide opportunities for access to a choice of active modes of travel
- Promote safe, accessible and inclusive environments
- Ensure provision of and access to open green and blue spaces that are accessible and inclusive.
- Good access to work, training and skills development.
- Access to healthy food choices for all.
- Develop Healthcare and Community infrastructure.

What Planning can't do.

- Behaviour change
- Facilitate healthcare and community provision

To conclude, all the evidence in this document, along with the information gathered from colleagues at the workshops, and reviewing examples of existing policies with national and local guidance, will be used to draft health and wellbeing policies for further discussion.

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