

# Wellbeing, Public Health & Communities

## Business Plan

Healthy lives.  
Healthy communities.

2025-2028



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**Healthy  
Lives**

**Healthy**

**Communities**

# Introduction

Welcome to our business plan for 2025-2028. It reflects the needs of our residents and our priorities as a Wellbeing, Public Health and Communities team, as well as how we support Essex County Council in delivering its statutory duty to improve health and reduce inequalities.

The plan outlines specific areas of focus for work on prevention, as well as for continued levels of collaboration with communities and individuals to ensure the solutions we collectively develop are 'owned' and sustainable.

This Plan covers a three-year period and aims to build on existing foundations to achieve longer-term outcomes, many of which will take years to come to fruition. This plan ensures we remain focused and committed to creating the right environment, alongside high-quality support and services, to enable everyone in Essex to live a healthy life and achieve their full potential. As important are our ways of working as a local team, and our commitment to work with wider public services, the voluntary and community sector, local businesses, and others, to do the best for our residents and give ourselves the best chance of success.

The landscape in Essex is changing dramatically. This business plan will need to be delivered in a context of the establishment of a new Mayoral Combined Authority, which will bring new health and wellbeing duties under devolution, and the establishment of new unitary councils along with significant NHS reform. While our longer-term outcomes won't change, we will need to be flexible on the how, to successfully deliver our priorities.

This business plan is underpinned by a 'live' workplan that is agile enough to address underperformance and emergent areas of need. It will remain focused on delivering the services to address the needs of Essex residents, outlined in the following pages – for further information on the detail of this work, please contact: [Sarah.Muckle1@Essex.gov.uk](mailto:Sarah.Muckle1@Essex.gov.uk).

# Our Vision



**For everyone in Essex to live a healthy life and achieve their full potential.**

Health is our greatest asset. Good health and wellbeing enable us to live happy, fulfilling lives and free us up to achieve our potential, supporting positive social and economic outcomes for individuals and society.

The COVID pandemic, and subsequent pressures on individual and family finances have further exacerbated the inequality in our population and the difference between outcomes for those experiencing the best and the worst health are increasing.

The things that influence our health and wellbeing are complex and varied and include the communities we live in as well as the work we do (sometimes referred to as ‘determinants of health’).

Improving our health therefore requires action to be taken by everybody, at every level. By all organisations and businesses, as well as by individuals and communities.

# Our Mission



## To make health everyone's business

This refresh of the Wellbeing, Public Health and Communities Business Plan outlines the continued ways of working for the Essex County Council Wellbeing, Public Health and Communities team to meet these challenges, and calls on wider public services, the voluntary and community sector and local businesses to work together to maximise the opportunities to do this. We want to make health *everyone's business*.

The plan outlines specific areas of focus for the Public Health and Communities team, as well as a need for engagement and collaboration with communities and individuals to ensure the solutions we collectively develop are 'owned' and sustainable.

Many of the areas of focus and ways of working outlined are grounded in public health principles, but we continue to seek to deliver support and services in new and innovative ways - working with local academics, regional and national subject matter experts and those affected most by local inequalities to shape the offer.

This business plan covers a three-year period and aims to build on the foundations from the first 3 years, for the achievement of longer-term outcomes which need a commitment to proving the right environment, high-quality support and services to facilitate change.

## Our Ambition



**A reduction of the gap in life expectancy and years spent in poor health, by achieving better outcomes for everyone.**

Prevention is at the forefront of everything we and our partners do, including community, voluntary, and faith groups, social and private enterprises, primary care services, public services such as education, housing and access to employment.

Our population understands what is best suited to them, how to be healthier and puts this into practice.

# Global Burden of Disease Essex Summary

DALYs (Disability-Adjusted Life Years) measure how much a person's health falls short of ideal health, where ideal health means living a full life without any illness or disability.

## Essex's Health Is Better Than Average

- Essex is healthier than the national average, with better overall health and lower DALY rates, but preventable diseases still cause major problems.

## 32,000 DALYs per 100,000 People

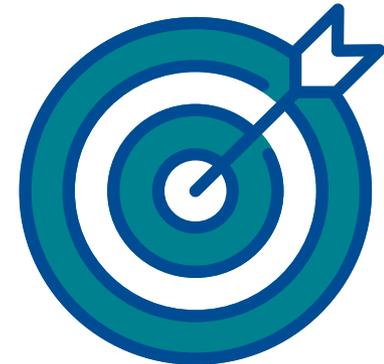
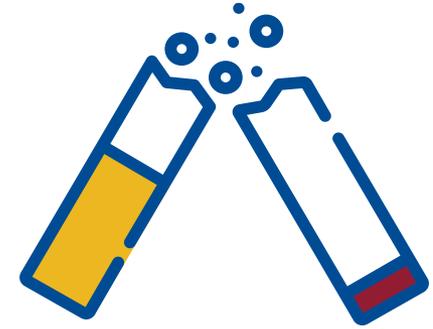
- This means people in Essex lose many years of healthy life due to sickness, disability, or early death.

## Health Improvements Have Stalled Since 2010

- While health improved from 1990 to 2010, progress has stalled or reversed in recent years due to chronic illness, inequality, and the impact of COVID-19.

## Older Adults Are Most Affected

- People aged 65 and over face the biggest health challenges, especially from heart disease, dementia, and disability.



# Global Burden of Disease Risk Factor Summary

## Behavioural risks are the largest contributor to DALYs

- Unhealthy behaviours like smoking, poor diet, drinking, drug use, and lack of exercise cause 6,053 lost healthy years per 100,000 people, especially among working-age men.

## Physical Activity levels

- Inactivity is linked to cardiovascular diseases, type 2 diabetes, some cancers and reduced mental health, all of which contribute to the overall DALY burden. Low physical activity accounts for 198.4 age-standardised DALYs.

## Metabolic risks follow closely behind

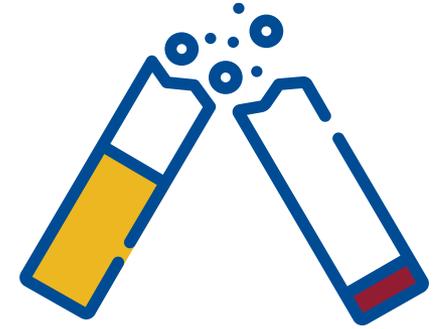
- Issues like obesity, high blood sugar, and high blood pressure lead to 5,332 lost healthy years per 100,000 people,

## Environmental risks contribute significantly less

- Risks like air pollution and unsafe work conditions cause 1,940 lost healthy years per 100,000 people, mostly in cities and industrial areas.

## Top Causes of Disease Burden

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



# Key Principles

## 4 P's Plus

Our vision is for everyone in Essex to live a healthy life and achieve their full potential



**Productive Partnerships** bringing together the right people from the right organisations and places, at the right time, to address local public health issues.



**Place-based public health** to empower, educate and energise the people of Essex using ABCD principles, they will be better equipped to make healthier choices and maximise all opportunities available to them to live healthier and more fulfilling lives, to matter their age, background or current circumstances.



**Prevention** through use of Population Health Management approaches (PHM) to identify groups of people at risk of developing disease or disability, we will work with partners to reduce lifestyle risk factors to drive down poor health outcomes and loss of independence and support programmes of work to delay deterioration where people are already unwell.



**Public Health Priorities** are the seven common risk factors responsible for 60% of deaths and a high number of years lived with disease/disability in Essex. We will therefore focus our efforts on reducing the prevalence of the following key public health issues:



Smoking



High systolic blood pressure



High fasting blood glucose



Physical Activity



High body mass index



High LDL cholesterol



Alcohol use



**Mental Wellbeing** significantly affects both our quality of life and life expectancy. Promoting and maintaining mental wellbeing is one of the foundations that is built into our strategic and operational work. We are continuing to redouble our efforts to ensure people are mentally better equipped to deal with the varied and often unexpected challenges life brings.

# Productive Partnerships and Place-Based working

Identified geographic leads at the following levels:

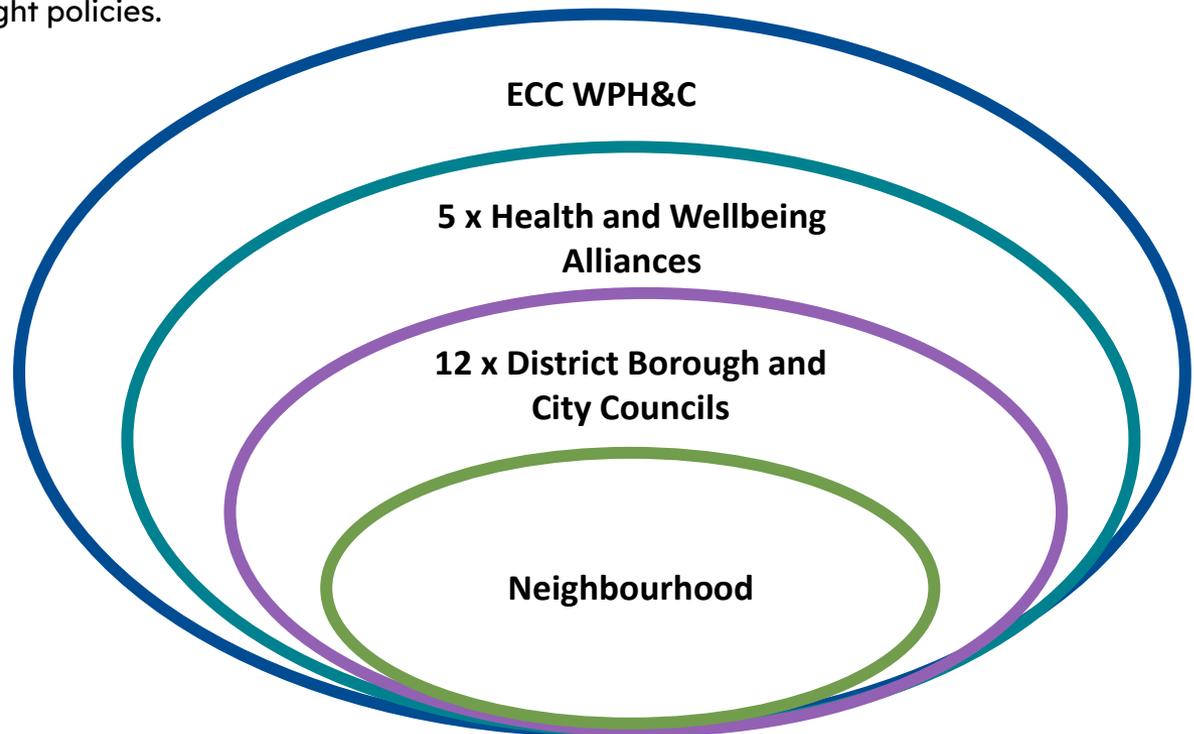
- Alliance
- District & Borough Council
- Community

The range of influencers on people's health outcomes are wide and varied. Therefore, improving outcomes is not down to just one organisation or single team. Productive and purposeful partnerships are key. Therefore, we will bring together the right people from the right organisations and places, at the right time, to address local Public Health issues.

We need to bring together the support of local businesses, Active Partnership for Greater Essex, public sector organisations, local academic institutions, the voluntary community sector as well as communities and individuals themselves to create the right policies.

Increased links with District and Borough Public Health Practitioners. A more open approach to the creation of joint posts with key system partners including the voluntary and community sector.

We will influence and advise policy development and funding allocations to ensure the widest view of the causes of ill-health are considered and addressed.



# 25-26 Priority Areas

## Priorities for development



**Healthy Weight:** Building capability and capacity among Essex partners to focus on actions that will achieve greatest impact.



**Smokefree 2030:** Service redevelopment, enhancing partnership and governance structures and developing services for demographics with the highest smoking prevalence i.e. those with severe mental illness.



**Children and Young People:** Pilot and evaluate mental wellbeing and healthy food school and early years initiatives, including the development and delivery of the school readiness programme 'Making it Real'.



**Housing and Health:** Develop and implement Planning and Health protocol supporting Local Planning Authorities to meet NPPF objectives of creating healthy communities in partnership with District, City and Borough Public Health and Integrated Care Boards.



**Physical Activity:** Get more people moving across Essex, supporting prevention of diseases, improving mental health, reducing weight, strengthen communities, increasing employability and educational attainment.



**Inclusive Growth, work and health:** Bring together place based plans for economic and social growth, and existing place-based plans for health and wellbeing. Identify a common work programme for inclusive growth across Essex partners, with a focus on geographical areas which are most deprived.



**NHS 10 Year Plan:** Work in partnership with the NHS and partners to support a shift from illness to prevention, that our services offer residents the option to access information and support digitally and work with communities to develop local services to keep people well for longer



**Healthy Communities:** Continue to embed a community centred approach to public health. Develop the Affordable Food Network, a self-supporting, self-governing independent food network for Essex. Support the implementation of the Caring Communities Commission to reduce demand and increase community resilience.



**Vulnerable groups:** Development of new residential rehabilitation unit in Essex. Launch of the new detoxification and rehabilitation process. Implementation and mobilisation of new contracts: Appropriate Adult Service, Community Rehabilitation Service and Psychosocial Alcohol interventions and Recovery Service.

Health is our most precious asset. Good health and wellbeing enables us to live happy, fulfilling lives and frees us up to achieve our potential.

It fuels our prosperity – a healthy and productive labour force is the engine that powers our economy. And it helps to build a stronger society by enabling us to play a full part in family life, make social connections and contribute to our communities.

# Thematic Ambitions

## We will actively pursue our ambitions through the priority themes in the County Council's Corporate Strategy, Everyone's Essex.

This page demonstrates the Everyone's Essex priority themes, and the public health contributions to them based around our Key Principles.

### Economy

- Well-designed Communities – our influence is evident in appropriate planning decisions
- Strong Economy – that reduce health inequalities for a healthier workforce
- Infrastructure that meets the needs of our communities – physically active travel, access to outdoor space
- Employment opportunities – fair and transparent opportunities for local businesses, healthy workplaces

### Environment

- Environmental Leadership – our health protection role
- Accessible and biodiverse green spaces – we influence for better health outcomes
- Inspire a sustainable county – clean air for all, promoting physically active travel
- Minimise waste – reducing public health hazards

### Health

- Opportunity to live well – public health service provision
- Support to live independently – we support residents to live healthy active lives
- Every child and young person to have the best start in life – healthy child programme, addressing risk taking behaviours
- Everyone is kept safe from harm – health protection, drug, alcohol and sexual health services
- Inclusive and safe communities –

### Family

- Citizen focus – research & consultation to ensure we meet our communities' needs based on evidence
- Collaborative leadership – the best possible health outcomes can be achieved through partnership working
- Modern and Innovative – Public Health Business intelligence and analytics function to drive improvement
- Embrace diversity – we will ensure our services are person-centred and accessible to all
- Investing in our staff – professional development and a workforce that meets national best standards

# How we will know we are making a difference

**Not everything we do in Public Health can be measured, but where it can, we will use these metrics to inform our decision making and to understand the changes created through our work.**

Where it's not as easy to attribute the impact of what we do on changes for individuals, groups and communities, we will use a range of qualitative measures and proxy indicators to give us confidence in our approach.

- System Partner Data
- Proxy Indicators
- Ongoing conversation with system partners
- Ongoing place-based conversations
- Communicating with our community networks
- Qualitative evaluation and engagement

## **Commissioned Services, Contract Management and Key Performance Indicators (KPIs)**

Where we have a clear idea about the change we want to see e.g. more of / fewer of / higher than before / lower than before, we create a series of measures that we work with partners and contractors to record and understand. These can be used on their own or alongside the qualitative approaches set out above.

The next slide provides a dashboard of measures that we will use to ensure that our core commissions, the work we fund, makes a difference.

# Data is a part of the story

The eight priority areas outlined in this strategy are of course not everything that we are responsible for or will be doing (for example, on cancer, sexual and reproductive health and screening), but they are those where we believe we can be certain of the impact these.

## Smoking and Substance use ●●●

- Smoking prevalence in adults (aged 15 and over) - current smokers (QOF)
- Admission episodes for alcohol-specific conditions
- Admission episodes for alcohol-specific conditions - Under 18s
- Hospital admissions due to substance misuse (15 to 24 years)
- Deaths from drug misuse
- Alcohol-specific mortality

## Length and Quality of life ●●

- Disability-free life expectancy at birth
- Life expectancy at birth
- Under 75 mortality rate from causes considered preventable

## Healthy Weight and Physical Activity ●●●

- Reception prevalence of overweight (including obesity)
- Year 6 prevalence of overweight (including obesity)
- Obesity: QOF prevalence (new definition)
- Percentage of physically active adults and CYP
- Percentage of Physically active adults and CYP

## Children and Young People ●●

- Birth weight measure
- New birth checks measure
- Early Years education
- Hospital Admissions for Dental Cavities
- Children's obesity rates

## Mental Health and Wellbeing ●●

- Mental Health: QOF prevalence
- Suicide rate
- Self-reported wellbeing - people with a low worthwhile score
- Self-reported wellbeing - people with a low happiness score

## Sexual Health ●●

- HIV late diagnosis in people first diagnosed with HIV in the UK
- All new STI diagnoses rate per 100,000
- Under 18 Conceptions

## Wider Determinants of Health and Health Inequalities ●●

- Homelessness: households owed a duty under the Homelessness Reduction Act
- Air pollution: fine particulate matter
- Access to Healthy Assets & Hazards Index
- Young people not in education, employment or training (NEET)
- Multiple Indicators from Office for Health Improvement and Disparities (OHID) and Wider Determinants of Health (WDoH) profile (transport, neighbourhood design, housing)

## Healthy Communities ●●●

- Essex Residents Survey (multiple measures)
- Digital Exclusion
- Number of people supported through affordable food networks
- VCS Services Case Studies

### KEY

#### Pillars of PH

- Health protection ●
- Health promotion and improvement ●
- Healthcare PH ●

#### JHWS priorities

- Improving Mental Health and Wellbeing ●
- Physical Activity and Healthy Weight ●
- Supporting Long Term Independence ●
- Alcohol and Substance Use ●
- Health Inequalities and Wider Determinants of Health ●

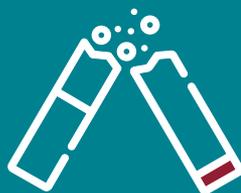
# Smoking and Substance Use



## The Approach

We will use Health needs Assessments, Partnership Collaboration, sector recommendations, Insight and Campaigns to achieve our 2030 ambition of a Smoke Free generation.

We will continue to commission (by applying a Human Systems Learning Approach) a balanced and evidenced based treatment system; we will continue to research and build this evidence of what works across the system.



## In 2025/26 We will

- Invest in enforcement
- Prevent youth vaping with school-based education and training alongside further regulation consulting on Point-of-Sale Display, restricted packaging, disposable vapes
- Reduce the harm to individuals, families and communities as a result of drug and alcohol use
- Continue to support individuals across Essex (Adults and Children and Young People) into and through treatment of the drug/Alcohol treatment system
- Expand community engagement through Essex Recovery Foundation (ERF) to influence positive change within the drug and alcohol services

## Ambitions by 2028:

- Make smoking obsolete by 2030 by reducing the overall number of people who smoke, preventing young people from smoking in the first place and targeting vulnerable population groups and areas where people smoke at higher rates

# Length and Quality of Life



## The Approach

We will focus on creating an environment that promotes health, social engagement, and access to resources, while also addressing disparities and promoting intergenerational collaboration.

We will continue to prioritise healthier habits, physical activity, and access to quality healthcare, as well as fostering social connections and opportunities for lifelong learning, and reducing inequalities.



## In 2025/26 We will

- Support Essex residents to be more health literate through continuation of launching Community Digital Hubs and digital upskilling
- Continue to monitor and action Indoor Air Quality (fine particulate matter) through the Essex Air Quality Strategy
- Continue to use insights from the Essex Health Determinants Research Collaboration to deliver improvements to Health with a focus on those places and groups who experience greater health inequalities.

## Ambitions by 2028

- Continue to support delivery of the Governments levelling up fund, Community Regeneration Partnership and Towns Fund to support long term regeneration programmes.
- Improve the aspiration and employment prospects for young people in Essex, working across systems to bolster support and initiatives to get people into further education or employment with training. Multiple Indicators from OHID WDoH profile (transport, neighbourhood design, housing)

# Healthy Weight

## The Approach

We will drive collective action across the determinants of excess weight in Essex, and align action in defined places with place based shared accountability.

We will continue to encourage Physical Activity through our locally trusted organisations (LTOs) to help improve outcomes.



## In 2025/26 We will

- Build capability and capacity for Essex Partners to focus on the things that will make the greatest impact.
- Develop good system evaluation to understand the impact of our collective action on the Essex system.
- Use the evidence base which suggests that a focus on the environment will yield much greater reward than a focus on individual behaviours.

## Ambitions by 2028

- Support the implementation of local healthy food policies.
- Support the development of robust place-based plans to cover all the determinants of healthy weight in a place.

# Children and Young People



## The Approach

We will use the common outcomes framework to describe need, drawing on local data and evidence.

We will work with the Children's Partnership and local partners to take focussed action across the system which will improve outcomes for babies, children and young people.

We will ensure that children and young people are engaged and have a voice in decisions.



## In 2025/26 We will

- Set the strategic priorities for the next 10 years ahead of going out to tender for a new Essex Child and Family Wellbeing Service contract.
- Implement recommendations from the early years food and nutrition research Nourishing our Future.
- Develop an oral health plan.
- Develop and deliver the school readiness programme 'Making it Real'.
- Increase water safety education among children and young people; ultimately reducing the risk of drowning and water-related incidents.
- Review the current healthy schools programme.
- Pilot outdoor learning and whole school approaches to emotional wellbeing.
- Deliver a grant programme to help schools achieving a whole school approach to emotional wellbeing and on achieving a healthy food environment.

## Ambitions by 2028

- Increase activity to reduce risk taking behaviour and improve healthy relationships among young people.
- Improve school readiness and emotional wellbeing.

# Emotional Wellbeing and mental health



## The Approach

We will work through multi-agency partnerships to provide advice and support on opportunities to improve equity of access, experience and outcomes to local services.

We will apply a place-based approach working with local partners to create the conditions and environments that promote positive emotional wellbeing and prevent suicide.



## In 2025/26 We will

- Develop an evidence based emotional wellbeing public health action plan.
- Enhance the Working Well offer to deliver parity of esteem across physical and mental wellbeing, informing people about a wider range of factors that lead to poor emotional wellbeing, whilst providing self-help techniques to manage emotional and mental wellbeing (e.g. training and resources).
- Develop a marketing campaign on emotional wellbeing and mental health.
- Work with partners to reduce smoking prevalence among people with poor mental health.
- Offer expert suicide prevention consult to Essex Safeguarding Adults Board and Southend Essex & Thurrock Domestic Abuse Board in statutory reviews to influence system change around prevention.
- Continue to fulfil a strategic leadership role within the multiagency Southend, Essex and Thurrock Suicide Prevention Partnership to collect and monitor suicide data, optimise research opportunities, disseminate system learning and facilitate evidence-based action across the partnership (SET Suicide Prevention Action Plan 2025 -2030).

## Ambition by 2028

- Collaboratively deliver evidence-based interventions that contribute to the Southend, Essex and Thurrock (SET) Mental Health Strategy outcomes.
- Delivery of the SET Suicide Prevention Action Plan 2025 -2030 to stem suicide rates in the context of nationally predicted growth, inc. endorsing system wide implementation of NHSE Staying Safe from Suicide Best Practice Guidance (Apr 25).

# Sexual Health

## The Approach

We will shift the sexual health service from one of shame, mystery and dependency, to a culture of normality, transparency, and independence whilst preserving central tenets of confidentiality and open access.

We will improve clinical digital integration to increase online provision, making it more efficient and a better experience for those accessing the services.



## In 2025/26 We will

- Maintain robust clinical delivery across the county, ensuring patients are supported within 48 hours of contacting the service.
- Increase system collaboration and partnerships to ensure seamless pathways of care between the service, communities and NHS specialist services.
- Review our approach to promotion and campaigns. Looking at how we raise awareness of nationally rising STI numbers
- Use youth voice, obtained through the 2025 Essex RSHE survey, to ensure continuous improvement to Essex Sexual Health Service (clinical services, education and training)
- Co design and pilot delivery of young person service user feedback programme (Mystery Shopping) for Essex Sexual Health services
- Launch of 1:1 education and early intervention programme supporting young people with vulnerabilities or who may be at risk from harm or sexual ill health

## Ambitions by 2028

- Move sexual health provision closer to home by digital collaboration between the sexual health service, community pharmacy and outreach targeting, our harder to reach individuals
- Develop online access to PrEP, oral treatments and non LARC contraception
- Maximise the use of the Mobile unit and increase in satellite hubs, including community pharmacy
- In collaboration with the outreach with Team deliver community STI campaigns, targeting areas of high STI need and/or deprivation

# Wider Determinants of Health and Health Inequalities



## The Approach

We will continue to develop and deliver a wide range of services which promote health and wellbeing for all residents, particularly those at highest risk of ill health and premature mortality.

This will be done by working with marginalised groups and wider communities to understand the impact of a range of factors on their health and how best to address them.



## In 2025/26 We will

- Improve the health of routine and manual employees through engagement with Working Well, expansion of SiSU health checks pilot, and smoking cessation support.
- Work with a range of partners, including ECCs Employability and Skills team and DWP, to support more economically inactive residents into work by improving their health via Connect to Work.
- Develop and implement a Planning and Health protocol supporting Local Planning Authorities to meet NPPF objectives of creating healthy communities in partnership with District, City and Borough Public Health and Integrated Care Boards.
- Continue to encourage and increase the uptake of immunisation and routine vaccinations.

## Ambitions by 2028

- Air Quality strategy desired outcomes
- Greater collaboration between local planning authorities, health service organisations and public health to plan for future growth and to promote health in planning

# Healthy Communities **In 2025/26 We will**



## The Approach

We will use Community Campaigns aimed at increasing uptake of positive health behaviours and prevention tactics among Essex Residents.

We will continue to work closely with our Voluntary Community Sector and other local forums to understand the needs of communities to drive change and make decisions.



- Continue to provide support to the Voluntary Community Sector (VCS), developing resilience and contributing to community cohesion and health outcomes for residents.
- Establish a strategic approach to funding and resourcing the VCS in collaboration with trusted advocate(s), with the aim of increasing resilience, supporting identification of priorities and embedding community voice into decision making aligned to LGR Localism ambitions.
- Develop the Affordable Food Network (AFN) through the creation of a self-governing independent food network for Essex, reducing food insecurity for our most vulnerable residents.
- Deliver the Community Campaign Programme with an overarching theme of mental wellbeing, supported by thematic campaigns to address the priority health areas within the business plan.

## Ambitions by 2028

- Establish a model of sustainable and supportive place-based ecosystems nuanced to place. Fostering collaboration, providing bespoke support and surfacing key insights to address inequalities. Supported by strategic oversight of Essex wide challenges and opportunities to increase the resilience of VCS organisations and wider communities at place.
- Deliver a broad evaluation of the new VCS support model (including operational effectiveness and system change / transformation) to understand effectiveness of a model the incorporates a universal offer alongside place-based working.

# Physical Activity

## The Approach

Provide a universal offer, whilst working closely with places of greatest need, we will identify local strengths and need, working together to create conditions that enables healthy, resilient, active communities.

Take a community-led, evidence-based approach that tackles inactivity and addresses inequalities.

We will use the learning from our Local Delivery Pilot to increase PA levels across Essex.

Support Physical Activity interventions, co-designed with communities and delivered through our locally trusted organisations (LTOs) to help improve outcomes.

Ensure Children and young people have positive attitudes to physical activity and sport

Use mass participation events, behaviour change methods and campaigns to increase residents' physical activity levels.



## In 2025/26 We will

- Create the conditions in our communities for our Local Trusted organisations to deliver interventions, co-designed with communities to get more people active.
- Work to ensure the Essex system uses physical activity as a preventative approach to improve social, mental and physical wellbeing.
- Connect together system partners, enable and facilitate system change work at a Greater Essex footprint, to ensure better collaboration and partnership working across system.
- Work in 6 focus places with our Sport England Place Partnerships
- Support the large Sport sector of community sports clubs to be sustainable, and inspire more children and adults to be more active. Encourage professional clubs to deliver inspiring elite events.

## Ambitions by 2028

- We will create the conditions for Active Communities, so that communities are resilient, feel safe, are active and healthy.
- We will have increased Greater Essex PA levels for adults to over 65% (achieving minimum 30mins a week).
- 55% of children in Greater Essex will have achieved 60mins a day of PA.
- Increased annual social value of community sport and physical activity in Greater Essex to over £4 billion (2022-23 level £3.4b)

# Enabling Plans and Strategies

The following strategies inform and support delivery of the WPH&C Business Plan

## **Essex County Council Strategies**

- Everyone's Essex
- Essex Air Quality Strategy

## **Essex Health and Wellbeing Board**

- Essex Joint Health and Wellbeing Strategy

## **Integrated Care Partnership Strategies**

- Mid and South Essex ICP Strategy
- Suffolk and North-East Essex ICP Strategy
- Hertfordshire and West Essex ICP Strategy

## **Adult Social Care Strategy**

- Adult Social Care Business Plan 2024-2030

## **Children and Young People Strategy**

- Essex Children and Young People's Strategic Plan

## **Public Health Locality Strategies and Plans**

- NEE Health and Wellbeing Alliance
- Mid Essex Alliance
- South Essex Alliance
- Basildon and Brentwood Alliance
- West Essex Health Care Partnership
- Local District Borough and City Council Healthy and Wellbeing Strategies and Plans\*

## **System Strategies and Plans**

- Essex Healthy Weight Strategy
- Fit for Future Strategy – Physical Activity and Sport Strategy
- Get Essex Working Plan
- Southend Essex and Thurrock Mental Health Strategy
- Southend Essex and Thurrock Domestic Abuse Board Strategy
- Smokefree Generation 2030
- Caring Communities Commission

\*It is not statutory for District, Borough and City Councils to have a Health and Wellbeing Strategy. However, where they are available, they can be viewed on the District, Borough and City Council website's.