

# Director of Public Health Annual Report 2024-25

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# Introduction

This report summarises some of the key achievements since last year's Director of Public Health's annual report, and highlights areas for further collaboration with partners to enable us continue to protect and improve the health and wellbeing of visitors, students and residents of Southend-on-Sea city.

As the Director of Public Health, I continue to independently advocate for improving health and wellbeing. We will experience some significant and exciting evolution across Greater Essex over the next 2-3 years. This report focuses on key areas of prevention that continue to impact on the wellbeing outcomes of the city.

The Mid and South Essex NHS and the City Council, along with local partners, have drawn on shared health and wellbeing ambitions, to continue developing their local strategies for reducing health inequalities and improving health and care services. We are adopting a more common narrative with our planning and this report will focus on **Healthy Living, Healthy Start, Healthy Work** and **Healthy Weight**.

We are building on good practice and developing our research maturity to enhance our productivity and deliver more impactful outcomes. Whilst, we have seen some improvements in our health protection work, more engagement with our communities will be needed to ensure we continue to improve the uptake of all our vaccination programmes, with a focus on Flu, HPV and MMR vaccines. We will have a greater focus on respiratory and cardiovascular disease prevention as well as continue to focus on reducing some of the persistent areas of inequalities with regards to women's health and wellbeing and harm from the misuse of opiates.

Getting the best start in life is essential in supporting childhood development and wellbeing. Key areas of concerns included in this report, cover oral health and being 'ready to learn'. We continue to see higher levels of untreated tooth and enamel decay, higher than our neighbours.

Better support for parents and striving to see a higher proportion of children being visited for their earlier health and wellbeing checks (aged 1 and again 2-3 years) as part of the Health Visiting service. We have reinvigorated the service offer through the Family Centres with closer working with Health Visitors, Midwives and key partners. We have a duty to address these needs and explore further how to improve the lives of children who are neurodivergent in Southend and continue to provide more effective support for parents helping to protect them from factors that could impact their development and life chances.

Having a job and retaining this is important in supporting the growth of the local economy which in turn helps to address some of the socio-economic disparities. We continue to support the implementation of some of the national programmes to get people with ill-health to return into the workforce and those with jobs to remain in work. We must take adequate steps to support women who are suffering the consequences of the menopause, to protect their wellbeing which can enhance productivity.

Post-pandemic, the struggle with addressing childhood obesity has shown no sign of easing. Improving diet and nutrition, increasing physical activity, and taking further steps to reshape some of the unhealthier food environment are all necessities. The evidence suggests that behaviour change alone will have very little impact on this growing public health challenge. There is a need for a call to action from policy-makers, both nationally and locally, partners and our school communities to join forces to help deliver more impactful change to improve outcomes.

# Population

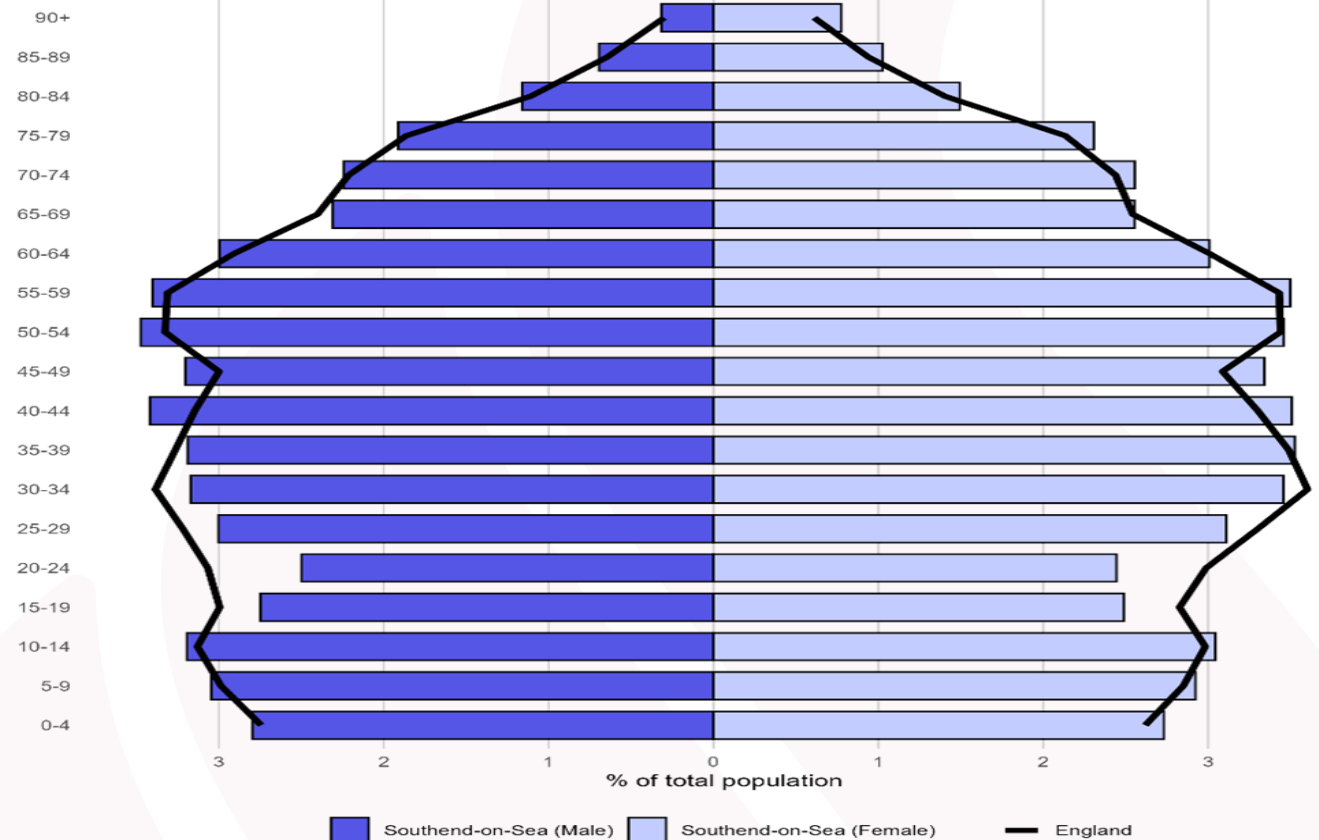
The main difference between the population of Southend and the national average, is that **Southend has a lower percentage of residents between the ages of 15 and 34 years.**

The population aged **70 and 84 years**, is **proportionately higher than the national average.**

Southend also has large communities living in more disadvantaged areas, mainly across six wards on the east coast and centrally around the City centre.

The 2030 projections show that there will be a **proportionate increase for the following age bands; 5-9, 40-54 and people aged 85 and over.** Whilst this indicates an increase in our more frail and older populace, there is a **projected reduction in those aged 75-84 years.**

Age Profile, Southend-on-Sea compared to England  
Mid year population estimate for 2022



# Inequality in Life Expectancy

The Slope Index of Inequality (SII) is the measure of the difference in life expectancy between those in the most deprived and the least deprived areas. Southend is similar to England (2018-20) but is **notably higher than the East of England region**; this is true for both males and females. Disability-Free Life Expectancy (DFLE) in the UK, decreased significantly for both males and females between 2015-2017 and 2018-2020; this change is mainly attributed to the reduction in DFLE across England and Scotland.

## Inequality in life expectancy at birth

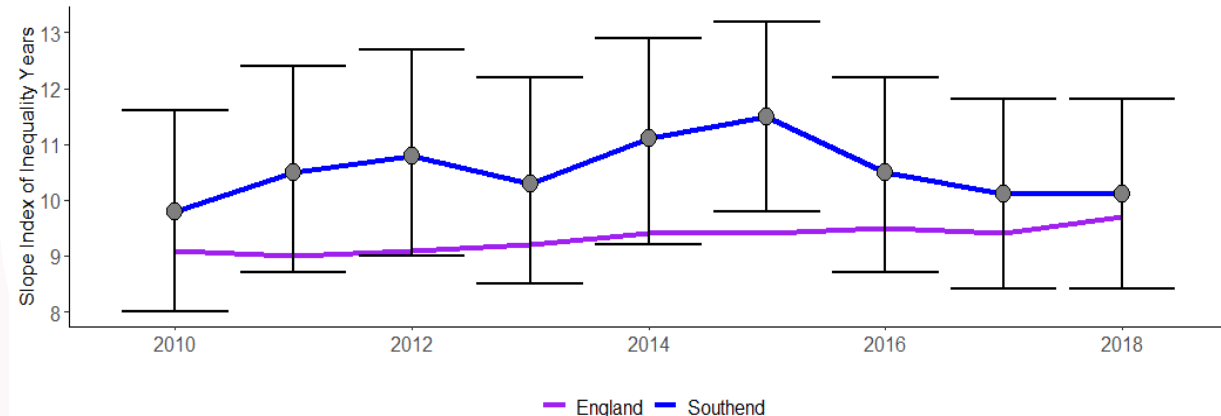
This indicator measures inequalities in life expectancy at birth within England as a whole, each English region, and each local authority. Life expectancy at birth is calculated for each deprivation decile of lower super output areas within each area and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy, that is how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles. Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life. Fingertips Indicator ID: 92901 Sex: Female Age: All ages Recent trend: Cannot be calculated



The shaded area represents the range of values from Middle and South Essex neighbours.  
Source: PHE Fingertips Indicator ID: 92901 Captured: 2024-04-25

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The shaded area represents the range of values from Middle and South Essex neighbours.  
Source: PHE Fingertips Indicator ID: 92901 Captured: 2024-04-25

# HEALTHY LIVING

# Health Protection: Flu Immunisations

Year	65 yrs & above	65 plus (at-risk only)	All Pregnant Women	2-3 Year olds not at risk
2021	75.6%	44.1%	40.9%	50.1%
2022	77.0%	46.2%	34.2%	42.3%
2023	74.0%	43.9%	31.5%	37.5%
2024	71.9%	36.8%	27.5%	38.6%

Flu vaccination remains a critically important public health intervention to reduce morbidity and mortality in those most at risk including older people, pregnant women and those in clinical risk groups. It helps the system manage winter pressures by helping to reduce demand for GP consultations and likelihood of hospitalisation.

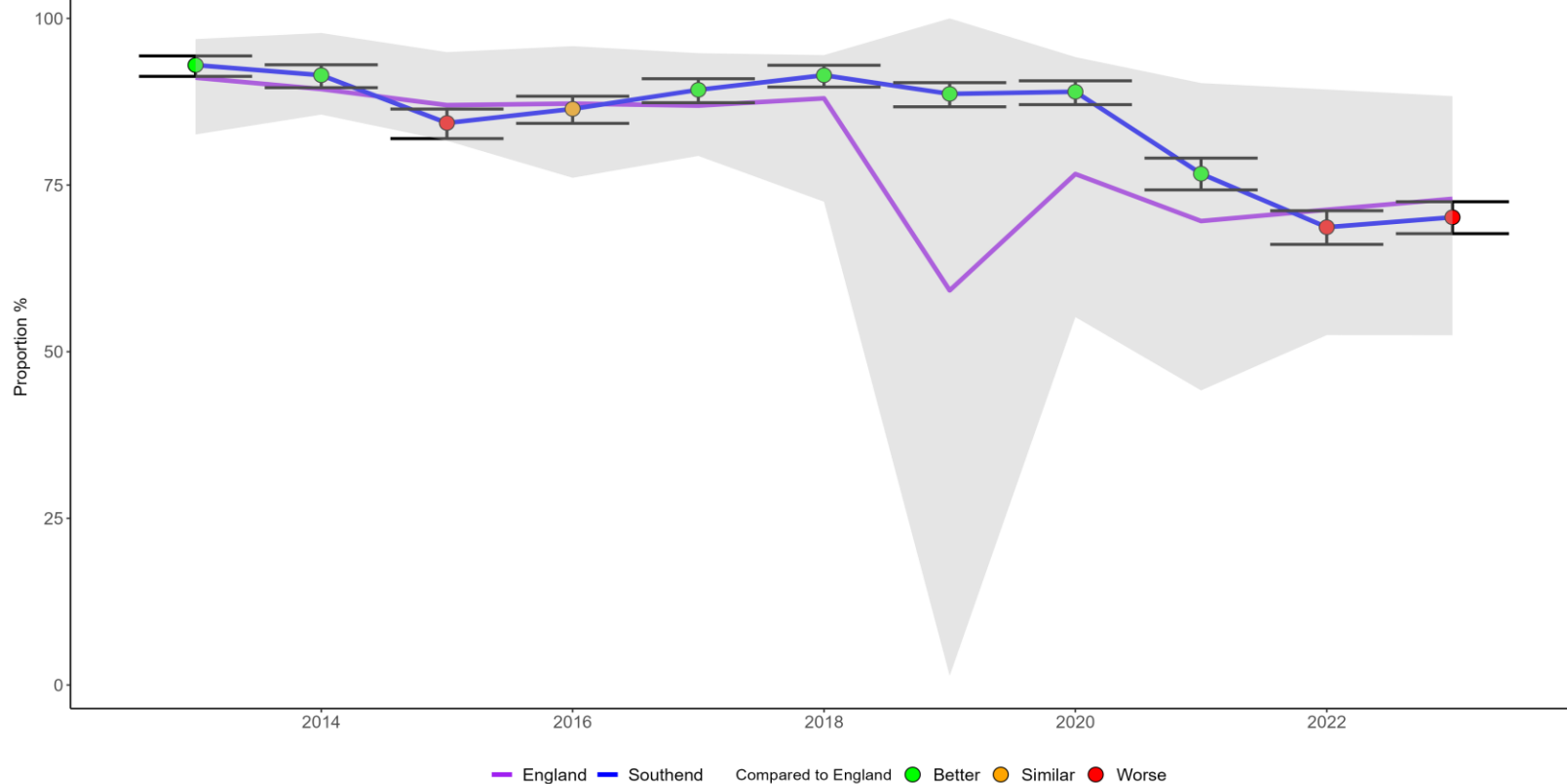
The 65 plus cohort shows the highest uptake, with fewer than 50% vaccine uptake for pregnant women, people aged 65+ at risk and children aged 2-3 years (not-at-risk).

All categories show an overall downwards trend of uptake, except for the 2-3yrs cohort, where additional community clinics contributed to an increase.

# Health Protection: Human Papillomavirus (HPV)

## Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)

All persons in school year 8 (aged 12 to 13 years) who have received the HPV vaccine as a percentage of all eligible persons in school year 8 (aged 12 to 13 years) within each area. Fingertips Indicator ID: 92319 Sex: Female Age: 12-13 yrs Recent trend: Decreasing and getting worse



The HPV vaccine protects against the types of HPV that cause most HPV-related cancers. It can prevent more than 90% of these cancers when given at the recommended ages.

Until 2022, the coverage of 2 doses (administered at 12-13yrs and 13-14yrs) of the HPV vaccine, has been above the national average, though since 2020 there has been a decline.

Since 2024, only one dose is administered to children aged 12-13yrs and we have seen a drop over the last 2 years - lower than the national average.

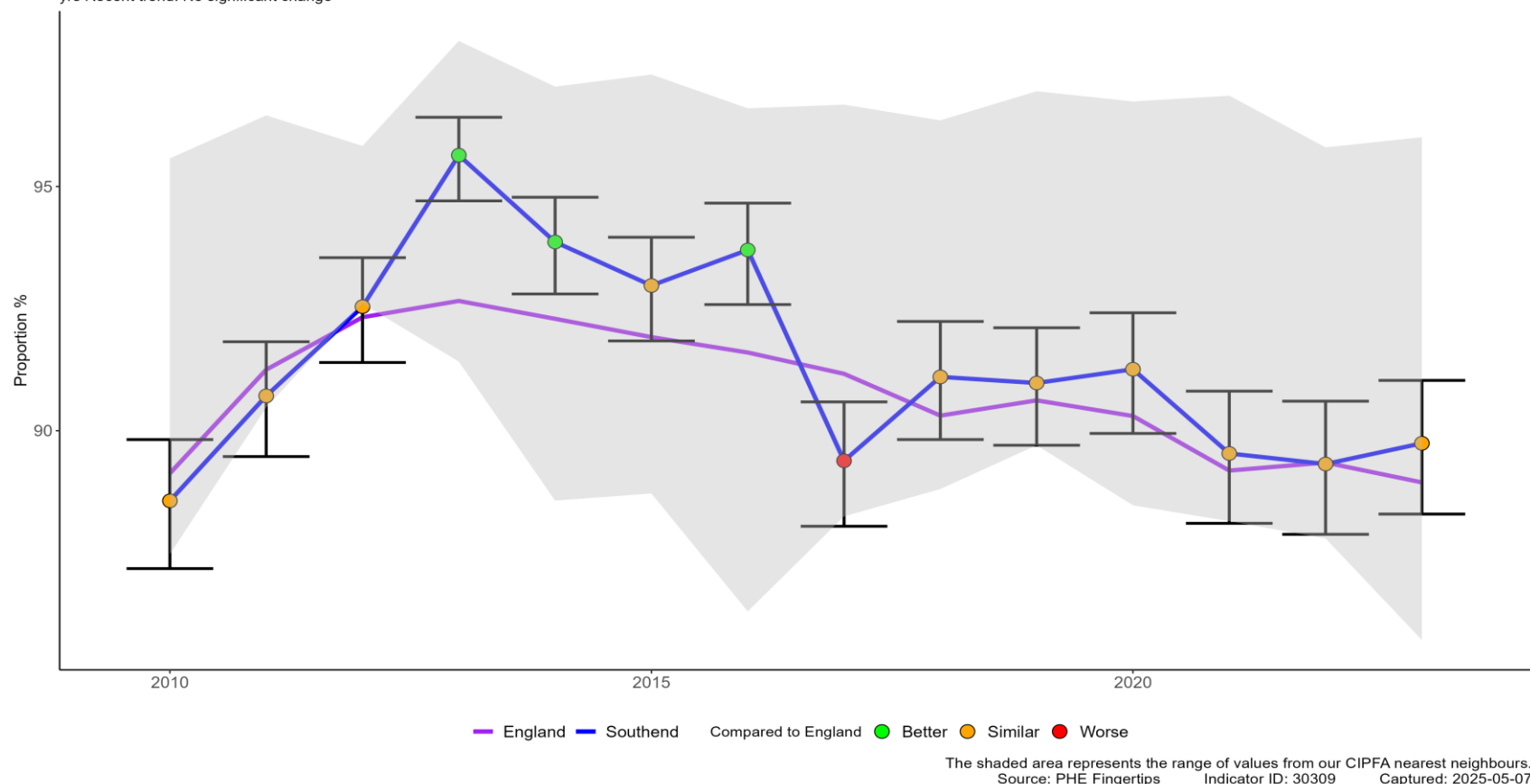
The shaded area represents the range of values from our CIPFA nearest neighbours.  
Source: PHE Fingertips Indicator ID: 92319 Captured: 2025-05-07



# Health Protection: MMR Vaccination Aged 2 Years

## Population vaccination coverage: MMR for one dose (2 years old)

All children for whom the local authority is responsible who received one dose of MMR on or after their first birthday and at any time up to their second birthday as a percentage of all children whose second birthday falls within the time period  
Fingertips Indicator ID: 30309 Sex: Persons Age: 2 yrs  
Recent trend: No significant change



With the MMR vaccination coverage for one dose at 2 years, Southend is performing better over the past 5 years, with a coverage of 89.7% in 2023-24;

**This was 92.1% in December 2024.**

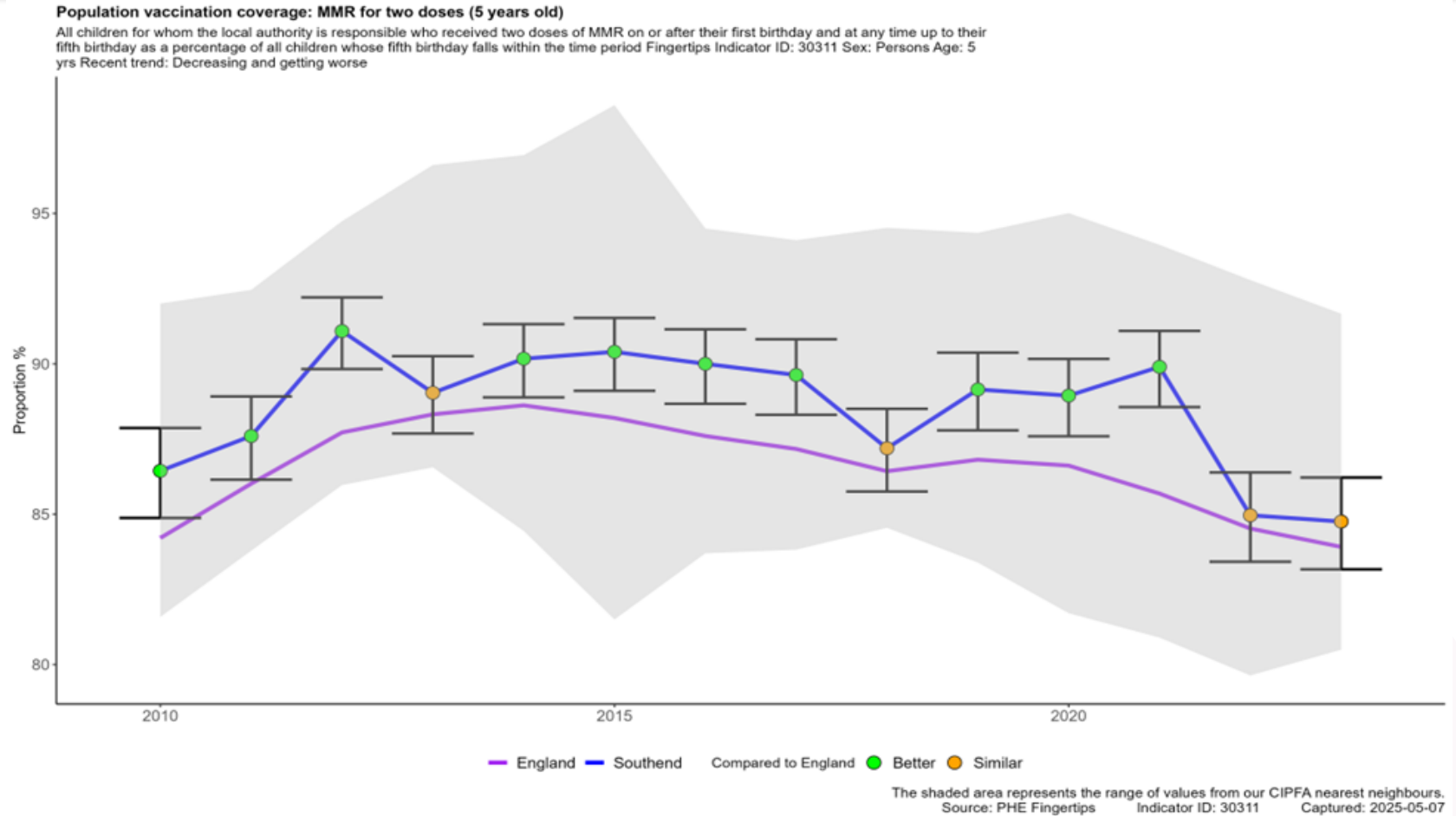
With the Council supporting the delivery of additional community MMR clinics, and our collective approach with the ICB has enabled increased promotion of the health and wellbeing benefits.

# Health Protection: MMR Vaccination Aged 5 Years

The MMR vaccination coverage for 5-year-olds with 2 doses shows an overall upward trend which is above national average.

This has stabilised in the past two years after a drop in 2021/22 (83.1%); data to December 2024 was at 85.0%.

Following several measles outbreaks nationally, new guidance was issued to ensure that we can follow up children who had missed their first MMR vaccine and ensure that they have at least one dose by the age of 5 – December 24 was at 92.3% (national 91.1%).



# Respiratory Illness



Respiratory disease continues to be a major cause of disability and premature mortality in England, regionally and locally. Chronic Obstructive Pulmonary Disease (COPD) is a common disabling condition with higher mortality. In Southend, this is one of the contributors to higher **emergency hospital admissions: Southend 515/100,000; England 357/100,000.**

The higher hospitalisation rates have remained a trend in recent years, and this is likely due to the multi-factorial underlying causes. **Southend COPD prevalence (2.1%)** is the second highest in the East of England after Norfolk (2.2%), although the latter's hospitalisation rate is only **283/100,000.**

The most effective treatment is **smoking cessation and improving air quality.** Locally, the priority is supporting vulnerable population groups to quit smoking – this was lower in 2024-25 so more is required. We continue to run the Clean Air campaign and initiating the '**Cough Cough, Engine Off**' health awareness campaign outside schools to encourage people dropping children off, to turn off their engines.

Pulmonary rehabilitation is also considered effective and locally the **COPD Connectors programme** including 'Stretch and Breathe' classes, with a focus in the most disadvantaged communities, have proven to produce an improvement in quality of life. The Council is enhancing and widening the development of these classes across Southend.

# Cardiovascular Disease (CVD)

Cardiovascular disease (CVD) prevention remains a key priority in Southend, aligned with the NHS Long Term Plan and national public health strategies. CVD is linked to lifestyle risk factors such as smoking, poor diet and reduced exercise and is known to be responsible for 1 in 4 premature deaths in England.

In 2024, smoking prevalence in Southend (**10.5%**) was slightly lower than England (**11.6%**), and NHS Health Check programme uptake **was low at 6.5%** compared to the national average **of 8.8%**.

In 2024, only **63.8%** of patients under 80 in Southend have their blood pressure under control, compared to **66.9%** across mid and south Essex (MSE) and **70.9%** nationally.

**57.6%** of Southend's patients are on lipid-lowering therapy, below the regional average of **60%** in MSE and the national average of **62.1%**.

By encouraging people to stop smoking, eat better, take regular exercise and adopting a city- and sector-wide collaborative approach, we are more likely to significantly reduce intra-city health inequalities and improve health outcomes for Southend residents.



# Prevention Work in reducing CVD

Preventing CVDs in Southend is a crucial step towards improving health and reducing health inequalities.

We have worked to increase awareness through outreach programmes by publishing and reinforcing key health messages and promoting healthier lifestyles including the **"Invincible Feeling, Invisible Danger"** and free blood pressure checks:

- **88,000** undiagnosed hypertension cases identified in MSE from outreach campaigns in 2024.
- **BP@Home** allows patients with hypertension to monitor blood pressure at home and share readings with their GP team for ongoing care. By January 2025, **60,547 patients** have provided home readings.
- Support more people to **quit tobacco smoking** - this was lower in 2024-25 so more is required.
- In 2024-25, we exceeded the national target for **NHS Health Check** uptake and also focused our efforts within more disadvantaged communities – **5,048 Health Checks** completed.
- NHS Health Checks, particularly benefiting those in high-risk categories leading to over **50 GP consultations** and **30+ referrals** to weight management services in 2024-25.
- Southend GP practices saw a **100% improvement** in lipid management and pharmacy led initiatives.

# Harm Reduction from Substance Misuse:

## People in treatment for opiates

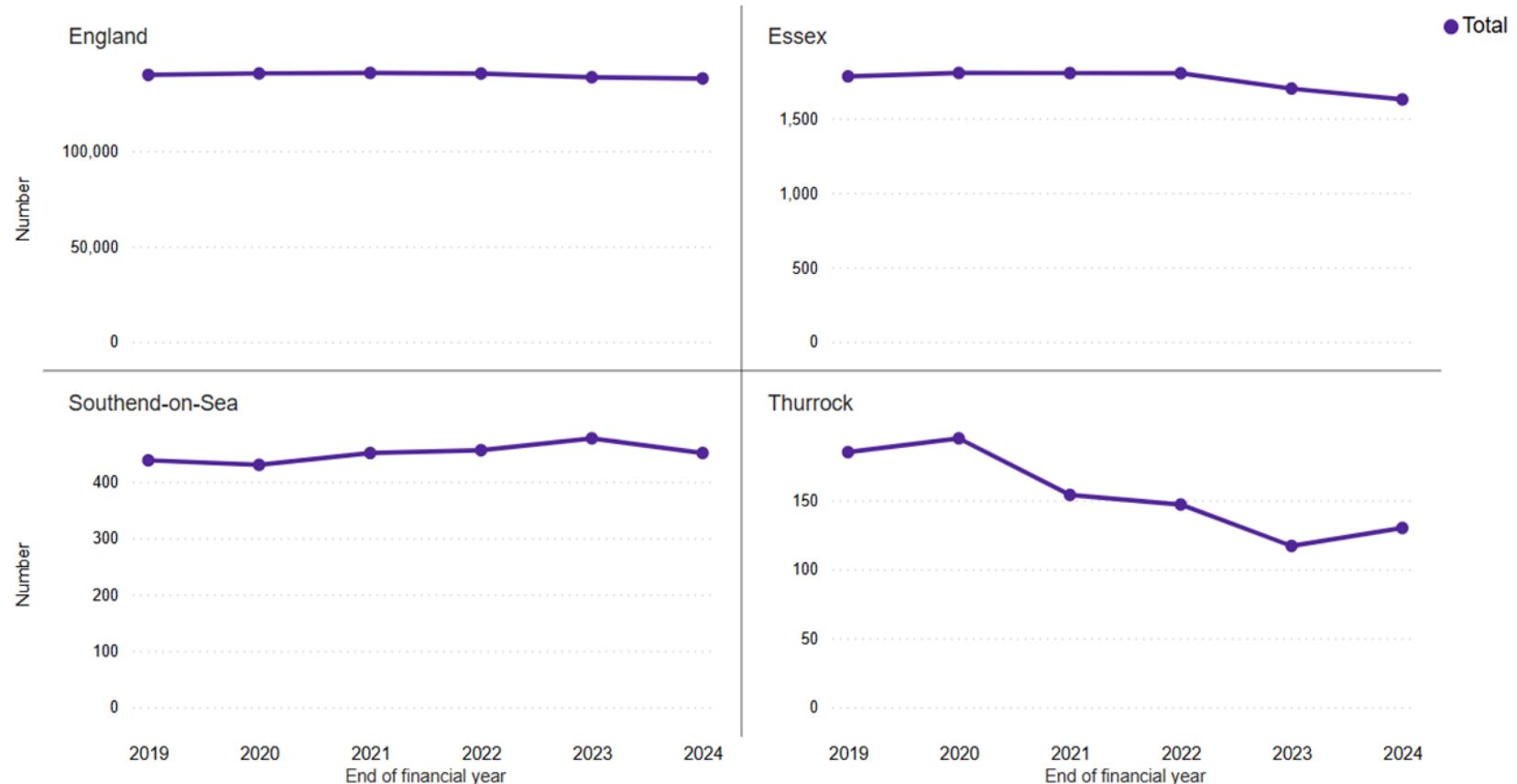
Nationally and in Southend the risks of harm associated with substance misuse is increasing, with an ageing user population and more complex needs and we have seen a record high number of drug related deaths nationally. Users most at risk, such as people using opiates (e.g. heroin) are being identified and better supported to prevent further misuse.

We have invested in the expansion of the specialist treatment service to **increase capacity and quality.**

We aim to increase the number of opiate users in treatment to 550 by March 2026.

### Total

All in treatment - (Opiate) - (Male, Female) - (18-29, 30-49, 50+)





# Women & Health Inequalities: Key National Facts

- Almost 30% of women aged over 50 years and over have a **disability**.
- Older women (1 in 4) are more likely than older men (1 in 6) to experience **poor mental health**.
- **Menopause symptoms** are affecting older women's ability to live well, with 77% experiencing symptoms they describe as "*very difficult*" – *please see Healthy Work section*.
- **Severe menopause** symptoms were more commonly reported by women who are **more socioeconomically disadvantaged and those with disabilities**.
- More than 22% of women aged 50yrs+ are **carers**, equivalent to more than 3 million women.
- **Carers' wellbeing** - compared to men carers, women carers report feeling more anxious (51% vs 41%), more overwhelmed (43% vs 29%) and lonelier (26% vs 16%) because of the care they provide.
- In the UK, 56% of women **pensioners live in poverty**.
- Older women are significantly more likely to be poor than men, especially if they **live alone**; many are either divorced and/or widowed.

# Women's Health: Cervical Cancer Screening

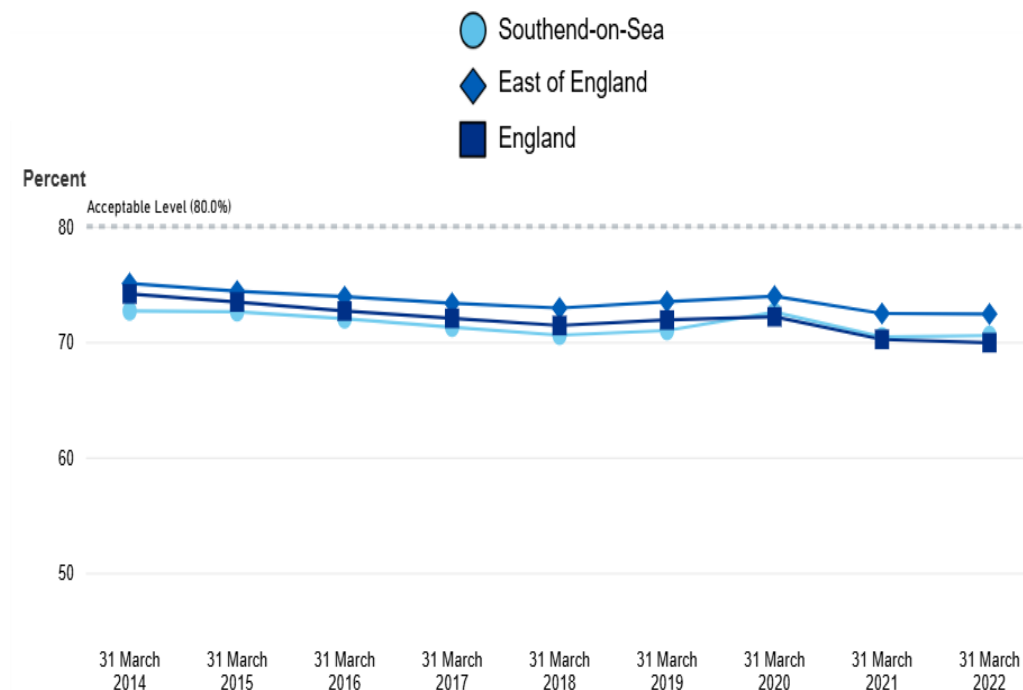
Cervical screening targets remain stable, but lower than national (except 2022) and regional targets.

Cervical cancer leads to approximately **685 deaths a year in England** and most cervical cancer cases (99.8%) are caused by HPV.

By increasing equitable uptake of HPV vaccination, which protects against most forms of the virus, and cervical screening, which checks for high-risk HPV, we can make cervical cancer a disease of the past.

HPV vaccination uptake has fallen and not reached pre-Covid levels.

Cervical screening coverage among eligible individuals aged 25 to 64 (%)  
(screened within the last 3.5/5.5 years) at 31 March - Local Authorities





# Women's Health: Bowel Cancer Screening

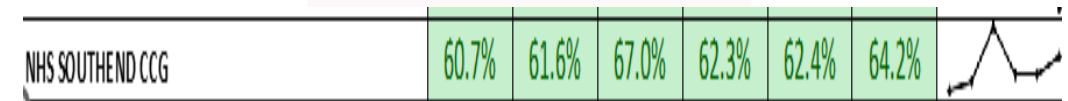
In the UK, bowel cancer is the 2<sup>nd</sup> most common cancer in women over 45 – it's currently difficult to ascertain local rates for women, as bowel screening is not reported by gender.

The NHS Bowel Cancer Screening Programme was introduced in 2006. Initially, people aged 60 to 69 were invited to participate in the scheme.

The programme expanded in 2010, to cover those aged 70 to 74. April 2021 saw the start of the process to lower the eligibility age to 50, with completion expected in 2025.

Inequalities exist, with **screening rates lower** in the most disadvantaged communities.

The southeast Essex screening programme is reaching 60% achievable uptake targets.



Screening inequalities exist between least and most deprived across the east of England and likely at local levels

NHSE Region	Quintile 1 (most deprived)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (least deprived)	Overall Uptake*
East of England	56.5%	64.9%	70.2%	72.8%	75.6%	70.1%

# HEALTHY START

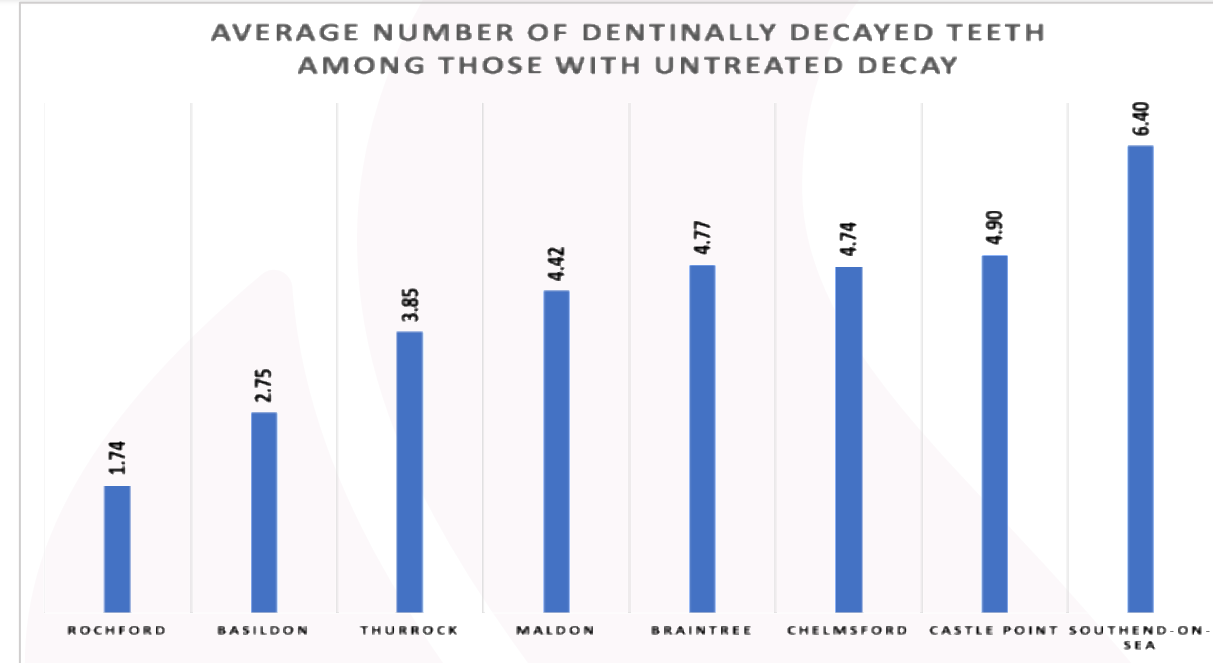
# Oral Health in Children & Young People: Untreated Decay & Enamel Decay

There was a wide variance across mid and south Essex in children examined with nearly 2 primary teeth with untreated decay in Rochford compared to **Southend's average of over 6 teeth**.

Diet plays a huge role on oral health. Diets high in sugar and starches, sugary foods, fizzy drinks will overtime break down the tooth enamel causing cavities.

In 2024, preventative activities across mid and south Essex has resulted in a significant improvement in enamel decay prevalence (**Southend 13.8%**) compared to the 2022 survey (**Southend 25.2%**), however rates remain high - survey showing % those aged 5 years.

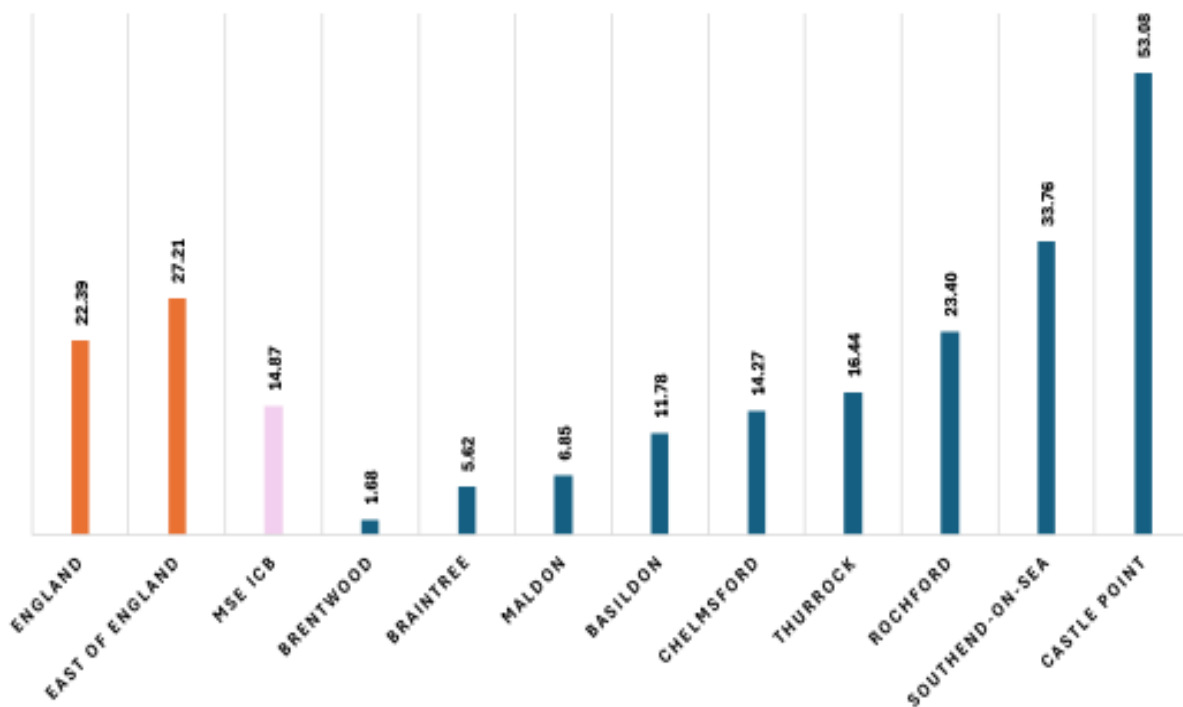
The 2024 survey also showed that **7.9% of children** (aged 5 years) in Southend had advanced decay which was twice the England average (3.8%).



Enamel Decay Survey	2022	2024
England	13.80%	11.20%
Mid & South Essex	16.60%	6.30%
Southend-on-Sea	25.20%	13.80%

# Oral Hygiene Indicator - Visible Plaque

2024 ORAL HEALTH SURVEY % OF 5YR OLD CHILDREN  
EXAMINED WITH ANY PLAQUE PRESENCE



Visible plaque is a key indicator of oral hygiene practices and dietary habits.

Studies show that many five-year-olds have visible plaque, due to:

- > inconsistent brushing habits;
- > frequent consumption of sugary foods and drinks;
- > limited exposure to professional dental care.

Nationally, dental plaque was recorded in 22.4% of 5-year olds. This was more likely in boys (23.5%) than girls (20.9%).

Southend (33.7%) had significantly higher prevalence of any amounts of plaque recorded compared to the MSE average of just under 15%.

# Supervised Toothbrushing Scheme

In April 2025, the national government announced a supervised toothbrushing scheme for early years settings and primary schools, targeting settings with children from disadvantaged communities.

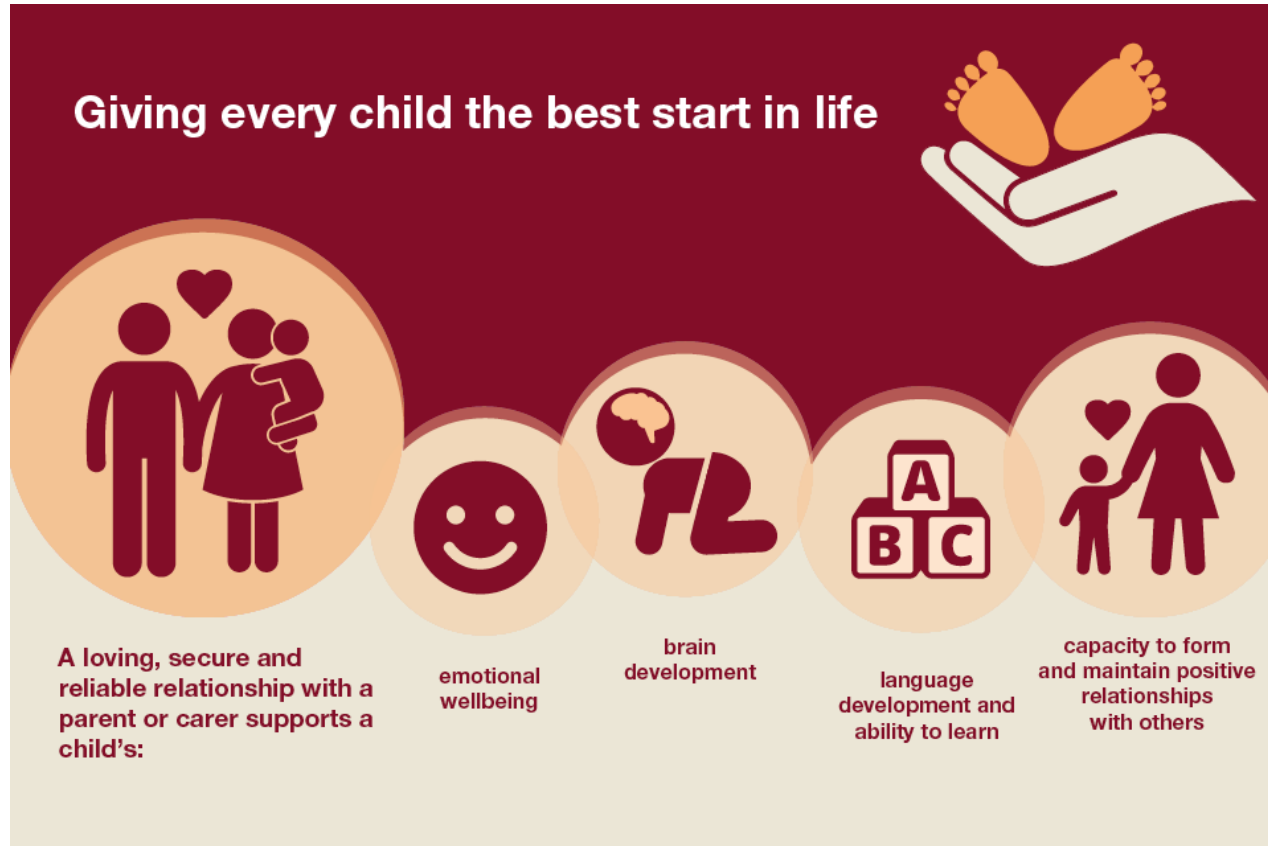
There is strong evidence that the daily application of fluoride toothpaste to teeth reduces the incidence and severity of tooth decay in children.

Working in collaboration with Mid and South Essex NHS (ICB), a new children's oral health campaign will be targeting families and carers through adverts in buses, online and through their social media.

Southend is already ahead of the recent announcement and has been actively developing toothbrushing programmes. Currently seven early years settings and 3 primary schools are collaborating with the Council to run toothbrushing schemes.



# Ready to Learn: Key Contributors



Being 'healthy and ready to learn' at age 2 and 'ready for school at age 5' gives every child the best start in life.

From about 18 months, the gap between those children who are developing as expected and those who are not begins to widen.

Many health challenges and inequalities have foundations in early childhood, with the poorest families experiencing the worst health outcomes

- To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate depending on the deprivation level across the city.

# Ready to Learn: Universal Healthy Child Programme

The foundations for achieving a good level of development are laid throughout the first years of life.

This begins during pregnancy, the first 1001 days have the greatest impact on the development of the brain, helping to shape who they are, how they learn and what they can achieve.

Supporting every child to achieve the best start is a central part of the health visitor's role.

Health visitors working, in partnership with parents and early years provision, to promote child development and to assess needs and identify issues at the earliest opportunity, including signposting to specialist support if needed.

## Health and wellbeing reviews and contacts for 0-5





# Ready to Learn: Education and Early Years

The UK government has set a target for 75% of children completing reception year to be 'school ready' by 2028. This is measured by 75% of children aged 5 reaching a good level of development in Early Years Foundation Stage Profile (EYFSP).

Being 'ready to learn' (also referred to as school readiness or growing well) begins during pregnancy, the first 1001 days have the greatest impact on the development of the brain, helping to shape who they are, how they learn and what they can achieve.

Areas such as communication, motor skills, social and emotional development, physical health, maths and literacy all impact on how a child presents when they reach reception year. Socio-economic inequalities such as housing, income level and parental mental health can also have an impact on their growth and development.

Across the city, we work collaboratively across the system (Education, Early years, Public Health & Health) to deliver this, as we continue to roll-out the good practice from the legacy of A Better Start Southend, through:

- ✓ providing a range of activities, training, services and community support in family centres for families;
- ✓ providing advice and support to early years providers to identify need and respond to children's need;
- ✓ supporting the most vulnerable families to access their early years education.



# HEALTHY WORK

# Work, Health and Economic Challenge

The national growth mission is dependent on a healthy, productive workforce. At the start of this year, 2.8 million people were economically inactive due to long-term illness, with 4.1 million people in employment with a work-limiting health condition.

Over 2.7 million families in the UK were headed by a single mother in 2023; a 10% increase since 2019. Single parent are more likely to live in poverty, be in low paid work, claim benefits and have long-term economic challenges.

## Southend has

- ❖ 9,000 people who are economically inactive or unemployed identified as having a health condition that limits their ability to work and may, in the right circumstances with the right support, be able to work;
- ❖ 14% of its households are workless, and a regionally high, 32.5% of long-term fit notes issued predominantly for mental health followed by musculoskeletal (MSK) and respiratory illnesses;
- ❖ the 9<sup>th</sup> highest proportion of economic inactivity associated to a Long-Term Condition in the East of England.

# Tackling Ill-health related Worklessness

Across Greater Essex, there is a range of health-orientated work programmes, including investment in **Individual Placement and Support** for those with severe and enduring mental health illness, **Employment Advisors in Talking Therapies** and imminently the **Connect to Work (CtW)** programme (£10m investment).

**CtW** is set to support those with mild and moderate mental health needs, neurodiversity and learning disability, physical and sensory impairment and long-term conditions, to secure work, as well as those who experience defined barriers to work, such as unpaid carers, supporting **Southend's 'Making it Work'** service. The latter is provided through Southend Care Limited, supporting people with learning disabilities into employment through job coaching, travel and workplace support helping individuals access and maintain paid work, volunteering and training. This helps build independence, confidence and inclusivity.

The programmes feature a supported employment model that provides tailored, individual and intensive support that is quality assured. However, their success is predicated on high quality successful employer engagement that will require the support of economic growth teams and employers and public health employer initiatives including Southend's Everyone's Health.

The programmes are measured on participant numbers and job start with a target to focus on year-on-year decline in those economically inactive due to a long-term health condition.

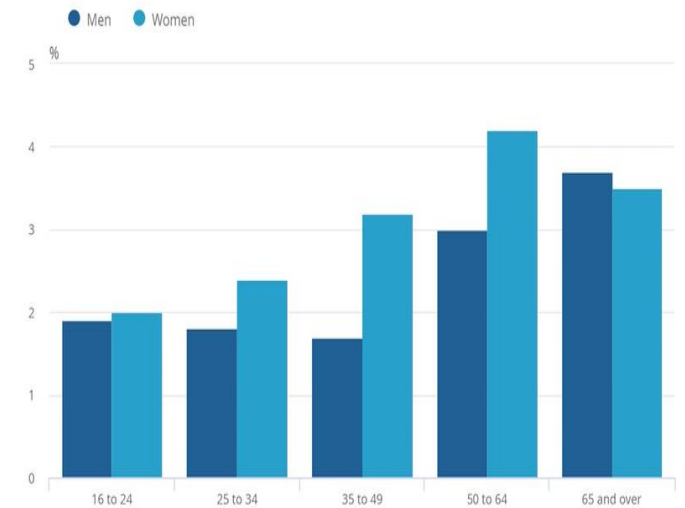
# Women's Workplace Health

The economic inactivity rate for women aged 50 to 64 remains significantly higher, at 31.3% in 2024, when compared to men of the same age (23.2%).

Sickness and absence from work is higher in women overall. Many women now return to work after childbirth, and the reform of the pension system has extended women's working lives.

There are currently more than four million women over 50 in the workplace, and many will be transitioning through menopause. This greatly impacts negatively on women with more than two in five, reporting that the symptoms of menopause, such as brain fog (73%), anxiety and depression (69%), difficulty sleeping or exhaustion (84%), joint and pain stiffness (67%), and hot flushes and night sweats (70%), affect their productivity.

The sickness absence rate was higher for women in most age groups in 2022



Office for Health Improvement and Disparities

# HEALTHY WEIGHT

# Healthy Weight in Childhood

**Childhood obesity is one of the biggest public health issues facing the UK.**

Obesity increases the risk of developing a range of health conditions in childhood and later life, including heart disease, stroke, high blood pressure, diabetes and some cancers.

Children who are overweight are much more likely to be obese adults, which may lead to significant health risks.

Childhood obesity is a significant health inequality, with higher rates among children of overweight parents, those living in more disadvantaged communities and some ethnic groups.

Children are weighed and measured regularly through routine child development check through the Healthy Child Programme offer delivered by the Council's Health Visiting & School Nursing service.

- For children and young people aged 2 to 18, weight can be reviewed by working out the body mass index (BMI) using a national BMI tool.
- A child's BMI identifies if the weight is right for their height, and the result is given as a centile (or percentile). For example, a healthy weight result is between the 3rd and 91st centile.
- Children are weighed at age 2 and then are weighed and measured at school in Reception and Year 6 as part of the National Child Measurement Programme (NCMP).

# Southend Children's Obesity Prevalence

In Southend-on-Sea<sup>9</sup>, during the year 2023/24, the prevalence of overweight including obesity for children 4-5yrs old (Reception) was at 22.7%. The prevalence of overweight including obesity for children 10-11 (Year 6) was at 33.8%. Both figures are similar to the England average, and have remained unchanged in comparison to last years data

## Prevalence of overweight (including obesity) in Southend-on-Sea by age

National Child Measurement Programme 2023 to 2024

In 2023 to 2024, 22.7% of children in reception (aged 4 to 5 years) were overweight or living with obesity



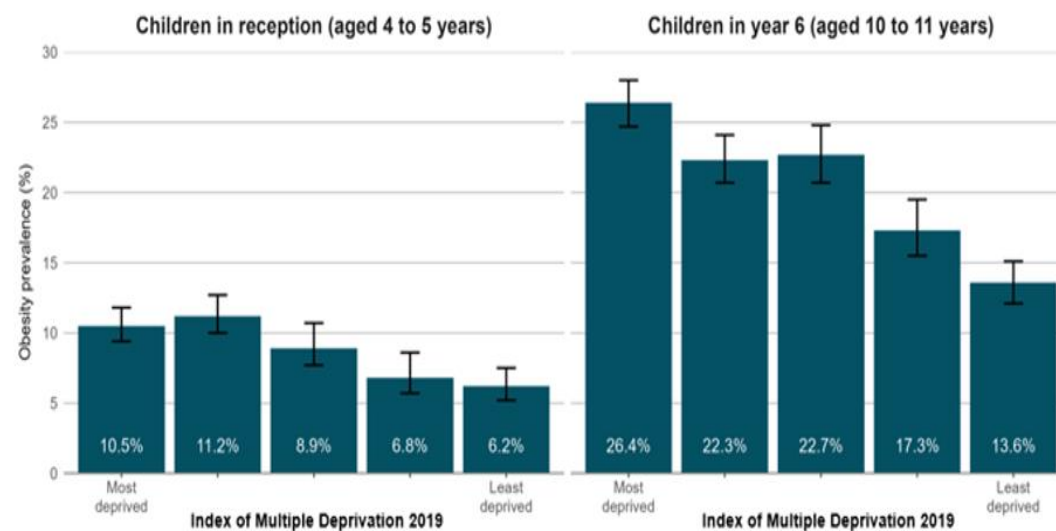
In 2023 to 2024, 33.8% of children in year 6 (aged 10 to 11 years) were overweight or living with obesity



Office for Health Improvement and Disparities

## Obesity prevalence by deprivation and age in Southend-on-Sea

National Child Measurement Programme



Data combined 5-years, (2018 to 2019, 2019 to 2020, 2021 to 2022, 2022 to 2023, and 2023 to 2024), see note on slide 16  
95% confidence intervals are displayed on the chart

Office for Health Improvement and Disparities



# Obesogenic Environment

It is widely accepted that the health and wellbeing of a population is largely determined by the environment in which people are born, grow, live, work and age.

Both the **built and natural environment** are part of the wider determinants of health across the life course and have an influence on people's physical, mental and social health.

A **food environment** also includes all the information available, promotion (including marketing, advertisements, branding, food labels, packaging) and the pricing of foods and food products.

It is worth noting that food environments are complex and are also **characterised by economic, political, and sociocultural aspects that affect people's choices.**

## The Obesogenic Environment





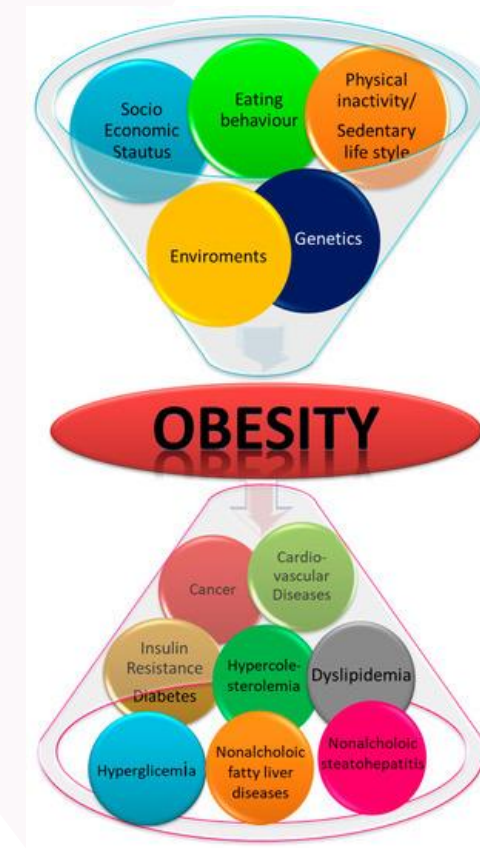
# School Food Environment

The school food environment refers to all the spaces, infrastructure and conditions **inside and around the school premises** where food is available, obtained, purchased and/or consumed. It is essential that we also consider the nutritional content of food on offer.

The latest OHID data, highlights that Southend has **219 fast-food outlets**, a value of **120.2 per 100.000 population** with the highest concentration among the most deprived wards - national average is 115.9 per 100.000 population.

**Takeaway foods** tend to contain high levels of fat, saturated fats, sugar, and salt, and lower levels of nutrients. Takeaway food can represent a very low-cost option which may enhance its appeal to children and families with lower disposable incomes.

**Planning policies** that aim to limit the prevalence of fast-food outlets can have a positive impact and prevent clustering. However, the rise of the online food delivery apps and easy access by children can make it even more challenging to tackle this.



# KEY ACTIONS - RECOMMENDATIONS

# Actions to address Healthy Living

THEME	ACTIONS	LEADS
<b>Immunisations</b>	Increase joint campaigns between NHS and Public Health. Work with Regional Imms team to produce local HPV campaign materials for schools, parents and carers. Improve signposting on digital platforms.	HCT-CSAIS, MSE ICB, SCC (Public Health, Comms), NHSE
<b>Respiratory and CVD Prevention</b>	Increase promotion of BP@Home and enhance engagement through community outreach and health checks. Further joint campaigns. Increase referrals for smoking cessation and weight management services.	MSE ICB, PCNs, SCC (Public Health, Comms), Everyone Health, SEE Alliance, SAVS
<b>Substance Misuse</b>	Work with partners to identify more people at risk and increase referral and treatment rates and continue to build on community support	Forward Trust, Probation, SCC (Public Health), SUHFT
<b>Women's Health</b>	Enhance campaigns to improve the uptake of cervical and bowel cancer screening. Continue work to reduce inequalities by tackling loneliness, mental wellbeing and carers' wellbeing.	NHSE, MSE ICB, PCNs, SCC, SEE Alliance, SAVS, Brook Southend

# Actions to address Healthy Start

THEME	ACTIONS	LEADS
<b>Oral Health</b>	Joint development to cover healthy eating and oral health campaigns. Working with relevant partners to increase supervised teeth brushing in early years and school settings, provision of toothbrushes for high risk groups. Launch new service offer for improving access to dental services.	MSE ICB, SCC (Public Health, Education, Early Years), Schools and Early Years providers
<b>Healthy Child Programme</b>	Improve the proportion of visits who have taken place at year 1 and between 2-3 years, to support parents with their child's development and to assess needs at the earliest opportunity. Ensure parents are signposted for Early Help when required.	SCC (Public Health, Early Years)
<b>Ready to Learn</b>	Embed a graduated approach across Early Years, Health and Education to ensure understanding of how to support children at universal, targeted and specialist levels. Further develop evidence-based programmes to support parents with their child development, health and wellbeing. Continue our focused approach on early help and family support to enable children to be ready to engage with school and learn.	SCC (Early Years, CSC, Public Health)

# Actions to address Healthy Work

THEME	ACTIONS	LEADS
<b>Ill-Health &amp; Worklessness</b>	Joint development to continue to increase access to the IPS programme and support the launch of the Connect to Work programme. Dedicated approach to support women who are economically inactive to access support such as health trainers, targeting key modifiable lifestyle factors impacting on their ability to work (MSK, health checks).	ECC, MSE ICB, SEE Alliance, SCC (Public Health, Economic Inclusion), PCNs
<b>Women's Workplace Health</b>	Taking learning from the SCC menopause cafes to the community and microbusinesses through the Making Every Contact Count and Workplace Health. Targeting microbusinesses with a higher proportion of women to deliver more mental health first aid training.	SCC (Public Health), Everyone Health

# Actions for address Healthy Weight

THEME	ACTIONS	LEADS
<b>Child Obesity</b>	Joint development to cover healthy eating campaigns. Adopt Food Active pledges framework for primary schools to help encourage healthier eating, physical activity and overall wellbeing. Roll out the Healthy Early Years Award scheme. Promote uptake of adult weight management for overweight and obese parents to support their healthy lives journeys.	SCC (Public Health, Education, Early Years), Schools and Early Years providers, MSE ICB, SEE Alliance
<b>Obesogenic Environment</b>	Strengthen the Health Impact Assessment process in planning applications in restricting fast food outlets and takeaways around schools. Through the Healthy Early Years Award, start children off on a positive food school environment journey. Explore good practice with local communities for families to access a healthy range of foods	SCC (Public Health, Planning), MSE ICP (Healthy Weight), SEE Alliance

# APPENDIX

# Progress with 2023-24 Recommendations (1)

Recommendations	Update	Rating
<b>Health Protection</b>		
<b>1. Flu Vaccination</b> Extensive social marketing campaigns and targeted vaccination clinics for pregnant women, people most at risk and children aged 2-3 years	Engagement with partner agencies on improving the uptake of flu immunisation saw an increase in uptake in children aged 2-3 yrs. Local review of winter vaccination campaign will help focus going forward with strengthening communication links, social marketing and signposting with GPs. Only a few community clinics were held this year due to logistical implications.	<b>AMBER</b>
<b>2. MMR Immunisation</b> Consider more pop-up clinics in identified geographical areas and social marketing campaigns	MMR call and recall clinics were supported with additional clinics provided by EPUT in a number of Council sites. On average, uptake has been higher than national. Update training session for local clinical teams provided. A new provider for childhood immunisation will commence in April 2025. Wider joint communication and campaigns between Council and NHS, including Family Centres and Livewell Southend.	<b>GREEN</b>
<b>3. Pneumococcal Vaccine for people with Learning Disabilities</b> Promote preventative health to increase the uptake of Pneumococcal Vaccine amongst people with learning disabilities, including Easy Read material	With national guidance changed (Aug 24) to clarify the vaccine entitlement of pneumococcal for people with learning disabilities, extensive awareness work with primary care and provider services have been undertaken to prioritise this vulnerable group. An Easy Read information document (Jan 25) was developed and shared with people with a Learning Disability. We are collating data to measure success and will be published later this year or in 2026.	<b>GREEN</b>



# Progress with 2023-24 Recommendations (2)

Recommendations	Update	Rating
<b>Children and Young People</b>		
<b>1. Development of Family/Community Hubs</b> Launch new offer for the Family Centres, embedding good practice and activities to optimise the legacy of A Better Start Southend	<b>Family Centres</b> – new service fully launched in Sept 24, in collaboration with schools/partners. Service supporting vaccinations, healthy eating, the oral health promotion work. Groups for children with SEND. Achieved Breastfeeding UNICEF's baby friendly award. <b>ABSS Programme</b> – Exit strategy and good practice legacy successfully implemented.	<b>GREEN</b>
<b>2. Oral Health in Young Children</b> Targeted and tailored oral hygiene communication, with supervised toothbrushing in early years and primary schools (Reception Year) settings. Targeted focus with children looked-after (LAC) and in special education (SEND).	Communications and campaign work (Horrible History of Dentistry) promoted throughout the year and featured during National Smile Month, with providing toothbrush/toothpaste packs to vulnerable families. Health Visting and School Nursing supporting with oral health information resources, healthy eating advice and sugar swap; workshops take place at primary schools with 6 schools participating in the Supervised Toothbrushing Programme – the initial scheme in Early Years settings due to be completed. In collaboration with ICB, Children's and Young People dental pilot is being launched. The Healthy Early Years award is being tested in 4 nurseries and have components of oral health and diet and nutrition.	<b>GREEN</b>
<b>3. Transforming School Health Service</b> Co-design the future of school health and wellbeing offer with school nurses, schools/ partners; to include support for home educated young people.	Needs analysis/scoping completed including good practice. Outline <i>what good health and wellbeing</i> looks like and key priorities identified. A task and finish group to be convened to agree the health and wellbeing priority issues for school age children and system collaboration. Consider a test-and-learn scheme and evaluation of agreed focused initiatives for 2025-26.	<b>AMBER</b>

# Progress with 2023-24 Recommendations (3)

Recommendations	Update	Rating
<b>Health and Work</b>		
1. Working collaboratively across the system to <b>reduce ill-health associated workforce inactivity</b> , with a focus on mental health and musculoskeletal health conditions	With insight from Workplace Health & Making Every Contact Count offer, enabled a focus on appropriate support and resources, with further targeting of new businesses. Joint working with NHS, DWP and ECC to develop the Connect to Work programme.	<b>GREEN</b>
2. <b>Multi-disciplinary research</b> with local academic institutions to understand the multiple drivers of poor health outcomes in coastal communities	The key workstreams for Health Determinants Research Collaboration are being developed. The baseline research maturity assessment was completed in January 2025. The topics for research will be finalised in April 2025. We are now an active member of the Coastal Communities programme with Univ. of Essex.	<b>GREEN</b>

# Progress with 2023-24 Recommendations (4)

Recommendations	Update	Rating
<b>Women's Health</b>		
1. Improve pathways to <b>increase access</b> to Long acting reversible contraception ( <b>LARC</b> ) and emergency contraception ( <b>EHC</b> )	Access to LARC via primary care has improved significantly from 30/month (2023/24) to 59/month (2024/25) with better coordination between Southend Brook and GP services. Access to EHC in pharmacies (6 now active, across all 4 localities in the city) has increased at least 3-fold.	<b>GREEN</b>
2. Roll out PCN-led <b>cervical screening</b> localised campaign in the community.	Joint engagement with NHS with cervical screening awareness campaigns. Currently exploring with NHS Cancer Stewards further improvement with cancer journeys for patients – pilot scheme across Southend West Central and Southend Victoria with text reminder and booking system.	<b>GREEN</b>
3. Develop a social marketing insights into barriers to <b>breast screening</b> ready for spring commissioning, with additional mobile screening service	Social Marketing insight work was carried out and completed in June 2024, with action plan developed with recommendations endorsed by ICB Lead for Cancer. GP practice support booklet completed. Additional mobile testing is on hold due to Screening Unit staff capacity issues. Work continues to reduce 'non attendance'.	<b>GREEN</b> <b>AMBER</b>
4. Targeted <b>Women's health community event</b> and independent review to identify specific community needs	Health and wellbeing event held in June 2024 with participants from the Multicultural Ladies' Group (predominantly Bangladeshi women), women affected by homelessness, and women with learning disabilities. Healthwatch Southend conducted an independent review on LARC which helped shape contraceptive services.	<b>GREEN</b>
5. Broadened system-wide <b>awareness campaign on menopause</b> through workplaces	Joint system approach to support awareness and education with menopause through workplace settings. Support the delivery of the NHS's Women's Health Strategy in developing optimal care pathways. Inclusion of menopause information on Council's intranet with Themed Menopause Café approach.	<b>GREEN</b>
6. Increase <b>HPV vaccine uptake</b> through targeted action plan to ensure coverage for prevention	Scoping social marketing campaign with young people and the Youth Council. New immunisation provider (Herts Community Trust) has started schools vaccination programme. Further community clinics to be agreed for the summer holidays to support with children educated at home and catch up.	<b>GREEN</b>