



Castle Point & Rochford

**Health and Wellbeing
Strategy 2022 – 2025**



Introduction

This strategy sets out our three-year plan to improve the health and wellbeing of residents in Castle Point and the Rochford District. It outlines the work that we will do and the key areas we will focus on, as well as the principles and approach we intend to take. We are working together at a grass-roots level to make the biggest difference in our communities.

The strategy has been co-produced by Board members and builds on what we have learned from the last strategy. The process began in September 2020. Since then we have worked together in subgroups to develop the thinking and narrative for our priorities. This has involved sharing knowledge, insight and case studies that reflect residents' own experiences.

In developing this new strategy, the Health and Wellbeing Board has considered:

- ✓ Health and wellbeing outcomes in Castle Point and Rochford
- ✓ What needs have emerged because of the coronavirus (COVID-19) pandemic
- ✓ Progress made against our last strategy
- ✓ Other local strategies and plans
- ✓ New data and insight from our health and wellbeing partners
- ✓ Feedback from residents

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

This is our story as to how we are going to work together to achieve our vision.

*Nurturing seedlings in
the potting shed at
Trust Links Growing
Together Thundersley*



Our Strategy vision



Castle Point and Rochford will be inclusive places where everyone is **empowered, informed, and supported** to live healthy lives.



Our Health and Wellbeing Board



Castle Point and Rochford have a joint Health and Wellbeing Board. It is a partnership of local organisations working together to promote wellbeing across Castle Point and the Rochford District. The Board is made up of people from:

- ✓ [Castle Point Borough Council](#) and [Rochford District Council](#)
- ✓ [Castle Point and Rochford Clinical Commissioning Group](#)
- ✓ [Essex County Council](#)
- ✓ [Essex Partnership University Trust](#) who provide community health services
- ✓ Community and voluntary sector organisations including [Citizens Advice](#), [CAVS](#), [RRAVS](#), [The Megacentre Rayleigh](#), [South East and Central Essex Mind](#), [Bar 'N' Bus](#), [Trust Links](#), [Canvey Island Youth Project](#) and [Hawkevell Baptist Church](#)

We are committed to working together to deliver the right help and support for our residents. We want to enable them to live healthier and happier lives.

Our Board has the following aims and objectives:

- ✓ To address the health needs and challenges within our local communities
- ✓ To deliver our strategy and review our progress each year
- ✓ To share information, resources, and best practice
- ✓ To look at new ways of working to create a connected and sustainable offer for the people of Castle Point and Rochford

Our Strategy Key Pillars

We have centred
our strategy around
three pillars:



Our Strategy Principles



We have also based our strategy on **10 key principles** that underpin its delivery:

- 1 Early intervention and prevention.** This means stopping problems from happening, where possible, and dealing with them at an earlier stage when they do so that they don't get worse.
- 2 Helping people to be resilient.** This means having the knowledge, skills, and confidence to manage their health and be able to bounce back from tough times.
- 3 Supporting people in a way that is tailored to their individual needs and circumstances and places them at the centre of the service. We call this a **person-centred approach**.**
- 4 Working together** to build, strengthen, and maintain relationships and trust, and join up better with services.
- 5 Reducing health inequalities** by tackling the social factors that affect health.
- 6 Being able to **adapt and respond** to ever-changing needs, mobilise resources quickly, and scale up when needed.**
- 7 Sharing information** to make it easier to know who does what and where so that we all know what is available near where we live.
- 8 Clear communication.** Spreading messages in different ways. This means we can reach more people and makes it easier for them to find, access and connect into the help they need.
- 9 Making best use of our **assets**.** These can be things like our buildings, but also knowledge and resources.
- 10 A place-based approach.** Creating opportunities, as well as the right environment for people to live well.

Our Strategy Principles



We want to provide more services that help people to be as healthy and well as they can be and prevent them from developing health problems. This means having services that respond quickly when you contact them for help and providing support that looks at the whole person. We call this a holistic approach - one that considers social factors, like housing, employment, and relationship problems, as well as a person's emotional and physical wellbeing. It also includes services that support people to lead a healthy lifestyle. For example, to help people stop smoking and lose weight.

We want to give people the skills and knowledge to be able to help themselves. This is so that they can make healthy choices, lead active lifestyles, and reach out for help and support at the earliest opportunity. To make this happen we need to make sure information about services reaches as many people as possible. We also need to make sure that services are welcoming, non-judgemental, and sensitive to people's needs and ambitions.

Some people may need extra help and support to access activities and services that can help them manage their health. In these situations, we want people to know what is available nearby, how to access it, and to feel able to connect into it, no matter who they are or where they live. The GP will often be the first port of call when someone needs help. Yet help can be accessed via other routes too. Our voluntary, community, faith, and social enterprise (VCFSE) sector partners play a vital role, providing a range of activities and services that support people to manage their physical and mental wellbeing and help build resilience.

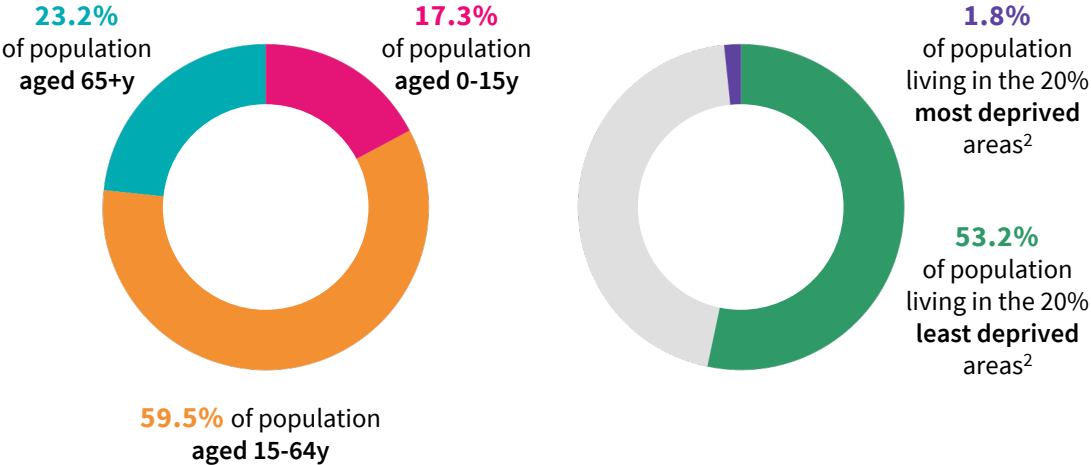
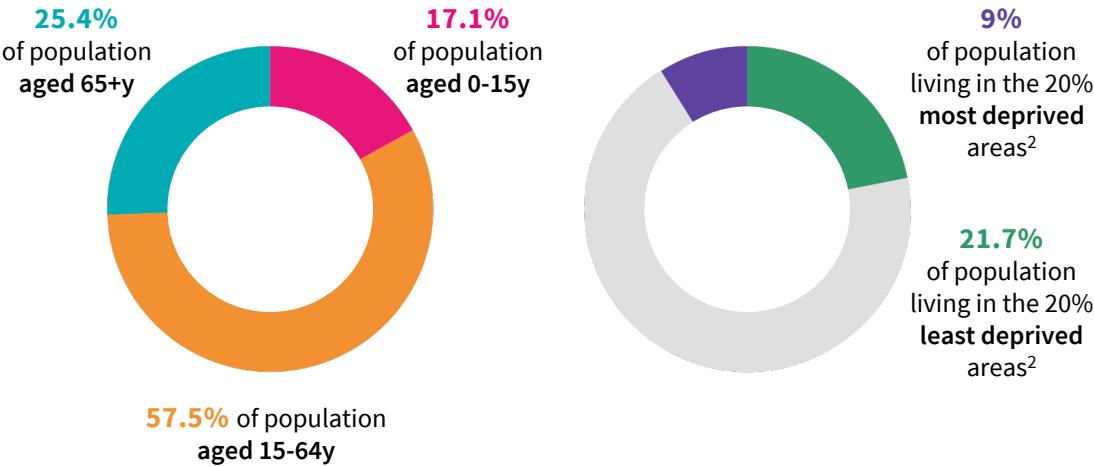
This focus on prevention and early intervention is important so that people of all ages can lead healthy and fulfilling lives and age well. It is the bedrock of our health and wellbeing strategy.



A snapshot of Castle Point and Rochford



90,524 people live in Castle Point.¹ It has four towns: Benfleet, Canvey, Hadleigh and Thundersley. Castle Point has areas of great wealth alongside some of the most deprived areas in England. Yet there is a strong sense of community within the Borough. Its many assets are valued and have brought new opportunities to the area, such as [Hadleigh Country Park](#). This hosted the Mountain Biking during the London 2012 Olympics and has since been developed into a world class sports facility offering a range of sports activities, walking, and cycling trails. Despite its dense urban nature, there remains large areas of public open space, marshland, and woodland.



87,627 people live in the Rochford District.¹ It has several major towns including Rayleigh, Rochford, and Hockley, together with smaller parishes. It is of a more rural nature compared to Castle Point, with around 14% of people living in rural town and fringe, village, or hamlet and isolated dwellings. The District has vast areas of green space and is home to the [RSPB Wallasea Island Nature Reserve](#).

There are many commuters living in Castle Point and Rochford. Two separate train operators serve the area which connect to the city of London in less than an hour.

¹ [Office for National Statistics mid-year population estimates, June 2020](#)

² [Essex County Council Indices of Multiple Deprivation \(IMD\) 2019 Report](#)

A snapshot of Castle Point and Rochford



	Castle Point	Rochford
Life expectancy at birth (males) ¹	80.2 years	81.6 years
Life expectancy at birth (females) ¹	83.5 years	84.4 years
% 16 – 64-year olds Equality Act Core disabled ²	23.2	14.6
% pupils receiving SEN support ³	9.4	9.7
% of pupils eligible for free school meals ³	14.8	12.4
% of pupils achieving a good level of development ⁴	73.1	79.3
No. of Universal Credit Claimants ⁵	6,271	5,054
No. of households receiving a statutory homelessness service ⁶	288	282

1 Office for National Statistics (January 2021) [Health state life expectancies, UK](#)

2 Office for National Statistics (April 2020) [Annual population survey](#)

3 School Census (January 2021)

4 Department for Education Early Years Foundation Stage Profile Results 2019

5 Department for Work & Pensions (January 2021) People on Universal Credit

6 Ministry of Housing, Communities & Local Government (October 2020) [Statutory homelessness in England: financial year 2019-20](#)

Play equipment outside
Waterside Farm Leisure
Centre, Canvey Island



Although the overall picture for Castle Point and Rochford is relatively good in terms of health, it is not the same for everyone everywhere. Some people are more likely to experience poor health because of their circumstances, and this is where we need to target more of our resources.

For example, since 2007 Castle Point has seen a rise in deprivation, particularly on Canvey Island. Here, some electoral wards are among the most deprived in England. On the other hand, people living in the more rural areas of the Rochford District may not have easy access to green space, leisure centres, sports, and social groups because they are not available near to where they live. They might also be difficult to get to on public transport. These are all factors that can affect health and wellbeing.

A view of Hadleigh Castle



Understanding the wider determinants of health

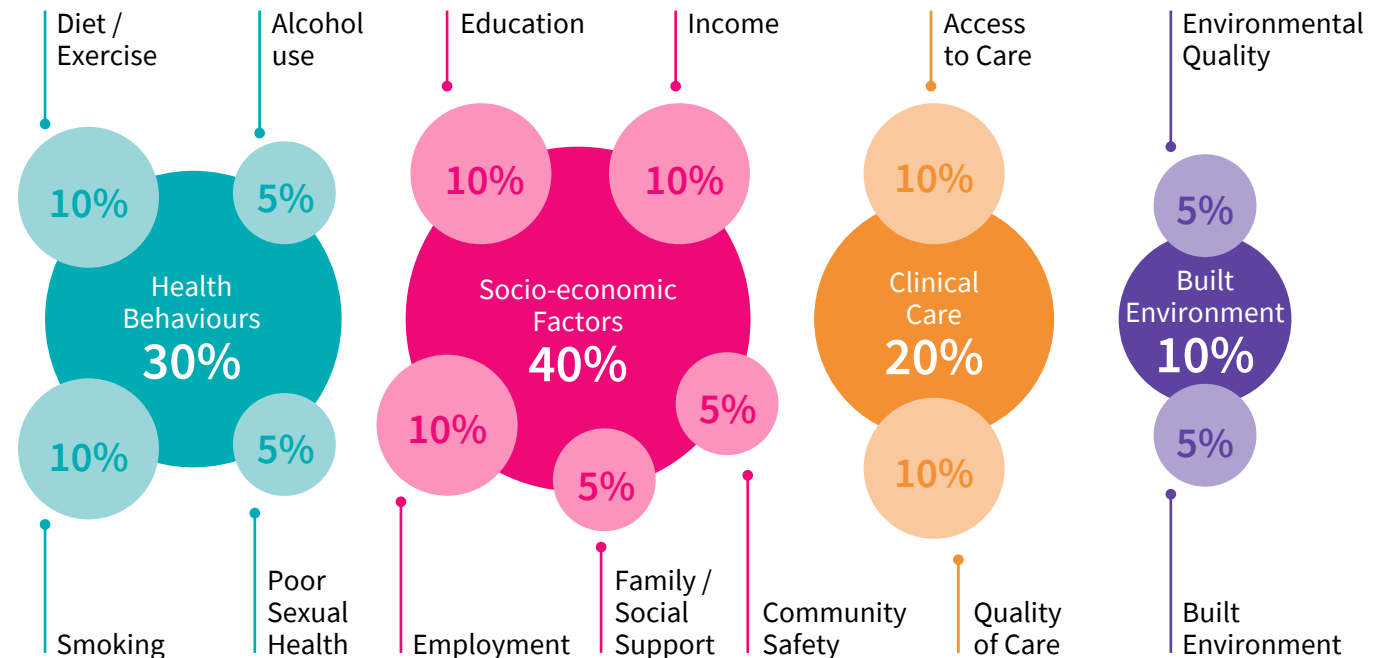
Our health is determined by **a range of factors**. These include:

- ✓ Age and genetic factors
- ✓ Health behaviours (e.g. diet, exercise, smoking and alcohol use)
- ✓ Socio-economic factors (e.g. education, income, and employment)
- ✓ The built environment
- ✓ Clinical care

The social, economic, and environmental factors are known as wider (or social) determinants of health. These influence our health more so than other factors. Researchers say that socio-economic factors are the biggest influencer (40%) of a person's health and wellbeing. This is more than health behaviours (30%), clinical care (20%) and the built environment (10%).

The differences in the care that people receive, and the opportunities they have to lead healthy lives, can lead to differences in health outcomes - we call these

health inequalities.



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

Understanding the wider determinants of health

One of the most important measures of health inequality is life expectancy. This is closely linked to a person’s socio-economic circumstances, which are measured by level of deprivation.

In Castle Point, males living in the least deprived areas can, at birth, expect to live 7.3 years longer than males living in the most deprived areas. For females, this gap is 6.4 years.

In Rochford, however, there is a bigger gap in life expectancy for females (7.6 years) than for males (5.9 years).

Difference in life expectancy at birth, compared by ward

District	Ward with highest life expectancy (years)	Ward with lowest life expectancy (years)	Difference in life expectancy (years)
Castle Point (males)	Boyce (82.3)	Canvey Island South (75.0)	7.3
Castle Point (females)	St James (87.6)	Canvey Island South and St Peters (81.2)	6.4
Rochford District (males)	Hawkwell West (84.4)	Roche South (78.5)	5.9
Rochford District (females)	Hawkwell West (88.1)	Roche North and Rural (80.5)	7.6

Data obtained from [Public Health Profiles - PHE](#)



Understanding the wider determinants of health



Another key measure of health inequality is the amount of time people spend in good health over the course of their lives. Healthy life expectancy (HLE) is a measure of this that estimates the average number of years that an individual is expected to live in a state of self-assessed good or very good health.

Inequalities in healthy life expectancy are even wider than inequalities in life expectancy. People in more deprived areas spend, on average, more of their lives in poor health.



Castle Point

In Castle Point, there is a **12.3-year gap** in healthy life expectancy at birth for males and almost a **nine-year gap** for females.



Rochford

Similarly, in Rochford, there is a **12-year gap** in healthy life expectancy at birth for females and a **10-year gap** for males.

By working together, we can address some of these wider determinants. Our aim is to reduce health inequalities, but COVID-19 is likely to have made them worse. This means we have even more work to do to tackle this as we move forwards.

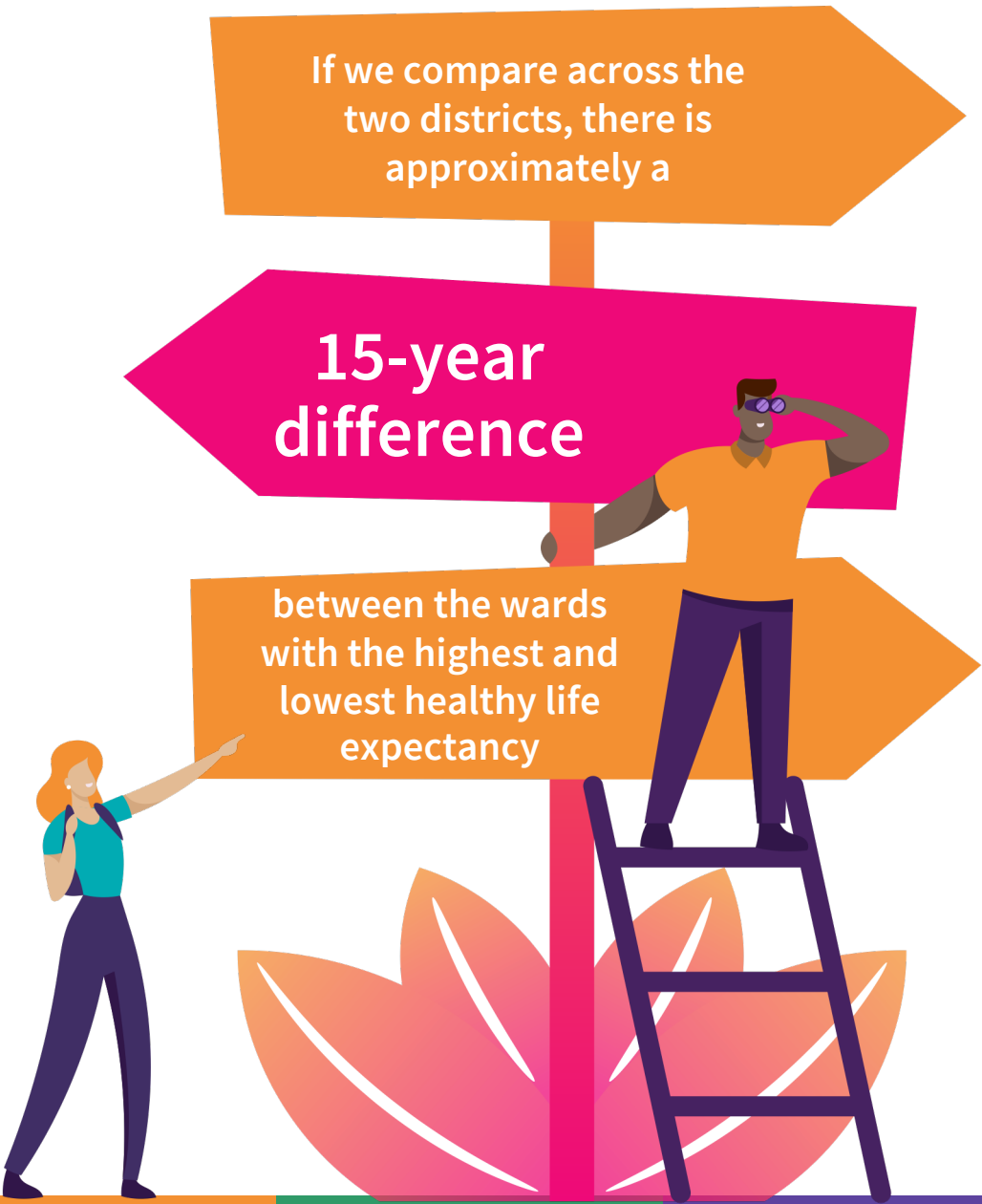


Understanding the wider determinants of health

Healthy Life Expectancy at birth, ward comparison (by 2011 Census Wards, 2009 - 2013):

Local Authority	Ward with highest HLE	Ward with lowest HLE	Inequality in HLE
Castle Point (males)	St George's (69.7)	Canvey Island Central (57.4)	12.3 years
Castle Point (females)	St James (70.4)	Canvey Island West (61.6)	8.8 years
Rochford District (males)	Hockley West (72.1)	Rochford (62.1)	10.0 years
Rochford District (females)	Hockley West (76.1)	Rochford (64.0)	12.1 years

Data sourced from [Health state life expectancy by 2011 Census wards in England and Wales - Office for National Statistics \(ons.gov.uk\)](#) and [Life expectancy by census ward \(ons.gov.uk\)](#)



Understanding the wider determinants of health

For example, in 2020 Castle Point and Rochford saw large increases in unemployment.

Changes in circumstances such as this have further increased the demand for services. Coupled with pressures on funding, this means that we need to find new ways of doing things.

We need to build on what is already strong in our communities, so that people are better able to support themselves. Creating more opportunities will help ensure everyone who needs support can receive it and prevent people from slipping through the net or reaching crisis point.

Unemployment figures by age band *

Age band	Castle Point	Rochford
16-24	580	510
25-49	1495	1175
50-54	250	235
55-59	200	205
60-64	175	155
65+	35	20
Total	2735	2300
% change from 2019 totals	+189%	+191%

*2020 data obtained from [Unemployment and Job Market profiles – Essex Open Data](#)



Strategic Context

We have designed our approach with the aims and strategic plans of our Health and Wellbeing Board partners in mind. This strategy supports and is aligned to numerous local plans and strategies, as well as those on a wider footprint, including:

- [Essex Joint Health and Wellbeing Strategy*](#)
- [Fit for the Future Physical Activity and Sport Strategy for Essex, Southend and Thurrock 2021-2031](#)
- [Southend, Essex and Thurrock Mental Health and Wellbeing Strategy](#)
- [Southend, Essex and Thurrock Dementia Strategy](#)
- Essex All-Age Carers Strategy*
- Essex Early Years Strategy*
- South East Essex Alliance Place Plan
- [Essex Children and Young People's Plan](#)
- [Mid and South Essex Health and Care Partnership's 5 Year Plan](#)
- [Castle Point Borough Council Corporate Plan 2021-24](#)
- [Rochford District Council Business Plan 2020-23](#)

*Currently still in development and / or being refreshed.

Sustainable
voluntary services and
local residents working
together for our local
community

Fit For the
Future Physical
Activity and
Sport Strategy
for Essex,
Southend and
Thurrock

Essex
Children and
Young People's
Plan

Essex Joint
Health and
Wellbeing
Strategy

Castle Point
& Rochford
Health and
Wellbeing
Strategy

Rochford
District Council
Business Plan

The Castle Point & Rochford
Health & Wellbeing Board
brings together local
organisations to work
together to promote
wellbeing across the
two boroughs

Mid and
South Essex
Health and
Care
Partnership
5 Year Plan

Castle Point
Borough
Council
Corporate
Plan

The South East Essex Alliance



This is a partnership of organisations from across Castle Point, Rochford, and Southend – collectively, South East Essex. The Alliance partners are committed to working together, and with residents and communities, to make support available closer to where people live.

Nationally, GP practices have come together in clusters of five or six to form Primary Care Networks (PCNs). Here in Castle Point and Rochford there are four PCNs, sat in four locality areas – Benfleet, Canvey, Rayleigh, and Rochford.

The aim is to develop services around people and places, in these localities, to create a way of working that unites us all in the journey to improve health and wellbeing.



Our priorities



We have used data and insight to identify the main health challenges and opportunities we see in Castle Point and Rochford. From this we have agreed our **four priorities**:



Mental health
and wellbeing



Physical health
and wellbeing



Ageing
well



Community
resilience

The different themes and opportunities that we will focus on within each of these priorities are outlined in this strategy. Some themes cut across all four priorities due to their interlinking nature.

We will introduce you to some residents in this next section too. These are not real people; they have been created based on data and first-hand observations over the course of the pandemic. Their purpose is to highlight some of the issues and inequalities people experience, and the varying levels of need within our communities. We'll also give examples of some of the activities, help and support that is available locally and how this is accessed.

We'll follow these residents over the life of the strategy to see how their health and circumstances have changed.



Priority 1: Mental health and wellbeing

Everyone has mental health, which means it is everybody's business. One in four of us will experience a mental health need each year in England. Mental ill health can affect anyone but is more likely to affect certain groups.

These can include but are not exclusive to:

- people who have a learning disability or physical health problem
- carers
- people who are homeless

- victims of domestic abuse
- people from Black, Asian and minority ethnic (BAME) groups
- people who identify as LGBTQ+

Other factors such as poverty, poor housing, unemployment, social isolation, and traumatic events are also linked to mental health problems.

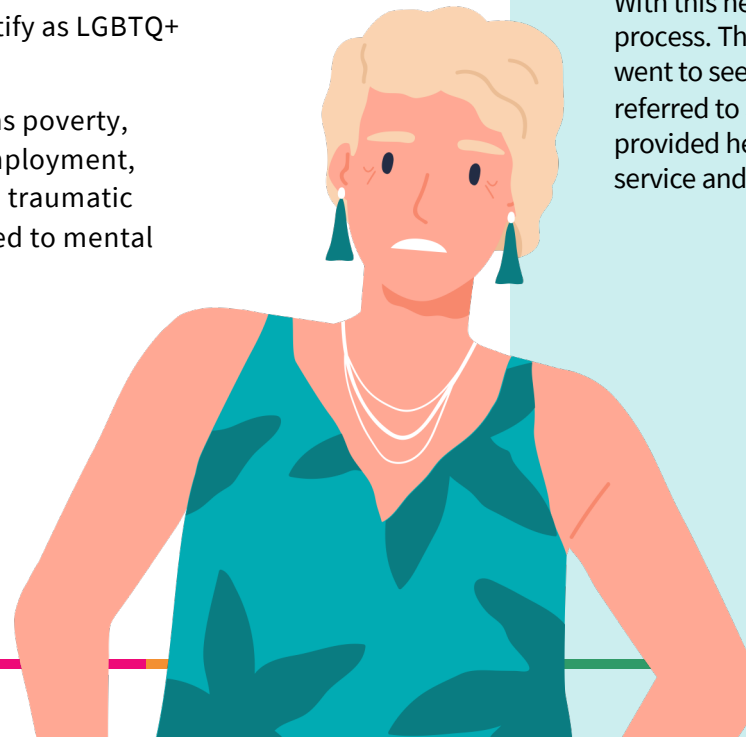
Paula, 54, is an only child. Her widowed mother, whom she lived with, died after contracting COVID-19.

Paula works part time and her children (from her previous relationship) are all young adults living away from home outside the local area. Paula feels very lonely and depressed.

She didn't know how to apply for probate and could not afford her own solicitor. She needed probate because her home was owned solely by her late mum.

Citizens Advice assisted Paula to work through the long list of things to do when someone has died, including notifying relevant organisations. They explained how to apply for Probate and letters of administration.

Paula also received some help from one of their local solicitors to help her complete the inheritance tax form, which must be completed prior to applying for probate. With this help, Paula was able to navigate through the legal process. This helped to ease her stress and anxiety. She also went to see her GP about her mental health and has been referred to a Primary Care Mental Health Nurse. They have provided her with information for a local bereavement service and telephone helpline to help her manage her grief.



Paula

54

Priority 1: Mental health and wellbeing



Half of all mental health issues start before the age of 14 ...



... and 75% by the age of 24.

This is why it is so important to build good emotional wellbeing and resilience from a young age. This can be helped by forming good relationships, social connections, and strong support networks. When someone in the family is unwell, it is also important to look at support for everyone in the family.

Harry

10

Harry, 10, has Autism and ADHD. He doesn't like leaving the house and gets very anxious and upset about going to school. He finds it difficult to make friends.

Harry's school contacted their link Educational Psychologist who provides advice to the school, and to Harry's family, to support his learning, development, and wellbeing. Harry also goes to family sessions at The Megacentre for children with additional needs.



Priority 1: Mental health and wellbeing

Body and mind

There is a strong link between mental and physical health; they go hand in hand. Mental health can affect (and be affected by) our physical health. This is why having good mental health is just as important as having good physical health. One can benefit the other.

People with long-term mental health needs are at a higher risk of poor physical health. Compared with the general population, for example, people with severe mental illness (SMI) are at a greater risk of obesity, diabetes, lung conditions and heart disease¹. Similarly, people with a long-term physical health condition can be more likely to have a mental health need.

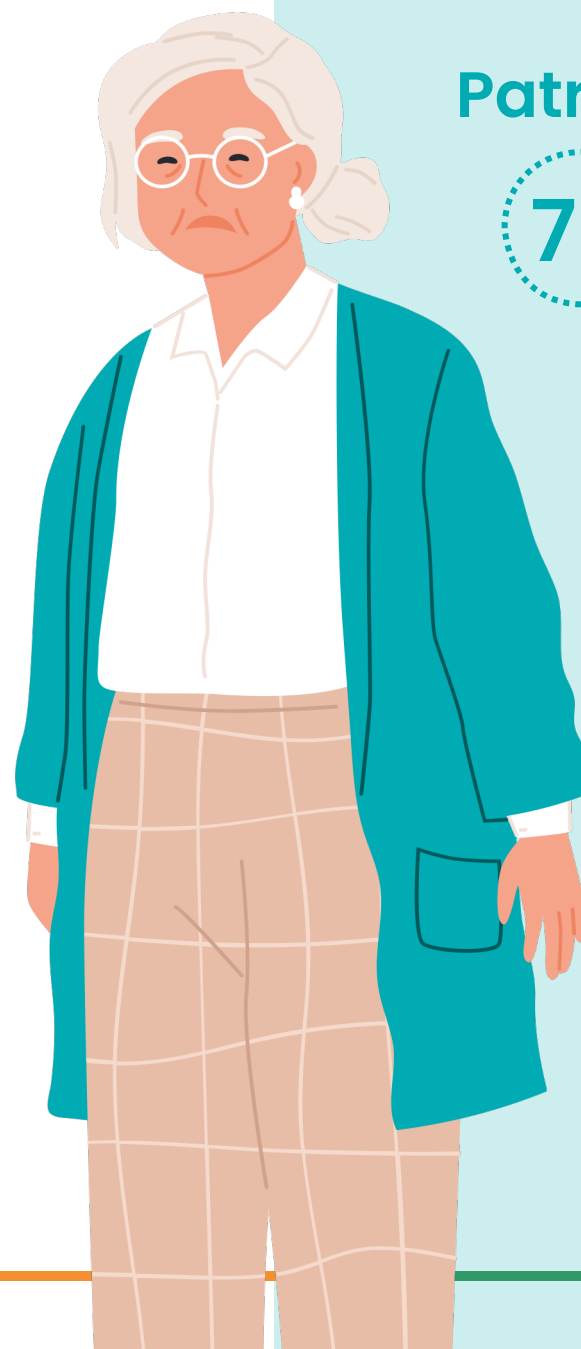
We feel that mental health and physical health should have an equal focus, which is why we are prioritising them both in this strategy.

COVID-19 has impacted on mental health

COVID-19 affected the way we all live, learn and work. It has impacted on jobs, finances, education, families, caring responsibilities, and social life and has placed immense pressure on essential workers. Some groups have been affected more than others. Health inequalities have widened too as a result. This means we need to focus more of our efforts towards those whose needs are greatest.

More people are self-reporting that their mental health has worsened since the pandemic began. There is now an even bigger demand for mental health services. Factors that may have impacted on people's mental health include furlough, job losses, reduced social contact, and family bereavement.

¹ [Public Health England \(2018\) Severe mental illness \(SMI\) and physical health inequalities: briefing](#)



Patricia

78

Patricia, 78, lives in Great Wakering in a housing scheme for older people. She used to enjoy going out regularly but did not leave her flat for over year due to the pandemic.

One of her neighbours died from COVID-19 which made her feel very sad and frightened. She missed seeing her friends and family and became depressed and anxious about going out when the restrictions lifted.

The manager at Patricia's housing scheme has suggested she come along to the games afternoon that has started every week in the communal lounge. A neighbour has offered to accompany Patricia to help build her confidence.

Priority 1: Mental health and wellbeing

The right support, where and when you need it

There is a range of mental health support available in Castle Point and Rochford, including NHS services and community support. However, not everyone can easily access the help they need for their mental health. This might be for reasons such as:

- not knowing what help is available locally, or where to go to get it
- not wanting to talk about their problems because they feel uncomfortable, embarrassed, or ashamed (stigma)
- language and communication barriers
- insufficient capacity to meet changing needs and rising demand

Where people live may also influence where they go for help. Some people are also less likely to seek help for their mental health, such as men, older adults, and people from BAME groups.

Mark

27



Mark, 27, lives in Benfleet and works in London for an investment bank. The long hours and stressful nature of his job is causing him to drink too much, smoke and engage in recreational drug use to cope with the pressure.

This is affecting his sleep and caused changes in his behaviour, which has led to a relationship breakdown. He is having suicidal thoughts and has started taking time off work. A colleague, who has trained in Mental Health First Aid, reached out after seeing Mark in distress and encouraged him to seek some help. Mark doesn't feel comfortable talking to his boss about how he is feeling, but his colleague told him about some organisations that offer free, confidential support via text, helpline, and webchat services.

Priority 1: Mental health and wellbeing

Services are being transformed to address these issues as outlined in the [NHS Long Term Plan](#). More resource and investment are being made to increase capacity. This means providing more flexible and better access to services and simplifying referral pathways. This in turn will help people with mental illness to engage in employment, volunteering, and education, which are major factors in maintaining good mental health. They are also important outcomes for recovery for people with mental illness. As a Board we see more opportunities to work together with our communities to plug gaps like these where there is a need identified.

Championing mental health

We are committed to improving mental health outcomes for our residents. This is why we have signed up to the [Prevention Concordat for Better Mental Health](#). We have produced an action plan which shows the work we are doing to promote good mental wellbeing, prevent mental health problems and reduce mental health inequalities.



Priority 2: Physical health and wellbeing



Less than half of children are doing the recommended 60 minutes or more of activity each day¹. While more than a quarter of adults are doing less than 30 minutes a week².

Our local areas provide many opportunities to be active. Whether it's on our playing pitches, along our coastline, or at our leisure centres, parks, and woodland. However not everyone can access these easily. Not everyone feels safe using them or is able to afford membership fees. We want to remove some of these barriers to create equal opportunities, no matter a person's age, ability, income, or where they live.

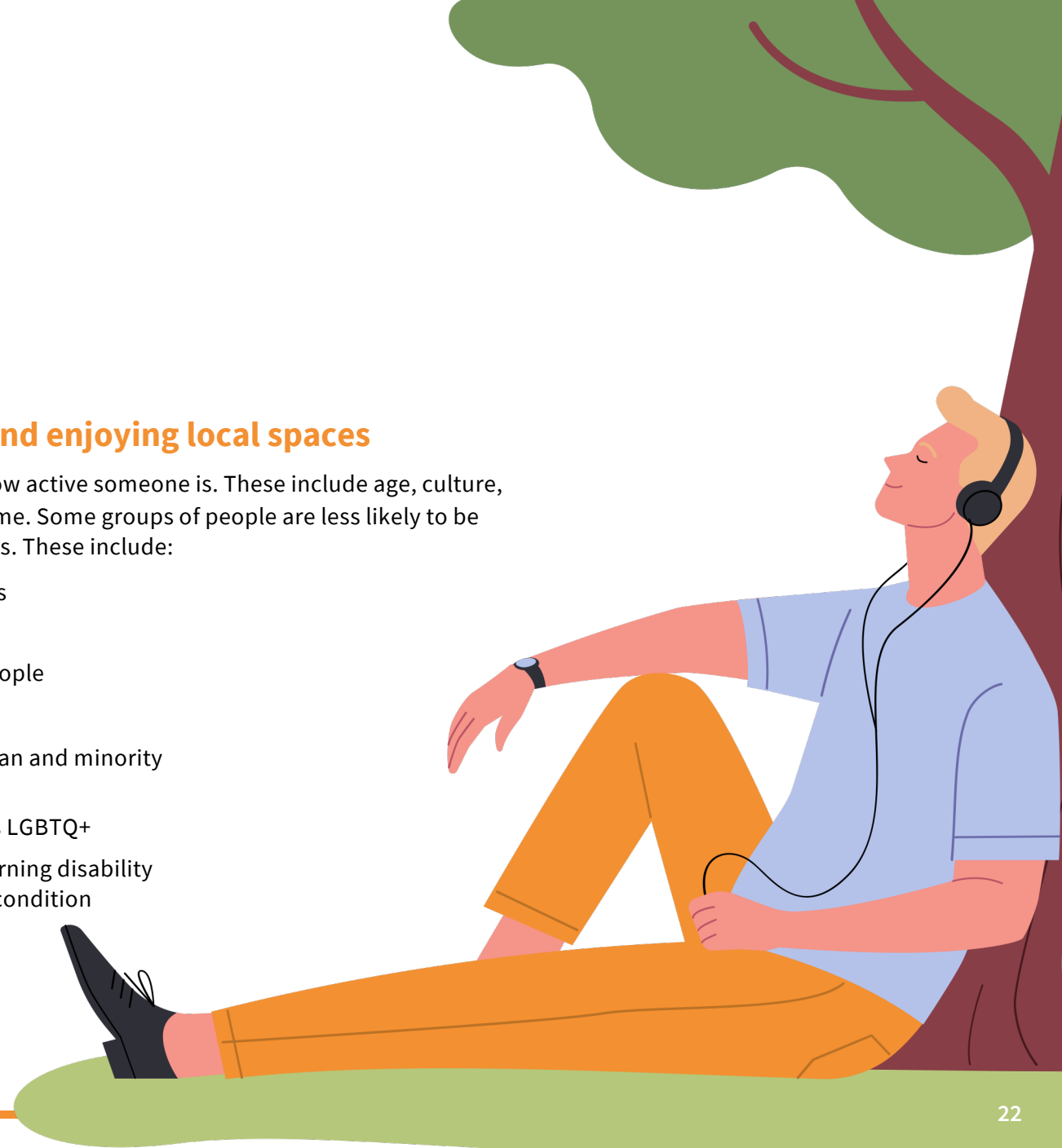
¹ [Sport England Active Lives Children and Young People Survey 2018/19](#)

² [Sport England Active Lives Adult Survey May 2020/21 Report](#)

Getting moving and enjoying local spaces

Different factors affect how active someone is. These include age, culture, time pressures, and income. Some groups of people are less likely to be active compared to others. These include:

- people on low incomes
- females
- children and young people
- older adults
- people from Black, Asian and minority ethnic (BAME) groups
- people who identify as LGBTQ+
- people who have a learning disability or a long-term health condition



Priority 2: Physical health and wellbeing

Our aim is to get more people in Castle Point and Rochford moving more as part of everyday life. We plan to do this by influencing local planning decisions to develop healthier places to live. We also want people to have the confidence to try new things. We want them to explore and travel around their local area in an active way. Using tools like the [Active Essex Activity Finder](#) and [Forward Motion Journey Planner](#) can help to achieve this by highlighting the many opportunities that are available.

This is important not just because of the benefits it brings to physical and mental health, but for our environment too. If more people choose to walk or cycle to school, work and their local shops, this will reduce car journeys and congestion, increase activity levels, and improve air quality in our neighbourhoods.

COVID-19 has impacted on physical health

COVID-19 affected the way we all live, learn and work. It has impacted on jobs, finances, education, families, caring responsibilities, and social life and has placed immense pressure on essential workers. Some groups have been affected more than others. Health inequalities have widened too as a result. This means we need to focus more of our efforts towards those whose needs are greatest.

The healthcare system has been affected by the pandemic. Some people have avoided seeing their GP, dentist, optician, or pharmacist during the pandemic, which may have led to their physical health getting worse. Appointments for routine check-ups, screening, and health checks have been delayed or cancelled. There are now also increased waiting times for operations.

The way in which physical health services operate will change as we recover from the pandemic:

- ✓ some services will have an online / digital offer
- ✓ more emphasis will be placed on supporting people to self-manage their physical health and wellbeing
- ✓ there will be a greater role for our VCFSE sector to work with statutory services

As a Health and Wellbeing Board we will support this agenda where we can, as we work more closely with PCNs and the South East Essex Alliance.

A Bodypump Group Exercise class at Waterside Farm Leisure Centre, Canvey Island



Hockley Woods parkrun

Priority 2: Physical health and wellbeing



People's lifestyles have also been affected by the pandemic. For example, restrictions meant there were less opportunities for people to be active. Although a lot of activities moved online, not everyone could access these. For some they were not appealing because they lacked a face-to-face element. As a result, more people have become inactive. Some have physically deconditioned. This means they have experienced a loss of stamina, fitness, and muscle strength.

The pandemic, however, brought new opportunities to help people to be more active:

- ✓ Additional resources, including funding, to reach more people
- ✓ Changing work patterns enabled some people to introduce healthier habits

- ✓ We found new ways of engaging people. More people are taking part in online classes, community-led schemes and using recycled bikes
- ✓ People engaged with and are valuing nature, outdoor spaces, and gardens



Trust Links Growing Together Thundersley Community Garden, which provides horticultural and positive activities for adults with mental health problems and learning disabilities

Priority 2: Physical health and wellbeing

Healthier food habits

Almost three quarters (73.7%) of adults in Castle Point and nearly two thirds (62%) of adults in Rochford are classified as overweight or obese¹. Castle Point has the highest rates of adult overweight and obesity in Essex, and the second highest in the East of England region. Similarly, around a fifth of reception aged children and a third of year 6 pupils are classed as overweight or obese².

This is one of the key aspects of physical health that we will focus our efforts on over the course of this strategy: supporting more people to be a healthier weight.

To achieve this, we need to:

- ✓ Improve everybody's access to healthy, affordable food.
- ✓ Increase people's skills and knowledge to be able to prepare healthy meals and make better informed decisions about what they eat.
- ✓ Encourage families to establish healthy habits. This can help children to maintain them as they go through life.

¹ Sport England Active Lives Survey 2019/20

² National Child Measurement Programme data 2019/20

Jo, 33, is juggling work and home responsibilities while looking after her 5-year old son Ethan. She feels short on time and orders takeaways several times a week. She is drinking more alcohol than she used to as it helps her relax. She has gained weight over the last year. Her son Ethan is also overweight.

Jo's employer offers a free workplace health scheme that provides information and advice about how to make healthier lifestyle choices. Through this she has found out about free online workouts that she can do at home at a time that suits her, and the [Better Health campaign](#), which provides advice about losing weight, getting active and [drinking less](#). Jo has downloaded the NHS Drink Free Days app to track her alcohol intake.

During the school holidays Ethan goes to a holiday activity club. As part of this programme children receive advice on healthy eating and take-home resources, including recipe ideas that can help Jo plan some healthy meals that she and Ethan can make together.

Jo
33



Priority 2: Physical health and wellbeing



Healthier lifestyle choices

Lifestyle factors, including obesity, affect our risk of developing long-term health conditions like hypertension (high blood pressure), coronary heart disease (CHD), Type 2 diabetes, and cancer. There is a distinct difference in the prevalence of these conditions within Castle Point compared to Rochford.

When ranked by Lower Tier Local Authority, Castle Point ranks in the top three most prevalent in Essex for the following:

- ☐ [Coronary Heart Disease](#)
- ☐ [Heart Failure](#)
- ☐ [Atrial Fibrillation](#)
- ☐ [High blood pressure \(hypertension\)](#)
- ☐ [Ischaemic Stroke](#)
- ☐ [Chronic Kidney Disease](#)
- ☐ [Osteoporosis](#)
- ☐ [Rheumatoid Arthritis](#)

Data obtained from [COVID-19 risk and vulnerability mapping dashboard – Essex Open Data](#)

In comparison, Rochford is in a better position and does not rank in the top three most prevalent for any of these conditions.



Priority 2: Physical health and wellbeing

Long-term conditions are a major cause of poor quality of life. They directly impact on health status and have an indirect impact as they can affect the amount or type of work someone can do. Being in good quality work is important for good physical and mental health.

We want to support and empower our residents to lead healthier lifestyles. This can help to achieve better health outcomes and prevent long-term conditions from developing.

We support local and national campaigns, like [Livewell](#), [Find Your Active](#) and [Better Health](#), to help people find what's right for them and make lifestyle changes that can be sustained in the long-term. Our aim is to support people to start well, live well and age well.



Steve, 43, is a plumber. He smokes 20 cigarettes a day, is overweight and has been diagnosed with high blood pressure and type 2 diabetes.

Steve's GP has recommended that he stops smoking and loses some weight, but he is not motivated to do either. He is worried he'll have to stop plumbing if his health gets worse and he won't be able to find another job easily.

A friend told Steve about a new 'MAN V FAT' Football league starting in Southend, but Steve lives on Canvey and doesn't want to go all the way to Southend. He wishes there was something similar available nearer to where he lives.

Steve

43

Priority 3: Ageing Well

Living well longer

Ageing well does not just apply to older people. Looking after our health during our younger years is crucial to having the best chance of staying well as we get older and remaining independent for as long as possible. Good health is key to wider quality of life and people's ability to do the things they value. We aim to support, enable, and empower people to age as well as possible, regardless of their circumstances. We encourage them to also plan and prepare for the later stages of life from an earlier age.

Keeping active is important as we get older for both physical and mental health. This is because the older you are, the more activity you need. The more long-term conditions you have the more activity you need too. Yet people tend to become less active as they get older.

Just over half of adults aged 55-74 in Castle Point are physically active, compared to almost 7 out of 10 adults aged 34-54. This is similar in the Rochford District. Nearly 7 out of 10 adults aged 34-54 are physically active compared to nearly 6 out of 10 55-74-year olds

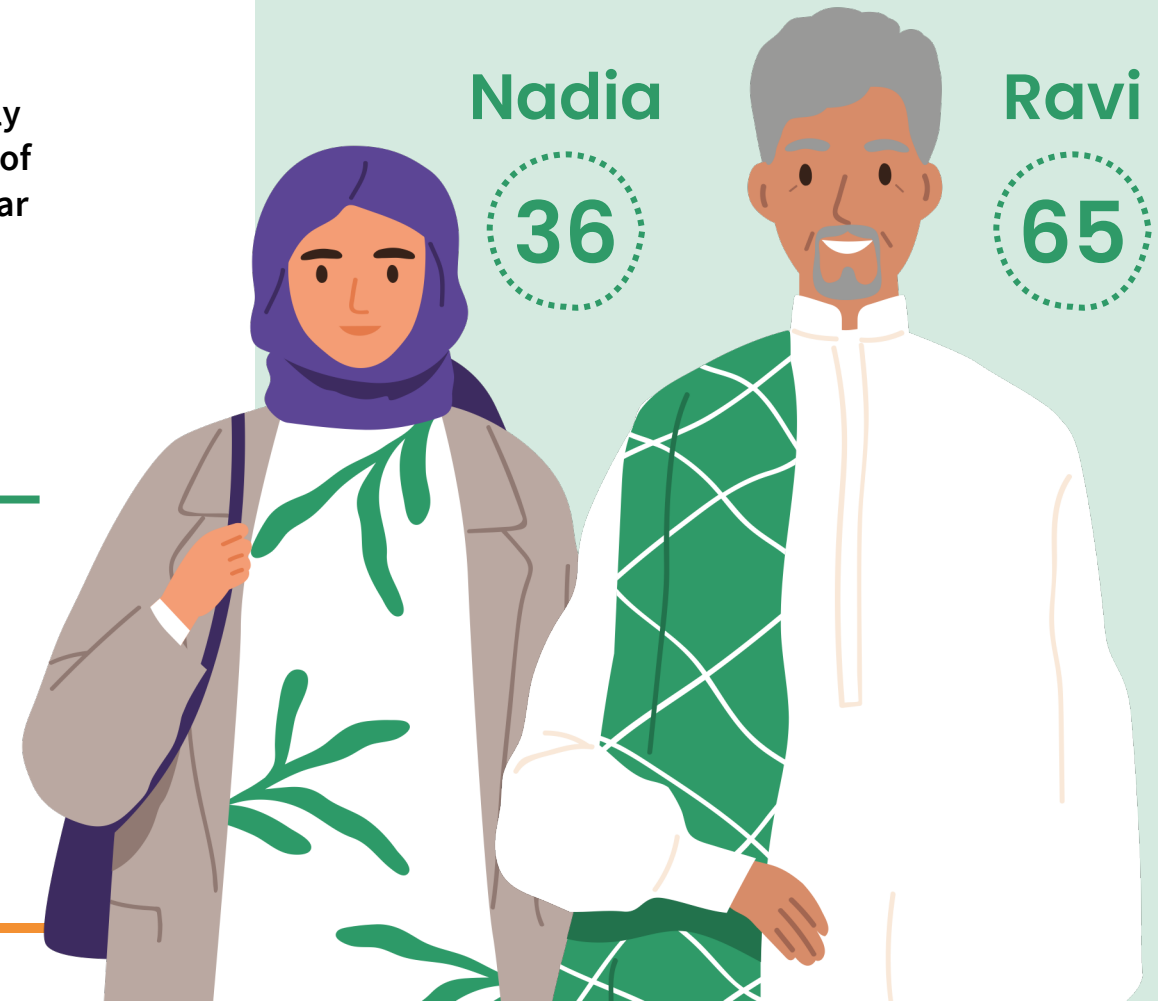
(Active Lives data, Sport England 2019-20).

To help people remain independent, and support good physical and mental wellbeing, we aim to help and encourage more people to be physically active, and to stay active as they get older.

Nadia, 36, is a single parent. She has two young children and is just about managing. She wants to make some positive lifestyle changes but cannot afford gym membership, so she has started doing Couch to 5K.

Nadia's dad Ravi, 65, has recently retired and is feeling at a loss.

He enjoys keeping active and has started doing some gardening for one of his neighbours. He is looking for other activities to fill his free time.



Priority 3: Ageing Well

Identity and Purpose: challenging perceptions and valuing people's contribution

Ageing brings a time of change as well as opportunities. It's important that we look after ourselves and each other as we age and as our circumstances change.

Older people have a resilience brought about by common life events. The learning and life events we experience as we age give a rich and thoughtful insight to share across all generations. Not just within families but within our wider communities too. How we respond to these can also affect our physical and emotional wellbeing.

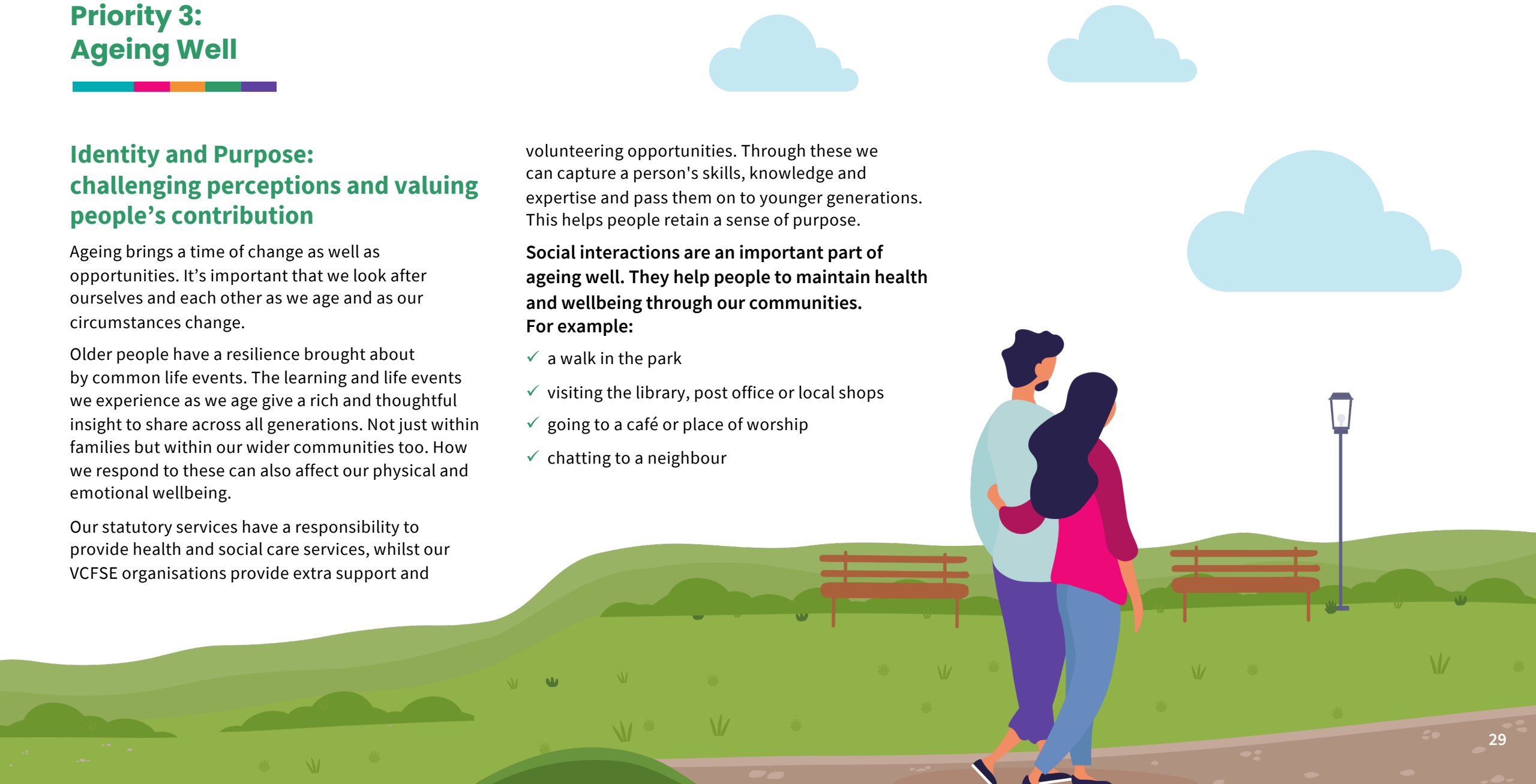
Our statutory services have a responsibility to provide health and social care services, whilst our VCFSE organisations provide extra support and

volunteering opportunities. Through these we can capture a person's skills, knowledge and expertise and pass them on to younger generations. This helps people retain a sense of purpose.

Social interactions are an important part of ageing well. They help people to maintain health and wellbeing through our communities.

For example:

- ✓ a walk in the park
- ✓ visiting the library, post office or local shops
- ✓ going to a café or place of worship
- ✓ chatting to a neighbour



Priority 3: Ageing Well

Loneliness and Social Isolation in Ageing

There is a link between later stages of life and a decline in mental health. This can be due to loneliness and / or isolation or for other reasons, such as stopping work, having less money or the time of year. Most older people cope well despite these challenges; however, depression can affect 1 in 5 older people living in the community, and 2 in 5 living in care homes.

Older people are especially prone to loneliness and social isolation. It can have a serious effect on health. Older people should have the support and opportunity to make and maintain meaningful connections and participate in worthwhile activities so that they can enjoy life as much as possible for as long as possible.

According to Age UK, more than 2 million people in England over the age of 75 live alone, and more than a million older people say they go for over a month without speaking to a friend, neighbour, or family member. No one should have no one.

People can become isolated and lonely in later life for a wide range of reasons. These can include:

- loss of loved ones
- ill health
- lack of local services
- poor public transport
- poor physical environment

You can be isolated without being lonely and be lonely without being isolated. Research shows that loneliness is linked to poorer physical and mental health and wellbeing in older people. It can make them unhappy and lower their self-confidence and ability to cope.

Older people with a high degree of loneliness are twice as likely to develop **Alzheimer's disease** compared to those with a low degree of loneliness. Someone who is lonely may also find it hard to reach out. There's a stigma surrounding loneliness and older people tend not to ask for help. We aim to reduce this stigma by raising awareness about the effects of loneliness on health and encourage more people to seek the help they need. We want people to know what help is available to them locally to support their mental health as they age and as their circumstances change.

A Sport For Confidence Love to Move session delivered by a coach and supported by an occupational therapist



Trust Links Community Shed at Growing Together Thundersley

Priority 3: Ageing Well



Maintaining independence

Castle Point and Rochford have a higher proportion of older people compared to Essex as a whole. According to the Office for National Statistics (ONS), approximately a quarter (25.5%) of people in Castle Point and 23% of people in the Rochford District are aged 65 and over. In the next 20 years, our older adult population is projected to grow.

By 2043, there will be around twice as many people aged 90+ living in Castle Point and Rochford.

ONS Population projections using 2018-based estimates:

Area	Age group (years)	Population in 2020	Population in 2043	% change
Castle Point	65-69	5588	5578	-0.18%
Castle Point	70-74	6619	6154	-7%
Castle Point	75-79	4849	6062	+25%
Castle Point	80-84	3310	4759	+44%
Castle Point	85-89	1871	2958	+58%
Castle Point	90+	926	1905	106%
Rochford District	65-69	5049	5734	+14%
Rochford District	70-74	5842	6370	+9%
Rochford District	75-79	4044	6013	+49%
Rochford District	80-84	2981	4702	+58%
Rochford District	85-89	1766	2855	+62%
Rochford District	90+	877	1679	+91%

Data obtained from [Population projections for local authorities: Table 2 - Office for National Statistics](#)

Priority 3: Ageing Well

As people live longer, they are likely to need more care and support. This is because older people are more likely to live with multiple and complex long-term conditions, which can impair quality of life.

The role of carers is hugely important to maintain independence. We will ensure they are supported to continue in their caring role, should they choose to. We also want to make sure they are aware of opportunities to support them. **The Essex All-Age Carers Strategy** will be key to supporting this.



Priority 3: Ageing Well

Dementia

Most parts of the body tend to work less well as people get older. This is also true of the brain. It happens differently for everyone due to genetic, lifestyle, and environmental factors.

The number of people aged 65+ with dementia is projected to rise by nearly 50% in the next 20 years in Castle Point and Rochford.

Projecting Older People Population Information 2020

Therefore, we must have the capacity to support the increasing number of people that will be living with dementia. The new [Southend, Essex and Thurrock Dementia Strategy](#) will aim to enable local communities to support people affected by dementia, and their carers, to live well.

Brian

62

Valerie

60



Brian, 62, lives in Rayleigh with his wife Valerie.

Brian was recently diagnosed with dementia; He works full time and his employer of 10 years has been very supportive and accommodating. Brian is not sure how much longer he will be able to carry on working. He is usually very sociable; however, he has become more forgetful and now struggles with word finding, particularly when he is tired. He now avoids all social interaction.

Valerie, 60, also works full time and provides emotional support for Brian.

They don't have any family nearby. Valerie is worried about how to pay the bills if Brian has to stop working. She is also worried about her and Brian being isolated.

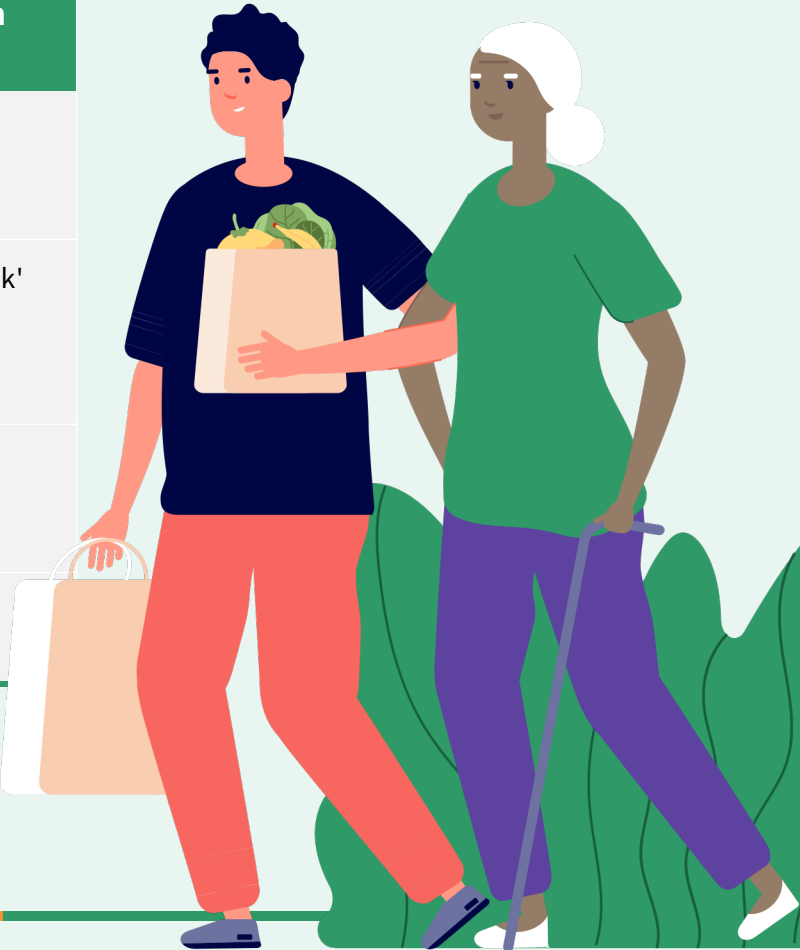
Brian was referred through Live Well Link Well to a local service for an assessment. He was referred to Citizens Advice for advice around employment support, benefits, and budgeting. A Dementia Navigators referral was completed for Brian. He and his wife Valerie were given advice on local social support groups and charities that could help, including [Alzheimer's Society](#). Advice was also given about some technology that may help support Brian with his forgetfulness and keep him safe.

Priority 3: Ageing Well

Frailty

Frailty is a term that may be used to describe a person’s state of health. It is a long-term condition that can take away a person’s independence and health. Whilst frailty is common in older people, it is not an inevitability of ageing. Being described as 'frail', having 'frailty' or 'living with frailty' may occur when the body loses its natural reserves. This may be due to a range of factors such as illness, disability, or aspects of the ageing process.

Frailty is	Signs of frailty – The person may find that they:
sometimes complicated: it is not inevitable or a disease, or a list of specific conditions or symptoms	need a bit more help to do the things you usually did
individual: it is different for everyone	take a bit longer to 'bounce back' from something simple, like a common cold and one health problem may lead to another
varied: a range of things that may interact and impact on each other in ways they once didn't	tire more easily or feel less strong than you used to
changeable: it can improve or get worse	feel more apprehensive and less confident



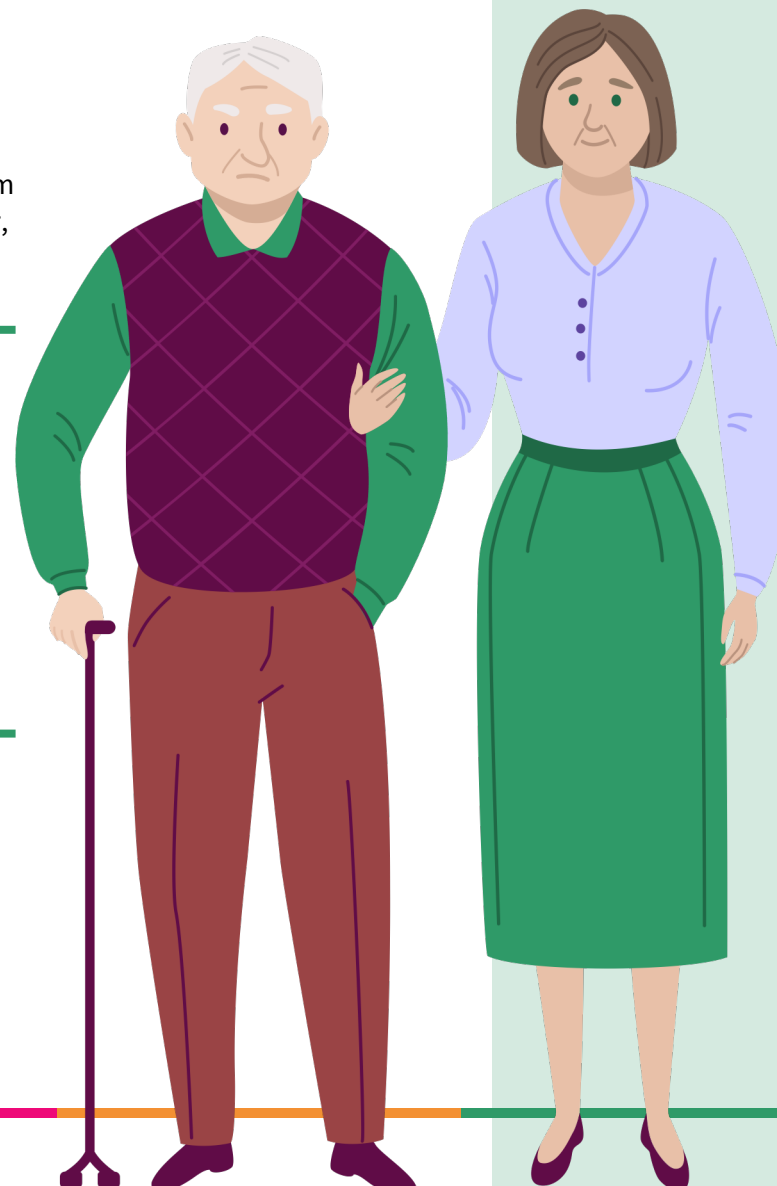
Priority 3: Ageing Well

Those living with frailty are at an increased risk of falls. Falls can also be a symptom of undetected frailty. According to the NHS, around 1 in 3 people aged 65 and over, and half of people aged 80 and over are likely to fall at least once a year.

Rates of emergency hospital admissions due to falls in people over 80 are higher in Castle Point than in Rochford (6364 per 100,000 people compared to 5679 per 100,000 people). This is significantly worse than the national average (5644 per 100,000 people)

Hospital Episode Statistics (HES), NHS Digital 2020

This is an issue that we want to address, which is why we are making falls prevention one of our priorities within ageing well.



Anne, 58, lives in Hadleigh. She is a carer for her 82-year-old father who has dementia.

She is stressed and exhausted and has lost weight recently. She was referred to the Dementia Community Support Team and Dementia Navigators for support and advice for her father, and for Anne as his carer. They told her about Smart Minds, a weekly group for people living with dementia and their carers to attend together.

Anne

58

Priority 3: Ageing Well

Preparing well / Future planning

Another important consideration for people as they get older is end of life or palliative care. End of life care is support for people who are in the last months or years of their life. It helps them to live as well as possible until they die and to die with dignity. As people near the end of their life, Advance Care Planning (ACP) including Lasting Power of Attorney (LPA), Wills services, and access to wellbeing and emotional support are important elements of the end of life care process. Not just for patients, but their families and carers too.

Palliative care is support for people who have an illness that cannot be cured. It aims to make them as comfortable as possible by managing pain and other distressing symptoms.

Impacts of COVID-19

COVID-19 affected the way we all live, learn and work. It impacted on jobs, finances, education, families, caring responsibilities, and social life. It also placed immense pressure on essential workers. Some groups have been affected more than others. For example, carers and older people's physical and mental health has declined. Health inequalities have widened too as a result. This means we need to focus more of our efforts towards those whose needs are greatest.

We want to remedy this as best we can as we recover. We know that this will be a challenging task, but it is an important one to prevent further deterioration in health among these groups. We want to help people to recondition; this means supporting them to reengage and reconnect with the activities that they enjoy. This will help people to feel more connected to each other and their local communities. In turn it will also bring benefits to their physical and mental wellbeing, particularly among people living alone.



Priority 3: Ageing Well

Connecting through technology

Digital aids have transformed many aspects of everyday life to help older people stay safe and independent at home. Since the pandemic, the way that people connect to each other and to services has changed too. People learnt new skills that enabled them to stay connected to others and take part in activities. Services have also adapted. This has provided more opportunities for people to access help and support and manage aspects of their own health. For example, through managing prescriptions and booking GP appointments online.

Through this strategy, the Board aims to empower people to help themselves to age well by keeping physically and mentally active, staying connected with friends and family, and having a positive purpose in their lives.



Priority 4: Community Resilience

This priority is about a community-led approach to health and wellbeing. It's about working closer and smarter together with our communities to:

- ✓ use our collective skills to reach a common goal - we can all contribute to create more connected communities
- ✓ make use of local resources and know where to go for help when it's needed
- ✓ bounce back from adversity

Whilst our communities have needs that are complex and interlinked, they also have assets that can make them more resilient. It is important that we use these resources well - they might be skills and knowledge, buildings, or green spaces.

The actions in our action plan will support our communities to adapt. We aim to encourage residents to support and empower each other. This will include cross-generational and inclusive working; everyone can contribute something to someone, regardless of age or background.

Top left: The Rare Breeds Centre at Hadleigh Farm Estate



Top right: A crafts workshop held at The REACH Recovery College at Trust Links Rochford



Bottom left: An outdoor drama project for young people at Trust Links Growing Together Rochford



Bottom right: A United in Kind 'Hug in a Shrug' session at The MegaCentre Rayleigh



Priority 4: Community Resilience

Impacts of COVID-19

COVID-19 affected the way we all live, learn and work. It impacted on jobs, finances, education, families, caring responsibilities, and social life and has placed immense pressure on essential workers. Some groups have been affected more than others. Health inequalities have widened too as a result. This means we need to focus more of our efforts towards those whose needs are greatest.

VCFSE sector groups have been impacted and had to adapt what they can offer. We have also seen closures of shops, pubs, and restaurants, resulting in changes to social behaviours and more isolation. Through this experience we have learned that a resilient community benefits from a flexible, system-wide approach. This helps to ensure it can continue to support the needs of its residents. Sustainability is crucial to ensure services are fit for the future.

COVID-19 created an opportunity to do things differently. The collective response helped to lessen the impact of coronavirus. It saved lives and supported the most vulnerable.

It was an example of true collaboration that made the best use of the resources available. The existing connections our organisations had with our communities meant we could create a “Local Hub” approach. This ensured that wherever possible, support was available from a single point. People were connected to the organisations best placed to help. This is something we want to build upon as we move forwards.

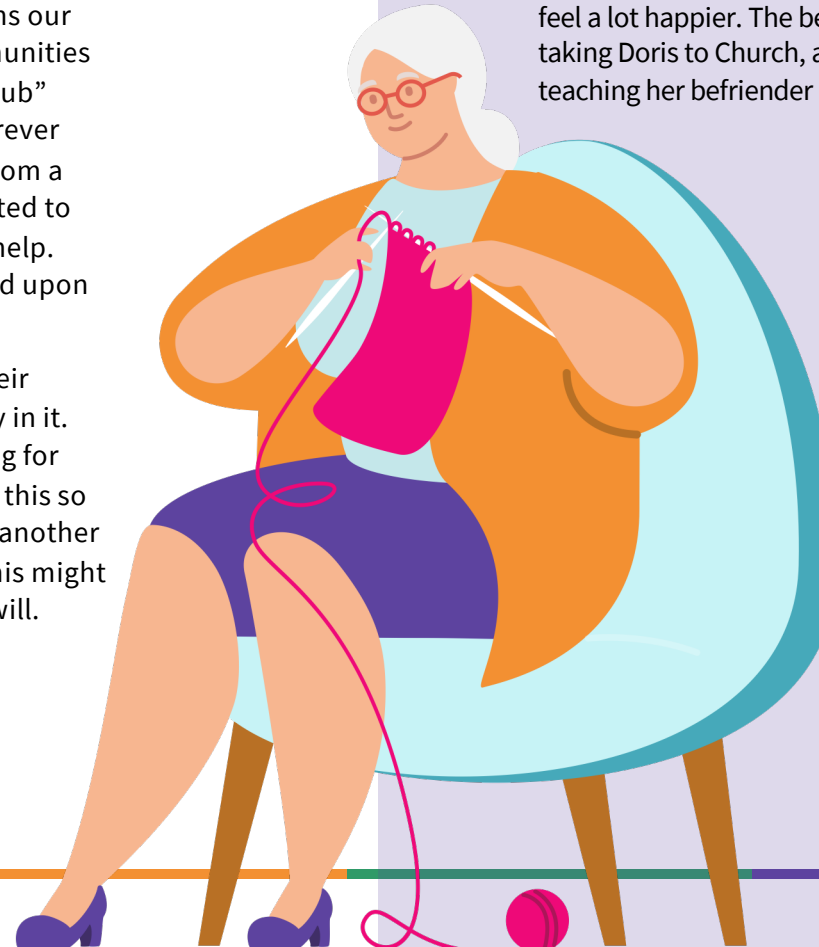
People are now more aware of their community and the part they play in it. There is a greater interest in caring for other people. We want to nurture this so that people keep supporting one another and continue giving their time. This might be as a volunteer or acts of goodwill.

Doris, 90, lives in a bungalow in Canewdon. Throughout lockdown she didn't see a soul most days as her son lives in Lincoln and couldn't travel to see her.

Her neighbour would take shopping and meals round and stop for a doorstep chat. However, when lockdown lifted, Doris did not see her neighbour as much, which made her feel lonely. She was referred to RRAVS befriending service with the help of her son, which has made Doris feel a lot happier. The befriender has been taking Doris to Church, and Doris has been teaching her befriender how to knit.

Doris

90



Priority 4: Community Resilience

It is important to us that people are involved in the decisions that affect their lives.

We aim for health and support services to be co-produced with people with lived experience of the issue. This means they are involved in the design, delivery, and evaluation of services. Wherever possible, support will be tailored to the needs of individuals.

Ben

16

Ben, 16, lives on Canvey and doesn't feel there is enough to do nearby for young people.

He was disengaged with education and left school without any qualifications. He has recently been drawn into anti-social behaviour and has been cautioned by the police. He wants to make better choices but doesn't know how to.

Ben went to one of Yellow Door's outreach sessions at Waterside Skate Park. He found out about Yellow Door's job club, offering practical help to access training and employment opportunities, and [Achievement Through Football](#), which teaches life skills through sport.



Implementation

Our vision is that Castle Point and Rochford will be inclusive places where we are **empowered, informed, and supported** to **live healthy lives**. This strategy sets out the four interlinking priorities that we will focus on to achieve our vision:



Mental health
and wellbeing



Physical health
and wellbeing



Ageing
well



Community
resilience

However, to commit to a vision and set of priorities is just the starting point and therefore a detailed action plan will sit alongside the strategy to show how we are implementing it, detailing the work we are doing and the outcomes we will measure to monitor our impact and progress. This will be reviewed yearly.

We want this strategy to be a success because it matters to us but, more importantly, because it matters to the people of Castle Point and Rochford that we make a difference to their health and wellbeing.





**Castle Point &
Rochford Health and
Wellbeing Board**

<https://www.rochford.gov.uk/health>

