

Public Health Practitioner Impact Template – Castle Point & Rochford

Purposes of report:

- To show the impact of the role, the scale of the role and breadth of relationships
- To show the details of the role and what has been able to be achieved
- To showcase how the role is a catalyst of change as its embedded in the heart of a community to make a difference.
- To show the impact that the PHP role has had within the district.

Section A – Background

1. A brief summary of what has been achieved over the past year in your area. Perhaps include how Covid-19 pandemic has impacted this.

We have launched a new joint health and wellbeing strategy for Castle Point & Rochford which was co-produced by Health and Wellbeing Board members over a 12-month period. The Castle Point & Rochford Health and Wellbeing Board also got accepted as a signatory to the Prevention Concordat for Better Mental Health. Through this work additional partners have been brought into the health and wellbeing agenda for Castle Point and Rochford; this has ensured more substantive links between community organisations and service providers (e.g. Choice Support and The Megacentre Rayleigh, which has increased provision of mental health support within CP&R) as well as the work of the Alliance, to help align priorities. There has also been more collaboration between Board partners – for example between the CCG and our CVS organisations with FYA Community Connectors - and more engagement with residents and stakeholders.

2. Learnings taken from the past year in your area

We now have a far better, stronger platform to address the health and wellbeing needs of our local communities, having completed the refresh of the health and wellbeing strategy, and understanding what data is available to inform and monitor work. However, what has also emerged is the need for better communication, both internally between partners and externally to residents, to ensure that everyone is aware of all that is available locally to support their health and wellbeing. There is so much good work going on but it is not always captured or easy for partners and residents to access and keep on top of. We need to improve our communications and raise the profile of our work more. In addition, we have identified a need for greater transparency between funding partners about which organisations they are funding and for what, and the need for more granular data (e.g. social prescribing data) to ensure that resource can be targeted proportionately, and more effectively, based on local needs.

Another positive learning to come out of the last year is a greater recognition and support for staff wellbeing initiatives at Castle Point Borough Council in particular. This may be due to more regular messaging about the Working Well workplace health offer and local campaigns, which has resulted in more communication and engagement with senior management staff and the Chief Executive has requested that more accessible and specialist mental health support be made available for staff. A step in the right direction!

3. Key priorities

Our main priorities over the last year were to launch a new health and wellbeing strategy and to become a signatory to the Prevention Concordat for Better Mental Health. Going forwards, our key priorities are those which we have chosen to focus on in our health and wellbeing strategy - Physical health and wellbeing, mental health and wellbeing, ageing well, and community resilience. We have started developing an action plan to accompany the strategy and demonstrate how it is being implemented and the work going on to achieve the desired outcomes.

Another priority is to look at new ways of working to create a connected and sustainable offer for the people of Castle Point and Rochford – this has been demonstrated to some extent through the Covid response. For example, thinking about the more upstream interventions that can be put in place at an earlier stage to avoid someone needing more intense support / intervention, as well as how we can align our funding with that of other strategic partners, such as Active Essex Network funding and the Youth Strategy Group, to support shared health and wellbeing ambitions.

4. How the district is run

i.e. HWB (including brief membership), position of the strategy, where the role sits and whether they are engaged with the Alliance/NHS

Castle Point and Rochford has a joint Health and Wellbeing Board, which is administered by the Public Health Officer and Strategic Partnerships Officer at Rochford District Council. The Board is a partnership of local organisations made up of members and officers from Castle Point Borough Council and Rochford District Council, together with representatives from Castle Point & Rochford Clinical Commissioning Group, Essex County Council, EPUT, Active Essex, as well as community and voluntary sector organisations.

The Board launched a new three-year strategy in December 2021 which is aligned to other local plans and strategies, as well as those on a wider footprint. Several members of the South East Essex (SEE) Alliance, including the SEE Alliance Director, are members of the Health and Wellbeing Board and the Alliance is a standing agenda item at Health and Wellbeing Board meetings. Through these regular updates it is hoped that this will help Board members to better understand the Alliance, what it is trying to achieve, and what this means for individual organisations within and how we are working to a common goal.

5. How do you see these roles moving forwards with the Alliance maturity?

There is certainly alignment between the Alliance Place Plan and Castle Point & Rochford Health and Wellbeing Board's priorities, and the Public Health Officer helps to bring these two agendas together and ensure that there is a continual conversation and updates shared with regards to progressing these mutual priorities. However, there is still a question around where the local HWB sits within the Alliance governance structure and managing expectations. We have the added complexity that the SEE Alliance goes across neighbouring authority boundaries and encompasses Southend too. As such, ensuring

that there is parity of esteem across both unitary and two-tier authority areas is important. To date the Plan and Alliance work appears to have been more focused on Southend and less in Castle Point and Rochford, however this has been highlighted to Alliance colleagues and since been discussed with the SEE Alliance Director and the ECC Director of Public Health to identify the best route forward with regards to accessing and sharing data and deciding where initiatives should be piloted.

6. How is the Public Health grant managed in your area?

i.e. managed through internal projects or grant-funded out- no more than one paragraph

To date Castle Point & Rochford has used a combination of both internally driven projects and applications for small grants which has been coordinated by the Public Health Officer. Going forwards, this process will be reviewed to explore the option of creating more shared responsibility, and accountability, for the management of the grant, and alignment of funding to the strategy priorities. For example, more match funded initiatives and co-designed solutions that will help to achieve the desired outcomes as detailed in the action plan and increase the reach and impact.

SECTION B – Statistics

1. Physical activity levels in your district – 2018/19 and then most recent as comparison (Active Lives data)

	Castle Point		Rochford District	
	2018/19	Most recent	2018/19	Most recent
% physically active adults aged 16+	61.4	58.9 (May 20/21 data)	66.5	60.8 (May 20/21 data)
% physically inactive adults aged 16+	29.6 (Nov 2018/19 report)	30 (May 20/21 data)	22.4 (Nov 2018/19 report)	25.3 (May 20/21 data)
% physically active children and young people aged 5-16	46	40.8 (2020/21 data)	48.1	40.6 (2020/21 data)
% less active children and young people	31.5	36 (2020/21 data)	33.1	32 (2020/21 data)

Active Lives Survey data

2. Public health profile of district – taken from Fingertips

Indicator	Castle Point	Rochford
Life expectancy at birth (males) (2018-20)	79.4	81.1
Life expectancy at birth (females) (2018-20)	83.1	84.2
Inequality in life expectancy at birth (males) (2017-19)	5.9	4.4
Inequality in life expectancy at birth (female) (2017-19)	7.2	3.8

Emergency hospital admissions for intentional self-harm (2020/21) per 100,000 population	125.5	97.4
Killed or seriously injured (KSI) casualties on England's roads (historic data) (2016-18)	40.8	39.8
Hip fractures in people aged 65 and over (2019/20) age standardised rate per 100,000	580	633
Estimated diabetes diagnosis rate (2018)	83.7%	79.3%
Estimated dementia diagnosis rate (2021)	56.2%	64.4%
Admission episodes for alcohol-specific conditions – under 18s (2017/18 – 19/20)	29.1	*
Admission episodes for alcohol-related conditions (2020/21) age standardised rates per 100,000	326	207
Smoking prevalence in adults (current smokers) (APS) (2019)	11.3%	5.5%
% of adults classed as overweight or obese (2019/20 data)	73.7	62.0
% of Reception classed as overweight or obese (2019/20 NCMP data)	19.8	20.5
% of Year 6 classed as overweight or obese (2019/20 NCMP data)	35.8	31.3
Under 18s conception rate / 1000 (2019)	20.3	13.4
Smoking status at time of delivery (2020/21)	6.6%	6.6%
Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (APS) (2019)	28.5%	12.6%
Average attainment 8 score (2019/20)	47.4	50.4
% people in employment (2020/21)	76.9%	84.6%
Statutory homelessness (2017/18)	0.2	0.1
Violent crime – hospital admissions for violence (including sexual violence) (2017/18 – 2019/20)	46.5	18.7
Excess winter deaths index (Aug 19 – Jul 20)	49.2%	15%
New STI diagnoses (excl chlamydia <25) / 100,000 (2020)	344	307
TB incidence (three-year average) (2018-20)	5.6	1.2

*value suppressed for disclosure control due to small count

Other data of interest - Data obtained from Fingertips

Indicator	Castle Point	Rochford
% of total population living in the 20% most deprived areas (IMD 2019)	9	1.8
% of total population living in the 20% least deprived areas (IMD 2019)	21.7	53.2
% children in relative low-income families (under 16s) (2019/20)	14.2	11.4
% pupils eligible for free school meals (2021)	14.8	12.4
% achieving a good level of development (2019)	73.1	79.3
Proportion caring for someone with a long-term physical or mental health problem, or problems relating to old age (2018)	19	17
Fuel poverty (2019)	11.4	10.0

% households in temporary accommodation (2019/20)	2.8	1.9
Chlamydia proportion aged 15-24 screened (2020)	11.2%	11.5%
Cancer screening coverage – breast cancer (2020)	75.3%	78.5%
Cancer screening coverage – bowel cancer (2020)	63.9%	67.9%
Abdominal aortic aneurysm screening coverage (2019/20)	77.4%	76.0%
Cancer screening coverage – cervical cancer (aged 25-49 years old) (2020)	77.3%	80.3%
Cancer screening coverage – cervical cancer (aged 50-64 years old) (2020)	77.1%	79.8%

3. Mental Health stats level of prevalence those living with poor Mental Health etc

Adult mental health data

Estimated prevalence of common mental health disorders: % of population (2017) QOF data for CP&R CCG:

Aged 16 and over = 13.5%*

Aged 65 and over = 8.9%*

*Value is modelled or synthetic estimate

Depression: Recorded prevalence (aged 18+) for CP&R CCG = 10.1% (2020/21 QOF data, NHS Digital)

Data on children and young people's mental health – see below**

Community EWMHS CCG Activity April 2018-March 2019 – referrals received across all entry points (SPA and other)

1299 received from CP&R CCG

In 2018/19 the top four common presenting problems across CP&R CCG among children and young people were:

- Emotional Disorder
- Conduct Disorder
- Deliberate Self Harm
- Eating Disorders

In 2018/19 there was a total of 234 referrals by CP&R CCG to the crisis teams

17 referrals were received by the Children and Young People's Eating Disorders team from CP&R CCG, of these 1 was male and 16 female.

**Data obtained from Open Up, Reach Out in Year 5 Transformation Plan for the emotional wellbeing and mental health of children and young people in Southend, Essex and Thurrock.

4. Social value impact (the districts value)

Project delivery / community investment in 2021/22

- 30 young people aged 8-15 and 51 adults (90% females over 50) took up a new form of regular physical activity (running)
- 35 older adults aged 68-89 took part in activities to improve fitness, strength, and balance
- 6 older men and 15 young carers upskilled in basic cookery and food knowledge to support healthier eating and independent living
- 100 vulnerable families provided with information to increase food and gardening knowledge to support self-sufficiency and encourage healthier eating and regular light physical activity at home
- Approx. 300 young people improving confidence, self-esteem, and creative skills through engagement in school street art project
- 16 frontline council staff trained in hoarding awareness to improve knowledge and understanding of hoarding to support residents with mental health issues

Strengthened public and wider partner engagement: 330 people engaged in 2021 via resident's health and wellbeing survey and health and wellbeing strategy consultation.

10 additional partners brought onto Health and Wellbeing Board

Improved awareness of local opportunities (including funding) via weekly bulletins sent to ~80 board members each week and via CPBC and RDC social media channels.

Total Posts within 2021 = 119

Overall reach 746,470 (72,934 Facebook, 669,208 Twitter and 4328 Instagram).

Approx. 500 staff informed about opportunities and access to information and advice regarding wellbeing

SECTION C – Case Studies

1. Describe an opportunity where you have influenced and share its impact.

You could use an example of how you have grown projects within the district as part of your role, how you have lead or facilitated a solution. Or perhaps both.

Jointly supporting the Sport For Confidence programme at Waterside Farm Leisure Centre to enable continued provision of an Occupational Therapist and coach to deliver inclusive physical activity sessions for people with disabilities. The programme was due to end in 2018 because of a lack of funding. However, following discussions, Sport for Confidence were able to substantially reduce costings, and a joint funding plan agreed through a partnership approach between the Public Health Practitioner, the Leisure team at Castle Point Borough Council and Active Essex, to enable the Canvey programme to continue.

The programme has grown since its inception and has secured additional external funding since. There are now six sessions delivered per week, including boccia, multi-sports, dementia friendly swimming, and yoga for carers, with around 90 participants attending every week. Participants work to achieve set individual objectives that are agreed when they commence and reviewed regularly throughout the programme, thus ensuring a person-centred approach. Through these activities, participants are provided opportunities to develop social, communication and interaction skills, better awareness of self-health, and improved access to community sport and leisure facilities, increasing social and community inclusion.

2. Describe a project or case study where Public Health budget has been used with a multi partner delivery, alongside its impact and outcomes, as well as showcasing how the relationship helped to solve a health issue.

Funding was allocated from the Castle Point and Rochford public health grants to one of our community partners to support the establishment of a community resilience hub to serve Castle Point & Rochford residents.

The concept emerged from the pandemic and conversations with existing partners and residents, recognising that there was a need for new ways of thinking and working to meet the emerging and ongoing needs of residents and their communities. The aspiration was to strengthen existing partnerships built before the pandemic, and the new ones forged since, to bring partners together to deliver a diverse array of opportunities in a more collaborative and connected way to provide 'touch down points' for residents, increasing face-to-face activity across the two districts and improving health outcomes.

The Megacentre Rayleigh is a well-established and recognised resource in the community that is situated on the border of both Castle Point and the Rochford District, serving residents across the two areas. The site underwent refurbishment in 2020 to create a multi-use shared community facility with rooms available to hire and use for hot desking, meetings, training, group sessions, counselling, and a wellbeing café. The purpose was to provide a one-stop-shop for residents that enabled more partners and community groups to come together to share ideas, services, and spaces, and thus enable residents to access information, advice, and support services more easily and quickly.

Public Health funding was used to support the start-up costs and development of the Hub and the Public Health Practitioner helped the Megacentre to forge links with a range of local service providers who were then approached and invited to make use of the centre to provide a more joined up offer for residents. There are now over 25 partners working from the hub space, including Citizens Advice, Trust Links, United in Kind, Hopeworx, the Men's Shed, and Choice Support. The centre has also installed a community fridge and offers enrichment activities for sixth form students from a local secondary school.

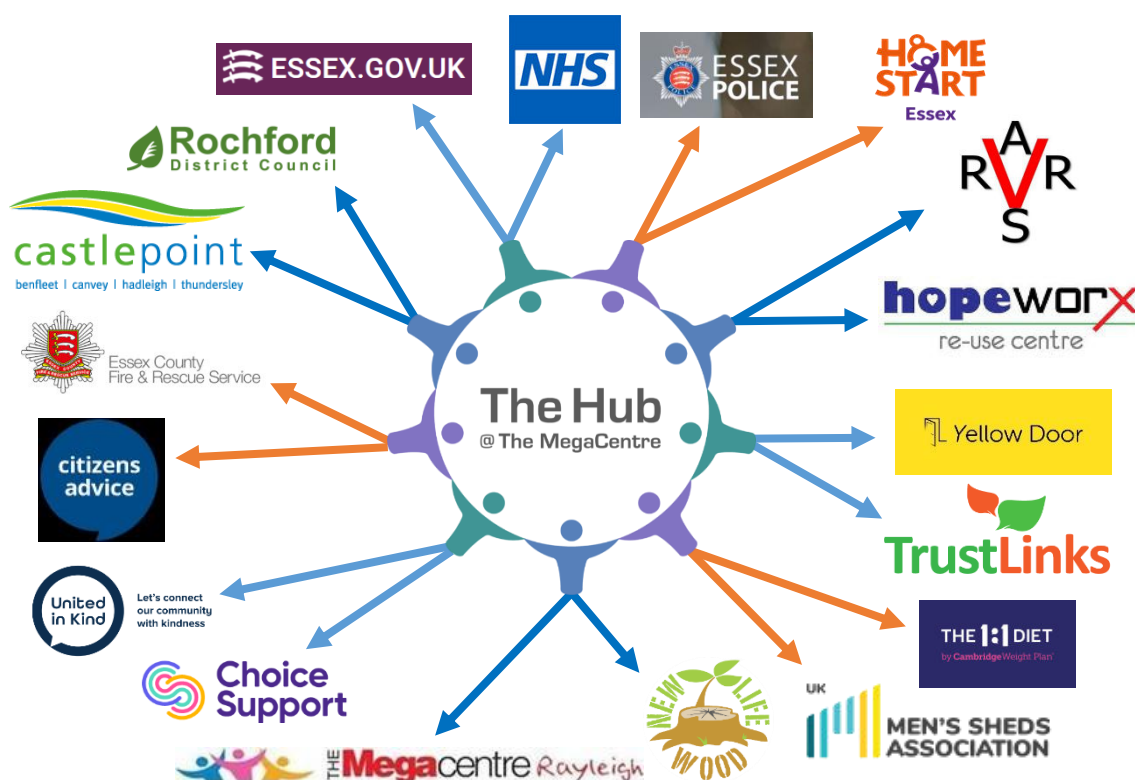
In the first six-month reporting period (Rochford District figures only):

- 150,745 residents reached through The Hub@The Megacentre social media posts
- Over 1900 residents supported with advice about COVID vaccinations
- Over 700 residents supported to improve their physical wellbeing

- 1200 residents supported around mental health and wellbeing
- Over 200 residents supported with other needs, including food and financial support

In the last six months The Hub has also helped approximately 60 individuals/families from Castle Point through its partnership working, either via a referral to The Hub partners or direct support from the Megacentre. There are plans to increase community engagement in the next year and take The Hub out across Castle Point and the Rochford District using different community venues and open spaces to engage with more residents and listen to their needs to shape and strengthen the Hub offer.

At our last Health and Wellbeing Board meeting the CEO of The Megacentre shared a case study of a resident who came to The Hub asking for help sourcing food for her family. From the initial conversation it emerged there were other issues she needed help with. Through the Hub, she was linked with Hopeworx and Citizens Advice to get additional support, increasing her feelings of hope and self-worth, thus demonstrating the effectiveness of the resilience hub and how partners are working together to provide holistic support that addresses the wider determinants of health.



SECTION D – Practitioner Relationship Snapshot

In order to show the impact of your work and the relationships that you have created in your area, please detail below a full list of your relationships, links and projects or

programmes you have helped initiate. Please detail the key organisation/board/strategic partner and then each further bullet point will showcase the links and arrows from this.

Boards / Partnerships / Networks

- CP&R Health and Wellbeing Board and its 4 subgroups (physical health, mental health, ageing well, community resilience)
- Active Rochford and Active Castle Point Networks
- SEE Alliance
- CP&R Children's Advisory Board / Children's Partnership
- CP&R Youth Strategy Groups
- South East Essex Mental Health Partnership Forum
- SEE Frailty Network
- Wider determinants of health regional network

Key organisations

- Rochford District Council – leisure, housing, planning, safeguarding, community safety
- Castle Point Borough Council – leisure, housing, planning, safeguarding, community safety
- CP&R CCG - mental health commissioning team and Alliance Heads of Transformation
- CAVS
- RRAVS
- Citizens Advice South Essex
- Active Essex
- Rural Community Council of Essex - FYA Community Connectors
- Sanctuary Housing
- GP Healthcare Alliance
- Essex Child and Family Wellbeing Service
- EPUT - Primary Care Mental Health Nursing Team and Dementia and Older Adult Community Service
- Essex County Fire and Rescue Service
- DWP Disability Employment Advisers
- Dementia Community Support Team
- ECC Youth Service
- ECC – Public Health, Adult Social Care, Education, and Sustainable Travel Teams
- Active Life – seated exercise classes
- The Megacentre Rayleigh - The Hub @ The Megacentre
- Trusts Links – Food For Thought project
- Provide – My Weight Matters
- SCAFT – young carers cookery courses

- Everyone Health – falls prevention
- Fusion Lifestyle – Exercise on Referral
- Bar 'n' Bus – Deanes Street Art project
- Castle Point Joggers – young runners and adult 0-5k programmes
- BATIC Trust – 'healthy families' workshops
- Essex Wellbeing Service - Working Well workplace health
- Sport For Confidence
- Canvey Island Youth Project
- Hawkwell Baptist Church
- Forward Motion
- United in Kind

Strategic partners – blue

Delivery or community partner – green

Projects or programs and initiatives – red