

TWENTY
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Of Time and Tidings

The story of Hull's response during the pandemic

Director of Public Health Annual Report 2021



Hull
City Council

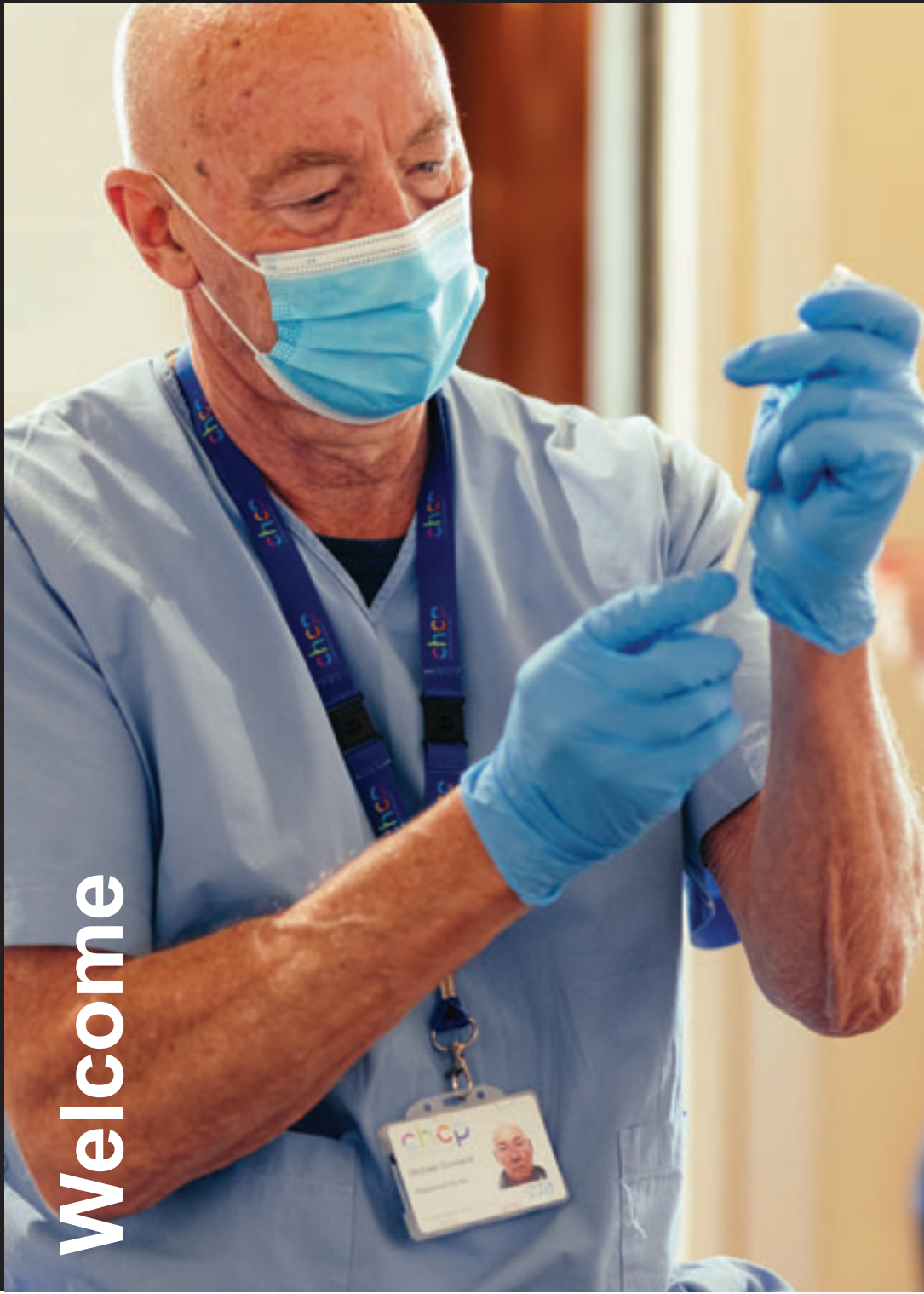


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Welcome

WELCOME

Welcome to my 2021 DPH report.

'I want to take the opportunity to explore Hull's COVID-19 journey by amplifying the voices of our people'

Directors of Public Health in England have a statutory duty to publish an annual report. These reports provide an independent voice in setting out important health and wellbeing challenges as well as highlighting positive action being taken. It is also an opportunity to provide direction in terms of further work needed to reduce inequalities and improve the health of our residents.

The COVID-19 pandemic is an unprecedented situation testing local, regional and national public health systems to the extreme, with Directors of Public Health and their teams at the forefront of the response.

While this journey has seemed unrelenting and so difficult for everyone, we should all feel proud that it has again brought out the best in our citizens and communities, showing our compassion, resilience, tenacity and partnership

working. These are characteristics that Hull can always rely on when faced with immense challenges from COVID-19 to pre-existing issues such as high levels of poverty, lower educational attainment and economic prosperity and precarious jobs. Hull has great ambition for people and place; however, we know that the COVID-19 pandemic has exacerbated these issues.

In my report this year I want to take the opportunity to examine Hull's COVID-19 journey by amplifying the voices of our people, and in telling their stories, to illustrate the highs and lows of an extraordinary time for our proud and resilient city.

I would like to thank school pupil Amelia Franczak, head teacher Patrick Sprakes, care home manager Gaynor Saunders, voluntary and community sector leader Jason Stamp, GP for homeless people Dr Lucy Chiddick, firefighter Jo Brown, independent supermarket owner Noor Ullah, intensive care unit nurse Christina Tambaros, business owner Chris Pearson, health visitor Stefanie Booth and vaccinator Mike Gowland for sharing their experiences of the pandemic with us in this report.

Their voices help us to tell the story of Hull's response to COVID-19 by providing 'snapshots' of their experiences on and around the frontline.

Their words deliver harrowing insight, heart-warming revelations and truly inspirational examples of partnership working and teamwork. They each have very different experiences but are united in the compassion and care they continue to show throughout the lows and the highs of the pandemic.

They describe the journey that people have been on throughout the past 20 months personally and collectively; how communities mobilised quickly to support the most vulnerable; and show what can be achieved when we work together.

My thanks also go to Shane Rhodes and Russ Litten from Wrecking Ball Press for influencing the title of this year's report. Shane was the author of A Poem for Hull – 'The City Speaks' and as the poem was developing Russ said he had the privilege to hear 'the various passages of time and tide'.

This report is set in an unprecedented time and goes some way to give tidings (news) of Hull's experience of COVID-19 that will over time become an historic record and therefore add to the various passages of time and tide for Hull.

Julia Weldon

Director of Public Health & Adult Social Care
Hull City Council

JULIA WELDON
DIRECTOR OF PUBLIC HEALTH
& DEPUTY CHIEF EXECUTIVE,
HULL CITY COUNCIL



‘Life for everyone
changed dramatically
overnight’

The pandemic tested local public health to the extreme. Directors of Public Health were thrust into the forefront of the response and the media spotlight. Julia says:

In lockdown: ‘Life for everyone changed dramatically overnight’

March 23, 2020 is a date we’ll remember for an awfully long time. Life for everyone changed dramatically overnight as the UK went into the first national lockdown as rising COVID-19 cases threatened to overwhelm NHS capacity. Clinically vulnerable people, especially the elderly, were advised to shield at home.

The sudden loss of social contact and support networks meant that Hull City Council, the voluntary sector and communities had to mobilise to establish vital support, to ensure people were looked after, to keep non-essential businesses viable and provide families, many facing a sudden loss of income, with the necessary help.

Thousands of vulnerable residents were contacted by council officers via phone or personal visit. The council set up a telephone helpline and the voluntary sector distributed parcels of food and essentials, and a coalition of organisations, including GPs, collaborated to provide safe accommodation for the homeless under the ‘Everybody In’ scheme.

Local media became a critical part of the city’s response. We had to rapidly mobilise regular media responses alongside continuous communications and engagement with the public, translating sometimes confusing national messaging into coherent information and advice for the public, schools, colleges and businesses. By June 2020 we had developed a citywide Outbreak Prevention & Management Plan and also a Hull Outbreak Control Engagement Board to help develop and disseminate key messages.

Key workers: ‘An army of workers went out to work, day in, day out, while many of us were able to do our jobs from home’

Hull’s Public Health, Public Protection and Adult Social Care teams worked flat out with multi-agency partners to deal with cases and outbreaks.

An army of NHS workers, care workers, school support staff, refuse collectors, social workers and many more in essential retail, transport, manufacturing and factory work went out to work, day in, day out, while many of us were able to do our jobs from home.

NHS staff within the local hospitals had to increase bed capacity for COVID-19 patients and provide intensive care facilities to increasing numbers of very unwell patients. Similarly, care home staff had to deal with sourcing PPE and managing COVID-19

outbreaks among their elderly and vulnerable residents, as well as considering family members distressed at not being able to visit loved ones.

Lack of family contact during this time was particularly hard for pregnant and new mums. Our health visitors had to try and support new mothers, babies and young children, often in very vulnerable families, as best they could under difficult circumstances.

After an easing of lockdown and a dramatic fall in numbers of infections over the summer holidays, schools returned to face-to-face teaching in September, unfortunately followed soon after by an increasing ‘R number’ across the country and further local outbreaks. The University of Hull worked alongside us to ensure the safe return of students to campus, including setting up one of the first University-based testing sites in the country. Additional testing sites were opened across the city, including mobile units, but Public Protection teams were becoming overwhelmed, dealing with numerous workplace outbreaks.

Infections: ‘We saw COVID-19 rates in Hull climb quickly to the highest level in England and remain high for the whole of November 2020’

November 5, 2020 saw a second national lockdown and again the voluntary and community sector rallied to provide services and support to those most impacted by isolation,

emotional stress and the shutdown of services. We saw COVID-19 rates in Hull climb quickly to the highest level in England and remain high for the whole of November, peaking at almost 800 cases per 100,000 population and Hull and many parts of Yorkshire and Humber have continued to be under the spotlight. Such was our concern over our local case numbers we asked the Government for permission to manage local schools on a more flexible basis, outside of national directions.

On December 3, 2020, the ending of the national lockdown allowed some types of non-essential retail provision to open for business. In addition to the existing Mobile Testing Units offering PCR tests to anyone with symptoms, Lateral Flow Testing became available across the city to identify asymptomatic cases, but still workplace outbreaks popped up as many people struggled with a loss of income from having to self-isolate.

A brief relaxation of the social gathering rules over Christmas was followed by another rise in case numbers, which led to the announcement of a third national lockdown.

National lockdown was lifted on March 8, 2021; schools and colleges opened for all pupils and lateral flow testing was established in schools and workplaces. Infection rates in Hull eventually reduced from the January peak but remained stubbornly higher than the national rates for around six weeks, before finally reducing to national levels towards the end of April 2021.

In February 2021 our mass vaccination centre at City Hall opened, staffed by dedicated clinical staff from City Health Care Partnership, assisted by volunteers. Pop-up vaccination clinics in the heart of the communities were successful in reaching people who wouldn't otherwise have taken up the invitation to have the vaccine.

Inequalities: 'COVID-19 exposed and exacerbated the scale and complexity of inequalities'

Whilst we have been leading the pandemic response our longstanding inequalities have remained at the forefront of our minds.

COVID-19 further exposed and exacerbated the scale and complexity of inequalities in Hull. Our work on addressing inequalities is now accelerating, with our Poverty Truth Commission, a focus on child development in the First 1001 Days, a new Joint Health and Wellbeing Strategy and our Inequalities Framework

I want to extend my huge thanks to everybody living and working in Hull who has been involved in our collective response to the pandemic. This ongoing hard work and dedication is so clearly reflected in the testimonies captured in this report. I continue to feel incredibly proud of everybody in Hull for the part they play in keeping our communities as safe as possible and the way they work so well together for our collective wellbeing.

AMELIA FRAN CZAK
SCHOOL PUPIL AND
YOUNG MAYOR OF HULL



‘We couldn’t do our SATS ... or our transition week for secondary school. It was very hard’

AMELIA FRAN CZAK

SCHOOL PUPIL AND
YOUNG MAYOR OF HULL

Amelia Franczak, aged 12, of east Hull, became the young mayor of Hull in July 2021. She is the third young mayor of Hull a role that aims to amplify the voices of Hull's young people and help them to create positive change. As well as applying for and becoming - young mayor during the COVID-19 pandemic, during this time Amelia and her peer group also moved up from primary school to secondary school, amid huge challenges for all schools and students. As young mayor, she works with Hull Young People's Parliament and other young people and decision-makers in the city, supported by Hull City Council's Voice and Influence team. She is running a year-long campaign to reduce racism and nationalism in Hull. Amelia says:

Pandemic school life: 'I was one of the kids that went back to school'

In Year 6 at primary school, we had a lockdown and then some kids went back to school. I was one of the kids that went back to school. We couldn't do our SATS. We couldn't have a leaving party. We couldn't sign leavers' T-shirts.

Moving to secondary school: 'It was kind of lonely ... but it was to keep us safe'

We couldn't do our transition week for going up to secondary school. It was very hard.

We had one or two days with just our year group in school - that was pretty sweet. When the older kids came in and it was like 'wham!', really confusing. We all had different toilets and bubbles. Just confusing.

We had to wash our hands [what felt like] every five minutes, wear masks, test twice a week and I had to isolate when a girl in my class got sick with COVID-19. It was hard because we couldn't socialise with the others.

It was kind of lonely. I was very sad about that, but it was to keep us safe. We couldn't do anything about it, really. The school was doing everything they could to give us the best education.

Young mayor's campaign: 'I want to spread positivity and kindness'

I saw an opportunity to apply to become young mayor during lockdown and decided to take it. COVID-19 did affect my application for the role - I had to do my interview online and there was this group of people staring at me. It was nerve-racking.

I want to make a change to solve - or reduce - the problem of racism and nationalism in Hull and spread positivity and kindness instead of more racism coming into this city. Experiencing racism and nationalism is not a pleasant feeling. It's very powerful and should be stopped at all costs. I'm half Polish and half Nigerian. I can't really be put in a group and I'm sure that's how other people of mixed heritage feel - like you can't be put in a category. I'd like people to talk about their experiences of racism and nationalism and raise awareness about these issues.

PATRICK SPRAKES
HEADTEACHER, MALET
LAMBERT SCHOOL



‘Uncertainty around GCSEs was really upsetting and frustrating’

Patrick Sprakes is the headteacher of Malet Lambert secondary school in east Hull. He also chairs Hull's secondary school headteachers' group meetings, where heads can share best practice, address common issues and try to work in sync to provide consistency in education for 11-to-16 year olds in mainstream education across the city.

Patrick says:

First response: 'We had a week to introduce an online learning plan'

By late February/mid-March [2020], schools in this country started to close and we knew how serious COVID-19 was. Our job was to follow the Government's guidance to the letter - which at times was not easy - and to make sure disadvantaged pupils were not further disadvantaged by school closures.

As support avenues began to appear, we looked at online learning. We needed more laptops. We used the ones already in school, we received a few from the Government and we bought more laptops with our own money. The Wi-Fi and data issue was huge. Eventually we managed to issue laptops to 375 of our 1,550 pupils who we

had identified as needing them the most. At Malet Lambert, we had a head start as we had been introducing online learning as good practice, but we initially had an implementation plan that would have taken months, or even years. We had a week to introduce that online learning plan. We continued to develop it week by week.

Pastoral support: 'For some children, being out of school was very disconcerting'

Our pastoral care could not stop. It underpins everything we do. For some children, being out of school was very disconcerting, because school is a constant for them. Some pupils struggle with change. We liaised closely with social work teams and the safeguarding team at Hull City Council.

Eventually, vulnerable children and key worker children were allowed back into school. Then, the challenge was timetabling and working out how to look after the children in school and the children at home. Communication was key - from the school and our multi academy trust The Education Alliance, Melton, to parents and carers, and vice versa.

Our pastoral team rang home to check on pupils a lot. If we knew families were struggling, we directed them to organisations who could assist

and also did our own collections. Our English as an Additional Language (EAL) team supported our EAL pupils and their families.

Some pupils will go through school needing very little pastoral support, some will need support from us, or from organisations such as Gemma Oaten's SEED eating disorder charity; a boys' and young men's group; an anger management group; PCSOs; or HeadStart Hull mental health support.

Sadly, some of our children have lost parents and grandparents to COVID-19. Staff have lost family members. That has been very difficult, but we have all tried to support each other.

Pupils' mental health: 'There was a lot of anxiety'

It has been challenging for all pupils, but especially for Year 7s and Year 11s. For Year 7s, it was a big deal that we could not do the transition from primary school to secondary in the usual manner. For Year 11s in both 2020 and 2021, the uncertainty around their GCSEs was really upsetting and frustrating. We have many really conscientious and ambitious pupils who want to go on to college, university and apprenticeships. There was a lot of anxiety. We gave answers as quickly as we had them ourselves.

Safety measures: 'We couldn't afford to be blasé about it'

We felt we had such a responsibility to get our isolation procedures right. We were hearing about deaths, about vulnerable family members, we could not afford to be blasé about it.

I can put my hand on my heart and say we did our best. We isolated appropriately for every single case. We erred on the side of caution - children were off school, but we were trying to make sure that vulnerable family members were not put at further risk.

To give a few examples of measures in school, we had: a one-way system; staggered starts; sectioned classrooms, split breaks; extra hygiene measures; sanitiser in every classroom; extra hand washing; virtual assemblies; virtual open evening tours; online parents' evenings; and outdoor shelters. The list felt endless.

Thank you: 'We are so grateful for the support'

Our jobs as senior leaders in schools became so different. In addition to safeguarding and pastoral care, our bread and butter in schools ordinarily was curriculum, teaching and learning. Last year, knowing about and dealing with public health issues came before any of our bread-and-butter work. We are so grateful for the support from our trust The Education Alliance; the local authority; public health, parents and carers, governors, pupils and staff. Without that big team coming together to help each other out, we would have struggled.



CARE HOME SECTOR



'The people on the front line are the real saviours'

CARE HOME SECTOR

Gaynor Saunders is the managing director of independent care home provider Denestar Ltd, which owns Ivanhoe Care Home in Hessle Road, Hull, and care homes in Withernsea, East Yorkshire, and Pontefract, West Yorkshire. Gaynor remortgaged her family home to open her first care home 16 years ago, after becoming increasingly frustrated with the care provided for her mother-in-law.

Gaynor supports other care providers and chairs the Hull and East Riding Care Association. She sits on cross-sector boards across the East Riding of Yorkshire and West Yorkshire, and links up with the National Care Association to highlight challenges and recommendations in the sector. Gaynor says:

Early days: 'People were afraid; staff were traumatised'

It was horrendous. We couldn't get hold of PPE; we were getting the ever-changing guidance from the Government, saying we could use type 1, then type 3 masks, different PPE for different close contact care support. It is unimaginable now. People in the industry were working 16-18 hour days. In those early days, the entire nation, the entire world, didn't know what this was. We knew people were dying; people were afraid; staff were traumatised.

Toward the end of February 2020, I had started to see the virus coming into the UK and we started then to change our risk assessments; these were shared very early on in the pandemic with those local authorities to whom we provided services. We worked out how many carers each resident needed to help with personal care and planned each interaction. We anticipated what was going to happen next. I rang every single PPE provider I could find and bought everything I could. This was before care homes were given PPE.

Dealing with loss: 'Mr B's death had a rippling effect through our care homes'

Right from the beginning, our members of staff were worried about COVID-19. We had no cases in any of our care homes until two people were discharged from a West Yorkshire hospital with negative COVID-19 tests into our Pontefract home, and they both later tested positive. One of our staff members who covers the roles of carer and cook tested positive after looking after these two people, as did her husband Mr B, who sadly died. He was 59-years-old, fit - he'd been playing Sunday League football three weeks before lockdown - but he had an undiagnosed underlying heart condition. His death had a rippling effect through our care homes. It terrified our staff. It made us all even more vigilant and even more careful.

I'm very proud to say we've had no more cases of COVID-19 in our residents and members of

staff [at the time of interview], and that is absolutely down to our managers and our dedicated staff group. I am very lucky, blessed and extremely proud to have a really strong team.

Working together: 'The pandemic has brought us closer to other care providers'

At the beginning of the pandemic, it was about very quickly finding new ways of working. I work across different local authority areas, but Hull is unique with a relatively high number of owner-managed independent care homes. Hull City Council initiated conference calls with the sector, redeployed staff and involved public health partners, hospitals and pharmacies. I hope that continues, as it's about sharing good practice. I set up a WhatsApp group where Hull providers could also share good practice regarding lateral flow tests, PPE and risk assessments. Without a doubt, the pandemic has brought us closer to other care providers.

Person-centred: 'We don't do one-size-fits-all'

The best thing out of all this is how the residents have coped. Nearly all of our residents have lived through the Second World War in some capacity. To them, the pandemic is nothing. They've taken it on the chin. I'm not suggesting for one second that they haven't really missed their families, but it has been harder for families, who we've tried really hard to support. We don't

CARE HOME SECTOR

do one-size-fits-all; we genuinely care. We bought extra iPads; did a weekly newsletter with photos; had a socially distanced 80th birthday party; and family visits for anyone at the end of their life.

The future: 'All I want is to be able to pay staff what they deserve'

Funding helped with costs such as infection control and testing, however, costs were 50 per cent higher than the funding. We've had to increase staff while occupancy decreases and had to borrow to bridge that occupancy deficit. I honestly don't know where my business will be in six months' time.

The pandemic has changed our industry. Before, people came into care homes for 18-24 months, now it's 18-24 weeks. It means staff do more palliative care, which can impact their mental health and be really hard to deal with on a day-to-day basis.

The people on the front line are the real saviours, the real angels. It pains me greatly that the Government gives the NHS a pay rise (rightly deserved) but continues to cut social care budgets. All I want is to be able to pay staff what they deserve - the same as the lowest-band nurse.



VOLUNTARY AND
COMMUNITY SECTOR



‘Nobody should be without food, medication, or someone to talk to’

VOLUNTARY AND COMMUNITY SECTOR

Working in partnership with Hull City Council's COVID-19 call centre, Hull's voluntary and community sector (VCS) co-ordinated the response to people's needs and mobilised partner organisations and volunteers citywide.

The VCS response was led by Forum, an umbrella organisation that informs, supports and influences the voluntary, community and not-for-profit sector across Yorkshire and the Humber region. Jason Stamp is Chief Officer of Forum and Vice Chair of NHS Hull Clinical Commissioning Group. Jason says:

Reaching out: 'It wasn't just about delivering food; it was about human connection'

I started with the view that nobody should be without food, without medication, or without somebody to talk to. It was an opportunity to make use of and mobilise the voluntary sector assets we already had in the city, but it wasn't just about delivering food, or prescriptions, it was about human connection. Through Forum's team and contacts, we co-ordinated that and responded to every call.

The whole voluntary sector came to the fore and did really amazing stuff. None of the organisations we contacted ever said no to us.

Service directory: 'It really shone a light on the services that were already in place'

We began supporting Hull City Council as early as March 24, 2020 by pulling together a service directory. We contacted everybody we knew, and our staff came up with directories of services such as food, wellbeing, emotional wellbeing support and access to our existing social prescribing service.

We set up three food hubs within half an hour, EMS, The Goodwin Pantry and Unity in Community and mobilised 120 volunteers overnight. In the voluntary sector, we move very quickly, it's what we do and it's all very much about partnership and working together. Fareshare were an integral part of the food network, their established way of distributing food ensured that all of the publicly accessible food banks and pantries as well as the three hubs had available food during lockdown.

Food provision was the biggest area of activity, with other frontline support from the VCS including befriending, shopping, collecting medication, welfare calls, information and advice, bereavement support and counselling. It really shone a light on the services that were already in place and the crucial role of the voluntary and community sector in Hull. COVID-19 was a leveller for everybody. We were working with people unemployed for the first time, who were asking for help for the first time, and it was very important to connect the food

offer with the mental health offer. Our network allowed us to make sure everyone's support was bespoke.

There have been positive outcomes, including an expected increase in sustainable funding for the VCS sector; and the creation of a permanent BME Community Health Network in Hull, to name just two.

New partnerships: 'For six months, Vulcan boxing club and youth centre was the biggest direct food provider in the city'

To give one example, Seb Glazer from The Vulcan Centre called us to say that rather than furlough staff he'd moved everybody over to food provision. He had staff taking calls and drivers, and everyone was DBS checked. For six months, Vulcan boxing club and youth centre was the biggest direct food provider in the city.

The food issues we identified early on are now being worked through in different ways, for example: Vulcan has retained its kitchen provision to help vulnerable young people; the citywide Food Network now has links with providers such as Cranswick Foods; and the Warren Youth Centre expanded its criteria to include dependents and all those living with young people and set up a professional training kitchen, called Scran.

Other organisations adapted their support services. Freedom Stroke Club switched to telephone support; Butterflies Memory Loss

VOLUNTARY AND COMMUNITY SECTOR

support group moved online and to WhatsApp groups. These organisations were an absolute lifeline to carers of people living with dementia - they dropped craft activities on doorsteps, they did doorstep training sessions teaching people how to use Zoom - absolutely immense stuff.

We had four social prescribers at Forum, delivered under the Connect Well Hull project in collaboration with Citizen's Advice. People would call the Hull City Council COVID-19 helpline number and if they had complex needs, Forum's social prescribers would spend 30-60mins on the call with them. Our primary care link workers were doing similar jobs on the ground, doing doorstep checks on people and either helping or referring to agencies such as the Tigers' Trust and Hull Churches' Home From Hospital service.

Who was it for? 'If people needed help, they got help'

Once the people who were clinically extremely vulnerable had been identified, we could do more where we'd seen a high demand, for example to support mental health providers and eating disorders support.

We applied no criteria to the people we sent help to - if people needed help, they got help.

It was about communities in a city that has always been about strong resilient communities. It's the best work our team has ever done. We now know we can do it - together - but I hope we don't need to do it again.



DR LUCY CHIDDICK
GP FOR HOMELESS PEOPLE &
CLINICAL LEAD FOR VULNERABLE
GROUPS, HULL CLINICAL
COMMISSIONING GROUP



‘They’re not hard to reach, they’re easy to ignore’

DR LUCY CHIDDICK

GP FOR HOMELESS PEOPLE & CLINICAL LEAD FOR VULNERABLE GROUPS, HULL CLINICAL COMMISSIONING GROUP

As clinical lead for vulnerable groups at Hull Clinical Commissioning Group (CCG), Dr Lucy Chiddick was at the heart of an unprecedented public health response to protect the homeless and rough sleeping population during the COVID-19 crisis. Lucy says:

Stark reality: 'The average age of death of a homeless person is 42-45'

The reality is that the average age of death of a homeless person is 42-45, which is a stark figure. They are more likely to have underlying health conditions than the wider population, from heart disease and mental health problems to respiratory conditions such as COPD.

Hull's Homeless Task Force: 'My aim as health lead was to ensure every single person had the opportunity to have their own separate room with a bathroom'

It's not possible to self-isolate, socially distance or follow public health guidance on hygiene if you are sleeping rough or living in shared homelessness accommodation.

Homeless people are often described as 'hard to reach' and I hate that terminology. They're not hard to reach, they're easy to ignore because it can be difficult to access the tools, funding and resources needed to help.

I was part of Hull's Homeless Task Force, which was set up at the start of the COVID-19 pandemic, to deliver the Government's Everyone In scheme.

In a bid to comply with self-isolation and social distancing guidance, we worked together to provide a holistic response to the needs of those who were homeless, including rough sleepers, at the Endsleigh Centre.

My aim as health lead was to ensure every single person had the opportunity to have their own separate room with a bathroom, in order to comply with preventative measures which would reduce the risk of contracting COVID.

Reducing risks: 'We've had minimal cases in the homeless population'

We had a whole host of people who had undiagnosed conditions which weren't stabilised on medication because they hadn't seen a GP in a very long time.

We've had minimal cases in the homeless population, which is testament to the collective work that has been done. National research has suggested that by limiting mixing with the general population, increasing infection control in hostels, and accommodating people sleeping rough, the risk of dying from COVID was reduced by 92 per cent.

Life-changing support: 'After getting the support he needed, he reconnected with his family'

The people we meet are amazing, resilient people. There was a gentleman, who was living between different houses and on the streets and really vulnerable. He had multiple infections and had attended A&E at least 30 times over the two to three months before we met him. We worked out this would have cost the NHS almost £10,000 over three months. As a result of us meeting fundamentals - shelter, food and water - and community, kindness and support for his health needs, he didn't attend A&E for the following three months.

We had another man who had been sofa surfing. He was going through a really difficult time and was self-medicating with substances. After getting the support he needed, he reconnected with his family.

The way we practice is trauma-informed and we aim to develop psychologically informed environments. That absolutely permeates through everything we do.

National recognition: 'Relationships built on trust, human relationships and compassion'

Our response to the crisis was recognised as a national example of best practice by Olivia Butterworth, head of public participation for NHS England and NHS Improvement. She highlighted "the amazing work in Hull - multi-agency, multi-disciplinary and multi-sector relationships based on trust, human relationships and compassion."

Prior to COVID, we had a hospital in-reach team, mental health team, Making Every Adult Matter (MEAM) team, Emmaus outreach team, support staff and others advocating for people with multiple complex needs.

As a result of this work, we already had relationships with homeless people and built up trust which was the basis of the work during the COVID response.

Changing Futures: 'What we've seen in Hull ... is this huge collective, working together to support homeless people'

The recognition of how we do things in Hull, the vision and hard work of members of the Homelessness Task Force and those supporting the homeless in the city, and the degree of multi-agency consecutiveness has brought other funding into the city such as Changing Futures.

What we've seen in Hull over the last few years, but even more exponentially over the last 18 months, is this huge collective, working together to support homeless people in the city.

We will not lose the fundamentals of these relationships and credit must be given to the incredible members of the remaining Homeless Task Force and the brilliant homeless partnership team who have given their all a million times over to support those who are homeless in the city. They are all amazing compassionate people, and we can't thank them enough.



JO BROWN

**FIREFIGHTER AND TEMPORARY
CREW MANAGER, HUMBERSIDE
FIRE AND RESCUE SERVICE**



‘Our organisation is very team-focused, very task-focused, very dynamic’

JO BROWN

FIREFIGHTER AND TEMPORARY CREW MANAGER,
HUMBERSIDE FIRE AND RESCUE SERVICE

Humberside Fire and Rescue (HFR) Service has played a key role in the region's multi-agency emergency response to the COVID-19 pandemic, in addition to its core services. It has been the longest multi-agency incident that HFR service has ever responded to.

The pandemic response has run through the service, from full-time, on-call and support members of staff being redeployed, to chief executive and chief fire officer Chris Blacksell joining the region's multi-agency strategic group and temporary director of people and development Jason Kirby chairing the tactical group.

Team members supported shielding hubs to deliver food and prescriptions and supported early testing arrangements. With Howdens Joinery, they coordinated the distribution of four million items of PPE across the Humber region. With Humber LEP, they supported businesses such as gin distilleries to switch to hand sanitiser production; and with the Local Resilience Forum they supported Ron Dearing UTC and the University of Hull to use 3D printing to make PPE.

Between summer 2020 and summer 2021, the service's 'blue light' drivers supported Yorkshire and East Midlands ambulance crews. Its

occupational health team nurses, led by occupational health manager Lisa Smith, worked extra hours giving vaccinations at Hull City Hall vaccination centre. Operational and support staff supported the vaccination centre as health care assistants, marshals and team leaders.

Staff were also trained to support Hull's mortuary services, had the need arisen.

Firefighter Jo Brown was seconded from the falls team to the Humber Local Resilience Forum, Emergency Planning Team, working alongside military planners to help set up mass testing sites for key workers, and helping organisations to set up workplace testing sites. Then, as temporary crew manager, Jo assisted HFR service to co-ordinate COVID-19 volunteers, set up workplace testing and help provide communication across the service. This included supporting Hull City Council setting up pop-up testing and vaccination sites in Hull, and co-ordinating volunteers to Hull City Council mass testing sites. Jo says:

Teamwork: 'Every single member of staff comes together to keep people safe'

Our organisation is very team-focused, very task-focused and very dynamic. This pandemic has hit everybody hard, but we work best when we pull a team together. We plan the safety

measures, the comms and the service delivery. We make sure every single member of staff comes together to keep people safe.

Adapting: 'I'm on my fourth role this year ... I've learnt a lot'

Throughout the pandemic I've done a number of different roles. I'm on my fourth role this year - I've learnt a lot from those experiences.

It has been very difficult seeing the pressure our NHS staff have been under - seeing the fatigue - and feeling so helpless. It felt so important for all of us in fire and rescue services to do and offer as much as we could to support them.

Pop-up testing sites: 'There was a lot of tweaking and fine tuning'

The military planners did recce of each site to make sure it had the ventilation, exits and space needed. They'd pass that recce on and I'd support the organisation, whether it was a mass testing site or small hospice, children's home or care home. I helped them get the equipment and IT they needed to record test results. We staggered starts and changed shift patterns so staff could test and wait for results before starting work. There was a lot of tweaking and fine tuning. They were under quite a bit of pressure to get set up and continue running.

JO BROWN
FIREFIGHTER AND TEMPORARY CREW MANAGER,
HUMBERSIDE FIRE AND RESCUE SERVICE

Pop-up vaccination sites: 'It was community work at its best'

In July and August 2021, we set up pop-up vaccination sites in areas Hull City Council had identified as low on vaccinations. We supported that by providing a member of staff, our welfare vehicle and a pop-up inflatable recovery tent. There would be two days door knocking, and three days offering vaccines. It proved really successful - some days, there'd be 250 people getting the vaccine who would otherwise have been really difficult to reach.

Having a fire engine in communities is almost like having a big red magnet to draw people's attention and the firefighter on site - Joe Wilson - is very engaging with the public. We did get anti-vaxxers, for example on Peel Street, and Joe almost took a mediating role. Remember, this is a frontline member of staff whose main business is firefighting. He addressed it really well.

Overall, the reaction from the public was very positive. People felt at ease going to sites in their communities. Some staff had language skills, which helped a lot. Community leaders were involved, they reached out to people and got them to come down. It was community work at its best.



NOOR ULLAH
INDEPENDENT SUPERMARKET
OWNER / DIRECTOR



‘Business is a roller coaster;
and COVID-19’s been one
big roller coaster’

NOOR ULLAH

INDEPENDENT SUPERMARKET
OWNER / DIRECTOR

Noor Ullah is the director of Islam Foods, in Beverley Road, an independent multicultural supermarket established in 2001. During the pandemic, Islam Foods was one of over 3,000 businesses that received advice and support from Hull City Council's Public Protection team. The initiatives were led by Principal Environmental Health Officer, Khaled Choudhury, who co-ordinated officers across the service to support businesses with the new regulatory requirements.

Aware of the early impact of COVID-19 on similar businesses in Europe, Noor introduced screens, PPE, sanitiser and safer working practices at Islam Foods before they became mandatory. He is incredibly proud of his team and their response to the pandemic. Noor says:

Early days: 'We thought we'd be ready for the panic buying; we didn't realise the extent of it'

I was told by a friend in France 'if the panic buying comes to England, be ready'. We got lots and lots of stock, thinking we'd be ready for the panic buying; we didn't realise the extent of it. The Prime Minister announced on a Friday that

lockdown would begin the following Monday, and that week, we sold everything. There was nothing on the shelves. Nothing in the chiller. Nothing in the freezers. People were buying anything and everything. Rice, pasta, flour, anything they thought would last the whole course of COVID-19. They weren't looking at prices.

It was frightening because, as a business owner, I needed to keep supplying my customers and we weren't getting stock in. Our suppliers had stock, but no drivers, so we started to collect stock ourselves on a daily basis from suppliers down south, in Manchester, Birmingham, Bradford. Our drivers would stay in their bubbles in their cabs. It was the only way to keep the shop open and survive. Having a shop with shelves empty is pointless.

Staying safe: 'We've had staff threatened, hit by customers'

I got a letter from the NHS to shield; and I didn't. I thought about it but seeing the panic buying made me think I needed to be there. It was a lot of pressure. I mean, what could you do? We were telling people, if you come back tomorrow, we'll have stock available. Every day, we were sending drivers out to get stock. Both my brothers were helping. Thankfully, I stayed healthy.

Prior to lockdown, we put screens up. We gave staff plastic gloves to wear. We were cautious

from day one because of what our friends abroad were telling us.

Every shop you go into now has a sanitiser station, but back in March 2020, it wasn't like that. In the first lockdown, social distancing didn't exist so you had customers at the peak of panic buying, heel-to-heel, you couldn't separate them; if you told them to keep their distance, they wouldn't. We've had staff threatened, hit by customers. As lockdown started, we were telling customers to wear face masks, but it wasn't compulsory. It took until the end of the first lockdown for people to realise how to behave. We understand it's a stressful time for everyone. From our point of view, the Government needed to clarify a lot of things quicker.

Home life: 'I'd have loved to have had more time with the kids'

My wife and I have three children, a daughter, 21, who has just finished her degree at Leeds University, a son, 19, in his second year at the University of Hull and an 11-year-old son. A lot of the equipment my daughter needed for her degree was at university in Leeds, but we brought her home. We talked it over as a family - talking was how we dealt with the stress. It was nice having them all at home during the lockdowns, I just wasn't able to see enough of them. I'd have loved to have had more time with the kids.

NOOR ULLAH
INDEPENDENT
SUPERMARKET
OWNER / DIRECTOR

Our team: 'We look at our staff as family members now'

The first part of last year [2020], it was all hands to the pumps. Business is a roller coaster; and COVID-19's been one big roller coaster. It's been stressful, but I've also enjoyed being so busy: from the panic buying to stacking the shelves, the hard work of picking up the goods, displaying, selling out, doing it all again.

We have a good backbone of in-house staff, some who've been with us for 10-12 years, and they all went out of their way to help us. We try our best to look after them. As long as they're happy working, they're getting looked after and their needs are heard, I hope they won't need to move on. We look at our staff as family members now. We have really, really appreciated the time - and extra time - they gave. Without their help, time and understanding, we couldn't have got through it.



CHRISTINA TAMBAROS
INTENSIVE CARE UNIT STAFF
NURSE, HULL ROYAL INFIRMARY



‘If they saw what we saw,
would they still walk
around without a mask?’

CHRISTINA TAMBAROS

INTENSIVE CARE UNIT STAFF NURSE,
HULL ROYAL INFIRMARY

Christina Tambaros is an intensive care unit (ICU) nurse at Hull Royal Infirmary. She has worked on ICU for five years, at Hull Royal and at Castle Hill Hospital in Cottingham, since qualifying as a nurse. She is passionate about her job, despite facing extreme, ongoing trauma and challenges on a daily basis throughout every wave of the pandemic on the ICU COVID-19 wards, which are set up from ICUs according to need. Christina says:

ICU: 'Everyone is working toward the same thing - to help people'

Everybody in ICU is doing their best. Everybody has done and is doing as much as they can. Everybody working in health care is working toward the same thing - to help people.

From the beginning of the pandemic, I personally have never been without PPE. I've felt protected.

I never worried about catching COVID-19 myself, but I worry about passing it on to my mum who has severe asthma. I live on my own, so I bubbled up with my sister and her kids, but I was still very cautious.

There was isolation at home, and you felt isolated at times when you were on the Units, for example, when the specialties did telephone calls instead of visits. The support staff were brilliant, but some had never experienced ICU or even trauma before, so we were giving training at the same time as looking after our patients. It was a godsend for us when volunteers were able to help with moving and feeding patients.

But we're a great team and we'd just get on top of it. We knew, in between each wave, that it was going to come again. We had hoped that vaccinations would mean we wouldn't have to close an ICU to become a COVID-19 ICU again, but we did.

Stark reality: 'We've seen things you wouldn't even dream of'

I still wear my mask in public places. I walk around and think, 'do they think it's over?'. It's heart-breaking, because if they saw what we saw, would they still walk around without a mask? We've seen things you wouldn't even dream of.

We just have to go in and deal with it, like we always do. The hard part is you talk to these patients and get to know them. By the time they need intubating, they're so sick that a lot don't make it through the intubation. If people are struggling to breathe, we naturally want to put them to sleep on a ventilator and do their breathing for them, but with COVID-19, that's a

death sentence in itself. It's a difficult process to manage. And if you've got a patient sedated in ICU, it's the relatives who break your heart.

If COVID-19 patients survive, it's not COVID-19 that's left behind, it's damage to their lungs; their blood becomes thicker; they can develop blood clots that can sit in their lungs; they can lose hands, feet, legs... I don't think a lot of people realise that; I think a lot of people just think it's a breathing issue.

You always want to do more, all the time. And you just can't.

On coping strategies: 'Nurses are notorious for having a dark sense of humour - we need it to survive'

I just try to work with humour and have a laugh. Nurses are notorious for having a dark sense of humour - we need it to survive. You need colleagues to talk to, who understand what it's like, who won't judge you and don't judge others. I can see death on a weekly basis and that shouldn't really be okay. From this, we now have more mental health support and a dedicated psychologist to ICU.

When I can, I spend time with my nieces and nephews, which makes everything better - kids have hearts of gold and it's just nice to be around them.

CHRISTINA TAMBAROS
INTENSIVE CARE UNIT STAFF NURSE,
HULL ROYAL INFIRMARY

An ICU snapshot: 'A 30-year-old with kids is about to lose their life because they didn't think it would affect them'

We are experiencing a particularly hard time again [Autumn 2021]. Ninety-five per cent of the patients in COVID-19 ICU now are unvaccinated but wishing they had got the vaccine. When someone in their 30s with kids is about to lose their life because they didn't think it would affect them, it's hard to even describe the emotions we go through and the frustrations we feel at being unable to save them.

People are leaving ICU. The stress has got to people. I absolutely love my job and will never leave ICU, but it's important to be honest about this side of things as well.

Despite this, we will all continue to work as hard as we can. I still get a buzz from the pace of work, the variety, the science and physiology, and of course it's always nice when there's a good result.



CHRIS PEARSON
JOINT MANAGING DIRECTOR,
MANUFACTURING BUSINESS



‘It was so humbling to see how dedicated our team is’

CHRIS PEARSON
JOINT MANAGING DIRECTOR,
MANUFACTURING BUSINESS

Advanced Plastics produce injection moulded products for the British automotive industry such as Jaguar Land Rover, Nissan and Toyota, as well as major East Yorkshire manufacturers such as Ideal Boilers and Donaldson Filter Components.

But when the pandemic hit, halting demand from its usual customers, the Sutton Fields based company teamed up with the University of Hull to help produce face shields for frontline workers.

With 70 per cent of its 200-strong workforce furloughed, Advanced Plastics worked closely with Hull City Council's Public Protection division and the Health and Safety Executive (HSE) to keep the business operating while protecting staff. Chris says:

Impact: 'All of a sudden, we had a 70 per cent reduction in revenue and we had to very quickly adjust'

When the Government started talking about going into lockdown, we didn't realise what that meant for us until we had a call from one of our major customers, who told us they were closing and had no idea when they would open again. It

was as if the whole business ground to a halt. That was a really sobering moment.

All of a sudden, we had a 70 per cent reduction in revenue and we had to very quickly adjust. We took advantage of the Government's Coronavirus Job Retention Scheme and furloughed over two-thirds of our staff, with the remaining staff having to become very flexible and adaptable. We had to tighten our belts significantly, adjust our cash flow and negotiate business rates relief. We had to make a lot of internal adjustments and change our working practices. We introduced social distancing, screens, face shields and hand sanitiser for production staff and homeworking for some non-production staff. Many of our staff car share so to reduce the risk of transmission, we funded taxis to allow our staff to socially distance without bearing the brunt of the extra cost.

Our team: 'While 70 per cent of our staff were furloughed on 80 per cent pay during a long, hot summer, those remaining had to work longer hours and be flexible in their roles'

What really struck me was the resilience, commitment and dedication of the team to get us through. While 70 per cent of our staff were furloughed on 80 per cent pay during

a long, hot summer, those remaining had to work longer hours and be flexible in their roles. We had office staff and managers running production lines. It was so humbling to see how dedicated our team is.

Working safely: 'Our employees engaged in it wholeheartedly, participating in antibody blood testing as well as swab tests'

We were supported by Hull City Council throughout the pandemic who provided mobile testing units on our site. The relationship was really useful for sharing best practice, for example which measures were working and which weren't.

When the council told us about the Health and Safety Executive [HSE] research programme to improve understanding of how to control the risks of virus transmission in workplaces, we jumped at the chance. It was a great learning opportunity, a chance to sense-check and verify what we were doing was correct and whether there was anything more we could do. Our employees engaged in it wholeheartedly, participating in antibody blood testing as well as swab tests. Hopefully, our contribution has played some part to keep businesses operating and help the local economy during the pandemic.

CHRIS PEARSON
JOINT MANAGING DIRECTOR,
MANUFACTURING BUSINESS

Face shield production: 'The designs have been shared nationally to other manufacturers to enable production in other regions'

We collaborated with the University of Hull to produce face shields with new designs that could be produced by high volume manufacturing techniques such as laser cutting and injection moulding, rather than 3D printing. This increased the amount that could be produced every day from 100 to more than 8,000. The designs, which are aligned to mass production and which take just minutes to make, have been shared nationally to other manufacturers to enable production in other regions, maximising the UK's supply of urgently needed face shields for the NHS and health care organisations to prevent the spread of COVID-19.

In addition to the masks, we continued to make filters for emergency service vehicles and trucks delivering supplies such as food to supermarkets. One of our competitors makes parts for medical supplies and they had a huge influx of orders for breathing apparatus that they couldn't cope with, so we also worked in partnership on a subcontract basis to help them make medical device components.

The support from Hull City Council and HSE has enabled us to deliver vital equipment at a time of unprecedented and critical need. The response from our team - whose work has really made a difference in helping the NHS and other frontline services - has been nothing short of inspiring.



STEFANIE BOOTH
HEALTH VISITOR, CITY
HEALTH CARE PARTNERSHIP



‘We stepped up as others were stepping back’

STEFANIE BOOTH

HEALTH VISITOR, CITY
HEALTH CARE PARTNERSHIP

As a health visitor with City Health Care Partnership CIC, Stefanie Booth is responsible for supporting babies and toddlers and their families, providing antenatal and postnatal support. Early identification of health and development needs, providing support to help meet those identified needs, teaching parents about the nutritional needs of infants and encouraging the development of healthy lifestyles are all in a day's work.

But as the COVID-19 crisis deepened, so too did the role of the health visitor.

The pandemic created a perfect storm, increasing the vulnerability of children and families, while compromising the ability of charities and agencies to identify their needs and respond effectively. As many services were forced online and face-to-face peer support was effectively banned when we went into lockdown, it fell to the health visitor to become the eyes and ears of the community.

While balancing the ever-increasing demands of work with home-schooling three kids, one of whom is currently being assessed for autism, Stefanie had the added responsibility of being a practice teacher and supporting a student. As if that wasn't challenging enough, she also had to deal with the worry of her dad having a cardiac arrest, resulting in a triple bypass. Stefanie says:

Stepping up: 'The responsibility of the family became solely that of the health visitor'

The pandemic massively impacted how we worked. We quickly learnt to adapt to meet the changing needs of our clients. We were one of the few agencies that continued to offer a full service.

Our role and scope increased. We stepped up as others were stepping back. Midwives don't usually discharge until 28 days, but they were discharging earlier at around 10 days meaning the responsibility of the family became solely that of the health visitor, leading to a requirement to weigh babies at our first visit, which we wouldn't usually do.

Families on a knife edge: 'We noticed an increase in stress, which led to people drinking more and taking drugs. It was a real toxic combination'

The loss of social interaction had a massive impact on the families I worked with, resulting in an increase in mental health issues. When families are struggling with mental health, we usually advise them to reach out to support networks but they couldn't do this. Suddenly the simple things like a hug from your mum or going for a coffee with a friend were taken away.

We had a lot of dads who'd lost their jobs, resulting in an increase in financial worry and

the pressure that put on families. We noticed an increase in stress, which led to people drinking more and taking drugs. It was a real toxic combination. Many families were on a knife edge.

We found that a lot of second-time mums were actually struggling more than first-time mums. They'd previously had a lovely experience, so they felt a real sense of loss whereas first time mums didn't know what to expect.

I had one family where I walked in on my first visit and the mum just handed me the baby and said, 'please take the baby'. She'd not had any sleep. Her partner was working from home but was doing more hours. She just couldn't cope. Had circumstances been different, she would have been fine. Because the guidelines were really confusing, she didn't realise she could form a support bubble, so I helped her set up a bubble with her auntie to help with basic needs like cooking her meals, as she'd not been getting adequate nutrition, and allowing her some time to sleep. Now she's thriving.

Rising domestic abuse: 'We became the eyes and ears of the community'

There was a significant increase in domestic abuse. We became the eyes and ears of the community. Anecdotal evidence was that some families were disengaging from services and using COVID-19 as a reason for not allowing professionals into their home. We already had relationships with those families and because we are nurses first and foremost, they trusted



us. As we were one of the only services going into homes, it put extra pressure on us. But our families needed us so we stepped up to the mark. It's only now as things are slowly getting back to normal and we have a chance to catch our breath, that it's hitting us and we are starting to feel the burnout.

Coping: 'I ran on adrenaline ... It's only afterwards that the magnitude hits you'

When I first heard about Coronavirus, I remember crying and I'm not usually an emotional person. Having previously worked as a nurse in an Intensive Care Unit and having friends who work in ICUs, I was overwhelmed. While I didn't realise the full severity straight

away - I never thought we'd go into lockdown - I knew it was serious.

For me personally, I ran on adrenaline. I do well in a crisis. It's only afterwards, when you are able to take a breath, that the magnitude hits you and you realise how crazy these last 18 months have been.

I'm contracted to work 30 hours a week, but I was easily working over and above this on a regular basis. We all were, as we tried to support our clients. It was the right thing to do. Trying to balance the stresses of work with home-schooling three children in a small rented house, one of whom really struggled with the change in routine and needed a lot of reassuring and finding time to visit my dad in hospital was really difficult.

But my employer has been really good. They gave us extra training to be able to take on the extra responsibility - for example how to manage jaundice as we were taking babies on at an earlier stage than usual. They also recognised the impact of the crisis on staff and set up online support such as workshops on resilience, how to support your own emotional health and managing stress.

I'm so proud of the wonderful team I work with. We adapted easily and embraced our extra responsibilities. We really stepped up to meet the needs of our clients.

MIKE GOWLAND
VACCINATOR



‘If anyone says COVID-19 hasn’t affected them, I think they’re telling a lie’

MIKE GOWLAND

VACCINATOR

Nurses Mike Gowland, 70, and wife Jacqui came out of retirement to join Hull City Health Care Partnership (CHCP)'s vaccination team of staff and volunteers at Hull City Hall, having both previously volunteered as NHS responders in the early days of the pandemic. Mike has four decades' experience in nursing and related careers, including roles as cardiothoracic intensive care nurse with the NHS, emergency care for the Saudi Arabian government and national airline, and offshore medic in the North Sea, and off the coasts of West Africa and Asia.

From the beginning of Hull's vaccination programme to July 31, 2021, Mike estimates he administered over 5,000 vaccinations at Hull City Hall mass vaccination centre. Mike says:

Working as a vaccinator: 'You make a real difference to people's lives'

It's been absolutely wonderful to be part of the vaccination team. It's limited patient contact, but as a vaccinator you make a real difference to people's lives. One of the problems with lockdown and isolation is: people need to talk. Normally, they'd go to a neighbour's, but in lockdown they couldn't do that, so a lot of people wanted to chat to us when they came for their vaccination. We had people in their 70s telling us they'd not left the house for 18 months, telling us it was just nice to speak to somebody in person.

To see the looks in their eyes and see their body language relaxing meant such a lot.

If anyone says COVID-19 hasn't affected them, I think they're telling a lie.

Some people do feel nervous, but if anyone has a needle phobia or feels apprehensive regarding the vaccine we can generally get around that by talking with them. We're a friendly bunch in Hull - and Yorkshire in general. We talk to anybody and we'll help anybody. I've given hundreds of thousands of injections throughout my career - in Saudi Arabia we were giving cholera injections to people making the

hajj pilgrimage to Mecca - so I just fell back into it. I think it does come naturally to nurses. I used to speak fluent Arabic - most long forgotten, but I have managed a few words which has been helpful when reassuring Arabic-speaking members of the public at Hull City Hall.

Coming out of retirement: 'We will continue to work for as long as we're needed'

Jacqui and I retired seven years ago. We like to keep fairly busy. We've always spent time on boats and expected to do a lot more of that in our retirement. We had a yacht that we sailed for many years, then sold it and bought a barge, which we keep in Newark-on-Trent, but in lockdown, we couldn't go to the barge; see our kids and grandkids although we spoke most days; or go to the gym. We were sitting at home doing nothing. We lost that mental and physical distraction and stimulus in lockdown. We started new hobbies. I started drawing again; my wife started looking at family history and discovered that my grandmother died of Spanish flu in South Africa in 1918. To see the Coronavirus pandemic happen in my lifetime, when the Spanish flu happened in my father's and grandparents' lifetimes feels extraordinary. Even if a pandemic like this only happens every hundred years, it's too often.

MIKE GOWLAND
VACCINATOR

The NMC [Nursing and Midwifery Council] had emailed all retired nurses inviting us back into the service under a temporary register. The vaccinations team with Hull CHCP was the ideal fit for Jacqui and me.

I started at Hull City Hall in February 2021 on the very first day of vaccinations. Jacqui and I decided we would work opposite shifts, I would cover Tuesday to Thursday, with Jacqui picking up Friday through Monday. With 13-hour days, we were like passing ships in the night. We could give that level of commitment because we'd nothing else to do. When we signed up, we thought it would be a quick, fast operation. My wife continued doing 13-hour days but after a couple of months I dropped to nine-hour shifts because of my age! We will continue to work for as long as we're needed.

Teamwork: 'We couldn't have done our jobs without the volunteers'

The volunteers at the vaccination centres have been wonderful, as have all the staff involved. It's a credit to the organisation as this was uncharted waters for everyone. It was difficult for the volunteers at times, when anti-vaxxers protested outside Hull City Hall, for example, as it was the volunteers who would meet people outside the building. We couldn't have done our jobs without the volunteers, there's no doubt about that.





Reflections

Reflections

As I come to the end of this year's report it's time to consider what these individual personal stories say about our leadership, recovery from the pandemic, our future actions, commitments and partnerships.

Directors of Public Health (DsPH), across the UK, have gained ground in terms of their influence and positioning both locally and nationally. We must now maximise this position of influence to ensure DsPH are fully recognised and embedded in the local and regional infrastructure going forward. Capacity and resources for public health at local level will be essential in responding to any future health threats, building on the lessons learned during the pandemic. In future national emergencies it must be recognised, understood and agreed which elements of the response are best dealt with locally, regionally and nationally, to best effect for local people.

- We've seen that COVID-19 has amplified and worsened social and health inequalities in Hull. To address these issues, we need to have a systematic approach, to work at pace and at scale, using evidence on what we know works in tackling health inequalities. I believe that in Hull we have the capacity and ability to meet this challenge. Collectively we must ensure all communities of our city have equal opportunities to achieve their full health potential.
- While we have all been affected in our own ways, young people have experienced compounding effects from the pandemic, with disruption to their education and missing out on social interactions causing distress and anxiety. We know how critical education is for development. Disruptions to education will also undoubtedly have long-term impacts on health into adulthood. There must be a sustained focus on the First 1001 Days and a local system commitment to Hull as a Child Friendly City.
- Our relationship with Care Providers and the health and care response to infection prevention and control has been dramatically enhanced during the COVID-19 response. This relationship is vital if we are to continue to work collaboratively to shape and sustain our health and care provision in the city. We need to address the long-standing issues of parity of esteem of our care workers and focus on a strengthened and sustained care market.
- Our collective response led to new ways of engaging with local people and new partnership working with the VCS, businesses and community champions, and that engagement must be sustained for the long term. We work best when we work as a whole system, with understanding and mutual respect. We were at our best in our compassionate multi-agency response to those experiencing multiple disadvantage.
- By utilising the values-led Joint Health and Wellbeing Strategy we must coalesce the efforts of our city to maximise the potential investment across the system. We need to use this common narrative to lever in the opportunities provided by the new regional integrated structures and arrangements for the NHS and Public Health, using the advantages of collaborative working at scale.

Hull's COVID-19 Experience in Numbers*

Hull is home to **259,100** people

26,659

cumulative total confirmed COVID-19 cases in Hull

717 COVID-19 deaths among Hull residents

2,900 laptops

were provided for home learning from Government and business donations

23 COVID-19 patients in ICU at its busiest

264 COVID-19 patients were in hospital at the highest peak in **Jan 2021**

585,000 aprons, 1.07 million face masks, 1.14 million pairs of protective gloves and 19,000 bottles of hand sanitise were used by council staff to keep everybody safe

31,000

requests for help were received via the Hull City Council 300 307 helpline number

March 3, 2020 date of first positive COVID-19 case

in Hull

3,887 people

(including 268 up to 18-year olds) estimated to be affected by 'Long Covid'

5,440 babies were born (101 at home)

38,814

outbound welfare check telephone calls were made by the council, 22 per cent of which identified a need for help

More than **3,000 businesses** were provided with written guidance, telephone support and visits to ensure **COVID safety**

10,771 Clinically Extremely Vulnerable (CEV) people were helped by Hull City Council
1,122 people requested help to get their prescriptions

229 homeless people

were accommodated safely during lockdowns under the 'Everyone In' scheme

More than **£100 million** in Government business support grants were distributed to more than 4,000 businesses

4,328

people requested food parcels

250 businesses

were given specific support and advice after reporting COVID-19 cases

170,494

(84.6 per cent of people aged 18+ years) first dose and 137,225 (68.1 per cent) second dose

94,580 vaccinations

have been given at Hull City Hall mass vaccination centre

8,469 people applied for self-isolation grants; **44 per cent** were successful

COVID-19 vaccinations have been given to Hull residents

More than **300 community volunteers** have helped at Hull City Hall

(* We acknowledge that at the time of publication, the COVID-19 impact and response is ongoing; however, the numbers presented here relate to the period March 2020 to 31st July 2021)

Director of Public Health Annual Report 2021

Dedication

This report is dedicated to everyone who either lived or worked in Hull, whom we have lost to COVID-19, and to their loved ones, friends and colleagues. I would also like to extend my best wishes to everyone in our city still dealing with the ongoing adverse impact of the pandemic on their health, wellbeing, employment or business.

Acknowledgements

I would like to thank all those who contributed to my annual report either through writing & design or producing data, pictures, photographs and background information (Tom Arran [pictures], Jo Charlton & Alix Johnson [interviews], Gail Baines, Des Cooper, Matthew Fawcett, Jason Kirby, Mark McEgan, Iain Musgrave, Ali Patey, Hannah Scorer, Rachel Stephenson, Jen Walker, Rachel Johnson and Khaled Choudhury).

I am particularly grateful to those people who volunteered to share their insights and stories about how the pandemic has affected our city: Stefanie Booth, Jo Brown, Lucy Chiddick, Amelia Franczak, Mike Gowland, Chris Pearson, Gaynor Saunders, Patrick Sprakes, Jason Stamp, Christina Tambaros and Noor Ullah and to everybody who kindly agreed to participate in the photographs.

Further information

We are currently updating our Joint Strategic Needs Assessment (JSNA) website. If you want any information on the health and wellbeing of Hull's residents please visit <https://www.hull.gov.uk/health-and-wellbeing/public-health/joint-strategic-needs-assessment> or contact the team at publichealthintelligence@hullcc.gov.uk

For ongoing up-to-date guidance, information and advice on COVID-19 please refer to

<https://www.gov.uk/coronavirus> or

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

Feedback

I would really welcome your feedback on this report, so please do get in touch.

Email: PublicHealthAdmin@hullcc.gov.uk or julia.weldon@hullcc.gov.uk

Write to: Julia Weldon, Director of Public Health, Hull City Council, The Guildhall, Hull, HU1 2AA

Telephone: 01482 300 300

Tweet: @HealthHull using #DPH2021

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Director of Public Health Annual Report 2021

'COVID-19 exposed and exacerbated the scale and complexity of inequalities'

DIRECTOR OF PUBLIC HEALTH

'We couldn't do our SATS ... or our transition week for secondary school. It was very hard'

SCHOOL PUPIL

'Uncertainty around GCSEs was really upsetting and frustrating'

HEAD TEACHER

'The people on the front line are the real saviours'

CARE HOME MANAGER

'Nobody should be without food, medication, or someone to talk to'

VOLUNTARY & COMMUNITY SECTOR

'They're not hard to reach, they're easy to ignore'

GENERAL PRACTITIONER

'Our organisation is very team-focused, very task-focused, very dynamic'

HUMBERSIDE FIRE & RESCUE

'Business is a roller coaster; and COVID-19's been one big roller coaster'

SUPERMARKET MANAGER

'If they saw what we saw, would they still walk around without a mask?'

INTENSIVE CARE NURSE

'It was so humbling to see how dedicated our team is'

BUSINESS OWNER

'We stepped up as others were stepping back'

HEALTH VISITOR

'If anyone says COVID-19 hasn't affected them, I think they're telling a lie'

VACCINATOR



Of Time and Tidings

The story of Hull's response during the pandemic

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TWENTY
TWENTY
ONE

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