

Public Health Annual Report

Where are we now?
Building our healthy future





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1 Welcome to my 2022 Annual Report

As I publish this report, I will be entering my tenth year in Hull as Director of Public Health (DPH). It's hard to believe how time has passed so quickly and how much has happened for all of us since then. We have celebrated our UK City of Culture Year, seen massive investment in the city in terms of infrastructure and over the last three years we have dealt with the impact of the Pandemic and more recently, the cost-of-living crisis.

In my first year as DPH in Hull I had the opportunity to be an Expert Panel member into an enquiry on Health Equity for the North - the report of that inquiry *Due North*(1) and the Marmot review *Fair Society, Healthy Lives*(2) shaped the data and the narrative of my first Annual Report in 2014; *A Time for Change – Working Together for a More Equal and Healthier Hull*.

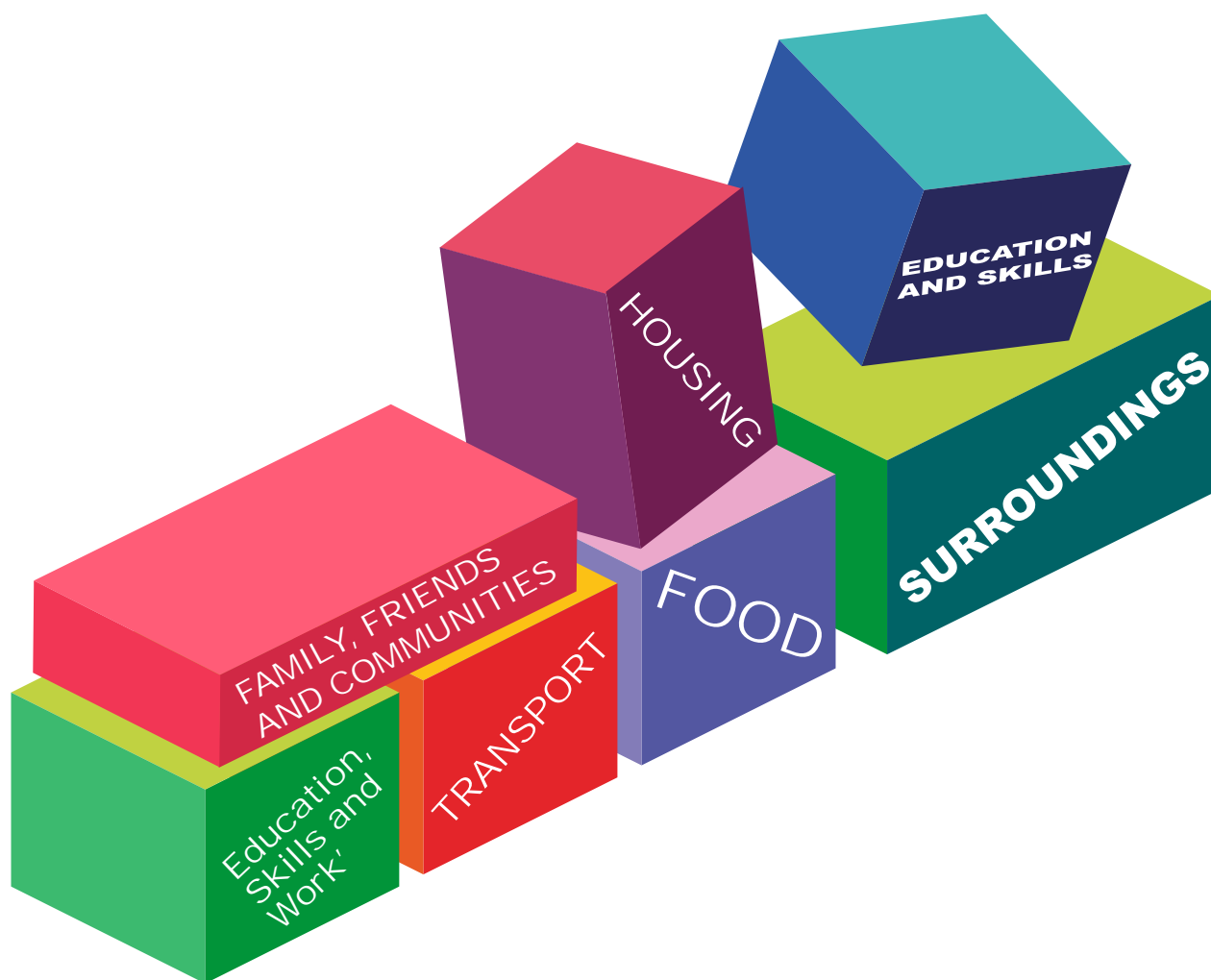
In my report I asked system partners to agree to a set of commitments to address inequalities in health outcomes in Hull. We have made significant progress on these commitments, including:

- Our Health and Wellbeing Board has grown stronger and is well placed to assure our system actions on health equity and in 2021 we published our values based Health and Wellbeing Strategy(3) for the city that has been adapted as a policy framework for place
- Increased the proportion of overall spend allocated in the budget to giving every child the best possible start in life and are delivering our First 1001 Days Action Plan, which prioritises investment in early years child development
- Published our 2021- 2026 Economic Strategy(4) that prioritises an inclusive economy as central to our city's health and wellbeing ambitions
- Established our Poverty Truth Commission that puts our people right at the heart of policy development in an equal reciprocal relationship
- Grown and strengthened our relationship with the voluntary sector and co-produced our Community and Voluntary Sector arrangements – 'Building Forward Together'
- Our Joint Strategic Needs Assessment (JSNA)(5) continues to evolve and has recently been launched as a digital resource helping inform our strategic responses to population needs.

Although we have achieved a great deal since then, we enter 2023 with some of the same challenges I set out in 2013/14, some exacerbated by recent events and some new challenges.

As the country and the city emerge from the worst impacts of the pandemic, we are now facing a cost-of-living crisis that will have immediate and far-reaching consequences, exacerbating pre-existing poverty and inequality issues. When we don't have things we need like financial security, warm homes, and healthy food, it impacts on how well we live, how we achieve our aspirations and how long we live.

This year I wanted to explore social and health inequalities through a different lens using the building blocks of a good life, like stable jobs, good pay and quality housing and education.



The Building Blocks of Health

When these building blocks are not in place or access to them is restricted, we see health and wellbeing inequalities develop. These unfair inequalities have become entrenched over time in England and in Hull, despite the resilience of our population and the strength of our communities.

There are some amazing projects and programmes of activity underway that serve to remind us that action can be taken and change is possible. I have selected a range of these programmes for this report as they demonstrate what can happen when we work together at place and system.

These programmes and projects also demonstrate a wide range of place-based interventions at civic, community and service level.

The landscape in which we operate as a health and care system has also changed dramatically since my first report. I have used the report this year to focus on the potential of the new Humber and North Yorkshire System and highlight some of the benefits emerging even in these early days.

Finally, I set out a proposed inequalities framework for Hull to provide a platform for how we use the building blocks approach, alongside our civic, community, service and system level focus to better understand how we can best target our strategic intentions, engagement and interventions, and how we can measure our impact.

2 Strong Foundations



Our future prosperity is of extreme importance as we look forward and strengthen the foundations that our health and wellbeing are built upon.

“Hull is a proud, self-reliant and confident city. These characteristics bind together the efforts of all partners and our ability to push boundaries through local, regional, national and international collaborations that has been transformed by investment in people, place and culture, leading to sustained economic, social and cultural improvements, and our vision remains ambitious. The challenges we face do not define Hull; our courage, tenacity, ambition and pride of our people, place and our communities does. By working together, we will continue to create a Place where every child will fulfil their hopes and aspirations – now and into the future – and those born in Hull will have equity in terms of life chances.”

Julia Weldon CMO Report 2021

Hull is a compact and urban City, covering over 27 square miles, situated at the confluence of the River Hull and Humber estuary and bordering the East Riding of Yorkshire, a largely rural area, which also encompasses a number of Hull’s more affluent suburbs.

We have made significant progress on economic growth, infrastructure, employment and housing. Our progress on reducing harm from preventable risk factors including tobacco, alcohol and drugs remains challenging. Hull is dealing with these challenges head-on through our strength in leadership of place, our focus on better outcomes for our people, and our partnership and relationships across the Humber, regionally, nationally, and internationally.

In 2021 it was a privilege to welcome Chris Whitty our Chief Medical Officer to the city. He asked me to contribute to his annual report recognising the amazing offer of coastal and port cities in England and the associated and often underplayed inequalities. He complemented us on the strength of our partnerships in Hull and across the system and the commitment of our politicians and city wide leadership to reducing social and health inequalities.

Despite Hull’s remarkable resilience as a city, our socio-economic conditions adversely affect the health of too many people in our communities. In this chapter we will highlight some of the health inequalities that affect our population and provide the imperative for all our work; encompassing frontline NHS care, children’s and young people’s focussed services, public health services such as smoking cessation, housing support, poverty related work or any of the partnership work we co-deliver in. We are committed to making our foundations and building blocks stronger and closing the health inequalities gap which disproportionately affects people in Hull.

3 Inequalities and Impact on Health

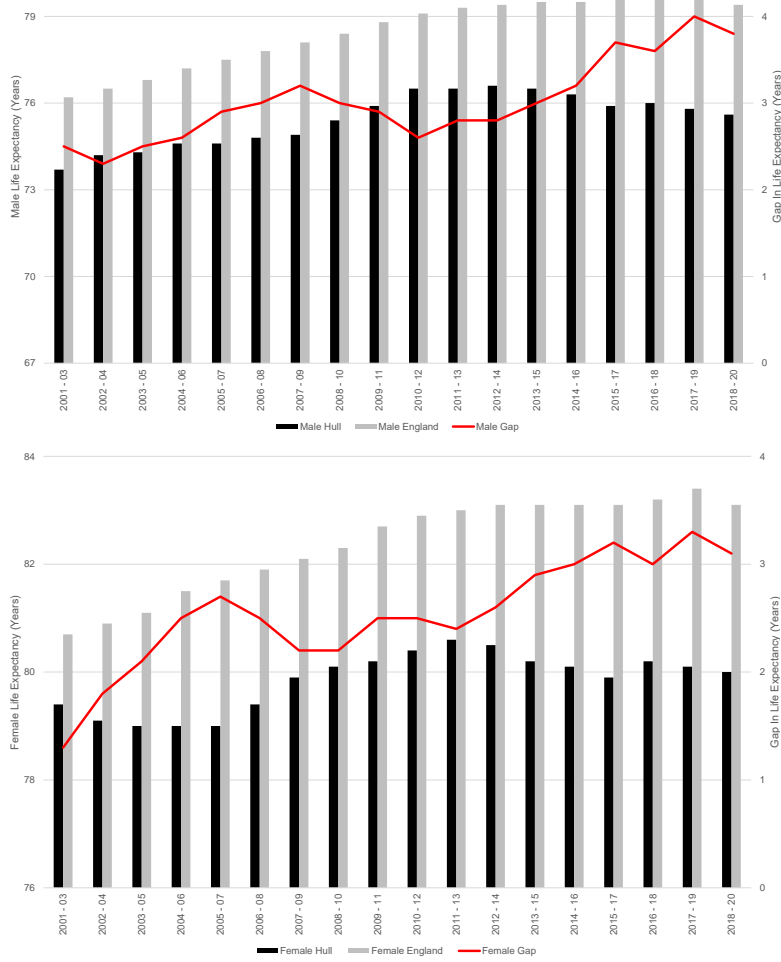


Health inequalities are measurable, preventable differences in health outcomes between populations or groups within populations. They are also avoidable and unjust differences between groups that profoundly impact everyone in society. We know we have much further to go in reducing the health inequalities which exist between Hull and other places and between different communities in our city. When we understand these inequalities and what drives them, we can work to prevent them.

To understand our health inequalities challenge in more detail I would encourage you to look again at our Joint Strategic Needs Assessment (JSNA)(5). Our JSNA informs all our work on improving our population's health and addressing inequalities in health outcomes. It describes in detail how outcomes have changed over time, compares outcomes and risk factors with regional and national comparators and helps us to plan and prioritise the services we provide, targeting our preventive action to achieve better health outcomes for all, particularly those at greatest risk of poorer health and wellbeing.

Deprivation

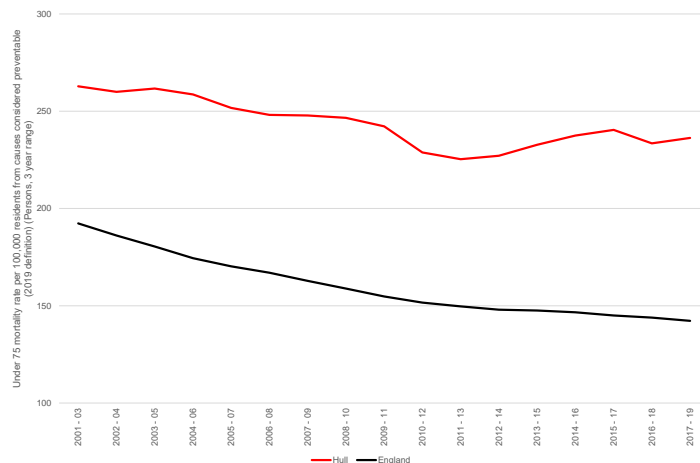
We know that our social inequalities impact on our population's health. Too many people in Hull struggle financially which creates social inequality and causes poorer health outcomes. Indeed, the relationship between poverty and poorer health is bi-directional in that they are both a consequence of the other. Poverty creates poor health and poor health creates poverty. It remains the case that our population continues to experience greater poverty than many other places in England. In fact, 54 per cent of the population in Hull is within the 20 per cent most deprived in England. This profoundly impacts on our health and wellbeing in the present and in the future. Poor mental health also blights the lives of too many people in our city and in this report I will also describe the mental health and wellbeing challenges our city faces, much of it attributable to poverty and deprivation.



In Hull the latest estimates of healthy life expectancy indicate that a male would experience 12.2 years of poor health before they reach the current national state pension age (66) and a female would experience 8.1 years of poor health before they reach the current national state pension age (66), compared to 2.9 years for males and 2.1 years for females across England. This will have negative impacts on many aspects of a resident's life and the vitality of the city due to lower employment opportunities, less income, more reliance on care, carers and healthcare.

Preventable Mortality

The mortality rate from causes of death considered to be preventable has been consistently decreasing in England and across the Yorkshire and Humber region. This trend can be seen in the chart below where the rate of people dying from preventable causes under the age of 75 has increased since 2013 whilst steadily declining nationally and plateauing in the last few years regionally. Preventable mortality in Hull is getting worse whilst it improves on average elsewhere.



Office for Health Improvement & Disparities – Mortality Profiles

Premature Mortality

Our JSNA compares ward-level premature mortality in the city, amongst people under 75 for all causes combined. The under-75 directly standardised premature mortality rate per 100,000 population varies significantly across Hull's 21 electoral wards. The wards with the highest levels of deprivation have the highest premature mortality rates. People living in the most deprived fifth of areas of Hull have a premature mortality rate of 713 per 100,000 population – more than twice as high as 289 per 100,000 population for people living in the least deprived fifth of areas of Hull.

Widening Inequalities

My greatest concern is for the inequalities in health outcomes between Hull and more affluent places that are continuing to widen. To illustrate this I have chosen to focus on premature mortality because on average more people in Hull die prematurely from preventable causes than in the rest of the England. I shall briefly describe some of them in this chapter to illustrate the challenge we face.

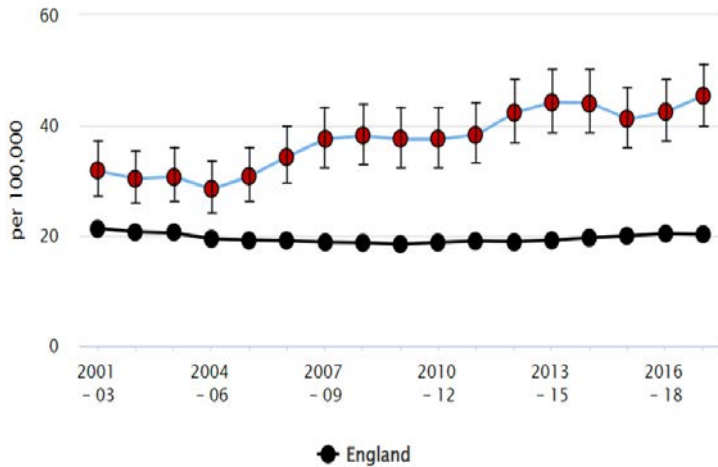
Like many places in England, the trend of improvement in life expectancy and healthy life expectancy has stalled in recent years in Hull. The average gap between Hull and England for these key indicators of population health are increasing. The charts above show the widening gap in average life expectancy between Hull and the England affecting both men and women in the city.

Just as importantly, in Hull poor health is more likely to occur at an earlier age and is the result of preventable diseases. Hull people spend more than a quarter of their lives in poor health (25 per cent for men and 29 per cent for women).

Respiratory Premature Mortality

Respiratory premature mortality contributes to overall premature mortality and in Hull, mortality rates from respiratory disease in Hull are twice as high as the England average. The rates in Hull are not only the highest in the region for 2017-19 (most recent available data), they are the highest by some margin and also the highest amongst our CIPFA nearest statistical neighbours (Local Authorities with similar socio-economic conditions).

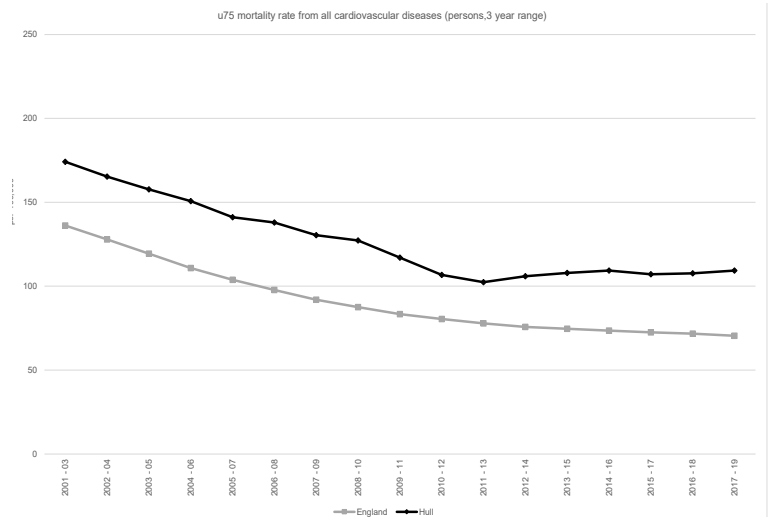
The chart below compares preventable mortality amongst people under 75 from respiratory disease over time (2001 – 2018). This has remained relatively stable nationally yet in Hull a worsening trend is very clear, by 2018 the rate in Hull is over 45 per 100,000 compared to 20 per 100,000 nationally. This means that people in Hull die at more than twice the rate of England of preventable respiratory disease. Much of this can be attributed to higher levels of tobacco use historically and currently. This stark, widening, inequality compels us to go further in our efforts to control tobacco use and make Hull a truly smoke free city. I will describe some of our focussed work on tobacco control later in my report.



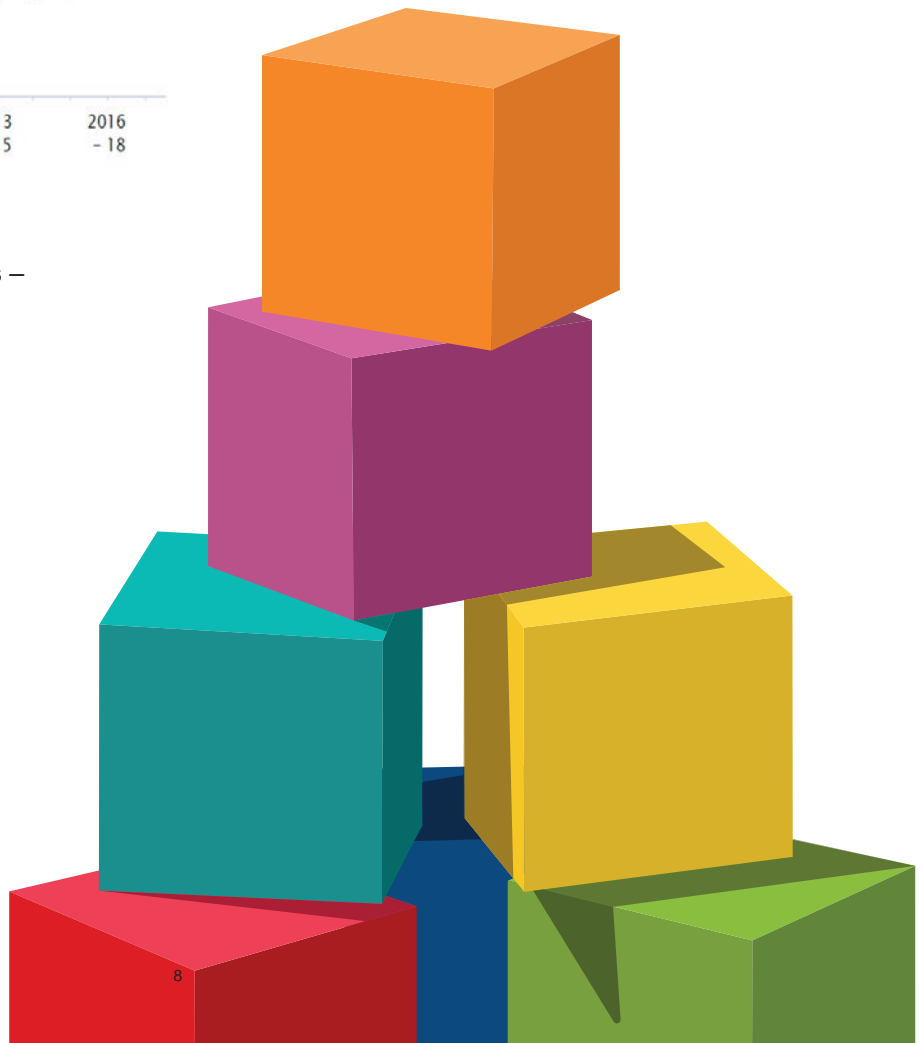
Office for Health Improvement & Disparities – Mortality Profiles

Premature Cardiovascular Mortality

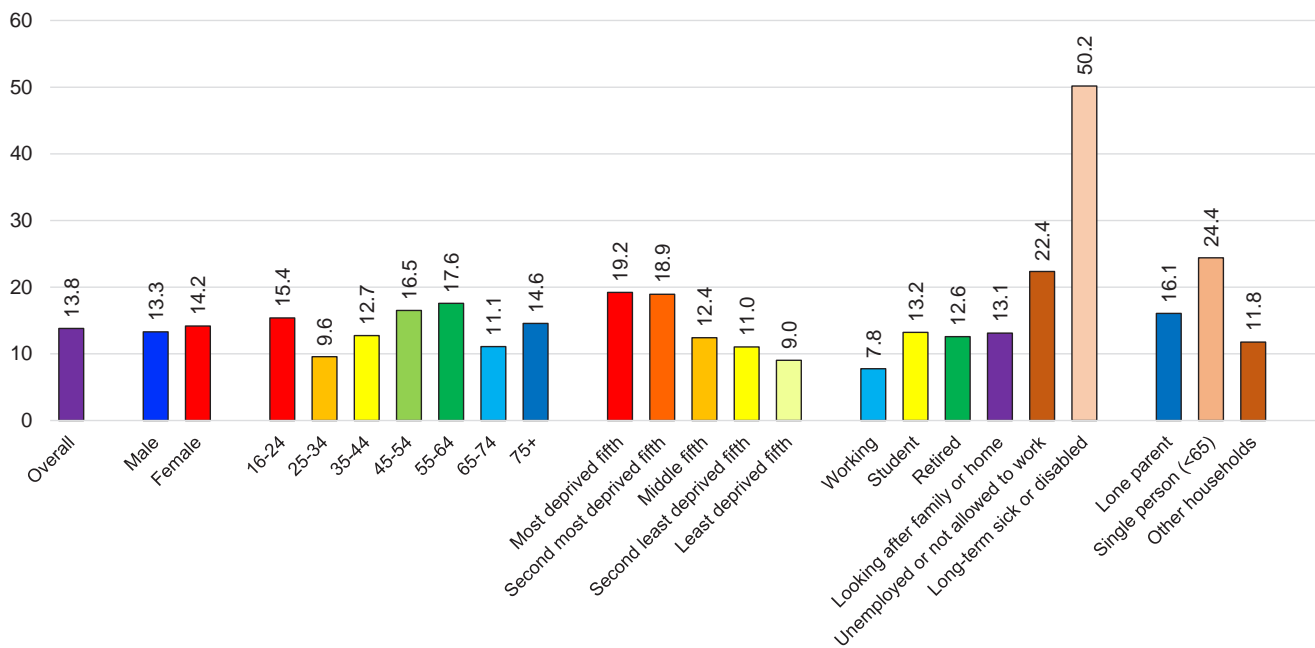
The premature mortality rates from cardiovascular disease in Hull are significantly higher than England and are the highest in the region for 2017-19. Of particular concern is the more recent trends which have seen a consistent gradual decline nationally in recent years and a small increase in premature cardiovascular mortality in Hull, indicating a growing inequality between Hull and England.



Office for Health Improvement & Disparities – Mortality Profiles



Low levels of satisfaction with life (%)



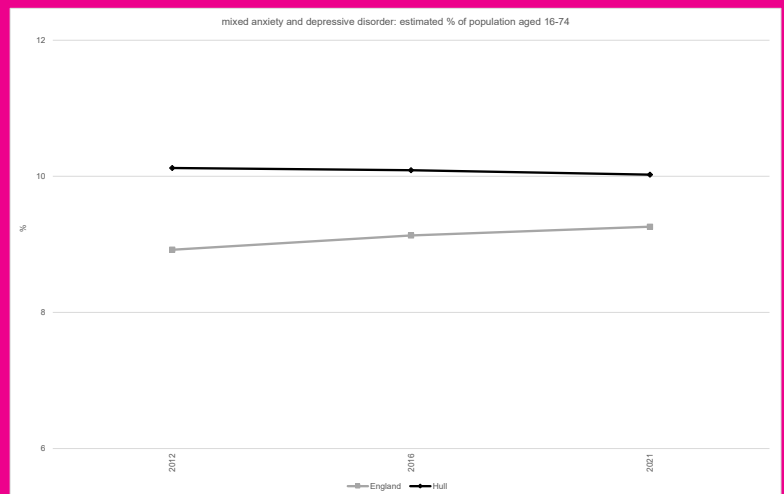
Mental Health

Mental health is fundamental to our collective and individual ability as humans to think, communicate with each other, earn a living, and enjoy life. We know that in Hull we have inequalities in wellbeing between our communities, with certain groups self-reporting poorer wellbeing. Our most recent Health and Wellbeing Survey identified that people living in the most deprived two-fifths of the city were twice as likely to report poorer mental wellbeing compared to people living in the least deprived fifth.

People who are unemployed and who lived alone also had some of the poorest self-reported outcomes, but the poorest self-reported outcomes were among those who were not working due to long-term illness or disability. Around 50 per cent of these groups had poor levels of satisfaction with life, with low levels of both feeling life was worthwhile and overall happiness..

In the national GP survey, Hull also had higher self-reported long term mental health problems, depression and anxiety than the England average – 11.3 per cent, 9.9 per cent and 13.9 per cent respectively. The Office for Health Improvements and Disparity estimates that in 2021, the percentage of Hull’s population aged 16-74 years estimated to have depressive episodes, generalised anxiety disorders, and mixed anxiety and depressive disorders is considerably higher than England being 39 per cent, 19 per cent and 8 per cent higher respectively.

Understanding prevalence of poor mental health can be challenging. However, regardless of the dataset we choose to look at we can see that mental health issues disproportionality affect our population and that we also have mental health and well-being inequalities between our communities. We also know that the mental and emotional wellbeing has been detrimentally affected for many adults and children due to COVID-19 and lockdowns. Society’s most vulnerable people are again considered to have been affected the most, further increasing the inequalities gap between both Hull and England, and within Hull.



Office for Health Improvement & Disparities – Mental Health Profiles

The inequalities described in this chapter are not inevitable, they are related to policy decisions and have been exacerbated by the recent COVID-19 pandemic and financial shocks. The cost-of-living crisis will push more of our families into fuel, food and financial poverty and we know that poverty has long term health consequences. For those who live in our most disadvantaged communities, there is a double jeopardy of inequality: far shorter lives spent in far poorer health.



4 Building Good health in Hull



In this section I will highlight some of the actions we are taking as a city to strengthen our building blocks for better health and wellbeing. They demonstrate a range of community, civic and service interventions which are making a real difference to people.

Poverty in Hull

We know that poverty is a causal factor for poorer health and is a key driver of health inequalities. There is also a clear and well understood correlation between deprivation and child poverty. The impact of poverty is amplified in our poorest neighbourhoods and requires systematic action and our focus on strengthening our building blocks needs to be targeted in the places in our city experiencing the greatest challenges.

	Hull	England
The proportion of Hull's small areas (LSOAs) in the most deprived fifth nationally	54%	
Gross disposable household income per head (2020)	£15,329	£21,962
Fuel poverty: the proportion of households estimated to be living in fuel poverty (2020)	20.8%	13.2%
Economic inactivity rate aged 16-64 (June 2022)	25.6%	21.2%

People are worried that they will not have enough money to get by, particularly over the winter period. This is likely to create stress and difficult choices around expenditure on food and heating. Hull will experience greater fuel and food poverty because we have higher pre-existing levels of poverty. People in Hull who previously 'just got by' are likely to be pushed into poverty and this will have consequences for the health and wellbeing of our city.

There are likely to be harmful changes in the way people spend money because of the rising cost of living. People are trying to spend less on essentials and borrowing more or using savings to cover daily costs. These changes will have a disproportionate impact – particularly burdening vulnerable groups.

Cost of Living Crisis response

The Council declared a cost of living crisis in the city in June 2022 with a call to action nationally and locally on support for households in greatest need, such as those in receipt of universal credit and those reliant on state pensions. The council has also established a Cost-of-Living Network to organise civic actions in support of those in need. There are six areas of focus to minimise where possible the impact of the cost-of-living crisis. The areas of focus are, food, fuel and energy, health, employment, money and debt and housing.

Examples of these practical steps include Hull's first council-supported Warm Space, which launched on October 24, 2022 at Jubilee Central – a local church and community space. The Winter Warmth Community Grants scheme also now offers grants to support residents to stay warm and well and is co-funded by donations from local companies Fortem and Efficiency North.

Poverty Truth Commission

Hull's Poverty Truth commission launched in October 2022 and brings together two groups of people – those with lived experience of struggling against poverty, and those that make decisions in business and civic life. Its aim is to find solutions that change lives and systems. The Poverty Truth approach is based on the principle of 'Nothing About Us, Without Us, Is for Us'. It is being used in Hull to empower local people with lived experience of poverty (Community Commissioners) to work with decision-makers (Civic and Business Commissioners) to create change. The process will last at least two years and is a model which often leads to future commissions to tackle new or different priorities.

Facilitators from charities in Hull are supporting the Community Commissioners to build a safe space where they can share their stories. At a recent launch event, participants talked about the issues they have faced and the barriers to getting help, and used art, music, and poetry to challenge stereotypes and perceptions. The audience of people from civic and business sectors took part in activities created by the Community Commissioners to explore the difficult and entrenched issues of poverty with the aim of leading to better decision making by the city's leaders. The project will now focus on bringing the Community Commissioners and Civic Commissioners together to build relationships and explore the local issues and priorities that Community Commissioners want to focus on.

Our Community Commissioners are telling us real and personal stories which show how life experiences contribute to poverty and health inequalities. These experiences include domestic violence and abuse, post-traumatic stress disorder and poor mental health, and disability. We are learning about the inter-connectedness of challenges and poverty, and the impact of starting points and early years on future experiences. We are seeing how systems that are not always set up to take trauma into account can prevent people from getting the help they need at an early stage, and how barriers are created in services that are not co-designed with the people that use them.

We must learn from the testimony of those affected to inform our strategies, our policies and our services as we seek to reduce the harms associated with poverty for our population now and in the future.

"A lot of the time though the systems are there, they just aren't influenced by people who lived experience. What we have definitely picked up already from the Poverty Truth Commission is that often services are there but accessing and navigating systems and services does appear to be the main barrier. They do exist, but they're not always joined up and they are not always trauma informed."

Pippa Robson – Deputy Chief Officer, Forum.

Housing

Housing is an important determinant of health and sub-standard housing is a cause of health inequalities. Ensuring people have good housing can help to delay or reduce a person's need for health and care services in the future and help them retain their independence, health, and wellbeing for longer.

	Hull	England
Proportion of working age learning disabled clients who are living in their own home as a proportion of all working-age learning disabled clients (2020/21)	78.3%	78.3%
Proportion of households assessed as homeless (2021/22)	14.8%	6.1%
Housing tenure: estimated proportion of houses which are privately or socially rented (2020)	51%	36%

Housing and health-related inequalities can be tackled by supporting people to remain in their homes. Improving housing conditions to keep people well at home can be achieved by; delivering warm home programmes; increasing energy efficiency in homes to lower running costs; and by improving housing standards, particularly in the private rented sector.

In the 2020 Chief Medical Officer's report on the health of coastal communities Chris Whitty and I considered Hull's housing context as a determinant of health with a specific focus on Houses of Multiple Occupancy (HMO). In the city there has been a significant rise in the number of House of HMOs. Of the 4,000 in Hull, around a quarter are subject to mandatory licensing by the authority (five or more unrelated persons sharing facilities). Many HMOs in the city are former family houses and Hull has a high percentage of Victorian terraced housing. The most common housing hazards found are in relation to excess cold, falls, damp and mould, fire safety, electrical and overcrowding. Evidence has shown that after 2013, several developers began creating HMOs outside of these areas particularly to create migrant worker accommodation and supported accommodation. Hull City Council has used planning powers (Article 4) to attempt to limit the increase of unregulated HMOs and works very closely with the Humberside Police to investigate concerns regarding modern slavery.

This increase in unregulated accommodation brings an additional financial burden to Hull, as many residents require additional support services to those with complex needs or who have complex needs and are considered high risk and/or vulnerable, to live, or adjust to living independently within the community. The Council has established a multi-disciplinary team to regulate this non-commissioned accommodation, using collective regulatory powers to address poor practice, including safeguarding matters and significant housing hazards and make improvements to services and support.



Prevention Focussed Housing Services

Housing is intrinsically linked with health and wider wellbeing issues. Nationally and locally, affordable housing is getting scarcer, which means that more people are at risk of living in overcrowded and substandard conditions because that is all they can afford. Consequently, we have a challenging housing and economic context for many people in our population. There is a key opportunity as a system to be more prevention focussed and ensure our response is comprehensive as well as providing integrated support.

In Hull, Tenancy Sustainment Officers support people to manage debts and arrears and stay in stable accommodation. They also support people struggling with mental health and substance misuse issues which can often impact on the stability of tenancies, creating further problems for individuals and families. Working with the Job Centre, this embedded working relationship has paid real dividends going forward in terms of being able to support people before their situation becomes problematic. This team now works across all council tenancies and there is also a dedicated housing sustainment team. Additionally, work is underway with the private rented sector and a new private rented sector access team has been established to work directly with landlords to secure and support people into tenancies.

Community-led Approaches

Hull's Neighbourhood and Housing Service ensure customers are at the heart of the service. It offers tenants and residents a range of engagement opportunities for consultation, involvement and transparency in the way services are developed. Residents living in our neighbourhoods know better than anyone the type of improvements needed in their homes and neighbourhoods.

The Tenant Participation Strategy ensures that citizens influence our strategy development and direct tenant lived experience informs our work. A great example of this is the co-produced 'Key to our Future' resource pack which was developed alongside active volunteers. The pack is built on the ambition of making improvements together with a real focus on the 'Stop Stigma in Social Housing' principles. It is a clear commitment to building mutual respect and a better future for housing and communities.

Children and Young People

A larger proportion of Hull's children grow up in poverty than the average in England which puts those exposed to poverty at greater risk of poor health and developmental challenges and at a disadvantage compared to their peers across the country. When compared with the England average, it's also the case that more of our children are looked-after and a greater proportion do not reach two-year developmental goals. The pandemic also impacted school attendance which is so important to child health. Placing a strong focus on supporting children and families during the early years and throughout childhood and adolescence is essential in building the health of our citizens.

	Hull	England
Proportion of children aged under 16 living in absolute low income families (2020/21)	28.2%	15.1%
Proportion of children not in education, employment or status not known (2021/22)	5.6%	15.1%
Proportion of children who received a 2-2.5 year review in the quarter who were at or above the expected level in all five areas of development (2021/22)	85.1%	80.9%
Proportion of children in Year R who are overweight or obese (2021/22)	28.2%	22.2%
Proportion of children in Year 6 who are overweight or obese (2021/22)	42.6%	37.7%
Number of looked after children per 10,000 under 18s (2021/22)	150	70
Proportion of children eligible for free-school meals (May 2022 Hull; Jan 2022 England)	31.7%	22.5%
Proportion of children who are totally or partially breastfed (2021/22)	34.2%	49.3%

The First 1001 days.

The Critical First 1001 Days is the period from conception to a child's second birthday. This is the time where the building blocks for lifelong emotional and physical health are laid down. More than one million new connections are forming every second in a baby's brain and the emotional bond or attachment between a baby and their primary care giver is critical to healthy development. That's why actively supporting families who are struggling in those early days is one of the most important things we can do to improve life chances for Hull's children.

Hull has been allocated additional funding aimed at the First 1001 Days through the national Family Hubs and Start for Life programme. This will enable us to transform our existing Children's Centres into a network of Family Hubs where families can access a wide range of services and support. We'll also be able to invest more in areas like:

- Infant feeding support
- Parent and infant mental health
- Parenting support
- Making sure people know what help is available
- Engaging with parents and carers to help design and improve our support for families
- Making it easier for families to access support when they need it.

Healthy Holidays

The Healthy Holidays programme is designed to provide free activities and healthy food through school holidays. It's open to all but especially aimed at families where money is tight, children and young people with special educational needs, young carers and those at key transition points.

The summer programme this year delivered 2,184 activity sessions over the six weeks of the holidays, which translated into over 58,000 participation opportunities across the city. These included swimming, multisports, gardening, cooking and many more. An outreach programme ensured that more children and young people found out about the offer and could get

involved.

Each year of the programme has seen the reach and coverage grow to the extent that sessions are now delivered across the city at different times to promote access for children and young people of all ages. The associated accessible resources encourage improvements in health and lifestyle for parents, carers, and young people.

Service feedback provided by parents and carers:

"This is such a brilliant thing. Thanks to all the associated organisations, coaches, and volunteers. We've enjoyed the sessions so much as always, made new friends, learnt new skills, and gained confidence. What a welcoming, friendly, and positive bunch you all are"

"Really impressed that you are offering this course, to arm our children with valuable water safety knowledge, especially at no cost. My daughter loves the course and can't wait till next week thanks to all your amazing staff x"

"Thank you so much I was so shocked at how great it was, and the pack lunch was great!!! All for free!! Thank you so much my children loved it! Really appreciate it xx"

Breastfeeding and Doula Volunteer programmes

Our Doula and Breastfeeding community programmes are fabulous examples of the support close to home available to families. The Doula service is delivered by our voluntary and community sector partners partners the Goodwin Trust and provides support to women and families during the antenatal period and up until the child is six weeks old and sometimes longer, dependant on need.

The service recruits and train volunteers, who are representative of the communities they support. Doulas help mothers and families access services available to them in the community and use an asset-based approach to lay the foundations to positive parenthood.

The Breast-Feeding Peer Support Service is based on the same community centred model, it recruits and trains volunteers to provide peer-to-peer breastfeeding support to women antenatally, postnatally or until the mother is confident to continue without further support.

The service can be accessed face to face, virtually, group based, over the telephone and out of hours. Through continuous promotion of breastfeeding through the city, we are raising awareness of the evidence-based benefits of breastfeeding and the service has been a key element of the improvement trend we have seen in breastfeeding across the city in recent years.



“We also help our community volunteers develop further. Volunteers are then supported with further training or if they’re not in employment we can support them into employment or further education or higher education. We focus on recruiting volunteers from our most deprived wards in the city, so the biggest impact is within those communities.

“Many volunteers that have gone through the Doula service over the years are now working in healthcare and they become champions of breastfeeding and bonding and attachment and the parental journey within the services that they work in such as midwifery and nursing.”

“Without this service I definitely wouldn’t be still breastfeeding today. Without your advice, home visits, pump hire and breastfeeding support groups, not only would I not have had the most amazing and beautiful bond personal to just me and baby, but I also wouldn’t have met some of the most fabulous friends I have. I still attend groups at Cups and Scoops and occasionally Manor Farm and you honestly couldn’t put a price on your volunteer’s advice and time.”

Debbie Akester Head of Service - Area & Neighbourhood Management, Neighbourhoods & Housing

Communities

Better Mental Health Programme - Work Well Service

Research shows that the cost of living crisis is having significant impacts on the mental health of those on low or insecure incomes or from deprived communities(7). It is estimated that up to 50 per cent of people with a debt problem also have a mental health diagnosis, and 20 per cent of people with a mental health problem are likely to have a debt problem(8).

Hull & East Yorkshire Mind are delivering Hull’s Work Well service to help individuals to improve their mental health, raise aspirations, and to achieve their personal goals. This includes supporting young people aged 16-24 into education, training, or employment and helping people of All ages who are already in work to improve their mental health and maintain their employment. The service also engages with local employers to help make mental health a priority in the workplace, by providing training and resources.

Hull & East Yorkshire Mind engage in a range of workplace settings to support organisations to raise awareness of the importance of mental health and wellbeing at work. The Workplace Employee Support Programme provides support to local businesses with mental health related training delivered to managers and employees. To help reduce health inequalities and improve mental health, individuals are supported



holistically to enable them to achieve their full potential and make positive/lasting change by encouraging, respecting, and empowering them.

Employee support is currently being delivered in eight businesses, mainly factories, providing employee access to an independent adviser on a confidential basis. This provides opportunities for the employee to discuss issues causing concern, stress or interfering with effective job performance or attendance. The Employment Support Advisor works with individuals on a one-to-one basis and provides appropriate wellbeing activities, stress management, coping strategies, time management and support to create a Wellness Action Plan.

Through workshops covering Stress Management, Mental Health and Employment Support Workers, individuals are encouraged to reflect on their own personal mental health journeys. Employees have received one-to-one drop-in support sessions at factories and workplaces in the city, with over a hundred individual one to one sessions delivered so far.

Employers have facilitated hundreds of managers and staff attending during their working hours. Those attending are increasingly seeking advice and support with a range of really important issues including bereavement, relationship problems, financial/debt concerns, issues regarding contact with children following relationship breakdown, suicide attempts and ideation, and mental health concerns.

Trauma Informed City

Trauma-informed practice is an approach to health and care interventions that is grounded in the understanding that trauma exposure can impact an individual’s neurological, biological, psychological and social development(9). Trauma informed care in the city is championed by Dr Lucy Chiddick, clinical lead for vulnerable groups. Here Lucy talks about our aspirations to truly become a Trauma Informed City:

“The aspiration to become a Trauma Informed City recognises the impact that Trauma can have on all our lives but also what we can do to help and heal. Environments and life experiences shape and evolve us. Without factors that support resilience in our lives, adverse experiences can cause trauma which in turn can detrimentally affect our lives leading to poor mental and physical health and wellbeing.

“We are at the very beginning of this journey in becoming a Trauma Informed City and in line with principles of Trauma Informed Care, the story is about co-production and learning together what it collectively means for us.

“We have clear examples of how this ambition is becoming a reality across all our business areas as our services across the city such as Early Help, our schools, our drug and alcohol and domestic abuse services all adopt the approach. In June this year The Hull Learning Partnership ‘Trauma Informed Schools’ Conference took place –showcasing some of the great work happening in schools across the city, to prevent disadvantage from defining destiny”.

Inclusion health groups are often those who may have increased and include people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

Inclusion health is a ‘catch-all’ term used to describe people who are socially excluded and experience multiple risk factors for poor health such as poverty, violence, and complex trauma. This can include people who experience homelessness, drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers, victims of modern slavery, refugees, asylum seekers, and undocumented migrants. These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes.

Hull Food Inequality Alliance

We have been committed to addressing food poverty in the city for several years. The Hull Food Partnership launched in 2016, and Hull became a Sustainable Food City in 2017. The Hull Food Charter was launched in June 2018. The Hull Food Inequality Alliance was initially established in September 2018. In 2019, Hull was awarded the Sustainable Food Places Bronze Award. Using the Hull Food Action Plan work is now underway towards gaining the Sustainable Food Places Silver Award. Our Food Action plan has explicit actions to help us address Food Poverty and is a key element of work of the partnership.

The partnership is a programme of work across all sectors to realise a vision of sustainable food for all. The Hull Food Inequality Alliance works within Hull Food Partnership to develop a city-wide approach to reducing levels of food poverty and food insecurity in the city. The alliance brings together people and organisations to tackle food poverty, diet-related ill health and to increase access to affordable healthy food. It also gives a voice for those experiencing food poverty and provides access to services that reduce financial stress.

Our community organisations ensure we understand the challenges facing some members of our community and inform the actions we take to mitigate the impact of poverty. Food poverty is a growing concern in the city, we know that Hull’s food banks are now seeing increasing numbers of ‘working people’ and groups who have not previously accessed their services. They have also reported that they are now seeing more people at crisis point, with no food whatsoever, who would have benefitted from support at a much earlier stage.

Youth organisations which provide food to young people (16-25 years), are concerned that fuel poverty is increasingly affecting young people with growing requests for food that does not need cooking as they can’t afford to buy electricity or gas to cook items like pasta.



5 Building Integrated Care Systems



“In our ICS the overall healthy lifespan for men and women compares well with the national average. However this is misleading. In a number of our communities and neighbourhoods the difference can be anything between 10-15 years. If the ICS stands for anything then it must be about addressing these stark inequalities.

“This is particularly the case in Hull which has some of the most vulnerable and deprived communities in the country. Our North Star is to improve the health and well-being of all our citizens so they are at least at the national average for healthy life expectancy. We are therefore totally committed to improving the health and quality of life of those people in Hull who need our services and support the most.”

Stephen Eames CBE, Chief Executive Officer for the Humber and North Yorkshire Health and Care Partnership

We can't talk about inequalities and the building blocks of health without highlighting the need to maximise the opportunities that the establishment of Integrated Care Systems (ICS) brings.

The Integrated Care Board (ICB) is a statutory organisation accountable for NHS spend and performance, and equal partner to local authorities in the Humber and North Yorkshire Health and Care Partnership. NHS organisations and commissioners in six local authority areas, including Hull, East Riding, North Lincolnshire, North East Lincolnshire, York and North Yorkshire have come together as an integrated care system to tackle two aims:

- improve population health and reduce health inequalities through sustained investment and:
- action on health inequalities in access, experience, and outcomes.

The council cannot solve these enormous challenges alone, which is why our partnership with the NHS other health and care providers, and a collaborative representing voluntary, community and social enterprise organisations is so important. When we are all thinking as a system, we can tackle tobacco use and heart disease – two of the major causes of earlier death in our poorest neighbourhoods – at scale. We can also combine resources to carefully act on our role as employers that provide high quality jobs and as institutions capable of reducing carbon emissions to address global warming.

"We have a lot to learn in the NHS from our response to COVID-19, but one thing is increasingly clear: multiple organisations rallying around a single aim is the way forward. Forget whose money it is, forget the glory, forget the complicated hierarchy of organisational silos...stop Covid.

If delivering healthcare services safely, efficiently and in line with the best evidence is at the heart of the NHS, the soul is supporting longer and healthier lives. As partners in the new Humber and North Yorkshire Health and Care Partnership we hope to fix the building blocks that have the biggest impact on health"

Jack Lewis, Consultant in Public Health working for the NHS Humber and North Yorkshire Integrated Care Board (ICB).

The voice of local public health in the ICB has been strengthened through the establishment of the Population Health and Prevention Executive and Director of Public representation at the Integrated Care Board and the Integrated Care Partnership.

Reducing Healthcare Inequalities

Core20PLUS5(10) is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population - the most deprived 20 per cent of the population as identified by the Indices of Multiple Deprivation - and now six focused clinical areas requiring accelerated action:

- Reducing tobacco harm
- Hypertension case finding
- Early cancer diagnosis
- Maternity
- Severe mental illness
- Chronic respiratory disease

The impact of this focus on Hull should be positive, as 55 per cent of the population of the city are in those 20 per cent most deprived areas. The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people.

In this chapter I have chosen three of the six areas to demonstrate how collective action, sustained and at-scale across the ICS, can make a difference alongside a focus on inclusion health.

Reducing Tobacco Harm

Tobacco addiction is the biggest driver of preventable early morbidity, health inequalities and premature death in Hull and across our ICS. The cost to the ICB in relation to health and social care, lost productivity and smoking related fires is £520.43m a year. The cost to individuals and their families is enormous. In his recent report Making Smoking Obsolete, Dr Javed Khan OBE said that smoking kills and ruin lives and it doesn't have to be like that.

Between 2017-19, we estimate that there were 1,501 preventable deaths to Hull residents caused by smoking and the highest mortality rate (420 deaths per 100,000 population aged 35+ years) among the 150 English upper-tier local authorities. This was more than twice as high as England (202 deaths per 100,000 population aged 35+ years). For many of those that died prematurely they will have had many years with life limiting conditions caused by tobacco use.

There is a strong evidence base to demonstrate the effectiveness of regional tobacco control delivery in reducing smoking rates. Localities can achieve greater impact and return on investment by working together at a regional level and having an overarching collaborative programme in place to enhance local delivery.

The FRESH Tobacco Control Partnership in the North East of England has made real progress on reducing smoking rates and mortality rates from smoking related illnesses. By working together at scale since 2005, they

	Hull	England
Adult Smoking Prevalence (2020)	17.2%	12.1%
Smoking In Pregnancy (2021/22)	17.5%	9.1%
Lung cancer deaths per 100,000 residents (2020)	90.7%	49.6
Smoking attributable mortality rate per 100,000 residents (2017-2019)	419.7	202.2
The estimated amount spent on tobacco per year per smoker (2022)	£1945	
The estimated cost to Hull each year from smoking (2022)	£12,000,000	

have seen the fastest decline in smoking of any region although they have similar levels of deprivation to Hull .

Breathe 2025 is the Yorkshire and Humber collaborative programme for local action on tobacco harm to 'End Smoking Together' to eliminate the harms caused by tobacco. Breathe works together on ten high impact actions in which local areas can continue to drive down smoking prevalence in their communities and reduce the many health, social and economic costs of smoking. The approach was included as a case study in the independent review by Dr Javed Khan(11) into the governments ambition to Make England smoke free by 2030.

In 2022, a long-standing ambition to develop a centre of excellence in tobacco control in Hull, Humber and the North began to come to fruition, through the commitment of regional colleagues in HNY local authorities and the regional Office Health Improvement and Disparities (OHID), the support of the HNY Integrated Care Board and the longstanding relationship with ASH. The board allocated an additional £1m over the next two years to expand our HNY tobacco control programme based on FRESH and Breathe 2025.

National charity ASH have been funded by NHS England to work with HNY ICB for six months on the discovery and development stage of the project, alongside senior public health colleagues from local authorities. The output of working with ASH will benefit HNY ICB through policy and strategy development and will benefit ASH through an opportunity to test and refine principles for regional collaboration and inform published national policy, sharing best practice with other ICBs.

Cardio Vascular Disease and Respiratory Disease

In Humber and North Yorkshire, up to 50 per cent of the life expectancy gap between our most and least deprived areas is due to cardiovascular and respiratory issues.

Cardiovascular disease describes disease of the heart and blood vessels caused by the process of atherosclerosis and is one of the leading causes of death in England. It is recognised that cardiovascular disease causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas

Humber and North Yorkshire ICB serves a population of approximately 1.7 million individuals, across 1,500 square miles, and whilst there are some of the most deprived Lower Layer Super Output Areas in the country in the ICB footprint, there are also some of the least deprived; the inference being that there will be significant inequalities experienced by the population that we serve.

Recognising that health outcomes are not experienced equally across the ICB footprint, the Population Health and Prevention Executive has taken the appropriate but brave decision to seek to allocate some additional funds to improve our cardiovascular disease prevention work across the ICB, based on evidence of need. The aim is to use this additional funding to close the gap between the estimated and actual number of people diagnosed with conditions that are risk factors for cardiovascular disease and treat them in the most appropriate way. We want to level up across the ICB to level up across the ICB in terms of the identification and management of the risk factors for cardiovascular disease and to build links with other relevant prevention work streams such as tobacco, obesity, alcohol and NHS health checks.

Targeted Lung Health Check Programme

Hull successfully piloted a Targeted Lung Health Check Programme that will become part of the national Lung Cancer Screening Programme which invites people aged 55 and over that smoke or have ever smoked to have their lungs checked for early signs of illness so that treatment can be given earlier. This was developed and delivered as a partnership between the NHS and the local system and was commenced in Hull, recognising the higher levels of smoking amongst adults. While this has been steadily reducing, there are still a lot of people who have smoked at some point in their lives and are potentially at risk of lung cancer.

The programme began in the more deprived areas of the city, where smoking rates have been higher, and worked closely with General Practice to ensure that the right people were offered the chance to benefit from the assessment, and recognising that this was an opportunity not to be missed the local Specialist Stop Smoking Service were included as part of the offer that would be made through the mobile assessment units.

The Targeted Lung Health Checks Programme has identified cancers earlier than would have been expected otherwise, and not all of these have been lung cancers. Earlier diagnosis leads to better outcomes, including cures. It has also led to the expansion of the specialist surgical team at Hull University Teaching Hospitals as more of the cancers that have been diagnosed are able to be removed surgically.

Healthy Hearts Programme

High quality integrated Neighbourhood Teams are being seen as the cornerstone of prevention and early intervention. Our Care in the Community approach aims to reduce morbidity and mortality by building teams around individuals and communities to provide more effective care and support.

Analysing person-level data on physiological, psychological, and social factors gives us a common understanding of risk factors that drive ill health and poor outcomes in our population groups. This population health management approach allows us to identify people

we can target with preventive health services to reduce the risk of ill health.

The Healthy Hearts Programme aims to identify and treat people with raised blood pressure to reduce risks of cardiovascular events such as heart disease and strokes. This is really important as there are thought to be 30,000 people in Hull unaware of their high blood pressure which places them at greater risk of cardiovascular disease. Through targeting preventive services and engaging higher risk individuals in preventive treatment and support we can close the gap and reduce the inequality in cardiovascular related health outcomes in Hull.

Primary Care Networks and Community Pharmacies are already actively identifying those who may not know their blood pressure, and new innovative approaches are being planned and implemented through Optometrists and Dental Training Practices in deprived communities. NHS England has set a target to identify at least 80 per cent of those thought to have hypertension; the local system is on target to achieve this, with most Primary Care Networks close to the target and some exceeding it.



6 An Inequalities Framework for Hull

As Director of Public Health, it is my responsibility to amplify the inequalities and health issues facing the City and through that voice seek action in Hull, through our integrated system and at regional and national level. For the people of Hull it is now critical that we collectively work at pace and scale and on a sustainable basis to implement this framework. We equally need to work in a targeted way to meet the further needs of vulnerable communities experiencing multiple disadvantage.

This particular focus on joint working across the interfaces between the civic, service and community sectors is needed to ensure each of these elements individually have the potential to reduce inequalities at population scale. These three levels of interventions, based on the Place Based Approaches to Health Inequalities(12), bring together the important constituent elements which together drive effective place-based working.

- Civic interventions have the greatest reach of any intervention and therefore are an extremely powerful component of place-based action to reduce inequalities
- Services are able to achieve significant outcomes due to their direct impact with individuals - they must, however, be delivered with system, scale and in a sustainable way, and calibrated to deliver further and faster to the most disadvantaged communities
- Community-centred contributions hold unique potential in reducing health inequalities particularly building on the assets, skills, knowledge and social connections

Overlaying this the building blocks for health, as described in this report, offer us a structured way to consider where our efforts, resources and action is happening and where it needs to be enhanced further. The model below offers our local system an emergent framework for local action built on evidence.

Our Health Inequalities Framework

This framework proposes that in building on a bedrock of strong leadership and sustainable resources we ensure that we address the building blocks for health, systematically addressing each of the three levels of interventions outlined above and ensuring the whole system is aligned.

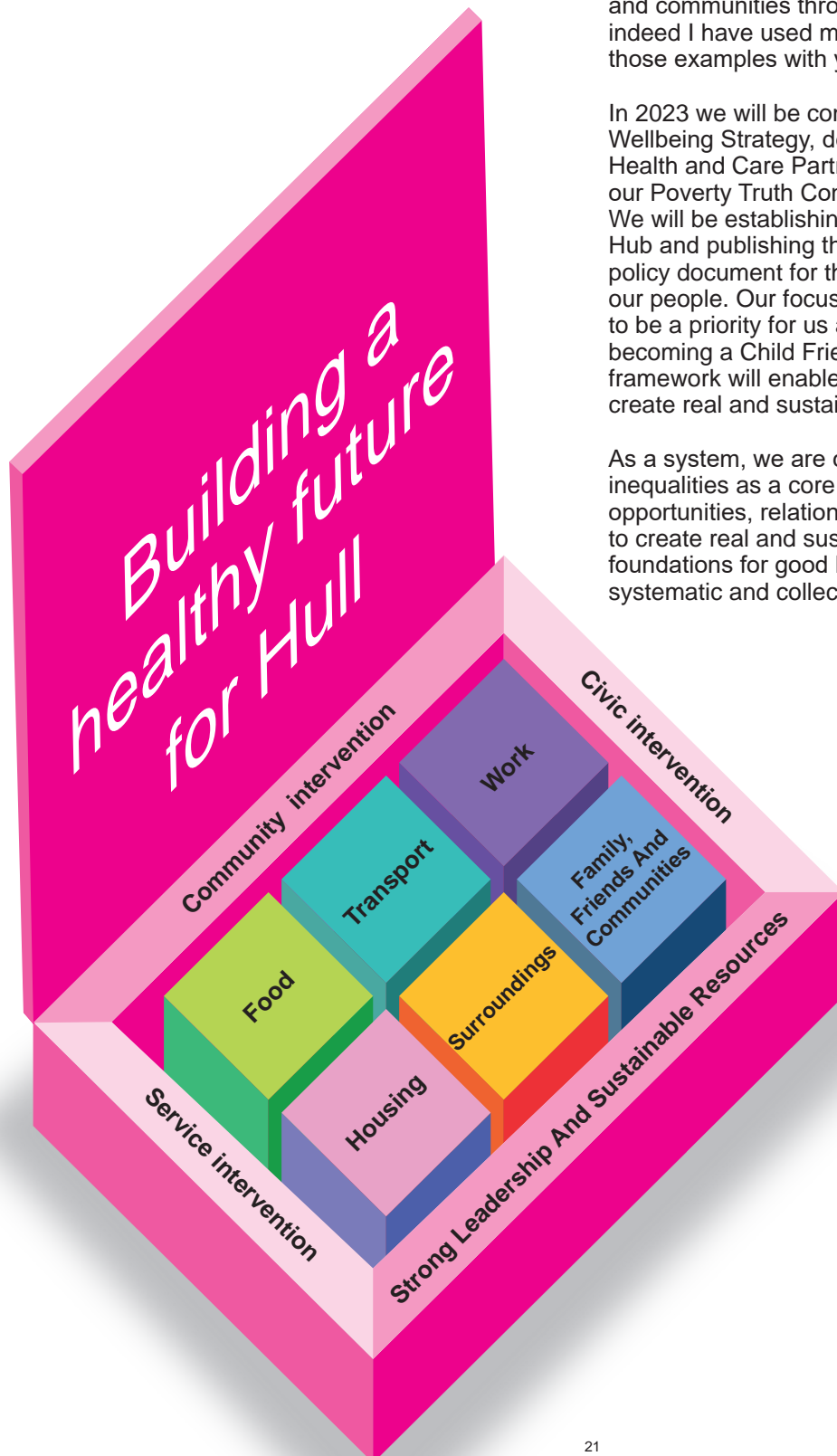
While adopting an inequalities framework for Hull we must remain mindful of the importance of our collective place based leadership and the importance of:

- A clear vision and strategy
- Develop knowledge skills and capability through Hull's Health Inequalities Innovation Hub
- Effective system leadership and accountability to amplify Hull's voice
- Using data and evidence systematically
- Sustained targeted and coherent investment in reducing inequalities
- Comprehensive engagement and magnifying the community and citizen voice

There are some really good examples of where we are making a difference to the lives of individuals, families and communities through our collective action and, indeed I have used my report this year to share some of those examples with you.

In 2023 we will be continuing to deliver our Health and Wellbeing Strategy, developing and strengthening the Health and Care Partnership and using the learning from our Poverty Truth Commission to influence future policy. We will be establishing the Health Inequalities Innovation Hub and publishing the Hull Community Strategy, a policy document for the City developed with and for our people. Our focus on best start in life will continue to be a priority for us as we move towards our goal of becoming a Child Friendly City. Adopting our inequalities framework will enable us to move further and faster to create real and sustainable change.

As a system, we are collectively committed to tackling inequalities as a core priority and that we use the opportunities, relationships and resources we have to create real and sustainable action to create the foundations for good health through sustained, systematic and collective action.



7 Acknowledgements

Over the last 10 years I have been astounded and humbled by the collective passion and efforts of all my partners in our endeavours to promote Hull as an amazing city, seeking additional resources to achieve our ambitions whilst challenging regional and national decision-makers to see that investment in our growth is good for Hull, for the region and for England.

I want to say an enormous thank you for supporting me as your Director in Public Health.

There are those who have specifically supported me in developing this report and I wanted to thank you personally. So here goes.

Matt Greensmith, Ali Patey, Des Cooper, Sally Barlow, Helen Christmas, Hannah Scorer, Iain Musgrave, Dr James Crick, Helen Christmas

I would also like to thank Matt Fawcett for his engagement work and collecting the stories and quotes from the colleagues below that lead innovative and inspiring programmes of work.

Stephen Eames CBE, Jack Lewis, Ria Toutonzi, Debbie Akester, Dr Lucy Chidwick, Pippa Robson, Jason Goforth



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