

TOGETHER WE CAN

**PUBLIC HEALTH
ENEMY #1** P10
**TRUTH TO
POWER** P14
**TACKLING
SOCIAL
INCLUSION** P17



CONTENTS

Health inequalities in numbers	4-5
Double jeopardy faced by Hull's most-disadvantaged communities.	
Hull Together	6-9
The city's public health leaders on the importance of collaboration; plus collective action through the Community Plan.	
Tobacco	10-13
Hull's public health enemy #1; plus former smoker Rosemary on why it's so important to try, try... and try again.	
Poverty Truth Commission	14-16
The team speaking truth to power who say 'nothing about us, without us, is for us. Plus, community anonymous commissioner Participant X describes what it's really like to live with disability and poverty.	
The Peel Project	17-20
The growing initiative in one of Hull's most deprived areas that's bridging the gap between BAME communities and services.	
Welcome House	21
Voluntary-sector support for asylum seekers and refugees.	
Start for Life	22-25
A healthy start for 0-2 year olds and their families. Plus, parents at a Family Hub baby and toddler session describe how it's much more than 'just' a play group.	
Care at Home	26-29
Pilot scheme brings adult social care and GP health services together in one visit.	
Collective leadership	30
By Julia Weldon, Director of Public Health.	
Acknowledgements	31

10-13



17-20



14-16



WELCOME TO THE 2023 DPH REPORT

In 2022, the question was posed in my DPH report, in reference to Hull's health inequalities, Where Are We Now? The obvious answer, of course, is Hull - unique in spirit, in strength and in the diverse challenges faced by people in our communities every day.



High on the UK deprivation index, with complex issues impacting health outcomes for many in our communities in Hull – not least a 10-year difference in life expectancy across different areas of our city - our approach is to put people first.

In 2023, we have looked at the ongoing and important work being done to address those inequities - its successes, its pressures and the impact of that work.

In this report, we'll be looking at the health inequalities evident in Hull, as shown by the data on pages 4-5.

But we'll also go behind the data, to explore what it really means for people in our communities; as well as what really needs to change to encourage a positive impact on the lives of them and their loved ones.

We can only do that by listening to the real experts – our residents who are experiencing health inequalities arising from poverty, social exclusion, disability or physical and mental health issues first hand.

Our voluntary sector is an equal partner; and community interventions are a mainstay of the Inequalities Framework.

We'll be looking at the invaluable work done in partnership with - and by - the city's voluntary and community sector, with a particular focus on the Poverty Truth Commission, Family Hubs and Care At Home.

We'll also look at Humber and North Yorkshire's Centre of Excellence for Tobacco Control and some of the community projects already working to address health inequalities, with the aim of redressing the balance and promoting social inclusion.

Together, we can.

Julia Weldon
Director of Public Health
Hull City Council

21



I wanted to dedicate this years annual report to my friend and colleague Mark Jones MBE who died in September 2023. Mark's incredible dedication and leadership in creating a fair and inclusive economy will continue to provide a positive legacy for the people of Hull for many years to come. We miss you my friend and we promise to continue the fight.

HEALTH INEQUALITIES IN NUMBERS

Double jeopardy faced by Hull's most disadvantaged communities: far shorter lives in far poorer health

In our report this year, Hull's public health intelligence team has focused on a selection of public-facing health and wellbeing indicators that demonstrate the level of inequality faced in the city when compared to similar local authorities – Hull's 'nearest neighbours'.

This approach follows the 2022 report, which looked at the differences between Hull and the national picture. Hull's Joint Strategic Needs Assessment [JSNA] is a valuable resource for exploring the inequalities picture in Hull further and can be found at hulljsna.com

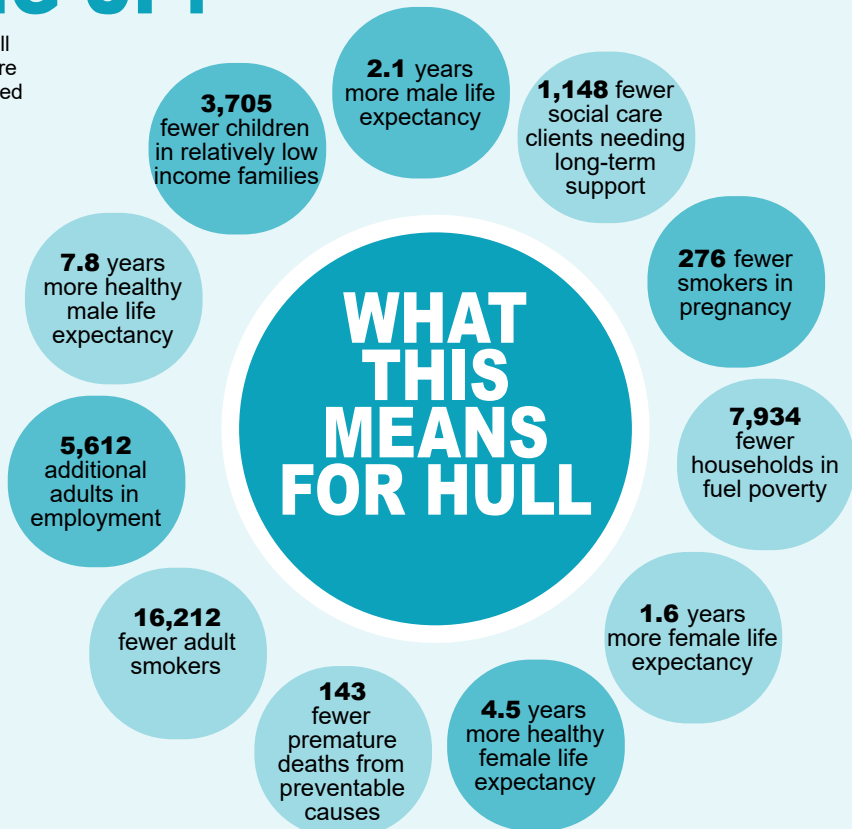
The aim is to highlight the stepped change Hull must make to close the inequalities gap with the national average and to make our city the best among its peers for these key outcomes. Importantly, it reinforces the call to partners for urgent and meaningful collective action.

The indicators presented here show how inequalities in health impact on outcomes for our residents throughout life. These inequalities impact on the quality of life and life expectancy of Hull's residents, more data and narrative is available in our JSNA and in the Government's Office for Health Improvement and Disparities (OHID) Fingertips website. The indicators presented here have been chosen to demonstrate overarching health outcomes, like life expectancy, and to give an overview of the current position in Hull (in a similar way to the 'Marmot Indicators' used in Hull's 2014 DPH annual report).

Almost all inequalities experienced by people in Hull will contribute to the life expectancy indicator, which currently estimates that our residents will live for two years (females) / 1.6 years (males) less than our best-comparing authority, and three years (females) / four years (males) less than England overall.

LEVELLING UP?

This infographic shows us what Hull would look like, if overnight, we were to be the same as our highest ranked comparator local authority



Please note, figures are based on estimates

For many of the highlighted metrics, Hull residents experience poorer outcomes than our best comparator authority, which reinforces the inequalities messages presented in 2022's DPH report.

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. These circumstances have pushed 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.

Explaining the data

The data is presented here in two ways: by comparing the rates or levels of each outcome, such as life expectancy; and by quantifying that difference to illustrate the number of people in Hull who would live longer, or smoke less, for example, if Hull was to achieve the same rate as our best comparator authority.

What is the 'nearest neighbours' model?

The CIPFA Nearest Neighbours model uses 40 socioeconomic indicators to identify similar local authorities, based on population demographics. OHID uses this model to allow comparisons between local authorities in its Public Health Outcomes Framework.

Hull's comparator local authorities are:

- Blackburn with Darwen
- Bolton
- Derby
- Gateshead
- Halton
- Liverpool
- Middlesbrough
- Newcastle upon Tyne
- Rochdale
- Salford
- Sandwell
- Stoke on Trent
- Sunderland
- Wolverhampton.

For more details, visit: hulljsna.com
fingertips.phe.org.uk
<https://www.cipfa.org/services/cipfastats/nearest-neighbour-model>

HOW INEQUALITIES SHAPE OUR OUTCOMES IN HULL

Hull	Indicator	Best Comparator
75.6	Male life expectancy at birth (years)	77.7
80	Female life expectancy at birth (years)	81.6
53.8	Male healthy life expectancy at birth (years)	61.6
57.9	Female healthy life expectancy at birth (years)	62.4
286	Premature mortality from preventable causes (rate per 100,000)	220.7
28.2	Children (under 16s) in relatively low income families (%)	21.2
65	School readiness: children achieving good level of development at end of reception (%)	65
71.5	Employment rate, aged 16-64	74.8
17.5	Pregnant mothers smoking at the time of delivery (%)	9
18.9	Adult smoking prevalence (%)	13.2
19.9	Proportion of households in fuel poverty (%)	13.2
6,930	Clients accessing long-term care aged 65+ (rate per 100,000 aged 65+)	4,010

KEY

- ▲ Rate is higher than [Best Comparator/Hull]
- ◀▶ Rate is equal to [Best Comparator/Hull]
- ▼ Rate is lower than [Best Comparator/Hull]

HULL TOGETHER

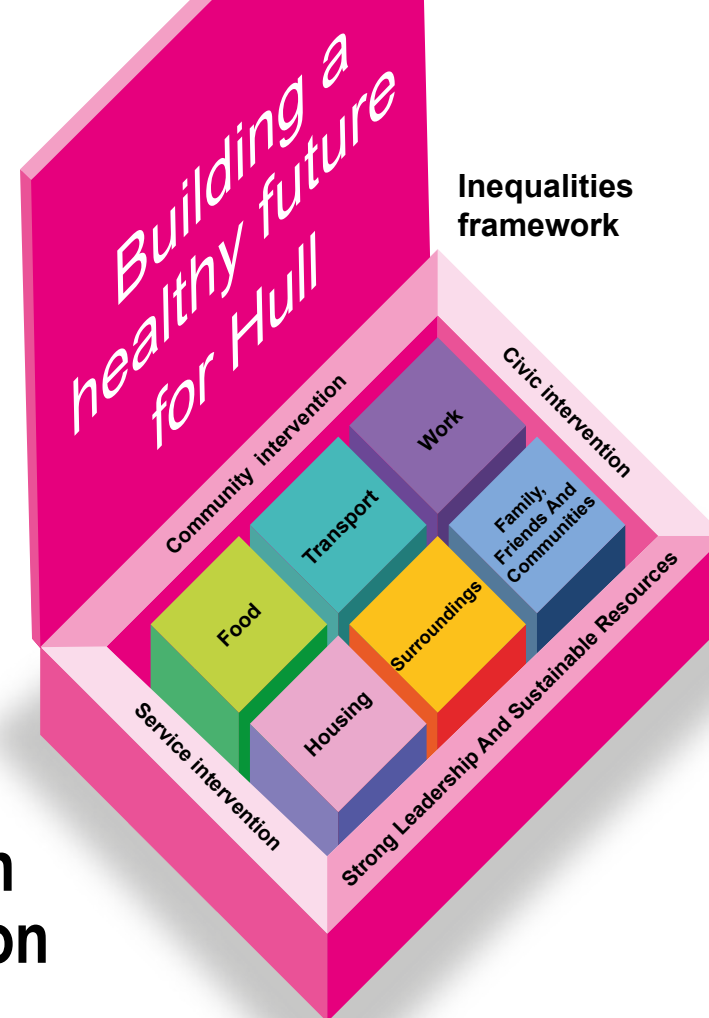
Hull's public health leaders on the importance of collaboration

Last year's report offered an inequalities framework for the city. It set out the importance of sustainable concerted efforts to address inequalities at civic, community and service level, and emphasised the importance of the essential building blocks to good health.

Julia Weldon, Director of Public Health, says: "This year's annual report is an opportunity for us to continue the conversation, review our application of the framework, highlight some of the new opportunities for collaboration and share some of the programmes of work having a positive impact in our city through the voices of those leading and shaping those programmes.

"It's been a year of change and challenge and one where public health values and approaches are becoming the leading voice for change. The strongest example of this is the development of our Community Plan 2024-2034, which builds on our commitment to focus on the building blocks for health. The Community Plan is a really good example of how a civic intervention - led by public health - has enormous potential to turn the curve on inequalities, align action and build public health."

Agreed at full council in November



2023 with cross-party support, the Community Plan sets out a shared vision for Hull for the next 10 years. Developed with partners across the city and based on engagement with residents, the plan sets out a series of six ambitions based on the things that matter most to local people.

These are: safe and welcoming neighbourhoods; a healthier and fairer Hull; reaching our potential; economic growth that works for all; responding to the climate and nature emergency; our culture, our heritage, our city.

Matt Jukes, CEO of Hull City Council, says: "This is a plan for the city, for public health and wellbeing, and for sustainable, fair and inclusive economic growth. It is a plan led by our Director of Public Health, in partnership with the people of Hull, and I'm proud to be a part of this shared vision for the city. With everyone working together to deliver on its priorities, we can move toward a fairer and more inclusive economy."

Alison Patey, assistant director of public health, says: "Health inequalities are really complex. We've got to intervene at different levels - civic, community and service - to have a sustained, lasting impact and meaningful change. Without all three in place, change won't

happen. We've tried to reorient [the system] through Health and Inequalities funding, and the establishment of Community Grants.

"When we talk about the building blocks of health in terms of inequalities, we are describing the fundamental things that need to be in place for people to thrive - the conditions in which they are born, grow, live, work and age. Everybody understands the importance of those building blocks - food, transport, work, housing, surroundings, and family, friends and community.

"For far too many people in Hull, for all sorts of reasons, the foundations of good health have been eroded. The way we've presented the steps makes it much clearer we all have a part to play. We want to see every organisation becoming a public health organisation."

Today, meaningful engagement and collaboration with communities, civic leaders and services are enthusing leaders across all sectors. And the impact of this shared ambition to make a real difference in Hull, one 'building block' at a time, is becoming clearly visible.

These pages include examples of Hull projects that illustrate interventions in health inequalities at civic, community and service level, as well as via social

inclusion and community cohesion. The Centre of Excellence for Tobacco Control (see pages 10-13) and Poverty Truth Commission (see pages 14-16) are already operating at civic, service and community level, while The Peel Project (see pages 17-20), Start For Life (see pages 22-25) and Care at Home (see pages 26-29) are currently running at service and community level, working toward civic level.

you live determines how well you live and how long you live. These inequalities are not inevitable and must be challenged at every level. We need to be clear that when we make decisions about structural determinants like economic and social policies that affect pay, working conditions, housing and education they can positively and negatively impact the whole life course. We don't have to accept

tangible difference. The proximity of working locally and having that accountability to citizens is really important to me. It's energising, powerful and challenging."

'Hull gets into your heart'

"Hull takes its civic responsibility very seriously," says Julia. "People hold us to account really strongly here. You feel accountable and you feel it every day - it's just part of the way that Hull gets into your heart and also takes you to its heart, too.

"What's different about Hull is its ambition. It's an amazing place to live and work - a place that's really ambitious for its people and is willing to advocate for them. We're clear about what we want in our ask, we're not afraid to do things differently and be innovative, but the thing that is most important is the spirit of the people who live here in Hull."

'A place that makes things happen'

Alison agrees: "Hull is a city that has drive and ideas, and makes things happen. Hull is prepared to take some risks and do things a bit differently. It brings real professional impact and that brings space to grow professionally, and deliver on programmes of work that you know people in Hull value. For example, during the COVID-19 pandemic, we developed new ways of working,



Alison Patey, left, and Julia Weldon

'Fire in the belly'

Julia Weldon is now in her eleventh year as Director of Public Health for Hull, with many more years of experience in other leading public health roles across the North of England, and on national advisory boards on inequalities, Julia, her team and partners have developed meaningful policies with real impact across the city and beyond.

Integral to those policies are a strong personal belief that everyone should be able to lead healthy, fulfilled and happy lives.

"My fire in the belly comes from a very young age and seeing and learning about the injustice that exists around us," says Julia. "I had a fabulous history teacher who brought to life our social history and made me determined to make sure I fought for a more equal and fairer future for everyone." Julia began her career in nursing in Wakefield before specialising in public health. "It comes from a strong belief that it is unjust and unfair that where

injustice; we can work to improve things."

Assistant DPH Alison Patey has worked in public health at local, national and European levels and established a national independent inquiry into inequalities in the North of England. Originally from Cambridgeshire, it was through volunteering at community and addiction projects in Sunderland as a student that Alison saw the effects of health inequalities in communities first hand. It also highlighted the stark realities of the North-South divide. "I'd never seen people having to manage life in a way that was different from mine. That experience fundamentally shaped me and I have carried this through my personal and professional life."

Three decades on, having switched national policy roles for Hull advocacy, that passion is a flame that still burns bright. "My core value is justice," she says. "In coming to Hull over six years ago I needed to be back where I could make a real



we developed the Poverty Truth Commission, and we established the Health and Inequalities Innovation Hub – which brought health, academic, ICB and regional players together. Together, we want to make Hull a place where people can ‘do’.

“Hull stands out from other places because we dig deep, we’re resilient and can manage through real challenges - health, jobs, regeneration. As a city, Hull needs to get better at demanding the right support and freedom at the right time. It’s entitled to support and needs to call on that with gusto – speaking to national government has to be central to that and an integral part of the solution to some of these big issues that we’re facing.”

Together we can

Hull’s new Community Plan will shape the city for the next decade. During an extensive consultation process, 2,800 people, including 500 participants from the voluntary and community sector (VCS), responded to a survey and other engagement asking for their views on what Hull’s future should look like. Forum, a VCS umbrella organisation, coordinated conversations with people from 32 organisations belonging to a cross-section of Hull’s voluntary and community groups, from those helping Hull’s young people,

people dealing with food insecurity, marginalised communities and other areas of community development.

A 10-year vision

The six priorities are:

- safe and welcoming neighbourhoods
- a healthier and fairer Hull
- reaching potential
- economic growth that works for all
- responding to the climate emergency
- ‘our culture, our heritage, our city.’

It also commits to:

- Engaging all residents and communities
- Strong, united leadership committed to improving outcomes
- A focus on inclusion.

Jason Stamp, CEO of Forum, says: “We know that Hull is fourth on the indices of multiple deprivation; almost one-quarter of households live in fuel poverty. The Community Plan is about shared visions and shared aspirations, and we have a real opportunity to make a difference here. As a sector, we’re incredibly flexible and agile. We invited

community groups together to think about the great work that is being done today - and the great work that can be done tomorrow.”

In a nutshell, he says, health inequalities are – and should continue to be - everybody’s business. Hull’s public sector and VCS must continue to work together to fully understand the needs and challenges of the most vulnerable people in the city – and to nurture the effective interventions that are a mainstay of the inequalities framework.

“Health and inequality shape everything in our city,” Jason says. “That should drive us – in how we recruit our workforce, in investment and in business.

“Unlocking the potential of the community assets that we already have in Hull is essential – groups are already supporting our most-deprived communities with their most basic needs because of struggles with poverty, loneliness, accessibility and social exclusion. It has been incredibly important for the VCS to lead on the engagement of the Community Plan. Detailed understanding of our different communities and their needs is vital for Hull to take steps toward levelling up.”

<https://www.hull.gov.uk/downloads/file/1838/the-community-plan>



Community Plan partners

The Community Plan 10-year vision for Hull was developed with residents, community groups and partners, who took part in discussion groups, surveys, committees, stakeholder events and attended presentations, with thanks from Hull City Council. There will be more opportunities to shape the future of the Community Plan through development and delivery. Organisations that have taken part to date include:

- 3Cs Yap 'n' Yarn
- Active Humber
- Active Stroke Group
- Age UK
- Alzheimer’s Society
- BAMEEN
- Berkeley St Mosque
- Better Together Partnership
- Bodmin Church
- Bora Shabaa Refugee Community
- CHCP CISS
- Carnegie Heritage Centre
- Citizens Advice Hull & East Riding
- City Health Care Partnership CIC
- Cooperation Hull
- Cornerhouse
- EMS Ltd
- Fitmums and Friends
- Forum
- Ground / WeAreHere
- Hessle Road Network
- HEY LEP
- Hon Lok Senior Association
- HU4 Community Trust
- Hull & East Riding Probation Service
- Hull & East Yorkshire Back Care
- Hull & East Yorkshire
- Centre for the Deaf
- Hull 4 Heroes
- Hull Afro Caribbean Association (HACA)
- Hull CVS
- Hull Churches Home From Hospital Service
- Hull College
- Hull Food Partnership
- Hull for Heroes
- Hull Minster
- Hull Mosque and Islamic centre
- Hull University Teaching
- Hospitals NHS Trust
- Hull Vineyard
- Hull’s Area Committees
- Humber All Nations Alliance (HANA)
- Humber and North Yorkshire Integrated Care Board
- Humber Community
- Advice Service (HCAS)
- Humber Teaching NHS Foundation Trust
- Humberside Fire and Rescue Service
- Humberside Police
- Jubilee Church
- Knit & Natter, The Bank
- Lonsdale Community Centre
- Matthew’s Hub
- Men In Sheds
- Modality Partnership (Hull)
- NHS North Yorkshire CCG
- Outkast Panda Crew CIC
- PAUL For Brain Recovery
- Pickering & Ferens Homes
- Police and Crime Commissioner
- PROBE
- Rainbow Community Garden - North Hull
- Redwood Glades Stroke Group
- Refugee Council New Roots
- Sight Support
- Solidarity Hull CIC
- St Johns Rosmead St
- St Michael’s Youth Project
- Teeth Team / H6YCU / Arthink / wemadethishull
- The Humber Social Impact Network
- The Learning Partnership
- The Peel Project
- Thrive Co-operative Learning Trust
- Together Women
- Two Ridings
- Unity In Community
- University of Hull
- Welcome House
- West Hull Community Hub
- Welcome to English
- Yap & Yarn, Bransholme
- Yorkshire Ambulance Service
- NHS Trust
- Youth Aspire Connect

Hull’s VCS at a Community Plan engagement event



1:1 support at the SmokeFree Hull service



Scott Crosby



TOBACCO: HULL'S PUBLIC HEALTH ENEMY #1

Stopping smoking improves health and reduces inequalities

Tobacco kills two out of three users.

As Scott Crosby, associate director at a new regional Centre of Excellence for Tobacco Control, says: "Tobacco is a unique product, it does no good whatsoever, it just kills and takes money from people."

The ambition is to make tobacco history and to create a healthier future for everyone, free from tobacco harm. To ensure that babies born today live tobacco-free lives. And for partnership working to lead this positive social change.

That's no small ambition. The most-recent data shows that 18.9per cent of adults in Hull smoke. The good news is that as of 2022, this is a record low for the city. The bad news is, in Hull's best comparator local authority 11.1 per cent of adults smoke, and the rate in England is 12.7 per cent.

Progress is clearly being made, with much more to do. National organisation Action on Smoking and Health (ASH) looks at data from a range of sources (correct at the time of its publication, May 2023, its statistics for adult smokers in Hull are for 2021). As the 'ready reckoner' on page 11 shows, in 2021 the figure was 22 per cent, or about 46,000 adults.

Both sets of data are sourced from the Office of National Statistics annual population survey.

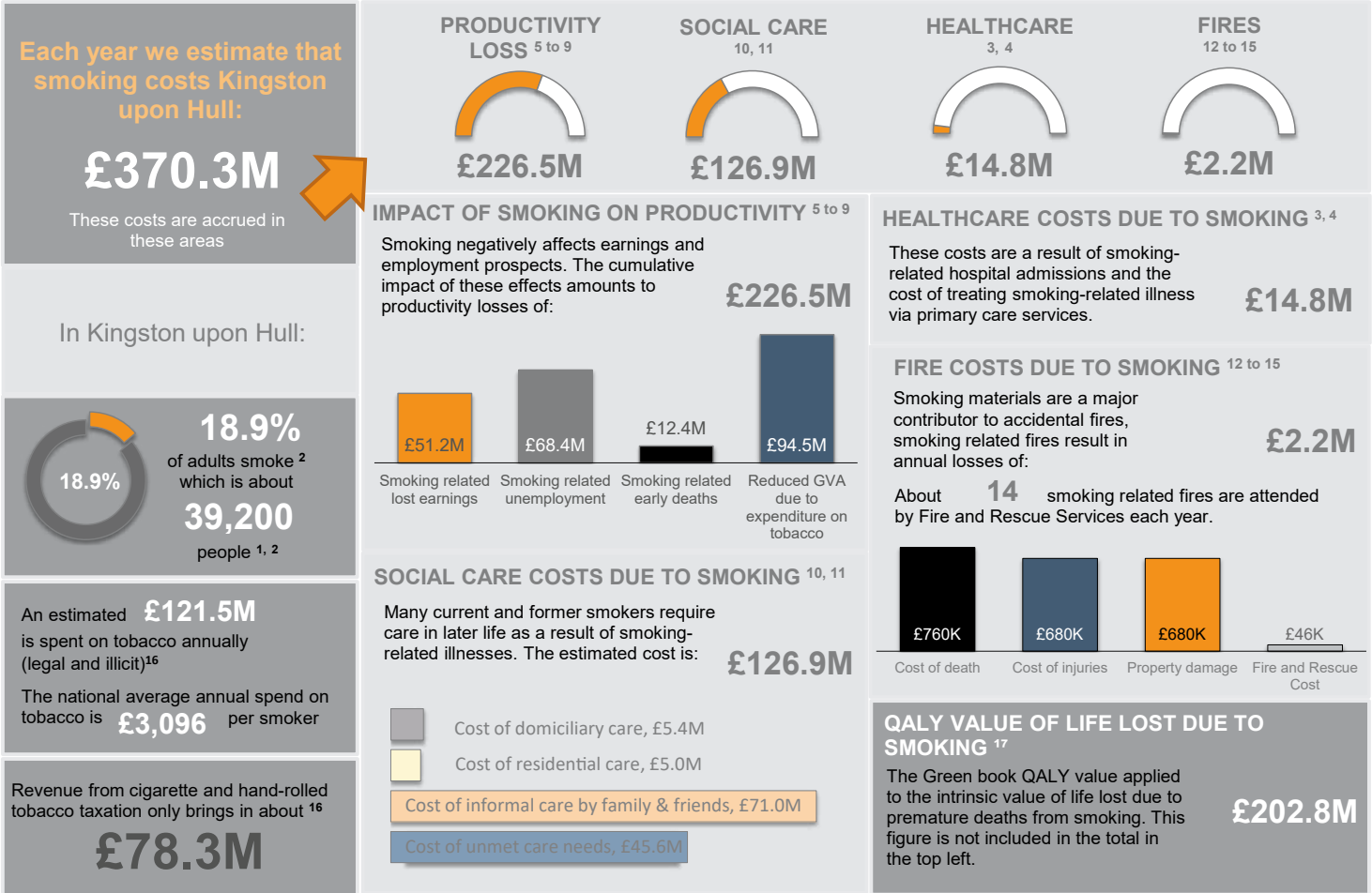
The negative effect of smoking on smokers' health – and lifespan - is inevitable.

In addition, each year the impact of adult smokers costs the city: £116.4million in lost productivity due to ill health or loss of life; £14.4million in health care costs due to smoking-related ill health, hospital admissions and other health services; £8.4million in social care; and £2.2million of losses due

to smoking-related fires, including death, injuries, property damage and Fire and Rescue Service costs (ASH).

While national government has an ambition to eradicate smoking – and aims to reduce the national smoking rate to 5per cent by 2030 – Hull has more work to do. For Hull to match the current national smoking prevalence rate (12.7 per cent), our city would need to have around 13,000 fewer adult smokers.

At the SmokeFree Hull service, part of Hull City Council's Change Grow Live operation, a dedicated team is offering a range of free support in targeted postcode areas. The team gives people the long-term tools and motivation they need to stop smoking. At one of its bases in Gipsyville, west Hull, in-person and telephone 1:1 support is offered – with no judgement. To find out more about the help available, turn to p13 to read Rosemary's story.



Credit: ASH Ready Reckoner, May 2023

And now, a new chapter, in the shape of a regional Integrated Care Board-run Centre of Excellence for Tobacco Control is adding to the ranks.

Scott, head of the Centre of Excellence for Tobacco Control for Hull, the Humber region and North Yorkshire, says: "Tobacco is the number one enemy to health. If used as intended, it kills you. Ultimately, we're scaling up action on smoking prevalence. Nationally, as in Hull, smoking rates are at a record low. That comes down to the hard work of those working in tobacco control in Hull and the policy content we've fought for, over the past 20 years. This includes advertising restrictions, and smoke-free legislation which led to a massive transformation in terms of how people viewed tobacco and its dangers, not only to the user, but also to those around them.

"It's proven that people are four times more likely to quit smoking with support from a service like SmokeFree Hull than by going 'cold turkey' on their own – there's a 60-65 per cent success rate. If you want to quit smoking, the golden rule is, contact SmokeFree Hull, get the right support and the right aids to help you quit. It really is an excellent service in Hull."

The Centre of Excellence for Tobacco Control, which is part of the Smoke-Free Action Coalition coordinated by ASH, is set to build on the work done by SmokeFree Hull with national mass media advertising campaigns, ongoing lobbying to reduce the profits cap for the tobacco industry, a 'polluters' levy' to raise revenue to encourage smokers to quit. On November 7, 2023, legislative plans were announced in the King's Speech to create a smoke-free generation.

The new Tobacco and Vapes Bill will introduce tighter restrictions on vaping to protect children and phase out the sale of cigarettes, which means:

- Children turning 14 or younger this year will never be able to be legally sold cigarettes.
- Raising the age of sale by one year per year for this generation (born on or after 1 January 2009).

Scott says: "We have been advocating for this policy for years and will work with partners and the Government to make sure the bill progresses into law. This proposed legislation is ground-breaking and could be one of the most important change to public health in our lifetime. We will be doing everything in our power to coordinate support for the proposal, which will have profound positive effects upon our communities, saving lives and protecting our future generations."



SmokeFree Hull service manager Tracy Mikkelsen-Edwards in conversation with Scott Crosby

TOBACCO: PUBLIC HEALTH ENEMY #1

'KEEP TRYING'

How Rosemary quit with Smokefree Hull



Rosemary, 68, had smoked 20 cigarettes a day for about 50 years. Having tried to stop smoking several times, she felt "embarrassed" to keep going back to the SmokeFree Hull service when she lapsed. But a judgement-free atmosphere, tailored support, and a fresh commitment to herself and her health have broken the chain.

Rosemary says: "I started smoking due to peer pressure when I was 17 years old. It was the thing to do at that time, and there didn't seem to be much publicity about the dangers of smoking back then, it was just seen as cool. I smoked 20 cigarettes a day ever since, for roughly 50 years.

"I tried a few times to quit, initially trying on my own and lasted about six weeks. A few years later I came to SmokeFree Hull, the local stop smoking service, and quit three or four times. I was always embarrassed to come back to the service, and tried to do it myself initially, but I never really had the motivation to succeed.

"The final straw was when I went to get a lung health check from my GP. The reading was clear, but I wanted to keep it that way. I struggle with asthma as well. I was referred to SmokeFree Hull again, and I started my treatment on nicotine patches and an inhalator. I didn't

really experience any cravings while on the stop smoking products, the inhalator gave me the 'hand to mouth' action that I needed from smoking, and the patches dulled my other cravings.

"Smoking used to be a big part of my life, I would smoke with friends on my lunch breaks from work, it broke up my day, and I looked forward to it.

"Since stopping smoking, I can now walk and talk at the same time without being out of breath. My family are delighted that I've stopped smoking, I can play with my grandchildren for longer, and I just feel much healthier in myself.

"One of the biggest changes is the money. I've been able to put aside the spare money that I would have spent on cigarettes into a separate bank account, so I can treat myself. I also used the stop smoking app, which is great to calculate how much you're saving to keep you motivated.

"It is difficult to quit at first, my husband smokes and I could still smell it everywhere, but now he smokes outside.

"I think what worked this time over my last attempts was that I was honest with myself and my Stop Smoking Adviser Jo. I had cheated before, and had the odd slip up, but this time I knew I was smokefree

and that Jo was on the line if I needed help.

"My advice to anyone wanting to stop smoking would be to try it. You might not succeed this time, but keep trying, there's nothing to be afraid of.

"It's got to be the right time in your life to quit. It was the right time for me, I'm 68 years old and I didn't want to ruin my life - if I didn't do it now I never would. My stepfather died of COPD and heart failure in his mid-70s and he suffered for a long time.

"The SmokeFree Hull service are really friendly, and Jo was helpful, always there to talk with no condemnation. She was warm and supportive, giving me praise, and the service can be flexible with your products. I had remote support on the telephone as it fitted in well with my work schedule, the service is really built around your personal needs, which is fantastic.

"It's great to be free of cigarettes. I've been smokefree for one year and nine days."

For free support to stop smoking, call SmokeFree Hull on 01482 977 617 or search 'smokefree Hull'.

NOTHING ABOUT US, WITHOUT US, IS FOR US

The Poverty Truth Commissioners telling it like it is

Discussions about poverty can not be meaningful or create positive change without including the people who experience it.

That's the simple ethos at the heart of the growing national network of Poverty Truth Commissions (PTCs) and one that is non-negotiable in the shared goal of challenging and reducing inequity.

In Hull, a PTC was set up in October 2022 and it will run until 2024. A pledge was made in 2022's DPH report to use the learning from Hull's PTC meetings to influence future policy. And it is already helping to make Hull a fairer, more-inclusive city, as we can see from the early success story around council housing policy and used carpets, and the experiences of an anonymous member, referred to as Participant X, shared on these pages.

There is evidence of successful interventions in health inequalities at civic, community and service level, as well as via social inclusion and community cohesion.

What is a Poverty Truth Commission?

PTCs bring together people with experience of struggling against poverty, who are known as community commissioners, and people who make decisions in areas of civic life, who are known as civic commissioners.

The group meets monthly to share their truth and their experiences in the nonjudgmental and safe space provided by the PTC. Barriers that would ordinarily prevent people from taking part are reduced as much as possible.

Importantly, the free and frank conversations that take place here

begin by finding a common ground. In Hull, preliminary workshops were held so participants from what appear to be very different walks of life can better understand each other, including some of the experiences and challenges they may share. In the outside world, inequities are all-too evident; but in this space, everyone is treated as equal, respected, listened to and heard.

Red tape is exposed; alternative ways of doing things suggested. Preliminary workshops were held so participants from what first appear to be very different walks of life can find the common ground they share.

Guided by voluntary and community sector organisation Forum, whose deputy chief officer Pippa Robson co-facilitates meetings, everyone in the room is invited to share a detail of their lives - a personal challenge, joy, hardship or celebration.

Pippa says: "If people are involved in the decisions that affect them, it can help to improve the services and systems that impact on their lives, which benefits everyone and saves money. Beneath the issues of 'poverty', there can often be significant underlying trauma, from homelessness to domestic and sexual abuse, health issues to disability. Shared understanding is crucial to the trauma-informed approach that Hull, in the VCS sector and as a whole city, is aiming to move toward."

Alison Patey, Assistant Director of Public Health, says: "There have been some early successes that have shown that together, we can address issues and work differently. Meeting with residents means that those in power see the impact of their decisions on the people most affected."

"National government and departments determine programmes of work. But our responsibility is to articulate the needs of our communities – to advocate for place, and for freedoms of resource around that. For example, health professionals are taught to be experts, but the real experts are the people living here."

"Our citizens in Hull hold intelligence on their own communities. They have a richer knowledge than those who don't have the same life experiences. They know what can be used, what might work... and what won't work in their communities. Listening to the 'citizen voice' puts the many and diverse communities of Hull at the heart of decision-making. We're trying to redress the balance."

Independent academic review

Fay Treloar, director of business engagement and enterprise at the University of Hull's Faculty of Health Sciences/Knowledge Exchange, says: "The city of Hull's entrenched history of social justice and industrial change, its wartime experience and its sense of isolation are important identifiers of the city's character. Hull is one of the most-deprived areas within the UK and yet the spirit of the people is so strong and passionate."



"The PTC is about making a difference, bringing together different perspectives and insights, to help tackle issues and improve lives. Starting with the real voices of people from Hull, and more importantly making sure they are heard. The impact of the Poverty Truth Commission in Hull has already proved to be so inspirational. We are extremely proud at the University of Hull to be a member of the PTC in partnership with Hull City Council and stakeholders - an incredibly important journey and one which continues."

Dr Gill Hughes, senior lecturer in youth work and community development at the university, is conducting the academic review of Hull's PTC along with Juan-Pablo Winter. She says: "Planning started in 2018 during the years of austerity and cuts, and now people are contending with a cost-of-living crisis, which makes it even more urgent to address experiences of poverty in the city. The crucial element of the PTC is that change happens throughout the process, rather than producing reports at the end."

"The Hull PTC is part of a growing network, with a needs-led and collaborative approach, which has a powerful impact in more equitable decision-making and the promotion of systems change. In Hull this process is paying dividends already with changes being made immediately."

"The PTC findings will hopefully contribute to more policy changes and will be supported by research from the university where evidence is required to address some of the challenges and underpin the findings or create opportunities for new research, for example with the Yorkshire and Humber Policy Engagement Research Network. Commissioners have also been involved with a connected programme - Local Policy Innovation Partnerships – so the ripples and added value of involvement with the PTC are emergent, providing community voices in regional policy development, and helping to link initiatives within the city to address major issues."

povertytruthnetwork.org

Truth to power

Those who take part in Hull's Poverty Truth Commission do so to make a difference. Action areas include:

- Navigating services and systems – this includes attitudes, cultures and criteria.
- Cost of living, including working poverty – for example food, fuel, transport and other essentials.
- Access to physical and mental health care.

Success story: Housing

An early success for Hull's Poverty Truth Commissioners has come in the form of carpets in council housing.

A question was raised in the PTC asking why even good-quality used carpets were procedurally removed from council properties each time a new tenant moved in, leading to inevitable and unaffordable expense for the new tenant, or the deprivation and discomfort of living in a home without carpets.

Knowledge sharing in this way led to a more equitable and sustainable solution, which has now been implemented as policy. Carpets are cleaned when tenancy changes, and only unfit-for-purpose carpets are removed.

This opportunity to question why things are done a certain way, and for those impacted to explain how decisions affect them, is a crucial part of the PTC process. As Forum's Pippa Robson says: "The hope is that as the PTC develops further in Hull, the concept of people's lived experience helping to shape service design and delivery becomes more widespread, and it will become more evident that positive change is possible."

Listening with empathy is increasing decision-makers' understanding of the challenges facing people living with poverty, and conversations taking place in the PTC are already influencing policy.

'It's an opportunity to bring to the table issues that affect me'

My story: Poverty Truth Commissioner, participant X

Participant X is one of the founding community commissioners for Hull's Poverty Truth Commission (PTC), and as such is instrumental in making change happen. In the PTC meetings, they share their – often eye-opening – insights as an autistic wheelchair user in receipt of a social care budget.

Housing is an area that is discussed often, says participant X, who uses a powerchair for mobility and is also a carer for two family members with autism and ADHD.

"The Poverty Truth Commission is an opportunity to bring to the table issues that affect me," they say. "I have issues of poverty and living life differently to other people. I started doing this because I thought I would be listened to."

And when, for example, the logistics of getting to one appointment accompanied by a personal assistant can take up to five hours out of your day, bringing those issues to the table is no mean feat.

"The PTC pays for my transport and a personal assistant for me so I can attend meetings, which has hugely reduced any barriers that were there for me," they say. "I struggle very much with transport, as it's very difficult to get taxi drivers, for example, to secure both me and my wheelchair safely. But the transport provision means we can use the company that makes sure I'm safe - it means I can do things like other people."

Living with poverty means daily life is very finely balanced for participant X and family. Things that others may take for granted, such as a recent unexpected expense of buying COVID tests when a personal assistant became sick, are unaffordable and unmanageable.

"Most people, I think, can buy their way out of these problems," says participant X. "But that's not an option for us."

Self-advocating to have basic financial, medical and housing needs met is an exhausting fact of life for many: "These things compound. There's never one big problem. They just keep coming."

The PTC provides a platform for participant X and all the other commissioners to raise awareness of issues and to question why things must be done a certain way, simply 'because they've always been done like that'.

"When you come to view a council house as a disabled person you have to take it sight unseen," they explain. "You often can't get in and you definitely can't go upstairs. It's not adapted for disability."

"But right now, things are good. In the past few months, my social care costs have been covered so life is easier. I've got an incredible team of [social care] personal assistants around me so I can get to things like the PTC, or a health appointment. These are the 'small' things that make a massive difference."

900 people and 28 organisations attended The Peel Project's Community Health Fair



In Peel Street, Spring Bank, the heart of Hull's most culturally diverse and multi-ethnic community, a grass-roots voluntary and community sector organisation is making a real difference.

Seeing the need for greater social inclusion and representation in the city for people of Black, Asian and Minority Ethnicities (BAME), a group of friends set up The Peel Project CIC. The Peel Project focuses on working with people suffering deprivation, people new to the UK or those with English as a second language, and those needing support such as low-income families who can't afford to support their children in extra-curricular activities, or access education opportunities.

Co-founder and director Jamal Choudhury says: "The Peel Project helps families from ethnic minority backgrounds and the communities they live in, particularly those from socioeconomically-deprived areas of the city. It started as a community organization within Central ward, in the midst of COVID, when there was a lack of community

engagement work going on. Our project represents a new way of doing things and offers a long-term, sustainable solution in an area that struggles with high crime rates and growing health inequalities. This is by developing strategic partnerships and place-based programmes that enable residents with lived experience to actively volunteer in programmes that foster community spirit and reduce deprivation."

Salem Ali is also co-founder and director, and runs the community engagement programme and coaches sports activities at The Peel Project. He says people here are hit hard by the effects of crime, including the brutal stabbing of 20-year-old Abdullah Balouchi in Peel Street Park in 2020. Abdullah attended Salem's boxing sessions. A desire for positive change in the wake of Abdullah's murder undoubtedly contributed to the establishment of The Peel Project.

"We've created an environment that's familiar to people – and free," says Salem. "The kids who live around here are now used to having activities going on in this park."

"Running free activities like boxing, jujitsu, football, the women-only gym and more removes barriers to exercise and healthy living, which has led to increased community cohesion and better understanding of communities. We can see people's confidence improve as well as their fitness. We see how activities like boxing help teach kids about respect, create friendships and discipline. It all helps to build healthier, happier communities."

The team is also working to reduce inequalities faced by women. The Women and Equalities Committee report states that 'Muslim women are the most economically-disadvantaged group in British society'. In terms of health, South East Asian people are at higher risk of diabetes, increased risk of cardiovascular problems and more likely to have a long-term illness that limits their daily lives.

The project aims to improve social outcomes in crime and antisocial behaviour, inequalities in sports participation, community cohesion, tackling racism, health and wellbeing, and education



and employability. It provides a link through which professional organisations can get a better understanding of BAME communities, build trust and increase awareness.

One of the ways it does this is by holding events such as its Community Health Fair in August 2023, attended by more than 900 people throughout the day, with stalls and activities run by 28 organisations, including Samaritans, Hull & East Yorkshire Mind, Citizen's Advice, NHS, cancer champions, and fire and ambulance services.

Jamal says: "We speak to communities, speak to health services and one of the things that's emerged is that people don't know what health services exist locally. As a result, people aren't accessing health services. The aim was to bring health care providers here, to Peel Street Park, to invite communities and raise awareness. We'd like to thank Forum, Hull City Council and Hull & East Yorkshire Mind for trusting and supporting us to run this event, and our volunteers, young people, event staff and all the services that held stalls – it was an interactive and fun day."

Tracy Harsley, Assistant Director at Hull City Council, says: "The Peel Project has been building and gaining momentum over a number of years, right in the centre of the city."

"The Community Health Fair was a great example of a day of inclusion, a day of community, and it's all been developed through the work of community leaders building relationships with partners. The vibrancy of this community is really visible. They weren't in a good place a few years ago when The Peel Project established itself. Now events like the health fair provide opportunities for children to play and take part in sports, for families to come together, and feel comfortable and safe in this space."

"The outcome is that children will feel more confident, they'll feel safe, they'll be connected to the community. They'll be more likely to go and seek help and support, more likely to be connected to local services and education. What we're likely to see, is children improving educational attainment, improving their overall health outcomes, being ready for school and ready for jobs. And that's going to help them forever."

"The Peel Project is a fantastic example of inclusion, led by the voluntary and community sector, and supported from within the sector too. This acts as a conduit to people who otherwise struggle to know where to turn for support. As an authority, we need to reflect the changing needs of our communities. Everyone at The Peel Project is helping us to take steps to change that."

Jamal says: "Through conversations, partnerships and collaborations with local services, leaders and elected members we have been truly enabled and empowered. We are delighted with the innovative work and outcomes achieved to improve lives and build communities. We hope to continue progressing and diversifying our services, to support our partners, and become sustainable."

For statistics on Hull's changing cultural diversity, visit Hull City Council's Joint Strategic Needs

Assessment – hulljsna.com

About The Peel Project

From April 2023 to September 2023, The Peel Project:

- delivered 283 activities and services
- held an average of 12 sessions per week
- which were attended by 5,621 people
- with an additional 3,600 people attending events
- 900 residents attended an outdoor Community Health Fair, along with 28 health organisations which provided support, information and fun activities for families.

Sessions, events and workshops include:

- youth fitness classes such as jujitsu, football, boxing, girls' youth club, and health and fitness
- adult fitness classes such as jujitsu, women's gym, women's horse riding and women's swimming, boxing, guided cycling, football and walking football
- twice-yearly women-run bazaar
- Healthy Holidays activities and food programmes
- Eid Prayer in the Park
- funfair and children's football tournament
- NHS app and NHS health care records consultation and workshops
- Cancer Champions training with Humber Coast and Vale Cancer Alliance
- First Aid workshop with Yorkshire Ambulance Service
- breast screening focus group with Hull York Medical School
- youth engagement on safety with Humberside Fire Service
- youth mental health workshop with HEY Mind
- anti-racism workshop and surveys with Hull City Council.



The Peel Project CIC is led by co-directors Jamal Choudhury – who looks after the operational side of the project, and Salem Ali – who leads on community engagement – and women's network group leader Sarah Muflahi. Jamal and Salem left jobs to follow their passion to improve lives and build communities at The Peel Project, while Sarah volunteers alongside her job as a teaching assistant. They are supported by a growing team of much-needed, dedicated volunteers.

Jamal says: "We're trusted, as The Peel Project, within our communities. We set the project up because Hull, as a city, has often felt 10-15 years behind other cities in terms of [cultural] diversity."

"We believe it is important as a city that local authorities and services start to engage with grassroots

VCSE's like The Peel Project that are engrained within their communities, and have a deep understanding of the areas and communities they serve, and we call on local services to enable us and support us to reduce inequalities and improve lives."

"We can do this because we can draw on our lived experience. We're currently the only BAME organisation running year-round grass-roots community and youth work on this scale in Central ward, which is open to everybody, from every background. As of September 2023, the project has 721 registered children, just under 50 per cent of whom are in receipt of free school meals and 70 per cent are BAME."

"In the past, there has been a lack of strategy in the public sector for our BAME communities. Our communities have changed – and are changing – and our public

services hadn't evolved. Public-sector organisations can't always reach people in BAME communities, but we can. As a trusted organisation, and trusted partner to public- and voluntary-sector services in Hull, we provide the connections between people in our communities and services, in a way that has not been seen before in our city."

Salem says: "We are that bridge, for example, we've had support from the council, the police and more, we've worked hard to develop relationships with local authorities, MPs and councillors so we can work together to achieve change and improvements. People come to us and tell us their problems, in a way they wouldn't talk to other services, so we point them towards the organisations that can help them."

"We've gone from strength to strength."

Salem Ali



Shintea Choudhury



Jamal Choudhury



Sarah Muflahi



the women-only gym and more takes away barriers to exercise and healthy living. We can see people's confidence improve as well as their fitness. We see how activities like boxing help teach kids about respect. It all helps to build healthier, happier communities."

Sarah says: "Hull as a city hasn't always felt diverse, or multicultural, although there have been changes in the past 10-15 years. People in Hull need to open their minds to ethnic minorities. We're all human. We all want to work and provide for our children. Ethnic minorities can be more nervous about taking part in community groups, whether that's to do with confidence, self-esteem, or not feeling welcome. We want to break that chain and get the message across that we're all human."

"I'm a 'revert' to Islam. I was born in Hull, of mixed-race Christian-Muslim

origin. I moved to Birmingham aged 13 and then came back to live in Hull as an adult and began rediscovering my roots. I was introduced to the community here two years ago and started running ladies' activities. It started with a coffee morning to get ladies out of the house after COVID lockdown – and it's grown from there. We hold bazaars every six months, gather the community and give micro businesses a chance to sell their products. We run befriending services, toddler groups and women-only fitness classes. The project has strived to address the lack of social and recreational activities that exist locally for minority ethnic women. The Peel Project Women's programme has reduced isolation among women and is increasingly facilitating our communities to engage with local services in a way not seen before."

Shintea Choudhury, a sports,

exercise and nutrition student at the University of Hull, volunteers as a girls' sports coach, running Saturday sports clubs including basketball, football and badminton for girls aged 8-16. Shintea says: "We're trying to remove barriers faced by girls in BAME communities by encouraging girls-only spaces where youngsters can play sports."

"I want to empower girls in our community to do sports. When I was growing up in Hull, there weren't many women in my community playing sports – as a minority I didn't feel comfortable going to a gym. It wasn't until I started university that I felt comfortable enough to go to a gym. I feel like if I'd had something like this when I was younger, I'd have been a lot more sporty, and not felt excluded."

To find out more, or to volunteer with The Peel Project, visit thepeelproject.org.uk

Bashir Siraj, general manager at Welcome House



At Welcome House in Wright Street, Hull city centre, general manager Bashir Siraj and a small team provide safety, community and practical support for people seeking sanctuary.

The charity is one of 32 VCS organisations in the city that engaged with, and therefore helped to shape, the Community Plan.

Bashir says: "Every individual has their own story and their own needs."

Hull has been part of the UK City of Sanctuary network since 2017, which recognises places of safety for people fleeing the threat of violence or death. "Being a City of Sanctuary means we are a friendly, tolerant city, and a diverse community – it's a small gesture to help make people feel cared for and empowered," says Bashir.

As a charity serving Hull and the East Riding, Welcome House provides access to help with language skills, employability, isolation, loneliness, health and

economic inequalities, social and cultural segregation, and more. It was set up in 2020 during the COVID-19 pandemic. Between August 2022 and July 2023, it was visited more than 20,000 times.

"We promote social harmony and wellbeing by building people's confidence, and by getting everyone engaged in positive ways with local community groups," says Bashir, who came to the UK to claim asylum from Pakistan in 2006. "Helping people at Welcome House is my way of giving back to the city that has looked after me. It's open to all ages, all genders, all faiths. If people are healthy mentally and physically, if they have confidence, a job - they can make a contribution to society here."

Bashir understands some of the challenges felt by asylum seekers and refugees – and by those native to the UK. "People come to the UK with hope that they will find a safe place to live," he says. "When you get here, you can struggle to get that message across. People have different views and they have a right to express them. I try to encourage

compassion by engaging people in conversation and providing information.

"We're thankful to Hull City Council for the use of the building, to the National Lottery for funding the core cost of running this service until 2025, and to all our partners and volunteers who allow us to provide activities. However, we are all going through a cost-of-living crisis and we are under-resourced. I hope we can continue to help those who are poor, vulnerable and oppressed."

welcomehousehull.org.uk



A GOOD START FOR LIFE

The building blocks aimed at reducing pressure on families in a cost-of-living crisis

A larger proportion of Hull's children grow up in poverty than the average in England, exposing them to a greater risk of poor health and developmental challenges. The foundations for good lifelong physical and emotional health are laid down from conception but, when compared with the England average, a greater proportion of children in Hull do not reach developmental goals for two-year-olds.

That is why Hull is investing in families, making sure they get the support they need from birth through to adulthood to boost children's educational attainment and life chances, while also improving wider outcomes such as poor mental health and unemployment.

Helen Christmas, public health lead for children's services at Hull City Council, says: "The arrival of a new baby is a time of joy, but it can also present new challenges for families when faced with a combination of limited pay during parental leave and the need to buy new items, particularly against the backdrop of high levels of poverty.

"We know that the 1,001 days from pregnancy to the age of two are vital for development and impact a child's health for the rest of their life. Those early years are the most critical for children's development, language and communication skills and for parents to secure lifelong bonds with their babies.

"We also know that those from deprived neighbourhoods are less likely to have adequate levels of family or social support to help them cope and many parents become trapped in a poverty cycle, struggling to find appropriate work due to barriers such as childcare.

"We want to help our most-disadvantaged communities give their children a good start in life by promoting engagement in play and development sessions, and speech and language provision, alongside activity to promote bonding, attachment and positive wellbeing, all of which can have a significant impact upon the school readiness of a child and subsequently future life chances."

Hull already has a strong network of support for families, but Start For Life funding has enabled the city council to build further on the

Families at Parks Family Hub



existing work. While 75 areas across the country have benefitted from the government funding, Hull is one of only 14 areas given additional money to become a Trailblazer. As such, Hull is leading the way in delivering the Start For Life programme, making the fastest and most ambitious improvements to services for families, and becoming an exemplar for other areas to learn from.

The funding has enabled the development of Family Hubs, making it easier for families to access support when they need it, from conception through to age 19, or up to 25 for young people with special education needs and disabilities.

Building on the existing offer, Family Hubs bring services together all in one place, helping parents, carers, children and young people to access the support they need more easily and helping to give babies the best start in life.

Helen says: "Family Hubs make a positive difference to parents, carers and children by providing a single access point to services that can help them during challenging periods.

people and families to build on their strengths, overcome challenges and make positive changes for themselves. By acting early, we can prevent problems from getting worse and help families find the solutions that will make their lives better."

Family Hubs provide help to families from parents/carers building loving and responsive relationships with their babies via experiences such as infant massage to helping develop children's speech, language and movement skills to get ready for school. The hubs also offer access to social activities such as play groups, enabling young children to make new friends and provide peer support for parents/carers, as well as support on topics such as infant feeding, home safety and health and wellbeing.

Service user Chloe said: "I found myself in a rut. Parenthood is lonely when you've got no friends with children or your friends with children are back at work so I wanted to make new friends and get Obie to socialise with other children.

"I've struggled with some things and having that support at these groups has been crucial for my mental health. I wouldn't be the parent I am today without the group."

Samantha added: "Since coming here, me and my son Ollie have definitely become closer and I'm more confident as a mum. He absolutely loves it and has come such a long way socially, verbally and physically."



IN NUMBERS

In the last financial year, the team has:

- Received 59,592 registrations from children and young people.
- Received 7,787 referrals.
- Engaged 4,518 individuals via the Healthy Lifestyles Team (60per cent of which are from the top 30per cent highest-deprived areas of the city).
- Completed assessments on 2,149 people.
- Supported 1,281 young people via the Youth Development Service, 100 per cent of whom said they valued the service / would recommend to a friend.
- Supported 977 children and young people around substance misuse (alcohol, drugs, and tobacco).
- Supported 298 unborn children and 351 parents through Targeted Pregnancy Support.
- Triaged 491 families.
- Supported 436 families via the SEND Panel.
- Successfully prevented 386 young people from becoming homeless via the Targeted Youth Support Service, of which 56per cent were supported to return/ remain at home through family/ landlord mediation, 33 per cent were supported to make planned and positive moves to independence and 11 per cent were provided with same-day emergency accommodation.
- Supported 35 schools/colleges with over 370 young with mental health needs.



A GOOD START FOR LIFE

MORE THAN 'JUST' A PLAY GROUP

Parents at a north Hull baby and toddler session on what it means to them

At the recently-relaunched Parks Family Hub in north Hull, Tiny Explorers is one of a number of free family play sessions that are open to all families, offered by manager Cat Shaddick and her team.

Helen Christmas, public health lead for children's services at Hull City Council, says: "We see on a daily basis the huge amount of love and effort that our families are putting in at what can be a very challenging time in their lives. The vast majority of families coming into Cat's Parks Family Hub are experiencing deep inequality, but they don't see themselves as disadvantaged, they're doing their best. I'd really like to get across how amazing our families are."

Stacey Foster is the first 1,001 Days

team activity coordinator at Hull City Council, and leads play sessions such as the weekly Tiny Explorers Thursday morning group for 0-2 year olds and their families, at Parks Family Hub.

Stacey says: "0-2 groups such as Tiny Explorers capture the first time many families come into the family hub. This is a really well-established session, we have lots of different activities, indoors and out. Families really open up when they come in – they talk to each other and they even ask me as a member of staff how my week has been. It's a lovely, supportive environment. The families can see the changes in their children from attending the play sessions."

**'He's really come on
with his speech'**



For mum Courtney, of east Hull, who brings two-year-old Ruben to the Parks Tiny Explorers sessions, it's a chance for some quality one-on-one play time.

Courtney says: "We've been coming to Parks since Ruben was six-months-old. When he was little, we used to come to the sensory room here, it's lovely. Parks is the best children's centre I've found. There's something on every Tuesday, Wednesday and Thursday. There's a big play area and there's so many things to do for all ages."

"Since bringing Ruben to Tiny Explorers, he's really come on with his speech. He has two older siblings, aged 11 and nine, one of who has ADHD and was nonverbal until he was five years old. Ruben has got so much more confident in talking to children his own age since coming here."

Coming to the play groups with Ruben has also helped Courtney to look after her own mental health and wellbeing. She says: "Some days you feel like staying at home

in your pyjamas, but some days, the play group is your motivation to get up and out for the day. We've met other people through this group. It definitely gets you talking more when you see people every week."

Respite from hospital visits

When challenges, such as children's additional needs, mental health and language barriers are thrown into the mix, a play session like this can become invaluable to families.

It's a respite from a routine of hospital visits and health worries for Teresa, of north Hull, a nursery teacher and mum to two-year-old Freddie, who has a rare kidney condition called diabetes insipidus. Teresa, who also has a six-year-old daughter, has been bringing Freddie to Tiny Explorers for about a year.

"Freddie didn't grow at all from three months old to 14 months old," says Teresa. Freddie's condition is characterised by extreme thirst and an inability to retain water in the body. Despite Teresa's professional

experience in childcare and child development, she says it was a struggle for her concerns about Freddie's health to be heard.

"When we finally got seen at the hospital, we saw a dietitian, got his bloods done... and then they didn't let us out of hospital. They told us he had diabetes insipidus. Now, he only drinks two to three litres of water a day, he's on medication that helps a bit, we have regular trips to the hospital in Leeds and he has his feeding tube because he struggles with eating."

"This group helps us. It's the only play group we come to because, as well as the hospital visits, I work four days a week. It's good to get out of the house and for Freddie to have a chance to play with other children."

'The children are very happy here'

Esrat, of north Hull, is mum to 19-month-old Ikram Bin Ali and also appreciates the benefits of the play group. Bangladesh-born Esrat moved to Hull three years ago with her husband, and says the group is a great chance for Ikram to play with other children, and for her to practice her spoken English. "The children are very happy here," says Esrat. "Ikram likes to come and play in the different spaces. There are a lot of different activities. I've been bringing him here since he was two months old."

'Things are getting better'

Two-year-old Arabella's mum Nadia, of north Hull, also finds a strong support network at the play group, which she fits in alongside her job as a community health support worker, and looking after Arabella's older sibling. Nadia says: "When Arabella was first born it was still COVID and you couldn't go out. It was hard. Going out makes the day pass. It really did affect my mental health, but you just felt like you had to get on with it. I do feel lucky, because I have a good partner. Now, I make sure that if I have a day off that we go to a baby group like this one. Things are getting better. I've made friends through the groups."



Outdoor play time at Parks Family Hub, north Hull

CARE AT HOME

Pilot scheme brings adult social care and GP health services together in one visit

Hull has some of the most vulnerable and deprived communities in the country. Compared to our nearest neighbours, men in Hull are likely to live up to 7.8 fewer years in good health and women 4.5 years less. This figure is even more stark when compared nationally. In addition, more than 100 extra people per 100,000 in Hull will die prematurely from preventable causes when juxtaposed against the best comparable local authority. In last year's Director of Public Health Annual Report, we highlighted the significant opportunities at integrated service and community

level and included the resources being targeted towards reducing inequalities in cardiovascular disease, tobacco and early years.

We acknowledged the role that integrated care systems play in tackling these inequalities while recognising that COVID was having a knock-on effect on the workforce supporting people at home.

Where are we now? Building our healthy future laid the foundation of building integrated care systems. This year we put the theory into practice.

Based on the Jean Bishop

Integrated Care Centre model, where several different services work under the same roof, Hull City Council in partnership with the NHS launched a pilot in March 2023 called Care At Home.

The initiative brings adult social care and GP health services together 'on the ground' and in one patient visit for selected vulnerable patients.

By bridging the gap between Health and Social Care, care professionals are able to identify health and social care needs in one visit. One of the biggest barriers is that different services function on different computer systems. This,

exacerbated by the pressure on services, can mean GP services may not be fully aware of social care packages in place for a patient, and vice versa. Visiting patients together means health professionals can tackle all health issues on the day, reducing anxiety for individuals and families and freeing up professionals' time.

The initiative is being piloted in Bransholme with the intention of rolling it out across the city and the region.

Tracy Meyerhoff, Director of Adult Social Care at Hull City Council, says: "We are totally committed to improving the health and quality of life of those people in Hull who need our services and support the most, but we simply can't solve these enormous challenges alone.

"The Care At Home approach integrates systems to reduce health inequalities in terms of access and has a focus on secondary and tertiary prevention; making the best use of resources.

"Focusing on integration 'at place', working together with Health and Social Care, and the voluntary and community sector, we are supporting independent living. Without interventions such as the Care at Home visits, all of the patients identified are at risk of hospital admission.

"Using my own experience as an example, I've felt the frustrations of one service being held up by another. One of my family members has diabetes and doesn't understand why she has to wait for the district nurse to do their clinical checks before the care worker can give her breakfast.

"Sometimes we put up boundaries that just need some practical common sense to address. It's not about diminishing anybody's professional status, it's about bringing in the right experts at the right time, breaking down barriers to allow people to live their lives without unnecessary interruption.

"As far as people are concerned, they don't know or necessarily

care who works for which service, they just want the help they need quickly, without being passed from one person to another and without waiting hours, days or weeks for that to happen. We wanted to take the philosophy that works so well at the Jean Bishop Integrated Care Centre into residents' own homes.

"While people benefit from integrated care at home, front-line care professionals benefit from coordinated support, resulting in Increased satisfaction.

"With Care At Home, problems are resolved quicker. This not only reduces stress for people and their families, it also saves time for members of staff and eliminates the need for additional services that are already under pressure, and not really required if we can share the learning, care and support.

"When we are all thinking as one and combining our resources and expertise to work toward one aim, we can tackle health inequalities in access, experience and outcomes at scale."

CARE AT HOME WORKING TOGETHER? IT'S SIMPLE

How the duo leading the Care At Home pilot scheme are making it happen

Teamwork makes the dream work for Care At Home programme leads Charlotte Ledner and Michelle Leake, who work with selected vulnerable patients in Bransholme, Hull.

Charlotte leads the pilot scheme for Hull City Council's adult social care services, while Michelle leads for the NHS Primary Care Network (PCN).

Charlotte is a social work apprentice, working towards her degree. She works with adults (over-18s) in Hull with long-term care and support needs in a mixture of settings to help determine the level of support they need. Michelle is a care coordinator at Marmot PCN. The PCN is made up of two GP practices: James Alexander Family Practice and Dr GT Hendow. In her role as care coordinator, she supports the Care at Home team with care home visits and takes a lead on supporting patients with newly-diagnosed cancer.

Both professionals were a little sceptical when the idea of running the Care At Home pilot project was mooted. But with support from their respective managers and colleagues, they say it's been an eye-opening experience with multiple benefits, and one they're both incredibly proud to be part of.

Michelle Leake, left, and Charlotte Ledner



Charlotte explains: "When I was asked to lead the programme in my team, I didn't think it would make much difference to the assessments I was doing: for example, I was already asking questions about medical history, and signposting people to the services that could help them.

"I was asked to complete some overdue adult social care reviews, the first patients who could potentially benefit [who were also registered at one of the two GP practices where Michelle works] were identified; and Michelle and I started going to see patients together, in patients' homes, to conduct the reviews.

"As soon as we completed our first patient review, we both got a better understanding of how and why it might be beneficial."

Michelle adds: "At the beginning it felt unmanageable how we were going to fit this additional work into our current workload, but it's been a really rewarding part of my job role. I love seeing these patients, working alongside Charlotte, and making a difference to them and their families. That's the really big thing: making a difference."

The first patient the pair saw together had health concerns, including a frozen shoulder. As

their social care worker, Charlotte would have struggled to access GP services on the patient's behalf, battling long waits on the phone to get through to the patient's GP.

Michelle says: "Visiting patients together in this way means we can deal with health-related issues on the day. As part of my role I can take charge of it and liaise directly with the patient's GP practice."

"It was frustrating in the past," agrees Charlotte. "It was very hit and miss because our services function on two different systems. This scheme takes those barriers away. For example, sometimes, it can be hard to find out who someone's GP is, especially if they have dementia. And if we can't get hold of our senior managers, who have access to that information, it's a case of calling 111 and putting more pressure on that service. Then, as happened one day, it was 3.5 hours on the phone trying to get through to a GP, which takes my time away from other clients.

"Having Michelle there reduces those pressures and means that anything that needs actioning can be actioned when she returns to her GP surgeries after the patient visit.

"So far, the process has been quite smooth, mainly down to me and Michelle identifying our strengths."

Michelle says: "Charlotte does her review of the social issues and I pick up the health-related issues. We've took it to another level now. Since starting the pilot, we recognised that seeing patients at home gave us a great opportunity to catch up on some of the routine checks that are usually carried out within a GP practice. I now undertake BP checks and pulse oximetry to support some of the long-term condition reviews. This has resulted in a patient having their blood pressure taken, getting their medication reviewed and amended on the same day, and we'll repeat this at two-week intervals. Support for the patient doesn't stop after the initial review, we continue to support the patients where necessary."

Without interventions such as the Care At Home visits, all of the patients identified are at risk of hospital admission. Vulnerable, isolated, some with little or no family support, and limited access to services that can help them with their health and social care needs.

For some, the level of intervention may be relatively small. For example, a patient who was alone all day every day, except for a brief morning call. For that patient, Charlotte says, providing access to suitable day services can be life-changing, providing social interaction, engaging activities and healthy food.

She adds: "It shows people who are vulnerable that somebody's listening; somebody cares."

Since the pilot was launched in March 2023, and the first patient review carried out in July 2023, Charlotte and Michelle have begun the process by conducting, on average, three reviews a week, for 12 patients. Multidisciplinary team meetings with other agencies and services are held every two weeks to discuss patients' needs.

Michelle says: "We're both really enjoying it. Our personalities, skills and experience complement each other. It makes me real proud. I'm just hoping it has the same effect when it gets rolled out on a bigger scale.

"Realistically when you look at patients, this could be a full-time job for me and Charlotte. As a service, we've got 4,000 people in Hull with long-term support needs. I can't wait to see how it functions on a larger scale. With the right people and the right effort, this could be something massive.

"It's simple, the pilot has allowed two teams, from two different organisations, to work together despite the current time pressures and funding restraints on the whole system. We highlight what needs doing and share our knowledge of what's available to support patients. We're just on the ground doing our job and trying to make a difference."

HOW WE SEE IT

The main benefits to Care At Home according to the team on the ground, Charlotte and Michelle:

- Bringing services together to pick up health and social care needs in one visit.
- Arranging same-day follow-ups.
- Making a difference to isolated patients and their families so they can directly contact us with any problems.
- Problems are resolved quicker, which reduces stress for patients and their families, saves time for members of staff and eliminates the need for other services that are already under pressure.
- Bridging the gap that is currently huge between health and social care.
- Forging relationships and working with other agencies, such as the Alzheimer's Society and care providers.
- Providing one better service to deal with all needs.
- Bringing families together, so we're all on the same page.





COLLECTIVE LEADERSHIP

‘We will not accept inequalities as a given’

In last year's report I set out the importance of working at scale and pace to reduce inequalities in Hull underpinned by collective place-based leadership.

This year I have used the opportunity of my annual report to demonstrate how we have strengthened that collective leadership within our communities, in our voluntary and community sector and our public sector. We have made it clear through our collective voice and actions that we will not accept inequalities as a given and demonstrated our joint desire to improve outcomes for those in Hull. The development of our new Community Plan is an embodiment of this collective leadership.

The examples in this report demonstrate just some of the programmes of work and activities undertaken in the past 12 months. The accounts are from those with lived experience as well as from those who develop strategies, and design and deliver services. The stories are sometimes difficult to hear, but every one of these accounts gives us a sense of hope that things can change when we work together.

There are some other stark realities that it is important for us to know and understand, which hold us back in terms of an inclusive sustainable economy.

- A lack of a coherent policy on inequalities at national level over many years has had a massive negative impact on our ability to target sustainable mainstream resources into primary prevention and building our inclusive economy.
- Hull, and authorities like us, which have a high level of need but suffer from relatively-low property values and economic growth, have continued to suffer disproportionately from significant cuts in local government funding in comparison to the majority of authorities.
- Funding for prevention is not seen nationally as an investment over the longer term to allow programmes to realise their benefits. Hull punches above its weight in terms of seeking additional resource to fill this gap but that means that many of the projects highlighted here are developed through peripheral resources such as short-term grants and funding streams.

While it is important to acknowledge these challenges, they must not undermine our ambitions, our advocacy and our actions in Hull. In fact, the very nature of these pressures across our system makes delivering the ambitions within the Community Plan even more urgent. Although at times tackling inequalities seems impossible, Hull's leaders need to be first and foremost purveyors of hope.

When we asked our residents about the Hull they wanted, among other things, they described a community that provides for people and enables people to contribute, a good job with a fair wage that allows a good quality of life for them and their family, a safe neighbourhood and improved health and wellbeing. Our residents are describing what we now understand to be a fair inclusive wellbeing economy. Fair and inclusive wellbeing economies are important for health and reducing inequalities.

Last year my call to action was in adopting the inequalities framework for Hull, this year I am calling all partners to continue to operate within this framework, and to get behind our Community Plan as a means to delivering a fair and inclusive wellbeing economy for all.

ACKNOWLEDGEMENTS

I am enormously grateful to everyone who contributed to this year's report. I am especially grateful to those who generously shared their stories and those who, like me, are passionate about ensuring everyone has an equal chance to live a happy, fulfilling and healthy life. I have listed those directly involved in the report but I know that there are so many more people contributing every day to reducing inequalities in our city and I couldn't do my job without you. Thank you. Together we can!

- Matt Jukes (HCC)
- Alison Patey (HCC)
- Des Cooper (HCC)
- Iain Musgrave (HCC)
- Hannah Scorer (HCC)
- Karen Bell (HCC)
- Sally Barlow (HCC)
- Tracy Harsley (HCC)
- Tracy Meyerhoff (HCC)
- Michelle Leake (NHS)
- Charlotte Ledner (HCC)
- Helen Christmas (HCC)
- Rachel Roberts (HCC)
- Heather Barnes (HCC)
- Cat Shaddick (HCC)
- Stacey Foster (HCC)
- Matt Greensmith (HCC)
- The public health intelligence team (HCC)

- The Community Plan partners
- Jason Stamp (Forum)
- Gail Baines (Forum)
- The Forum team
- Scott Crosby (Centre of Excellence for Tobacco Control)
- Tracy Mikkelsen-Edwards (SmokeFree Hull)
- Ali Truman (SmokeFree Hull)
- The SmokeFree Hull team
- Rosemary (SmokeFree Hull service user)
- Pippa Robson (Forum/Poverty Truth Commission)
- Community and civic commissioners (Poverty Truth Commission)
- Participant X (Poverty Truth Commission)
- Fay Treloar (University of Hull)
- Dr Gill Hughes (University of Hull)
- Jamal Choudhury (The Peel Project)
- Salem Ali (The Peel Project)
- Sarah Muflihi (The Peel Project)
- Shintea Choudhury (The Peel Project)
- The Peel Project volunteers
- Bashir Siraj (Welcome House)
- Chloe and Obie (Family Hubs service users)
- Samantha and Ollie (Family Hubs service users)

- Courtney and Ruben (Family Hubs service users)
- Teresa and Freddie (Family Hubs service users)
- Esrat and Ikram (Family Hubs service users)
- Nadia and Arabelle (Family Hubs)
- Jo Charlton (The Comms Collective)
- Alix Johnson (The Comms Collective)
- Tom Arran (T Arran Photography)

Websites

hull.gov.uk

<https://www.hull.gov.uk/downloads/file/1838/the-community-plan>

hulljsna.com

fingertips.phe.org.uk

<https://www.cipfa.org/services/>

cipfastats/nearest-neighbour-model

ash.org.uk

povertytruthnetwork.org

thepeelproject.co.uk

welcomehouse.org.uk

TOGETHER WE CAN



Hull
City Council