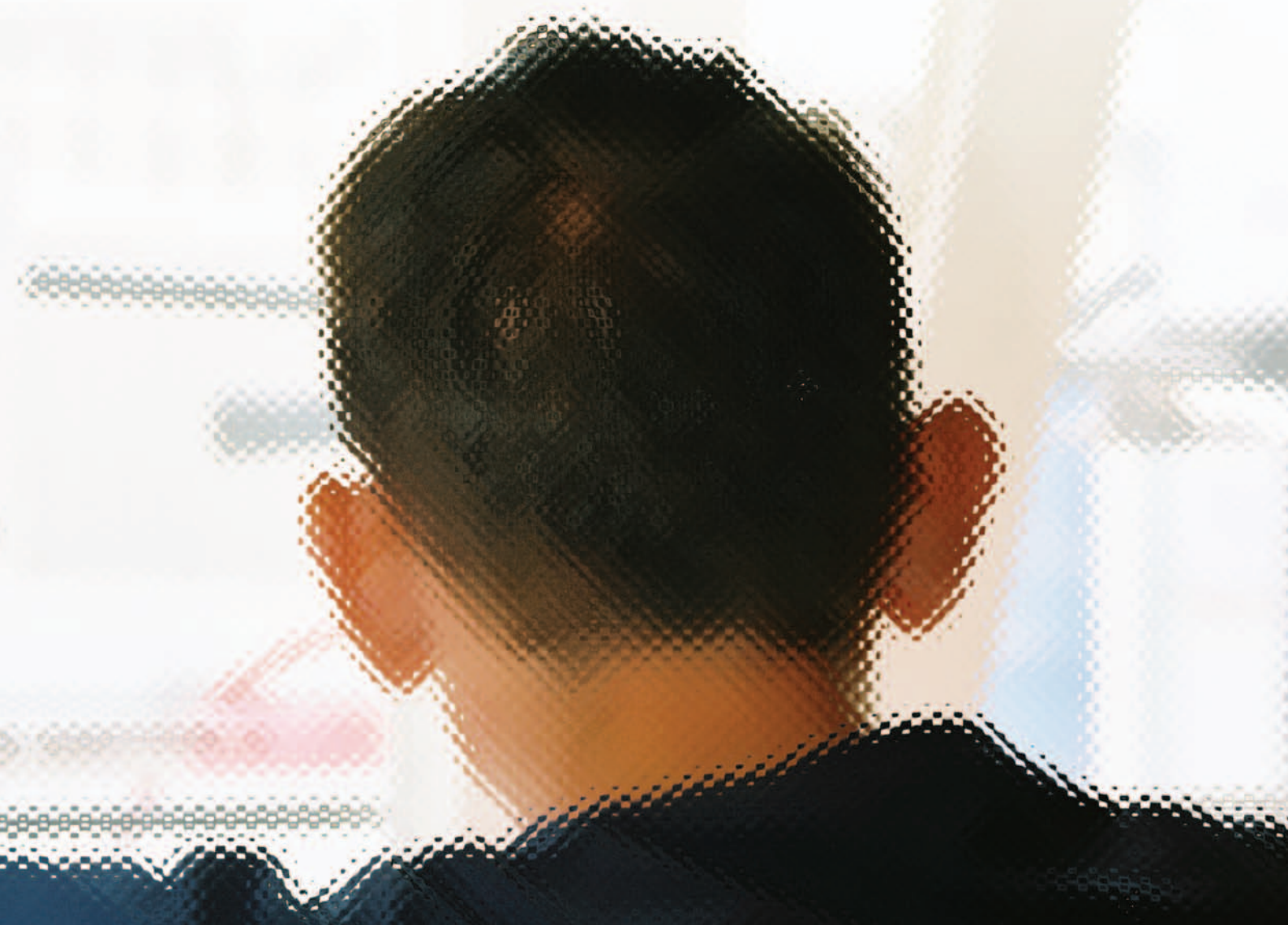
Hull City Council

NHS

West Hull and Eastern Hull
Primary Care Trusts



A Window on Homelessness

The Director of Public Health for Hull

Annual Report 2005

Acknowledgements

A large number of people have contributed to this, my first report as the Director of Public Health for Hull for which I would like to express my appreciation, in particular:

Eastern Hull and West Hull Primary Care Trusts
Hull City Council

The Report Steering Group

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Audrey Okyere-Fosu, the artist engaged by RadioActive to interview homeless people without whose personal commitment we would not have received so many relevant, local stories.

Thank you to the homeless people who gave their time and shared their stories with Audrey to highlight issues that have been raised in this report. I would like to add a special thank you to the homeless people, and staff working with them, that I met on a special visit arranged by the Homeless Health Team. All of their stories have confirmed my commitment, not only to working towards improving the service for them, but also to looking at public health interventions that can prevent vulnerable people falling out of the system.

This Report is also available on CD and on the following websites:

http://www.westhullpct.nhs.uk
http://www.hullcityvision.co.uk
http://www.heros.org.uk
http://www.hullcc.gov.uk

If other formats are required please telephone 01482 303504

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A compact disc version of this report is also attached, which includes:

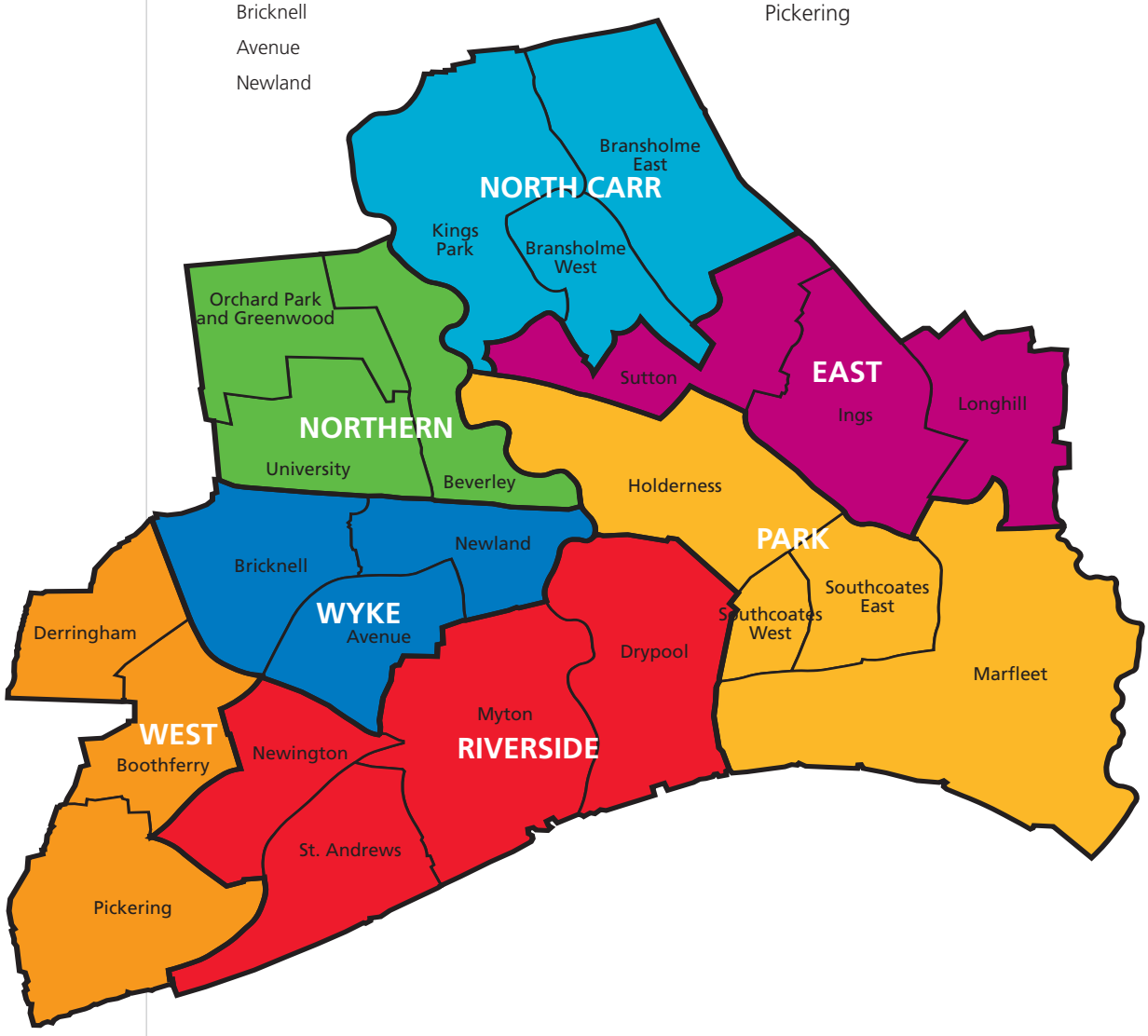
1. Full copy of this report with recorded voices
2. Population profiles and additional public health information
3. Report of Social Capital and Health: A Baseline Assessment
4. Further reading and websites
5. Evaluation

I also recommend readers to explore our website http://www.hullpublichealth.org where there is a wide range of useful public health information available, inclucing PCT population profiles.

Map

Area Committees and Electoral Wards

- **NORTH CARR**
  - Bransholme East
  - Bransholme West
  - Kings Park
- **NORTHERN**
  - Orchard Park and Greenwood
  - University
  - Beverley
- **EAST**
  - Sutton
  - Ings
  - Longhill
- **WYKE**
  - Bricknell
  - Avenue
  - Newland
- **PARK**
  - Holderness
  - Southcoates West
  - Southcoates East
  - Marfleet
- **RIVERSIDE**
  - Newington
  - St. Andrews
  - Myton
  - Drypool
- **WEST**
  - Derringham
  - Boothferry
  - Pickering



1 Introduction

Welcome to this my first Annual Report as Director of Public Health for Hull.

I joined the NHS in 1999 and have held a number of different public health positions. As a Hull born person I am delighted to be given this opportunity to make a real impact on the health of everyone in Hull.

Whilst the City currently has a poor health record in terms of heart disease, cancers and sexual health, we have every reason to be optimistic because there is some excellent work going on to address these issues. It will be my job to work with others to make sure that everyone in Hull is able to benefit from better health, whether that means getting help with giving up smoking, better housing or just knowing how to make small changes in lifestyle to improve health. Having grown up in Hull during the 1960s and 1970s I have seen the effects the decline of certain industries and loss of jobs can have on people's mental and physical wellbeing. I want everyone in the City to reach their full potential in terms of education and employment and I want good health to be part of everyone's long term goals.

Often people just need a signpost to point them in the right direction to help them to live more healthily. One way that we can support this is through the exciting new opportunity to appoint a team of Health Trainers. This is a major success for public health partners in the City, to be selected to be an early adopter to pilot the initiative before it goes national in April 2006. It is a direct benefit of the two Hull Primary Care Trusts (PCTs) being identified as Spearhead PCTs under the "Choosing Health" Public Health White Paper.

The opportunities presented by the publication of "Choosing Health" and subsequent delivery plan provide the building blocks to improve health. The priorities identified in the paper include:

- Tackling health inequalities
- Reducing the numbers of people who smoke
- Tackling obesity
- Improving sexual health
- Mental health and wellbeing
- Reducing harm and encouraging sensible drinking
- Helping children and young people lead healthy lives
- Older people

Hull is a unique and exciting City in many ways, with many regeneration projects including The Deep and KC Stadium having a positive impact. It is not, however, favoured in terms of the health of it's population. One way to illustrate this is to compare the health of Hull with that of people who live in areas where the quality of life is very different. This shows us that if we could influence the economic and social environment we could improve the health and well being of people in Hull. This report examines the area of Hambleton and Richmondshire, only about 70 miles from Hull, but considerably better off in terms of health. Our aim should be to work towards improving the health of the citizens of Hull to the level experienced by people living in areas such as this.

I have adopted a new approach for this year's annual report. This is as a result of a personal experience whilst I was Acting Director of Public Health. I had an opportunity to meet with a young man whose story indicated many missed opportunities which might have diverted him from a life of drugs, alcohol and subsequent homelessness. This made me think hard about how we should use case studies to learn lessons that could influence the improvement of public health and the provision of health care services to impact on the wider community.

My aim is to use the topic of homelessness and social exclusion to look at the wider public health issues that arise from looking at the real life experiences of homeless people. We should not forget though, that it is not just the homeless who are in a precarious situation.

Our research during this past year shows us that there are a significant number of people (up to 2,000 in Hull) who are very isolated and do not have anyone they can turn to if they become ill or have a crisis. If these people, a part of our community, need medical care or simple help with health or other issues how can we ensure they receive it? Furthermore, they themselves do not believe that they have support networks in the community and neighbourhood to provide the most basic level of social care. For people who are on their own in this way a fairly straightforward illness such as flu or a chest infection can start a downward spiral.

This makes it even more important that we work with our local communities to support and build social networks and to make sure that our health care services are available equitably for all. We can do this by working with people living in our communities, the Local Authority and its entire staff, our new Health Trainers and other professionals such as District Nurses, Health Visitors, General Practitioners and Community Health Development Workers. It is a challenge, but one I believe we can meet.

Step change improvement cannot be achieved by health services alone. Success depends on the engagement of key stakeholders, locally and nationally and, just as importantly, communities and individuals being engaged in making healthy choices. The post of Director of Public Health for Hull is now a shared post between the West Hull Primary Care Trust, Eastern Hull Primary Care Trust and Hull City Council. This is an exciting new opportunity to work across all agencies to address the whole range of the determinants of health.

I will be working with Cityvision, the Local Strategic Partnership (LSP) for Hull, which has a key role in bringing all local partners together to develop the new Community Strategy and delivering the government floor targets. Priority areas for Cityvision include public health, improving educational attainment, reducing crime and the fear of crime and increasing employment rates, all of which will impact on health and health inequalities in Hull.

City Health, a sub board of the LSP, has recently agreed to focus on four health priorities: smoking, obesity, drugs and alcohol. These reflect the priorities identified in the "Choosing Health" White Paper as well as locally identified health needs. In my joint post as Director of Public Health for the City, I look forward to having the opportunity to work with all partners to develop shared strategies and action plans to address these priorities.

Through working in partnership with the LSP, public health has contributed significantly to the Neighbourhood Renewal agenda in terms of developing action plans to improve health and quality of life in the City. We have also secured funding via the commissioning process to enable services such as smoking cessation to be enhanced to encourage more people to stop smoking.

Gateway, the housing market renewal pathfinder programme, is about creating sustainable communities through the regeneration of the housing market in Hull. Sustainable communities in the City are about creating places where people want to live, prosper and enjoy a better quality of life. It is important that health is engaged in this agenda by ensuring that this vision becomes a reality.

The Social Capital Baseline Study published this year adds a whole new source of information about life in our communities and how this impacts on health. There are numerous definitions of social capital but an early and influential one is by Robert Putnam [1] who said "Social capital …. refers to the features of social organisations such as trust, norms and reciprocity, that can improve the efficiency of society by facilitating co-ordinated action". Citizenship, neighbourliness, trust and shared values, community involvement, volunteering and social networks are important features of social life – the glue that holds societies together.

The concept of social capital is important for public health because if it can be shown that higher levels of social capital impact on health status then its measurement could become a useful tool in developing public health action plans at community and neighbourhood level. The Hull survey has found that social isolation, having help in a crisis and feeling safe are key factors related to health.
The full report is available on the compact disc accompanying this report and I recommend that you use the information to inform a wide range of activity at neighbourhood level.

This year has been a very exciting year for public health with the publication of the "Choosing Health" White Paper and delivery plan. This together with the targets incorporated in "National Standards, Local Action: Health and Social Care Standards and Planning Framework", as well as the public health priorities for Hull, have now been incorporated into a business plan for the Public Health Directorate.
For the first time this gives us a clear public health performance management framework against which we can measure achievements and improvements.
In future years I look forward to sharing the detail with you by way of this report and I am sure you will see changes for yourselves in our City's developments.

My recommendations in the concluding section of this report will, I hope, be just the start of making change happen. We have exciting opportunities ahead. We need to challenge negative thinking and raise expectations and aspirations to enable the City of Hull to reach it's full potential. We have the pride to want it to be a top ten City and the passion to make it happen.

I look forward to hearing from everyone who reads this report as to whether this new approach is useful and to this end please do return the evaluation form enclosed. There is also a lot of extra information on the compact disc that accompanies the report and at the website http://www.hullpublichealth.org I would encourage you to explore that information in addition to reading this document. The Humber Health Protection Agency Annual Report is available from the Humber Health Protection Unit and also provides useful information to compliment this report.

My predecessor left Hull in January of this year and I was appointed to the Acting Director of Public Health role and formally appointed as Director of Public Health in July. I have thoroughly enjoyed my first few months in post and I look forward to working with you to move forward our plans for health improvement for the population of Hull.

I am pleased therefore to present this, my first Director of Public Health for Hull Annual Report, which I hope you will enjoy.

Dr. Wendy Richardson
Director of Public Health for Hull.
West Hull Primary Care Trust
Brunswick House, Strand Close
Hull. HU2 9DB

References

1. Putnam R (1993) 'Making Democracy Work: Civic Traditions in Modern Italy', Princeton University Press

2

Health and Risk Factors in Hull

In the previous section I mentioned how health in Hull is very different to that in some other areas. This section looks more closely at health outcomes and the different ways in which people live their lives with respect to risk factors.

A way to illustrate this is by comparing health in Hull with health in Hambleton and Richmondshire, an area roughly 70 miles northeast, just over an hour's drive from Hull. It is situated around the town of Thirsk. People living in the area covered by Hambleton and Richmondshire in general live longer and have much better health than those who live in Hull.

Part of this reason might be because the physical environment (pollution, traffic, buildings, etc) is more favourable in the rural area of Hambleton and Richmondshire.

But the major difference is in the lifestyle of people in the two areas.

In Hull we have much higher levels of some of the major risk factors connected with poor health such as smoking, high alcohol consumption, bad diet, etc. This is worrying, but it also gives us an opportunity because if we help people in Hull to change their lifestyles, we could improve local health trends to that seen in more favoured areas.

I have tried to make my first Director of Public Health Annual Report a little different. It is usual to include a section with graphs and tables. This year I have aimed to make this section simpler. In addition, however, I have made a very full analysis of health in Hull available on the Internet. I hope this will be more useful as a continuing and continually updated resource for those who want to go into more detail. The statistics and analysis are available at: *http://www.hullpublichealth.org*

Life Expectancy

A person living in Hull will die earlier than a person living in Hambleton and Richmondshire.

Figures 1 and 2 show the life expectancy trends of men and women in Hull, England and Hambleton and Richmondshire.

The estimated life expectancy for Hull men is 73.7 years whereas for Hambleton and Richmondshire men it is 77.8. Hull men have a shorter life span of 4.1 years.

The situation is similar for women who can expect to live until 82 in Hambleton and Richmondshire and 79.4 in Hull, but still the difference is 2.6 years.

Another way of looking at this is using Standardised Mortality Ratios (SMRs).

A Standardised Mortality Ratio gives the average death rate for the UK as a rate of 100. Any figure higher than 100 means that the death rate in that area is worse than the UK. Similarly any rate lower than 100 indicates that the death rate is better than the average for the UK.

The death rate in Hull, as indicated by the SMR, was 120 in 2003, 20% higher than the UK average.

The death rate in Hambleton and Richmondshire as indicated by the SMR, was 89 in 2003, 11% lower than the UK average.

The next section gives background information on causes of mortality such as Coronary Heart Disease (CHD), Strokes and Cancer.

Figure 1:

Male Life Expectancy at Birth

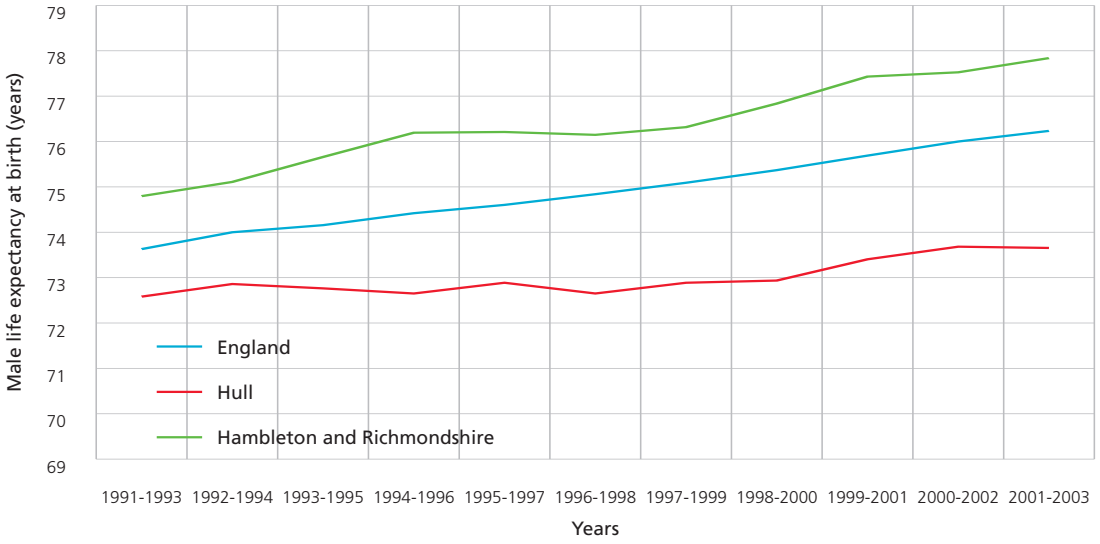
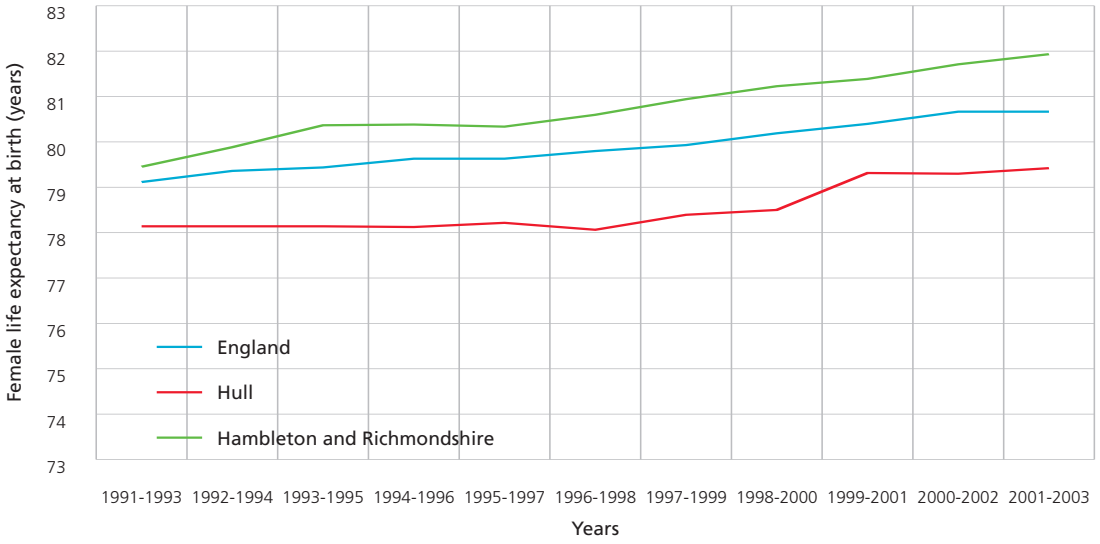


Figure 2:

Female Life Expectancy at Birth



Coronary Heart Disease

This year, we undertook a CHD Equity Audit to examine the levels of heart disease around different parts of Hull and whether we were offering the services we should in the right places.

The results identified that we have more CHD than many other areas, but an examination of the quality and location of the services we offer were encouraging. The CHD Equity Audit points the way towards further improvements in services. This and other relevant documents are available at *http://www.hullpublichealth.org*

Figure 3 shows us mortality rates under 75 years from circulatory diseases (heart disease and stroke). It can be seen that Hull as a whole has a worse outcome than both England and Hambleton and Richmondshire.

Figure 3:

Trends in Circulatory Disease Mortality Rates 1993 – 2003
(directly standardised rate - standardised to European Standard population)

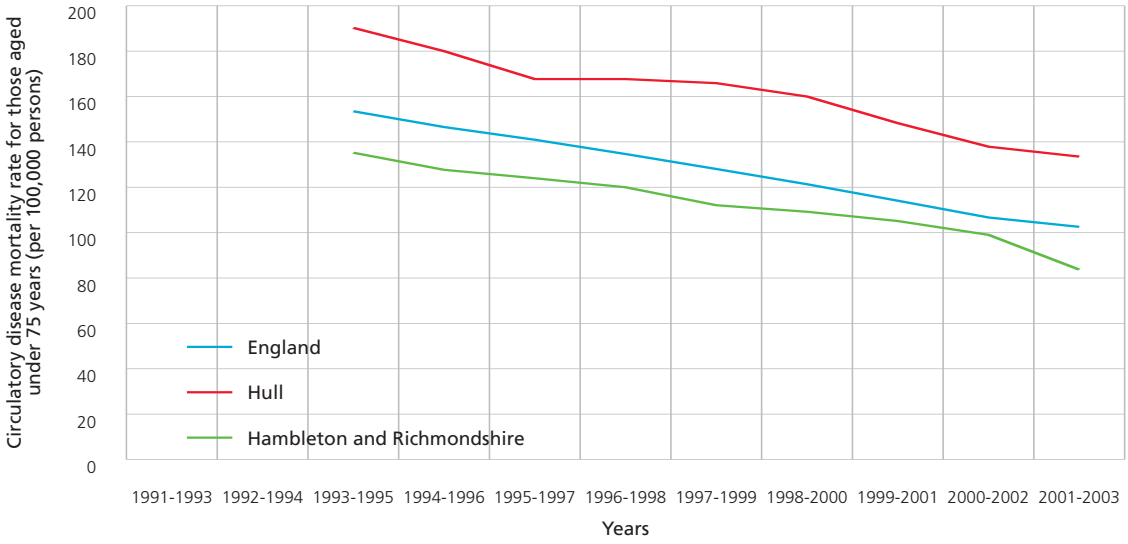


Table 1 shows the different rates of CHD deaths in Hull as the number of deaths per 100,000 people. Different age groups are shown for both men and women.

It can be seen that early deaths (under 75) from heart disease are greater in Hull than England and that Hull also has more early deaths from heart disease than Hambleton and Richmondshire. Hull men are more than twice as likely to die from CHD, than women, in the 65 – 74 age group and 5 times more likely to die from CHD in the 35 – 64 age group.

Stroke

Stroke is a major killer in England and Hull is no exception.

Table 2 shows us that Hull has over double the mortality from stroke for both men and women in the 65 – 74 age groups than in Hambleton and Richmondshire. These early deaths caused by stroke are one of the factors which impact on the lower life expectancy in Hull. In the same way as with CHD, we see that Hull men are more likely to die from stroke than women.

Table 1: CHD age specific mortality rates per 100,000 persons for 2001-2002

Table 1:	CHD age specific mortality rates per 100,000 persons							
Area	Males aged (years)				Females aged (years)			
	15-34	35-64	65-74	75+	15-34	35-64	65-74	75+
England	1.6	106	710	2149	0.4	27.4	300	1454
Hambleton & Richmondshire	0.0	109	642	2346	0.0	19.7	304	1844
Hull	4.0	157	886	2339	0.0	30.7	408	1488
Eastern Hull PCT	10.4	165	775	2222	0.0	23.6	423	1596
West Hull PCT	0.0	157	1042	2477	0.0	38.4	381	1479

Table 2: Stroke age specific mortality rates per 100,000 persons for 2001-03

Table 2:	Stroke age specific mortality rates per 100,000 persons					
Area	Males aged (years)			Females aged (years)		
	35-64	65-74	75+	35-64	65-74	75+
England	21.2	191	1072	16.2	142	1235
Hambleton & Richmondshire	18.0	152	1249	14.2	68	1272
Hull	26.2	260	1161	21.1	183	1194
Eastern Hull PCT	39.0	249	1091	21.5	209	1227
West Hull PCT	14.1	270	1221	20.8	160	1167

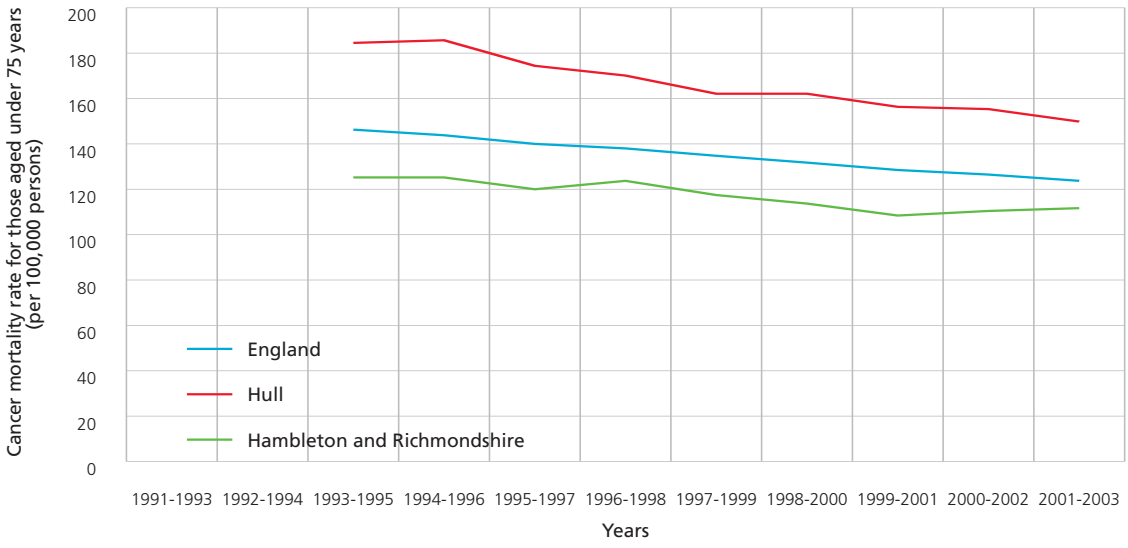
Cancer

This year we are undertaking a cancer Equity Audit to look more closely at the levels of cancer in the area and to find ways of making sure that we reach those who are most at risk.

Figure 4 shows us that Hull has higher cancer mortality rates than England and Wales and that generally, Hambleton and Richmondshire has lower rates.

Figure 4:

Trends in Cancer Mortality Rates 1993 – 2003
(directly standardised rate - standardised to European Standard population)



Male cancer death rates (Table 3) show a gradient when compared to England or Hambleton and Richmondshire. In particular, as Hull men get older, the difference in the death rate from cancer becomes increasingly large.

The table shows a similar pattern for women.

Lung Cancer

Table 4 illustrates that death rates from lung cancer (for both men and women, but especially for men) are much higher in Hull than in England as a whole or in Hambleton and Richmondshire. In the case of East Hull, it is apparent that high levels of male smoking identified in our Health and Lifestyle Survey (outlined later in this section) are causing death rates which are approaching twice the level in Hambleton and Richmondshire.

Table 3: Cancer age specific mortality rates per 100,000 persons for 2001 -2003

Table 3: Cancer age specific mortality rates per 100,000 persons								
	Males aged (years)				Females aged (years)			
Area	15-34	35-64	65-74	75+	15-34	35-64	65-74	75+
England	7.4	157	988	2252	8.0	145	664	1354
Hambleton & Richmondshire	11.4	139	870	2076	2.7	140	652	1352
Hull	9.0	206	1227	2708	7.4	149	755	1587
Eastern Hull PCT	7.9	191	1163	2698	4.1	169	777	1618
West Hull PCT	9.9	221	1282	2717	10.3	129	735	1562

Table 4: Lung cancer age specific mortality rates per 100,000 persons for 2001 -2003

Table 4: Lung cancer age specific mortality rates per 100,000 persons							
	Males aged (years)			Females aged (years)			
Area	35-64	65-74	75+	35-64	65-74	75+	
England	39.2	278	512	24.1	145	218	
Hambleton & Richmondshire	32.6	271	448	17.7	116	276	
Hull	74.8	450	779	28.7	292	384	
Eastern Hull PCT	64.5	416	850	33.8	261	371	
West Hull PCT	84.5	480	719	23.8	320	395	

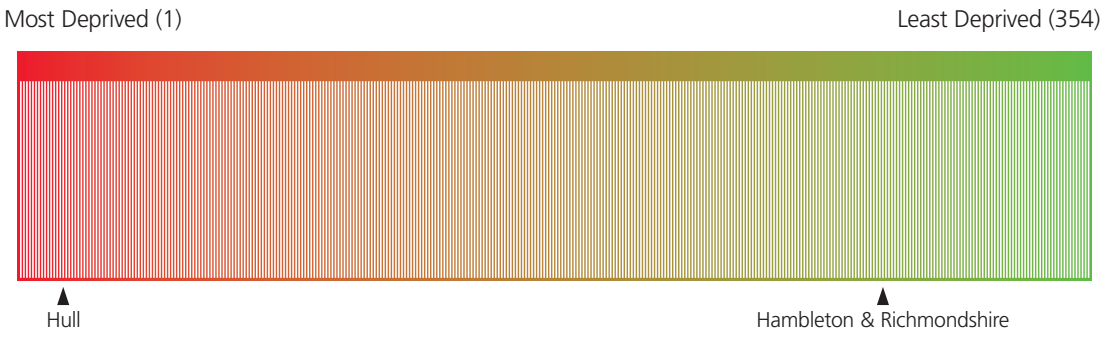
Risk Factors

We can see that life expectancy and general health in Hull is worse than in Hambleton and Richmondshire. We need then to ask what can we do to improve things in Hull?

Deprivation

Deprivation has a major impact on health. Our relative deprivation level is measured using the Indices of Multiple Deprivation which combine information relating to income, employment, education, health, skills and training, housing and crime into an overall measure of deprivation.

A score is calculated for each area; a low score indicating greater deprivation with the most deprived area being given a rank of 1. According to the 2004 index, Hull has a rank of 9 out of 354 local authorities whilst Hambleton and Richmondshire ranks 285th.



Smoking

Smokers live on average at least 7 years less than non-smokers. The number of people under the age of 75 who die from smoking-related diseases exceeds the total figure for deaths caused by breast cancer, AIDS, traffic accidents and drug addiction.

Smokers have an increased risk of cancers of the mouth, bladder, kidneys, pancreas, stomach, liver, colon and cervix, as well as an increased risk of developing leukaemia. In addition, they are 2 to 3 times more likely to have a heart attack than non-smokers and much more likely to die from heart disease. Smokers are also more likely to have strokes, blood clots and angina. Smokers have 2 to 3 times the risk of developing Type 2 (adult onset) diabetes. We shouldn't forget that smoking is also very expensive.

Smoking levels in Hull are very high. Up to 50% of people in the more deprived areas of Hull still smoke compared to around 26% in England as a whole. No published figures are available for Hambleton and Richmondshire, but it is likely that smoking in that area is lower on average than England as a whole.

It is not surprising therefore that health in Hull is worse than in many other areas.

It is also very important to realise that if people stop smoking before the age of 30, almost all of the risks of smoking are avoided and that if people stop at age 50, their risk of smoking-related diseases is halved.

Alcohol Consumption

Excessive alcohol intake is associated with increased risk of heart disease, liver damage, cancer of the mouth, throat, breast, liver and colon. In addition one local estimate suggests there are up to 40,000 alcohol related assaults in Hull a year. Overall, alcohol may be involved in up to 118,000 crimes a year locally. Because well-being and health are related to crime, it is important that excessive drinking should be reduced. Excessive drinking is defined as drinking 22-50 and 15-35 units per week for men and women respectively. Dangerous levels of drinking are when consumption exceeds these quantities.

In Hull, statistics from our Health and Lifestyle Survey show us that around 24% of younger men (under 34) tend to drink at excessive or dangerous levels. Almost 14% of women in the 16 – 24 age group drink excessively or dangerously. Current information suggests that women in older age groups are more careful with their drinking. No comparable statistics are available for Hambleton and Richmondshire.

Obesity

Hull has been dubbed the 'Fat Capital of Britain' in various newspaper articles and television programmes. We disagree that this is the case and in fact, when we look at our Health and Lifestyle Survey results we find that obesity is no more a problem than in other similar cities. However I recognise that in Hull we have a problem of rising levels of obesity, particularly amongst children, which, like other areas nationally and internationally, we must halt.

Our Health and Lifestyle Survey (2003) gives us good information on this, showing that there is a clear trend of higher levels of obesity amongst the more deprived groups, in comparison with their more affluent counterparts.

The pattern is particularly marked for women. Further analysis shows women in the most deprived groups are twice as likely to be obese and five times more likely to be morbidly obese then women in the least deprived groups.

Our survey also shows that people in the most deprived groups are also more likely to be underweight compared with their more affluent counterparts.

The survey data allowed investigation of patterns of eating in relation to deprivation. There is some indication that more deprived groups are more likely to have 'unhealthy' eating patterns. We must ensure that, as well as addressing the challenge of rising obesity levels, we develop food and basic nutrition skills in our communities.

Many diseases are more common in obese and overweight people, and people are less likely to develop them if they lose weight. Overweight people have more problems with diabetes, high blood pressure, stroke, heart problems, some types of cancer, arthritis of the back and legs, gallstones, menstrual problems, incontinence of urine, breathing problems, complications of pregnancy and depression.

Consequently I am concerned that increasing obesity could dramatically increase the burden of ill health in the Hull population if it is not stopped. I am currently developing an Obesity Strategy for our area which will make an impact on this growing problem.

Summary

This part of my report has highlighted the significant differences in health between the people of Hull and those living in Hambleton and Richmondshire.

This is disturbing, but at the same time gives us the opportunity to improve health status through a variety of means. Not only should we be planning to change and improve health related behaviour, but we also need to work jointly with those who can influence poverty, housing, environment, education and employment and all other factors which impact on the health status of our population.

Sources

Office for National Statistics 2001 Census life expectancy at birth. http://www.statistics.gov.uk
Clinical and Health Outcomes Knowledge Base: http://www.nchod.nhs.uk

3

Homelessness in Hull
- A window on public health

Introduction

This section focuses on national and local health issues around homelessness. An important challenge for a relatively small but important and vulnerable group of people. Focussing on homelessness will highlight important public health issues not only for those currently in this situation but also demonstrate where services and interventions can be improved to prevent people in the midst of a crisis becoming homeless. We may all benefit from the lessons learned from the experiences of homeless people.

The RadioActive[1] community radio health project organised interviews with homeless people and those working with them to capture their experiences and views. Some of their comments have been included in this report. Whilst this provides a snapshot of opinions it is felt that the views presented here are representative and add reality to the picture of homelessness in Hull.

By addressing both the specific and the wider issues for this vulnerable group we can learn lessons to support others at times of crisis. The City of Hull has many examples of good practice in the way services have developed in recent years. For example, The Quays (a Personal Medical Service), Homeless Health Team, Drug and Alcohol Services but the evidence presented in this section suggests that there is still scope for developing services for homeless people and the socially excluded.

"We should have the same rights as anybody else, just because we're homeless doesn't mean we're down and outs and beggars." Male 'A'

What do we mean by homelessness?

Homelessness is more than a housing problem and is a result of social and economic factors on the one hand and individual factors on the other. Whilst current measures aiming to prevent homelessness tend to focus on individual risk factors, political commitment to address the underlying structural factors driving homelessness is also important.[2]

A range of housing situations are defined as being homeless. This includes newly arrived immigrants, people staying with friends or family, victims of fire or floods, those living in squats, emergency or temporary accommodation such as night shelters, hostels and refuges, those living in bed and breakfast hotels and sleeping rough.

This may be a temporary, long term or serial event in people's lives. Do we ever stop to think what impact just providing a roof over someone's head has on their health? Is it enough? What other support mechanisms do people in our City need so that they can take responsibility for improving their own health?

"It's the vulnerable people who I worry about, who aren't visible to us because they're living in B&Bs or they're squatting or they're staying with friends or sleeping on sofas, these are the most vulnerable people."

Homeless Health Team

Who is affected by homelessness?

As stated, there is no single cause and no single group of people that can be identified as at risk of homelessness. Some people, however, are more vulnerable and as a result, the individual, and their health is at risk. For example:

"I was buying my own home, got made redundant, couldn't keep up my mortgage payments, I had to sell my house and I ended up in here, I didn't want to be a burden on my family because my family have all got their own children and that and it's not fair on them." Male 'H' A resident of William Booth House

Women face particular difficulties in terms of housing. Many women are unemployed, on low wages or find it hard to take paid work because of their responsibility for children or as carers. Finding affordable accommodation can be especially difficult. Some young women find themselves homeless as a result of breakdown in family relationships, which can be associated with a birth.

Family homelessness is complex and often hidden away from local services including housing, health and social services. Trigger factors that can contribute to family homelessness can include family dispute, relationship breakdown, domestic violence, eviction or abandonment of a tenancy.

"When we moved up here we don't have no trouble no more. We moved away from the violence. It's like a fresh start. Good in one-way, bad in another. We lost most of our stuff."
Young Female 'X'

Parents who are homeless have often experienced the care system and experienced abuse within their own families and by their violent partners. Other common features are mental health issues, drug and alcohol misuse. Many homeless children live in poverty and their health deteriorates whilst living in temporary accommodation.

"I went on to another relationship and that turned really violent, really fast and I've got scars on my face from the domestic violence so after a year of it, I blame myself, domestic violence is quite complicated because a lot of it is the mental torture, they make you feel it is your responsibility, that it's your fault that they beat you up and I fled to London, I couldn't take any more, now I had been a heroin addict for a long time and I turned back to heroin to dull it all out." Female 'A'

The children and mothers within homeless families experience very high levels of mental ill-health including aggressive or anti-social behaviour, anxiety, depression, excessive fears, self-harm, separation anxiety, eating and sleeping problems and bedwetting.

For homeless children with mental and emotional health issues it can be difficult to access mainstream mental health services due to numerous factors including the chaotic nature of their lifestyle and the inability of traditional services to key into this. One of the most immediate losses of homeless children is access to education and school. The Homeless Health Team in Hull run an after-school club in the family hostel to promote play, learning and socialisation for homeless children.

"I got some donations of clothes for my baby and a few items for me. I got food parcels when I first moved in because I didn't have my benefits sorted properly. They have supported me in some ways both mentally as well as physically. Like the mental side of it, they've helped me get through the loneliness." Young Parent Female 'S'

Young people and care leavers. Due to lower incomes and unemployment, many young people have problems finding affordable accommodation. A common misconception is that young homeless people choose to become homeless. However research indicates that most homeless young people leave home because they are forced to.

Research has also shown the high proportion of young homeless people who have been in local authority care face particular difficulties with finding somewhere to live and support with living independently.[3] Often these young people have had traumatic childhoods and adolescence that leave them ill equipped to cope with independent living.

"I was put in a home and then we went from different homes until I went to a place called *** at *** and I was there for 5 years. I left school at 16, come back home to my Mum and Dad in Leeds and found that there was still trouble, there was still problems, you know and it was all down to drink. I decided I'd had enough at sixteen and a half and I went and lived with a friend of mine, packed my things and just left, my Mum and Dad didn't know where I was for 2 years." Male 'N'

Refugees face homelessness and particular difficulties in getting accommodation.

Economic immigrants coming into the country on the offer of a job that fails to materialise may become homeless and need special support. There have recently been a number of immigrants from Eastern Europe providing new challenges to services in Hull.

Ex-offenders. Statistics have shown a higher incidence of people without settled accommodation amongst those who receive both custodial and non-custodial sentences.[4] There is also evidence from hostels showing significant proportions of ex-offenders amongst applicants and residents. Prisoners often lose their accommodation whilst in custody and many have nowhere to go when they are released. Offenders with mental health problems face particular difficulties in finding and keeping accommodation. The majority of prisoners in Hull prison are from local communities and are there for drug related crime and most are given short sentences that mean aftercare is limited.

"I went to prison and I came out of prison and my father had moved to a bungalow so I ended up homeless, I had nowhere to live." Male 'I'

Ex-armed forces personnel sometimes require special assistance due to traumatic stress, family breakdown or lack of experience of independent living.

Compounding Factors

Social exclusion & social support networks. A major survey of social capital and health in the City has found that social isolation, having someone to help in a crisis, and feeling safe after dark are key factors related to health (a copy of this research is included on the compact disc attached to this report). This study collected responses from adults who were homeowners or tenants, however, many of the findings about the neighbourhoods across Hull will be relevant to strategies to prevent homelessness in Hull.

"I never realised there were people out there that could actually help you. Like I said, I've been on the streets before, but didn't realise there were other people out there that could help you." Male 'N'

"I went up on the coastline and you just find somewhere there, luckily it was summer so it wasn't as cold and I was in the army for 9 years so they taught me a lot. I lived off the land a bit, I did things I would never think of doing like somebody leaving fish and chips on the wall I would actually go over and pick the bag up and actually eat what they've left, the thing with me I wouldn't downgrade myself I wouldn't go begging." Male 'N'

Alcohol and drugs. Many homeless people also have problems that are related to alcohol and drug misuse. In some cases this contributes to their homelessness and difficulties with finding accommodation. Whilst there are community alcohol and drug services locally that are accessible to socially excluded or hard to reach people, services are already stretched, particularly alcohol services.

"My family, they didn't turn their back on me, but they didn't help either. I think because I tried overdosing in my Dad's house, that was it as far as he was concerned, you know, he doesn't want to know." Female 'A'

Mental Health. Mental ill health can make independent living very difficult and contributes to homelessness and difficulties finding accommodation. In addition being homeless and not having somewhere safe and secure to stay can actually make people more vulnerable to mental health problems. Some vulnerable and homeless people who tend to have common mental health problems get trapped in a cyclical pattern of recurring homelessness, hospital admissions and contact with the criminal justice system. Where an addiction exists alongside mental illness, all the problems are acutely exacerbated.

"I sort of had, which I can say a bit of a mental illness and I really wanted to just go away and go to sleep really and not wake up the next morning, which is silly really" Male 'N'

Employment, education and training. Many homeless people are unemployed and once without a home it becomes very difficult to get a job. There are high rates of poor literacy and low educational achievement amongst homeless people.

"It's not very good for employment and stuff like that, if you get a job, because you can't really get a job if you're homeless can you?" Male 'I'

Welfare benefits. Homeless people need access to good advice and assistance at an early stage to ensure they receive the benefits to which they are entitled.

Health. Research has shown a clear link between poor physical health and homelessness or poor housing. Homelessness also creates high levels of stress that is linked to a wider range of health problems. Sleeping rough exposes people to severe weather, poor nutrition and limited access to hygiene facilities. Homelessness worsens the health of those who already suffer from poor health. Overall, homeless people have lower life expectancy and have been found to experience higher rates of chest problems, tuberculosis, skin, muscle and joint complaints, digestive problems, alcohol and drug related problems.

Homeless people also experience difficulties in accessing health services. Research has indicated that nationally only a minority of homeless people are registered with a GP and many resort to using emergency services even for minor illnesses. This has been one of Hull's[5] huge successes in that no homeless person should be without access to General Medical Services (GMS) and access to primary and secondary care since the establishment in 2000 of The Quays (a Personal Medical Service provided by West Hull Primary Care Trust). Homeless people are more likely to be admitted to hospital for treatment and discharge can be problematic.

"We've got a large network of agencies and hostels and health workers who are all working together with the one joint aim really of increasing the chances of success for homeless people." Homeless Health Team

Housing. Apart from hostel accommodation, options for homeless people may include supported housing, housing co-operatives, private rented accommodation and bed & breakfast hotels.

Whilst these problems are heightened for homeless people, this serves as a reminder to take into account similar issues for other vulnerable and socially excluded groups.

We must continue to work with hard to reach groups so that we ensure equity of access to services and access to help and advice which improves health and quality of life.

The National Picture

- The average age of death of a rough sleeper is 42
- 10,000 people sleep rough in England each year

Profile of Big Issue Vendors in the North

- 55% have been homeless for more than two years
- Average age of vendors is 31
- 27% spent time in care
- 44% of big issue vendors have a disability or long-term illness

Source: Big Issue in the North
(www.bigissueinthenorth.com)

- Approximately 25% of rough sleepers are between 18 & 25 and 90% of them are male
- Some 30 – 50% of rough sleepers suffer from mental health problems, up to 50% have a serious alcohol problem and 20% misuse drugs
- Between a quarter and a third of rough sleepers have been looked after by local authorities as children
- Only 38% of rough sleepers have any educational qualifications

Source: Social Exclusion Unit
(www.socialexclusionunit.gov.uk)

- In England around a third are homeless because relatives or friends are no longer willing to provide accommodation and another quarter are associated with relationship breakdown (16% is due to domestic violence)
- Compared to the general population, people in hostels and B&Bs are twice and rough sleepers three times, as likely to have chronic chest and breathing problems, and rough sleepers are twice as likely as the general population to have musculo-skeletal problems

Source: Crisis
(www.crisis.org.uk)

The Hull picture

Key Findings from the 430 people covered by the homelessness census in Hull are as follows:

- Over three quarters were under the age of 35 (328 people)
- One third were young vulnerable people under 24 (190 people)
- Over two thirds were male (292 people)
- One quarter were asked to leave by their parents (101 people)
- One quarter had suffered from a relationship breakdown (99 people)

Source: Hull City Council Homelessness Strategy 2003/04

Hull is one of the better cities to be homeless. There is a large and varied range of temporary accommodation ranging from single occupancy properties with some support to large hotel like multi-occupancy hostels. Hull has a night shelter and two direct access hostels. There are numerous housing associations who gear their accommodation and support services towards specific client groups such as young people, families, people with learning difficulties, those with mental health problems and people with drug and alcohol problems. You have probably walked past at least one of these buildings without knowing it and have had a conversation with someone who is or has been homeless.

In terms of specific access to health services The Quays targets people who are socially excluded. A significant number of these people are or have been at considerable risk of being homeless. At The Quays homeless people can access GP services, nurse treatment, psychotherapy and treatment for drug and alcohol issues. They can access specific support from the Homeless Health Team that utilises a public health and pro-active approach to bring people back into service use and in particular, health services. The team includes health visitors, a nursery nurse who works with families and children and a community psychiatric nurse to support clients with severe and enduring mental illness. The Homeless Health Team will work with homeless people within the City of Hull. Clients do not have to be registered at The Quays to access the team.

"I found out that there is other people out there as well, I've been on a course to help me back to work, to help me find somewhere to live and it's looking good actually."

Male 'N'

References

1 RadioActive is funded by the Big Lottery Fund to work with young people aged 11 to 25 to develop community radio and media skills as a method of raising the awareness of health issues.
2 Single homelessness: An overview of research in Britain 1990-1999 (Fitzpatrick, Kemp & Klinker, Bristol Policy Press 2000)
3 from www.homelesspages.org.uk - subjects
4 op cit
5 The current service provision is a local success story and a tribute to the commitment of staff past and present, especially those of the Homeless Health Team.

4

Conclusion & Recommendations

We have reached a time in the City's health history where we can really make some significant changes, which will improve the health of the population.

By recruiting Health Trainers from our own communities we can work directly on the health needs of individuals and groups including those who may have been hard to reach in the past. For example we will be working with our local prison population to identify health and health improvement priorities and our aim would be to have prisoners themselves working on addressing those issues. Work at The Quays will continue to ensure open access to all of those vulnerable groups who have previously found it difficult to access health care and positive health advice. I have learned in preparing this report that not only do we need to recognise the health needs of specific groups but we also need to consider the best way that we as health professionals gain access to these individuals and give them information and support in the most appropriate way.

Hambleton & Richmondshire is only about 70 miles away from Hull, less than two hours drive. Men can expect to live on average 4.1 years more and women can expect to live on average 2.6 years more than men and women born and living in Hull. Not only will they live longer, but their general standard of health and wellbeing will be higher. There is a link between health and achievement in education and employment. Therefore the inhabitants of Hambleton & Richmondshire, in all likelihood because of their better health profile, will also achieve more in education and training and be more likely to be in sustainable employment. As a consequence of their education and employment potential they will enjoy better health; and so the cycle continues and health inequalities are perpetuated.

This is why I focussed on homelessness as the specific theme for this annual report. In the introduction I explained about my encounter with a young man from Hull who reminded me that the best health educators are those faced with the day-to-day reality of doing the best for themselves and their families whilst living in the City. From the harsh realities of the homeless people who have helped me in putting together this report, I now feel that I can plan a public health strategy for the people of Hull which will not only meet the needs of those on the edge of social exclusion but will also meet the needs of the diverse groups now living in the City.

To this end I have developed the first Public Health Business Plan (2005-2006) for the City of Hull, with the key objectives shown below. Achievement against the plan will be reported in detail in an appendix to next year's Director of Public Health Annual Report.

1. Increasing life expectancy
    i. To reduce the incidence of coronary heart disease, cancers, strokes and diabetes.
    ii. To develop preventative strategies to tackle the major causes of ill health.
    iii. To address health inequalities and 'close the gap' regarding health outcomes for those from wards with high deprivation indices.
    iv. To build social capital and encourage wider engagement in health and well-being issues in communities.
2. Improving health outcomes
    i. To reduce the incidence of teenage pregnancy.
    ii. To improve childhood immunisation rates.
    iii. To advise on the cost effective introduction and use of treatments.
    iv. To fulfil the health protection function in partnership with the Health Protection Agency.

3. Drugs and Alcohol
    i. To raise awareness and provide clear and accessible information to the public about the sensible and responsible drinking of alcohol.
    ii. To increase access and effectiveness of drug and alcohol treatment services.
    iii. To work with local partners and regional and national agencies to plan a local response to the harms caused by drugs and alcohol.

4. Patient and Public Involvement
    i. To review and implement the Patient and Public Involvement Strategy.
    ii. To disseminate good practice in patient and public involvement.

These are just the headlines of the Public Health Business Plan within which is given more detailed action on how we will achieve the overarching aims. The above are my priorities for the general population of Hull, but what are my additional aims for the socially excluded, based on the learning in this report? My recommendations for the next year would be:

1

Recommendation One

In health and social care we develop and implement strategies to address specific needs of particular groups. We develop these with a generic approach. What we don't do often enough is investigate whether our approach is appropriate for all groups. I am currently responsible for developing an Obesity Strategy, an Alcohol Strategy and developing plans to move Hull towards being a Smoke-free City.

My first recommendation to partners involved with me in this work, will be to ensure that not only do we adhere to public health principles and practice in developing our action plans, but we also familiarise ourselves with target groups' perceptions and needs regarding these issues. In so doing we understand more fully how to enable individuals and groups to take their own positive action towards improving their health.

2

Recommendation Two

We all appreciate the importance of engaging with patients, users, carers, the general public as well as key delivery organisations (e.g. NHS, local authority, voluntary, community and private business sectors) and in fact considerable time and effort is put into this area of work. However we do not always balance this with our efforts in collating the outcomes of this work.

My second recommendation is to establish a consistent approach to community engagement across all partner agencies bringing together Engagement Frameworks and Quality Standards in Engagement. This needs to be supported by community development to increase the community capacity for involvement in health action planning. The development of the Hull Health Trainers Partnership will make a significant impact on this.

3

Recommendation Three

As the first person to hold the joint Director of Public Health post for the Primary Care Trusts and the Local Authority, I recognise that all aspects of life in the City may impact on the health of the population. I will work with all directorates in the Local Authority to maximise the health benefits from all future plans for the City.

My third recommendation therefore is to create a culture where health needs and impact assessment is part of the local planning cycle.

4

Recommendation Four

In the City of Hull, the two biggest employers are the NHS and the Local Authority. That means that in terms of working with individuals and influencing them about their health we should have quite an impact.

My fourth recommendation is that every member of health and Local Authority staff should be able to support members of the public if they need health advice. They should have access to information about support networks available for people in times of crisis. This will be informed by learning from the establishment of the Hull Health Trainers Partnership.

5

Recommendation Five

In a City where we recognise that we have significant challenges to reduce the incidence of cancer and coronary heart disease, our big causes of premature death, it is easy to forget the specific needs of children. We must keep their health, wellbeing and living circumstances at the top of our agenda.

My fifth recommendation is that Area Partnerships should combine the findings of the Social Capital Baseline Study for Hull, with local knowledge to identify ways of supporting families, children and young people who may be at risk or at the early stages of crisis.

I have learned a lot in preparing this report. Any of us could be one pay cheque away from the extreme circumstances in which some of the homeless people I met found themselves. Most of us are not, and many of us can play a significant part in directing our health resources to the areas of greatest need.

It is our responsibility to learn about the people in our communities and to target those resources to maximum effect.

Dr. Wendy Richardson
Director of Public Health for Hull.

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Further Reading and Websites

AdviceGuide

Citizens' Advice Bureaux website pages offering advice and support on housing and related problems
http://www.adviceguide.org.uk/index/family_parent/housing.htm

Big Issue

Big Issue in the North is sold by homeless people across the north of England. They buy the magazine for 50p and sell for £1.20 giving them a legitimate income. Vendors undertake a resettlement programme equipping them for life away from the streets.
http://www.bigissueinthenorth.com

Centrepoint

This high-profile charity's website offers details of emergency accommodation, advice on its courses for those working with the homeless and the homeless themselves. It also has a virtual homeless game and lists of publications.
http://www.centrepoint.org.uk/

Crisis

Campaigning for single, homeless people, this charity's website includes research on homelessness, information for teachers advising children on the dangers of homelessness and housing advice.
http://www.crisis.org.uk/

Department of Health

Here you will find the latest on the Department's work, as well as health and social care guidance, publications and policies. The Choosing Health, Public Health White Paper and Delivery Plan can be accessed from this site.
http://www.dh.gov.uk

Every Child Matters

Home page for Every Child Matters: Change for Children, a new approach to the well-being of children and young people from birth to age 19.
http://www.everychildmatters.gov.uk

Electronic Library for Social Care (ELSC)

Aimed at social care managers, practitioners, social services users and carers. The site aims to give access to the best available research, foster critical appraisal skills, provide tools to determine the evidence base of what works, and promote knowledge and expertise.
http://www.elsc.org.uk

Healthcare Commission

The Healthcare Commission is the independent inspection body for both the NHS and private and voluntary healthcare. Information and reports for your local health services are available via the following link.
http://www.healthcarecommission.org.uk/YourLocalHealthServices/fs/en

Homeless link

This organisation is the voice of more than 700 agencies that provide services to homeless people.
The site includes policy briefings, a roundup of homelessness news and details of specialist courses.
http://www.homeless.org.uk/

Homeless pages

A useful hub for information and organisations connected with homelessness, funded by the Resource Information Service. Particularly helpful are its various A to Z lists of organisations, documents and leaflets.
http://www.homelesspages.org.uk/

Hull and East Riding Options (HEROS)

HEROS is a gateway to Health and Social Care information for local people.
The site contains publications and reports which have relevance to local health needs.
http://www.heros.org.uk/

Hull City Council

Provides information on local services, employment, environment, business, councillors, etc.
http://www.hullcc.gov.uk

Hull City Council Homelessness Strategy 2003-2004

http://www.hullcc.gov.uk/housing/applying/homelessness_main_strategy.pdf

Hull Cityvision

Cityvision is Hull's Local Strategic Partnership which brings together the public, private, voluntary and community sectors in the city to work together to improve the quality of life in Hull.
http://www.hullcityvision.co.uk

Hull Daily Mail

Local news and information. This site also provides access to the web pages of local community groups and organisations.
http://www.thisishull.co.uk

Hull Hostels Forum

Hull Hostel Forum has been in existence as a members organisation since 1987, primarily as a vehicle for communication and promoting good practice amongst homelessness agencies. The forum facilitates communication between hostels and statutory bodies, responds collectively to local strategies, arranges training and has produced a hostel guide. Meetings are held every six weeks and membership is open to any individual or representative of relevant agencies.

http://www.hhf-ils.org.uk/HHF.htm

National Housing Federation

The National Housing Federation represents 1,400 independent, not-for-profit housing associations in England

http://www.housing.org.uk/

National Institute for Health and Clinical Excellence

Produces guidance in three areas of health: public health; health technologies; and clinical practice. Established in April 2005 to combine the activities of the National Institute of Clinical Excellence and the Health Development Agency.

http://www.nice.org.uk

National Electronic Library for Health (NELH)

The National Electronic Library for Health Programme is working with NHS libraries to develop a digital library for NHS staff, patients and the public. The site offers an extremely wide range of health information to support the modernisation of the NHS.

http://www.library.nhs.uk

National Sure Start

Sure Start aims to improve the health and wellbeing of families and children before and from birth, so children are ready to flourish when they go to school. It does this by setting up local Sure Start programmes to improve service for families with children under four, spreading good practice learned from local programmes to everyone involved in providing services for young children. Sure Start is a cornerstone of the government's drive to tackle child poverty and social exclusion.

http://www.surestart.gov.uk

National Youth Agency (NYA)

The National Youth Agency was started in 1992 and is based in Leicester, England. It's main aims are to promote young people's personal and social development, and their voice, influence and place in society. The Agency also works to improve and extend youth services and youth work; to increase youth participation in society; and to promote effective youth policy and provision. The site includes a section offering advice for young people who are homeless which includes information on personal safety and where to seek help.

http://www.youthinformation.com/

Neighbourhood Renewal Strategy

A strategy setting out the government's vision for narrowing the gap between deprived neighbourhoods and the rest of the country so that, within 10 to 20 years, no-one should be seriously disadvantaged by where they live. More information available at:
http://www.neighbourhood.gov.uk

NHS Improvement Plan

http://www.doh.gov.uk/

NHS Information Authority – Clinical Terminology and Classification Services

The NHS Information Authority was established in 1999.
A guide to clinical terminology and classification services can be found at:
http://www.nhsia.nhs.uk/def/home.asp

Office of the Deputy Prime Minister: homelessness

The government's homelessness website within the Office of the Deputy Prime Minister includes background to the problem, information on government's latest initiatives to tackle rough sleeping and related documents.
http://www.odpm.gov.uk/stellent/groups/odpm_homelessness/documents/sectionhomepage/odpm_homelessness_page.hcsp

Office for National Statistics Publications

This site allows you to search the latest comprehensive range of official UK statistics and information about statistics as well as providing free access to a selection of recently released publications and press releases in downloadable formats.
http://www.statistics.gov.uk/default.asp

ONS Neighbourhood Statistics

A searchable database offering a very wide range of downloadable statistics on social and health characteristics of areas down to electoral ward level.
http://www.statistics.gov.uk/neighbourhood.asp

Joseph Rowntree Foundation

The largest social policy research and development charity in the UK that seeks to better understand the causes of social difficulties and explore betters ways of overcoming them.
http://www.jrf.org.uk/home.asp

RadioActive

A health related radio project for young people aged 11 to 25 years old.
www.radioactivelive.com

Shelter

The website of this homelessness charity contains information on courses relevant to the housing and homelessness sectors. It covers details of its latest campaigns and has some interesting homelessness facts.
http://www.shelter.org.uk/

Social Exclusion Unit

Established in 1997 with a remit to help improve government action to reduce social exclusion.
http://www.socialexclusionunit.gov.uk

Single Homelessness Research

Bibliography of links to pages with content relevant to single homelessness research, updated annually
http://www.crashindex.org.uk/links.html

Social Trends

An established reference source of official statistics using data drawn from a wide range of government departments and other organisations.
http://www.statistics.gov.uk

Teenage Pregnancy Unit

http://www.dfes.gov.uk/teenagepregnancy/dsp_Content.cfm?PageID=85

UK Coalition on Older Homelesssness

The Coalition is a UK lobby group of housing and homelessness agencies concerned with raising the profile of older homeless people in the UK.
http://www.olderhomelessness.org.uk/

YMCA England

YMCA England supports and represents the work of nearly 150 YMCAs providing professional and relevant services that make a difference to the lives of young people in over 250 communities. The YMCA reaches out to over 1 million young people each year, working with them at every stage of their lives and offering support when and where they need it most.
http://www.hhf-ils.org.uk/HHF.htm

Yorkshire and Humber Public Health Observatory

http://www.yhpho.org.uk/

Users' Evaluation

This report is my independent, professional statement about the health of local communities based on epidemiological evidence and interpreted objectively. It is aimed at mainly local service providers and other interested parties. I hope that it will prove to be a useful resource for local inter-agency action.

Please will you take a few minutes to answer the following questions?
Your views are valued and will contribute to the planning for the Report in 2006.

1 Did you find this report informative and interesting?

2 How will you be able to use the information contained in this report to benefit people in Hull?

3 What was the most significant, memorable or useful information you have learned from this report?

4 This is the first year we have used both printed and compact disc versions of the report to make it more accessible and useful. Did you find this format easy to use, if not how could we improve it in the future?

5 I would welcome any further comments you would like to make about this report.

After you have completed each section. Tear out the page along the perforated edge, fold along the dotted lines and return to address supplied.
Further copies of this evaluation form are available from the CD provided, or feel free to photocopy this one.
Thank You

Fold First

Please return to:

Dr Wendy Richardson
Director of Public Health for Hull
West Hull Primary Care Trust
Brunswick House
Strand Close
Hull
HU2 9DB

Tear out carefully

Fold Second

6

Name

Contact details

This Report is also available on CD
and on the following websites

http://www.westhullpct.nhs.uk
http://www.hullcityvision.co.uk
http://www.heros.org.uk
http://www.hullcc.gov.uk
http://www.hullpublichealth.org

If other formats are required please telephone 01482 303504

The Director of Public Health for Hull Annual Report 2005