

# Hull's Joint Health and Wellbeing Strategy 2013–2016

DRAFT



Hull Clinical Commissioning Group

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# Preface by the Chair and Deputy Chair

Put simply, public health is the health of the people. All of the people.

In recent years, public health work by the Council, the Primary Care Trust, the Public Health team and numerous providers of health care services (including in the voluntary and community sector) has made significant improvements in the health and wellbeing of our people. But there is still a lot to do.

The broad aims of modern public health policies have been to ensure the health of all members of a community is protected and improved. Britain passed its first Public Health Act in 1848, as the impacts of industrialisation became apparent and even with this legislation in place, no quick journey to better health was found in the following decades.

It was the 20th century which saw radical improvements. More focused, comprehensive public health approaches developed; prevention became central; and individuals were increasingly expected to care about the health of fellow citizens, as well as their own.

In Hull, as the city starts to seize some once-in-a-generation opportunities for our economy, for our young people, and for our future, the role of public health becomes more vital.

The health of the people - all of the people – has a critical role in the health of the city and its economy. If we are to seize the opportunities and meet the challenges, we must ensure the health of all is protected and improved. We still lose too many of our people – mothers, fathers, sisters, brothers - too early, in ways we can all help to prevent.

It isn't acceptable that people in some parts of Hull will live 10 years longer than others or that people in Hull live shorter lives than in other parts of the country. The Health and Wellbeing Board is committed to reducing health inequalities between people in different parts of the city, and between Hull and England as a whole.

So, as well as improving health in all of our communities this Health and Wellbeing Strategy must deliver on a commitment to reduce health inequalities. All communities in Hull deserve better health, irrespective of where they live and the life chances they have, and we need to support people to make healthy life choices.

But we can't do it alone. This Joint Health and Wellbeing Strategy is designed to ensure everyone knows how we are going to tackle the key challenges, placing an emphasis on early intervention and working with families and the most vulnerable. We will maintain a focus on the health and wellbeing, education and ambition of our children and young people, including their emotional health, as they grasp the opportunities of the future,

Our agreed strategic aims describe the outcomes we want for Hull's children and young people, for our working age adults and for our older people. We want them to be:

Ready to Play and Learn

Ready to Work and Enjoy a Good Quality of Life

Ready to Live Later Life to the Full

We are already working on some actions to make these aims a reality, including how we will measure the improvements.

Importantly, we will keep listening to our residents and we will make sure people know how things are going and we will continue to encourage personal responsibility, so that individuals, expected to care about the health of fellow citizens as well as their own, can play their part in improving the health and wellbeing of all of the people of Hull

**Councillor Colin Inglis - Chair, Health and Wellbeing Board**

**Dr. Tony Banerjee - Deputy Chair, Health and Wellbeing Board and  
Chair, NHS Hull Clinical Commissioning Group**

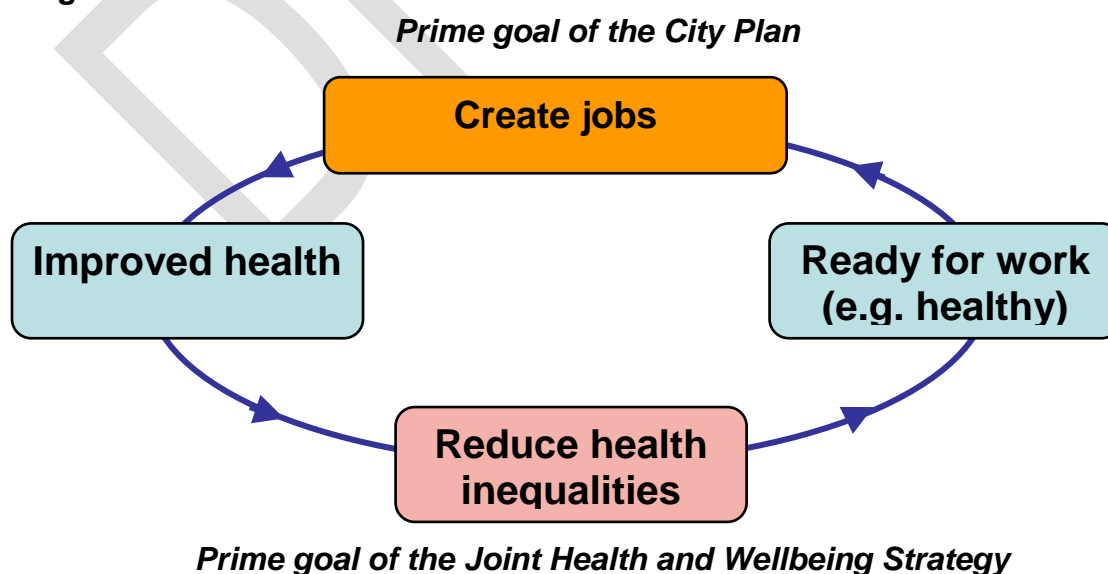
# Introduction

The Health and Social Care Act 2012 made significant changes to the NHS, and required local authorities to form Health and Wellbeing Boards to oversee the delivery of improvements to the health and wellbeing of the local population. Hull's Board includes councillors and officers of Hull City Council, doctors from the NHS Hull Clinical Commissioning Group and a representative of HealthWatch.

The Board members will work together to develop a Joint Health and Wellbeing Strategy (JHWS) for the city. The strategic aims have been developed using a wide range of information; the views of residents and service users; the experience of service providers and insight from voluntary and community organisations. The recently produced 'Story of Hull – Summary of the Joint Strategic Needs Assessment' highlighted the key health and wellbeing challenges, including the differences in life expectancy between different parts of the City. This strategy will set out how we are going to tackle them through our nine strategic aims.

The City Plan will be the means by which the City of Hull is rejuvenated and specifically focuses on getting more people into work. Having a job improves the physical and mental health of an individual, and their family's quality of life generally, but people need to be fit and healthy to take up employment opportunities. Embracing the City Plan approach, our challenge is to get everyone on board, to make an impact on the health and wellbeing of residents as a whole, and vulnerable groups in particular. Links between the City Plan and the Joint Health and Wellbeing Strategy are demonstrated below:

**Figure 1**

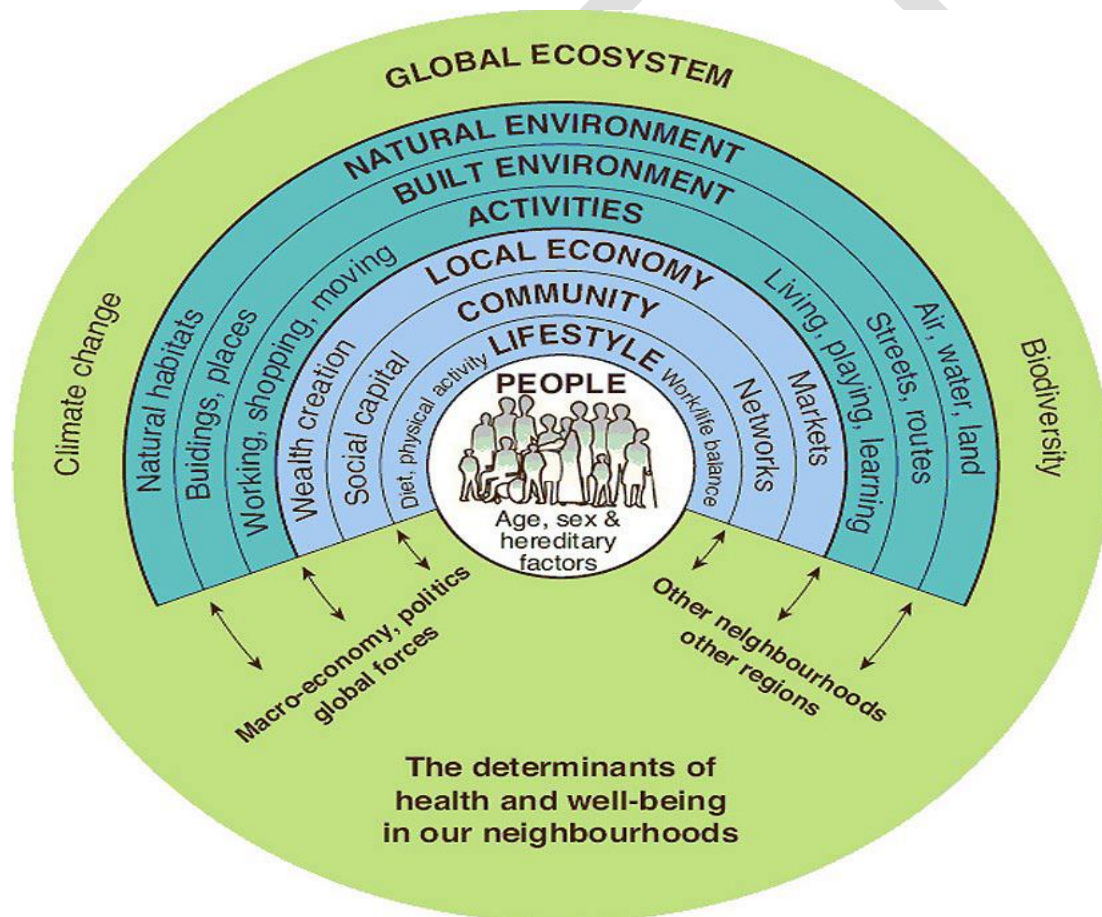


The specialist public health function will be transferring to the local authority from 1<sup>st</sup> April 2013. The specialist skills and expertise of this team will be utilised to take the strategy forward.

The NHS Hull Clinical Commissioning Group (CCG) vision is to “create a healthier Hull” through improved life expectancy and reducing health inequalities. Its commissioning strategy has two priorities – the prevention of ill health and children’s health.

The Joint Health and Wellbeing Strategy explains to everyone what we want to achieve and why, and through it we will be encouraging everyone including employers, voluntary, community and social enterprise organisations and most importantly residents of Hull to help us to improve the quality of life for all, now and in the future.

The diagram below demonstrates that a wide range of factors influence people’s health and wellbeing ;



**Figure 2 © Barton and Grant 2010 (based on Whitehead and Dahlgren1991)**

# A strategy for tackling health inequalities

## Health equality measures

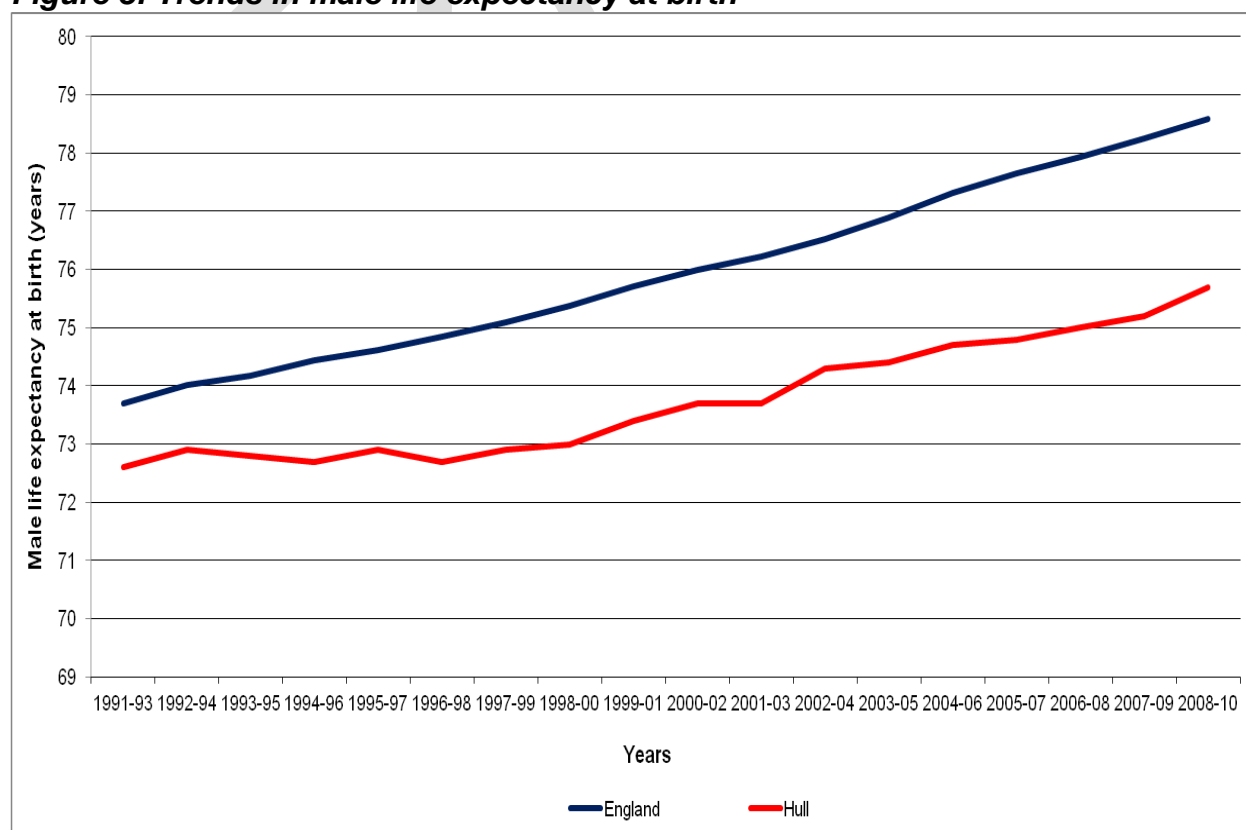
In developing its strategy, the Board's over-arching aim is to improve life expectancy by reducing health inequalities - between different parts of the City and between Hull and the rest of England. This is consistent with the NHS Hull CCG commissioning strategy which the Health and Wellbeing Board approved during 2012.

We will demonstrate progress against the two national high-level public health outcomes, which are:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between and within local authorities.

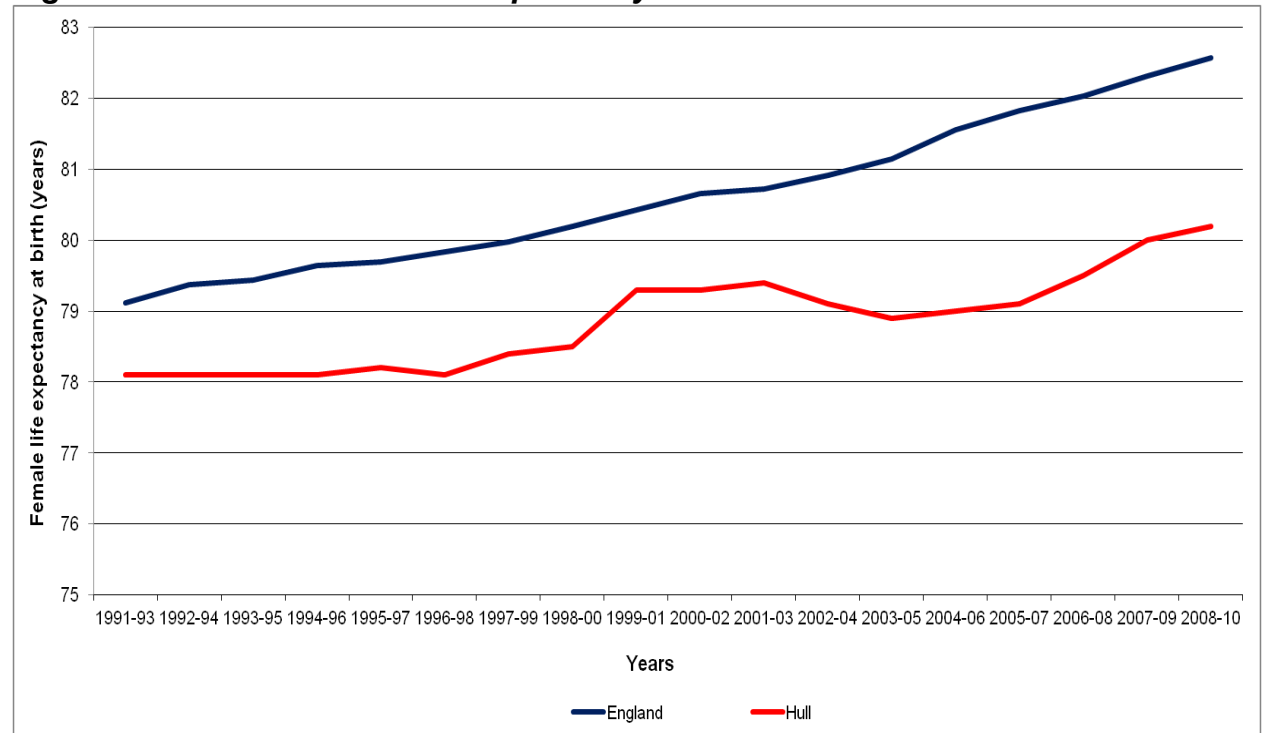
Male life expectancy at birth has been steadily improving over the last few years, in Hull and England as a whole. This is demonstrated in the graph below. However, life expectancy in England has been improving at a faster rate than in Hull, such that in 2008-2010 men in England lived 3 years longer on average than men in Hull.

**Figure 3: Trends in male life expectancy at birth**



In 2007-2009 life expectancy at birth increased substantially for women in Hull 0.5 years (6 months). In 2008-2010 the increase was 0.2 years (2.4 months) which is a slightly lower increase than the rate in England (0.26 years) therefore the gap between Hull and England has begun to increase again slightly, following the recent improvements as the gap in life expectancy is now 2.37 years.

**Figure 4: Trends in female life expectancy at birth**



## The board's principles

We know that in order to achieve the improvements that we want to see in the physical and mental health and wellbeing of our residents we need to do things differently. These principles will apply to everything that the Health and Wellbeing Board and its partners do to address our nine strategic aims.

- We will continue to work in partnership with key stakeholders to maximise our achievements and make sure that everyone who can help knows what we want to achieve
- Ensure that the strategy and its action plan influence the rest of the work being delivered by the Council, the NHS and other partners
- Use our position and statutory powers to influence the wider determinants of health and act to reduce risks to public health
- We will involve residents, patients and carers in decision making about their health and well being at every opportunity
- We will base our decisions on evidence, good practice and value for money



- Make the best use of available resources – both financial and physical
- Keep everyone informed of our progress
- Ensure businesses are fully engaged in what we are trying to achieve in respect of their employees and customers

## The Hull overview

The Joint Strategic Needs Assessment (JSNA) provides a wealth of information about health and wellbeing needs in Hull including reports and results of local surveys. The JSNA is constantly being updated and can be accessed online at <http://jsnaonline.org>

### Population

Approximately 256,400 people live in Hull; 54,779 are under 18 years of age, 35,700 are over the age of 65, and 4,642 are over 85 years. The population is expected to grow further and by 2022 we expect that there will be another 11,600 people living in the City.

We expect to see a significant rise in the number of older people, and we should ensure that services are available to meet their needs.

Hull has a mainly white British population and according to the 2011 census black or minority ethnic residents now make up 10% of the population (this has tripled in the last 10 years).. We should ensure that the health and wellbeing needs of the whole population are addressed.

Life expectancy for males in Hull is just under 76 years compared to nearly 79 years for England. Female life expectancy in Hull is just over 80 years compared to 83 years for England.

Whilst life expectancy has increased in recent years there are considerable differences in quality of life and life expectancy between different parts of Hull, with residents in some areas having a life expectancy 10 years greater than in others. Male life expectancy ranges from just over 71 years in St. Andrews ward to just over 81 years in Beverley ward. Female life expectancy ranges from 74 years in St Andrews ward to 84 years in Bricknell ward. This is demonstrated in the following two graphs:

Figure 5

### Male Life Expectancy at Birth by Ward 2008-2010

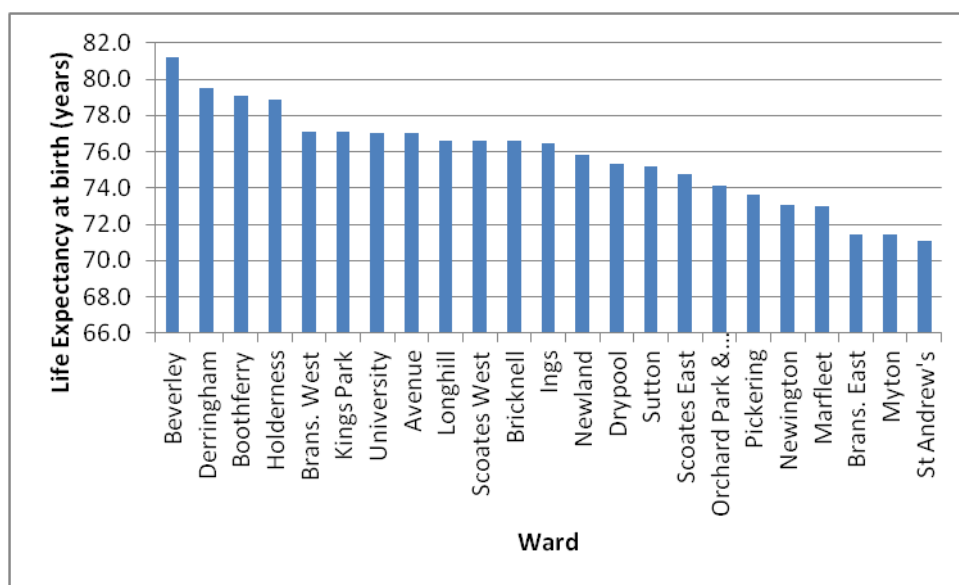
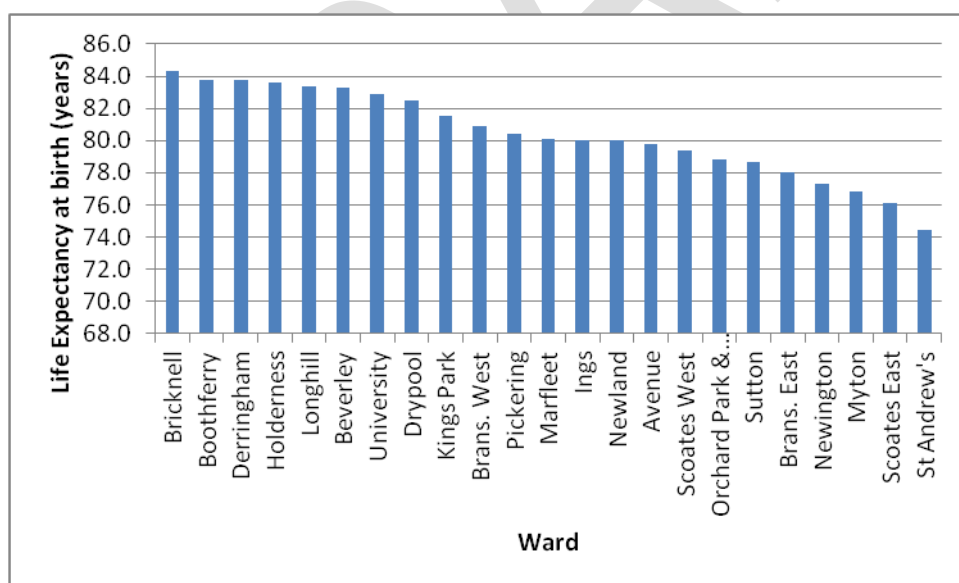


Figure 6

### Female Life Expectancy at Birth by Ward 2008-2010



Residents living in the more deprived communities may face barriers in accessing services and often have complex physical and mental health needs. Some people are not registered with a GP or visit them infrequently.

Certain harder to reach groups of people have worse health outcomes than might be expected; examples include the unemployed, some minority ethnic groups, refugees and homeless people. We will work to ensure that the health and wellbeing inequalities are addressed by targeting areas and specific population groups within the city. In doing so, we will improve the

overall life expectancy in Hull and close the gap between different areas of the city.

## Economic and Social Conditions

Hull is the tenth most deprived local authority in England using the 2010 Index of Multiple Deprivation score, a measure based on:

- Income
- Employment
- Health and disability
- Education, skills and training
- Housing and services
- Crime
- Living environment

Some residents and groups of people across the City suffer from financial deprivation and the consequences of living in poverty. Poorer environmental conditions including worse housing and inadequate heating are more prevalent in these areas. People on low incomes tell us that they cannot afford to travel for treatment or appointments; this means that access to services is an important consideration for commissioners of health and social care. A key focus of the NHS Hull CCG commissioning strategy relates to providing care closer to home – improving choice and access.

Homelessness in Hull is 4.37 per 1,000 households (England 2.3). People and families, without a permanent home are at increased risk of suffering from physical and mental health conditions. It is anticipated that Welfare Reform will worsen poverty levels in the city over the next few years especially in relation to food and fuel poverty.

Hull has significantly fewer people in employment and over twice the national rate of benefit claimants. 10.4% of 16-18 year olds are not in education, employment or training compared to 6.1% for England. These are some of the issues that the City Plan will be addressing.

The Joint Health and Wellbeing Strategy will ensure that services are targeted at people and families in order to minimise the impact of welfare reform changes and ensure that key services are provided as close to communities as possible; to improve access and therefore overall health and wellbeing.

Supporting children and young people into productive adulthood is a key priority for the city – work to rejuvenate the city, bringing opportunity, ambition and employment will support a reduction in the number of benefit claimants.

The learning and skills strategy will deliver medium term benefits; in the meantime, there will be a continued focus on those young people not in education, employment or training – generally known as “NEETs”.

## What we know about children and young people

Many children in Hull live healthy, happy lives but some families need help to ensure that they are getting it right. Hull has one of the highest smoking in pregnancy prevalence rates in England; 23% of pregnant women in Hull are smokers when their baby is born. Smoking during pregnancy can seriously harm the baby, and can lead to problems such as miscarriage, premature birth, lower birth weight and breathing difficulties in later life. Children of parents who smoke are twice as likely to start smoking themselves.

Breastfeeding rates in Hull of 57% are lower than the Yorkshire and Humber region (69%) and England (74%).

The Health and Wellbeing Board will ensure that services are prioritised in order that children have a healthy start to their life. The NHS Hull CCG maternity services strategy will ensure that providers of healthcare services support this planned improvement.

When they start school, children should already have a basic understanding of things like colours, the alphabet, numbers, sizes, shapes, and social and language skills. This is called “school readiness” and in Hull, only 50% of children have these skills when they start school.

The Hull City Council Learning and Skills Strategy will ensure that children are ready to start school, have an ambition to learn and remain engaged with education and the development of skills in order that their employment prospects are improved.

Hull’s primary-age children have higher than the national average rates of obesity, and these have been rising in recent years. 12 % of children starting primary school in 2011/12 were obese, rising to 22% in their final primary year, at aged 10 or 11.

Educational attainment is improving, but there is still a long way to go if we are to produce a workforce with the necessary qualifications and skills to take advantage of job opportunities when they come along.

Teenage conception rates in Hull are falling, but still higher than the rate for England. The prevalence of smoking among 15 year olds in Hull is well over the national average at 22%. Local surveys tell us that in Hull over a third of 16 year olds get drunk at least once a month and by Year 11, 20% of young people have used drugs. One in six secondary school children reported being bullied at school in the previous month, potentially affecting their mental health and wellbeing.

The Early Intervention Strategy, endorsed by the Children’s Trust, will ensure that health and wellbeing, including emotional health, of our children and young people remains a focus across the partnership. Focused effort and resources to address the needs of children, young people and their families is

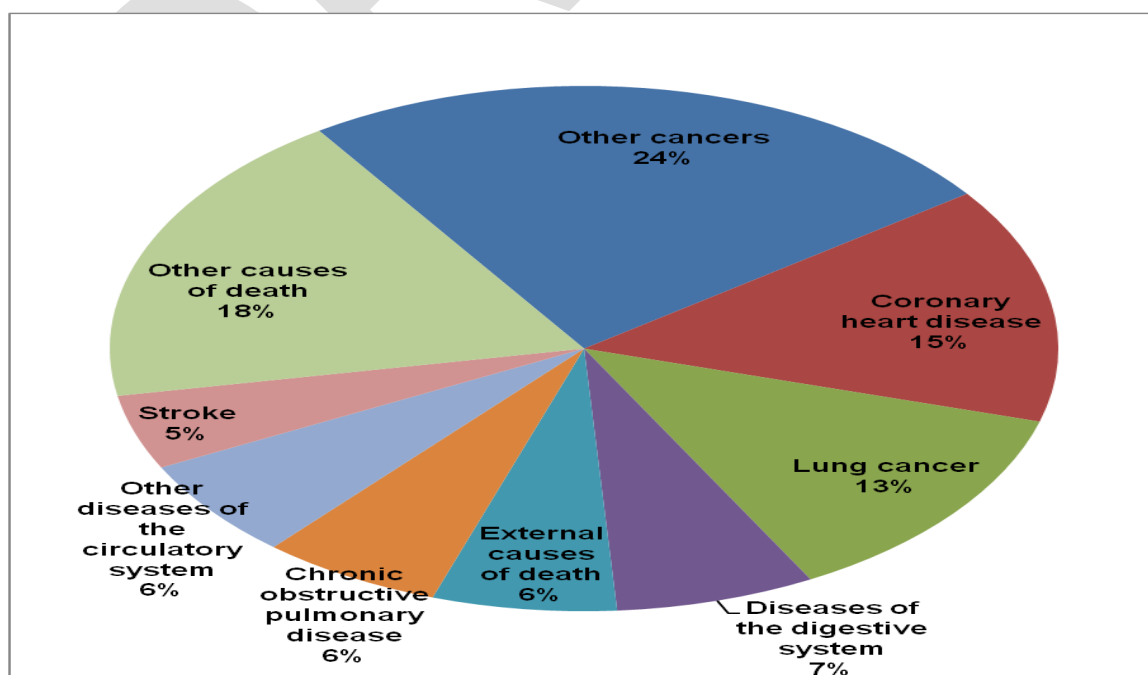
imperative - it builds the foundation for healthier lifestyles as the younger population move into adulthood. Public health programmes will be a foundation for each of the health and wellbeing issues for pre-conception, children and young people. A review of child and adolescent mental health services in the city will ensure that there is local access to timely and appropriate services.

### What we know about working age people

The main causes of early death in Hull are cancer and heart disease, accounting for more than half of all deaths under the age of 75 years. The NHS Hull CCG commissioning strategy seeks to support early diagnosis and treatment of cancer and long term conditions. Improved quality and access to primary care services (doctors, nurses and other clinical staff) will ensure that patients are diagnosed early, receive appropriate and timely treatment, and are supported and empowered to manage their condition and maintain an independent life.

The mortality rate from cardiovascular disease for those under 75 years is 39% higher for males and 50% higher for females compared to England. Mortality rates from cancer for those under 75 years is 29% higher for males and 30% higher for females compared to England. Smoking and obesity related illnesses are major contributory factor to high death rates in the City and also greatly affect the quality of life for people in this age group and their families. We know that many could have been avoided if people lived a different lifestyle or accessed the professional help they needed quickly enough.

**Figure 7 Main underlying cause of death - 75 & under 2008-2010**



In Hull, one in three adults smoke - which is well above the national average. About half of all life-long smokers will die prematurely, losing on average about 10 years of life. Public health programmes aim to support and educate residents in relation to smoking and weight management thus reducing the incidence and improving healthy lifestyle choices.

People with mental illness have their life expectancy reduced by 16-25% compared to the general population, as a result of being less likely to participate in mainstream screening and public health programmes. The Health and Wellbeing Board will seek to ensure that broader health and lifestyle advice and interventions are delivered within the “making every contact count” approach.

It is essential that we promote good public mental health so that people living in Hull can realise their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community. We will review our population public mental health strategy and develop interventions to ensure we improve well-being, resilience to mental illness and other adversity, including physical illness.

The NHS Hull CCG strategy seeks to further develop the Improving Access to Psychological Therapies (IAPT) services to provide people with a realistic and routine first-line treatment for mild to moderate depression and anxiety disorders; especially for those out of work.

Although being in employment is linked to good health and mental wellbeing, it is during the working age years that many people start to see the first signs of diseases linked to smoking, drinking to excess, eating an unhealthy diet and not taking enough exercise. The Board will work to ensure that working age adults access screening services and understand the signs and symptoms of ill-health – and are supported to seek help with those symptoms.

Mental health is the most common medical reason for entitlement of working age claimants to Incapacity Benefit and Severe Disablement allowance in Hull (39% of claimants). The NHS Hull CCG is supporting free mental health first aid training for employers in order to encourage openness around this very common condition.

The City Plan will encourage employers to support their workers to adopt a healthy lifestyle in order to reduce sickness absence and develop programmes aimed at helping the long term unemployed back into work. Public health programmes will deliver services at a time and location appropriate for working age adults – and support employers in engaging with their staff. We will work with businesses and target interventions to protect the health of the population and promote positive health messages.

## What we know about older people

Our Joint Strategic Needs Assessment and population projections tell us that the percentage of people aged 65+ years is currently estimated to be around 14% but is expected to increase to 17% by 2030. We have 4,642 residents who are over 85 years. Each year, 500 mostly elderly residents, are admitted to hospital following a fall. Services for elderly people which seek to avoid unplanned admissions to hospital, or support early discharge and return to independent living are a partnership priority.

In 2012 there are 1,062 people registered as having dementia, but it is estimated that 1,487 people actually have the disease. In the next 15 years it is projected that this figure will increase by 29%. Diagnosing dementia early leads to a better quality of life and allows the patient and their families to plan for the future. Through a partnership approach, health and social care services will improve the timeliness of diagnosis, provide education and support to sufferers and their carers which will enable end of life discussions, where appropriate.

Nearly 1 in 10 residents provide care for, or look after, others who have either a long term illness, mental health condition, a disability or problems related to old age. Carers of all ages are likely to neglect their own health and wellbeing. Older carers may feel isolated and trapped by the position they are in, and suffer from social isolation by not being able to leave the home as often as they wish and have feelings of depression. Joint procurement of a Carers' Information Service and Support Service will provide help and advice for carers in the city, enabling them to continue caring whilst maintaining their own health and wellbeing.

Many older people live on low incomes, and inequalities continue to influence health into old age. Fuel poverty affects their ability to adequately heat their home and can have a detrimental effect on health and wellbeing.

# High level indicators

Through the Joint Health and Wellbeing Strategy, the Board will be seeking to make a demonstrable difference in relation to the measures in the current Public Health, NHS and Adult Social Care Outcomes Frameworks. The key outcomes are:

- Increase healthy life expectancy (taking account of health quality as well as the length of life)
- Reduce differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)
- Reduce potential years of life lost from causes considered amenable to healthcare
- Prevent people from dying prematurely
- Enhance the quality of life for people with long-term conditions
- Help people to recover from episodes of ill health or following injury
- Treat and care for people in a safe environment and protect them from avoidable harm
- Enhance the quality of life for people with care and support needs
- Delay and reduce the need for care and support
- Ensure that people have a positive experience of care and support
- Safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm



# Health and wellbeing strategic aims

## Developing the strategic aims

The Board considered the evidence from the Joint Strategic Needs Assessment and applied their expertise and judgement to develop nine strategic aims on which the Board consulted.

Questionnaires were placed in libraries, doctor's surgeries, health centres, Customer Service Centres, Children's Centres amongst other place and published on-line and in a range of different formats.

An event was held for voluntary and community groups asking for their help and support in reaching individuals and groups, who may have struggled to respond, in order that the feedback was representative of the population of Hull.

The result of the consultation was that on average 89% of people who responded agreed with the aims, and comments were made about the equal importance of mental and physical health. Following this feedback the Board amended the strategic aims to specifically include mental health.

## The Nine Strategic Aims

Our nine agreed strategic aims describe what we want the outcomes to be for Hull's children and young people, working age adults and older people. We have grouped them into three sets of three, with the main emphasis in each being on a particular stage in the life course.

Ready to Play and Learn – based on a family approach to providing early intervention and support. Supporting families to live healthy, happy lives and enabling children and young people to do their best at school.

Ready to Work and Enjoy a Good Quality of Life – emphasising the need to prevent ill health and promote healthy lifestyles. There is clear evidence that good health and mental wellbeing are linked to being in employment and these strategic aims are closely aligned to the City Plan objectives.

Ready to Live Later Life to the Full – supporting older people and their carers to have the best quality of life possible.

# Ready to Play and Learn

These three strategic aims focus on supporting children and young people and their families to have the best possible start in life – in terms of health, education and ambition.

## Strategic Aim One

**Families in Hull live a healthy life, have a healthy weight and don't smoke. Mums are encouraged to breastfeed their babies and children get the injections they need to protect them from disease.**

### Why is it an issue?

Healthy parents, who are well informed and look after their own health and wellbeing, are more likely to give birth to, and raise healthy babies and children. We need to help and support our children and young people to grow into healthy informed adults who may become parents themselves.

In 2005, NICE estimated that 40.6% of unintended pregnancies end in abortion. In 2011 there were 829 NHS funded abortions in Hull which means that there were an estimated 2073 unintended pregnancies; however, in Hull it is felt that more women choose to continue with their pregnancy than choose a termination, and therefore this figure is likely to be higher. Unintended pregnancies come with a personal, NHS and cost to society and often these babies may not be given the best start in life.

There is a complex web of factors at play including the obvious reasons, such as unhealthy diets, low levels of physical activity as well as the more subtle causes including community influences, individual psychology and the environment around us – all of which can often make it hard for parents and their children to make healthy choices.

### What is the position in Hull?

Not all babies and children are being given the best start in life, for example many women are overweight before they become pregnant, many drink alcohol during their pregnancy and 23% of pregnant women in Hull are still smokers when their baby is born.

Breastfeeding rates could be improved and parents need to ensure that their children receive the protection offered from the immunisations available.

### **What will our approach be?**

The emphasis will be on early intervention, working with families and particularly those who are the most vulnerable. Through a multi-agency approach we will promote healthy lifestyles and offer a range of opportunities for families to develop greater understanding of the need for a better diet, increased physical activity and the impact of smoking, alcohol and drug use. We will tackle illegal tobacco and alcohol abuse and promote initiatives such as 'Smoke-Free Homes'. Lifestyle initiatives will consider a whole family approach and agencies working together will provide a wealth of support and guidance. We will develop more integrated and accessible services for families.

We will ensure that family planning advice is easily accessible and available and increase the number of women with Long Acting Reversible Contraception, targeting those who are the most vulnerable.

## **Strategic Aim Two**

### **Children under 5 are healthy, happy and ready to start school**

#### **Why is it an issue?**

The early development of children has an effect on the rest of their lives. Children who start their school life without social or language skills may find themselves playing 'catch-up' and unable to get the most out of their early education. These children may also start to feel under pressure, that they are different and to dislike school from an early age. We want to see every child ready to start school, enjoy their school days and achieve their potential.

#### **What is the position in Hull?**

When they start school, children should already have a basic understanding of things like colours, the alphabet, numbers, sizes, shapes, and social and language skills. This is called "school readiness" and in Hull, only 50% of children have these skills when they start school.

#### **What will our approach be?**

We will join up delivery and funding of services, so that there are clear pathways for supporting children and their families from early years until settled in school. We will identify key vulnerable groups and ensure that services are able to respond to their specific needs.

The Health and Wellbeing Board will ensure that plans and services support the basic requirements of our children and provide them with the opportunity to be healthy, happy and ready to start school.

We will work to target and support priority families through the Troubled Families programme and support early years learning for pre-school children in a range of settings.

Work will continue to ensure that children are settled into school life and supported where difficulties arise – healthy lifestyles work with children will ensure that they understand the importance of a healthy diet and regular activity. We aim to reduce the obesity rates in both Reception and Year 6 children – improving their confidence, reducing the potential for bullying and improving school attendance.

## Strategic Aim Three

### **Young people are confident and are able to deal with problems they might face**

#### **Why is it an issue?**

As they grow older, children and young people face increasing pressures linked to social situations, schoolwork, financial concerns and keeping healthy. They need support and guidance to develop the confidence and skills to deal with situations and avoid unhealthy or potentially harmful behaviours which could result in short term and/or long term harm.

#### **What is the position in Hull?**

Local surveys tell us that over a third of 16 year olds get drunk at least once a month and by Year 11, 20% of young people have used drugs. In a recent survey one in six secondary school children reported that they had been bullied at school in the previous month, potentially affecting their mental health and wellbeing.

#### **What will our approach be?**

We will work with partner organisations to raise the aspirations of young people. We will ensure that there is alignment between this strategy and others affecting young people including the City Plan in respect of educational attainment, skills and employment opportunities.

We will ensure that services take the views of young people into consideration and are accessible. We will maintain the good work around the reduction in teenage pregnancies, support young people to make informed choices about their health and wellbeing. Engaging parents in this work will be required in order to achieve and maintain lifestyle change.

We will continue to educate children and young people about the dangers of smoking, being overweight, leading a sedentary lifestyle and drinking to excess. Through a multi agency approach and by working with reputable businesses we will tackle illegal tobacco and alcohol and target under-age sales.

Mental and emotional health and well being services, alcohol and substance misuse services for young people will be responsive to their needs and we will raise awareness through education programmes.

Early intervention is a key theme of our work with children and young people throughout this strategy – staff working with children and young people will be trained and supported to identify and address issues through the “making every contact count” initiative.

## Ready to Work and Enjoy a Good Quality of Life

These three strategic aims concentrate on people during their working age years, when unhealthy behaviours may have become the norm, but it is not too late to change and improve the quality and length of a healthy life.

### Strategic Aim Four

**People know that there are lifestyle changes they can make which will reduce their chances of getting, and dying from, cancer or heart disease. They know that screening tests are available. They know what it means to live a healthy life and to try and keep well.**

**People know when they should seek support and where from, in terms of maintaining good mental health and general wellbeing. They understand the strong link between physical health and mental health and wellbeing.**

#### Why is it an issue?

Many of the life limiting diseases and premature deaths in Hull are avoidable. If people are better informed, motivated to change their lifestyles and access

available screening tests we can make a significant reduction in health inequalities and improve life expectancy.

People's physical and mental health are affected by many factors that are subject to regulatory control by the Council and its partners. By undertaking these duties effectively we can have a positive influence on these wider determinants of health as well as people's underlying attitudes and aspirations towards health.

Raising people's health aspirations and breaking down barriers to positive health messages are vital if we are to make significant progress in getting people to change their lifestyles.

Mental health problems are often 'hidden' and accompanied by physical conditions. People with mental illness have their life expectancy reduced by 16-25% compared to the general population, and are less likely to participate in mainstream screening and public health programmes.

### **What is the position in Hull?**

One in three adults in Hull smoke, (well above the national average); about half of all life-long smokers will die prematurely, losing on average about 10 years of life. The mortality rate from cardiovascular disease for those under 75 years of age is 39% higher for males and 50% higher for females compared to England.

A range of manageable diseases (diabetes, heart failure and respiratory conditions) are undiagnosed leading to ill-health, time off work and ultimately life-limiting conditions.

In Hull, mental health is worse for women, young people and those living in the most deprived areas. We know that there are strong links between high stress levels, mental health problems and substance misuse and alcohol consumption.

### **What will our approach be?**

We will work with partners and use our statutory powers to deal with the causes of ill health such as poor housing, poor food hygiene, pollution and other public health threats using a risk based approach whilst seeking to promote positive health messages at the same time.

Awareness of the causes of ill health, the importance of adopting a healthy lifestyle and the good reasons for attending screening can be termed 'health literacy'. The Health and Wellbeing Board will work with partners to identify the current 'health literacy' levels of children, young people and adults in relation to physical and mental health.

Based on these findings and best practice from elsewhere we will deliver appropriate information for different groups, including those that are identified as the most vulnerable or are harder to reach.

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.

In relation to mental health services we will particularly target BME communities, asylum seekers, those out of work and young people. We will target improvements in these areas (population and within wards) in order that health inequality gaps are reduced and overall life expectancy in the city improves.

## Strategic Aim Five

**People understand how to reduce the risk of cancer and heart disease; know what the early signs are, and when to attend the doctors. They know that the sooner they get help, the greater their chance of getting better.**

### Why is it an issue?

This is a strategic aim because although cancer and circulatory diseases (including heart disease and strokes) are the main causes of death in the city, many of them can be prevented by lifestyle changes and early diagnosis.

### What is the position in Hull?

The main causes of death in Hull are cancer and heart disease, accounting for more than half of all deaths under the age of 75 years

### What will our approach be?

Evidence tells us that smoking, obesity, leading a sedentary lifestyle and drinking to excess are the main cause of these deaths, and we know that many could have been avoided if people lived a different lifestyle.

Healthy lifestyle programmes including smoking cessation, weight management, enabling people to become more active and support for alcohol and substance misuse will ensure that people are supported to change their behaviours and take responsibility for their physical and mental health and wellbeing.

We also know that if people get the professional help they need quickly enough then lives can still be saved. We will make sure that everyone, including our harder to reach groups, know about our biggest killers, how to avoid them, how to recognise them and what to do about them. This will be done through a range of partners, using a variety of media and based on behavioural insight. This will include work with the Humber Alliance on Tobacco to reduce harm from smoking, delivery of the Alcohol Strategy, and work aimed at encouraging healthier eating by making people aware of the hygiene rating of food premises and promoting the Healthier Options Award.

In addition we will progress existing behavioural insight projects taking account of the recommendations of previous reports e.g. Attitudes to Health in Hull (2007) and local reports on attitudes to tobacco, obesity and alcohol. Behavioural insight will be used to identify actual and perceived barriers to accessing services at an early stage, for different age groups and communities of interest.

The Health and Wellbeing Board will support work in relation to recognising the signs and symptoms of cancer, supporting national and local cancer awareness initiatives and ensure people take advantage of the national screening programmes.

## Strategic Aim Six

**No matter where people live, they will be able to receive the health services that they need.**

### Why is it an issue?

This strategic aim is linked to reducing health inequalities for different geographic areas and groups of residents with different needs.

Residents living in more deprived communities, often in poor quality housing, may face barriers in accessing services and often have complex physical and mental health needs. There are certain groups of people who have worse health outcomes than might be expected and examples of these groups include the unemployed, some minority ethnic groups, refugees and homeless people.

### What is the position in Hull?

Evidence tells us that for both men and women there is a 10-year difference in life expectancy between different parts of the city.

This is mostly due to higher levels of smoking, alcohol consumption, being overweight and leading a sedentary lifestyle in these areas. It is also caused



by people not engaging with services and in some cases inequality of access to appropriate services.

There is a range of reasons why people are not able to receive the same health services as each other. This could be due to location of services, transport issues, lack of child-care, difficulties accessing buildings, language barriers, awareness of services etc.

The 2011 census tells us that 10% of Hull residents have a long term illness or disability that limits their day to day activities a lot, this compares to 8.3% for England.

There is an increasing incidence of homelessness and particularly rough sleeping. Some residents in the city live in poor quality housing which does not support good physical health and mental wellbeing. We will make sure that access to services for all is a priority for action.

### **What will our approach be?**

We will ensure that the Health and Wellbeing Board addresses the inequalities in access to service across the city. We will ensure that initiatives clearly identify how they will address the barriers faced by some of our population. Areas of high need and/or deprivation will be targeted to ensure we are able to obtain the greatest health and wellbeing improvement from investments.

Care closer to home will be a priority for health and social care, and where possible services will be delivered out of buildings which are central to communities. We will support people to seek and receive the support they need. We will focus on target groups and those with special requirements, including people with a learning disability, in terms of access to a health check.

The ease of access (appointment times and location), choice (including the option of seeing a female GP) and improving the quality of primary care based services remains a priority for NHS Hull Clinical Commissioning Group. Working with the NHS Commissioning Board Area Team, who are now responsible for commissioning doctors, dentists, pharmacists and optometrists, we will ensure that primary care based services are fit for purpose and support the overall health and wellbeing aspirations of this city.

Service reviews will include a requirement to obtain feedback from patients based on their experience of services – “the friends and family test” and this will be applied across the whole range of NHS commissioned services. Insight in terms of equity of service provision is also a requirement of any service redesign or new commissioning plan – where gaps are identified, action will be taken to ensure that these are addressed.

# Ready to Live Later Life to the Full

These three strategic aims are mainly concerned with older people, although dementia may affect younger people and carers may be any age. The emphasis is on getting the most out of life especially in the later years.

## Strategic Aim Seven

**People who have been unwell or in hospital, get the help they need to live safely at home. This might include using special equipment to make things easier.**

### Why is it an issue?

Many older people are living with long term conditions that mean they need extra support to get the most out of life. A regular concern, especially following a period of illness or hospitalisation, is the wish to remain in the family home and to remain part of the community surrounded by family, friends and continuing with interests and hobbies.

### What is the position in Hull?

This is a strategic aim because our Joint Strategic Needs Assessment and population projections tell us that the percentage of people aged 65+ years is estimated to increase from 14% now to 17% by 2030. Each year, 500 mostly elderly residents, are admitted to hospital following a fall or accident.

### What will our approach be?

We will develop services to meet the increasing needs of this group, placing an emphasis on integrated interventions, which reduce unnecessary hospital admissions for people with long-term conditions. Health and social care teams will be integrated or work jointly to ensure the best use of physical and financial resources. We will take advantage of multi-agency approaches, including the use of the voluntary, community and social enterprise organisations to reduce social isolation for vulnerable people.

We will work with partners to influence the availability of affordable and appropriate housing, including Extra Care, and the provision of appropriate repairs and adaptations. We will conduct a cross-partnership review of current and future provision of services for people transferring from hospital or

recovering from illness. A multi-agency approach will be developed to reduce social isolation for vulnerable people.

Telehealthcare technology for health, housing and social care use will be jointly commissioned and will support people in their own homes to be empowered to manage their own health and wellbeing.

Reablement and intermediate care services will support people on discharge from hospital – ensuring that they are able to achieve independent living; these services will also provide an alternative to hospital admission, in all cases where it is appropriate and safe to do so.

Disease management improvements will ensure that patients with long term conditions are supported and empowered to manage their condition, maintain their independence and continue to live in their own home.

## Strategic Aim Eight

**People with dementia have the help they need to live safely in their home. All of the care and help that they and their families get will be good quality.**

### Why is it an issue?

Dementia generally affects older people, although not exclusively. We will support dementia sufferers and their families to access and receive the best quality care and support services to help them to cope better. Many people with long term conditions and other illnesses such as Huntington's Disease, and Parkinson Disease can be at greater risk of developing dementia. We will help them to deal with possible feelings of isolation and depression and ensure that mental health support is part of the care package. We will also encourage and support sufferers and their carers to look after their physical health.

### What is the position in Hull?

This is a strategic aim because in 2012 there are 1,062 people registered as having dementia, but it is estimated that 1,487 people actually have the disease. In the next 15 years it is projected that this figure will increase by 29%.

### What will our approach be?

We will ensure the timely diagnosis, treatment and inter-agency management of services to support older people with dementia and younger adults with early on-set dementia. Increased awareness of dementia will be raised

through training and education, leading to better identification and diagnosis through early intervention services. Care will be provided across a range of settings including a person's own home, care home, inpatient units and the acute sector, by a skilled and competent workforce that is integrated across all sectors. We will drive up standards of dementia care through training and workforce development linked to our approach with the 'Dementia Academy'. We aim to support and encourage positive attitudes towards people with dementia so that our communities are more dementia friendly and a change culture in how we see and live with older people with dementia.

## Strategic Aim Nine

**People of all ages who care for someone who is unwell, or who has a disability, will get the help they need.**

### Why is it an issue?

Carers can be any age, but their experiences may be very similar. Children and young people with caring responsibility for a family member face additional pressures to those faced by their friends. Older carers, may feel isolated and trapped by the position they are in, and suffer socially by not being able to leave the home as often as they wish and have feelings of depression. Carers are unlikely to consider their own mental and physical health as a priority.

### What is the position in Hull?

Nearly 1 in 10 residents provide care for, or look after, others who have either a long term illness, mental health condition, a disability or problems related to old age.

### What will our approach be?

We will ensure that a multi-agency approach provides the appropriate and responsive support to young carers.

Comprehensive information and advice will be made available in appropriate formats for carers of all ages.

Carers will be supported in the work that they do and encouraged to look after their own physical and mental health and wellbeing; a comprehensive assessment of their needs and the provision of appropriate support will underpin this work.

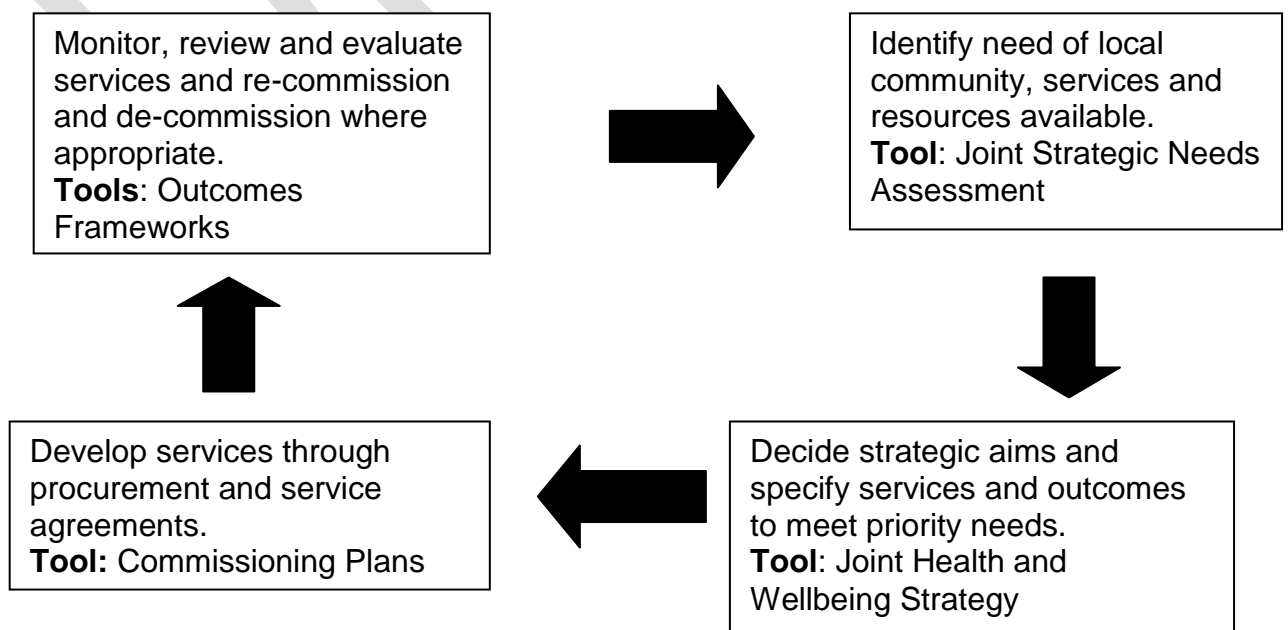
# Measuring progress

It is important to make sure the work undertaken in response to the strategy makes a difference and has an impact on the strategic aims. The Board reviews a small number of high level indicators on a regular basis – these indicators will link to the nine aims.

Targets for improvement will be set and monitored. The outcome measures will correspond to the nationally produced Outcomes Frameworks e.g. Adult Social Care, Public Health, CCG Outcomes Indicator Set etc. against which each of the statutory bodies will be required to make progress in their own right. Collectively, that progress will deliver significant benefits to the city in terms of improved health and wellbeing, address health inequalities and improve life expectancy. Some local measures will be more informative and immediate, these will be determined by groups who are responsible for the delivery of this strategy e.g. Community Safety Partnership, Children’s Trust.

These outcome measures will be used to track measurable improvements in health and wellbeing and inform commissioning for health and social care and wider local authority services. The Board is committed to keeping residents and stakeholders regularly informed of progress. Figure 6 outlines the commissioning cycle which demonstrates that the work is ongoing and as improvements are made and evidence of better ways of working become available the priorities may change.

**Figure 8:**  
**The Commissioning Cycle for Health and Wellbeing Based on Local Government Association and Department of Health Guidance 2012**



# What will happen next?

**This Joint Health and Wellbeing Strategy will last until 2016. However, over the next few months there will be:**

- Widespread publicity about the strategic aims and how everyone can help us to deliver the strategy
- Production of an Action Plan to deliver them
- Agreement of performance measures and targets so that we can measure if we are making a difference
- Discussions with wider partners about the contribution that they can make
- Ongoing gathering of information relating to the health and wellbeing of residents, including the impact of measures such as welfare reform, and the implications for the achievement of our objectives
- Continuous monitoring and reporting of progress

To keep updated on the work of the Health and Wellbeing Board, including meeting dates and approved minutes please visit the website at [www.hullcc.gov.uk](http://www.hullcc.gov.uk) or telephone 300 300.

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Please contact us directly or ask someone to contact us on your behalf using the address, e-mail or telephone number above.

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