

Joint Strategic Needs Assessment

Brief overview of health, well-being and risk factors in the city of Hull

Two page summary (excluding references)

Population and ethnicity

It is estimated that 257,710 people lived in Hull. Overall, there were 61,884 people aged 0-19 years, 45,336 aged 20-29 years, 67,929 aged 30-49 years, 44,506 aged 50-64 years, and 38,055 people aged 65+ years¹. It is estimated that 293,019 patients are registered with General Practices in Hull (around 30,000 East Riding of Yorkshire residents registered with Hull practices)². Nine in ten (89.7%) of Hull residents were White British with 0.2% White Irish and 0.1% White Gypsy or Irish Traveller and 4.1% White Other (94.1% White overall), 1.3% were from Mixed Black and Minority Ethnic (BME) groups, 2.4% were Asian or Asian British (including 0.8% Chinese), 1.2% were Black or Black British, 0.4% were Arabs and 0.4% were from other BME groups³.

Population projections

In recent years to 2002, the birth rate had been falling (to a total period fertility rate (TPFR) of 1.56), but since 2002 the birth rate trend has been increasing with 2012 having the highest number of births (3,871) in recent years (TPFR 1.99). In 2014, there were 3,537 births (TPFR 1.82)⁴. It is estimated that Hull's population will increase to 261,900 by 2025 (an increase of 2.5%) and to 271,000 by 2035 (an increase of 4.9%)⁵. Relatively small changes are projected to occur among residents aged under 65 years, but increases of around 20% (to 45,700) by 2025 and of around 50% (to 54,800) by 2035 among those aged 65+ years.

General physical and emotional health

Just over one quarter (27.7%) of adults in Hull reported having only fair or poor health⁶, and 10% of people in Hull reported that their day to day activities were limited a lot by a long-term illness or disability⁷. More people in Hull compared to England had a poor score in relation to satisfaction with their life (7.9% versus 4.8%), feeling that the things they do in their life were worthwhile (5.4% versus 3.8%) and feeling happy yesterday (13.9% versus 9.0%), and had a high score in relation to feeling anxious yesterday (21.4% versus 19.4%)⁸, although these percentages were even higher in the local survey at 11.2%, 9.2%, 14.0% and 27.3% respectively⁹.

Deprivation and poverty

Hull is ranked as the third most deprived local authority out of 326, with 17 of Hull's 23 wards amongst the most deprived 20% nationally (fifth)¹⁰. Hull has the third highest number of geographical areas amongst the most deprived 10% nationally across all local authorities¹¹. Child poverty (children living in households where income is less than 60% the median household income before housing costs) is high in Hull. Three in ten (29.9%) of dependent children aged 0-19 years lived in relative poverty compared to 18.0% across England¹². Although unsurprisingly the percentages differed substantially across the wards in Hull from 7.8% in King's Park to 50.0% in Orchard Park and Greenwood examining 2012 data.

Life expectancy, deaths and mortality rates

Life expectancy at birth in Hull is 76.6 years for men and 80.5 years for women (79.5 years for men and 83.2 years for women for England)¹³, having remained the same for men and decreased by 0.2 years for women since the previous year in Hull. Life expectancy in Hull differs by around 10 years across the 23 wards in Hull. Healthy life expectancy at birth was 57.4 years for men and 56.9 years for women in Hull compared to 63.3 and 63.9 years respectively for England¹⁴. Hull was ranked 141st lowest for men and 147th lowest for women out of 150 local authorities for healthy life expectancy. Thus, in Hull, it is estimated that men spend approximately 25% of their lives in poor health, and women spend approximately 30% of their lives in poor health, compared to an average of 20% for men and 23% for women in England.

There were 7,248 deaths among Hull residents over the three year period 2012-14 including 1,623 from causes considered preventable. The rate of preventable mortality (262 per 100,000 residents) was much higher than England (183). The main causes of death in Hull are cancer and coronary heart disease (CHD), and these two causes account for just over half of all deaths under the age of 75 years.

The all age all cause mortality rate for Hull was 1,422 deaths per 100,000 men and 1,070 deaths per 100,000 women (1,138 and 838 respectively for England). The under 75 standardised mortality ratio (SMR) for Hull was 138 for men and 135 for women, which means the mortality rate, after adjusting for the difference in age and gender structure, is 38% higher among men and 35% higher among women, in Hull than in England. There was a strong association with deprivation, with the SMR among residents living in the most deprived fifth of areas of Hull 195, while among those in the least deprived fifth of areas it was 88 (12% lower than England).

Characteristics and lifestyle and behavioural risk factors for poor health

The prevalence of smoking at 30.7% in Hull¹⁵ is among the highest of all local authorities. One in ten (10.1%) 4-5 year olds and 22.3% of 10-11 year olds in Hull were obese with a further 14.5% and 13.6% respectively overweight¹⁶. Almost two-thirds of adults in Hull are overweight (37.1%) or obese (26.5%)¹⁷. A similar percentage of adults in Hull were physically active compared to England (57.4% versus 57.0%) but a higher percentage of adults in Hull are physically inactive (31.6% versus 27.7%)¹⁸. Fewer than one in five (19.2%) people in Hull ate five or more portions of fruit and vegetables per day¹⁹. Whilst 24% adults never drink alcohol in Hull, 30% had exceeded the national weekly alcohol limits the week before and/or usually undertook binge drinking weekly²⁰. It is estimated that there are 3,229 problematic drug users in Hull (18.4 per 1,000 population aged 15-64 years)²¹.

Almost twice as many adults (27.4%) in England were qualified to degree level or higher compared to Hull (15.2%), and half as many again people in Hull (31.7%) had no qualifications compared to England (22.5%)²² with large differences in educational attainment across the wards²³. These factors together with high unemployment and benefit claimant rates, lack of employment opportunities, low incomes, high levels of personal debt, crime levels, and potentially low levels of resilience and motivation all impact on the health of Hull's population.

Further more detailed information is available at www.hullpublichealth.org

Data sources and notes for two page summary

¹ Office for National Statistics, mid-year resident population estimates 2014.

² GP registration file, January 2016.

³ Census, 2011.

⁴ Health and Social Care Information Centre Indicator Portal.

⁵ Office for National Statistics, population projections (2012-based).

⁶ National and local estimates of wellbeing are available from the Public Health Outcomes Framework, but additionally the local adult Prevalence Survey (mini Health and Lifestyle Survey) conducted during 2014 included these wellbeing questions. The four questions were on a scale of 0 to 10 with 0 denoting low levels of the measure and 10 denoting high levels of the measure. A poor score for satisfaction with life, feeling their life was worthwhile and happiness was defined as having a score 0-4, whereas a poor score for the anxiety measure was defined as having a score of 6-10.

⁷ Census, 2011.

⁸ Public Health Outcomes Framework. Data for wellbeing relates to year 2014/15.

⁹ Local adult Prevalence Survey (mini Health and Lifestyle Survey) 2014.

¹⁰ Index of Multiple Deprivation, 2015.

¹¹ The IMD 2015 has been calculated nationally for each lower layer super output areas within England. Each LLSOA has a minimum population size of 1,000 residents and an average of 1,500 residents for all LLSOAs across the country. Hull has 166 LLSOAs.

¹² Public Health Outcomes Framework. Data for child poverty for the year 2013.

¹³ Information Centre, 2012-2014.

¹⁴ Public Health Outcomes Framework. Healthy life expectancy figures for 2011-13, and is the duration of life in which people are expected to live in good health (calculation in the same way as the life expectancy calculation is based on contemporary mortality rates).

¹⁵ Local adult Prevalence Survey (mini Health and Lifestyle Survey) conducted during 2014.

¹⁶ National Child Measurement Programme, 2014/15 school year.

¹⁷ Local adult Prevalence Survey (mini Health and Lifestyle Survey) conducted during 2014.

¹⁸ Active People Survey 2014. Physically active (fulfilling national physical activity guidelines) means undertaking 2.5 hours of moderate physical activity weekly, and physically inactive means undertaking fewer than 30 minutes of moderate physical activity weekly.

¹⁹ Local adult Prevalence Survey (mini Health and Lifestyle Survey) conducted during 2014.

²⁰ Local adult Prevalence Survey (mini Health and Lifestyle Survey) conducted during 2014. It is recommended the men and women (2016 guidelines) do not drink in excess of 14 units of alcohol during the week. It is further recommended that men and women do not drink more than 3-4 units and 2-3 units respectively in a single day. Regular binge drinking is defined in the local survey as usually drinking more than double the daily limits at least once a week (≥ 8 units for men and ≥ 6 units for women).

²¹ Estimates from National Treatment Agency for Substance Misuse (April 2011 to March 2012).

²² Census, 2011.

²³ Local adult Health and Lifestyle Survey conducted during 2011-12.