

## JSNA – changes

Changes in the JSNA Toolkit and JSNA Summary between Release 4 (July 2012) and Release 5 (August 2015).

Note that the time period are relatively arbitrary (it depends what that latest data is available at the time of completing the JSNA Toolkit documents) and therefore any changes is simply the difference between two different sets of data or time periods. It is possible that the change between these two (relatively arbitrary) dates does not reflect the overall trend as it possible that data for one or both of the years or periods reported is artificially high or low relative to the overall trend for this indicator.

A table of changes and a text summary of changes is given (which includes only topics where there have been changes) which is followed by a more detailed section on the changes.

### **SUMMARY TABLE OF CHANGES (over last 2-4 years)**

Arrows denote general direction of change of indicator and the direction of change might not apply to both genders (M=males / F=females) or across all age groups.

CONTEXT OF NEED	Overall	Young people	Older people	Comments
<b>Population</b>				
Population	Small ↑			
Ethnicity	↔	↑		
Population Projections	Small ↑		Large ↑	
<b>Deprivation/other measures</b>				
Deprivation and Poverty		↓		
Homeless Households	↓			
Air Pollution	↓			
Crime	Small ↑			Better (most indicators)
Social Capital	Worse			
Safety in Neighbourhood	Worse			
Social Isolation	Better			
Social Care			Numbers ↑	
<b>ASPECTS OF HEALTH</b>	<b>Overall</b>		<b>Inequalities gap</b>	
Life Expectancy	↑		Gap worse	
Mortality Rate	↓		Gap worse	
Health / Physical Disabilities	↔			

<b>BEHAVIOUR AND LIFESTYLE RISK FACTORS</b>	<b>Prevalence</b>	<b>Overall trend</b>	<b>Mortality</b>	
Smoking	↓	↓	↔	
Overweight and Obesity	↓	↑		
Physical Activity	↑	↑		
Eating Healthy Diet	↓	↓		
Alcohol Consumption	↓ (excess) ↑ (binge)			
Drug and Substance Abuse	Small ↓		Large ↓	
Multiple Behavioural and Lifestyle Risk Factors	↓ (men) ↔ (women)			
<b>BEST START IN LIFE (CHILDREN AND YOUNG PEOPLE)</b>				
Accidents to Children and Young People	↑ (children) ↓ (young people)			
Maternal Health	↓ (smoking in pregnancy, stillbirths, infant mortality)			
Breastfeeding	↑ (greater for initiation rather than at 6-8 weeks)			
Vaccinations and Immunisations	↑ (children) ↓ (young girls and older people)			
Schools and Educational Attainment	↓ (school absence) ↑ educational attainment)			
Under 18 Conceptions	Large ↓			
Transition into Adulthood	↓ (16-18s not in education, employment or training)			
<b>HEALTHIER, LONGER, HAPPY LIVES (WORKING-AGE ADULTS)</b>				
Labour Market and Benefit Claimants	In general better but benefit claimants relating to caring and ill-health have increased			
Screening (for Cancers)	↓ (uptake rates decreased - below national target)			
<b>Diseases/medical conditions</b>	<b>Prevalence/ incidence*</b>	<b>Mortality</b>	<b>Mortality inequalities gap</b>	<b>Survival</b>
All Cardiovascular Diseases		↓	Improved	
Coronary Heart Disease	↑	↓	Improved	
Stroke	↔	↓	Improved	
Heart Failure	↔	↓		
Atrial Fibrillation	↑			
Hypertension	↑			
Abdominal Aortic Aneurysm		↓		
All Cancers	↑	↓	Widened	

Diseases/medical conditions	Prevalence/ incidence*	Mortality	Mortality inequalities gap	Survival
Lung Cancer	↓M ↑F	↓M ↔F		↑
Colorectal Cancer	↔	↓M ↑F		↑
Prostate Cancer	↑	↑		↔
Breast Cancer	↔	↑		↔
Diabetes	↑	↔		
Chronic Kidney Disease	↑			
Respiratory Disease		↓M ↑F		
Asthma	↔			
Chronic Obstructive Pulmonary Disease	↑	↓M ↑F		
Epilepsy	↑			
Tuberculosis	↑			
Diseases/medical conditions	General comments			
Sexual Health	↔ (number of births), ↑ (age of mother, fertility rate), ↓ (termination rate)			
Sexually Transmitted Infections	↑ (number of sexually transmitted infections)			
Road Traffic Accidents	↔ (killed or seriously injured on roads)			
SAFE AND INDEPENDENT (OLDER PEOPLE AND VUNERABLE GROUPS)				
	Prevalence*	Mortality	Admissions	Inequal gap
Learning Disabilities	↑			
Severe Mental Ill Health	↑			
Suicide / Undetermined Injury		↑M ↓F		
Dementia	↑	↑		
Falls and Hip Fractures			↑	Worse
	Prevalence*	Location of deaths		
Palliative Care	↔	↑ (home/other) ↓ (in hospital)		

\*Note that an increase in the diagnosed prevalence could also be due to an improvement in case finding and data recording (i.e. fewer people with the disease who are undiagnosed) and not necessarily due to an actual increase in the overall numbers with the disease or medical condition.

## **SUMMARY OF CHANGES**

### **CONTEXT OF NEED**

**Population:** Relatively unchanged / very small increase (less than 1%) in the last three years.

**Ethnicity:** Minor changes among adults in last couple of years, but increases in young people from Black and Minority Ethnic groups.

**Population Projections:** Hull's total population is projected to increase by 2.5% by 2025 and by 4.9% by 2035. Among those aged 65+ years the population is projected to increase by 24% by 2025 (49% by 2035).

**Deprivation and Poverty:** The percentage of children in poverty has decreased by 8% from 33% to 30%.

**Homelessness:** The rate of statutory homelessness households has decreased.

**Air Pollution:** Modelled estimates of levels of air pollution reduced.

**Crime and Domestic Violence:** In general indicators showing an improvement but there has been an increase in overall crime rate.

**Social Capital:** Deterioration in measures of social capital with people feeling less satisfied with their neighbourhood, less informed and less able to influence decisions that affected their local area, and people had lower levels of trust.

**Social Isolation and Safety:** People felt less safe and had less social support, but lower levels of social isolation.

**Social Care:** An increase in the number of people receiving social care with more receiving self-directed support, and fewer people felt they had sufficient support to manage long-term conditions.

### **ASPECTS OF HEALTH**

**Life Expectancy:** Life expectancy has increased but the national inequalities gap has not improved.

**Mortality:** Stillbirths and infant deaths were lower, as were overall mortality rates but the national inequalities gap had not reduced.

**General Health and Physical Disabilities:** There were few differences in reported physical health status.

**Dental Health:** Dental health among 5 year olds was slightly better, although the numbers surveyed are small which may mean the results are not representative.

## **BEHAVIOUR AND LIFESTYLE RISK FACTORS**

**Smoking:** Smoking prevalence has reduced, but the number of deaths attributable to smoking is unchanged (although the number of such deaths prior to age 75 years has reduced slightly).

**Overweight and Obesity:** The prevalence of overweight and obesity has reduced slightly in the most recent survey, although over the longer period there is an increasing trend in the prevalence of obesity.

**Physical Activity:** The percentage of people fulfilling national physical activity guidelines have increased.

**Diet:** A higher percentage of people are reporting that they eat an unhealthy diet.

**Alcohol Consumption:** The prevalence of excessive alcohol consumption over the week has reduced, but binge drinking has increased.

**Drug and Substance Abuse:** The estimated number of problem drug users has fallen slightly. There has been a marked decrease in the mortality rate from psychoactive substance misuse.

**Multiple Behavioural and Lifestyle Risk Factors:** A lower percentage of men had multiple risk factors (smoking, alcohol, lack of physical activity, obesity and poor diet), and whilst a higher percentage of women had zero or one risk factor alone, more women had four or five of the risk factors.

## **BEST START IN LIFE (CHILDREN AND YOUNG PEOPLE)**

**Accidents to Children and Young People:** Hospital admissions due to deliberate and unintentional injuries to young children are increasing but decreasing among young people.

**Maternal Health:** Stillbirths and infant deaths were lower, smoking in pregnancy was lower and whilst the percentage of birth weight babies has increased over the last couple of years the general trend is a decreasing trend (with the rate is currently lower than England).

**Breastfeeding:** There has been an increase in breastfeeding initiation and at 6-8 weeks, but the increases have been small for the latter.

**Vaccinations and Immunisations:** Vaccination rates among children remain high in Hull, and among those aged two and five years have increased slightly in the last couple of years. Uptake rate of the HPV vaccine among young girls has decreased slightly in the most recent year. Uptake of the influenza and PPV among those aged 65+ years has decreased slightly in recent years.

**Schools and Educational Attainment:** School absence has decreased and educational attainment has increased very slightly.

**Under 18 Conceptions:** There has been a marked decrease in the under 18 conception rate.

**Transition into Adulthood:** The percentage of 16-18 year olds who are not in education, employment or training has fallen from a level that has been consistently around 10% to 9.7% in the most recent year.

### **HEALTHIER, LONGER, HAPPY LIVES (WORKING-AGE ADULTS)**

**Labour Market and Benefit Claimants:** The percentage in employment among the working-age population has increased slightly, and the unemployment rate has decreased. The total number of working-age benefit claimants had decreased, but benefits for carers, ill-health and disability had increased.

**Screening:** The uptake rate among women for breast and cervical cancer screening has decreased in recent years and is now below national target levels. Uptake rates for bowel cancer screening have remained unchanged.

**All Cardiovascular Diseases:** Cardiovascular mortality has decreased in Hull particularly among men and women aged 65-74 years, but whilst reductions in Hull also occurred among those aged 75+ years the reductions were considerably lower than those in England. Among those aged under 75 years, the national inequalities gap had reduced.

**Coronary Heart Disease:** More patients registered with Hull GPs are diagnosed with coronary heart disease. This is could be because there are more people with the disease, but it could also be due to better data recording and an improvement in the diagnosis rate. Coronary heart disease mortality has decreased in Hull particularly among men aged 64-74 years and women aged 35-64 years, although over all ages reductions in the mortality rates were higher in England than Hull. Among those aged under 75 years, the national inequalities gap had reduced.

**Stroke:** There have been no real changes in the number of patients registered with Hull GPs who have been diagnosed as having had a stroke or transient ischaemic attack. Mortality from stroke has decreased in Hull particularly among men aged 35-64 years and among women aged 65-74 years, although over all ages reductions in the mortality rates were higher in England than Hull. Among those aged under 75 years, the national inequalities gap had reduced.

**Heart Failure:** There have been no real changes in the number of patients registered with Hull GPs diagnosed with heart failure. Mortality from heart failure has decreased considerably in the last four years, particularly among those aged under 75 years.

**Atrial Fibrillation:** More patients registered with Hull GPs are diagnosed with atrial fibrillation. This is could be because there are more people with the disease, but it could also be due to better data recording and an improvement in the diagnosis rate.

**Hypertension (High Blood Pressure):** More patients registered with Hull GPs are diagnosed with hypertension. This could be because there are more people with the disease, but it could also be due to better data recording and an improvement in the diagnosis rate.

**Abdominal Aortic Aneurysm:** The number of residents dying from aortic aneurysms had decreased slightly particularly among those aged under 75 years (most of which will be abdominal aortic aneurysms).

**All Cancers:** The incidence of all cancers increased for all ages and for diagnoses under the age of 75 years in particular for stomach and prostate cancer for men and lung, malignant melanoma and bladder cancer for women. Mortality rates had decreased among men aged 35-74 years and women aged 65+ years, but increased among men aged 75+ years and women aged 35-64 years. The national inequalities gap in relation to premature deaths has widened particularly for women.

**Lung Cancer:** The incidence of lung cancer decreased for men but increased for women (by 15% overall and by 20% among those aged under 75 years). Mortality rates decreased substantially among men, but remained relatively unchanged for women. Over one year, one year survival rates had increased by 6% from 29% to 31% and five year survival rates had increased by 3% from 7.8% to 8.0%. Over the longer term (15-20 years), survival rates had improved considerably.

**Colorectal Cancer:** The incidence of colorectal cancer remained relatively unchanged, increasing slightly among men but decreased slightly among women. Age-specific mortality rates had decreased among men but increased for women aged 65+ years. Over one year, one year survival rates had increased by 4% from 68% to 71% and five year survival rates had increased by 3% from 48% to 49%. Over the longer term (15-20 years), survival rates had improved considerably.

**Prostate Cancer:** The incidence of prostate cancer has increased substantially, although this could be due to better detection and increased use of screening methods. Not all men diagnosed with prostate cancer will require treatment, as many men die with prostate cancer not because of it. Mortality rates for prostate cancer among men aged 65-74 years and 75+ years had increased by around one-quarter. Over one year, one year survival rates remained the same (at 97%) but five year survival rates had increased slightly by 2% from 76% to 78%. Over the longer term (15-20 years), survival rates had improved considerably.

**Breast Cancer:** The incidence of breast cancer among women has remained relatively unchanged. Whilst mortality rates had halved in those aged 65-74 years, they had increased by 30% among those aged 35-64 years and by 9% among those aged 75+ years. Over one year, survival rates were unchanged, however, over the longer term (15-20 years), survival rates had improved considerably.

**Diabetes:** More patients registered with Hull GPs are diagnosed with diabetes. This could be due to more people having diabetes, but could also be due to better data recording and an improvement in the diagnosis rate. There have been relatively small changes in the number of deaths, although it is difficult to ascertain any pattern as the number of deaths from diabetes is small (diabetes is more frequently a secondary rather than primary cause of death).

**Chronic Kidney Disease:** More patients registered with Hull GPs are diagnosed with chronic kidney disease. This could be due to more people having chronic kidney disease, but could also be due to better data recording and an improvement in the diagnosis rate.

**Respiratory Disease:** Mortality from respiratory disease had decreased among men but increased among women.

**Asthma:** There was no change to the number of patients registered with Hull GPs who were diagnosed with asthma.

**Chronic Obstructive Pulmonary Disease:** More patients registered with Hull GPs are diagnosed with chronic obstructive pulmonary disease. This could be due to more people having chronic obstructive pulmonary disease, but could also be due to better data recording and an improvement in the diagnosis rate. Whilst mortality rates fell substantially among men aged 35-64 years, the rate increased among men aged 75+ years. Whilst increases in the mortality rate among women occurred nationally, the increases in Hull among women were greater (at 20%). Premature mortality rates were approximately twice as high as England, and the national inequalities gap had reduced for men but widened for women.

**Epilepsy:** Slightly more patients registered with Hull GPs are diagnosed with epilepsy. This could be due to more people having epilepsy, but could also be due to better data recording and an improvement in the diagnosis rate.

**Infectious Diseases:** The number of cases of tuberculosis have increased considerably.

**Sexual Health:** There have been relatively small changes in the number of live births over the last four years with around 3,700 births annually, but they have increase substantially in the last 10-15 years. There has been a slight shift towards women giving birth at older ages. Fertility rates in Hull were lower than England a few years ago, but have increased and are now slightly higher than England. The number of terminations in Hull has reduced considerably and is currently around half that of England.

**Sexually Transmitted Infections:** Whilst differences and problems have occurred with data recording of the number of sexually transmitted infections, the numbers have increased in Hull.

**Road Traffic Accidents:** The numbers of people in Hull who were killed or seriously injured on the roads have remained relatively constant over the last 2-3 years, but since 1994-98 have reduced considerably.

## **SAFE AND INDEPENDENT (OLDER PEOPLE AND VULNERABLE GROUPS)**

***Learning Disabilities:*** More patients registered with Hull GPs are diagnosed with learning disabilities. This is not necessarily due to more people having learning disabilities, but could also be due to better data recording and an improvement in the diagnosis rate.

***Severe Mental Ill Health:*** More patients registered with Hull GPs are diagnosed with severe mental ill health. This is not necessarily due to more people having severe mental ill health, but could also be due to better data recording and an improvement in the diagnosis rate. The number of claimants of incapacity benefit and severe disablement allowance claimants where the main reason for the claim was mental health had increased by 15% to 3.8% of the working-age population.

***Suicide and Undetermined Injury:*** Mortality from suicide and undetermined injury had increased among men particularly those aged 35-64 years, but there were reductions among women.

***Dementia:*** More patients registered with Hull GPs are diagnosed with dementia. This is probably because there are more people with dementia, but it is also likely that some of this increase could be due to better data recording and an improvement in the diagnosis rate. The total number of deaths has doubled in four years, but is probably at least partially due to the more recent focus on dementia and differences in coding and data recording.

***Falls and Hip Fractures:*** Among those aged 65+ years, the number and rate of emergency hospital admissions for injuries relating to falls and for hip fractures has increased (by 23% for falls and by 7.7% for hip fractures, and the inequalities gap has widened both for injuries from falls and for hip fractures.

***Palliative Care:*** There was no change to the number of patients registered with Hull GPs who were on their palliative care registers. A higher percentage of patients were dying at home and at other locations rather than in hospital.

## **MORE DETAILS ON CHANGES**

### **CONTEXT OF NEED**

#### ***Geographical Area***

No changes.

#### ***Population***

*Relatively unchanged / very small increase (less than 1%) in the last three years.*

Population has remained relatively unchanged. The Office for National Statistics (ONS) resident population estimate from the 2011 Census was 256,170, and is 257,730 for mid-year 2014 (an increase of 1,560 over three years). The population registered with Hull GPs has also remained relatively unchanged and in April 2015 there are 290,343 patients registered with GPs in Hull (an increase of 1,019 patients since October 2011).

#### ***Ethnicity***

*Minor changes among adults in last couple of years, but increases in young people from Black and Minority Ethnic groups.*

Between mid-year 2009 and the 2011 Census, there have been no substantial changes to the ethnic distribution of Hull's population. However, in 2014, 14.9% of school children in Hull were from minority ethnic groups having increased from 9.1% in 2010.

#### ***Population Projections***

*Hull's total population is projected to increase by 2.5% by 2025 and by 4.9% by 2035. Among those aged 65+ years the population is projected to increase by 24% by 2025 (49% by 2035).*

ONS have produced population projections for Hull (2012 based), and project that the population will increase by 2.5% from 258,600 from mid-2012 to 261,900 by 2025 (and by 4.9% to 271,000 by 2035). It is projected that Hull's population aged 65+ years will increase by 23.8% by 2025 (from 36,900 in 2012 to 45,700 in 2025) and by 48.5% by 2035 (to 54,800).

#### ***Deprivation and Poverty***

*The percentage of children in poverty has decreased by 8% from 33% to 30%.*

The Index of Multiple Deprivation 2010 is still the latest measure that is frequently used to assess levels of deprivation. The percentage of children in poverty has decreased from 33.0% in 2009 to 30.4% in 2012.

## **Housing**

No substantial changes.

## **Homelessness**

*The rate of statutory homelessness households has decreased.*

There were 6.2 statutory homeless households per 1,000 estimated total households in 2008/09, and between 4.0 and 4.7 between 2009/10 and 2012/13, but has decreased again for 2013/14 to 3.1. There has been no change in the percentage of households in temporary accommodation over this period.

## **Environment**

There was not a specific section on the environment in Release 4 of the JSNA.

## **Air Pollution**

*Modelled estimates of levels of air pollution reduced.*

The Department for Environment, Food and Rural Affairs' (DEFRA) have modelled air pollution levels across the UK for each one kilometre grid square. The average concentrations of their modelled estimates have decreased between 2011 and 2015 for NO<sub>2</sub> (nitrogen dioxide), NO<sub>x</sub> (mono-nitrogen oxide NO and NO<sub>2</sub>), PM<sub>10</sub> and PM<sub>2.5</sub> (mass (in micrograms) per cubic metre of air of individual particles with an aerodynamic diameter generally less than 10 and 2.5 micrometres respectively) reducing by 7.9%, 10.1%, 4.4% and 6.3% for NO<sub>2</sub>µg/m<sup>3</sup>, NO<sub>2</sub>µg/m<sup>3</sup>, PM<sub>2.5</sub>µg/m<sup>3</sup> and PM<sub>10</sub>µg/m<sup>3</sup> respectively over Hull's 78 one kilometre grid squares.

## **Climate Change**

There was not a specific section on the environment in Release 4 of the JSNA.

## **Crime and Domestic Violence**

*In general indicators showing an improvement but there has been an increase in overall crime rate.*

There were 1,006 reported crimes per 10,000 resident population in Hull during the financial year 2010/11 compared to 984 during the year September 2013 to October 2014. Whilst this represents a slight decrease since 2010/11, crime rates have increased slightly over the last couple of years. First time entrants into the youth justice system has decreased in Hull over time, more than halving between 2009 and 2013 (from 1,333 to 591 first time entrants per 100,000 population). The percentage of adults and juveniles reoffending within a year was 31.8% in 2009, and whilst this increased to 33.8% in 2010, the percentage has subsequently reduced to 32.0% in 2012. The average number of re-offences committed per offender over a year has increased slightly from 0.94 in 2009 to 1.05 in 2012.

There was no domestic violence data in Release 4 of the JSNA so no comparisons are possible.

### **Social Capital**

*Deterioration in measures of social capital with people feeling less satisfied with their neighbourhood, less informed and less able to influence decisions that affected their local area, and people had lower levels of trust.*

Between the Social Capital Survey 2009 and the Health and Lifestyle Survey 2011-12, people in Hull were less satisfied with their neighbourhood as a place to live, and fewer people felt informed about decisions that affected their local area and fewer people felt they would be able to influence these decisions. Fewer people trusted people in their neighbourhood and thought that people looked out for one another in their area. On a positive note, fewer people felt verbal or physical threat or aggression, graffiti or vandalism, and crime were a problem in their local area. Whilst fewer people reported that they trusted local services (police, health services, schools, council) and people (neighbours, friends and family) "a great deal", fewer people reported their trust was "none".

### **Social Isolation and Safety**

*People felt less safe and had less social support, but lower levels of social isolation.*

Between the Social Capital Survey 2009 and the Health and Lifestyle Survey 2011-12, people in Hull felt less safe walking alone in their area during the daytime and after dark.

Between the Social Capital Survey 2009 and the Health and Lifestyle Survey 2011-12, people spoke to family, friends and neighbours slightly less frequently, but a smaller percentage spoke to these groups rarely. Unsurprisingly, the frequency of electronic communication increased between 2009 and 2011-12. Whilst similar a percentage of people had no close relatives or friends who lived nearby, the percentages who had 1-2 or 3-4 close relatives or friends living nearby had increased. Whilst fewer people had help if ill in bed, this was a result of an increase in the percentages reporting that they "did not know" or "it depends" rather than an increase in the percentage of people who stated they definitely did not have anyone to help (which had actually decreased slightly). There was also an increase in the percentage of people who had no-one to turn to for comfort and support in the event of a serious crisis although the absolute percentages were small (increasing from 1.4% to 1.9%).

Using a locally define measure of social isolation, the general trend has been a decrease in the percentage of people aged 65+ years who are socially isolated from 15.4% in 2007 to 13.4% in 2014.

### **Social Care**

*An increase in the number of people receiving social care with more receiving self-directed support, and fewer people felt they had sufficient support to manage long-term conditions.*

In 2010/11, there were 9,510 people receiving social care and 7,755 receiving social care in the community in Hull, and in 2013/14 these had increased to 9,795 and 8,225 respectively.

The percentage receiving self-directed support as a percentage of those receiving community-based services and carers receiving carer's specific services increased dramatically in Hull between 2009/10 and 2010/11 from 6.2% to 36.8%. The number of carers whose needs were assessed or reviewed by the council in a year who receiving a specific carer's service, or advice and information in the same year as a percentage of people receiving a community-based service in the year also increased over this time period from 34.4% to 43.4%.

In 2010/11, 3,805 assessments of people not already in receipt of a service were conducted, and around 75% went on to receive a specific service as a result of that assessment. Similar numbers were assessed in 2013/14 (3,780), but 82% went on to receive a specific service as a result of that assessment.

The number of adult safeguarding alerts reported was considerably lower in 2012/13 compared to 2010/11 (34 versus 70 per 10,000 population aged 18+ years).

In 2009/10, 81% felt they had sufficient support to manage long-term conditions, but this fell to 67% in 2014.

### ***Carers and Caring***

There was no new information available on caring in Release 5 of the JSNA.

## **ASPECTS OF HEALTH**

### ***Life Expectancy***

*Life expectancy has increased but the national inequalities gap has not improved.*

For men, life expectancy at birth in Hull has increased between 2008-10 and 2011-13 by 0.9 years from 75.7 years to 76.6 years, and the absolute gap between England and Hull has reduced from -2.9 years to -2.8 years.

For women, life expectancy at birth in Hull has increased between 2008-10 and 2011-13 by 0.5 years from 80.2 years to 80.7 years, and the absolute gap between England and Hull remaining the same at -2.4 years.

### ***Mortality***

*Stillbirths and infant deaths were lower, as were overall mortality rates but the national inequalities gap had not reduced.*

There were 67 stillbirths over the three year period 2008-10 giving a rate of 6.1 per 1,000 births. For 2011-13, this had reduced to 54 stillbirths (4.7 per 1,000 births) which was lower than England (4.9 per 1,000 births).

There were 61 infant deaths (within first year of life) over the three year period 2008-10 giving a rate of 5.5 per 1,000 live births. For 2011-13, this had reduced to 42 deaths giving a rate of 3.7 per 1,000 live births (which was lower than England at 4.1 per 1,000 live births).

It is more difficult to compare the information presented within Release 4 with the information presented within Release 5 of the JSNA Toolkit documents as new definitions are available such as those relating to preventable mortality, and the latest mortality figures have been standardised to the 2013 European Standard Population rather than the previous 1976 ESP.

For men, the all cause all age mortality rate has reduced from 1,478 deaths per 100,000 men in 2008-10 to 1,424 deaths per 100,000 men in 2011-13, a fall of 3.7% (compared to a fall of 6.7% in England).

For women, the all cause all age mortality rate has reduced from 1,068 deaths per 100,000 women in 2008-10 to 1,050 deaths per 100,000 women in 2011-13, a fall of 1.7% (compared to a fall of 5.8% in England).

So whilst the mortality rate for all causes has reduced in Hull, the national inequalities gap has widened. This is also true for premature deaths (dying before the age of 75 years). The under 75 standardised mortality ratio has increased from 131 in 2008-10 to 135 in 2011-13. This means that Hull's premature mortality rate for all causes is 35% higher than England after taking the age and gender structure of Hull's population into account.

### ***General Health and Physical Disabilities***

*There were few differences in reported physical health status.*

From the 2011-12 Health and Lifestyle Survey, 38.1% reported that their health was 'excellent' or 'very good', 34.2% stated it was 'good' and 27.7% stated it was 'fair' or 'poor'. Overall, 28.9% stated that they had a long-term illness or disability that affected their daily activities. In the 2014 survey, the same percentage reported their health was 'fair' or 'poor', and 27.7% had a limiting long-term illness or disability.

### ***Emotional Health and Wellbeing***

There is no change to the comparable data within Release 4 and Release 5.

### ***Use of Healthcare Services***

There is no change to the information presented in Release 4 and Release 5.

### ***Dental Health***

*Dental health among 5 year olds was slightly better, although the numbers surveyed are small which may mean the results are not representative.*

Among 5 year olds, the average number of decayed, missing and filled teeth was 1.82 in 2007/08 with 42.6% having at least one tooth which was decayed, missed or filled. In 2011/12, the average number of decayed, missing and filled teeth was 1.54 with 43.4% having at least one tooth which was decayed, missed or filled. The numbers of 5 year olds surveyed in Hull was relatively small and subject to bias, so whilst there appears to be a large difference (improvement) in the average number of decayed, missing and filled teeth this might not necessarily be the case.

### **Secondary Care**

There is no change to the information presented in Release 4 and Release 5.

## **BEHAVIOUR AND LIFESTYLE RISK FACTORS**

### **Smoking**

*Smoking prevalence has reduced, but the number of deaths attributable to smoking is unchanged (although the number of such deaths prior to age 75 years has reduced slightly).*

The prevalence of smoking among adults has reduced from 34.0% in 2011-12 to 30.7% in 2014 based on local health and lifestyle surveys.

Over the three year period 2008-10, 1,452 deaths in Hull (20.2% of total number of deaths) were directly attributable to smoking (including 657 premature deaths). There was very little change in the number of deaths for 2012-14 with 1,448 deaths estimated to be directly attributable to smoking (20.0% of all deaths) which included 635 deaths to people under the age of 75 years. The definitions used to define a death directly attributable to smoking had been updated (by Action on Smoking and Health) which could have influenced the results.

### **Overweight and Obesity**

*The prevalence of overweight and obesity has reduced slightly in the most recent survey, although over the longer period there is an increasing trend in the prevalence of obesity.*

Among adults, the prevalence of overweight and obesity has reduced slightly from 65.5% in 2011-12 to 63.6% in 2014 based on local health and lifestyle surveys, and the prevalence of obesity also reduced slightly from 27.8% to 26.5%. Over the longer period there is an increasing trend in the prevalence of both obesity and overweight and obesity combined, but a decreasing trend for overweight alone.

In 2010/11 school year, 13.6% of reception year children (aged 4-5 years) attending Hull schools were overweight and a further 9.8% were obese giving a total of 23.4% who were overweight or obese. In the 2013/14 school year, 13.7% were classified as overweight and 9.5% as obese so a total of 23.2% as overweight or obese. So there were only small changes between 2010/11 and 2013/14.

Among Year 6 children (aged 10-11 years) attending Hull schools, in 2010/11, 14.6% were classified as overweight and 23.0% as obese so a total of 37.7% as overweight or obese. These percentages were 14.0%, 20.4% and 34.4% in 2013/14, so there were decreases in the prevalence of both overweight and obesity.

### **Physical Activity**

*The percentage of people fulfilling national physical activity guidelines have increased.*

The national recommendations for physical activity have changed between Release 4 and Release 5 of the JSNA Toolkit. Therefore, it is not possible to compare the percentage fulfilling or not fulfilling the 2012 national physical activity guidelines. However, the percentage fulfilling the 2011 national physical activity guidelines increased between 2011-12 and 2014 from 26.7% to 33.5% based on local health and lifestyle surveys.

From national surveys, the percentage of physically active adults in Hull (fulfilling 2012 national guidelines) increased from 43.8% in 2012, to 49.8% in 2013 to 57.4% in 2014, and the percentage of physically inactive adults in Hull (undertaking fewer than 30 minutes of moderate physical activity per week in bouts of 10 minutes or more) decreased from 36.1% in 2012, to 33.4% in 2013 to 31.6% in 2014. The numbers of people surveyed in Hull is small though, so there is the possibility that these estimates are biased.

### **Diet**

*A higher percentage of people are reporting that they eat an unhealthy diet.*

Among adults, the percentage stating that they ate a healthy diet fell slightly from 71.8% in 2011-12 to 68.9% in 2014 based on local health and lifestyle surveys, and the percentage reporting a lack of knowledge about what constituted a healthy diet increased slightly from 6.8% to 7.2%.

The percentage who stated they generally ate five portions of fruit and vegetables each day fell slightly from 20.2% in 2011-12 to 19.2% in 2014.

### **Alcohol Consumption**

*The prevalence of excessive alcohol consumption over the week has reduced, but binge drinking has increased.*

Among adults, the percentage who stated they never drank alcohol increased slightly from 20.5% in 2011-12 to 24.3% in 2014 based on local health and lifestyle surveys, as did the percentage who had drunk over the recommended weekly number of alcohol units the previous week (12.5% falling to 11.6%). However, the percentage of all survey responders who undertook binge drinking at least once a week increased from 18.6% to 25.1% between 2011-12 and 2014. In summary, the percentage of people who had exceeded the weekly recommended number of alcohol units the previous week and/or usually undertakes binge drinking at least once a week increased from 22.5% to 27.8%. This was mainly due to changes among the middle and older age groups, and among those living in the least deprived areas of Hull.

## **Drug and Substance Abuse**

*The estimated number of problem drug users has fallen slightly. There has been a marked decrease in the mortality rate from psychoactive substance misuse.*

The estimated number of problem drug users has fallen slightly from 3,464 (19.2 per 1,000 population aged 15-64 years) in 2008/09 to 3,229 (18.4 per 1,000 population aged 15-64 years) in 2011/12.

In 2008-10, the directly standardised mortality rate for psychoactive substance misuse was 4.7 per 100,000 population (36 deaths over three years), but the rate has fallen dramatically (by 70%) to 1.4 per 100,000 population in 2012-14 (12 deaths over three years). This includes deaths from alcohol misuse, but the numbers are small and most deaths are due to other substances.

## **Multiple Behavioural and Lifestyle Risk Factors**

*A lower percentage of men had multiple risk factors (smoking, alcohol, lack of physical activity, obesity and poor diet), and whilst a higher percentage of women had zero or one risk factor alone, more women had four or five of the risk factors.*

From local surveys, the number of people who smoked, exceeded weekly recommended alcohol units over the week and/or binge drink at least once a week, do not fulfil the current national physical activity guidelines, are obese and do not eat five portions of fruit and vegetables each day was noted.

In 2007, 1.5% of men had five of the risk factors, 13.1% had four, 30.9% had three, 34.6% had two, 15.9% had one and 4.1% had none of the five risk factors. For women, 0.6% of women had five of the risk factors, 7.3% had four, 30.0% had three, 39.3% had two, 18.4% had one and 4.3% had none of the five risk factors.

In 2014, 1.5% of men had five of the risk factors, 12.1% had four, 27.4% had three, 34.0% had two, 19.9% had one and 5.1% had none of the five risk factors. For women, 1.5% of women had five of the risk factors, 10.2% had four, 28.9% had three, 34.1% had two, 20.4% had one and 5.0% had none of the five risk factors.

## **BEST START IN LIFE (CHILDREN AND YOUNG PEOPLE)**

### **Accidents to Children and Young People**

*Hospital admissions due to deliberate and unintentional injuries to young children are increasing but decreasing among young people.*

Due to differing definitions information presented in Release 4 and Release 5 are not comparable, but there is an increasing trend in the rate of hospital admissions due to deliberate and unintentional injury to children aged 0-4 years, a very slight increasing trend among those aged 0-14 years and a decreasing trend among those aged 15-24 years.

## **Early Years**

There was no specific 'early years' section within Release 4 of the JSNA Toolkit, and most of the topics within this area are covered elsewhere.

### **Maternal Health**

*Stillbirths and infant deaths were lower, smoking in pregnancy was lower and whilst the percentage of birth weight babies has increased over the last couple of years the general trend is a decreasing trend (with the rate is currently lower than England).*

There were 67 stillbirths over the three year period 2008-10 giving a rate of 6.1 per 1,000 births. For 2011-13, this had reduced to 54 stillbirths (4.7 per 1,000 births) which was lower than England (4.9 per 1,000 births).

There were 61 infant deaths (within first year of life) over the three year period 2008-10 giving a rate of 5.5 per 1,000 live births. For 2011-13, this had reduced to 42 deaths giving a rate of 3.7 per 1,000 live births (which was lower than England at 4.1 per 1,000 live births).

The prevalence of smoking in pregnancy has decreased from 23.3% in 2010/11 to 21.4% in 2013/14.

The percentage of low birth weight babies born to term has increased slightly from 2.5% in 2010 to 2.6% in 2012 although the rate is currently lower than England and has decreased from 3.6% in 2005.

### **Breastfeeding**

*There has been an increase in breastfeeding initiation and at 6-8 weeks, but the increases have been small for the latter.*

In 2010/11, 57.2% of mothers initiated breastfeeding, and in the first three quarters of the financial year 2011/12, 31.7% of babies were being breastfed at 6-8 weeks.

For 2013/14, the breastfeeding initiation rate in Hull was 62.1% and prevalence of (partially or totally) breastfeeding at 6-8 weeks was 32.1%.

### **Vaccinations and Immunisations**

*Vaccination rates among children remain high in Hull, and among those aged two and five years have increased slightly in the last couple of years. Uptake rate of the HPV vaccine among young girls has decreased slightly in the most recent year. Uptake of the influenza and PPV among those aged 65+ years has decreased slightly in recent years.*

There have been minor changes in the take-up of vaccinations among one year olds, but there have been slight increases among those aged two and five years. The uptake rates remain around 95% or higher for most vaccines and most age groups.

Uptake of the human papillomavirus (HPV) types 16 and 18 vaccine among girls aged 12 to 13 years had increased between 2009/10 from 81.4% to 86.3% in 2012/13, but had decreased in the most recent year 2013/14 to 82.9%.

The uptake of the influenza vaccine among those aged 65+ years has fallen from 73.6% in 2010/11 to 72.9% in 2013/14.

The uptake of the pneumococcal polysaccharide vaccination (PPV) among those aged 65+ years has fallen from 74.8% in 2010/11 to 72.9% in 2013/14.

### ***School Age Children***

There was no specific 'school age children' section within Release 4 of the JSNA Toolkit, and most of the topics within this area are covered elsewhere.

### ***Schools and Educational Attainment***

*School absence has decreased and educational attainment has increased very slightly.*

The number of children with special educational needs was presented in Release 4 for secondary schools only, but presented in Release 5 for primary and secondary schools combined so the information is not comparable.

Primary and secondary school absence has decreased recently with the percentage of half-days missed through authorised and unauthorised absence reducing from 6.5% in 2009/10 to 4.9% in 2013/14.

The percentage of students achieved five or more GCSEs at grades A-C which included English and mathematics has remained relatively unchanged between 2009/10 and 2013/14 increasing very slightly from 42.3% to 44.7%.

### ***Under 18 Conceptions***

*There has been a marked decrease in the under 18 conception rate.*

The under 18 conception rate fell from 56.2 conceptions per 1,000 women aged 15-17 years in 2010 to 35.9 per 1,000 women aged 15-17 years in 2013.

### ***Transition into Adulthood***

*The percentage of 16-18 year olds who are not in education, employment or training has fallen from a level that has been consistently around 10% to 9.7% in the most recent year.*

There was no specific 'transition into adulthood' section within Release 4 of the JSNA Toolkit, and most of the topics within this area are covered elsewhere. Although the percentage of 16-18 year olds who are not in education, employment or training fits into this category and is presented in both Release 4 and Release 5 of the JSNA Toolkit. The percentage of 16-18 year olds who are not in education, employment or

training was 9.5% in 2009 and was around 10% in both 2011 (10.4%) and 2012 (10.3%), but the percentage has fallen dramatically to 5.7% in 2013.

## **HEALTHIER, LONGER, HAPPY LIVES (WORKING-AGE ADULTS)**

### ***Labour Market and Benefit Claimants***

*The percentage in employment among the working-age population has increased slightly, and the unemployment rate has decreased. The total number of working-age benefit claimants had decreased, but benefits for carers, ill-health and disability had increased.*

Over the year, April 2010 to March 2011, 68.5% of men and 56.2% of women who were of working-age were in employment compared to 70.6% of men and 58.7% of women over the calendar year 2014. In 2010/11, the unemployment rate was 15.8% among men and 11.7% among women compared to 11.5% for men and 12.2% for women in 2014.

In May 2011, there were 39,415 working-age benefit claimants in Hull representing 22.5% of the working-age population. The main benefits were Job Seekers Allowance (14,315; 8.2%) and Employment Support Allowance or Incapacity Benefit (14,590; 8.3%) with the next highest category for Lone Parents (4,110; 2.3%).

In February 2014, the total number of working-age benefit claimants had fallen to 36,880 representing 21.8% of the working-age population with a fall for Job Seekers Allowance (11,630 (6.9%) and Lone Parents (3,460; 2.0%) but not for ESA/IB (14,830; 8.8%), and the numbers claiming carers benefits had also increased from 2,745 (1.6%) to 3,280 (1.9%) as had benefits for disability (from 1,955; 1.1% to 2,130; 1.3%).

### ***Screening***

*The uptake rate among women for breast and cervical cancer screening has decreased in recent years and is now below national target levels. Uptake rates for bowel cancer screening have remained unchanged.*

The percentage of women aged 53-70 years attending breast screening within the last three years was 72.6% as at 31<sup>st</sup> March 2011, and this has decreased slightly to 69.5% as at 31<sup>st</sup> March 2014 (under the target of 70%).

The percentage of women aged 25-64 years attending cervical screening within the last three years (aged 25-49) or five years (aged 50-64) was 82.9% as at 31<sup>st</sup> March 2011, and this has decreased to 75.4% as at 31<sup>st</sup> March 2014 (under the target of 80%).

The uptake rates for bowel cancer screening among men and women aged 60-69 years in Hull and East Riding of Yorkshire has remained relatively unchanged between the period 1<sup>st</sup> January to 27<sup>th</sup> October 2010 (61.7%) and the financial year 2012/13 (61.9%). Results are not available separately for Hull, and it is likely the uptake rate is lower in Hull and higher in East Riding of Yorkshire.

## **All Cardiovascular Diseases**

*Cardiovascular mortality has decreased in Hull particularly among men and women aged 65-74 years, but whilst reductions in Hull also occurred among those aged 75+ years the reductions were considerably lower than those in England. Among those aged under 75 years, the national inequalities gap had reduced.*

The age-specific mortality rates for all cardiovascular disease has decreased between 2008-10 and 2011-13 reducing by 5% among men and 4% among women aged 75+ years, by 29% among men and 38% among women aged 65-74 years and by 10% among men and 16% among women aged 35-64 years. Although nationally reductions occurred to a similar extent among those aged 35-64 years (although nationally higher reductions among men), reductions of around 20% among those aged 65-74 years and reductions around 17% among those aged 75+ years.

Premature mortality from cardiovascular disease in Hull was 39% higher for men and 50% higher for women compared to England in 2008-10, but only 32% and 35% higher for men and women respectively in 2011-13. So the inequalities gap has reduced in relation to premature deaths.

## **Coronary Heart Disease**

*More patients registered with Hull GPs are diagnosed with coronary heart disease. This is could be because there are more people with the disease, but it could also be due to better data recording and an improvement in the diagnosis rate. Coronary heart disease mortality has decreased in Hull particularly among men aged 64-74 years and women aged 35-64 years, although over all ages reductions in the mortality rates were higher in England than Hull. Among those aged under 75 years, the national inequalities gap had reduced.*

There were 11,196 patients diagnosed with coronary heart disease registered with Hull GPs in 2010/11 representing 3.88% of the patient population, and this had increased to 11,346 (3.93%) in 2013/14.

The age-specific mortality rates for coronary heart disease has decreased between 2008-10 and 2011-13 reducing by 33% among men aged 65-74 years, by 3% among men aged 35-64 years and women aged 75+ years, by between 20% and 25% among women aged 35-64 and 65-74 years, and by around 10% among men aged 75+ years. Although nationally reductions also occurred, but to a greater extent among men (except those aged 65-74 years) and among women aged 75+ years. Over all ages, mortality rates in Hull fell by 11% in men and by 7% in women compared to 14% for men and 18% for women nationally.

Premature mortality from coronary heart disease in Hull was 44% higher for men and 58% higher for women compared to England in 2008-10, reducing to 40% and 49% higher for men and women respectively in 2011-13. So the inequalities gap has reduced in relation to premature deaths.

## **Stroke**

*There have been no real changes in the number of patients registered with Hull GPs who have been diagnosed as having had a stroke or transient ischaemic attack. Mortality from stroke has decreased in Hull particularly among men aged 35-64 years and among women aged 65-74 years, although over all ages reductions in the mortality rates were higher in England than Hull. Among those aged under 75 years, the national inequalities gap had reduced.*

There were 4,590 patients diagnosed with having had a stroke or transient ischaemic attack who were registered with Hull GPs in 2010/11 representing 1.59% of the patient population, and this had increased to 4,535 (1.57%) in 2013/14.

The age-specific mortality rates for stroke had decreased in Hull between 2008-10 and 2011-13 by 34% among men aged 35-64 years, around 20% among men aged 65-74 and 75+ years, by 7% among women aged 35-64 years, by 42% among women aged 65-74 years and by 12% among men aged 75+ years. Reductions in England were marginally higher among men aged 65+ years but much smaller among men aged 35-64 years (at 13% reduction). Reductions in England among women were also higher in England except for the 65-74 year age group (reducing by 10%, 21% and 24% for women aged 35-64, 65-74 and 75+ years respectively). Over all ages, reductions were 18% among men in Hull compared to 20% in England, and were 15% among women in Hull compared to 24% in England.

Premature mortality from stroke in Hull was 54% higher for men and 26% higher for women compared to England in 2008-10, reducing to 38% and 9% higher for men and women respectively in 2011-13. So the inequalities gap has reduced in relation to premature deaths.

## **Heart Failure**

*There have been no real changes in the number of patients registered with Hull GPs diagnosed with heart failure. Mortality from heart failure has decreased considerably in the last four years, particularly among those aged under 75 years.*

There were 1,835 patients diagnosed with heart failure who were registered with Hull GPs in 2010/11 representing 0.64% of the patient population, and this remained relatively unchanged at 1,897 (0.66%) in 2013/14.

There were 19 deaths (10 men and 9 women) from heart failure in Hull residents aged under 75 years which were registered over the three year period 2008-2010, so on average six deaths per year. Most of the deaths from heart failure occur after this age, and there were 103 deaths (39 men and 64 women) for all ages during the same period, averaging 34 deaths per year.

In 2012-14, the number of deaths was considerably lower with only five deaths in total among those aged under 75 years, and 72 deaths (27 men and 45 women) for all ages, averaging 24 deaths per year.

### **Atrial Fibrillation**

*More patients registered with Hull GPs are diagnosed with atrial fibrillation. This is could be because there are more people with the disease, but it could also be due to better data recording and an improvement in the diagnosis rate.*

There were 3,382 patients diagnosed with heart failure who were registered with Hull GPs in 2010/11 representing 1.17% of the patient population, and this had increased to 3,738 (1.30%) in 2013/14.

### **Hypertension (High Blood Pressure)**

*More patients registered with Hull GPs are diagnosed with hypertension. This is could be because there are more people with the disease, but it could also be due to better data recording and an improvement in the diagnosis rate.*

There were 38,883 patients diagnosed with heart failure who were registered with Hull GPs in 2010/11 representing 13.5% of the patient population, and this had increased to 40,546 (14.1%) in 2013/14.

### **Abdominal Aortic Aneurysm**

*The number of residents dying from aortic aneurysms had decreased slightly particularly among those aged under 75 years (most of which will be abdominal aortic aneurysms).*

There were 23 deaths (18 men and 5 women) from aortic aneurysm in Hull residents aged under 75 years which were registered over the three year period 2008-2010, the majority from abdominal aortic aneurysm, so on average almost 8 deaths per year for those aged under 75 years. In total across all ages, there were 85 deaths (47 men and 38 women) so averaging 28 per year.

Over the period 2012-14, there were 17 deaths (13 men and 4 women) from aortic aneurysms under the age of 75 years (6 per year), and across all ages there were 80 deaths (47 men and 33 women) so averaging 27 deaths per year.

NHS AAA Screening Programme had not yet commenced when Release 4 of the JSNA Toolkit was published so no comparison data is available.

### **Peripheral Arterial Disease**

The number of patients diagnosed with peripheral arterial disease who are registered with Hull GPs is available in Release 5 of the JSNA Toolkit, but was only introduced in 2012/13, so no comparison data is available.

### **All Cancers**

*The incidence of all cancers increased for all ages and for diagnoses under the age of 75 years in particular for stomach and prostate cancer for men and lung, malignant melanoma and bladder cancer for women.*

*Mortality rates had decreased among men aged 35-74 years and women aged 65+ years, but increased among men aged 75+ years and women aged 35-64 years. The national inequalities gap in relation to premature deaths has widened particularly for women.*

The age-standardised all age incidence rates per 100,000 population in Hull were 466 for men and 394 for women in 2006-08 compared to 489 for men and 405 for women in 2009-11 so increasing by 5% for men and 3% for women. Increases of greater than 1% occurred for the following cancer sites: stomach (17%), malignant melanoma (5%) and prostate (30%) for men and lung (15%), malignant melanoma (23%) and bladder (16%) for women. Among those aged under 75 years, incidence rates per 100,000 population were 344 for men and 329 for women in 2006-08 compared to 371 for men and 337 for women so increasing by 8% for men and 2% for women. Increases occurred for stomach (13%), colorectal (4%), malignant melanoma (3%) and prostate (37%) for men and for oesophagus (2%), lung (19%), malignant melanoma (23%) and bladder (74%) for women.

There were 3,963 patients who had been diagnosed with cancer since 1<sup>st</sup> April 2003 who were registered with Hull GPs in 2010/11 representing 1.37% of the patient population, and this has increased to 5,604 (1.94%) in 2013/14. It is not particularly surprising that there has been an increase as it represents a cumulative register, and survival rates are high for some cancer sites. The register had increased by 42% in Hull compared to 32% in England.

The age-specific mortality rates for all cancers had decreased in Hull between 2008-10 and 2011-13 for men under 75 years (by 6%) but increased for men aged 75+ years (by 7%), and had decreased for women aged 65-74 years (by 10%) and aged 75+ years (by 1%) but increased for women aged 35-64 years (by 9%). Similar decreases occurred for men in England, except that there was no change among those aged 75+ years, and among women in England mortality rates decreased by 4% for women aged 35-64 and 65-74 years but increased for women aged 75+ years (by 1%).

Premature mortality from all cancers in Hull was 29% higher for men and 30% higher for women compared to England in 2008-10, increasing to 31% and 36% higher for men and women respectively in 2011-13. So the inequalities gap has deteriorated in relation to premature deaths.

### ***Lung Cancer***

*The incidence of lung cancer decreased for men but increased for women (by 15% overall and by 20% among those aged under 75 years). Mortality rates decreased substantially among men, but remained relatively unchanged for women. Over one year, one year survival rates had increased by 6% from 29% to 31% and five year survival rates had increased by 3% from 7.8% to 8.0%. Over the longer term (15-20 years), survival rates had improved considerably.*

The age-standardised all age incidence rates per 100,000 population in Hull for lung cancer were 97 for men and 60 for women in 2006-08 compared to 92 for men and 69 for women in 2009-11. Standardised incidence rates among those aged under 75

years were 68 for men and 44 for women in 2006-08 compared to 66 for men and 53 for women in 2009-11.

The age-specific mortality rates for lung cancer had decreased in Hull between 2008-10 and 2011-13 for men by around 15% among those aged 35-64 and 75+ years and by 25% among those aged 65-74 years (twice as high as the reductions in England). The decreases for women in Hull were much smaller at 1% for women aged 35-64 years and 3% for women aged 65-74 and 75+ years (compared to reductions of 5% for England among those aged 35-64 years but increases of 1% and 2% among women aged 65-74 and 75+ years respectively).

Premature mortality from lung cancer in Hull was 82% higher for men compared to England in 2008-10 and had fallen to 62% higher in 2011-13. Among women, the premature mortality rate from lung cancer was almost double that of England (98% higher) in 2008-10 and increased to more than double that of England (109% higher) in 2011-13.

One year survival rates from lung cancer were 29% for cancers diagnosed between 2004-08, but had increased slightly to 31% for cancers diagnosed 2005-09. Five year survival from lung cancer was 7.8% for cancers diagnosed 2000-04 and was similar at 8.0% for cancers diagnosed 2001-05.

### **Colorectal Cancer**

*The incidence of colorectal cancer remained relatively unchanged, increasing slightly among men but decreased slightly among women. Age-specific mortality rates had decreased among men but increased for women aged 65+ years. Over one year, one year survival rates had increased by 4% from 68% to 71% and five year survival rates had increased by 3% from 48% to 49%. Over the longer term (15-20 years), survival rates had improved considerably.*

The age-standardised all age incidence rates per 100,000 population in Hull for colorectal cancer were 64 for men and 38 for women in 2006-08 compared to 65 for men and 34 for women in 2009-11. Standardised incidence rates among those aged under 75 years were 46 for men and 27 for women in 2006-08 compared to 48 for men and 26 for women in 2009-11.

The age-specific mortality rates for colorectal cancer had decreased in Hull between 2008-10 and 2011-13 for men (by 8% among those aged 35-64 years, 1% among those aged 65-74 years and 4% among those aged 75+ years) but had increased over the same period for women (no change for women aged 35-64 years, but increases of 45% among women aged 65-74 years and 17% among women aged 75+ years). With the exception of men (no change) and women (1% increase), reductions occurred for England over this time period.

One year survival rates from colorectal cancer were 68% for cancers diagnosed between 2004-08, and had had increased slightly by 4% to 71% for cancers diagnosed 2005-09. Five year survival from colorectal cancer was 48% for cancers diagnosed 2000-04 increasing by 3% to 49% for cancers diagnosed 2001-05.

## **Prostate Cancer**

*The incidence of prostate cancer has increased substantially, although this could be due to better detection and increased use of screening methods. Not all men diagnosed with prostate cancer will require treatment, as many men die with prostate cancer not because of it. Mortality rates for prostate cancer among men aged 65-74 years and 75+ years had increased by around one-quarter. Over one year, one year survival rates remained the same (at 97%) but five year survival rates had increased slightly by 2% from 76% to 78%. Over the longer term (15-20 years), survival rates had improved considerably.*

The age-standardised all age incidence rates per 100,000 population in Hull for prostate cancer was 93 for men in 2006-08 compared to 121 for men in 2009-11. Standardised incidence rates among those aged under 75 years were 70 in 2006-08 and 96 in 2009-11.

The age-specific mortality rates for prostate cancer had increased considerably among Hull men by 26% for men aged 65-74 years and by 17% for men aged 75+ years (compared to decreases of 11% and 1% for England respectively).

One year survival rates from prostate cancer were 97% for cancers diagnosed between 2004-08 and 2005-09. Five year survival from prostate cancer was 76% for cancers diagnosed 2000-04 increasing by 2% to 78% for cancers diagnosed 2001-05.

## **Breast Cancer**

*The incidence of breast cancer among women has remained relatively unchanged. Whilst mortality rates had halved in those aged 65-74 years, they had increased by 30% among those aged 35-64 years and by 9% among those aged 75+ years. Over one year, survival rates were unchanged, however, over the longer term (15-20 years), survival rates had improved considerably.*

The age-standardised all age incidence rates per 100,000 population in Hull for breast cancer was 121 for women in 2006-08 compared to 122 for women in 2009-11. Standardised incidence rates among those aged under 75 years were 113 in 2006-08 and 111 in 2009-11.

The age-specific mortality rates for breast cancer had increased in Hull between 2008-10 and 2011-13 for women aged 35-64 years (by 30%) and aged 75+ years (by 9%) but decreased considerably among women aged 65-74 years (by 48%). The rates decreased in England by 7%, 9% and 1% for women aged 35-64, 65-74 and 75+ years respectively.

Premature mortality from breast cancer in Hull was 9% higher for women compared to England in 2008-10 and had increased slightly to 11% higher in 2011-13.

Survival rates from breast cancer remained relatively unchanged (at 95% for one year survival and 81% for five year survival) for cancers diagnosed between 2004-08 and 2005-09.

## **Diabetes**

*More patients registered with Hull GPs are diagnosed with diabetes. This could be due to more people having diabetes, but could also be due to better data recording and an improvement in the diagnosis rate. There have been relatively small changes in the number of deaths, although it is difficult to ascertain any pattern as the number of deaths from diabetes is small (diabetes is more frequently a secondary rather than primary cause of death).*

In 2010/11, there were 12,725 patients aged 17+ years diagnosed with diabetes among patients registered with Hull GPs representing 5.54% of the patient population aged 17+ years. This had increased to 14,403 patients representing 6.23% of the patient population aged 17+ years in 2013/14. This is probably because there are more patients with diabetes, but it could also be due to better data recording and improvement in diagnosis rates.

The total number of premature deaths from diabetes decreased from 30 in 2008-10 to 25 in 2011-13, but due to the age at death the directly standardised mortality rate increased slightly from 3.9 to 4.4 per 100,000 population.

Premature mortality from diabetes in Hull was 14% lower for men compared to England in 2008-10 and had increased to being 23% higher in 2011-13, although due to the small number of deaths there was no statistically significant difference over time. Among women, the premature mortality rate from diabetes fell slightly from 7% higher to England in 2008-10 to 1% higher in 2011-13 although as with men the difference was not statistically significant due to the small number of deaths.

## **Chronic Kidney Disease**

*More patients registered with Hull GPs are diagnosed with chronic kidney disease. This could be due to more people having chronic kidney disease, but could also be due to better data recording and an improvement in the diagnosis rate.*

In 2010/11, there were 9,223 patients aged 18+ years diagnosed with chronic kidney disease among patients registered with Hull GPs representing 5.54% of the patient population aged 18+ years. This had increased to 9,684 patients representing 4.27% of the patient population aged 18+ years in 2012/13 (there was an error in the national data for 2013/14 so it is not possible to present more up-to-date data). Whilst the increase could be due to more people having chronic kidney disease, it could also be due to better data recording and improvement in diagnosis rates.

## **Respiratory Disease**

*Mortality from respiratory disease had decreased among men but increased among women.*

The age-specific mortality rates for respiratory disease had decreased among men in Hull between 2008-10 and 2012-14 (by 22% among those aged 35-64 years, 11% among those aged 65-74 years and 6% among those aged 75+ years) but had increased over the same period for women (by 8% among those aged 35-64 years, 25% among those aged 65-74 years and 1% among those aged 75+ years).

## **Asthma**

*There was no change to the number of patients registered with Hull GPs who were diagnosed with asthma.*

In 2010/11, there were 17,988 patients diagnosed with asthma among patients registered with Hull GPs representing 6.24% of the patient population. This had remained relatively unchanged at 18,003 patients representing 6.24% of the patient population in 2013/14.

## **Chronic Obstructive Pulmonary Disease**

*More patients registered with Hull GPs are diagnosed with chronic obstructive pulmonary disease. This could be due to more people having chronic obstructive pulmonary disease, but could also be due to better data recording and an improvement in the diagnosis rate. Whilst mortality rates fell substantially among men aged 35-64 years, the rate increased among men aged 75+ years. Whilst increases in the mortality rate among women occurred nationally, the increases in Hull among women were greater (at 20%). Premature mortality rates were approximately twice as high as England, and the national inequalities gap had reduced for men but widened for women.*

In 2010/11, there were 6,507 patients diagnosed with chronic obstructive pulmonary disease among patients registered with Hull GPs representing 2.26% of the patient population. This had increased to 7,350 patients representing 2.55% of the patient population in 2013/14. Whilst the increase could be due to more people having chronic obstructive pulmonary disease, it could also be due to better data recording and improvement in diagnosis rates.

The age-specific mortality rates for chronic obstructive pulmonary disease had decreased substantially among men aged 35-64 years (by 42%) between 2008-10 and 2012-14, but had remained the same for men aged 65-74 years and had increased by 4% among men aged 75+ years (compared to decreases of 1%, 2% and no change for English men these three age groups). Among women, there was a similar mortality rate for women aged 35-64 years (decrease of 1%), but an increase of around 20% for women aged 65-74 and 75+ years, although nationally there were also increases in mortality (no change among English women aged 35-64 years, but increases of 2% and 9% among women aged 65-74 and 75+ years).

Among men, the premature mortality chronic obstructive pulmonary disease in Hull was more than double that of England (113% higher) in 2008-10, but was less than double (87% higher) England's rate for 2011-13. However, among women, the premature mortality rate had worsened relative to England, being almost double England's rate in 2008-10 (96% higher) compared to almost two and a quarter times higher (113% higher) in 2011-13.

## **Epilepsy**

*Slightly more patients registered with Hull GPs are diagnosed with epilepsy. This could be due to more people having epilepsy, but could also be due to better data recording and an improvement in the diagnosis rate.*

In 2010/11, there were 2,340 patients aged 18+ years diagnosed with epilepsy among patients registered with Hull GPs representing 1.04% of the patient population aged 18+ years. This had increased slightly to 2,419 patients representing 1.06% of the patient population aged 18+ years in 2013/14. Whilst the increase could be due to more people having epilepsy, it could also be due to better data recording and improvement in diagnosis rates.

## **Infectious Diseases**

*The number of cases of tuberculosis have increased considerably.*

On average there were 12 tuberculosis cases reported over the three years for 2001-03, 2004-06 and 2007-09, but this had increased to 22 for 2011-13. Note that the diagnosis rate does not necessarily reflect the underlying prevalence of diseases, as the diagnosis rate will be highly influenced by the proportion of people who are tested within each geographical area and this could differ substantially depending on access to services. The rates are also influenced by the percentage of the black and minority ethnic group population and the number of migrants into the area from other countries.

In 2006-08, 70% of patients with tuberculosis completed treatment compared to 78% in 2011. However, there is no significant difference or improvement in the completion rates, as the number of cases is small.

## **Liver Disease**

The information presented on liver disease in Release 4 and Release 5 was different and not directly comparable.

## **Sexual Health**

*There have been relatively small changes in the number of live births over the last four years with around 3,700 births annually, but they have increase substantially in the last 10-15 years. There has been a slight shift towards women giving birth at older ages. Fertility rates in Hull were lower than England a few years ago, but have increased and are now slightly higher than England. The number of terminations in Hull has reduced considerably and is currently around half that of England.*

In 2010, there were 3,771 live births to females aged 11-49 years in Hull compared to 3,697 in 2013 giving a birth rate of 67.5 per 1,000 female population aged 15-44 years.

Higher percentages of births are among younger women compared to England, but the between 2010 and 2012 there has been a shift towards older ages in Hull. In 2010, 0.3%, 11.1%, 30.2%, 48.6%, 8.0% and 1.9% of births were at ages 11-15, 16-

19, 20-24, 25-34, 35-39 and 40+ years compared to 0.2%, 8.1%, 27.7%, 52.7%, 9.2% and 2.1% respectively in 2012.

The total period fertility rate for women aged 11-49 years for 2010 was 1.78 (this represents a summary measure of fertility which can be used to compare different areas whose women give birth at different ages) compared to 1.99 for England. The TPFRR had increased to 1.90 in 2013 which was slightly higher than England at 1.85.

The number of terminations in Hull has decreased from 867 in 2010 (14.7 per 1,000 women aged 15-44 years) to 490 in 2012 (8.9 per 1,000 women aged 15-44 years). The rate is currently around half that of England.

### ***Sexually Transmitted Infections***

*Whilst differences and problems have occurred with data recording of the number of sexually transmitted infections, the numbers have increased in Hull.*

Problems with historical data recording of the number of sexually transmitted infections means that it is difficult to compare information presented in Release 4 with data from Release 5. However, the numbers of sexually transmitted infections have increased. The way in which information was collected on Chlamydia has also changed so it is also not possible to compare information for this sexually transmitted infection.

### ***Road Traffic Accidents***

*The numbers of people in Hull who were killed or seriously injured on the roads have remained relatively constant over the last 2-3 years, but since 1994-98 have reduced considerably.*

In 2010, there were 118 Hull residents who were killed or seriously injured on the roads including 19 children aged under 16 years, and this was 123 in 2013 which included 14 children. Whilst the overall numbers have increased slightly in the last 2-3 years, there has been a marked decrease since 1994-98 when there were 207 Hull residents including 49 children who were killed or seriously injured on the roads.

## **SAFE AND INDEPENDENT (OLDER PEOPLE AND VULNERABLE GROUPS)**

### ***Learning Disabilities***

*More patients registered with Hull GPs are diagnosed with learning disabilities. This is not necessarily due to more people having learning disabilities, but could also be due to better data recording and an improvement in the diagnosis rate.*

In 2010/11, there were 894 patients diagnosed with learning disabilities among patients aged 18+ years registered with Hull GPs representing 0.40% of the patient population aged 18+ years. This had increased to 1,051 patients representing 0.46% of the patient population aged 18+ years in 2013/14. This is not necessarily because

there are more people with learning disabilities in Hull, but could be due to better data recording and improvement in diagnosis rates.

### **Severe Mental Ill Health**

*More patients registered with Hull GPs are diagnosed with severe mental ill health. This is not necessarily due to more people having severe mental ill health, but could also be due to better data recording and an improvement in the diagnosis rate. The number of claimants of incapacity benefit and severe disablement allowance claimants where the main reason for the claim was mental health had increased by 15% to 3.8% of the working-age population.*

In 2010/11, there were 2,270 patients diagnosed with severe mental ill health among patients registered with Hull GPs representing 0.79% of the patient population. This had increased to 2,394 patients representing 0.83% of the patient population in 2013/14. This is not necessarily because there are more people with severe mental ill health in Hull, but could be due to better data recording and improvement in diagnosis rates.

There were 5,780 claimants of incapacity benefit and severe disablement allowance claimants where the main reason for the claim was mental health in May 2011 which represented 3.3% of the working-age population (although this was as high as 7.3% in Myton ward). In February 2014, this had increased to 6,650 claimants representing 3.8% of the population (an increase of 15%) and was as high as 8.1% in Myton ward.

### **Suicide and Undetermined Injury**

*Mortality from suicide and undetermined injury had increased among men particularly those aged 35-64 years, but there were reductions among women.*

The mortality rate from suicide and undetermined injury among men had increased among those aged 35-64 years (increasing by 28% from 23.7 to 30.3 per 100,000 population) between 2008-10 and 2011-13, although there had been a decrease for men aged 15-34 years (by 9%). Overall, there were 56 deaths among men and 20 deaths among women due to suicide and undetermined injury in 2008-10 and this was 66 for men and 17 for women in 2011-13.

The mortality rate from suicide and undetermined injury for all ages in Hull was 10% higher among men and 33% higher among women compared to England, and was 28% higher among men and 17% higher among women for 2011-13.

### **Dementia**

*More patients registered with Hull GPs are diagnosed with dementia. This is probably because there are more people with dementia, but it is also likely that some of this increase could be due to better data recording and an improvement in the diagnosis rate. The total number of deaths has doubled in four years, but is probably at least partially due to the more recent focus on dementia and differences in coding and data recording.*

In 2010/11, there were 1,062 patients diagnosed with dementia among patients registered with Hull GPs representing 0.37% of the patient population. This had increased to 1,529 patients representing 0.53% of the patient population in 2013/14. This had further increased to 1,861 patients in 2014/15 representing 0.64% of the total patient population. Part of this increase could be associated with better data recording and improvement in diagnosis rates.

In 2008-10, there were 12 deaths from dementia prior to the age of 75 years, and a further 195 deaths at age 75+ years. In 2012-14, the total number had increased to 496 deaths (17 prior to the age of 75 years). The total number of deaths has doubled in four years, and is probably at least partially due to better data recording, improvement in diagnosis rates and a more recent focus on dementia.

### ***Falls and Hip Fractures***

*Among those aged 65+ years, the number and rate of emergency hospital admissions for injuries relating to falls and for hip fractures has increased (by 23% for falls and by 7.7% for hip fractures, and the inequalities gap has widened both for injuries from falls and for hip fractures.*

Over the financial year 2013/14, there were 1,082 emergency hospital admissions for injuries related to falls among those aged 65+ years, giving a directly age standardised rate of 2,820 hospital admissions per 100,000 population aged 65+ years, an increase of 23% since 2010/11 (863 admissions giving rate 2,292 per 100,000 population). The gap between Hull and England has widened from 262 to 756 per 100,000 population over this three year period. The rate of admissions was 1,318 per 100,000 aged 65-79 years (with 357 admissions) and 7,178 per 100,000 aged 80+ years (with 725 admissions). The gap with England has increased from 164 to 328 per 100,000 population aged 65-79 years and from 468 to 1,997 per 100,000 population aged 80+ years.

With regard to emergency hospital admissions from hip fractures, during 2013/14, there were 255 admissions among those aged 65+ years, giving a rate of 646 per 100,000 residents aged 65+ years. This represents an increase of 7.7% since 2010/11, and the gap with England increased by 46 per 100,000 population (rate in England was 580 per 100,000 residents for both 2010/11 and 2013/14).

### ***Osteoporosis***

This is a new measure in primary care, and information was not available or presented in Release 4 of the JSNA Toolkit.

### ***Rheumatoid Arthritis***

This is a new measure in primary care, and information was not available or presented in Release 4 of the JSNA Toolkit.

## **Palliative Care**

*There was no change to the number of patients registered with Hull GPs who were on their palliative care registers. A higher percentage of patients were dying at home and at other locations rather than in hospital.*

In 2010/11, there were 654 patients recorded as needing palliative care among patients registered with Hull GPs representing 0.23% of the patient population. This remained relatively unchanged at 728 patients representing 0.25% of the patient population in 2013/14.

In 2010, 61.6% of all deaths occurred in within the NHS (mainly in hospitals), 16.4% occurred at non-NHS locations, 20.4% of deaths occurred at home and 1.7% of deaths occurred at other locations.

During 2008-10, 19.5% of all deaths occurred at home, 7.5% in residential homes, 61.7% in NHS establishments (mainly hospitals), 5.7% in non-NHS nursing homes, 3.8% in other locations such as prisons, hospices, residential education/training locations, religious retreats, etc), and 1.8% of deaths occurred elsewhere. Deaths from cancers and circulatory disease were more likely to occur at home (both 22.9%), but deaths from respiratory disease were not (15.2%).

In 2012-14, the percentage of deaths in hospital had reduced with slightly more people dying at home or at other locations. During 2012-14, 22.3% of all deaths occurred at home, 11.3% in residential homes, 51.7% in NHS establishments (mainly hospitals), 7.9% in non-NHS nursing homes, 5.1% in other locations and 1.6% elsewhere. Deaths from cancers and circulatory disease were more likely to occur at home (26.2% and 26.9% respectively). Deaths from respiratory disease were less likely to occur at home, but the percentage had increased since 2008-10 (to 19.4%).