

## **Brief overview of health and risk factors in the city of Hull**

### **Population**

The city of Hull has a resident population of approximately 265,000 (based on GP registrations in January 2010). However, the population registered with Hull GP practices is approximately 290,000 (with the excess mainly living in East Riding of Yorkshire). Hull Teaching PCT works in 3 distinct geographical areas that largely mirror MP constituencies (with the exception of Hessle which is in East Riding of Yorkshire): North Locality (resident population 62,500); East Locality (95,000); and West Locality (107,000).

### **Population changes**

In recent years to 2002, the birth rate had been falling (to a total period fertility rate of 1.56), but since 2002 the birth rate has been increasing with 2006 having the highest birth rate in the last eight years (total period fertility rate of 1.81). However, with a growth in the most elderly population, the demographic profile of the city has been changing. The population of Hull increased dramatically during the late 1800s and early 1900s but gradually decreased from the 1930s.

However, Hull's population is projected to increase by 2.7% to 2030 with an increasing population aged 60 years or more.

### **Black and Minority Ethnic (BME) population**

From the 2001 Census, the BME population was estimated to be 8,500 (3.3% of residents), estimated to be 6.2% from Hull's 2007 Health and Lifestyle survey and rising to 8.8% in government estimates for 2007.

This gives an estimate of 22,700 people in Hull from ME groups.

The recent Health & Lifestyle survey uncovered great diversity within Hull both linguistically and ethnically: over 60 languages were recorded as being spoken at home by people from 70 different nationalities.

### **Deprivation**

Hull is the 11<sup>th</sup> most deprived local authority in England based on the Index of Multiple Deprivation 2007. It has improved slightly from 9<sup>th</sup> most deprived in 2004. Half of Hull's lower layer super output areas (LLSOAs; which are geographical areas used in deprivation calculation with average of 1,500 residents) are in the most deprived 20% nationally with a further quarter in the second most deprived 20%. Only 7% are in the second least deprived 20% nationally and none of Hull's LLSOAs are in the least deprived 20% nationally. On a ward basis, 17 out of Hull's 23 wards are in the most deprived 20% of all wards in England.

## Local health needs

The absolute gap between England and Hull for mortality from early cancer and circulatory disease is reducing, but the absolute gap between England and Hull is increasing for a number of indicators such as life expectancy at birth and all age all cause mortality rate. Hull is characterised by (2006-2008):

- lower than average life expectancy at birth (men: 75.0 years compared to England 77.9 years; women: 79.5 years compared to England 82.0 years)
- higher than national average all age all cause standardised mortality rates (Hull 733 compared to England 582 deaths per 100,000 persons)
- early deaths rates from cancer higher than the national average (under 75s standardised mortality ratios (SMRs): men 128; women 131, i.e. 28% higher and 31% higher than England based on what would be expected from age-gender population structure)
- early deaths rates from coronary heart disease higher than the national average particularly for women (under 75s SMRs: men 139; women 167, i.e. 39% and 67% higher than England)
- teenage pregnancy rates third highest in England (68.7 under 18 conceptions per 1,000 female population aged 15-17 years in 2008 compared to 40.4 for England)
- above average incidence of poor mental health (3.1% (range 1%-8% across wards) of working age population on Incapacity Benefit or Severe Disablement Allowance where the main reason for the claim was mental health, May 2006)
- high levels of ill health and disability (rates of limiting long-term illness 10-25% higher than England depending on age group, 2001 Census)

There are also significant differences in the health status across the city. The under 75s age standardised mortality ratio (SMR) from all causes for 2005-2007 ranges from 81 (19% lower than the national average) to 209 (109% higher than the national average) over the 23 wards in Hull.

Lifestyle factors impacting on the health of the population of Hull include:

- Smoking with a prevalence of 32.4% for men and 33.0% for women (Hull's local Social Capital (SC) survey 2009) compared to England (24% and 20% respectively for men and women reported by the Health Survey for England (HSE) 2008).
- Alcohol consumption with 16% of men and 12% of women drinking within the weekly unit guidelines but binge drinking (Hull's local Health and Lifestyle (H&L) survey 2007) compared to 7% and 5% for England (General Household Survey 2005). A further 7% of men and 4% of women drink above the weekly guidelines but do not binge drink (16% and 14% for England) and 19% of men and 8% of women drink too much per week and binge drink (13% and 7% for England). Therefore, whilst a higher percentage in England drink above the weekly alcohol units, a higher percentage in Hull binge drink

- Substance misuse with Hull having the seventh highest drug-related death rate per 100,000 population (January – June 2005) out of the 88 reporting Coroner areas in England (24 deaths) according to data provided by Hull Citysafe Partnership, Models of Care Coordinator and through National Programme on Substance Abuse Deaths data. Of the 24 drug related deaths in Hull in 2005, 47% were cause by heroin alone. This figure is 28% higher than the national average. Alcohol was detected in 54% of these 24 drug related deaths, and only 50% of the cases has ever been involved with a treatment service.
- Diet equivalent to national levels of fruit and vegetable consumption with 28% in Hull eating five or more portions daily (SC2009) compared to 27% in England (HSE 2008).
- Lack of physical activity with 29% of men and 24% of women taking moderate or vigorous exercise for 30 minutes or more in duration on five or more occasions per week (H&L 2007) compared to 39% of men and 29% of women in England (HSE 2008).
- Obesity which impacts on health, however, there is no suggestion that the problem of obesity in Hull is worse compared to England. Overall, 42% of men and 33% of women were defined as overweight (SC 2009) compared to 42% and 32% for England (HSE 2008), and 26% of men and 26% of women in Hull were defined as obese compared to 24% and 25% for England.
- Poor housing with 50% of council stock not meeting the Decent Homes Standard at April 2008 (Hull Housing Strategy, 2008-2011).
- Poor educational attainment with 65.4% of children achieving Level 2 (five or more grades A-C) and 87.4% of children achieving Level 1 (five or more grades A-G) compared to 70% and 92.3% for England (Department of Children, Schools and Families, 2009. Overall, 14.8% of the working age population in Hull were qualified to NVQ4 level or above compared to 29% for Great Britain (National Statistics, nomis, 2008), and 18.2% had no qualifications compared to 12.4% for GB.
- Higher rates of economical inactivity and unemployment. Based on official label market statistic (National Statistics, nomis), during the period July 2008 to June 2009, 71.3% of people in Hull were economically active (with 6.2% wanting a job and 22.6% not wanting a job) compared to 78.9% (with 5.6% wanting a job and 15.5% not wanting a job) for Great Britain with a model-based unemployment rate of 11.5% compared to 6.9% for GB.
- Lack of employment opportunities with 7.5% employed as managers and senior officials compared to 15.6% for GB (National Statistics, nomis, July 2008 – June 2009), 9.5% employed in professional occupations compared to 13.4% for GB, 13.2% employed as associate professional and technical occupations compared to 14.7% for GB. So overall, 30.2% employed in social class groups 1-3 in Hull compared to 43.9% for GB. There were fewer employed in administrative and secretarial posts (10.8% vs 11.3%), but more employed in skilled trades occupations (14.3% vs 10.6%), personal service occupations (9.5% vs 8.4%), sales and customer service occupations (9.5% vs 7.5%), process plant and machine operatives (10.6% vs 6.9%) and elementary occupations (14.9% vs 11.3%).

- Low incomes with gross weekly pay for full-time workers was £437 for men and £372 for women in Hull compared to £534 and £426 for GB (National Statistics, nomis, 2009). The total benefit claimant rate as at August 2009 was 20.6% in Hull compared to 13.5% in GB (7.8% job seekers vs 4% for GB; 8.8% incapacity benefit vs 7.1%; lone parents 3.1% vs 1.9%; carers 1.5% vs 1.1%; others on income related benefits 0.9% vs 0.5%; disabled 1.1% vs 1% and bereaved 0.2% vs 0.2%).
- With regard to social capital (SC 2009), the overwhelming majority of survey respondents felt very safe or fairly safe when walking alone in their area during the daytime – overall 1.6% felt very unsafe. Just over half of respondents (51.3%) felt very safe or fairly safe walking alone in their area after dark although this was made up of almost twice as many men than women (men 67.6% versus women 36.2%). 62.5% of respondents said they were well informed about things affecting their area, while around a third (35.4%) of respondents felt they could influence things that affect their area. 11.8% of respondents had been involved in a local organisation over the past 3 years. Overall 74.0% of men and 73.6% of women felt that neighbours looked out for each other.

A much more complete analysis of the health needs of the Hull Population can be found at: - [www.hullpublichealth.org](http://www.hullpublichealth.org) including full reports from the local surveys, and Hull's Health Atlas which provides survey, life expectancy and mortality information at ward level.