**Hull 2017: UK City of Culture**

Below are statistics taken from The Business Intelligence Team at Hull City Council, published in November 2015:

**Health**

* Hull’s population enjoys comparable general health with the rest of England. 78.0% of the population state they have good health and 19.6% identify as having a limiting long term illness or disability compared to 81.4% and 17.6% nationally.
* However, Hull experiences a wide range of health and lifestyle issues that affect the health and wellbeing of its residents.
* In 2011–2013, male life expectancy (76.6) and female life expectancy (80.7) in Hull were both significantly below national averages (79.4 and 83.1).
* There are also significantly high levels of poor lifestyle factors such as smoking, lack of exercise, poor diet etc.
* Health inequalities are particularly evident at ward level. In 2010-2012, males in Holderness ward, for example, could expect to live 10.3 years longer than males in St Andrews ward. Similarly, females in Boothferry ward could expect to live 9.5 years longer than females in Bransholme East ward.

**Ethnicity & Nationality**

**The City’s population is becoming more ethnically diverse**, continues to grow, and is changing. According to the 2011 census, 10.3% of Hull residents are from a Black or Ethnic Minority group (BME people who do not classify themselves as White British) which represents a three-fold increase in BME groups in the last 10 years. These changes bring both opportunities and health and social challenges.

* 10% of Hull’s population belong to BME groups, including White: Other. This is half the national average.
* However, between 2001 and 2011 the BME population in Hull increased significantly from 3.6% to 10.3%
* Hull’s largest minority ethnic groups are:
  + White: Other (10,567 4.1%)
  + Black / Black British: African (2,472 1.0%)
  + Asian / Asian British: Chinese (2,124 0.8%)
* Between 2001 and 2011 the White: Other category has experienced the largest increase across the ethnic groups (from 1.0% to 4.1%) This includes people with Eastern European countries who have contributed significantly to population growth in Hull since 2001.
* The largest majority of people in Hull born outside the UK were born in Poland. Between 2001 and 2011 the number of Polish people in Hull increased 84 fold from 57 to 4,811.

**Attainment, Employment, Unemployment and out of work benefit**

**The proportion of ‘economically active’ working age people in Hull (employed, self employed or unemployed and available for work) is rising** -currently almost 75% - and is starting to close the gap against the regional and national figures. Economic inactivity – currently standing at 45,900 or just over 25% of the working age population – shows a general trend downwards. However, this is partly due to a fall in the number of full time students and a reduction in the numbers of people retiring early. Unemployment, as measured by the JSA count, continues to fall. The most recent figures from the DWP are 8,323 claimants in Nov 2014 (down from 13,439 in August 2013), which is 4.9% of people aged 16-64.

**The occupational profile of Hull is still skewed towards lower skilled jobs.** Wages in Hull are 10% below the regional average and 20% below national averages. Hull’s female workers are actually closer to 25% below national averages. Low wages are a reflection of what has been a low value, low skilled, low value added economy. Zero hours contracts are increasingly causing problems to those most disadvantaged in our society.

A citywide effort to raise the attainment and the qualifications profile of Hull’s working age population to match the demand for a higher skilled workforce has led to significant improvements, but this is not benefiting all our citizens. Skills levels remain a major concern, particularly in the context of the growing demand – nationally, regionally and locally – for higher level skills. The focus on skills is bound to continue as the Siemens investment comes to fruition.

**Low pay is the biggest cause of poverty and poverty is the biggest driver of health inequalities.** The City Plan has already created more jobs and this is fantastic news. However, for some a job is no longer the way out of poverty and the DPH annual report calls for a commitment to exploring how the Council and other large employers in the City can implement the Living Wage

**The proportion of children achieving a good level of development at the end of reception year is lower than the national rate**. School attendance rates are lower than the national average in secondary schools.

The proportion of children and young people not in education, employment or training (NEET) until recently was higher than the average for England, but the proportion has substantially improved in Hull from 10.4% in 2011 to 5.7% in 2013. By working alongside young people and building aspirations, teenage pregnancy rates are reducing at a faster rate than nationally. The uptake of childhood vaccinations is also very good.

* Estimated total unemployment in Hull (10.5%) is almost twice the national rate (5.6%).
* The current JSA claimant rate (3.9%), whilst at the lowest it has ever been, is still over double the national rate (1.5%) and is particularly high among 18 to 24 year olds (5.4%).
* In total 16.2% of working age residents in Hull receive a DWP out of work benefit compared to 9.1% nationally. The largest proportions of residents (9.4%) are in receipt of ESA or Incapacity Benefit, nearly half of which are for mental and behavioural disorders.

In addition, the citywide survey we completed in November/December 2015 - with over 2,800 Hull residents - delivered these statistics on demographic information:

* 49% were male, 50% were female and 0.4% were transgender
* 14% are limited ‘a lot’ and 19% are limited ‘a little’ in their day-to-day activities because of a health problem or disability which has lasted, or is expected to last, at least 12 months
* 91% were White British, 4% were from another White ethnic group, 1% were from mixed ethnic groups, 2% were Asian, 1% were Black and 1% were from another ethnic group
* 7% were not in paid work because of long-term illness or disability; 6% were unemployed and available for work; and 1% were on a government training scheme for employment training.

**Hull and its population**

**Hull is a ‘young City’** in comparison to much of England, with a relatively high birth rate and an

increasing proportion of the population aged under 9 years. 55,000 residents are aged under 18, 165,000 residents are aged 18-64 and 37,000 residents are aged 65 and over. 257,000 people currently live in Hull across 23 wards.

**Deprivation is higher than the national average.** Hull is ranked as the 10th most deprived local authority out of 326. 17 of Hull’s 23 wards are in the 20% most deprived wards in England. Cancer, circulatory disease and respiratory disease are the main contributors to premature death in Hull. The high level of deprivation in the City is reflected in the relatively large gap between Hull and England in life expectancy at birth.

**In Hull, one in three children under the age of 16 years lives in poverty (16,500 children).** One in ten children aged 4-5 years (291 children) and one in five children aged 10-11 years (498 children) are obese.

**Health inequalities influence health choices and health outcomes**

**Life expectancy for men is currently estimated to be 76.6 years and for women 80.5 years.** This means that men are expected to die 2.6 years younger and women 2.5 years younger than the national average. Despite improvements in life expectancy in Hull, our residents still experience inequalities in life expectancy compared to England as the local rate is not improving at a fast enough pace to catch up with the national average. The life expectancy gap between

Hull wards is currently 10.3 years for men and 9.5 years for women. What is even more worrying is our figure in relation to Healthy Life Expectancy (HLE), especially for women where we rank 148th out of 150 local authorities (men’s HLE is ranked 136th). HLE at birth in England was 63.4 years for males and 64.1 years for females. In Hull it is 57.9 and 56.5 years respectively.

* Around one in three adults in Hull smoke and the proportion of women smoking in pregnancy (21.6%) is nearly double that of the national rate (12% in England).
* In Hull there are high rates of hospital admissions which are related to alcohol (837per 10,000 population compared to 637/100,000 for England.
* There are high rates of unemployment (4.9% of people aged 16-64 are JSA claimants compared to 1.9% for England) and in terms of wages, in Hull they are 10% below the regional average and 20% below national averages.
* Screening rates are variable - lower than national uptake rates of breast cancer screening (70% Hull, 76% England) and diabetic retinopathy screening (74% Hull, 79% England) but better uptake rates for cervical cancer screening (76% Hull, 74% England).
* Self rated mental health scores tend to be worse for women than men, in younger age groups and those living in the most deprived areas, with strong links between high stress levels, mental health problems and substance and alcohol misuse.
* The rate of emergency admissions for acute conditions that should not usually require hospital admission is higher (1,471 per 100,000) than the national rate (1,182 per 100,000).
* There are high levels of emergency admissions for injuries due to falls in older people (2639 in Hull, compared to 2011 for England (per 100,000 population aged 65+)).
* Hull has had a higher rate of potential years of life lost from causes amenable to healthcare (2,622 per 100,000) compared to the England rate (2,024 per 100,000).
* 15% of over 65s are socially isolated (estimated to be approximately 6,600 people).
* One in five over 65s has more than one long-term, chronic, health condition.
* Around 1,400 people in Hull are registered as having dementia. This equates to 44% diagnosed out of the estimated total prevalence, which is slightly lower than the 47% for England as a whole.
* Around 1 in 10 residents provide care for, or look after, others who have either a long term illness, mental health condition, a disability or problems related to old age.