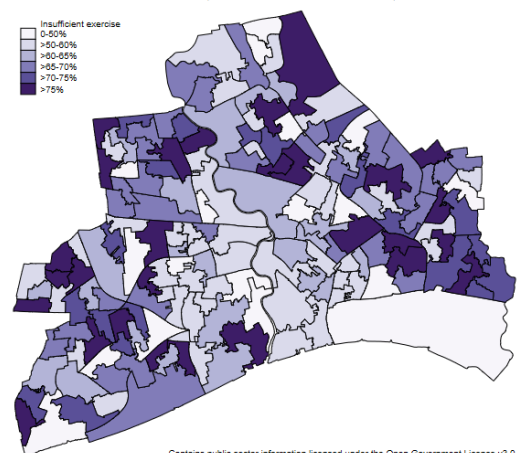
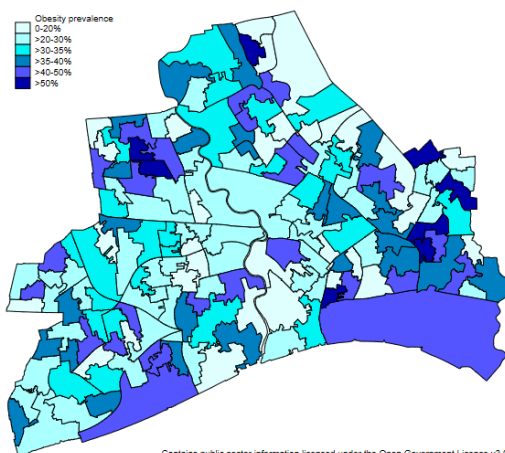


# Hull Public Health Profiles 2025: Ings Ward



# About this profile

This public health profile presents the most up to date information on a range of topics, to help us understand who lives in each area of Hull, and what their needs might be. We have also included comparisons with the Hull average, the Yorkshire and Humber average and the England average where data were available.

The sources of the information, as well some explanatory notes, are provided in the Data Sources section towards the end of the report.

We hope you find this profile useful. If you have questions or feedback, please use the contact details at the end of this profile.

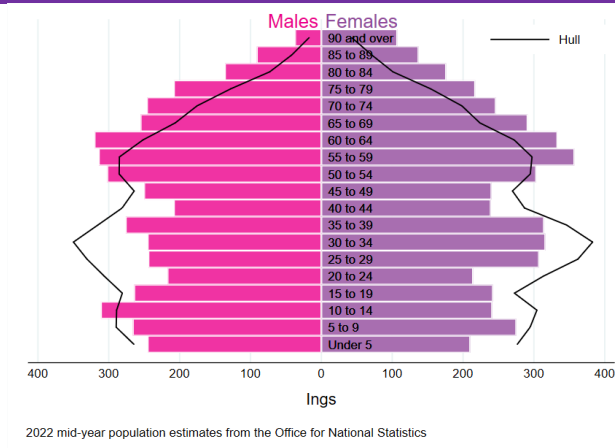
Please do explore the rest of the [www.hulljsna.com](http://www.hulljsna.com) website, which contains information on health, lifestyles, and attitudes to these, of Hull residents. The website forms the Joint Strategic Needs Assessment for Hull (see the last page of this report for further information).

Also included on the website are the annual Director of Public Health reports for Hull, as well as in-depth survey reports from Health and Wellbeing surveys conducted across Hull among adults (in 2003, 2007, 2009, 2011-12, 2014 and 2019) and young people at secondary schools (in 2008-09, 2012, 2016 and 2024), as well as Social Capital surveys conducted in 2004 and 2009.

## Summary

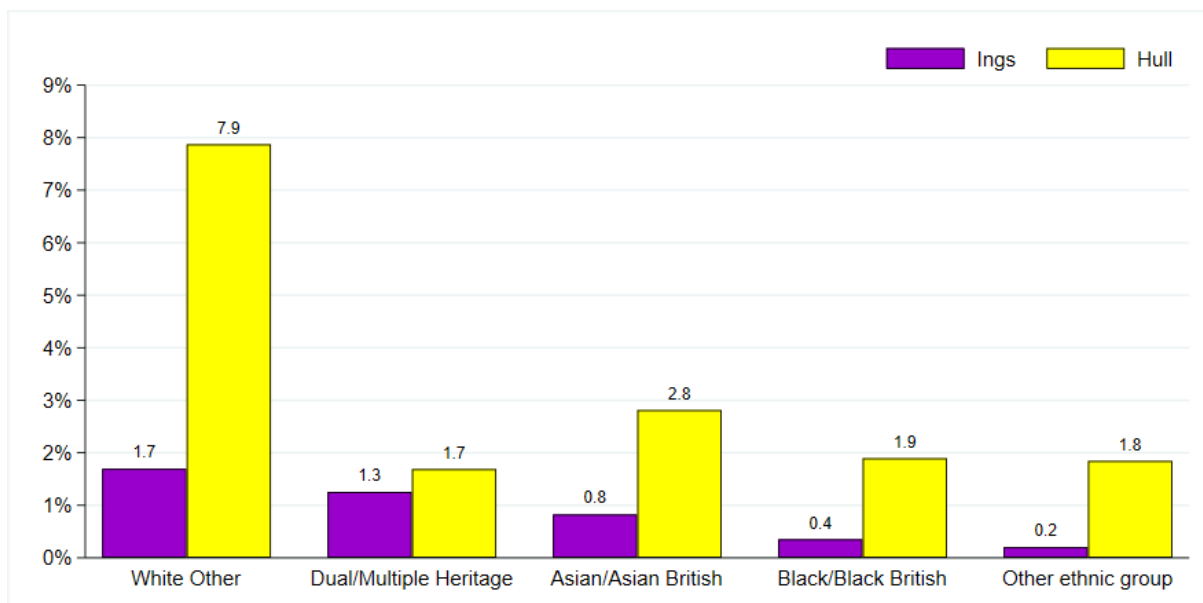
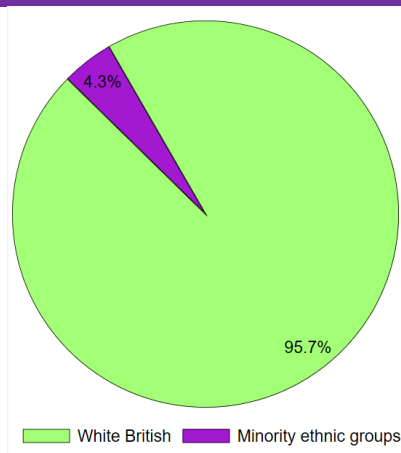
- In 2022 there were 9,204 residents in Ings, of whom 2,063 (22%) were aged under 20, and 2,145 (23%) were aged 65+. The population of Ings is projected to increase by 4% by 2042 to 9,586, with the largest increase seen for those aged 65+, increasing by 28% to 2,739.
- At 95.7%, Ings had a higher percentage of White British residents than the Hull average (83.9%), from the 2021 Census; a lower percentage of non-British White residents (mostly Eastern Europeans) (1.7%) than the Hull average (7.9%); and at 2.6%, a lower percentage of non-White residents from minority ethnic groups than the Hull average (8.2%).
- From the 2021 Census, 1,329 households in Ings were single person households (33%), similar to the Hull average (34%). There were 1,093 pensioner (66+) households in Ings of which 64% were single person households. At 12% Ings had a lower percentage of lone parent households than the Hull average (13%).
- From the 2021 Census, 2,301 households in Ings were living in owner occupied accommodation (57%), higher than the Hull average (48%); while 32% were renting from the council or other social landlords, with a further 8% renting from private landlords.
- Ings is the 14th most deprived ward in Hull (out of 21) and only 14% of wards nationally are more deprived. 47% of the areas in Ings fall within the most deprived fifth (20%) of areas nationally.
- 14% of households in Ings were in fuel poverty in 2022, compared with the Hull average of 20% and the England average of 13%.
- 24% of dependent children in Ings were living in child poverty in 2022/23, compared with the Hull average of 29% and the England average of 20%.
- 85% of survey respondents from Ings were satisfied with their neighbourhood as a place to live, higher than the average for Hull (73%).
- 64% of survey respondents from Ings reported that their neighbourhood was one where people looked out for each other, similar to the average for Hull (55%); while 32% trusted most of the people in their neighbourhood.
- The overwhelming majority of survey respondents in Ings (94%) felt safe (very safe or fairly safe) walking alone in their local area during the daytime with a similar percentage feeling safe when alone in their homes after dark (95%). However, 9% felt very unsafe walking alone in their local area after dark, lower than the Hull average (19%).
- In January 2025 the claimant count (those claiming Job Seekers Allowance or Universal Credit with requirement to seek work) for Ings was 5.7% among men and 3.8% among women; this compares with 6.9% and 5% for Hull men and women, and 1.5% and 1.2% for men and women across England.
- Life expectancy at birth in 2020-24 in Ings was 77.9 years among men and 82.7 years among women; this was 2.7 years higher than the Hull average for men, and 2.5 years higher than the Hull average for women.
- Life expectancy at age 65 in 2020-24 in Ings was 18.6 years among men and 21.1 years among women; this was 2.1 years higher than the Hull average for men, and 2.0 years higher than the Hull average for women.
- Of the 564 deaths among residents of Ings during 2020-2024 7% were from lung cancer, 21% were from other cancers, 21% were from cardiovascular diseases and 24% were from respiratory diseases; this compares with 7%, 19%, 24% and 20% respectively for Hull, and 5%, 21%, 23% and 20% respectively for England. The rate of preventable deaths in 2020-24 in Ings was 52% higher than for England in 2019-23, this difference was statistically significant.
- Smoking prevalence in Ings is 23%, similar to the Hull average of 25%, but higher than the England rate of 13%. An estimated 1,700 people aged 16+ in Ings are smokers.
- An estimated 2,000 people aged 16+ living in Ings are 'problem drinkers', with 18% of survey respondents binge drinking, 20% drinking more than 14 units a week, including 11% doing both. At 27% the percentage of 'problem drinkers' was similar to the Hull average (26%).
- Around 2,300 people aged 16+ living in Ings are obese, while a further 3,000 are overweight. At 72%, the percentage of overweight or obese individuals in Ings was similar to the average for Hull (70%), but lower than England (64%).
- In Ings 28% of children in Reception Year during the 2021/22-2023/24 academic years, as well as 41% in Year 6, were overweight or very overweight. This was not significantly different to the Hull average for children in both Reception Year (27%) and Year 6 (42%).
- Around 1,000 people aged 16+ living in Ings are estimated to be at risk of social isolation (defined here as living alone and not speaking to family, friends or neighbours each day). At 12%, the percentage of potentially socially isolated individuals living in Ings is similar to the average for Hull (10%).
- The birth rate in 2023 in Ings was 51 births per 1,000 women aged 15-44 years, which was similar to the average for Hull (55 births per 1,000), as well as similar to the England average of 50 births per 1,000.

## Population structure (2022) [1]

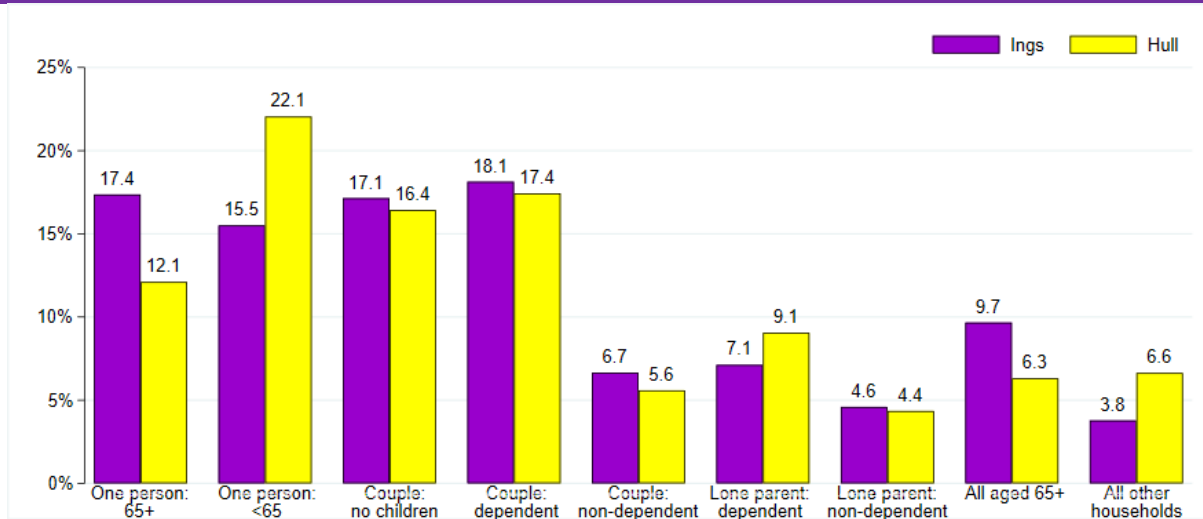


Age (yrs)	Males	Females	Total
Under 10	511	485	996
10-19	575	483	1,058
20-29	461	521	982
30-39	521	630	1,151
40-49	458	479	937
50-59	616	660	1,276
60-69	575	624	1,199
70-79	454	463	917
80+	264	420	684
<b>Total</b>	<b>4,435</b>	<b>4,765</b>	<b>9,200</b>

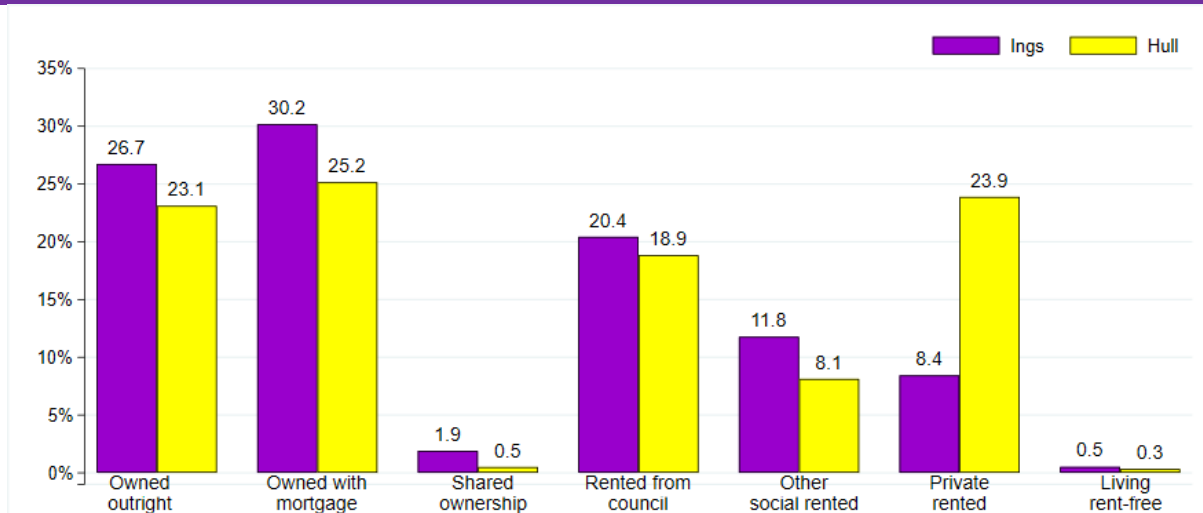
## Ethnicity (from 2021 census) [2]



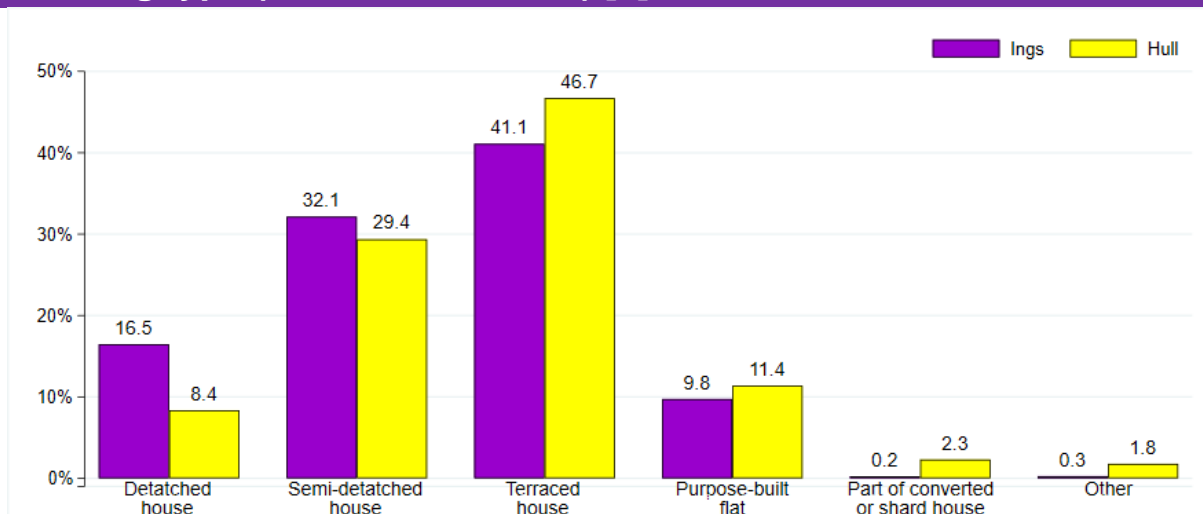
## Household composition (from 2021 census) [2]



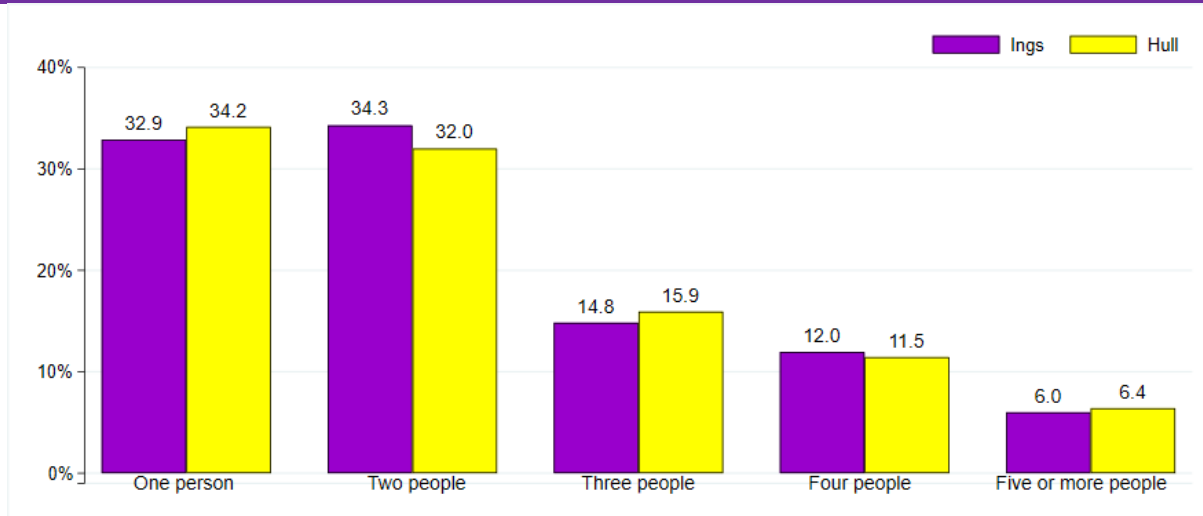
## Household tenure (from 2021 census) [2]



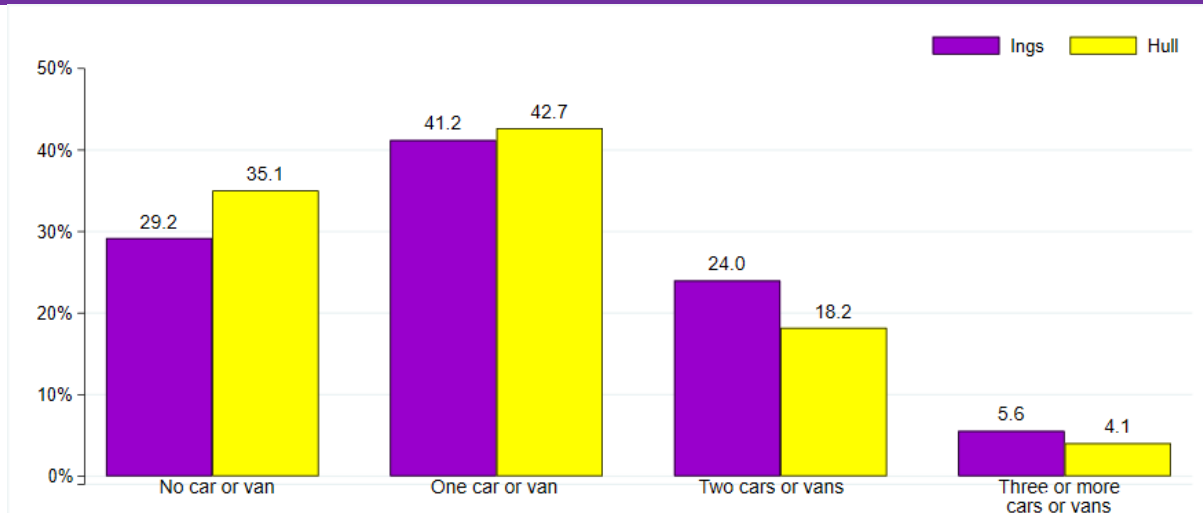
## Housing type (from 2021 census) [2]



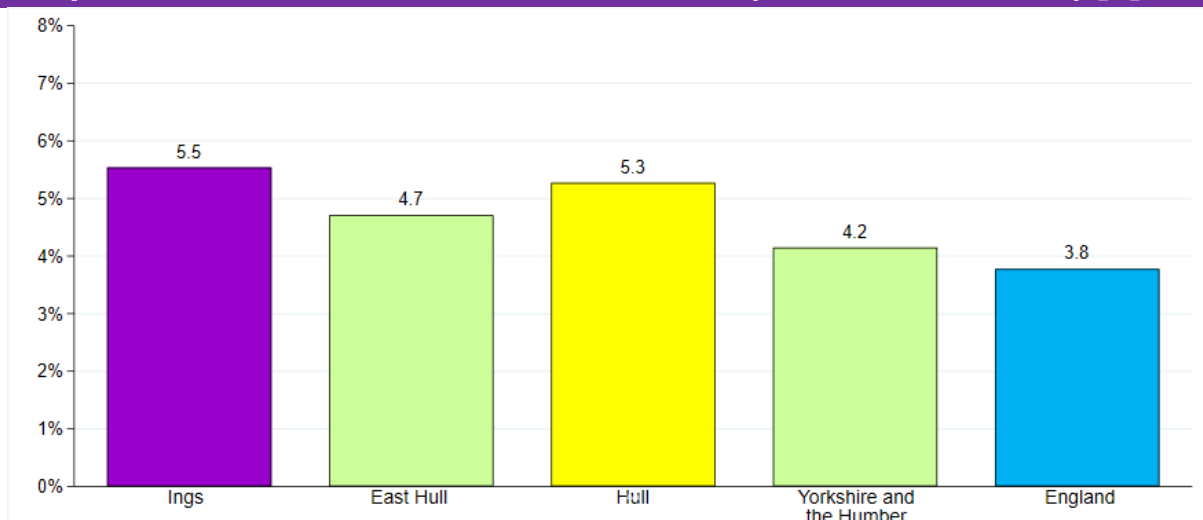
## Number of people in household (from 2021 census) [2]



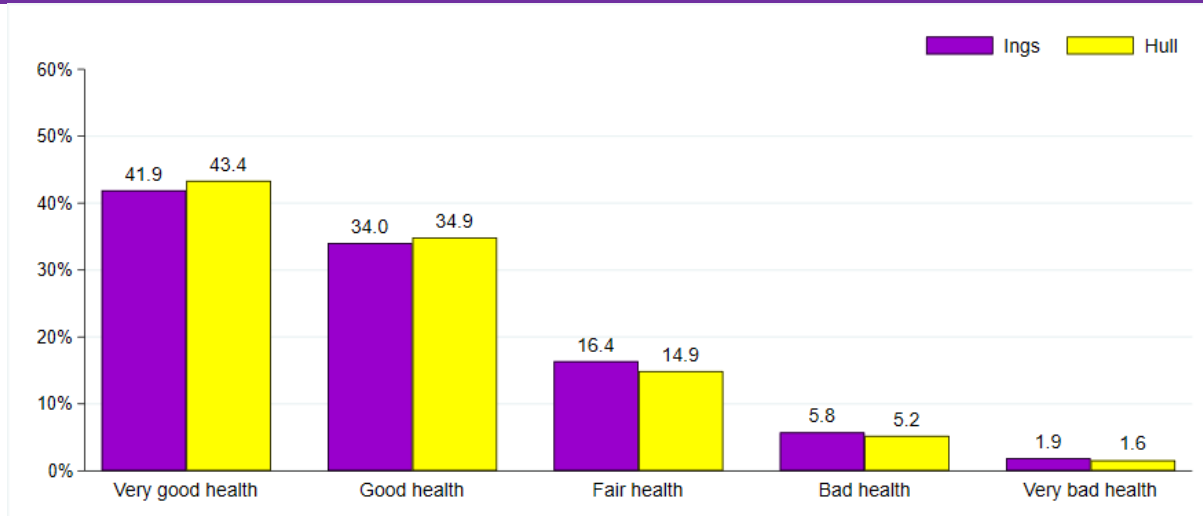
## Number of cars or vans in household (from 2021 census) [2]



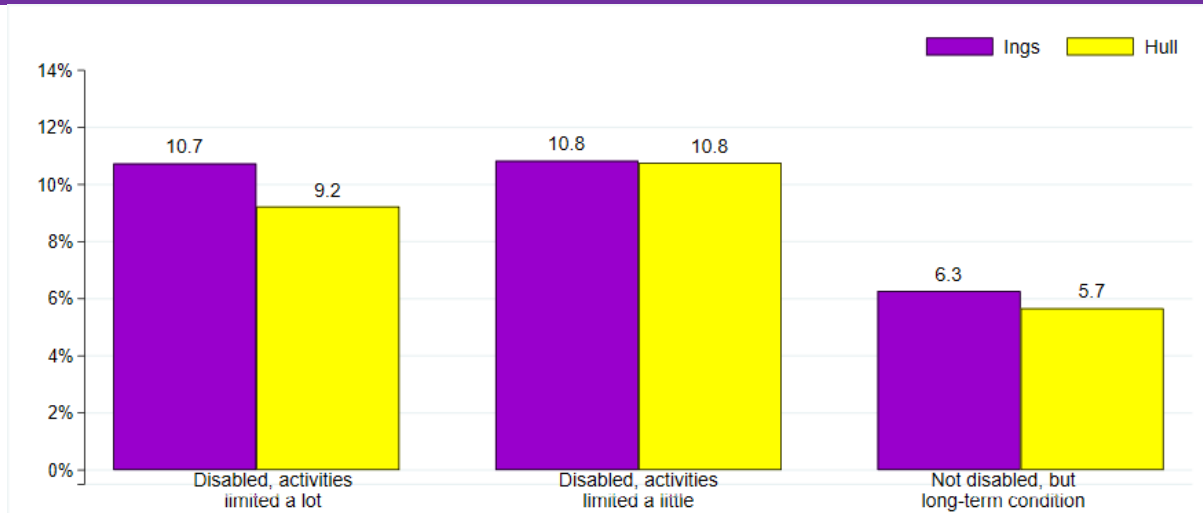
## Proportion of residents who are veterans (from 2021 census) [2]



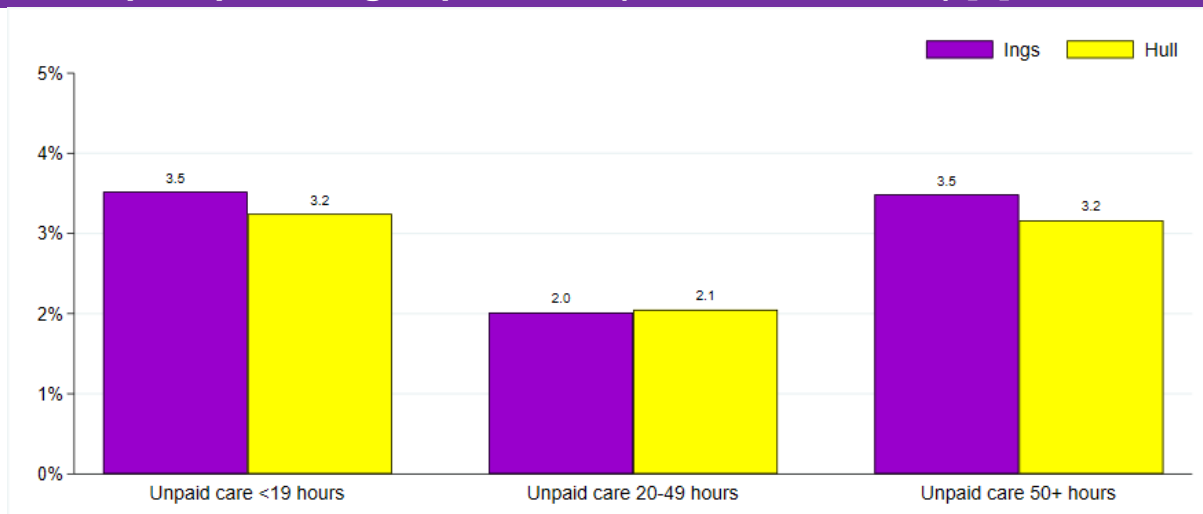
## Self-reported physical health (from 2021 census) [2]



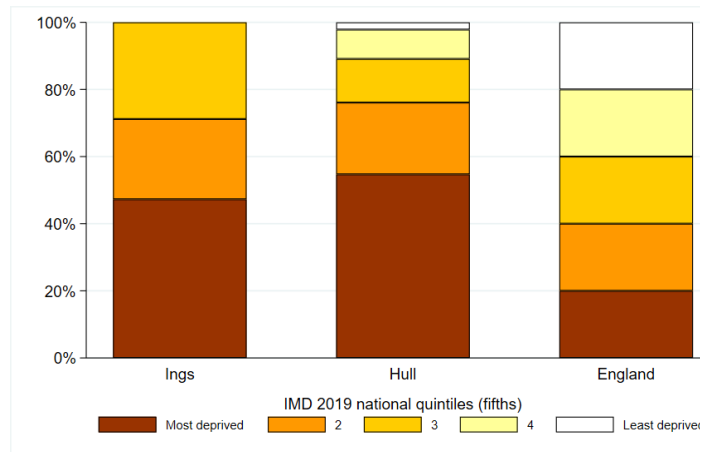
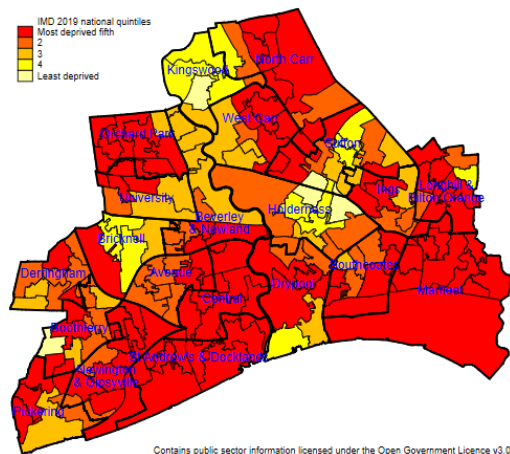
## Disability (from 2021 census) [2]



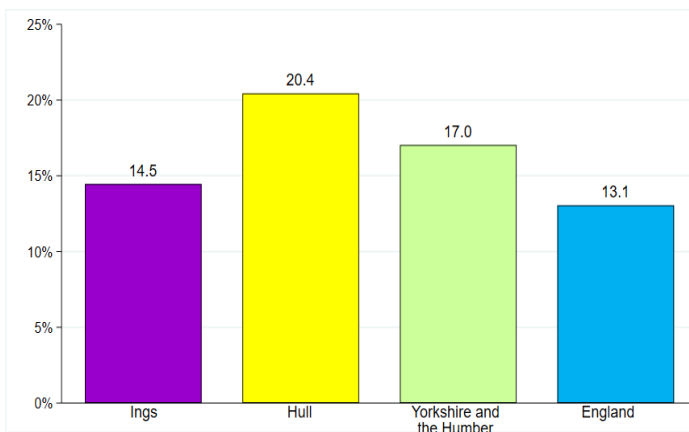
## Time spent providing unpaid care (from 2021 census) [2]



## National quintiles if Index of Multiple Deprivation 2019 [3]

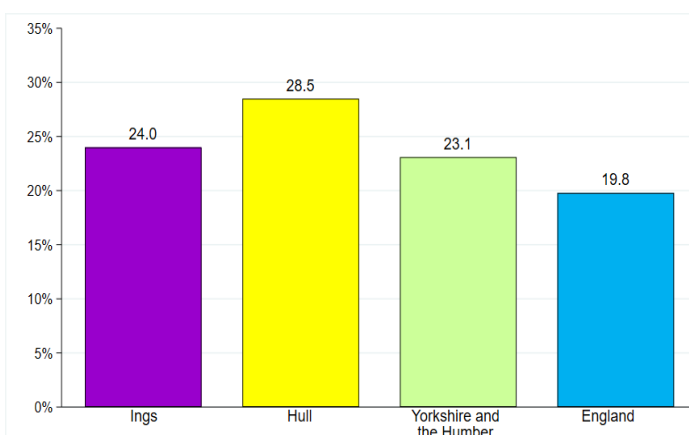


## Fuel Poverty 2022 [4]



A household is said to be fuel poor if it needs to spend more than 10% of its income on fuel in order to maintain an adequate standard of warmth.

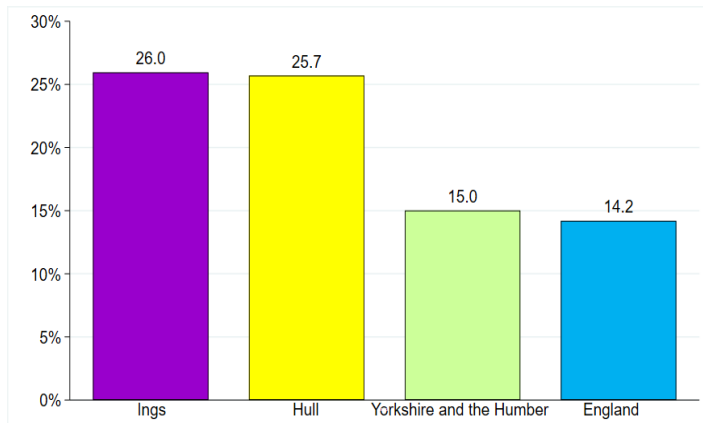
## Child Poverty 2022/3 [5]



The proportion of dependent children under 20 years living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or are in receipt of IS or (Income-Based) JSA.



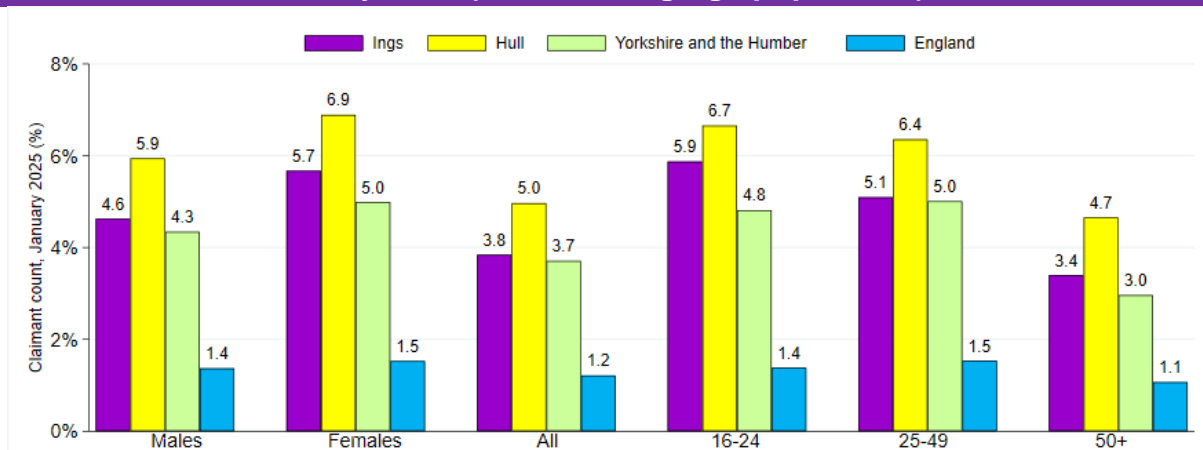
## Income-deprived Older People (60+) [6]



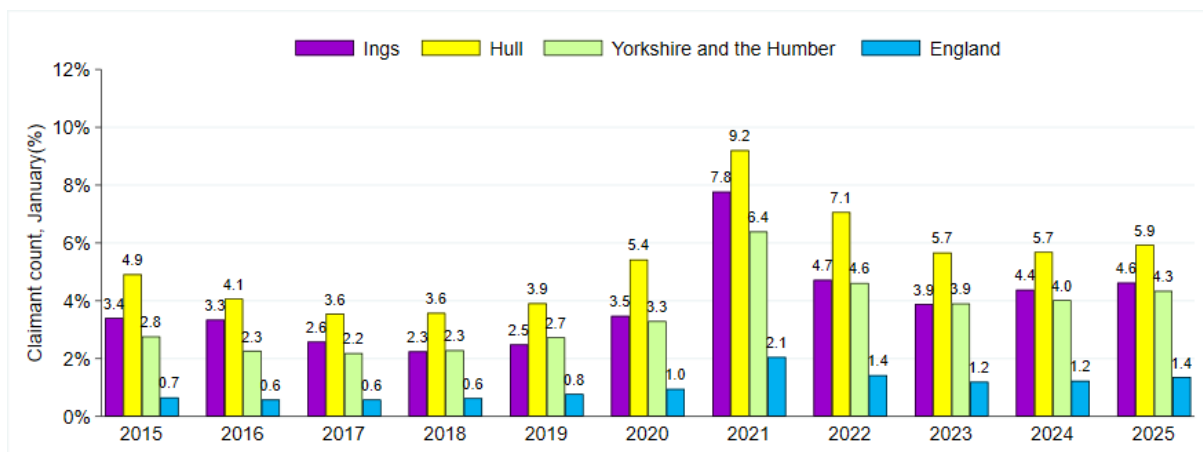
The proportion of adults aged 60+ in receipt of income support, income based JSA, pension credit or child tax credits

## Working Age Benefits [7]

### Claimant count, January 2025 (% of working-age population)

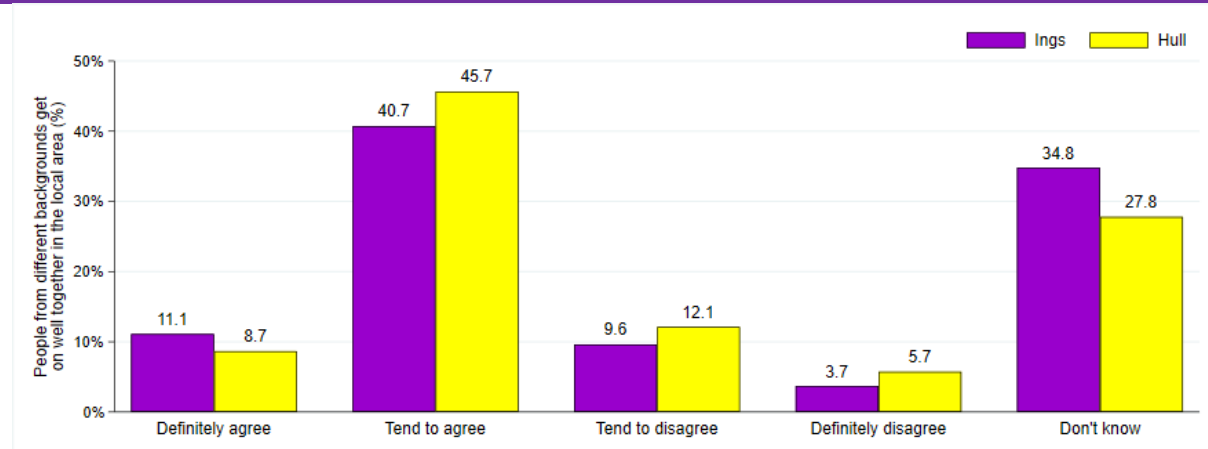


### Trends in claimant count, January 2025 to January 2025 (% of working-age population)

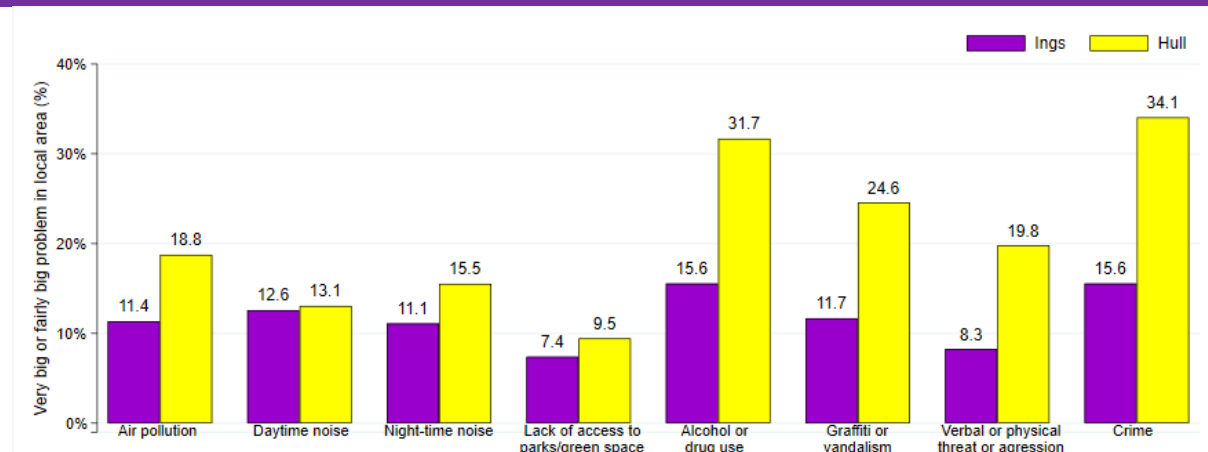


## Attitudes about the local area (2019 survey) [8]

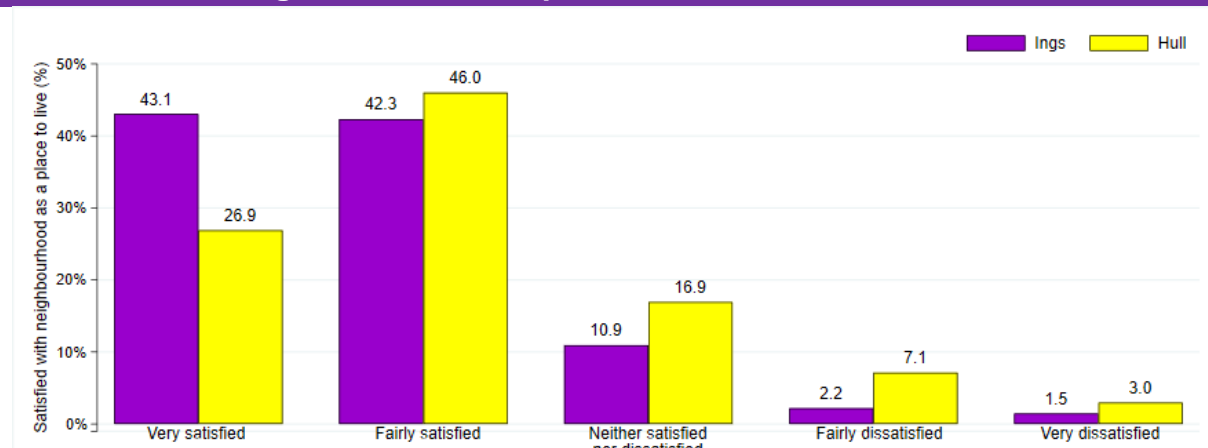
### People from different backgrounds get on well together in the local area



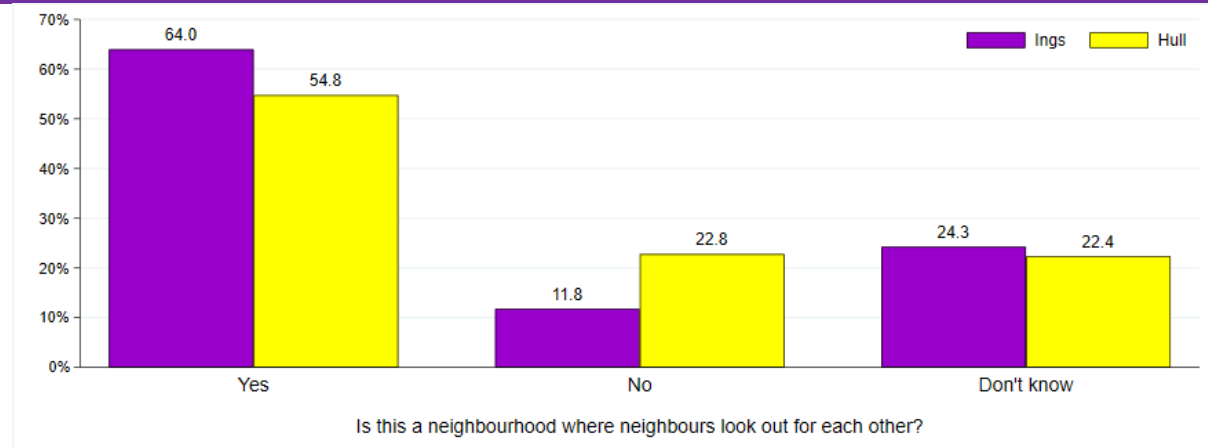
### Problems in the local area



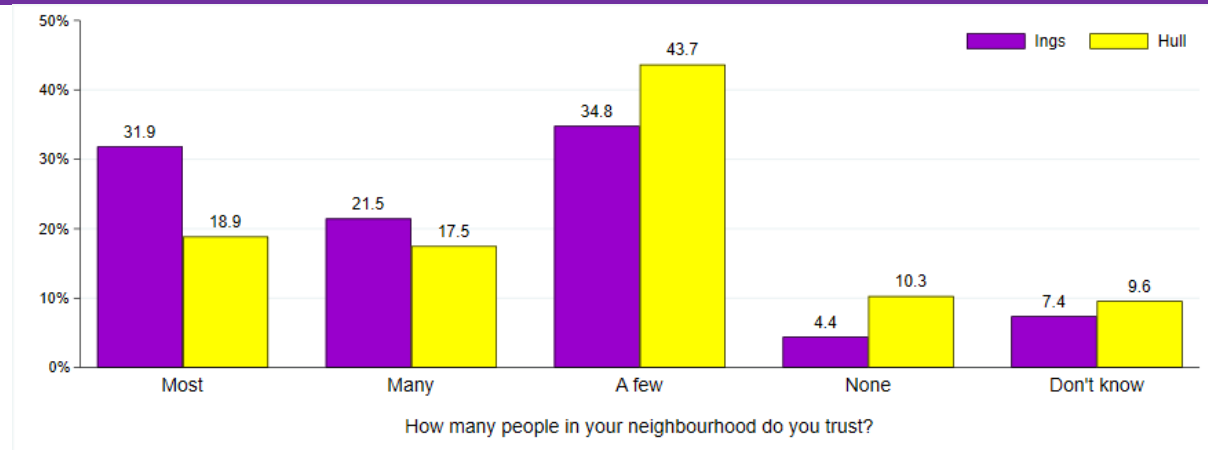
### Satisfied with neighbourhood as a place to live



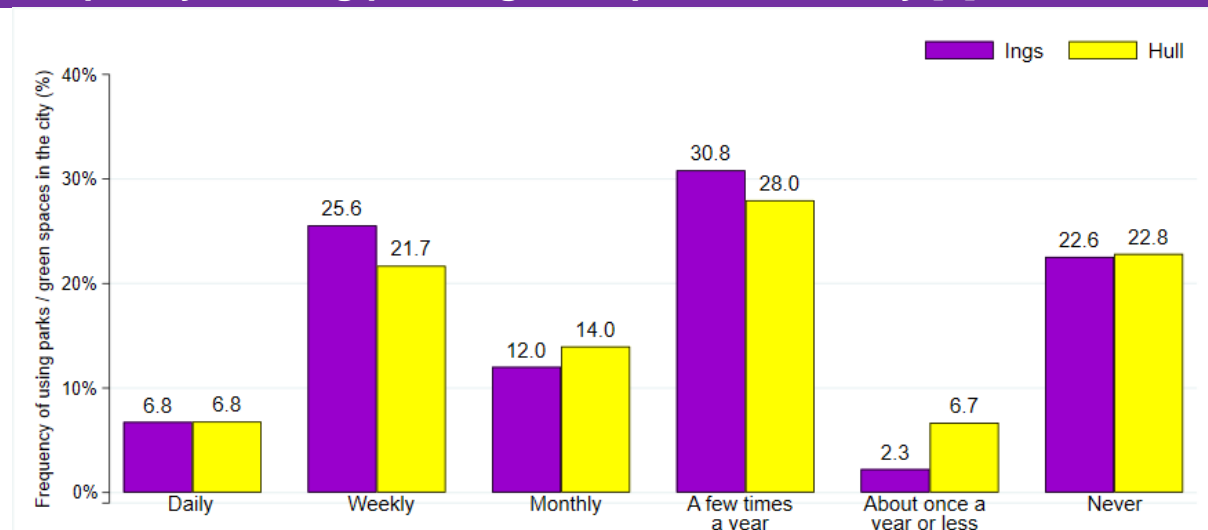
## Neighbours look out for one another [8]



## Trust in neighbours [8]

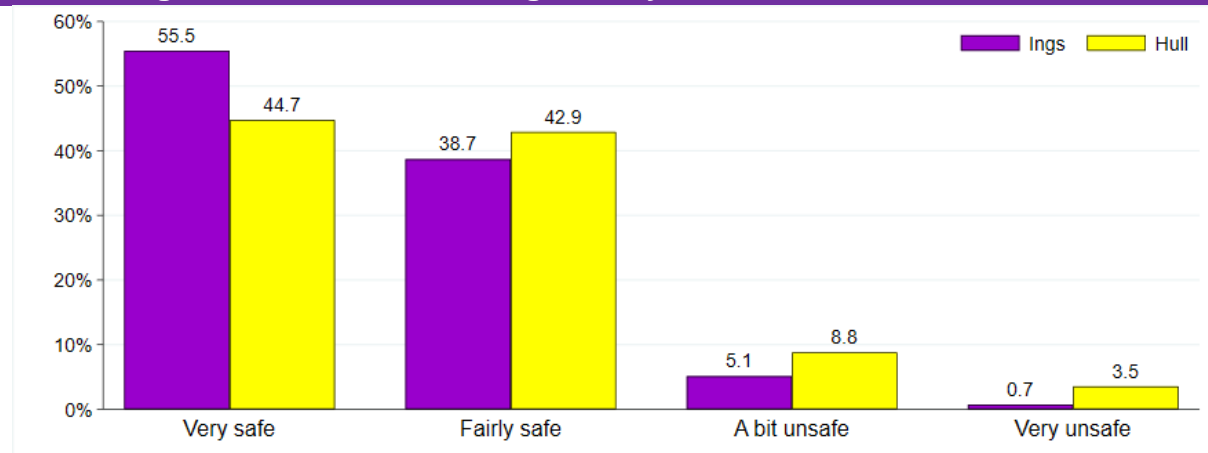


## Frequency of using parks / green spaces in the city [8]

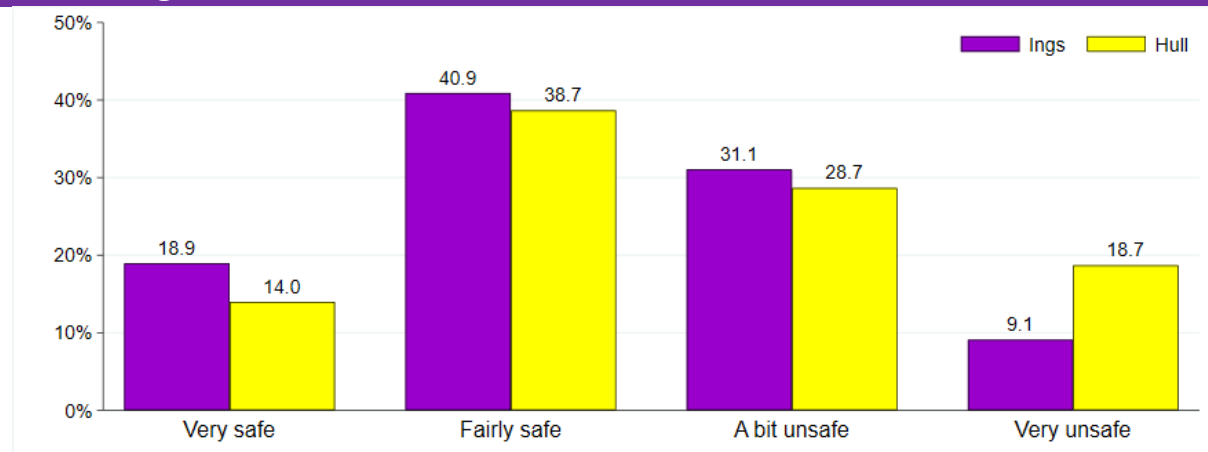


## Feelings of safety when .... [8]

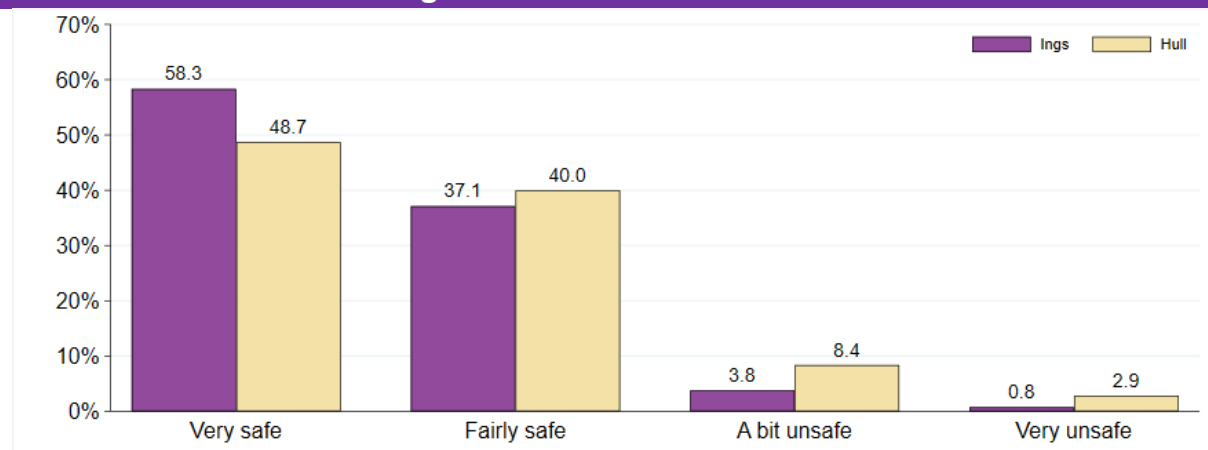
### .... walking alone in the area during the daytime



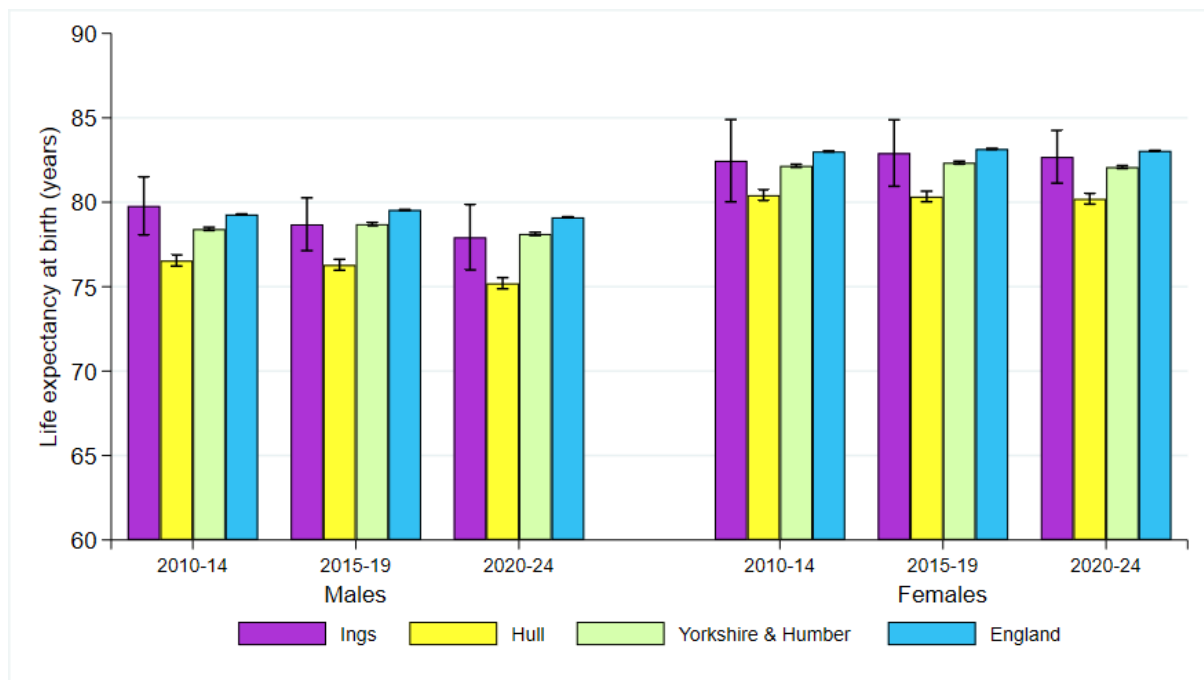
### .... walking alone in the area after dark



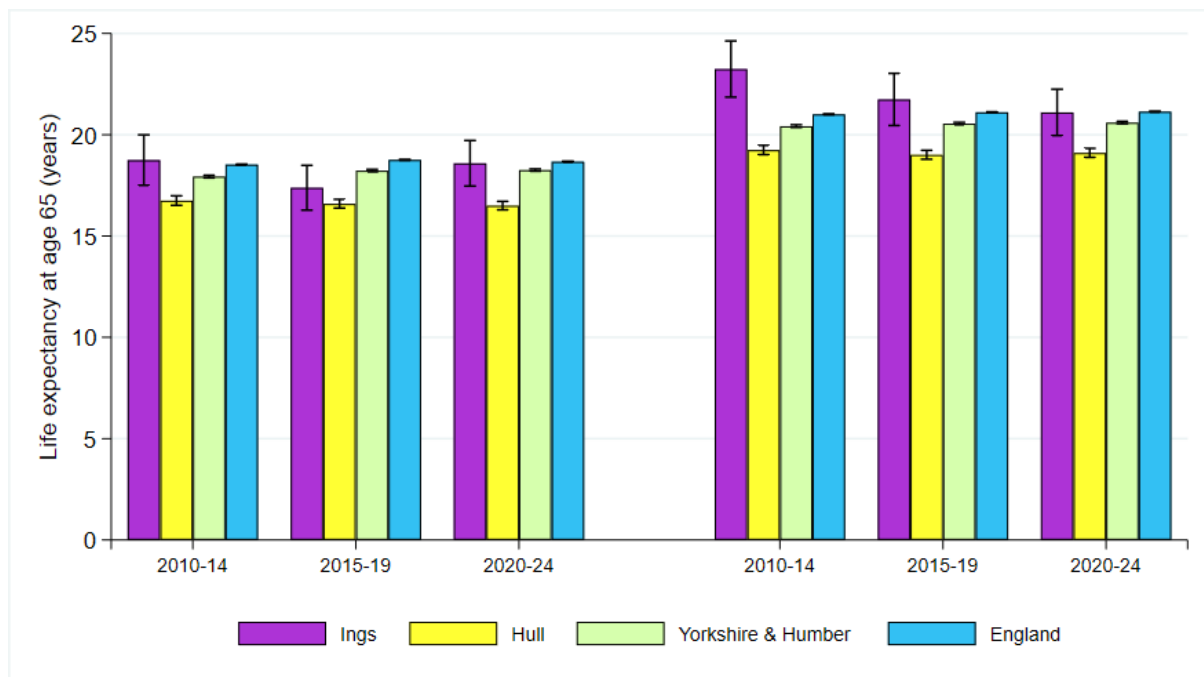
### .... alone in own home at night



## Life expectancy at birth (years) [9]

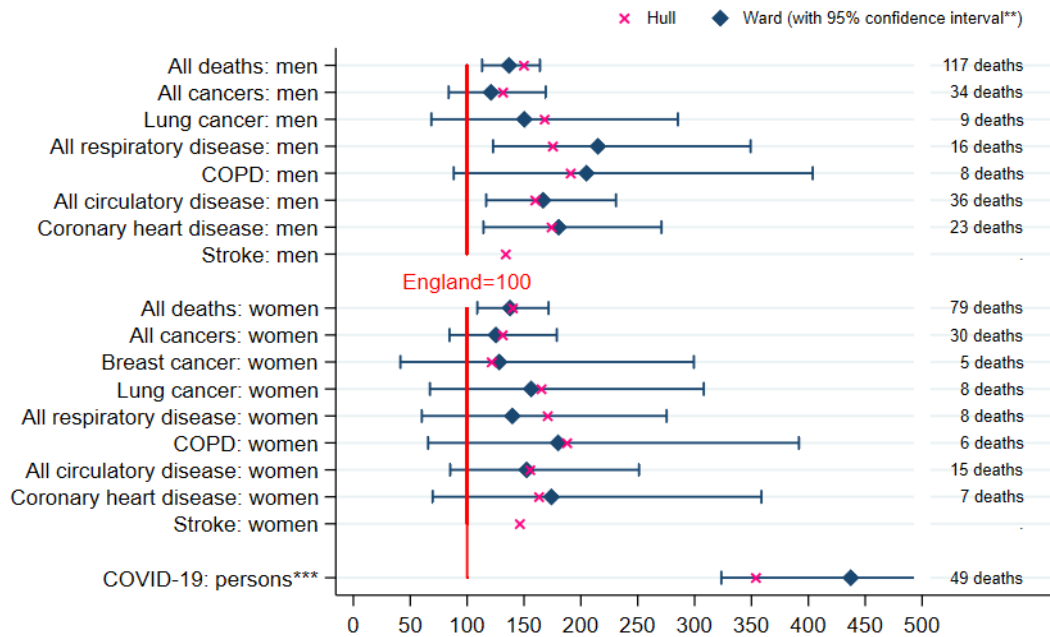


## Life expectancy at age 65 (years) [9]



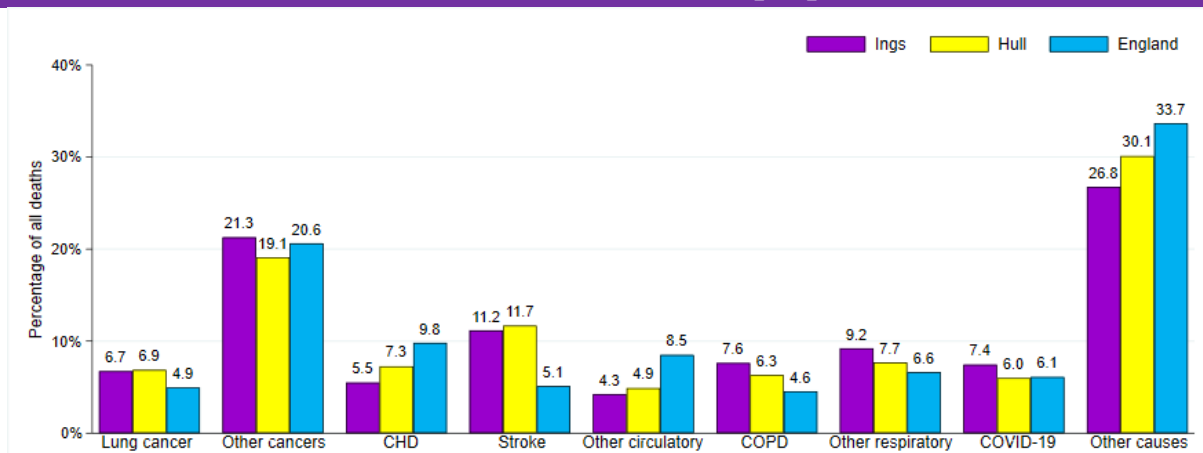
## Under 75 Standardised Mortality Ratios 2020-2024 [10]

Under 75 SMRs\* 2020-2024: Ings

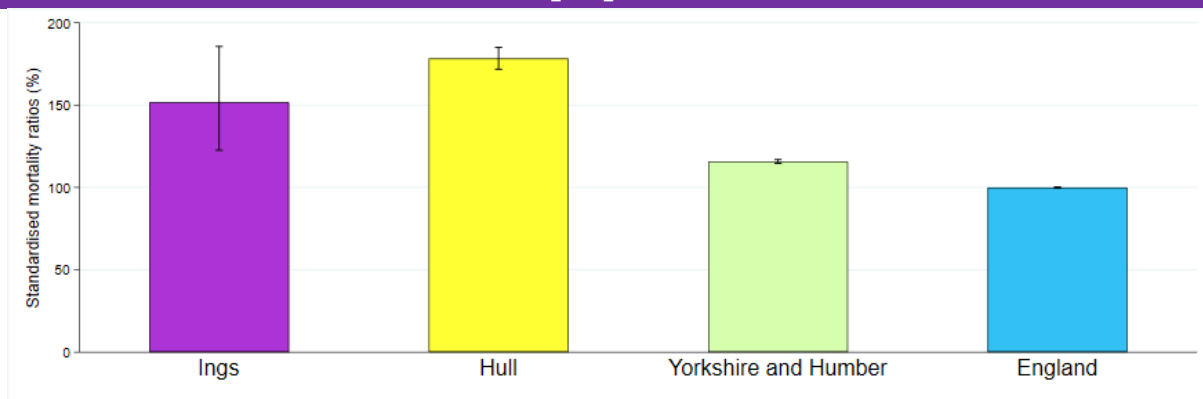


\*Standardised Mortality Ratios, not produced if fewer than 5 deaths during 2020-2024. \*\*Upper confidence limit truncated at 500. \*\*\*All age SMR for COVID-19

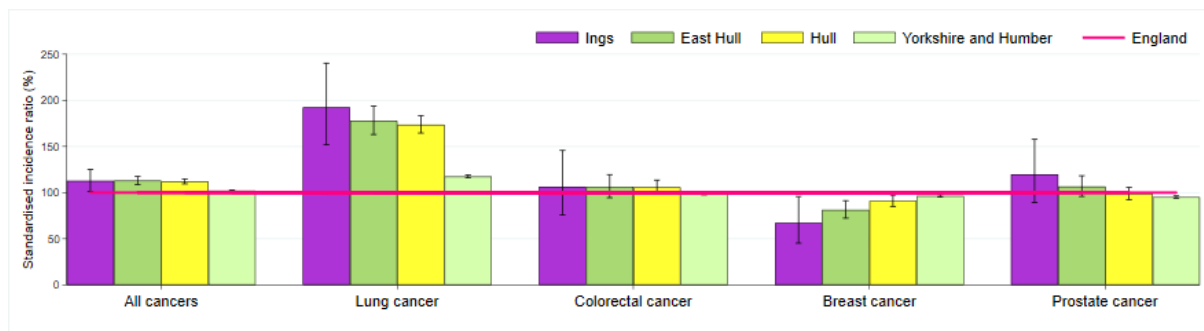
## Most common causes of death 2020-2024 [11]



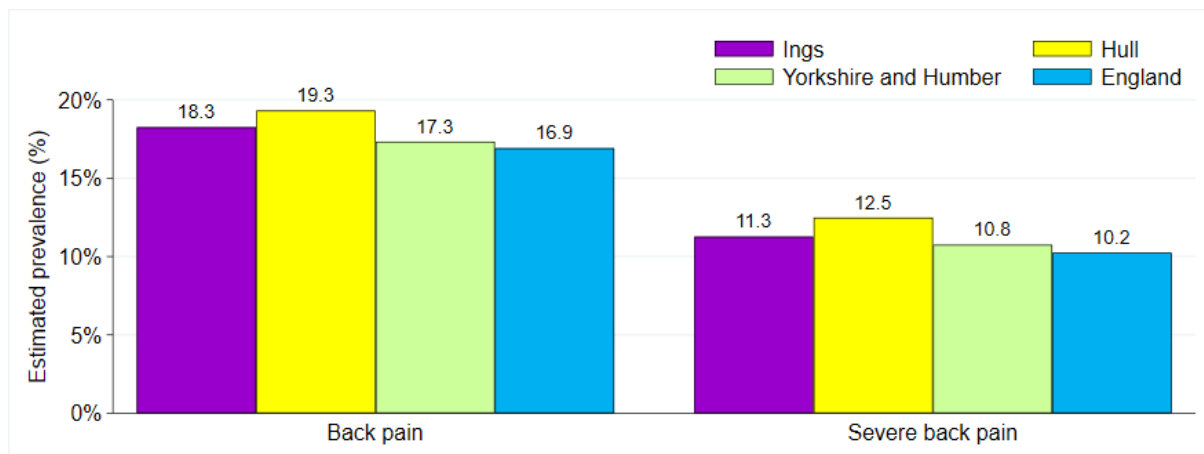
## Preventable deaths 2020-2024 [12]



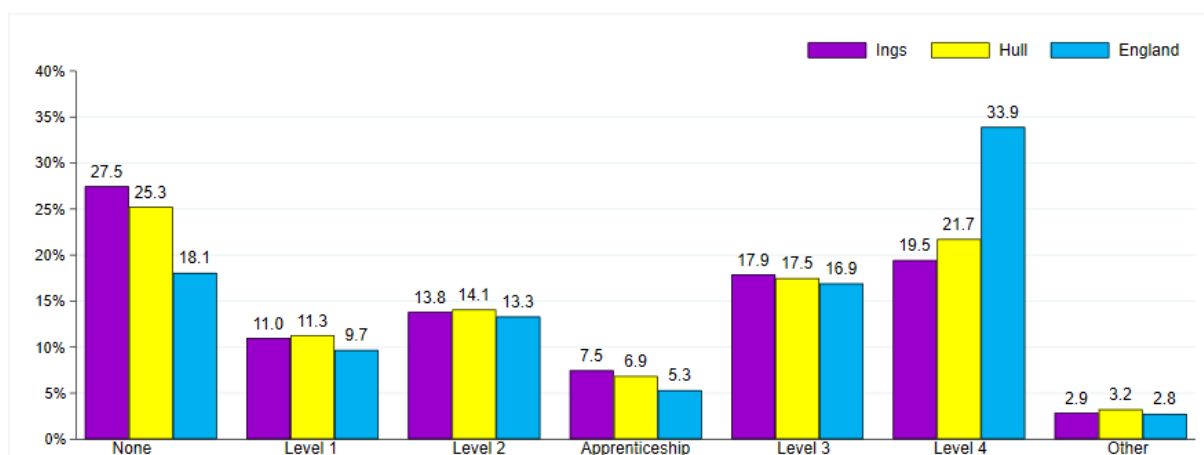
## Most common types of cancer diagnosed 2015-2019 [13]



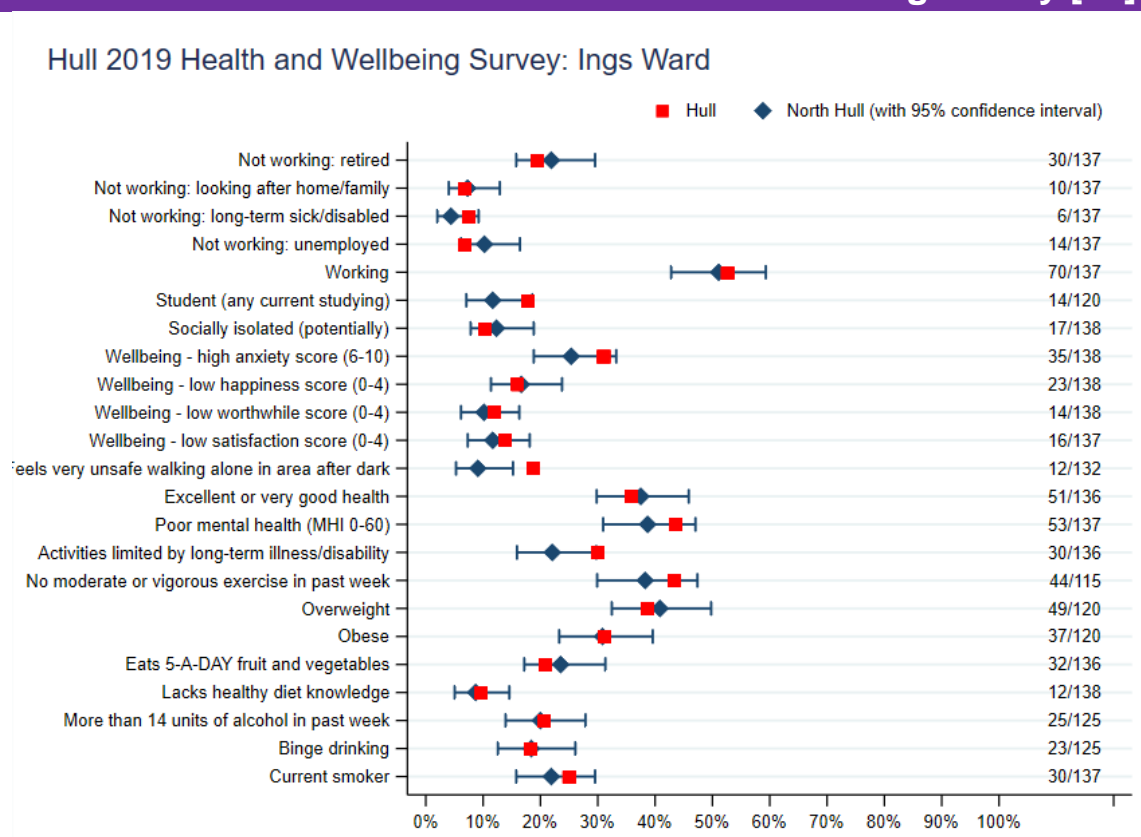
## Estimated back pain prevalence 2012 [15]



## Highest level of qualifications (from 2021 census) [2]



## Selected results from the 2019 health and wellbeing survey [16]



## Estimated prevalence of risk factors for poor health (results of the 2019 health and wellbeing survey applied to 2022 adult (16+) populations [17])

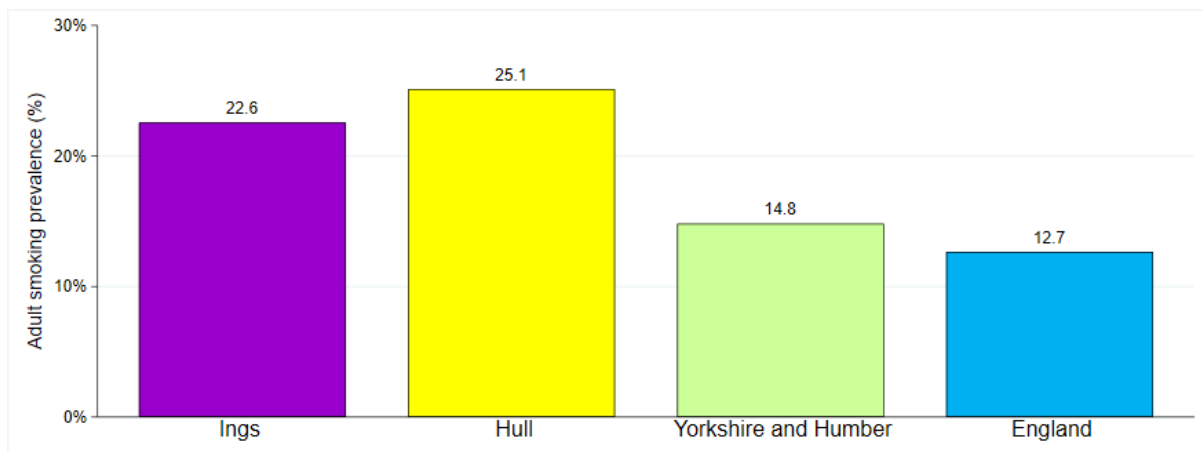
Risk factor	Men (N=3,551)	Women (N=3,993)	All (N=7,543)
Smokes	1,000	600	1,700
Binge drinks	700	700	1,400
Excessive weekly alcohol	800	600	1,500
Problem drinking	1,200	900	2,000
Does not eat 5-A-DAY	2,700	3,000	5,800
Overweight	1,200	1,900	3,000
Obese	1,300	1,000	2,300
Overweight or obese	2,500	2,900	5,300
Insufficient exercise	2,300	2,900	5,200
No moderate/vigorous exercise in last week	1,400	1,600	2,900
Activities limited by long-term illness or disability	900	800	1,700
Poor mental health (SF36 0-60)	1,400	1,500	2,900
Feels very unsafe walking alone in area after dark	100	700	700
Wellbeing - low satisfaction score (0-4)	400	400	900
Wellbeing - low worthwhile score (0-4)	300	500	800
Wellbeing - low happiness score (0-4)	700	500	1,200
Wellbeing - high anxiety score (6-10)	1,100	800	1,900
Socially isolated (potentially)	700	300	1,000



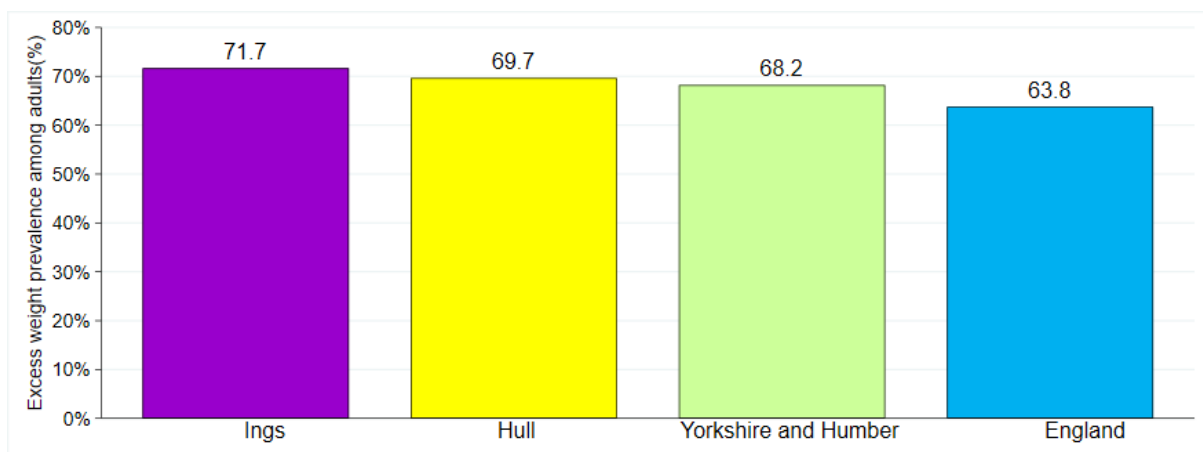
## Wellbeing among adults [18]



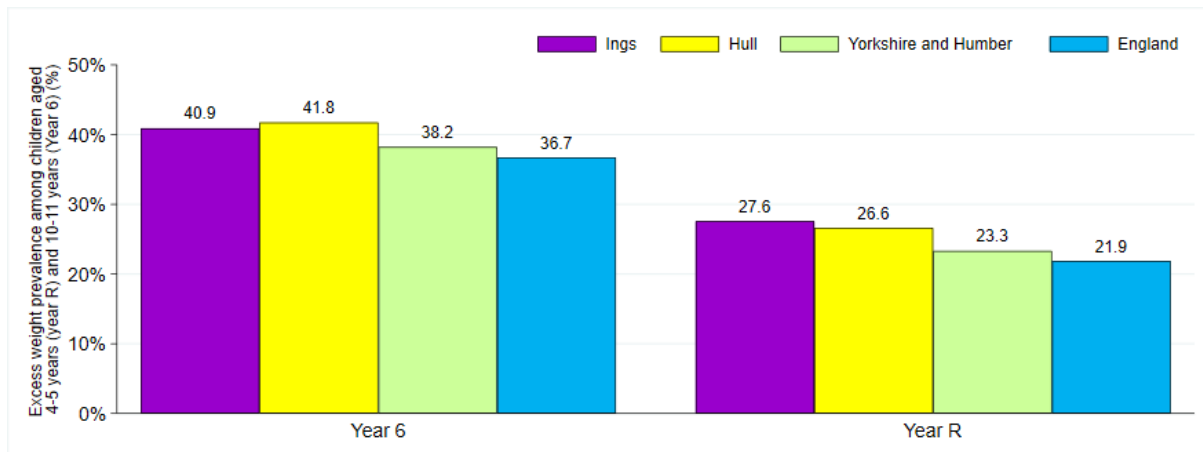
## Adult smoking prevalence [18]



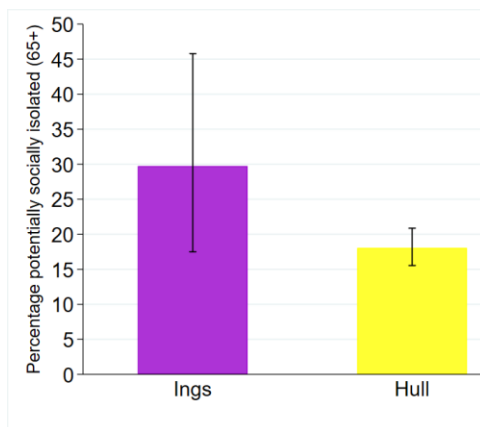
## Excess weight among adults [18]



## Excess weight among children [19]



## Potential social isolation among residents aged 65+ years [21]

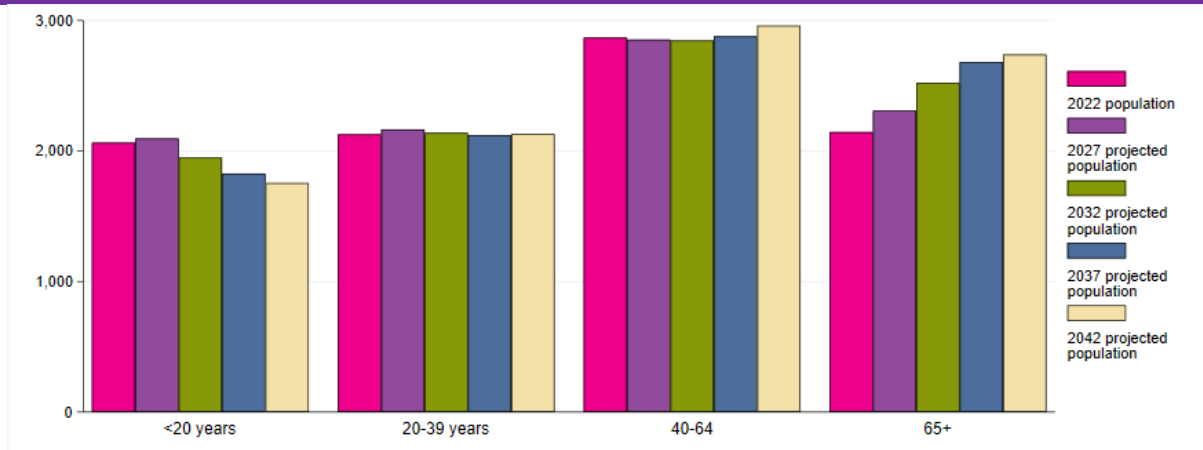


	Percentage (95% CI)	Estimated number (range)
Ings	29.7 (17.5, 45.8)	375 to 982
Hull	18.0 (15.5, 20.9)	6,632 to 8,909

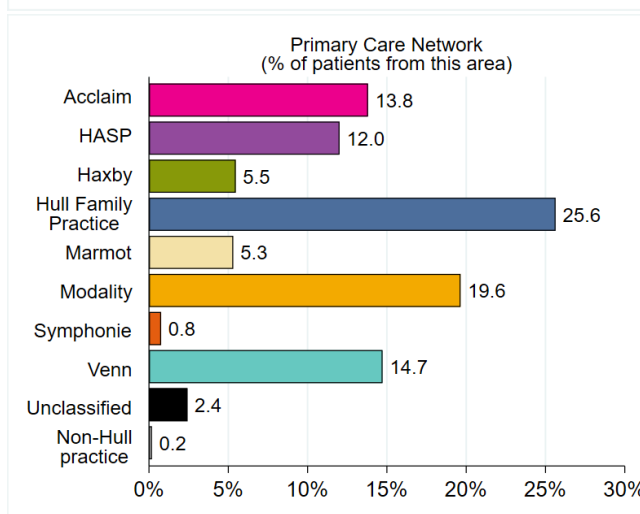
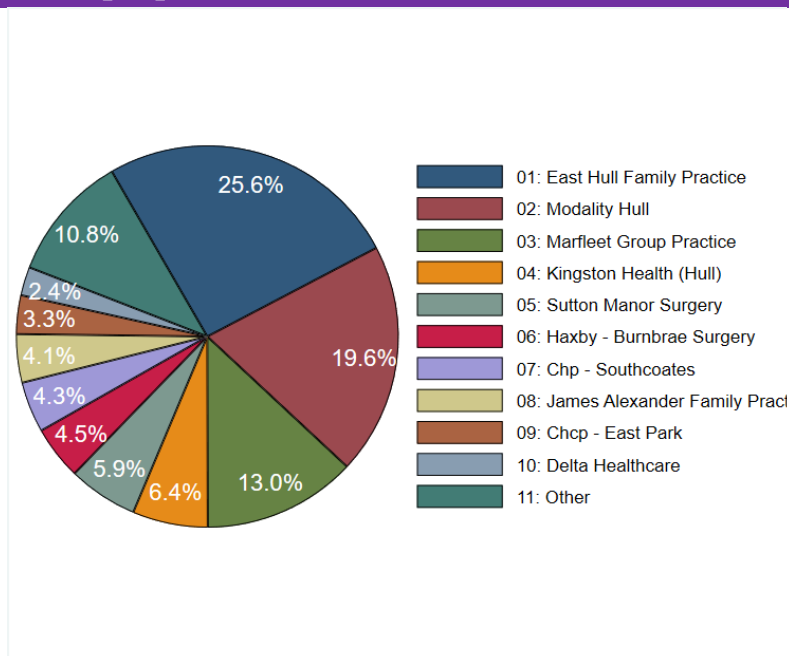
## Births [22]



## Population projections to 2043 [23]



## Percentage of population registered to each GP practice, January 2024 [24]



## Data sources

- 1 Population data from Office for National Statistics (ONS) are the most recent mid-year population estimates ([www.ons.gov.uk](http://www.ons.gov.uk)).
- 2 Data from the 2021 census ([www.ons.gov.uk/census](http://www.ons.gov.uk/census)).
- 3 The Index of Multiple Deprivation (IMD) 2019 is produced by the Department for Communities and Local Government ([www.gov.uk/government/statistics/english-indices-of-deprivation-2019](http://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)). The map also uses boundary files supplied by ONS.
- 4 Fuel poverty data is produced by the Department for Energy Security and Net Zero ([www.gov.uk/government/statistics/sub-regional-fuel-poverty-2024-2022-data](http://www.gov.uk/government/statistics/sub-regional-fuel-poverty-2024-2022-data)). The latest data release is for 2020. This is also indicator B17 in the Public Health outcomes Framework ([fingertips.phe.org.uk/profile/public-health-outcomes-framework](http://fingertips.phe.org.uk/profile/public-health-outcomes-framework)).
- 5 Child Poverty data published by Department for Work and Pensions. Data is for 2022/23 financial year, published in March 2022. ([www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2023](http://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2023)). This is also indicator B01 in the Public Health outcomes Framework.
- 6 Data are for 2019, from data produced by the Department for Communities and Local Government ([www.gov.uk/government/statistics/english-indices-of-deprivation-2019](http://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)).
- 7 Benefits data were extracted from NOMIS ([www.nomisweb.co.uk](http://www.nomisweb.co.uk)) which is a service provided by ONS for detailed up-to-date labour market statistics.
- 8 Data are from Hull's 2019 Health and Wellbeing Survey of more than 4,000 adults in Hull aged 16 years and over ([www.hulljsna.com/tools-and-resources/local-surveys/local-surveys-adults/](http://www.hulljsna.com/tools-and-resources/local-surveys/local-surveys-adults/)).
- 9 Life expectancy was produced using mortality data from the Primary Care Mortality Data (PCMD), supplied by NHS Digital, and mid-year population estimates supplied by ONS. Life expectancy at birth and at age 65 form indicator A01b in the Public Health outcomes Framework.
- 10 Under 75 SMRs indicate whether local premature mortality rates are higher or lower than would be expected if national (England) rates applied to the local population. Death data are from the PCMD, supplied by ONS, and the population data are from ONS mid-year estimates. National mortality rates were produced using data extracted from NOMIS.
- 11 Death data are taken from the PCMD.
- 12 Deaths from causes considered preventable 2019-23, produced using Primary Care Mortality Data, ONS mid-year population estimates and an extract downloaded from NOMIS.
- 13 Data are published by OHID on the Local Health website.
- 14 Local data are from Hull's 2019 Health and Wellbeing Survey. Census data were extracted from OHID's Local Health website.
- 15 Modelled estimates produced by Arthritis UK and OHID, using Health Survey for England data, published by OHID on the Local Health website.
- 16 Data are from Hull's 2019 Health and Wellbeing Survey.
- 17 Data are from Hull's 2019 Health and Wellbeing Survey. Population data are the latest mid-year population estimates produced by ONS. Estimated numbers are rounded to the nearest 100.
- 18 Local data are taken from Hull's 2019 Health and Wellbeing Survey. Regional and national data are taken from the Public Health Outcomes Framework of which these are indicators C16 (excess weight), C18 (smoking prevalence) and C28 (wellbeing).
- 19 Data were extracted from OHID's Local Health website. This is also indicator C09 in the Public Health Outcomes Framework.
- 20
- 21 The definition of potentially socially isolated used here is an adult who is the only adult living in the household, and does not speak to at least one of family, friends or neighbours every day. Data are from Hull's 2019 Health and Wellbeing Survey of Adults. Population data are from the most recent ONS mid-year population estimates
- 22 Births data are supplied by NHS Digital. The birth rate per 1,000 is produced using the birth data and the ONS mid-year population estimates for 2022. Regional and national birth rates were calculated using births data from NOMIS and ONS mid-year population estimates.
- 23 Population projections were produced by applying the 2022-based ONS projected population changes by single year of age to the most recent ONS mid-year estimated populations, then aggregating the results by broad age band.
- 24 Figures are produced from the latest GP population estimates by lower layer super output area published by NHS Digital ([digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/](http://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/)). The number of residents quoted in the figure may be higher than in the population table, as it comes from the GP registration file which historically tends to be higher than the mid-year population estimates presented in the population table.

# Hull's Joint Strategic Needs Assessment (JSNA)

## What is a JSNA?

The JSNA assesses the current and future health, care and wellbeing needs of the people of Hull.

- Joint - The JSNA is carried out jointly by NHS Hull and Hull City Council. It is the joint responsibility of the Director of Public Health, Director of Children's Services and the Director of Adult Social Services.
- Strategic - Intended to give the information that allows decision makers to make sound strategic decisions.
- Needs Assessment - Gives a scientifically robust understanding of the health and wellbeing needs of a local population for more focused commissioning and service delivery.

## What will you do with the JSNA?

The JSNA will be used to inform the way in which services are organised and delivered in Hull to meet the needs of the local population. Available for strategic planning, but also micro-implementation.

## What is different about the Hull JSNA?

- The JSNA is regularly updated and is a living and interactive web based resource for all the people of Hull, the Voluntary Sector, the Council, all the NHS Organisations and Trusts, the Police and Fire Service.
- The JSNA draws on information gained through local surveys, allowing for 'real' trends to be analysed based on Hull's epidemiological profile as opposed to synthetic or modelled data from national sources.

**For further information, please contact:**

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