# Hull Public Health Profiles 2022: Ings Ward



Smoking prevalence
0-10%
>10-20%
>20-30%
>30-40%
>40-50%
>50%
No data

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Problem drinking prevalence
0-20%
>20-30%
>30-40%
>40-50%
>50%
No data

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Obesity prevalence
0-10%
>10-20%
>20-30%
>30-40%
>40%
No data

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Insufficient exercise
0-50%
>50-60%
>60-65%
>65-70%
>70-75%
>75%
No data

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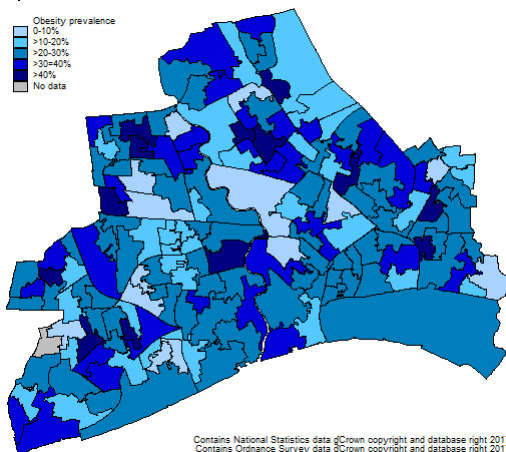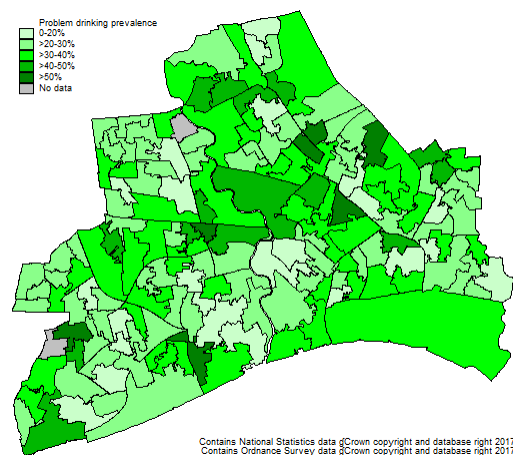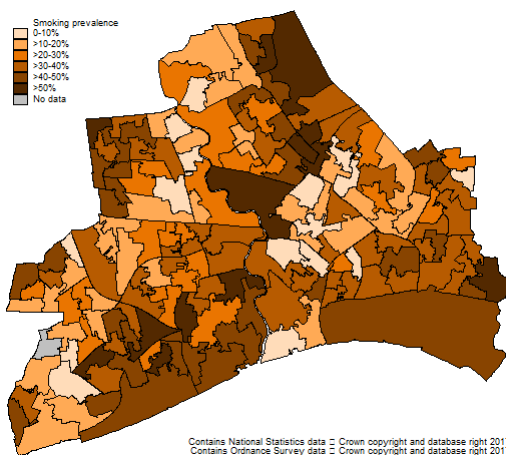
**Public Health Intelligence, Hull City Council (www.hulljsna.com), May 2022**

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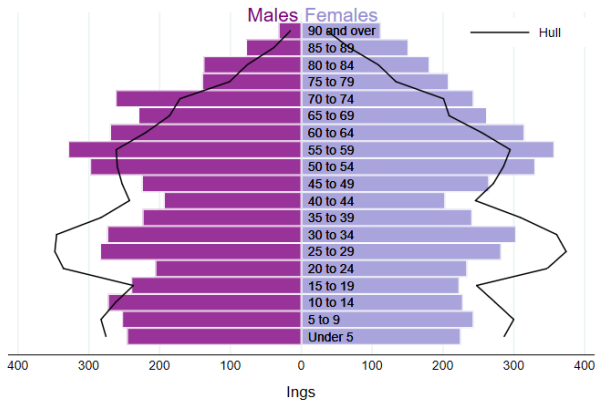
Please do explore the rest of the www.hulljsna.com website, which contains information on health, lifestyles, and attitudes to these, of Hull residents.  The website forms the Joint Strategic Needs Assessment for Hull.  (See the last page of this report for further information.)

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 and 2016), as well as Social Capital surveys conducted in 2004 and 2009.
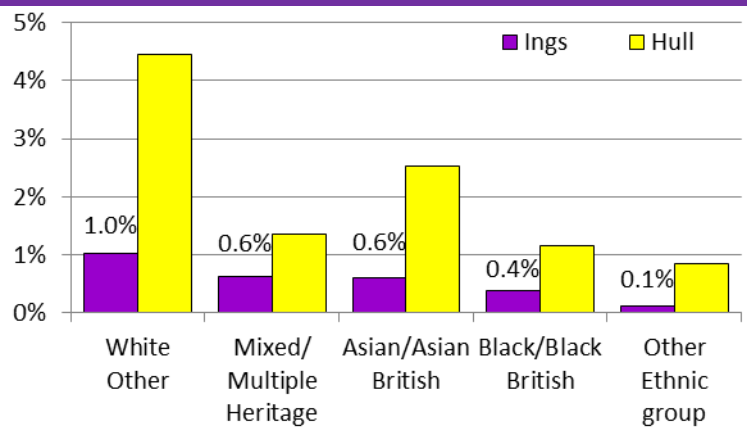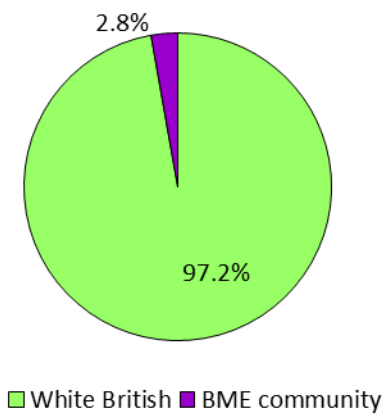
## Summary

- In 2020 there were 8,802 residents in Ings, of whom 1,931 (22%) were aged under 20, and 2,037 (23%) were aged 65+. The population of Ings is projected to increase by 3% by 2043 to 9,065, with the largest increase seen for those aged 65+, increasing by 28% to 2,602.
- At 97.2%, Ings had a higher percentage of White British residents than the Hull average (89.7%), from the 2011 Census; a lower percentage of non-British White residents (mostly Eastern Europeans) (1%) than the Hull average (4.4%); and at 1.7%, a lower percentage of other Black and Minority Ethnic (BME) residents than the Hull average (5.9%).
- From the 2011 Census, 1,504 households in Ings were single person households (37%), similar to the Hull average (35%). There were 1,196 pensioner (65+) households in Ings of which 69% were single person households. At 12% Ings had a similar percentage of lone parent households to the Hull average (13%).
- From the 2011 Census, 2,222 households in Ings were living in owner occupied accommodation (54%), higher than the Hull average (50%); while 36% were renting from the council or other social landlords, with a further 7% 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.
- 17% of households in Ings were in fuel poverty in 2020, compared with the Hull average of 21% and the England average of 13%.
- 27% of dependent children in Ings were living in child poverty in 2020/21, compared with the Hull average of 33% and the England average of 18%.
- 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 March 2022 the claimant count (those claiming Job Seekers Allowance or Universal Credit with requirement to seek work) for Ings was 6% among men and 4.4% among women; this compares with 8.7% and 6% for Hull men and women, and 5% and 3.6% for men and women across England.
- Life expectancy at birth in 2017-21 in Ings was 75.8 years among men and 81.5 years among women; this was 0.8 years higher than the Hull average for men, and 1.8 years higher than the Hull average for women.
- Life expectancy at age 65 in 2017-21 in Ings was 17.2 years among men and 20.5 years among women; this was 1.1 years higher than the Hull average for men, and 1.8 years higher than the Hull average for women.
- Of the 613 deaths among residents of Ings during 2017-2021 8% were from lung cancer, 20% were from other cancers, 23% were from cardiovascular diseases and 22% were from respiratory diseases; this compares with 8%, 19%, 24% and 19% respectively for Hull, and 5%, 21%, 24% and 19% respectively for England.
- The rate of preventable deaths in Ings was 32% higher than for England in 2015-19, this difference was statistically significant.
- Smoking prevalence in Ings is 23%, similar to the Hull average of 25%, and similar to the England rate of 16%. An estimated 1,600 people aged 16+ in Ings are smokers.
- An estimated 1,900 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 2,200 people aged 16+ living in Ings are obese, while a further 2,900 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 2017/18-2019/20 academic years, as well as 35% in Year 6, were overweight or very overweight. This was not significantly different to the Hull average for children in both Reception Year (29%) and Year 6 (37%).
- Around 900 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 2021 in Ings was 60 births per 1,000 women aged 15-44 years, which was similar to the average for Hull (58 births per 1,000), as well as similar to the England average of 58 births per 1,000.
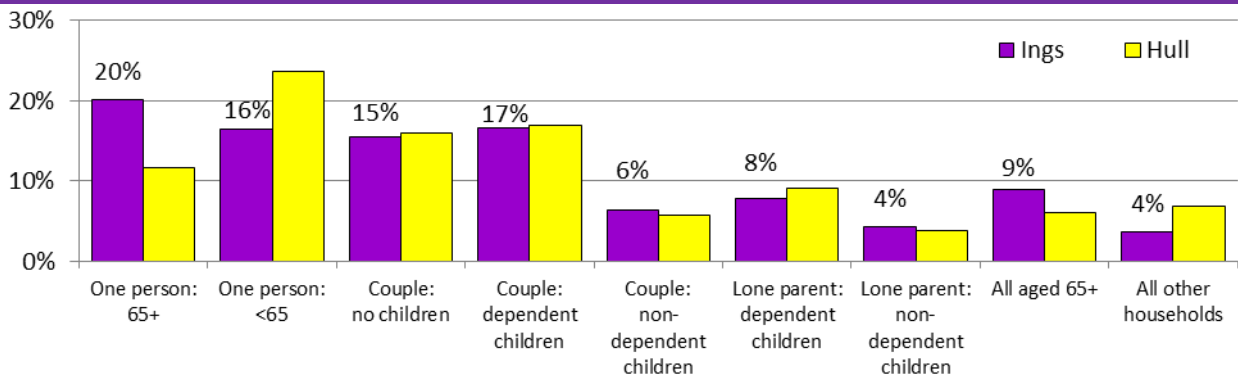
# Population structure (2020)[1]



Males  Females

90 and over
85 to 89
80 to 84
75 to 79
70 to 74
65 to 69
60 to 64
55 to 59
50 to 54
45 to 49
40 to 44
35 to 39
30 to 34
25 to 29
20 to 24
15 to 19
10 to 14
5 to 9
Under 5

— Hull

Ings

2020 mid-year population estimates from the Office for National Statistics

| Age (yrs) | Males | Females | Total |
|---|---|---|---|
| Under 10 | 499 | 468 | **967** |
| 10-19 | 513 | 451 | **964** |
| 20-29 | 490 | 516 | **1,006** |
| 30-39 | 498 | 544 | **1,042** |
| 40-49 | 419 | 468 | **887** |
| 50-59 | 627 | 687 | **1,314** |
| 60-69 | 500 | 577 | **1,077** |
| 70-79 | 402 | 451 | **853** |
| 80+ | 248 | 444 | **692** |
| **Total** | **4,196** | **4,606** | **8,802** |

# Ethnicity (from 2011 census)[2]



2.8%

97.2%

White British  BME community



Ings  Hull

- White Other: 1.0%
- Mixed/Multiple Heritage: 0.6%
- Asian/Asian British: 0.6%
- Black/Black British: 0.4%
- Other Ethnic group: 0.1%

# Household composition (2011 census)[3]



Ings  Hull

- One person: 65+ : 20%
- One person: <65 : 16%
- Couple: no children : 15%
- Couple: dependent children : 17%
- Couple: non-dependent children : 6%
- Lone parent: dependent children : 8%
- Lone parent: non-dependent children : 4%
- All aged 65+ : 9%
- All other households : 4%

# Household tenure (from 2011 census)[4]



Ings  Hull

- Owned outright: 22.0%
- Owned with mortgage: 32.2%
- Shared ownership: 0.8%
- Rented from council: 27.1%
- Other social rented: 8.4%
- Private rented: 7.1%
- Living rent-free: 2.4%
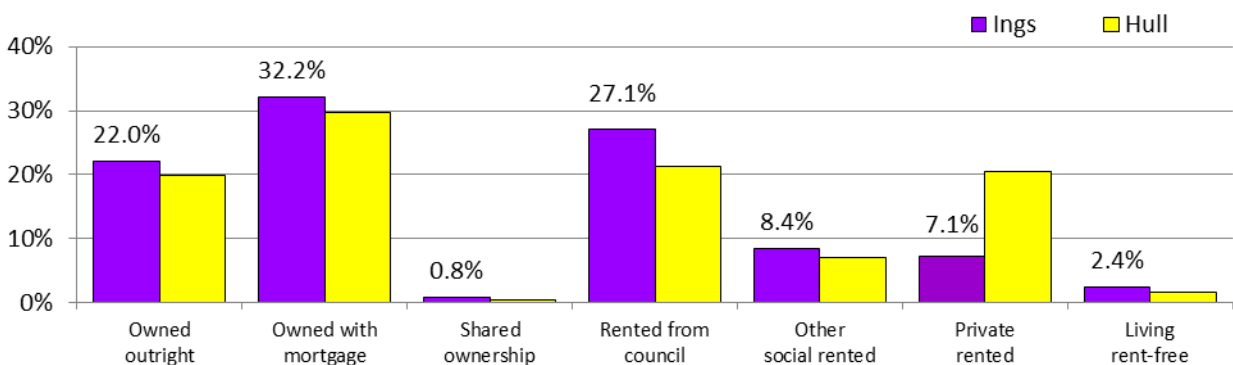
## National quintiles of Index of Multiple Deprivation 2019[5]





IMD 2019 national quintiles (fifths)

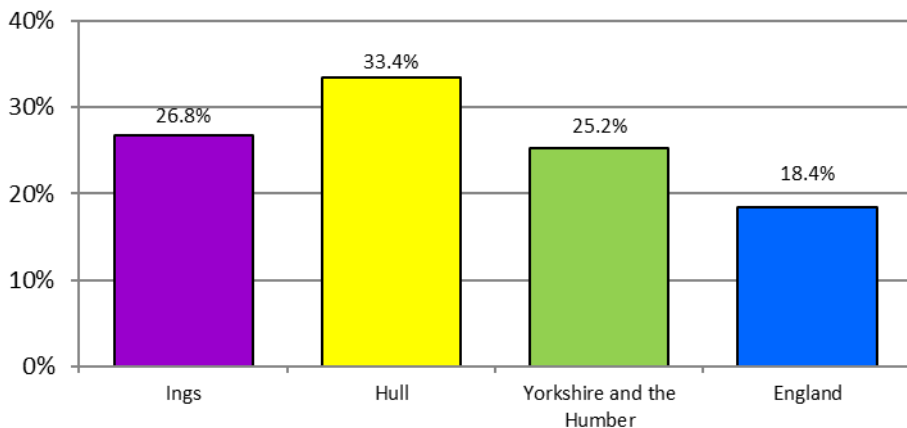■ Most deprived  ■ 2  □ 3  □ 4  □ Least deprived
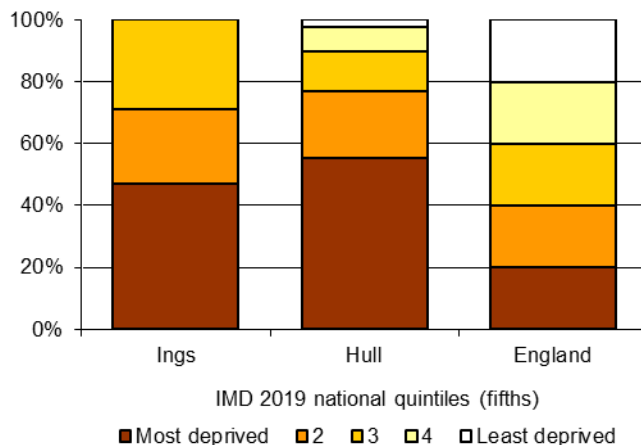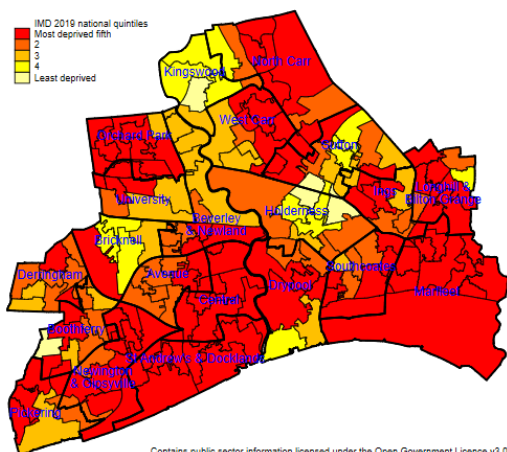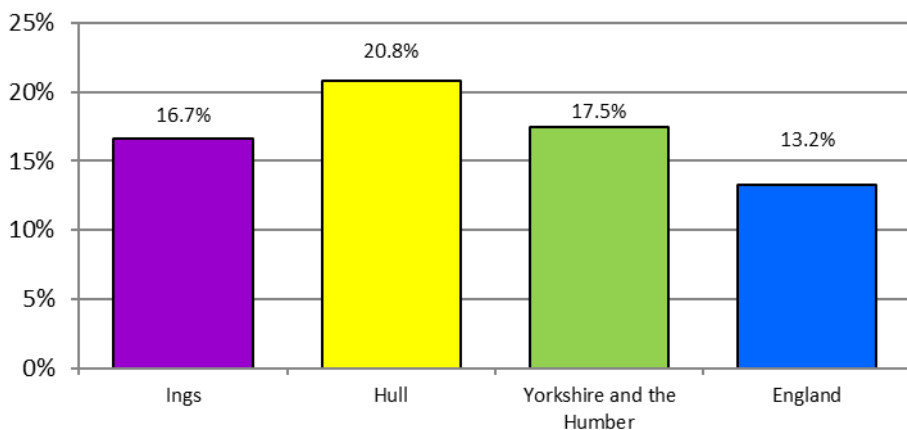
## Fuel Poverty 2020[6]



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 2020/21[7]



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.
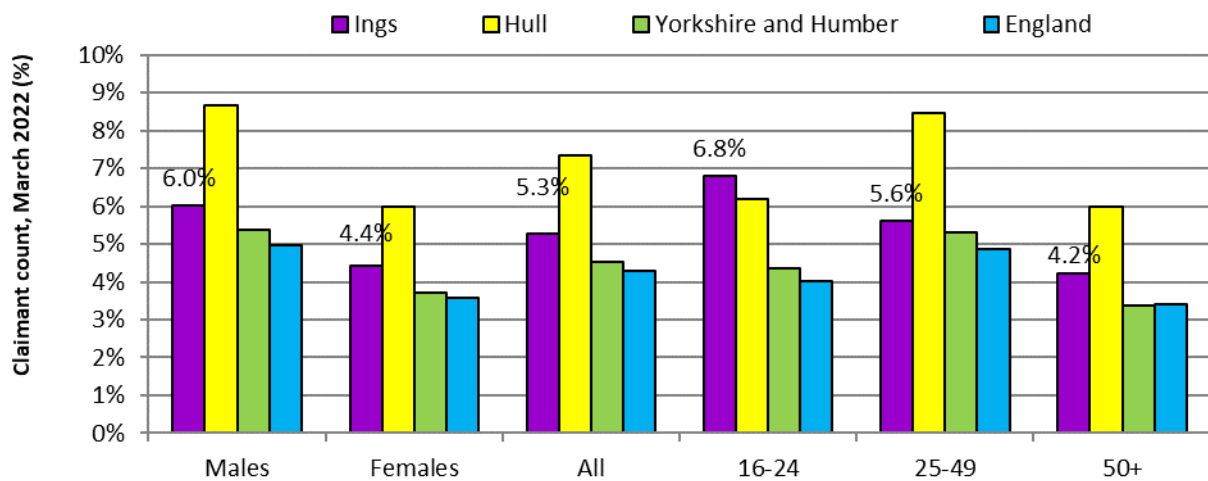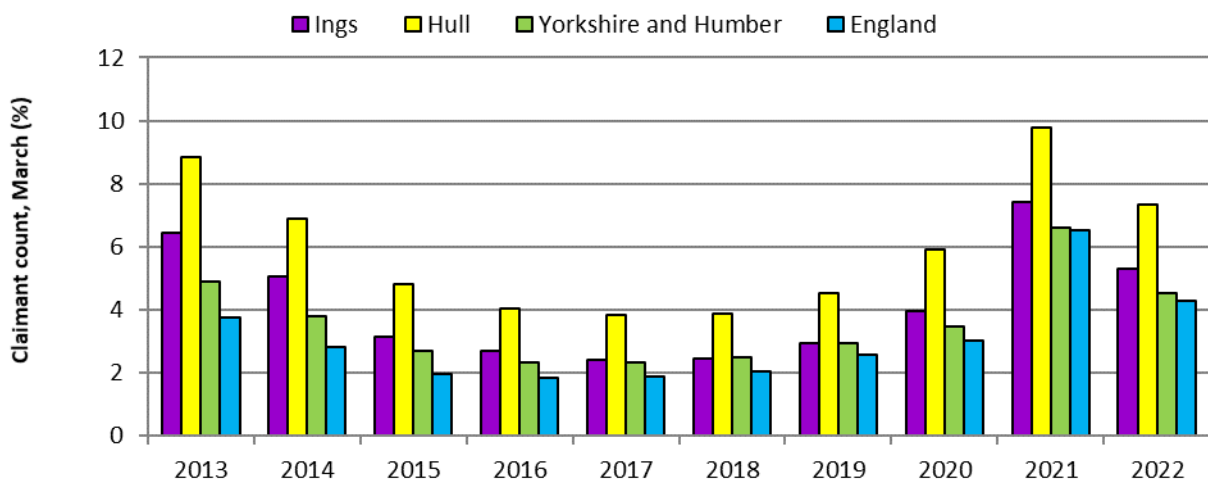
## Income-deprived older people (60+)[8]
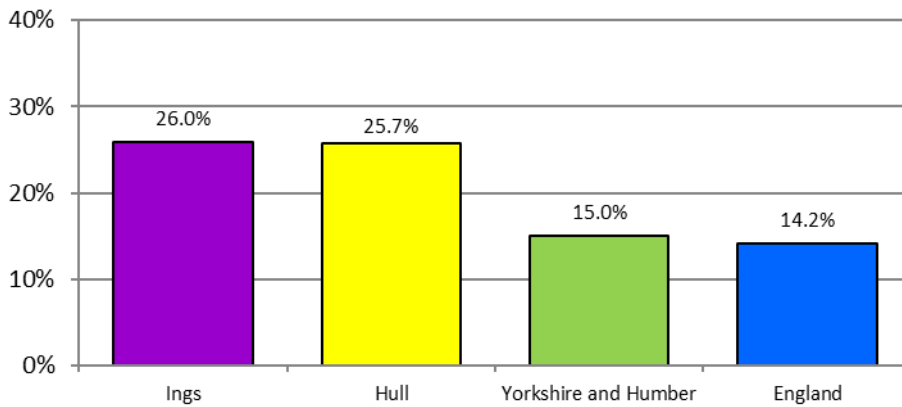


The proportion of adults aged 60+ in receipt of income support, income based JSA, pension credit or child tax credits.
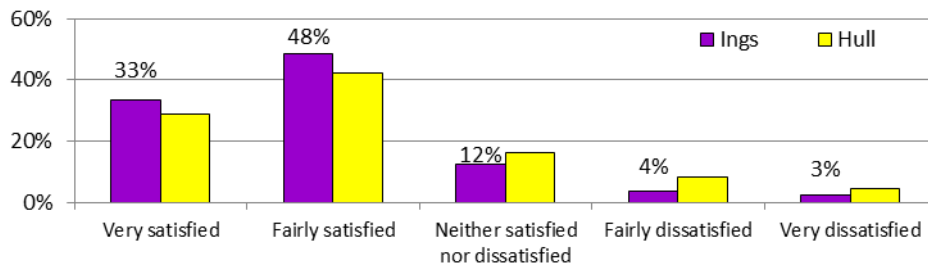
## Working age benefits[9]

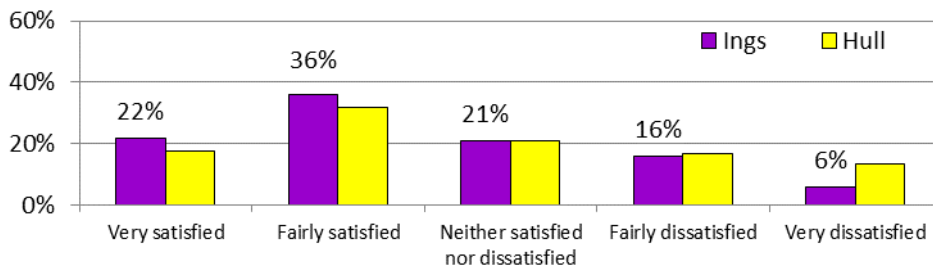### Claimant count, March 2022 (% of working age population)



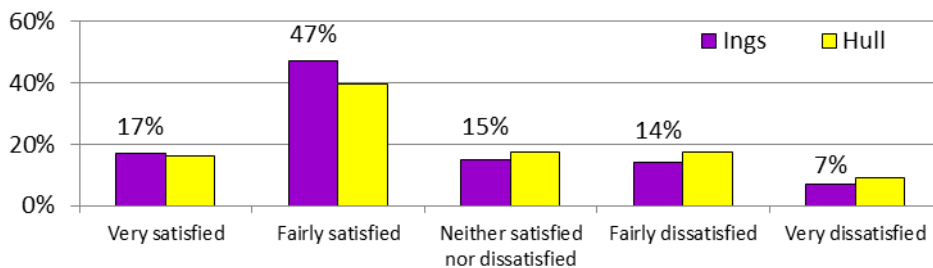### Trends in claimant count, March 2013 to March 2022 (% of working age population)
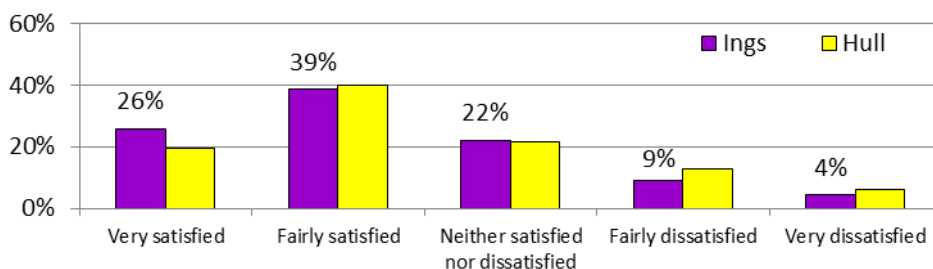
# Satisfaction with aspects of the local area[9]


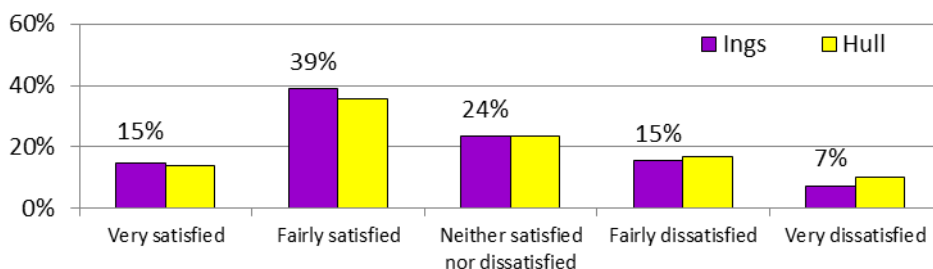
**Satisfaction with open spaces in the local area**

Very satisfied: Ings 33%, Hull 29% | Fairly satisfied: Ings 48%, Hull 42% | Neither satisfied nor dissatisfied: Ings 12%, Hull 16% | Fairly dissatisfied: Ings 4%, Hull 8% | Very dissatisfied: Ings 3%, Hull 5%

**Satisfaction with parking in the local area**

Very satisfied: Ings 22%, Hull 18% | Fairly satisfied: Ings 36%, Hull 32% | Neither satisfied nor dissatisfied: Ings 21%, Hull 21% | Fairly dissatisfied: Ings 16%, Hull 17% | Very dissatisfied: Ings 6%, Hull 14%

**Satisfaction with the street appearance in the local area**

Very satisfied: Ings 17%, Hull 16% | Fairly satisfied: Ings 47%, Hull 40% | Neither satisfied nor dissatisfied: Ings 15%, Hull 18% | Fairly dissatisfied: Ings 14%, Hull 18% | Very dissatisfied: Ings 7%, Hull 9%

**Satisfaction with traffic in the local area**

Very satisfied: Ings 26%, Hull 20% | Fairly satisfied: Ings 39%, Hull 40% | Neither satisfied nor dissatisfied: Ings 22%, Hull 22% | Fairly dissatisfied: Ings 9%, Hull 13% | Very dissatisfied: Ings 4%, Hull 6%

**Satisfaction with level of anti-social behaviour and crime in the local area**

Very satisfied: Ings 15%, Hull 14% | Fairly satisfied: Ings 39%, Hull 36% | Neither satisfied nor dissatisfied: Ings 24%, Hull 23% | Fairly dissatisfied: Ings 15%, Hull 17% | Very dissatisfied: Ings 7%, Hull 10%

**Satisfied with neighbourhood as a place to live**

Very satisfied: Ings 43%, Hull 27% | Fairly satisfied: Ings 42%, Hull 46% | Neither satisfied nor dissatisfied: Ings 11%, Hull 17% | Fairly dissatisfied: Ings 2%, Hull 8% | Very dissatisfied: Ings 1%, Hull 3%
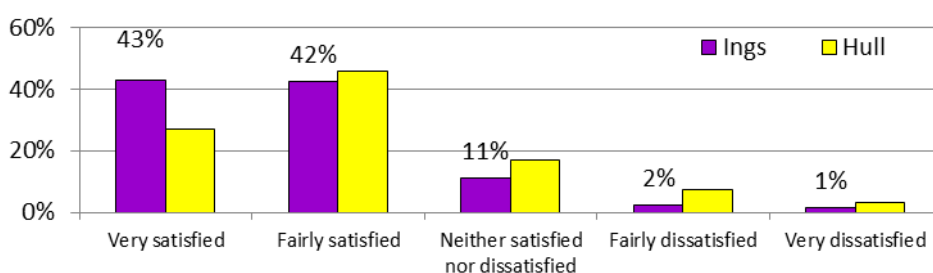
## Neighbours look out for one another[10]
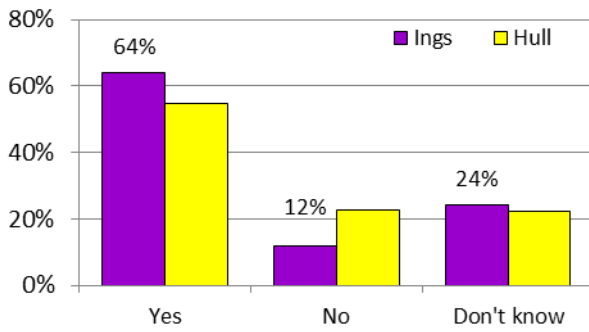


Is this a neigbourhood where neighbours look out for each other?

## Trust in neighbours[11]
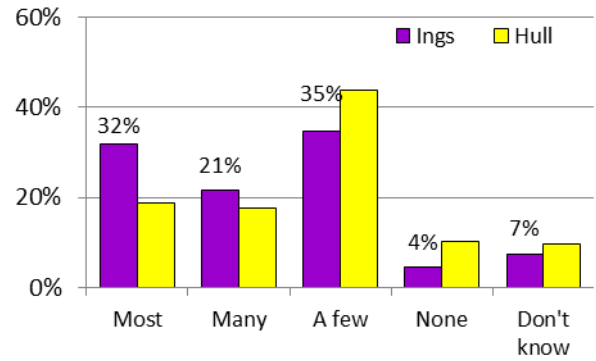


How many people in your neighbourhood do you trust?

## Feelings of safety when . . . .[12]

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



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



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

## Life expectancy at birth (years)[14]



## Life expectancy at age 65 (years)[15]

## Under 75 SMRs* 2017-2021: Ings Ward

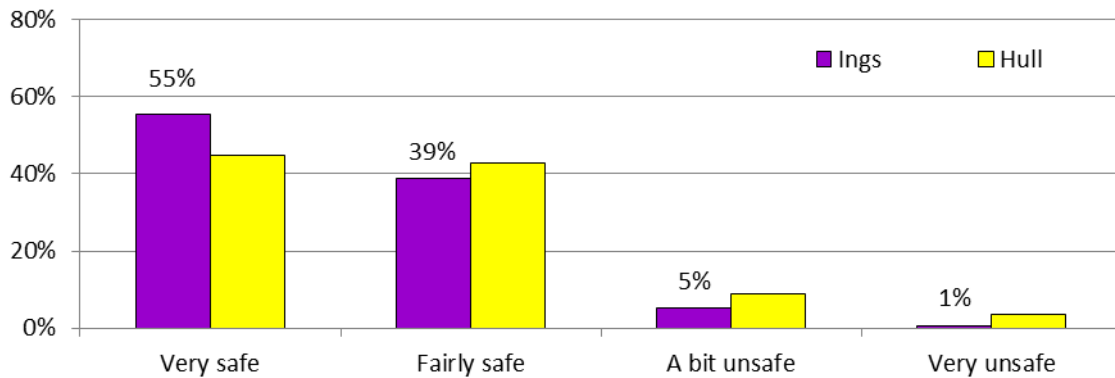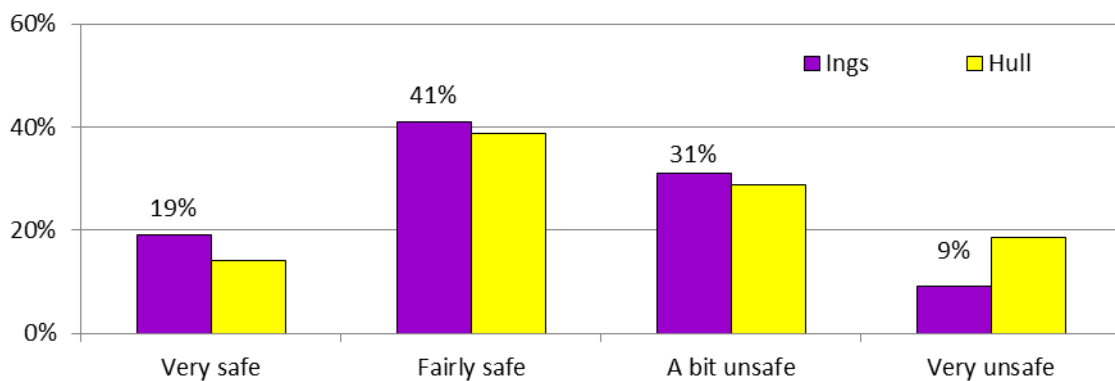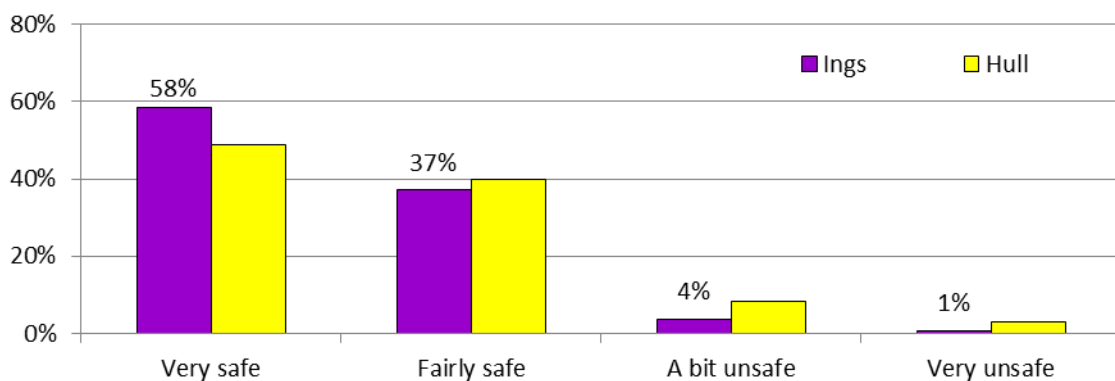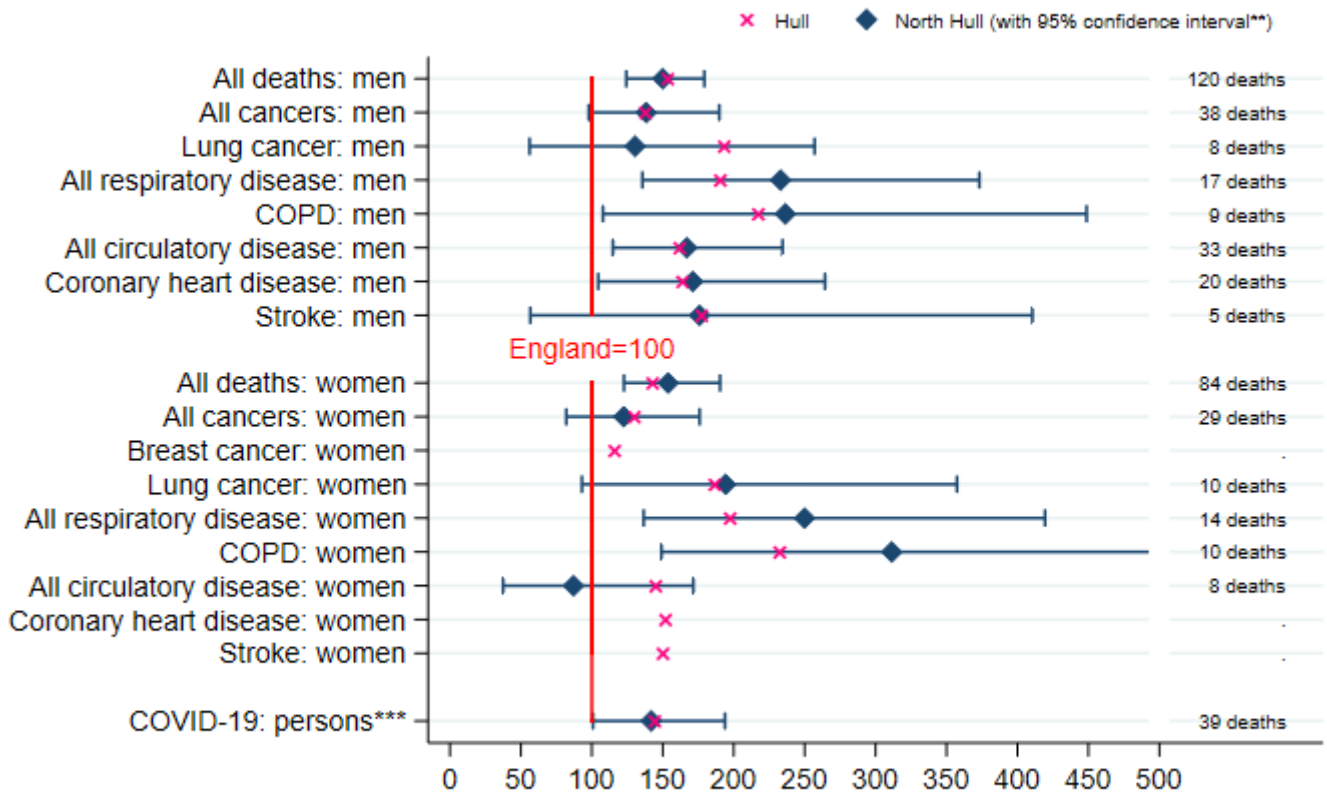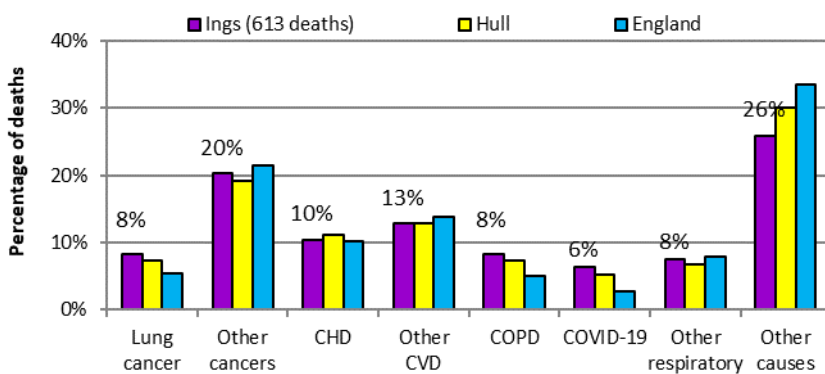| | | |
|---|---|---|
| ✕ Hull | ◆ North Hull (with 95% confidence interval**) | |

| Category | | Deaths |
|---|---|---|
| All deaths: men | | 120 deaths |
| All cancers: men | | 38 deaths |
| Lung cancer: men | | 8 deaths |
| All respiratory disease: men | | 17 deaths |
| COPD: men | | 9 deaths |
| All circulatory disease: men | | 33 deaths |
| Coronary heart disease: men | | 20 deaths |
| Stroke: men | | 5 deaths |
| | England=100 | |
| All deaths: women | | 84 deaths |
| All cancers: women | | 29 deaths |
| Breast cancer: women | | . |
| Lung cancer: women | | 10 deaths |
| All respiratory disease: women | | 14 deaths |
| COPD: women | | 10 deaths |
| All circulatory disease: women | | 8 deaths |
| Coronary heart disease: women | | . |
| Stroke: women | | . |
| COVID-19: persons*** | | 39 deaths |

x-axis: 0 50 100 150 200 250 300 350 400 450 500

*Standardised Mortality Ratios, not produced if fewer than 5 deaths during 2017-2021. **Upper confidence limit truncated at 500.
***All age SMR for COVID-19

# Most common causes of death 2017-2021[17]

Legend: ■ Ings (613 deaths) ■ Hull ■ England

Percentage of deaths:
- Lung cancer: 8%
- Other cancers: 20%
- CHD: 10%
- Other CVD: 13%
- COPD: 8%
- COVID-19: 6%
- Other respiratory: 8%
- Other causes: 26%

# Preventable deaths[18]

Legend: — England

Standardised mortality ratio (%): Ings, Hull, Yorkshire & Humber

# Most common types of cancer diagnosed 2014-2018[19]

Legend: ■ Ings (347 cancers) ■ Hull ■ Yorkshire and Humber — England

Standardised incidence ratio (%): All cancers, Lung cancer, Colorectal cancer, Breast cancer, Prostate cancer
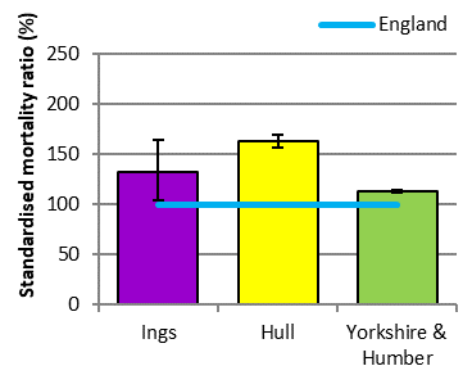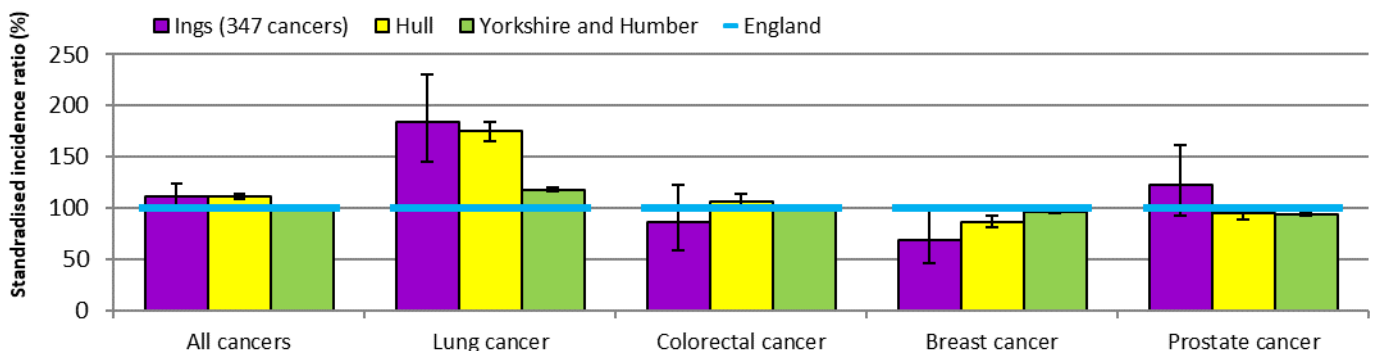
## Emergency hospital admissions by common cause 2015/16-2019/20[21]



**Legend:** Ings (purple), Hull (yellow), England (blue line)

Y-axis: Standardised admission ratio (%) — 0 to 250

Categories: All emergency admissions, CHD, Stroke, MI (heart attack), COPD, Hip fracture (65+)
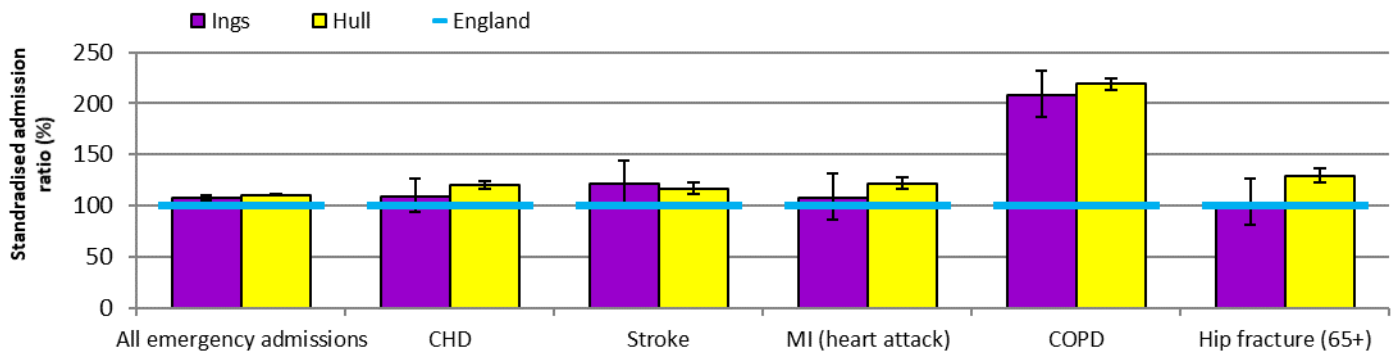
## Hospital stays due to harm and injury by reason 2013/14-2017/18[22]



**Legend:** Ings (purple), Hull (yellow), Yorkshire and Humber (green), England (blue line)

Y-axis: Standardised admission ratio (%) — 0 to 200

Categories: Self-harm, Alcohol (narrow definition), Alcohol (broad definition)
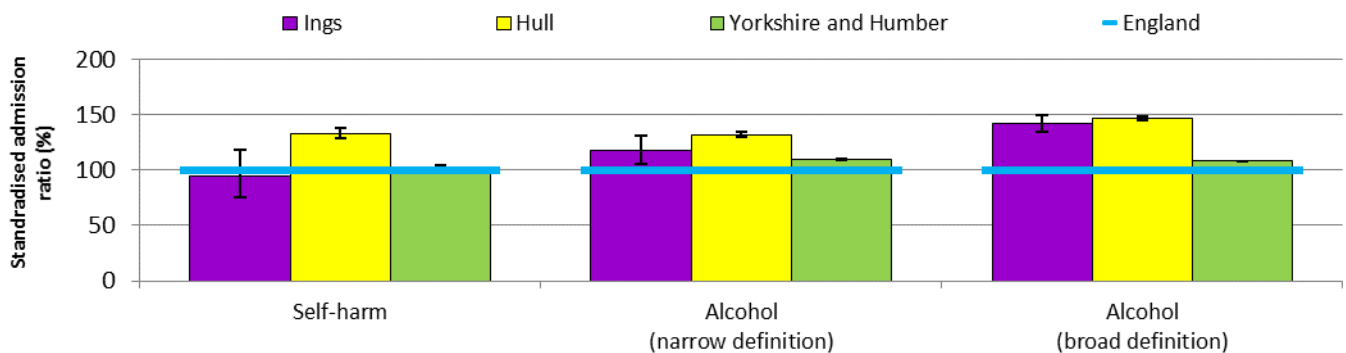
## Limiting long-term illness/disability[23]



Ings ward

Y-axis: Long-term limiting illness or disability (%) — 0 to 40

Adults 2019: Ward 22.1, Hull 29.9

All ages (2011 census): Ward 24.7, Hull 19.7, Y&H 18.8, England 17.6
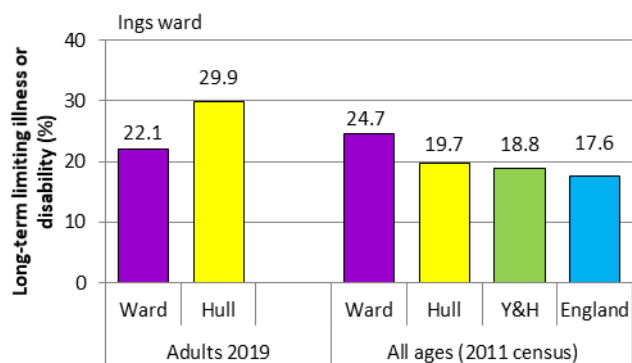
## Estimated back pain prevalence 2012[24]



**Legend:** Ings (purple), Hull (yellow), Yorksire and Humber (green), England (blue)

Y-axis: Estimated prevalence (%) — 0 to 25

Back pain: Ings 19.0

Severe back pain: Ings 11.9
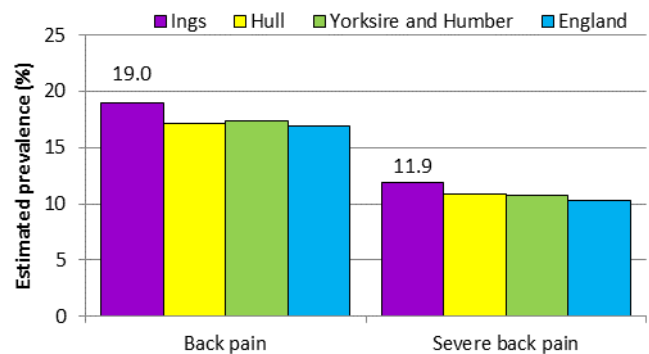
**Hull 2019 Health and Wellbeing Survey: Ings Ward**

Legend: ■ Hull  ◆ North Hull (with 95% confidence interval)

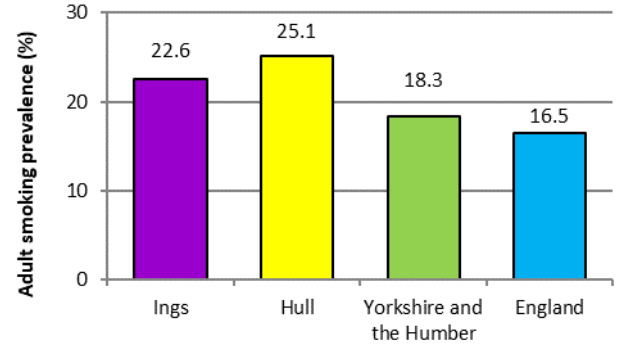| Indicator | Value |
|---|---|
| Not working: retired | 30/137 |
| Not working: looking after home/family | 10/137 |
| Not working: long-term sick/disabled | 6/137 |
| Not working: unemployed | 14/137 |
| Working | 70/137 |
| Student (any current studying) | 14/120 |
| Socially isolated (potentially) | 17/138 |
| Wellbeing - high anxiety score (6-10) | 35/138 |
| Wellbeing - low happiness score (0-4) | 23/138 |
| Wellbeing - low worthwhile score (0-4) | 14/138 |
| Wellbeing - low satisfaction score (0-4) | 16/137 |
| Feels very unsafe walking alone in area after dark | 12/132 |
| Excellent or very good health | 51/136 |
| Poor mental health (MHI 0-60) | 53/137 |
| Activities limited by long-term illness/disability | 30/136 |
| No moderate or vigorous exercise in past week | 44/115 |
| Overweight | 49/120 |
| Obese | 37/120 |
| Eats 5-A-DAY fruit and vegetables | 32/136 |
| Lacks healthy diet knowledge | 12/138 |
| More than 14 units of alcohol in past week | 25/125 |
| Binge drinking | 23/125 |
| Current smoker | 30/137 |

X-axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

## Estimated prevalence of risk factors for poor health (results of the 2019 health and wellbeing survey applied to 2020 adult (16+) populations)[26]

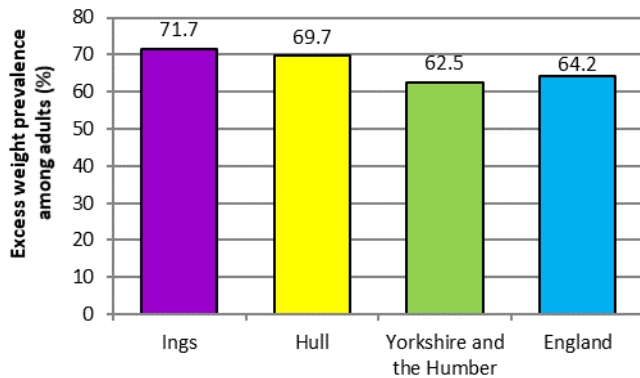| Risk factor | Men (N=3,374) | Women (N=3,864) | All (N=7,238) |
|---|---|---|---|
| Smokes | 900 | 600 | 1,600 |
| Binge drinks | 700 | 700 | 1,300 |
| Excessive weekly alcohol | 800 | 600 | 1,400 |
| Problem drinking | 1,100 | 800 | 1,900 |
| Does not eat 5-A-DAY | 2,600 | 2,900 | 5,600 |
| Overweight | 1,200 | 1,800 | 2,900 |
| Obese | 1,200 | 1,000 | 2,200 |
| Overweight or obese | 2,400 | 2,800 | 5,100 |
| Insufficient exercise | 2,200 | 2,800 | 5,000 |
| No moderate/vigorous exercise in last week | 1,300 | 1,500 | 2,700 |
| Activities limited by long-term illness or disability | 800 | 800 | 1,600 |
| Poor mental health (SF36 0-60) | 1,300 | 1,500 | 2,800 |
| Feels very unsafe walking alone in area after dark | 100 | 700 | 700 |
| Wellbeing - low satisfaction score (0-4) | 400 | 400 | 800 |
| Wellbeing - low worthwhile score (0-4) | 300 | 500 | 700 |
| Wellbeing - low happiness score (0-4) | 700 | 500 | 1,200 |
| Wellbeing - high anxiety score (6-10) | 1,100 | 800 | 1,800 |
| Socially isolated (potentially) | 600 | 300 | 900 |

# Multiple risk factors (smoking, drinking excessive amounts of alcohol or binge drinking, obesity, insufficient exercise) from the 2019 health and wellbeing survey[27]

## Number of adults with risk factors



## Percentage of adults with risk factors

## Wellbeing among adults[28]
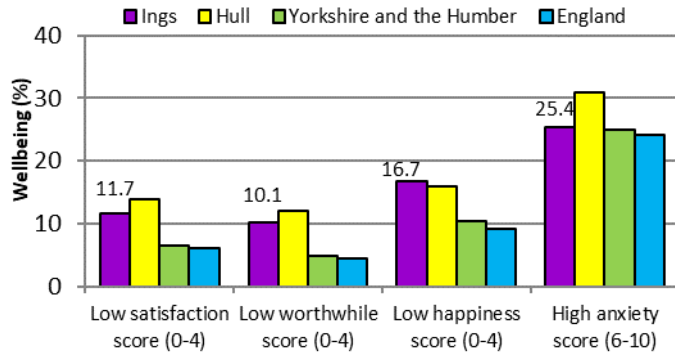


## Adult smoking prevalence[29]



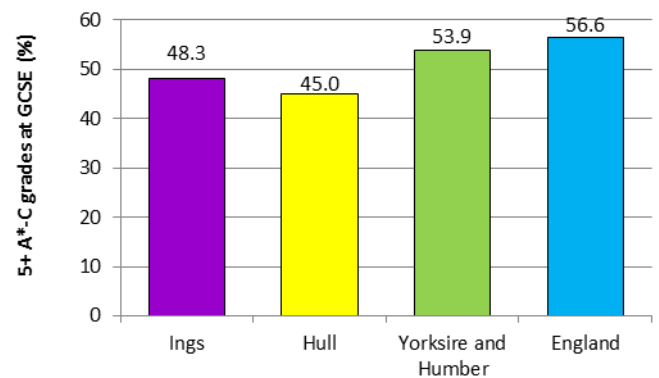## Excess weight among adults[30]



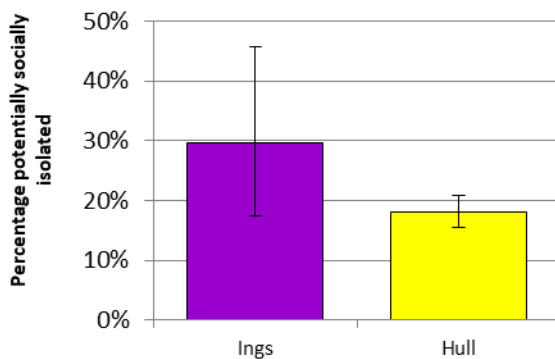## Excess weight among children[31]
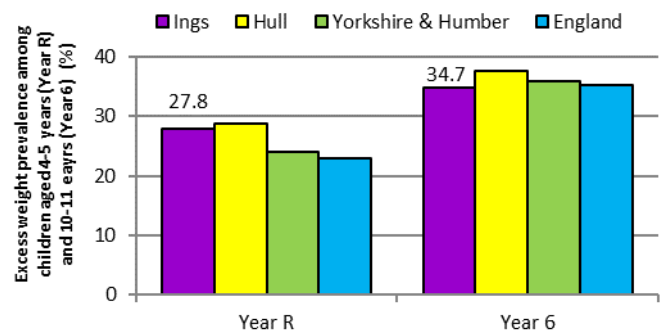


## Good level of development at 5, 2013/14[32]
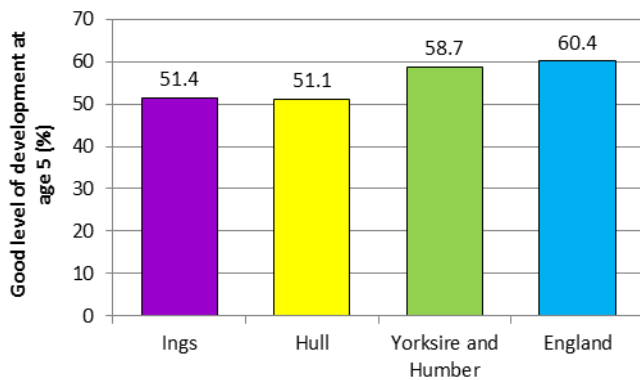


## 5+ A*-C GCSE passes, 2013/14[33]



## Potential social isolation among residents aged 65+ years[34]
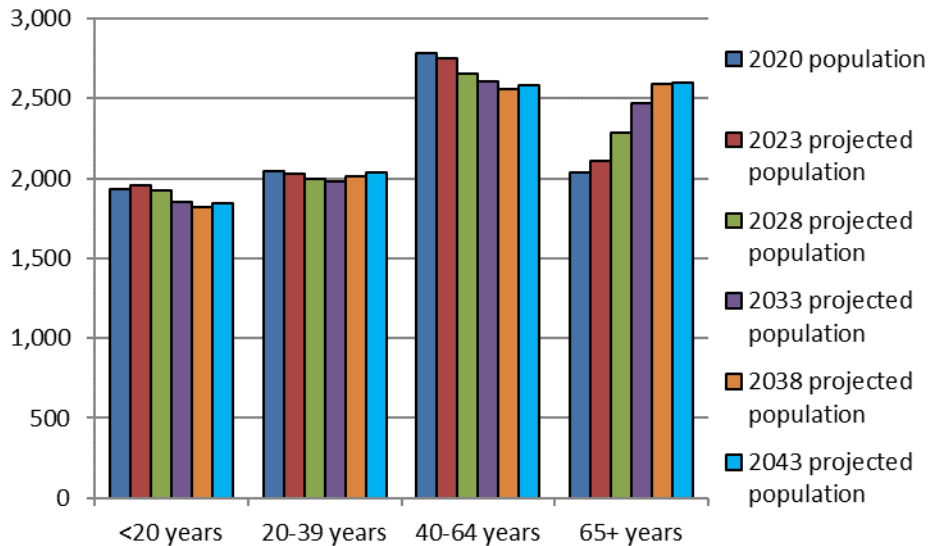


|  | Percentage (95% CI) | Estimated number (range) |
|---|---|---|
| Ings | 29.7 (17.5, 45.8) | 356 to 933 |
| Hull | 18.0 (15.5, 20.9) | 6,125 to 8,228 |

## Births[35]



Birth rate in 2021

- Ings: 59.9
- Hull: 57.9
- Yorkshire and the Humber: 54.1
- England: 58.0

Number of births (2001–2021)
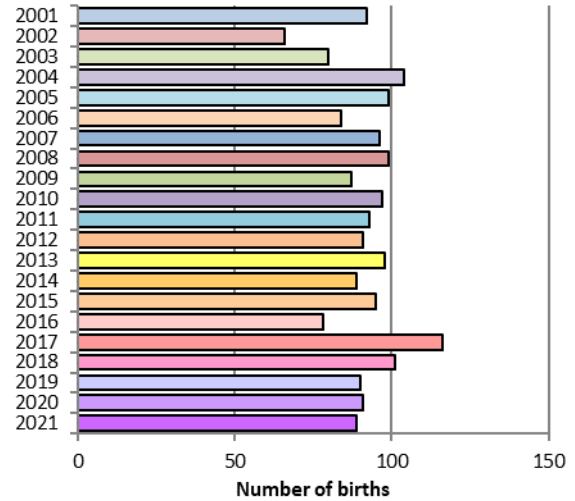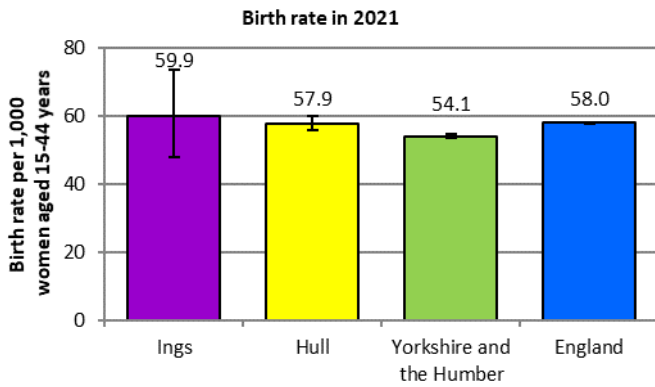
## Population projections to 2043[36]



Legend:
- 2020 population
- 2023 projected population
- 2028 projected population
- 2033 projected population
- 2038 projected population
- 2043 projected population

Age groups: <20 years, 20-39 years, 40-64 years, 65+ years

## Percentage of population registered to each GP practice, January 2022[37]



Primary Care Network (% of patients from this area)

- HASP: 13%
- Marmot: 5%
- Medicas: 40%
- Modality: 20%
- Nexus: 20%
- Symphonie: 2%
- Non-Hull practice: 0.1%

N=9,730

- East Hull Family Practice: 26%
- Modality: 20%
- Marfleet Group Practice: 13%
- Kingston Health (Hull): 6%
- Sutton Manor Surgery: 5%
- CHCP - East Park: 5%
- Haxby - Burnbrae: 4%
- CHP Lts - Southcoates & Marfleet: 4%
- James Alexander Practice: 3%
- Dr G Jaiveloo Practice: 2%
- Other: 12%

| Data sources | |
|---|---|
| 1 | Population data from Office for National Statistics (ONS) mid-year population estimates for 2020 (www.ons.gov.uk). |
| 2,3,4 | Data from the 2011 census (http://www.ons.gov.uk/ons/guide-method/census/2011/index.html). |
| 5 | The Index of Multiple Deprivation (IMD) 2019 is produced by the Department for Communities and Local Government (https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019).  The map also uses boundary files supplied by ONS. |
| 6 | Fuel poverty data is produced by the Department for Energy and Climate Change (https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2022).  The latest data release is for 2020. This is also indicator B17 in the Public Health outcomes Framework (https://fingertips.phe.org.uk/profile/public-health-outcomes-framework). |
| 7 | Child Poverty data are produced by HM Revenue and Customs.  Data is for 2020/21 financial year, published in March 2022.  (Children in low income families: local area statistics 2014 to 2021 - GOV.UK (www.gov.uk)).  This is also indicator B01 in the Public Health outcomes Framework (https://fingertips.phe.org.uk/profile/public-health-outcomes-framework). |
| 8 | Data are for 2019, from data produced by the Department for Communities and Local Government (https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019). |
| 9 | Data for satisfaction with open spaces, parking, street appearance, traffic, anti-social behaviour & crime are from Hull's 2011-12 Health and Lifestyle Survey; data for satisfied with neighbourhood as a place to live are from the 2019 Health and Wellbeing survey (see www.hulljsna.com) |
| 10,11,12 | Data are from Hull's 2019 Adult Health and Wellbeing Survey of more than 4,000 adults in Hull aged 16 years and over (see www.hulljsna.com) |
| 13 | Benefits data were extracted from NOMIS (https://www.nomisweb.co.uk/home/detailedstats.asp) which is a service provided by ONS for detailed up-to date labour market statistics. |
| 14,15 | Life expectancy was produced using mortality data from the Primary Care Mortality Data (PCMD), supplied by NHS Digital, and mid-year population estimates, rebased after the 2011 census, supplied by ONS.  Life expectancy at birth and at age 65 form indicator A01b in the Public Health outcomes Framework (https://fingertips.phe.org.uk/profile/public-health-outcomes-framework). |
| 16 | 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 (https://indicators.ic.nhs.uk/webview/). |
| 17 | Death data are taken from the PCMD. |
| 18 | Deaths from causes considered preventable 2015-19, published by the Office for Health Improvement and Disparities (OHID) on the Local Health website (http://www.localhealth.org.uk). |
| 19 | Data are published by OHID on the Local Health website (http://www.localhealth.org.uk). |
| 20 | Hospital admission data are taken from Hospital Episode Statistics (HES).  Rates were produced using HES data and population data (from GP registered populations, supplied through the Primary Care Information System). |
| 21,22 | Hospital inpatient data published by OHID on the Local Health website (http://www.localhealth.org.uk) |
| 23 | Local data are from Hull's 2019 Health and Wellbeing Survey (see www.hulljsna.com).  Census data were extracted from OHID's Local Health website (http://www.localhealth.org.uk). |
| 24 | Modelled estimates produced by Arthritis UK and OHID, using Health Survey for England data, published by OHID on the Local Health website (http://www.localhealth.org.uk). |
| 25,26,27 | Data are from Hull's 2019 Health and Wellbeing Survey (see www.hulljsna.com). Population data were the 2020 mid-year estimated population produced by ONS. Estimated numbers are rounded to the nearest 100 (www.ons.gov.uk). |
| 28,29,30 | Local data are taken from Hull's 2019 Health and Wellbeing Survey (see www.hulljsna.com).  Regional and national data are taken from the Public Health Outcomes Framework (https://fingertips.phe.org.uk/profile/public-health-outcomes-framework) of which these are indicators C16 (excess weight), C18 (smoking prevalence) and C28 (wellbeing). |
| 31 | Local data are taken from Hull's extract of the National Child Measurement Programme.  Regional and national data, also derived from the National Child Measurement Programme, are taken from the Public Health Outcomes Framework (www.phoutcomes.info) of which this is indicator C09. |
| 32,33 | Data are for 2013/14, published by OHID on the Local Health website (http://www.localhealth.org.uk). |
| 34 | 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 (see www.hulljsna.com).  Population data are from the 2020 ONS mid-year population estimates (www.ons.gov.uk). |
| 35 | 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 2020 (www.ons.gov.uk). Regional and national birth rates were calculated using births data from NHS Digital (https://digital.nhs.uk) and ONS mid-year population estimates for 2017 (www.ons.gov.uk). |
| 36 | Population projections were produced by applying the 2018-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. |
| 37 | Figures are produced from the January 2022 GP populations by lower layer super output area published by NHS Digital (https://digital.nhs.uk). 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 assess the current and future health, care and well-being needs of the people of Hull.

- **J**oint - 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.

- **S**trategic - Intended to give the information that allows decision makers to make sound strategic decisions.

- **N**eeds **A**ssessment - 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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