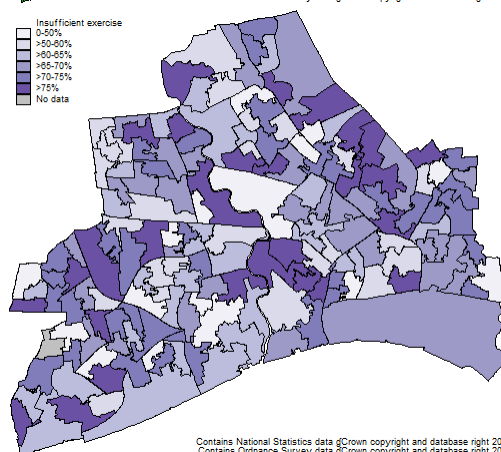
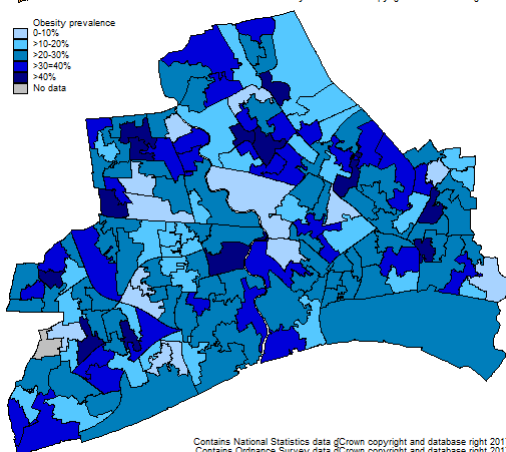
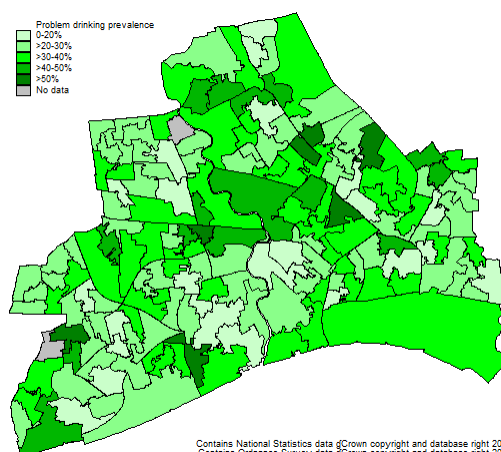
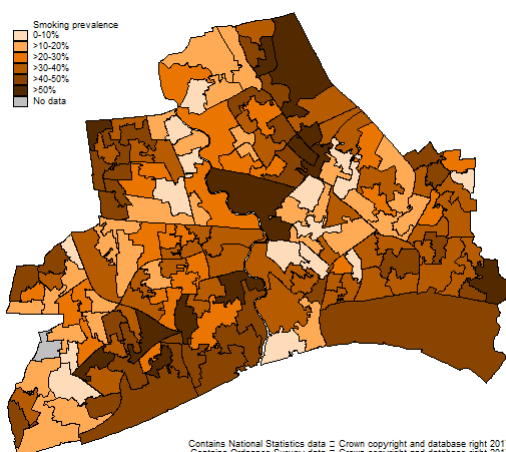


Hull Public Health Profiles 2022: Riverside Area



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.

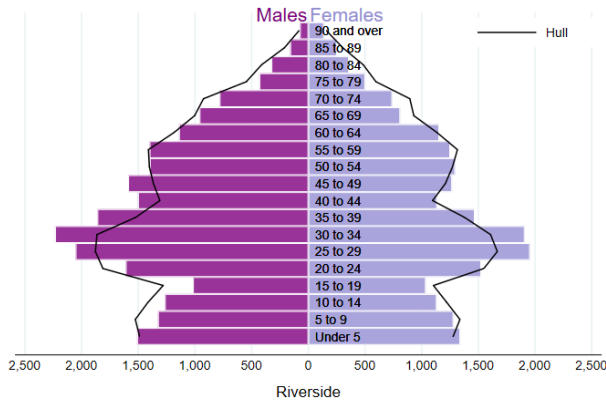
Please do explore the rest of the www.hulljsna.com website, which contains information on health, lifestyles, and attitudes to these, of Hull residents. The website forms the Joint Strategic Needs Assessment for Hull. (See the last page of this report for further information.)

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

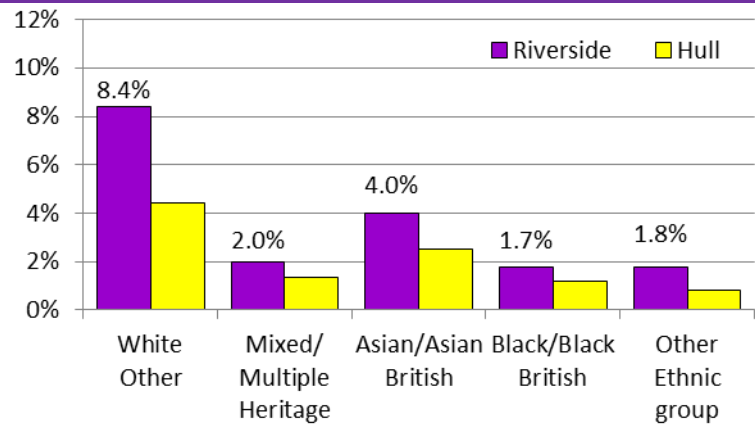
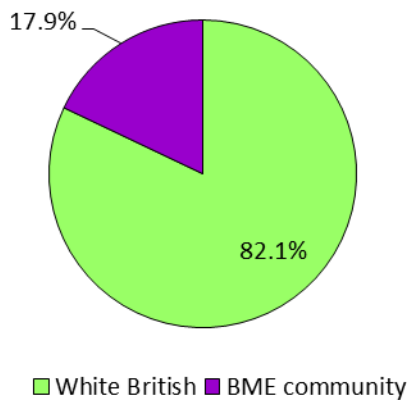
- In 2020 there were 43,198 residents in Riverside, of whom 9,910 (23%) were aged under 20, and 5,534 (13%) were aged 65+. The population of Riverside is projected to increase by 0% by 2043 to 43,039, with the largest increase seen for those aged 65+, increasing by 22% to 6,731.
- At 82.1%, Riverside had a lower 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) (8.4%) than the Hull average (4.4%); and at 9.5%, a higher percentage of other Black and Minority Ethnic (BME) residents than the Hull average (5.9%).
- From the 2011 Census, 9,072 households in Riverside were single person households (46%), higher than the Hull average (35%). There were 2,781 pensioner (65+) households in Riverside of which 73% were single person households. At 11% Riverside had a lower percentage of lone parent households than the Hull average (13%).
- From the 2011 Census, 7,380 households in Riverside were living in owner occupied accommodation (37%), lower than the Hull average (50%); while 28% were renting from the council or other social landlords, with a further 33% renting from private landlords.
- Riverside Area contains three wards: St Andrews & Docklands (the most deprived ward in Hull out of 21 wards), Newington & Gipsyville (the 5th most deprived) and Drypool (the 11th most deprived). 80% of the areas in Riverside Area fall within the most deprived fifth (20%) of areas nationally.
- 19% of households in Riverside were in fuel poverty in 2020, compared with the Hull average of 21% and the England average of 13%.
- 41% of dependent children in Riverside were living in child poverty in 2020/21, compared with the Hull average of 33% and the England average of 18%.
- 64% of survey respondents from Riverside were satisfied with their neighbourhood as a place to live, lower than the average for Hull (73%).
- 47% of survey respondents from Riverside reported that their neighbourhood was one where people looked out for each other, lower than the average for Hull (55%); while 13% trusted most of the people in their neighbourhood.
- The overwhelming majority of survey respondents in Riverside (83%) 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 (84%). However, 25% felt very unsafe walking alone in their local area after dark, higher 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 Riverside was 12.3% among men and 8.5% 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 Riverside was 72.4 years among men and 77.5 years among women; this was 2.6 years lower than the Hull average for men, and 2.2 years lower than the Hull average for women.
- Life expectancy at age 65 in 2017-21 in Riverside was 14.9 years among men and 17.3 years among women; this was 1.2 years lower than the Hull average for men, and 1.3 years lower than the Hull average for women.
- Of the 1,421 deaths among residents of Riverside during 2019-2021 7% were from lung cancer, 16% were from other cancers, 20% were from cardiovascular diseases and 20% were from respiratory diseases; this compares with 7%, 19%, 24% and 21% respectively for Hull, and 5%, 21%, 23% and 21% respectively for England.
- The rate of preventable deaths in Riverside was 136% higher than for England in 2015-19, this difference was statistically significant.
- Smoking prevalence in Riverside is 35%, higher than the Hull average of 25%, as well being higher than the England rate of 16%. An estimated 12,100 people aged 16+ in Riverside are smokers.
- An estimated 7,800 people aged 16+ living in Riverside are 'problem drinkers', with 17% of survey respondents binge drinking, 18% drinking more than 14 units a week, including 12% doing both. At 22% the percentage of 'problem drinkers' was similar to the Hull average (26%).
- Around 10,300 people aged 16+ living in Riverside are obese, while a further 12,900 are overweight. At 67%, the percentage of overweight or obese individuals in Riverside was similar to the average for Hull (70%), but lower than England (64%).
- In Riverside 31% of children in Reception Year during the 2017/18-2019/20 academic years, as well as 40% 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 4,100 people aged 16+ living in Riverside 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 11%, the percentage of potentially socially isolated individuals living in Riverside is similar to the average for Hull (10%).
- The birth rate in 2021 in Riverside 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

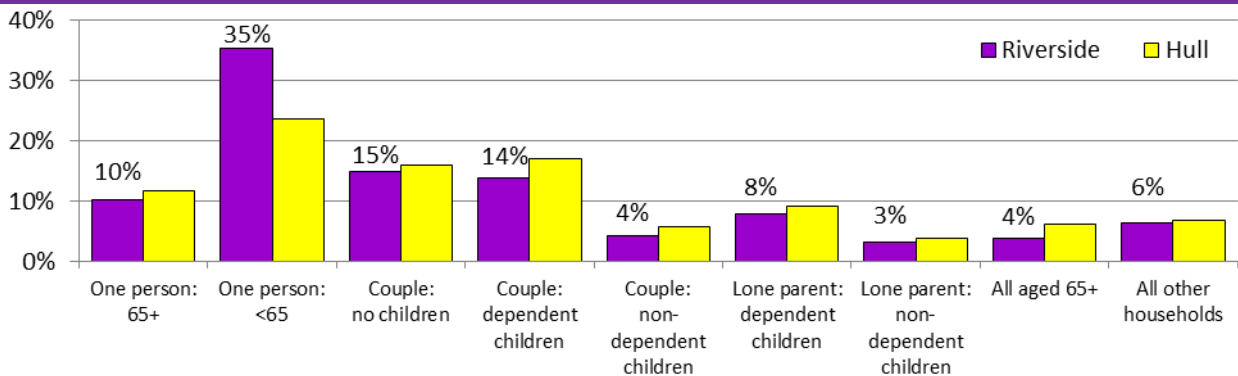


Age (yrs)	Males	Females	Total
Under 10	2,838	2,620	5,458
10-19	2,284	2,168	4,452
20-29	3,665	3,479	7,144
30-39	4,096	3,377	7,473
40-49	3,093	2,403	5,496
50-59	2,800	2,546	5,346
60-69	2,101	1,964	4,065
70-79	1,215	1,241	2,456
80+	560	748	1,308
Total	22,652	20,546	43,198

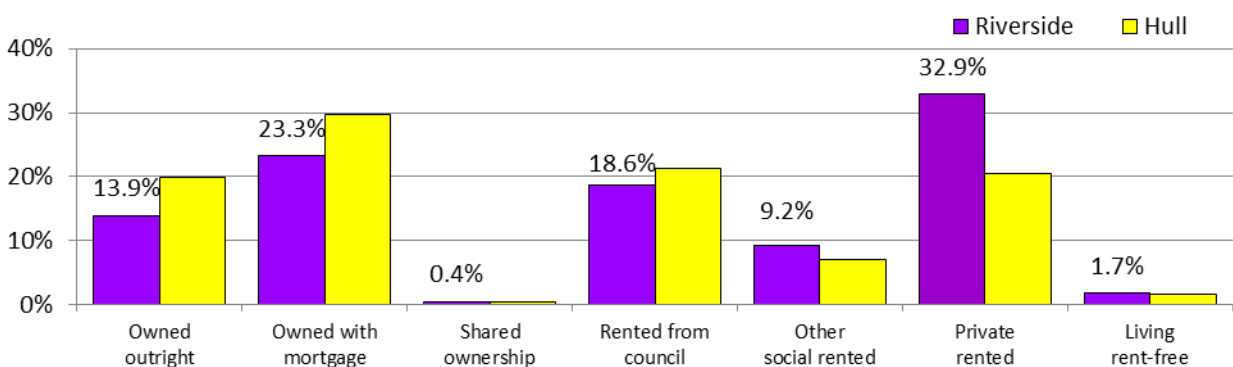
Ethnicity (from 2011 census)²



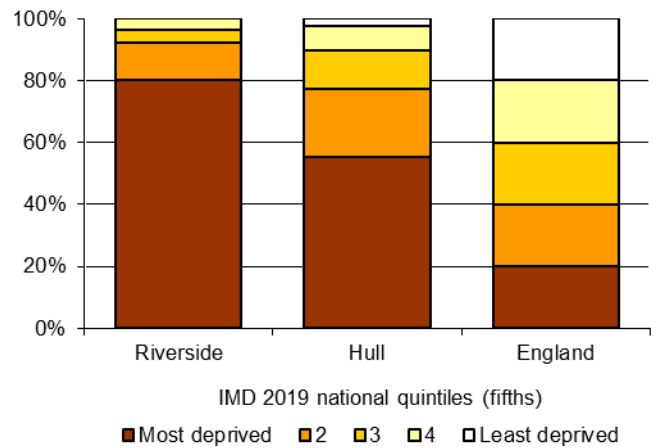
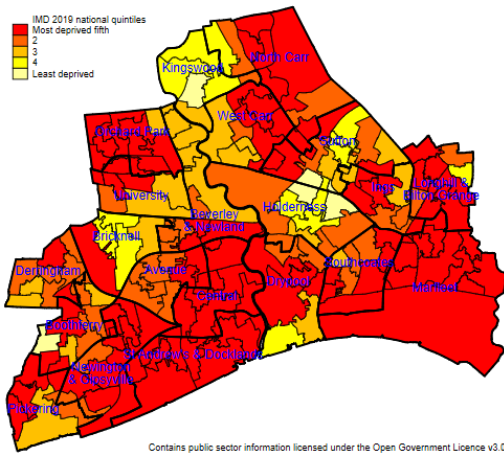
Household composition (2011 census)³



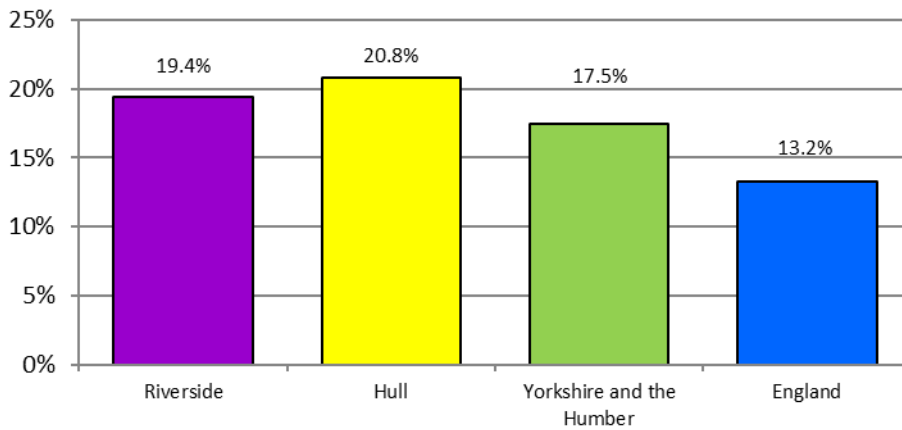
Household tenure (from 2011 census)⁴



National quintiles of Index of Multiple Deprivation 2019⁵

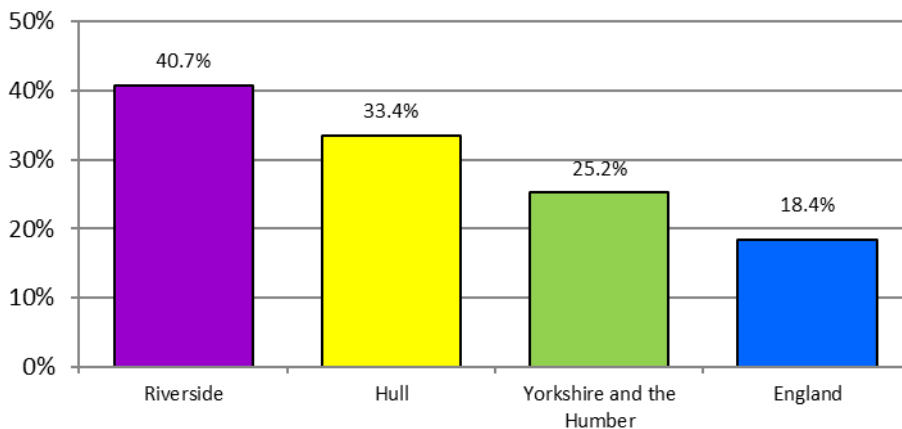


Fuel Poverty 2020⁶



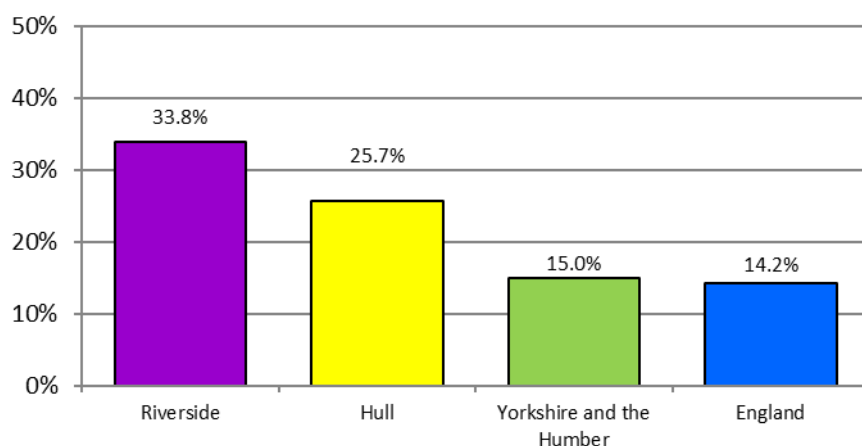
A household is said to be fuel poor if it needs to spend more than 10% of its income on fuel in order to maintain an adequate standard of warmth.

Child Poverty 2020/21⁷



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.

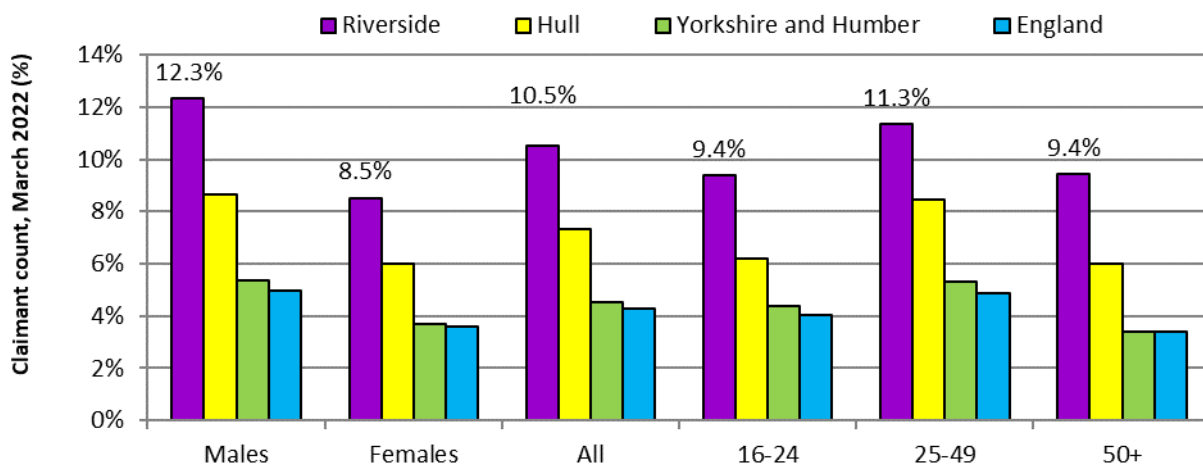
Income-deprived older people (60+)⁸



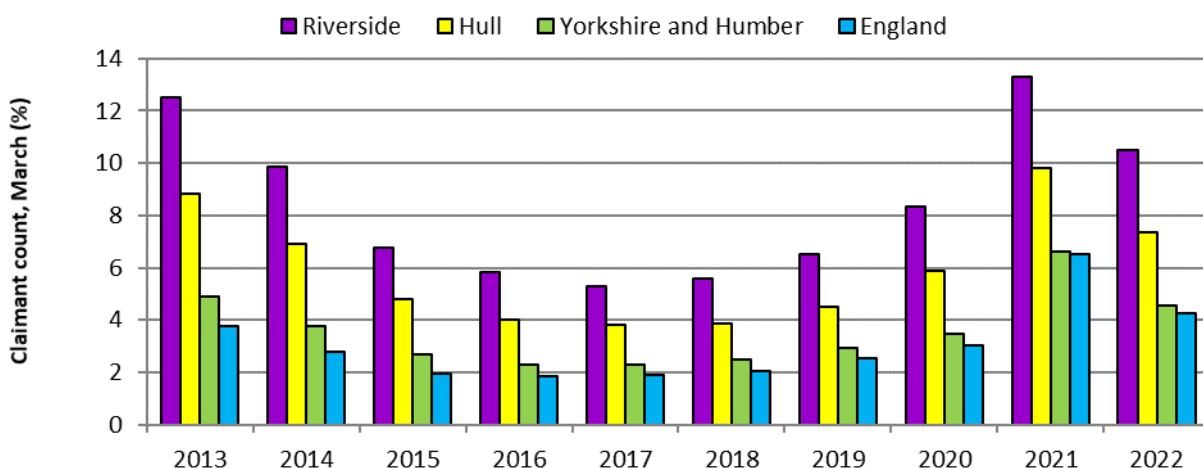
The proportion of adults aged 60+ in receipt of income support, income based JSA, pension credit or child tax credits.

Working age benefits⁹

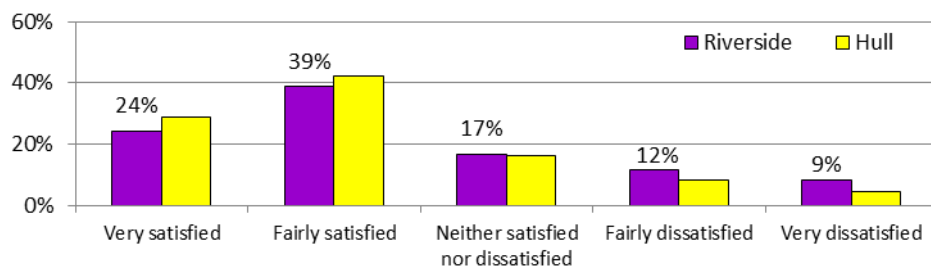
Claimant count, March 2022 (% of working age population)



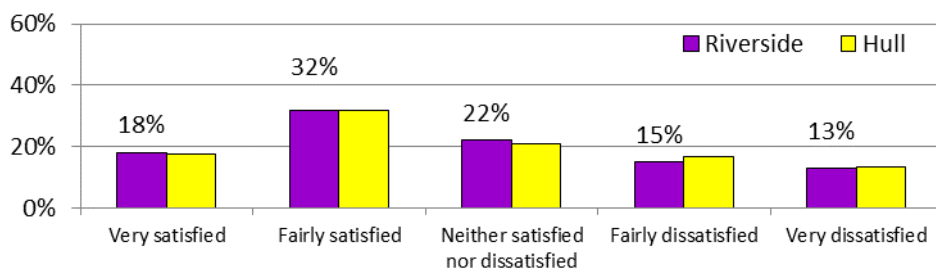
Trends in claimant count, March 2013 to March 2022 (% of working age population)



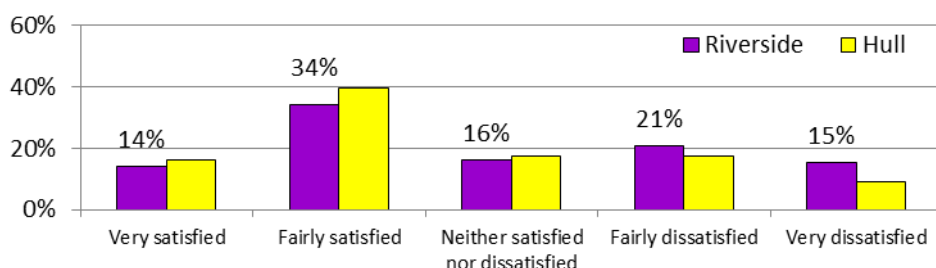
Satisfaction with aspects of the local area⁹



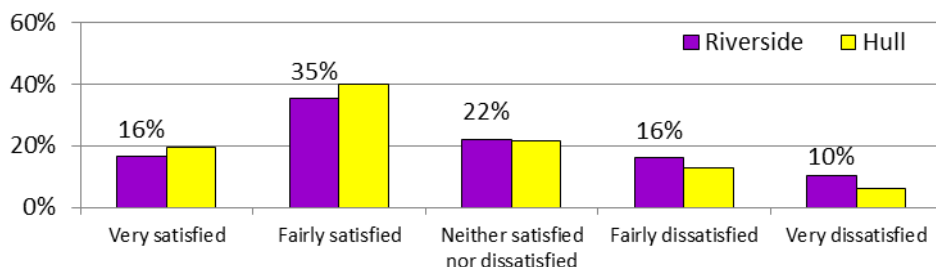
Satisfaction with open spaces in the local area



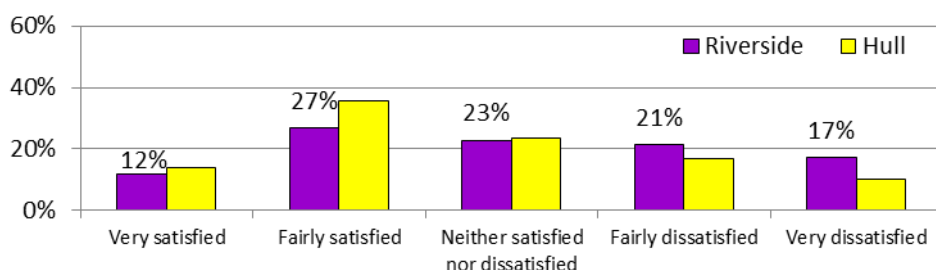
Satisfaction with parking in the local area



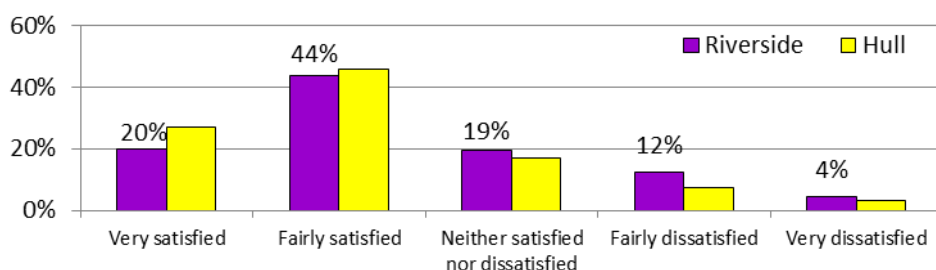
Satisfaction with the street appearance in the local area



Satisfaction with traffic in the local area

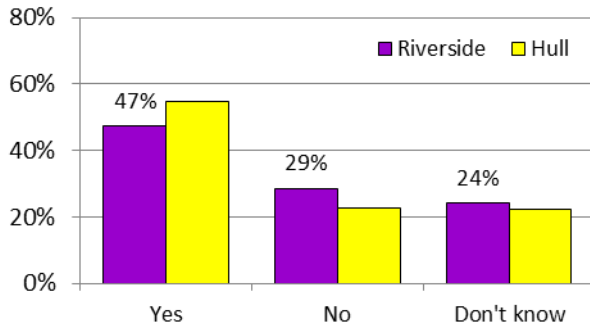


Satisfaction with level of anti-social behaviour and crime in the local area



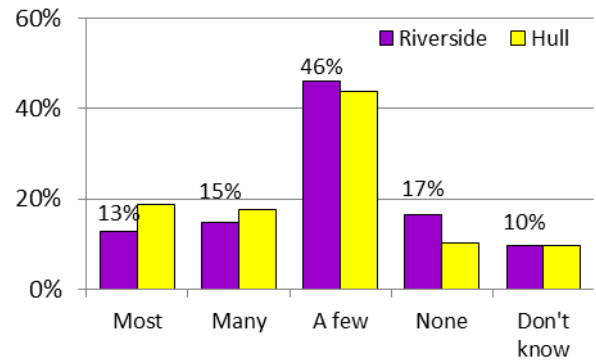
Satisfied with neighbourhood as a place to live

Neighbours look out for one another¹⁰



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

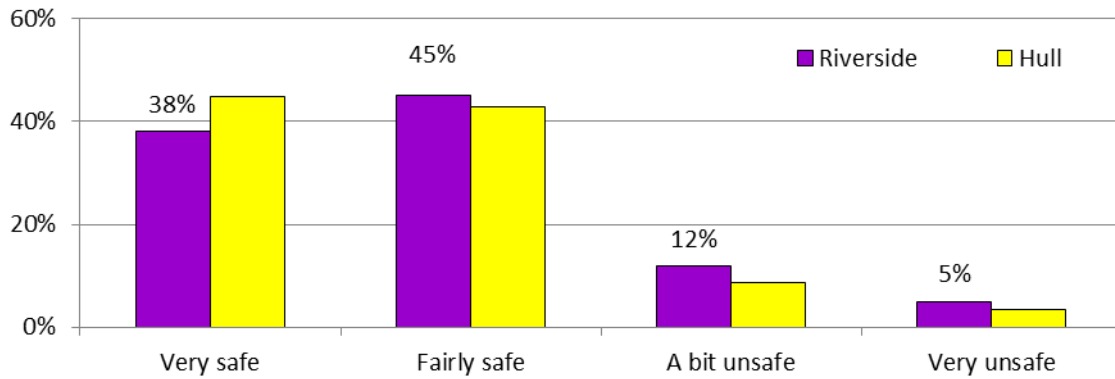
Trust in neighbours¹¹



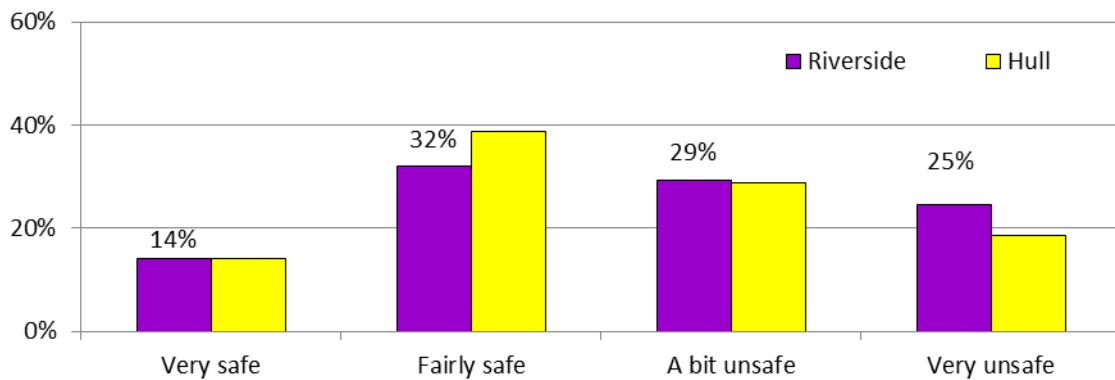
How many people in your neighbourhood do you trust?

Feelings of safety when¹²

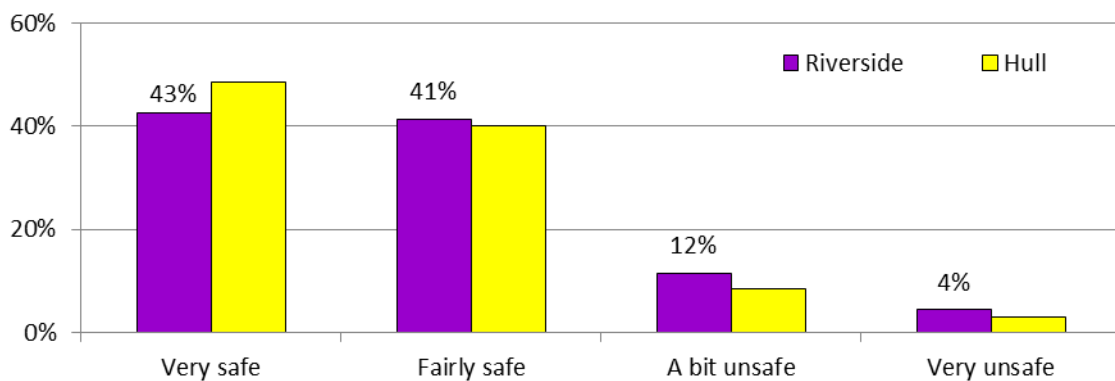
. . . . walking alone in area during the daytime



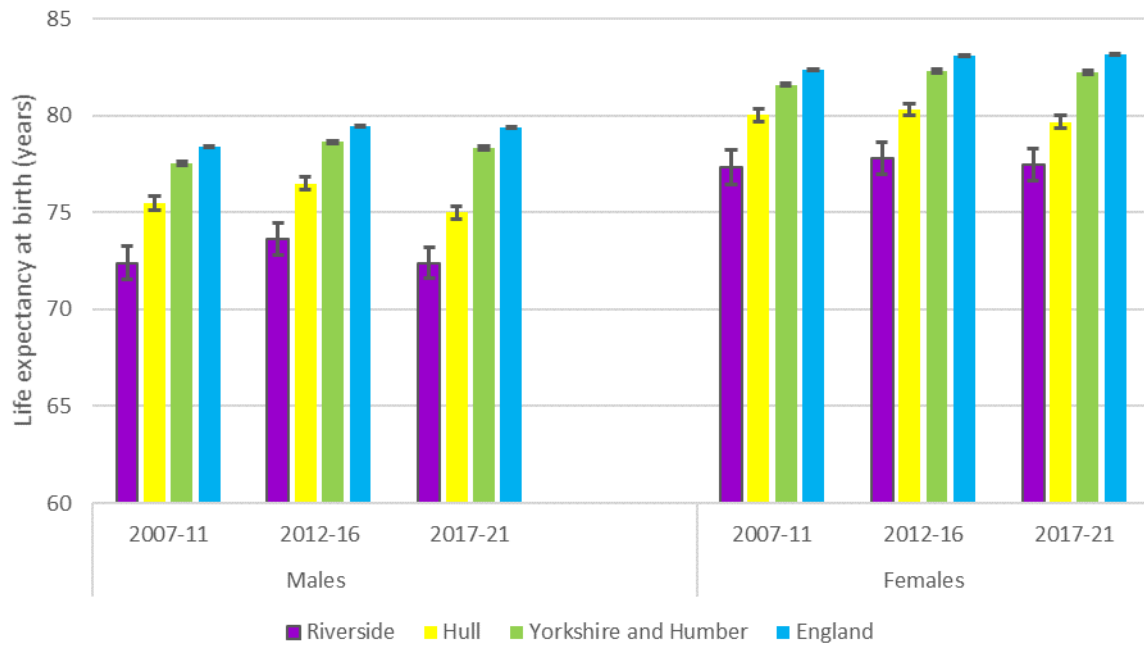
. . . . walking alone in area after dark



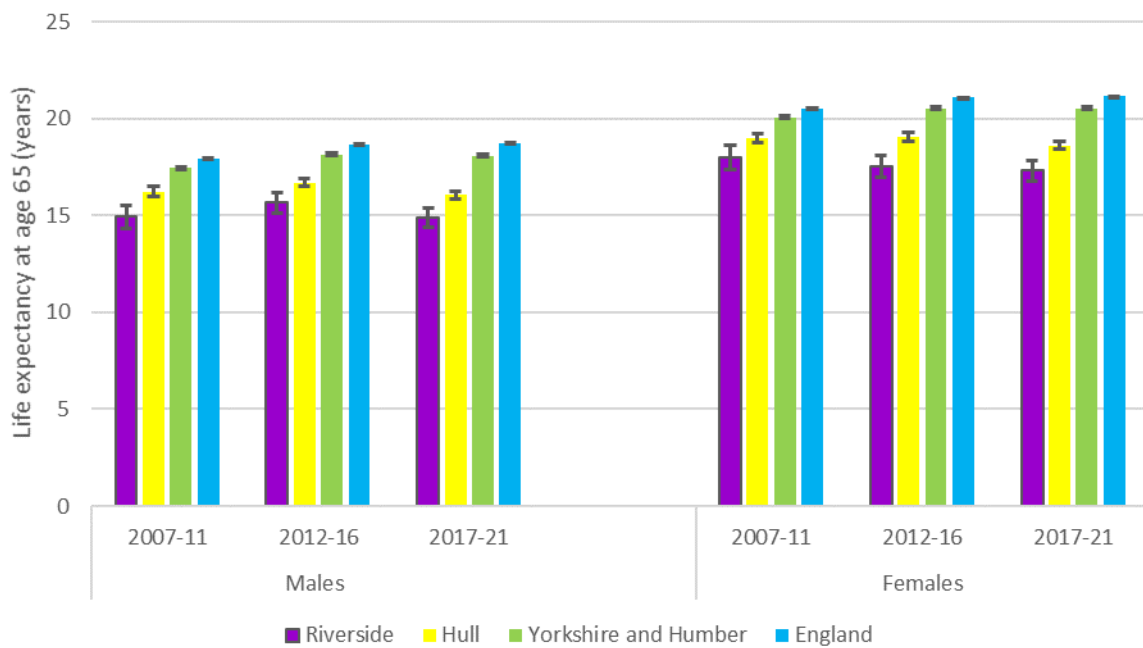
. . . . alone in own home at night



Life expectancy at birth (years)¹⁴

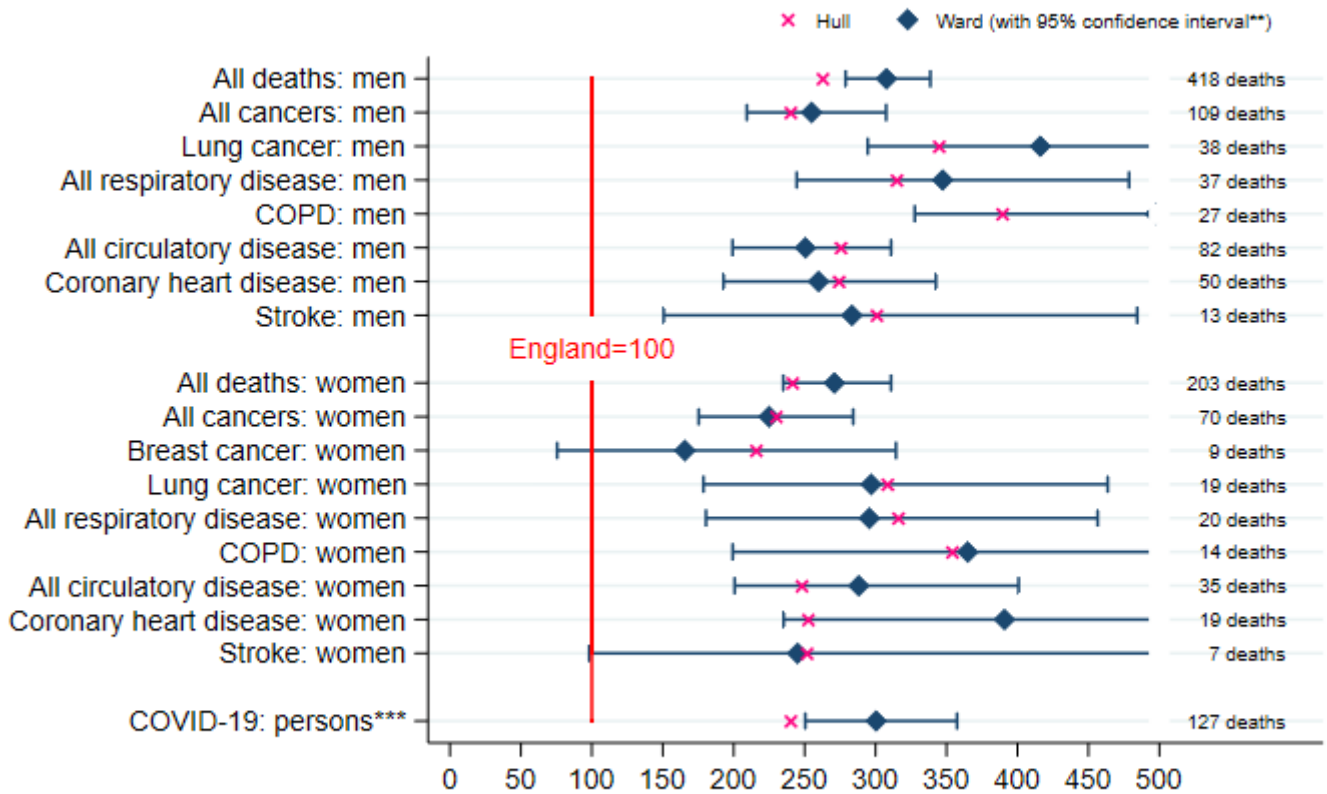


Life expectancy at age 65 (years)¹⁵



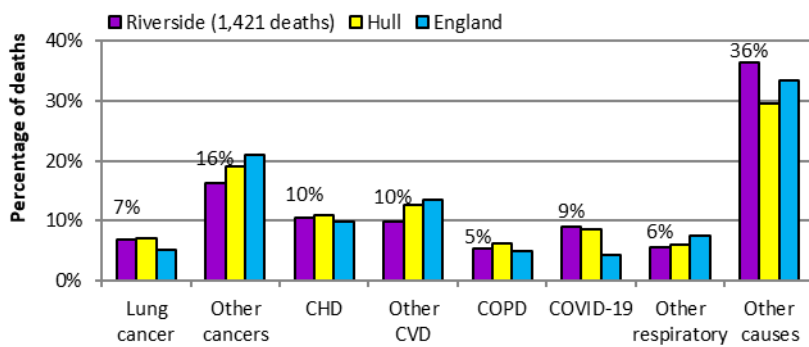
Under 75 Standardised Mortality Ratios 2019-2021¹⁶

Under 75 SMRs* 2019-2021: Riverside

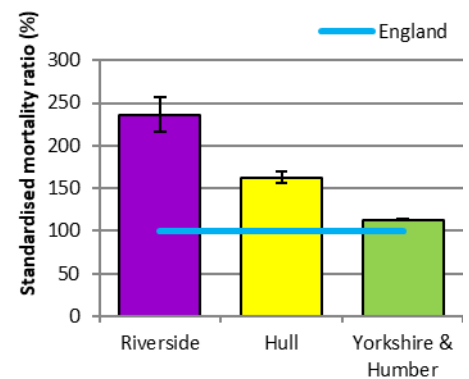


*Standardised Mortality Ratios, not produced if fewer than 5 deaths during 2019-2021. **Upper confidence limit truncated at 500. ***All age SMR for COVID-19

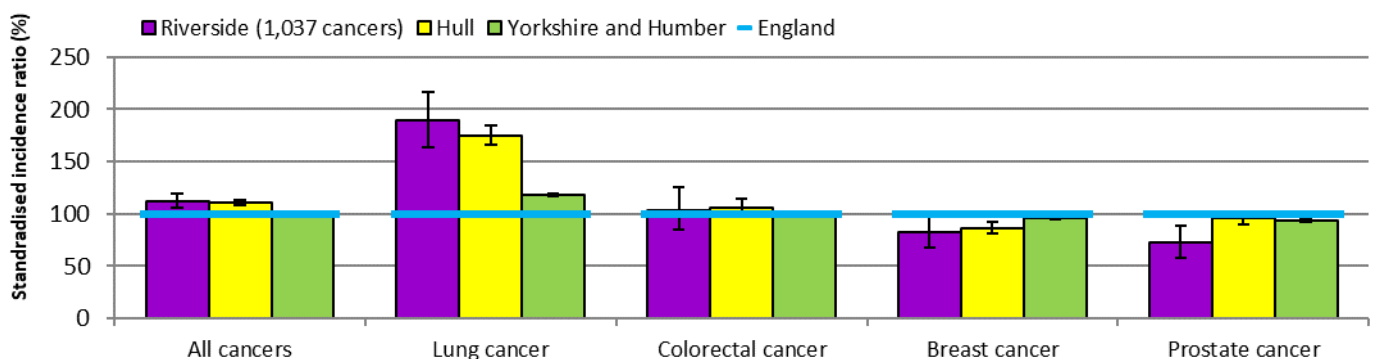
Most common causes of death 2019-2021¹⁷



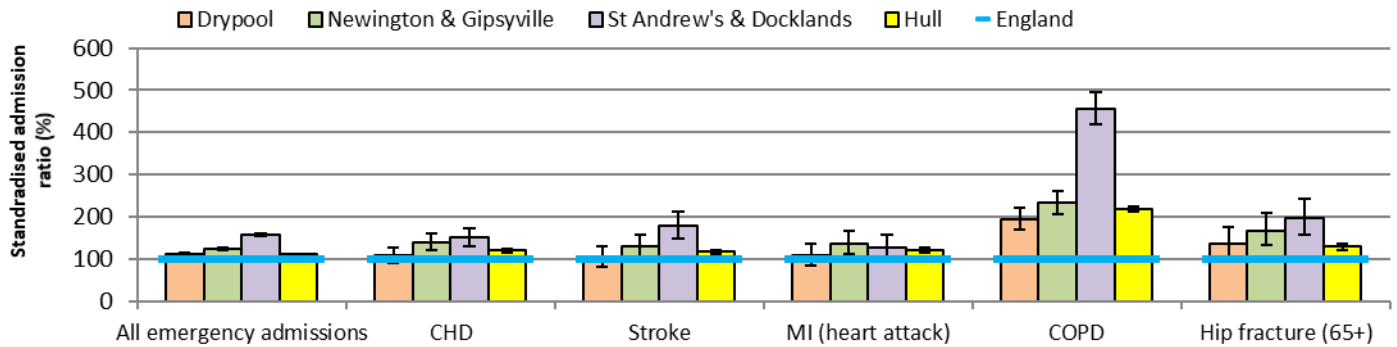
Preventable deaths¹⁸



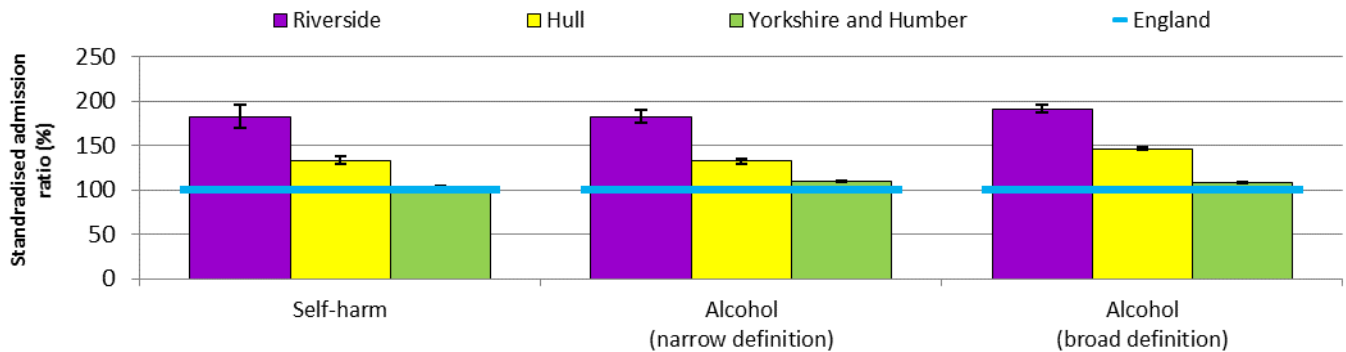
Most common types of cancer diagnosed 2014-2018¹⁹



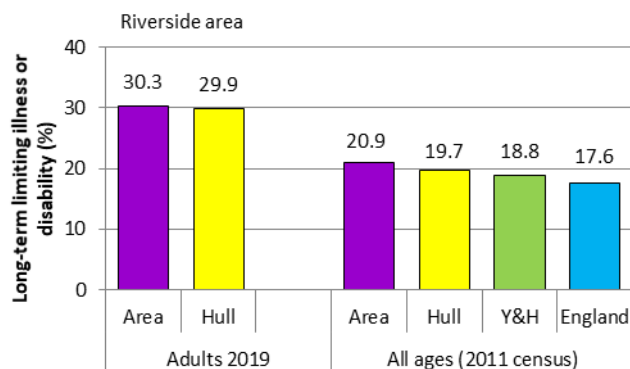
Emergency hospital admissions by common cause 2015/16-2019/20²¹



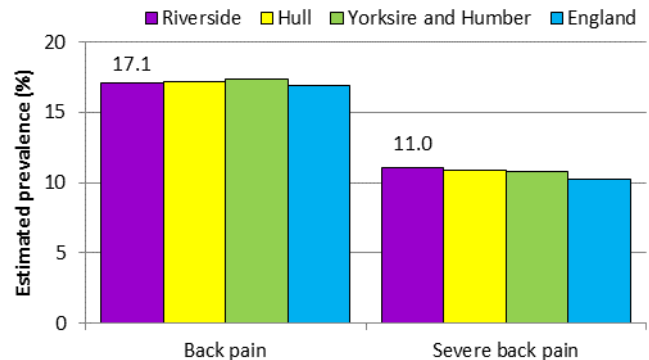
Hospital stays due to harm and injury by reason 2013/14-2017/18²²



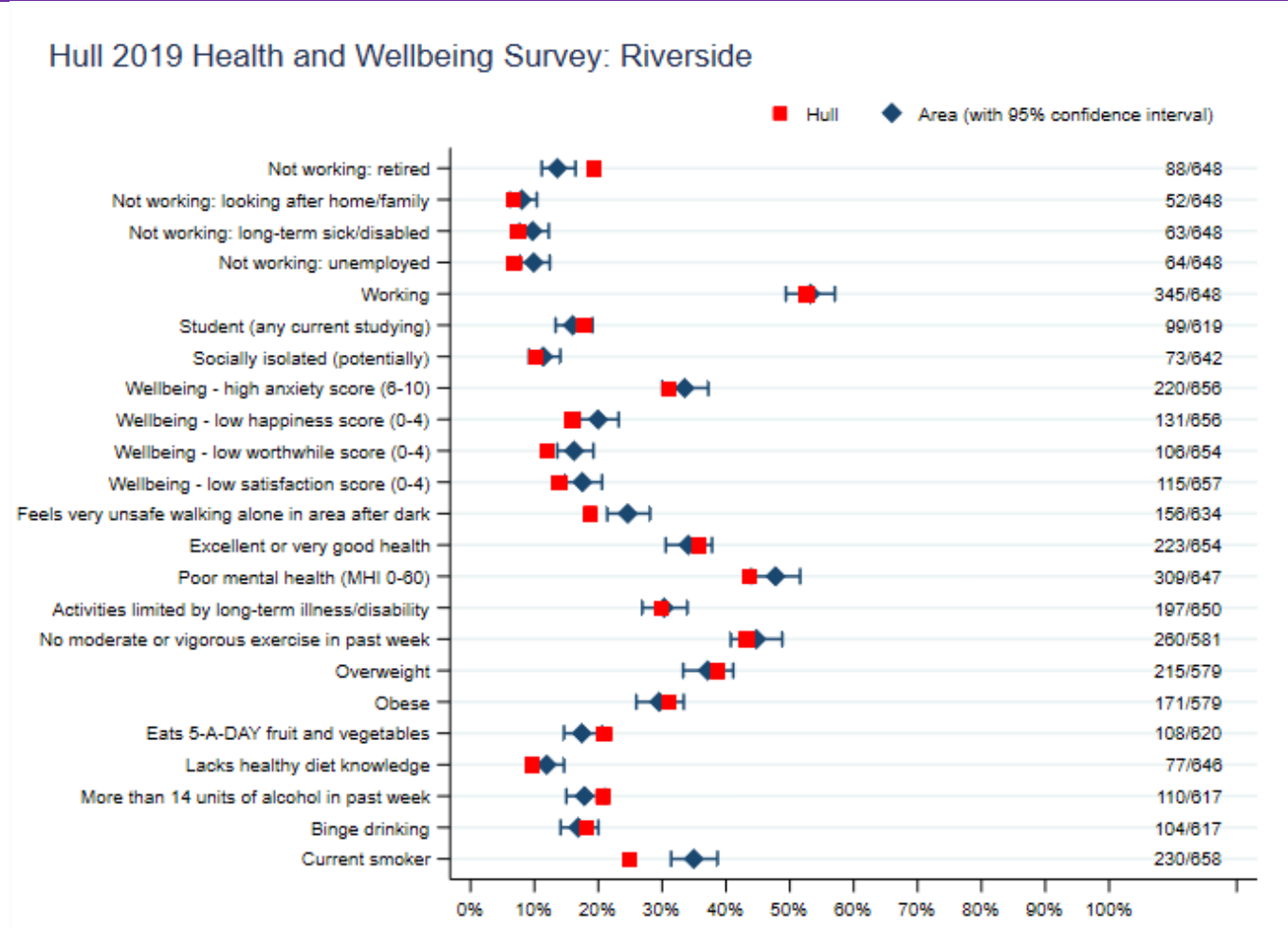
Limiting long-term illness/disability²³



Estimated back pain prevalence 2012²⁴



Selected results from the 2019 health and lifestyle survey²⁵

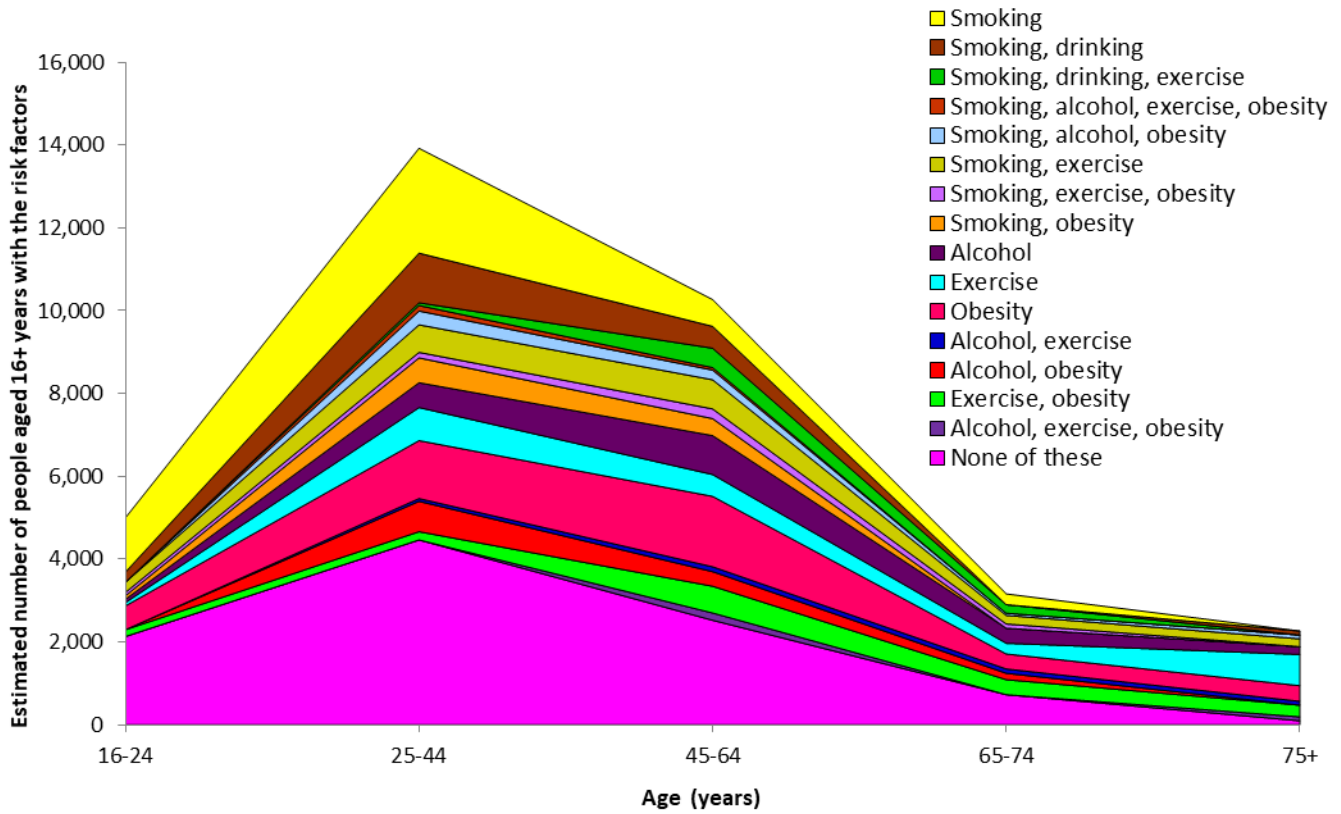


Estimated prevalence of risk factors for poor health (results of the 2019 health and lifestyle survey applied to 2020 adult (16+) populations)²⁶

Risk factor	Men (N=18,358)	Women (N=16,595)	All (N=34,953)
Smokes	6,800	5,300	12,100
Binge drinks	4,500	1,500	5,900
Excessive weekly alcohol	4,800	1,600	6,200
Problem drinking	5,800	2,200	7,800
Does not eat 5-A-DAY	15,200	13,800	29,000
Overweight	7,600	5,400	12,900
Obese	5,100	5,200	10,300
Overweight or obese	12,700	10,600	23,200
Insufficient exercise	10,300	11,100	21,500
No moderate/vigorous exercise in last week	8,600	7,100	15,700
Activities limited by long-term illness or disability	5,600	5,200	10,700
Poor mental health (SF36 0-60)	8,400	8,100	16,500
Feels very unsafe walking alone in area after dark	2,900	5,700	8,700
Wellbeing - low satisfaction score (0-4)	3,100	2,900	6,000
Wellbeing - low worthwhile score (0-4)	3,100	2,500	5,600
Wellbeing - low happiness score (0-4)	3,500	3,400	6,900
Wellbeing - high anxiety score (6-10)	5,600	6,200	11,800
Socially isolated (potentially)	2,200	1,900	4,100

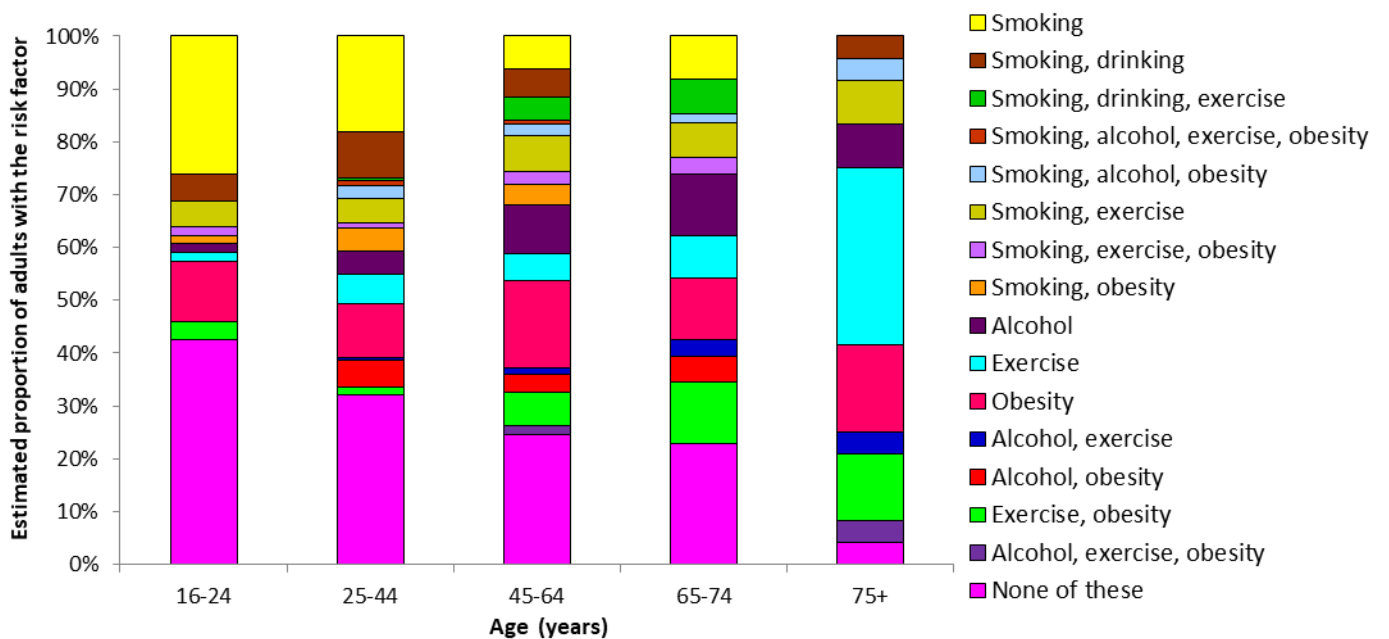
Multiple risk factors (smoking, drinking excessive amounts of alcohol or binge drinking, obesity, insufficient exercise) from the 2019 health and lifestyle survey²⁷

Number of adults with risk factors

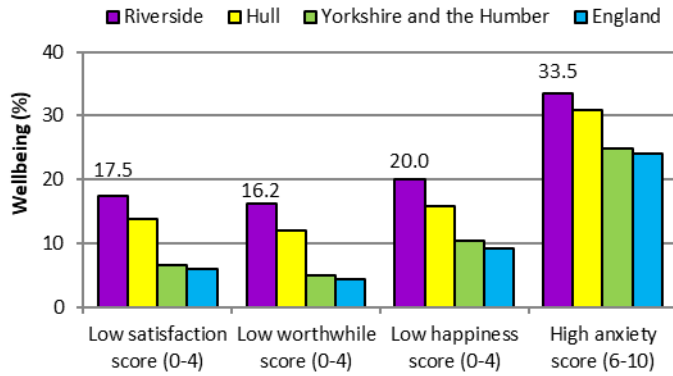


Percentage of adults with risk factors

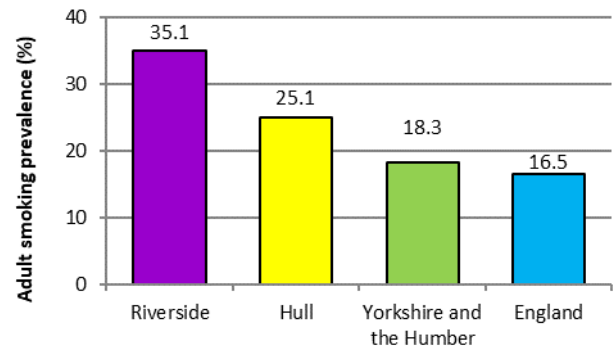
e



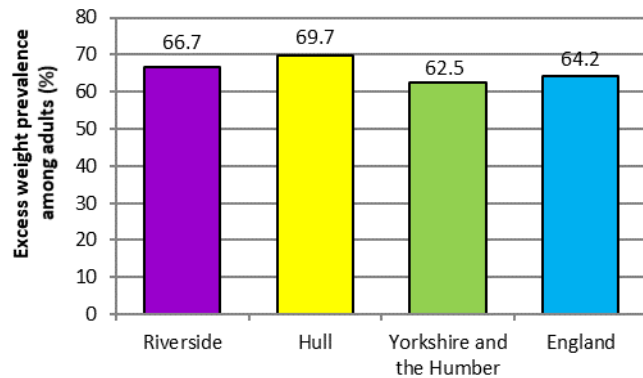
Wellbeing among adults²⁸



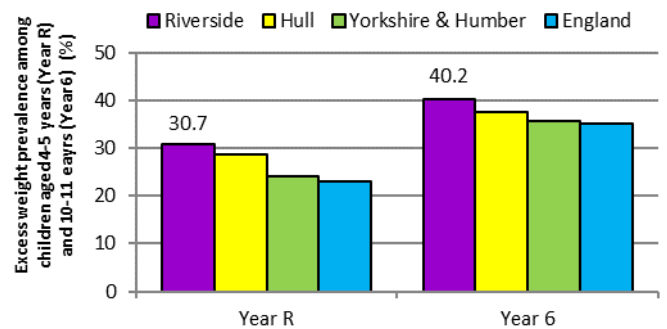
Adult smoking prevalence²⁹



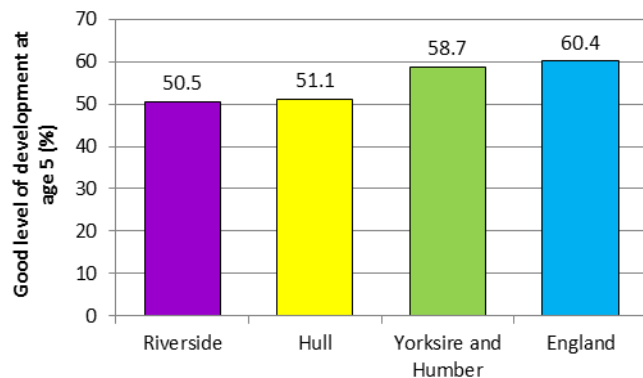
Excess weight among adults³⁰



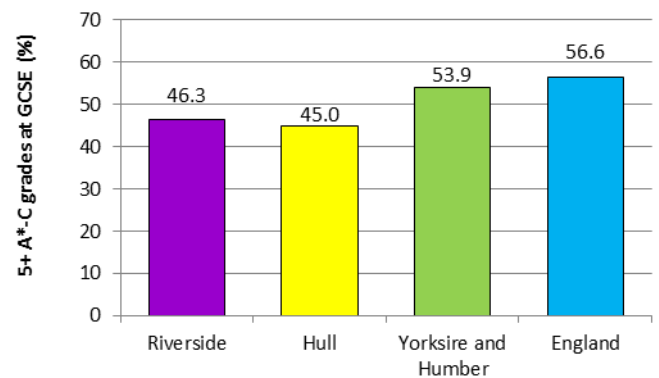
Excess weight among children³¹



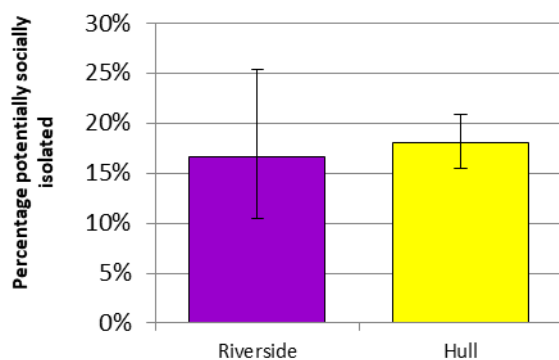
Good level of development at 5, 2013/14³²



5+ A*-C GCSE passes, 2013/14³³

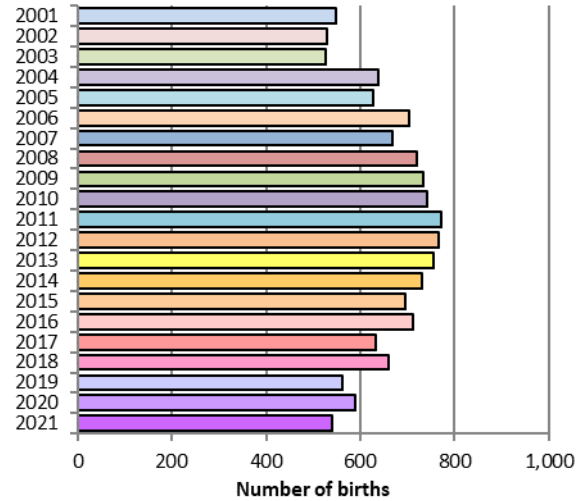
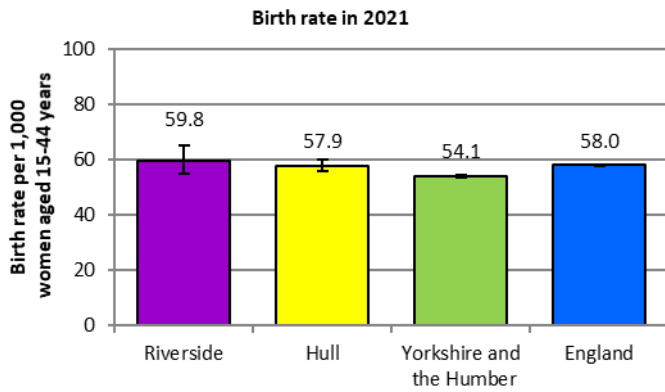


Potential social isolation among residents aged 65+ years³⁴

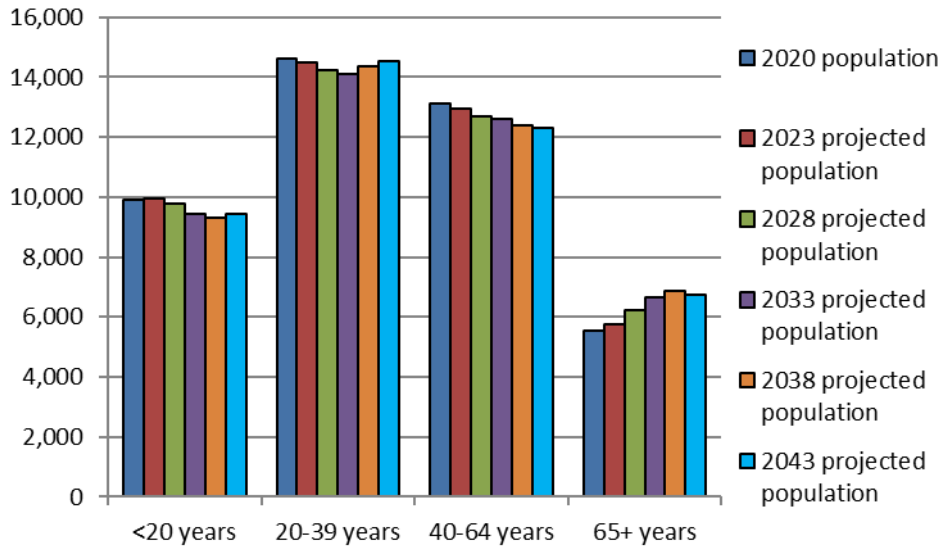


	Percentage (95% CI)	Estimated number (range)
Riverside	16.7 (10.5, 25.4)	583 to 1,404
Hull	18.0 (15.5, 20.9)	6,125 to 8,228

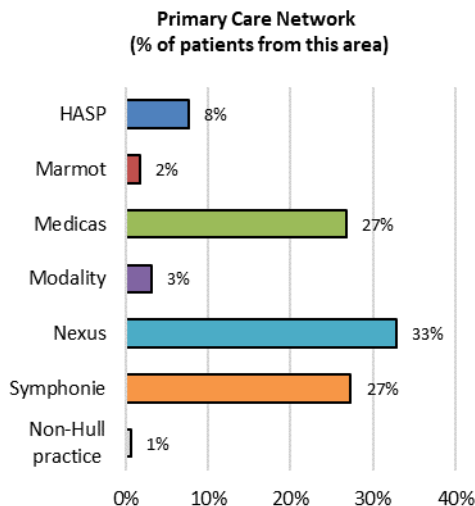
Births³⁵



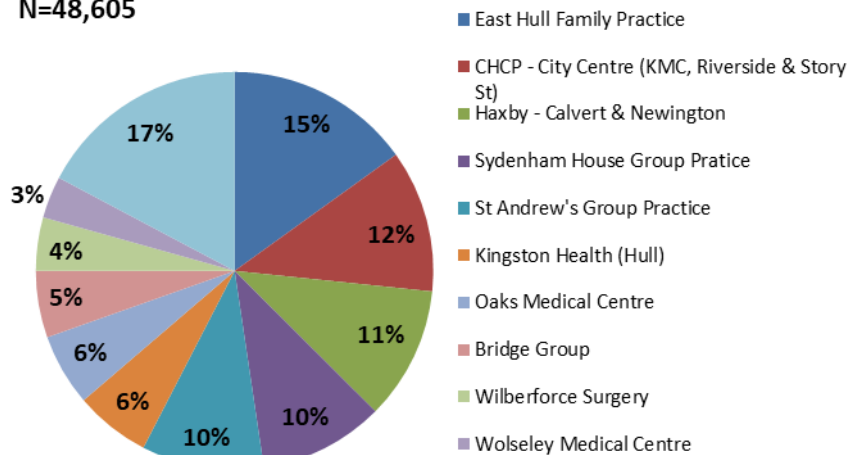
Population projections to 2043³⁶



Percentage of population registered to each GP practice, January 2022³⁷



N=48,605



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.

- **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.

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