

Hull Adult Health and Wellbeing Survey: Overall Summary

January 2020

Background

Earlier this year, more than 4,000 Hull residents aged 16 years and older belonging to groups representative of the local population were surveyed about health and lifestyle behaviours. Between March and June 2019, interviewers knocked on doors and asked residents if they would be willing to take part in the comprehensive survey. Participants were left to complete forms in their own time, with interviewers returning to collect them on an agreed date. The response rate was 76 per cent.

This report examines physical health, mental wellbeing, social isolation, the prevalence of risk factors for poor health (smoking and e-cigarettes, poor diet, physical inactivity, obesity, alcohol and drugs), problem gambling, financial resilience, social support and networks, feelings about the person's local area and community cohesion.

It is estimated that there are 208,867 people aged 16+ years who live in Hull, and it is possible to use the survey results to estimate the number of people across Hull who have a particular characteristic, for example, who are current smokers.

Health and wellbeing surveys and social capital surveys have been conducted among adults in Hull in 2003, 2004, 2007, 2009, 2011 and 2014 so it is possible to examine trends over time for some topic area. Some questions have changed over time or have been added more recently so it is not possible to examine trends over time for all topic areas.

Finding out about Hull's residents and why it matters

- It is essential to have knowledge about how many resident and which groups of people have health needs or future health needs in order to plan services and resources.
- It is also very important to know how people feel about their local community and what social support and networks they have in order to improve their health and wellbeing.
- There are wide inequalities gaps both between Hull and England and within Hull itself in terms of poor physical health, mental wellbeing and prevalence of risk factors for poor health. It is very important to have sufficient knowledge about the different groups of residents of Hull in order to reduce this inequalities gap, and improve health particularly among those whose health and wellbeing is the worst. It is also essential that the overall prevalence is measured for specific groups in order to examine progress and changes over time to inform strategies and planning of services and resources.

Key Health and Wellbeing Survey findings

- **Physical health:**
 - 30 per cent reported 'fair' or 'poor' health
 - Strong age effect (around 20 per cent among those aged 16-34 years and 54 per cent among those 75+ years).
 - Strong deprivation effect (37 per cent among people living in the most deprived fifth of areas of Hull compared to 23 per cent among least deprived fifth).
 - Three in ten had a long-term illness or disability that limited their daily activities with a similar pattern with age and deprivation.
- **Mental wellbeing:**
 - 14 per cent had low levels of satisfaction with their life, 12 per cent had low levels of feeling that their life was worthwhile, 16 per cent had low levels of happiness, and 34 per cent had high levels of anxiety (with 48 per cent having poor levels for any one of these four measures of mental wellbeing).
 - People aged 16-24 years, who lived in the most deprived areas of Hull, students, people who were unemployed, people aged under 65 years who lived alone, and lone parents had the high rates, but this was highest rate occurred for people who were not working due to long-term illness and disability.
 - Mental wellbeing in Hull has deteriorated between 2014 and 2019.
- **Social isolation:**
 - One in ten felt lonely or isolated from others all or most of the time, but it was much higher among those aged 16-24 years at 18 per cent, and surprisingly it was lowest among those aged 65+ years (5 per cent among 65-74s and 7 per cent among those aged 75+ years).
 - There was a strong association with deprivation (15 per cent among most deprived fifth of areas of Hull compared to 5 per cent among least deprived fifth of areas), and high among lone parents (15 per cent), people who were unemployed (22 per cent) or not working due to long-term illness or disability (37 per cent).
- **Smoking and e-cigarettes:**
 - One quarter of people smoked tobacco, although the prevalence was considerably higher among people aged 25-34 years (31 per cent), lone parents (39 per cent), and people who were not working as they were looking after the home or family (31 per cent), unemployed (45 per cent) or long-term illness or disability (48 per cent).
 - There was a very strong association with deprivation (36 per cent among most deprived fifth compared to 13 per cent among least deprived fifth).
 - This equates to around 52,050 adults aged 16+ years in Hull who currently smoke.
 - There have been substantial decrease in the prevalence of smoking over time in Hull (32 per cent in 2014), but the prevalence is still much higher than England (14 per cent). Furthermore one in every ten adults smoked 20+ cigarettes per day in 2007 and 2009, but this halved falling to 4.5 per cent in 2019 (3 per cent in England).
 - Usage of e-cigarettes had increased from 8.4 per cent in 2014 to 13 per cent in 2019. One quarter of daily tobacco smokers and ex-smokers used e-cigarettes, and 35 per cent of occasional smokers. Very few individuals who had never smoked tobacco used e-cigarettes (less than one per cent).
- **Diet, physical activity and obesity:**
 - Only one in five ate 5-A-DAY and there was a very strong association with age (12 per cent among those aged 16-24 years with highest prevalence among those aged 65-74 years at 29 per cent) and deprivation (17 per cent among people living in most deprived fifth of areas of Hull compared to 25 per cent for least deprived fifth of areas).
 - The prevalence has remained relatively constant over time in Hull, although more people are usually eating 0-2 portions of fruit and vegetables each day and the prevalence is lower than England (28 per cent).

- It is estimated that 165,400 people in Hull do not eat 5-A-DAY including 83,050 people who eat 0-2 portions of fruit and vegetables daily.
- Just over three in ten people are physically inactive among those aged 16-24 years but this increases to eight in ten among those aged 75+ years. People living in the most deprived areas of Hull are more likely to be inactive (54 per cent in most deprived fifth compared to 38 per cent in least deprived fifth). Overall, 44 per cent are classified as inactive and 41 per cent classified as fulfilling the national physical activity guidelines.
- There have been relatively small changes in physically activity levels in Hull between 2014 and 2019, although a higher percentage of people in Hull are inactive and fewer fulfil the national physical activity guidelines. This equates to 84,950 adults in Hull fulfilling the national physical activity guidelines, and 92,300 people who are inactive.
- Seven in ten people were overweight or obese, and there was relatively small differences across the age groups among people aged 25+ years or across the deprivation fifths, although the prevalence was slightly higher among people living in the least deprived areas of Hull. The prevalence is higher in Hull compared to England (63 per cent).
- This pattern with age and deprivation was different for obesity, with a relatively strong association with deprivation (36 per cent obese for most deprived compared to 29 per cent among least deprived). There was also a considerable differences across the age groups which was lowest among those aged 16-24 years (22 per cent) increasing to a high of 42 per cent among those aged 45-54 years before decreasing to 27 per cent among those aged 75+ years. There was a high prevalence among those who were not working as they were looking after the home or family (39 per cent) or due to long-term illness or disability (39 per cent including 12 per cent who were morbidly obese).
- Overall, 31 per cent were obese, and this has increased considerably since 2003 when it was 22 per cent. As a consequence of this increase the prevalence of overweight and obesity combined had increased from 62 per cent in 2014 to 70 per cent in 2019. It is estimated that 145,500 adults in Hull are overweight or obese including 64,850 people who are obese.
- **Alcohol and drugs:**
 - 22 per cent never drank alcohol but women, those aged 75+ years and people living in the most deprived areas of Hull were much more likely to never drink alcohol.
 - Across all of Hull, 32 per cent had displayed behaviours related to alcohol that were potentially harmful (too much alcohol over the week, binge drinking or a high Fast Alcohol Screening Tool score).
 - The prevalence was highest among men aged under 75 years, women aged 16-24 and 45-54 years, people who were working or students, and people living in the least deprived areas of Hull.
 - Overall, 4.5 per cent had used drugs other than those required for medical reasons 'everyday', 'weekly' or 'monthly' with 8.3 per cent having used them in the last year. Monthly usage was much higher among men (13.4 per cent among those aged 16-24 years and around 8 per cent for those aged 25-44 years and around 5 per cent among those aged 45-64 years) compared to women (5.7 per cent among those aged 16-24 years and less than 3 per cent for other age groups). People who were unemployed (13 per cent) or not working due to long-term illness or disability (9.0 per cent) also had a high rate of usage monthly as did those living in the most deprived areas of Hull. This equates to around 17,350 adults across Hull having used drugs in the last year (including 9,300 people using them monthly and including 7,600 using drugs weekly).
- **Problem gambling:**
 - Two-thirds take part in some gambling including 44 per cent to gamble every month. Almost three in ten gamble every month, and men are more likely to do so compared to women (34 versus 26 per cent). Relatively few people aged 16-24 years (15 per cent) gamble weekly, but this increases with age to a peak of 41 per cent among 55-64 year olds.

- Among those who did gamble, one in ten had experienced problems related to their gambling. Across all adults in Hull, 1.5 per cent had experienced gambling problems on a monthly basis, and this was higher among men compared to women (2.3 versus 0.8 per cent) and was much higher among those aged 16-24 years (2.9 per cent) compared to those aged 25-54 years (just under two per cent) and those aged 55+ years (fewer than one per cent). Overall, 2.3 per cent of adults living in the most deprived fifth of areas of Hull experience problems relating to gambling on a monthly basis compared to around 1.4 per cent for the other four-fifths of areas). Prevalence was also higher among students (2.6 per cent), people unemployed (2.6 per cent), and not working due to long-term illness or disability (3.7 per cent).
- This equates to around 14,000 adults in Hull having had problems with gambling in the past, with around 8,800 having problems in the last year (including 3,150 who have problems on a monthly basis).
- **Financial resilience:**
 - Six in ten would use savings or money from their current account to fund a £200 household emergency (including 36 per cent who would exclusively do so). However, just over one-quarter would never do so or stated this option was not applicable to them.
 - This was around 40 per cent among people living in the most deprived areas of Hull, working-age people who were not working, lone parents and households with three or more children.
 - This equates to around 54,100 people who would never use their savings or current account to fund a £200 household emergency.
 - Emotional wellbeing was much lower among people with low financial resilience.
 - Overall, 4.4 per cent of all people worried 'most days' and 4.3 per cent worried 'about once a week' about not having enough food to eat because of a lack of money or other resources (equating to 18,500 adults across all of Hull).
 - This was almost three in ten people among those unemployed or not working due to long-term illness and disability, and 20 per cent among lone parents. Less than 1 per cent of people who were retired worried about not having enough food.
 - Concern over paying their mortgage or rent and other essential bills like utilities was slightly higher with 7.0 per cent worrying 'most days' and a further 3.4 per cent worrying 'about once a week'.
- **Social networks and social support:**
 - One in ten had no-one to help if they were ill in bed (or they didn't know if they'd be anyone to help). It was highest among the youngest and oldest survey responders, people living in the most deprived areas of Hull, people who were unemployed or not working due to long-term illness and disability, single people living alone (aged under 65 years) and lone parents. In total, this equates to 11,350 adults who do not have anyone to help if they were ill in bed and a further 11,250 who do not know if they would have anyone to ask.
 - Overall, 2.9 per cent had no-one to ask if they had a serious crisis and needed someone to turn to for comfort and support, with an additional 14 per cent having only one or two people to turn to, although one-quarter of people living in the most deprived fifth of areas of Hull had fewer than three people to turn to. It was high among people who were unemployed (30 per cent) and people not working due to long-term illness or disability (40 per cent), and lone parents with three or more children (30 per cent).
- **Caring responsibilities:**
 - Overall, 18 per cent stated they were responsible for the long-term care of another person or people (equating to 37,300 adult carers across Hull). Women and people aged 45-64 years were slightly more likely to be carers, as were people living in the most deprived areas of Hull. A high percentage of lone parents with three or more children were carers (35 per cent) and people who were not working as they were looking after the home or family (43 per cent) were carers.
 - One in thirteen adults across Hull spend 20 or more hours per week caring for others.

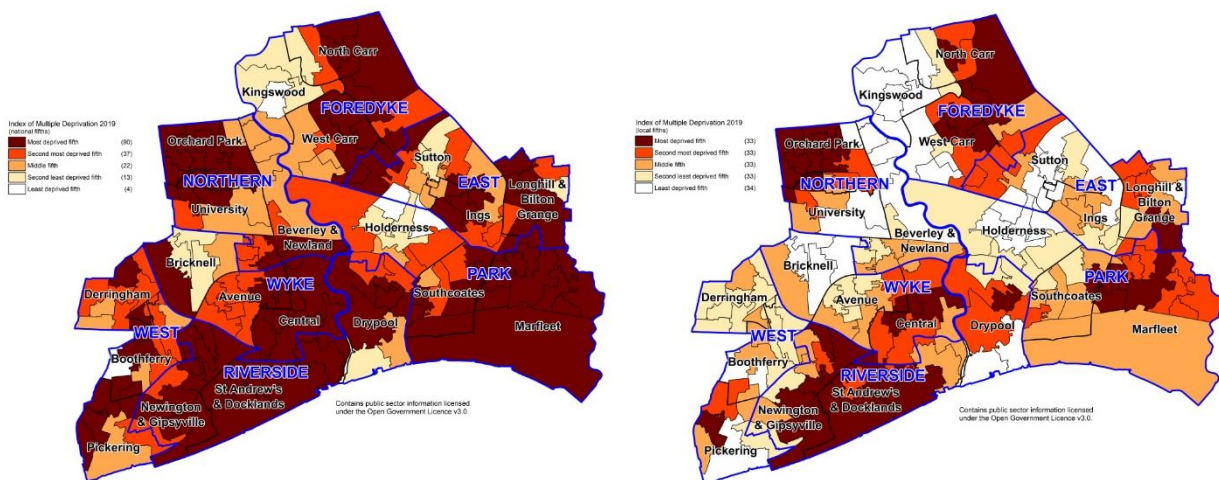
- **Volunteering:**
 - Around one in twelve adults currently volunteer about once a week or more (7.9 per cent) and a further 2.1 per cent volunteer about once a month with 16 per cent having volunteered in the last year.
 - People aged 16-24 (11 per cent) and 65-74 (10 per cent) years were the most likely to volunteer about once a week or more, as were students (11 per cent) and people who were unemployed (17 per cent).
- **Feeling safe when alone in local area and at home:**
 - Just under nine in ten adults felt 'very safe' or 'fairly safe' walking alone in their local area during the daytime, and felt safe alone in their own home at night. Overall, 13 per cent never went out after dark, and around half felt very or fairly safe walking alone in their local area after dark. Feelings of safety after dark were much lower among people aged 16-24 years (the majority of the rest felt unsafe) and among people aged 75+ years (the majority of the rest never went out after dark).
 - People aged 16-24 years, in particularly women, felt the most unsafe both walking alone during the day and after dark, and in their own home. High percentages of older people never went out after dark. People living in the least deprived areas felt safer.
- **Use of local parks and problems in local area:**
 - Just over four in ten adults used local parks and green spaces daily (6.8 per cent), weekly (22 per cent) or monthly (14 per cent).
 - People were asked if various issues in their local area were a 'very big problem', 'fairly big problem', 'minor problem' or 'not a problem' and they were also given the option of stating that they didn't know.
 - The percentage stating the issue was a 'very big' or 'fairly big' problem was 25 per cent for graffiti and vandalism, 20 per cent for verbal or physical threat or aggression, 34 per cent for crime, 19 per cent for air pollution, 13 per cent for noise during the daytime, 16 per cent for noise during the night time, 9.5 per cent for lack of access to local parks and green spaces, and 32 per cent for alcohol and drugs.
 - For virtually all of these eight issues, the highest percentage who thought they were a problem was among people aged 16-24 years particularly women, and there was a very strong association with deprivation with the percentage thinking it was a problem being two or three times higher among the most deprived fifth of areas of Hull compared to the least deprived fifth of areas of Hull. St Andrew's & Docklands, Central, Orchard Park, and Newington & Gipsyville generally had highest percentages stating these issues were very or fairly big problems in their local area.
- **Community cohesion and satisfaction with local area:**
 - Only 36 per cent trusted most or many people in their neighbourhood but this was only 22 per cent among 16-24s and 21 per cent among people living in the most deprived fifth of areas of Hull.
 - Just over half of people (54 per cent) felt neighbours looked after one another but again it was lower among those aged 16-24 years (37 per cent), and among people who lived in the most deprived areas of Hull (46 per cent) compared to people who lived in least deprived areas (70 per cent).
 - Overall, 54 per cent agreed that their local area was a place where people from different backgrounds get on well, and there was less of a difference with age (48 per cent among 16-24s compared to 55 per cent for other age groups), but there was a difference by deprivation (54 versus 66 per cent for most and least deprived fifths respectively).
 - Almost three quarters felt satisfied with the neighbourhood as a place to live but this also differed considerably by age (56 per cent for 16-24s and 89 per cent among 75+) and deprivation (56 per cent for most deprived and 89 per cent for least deprived).

Explanation of percentages in this report

The percentage of people with specific attributes or behaviours is given in this report and it is the percentage out of all survey responders to give the best estimate of the overall percentage (or prevalence) across all of Hull's adults. Where this is not the case it will be explicitly stated (for example, the type of drinks consumed by those who had drunk alcohol the previous week). Some people did not answer specific questions as they did not apply to them. For instance, people who never drink alcohol were not asked to provide the number of alcoholic drinks they consumed the previous week. However, it was assumed that they consumed no alcoholic drinks the previous week. Furthermore, not everybody answered every question so the number of survey responders is fewer than 4,137 for each question, but will differ depending on the question or combination of questions been presented within the section of the report.

Deprivation

Levels of deprivation were measured in Hull using the Index of Multiple Deprivation 2019. IMD scores have been assigned to geographical area in England including 166 such areas in Hull. It is possible to divide all the areas in England into five approximately equal groups ranging from the most deprived fifth (20 per cent) to the least deprived fifth of areas in England. The map on the left shows that half of Hull's 166 areas fall within the most deprived fifth nationally as illustrated by the darkest colour. It is also possible to divide Hull's 166 areas into five approximately equal groups (containing around 33 geographical areas each) and these range from the most deprived fifth of areas to the least deprived fifth of areas within Hull. The map on the right shows each of these five groups in Hull ranging from the most deprived fifth of areas within Hull (darkest colour) to the least deprived fifth of areas within Hull (white).

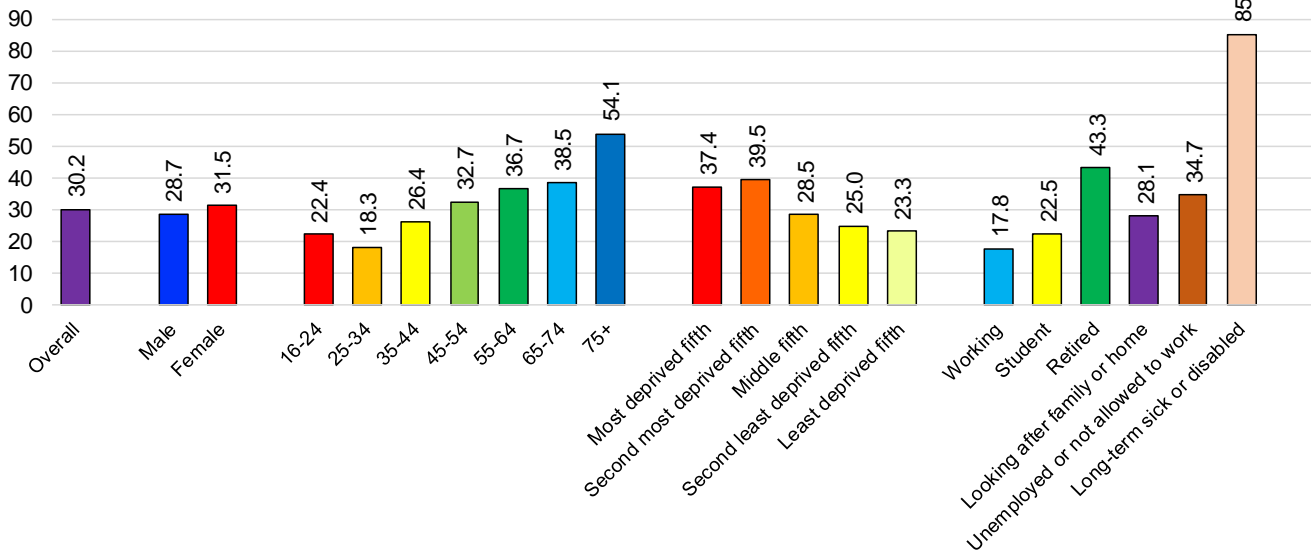


Physical health

- Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more.
- Good physical health prolongs life and helps towards having a healthier and less limited longer life.
- Physical health can also influence mental health. This can further influence behavioural and lifestyle factors as well as affecting other important areas of life such as employment, stress, confidence, motivation, etc.

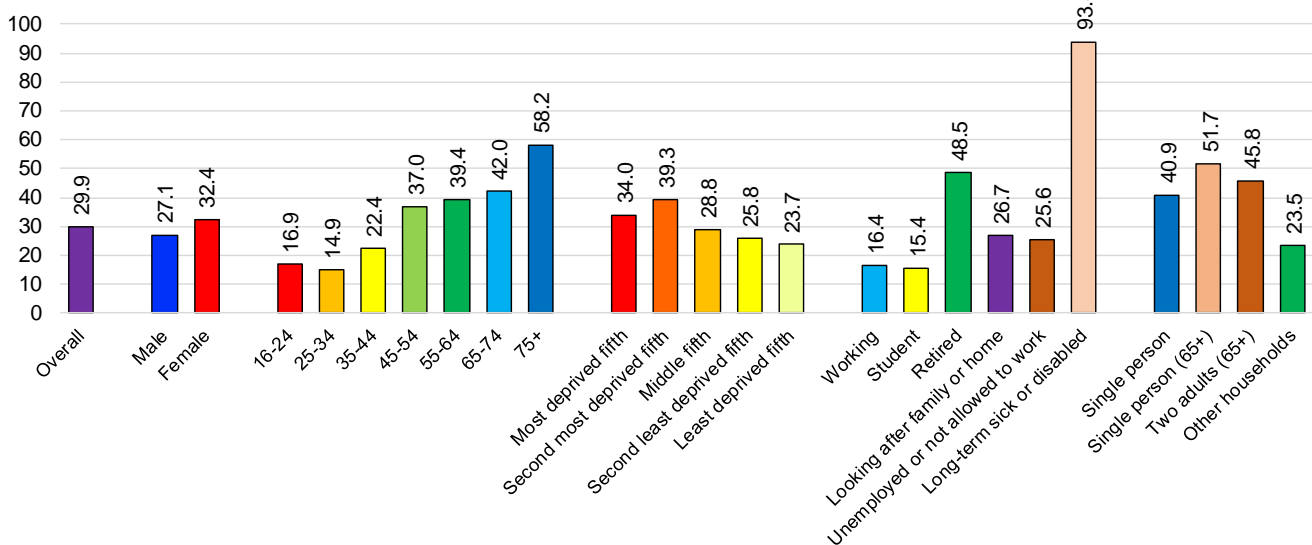
One in twelve (8.4 per cent) reported their health as 'excellent', 27 per cent as 'very good', 34 per cent as 'good', 21 per cent as 'fair' and 9.6 per cent as 'poor'. So whilst 30 per cent reported 'fair' or 'poor' health overall, this was much higher among older people. The percentage was also higher among people living in the most deprived areas of Hull, and highest among residents of Orchard Park (41 per cent), Marfleet (40 per cent), St Andrew's and Docklands (37 per cent), Longhill and Bilton Grange (37 per cent) and Pickering (37 per cent).

Fair or poor health (%)



There was a similar pattern with those reporting long-term illness or disability that limited their daily activities. This was highest among residents of Marfleet (42 per cent), Orchard Park (38 per cent), Longhill and Bilton Grange (37 per cent), Pickering (37 per cent) and Derringham (35 per cent).

Long-term illness or disability that limits daily activities (%)



This equates to 17,550 residents aged 16+ years in 'excellent' health, 57,050 in 'very good' health, 71,100 in 'good' health, 43,100 in 'fair' health and 20,050 residents in 'poor' health, and 62,350 residents with a long-term illness or disability that limits their daily activities.

Over time, there has been a slight deterioration in reported health with 37 per cent reporting 'excellent' or 'very good' health in 2003 compared to 36 per cent currently, and 27 per cent reporting 'fair' or 'poor' health in 2003 compared to 30 per cent in 2019. However, there has been a slight reduction in the percentage reporting a long-term illness or disability that limits their daily activities (falling from 32 per cent in 2003 to 30 per cent in 2019).

Mental wellbeing

- Poor mental health can have a detrimental effect on all aspects of life undermining self-esteem, confidence and enthusiasm for life.
- Evidence shows that poor social and emotional wellbeing predicts a range of negative outcomes in adolescence and adulthood. Negative parenting and poor quality family or school relationships place children at risk of poor mental health. Early intervention in childhood can help reduce physical and mental health problems and prevent social dysfunction being passed from one generation to the next.
- People with poor mental health sometimes can deal with this by smoking more, eating and drinking excessively, unhealthy diets and not exercising with a resulting negative impact on overall health, life expectancy and healthy life expectancy.
- As a consequence, poor mental health influences all aspects of life, a person's physical health, their family, their workplace and employment, and their involvement in their community.

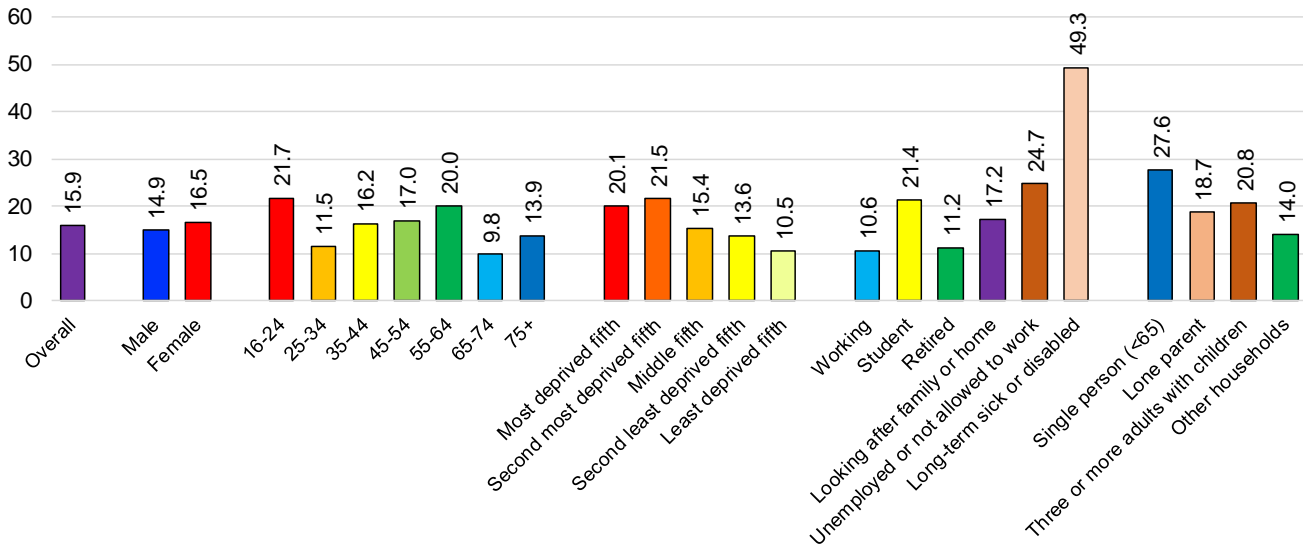
Overall, 14 per cent reported poor levels of satisfaction with their life, and this was highest among those aged 16-24 (15 per cent) and 45-64 years (17 per cent) and lowest among those aged 25-34 (10 per cent) and 65-74 years (11 per cent). It was also high among lone parents (16 per cent) and people who were living alone who were aged under 65 years (16 per cent). There was also a strong association with deprivation (19 per cent among most deprived fifth of areas of Hull compared to 9.0 per cent among least deprived fifth of areas), and half of people who were not working due to long-term illness or disability and almost one-quarter of those who were unemployed had poor satisfaction with life. The prevalence was highest among people living in St Andrew's & Docklands (22 per cent), Newington & Gipsyville, Pickering, Longhill & Bilton Grange and Central (all 18 per cent), North Carr and Orchard Park (both 17 per cent).

Overall, 12 per cent had a low level of feeling life was worthwhile. A similar pattern was observed across the groups, although the prevalence was highest among those aged 16-24 years at 16 per cent, decreasing to 10 per cent among those aged 25-34 years increasing steadily to 15 per cent among those aged 55-64 before decreasing among those aged 65-74 years to 6.6 per cent, although it was also relatively high among those aged 75+ years at 11 per cent. There was a strong association with deprivation (16 per cent among most deprived fifth compared to 6.4 per cent among least deprived fifth of areas of Hull), and it was highest among people unemployed (21 per cent) and not working due to long-term illness and disability (46 per cent). The highest rates occurred among residents of St Andrew's & Docklands (20 per cent), Newington & Gipsyville, and Central (both 17 per cent).

Around one in six had low levels of happiness. This was one in five among people aged 16-24 years and 55-64 years, and people living in the most deprived two-fifths of areas of Hull, but the percentage was half this among people living in the least deprived fifth of areas of Hull with one

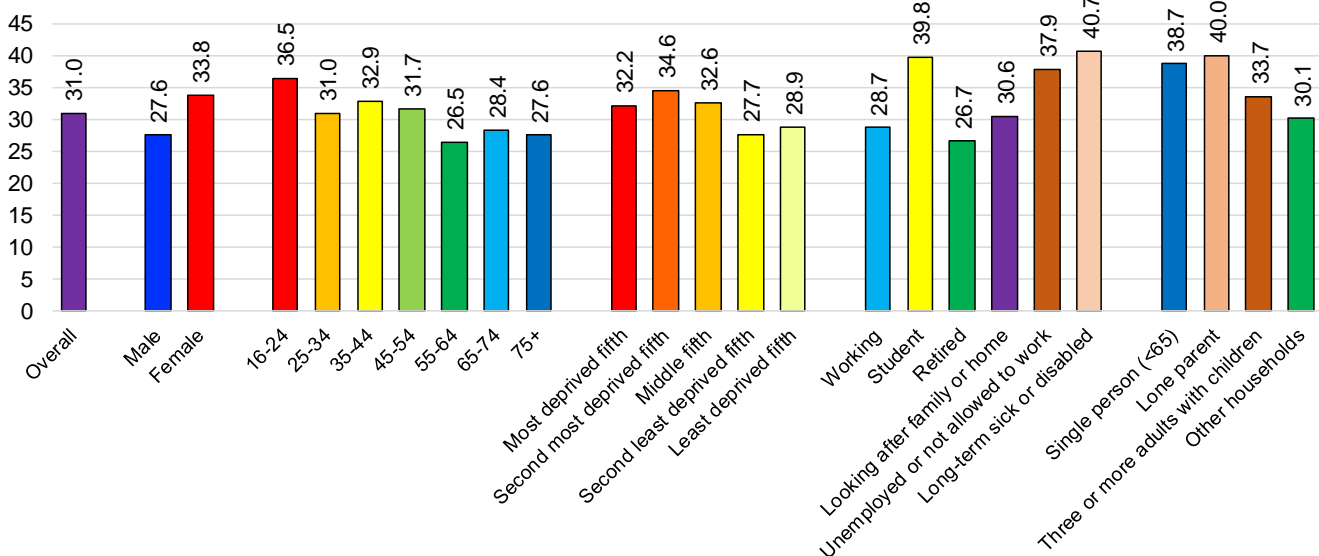
in ten having low levels of happiness. There was also a high percentage among those who were unemployed or not working due to long-term illness or disability, and single people living alone. Rates were highest in Newington & Gipsyville (25 per cent), Central (24 per cent), and St Andrew's & Docklands (23 per cent) wards.

Low levels of happiness yesterday (%)



Almost one-third of people had a high levels of anxiety. This was higher among women compared to men, and people aged 16-24 years. There was also a strong association with deprivation. Students, people who were not working due to long-term illness and disability or unemployment had high levels of anxiety as did people who lived alone and lone parents. Rates were highest among residents of Pickering, University (both 38 per cent), Newington & Gipsyville (37 per cent), St Andrew's & Docklands, and Central (both 35 per cent) wards.

High anxiety yesterday (%)



Overall, more than four in ten of people had low levels of satisfaction with life or low levels of feeling their life was worthwhile or low levels of happiness or high levels of anxiety. This applied to at least half of all people aged 16-24 years, people living in the most deprived two-fifths of

areas of Hull, students, people who were unemployed or not working due to long-term illness or disability, single people aged under 65 years living alone and lone parents.

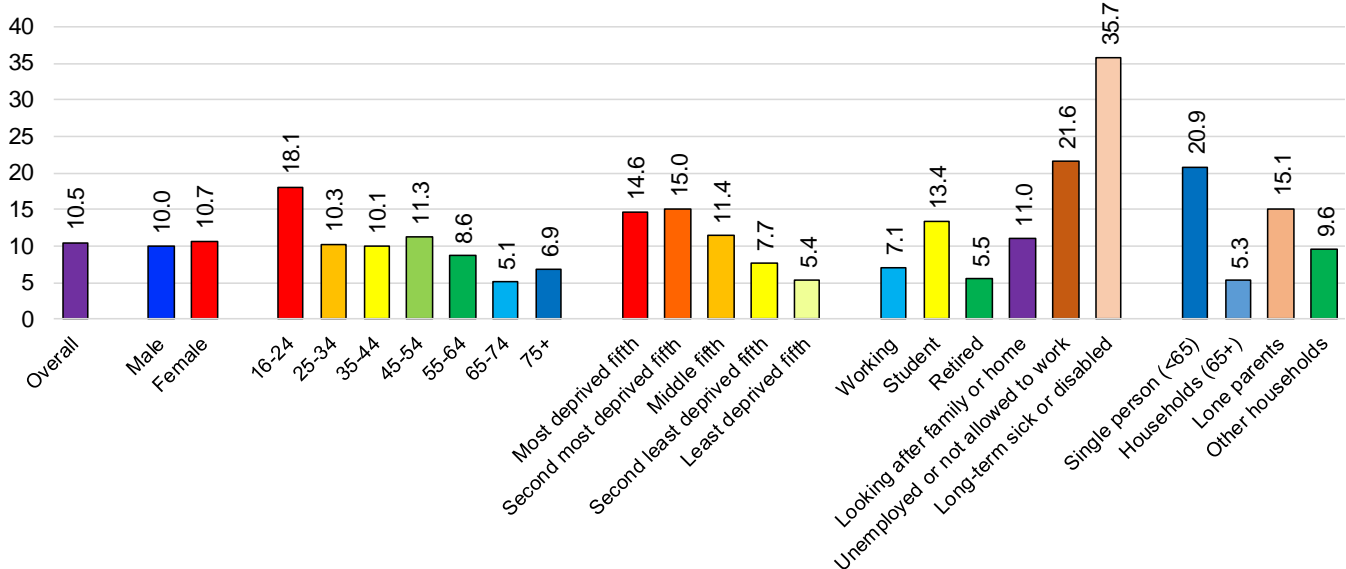
This equates to 28,850 people in Hull having low levels of satisfaction with their life, 25,050 people with low levels of feeling life was worthwhile, 33,150 with low levels of happiness, and 64,700 people with high levels of anxiety. Overall, 92,400 people have low levels of satisfaction with their life and/or low levels of feeling life was worthwhile and/or low levels of happiness, and/or high levels of anxiety

Between 2014 and 2019, these levels of wellbeing have deteriorated in Hull with reductions of around two percentage points. The percentage with low levels of satisfaction increased from 11 per cent to 14 per cent, low levels of feeling life was worthwhile increased from 9.2 per cent to 12 per cent, low levels of happiness increased from 14 per cent to 16 per cent, and high levels of anxiety increased from 27 per cent to 31 per cent.

Social isolation

- People may feel isolated and not part of society for many reasons due to age, being a carer, poverty, unemployment, mobility problems, disability, ethnicity, religion, language barriers, poor literacy levels, etc.
- Social isolation and feelings of being unsafe in the community can have a large impact on wellbeing, but can also influence physical health.
- The perceived inability to interact with the world and others can create an escalating pattern of challenges.

Feel lonely or isolated from others all or most of the time (%)



One in ten felt lonely or isolated from others 'all' (2.4 per cent) or 'most' (8.1 per cent) of the time, although this was considerably higher at 18 per cent among people aged 16-24 years. It was also higher among people living in the most deprived areas of Hull, people who were not working due to unemployment or long-term illness or disability, single people aged under 65 years who lived alone, and lone parents. One expects people aged 65+ years to have the highest levels of social isolation, but the rates was lowest among those aged 65-74 years at 5.1 per cent and second lowest among those aged 75+ years at 6.9 per cent. The rates were highest among

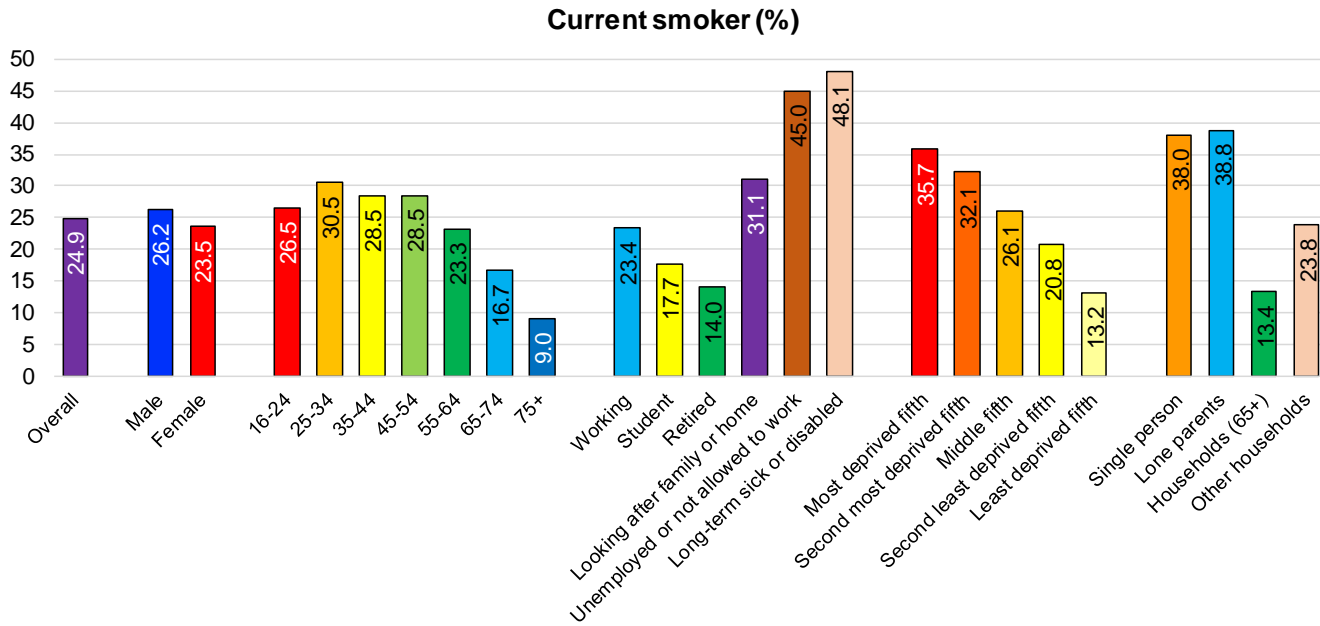
residents of Central (17 per cent), Newington & Gipsyville, Longhill & Bilton Grange, and St Andrew's & Docklands (all 16 per cent), and North Carr (15 per cent). A further 26 per cent felt lonely or isolated from others 'some of the time'. Overall, this equates to 4,950 adults in Hull feeling lonely or isolated from others 'all of the time', 17,000 'most of the time', 53,900 'some of the time', 46,950 'not much of the time' and 86,100 'rarely or never'.

Smoking and e-cigarettes

- Smoking is a risk factor for many diseases, including lung cancer as well as several other cancers; coronary heart disease and other cardiovascular diseases; chronic obstructive pulmonary disease and other respiratory diseases.
- More than one in five deaths in Hull are directly due to smoking, ten every week. Among those dying prematurely (before the age of 75 years) one in four deaths are caused by smoking. Smokers who die prematurely lose on average about 10 years of life.
- Smokers see their GPs 35% more often than non-smokers. In 2017/18 there were 2,767 hospital admissions per 100,000 population in Hull that were due to smoking, 50% higher than for England.
- Nationally, smoking is estimated cost to the economy more than £11 billion per year. In Hull alone the cost is over £100 million per year, plus there is a cost of around £120 million per year in Hull for smokers to purchase their tobacco (which is money lost to the local economy).

One in five smoked tobacco daily and a further 4.9 per cent smoked occasionally, with 29 per cent former smokers and 46 per cent stating they had never smoked tobacco. Thus overall, one-quarter of all adults smoked tobacco, and the prevalence was highest at 31 per cent among those aged 25-34 years decreasing with age to 9.0 per cent among those aged 75+ years. Lone parents, single people aged under 65 years living alone, and people who were not working because they were looking after the home or family, unemployed or had a long-term illness or disability had the highest prevalence of smoking. There was a very strong association with deprivation (36 per cent among most deprived fifth compared to 13 per cent among least deprived fifth). Smoking prevalence was highest among residents of St Andrew's & Docklands (42 per cent), Newington & Gipsyville (39 per cent), Central, Marfleet (both 31 per cent) and Orchard Park (29 per cent) wards. Across Hull, this equates to around 52,050 adults who currently smoke, and a further 59,750 former smokers.

Across all adults in Hull, 4.5 per cent smoke 20 or more cigarettes per day, and this was highest among people living in the most deprived fifth of areas of Hull (6.9 per cent) compared to the least deprived fifth of areas (1.8 per cent). More than one in ten people who were unemployed (10 per cent) or not working due to long-term illness or disability (13 per cent) smoked 20+ cigarettes per day. Prevalence was highest among residents of Newington & Gipsyville (2.8 per cent), Pickering (2.6 per cent), West Carr (2.2 per cent), Drypool and St Andrew's & Docklands (both 2.1 per cent) wards. This equates to 18,650 adults who smoke ten or more cigarettes each day including 2,400 who smoke 20 or more cigarettes per day. Not surprisingly, the prevalence of smoking 20+ cigarettes per day is higher than England (3.0 per cent), but has decreased considerably over time. One in ten of all adults in Hull smoked 20+ cigarettes per day in 2007 and 2009, but this decreased to 7.9 per cent in 2011, to 6.9 per cent in 2014 and to 4.5 per cent in 2019.

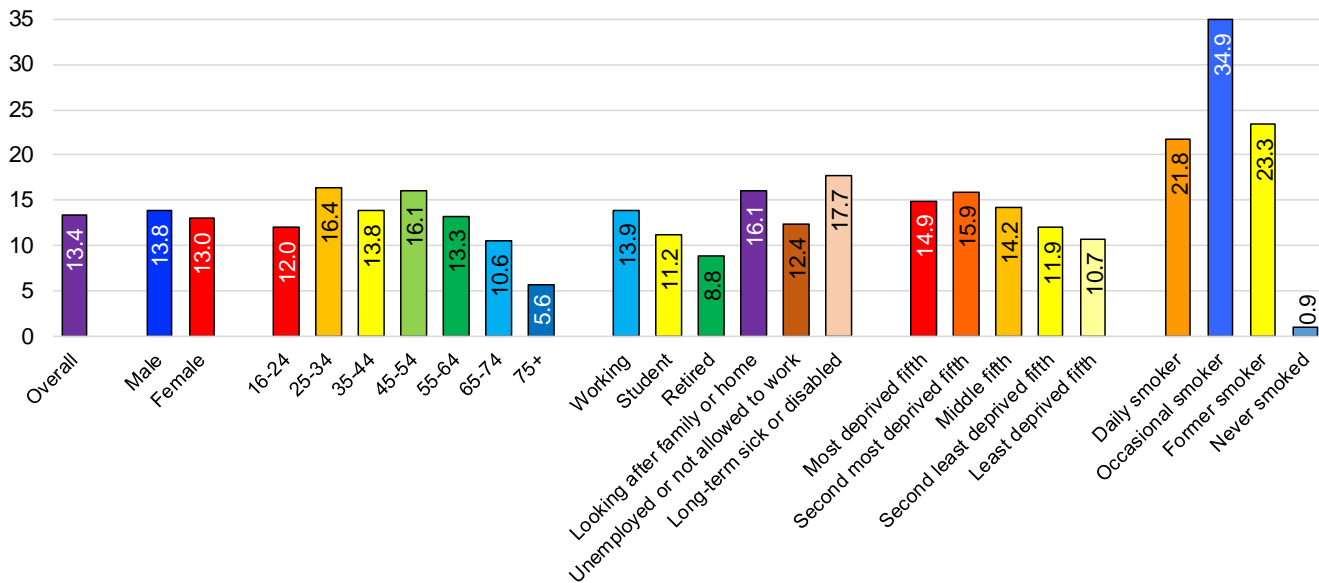


The prevalence of smoking in Hull has consistently been over 30 per cent in the previous local surveys (32 per cent in 2003, 34 per cent in 2011 and 31 per cent in 2014), so falling to 25 per cent represents a big reduction in Hull. Furthermore, the decrease has occurred across all deprivation groups with slightly larger decrease in prevalence among residents living in the most deprived areas of Hull thus decreasing the inequalities gap. However, despite this substantial decrease, the prevalence of smoking in Hull is among the highest of all local authorities in England and considerably higher than England (14.4 per cent from the Annual Population Survey). Furthermore, just over one in ten adults in Hull were smoking 20+ cigarettes per day in 2007 and 2009, but this has more than halved falling to 4.5 per cent in 2019.

One in five smokers stated they are currently trying to cut down on smoking, with a further two in five saying they are likely (21 per cent) or very likely (21 per cent) to do so in the next year. One in twelve (9 per cent) stated they are currently trying to stop smoking, with more than two in five saying they were likely (19 per cent) or very likely (24 per cent) to do so in the next year.

One in seven people in Hull used e-cigarettes. Nine in ten of e-cigarette users were using them to stop smoking tobacco products, help cut down smoking tobacco products or to prevent them restarting smoking tobacco. Thus the highest percentage using e-cigarettes were in the groups who had the highest prevalence of smoking tobacco. Residents of Marfleet (19 per cent), Pickering (18 per cent), West Carr and Newington & Gipsyville (both 17 per cent) were the most likely to be e-cigarette users. Only 15 people surveyed used e-cigarettes among people who had never smoked tobacco. Whilst these were mainly younger people (six aged 16-24 and five aged 25-34 years) there was a spread across the age groups up to 65-74 years, although there was a different between genders (11 men and four women).

Current e-cigarette user (%)



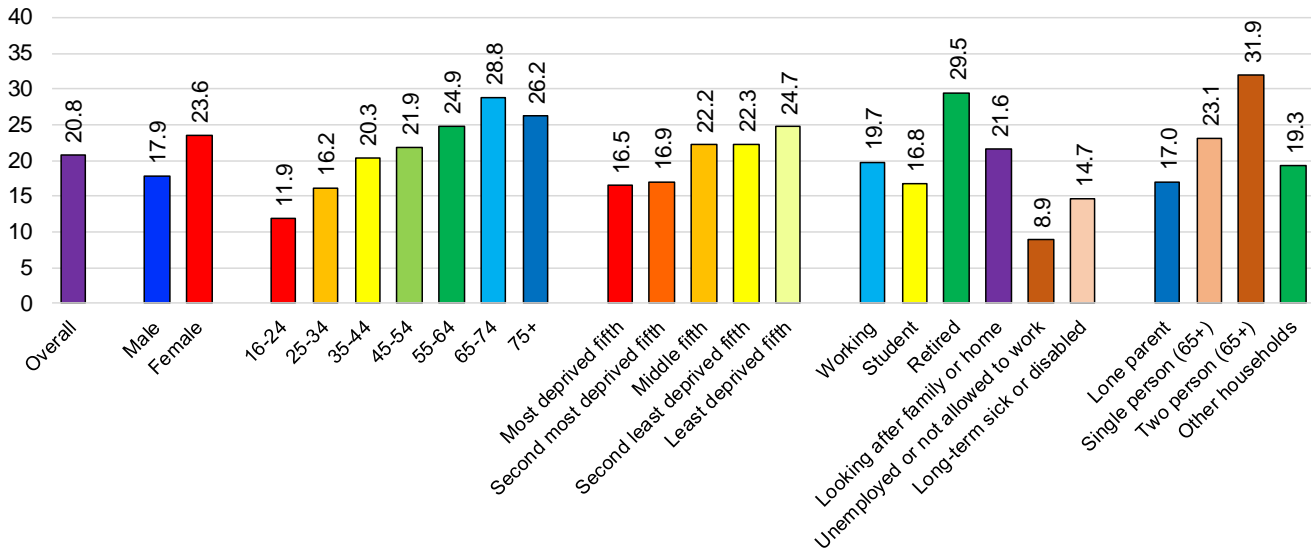
This equates to 27,950 adults across Hull who use e-cigarettes. Usage in Hull is much higher than England (6 per cent), but this is not particularly surprising given that the prevalence of tobacco smoking is much higher and the majority of e-cigarette users use them as an aid to quit or reduce tobacco smoking. Usage in Hull increased from 8.4 per cent to 13 per cent between 2014 and 2019.

Diet, physical activity and obesity

- Poor diet, physical inactivity and obesity are all associated but are independent risk factors for poor health and early death, as well as influencing emotional wellbeing.
- Each year in Hull, it is estimated that there are around 150 deaths attributable to obesity and around 75 deaths attributable to physical inactivity (although total will be fewer than 225 as physical inactivity and obesity are related). Figures are not available for poor diet.
- In 2006-07, the cost to the NHS in the UK was estimated to be £5.8 billion for poor diet-related ill health, £5.1 billion for overweight, and £0.9 billion for physical inactivity.

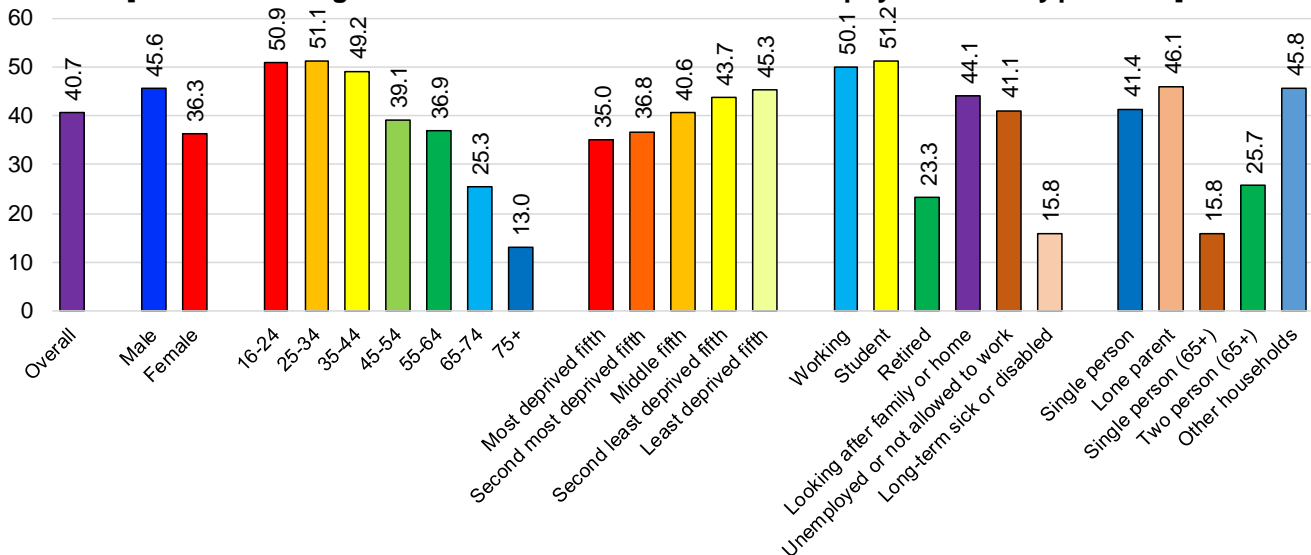
Only one in five usually ate five or more portions of fruit and vegetables each day, although there was a very strong association with age and deprivation. People who were unemployed, not working due to long-term illness and disability or were lone parents were less likely to do so. Surprisingly, residents of Kingswood had the lowest prevalence of 5-A-DAY at 15 per cent (whilst this ward is the least deprived ward in Hull, the population is relatively young). The prevalence was also low in St Andrew's & Docklands (15 per cent), Longhill & Bilton Grange and Central (both 16 per cent) wards. This equates to 165,400 adults across Hull not eating 5-A-DAY, including 13,950 eating no portions, 29,150 eating one portion and 40,000 eating two portions of fruit and vegetables each day. The overall prevalence of 5-A-DAY is lower than England (28 per cent from the Health Survey for England). Furthermore, whilst the percentage eating 5-A-DAY has remained relatively unchanged over time in Hull, the percentage eating 0-2 portions of fruit and vegetables each day has increased (from 31 per cent in 2003 to 40 per cent in 2019). In the local surveys between 72 per cent and 79 per cent reported they ate a healthy diet during the period 2007 to 2011 in Hull, but this has fallen recently to 69 per cent in 2014 and to 64 per cent in 2019.

Eats 5-A-DAY (%)

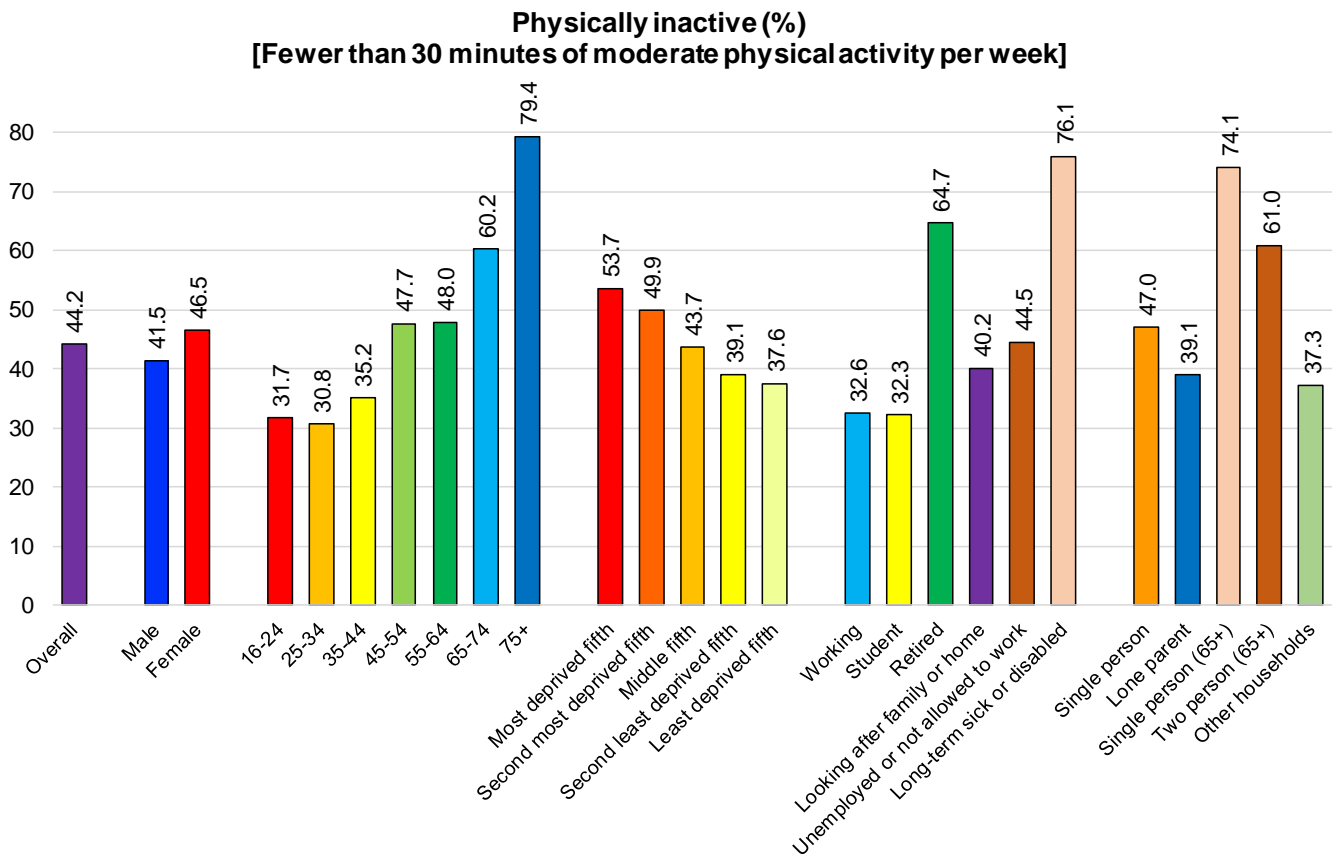


There was also a strong association with age and deprivation, and physical activity levels. One in four people fulfilled the national physical activity guidelines (150 or more minutes of moderate-intensity physical activity per week), although this was around half for those aged 16-44 years but only 13 per cent among those aged 75+ years. People who were aged 65+ years were more likely to fulfil the guidelines if they lived in a two person household (26 per cent) compared to a single person household (16 per cent), but this could be because they were generally younger. The highest percentage of active residents occurred in Beverley & Newland (51 per cent), Avenue (50 per cent), Central (49 per cent) and Kingswood (48 per cent). This equates to around 84,950 adults across Hull fulfilling the national physical activity guidelines.

Physically active (%)
[Fulfil national guidelines of 150+ minutes of moderate physical activity per week]



Four in eleven people were classified as inactive (fewer than 30 minutes of moderate-intensity physical activity per week), although again this was much higher among those aged 75+ years where 79 per cent were inactive. There was also a strong association with deprivation, employment status and household composition. People living in Marfleet (55 per cent), West Carr (54 per cent), St Andrew's & Docklands and Orchard Park (both 53 per cent) were the most likely to be inactive. Across all of Hull, this equates to around 92,300 adults classified as physically inactive.



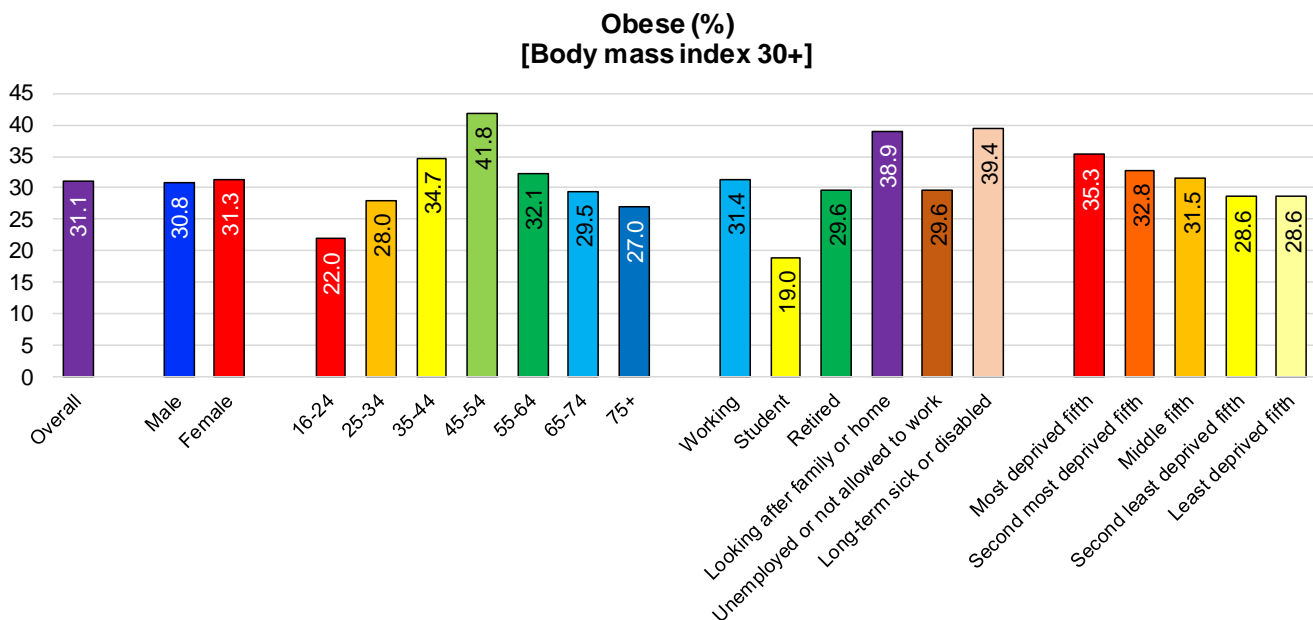
In 2014, 44 per cent were classified as physically active and 43 per cent has physically inactive, so there has been relatively small changes in inactivity but a slight decrease in the percentage physically active. There are huge differences between Hull and England for physically active (66 per cent from Active Lives Survey and 73 per cent from Health Survey for England) and physically inactive (22 per cent from Active Lives Survey and 27 per cent from Health Survey for England). Some of these differences could be associated with the way the question(s) have been asked as there are differences between these surveys and in the local survey. The Active Lives Survey provides estimates for each local authority and the prevalence estimated for Hull differs substantially from the local estimates although this could be because so few people in Hull are surveyed within the national Active Lives Survey.

Seven in ten adults were classified as overweight or obese (with a body mass index (BMI) of 25 or more), with relatively small differences across the age groups except the youngest (49 per cent among 16-24s, 66 per cent among 25-34s and between 72 per cent and 77 per cent among those aged 35+ years with highest prevalence in middle ages). There was also relatively small differences across the deprivation fifths although the prevalence was highest among those living in the least deprived fifth of areas (72 per cent) compared to the most deprived fifth of areas of Hull (68 per cent). Slightly more men (73 per cent) had excess weight compared to women (67 per cent). The highest prevalence of overweight and obesity occurred in Orchard Park (79 per cent), Boothferry (76 per cent) and Derringham (73 per cent). The prevalence is higher than England (63 per cent).

There was more of a difference across the age groups and deprivation fifths when considering obesity (BMI 30+). Almost one-third of all survey responders were obese, and the prevalence was lowest among those aged 16-24 years at 22 per cent increasing to a high of 42 per cent among those aged 45-54 years before decreasing to 27 per cent among those aged 75+ years. In contrast to overweight, a higher percentage were obese in the most deprived areas of Hull

compared to the least deprived areas. Residents of Marfleet (39 per cent), Orchard Park (38 per cent) and Boothferry (36 per cent) were the most likely to be classified as obese. The prevalence is higher than England (28 per cent).

The prevalence of morbidly obese (BMI 40+) was 3.7 per cent overall, being higher among women compared to men (4.2 per cent versus 3.0 per cent). Around three per cent were morbidly obese among those aged 16-34 years, just over five per cent among those aged 35-64 years, 2.4 per cent among those aged 65-74 and 0.4 per cent among those aged 75+ years. The prevalence was highest among people living in the most deprived fifth of areas of Hull (6.2 per cent) which was more than double that of people living in the least deprived fifth of areas of Hull (2.5 per cent). The prevalence was also noticeably higher among people who were not working due to long-term illness and disability where 12 per cent were morbidly obese. The prevalence was highest in Marfleet (6.6 per cent), St Andrew's & Docklands (5.5 per cent) and Orchard Park (5.1 per cent). The prevalence is slightly higher than England (3.2 per cent).



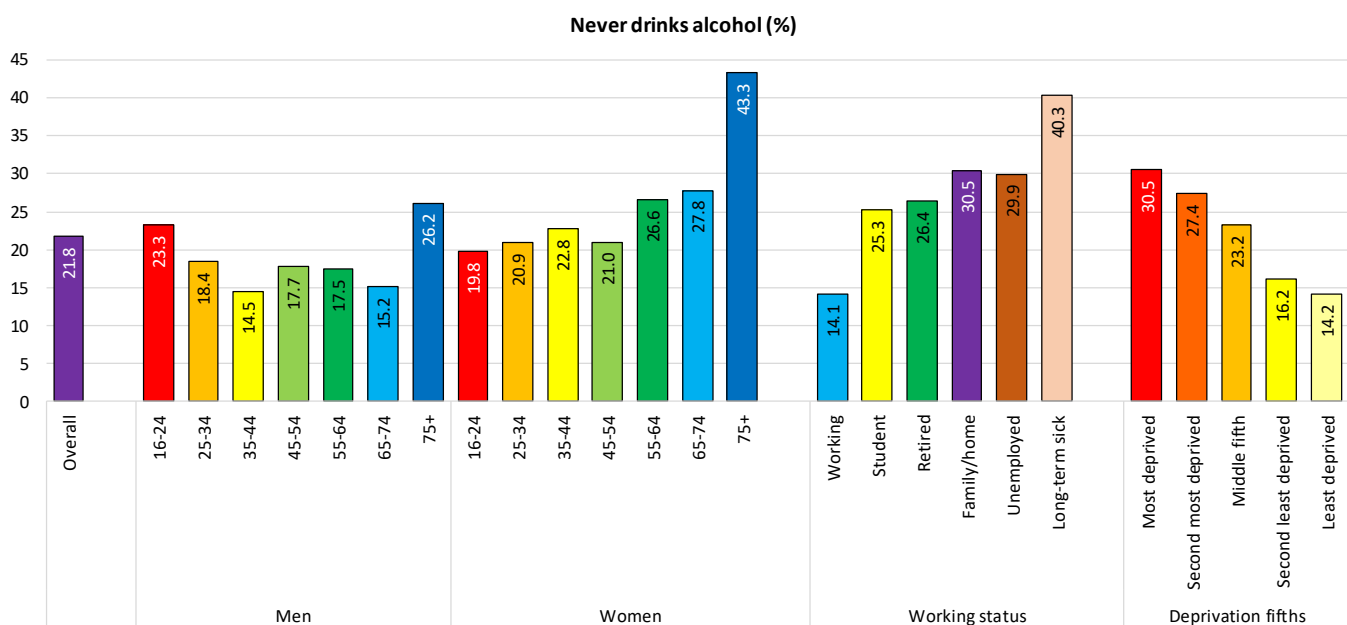
This equates to 145,500 adults who are overweight or obese in Hull including 64,850 people who are obese (and including 7,650 who are morbidly obese). The prevalence of overweight and obesity combined has increased in Hull over time from 62 per cent in 2003 to 70 per cent in 2019. The increase is mainly due to an increase in the levels of obesity which increased from 22 per cent in 2003 to 31 per cent in 2019. The prevalence of morbidly obese has also increased considerably from 2.3 per cent in 2003 to 3.7 per cent in 2019.

During the period 2003 to 2014, there was a shift from overweight to obese. The percentage in the overweight and obese combined category had increased but the percentage in the overweight alone category had fallen, so the increase in prevalence had come from an increase in the percentage who were obese. However, in the latest period from 2014 to 2019, there has been both an increase in the prevalence of overweight (from 37 per cent to 39 per cent) and the prevalence of obesity (from 26 per cent to 31 per cent), thus a considerable increase in the prevalence of overweight and obesity combined (from 64 per cent to 70 per cent). So the greatest increases have occurred in the last five years.

Alcohol and drugs

- Excess alcohol is a risk factor for a number of cancers, liver disease, cardiovascular disease, and can also lead to fatal alcohol poisoning as well as a range of other short-term effects such as injuries from accidents and violence, hangovers, memory loss, etc. It can also significantly affect families, and the wider economy and community.
- There are around 2,000 alcohol-related admissions to hospital and 150 alcohol-related deaths every year in Hull including over 30 deaths specifically related to alcohol.
- It is estimated that the cost of harmful use of alcohol costs the NHS in England around £3.5 billion a year. However, there are further sizeable costs to the police and economy, and other non-financial costs to society in general (£21 billion a year).
- Drug misuse and dependency can lead to a range of harms for the user including poor physical and mental health, increased risk of premature death, unemployment, homelessness, family breakdown and criminal activity. Drug misuse impacts on all those around the user and the wider society. The Home Office estimated that in 2010/11 that the cost of illicit drug use in the UK was £10.7 billion per year.

Just over one in five people never drank alcohol and this was higher among people aged 75+ years particularly women, people who were not working due to long-term sickness and disability, and people living in the most deprived areas of Hull. People in Central (34 per cent), Orchard Park and St Andrew's & Docklands (both 31 per cent) were the most likely to never drink alcohol, whereas people living in Kingswood (12 per cent), Beverley & Newland (13 per cent) and Holderness (14 per cent) were the least likely to do so.



Overall, half of men aged 45-74 years stated they usually drank alcohol every week with around four in ten men aged 35-44 and 75+ years, people who were working, and people living in the least deprived two-fifths of areas of Hull also doing so. The highest prevalence of women drinking alcohol was among the 45-54 year age group where 36 per cent drank alcohol every week. People in Avenue (50 per cent), Beverley & Newland (43 per cent) and Sutton (40 per cent) were the most likely to drink alcohol at least once a week.

Among all responders, 48 per cent had drunk alcohol the previous week and this was around 60 per cent or higher among men aged 35-74 years, people who were working and people living in the least deprived fifth of areas of Hull. Residents of Avenue (63 per cent) and Kingswood (61 per cent) were the most likely to have drunk alcohol the previous week.

It is recommended that people do not exceed 14 units of alcohol in a week. Over one-third of men aged 35-64 years, and one-quarter or more of men aged 16-34 and 65-74 years, people who were working and people living in the least deprived fifth of area of Hull had drunk more than 14 units the previous week. Residents of Pickering (29 per cent), Holderness (28 per cent) and Avenue (28 per cent) were the most likely to have exceeded 14 units the previous week.

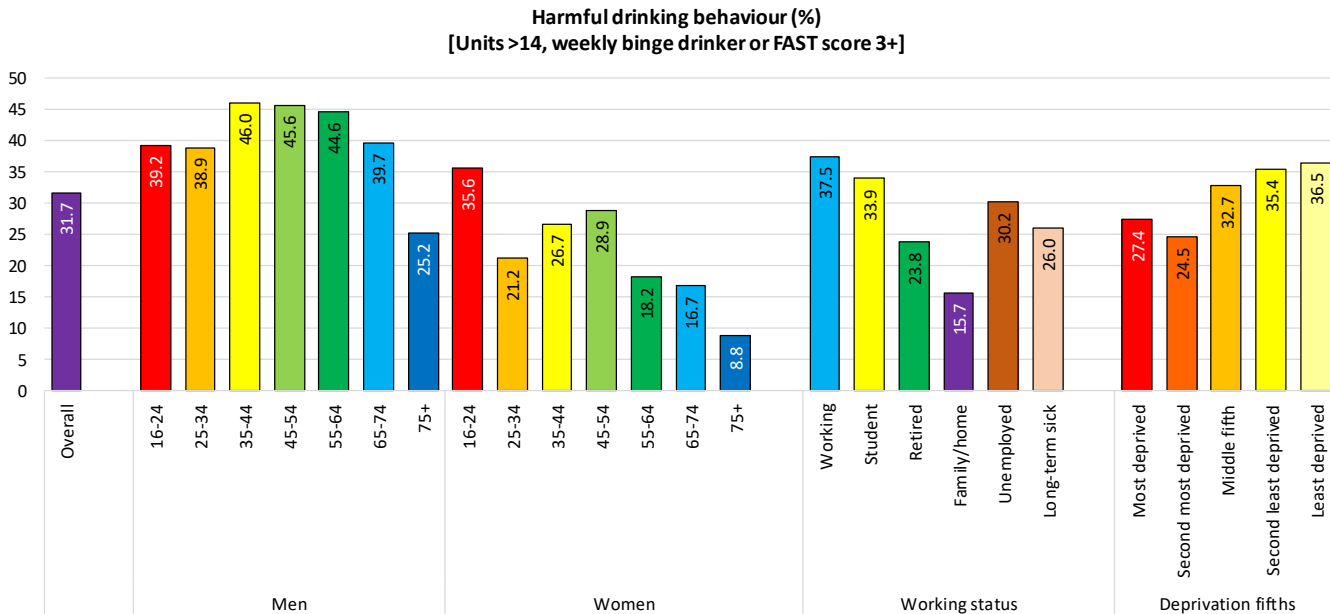
Overall, 8.4 per cent had exceeded 28 units the previous week, but this was considerably higher among men aged 16-24 (14 per cent), 35-44 (15 per cent), 45-54 (17 per cent) and 55-64 years (18 per cent). Residents of Beverley & Newland and Drypool (both 12 per cent) and Pickering (11 per cent) were the most likely to have exceeded 28 units the previous week.

The types of drinks consumed differed by age and gender. Of those men who had drunk alcohol the previous week, almost nine in ten had drunk beer, lager, ale, stout or cider, 28 per cent had drunk wine (although higher among men aged 35-64 years), 2.1 per cent had drunk sherry, port or martini (highest among those aged 16-24 years at 4.0 per cent and decreasing with age), and 35 per cent had drunk spirits. Young men who had drunk alcohol the previous week were much more likely to have drunk spirits (52 per cent) compared to those aged 35-44 (38 per cent) and 75+ years (13 per cent), and other age groups (around one-third). Of the women who had drunk alcohol during the previous week, just under a half had drunk beer, lager, ale, stout or cider (although lower among 65+ years), 52 per cent had drunk wine (42 per cent among 16-24s and 75+ years, around 50 per cent among 25-34 and 45-54 years, and around 60 per cent for other age groups), 3.6 per cent had drunk sherry, port or martini (highest among 75+ years at 9.8 per cent, 16-24s at 7.3 per cent and 65-74s at 6.3 per cent), and 44 per cent had drunk spirits with a considerable difference by age (79 per cent among 16-24s, 52 per cent for 25-34s and reducing gradually with age to 24 per cent among women aged 75+ years). Thus drinkers aged 16-24 were much more likely to consume spirits.

Furthermore, it is recommended that people spread any drinking over the week and have several alcohol-free days. The survey asked how frequently people drank 6+ units of alcohol on a single occasion. People who did this at least once a week were defined as 'binge drinkers'. One third of men aged 45-54 years drank 6+ units on a single occasion at least once a week as did around 30 per cent of men aged 55-64 years and one quarter of men aged 35-44 years. Women were much less likely to do so with the highest percentage those aged 45-54 years (at 19 per cent). The percentage was higher among people living in the least deprived fifth of areas of Hull (23 per cent) compared to the most deprived fifth of areas of Hull (17 per cent). People living in Pickering (28 per cent), Avenue (24 per cent) and West Carr (22 per cent) were the most likely to binge drink at least once a week.

However, the pattern of high risk was slightly different for having a high Fast Alcohol Screening Test* with the prevalence also high among those aged 45-54 years (37 per cent among men and 24 per cent among women), but additionally high among those aged 16-24 years (35 per cent among men and 31 per cent among women). Furthermore, whilst there was a significant trend by deprivation (29 per cent among least deprived fifth compared to 20 per cent among second most deprived fifth) it was slightly higher for the most deprived fifth (24 per cent) compared to the second most deprived fifth. Residents of Avenue (36 per cent), Pickering and Beverley & Newland (both 33 per cent), University and Sutton (both 30 per cent) were the most likely to have a high FAST score.

In summary, 32 per cent displayed harmful behaviours with regard to alcohol consumption. This was considerably higher among men under 75 years, women aged 16-24 years, and higher among people living in the least deprived area of Hull. Residents of Avenue (42 per cent), Pickering (40 per cent), Beverley & Newland (39 per cent), Sutton (38 per cent) and University (37 per cent) were the most likely to display harmful behaviours in relation to alcohol.



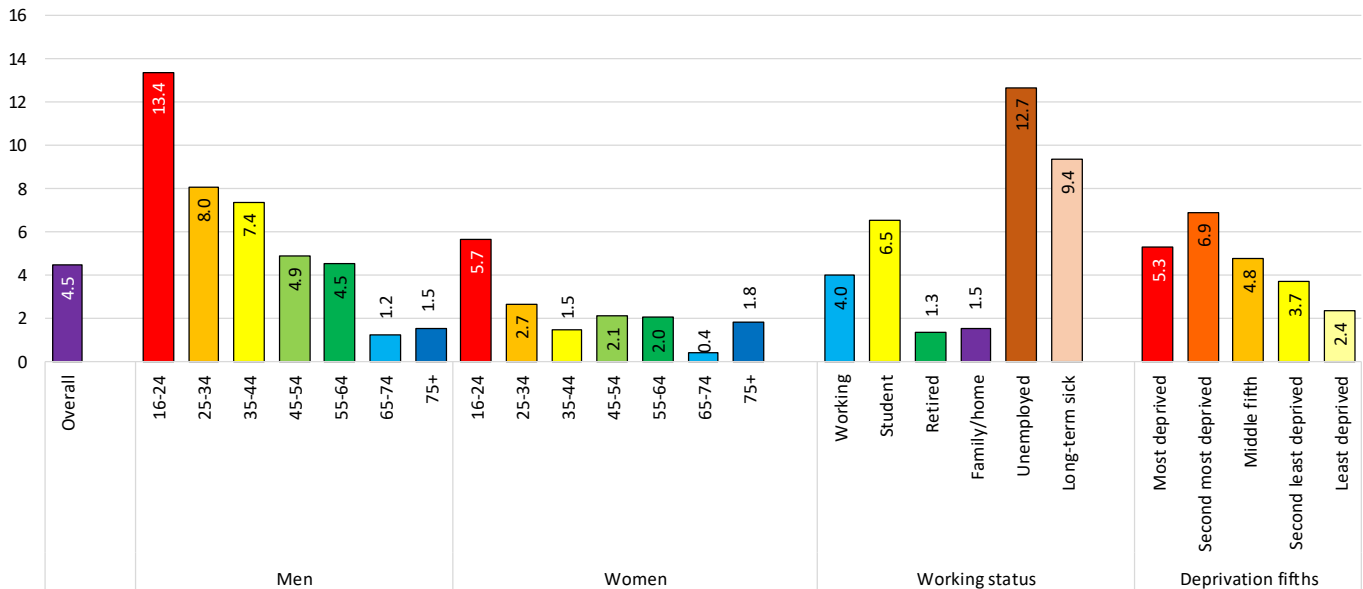
Across all of Hull, 45,450 never drink alcohol and 71,750 usually drink alcohol at least once a week. Around 100,000 adults in Hull had drunk alcohol the previous week including 42,800 who had drunk more than 14 units (including 17,500 who had drunk more than 28 units and including 7,000 who had drunk more than 50 units). Around 39,450 usually drink 6+ units on a single occasion at least once a week. Around 2,000 adults fail to do what is normally expected of them because of their drinking on a weekly basis, around 3,300 are unable to remember what happened the night before because of their drinking on a weekly basis, 13,650 adults have had a relative, friend, doctor or other health professional who have been concerned about their drinking or suggested they cut down (including 6,950 who have been told this within the last year). Overall, 54,050 adults in Hull had a high FAST score (3-16) including 6,450 who had a very high score of 8-16. In total, it is estimated that 66,250 adults display harmful drinking behaviour (more than 14 units previous week, usually binge drink weekly and/or a high FAST score).

It is not possible to compare harmful drinking over time across the local surveys as the questions have changed to reflect the changing strength of alcoholic drinks and changes in national guidelines. Nevertheless, it is possible to examine frequency of drinking and to some extent the number of alcoholic units consumed. More people in Hull are never drinking alcohol (17 per cent in 2003 compared to 22 per cent in 2019) and those that drink are drinking less frequently (45 per cent drinking at least once a week in 2003 compared to 34 per cent in 2019) and also fewer alcoholic units (8.4 per cent drinking more than 14 units in 2003 compared to 6.8 per cent in 2019). Nevertheless, the addition of the FAST screening questions has revealed new information relating to young adults in Hull and their high level of risky behaviour.

Overall, 4.5 per cent stated they used drugs other than those required for medical reasons 'everyday' (2.2 per cent), 'weekly' (1.5 per cent) or 'monthly' (0.8 per cent), although it was considerably higher among men aged 16-24 years at 13 per cent. People who were unemployed (13 per cent) or not working due to long-term illness or disability (9 per cent) also had a high rate of usage. There was also a trend across the deprivation fifths with a higher

percentage using drugs other than those required for medical reasons monthly among those living in the most deprived areas compared to the least deprived areas of Hull. Residents of St Andrew's & Docklands (9.2 per cent), Beverley & Newland (7.6 per cent) and Newington & Gipsyville (6.7 per cent) had the highest prevalence of usage monthly. Overall, 8.3 per cent had used drugs in the last year, and this equates to around 17,350 adults across Hull (9,300 people using them monthly including 7,600 using drugs weekly).

Use drugs other than those required for medical reasons monthly (%)



Problem gambling

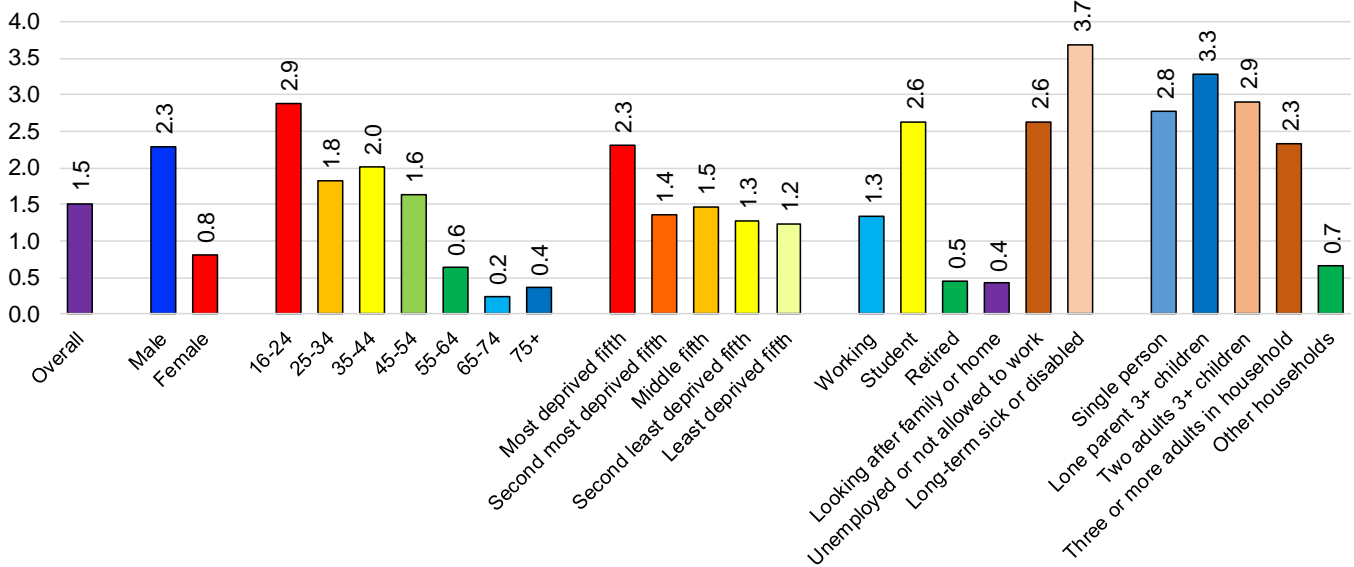
- The societal costs of problem gambling were estimated at between £210 million and £560 million in 2016.
- The 2015 Health Survey for England estimated there were 373,000 problem gamblers, and 1.7 million at risk of problem gambling in England.
- Gambling related harm affects far more people than just the problem gambler. Some estimates suggest that for every problem gambler, between 6 and 10 additional people (such as friends, family, co-workers) are directly affected.

Playing the lottery and scratch cards were the most common type of gambling, played by 49 per cent and 36 per cent respectively. Two-thirds take part in some type of gambling including 44 per cent who gamble every month equivalent to almost 136,000 adults in Hull (including 92,000 who gamble every month). Almost three in ten gamble every week, and more men (34 per cent) than women (26 per cent) gamble weekly, and it is much more common in older age groups compared to 16-24s (15 per cent) increasing with age to 41 per cent among those aged 55-64 years and slightly lower at 38 per cent among those aged 65+ years.

Overall, 1.5 per cent of all survey responders on a 'weekly' or 'monthly' basis had lied to people important to them about how much they had gambled, and/or felt the need to bet more and more money, and/or bet more than they could afford to lose. Men, people aged 16-24 years, people living in the most deprived areas of Hull, students, those who were employed or not working due to long-term illness or disability, single persons living alone (aged under 65 years), some households with three or more children, and households with three or more adults were

the most likely to undertake this potential problem gambling behaviour at least monthly. People living in St Andrew’s & Docklands (4.5 per cent), Boothferry (3.5 per cent), Sutton (2.9 per cent) and Longhill & Bilton Grange (2.4 per cent) were the most likely to have lied, and/or felt the need to bet more and more and/or bet more than they could afford to use on a monthly basis. This equates to 8,800 people undertaking these behaviours in the last year including 3,150 who behaved in this way on a ‘weekly’ or ‘monthly’.

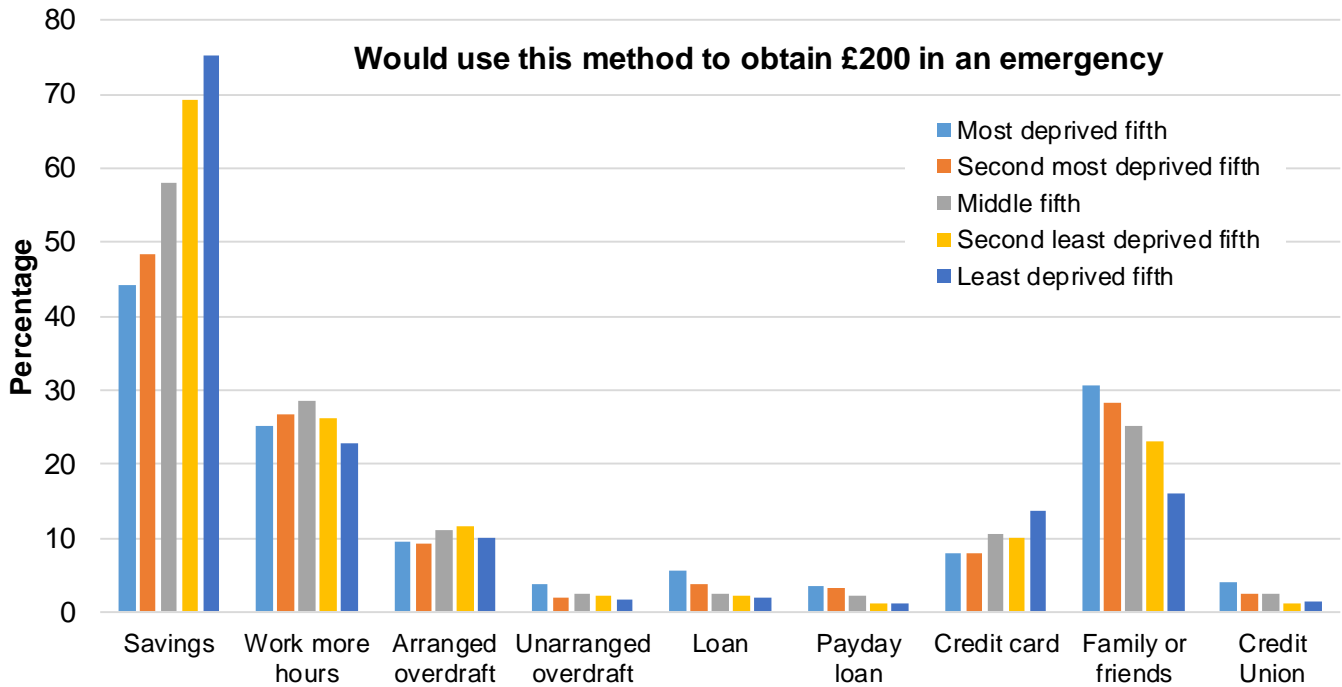
Lied, felt need to bet more and/or bet more than can afford to lose monthly (%)



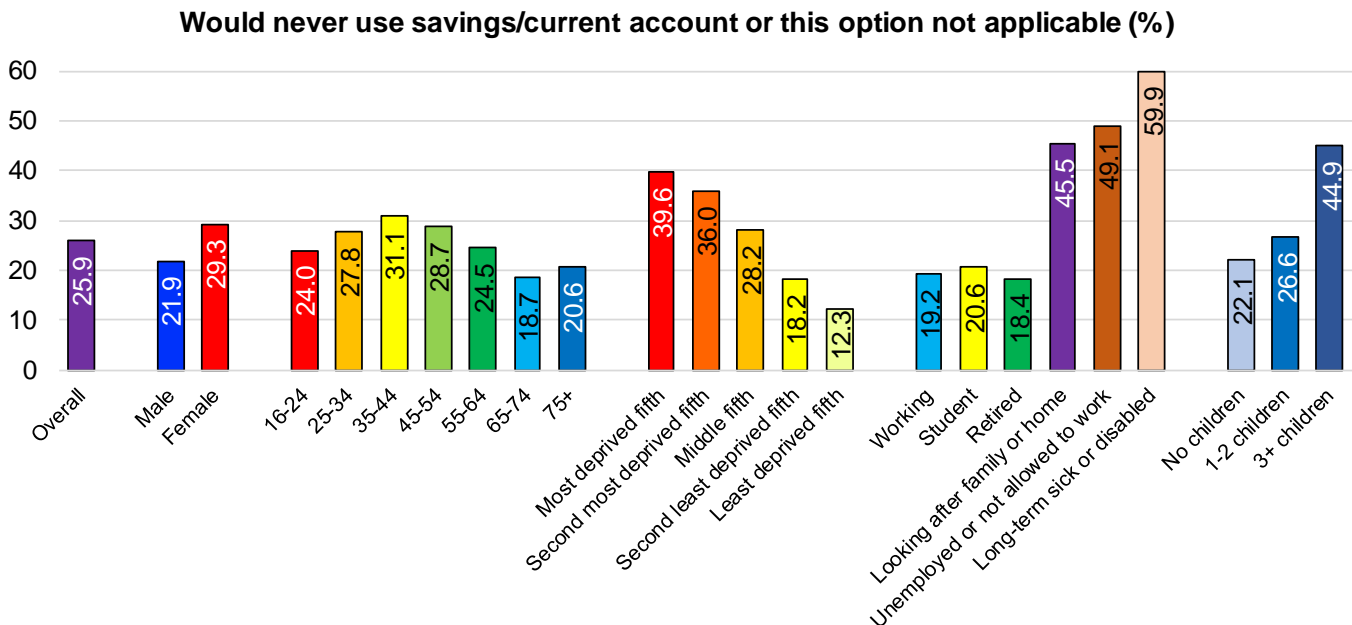
Financial resilience

- Financial resilience is the ability of individuals and families to weather financial shocks and it is central to economic and emotional wellbeing.
- Life chances and prospects of young people are greatly affected by the financial resilience of their parents, and the state is also affected by the financial resilience of its residents.
- Lack of financial resilience can impact on educational attainment, employment prospects, housing and health, as well as having substantial impact on emotional wellbeing.

Overall, 60 per cent would use savings or money from their current account to fund a £200 household emergency (including 36 per cent who would only use this method). Overall, 48 per cent stated they ‘would’ or ‘might’ use more than one source to fund the household emergency. Residents of Kingswood (75 per cent), Sutton (73 per cent) and Avenue (72 per cent) were the most likely to use their savings or money from the current account, and residents of Sutton, Bricknell and Holderness were the most likely to only use this source of funding (all 48%).



Just over one-quarter would never use their savings or money from their current account to fund a £200 household emergency or they said this option was not applicable to them. It was most common among working-age people who were not working, lone parents, households with three or more children and anyone living in the most deprived areas of Hull. People living in Marfleet (43 per cent), Orchard Park (41 per cent), and St Andrew's and Docklands (38 per cent) were more likely to never use savings or money from their current account (in contrast to Kingswood where it was 8 per cent). This equates to 54,100 people who would never use their savings or current account to fund a £200 household emergency.



Almost one quarter of people would ask family or friends (24 per cent) including 8.2 per cent who would only ask family or friends. Those aged 16-34 years were much more likely to ask family or friends with over 35 per cent doing so. Over three in ten would ask family and friends among people who were working fewer than 20 hours per week and people not working (students, looking after family or home, unemployed and long-term illness and disability), and also three in ten among people living in the most deprived fifth of areas of Hull (compared to 16 per cent among least deprived fifths of areas of Hull). Among survey responders who lived in households without children, 19 per cent would ask family or friends but this increased to 32, 30, 34 and 43 per cent among households with one, two, three, and four or more children in the household (including 20 per cent who would only ask family or friends among those living in households with four or more children). Over one-third of residents living in Orchard Park and Marfleet wards (both 35 per cent) would ask family or friends (including 19 per cent and 14 per cent respectively who would only ask family or friends).

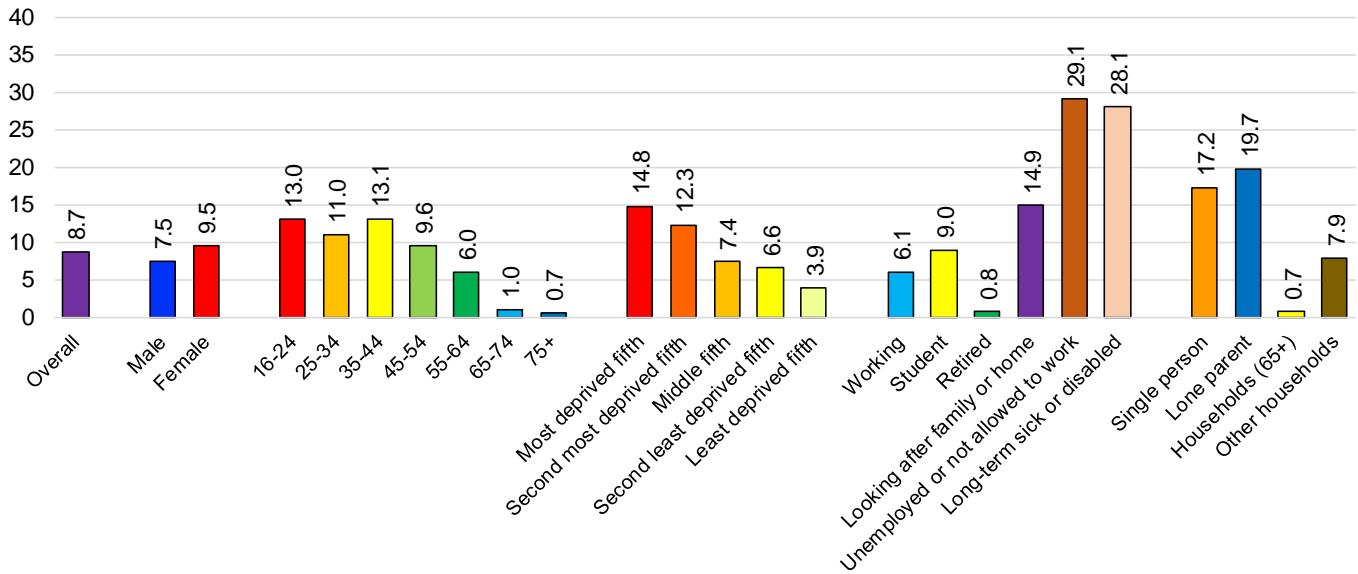
Emotional wellbeing was much lower among those with low financial resilience. Among those people who would not be able to fund a £200 household emergency from savings or from their current account:

- 37 per cent had high levels of anxiety
- 26 per cent experienced low levels of happiness
- 24 per cent had low satisfaction with life
- 21 per cent had low levels of feeling life was worthwhile

Among those able to fund the emergency from their savings or current account, 29 per cent had high levels of anxiety, 11 per cent experienced low levels of happiness, 10 per cent had low satisfaction with life, and 8 per cent had low levels of feeling life was worthwhile. Whilst finances will impact on these measures of wellbeing, many other factors may be involved.

Overall, 4.4 per cent of all people worried 'most days' and 4.3 per cent worried 'about once a week' about not having enough food to eat because of a lack of money or other resources. This equates means around 18,500 adults in Hull worry each week about not having enough food to eat. Fears of not having enough to eat were higher in areas with high levels of deprivation. The highest was for residents of St Andrews & Docklands (19 per cent), Newington & Gipsyville (14 per cent), Central (13 per cent) and Marfleet (12 per cent). Almost three in ten people who were not working due to unemployment or long-term illness and disability worried most days or weekly, as did two in ten lone parents. Less than one per cent of retired people worried weekly about a lack of food. A further 7.2 per cent worried 'about once a month' about not having enough food to eat equating to 33,250 adults worrying at least once a month about feeding themselves and/or their families.

Worrying about not having enough food on a daily or weekly basis (%)



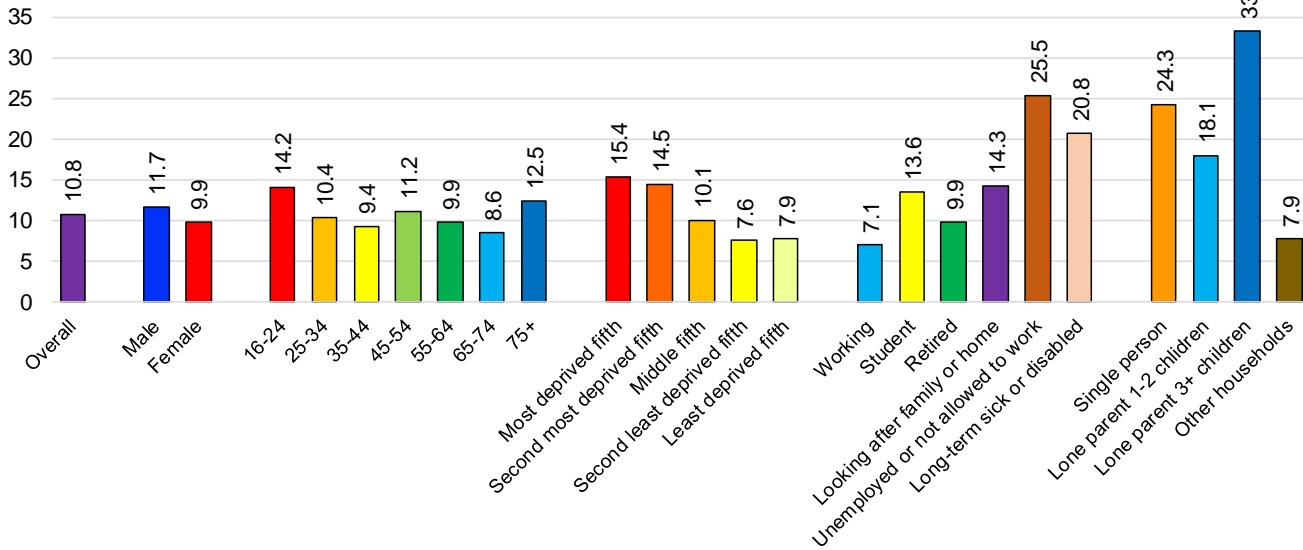
Slightly more people worried ‘most days’ (7.0 per cent) or ‘about once a week’ (3.4 per cent) about paying their rent or mortgage, and other essential bills like for water, gas, electricity and Council tax, with an additional 8.8 per cent worrying ‘about once a month’. This equates to 40,150 adults across Hull worrying about their essential bills on a monthly basis including 21,750 who worry on a weekly basis (which includes 14,600 who worry most days). High levels were recorded in the same groups of individuals who worried about not having enough food to eat.

Social support and networks

- Social capital, which includes things such as relationships with the neighbourhood and the people that live there, has an impact on the mental health and wellbeing of people in that community.
- It is important that people have social networks and have family and friends to support them not just in a crisis or when ill, but for support in everyday living. Lack of support and social networks can increase social isolation, and can greatly impact emotional wellbeing.

One in ten had no-one to help if they were ill in bed (or they didn’t know if they’d be anyone to help). It was highest among the youngest and oldest survey responders, people living in the most deprived areas of Hull, people who were unemployed or not working due to long-term illness and disability, single people living alone (aged under 65 years) and lone parents. It was also highest among residents of Central, St Andrew’s & Docklands (both 17 per cent) and Newington & Gipsyville (16 per cent) wards. In total, this equates to 11,350 adults who do not have anyone to help if they were ill in bed and a further 11,250 who do not know if they would have anyone to ask.

No-one to help if ill in bed (or don't know if they'd be anyone to help)(%)



Overall, 2.9 per cent had no-one to ask if they had a serious crisis and needed someone to turn to for comfort and support, with an additional 14 per cent having only one or two people to turn to. It was highest among people aged 16-24 and 35-44 years. One in nine people who were unemployed had no-one to turn to and a further 19% had only 1-2 people to turn to, and this was also high among people not working due to long-term illness and disability (8.2 per cent and 31 per cent had no-one or only 1-2 people to turn to respectively). There was also an association with deprivation with 5.4 per cent and 20 per cent having no-one or 1-2 people to turn to respectively among people living in the most deprived areas of Hull compared to 0.9 per cent and 9.4 per cent among people living in the least deprived areas of Hull. In St Andrew's & Docklands, 7.0 per cent of survey responders had no-one to turn to, 6.0 per cent in Central and 5.6 per cent in Longhill & Bilton Grange. In total, it is estimated that 6,050 people having no-one to turn to in a serious crisis and a further 28,650 have only one or two people to turn to for comfort and support.

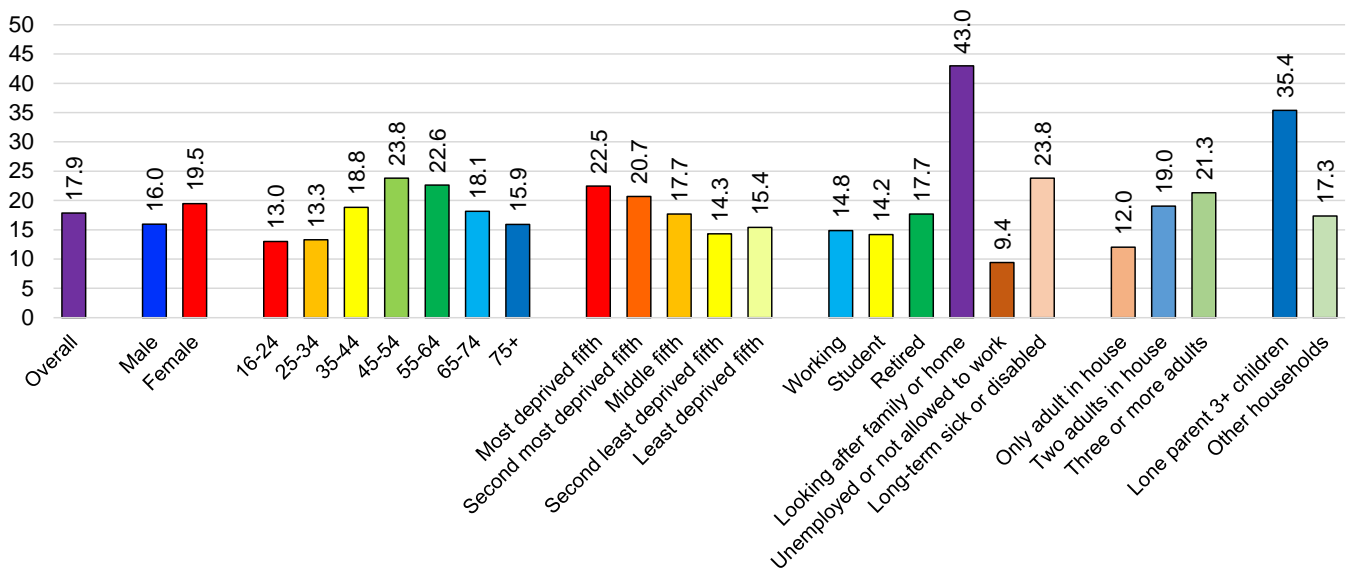
Caring responsibilities

- Some carers sacrifice their own way of life, lifestyles, and careers to become carers and the needs of other family and friends for the loved ones, and it can affect the carer's physical and emotional health if the care needs are high or the carer does not have sufficient support.
- With the ageing population, it is often the case that elderly couples are caring for the other, with the carer also having significant health needs.
- The Care Act gives specific rights to all carers and places a responsibility on the local authority to assess and meet their needs.

People were asked if they were responsible for the long-term care of seven different groups of individuals. One in twenty (5.3 per cent) stated they cared for a sick or disabled partner (equating to 10,950 adult carers across Hull), 4.4 per cent cared for sick or disabled children (9,200 carers across Hull), 3.1 per cent cared for other sick or disabled relatives (equating to 6,500 carers), 4.2 per cent cared for elderly relatives who were not sick (8,750 carers across Hull), 1.0 per cent cared for sick or disabled friends (2,150 carers across Hull), 6.3 per cent cared for parents (equating to 13,050 carers across Hull) and 2.6 per cent cared for someone else (equating to 5,350 carers across Hull). In total, 82 per cent had no caring responsibilities, 13 per cent cared for one person / group of people listed, 3.3 per cent cared for two people /

group of people listed, and 1.4 per cent cared for three or more people / groups of people listed. Thus 18 per cent cared for at least one person (equating to 37,300 carers in total across Hull). Women were slightly more likely to be carers as were people aged 45-64 years, and there was an association with deprivation. A high percentage of lone parents with three or more children were carers. There were 65 of them in total who answered the carer questions and 23 of them cared for others (mainly caring for children (12) or parents (6)). The reason this is high is not known. It could be because they are relatively few of them in the survey, and they might not be totally representative of all lone parents with three or more children across Hull. People in Longhill & Bilton Grange (27 per cent), St Andrew's & Docklands, and Sutton (both 22 per cent) were more likely to be carers.

Cares for at least one person (%)



Across all of Hull's adults, 8.9 per cent spent fewer than ten hours per week caring for others, 1.2 per cent spent 10-19 hours per week, 0.7 per cent spent a different number of hours each week but it was under 20 hours per week, and 7.7 per cent spent 20 or more hours per week caring for others (including 6.4 per cent who spent 35 or more hours per week caring for others).

Volunteering

- As well as helping the local community and specific causes, and the 'feel good' factor, volunteering can improve mental wellbeing and reduce social isolation. It can also help individuals gain new skills, experience and areas of interest, as well as making new friends.

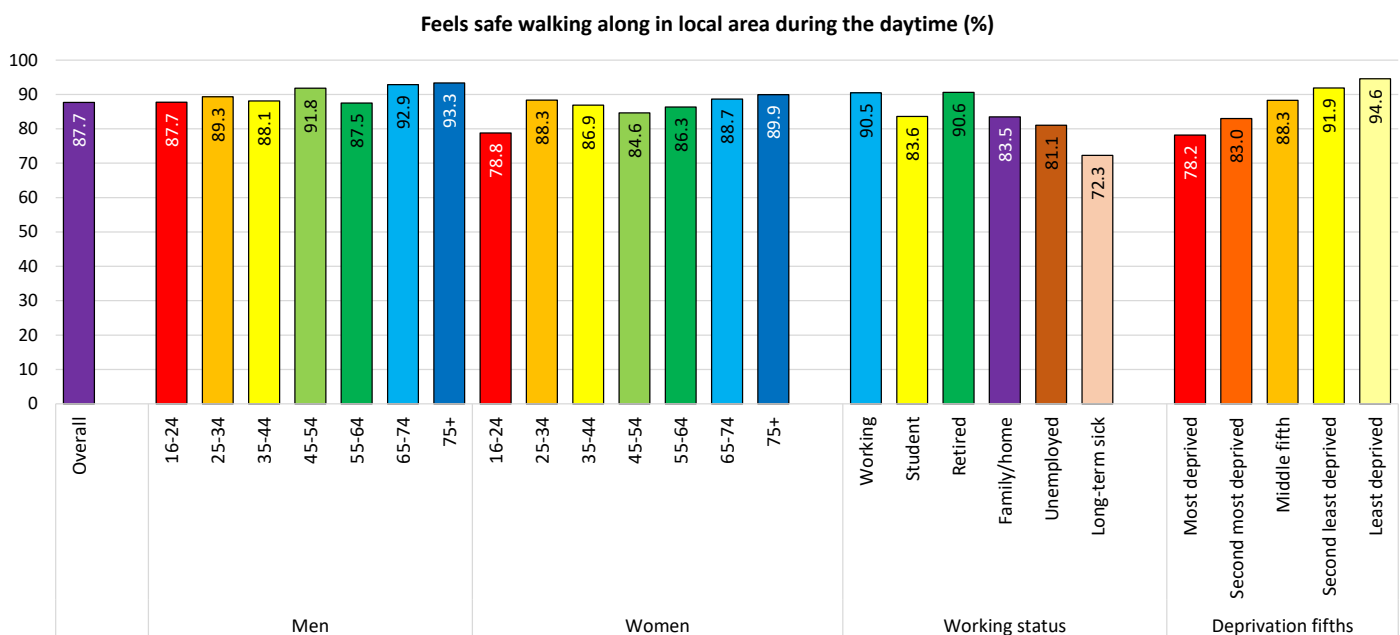
Around one in twelve adults currently volunteer about once a week or more (7.9 per cent), 2.1 per cent volunteer about once a month, 3.7 per cent a few times a year, 2.8 per cent about once a year, and 30 per cent had volunteered in the past but not in the last year. People aged 16-24 (11 per cent) and 65-74 (10 per cent) years were the most likely to currently volunteer about once a week or more as were students (11 per cent) and people who were unemployed (17 per cent). Residents of St Andrew's & Docklands (11 per cent), Boothferry, Avenue, University, Central, Drypool, and Beverley & Newland (all 10 per cent) were the most likely to volunteer weekly or more frequently.

Local area and social capital

- Social capital, which includes things such as feelings of safety when in the local area, relationships with the neighbourhood and the people that live there, has an impact on the mental health and wellbeing of people in that community.
- Our local environment and community, having a high number of issues and problems within a local area and feeling unsafe when alone in a local area can impact on both physical health and mental wellbeing, and can increase social isolation.

Feeling safe when alone in local area and at home

There were 2.2 per cent of survey responders who when asked how safe they felt walking alone in their local area during the daytime stated that they never went out. Around two per cent of men aged 16-64 years never went out, but this was slightly lower among men aged 65-74 years (0.8 per cent) and higher among men aged 75+ years (2.9 per cent). Among women, just over two per cent stated they never went out among those aged 35-64 years but this was lower among those aged 16-24 years (0.4 per cent) and 25-34 years (1.7 per cent) and considerably higher among those aged 75+ years (7.0 per cent). The people who never went out were asked how safe they felt they would feel and this was combined with feelings of safety among those that did go out. Thus overall, nine in ten felt 'very safe' (45 per cent) or 'fairly safe' (43 per cent) walking alone in their local area during the daytime, although 3.5 per cent did feel very unsafe. This percentage was lower among lone parents with three or more children (80 per cent), women aged 16-24 years) and people who were not working due to long-term illness and disability. There was also a considerable difference by deprivation. Perhaps surprisingly, both men and women aged 75+ years had the highest percentage feeling safe compared to all other age groups. Residents of St Andrew's & Docklands (75 per cent), Central (77 per cent) and Orchard Park (79 per cent) where the least likely to feel safe walking alone in their local area during the daytime.



Overall 13 per cent of people never went out alone in their local area after dark, but there was a huge differences across the age groups. Between 2.7 and 4.9 per cent of men aged 16-54

years never went out (highest among 16-24s), 6.6 per cent of men aged 55-64, 11 per cent of 65-74s and 28 per cent of men aged 75+ years. Among women around nine per cent of those aged 16-34 years never went out, around 13 per cent of those aged 35-54 years, 20 per cent of those aged 55-64 years, 34 per cent of those aged 65-74 years and 55 per cent of those aged 75+ years. There was also a strong association with deprivation and never going out after dark. People living in Orchard Park (22 per cent), Marfleet (20 per cent), Longhill & Bilton Grange (19 per cent) and Pickering (18 per cent) were the most likely to never go out after dark.

Around 64 per cent of men felt very or fairly safe walking alone in their local area after dark, but this was considerably lower among men aged 16-24 years (54 per cent) and men aged 75+ years (34 per cent), although there were different reasons for the low percentages. Among men aged 16-24 years, 41 felt unsafe including 11 per cent who felt very unsafe, whereas among men aged 75+ years, 19 per cent felt unsafe which included 3.7 per cent who felt very unsafe, and the rest (28 per cent) never went out.

The same pattern occurred for women. Among women aged 16-24 years, 66 per cent felt unsafe including 30 per cent who felt very unsafe (10 per cent never went out). Among women aged 75+ years, 27 per cent felt unsafe including 7.3 per cent who felt very unsafe (and 55 per cent never went out).

Among the most deprived fifth of areas of Hull a higher percentage felt unsafe (46 per cent) and never went out (18 per cent) compared to people living in the least deprived fifth of areas of Hull where 25 per cent felt unsafe and 8.4 per cent never went out.

Students also felt unsafe walking alone in their local area after dark with 30 per cent feeling a bit unsafe and 23 per cent feeling very unsafe (a further 6.8 per cent never went out). People living in St Andrew's & Docklands (51 per cent), Central (49 per cent), Orchard Park and Beverley & Newland (both 47 per cent) had the highest percentage of people who felt unsafe walking alone in their local area after dark.

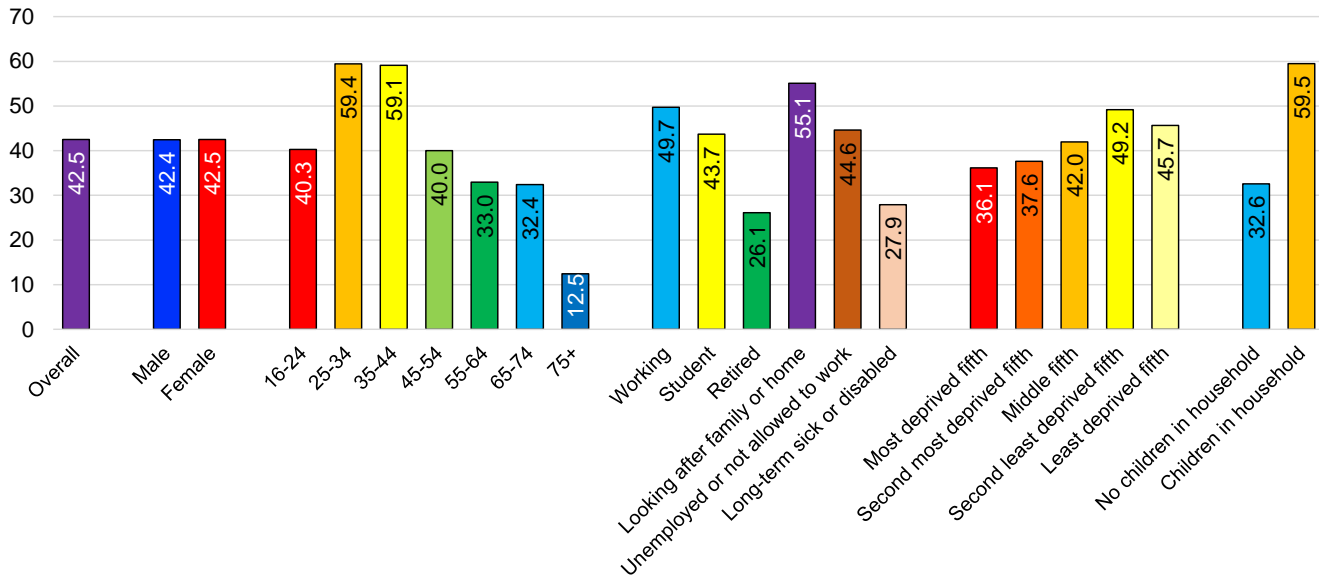
Almost nine in ten (89 per cent) felt very safe (49 per cent) or fairly safe (40 per cent) alone in their own home at night, with the percentage higher among men compared to women (93 versus 85 per cent). Fewer people living in the most deprived fifth of areas of Hull felt safe compared to people living in the least deprived fifths of areas (81 versus 94 per cent). There was also a difference with age with the highest percentage feeling safe among those aged 45+ (around 95 per cent among men and between 88 and 93 per cent among women depending on the age group). Just over 90 per cent of men felt safe among those aged 25-44 years and it was 88 per cent among those aged 16-24 years. Among women, 84 per cent felt safe among those aged 25-44 years, but only 70 per cent of women aged 16-24 years felt safe alone in their own home at night with 22 per cent feeling 'a bit unsafe' and 7.5 per cent feeling very unsafe. People living in St Andrew's & Docklands (80 per cent), Central (82 per cent), Orchard Park and Beverley & Newland (both 83 per cent) had the lowest percentages of residents feeling safe when alone in their own home at night.

Use of local parks and problems in local area

Almost one quarter (23 per cent) never used their local parks (green space) in the city, 6.7 per cent used them 'about once a year or less' and 28 per cent used them 'a few times a year'. Just over four in ten used them daily (6.8 per cent), weekly (22 per cent) or monthly (14 per cent). This equates to 14,200 adults using local parks 'daily', and a further 74,550 adults using parks 'weekly' (45,350) or 'monthly' (29,200), although an estimated 47,700 adults in Hull never use local parks. Of those who never used parks, they were asked the reasons (six specified reasons given of which people could select more than one option plus an 'other' category): 11 per cent

stated the parks were not close enough, 18 per cent said they didn't feel safe, 21 per cent stated they couldn't get there or because of mobility problems, 27 per cent stated there was nothing to do, 11 per cent stated there was no facilities, 13 per cent stated it was due to rubbish or litter in the park, and 27 per cent gave other reasons. The main other reason specified was that there was no reason to go / they didn't have a dog / didn't have children, although at least one in ten said they were just too busy or didn't have time, and at least one in ten just had no interest. Around 15 per cent stated that they didn't go because of others in park such as teenagers or dogs, or that the parks were not maintained.

Visit local parks monthly (%)



Around one-quarter felt graffiti and vandalism was a 'very big' (7.7 per cent) or 'fairly big' (17 per cent) problem in their local area (41 per cent stated it was a minor problem, 25 per cent not a problem and 10 per cent didn't know). Women and younger people tended to think it was more of a problem, and there was a strong association with deprivation (38 per cent for people living in most deprived fifth of areas of Hull compared to 13 per cent for people living in least deprived fifth of areas of Hull). The highest prevalence was in Central, Orchard Park, St Andrew's & Docklands (all 39 per cent), University and North Carr (both 29 per cent).

One in five thought verbal or physical threat or aggression was a 'very big' (5.6 per cent) or 'fairly big' (14 per cent) problem in their local area (31 per cent stated it was a minor problem, 37 per cent not a problem and 13 per cent didn't know). Young women (35 per cent) were much more likely to state it was a problem, although young men (29 per cent) also thought it was a problem. Just under one quarter of people aged 25-44 years thought it was a problem, but this decreased with age to the lowest among those aged 75+ years to 9.3 per cent for men and 5.9 per cent for women. There was a strong association with deprivation (37 per cent for most deprived fifth compared to 7.7 per cent for least deprived fifth). Students (31 per cent) and people who were unemployed (32 per cent) and not working due to long-term illness and disability (37 per cent) also had high rate but this could be associated with deprivation. More people thought it was a problem in Orchard Park (46 per cent), St Andrew's & Docklands (35 per cent), Central (31 per cent) and Newington & Gipsyville (27 per cent).

Just over one third felt crime was a 'very big' (10 per cent) or 'fairly big' (24 per cent) problem in their local area (37 per cent stated it was a minor problem, 14 per cent not a problem and 15 per cent didn't know). Almost half of women aged 16-24 years (47 per cent) thought it was a very or

fairly big problem, and men aged 16-24 years (40 per cent) also had relatively high rates, and the percentage fell with age to 18 per cent among those aged 75+ years. Again, people living in the most deprived areas were more likely to think it was a problem (50 per cent for most deprived and 19 per cent for least deprived fifths). More people thought it was a problem in Andrew's & Docklands (56 per cent), Orchard Park (55 per cent), St, Central (48 per cent) and Newington & Gipsyville (44 per cent).

One fifth of people felt air pollution was a 'very big' (5.3 per cent) or 'fairly big' (13 per cent) problem in their local area (29 per cent stated it was a minor problem, 30 per cent not a problem and 22 per cent didn't know). Fewer women thought it was less of a very or fairly big problem than men except for those aged 16-24 years who had the highest percentage at 24 per cent with around 20 per cent of men under 75 years thinking it was a problem (between 15 and 20 per cent for women aged 25-64 years). Only one in nine people aged 75+ years thought it was a problem. There was a strong association with deprivation (25 per cent among most deprived compared to 13 per cent among least deprived fifths). People living in Andrew's & Docklands (33 per cent), Central (32 per cent) and Avenue (24 per cent) were the most likely to think air pollution was a problem.

Overall, 13 per cent felt noise during the day was a 'very big' (4.4 per cent) or 'fairly big' (8.6 per cent) problem in their local area (30 per cent stated it was a minor problem, 52 per cent not a problem and 5.4 per cent didn't know). Almost one-quarter (24 per cent) of those aged 16-24 years thought it was a very or fairly big problem compared to just over 10 per cent for most other age groups although lower among those aged 65-74 and 75+ years. Again, there was a strong association with deprivation (21 per cent among most deprived compared to 6.2 per cent among least deprived fifths). People living in Andrew's & Docklands (25 per cent), Central (24 per cent), Newington & Gipsyville, and Marfleet (both 17 per cent) were the most likely to think noise was a very or fairly big problem during the day.

Overall, 16 per cent felt noise at night time was a 'very big' (5.7 per cent) or 'fairly big' (9.8 per cent) problem in their local area (31 per cent stated it was a minor problem, 50 per cent not a problem and 3.9 per cent didn't know). There was a similar pattern as for daytime noise, with the rates much higher among those aged 16-24 years (31 per cent for women and 25 per cent for men), with less than five per cent thinking it was a very or fairly big problem among those aged 75+ years. Again, there was a strong association with deprivation (26 per cent among most deprived compared to 5.6 per cent among least deprived fifths). People living in Central (35 per cent), Andrew's & Docklands (31 per cent) and Orchard Park (24 per cent) were the most likely to think noise was a very or fairly big problem at night time.

One in ten thought lack of access to local parks and green spaces was a 'very big' (3.1 per cent) or 'fairly big' (6.3 per cent) problem in their local area (17 per cent stated it was a minor problem, 63 per cent not a problem and 10 per cent didn't know). Women aged 16-24 years had the highest percentage thinking it was a problem at 16 per cent, but it was only slightly lower among women aged 25-44 years. Fewer men, and around five per cent or less of those aged 55+ years thought it was a problem. There was a strong association with deprivation (16 per cent among most deprived compared to 4.7 per cent among least deprived fifths). People living in Andrew's & Docklands (18 per cent), University (18 per cent) and Orchard Park (17 per cent) were the most likely to think it was a very or fairly big problem.

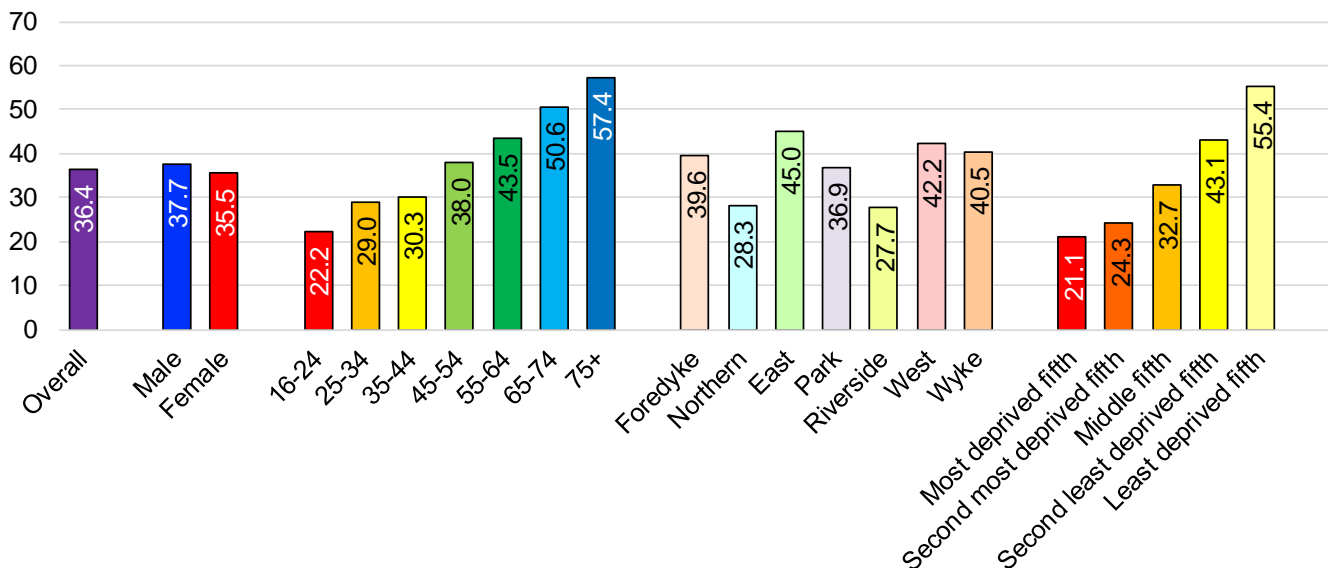
Almost one-third thought that alcohol and drugs was a 'very big' (14 per cent) or 'fairly big' (18 per cent) problem in their local area (23 per cent stated it was a minor problem, 27 per cent not a problem and 18 per cent didn't know). People aged 16-24 years were the most likely to think it was a very or fairly big problem in their local area (42 per cent) and the percentage fell to 17 per cent among those aged 75+ years, although women aged 35-44 years also had a relatively high percentage at 40 per cent. Again, there was a strong association with deprivation (54 per cent among most deprived compared to 11 per cent among least deprived fifths). People living

in Andrew's & Docklands (69 per cent), Central (63 per cent), Orchard Park (49 per cent) and Newington & Gipsyville (43 per cent) were the most likely to think it was a very or fairly big problem.

Community cohesion and satisfaction with living in local area

Just over one-third trusted 'most' or 'many' of the people in their neighbourhood, although there was a very big difference across the age groups with only 22 per cent trusting people among 16-24s compared to 57 per cent among 75+ years. There was also a similar marked difference by deprivation. From the local surveys, there is considerable variability over time, but it appears that levels of trust has fallen over time from over 50 per cent (2007: 54 per cent, 2009: 66 per cent, and 2011: 54 per cent) to 36 per cent in 2019. Levels of trust were lowest in St Andrew's & Docklands (16 per cent), Central, and Orchard Park (both 21 per cent). In contrast, 54 per cent of Kingswood residents trusted most or many of the people in their neighbourhood.

Trust most or many people in neighbourhood(%)



Just over a half (55 per cent) felt that neighbours looked out for one another, but again there was a big difference by age (37 per cent among 16-24s and 68 per cent for 65-74s and 63 per cent for 75+ years) and by deprivation (46 per cent among most deprived fifth compared to 70 per cent among least deprived fifth). Again, there is considerable variability over time, but it appears that fewer people feel their neighbours looked out for one another (2007: 61 per cent, 2011: 74 per cent; 2014: 59 per cent, and 2019: 55 per cent). Residents of Bricknell had the highest percentage who felt neighbours looked out for one another at 74 per cent, but this was lowest in Central (34 per cent), St Andrew's & Docklands (39 per cent) and Newington & Gipsyville (44 per cent).

Just over half (54 per cent) 'definitely agree' (8.7 per cent) or 'tend to agree' (46 per cent) that people from different backgrounds get on well within their local area, and there is less of a difference between the age groups (48 per cent among 16-24s and around 55 per cent for other age groups), but there is a difference by deprivation (54 per cent among most deprived fifth compared to 66 per cent among least deprived fifth). Seven in ten residents of Avenue agreed with the statement, but this was considerably lower in Orchard Park (44 per cent), St Andrew's & Docklands, Newington & Gipsyville and Longhill & Bilton Grange wards (all 46 per cent).

Almost three-quarters (73 per cent) of people are satisfied with the neighbourhood as a place to live, although older people were more likely to be satisfied (56 per cent among 16-24s compared to 89 per cent among 75+ years) as were people living in the least deprived areas of Hull (56 per cent among people living in most deprived fifth compared to 89 per cent for least deprived fifth). Residents of Bricknell (92 per cent), Kingswood (89 per cent) and Sutton (88 per cent) were the most satisfied with their neighbourhood, whereas residents of Central (50 per cent), St Andrew's & Docklands (54 per cent), Orchard Park (57 per cent) and Newington & Gipsyville (62 per cent) were the least satisfied.

The impact for Hull

There are inequalities in relation to health with people living in the more deprived areas having worse health and worse health earlier than those living in less deprived areas. Furthermore, people living in more deprived areas and those in vulnerable groups tend to have lower expectations in relation to their health, and may tend to be among the last to change behaviour to improve their health so encouraging people to come forward with their symptoms and seek medical help may be required, and informing people that they do not need to expect poor health and that changing their behaviours and lifestyle, such as quitting smoking, can have immediate effects on their health. People living in more deprived areas also have less motivation to change behaviour and lifestyle factors that impact on health due to more difficult overall circumstances and immediate concerns relating to housing, employment and financial insecurity. Many people with poor physical and mental health or disabilities have impaired employment opportunities and thus are more likely to live in relative poverty.

Levels of mental wellbeing in Hull are relatively low compared to the England average, and have slightly deteriorated in Hull between 2014 and 2019. Levels of self-reported physical health has also deteriorated over time in Hull with fewer people reporting they have excellent or very good health, and an increase in the percentages reporting fair or poor health.

The prevalence of smoking has reduced substantially over time, and fewer people are smoking 20+ cigarettes. Nevertheless, the prevalence of smoking is overall very high in Hull compared to other local authorities and to the England average, and the prevalence in specific groups is very high in Hull. With an estimated 52,050 current smokers in Hull (and a further 59,750 ex-smokers), there are substantial numbers of adults in Hull who are at an increased risk of poor health and premature death because of their current or previous smoking habits.

It is of concern that the fewer people are reporting they eat a healthy diet, and the percentages eating very few portions of fruit and vegetables per day has increased (even though 5-A-DAY has remained relatively constant over time). Whilst similar percentages are physically inactive in Hull between 2014 and 2019, the percentage who are physically active who meet the national physical activity guidelines has reduced slightly. Furthermore, the levels of overweight and obesity levels have increased in Hull with a marked increase in the prevalence of obesity with around one-third of all adults in Hull currently classified as obese. It is of further concern that there was a shift from overweight to obese between 2003 and 2014, but between 2014 and 2019 there appears to have been both a shift from healthy weight to overweight, and from overweight to obese. Thus a relatively high increase in the prevalence of overweight and obesity in the last five years compared to the previous decade. Levels of poor diet, physical activity, overweight and obesity are all worse in Hull compared to England again increasing the risk of poor physical health, mental wellbeing and premature death.

Whilst slightly more people are never drinking alcohol, and among those that do drink alcohol, they are drinking alcohol less frequently and fewer alcoholic units, there is substantial concern about the levels of harmful drinking behaviour particularly among men aged under 75 years with around 40 per cent or more displaying harmful drinking behaviour, and among women

aged 16-24 (36 per cent) and 45-54 years (29 per cent). In the 2019 survey for the first time, questions around the frequency of failing to do what was expected and not remembering what happened the night before was included, and this picked up differences in harmful drinking behaviour among different groups. Men particularly middle aged men and people living in the least deprived areas of Hull have high levels of excessively weekly alcohol and/or regular binge drinking, but to a lesser extent fail to do what was normally expected of them or are unable to remember the night before. However, people (including students) aged 16-24 years particularly women are drinking excessively and binge drinking to a lesser extent, but they are failing to do what was normally expected of them or are unable to remember the night before on a regular basis.

With two thirds of adults gambling, and almost one third doing so each week, the potential for gambling-related harm is high. The actual level of gambling-related harm is unknown for Hull. However, it is estimated that more than 14,000 adults in Hull have experienced some problems related to gambling at some point in time, and around 8,800 currently experiencing problems having lied, felt the need to bet more and more and/or bet more than they could afford to lose in the last year. A problem gambling needs assessment, including mapping of the physical location of licenced premises, should be undertaken to assess the level of harm, and to develop strategies for harm reduction and prevention. Education on the dangers associated with gambling should be provided for young people, as although as a group they gamble less frequently than other ages, they are more likely to encounter problems.

Financial resilience is relatively low in Hull with almost a quarter of people unable to use savings or their current account to fund a £200 household emergency, with the figure rising to more than 40 per cent for some specific groups of households. Furthermore, for some groups of individuals or wards in Hull, a substantial minority would ask family and friends including a substantial group who would ask family or friends because this was their only source of obtaining £200 to fund the household emergency. This potentially places additional financial burdens on others. As many as 30 per cent of households are regularly worried that they will not be able to afford to eat enough because of financial concerns. This is a considerable percentage, which will impact on educational attainment, employment prospects, housing, health and wellbeing. People with low financial resilience in the survey had much worse emotional wellbeing.

Around one-third of all adults felt crime, and alcohol and drugs were very big or fairly big problems in their local area, but this was around 50 per cent among people living in the most deprived fifth of areas of Hull. Almost four in ten people living in the most deprived fifth of areas of Hull felt graffiti and vandalism, and verbal or physical threat or aggression were very or fairly big problems in their local area. In St Andrew's & Docklands ward, 56 per cent felt crime was a problem in their local area and 69 per cent felt alcohol and drugs were a problem in their local area (in contrast these percentages were 14 per cent in Holderness and 3.5 per cent in Kingswood respectively whose residents reported the lowest percentages). St Andrew's & Docklands ward also had the highest percentage of people who used drugs other than those required for medical reasons, and who smoked, and who were heavy smokers (20+ cigarettes per day). They also had the highest percentages of people who had low levels of satisfaction of life and feeling life was worthwhile, and one of the highest percentage of people who felt lonely and isolated, and lowest levels of social support if ill or in a crisis. They also had the one of the lowest levels of 5-A-DAY and one of the highest levels of physical inactivity, although levels of excess weight was one of the lowest across the wards. People living in St Andrew's & Docklands ward also had the highest levels of problem gambling and among the lowest levels of financial resilience with a high level of financial worry. Levels of trust of neighbours was very low in St Andrew's & Docklands, although the ward did have among the highest percentage of people who currently volunteer.

Across all of Hull, community cohesion has reduced considerably with trust of people within the neighbourhood deteriorated considerably over time in Hull, and the percentages reporting that neighbours look out for each other also falling significantly in recent years.

Young people aged 16-24 years had very high levels of loneliness and isolation, and much worse outcomes in relation to community spirit and community cohesion with low levels of trust of people in neighbourhood and feeling people in local area looked out for one another. They also experienced worse outcomes in terms of feeling that their life was worthwhile, happiness and anxiety. The reasons are unknown and the levels of isolation and loneliness were much higher than expected, however, it is possible that social media may play a role in this. It is also possible that expectations and social norms may play a role, for instance, it is possible that people aged 65+ years may accept more readily loneliness and isolation. It is also concerning that so many women aged 16-24 years feel unsafe walking alone in their local area (around one in five feeling unsafe during the daytime and 66 per cent feeling unsafe after dark), and that three in ten women aged 16-24 years feel unsafe when alone in their own home at night. A high percentage of students also feel unsafe in their local area or at home.

Specific groups such as people who are unemployed, people who are not working due to long-term illness and disability and lone parents also have poor levels of physical health and mental wellbeing, as well as a high percentage having lifestyle behaviours, such as smoking and poor diet, which puts them at an increased risk further poor physical and emotional health and of early death. Furthermore, for lone parents, it is possible that their children adopt these lifestyle behaviours in the future. People living in the most deprived areas of Hull also have poorer levels of physical health and emotional wellbeing, and a higher prevalence of risk factors for poor health. People living in the more deprived areas of Hull are more likely to be unemployed, not working due to long-term illness or lone parents, so in some cases, there is likely to be an association with poorer health in these specific groups of people because of increased levels of deprivation. Nevertheless, it is likely (and there is a lot of research evidence to support this) that these specific groups are at an even greater risk of poor physical health and poor mental wellbeing, over and above that expected due their general high levels of deprivation. Therefore, there might be a need to focus on improving the health and wellbeing of these groups of individuals, as well as trying to reduce their levels of smoking, drug use, poor diet, and lack of physical activity. Employment and volunteering are known to improve wellbeing and reduce social isolation as well as increase skills and experience.

Further information

Further survey reports and a copy of the questionnaire are available on request. Please contact us at PublicHealthIntelligence@hullcc.gov.uk for more information.

* FAST was designed as a screening tool for use within the emergency setting such as A&E. People are assigned a score based on the frequency of (i) drinking 6+ units on a single occasion; (ii) failing to do what was expected of them because of their drinking; and (iii) being unable to remember what happened the night before because of drinking, and if a relative, friend, doctor or other health worker had been concerned about their drinking or suggested they cut down (in last year or not, or never). Anyone with a score of three or more is deemed to be at risk of harmful drinking and should be asked to complete the full Alcohol Use Disorder Identification Tool. Anyone stating they drink 6+ units on a single occasion at least once a week would have a score of three or more.