Beverley PCN Place Analysis

V.4 March 2022

Produced by

INTELLIGENCE HUB

EAST RIDING
OF YORKSHIRE COUNCIL

NHS
East Riding of Yorkshire
Clinical Commissioning Group

1. Introduction

1.1 Aim of the document

The aim of this document is to showcase an interactive map which shows the spatial trends of demand within the Beverley PCN and also help support the PCN in identifying their areas of health inequality. However it will not (nor can it) identify *all* areas of inequality. The document has not been written to make specific recommendations, but to highlight some potential areas of further investigation.

This document has been produced by the following teams/organisations and contact details for each have been provided on the last page of this document.

- East Riding of Yorkshire Council Business Intelligence
- East Riding of Yorkshire Council Public Health
- East Riding of Yorkshire Clinical Commissioning Group

1.2 Document components

The document is divided into a number of components, which include:

- The introduction of an interactive LSOA map and associated tables (see sections 2.1-2.15). The interactive map shows the spatial trends of demand in Beverley and the main feature of the map is the Overall Demand layer, which ranks each LSOA by its overall demand on services. To access the map, click here: https://eastriding.maps.arcgis.com/apps/webappviewer/index.html?id=1380e1312ef4463493e18ea417641b8d.
  In relation to the interactive map, health and wider determinant data layers have been taken from the Place Partnership map for the Beverley PCN area and put into a new map.
- Some examples of existing strategies and JSNA work and a series of data indicators about the East Riding highlighting some inequalities that exist. Part of this may replicate elements of section 1 above. (see section 3);
- An overview of some prescribing indicators (section 4);
- Customer Insight (Appendix 1).

Presently, this document has provided a 'data driven' overview of the Beverley area, highlighting some (but certainly not all) inequalities and elements of need. Part 3 has focussed on a number of issues relating to musculoskeletal (MSK) and mental health but naturally there are many others that might warrant further investigation.

1.3 Accounting for age

Naturally, as people age, they become more susceptible to disease and disability. We know the East Riding has a significantly higher proportion of the population aged over 65 years than the England average and that some areas of the East Riding will have older populations than other areas. Therefore not all comparisons between areas is 'fair', as some areas may have a higher prevalence of disease simply because it has an older population. This limitation is

apparent when using the QOF disease register prevalence to compare the East Riding to England.

In some of the analysis within the document we have accounted for age using age standardisation (a technique used to enhance the comparability of different populations) and in future versions of these documents we will aim to utilise this technique for more of the analysis.

1.4 Definition of Accident and Emergency (A&E)

A&E in the context of this report includes all types of A&E provision. The different types of A&E departments are listed below:

- Type 1 are often referred to as Emergency Departments and are consultant led 24 hour services. This provision includes full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

- Type 2 are again referred to as Emergency Departments and are a consultant led 24 hour services but for a single specialty (i.e. ophthalmology, dental) and also have designated accommodation for the reception of patients.

- Other Types provision is classed as 'Other attendances'. These are GP-led services, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for. Urgent Treatment Centres (such as those in Bridlington and Goole, as 2 examples) fall within this category.

1.5 Possible next steps

For this work to move on it would be advisable for partners, such as East Riding of Yorkshire Council (ERYC) and NHS East Riding of Yorkshire CCG (NHS ERY CCG), to be involved in ongoing conversations with the PCN in order to provide further and more detailed context and ensure that there is linkage with any partner or wider system plans which are already in place or may be in development. It will need the whole system working together on coordinated integrated services to address the wider determinants (for example crime, employment, housing and education). Linking back to wider support such as social prescribing can link with welfare advice, housing and employability opportunities to name a few examples.

1.6 Key Highlights

Section 2 of the document

Health & Vulnerability

- There are higher rates of lifeline callouts across the PCN than the East Riding average.
- There are lower rates of A&E attendances and overweight children across the PCN than the East Riding average.

Crime

- There's a higher crime rate across the PCN than the East Riding average. This seems to be caused by higher robbery, theft from person, and vehicle crime rates.

Section 3 of the document

Disease prevalence

- Hypertension is the disease with the highest prevalence within Beverley PCN (16.4%), although this is lower than the NHS ERY CCG average.

MSK

- The proportion of Beverley PCN patients reporting a long-term MSK problem (22%) is similar to the CCG average.
- The prevalence of osteoporosis (0.5%) and rheumatoid arthritis (0/9%) are both lower than the CCG average.
- Two wards within the Beverley PCN area (Cottingham South and Minster and Woodmansey) have a significantly higher rate of hospital admissions for hip fractures (in the over 65's) than the local authority average.

Mental Health

- The prevalence of severe mental health within the PCN (0.7%) is significantly lower than the national average (0.9%).
- Beverley PCN had the lowest prevalence of depression (7.8%) of all East Riding PCNs. The PCN was significantly lower than both the CCG and national averages.
- However the prevalence of depression has been increasing year on year 2012/13.
- The rate of hospital admissions for mental health conditions (0-17 years) was significantly higher in one of Beverley PCN wards (St. Marys). Using the same indicator for all ages, Cottingham South had a significantly higher rate of admissions. However, the ward does feature the NHS Humber Foundation Trust facility 'Humber Centre for Forensic Psychiatry', a medium secure hospital for patients suffering from mental disorders and most admission originated from here.
- Cottingham South also had a significantly higher rate of admissions for self-harm, involving residents 10-24 year olds, this was also the case for the same indicator when all ages was analysed.

2. Overview of Business Intelligence Indicators

2.1 Overall Service Demand

In order to understand the overall demand on services in Beverley we have created a ranking system. The system ranks each LSOA within the East Riding from 1 to 210 (210 being the area in the East Riding with the highest demand). The overall demand layer includes the following LSOA level data indicators equally weighted:

- Number of residents aged over 65
- Number of Lifeline night callouts
- Indices of Multiple Deprivation decile (we have reversed the decile system in our analysis, 10 is now the most deprived)
- Average number of monthly JSA & UC claimants (Mar 2020-Feb 2021)
- Average number of monthly crimes (Mar 2020-Feb 2021)
- Proportion of households in fuel poverty
- Number of Fire & Rescue callouts
- Number of residents claiming Council benefits
- Number of bailiff callouts
- Number of residents in arrears
- Number of blue badge holders
- A&E High Intensity Users
- A&E attendances (Mar 20-Nov 20)
- Number of overweight year 6 children
- Number of overweight reception children
- EHCP score

Each LSOA is given a score between 1 and 10 (10 being highest demand) for each indicator, the mean of the indicators is then taken and used to rank each LSOA.

When looking at the Overall Demand Rank in Beverley PCN on the interactive map, it is clear to see that the areas with the highest rank are in central Beverley around the Flemingate area (rank 184) and the Norwood area (rank 170). These areas have higher scores particularly relating to fire and rescue callouts, crime and EHCPs. However, they have low scores relating to lifeline callouts, A&E high intensity users, blue badge holders and fuel poverty.
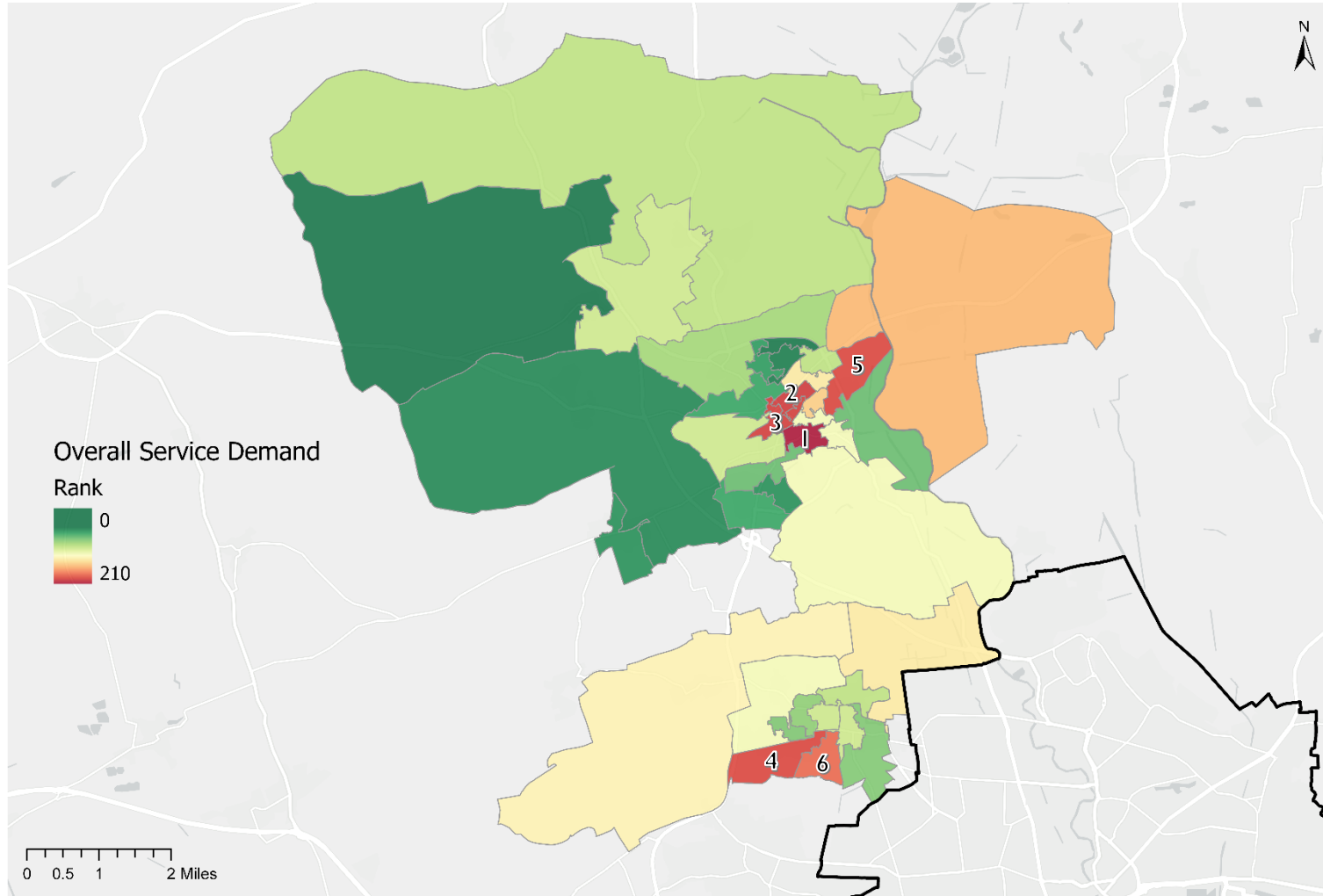
The lowest ranked areas can be found around Cherry Burton, Etton and High Gardham (rank 1) and to the north east of Molescroft. These LSOAs have lower scores particularly relating to lifeline callouts, claimant count, fire and rescue callouts, and IMD. However, they have higher scores relating to fuel poverty and blue badge holders.

For more insight into overall demand click an area on the map that you want to focus on, this will show a pop-up which includes a bar chart showing which indicator has the greatest impact on overall demand (hover over bars to see indicator name and score, 10 being highest impact on demand).

To access the map, click here:

https://eastriding.maps.arcgis.com/apps/webappviewer/index.html?id=c70c1f9b6709496798bd2c5b37706014.

Areas of the Beverley PCN with top 10% highest demand
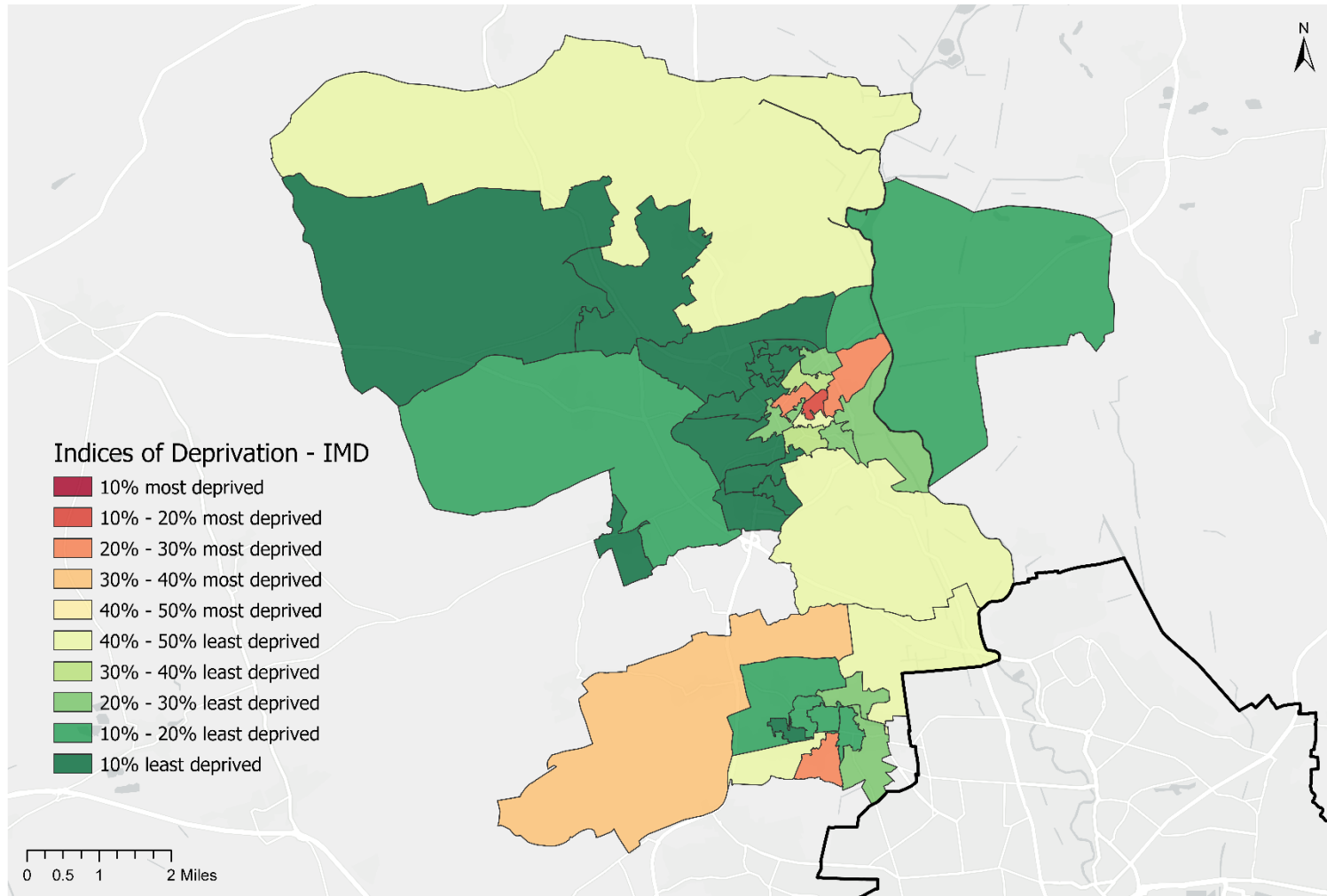

Overall Service Demand

Rank

0

210

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Label	Towns/ Villages	LSOA	Rank
1	Beverley	E01013041	184
2	Beverley	E01013071	170
3	Beverley	E01013062	168
4	Cottingham	E01012961	165
5	Beverley	E01013045	165
6	Cottingham	E01012963	154
		E01012924	128
		E01013038	119
		E01012953	105
		E01013069	105
		E01012966	99
		E01012954	88
		E01013036	88
		E01013039	88
		E01013040	88
		E01012957	69
		E01012960	69
		E01013063	69
		E01012927	69
		E01012955	63
		E01013065	63
		E01012923	63
		E01013068	53
		E01012956	46
		E01012962	42
		E01012958	41
		E01013037	35
		E01013042	35
		E01013070	21
		E01013044	21
		E01013066	17
		E01012921	12
		E01013043	12
		E01012919	8
		E01013067	4
		E01013064	2
		E01012925	1

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The above map shows that 0 LSOAs in the Beverley PCN are within the top 10% of LSOAs in the East Riding in terms of overall service demand, while 9 LSOAs are in the bottom 10% overall service demand. The table below shows the supporting information for the LSOAs in the Beverley PCN, with each column showing the LSOA score for the corresponding indicator. If the cell is coloured blue then the indicator score is higher than the average of the Beverley PCN's 37 LSOAs.

LSOA	Lifeline Counts Score	IMD Score	Claimant Count Score	Agg Crime Score	Over 65 Score	Fuel Poverty Score	EHCP Score	Fire & Rescue Score	Bailiff Score	Arrears Score	Blue Badge Holders Score	A&E High Intensity Users Score	A&E Attendances Score	Overweight Children Year 6 (18/19) Score	Overweight Children Reception (18/19) Score	Rank
E01013041	2	4	3	4	7	2	4	5	1	2	3	1	6	8	6	184
E01013071	2	8	3	3	4	2	6	8	2	3	3	2	4	4	2	170
E01013062	3	3	3	8	5	2	3	5	1	3	3	1	4	5	7	168
E01012961	1	8	5	2	1	3	7	5	2	4	3	2	5	5	4	165
E01013045	5	5	1	3	6	2	4	4	1	2	3	4	7	4	3	165
E01012963	3	8	4	3	5	2	3	2	1	3	2	1	4	6	3	154
E01012924	2	2	2	2	5	2	3	4	1	1	3	1	7	6	6	128
E01013038	1	9	6	4	1	4	7	2	1	3	4	1	4	1	3	119
E01012953	1	5	1	2	3	3	3	10	1	1	3	1	1	6	5	105
E01013069	1	4	2	2	3	2	3	2	1	2	4	1	6	9	5	105
E01012966	10	7	3	1	4	3	2	3	1	1	2	2	4	2	1	99
E01012954	1	5	3	2	5	4	5	3	1	2	3	1	4	3	1	88
E01013036	1	3	4	3	4	1	6	3	1	3	2	2	4	3	3	88
E01013039	1	5	4	5	3	2	3	2	1	3	2	1	4	4	4	88
E01013040	1	2	2	2	4	2	2	5	1	1	3	4	7	5	3	88
E01012957	1	2	1	6	6	2	3	2	1	2	2	1	4	1	3	69
E01012960	1	2	2	4	5	2	1	3	1	2	3	1	4	3	4	69
E01013063	2	1	2	1	5	2	2	2	1	2	2	2	4	8	3	69
E01012927	3	1	2	1	5	2	1	1	1	1	4	6	8	3	3	69
E01012955	2	3	2	1	5	2	4	2	1	2	3	1	5	3	3	63
E01013065	1	3	2	2	4	3	3	3	1	2	3	2	5	3	3	63
E01012923	1	5	1	1	2	4	4	2	1	2	3	6	7	2	2	63
E01013068	1	1	1	2	7	2	5	2	1	1	5	1	1	3	2	53
E01012956	1	2	1	1	3	2	3	2	1	1	5	2	6	7	4	46
E01012962	2	3	1	3	4	2	4	2	1	1	2	1	3	4	3	42
E01012958	5	1	1	1	4	2		1	1	1	3	1	4	4	5	41
E01013037	1	3	3	3	2	2	5	3	1	2	7	1	5	1	1	35
E01013042	1	1	1	1	4	1	4	1	1	1	5	2	6	4	5	35
E01013070	1	1	1	1	5	2	4	3	1	1	4	1	4	3	2	21
E01013044	1	1	1	2	4	1	2	2	1	1	8	2	5	2	2	21
E01013066	1	1	1	1	5	2	3	1	1	1	3	2	4	4	2	17
E01012921	1	1	1	1	3	3	2	1	1	1	3	2	5	6	3	12
E01013043	1	1	1	1	2	1	2	1	1	1	4	3	6	5	5	12
E01012919	1	2	1	1	2	2	3	3	1	1	3	1	5	4	3	8
E01013067	1	1	1	1	3	1	3	1	1	1	3	1	4	5	3	4
E01013064	1	1	1	1	2	1	3	1	1	1	3	1	4	4	6	2
E01012925	1	1	1	1	3	3	2	1	1	1	4	2	4	2	2	1
PCN Average	1.78	3.14	2.03	2.24	3.92	2.16	3.44	2.78	1.05	1.70	3.38	1.81	4.70	4.11	3.38	
ER Average	1.73	4.24	2.43	1.87	4.35	3.16	3.80	2.96	1.42	2.14	3.41	2.06	5.03	4.20	3.65	

Indices of Deprivation - IMD

- 10% most deprived
- 10% - 20% most deprived
- 20% - 30% most deprived
- 30% - 40% most deprived
- 40% - 50% most deprived
- 40% - 50% least deprived
- 30% - 40% least deprived
- 20% - 30% least deprived
- 10% - 20% least deprived
- 10% least deprived

0   0.5   1   2 Miles

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The IMD combines information from the seven domains to produce an overall relative measure of deprivation. The domains are combined using the following weightings:

- Income Deprivation (22.5%)

- Employment Deprivation (22.5%)

- Education, Skills and Training Deprivation (13.5%)

- Health Deprivation and Disability (13.5%)

- Crime (9.3%)

- Barriers to Housing and Services (9.3%)

- Living Environment Deprivation (9.3%)

The weightings were derived from consideration of the academic literature on poverty and deprivation, as well as the levels of robustness of the indicators. (https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)

It is clear from the above map that the area with the highest IMD (10-20% most deprived) is found to the east of Beverley. The lowest IMD (10-20% least deprived) can be seen to the west of Beverley and in the rural LSOAs covering Cherry Burton, Walkington and Leconfield. Crime deprivation is relatively low across the PCN, with only 14% of LSOAs being in or above the 20-30% most deprived. The only LSOA in the top 10% most deprived in relation to crime deprivation can be found to the north east of Cottingham, around Dunswell. The lowest crime deprivation (10% least deprived) can be found to the north west of the PCN, covering Arram, Leconfield, Lockington, Cherry Burton, and Walkington, and in one LSOA to the west of Cottingham. However, barriers to housing and services deprivation is high across rural areas of the PCN. The LSOAs to the north of the PCN, around Arram, Lockington and Holme on the Wolds, as well as those to the south west, around Skidby and Eppleworth are in the top 10% most deprived. LSOAs covering north and west Beverley, Walkington and the east of Cottingham are in the top 10% least deprived.

2.2 Claimant Count

The whole of the East Riding has seen a significant increase in the number of working age adults claiming unemployment benefit, with each LSOA seeing an average percentage increase of 95% from February 2020 to February 2021. The increase seen in the Beverley PCN is higher than the East Riding average at 103%. These increases in numbers are not influenced by a small number of LSOAs however, as all LSOAs in the PCN have seen an increase by a minimum of 14% to a maximum of 300%.

Interestingly, all LSOAs saw an increase in claimants from March to April 2020, with an average of 90% for the PCN and 86% for the East Riding. This shows the direct impact of the pandemic on claimant count in the local authority, and on the Beverley PCN in particular. Furthermore, 73% of LSOAs in the PCN have seen this same level or an additional increase in the number of claimants from those increased April 2020 figures to February 2021. This suggests that Beverley PCN is still being impacted by unemployment as a result of the pandemic and has not yet begun to recover.

The Beverley PCN has 4% of its working age population claiming out of work benefit compared with 4% in the East Riding as a whole. Additionally, there is noticeable variation within the PCN, with highs of 11% and lows of 2%.

Spatially, the areas with the highest number of claimants (March 2020 to February 2021) are in LSOAs to the east of Beverley. This is the same area with the highest IMD and overall service demand.

2.3 Education Health and Care Plan (EHCP)

The number of children with EHCPs is lower in the Beverley PCN than the East Riding average, with an average of 10 children per LSOA having an EHCP in the PCN compared with 11 in the East Riding. This equates to 5% of the school age population in the PCN and 5% in the East Riding. There is considerable variation within the PCN. The highest figures are seen to the east of Beverley, with 22 children having an EHCP in the LSOA, which equates to 8% of the school age population. The LSOA covering Leconfield has the lowest number of EHCPs which equates to 2% of school age children in the LSOA.

2.4 Childhood Obesity

The number of overweight children in year six in the Beverley PCN is higher than the East Riding average. Spatially, high numbers are distributed across the PCN but the south of Beverley has the highest figures of 30 compared with the East Riding average of 14 and the PCN average of 14. Interestingly, the LSOA with the highest overweight children year 6 figures is not the area with the highest overweight children reception. The Beverley PCN has figures higher than the local authority average for overweight children reception (14.7 and 13.7 respectively). Spatially, the highest figures are seen to the east of Beverley with 25 children in the LSOA being overweight in reception. This LSOA is also high for IMD and overall service demand.

2.5 Crime

There is considerable variation within the PCN in relation to crime. 15 of the 37 (41%) LSOAs in the PCN reported fewer than 4 monthly criminal offences (March 2020 to February 2021), however the LSOA with the highest crime in the PCN reported 24.4. The areas of crime most prevalent in the PCN are antisocial behaviour and public order. Spatially, overall crime occurs more frequently in areas in central and east Beverley and to the south and south east of Cottingham, with the lowest figures being seen in more rural areas both to the far west of the PCN.

2.6 Fuel Poverty

Fuel Poverty in the Beverley PCN is lower than the East Riding average (7.3% compared with 9.4%). The PCN sees lows of 3.5% and highs of 11.5%, with only 14% of LSOAs being above the East Riding average. Spatially, the highest fuel poverty figures are seen to the north of the PCN, around Lockington, Arram and South Dalton.

2.7 A&E Attendances

Statistic	Beverley PCN	East Riding
Minimum (over LSOAs) Monthly Average	26	0
Maximum (over LSOAs) Monthly Average	67	93
Average (over LSOAs) Monthly Average	39	40

The above table shows the minimum, maximum, and average monthly average number of A&E attendances between December 2019 and November 2020 in the Beverley PCN and East Riding. It shows that across Beverley LSOAs the monthly average varies between 26 and 67, with an average of 39 which is lower than the East Riding average of 40.

2.8 A&E High Intensity Users (HIU)

Statistic	Beverley PCN	East Riding
Minimum (over LSOAs) Monthly Average	0	0
Maximum (over LSOAs) Monthly Average	8	23
Average (over LSOAs) Monthly Average	3	3

The above table shows the monthly average number of A&E HIUs averaged over all LSOAs in the stated area. The Beverley range is only 8 compared to 23 for the East Riding, however both the PCN and East Riding have the same average.

2.9 Outpatient Attendances

Outpatient attendance is lower in the PCN than the East Riding average, with an average per LSOA of 146.6 monthly attendances, compared with 151.5 in the East Riding. This figure has decreased both in the PCN and the East Riding compared with attendance the previous year, reducing from 195.0 in the PCN and 201.6 in the East Riding. This is likely as a result of the pandemic and a reduction in non-essential services
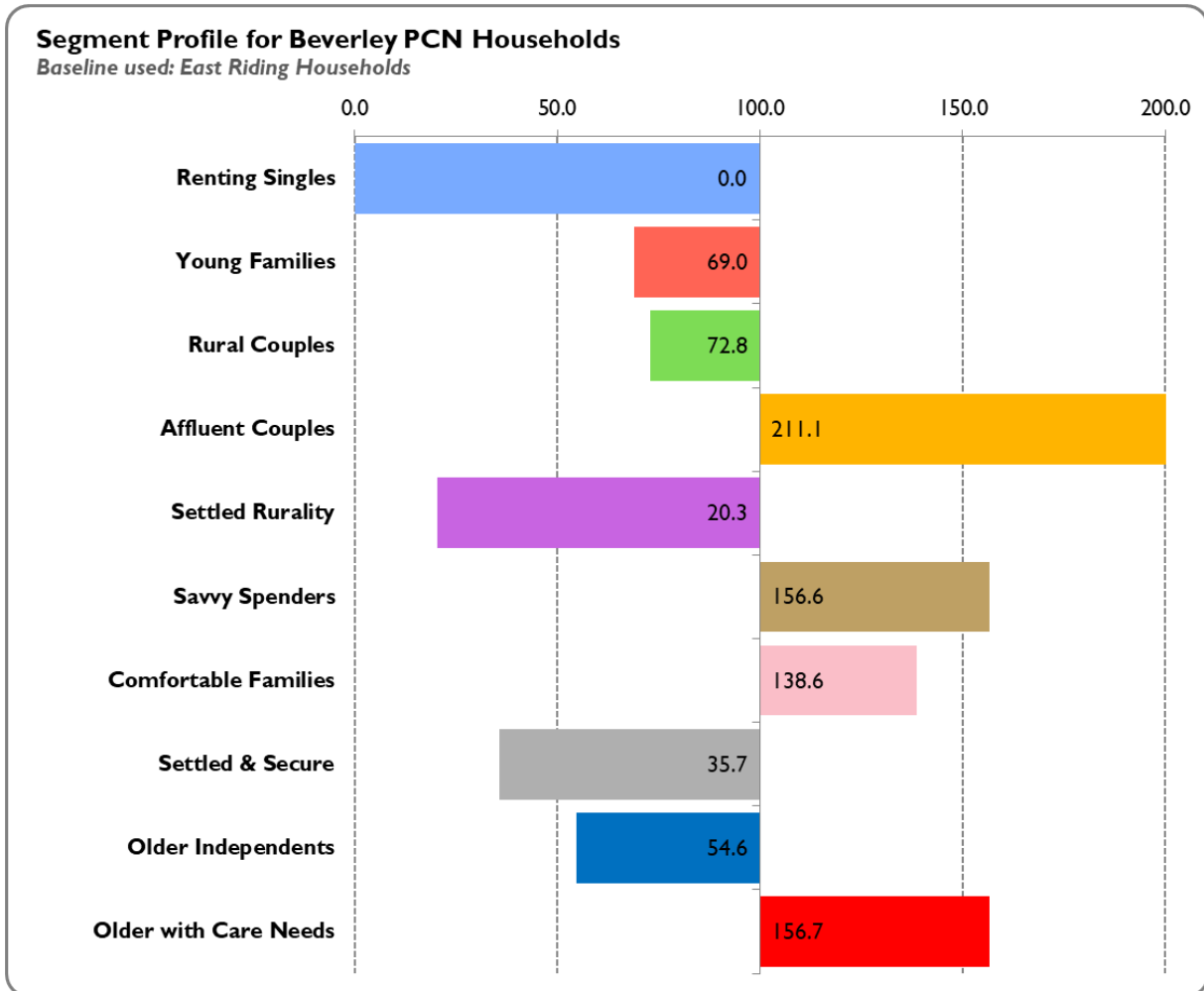
However, despite seeing lower numbers in terms of average monthly attendances in the PCN compared with the East Riding, Beverley has a higher rate of attendance (765.1 per 1000, compared with 746.2 per 1000). This suggests that although there are more attendances to fewer attendees, showing a similar pattern to A&E attendance within the PCN. Additionally, as seen with the number of attendances per month, the rate of attendance per 1000 has also dramatically decreased as a result of the pandemic, from 1525.8 in the PCN and 1489.1 in the East Riding.

Spatially, for April to November 2020, the highest rates per 1000 for outpatient attendance were seen in the LSOA to the north east of Cottingham, around Dunswell (1028.2 per 1000).

2.10 Customer Insight Segments (see definitions in appendix)

The most prevalent segment across the Beverley PCN is 'Affluent Couples', accounting for 36% of households. This segment are likely to be aged between 50 and 74, married, living in a detached or semi-detached house which is owned outright or with a mortgage. They are likely to be working full time, own at least one car and be in generally good health. This segment makes up 5.5% of households in the East Riding and so is overrepresented in this PCN.

The segments of 'Savvy Spenders', 'Comfortable Families' and 'Older with Care Needs' are also overrepresented in the PCN compared with the East Riding baseline. 'Savvy Spenders' are likely to be of any age, married or single and living in a terrace or semi-detached house owned either outright or with a mortgage. They are likely to own one car and have level 4+ qualifications, are likely to be working full time and in good health. 'Comfortable Families' are likely to be aged between 40 and 59, married, have teenage children and live in a detached or semi-detached house which is owned either with a mortgage or outright. They are likely to own one or more cars, be working full time and have level 4+ qualifications. In contrast, 'Older with Care Needs' are likely to be aged 55+, married, living in flats or semi-detached houses which are owned outright or socially rented. They are likely to own a car, be working full time, have no qualifications and be in poor health.

Segment Profile for Beverley PCN Households
Baseline used: East Riding Households

Segment	Value
Renting Singles	0.0
Young Families	69.0
Rural Couples	72.8
Affluent Couples	211.1
Settled Rurality	20.3
Savvy Spenders	156.6
Comfortable Families	138.6
Settled & Secure	35.7
Older Independents	54.6
Older with Care Needs	156.7

2.11 Under 18 Conception Rate

The under 18 conception rate is lower in the Beverley PCN than the East Riding average (6.4 compared with 11.6). The MSOA covering the Beverley has the highest under 18 conception rate in the PCN at 23.5 per 1000. Despite generally low rates, there is considerable variation within the PCN with the high being 23.5 but the low being 1.

2.12 Overall Deaths and Incidence of Disease

Emergence hospital admissions (using standardised admission ratios) are below the national average for all causes and in all wards in the Beverley PCN, with the exception of admissions for stroke in St Mary's (102.9) and admissions for hip fracture in all wards except Beverley Rural. Similarly, hospital stays and incidence of disease are largely below the national average, with the exception of breast cancer in Beverley Rural (standardised incidence ratio of 115.3) and St Mary's (102.5), prostate cancer in Beverley Rural (107.7), Cottingham North (125.0) and South (119.4), and colorectal (100.4) and lung cancer (105.2) in Cottingham South.

Life expectancy in all wards is higher than the national average for both males and females. Similarly, deaths from all causes (under 75 and all ages), deaths from all cancers (under 75 and all ages), deaths from causes considered preventable (all ages) and deaths from circulatory disease (under 75) are below the national average in all wards. The highest figures are seen for deaths from stroke (all ages) in Minster and Woodmansey and St Mary's wards, showing figures more than 30% higher than the national average.

2.13 Life-limiting Illness and Disability

All wards in the Beverley PCN report higher back pain prevalence than the national average (16.9%), but lower figures than the East Riding average (19.0%), with the exception of Cottingham North (19.6%) and South (19.2%). Severe back pain prevalence is higher than the national average in all wards, and higher than the East Riding average (11.9%) in Cottingham North (12.3%) and South (12.1%). The percentage of people reporting a limiting long term illness or disability is below the national and local authority average in Beverley Rural (14.5%), Cottingham North (16.3%) and Minster and Woodmansey (16.4%) compared with the East Riding (19.1%) and National average (17.6%). St Mary's (17.8%) is higher than the national average but not that for the East Riding, and Cottingham South is higher than both the national and local authority averages at 22.5%. All East Riding averages are higher than the national average in relation to back pain and disability prevalence by these measures.

2.14 Lifeline Callouts

Lifeline callouts are higher in the PCN than the East Riding as a whole averaging 8.0 callouts compared with 7.51. There is considerable variation within the PCN with highs of 66 and lows of 0. The LSOAs with the highest callouts are to the west of Cottingham around Skidby, and the lowest numbers are spread across most rural areas of the PCN.

2.15 Mental Health Services Data Set 04/19 to 01/21 – GP Practice Level

Within the Beverley PCN, the most common reason for referral to a service was because an individual was in crisis (27.0%), followed by depression (11.3%), having an organic brain disorder (10.3%), then experiencing anxiety (6.6%). Although the most frequent reasons for referral were the same as the East Riding as a whole, with 25.5% being referred because they were in crisis, 12.9% due to an organic brain disorder, 10.7% with depression and 6.3% with anxiety, the percentage of individuals being referred for depression is higher than in the rest of the East Riding.

The four most frequent service referrals in this PCN were the crisis response line (33.8%), psychiatric liaison service (11.3%), single point of access service (10.1%), and community mental health teams both organic (10.7%) and functional (9.6%). Again, although these are the same as the most frequent services for referral in the East Riding, the crisis response line (30.2%), community mental health team either functional (11.1%) or organic (11.4%), or the single point of access service (10.4%), the percentage of individuals referred to each service differs, with a heavier weighting toward the crisis response line and with the addition of the psychiatric liaison service in the Beverley PCN.

2.16 What are the limitations?

- Since IMD is an aggregation of multiple indicators, it can be argued that it is too imprecise for our needs. Consequently, we have increased data relating to income, housing, employment, training, crime etc.
- If data does not have an exact location it cannot be mapped or used in any data analysis.
- As there are so many variables that interact with one another, causing increased demand on services, it is unlikely there will be a single project or service change that will fix the overall problem

3. Demographics, disease prevalence and further detail on specific indicators

3.1 Introduction

Part 2 of the document provides some basic demographic information and disease prevalence for the PCN. It will also aim to give more detailed information regarding some of the areas identified as being of interest to Beverley PCN, as identified within the NHS ERY CCG document 'Operational Planning 2021-22 - Service Redesign and Commissioning Committee'.

These indicators are not an exclusive or exhaustive list relating to musculoskeletal (MSK) or mental health, but merely provide some examples of information that can be produced. We would therefore encourage further discussion with the PCN to help focus on more specific areas of investigation in the future.

Some of the charts may provide information at PCN level before PCNs existed, in this case Public Health England (PHE) have aggregated data from available sources (e.g. individual practices from that time) to form a PCN. We would therefore urge caution when using and interpreting some of the older prevalence figures produced for the PCN.

PHE also use both 95% and 99.8% confidence intervals on their website, although the latter seemed more readily available for all indicators and so that figure was mainly usually used in this document for PHE derived charts. Local analysis however uses 95% confidence intervals. Future versions of this document may be revised so that only one or the other is used, not both.

For further reading, we would recommend visiting the JSNA section (https://intel-hub.eastriding.gov.uk/jsna-needs-assessments-and-intelligence-documents/) of the East Riding Intelligence Hub and consulting the 2 documents highlighted below, paying particular attention to the recommendations within them

- Musculoskeletal JSNA Health Needs Assessment (November 2018). Accessible from the following link:
  https://intel-hub.eastriding.gov.uk/wp-content/uploads/2019/11/2018-02-Musculoskeletal-Needs-Assessment-main-document-ERY-PHI.pdf

- Mental Health & Dementia JSNA Health Needs Assessment (February 2020). Accessible from the following link:
  https://intel-hub.eastriding.gov.uk/wp-content/uploads/2020/02/Mental-Health-Dementia-Needs-Assessment-Final-v1-2020.pdf.

3.2 Beverley PCN demographics (age and gender)

Section 3.2 provides a basic demographic overview (age and gender only) of the PCN's registered population in 2020. Chart 3.2.1 shows a bar chart illustrating the percentage of patients in each age group within each gender, with lines comparing both the NHS ERY CCG (pink line) and England (black line) averages. Whilst the PCN appears to have (mainly) similar proportions of each age group to the CCG average, the difference with the England average is immediately obvious. The PCN, like the CCG, has a noticeable bulge (i.e. a high proportion of patients) around the older age groups, in contrast to England which has a higher proportion of younger age groups. Table 3.2.2 provides specific population numbers by the age groups within the PCN and again provides comparison with NHS ERY CCG and England.

Chart 3.2.1 Population age profile of Beverley PCN registered patients, 2020. Source: PHE Fingertips
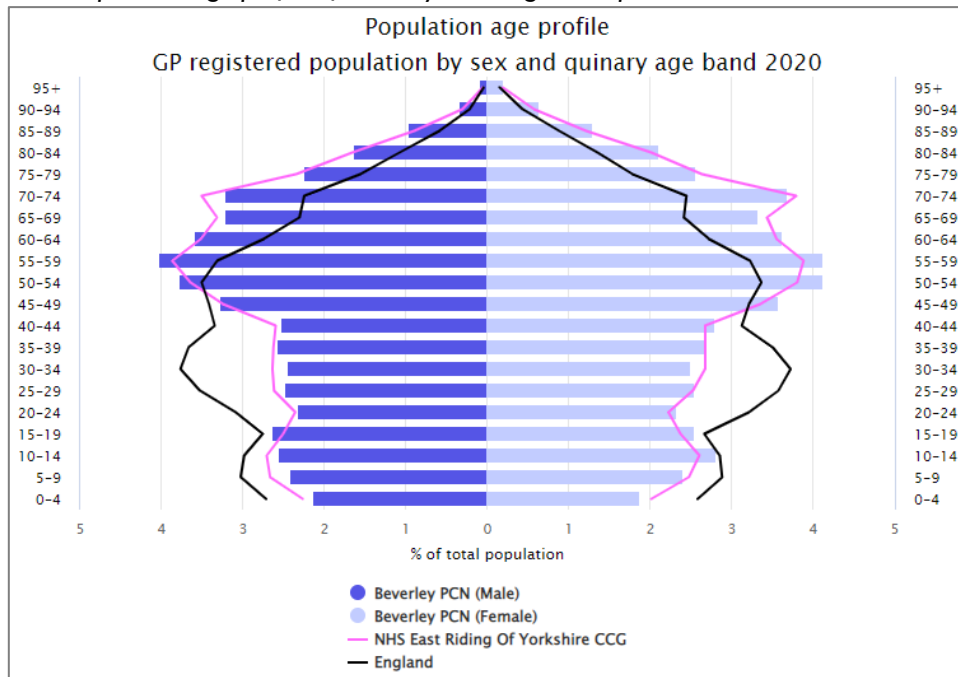
Chart 3.2,2 Population age profile of Beverley PCN registered patients, 2020. Includes NHS ERY CCG and England for comparison*. Source: PHE Fingertips

Age range	Beverley PCN (n)			Beverley PCN (%)			NHS ERY CCG			England		
	Male	Female	Total	Male	Female	Total*	Male	Female	Total*	Male	Female	Total*
0-4	1,073	943	2,016	2.1%	1.9%	4.0%	2.3%	2.0%	4.3%	2.7%	2.6%	5.3%
5-9	1,215	1,215	2,430	2.4%	2.4%	4.8%	2.7%	2.5%	5.1%	3.0%	2.9%	5.9%
10-14	1,287	1,418	2,705	2.5%	2.8%	5.4%	2.7%	2.6%	5.3%	3.0%	2.8%	5.8%
15-19	1,328	1,286	2,614	2.6%	2.5%	5.2%	2.5%	2.4%	4.9%	2.8%	2.7%	5.4%
20-24	1,169	1,178	2,347	2.3%	2.3%	4.6%	2.4%	2.2%	4.6%	3.1%	3.2%	6.3%
25-29	1,247	1,286	2,533	2.5%	2.5%	5.0%	2.6%	2.5%	5.1%	3.5%	3.6%	7.1%
30-34	1,225	1,261	2,486	2.4%	2.5%	4.9%	2.6%	2.7%	5.3%	3.8%	3.7%	7.5%
35-39	1,292	1,348	2,640	2.6%	2.7%	5.2%	2.6%	2.7%	5.3%	3.7%	3.5%	7.2%
40-44	1,275	1,416	2,691	2.5%	2.8%	5.3%	2.6%	2.7%	5.3%	3.3%	3.1%	6.5%
45-49	1,649	1,810	3,459	3.3%	3.6%	6.8%	3.2%	3.4%	6.6%	3.4%	3.2%	6.6%
50-54	1,899	2,081	3,980	3.8%	4.1%	7.9%	3.6%	3.8%	7.4%	3.5%	3.4%	6.9%
55-59	2,033	2,088	4,121	4.0%	4.1%	8.2%	3.9%	3.9%	7.7%	3.3%	3.2%	6.5%
60-64	1,807	1,832	3,639	3.6%	3.6%	7.2%	3.5%	3.5%	7.1%	2.7%	2.7%	5.5%
65-69	1,618	1,684	3,302	3.2%	3.3%	6.5%	3.3%	3.4%	6.8%	2.3%	2.4%	4.7%
70-74	1,616	1,857	3,473	3.2%	3.7%	6.9%	3.5%	3.8%	7.3%	2.3%	2.4%	4.7%
75-79	1,127	1,295	2,422	2.2%	2.6%	4.8%	2.3%	2.6%	5.0%	1.6%	1.8%	3.3%
80-84	817	1,068	1,885	1.6%	2.1%	3.7%	1.7%	2.0%	3.7%	1.1%	1.4%	2.4%
85-89	485	656	1,141	1.0%	1.3%	2.3%	0.9%	1.2%	2.1%	0.6%	0.9%	1.5%
90-94	165	322	487	0.3%	0.6%	1.0%	0.3%	0.6%	0.9%	0.2%	0.4%	0.7%
95+	39	100	139	0.1%	0.2%	0.3%	0.1%	0.2%	0.2%	0.1%	0.1%	0.2%
All ages	24,366	26,144	50,510	48.2%	51.8%	100.0%	49.4%	50.6%	100.0%	50.0%	50.0%	100.0%

*Please note due to rounding the 'male & female %' may not always add up exactly to the 'total %'. Colours do not indicate any statistical significance.

3.3 Disease prevalence

Chart 3.3.1 below shows the prevalence of all the available 2019/20 QOF indicators on PHE Fingertips for Beverley PCN, compared to NHS ERY CCG overall. Hypertension is shown to have the highest prevalence at 16.4% with 8,289 patients registered within the PCN, followed by obesity, asthma and diabetes.

Chart 3.3.1 Prevalence of QOF conditions/indicators for Beverley PCN, in comparison to the NHS ERY CCG, 2019/20. Source: PHE Fingertips/NHS Digital
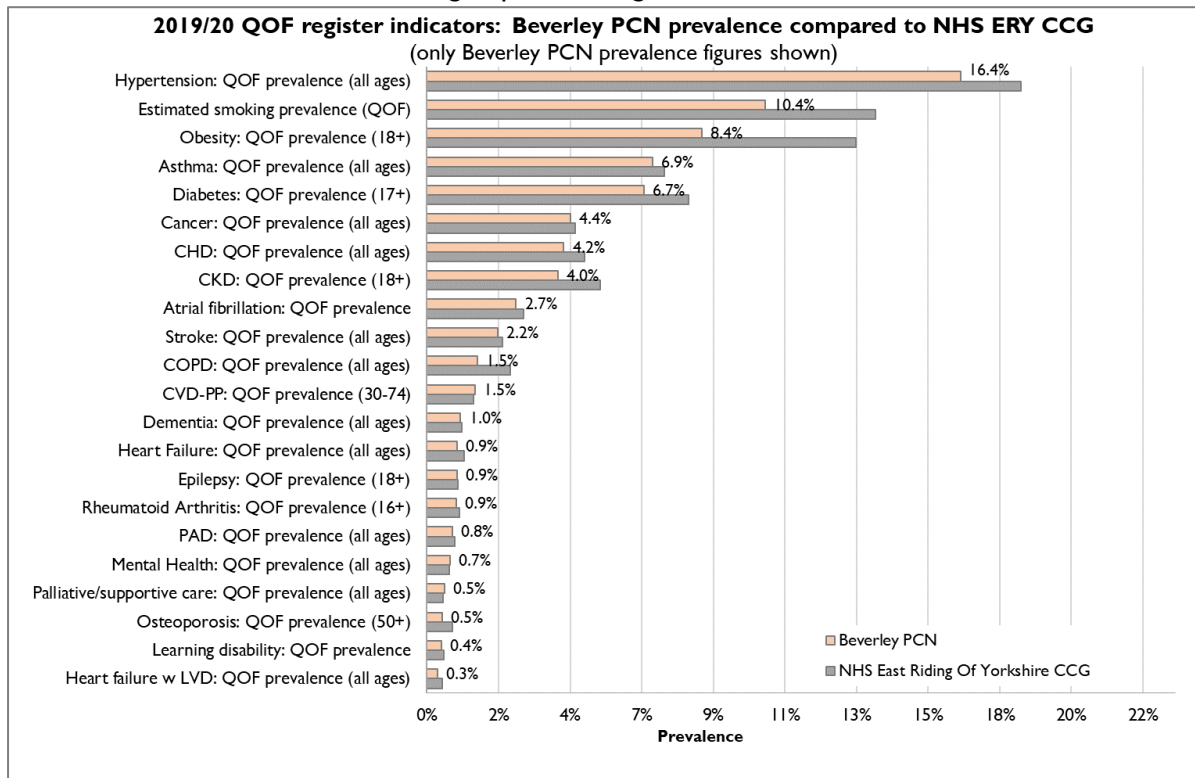

2019/20 QOF register indicators: Beverley PCN prevalence compared to NHS ERY CCG
(only Beverley PCN prevalence figures shown)

- Hypertension: QOF prevalence (all ages) — 16.4%
- Estimated smoking prevalence (QOF) — 10.4%
- Obesity: QOF prevalence (18+) — 8.4%
- Asthma: QOF prevalence (all ages) — 6.9%
- Diabetes: QOF prevalence (17+) — 6.7%
- Cancer: QOF prevalence (all ages) — 4.4%
- CHD: QOF prevalence (all ages) — 4.2%
- CKD: QOF prevalence (18+) — 4.0%
- Atrial fibrillation: QOF prevalence — 2.7%
- Stroke: QOF prevalence (all ages) — 2.2%
- COPD: QOF prevalence (all ages) — 1.5%
- CVD-PP: QOF prevalence (30-74) — 1.5%
- Dementia: QOF prevalence (all ages) — 1.0%
- Heart Failure: QOF prevalence (all ages) — 0.9%
- Epilepsy: QOF prevalence (18+) — 0.9%
- Rheumatoid Arthritis: QOF prevalence (16+) — 0.9%
- PAD: QOF prevalence (all ages) — 0.8%
- Mental Health: QOF prevalence (all ages) — 0.7%
- Palliative/supportive care: QOF prevalence (all ages) — 0.5%
- Osteoporosis: QOF prevalence (50+) — 0.5%
- Learning disability: QOF prevalence — 0.4%
- Heart failure w LVD: QOF prevalence (all ages) — 0.3%

Legend: Beverley PCN / NHS East Riding Of Yorkshire CCG

X-axis: Prevalence (0% to 22%)

Chart 3.3.2 is an update of a chart presented on page 4 of the 'NHS ERY CCG Operational Plan 2019/21' and it provides an analysis of the prevalence of some of the common diseases illustrated above in chart 3.3.1. It compares Beverley PCN to the other 6 PCNs that are covered by the ERY CCG boundary. It also provides a comparison to the East Riding and England average. These data demonstrate some of the diseases with the greatest prevalence including:

- Cancer
- Cardiovascular Disease (CVD) – Stroke and Hypertension
- Respiratory disease
- Diabetes
- Dementia
- Mental Health (note limitations in the dataset that mean that low level mental health issues such as anxiety and depression are not included)

Chart 3.3.2 Prevalence of conditions by PCN in comparison to the ERY and England statistics, 2019/20. Source: PHE Fingertips/NHS Digital
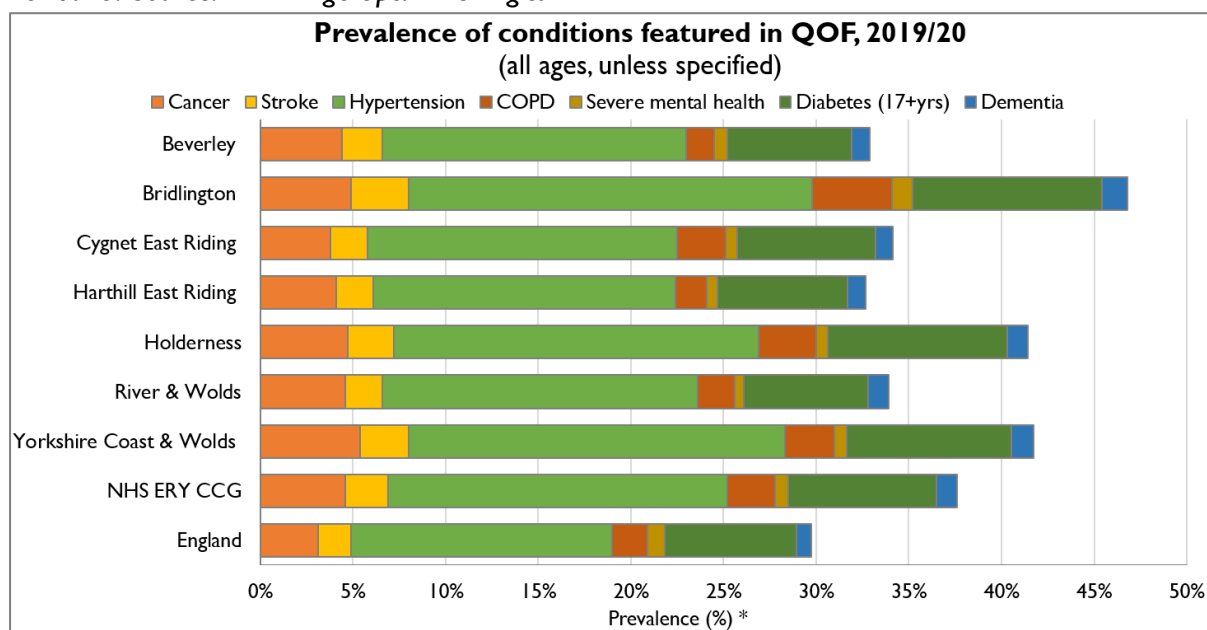
*Note – caution should be exercised when interpreting the chart above. Beverley PCN, for example, does not have a '33% disease prevalence' in its population as this would double count those individuals with multiple long-term conditions. However, it is fair to say that CVD is the single biggest issue in all PCNs.

Table 3.3.3 provides the prevalence figures for chart 3.32. Please note that the colours do not indicate statistical significance nor are they implying if a PCN prevalence is 'bad' (i.e. if red) or 'good' (i.e. if green), it is just a way to show which PCNs have a higher or lower prevalence when compared against each other for each disease prevalence.

Table 3.3.3 Prevalence of conditions by PCN in comparison to the ERY and England statistics, 2019/20. Source: NHS Digital

Area	Cancer	Stroke	Hypertension	COPD	Severe mental health	Diabetes (17+yrs)	Dementia
Beverley	4.4%	2.2%	16.4%	1.5%	0.7%	6.7%	1.0%
Bridlington	4.9%	3.1%	21.8%	4.3%	1.1%	10.2%	1.4%
Cygnet East Riding	3.8%	2.0%	16.7%	2.6%	0.6%	7.5%	0.9%
Harthill East Riding	4.1%	2.0%	16.3%	1.7%	0.6%	7.0%	1.0%
Holderness Primary Care Home	4.7%	2.5%	19.7%	3.1%	0.6%	9.7%	1.1%
River & Wolds East Riding	4.6%	2.0%	17.0%	2.0%	0.5%	6.7%	1.1%
Yorkshire Coast & Wolds	5.4%	2.6%	20.3%	2.7%	0.6%	8.9%	1.2%
NHS ERY CCG	4.6%	2.3%	18.3%	2.6%	0.7%	8.0%	1.1%
England	3.1%	1.8%	14.1%	1.9%	0.9%	7.1%	0.8%

3.4 Musculoskeletal (MSK) related conditions

3.4.1 Patients reporting a long-term MSK problem

PHE state that in England, low back and neck pain was ranked as the top reason for years lived with disability, and 'other musculoskeletal (MSK) conditions' was ranked as number 10. MSK conditions are known to impact quality of life by increased pain, limiting range of motion and impacting the ability to take part in daily life such as attending work. This indicator shows the amount of patients (aged 16+ years) reporting long term MSK pain within the PCNs of the East Riding from the 2020 GP Patient Survey. In the survey, question 35 asks, "Which, if any, of the following long-term conditions do you have?", the charts below report the proportion who answered as having 'arthritis or ongoing problem with back or joints'.

Chart 3.4.1 reports a 22% prevalence within Beverley PCN, based on 121 patients answering that they had arthritis or an ongoing problem with back or joints. This prevalence is lower than then NHS ERY CCG (23%) but higher than the England overall (18%), however, Beverley PCN was not significantly different from either comparator. None of the NHS ERY CCG PCNs were statistically different from one another when compared.

Chart 3.4.1 % of patients reporting a long-term MSK problem, 2020. Source: PHE Fingertips
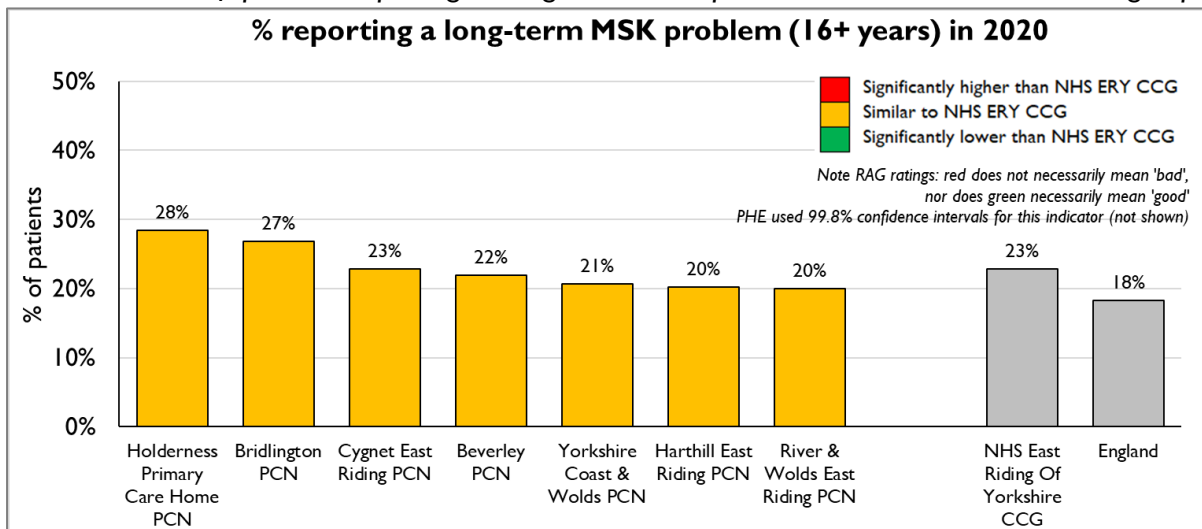
PHE Fingertips was able to provide survey results for the 2 years prior to 2020 and are shown in chart 3.4.2 below, which shows an increase from 19.5% in 2018 to 21.9% in 2020. Beverley PCN is shown by the blue line, whilst England is represented by the black line.

Chart 3.4.2 % of patients reporting a long-term MSK problem, 2018-2020. Source: PHE Fingertips

Period		Count	Value	Beverley PCN 95% Lower CI	Beverley PCN 95% Upper CI	East Riding Of Yorkshire	England
2018	●	91	19.5%*	16.2%	23.4%	23.3%	18.8%
2019	●	119	19.8%*	16.8%	23.2%	22.4%	19.3%*
2020	●	121	21.9%*	18.7%	25.6%	22.8%	18.3%

Source: GP Patient Survey
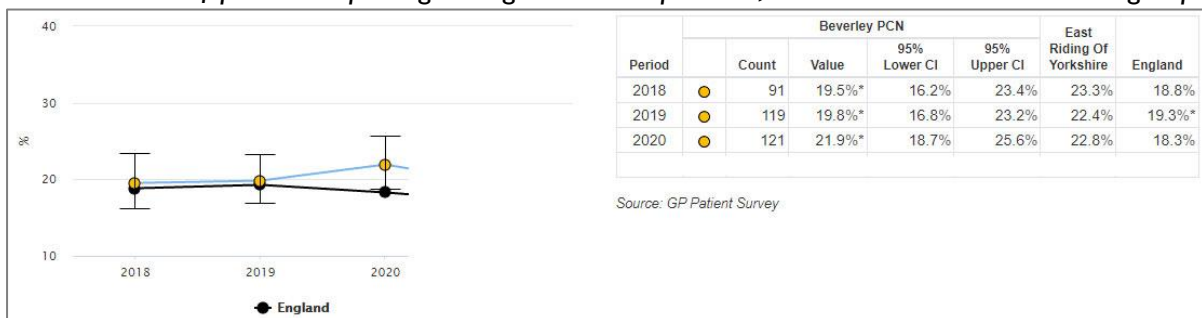
3.4.2 Osteoporosis (50 years of age and over)

According to PHE, osteoporotic fragility fractures can cause substantial pain and severe disability and are associated with decreased life expectancy. Osteoporotic fragility fractures occur most commonly in the spine (vertebrae), hip (proximal femur) and wrist (distal radius). They also occur in the arm (humerus), pelvis, ribs and other bones.

The indicator in this section is derived from the Quality and Outcomes Framework (QOF) and highlights the prevalence of osteoporosis within the PCNs of the East Riding; that is the number of patients with osteoporosis (as recorded on the practices disease register) as a percentage of all patients aged 50 or older.

The 2019/20 QOF states that there 115 Beverley patients on the osteoporosis register (a prevalence of 0.5%), which is 6 more patients than the previous year when the prevalence was the same. Please refer to table 3.4.3. Manor Road Surgery had the largest number (and highest prevalence) of osteoporosis registered patients, numbering 67 in 2019/20, a prevalence of 1.1%.

Table 3.4.3 Count of patients on osteoporosis register and prevalence, 2019/20. Source: QOF

Practice name	2018-19			2019-20		
	List size ages 50+	Register	Prevalence (%)	List size ages 50+	Register	Prevalence (%)
Greengates Medical Group	9,671	15	0.2%	9,963	18	0.2%
Manor Road Surgery	6,034	64	1.1%	6,283	67	1.1%
North Beverley Medical Centre	3,021	6	0.2%	2,985	6	0.2%
Old Fire Station Surgery	5,301	24	0.5%	5,358	24	0.4%
Beverley PCN	*24,027*	*109*	*0.5%*	*24,589*	*115*	*0.5%*

Chart 3.4.4 compares the osteoporosis prevalence in each NHS ERY CCG PCN. Both Bridlington and YCW PCNs recorded a significantly higher prevalence of osteoporosis (1.9% and 1.4% respectively) than the NHS ERY CCG (0.8%) and England (0.9%) averages. The Beverley PCN prevalence (0.5%) was centrally placed amongst the other East Riding PCNs and was significantly lower than both NHS ERY CCG and England.

Chart 3.4.4 Prevalence of osteoporosis by NHS ERY PCN, 2019/20. Source: QOF
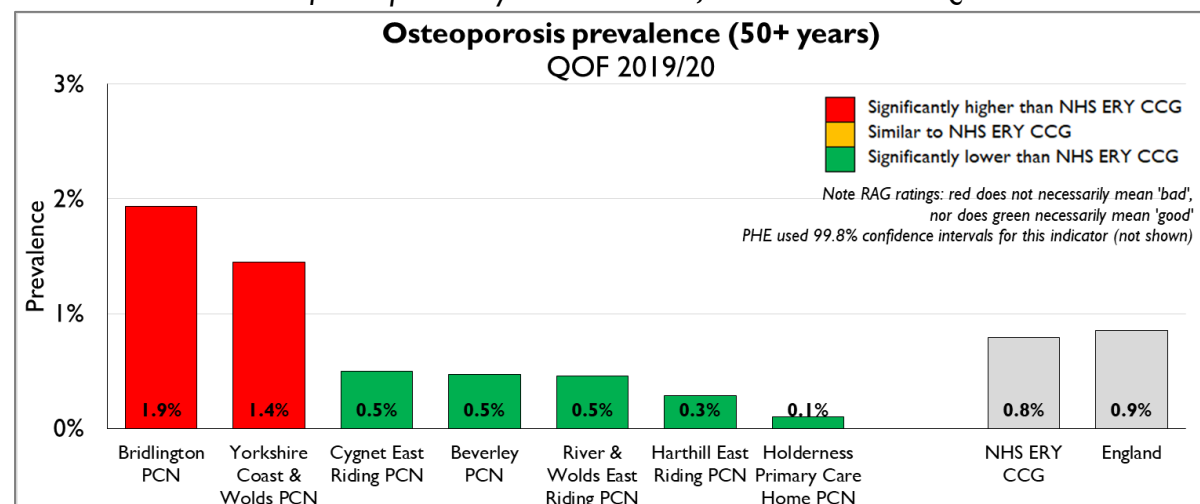
Between 2012/13 and 2019/20, the Beverley PCN prevalence has largely remained at around 0.4% or 0.5% (the CCG prevalence in that time increased from 0.2% to 0.8%) but over the last 5 years PHE calculated that there has been a significantly increasing trend of osteoporosis prevalence within the PCN. See chart 3.4.5 below.

Chart 3.4.5 Prevalence of osteoporosis Beverley PCN compared to England (black line), 2012/13-19/20. Source: PHE Fingertips/QOF

Source: Quality and Outcomes Framework (QOF), NHS Digital
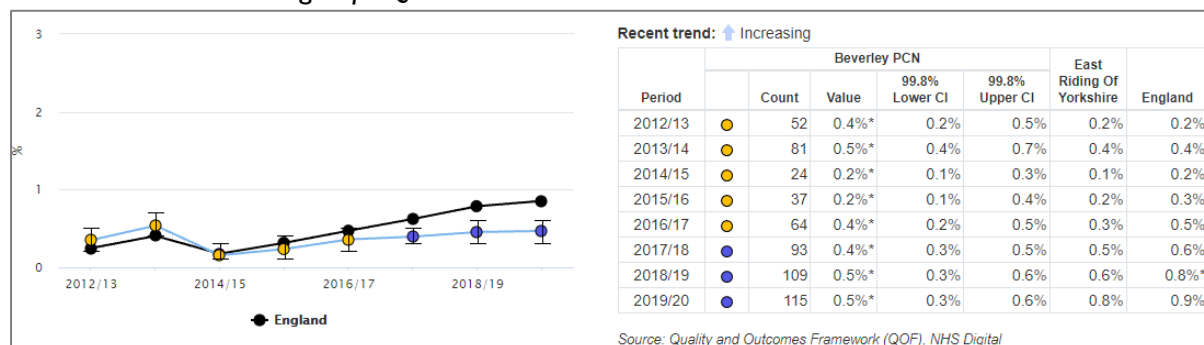
3.4.3 Rheumatoid Arthritis

Rheumatoid arthritis is an inflammatory disease which largely affects synovial joints (i.e. joints which are lined with a specialised tissue called synovium). It typically affects the small joints of the hands and the feet, and usually both sides equally and symmetrically, although any synovial joint can be affected. It is a systemic disease and so can affect the whole body, including the heart, lungs and eyes. PHE suggest early identification of a recent onset rheumatoid arthritis is important because long term outcomes are improved if disease modifying antirheumatic drugs (DMARDs) treatment is started within 3 months of the onset of symptoms.

To show the prevalence of rheumatoid arthritis we have again used a QOF indicator, which is the number of people with rheumatoid arthritis recorded on the practice register of a PCN, as a proportion of the total PCN list size (aged 16 years or over).

The 2019/20 QOF states that there were 387 Beverley PCN patients on the rheumatoid arthritis register which is a prevalence of 0.9%, the same as the previous year. Please refer to table 3.4.6. Greengates and Manor Road Surgery both had the highest prevalence within the PCN (at 1.0%) but were not significantly different from the other PCN practices.

Table 3.4.6 Count of patients on rheumatoid arthritis register and prevalence, 2019/20. Source: QOF

Practice name	2018-19			2019-20		
	List size ages 16+	Register	Prevalence (%)	List size ages 16+	Register	Prevalence (%)
Greengates Medical Group	17,588	176	1.0%	17,890	173	1.0%
Manor Road Surgery	10,823	108	1.0%	11,113	104	1.0%
North Beverley Medical Centre	5,365	43	0.8%	5,188	40	0.8%
Old Fire Station Surgery	8,663	71	0.8%	8,645	70	0.8%
Beverley PCN	***42,439***	***398***	***0.9%***	***42,836***	***387***	***0.9%***

Chart 3.4.7 compares the prevalence of rheumatoid arthritis within all East Riding PCNs.
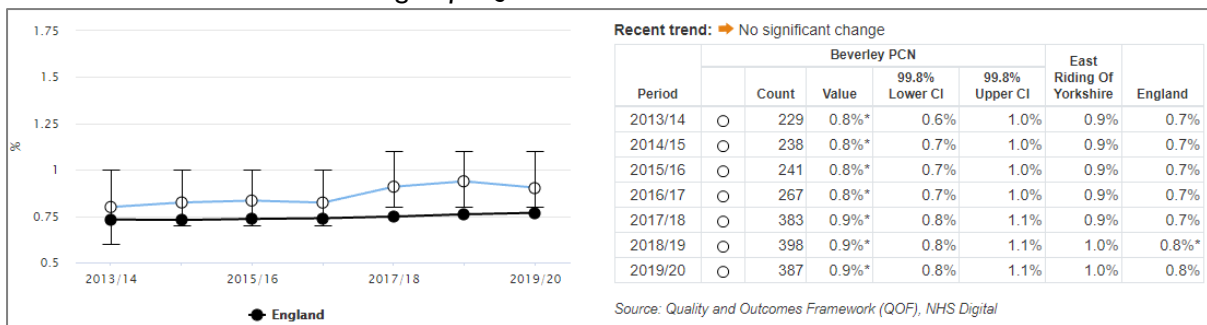
Beverley PCN recorded the 2nd lowest prevalence, but like most other PCNs was not significantly different from the NHS ERY CCG average (1.0%). Bridlington PCN, with a 1.3% prevalence, was the only PCN classified as being significantly higher than NHS ERY CCG overall.

Chart 3.4.7 Prevalence of rheumatoid arthritis by PCN, 2019/20. Source: QOF
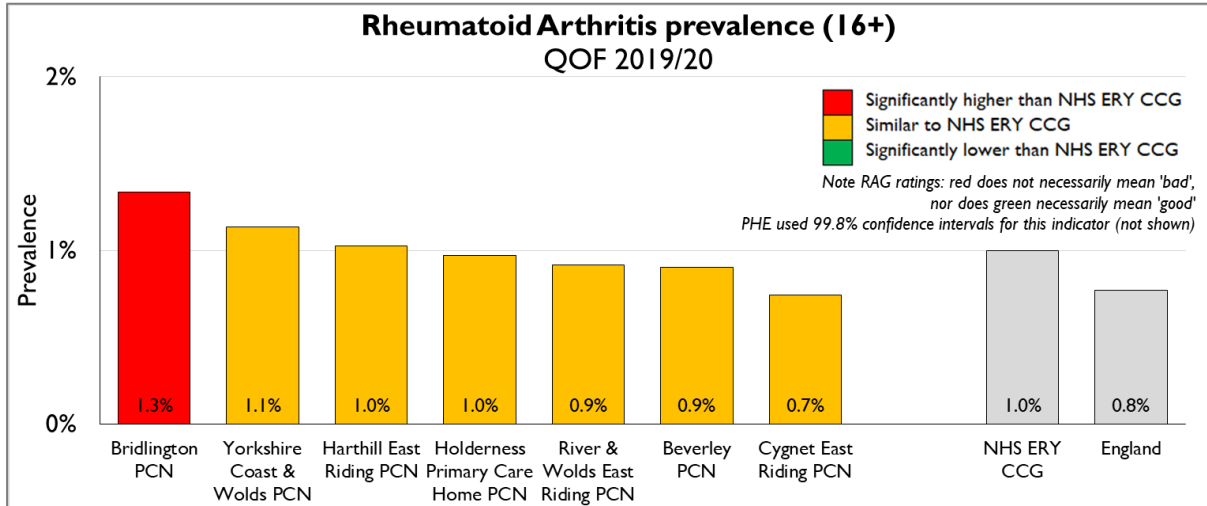
For the rheumatoid arthritis indicator, PHE Fingertips provides prevalence figures for 7 financial years and are shown in chart 3.4.8 below. Between 2013/14 and 2019/20 the prevalence has remained around at either 0.8% or 0.9%, with patient register numbers increasing from 229 to 387 in that time. Over the past 5 years, there has been no significant change in trend regarding rheumatoid arthritis prevalence in Beverley PCN, even though the chart visually appears to be showing an increase in recent year (2016/17 to 2018/19).

Chart 3.4.8 Prevalence of rheumatoid arthritis in Beverley PCN compared to England (black line), 2012/3-19/20. Source: PHE Fingertips/QOF

Recent trend: ➡ No significant change

Period	Beverley PCN				East Riding Of Yorkshire	England
	Count	Value	99.8% Lower CI	99.8% Upper CI		
2013/14	○ 229	0.8%*	0.6%	1.0%	0.9%	0.7%
2014/15	○ 238	0.8%*	0.7%	1.0%	0.9%	0.7%
2015/16	○ 241	0.8%*	0.7%	1.0%	0.9%	0.7%
2016/17	○ 267	0.8%*	0.7%	1.0%	0.9%	0.7%
2017/18	○ 383	0.9%*	0.8%	1.1%	0.9%	0.7%
2018/19	○ 398	0.9%*	0.8%	1.1%	1.0%	0.8%*
2019/20	○ 387	0.9%*	0.8%	1.1%	1.0%	0.8%

Source: Quality and Outcomes Framework (QOF), NHS Digital

3.4.4 Hospital admissions: hip fractures in people aged 65 and over

Hip fracture is a debilitating condition and PHE inform us that only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care. Hip fractures are almost as common and costly as strokes and the incidence is rising. In the UK, about 75,000 hip fractures occur annually at an estimated health and social cost of about £2 billion a year (PHE Fingertips).

PHE also state the average age of a person with hip fracture is about 83 years with about 73% of fractures occurring in women. There is a high prevalence of comorbidity in people with hip

fracture. The National Hip Fracture Database reports that mortality from hip fracture is high - about one in ten people with a hip fracture die within 1 month and about one in three within 12 months.

This indicator counts the number of first finished emergency admission episodes in patients aged 65 and over at the time of admission with a recording of fractured neck of femur and converts it to a directly standardised rate (which accounts for different age structures in different populations). Fractured neck of femur has been classified by a primary diagnosis of fracture of neck of femur (ICD10 S72.0), Pertrochanteric fracture (S72.1) and Subtrochanteric fracture (S72.2).

Between 2010/11 and 2019/20 there have been on average 580 hospital admissions per year due to hip fractures involving East Riding residents aged 65 years or over. In 2019/20 the East Riding rate (584 per 100,000 population, based on 515 admissions) was higher than the England rate (572), but not significantly.

Chart 3.4.9 below displays the rate of hip fracture admissions for the East Riding wards for the 5 year period 2015/16-19/20. The wards we have associated with Beverley PCN are highlighted with a border around the ward name. Two of the wards had a significantly higher rate than the East Riding average (573 per 100,000 population) during this period; Cottingham South (744 per 100,000) and Minster and Woodmansey (738 per 100,000). Within the 5 years displayed, the 5 Beverley PCN wards:

- had a combined total of 495 admissions for hip fractures, involving patients aged 65+ years;
- average (median) age of patients was 85 years (nationally it was 83 years).

Chart 3.4.9 Hospital admissions: hip fractures in people aged 65 and over, 2015/6-19/20. ERY wards, directly standardised rates per 100,000 population. Source: ERY PHI & NHS Digital*
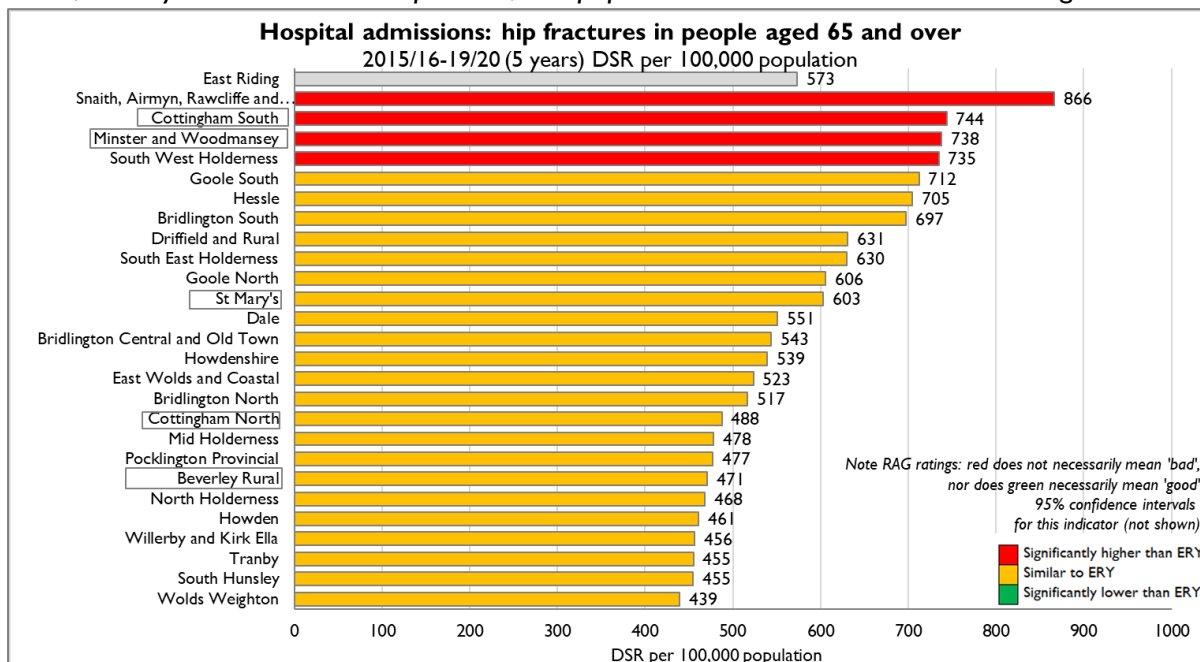
3.5 Mental Health

3.5.1 Mental health register (schizophrenia, bipolar affective disorder and other psychoses)

The particular register includes all patients (of all ages) with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses to avoid a generic phrase that is open to variations in interpretation.

As reported by the 2019/20 QOF, there were 355 Beverley PCN patients on this register, equating to a prevalence of 0.7%. Table 3.5.1 breaks down the registered numbers and prevalence by practice and shows the Greengates Medical Group to have the joint highest prevalence (0.8%) in the PCN, along with Manor Road Surgery. The Beverley PCN prevalence is similar to the NHS ERY CCG average of 0.7% (as shown on chart 3.5.2) and significantly lower than England (0.9%). Bridlington PCN was the only NHS ERY CCG PCN with a significantly higher prevalence than the CCG (and also England).

Table 3.5.1 Registered number and prevalence of schizophrenia, bipolar affective disorder and other psychoses by PCN, 2019/20. Source: QOF

Practice name	2018-19			2019-20		
	List size	Register	Prevalence (%)	List size	Register	Prevalence (%)
Greengates Medical Group	20,961	175	0.8%	21,255	173	0.8%
Manor Road Surgery	12,754	98	0.8%	13,117	100	0.8%
Old Fire Station Surgery	9,998	70	0.7%	9,927	66	0.7%
North Beverley Medical Centre	6,485	19	0.3%	6,211	16	0.3%
Beverley PCN	*50,198*	*362*	*0.7%*	*50,510*	*355*	*0.7%*

Chart 3.5.2 Prevalence of schizophrenia, bipolar affective disorder and other psychoses by PCN, 2019/20. Source: QOF
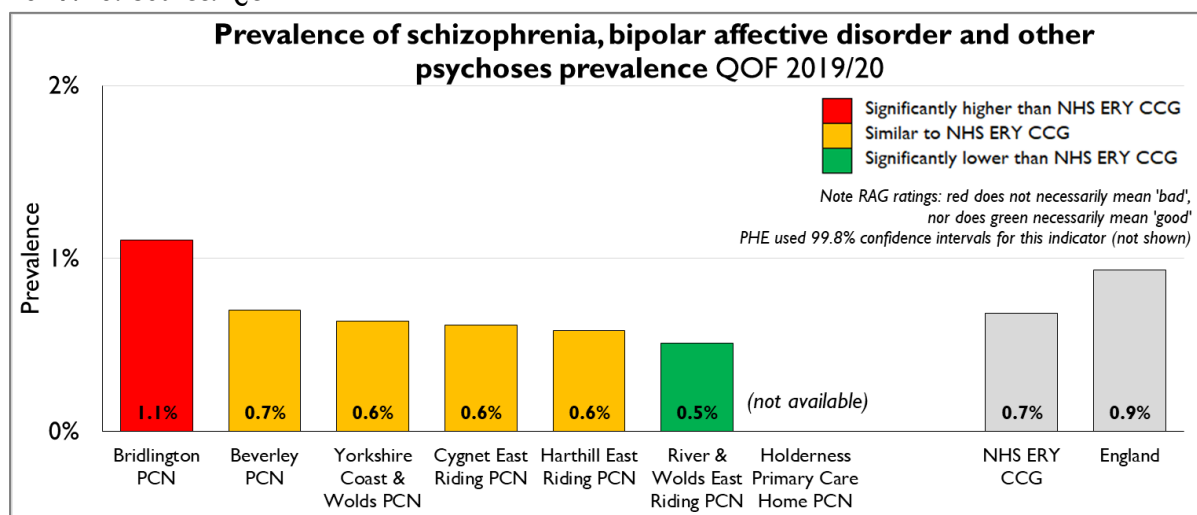
Chart 3.5.3 shows that between 2012/13 and 2019/20, the Beverley PCN prevalence (light blue line) of the specified mental health conditions has been significantly lower than the England average (solid black line). The Beverley PCN prevalence has remained around 0.7% since 2014/15 but patient numbers on the register have increased in that time from 241 to 355 in 2019/20.

Chart 3.5.3 Prevalence of patients on mental health register (schizophrenia, bipolar affective disorder and other psychoses). Beverley PCN compared to England (black line), 2012/3-19/20. Source: PHE Fingertips/QOF

Period		Beverley PCN				East Riding Of Yorkshire	England
		Count	Value	99.8% Lower CI	99.8% Upper CI		
2012/13	●	219	0.64%*	0.52%	0.79%	0.60%	0.84%
2013/14	●	225	0.66%*	0.54%	0.81%	0.62%	0.86%
2014/15	●	241	0.70%*	0.58%	0.86%	0.63%	0.88%
2015/16	●	244	0.71%*	0.58%	0.87%	0.64%	0.90%
2016/17	●	287	0.75%*	0.62%	0.89%	0.66%	0.92%*
2017/18	●	363	0.73%*	0.62%	0.85%	0.69%	0.94%
2018/19	●	362	0.72%*	0.61%	0.85%	0.71%	0.96%*
2019/20	●	355	0.70%*	0.60%	0.83%	0.68%	0.93%

Source: Quality and Outcomes Framework (QOF), NHS Digital
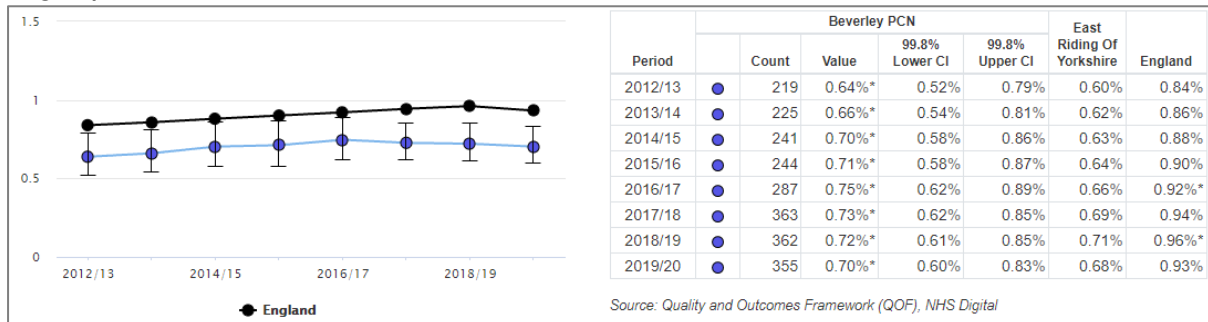
3.5.2 Depression

This indicator reports the percentage of patients aged 18 and over with depression, as recorded on practice registers within the PCNs. Table 3.5.4 shows the number registered within the practices of Beverley PCN. There were 3,253 Beverley PCN patients recorded in the 2019/20 QOF as having depression, 7.8% of all patients aged 18+ years. The highest prevalence was found at North Beverley Medical Centre (9.9%).

Table 3.5.4 Number of patients with depressions and prevalence by Beverley PCN practice, 2019/20. Source: *QOF*

Practice name	2018-19			2019-20		
	List size ages 18+	Register	Prevalence (%)	List size ages 18+	Register	Prevalence (%)
North Beverley Medical Centre	5,216	503	9.6%	5,023	497	9.9%
Greengates Medical Group	17,124	1,427	8.3%	17,375	1,560	9.0%
Manor Road Surgery	10,523	667	6.3%	10,843	704	6.5%
Old Fire Station Surgery	8,464	463	5.5%	8,433	492	5.8%
Beverley PCN	*41,327*	*3,060*	*7.4%*	*41,674*	*3,253*	*7.8%*

This Beverley prevalence (7.8%) was the lowest of all East Riding PCNs and was significantly lower than both NHS ERY CCG (10.3%) and England (11.6%) in 2019/20 (see chart 3.5.5).

Chart 3.5.5 Prevalence of depression by PCN, 2019/20. Source: QOF

27
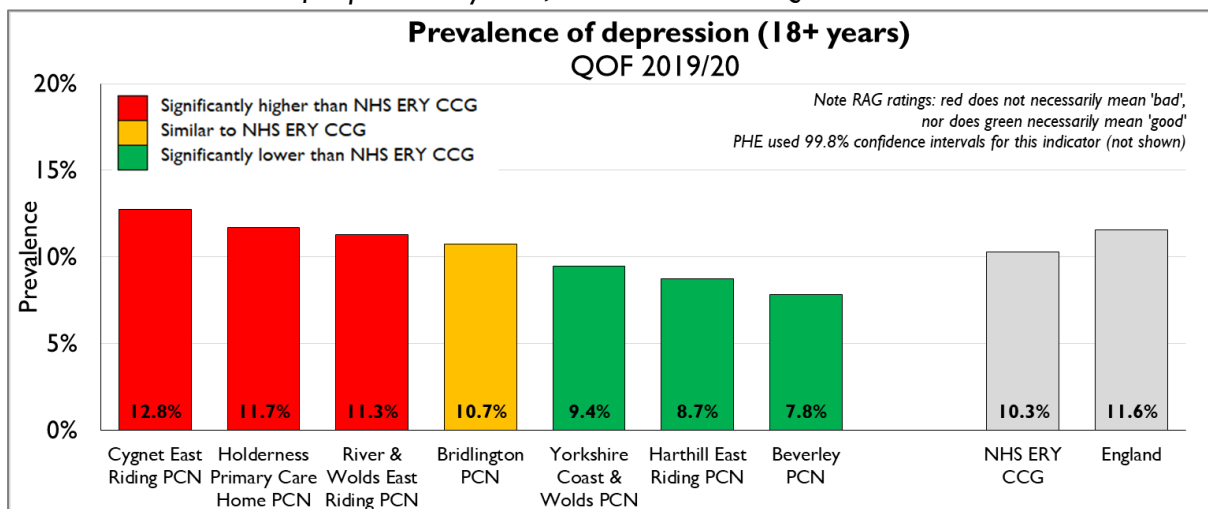
Chart 3.5.6 shows the increasing trend of the prevalence of depression within the Beverley PCN (light blue line) and was significantly lower than the England prevalence (black line) in all periods shown. The sudden dip in prevalence between 2011/12 and 2012/13 would suggest either a change in the practices that PHE have used to form Beverley PCN, an undercount or a change in definition of the indicator rather than a legitimate drop in the prevalence of depression.

Chart 3.5.6 Prevalence of depression, Beverley PCN compared to England, 2009/10-19/20. Source: PHE Fingertips/QOF

| Period | Beverley PCN | | | | East Riding Of Yorkshire | England |
	Count	Value	99.8% Lower CI	99.8% Upper CI		
2009/10	1,903	6.9%*	6.5%	7.4%	9.2%*	10.9%
2010/11	2,171	7.8%*	7.3%	8.3%	9.7%*	11.2%
2011/12	2,406	8.5%*	8.0%	9.1%	10.5%	11.7%
2012/13	1,324	4.7%*	4.3%	5.1%	5.0%	5.8%
2013/14	1,459	5.2%*	4.8%	5.7%	5.7%	6.5%
2014/15	1,616	5.8%*	5.3%	6.2%	6.4%	7.3%
2015/16	1,707	6.1%*	5.6%	6.5%	7.1%	8.3%
2016/17	2,027	6.4%*	6.0%	6.9%	7.8%	9.1%
2017/18	2,896	7.0%*	6.7%	7.4%	8.6%	9.9%
2018/19	3,060	7.4%*	7.0%	7.8%	9.4%	10.7%*
2019/20	3,253	7.8%*	7.4%	8.2%	10.3%	11.6%

Source: Quality and Outcomes Framework (QOF), NHS Digital

3.5.3 Epilepsy

Whilst epilepsy is not regarded as a 'mental health' condition, it is the most common serious neurological condition, affecting about five to ten per 1000 of the population at any one time (source PHE). Few epilepsies are preventable, but appropriate clinical management can enable most people with epilepsy to lead a full and productive life. For the purposes of the QOF, epilepsy is defined as 'recurrent unprovoked seizures'.

Beverley PCN was reported as having 383 patients on the QOF epilepsy register for the 2019/20 period (shown by practice in table 3.5.7), a prevalence of 0.9% of the list size aged 18+ years. The Old Fire Station and Manor Road Surgery both reported the highest prevalence (1.0%) of epilepsy within the PCN.

Table 3.5.7 Prevalence of epilepsy by PCN, 2019/20. Source: QOF

| Practice name | 2018-19 | | | 2019-20 | | |
	List size ages 18+	Register	Prevalence (%)	List size ages 18+	Register	Prevalence (%)
Old Fire Station Surgery	8,464	90	1.1%	8,433	85	1.0%
Manor Road Surgery	10,523	104	1.0%	10,843	106	1.0%
Greengates Medical Group	17,124	149	0.9%	17,375	158	0.9%
North Beverley Medical Centre	5,216	35	0.7%	5,023	34	0.7%
Beverley PCN	**41,327**	**378**	**0.9%**	**41,674**	**383**	**0.9%**

In 2019/20 the Beverley PCN prevalence was similar (statistically) to those of NHS ERY CCG and England (0.9% and 0.8% respectively). See chart 3.5.8.

Chart 3.5.9 displays the Beverley PCN epilepsy prevalence compared to England (black line) between 2009/10 and 2019/20, the Beverley prevalence has remained higher in this time period but (with one exception) has remained statistically similar to the national average.

Chart 3.5.8 Prevalence of epilepsy by PCN, 2019/20. Source: QOF
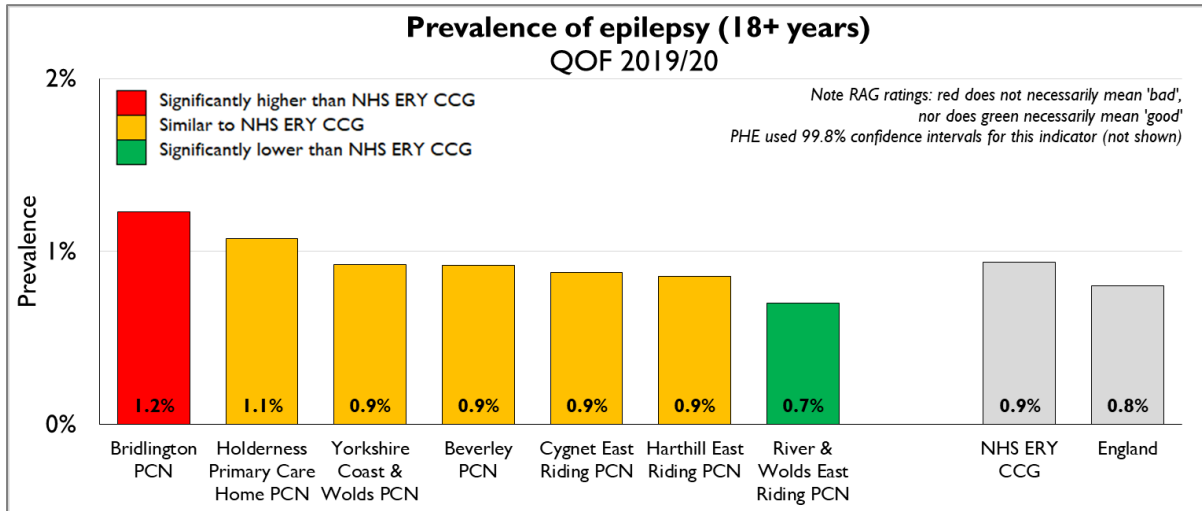
Chart 3.5.9 Prevalence of epilepsy, Beverley PCN compared to England, 2009/10-19/20. Source: PHE Fingertips/QOF
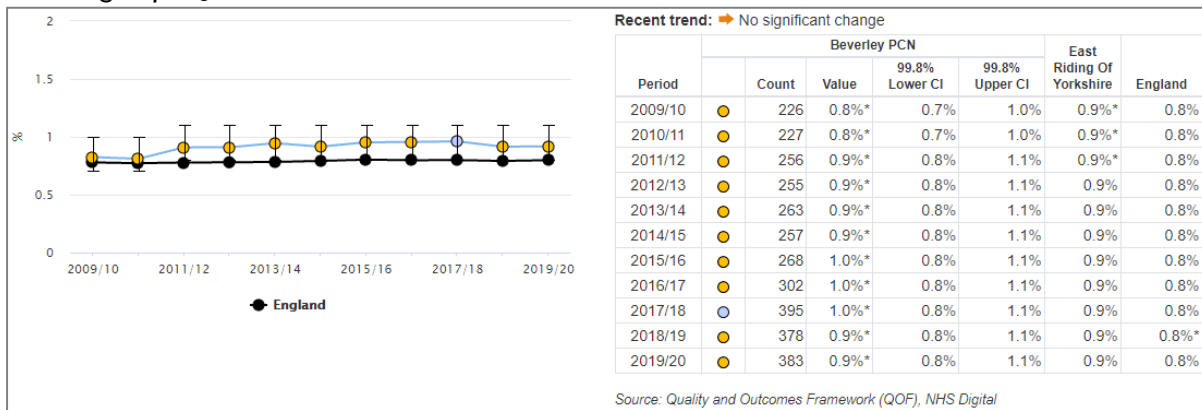
3.5.4 Dementia

Dementia is a syndrome characterised by an insidious but ultimately catastrophic, progressive global deterioration in intellectual function and is a main cause of late-life disability. The prevalence of dementia increases with age and is estimated to be approximately 20% at 80 years of age (PHE). This indicator comprises of the number of people with dementia recorded on GP practice registers as a proportion of the people (all ages) registered at each GP practice.

The 2019/20 QOF states there were 520 Beverley PCN patients on a dementia register that year and the numbers by practice are highlighted in table 3.5.10. Manor Road Surgery had the highest prevalence of dementia at 1.2%, based on 162 registered patients.

The Beverley PCN prevalence of 1.0% is the 3rd lowest of all PCNs within the NHS ERY CCG but is classed as similar (statistically) to the CCG average (chart 3.5.11). The increasing trend of the Beverley PCN dementia prevalence between 2009/10 and 2019/20, is shown in chart 3.5.12. However, PHE state that has been no statistically significant change in direction of travel over the past 5 years, but the chart does show Beverley PCN to have had a significantly higher prevalence than the England average for the most recent 2 periods (2018/29 and 2019/20).

Table 3.5.10 Count of patients on Beverley PCN dementia register by practice & year. Source: QOF

Practice name	2018-19			2019-20		
	List size	Register	Prevalence (%)	List size	Register	Prevalence (%)
Manor Road Surgery	12,754	152	1.2%	13,117	162	1.2%
Greengates Medical Group	20,961	192	0.9%	21,255	221	1.0%
Old Fire Station Surgery	9,998	88	0.9%	9,927	85	0.9%
North Beverley Medical Centre	6,485	61	0.9%	6,211	52	0.8%
Beverley PCN	*50,198*	*493*	*1.0%*	*50,510*	*520*	*1.0%*

Chart 3.5.11 Prevalence of dementia by PCN, 2019/20. Source: QOF/PHE Fingertips
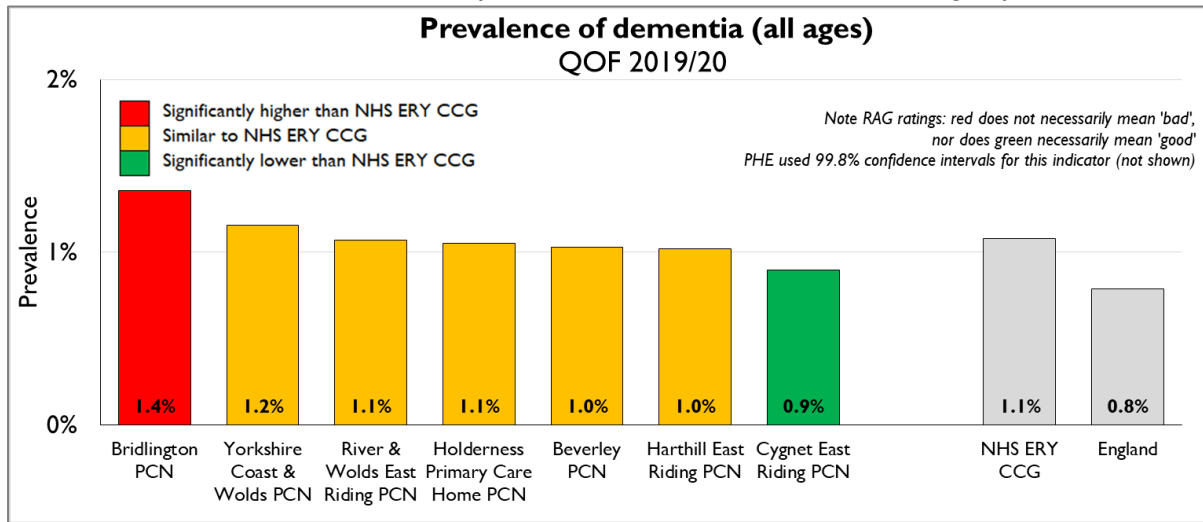
Chart 3.5.12 Prevalence of dementia, Beverley PCN compared to England, 2009/10-19/20. Source: QOF/PHE Fingertips
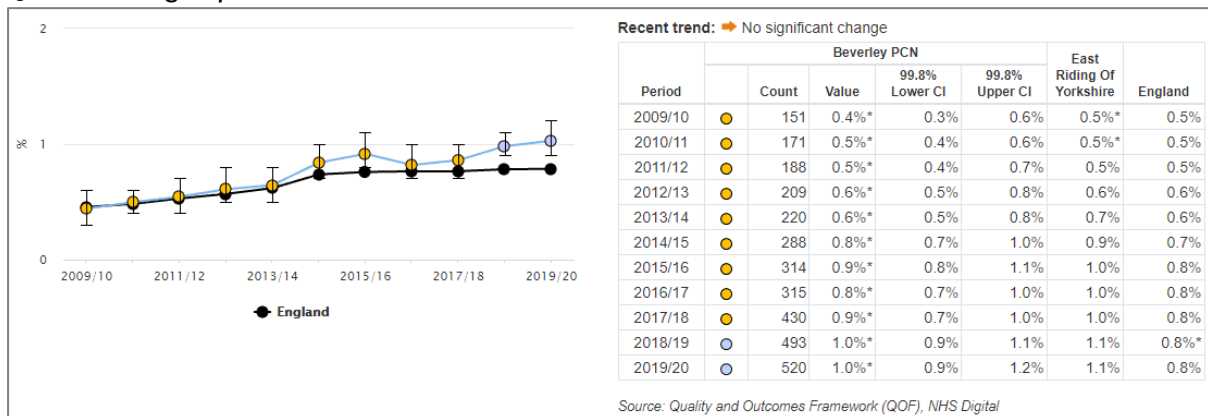
3.5.5 Hospital admissions for mental health conditions, children aged 0-17 years

The next 2 sections are based on Hospital Episode Statistics (HES) obtained from PHE Fingertips and other data sources available to the Public Health Intelligence Team; the admission data counts first finished episodes for persons with primary diagnosis ICD 10 codes of F00 to F99 (mental and behavioural disorders).

PHE presently have one main indicator about admissions into hospital due to mental health conditions and that is for the 0-17 years age group. PHE state that one in ten children aged

5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. PHE also warn that failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

Between 2010/11 and 2018/19, the East Riding had an average of 40 admissions per year in the 0-17 age group and overall generally had a lower rate of admissions than the England average. However this was not significantly different over the last past 3 years. In the latest year PHE had available (2018/19) it found the East Riding to have the 4th highest rate within the region (out of 15 local authorities).

Within the East Riding there is naturally variation within the different communities and chart 3.5.13 below displays the crude rate of admissions by each ward, between 2015/16-19/20. The wards we are most closely associating with Beverley PCN are highlighted on the chart and had a combined total of 74 admissions over the 5 year period. Most Beverley PCN wards (except Beverley Rural) were within the upper half of ward rates and all but 1 were statistically similar to the local authority average of 89 admissions per 100,000 population.

The ward of St Marys was 1 of 2 wards in the East Riding significantly higher than the East Riding average. Its rate of 200 per 100,000 population (based on 29 admissions) was over twice the overall East Riding rate and almost 3 times higher than the rate of Beverley Rural (68 per 100,000, based on 9 admissions).

Chart 3.5.13 Hospital admissions for mental health conditions 0-17 years. Crude rate/100k pop. (0-17 years). 95% confidence intervals (not shown). Source: ERY PHI/NHS Digital*
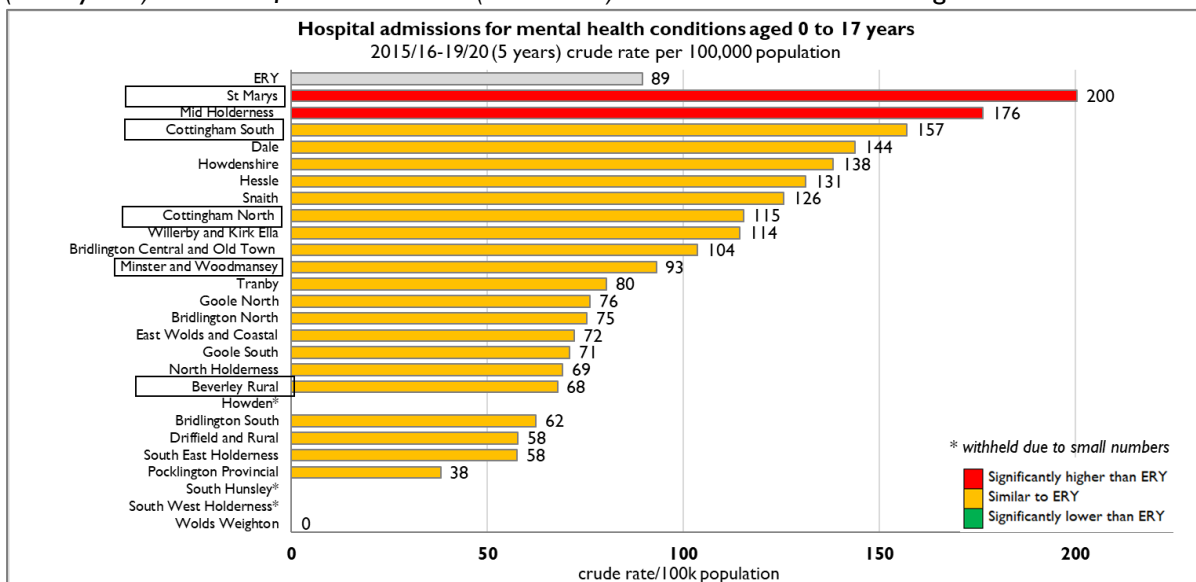
3.5.6 Hospital admissions for mental health conditions, 0-64 years

The analysis was also conducted on a wider age group (0-64 years) that isn't presently available on PHE Fingertips and is shown in chart 3.5.14. The 5 wards most aligned to Beverley had a total number of 612 admissions in the 0-64 age group and are again highlighted on the chart.

Cottingham South was one of 6 wards significantly higher than the local authority average of 241 per 100,000 population. The Cottingham South rate of 434 per 100,000 population (based on 143 admissions) was the 2nd highest in the East Riding and was over 3.5 times higher than Beverley Rural (123 per 100,000).

However the Cottingham South ward area does contain the NHS Humber Foundation Trust facility 'Humber Centre for Forensic Psychiatry', a medium secure hospital for patients suffering from mental disorders. When admissions were

Please bear in mind these rates have not been age standardised.

Chart 3.5.14 Hospital admissions for mental health conditions 0-64 years. Crude rate per 100,000 population (0-64 years). 95% confidence intervals (not shown). Source: ERY PHI/NHS Digital*

Hospital admissions for mental health conditions aged 0 to 64 years
2015/16-19/20 (5 years) crude rate per 100,000 population

Ward	Rate
ERY	241
Bridlington South	460
Cottingham South	434
Goole South	430
North Holderness	369
South East Holderness	329
Bridlington Central and Old Town	312
Cottingham North	269
Minster and Woodmansey	267
Bridlington North	258
Tranby	253
St Marys	251
Hessle	245
Goole North	231
Howden	228
Dale	225
South West Holderness	220
Snaith	212
Driffield and Rural	209
Howdenshire	184
East Wolds and Coastal	182
Mid Holderness	165
Willerby and Kirk Ella	158
Pocklington Provincial	153
South Hunsley	149
Beverley Rural	123
Wolds Weighton	119

Legend:
- Significantly higher than ERY
- Similar to ERY
- Significantly lower than ERY

Table 3.5.15 displays the top 10 reasons (ICD10 description) for the mental health related admissions within the 5 Beverley wards, combined. A reminder that this was for the age group 0-64 years and during the 5 year period 2015/16-19/20.

Table 3.5.15 Top 10 hospital admissions for mental health conditions 0-64 years. 5 Beverley PCN wards combined. Main reason for admission. 2015/16-19/20. Source: ERY PHI/NHS Digital*

Rank	ICD10 Code	ICD10 Description	Count of admissions	% of MH admissions
1	F603	Borderline personality disorder	63	10%
2	F100	Mental and behavioural disorders due to use of alcohol : acute intoxication	54	9%
3	F200	Paranoid schizophrenia	45	7%
4	F102	Mental and behavioural disorders due to use of alcohol : dependence syndrom	44	7%
5	F103	Mental and behavioural disorders due to use of alcohol withdrawal state	39	6%
6	F500	Anorexia nervosa	26	4%
7	F432	Adjustment disorders (reaction to severe stress)	19	3%
8	F112	Opioid dependence	16	3%
9	F412	Mixed anxiety and depressive disorder	14	2%
10	F419	Anxiety disorder, unspecified	13	2%

3.5.7 Self-harm admissions

The next 2 sections are based on Hospital Episode Statistics (HES) obtained from PHE Fingertips (and other data sources available to the Public Health Intelligence Team) and count the number of finished admission episodes in residents years where the main recorded cause (defined as the first diagnosis code that represents an external cause (V01-Y98)) is between X60 and X84 (intentional self-harm).

10-24 years

Nationally, hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment (PHE).

In the East Riding overall, the 2018/19 rate of self-harm admissions (303.5 per 100,000, based on 150 admissions) was significantly lower than the England rate (444). PHE however, are reporting a significantly increasing trend (based on the last 5 years) in self-harm admissions within the East Riding in this age group. Over the past 5 years (2015/16-19/20) there have been on average 157 admissions per year due to self-harm (10-24 years) in the East Riding.

Chart 3.5.16 illustrates the crude rate of self-harm admissions within the wards of the East Riding during the 5 year period 2015/15-19/20. The chart highlights those wards most closely associated with Beverley PCN and in this period there were 129 admissions due to self-harm in the 5 wards combined. Of these 129 admissions, 80 (67%) involved residents from either Cottingham South or Minster and Woodmansey. The crude rate of Cottingham South (484 per 100,000, n=31 admissions) was significantly higher than the East Riding average (308) and placed it 5th highest of all East Riding wards. The chart shows that the Cottingham South rate was over 9 times higher than the Beverley Rural rate (52 per 100,000, based on 6 admissions).

All ages

The same self-harm indicator shown in section 2.2.7, was reproduced for all ages, which is not currently shown on the PHE Fingertips website. In the same 5 year period, there were

375 all age admissions due to self-harm in the 5 Beverley wards combined. Cottingham South was again the only ward (of these 5) significantly higher than the overall East Riding rate (140 per 100,000), please refer to chart 3.5.17. There were 2 Beverley PCN wards significantly lower than the local authority average St Marys (101 per 100,000) and Beverley Rural (40 per 100,000). Minster and Woodmansey had the highest actual count of admissions (n=133) of the 5 wards, but had a lower rate (163 per 100,00) than Cottingham South (183 per 100,00). The Cottingham South rate of self-harm admissions in this period was almost 4.5 times higher the rate of Beverley Rural (40 per 100,000).

Chart 3.5.16 Self-harm admissions involving 10-24 year olds, 2015/16-19/20. East Riding wards. Crude rate per 100,000 population. Source: ERY PHI/NHS Digital*

Hospital admissions as a result of self-harm (10-24 years)
2015/16-19/20 (5 years) crude rate per 100,000 population

Ward	Rate
ERY	308
Bridlington South	662
East Wolds and Coastal	586
Tranby	530
Goole South	491
Cottingham South	484
Bridlington Central and Old Town	479
Pocklington Provincial	419
Minster and Woodmansey	363
South West Holderness	350
Howden	343
Bridlington North	328
North Holderness	315
Goole North	299
South East Holderness	297
St Marys	269
Driffield and Rural	246
Howdenshire	223
Snaith	222
Hessle	215
Dale	203
Mid Holderness	171
South Hunsley	167
Willerby and Kirk Ella	160
Cottingham North	159
Wolds Weighton	138
Beverley Rural	52

Significantly higher than ERY
Similar to ERY
Significantly lower than ERY

Chart 3.5.17 Self-harm admissions (all ages), 2015/16-19/20. East Riding wards. Crude rate per 100,000 population. Source: ERY PHI/NHS Digital*

Hospital admissions as a result of self-harm (all ages)
2015/16-19/20 (5 years) crude rate per 100,000 population

Ward	Rate
ERY	140
Bridlington South	383
Goole South	244
Bridlington Central and Old Town	214
Cottingham South	183
South East Holderness	173
North Holderness	173
East Wolds and Coastal	170
Goole North	168
Minster and Woodmansey	163
Tranby	158
Dale	158
Bridlington North	132
Hessle	131
Cottingham North	118
Pocklington Provincial	117
South West Holderness	116
Snaith	113
Howdenshire	102
Driffield and Rural	102
St Marys	101
Wolds Weighton	91
Howden	89
Mid Holderness	87
South Hunsley	60
Willerby and Kirk Ella	52
Beverley Rural	40

Significantly higher than ERY
Similar to ERY
Significantly lower than ERY

4. Prescribing

This prescribing section is an extremely high-level overview focussing on a small range of headline metrics, suggested by local Medicines Management colleagues. They are of interest to the CCG as a whole, but do tie in with some of the PCNs specific priorities. All data is sourced from the Open Prescribing Portal. For further interpretation on these indicators we would recommend consulting with the local Medicines Management team.

4.1 High dose opioids per 1000 patients

"The Opioids Aware project https://fpm.ac.uk/opioids-aware seeks to improve prescribing of opioid analgesia. There is little evidence that opioids are helpful in long term pain, and the risk of harm increases significantly above 120mg morphine (or equivalent) per day, without much increase in benefit." OpenPrescribing.net

In 2020/21, the NHS ERY CCG rate of prescribing high dose opioids was almost twice that of that national average, with the rate of items per 10,000 patients at 285 and 144 respectively. The Beverley PCN rate of 235 per 10,000 patients was the 2nd lowest of the ERY PCNs but higher than the national average of 144 (see chart 4.2.1). Chart 4.2.2 shows that the annual rate of high dose opioid prescribing has decreased each year within the CCG and England, however Beverley PCN hasn't shown any noticeable trend, with a fluctuation of the rates each year.

Chart 4.2.1
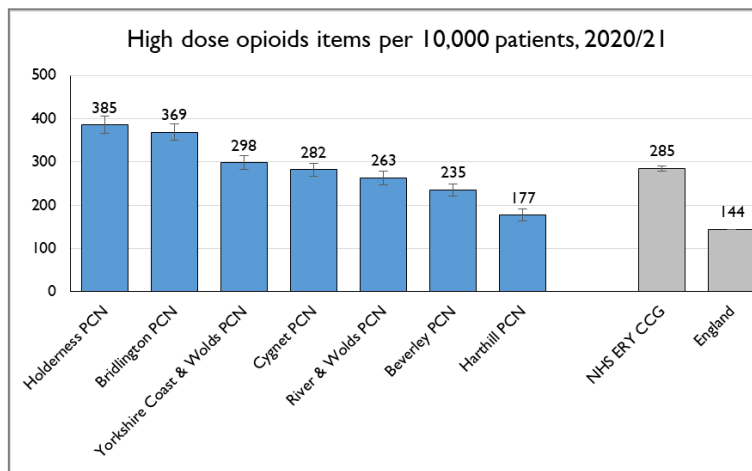
Chart 4.2.2
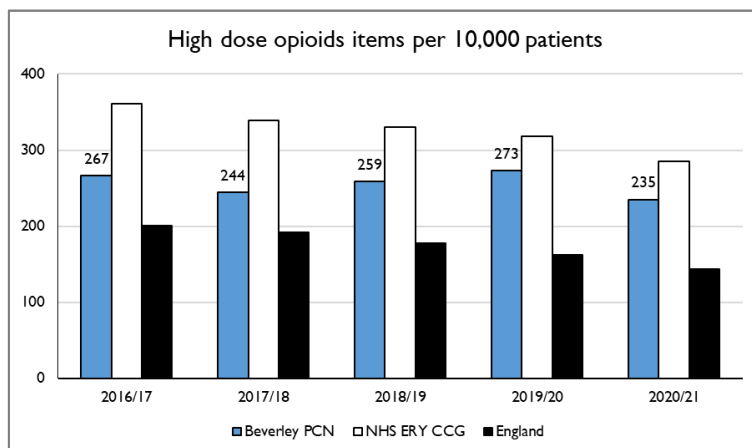
4.2 Anxiolytics and Hypnotics: Average Daily Quantity (ADQ) per 1000 patients

"Anxiolytics and Hypnotics are drugs that are prescribed for short-term treatment of conditions such as anxiety and sleep problems. The Royal College of Psychiatrists states that "around 4 in every 10 people who take them every day for more than 6 weeks will become addicted" and therefore they should not be prescribed for longer than 4 weeks. This measure shows the Average Daily Quantity (ADQ) of drug given per 1000 registered patients, for both the older benzodiazepines, such as diazepam and temazepam, and the newer "Z-drugs", such as zopiclone. It excludes items that do not have an ADQ, such as melatonin." OpenPrescribing.net

The Beverley PCN rate of Anxiolytics and Hypnotics prescribing (4,051 ADQs per 1,000 patients) was significantly higher than both the NHS ERY CCG and England rates (see chart 4.2.1) and was the highest PCN rate within the East Riding. Chart 4.2.2 illustrates that the Beverley PCN rate has decreased year on year between 2016/17 and 2020/21, but remained higher than the CCG and national averages in all periods.

Chart 4.2.1

Anxiolytics and Hypnotics: Average Daily Quantity per 1000 patients 2020/21

	Value
Beverley PCN	4051
Yorkshire Coast & Wolds PCN	3292
Holderness PCN	3114
Bridlington PCN	3102
Harthill PCN	2654
River & Wolds PCN	2229
Cygnet PCN	1968
NHS ERY CCG	2932
England	2732

Chart 4.2.2

Anxiolytics and Hypnotics: Average Daily Quantity per 1000 patients

	Beverley PCN
2016/17	4770
2017/18	4502
2018/19	4302
2019/20	4185
2020/21	4051

Legend: Beverley PCN, NHS ERY CCG, England

4.3 High dose inhaled corticosteroids

"Latest BTS/SIGN guidance on the treatment of asthma recommends that patients should be maintained at the lowest possible dose of inhaled corticosteroid. Reduction in inhaled corticosteroid dose should be slow as patients deteriorate at different rates. Reductions should be considered every three months, decreasing the dose by approximately 25–50% each time. This measure uses table 12 of the BTS/SIGN guidance to define which inhalers are considered high-dose. The latest guidance for treatment of COPD now recommends use of another treatment in preference to inhaled corticosteroids. There is some evidence that inhaled corticosteroids increases the risk of pneumonia. This risk appears to increase with dose." OpenPrescribing.net.

The proportion of high dose inhaled corticosteroids prescribed within Beverley PCN in 2020/21, represented 19.4%. This was significantly higher than both the NHS East Riding CCG (17.4%) and national averages (18.8%) and 2nd highest of all East Riding PCNs, as shown in chart 4.3.1. Beverley PCN had been decreasing its proportion of high dose inhaled corticosteroids year on year between 2016/17 (21.2%) and 2019/20 (18.7%) but then increased again in 2020/21. Please refer to chart 4.3.2.

Chart 4.3.1
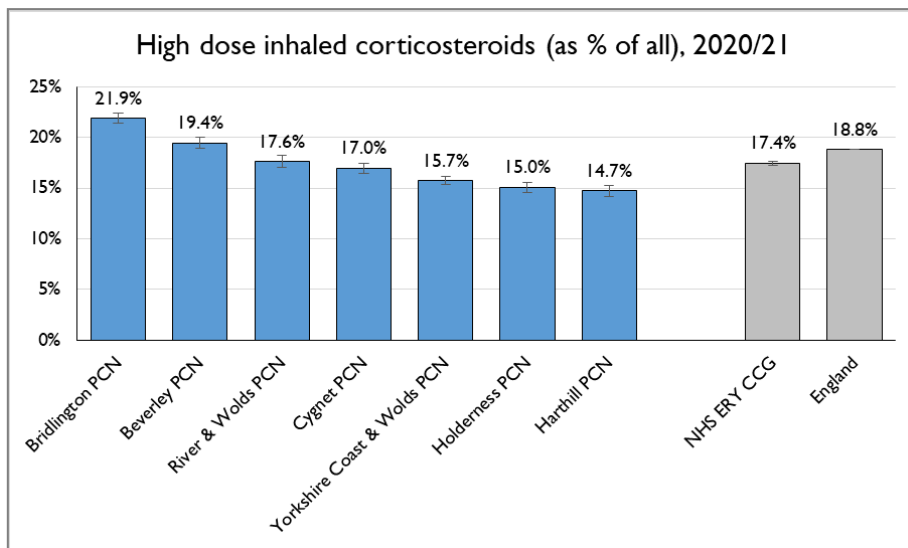
Chart 4.3.2
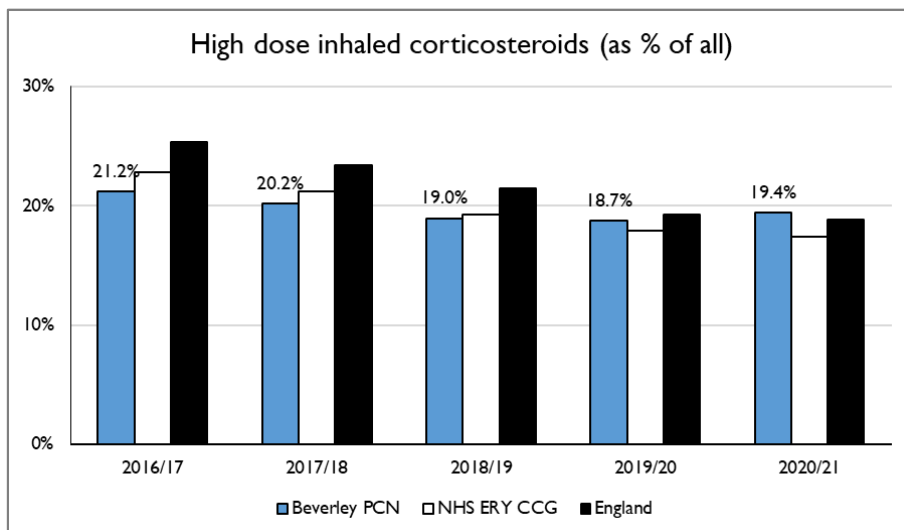
4.4 NHS England Low Priority Treatment - All Low Priority Treatments

"NHS England have recently published a number of areas which should not be routinely prescribed in primary care (updated June 2019). This is the combined cost per 1000 patients for all of these measures." OpenPrescribing.net.

The Beverley PCN rate of prescribing low priority treatments (total cost of £2,175 per 1,000 patients) in 2020/21 was the 2nd highest of all East Riding PCNs. Beverley PCN was also significantly higher than the NHS ERY CCG (£1,831 per 1,000) and England (£1,455) averages. Refer to chart 4.4.1. Chart 4.4.2 highlights that the Beverley prescribing rate of this indicator has decreased year on year between 2016/17 and 2020/21; in this time the Beverley rate has halved (from £4,223 / 1,000 patients to £2,175 / 1000 patients).

Please use this link: https://www.england.nhs.uk/medicines-2/items-which-should-not-be-routinely-prescribed/ to see which items which should not be routinely prescribed in primary care.

Chart 4.4.1
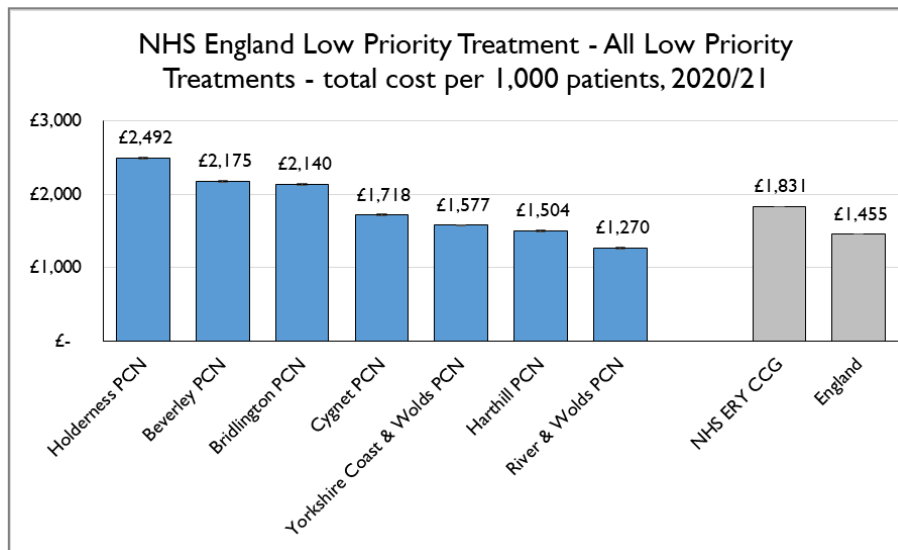
Chart 4.4.2
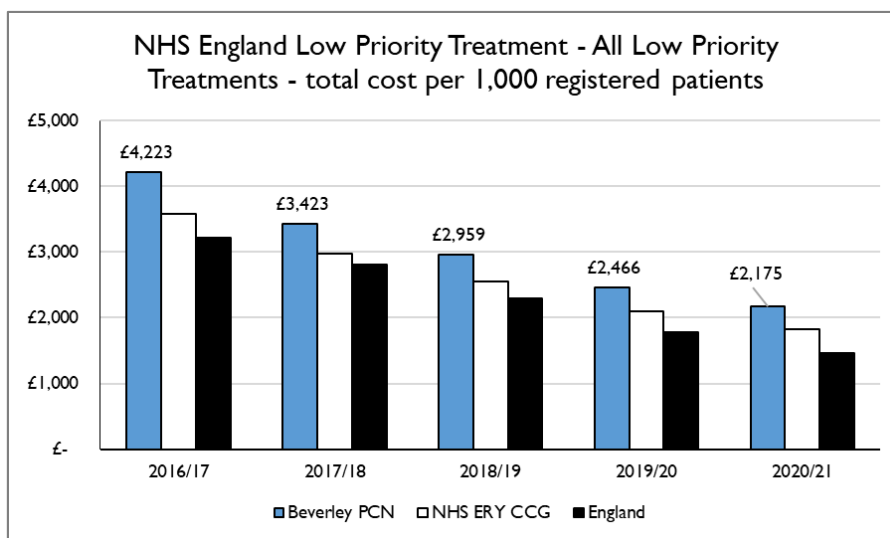
4.5 Antibiotic stewardship: volume of antibiotic prescribing (KTT9)

"Antimicrobial resistance poses a significant threat to public health, especially because antimicrobials underpin routine medical practice. It is important that we don't overuse antibiotics. This measure shows how many are being prescribed locally." OpenPrescribing.net.

The volume of antibiotic prescribing (items/1,000 STAR PU) by each East Riding PCN in 2020/21, is shown in chart 4.5.1. Beverley PCN recorded a rate of (706.7 per 1,000), lower than the CCG (725.2) average but higher than England (698.3). Chart 4.5.2 shows the rates of the 5 years between 2016/17 and 2020/21 and in the time the Beverley PCN rate decreased from 1,001 items per 1,000 PUs to 707.

Chart 4.5.1
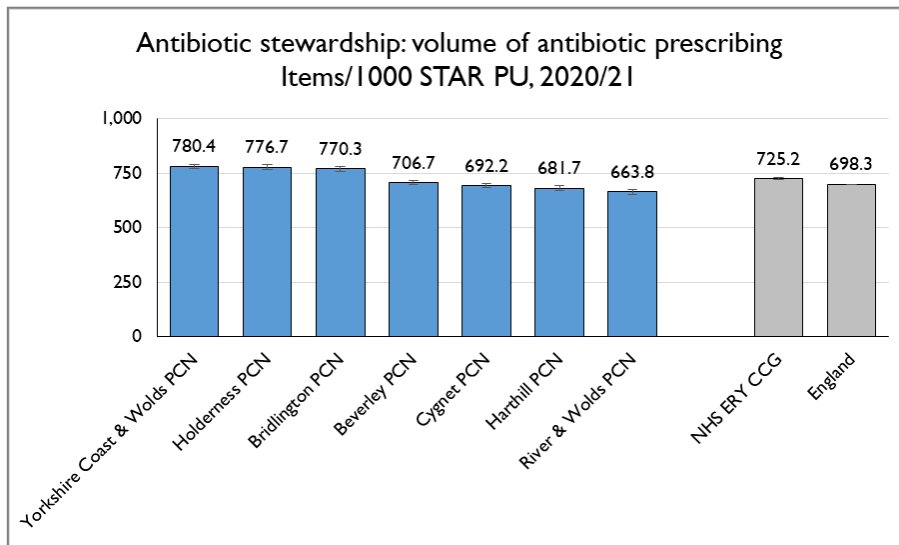
Chart 4.5.2
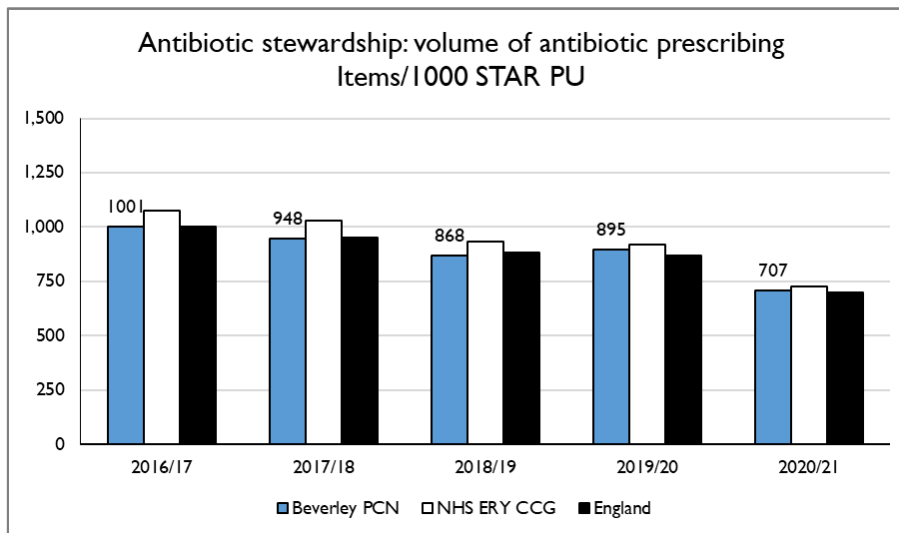
4.6 Antibiotic stewardship: co-amoxiclav, cephalosporins & quinolones (KTT9) prescribing volume

"Co-amoxiclav, cephalosporins and quinolones are broad spectrum antibiotics that can be used when others have failed. It is important that they are used sparingly, to avoid drug-resistant bacteria developing. This measure looks at the volume of these prescribed, versus the list size adjusted for need." OpenPrescribing.net.

The rate of prescribing of the antibiotics listed above during 2020/21 has been significantly lower within the East Riding compared to the national average. Chart 4.6.1 shows the England rate was 69.4 items per 1,000 STAR PU, compared to the NHS East Riding CCG rate of 42.2. Beverley PCN was the 2nd highest prescribing PCN for this indicator out of the 7 in the East Riding, with a rate of 50.5 per 1,000. Chart 4.6.2 shows that Beverley PCN rates have largely decreased year on year between 2016/17 and 2020/21, with the exception of the last year. National rates have also decreased but have remained significantly higher in the last 3 years than any NHS ERY CCG PCN (not shown).

Chart 4.6.1
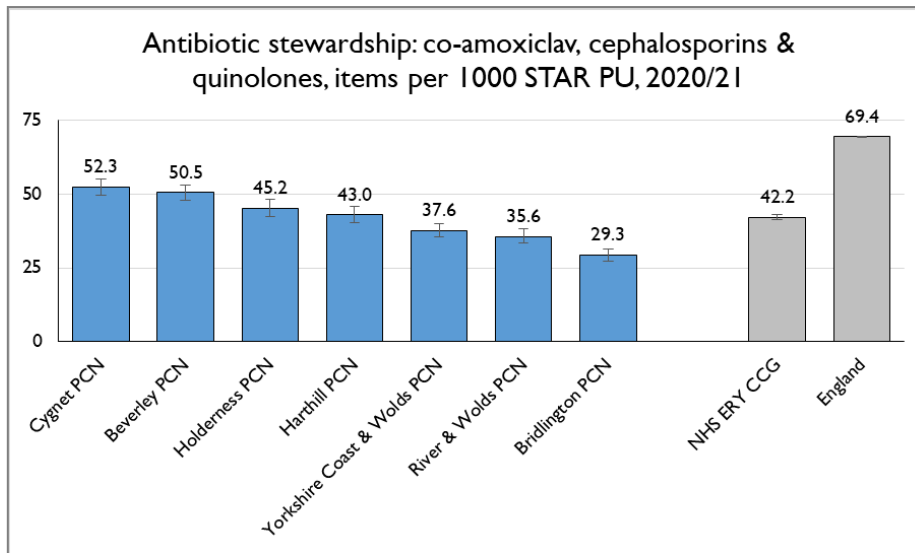
Chart 4.6.2
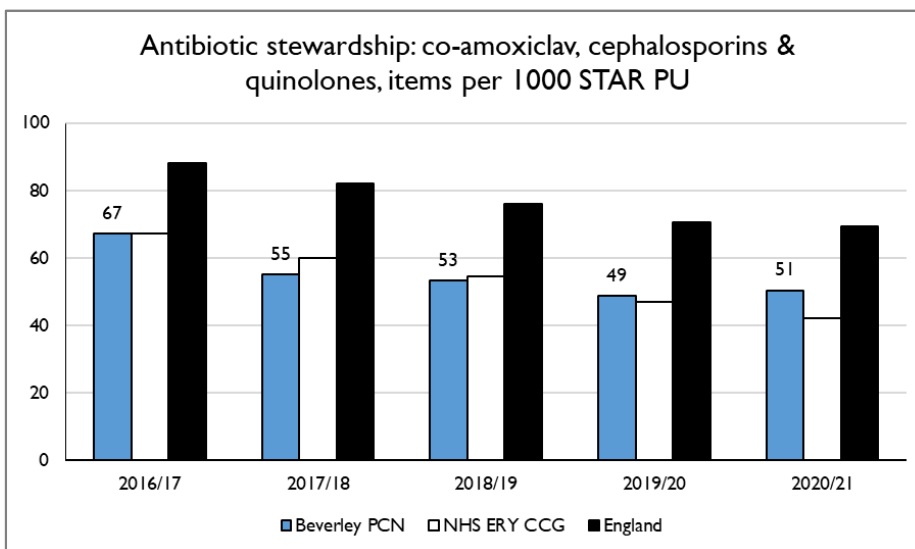
Appendix 1. Customer Insight

The customer insight map and brochure can be found on the Intel-Hub website at https://intel-hub.eastriding.gov.uk/customer-insight/. Descriptions of each segment can also be found below.
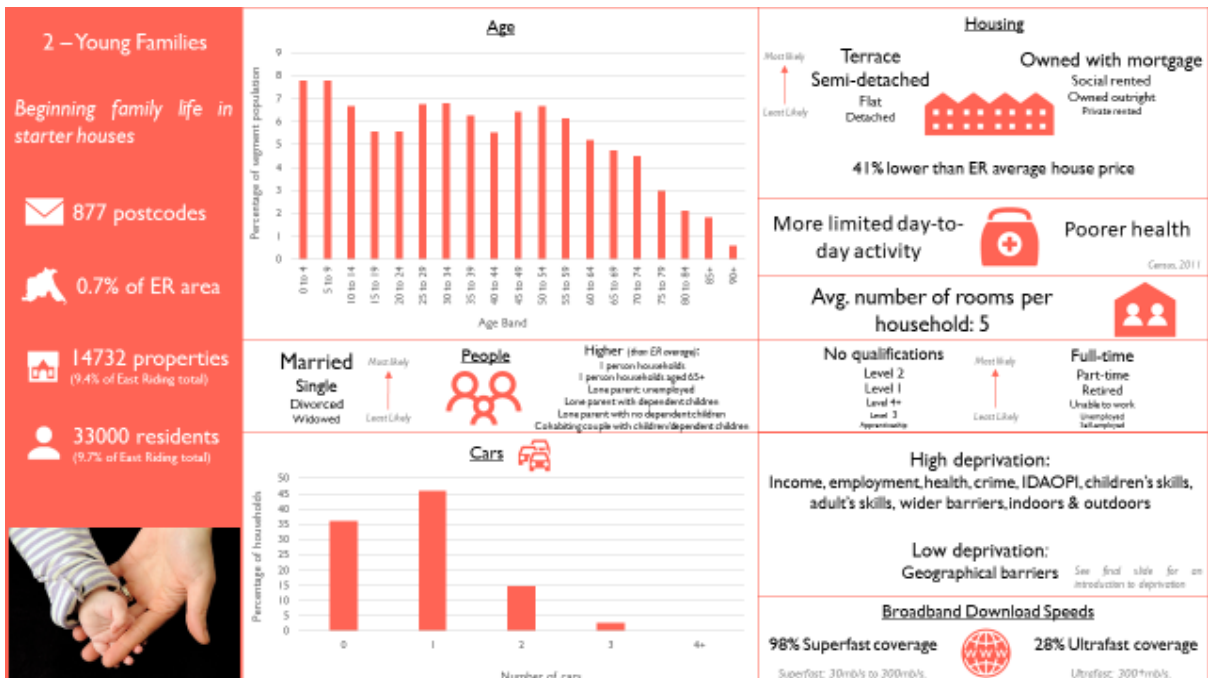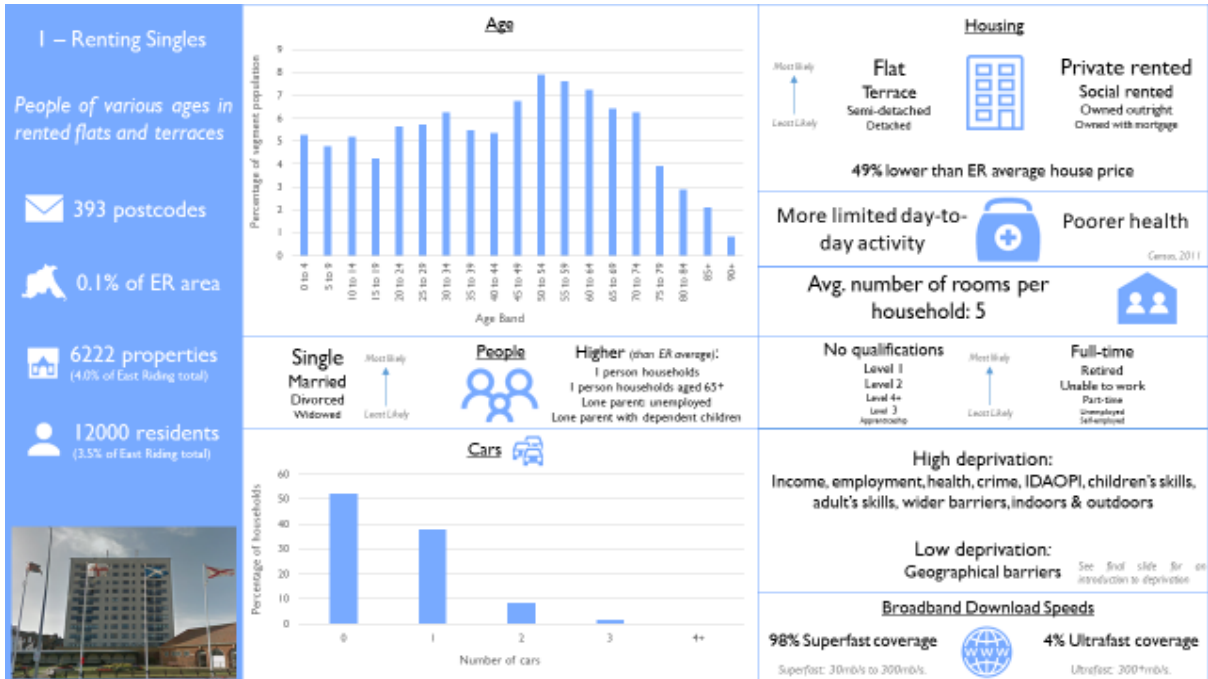
3 – Rural Couples

Middle to pensioner aged couples in rural settings
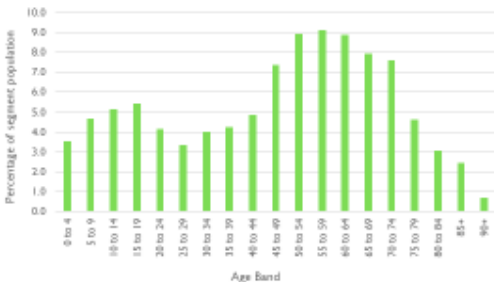
- 1142 postcodes
- 44.7% of ER area
- 8846 properties (5.6% of East Riding total)
- 22200 residents (6.5% of East Riding total)

Age

Age Band

Percentage of segment population

People

Married
Single
Divorced
Widowed

Most Likely
Least Likely

Higher (than ER average):
1 family households
Married with no children/no dependent children

Cars

Number of cars

Percentage of households

Housing

Most likely
Detached
Semi-detached
Terraced
Flat
Least Likely

Owned outright
Owned with mortgage
Private rented
Social rented

6% higher than ER average house price

More limited day-to-day activity

Poorer health

Census, 2011

Avg. number of rooms per household: 6

Level 4+
No qualifications
Level 2
Level 1
Level 3
Apprenticeship

Most likely
Least Likely

Full-time
Retired
Self-employed
Part-time
Unable to work
Unemployed

High deprivation:
IDAOPI

Low deprivation:
IDACI, indoors

See final slide for an introduction to deprivation

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4 – Affluent Couples

Mature couples and families in bigger semi-rural homes
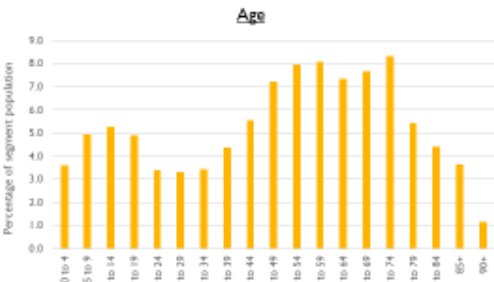
- 1504 postcodes
- 5.5% of ER area
- 26556 properties (16.9% of East Riding total)
- 55500 residents (16.2% of East Riding total)

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Age

Age Band

Percentage of segment population

People

Married
Single
Widowed
Divorced

Most Likely
Least Likely

Higher (than ER average):
1 family households
1 family households all aged 65+
Cohabiting couple no children
Lone parent: full-time
Married couples

Cars

Number of cars

Percentage of households

Housing

Most likely
Detached
Semi-detached
Terraced
Flat
Least Likely

Owned outright
Owned with mortgage
Private rented
Social rented

35% higher than ER average house price

Less limited day-to-day activity

Good health

Census, 2011

Avg. number of rooms per household: 7

Level 4+
No qualifications
Level 2
Level 1
Level 3
Apprenticeship

Most likely
Least Likely

Full-time
Retired
Self-employed
Part-time
Unable to work
Unemployed

High deprivation:
Geographical barriers

Low deprivation:
Income, employment, education, health deprivation, IDAOPI, children's skills, adult's skills, wider barriers, outdoors, crime

See final slide for an introduction to deprivation

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5 – Settled Rurality

Successful married couples in expensive detached houses

- 1425 postcodes
- 30.5% of ER area
- 12106 properties (7.7% of East Riding total)
- 26200 residents (7.7% of East Riding total)

Age

Percentage of segment population vs Age Band

Married — Most likely
Single
Widowed
Divorced — Least Likely

People

Higher (than ER average):
1 family households
Married couples

Cars

Percentage of households vs Number of cars

Housing

Most Likely ↑
Detached
Semi-detached
Terraced
Flat
Least Likely

Owned outright
Owned with mortgage
Private rented
Social rented

31% higher than ER average house price

Less limited day-to-day activity — Good health
Census, 2011

Avg. number of rooms per household: 7

Level 4+	Most likely	Full-time
No qualifications		Retired
Level 2		Part-time
Level 1		Self-employed
Level 3	Least Likely	Unable to work
Apprenticeship		Unemployed

High deprivation:
IDAOPI, geographical barriers

Low deprivation:
Income, employment, health, IDACI, education, children's skills, adult's skills, indoors, outdoors, wider barriers
See final slide for an introduction to deprivation

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6 – Savvy Spenders

People of all ages and ilks living in or near towns

- 1111 postcodes
- 0.8% of ER area
- 16058 properties (10.2% of East Riding total)
- 34800 residents (10.2% of East Riding total)

Age

Percentage of segment population vs Age Band

Married/Single — Most likely
Divorced
Widowed — Least Likely

People

Higher (than ER average):
Lone parents
1 person household
1 person household 65+
Cohabiting couple with no children

Cars

Percentage of households vs Number of cars

Housing

Most likely ↑
Terraced
Semi-detached
Flat
Detached
Least Likely

Owned outright
Owned with mortgage
Private rented
Social rented

14% lower than ER average house price

Less limited day-to-day activity — Good health
Census, 2011

Avg. number of rooms per household: 5

Level 4+	Most likely	Full-time
No qualifications		Part-time
Level 3		Retired
Level 1	Least Likely	Self-employed
Apprenticeship		Unable to work
		Unemployed

High deprivation:
IDACI, indoors

See final slide for an introduction to deprivation

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Segment 7 — Comfortable Families
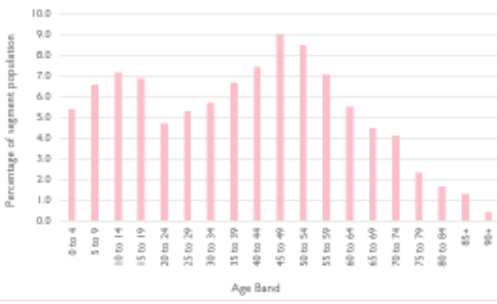
7 – Comfortable Families

Well qualified families with jobs and good health

- 712 postcodes
- 3.3% of ER area
- 13826 properties (8.8% of East Riding total)
- 29600 residents (8.7% of East Riding total)

Age

People

Married
Single
Divorced
Widowed

Most likely → Least Likely

Higher (than ER average):
1 family households
Married with dependent children
Cohabiting couples with no children
Lone parents with dependent children
Lone parent: full-time

Cars

Housing

Most likely → Least Likely
Detached
Semi-detached
Terraced
Flat

Owned with mortgage
Owned outright
Private rented
Social rented

8% higher than ER average house price

Less limited day-to-day activity

Good health
Census, 2011

Avg. number of rooms per household: 6

Level 4+
Level 2
Level 3
Level 1
No qualification
Apprenticeship

Most likely → Least Likely

Full-time
Part-time
Retired
Self-employed
Unable to work
Unemployed

High deprivation:
Geographical barriers

Low deprivation:
Income, employment, health, IDACI, IDAOPI, education, children's skills, adult's skills, indoors, outdoors, wider barriers *See final slide for an introduction to deprivation*

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Segment 8 — Settled & Secure

8 – Settled & Secure

A mix of full-time workers and retirees, both owning their own homes
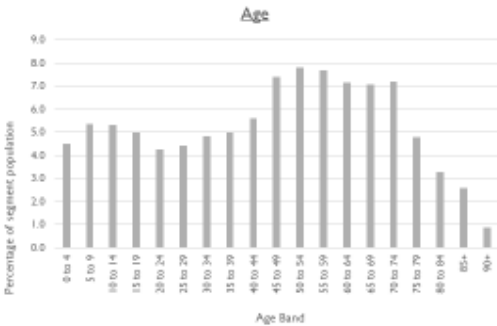
- 1964 postcodes
- 8.4% of ER area
- 28876 properties (18.4% of East Riding total)
- 61600 residents (18.1% of East Riding total)

Age

People

Married
Single
Divorced
Widowed

Most likely → Least Likely

Higher (than ER average):
1 family households
Married couples
Cohabiting couples with no children
Lone parents with no dependent children
Lone parent: part-time

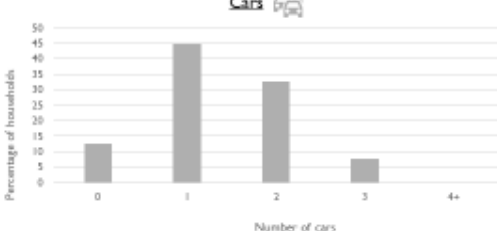### Cars

Housing

Most likely → Least Likely
Semi-detached
Detached
Terraced
Flat

Owned outright
Owned with mortgage
Private rented
Social rented

13% lower than ER average house price

Less limited day-to-day activity

Good health
Census, 2011

Avg. number of rooms per household: 6

No qualifications
Level 4+
Level 2
Level 1
Level 3
Apprenticeship

Most likely → Least Likely

Full-time
Part-time
Retired
Self-employed
Unable to work
Unemployed

Low deprivation:
IDAOPI, geographical barriers

See final slide for an introduction to deprivation

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40% Ultrafast coverage
Ultrafast: 300+mb/s.

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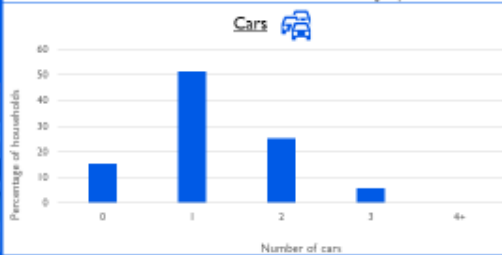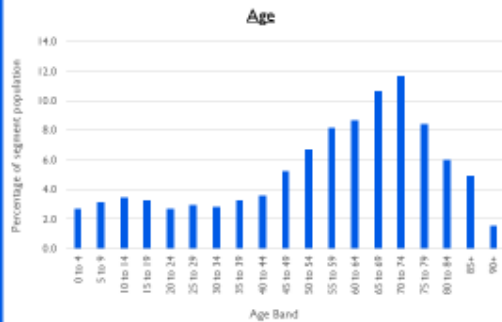
9 – Older Independents

Fewer under 50s and more over 60s. Many coastal postcodes.

1198 postcodes

5.6% of ER area

18850 properties (12.0% of East Riding total)

43100 residents (12.6% of East Riding total)

Age

Housing

Most likely: Detached, Semi-detached; Least Likely: Terraced, Flat
Owned outright, Owned with mortgage, Private rented, Social rented

13% lower than ER average house price

Limited day-to-day activity — Poor health (Census, 2011)

Avg. number of rooms per household: 6

People
Most likely: Married; Least Likely: Single, Widowed, Divorced

Higher (than ER average): 1 person households, 1 person households aged 65+, 1 family households all aged 65+, Married with no children, Cohabiting couples with no children

Most likely: No qualifications, Level 4+, Level 2, Level 1, Level 3, Apprenticeship; Full-time, Part-time, Retired, Self-employed, Unable to work, Unemployed

Cars

High deprivation: Wider barriers

See final slide for an introduction to deprivation

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10 – Older with Care Needs

Fewer young people, higher deprivation and more health problems.

628 postcodes

0.4% of ER area

10647 properties (6.8% of East Riding total)

22800 residents (6.9% of East Riding total)

Age

Housing

Most likely: Flats, Semi-detached; Least Likely: Terraced, Detached
Owned outright, Social rented, Owned with mortgage, Private rented

12% lower than ER average house price

Limited day-to-day activity — Poor health (Census, 2011)

Avg. number of rooms per household: 5

People
Most likely: Married; Least Likely: Single, Widowed, Divorced

Higher (than ER average): 1 person households, 1 person households aged 65+, 1 family households all aged 65+, Lone parents with no dependent children, Lone parent: unemployed

Most likely: No qualifications, Level 4+, Level 2, Level 1, Level 3, Apprenticeship; Full-time, Retired, Part-time, Self-employed, Unable to work, Unemployed

Cars

High deprivation: Income, employment, crime, children's skills, adult's skills, wider barriers, outdoors, health, IDACI

See final slide for an introduction to deprivation

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