East Riding of Yorkshire Place

October 2021

Produced by the East Riding of Yorkshire Council
Business Intelligence and Public Health Intelligence teams

INTELLIGENCE HUB

EAST RIDING
OF YORKSHIRE COUNCIL

NHS
East Riding of Yorkshire
Clinical Commissioning Group

Contents

1. Introduction

This document provides information in 2 parts:

1. An interactive map highlighting the current interpretation of demand across the East Riding with the data we have available. The report also outlines the limitations and areas in which data is lacking.

2. Further health information based on some selected themes that we have recently used with the 2021 NHS ERY CCG PCN profiles that we have compiled.

2. Key points

2.1 Interactive map (section 3 of the document)

- The static map shows that 9 of the 10 East Riding LSOAs with the highest average demand are in or close to Bridlington, with the 1 of the top 10 East Riding LSOAs with the highest average demand being in Goole.
- Analysis of the data available suggests that the impact of the elderly population on the areas with the highest demand is not as significant as what might have been expected.
- There is limitation to the data, including: data protection restrictions, service data without a location, the current lack of health data readily available to us (however we are working with the CCG to overcome this)

2.2 Registered disease prevalence overall (section 4.1)

- NHS ERY CCG generally has a higher prevalence of diseases and conditions mentioned in QOF, than the England average. Care must be taken with interpretation as the prevalence is not standardised for age.
- Bridlington PCN in 2019/20 recorded a higher prevalence of diseases than other PCNs with regard to stroke, COPD, severe mental health, diabetes and dementia.

2.3 Cancer (section 4.2)

- The prevalence of cancer is increasing with NHS ERY CCG patients and is significantly higher than the England average.
- Yorkshire Coast and Wolds PCN recorded the highest PCN prevalence (5.4%).
- Most wards within the East Riding have a statistically similar rate of new cancer cases to England but there are exceptions, e.g. Goole North has a significantly higher rate for all cancer incidence than England and lung cancer is significantly higher in South East Holderness and Bridlington South.
- Premature deaths (under 75 years) from cancer are significantly higher than expected in Bridlington South and South East Holderness.

2.4 Mental Health (section 4.3)

- The prevalence of schizophrenia, bipolar affective disorder and other psychoses is significantly lower within NHS ERY CCG compared to England.
- Bridlington PCN has the highest prevalence of all East Riding PCNs and significantly higher than the CCG average.
- Depression is also significantly lower within the NHS ERY CCG registered population but higher prevalence rates exist within Cygnet, Holderness and River and Wolds.
- NHS ERY CCG has significantly higher rates of dementia compared to England and is significantly higher in Bridlington PCN.
- Self-harm admissions involving 10-24 year olds are significantly higher than the local authority average in Bridlington South (almost 10 times the rate than found in Beverley Rural).
- All age self-harm admissions are significantly higher in the most deprived wards of the East Riding, particularly Bridlington South.

2.5 MSK (section 4.4)

- NHS ERY CCG patients report a significantly higher rate of long term MSK problems compared to the England average.
- There are a significantly higher rate of hospital admissions of hip fractures in Snaith, Cottingham, Minster and Woodmansey and South West Holderness.

2.6 Obesity (section 4.5)

- Adult obesity amongst NHS ERY CCG patients is significantly higher than the England average and particularly high in Bridlington and Cygnet PCNs.
- Amongst the wards of the East Riding, Goole South and Bridlington Central and Old Town have significantly higher rates of childhood obesity (year 6) than the local authority average (27.3% and 23.7% respectively).

3. Interactive map to show the spatial trends of demand across the East Riding

The East Riding of Yorkshire Council Business Intelligence Team have provided an interactive map to show the spatial trends of demand across the East Riding. The main feature of the map is the Overall Demand layer, which ranks each LSOA by its overall demand on services.

The map can be accessed by clicking this link:

https://eastriding.maps.arcgis.com/apps/webappviewer/index.html?id=f03efa5ab7ad476e94ed7647849842ba

3.1 Overall Demand

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

- Number of residents identified as being vulnerable
- Number of food parcels delivered to shielded residents
- 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 (Apr-Aug 2020)
- Average number of monthly crimes (Apr-Aug 2020)
- Proportion of households in fuel poverty
- Number of Fire & Rescue callouts
- Number of residents claiming Council benefits

Each LSOA is given a score between 1 and 10 (10 being highest demand) for each indicator, the mean of the 8 indicators listed above is then taken. The LSOAs were then ranked from 1 to 210 depending on their mean score value.

When looking at the Overall Demand Rank on the interactive map, it firstly shows a striking east/west trend. With the east of the local authority (LA) area having much higher demand. However, there are some outlying areas such as Goole, Skidby and Market Weighton. 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). It is clear that it is not only these 8 indicators used that impact on demand, therefore in the future we will be adding more data into the process to give a clearer image of service demand in the East Riding.

Chart 3.1.1. Ten areas of the East Riding with high demand
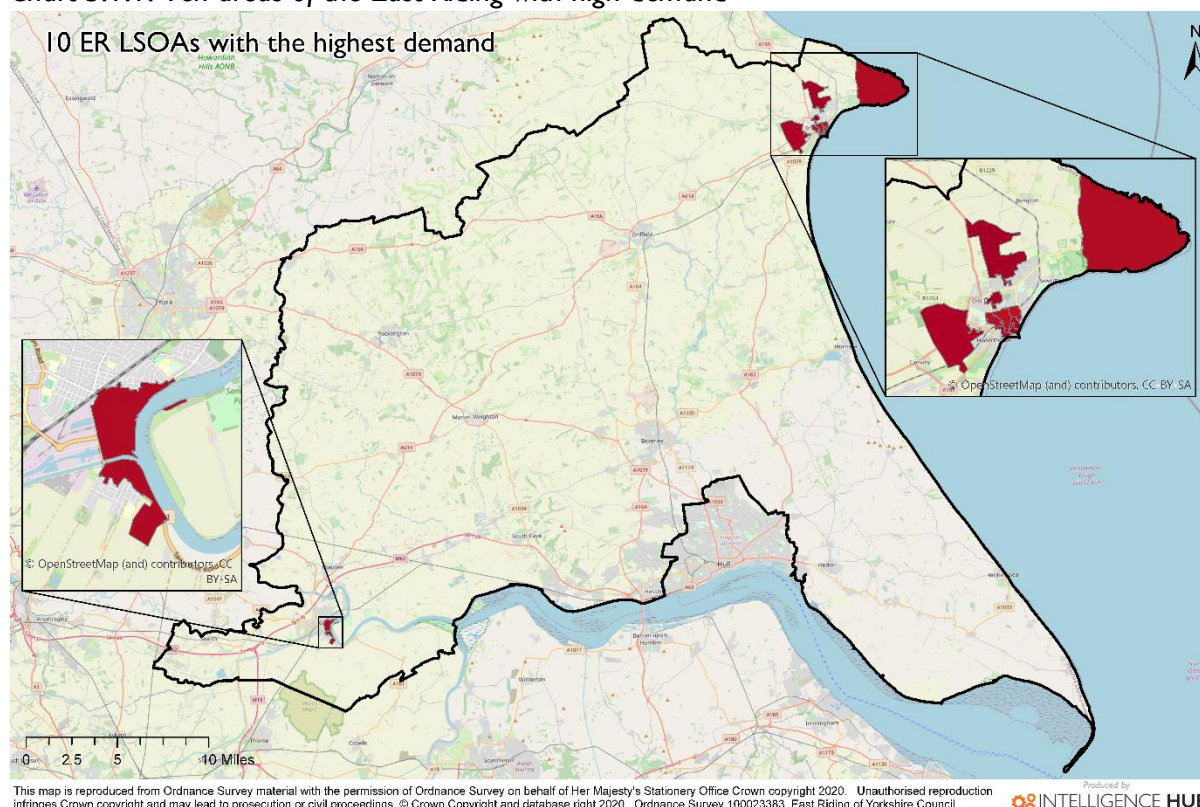
LSOA	Rank (210 = area with highest demand)
E01012938	210
E01012931	209
E01012948	208
E01012944	207
E01012946	206
E01013000	205
E01012937	204
E01012943	203
E01012945	202
E01012952	201

3.2 Area of focus: Bridlington

Table 3.2.1 on the next page above shows the supporting information for the LSOAs in Bridlington that are within the top 10 LSOAs in terms of high demand. Each column shows the LSOA score for the corresponding indicator. If the cell is coloured blue then the indicator score is higher than the average of the 9 Bridlington LSOAs listed.

The 9 LSOAs in Bridlington have an average Indices of Multiple Deprivation (IMD) decile of 9 (10 being 10% most deprived LSOAs in the UK), with 6 out of the 9 LSOAs having an IMD score of 10. 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)

The average score for claimant count in the 9 Bridlington LSOAs listed in the table is 6.3 out of 10, with 2 LSOAs having a score of 10. The average number of claimants per LSOA from Apr-Aug 2020 is 111 with a maximum of 182 and a minimum of 52. The claimant count indicator counts the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit.

Both the Education Health and Care Plan (EHCP) count indicator and the fuel poverty indicator have an average score of 5.9 for the 9 Bridlington LSOAs listed in the table. The count of EHCPs in these 9 LSOAs has a maximum of 30 and a minimum of 8, with an average of 17. The percentage of residents in fuel poverty on average in the 9 Bridlington LSOAs is 15.6% with a maximum value of 26.3% and a minimum of 7%. A resident is classed as being in fuel poverty if they have required fuel costs that are above average (the national median level) or were they to spend that amount, they would be left with a residual income below the official poverty line.

When comparing the average scores for the 9 Bridlington LSOAs to the average scores of the whole of the East Riding it highlights the same high demand indicators as above (i.e. IMD, claimant count and fuel poverty). However, the average score for the number of residents aged 65+ in the 9 Bridlington LSOAs is only 0.1 higher than the average for the East Riding, suggesting that there is not a significantly higher demand on services due to residents aged over 65 in the highlighted LSOAs. This trend is matched by the average Lifeline callout score only being 0.2 higher than the East Riding average.

Table 3.2.1

LSOA	Food Parcels Score	Vulnerable Persons Score	Lifeline Counts Score	IMD Score	Claimant Count Score	All Crime Score	Over 65 Score	Fuel Poverty Score	EHCP Score	Fire & Rescue Score	Mean Score	Overall Demand Score	Rank
E01012938	10	10	3	8	5	4	9	2	7	4	6.2	10	210
E01012931	7	7	4	10	4	2	6	5	5	8	5.8	10	209
E01012948	4	3	1	10	10	6	2	8	5	9	5.8	10	208
E01012944	4	2	1	10	10	5	2	10	6	5	5.5	9	207
E01012946	5	5	4	10	5	5	3	3	7	6	5.3	9	206
E01012937	5	10	1	5	3	2	10	6	3	5	5.0	8	204
E01012943	3	4	1	8	6	10	3	5	6	4	5.0	8	203
E01012945	2	3	1	10	7	5	2	6	10	4	5.0	8	202
E01012952	5	4	1	10	7	5	3	8	4	2	4.9	8	201
Average	5.0	5.3	1.9	9.0	6.3	4.9	4.4	5.9	5.9	5.2			

	Score higher than the average

3.3 Area of focus: Goole

Table 3.3.1 shows the individual scores for the LSOA ranked 205 for demand (210 being area of highest demand) which is located in the south of Goole. The blue highlighted cells show figures that are higher than the East Riding average for the corresponding indicator. It is clear to see that IMD and claimant count (see above description of Bridlington for further description of indicators) are very high, 10 being the highest impact on overall demand.

Goole shows a score of 1 for the number of residents aged 65+ which is lower than the East Riding average of 4.3. Similarly, Goole shows a score of 1 for Lifeline callouts compared to the East Riding average of 1.7.

Table 3.3.1

LSOA	Food Parcels Score	Vulnerable Persons Score	Lifeline Counts Score	IMD Score	Claimant Count Score	All Crime Score	Over 65 Score	Fuel Poverty Score	EHCP Count Score	Fire & Rescue Score	Mean Score	Overall Demand Score	Rank
E01013000	5	3	1	10	10	4	1	4	6	8	5.2	8	205

3.4 What are the limitations?

The limitations of the approach we have used can be found below:

- Since IMD is an aggregation of multiple indicators, it can be argued that it is too imprecise for our needs. Consequently, when we have increased access to data relating to income, housing, employment, training, crime etc., we will replace IMD with more precise data.
- Due to data protection restrictions we are not able to share our vulnerable persons' data on the interactive map as an individual layer (however, this has been added to the overall demand layer). The layer shows the areas of the East Riding with the most vulnerable residents and the areas where we have provided the most support. This is due to the map being accessible by the public in order to share with Place Partnership members.
- The spatial trend shown in the data shows that the most vulnerable residents are found in the north of Bridlington, Flamborough, north of Beverley and the Haltemprice areas.
- Health data at a small enough geography to see a spatial trend in the East Riding has been difficult to source, however, we are now working with East Riding CCG to source useable data.
- 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.

3.5 What happens next?

The preceding analysis shows that there are significant issues in service demand, with the map showing spatial trends of this demand. To improve the accuracy of our analysis we need data at a more precise geographic level, for example postcode, OA or LSOA, as opposed to ward, MSOA or local authority level. Moreover, data with accurate timestamps

allows us to see changes in demand over time, and would perhaps allow for the forecasting of future demand. The Business Intelligence Team's plan is to find trends in the East Riding data that would not usually have been found without sharing between partner organisations. The next steps are as follows:

- To source accurate data from partner organisations alongside sourcing data from internal council teams/services (data sharing agreement). For example, the following data has already been requested/sourced:
  o Domestic violence victims
  o Blue badge holders
  o Health activity data
  o ASB cases
  o Social care users (long and short term users) including primary support reason
- To map and analyse data to understand the spatial, temporal, or any other trends (e.g. age brackets).
- Where necessary, talk to individual services to share intelligence and understand why the trends are occurring in their data.
- Compare trends between different partner organisations/service data to understand the differences between the data sets. These individual trends can be shown in supplement reports to support the data shown on the map.
- Try to overcome our limitations by talking with the correct services.
- Create a more accurate Overall Demand Rank including more data sets. Provide evidence to understand why an area has been given its rank.
- Suggest areas where projects should be put in place and which service will have greatest impact in that area.

4. Further health related information covering the East Riding

4.1 Registered prevalence of disease or conditions: summary overview

The Public Health and Business Intelligence Teams currently have limited access to primary care information and predominantly make use of the QOF (Quality Outcomes Framework) prevalence information available on the NHS Digital websites. The information is also presented to us as 'registered patient' based data, as opposed to area of residence, so it is difficult to present geographic disease prevalence data. The Pocklington population is predominantly served by the Pocklington Practice, which is part of Vale of York CCG, and the

Chart 4.1.1. illustrates the prevalence of the different diseases or conditions from the QOF registers, comparing NHS ERY CCG and England. NHS ERY CCG is shown to have a higher prevalence in most categories, however it is important to realise that this data has not been standardised for age, nor at this point have confidence intervals been applied to show statistical difference. Standardising for age is important as many diseases increase in prevalence with age and the East Riding has a significantly older population than the national average.

Hypertension has the highest prevalence with NHS ERY CCG at 18.3%, which we is significantly higher than the England average of 14.1%.

Chart 4.1.1 QOF prevalence 2019/20, NHS ERY CCG compared to England. Only NHS ERY CCG prevalence is indicated with numbers on the chart. Source: NHS Digital/QOF
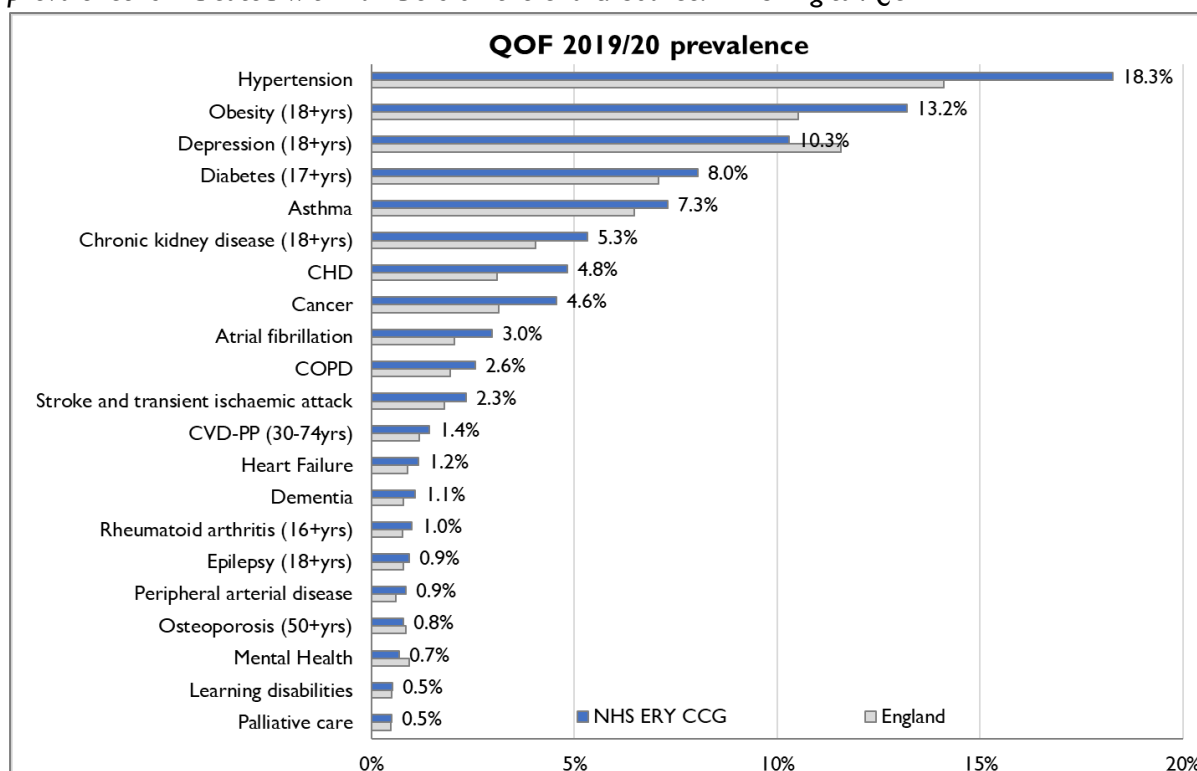

Table 4.1.2 on the next page displays the prevalence figures for NHS ERY CCG, Humber Coast and Vale STP and England.

Table 4.1.2 QOF prevalence 2019/20, NHS ERY CCG compared to HCV STP and England. Source: NHS Digital/QOF

| Register	NHS ERY CCG	Humber Coast and Vale STP	England
Hypertension	18.3%	15.9%	14.1%
Obesity (18+yrs)	13.2%	12.0%	10.5%
Depression (18+yrs)	10.3%	11.2%	11.6%
Diabetes (17+yrs)	8.0%	7.1%	7.1%
Asthma	7.3%	6.9%	6.5%
Chronic kidney disease (18+yrs)	5.3%	4.6%	4.0%
CHD	4.8%	4.0%	3.1%
Cancer	4.6%	3.7%	3.1%
Atrial fibrillation	3.0%	2.6%	2.1%
COPD	2.6%	2.4%	1.9%
Stroke & tran. ischaemic attack	2.3%	2.2%	1.8%
CVD-PP (30-74yrs)	1.4%	1.3%	1.2%
Heart Failure	1.2%	1.0%	0.9%
Dementia	1.1%	0.9%	0.8%
Rheumatoid arthritis (16+yrs)	1.0%	0.9%	0.8%
Epilepsy (18+yrs)	0.9%	0.9%	0.8%
Peripheral arterial disease	0.9%	0.8%	0.6%
Osteoporosis (50+yrs)	0.8%	0.9%	0.9%
Mental Health (severe)	0.7%	0.8%	0.9%
Learning disabilities	0.5%	0.5%	0.5%
Palliative care	0.5%	0.5%	0.5%

Table 4.1.3 takes a subset of those registers and breaks the NHS ERY CCG figures into the East Riding PCNs. 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 4.1.3 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%

Chart 4.1.4 displays the same registers in a chart format. Please note that caution should be exercised when interpreting the chart above, River & Wolds PCN, for example, does not have a '34% 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.

Chart 4.1.4 Prevalence of conditions by PCN in comparison to the ERY and England statistics, 2019/20. Source: PHE Fingertips/NHS Digital

Prevalence of conditions featured in QOF, 2019/20 (all ages, unless specified)
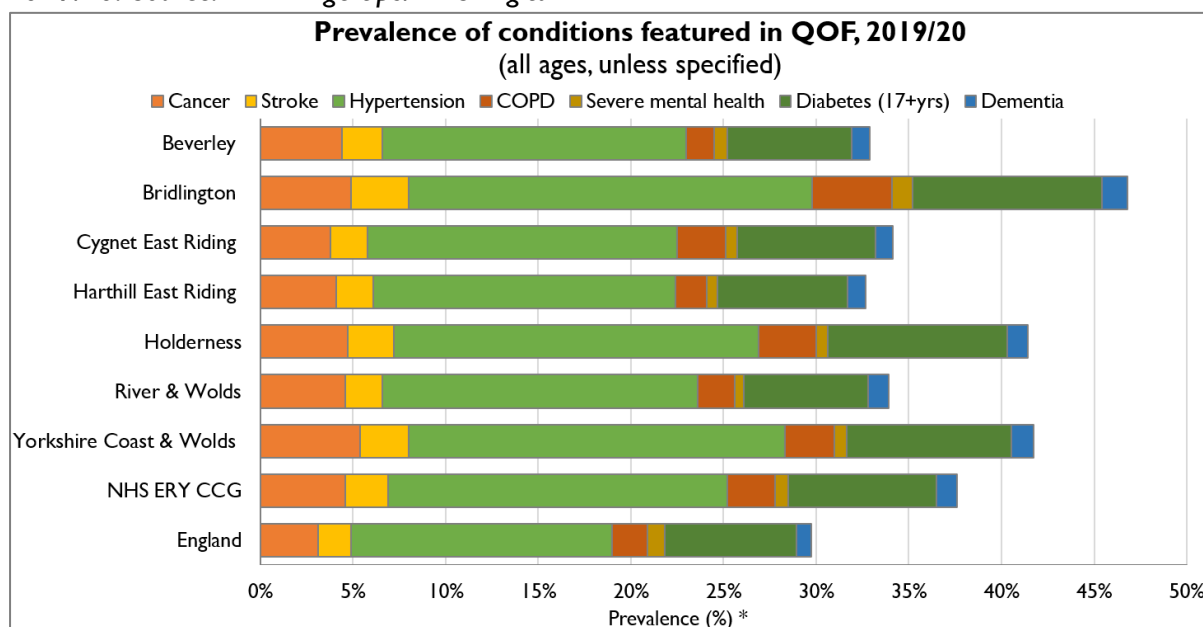
4.2 Cancer

PHE state that cancer is amongst the three leading causes of death at all ages (except for pre-school age children) in the UK. If current incidence rates remain the same, by 2025 there will be an additional 100,000 cases of cancer diagnosed each year as a result of the ageing population. PHE continue, "Cancer is a clinical priority in all four countries. It is recognised that the principal active management of cancers occurs in the secondary care setting. General practice often has a key role in the referral and subsequent support of these patients and in ensuring that care is appropriately co-ordinated."

4.2.1 Cancer: QOF prevalence (all ages)

This QOF indicator counts patients with cancer, as recorded on practice disease registers (excluding non-melanotic skin cancers from 1 April 2003) and calculates the numbers as a percent of all registered patients (of all ages).

Chart 4.2.1.1 shows the upward trajectory of cancer prevalence in the East Riding (blue line and blue dots) and in all years presented (2012/13 to 2019/20) shows the East Riding to have had a significantly higher prevalence than the England average (black line). In the latest year shown, the NHS East Riding CCG prevalence of cancer was 4.6% (based on almost 14,000 patients) compared with the England average of 3.1%. Between 2012/13-19/20 cancer prevalence within the CCG has risen from 2.8% to 4.6%, with an increase of 5,000 patients.

Chart 4.2.1.2 displays the prevalence by East Riding PCN highlighting Yorkshire Coast and Wolds PCN (5.4%) to have a significantly higher prevalence than the CCG average. The PCN was the only East Riding PCN with a significantly higher prevalence than the CCG but all East Riding PCNs had a significantly higher prevalence of cancer than the England average of 3.1%. Please see the comment in section 2.1 about the prevalence data not being age standardised.

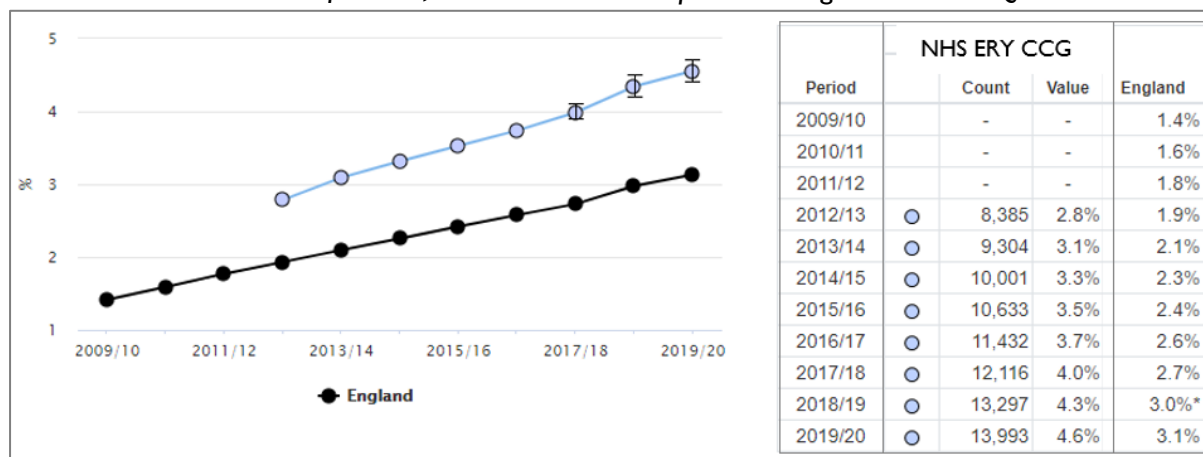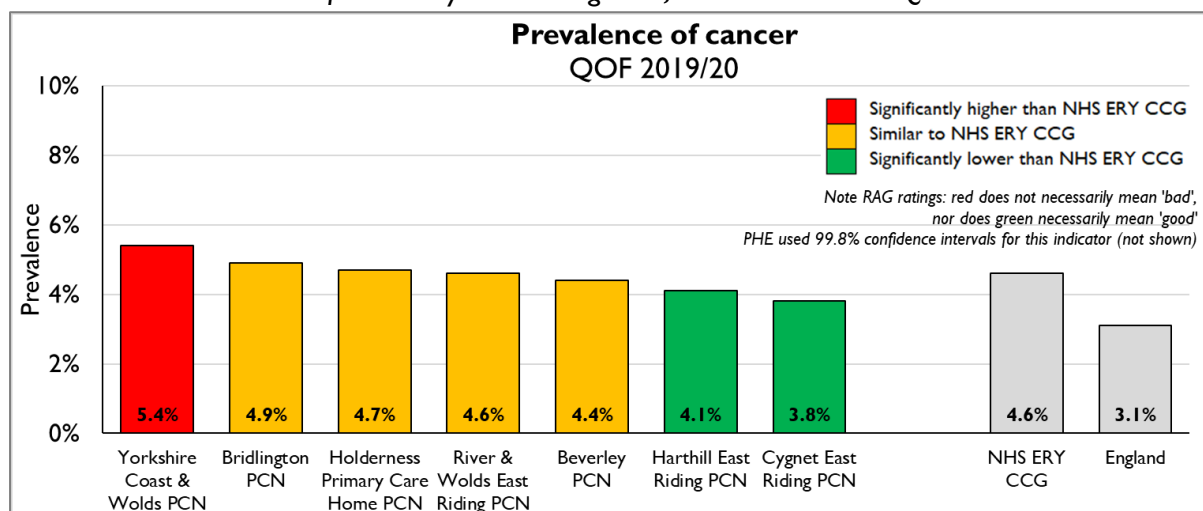*Chart 4.2.1.1 Prevalence of cancer, NHS ERY CCG compared to England. Source: QOF*

| Period | | NHS ERY CCG | | |
		Count	Value	England
2009/10		-	-	1.4%
2010/11		-	-	1.6%
2011/12		-	-	1.8%
2012/13	○	8,385	2.8%	1.9%
2013/14	○	9,304	3.1%	2.1%
2014/15	○	10,001	3.3%	2.3%
2015/16	○	10,633	3.5%	2.4%
2016/17	○	11,432	3.7%	2.6%
2017/18	○	12,116	4.0%	2.7%
2018/19	○	13,297	4.3%	3.0%*
2019/20	○	13,993	4.6%	3.1%

Chart 4.2.1.2 Prevalence of cancer by East Riding PCN, 2019/20. Source: QOF

4.2.2 Cancer Incidence (new cases) within East Riding wards

This section measures the number of new cases of the specified cancers and presents the data as a standardised incidence ratio (SIR), multiplied by 100. SIR compares the expected and observed number of new cases of cancer in an area by applying age-sex-year-specific incidence rates of England.

Unlike other rates we have used in this document, these particular rates (indirectly standardised) are not directly comparable against each other, so you *should not* interpret the incidence of lung cancer in Bridlington South (137.7) with Beverley Rural (65.6) and assume Bridlington South has a rate 72.1 worse. Instead, each cell is compared to England overall (SIR=100). Therefore the incidence of lung cancer in Bridlington South (SIR=137.7) was 37.7% *higher* than would be expected, when the age specific rates of lung cancer incidence of England

were applied to the Bridlington South population and compared against the actual age specific rate of Bridlington South.

The colours used in table 4.2.2.1 aim to show statistical comparison with England, with green cells showing significantly lower rates, amber meaning statistically similar and red significantly higher.

A summary of findings can be found below of the incidences of the different cancers:

- **All cancers:** Goole North was the only East Riding ward to have a significantly higher than expected rate, 13.1% higher. Minster and Woodmansey was the only ward with a significantly lower rate.
- **Breast cancer:** the East Riding overall had a significantly lower than expected rate (5.7% lower) as did 4 wards (see green cells).
- **Colorectal cancer:** Howden residents had a significantly higher than expected incidence rate, almost 50% higher than would be expected.
- **Lung cancer:** the East Riding overall had a significantly lower than expected rate (8.7% lower) as did 6 wards (see green cells).   South East Holderness and Bridlington South both had significantly higher rates (40.1% and 37.7% respectively).
- **Prostate cancer:** 2 wards had a significantly lower than expected rate (see green cells), whilst Driffield and Rural and East Wolds and Coastal both had significantly higher than expected rates (34.1% and 31.6% respectively).

Table 4.2.2.1 Incidence of specified cancers, standardised incidence ratio (SIR) x 100. Observed versus expected. 2015/16-19/20 (5 years pooled). Source: PHE Fingertips/QOF

Row Labels	All cancers	Breast cancer	Colorectal cancer	Lung cancer	Prostate cancer
Beverley Rural	97.2	107.2	94.9	65.6	106.3
Bridlington Central and Old Town	99.5	82.1	103.7	87.0	82.1
Bridlington North	97.1	69.0	107.6	78.0	97.8
Bridlington South	104.7	83.9	107.8	137.7	93.2
Cottingham North	98.3	102.7	128.7	69.9	99.2
Cottingham South	90.6	77.9	78.9	103.6	119.3
Dale	95.7	100.6	87.8	77.5	92.2
Driffield and Rural	105.9	120.5	111.1	93.0	134.1
East Wolds and Coastal	100.8	120.1	99.0	77.2	131.6
Goole North	113.1	87.6	103.0	126.3	107.5
Goole South	95.1	67.9	111.2	99.6	51.8
Hessle	96.6	92.0	81.6	106.9	95.5
Howden	94.8	99.6	149.7	90.7	59.8
Howdenshire	100.2	81.9	94.3	100.9	98.3
Mid Holderness	96.5	108.7	77.5	84.2	83.4
Minster and Woodmansey	88.4	91.9	86.7	87.7	77.3
North Holderness	109.3	118.6	108.1	114.0	124.2
Pocklington Provincial	92.9	78.7	97.3	83.4	101.1
Snaith, Airmyn, Rawcliffe and Marshland	103.0	119.0	118.8	96.1	92.6
South East Holderness	107.3	82.3	114.0	140.1	96.2
South Hunsley	93.1	83.6	105.9	49.6	117.0
South West Holderness	98.2	104.0	100.0	92.1	82.5
St Mary's	94.1	105.5	88.6	72.2	111.6
Tranby	94.8	90.3	91.6	93.5	103.8
Willerby and Kirk Ella	93.2	98.7	97.0	73.5	97.6
Wolds Weighton	101.4	75.0	102.0	89.6	109.8
East Riding of Yorkshire	98.5	94.3	99.9	91.3	100.5
England	100	100	100	100	100

4.2.2 Premature cancer deaths (under 75 years) within East Riding wards

This section highlights which wards in the East Riding have higher than expected rates of premature death (under 75 years of age) from cancer and are illustrated in chart 4.2.2.1.

The rates in this section measure the number of premature deaths of all cancers and presents the data as a standardised mortality ratio (SMR) multiplied by 100, in a similar methodology to SIR (in the previous section). SMR compares the expected and observed number of cancer deaths in an area by applying age-sex-year-specific cancer death rates of England to the local area and comparing it to the *actual* age specific death rates of that local area.

Chart 4.2.2.1 Deaths from all cancer, 5 years pooled (2015-19) in persons under 75 years of age, standardised mortality ratio (SMR). Source: PHE Fingertips/QOF

Area	Death count	SMR value & chart	
England	312,706	100.0	
East Riding of Yorkshire	2,300	91.5	
Bridlington South	136	129.0	
South East Holderness	152	121.0	
Goole South	65	119.3	
Goole North	74	109.2	
North Holderness	96	102.9	
Bridlington Central and Old Town	85	101.3	
Driffield and Rural	111	101.3	
Hessle	90	97.4	
Tranby	67	94.5	
Dale	110	94.1	
Bridlington North	127	91.6	
South West Holderness	101	90.4	
Wolds Weighton	108	89.1	
Howdenshire	101	88.3	
Snaith, Airmyn, Rawcliffe and Marshland	62	86.0	
Beverley Rural	91	82.4	
Pocklington Provincial	105	82.3	
St Mary's	95	82.2	
South Hunsley	60	79.8	
Minster and Woodmansey	84	79.7	
Mid Holderness	91	78.6	
Cottingham South	50	77.3	
Howden	29	77.2	
East Wolds and Coastal	93	77.1	
Cottingham North	46	75.6	
Willerby and Kirk Ella	71	69.4	

The chart highlights that there were 2 East Riding wards with a *significantly higher* rate of cancer than would be expected:

- **Bridlington South:** 29% higher than would be expected, based on 136 deaths, within the 5 years of 2015-19.

- **South East Holderness:** 21% higher than would be expected based on 152 deaths within the same period.

4.3 Mental Health

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

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.   Chart 4.3.1.1 below compares NHS ERY CCG to the England average and in all years displayed NHS East Riding CCG had a significantly lower prevalence than England. In 2019/20 the East Riding CCG prevalence was 0.68% compared to 0.93% in England overall.

Chart 4.3.1.1 Prevalence of mental health conditions (listed above) – NHS ERY CCG compared to England. Source: NHS Digital/QOF

Period		Count	Value	99.8% Lower CI	99.8% Upper CI	England
2012/13	●	1,803	0.60%	-	-	0.84%
2013/14	●	1,855	0.62%	-	-	0.86%
2014/15	●	1,896	0.63%	-	-	0.88%
2015/16	●	1,943	0.64%	-	-	0.90%
2016/17	●	2,028	0.66%	-	-	0.92%*
2017/18	●	2,092	0.69%	0.64%	0.74%	0.94%
2018/19	●	2,166	0.71%	0.66%	0.76%	0.96%*
2019/20	●	2,099	0.68%	0.64%	0.73%	0.93%

Source: Quality and Outcomes Framework (QOF), NHS Digital
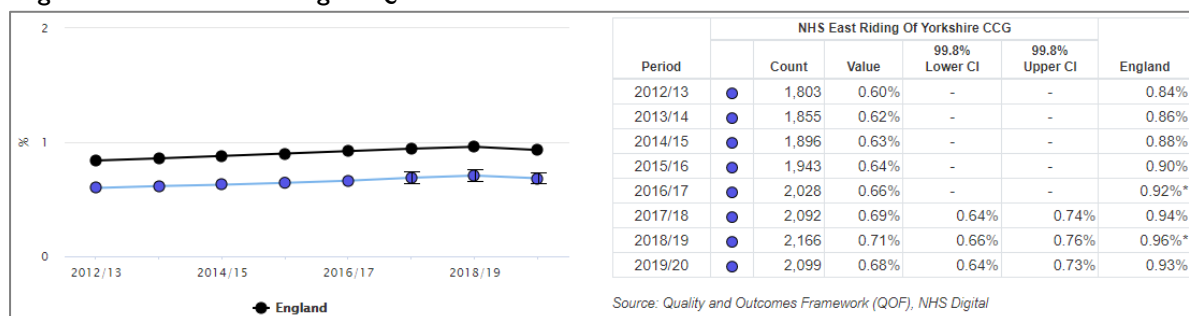
Bridlington PCN (1.1%) was the only NHS ERY CCG PCN with a significantly higher prevalence than the CCG (0.7%) (and also England, 0.9%). See chart 4.3.1.2.

Chart 4.3.1.2 Prevalence of schizophrenia, bipolar affective disorder and other psychoses by PCN, 2019/20. Source: NHS Digital/QOF
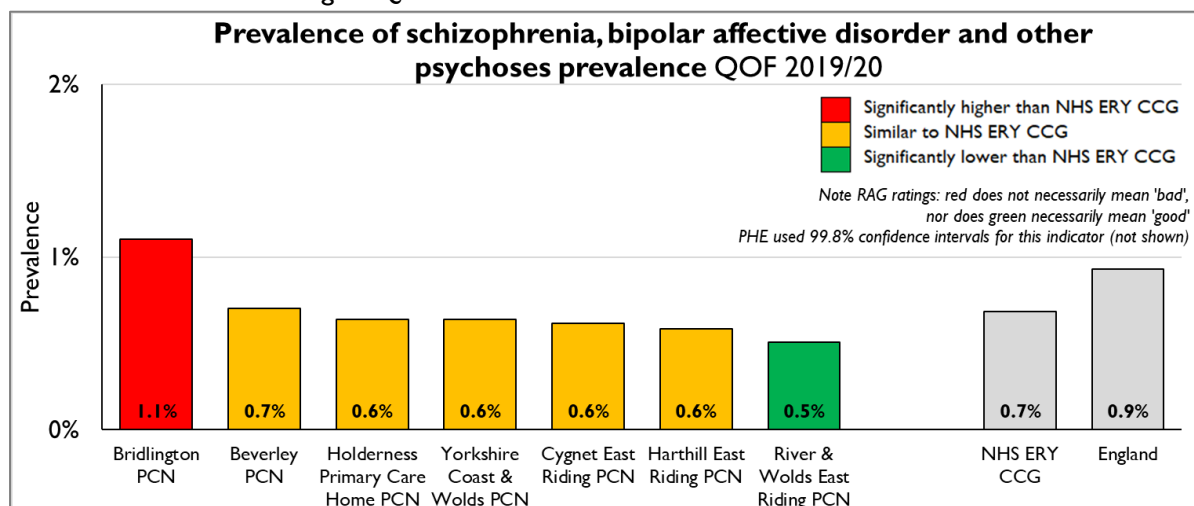
4.3.2 Depression (QOF register)

This indicator reports the percentage of patients aged 18 and over with depression, as recorded on practice registers. Chart 4.3.2.1 shows the increasing trend of the prevalence of depression within the NHS ERY CCG (light blue line) but 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 a change in definition of the indicator rather than a legitimate drop in the prevalence of depression. The latest period is 2019/20 and in that period the near 26,000 patients made up a prevalence of 10.3% (compared to England at 11.6%).

Chart 4.3.2.1 Prevalence of depression – NHS ERY CCG compared to England. Source: NHS Digital/QOF

Period		Count	Value	99.8% Lower CI	99.8% Upper CI	England
2009/10	●	18,242	9.2%*	9.0%	9.4%	10.9%
2010/11	●	19,715	9.7%*	9.5%	9.9%	11.2%
2011/12	●	25,800	10.5%	-	-	11.7%
2012/13	●	12,361	5.0%	-	-	5.8%
2013/14	●	14,023	5.7%	-	-	6.5%
2014/15	●	15,770	6.4%	-	-	7.3%
2015/16	●	17,399	7.1%	-	-	8.3%
2016/17	●	19,463	7.8%	-	-	9.1%
2017/18	●	21,496	8.6%	8.5%	8.8%	9.9%
2018/19	●	23,594	9.4%	9.2%	9.6%	10.7%*
2019/20	●	25,975	10.3%	10.1%	10.5%	11.6%
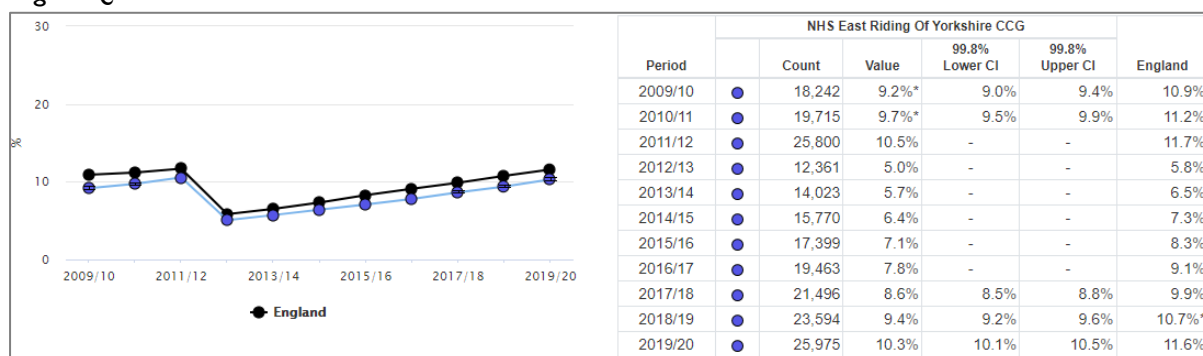
There were 3 PCNs with a significantly higher prevalence of depression than the CCG average (10.3%) and are shown by the red bars in the chart below. Cygnet PCN recorded the highest (12.8%).

Chart 4.3.2.2 Prevalence of depression by PCN, 2019/20. Source: QOF
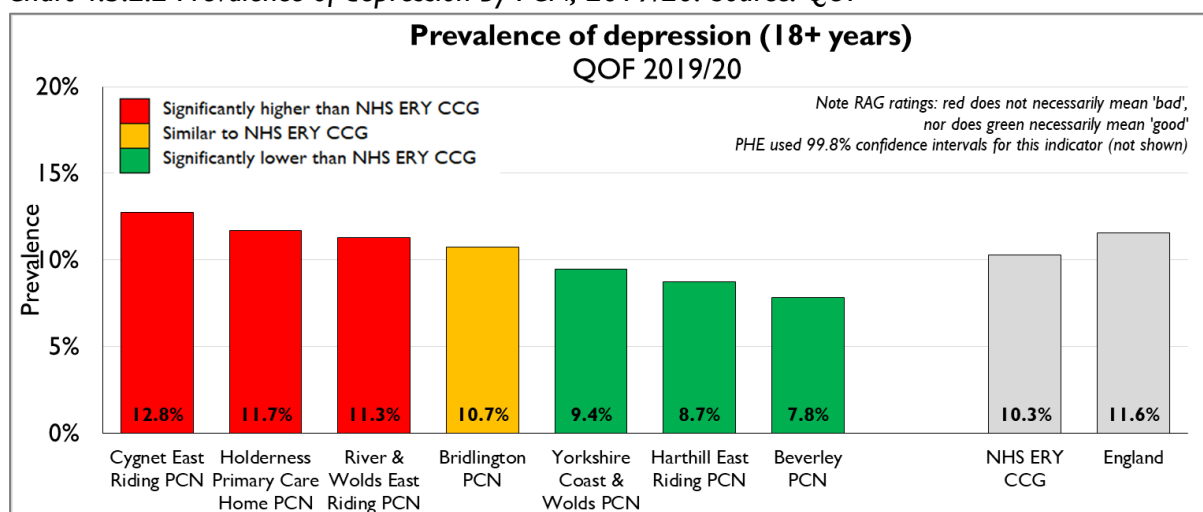
4.3.3 Dementia prevalence (QOF register)

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.

Chart 4.3.3.1 highlights the prevalence of dementia in both the East Riding (1.1% in 2019/20, based on 3,313 patients registered) and England (0.8%). In the last 7 years East Riding CCG has had a significantly higher prevalence.

Chart 4.3.3.1 Prevalence of dementia – NHS ERY CCG compared to England. Source: NHS Digital/QOF

NHS East Riding Of Yorkshire CCG						
Period		Count	Value	99.8% Lower CI	99.8% Upper CI	England
2009/10	○	1,133	0.5%*	0.4%	0.5%	0.5%
2010/11	○	1,230	0.5%*	0.5%	0.5%	0.5%
2011/12	○	1,649	0.5%	-	-	0.5%
2012/13	○	1,828	0.6%	-	-	0.6%
2013/14	○	2,010	0.7%	-	-	0.6%
2014/15	○	2,773	0.9%	-	-	0.7%
2015/16	○	3,002	1.0%	-	-	0.8%
2016/17	○	3,022	1.0%	-	-	0.8%
2017/18	○	3,092	1.0%	1.0%	1.1%	0.8%
2018/19	○	3,307	1.1%	1.0%	1.1%	0.8%*
2019/20	○	3,313	1.1%	1.0%	1.1%	0.8%
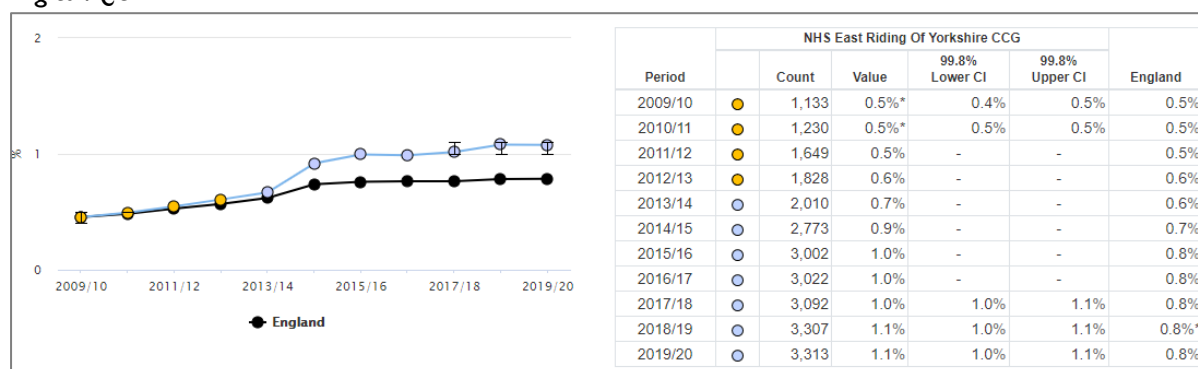
Bridlington PCN recorded the highest prevalence of dementia (1,4%) of all the PCNs within the NHS ERY CCG, which was significantly higher than the CCG and England averages.

Chart 4.3.3.2 Prevalence of dementia by PCN, 2019/20. Source: QOF/PHE Fingertips
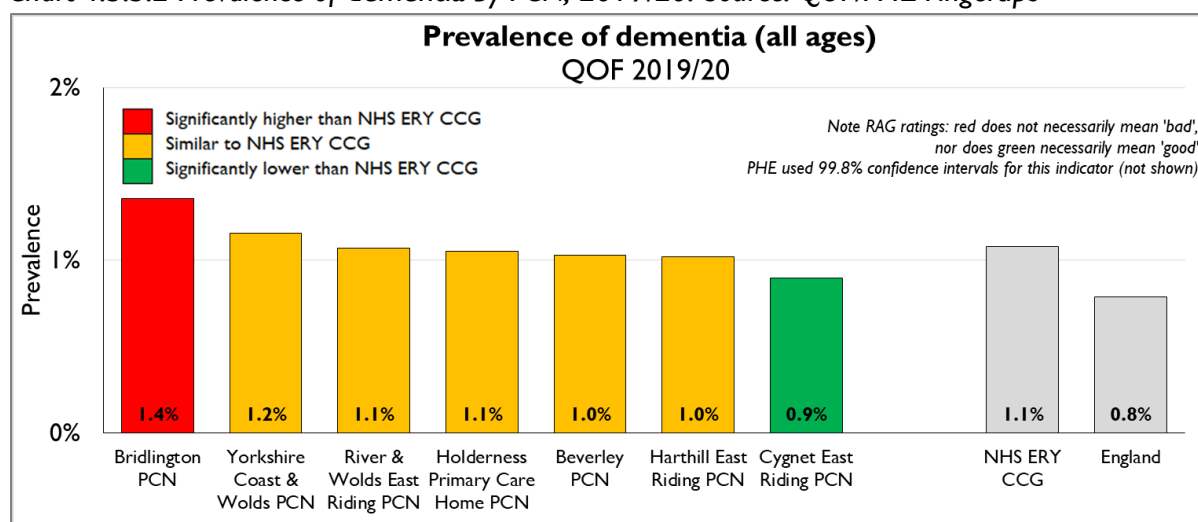
4.3.6 Self-harm admissions

This section counts the number of finished admission episodes in residents 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).

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 4.3.6.1 illustrates the crude rate of self-harm admissions within the wards of the East Riding during the 5 year period 2015/15-19/20. There were 6 wards which recorded a significantly higher rate of admissions due to self-harm and they indicated by the red bars. Some of the most deprived wards of the East Riding recorded these higher rates (such as those in Bridlington and Goole); Bridlington South specifically recorded the highest rate, over twice the rate of the East Riding average.

*Chart 4.3.6.1 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

Copyright © 2021, re-used with the permission of The Health & Social Care Information Centre. All rights reserved.

The indicator was reproduced for all ages, which is not currently shown on the PHE Fingertips website and is shown in chart 4.3.6.2. Wards with significantly higher rates than the local authority average are once again highlighted in red and feature some of the East Ridings most deprived wards in the top 3.

Bridlington South is shown to have the highest rate of all wards and with a rate of 383 per 100,000 population, was almost 3 times greater than the East Riding average and almost 10 times the rate of Beverley Rural which had the lowest rate (40 per 100,000).

Chart 4.3.6.2 Self-harm admissions (all ages), 2015/16-19/20. East Riding wards. Crude rate per 100,000 population. Source: ERY PHI/NHS Digital*
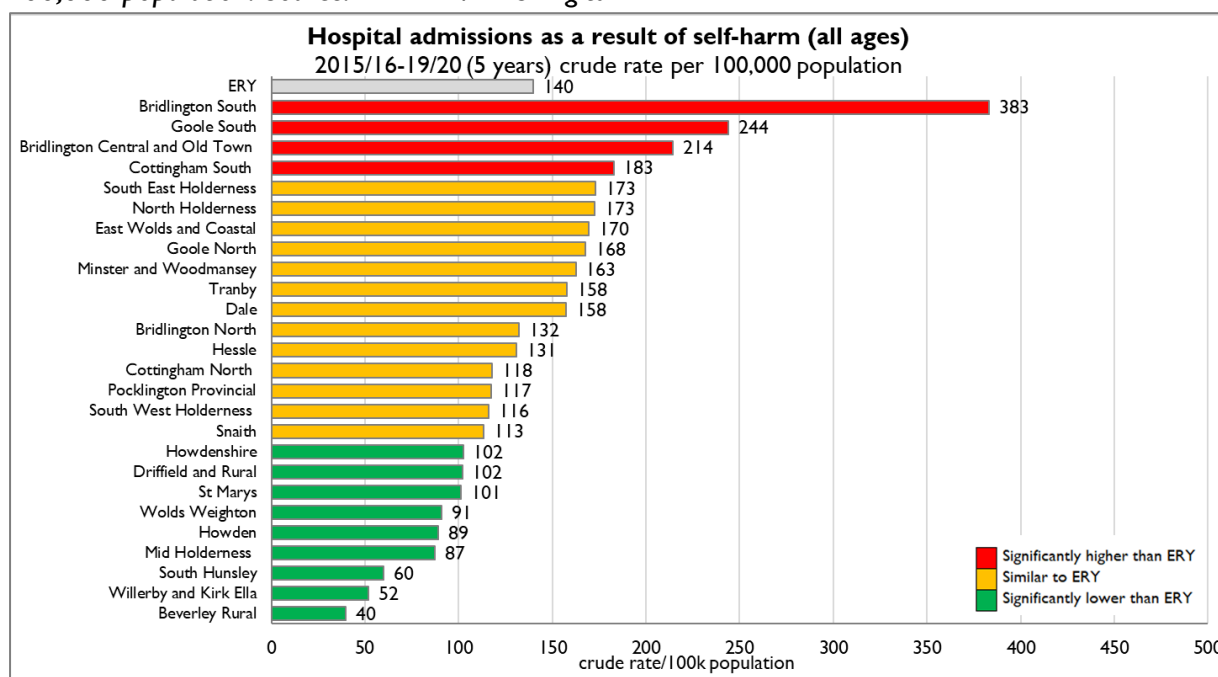

Hospital admissions as a result of self-harm (all ages)
2015/16-19/20 (5 years) crude rate per 100,000 population

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

crude rate/100k population

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

*Copyright © 2021, re-used with the permission of The Health & Social Care Information Centre. All rights reserved.

4.4 Musculoskeletal (MSK) related conditions

4.4.1 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?" and the results in the charts below report the proportion who answered as having 'arthritis or ongoing problem with back or joints'. Please note that this indicator is based on relatively small sample numbers.

A significantly higher proportion of patients of NHS ERY CCG have reported long-term MSK problems between 2018 and 2021, than compared to the England average. In 2021, the GP Patient survey recorded 20.9% of patients with MSK problems compared to 17% for England overall.

Chart 4.4.1.1 % of patients reporting a long-term MSK problem, 2020. Note that the source is a survey based on small numbers. Source: PHE Fingertips

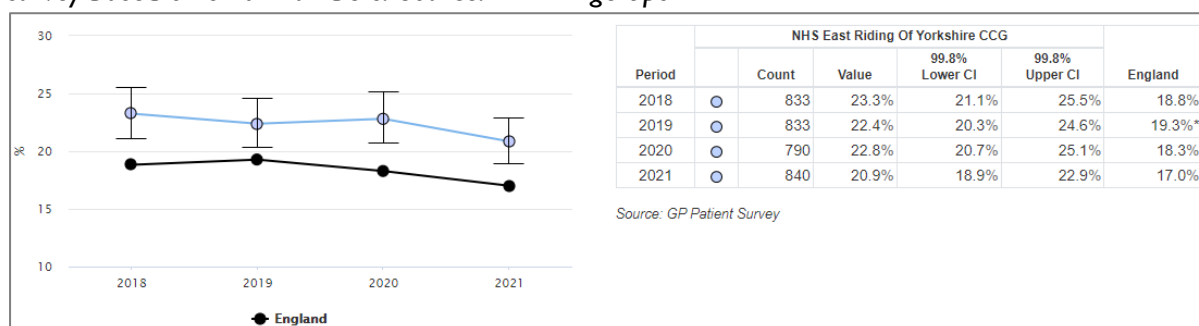|	NHS East Riding Of Yorkshire CCG					
Period		Count	Value	99.8% Lower CI	99.8% Upper CI	England
2018	○	833	23.3%	21.1%	25.5%	18.8%
2019	○	833	22.4%	20.3%	24.6%	19.3%*
2020	○	790	22.8%	20.7%	25.1%	18.3%
2021	○	840	20.9%	18.9%	22.9%	17.0%

Source: GP Patient Survey

Chart 4.4.1.2 reports the prevalence for PCNs but for the previous year (2020) None of the NHS ERY CCG PCNs were statistically different from one another when compared.

Chart 4.4.1.2 % of patients reporting a long-term MSK problem, 2020. Source: PHE Fingertips
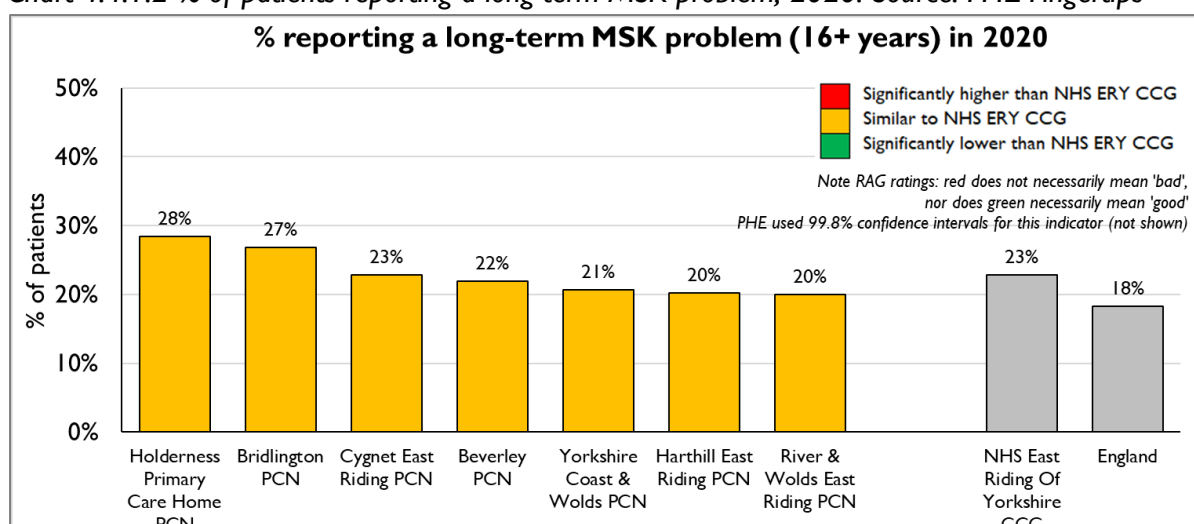
4.4.2 Hospital admissions: hip fractures in people aged 65 and over

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 4.4.2.1 below displays the rate of hip fracture admissions for the East Riding wards for the 5 year period 2015/16-19/20.

Chart 4.4.2.1 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*

Hospital admissions: hip fractures in people aged 65 and over
2015/16-19/20 (5 years) DSR per 100,000 population

Ward	DSR
East Riding	573
Snaith, Airmyn, Rawcliffe and…	866
Cottingham South	744
Minster and Woodmansey	738
South West Holderness	735
Goole South	712
Hessle	705
Bridlington South	697
Driffield and Rural	631
South East Holderness	630
Goole North	606
St Mary's	603
Dale	551
Bridlington Central and Old Town	543
Howdenshire	539
East Wolds and Coastal	523
Bridlington North	517
Cottingham North	488
Mid Holderness	478
Pocklington Provincial	477
Beverley Rural	471
North Holderness	468
Howden	461
Willerby and Kirk Ella	456
Tranby	455
South Hunsley	455
Wolds Weighton	439

Significantly higher than ERY
Similar to ERY
Significantly lower than ERY

DSR per 100,000 population

The wards with significantly higher rates of admission for hip fractures are highlighted in red, headed by Snaith ward with a rate of 866 per 100,000 population. Please note these rates *have* been standardised for age, which will allow for a more meaningful comparison with wards with higher and lower proportions of older people.

4.5 Obesity

4.5.1 Obesity in adults (QOF register, 18+ years)

There is a substantive evidence base on the epidemiology of obesity and its association with poor clinical outcomes. In addition to the obvious associated disease burden such as inactivity, degenerative joint disease, lower employment and mood disorders, obesity is also a major contributory factor for some of the commonest causes of death and disability in developed economies, most notably greater rates of diabetes mellitus and accelerated onset of cardiovascular disease. Obesity has therefore become a major health issue for the United Kingdom.

This indicator is taken from QOF and reports the percentage of patients aged 18 and over with a BMI greater than or equal to 30 in the previous 12 months, as recorded on practice

registers. Chart 4.5.1.1 compares the obesity prevalence of NHS ERY CCG to England, and in all periods NHS ERY CCG is significantly higher, with a rising prevalence. In 2019/20 it was 13.2% in NHS ERY CCG with England recording 10.5% overall.

Chart 4.5.1.1 Obesity in adults (QOF register, 18+ years), 2019/20. Source: PHE Fingertips

	NHS East Riding Of Yorkshire CCG					
Period		Count	Value	99.8% Lower CI	99.8% Upper CI	England
2015/16	◯	26,699	10.8%	-	-	9.5%
2016/17	◯	28,011	11.2%	-	-	9.7%
2017/18	◯	29,494	11.8%	11.6%	12.0%	9.8%
2018/19	◯	30,787	12.3%	12.1%	12.5%	10.1%*
2019/20	◯	33,293	13.2%	13.0%	13.4%	10.5%

Source: Quality and Outcomes Framework (QOF), NHS Digital
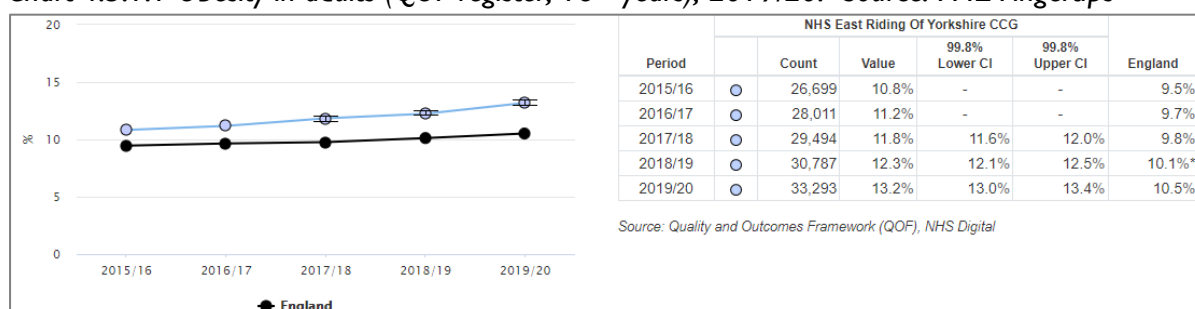
Bridlington PCN recorded a prevalence of 19.1%, the highest of all East Riding PCNs, significantly higher than both the CCG and England averages, as was Cygnet PCN. When compared to the England average (10.5%), all East Riding PCNS had a significantly higher prevalence with the exception of Beverley PCN (8.4%), which was significantly lower.

Chart 4.5.1.2 NHS ERY PCNSs. Obesity in adults (QOF register, 18+ years), 2019/20. Source: PHE Fingertips
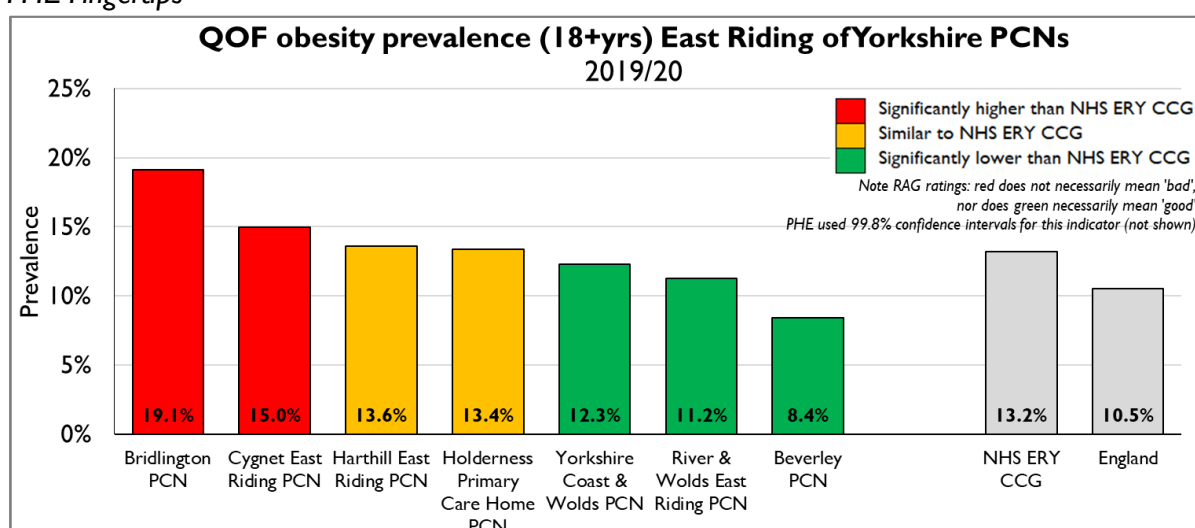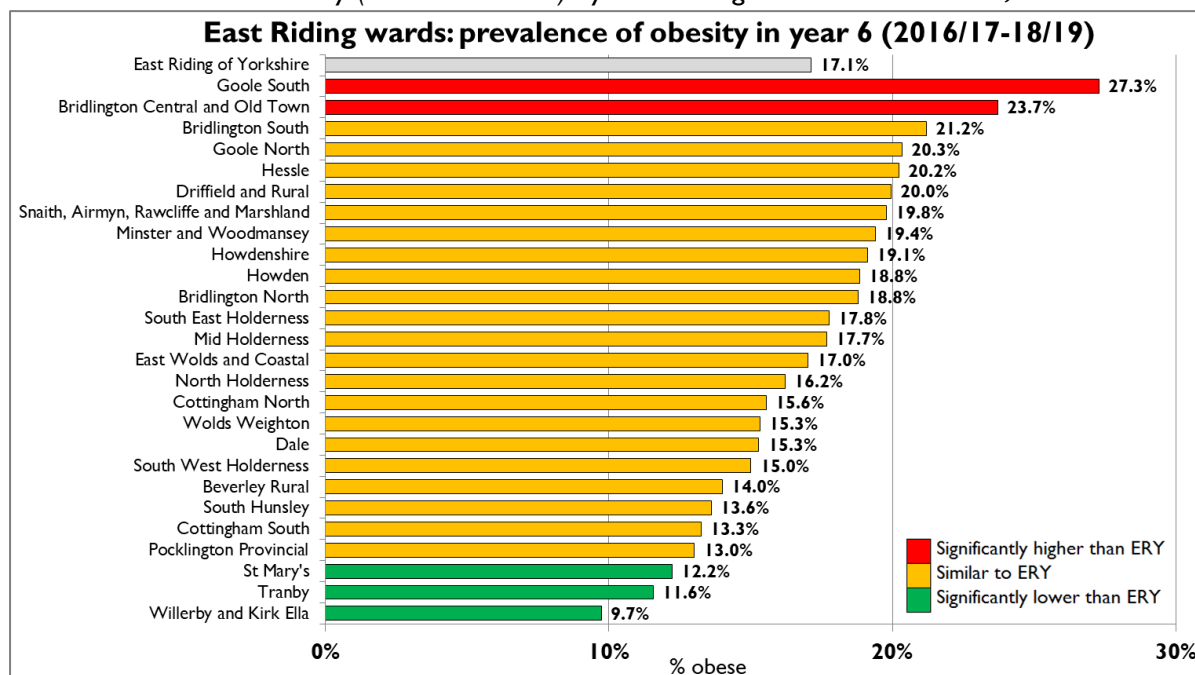

4.5.2 Childhood obesity (year 6)

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Chart 4.5.2.1 below displays the prevalence of obesity in year 6 children, by ward, for the pooled 3 school years between 2016/187 and 2018/19.

Chart 4.5.2.1 Year 6 obesity (2016/17-18/19) by East Riding ward. Source: NCMP, ERY PHI Team

East Riding wards: prevalence of obesity in year 6 (2016/17-18/19)

Ward	% obese
East Riding of Yorkshire	17.1%
Goole South	27.3%
Bridlington Central and Old Town	23.7%
Bridlington South	21.2%
Goole North	20.3%
Hessle	20.2%
Driffield and Rural	20.0%
Snaith, Airmyn, Rawcliffe and Marshland	19.8%
Minster and Woodmansey	19.4%
Howdenshire	19.1%
Howden	18.8%
Bridlington North	18.8%
South East Holderness	17.8%
Mid Holderness	17.7%
East Wolds and Coastal	17.0%
North Holderness	16.2%
Cottingham North	15.6%
Wolds Weighton	15.3%
Dale	15.3%
South West Holderness	15.0%
Beverley Rural	14.0%
South Hunsley	13.6%
Cottingham South	13.3%
Pocklington Provincial	13.0%
St Mary's	12.2%
Tranby	11.6%
Willerby and Kirk Ella	9.7%

Legend: Red = Significantly higher than ERY; Amber = Similar to ERY; Green = Significantly lower than ERY

There are 2 wards with a significantly higher prevalence of obesity than the East Riding average of 17.1%: Goole South (27.3%) and Bridlington Central and Old Town (23.7%). Goole South had the highest prevalence of obesity of all East Riding wards within the 3 year period, based on 98 children classified as obese. The obesity prevalence of the ward was almost 3 times greater than Willerby and Kirk Ella, which at 9.7%, recorded the lowest prevalence. To achieve the same prevalence of Willerby and Kirk Ella, Goole South would have had to have 63 less obese children during this period. By actual count of obese Year 6 children, Bridlington South had the highest number of all East Riding wards at 103 and the 3 Bridlington wards combined totalled 241.

For further information about this subject in the East Riding, please refer to the 'Needs Assessments and intelligence documents' of the East Riding JSNA website (link below) where there is a document titled 'National Child Measurement Programme (NCMP) 2018/19 Intelligence Support Document update'.

https://intel-hub.eastriding.gov.uk/jsna-needs-assessments-and-intelligence-documents.

Produced by the East Riding of Yorkshire Council
Business Intelligence and Public Health Intelligence teams