

Public Health Supporting Data

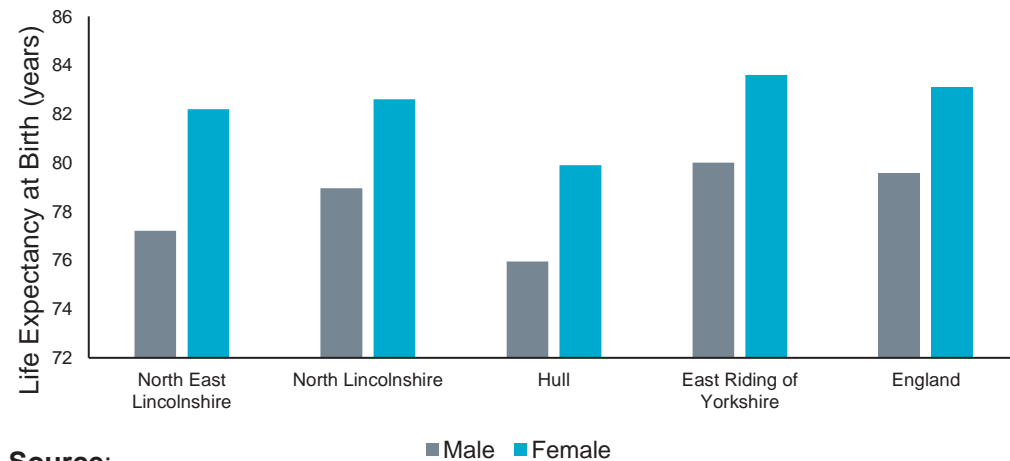
June 2021

Population Health and Demography

The Humber region has an older population than the national average with greater deprivation and lower life expectancy

The Humber population is older and more deprived than the national average. Life expectancy in the Humber population is lower than the national average and there are higher levels of risk factors associated with poor health such as obesity and low activity levels. Rates of long term illness, such as diabetes, are higher than national.

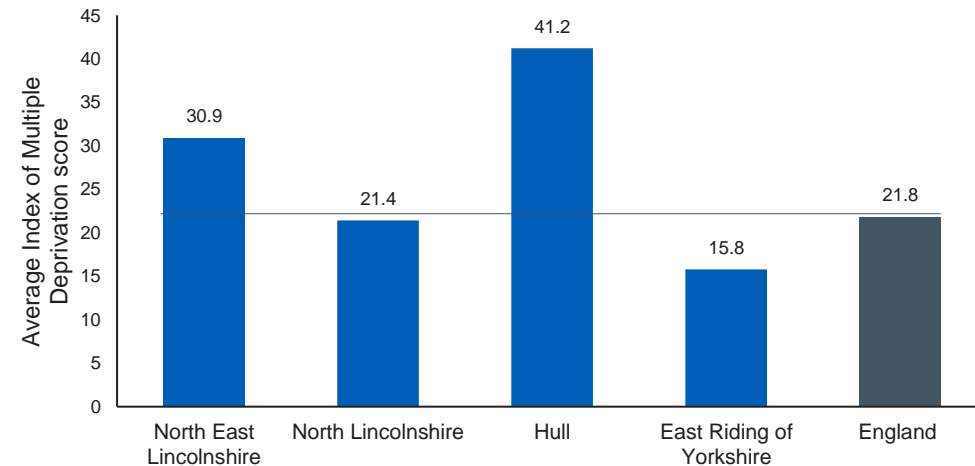
Age - The average age of the Humber population is 42, which is higher than the national average of 39.8. The average life expectancy in the Humber population is lower than the national.



Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2015to2017>

Deprivation - Individuals from Hull and North East Lincolnshire are more deprived than the national average.

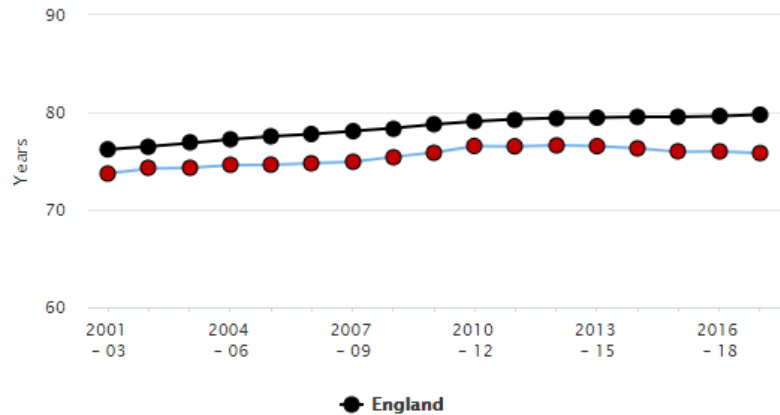


Source: Department of Communities and Local Government (DCLG)



Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Healthy life expectancy at birth (Female)	2017 - 19	63.5	-	64.7	59.6	59.7	60.2
Healthy life expectancy at birth (Male)	2017 - 19	63.2	-	65.4	56.3	57.3	58.4
Life expectancy at birth (Female)	2017 - 19	83.4	-	83.8	80.1	82.1	82.6
Life expectancy at birth (Male)	2017 - 19	79.8	-	80.4	75.8	77.8	78.9
Inequality in life expectancy at birth (Female)	2017 - 19	7.6	-	4.0	9.9	9.2	7.7
Inequality in life expectancy at birth (Male)	2017 - 19	9.4	-	6.8	12.1	13.7	10.7

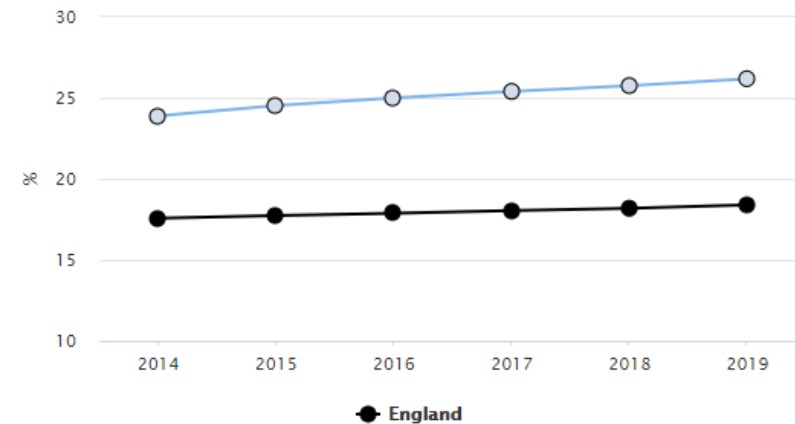
Life Expectancy at Birth (Male) – Hull:



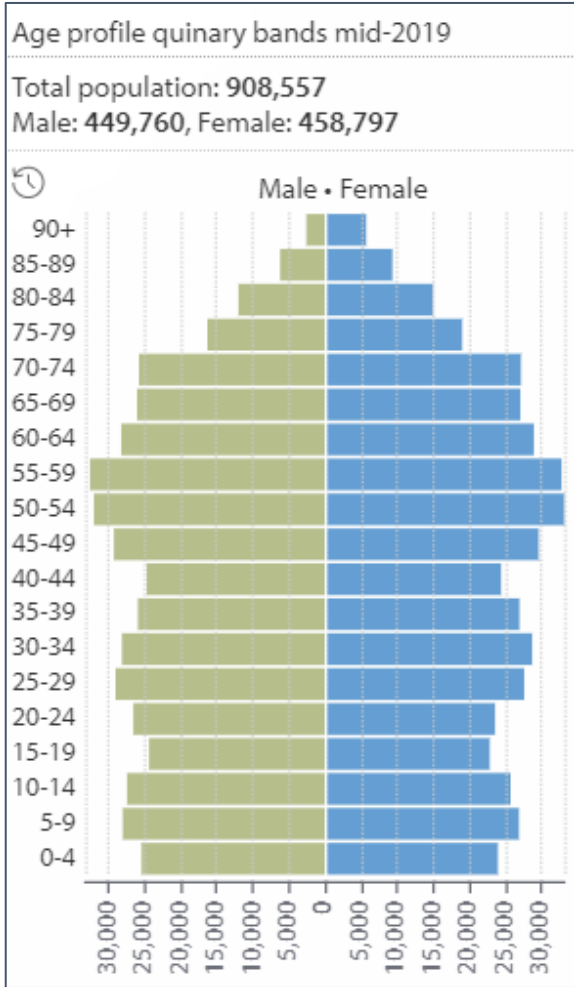
Source: PHE Fingertips – Productive Healthy Ageing Profile

Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Demographics							
Percentage of the total resident population who are 50-64 years of age (50-64 yrs) New data	2019	19.0	-	22.7	17.8	20.4	21.4
Supporting information - % population aged 65+	2019	18.4	-	26.2	15.1	20.6	21.3
Percentage of the total resident population aged 85 and over New data	2019	2.5	-	3.2	1.8	2.8	2.6
Supporting information - % population from ethnic minorities	2016	13.6	3.4*	2.1	5.4	2.5	3.8

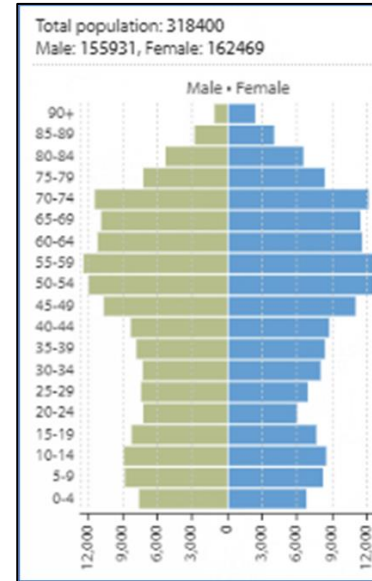
% Population aged 65+ - ERY:



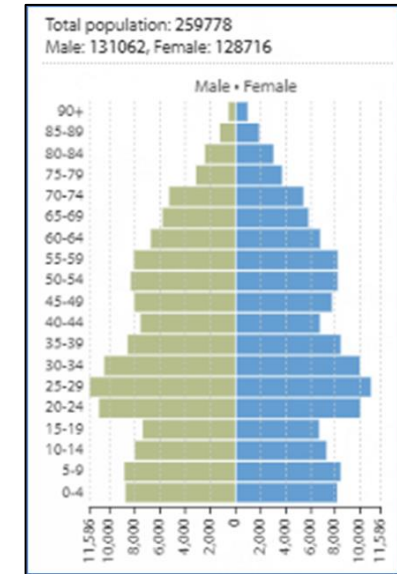
Humber Age Profile (2019):



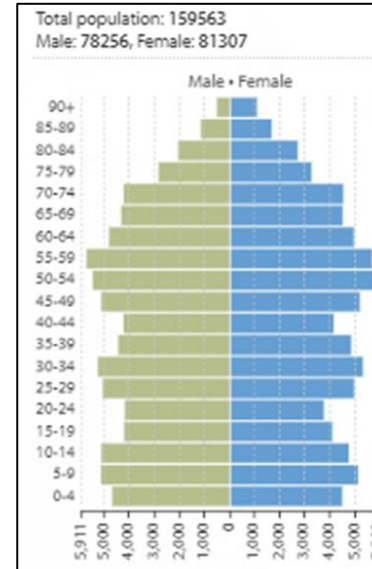
Age	Male	Female	All
90+	2,542	5,743	8,285
85-89	6,178	9,378	15,556
80-84	11,950	14,985	26,935
75-79	16,255	19,035	35,290
70-74	25,734	27,176	52,910
65-69	25,993	27,092	53,085
60-64	28,182	28,964	57,146
55-59	32,514	32,798	65,312
50-54	31,975	33,183	65,158
45-49	29,212	29,629	58,841
40-44	24,648	24,427	49,075
35-39	25,883	26,970	52,853
30-34	28,091	28,731	56,822
25-29	28,976	27,631	56,607
20-24	26,519	23,591	50,110
15-19	24,349	22,848	47,197
10-14	27,389	25,740	53,129
5-9	27,985	26,902	54,887
0-4	25,385	23,974	49,359
Total	449,760	458,797	908,557



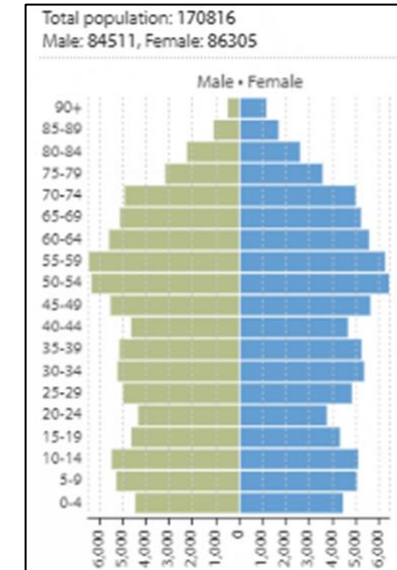
ERY



Hull



NEL



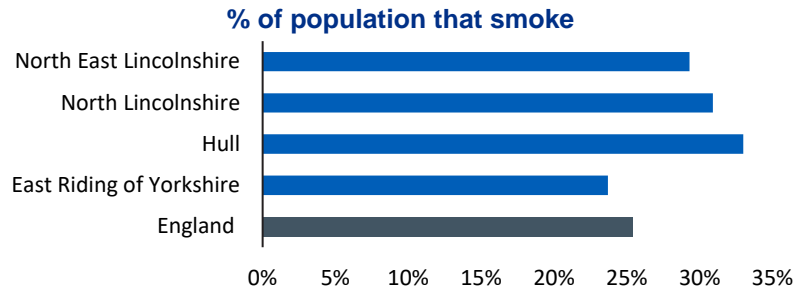
NL

Humber Population (2019 mid year estimates) of 908,557:

- **ERY** 318,400 35.0% of total Humber Resident Population
- **Hull** 259,778 28.6% of total Humber Resident Population
- **NEL** 159,563 17.6% of total Humber Resident Population
- **NL** 170,816 18.8% of total Humber Resident Population

Population Health and Demography

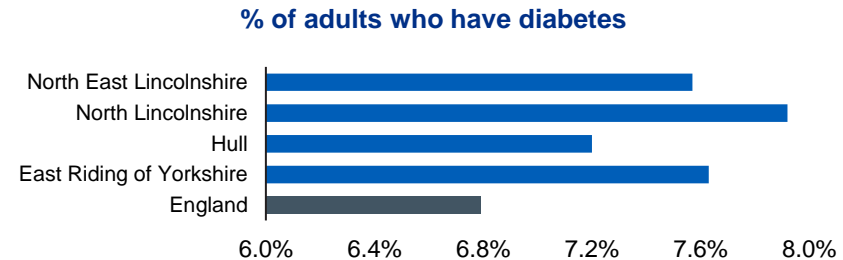
The Humber population tends to have a greater level of smoking and diabetes than the national average



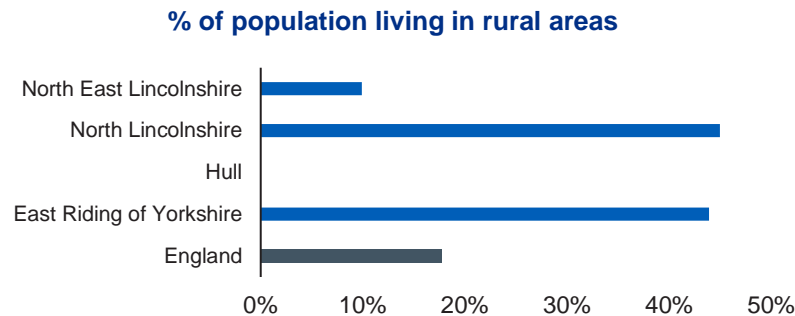
Source: <https://fingertips.phe.org.uk/profile/health-profiles/data#page/3/gid/1938132694/pat/6/par/E12000003/ati/101/are/E06000010/lid/92443/age/168/sex/4>

Levels of chronic disease are already higher than average, and as with many other parts of the country, **the older age population is predicted to grow at a faster rate than younger age groups**, meaning demands for health and care services are likely to increase in future.

Smoking prevalence is higher than the national average in all areas except East Riding of Yorkshire, and this is true of mothers at the time of birth too. **These poor population health factors combine to mean local health and care services have to respond to higher levels of demand than elsewhere, especially for emergency services.**



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



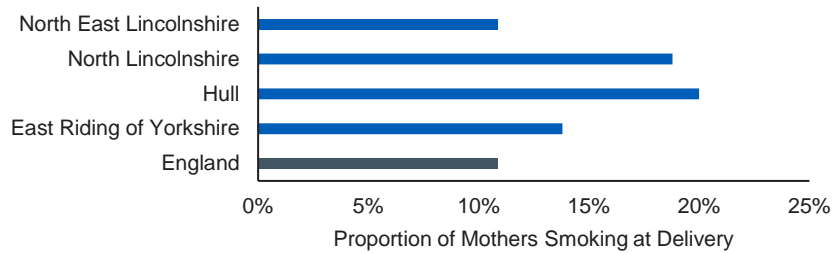
Source: DEFRA. Statistical data set. Rural statistics local level data sets. 21 July 2016

Both Trusts serve both rural and urban populations. In line with the **large rural areas of population served**, ambulance journey times between the five hospital sites are (on average) approximately 40 minutes (based on ambulance service data) – see p.44.

Population Health – Early Life

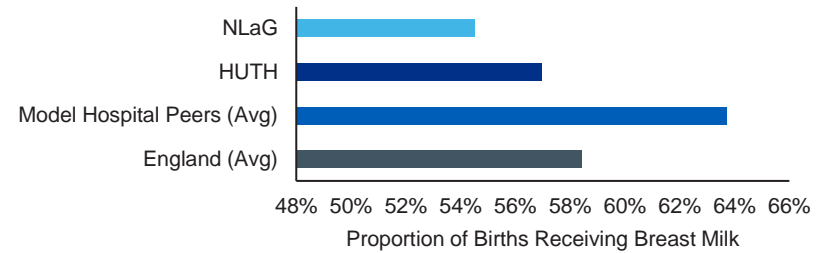
Measures indicate that babies born in the Humber area are less healthy

Smoking status of mother at time of birth - A greater proportion of mothers smoke at the time of delivery in the Humber area, which increases the risk of complications.



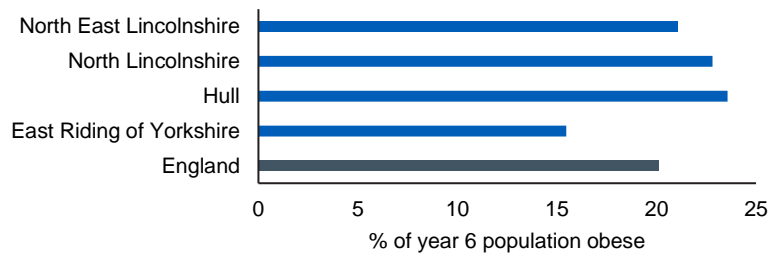
Source: NHS Digital - Statistics on Women's Smoking Status at Time of Delivery. 1 April 2017 to 31 March 2018

Receiving breast milk as first feed - A lower proportion of babies are receiving early initiation of breastfeeding in the Humber area.



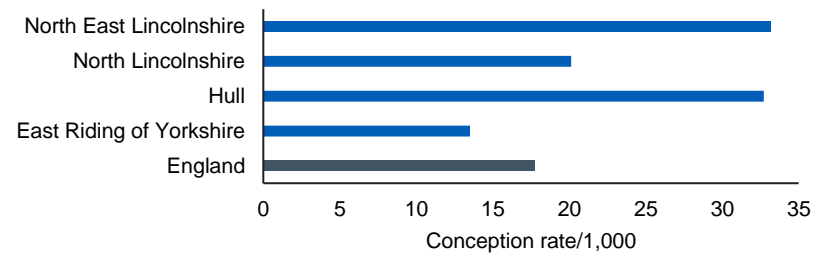
Source: NHS Maternity Statistics, 2017-18: Maternity Services Data Set (MSDS) Interactive Provider Analysis
Publication Date: 25 October 2018

Childhood obesity - The proportion of children aged 10-11 that are classed as obese is greater in all Humber areas, except for East Riding.



Source: NHS Digital - National Child Measurement Programme

Under 18 conception rate - The conception rate in under 18's is greater in the Humber areas, except for East Riding.



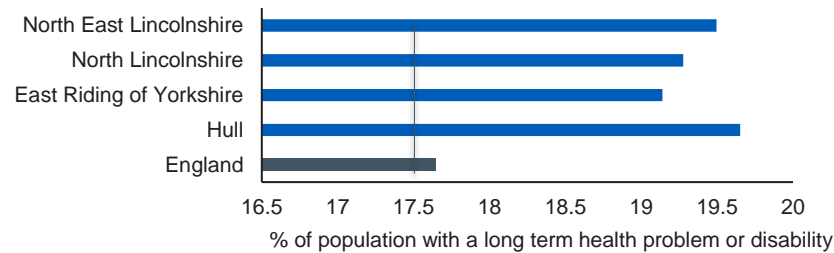
Source: NHS Digital - National Child Measurement Programme



Population Health – Indicators of Disease

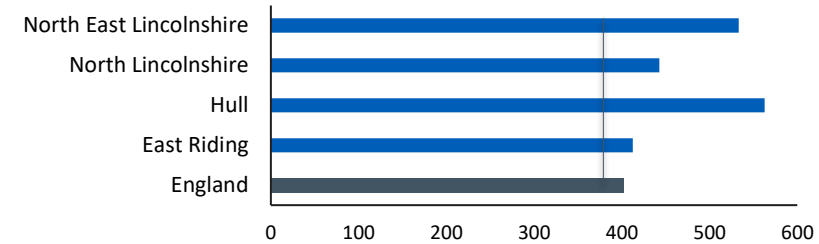
The prevalence of disease is higher in the Humber area compared to the national average

People with long-term illness/disability - A greater proportion of the Humber population have a long term health problem compared to the national average.



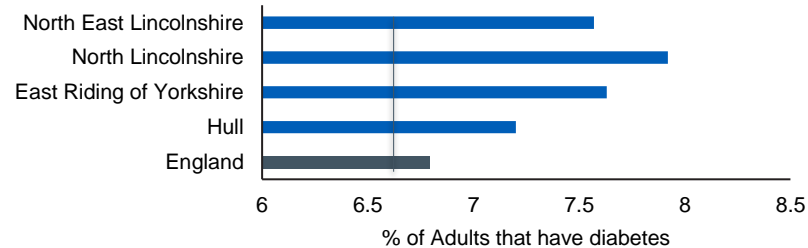
Source: Census 2011

Years of life lost (YLL) - All four Humber areas have a greater number of years of life lost compared to the national average. North East Lincolnshire and Hull are the worst affected.



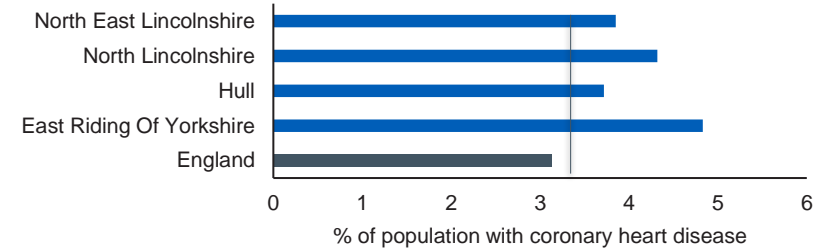
Source: NHS Digital - Compendium of population health indicators, Years of life lost due to mortality from all causes (ICD-10 A00 - Y99). March 2019

Diabetes prevalence - The prevalence of diabetes in the Humber area is greater than the national average by 0.4 – 1.1 percentage points.



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

Heart disease prevalence – The prevalence of coronary heart disease in the Humber area is greater than the national average by 0.6 – 1.7 percentage points.



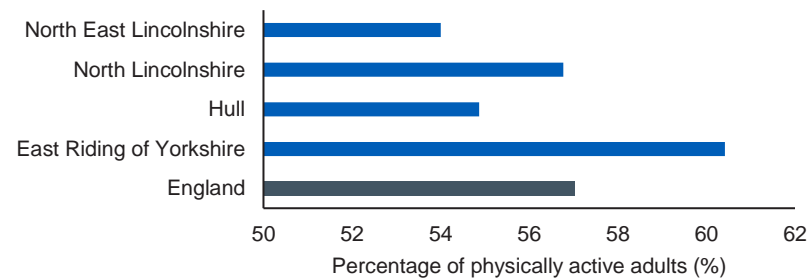
Source: NHS Digital - National Child Measurement Programme



Population Health – Indicators of Healthy Lifestyles

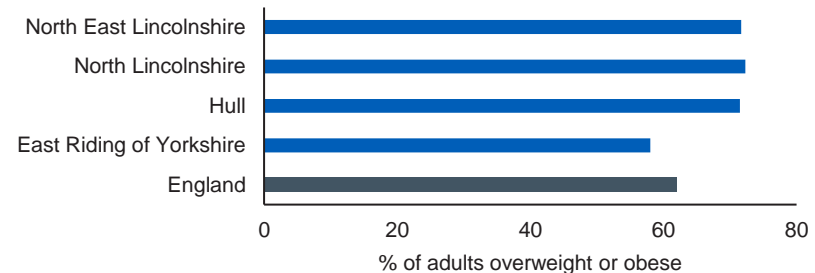
The Humber population, excluding East Riding, have a less healthy lifestyle than the national average

Physically active adults – Except for East Riding, adults in the Humber area are less active than nationally.



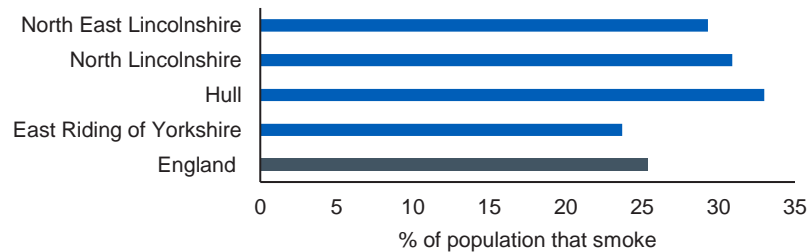
Source: Active People Survey, Sport England

Obesity rate – Except for East Riding, the overweight/obesity rate in Humber is higher than nationally.



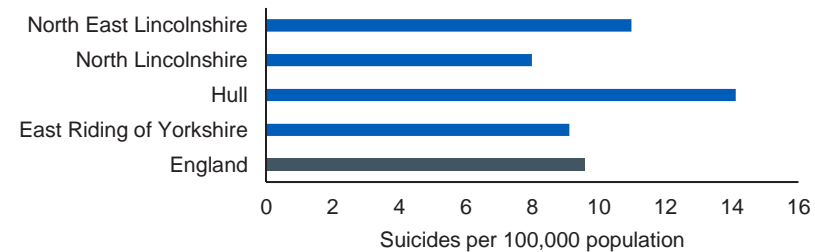
Source: Public Health England (based on Active Lives survey, Sport England)

Smoking prevalence – Except for East Riding, adults are more likely to smoke in Humber than nationally.



Source: <https://fingertips.phe.org.uk/profile/health-profiles/data#page/3/gid/1938132694/pat/6/par/E12000003/ati/101/are/E06000010/iid/92443/age/168/sex/4>

Suicide rate – The suicide rate in North East Lincolnshire and Hull is greater than the national average, it is lower in North Lincolnshire and East Riding.



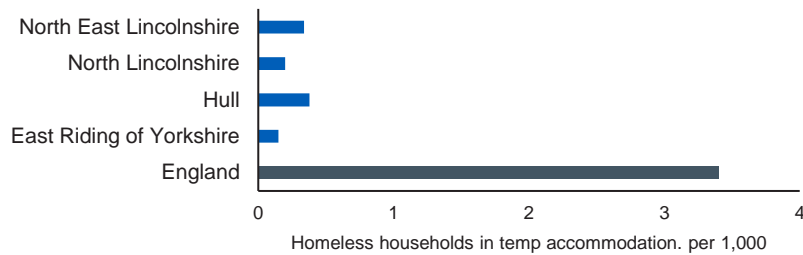
Source: Public Health England (based on ONS source data)



Population Health – Residence and Winter Effects

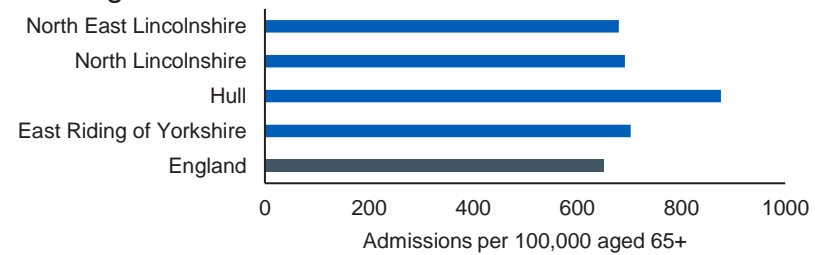
Winter deaths and care home admissions are higher in Humber than the national average

Homelessness rate – The homeless rate in the Humber area is less than the national average by c.3 percentage points.



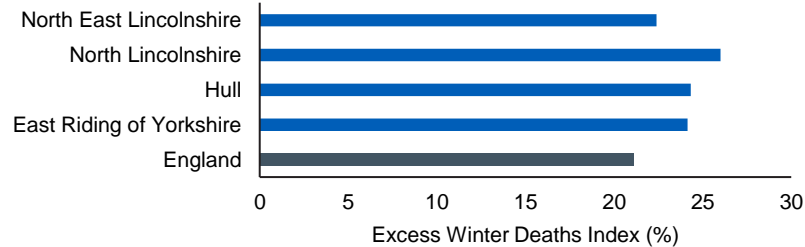
Source: Ministry of Housing, Communities & Local Government

Care home admissions – A greater proportion of people are admitted to residential and nursing care homes in the Humber area compared to the national average.



Source: NHS Digital - Adult Social Care Outcomes Framework (ASCOF)

Excess winter deaths – The amount of excess winter deaths in the Humber area is greater than the national average.



Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts



Overview:

- Population Projections
- Deprivation
- Acorn Indicators - Wellbeing
- Ethnicity
- Local Authority Health Profiles
- Local Health & Fingertips Indicators
- Hospital Catchment Tool
- Digital Inclusion
- Access / Travel / Car ownership
- Local Authority Planning Intelligence

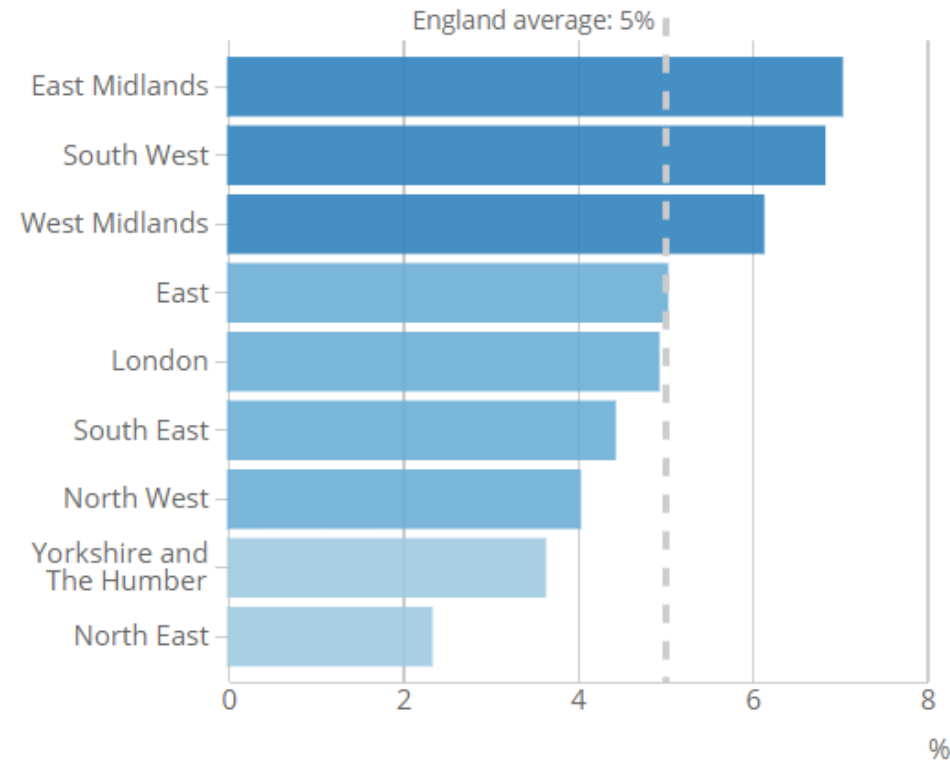
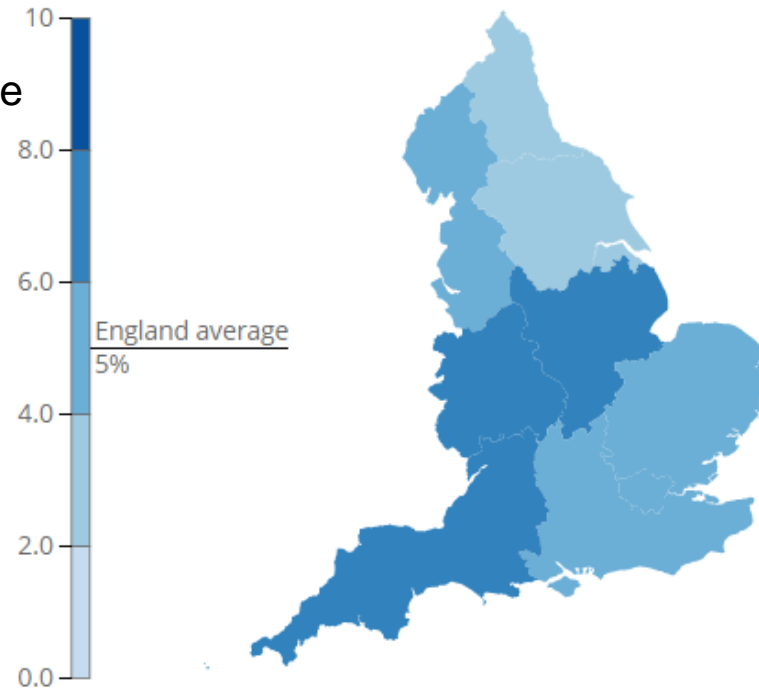
Population Projections

Population - [Subnational population projections for England - Office for National Statistics](#)

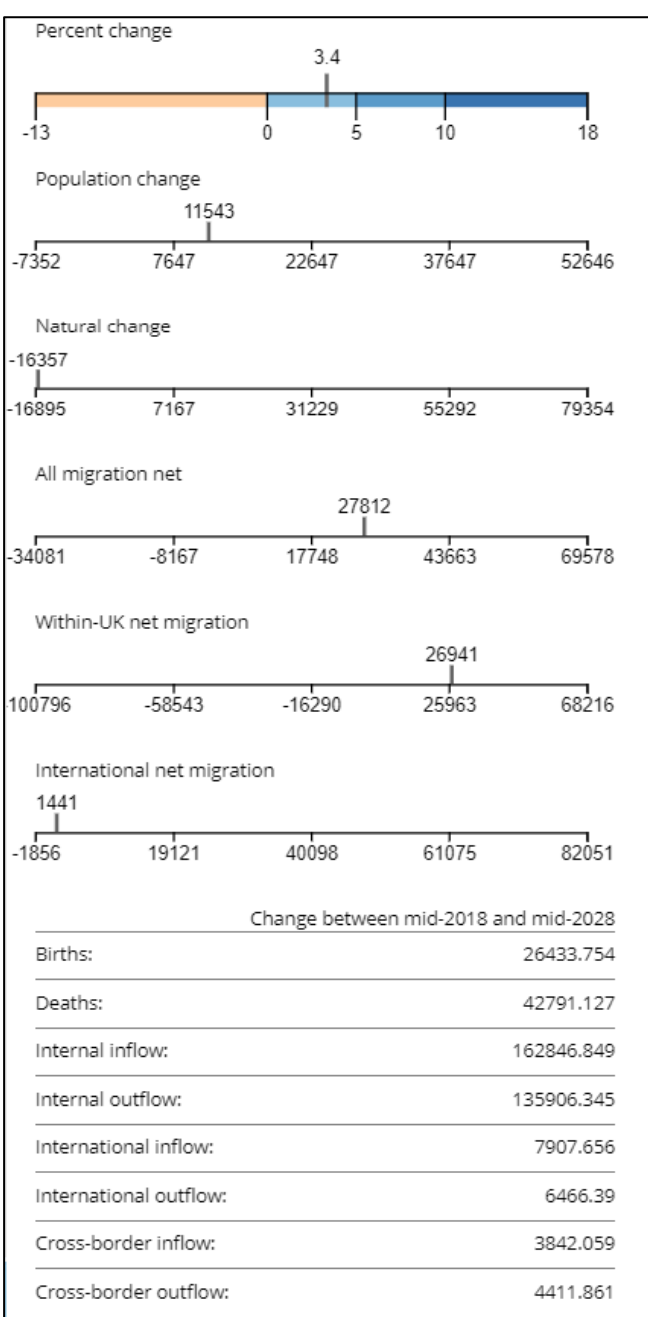
- The populations of all regions within England are projected to grow by mid-2028; regions in the north of England are projected to grow at a slower rate than all other regions in England over the next 10 years.
- All regions are projected to have a greater proportion of people aged 65 years and over by mid-2028
- The forecast increase in 2028 for the Humber population, from the 2018 population estimate, is 1.5%. The national forecast increase is 5.0% and for Yorkshire and the Humber it's 3.6%.

• The forecast change in population by **2028** is:

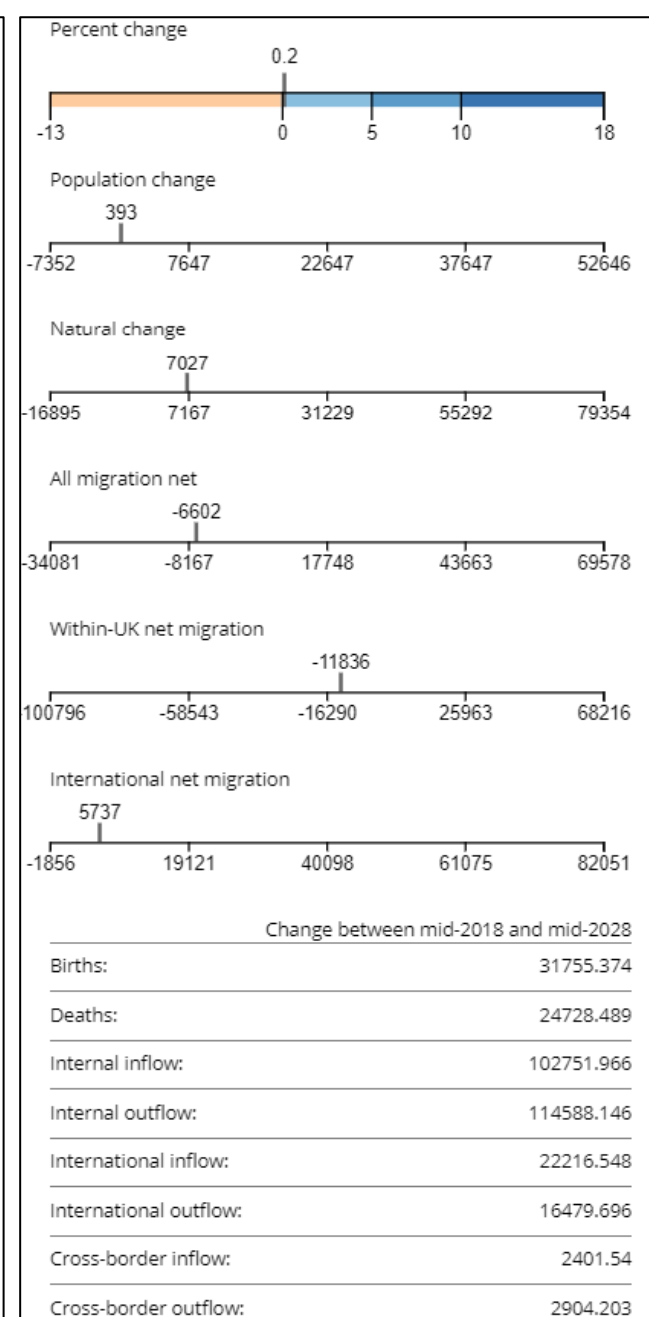
- +3.4% for East Riding
- +0.2% for Hull
- -0.2% for North East Lincolnshire
- +2.2% for North Lincolnshire



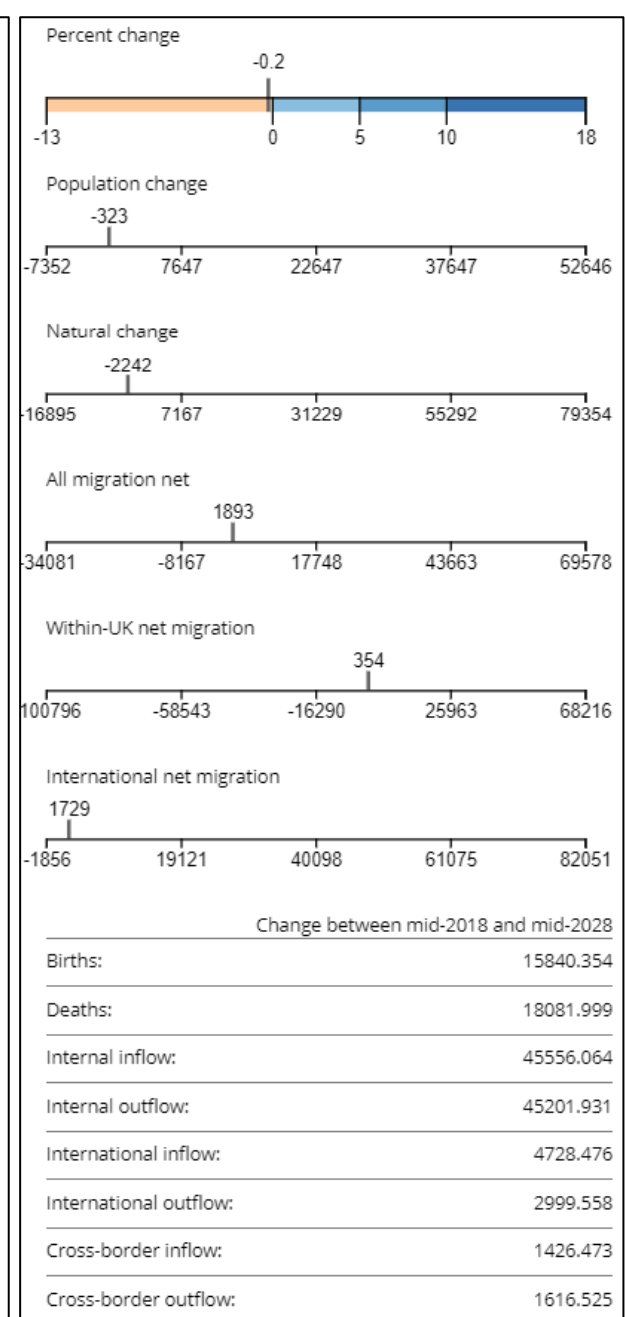
Subnational population projections do not attempt to predict the impact of political circumstances such as the UK's withdrawal from the European Union, nor of the current pandemic.



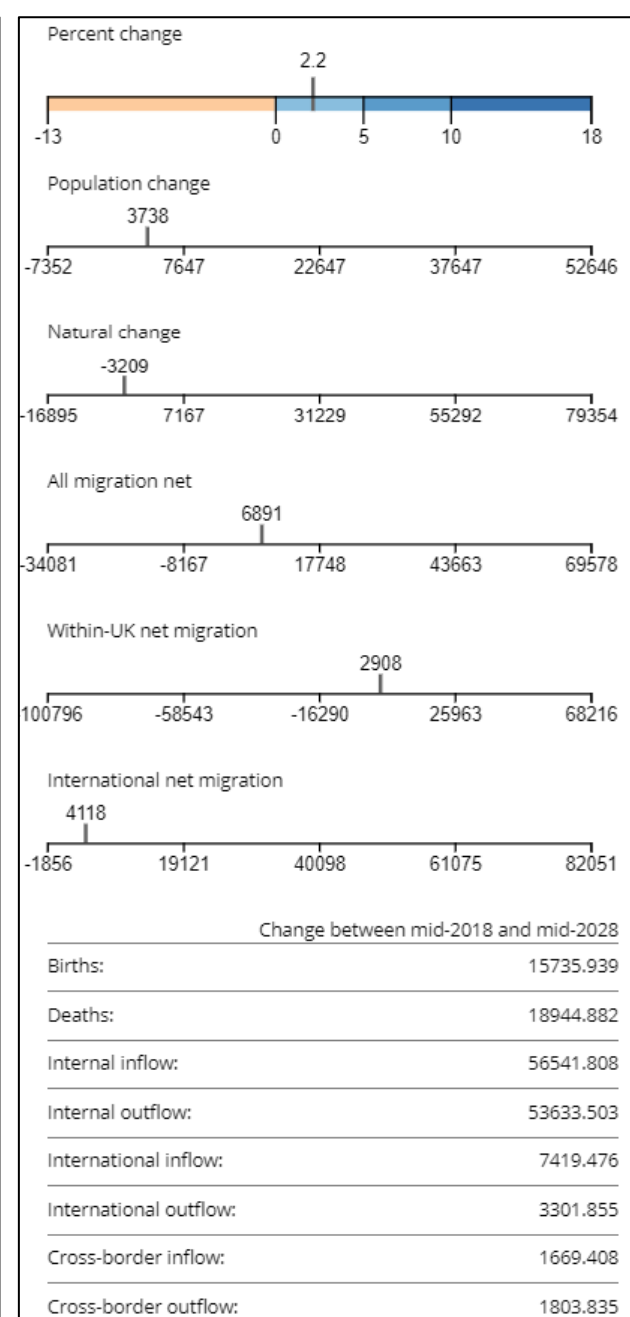
East Riding +3.4%



Hull +0.2%



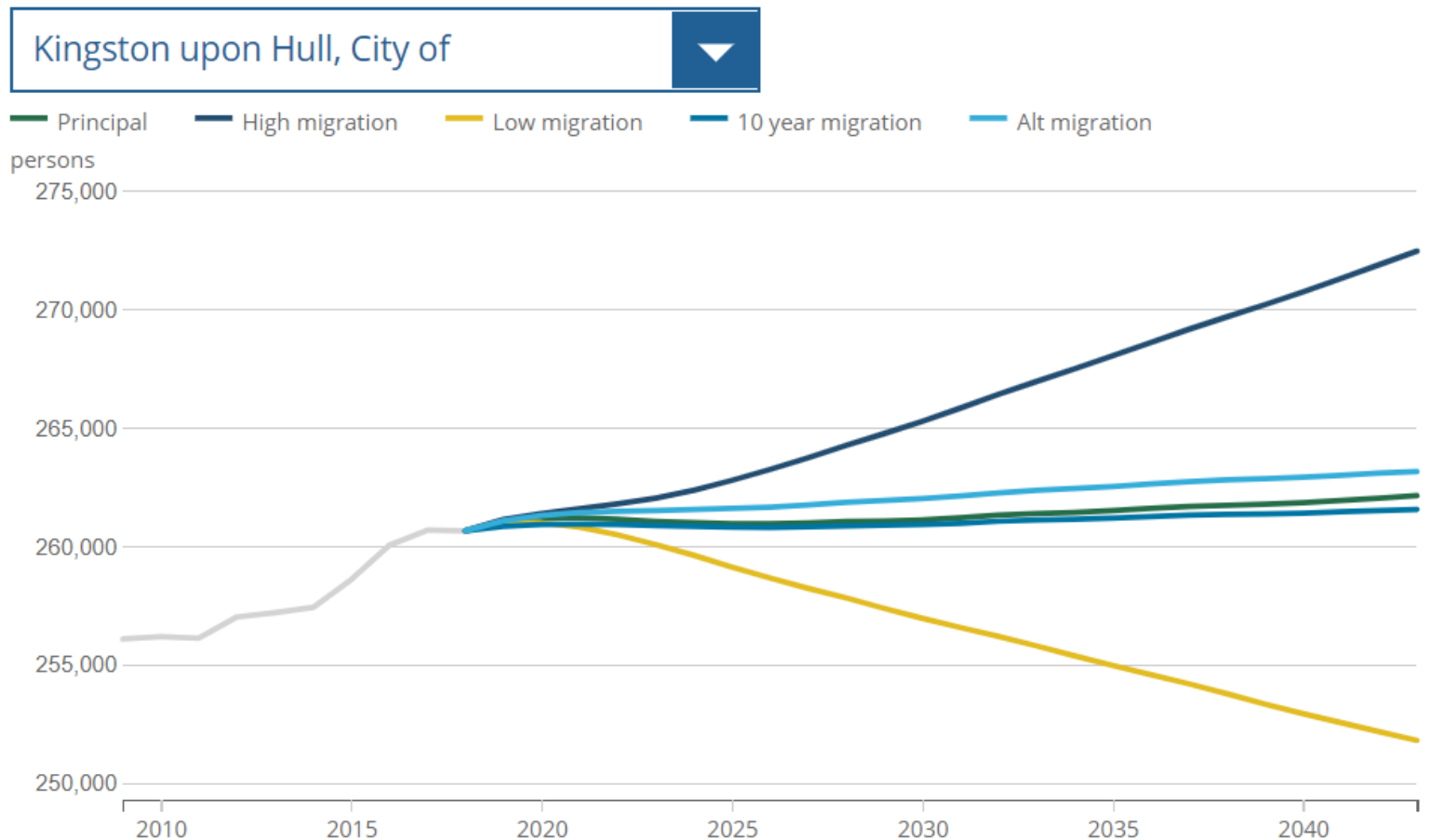
NEL -0.2%

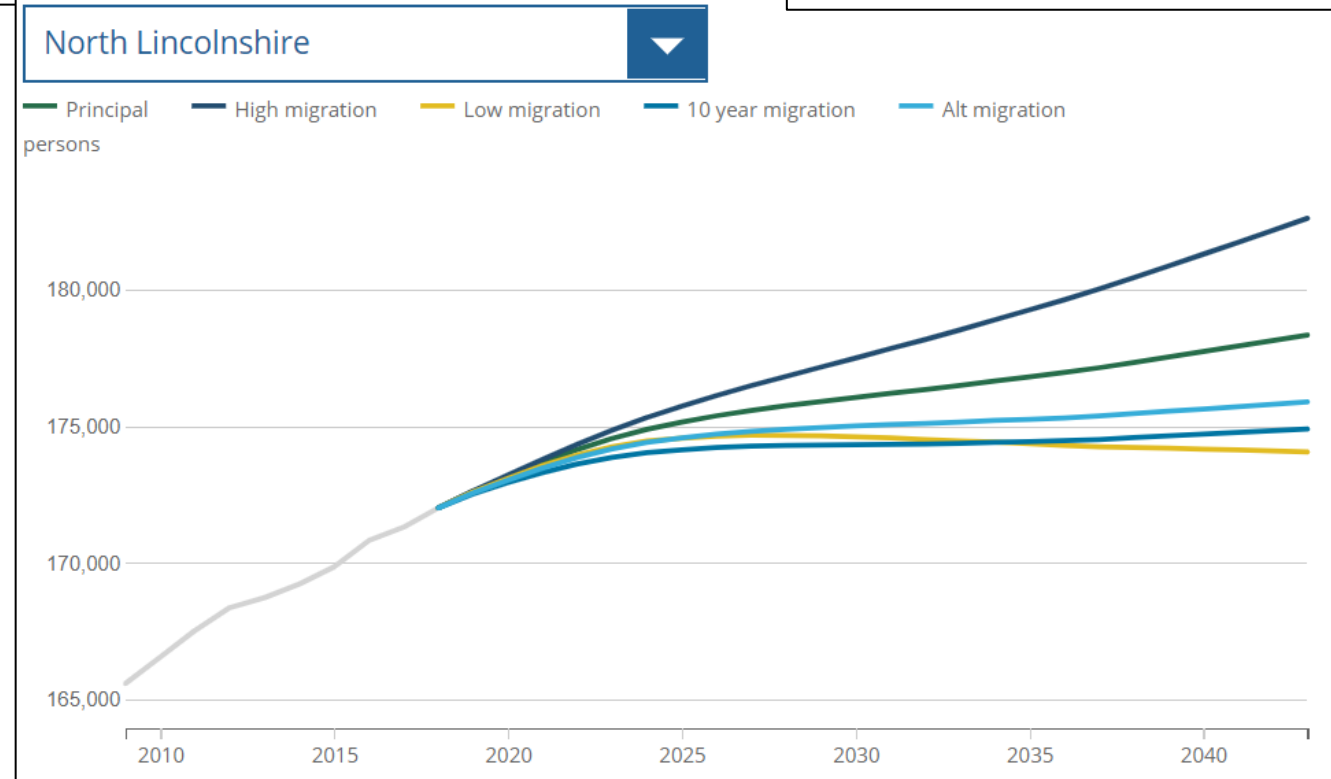
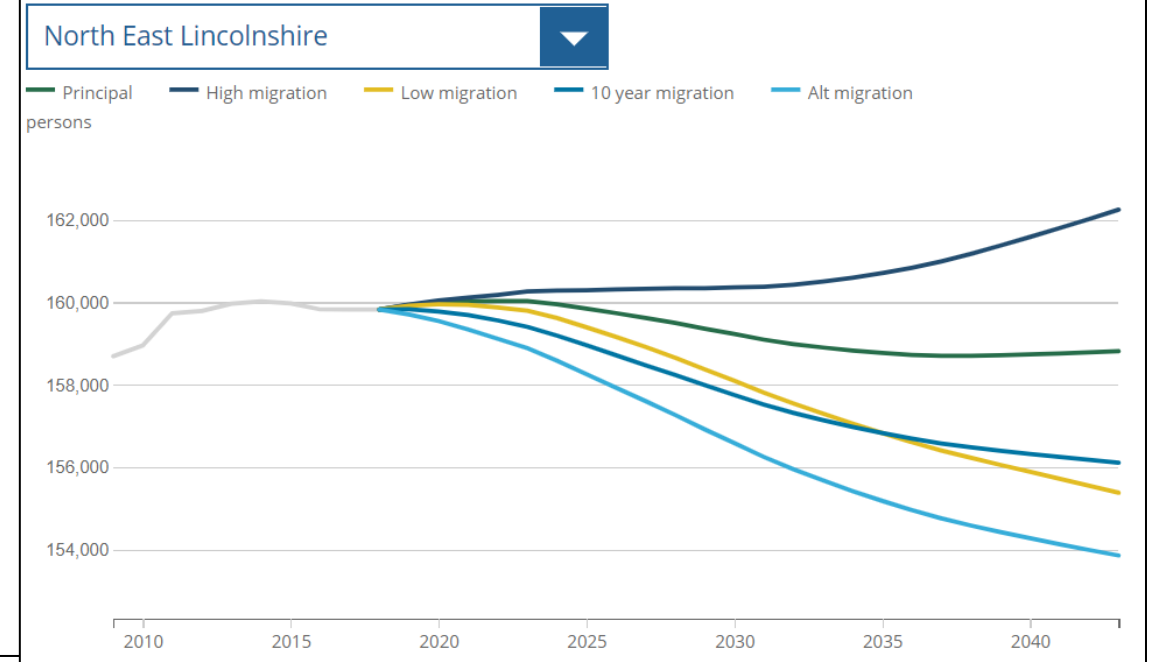
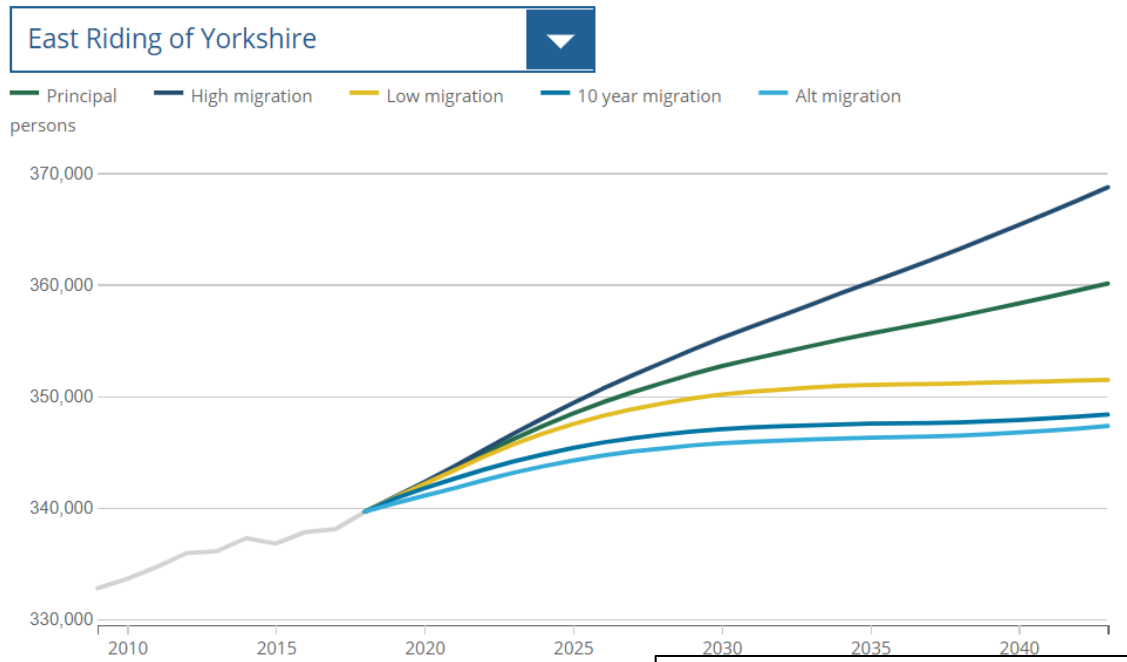


NL+2.2%

Variant population projections – mid-2009 to mid-2043

- Variant projections are based on alternative assumptions of fertility, mortality and migration to those used in the principal projection. Each variant provides an alternative set of plausible projections. They provide an indication of uncertainty but do not represent upper or lower limits of future demographic behaviour.
- a high international migration variant
- a low international migration variant
- an alternative internal migration variant
- a 10-year migration variant

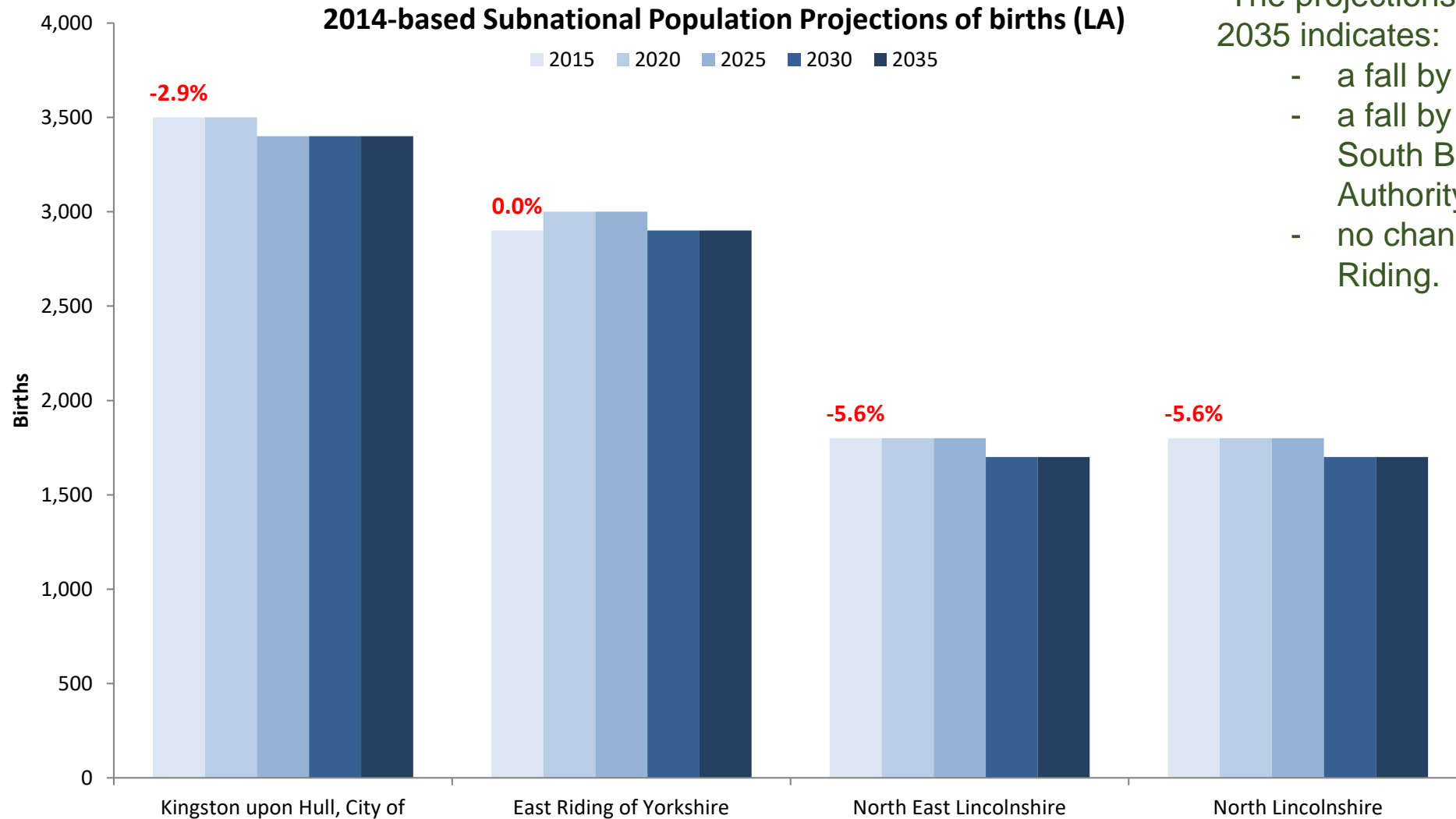




Population – Age Structure

- The age structure of an area has an impact on its projected population change.
 - The number of births in an area will be influenced by the number of women of childbearing age present in the population.
 - Areas with younger populations tend to have fewer deaths.
- Past fertility and mortality rates can also influence the underlying age structure of the starting population of the projections.
 - High fertility rates in the past may have resulted in larger cohorts in specific age groups within an area.
- In the Humber, the difference between the number of births and deaths is small
 - Most growth results from migration.
- The population is ageing in all Local Authorities, with the number of people aged 65 and over growing considerably faster than younger age groups.
- The number of people aged 65 and over is also projected to increase for every Local Authority in the 10 years to mid-2028.

Population: Future projections of births



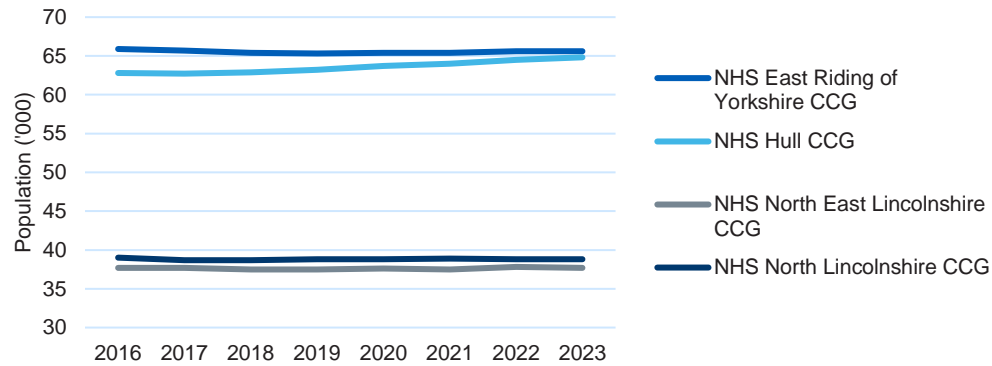
•The projections for births in 2035 indicates:

- a fall by 2.9% in Hull;
- a fall by 5.6% in the South Bank Local Authority area; and
- no change for the East Riding.

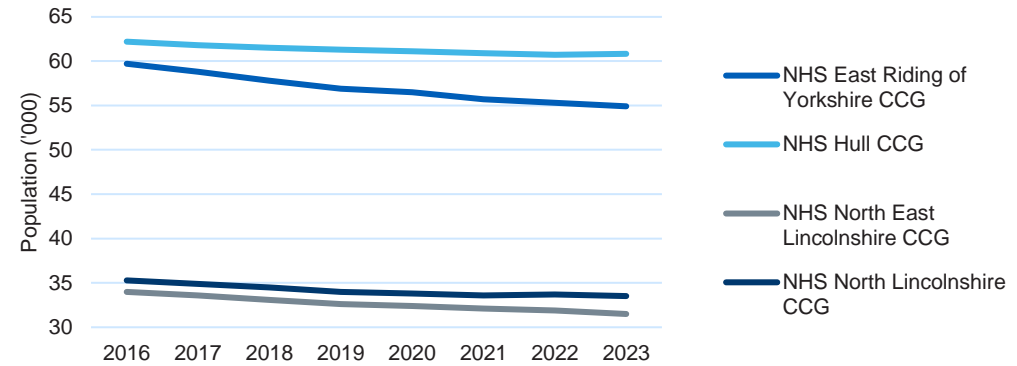
Humber Population Projections

The Office for National Statistics projects a decline in the population of people under 60 and growth in the population over 60

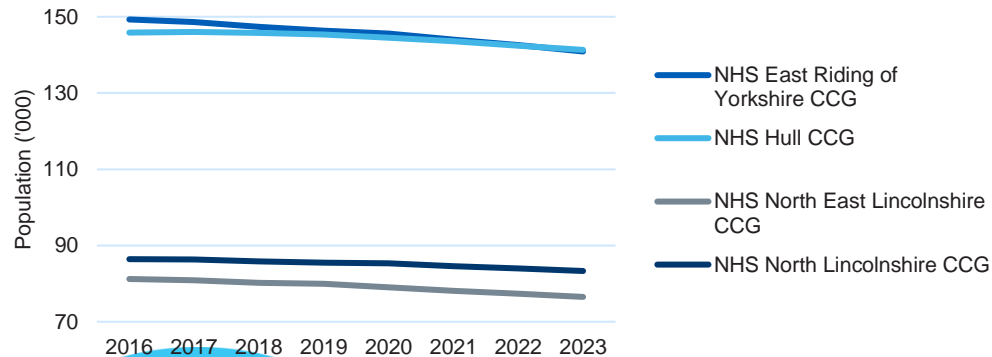
Population projection for children - The population of children (ages 0-19) is expected to decrease gradually by 2023 across the four CCGs.



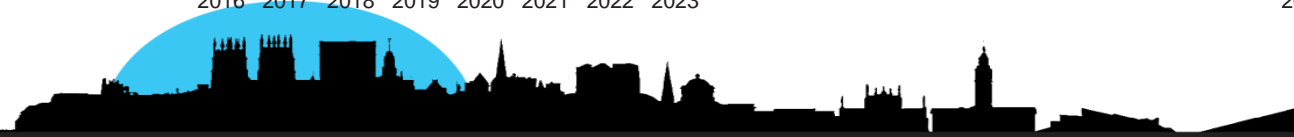
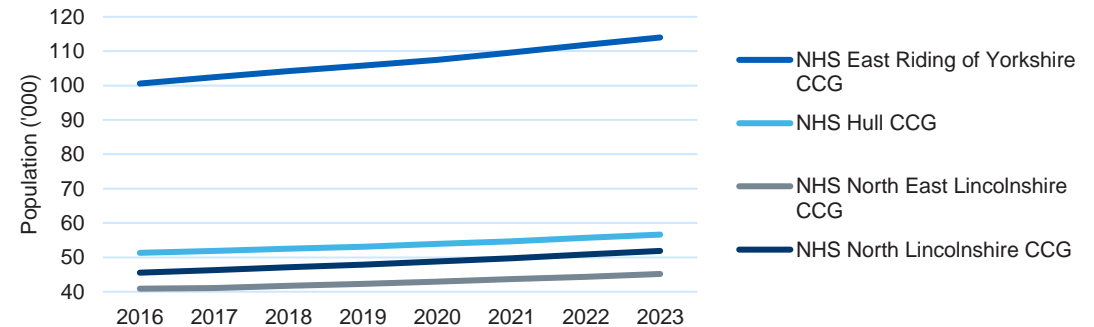
Population projection for women of childbearing age - The population of women of childbearing age (ages 15-49) is expected to decline by, on average, 0.8% year on year across the four CCGs.



Population projection for persons aged 20-59 - The population of persons aged 20-59 is expected to decline by, on average, 0.7% year on year across the four CCGs.



Population projection for persons over 60 - The population of persons aged over 60 is expected to grow by, on average, 1.6% year on year across the four CCGs.



Future projections of emergency admissions

Based on projected population changes by age and sex, it is estimated that emergency inpatient admissions will increase by around 6% by 2026, the greatest increase predicted in ERoY CCG.

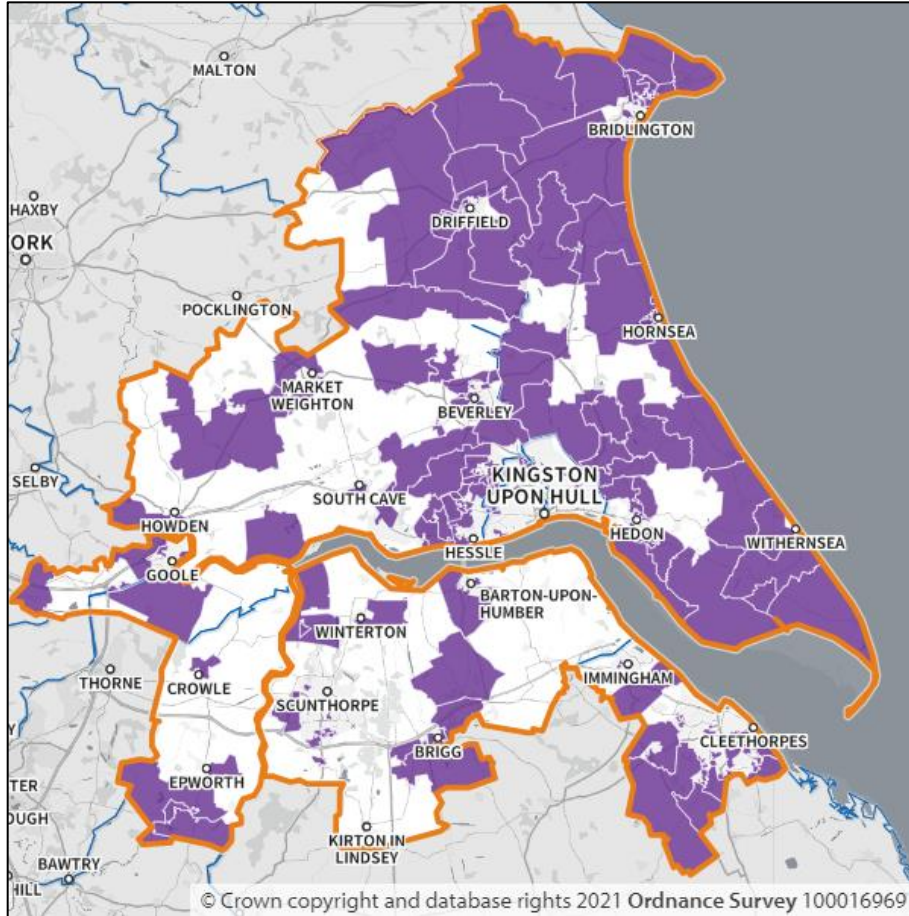
Inpatient admissions in 2016/17 and projected admissions in 2026 based on all CCG residents

	2016/17 inpatient admissions	Projected 2026 inpatient admissions	Projected increase
NHS East Riding of Yorkshire CCG	37900	41800	10.3%
NHS Hull CCG	38000	38800	2.1%
NHS North East Lincolnshire CCG	18800	19200	2.1%
NHS North Lincolnshire CCG	23400	25200	7.7%
Humber	118100	125000	5.8%

Inpatient admissions in 2016/17 and projected admissions in 2026 based on CCG residents attending Humber trusts

	2016/17 inpatient admissions	Projected 2026 inpatient admissions	Projected increase
NHS East Riding of Yorkshire CCG	26700	29600	10.9%
NHS Hull CCG	36800	37700	2.4%
NHS North East Lincolnshire CCG	18200	18700	2.7%
NHS North Lincolnshire CCG	22100	23800	7.7%
Humber	103800	109800	5.8%

LSOAs with greatest proportion of 65+ in HCV geographic area:



- Greatest proportions in coastal towns

NHS East Riding of Yorkshire CCG, NHS Hull CCG, NHS North East Lincolnshire CCG, NHS North Lincolnshire CCG's estimated population in mid-2019 for ages 65-90+ is **21.14%** (192,061) within a range of 2.37% to 56.67% across 569 LSOAs.

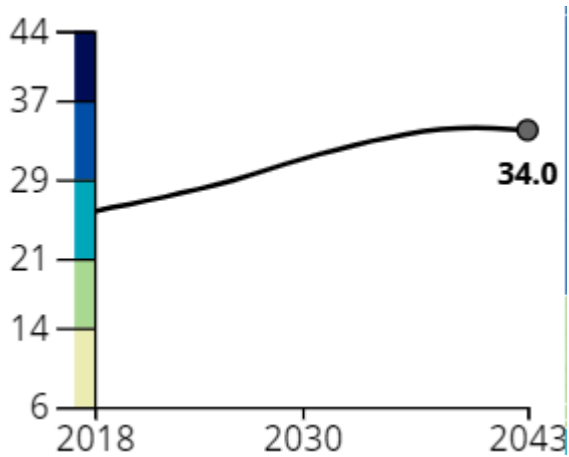
The England-wide LSOA distribution is 0.17% to 61.32% with a mean value of **19.27%**.

There are 170 Humber LSOAs where proportion of population > 65 is more than 26% (i.e. in the highest quintile), top 10:

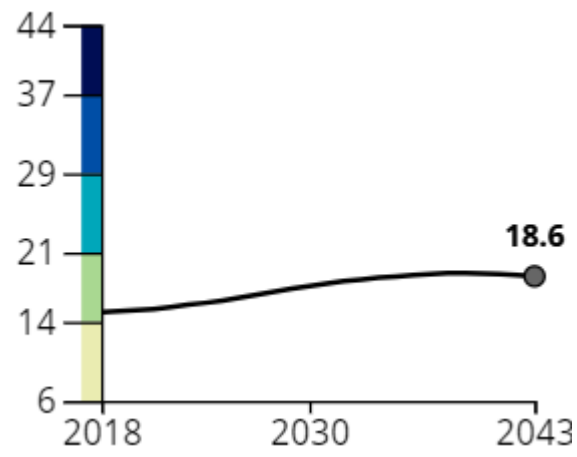
	LSOA	Post Code Area	% population >65	Area
1	E01012942	YO15 1../YO16 6..	56.67%	Bridlington / ERY
2	E01012941	YO16 6 / 7..	52.21%	Bridlington / ERY
3	E01012936	YO15 2..	49.96%	Bridlington / ERY
4	E01012935	YO16 6..	46.49%	Bridlington / ERY
5	E01013156	DN35 0../9..	45.73%	Cleethorpes / NEL
6	E01013153	DN35 0..	44.39%	Cleethorpes / NEL
7	E01012940	YO16 6.. / 7..	43.97%	Bridlington / ERY
8	E01013046	HU18 1..	43.50%	Hornsea / ERY
9	E01012769	HU6 7..	42.72%	North West / Hull
10	E01012933	YO15 1.. / YO16 6..	42.37%	Flamborough / Bridlington / ERY

Proportion of people aged 65 years and over by local authority over the 25-year projection (2018 – 2043):

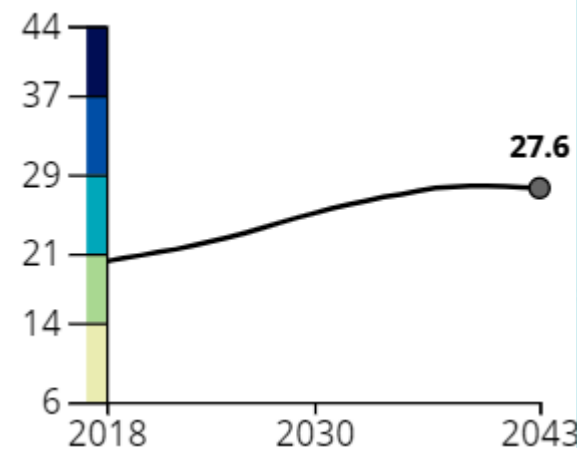
ERY



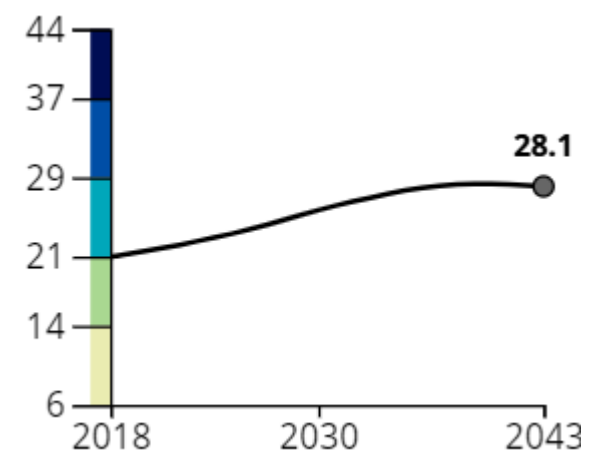
Hull



NEL



NL



Projecting Older People Population Information System (POPPI)

<https://www.poppi.org.uk/>

- View-only system is developed by the Institute of Public Care (IPC) for use by local authority planners and commissioners together with providers. It is a programme designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over.

- **ERY:**

	2020	2025	2030	2035	2040
Total population	342,200	348,400	352,700	355,600	358,300
Population aged 65 and over	90,600	99,100	109,500	118,100	122,500
Population aged 85 and over	11,200	12,900	15,000	19,400	20,600
Population aged 65 and over as a proportion of the total population	26.48%	28.44%	31.05%	33.21%	34.19%
Population aged 85 and over as a proportion of the total population	3.27%	3.70%	4.25%	5.46%	5.75%

Figures may not sum due to rounding
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- Prevalence rates from research have been used to estimate the impact of; limiting long term illness, depression, severe depression, dementia, heart attack, stroke, bronchitis/emphysema, falls, continence, visual impairment, hearing impairment, mobility, obesity, diabetes and learning disability including Down's syndrome and autistic spectrum disorders (ASD).
- PANSI - Projecting Adult Needs and Service Information – looks at 18-64 year old population
- [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](https://pansi.org.uk/)

Number of people with long term conditions such as diabetes and MSK conditions is likely to increase as the number of older people increases:

Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Musculoskeletal (MSK) Long-term Problem							
Percentage reporting a long term Musculoskeletal (MSK) problem	2020	18.6	-	22.4	21.3	21.2	21.8
% reporting at least two long-term conditions, at least one of which is MSK related	2020	13.2	-	16.2	15.6	15.5	16.7
% reporting a long term MSK problem who also report depression or anxiety	2016/17	24.1	-	18.7	30.5	20.5	23.7
Prevalence of knee osteoarthritis in people aged 45 and over	2012	18.2	19.2*	18.2	20.4	19.5	19.5
Prevalence of severe knee osteoarthritis in people aged 45 and over	2012	6.1	6.7*	6.2	7.7	6.7	6.7
Prevalence of hip osteoarthritis in people aged 45 and over	2012	10.9	11.2*	10.9	11.8	11.3	11.3
Prevalence of severe hip osteoarthritis in people aged 45 and over	2012	3.2	3.4*	3.2	3.9	3.4	3.4
Rheumatoid Arthritis: QOF prevalence (16+)	2019/20	0.8	0.9*	1.0	0.8	0.8	0.8

Compared with England ******* Better 95% Similar Worse 95% Lower Similar Higher Not compared

Quintiles: Best Worst Not applicable Quintiles: Low High Not applicable

People aged 65 and over predicted to have Type 1 or Type 2 diabetes, by age and gender, projected to 2040:

Humber

Diabetes	2020	2025	2030	2035	2040
People aged 65-74 predicted to have diabetes	14302	14369	16061	16963	16049
People aged 75 and over predicted to have diabetes	10737	12780	13933	15235	17010
Total population aged 65 and over predicted to have diabetes	25039	27149	29994	32198	33059

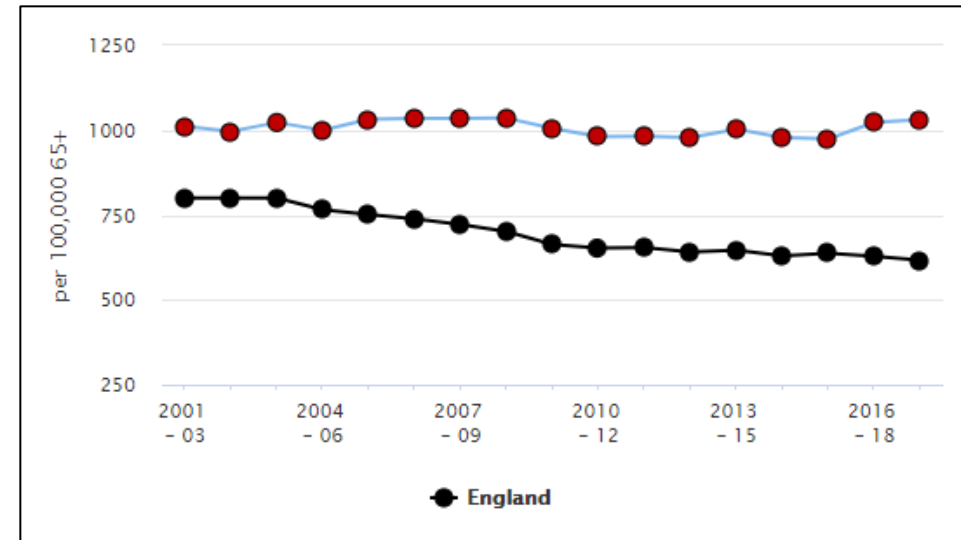
Source: <https://www.poppi.org.uk/index.php?pageNo=416&areaID=8299&loc=8299>

Indicator	Period	England	Humber County & UA (4/19-3/20)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Older people							
Life expectancy at 65 (Male)	2017 - 19	19.0	-	19.2	16.4	18.0	18.4
Life expectancy at 65 (Female)	2017 - 19	21.3	-	21.4	18.8	20.7	20.9
Healthy life expectancy at 65 (Male)	2017 - 19	10.6	-	10.6	7.9	9.5	9.4
Healthy life expectancy at 65 (Female)	2017 - 19	11.1	-	11.8	9.8	9.7	9.6

Source: Wider Determinants of Health Profile, PHE Fingertips

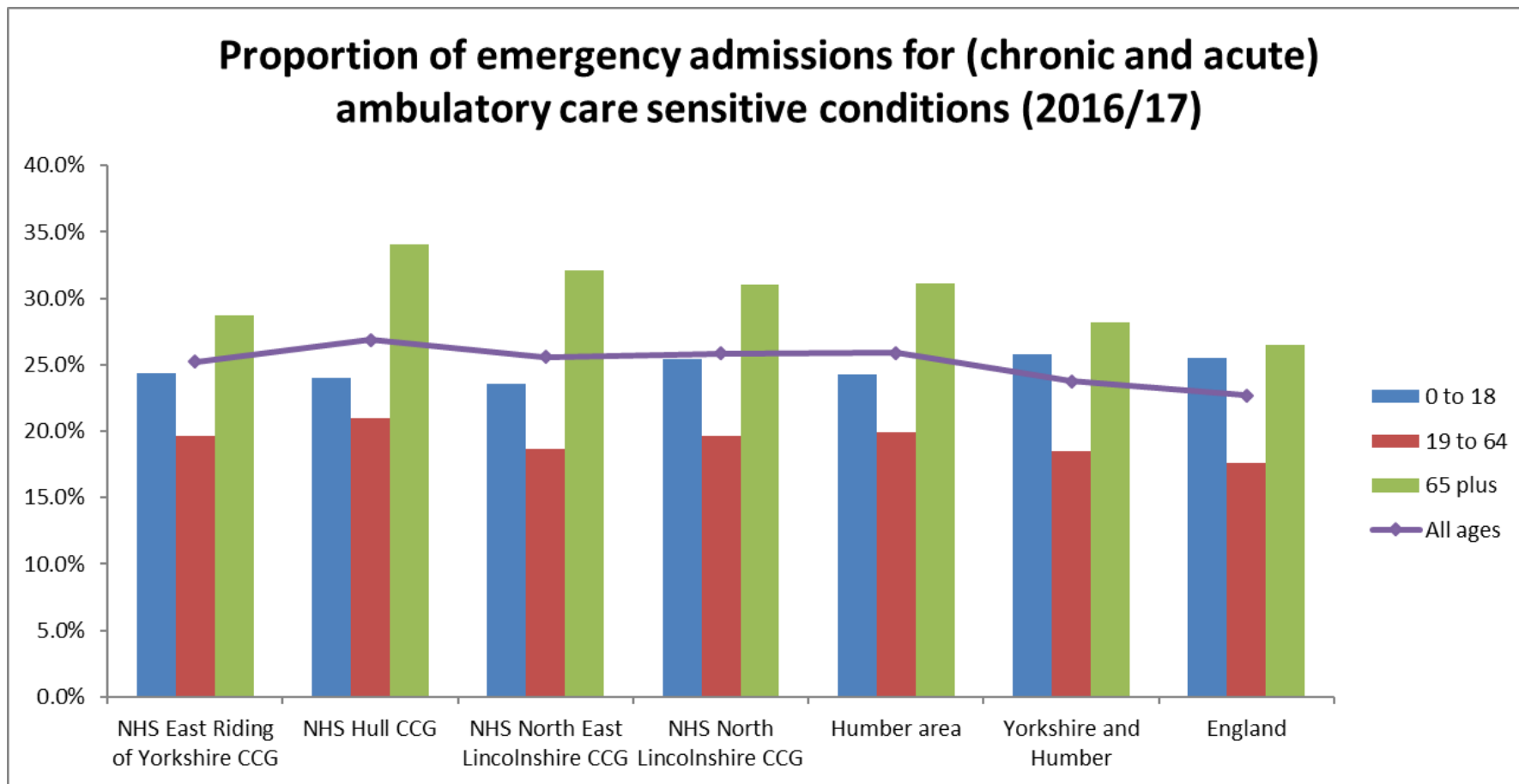
Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Mortality - Cardiovascular Disease							
Under 75 mortality rate from all cardiovascular diseases	2017 - 19	70.4	-	65.6	109.3	92.0	72.2
Mortality rate from all cardiovascular diseases, ages 65+ years	2017 - 19	1044.6	-	1147.0	1442.5	1183.8	1108.0
Mortality - Respiratory Disease							
Under 75 mortality rate from respiratory disease	2017 - 19	34.2	-	29.7	69.2	45.4	45.3
Mortality rate from respiratory disease, ages 65+ years	2017 - 19	616.1	-	598.2	1030.5	639.2	707.0
Mortality - Cancer							
Under 75 mortality rate from cancer	2017 - 19	129.2	-	120.5	165.6	152.6	136.9
Mortality rate from cancer, ages 65+ years	2017 - 19	1074.7	-	1066.5	1470.1	1211.4	1146.7
Mortality - Mental Health							
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2013 - 17	12.4	9.7*	9.5	11.5	12.8	5.1
Direct standardised rate of mortality: People with dementia (aged 65 years and over)	2019	849	-	859	1196	1106	722

Mortality Rate from respiratory diseases, 65+ - Hull
Directly standardised rate – per 100,000 65+



Inpatient activity: ACSC

Although the greatest proportion of ambulatory sensitive care conditions (ACSC) is in the 65+ group for Humber, it is worth noting the high proportion in the 0-18 group



Produced by Public Health England.

Source: Hospital Episode Statistics (HES), NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre.

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Deprivation

Public Health Impact

Poor public health indicators impact on service demand

Higher deprivation is associated with higher use of emergency care, however it is not associated with increased demand to access elective care services

- Smoking and obesity are well established modifiable risk factors for a range of long term medical conditions including cardiovascular disease, type 2 diabetes and many cancers. Higher incidence of smoking and obesity will therefore lead to a greater burden on the healthcare services in the region.
- Previous research into elective referrals in North Lincolnshire and North East Lincolnshire have demonstrated that referrals are evenly distributed throughout the different socioeconomic groups, despite an anticipated higher burden of disease in those areas with greater deprivation. This may be explained, however, by lower health literacy and utilisation of elective healthcare services, leading to later presentations and more reliance on emergency care.
- Public health initiatives and models of healthcare which educate and support patients in the community, can help to keep patients out of acute hospital wards and reduce years lost to disease.

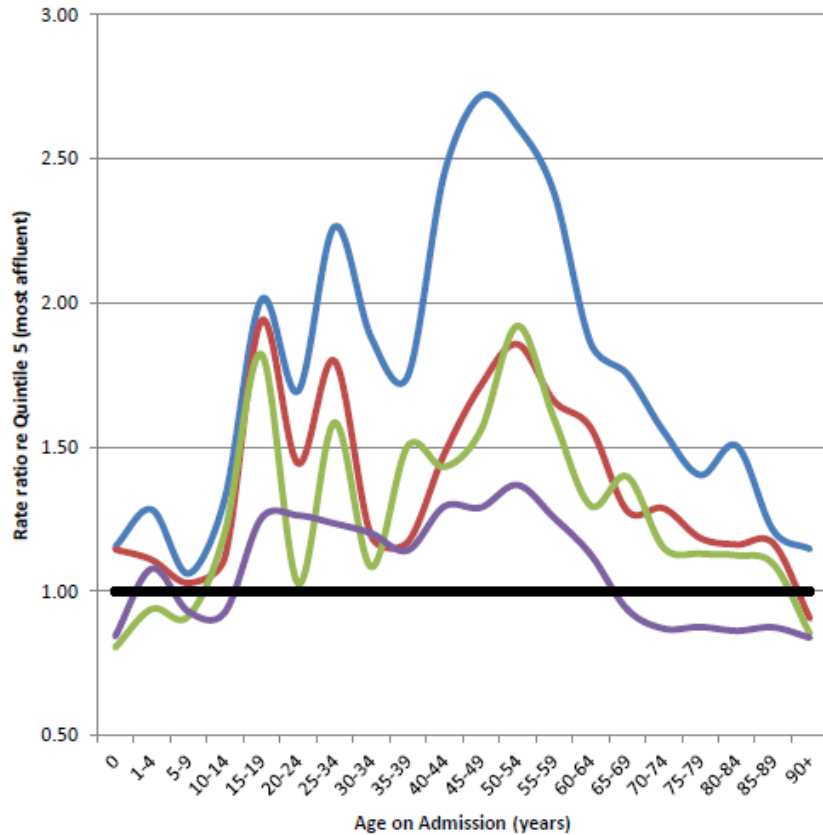


Emergency Admission by Demographics

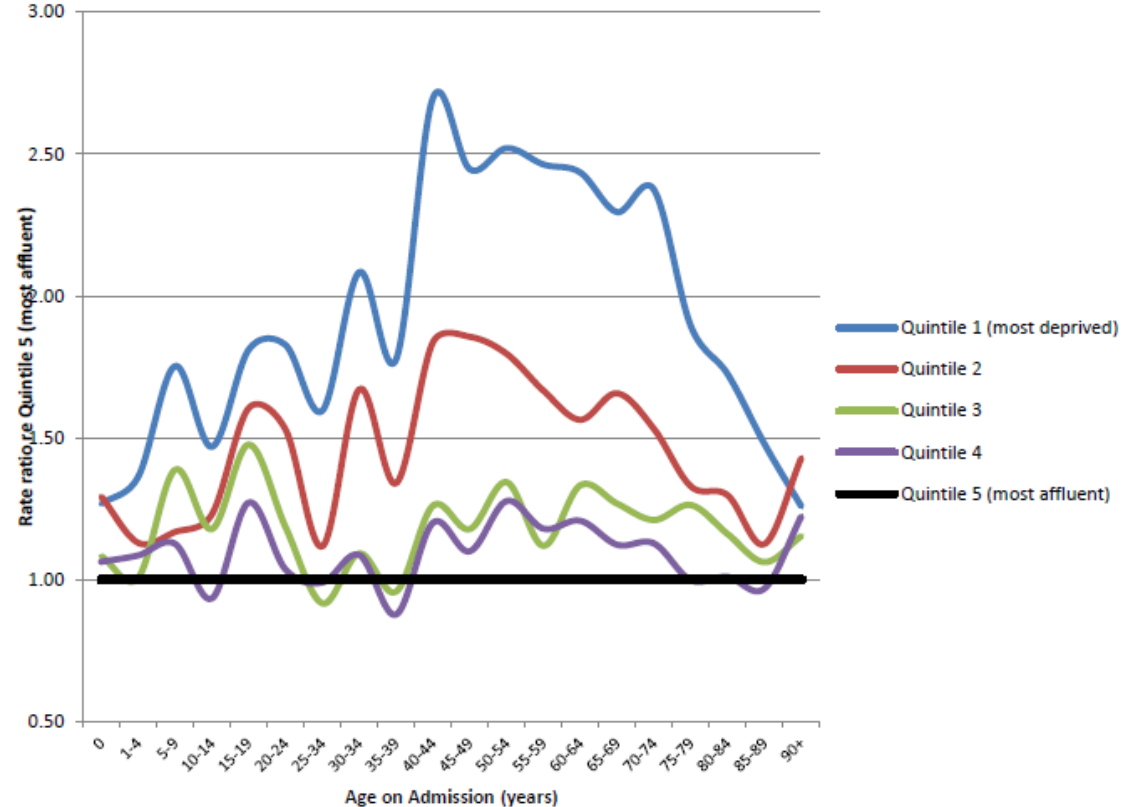
Emergency admission rates are significantly higher in deprived populations

2016 analysis of emergency admissions in North Lincolnshire and North East Lincolnshire populations demonstrated significantly higher rates of presentation from the most deprived quintile of the population Deprivation can be seen to place a direct burden on the urgent and emergency services.

NORTH EAST LINCOLNSHIRE EMERGENCY HOSPITAL ADMISSION RATES
RELATIVE TO 20% MOST AFFLUENT NATIONAL LSOAs (2012/13 to 2014/15)



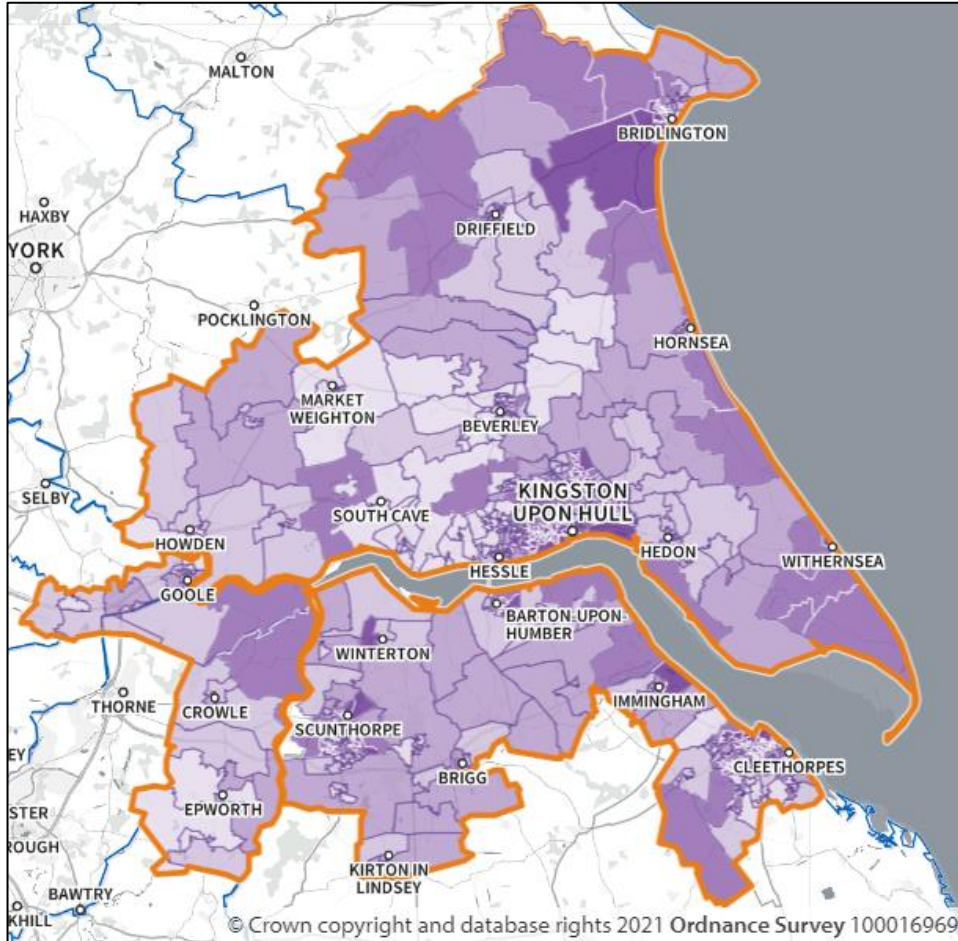
NORTH LINCOLNSHIRE EMERGENCY HOSPITAL ADMISSION RATES
RELATIVE TO 20% MOST AFFLUENT NATIONAL LSOAs (2012/13 to 2014/15)



Source: Burden of Disease in Northern Lincolnshire, August 2016
(Healthy Lives, healthy futures)



Deprivation (SHAPE tool)

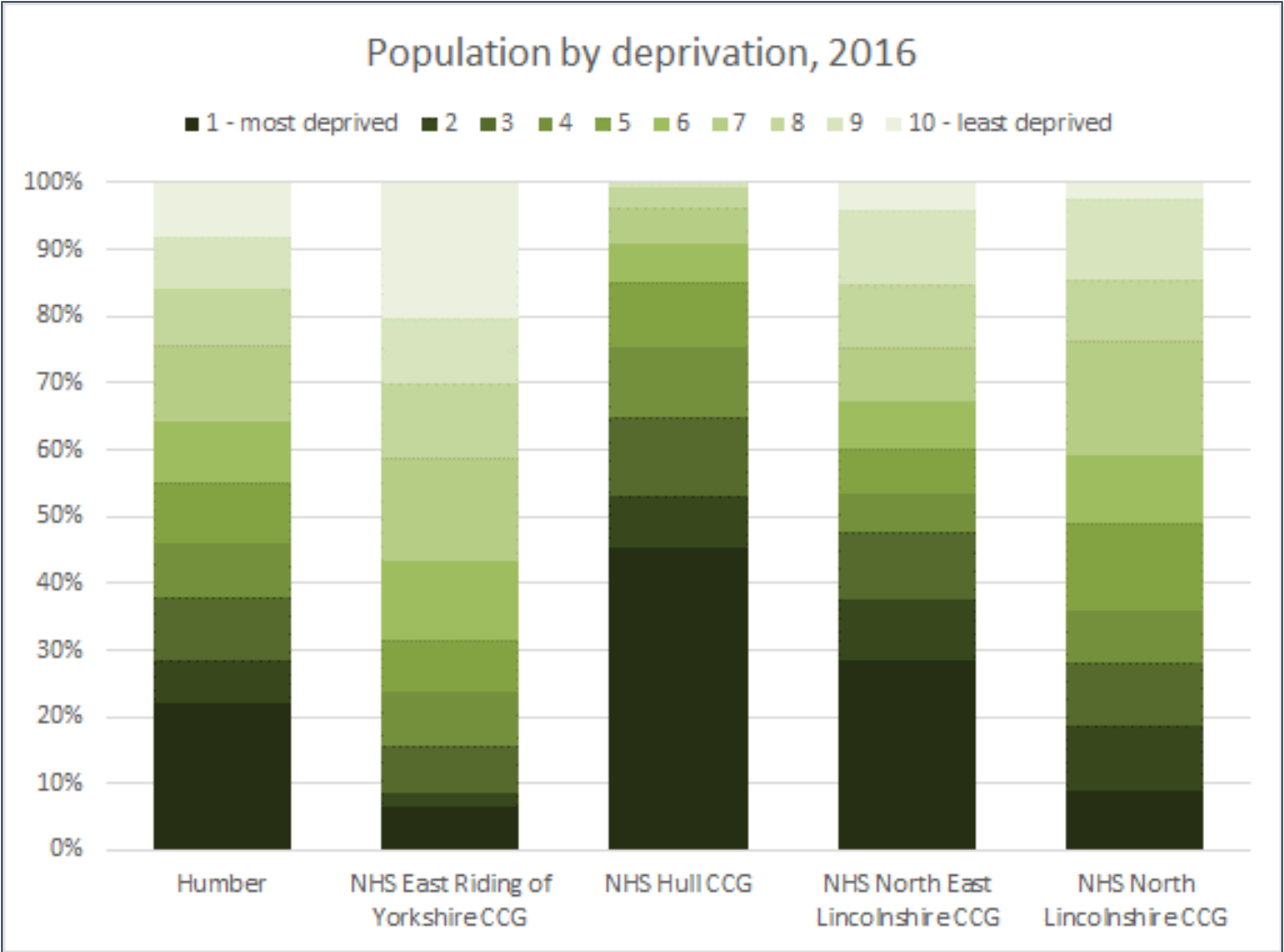


Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial

- Average IMD score for Humber CCG areas combined = **26.93**
- England mean value of **21.67**
- **ERY** is in socioeconomic decile 9 = **least deprived**
- **Hull** is in socioeconomic decile 1 = **most deprived**
- **NEL** is in socioeconomic decile 2 = **most deprived**
- **NL** is in socioeconomic decile 6 = **average**
- East Riding has the lowest average IMD score (**16.08**) however some areas, particularly in Bridlington, Goole and Withernsea, have some of the highest levels of poverty in England. These areas are characterised by low incomes, high unemployment, poor health, higher levels of crime and anti-social behaviour and low educational achievement.

Area	Lowest / Least Deprived		Highest / Most Deprived		Variance	Mean IMD
	IMD Score	Post Code	IMD Score	Post Code		
NHS ERY CCG	1.88	HU15 1	78.1	YO15 2	76.22	16.08
NHS Hull CCG	6.75	HU7 3	82.19	HU9 5	75.44	40.56
NHS North East Lincolnshire CCG	3.84	DN36 4	81.74	DN32 7	77.9	31.34
NHS North Lincolnshire CCG	3.82	DN17 3	70.66	DN17 1	66.84	22.13

Population % by deprivation decile



Source data:
[Link](#)

Emergency (inc maternity) admissions by provider and deprivation decile (14/15 – 16/17 pooled)

A third of the Humber residents who attend Hull & EY are from the most deprived decile, and 8.9% from the least deprived (despite no Hull CCG residents being the least deprived decile nationally)

22% of Humber residents who attend NLAG are from the most deprived decile and 2.4% from the least deprived.

For non-Humber residents 8.3% who went to Hull & EY and 11.2% who went to NLAG were from the most deprived decile

	Humber residents		Non-Humber residents	
	Most deprived	Least deprived	Most deprived	Least deprived
NL & Goole Trust	22.2%	2.4%	11.2%	2.1%
Hull & EY Trust	33.4%	8.9%	8.3%	6.2%

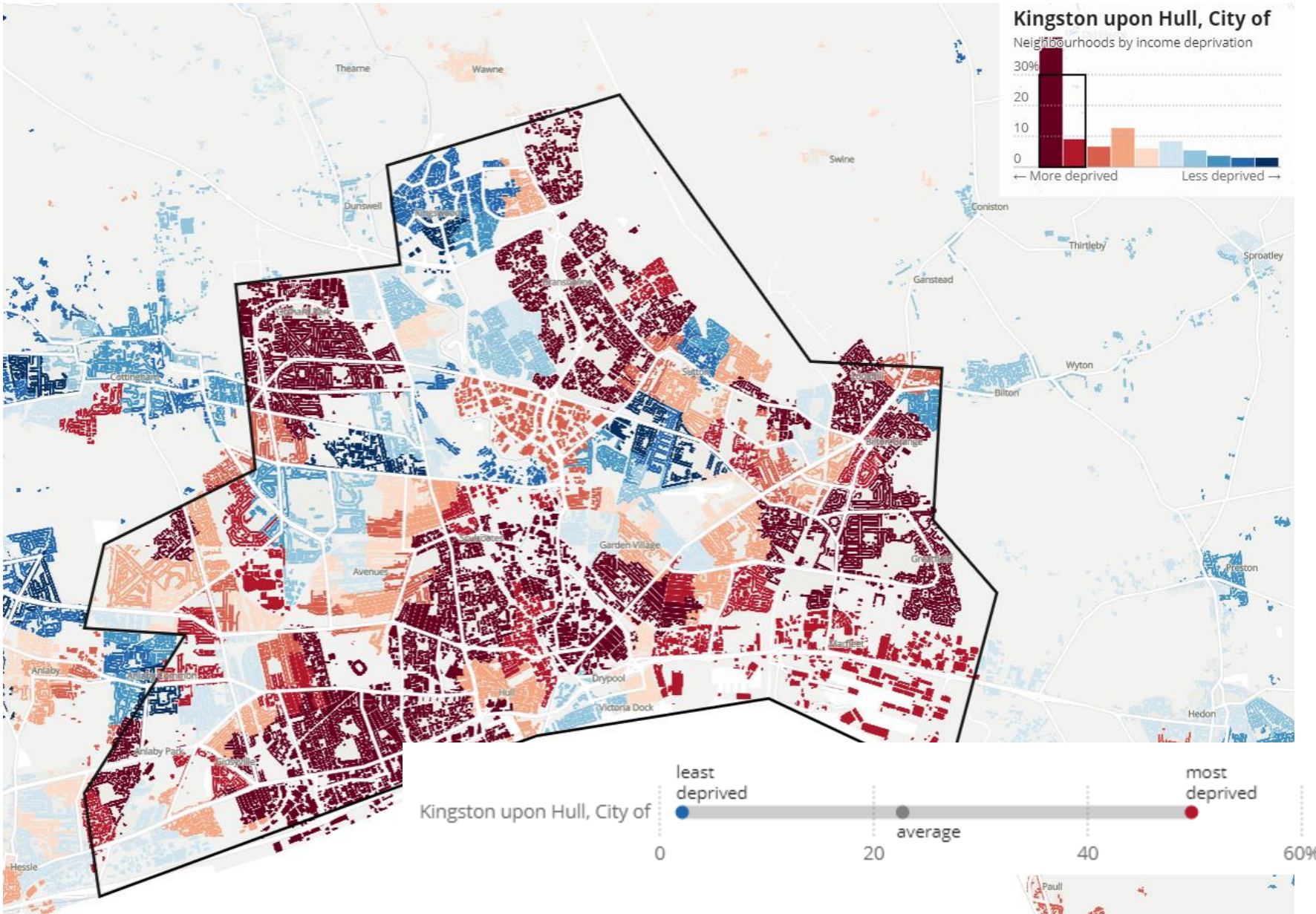
Income Deprivation - [Exploring local income deprivation \(ons.gov.uk\)](https://ons.gov.uk)

Of the 166 neighbourhoods in Hull, 85 were among the 20% most income deprived in England – shown in the first 2 bars in the chart.

Only 10 LSOAs were in the 20% least income deprived in England – last 2 bars on the chart.

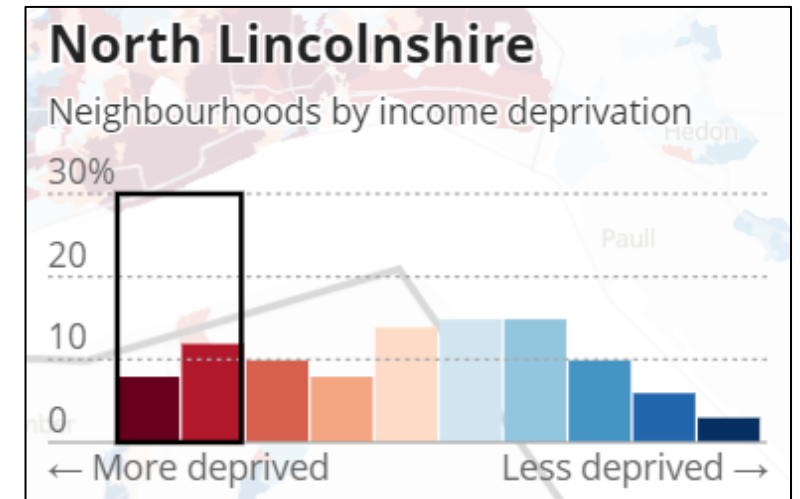
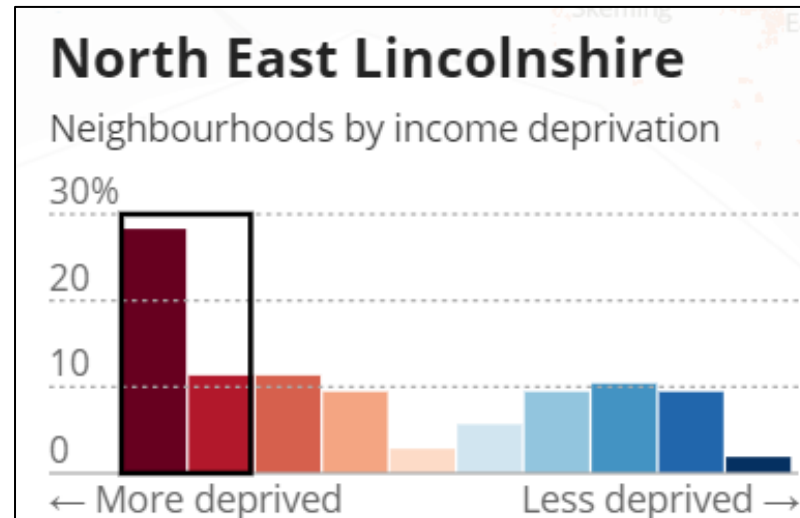
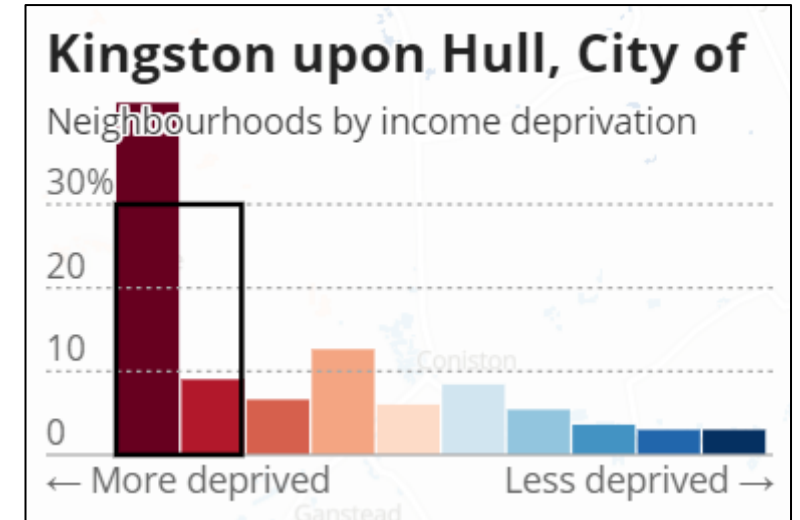
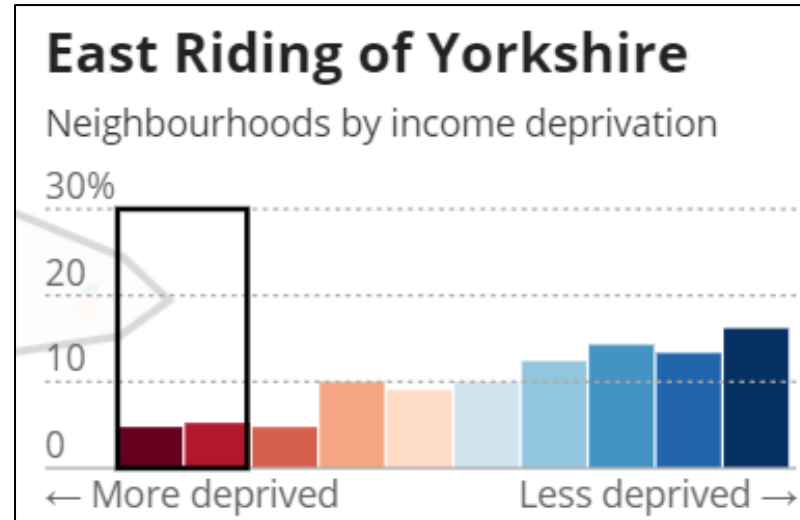
In the least deprived neighbourhood in Kingston upon Hull, 2.1% of people are estimated to be income-deprived. In the most deprived neighbourhood, 49.7% of people are estimated to be income-deprived. The gap between these two is 47.6 percentage points in Kingston upon Hull. Ranked 18th out of local authorities for the largest deprivation gaps between neighbourhoods.

Overall income deprivation score for Kingston upon Hull is **22.7%**.



% of population income deprived / rank out of Local Authorities:

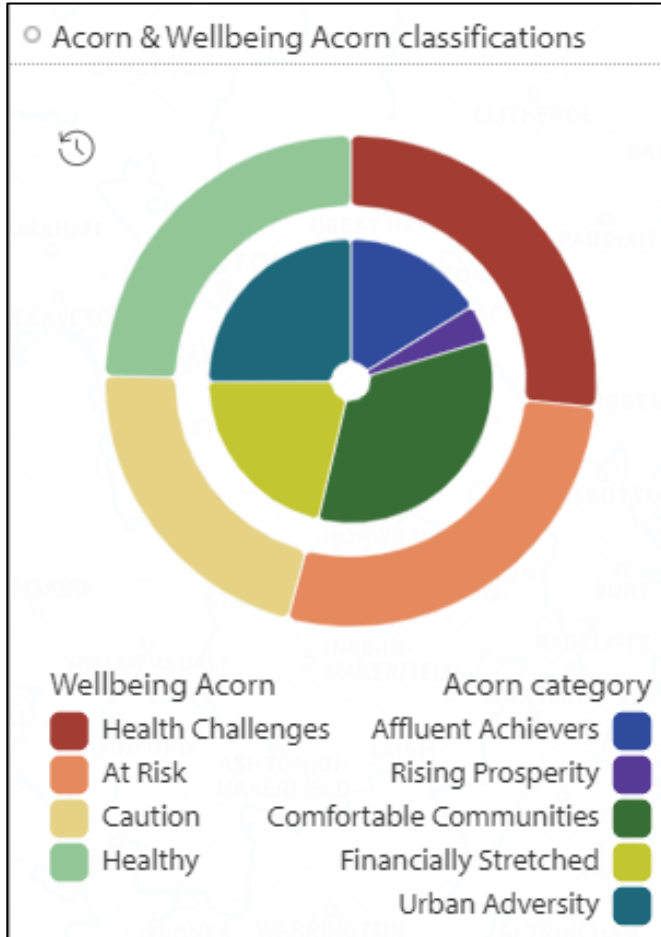
- **ERY** 9.6% (194 / 316)
- **Hull** 22.7% (6 / 316)
- **NEL** 19.0% (26 / 316)
- **NL** 13.3% (106 / 316)



Acorn Indicators

Geodemographic Segmentation

Acorn is a segmentation tool which categorises the UK's population into demographic types:



Total Population 898,086
living in 395,713 households

Largest proportion of Humber population within the 'Comfortable Communities' category (33.94%)

49.42% of Hull population in 'Urban Adversity' with only 3.98% of Hull population classed as 'Affluent Achievers'.

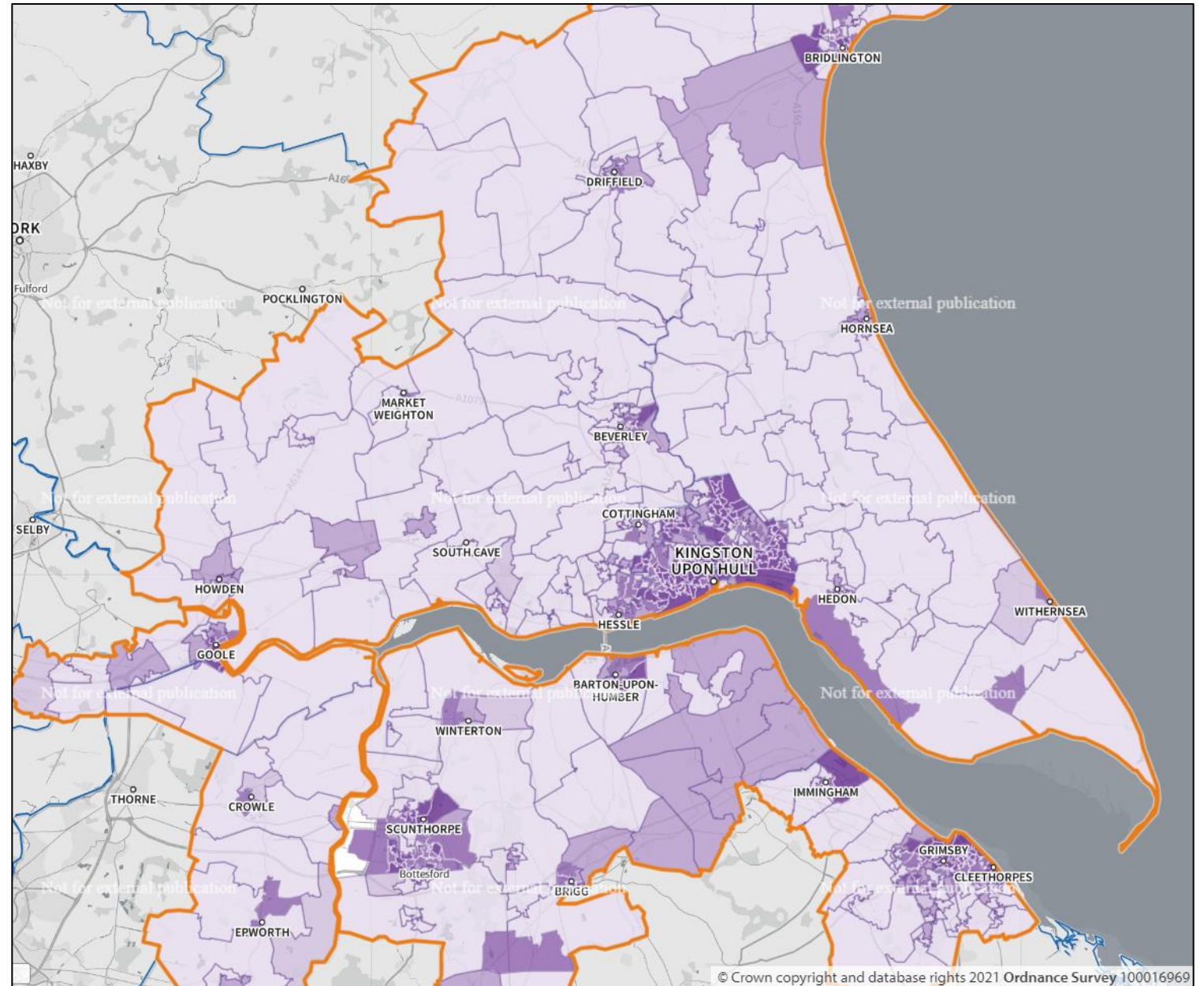
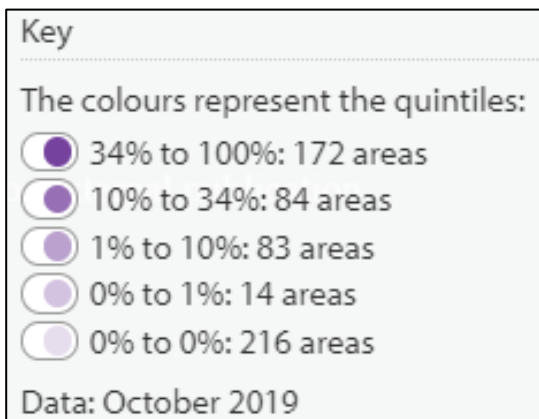
NEL population a split of 'Comfortable Communities' (30.75%) and 'Urban Adversity' (31.93%).

Acorn Category	Area	Population in category	Total population	% of total population in group
Affluent Achievers	Humber	148,466	898,086	16.53%
	ERY	89,134	311,985	28.57%
	Hull	10,306	258,895	3.98%
	NEL	24,894	158,108	15.74%
	NL	24,132	169,098	14.27%
Rising Prosperity	Humber	21,014	898,086	2.34%
	ERY	9,341	311,985	2.99%
	Hull	7,043	258,895	2.72%
	NEL	1,506	158,108	0.95%
	NL	3,124	169,098	1.85%
Comfortable Communities	Humber	304,812	898,086	33.94%
	ERY	126,754	311,985	40.63%
	Hull	48,692	258,895	18.81%
	NEL	48,623	158,108	30.75%
	NL	80,743	169,098	47.75%
Financially Stretched	Humber	194,660	898,086	21.67%
	ERY	62,999	311,985	20.19%
	Hull	64,899	258,895	25.07%
	NEL	32,608	158,108	20.62%
	NL	34,154	169,098	20.20%
Urban Adversity	Humber	229,134	898,086	25.51%
	ERY	23,757	311,985	7.61%
	Hull	127,955	258,895	49.42%
	NEL	50,477	158,108	31.93%
	NL	26,945	169,098	15.93%

Acorn & Wellbeing Acorn Classifications

Urban Adversity – (25.51% of Humber Population, nearly 50% of Hull's population)

This category contains the most deprived areas of large and small towns and cities across the UK. Household incomes are low, nearly always below the national average. The level of people having difficulties with debt or having been refused credit approaches double the national average. The numbers claiming Jobseeker's Allowance and other benefits is well above the national average. Levels of qualifications are low and those in work are likely to be employed in semi-skilled or unskilled occupations.



Acorn & Wellbeing Acorn Classifications

- **Acorn and Wellbeing Acorn classifications at LSOA level for England have been provided by CACI for use by public sector users within SHAPE – not for external publication**

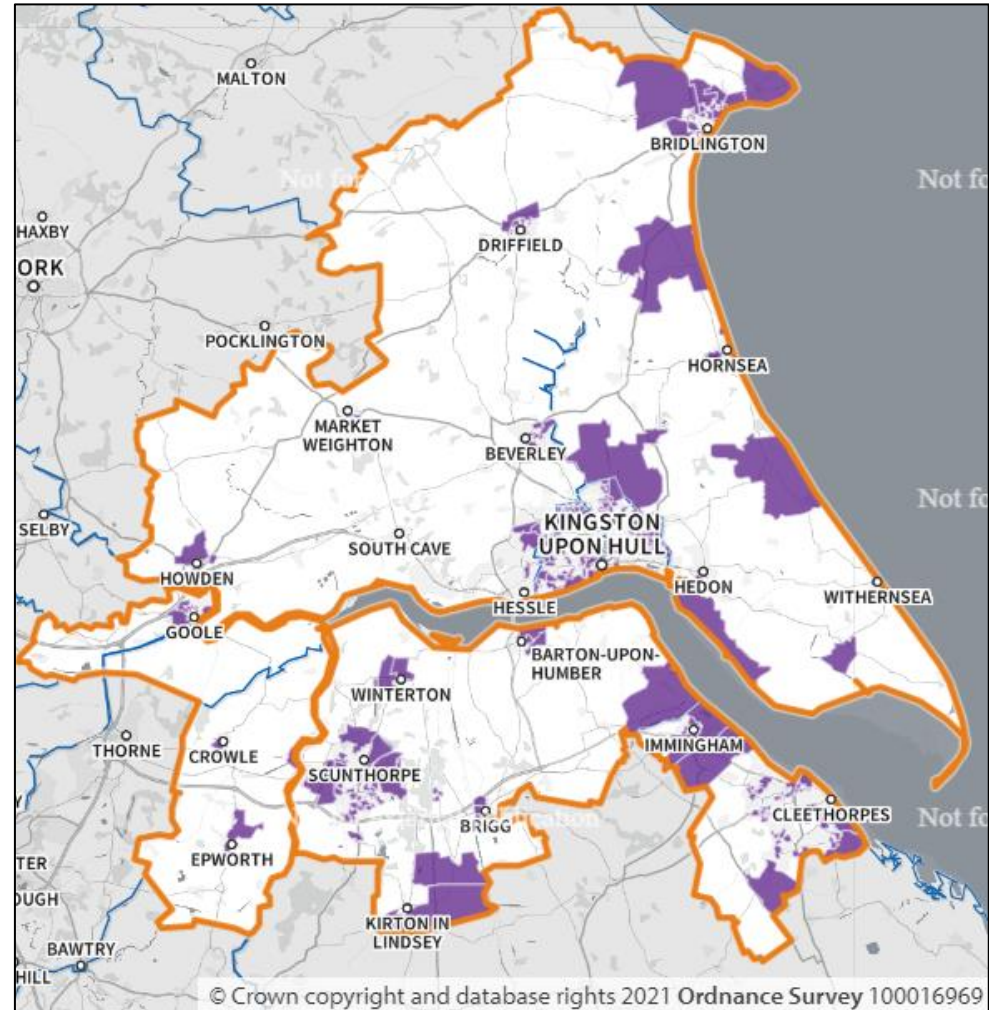
Wellbeing Acorn is a geodemographic segmentation of the UK's population specifically designed with health and wellbeing issues in mind. Wellbeing Acorn segments the population into 4 groups (Health Challenges; At Risk; Caution; Healthy)

- Issues of clustering of health lifestyle risks were recognised in the King's Fund paper on the clustering of unhealthy behaviours... "if policy-makers, public health commissioners and the NHS wish to address health inequalities, they will need to find effective ways to help people in lower socio-economic groups to reduce the number of unhealthy behaviours they have."
- Wellbeing Acorn provides the opportunity to identify these groups and their health and wellbeing needs at a local level as well as profiling existing service users to gain further insights into their behaviours and lifestyle.
- The segments reference data from the Health Survey for England as well as demographic characteristics
- Largest proportion of the Humber population fall into the 'At Risk' category (27.41%).
- 54.13% (486,094/898,086) of Humber population within the '**Health Challenges**' and '**At Risk**' groups.
- Only 5.46% of Hull's population deemed to be 'Healthy'

Acorn Wellbeing – ‘Health Challenges’:

Category	Area	Population in category	Total population	% of total population in group
Health Challenges	Humber	239,969	898,086	26.72%
	ERY	64,105	311,985	20.55%
	Hull	86,851	258,895	33.55%
	NEL	41,367	158,108	26.16%
	NL	47,646	169,098	28.18%
At Risk	Humber	246,125	898,086	27.41%
	ERY	44,232	311,985	14.18%
	Hull	110,700	258,895	42.76%
	NEL	60,141	158,108	38.04%
	NL	31,052	169,098	18.36%
Caution	Humber	190,567	898,086	21.22%
	ERY	72,179	311,985	23.14%
	Hull	47,217	258,895	18.24%
	NEL	30,357	158,108	19.20%
	NL	40,814	169,098	24.14%
Healthy	Humber	221,425	898,086	24.66%
	ERY	131,469	311,985	42.14%
	Hull	14,127	258,895	5.46%
	NEL	26,243	158,108	16.60%
	NL	49,586	169,098	29.32%

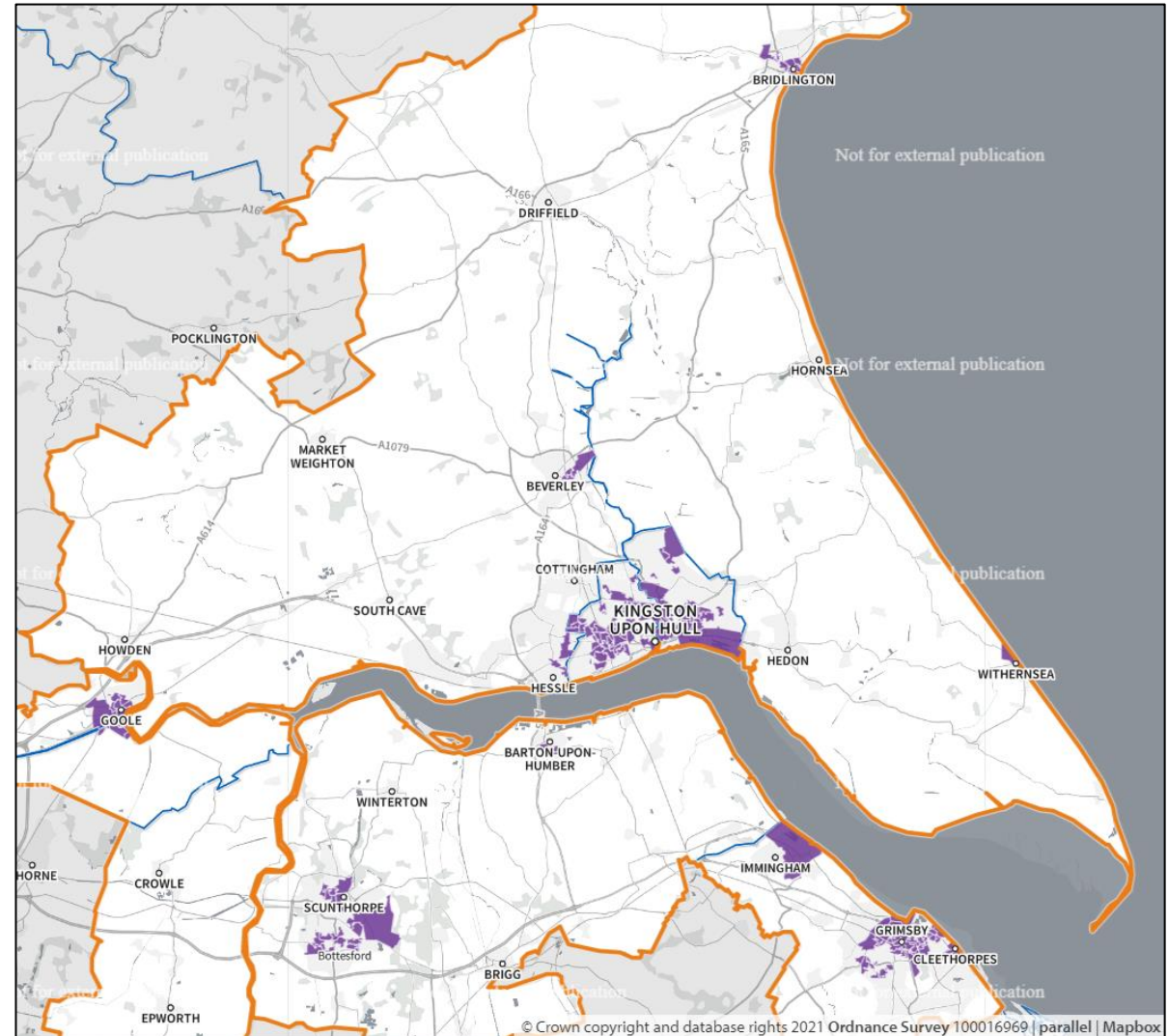
These areas contain the population with the greatest levels of illness and consequently, those with the greatest health challenges and risky behaviours now and in the past. They contain some of the oldest people in the most deprived neighbourhoods. This group contains some of the highest levels of smoking and the lowest levels of fruit and vegetable consumption. Issues around isolation and mental wellbeing are most prevalent here with many lacking a support network in their communities.



Acorn Wellbeing - At Risk:

Category	Area	Population in category	Total population	% of total population in group
Health Challenges	Humber	239,969	898,086	26.72%
	ERY	64,105	311,985	20.55%
	Hull	86,851	258,895	33.55%
	NEL	41,367	158,108	26.16%
	NL	47,646	169,098	28.18%
At Risk	Humber	246,125	898,086	27.41%
	ERY	44,232	311,985	14.18%
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	Hull	14,127	258,895	5.46%
	NEL	26,243	158,108	16.60%
	NL	49,586	169,098	29.32%

These neighbourhoods do not generally have high incidences of illness. However, multiple unhealthy behaviours, as a result of their lifestyles, could put their health at risk in the future. They have the highest rates of smoking in the country along with some alcohol concerns. Social issues such as unemployment, debt and dissatisfaction with life overall contribute to one of the lowest scores on the mental wellbeing scale. **LSOAs 44% and above highlighted below (top 20%):**



Ethnicity

Ethnicity

Ethnicity - Individuals of white ethnicity make up a greater proportion of the Humber population compared to the national average.

Local Authority	White	Asian / Asian British	Mixed / Multiple Ethnic Group	Black / African / Caribbean / Black British	Other Ethnic Group
East Riding of Yorkshire	98.12%	0.88%	0.68%	0.16%	0.16%
Hull	94.12%	2.52%	1.35%	1.17%	0.84%
North East Lincolnshire	97.37%	1.33%	0.74%	0.26%	0.29%
North Lincolnshire	95.98%	2.73%	0.74%	0.30%	0.25%
Humber	96.44%	1.78%	0.89%	0.49%	0.40%
England	86.74%	7.04%	2.13%	3.14%	0.95%

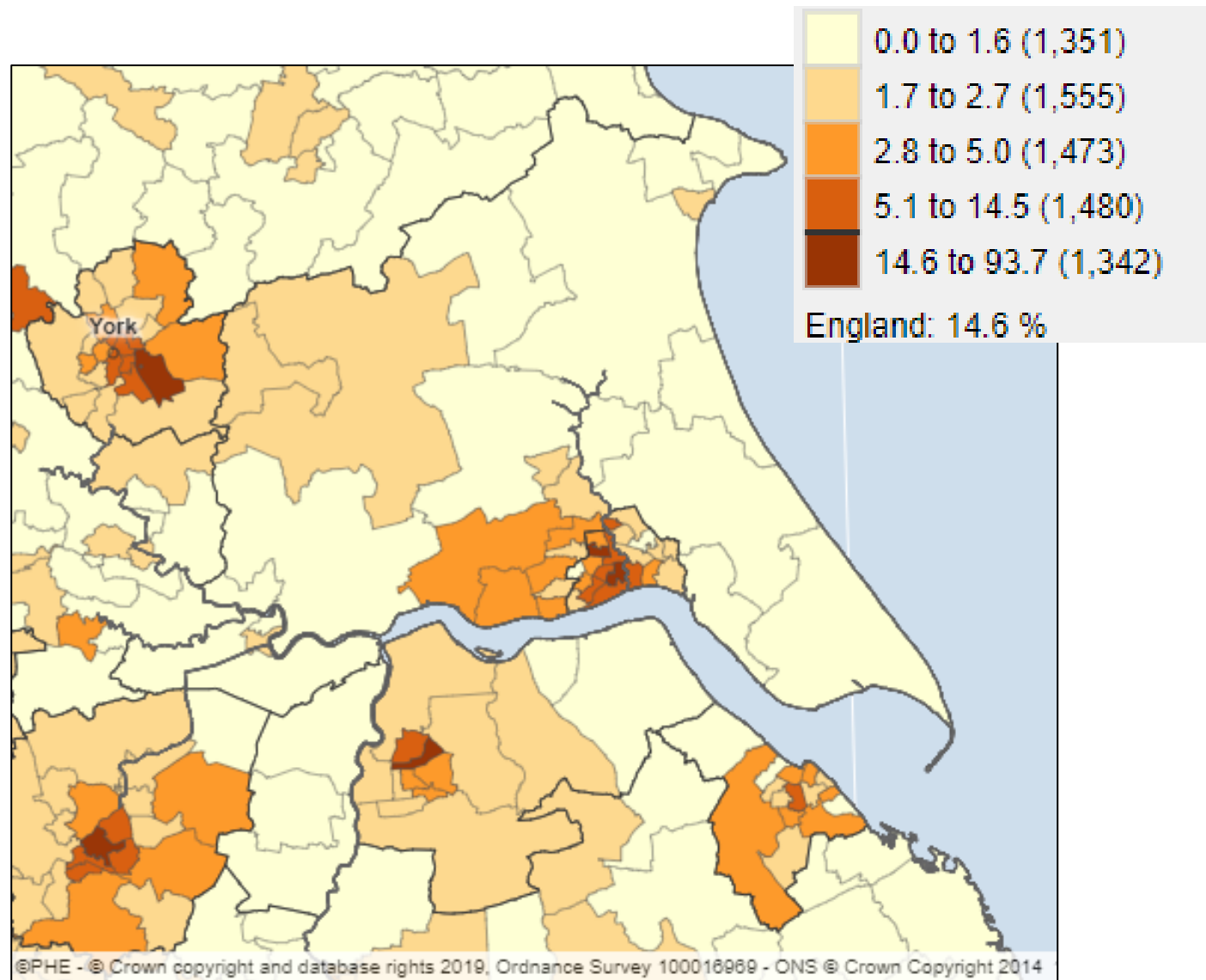
3.56% of the Humber population is not White, with the largest group being **Asian/Asian British** (1.78% overall but ranging up to over 30% in some local areas) ↓

Source: SHAPE (ONS, 2011 Census)

- Top 10 local areas for **Asian/Asian British** Population, in North Lincolnshire and Hull → → →
- 6 areas in top quintile for **Black / African / Caribbean / Black British** population, all within Hull and all West of the River.
- LSOA E01012914 (HU6 7), greatest proportion of Black/African/Caribbean/Black British and Asian/Asian British for any local area in Hull.

LSOA	Overall % Asian/Asian British Population	Area	Post Code	Decile (1 = top 10% of LSOAs)
E01013333	33.42%	NL	DN15 7	7
E01013332	31.06%	NL	DN15 7	2
E01013300	23.67%	NL	DN15 6/7/8	1
E01012914	20.05%	Hull	HU6 7	6
E01013330	16.68%	NL	DN15 5/6	2
E01013296	15.89%	NL	DN15 6/7	1
E01012870	13.9%	Hull	HU5 2	3
E01012868	11.66%	Hull	HU5 1/2	3
E01012872	11.07%	Hull	HU5 1/2	2
E01012763	11.00%	Hull	HU3 1 and HU5 2/3	2

Ward Level Black and Minority Ethnic Population, 2011 (%)



3 Wards in greatest quintile:

- **Hull / Central** 18.2%
- **Hull / University** 15.2% (student population)
- **NL / Town** 22.9% (Scunthorpe)

CCG Level, % BME population (2011):

ERY	1.9%
Hull	5.9%
NEL	2.6%
NL	4.0%

Local Authority Health Profiles

‘conversation starter’, to help local government and health services understand their community’s needs, so that they can work together to improve people’s health and reduce health inequalities



East Riding of Yorkshire

Published on 03/03/2020

Area type: Unitary authority
Region: Yorkshire and the Humber

Local Authority Health Profile 2019

This profile gives a picture of people’s health in East Riding of Yorkshire. It is designed to act as a ‘conversation starter’, to help local government and health services understand their community’s needs, so that they can work together to improve people’s health and reduce health inequalities.

Visit <https://fingertips.phe.org.uk/profile/health-profiles> for more area profiles, more information and interactive maps and tools.

Health in summary

The health of people in East Riding of Yorkshire is generally better than the England average. About 12.2% (6,370) children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities

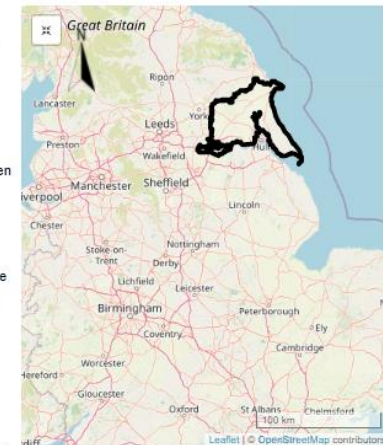
Life expectancy is 6.3 years lower for men and 3.8 years lower for women in the most deprived areas of East Riding of Yorkshire than in the least deprived areas.

Child health

In Year 6, 18.0% (609) of children are classified as obese, better than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 32*. This represents 20 admissions per year. Levels of smoking in pregnancy are worse than the England average. Levels of teenage pregnancy are better than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 641*. This represents 2,362 admissions per year. The rate for self-harm hospital admissions is 154*, better than the average for England. This represents 460 admissions per year. The rates of hip fractures in older people (aged 65+), new sexually transmitted infections and new cases of tuberculosis are better than the England average. The rate of killed and seriously injured on roads is worse than the England average. The rates of statutory homelessness, violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases and under 75 mortality rate from cancer are better than the England average.



Local Authority Health Profiles - PHE

ERY:

About 12.2% (6,370) children live in low income families

Life expectancy for both men and women is higher than the England average

Life expectancy is 6.3 years lower for men and 3.8 years lower for women in the most deprived areas of East Riding of Yorkshire than in the least deprived areas

Child Health

- The rate for alcohol-specific hospital admissions among those under 18 is 32. This represents 20 admissions per year
- Levels of smoking in pregnancy are worse than the England average
- Levels of teenage pregnancy are better than the England average

Adult Health

- The rate for self-harm hospital admissions is 154, better than the average for England
- The rates of hip fractures in older people (aged 65+), new sexually transmitted infections and new cases of tuberculosis are better than the England average
- The rate of killed and seriously injured on roads is worse than the England average
- The rates of statutory homelessness, violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases and under 75 mortality rate from cancer are better than the England average

Local Authority Health Profiles - PHE

Hull

Kingston upon Hull is one of the 20% most deprived districts/unitary authorities in England, about 27.4% (14,430) children live in low income families.

Life expectancy for both men and women is lower than the England average

Life expectancy is 12.7 years lower for men and 10.2 years lower for women in the most deprived areas of Kingston upon Hull than in the least deprived areas.

Child Health

- Year 6, 21.7% (680) of children are classified as obese, worse than the average for England
- Rate for alcohol-specific hospital admissions among those under 18 is 62*, worse than the average for England. This represents 35 admissions per year
- Levels of teenage pregnancy, GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average

Adult Health

- rate for alcohol-related harm hospital admissions is 907, worse than the average for England. This represents 2,133 admissions per year
- rate for self-harm hospital admissions is 256, worse than the average for England. This represents 685 admissions per year.
- Estimated levels of excess weight in adults (aged 18+), smoking prevalence in adults (aged 18+), smoking prevalence (in routine and manual occupations) and physically active adults (aged 19+) are worse than the England average.
- The rate of new cases of tuberculosis is better than the England average
- Rates of hip fractures in older people (aged 65+) and killed and seriously injured on roads are worse than the England average. The rates of statutory homelessness, violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are worse than the England average.

Local Authority Health Profiles - PHE

North East Lincolnshire

North East Lincolnshire is one of the 20% most deprived districts/unitary authorities in England, about 26% (7,815) children live in low income families

Life expectancy for both men and women is lower than the England average

Life expectancy is 13.1 years lower for men and 9.1 years lower for women in the most deprived areas of North East Lincolnshire than in the least deprived areas

Child Health

- Year 6, 21.0% (393) of children are classified as obese
- Rate for alcohol-specific hospital admissions among those under 18 is 29. This represents 10 admissions per year.
- Levels of teenage pregnancy, GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average

Adult Health

- Rate for alcohol-related harm hospital admissions is 654. This represents 1,031 admissions per year
- The rate for self-harm hospital admissions is 207. This represents 315 admissions per year.
- Estimated levels of excess weight in adults (aged 18+), smoking prevalence in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average.
- Rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average
- Rate of killed and seriously injured on roads is worse than the England average
- Rates of statutory homelessness, under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are worse than the England average

Local Authority Health Profiles - PHE

North Lincolnshire

About 18.7% (5,655) children live in low income families

Life expectancy for both men and women is lower than the England average

Life expectancy is 9.7 years lower for men and 9.1 years lower for women in the most deprived areas of North Lincolnshire than in the least deprived areas

Child Health

- Year 6, 20.6% (389) of children are classified as obese
- Rate for alcohol-specific hospital admissions among those under 18 is 23. This represents 8 admissions per year.
- Levels of breastfeeding and smoking in pregnancy are worse than the England average

Adult Health

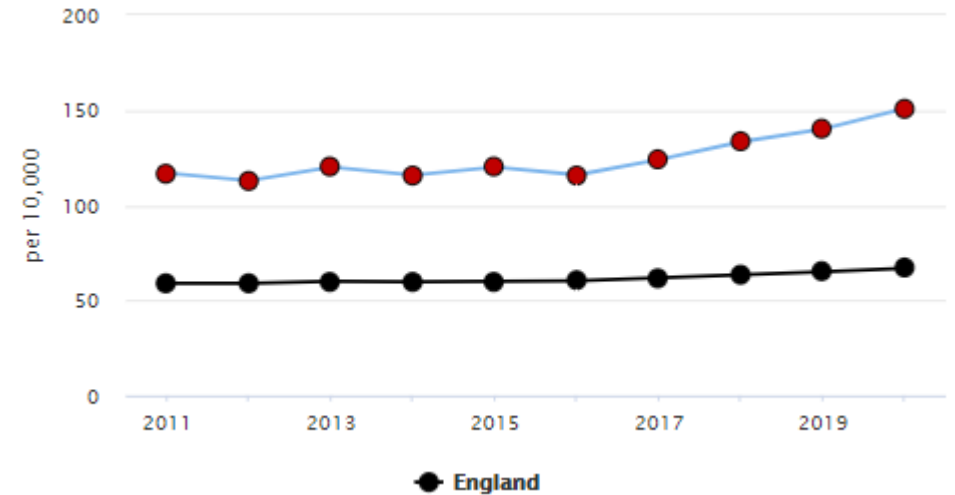
- Rate for alcohol-related harm hospital admissions is 698. This represents 1,221 admissions per year
- The rate for self-harm hospital admissions is 152, better than the average for England. This represents 250 admissions per year.
- Estimated levels of excess weight in adults (aged 18+), smoking prevalence in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average
- The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average
- The rates of hip fractures in older people (aged 65+) and killed and seriously injured on roads are worse than the England average
- The rates of under 75 mortality rate from cancer and employment (aged 16-64) are worse than the England average

Local Health & Fingertips Indicators

“Give every child the best start in life” and “Enable all children, young people and adults to maximise their capabilities and have control over their lives”

- Hospital admissions caused by injury 0-14 years
- Smoking status at time of delivery
- % 5 year olds with dental decay
- Under 18 conceptions
- **Children in care**
- Children killed or seriously injured on the roads
- Reception and year 6 prevalence of overweight and obese children
- Children in care
- Free school meal uptake
- % children achieving a good level of development at the end of Reception
- Admission episodes for alcohol related conditions
- Emergency hospital admissions for self-harm
- Flu vaccination coverage
- Health checks
- Smoking prevalence
- Physically active adults
- % adults classified as overweight or obese
- **% adults meeting the recommended 5-a-day**
- % adults walking for travel
- % adults cycling for travel

Children in Care – Hull:



Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	2019/20	55.4	-	60.9	44.4	48.9	56.2

Local Health – Community <https://www.localhealth.org.uk/>

CCG	% Black and Minority Ethnic Population (2011)	% Population who cannot speak English well or at all (2011)	Overall IMD Score, 2019	Income deprivation, English IMD, 2019 (% population)	Child Poverty, English IMD, 2019 (% 0-15 year olds)	Older People Deprivation, English IMD, 2019 (% Adults >60)	% Households Fuel Poverty, 2018	% Overcrowded houses, 2011
NHS East Riding of Yorkshire CCG	1.9	0.4	16.1	9.9	12.3	11	9.4	3.1
NHS Hull CCG	5.9	1.8	40.6	22.7	29.8	25.7	10.6	8
NHS North East Lincolnshire CCG	2.6	0.6	31.3	19	27.4	17	10.1	4.1
NHS North Lincolnshire CCG	4	1.3	22.1	13.3	18.3	13.5	9.8	3.6

CCG	Total Population (mid-2019)	% Population 0 to 15 years	% Population 50 and 64 years	% Population 65 years and over	Population density (people / km ²)
NHS East Riding of Yorkshire CCG	318,400	16.4	22.7	26.3	148.2
NHS Hull CCG	259,778	20.1	17.8	15.1	3635.8
NHS North East Lincolnshire CCG	159,563	19.4	20.4	20.6	831.7
NHS North Lincolnshire CCG	172,292	18.5	21.4	21.3	203.6

Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
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Employment, Finance & Deprivation

Percentage of people aged 16-64 in employment	2019/20	76.2	-	79.6	74.0	71.4	72.9
Deprivation score (IMD 2019)	2019	21.7	-	15.6	40.6	31.3	22.1
Older people in poverty: Income deprivation affecting older people Index (IDAOP) New data	2019	14.2	-	10.8	25.7	17.0	13.5
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs)	2019/20	2.9	-	1.3	3.9	3.8	1.3
Fuel poverty	2018	10.3	-	9.4	10.6	10.1	9.8
Percentage of people aged 65+ receiving winter fuel payments	2019/20	94.1	94.2*	94.0	95.3	93.5	94.0

Local Health – Behavioural Risk Factors and Child Health <https://www.localhealth.org.uk/>

LA	2017/18 to 2019/20		2015/16 to 2019/20		
	Accident and Emergency attendances in under 5s (per 1,000 Resident population)	Emergency admissions in under 5s (per 1,000 Resident population)	Emergency admissions for injuries in under 5s (per 10,000 Resident population)	Emergency hospital admissions for injuries in under 15 years old (per 10,000 Resident population)	Emergency hospital admissions for injuries in 15 to 24 years old (per 10,000 Resident population)
East Riding of Yorkshire	630.3	167.9	12	96.7	129.9
Kingston upon Hull, City of	1011.1	177.1	14.1	121.8	148
North East Lincolnshire	486.5	118.6	12.7	99.3	136.3
North Lincolnshire	547.4	153.1	13.1	98.8	118.7

Indicator	Period	England	Humber County & UA	East Riding of Yorkshire	Kingston upon Hull	North Lincolnshire	North East Lincolnshire
A&E attendances (0-4 years)	2018/19	655.3	728.6*	614.2	1052.5	557.9	495.0
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2019/20	91.2	99.4*	89.8	106.3	106.7	97.3
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2019/20	132.1	128.2*	137.9	127.6	105.1	135.3
Hospital admissions for asthma (under 19 years)	2019/20	160.7	107.3*	90.1	83.2	173.4	110.6
Hospital admissions for mental health conditions	2019/20	89.5	91.8*	150.7	78.4	70.2	29.0
Hospital admissions as a result of self-harm (10-24 years)	2019/20	439.2	-	369.7	345.1	209.4	348.4

Please note differing time periods between local health (over 3 and 4 year periods) and fingertips profile (annual)

Local Health – Behavioural Risk Factors and Child Health <https://www.localhealth.org.uk/>

LA	% Deliveries to teenage mothers (< 18 yrs) (2015/16 to 2019/20)	General fertility rate: live births per 1,000 women aged 15-44 years (2015 to 2019)	% Low birth weight of live babies (2015 to 2019)
East Riding of Yorkshire	0.8	56	6
Kingston upon Hull, City of	1.3	63.5	8.2
North East Lincolnshire	1.6	64.1	8
North Lincolnshire	1.3	59.6	7.4

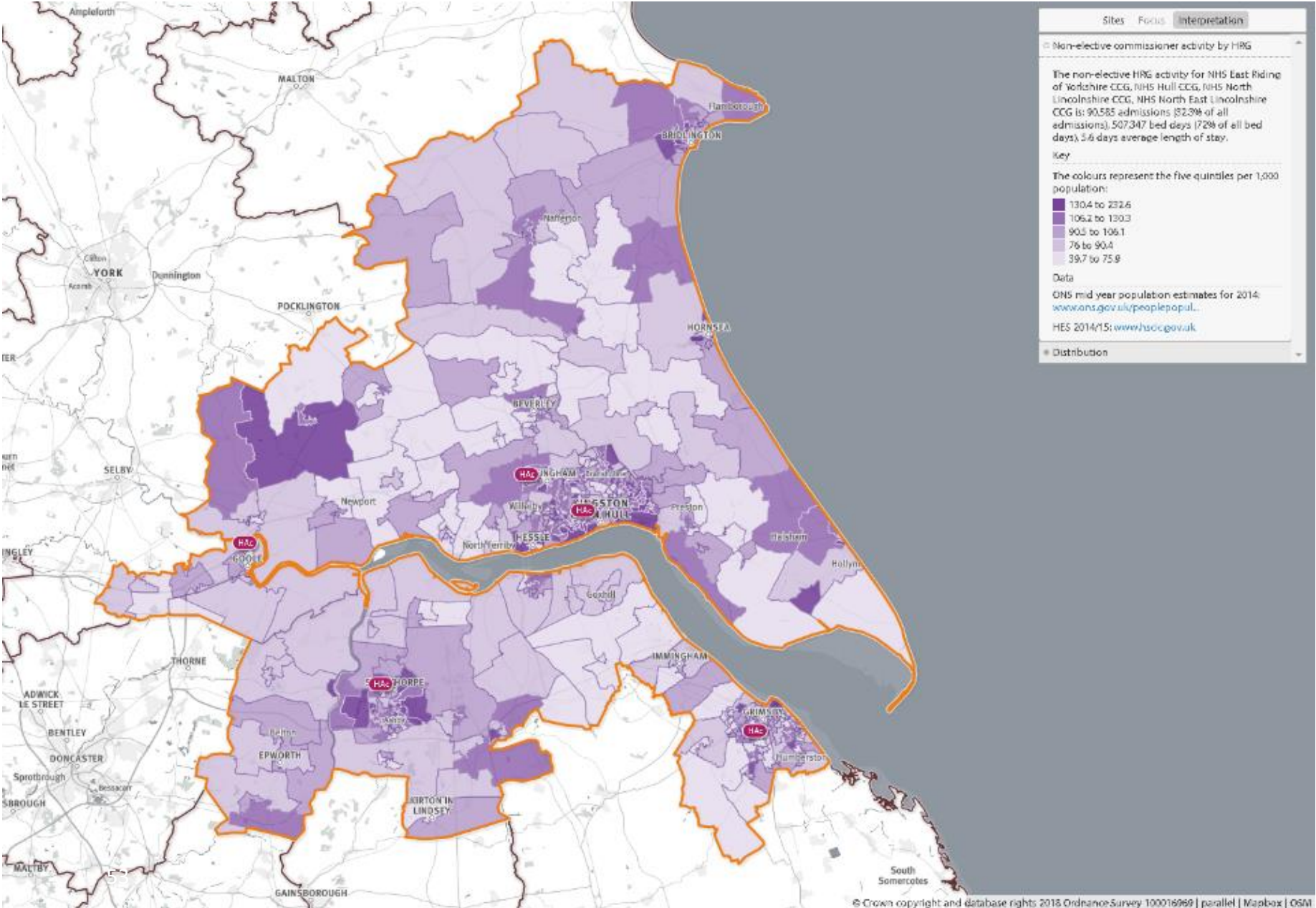
LA	Adults (aged 16+): Estimated prevalence of obesity, including overweight, by national quintile (2014)	Smoking prevalence at 15 years, Regular or Occasional (2014)	Reception: Prevalence of overweight (including obesity) 2017/18 to 2019/20	Year 6: Prevalence of overweight (including obesity) 2017/18 to 2019/20
East Riding of Yorkshire	1 - Quintile 1 Highest 20%	7.6	18.2	31
Kingston upon Hull, City of	2 - Quintile 2	8.6	28.7	37.2
North East Lincolnshire	1 - Quintile 1 Highest 20%	9.9	25.6	35.4
North Lincolnshire	1 - Quintile 1 Highest 20%	9.8	25	35.6

Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	13.9	-	12.1	22.2	22.2	17.8
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	23.2	-	23.0	28.9	35.2	29.4
Smoking prevalence in adults (18+) with serious mental illness (SMI)	2014/15	40.5	45.5*	38.0	52.3	47.8	40.8
Smoking status at time of delivery	2019/20	10.4	-	13.6	20.6	21.7	16.0
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2018/19	26.8	-	23.1	36.9	27.6	27.4
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/17	25.8	-	20.2	31.6	35.8	26.5
Smoking in early pregnancy	2018/19	12.8	-	14.3	23.2	22.5	19.4
Under 18s conception rate / 1,000	2018	16.7	22.2*	14.6	29.8	26.7	21.8
Breastfeeding prevalence at 6-8 weeks after birth - current method	2019/20	48.0*	-	45.3	33.7	*	37.0
Teenage mothers	2019/20	0.7	1.1*	0.8	1.1	1.6	1.3
Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Reception: Prevalence of overweight (including obesity)	2019/20	23.0	-	20.4*	28.4	26.1	23.0
Year 6: Prevalence of overweight (including obesity)	2019/20	35.2	35.6*	31.8*	37.6	37.0	35.8
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	62.8	-	64.6	64.5	74.6	71.5

Local Health – Disease and Poor Health <https://www.localhealth.org.uk/>

LA	2015/16 to 2019/20 (SAR)						2014 to 2018 (SIR per 100)		
	Emergency hospital admissions for all causes	Emergency hospital admissions for coronary heart disease	Emergency hospital admissions for stroke	Emergency hospital admissions for Myocardial Infarction (heart attack)	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD)	Emergency hospital admissions for hip fracture in 65+	Incidence of all cancer	Incidence of breast cancer	Incidence of colorectal cancer
Kingston upon Hull, City of	110.5	120	117	121.5	218.9	129.1	111	86.4	106
East Riding of Yorkshire	83.2	103.2	97.2	98.8	81.4	100.1	98.5	94.3	99.9
North East Lincolnshire	86.5	118.5	114.1	106.6	115.6	113.1	104.5	92	95.7
North Lincolnshire	100.8	147.6	99.8	109.8	128.8	109	104.5	94.4	104.4

Patient Flow: Map of non-elective admission rate by LSOA



Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Admission episodes for alcohol-related conditions (Narrow) (Persons)	2018/19	664	-	641	907	654	698
Admission episodes for alcohol-related conditions (Narrow) (Male)	2018/19	851	-	841	1223	877	925
Admission episodes for alcohol-related conditions (Narrow) (Female)	2018/19	494	-	460	610	448	488
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	2017/18 - 19/20	30.7	-	29.2	58.5	24.2	18.7
Admission episodes for alcohol-specific conditions - Under 18s (Male)	2017/18 - 19/20	24.9	-	20.6	68.0	28.6	18.3
Admission episodes for alcohol-specific conditions - Under 18s (Female)	2017/18 - 19/20	36.7	-	38.2	42.4	19.6	19.1

Indicator	Period	England	Humber County & UA (pre 4/19)	East Riding of Yorkshire	Kingston upon Hull	North East Lincolnshire	North Lincolnshire
Percentage of people aged 16-64 in employment	2019/20	76.2	-	79.6	74.0	71.4	72.9
Gap in the employment rate between those with a long-term health condition and the overall employment rate	2019/20	10.6	-	10.8	11.6	15.6	18.4
Gap in the employment rate between those with a learning disability and the overall employment rate	2019/20	70.6	-	73.8	73.5	60.9	69.6
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2019/20	67.2	-	61.6	61.9	59.3	66.8
Unemployment (model-based)	2019	3.9	-	3.4	7.8	5.4	4.6
Long term claimants of Jobseeker's Allowance	2020	2.6	5.3*	2.8	11.6	2.6	2.3
Economic inactivity rate	2019/20	20.6	20.7*	18.6	20.8	21.7	23.2
Employment and Support Allowance claimants	2018	5.4	6.6*	4.9	9.0	7.1	5.4
Job density	2019	0.88	-	0.77	0.82	0.77	0.82

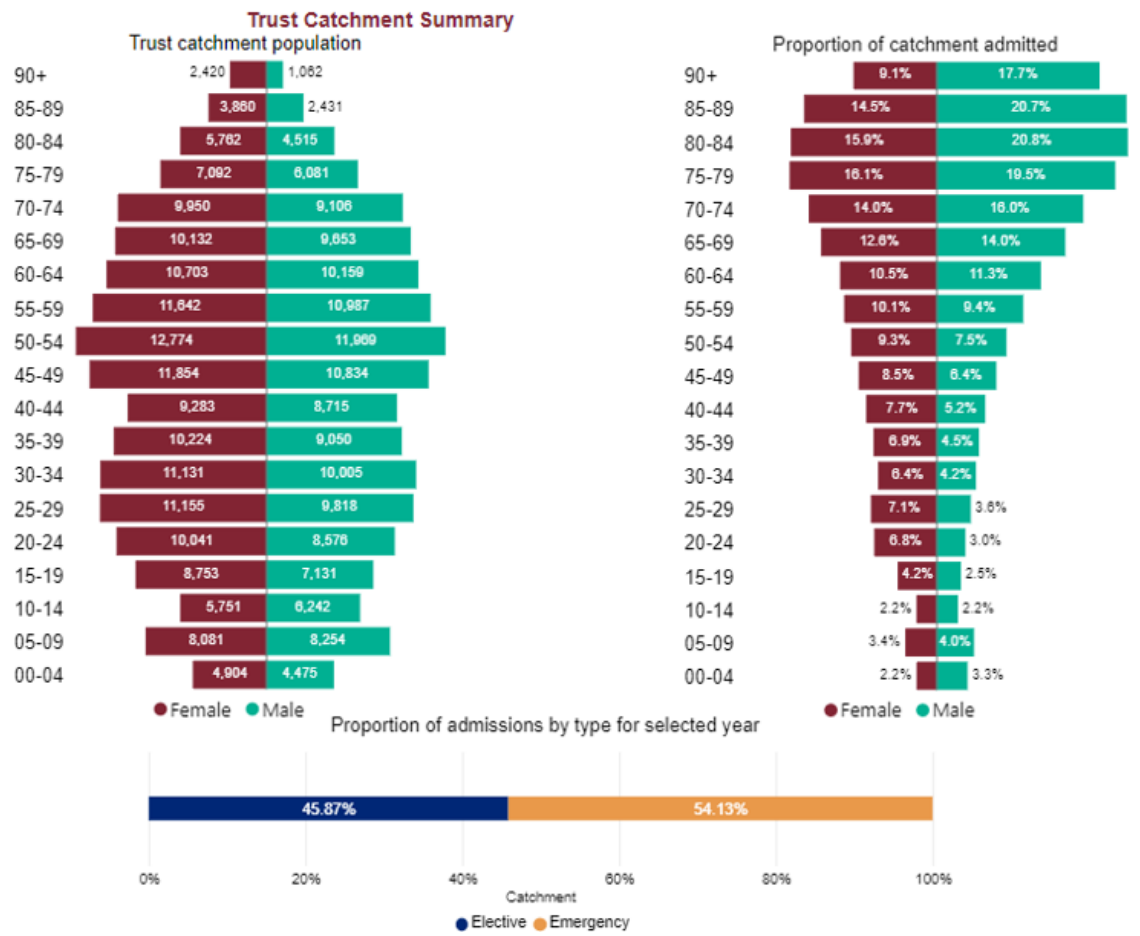
Hospital Trust Catchment

<https://app.powerbi.com/view?r=eyJrIjoiODZmNGQ0YzItZDAwZi00MzFiLWE4NzAtMzVmNTUwMThmMTVlIiwidCI6ImVINGUxNDk5LTRhMzUtNGIyZS1hZDQ3LTVmM2NmOWRIODY2NiIsImMiOiJh9>

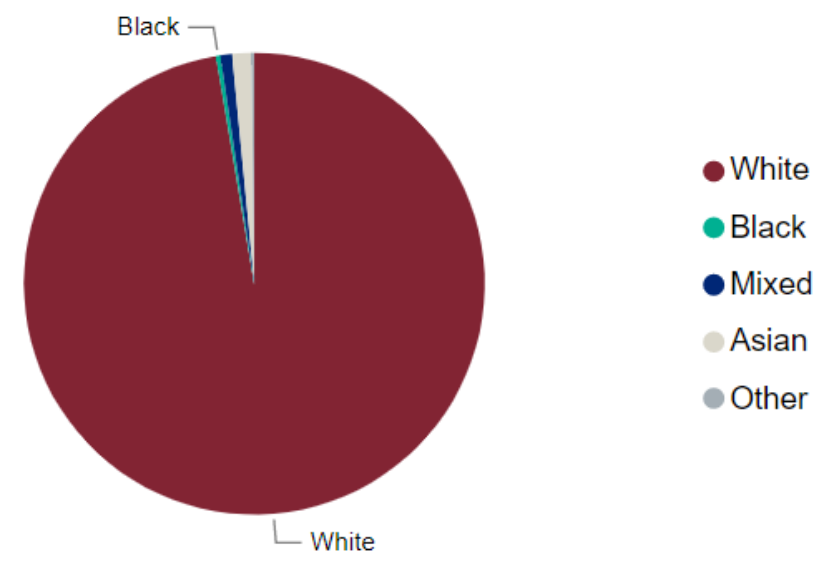
Catchment population

- The notion of a catchment area gives an understanding of the geographical and demographic boundary of which a facility (such as a hospital or school) draws its customers or users from. Provider trusts do not have these defined boundaries in the way that local authorities or CCGs do and so there needs to be a methodology to estimate their catchment population. The catchment population is different from a catchment area, whereby the population is not simply just a count of the total number of people that are resident within that geographical boundary, but is rather an estimate of the population that are actually using that facility or have the potential to use that facility.
- In this context we have calculated catchment populations as those people that have been admitted to hospital, thereby actual users of the acute services. The catchment populations for the two Humber acute trusts have been calculated using the proportional flow methodology, which is a method that looks at the proportion of admissions for each trust coming from a specific area, in this case by MSOA, by sex and age band.
- Catchment populations are extremely useful for service planning and show the potential population who may access the services and thereby gives a provider a useful gauge of for example, how many staff are required and other capacities that it may need to meet the demand for services (e.g. operating theatres, providing consultants for particular specialities).
- Evidence has also indicated that for some clinical areas there is a link between volume of activity and clinical outcomes. Therefore it is important to ensure that the catchment population is of a sufficient size to ensure that clinical teams can keep their expertise and skills up to date due to receiving ample patients within that speciality

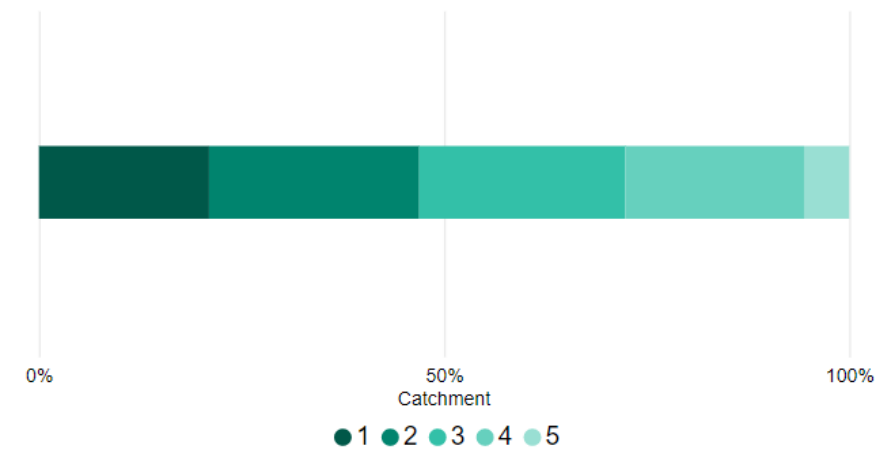
Elective Trust Catchment – 2018 - NLAG



Trust Catchment by Ethnicity



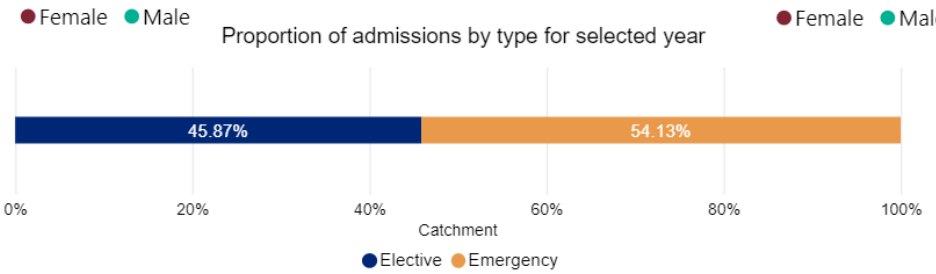
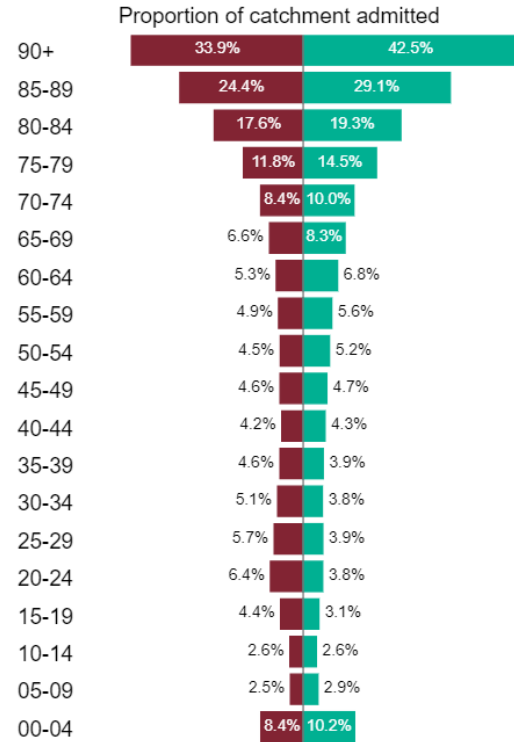
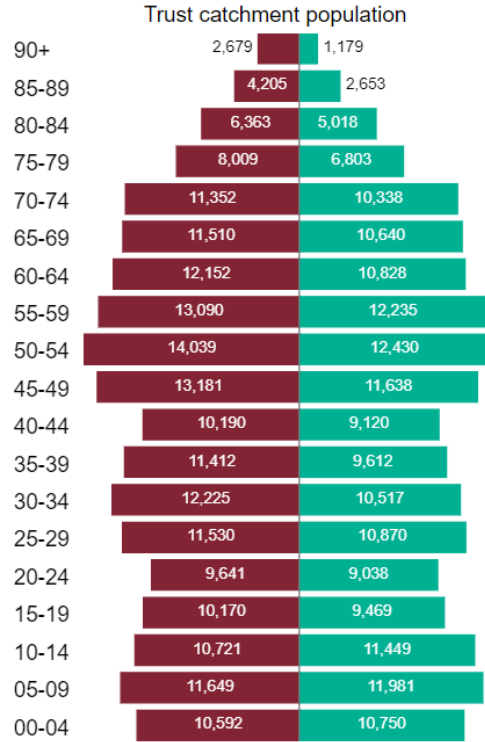
Trust Catchment by IMD Quintile



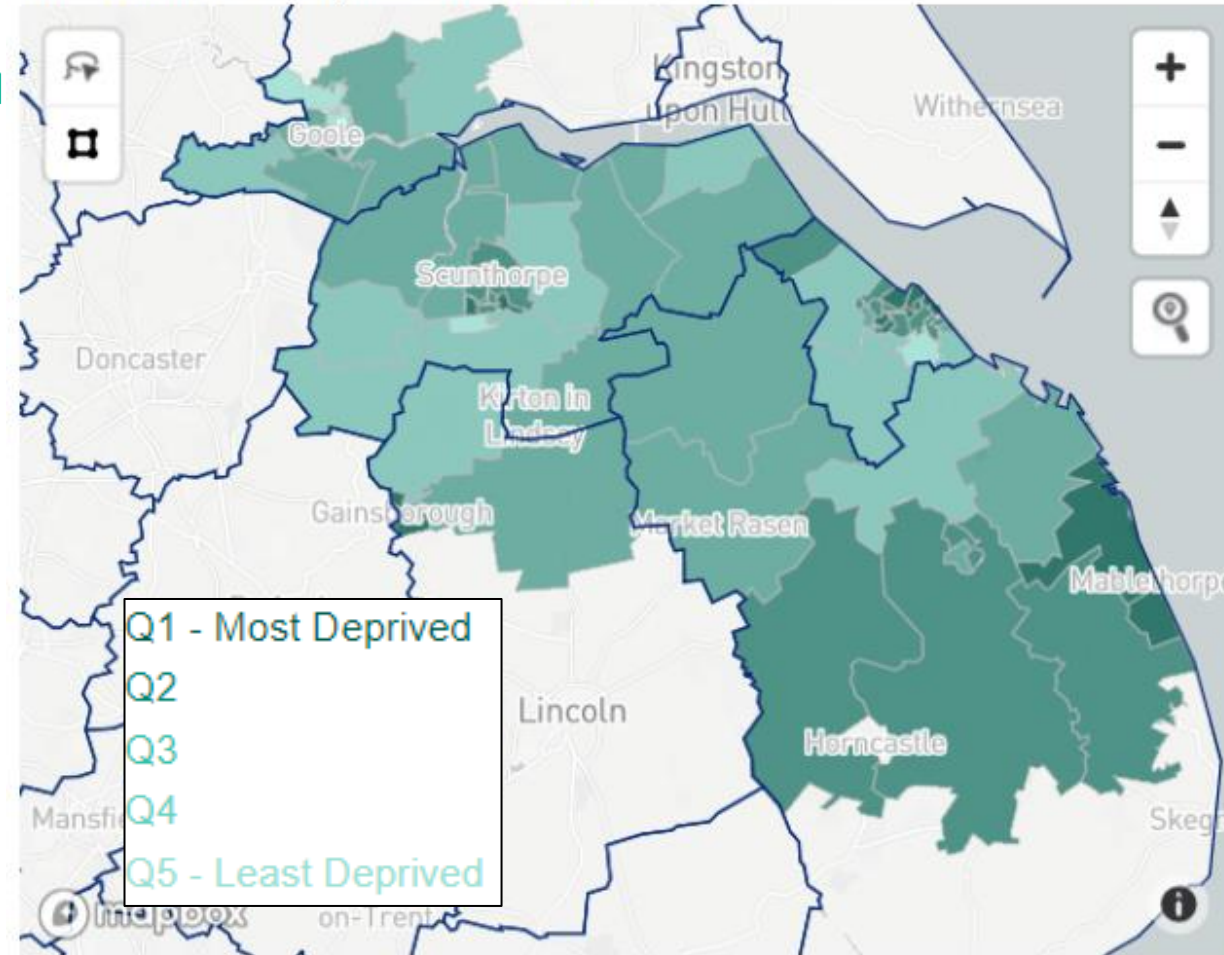
In 2018 the annualised number of NLAG patients admitted for elective care was 26,570 from a catchment population of 314,575 with 8.4% of the catchment admitted.

Emergency Trust Catchment – 2018 - NLAG

Trust Catchment Summary

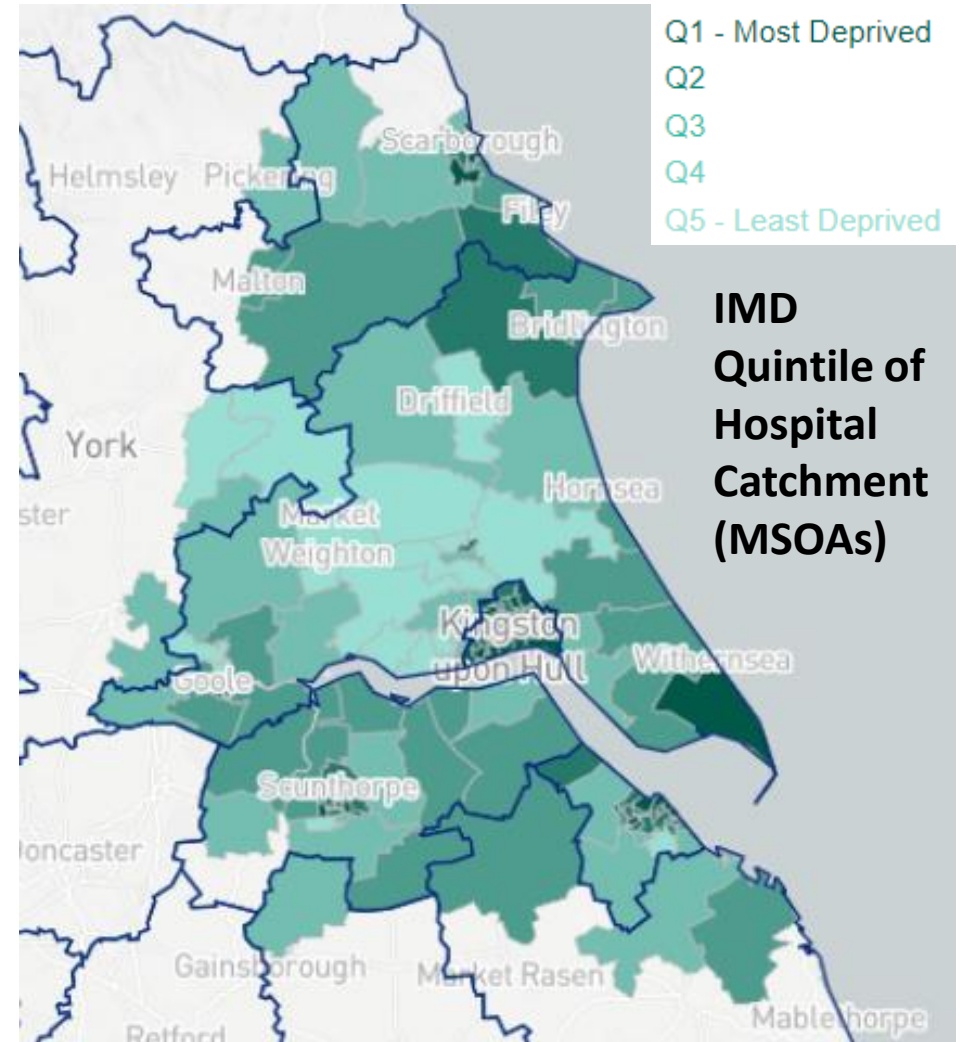
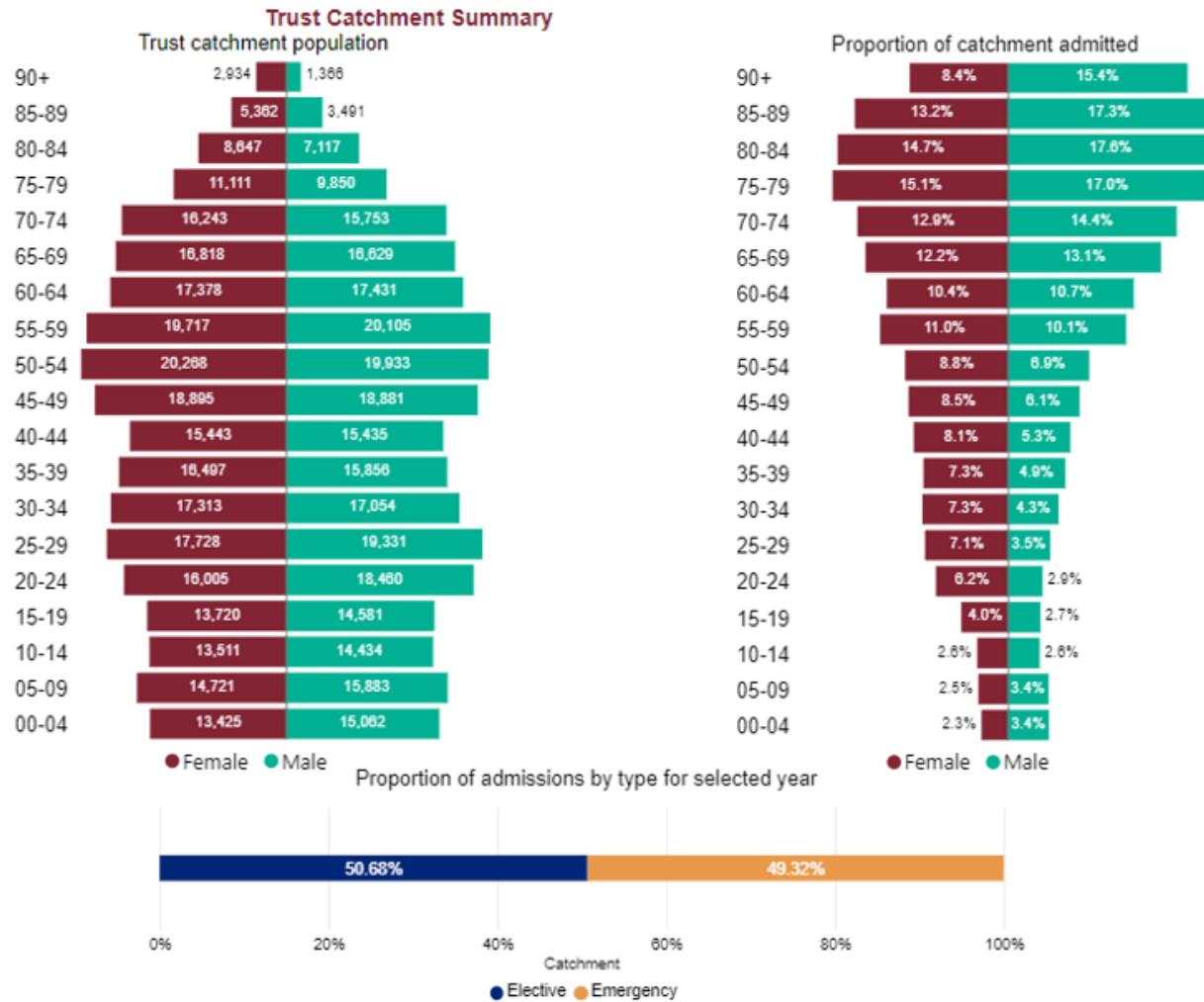


IMD Quintile of Hospital Catchment



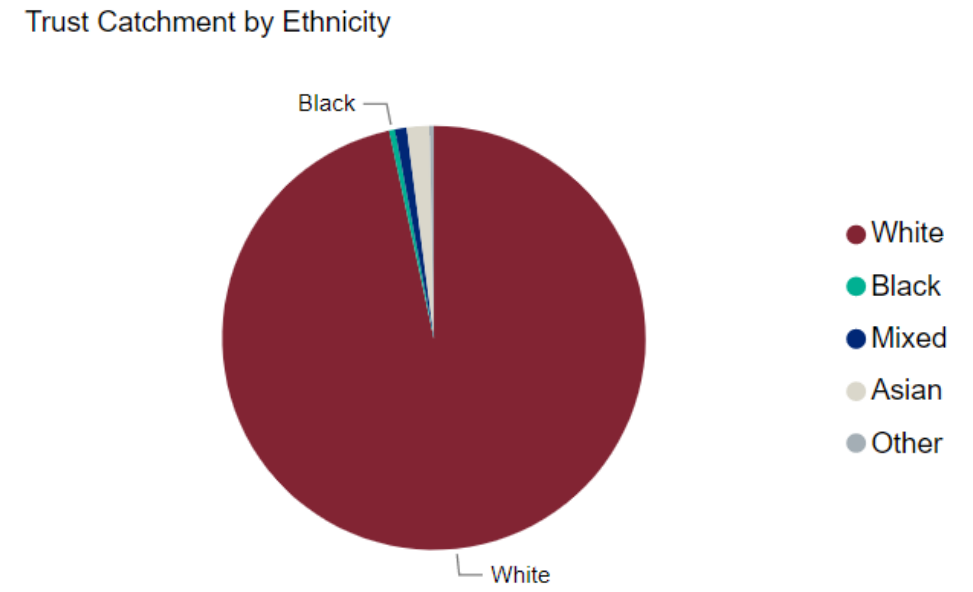
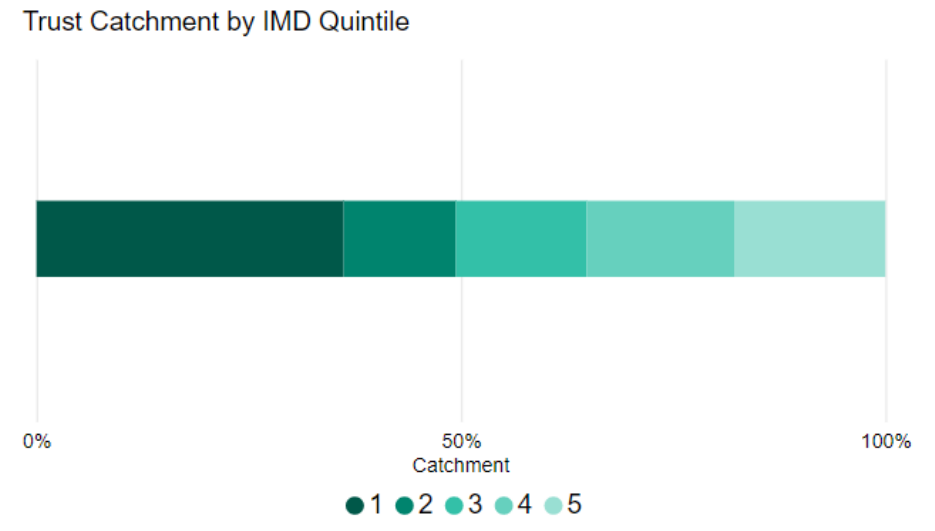
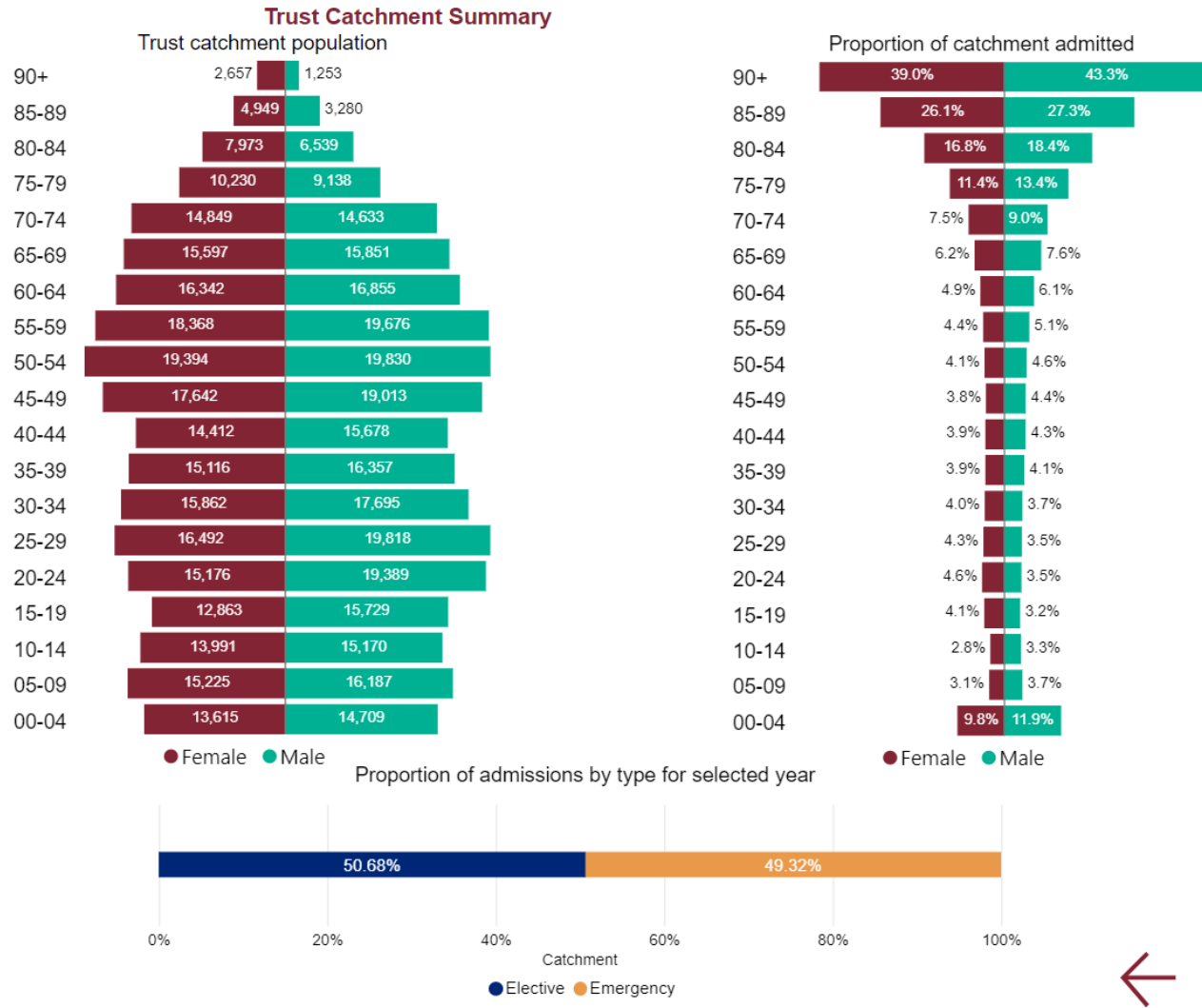
In 2018 the NLAG annualised number of patients admitted for emergency was 24,725 from a catchment population of 371,278 with 6.7% of the catchment population admitted.

Elective Trust Catchment – 2018 - HUTHT



In 2018 the HUTHT annualised number of patients admitted for elective was 42,925 from a catchment population of 552,388 with 7.8% of the catchment admitted.

Emergency Trust Catchment – 2018 - HUTHT

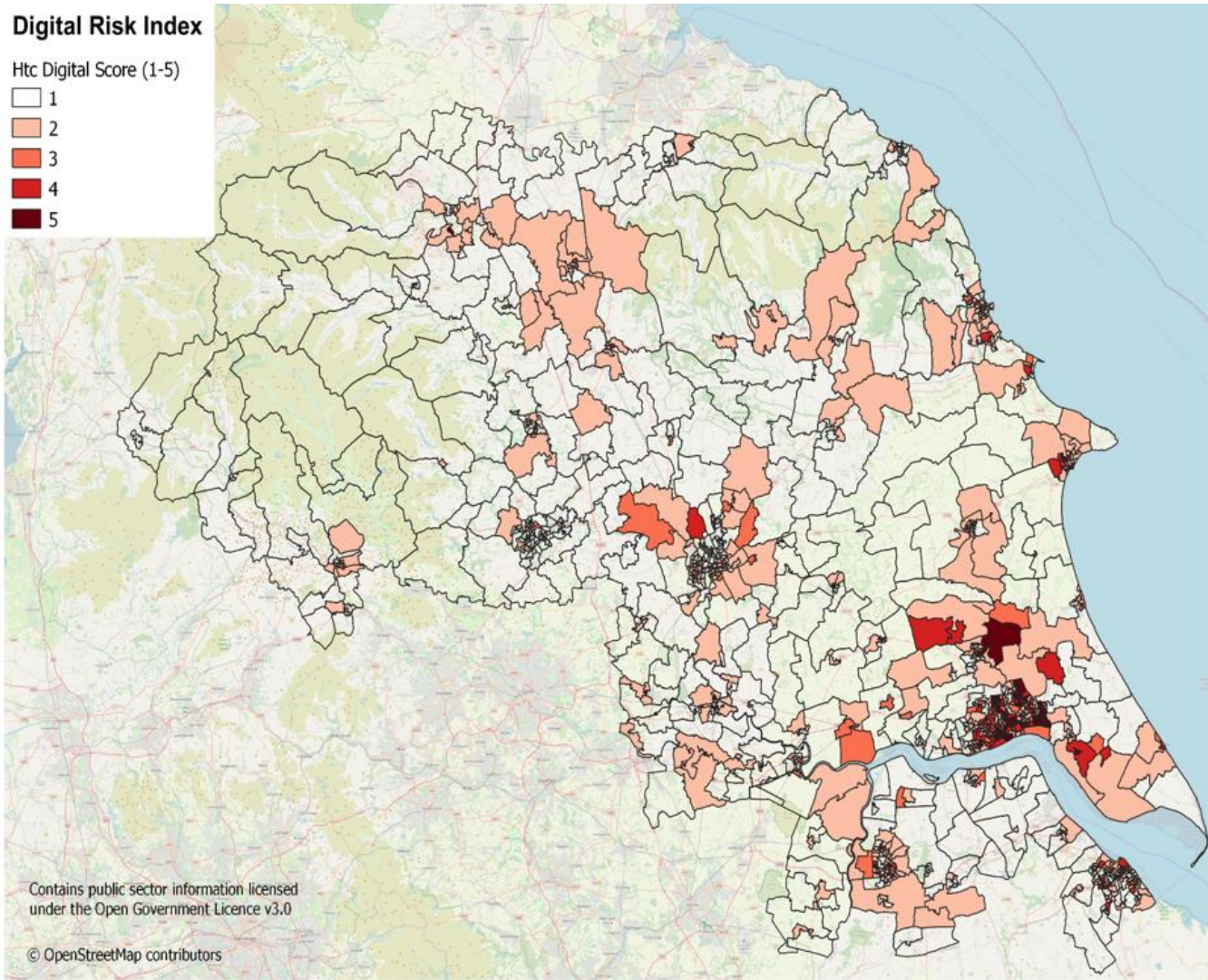


In 2018 the HUTHT annualised number of patients admitted for Emergency was 32,735 from a catchment population of 537,553 with 6.1% of the catchment admitted.

Digital Risk Index

Htc Digital Score (1-5)

- 1
- 2
- 3
- 4
- 5



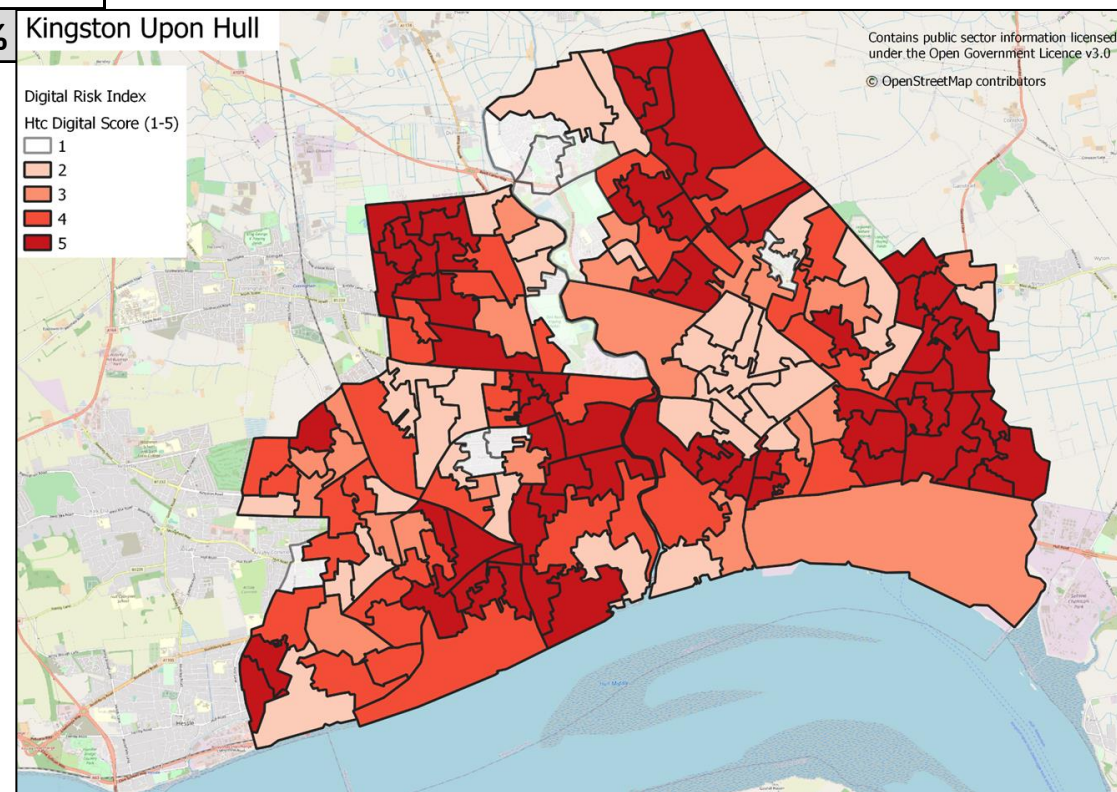
Digital Inclusion

Digital Inclusion

Digital domain of the Hard to Count (HtC) index for the 2021 Census - ability to respond, driven by access and use of digital technology

Local Authority	Number of LSOAs	HtC Digital				
		Most Able	↔	Least Able		
		1	2	3	4	5
ERY	210	41%	40%	9%	7%	2%
Hull	166	5%	20%	13%	22%	39%
NEL	106	34%	42%	11%	13%	0%
NL	101	43%	47%	4%	6%	1%
Humber	583	30%	36%	10%	12%	12%

- Hull's top 5 most deprived LSOAs are within those identified as least digitally able (HtC Digital index of 4 or 5) - relate to post codes in HU3 and HU9
- 39% (65/166) of Hulls LSOAs are classed as least digitally able (i.e. HtC Digital index of 5)



Access / Travel Time

Travel access to individual sites – 30 minute public transport:

	Total Population with access	Humber resident population with access (% of pop)	Humber residents: % in most deprived decile	Number of Humber residents excluded	Excluded residents: % in most deprived decile	Number from outside Humber who can access
Diana Princess of Wales, Grimsby	115,000	109,000 (12%)	37%	796,000 (88%)	20%	5,600
Castle Hill	113,000	113,000 (13%)	16%	792,000 (87%)	21%	0
Goole & District	41,000	39,000 (4%)	5%	867,000 (96%)	23%	2,000
Hull RI	240,000	240,000 (26%)	24%	665,000 (74%)	21%	0
Scunthorpe General	85,000	85,000 (9%)	18%	821,000 (91%)	22%	0

Travel access to individual sites – 30 car drive:

	Total Population with access	Humber resident population with access	Humber residents: % in most deprived decile	Number of Humber residents excluded	Excluded residents: % in most deprived decile	Number from outside Humber who can access
Diana Princess of Wales, Grimsby	227,000	180,000 (20%)	25%	726,000 (80%)	21%	47,000
Castle Hill	493,000	493,000 (55%)	24%	412,000 (45%)	19%	0
Goole & District	405,000	142,000 (15%)	9%	764,000 (85%)	24%	263,000
Hull RI	486,000	486,000 (53%)	24%	419,000 (47%)	19%	0
Scunthorpe General	336,000	189,000 (20%)	10%	716,000 (80%)	25%	146,000

Travel Time Between Hospital Sites

The two main ambulance services for HUTH and NLaG are Yorkshire Ambulance Service and East Midlands Ambulance Service

The average travel times between hospital sites are given below.

Yorkshire Ambulance Service		DESTINATION HOSPITAL			
		CHH	HRI	DPoW	SGH
Pickup Hospital	CHH	-	00:21:14	00:51:54	00:47:33
	GDH	00:30:13	00:39:55	Not available	00:40:27
	HRI	00:19:33	-	00:47:37	00:45:53

East Midlands Ambulance Service		DESTINATION HOSPITAL			
		CHH	HRI	DPoW	SGH
Pickup Hospital	DPoW	00:46:07	00:44:48	-	00:38:17
	SGH	00:40:18	00:38:58	00:41:37	-

The above is based on analysis by another organisation, it is therefore subject to review and refresh once the source data has been received.



Travel Access To Hospital Sites

Population with at most a 30 minute journey time via public transport to the below sites:

Site	Total Population with Access	Humber Population with Access
DPoW	115,000	109,000 (12%)
GDH	41,000	39,000 (4%)
SGH	85,000	85,000 (9%)
HRI	240,000	240,000 (26%)
CHH	113,000	113,000 (13%)

Population with at most a 30 minute journey time via car to the below sites:

Site	Total Population with Access	Humber Population with Access
DPoW	227,000	180,000 (20%)
GDH	405,000	142,000 (15%)
SGH	336,000	189,000 (20%)
HRI	486,000	486,000 (53%)
CHH	493,000	493,000 (55%)

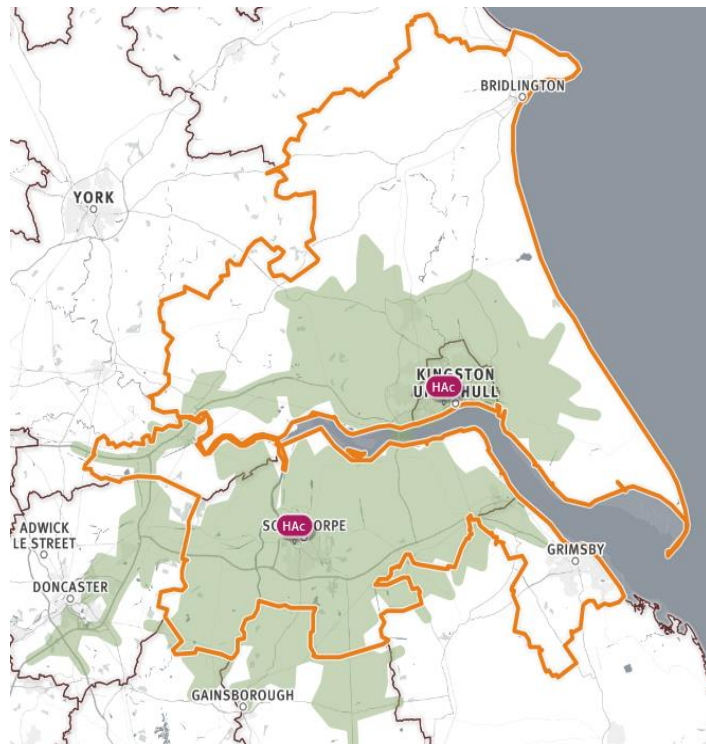
The above is based on analysis by another organisation, it is therefore subject to review and refresh once the source data has been received.



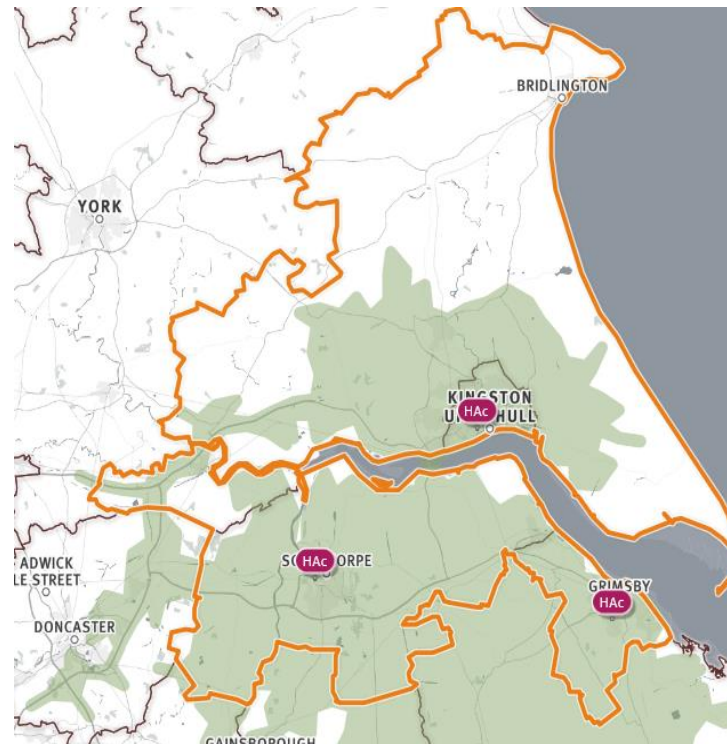
Travel: 30 minute access by car

In the current configuration over 70% of residents have access to an ED by car within 30 minutes –

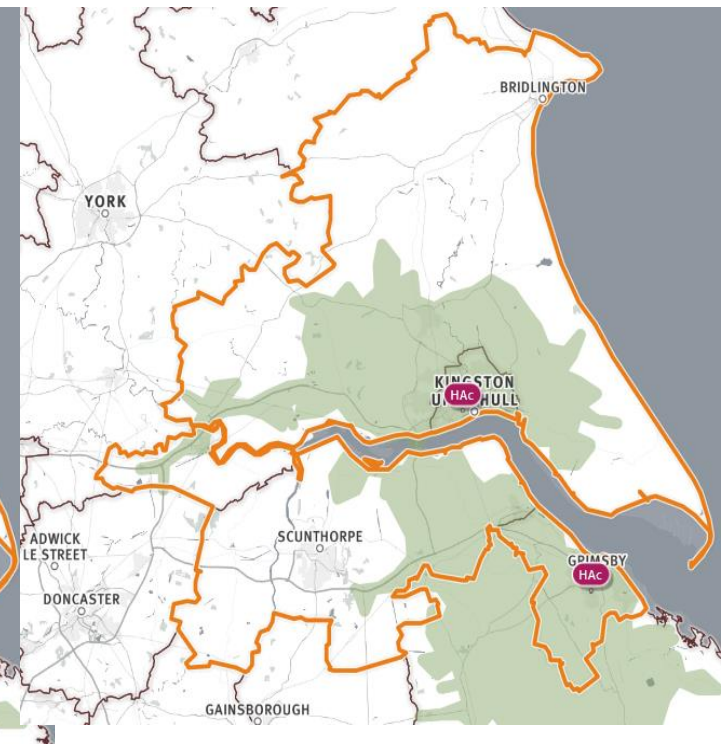
70% of Humber residents have access to HRI and SGH ED sites



86% of Humber residents have access to three ED sites



72% of Humber residents have access to HRI and DPoW sites



The above is based on analysis by another organisation, it is therefore subject to review and refresh once the source data has been received.



Travel: 45 minute access by car

In the current configuration over 94% of residents have access to an ED by car within 45 minutes

95% of Humber residents have access to HRI and SGH ED sites



95% of Humber residents have access to three ED sites



94% of Humber residents have access to HRI and DPoW sites



The above is based on analysis by another organisation, it is therefore subject to review and refresh once the source data has been received.



Maternities

- Most women choose to deliver in local hospitals, and this is reflected in the distribution of deliveries by CCG and Trust.
- ERoY maternities are the most dispersed, reflecting the spatial distribution of this CCG's resident population, whilst Hull and NE Lincs women are least likely to deliver outside their area.
- Overall, the data suggests that HEY deals with more complex maternities, with a higher proportion of babies with intrauterine hypoxia, or with very low or very high birth weight.
- HEY also has a wider catchment than NLaG.
- Population projections suggest no significant change in birth trends across the Humber between now and 2035, although birth rates are expected to fall further in North and North East Lincolnshire.



Travel Impact for Patients and Visitors

- Due to the fact that HRI is located in the biggest urban settlement within the Humber it has the greatest access overall for patients by public transport or car within 30 minutes with 26% of Humber residents able to access by public transport and 53% of residents able to access by car within a 30 minute travel time.
- DPOW and Scunthorpe have fairly similar 30 minute access by car with around 20% of Humber residents able to get there in a 30 minute car journey but DPOW fares slightly better in relation to public transport with 12% of Humber residents able to access within 30 minutes compared with 9% for Scunthorpe.



Travel Impact for Patients and Visitors

- The urban locations of DPOW and HRI and the fact that they are well served by bus routes mean that a relatively large proportion of their local population can access the sites with a 30 minute public transport journey.
- Similarly their locations close to areas of high deprivation mean that a considerable proportion of people living in the most deprived decile in the local area can access the site in a 30 minute public transport time.
- For instance more than a third of the population within 30 minute public transport of DPOW and a quarter of people within 30 minute drive time are in the most deprived decile.
- The comparable figures for HRI are 24% for both public transport and car access in 30 minutes, whilst other sites perform less well.
- There are significant numbers of people in the most deprived decile that have limited access to any of the five sites. 20% of the population are unable to reach any of the five sites within a 30 minute car journey are from the most deprived decile. These are overwhelmingly located on the Yorkshire coastal strip in places like Bridlington and Withernsea.



Travel accessibility by car to all 5 sites

DRAFT

Info Layers **Access** Indicators

STP: Humber, Coast and Vale

Travel times and distance

- All sites
- Selected site
- All sites of similar type
- Highlighted sites

Walk: by time Walk: by distance Cycle Car Rush hour

5 10 15 20 30 minutes

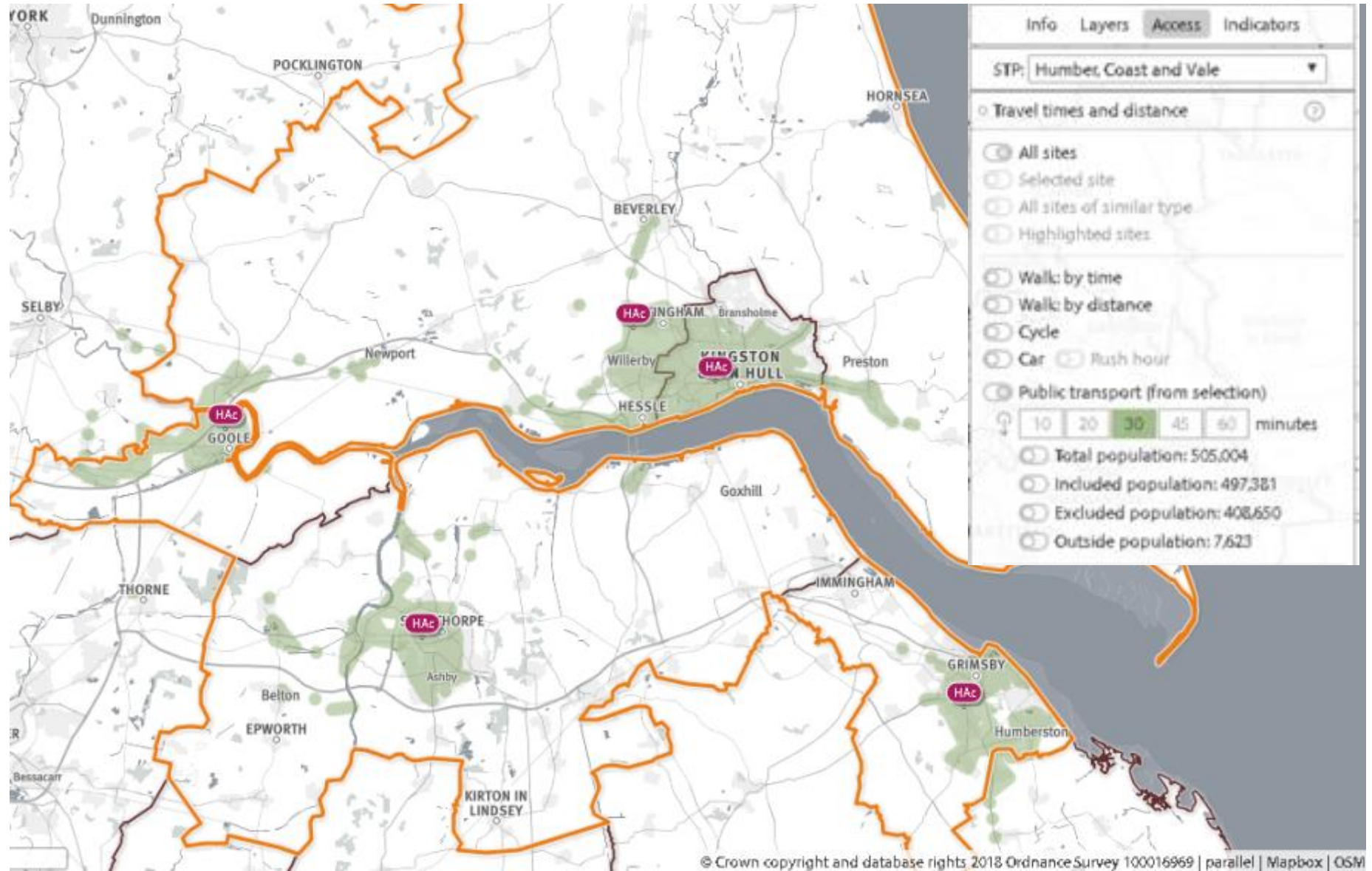


TRAVEL: ACCESSIBILITY BY CAR



DRAFT

Travel accessibility by public transport to all 5 sites



TRAVEL: ACCESSIBILITY BY PUBLIC TRANSPORT



Service configuration

- The 5 sites combined currently offer access within 30 car drive for 90% of Humber residents. 54% of Humber residents have access to the 5 sites within 30minutes of public transport.
- The impact of removing each site from the configuration is outlined below:

	30 car drive		30minute public transport	
	Number of Humber residents with access	Difference from baseline:	Number of Humber residents with access	Difference from baseline:
Baseline	817,000 (90%)		491,000 (54%)	
- Castle Hill	809,000 (89%)	-8000	467,000 (52%)	-24,000
- DPoW	666,000 (74%)	-151000	386,000 (43%)	-105,000
- Goole and District	792,000 (87%)	-25000	452,000 (50%)	-39,000
- Hull RI	801,000 (88%)	-16000	340,000 (38%)	-151,000
- Scunthorpe	712,000 (79%)	-105000	408,000 (45%)	-83,000



Travel Access Data to all 5 Sites

	Total Population with access	Humber resident population with access (% of pop)	Humber residents: % in most deprived decile	Number of Humber residents excluded	Excluded residents: % in most deprived decile	Number from outside Humber who can access
30min car drive	1,156,000	817,000 (90%)	22%	89,000 (10%)	20%	339,000
1 hr car drive	5,660,000	906,000 (100%)	22%	0	0%	4,754,000
30min public transport	505,000	497,000 (54%)	26%	408,000 (46%)	17%	7,600
1hr Public transport	910,000	792,000 (87%)	23%	113,000 (13%)	15%	117,000



Travel Impact for Patients and Visitors

- Castle Hill does well for 30 minute access by car reflecting its suburban location within a short distance of Hull and close to a major road linking with other large areas of population in the Humber but performs much less well when it comes to public transport access.
- This will be particularly true for public transport access in the evening which is not factored into this analysis.
- Goole performs worst overall for both categories, reflecting its location well away from the major urban population centres and close to the periphery of the Humber area.
- It should be noted that considerable numbers of people who reside outside the Humber area can access DPOW, Goole and Scunthorpe within 30 minutes travel time, especially car travel time. DPOW in particular is well utilised by people living to the south of the Humber area in East and West Lindsey districts.



Travel Impact for Patients and Visitors

- The modelling of the removal of each individual site from the configuration throws up a mixed picture.
- Due to the fact that the Grimsby area is a large urban population situated a significant distance from the other urban centres of the Humber and the other hospitals, the impact of removing DPOW has the most impact in terms of the number of Humber residents within a 30 minute drive, with the percentage with 30 minute car access falling from 90% to 74%.
- By contrast removing Castle Hill, HRI and Goole has relatively little impact in terms of 30 minute car access.
- A different picture emerges when you look at 30 minute access for public transport. In this case removing HRI has the biggest impact reducing the number with 30 minute access from 54% to 38%, removing DPOW would have the second biggest impact reducing the number to 43%.
- By contrast removing Castle Hill and Goole would have relatively little impact in terms of 30 minute public transport access for Humber residents.
- These figures do not take account the impact on people who live outside the Humber. The overall numbers impacted would therefore be higher if DPOW, Scunthorpe or Goole were removed.



Travel Impact for Patients and Visitors

- The entire Humber population has car access to at least one of the five sites within an hour car journey and 90% of the Humber population have access within a 30 minute car journey.
- By contrast 87% of Humber residents have access within a one hour public transport journey but this reduces to 54% within 30 minute public transport journey.
- Obviously urban residents have much better transport access than rural residents and the majority of people without 30 minute public transport access and all the people without 30 minute car access live in East Riding.
- Indeed some communities in East Riding are closer to Scarborough Hospital than they are to any of the Humber sites.
- Almost 5 million residents outside the Humber can access at least one of the sites within an hour drive (mostly Goole, Scunthorpe and DPOW), but this falls considerably to 339,000 for people within a 30 minute drive.
- There are 117,000 people outside the Humber who can access one of the sites within 1hr public transport journey but just 7,600 who can access within a 30 minute public transport journey, the majority of which can reach DPOW.



Car ownership

Region/Local Authority	Number of licenced Cars, Motorcycles and LGV	% of population
Humber:	504.4	55.6%
East Riding of Yorkshire UA	211.2	66.8%
Kingston upon Hull City UA	108.7	41.8%
North East Lincolnshire UA	81.8	51.2%
North Lincolnshire UA	102.8	60.2%

Source: NOMIS??



Travel Impact for Patients and Visitors

- The number of licensed motor vehicles varies considerably across the Humber authorities, ranging from just 42% of population in Hull to 67% of the population in East Riding.
- Localised variation will be considerably greater and many of the more deprived wards have low household motor vehicle access rates.
- This has implications for healthcare provision as a great deal of 'need' comes from wards with the lowest car ownership and many people living in these areas are dependent on public transport.
- It is also relevant to the provision of maternity services as a large proportion of births currently originate from the more deprived wards in all parts of the Humber.
- Therefore the removal of maternity services from DPOW for instance would require a lengthy journey to an alternative site at Scunthorpe or Lincoln for a cohort of people with limited vehicle access and where public transport connections are not good.



Impact of Hospitals Outside the Humber

- Travel and transport must be key considerations for the Humber Acute Services Review.
- The relatively poor quality of the transport infrastructure in the Humber, the isolation of some areas from urban centres and the stark inequalities gaps that are found across the Humber region add to this complexity.
- In addition, an issue that has not been specifically focused on in the analysis to date but which should be considered is the impact of other hospital provision that falls outside the Humber boundary but which is utilised by people living within the Humber either for health services or as sources of employment.
- Hospitals at Doncaster, Lincoln, Scarborough and York all provide routine NHS services to Humber residents, whilst the hospitals at Sheffield and Leeds are commonly accessed for more specialist procedures.
- It is therefore possible that if provision for a certain procedure moved from Scunthorpe for instance, future patients may find it easier to travel to Doncaster as an alternative than to travel to Hull or Grimsby.
- The same is true for decisions of staff about where to seek work. Therefore a member of staff who currently works on the unit at Scunthorpe but lives west of Scunthorpe may find travel to Doncaster a more attractive proposition than travel to Hull or Grimsby and therefore seek a new post.
- This should be a key consideration given the scarcity of trained NHS staff and perhaps an audit of where staff in Humber acute Trusts currently live should be considered.



Mode of arrival

- Almost 1 in 3 (31%) attendances to HEY A&E were recorded as being via blue light services, compared with 1 in 4 (25%) attendances at NLAG's A&E. This is not surprising given the greater provision of walk in services on the North Bank, which are not managed by HEY. In contrast walk ins to the MIU at Goole hospital are included in NLaG data.
- Within the Humber area, North Lincolnshire residents were least likely to arrive at A&E via a blue light. This may reflect the lack of a MIU/urgent treatment centre within this CCG area.
- 48% of A&E attendances for NL were by self presentation to hospital.



Planning Intelligence Future Developments

Local Authority Planning Intelligence

- ERY
 - Yorkshire Energy Park (create c. 4480 jobs)
 - Draft Local Plan – housing requirement 20,900 by 2039
 - <https://www.eastriding.gov.uk/planning-permission-and-building-control/planning-policy-and-the-local-plan/east-riding-local-plan/>
 - <https://www.eastriding.gov.uk/planning-permission-and-building-control/planning-policy-and-the-local-plan/policies-map/>
 - <https://intel-hub.eastriding.gov.uk/wp-content/uploads/2019/04/East-Riding-Economic-Strategy-Action-Plan.pdf> East Riding Economic Strategy
 - <https://heylep.com/about-the-humber-lep/strategy/> Hull and East Yorkshire Local Enterprise Partnership (HEY LEP), which shows the Humber Estuary Plan
- Hull
 - Awaiting headlines from Hull transport, housing and planning leads
- NEL
- NL



Top 10 causes of emergency admissions and average lengths of stay, by trust, 2014/15-16/17 pooled

The breakdown of the most common causes of emergency admissions was very similar between trusts

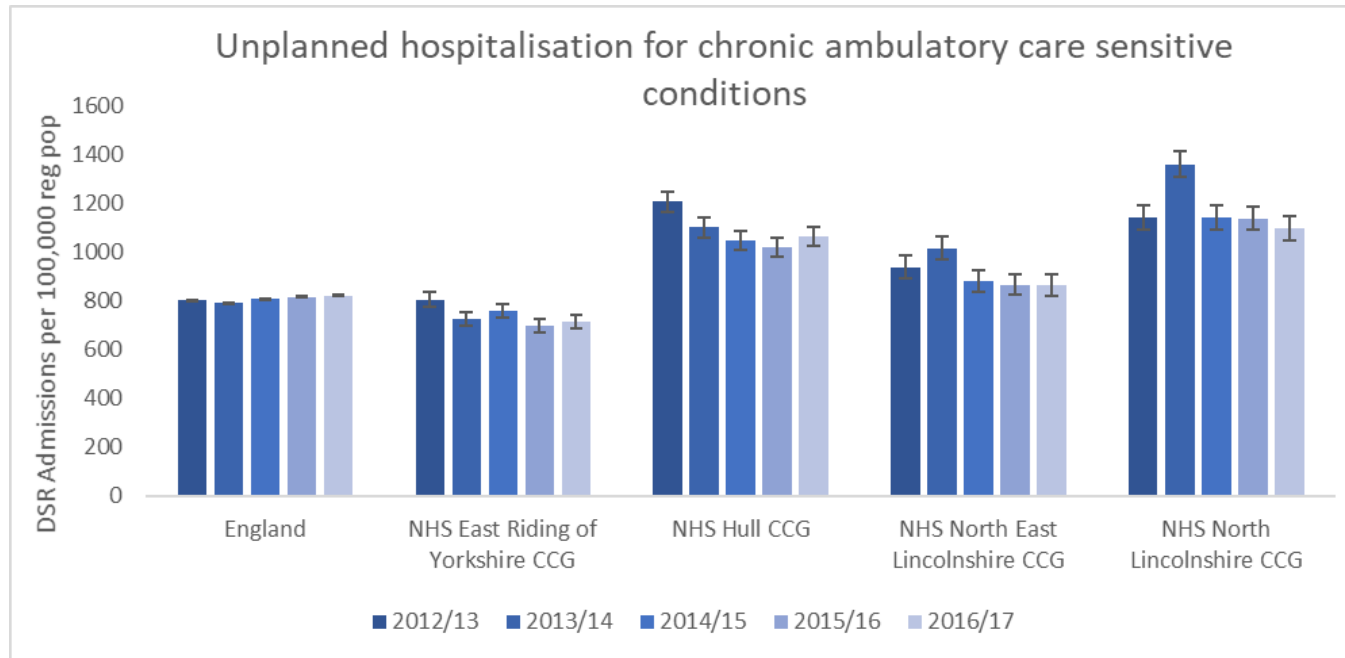
The average length of stay was shorter in Hull & EY than NLAG for the majority of conditions, the exception being fracture of femur

	NL&Goole			Hull&EY		
	Count of spells	% of all spells	Average LOS	Count of spells	% of all spells	Average LOS
Pneumonia, organism unspecified	5432	4.9%	9.69	5673	3.6%	7.50
Abdominal and pelvic pain	3701	3.4%	2.47	5046	3.2%	2.57
Other disorders of urinary system	4170	3.8%	8.12	4212	2.7%	6.13
Other chronic obstructive pulmonary disease	3748	3.4%	7.35	4397	2.8%	4.81
Pain in throat and chest	2612	2.4%	2.23	4485	2.8%	1.67
Unspecified acute lower respiratory infection	2552	2.3%	5.91	3603	2.3%	4.11
Viral infection of unspecified site	1923	1.8%	1.27	3005	1.9%	0.76
Fracture of femur	1932	1.8%	13.16	2139	1.4%	15.13
Acute myocardial infarction	1372	1.3%	9.87	2583	1.6%	5.07
Cerebral infarction	1709	1.6%	12.18	2013	1.3%	10.48



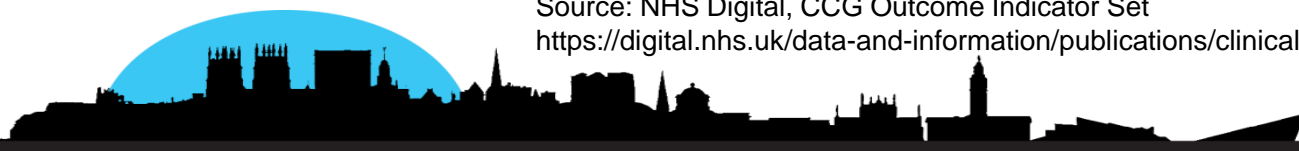
Ambulatory Care Sensitive Conditions - chronic

In the most recent year ERoY CCG has a lower rate of unplanned admissions for chronic ambulatory care sensitive conditions, the other Humber CCGs have significantly higher rates, with Hull and North Lincolnshire CCGs having the highest rates



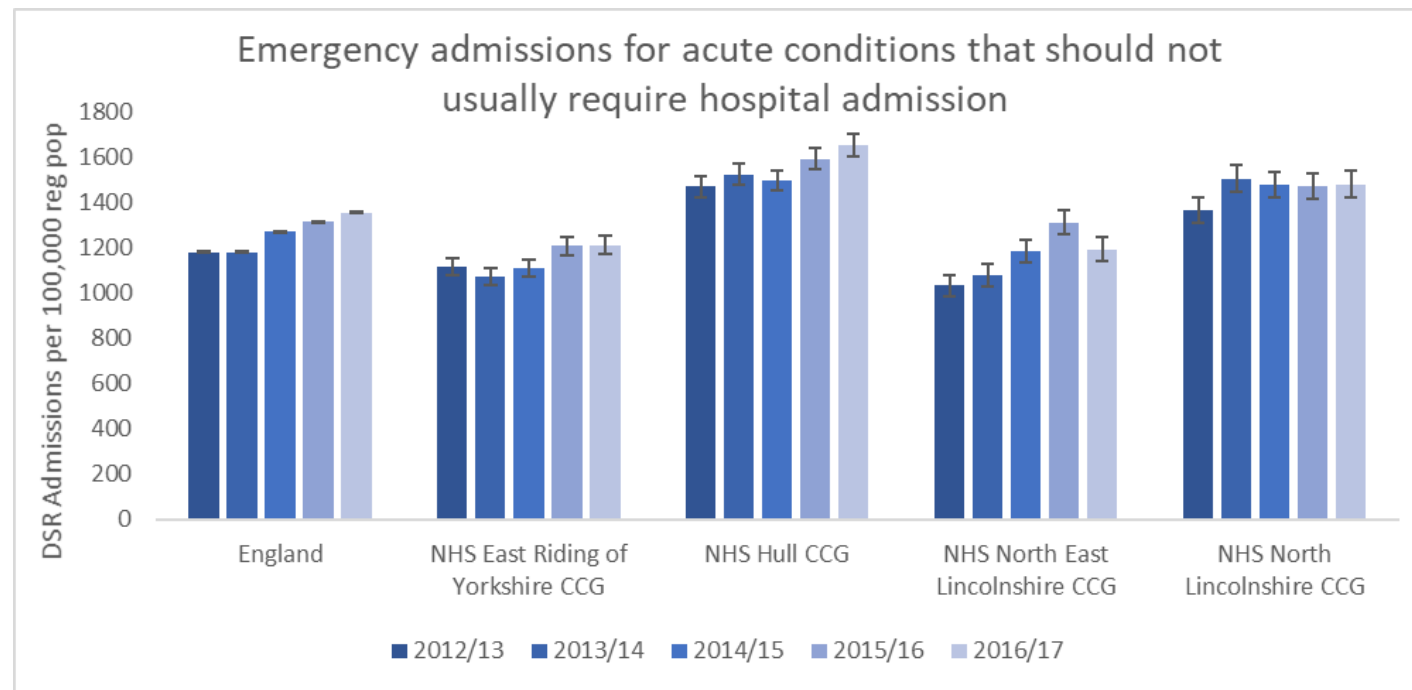
Source: NHS Digital, CCG Outcome Indicator Set

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/ccg-outcomes-indicator-set/current>



Ambulatory Care Sensitive Conditions - acute

In the most recent year EROy CCG and NE Lincs CCGs had lower than average rates of emergency admissions for acute conditions that should not usually require hospitalisation. However, Hull and North Lincolnshire had higher rates than average



- Source: NHS Digital, CCG Outcome Indicator Set
- <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/ccg-outcomes-indicator->

Emergency Readmissions (<30 days and Multi-admissions in 1 year)

	Humber*	Hull and East Yorkshire Hospitals Trust	North Lincolnshire and Goole Trust		EROY	Hull	NELincs	NL
30 day readmission counts - emergency (2016/17)	12,400 (13.8%)	7,800 (14.6%)	4,600 (12.6%)		4,100 (14.0%)	5,100 (15.9%)	1,800 (12.2%)	2,700 (14.3%)
30 day readmission counts - maternity	3,400 (13.6%)	1,600 (13.0%)	1,800 (16.3%)		1,200 (19.0%)	1,100 (12.9%)	700 (15.5%)	1,000 (21.6%)
Multi-admissions (emergency admissions in 1 year)	30,200 (33.5%)	18,500 (34.6%)	11,700 (32.0%)		9,700 (33.1%)	12,200 (38.1%)	4,500 (20.5%)	6,400 (34.0%)

