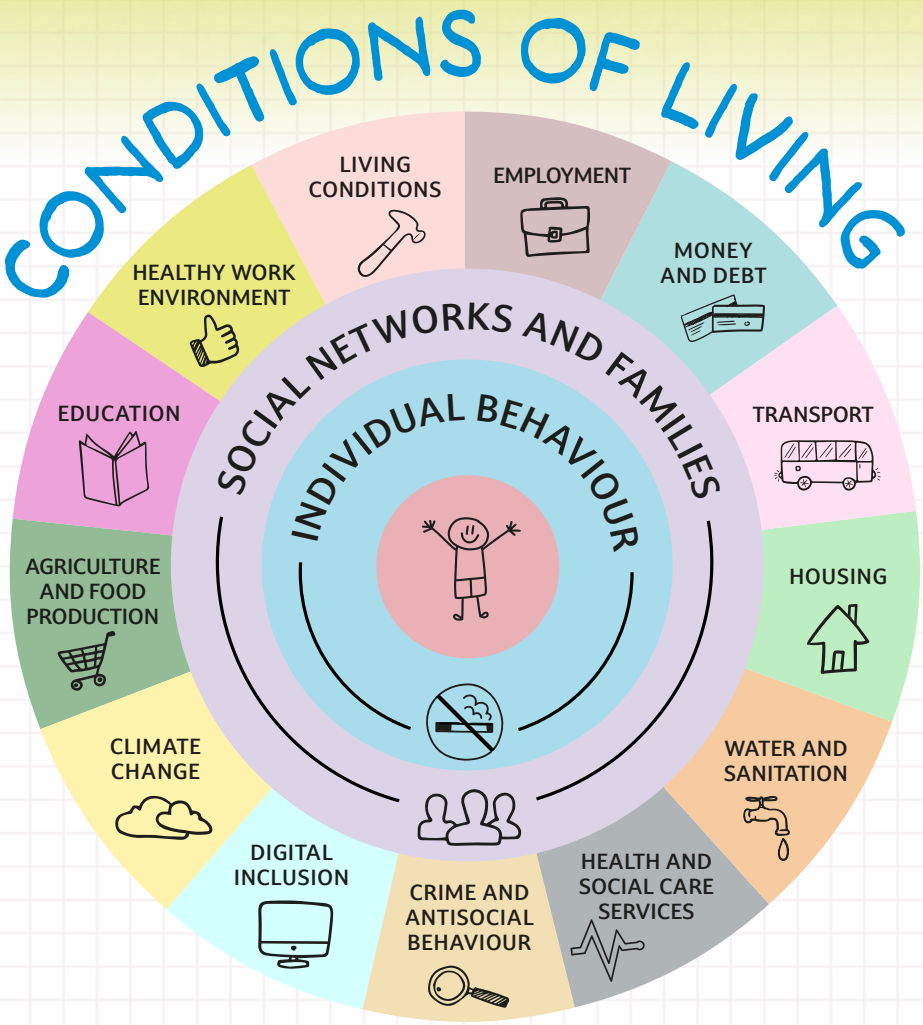
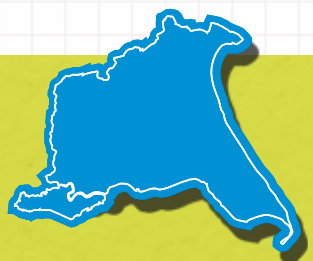
DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

2022 - 2023





EAST RIDING OF YORKSHIRE

CONTENTS

INTRODUCTION

"When sorrows come, they come not single spies, but in battalions."

William Shakespeare - 'Hamlet' (1601) act 4, sc. 5

Welcome to the 2022/23 Annual Report of the Director of Public Health for the East Riding of Yorkshire. I would first like to thank all my colleagues in Public Health who have contributed to this report, in particular Owen Morgan and Shane Mullen for their tireless efforts.

This report is intended to inform local residents about the health of their community, as well as providing necessary information for decision-makers in local government and health services on health trends, inequalities and priorities that need to be addressed.

The report covers the major issues that have impacted on the health of the public in the last two years. This year's report aims to explain how the consequences of the COVID-19 pandemic combined with the cost of living crisis have badly affected East Riding of Yorkshire residents' health and wellbeing by increasing the risk factors for poor health and reducing the protective factors that keep us healthy.

The report will explain the current and past trends in the major conditions of illness and give projections as to future need and demand.

This is a sober read that gives the reasoning as to why we need to urgently focus and invest into preventing, reducing and delaying the growth in multiple illness that is forecast to occur in the next decade.

The report can be seen as the setting the scene for the new East Riding Health and Wellbeing Strategy by explaining the potential challenges and problems that will be faced by the East Riding health and care system if we do not come together to take concerted action to prevent ill health now.

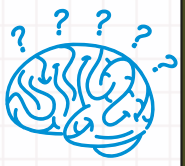
My next Annual Report in 2023-24 report will focus on health inequalities within the East Riding.

Andy Kingdom FFPH Director of Public Health East Riding of Yorkshire

IMPROVING HEALTH AND WELLBEING IN A COMPLEX SYSTEM

Why the health of public needs more than just a reactive NHS

The current system of health need, care and supply is complex and hard to predict



The COVID-19 pandemic showed the complexity of supporting or improving the health and wellbeing of a population. The pandemic proved how all parts of society are linked when a major health issue simultaneously impacts upon individuals, families, schools, businesses, workplaces, care homes and hospitals. This *'complex adaptive system'* that shapes our lives and ultimately our health and wellbeing cannot be broken down into simple predictable linear processes. Tackling inequality poses further significant challenges if we are to improve the conditions of living for those experiencing inequality, whilst also aiming to reduce the risk factors and promote the conditions that enable people to thrive. It has become clear that we have to take a collective partnership approach to tackle all the elements within the model if we are to reduce existing inequalities. Communities, the voluntary sector, and public and private sectors all form part of the solution to what is a *'whole society problem'* and not simply a question of individuals changing their lifestyle choices.

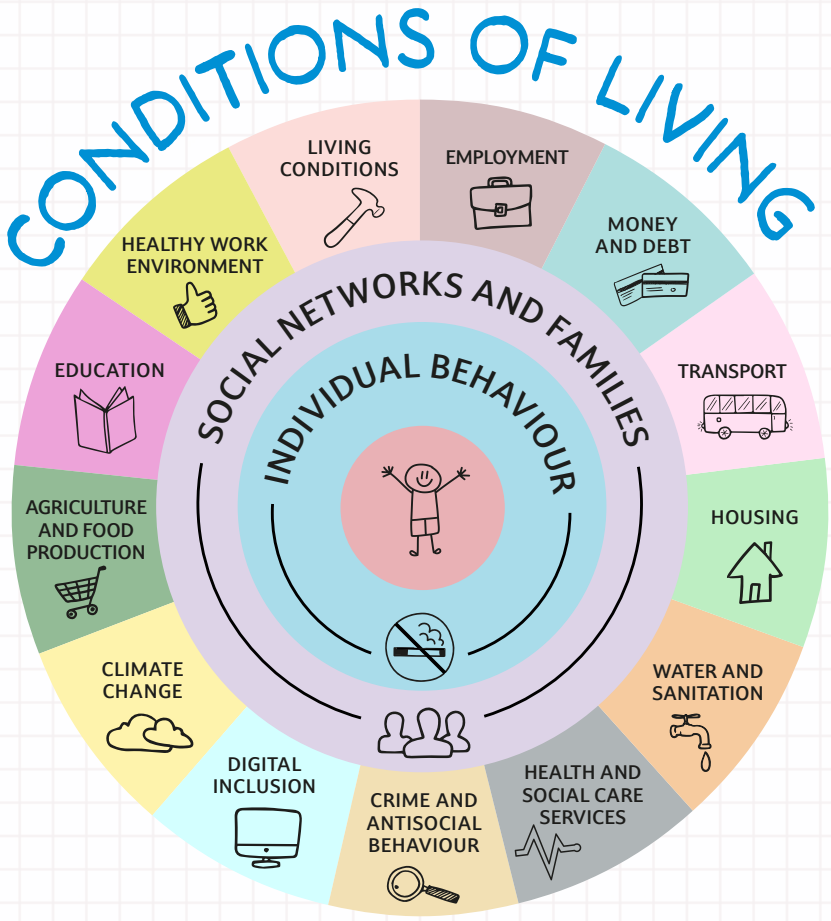
Health is far more than simply treating illness. Health is embedded in our families and communities. It is shaped by what we eat and drink, our daily physical activity, the schools we attend, the jobs we do, the people we care for, the people we trust and the air we breathe. We do need access to quality health and care services, often when things go wrong so we can get specialist help to overcome physical and/or mental illness, but we need more than access to GPs and hospital to be healthy and productive throughout our lives.

If you improve conditions of living, you improve health and wellbeing

To try to show the dynamic interaction between the conditions of living and the major conditions of illness East Riding Public Health have created a *'Conditions of Living'* model (seen below and adapted from Dahlgren-Whitehead's model - 1991). The model attempts to show the factors that influence our health in society. This builds on the World Health Organisation's definition of health and frames the breadth of factors that need to be improved to have a positive effect on health and wellbeing.

The model maps the relationship between the individual and their environment and health, demonstrating that health and wellbeing is influenced and supported by much more than just access to health and wellbeing services. In the model, individuals are placed at the centre and surrounding them are the various layers of influences on health - such as individual behaviour, family and community influences, living and working conditions, and more general social conditions. Medical care is estimated to account for only 20 per cent of the modifiable contributors to healthy outcomes for a population, the rest is related to our conditions of living.

The various individual conditions of living highlighted within the model can be influenced by the council, the NHS and system partners at both a national, local and neighbourhood level. Many of the conditions are directly influenced by national government policy and agencies; locally, partners have the power to mitigate against the affects and lobby for change to national mandates. If as a *'wholesystem'*, we can improve these aspects then we offer people the protective factors that enable them to live longer with healthier lives whilst also identifying the removable risk factors that contribute to creating the burden of illness and disease.



The factors that shape health are complex and dynamic

This whole system is complex in that there are many interacting and interweaving factors that directly influence other parts of the model. For example, an increase in inflation or reduction in employment can impact upon a family's ability to pay household bills including rent and heating, buy food and engage in social activities. All of which in turn can impact upon diet, exercise, warmth and mental health which in turn increase the risk factors for the major conditions of illness. Similarly, people already living with chronic illness such as heart problems, Hypertension, Parkinson's, Diabetes or Cancer would find it even harder to live with and alleviate these, often multiple conditions, should they not be able to adequately control their personal warmth, diet and levels of stress.

This ongoing interaction between the conditions of living that shape our health and the major conditions of illness is constantly changing, making simple predictions of cause and effect at a population level extremely difficult. Major population level events such as a pandemic or cost of living crisis highlight the problems in trying to predict the impact upon individuals, families and communities. We need to be constantly looking for better ways to understand how this dynamic interaction of factors (often outside of the control of individuals) impacts upon the health of the public. This is a clear joint intelligence challenge for all partners working to improve health and wellbeing in our area. The East Riding Health and Wellbeing Board has taken up this challenge by using the model and initiating a series of deep dives into each of the factors within the model, whilst also examining the sufficiency of supply of health and care services to meet changing local need.

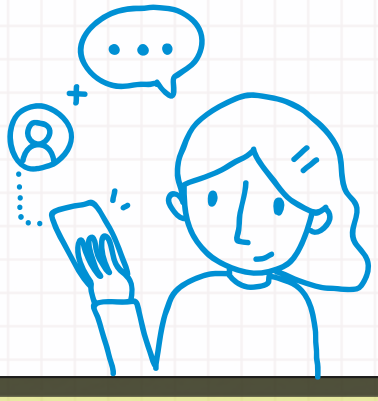
The Joint Strategic Needs Assessment (JSNA) established by the Health and Wellbeing board looks at this constantly changing balance of health needs, demand and supply. In 2023 the JSNA gives a series of insights and challenges to the East Riding health and care system. These are explained throughout the rest of this report. What drives many of the recommendations is the current and future increase in the number of East Riding residents living with multiple illnesses. Many of these illnesses can be prevented, delayed or reduced if, as a system, local partners act together to reduce the risk factors that make us unhealthy and increase the protective factors that make us healthy.

More people living with multiple illnesses requires better joined up working from partners

The Department of Health and Social Care point out that most of the poor health arises from living with at least one of six major health conditions. They are cancer, heart disease, musculoskeletal disorders, mental ill-health, dementia and respiratory diseases. That is why the government have taken the decision to develop a major conditions strategy - a blueprint for improving outcomes over the next five years focusing on these six major areas of morbidity and illness.

Currently, one in four adults has at least two health conditions. The conditions that the strategy focuses on together account for over 60 per cent of ill health and early death in England. Improving outcomes in each of these areas would transform the lives of millions of people by increasing healthy life expectancy, reducing ill-health related labour market inactivity and taking pressure off the millions of unpaid carers upon whom the health and care system relies.

Living with multiple morbidities is significantly influenced by a person's conditions of living (as shown in the model - a home, a job, a friend, enough money to pay bills, feeling safe and supported in their local neighbourhood etc). The new strategy is intended to build an improved understanding of how changes in the conditions of living impact upon wellbeing and illness. This will then help the NHS and partners be able to focus on delivering better, joined-up and holistic care to address the needs of residents and patients as a whole rather than focusing on the clinical response to one illness at a time.



This joined up approach requires a rebalancing of the current reactive and episodic approach used to treat illness and alleviate suffering.

RE-BALANCING NEEDS, SUPPLY AND DEMAND

Why the current health and care system needs to reprioritise prevention and nurture health promoting communities

Health needs are greater than the resources available to meet all those needs

The COVID-19 pandemic, both directly and indirectly, influenced all of the aspects of the condition of living and thereby increased the need for health and care in the East Riding. Demand for health and care service has never been greater, in a time when supply of health and care is diminished, partly due to the pandemic and partly due to other factors such as Brexit, which has reduced access to migrant workforces. The subsequent global economic hardships as a result of the pandemic, the Ukrainian war and the UK labour shortage have compounded to significantly reduce the supply of many industries, including health and care.

Presently, there is a greater demand for healthcare than can be supplied, both nationally and locally. This can be seen to have increased existing inequalities experienced by the most vulnerable in the East Riding.

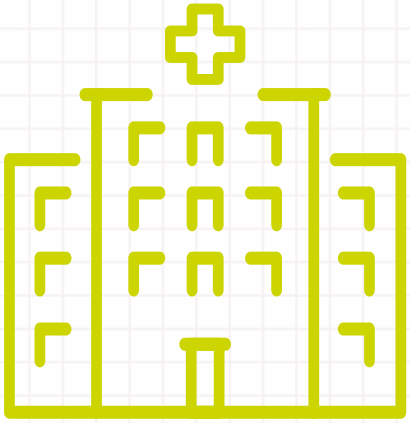
Who chooses which demand is met within the health and care system

The current challenging situation whilst extreme is not new. The health and social care system is permanently in a state of unconscious balancing, this is often focused on what people are demanding now rather than what people actually need across their whole lives. With preventative services often missing out in the inevitable prioritisation of resources. At key moments around times of extreme service pressures, conscious prioritisation between system leaders does occur, particularly in the high demand winter months. The current pressures are now all year long rather than only in the winter. Previously, this ongoing system management has been done much more in organisational silos than through collaboration. Often reacting to crisis in demand and supply rather than addressing long term trends in need.

More hospital buildings will not be enough to keep people healthy

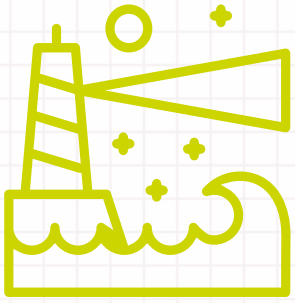
Recently supply of services has been severely stretched across the health and care system. A combination of previous limited investment in training, an ageing cohort of staff and nationwide workforce shortages have left health and particularly care missing the vital numbers of workers needed to meet increasing health and care needs. Shortage of supply leads to inevitable rationing. Longer term planning is required to move from short term hospital focussed reactive measures (more beds, more treatment) to instead build resilience in both individuals and communities. This will prevent, reduce and delay the need for avoidable medical and social care interventions. To reduce the projected future imbalance between health need, demand and supply of care services, we need to develop health generating communities, rather than relying upon increasingly stretched and episodic reactive hospital-based services. Clinical and social services are vital to help with illness and distress but are not the only service that needs development and investment.

The ongoing long term impact of the pandemic combined with the current cost of living crisis has meant this rebalancing on need, supply and demand cannot be done within the NHS alone (or even with help of local authority Adult Services) but requires a whole system response involving not only public sector organisations (NHS, council, Police etc.) but also the voluntary and community sector and the very neighbourhoods they try to support and are in turn supported by.



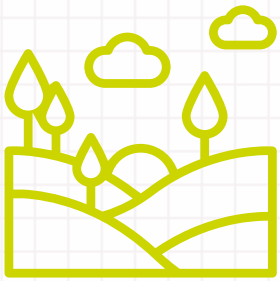
The creation of Integrated Care Systems is a welcome move to more system orientated planning and provides us with a vital opportunity to invest in both prevention and the building of community resilience. This can be achieved by investing focus, time and resource into primary and secondary prevention activities as well as nurturing community social networks and assets.

Rural and Coastal East Riding needs different solutions



The East Riding of Yorkshire has unique challenges with its rural and coastal composition. Trying to balance need, supply and demand is further complicated, with rural councils having to spend more money to deliver the same service as urban one. The challenge for rural/coastal East Riding is even greater as it also one of England's top 10 largest unitary authorities. Whilst being central to the local economy, tourism forms a second challenge, with the coastal area being visited for nearby city residents' holidaying and semi-settling in coastal communities. This puts increased pressure on health and care service in seasonal cycles, which is not accounted for in NHS, Local Authority budgets by national government, as resident funding follows the community they are a permanent resident of.

East Riding also has some non-typical challenges. Coastal towns often have unique challenges, reflected in high level of ill health, disability, and poorer life expectancy. This was highlighted recently by the Chief Medical Officer for England. The health inequalities reflect the sometimes relatively poorer living conditions experienced by people in living and working in these communities. The factors for coastal towns have been reported as being relatively poorer access to care, employment, transport and jobs and skills. Location and seasonality are seen to be a major factor in shaping the conditions of living. Although coastal and rural areas also have the potential to offer many protective health factors (green/blue spaces, supportive communities, fresh food etc.).

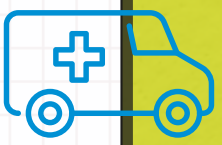


RECENT HEALTH AND WELLBEING TRENDS IN THE EAST RIDING

How the COVID-19 pandemic and changes to the conditions of living have affected our health.

Health needs are greater than the resources available to meet all those needs

Physical, mental, and social health have never been more tested in the East Riding than in recent times. A new virus, with lethal consequences caused the communities in the East Riding, the UK and the world to need to take drastic steps on civil liberties to protect public health. The COVID-19 pandemic has affected all the elements of the conditions of living that impact upon health. Some directly caused by the infection and others by the restrictions needed to control the spread of infection. The subsequent cost of living pressures have further squeezed the available resources needed to live happy and healthy lives. This combined with an increase in the number of people living with multiple illnesses has placed immense pressure on already hard-pressed public services. In summary, need and demand is up while supply is short.

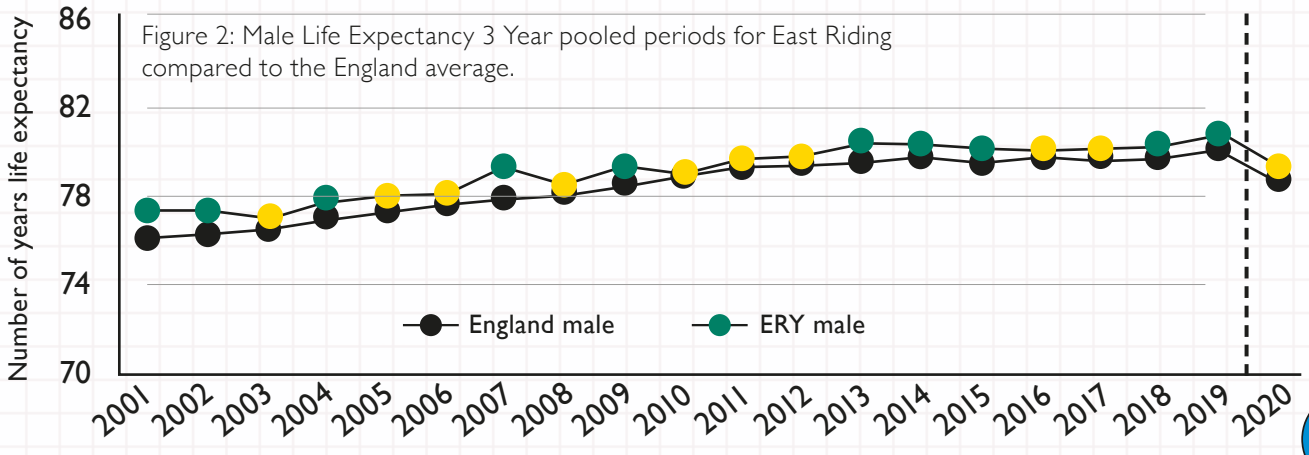


Life expectancy has fallen

Improvement to the East Riding's populations health and wellbeing had stalled prior to the pandemic. Health Inequalities were also rising pre-pandemic - indicated by deteriorating health and wellbeing measures in the population. The result was a flattening of the improvement rate of life expectancy during the 10 or so years before the pandemic.

It is clear that the COVID-19 pandemic caused a deterioration in the state of the East Riding's health. The chart below shows that whilst the East Riding has better than national averages of life expectancy in males and females, the improving trend had stalled in around 2011. The dramatic fall in male and female life expectancy is very striking post 2019 (see figures 4 and 5).

Figure 2: Male Life Expectancy 3 Year pooled periods for East Riding compared to the England average.



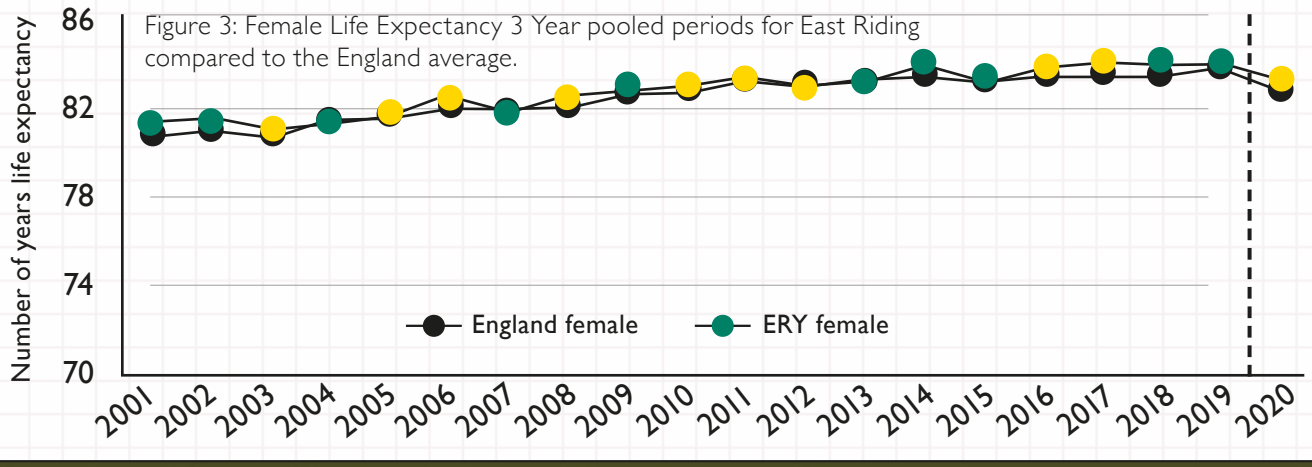
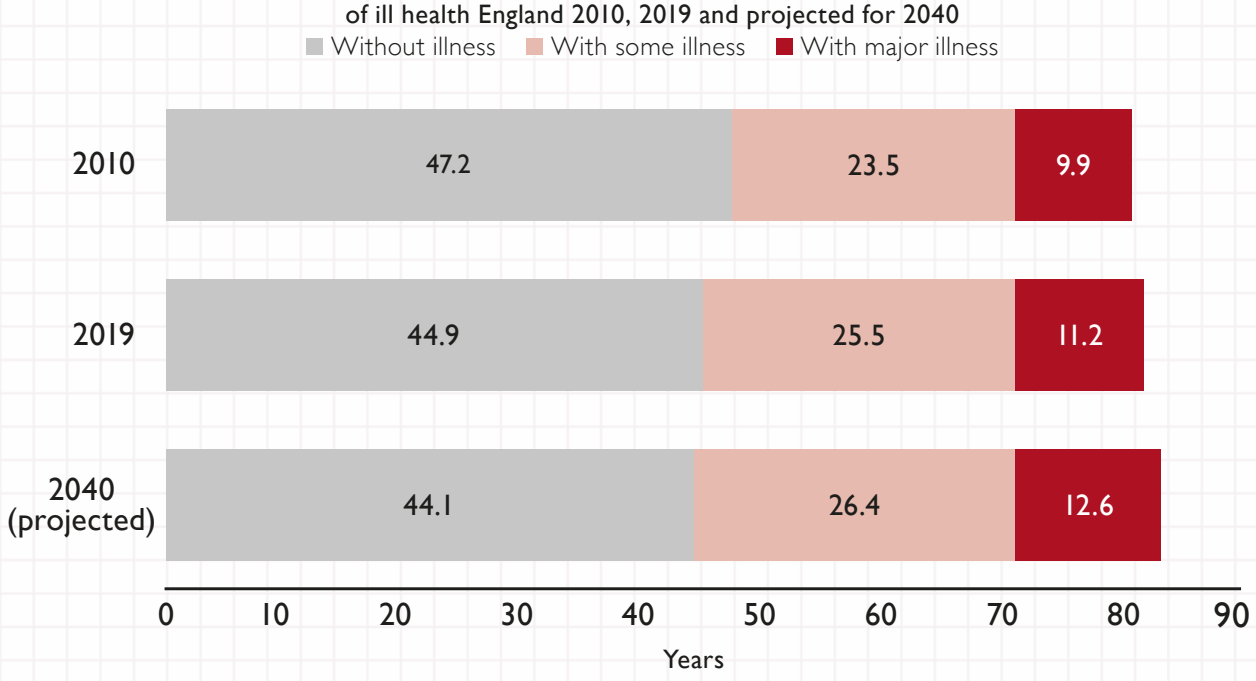


Figure 3: Female Life Expectancy 3 Year pooled periods for East Riding compared to the England average.

Residents are projected to live more years with a major illness

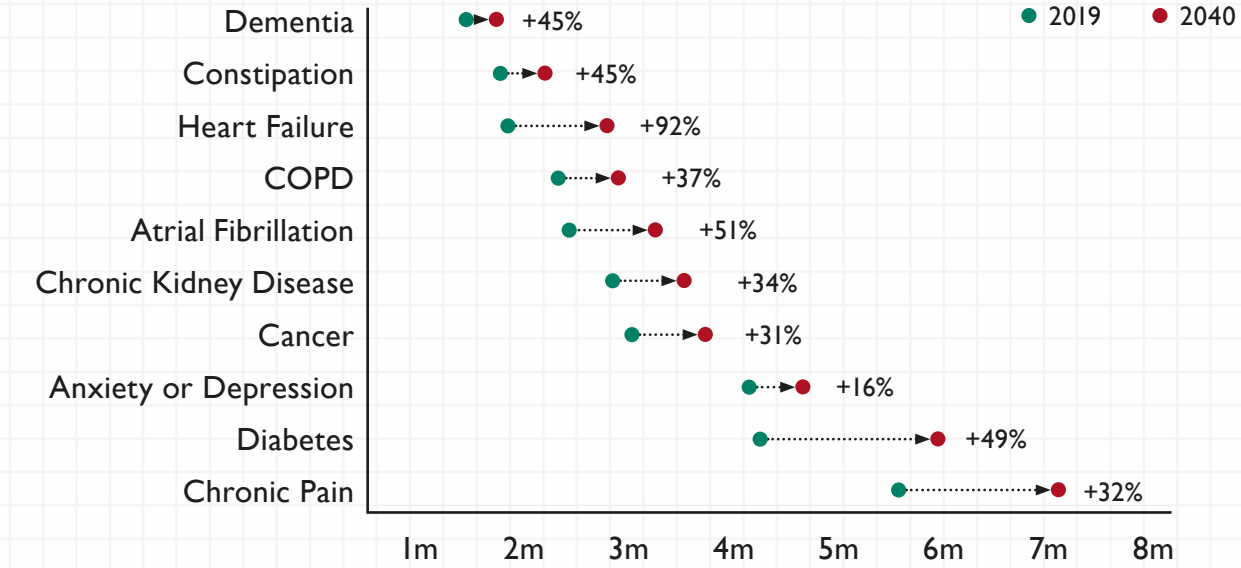
People are projected to live with a major illness for a greater part of their lives. It is projected that by 2040 people will live 12.6 years of their life with a major condition compared to 9.9 years in 2010. Furthermore, people are expected to live fewer years without illness (44 years in 2040 compared with 47 in 2010). This additional burden of ill health will be felt by individuals themselves, their families and by public health and care services. Many of these conditions could be prevented, delayed and/or reduced.

Figure 4: Average years of life people spend in different states of ill health England 2010, 2019 and projected for 2040



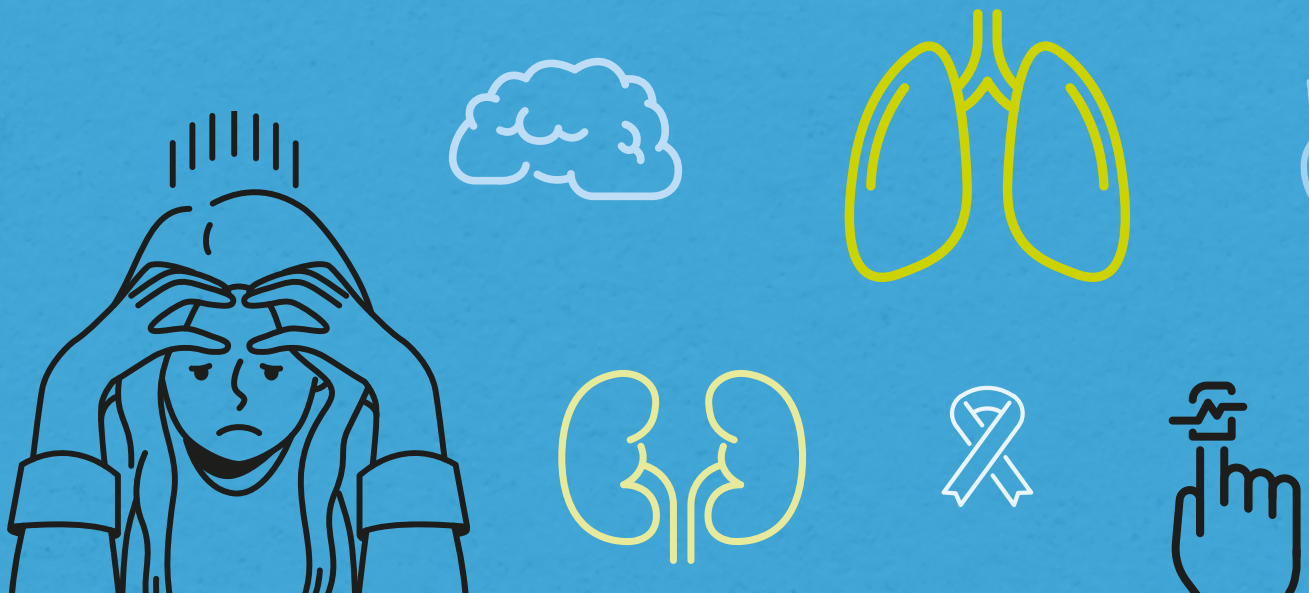
MORE OF OUR RESIDENTS ARE PROJECTED TO LIVE WITH MULTIPLE ILLNESSES

Figure 5: Projected cases of 10 conditions with highest impact on health care use and mortality (among those aged 30 years and older) England 2019 - 2040.



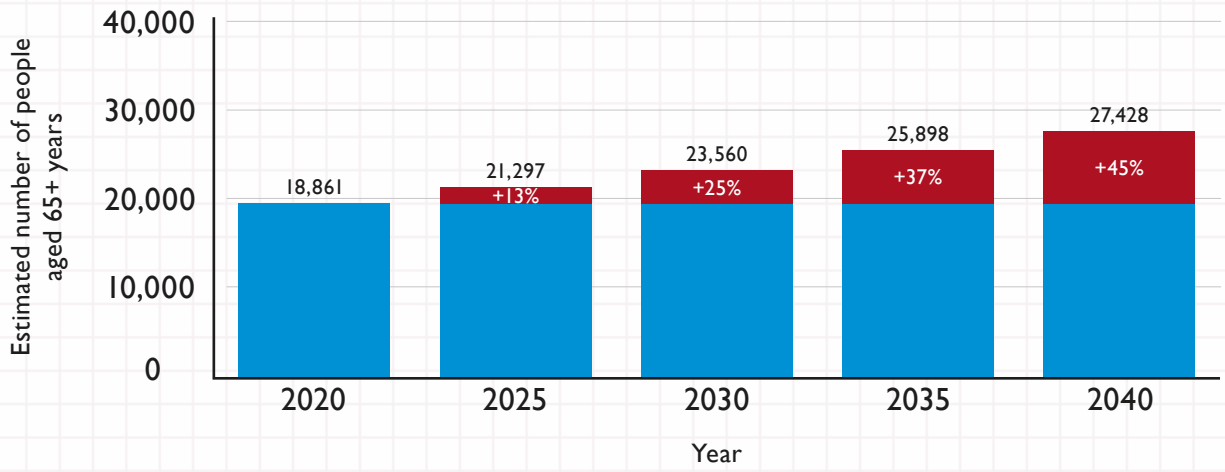
Source: Analysis of linked health care records and mortality data collected by the REAL Centre and the University of Liverpool.

The chart above demonstrates the projected significant national increase in the ten conditions with the highest impact on health care use (and mortality) in people aged 30 years or older between 2019 and 2040. Long term debilitating illnesses such as chronic pain, Dementia, Heart Conditions and Diabetes are all projected to increase by substantial amounts over the next two decades. Some of this is driven by an older population whose age puts them at greater risk of the conditions listed. However, aging well and being able to remain physically, mentally and socially active for the majority of our lives is clearly possible. Developing multiple illnesses is not inevitable.



LIMITING LONG TERM ILLNESS REDUCES INDEPENDENCE AND QUALITY OF LIFE

Figure 6: Projected increase in limiting long term in the East Riding (persons aged 65+ years).



The number of older East Riding residents living with a limiting long-term illness is projected to increase by 45 per cent by 2040. More East Riding residents living with more of the long-term illnesses that limit their daily activities has clear implications for the individual themselves, their families and the local public services designed to support residents who need support. Several of the risk factors behind the projected rise in long term illness could be prevented, delayed or reduced. This is explained later in this report.

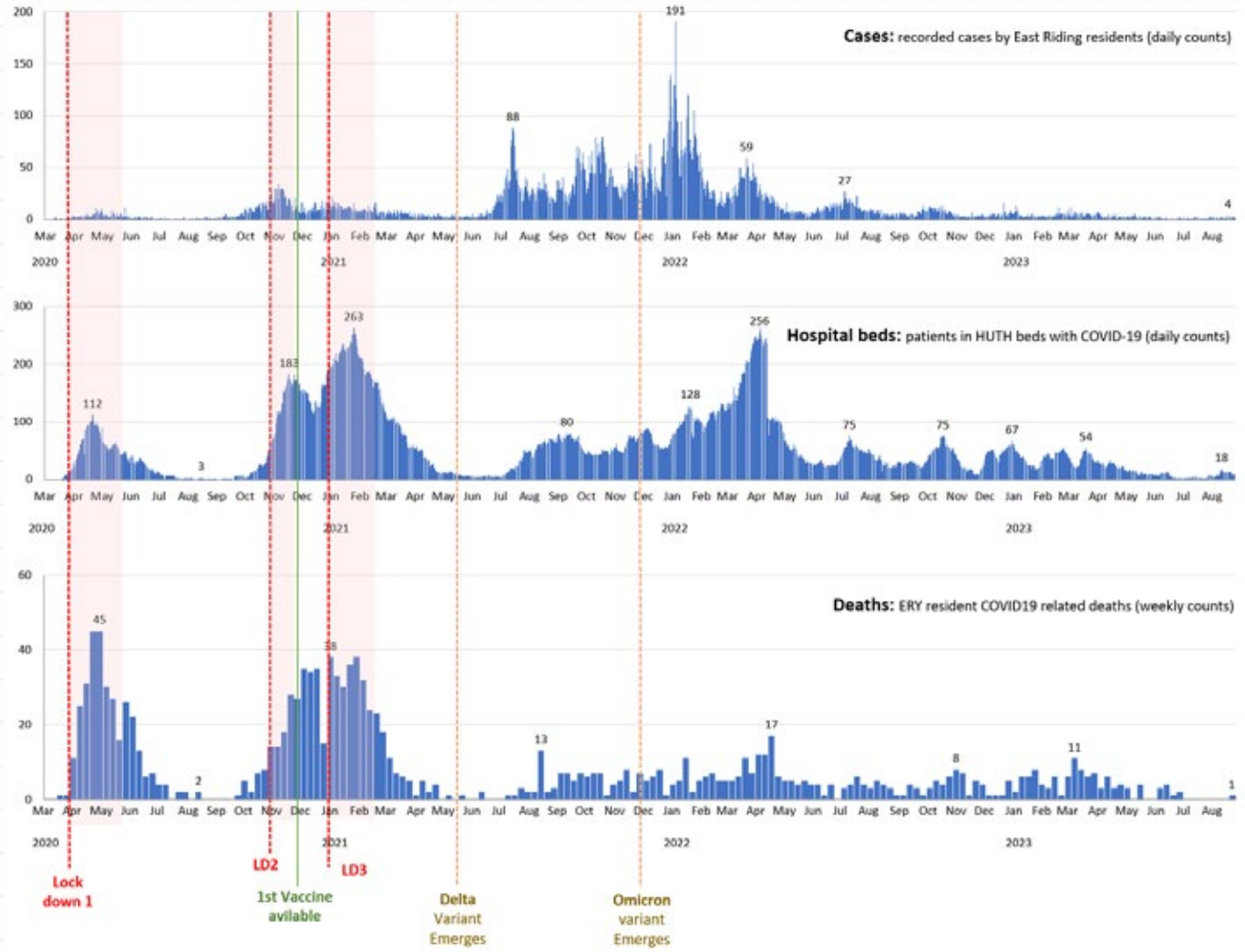
THREE YEARS OF COVID-19 AND THE CONSEQUENCES

COVID-19 Hospitalisations and Deaths happened in successive waves

The pandemic has affected East Riding residents through continuous waves of infections, hospitalisations and premature deaths throughout the last two and half years. Figure 7 on the next page shows the highs and lows of the various waves between March 2020 and August 2023. Diagnosed and recorded cases of Coronavirus infection are shown in the top chart, then hospitalisations from COVID-19 at Hull University Hospitals Trust (HUTH) are shown in the middle chart. COVID-19 deaths of East Riding residents are shown in the bottom chart.

All three measures of impact (cases, hospitalisations and deaths) are shown on the same timeline to demonstrate the time lag between being diagnosed with a COVID-19 infection, then needing hospital support and then potentially dying prematurely. The timing of national lockdowns and the introduction of COVID-19 vaccines have also been added to the chart.

Figure 7: COVID-19 Impact: Cases, Hospitalisations and Deaths (March 2020 - May 2023)



The number of COVID-19 cases diagnosed daily can be seen to have peaked in January 2022 (191 East Riding residents in a single day). However, this was when population testing availability had been increased significantly and people where testing on a regular basis. During the early stages of the pandemic a better measure of the impact of COVID-19 was the number of people requiring hospitalisation or worse, dying prematurely.

Hospitalisations and deaths

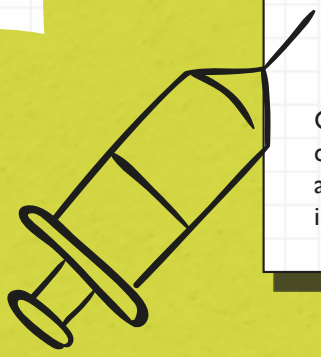
Deaths from COVID-19 were seen to rise rapidly in May 2020 when the viral infections first started to spread exponentially. At this time the virus was new to residents' immune systems and caused significant suffering and illness resulting in a first peak of 45 deaths to East Riding residents in one week in early June 2020. At this time there was no vaccination available to offer to our residents to protect them from the most serious complications, whilst at the same time health and care services were stretched to the limit in trying to alleviate the suffering caused by the virus. This was the highest number of weekly deaths experienced in the East Riding throughout the entire pandemic. Lockdown measures stopped the increase in infections and this reduced both the subsequent number of hospitalisations and deaths. November 2020 saw an increase in infections followed by subsequent hospitalisations and then tragically another increase in premature deaths.

In the winter of 2020/21 East Riding residents experienced several weekly peaks of 38 deaths from COVID-19. Hospitalisations fell away over the summer of 2021 but started to increase again by September 2021. Patient numbers remained high through the end of 2021 and the start of 2022 reaching the highest point of infections during April 2022.

The daily number of patients in Hull University Teaching Hospital beds with COVID-19 can be seen to have several peaks: firstly, an initial surge to 112 patients in April 2020, followed by a fall after lockdown, next an increase in the Autumn of 2020 reaching 183 patients, which continued to rise to 263 by February 2021. Numbers fell away during the Summer of 2021 then started to increase through Autumn and into Winter. Hospital numbers again rose significantly in April 2022, hitting a high of 256 COVID-19 patients occupying hospital beds.

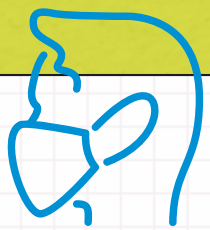
Since April 2022 there have occurred a number of smaller waves of infection and hospitalisations but far smaller than in 2020 and 2021. Weekly numbers of deaths have also fallen significantly, largely due several highly successful rounds of vaccinations and boosters within the East Riding.

East Riding has some of the highest vaccination rates in England



COVID-19 Vaccination up-take rates in the East Riding have, throughout the pandemic, consistently been some of the highest in England (90 per cent of East Riding residents aged 12+ vaccinated). This autumn and winter a further targeted vaccination programme is planned.

Increases in current and future health inequalities



In the East Riding the pandemic had both an indirect and direct effect on the health and wellbeing for the population. Delays in potential diagnosis and timely treatment, due to the NHS having to respond to the pandemic, has created a growing burden of ill health and poorer wellbeing for our population. Disease burden is causing physical and mental wellbeing to deteriorate across groups of people who are often some of the most vulnerable in society. The distribution of where this growing burden is felt is unequal across the East Riding, with those in our poorest communities experiencing greater levels of ill health, poorer mental health and deteriorating social connectedness.

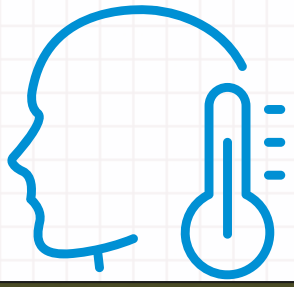
The interventions required to control the pandemic and save lives included mass testing, a series of lockdowns, restriction on movements, restrictions on access to usual services and care. The impact of these interventions was disproportionately experienced by differing groups of residents. National studies suggest that the most materially deprived residents received less of the appropriate services they needed to keep them healthy and resilient, whilst at the same time experiencing an increase in the risk factors that multiplied their chances of poor health.

For example, residents who worked in routine and manual occupations often had to travel to their place of work, running the risk of mixing with others and exposing themselves throughout the waves of pandemic to the virus. In contrast, those who were able to work from home where able to reduce their risk of exposure to the virus. People residing in homes with multiple rooms, sufficient heat/lighting and good ventilation (and green spaces) were at lower risk of infection than those living in crowded accommodation with poor ventilation/heating and no access to green spaces.

Children had a particularly difficult time during the pandemic despite the best efforts of school staff to minimise harm. There were significant periods of disruption to education throughout the pandemic, caused either by complete closures, or the partial and/or restricted openings of schools.

This placed almost all children in a less-than-ideal situation for many months, as their education was fragmentary at best. Parents often had to make attempts to step in to support their child's education from home, but this often had to be balanced with their own home working pressures. We now believe that this situation may have caused attainment gaps in child educationeducation and is likely to be demonstrated as children move through their schooling. In addition, the social disconnections that children and young people experienced through the pandemic are believed to have impacted upon their mental health development and wellbeing.

The pandemic disrupted historic trends in infection, illness and demand for care



Under normal circumstances we would expect excess deaths to occur during the winter months when various seasonal diseases are in circulation, such as influenza and other resiratory diseases. Health services usually then experience a *"reset"* period during the summer months when excess deaths fall. This typical pattern was disrupted between 2020 and 2023. Instead, we are seeing far greater strain on our health and care services throughout the year with no periods allowed for recovery, all of which leads to a year-round high demand for health services.

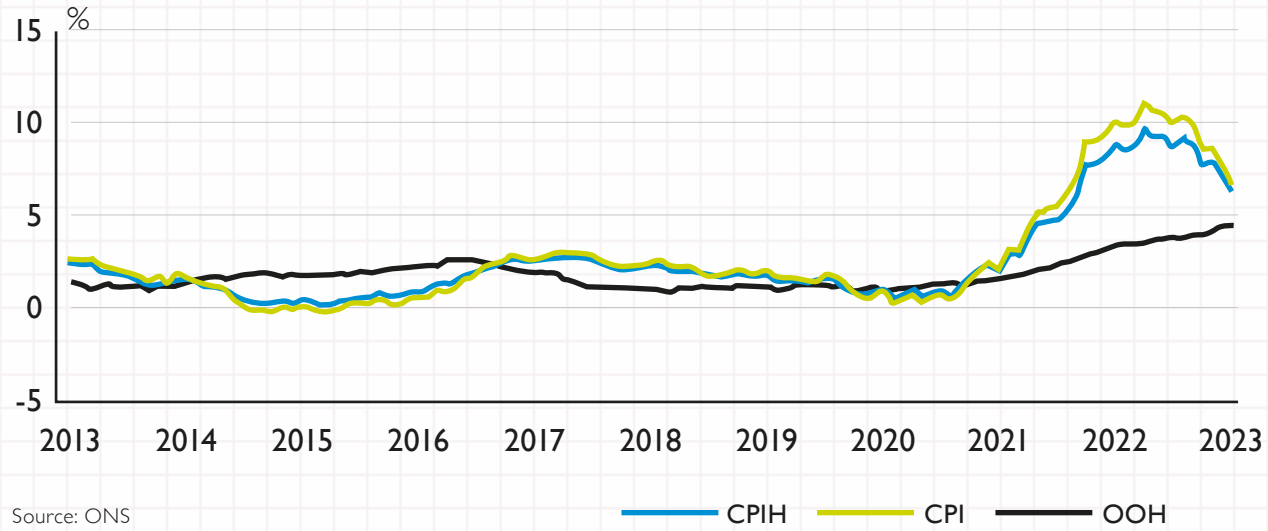
THE IMPACT OF THE COST OF LIVING CRISIS ON HEALTH

Examples of how the increase in cost of living has impacted on health and conditions of living

Dramatic rise in the cost of living

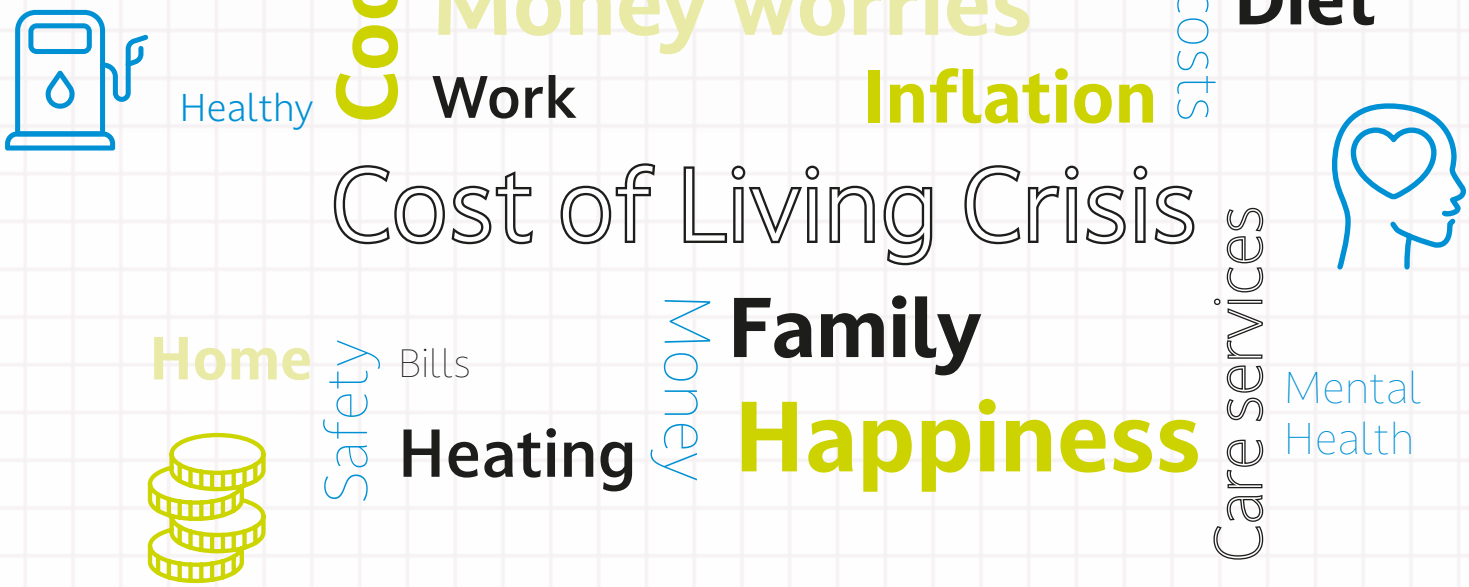
The average cost of living as measured by the Annual Consumer Price Inflation (CPI) and Consume Price Inflation including Housing (CPIH) rates rose considerably from summer 2021 reaching a peak in winter 2022 (see chart below).

Figure 8: CPIH, OOH component and CPI annual inflation rates for the last 10 years, UK, July 2013 to July 2023



Source: ONS

CPIH is a comprehensive measure of inflation. It is also a good indicator of pressure on family budgets and the difficult choices many families had to make between heating, food, transport and social activities. The CPIH extends the Consumer Prices Index (CPI) to include a measure of the costs associated with owning, maintaining and living in one's own home, known as owner occupiers' housing costs (OOH), along with Council Tax. Both are significant expenses for many households and are not included in the CPI.



The shock of inflation

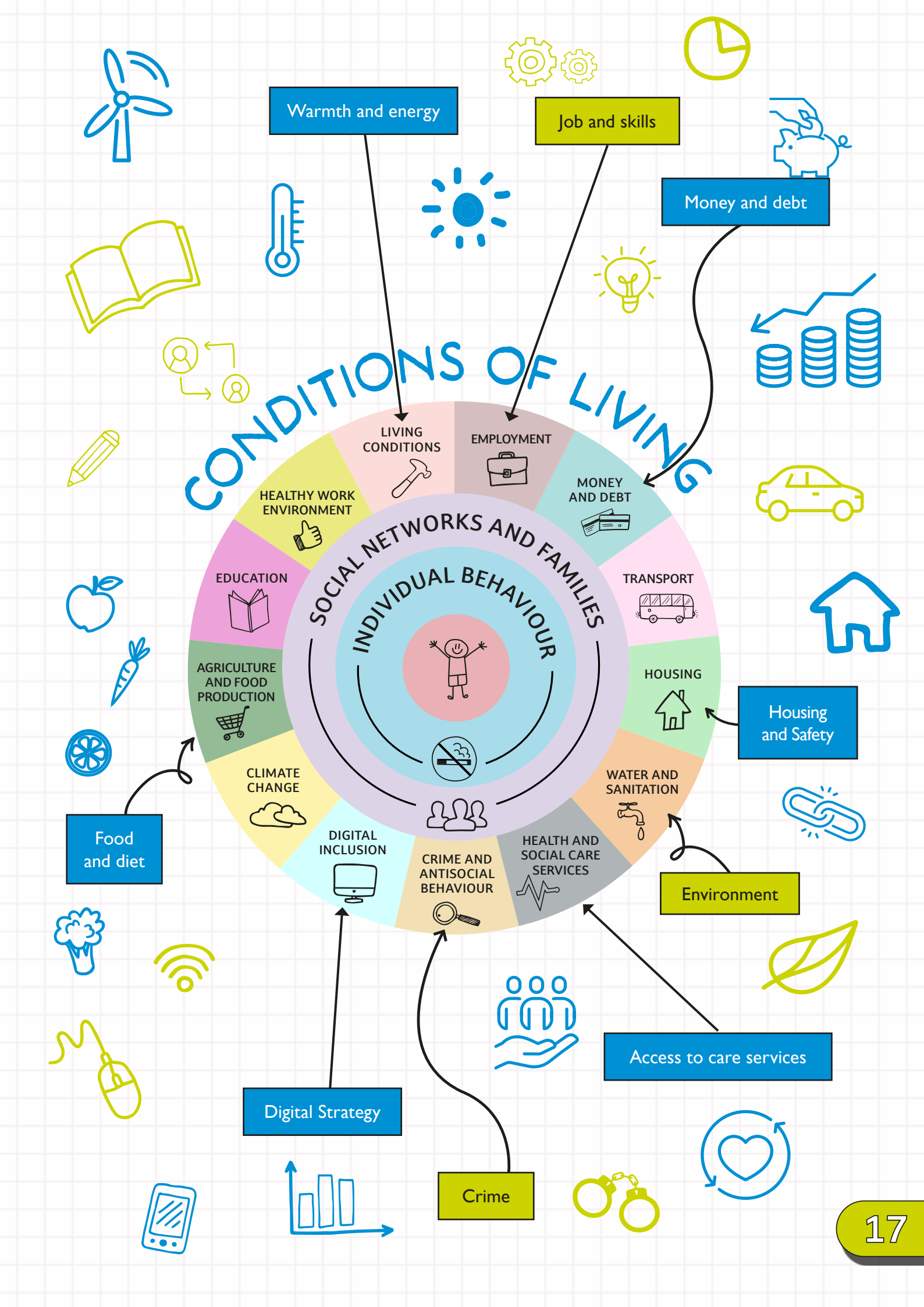
High inflation has been caused by a series of big shocks to our economy. The first shock was the COVID-19 pandemic. While people had to stay at home, they started to buy more goods rather than services. But the people selling these goods have had problems getting enough of them to sell to customers. That led to higher prices - particularly for goods imported from abroad.

The second shock was Russia's invasion of Ukraine, which led to large increases in the price of gas. It also pushed up the price of food. Poor harvests in other countries made the situation worse. Food prices in June 2023 were 17 per cent higher than in 2022.

The third shock was a large reduction in the number of people available to work, linked to the COVID-19 pandemic and Brexit. This has meant that employers have had to offer higher wages to attract job applicants. Many businesses have had to increase their prices to cover those costs. This also includes firms in the services sector, where wages are the largest part of business costs.

How inflation has made the conditions of living worse for health

By examining the impact of higher costs of living upon each of the factors that make up the conditions of living model we can see how health risk factors have been increased whilst protective factors have been reduced.

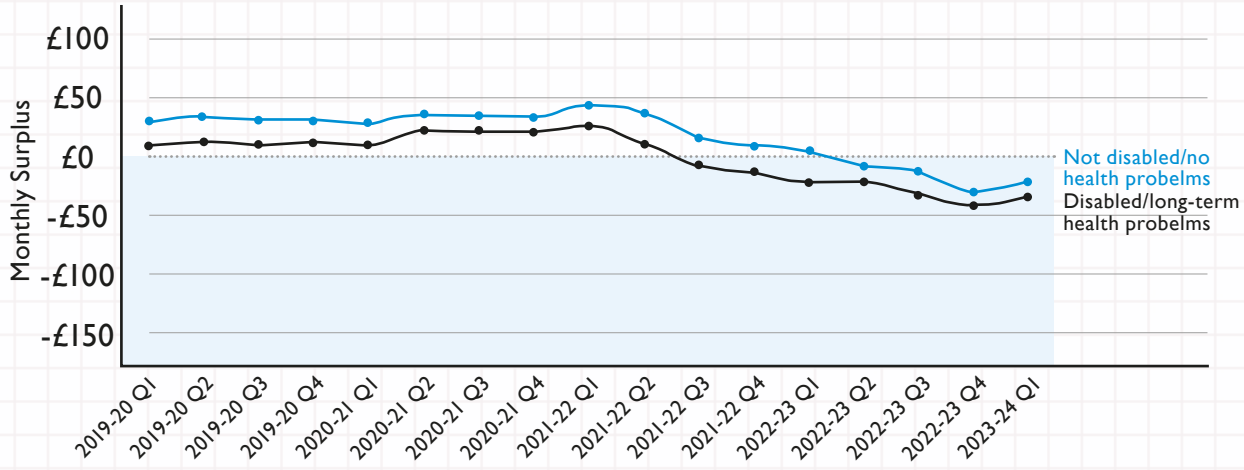

Warmth and energy
Job and skills
Money and debt
CONDITIONS OF LIVING
LIVING CONDITIONS
EMPLOYMENT
MONEY AND DEBT
TRANSPORT
HOUSING
WATER AND SANITATION
HEALTH AND SOCIAL CARE SERVICES
CRIME AND ANTISOCIAL BEHAVIOUR
DIGITAL INCLUSION
CLIMATE CHANGE
AGRICULTURE AND FOOD PRODUCTION
EDUCATION
HEALTHY WORK ENVIRONMENT
SOCIAL NETWORKS AND FAMILIES
INDIVIDUAL BEHAVIOUR
Housing and Safety
Environment
Access to care services
Crime
Digital Strategy
Food and diet

Money and debt

People contact the Citizens Advice Bureau (CAB) for advice on many different type of problems concerning their conditions of living. CAB now report that Cost-of-living issues will soon become the most common reason to seek help from Citizens Advice. In their annual report they state that certain groups of people they are helping are struggling more with cost-of-living issues. For disabled people, they now see more people with a cost of living issue than for all other issues.

CAB point out that the average person they help with debt advice used to have £19 left over each month after paying for their essentials. Now, they have an average shortfall of £28 per month. Furthermore, some groups are particularly deep in the red - including single parents, private renters, disabled people, ethnic minorities, the self-employed and more recently, mortgage holders. The chart below from CAB illustrates the Average Monthly Surplus among debt clients by group. Surplus equals income minus expenditure. Groups below the blue line are in a negative budget on average.

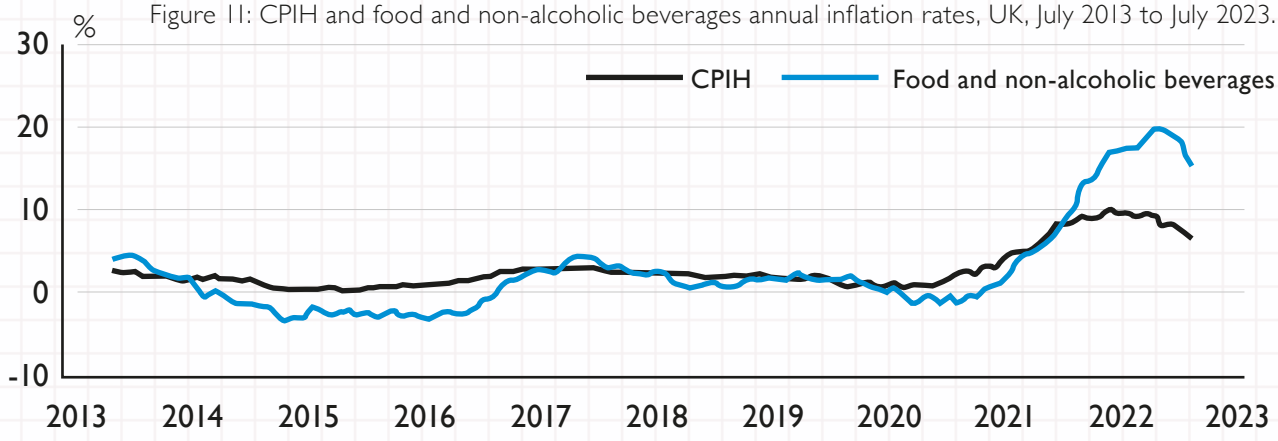
Figure 10: Average Monthly Surplus among debt clients by group (in contact with Citizens Advice Bureau).



Food and diet

Cost of food and non-alcoholic beverages rose considerably in 2022 resulting in an increased usage of food banks within the East Riding. A double squeeze happened where more people needed to use food banks whilst fewer people were able to donate due to their own family income pressures.

Figure 11: CPIH and food and non-alcoholic beverages annual inflation rates, UK, July 2013 to July 2023.



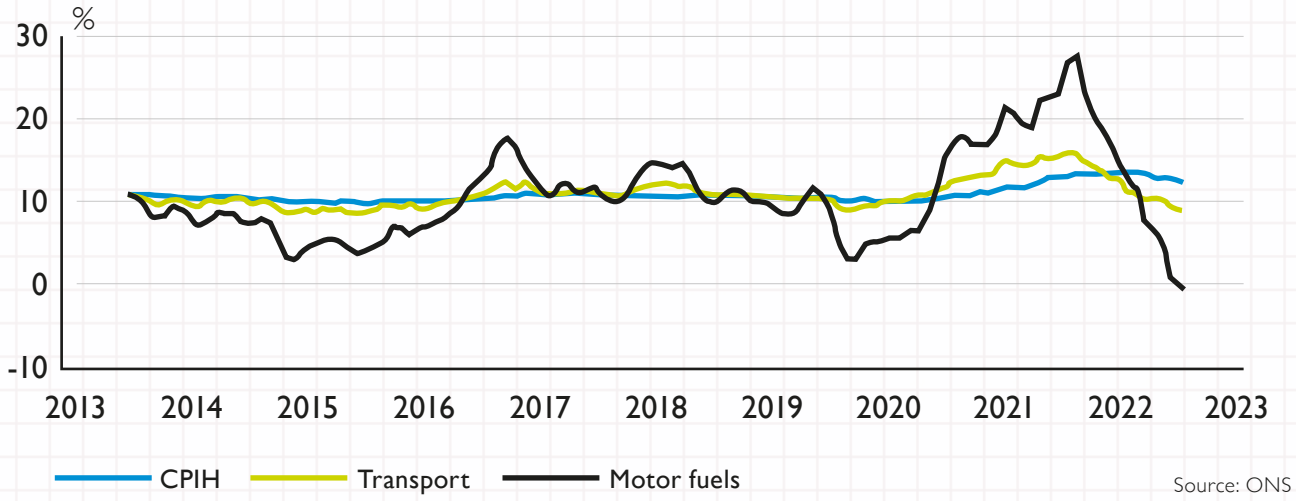
Source: ONS

In 2022 inflation reached its highest level in 41 years with the largest contributor to the rise in food inflation being bread and cereal. One Food bank based in Bridlington reported a 50 per cent increase in demand due to cost of living crisis.

Transport

Fuel prices rose dramatically from July 21 but have fallen in recent months. During this period around 33 per cent of adults reported cutting back on non-essential journeys because of the rising cost of living. Motor fuel prices did start to fall in May 2023.

Figure 12: CPIH, transport and motor fuels annual inflation rates, UK, July 2013 to July 2023.

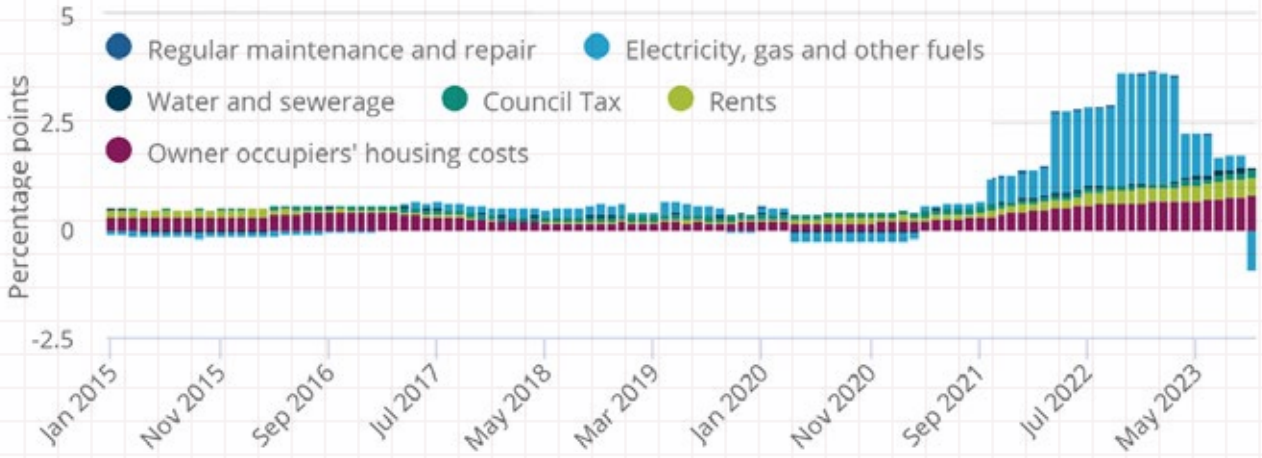


Source: ONS

Housing

The biggest pressure on household bills was the increase in energy bills. The graph below demonstrates how electricity, gas and other fuel costs rose dramatically throughout 2022 and early 2023 but have fallen in recent months. However, household bills remain very high in comparison with pre-pandemic years,

Many families have been faced with very difficult financial decisions in balancing heating, food, rent and debt. It is estimated that 700,000 UK households missed or defaulted on a rent or mortgage payment in May 2023. Figures released by the Ministry of Justice show that 7,491 no-fault eviction claims were brought before the courts between April and June 2023. That is the highest recorded number since 2017, up 10 per cent on January to March, and 35 per cent higher than in the same period last year.



Approximately 13 million British homes *'did not turn on heating when cold last year's winter'* and 7.2 million households faced higher energy bills this winter than in 2022, despite gas prices falling. Electricity prices in the UK rose by 66.7 per cent and gas prices by 129.4 per cent in the 12 months to January 2023 and around 60 per cent adults reported to be using less fuel in their homes due to cost of living increases.

Social Networks and Families

The COVID-19 restrictions on social and community life resulted in the temporary suspension of social activities for children, young people, adults and the elderly. This led for some to an intensified sense of loneliness, isolation, anxiety and mental ill health. Studies suggest this was experienced most acutely in in deprived urban and rural populations.

Education

The disruption to schools caused by lockdowns appears to have reduced level of educational attainment. This increases the risk of some children having more limited life chances. Tyler D & Lawer D (2021) found that having to conduct schooling at home and join lessons online was often demotivating for many children. For some, taking part online was more difficult, as not all children are fully competent in using computers nor have the equipment needed to join in (such as a reasonably fast broadband connection).

Children often simply may not have the room to set up a learning space within the home environment. Whilst many young people who responded to surveys that supported the research said they were happy not having to go into school or college during the pandemic, this was not the case for all young people. The research found that young people felt de-motivated and worried about their futures regarding their education.

Access to Health and Social Care Services

The pandemic has accelerated and magnified existing pressures upon health and care services. For example, the list of people waiting for NHS treatment in England had been rising consistently between 2012 and 2019 but has risen faster since the pandemic (see chart below).

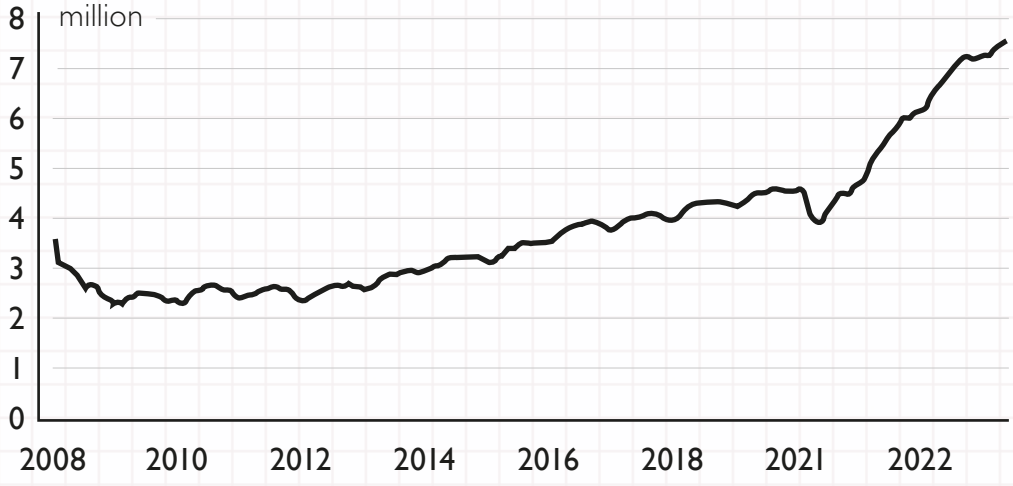


Figure 14: Number of people waiting for NHS treatment in England (2008 - 2023).

Source: NHS England, Consultant-Led Referral to Treatment, RTT overview timeseries.

Staffing shortages that existed pre-COVID worsened during the pandemic. Brexit had a negative effect on this as many of the migrant workforce options open to the NHS/care services were severely restricted. The need for many staff members to isolate often left health and care settings in a critical condition concerning workforce.

The length of time that people wait for a diagnostic test in England also increased substantially during the pandemic.

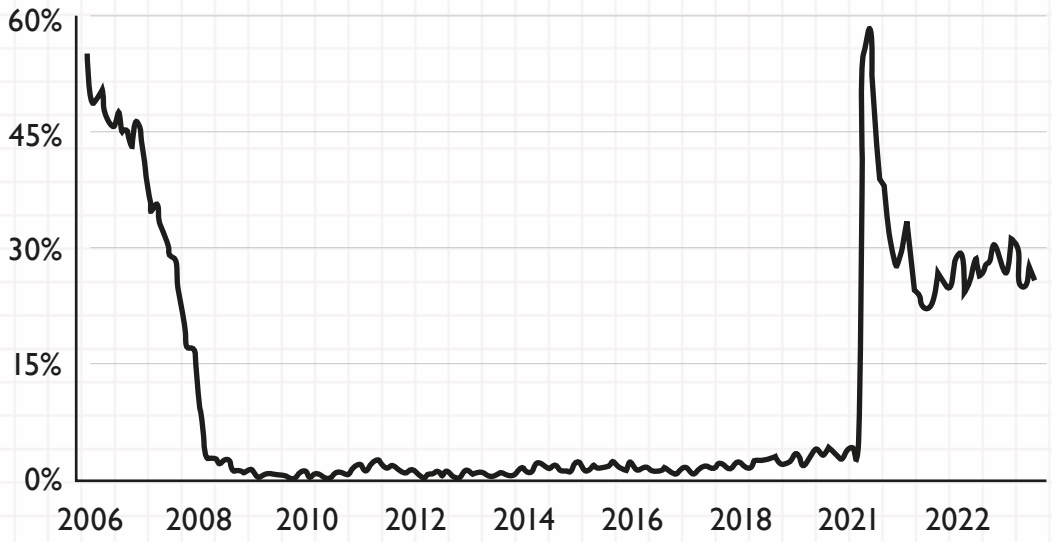


Figure 15: Percentage of patients waiting over 6 weeks for a diagnostic test (England, 2006 - 2023).

Source: NHS England, Diagnostic Waiting Times and Activity, Time series - May 2023.

The cessation of NHS screening appointments, the redeployment of staff to COVID-19 related duties and the reluctance of the public to leave their homes and enter hospital buildings for emergency and planned care has led to late presentations and delays in treatment of serious conditions such as cancer and strokes.

Patients experiencing longer waiting times in major accident and emergency facilities in England.

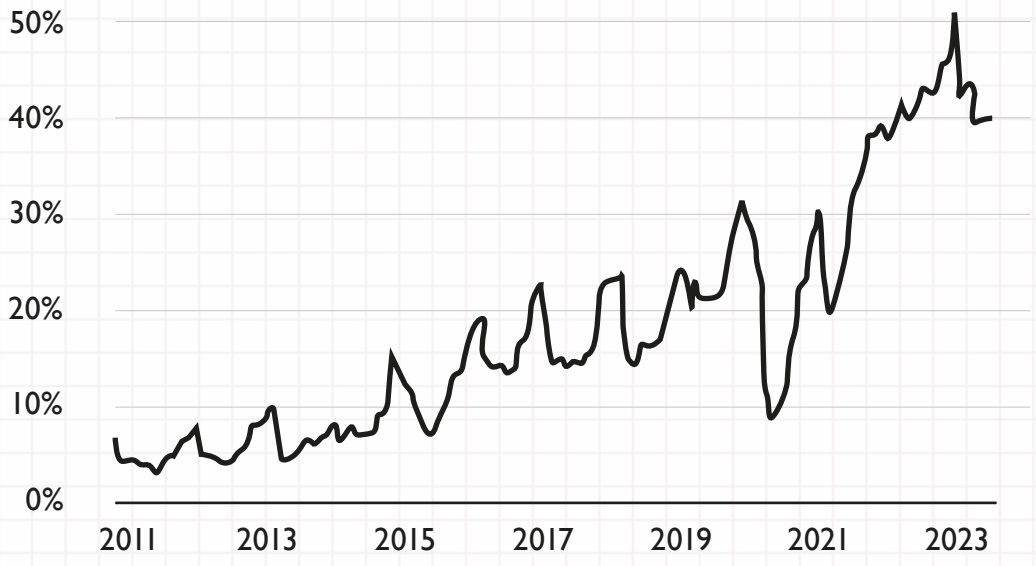
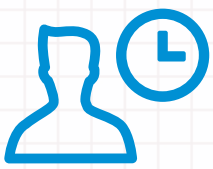


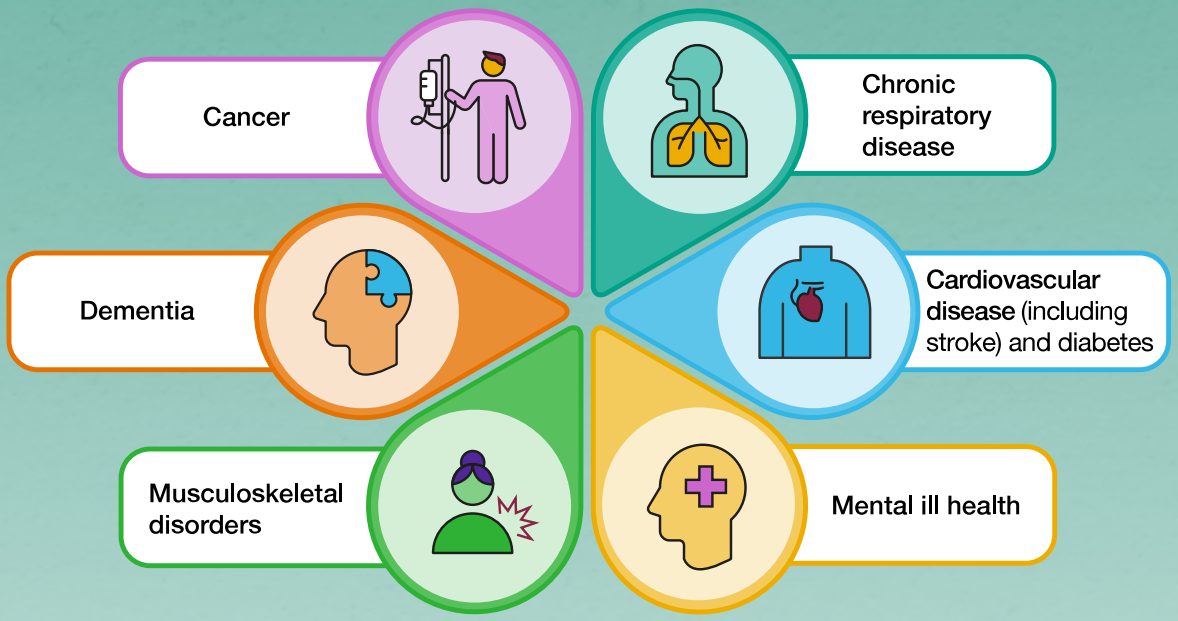
Figure 16: Patients spending over 4 hours in major A&E (England, 2011 - 2023)



Department of Health & Social Care

NEW MAJOR CONDITIONS STRATEGY FOR HEALTH AND CARE SYSTEMS

Together six groups of major health conditions drive over 60% of mortality and morbidity in England, and it is increasingly common for patients to experience two or more of these conditions at the same time.



Our strategic framework focuses on:

Primary prevention: acting across the population to reduce risk of disease

Secondary prevention: halting progression of conditions or risk factors for an individual

Early diagnosis: so we can identify health conditions early, to make treatment quicker and easier

Prompt and urgent care: treating conditions before they become crises

Long-term care and treatment: in both NHS and social care settings

To have the greatest impact, we will prioritise change in five areas:

1. Rebalancing the health and care system towards proactive prevention by **managing personalised risk factors**
2. Embedding early diagnosis and treatment **in the community**
3. Managing multiple conditions effectively – including through **aligning generalism and specialism**
4. Better connection and **integration between physical and mental health services**
5. Shaping services and support around people, giving them **more choice and control over their care**

Current East Riding trends and future projections for the major conditions of ill health

New NHS strategy to focus on more than single illnesses

In 2023 the Department of Health and Social Care set out its intent to focus the NHS and broader health and care system on a major conditions strategy, aiming to tackle the cumulative pressure from the pandemic and growing ill health in the population.

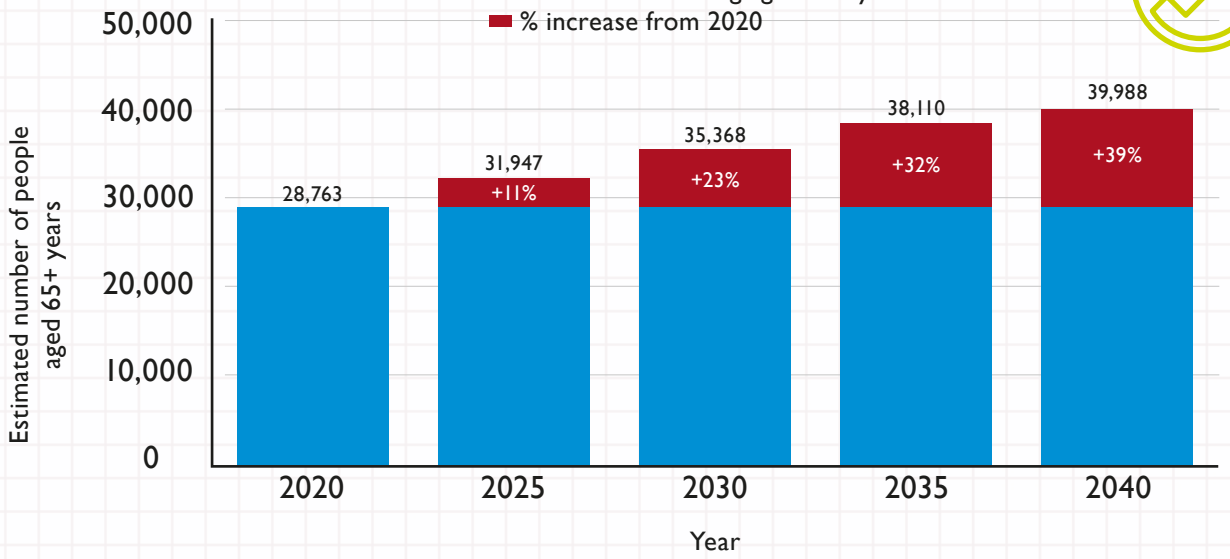
The conditions selected were Cardiovascular disease (including Stroke and Diabetes), Cancer, Chronic Obstructive Pulmonary Disease, Dementia, Mental Health, and Musculoskeletal Conditions.

CARDIOVASCULAR DISEASE

Cardiovascular (CVD) disease is a term that is used for a number of conditions that affect the heart and blood vessels. The main diseases within CVD include coronary heart disease, angina, congenital heart disease, hypertension, stroke and vascular dementia. Diabetes, whilst not strictly a cardiovascular disease, is often grouped with CVD. This is due to the complications it causes, usually related to cardiovascular problems like hypertension, due to damage to the blood vessels in the body.

The number of East Riding residents aged 65+ years with cardiovascular disease is projected to increase by 39 per cent (between 2020 and 2040) to almost 40,000 residents.

Figure 17:



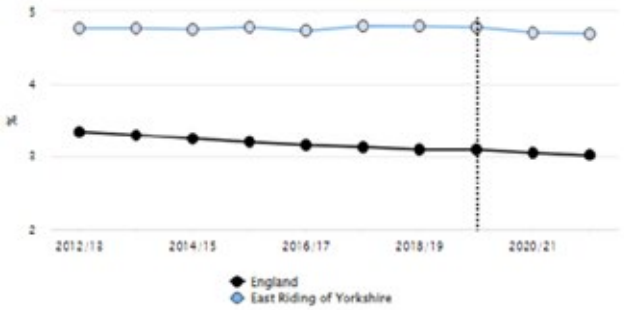
Coronary Heart Disease

Coronary Heart Disease (CHD) is a condition that occurs when the blood vessels that supply oxygen and nutrients to the heart become narrowed or blocked by fatty deposits. This can result in reduced blood flow to the heart, leading to a variety of symptoms and potentially serious complications.

CHD within the East Riding has remained consistent at around 4.7 per cent of people of all ages for the last decade. This figure is higher than the average for England (3 per cent) and similar areas. Much of this difference is due to the older age profile of the East Riding with chronic illness such as CHD being far more likely to occur in older populations. However, the risk factors can be delayed and/or reduced over a person's life course.

The main modifiable risk factors for CHD are poor diet, no regular exercise, smoking and high blood pressure. The number of East Riding residents aged 65+ years with cardiovascular disease is projected to increase by 39 per cent (between 2020 and 2040) to almost 40,000 residents.

Figure 18: Prevalence of Coronary Heart Disease (all ages), diagnosed and registered with a GP - 2012-2022.



Recent trend: ➡ No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2012/13		15,056	4.8%	4.7%	4.8%	4.0%*	3.3%
2013/14		15,044	4.8%	4.7%	4.8%	4.0%*	3.3%
2014/15		15,047	4.7%	4.7%	4.8%	4.0%*	3.2%
2015/16		15,136	4.8%	4.7%	4.9%	3.9%*	3.2%
2016/17		15,198	4.7%	4.7%	4.8%	3.9%*	3.2%
2017/18		15,334	4.8%	4.7%	4.9%	3.9%*	3.1%
2018/19		15,440	4.8%	4.7%	4.9%	3.9%*	3.1%*
2019/20		15,487	4.8%	4.7%	4.8%	4.0%*	3.1%
2020/21		15,274	4.7%	4.6%	4.8%	3.9%*	3.0%
2021/22		15,300	4.7%	4.6%	4.8%	3.9%*	3.0%

Source: OHID Fingertips. Start of COVID-19 pandemic indicated by black dotted line.

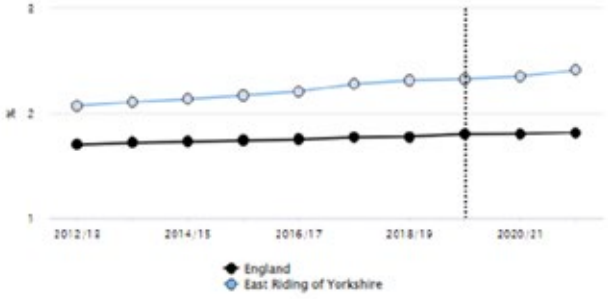
Stroke

Stroke is a serious condition that occurs when the blood supply is cut off to the brain, caused by either a blockage (e.g. a blood clot) or bleeding (when weakened vessels burst).

The prevelance of Stroke within the East Riding (in persons of all ages) has risen slightly over the last decade from 2.1 per cent in 2012/13 to 2.4 per cent in 2021/22. The East Riding continues to have a higher prevalence of stoke than England but has similar rates to areas that are geographically and demographically similar to the East Riding (this is presented in the chart and table below as statistical neighbours average).

The risk factors for Stroke are high salt intake, smoking, alcohol misuse and drug abuse, physical inactivity and poor diet.

Figure 19: Prevalence of Stroke (all ages), diagnosed and registered with a GP - 2012-2022.



Recent trend: ⬆ Increasing

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2012/13		6,539	2.1%	2.0%	2.1%	2.1%*	1.7%
2013/14		6,654	2.1%	2.1%	2.2%	2.1%*	1.7%
2014/15		6,762	2.1%	2.1%	2.2%	2.2%*	1.7%
2015/16		6,867	2.2%	2.1%	2.2%	2.2%*	1.7%
2016/17		7,087	2.2%	2.2%	2.3%	2.2%*	1.7%
2017/18		7,294	2.3%	2.2%	2.3%	2.3%*	1.8%
2018/19		7,455	2.3%	2.3%	2.4%	2.3%*	1.8%*
2019/20		7,531	2.3%	2.3%	2.4%	2.4%*	1.8%
2020/21		7,627	2.3%	2.3%	2.4%	2.4%*	1.8%
2021/22		7,851	2.4%	2.4%	2.5%	2.4%*	1.8%

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

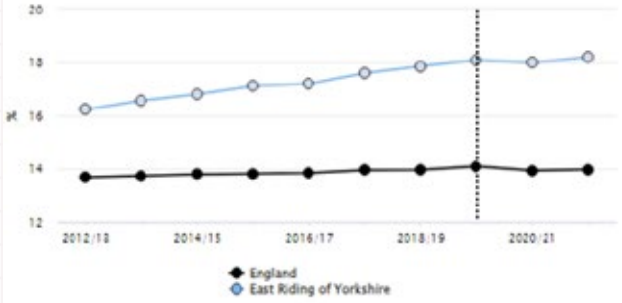
Hypertension

Hypertension is also referred to as high blood pressure and if it is too high it can put strain on blood vessels and vital organs such as the heart, kidneys and brain.

The prevalence of hypertension in the registered population of NHS East Riding compared to England overall is shown in the chart below. The East Riding prevalence has increased from 16.2 per cent to 18.2 per cent over the period shown, in contrast the England prevalence has remained static. statistical neighbours have also increased over the period shown, but remain lower than the East Riding.

Lifestyle risk factors for hypertension include smoking, excessive alcohol consumption, excess dietary salt, unhealthy diet, obesity, and lack of physical activity.

Figure 20: Prevalence of hypertension (all ages), diagnosed and registered with a GP - 2012-2022.



Recent trend: Increasing

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2012/13		51,344	16.2%	16.1%	16.4%	15.3%*	13.7%
2013/14		52,344	16.6%	16.4%	16.7%	15.5%*	13.7%
2014/15		53,257	16.8%	16.7%	16.9%	15.7%*	13.8%
2015/16		54,222	17.1%	17.0%	17.2%	15.7%*	13.8%
2016/17		55,309	17.2%	17.1%	17.3%	15.8%*	13.8%
2017/18		56,358	17.6%	17.5%	17.7%	16.0%*	13.9%
2018/19		57,642	17.9%	17.7%	18.0%	16.1%*	14.0%*
2019/20		58,658	18.1%	18.0%	18.2%	16.4%*	14.1%
2020/21		58,430	18.0%	17.9%	18.1%	16.2%*	13.9%
2021/22		59,347	18.2%	18.1%	18.3%	16.4%*	14.0%

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

Source: OHID Fingertips. Start of COVID-19 pandemic indicated by black dotted line.

Diabetes

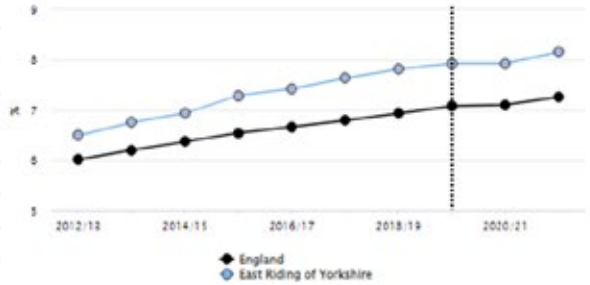
Diabetes is a chronic medical condition that causes elevated levels of blood sugar levels (also known as blood glucose). There are two types of diabetes: type 1 and type 2, 90 per cent of adults with diabetes have type 2.

Rates of Diabetes have increased in the East Riding from 17,000 diagnosed cases in 2012 to 22,000 in 2022. The East Riding has maintained a higher rate than England over this time.

Risk factors for developing Type 2 Diabetes include:

- Obesity and inactivity
- Family history of diabetes
- Ethnicity (higher risk amongst people of Asian, African, and Afro-Caribbean ethnicity)
- History of gestational diabetes
- A low-fibre, high glycaemic index.
- Certain Drug treatments
- Metabolic syndrome
- Low birth weight for gestational age

Figure 21: Prevalence of diabetes (all ages), diagnosed and registered with a GP - 2012-2022.



Recent trend: Increasing

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2012/13		16,962	6.5%*	6.4%	6.6%	6.0%*	6.0%
2013/14		17,670	6.8%	6.7%	6.9%	6.2%*	6.2%
2014/15		18,219	6.9%	6.8%	7.0%	6.4%*	6.4%
2015/16		19,154	7.3%	7.2%	7.4%	6.6%*	6.5%
2016/17		19,806	7.4%	7.3%	7.5%	6.8%*	6.7%
2017/18		20,295	7.6%	7.5%	7.7%	6.9%*	6.8%
2018/19		20,970	7.8%	7.7%	7.9%	7.1%*	6.9%*
2019/20		21,386	7.9%	7.8%	8.0%	7.2%*	7.1%
2020/21		21,465	7.9%	7.8%	8.0%	7.3%*	7.1%
2021/22		22,177	8.2%	8.1%	8.3%	7.5%*	7.3%

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

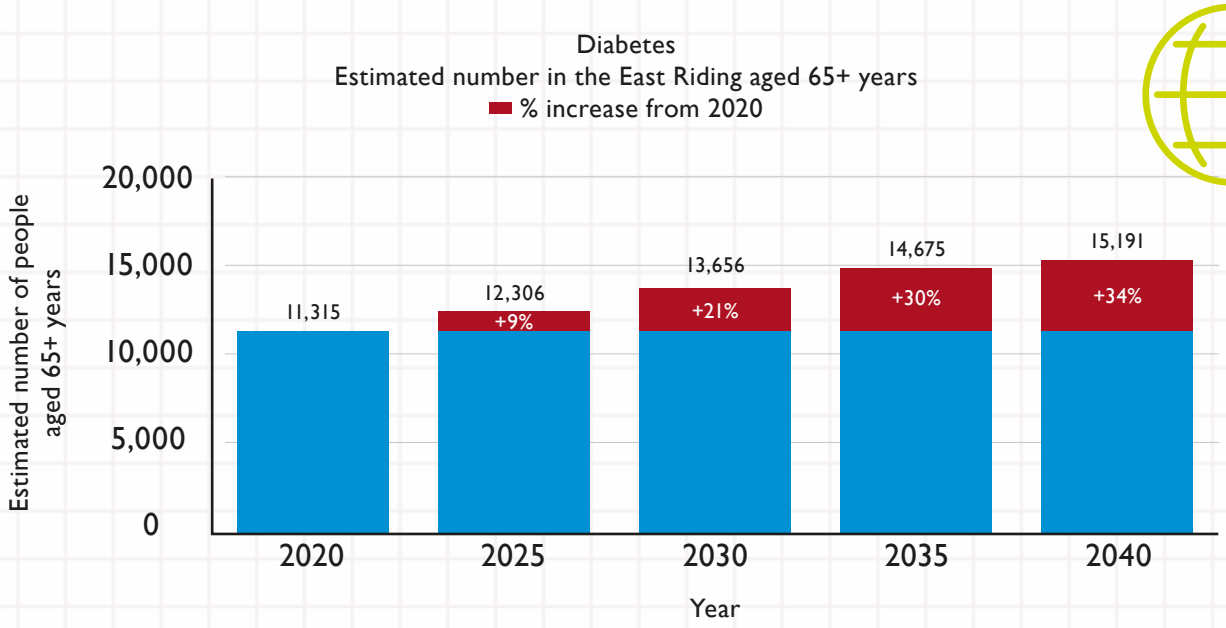
The pandemic increased risks of Diabetes and Hypertension

The COVID-19 pandemic has increased a number of the risk factors related to cardiovascular illness. Consumption of convenience food and home consumed alcohol rocketed during the lockdowns.

Simultaneously, public access to gyms, leisure centres and other active pursuits were limited to prevent the transmission of the virus. Well pharmacy who polled thousands of people, estimated that on average adults in England gained 10 pounds or just over 4.5 kilograms in weight.

Nationally and locally the prevalence of diabetes has been rising with now over 6 per cent of the adult population in England having diabetes. The East Riding has broadly followed this rate of growth over the same timeline, however the county has remained consistently higher than the national average. In the most recent years the rate of increase in the East Riding has slightly accelerated and grown against the national average, resulting in the East Riding having a 1 per cent greater prevalence than the nation for the latest period.

The number of East Riding residents aged 65+ years with diabetes is estimated to increase by 34 per cent (between 2020 and 2040) to over 15,000 residents.



One of the potential reasons for the predicted increase in diabetes prevalence is the current increasing trend in childhood obesity.

Increased Childhood Obesity suggests future increase in morbidity

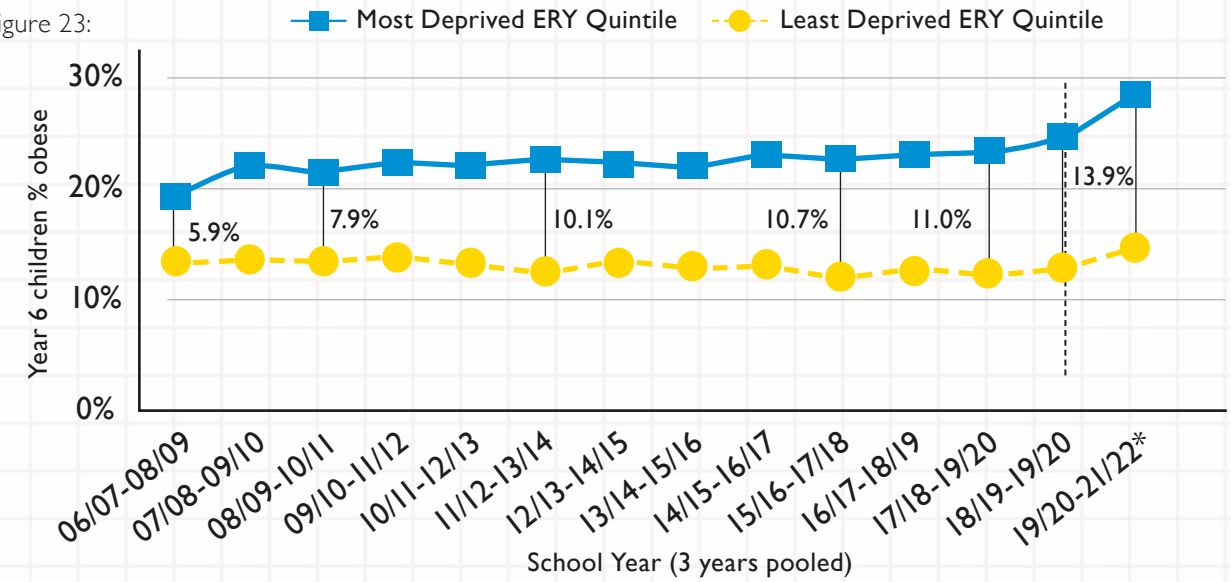
A major risk factor for diabetes and cardiovascular disease is obesity. The more people living with obesity in the East Riding the greater the levels of potential morbidity and illness. Childhood obesity is an accurate predictor of future adult obesity and corresponding multiple morbidities (e.g. diabetes and hypertension) and this has increased in the last two years. Reducing the current and future levels of obesity will require actions across the entire life-course including healthy pregnancies, families, schools, workplaces, communities and hospitals.

Childhood obesity increased during pandemic

Results from the National Child Measurement Programme found that there had been a rise in the number of obese children since the pandemic, both in the East Riding and nationally. This is shown in the chart below which demonstrates levels of childhood obesity in the East Riding since 2006.

Childhood obesity rates within the East Riding, although far higher than the last century, had been level at around 18 per cent of children aged 10 - 11 years between 2010 and 2020. This level had been consistently lower than the rate for England as a whole. However, this rose from 18.5 per cent in 2019/20 to 22.7 per cent in 2021/22.

Figure 23:



*The value for 2019/20 - 2021/22 does not include 2020/21 data. Last two periods are comprised of two years.
Black dotted line is approximate start of the pandemic.

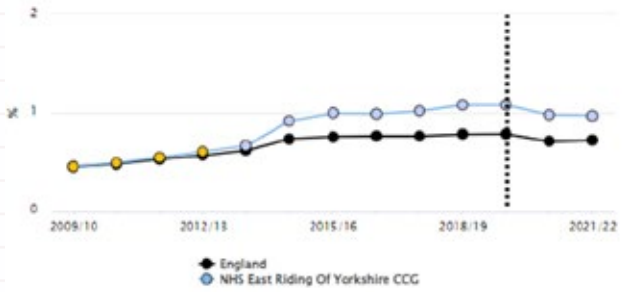
DEMENTIA

Dementia is a term used to describe a range of conditions that affect the brain, the most common of these include Alzheimer's disease, vascular dementia, Lewy body dementia, frontotemporal dementia and mixed dementia. Risk factors for dementia include diabetes, high alcohol intake, high blood pressure, lack of exercise, obesity, poor physical health and smoking.

Dementia diagnoses have doubled in a decade

The prevalence of dementia in the East Riding has for many years been higher than the national average, reflecting in part the demographic of the county, having proportionally more older people. National drives within the NHS had increased efforts in primary care to find and diagnose those with dementia particularly in early onset. Registered dementia prevalence in the East Riding had doubled during the period 2009/10 to 2019/20, from a prevalence of 0.5 per cent in 2009/10 to 1.1 per cent in 2019/20. However, during the period 2020 to 2022 the number of cases fell by approximately 300 cases (some 10 per cent of all dementia cases locally).

Figure 24: Prevalence of Dementia, diagnosed and registered with a GP - 2012-2022.



Recent trend: ⬇ Decreasing

Period		NHS East Riding Of Yorkshire CCG Count	Value	95% Lower CI	95% 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%	0.6%	0.5%
2012/13		1,828	0.6%	0.6%	0.6%	0.6%
2013/14		2,010	0.7%	0.6%	0.7%	0.6%
2014/15		2,773	0.9%	0.9%	1.0%	0.7%
2015/16		3,002	1.0%	1.0%	1.0%	0.8%
2016/17		3,022	1.0%	1.0%	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%
2020/21		3,012	1.0%	0.9%	1.0%	0.7%
2021/22		2,999	1.0%*	0.9%	1.0%	0.7%

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

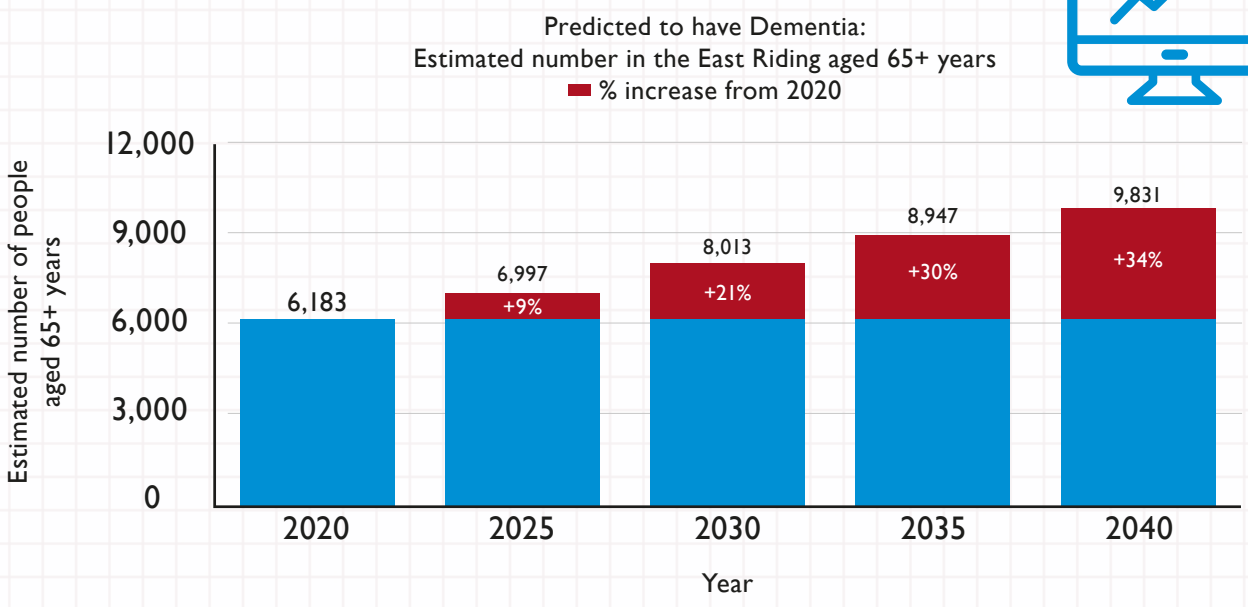
Source: OHID Fingertips. Start of COVID-19 pandemic indicated by black dotted line.

Reasons for this fall may be a combination of higher than usual rates of deaths within care homes during the pandemic's first and seconds waves and potential under diagnosis of dementia due to reduced access to primary care.

Dementia diagnoses are projected to significantly increase

Dementia (both registered and unregistered) in persons aged 65+ years in the East Riding, has been estimated to increase by 59 per cent by 2040, when compared to 2020, to almost 10,000 individuals, as illustrated in the chart below.

Figure 25: Prevalence of Dementia, diagnosed and registered with a GP - 2012-2022.



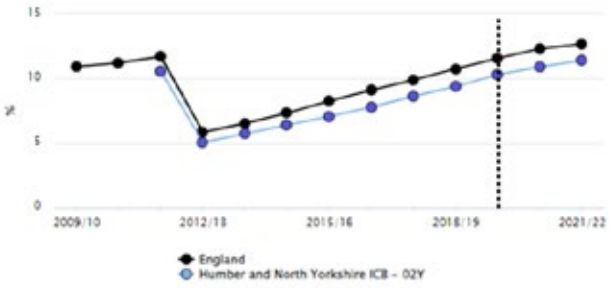
MENTAL HEALTH

Mental health refers to our emotional, psychological, and social wellbeing. It encompasses a wide range of factors, including one's emotional state, the ability to cope with stress and life's challenges, relationships with others, and overall mental wellbeing. Depression is an example of a mental health illness.

Diagnoses of depression doubled in a decade

The prevalence of registered depression has been consistently increasing since 2012/13, rising from 5 per cent of the East Riding population to 11.4 per cent in 2021/22. During this period, the national prevalence has also been rising but has been higher than the East Riding in each year.

Figure 26: Prevalence of Depression, diagnosed and registered with a GP - 2012-2022.



Recent trend: ↑ Increasing

Period		Humber and North Yorkshire ICB - 02Y Count	Value	95% Lower CI	95% Upper CI	England
2009/10		-	-	-	-	10.9%
2010/11		-	-	-	-	11.2%
2011/12	●	25,800	10.5%	10.4%	10.7%	11.7%
2012/13	●	12,361	5.0%	5.0%	5.1%	5.8%
2013/14	●	14,023	5.7%	5.6%	5.8%	6.5%
2014/15	●	15,770	6.4%	6.3%	6.5%	7.3%
2015/16	●	17,399	7.1%	7.0%	7.2%	8.3%
2016/17	●	19,463	7.8%	7.7%	7.9%	9.1%
2017/18	●	21,496	8.6%	8.5%	8.7%	9.9%
2018/19	●	23,594	9.4%	9.3%	9.5%	10.7%*
2019/20	●	25,975	10.3%	10.2%	10.4%	11.6%
2020/21	●	27,548	10.9%	10.8%	11.0%	12.3%
2021/22	●	28,907	11.4%	11.3%	11.5%	12.7%

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

Depression in older people projected to increase to a third

The number of persons aged 65+ years with depression in the East Riding has been projected to increase by 35 per cent between 2020 and 2040, to almost 10,500 residents. For those with more severe depression the percentage increase between 2020 and 2040 was higher at 42 per cent, affecting almost 3,500 people.

Figure 27: Projected number of East Riding residents aged 65+ years diagnosed with Depression.

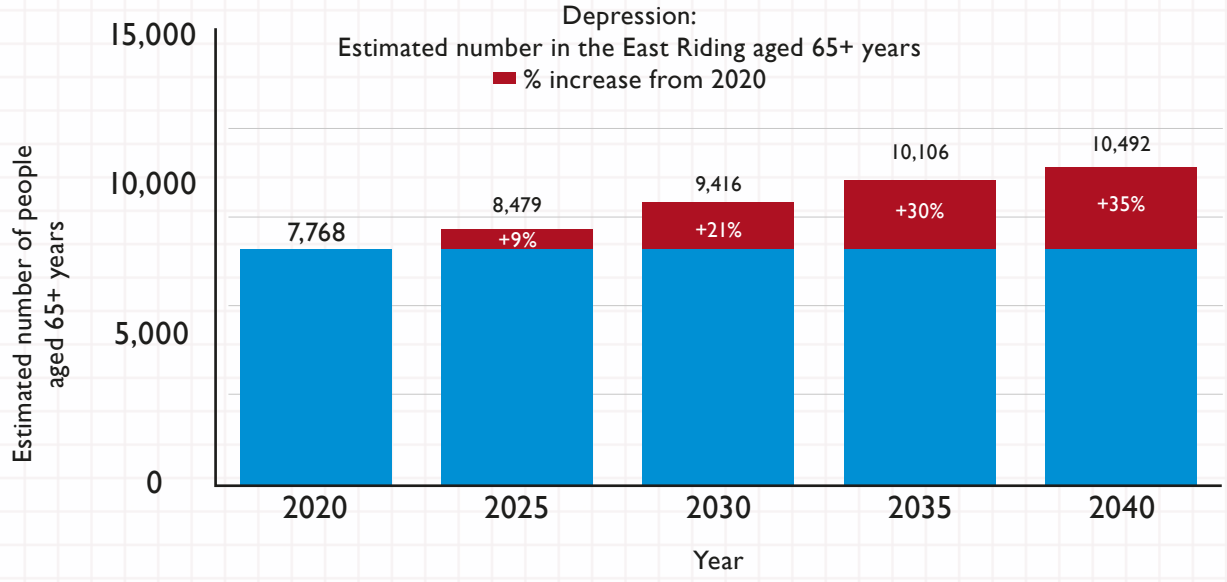
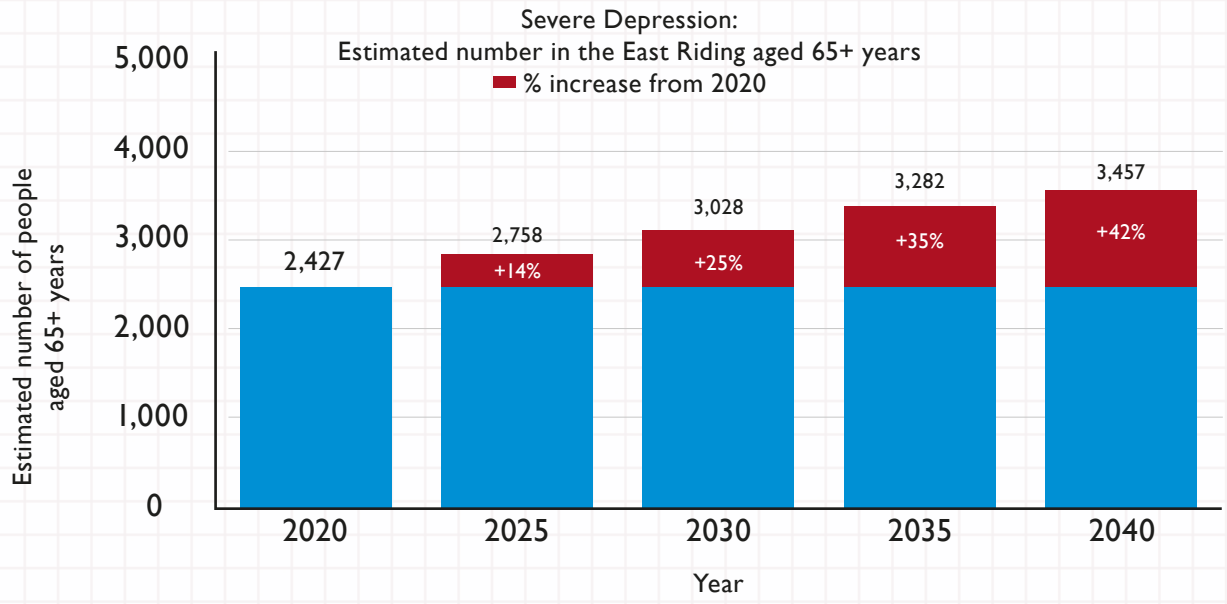


Figure 28: Projected number of East Riding residents aged 65+ years diagnosed with Severe Depression.



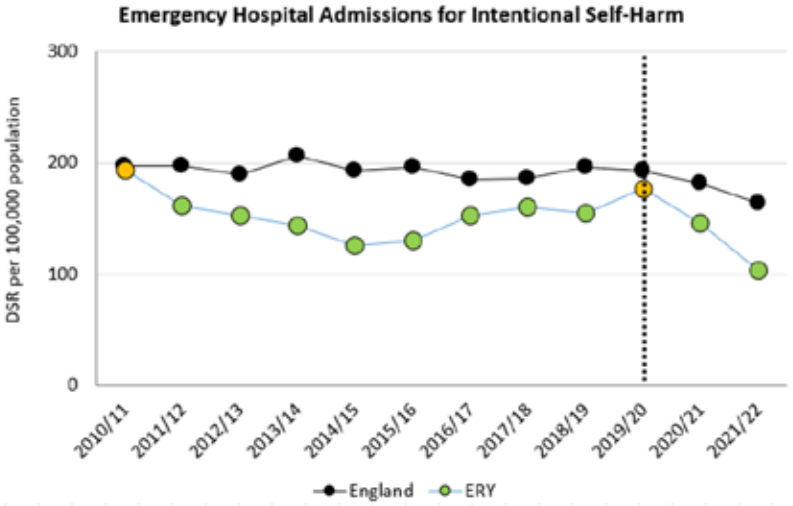
Hospital Admissions due to self-harm (all ages)

This indicator counts self-harm events that are severe enough to call for hospital admission and is frequently used as a proxy of the prevalence of severe self-harm. However, hospital admissions are only the tip of the iceberg in relation to the health and well-being burden of self-harm, as many people who self-harm are not admitted to hospital.

Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. With the negative impact that COVID-19 is so far understood to have had on some of the population's mental health, there have been concerns raised that this may reveal itself through increased acts of self-harm.

Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99 per cent are emergency admissions. Figure 29 displays the East Riding rate of admissions due to self-harm, between 2010/11 and 2020/21. The East Riding has generally remained significantly lower than the England average (as shown by the green dots) throughout this period. Between 2019/209 and 2020/21 (as shown by the line on the chart) the rate of admissions decreased for both the East Riding and England overall. The drop in rate from 177.5 per 100,000 population to 145.8 per 100,000 between 2019/20 and 2020/21 was the largest year on year reduction in East Riding within the 11 year period shown on the chart.

Figure 29: Emergency Hospital Admissions for self-harm (Persons, All ages). ERY residents and England.

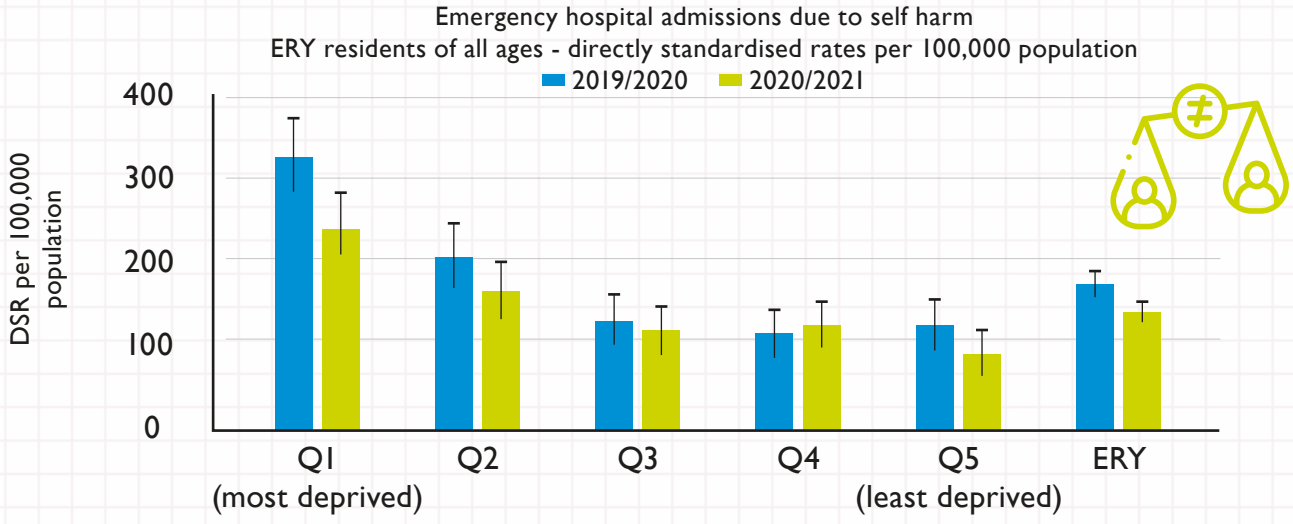


Period	East Riding		Yorkshire and the Humber	England
	Count	Rate		
2010/11	608	193.4	216.2	197.6
2011/12	519	161.8	227.5	197.2
2012/13	474	152.3	202.2	189.6
2013/14	452	143.4	214.4	205.9
2014/15	393	125.2	197.4	193.2
2015/16	404	129.4	190.3	196.5
2016/17	468	152.9	194.7	185.3
2017/18	480	160.7	194.6	185.5
2018/19	460	154.4	205.8	196.0
2019/20	525	177.5	196.9	192.6
2020/21	445	145.8	172.7	181.2
2021/22	325	102.9	146.7	163.9

Self-harm and health inequalities within the East Riding

Rates of hospital admissions due to self-harm vary considerably within the East Riding when considering the level of material deprivation. The most deprived 20 per cent of our area has over twice the level emergency hospital admission due to self-harm compared to other less deprived parts of our area. Whilst the overall number of admissions fell during the early part of the pandemic (potentially due to reduced social interaction and access to hospitals), the greater risk experienced in the most deprived communities did not.

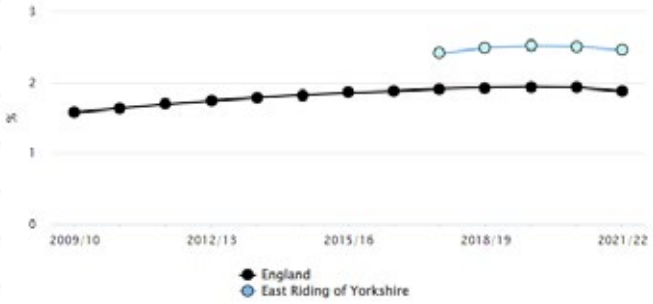
Figure 30:



CHRONIC RESPIRATORY DISEASE

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) in the registered population of NHS East Riding compared to England overall is shown in the chart below. The East Riding prevalence has increased from 1.8 per cent to 2.5 per cent over the period shown. In contrast the England prevalence is relatively static. Statistical neighbours have also increased over the period shown, but remain lower than the East Riding.

Figure 31: Lifestyle risk factors for COPD include smoking, unhealthy diet, obesity, workplaces, and lack of physical activity

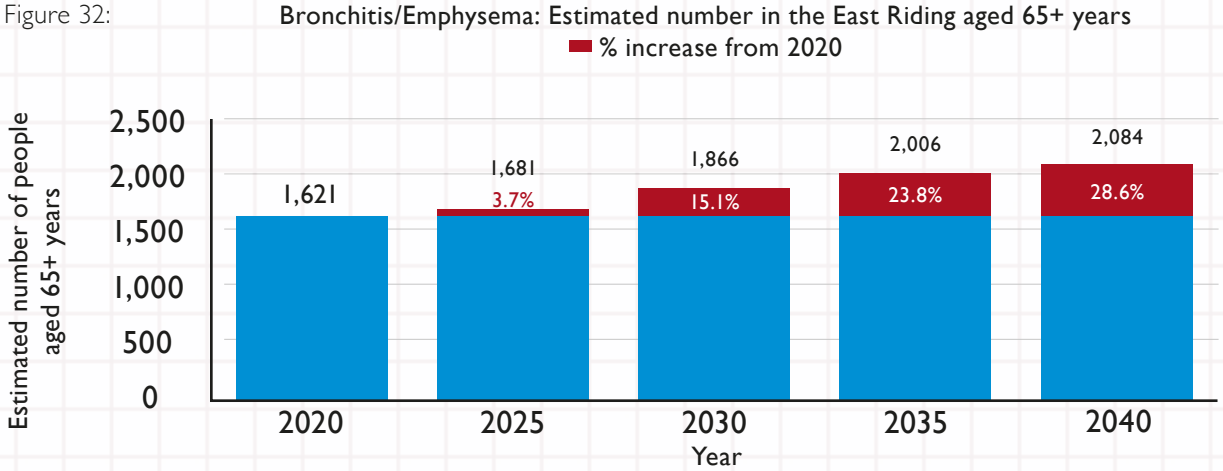


		East Riding of Yorkshire				
Period		Count	Value	95% Lower CI	95% Upper CI	England
2009/10		-	-	-	-	1.6%
2010/11		-	-	-	-	1.6%
2011/12		-	-	-	-	1.7%
2012/13		-	-	-	-	1.7%
2013/14		-	-	-	-	1.8%
2014/15		-	-	-	-	1.8%
2015/16		-	-	-	-	1.9%
2016/17		-	-	-	-	1.9%
2017/18		-	2.4%	2.4%	2.5%	1.9%
2018/19		-	2.5%	2.4%	2.5%	1.9%*
2019/20		-	2.5%	2.5%	2.6%	1.9%
2020/21		-	2.5%	2.5%	2.6%	1.9%
2021/22		-	2.5%	2.4%	2.5%	1.9%

Much of COPD (a basket of conditions including bronchitis, emphysema to name two of the major ones) are often caused by smoking. Like many cancers, it occurs later in life after many years of smoking. Other causes can be air pollution and chemical exposure but these are rare.

Given the lag in the improvements in smoking levels in the 1990's it is likely that the COPD rates will continue to rise for some years in the East Riding. The area has followed the national trajectory albeit it from a higher point, plateauing at around the 2.5% mark of the population. These conditions in those aged 65 and over are projected to continue to rise to 2040 with a near 29% increase total to over 2084 people up from the current 1621.

Figure 32:



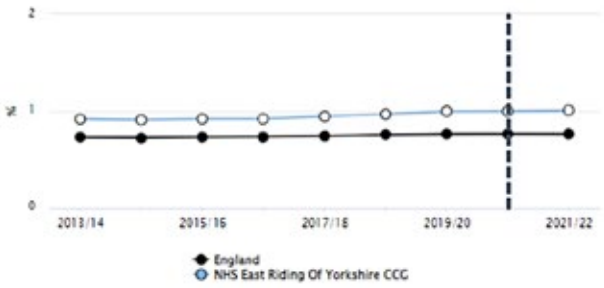
MUSCULOSKELETAL CONDITIONS

Musculoskeletal conditions include ailments that affect joints (such as osteoarthritis, rheumatoid arthritis, psoriatic arthritis, gout, spondylarthritis), bones (such as osteoporosis, osteopenia and associated fragility fractures, traumatic fractures) and muscles (such as sarcopenia). The consequences of these conditions include chronic pain, risk of falls and loss of mobility.

Rheumatoid arthritis

Rheumatoid arthritis is an inflammatory disease which causes pain and stiffness in joints (such as hands, feet and wrists). The prevalence of Rheumatoid Arthritis has been static in the East Riding since 2013/14, with 1 per cent of patients registered with it in 2021/22. The England average has been lower year on year as shown in the chart below.

Figure 33: Cases of Rheumatoid arthritis. East Riding CCG and England (2012-2022).

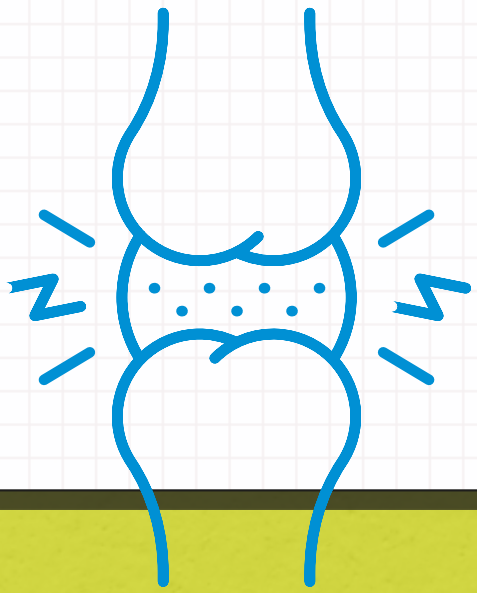


Recent trend: ➡ No significant change

Period		NHS East Riding Of Yorkshire CCG Count	Value	95% Lower CI	95% Upper CI	England
2013/14	○	2,323	0.9%	0.9%	1.0%	0.7%
2014/15	○	2,311	0.9%	0.9%	1.0%	0.7%
2015/16	○	2,335	0.9%	0.9%	1.0%	0.7%
2016/17	○	2,371	0.9%	0.9%	1.0%	0.7%
2017/18	○	2,421	0.9%	0.9%	1.0%	0.7%
2018/19	○	2,507	1.0%	0.9%	1.0%	0.8%*
2019/20	○	2,584	1.0%	1.0%	1.0%	0.8%
2020/21	○	2,598	1.0%	1.0%	1.0%	0.8%
2021/22	○	2,620	1.0%*	1.0%	1.0%	0.8%

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

Source: OHID Fingertips. Start of COVID-19 pandemic indicated by black dotted line.



A risk factor for Musculoskeletal (MSK) conditions is a lack of physical exercise, which prevents the muscles and joints in being strengthened. International studies have shown physical exercise has been associated with a lower prevalence of chronic MSK conditions.

A consequence of MSK conditions include bone degeneration, limited joint movement and muscle function (amongst others), which can reduce a person's mobility and increase the risk of falls. The charts below predict the increase in the number of falls and then in the number of people with mobility issues, between 2020 and 2040. Residents aged 65+ with mobility issues are predicted to increase by 48 per cent (over 24,000 people by 2040) and that the number of falls will increase by 41 per cent between 2020 and 2040, when it has been estimated that almost 34,000 falls could potentially occur.

Figure 34:

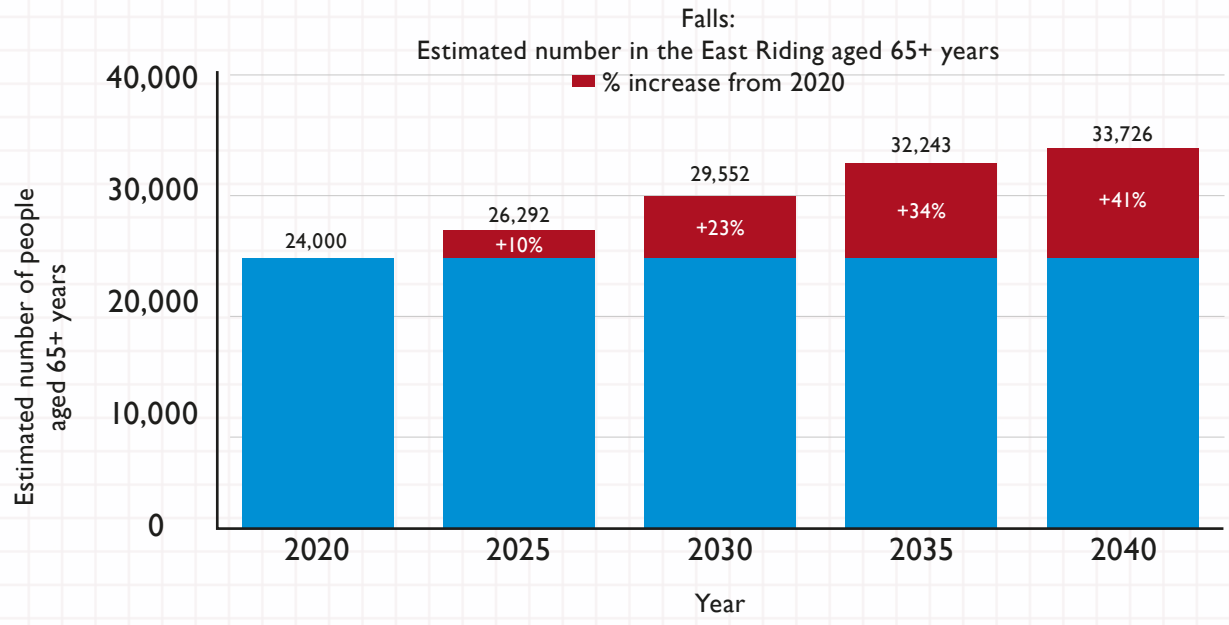
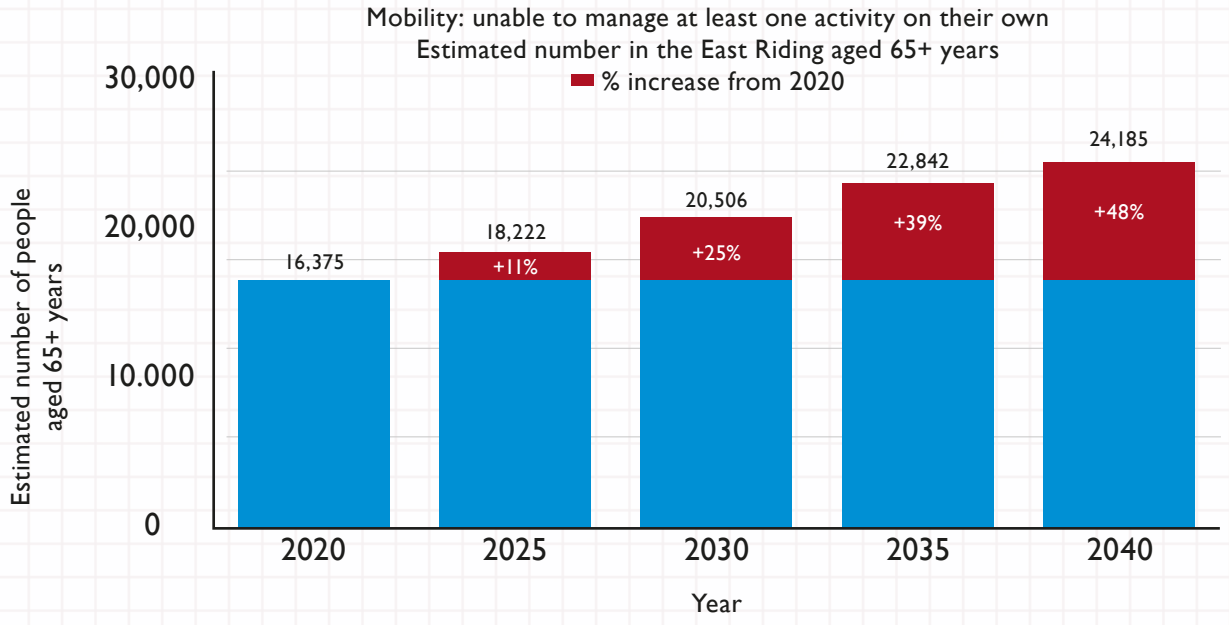


Figure 35:



CANCER

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body.

Whilst many types of cancer have a hereditary genetic risk it is also apparent that many kinds of cancer can also be prevented or caught early. Leading risk factors for preventable cancers are smoking, getting too much ultraviolet radiation from the sun or tanning beds, being overweight or having obesity, and drinking too much alcohol.

Smoking and second-hand smoke cause most lung cancer deaths. Smoking also causes cancer of the voice box (larynx), mouth and throat, oesophagus, urinary bladder, kidney, pancreas, cervix, colon, rectum, liver, and stomach, as well as a type of blood cancer called acute myeloid leukaemia.

Being overweight or obese are associated with at least 13 types of cancer, including endometrial (uterine) cancer, breast cancer in postmenopausal women, and colorectal cancer.

Excessive alcohol use increases the risk of cancer of the breast, liver, colon, rectum, mouth, pharynx, larynx, and oesophagus.

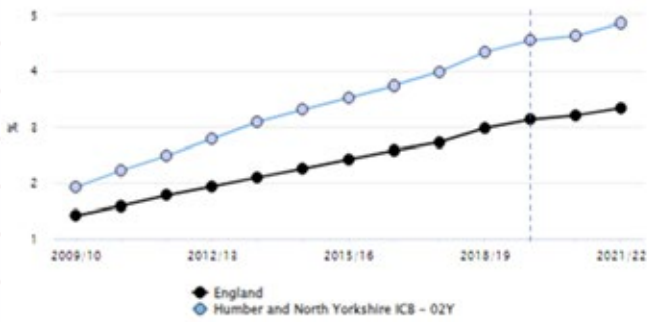
Cancer diagnoses in the East Riding have tripled in the last decade

Pre-pandemic Cancer prevalence was rising in the East Riding, following the national trajectory. This has seen an increase in the East Riding from 5,542 cases in 2011 to 14,797 by 2021. However, the East Riding has long maintained a greater prevalence of cancer than the national average, mostly related to having an older population.

The East Riding in normal years follows a growing trajectory of around 0.5 per cent more Cancer cases per year. In the most recent periods this has slightly slowed which may be due to less cancer cases being identified. This may be a direct consequence of the pandemic and the reduced access to screening programmes, as well as restricted access to primary and acute care since 2020.

The black dotted line in the chart shows the approximate period of when COVID-19 appeared. The NHS ERY CCG prevalence of cancer in 2019/20 was 4.6 per cent (England was 3.1 per cent in the same year) and in 2021/22 it was 4.9 per cent, an increase of approximately 1,000 cases in two years (England, 3.3 per cent).

Figure 36: Prevalence of Cancer within East Riding (diagnosed and registered with a GP - 2012-2022).



Recent trend: Increasing

Period		Humber and North Yorkshire ICB - 02Y Count	Value	95% Lower CI	95% Upper CI	Humber and North Yorkshire ICB	England
2009/10		4,784	1.9%*	1.9%	2.0%	1.6%*	1.4%
2010/11		5,542	2.2%*	2.2%	2.3%	1.9%*	1.6%
2011/12		6,233	2.5%*	2.4%	2.6%	2.1%*	1.8%
2012/13		8,385	2.8%	2.7%	2.8%	2.3%*	1.9%
2013/14		9,304	3.1%	3.0%	3.2%	2.5%*	2.1%
2014/15		10,001	3.3%	3.3%	3.4%	2.7%*	2.3%
2015/16		10,633	3.5%	3.5%	3.6%	2.9%*	2.4%
2016/17		11,432	3.7%	3.7%	3.8%	3.1%*	2.6%
2017/18		12,116	4.0%	3.9%	4.1%	3.3%*	2.7%
2018/19		13,297	4.3%	4.3%	4.4%	3.6%*	3.0%*
2019/20		13,993	4.6%	4.5%	4.6%	3.7%	3.1%
2020/21		14,236	4.6%	4.6%	4.7%	3.8%	3.2%
2021/22		14,979	4.9%	4.8%	4.9%	4.0%	3.3%

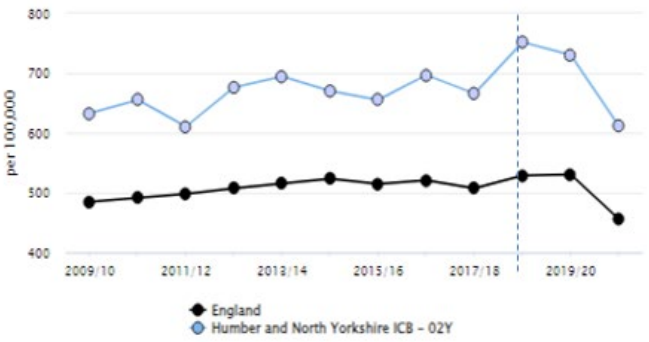
Source: Quality and Outcomes Framework (QOF), NHS Digital

Source: OHID Fingertips. East Riding is Humber and NY ICB area 02Y. Start of COVID-19 pandemic indicated by black dotted line.

Cancer diagnosis rate fell during the first year of pandemic

During the first year of the pandemic the number of new cases of Cancer diagnosed fell from 2244 in 2019/20 to 1880 in 2020/21. This fall of approximately 350 cases seems unlikely to be as result in a reduced prevalence of Cancer but may be due to less Cancer being picked up by health and screening services, potentially due to reduced access to such services.

Figure 36: New Cases of Cancer (diagnosed and registered with a GP - 2012 - 2022.



Recent trend: ➡ No significant change

Period		Humber and North Yorkshire ICB - 02Y Count	Value	95% Lower CI	95% Upper CI	Humber and North Yorkshire ICB	England
2009/10		1,893	632	604	662	-	484
2010/11		1,961	655	627	685	-	491
2011/12		1,839	611	583	639	-	498
2012/13		2,035	676	647	706	-	508
2013/14		2,090	694	665	725	-	515
2014/15		2,022	670	642	700	-	523
2015/16		1,975	655	627	685	-	515
2016/17		2,131	697	668	727	-	521
2017/18		2,024	666	637	695	-	507
2018/19		2,301	752	722	783	-	529
2019/20		2,244	731	701	761	-	531
2020/21		1,880	612	585	640	548	456

Source: National Disease Registration Service, NHS Digital. Each patient was traced to a GP Practice using the NHS Personal Demographics Service.

NEXT STEPS AND RECOMMENDATIONS

What should be our next steps in addressing the issues raised in this report

It is clear that the COVID-19 pandemic, combined with the cost-of-living crisis, has had a significant impact upon the health of East Riding residents. Health risk factors have increased whilst protective factors have reduced. Current national and local projections suggest our residents may live with more long-term illnesses for a greater proportion of their lives. Much of this potential burden of poor health can be prevented, delayed or reduced by improving the conditions of living and changing our behaviours, both as individuals and as communities.

As a whole system within the East Riding (including individual residents, families, communities, voluntary groups, public organisations plus the NHS), we need to come together to develop, build and enhance ways to make the healthy choice the easy option for communities. These must be supported by health and care organisations that support the individual in the context of their conditions of living and not simply attempt to treat the disease. This will require an approach that is broader than just focusing on providing additional hospital beds or new treatments.

A new Health and Wellbeing Strategy for the East Riding (2023 - 2028)

The East Riding Health and Wellbeing Board has developed a new health and wellbeing strategy in response to the challenges outlined in this report and also the Joint Strategic Needs Assessment. The partnership board is made up of local statutory organisations, HealthWatch and representation from the voluntary sector. It has decided to create a powerful vision for the East Riding where all residents are supported to enjoy their maximum potential for health, wellbeing, and participation, throughout their lives.

The aim of the new five-year strategy (2023 - 2028) is to deliver quality services as a *'single system'* to increase levels of personal, community, and system resilience. At the center of this partnership approach is a redoubled focus on prevention and resilience at all levels and at all stages of our residents' lives. The strategy states:

> *As a system, we strive to enhance the wellbeing of our residents and to transform the experience and care of people with ill health, and the consequences this has for families, friends, and carers. We will achieve these aims by improving the conditions of living for our residents and communities, through taking an asset-based approach, and by utilising the skills and knowledge of individuals, communities, and organisations rather than focussing on problems or gaps.*

This strategy is not only owned by the Health and Wellbeing Board but is now also supported by the East Riding Health and Care Committee whose remit works towards delivering the collective priorities of the Integrated System for our area.

10 Challenges for East Riding health and care system from the Joint Strategic Needs Assessment

The ten points below are not meant to be an exhaustive list but instead reflect the dynamic challenge facing the East Riding health and care system in 2023. The list highlights the rebalancing of prevention and clinical treatment whilst also recognising existing growing health inequalities and workforce pressures.

1. Address current health inequalities

Consistently poorer health outcomes in certain areas and groups suggest that those in most need are not getting the most care. There is a need to balance *'Need, Demand and Supply'* to achieve optimum use of health and care resources. There is also a need to increase access to diagnosis/ treatment and rehabilitation to the highest need groups. This requires better intelligence across the partnership on targeted prevention and early intervention. It will require an integrated intelligence strategy at a granular level (not simply local authority area or smaller geographical area).

2. Address Social Care workforce issues

Improve pay, conditions and career prospects in the social care workforce to increase capacity and improve recruitment and retention. Healthcare systems cannot survive without a functioning social care/carer workforce (both paid and unpaid).

3. Reduce harm from cost of living pressures

Urgently develop wrap-around community support offer to mitigate cost of living pressure on health and wellbeing (highly incentivise providers to work together on conditions of living schemes).

4. Invest in mental health support for children

Address decline in children's mental wellbeing - currently anxiety is high and resilience low. There is a need to invest in universal low-level support for improved resilience via schools, communities and family hubs.

5. Investigate lower than expected dementia diagnosis

Dementia awareness and catchup programme co-produced with local residents and accelerated.

6. Urgent Catchup of routine cancer screening

To continue with additional JSNA monitoring.

7. Create/ improve waiting well services

Support residents waiting for treatment (reducing pain, anxiety and potential negative behaviour change)

8. Uncover CVD earlier

Initiate systematic programme of CVD case finding and linking with local well-being services.

9. Improve conditions of living for excluded groups

Speed up and expand *'Inclusive solutions'*; around transport, jobs, educations, social connectedness, VCSE, community health, digital, and so on. Particularly with older working age groups.

10. Provide better alternatives to pills and surgery

Increase social prescribing in secondary care and invest in community connectors.

The need to tackle multiple morbidities

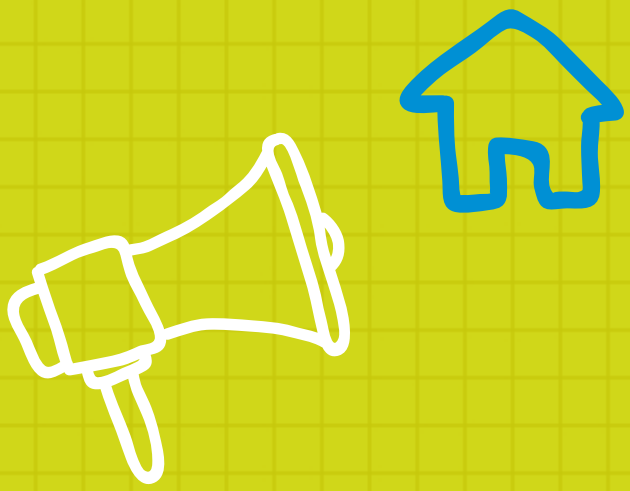
I would add to this list the need for local NHS and Social Care planning to have a renewed focus on people with multiple conditions. The vast majority of people living with cancer, cardiovascular disease or a mental health condition have at least one additional condition and often more. This looks set to increase. Therefore, we need to plan together how we can:

- Improve supporting residents with multiple conditions to live well.
- Develop new integrated models of NHS and Social care for those with multiple conditions.
- Rebalance resources to prevention, primary care and community groups.
- Re-design secondary care around those with multiple conditions.
- Use data and intelligence better by sharing insights into what works between partners and residents.

Next DPH report

This report is a sober reflection on the challenges facing the residents of the East Riding. I intend that my next report will further explain the extent of health inequalities within the East Riding. The 2023/24 report will demonstrate how we are trying to address this challenge by giving examples of the incredible schemes and projects that are starting to make a positive difference to East Riding residents.

A life of multiple illnesses is not inevitable if we act now.



For further information on health needs and trends within the East Riding of Yorkshire go to:

intel-hub.eastriding.gov.uk

For East Riding Health and Wellbeing strategy go to:

eastriding.gov.uk/council/committees/health-and-wellbeing-board