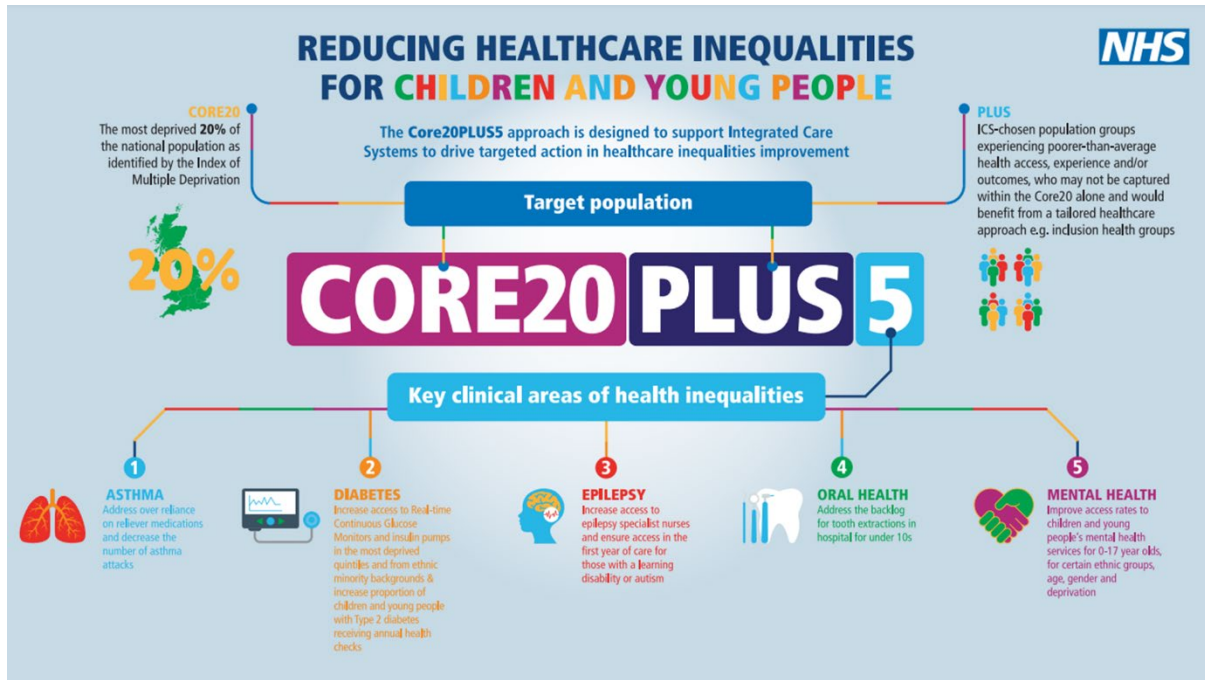


CORE20Plus 5

Children and young people East Riding of Yorkshire Place



December 2023

East Riding JSNA (<https://eastridingjsna.com>)

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East Riding of Yorkshire - CORE20Plus 5 (children and young people) baselining

I Introduction

I.1 Purpose of this document

The aim of this document is to inform the Place Partnership. It is a basis for a sitrep around inequalities and children and young people, which will inform strategies on children's health and the commissioning of services. The interpretation within, includes contributions from Public Health, NHS Business Intelligence and individual provider intelligence teams. The document is intended to be a vehicle to start and create debate, it is not meant as a definitive interpretation of need and services. This document forms part of the East Riding Joint Strategic Needs Assessment (JSNA).

I.2 Defining Core20Plus5

NHS England and NHS Improvement launched Core20PLUS5 in 2021, a national approach to support the reduction of health inequalities at both national and system level. This new initiative is split into two different cohorts, adults and children and young people, this particular document focusses on the latter.

CORE20PLUS5 is made up of the following components:

- **'Core 20'** refers to the communities living within the 20% most deprived areas in England based on the 2019 Indices of Deprivation (IMD), some areas of the East Riding are included within that group.
- **'Plus'** refers to additional groups of people identified locally as experiencing poorer than average health access, experience or outcomes
- **'5'** refers to the 5 clinical areas identified by NHS England as their target services in which to reduce health inequalities: asthma, diabetes, epilepsy, oral health and mental health.

An infographic illustrating the children and young people's CORE20PLUS5 can be found in Appendix 6.1.

I.3 Data limitations

East Riding of Yorkshire Council only have access to a limited version to primary care data (such as disease prevalence). This is currently accessed via the NECs RAIDR system and one that reports data for the NHS East Riding of Yorkshire sub-ICS area (ex-CCG area) only. It therefore does not include those registered with the Pocklington practice which is part of the York East PCN (Vale of York sub-ICS area).

Data for Pocklington is shown (if numbers allow) in other sections, such as hospital admissions and children's weight.

RAIDR also does not include 2 practices within the East Riding sub-ICS area, as they had not submitted information to the system, as a result disease prevalence in this document is not a 100% picture of the East Riding sub-ICS area.

2 CORE 20

2.1 Index of multiple deprivation (2019) overview

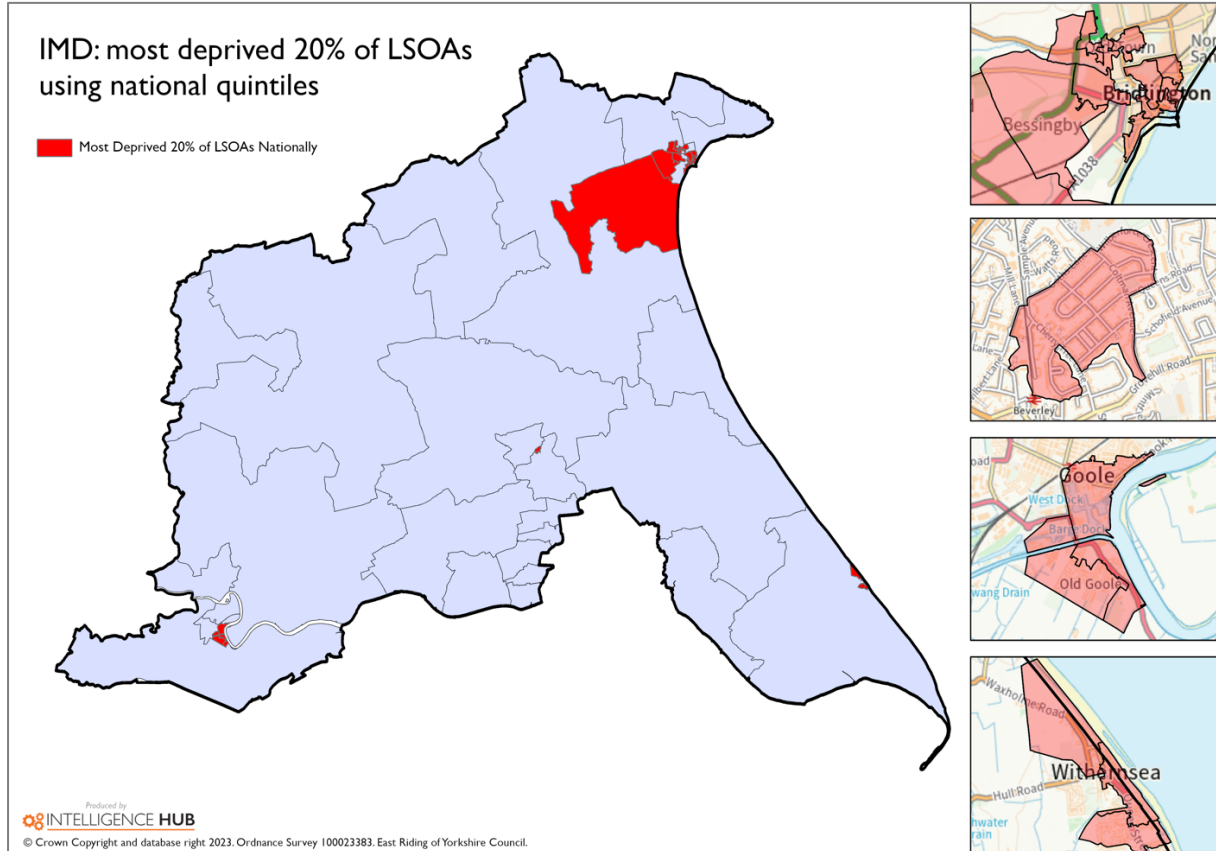
The Index of Multiple Deprivation (IMD 2019) combines information from seven separate domains to produce deprivation scores for every Lower Super Output Area (LSOA) within England. A LSOA is a geographic area of (on average) 1,500 people. Those LSOAs areas whose overall deprivation score fall within the most deprived 20% of areas nationally are referred to as the CORE20. A map showing all IMD deciles in the East Riding can be found in section 6.2.1.

2.2 Areas within the East Riding that fall within the 20% more deprived nationally

There are 17 LSOAs (2011 definition) within the East Riding that fall within the most deprived 20% of areas nationally, these have been highlighted on the map in Figure 2.1.

The ward of Bridlington South contained 7 of these LSOAs, South East Holderness and Bridlington Central and Old Town both contained 3, others were located in Goole South, Minster and Woodmansey and East Wolds and Coastal. Please see section 6.2 for more detail.

Figure 2.1 Maps showing Eat Riding LSOAs (2011) in red that fall within the most deprived 20% of LSOAs nationally



2.3 Numbers of children and young people living within deprivation quintiles

The Office for National Statistics (ONS) estimated that in 2020, there were over 7,600 children and young people (aged 0-24 years) living within the 20% most deprived areas of the East Riding (based on national quintiles), 9.1% of the total 0-24 East Riding population. Table 2.1 divides this number into national deprivation bands, gender and age groups. When all deprivation bands were totalled for the East Riding, the 0-17 group was made up of 52% males and 48% females, whilst the 18-24 age group equated to 54% males and 46% females. The overall 0-24 years cohort was 52% males and 48% females.

Table 2.1 ONS population estimates (2020) of children and young people (0-24 years) living within the national deprivation quintiles of the East Riding (IMD 2019)

National deprivation quintile (IMD 2019)	Males			Females			Persons (M+F)		
	0-17yrs	18-24yrs	Total	0-17yrs	18-24yrs	Total	0-17yrs	18-24yrs	Total
1 (most deprived 20%)	3,121	927	4,048	2,766	812	3,578	5,887	1,739	7,626
2	4,778	1,606	6,384	4,628	1,359	5,987	9,406	2,965	12,371
3	5,886	1,966	7,852	5,328	1,601	6,929	11,214	3,567	14,781
4	8,065	2,761	10,826	7,687	2,395	10,082	15,752	5,156	20,908
5 (least deprived 20%)	10,853	3,584	14,437	10,266	3,003	13,269	21,119	6,587	27,706
Total ERY population	32,703	10,844	43,547	30,675	9,170	39,845	63,378	20,014	83,392

Most deprived 20% as a % of total ERY population	9.5%	8.5%	9.3%	9.0%	8.9%	9.0%	9.3%	8.7%	9.1%
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3 'Plus' category

The 'Plus' category allows an additional focus on local inequalities and has been determined by the local integrated care system (ICS) as follows:

- Children Looked After
- Young Carers
- A focus on Speech and Language Therapy & Neurodiversity
- Children who are overweight/obese

3.1 Children Looked After (CLA)

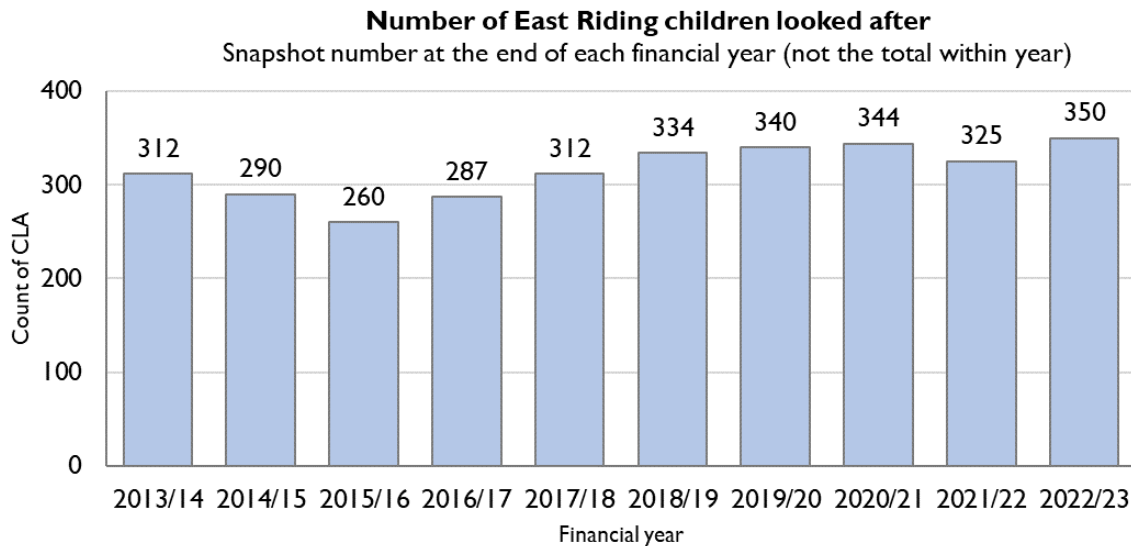
In the context of the United Kingdom, 'children looked after' (CLA) refers to children and young people aged under 18 years, who are in the care of the local authority (also known as social services or child protective services). They may be in receipt of various types of care arrangements, including foster care, residential care homes, or with relatives, if it's deemed necessary for their safety and well-being. The numbers used in this section relate to children in care who originate from the East Riding of Yorkshire, including those children who may not now be living or being educated in the East Riding.

3.1.1 Count and rate of CLA in the East Riding

Figure 3.1 shows the count of East Riding CLA at the end of each financial year between 2013/14 and 2021/22. Note this not the total number of CLA in each year, as some children may have left care before the end of the financial year.

There were 350 East Riding CLA at the end of the latest financial year period (2022/23) and there have been an average of 315 CLA at the end of each financial year over the period shown, with an increasing trend since 2015/16.

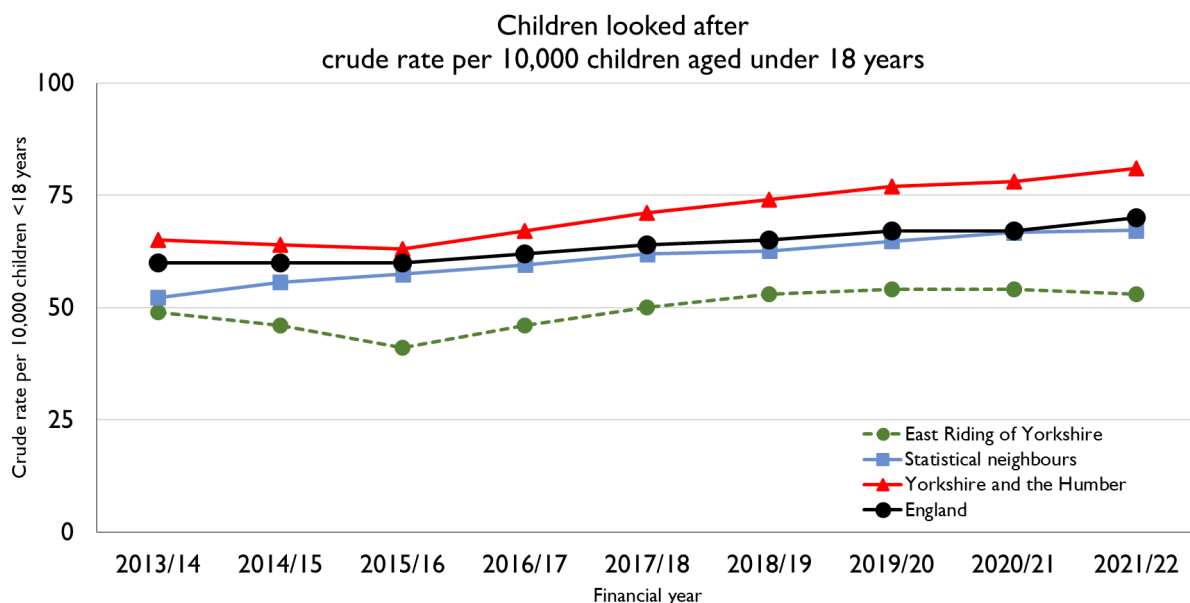
Figure 3.1 East Riding Children looked after, snapshot count at end of each financial year.



Key observation: numbers generally increasing each year since 2015/16

Converting the counts shown in the chart above to a rate, allows for a comparison with other areas. Figure 3.2 compares the East Riding rate per 10,000 children of children looked after to other areas, since 2013/14. In each period shown, the East Riding rate has been lower than all comparators. A table of the numerical rates (and a list of who the statistical neighbours are) can be viewed in Appendix 4, section 6.4.1. The Department for Education (DfE) produce national rates and are expected to update them in November 2023.

Figure 3.2 CLA rate per 10,000 children comparing ERY to England, region and statistical neighbours



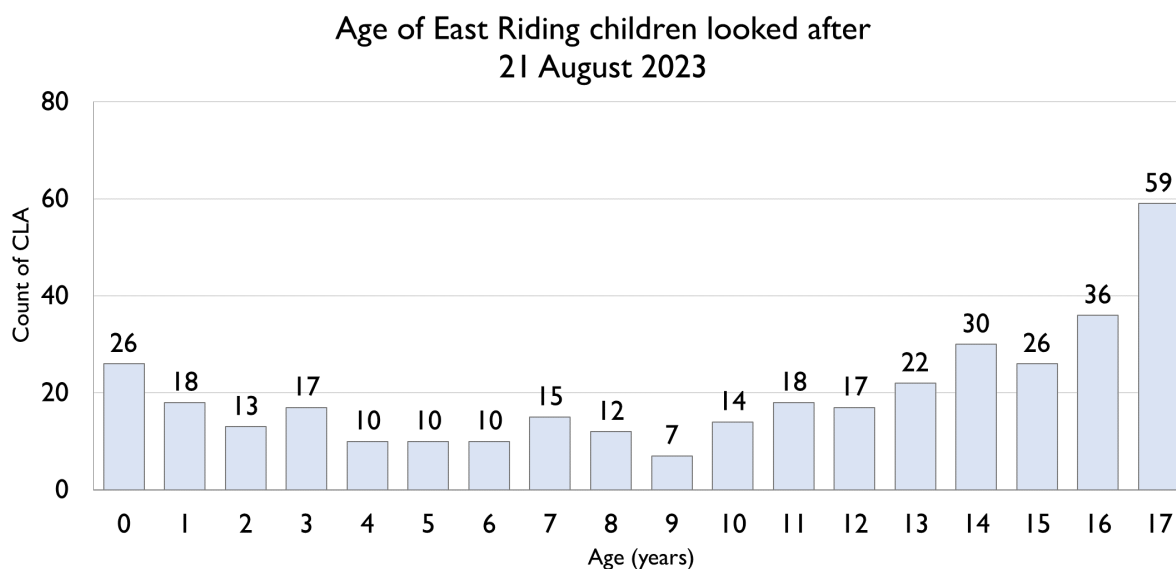
Key observation: rate had been increasing, but recently plateaued and East Riding has historically had a lower rate than all comparators (i.e. similar areas, region and England)

3.1.2 Age and gender of CLA in the East Riding

The previous section provided the numbers of children looked after at the end of each financial year, this section uses a current snapshot as taken on 21 August 2023, which includes 360 children. Of the 360 CLA, 208 (58% were male) and 152 were female (42%).

Figure 3.3 divides the CLA into single years of age from 0-17 years. Those aged 16 and 17 years represented over a quarter of the CLA (26%) with 17 year olds presenting the age with the highest count of CLA.

Figure 3.3 Count by age of East Riding children looked after, 21 August 2023



Key observation: larger numbers of infants and then older teenagers

3.1.3 Location of residence of CLA

A summary of the general area of where the 360 East Riding children looked after on 21st August were resident, is summarised below in Table 3.1. Over half were resident within the East Riding local authority boundary, 36% within the Yorkshire and Humber region (just over half of these were resident within the Hull City Council boundary) and 8% outside of the region.

Table 3.1 Location of residence of East Riding children looked after, as of 21st August 2023

Location	Count	% of total
Within the East Riding	204	57%
Within the Yorkshire & Humber region (not including the East Riding)	129	36%
Outside of Yorkshire & Humber region	27	8%
Total	360	100%

Key observation: over half of East Riding CLA reside within the East Riding local authority area

Further information about 204 children resident within the East Riding boundary is illustrated in Figure 3.4 and Figure 3.5, which shows the crude rate per 100,000 population of children looked after, by ward and by deprivation quintile respectively.

Bridlington South and South East Holderness wards had the highest counts of CLA resident within their boundaries, with counts of 31 and 26 children respectively. The count of CLA within these 2 wards combined (n=57), represented 28% of CLA residing within the East Riding boundary. As a rate per 100,000 population, both wards contained significantly higher rates of CLA than the East Riding overall; at 1,072 and 952 per 100,000 respectively they were both almost 3 times higher than the East Riding (322 per 100,000).

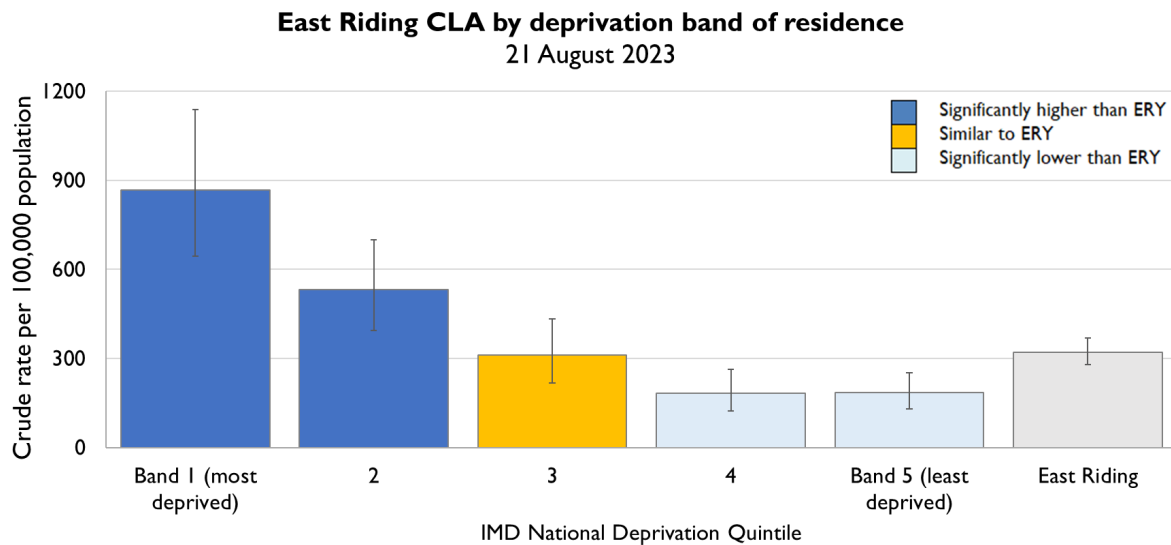
*Figure 3.4 Ward of residence of children looked after, if residing within the East Riding boundary
Note only wards with a count of 5 or more are shown on the chart. East Riding overall rate includes all wards (withheld or not)*

Chart removed for this public version of the document

Key observation: 28% of CLA currently residing in the East Riding boundary, reside within 2 wards

Almost half of the 204 CLA within the East Riding resided within the 2 most deprived quintiles nationally. The most deprived quintile recorded the highest rate of children (866 per 100,000 population, based on 51 children), followed by the 2nd most deprived quintile (532 per 100,000, based on 50 children). Both of these quintiles had significantly high rates of CLA than the East Riding overall and the 2 least deprived quintiles.

Figure 3.5 National deprivation band of CLA residence, but only if child residing within East Riding boundary



Key observation: almost half of CLA currently residing in the East Riding boundary, reside within the East Riding's 2 most deprived quintiles

3.1.4 CLA with a disability

Of the 360 CLA children recorded on 21 August 2023, 340 (94%) were recorded as having 'no disability', as defined by Department for Education (DfE) categories. The remaining 20 CLA were recorded as having specific disabilities, but numbers (for all but 1 category) were too small to report, as each had a count of less than 5. The disability which can be reported was 'learning disability' which was applicable to 5 CLA (1% of the total CLA cohort at that time).

Presently there are 105 CLA children with Education, health and care (EHC) plans, some of whom will also have a disability defined by DfE as mentioned in the paragraph above.

3.1.5 Care Leavers with complex needs

Information was obtained about a cohort of care leavers dated 22 August 2023, which provided some basic details about care leavers and disability but wasn't deemed to be of sufficient detail to fully publish in this document.

The data made frequent reference to 'social, emotional and mental health issues', 'learning disability' and 'autism' in relation to the individuals.

To fully explore this area, the system will need to obtain a reliable and complete data source, along with an interpretation from a professional who has expertise in working in this area.

3.2 Young Carers

In the UK, a young carer refers to a child or young person under the age of 18 who takes on significant caring responsibilities for a family member who is ill, disabled, has mental health issues, or struggles with substance abuse. These caring responsibilities can include providing physical and emotional support, household chores, personal care, and other tasks that might normally be carried out by an adult.

These caring responsibilities can sometimes be demanding and time-consuming, impacting a young carer's ability to participate fully in school, social activities, or have free time for themselves. Local authorities have a duty to assess the needs of young carers and their families to ensure appropriate support is offered. Organisations such as Carers Trust and Barnardo's are actively involved in supporting young carers across the UK.

3.2.1 Young Carers (2021 Census)

A question within the 2021 Census asked the question:

“Do you look after, or give any help or support to, anyone because they have any long-term physical or mental health conditions or illnesses, or problems related to old age?”

Unpaid care data was available for residents aged 5 years and over and so the results in this section will report young carers in the East Riding that fall within the 5-17 years of age. There were 547 East Riding residents in this age group identified as a carer, which represented 1.2% of the total 15-17 population; a proportion significantly lower than the England average. Table 3.2 breaks down the cohort into different age groups, showing the count and percent of age group.

Table 3.2 Count of unpaid carers aged 5-17 years, by age band, with comparison to England

Age group	East Riding of Yorkshire			England %
	Provides unpaid care count	% of age group	ERY Compared to England	
Aged 5 to 9	75	0.2%	Similar	0.2%
Aged 10 to 14	172	0.4%	Lower	0.6%
Aged 15 to 17	300	0.6%	Similar	0.6%
All aged 5 to 17	547	1.2%	Lower	1.4%

Figure 3.6 displays the count of unpaid carers aged 5-17 years by ward which showed St. Mary's to have the highest count (n=35) and Howden the lowest (n=11). Figure 3.7 highlights what proportion the count of carers makes up of the total 5-17 year old population in each ward. Cottingham North recorded the highest percentage of unpaid carers (1.8%), whilst the lowest was Willerby and Kirk Ella (0.7%). None of the wards had a significantly different prevalence of young carers compared to the East Riding average nor when compared to one another.

Deprivation analysis by local IMD 2019 quintile for the East Riding was not possible due to the small numbers involved and the subsequent data suppression.

Figure 3.6 Count of East Riding unpaid carers by ward, aged 5-17 years.

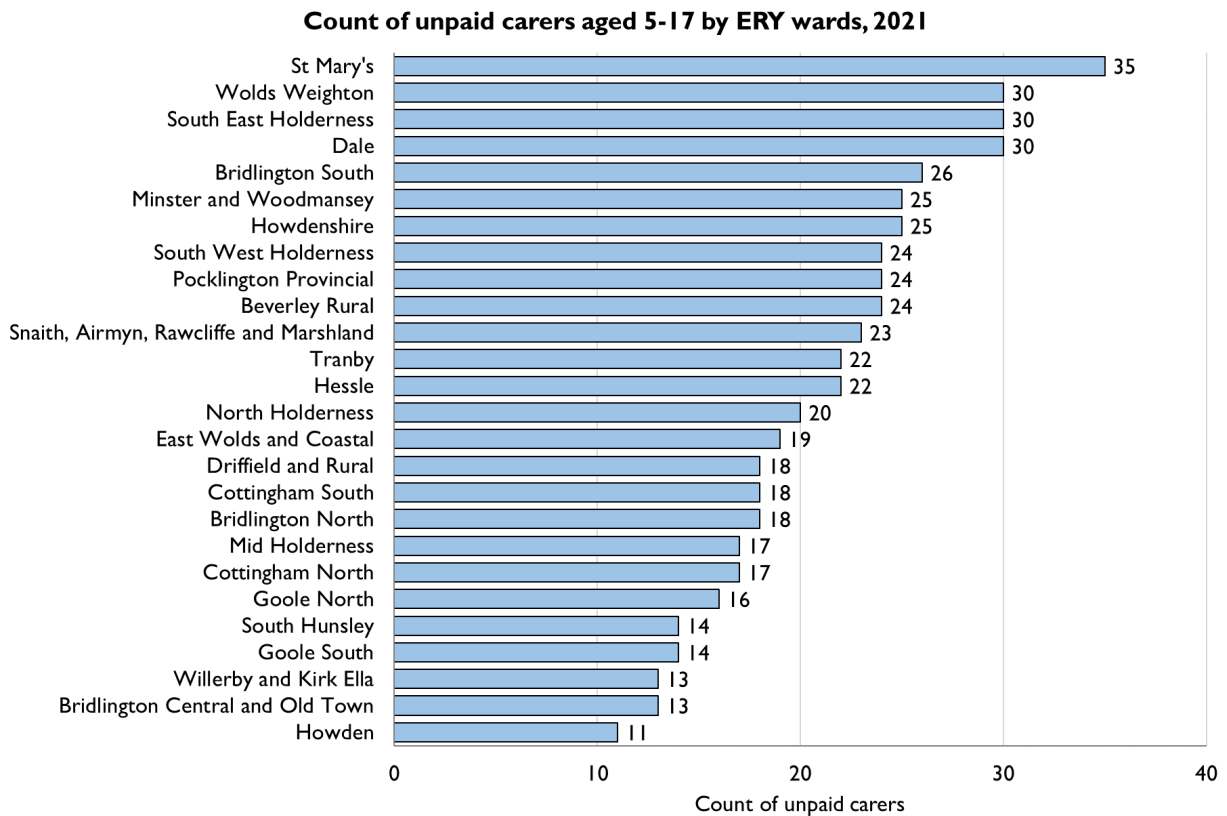
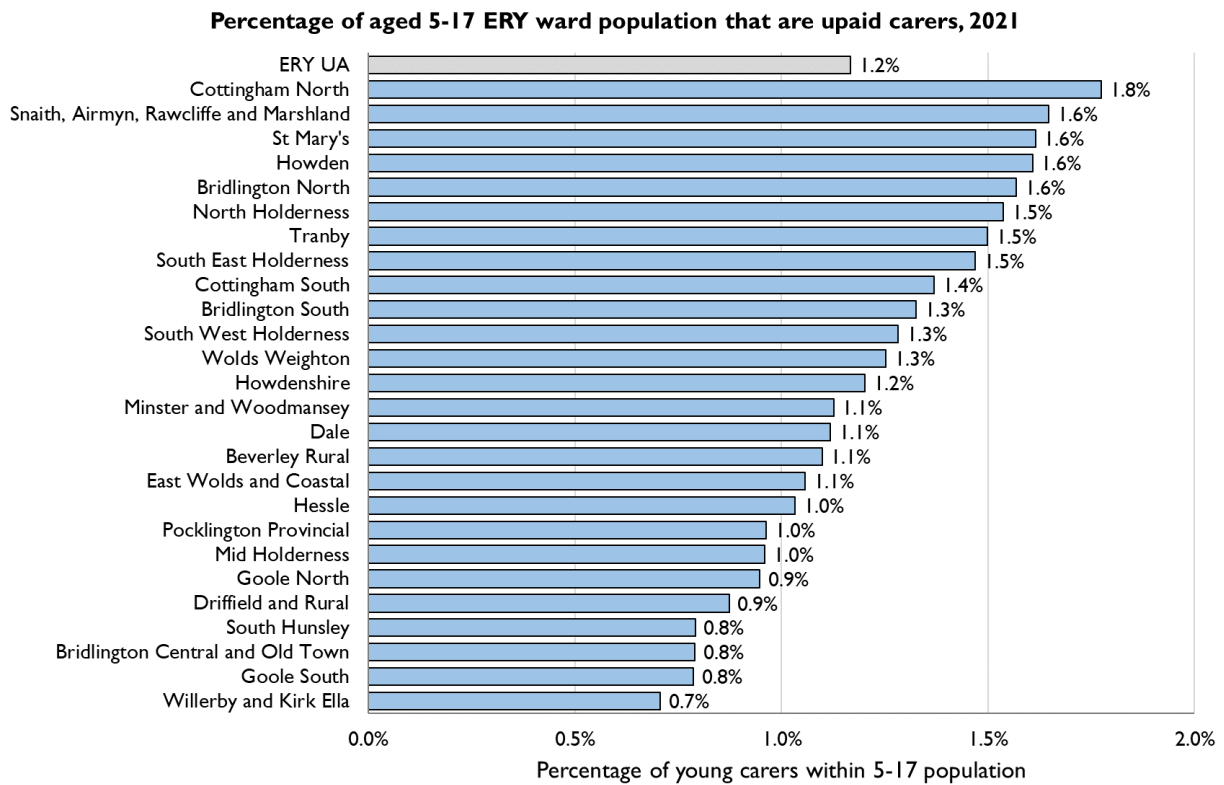
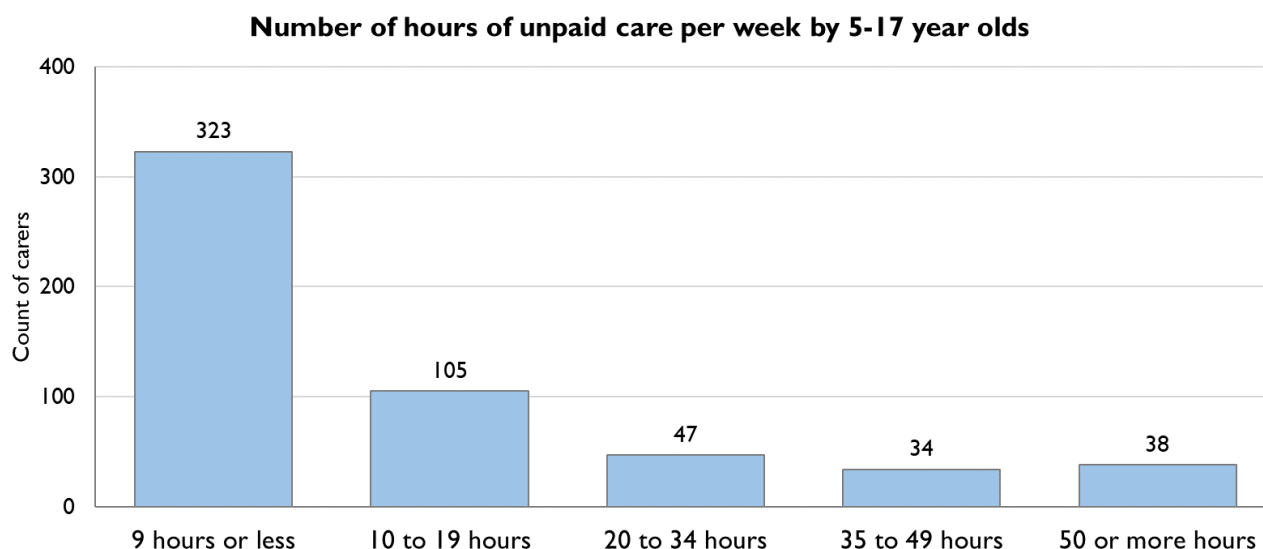


Figure 3.7 Unpaid carers aged 5-17 years as a % of total 5-17 year population



The majority of young carers (n=323, 59% of the total) stated they spent 9 hours or less caring per week, as illustrated in Figure 3.8 below. There were 119 persons (22%) who cared 20+ hours per week, 38 of whom stated they cared for 50 hours or more.

Figure 3.8 Amount of hours unpaid care (count of persons aged 5-17 years)



3.2.2 Young Carers and health

The 2021 Census observed that 92% of the 546 young carers in the East Riding reported having very good or good health, only 2% reported bad health and none reported very bad health (Table 3.3).

Table 3.3 Health status: count & % of carers 5-17 years

General health	Count	Percentage
Very good health	356	65%
Good health	145	27%
Fair health	35	6%
Bad health	10	2%
Very bad health	0	0%
Total	546	100%

Key observation: most young carers describe their health as good or very good

Table 3.4 highlights if any of the young carers have a disability, as described under the disability act. Of the 546 East Riding young carers, 93 (17%) stated they did have a disability, with 22 of them specifying their day to day activities were limited a lot.

Table 3.4 Disability status: count & % of carers 5-17 years

Disability description	Count	% of total
Not disabled under the Equality Act: No long-term physical/mental health conditions	415	77%
Not disabled under the Equality Act: Has long-term physical/mental health condition but day-to-day activities are not limited	32	6%
Disabled under the Equality Act: Day-to-day activities limited a little	71	13%
Disabled under the Equality Act: Day-to-day activities limited a lot	22	4%
Total	540	100%

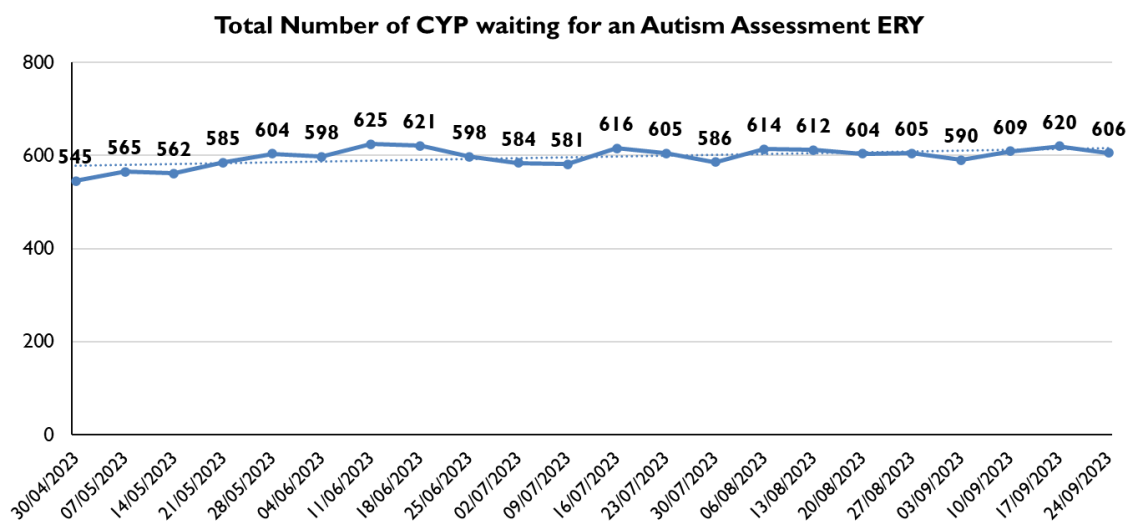
3.3 Speech and language therapy and Neurodivergence

This section was completed by the NHS NECS BI team and utilises data sources from NHS Humber Foundation Trust who manage the Autism and attention deficit hyperactivity disorder (ADHD) assessments for East Riding Place and the services for speech and language therapies (SLT).

3.3.1 Autism Assessment Service

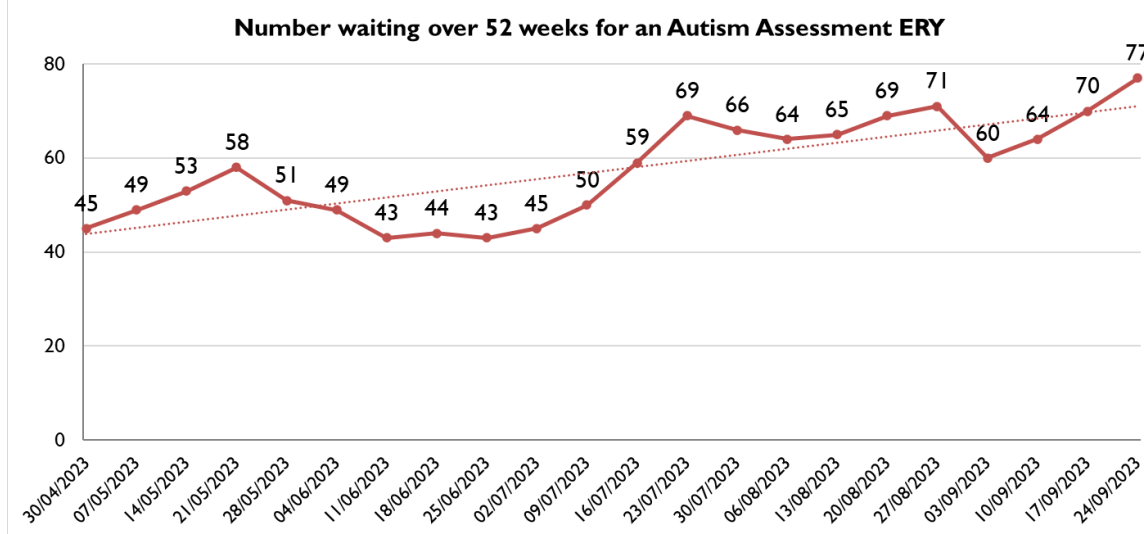
The number of CYP who have been waiting for an autism assessment in the East Riding has been steadily rising since April 2023, increasing from 545 at the end of April to 606 in week ended 24/09/2023, a total increase of 61 CYP waiting (see Figure 3.9).

Figure 3.9 Number of East Riding children waiting for an autism assessment at the end of each week



The number of CYP who have been waiting more a year for assessment has also risen in this time from 45 to 77 a rise of 32 in the same 6-month period (refer to Figure 3.10).

Figure 3.10 Number of East Riding children waiting over 52 weeks for an autism assessment at the end of each week



Key observation: the total number of children waiting over 52 weeks has risen significantly (45 to 77 within 5 months)

Since March 23 Humber have been reporting on the number of CYP which receive a diagnosis of Autism after a completed assessment, 93% of assessments in this period have resulted in a diagnosis, that's 144 positive, 6 negative and 4 which were inconclusive.

NHS Humber Foundation Trust (2023) stated that

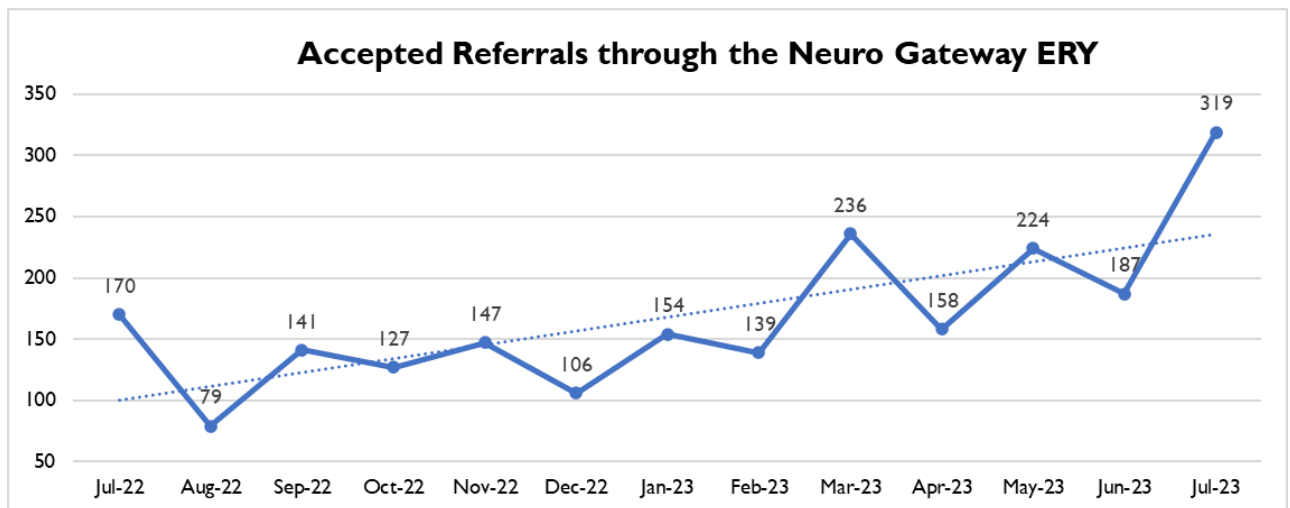
“the trajectory is in the process of being refreshed because of non-recurrent funding being awarded to the service to support continuation of the over 52ww recovery. Plans and discussions are currently taking place to understand possible internal and external capacity increases and the phasing associated with this.

Work continues to commence assessments chronologically where patient engagement allows but there is increase in cases needing to be prioritised for assessment. There are currently 124 cases on priority list and there is ongoing discussions on how best the meet the assessment need for the priority cases and the longest waiters.”

3.3.2 Neurodiversity referral gateway team (the ‘Front Door’)

The Neurodiversity referral gateway team have been receiving referrals via the ‘front door’ since the service reopened in November 22, referral numbers into the Neuro Gateway continue to grow and the service has received 60% more referrals in the last six months when compared to the previous six months.

Figure 3.11 Accepted ERY referrals through Neuro Gateway

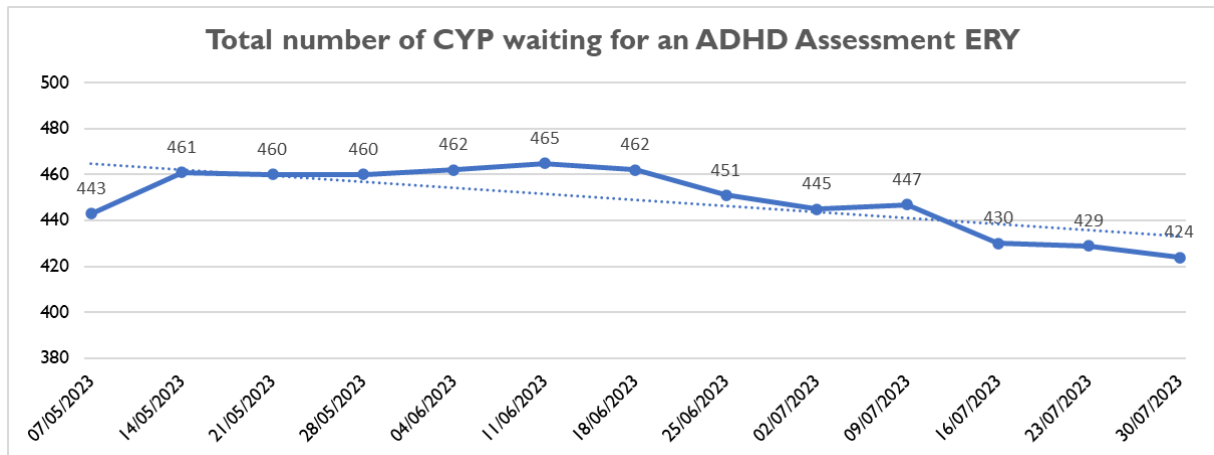


3.3.3 ADHD

The number of open referrals continue to grow with the majority of referrals being for ADHD.

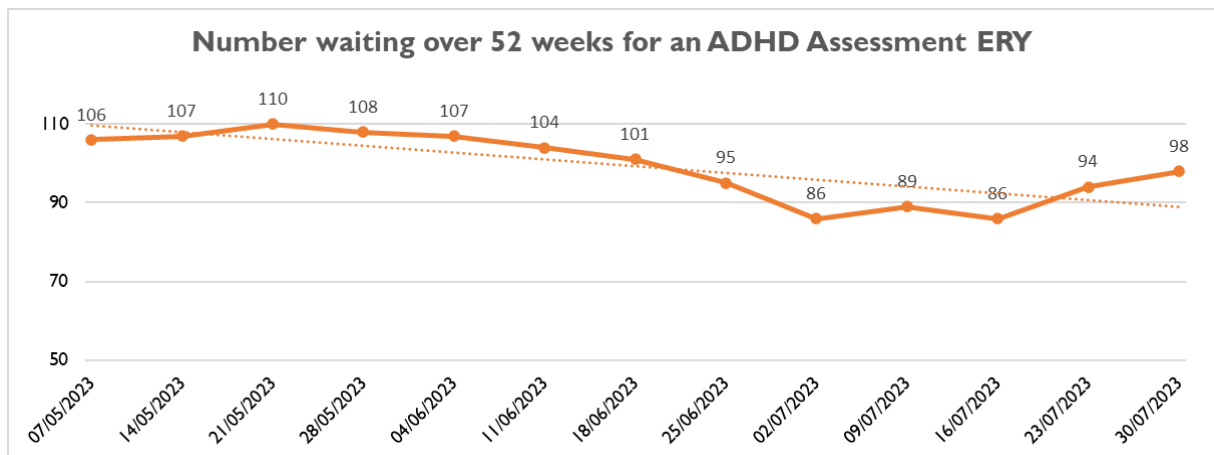
The latest available data for the ADHD waiting list is July 2023, between May and July 2023 the Waiting list reduced by 19 overall.

Figure 3.12 Number of ERY children and young people waiting for ADHD assessment



Those waiting over 52 weeks for assessment to start is reducing, however, 23% of those currently waiting for an assessment have still been waiting over 52 weeks

Figure 3.13 Number of ERY children and young people waiting for 52 weeks and over for ADHD assessment



NHS Humber Trust (2023) have stated:

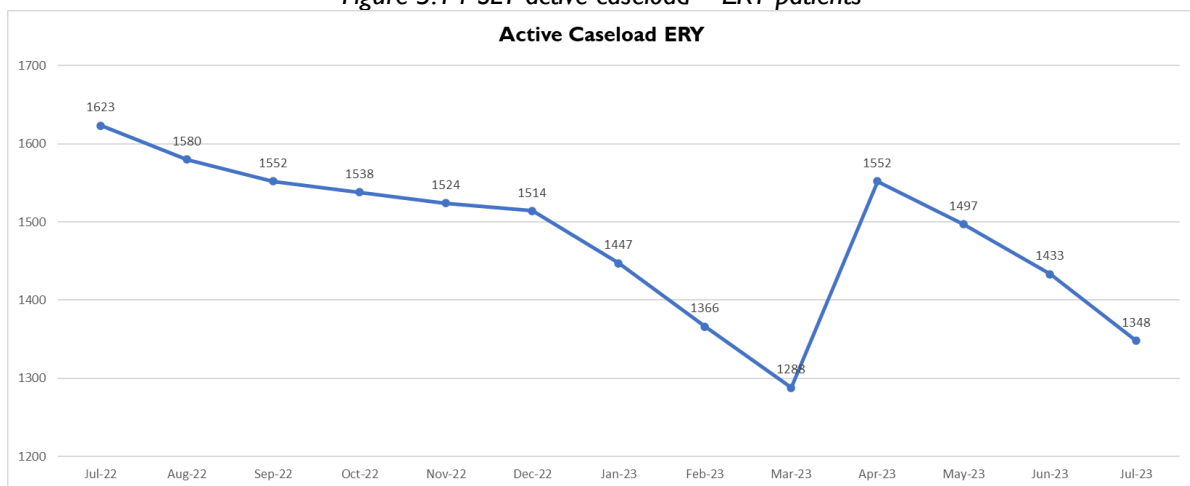
“External providers are being used to support internal capacity and additional funding has been provided within the trust for six months, pending a decision by commissioners. The ADHD pathway is further complicated by the need to support patients beyond assessment, especially for those going onto medication which is a long-term commitment for the trust to provide ongoing medication reviews.

The data above only quantifies the waiting list for assessment, it does not address the secondary waiting list for medication support, which will grow as assessment numbers increase.”

3.3.4 Speech and Language Therapy Service

There is a reduction in the number currently on the caseload from July 22 of 275 CYP, at the end of July there are 1348 people on the caseload, this is an increase from March 23 when it was at 1288. Number of CYP on active caseload is defined as CYP who have been seen within the last 7 months by the service and excludes those that are classed as review who may only be seen annually.

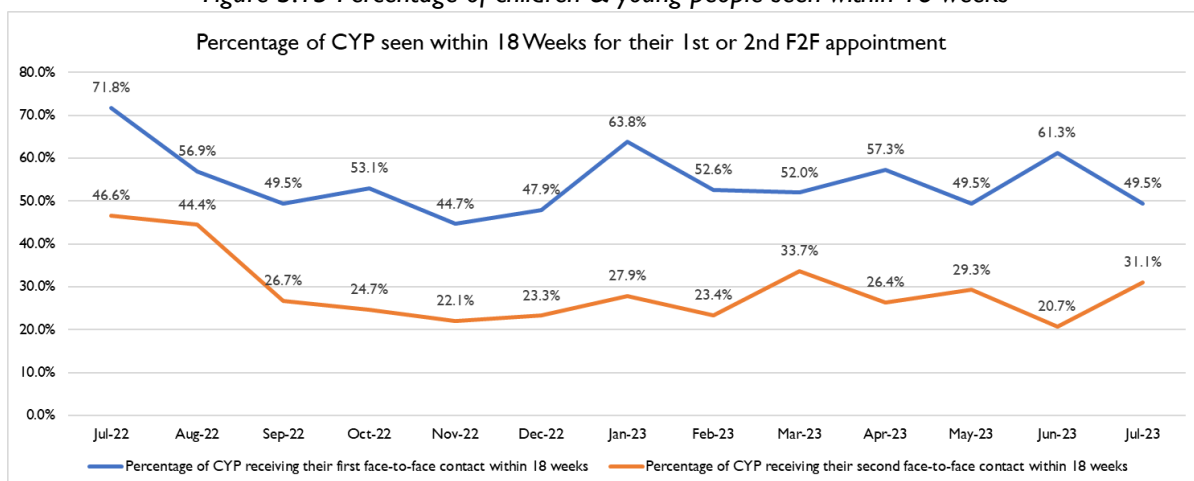
Figure 3.14 SLT active caseload – ERY patients



The number of new referrals into the service remains steady at around 100 per month, after a slight dip over the summer which is usual and due to referrals not been received from educational settings during these months.

The referral to treatment time target for Speech and Language therapies remains 18 weeks and the desire is that 98% of CYP will be seen and have commenced treatment within this 18 week period, in July 49.5% of referrals had their 1st F2F appointment within 18 weeks and only 31.1% had their second. The service is routinely reporting below the target for this metric as can be seen below in the last 13 months data. Information from Humber FT confirm that there is a capacity issue within the team currently and that this is being addressed through recruitment and training.

Figure 3.15 Percentage of children & young people seen within 18 weeks



3.4 Children’s Weight

Childhood obesity, with major implications on a variety of health outcomes, is of considerable interest to public health. Evidence shows that most children who are above a healthy weight will grow up to being overweight or obese in adulthood.

Obesity has a substantial impact on health and wellbeing where it not only determines risk of chronic disease but also involves social and mental implications. As behaviours adopted in early years set precedent for later life, it becomes evident that prevention and early intervention are vital to reduce health conditions for both children and young people as well as later in life.

The National Child Measurement Programme (NCMP) is an annual programme that measures the height and weight of children in reception (aged 4 to 5 years) and year 6 (aged 10 to 11 years). This process produces results relating to underweight, healthy weight, overweight and obesity levels in children and forms the basis of the data in this section.

3.4.1 Comparison of East Riding prevalence of overweight and obese to England and other areas

Table 3.5 displays the prevalence within the BMI categories reported by NCMP, for the school year 2021/22, comparing the East Riding to region and England. In reception year, the East Riding reported a significantly higher prevalence of ‘overweight’ and ‘overweight and obese combined’; whilst Year 6 children were classed as similar to England for all but one category. The underweight category was reported as being significantly lower for both reception year and year 6.

The East Riding obesity and severely obese categories were lower in prevalence than both Regional and England averages (for Reception year and Year 6) but were not significantly different when compared to England.

Table 3.5 NCMP category prevalence, 2021/22, the East Riding compared to Region and England

BMI Category	Reception			Year 6		
	ERY	Y&H	England	ERY	Y&H	England
Underweight	0.3%	1.1%	1.2%	1.1%	1.4%	1.5%
Healthy weight	75.7%	75.1%	76.5%	61.5%	59.4%	60.8%
Overweight	13.8%	12.8%	12.1%	15.0%	14.3%	14.3%
Obese	10.0%	11.0%	10.1%	22.7%	24.9%	23.4%
Severely obese	2.5%	3.2%	2.9%	5.0%	6.4%	5.8%
Overweight and obese combined	23.8%	23.7%	22.3%	37.5%	39.2%	37.8%

Significantly lower than England
 Similar to England
 Significantly higher than England

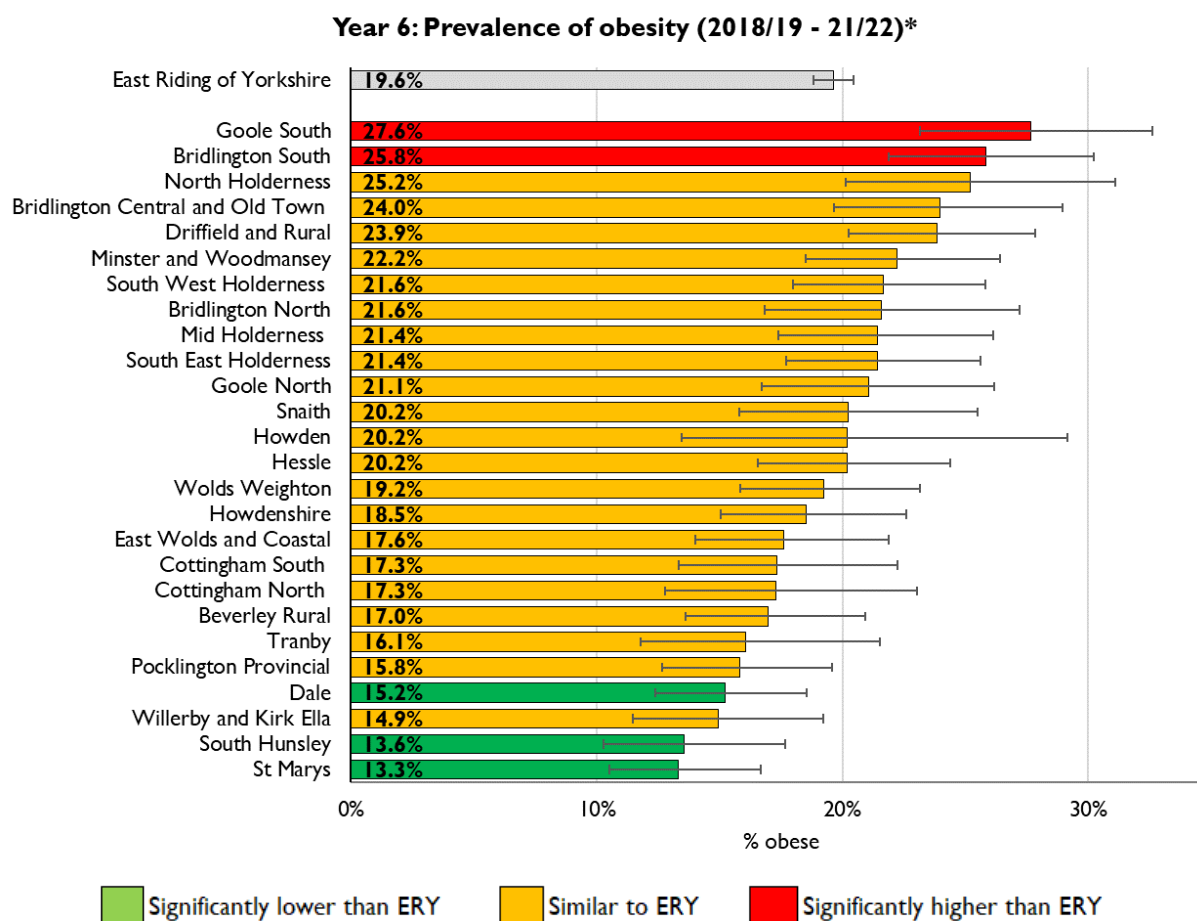
Key observation: most East Riding children are of a healthy weight. Significantly higher % in ERY reception year of over overweight and overweight and obese compared to England

3.4.2 Prevalence of Year 6 obesity within the East Riding

Whilst the year 6 obesity prevalence in 2021/22 was statistically similar to the England average, there remains significant variation within the communities of the East Riding.

Figure 3.16 reports the Year 6 obesity prevalence by East Riding ward for the 2 year period 2018/19-21/22 (it excludes 2020/21 which was adversely affected by the COVID-19 pandemic). In this period the East Riding average was 19.6% obese (almost 1 in 5 children) and there were 2 wards with a significantly higher prevalence; Goole South recorded the highest prevalence (27.6%) followed by Bridlington South (25.8%). Both of these wards contain communities considered to be amongst the most deprived within the East Riding, in contrast the East Ridings least deprived wards recorded some of the lowest levels of obesity. South Hunsley (the East Ridings least deprived ward) reported a prevalence of 13.6%, which was almost half the prevalence of the East Ridings most deprived ward, Bridlington South.

Figure 3.16 Year 6 obesity prevalence by East Riding ward



Source: NCMP. * Data omits 2020/21 due to impact of COVID-19 pandemic

Key observation: significantly higher prevalence of obesity within 2 of the East Ridings most deprived wards

The increasing polarity of higher childhood obesity prevalence among more deprived wards compared to the lower prevalence observed across less deprived wards may suggest a growing gap among children's' health inequalities. This is more clearly demonstrated within, which use local deprivation quintiles to illustrate the inequality between the most and least

deprived areas. Please note local deprivation quintiles are different from the national deprivation quintiles used elsewhere in this document.

Figure 3.17 Obesity in East Riding Year 6 children by **local** deprivation quintile.

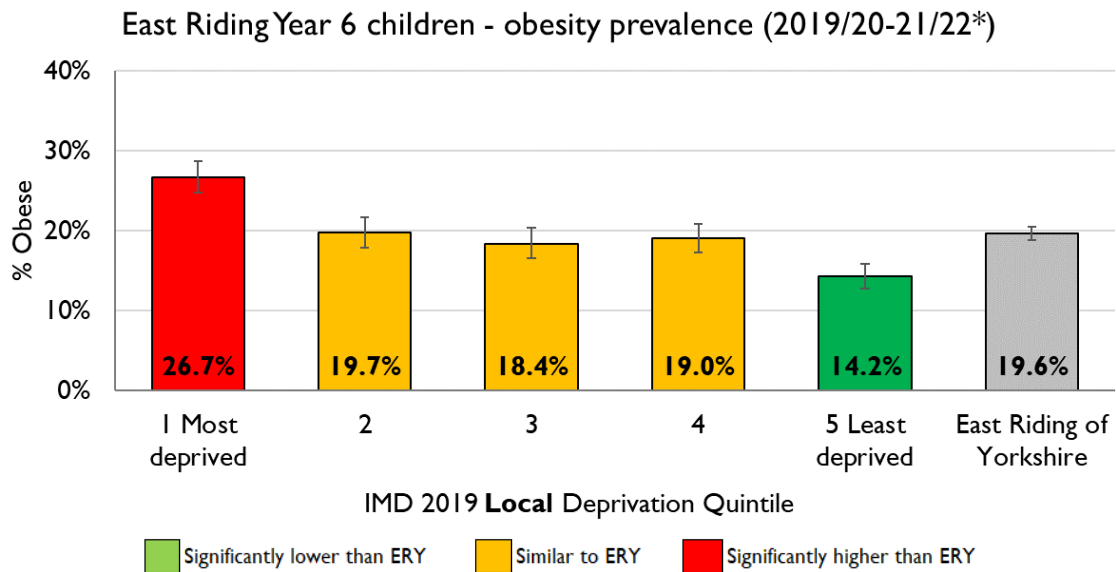
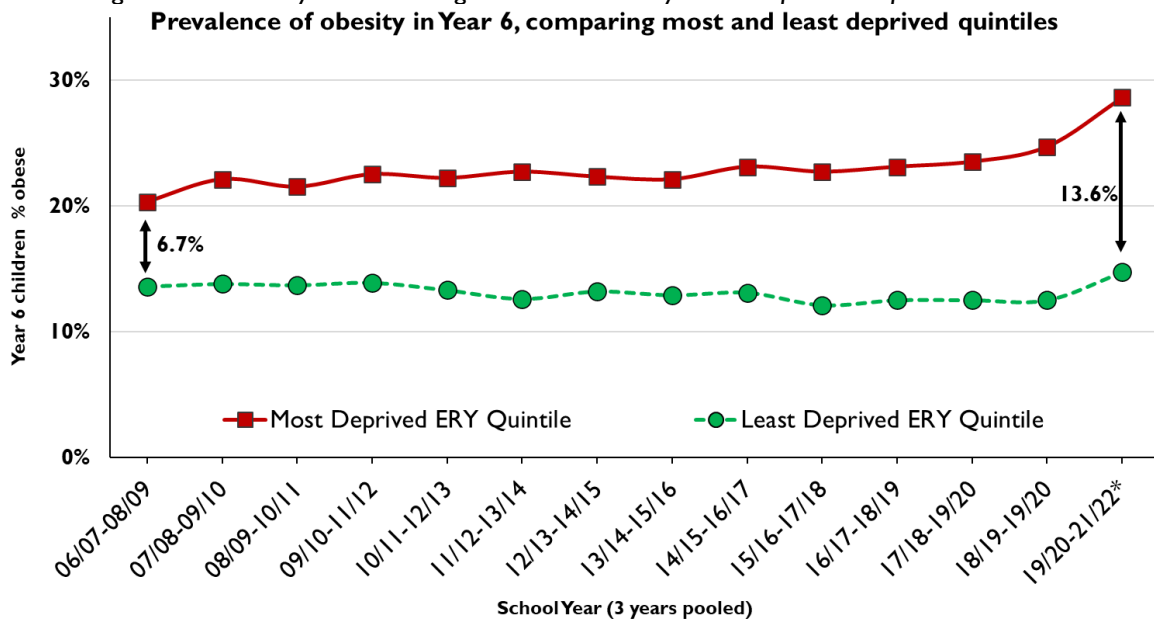


Figure 3.17 illustrates that it is the most deprived local quintile with the highest prevalence of obesity (26.7%), which is significantly higher than the East Riding average and every other local quintile. In contrast, the least deprived quintile recorded a significantly lower than local authority average prevalence of 14.2%. The difference in year 6 obesity prevalence between the most and least deprived local East Riding quintile is presented in Figure 3.18. Between 2006-08 and 2019-22 the difference has more than doubled, increasing from 6.7% to 13.6%, highlighting that the inequality between most and least deprived is increasing.

Figure 3.18 Obesity in East Riding Year 6 children by **local** deprivation quintile over time.



* 2020/21 data not included due to very small numbers (impact of COVID-19 pandemic)

Key observation: inequalities have widened over time

4 Five key clinical areas of children’s health inequalities

The final part of CORE20Plus5 relates to 5 core clinical areas. CORE20Plus5 asks the Integrated Care Board and Integrated Care Partnerships to focus on these five areas as part of broader initiatives to transform the system and provide better care for children and young people. National programmes oversee the governance for these five areas, while regional and national teams work together to organise local systems in order to accomplish local goals.

4.1 Asthma in children

Asthma is one of the most common long-term conditions affecting children in the UK. According to the NHS, around 1 in 11 children in the UK have asthma. can be triggered by various factors, including allergens (e.g., pollen, dust mites, animal dander), respiratory infections, cold air, exercise, and exposure to irritants like smoke or strong odours.

4.1.1 Prevalence of asthma in children (0-17 years)

As of 31 July 2023, there were almost 2,000 children aged 0-17 years registered with an East Riding PCN recorded as having asthma, equating to an overall NHS East Riding prevalence of 3.9%. Table 4.1 provides counts of patients registered with asthma by East Riding PCN and associated prevalence.

There was variation within the PCN prevalence, from 3% in River and Wolds (significantly lower than the East Riding) to 5.3% in Bridlington (significantly higher than East Riding). Figure 6.6 in the appendix displays each PCN prevalence in a chart format.

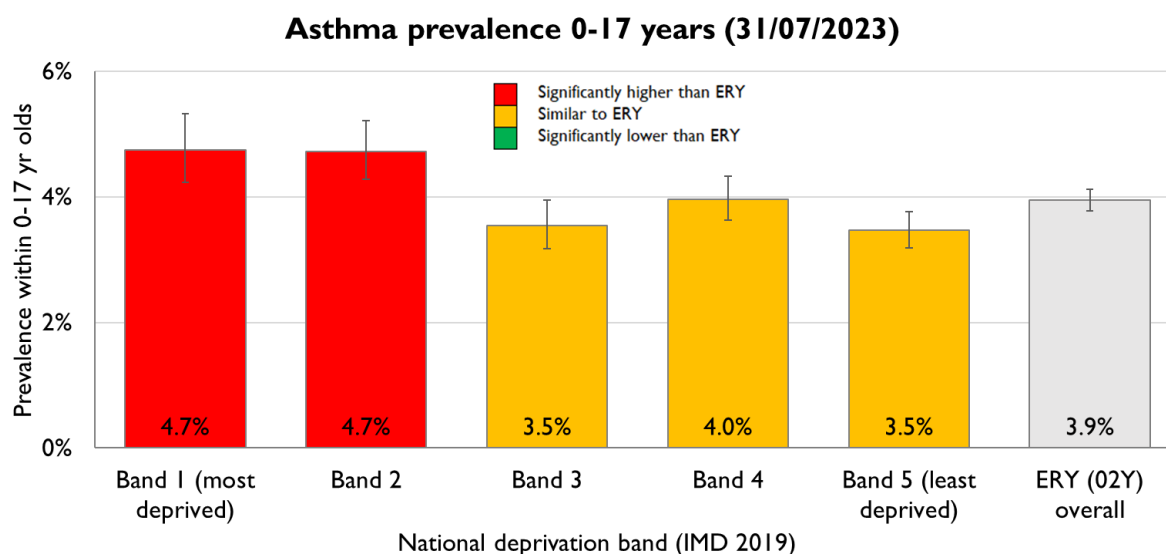
Table 4.1 Registered asthma prevalence within East Riding PCNs, 31 July 2023. Source: RAIDR system

Primary Care Network	Number of 0-17yrs registered with asthma			Asthma prevalence 0-17yrs		
	Males	Females	Total	Males	Females	Total
Bridlington PCN	215	149	364	6.0%	4.5%	5.3%
Yorkshire, Coast & Wolds PCN	153	109	262	5.1%	4.0%	4.5%
Harthill PCN	163	91	254	4.9%	3.0%	4.0%
Cygnets PCN	235	137	372	4.6%	3.0%	3.8%
Beverley PCN	157	123	280	4.2%	3.3%	3.7%
Holderness Health PCN	124	81	205	4.1%	3.1%	3.6%
River & Wolds PCN	156	105	261	3.4%	2.5%	3.0%
NHS ERY Total*	1,203	795	1,998	4.6%	3.3%	3.9%

* 2 East Riding Practices missing from the data

Figure 4.1, shows asthma prevalence by national deprivation quintiles, showing the two most deprived quintiles as having the highest prevalence (both 4.7%), significantly higher than the 3 other quintiles and the East Riding average of 3.9%.

Figure 4.1 Asthma prevalence by national deprivation band, 0-17 years, 31 July 2023. A significantly higher prevalence of asthma within the most deprived communities of the East Riding.



Key observation: a higher prevalence of asthma within the most deprived communities

4.1.2 Emergency hospital admissions in children from asthma

Asthma emergency admissions refer to cases where individuals with asthma experience severe symptoms that are not adequately controlled by their usual medications and require immediate medical attention and emergency hospitalisation. To prevent asthma emergency admissions, individuals with asthma should work closely with their general practice (GP) to develop an asthma action plan, regular check-ups with general practice can help ensure that asthma is well-managed.

This section provides information about East Riding residents, as opposed to East Riding patients and uses the 0-18 age group for the first part of the section (OHID Fingertips indicator comparing East Riding and England) and then the 0-19 age group for East Riding wards.

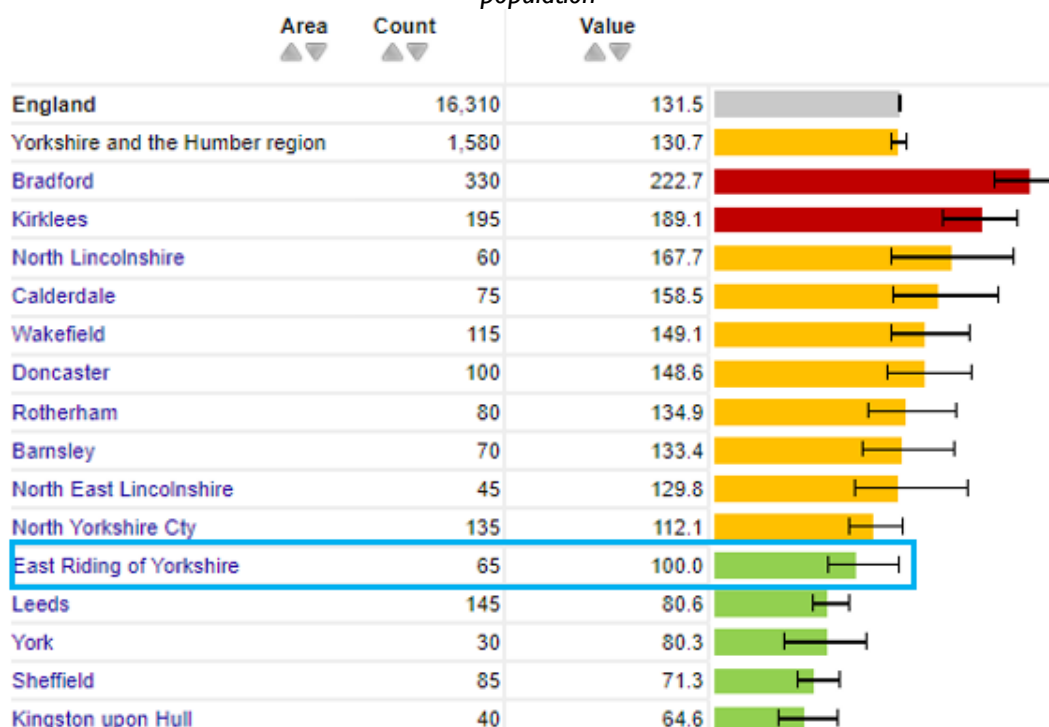
4.1.3 Emergency hospital admissions in children from asthma, East Riding compared to England 2021/22 (0-18 years)

This section includes asthma emergency admission rates for the East Riding, other local authorities and England overall (sourced from the OHID Fingertips website). The latest year of data is for 2021/22 and includes residents aged 0-18 years. Figure 4.2 compares the East Riding rate of asthma emergency admissions to England and other local authorities in the region.

The East Riding crude rate of 100.0 per 100,000 population (based on 65 admissions during 2021/22) was significantly lower than the England rate (131.5 per 100,000) and lower than the Regional rate (130.7 per 100,000). The East Riding rate was the 5th lowest of all 15 local authorities within the region. Figure 6.7 in Appendix 6 compares the East Riding rate of asthma emergency admissions to England and CIPFA neighbours, highlighting that the East Riding had the 7th lowest rate of admissions within this group of local authorities.

Please note sections 4.1.3 and 4.1.4 use the 0-18 age group, unlike the rest of section 4.1 which uses the 0-17 age group.

Figure 4.2 Emergency hospital admissions for asthma (<19 years), 2021/22, crude rate per 100,000 population



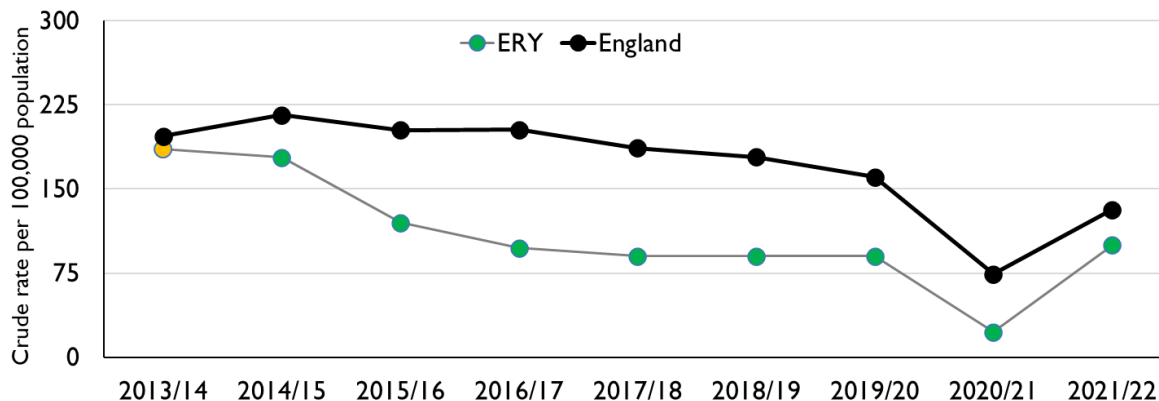
4.1.4 Emergency hospital admissions in children from asthma, annual rates (0-18 years)

Asthma emergency admissions involving East Riding residents (0-18 years) have been in decline since 2014/15 and have remained significantly lower (i.e. better) than the England average overall during this period. The rate of admissions did drastically decrease during 2020/21 but this was most likely be due to the impact of COVID-19 on secondary care. In 2020/21 the count of admissions was recorded as 15, however in the preceding 5 years the average count per year was 65 per year. By 2021/22 the count of admissions had increased again to 65.

Figure 4.3 Asthma emergency admissions trends, East Riding residents 0-18 years

Emergency hospital admissions for asthma (under 19 years)

crude rate per 100,000 population



4.1.4.1 Emergency hospital admissions in children from asthma, within East Riding communities (0-19 years)

In the 3 year period 2019/20-21/22 there were over 150 East Riding resident emergency admissions due to asthma in those aged 0-19 years. When examining the patient's area of residence of these admissions, there were two East Riding wards with significantly higher crude rates of admissions compared to the East Riding average; these were Bridlington Central and Old Town (171 per 100,000) and Driffield and Rural (165 per 100,000), as illustrated in Figure 4.4. Both of these wards recorded rates that were over twice that of the East Riding average (73 per 100,000).

Figure 4.4 East Riding ward asthma emergency admission rates, 0-19 years

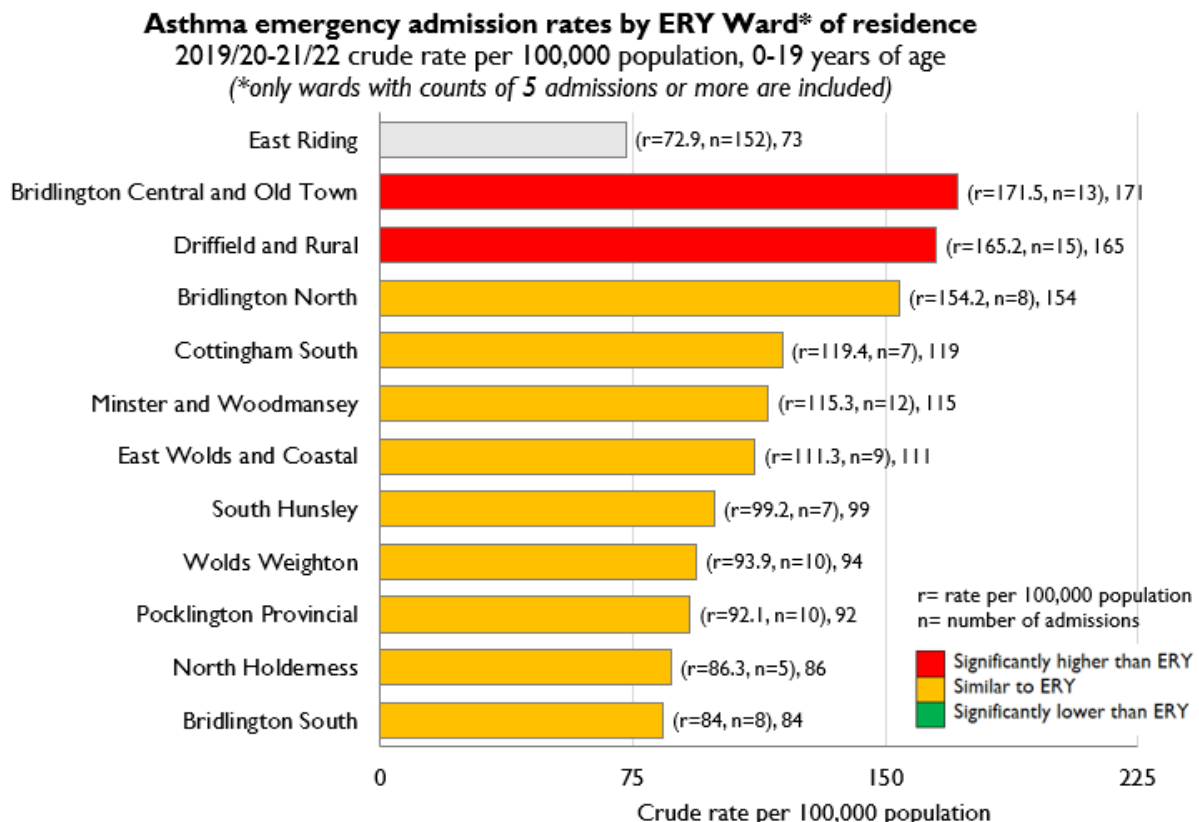


Figure 6.8 in the Appendix 6, divides the number admissions of the same 3 year pooled together into national deprivation quintiles. Whilst the most deprived 20% did record the highest rate of admissions (125.9 per 100,000 population), it was not significantly higher than the East Riding average of 72.9 per 100,000, nor was it significantly higher than any other deprivation quintile (except Quintile 3).

4.2 Diabetes in children

Diabetes is a chronic condition that affects how your body processes glucose (sugar) in the blood. There are two main types of diabetes: Type 1 and Type 2.

- Type 1 diabetes is an autoimmune condition where the body's immune system mistakenly attacks and destroys the insulin-producing cells in the pancreas. This type of diabetes is usually diagnosed in childhood or early adulthood and requires lifelong

insulin treatment to regulate blood sugar levels. The exact cause of Type 1 diabetes is still unknown, and it cannot be prevented.

- Type 2 diabetes is more commonly associated with lifestyle factors, such as poor diet, lack of physical activity, and obesity. It occurs when the body becomes resistant to insulin or does not produce enough insulin to maintain normal blood sugar levels. In the past, Type 2 diabetes was mostly seen in adults, but due to the rise in childhood obesity and sedentary lifestyles, it has become increasingly prevalent in children and adolescents.

Childhood obesity is a significant risk factor for Type 2 diabetes, and it is essential to address the issue through public health measures, education, and community involvement. Encouraging a healthy lifestyle with a balanced diet and regular physical activity is crucial to prevent or manage diabetes in children.

4.2.1 Prevalence of diabetes in children

The RAIDR system states that the majority of the 68 children (under 18 years) registered with diabetes in the East Riding on 31 July 2023, were registered with Type 1 diabetes. There were 4 children registered with Type 2 diabetes, but more specific information about Type 2 patients is not provided in this document. Table 4.2 shows the prevalence of Type 1 and Type 2 diabetes by East Riding PCN.

Table 4.2 Type 1 and 2 diabetes prevalence by East Riding PCN, 0-17 years, 31 July 2023.

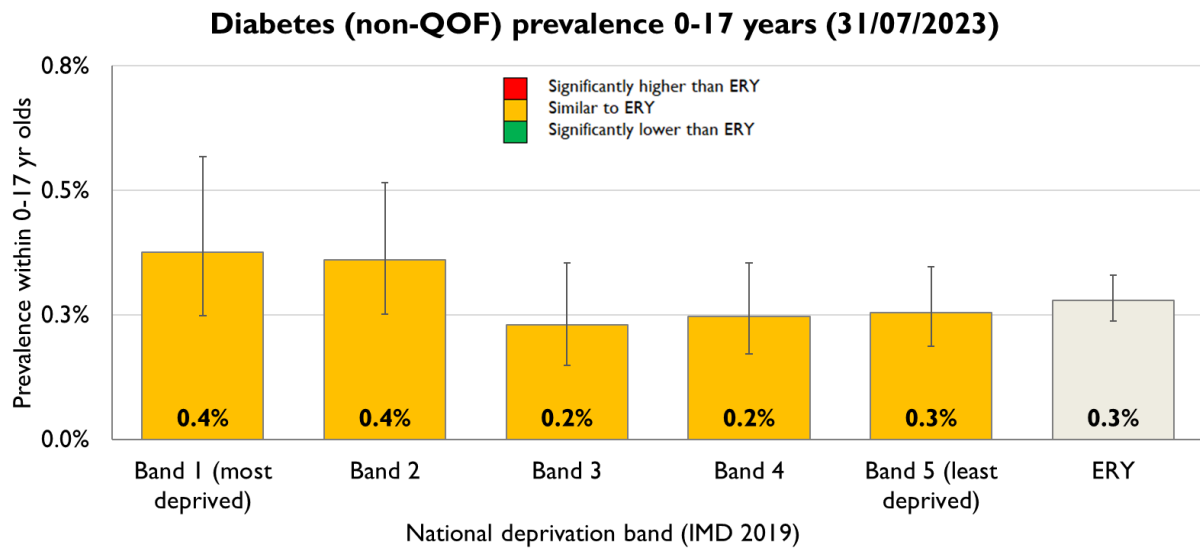
RAIDR uses 'non-QOF' diabetes indicators for under 18 years of age. * where a count for a specific gender is less than 7, then both are withheld

Primary Care Network	Number of 0-17yrs registered with diabetes			Diabetes prevalence 0-17yrs		
	Males	Females	Total	Males	Females	Total
Beverley PCN	10	16	26	0.3%	0.4%	0.3%
Bridlington PCN	12	11	23	0.3%	0.3%	0.3%
Cygnets PCN	17	16	33	0.3%	0.3%	0.3%
Holderness Health PCN	*	*	15	*	*	0.3%
River & Wolds PCN	9	11	20	0.2%	0.3%	0.2%
Yorkshire, Coast & Wolds PCN	*	*	14	*	*	0.2%
Harthill PCN	*	*	10	*	*	0.2%
ERY PCNS total	73	68	141	0.3%	0.3%	0.3%

All PCNs recorded a similar prevalence of diabetes in the 0-17 age group (between 2%-3%), with no significant difference between each other or when compared to the East Riding overall (see Figure 6.9, in Appendix 7).

Prevalence by national deprivation quintile is displayed in Figure 4.5 below. Despite the 2 most deprived quintiles showing a slightly higher prevalence, there was no significant difference calculated between any of the quintiles, nor when compared to the East Riding overall.

Figure 4.5 Diabetes (type 1 and 2) prevalence by IMD 2019 deprivation quintile



4.2.2 Emergency hospital admissions for diabetes

Diabetes emergency admissions refer to hospital admissions that occur as a result of diabetes-related complications or emergencies. This might indicate that diabetes is not being well managed, which can lead to a number of life-threatening complications, requiring immediate medical attention.

4.2.3 Emergency hospital admissions for diabetes: East Riding compared to England 2021/22, 0-18 years

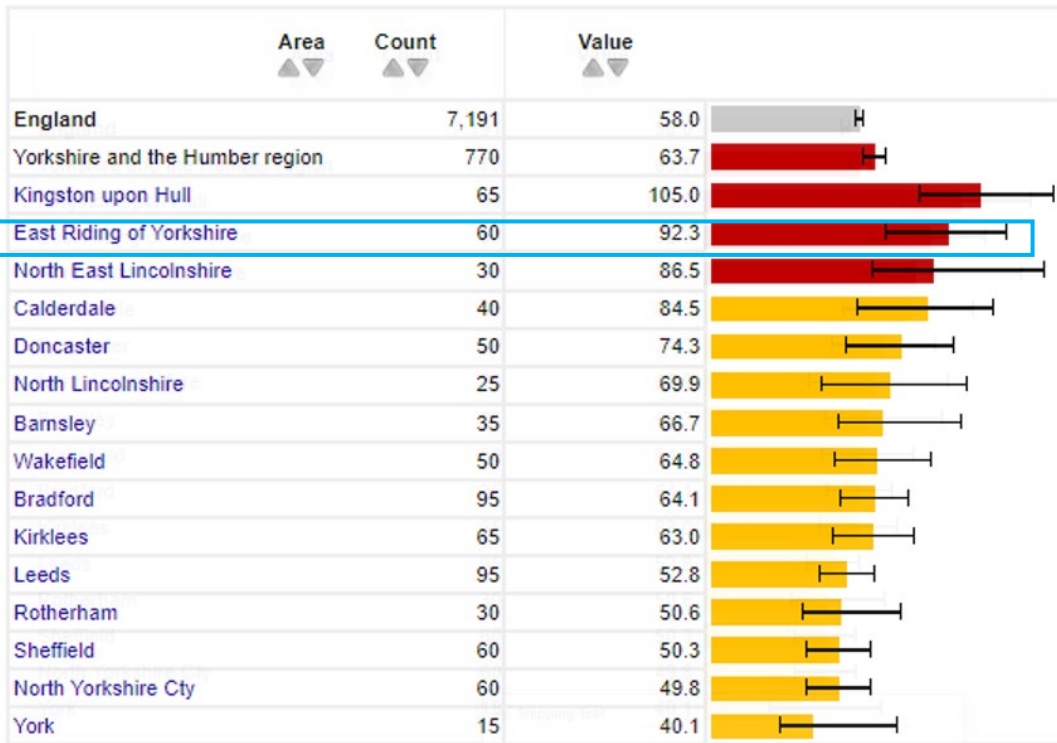
Diabetes emergency admissions for the East Riding, other local authorities and England overall are shown in the OHID Fingertips website. The latest year of data is for 2021/22 and includes residents aged 0-18 years.

Figure 4.6 compares the East Riding rate of diabetes emergency admissions to England and other local authorities in the region and CIPFA neighbours. The East Riding crude rate of 92.3 per 100,000 population (based on 60 admissions during 2021/22) was significantly higher than both the England (58.0 per 100,000) and Regional (63.7 per 100,000) averages.

The East Riding rate was the 2nd highest of all 15 local authorities within the region, twice as high as the rate recorded by geographic local authority neighbours York and North Yorkshire. Figure 6.10 in Appendix 7 compares the East Riding rate of diabetes emergency admissions to England and CIPFA neighbours, highlighting that the East Riding had the 2nd highest rate of admissions within this group of local authorities.

Please note this section uses the 0-18 age group, unlike the rest of section 4.2 which uses the 0-17 age group.

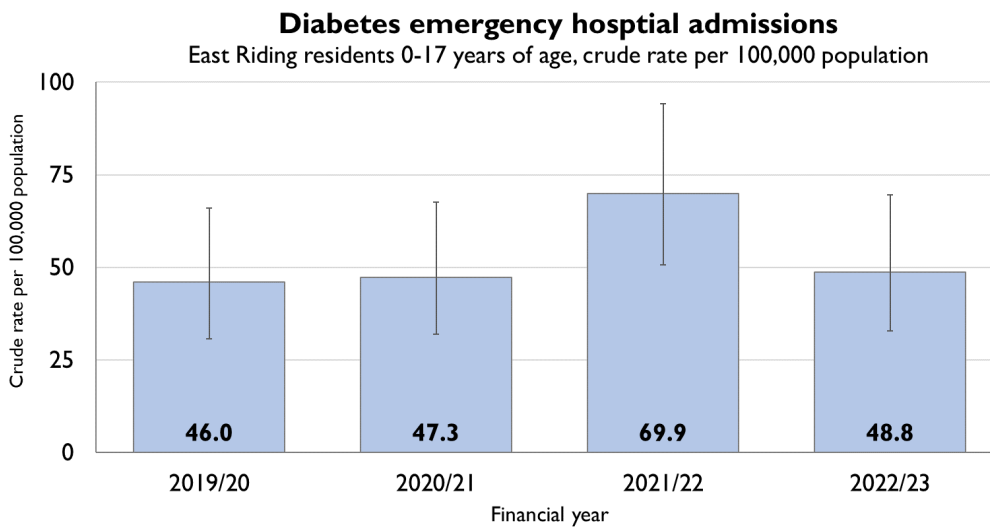
Figure 4.6 Diabetes emergency admissions, ERY compared to other Y&H region local authorities, crude rate per 100,000 population, 0-18 years of age, 2021/22



4.2.3.1 Annual rates of diabetes emergency admissions (0-17 years)

Local information on diabetes emergency hospital rates has been produced for the latest 4 financial years, in Figure 4.7 below. Admission rates noticeably increased in 2021/22, possibly as a result of the acute period of the pandemic the year before, but the year was not significantly different from any of the other years.

Figure 4.7 Diabetes emergency admissions, ERY residents, 0-17 years, crude rate /100,000 population



4.2.3.2 Diabetes emergency admission rates in East Riding communities (0-17 years)

Goole North was the only ward with a significantly higher rate (135.3 per 100,000 population) of diabetes emergency admissions than the East Riding average (51.5 per 100,000) in the period 2020/21-22/23. See Figure 4.8. Figure 4.9 shows that none of the deprivation quintiles had a significantly different rate of diabetes emergency admissions than the East Riding average, nor one another.

Figure 4.8 Diabetes emergency admissions, residents in East Riding wards, <18yrs, 20/21-22/23.

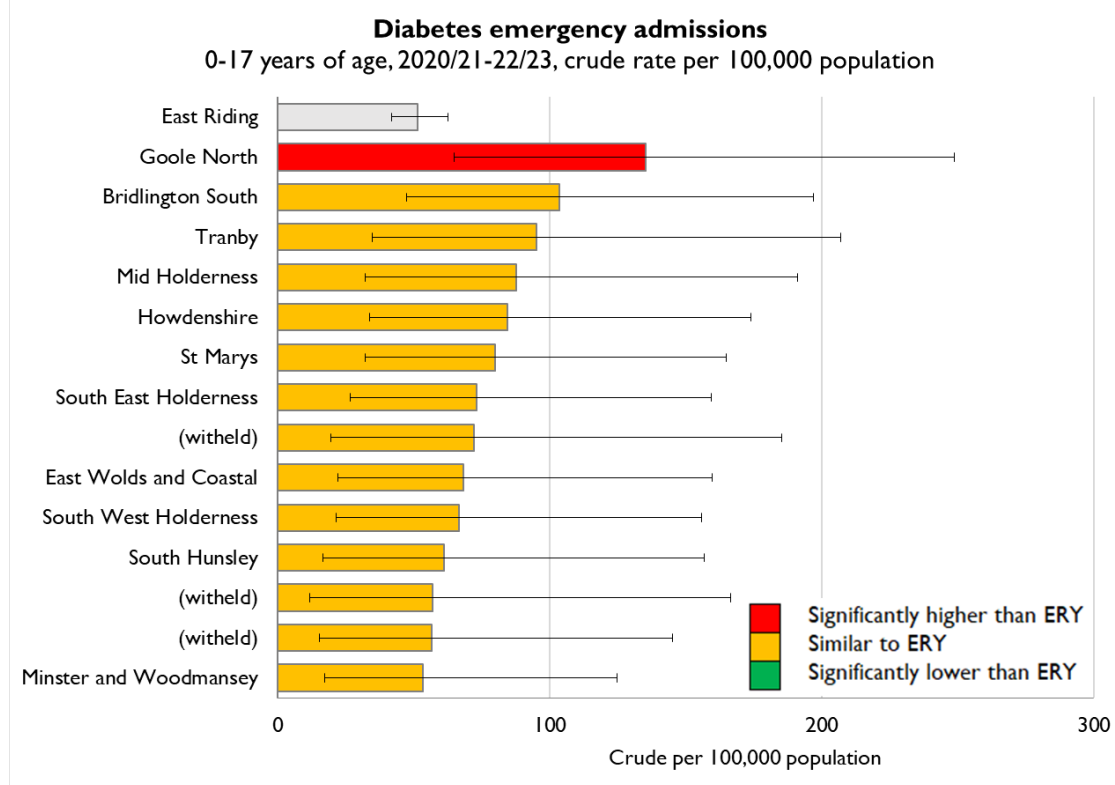
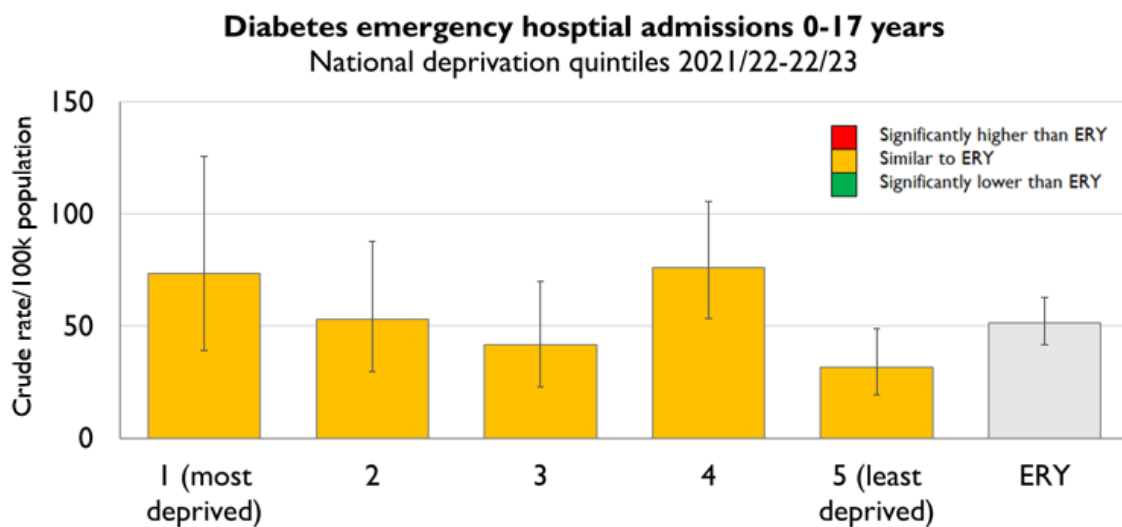


Figure 4.9 Diabetes emergency admissions, ERY residents, national deprivation bands, <18yrs, 20/21-22/23.



4.3 Epilepsy in children

Epilepsy is a neurological disorder characterized by recurrent, unprovoked seizures. A seizure is a sudden surge of electrical activity in the brain that can cause various symptoms, including convulsions, loss of consciousness, staring spells, and altered awareness. Epileptic seizures can vary widely in intensity and duration, and they can be caused by different factors such as head injuries, brain tumours, genetics, or infections. Epilepsy is often a lifelong condition, usually starting in childhood or in persons over the age of 60.

4.3.1 Prevalence of epilepsy in children (0-17 years)

It is difficult to compare the NHS East Riding prevalence of epilepsy with other areas for those aged 0-17 years, as the national QOF indicator only counts those aged 18 years and over. For the 18+ years age group the East Riding prevalence (1%) is significantly higher than the England average of 0.8%.

The RAIDR system is able to provide by PCN, the registered numbers of children 0-17 years with epilepsy. There were a total of 177 patients registered on 31 July 2023, with an overall prevalence for the East Riding of 0.3%.

Table 4.3 displays the count and prevalence by each PCN. All PCNs with the exception of Bridlington had a statistically similar prevalence to the East Riding average (0.3%). With a 6% prevalence (based on 39 children registered) Bridlington was twice the East Riding prevalence and significantly higher. Figure 6.11 in Appendix 8 visually displays the difference between the East Riding PCNs.

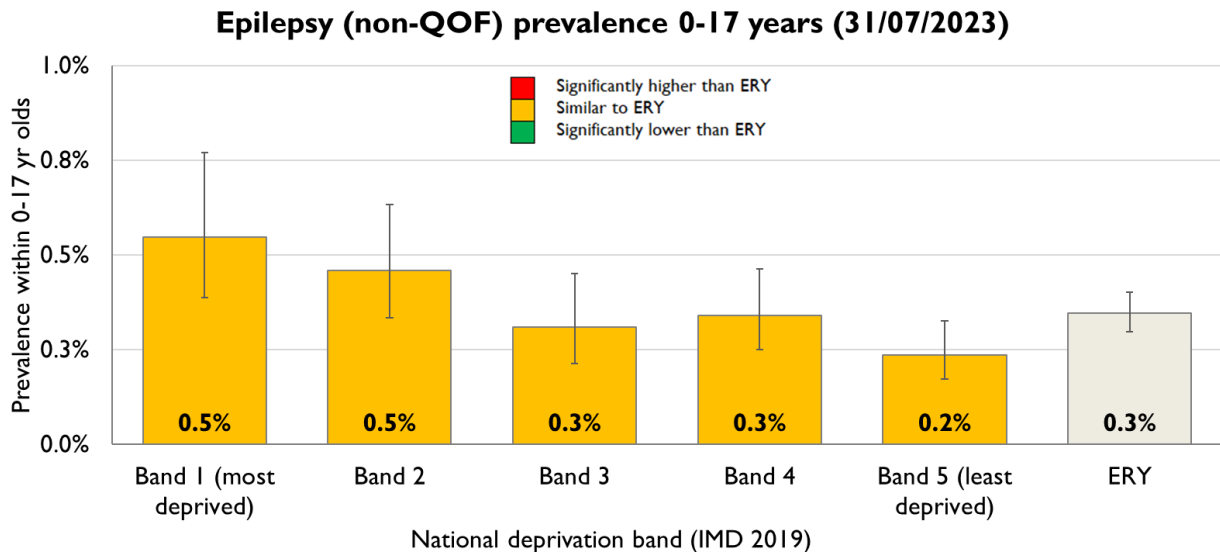
Table 4.3 Prevalence of children 0-17 registered with epilepsy with an East Riding PCN, as of 31 July 2023.

PCN	Epilepsy patients 0-17yrs			Epilepsy prevalence 0-17yrs		
	Males	Females	Total	Males	Females	Total
Bridlington PCN	26	13	39	0.7%	0.4%	0.6%
Holderness Health PCN	13	9	22	0.4%	0.3%	0.4%
Beverley PCN	14	12	26	0.4%	0.3%	0.3%
Cygnets PCN	22	12	34	0.4%	0.3%	0.3%
Harthill PCN	12	6	18	0.4%	0.2%	0.3%
Yorkshire, Coast & Wolds PCN	7	11	18	0.2%	0.4%	0.3%
River & Wolds PCN	9	11	20	0.2%	0.3%	0.2%
ERY total	103	74	177	0.4%	0.3%	0.3%

Source: NHS NECS RAIDR system, note 2 East Riding practices not contained within the data

Figure 4.10 shows the difference in prevalence based on the area of residence of the registered children, here shown as national deprivation quintiles. All quintiles were similar in prevalence to the East Riding average, but Band 1 (East Riding children living in the most deprived 20% of areas nationally) did have a significantly higher prevalence (0.5%) compared to the least deprived quintile (0.2%).

Figure 4.10 Children 0-17 year registered with epilepsy by an East Riding GP, prevalence by national deprivation band of child's residential area



Key observation: higher prevalence of epilepsy within most deprived communities compared to least deprived

4.3.2 Epilepsy emergency hospital admissions in children

Epilepsy emergency admissions refer to situations where individuals with epilepsy require urgent medical attention and are admitted to the hospital. These emergency admissions can occur for a number of reasons (such as a cluster of seizures or injuries caused by a seizure). This section will highlight epilepsy emergency admissions for:

- East Riding residents aged under 19 years, comparing the East Riding against other local authorities
- and local information comparing the communities within the East Riding (but for the under 18 age group).

4.3.2.1 Epilepsy emergency hospital admissions in children: East Riding compared to England 2021/22 (0-18 years)

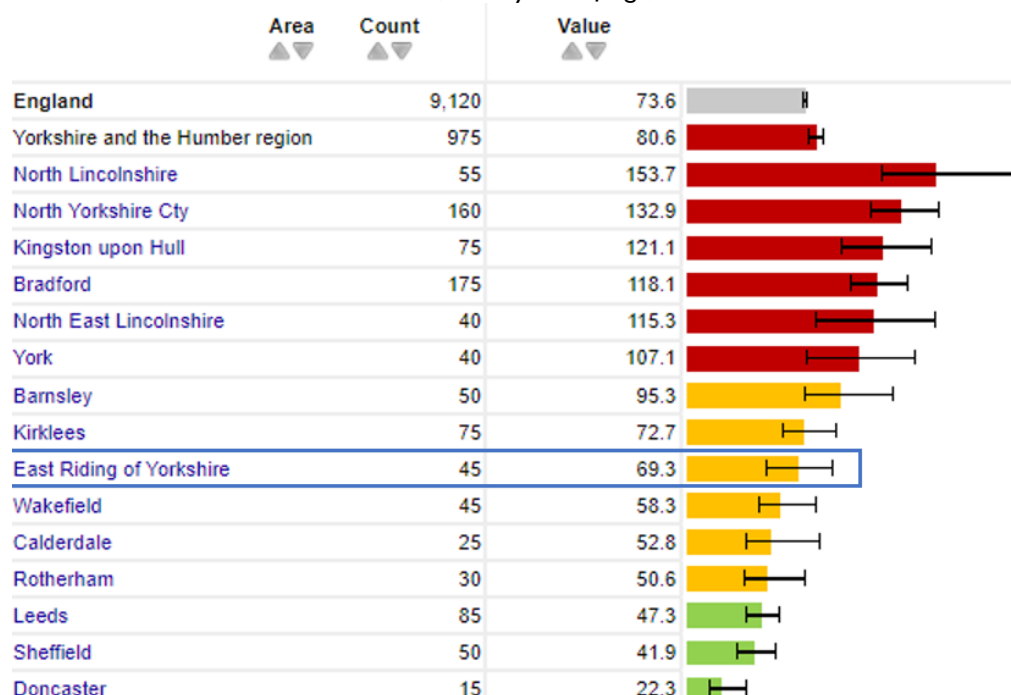
The OHID Fingertips website, compares the East Riding to other local authority areas for the 0-18 year age group, in 2021/22.

With a crude rate of 69.3 per 100,000 population, the East Riding was lower but not significantly than the England (73.6 per 100,000) and Regional (80.6 per 100,000) averages. This is displayed in Figure 4.11. Note the East Riding 2021/22 rate will be different to rate show later in Figure 4.12 due to issues of rounding.

Figure 6.12 in Appendix 8 compares the East Riding rate of epilepsy emergency admissions to England and CIPFA neighbours, where the East Riding was 6th lowest compared to its neighbours.

Please note this section uses the 0-18 age group, unlike the rest of section 4.3 which uses the 0-17 age group.

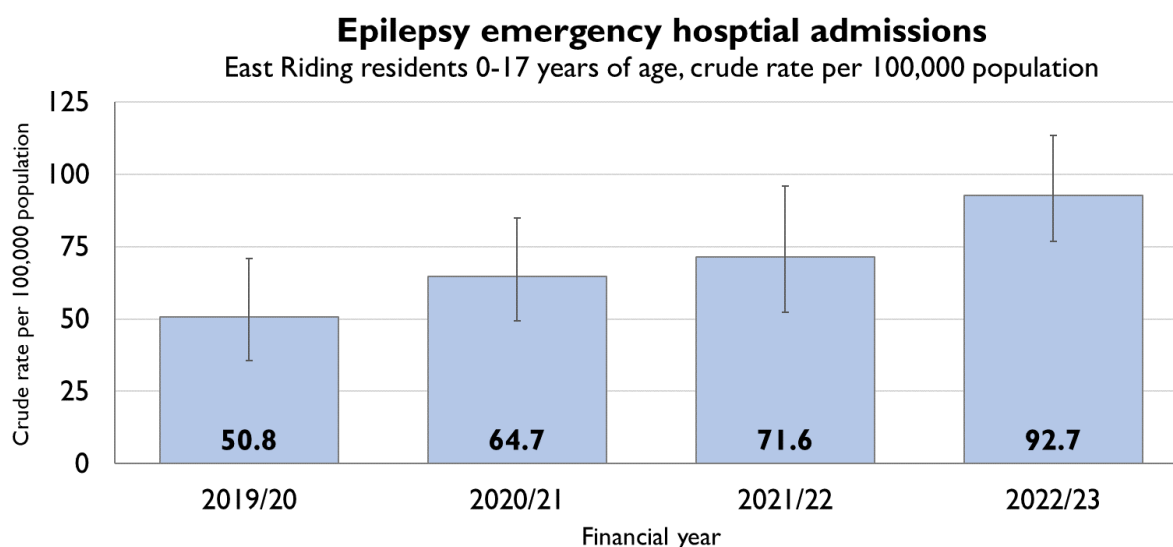
Figure 4.11 Epilepsy admissions, crude rate per 100,000 population. ERY compared to other Y&H region local authorities, 0-18 years of age, 2021/22



4.3.2.2 Epilepsy emergency hospital admissions: annual rates in children (0-17 years)

As with diabetes admissions, trend information relating to epilepsy admissions in the East Riding is currently unavailable from the OHID Fingertips tool, but information obtained locally was available to produce 4 annual rates displayed in Figure 4.12.

Figure 4.12 Epilepsy emergency admissions, East Riding residents, 0-17 years, crude rate/100,000 population

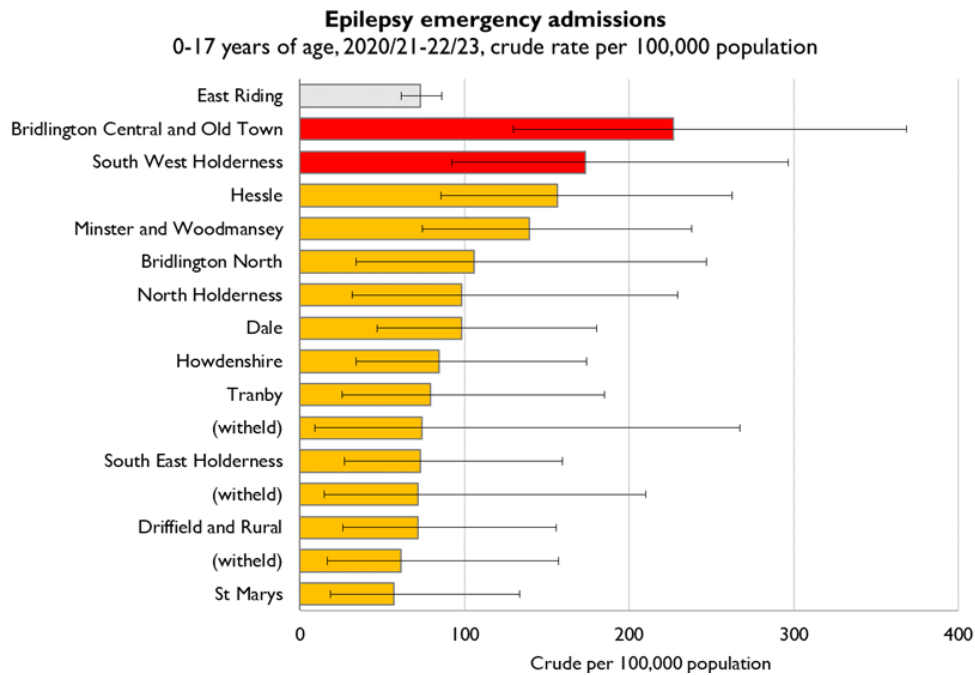


The chart shows a year on year increase in the admission rate from 50.8 per 100,000 (based on 32 admissions) in 2019/20, to a rate of 92.7 per 100,000 (based on 57 admissions) in 2022/23.

4.3.2.3 Epilepsy emergency hospital admissions rates in children, within East Riding communities (0-17 years)

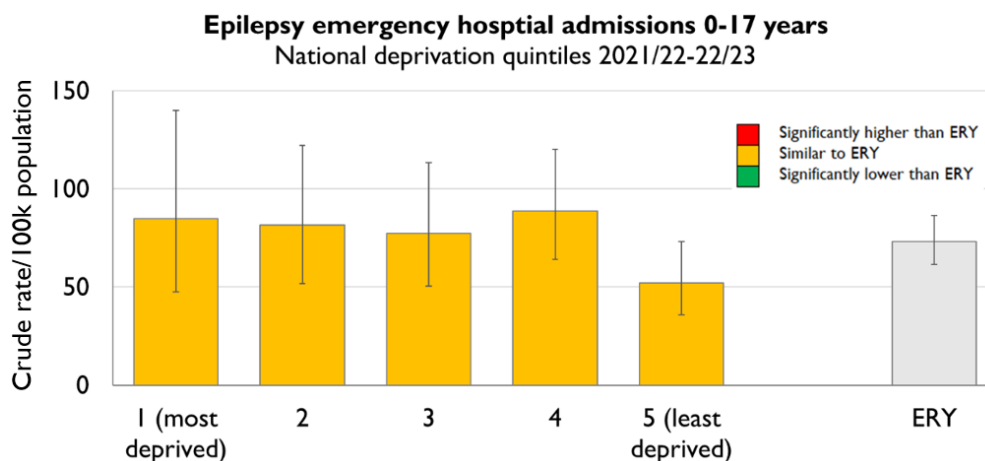
Figure 4.13 shows crude emergency admission rates due to epilepsy, for the 3 year period 2020/21-22/23. Wards with counts of less than 5 admissions were not included on the chart or have been withheld.

Figure 4.13 Epilepsy emergency admissions, crude rate/100,000 population, East Riding wards, 0-17 years, 2020/21-22/23. Wards with less than 5 admissions withheld



There were 2 wards with a significantly higher rate of emergency epilepsy admissions than the East Riding average (73.1 per 100,000); Bridlington Central and Old Town (227 per 100,000, which was 3 times higher than the East Riding average) and South West Holderness (173.5 per 100,000). Figure 4.14 highlighted that none of the deprivation quintiles were significantly different from one another or the East Riding overall.

Figure 4.14 Epilepsy emergency admissions, ERY residents, crude rate/100,000 population, national deprivation bands, <18yrs, 2021-22/23.



4.4 Oral Health of children

Tooth decay is largely preventable but is the most common oral disease affecting children. Oral health inequalities among children in England are a significant public health concern. And several factors contribute to these disparities, 3 examples are included below:

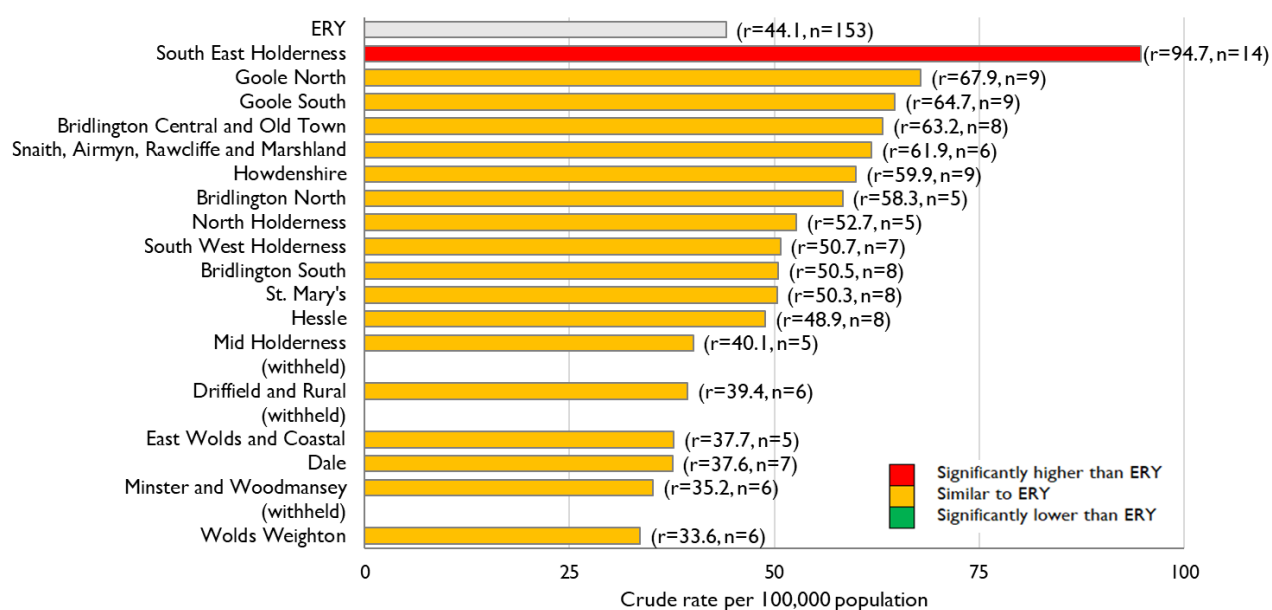
- **Diet and Nutrition:** Poor diet, especially high sugar intake, is a major contributor to dental decay in children. Children from deprived areas might have less access to nutritious food, leading to higher rates of tooth decay.
- **Oral Health Education:** Limited awareness and education about proper oral hygiene practices can contribute to oral health inequalities. Children from families with lower education levels might not receive adequate information about the importance of brushing, flossing, and regular dental visits.
- **Access to Dental Services:** Accessibility and affordability of dental services play a crucial role in children's oral health. Some families, especially those in more deprived areas, might face challenges in accessing dental care services, leading to untreated dental issues.

4.4.1 Hospital admissions in children for tooth extraction with a diagnosis of tooth decay

Figure 4.15 show hospital admissions concerning a primary procedure of tooth extraction and a diagnosis of tooth decay in East Riding residents 0-19 years by East Riding ward of residence. Most wards recording a similar rate to the East Riding average. The only exception was South East Holderness, which recorded a significantly higher crude rate of admissions than the East Riding average. At 94.7 per 100,000 population, the South East Holderness rate was over twice the East Riding average (44.1 per 100,000).

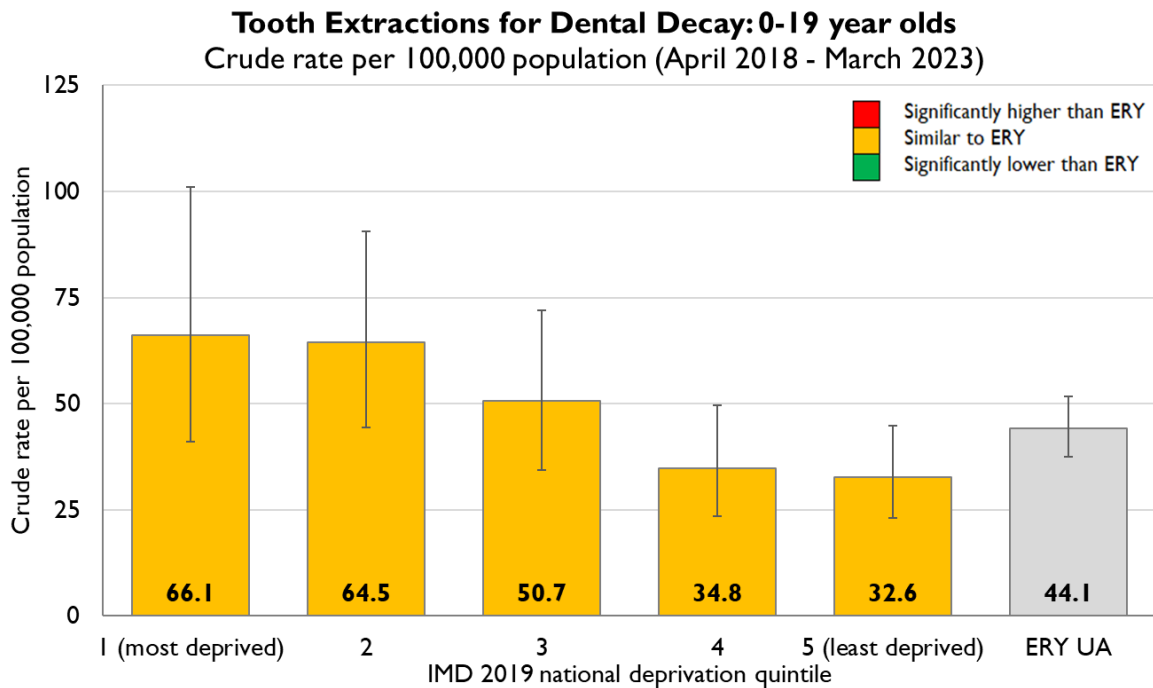
Figure 4.15 Admissions with a primary procedure of tooth extraction & diagnosis of tooth decay, East Riding residents 0-19 years. Counts of 5+ admissions only displayed. Some wards removed due to low numbers.

Admissions with a primary procedure of tooth extraction & a diagnosis of tooth decay (0-19 year olds) Crude rate per 100,000 population (April 2018 - March 2023)



Please note some wards have been removed due to small numbers. Figure 4.16 divides the area of residence into national deprivation quintiles, whilst the 2 most deprived quintiles did record higher rates, none of the quintiles were significantly different from one another or the East Riding overall. Whilst not significantly different (from a statistical point of view), the rate admissions within the most deprived quintile is over twice the rate of the least deprived.

Figure 4.16 Admissions with a Primary Procedure of Tooth Extraction & a diagnosis (any position) of tooth decay, East Riding residents 0-19 years.



4.5 Mental Health in children and young people

Mental health in UK children has been a significant concern in recent years. Children and adolescents can experience a range of mental health issues, and early intervention and support are crucial to address these challenges effectively.

The prevalence of mental health issues in UK children has been on the rise, and various factors contribute to this trend, including academic pressure, social media usage, family dynamics, and societal stressors. The UK government and various organisations have recognised the importance of addressing mental health in children and have taken steps to improve mental health services and support. Initiatives include increasing funding for child and adolescent mental health services (CAMHS), providing mental health education in schools, and promoting awareness campaigns to reduce stigma surrounding mental health.

4.5.1 Child and Adolescent Mental Health Services (CAMHS)

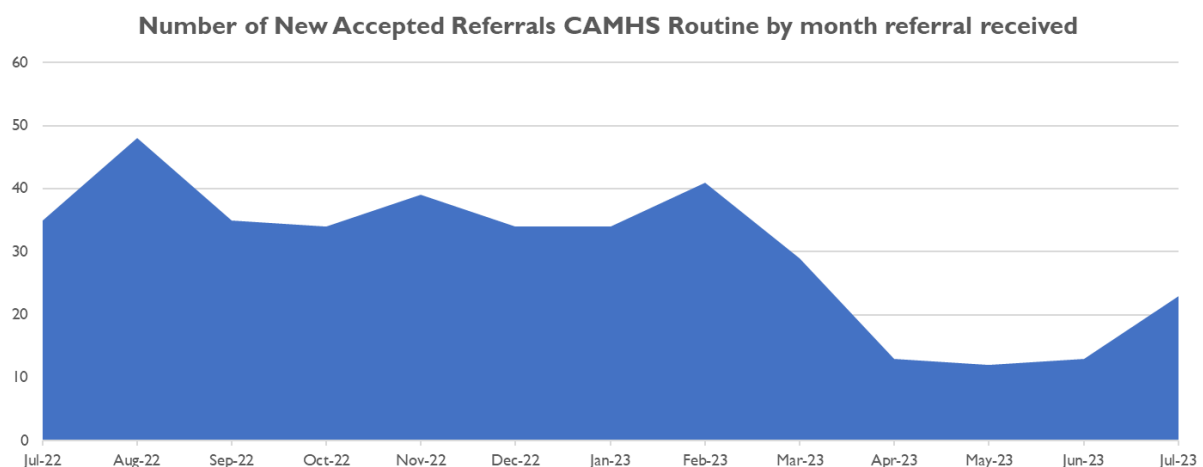
Child and Adolescent Mental Health Services (CAMHS) provide a range of services of mental health support and treatment for children and adolescents (under the age of 18) who are experiencing emotional, behavioural, or psychological difficulties. These services are designed to address a wide range of mental health issues, including anxiety, depression, eating disorders, ADHD (Attention-Deficit/Hyperactivity Disorder), self-harm, and more. CAMHS play a crucial role in identifying and addressing mental health concerns in young people, with the aim of preventing more serious issues from developing and helping children and adolescents lead healthier and more fulfilling lives.

The following sections have been written and created by the NECs BI team.

4.5.2 Core CAMHS

Referrals to Core CAMHS have decreased over the past few months, some of this due to the impact of reduced capacity to Contact Point but the main reason for this is due to the work the service has done to ensure that referrals meet the thresholds to Core CAMHS and using early intervention services as alternatives.

Figure 4.17 Number of accepted referrals to CAMHS, East Riding patients



Core CAMHS Routine waiting list is moving in a positive direction with the waiting management that has been put in place and additional staff that are dedicated to working on the list they have made great strides in reducing the longest waits, and there are now no young people waiting over 52 weeks. The remaining longer waiters are due to service capacity to provide some types of therapy such as EMDR and Creative Therapy.

4.5.3 CAMHS Crisis

The service continues to support young people with increasing acuity operating a 24/7 crisis service and 7 days a week intensive home treatment offer. The Intensive Home Treatment element of the service is supporting young people and families both at home and at Hull Royal Infirmary with the CAMHS Paediatric In-reach service offer when admitted and continue to prevent inpatient admissions wherever possible or promote early discharge from CAMHS inpatient or Acute (Hull Royal Infirmary) setting wherever possible.

Increasing challenge is for those young people where they have increased social care needs alongside their mental health with limited or hard to source resources within the local authority. Safe Space is being utilised to support these young people and prevent an inappropriate referral to CAMHS in-patient. CAMHS Crisis is seeing significant increases in acuity and complexity, so that each of these cases requires greater input, placing greater demands on service capacity.

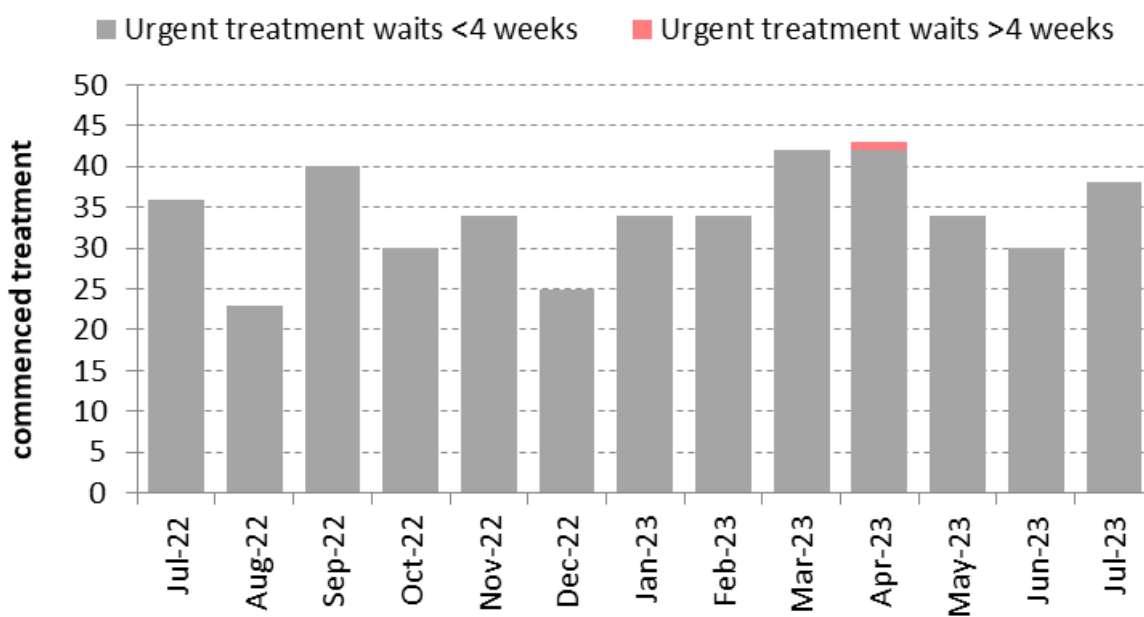
Figure 4.18 Accepted referrals by clinical priority, East Riding patients

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Figure 4.19 Number of people that have commenced emergency treatment within 4 hours and over 4 hours

Chart removed for this public version of the document

Figure 4.20 Number of people that have commenced emergency treatment within 4 weeks and over 4 weeks



4.5.4 CAMHS Eating Disorder Service

Referral rates have been reducing this year but the increase in the intensity and complexity of symptoms prevalent in referrals has continued. Young people are often being referred to the service at a later or more acute stage of an eating disorder meaning more intense input and monitoring is required. The number of children requiring immediate admission to Hull Royal or referral to the HUTH assessment unit has reduced.

The service is currently recruiting to the ED Intensive Treatment Team (EDIT), which will cover ERY, Hull, East Lincs and NE Lincs.

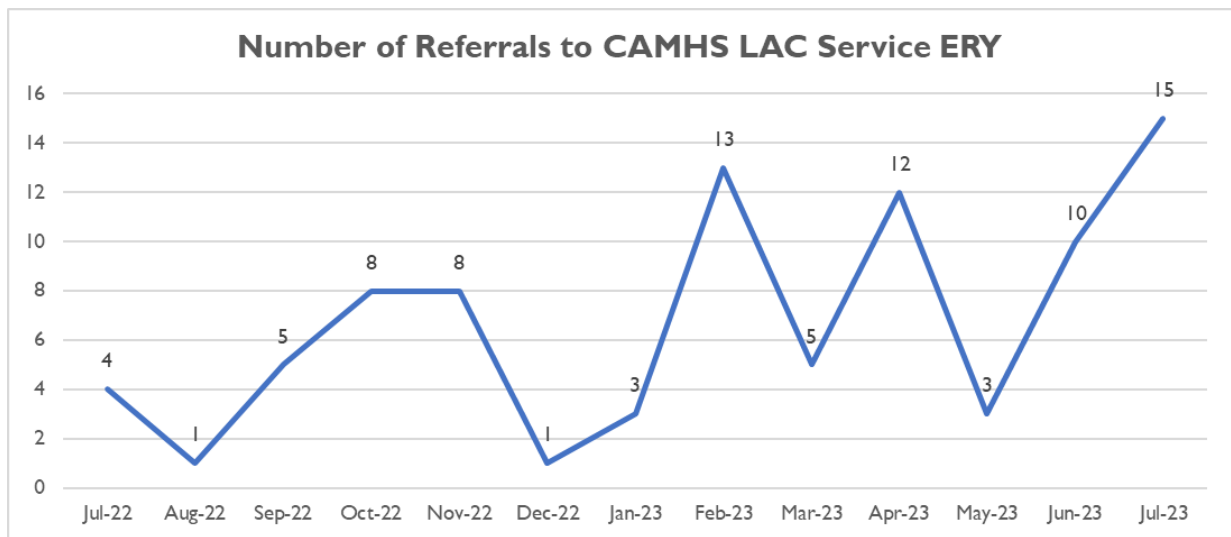
Figure 4.21 Referrals to CAMHS eating disorder service, East Riding patients

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4.5.5 CAMHS LAC Service

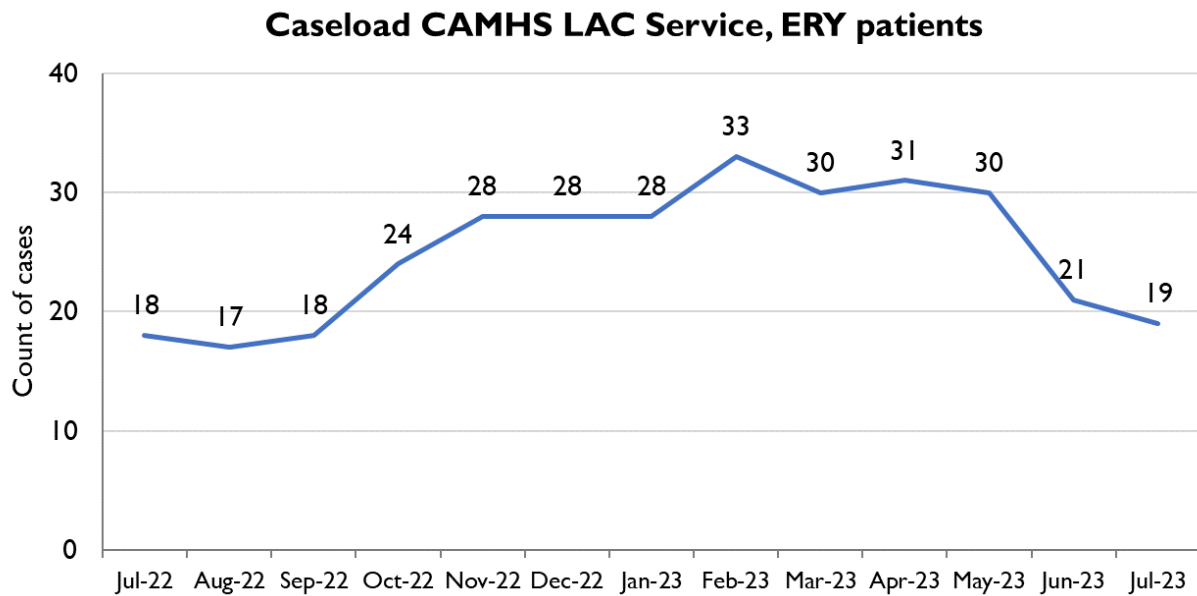
The CAMHS LAC team has received more than twice as many referrals in the last six months (58) than in the previous six months (26). The team has recruited to 2.0 WTE posts, starting in post in Aug-23 and Sep-23.

Figure 4.22 Referrals to CAMHS LAC service



Current caseload for the CAMHS LAC Service, caseload is defined as referrals which are open to the CAMHS LAC team

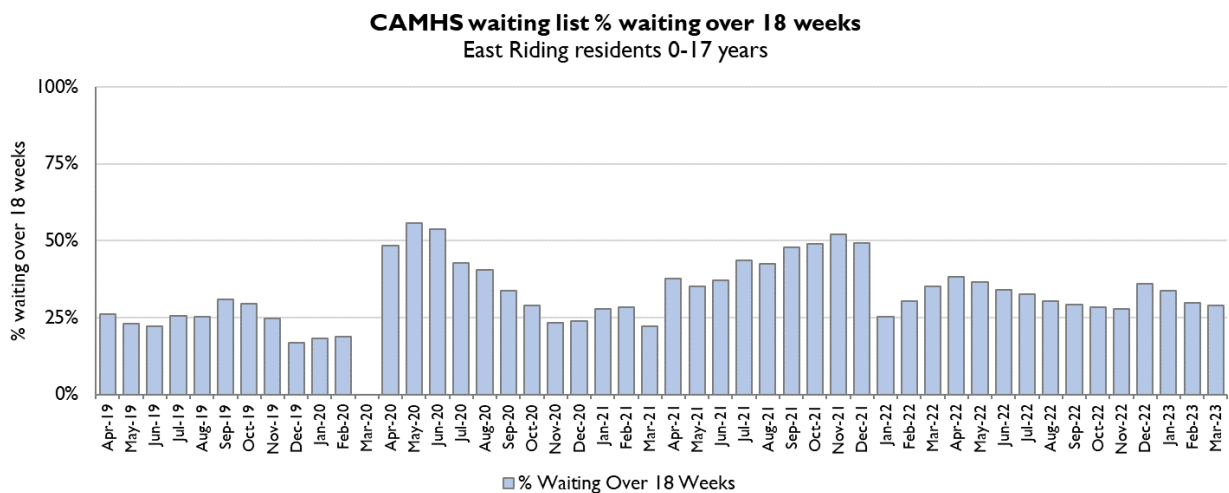
Figure 4.23 Caseload CAMHS LAC service, East Riding patients



4.5.6 CAMHS Waiting Lists

The NHS Constitution states that no-one should wait more than 18 weeks for any treatment and the CQC believe this should be applicable to non-consultant led services too. Figure 4.24 below shows this proportion of children and young people waiting more than 18 weeks for CAMHS.

Figure 4.24 CAMHS Waiting lists, % waiting 18 weeks or more by month April 2019 - March 2023



The impact of the COVID-19 pandemic from March 2020 shows a noticeable increase in the percent waiting over 18 weeks. Before the pandemic, the average wait over 18 weeks was 23.7%, but during the pandemic it rose to 39.2%. Since January 2021 the amount of people waiting over 18 weeks has reduced (to 31.8%) but this is still higher than pre-pandemic.

4.6 Multi-morbidities in children

So far, this section has displayed illnesses in isolation, but in the East Riding a number of children will be registered with more than one condition.

Table 4.4 provides an example of this with 4 conditions (roughly mirroring the '5' element) extracted from the RAIDR system. As an example, the table shows that there were 2,001 East Riding patients under the age of 18 who are registered with asthma. Of these 2,001 children, 98 also have anxiety disorders, 8 have diabetes and 15 have epilepsy and so forth.

This table provides detail on just 2 co-morbidities, but many children (including those featured in the table below) have more than 2 conditions and this might be a suitable area of investigation for partners to pursue.

The data in the table is more up to date (a snapshot as of 30 September 2023) than other parts of the document, so numbers may differ slightly from the rest of this section. Other co-morbidity data is available on RAIDR.

Table 4.4 Patients aged under the age of 18, with co-morbidities, data as of 30 September 2023. ERY patients.

	Patients <18 years with condition	Co-morbidity			
		Asthma	Anxiety disorders	Diabetes	Epilepsy
Asthma	2,001		98	8	15
Anxiety disorders*	1,130	98		8	8
Diabetes	144	8	8		<5
Epilepsy	177	15	8	<5	

* see Section 6.9 in the Appendices for a definition used in the RAIDR system

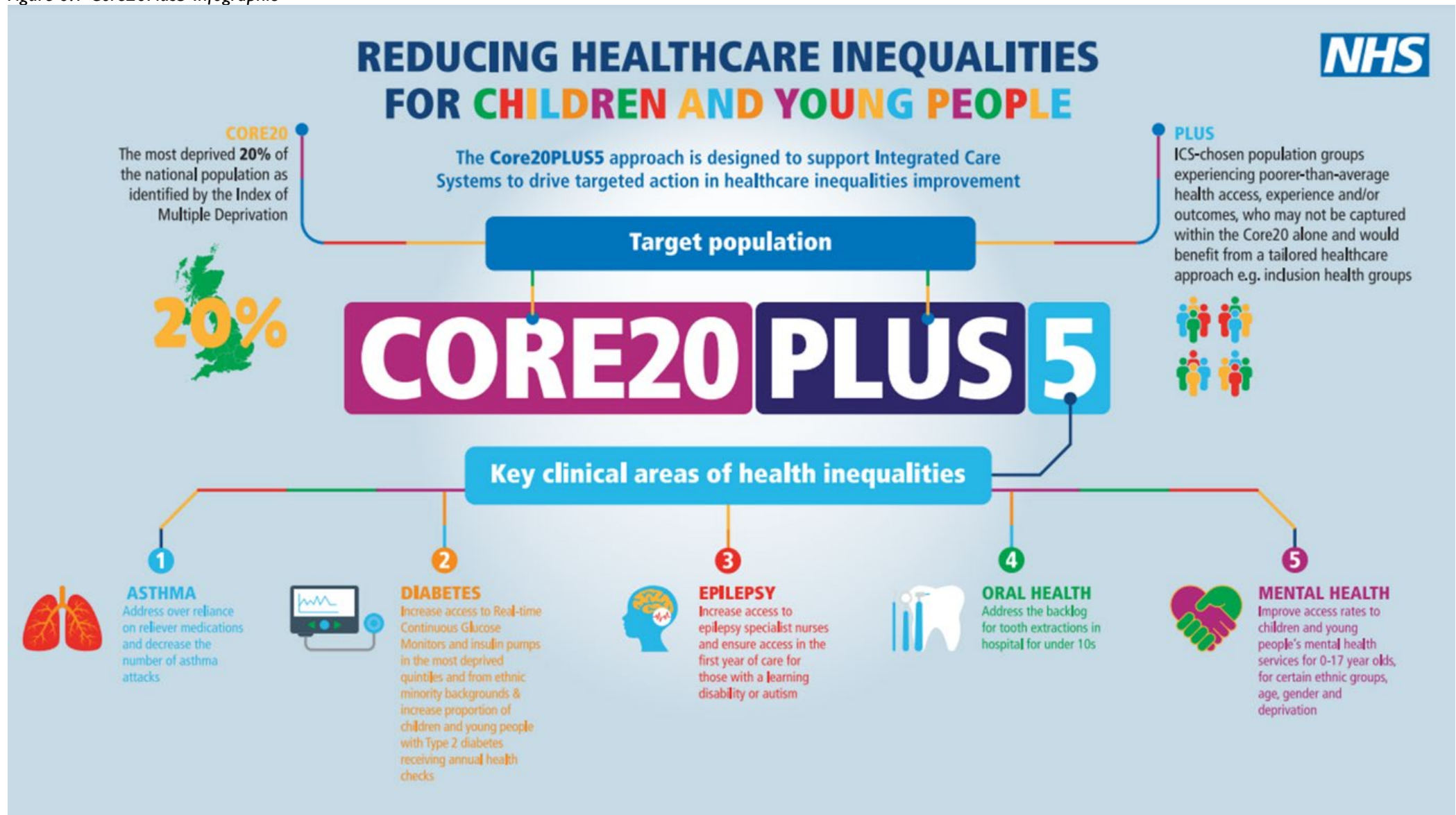
5 Next steps

This document to be shared with local partners with intention of stimulating debate and recommendations for action. Further data and intelligence to be collated, shared and discussed with partners, followed by system interpretation and recommendations for East Riding place partnership groups.

6 Appendices

6.1 Appendix 1 - Core20Plus5 infographic – children and young people

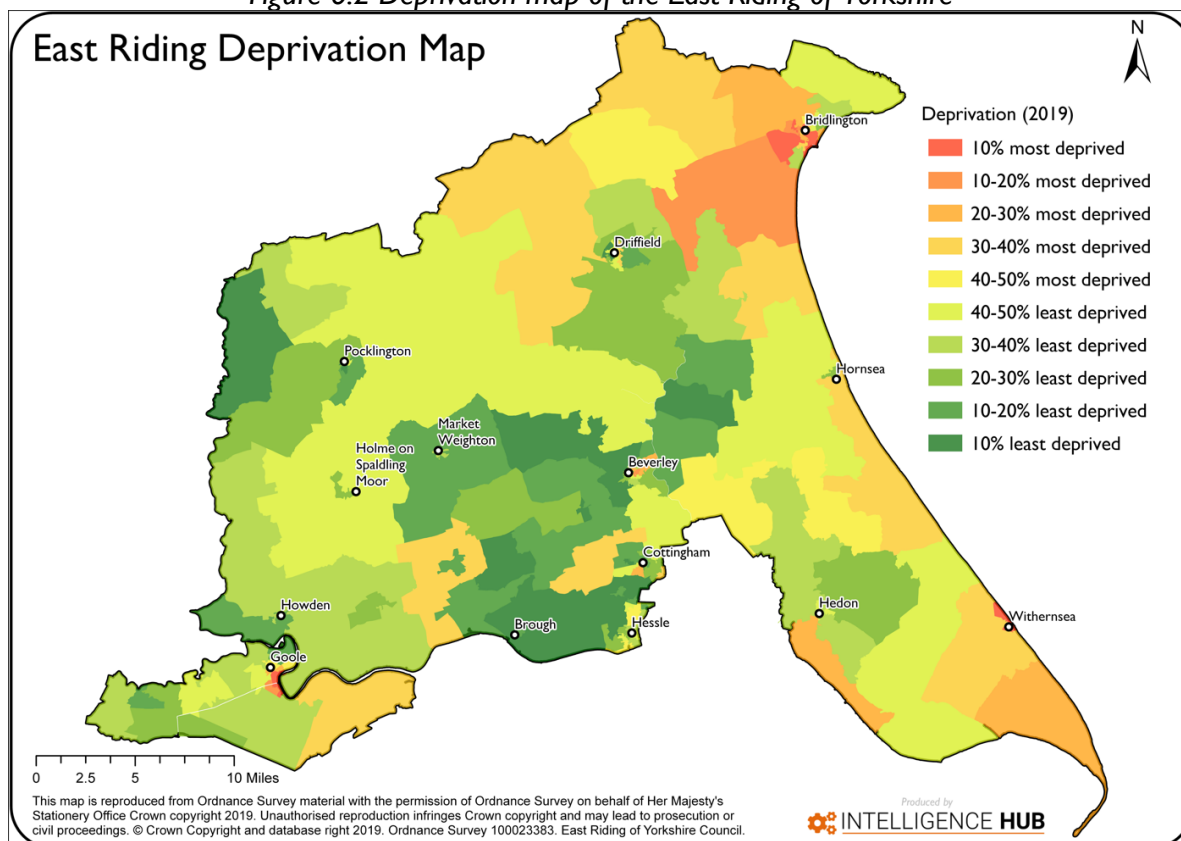
Figure 6.1 Core20Plus5 Infographic



6.2 Appendix 2 - CORE 20: Index of Multiple Deprivation (IMD) 2019, further information

6.2.1 East Riding map and further information

Figure 6.2 Deprivation map of the East Riding of Yorkshire



- An interactive map can be accessed here:
<https://eastriding.maps.arcgis.com/apps/webappviewer/index.html?id=26c78cdd10a24be196d1dfc88533b3b>
- Further information about IMD can be found on this website:
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>.
- East Riding wards containing LSOAs that fall within the most deprived 20% nationally include:

Ward	Count of LSOAs
Bridlington South:	7
South East Holderness:	3
Bridlington Central and Old Town:	3
Goole South	2
Minster and Woodmansey:	1
East Wolds and Coastal:	1

- Specific LSOA codes that fall within the most deprived 20% nationally are included in Table 6.1.

Table 6.1 ERY LSOA codes that fall within the most deprived 20% nationally include

LSOA code (2011)	Ward	Index of Multiple Deprivation (IMD) Rank (lower rank = more deprived)	National Decile (1 is most deprived)
E01012948	Bridlington South	44	1
E01012944	Bridlington South	101	1
E01013084	South East Holderness	915	1
E01012946	Bridlington South	1256	1
E01012928	Bridlington Central and Old Town	1361	1
E01012952	Bridlington South	1877	1
E01013080	South East Holderness	2030	1
E01012931	Bridlington Central and Old Town	2126	1
E01013083	South East Holderness	2206	1
E01012951	Bridlington South	2349	1
E01013000	Goole South	2824	1
E01012945	Bridlington South	3007	1
E01012949	Bridlington South	3160	1
E01012932	Bridlington Central and Old Town	3865	2
E01013038	Minster and Woodmansey	5038	2
E01013002	Goole South	5162	2
E01012992	East Wolds and Coastal	6005	2

6.2.2 Education, Skills and Training - Children and Young People

The Education, Skills and Training Domain measures the lack of attainment and skills in the local population. The indicators fall into two sub-domains: one relating to children and young people and one relating to adult skills. These two sub-domains are designed to reflect the ‘flow’ and ‘stock’ of educational disadvantage within an area respectively. That is, the ‘children and young people’ sub-domain measures the attainment of qualifications and associated measures (‘flow’), while the ‘skills’ sub-domain measures the lack of qualifications in the resident working-age adult population (‘stock’).

The indicators used in the CYP subdomain can be found in the bulleted list below, whilst Table 6.2 shows those LSOAs within the ERY that fall within the most deprived 20% nationally for the CYP education, skills & training subdomain.

Children and Young People sub-domain

- Key Stage 2 attainment: The scaled score of pupils taking Mathematics, English reading and English grammar, punctuation and spelling Key Stage 2 exams⁴³
- Key Stage 4 attainment: The average capped points score of pupils taking Key Stage 4 (GCSE or equivalent) exams
- Secondary school absence: The proportion of authorised and unauthorised absences from secondary school
- Staying on in education post 16: The proportion of young people not staying on in school or non-advanced education above age 16
- Entry to higher education: A measure of young people aged under 21 not entering higher education

Table 6.2 LSOAs within the ERY that fall within the most deprived 20% nationally for the CYP education, skills & training subdomain

LSOA code (2011)	Ward	Children and Young People Sub-domain Rank (where 1 is most deprived)	Children and Young People Sub-domain Decile (where 1 is most deprived 20% of LSOAs)
E01013002	Goole South	519	1
E01013000	Goole South	577	1
E01013038	Minster and Woodmansey	1347	1
E01013084	South East Holderness	1466	1
E01012997	Goole North	1560	1
E01013083	South East Holderness	2408	1
E01012945	Bridlington South	2440	1
E01012999	Goole South	2678	1
E01013045	Minster and Woodmansey	2717	1
E01013004	Goole South	2779	1
E01012946	Bridlington South	2782	1
E01012995	Goole North	2886	1
E01012980	Driffield and Rural	2943	1
E01012948	Bridlington South	3158	1
E01013080	South East Holderness	3282	1
E01012979	Driffield and Rural	3529	2
E01012944	Bridlington South	3590	2
E01013099	South West Holderness	3637	2
E01013051	North Holderness	3709	2
E01012976	Driffield and Rural	4189	2
E01012932	Bridlington Central and Old Town	4620	2
E01012928	Bridlington Central and Old Town	4664	2
E01013097	South West Holderness	5082	2
E01013101	South West Holderness	6297	2
E01012931	Bridlington Central and Old Town	6501	2

6.2.3 Income Deprivation Affecting Children Index (IDACI)

The Income Deprivation Affecting Children Index is the proportion of all children aged 0 to 15 living in income deprived families, here defined as families that either receive:

- Income Support or
- income-based Jobseekers Allowance or
- income-based Employment and Support Allowance or
- Pension Credit (Guarantee) or
- Universal Credit (in the ‘Searching for work’, ‘No work requirements’, ‘Planning for work’, ‘Working – with requirements’ and ‘Preparing for work’ conditionality groups) or
- families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.

- Child asylum seekers are not included in the Income Deprivation Affecting Children Index.

Table 6.3 shows those LSOAs within the ERY that fall within the most deprived 20% nationally for Income Deprivation Affecting Children Index (IDACI)

Table 6.3 ERY LSOAs that fall within most deprived 20% of national LSOAs for Income Deprivation Affecting Children Index (IDACI)

LSOA code (2011)	Ward	Income Deprivation Affecting Children Index (IDACI) Rank (where 1 is most deprived)	Income Deprivation Affecting Children Index (IDACI) Decile (where 1 is most deprived 20% of LSOAs)
E01012948	Bridlington South	179	1
E01013084	South East Holderness	414	1
E01012932	Bridlington Central and Old Town	889	1
E01012944	Bridlington South	1019	1
E01013080	South East Holderness	1083	1
E01012931	Bridlington Central and Old Town	1694	1
E01012951	Bridlington South	1870	1
E01012928	Bridlington Central and Old Town	1925	1
E01013038	Minster and Woodmansey	3027	1
E01012938	Bridlington North	3049	1
E01012949	Bridlington South	3344	2
E01012976	Driffield and Rural	3407	2
E01012966	Dale	3818	2
E01013045	Minster and Woodmansey	4471	2
E01013002	Goole South	4778	2
E01012945	Bridlington South	5264	2
E01013000	Goole South	5745	2
E01012943	Bridlington South	5859	2
E01012946	Bridlington South	6428	2
E01013099	South West Holderness	6517	2
E01013083	South East Holderness	6533	2

6.2.4 East Riding PCNs populations divided by deprivation band of residence

Figure 6.3 East Riding PCN populations divided by national deprivation band, January 2023 (chart format)

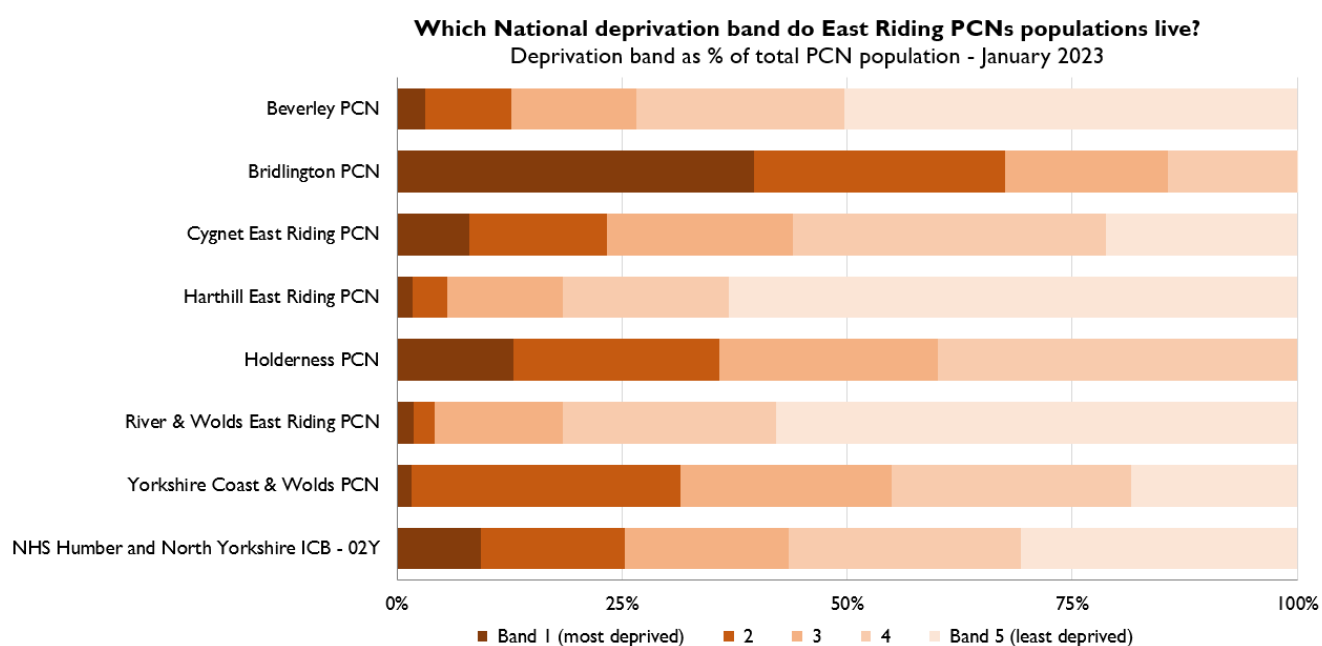


Table 6.4 East Riding PCN populations divided by national deprivation band, January 2023 (table format)

PCN	(Deprivation Band: 1 is most deprived)				
	1	2	3	4	5
Beverley PCN	3.2%	9.5%	13.8%	23.1%	50.3%
Bridlington PCN	39.6%	27.9%	18.1%	14.3%	0.0%
Cygnets East Riding PCN	8.1%	15.3%	20.7%	34.8%	21.2%
Harthill East Riding PCN	1.8%	3.8%	12.9%	18.4%	63.2%
Holderness PCN	13.0%	22.8%	24.3%	39.9%	0.0%
River & Wolds East Riding PCN	1.8%	2.4%	14.2%	23.8%	57.8%
Yorkshire Coast & Wolds PCN	1.6%	30.0%	23.4%	26.6%	18.5%
NHS Humber and North Yorkshire ICB - 02Y	9.3%	16.0%	18.2%	25.9%	30.7%

6.3 Appendix 3 - PLUS: Children's weight

Figure 6.4 Reception year obesity, East Riding compared to England

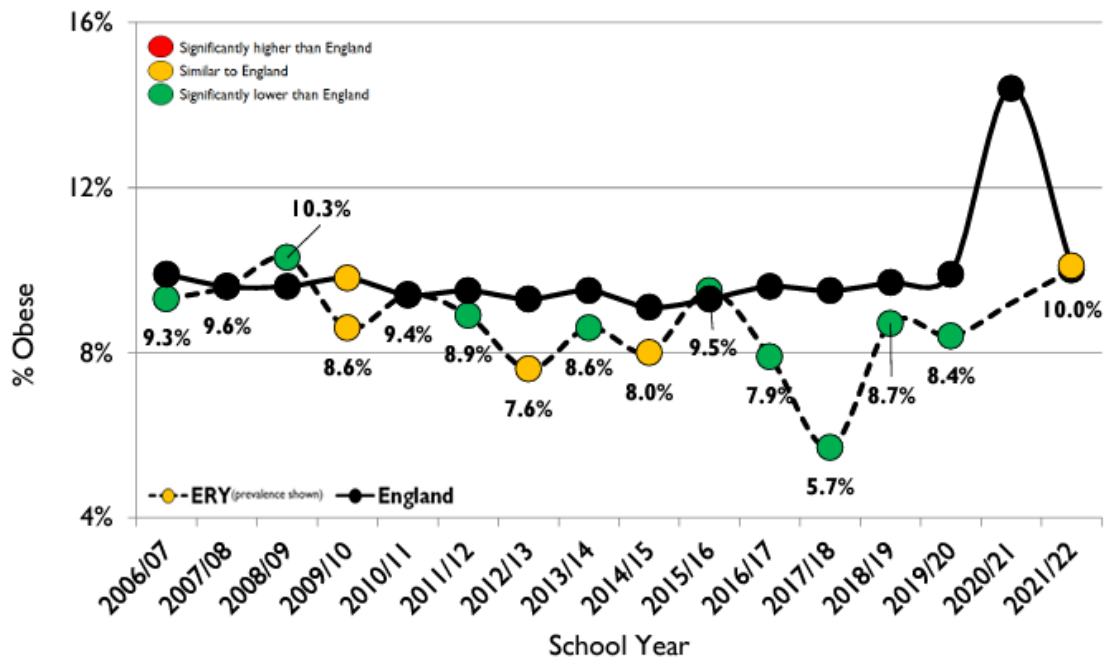
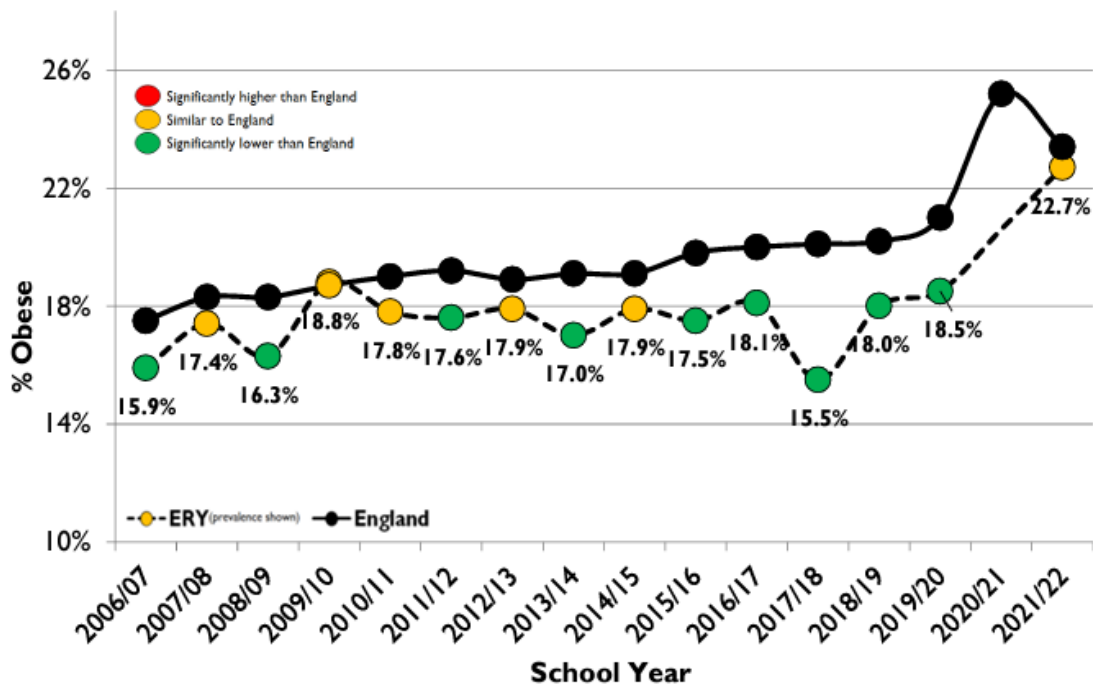


Figure 6.5 Year 6 obesity, East Riding compared to England



6.4 Appendix 4 – PLUS: Children Looked After

6.4.1 CLA local authority rates including statistical neighbours

Table 6.5 Rate of children looked after by local authority. Rate per 10,000 population (under 18 years)

Statistical Neighbours	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
North Yorkshire	39	38	35	36	37	37	38	36	38
East Riding of Yorkshire	49	46	41	46	50	53	54	54	53
Nottinghamshire	51	51	50	47	48	52	54	59	59
Derbyshire	40	40	38	41	46	52	56	58	60
Cheshire East	44	48	52	57	63	63	69	66	67
Warwickshire	62	61	68	62	63	62	64	72	69
Northumberland	55	61	65	69	66	63	73	74	73
Worcestershire	56	60	60	66	68	71	69	72	75
Cheshire West and Chester	66	75	70	72	73	70	71	74	77
Staffordshire	56	55	58	59	65	69	72	73	77
Warrington	53	67	78	86	90	87	82	83	77
Statistical neighbours	52	56	57	60	62	63	65	67	67
Yorkshire and the Humber	65	64	63	67	71	74	77	78	81
England	60	60	60	62	64	65	67	67	70

6.5 Appendix 5 – PLUS: Young Carers

Table 6.6 Health status: count & % of carers 5-17 years

General health	Count	Percentage
Very good health	356	65%
Good health	145	27%
Fair health	35	6%
Bad health	10	2%
Very bad health	0	0%
Total	546	100%

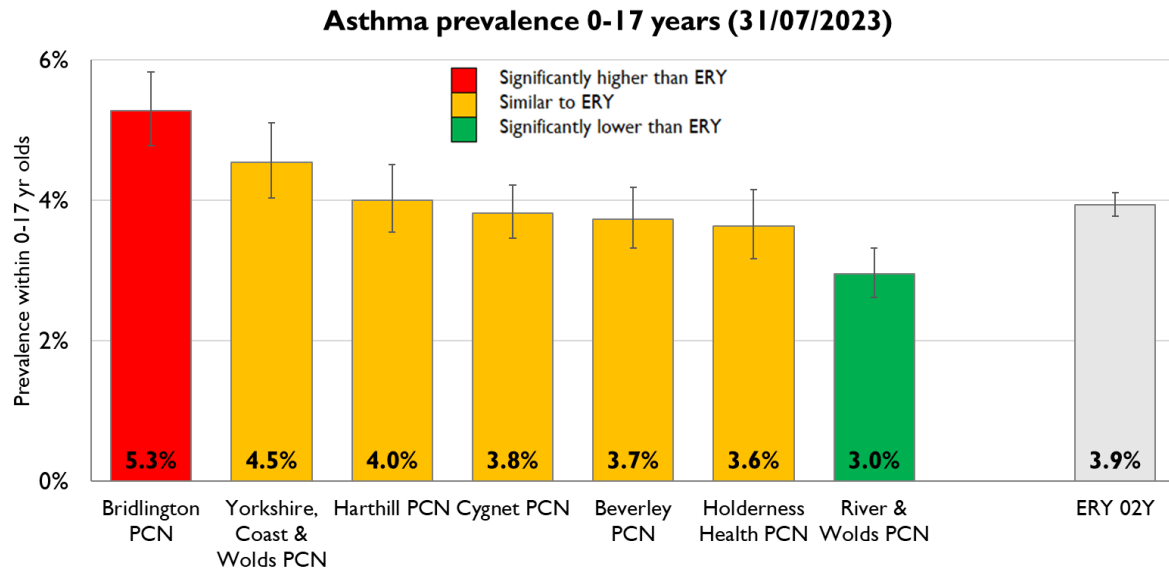
Table 6.7 Disability status: count & % of carers 5-17 years

Disability description	Count	% of total
Not disabled under the Equality Act: No long-term physical or mental health conditions	415	77%
Not disabled under the Equality Act: Has long-term physical or mental health condition but day-to-day activities are not limited	32	6%
Disabled under the Equality Act: Day-to-day activities limited a little	71	13%
Disabled under the Equality Act: Day-to-day activities limited a lot	22	4%
Total	540	100%

6.6 Appendix 6 - FIVE: Asthma

6.6.1 Asthma prevalence

Figure 6.6 Asthma prevalence by East Riding PCN

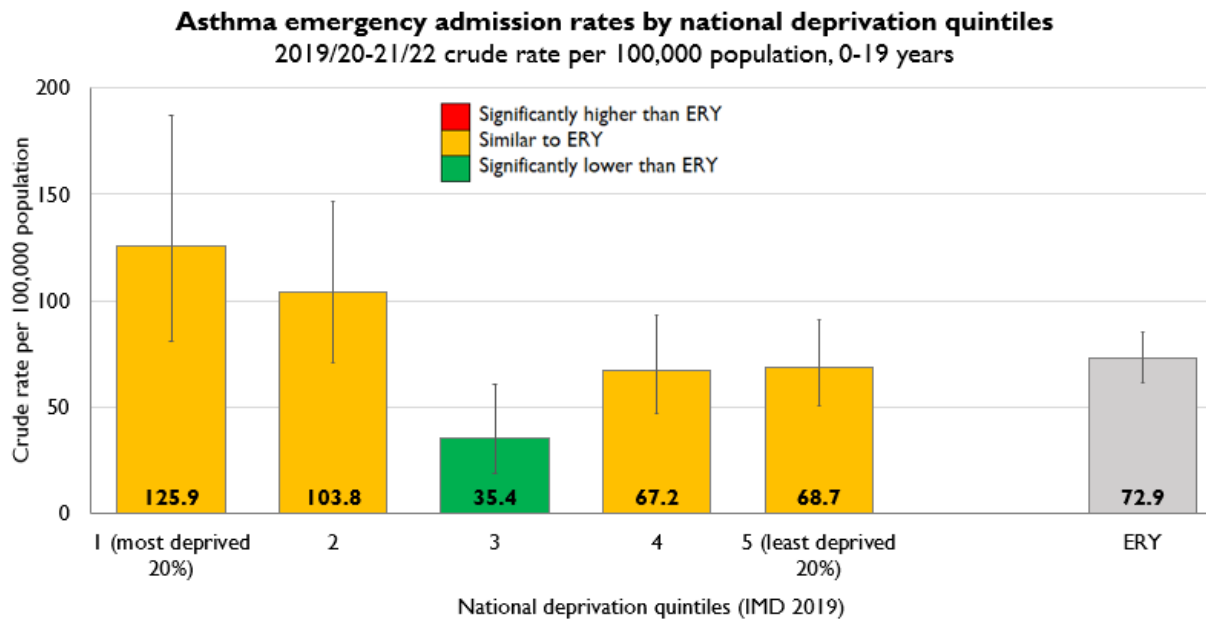


6.6.2 Asthma emergency hospital admissions

Figure 6.7 Asthma emergency admissions, 2021/22, crude rate per 100,000 population, ERY and CIPFA neighbours

Area	Count	Value	Significance
England	16,310	131.5	Reference
Neighbours average	-	-	-
Northumberland	140	226.9	Significantly higher than ERY
Stockport	140	214.0	Significantly higher than ERY
County Durham	195	185.7	Significantly higher than ERY
Shropshire	115	185.3	Significantly higher than ERY
North Lincolnshire	60	167.7	Similar to ERY
Sefton	80	143.3	Similar to ERY
Cheshire West and Chester	95	129.7	Similar to ERY
Cheshire East	105	127.3	Similar to ERY
Dorset	85	121.2	Similar to ERY
East Riding of Yorkshire	65	100.0	Reference
Cornwall	110	99.0*	Similar to ERY
Central Bedfordshire	60	89.3	Significantly lower than ERY
Wiltshire	90	82.6	Significantly lower than ERY
Isle of Wight	20	80.3	Significantly lower than ERY
North Somerset	25	55.5	Significantly lower than ERY
South Gloucestershire	30	48.1	Significantly lower than ERY

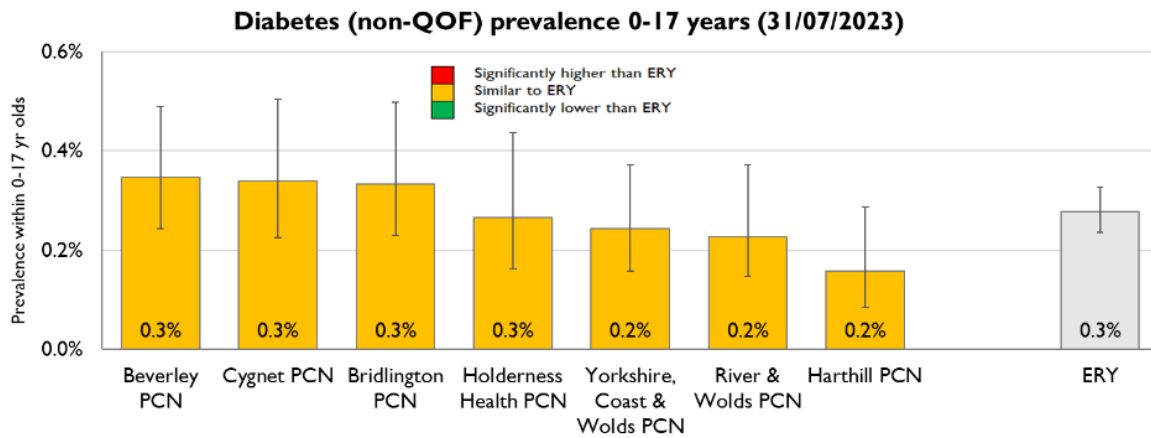
Figure 6.8 East Riding resident asthma emergency admissions by national deprivation decile



6.7 Appendix 7 - FIVE: Diabetes

6.7.1 Prevalence

Figure 6.9 Registered diabetes prevalence by East Riding PCN



6.7.2 Hospital admissions

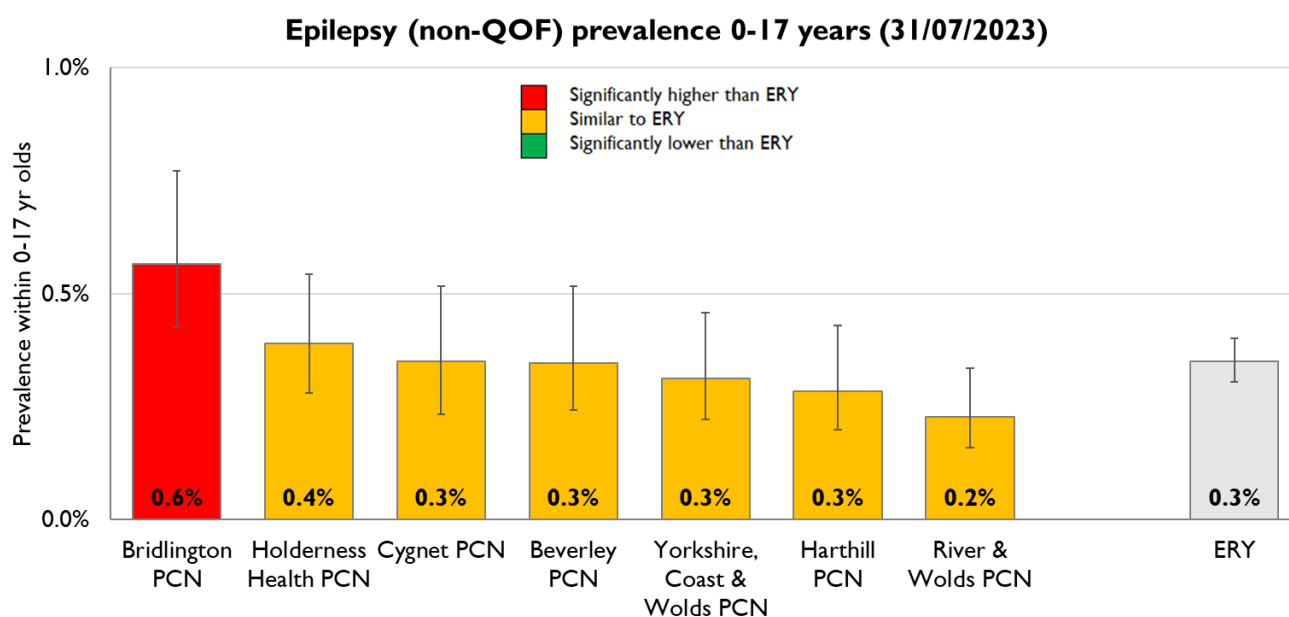
Figure 6.10 Diabetes admissions, ERY compared to CIPFA local authorities, 0-18 years of age, 2021/22

Area	Count	Value	Significance
England	7,191	58.0	Reference
Neighbours average	-	-	-
Isle of Wight	35	140.5	Significantly higher than ERY
East Riding of Yorkshire	60	92.3	Significantly higher than ERY
Stockport	55	84.1	Significantly higher than ERY
Shropshire	50	80.6	Similar to ERY
County Durham	80	76.2	Significantly higher than ERY
Wiltshire	80	73.4	Similar to ERY
Northumberland	45	72.9	Similar to ERY
Dorset	50	71.3	Similar to ERY
North Lincolnshire	25	69.9	Similar to ERY
Cheshire West and Chester	50	68.3	Similar to ERY
Central Bedfordshire	45	67.0	Similar to ERY
Cheshire East	55	66.7	Similar to ERY
North Somerset	30	66.6	Similar to ERY
Sefton	35	62.7	Similar to ERY
Cornwall	60	54.0*	Similar to ERY
South Gloucestershire	25	40.1	Significantly lower than ERY

6.8 Appendix 8 - FIVE: Epilepsy

6.8.1 Prevalence

Figure 6.11 Registered epilepsy prevalence by East Riding PCN



6.8.2 Hospital admissions

Figure 6.12 Epilepsy admissions, crude rate per 100,000 population. ERY compared to CIPFA local authorities, 0-18 years of age, 2021/22

Area	Count	Value	Significance
England	9,120	73.6	H
Neighbours average	-	-	-
North Lincolnshire	55	153.7	Significantly higher than ERY
Dorset	85	121.2	Significantly higher than ERY
Central Bedfordshire	75	111.6	Significantly higher than ERY
Stockport	70	107.0	Significantly higher than ERY
Northumberland	65	105.4	Significantly higher than ERY
County Durham	100	95.3	Significantly higher than ERY
Sefton	45	80.6	Similar to ERY
Cornwall	85	76.5*	Similar to ERY
Cheshire West and Chester	55	75.1	Similar to ERY
Cheshire East	60	72.8	Similar to ERY
East Riding of Yorkshire	45	69.3	Similar to ERY
Wiltshire	70	64.2	Similar to ERY
Isle of Wight	15	60.2	Similar to ERY
North Somerset	25	55.5	Similar to ERY
South Gloucestershire	30	48.1	Significantly lower than ERY
Shropshire	25	40.3	Significantly lower than ERY

6.9 Appendix 9 - FIVE: Anxiety Disorders

Definitions and codes used in RAIDR for anxiety, in the Primary Care dashboard:

Clinical Code	Clinical Term
• 17496003	[X]Organic anxiety disorder
• 198288003	Anxiety state unspecified
• 34563004	Fear of getting cancer
• 386810004	Phobic anxiety
• 74732009	Mental disorders
• 191722009	Agoraphobia with panic attacks
• 191725006	Social phobia, fear of public speaking
• 399651000000100	[X]Separation anxiety disorder of childhood (disorder)
• 402941000000109	[X]Neurotic, stress-related and somatoform disorders
• 469151000000104	[X]Other specified anxiety disorders (disorder)
• 54587008	[X]Acrophobia
• 61569007	Agoraphobia - no panic attacks
• 191709001	Recurrent anxiety
• 197480006	Anxiety states
• 25501002	Social phobic disorders
• 271947006	School phobia
• 371631005	Panic disorder
• 54307006	Animal phobia
• 191708009	Chronic anxiety
• 19887002	Claustrophobia
• 21897009	Generalised anxiety disorder
• 247854002	Flying phobia
• 313224008	Dysmorphophobia (disorder)
• 11806006	Separation anxiety disorder
• 191726007	Social phobia, fear of public washing
• 225624000	Panic attack
• 231504006	Anxiety with depression
• 231506008	Anxiety hysteria (finding)
• 191733007	Fear of pregnancy
• 280947008	Examination phobia (finding)
• 58963008	Acrophobia
• 207363009	[X]Anxiety neurosis
• 231501003	[X]Needle phobia
• 38617005	Dental phobia
• 416621000000108	[X]Panic disorder [episodic paroxysmal anxiety] (disorder)
• 70691001	[X]Agoraphob no hist/panic dis
• 14168008	Lyssa - rabies
• 191720001	Phobic disorders
• 191724005	Social phobia, fear of eating in public
• 248231000000103	Paruresis
• 386808001	Phobia unspecified

7 Contact details:

- East Riding Public Health Intelligence Team: phintelligence@eastriding.gov.uk
<https://eastridingsna.com/core20plus5-children-and-young-people/>
- NECs Business Intelligence Team: necsu.nyhbi@nhs.net