



**East Riding Health and Care Committee Rural  
and Coastal Rapid Needs Assessment**

**June 2024**



## Executive Summary

The East Riding of Yorkshire has unique challenges with its' rural and coastal make up. The East Riding also has some non-typical challenges. Coastal towns often have unique challenges, reflected in high level of ill health and disability and poorer life expectancy. The health inequalities reflect the sometimes relatively poorer living conditions experienced by people in living and working in these communities. The challenges for coastal towns are 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).

The intelligence presented within this report shows clearly that there is an inequality in East Riding's coastal communities, with these communities often having poorer health and wellbeing when compared to their inland counterparts. But the picture in the East Riding is much more complex than this, with 93% of the East Riding being classified as rural and much of our coastal strip also falls under the rural classification.

Our rural communities also have their own challenges particularly with an aging population, accessibility to services and the isolation the rurality and challenging transport links. These factors are key to enabling people to connect with and access the factors outlined in the East Ridings Conditions of Living model to create the environment for health and wellbeing resilience.

## Priorities

### Develop a system wide approach to improve Healthy Life Expectancy and reduce the Healthy Life Expectancy gap across the East Riding of Yorkshire

Improving Healthy Life Expectancy and reducing the gap in Healthy Life Expectancy are national and local priorities. The higher burden of disease and greater reporting of poor health seen in our coastal communities highlights the importance for a whole system approach to take action.

Utilise a whole system approach to focus on preventative initiatives and early identification of conditions and providing people with the tools and services to manage their conditions encouraging good quality of life. This will support the management of multiple conditions and increasing of healthy behaviours including healthy diet, increasing physical activity and improved access to health and care services.

### Ensure our Rural and Coastal Communities are good places for children and young people to start and develop well

Supporting families to provide the best start in life for our children and young people is a key national and local priority therefore creating a healthy and supportive family and community will greatly influence a child's development and overall health outcomes.

Utilising a life course approach to embed healthy behaviours for children and young people will have an impact on their health and wellbeing outcomes as the grow and develop. Children and young people living in our Coastal and Rural Communities are often isolated and have to travel further to access education and other social opportunities.



## Ensure our Rural and Coastal Communities are good places to age well

East Riding of Yorkshire's Rural and Coastal Communities have some of the highest levels of residents aged over 65 and this is set to increase with the demographic profile of these communities. As age is a risk factor for many health conditions and particularly our coastal communities having higher prevalence of health conditions there is a need to focus on improving quality of life and ensure our rural and coastal communities support people to age well.

Utilise a life course approach to reduce the stigma of aging support people to prepare for older age throughout their lives through appropriate housing, education and employment, providing an enabling physical environment, ensuring good access to health and care services and initiatives such as Age Friendly Communities.

## Create healthy Rural and Coastal environments to support healthy living

Health behaviours are socioeconomically patterned and not everyone in our communities have the same opportunities to be healthy. Key components of the environment that impact on health behaviours include access to services, housing, employment, social capital and transport.

Create healthy environments and connected communities, with strong and sustainable community assets, will enable people living in our rural and coastal communities to lead healthier lives. Working with partners to create healthy communities where people of all ages can live, work and thrive



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# Rural and Coastal Communities - Rapid Health Needs Assessment (2024)

## I Introduction

Following the January 2023 presentation 'Rural Health and Wellbeing in the East Riding' made at the Humber and North Yorkshire Health and Care Partnership, this document acts as a rapid needs assessment, expanding on some of the themes presented at that meeting.

While the previous years have been greatly dominated by responding to COVID-19, pre-existing and enduring health challenges have continued. As overall life expectancy in the East Riding of Yorkshire has fallen for men and women, there are increasing life expectancy disparities between rural, urban and coastal communities.

Using a population health approach, the health and care partnership acknowledges that improving the health of our population constitutes improving wider determinants of health by working alongside communities and partner organisations. Therefore, impacts of diverse factors ranging socioeconomic, demographic, transport, housing, employment and others are recognised as significantly shaping local health outcomes.

The East Riding of Yorkshire covers a vast area consisting mostly of rural areas as well as coastal communities. Distinct local identities mean that contextual factors are key to developing initiatives and improving health outcomes. This rapid needs assessment aims to introduce local needs, challenges and potential solutions across the rural, urban and coastal communities within the East Riding.

The report is also intended to form the basis of further investigation to improve health inequalities across these communities. While a satisfactory evidence base exists to contrast rural and urban outcomes, there is a distinct lack of evidence comparing coastal living. Partially due to a lack of definition for "coastal" environments, many sources of evidence risk masking inequalities due to aggregation of coastal communities with dissimilar in-land populations.

Consequently, it is important to continue local action to generate additional knowledge regarding coastal health inequalities.

## 2 Key points

### 2.1 Coastal Issues

1. **Chronic and Multiple Health Conditions:** East Riding coastal communities have higher rates of chronic and multiple health conditions such as heart disease, diabetes, and respiratory conditions, often associated with lifestyle factors like diet and physical inactivity. With residents often experiencing more than one condition.
2. **Mental Health:** Coastal areas can experience higher levels of social isolation, which can be a risk factor for mental health issues such as depression and anxiety. Seasonal fluctuations in employment, particularly in tourism-dependent areas, can also contribute to economic stress and mental health problems.
3. **Obesity and Poor Diet:** Some of East Riding's most deprived communities are coastal, along with the isolation / distance from main transportation routes access to fresh, healthy food options can be limited and therefore lead to poor dietary choices.



This can contribute to higher rates of obesity and related health issues like diabetes and heart disease.

4. **Alcohol and Substance Use:** Some coastal areas, particularly those with a history of fishing or tourism, often have higher rates of alcohol and substance abuse. Seasonal employment patterns, social isolation and generational deprivation can be contributing risk factors for alcohol or substance use.
5. **Smoking:** Smoking rates in coastal communities are often higher than the national average, in part due to stressors associated with socioeconomic challenges. Smoking in Pregnancy rates are also often higher posing a challenge in offering children the best start in life as Smoking in Pregnancy can contribute to low birth weight, childhood asthma and the risk of stillbirth.
6. **Flooding and Climate Change:** Coastal areas are vulnerable to the effects of climate change, including sea-level rise and increased flooding. These environmental factors can impact on health outcomes.
7. **Aging Population:** East Riding's coastal communities have an aging population, which can lead to increased health and care demands and the need for specialised services for older residents.
8. **Access to Health and Care Services:** Many of East Riding's coastal communities are remote and / or have limited access to secondary and tertiary healthcare facilities, making it challenging for residents to receive timely medical care. This will continue to impact on health outcomes as the populations living in our coastal communities age. Recruitment and retention of health and care workforce leading to reductions on services due to staffing shortages.
9. **Unemployment and Seasonal Employment:** Seasonal, unstable and low paid employment can cause financial instability and a risk factor for poor health and wellbeing.

Efforts to address these health issues in coastal communities often involve a combination of strategies, including improving access to healthcare, promoting healthy lifestyles, supporting economic diversification, and implementing climate adaptation measures. System partners all play crucial roles in addressing these challenges and improving the overall health and wellbeing of coastal residents.

## 2.2 Rural Issues

1. **Access to Healthcare:** Rural areas often have fewer secondary and tertiary facilities leading to longer travel times for medical appointments and delayed access to care. Recruitment and retention of health and care workforce leading to reductions on services due to staffing shortages.
2. **Aging Population:** East Riding communities have seen an increase in older populations, which can increase the demand for health and care services and specialised care for conditions associated with aging.
3. **Mental Health:** Social isolation and limited access to mental health services can be a risk factor for higher rates of depression, anxiety, and other mental health issues in rural areas.
4. **Access to Emergency Services:** The distance to emergency services like hospitals and crisis services can lead to longer response times during medical and other emergencies, potentially impacting health and wellbeing outcomes.
5. **Transportation Challenges:** Limited public transportation options can make it difficult for residents, to access health and care services, employment and other essential amenities.





6. **Employment and Economic Insecurity:** Rural areas may face challenges related to seasonal employment, low wages, and limited job opportunities.

Efforts to address these health issues in rural communities often involve a combination of strategies, including improving healthcare infrastructure, expanding telemedicine services, promoting healthy lifestyles through education and outreach, and addressing social determinants of health such as poverty and education.

### 3 Classifying rural and coastal areas in the East Riding

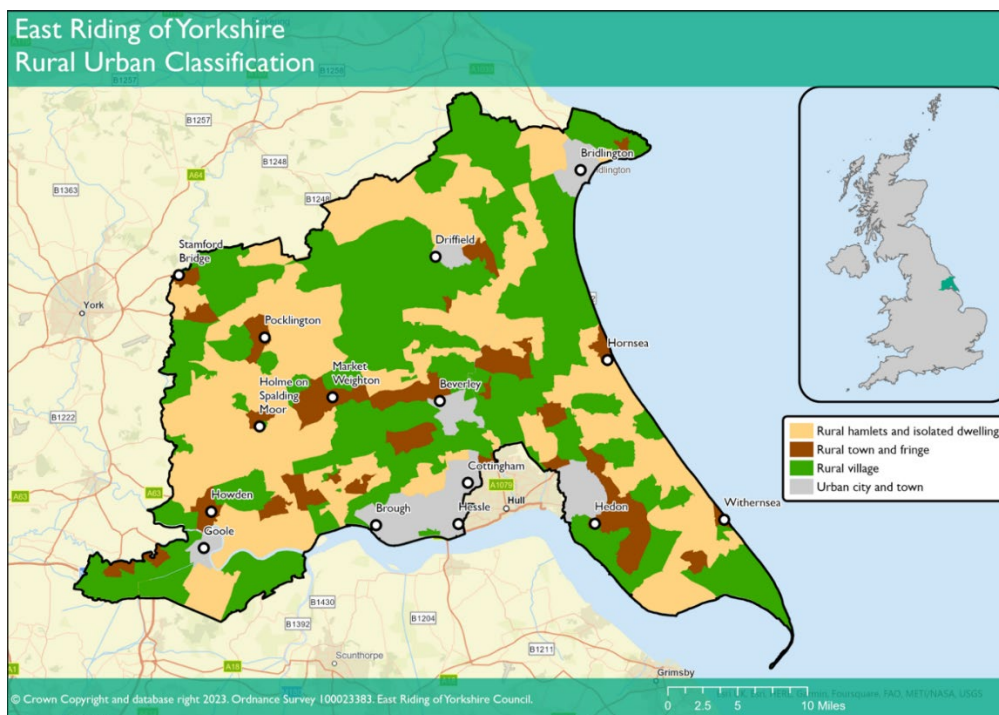
#### 3.1 Rural and urban areas

The East Riding local authority area covers approximately 930 square miles, making it one of the largest unitary authorities in the country. In 2011, the ONS classified the East Riding as being 93% rural by area and 44% rural by population. This results in a low population density of approximately 1.4 people per hectare.

This report uses the Rural Urban Classification (2011), which defines settlements based on their resident population, to define areas as rural or urban. Figure 3.1 shows the rural urban classification for the East Riding lower super output areas (LSOAs). Those that areas coloured grey are urban areas and those in other colours are classified as rural areas.

According to the Census 2021 population figures, 43.7% (149,683) residents lived in rural areas, while 56.7% (192,535) were urban residents.

Figure 3.1 Map of ERY rural and urban classification



### 3.2 Coastal areas

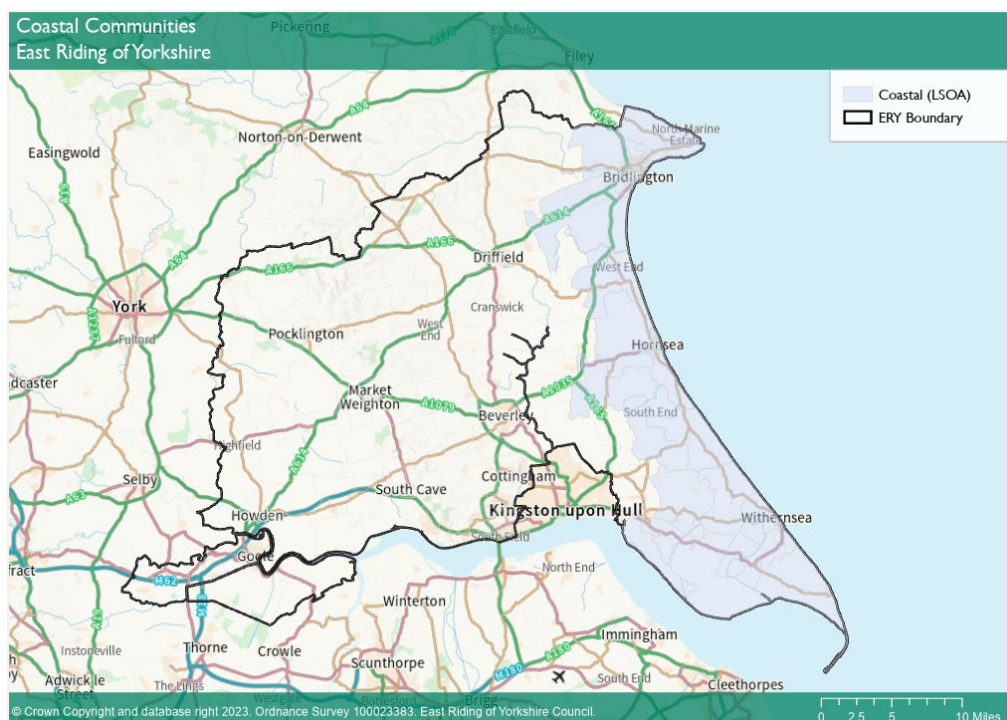
Unlike rural and urban areas, there is currently no fixed definition for coastal communities. Consequently, studies and reviews on coastal communities have established their own methods for defining coastal areas.

The Coastal towns in England and Wales report defined coastal LSOAs based on the inclusion or overlap of built-up areas within 500 meters of the mean high water mark (ONS, 2020). Using this definition, coastal communities within the East Riding would consist of Bridlington, Hornsea, Withernsea and Hessle.

Subsequently, we have defined coastal areas as those which lie within 5 miles from the coast. Therefore, coastal LSOAs were classified on the basis whether most of their area lies within 5 miles of the coastline. Figure 3.2 highlights areas that are classified as coastal with a pale blue shading.

According to the Census 2021 population figures, 23.1% (79,018) residents lived in coastal areas, while 76.9% (263,200) resided in non-coastal areas.

Figure 3.2 Map of ERY coastal and non-coastal areas, coastal areas in pale blue shading



### 3.3 Presenting rural and coastal areas in the analysis

Within this document, we have in parts presented analysis as ‘rural’, ‘urban’, ‘coastal’ and ‘non-coastal’ areas. Whilst using these groupings gives an instant overview of these areas, by doing so there is the potential to dilute the breadth of inequalities within the areas themselves.

Therefore, where possible other geographies (i.e. wards) have been used to complement the grouped data which is more granular.



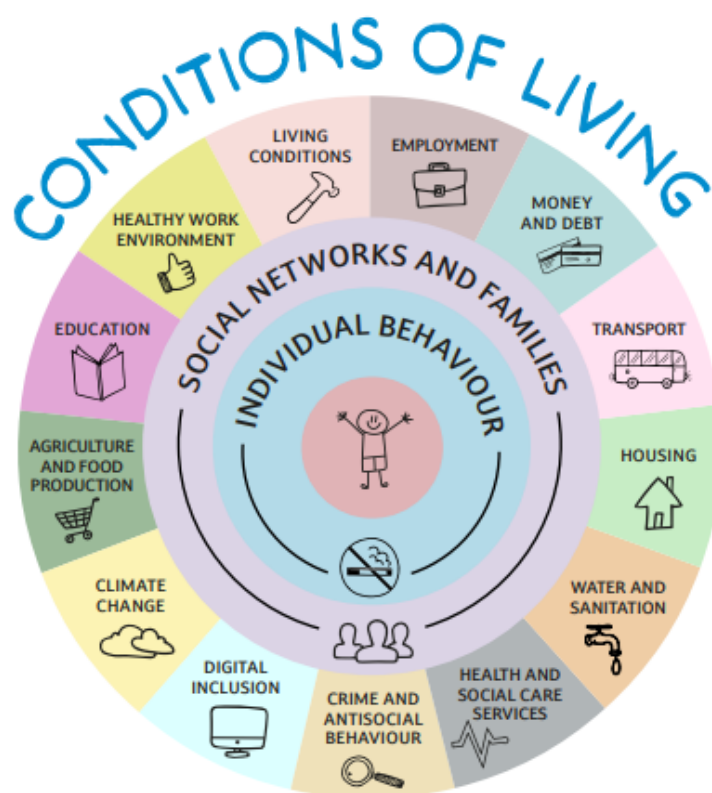
#### 4 Conditions of Living Model and HWB strategy

The East Riding Joint Health and Wellbeing Strategy takes a step back to think about the root causes of ill health, and what leads to strong health instead of purely focussing on individual problems as and when they arise. What has become clear from this approach is that our health and wellbeing is shaped by many factors in our lives. 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 (adapted from Dahlgren-Whitehead's model - 1991) is shown below in Figure 4.1.

The COL model has been widely shared within the East Riding health and care system and it illustrates that there are a diverse range of social, economic and environmental factors which impact on people's health, including transport, education, employment and housing amongst others.

Medical care itself is estimated to account for only up to a fifth of modifiable contributors to healthy outcomes for a population, the rest is related to conditions of living and these are things which are equally applicable to residents within rural and coastal communities.

Figure 4.1 Conditions of living model



## 5 Demographic overview (populations and deprivation)

### 5.1 Population

The 2021 Census estimates the total population within the East Riding to be 342,215 and reported that the East Riding population has a higher proportion of older age groups than both the region and England overall. East Riding residents aged 50 and over made up 49% of the population (region and England were 39% and 38% respectively), whilst residents aged 65 years comprised 26% (19% and 18% respectively for region and England). A population pyramid for the East Riding can be viewed in Figure 5.1

Table 13.1 (Appendix 1) shows the comparison of the age distributions of East Riding residents from the 2021 and 2011 Census results. The table highlights that the proportions of younger residents has decreased, while residents aged 65 or more has increased (from over a fifth in 2011 to over a quarter in 2021).

Figure 5.1 Resident population in the East Riding of Yorkshire, Yorkshire and the Humber and England. Census 2021 (TS009).

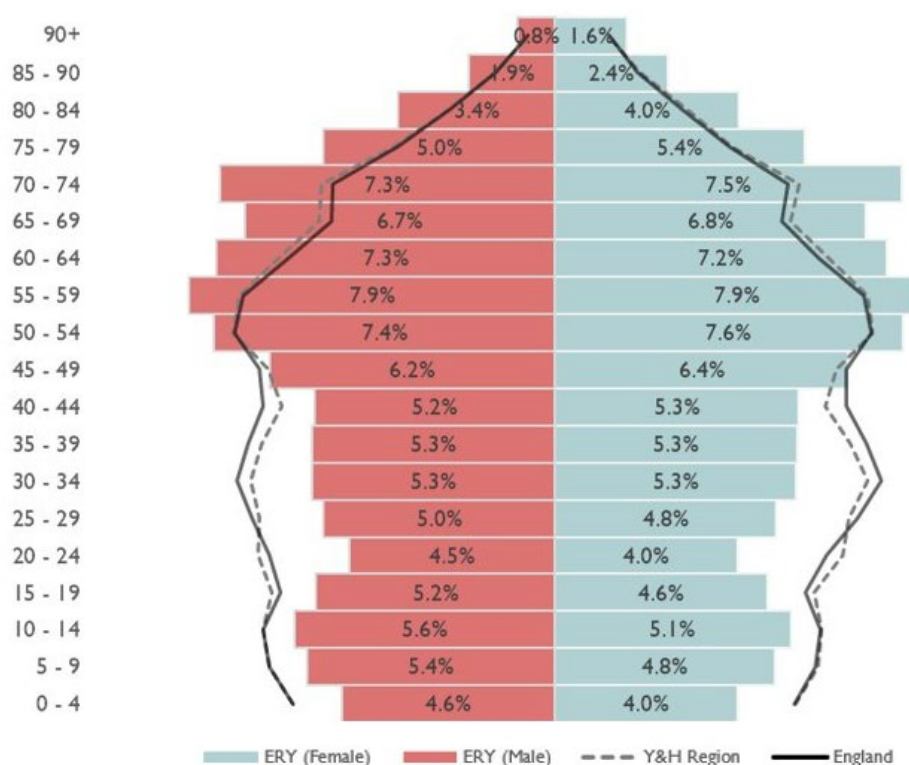


Table 5.1 and Figure 5.2 provide a breakdown of the different population age groups within non-coastal, coastal, urban and rural areas. These different areas should not be added together, as this may potentially double count, theoretically an area could (for example) be both rural and coastal.

For most areas (including the East Riding overall), the 65+ population make up about a quarter of the population, however for coastal areas it is approaching a third of its population.



Table 5.1 ONS 2021 population estimates, counts by age group and area

Area	Population count by age group					Total
	0-15 years	16-29 years	30-44 years	45-64 years	65+ years	
ERY overall	54,083	44,424	54,055	99,146	90,506	342,214
Non-Coastal	42,426	35,011	43,545	76,540	65,680	263,202
Coastal	11,657	9,413	10,510	22,606	24,826	79,012
Urban	31,504	25,599	31,539	53,914	49,928	192,484
Rural	22,579	18,825	22,516	45,232	40,578	149,730

Figure 5.2 ONS 2021 population estimates, age group as % of each area

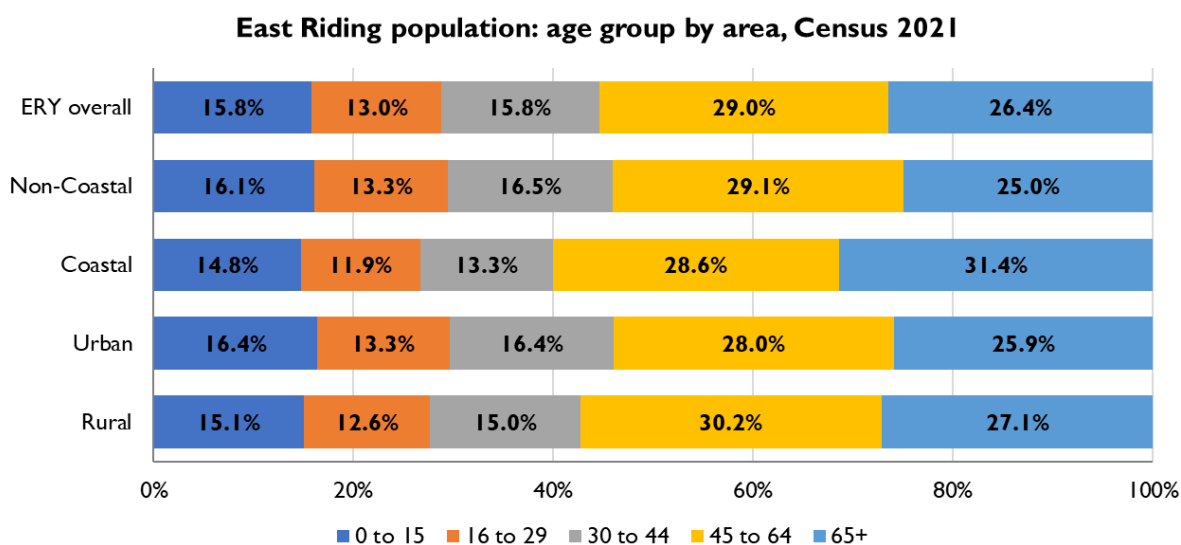


Table 5.2 highlights the increase in the proportion of 65+ year olds within areas of the East Riding, between 2011 and 2021. All of the areas shown increased in this age group, with coastal areas experiencing a 24% increase and rural areas a 34% increase. These increases follow a national trend outlined in the Chief Medical Officer’s annual report 2023: health in an ageing society (Whitty, 2023).

Table 5.2 Population change Census 2011 v 2021 within areas of the East Riding, residents aged 65+

Area	Census 2011 (65+yrs)		Census 2021 (65+yrs)		Change	
	Count	Proportion	Count	Proportion	Count	% increase (count based)
Rural	30,308	21.0%	40,578	27.1%	10,270	33.9%
Urban	41,147	21.7%	49,928	25.9%	8,781	21.3%
Coastal	20,037	25.2%	24,826	31.4%	4,789	23.9%
Non-Coastal	51,418	20.2%	65,680	25.0%	14,262	27.7%
ERY overall	71,455	21.4%	90,506	26.4%	19,051	26.7%

Further population information can be found in the Appendices. Population pyramids comparing the different areas against each other, can be found in Appendix I, Figure 13.2 through to Figure 13.5. Age groups for East Riding wards are also contained within the same Appendix.

More East Riding demographic information can be found on the Council’s Intelligence Hub website (<https://intel-hub.eastriding.gov.uk/>).





## 5.2 Deprivation

Overall, the East Riding is generally considered to be an affluent area, however, there are substantial variations in deprivation levels within the local authority area. Small geographic areas (called LSOAs or Lower Super Output Areas) within the East Riding are allocated a deprivation decile (or quintile) based on their 2019 index of multiple deprivation (IMD) score and how they compare to other LSOAs nationally. Figure 5.3 displays LSOA areas of the East Riding as deprivation deciles, with the more deprived areas coloured red or dark orange.

Coastal areas such as Bridlington and Withernsea both contain communities which are not only some of the most deprived in the East Riding and also within England overall. There were fewer rural residents living in either the 'most' or 'least' deprived areas, compared to the East Riding overall.

Figure 5.3 East Riding deprivation map, showing national deprivation quintiles

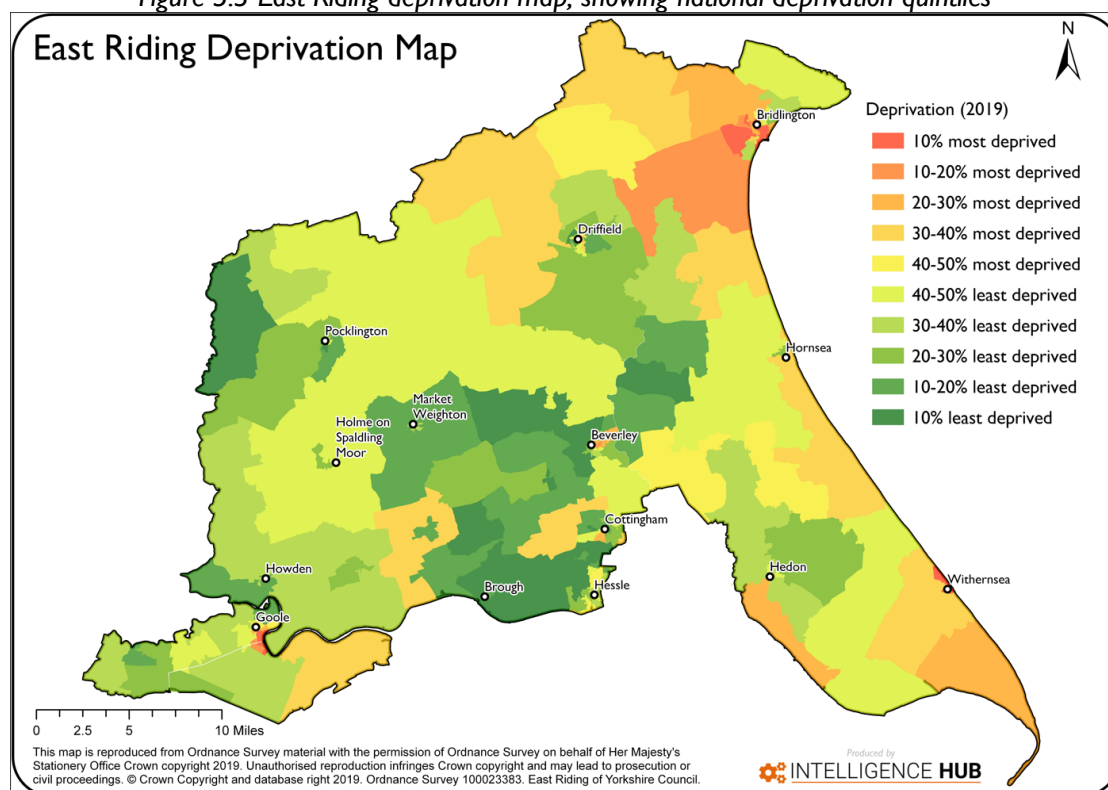


Figure 13.7 in Appendix 1, illustrates what proportion of East Riding LSOAs fall within these quintiles, highlighting that almost 60% of the East Riding falls within the 2 least deprived quintiles. East Riding communities that are classified as being within the most deprived 20% of areas in England, make up 8.1% of the local authority overall. These LSOAs can be viewed on a map in Figure 15.6 and as a list in Table 13.7 within Appendix 1.



## 6 Overview of health and well-being across the East Riding

### 6.1 Life expectancy and health life expectancy at birth

#### 6.1.1 The East Riding

There are many ways to examine and quantify health inequalities, however, the key measure of the status of a population's health, "life expectancy", is the indicator most often used. The Kings Fund (Williams, et al., 2022) state it is one of the foremost measures of inequality and is closely related to people's socio-economic circumstances.

Life expectancy at birth in the East Riding is significantly higher (i.e. better) in both males and females when compared to the England average. East Riding male life expectancy for the single year period of 2021 has been estimated at 79.4 years (compared to 78.7 years in England) and female life expectancy 83.5 years (compared to 82.8 years in England). Table 6.1 provides a summary.

Table 6.1 Life expectancy at birth (1 year range), 2021. Green means significantly better than England.

Area	Male life expectancy at birth (years)	Female life expectancy at birth (years)
East Riding of Yorkshire	79.7	83.5
Yorkshire and the Humber region	78.0	82.0
England	78.7	82.8

Life expectancy trends (shown in Appendix 2, Section 15.2.1 using 3 year periods) have shown that improvement to the East Riding's populations health and wellbeing had stalled prior to the pandemic due to several factors. Health Inequalities were 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. The effect of the pandemic shows a dramatic decrease in life expectancy in the period that followed.

Whilst the East Riding fares reasonably well compared to other areas of England, there is substantial variation in life expectancy within the communities of the East Riding. Figure 6.1 and Figure 6.2, below, highlight the difference in life expectancy within the wards of the East Riding, for males and females respectively. Section 15.2.2 in Appendix 2 illustrates the difference in life expectancy using maps.

Areas of Bridlington (the East Riding's largest town, situated on the coast) are shown to have the lowest life expectancy in the East Riding for both males and females. Lower life expectancies are observed across other coastal areas, notably Bridlington Central and Old Town and North Holderness (which contains Hornsea). Bridlington South males for example can expect to live over 8 years less than for example males in South Hunsley. Whilst in females the difference is almost 5 years when the same two areas are compared.



Figure 6.1 Male life expectancy at birth (3 year pooled periods), sorted in order of ward deprivation

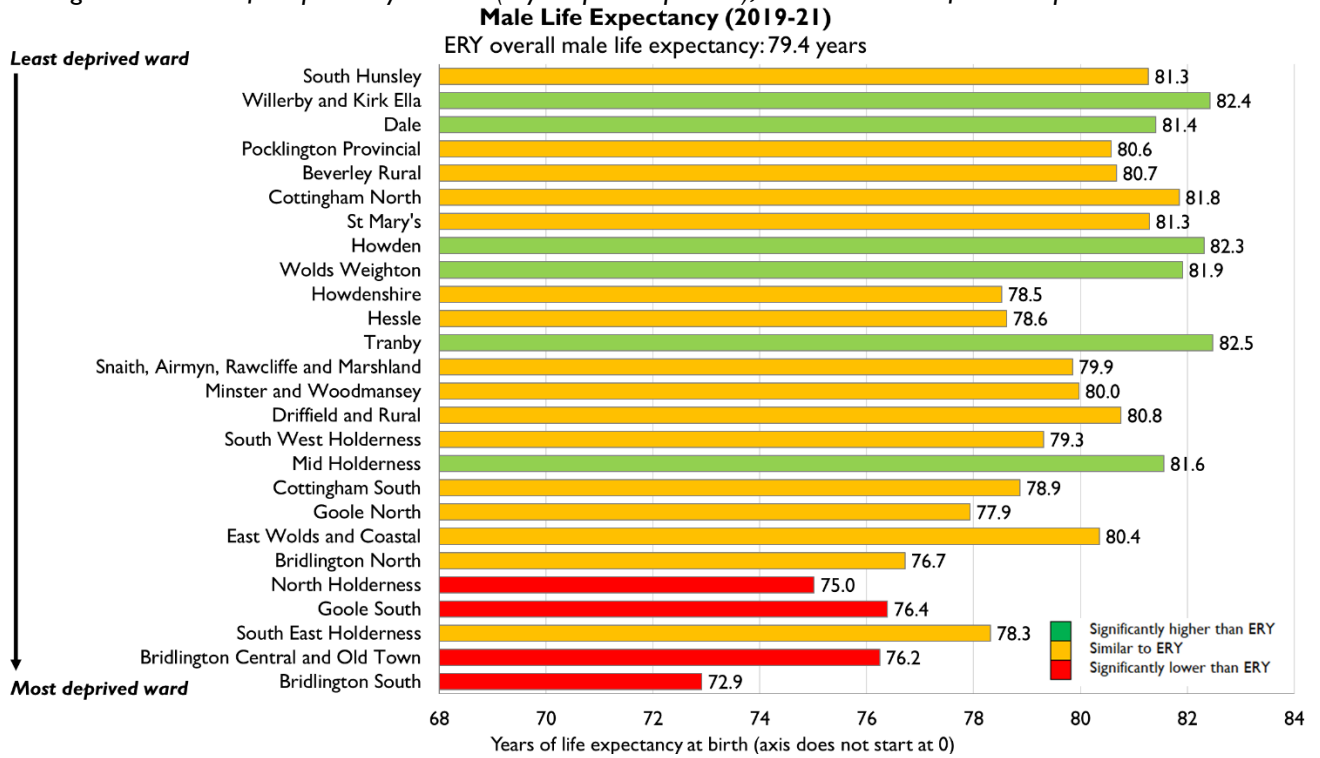
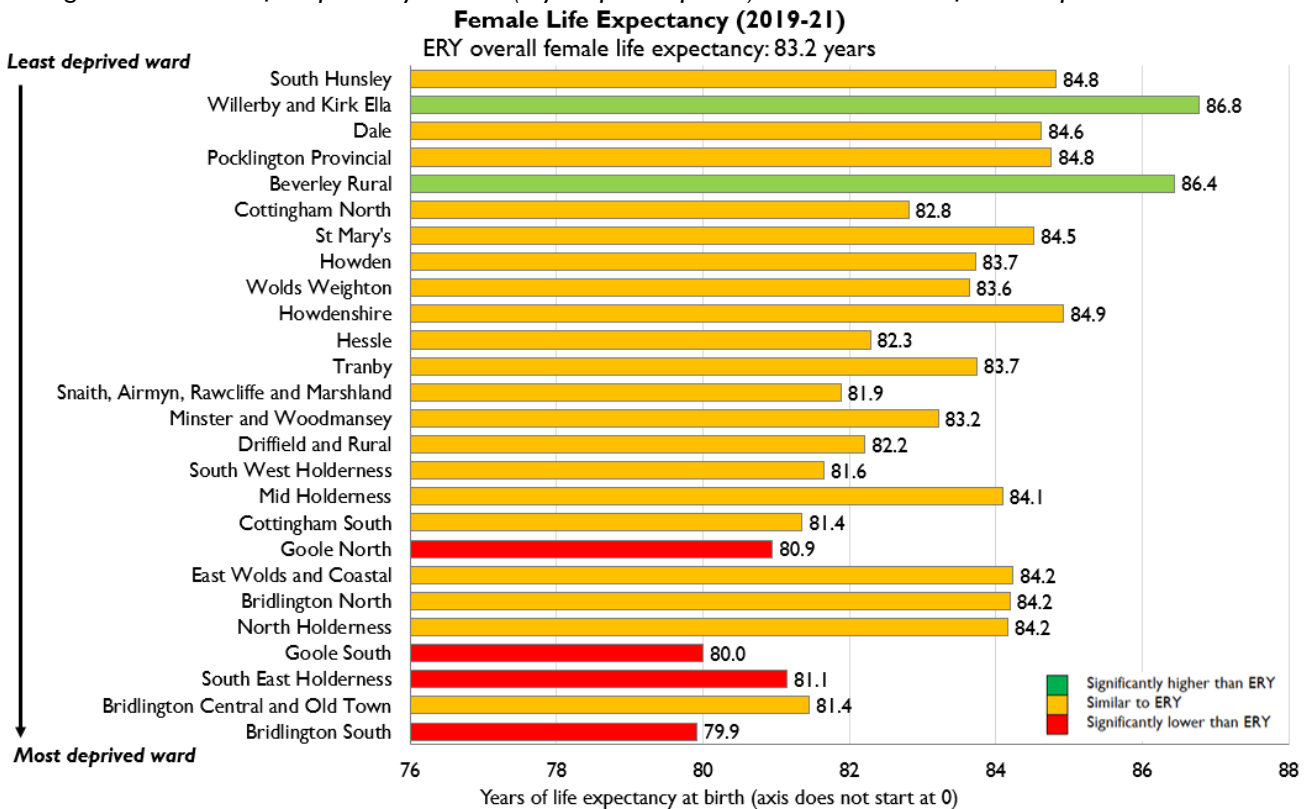


Figure 6.2 Female life expectancy at birth (3 year pooled period), sorted in order of ward deprivation



Healthy life expectancy shows the years a person can expect to live in good health, the East Riding again has a significantly better outcome than England overall, for both males and females, as reported for the 3 year period 2018-20. East Riding males can expect to live in 65.3 years in good health (compared to 63.1 years in England) and East Riding females 67.9





years (England: 63.9 years). There are no up to date healthy life expectancy estimates for smaller areas, such as wards.

### 6.1.2 Coastal areas

While there has been little research on coastal health outcomes, comparison analysis using Quality Outcome Framework (QOF) data has shown that life expectancy is significantly shortened within coastal areas (Whitty, 2021). Figures 5.1 and 5.2 above show East Riding’s coastal wards to appear in the bottom half of the table for life expectancy for both males and females.

This section combines specific LSOAs of the East Riding together, to form an overall category each for coastal and non-coastal areas. By merging together into one category it does remove some of the extremities in the difference of life expectancy (as viewed by the wards). In this case it uses a 5 year period to measure life expectancy (2018-21).

Life expectancy within East Riding’s coastal and non-coastal areas are presented in Figure 6.3 and Figure 6.4 below (male and female respectively). Both male and female life expectancies are significantly lower within coastal communities than the East Riding average and also when compared to non-coastal areas. Males in coastal areas overall are estimated to live almost 3 years less than non-coastal areas and 2 years below the East Riding average. The difference in female life expectancy was less, with coastal areas experiencing a year less when compared to non-coastal and the East Riding.

Figure 6.3 Life expectancy at birth (male) for East Riding of Yorkshire areas, 5 years pooled (2018-2021)

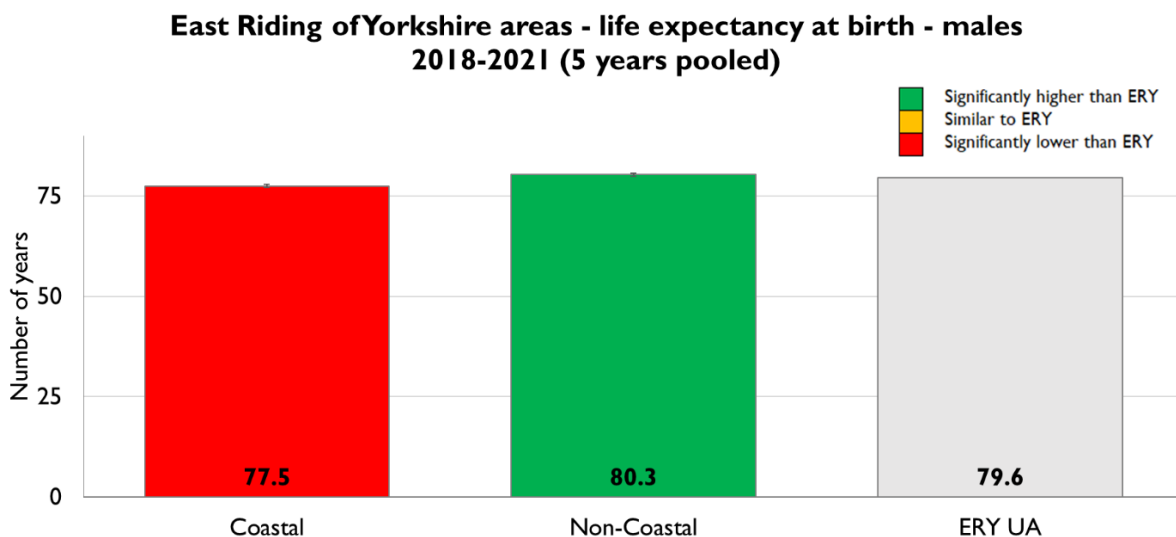
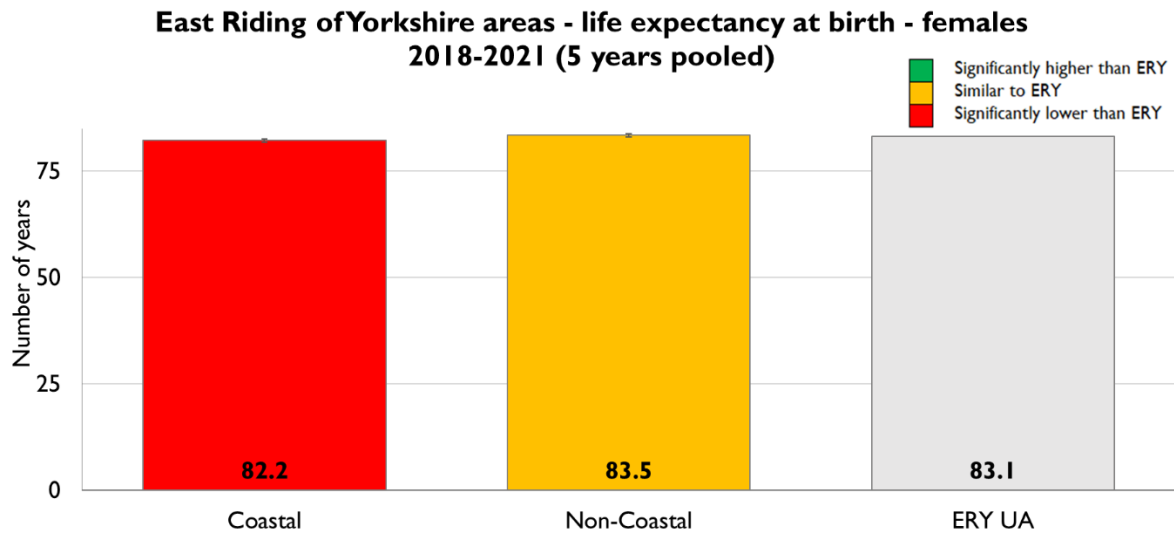


Figure 6.4 Life expectancy at birth (female) in East Riding of Yorkshire areas, 5 years pooled (2018-2021)



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### 6.1.3 Rural areas

According to observed data (Defra, 2009; Defra, 2022), higher life expectancy occurs more readily in predominantly rural areas.

Figure 6.5 and Figure 6.6 compare male and female life expectancy in rural and urban areas. Despite rural areas having a slightly higher numerical life expectancy value for (both males and females) when compared to the East Riding average, the differences were not significantly different. The difference between life expectancy in rural and urban was not significantly different for males (0.7 years) or females (0.8 years).

Figure 6.5 Life expectancy at birth (male) for East Riding of Yorkshire areas, 5 years pooled (2018-2021)

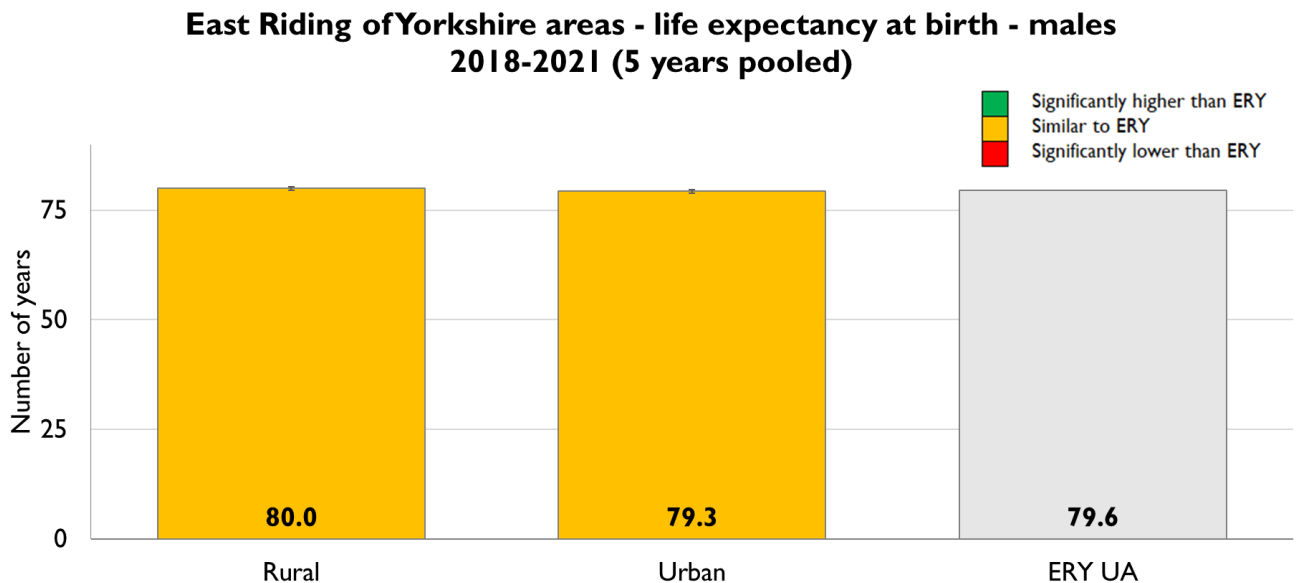
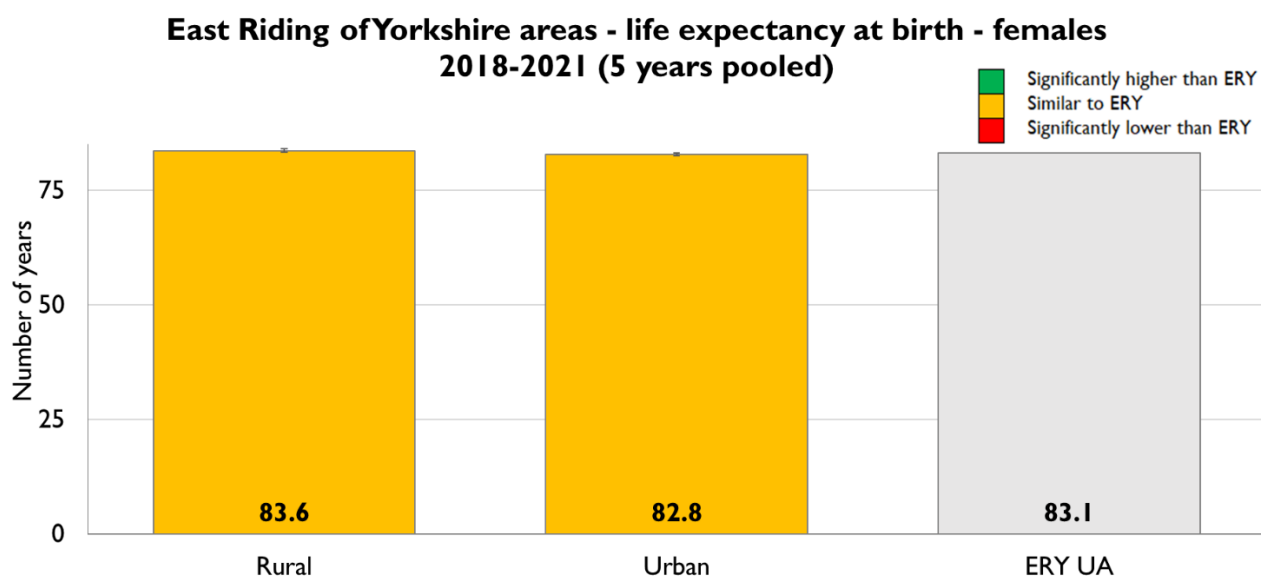


Figure 6.6 Life expectancy at birth (female) in East Riding of Yorkshire areas, 5 years pooled (2018-2021)



#### 6.1.4 Healthy life expectancy in rural areas (local authority comparison)

The Rural Services Network has provided a number of health-related metrics for some of the most sparse local authorities in England, showing their position compared to other rural local authorities (classifying them collectively as ‘Rural as a Region’) and the England average.

Charts illustrating annual healthy life expectancy results for both males and females are shown in section 15.2.3 of Appendix 2. The main points relating to these charts are as follows:

- **Male healthy life expectancy (HLE) at birth:**
  - ERY male HLE has fluctuated between 2011-13 above 2018-20, at times moving below both the Rural as Region and England averages.
  - In the latest period presented (2018-20) HLE in the ERY was 65.3 years, higher than both the Rural as a Region and England averages (64.7 years and 63.1 years respectively).
- **Female healthy life expectancy (HLE) at birth:**
  - ERY female HLE has generally been in line with the Rural as a Region average between 2011-13 above 2017-19, but in 2018-20 (at 67.9 years) it exceeded it and England overall (65.4 and 63.9 years respectively).



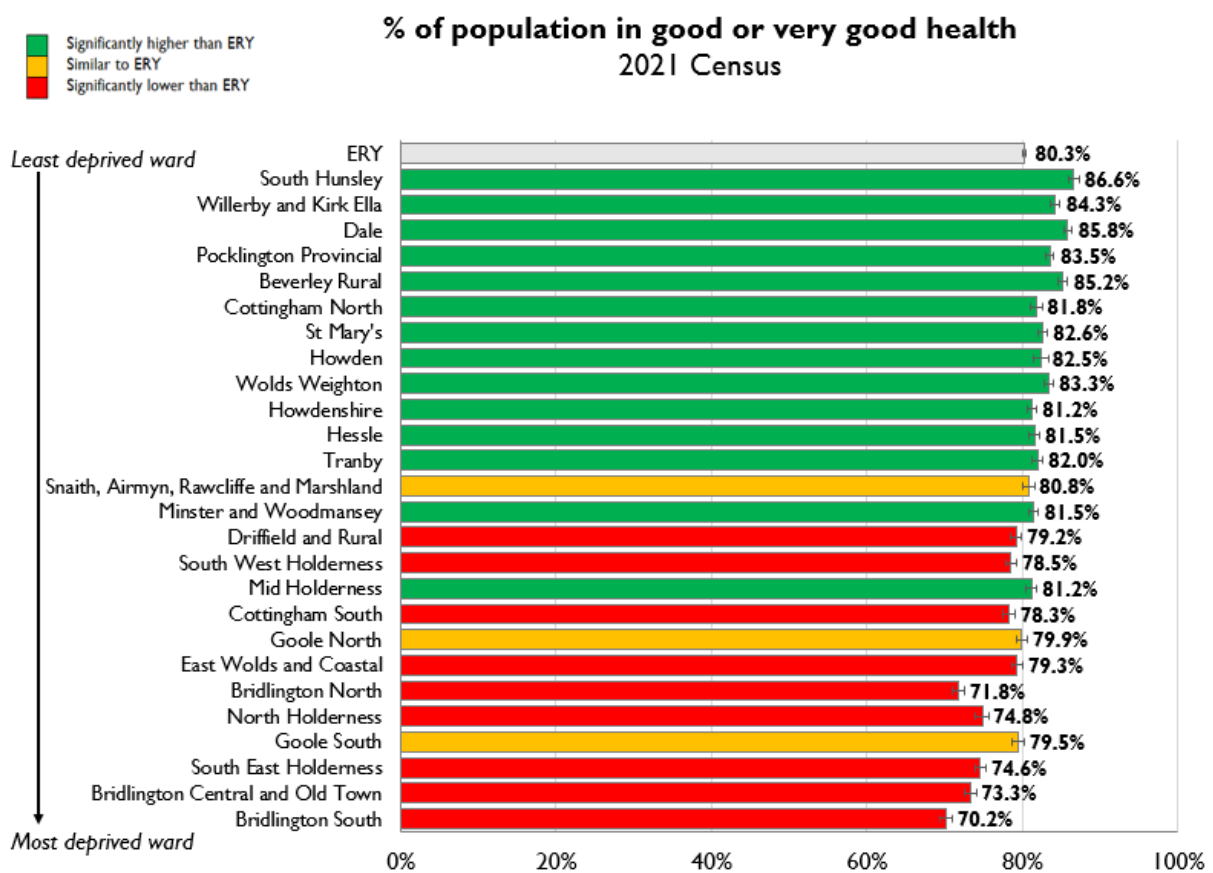
## 6.2 Health is Good or Very Good (2021 Census)

### 6.2.1 The East Riding

The 2021 Census asked if people considered their health to be 'very good', 'good', 'fair', 'bad' and 'very bad' health, this section reports results for those that responded 'good' or 'very good'. In the East Riding overall, those reporting good or very good health was 80.3%, a significantly lower percentage than the England average at 82.2%.

Figure 6.7 displays the results by East Riding ward, highlighting that coastal areas such as the 3 Bridlington wards, South East Holderness and North Holderness all report a significantly lower prevalence of good or very good health than the East Riding average and are conversely reporting a high prevalence of poor health. To illustrate the contrast between different communities within the same local authority, the East Ridings most deprived ward of Bridlington South (a coastal ward) reported 70.2% good or very good health, whilst the least deprived ward (South Hunsley) reported 86.6%.

Figure 6.7 Health is good or very good, East Riding wards, Census 2021

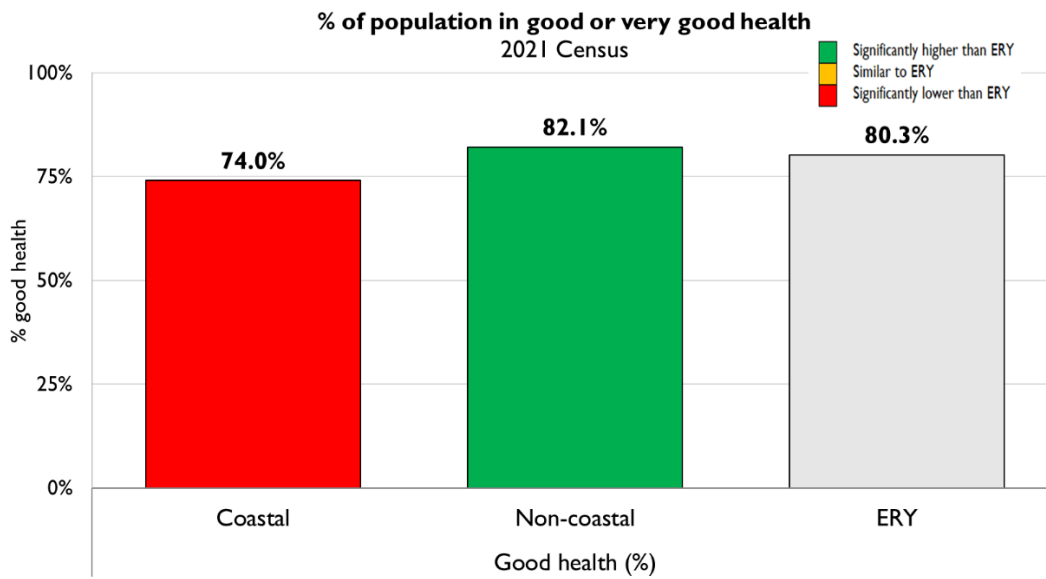


### 6.2.2 Coastal areas

When combined together, coastal areas report a significantly lower proportion (74%) of the population in good or very health when compared to non-coastal areas (82.1%) and the East Riding overall (80.3%). This is shown in Figure 6.8.



Figure 6.8 Health is good or very good, coastal and non-coastal areas, 2021 Census

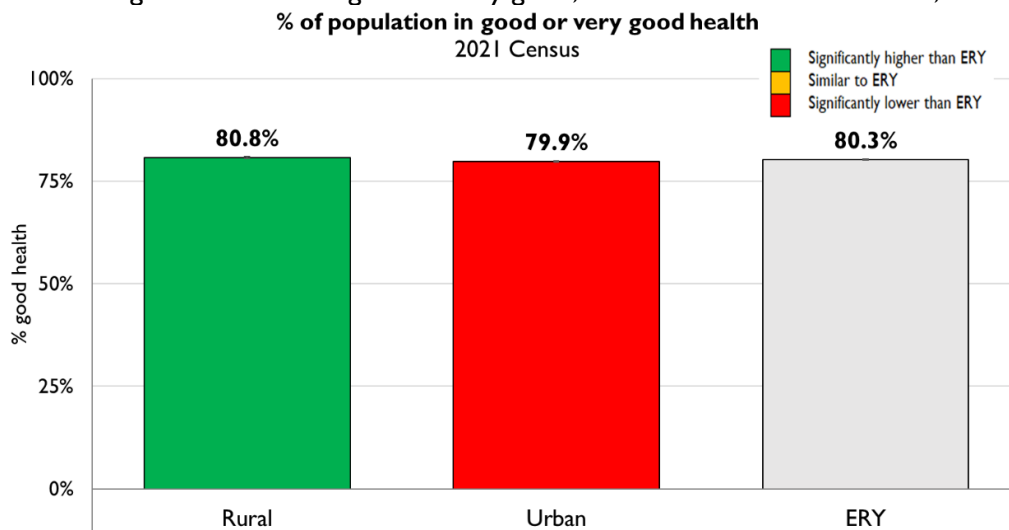


Similar conclusions have been observed among studies on health inequalities across coastal communities conducted across the UK. Poor health and higher disease prevalence across a variety of conditions occur disproportionately more often among coastal communities (Asthana & Gibson, 2022). Despite studies accounting the high burden of ill health with factors such as age, ethnicity and deprivation, a “coastal excess” remains (Whitty, 2021). Further evidence is needed to investigate causes of coastal excess, though current suggestions for these observations include interlinked problems faced by coastal communities and differences within health care services.

### 6.2.3 Rural areas

In East Riding Rural areas it was reported that almost 81% of the population report to be living in good or very good health, significantly higher than urban areas and the East Riding overall.

Figure 6.9 Health is good or very good, coastal and non-coastal areas, 2021 Census



## 6.3 Disability Status (2021 Census)

### 6.3.1 The East Riding

In the 2021 Census, anyone who reported conditions (either physical or mental health related) that have a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities, were classified as disabled.

It is a definition that meets the Government Statistical Service standard for measuring disability and is in line with the Equality Act (2010). The results in this section report on the proportion of responders who reported their day-to-day activities are limited either 'a little' or 'a lot'.

In the East Riding, almost 64,000 residents indicated they had a disability, equating to 18.6% of the population, which is the same as recorded in the region overall. This is shown in Table 6.2. Compared to the England average the East Riding (and region) had a significantly higher proportion of residents with a disability (the red cells indicate this significant difference when compared to England).

Table 6.2 Count and % of persons disabled, Census 2021.

Area	Count of people disabled under the Equality Act	Total residents	% Disabled
East Riding of Yorkshire	63,601	342,215	18.6%
Yorkshire & Humber Region	1,021,326	5,480,773	18.6%
England	9,774,510	56,490,048	17.3%

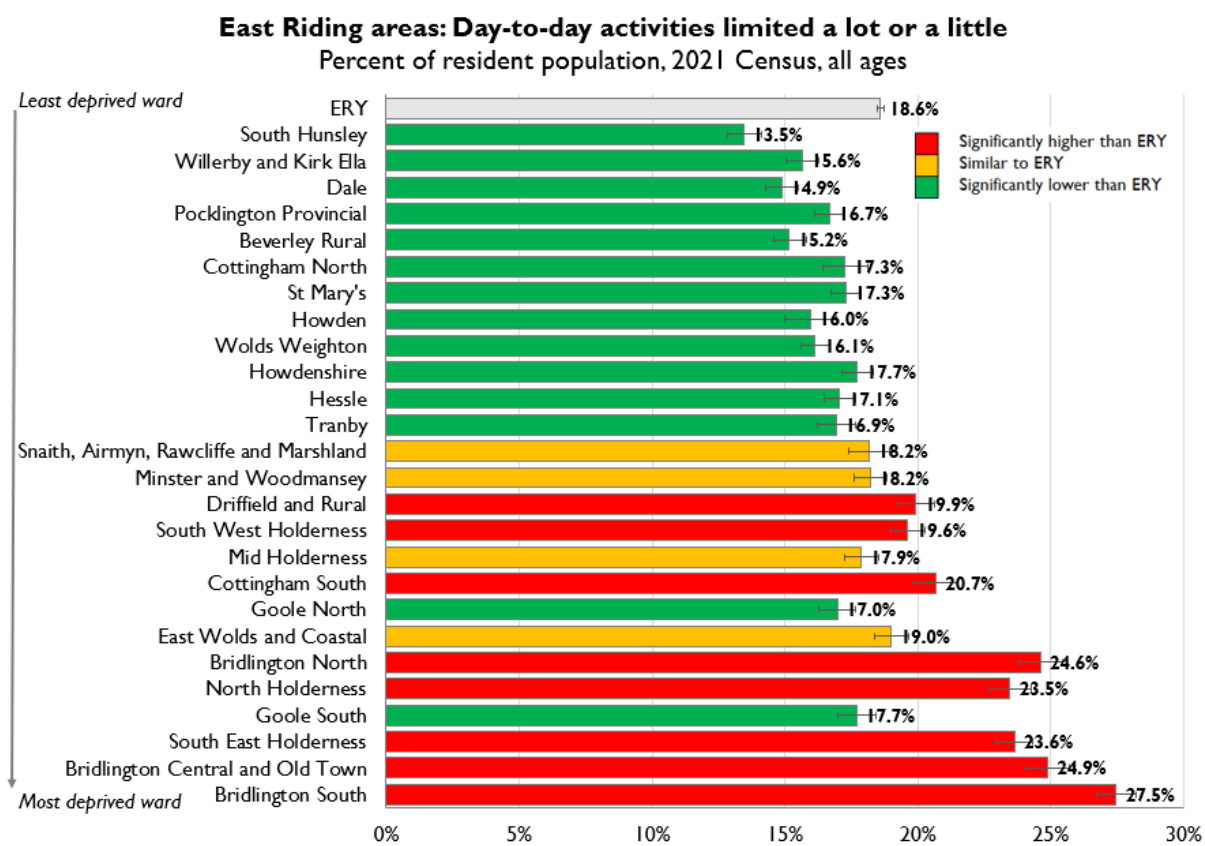
Figure 6.10 divides the 64,000 East Riding residents with a disability into a prevalence for each ward within the local authority, sorted by least deprived wards at the top to the most deprived at the bottom.

Wards with a significantly higher proportion of persons with a disability are coloured red. The 5 wards with the highest proportion of persons with disability include Bridlington South (27.5%), Bridlington Central and Old Town (24.9%), Bridlington North (24.6%), South East Holderness (23.6%) and North Holderness (23.5%); all of which are predominantly coastal wards.

In contrast, those wards considered least deprived (all of which are non-coastal) are reporting significantly lower rates of disability compared to coastal areas and the East Riding average. South Hunsley, Dale and Willerby and Kirk Ella recorded the 3 lowest prevalence figures at 13.5%, 14.9% and 15.6% respectively.



Figure 6.10 Percentage of persons disabled by East Riding ward (activities limited a little or a lot), Census 2021. Chart is sorted by most deprived wards at the top through to the least deprived wards at the bottom.



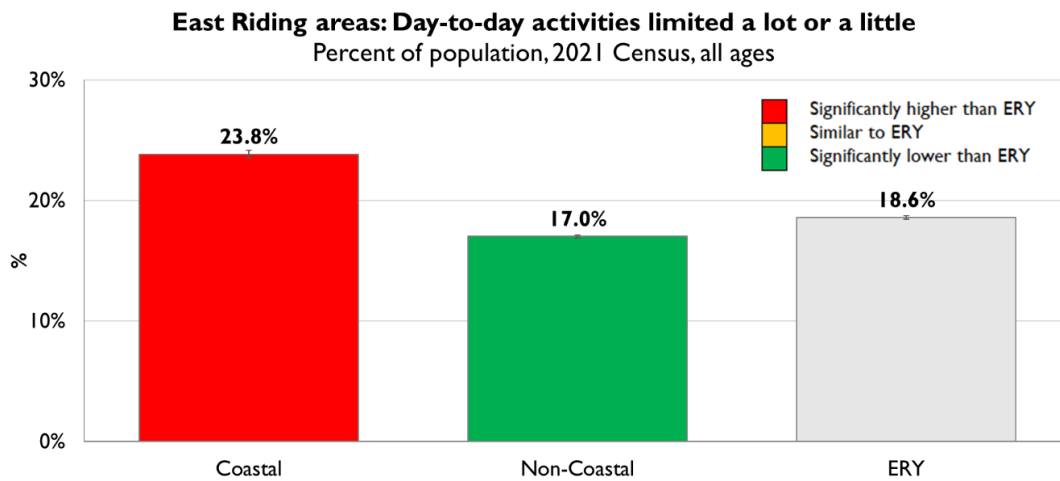
### 6.3.2 Coastal areas

Figure 6.11 displays the results by coastal and non-coastal areas of the East Riding. Almost a quarter (23.8%) of those residents living within coastal areas reported that their activities were limited a little or a lot, significantly higher than non-coastal residents (17%) and East Riding overall (18.6%).

It is important to note that the results have not been standardised for age and as already outlined in section 3.4, the coastal communities have a significantly higher proportion of the population aged 65+ years, where there is a greater risk of disability prevalence.



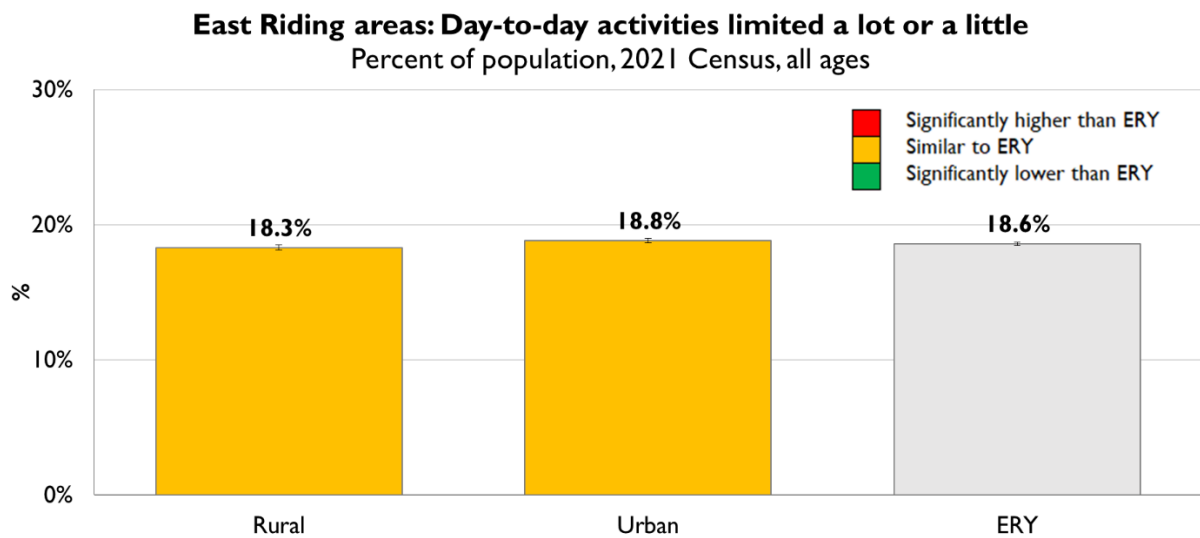
Figure 6.11 Day to day activities limited a lot, coastal compared to non-coastal areas, 2021 Census.



### 6.3.3 Rural areas

Figure 6.12 shows the results for rural and urban areas. Less than a fifth (18.3%) of those residents living within rural areas reported that their activities were limited a little or a lot, this is similar to both urban residents (18.8%) and ERY overall (18.6%).

Figure 6.12 Day to day activities limited a lot, rural compared to urban areas, 2021 Census





## 6.4 Emergency Hospital Admissions

### 6.4.1 East Riding Wards

Emergency hospital admissions refer to situations where individuals require immediate medical care and are admitted to a hospital for treatment. These admissions often occur in critical or life-threatening situations, such as severe injuries, acute illnesses, or worsening chronic conditions that cannot be managed in an outpatient setting. Compared to England, the East Riding largely has better (i.e. lower) rates of emergency hospital admissions, however within the East Riding there is substantial variation between the different communities.

Table 6.3 presents rate of emergency hospital admissions, using a selection of indicators presented on the [Public Health Outcomes Framework \(PHOF\)](#) and on the wider Office of Health Improvement and Disparities (OHID) Fingertips platform. It shows directly standardised rates for emergency hospital admissions across different wards within the East Riding (5 years pooled; 2017/18-21/22). The cells are coloured according to statistical significance compared to the East Riding average, such that red indicates significantly higher, amber denotes similar values and green is used for significantly lower values. Significantly higher hospital admission rates are found particularly around the coastal areas of the East Riding, including Bridlington, South East Holderness and North Holderness.

Table 6.3 Emergency hospital admission DSR per 100,000 population by ward, 5 years pooled (2017/18 to 2021/22), East Riding residents, sorted descending order by deprivation, 1 is most deprived

IMD rank	Area name	Alcohol Specific (all ages)	CHD Admissions (all ages)	COPD (35yrs+)	Hip Fractures (65+yrs)	Liver Conditions (all ages)	Mental Health (all ages)	Self Harm (all ages)
26	South Hunsley	40	203	161	557	27	157	64
25	Willerby and Kirk Ella	55	155	140	484	24	163	52
24	Dale	79	203	127	573	32	188	140
23	Pocklington Provincial	50	260	144	496	34	189	115
22	Beverley Rural	78	182	149	519	43	177	65
21	Cottingham North	74	225	186	510	38	287	141
20	St Mary's	70	167	223	570	40	220	103
19	Howden	68	233	205	476	19	199	91
18	Wolds Weighton	52	245	199	438	31	169	93
17	Howdenshire	80	211	198	603	40	200	86
16	Hessle	72	204	258	758	54	236	124
15	Tranby	81	206	272	528	69	269	199
14	Snaith, Airmyn, Rawcliffe and Marshland	100	271	326	778	52	232	119
13	Minster and Woodmansey	91	211	242	758	36	277	166
12	Driffield and Rural	80	299	362	624	35	246	115
11	South West Holderness	57	225	334	681	36	219	125
10	Mid Holderness	40	211	211	456	24	148	91
9	Cottingham South	161	213	272	690	74	382	208
8	Goole North	106	371	418	531	50	257	155
7	East Wolds and Coastal	69	250	272	498	40	192	181
6	Bridlington North	126	344	290	530	39	268	201
5	North Holderness	228	202	315	500	83	361	171
4	Goole South	233	290	648	712	86	409	233
3	South East Holderness	163	225	531	620	78	294	171
2	Bridlington Central and Old Town	149	390	483	562	73	308	312
1	Bridlington South	248	496	539	648	105	468	369
	East Riding UA	100	247	283	578	48	246	148

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## 6.4.2 Coastal areas

Table 6.4 shows that coastal areas overall largely have significantly higher admission rates than the East Riding average and when compared to non-coastal areas (with the exception of hip fractures). This difference was particularly acute with regard to self-harm admissions, with rates in coastal areas almost twice those of non-coastal areas (241 per 100,000 compared to 122 per 100,000). The high rates in these wards are likely to be influenced by the coastal towns that are located within them and so may not be representative of 'all' coastal communities of the East Riding.

Table 6.4 Emergency hospital admissions, ERY residents, coastal compared to non-coastal areas, 2017/18 to 2021/22

Area name	Alcohol Specific (all ages)	CHD Admissions (all ages)	COPD (35yrs+)	Hip Fractures (65+yrs)	Liver Conditions (all ages)	Mental Health (all ages)	Self Harm (all ages)
Coastal	156	312	399	560	67	310	241
Non-Coastal	83	225	241	583	42	228	122
East Riding UA	100	247	283	578	48	246	148

	Significantly higher than ERY
	Similar to ERY
	Significantly lower than ERY

## 6.4.3 Rural areas

Rural areas are shown to have similar or significantly lower rates of emergency admission than the East Riding overall. See Table 6.5. A direct comparison of rural areas against urban areas found urban areas to have a significantly higher rate of emergency admissions in all of the chosen indicators (with the exception of liver conditions).

Table 6.5 Emergency hospital admissions, ERY residents, rural areas compared to urban areas, 2017/18 to 2021/22

Area name	Alcohol Specific (all ages)	CHD Admissions (all ages)	COPD (35yrs+)	Hip Fractures (65+yrs)	Liver Conditions (all ages)	Mental Health (all ages)	Self Harm (all ages)
Rural	88	227	245	535	43	207	125
Urban	109	262	312	605	51	274	165
East Riding UA	100	247	283	578	48	246	148

	Significantly higher than ERY
	Similar to ERY
	Significantly lower than ERY



## 6.5 Premature mortality

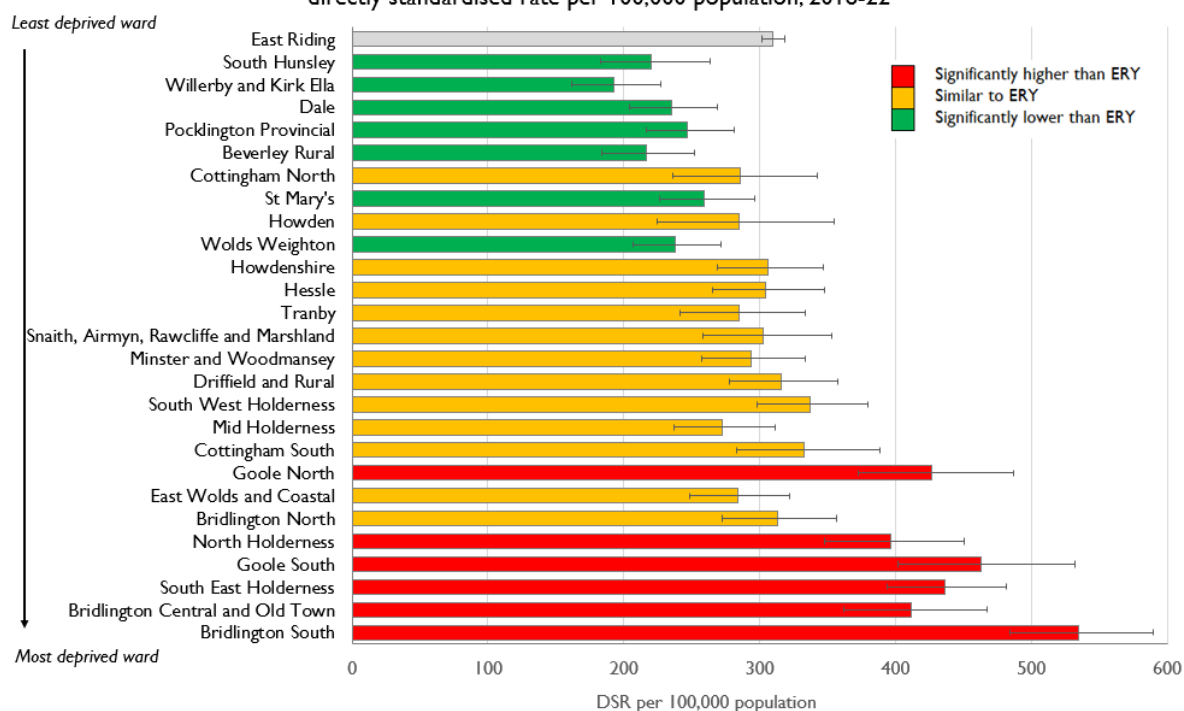
### 6.5.1 The East Riding

Premature mortality (deaths occurring in those aged under 75 years) is a valuable high-level indicator of the overall health of a population, it provides important insights into the health status and well-being of a society. The East Riding has historically had a significantly lower (i.e. better) rate of premature deaths compared to England and remains the case in the latest year reported in 2021 (the East Riding had a standardised rate of 313 per 100,000 population compared to the England rate of 363).

East Riding ward rates are shown below in Figure 6.13 and reflect significant differences between the premature death rates in different areas. The charted is sorted in descending order by deprivation (South Hunsley being the least deprived ward).

Coastal wards such as Bridlington South, Bridlington Central and Old Town, South East Holderness and North Holderness all record significantly higher rates of premature mortality than other East Riding areas. Further detail is provided within the following sections. The rate of premature deaths in the East Ridings most deprived ward (Bridlington South, 535 per 100,000 population) is almost 2.5 times the rate of the least deprived ward (South Hunsley, 220 per 100,000 population).

**Figure 6.13 All-cause premature mortality by East Riding ward**  
**East Riding wards: premature death rate (less than 75 years)**  
 directly standardised rate per 100,000 population, 2018-22



### 6.5.2 Coastal areas

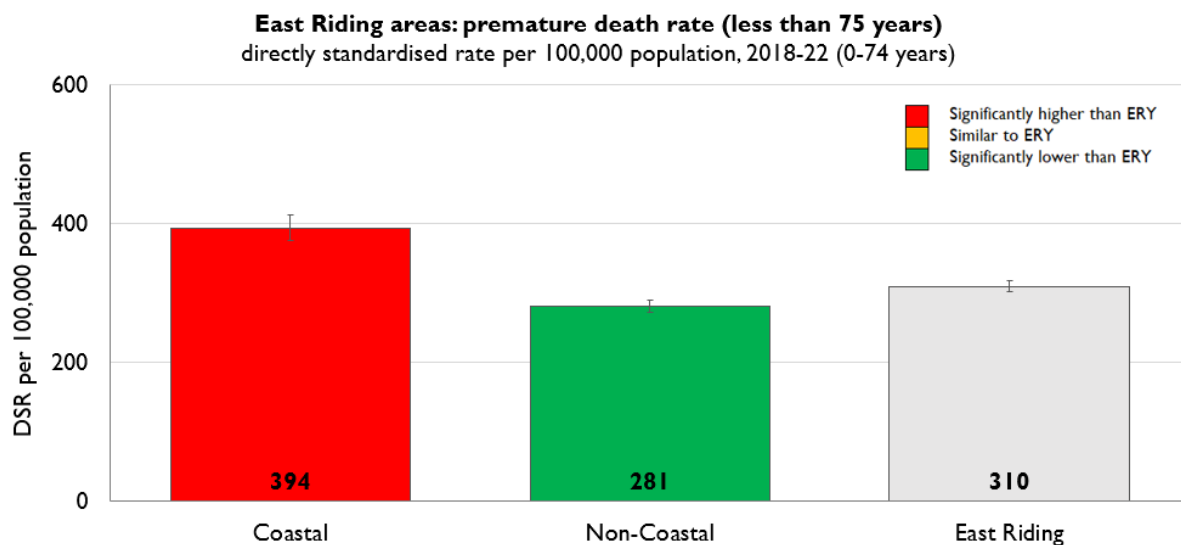
Several studies across the United Kingdom have examined mortality rates across rural and urban areas, while very few have evaluated mortality rates across coastal areas. The Public Health England evidence summary on health inequalities coastal and rural areas found that most studies which met the review criteria showed higher mortality rates in urban areas



compared to rural areas. Conversely, no studies evaluating mortality across coastal communities were found. However, the Chief Medical Officer’s Annual Report on health in coastal communities (Whitty, 2021) states that coastal mortality and preventable mortality rates are significantly higher than non-coastal rates.

Figure 6.14 highlights significantly higher all-cause premature mortality within coastal areas (394 per 100,000 population), when compared to non-coastal areas (281 per 100,000) and the East Riding average overall (310 per 100,000).

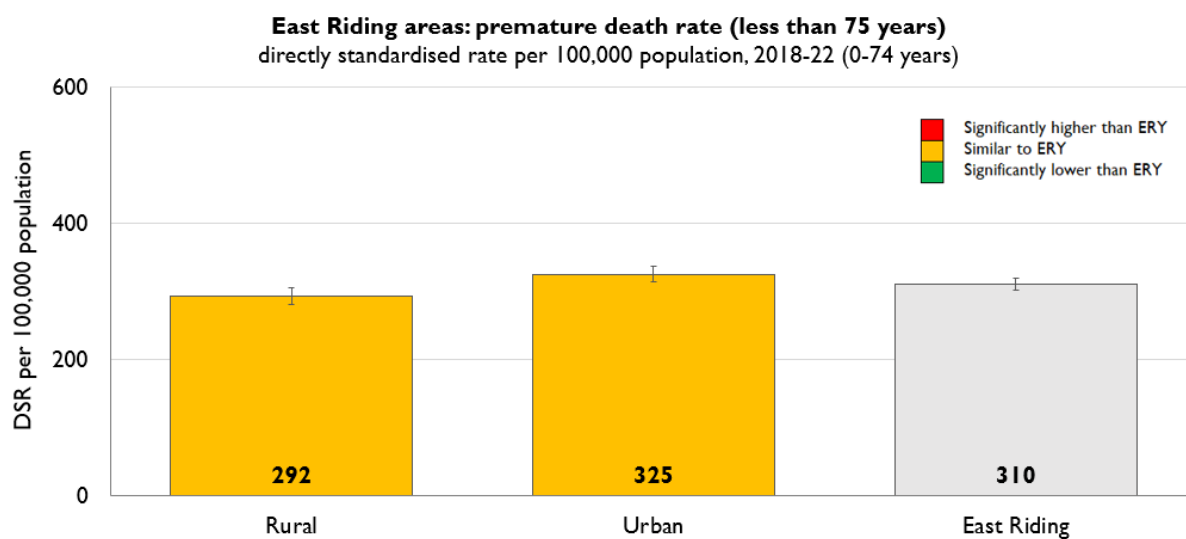
Figure 6.14 All-cause premature mortality by East Riding coastal and non-coastal areas



### 6.5.3 Rural areas

Figure 6.15 shows urban areas recorded a significantly higher premature all-cause mortality rate when compared to rural areas, however neither area was significantly different from the East Riding overall.

Figure 6.15 All-cause premature death rates in rural and urban areas



## 6.6 Mental Health

### 6.6.1 Coastal areas

Coastal environments can have both positive and negative effects on the health and well-being of residents. Proximity to natural spaces like beaches and water bodies has been associated with improved mental well-being and stress reduction (White et al., 2019). The coastal lifestyle can influence the well-being of residents. Engaging in outdoor activities like water sports and leisurely walks along the shore can promote physical activity and contribute to positive mental health (Gascon et al., 2015).

Strong community bonds and social networks can be protective factors for mental health in coastal areas. The sense of belonging and social support within close-knit communities can provide a buffer against mental health challenges. Community-based initiatives, peer support groups, and recreational activities can foster social engagement and help combat feelings of isolation.

But the Chief Medical Officers 2021 Report (Whitty, 2021) and associated case studies found that there is a high burden of mental ill-health found in coastal communities and that rates of self-harm among 10-24-year olds were also found to be higher in coastal compared with non-coastal communities. According to the case studies in the Chief Medical Officers Report, patients in coastal communities were 20% more likely to have depression than the national average, another case study found that hospital admissions for self-harm are significantly raised in coastal areas when compared to the rest of England.

### 6.6.2 Rural areas

Socio-economic conditions play a critical role in mental health outcomes in rural communities. Limited job opportunities, lower income levels, and reduced access to educational resources can contribute to financial stress and impact mental well-being. Socio-economic disparities may lead to varying levels of access to mental health services and support, exacerbating mental health challenges.

**Access to Healthcare Services:** Access to mental health services is a key determinant of mental well-being in rural areas. Geographic isolation can result in longer travel times to mental health facilities, leading to delayed care-seeking and reduced utilization of services. The shortage of mental health professionals, particularly in remote rural areas, can further hinder access to timely care and interventions.

The 2023 UK Parliamentary report Rural Mental Health (Environment, Food and Rural Committee, 2023) showed that mental health in rural areas across England is a complex and incomplete picture, with demand suppressed by centralised services, and under-reporting of rural deprivation. While the evidence within the report did not point to a mental health crisis in rural England or the agricultural community, there were several areas of concern highlighted. Evidence collected also showed that the isolation of living in rural areas was a significant risk factor to the mental wellbeing of residents living in rural areas.

The report though also highlight that the access to green and blue spaces was identified as protective factor for mental health and wellbeing for rural communities. The World Health



Organisation’s (WHO) 2021 report Green and Blue Spaces and Mental Health also outlined in their findings that green spaces have a positive impact on both short and long term mental health and wellbeing.

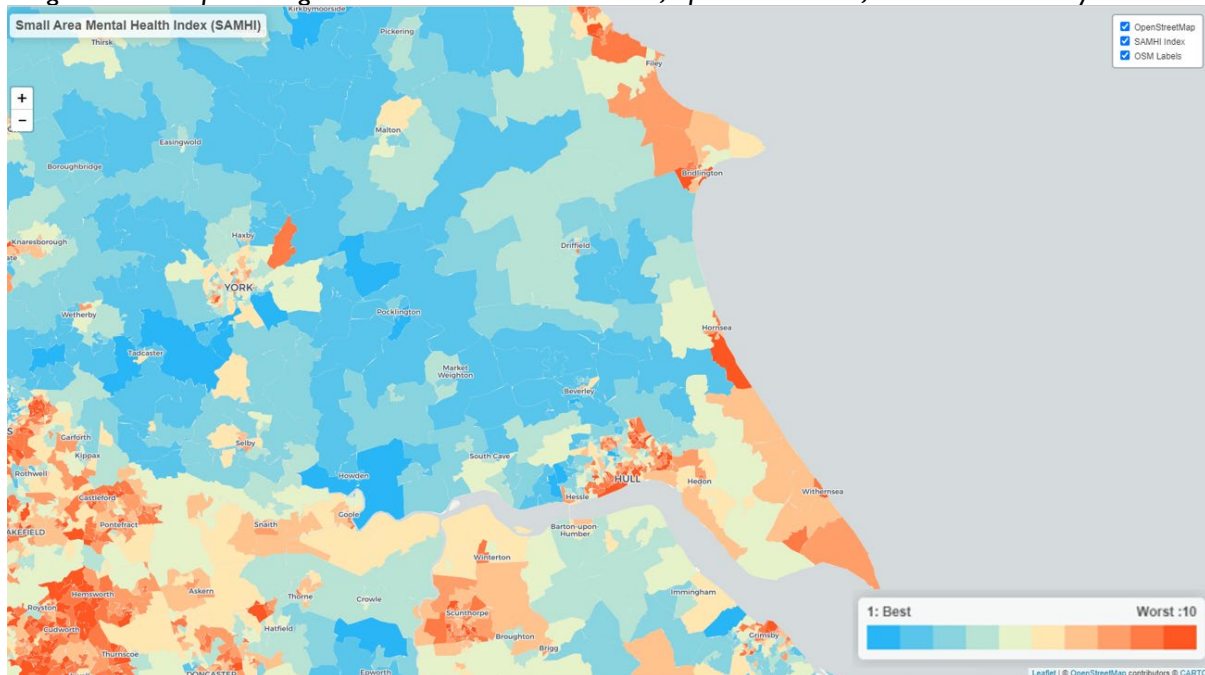
### 6.6.3 Small Area Mental Health Index (SAMHI)

Researchers at Liverpool University have created the Small Area Mental Health Index (SAMHI), which is a composite measure on mental health from multiple sources at LSOA level. These sources include NHS-Mental health-related hospital attendances, Prescribing data – Antidepressants, QOF - depression, and DWP - Incapacity benefit and Employment support allowance for mental illness. SAMHI can be accessed from:

<https://pldr.org/dataset/2noyv/small-area-mental-health-index-samhi>.

Figure 6.16 shows SAMHI values for the whole of the East Riding. LSOA areas with worse outcomes are coloured orange/red, whilst those with better outcomes coloured blue. With the exception of the stretch of coast between Bridlington and Hornsea, the majority of the East Riding coastline is reported to have worse mental health outcomes, notably in the Bridlington, Hornsea and Withernsea areas. In contrast, rural areas which are largely shaded blue, indicating better mental health outcomes.

Figure 6.16 Map showing small area mental health index, updated in 2022, but some data may be older



This index also shows a coastal pattern of disease which is largely explained by deprivation, migration and age profile of coastal populations.

### 6.6.4 Hospital admissions for self-harm

Self-harm is the act of harming oneself physically or putting oneself in danger (through either self-neglect and/or putting oneself in danger). Those acts of self-harm that are recorded via an emergency hospital admission, only tell part of the picture, as so many other incidences go unrecorded as they are often ‘hidden’.

Section 6.4 has already presented emergency admissions that include self-harm, but this section goes into slightly more detail. In the 5 year period, 2017/18-21/22, there were 2,234





hospital admissions due to self-harm involving East Riding residents (approximately 450 per year). Admission rates were significantly higher in the coastal wards of Bridlington South and Bridlington Central and Old Town than the East Riding average and when compared to all other wards.

There is a stark contrast in admission rates between the East Riding’s most deprived ward, Bridlington South, (with a rate of 369 per 100,000, based on 244 admissions) and the least deprived ward, South Hunsley which had a rate almost 6 times lower (64 per 100,000, based on 33 admissions). Figure 13.14 in the Appendices illustrates the ward rates in a chart.

Figure 6.17 and Figure 6.18 below compare the rates of coastal/non-coastal admission rates and urban/rural rates respectively. The charts highlight that coastal areas have a significantly higher rate of admissions than non-coastal areas and rural areas have a significantly lower rate of admissions than urban areas.

Figure 6.17 Emergency hospital admissions due to self-harm, East Riding residents in coastal or non-coastal areas, all ages, 2017/18-21/22

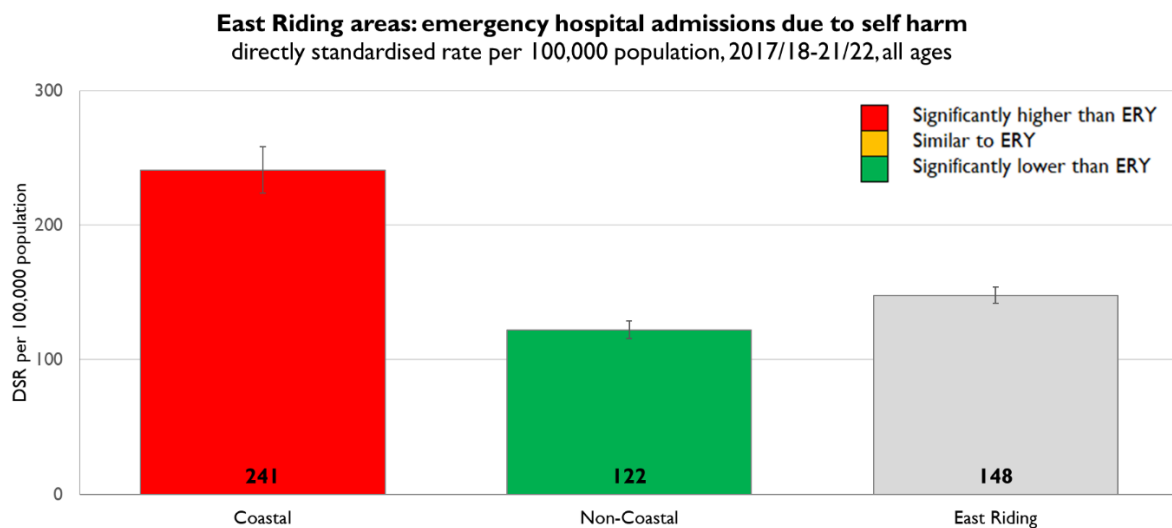
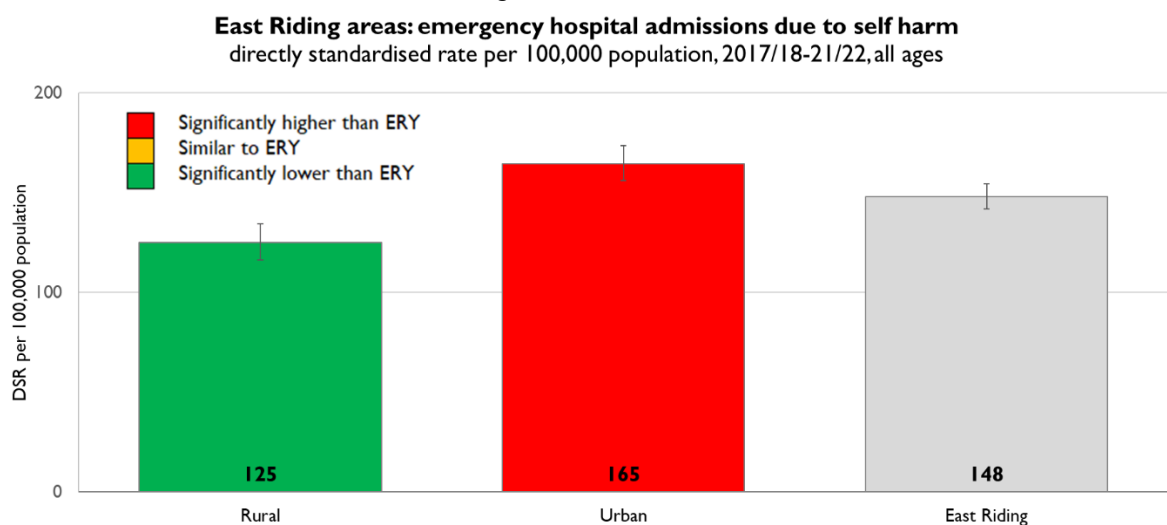


Figure 6.18 Emergency hospital admissions due to self-harm, East Riding residents in rural or urban areas, all ages, 2017/18-21/22



## 7 Accessibility

Access to services and environmental factors are important drivers of health outcomes. For example, whether populations can be active or access health services is influenced by their ability to access to green spaces and the proximity or ability to engage with essential services.

Several health inequalities have been found to be driven by isolation and access to health and community services (PHE, 2019). Access to services and physical spaces that are used to classify the health of neighbourhoods were thereby evaluated across rural, urban, coastal, and non-coastal areas within the East Riding.

Nationally only 11% residents of households in rural hamlets and isolated dwellings could access primary care health services within 15 minutes travelling by public transport/walking, compared to 57% in rural towns, and 78% in urban areas. Within 60 minutes of travel time 85% of households in rural hamlets and isolated dwellings had access to a primary care health services, compared to 100% in Rural Town and fringe areas and in urban areas. While compared to hospital access 35% of households in rural hamlets and isolated dwellings could access an hospital within 60 minutes via public transport/walking, compared with 62% in Rural Town and Fringe areas and 92% in Urban areas (Digest of Rural England: 5 – Connectivity and Accessibility 2023)

In Rural areas, 11% of households did not have a food store within 30 minutes travel time by public transport/walking compared to urban areas where all households could access at least one food store within 30 minutes. Similarly, 47% of Rural households did not have a town centre within 30 minutes travel time, compared with 5% of Urban households (Digest of Rural England: 5 – Connectivity and Accessibility 2023).

According to the Communities on the edge Assessing the need for Levelling Up in England's coastal authorities January 2023, there is currently very limited information/data around that reports of frequency of transport to access key services, therefore all data in regards to this will be anecdotal and through case studies. The same report does highlight that people within coastal communities have to travel considerably distances to access special healthcare services, and that student have a longer commute compared to other communities to access primary/secondary school, while to access further education are often for to move for their desired course.

The Health in Coastal Community (GOV.UK n.d) report highlight case studies from Lincolnshire and Somerset, which highlight issues of transport and accessibility to services in both areas. The case study from Lincolnshire, highlights that travelling for higher education opportunities from Skegness or Mablethorpe can take over two hours when using public transport, making on campus learning unviable for those who live at home. It is a similar story in Clacton, although the town is only 70 miles from London, there is limited transport links and this creates longer travel times for the residents on Clacton for key services, further education and employment. When examining the West Somerset case study, there is similar issues with poor access to transport, there are very limited roads and no mainline railway stations, while getting to the county town of Taunton can take a hour along the coastal road. This is an issue as many support services have their main hubs in Taunton, increasing travel time and creating a potential disconnect with the community. However because of the smaller numbers that are accessing specialist services, such as mental health peer support, they often do not meet the critical mass needed to exist, again causing the coastal communities to have





travel outside of their areas to access these services (Whitty, 2021). These are good examples of the issues that Coastal communities face across the country.

### 7.1 Access to services (Health and Wellbeing Survey, 2023)

The 2023 East Riding residents' health and wellbeing survey asked respondents to share their experience when accessing a range of public services including hospital, primary care, NHS dentistry, libraries, public transport, and childcare amongst others. Question 39 of the survey asks survey participants “Do you have any problems accessing any of the following services”. Two services – access to GPs and access to NHS dentistry are showing particularly striking results, and selected results are shown in the charts below.

Figure 7.1 Problem accessing services, coastal and non-coastal areas

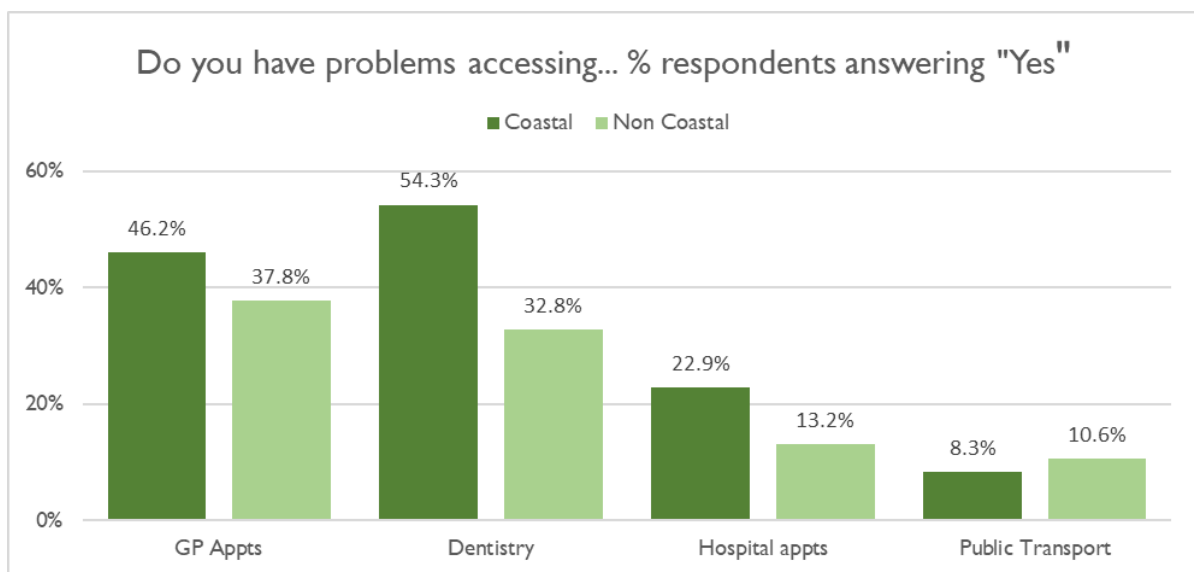
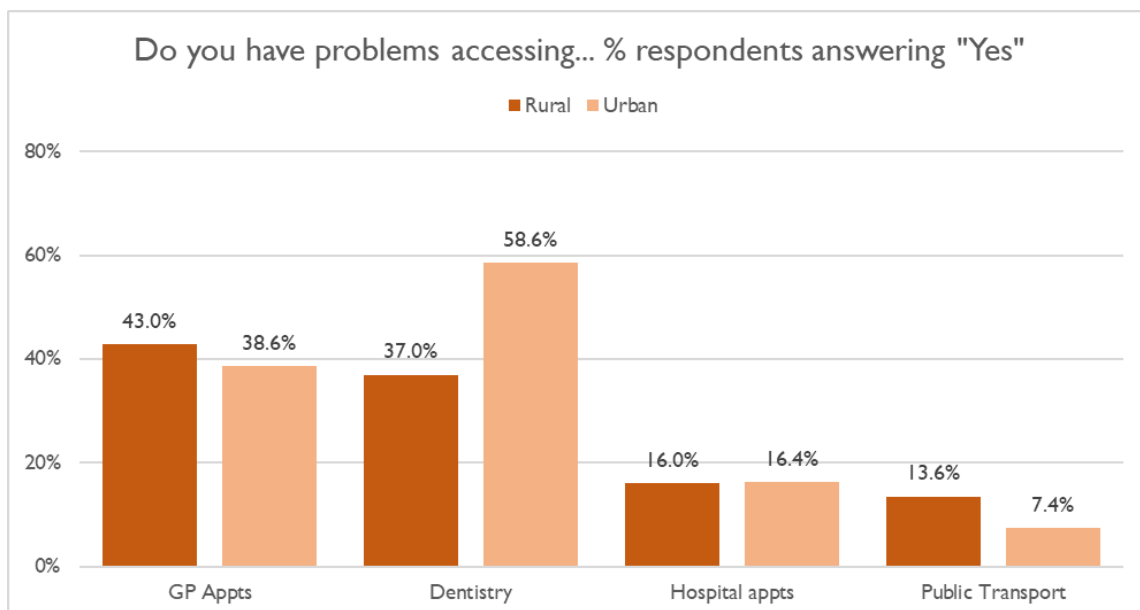


Figure 7.2 Problem accessing services, rural and urban areas



There is a clear dissatisfaction with access to services – especially Dentistry and Primary Care.

Difficulty in accessing primary care services is slightly higher in both Rural and Coastal areas when compared to their urban and non-coastal counterparts.

However, access to Dentistry offers an interesting difference, in that gaining access in Urban areas is much more difficult than Rural areas; and much more difficult in Coastal areas than Non-Coastal areas.

This is probably explained by the fact that the three wards in Bridlington (North, Central and Old Town, and South) returned significantly higher responses that most other wards in the East Riding. This would have the effect of skewing data toward the Coastal and Urban classifications.

People are experiencing a high level of problems when accessing services – especially when we consider that many or most of the people answering “No” to the question may not even be requiring primary care or dentistry services. The problem of lack of access to these services may therefore be far higher than the values shown.

## 7.2 Social contact (Health and Wellbeing Survey, 2023)

A majority of respondents indicate that they are in contact with neighbours or other family members either “Every day”, “Often”, or “Sometimes”. A minority indicate “Rarely” or “Never”, but the demographics of the response must also be considered, as the older age group are more likely to have formed more secure social networks.

Figure 7.3 Health and Wellbeing Survey: spend time with friends and family

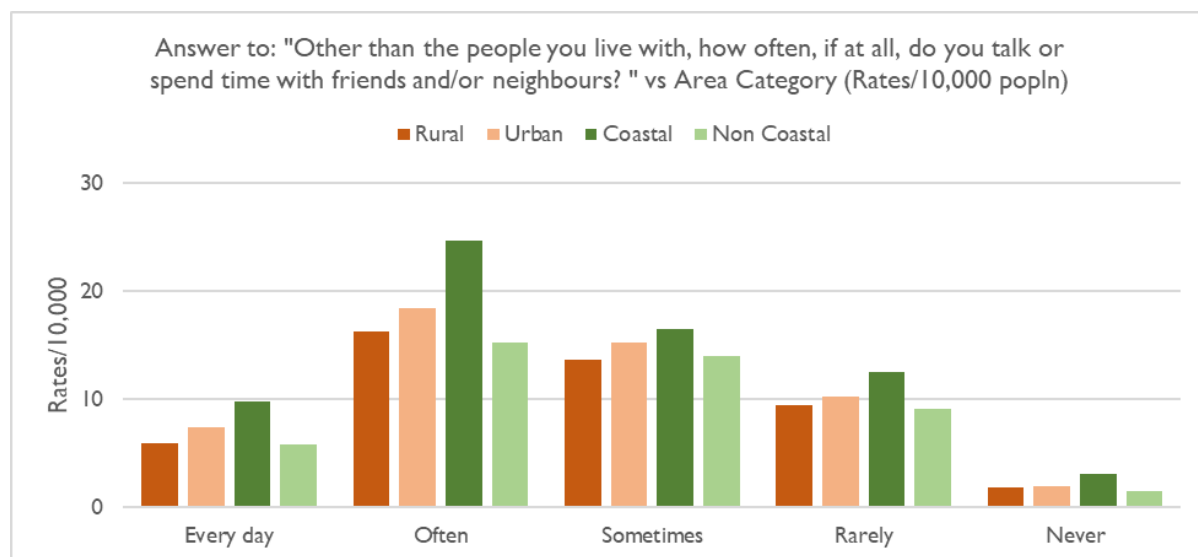


Figure 7.4 Health and Wellbeing Survey: time with family members

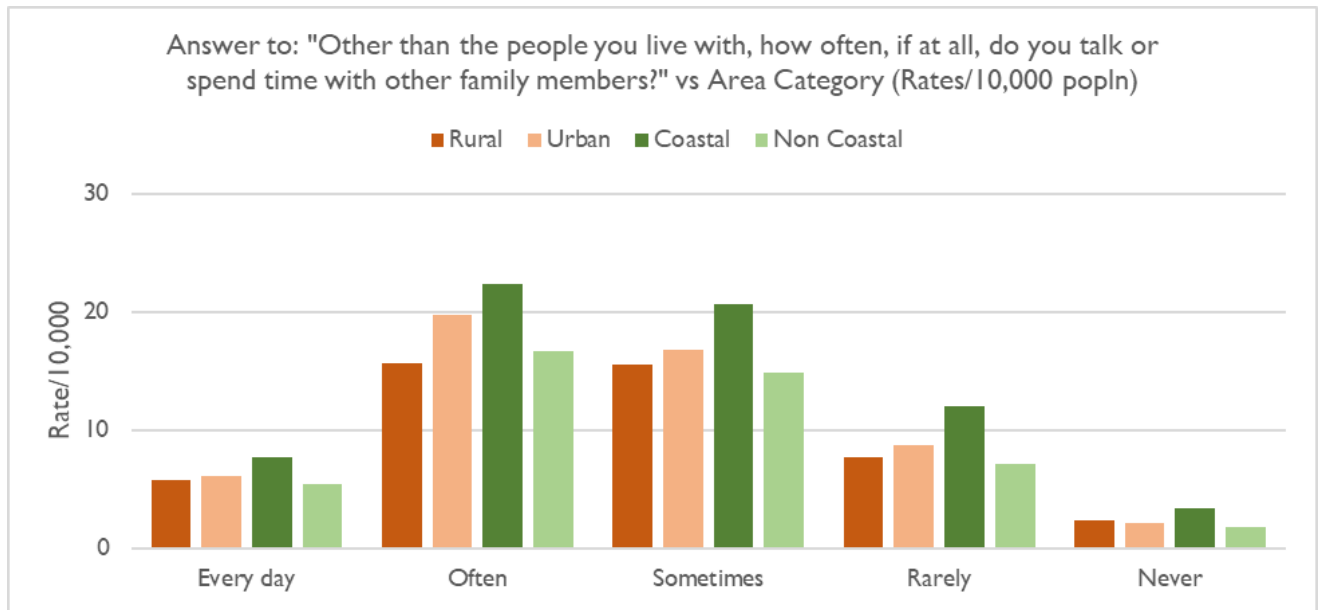
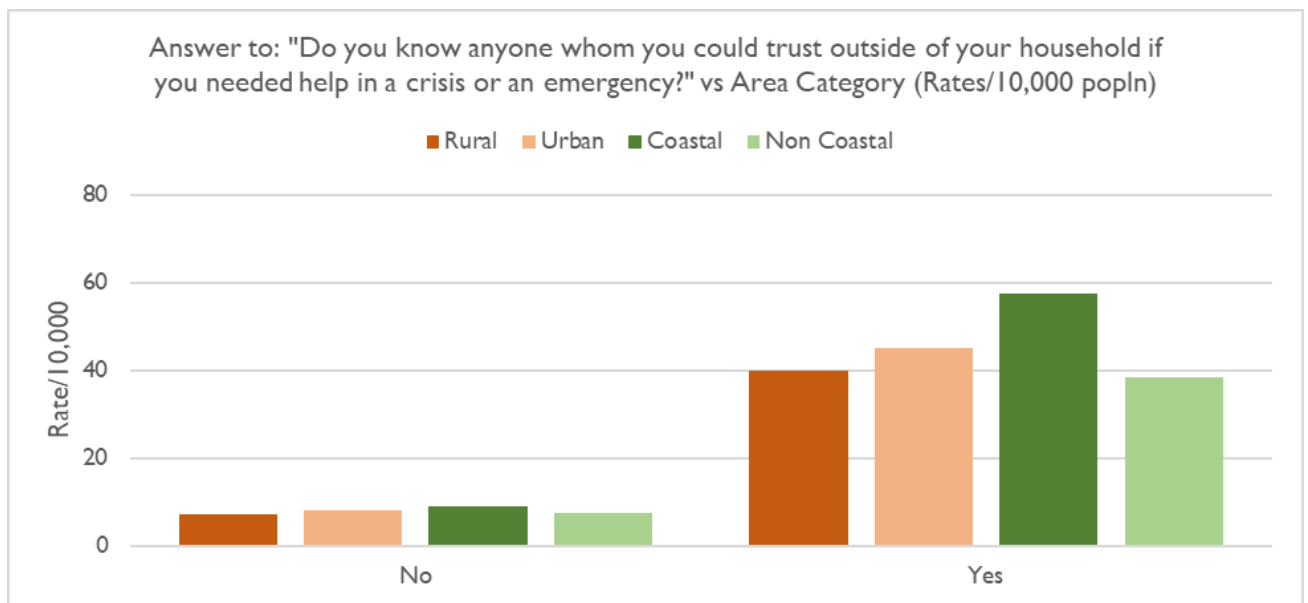


Figure 7.5 Health and Wellbeing Survey: who trust in a crisis



Once again, there appear to be no real differences between Rural/Urban and Coastal/Non-Coastal returns, as the differences shown are largely explained by the differing rates of returns overall.

### 7.3 Quantifying health care accessibility within the East Riding

The Council's Economic Development team has been able to quantify some travel times to health care related services, for both rural and coastal residents. Infographics are shown in both sections.



### 7.3.1 Coastal Areas










In this section, Figure 7.6 illustrates some key coastal statistics, the bulleted list below provides some of the key points:

- In coastal areas the average drive time to a GP is 10.2 minutes and 23.1 minutes to a hospital (this is not shown in Figure 7.6 but is derived from the same data source).
- In coastal areas the average public transport time to a GP is 20 minutes and 54 minutes to a hospital.
- In contrast, non-coastal residents on average take 22 minutes to a GP on public transport and 49 minutes to a hospital.

As discussed earlier, rural communities tend to consist of older residents. Considering that access to health care services in these areas is significantly worse, to reduce inequalities further emphasis would be needed on improving health care access particularly across the rural areas within the East Riding.

Figure 7.6 Coastal Health Indicators by East Riding of Yorkshire Council Economic Development team

## COASTAL EAST RIDING

	<b>POPULATION</b> <b>66,887</b> people <small>ONS (2021)</small>	9,080 people aged 0-15 years (15%) 35,615 people aged 16-64 years (53%) 21,392 people aged 65+ years (32%)	The East Riding's coastal population makes up 20% of all residents. Non-coastal: 16% aged 0-15 years, 59% aged 16-64, 25% aged 65+.
	<b>PUBLIC TRANSPORT</b> <b>20</b> minutes to GP <small>DfT (2019)</small>	54 minutes travel time to hospital 22 minutes travel time to further education 41 minutes travel time to town centre	Non-Coastal: 22 mins to GP, 49 to hospital, 29 to further education and 29 to town.
	<b>AIR QUALITY</b> <b>14.3</b> µg/m <sup>3</sup> <small>AHAH (2022)</small>	Annual mean of 14.3 micrograms of particulate matter pollutant per cubic meter of air in coastal East Riding.	Non-coastal: annual mean of 15.0 micrograms of particulate matter pollutant. Coastal areas have an annual mean of 8.0 micrograms of nitrogen dioxide and 1.1 micrograms of sulphur dioxide, compared to non-coastal areas which have 9.8 and 1.4 micrograms respectively.
	<b>EMPLOYMENT</b> <b>20,225</b> people <small>BRES (2021)</small>	18.2% employment in Accommodation & Food Services 16.6% employment in Health	Employment in Accommodation & Food Services is 11.1% higher in coastal areas compared to non-coastal areas. Employment in Health is 2.8% higher in coastal areas compared to non-coastal areas.
	<b>SKILLS</b> <b>22.5%</b> Level 4+ <small>Census (2021)</small>	14.4% qualified to Level 2 (GCSE) 15.6% qualified to Level 3 (A Level)	Coastal: Level 2 14.4%, Level 3 15.6%, Level 4+ 22.5% of those aged 16-74. Non-Coastal: Level 2 14.0%, Level 3 17.6%, Level 4+ 32.5% of those aged 16-74.
	<b>UNEMPLOYMENT</b> <b>1,780</b> claimants <small>ONS (2023)</small>	4.9% of working-age residents in coastal East Riding were claiming out of work benefits as of February 2023.	2.0% of working-age residents in non-coastal East Riding were claiming out of work benefits as of February 2023.
	<b>CRIME</b> <b>7.3</b> incidents <small>Home Office (2023)</small>	7.3 incidents per month per 1,000 population in coastal areas compared with 4.8 in non-coastal areas.	27.6% of crimes took place in coastal areas compared to 72.3% in non-coastal areas in February 2023.
	<b>FUEL POVERTY</b> <b>19.5%</b> households <small>BEIS (2020)</small>	On average 19.5% of coastal households are living in fuel poverty, compared to 13.3% of non-coastal households.	Those in fuel poverty have above average fuel costs and would be left with a residual income below the poverty line after paying them. Since this data was released in 2020, energy prices have soared therefore the percentage of households in fuel poverty is expected to rise.
	<b>CONNECTIVITY</b> <b>97.1%</b> SFBB <small>OFCOM (2022)</small>	97.1% superfast broadband (30-300 mbps) 77.6% ultrafast broadband (>300 mbps)	Non-Coastal: Superfast 96.5%, Ultrafast 75.4%



### 7.3.2 Rural Areas

In this section, Figure 7.7 and Figure 7.8 illustrate some key rural statistics, the bulleted list below provides some of the key points:

- In rural areas the average drive time to a GP is 13 minutes and 29 minutes to a hospital.
- The average drive time to hospitals in rural East Riding is almost double that of those in urban areas (29 minutes compared with 15). The average drive time to GPs and pharmacies is 5 and 4 minutes higher respectively in rural compared with urban areas.
- For rural residents using public transport, it takes 72 minutes to get to a hospital, 39 minutes longer for rural residents than urban residents and 17 minutes longer to a GP surgery.

Figure 7.7 Rural Health Indicators part 1 by East Riding of Yorkshire Council Economic Development team

## RURAL EAST RIDING

















	<b>POPULATION</b> <b>151,785</b> people <small>ONS (2020)</small>	23,305 people aged 0-15 years (15.4%) 87,076 people aged 16-64 years (57.4%) 41,404 people aged 65+ years (27.3%)	The East Riding's rural population make up 44% of all residents. There are more older adults (+1.6%) and fewer children (-1.8%) than in urban areas of the local authority.
	<b>ENTERPRISE</b> <b>7,000</b> businesses <small>IDBR (2022)</small>	6,315 micro (0-9) businesses (90.2%) 615 small/medium enterprises (7.6%) 5 large (250+) businesses (0.1%)	49.8% of East Riding businesses are rural, 50.2% are urban. Compared to urban areas, rural East Riding has 50.4% of micro firms, 46.7% of SMEs, and 100% of large businesses. The most common business sector is agriculture, forestry and fishing in rural areas and construction in urban areas.
	<b>DRIVE TIME</b> <b>13</b> minutes to GP <small>DfT (2019)</small>	29 minutes drive time to hospital 9 minutes drive time to food store 21 minutes drive time to town centre	Average drive time to hospitals in rural East Riding is almost double that of those in urban areas (29 minutes compared with 15). The average drive time to GPs and pharmacies is 5 and 4 minutes higher respectively in rural compared with urban areas.
	<b>EMPLOYMENT</b> <b>50,295</b> people <small>BRES (2021)</small>	21.6% employment in Manufacturing 11.3% employment in Accommodation & Food Services	Employment in manufacturing is almost 10% higher in rural areas than urban areas. Employment in Accommodation & Food Services is 4% lower in rural areas than urban areas. Health is 10% lower in rural areas than urban areas (8.1% and 18.1% respectively).
	<b>SKILLS</b> <b>39,116</b> Level 4+ <small>Census (2021)</small>	17,740 (14.1%) qualified to Level 2 (GCSE) 21,861 (17.4%) qualified to Level 3 (A Level) 39,116 (31.2%) qualified to Level 4+	Rural communities in the East Riding have a higher percentage of the population educated to Level 4+ than their urban counterparts (+1.4%). Both rural and urban East Riding have 7% of residents with apprenticeship level qualifications.
	<b>UNEMPLOYMENT</b> <b>1,635</b> claimants <small>ONS (2023)</small>	1.9% of the rural East Riding were claiming out of work benefits as of January 2023.	The number of rural residents claiming out of work benefits remains 18.1% higher in January 2023 than in January 2020. Urban areas of the East Riding have 2.9% of their working-age population claiming which, although higher than rural areas, is only 3% up on pre-pandemic rates.
	<b>HOUSE PRICE</b> <b>£228,824</b> <small>ONS (2022)</small>	The average house price in rural East Riding is £28,874 higher than the local authority average and £34,417 higher than urban areas.	Rural East Riding has seen the greatest percentage increase in house prices between June 1996 and June 2022, with houses selling for 415% more on average. However, house prices decreased by 4% from June 2021 to June 2022 compared to a 1% decrease in urban areas.
	<b>FUEL POVERTY</b> <b>14.9%</b> households <small>BEIS (2020)</small>	14.9% of rural households living in fuel poverty in 2019, compared to 14.5% of urban households.	The latest government policy outlines the move from gas boilers to more energy efficient heat pumps. The increased energy efficiency of the heat pumps will, in the long run, contribute to lowering household energy bills as well as household carbon footprint.



Figure 7.8 Rural Health Indicators part 2 by East Riding of Yorkshire Council Economic Development team

## RURAL EAST RIDING

	<b>CONNECTIVITY</b> <b>91.5% SFBB</b> OFCOM (2021)	91.3% superfast broadband (30-300 mbps) 47.7% ultrafast broadband (>300 mbps)	5.8% fewer households have access to superfast broadband in rural East Riding than in urban areas. 46.3% fewer households have access to ultrafast broadband in rural areas compared with urban areas of the East Riding.
	<b>AIR QUALITY</b> <b>15.2 µg/m3</b> AHAH (2022)	Annual mean of 15.2 micrograms of particulate matter pollutant per cubic meter of air in rural East Riding.	The East Riding average for air quality is 14.9 µg/m3, compared with 15.2 in rural areas and 14.6 in urban areas. The local authority and urban areas have poorer air quality than the average for GB (13.6 µg/m3).
	<b>CHILDREN'S HEALTH</b> <b>13.5% overweight in year 6</b> NHS (2017/18)	13.5% Overweight in Year 6 (14.1% Urban) 16.6% Very Overweight in Year 6 (17.1% Urban) 10.1% Overweight in Reception (11.2% Urban)	Rural areas of the East Riding have fewer overweight and very overweight children in both year 6 and reception than in Urban areas. However, Rural areas have a greater number of underweight children in reception (1.6% compared with 0.7% in Urban areas).
	<b>FLY TIPPING</b> <b>1,131 incidents</b> ERYC (2021)	In 2021, Rural East Riding had 1,131 incidents of fly tipping (46.4%) compared with 1,307 incidents (53.6%) in Urban areas.	A trend of fly tipping incidents occurring more frequently in Rural areas of the East Riding was seen across the last 3 years. The proportion of incidents occurring in Rural areas has been decreasing year on year from an almost 50/50 split in 2019, to a 46/54 split in 2021.
	<b>MORTALITY RATE</b> <b>1.3 per 1,000</b> NOMIS (2021)	Rural East Riding had 1.3 deaths of people under 65 per 1,000 of the population compared to a rate of 1.4 in Urban areas.	There were fewer deaths of residents under the age of 65 per 1,000 of the population in Urban East Riding compared with the Rural areas. However, both figures were lower than England at 1.9 per 1,000 and the region at 2.2 per 1,000.
	<b>VEHICLE CRIME</b> <b>185 incidents</b> Police (2023)	39.7% incidents of vehicle crime in Rural areas 60.3% incidents of vehicle crime in Urban areas	Between September 2021 and August 2022, there were 466 incidents of vehicle crime in the East Riding. 185 of these took place within Rural areas of the East Riding compared with 281 in Urban areas.
	<b>PUBLIC TRANSPORT</b> <b>31 minutes to GP</b> DfT (2019)	72 minutes travel time to hospital 40 minutes travel time to further education 47 minutes travel time to nearest town centre	The average travel time by public transport to a further education facility is 22 minutes longer in Rural compared to Urban East Riding. The average travel time to a hospital is 39 minutes longer for Rural residents, 17 minutes longer to a GP surgery, and 28 minutes longer to the nearest town centre.
	<b>LANDSCAPE TYPE</b> <b>325 hectares of Public Space</b> OS (2022)	481.7 hectares of land used for Sports 129.1 hectares of Playing Fields and Spaces 325.4 hectares of Parks, Gardens and Allotments	Rural East Riding has 481.7 ha for sporting activities compared to 29.3 ha in Urban areas. Similarly, Rural East Riding has 129.1 ha of playing fields/spaces compared with 46.1 ha in Urban areas. Rural areas have 325.4 ha of parks, garden and allotments compared with just 22.9 ha in Urban areas.

## 8 Transport

Accessible transport influences population health outcomes in numerous ways such as enabling access of services needed to promote healthy living. Connectivity of populations is largely determined by their geographical location as different areas have variable access to public transportation methods such as trains, buses, or coaches. As discussed in the previous section, rural communities find healthcare and retail services less accessible due to having to travel longer distances. Rural and remote areas also possess fewer public transport routes and tend to predispose populations to be more reliant on car or other personal vehicle ownership.

The lack of transport and distance from services can contribute to feeling isolated and having access to a personal transport vehicle, has been found to impact differences in health outcomes between rural, urban and coastal areas. Particularly for coastal areas, where significantly poorer health outcomes have been demonstrated, it is likely that despite being within a similar distance to health care services the costs and timing of public transport may constitute barriers for people wanting to access health services, employment and other opportunities (House of Lords Select Committee, 2019; University of Leeds, Institute for Transport Studies; KPMG, 2015). Poor transport provision may also pose a challenge for the provision of health and care services.

The East Riding's public transport network is overlaid with more specialised and targeted door to door provision which focuses on providing access to key services such as hospital and health appointments and essential retail facilities. East Riding of Yorkshire Council provides an extensive Medibus service which operates nine minibus services five days a week





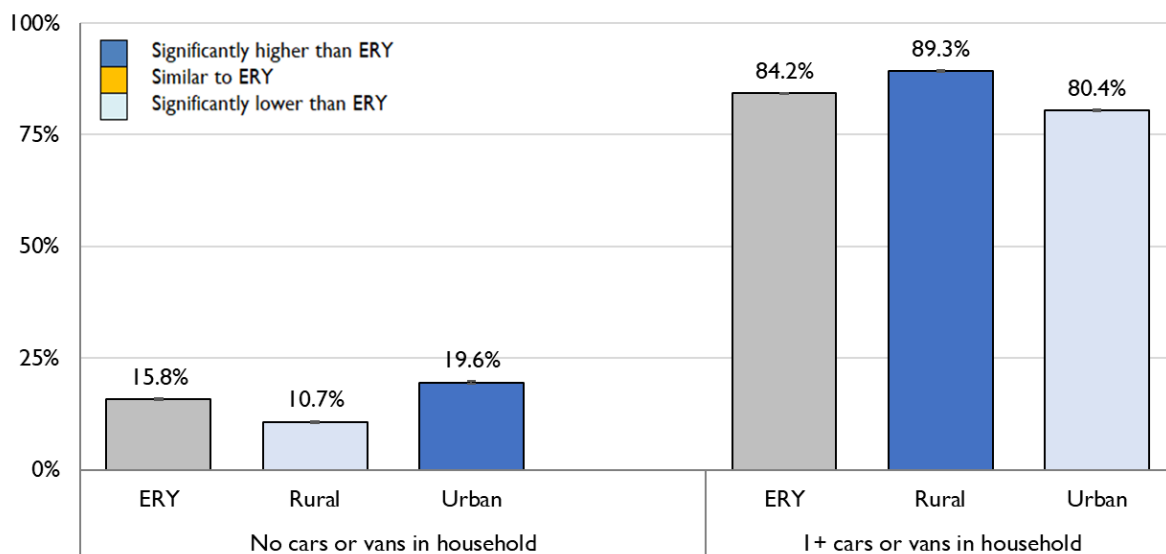
and covers all areas of the rural and coastal East Riding. Fares are fixed at £10 return (£5 for bus pass holders) for any journey (e.g. a journey from Wold Newton to Castle Hill/HRI or Scarborough and back will cost £10 or £5, direct from door-to-door).

Commercial operators often struggle to operate frequent services covering all needs (peak and off peak) as so East Riding of Yorkshire Council has stepped in to provide socially necessary provision within the context of the available funding. Funding is targeted as carefully to provide the best level of service possible for the needs of different communities. Around 30% of East Riding of Yorkshire’s bus network is subsidised by the East Riding of Yorkshire Council.

### 8.1 Car or van availability in rural and coastal areas

As shown by Figure 8.1, rural communities in the East Riding tend to be more likely to own a car than urban counterparts. Despite the lower tendency of urban residents to own cars, these residents rely on cars to get to work at similar rates as their rural counterparts. Instead, urban residents are more inclined to use public transport, cycle or walk to work (please refer to Appendix 4 – Transport information).

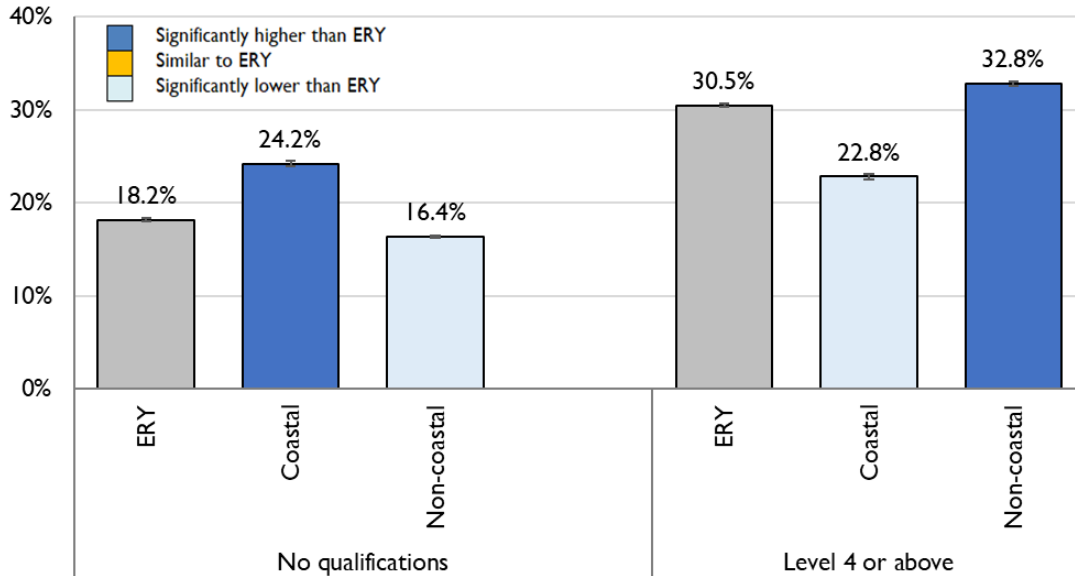
Figure 8.1. Car or van availability by rural and urban areas in the East Riding. Census 2021 (TS045).



Whilst earlier sections of this document have shown generally better health outcomes across rural areas, it is important to note the additional challenges faced by rural communities due to inadequate transport links. Rural communities are increasingly reliant on personal vehicle ownership, which makes these communities vulnerable to health and wellbeing risks in the event of disruptions to their personal vehicle access. Figure 8.2 shows car ownership seems to be less prevalent within coastal communities in the East Riding while coastal residents, who do not work from home, are significantly more likely to rely on cars or walk to get to work (please refer to Appendix 4 – Transport information).



Figure 8.2. Car or van availability by coastal and non-coastal areas in the East Riding. Census 2021 (TS045).



## 9 Housing

### 9.1 General household characteristics in the East Riding

#### 9.1.1 Types of households

The range of households living in the East Riding is illustrated in Figure 9.1. and Figure 9.2. Figure 9.1. illustrates the distribution of key household typologies and indicates a predominance of younger household groups in the urban areas, families generally in areas and a dominance of older groups in rural areas.

Figure 9.1 Household characteristics: household type by LSOA, 2021. Source Cameo UK

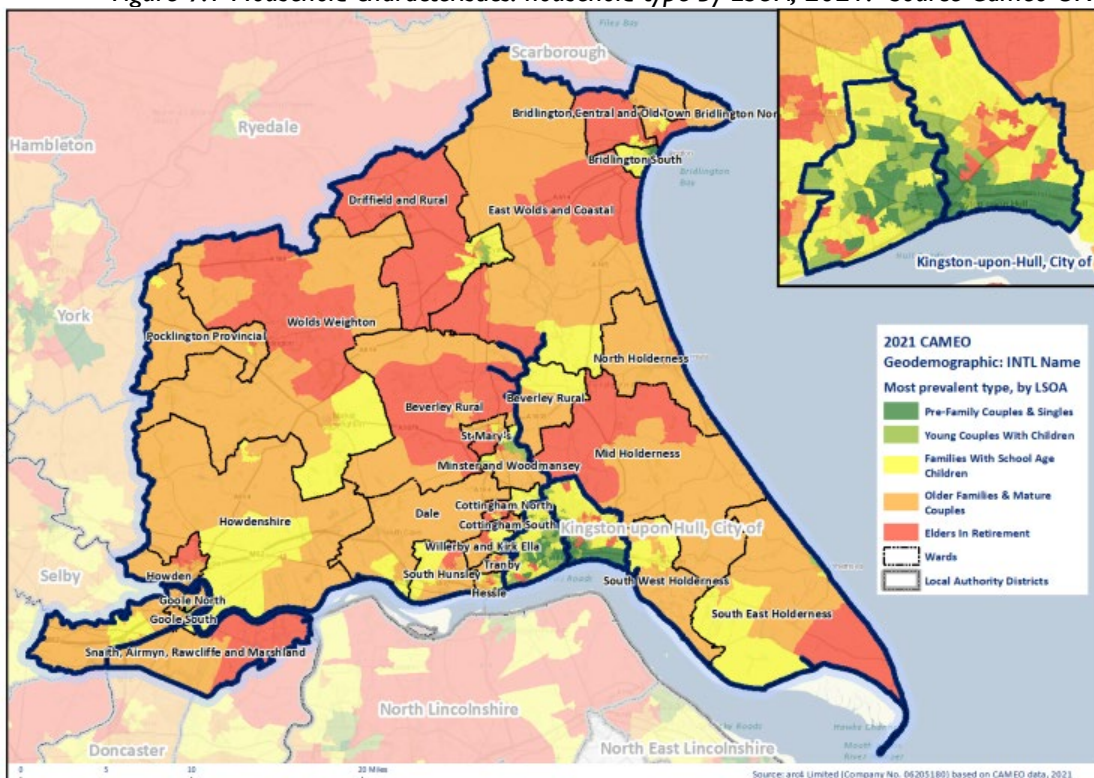
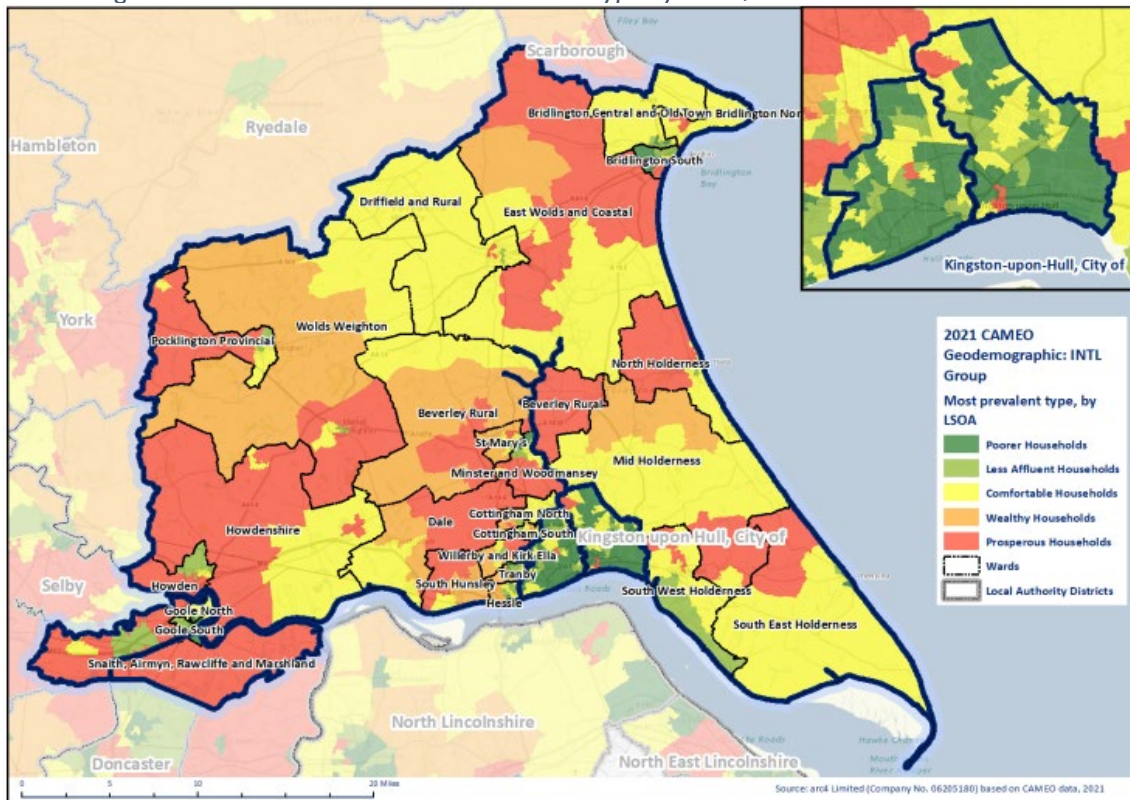




Figure 9.2. considers income groups, broadly illustrating that higher income groups live in rural and suburban areas and lower income groups in urban areas.

Figure 9.2 Household characteristics: income type by LSOA, 2021. Source Cameo UK



### 9.1.2 Price, rents and affordability

Figure 9.3 and Figure 9.4 provide an illustration of LQ and median prices using Lower Super Output Area. The maps show a range of market prices, with highest prices in several rural areas and areas in proximity to Hull.

This illustrates a considerable variation in house prices across the East Riding, with highest rents in the Hull borders and northern rural areas; and lowest rents in Holderness and Howdenshire.



Figure 9.3 Lower quartile house prices 2021 by built-up areas within the ERY and Hull. Source: Land Registry

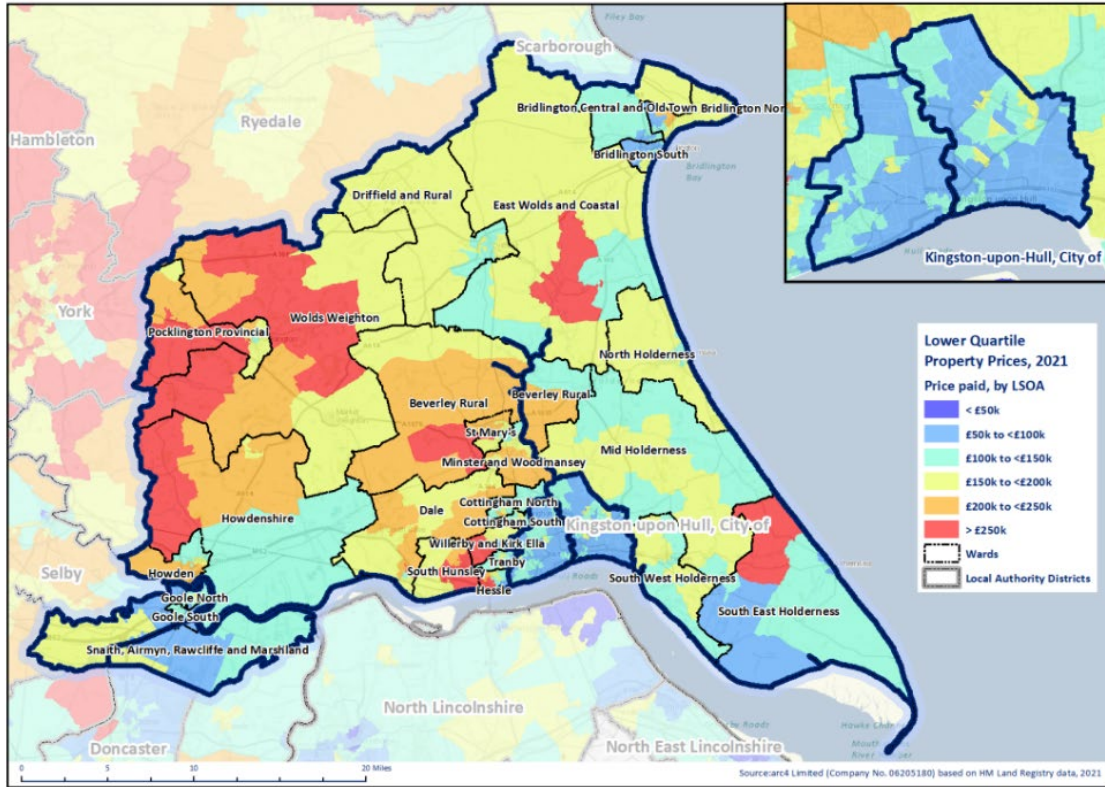
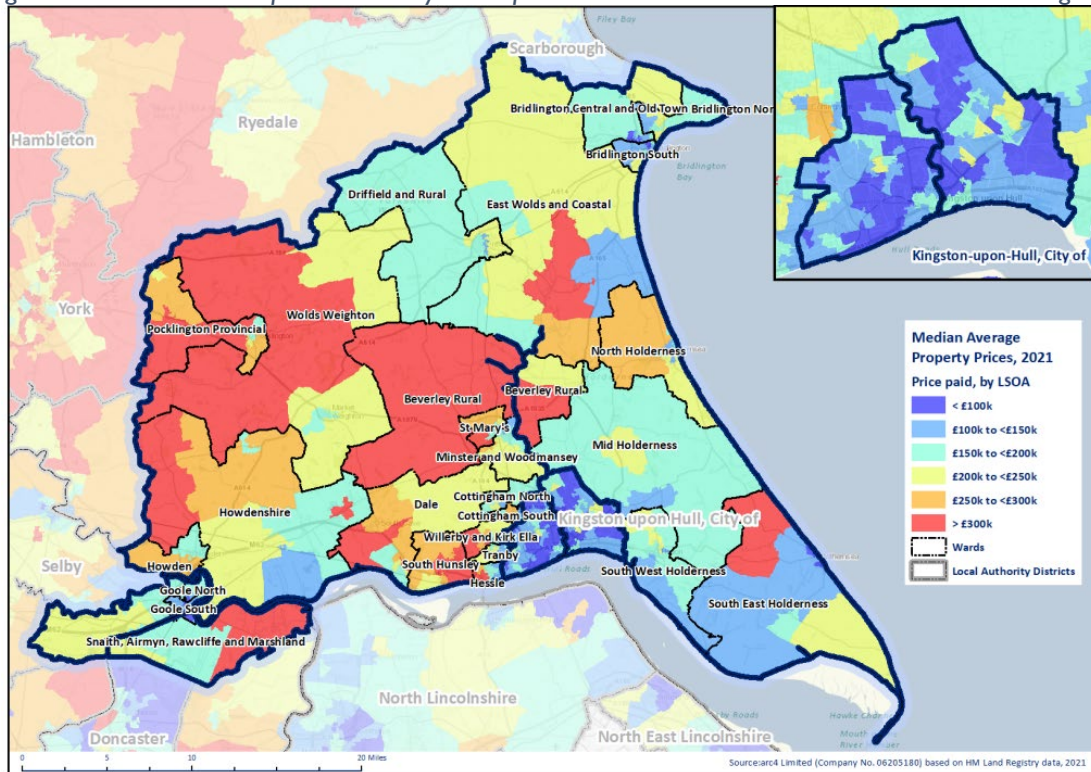


Figure 9.4 Median house prices 2021 by built-up areas within the ERY and Hull. Source: Land Registry



## 9.2 East Riding Local Plan update

Approximately 342,200 residents (about half live in rural communities of less than 5,000) Local evidence highlights a high need for more affordable housing, with particular affordability issues in rural parts of the authority. The Plan, therefore, needs to make provision for increasing the supply of affordable housing, balancing the needs and demands derived from demographic change with other policy objectives.

The pressures of population growth and an attractive environment creates considerable pressure for development in rural areas. The attraction of living in a rural area creates a level of demand which can fuel house price rises and significantly affects the affordability of housing for local people. This barrier to housing is one element of rural deprivation.

Another element includes a lack of access to services where the vitality of rural areas suffers greatly. As services and facilities in rural areas retract, due to market pressures and the rising cost of fuel, there are those who can afford to access services elsewhere and those who cannot.

The challenges for spatial planning in rural areas can be summarised as:

- Supporting the vibrancy of settlements;
- Delivering more affordable housing;
- Helping to maintain a network of key local services and facilities;
- Supporting existing public transport provision and improving accessibility through a variety of means;
- Supporting rural enterprises and rural diversification;
- and Protecting and enhancing the countryside, and managing different uses for land (e.g. biodiversity, tourism, agriculture, energy)

### Public transport

Provision of public transport is reasonable in the larger settlements but is not a suitable option for many people in the rural parts of the East Riding. Managing accessibility and widening transport choice is therefore a feature of the Plan that supports the Local Transport Plan's (2015-2029) long term 14-year strategy for delivering and improving transport services across the East Riding.

### Rural Service Centres and Primary Villages

To sustain the overall vitality of rural areas, development to meet local community needs and sustainable economic growth will be supported in Rural Service Centres and Primary Villages, complementing the roles of Towns in meeting some of the basic needs outside of the major Haltemprice Settlements and Principal Towns.

To ensure the delivery of the overall spatial approach, the following forms of development will be supported in Rural Service Centres and Primary Villages:

- Residential development, including affordable housing, commensurate with the scale, role and character of the village.
- New and/or enhanced local services and facilities.
- Economic development appropriate to the scale of the village.

The Strategy Document Update identifies 14 Rural Service Centres. These complement the roles of the Towns by acting as small service hubs for small rural catchments. They are located to provide a relatively even geographic spread through-out the East Riding and offer the





opportunity to access a larger centre by public transport. Housing will be promoted to reflect this role, help meet local needs, and support the provision of a reasonable standard of services. This will also help to ensure that housing in rural areas is in villages with a reasonable level of everyday services. Such a focused approach recognises the difficulty of providing services scattered across rural areas, and is therefore an approach that provides an efficient, yet well-distributed, network.

The House of Commons Library (Barton, et al., 2022) identified that whilst coastal areas endured similar issues relating to housing as other areas, there were additional issues particularly around houses in multiple occupation (HMO) and secondary home ownership.

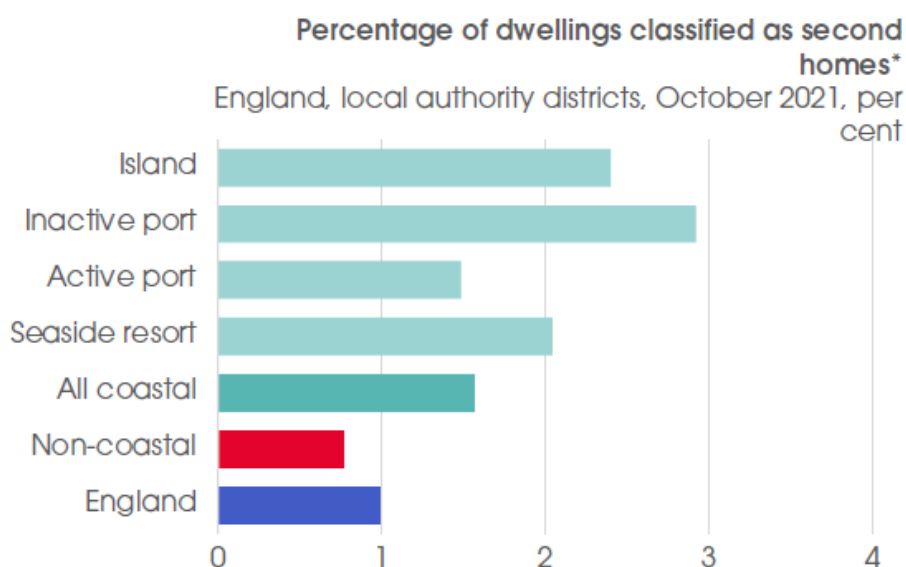
### 9.3 Houses in multiple occupation (HMO)

GOV.UK (GOV.UK, 2023) define HMOs as a property rented out by at least 3 people who are not from 1 'household' (for example a family) but share facilities like the bathroom and kitchen". The House of Lords Select Committee (House of Lords Select Committee, 2019) raised concerns that HMO attracted issues relating to poor quality of housing for residents, anti-social behaviour, and poor social cohesion, but at the time acknowledged that HMOs that were well managed play an important role in local housing provision.

### 9.4 Secondary home ownership and higher house prices

Areas of high secondary home ownership can reduce supply for the local area and consequently increase house prices that become out of reach to local people, particularly for first time buyers. Pragmatix Advisory (Emmin, et al., 2023) found that a higher proportion of second homes existed within coastal areas compared to non-coastal as illustrated in Figure 5.3.1.

Figure 9.5 Percentage of dwellings classed as second homes, October 2021



Whilst not directly linked to evidence of secondary home ownership, the Council's Economic Development team found that the average house price in rural East Riding (£228,824 in 2022 according to the ONS) is £28,874 higher than the local authority average and £34,417 higher than urban areas. Rural East Riding had seen the greatest percentage increase in house prices



between June 1996 and June 2022, with houses selling for 415% more on average. However, house prices decreased by 4% from June 2021 to June 2022 compared to a 1% decrease in urban areas.

### 9.5 Housing quality – overcrowding and heating

Evidence shows the quality of housing can have a noticeable impact on health outcomes. Overcrowded housing and accommodation can negatively affect health and wellbeing (Marmot, 2010).

Figure 9.5 and Figure 9.6 in this section display the proportions of overcrowding in rural, urban, coastal and non-coastal areas within the East Riding as derived from Census 2021. Urban and coastal communities are significantly more likely to live in overcrowded housing, therefore suggesting inequalities across both the rural-urban and coastal-non-coastal divide.

In terms of heating, Figure 9.7 shows the proportions of households without central heating across different areas within the East Riding. This shows both rural and urban areas tend to have similarly low proportions of households with no central heating. Instead, solely coastal areas show significantly higher proportions of households with no central heating.

Figure 9.6 Overcrowding by rural and urban areas in the East Riding. Census 2021 (TS052)

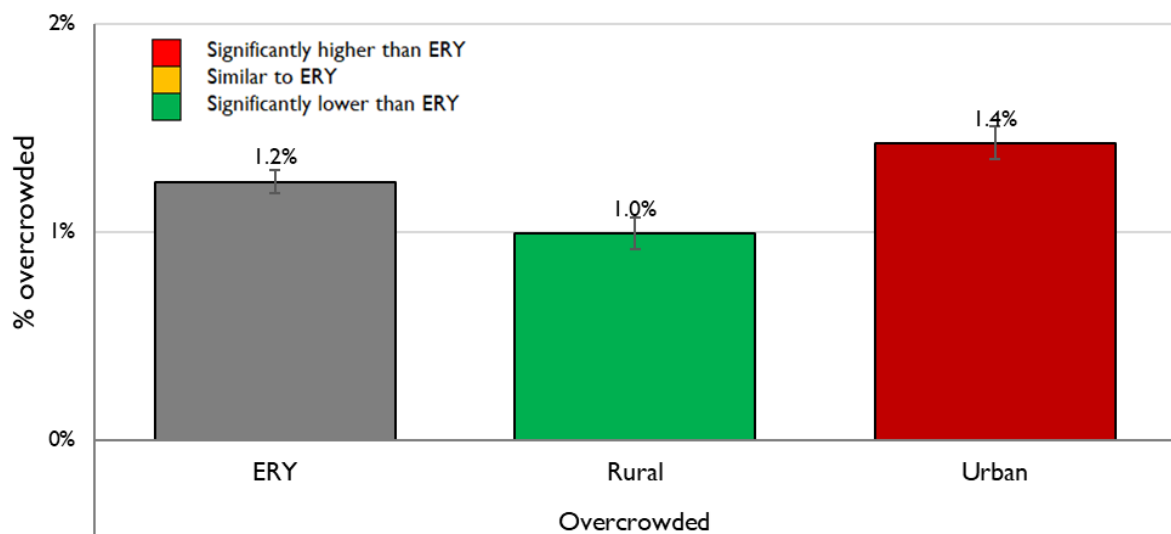


Figure 9.7 Overcrowding by coastal and non-coastal areas in the East Riding. Census 2021 (TS052)

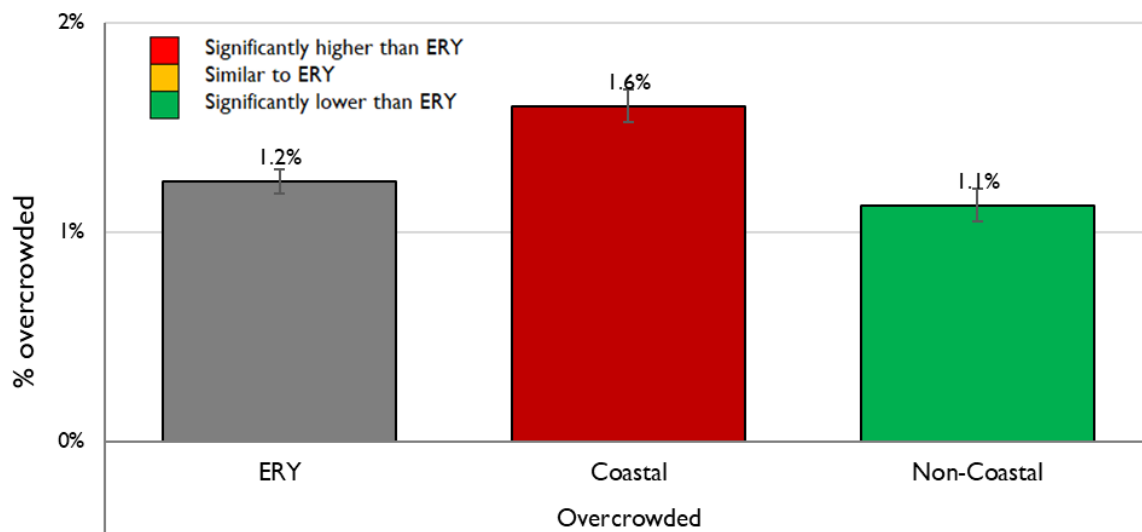
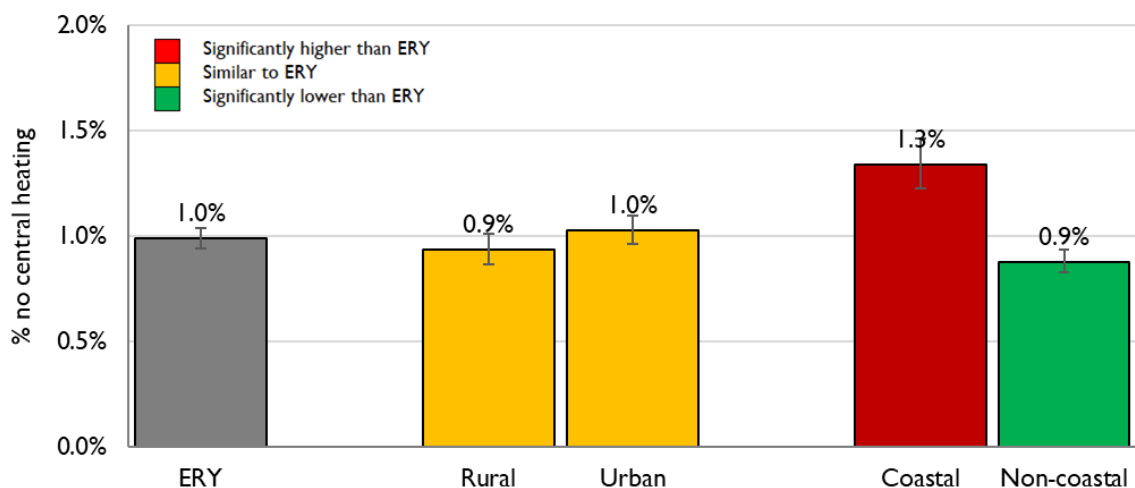


Figure 9.8 Percent of households in the East Riding with no central heating, Census 2021



## 10 Education

The Chief Medical Officer (CMO) stated in his report (GOV.UK, 2021) “children in coastal communities have worse education attainment compared to those in non-coastal areas”, something echoed by the Pragmatic Advisory’s 2023 report *Communities on the Edge: assessing the need for levelling up in England’s coastal authorities* (Emmin, et al., 2023) who highlighted higher levels of educational and vocational deprivation in coastal areas, with recruitment and retention of teaching staff particularly more difficult within these areas. This combined with other factors such as poor housing stock and limited transport links, all contributed to a poorer quality of education experience for students and their health and wellbeing. Pragmatic Advisory (Emmin, et al., 2023) highlighted issues around limited employment opportunities in coastal areas were affecting aspiration and attainment levels more adversely in pupils within coastal areas.





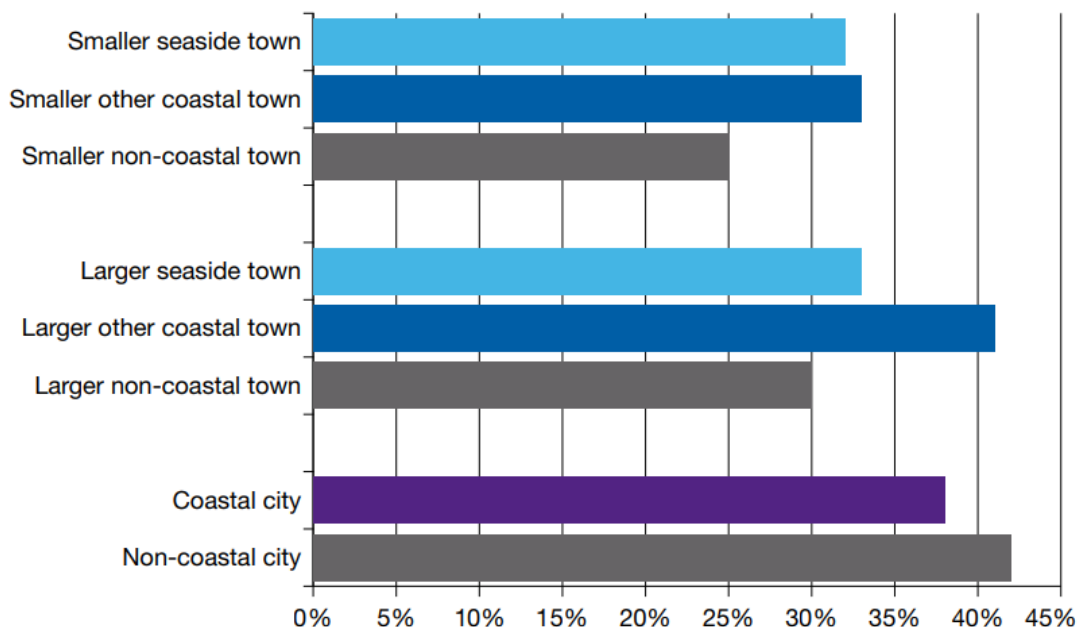
Pragmatic Advisory (Emmin, et al., 2023) referenced the Institute for Fiscal Studies, who found that the increase in pupil funding (via the National Funding Formula) over the past 5 years, was twice as high in the least deprived schools compared to the most deprived.

The 2021 CMO reported that higher education institutions were more likely to be located inland than on the coast, meaning potentially prohibitive long travel times on public transport for students. The Director of Public Health in Lincolnshire found that those pupils from more remote coastal communities who were successful in their studies, rarely return to the areas where they grew up, which in turn present lost opportunities to the local economy (GOV.UK, 2021).

Other national data shows little different in the education levels between larger coastal and non-coastal town, however in smaller towns non-coastal towns outperform coastal towns in reading, writing and mathematics, while seaside towns have the lowest percentage of pupils achieving the expect standard in these subjects. Coastal cities have outperformed non-coastal cities in the Reading subject area, with 74% of pupils reaching the expected standard in coastal cities, compared with 71% in non-coastal cities (Office for National Statistics analysis based on Department for Education school performance tables).

As can be seen in the graph below, when it comes to free school meals all coastal towns, regardless of size have a higher percentage of young people who receive free school meals, with large other coastal towns having the highest percentage. However non-coastal cities have more people on free school meals than their coastal counterparts (GOV.UK, 2021).

Figure 10.1 Percent of pupils who have free school meals, 2019



Asthana and Gibson’s (2022) research highlight that within coastal areas there is an higher percentage than average of working age adults with low or no qualifications. Similarly the 2021 CMO report (GOV.UK, 2021) highlight that in comparisons to with non-coastal areas there is a smaller percentage of people with degrees, higher education or equivalent, across towns and cities.



Figure 10.2 Highest level of qualification by rural and urban areas in the East Riding. Census 2021 (TS067).

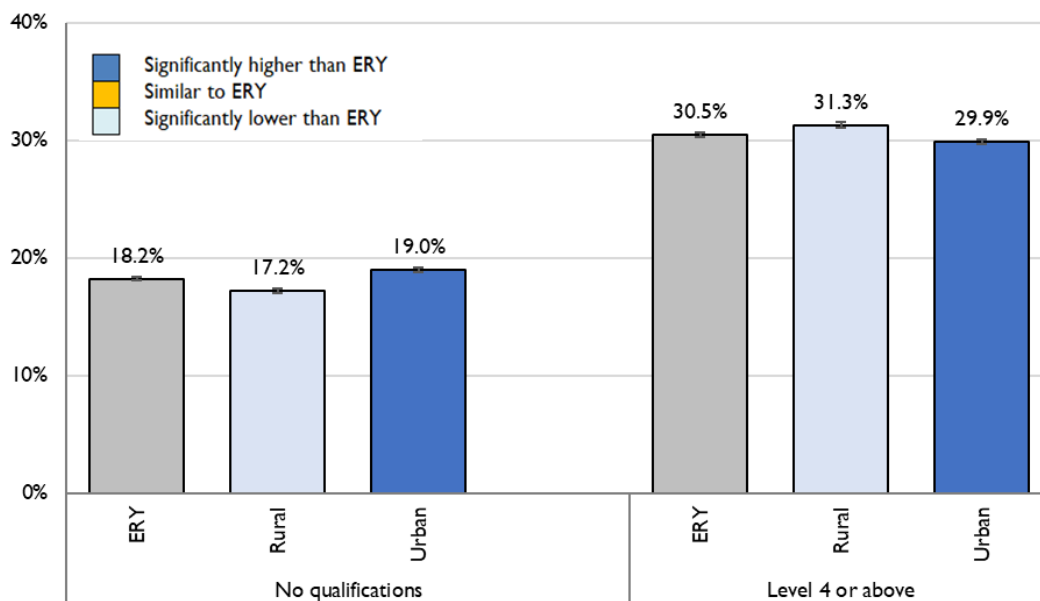
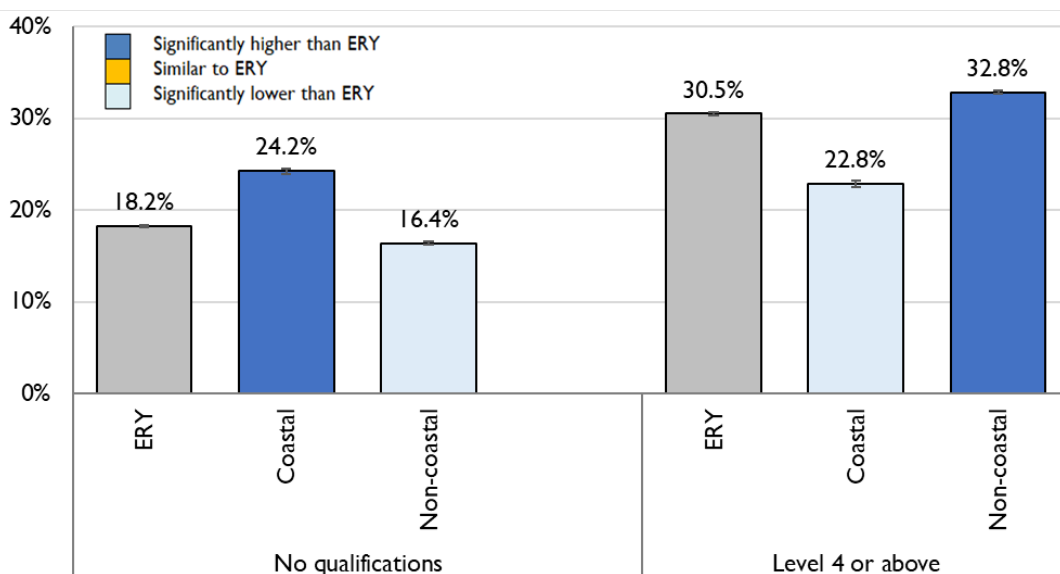


Figure 10.3 Highest level of qualification by coastal and non-coastal areas in the East Riding. Census 2021 (TS067).



A lack of skills and investment was determined to result in low value jobs and unemployment (GOV.UK, n.d.). It was identified that providing “good quality work and equipping residents with the skills to do such work is a challenge that must be met to improve population health”.

At a local level, coastal and urban communities within the East Riding (Figure 7.12.1 and Figure 7.12.2 in the Appendix) show significantly greater proportions of residents claiming benefits for unemployment related purposes. In terms of occupations among employed people, coastal residents are less likely to work within high and middle earning occupations (ONS, 2022). Urban residents are only underrepresented among occupations including constituting SOC major group I (managers, directors and senior officials) as shown in the table below.



## 11 Employment and household finances

In 2021 national data showed that there was a slightly higher percentage of age working people in employment in Rural settlements (78%) compared to Urban (75%), based on place of residency. Similarly, there was a lower percentage of economically active people age 16 and over who were unemployed in rural areas (2.7%) than in urban settlements (4.1%). Generally, the rate of employment in rural areas (77.6%) was high compared to urban areas. Furthermore in 2021 the percentage of those who are economically inactive, those who are not available for work or not seeking work and will include students, retirees and those unable to work due to sickness or disability, was 40% within rural areas (Digest of Rural England: 7 – Rural Economic Bulletin, 2023)

In 2022 there was increase in medians earning, based on location in workplace, of 8.7% in rural areas, compared to 6.4% in urban areas. For residence-based earning rural areas saw an increase of 8.1% compared to 6.3% in urbans. In terms of income in 2022 household in Rural Hamlets and Isolated Dwellings had to highest average weekly income after tax at £904 however there also had the highest level of average expenditure at £547. Those with the lowest average income were Rural Town and Fringe areas at £754 per week, which is lower than the average income for urban areas (£801). Households in Rural Villages had an average income after tax of £868 - around £67 more than the Urban average, however rural areas had an higher average expenditure by £47. In the first quarter of 2023, there was more redundancies per 1000 employees in rural areas, 4.3, compared to urban, 2.7 (Digest of Rural England: 7 – Rural Economic Bulletin, 2023).

In 2021 it was recorded that rural areas had a higher rate of home workers at 32% compared to urban areas at 28%. While in 2020 the highest rate was found in rural hamlets and dispersed areas at 34%. The largest contributors to homework in rural areas is “Professional, scientific & technical services” at 15.2% (Digest of Rural England: 7 – Rural Economic Bulletin, 2023).

Unemployment rates for those aged 16 and over was highest in “other coastal” towns, particularly in the larger towns at 7%, these towns a predominately in the North of England (Northeast, Northwest and Yorkshire and The Humber). In seaside towns and non-coastal towns there is a similar rate of unemployment. Most seaside towns are found (76 out of 97) in the south of England (Southwest, Southeast and East of England) or East Midlands. However, unemployment in coastal cities was lower (4.9%) than non-coastal cities (6%) (GOV.UK. ,n.d.).

Comparing the average annual earnings within coastal city and non-coastal cities shows very little difference, however those in non-coastal towns had higher average annual earnings than those in coastal towns, and residents in smaller seaside towns had the lowest average earnings at £26,834, competed to £30, 692 which is England’s average earnings in 2019. This maybe impacted by the fact that that within seaside towns there is a higher share of people working part time aged 16-64, with 32% in smaller towns and 30% in larger towns. There isn’t much of a difference when comparing coastal cities and non-coastal cities (Office for National Statistics – Annual Population Survey).

Similarly, there is a higher share of self-employed people in the seaside town compared to other towns. The share of self-employed in both smaller and larger seaside towns was 16% compared with 11% to 13% for any other cities and towns (Health in Coastal Community, 2021) Like unemployment there is slight lower rates of economic inactivity within coastal cities (24%) compared to non- coastal cities (26%). Larger coastal towns had much higher inactivity at 24% compared to non-coastal towns. Smaller coastal towns also had higher levels



of inactivity compared to smaller non-coastal towns while smaller “other coastal” towns had the highest levels at 22%. The most common reason for inactivity in cities was being a student, however there were more long-term sick/disabled people in coastal cities at 27% compared with 22% for non-coastal. Additionally, there is a higher rate of people that retire from work early in coastal cities.

In larger towns there most common reason for inactivity was long term sick or disabled, large other coastal towns had the highest at 37%, then larger seaside towns at 31% compared to 25% for larger non-coastal towns. There was a lower percentage of students or of people looking after a family home in large coastal/seaside towns compared to non-coastal and it was more common in large seaside towns to retire from work early at 16%. Similarly smaller other coastal towns had the highest share of people that were long term sick or disabled as people who were not actively seeking work at 36%, and smaller seaside towns had the highest percentage of retired people at 20%.

### 11.1 Income and types of occupations

Occupations and earnings, shown in Figure 11.1, may suggest that particularly coastal residents experience socioeconomic barriers relating to employment and earning potential. Given there are strong associations between socioeconomic status and health, this may suggest need to conduct further evaluation towards coastal health outcomes and employment.

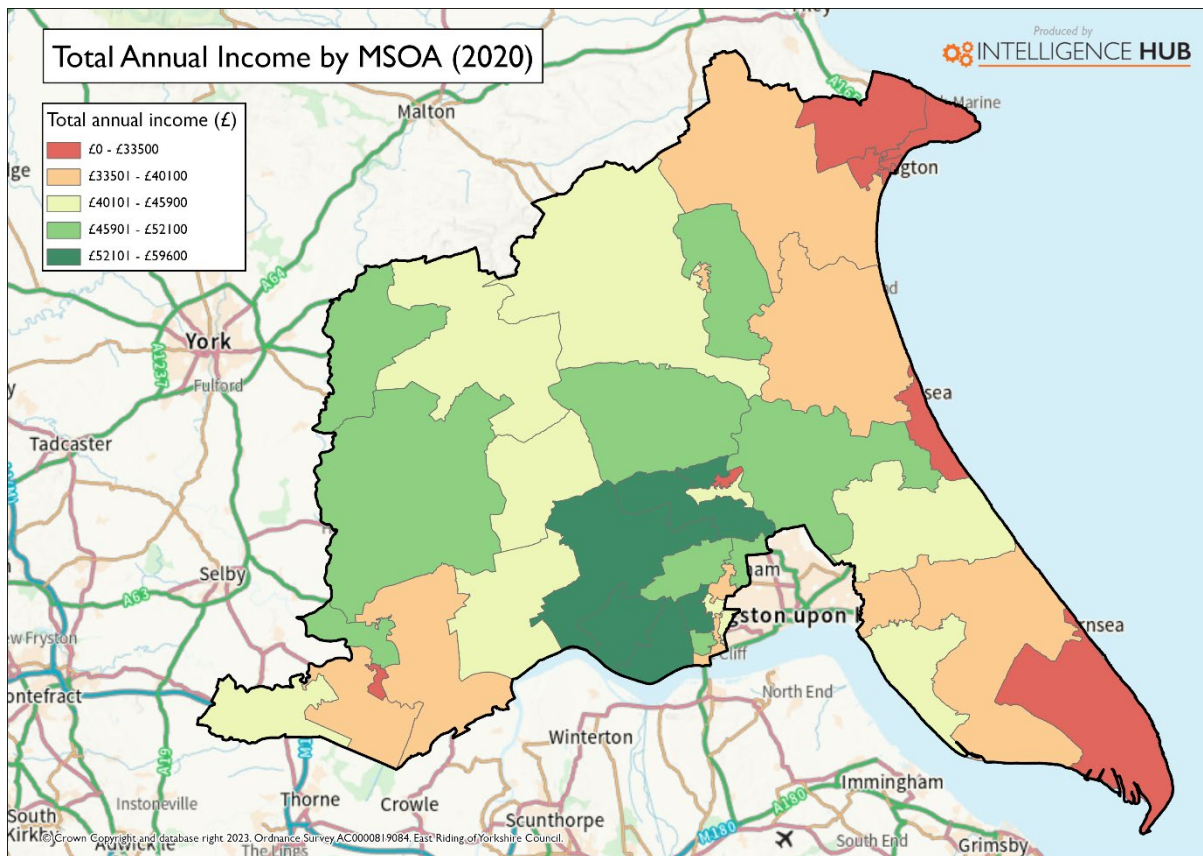
Figure 11.1 Occupations (SOC 2020) across rural, urban, coastal and non-coastal areas within the East Riding.

SOC (2020)	Income	ERY	Rural	Urban	Coastal	Non-Coastal
1. Managers, directors and senior officials	High income	7.4%	8.2%	6.8%	5.5%	8.0%
2. Professional occupations	High income	9.7%	9.6%	9.8%	5.4%	11.0%
3. Associate professional and technical	Middle income	6.6%	6.7%	6.6%	4.5%	7.3%
4. Administrative and secretarial	Middle income	4.9%	5.0%	4.8%	3.8%	5.2%
5. Skilled trades	Middle income	6.7%	7.3%	6.2%	7.0%	6.6%
6. Caring, leisure and other service	Low income	5.0%	4.8%	5.2%	5.6%	4.8%
7. Sales and customer service	Low income	3.6%	3.2%	3.8%	3.7%	3.5%
8. Process, plant and machine operatives	Middle income	3.9%	3.8%	4.0%	3.7%	4.0%
9. Elementary occupations	Low income	5.2%	4.6%	5.6%	5.2%	5.1%

Figure 11.2 displays the estimated average annual income by MSOA in the East Riding, with red/orange areas indicating lower incomes and green areas representing higher incomes. The red and orange areas along the coast are clearly displayed, indicating lower incomes within these areas. This is in contrast to rural areas which are largely coloured green.



Figure 11.2 Total annual income estimates (average) by East Riding MSOA, 2020. Source: ONS



## 11.2 Unemployment

### 11.2.1 East Riding

Unemployment is associated with an increased risk of ill health and mortality. There are relationships between unemployment and poor mental health and suicide, higher self-reported ill health and limiting long term illness and a higher prevalence of risky health behaviours including alcohol use and smoking.

On Census 2021, everyone completing the census aged 16 years was asked to answer questions on their economic activity status. The questions asked whether a person was working or looking for work in the week before Census 2021.

There are three main types of economic activity status:

- economically active: in employment (an employee or self-employed)
- economically active: unemployed (those who were looking for work and could start within two weeks, or waiting to start a job that had been offered and accepted)
- economically inactive (those who did not have a job between 15 March and 21 March 2021 and had not looked for work between 22 February and 21 March 2021 or could not start work within two weeks)

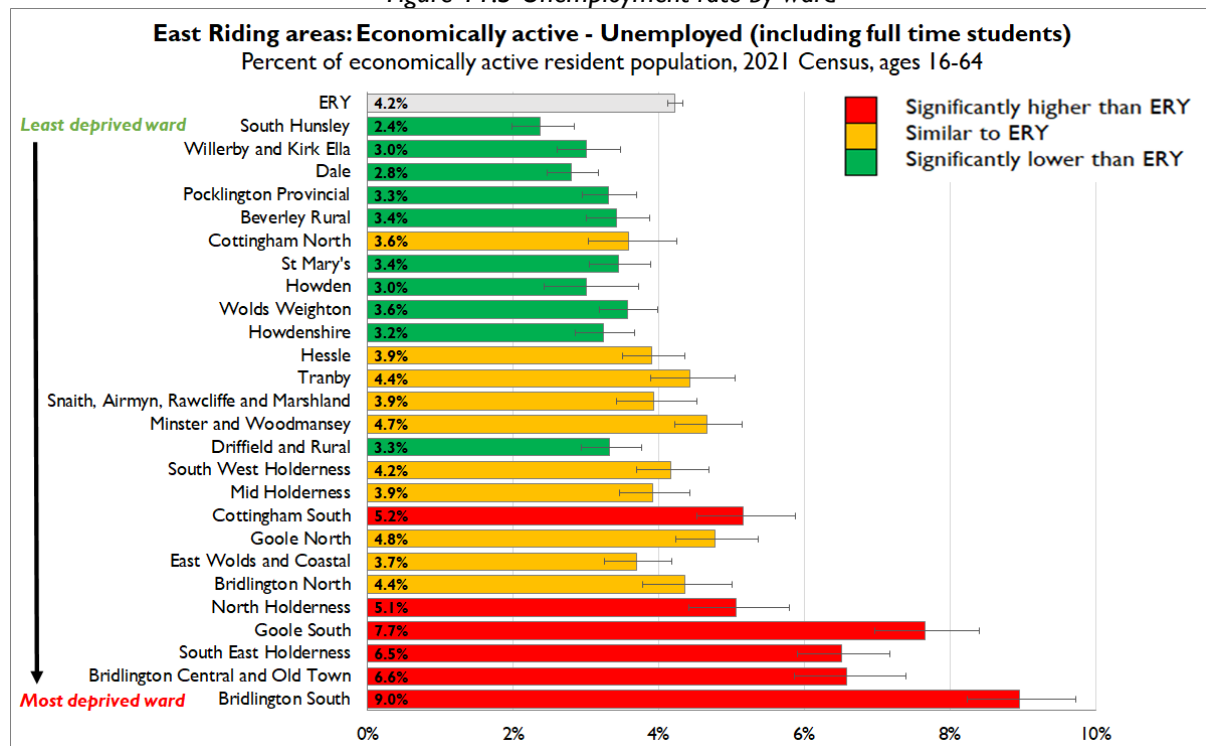
Of those who were considered of working age (16 – 64 years of age), 4.2% of those who had indicated that they were economically active had also listed their working status as unemployed. This was significantly lower than the rate seen across the whole of England of 5.8%. There were variations in the rate seen across the county, with areas of higher





deprivation typically having larger rates of unemployment. Bridlington South ward had the highest unemployment rate in the county of 9.0%, more than double the rate seen across the county on average.

Figure 11.3 Unemployment rate by ward



People were economically inactive if, in the week before Census 2021, they were not in employment, and they were:

- not looking for work
- looking for work, but were not able to start work in the next two weeks

The reason why they were inactive was recorded as being one of the following:

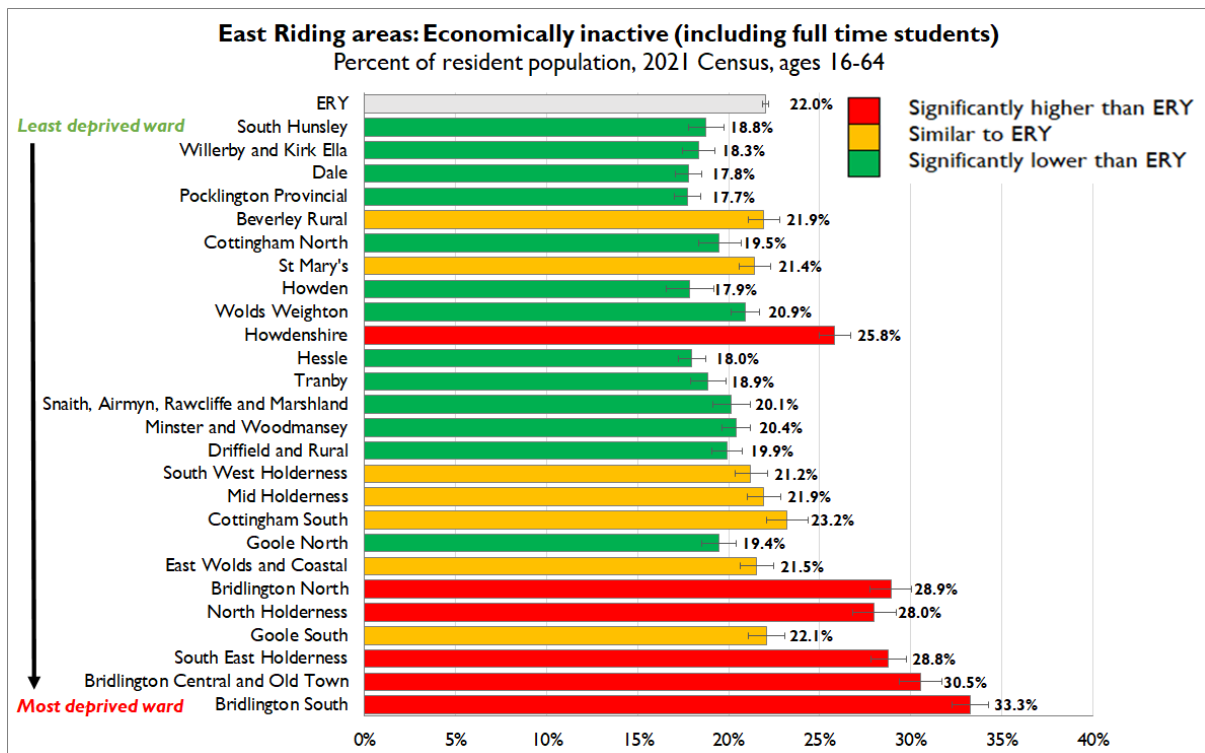
- retired (whether receiving a pension or not)
- studying (and had not indicated they were economically active)
- looking after home or family
- long-term sick or disabled
- another reason

Of all those who were considered of working age, 22.0% indicated that they were economically inactive. This was significantly lower than the rate seen across the whole of England of 24.6%. The 22.0% of economically inactive was made up of 5.4% retired, 4.6% studying, 4.5% looking after home or family, 4.3% long-term sick or disabled, and 3.3% another reason. Again, there were variations in the rate seen across the county, however, areas with higher economic inactivity were not solely seen in the most deprived areas, with the various reasons of economic inactivity having an influence on areas. Also, in some areas the estimated number of people who were economically inactive might be higher than anticipated due to the 2021 Census taking place during the Covid-19 pandemic, where some people on furlough may have identified as economically inactive, instead of temporarily away from work.





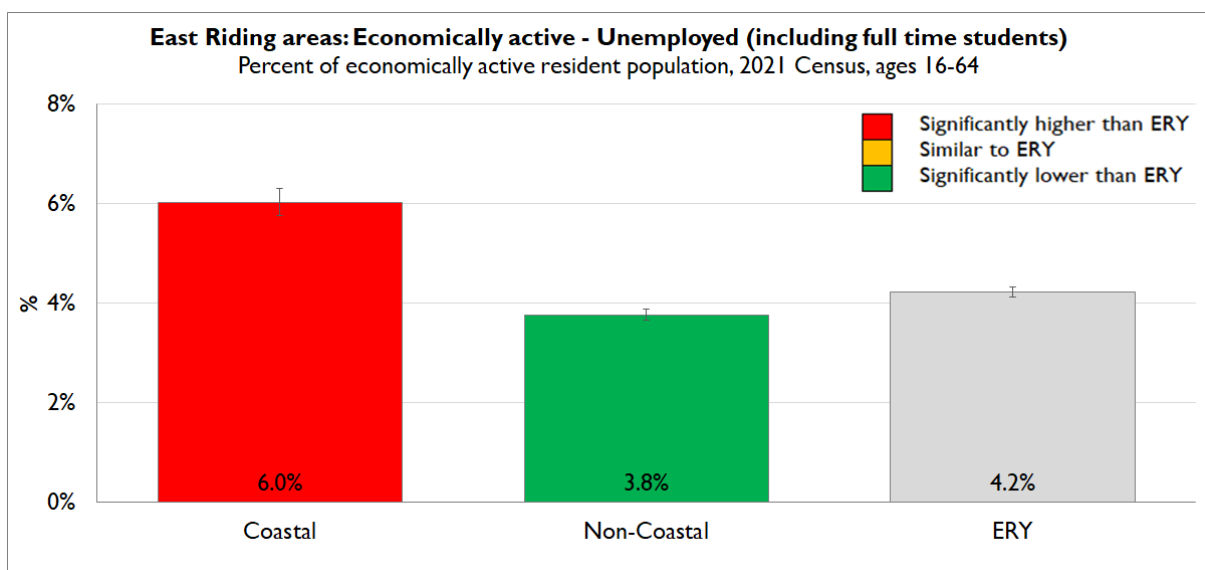
Figure 11.4 Economically inactive rate by ward



### 11.2.2 Coastal areas

Coastal areas had a rate of unemployment of 6.0%, similar to the rate across England of 5.8%, and significantly higher than the rate across the county of 4.2% and the rate for non-coastal areas of 3.8%.

Figure 11.5 Unemployment rate for Coastal and Non-Coastal areas



Coastal areas had a rate of those who were economically inactive of 28%, significantly higher than the rate in non-coastal areas of 20.2% and across the authority which had a rate of 22.0%. This was largely due to larger proportions in coastal areas who were economically inactive



due to long term sick or disabled, which was more than double the proportion for coastal areas, and those looking after home or family.

Figure 11.6 Economically inactive rate for Coastal and Non-Coastal areas

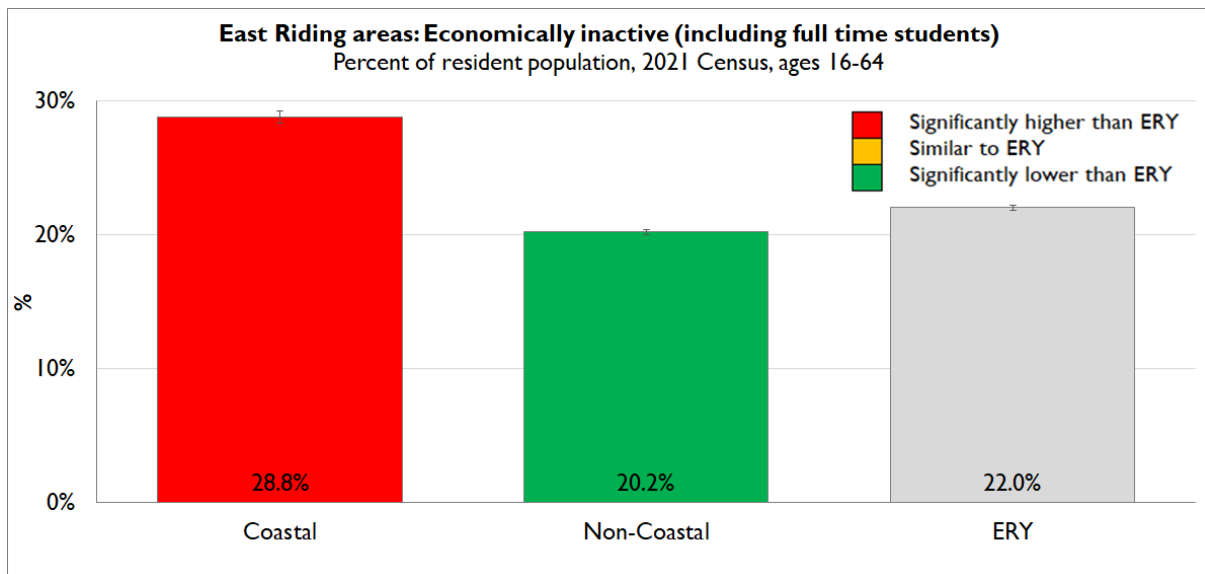
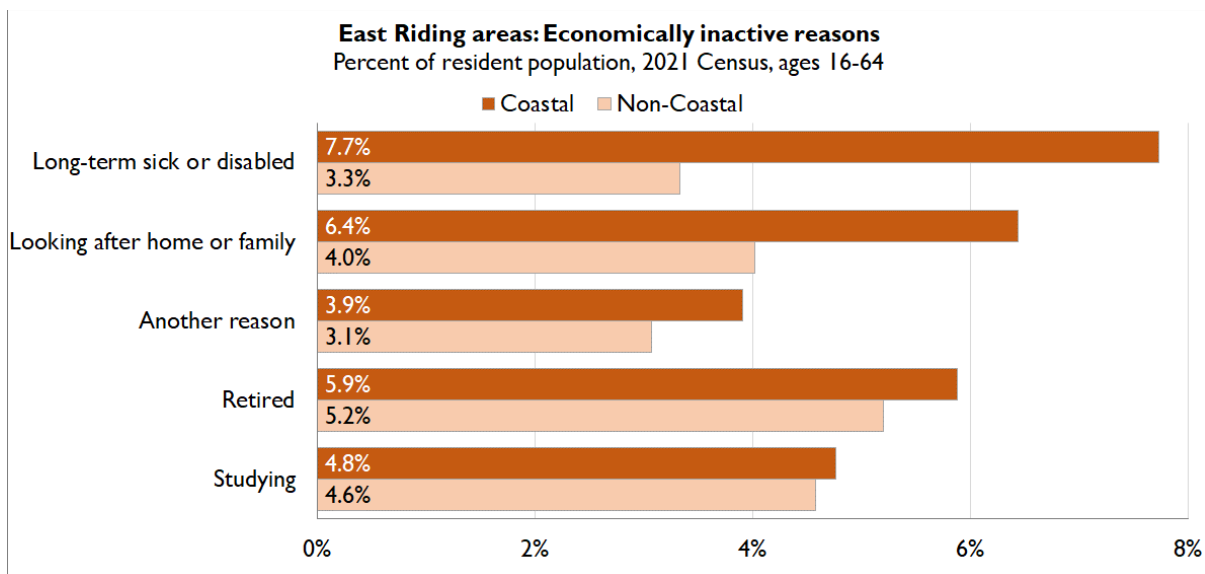


Figure 11.7 Economically inactive rate for Coastal and Non-Coastal areas by reason

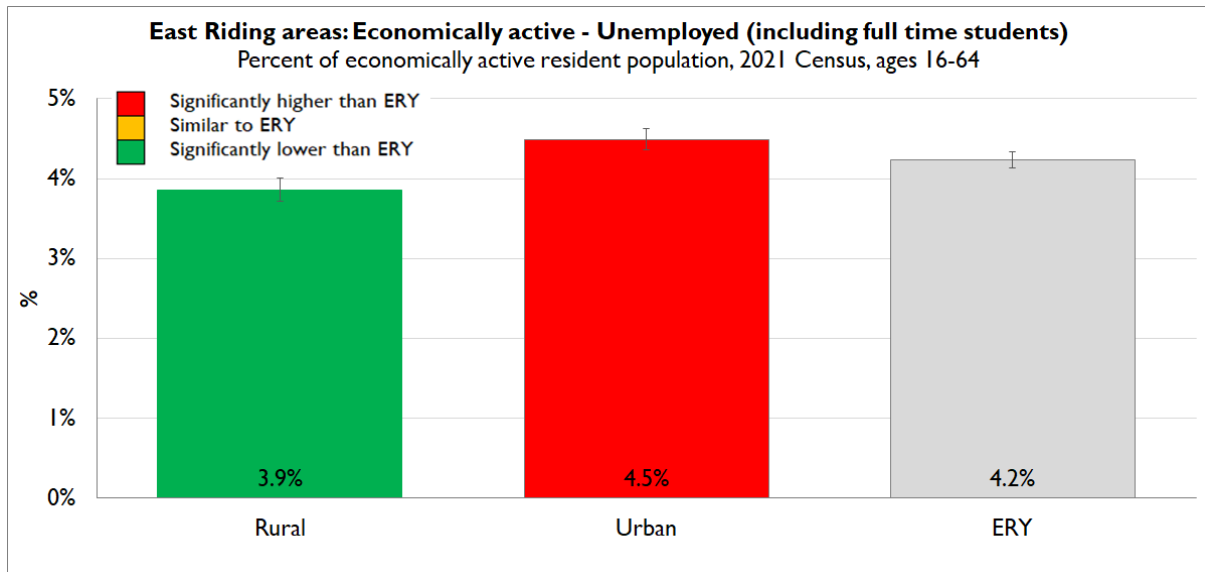


### 11.2.3 Rural areas

Rural areas had a rate of unemployment of 3.9%, significantly lower by almost a third than the rate across England of 5.8%, and significantly lower than the rate across the county of 4.2% and the rate for urban areas of 4.5%.



Figure 11.8 Unemployment rate for rural and urban areas



Rural areas had a rate of those who were economically inactive of 22.6%, significantly higher than the rate in urban areas of 21.6% and across the authority which had a rate of 22.0%. For those who were considered of working age, rural areas had larger proportions than urban areas of those who were economically inactive due to being retired, and for other reasons. However, urban areas had a higher proportion than rural areas of those who were economically inactive due to being long term sick or disabled.

Figure 11.9 Economically inactive rate for Rural and Urban areas

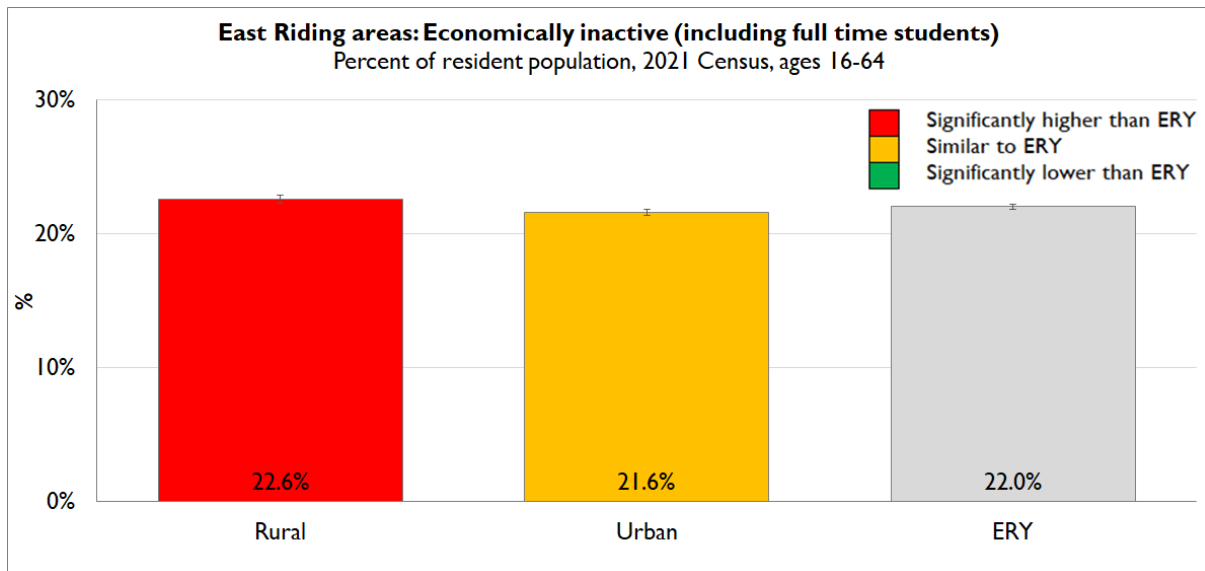
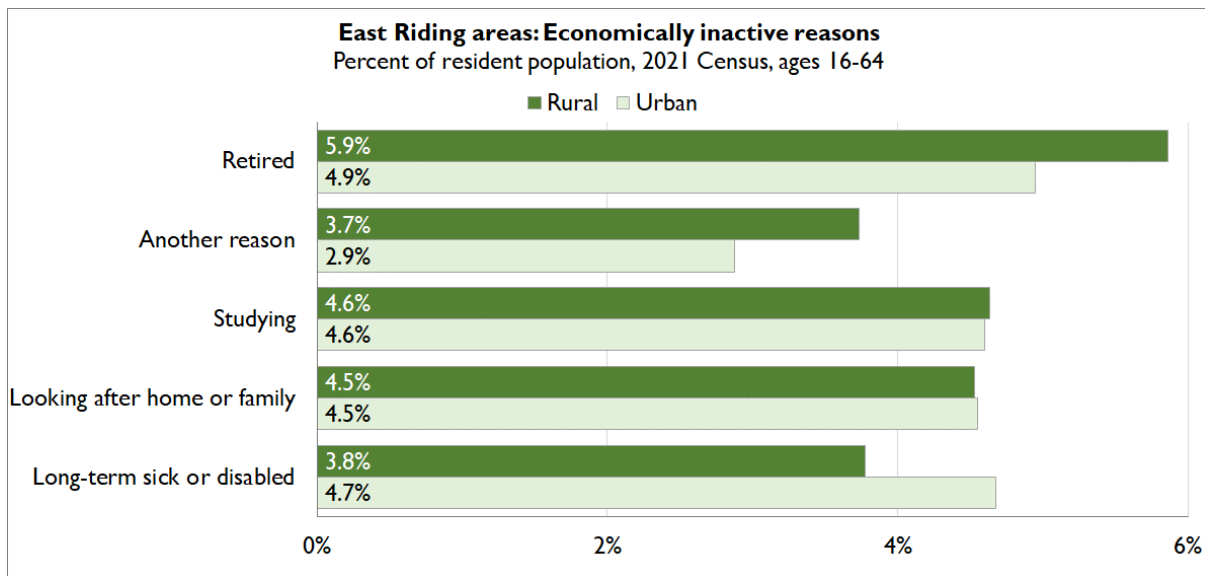


Figure 11.10 Economically inactive rate for Rural and Urban areas by reason



### 11.3 Household Finances

The H&WB survey asked questions that asked about personal and family finances. The charts below show the results of the questions and how these are divided between the Rural/Urban, and Coastal/Non-Coastal classifications.

Figure 11.11 Health and Wellbeing Survey: worrying about money and finance

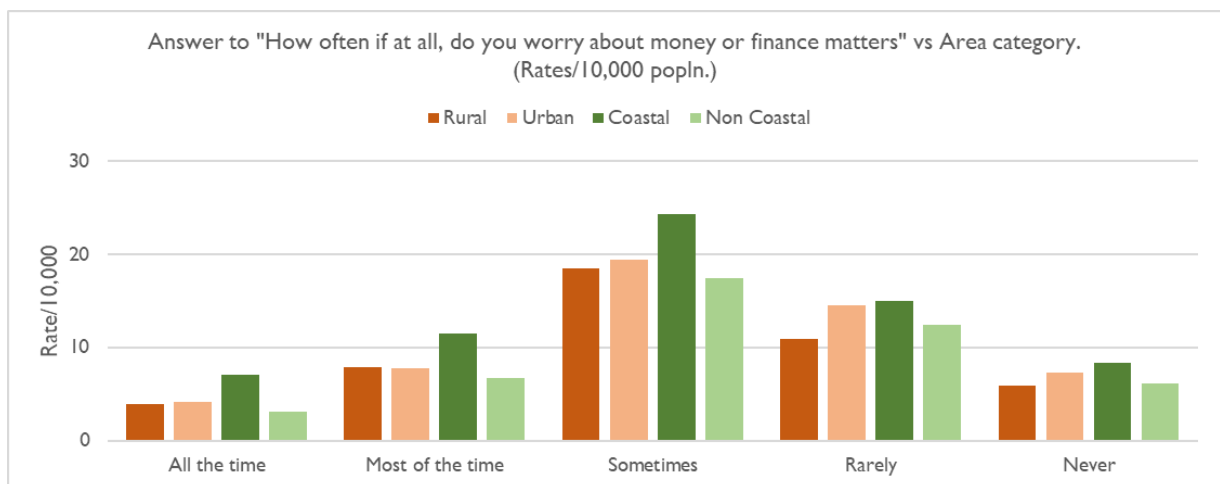
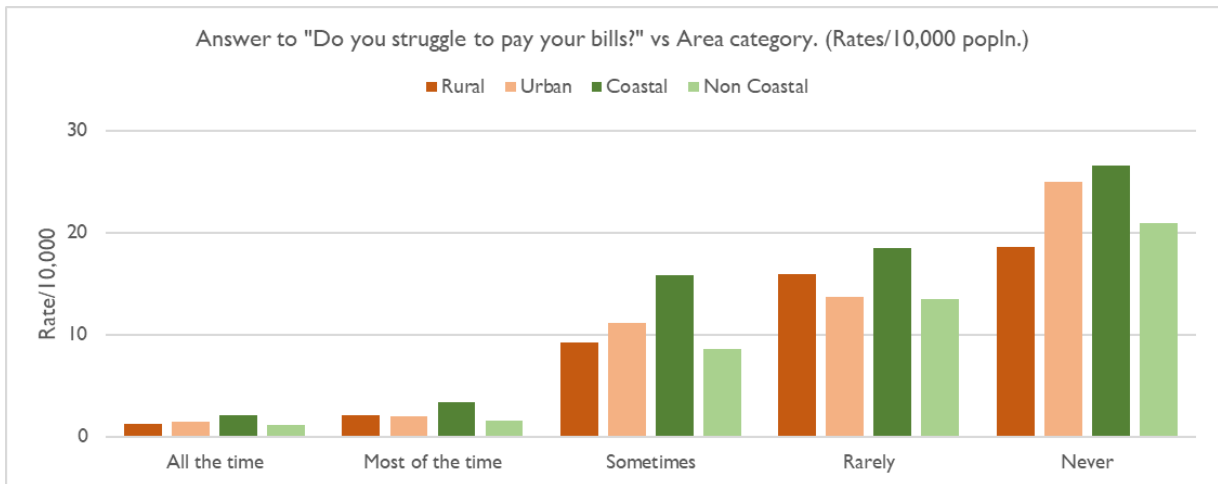


Figure 11.12 Health and Wellbeing Survey: struggle to pay bills



The two charts above show that a majority of people worry about money or finance matters, to a varying degree, but with a significant minority worrying “all of the time” or “most of the time”.

However, when asked if they “struggle to pay bills” the majority indicated either “rarely” or “never”, suggesting that the concern over their finances is more perceived than actual.

The demographics of the respondents must be borne in mind however, as three quarters of the respondents are over 45 years of age, and perhaps more in control of their finances, and/or having a more secure income.

Respondents were asked four questions to determine which areas of their finances were causing stress.

Figure 11.13 Health and Wellbeing Survey: enough money to pay household bills

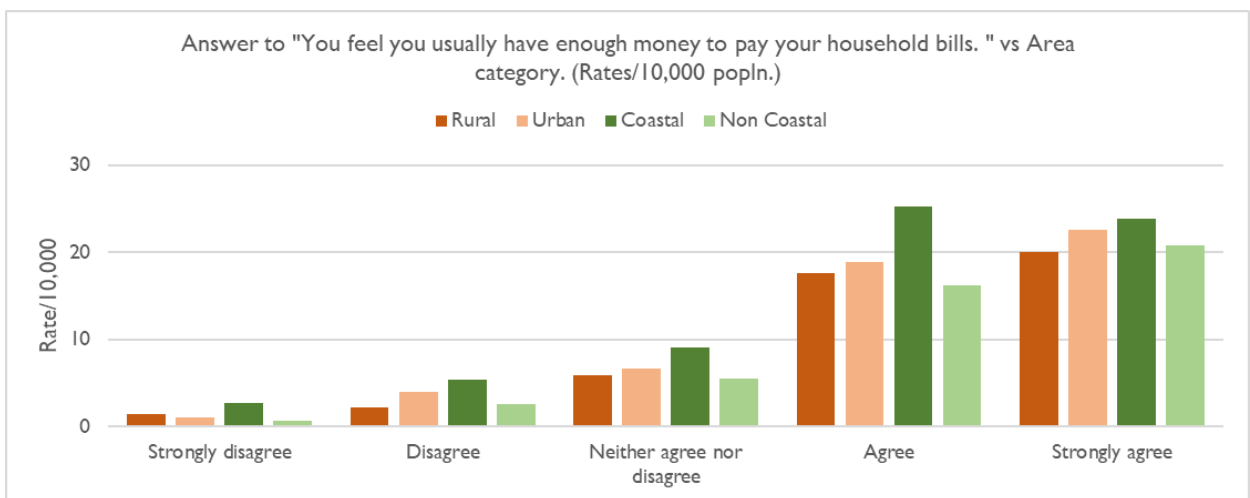


Figure 11.14 Health and Wellbeing Survey: enough money to feed family

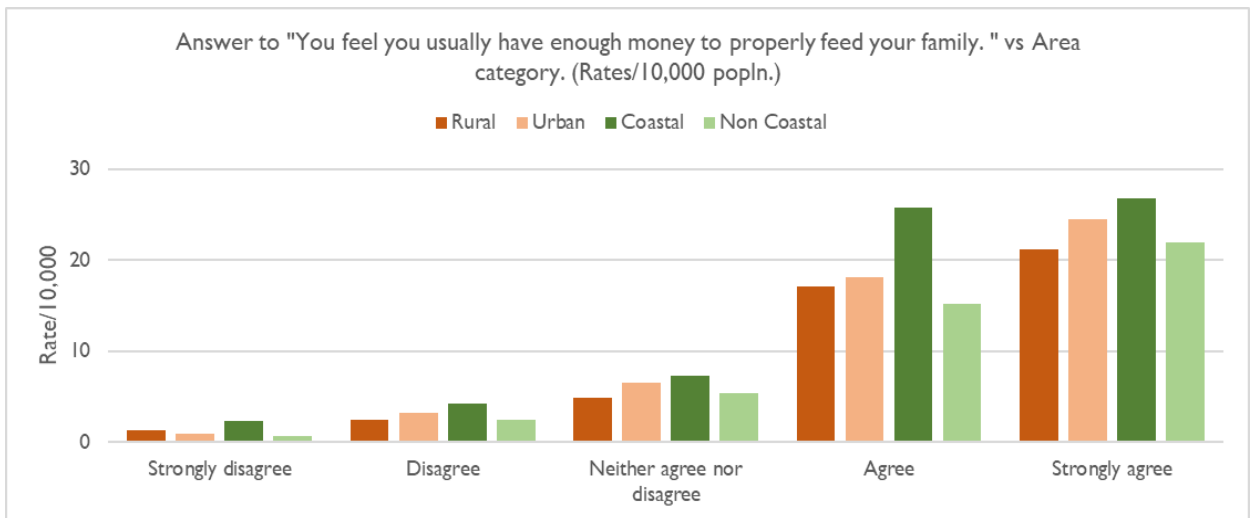


Figure 11.15 Health and Wellbeing Survey: enough money to cover credit repayments

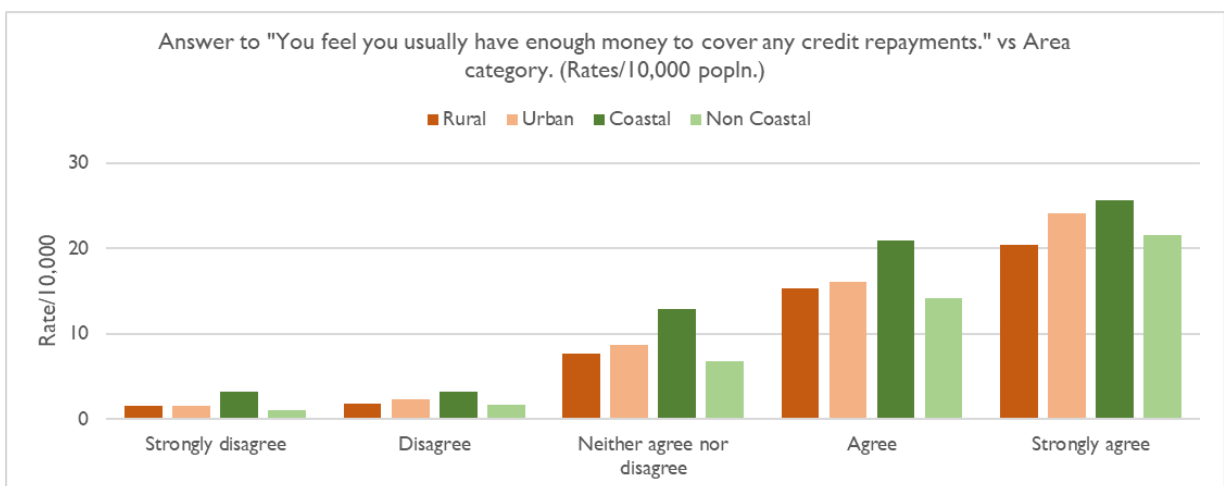
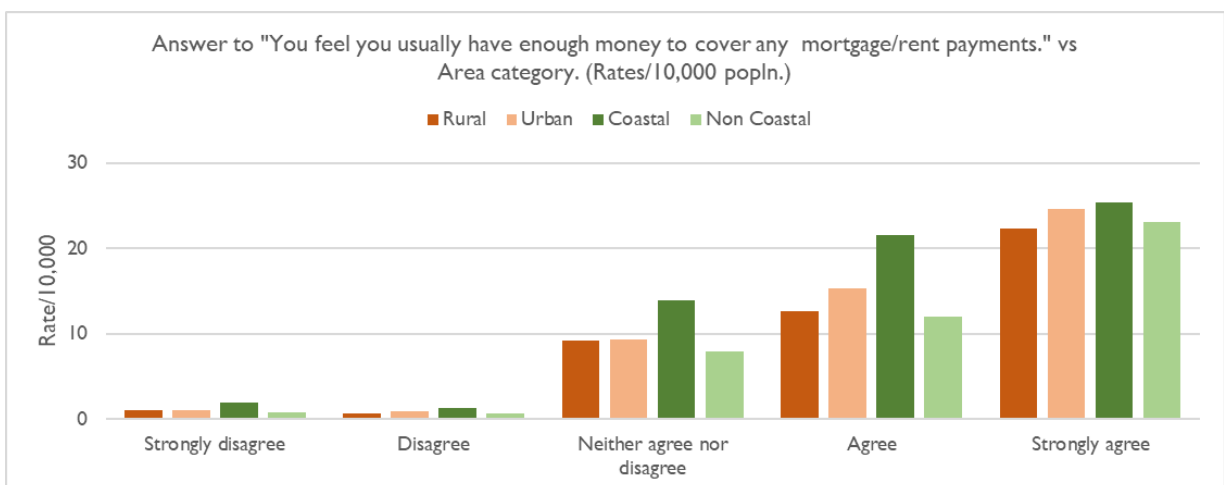


Figure 11.16 Health and Wellbeing Survey: enough money to cover mortgage/rent payments





The answers to these questions are very clear in that there is no real financial stress to report amongst the respondents, with large majorities agreeing or strongly agreeing to the statements.

In addition, there is little difference to glean between the Rural/Urban and the Coastal/Non-Coastal results. Although it might appear that there is a higher rate of returns from Coastal areas vs Non Coastal areas, this is simply a reflection that there is an overall higher rate of returns from coastal areas and many of the charts above simply show this distribution of returns.



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## 13 Appendices

### 13.1 Appendix I - Demographics

#### 13.1.1 East Riding of Yorkshire: Population

Table 13.1 East Riding of Yorkshire resident age distribution. Census 2021 and 2011.

	Census 2011		Census 2021	
	Count	Proportion	Count	Proportion
<b>Aged 0 to 15</b>	55,846	16.7%	54,075	↓ 15.8%
<b>Aged 16 to 29</b>	47,057	14.1%	44,428	↓ 13.0%
<b>Aged 30 to 44</b>	60,345	18.1%	54,040	↓ 15.8%
<b>Aged 45 to 64</b>	99,476	29.8%	99,177	↓ 29.0%
<b>Aged 65+</b>	71,455	21.4%	90,495	↑ 26.4%

Figure 13.1 Ward population age groups

Ward percentage of population by age group, Census 2021

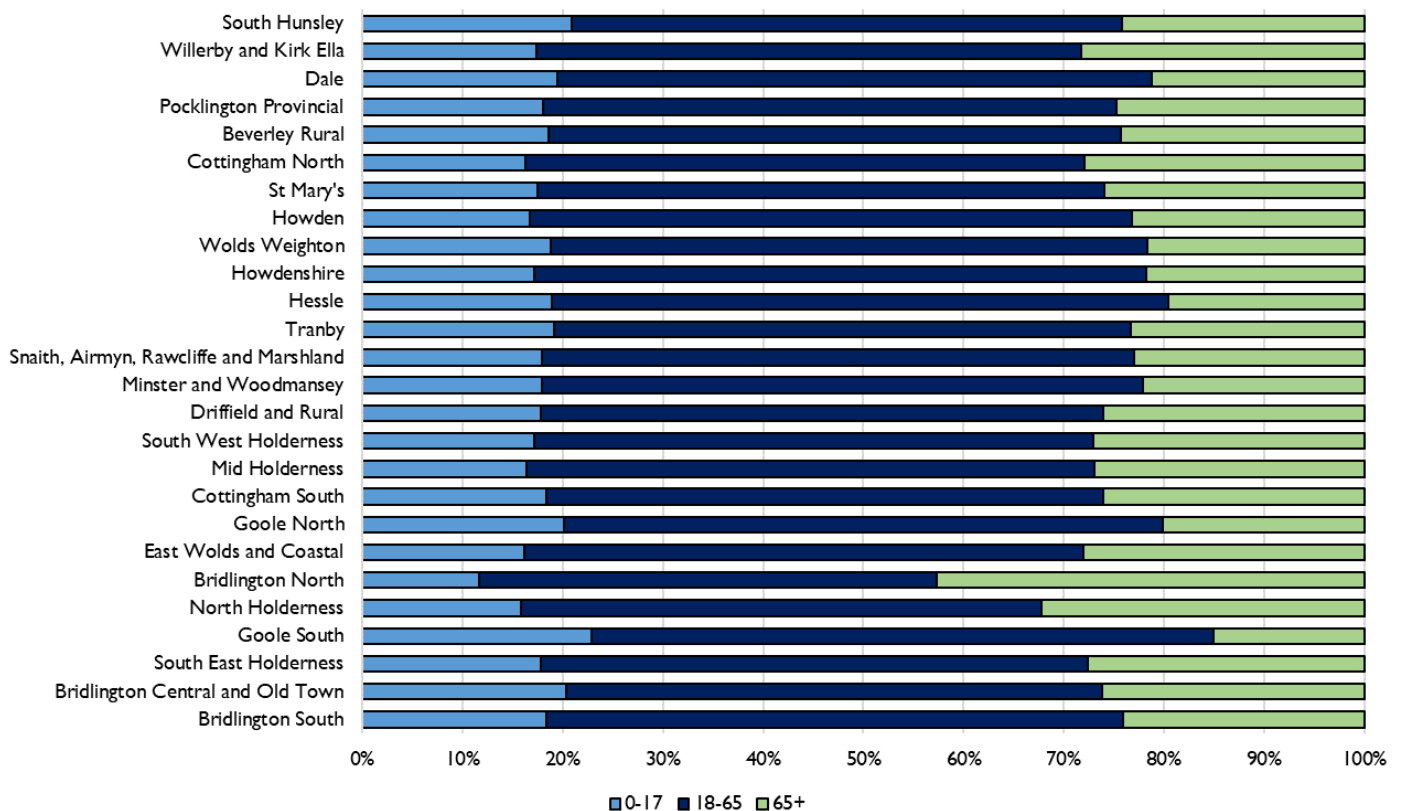


Figure 13.2 East Riding population pyramid rural compared to ERY overall

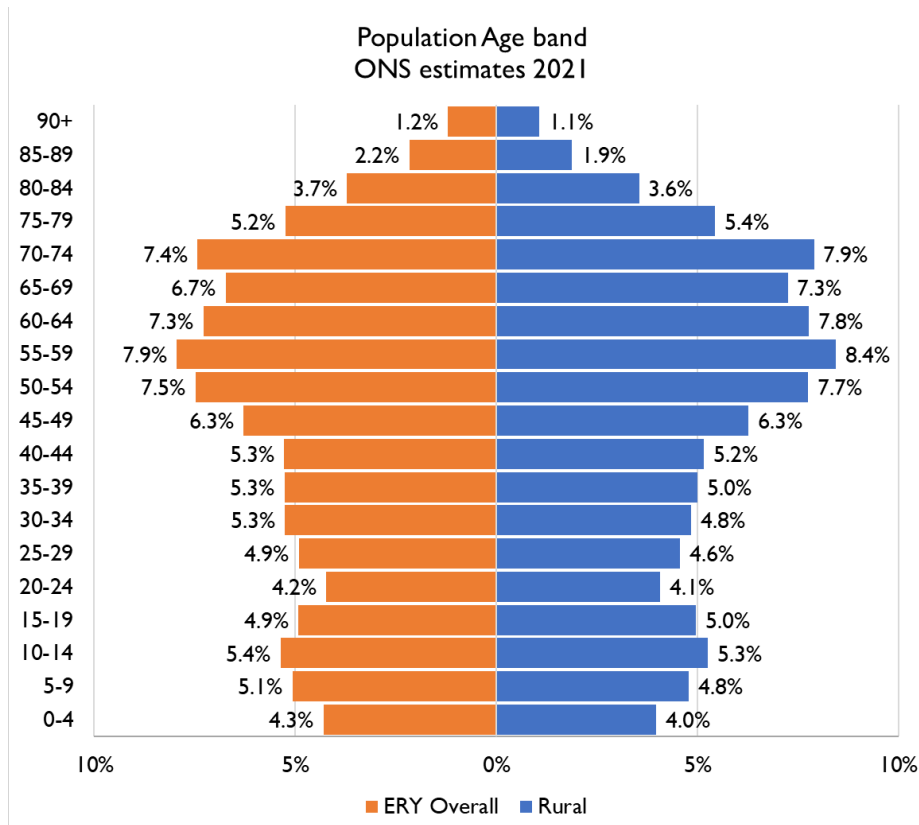


Figure 13.3 East Riding population pyramid coastal compared to ERY overall

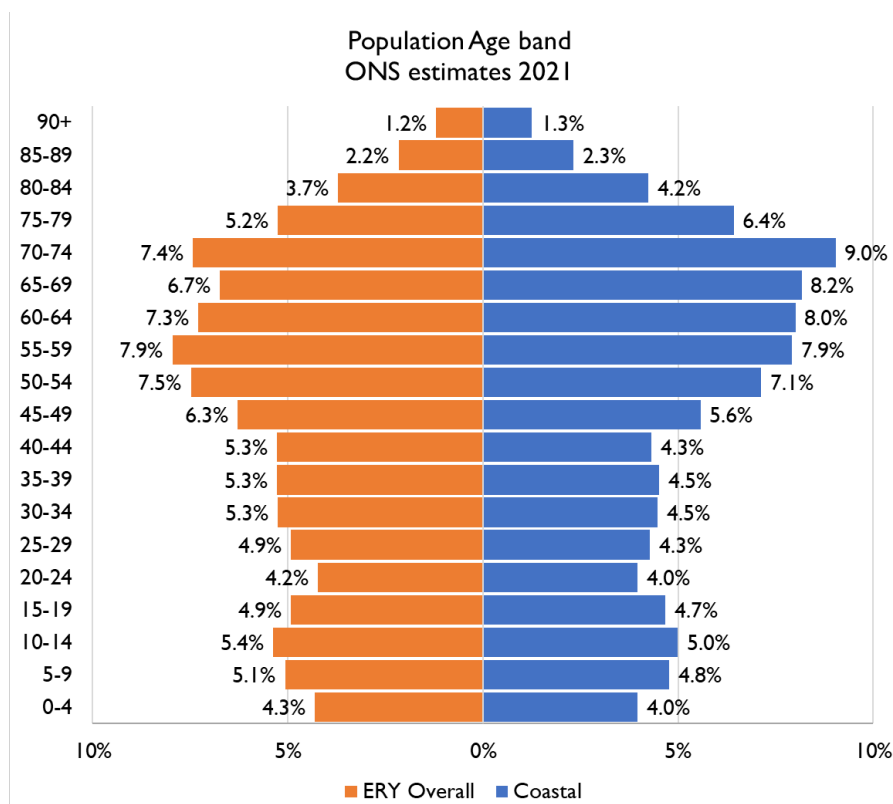


Figure 13.4 East Riding population pyramid coastal compared to non-coastal areas

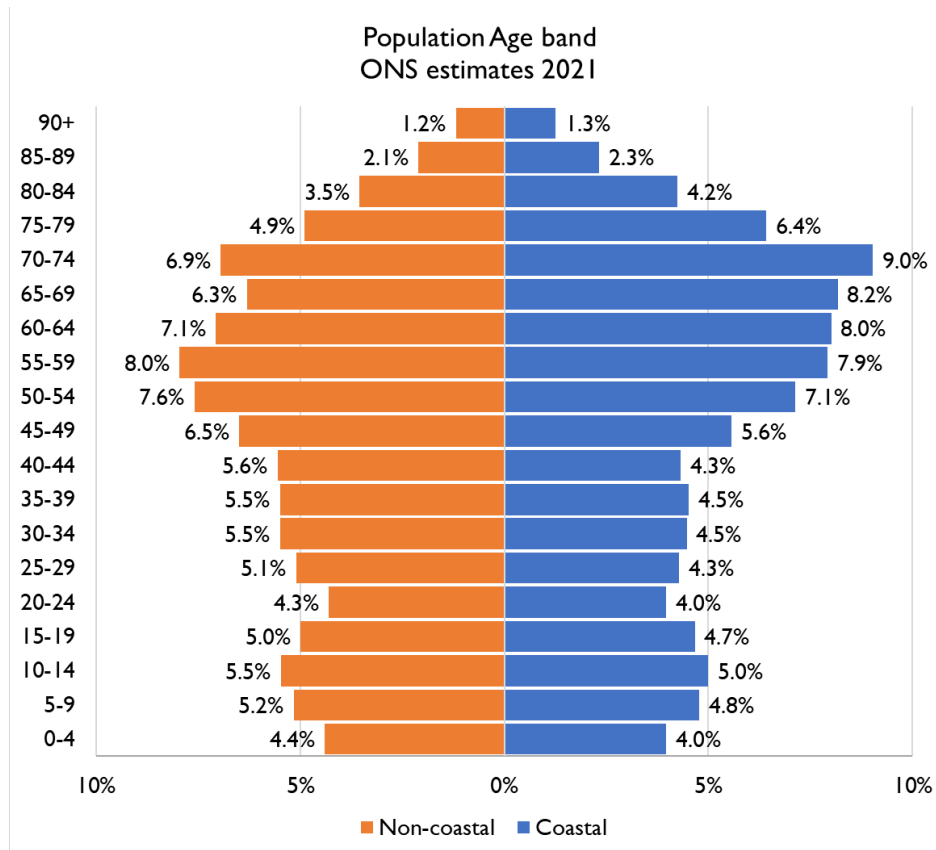


Figure 13.5 East Riding population pyramid rural areas compared to rural areas

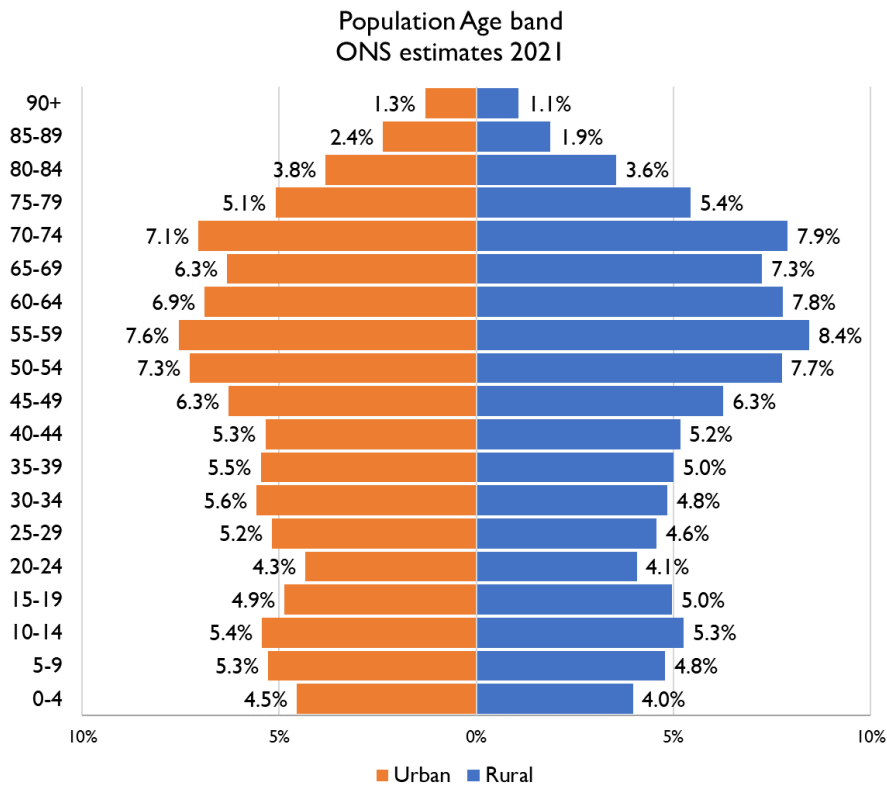


Table 13.2 Population change 2011 v 2021 in rural areas

Rural areas	Census 2011		Census 2021		Change		
	Count	Proportion	Count	Proportion	Count	Count %	Proportion
Aged 0 to 15	23,711	16.4%	22,579	15.1%	-1,132	-4.8%	-1.3%
Aged 16 to 29	18,816	13.0%	18,825	12.6%	9	0.0%	-0.4%
Aged 30 to 44	25,737	17.8%	22,516	15.0%	-3,221	-12.5%	-2.8%
Aged 45 to 64	46,040	31.8%	45,232	30.2%	-808	-1.8%	-1.6%
Aged 65+	30,308	21.0%	40,578	27.1%	10,270	33.9%	6.1%
<b>Aged 16 to 65</b>	<b>90,593</b>	<b>62.6%</b>	<b>86,573</b>	<b>57.8%</b>	<b>-4,020</b>	<b>-4.4%</b>	<b>-4.8%</b>

Table 13.3 Population change 2011 v 2021 in urban areas

Urban	Census 2011		Census 2021		Change		
	Count	Proportion	Count	Proportion	Count	Count %	Proportion
Aged 0 to 15	32,135	17.0%	31,504	16.4%	-631	-2.0%	-0.6%
Aged 16 to 29	28,241	14.9%	25,599	13.3%	-2,642	-9.4%	-1.6%
Aged 30 to 44	34,608	18.3%	31,539	16.4%	-3,069	-8.9%	-1.9%
Aged 45 to 64	53,436	28.2%	53,914	28.0%	478	0.9%	-0.2%
Aged 65+	41,147	21.7%	49,928	25.9%	8,781	21.3%	4.2%
<b>Aged 16 to 65</b>	<b>116,285</b>	<b>61.3%</b>	<b>111,052</b>	<b>57.7%</b>	<b>-5,233</b>	<b>-4.5%</b>	<b>-3.6%</b>

Table 13.4 Population change 2011 v 2021 in coastal areas

Coastal	Census 2011		Census 2021		Change		
	Count	Proportion	Count	Proportion	Count	Count %	Proportion
Aged 0 to 15	12,581	15.8%	11,657	14.8%	-924	-7.3%	-1.1%
Aged 16 to 29	10,345	13.0%	9,413	11.9%	-932	-9.0%	-1.1%
Aged 30 to 44	12,482	15.7%	10,510	13.3%	-1,972	-15.8%	-2.4%
Aged 45 to 64	24,119	30.3%	22,606	28.6%	-1,513	-6.3%	-1.7%
Aged 65+	20,037	25.2%	24,826	31.4%	4,789	23.9%	6.2%
<b>Aged 16 to 65</b>	<b>46,946</b>	<b>59.0%</b>	<b>42,529</b>	<b>53.8%</b>	<b>-4,417</b>	<b>-9.4%</b>	<b>-5.2%</b>

Table 13.5 Population change 2011 v 2021 in non-coastal areas

Non-Coastal	Census 2011		Census 2021		Change		
	Count	Proportion	Count	Proportion	Count	Count %	Proportion
Aged 0 to 15	43,265	17.0%	42,426	16.1%	-839	-1.9%	-0.9%
Aged 16 to 29	36,712	14.4%	35,011	13.3%	-1,701	-4.6%	-1.1%
Aged 30 to 44	47,863	18.8%	43,545	16.5%	-4,318	-9.0%	-2.3%
Aged 45 to 64	75,357	29.6%	76,540	29.1%	1,183	1.6%	-0.5%
Aged 65+	51,418	20.2%	65,680	25.0%	14,262	27.7%	4.8%
<b>Aged 16 to 65</b>	<b>159,932</b>	<b>62.8%</b>	<b>155,096</b>	<b>58.9%</b>	<b>-4,836</b>	<b>-3.0%</b>	<b>-3.9%</b>





### 13.1.2 Index of Multiple Deprivation

Figure 13.6. Areas within the East Riding which are within the most deprived 20% nationally

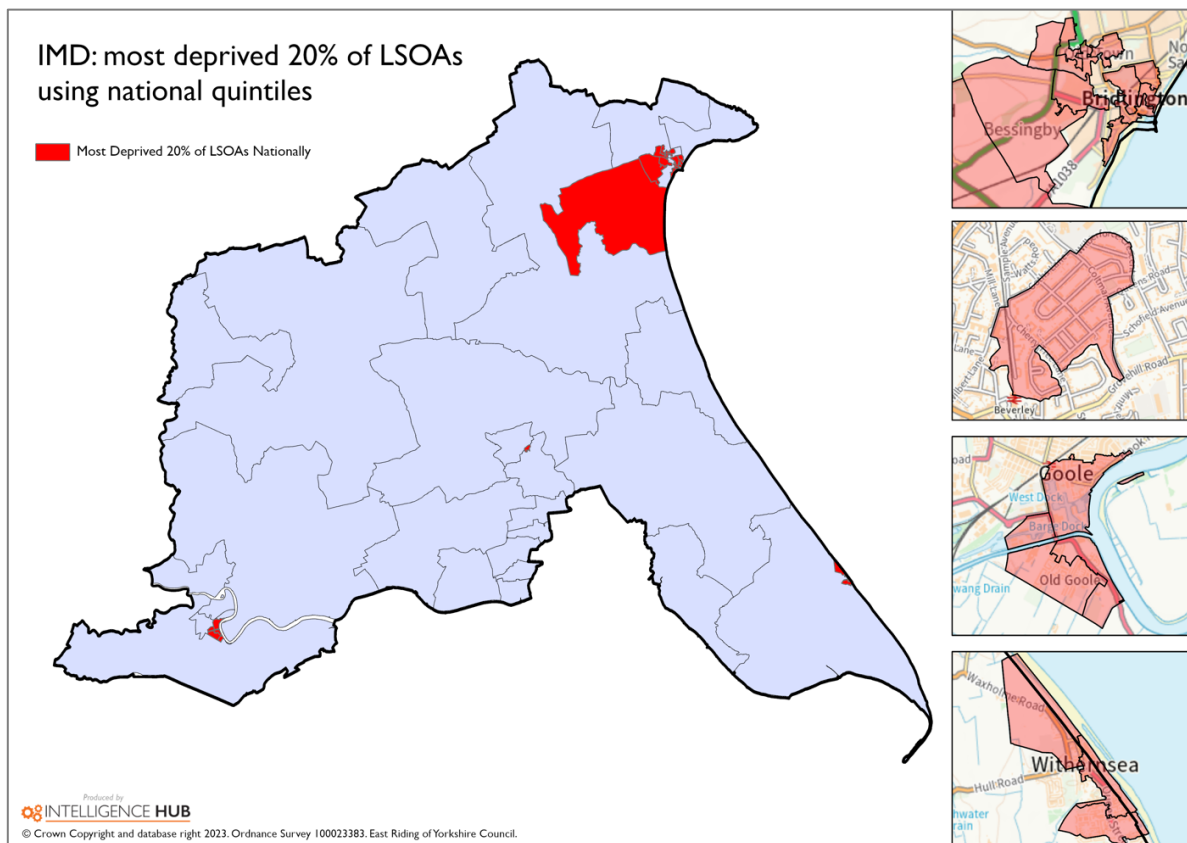


Figure 13.7 The East Riding divided into IMD 2019 National Deprivation Quintiles: % of East Riding LSOAs in each quintile

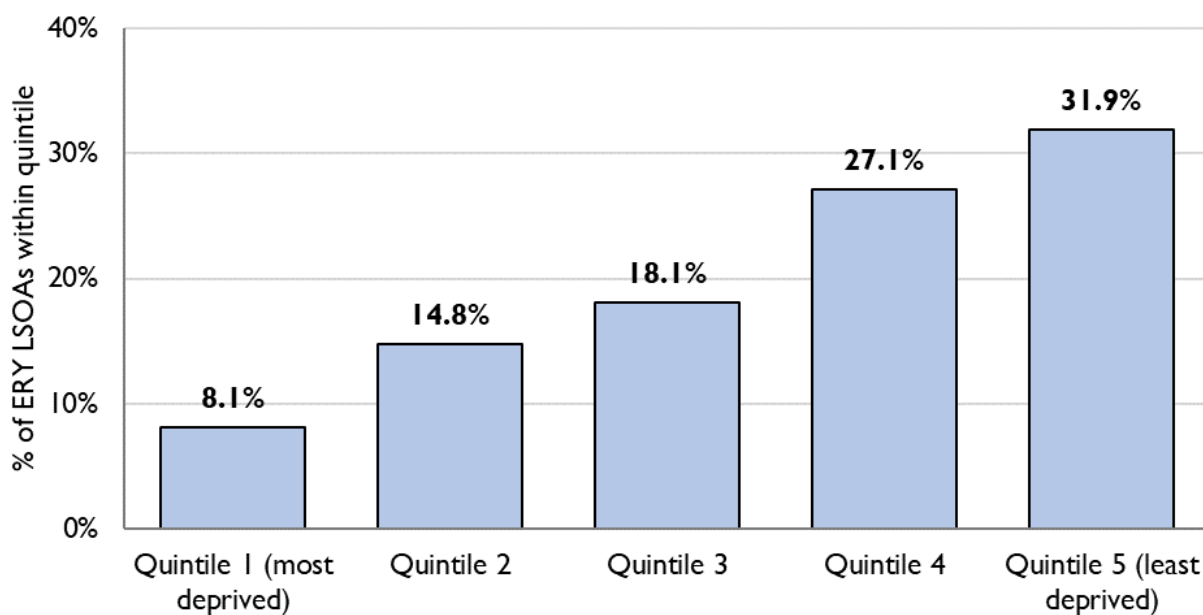


Table 13.6 East Riding wards containing LSOAs that fall within the most deprived 20% nationally include:

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

Table 13.7 East Riding LSOAs 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

### Further information on deprivation in the East Riding:

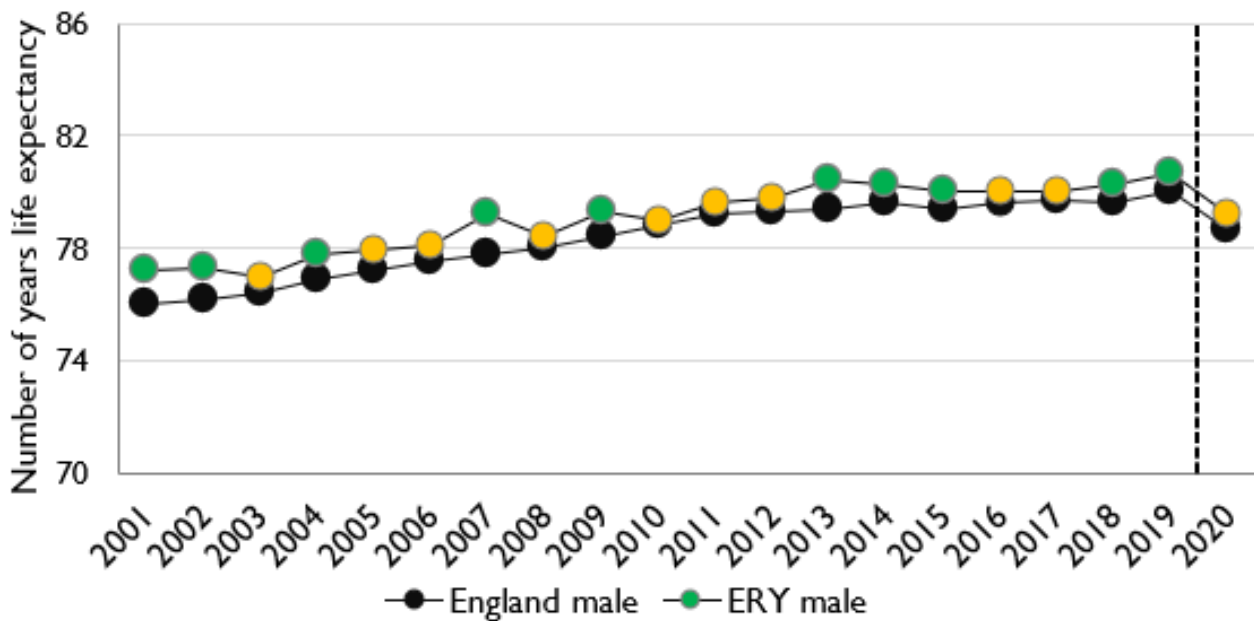
- An interactive map can be accessed here:  
<https://eastriding.maps.arcgis.com/apps/webappviewer/index.html?id=26c78cdd10a24be196d1fdcf88533b3b>
- Further information about IMD can be found on this website:  
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>



## 13.2 Appendix 2 – Health related information

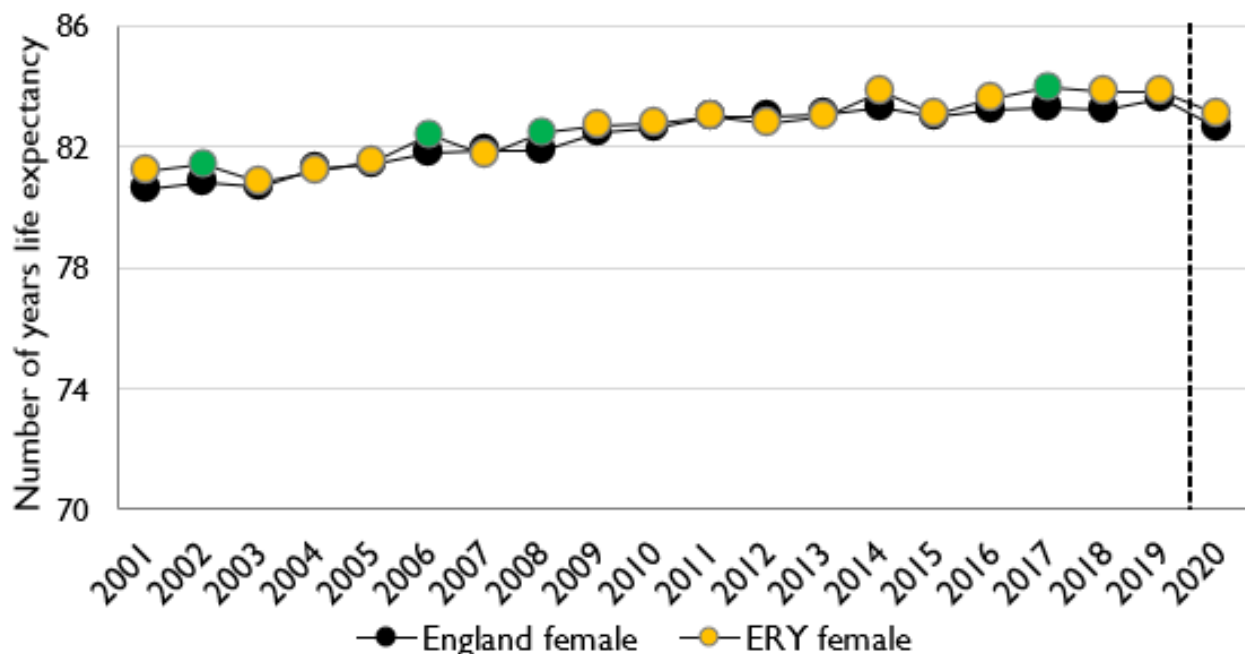
### 13.2.1 Life expectancy trends – East Riding compared to England

Figure 13.8. Male Life Expectancy 3 Year pooled periods for East Riding compared to the England average



Source: OHID Fingertips

Figure 13.9. Female Life Expectancy 3 Year pooled periods for East Riding compared to the England average



Source: OHID Fingertips



### 13.2.2 Life Expectancy by East Riding ward

Figure 13.10 Male life expectancy, East Riding wards 2019-21

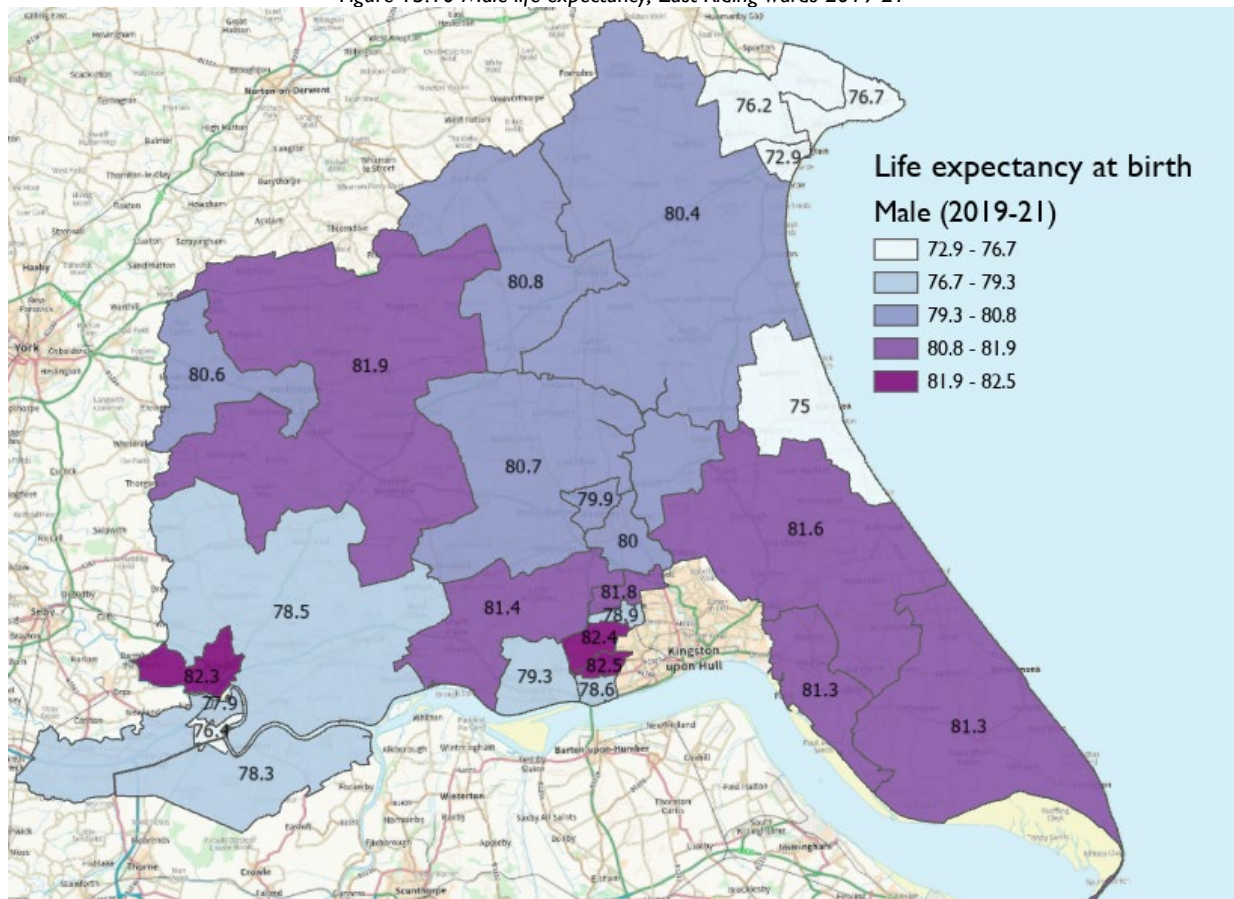
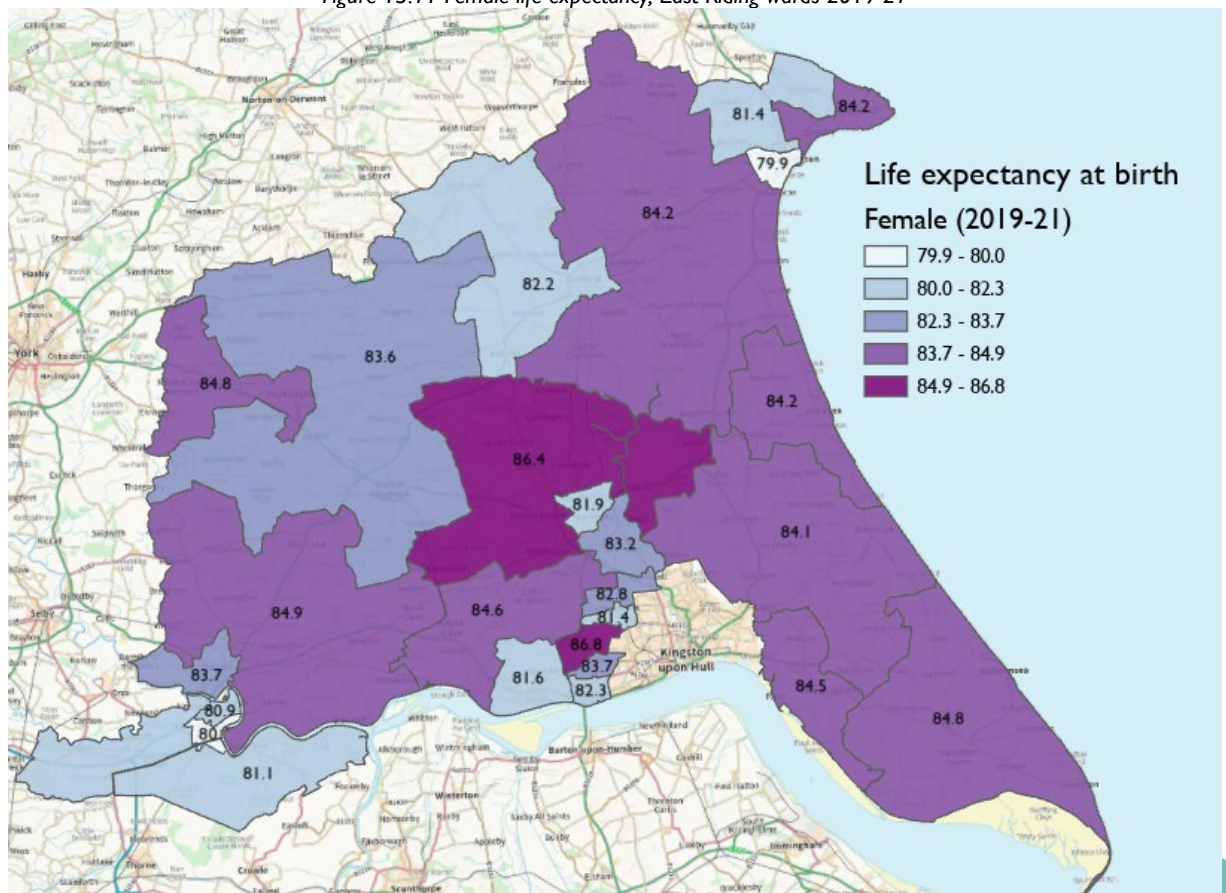


Figure 13.11 Female life expectancy, East Riding wards 2019-21





### 13.2.3 Healthy Life Expectancy at birth (Rural Services Network metrics)

Figure 13.12 Healthy Life Expectancy at birth - Males

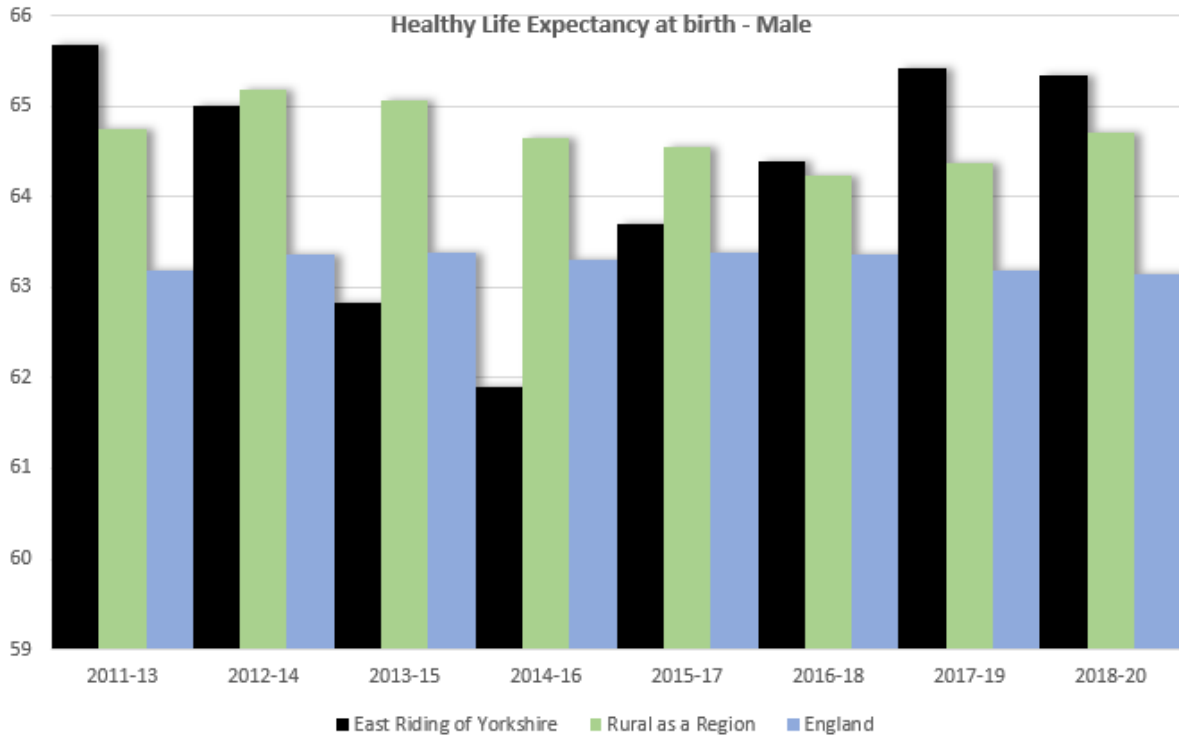
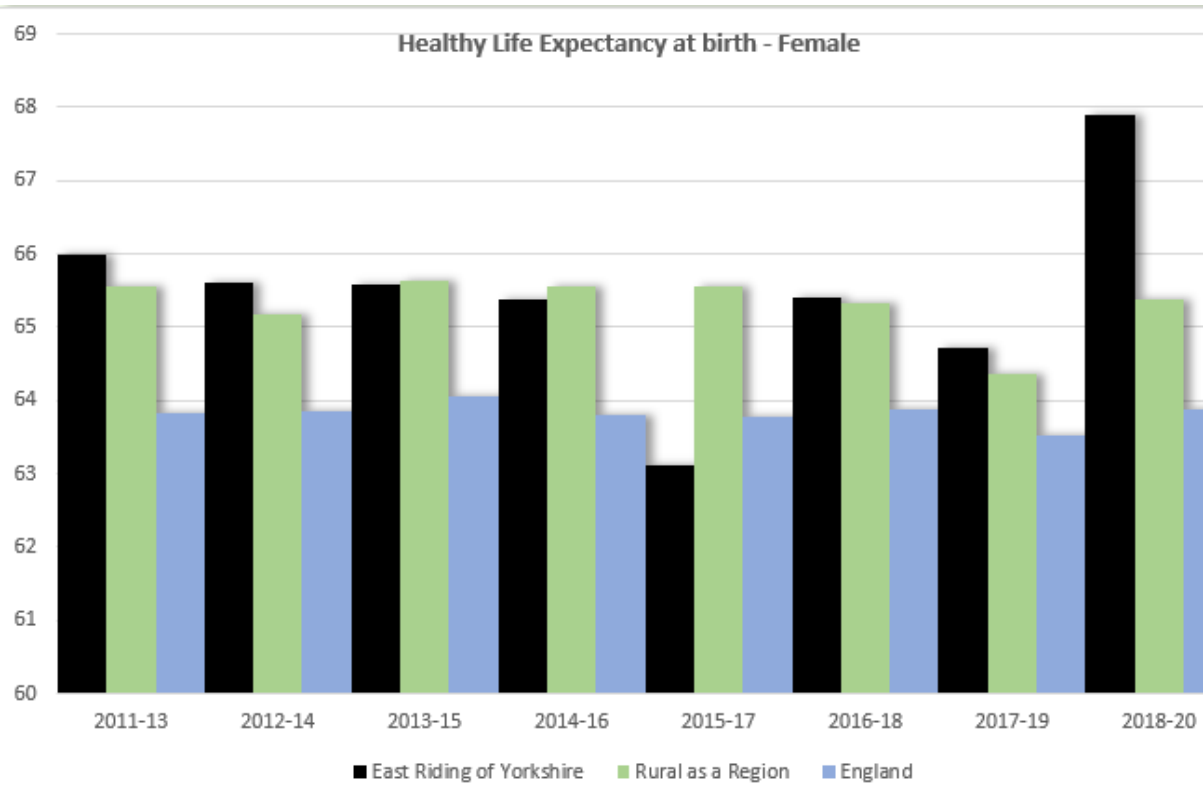
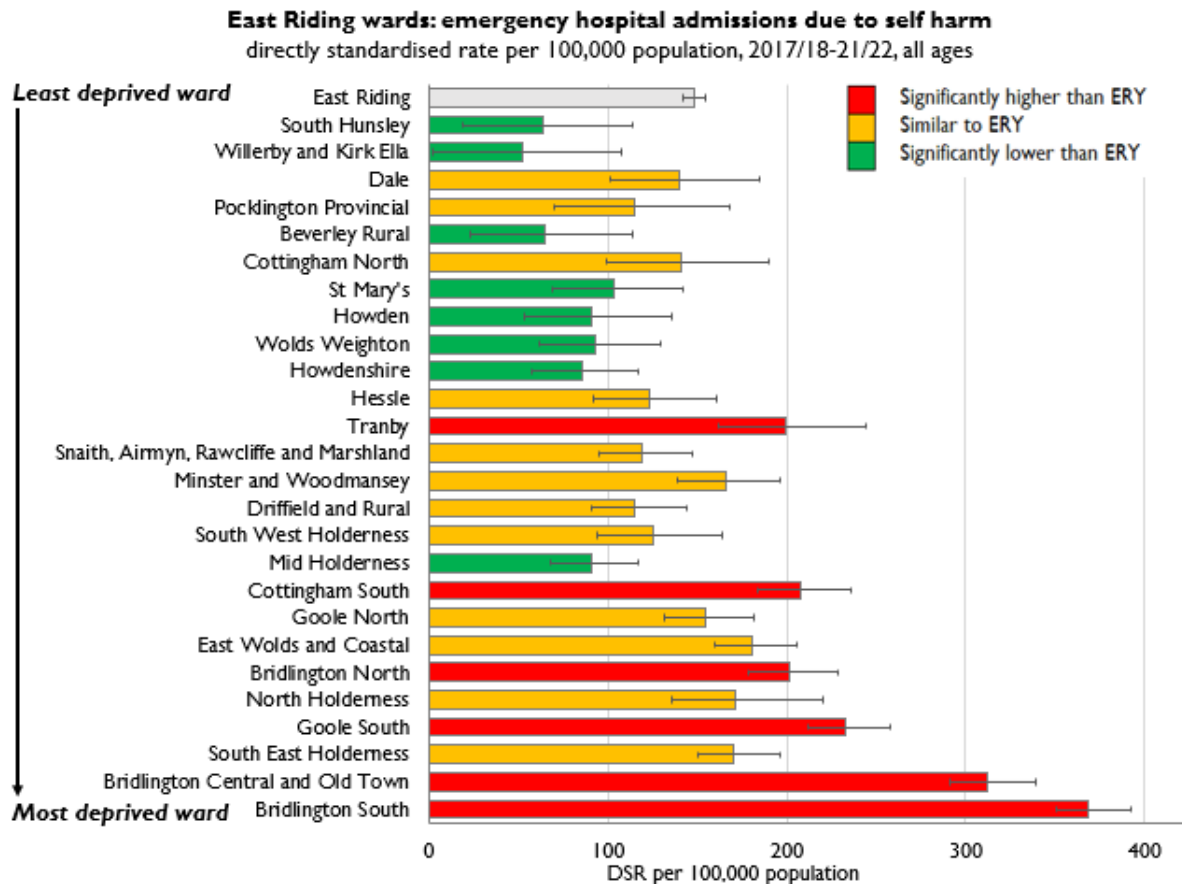


Figure 13.13 Healthy Life Expectancy at birth – Females



### 13.2.4 Emergency hospital admissions due to self-harm

Figure 13.14 Emergency hospital admissions due to self-harm, East Riding wards, 2017/18-21/22



### 13.2.5 Health and wellbeing survey (2023)

During the spring and summer of 2023 a survey of members of the public took place across the East Riding. The survey covered a wide range of questions, including physical and mental health, financial matters, sleep quality, smoking and alcohol, employment and housing, social and family matters, exercise and diet, and experience on accessing public services.

More than 1500 respondents gave us a useable postcode meaning that we could analyse a number of geographical factors such as location, Index of Multiple Deprivation (IMD), and Coastal/Non Coastal or Rural/Urban classification of where they live.

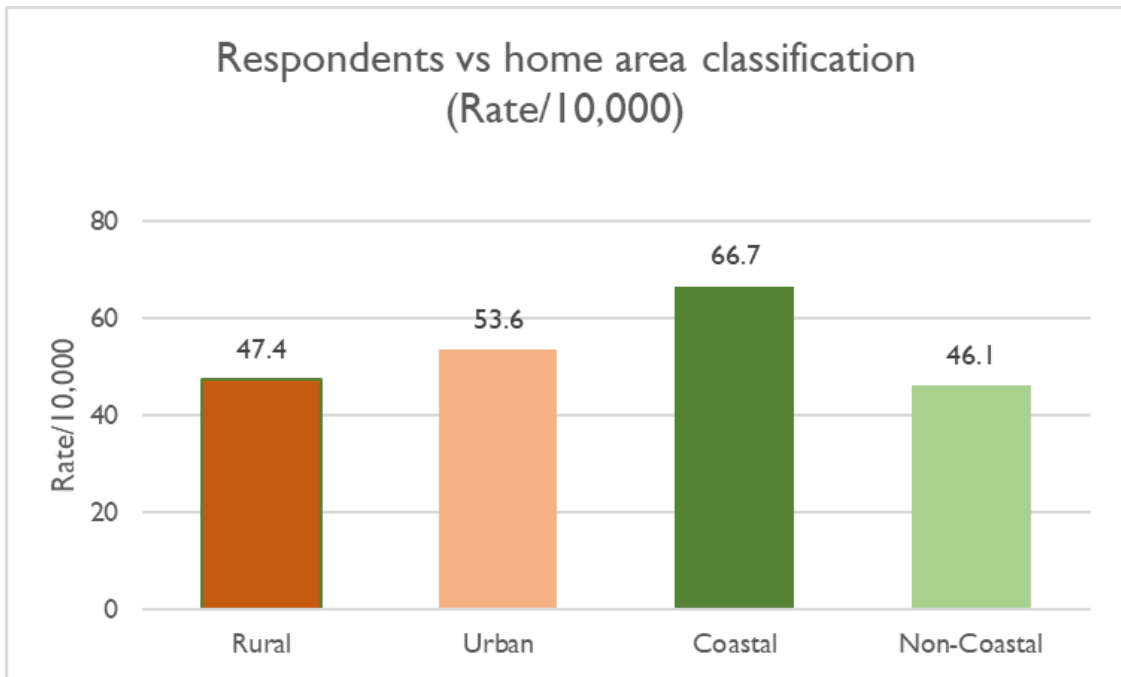
Almost 2700 respondents took part in the survey with 62% of these completing the survey in its entirety. Those that did not complete all the answers still gave us data that we were able to make use of. but unfortunately, we cannot suggest that the results are completely representative of the population, as (of those that answered the age question) 76% of the respondents are over 45 years of age, and (of those that answered the gender question) 73% of respondents are women.

The chart below is a simplified illustration of all the returns and their home area classification.





Figure 13.15 Health and wellbeing survey (2023) respondent rate by area



### 13.3 Appendix 4 – Transport information

Figure 13.16 Method of travel to work, rural and urban areas

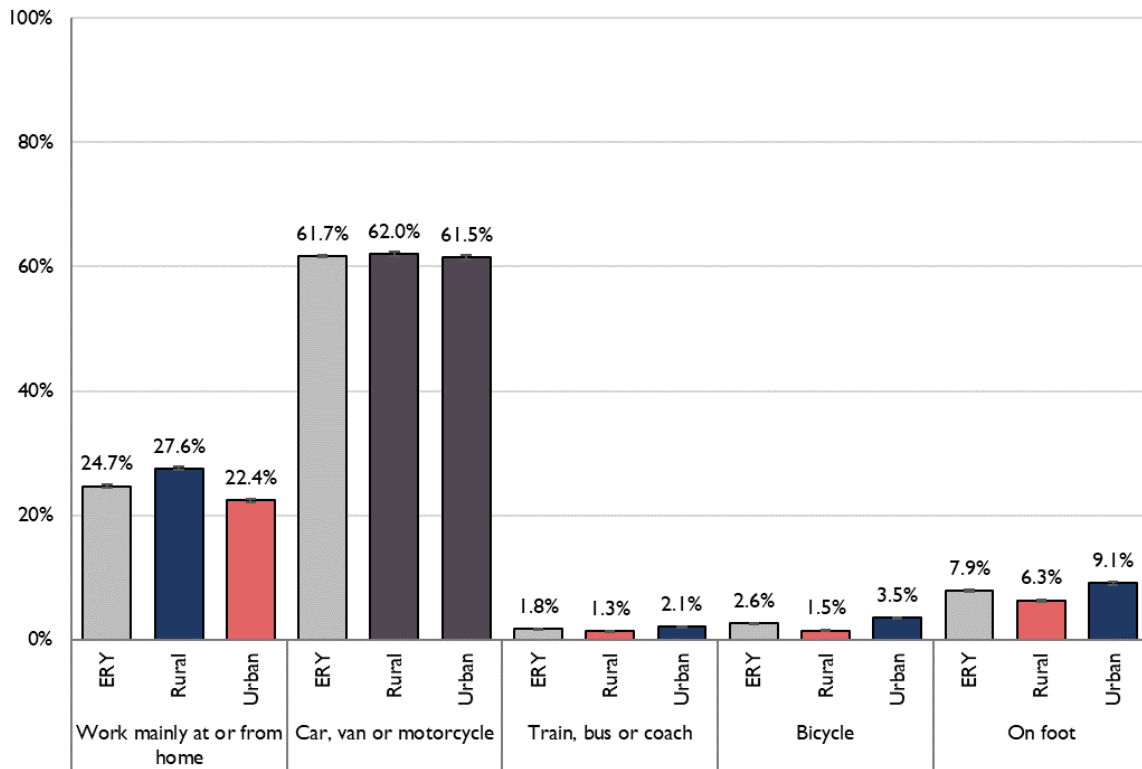
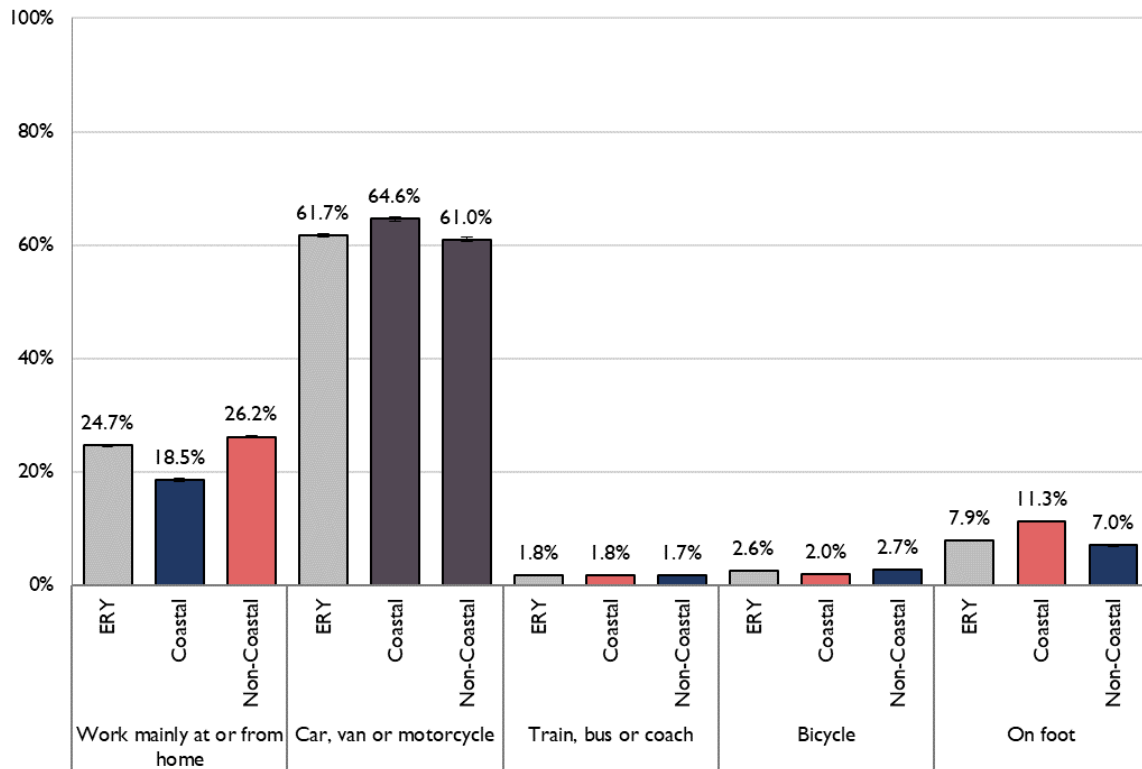


Figure 13.17 Method of travel to work, coastal and non-coastal areas



## 13.4 Appendix 3 - Findings from community and professional engagement

### **Driffield Show 2023: What are the biggest health and wellbeing challenges faced by rural communities?**

We asked people at Driffield Show what they felt the biggest health and wellbeing challenges are for rural communities. Mental health and loneliness were most frequently mentioned, especially with respect to older people. It was commented that more support is needed for ageing communities in order to combat loneliness and isolation, such as community health and wellbeing groups and more mental health service provision. It was also raised that farmers often face loneliness and that mental health support targeted towards them may be beneficial.

Access and availability of transport was another key concern, with many people commenting that transport services, especially bus provision, were insufficient for the needs of communities and consequently contributing to the isolation of rural populations. The £2 bus fare is welcome but individuals are not able to utilise it fully due to provision being limited across rural areas. This is affecting individuals' access to services and making it difficult for people, especially for transient residents.

One area this especially affects is access to health and care services, the provision of which was also highlighted as insufficient. In addition to transport availability, other barriers to access were mentioned as being long waiting lists, lack of specialist services, difficulty making GP and other primary care appointments, and lack of face-to-face appointments especially for mental health services. It was raised that there are not enough dentists amongst rural communities and that this means people struggle to make dental appointments or get registered.

Other factors mentioned were the cost of living crisis, lack of sports and exercise activity options, insufficient information and communications about these options, and poverty. Factors specific to young people's health and wellbeing were highlighted as the prevalence of smoking and vaping, antisocial behaviour, technology and social media, and not eating healthily enough. Pollution was also raised as a concern for everybody's health.

### **Engagement Workshops**

We undertook a number of engagement workshops with professionals, partners and residents asking what they thought were the barriers and protective factors to good health and wellbeing for residents in our rural and coastal communities.

There were a number of similar trends seen as barriers to good health and wellbeing these included factors such as transport and access to services. Transport was a recurring issue raised by professionals working in our rural and coastal communities, this included the distance of travel required to access services, gain employment and utilise leisure facilities.

Access to particularly primary care services was raised as an issue within the workshops discussing access to not only GP services but also dentistry and pharmacy services highlighting that many communities have seen an increase in demand for these services that appears not to be meeting the demand.

Workforce and especially skilled workforce in the health and care sector was highlighted as a barrier to delivering services. As well as access to 'good' employment, with many



professionals raising concerns about seasonal and low paid work opportunities having an impact on residents health and wellbeing.

There were also many protective factors identified through the workshops with strong Voluntary, Community and Social Enterprise (VCSE) Sector supporting communities and other strong community assets such as village halls and the many green and blue spaces. Many of our coastal and rural communities have a strong sense of community with passionate community champions.

