Adult Social Care Community Wellbeing Team Profile document

April 2025

East Riding System Population Health Intelligence and East Riding Council Public Health

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Introduction

This document presents population health information, demographics, and projections from various pieces of Joint Strategic Needs Assessment intelligence and population health intelligence developed for the health and care committee, alongside other service information, focusing on adult social care community wellbeing geographies. The work builds on recent insights into age-friendly communities, morbidity, and demand forecasts from the 2023 Director of Public Health report, alongside collaboration around the adult social care market position statement. Links to these documents can be found in the appendix or by visiting the East Riding of Yorkshire Joint Strategic Needs Assessment www.eastridingjsna.com

The UK's population has steadily risen, with 67.6 million people in 2022, projected to reach 70 million by 2026. The ageing population, with 12.7 million people aged 65 or older in 2022, is expected to rise to 22.1 million by 2072. The East Riding population, totalling 342,200 at the last census, is illustrated in the population pyramid Figure 4 on page 11, dividing the population into 5-year age bands by gender, with regional and national comparisons overlaid. A population pyramid for each of the community wellbeing team localities is in the Appendix 3 - Population.

Over the years, the East Riding has seen big changes in illness trends, which have increased the need for health and social care services. The ageing population in the area has made these demands even greater, putting a lot of pressure on the national health and care systems.

The work done during the 2021-22 post-pandemic period responding to the increased demands on the health and care system and insights from the JSNA that highlighted changing needs. This resulted in a revision of the health and wellbeing strategy for 2023-2038, <u>here</u> focusing on improving living conditions damaged by the pandemic, Brexit, and wars disrupting global supply chains. The below "Conditions of living wheel" forms the structure of the health and wellbeing strategy for the East Ridings and the JSNA that supports the health and wellbeing board.

Figure 1 East Riding of Yorkshire's Conditions of living wheel



Clicking here will take you to this section of the JSNA

The wheel assists the system in understanding and analysing various determinants influencing individual health. It serves as an effective tool for conveying the complexities involved in enhancing population health. Collaborative sessions involving all partners are organized around the wheel to discuss specific issues such as climate, housing, and planned in soon early years.

Key Challenges for the Health and Care system

Living Alone and Vulnerability

Between the 2011 and 2021 censuses, the number of individuals aged 65 or older living alone in the East Riding increased by 42%. This demographic is particularly vulnerable and likely to be unsupported as they age, facing numerous health challenges that necessitate health and care services to be provided directly to them. Additionally, economic resilience has further hampered social networks, leading to a reduction in community support and increasing isolation among elderly individuals.

Increasing Demands

Over the years, the East Riding has experienced significant changes in illness trends, with past predictions about illness trends materialising in the present day. Combined with an aging population, which is more at risk from chronic diseases, disabilities, and other age-related health problems requiring healthcare resources and support, this has caused an increasing need for health and social care services, thereby putting pressure on the health and care system.

Austerity

Budget cuts have reduced social infrastructure, diminishing community protections and resources. These financial constraints have increased reliance on government services, stretching them thinner and creating a cycle of higher demand with limited resources. Demographic changes and budget cuts have significantly impacted health and social care in East Riding, particularly for elderly individuals living alone. Addressing these issues requires careful planning, increased funding, and sustainable solutions to support the region's vulnerable individuals.

Future Challenges and Projections

Health and care services face unprecedented demand with no signs of easing. Delays in treatment, diagnosis, access to services, and pressure on social care continue to rise. The cost-of-living crisis, exacerbated by the pandemic and international events, likely worsens health and wellbeing more than the pandemic itself. The Joint Strategic Needs Assessment (JSNA) 2022 identified persistent and worsening challenges due to global changes and workforce pressures. A resilient and preventative system is crucial to prevent individuals from presenting with more severe illnesses at a later stage.

When the system was consulted as part of the JSNA in 2022 work, priorities identified by the partnership of over 100 respondents included;

Table 1 The top 10 priorities chosen (as of 5th September 2022) In descending order of count of responses.

		First	choice
Rank	Priority	%	Count
1	Increase and support the Health and Social Care Workforce	23.7%	22
2	Improve Access to Health and Care Services	20.4%	19
3	Tackle the Cost of Living	14.0%	13
4	Increase those who have a Healthy Weight in Children and Adults	7.5%	7
5	Improve Mental Health of Adults	6.5%	6
6	Find and support those with Dementia	4.3%	4
7	Improve Children and Young People's Mental Health	4.3%	4
8	Reduce Crime and Anti Social Behaviour	3.2%	3
9	Increase access to Transport	3.2%	3
10	Support Carers	3.2%	3

This table was taken from the East Riding Health and Wellbeing Board papers for September 2022 <u>Health and Wellbeing Board Agenda</u>

Since 2022, challenges have intensified due to global changes and pressures on workforces. The three-month disruptions to NHS healthcare in anticipation of COVID-19 impacts have not been resolved consistently across care pathways. These interruptions caused waits for routine and planned care to escalate, leading to deaths during wait times for routine procedures. A successful health and care system relies on having a workforce to deliver care and implementing improvements for better access. Without a resilient system, individuals might present with more severe illnesses, requiring increased health and social care interventions.

The demand for health and care services is increasing due to an aging population, workforce shortages, complex care needs, growing poverty, and higher treatment expectations. The 2023 Director of Public Health report highlights future challenges, particularly related to long-term conditions. By 2040, dementia cases in East Riding are expected to rise by 52%, adding nearly 10,000 individuals.

What this means for Adult Social Care

The demand for health and care services is increasing due to an aging population, workforce shortages, complex care needs, growing poverty, and higher treatment expectations. The 2023 Director of Public Health report highlights future challenges, particularly related to long-term conditions. By 2040, dementia cases in East Riding are expected to rise by 52%, adding nearly 10,000 individuals. The implications for social care are significant, as some individuals will require support beyond the routine care assessment process, adding considerable additional work. It is worth noting that within less than 15 years, services might need to increase by nearly 50%. By the end of the decade, a 23% increase will be necessary to meet projected needs.

The combination of demographic changes and budget cuts has greatly impacted the health and social care situation in the East Riding. The rising number of elderly people living alone and the cuts to community services have made the need for a strong health and care system even more important. Solving these problems will require careful planning, more funding, and a focus on sustainable solutions to ensure the wellbeing of the region's most vulnerable people.

Demographics

Geographic overview of Community Wellbeing Teams

The following section demonstrates how adult social care services are organised into distinct Community Wellbeing Teams (CWT) across various geographic areas. These teams are designed to address the specific needs and promote the wellbeing of the populations they serve Holderness.

Figure 2 illustrates the boundaries of the 6 CWTs of Goole, Wolds, Bridlington, Beverley, Haltemprice and Holderness. Each CWT have been built around a specific set of parish boundaries located within the East Riding which can be viewed in Figure 48, within 'Appendix 2 - Geographic areas used (featuring deprivation)'.



Figure 2 Adult Social Care Community Wellbeing Teams Geographies

Source; East Riding ASC

Deprivation

The Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The IMD ranks every small area (Lower Super Output Area) in England from 1 (most deprived) to 32,844 (least deprived). For larger areas we can look at the proportion of LSOAs within the area that lie within each decile. Decile 1 represents the most deprived 10% of LSOAs in England while decile 10 shows the least deprived 10% of LSOAs.



Figure 3 Index of multiple deprivation (2019) East Riding

Source; MHCLG

The map above shows that overall, the East Riding is not considered to be particularly deprived, however there are areas within the East Riding that fall into the 10% most deprived in England. Bridlington has a high level of deprivation, with coastal areas of Holderness such as Withernsea also having more LSOAs in the most deprived deciles, as well as Central Goole.

A similar map, Figure 49 within 'Appendix 2 - Geographic areas used (featuring deprivation)', overlays the CMT boundaries on top of the deprivation map, so at a glance it is possible to see the breadth of deprivation levels within each team.

There is a systematic relationship between deprivation and life expectancy, with people in the most deprived areas of England having a lower life expectancy than those in less deprived areas. People in the most deprived areas can be expected to live more of their lives in poor health, potentially requiring more support from health and social care services.

"The gap in healthy life expectancy at birth by deprivation is stark. In 2017–19, people living in the least deprived areas could expect to live almost two decades longer in good health than those in the most deprived areas. People in the most deprived areas spend around a third of their lives in poor health, twice the proportion spent by those in the least deprived areas. This means that people in more deprived areas spend, on average, a far greater part of their already far shorter lives in poor health" Source: The Kings Fund, What are health inequalities?

Population

National context

The population of the UK has been on a steady rise throughout its recent history. The Office for National Statistics (ONS) estimated that the population was around 67.6 million in 2022, with projections indicating it will reach 70 million by 2026. Just as importantly, the UK's population is ageing. In 2022, there were estimated to be 12.7 million people aged 65 or older, making up 19% of the population. This number is expected to rise to 22.1 million, or 27% of the population, by 2072. In contrast, in 1972, there were around 7.5 million people aged 65 or older, which was 13% of the population.

The East Riding overall

The East Riding population totalled 342,200 at the last census. This is illustrated in the population pyramid in below, which divides the population into 5-year age bands and by gender, showing what proportion of the population each age group makes up. Lines comparing the equivalent proportions for the region and England overall are overlaid on top as lines.



Figure 4 Population Pyramid of the East Riding of Yorkshire Population, 2021 Census

Source ONS

In the East Riding, the age groups 50 to 74 noticeably appear to make up a larger proportion of the population than the younger age groups. Those aged 65 years and over number 90,495 people, making up 26.4% of the total population. In contrast, the region and England have larger proportions

(compared to the East Riding) of younger age groups in the 0-44 age range. The proportion of 65+ year olds in their respective populations is much smaller than the East Riding at 19% and 18.4% respectively.

Community Wellbeing Teams (CWT)

Since the 2021 Census, ONS have updated their population estimates for England and local authorities in 2022 and then again in 2023. The latest mid-year estimates for LSOAs (from which it is possible to create CWT population estimates) is 2022 and as such this is the year that has been used to create population pyramids for each of the CWTs. These can be viewed within 'Appendix 3 - Population'.

The proportion of 65+ year olds by CMT in 2022, is displayed in Figure 5, showing the contrasting CMT rates of 65+ year olds around the East Riding average (26.7%). Proportions range from the significantly higher proportion in Bridlington (32.7%) to the significantly lower proportion within Goole (21.4%).

Between 2022 and 2040, the East Riding is predicted to increase its 65 year old population by 31% (from almost 92,500 residents to over 121,000), please refer to

Table 2 provides more granular level detail of these increases in 65+ year olds by CMT.

Figure 5 Proportions of 65+ year olds in CMTs compared to the East Riding and England



Comunity wellbeing teams.proportion of population aged 65 and over compared to the East Riding ONS mid-year 2022 estimates



Estimated number of people in the East Riding aged 65+ years projected to 2040

Table 2. Count of residents aged 65+ years by CWT in 2022 & projected counts to 2040

		Count	of residents	65+ years		% increase from 2022				
Area	2022	2025	2030	2035	2040	2025	2030	2035	2040	
Beverley	12,367	13,064	14,473	15,614	16,214	5.6%	17.0%	26.3%	31.1%	
Bridlington	13,556	14,341	15,817	17,042	17,745	5.8%	16.7%	25.7%	30.9%	
Goole	10,620	11,214	12,395	13,333	13,809	5.6%	16.7%	25.5%	30.0%	
Haltemprice	21,757	23,042	25,564	27,704	28,829	5.9%	17.5%	27.3%	32.5%	
Holderness	16,135	17,016	18,769	20,200	20,963	5.5%	16.3%	25.2%	29.9%	
Wolds	18,042	19,044	21,013	22,654	23,544	5.6%	16.5%	25.6%	30.5%	
ERY	92,477	97,720	108,031	116,547	121,105	5.7%	16.8%	26.0%	31.0%	

Health and wellbeing

Deaths (the major causes)

This section presents the major premature death rates for disease within the community wellbeing team areas, along with trends over time. These measures indicate where people are likely to experience increased morbidity and disability resulting in premature death, highlighting where the highest levels of illness, disability, and social isolation may occur in the community.

Using the indices of deprivation mentioned above death rates can be segmented into groups based on deprivation, knowing that deprivation is a significant causal factor in poorer health and wellbeing. Limited means and reduced options for living well in the community ultimately lead to increased illness, morbidity, distress, and likely need for care. Unfortunately, this translates to early death and more years lived with disability.

Figure 7 shows that the two most deprived decile of the East Riding have significantly higher that East Riding average rates of all cause premature death. This contrast the two the most affluent deciles, which are significantly lower than the East Riding average.

Figure 7 All Cause Directly Standardised Rate per 100,000 people by IMD 2019 Decile for the pooled period 2021-2023





Source NHS E Deaths, ONS Population

Figure 8 Circulatory mortality directly standardised rate for those aged under 75 for the pooled periods 2021-2023



ASC Locality Circulatory Mortality Aged Under 75 DSR for Person in 2021-2023

Source NHS E Deaths, ONS Population

In the most recent complete pooled period, circulatory disease is the significantly highest premature killer in the Bridlington and Wolds community wellbeing team localities. Goole and Holderness have rates similar to the East Riding average, while Haltemprice and Beverley are lower than the East Riding average. Morbidity and disability from cardiovascular and circulatory diseases, which may require care, are notably higher in the Bridlington and Wolds areas.



Circulatory Standardised Death rate for 3 year periods in those aged 65 and older (person)

Source NHS E Deaths, ONS Population

When examining the cause of death due to cardiovascular and circulatory diseases over time, the data reveals distinct patterns in the Bridlington and Wolds areas. Bridlington has consistently reported higher mortality rates in the five year pooled periods, indicating a persistent issue within the community. Similarly, the Wolds area has shown elevated rates in three out of the five years, suggesting a recurring trend of these diseases among its residents. In contrast, Beverley has maintained consistently lower rates, while other areas have hovered around the East Riding average over time.



ASC Locality Cancer Mortality Aged Under 75 DSR for Person in 2021-2023

Source NHS E Deaths, ONS Population

The premature death rate from cancer in the community wellbeing team areas indicates that Bridlington fares the worst, significantly higher than the East Riding rate. All other areas are similar to the East Riding average, apart from Beverley, which is significantly lower.

Figure 11 (on the next page) indicates the mortality rate from cancer for individuals over 65, highlighting that the burden of premature deaths remains most significant in the Bridlington area consistently over time.

Figure 11 Cancer mortality directly standardised rate for those aged over 65 for the trend in pooled periods Cancer Standardised Death rate for 3 year periods in those aged 65 and older (person)



Figure 12 displays premature death rates from respiratory disease within the CWTs. Goole's rate is the highest, significantly higher than the East Riding average (and all over CWTs bar Wolds) and over twice the rate of Beverley (recording the lowest rate and, like Bridlington, significantly lower than the East Riding average.

Figure 12 Respiratory mortality directly standardised rate for those aged under 75 for the pooled periods 2021-2023 ASC Locality Respiratory Mortality Aged Under 75 DSR for Person in 2021-2023



Source NHS E Deaths, ONS Population

The rates of respiratory mortality (65+ year olds) between 2017-19 and 21-23 are outlined in Figure 13 below. In all periods, mortality rates within the Bridlington CWT area have consistently remained higher than any other CWT and significantly higher than the East Riding overall. In contrast, Beverley had the lowest rate in all periods, significantly lower than the East Riding average.

Figure 13 Respiratory mortality directly standardised rate for those aged over 65 for the trend in pooled periods



Respiratory Standardised Death rate for 3 year periods in those aged 65 and older (person)

Key observation about mortality in CWTs

Key conditions causing premature mortality and debilitation in Bridlington follow the community pattern for adult social care. The cancer rate has consistently been a significant burden. Dementia and Alzheimer's mortality shows no significant difference, partly due to the low number of cases directly coded as such, often linked instead to circulatory diseases. Respiratory deaths remain consistently higher in the Bridlington community.

Healthy life expectancy

Healthy life expectancy indicators from the Office for National Statistics measure life expectancy combined with disability-free years and self-reported health status. This data, built over three-year periods for over a decade, shows trends in healthy life expectancy. For males in East Riding, healthy life expectancy dropped from nearly 65 years in 2011-13 to 61.3 years recently, compared to England's drop from 63 to 61.5 years. Females in East Riding experienced a similar decline, from 65.5 years in 2011-13 to 61.6 years, while England's fell from 63.9 to 61.5 years. This decline coincides with the 2020 pandemic, affecting national and local realisation of healthy living years.



Figure 14 Male & Female Healthy Life Expectancy at birth 3-year pooled trend

			East Riding	of Yorkshire		
Period		Count	Value	95% Lower Cl	95% Upper Cl	England
2011 - 13	0	-	64.8	62.9	66.6	63.0
2012 - 14	0	-	64.5	62.5	66.5	63.2
2013 - 15	0	-	63.8	61.6	65.9	63.2
2014 - 16	0	-	63.2	60.9	65.6	63.3
2015 - 17	0	-	63.9	61.6	66.1	63.3
2016 - 18	0	-	64.4	62.2	66.6	63.3
2017 - 19	0	-	64.8	62.5	67.1	63.2
2018 - 20	•	-	65.5	63.3	67.8	63.1
2019 - 21	0	-	64.7	62.4	67.1	62.7
2020 - 22	0	-	62.3	59.8	64.9	62.3
2021 - 23	0	-	61.3	58.2	64.3	61.5

Source: Office for National Statistics

Recent trend: Could not be calculated

Indicator Definitions and Supporting Information



Recent trend: Could not be calculated East Riding of Yorkshire 95% 95% Lower CI Upper CI Period Value England Count 2011 - 13 0 65.5 63.3 67.6 63.9 2012 - 14 0 65.1 62.8 67.4 63.9 2013 - 15 61.8 66.8 64.2 0 64.3 2014 - 16 0 64.0 61.5 66 4 64.1 2015 - 17 0 64.3 61.7 66.8 64.0 2016 - 18 65.6 63.2 68.0 64.1 0 2017 - 190 65.7 63.2 68.2 637 2018 - 20 66.5 63.8 69.2 64.0 0 2019 - 21 0 65.5 62.5 68.4 63.7 2020 - 22 62.3 59.1 65.5 62.8 0 2021 - 23 61.6 58.3 65.0 61.9 0

Source: Office for National Statistics

Indicator Definitions and Supporting Information

Major illness projections

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

Source; OHID Fingertips

Figure 15 Projected average years of life spent in ill health



Multimorbidity in the population

Figure 16: Projected cases of 10 conditions with highest impact on health care use and mortality (among those aged 30 years and older) England 2019-2040



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

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

Health Status

The 2021 Census asked respondents to describe their "health in general" using the following options: 'very good', 'good', 'fair', 'bad', or 'very bad'. The latter 2 categories of 'bad' and 'very bad health' describe residents who might suffer chronic conditions, serious illnesses, and frequent health complications or may require substantial medical care and support due to debilitating conditions.

The East Riding overall reported a significantly lower proportion of residents in bad or very bad health compared to England (11.2% compared to 12.8%), as did all but one CMT as displayed in Figure 17. The exception was Bridlington, which at 15.2% of 65+ year olds describing their health in this way, was significantly higher than both the East Riding and national averages.



Figure 17 Community Wellbeing team census reported health status

Source ONS 2021

Limiting long Term Illness

Another part of the 2021 Census asked resident to describe if their day to day activities were limited 'a little', 'a lot', or 'not at all'. Those responding to either 'a little' or 'a lot' were classified as disabled under the Equality Act (2010).

The category "limited a little" refers to individuals who experience some restrictions in their daily activities due to health problems or disabilities but are still able to manage most tasks independently. These individuals might require occasional assistance or adaptive tools to perform certain activities but generally maintain a degree of autonomy. Conversely, the category "limited a lot" is used for individuals whose health problems or disabilities significantly hinder their ability to carry out daily activities. These individuals often require regular assistance or specialised equipment to manage their daily routines and may face considerable challenges in maintaining independence.

Figure 18 shows the proportion of residents aged 65 years answering that their day to day activities were limited 'a little' or 'a lot'. Around a third (33.8%) of East Riding residents answered that this applied to them but was a lower proportion than the national average (35.5%). Bridlington and Holderness both reported significantly higher percentages than the East Riding average (38.2% and 35.6% respectively) with the former also significantly higher than national.



Figure 18 Community Wellbeing Team people reported disability at the 2021 census

Source; ONS 2021

Limiting long-term illness reduces independence and quality of life, which is critical to adult social care because it directly impacts the ability of individuals to manage their daily activities without assistance. As people experience increased morbidity, they often face substantial barriers to remaining physically, mentally, and socially active.

This not only leads to a heavier reliance on social care services but also places a greater emotional and financial strain on their families and caregivers.

The rise in long-term illnesses, such as chronic pain, dementia, heart conditions, and diabetes, results in more residents requiring continuous support to perform essential tasks. These conditions often lead to diminished mobility, cognitive impairments, and a decreased capacity to engage in social interactions, further isolating individuals and reducing their overall well-being.

Moreover, the projected increase in the number of older residents living with limiting long-term illnesses implies a growing demand for tailored health and social care interventions. Public services must adapt to address these complex needs, ensuring that support systems are in place to help individuals maintain as much independence as possible, thereby enhancing their quality of life.

Figure 19 Projected increase in Limiting long term in the East Riding (persons aged 65+ years)



Limiting long term illness: day-to-day activities are limited a lot Estimated number in the East Riding aged 65+ years

Source; ONS 2021

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

COVID19 Impacts Insight

These impacts were captured in a post COVID 19 health needs assessment performed in 2023 the full document is <u>here</u>, below are key ones affecting older populations in the East Riding.

Loneliness and Anxiety

Loneliness was a recurring issue for children, adults, and the elderly during lockdowns. Isolation led to a lack of contact with friends, family, and colleagues. Post-lockdown, many experienced high anxiety when accessing services, particularly those with learning disabilities who preferred small groups over wider community exposure. Adults faced low confidence, lack of motivation, and disengagement from society. The closure of social venues like pubs and gyms exacerbated stress for some who had to work despite Covid risks. The full impact remains uncertain as people are reluctant to discuss it.

Deconditioning and Increased Frailty in Older People

Isolation negatively impacted the mental and physical health of older residents, reducing independence and increasing fall risk. Dementia patients experienced faster cognitive decline due to reduced social activity and loss of routine. Falls were also linked to limited podiatry care, particularly in residential settings.

Increasing Severity of Low-Level Mental Health Issues in Adults

Financial hardship, unemployment, and bereavement during the pandemic worsened low-level mental health issues such as depression and anxiety. Some mental health services reported that while referrals didn't increase, the severity of cases did.

Major long-term conditions

This summary presents the prevalence of major long-term conditions in East Riding, highlighting challenges in health and social care for managing these illnesses and the associated needs. Play the trend of people living with more people with a longer period of ill health has been growing throughout the 2000's and the 2010's. The retirement of the large baby boomer cohort is impacting the economy by reducing the active workforce and increasing demand on health and care systems. This has long been predicted as a burden, but governments have failed to adequately prepare these systems. The pandemic and other international events have further strained the nation's ability to meet this demand, leaving health and care services under extreme pressure. Additionally, the COVID-19 pandemic has worsened existing issues, significantly affecting individuals' health and well-being. Rising poverty, accelerated by global events, is affecting local health and well-being, weakening resilience and independence.

The future needs section highlights the major conditions faced by the population individually and as they age. Projections show rising demand for adult social services and health services to support people with increased morbidity as they age. Although preventive steps should be taken to avoid long-term conditions, illness, frailty, and disability, our country's prevention strategies have often missed opportunities. Consequently, many individuals face multiple morbidities and disabilities that limit their lives.

Cardiovascular disease

Cardiovascular is one the major killers in the East Riding, being responsible for the largest amount of all deaths. Cancer and respiratory disease being the next two largest groups for all age death. Figure 20 Coronary Heart Disease prevalence by primary care network in 2023/24



Source; Fingertips

The distribution of people on the coronary heart disease (CHD) register shows significant variations across different primary care networks. Notably, Bridlington, Yorkshire Coast, and Holderness consistently exhibit higher prevalence rates of individuals on the CHD register over time. This suggests that these areas may require increased healthcare support and resources to address the higher incidence of coronary heart disease among their populations.

The numbers of East Riding residents aged 65 years and over predicted to have any cardiovascular disease are estimated to increase by 33% between 2022 and 2040 to over 39,500 people (an increase of almost 10,000). This is displayed in Figure 17, whilst Table 3 divides this number into Community Wellbeing Teams, with Haltemprice predicted to have the highest count and increase by 2040.

Figure 21 People aged 65 and over predicted to have any cardiovascular disease, projected to 2040



Cardiovascular disease Estimated number in the East Riding aged 65+ years

Table 3 People aged 65 and over predicted to have any cardiovascular disease, projected to 2040

	Count of residents					% increase from 2022			
Area	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	3,963	4,223	4,663	5,034	5,283	6.6%	17.7%	27.0%	33.3%
Bridlington	4,366	4,658	5,141	5,552	5,836	6.7%	17.8%	27.2%	33.7%
Goole	3,385	3,600	3,977	4,291	4,488	6.3%	17.5%	26.8%	32.6%
Haltemprice	7,012	7,493	8,265	8,926	9,403	6.8%	17.9%	27.3%	34.1%
Holderness	5,154	5,484	6,058	6,539	6,847	6.4%	17.5%	26.9%	32.9%
Wolds	5,772	6,147	6,788	7,327	7,682	6.5%	17.6%	26.9%	33.1%
East Riding	29,652	31,606	34,892	37,669	39,539	6.6%	17.7%	27.0%	33.3%

Source; POPPI/PANSI

Hospital admissions for cardiovascular related diseases

Coronary heart disease (CHD)

Nationally, hospital admission rates for CHD (all ages) have decreased by 46% over the past 20 years up to 2023/24, with annual rates uniformly decreasing. Similarly, the East Riding has also experienced a decrease over the same period. However, inequalities still persist, with analysis at ward level (2021/22-23/24) revealing significantly higher rates of admission within the deprived wards of Bridlington and Goole. Goole North (the East Riding ward with the highest rate of all age CHD admissions) recorded a rate (601.4 per 100,000 population) which was 97% higher than St. Marys, the ward with the lowest rate (305 per 100,000).

CHD admission rates by CWT involving residents aged 65+ years are presented in Figure 18, highlighting a significantly higher rate within the Bridlington CWT than the East Riding overall and all other CWTs, except Goole.

Figure 22 Hospital admissions due to coronary heart disease (CHD)



Community Wellbeing Teams: hospital admissions* with a primary diagnosis of CHD directly standardised rate per 100,000 population, 2021/22-23/24, all 65+ years, all persons

Source; NHS England

Stroke

NHS England reported in 2024, that nationally, hospital admissions due to stroke had risen 28% over the past 20 years, with the biggest increase in the 50-59 age group (+55%) followed by older age groups of 60-69 (42%) increase and 70-79 (25%) increase.

Stroke admission rates (elective and non-elective admissions combined) for residents of all ages, have largely been significantly lower than the England average since 2003/04, however in the last 5 years East Riding admission rates have slowly increased so that they are now similar. When ward analysis was conducted for this indicator for the period 2021/22-23/24, significantly higher rates were reported amongst our more deprived communities such as Bridlington South, Bridlington Central and Old Town and East Wolds and Coastal.



Source; NHS England

Figure 23 provides admission rates for those residents aged 65+ years, within the CWB Team boundaries. Bridlington CWB residents recorded a significantly higher rate than the East Riding average and were 60% higher than Holderness CWB, which recorded the lowest rate.

Cancer

The prevalence of cancer (in all ages) within the East Riding PCNs (and York East PCN) is shown within Figure 24. Prevalence ranged from 6.3% in Yorkshire Coast and Wolds to 4.2% in Cygnet, with three PCNs in total recording a significantly higher prevalence than the East Riding sub-ICS overall (5.3%).



Figure 24 Cancer prevalence for the more recent period 2023/24

Source; Fingertips

As shown below in Figure 25, over time the latest distribution of cancer prevalence in East Riding reflects significant variations across different primary care networks. Bridlington, Yorkshire Coast, and Holderness consistently exhibit higher than average prevalence rates of cancer, compared with the western parts of the county such as River and Wolds and Cygnet. This demonstrates areas that are likely to have increased care needs due to disease, likely compounded by poverty and small social networks.

Figure 25 Cancer Prevalence trend for PCN's



Source; Fingertips

The data presented highlights a concerning trend in the East Riding area, where the prevalence of cancer has shown a marked increase over recent years. Bridlington, Yorkshire Coast, and Holderness consistently report higher cancer prevalence rates compared to other regions, indicating a growing need for healthcare support and resources. These statistics underscore the importance of targeted interventions to address the higher incidence of cancer and improve healthcare outcomes for the affected populations in these areas.

Respiratory

Figure 26 below, shows the variation in prevalence between the primary care networks in the East Riding. Similarly to other long-term conditions, the Bridlington, Holderness, and Yorkshire Coast and Wolds PCNs all have higher than the East Riding average prevalence rates for COPD. This patterning, as shown in the below data, has been consistent over time.



COPD: QOF prevalence 2023/24 by PCN

Source; Fingertips

Figure 27 Chronic Obstructive Pulmonary Disease prevalence by PCN overtime



Source; Fingertips

The Yorkshire Coast and Wolds PCN has recently seen higher rates than the East Riding average. This may indicate an increased need in the community and likely higher health demands due to the debilitating nature of chronic obstructive pulmonary disease.

East Riding residents aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema could potentially increase from approximately 1,500 persons in 2022 to over 2,000 in 2040 (a 31% increase). See Figure 28.

Table 4 provides estimated numbers of people by CWT predicted to have a longstanding health condition caused by bronchitis and emphysema, projected to 2040.

Figure 28 People aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema, projected to 2040



Bronchitis/emphysema

Table 4 People aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema, projected to 2040

		Cour	nt of resid	ents		% increase from 2022			
Bronchitis/emphysema	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	210	222	246	265	275	5.9%	17.3%	26.4%	31.3%
Bridlington	230	244	270	291	303	6.0%	17.4%	26.5%	31.7%
Goole	180	190	211	227	235	5.7%	17.1%	26.1%	30.5%
Haltemprice	367	390	431	465	485	6.2%	17.5%	26.7%	32.1%
Holderness	274	290	321	346	359	5.8%	17.2%	26.2%	30.8%
Wolds	306	324	359	386	401	5.8%	17.2%	26.3%	31.1%
ERY	1,567	1,660	1,838	1,981	2,058	5.9%	17.3%	26.4%	31.3%

Source; ONS, POPPI/PANSI

Depression

Diagnoses of depression doubled in a decade

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



Figure 29 Diagnoses of depression

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

Depression in older people projected to increase be a third

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



Figure 30 Projected number of East Riding residents aged 65+ years diagnosed with Depression

Source; POPPI/PANSI

Figure 31 Projected number of East Riding residents aged 65+ years diagnosed with Severe Depression



Severe Depression Estimated number in the East Riding aged 65+ years

Source; POPPI/PANSI

Table 5 below, provides counts of residents with severe depression by CMT between 2022 and 2040, including the percent increases in those years on the right hand side of the table. Note that this table is basing its initial year on 2022 population estimates (as opposed to 2020 as shown in the previous 2 charts) and as such will show different figures to the estimates shown in Figure 31.

		Cou	nt of reside		% increase from 2022				
Area	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	339	364	401	435	458	7.5%	18.3%	28.4%	35.0%
Bridlington	373	402	440	477	503	7.6%	17.8%	27.7%	34.7%
Goole	289	311	341	369	387	7.4%	17.9%	27.7%	33.9%
Haltemprice	608	654	722	789	831	7.7%	18.8%	29.8%	36.8%
Holderness	437	469	514	555	584	7.4%	17.5%	27.0%	33.5%
Wolds	492	529	579	628	661	7.4%	17.7%	27.6%	34.2%
ERY	2,538	2,729	2,997	3,253	3,424	7.5%	18.0%	28.2%	34.9%

Table 5. Count of 65+ year olds with severe depression estimated for 2022 (and % increase) by Community Wellbeing Team.

Dementia

The increase in dementia cases reflects both the ageing population and NHS England's efforts to diagnose the condition earlier for preventative treatment. This response addresses late-stage diagnosis demands and aims to slow the progression of dementia through available treatments.

Figure 32 Dementia Prevalence in 2023/24 by Primary Care Network



Dementia Prevelance 2023/24 by PCN

Source; OHID Fingertips

Within the East Riding, dementia prevalence varies significantly across different primary care networks (PCNs), as is highlighted in Figure 32. Notably, Bridlington PCN exhibits a significantly higher prevalence of dementia compared to the East Riding average, indicating a potential area for increased

healthcare support and resources. Conversely, the Cygnet PCN, which covers the areas of Goole and Howden, has the lowest prevalence of dementia in the region.



Over the past decade, the prevalence of dementia in the East Riding has steadily increased, consistently remaining above the national average for England. This trend highlights the growing need for targeted healthcare support and resources within the region, particularly in areas with higher prevalence rates such as Bridlington PCN.

The numbers of residents aged 65+ years estimated to have dementia are predicted to increase by over 50% between 2022 and 2040, rising from approximately 6,500 persons to almost 9,900 in that time period (Figure 34. Around a quarter of these people are predicted to reside in the Haltemprice area alone (Table 6).

Figure 34 People aged 65 and over predicted to have dementia, projected to 2040 Predicted to have dementia Estimated number in the East Riding aged 65+ years



Table 6 People aged 65 and over predicted to have dementia, projected to 2040

		Cou	nt of resid	ents		% increase from 2022				
Area	2022	2025	2030	2035	2040	2025	2030	2035	2040	
Beverley	870	940	1,075	1,207	1,327	8.0%	23.5%	38.6%	52.5%	
Bridlington	945	1,022	1,164	1,301	1,431	8.1%	23.1%	37.7%	51.5%	
Goole	722	778	887	993	1,093	7.9%	22.9%	37.6%	51.5%	
Haltemprice	1,646	1,780	2,038	2,309	2,538	8.1%	23.8%	40.3%	54.2%	
Holderness	1,066	1,151	1,310	1,460	1,604	7.9%	22.8%	36.9%	50.4%	
Wolds	1,234	1,333	1,517	1,698	1,871	8.0%	22.9%	37.6%	51.6%	
ERY	6,484	7,004	7,990	8,967	9,865	8.0%	23.2%	38.3%	52.2%	

Source ONS, POPPI/PANSI

Musculoskeletal (MSK) conditions

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

Rheumatoid arthritis

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

Figure 35 Rheumatoid arthritis prevalence trend for the East Riding



		NHS East Riding Of Yorkshire CCG									
Period		Count	Value	95% Lower Cl	95% Upper Cl	England					
2013/14	0	2,323	0.9%	0.9%	1.0%	0.7%					
2014/15	0	2,311	0.9%	0.9%	1.0%	0.7%					
2015/16	0	2,335	0.9%	0.9%	1.0%	0.7%					
2016/17	0	2,371	0.9%	0.9%	1.0%	0.7%					
2017/18	0	2,421	0.9%	0.9%	1.0%	0.7%					
2018/19	0	2,507	1.0%	0.9%	1.0%	0.8%*					
2019/20	0	2,584	1.0%	1.0%	1.0%	0.8%					
2020/21	0	2,598	1.0%	1.0%	1.0%	0.8%					
2021/22	0	2,620	1.0%*	1.0%	1.0%	0.8%					

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

Recent trend: No significant change

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

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

Frailty

NHS England provide estimates for the prevalence of moderate and severe frailty in patients aged 65+ years. In the East Riding of Yorkshire sub-ICS (quarter 2 of 2024/25) it was estimated to be 8.2% and 3.5% respectively and for England overall 9.1% and 4% respectively.

Frailty assessments in health and social care review both physical conditions and social factors, combining them into an algorithm. This categorises individuals by their circumstances and physical limitations to provide appropriate interventions and holistic support. The Bradford (eFI) frailty score is commonly used nationally in primary care, while geriatricians often use the Canadian Rockwell score. These scores can be applied separately or together to understand physical and social risk factors and implement preventative measures against escalating frailty. They help planners gauge service provision needs and enable community healthcare workers to holistically assess and support individuals. Loosely both system categories people in to mild moderate and severe frailty, below shows the local figures for moderate and severe, with the future projections of increase to 2040.

Figure 36 Moderate frailty projection in the 65 and older across the East Riding Moderate Frailty in 65+ year olds - East Riding of Yorkshire % increase since 2022



Source: NHS England

Figure 37 Severe frailty projection in the 65 and older across the East Riding Severe Frailty in 65+ year olds - East Riding of Yorkshire % increase since 2022



Source: NHS England

Table 7 Estimated number of residents (aged 65+ years) with moderate or severe frailty

Condition	Area	2022	2025	2030	2035	2040
	Beverley	1,014	1,071	1,184	١,277	١,324
	Bridlington	1,112	1,174	١,298	۱,399	١,452
M	Goole	871	920	1,017	۱,096	1,137
frailty	Haltemprice	1,784	I,884	2,083	2,246	2,330
il alley	Holderness	1,323	١,397	1,545	١,666	١,728
	Wolds	1,479	1,562	1,727	I,863	1,932
	ERY	7,583	8,007	8,852	9,547	9,903
	Beverley	433	457	505	545	565
	Bridlington	474	501	554	597	620
	Goole	372	392	434	468	485
Severe frailty	Haltemprice	761	804	889	959	994
	Holderness	565	596	659	711	737
	Wolds	631	667	737	795	825
	ERY	3,237	3,418	3,778	4,075	4,227
	% increase from 202	2	6%	17%	26%	31%

Falls

A consequence of MSK conditions include bone degeneration, limited joint movement and muscle function (amongst others), this can reduce a person's mobility and increase the risk of falls. Figure 38 below predicts the increase in the number of falls between 2022 and 2040. It is estimated that the number of falls could potentially increase by 36% in that time to over 33,400 falls.

Table 8 on the next page.



Figure 38 Estimated number of falls and projection for the East Riding

Table 8 People aged 65 and over predicted have a fall, projected to 2040

		Cou	nt of reside	ents		% increase from 2022				
Area	2022	2025	2030	2035	2040	2025	2030	2035	2040	
Beverley	3,286	3,487	3,918	4,287	4,486	6.1%	19.2%	30.5%	36.5%	
Bridlington	3,582	3,807	4,260	4,649	4,876	6.3%	18.9%	29.8%	36.1%	
Goole	2,780	2,948	3,301	3,600	3,756	6.0%	18.8%	29.5%	35.1%	
Haltemprice	5,908	6,287	7,077	7,793	8,174	6.4%	19.8%	31.9%	38.4%	
Holderness	4,208	4,458	4,985	5,428	5,675	5.9%	18.5%	29.0%	34.9%	
Wolds	4,747	5,033	5,631	6,151	6,436	6.0%	18.6%	29.6%	35.6%	
ERY	24,511	26,020	29,173	31,908	33,403	6.2%	19.0%	30.2%	36.3%	

Rates of emergency hospital admissions caused by falls in 65+ year olds were calculated by CWT and are shown in Figure 39. Whilst there was variation in rates between them, no CWTs were significantly different from the East Riding average nor one another.

Figure 39 Emergency Hospital admission due to fall for those 65 and older.



Emergency hospital admissions due to falls in people aged 65 and over 2021/22-23/24 directly standardised rates per 100,000 population (3 years pooled)

NICE (2023) approximate that residents of care and nursing homes represent 30% of hip fracture hospital admissions, with two-thirds from care homes. This population is generally frailer and has higher cognitive impairment than those admitted from home, whilst non-care home residents often maintain a higher level of independence and physical activity. NICE also state that many do not receive adequate rehabilitation post-discharge, leading to poor outcomes, including high readmission rates. They go on to suggest implementing early multidisciplinary rehabilitation in these settings could improve recovery, reduce hospital stays, and lower the need for additional nursing care.

Table 9 displays the split between admissions from care homes and non-care home settings. Overall, in the East Riding 19.2% of admissions were from care homes, lower than the NICE estimate above, meaning more incidents occurring within the community, rather than within care homes. The table also illustrates that within the PCNs of the East Riding there is considerable variation in the source of

admissions. There is a higher proportion of Beverley PCN patients are admitted from non-care home settings (84.3% in 2024/25) in contrast to, for example, Harthill PCN (70.2%).

Table 9 Emergency department admissions for patients diagnosed with fractured neck of femur. Note 2024-25 is incomplete (data from April 2024 to February 2025). Source: H&NY ICB dashboard

All ERY PCNs

Admission Year	Care Home	Non-Care Home
2020-21	24.1%	75.9%
2021-22	22.3%	77.7%
2022-23	25.4%	74.6%
2023-24	21.5%	78.5%
2024-25	19.2%	80.8%

Bridlington PCN

Admission Year	Care Home	Non-Care Home
2020-21	24.1%	75.9%
2021-22	22.4%	77.6%
2022-23	26.2%	73.8%
2023-24	12.0%	88.0%
2024-25	19.4%	80.6%

Beverley PCN

Admission Year	Care Home	Non-Care Home
2020-21	11.5%	88.5%
2021-22	11.9%	88.1%
2022-23	17.8%	82.2%
2023-24	16.7%	83.3%
2024-25	15.7%	84.3%

Cygnet PCN

Admission Year	Care Home	Non-Care Home
2020-21	36.5%	63.5%
2021-22	29.6%	70.4%
2022-23	29.2%	70.8%
2023-24	29.3%	70.7%
2024-25	18.3%	81.7%

Harthill PCN

Admission Year	Care Home	Non-Care Home
2020-21	20.0%	80.0%
2021-22	27.7%	72.3%
2022-23	29.6%	70.4%
2023-24	27.0%	73.0%
2024-25	29.8%	70.2%

Holderness PCN

Admission Year	Care Home	Non-Care Home
2020-21	40.0%	60.0%
2021-22	26.5%	73.5%
2022-23	23.7%	76.3%
2023-24	31.1%	68.9%
2024-25	19.3%	80.7%

Rivers & Wolds PCN

Admission Year	Care Home	Non-Care Home
2020-21	25.0%	75.0%
2021-22	32.7%	67.3%
2022-23	18.5%	81.5%
2023-24	28.6%	71.4%
2024-25	23.1%	76.9%

Yorkshire Coast & Wolds PCN

Admission Year	Care Home	Non-Care Home
2020-21	20.9%	79.1%
2021-22	11.7%	88.3%
2022-23	27.9%	72.1%
2023-24	11.8%	88.2%
2024-25	12.3%	87.7%

Mobility

Figure 38 below predicts a 42% increase in the number of East Riding residents aged 65, who are unable to manage at least one activity on their own between 2022 and 2040. In this time it is estimated that this will apply to over 24,000 people.

Counts of projected falls by CWTs are provided in Table 10 beneath the chart.

Figure 40 Mobility estimated for the East Riding population



Mobility: unable to manage at least one activity on their own Estimated number in the East Riding aged 65+ years

Table 10 Counts of i	nro	iantad	falle	hv	C\N/Te
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				,	

	Count of residents				% increase from 2022				
Area	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	2,265	2,420	2,722	3,041	3,222	6.9%	20.2%	34.2%	42.3%
Bridlington	2,468	2,641	2,959	3,292	3,496	7.0%	19.9%	33.4%	41.6%
Goole	1,896	2,024	2,269	2,527	2,673	6.8%	19.7%	33.3%	41.0%
Haltemprice	4,190	4,488	5,059	5,696	6,043	7.1%	20.8%	35.9%	44.2%
Holderness	2,842	3,032	3,393	3,765	3,989	6.7%	19.4%	32.5%	40.4%
Wolds	3,247	3,467	3,884	4,325	4,584	6.8%	19.6%	33.2%	41.2%
ERY	16,907	18,073	20,287	22,645	24,007	6.9%	20.0%	33.9%	42.0%

Care Home Outbreak Management

Post-pandemic, the importance of protecting the most vulnerable settings in society remains paramount. Public health efforts continue unwaveringly to support care homes in managing outbreaks of infectious diseases. Annual initiatives ensure the safeguarding of residents. Last years report covering the diseases intervened with along with the number of cares homes supported through outbreak is below.

During the 2023-2024 period, processes and policies were reviewed to create pragmatic and effective solutions for responding to care home needs. This coincided with the UK Health Security Agency (UKHSA) wishing to respond as quickly as possible to flu outbreaks in care homes. Flu outbreaks pose significant risks, causing harm to health, restricting the flow of residents as homes in outbreak can no longer accept new admissions, and preventing onward transmission to other vulnerable communities.

In support of these efforts, dedicated outbreak management teams were mobilized to provide rapid response and containment measures, ensuring minimal disruption and safeguarding the health of care home residents.

https://eastridingjsna.com/health-protection/

Figure 41 Snapshot of Care home dashboard from East Riding's Health Protections Surveillance system



Source Public Health East Riding of Yorkshire

Additional insights

Local Coordination Service

The Local Coordinators are embedded within the community, working closely with Adult Social Care, Social Prescribing, Primary Care and the Voluntary and Community Sector, and have an in-depth knowledge of local opportunities and networks within their local areas. They use this local knowledge and intelligence to act as the connection between individuals, their strengths and their challenges, and the community offer, supporting people to identify more sustainable ways to maintain their independence and improve their wellbeing.

Feedback in October 2023 from the Local Coordination Service delivered by the British Red Cross highlighted key themes that were being identified in each of the six adult social care localities. There was a noticeable difference in reasons for requesting support between the most deprived areas and the least deprived areas, with housing and debt being concerns among residents in Bridlington, Holderness and Goole. Social isolation was highlighted as a recurring issue that presented across the whole of the East Riding. The images below show the breakdown of insight from each locality.

Figure 42 observations from East Riding Local Coordination Service 2023 for Bridlington, Goole and Holderness





Unpaid Carers

The 2021 Census revealed that 30,618 individuals in the East Riding provided unpaid care and are an invaluable asset within our communities, providing care voluntarily to assist the person they care for to remain independent. Often it is done without any recognition of their hard work or the personal impact on the carer, and many people still do not recognise themselves as being a carer.

Some key points about unpaid carers in the East Riding:

- **Caring Demographics:** The majority of unpaid carers are adults, with 59% being female and a significant portion aged between 55 and 64. The highest proportion of female carers were between the ages of 55 and 59 years (20.5%), and the highest proportion of male carers were between the ages of 60 and 64 years (13.0%).
- **Health Impacts:** Many unpaid carers reported poor health, particularly those providing more hours of care, with a higher percentage of disabled individuals among those offering unpaid care. More unpaid carers reported bad health, and the proportion increased with more hours of care.
- **Registration Discrepancy:** Despite 30,076 unpaid carers identified in the Census, only 3,700 are registered with the East Riding Carers Support Service, indicating a significant issue in self-identification of carers. The identification and self-identification of carers has been identified as a major issue for many years, both in the East Riding and nationally.
- **Differences within the local authority:** South East Holderness and Bridlington North had the highest counts of carers, with over 60% providing 20+ hours weekly 10. Across the whole of East Riding of Yorkshire, 50.6% of carers provided 20 hours or more a week.

• **Unpaid Care Trends:** In 2021, 30,618 individuals in East Riding of Yorkshire provided unpaid care, a decrease of 6,750 from 2011 8. There was, however, an increase in individuals providing 20-49 hours and 50+ hours of unpaid care weekly. The decrease in the proportion of individuals providing unpaid care was seen nationally, largely driven by individuals providing more hours of care (in the 20 to 49 hours range mainly). The Office for National Statistics suggests other reasons for the decrease in individual carers, including Covid restrictions limiting travel and mixing, household mixing rules limiting carers who previously shared responsibilities, a higher number of deaths than expected in the older population at the start of 2021, and changes in the 'wording' between 2011 and 2021 Census impacting self-reporting of unpaid care.

Further information about unpaid carers in the East Riding can be found on the JSNA website: <u>https://eastridingjsna.com/carers/</u>.

Integrated Neighbourhood Teams

The East Riding has 8 integrated neighbourhood teams (INTs) all at different stages of development. The more established teams in Driffield, Bridlington and Goole are at a stage where they can share some learning and insight from the projects they have undertaken in their neighbourhoods.

Driffield

In May 2024, Driffield INT decided to prioritise Care Homes as a key area of focus. It was observed that both Driffield surgeries were handling a significant volume of inquiries from care homes, with the level of support varying between the two practices. It was recognised that improved communication with primary care could greatly benefit the care homes. In-person workshops with providers and primary care were held to identify the challenges that could be addressed to enhance care for residents.

The outcomes of the project have been faster access to care and medications for residents through setting up proxy access to medication, reduced duplication of tasks, and an improvement in the quality of communications between care homes and primary care. The full case study report can be found on the JSNA

Driffield INT have also looked at how they can support the Love Driffield foodbank following an insight report from Healthwatch East Riding Love Driffield: Driffield and The Wolds Foodbank. Many residents using the foodbank have multiple unmet needs and use it as a front door to try and gain advice on accessing help and support, with some presenting in crisis. The INT has worked closely with the foodbank to strengthen the support available, developing a meaningful partnership with volunteers and recognising the foodbank as a key community asset. This relationship has been underpinned by regular engagement, shared learning, and mutual trust. The INT have identified additional training and support for volunteers at the foodbank, such as suicide prevention training, as well as additional services to attend drop-in sessions for residents.

Bridlington

Bridlington INT piloted a version of the Brazilian Community Health and Wellbeing Workers model, called the Bridlington Family Health Strategy which was designed to deliver assertive outreach into an area of high deprivation. The pilot began in November 2024 and focused on one street, Olinda Road in Bridlington. Two social prescribers from the Primary Care Network visited every property on the street to understand more about the residents living there, and their health and wellbeing. The aim of the project was to be proactive in supporting residents with issues before they escalate into needing to access services. Some of the insight gathered through this project was that 100% of residents who engaged with the social prescribers described that they had caring responsibilities, with 75% identifying themselves as a carer. Several residents described feeling that they do the same thing every had and had little to no choice.

When residents were asked what they would like to change the following themes emerged:

- Better health in the household
- Support with money and finances
- Support with mental health, learning disabilities and autism
- Respite from caring responsibilities
- Housing (including issues with damp, and getting landlords to repair the property)

Cygnet

Cygnet INT covers the town of Goole and surrounding villages. The INT initially chose to focus on childhood vaccinations. Insight from the Public Health Intelligence team at East Riding Council informed the INT that they had a significant migrant population, so vaccinations within the migrant community was chosen as a starting point. It became clear relatively quickly that health and care services knew very little about this population and how to best engage with them, and so the project evolved to become about developing insight, led by HEY Smile Foundation to understand more about the migrant community in Goole.

Cygnet INT are currently working with care leavers to look at improving the experience of accessing healthcare services in Goole. Feedback from care leavers residing in Goole has been picked up by a working group who are addressing each of the issues raised and working to coproduce solutions. The feedback was as follows:

- Young people who are care leavers have challenges managing appointment systems and would benefit from improvements to communication between services and young people
- Improved access to Mental health services and understanding of care leaver histories and current needs when referring to services
- Improved Family Nurse Partnership offer with postpartum support for care leavers who are young parents
- Challenges of getting young children to appointments
- Additional support at appointments from mentors or peer mentors

- Trauma informed training for staff and awareness of challenges young people face attending appointments and articulating their needs
- Advice and support around access to local services such as food banks, money advice (social prescribing support)
- Flexibility around access to services not having a one strike policy for non-attendance

Car Ownership

Not having access to a car can limit social and economic participation and pose a barrier to accessing health services. Poorer households are less likely to have access to a car, partly due to the cost of buying and maintaining a vehicle. In the East Riding, a significantly higher proportion of households in Bridlington and Goole, two of the most deprived locations, do not own a car or van in Figure 44

Figure 44 Percent of households with no car or van by Community Wellbeing Team (2021)



% of households with no car or van by Community Wellbeing Team (2021)

Although Wolds and Holderness have a significantly lower proportion of households without a car, there are still over 3,000 households in each of these localities without access to a vehicle. Due to the rurality of these locations this could present significant barriers to these households. For example, without access to a car people may find it harder to participate in social activities, leading to feelings of isolation and loneliness, which can negatively impact mental health.

Digital Exclusion

Access to timely and relevant information is crucial for active ageing, particularly for the elderly who may face digital exclusion due to lack of internet access or digital skills. To address these challenges, it is essential to ensure information is accessible both digitally and physically, considering factors like rurality. Training and support initiatives can enhance the digital skills of older adults, enabling them to engage with community events and stay connected with family and friends. Community spaces play a vital role in facilitating these efforts.

Recent estimates from the ONS indicate that 92% of UK adults used the internet in the last three months of 2020, with nearly universal usage (99%) among those aged 16-44. Internet usage among older adults has also risen, with 85.5% of those aged 65-74 and 54% of those 75 and older using the internet, reflecting increases of 55% and 114%, respectively, since 2013. Notably, men in these age groups tend to have higher usage rates than women. In East Riding, internet usage among adults grew from 84.9% in 2014 to 93.2% in 2020.

Digital exclusion risk index (DERI) tool

The Digital Exclusion Risk Index (DERI) tool is a web-based application that allows users to explore the risk of digital exclusion within lower super output areas (LSOAs) of the UK. The tool uses data from various sources, such as the Office for National Statistics, to measure the level of digital exclusion in different areas and among different groups of people. The DERI provides a score between 0 and 10, with 0 being low risk and 10 a high risk of digital exclusion.

Figure 45 below highlights LSOA areas within the East Riding with either a high risk of digital exclusion (orange and red shaded areas) or low risk (blue and dark blue shaded areas).

- The left map shows the overall DERI score which combines factors of demography, broadband availability and deprivation. In the East Riding, the LSOA area of E01012934 (within Bridlington Central and Old Town ward) is highlighted as having the highest risk of digital exclusion with a score of 6.4 out of 10. Areas of both Bridlington North and South also having a slightly higher risk. However, based on this particular methodology the risk for the rest of the East Riding is generally low.
- The map on the right highlights digital exclusion risk based specifically on broadband speed and this highlights a number of other areas in the East Riding with a risk of digital exclusion. The same LSOA area within Bridlington Central and Old Town area mentioned above, again has the highest risk score within the East Riding but the score is higher (9.5 out of 10). Other areas with higher risks than other areas of the East Riding include LSOAs E01013023 (Howdenshire Ward), E01013021 (Howdenshire), E01013127 (Wolds Weighton), E01013927 (Beverley Rural) and E01013927 (Mid Holderness).

Figure 45 Maps showing overall DERI scores (left) and broadband specific scores (right) Source: *DERI*. Red and orange colours indicate higher risk scores of digital exclusion compared to blue areas.



Physical Activity

The World Health Organisation (WHO, 2010) state that there is strong scientific evidence that regular physical activity produces extensive health benefits for older adults and in some instances are more beneficial in this age group due to the outcomes related to inactivity being more common. WHO also state that adults over the age of 65 years should do at least 150 minutes of moderate physical activity throughout the week, which is similar to the general adult population.

Currently there are no accessible statistics for the East Riding of the proportion of older adults participating in physical activities. Results from the 2021 HSE indicates that, nationally, participation rates in moderate intensity activities tend to be lower among older adults compared to younger age groups, this is illustrated in Figure. For most age groups, the blue part of the bars (indicating aerobic guidelines are being met) form the majority of the actively levels, with the yellow parts (inactive levels) only contributing a small percentage. From the age of 55-64 the inactivity levels noticeably increase and by the age of 75+ they form a greater proportion (at 45.1%) than then blue part (38%).



Figure 46 Activity levels (participation in at least moderate intensity activity), by age. England, 2021.

Source: NHS Digital

As if to compound these statistics, Meredith et. al (2023) stated that older adults are often "insufficiently active to maximise health". However, that is not to suggest there is no interest at all in physical activity, on the contrary Meredith et. al (2023) commented that older people were "motivated by the presence of nature and the sense of freedom provided by well-designed, aesthetically pleasing outdoor spaces, such as wooded trails" and continued "local parks were particularly important for older adults who struggled to travel longer distances."

Despite the decline in activity levels as age groups get older, the Health Survey for England has reported a gradual increase in over 65 years olds participating in physical activity. Figure 46 highlights that over 3 recorded time periods activity levels increased year on year for all adults of this age group, from 41.9% in 2012 to 50.2% in 2021. Note that this particular indicator (showing different years) is based on previous aerobic guidelines.





Source: NHS Digital

A range of services and activities that relate to Outdoor Spaces and Buildings are provided across the East Riding. These amenities provide an environment for participation in physical and social activity. Whilst not all being specifically targeted at Older age groups they do appeal to the over 50s and connect with other domains of Age Friendly such as Social Participation and Civic Participation (Volunteering). Have a broad appeal also promotes Respect and Social inclusion with considerations for age and disability.

Conclusion

The combination of demographic changes and budget cuts has greatly impacted the health and social care situation in the East Riding. The rising number of elderly people living alone and the cuts to community services have made the need for a strong health and care system even more important. Solving these problems will require careful planning, more funding, and a focus on sustainable solutions to ensure the wellbeing of the region's most vulnerable people.

Between the 2011 and 2021 censuses, the number of individuals aged 65 or older living alone in the East Riding increased by 42%. This demographic is particularly vulnerable and likely to be unsupported as they age, facing numerous health challenges that necessitate health and care services to be provided directly to them. Additionally, economic resilience has further hampered social networks, leading to a reduction in community support and increasing isolation among elderly individuals.

Over the years, the East Riding has experienced significant changes in illness trends, with past predictions about illness trends materialising in the present day. Combined with an aging population, which is more at risk from chronic diseases, disabilities, and other age-related health problems requiring an increasing need for health and social care services, thereby putting pressure on the health and care system.

Budget cuts have reduced social infrastructure, diminishing community protections and resources. These financial constraints have increased reliance on statutory services, stretching them thinner and creating a cycle of higher demand with limited resources. Addressing these issues requires careful planning, increased funding, and sustainable solutions to support the areas vulnerable individuals.

Health and care services face unprecedented demand with no signs of easing. Delays in treatment, diagnosis, access to services, and pressure on social care continue to rise. The pandemic triggered a cost-of-living crisis, exacerbated by international events, which has likely worsened health and wellbeing more than the pandemic itself. The Joint Strategic Needs Assessment (JSNA) 2022 identified persistent and worsening challenges due to global changes and workforce pressures. A resilient and preventative system is crucial to help people present with illness early giving them the best chance of good health and wellbeing.

Appendices

Good health

Very good health

Appendix 1 - Community Wellbeing Team locality indicator table

Note this sourced from ONS (<u>https://www.ons.gov.uk/explore-local-statistics/</u>) which built up the Community Wellbeing Areas from best fit Parishes. The majority of parishes are included within the Community Wellbeing groupings, but 4 are not. Therefore, results shown in the table below may differ from other sources. Indicators show results for residents of **all ages** unless specified within the indicator name.

Cignificantly higher than East Diding overage	Β	Β	G	т	т	5	m	ш
Significantly higher than East Riding average	eve	ridl	ool	alte	old	/olc	ast	ngl
Significantly lower than East Riding average	rley	ingt	Ð	due	ern	s	Ric	and
		ion		orice	ess		ling	
Accommodation type (2021)				(D				
A caravan or other mobile or temporary structure	0.2%	0.5%	0.1%	0.2%	0.8%	0.3%	0.3%	0.4%
Flat maisonette or anartment	9.2%	19.1%	8.4%	9.0%	5.0%	5.3%	8.9%	22.2%
Whole house or hungalow	90.6%	80.4%	91.5%	90.8%	94.2%	94.4%	90.8%	77.4%
	00.070	00.470	01.070	00.070	04.270	04.470	00.070	77.470
Central heating (2021)								
Does not have central heating	0.8%	1.6%	1.1%	0.7%	1.0%	1.0%	1.0 %	1.5%
Country of birth (2024)								
Country of birth (2021)	E 00/	0 70/	0.00/	E 00/	2 50/	4.00/	F 00/	17 40/
Born outside the OK	5.2%	3.7%	8.9%	5.2%	2.5%	4.3%	5.0%	17.4%
Disability (2021)								
Disabled under the Equality Act	16.8%	25.4%	17.5%	16.3%	21.1%	17.3%	18.6%	17.3%
Distance travelled to work (2021)								
Works mainly from home	28.0%	16.6%	21.4%	27.2%	20.6%	28.4%	24.7%	31.5%
Less than 10km	27.7%	38.1%	33.0%	38.8%	26.4%	21.3%	30.9 %	35.4%
10km to less than 30km	23.7%	13.4%	20.0%	14.8%	28.1%	26.1%	21.0 %	14.4%
30km and over	7.3%	14.0%	11.7%	6.3%	7.7%	9.9%	9.0%	4.3%
Other	13.3%	17.9%	13.9%	12.9%	17.1%	14.2%	14.5%	14.5%
Economic activity status (2021)								
Economically active: In employment	56.1%	42.9%	57.8%	57.5%	49.8%	56.7%	54.2%	57.4%
Economically active: Unemployed	2.2%	2.9%	2.8%	2.0%	2.4%	1.9%	2.3%	3.5%
Economically inactive	41.8%	54.2%	39.4%	40.4%	47.8%	41.4%	43.5%	39.1%
Employment history (2021)								
Not in employment: Never worked	16.3%	21.2%	22.2%	18.0%	19.5%	17.0%	18.9 %	25.6%
Not in employment: Not worked in the last 12 months	73.1%	70.2%	66.1%	72.0%	71.5%	72.8%	71.2%	61.1%
Not in employment: Worked in the last 12 months	10.6%	8.6%	11.6%	10.1%	9.0%	10.2%	10.0 %	13.2%
Ethnic group (2021)								
Asian, Asian British or Asian Welsh	1.2%	0.8%	0.6%	2.0%	0.5%	0.7%	1.1%	9.6%
Black, Black British, Black Welsh, Caribbean or African	0.4%	0.1%	0.2%	0.4%	0.1%	0.2%	0.3%	4.2%
Mixed or Multiple ethnic groups	1.0%	0.7%	1.0%	1.2%	0.7%	0.8%	0.9%	3.0%
Other ethnic group	0.4%	0.3%	0.4%	0.6%	0.2%	0.2%	0.4%	2.2%
White	97.0%	98.0%	97.8%	95.7%	98.6%	98.0%	97.4%	81.0%
General health (2021)								
Very bad health	0.9%	2.5%	1 1%	1.0%	1.5%	1.0%	1.3%	1.2%
Bad health	3.3%	6.7%	3.9%	3.4%	4.8%	3.6%	4 1%	4.0%
Fair health	12.7%	18.7%	14.4%	12.5%	16.2%	13.7%	14.4%	12.7%

35.4%

47.7%

35.7%

36.5%

36.1%

44.4%

34.3%

48.9%

35.8%

41.6%

35.7%

46.0%

35.4% 33.7%

44.9% 48.5%

Significantly higher than East Riding average	
Simliar to East Riding average	
Significantly lower than East Riding average	

	Beverley	Bridlington	Goole	Haltemprice	Holderness	Wolds	East Riding	England
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Highest level of qualification (2021)

Level 1, 2 or 3 qualifications	39.6%	41.0%	44.0%	40.2%	42.6%	41.3%	41.3%	39.9%
Level 4 qualifications and above	38.0%	21.6%	24.4%	36.0%	25.0%	32.7%	30.5 %	33.9%
No qualifications	13.7%	26.5%	21.5%	14.2%	20.8%	16.7%	18.2%	18.1%
Apprenticeship	6.0%	7.7%	7.3%	6.9%	8.6%	6.7%	7.2%	5.3%
Other qualifications	2.6%	3.2%	2.9%	2.7%	2.9%	2.7%	2.8%	2.8%

Hospital admissions (2021/22-23/24)

Coronary heart disease (elective & emergency) 65+yrs DSR/100,000	1164	1585	1395	1183	1212	1247	1,279
Falls 65+yrs DSR/100,000	1478	1799	1691	1595	1527	1740	1,638
Stroke (elective & emergency) 65+yrs DSR/100,000	626	832	670	615	521	773	670

Hours per week worked (2021)

Full-time: 49 or more hours worked	12.6%	11.7%	13.3%	11.8%	13.1%	14.5%	12.9%	11.1%
Part-time: 16 to 30 hours worked	20.3%	24.2%	19.1%	20.0%	21.8%	20.1%	20.6%	19.5%
Full-time: 31 to 48 hours worked	56.2%	52.1%	58.8%	58.4%	54.9%	54.9%	56.3 %	59.1%
Part-time: 15 hours or less worked	10.9%	11.9%	8.8%	9.8%	10.2%	10.5%	10.2%	10.3%

Households (number) (2021)

Total households	21,360	19,730	20,880	36,990	23,650	29,630	152,240

Household composition (2021)

Single family household	65.8%	59.7%	66.7%	68.4%	67.2%	68.2%	66.5 %	63.0%
One person household	31.5%	36.4%	28.5%	28.8%	28.8%	28.3%	30.0%	30.1%
Other household types	2.7%	3.9%	4.8%	2.8%	3.9%	3.5%	3.5%	6.9%

Household deprivation (2021)

Household is not deprived in any dimension	56.2%	38.7%	48.7%	57.2%	46.5%	53.6%	51.1%	48.4%
Household is deprived in one dimension	32.1%	37.3%	35.2%	31.2%	36.3%	34.0%	34.0 %	33.5%
Household is deprived in two dimensions	10.1%	18.8%	13.3%	10.0%	14.5%	10.7%	12.4%	14.2%
Household is deprived in three dimensions	1.6%	4.8%	2.7%	1.5%	2.7%	1.6%	2.3%	3.7%
Household is deprived in four dimensions	0.1%	0.3%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%

Household size (2021)

1 person in household	31.5%	36.4%	28.5%	28.8%	28.8%	28.3%	30.0%	30.1%
2 people in household	39.7%	39.7%	38.7%	38.9%	42.4%	41.7%	40.2 %	34.0%
3 people in household	13.9%	11.4%	15.9%	15.6%	13.9%	14.2%	14.3%	16.0%
4 or more people in household	14.8%	12.4%	17.0%	16.7%	14.9%	15.7%	15.5%	19.9%

Legal partnership status (2021)

Divorced or civil partnership dissolved	10.2%	11.5%	9.9%	9.3%	10.0%	10.0%	10.0 %	9.1%
Married or in a registered civil partnership	51.1%	47.0%	47.5%	53.0%	52.9%	53.0%	51.2%	44.7%
Never married & never registered a civil partnership	29.1%	29.3%	33.6%	28.1%	26.8%	27.4%	28.8%	37.9%
Separated, but still legally married or still legally in a civil partnership	2.2%	2.4%	2.0%	1.8%	2.0%	2.1%	2.0 %	2.2%
Widowed or surviving civil partnership partner	7.3%	9.8%	6.9%	7.9%	8.3%	7.5%	7.9 %	6.1%

Length of residence in the UK (2021)

Born in the UK	94.8%	96.3%	91.1%	94.8%	97.5%	95.7%	95.0 %	82.6%
10 years or more	3.3%	2.5%	4.3%	3.6%	1.9%	3.0%	3.2%	10.1%
5 years or more, but less than 10 years	0.7%	0.5%	2.4%	0.7%	0.3%	0.6%	0.8 %	3.0%
2 years or more, but less than 5 years	0.6%	0.4%	1.3%	0.5%	0.1%	0.4%	0.5%	2.3%
Less than 2 years	0.6%	0.3%	1.0%	0.4%	0.2%	0.3%	0.4%	1.9%

Significantly higher than East Riding average	
Simliar to East Riding average	
Significantly lower than East Riding average	

Beverley	Bridlington	Goole	Haltemprice	Holderness	Wolds	East Riding	England
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Method of travel to workplace (2021)

Bicycle	2.9%	2.8%	5.0%	2.3%	1.4%	1.8%	2.6%	2.1%
Bus, minibus or coach	0.9%	1.1%	0.7%	1.9%	1.6%	0.9%	1.2%	4.3%
Driving a car or van	53.1%	55.7%	57.0%	57.6%	62.4%	56.5%	57.2 %	44.5%
Motorcycle, scooter or moped	0.3%	0.6%	0.5%	0.4%	0.7%	0.4%	0.5%	0.5%
On foot	9.2%	14.0%	7.7%	5.2%	7.7%	7.7%	7.9 %	7.6%
Other method of travel to work	1.3%	1.2%	0.9%	1.1%	1.3%	0.9%	1.1%	1.0%
Passenger in a car or van	3.1%	6.6%	6.1%	3.5%	3.8%	3.1%	4.1%	3.9%
Taxi	0.3%	0.7%	0.1%	0.3%	0.2%	0.1%	0.3%	0.7%
Train	0.8%	0.6%	0.5%	0.5%	0.2%	0.4%	0.5 %	2.0%
Underground, metro, light rail, tram	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%
Work mainly at or from home	28.0%	16.6%	21.4%	27.2%	20.6%	28.3%	24.7%	31.5%

Mortality (2021-23)

Circulatory disease mortality <75 years DSR/100,000	202	324	263	222	252	288	257
Cancer mortality <75 years DSR/100,000	244	382	325	275	315	301	303
Dementia & Alzheimers mortality <75 years DSR/100,000	43	52	54	56	60	62	55
Respiratory mortality <75 years DSR/100,000	88	93	177	124	130	136	121

National identity (2021)

Non-UK identity only	2.6%	1.9%	6.7%	2.4%	1.1%	2.2%	2.8%	10.0%
One or more UK identity only	96.4%	97.6%	92.4%	96.8%	98.4%	96.9%	96.5 %	88.0%
UK identity & non-UK identity	1.0%	0.5%	0.9%	0.8%	0.4%	0.8%	0.7%	2.0%

Number of bedrooms (2021)

1 bedroom	5.5%	12.6%	6.9%	5.8%	5.2%	4.9%	6.5%	11.6%
2 bedrooms	26.3%	34.0%	27.4%	22.9%	28.9%	25.6%	26.9 %	27.3%
3 bedrooms	39.9%	36.6%	42.3%	43.6%	43.3%	40.0%	41.2%	40.0%
4 or more bedrooms	28.3%	16.8%	23.4%	27.8%	22.6%	29.5%	25.4%	21.1%

Number of cars or vans (2021)

1 car or van in household	43.3%	46.2%	40.2%	40.8%	43.2%	40.8%	42.1%	41.3%
2 cars or vans in household	31.2%	19.9%	30.4%	34.7%	30.7%	34.9%	31.1%	26.1%
3 or more cars or vans in household	10.7%	6.8%	11.7%	10.9%	11.8%	12.7%	11.0 %	9.1%
No cars or vans in household	14.8%	27.2%	17.7%	13.6%	14.2%	11.5%	15.8%	23.5%

Occupancy rating for bedrooms (2021)

-2 or less	0.0%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.7%
-1	0.9%	1.7%	1.8%	0.8%	1.2%	0.9%	1.1%	3.6%
0	14.9%	23.6%	19.9%	15.3%	15.4%	13.9%	16.7 %	26.8%
1	35.4%	39.4%	36.0%	34.5%	38.8%	35.4%	36.3%	33.2%
+2 or more	48.6%	35.2%	42.0%	49.3%	44.5%	49.8%	45.7%	35.6%

Occupation (2021)

1. Managers, directors & senior officials	13.7%	11.9%	11.6%	15.1%	12.7%	14.9%	13.7%	12.9%
2. Professional occupations	22.6%	10.2%	13.3%	23.2%	14.5%	18.2%	18.1%	20.3%
3. Associate professional & technical occupations	14.8%	8.8%	10.0%	13.8%	12.0%	12.8%	12.4%	13.3%
4. Administrative & secretarial occupations	9.1%	7.5%	8.7%	9.9%	9.7%	8.9%	9.1%	9.3%
5. Skilled trades occupations	10.7%	15.1%	12.3%	10.6%	15.4%	12.9%	12.5%	10.2%
6. Caring, leisure & other service occupations	8.5%	13.7%	9.2%	8.2%	11.0%	9.2%	9.5%	9.3%
7. Sales & customer service occupations	6.8%	9.7%	6.8%	6.6%	7.5%	6.6%	7.1%	7.5%
8. Process, plant & machine operatives	5.4%	8.8%	11.6%	5.5%	7.9%	6.6%	7.3%	6.9%
9. Elementary occupations	8.4%	14.3%	16.4%	7.1%	9.4%	9.9%	10.3%	10.5%

Significantly higher than East Riding average	
Simliar to East Riding average	
Significantly lower than East Riding average	

Goole Bridlington Beverley	Haltemprice	Holderness	Wolds	East Riding	England
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Passports held (2021)

UK passport	83.6%	73.1%	73.3%	85.6%	80.0%	81.1%	80.3 %	76.6%
No passport held	14.0%	25.0%	18.6%	12.1%	19.0%	16.8%	16.9 %	13.2%
Non-UK passport	2.5%	1.9%	8.0%	2.3%	1.0%	2.1%	2.8 %	10.2%

Population (2021)

Total population	48,280	41,430	49,550	85,600	53,250	68,250	346,360	
% aged 65+ years	25.7%	32.7%	21.4%	25.4%	30.3%	26.4%	26.7 %	18.6%

Proficiency in English (2021)

Main language is English (English or Welsh in Wales)	98.3%	98.5%	93.4%	98.2%	99.4%	98.6%	97.8 %	90.8%
Cannot speak English	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.1 %	0.3%
Cannot speak English well	0.2%	0.4%	1.6%	0.2%	0.1%	0.2%	0.4%	1.6%

Provision of unpaid care (2021)

Provides 19 hours or less unpaid care a week	5.2%	4.2%	4.2%	4.9%	4.7%	4.7%	4.7%	4.3%
Provides 20 to 49 hours unpaid care a week	1.4%	2.4%	1.7%	1.5%	2.0%	1.6%	1.7 %	1.8%
Provides 50 or more hours unpaid care a week	2.4%	4.2%	2.7%	2.5%	3.8%	2.6%	3.0%	2.6%
Provides no unpaid care	91.0%	89.2%	91.5%	91.0%	89.5%	91.1%	90.7 %	91.2%

Religion (2021)

Buddhist	0.4%	0.2%	0.2%	0.3%	0.2%	0.3%	0.3%	0.5%
Christian	53.3%	52.9%	56.7%	50.7%	52.4%	55.0%	53.3%	46.3%
Hindu	0.3%	0.1%	0.1%	0.5%	0.1%	0.1%	0.2%	1.8%
Jewish	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.5%
Muslim	0.6%	0.5%	0.5%	1.0%	0.2%	0.4%	0.6%	6.7%
No religion	38.9%	39.4%	36.1%	41.2%	40.6%	37.7%	39.1%	36.7%
Not answered	6.1%	6.4%	6.0%	5.8%	6.0%	6.0%	6.0%	6.0%
Other religion	0.3%	0.5%	0.3%	0.3%	0.4%	0.4%	0.4%	0.6%
Sikh	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%	0.9%

Schoolchildren and full-time students (2021)

Student	16.7%	14.4%	16.6%	17.0%	15.2%	15.5%	16.0% 20.4%

Second address indicator (2021)

No second address	94.4%	96.7%	96.2%	95.7%	96.2%	95.8%	95.8 %	94.6%
Second address is in the UK	4.7%	2.7%	3.2%	3.4%	3.1%	3.4%	3.4%	4.1%
Second address is outside the UK	0.9%	0.6%	0.6%	0.9%	0.6%	0.7%	0.8 %	1.3%

Sex (2021)

Female	51.3%	<mark>51.3%</mark>	49.9%	51.4%	51.0%	50.9%	51.0 %	51.0%
Male	48.7%	<mark>48.7%</mark>	50.1%	48.6%	49.0%	49.1%	49.0 %	49.0%

Socio-economic Classification (NS-SeC) (2021)

L1, L2 & L3: Higher managerial, administrative & professional occupa	14.8%	6.5%	9.4%	15.1%	8.9%	12.9%	11.8%	13.2%
L4, L5 & L6: Lower managerial, administrative & professional occupat	25.1%	16.0%	17.3%	24.7%	19.8%	22.5%	21.4%	19.9%
L7: Intermediate occupations	12.4%	9.8%	10.1%	13.5%	12.3%	11.3%	11.8%	11.4%
L8 & L9: Small employers & own account workers	10.3%	13.4%	10.8%	9.8%	12.3%	13.2%	11.5%	10.6%
L10 & L11: Lower supervisory & technical occupations	5.5%	6.8%	7.1%	5.8%	7.2%	6.0%	6.3%	5.3%
L12: Semi-routine occupations	10.8%	15.6%	12.7%	10.5%	13.8%	11.9%	12.3%	11.3%
L13: Routine occupations	10.0%	16.5%	20.1%	9.5%	12.9%	11.8%	12.9%	12.0%
L14.1 & L14.2: Never worked & long-term unemployed	5.6%	11.4%	8.2%	6.1%	8.7%	6.2%	7.4%	8.5%
L15: Full-time students	5.7%	4.0%	4.3%	5.0%	4.2%	4.1%	4.6%	7.7%

Significantly higher than East Riding average	
Simliar to East Riding average	
Significantly lower than East Riding average	

Beverley	Bridlington	Goole	Haltemprice	Holderness	Wolds	East Riding	England
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Tenure of household (2021)

Owns outright	43.2%	43.5%	37.8%	43.7%	46.2%	43.7%	43.2%	32.5%
Owns with a mortgage or loan or shared ownership	30.6%	19.6%	30.9%	35.6%	28.6%	31.9%	30.3%	29.8%
Private rented or lives rent free	15.9%	24.5%	19.9%	13.3%	16.2%	16.4%	17.1%	20.6%
Social rented	10.3%	12.4%	11.4%	7.4%	9.0%	8.0%	9.4%	17.1%

Appendix 2 - Geographic areas used (featuring deprivation)



Figure 48 Community Wellbeing Teams – showing parish areas that make up each area

Figure 49 Community Wellbeing Teams and IMD 2019



Appendix 3 - Population

Figure 50 Beverley Community Wellbeing Team Population profile







Figure 52 Goole Community Wellbeing Team Population profile



Figure 53 Haltemprice Community Wellbeing Team Population profile



Figure 54 Holderness Community Wellbeing Team Population profile







Wolds population age profile, mid-2022

Appendix 4 - Useful links

https://eastridingjsna.com/category/Adult/ https://eastridingjsna.com/wp-content/uploads/2025/04/A-Good-Life-with-Dementia-2025.pdf https://eastridingjsna.com/adult/healthy-ageing/ https://eastridingjsna.com/dementia/ https://eastridingjsna.com/populations/rural-and-coastal-communities/ https://eastridingjsna.com/please-send-help/ East Riding – MPS – Introduction

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