Health Inequalities Statement

**Introduction**

Humber and North Yorkshire has wide inequalities. In Hull, life expectancy for females and males is among the lowest 10 for local authorities in England. In contrast, North Yorkshire has the highest female and male life expectancy in the north of England, with gaps of over four years for females and 5 years for males. At an electoral ward level, there are life expectancy gaps of 14.9 years and 17.8 years for females and males respectively. This section focuses on NHS England’s Statement on Information on Health Inequalities, identifying key information on health inequalities in the ICB area. For this year’s report, data are compiled at ICB-level only. Appendix X (in development for next Report iteration) sets out the current position on availability of data for different dimensions of health inequalities against the specified indicators.

**Population**

The population of about 1.8 million in North Yorkshire has over 95% of residents from white ethnic groups. About 2% are Asian/Asian British, 1.2% describe themselves of mixed ethnic heritage, 0.7% are Black/Black British and 0.8% from other ethnic groups. The more diverse populations tend to be found in the cities and towns of Humber and North Yorkshire. Just under 20% of the population live in the 20% most deprived neighbourhoods in England, but over 13% live in neighbourhoods amongst the 10% most deprived in England. The following analysis compares and contrasts findings for the most deprived 20% of neighbourhoods in England (Core 20) with the remaining population (Non-core 20) and also for broad ethnic groups. In some instances, analysis by broad ethnic group is not possible due to population size.

**Elective recovery**

Elective recovery is progressing well. Elective activity is 16.5% higher now than pre-pandemic. However, the increase is higher in the non-core 20 population (17.4%) compared with the core 20 population (11.7%). There is apparent variation between ethnic groups, with minority groups tending to have larger increases compared with white ethnic groups, who have increased by 9.4%. The total waiting list stood at 167,000, with proportions in core 20 areas broadly similar to the population proportion (21.7% and 19.3% respectively). With about one quarter of the waiting list lacking ethnicity coding, differences between population proportions and waiting list proportions can only be considered indicative. The ‘other ethnic groups’ category forms a much higher proportion of the waiting list (1.4%) compared with their numbers in the population (0.7%). Four in ten people on the waiting list (41.8%) have been waiting for more than 10 weeks, with little variation by deprivation or ethnicity and 2.8% are waiting over 52 weeks.

Emergency admissions occur at a significantly higher rate in core 20 areas compared with non-core 20 areas in Humber and North Yorkshire. Emergency admissions are significantly higher than for white ethnic groups in Asian / Asian British, Black / Black British and ‘other’ ethnic categories.

**Urgent and emergency care**

Emergency admissions for children aged under 18 are marginally higher in core 20 areas compared with non-core 20. However, the rate for children from white ethnic groups (533.1 per 1,000) is much higher than for other ethnic groups and is much lower for children from mixed ethnic groups (31.9 per 1,000).

**Respiratory**

Flu vaccination uptake for eligible populations in core 20 areas (43%) is much lower than for non-core 20 areas (61%), although there is considerable room for improvement in both groups. For ethnic groups, uptake is highest in the white group (60%) and lowest in the Black / Black British group (36%) and other ethnic groups (37%).

**Mental health**

Just over half of people with severe mental illness (55.3%) received an annual physical health check. No inequality information is available for this measure. There were 61.9 Mental Health Act detentions per 100,000 population for the ICB. The rate was nearly 50% higher in core 20 areas (98.7 per 100,000) compared with non-core 20 areas (66.5 per 100,000). The highest rates were seen in ‘other’ ethnic groups (113.1) and Black / Black British (88.5), with the lowest rates seen in the Asian / Asian British group (14.6). For all population groups, rates have decreased since 2021/22.

There were 47 restrictive interventions per 1,000 occupied bed days. Deprivation data is only available by rate and for national deciles, preventing aggregation. However, restrictive interventions are significantly higher in people from Black / Black British ethnic groups (126 per 1,000 occupied bed days) compared with the ICB average. Apart from White categories, rates were lower than average in all other ethnic groups.

**Cancer**

Just over half of cancers (53.5%) were diagnosed at stages 1 and 2 in Humber and North Yorkshire compared with 54.4% for England. Local data are not available for deprivation or ethnicity at present.

**Cardiovascular disease**

Non-elective admissions for stroke and myocardial infarction (heart attack) are higher in core 20 areas than non-core 20 areas. There are insufficient numbers for broad ethnic group analysis, apart from white ethnic groups, which show a higher rate then the ICB average for both indicators.

Just over two-thirds of people with hypertension (high blood pressure) have their blood pressure controlled to below treatment threshold. Fewer people in core 20 areas (63.8%) have this level of control compared with non-core 20 areas (68.9%). Black / Black British ethnic groups have the lowest proportion of people with good blood pressure control (55.0%), with all other ethnic groups below White ethnic groups (69.3%).

A higher proportion of people in core 20 areas receive lipid lowering therapy when their QRISK score is above 20% compare with those in non-core 20 areas (65.4% and 54.7% respectively). Asian / Asian British ethnic groups have the highest level of treatment (64.5%) compared with other ethnicities.

Anticoagulation treatment for people with higher risk atrial fibrillation is lower than average (91.2%) for people in Black / Black British (80.0), ‘Other’ ethnic groups (82.1%), and Asian / Asian British (82.4%).

**Diabetes**

A higher proportion of people with Type 2 diabetes receive all eight care processes (57.9%) compared with those with Type 1 diabetes (43.6%), a difference of 14.3%. No inequalities data are available at present for this indicator.

**Oral health**

Rates of hospital admission for tooth extraction for decay in children aged under 10 are more than twice as high in core 20 areas (130.0 per 10,000) compared with non-core 20 areas (59.9 per 10,000). Rates are highest in White ethnic groups (92 per 10,000) and lowest in Mixed ethnic groups (5 per 10,000).

**Learning disability and autistic people**

77.7% of eligible people received a learning disabilities health check in Humber and North Yorkshire, similar to England (77.6%). Inequalities data are not available at present for these indicators.

**Maternity**

There are around 1,200 pre-term births annually in Humber and North Yorkshire. Inequalities data are not available at present for these indicators.

Leadership on health inequalities is a core workstream within the Humber and North Yorkshire Population Health and Prevention work programme. This collaborative programme is jointly chaired by two Directors of Public Health within HNY and is built around system-wide collaborative approach to population health improvement, focused on prevention and tackling health inequalities. Core 20 plus programmes are vital elements of this but a further important component of the programme is how we embed a health inequalities lens across all work programmes in the ICP. A significant project underway is the development of our ICP Population Health Outcomes Framework, creating a set of high-level indicators on which the Partnership can measure its progress against is strategic ambitions. Reducing gaps in healthy life expectancy is one of our top line ambitions but we've made a commitment to ensure that the Outcomes Framework approach builds in capability to understand and track our progress against a full range of outcome metrics covering our life stage themes (start well, live well, age well, die well) our Collaboratives and our high level 'Big 4' focus areas covering CVD, cancer, frailty and mental health. The aim is to promote visibility at a senior level on how health inequalities impact all aspects of our work and to help us hold ourselves to account on reducing them.

This will draw upon existing and new metrics included in our corporate reporting and from national sources such as the Public Health Outcomes Framework, but we'll also look to supplement these with important insights drawn from our public and community engagement work, with a particular focus on Core20 plus populations, inclusion groups and those with protected characteristics.

Appendix X

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  |  | HNY | Core 20 | Non-core 20 | Asian | Black | Mixed | Other | White |
| Total population | Count | 1,833,781 | 354,364 | 1,479,417 | 36,680 | 12,840 | 22,010 | 14,670 | 1,747,590 |
|  | % |  | 19.3% | 80.7% | 2.0% | 0.7% | 1.2% | 0.8% | 95.3% |
| Elective recovery |
| Total waiting list | Count | 167,405 | 36,324 | 129,901 | 1,246 | 561 | 801 | 2,397 | 119,953 |
| % |  | 21.7% | 77.6% | 0.7% | 0.3% | 0.5% | 1.4% | 71.7% |
| Waiting >18 weeks | % | 41.8% | 42.0% | 41.8% | 40.9% | 40.6% | 43.1% | 41.8% | 41.8% |
| Waiting >52 weeks | % | 2.8% | 2.7% | 2.8% |  |  |  |  |  |
| Waiting >65 weeks | % | 0.4% | 0.3% | 0.4% |  |  |  |  |  |
| Emergency admissions | DSR | 10,300 | 14,500 | 9,527 | 13,235 | 12,882 | 11,090 | 29,412 | 10,384 |
| LCL | 10,255 | 14,368 | 9,429 | 11,972 | 11,292 | 9,704 | 30,718 | 10,332 |
| UCL | 10,346 | 14,633 | 9,626 | 14,544 | 14,643 | 12,666 | 28,194 | 10,436 |
| Elective admissions | DSR | 13,490 | 14,408 | 13,207 | 12,868 | 9,542 | 12,273 | 21,795 | 13,951 |
| LCL | 13,439 | 14,276 | 13,094 | 11,550 | 8,049 | 10,604 | 20,618 | 13,891 |
| UCL | 13,542 | 14,542 | 13,322 | 14,326 | 11,316 | 14,195 | 23,060 | 14,012 |
| Outpatient Attendance | DSR | 19,097 | 20,812 | 18,438 | 19,192 | 19,019 | 18,952 | 30,971 | 18,775 |
| LCL | 19,035 | 20,635 | 18,302 | 17,619 | 16,854 | 16,891 | 29,503 | 18,704 |
| UCL | 19,159 | 20,972 | 18,575 | 20,898 | 21,464 | 21,143 | 32,527 | 18,846 |
| Emergency attendance | DSR | 32,061 | 41,111 | 30,366 | 30,761 | 29,811 | 26,028 | 87,026 | 28,616 |
| LCL | 31,979 | 40,897 | 30,183 | 29,054 | 27,400 | 24,222 | 85,134 | 28,525 |
| UCL | 32,144 | 41,327 | 30,550 | 32,559 | 32,570 | 27,963 | 88,989 | 28,708 |
| Elective activity v pre-pandemic | Pre | 261,847 | 40,900 | 220,947 | 1,612 | 496 | 661 | 981 | 222,526 |
| Now | 305,118 | 45,686 | 259,432 | 1,806 | 701 | 884 | 2,632 | 243,459 |
| Change | 16.5% | 11.7% | 17.4% | 12.0% | 41.3% | 33.7% | 168.3% | 9.4% |
| Urgent and emergency care |
| Emergency admissions aged <18 | Count | 28,171 | 7,078 | 21,903 | 537 | 252 | 575 | 703 | 23,136 |
| Crude rate per 1,000 | 358.8 | 372.5 | 368.0 | 267.7 | 219.5 | 31.9 | 281.4 | 533.1 |
| Respiratory |
| Uptake of COVID vaccination |  |  |  |  |  |  |  |  |  |
| Uptake of flu vaccination | % | 58 | 43 | 61 | 43 | 36 | 44 | 37 | 60 |
| Mental Health |
| Physical health checks for people with severe mental illness | % | 55.3 |  |  |  |  |  |  |  |
| Mental Health Act dententions | Rate | 61.9 | 98.7 | 66.5 | 14.6 | 88.5 | 71.4 | 113.1 | 62.1 |
| Restrictive interventions | Rate per 1,000 occupied bed days | 47 |  |  | 23 | 126 | 34 | 5 | 49 |
| Talking therapy recoveries | % | 52.6 | 46.0 | 54.7 | 20 | 50 | 50 | 0 | 53 |
| Mental health services access for children and young people | Number receiving at least 2 contacts | 12270 | 3130 | 9135 | 40 | 30 | 170 | 135 | 9820 |
|  | Crude rate per 1,000 receiving at least 2 contacts | 22.8 | 28.5 | 21.3 |  |  |  |  |  |
| Cancer |
| Diagnosed at stage 1 or 2 | % | 53.5% |  |  |  |  |  |  |  |
| Cardiovascular disease |
| Non-elective admissions for stroke |  | 192.4 | 251.5 | 182.4 | Insufficient numbers for calculation | 312.4 |
| Non-elective admissions for myocardial infarction |  | 144.5 | 189.6 | 136.7 | 243.0 |
| Adults with hypertension and blood pressure below treatment threshold | % | 68.41 | 63.77 | 68.935 | 63.84 | 55.02 | 60.71 | 60.6 | 69.26 |
| Adults without CVD, with QRISK score >20% on lipid lowering therapy | % | 57.63 | 65.44 | 56.7 | 64.52 | 54.64 | 56.67 | 59.14 | 57.56 |
| Adults with atrial fibrillation and CHA2DS2-VASc score 2+ treated with anticoagulant | % | 91.17 | 90.89 | 91.2175 | 82.35 | 80 | 90.48 | 82.14 | 91.39 |
| Diabetes |
| Receiving 8 care processes | Type 1 | 43.6 |  |  |  |  |  |  |  |
|  | Type 2 | 57.9 |  |  |  |  |  |  |  |
|  | Difference | 14.3 |  |  |  |  |  |  |  |
| Referrals |  |  |  |  |  |  |  |  |  |
| Oral health |
| Children aged <10 with inpatient admission for exctraction due to decay | Count of children (not teeth) | 318 | 120 | 198 | 8 | 3 | 3 | 9 | 246 |
|  | Crude rate per 10,000 | 75.23 | 129.97 | 59.93 | 72.14 | 40.87 | 4.78 | 72.99 | 92.04 |
|  |
| Learning disability and autistic people |
| Learning disability annual health checks | % | 77.7 | Deprivation and ethnicity split is unavailable |
| Adult mental health inpatients for people with a learning disability or autism | Rate per million | 47 |
| Maternity and neonatal |
| Preterm births under 37 weeks |  | 80 | Deprivation and ethnicity split is unavailable |