



# **Understanding our population in York**

**Thursday 10 August 2023**

**12 - 1pm**

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## Aims of the session:

- to help people to understand more about York population health mapping to target services to improve health outcomes

## Key resources:

- [Census 2021](#) - Office for National Statistics.
- [CORE20PLU5 In York 'Place' of Humber and North Yorkshire ICB.](#)

## Understanding our population in York

### Agenda

1. **Welcome and introduction to Population Health Hub (PHH):** Peter Roderick - (5mins)
2. **How life has changed in York - Census 2021 :** Terry Rudden, Strategic Support Manager, CYC - (15mins)
3. **Population health mapping work:** Mike Wimmer, Senior BI Officer, CYC - (15mins)
4. **Core20Plus5 Adults** - Anna Basilico, Head of Population Health and Partnerships - (15mins)
5. **Questions** - (10mins)

**PLEASE CAN YOU REMAIN ON MUTE UNTIL THE QUESTIONS SECTION – THANK YOU**



Introducing the Population Health Hub

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## Enabling

Lunch and Learns  
Developing infrastructure (e.g. IG)  
Metadata project  
PCN capacity building  
Data tool e.g. RAIDR  
Good practice from elsewhere  
(link into ICB)  
LD identification

## Analysing

JSNA core process  
Health Needs Assessments  
Census 2021 data  
PCN / Ward profiles  
Inequality Visualisation  
A+E attendance small-area  
analysis  
Understanding and reducing the  
Health impacts of the Cost-of-  
Living Crisis in York  
ICB CYP asthma pack

## Doing

Early Intervention in Diabetes  
project  
Waiting Well project  
Improving Dementia Diagnosis  
rates (Brain health café)  
Proactive Social Prescribing  
PHM approach to bereavement in  
York

# Changes to York's population: 2011 and 2021 Census data

Terry Rudden

Strategic Support Manager (Adult Social Care  
and Public Health)

Business Intelligence Hub

City of York Council

# Changes to York's population

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- Census carried out in England and Wales every 10 years by ONS
- 2021 Census results affected by Covid-19 restrictions in place on Census day (21 March 2021) and population was lower than previous population estimates
- Two main sources of data for presentation:
  - ONS website ([www.statistics.gov.uk](http://www.statistics.gov.uk))
  - Nomis website ([www.nomisweb.co.uk](http://www.nomisweb.co.uk))
- Data available at other geographic levels (country, region, ward, LSOA, MSOA, OA)
- Comparing changes to city of York only

# Population of York

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**2011 Census estimate: 198,051**

**2021 Census estimate: 202,821**

**Change: +4,770 (+2.4%)**

# Population of York – males/females

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Males in York 2011 estimate: 96,254 (48.60% of population)

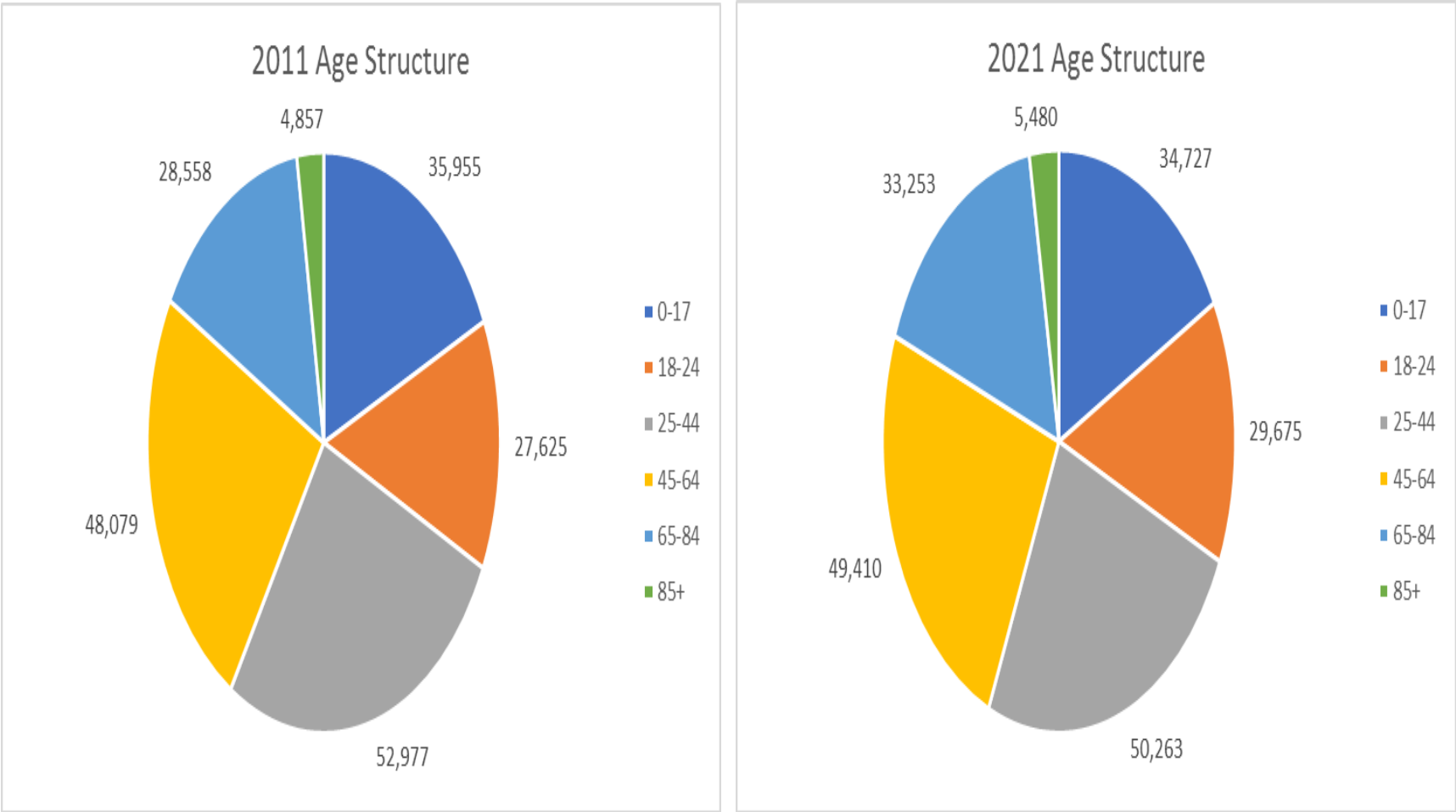
Females in York 2011 estimate: 101,797 (51.40% of population)

Males in York 2021 estimate: 97,519 (48.08% of population)

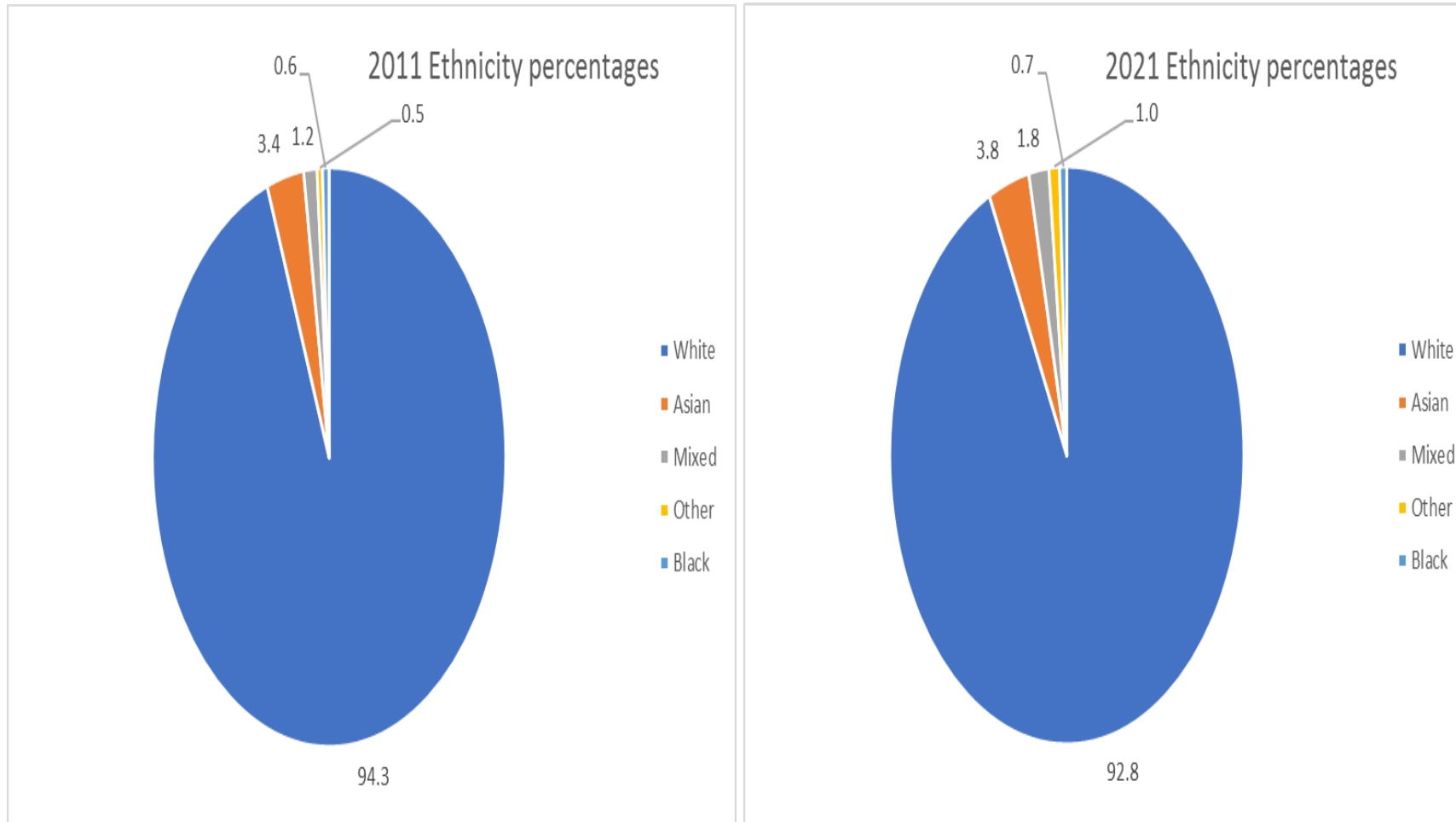
Females in York 2021 estimate: 105,302 (51.92% of population)



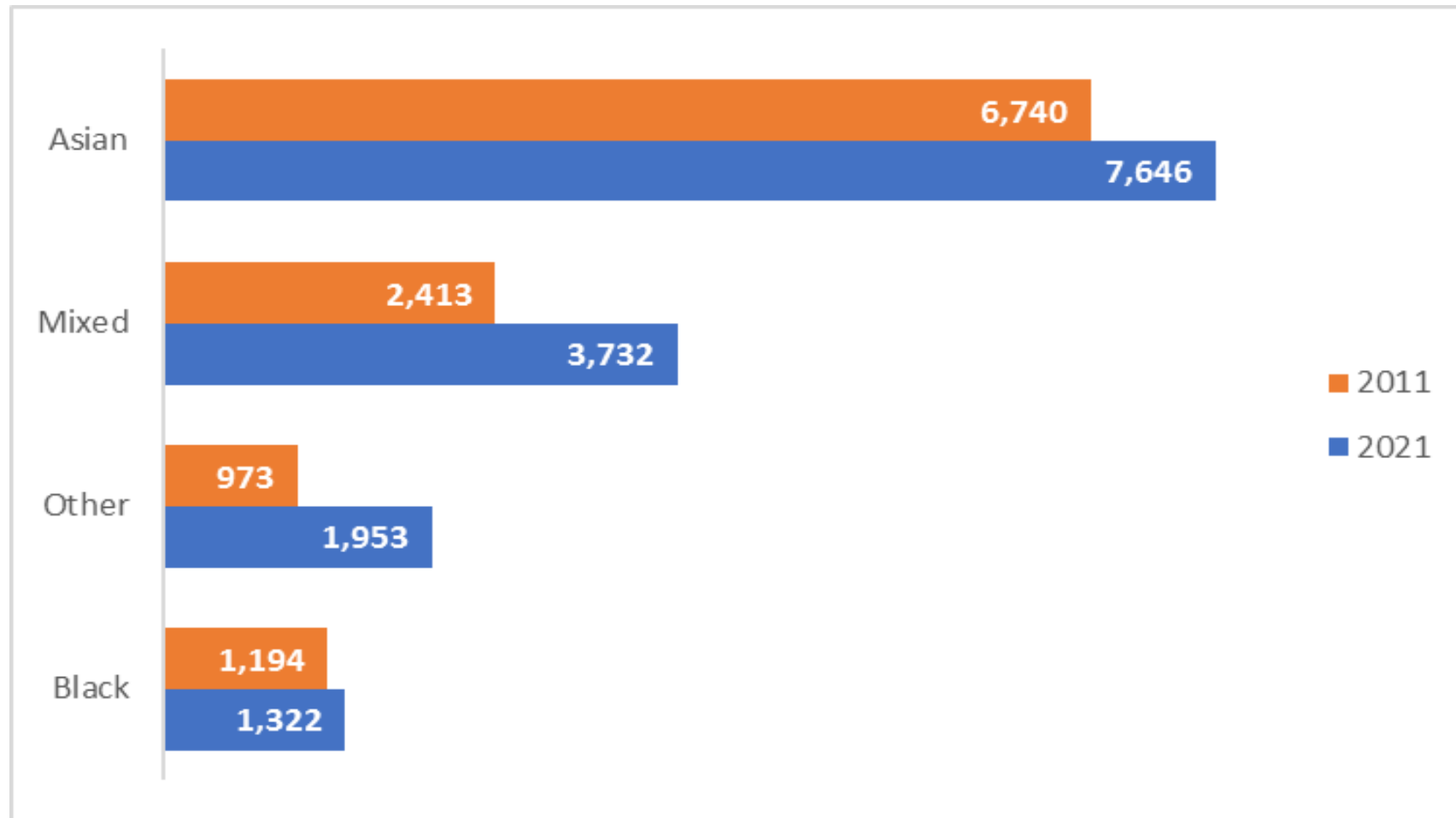
# Age structure 2011 and 2021: numbers



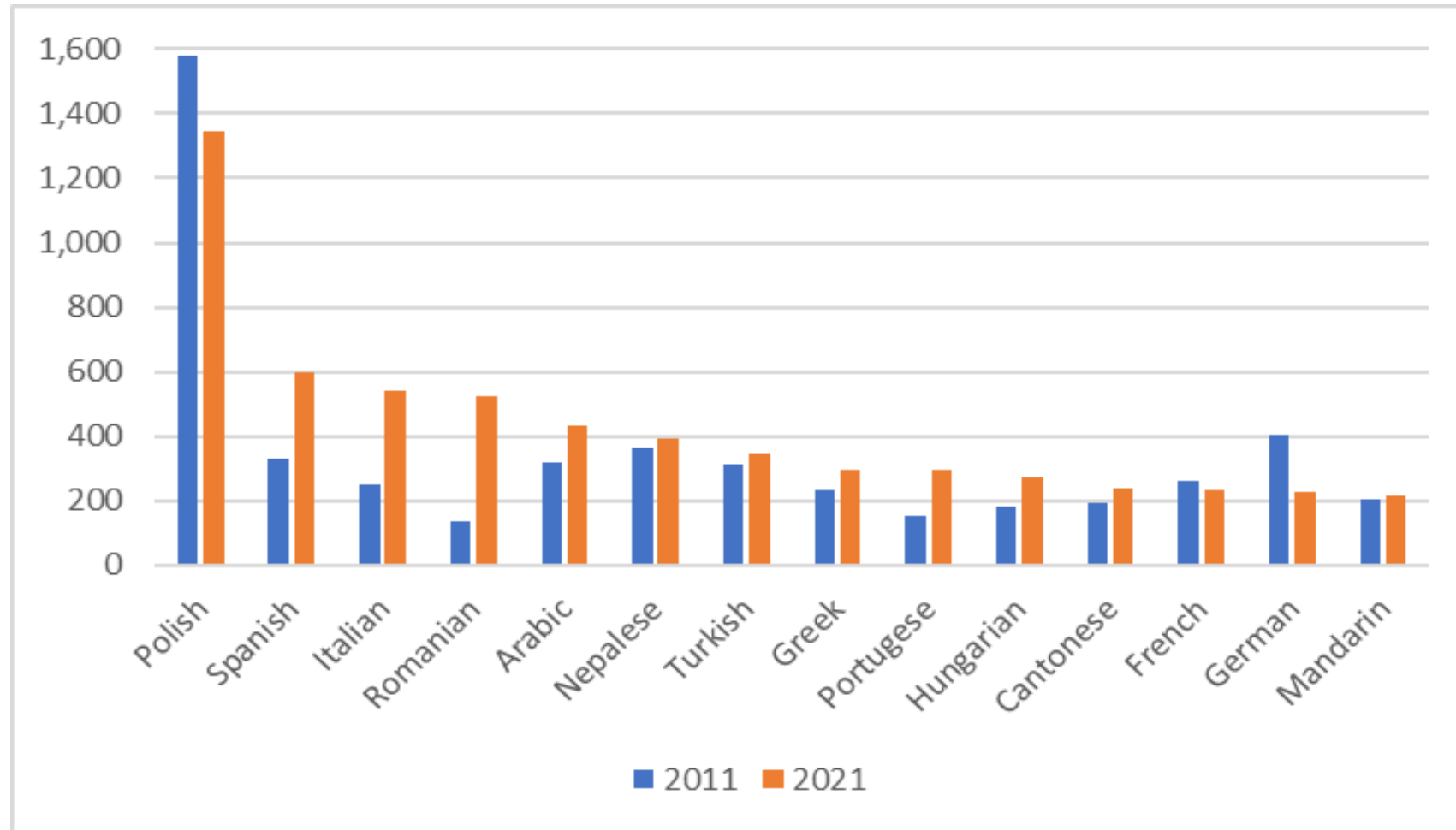
# Ethnic origin populations 2011 and 2021



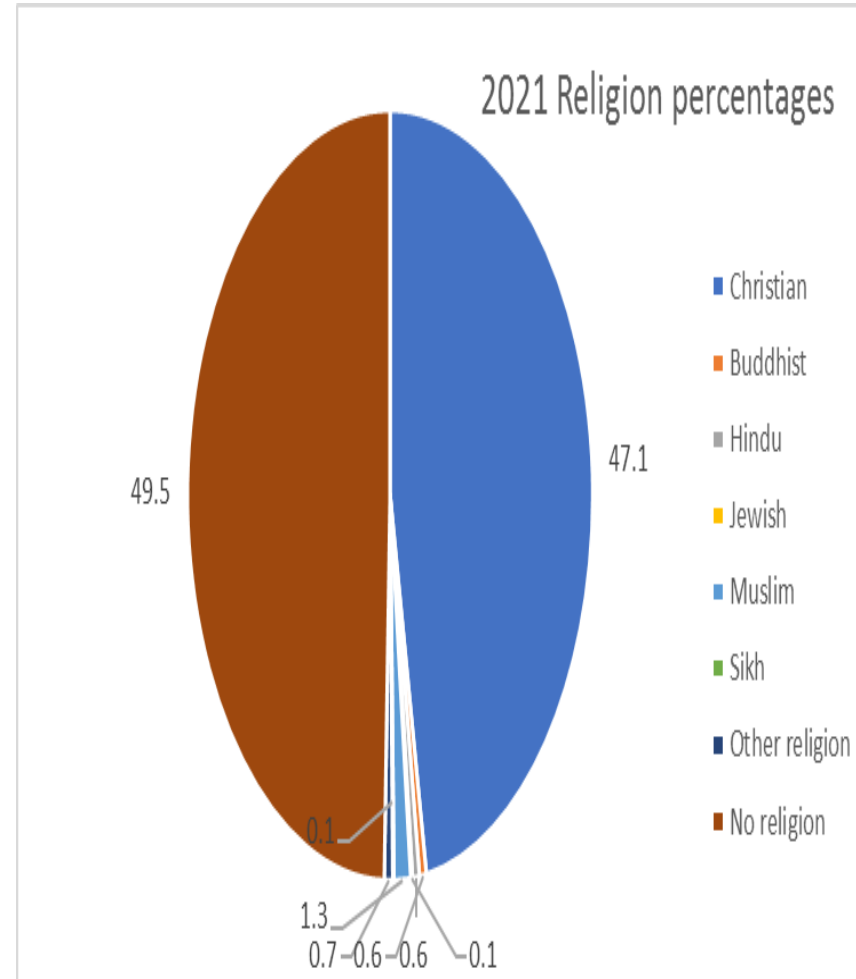
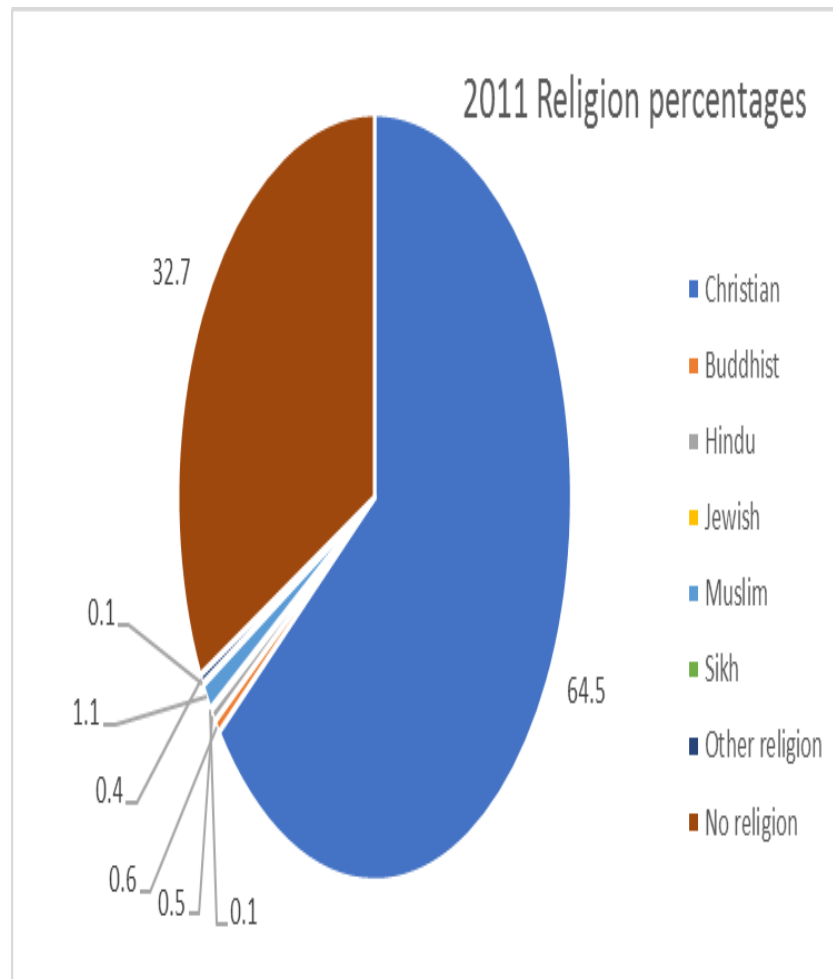
# Ethnic origin populations 2011 and 2021



# Foreign languages spoken 2011 and 2021: Numbers



# Religion 2011 and 2021



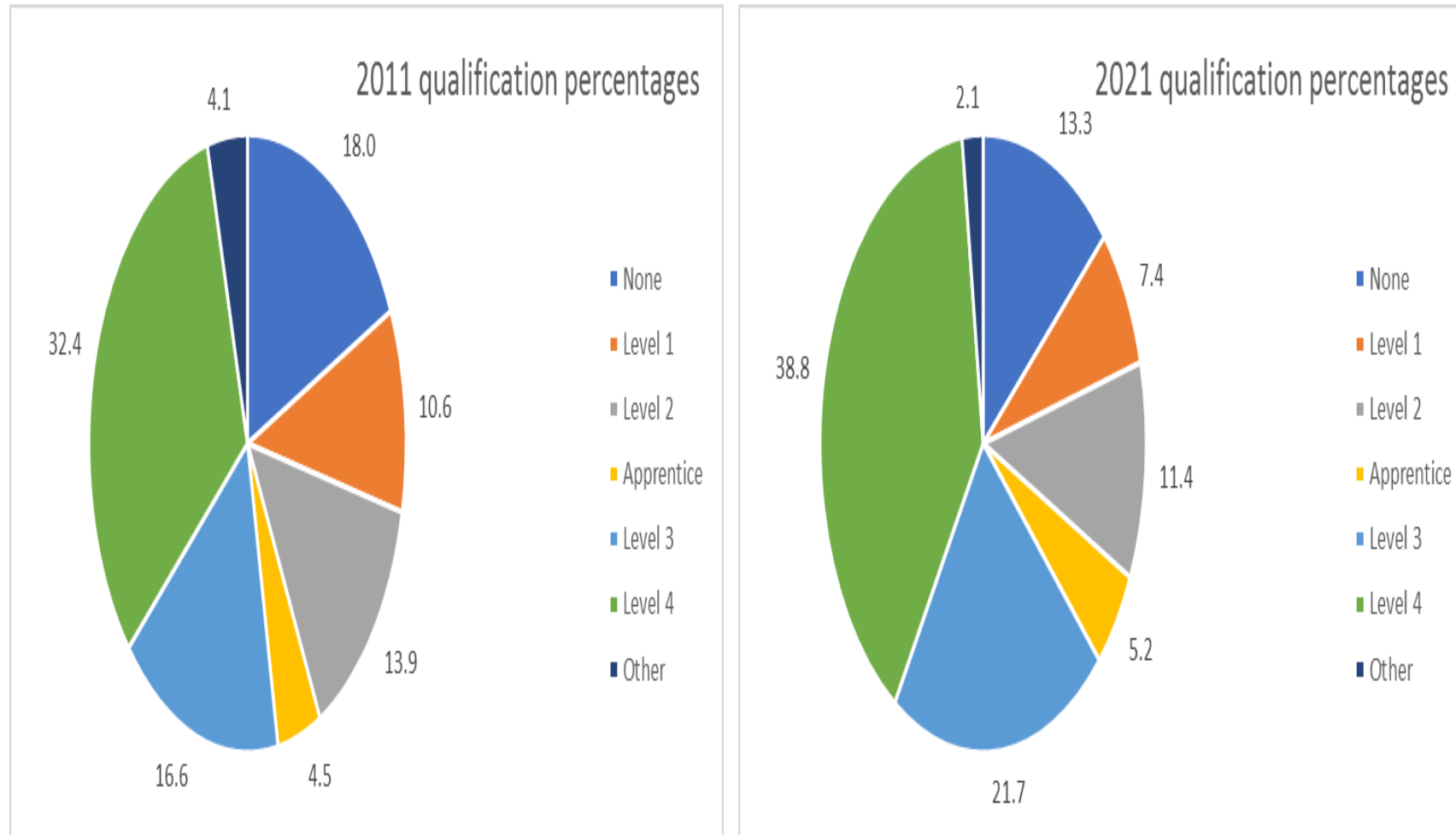
# Household size and bedrooms 2011 and 2021

2011

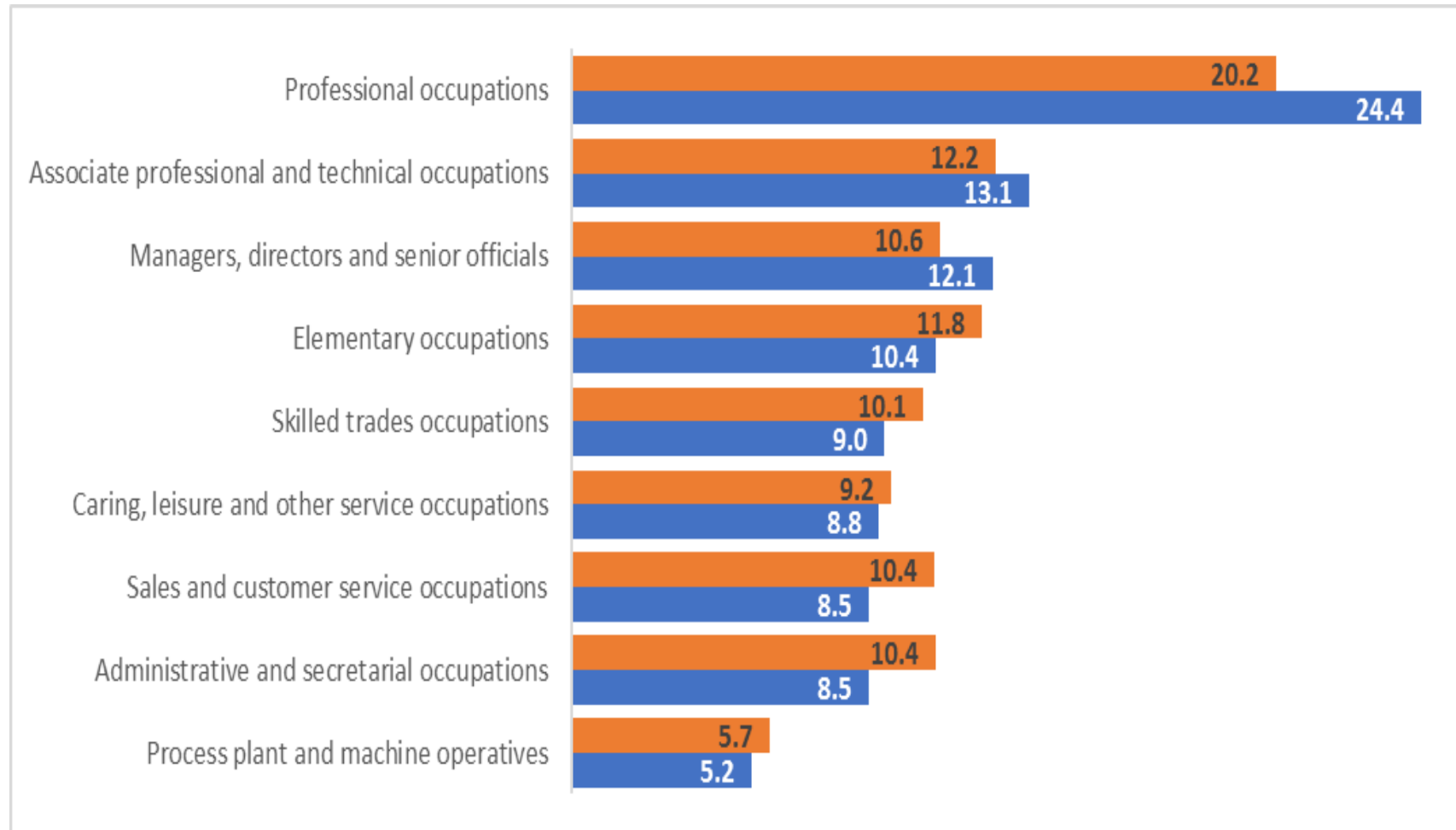
No of people	1 bed	2 beds	3 beds	4+ beds
1	6,270	<b>10,221</b>	<b>6,974</b>	<b>1,759</b>
2	2,324	11,475	<b>11,932</b>	<b>5,497</b>
3	<b>258</b>	3,187	5,764	<b>3,205</b>
4+	<b>68</b>	<b>1,304</b>	6,104	7,210

No of people	1 bed	2 beds	3 beds	4+ beds
1	6,931	<b>10,348</b>	<b>7,287</b>	<b>2,074</b>
2	1,816	11,364	<b>12,065</b>	<b>6,535</b>
3	<b>115</b>	2,782	5,903	<b>3,758</b>
4+	<b>42</b>	<b>1,139</b>	5,660	7,640

# Highest qualification achieved 2011 and 2021

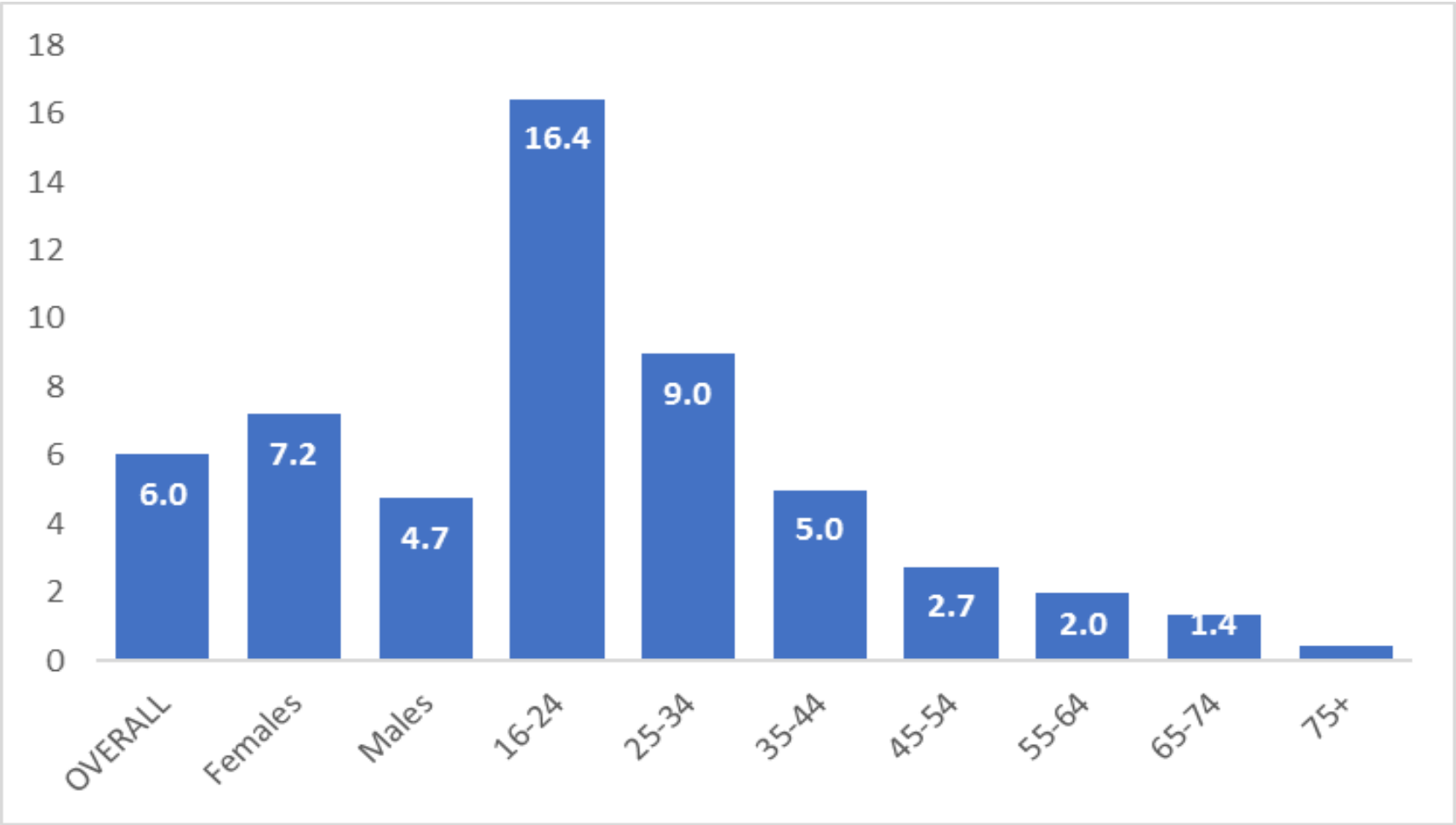


# Occupations 2011 and 2021: percentages





# Sexual Orientation 2021: percentages saying they were Lesbian, Gay, Bisexual or Other



Changes to York's population between 2011 and 2021

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**THANK YOU FOR YOUR INTEREST AND  
ATTENTION**

**ANY QUESTIONS?**

# Census Health Data

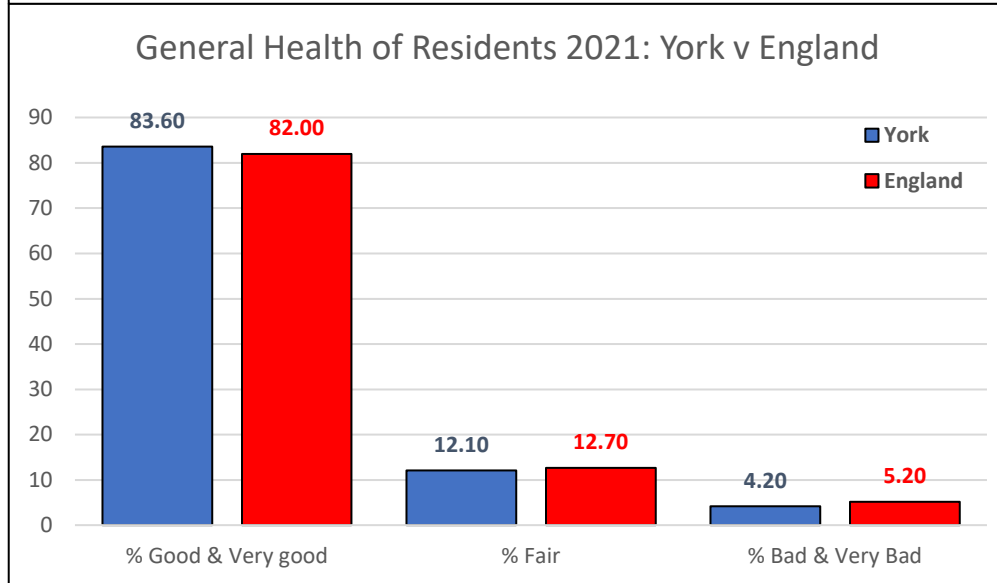
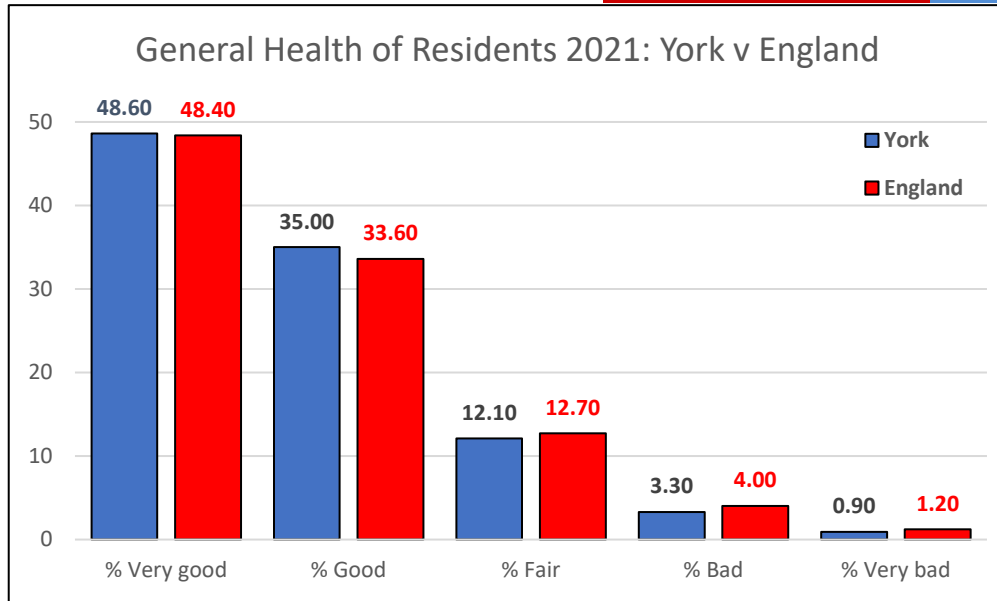
## Health in York: 2021 Census data and changes from 2011

# Health Question in the 2021 Census

- Respondents were asked to assess their general health on a five-point scale: "Very good", "Good", "Fair", "Bad", or "Very bad".
- The indicator is used widely e.g. to help calculate 'Healthy Life Expectancy'.
- The first two categories, (very good and good) and the last 2 categories (bad and very bad) are often clustered / reported together.
- The same question was asked in the 2011 census so comparisons are valid

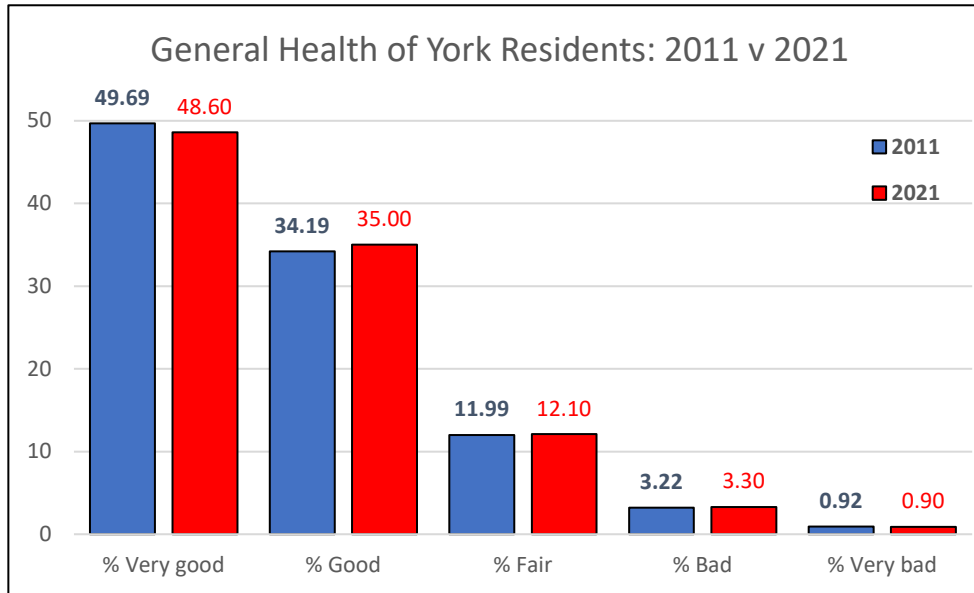
NB. Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceive and rate their health and therefore may have affected how people chose to respond.

# Health of Residents 2021: York v England

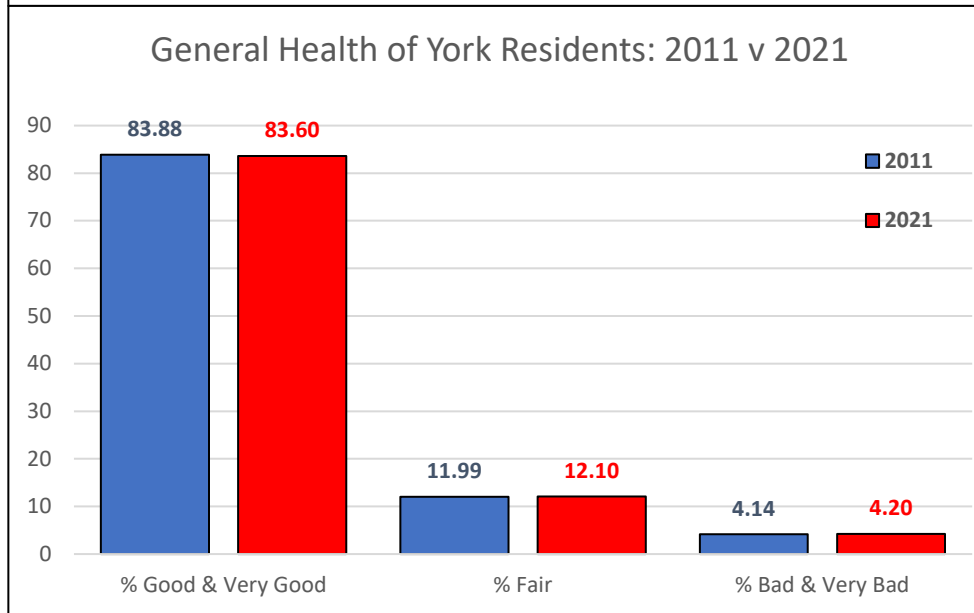


In 2021 a higher proportion of York residents rated their health as ‘very good’ or ‘good’ and lower proportion rated their health as ‘fair’, ‘bad’ or ‘very bad’ compared with the England Average.

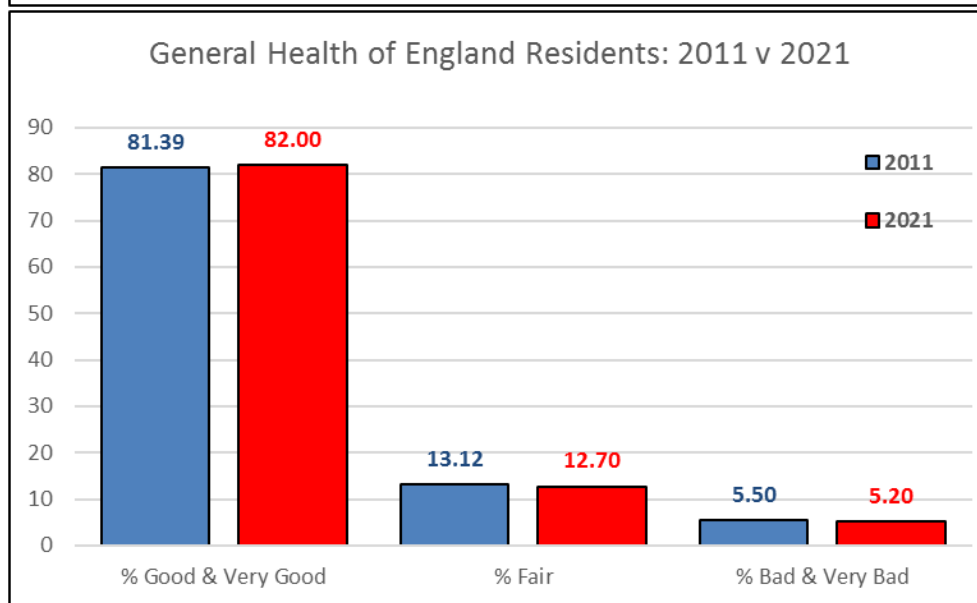
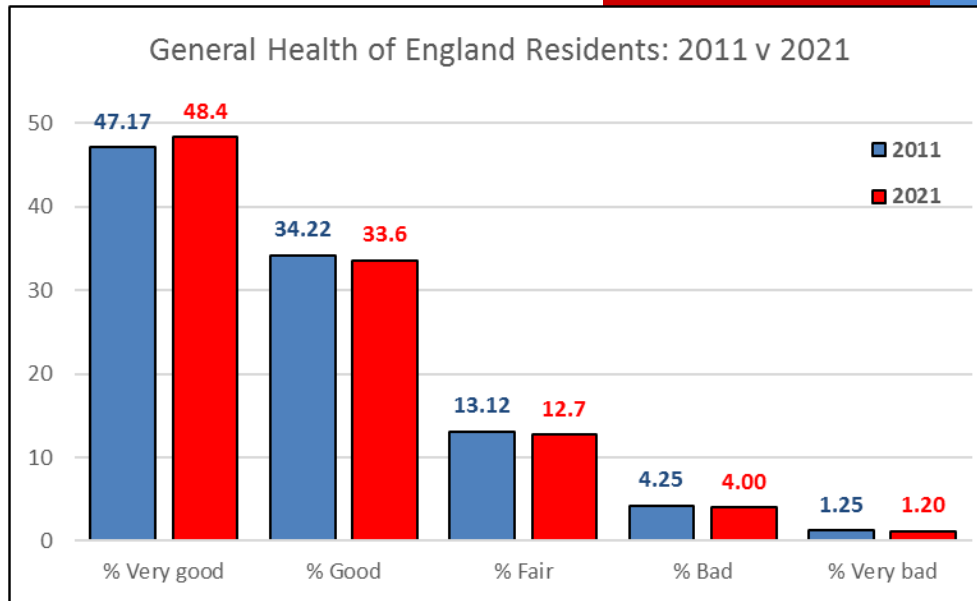
# General Health of York Residents: 2011 v 2021



In 2021 the proportion of people in York who rated their health as ‘very good’ was lower compared with 2011 but the proportion rating their health as ‘good’ was higher.



# General Health of England Residents: 2011 v 2021



In contrast to York, in 2021 the proportion of people in England who rated their health as ‘very good’ was higher compared with 2011 but the proportion rating their health as ‘good’ was lower.

NB No Confidence Intervals are published for the census data.

# Health Question 2021 Census - breakdown

Data on the responses to the 2021 Census question on general health is available at the level of electoral ward and lower super output area (LSOA)

The following slides show maps of the percentage of people rating their health as 'very good' by ward and LSOA and also the percentage of people rating their health as 'bad' or 'very bad' by ward and LSOA.

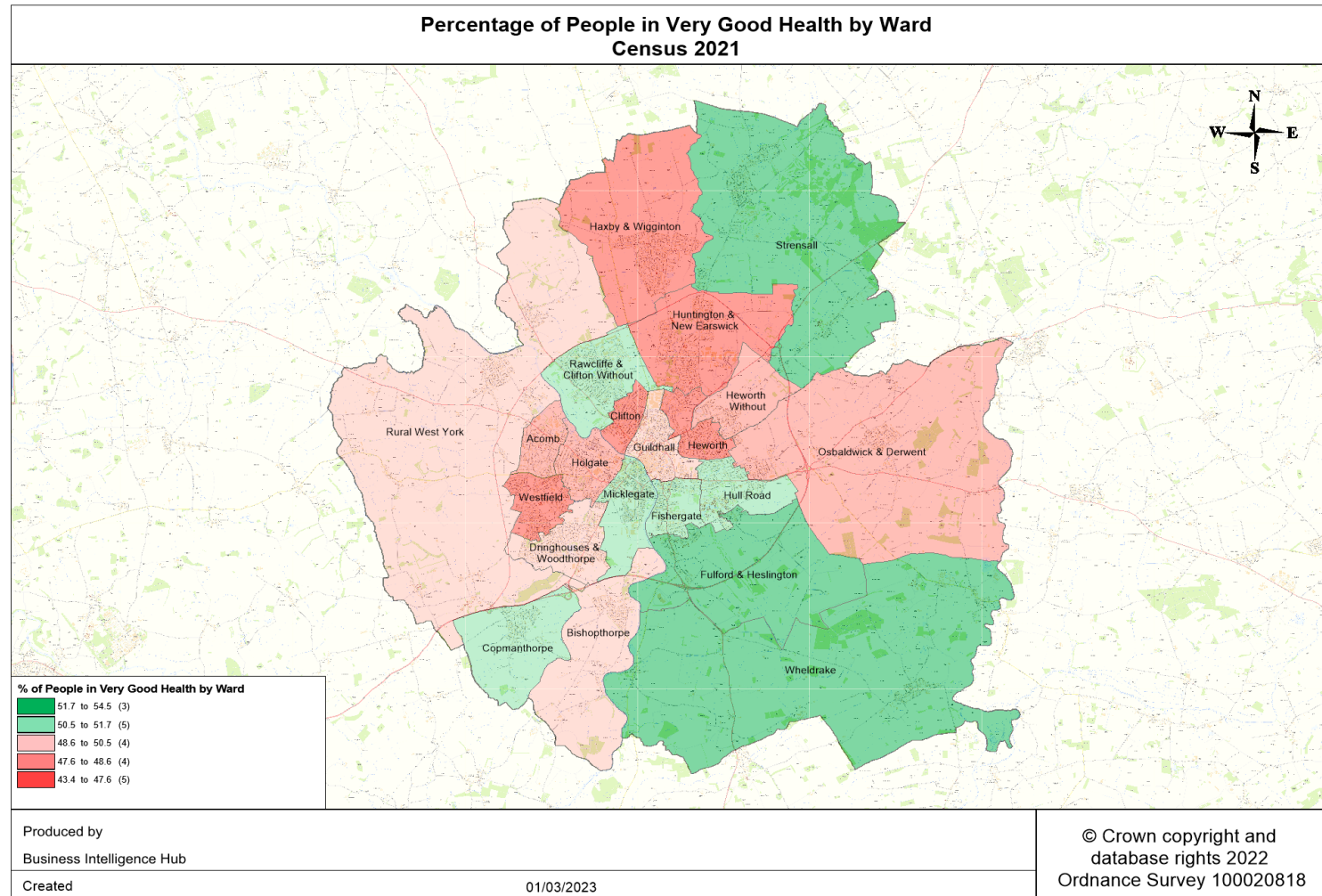
In all maps, "dark red" represents less positive outcomes, "dark green" the most positive outcomes.

NB. The average population of a lower super output area in York is around 1,700 people with a range of approx. 1k to 5k. There are 121 LSOAs.



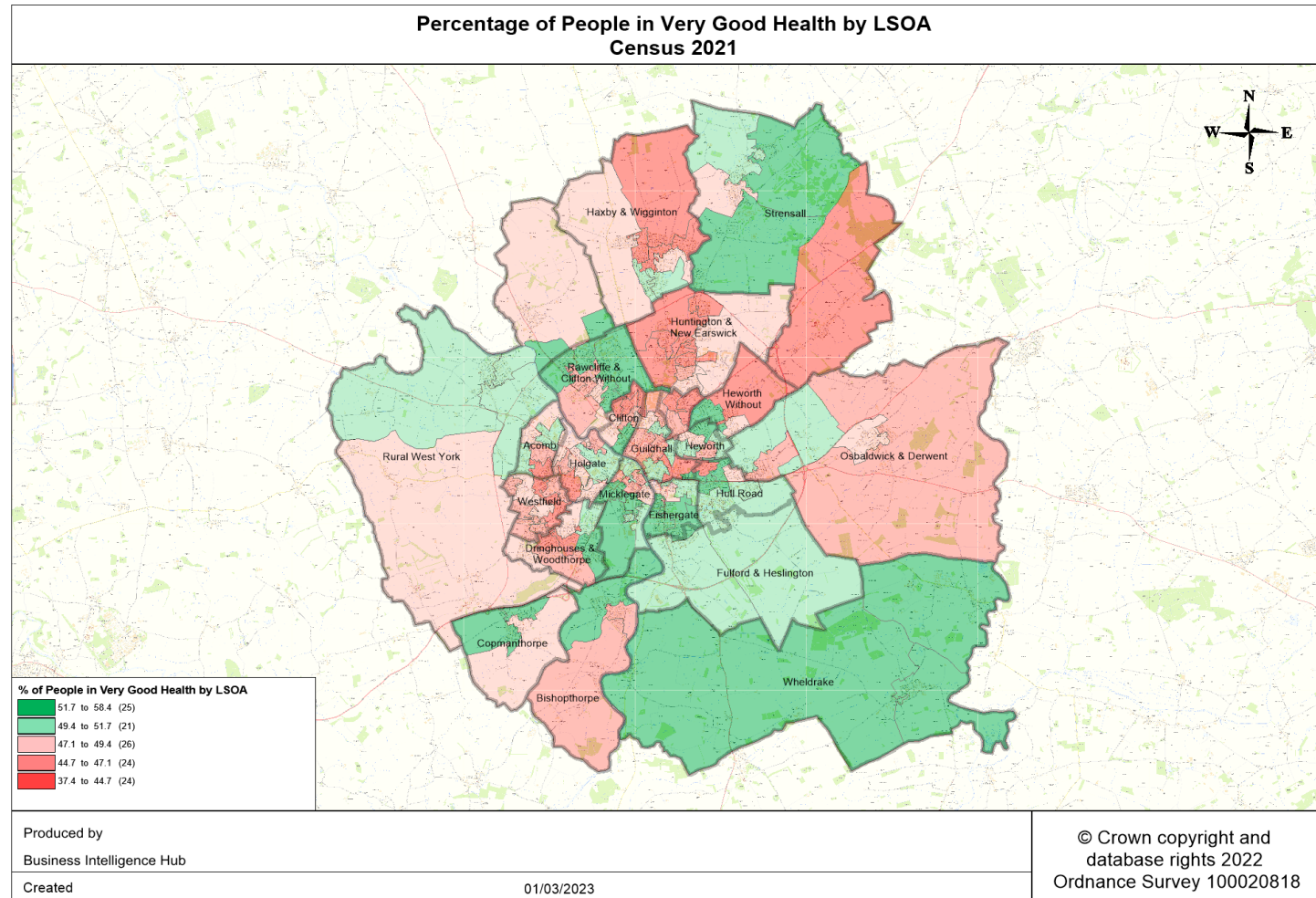
# % in Very Good Health by Ward 2021

The % of people in “Very Good Health” ranged from 43.4% in Huntington and New Earswick to 54.5% in Wheldrake.



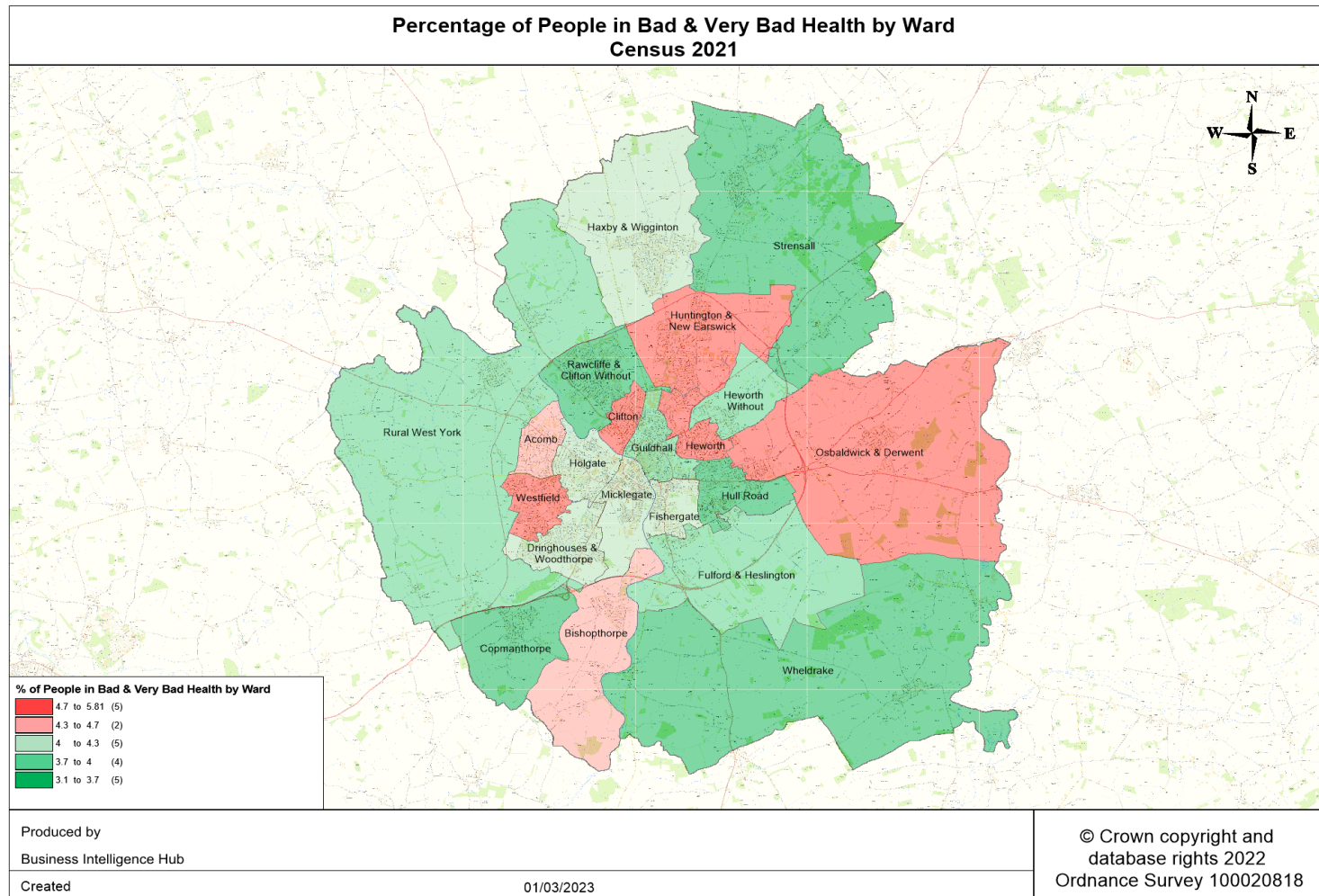
# % in Very Good Health by LSOA 2021

The LSOA with the lowest % in “Very Good Health” (37.5%) is centred around Greenshaw Drive in the Haxby and Wigginton ward; the LSOA with the highest % (58.4%) is centred on Broadway, which straddles the Fishergate and Fulford and Heslington wards



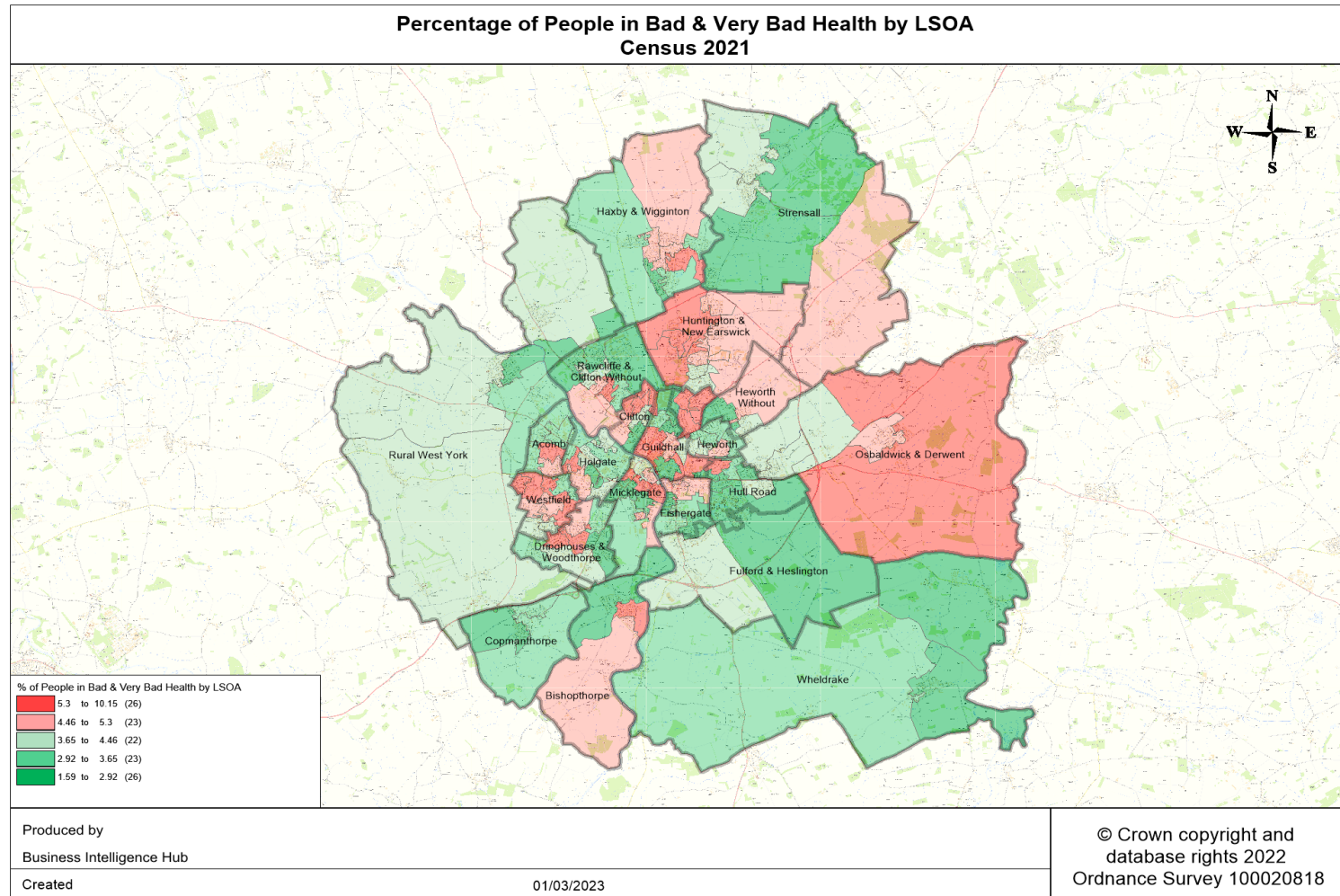
# % in Bad or Very Bad Health by Ward 2021

The % of people who have “Bad” or “Very Bad” health ranges from 3.1% in Copmanthorpe, Hull Road and Wheldrake to 5.8% in Huntington and New Earswick



# % in Bad or Very Bad Health by LSOA 2021

Ranges from 1.6% (University of York LSOA) to 10.1% (the southern end of New Earswick within Huntingdon and New Earswick ward).



# Health Question 2021 Census v IMD 2019?

To what extent does the health information from the census correspond with what we already know about the health of the population from the Index of Multiple Deprivation (IMD)?

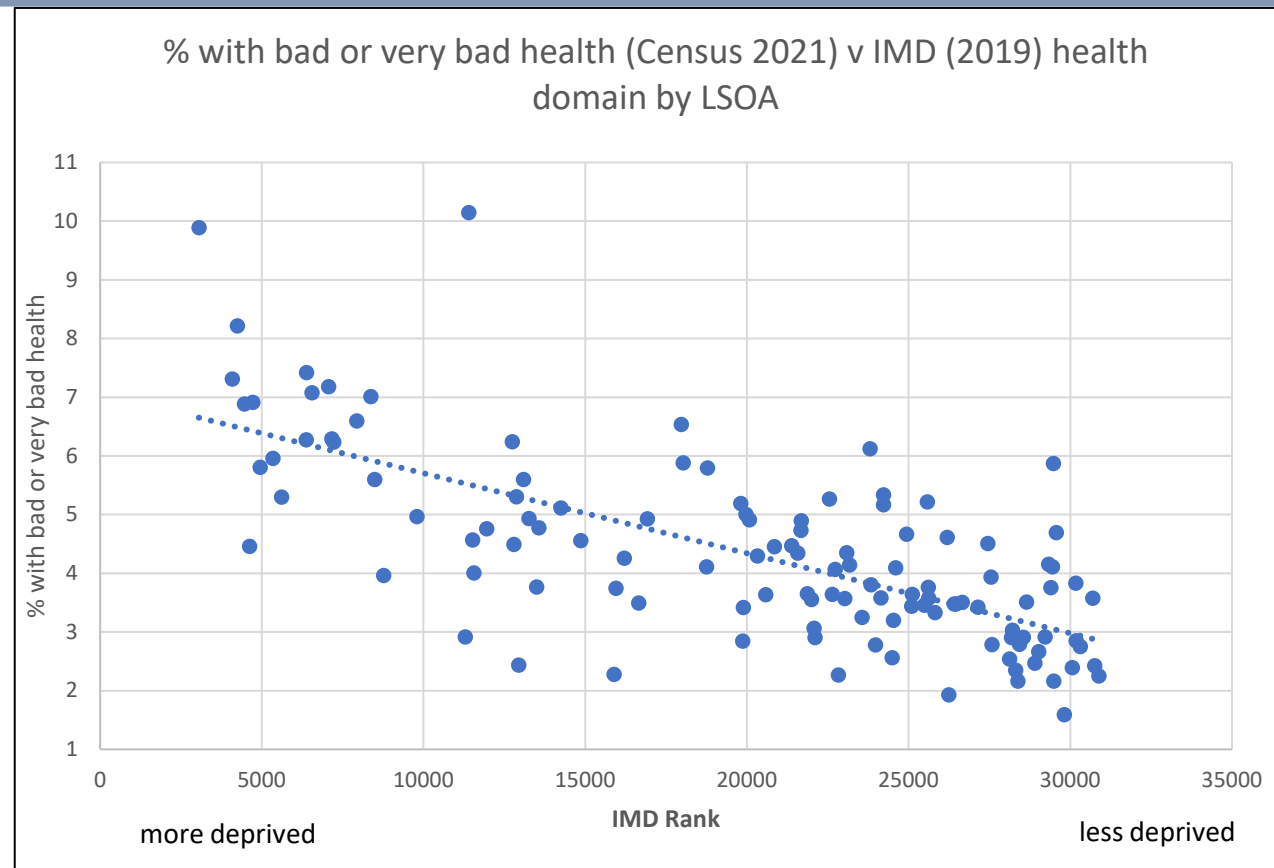
Does the Census data provide us with a more up to date picture of health?

The next slide shows a scatter plot of the LSOA values for % of people in 'bad' or 'very bad' health against the Health Domain of the IMD.

NB The IMD health domain shows relative health deprivation within the LSOA (based on indicators for comparative illness & disability, acute morbidity, mood and anxiety disorders and potential years of life lost).

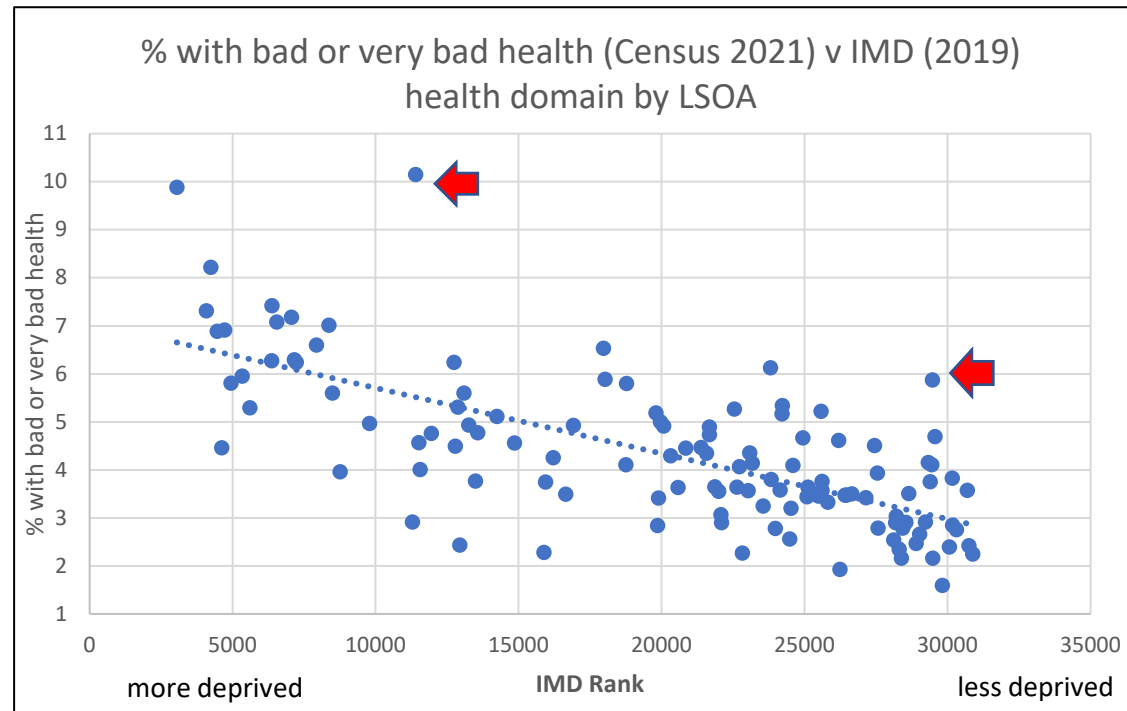
# % in bad & v. bad health v IMD (health domain)

The chart shows a correlation between the % of people who rate their health as bad / very bad and health deprivation at LSOA level. Higher levels of relative health deprivation are associated with higher levels of self reported bad health. The correlation is fairly strong ( $r=-0.70$ )



# 'Outlier' LSOAs

In some LSOAs the % in bad health is higher than might be expected for the level of health deprivation in that LSOA. Two examples are marked by a red arrow. In both cases the LSOA has a higher than average % of people aged 65+. The LSOA values from the census do not appear to be age standardised (?). Health and age are closely related, with older people being more likely to be in poorer health so this may explain why the outlier LSOAs have higher than 'expected' self reported bad health.



# Changes in health from 2011 to 2021 at LSOA level.

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Changes in health from 2011 to 2021 for each LSOA are shown in the next two maps.

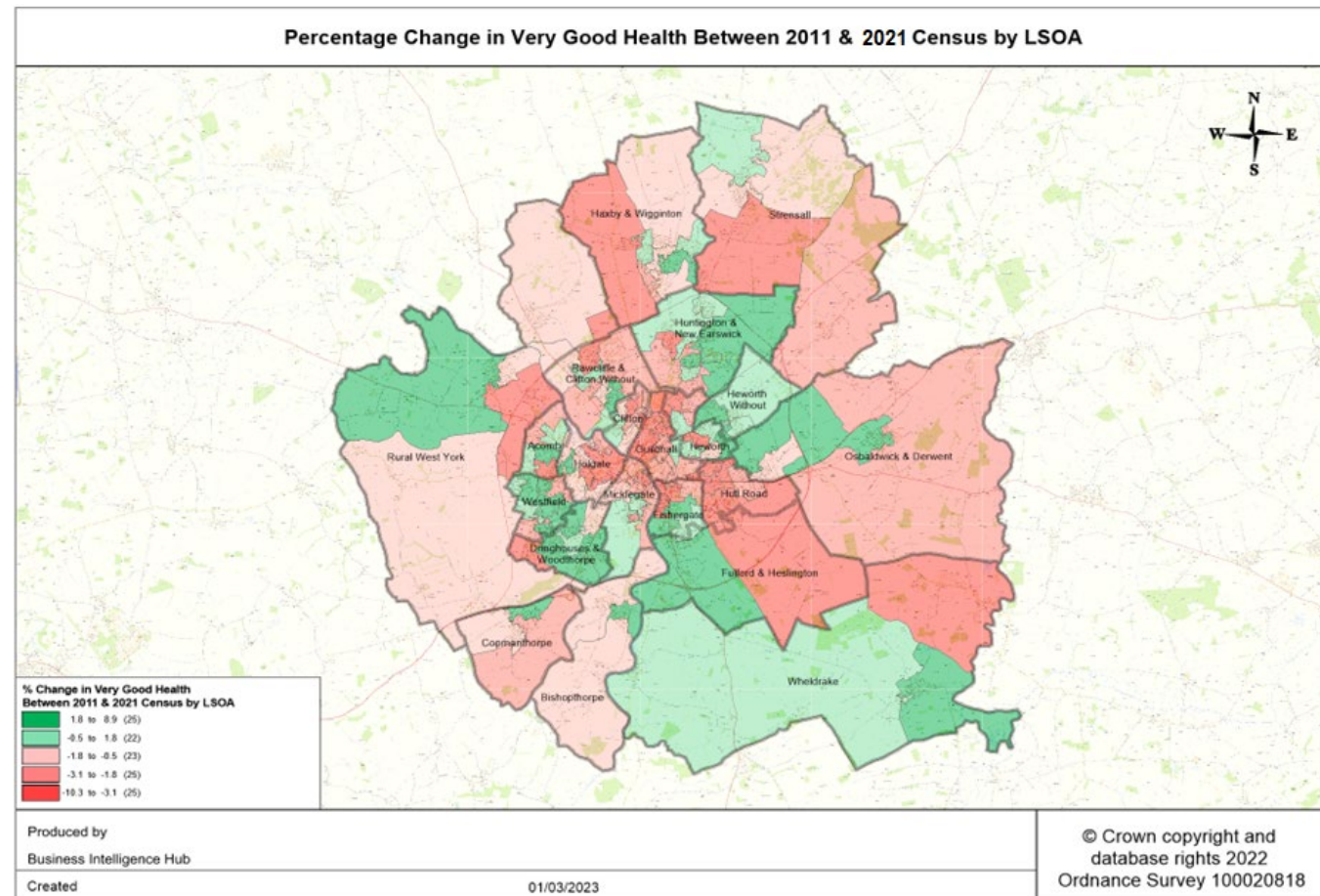
- The first map shows the change in percentage points between 2011 and 2021 for people in very good health.
- The second map shows the change in percentage points between 2011 and 2021 for people in bad or very bad health.

In both maps, “dark red” represents negative changes from 2011 to 2021 and “dark green” represents positive changes from 2011 to 2021.



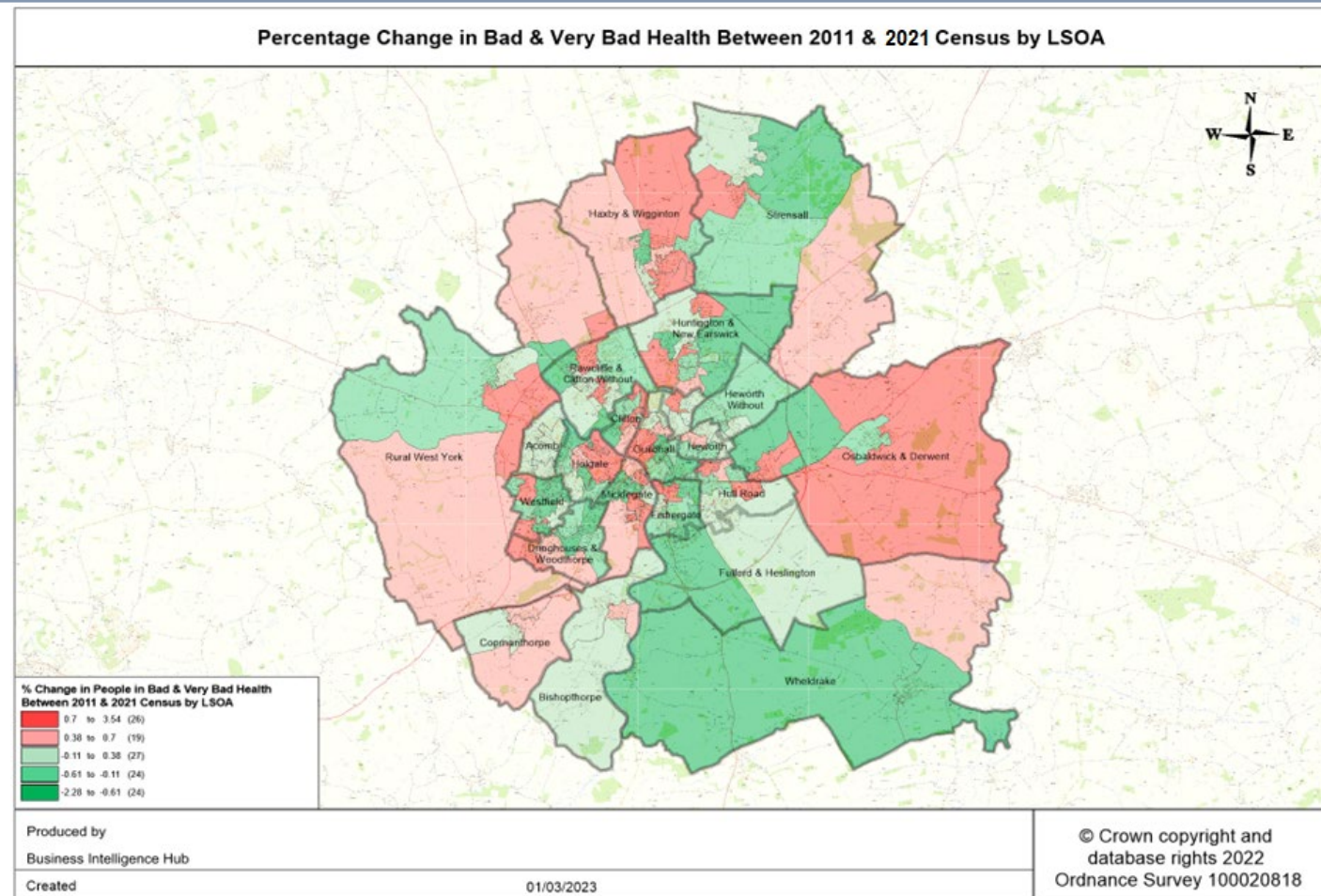
# % in Very Good Health by LSOA 2011 v 2021

Almost two-thirds (77) of LSOAs saw a decrease between 2011 and 2021. The LSOA that saw the biggest decrease (-10%) in their percentage was the “University of York” LSOA within Fulford and Heslington ward. The biggest increase (+9%) was in the LSOA centred around York High School in Westfield ward.



# % in Bad or Very Bad Health by LSOA 2011 v 2021

66 LSOAs saw an increase in the percentage reporting “Bad” or “Very Bad” Health and 54 LSOAs a decrease in this percentage. The LSOA with the biggest decrease (-2.3%) was the north-western edge of Rawcliffe (mainly within the Rawcliffe & Clifton Without ward). The LSOA with the biggest increase (+3.5%) was the LSOA that covered the southern end of New Earswick.



# Concluding thoughts

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- Census data is a useful addition to the local picture on health.
- Wide variation in self reported health across City (and within wards) is evident.
- Patterns are broadly in line with existing deprivation map with some exceptions
- Limitations of analysis – Confidence intervals / age standardisation
- Fall in % in UoY LSOA reporting very good health is noteworthy.
- Data on a wide range of indicators at ward level (e.g. health, social care, economics, demographics, education) continues to be available via the Ward Profiles on York Open Data.

# York IMD 20%

Age Profile of the LSOAs in York which fall within the 20% most deprived areas in England

# York IMD20%

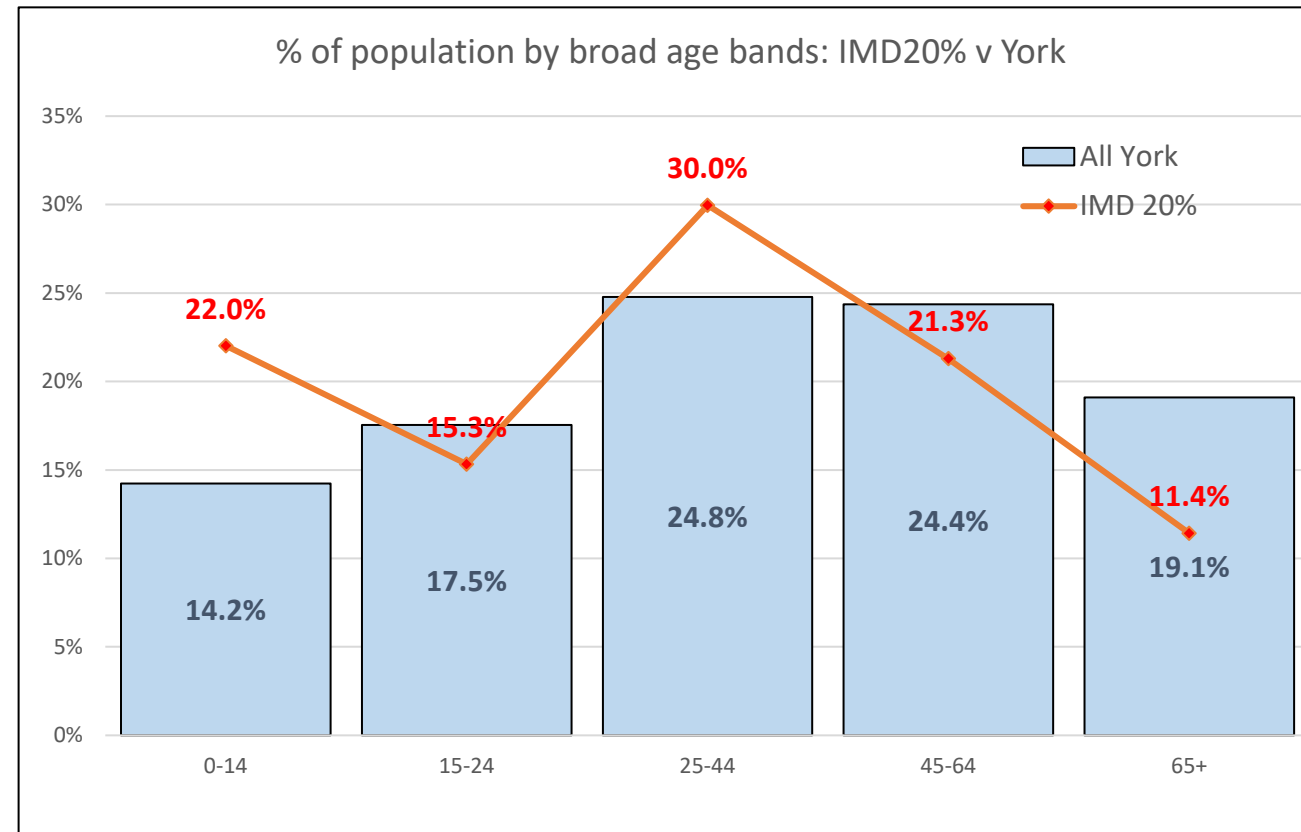
From the 2019 Index of Multiple Deprivation (IMD), there are 6 Lower Super Output Areas (LSOA) in York falling within the 20% most deprived areas in England. A total of 9,345 residents (4.61% of the total York population) live in these areas.

LSOA	National IMD 2019 rank / 34,844 (1= most deprived)	Ward in which LSOA is located	Sample of streets located within LSOA	Population (Census 2021)
York 018B	3,155	Westfield	Kingsway West, Ascot Way, Windsor Garth	1,640
York 009D	4,772	Clifton	Kingsway North, Spalding Avenue	1,393
York 009C	5,135	Clifton	Crombie Avenue, Evelyn Crescent, Crichton Avenue	1,613
York 018F	5,151	Westfield	Bellhouse Way, Foxwood Lane	1,432
York 015C	6,177	Hull Road	Alcuin Avenue, Burlington Avenue	1,749
York 018C	6,469	Westfield	Chapelfields Road, Bramham Road, Barkston Road	1,518
<b>Total IMD 20%</b>				<b>9,345</b>
<b>York Population</b>				<b>202,814</b>
<b>% of York Population living in most deprived 20% nationally</b>				<b>4.61%</b>

# York IMD20% v All York: Broad age bands

The aggregated population of the York IMD 20% LSOAs differs from the overall York population.

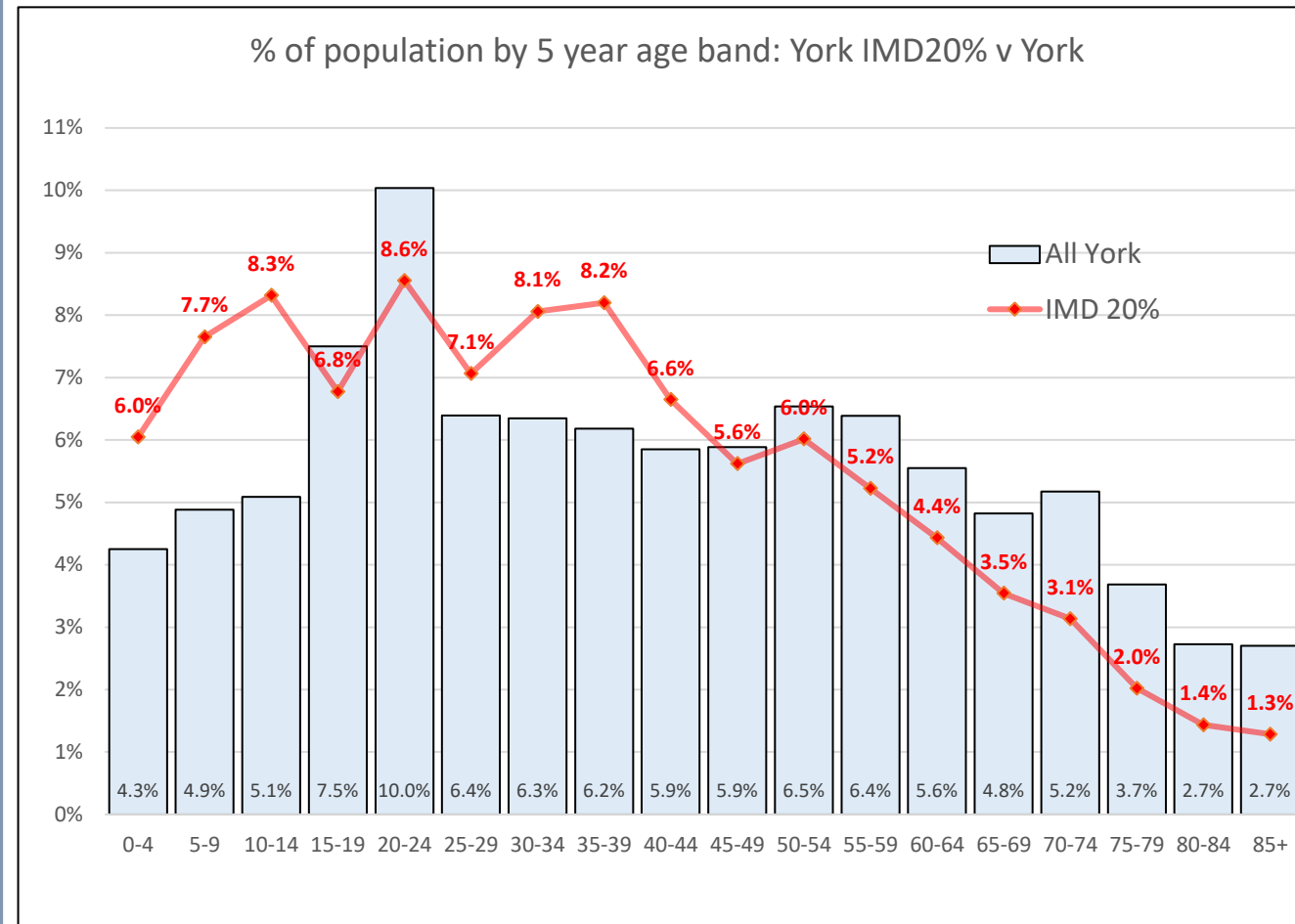
There are higher percentages of people aged 0-14 and 25-44 and lower percentages of people aged 45-64 and 65+ in the York IMD20% group.



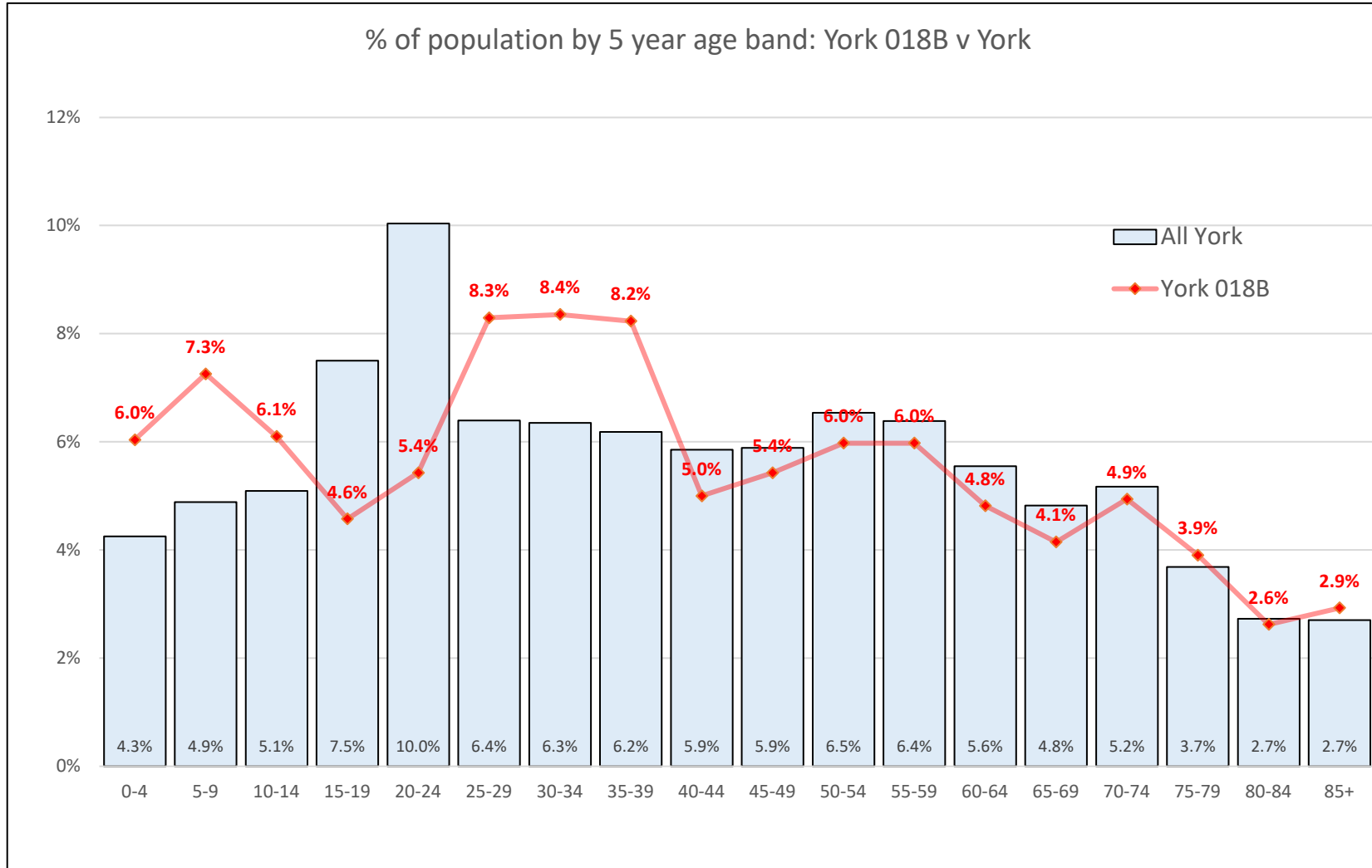
# York IMD20% v All York: 5 year age bands

The differences between the aggregated population of the York IMD 20% LSOAs and the overall York population can be seen in more detail in the chart showing 5 year bands.

Charts for the 6 individual LSOAs are shown in subsequent slides

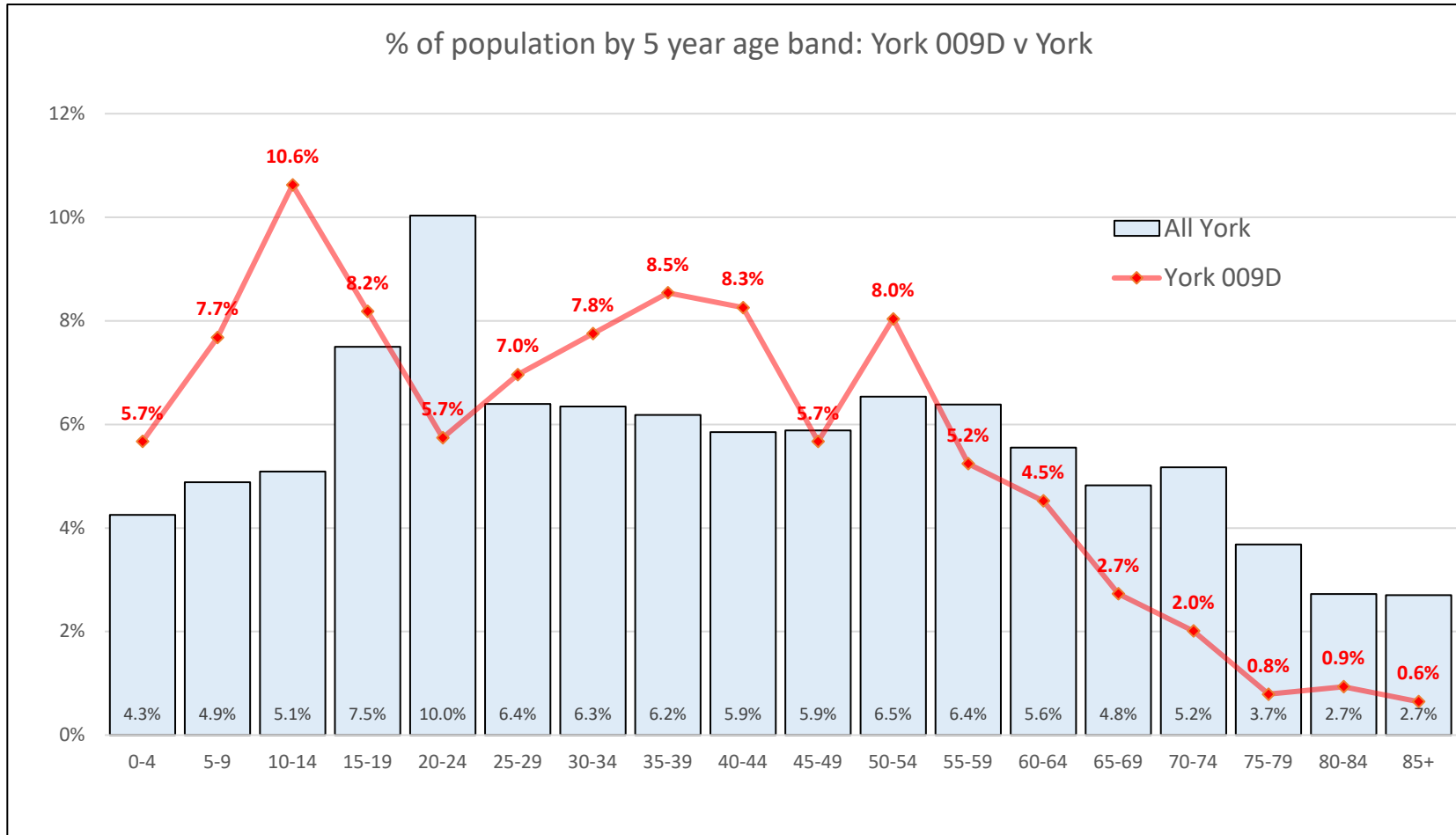


# York 018B v All York: 5 year age bands

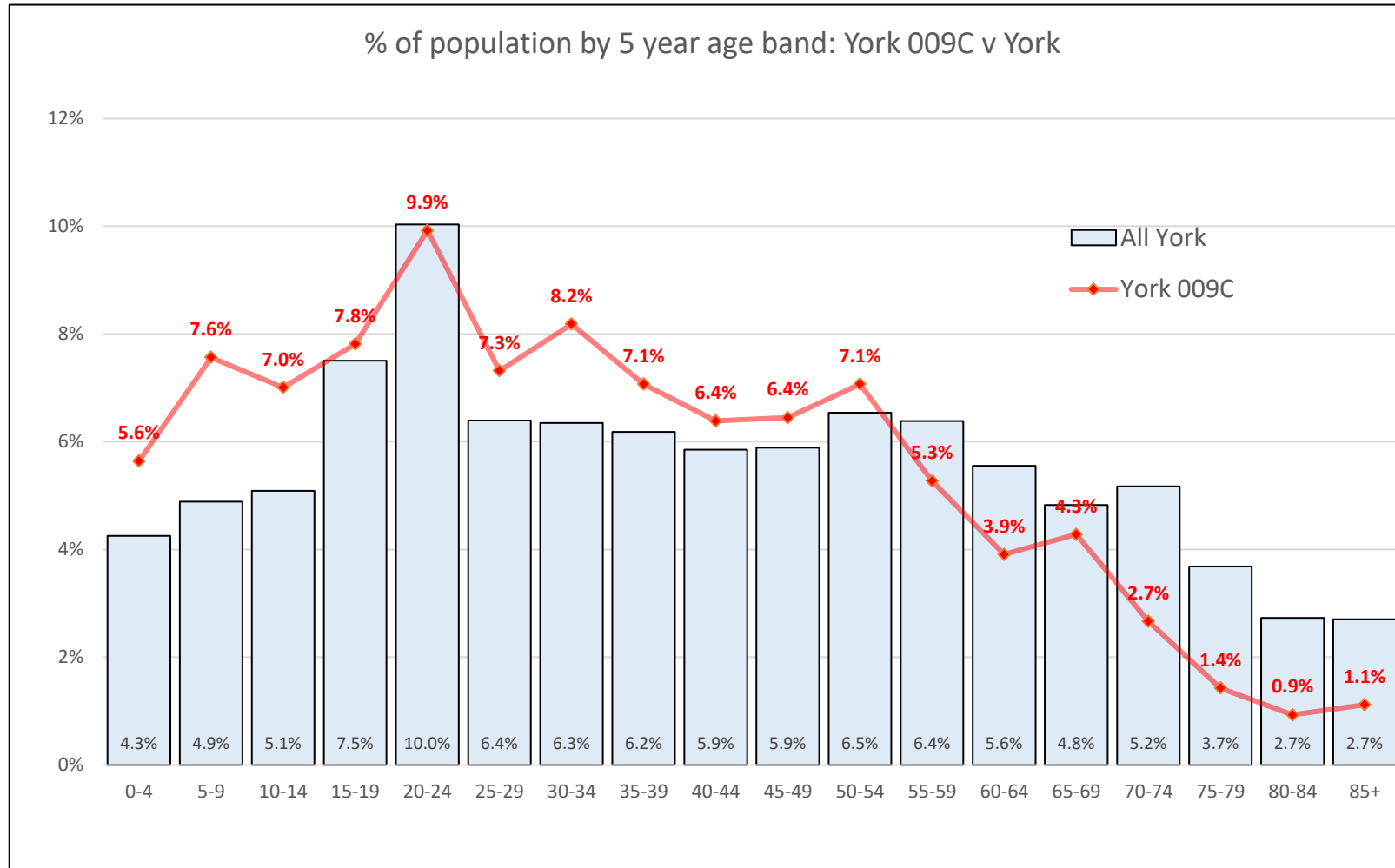




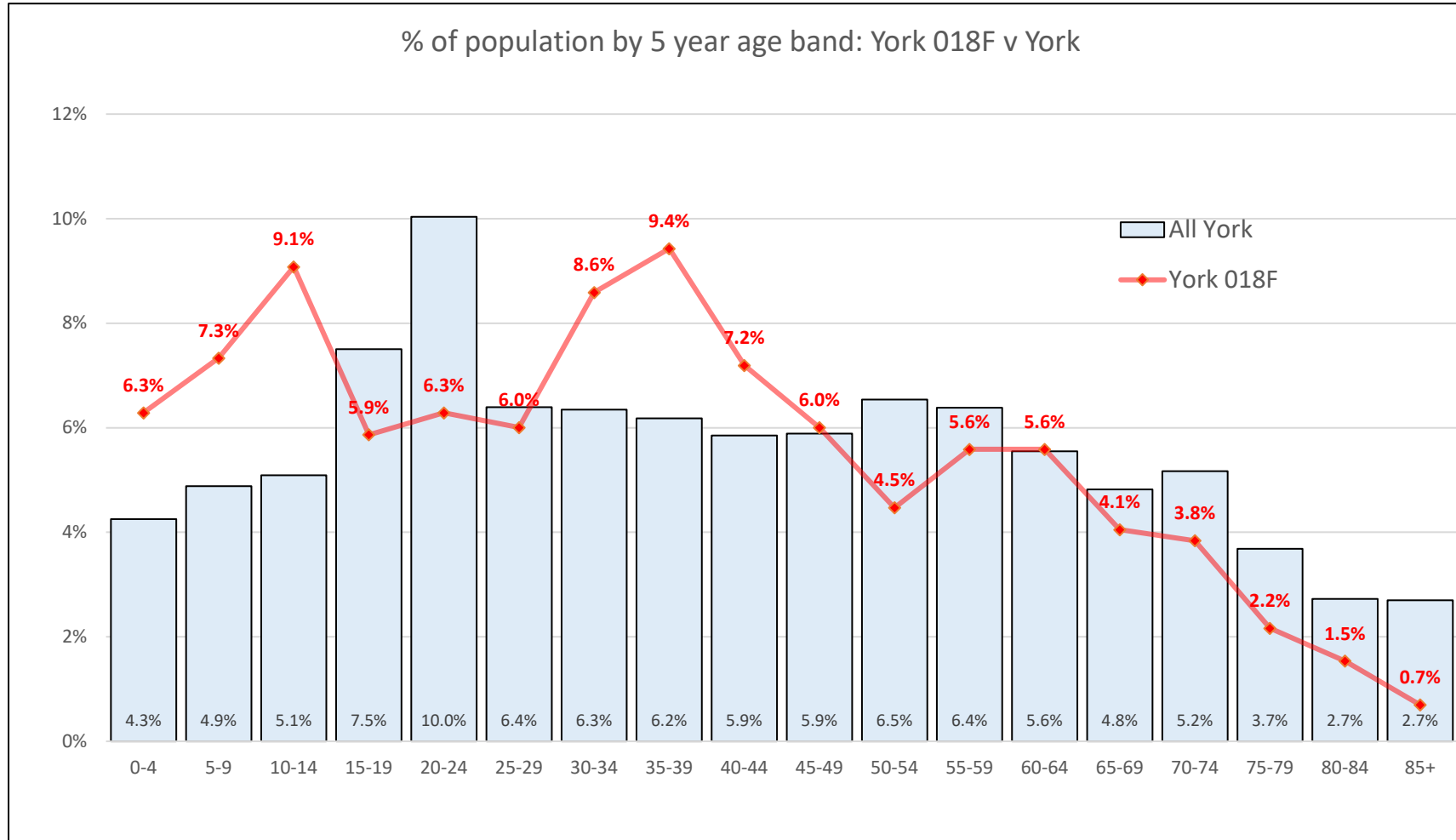
# York 009D v All York: 5 year age bands



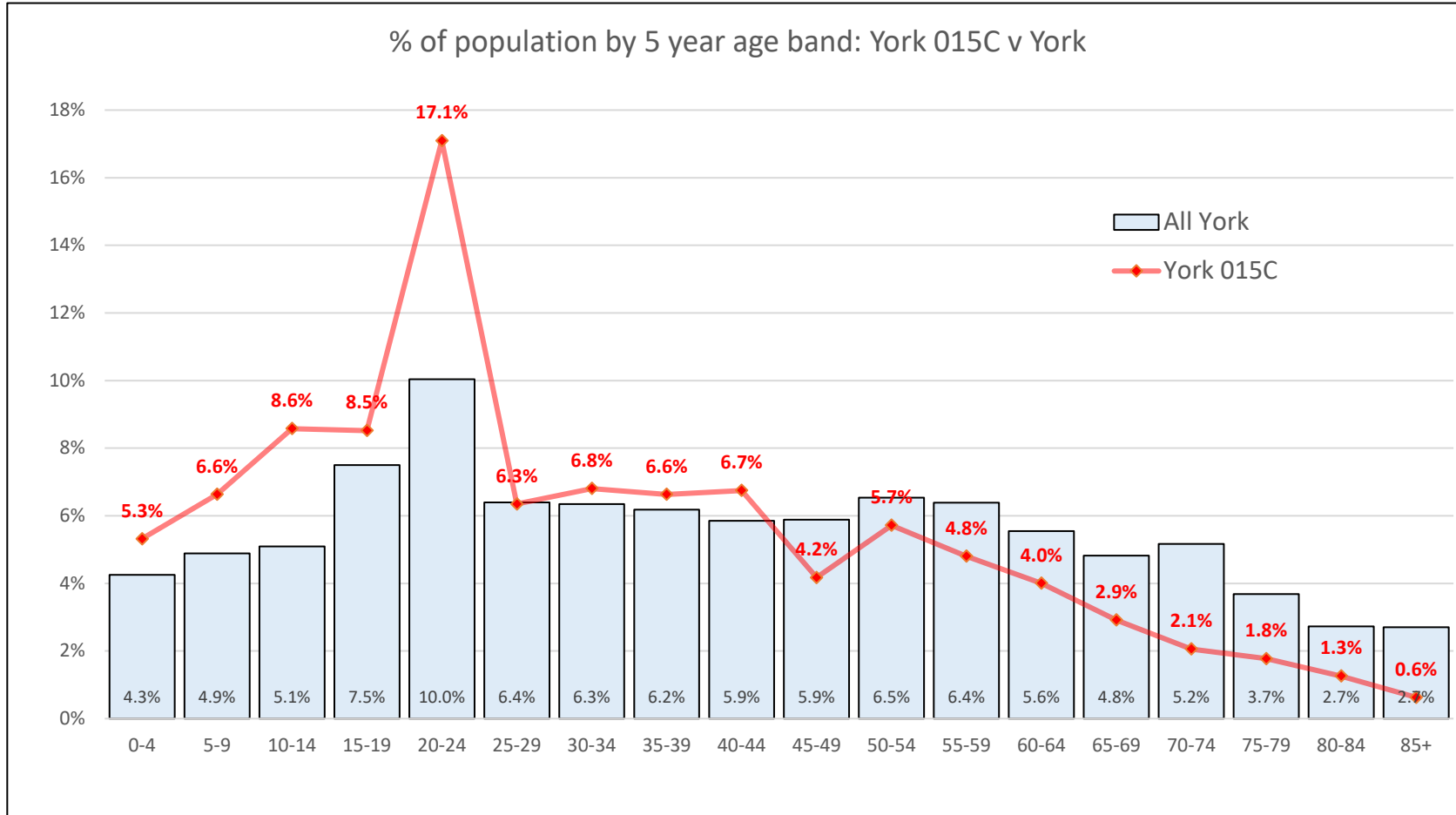
# York 009C v All York: 5 year age bands



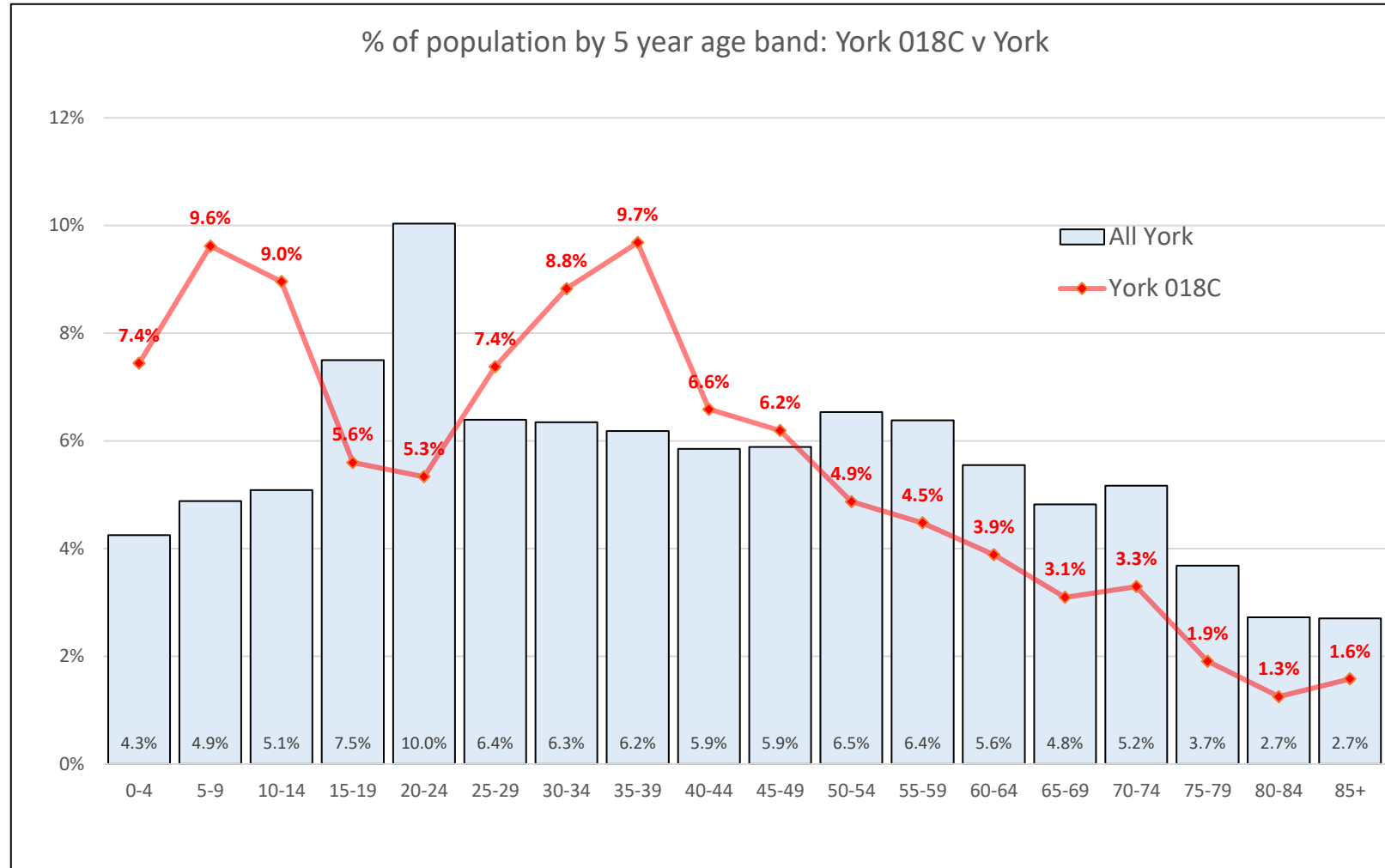
# York 018F v All York: 5 year age bands



# York 015C v All York: 5 year age bands



# York 018C v All York: 5 year age bands



# Core20PLUS5 Approach in York

Anna Basilico, Head of Population Health and Partnerships

# What are health inequalities?

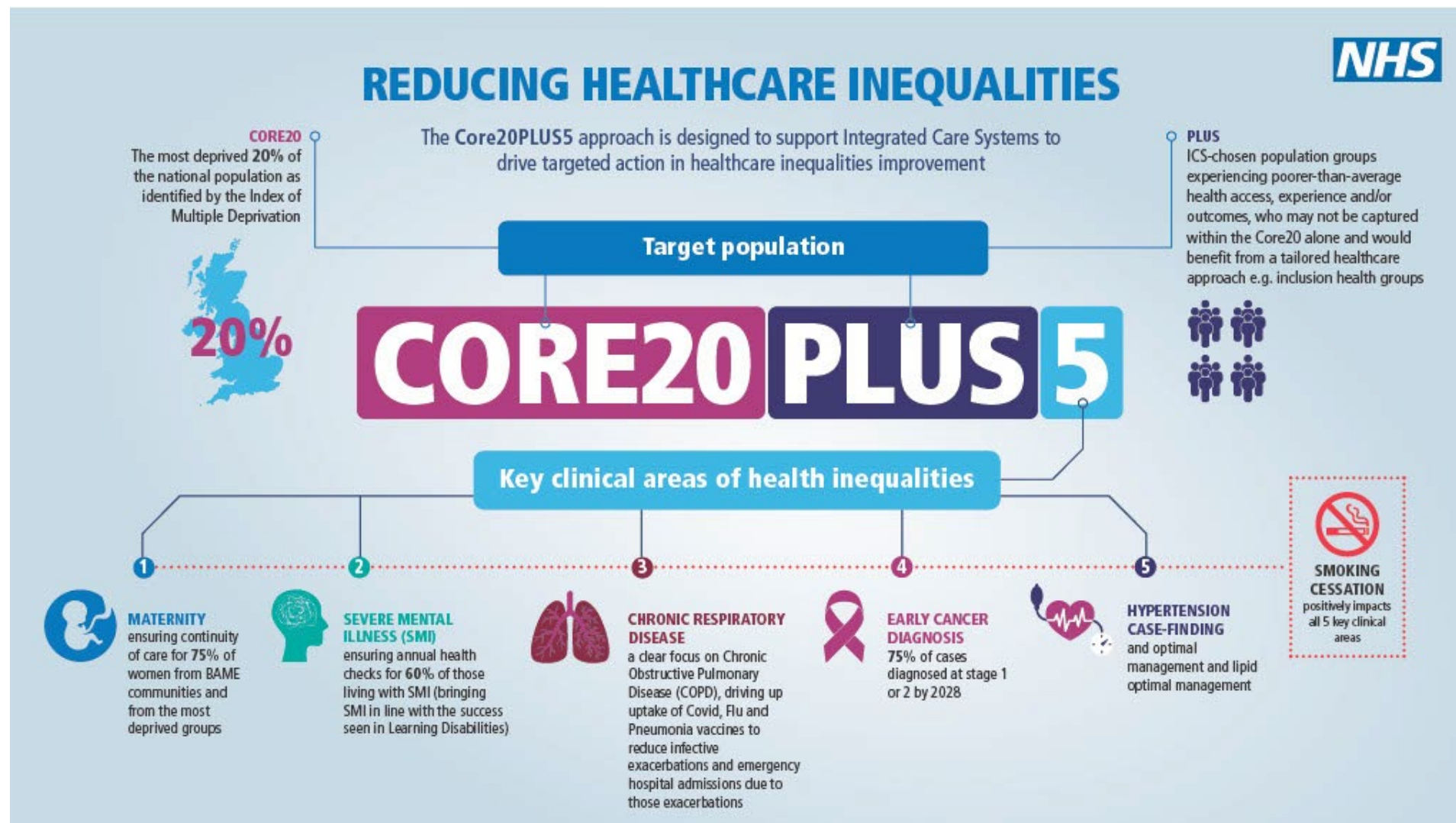
- Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.
- The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are sometimes referred to as wider determinants of health.
- Wider determinants of health are often interlinked. For example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthy food. This means some groups and communities are more likely to experience poorer health than the general population. These groups are also more likely to experience challenges in accessing care.

# Introduction to CORE20PLUS5

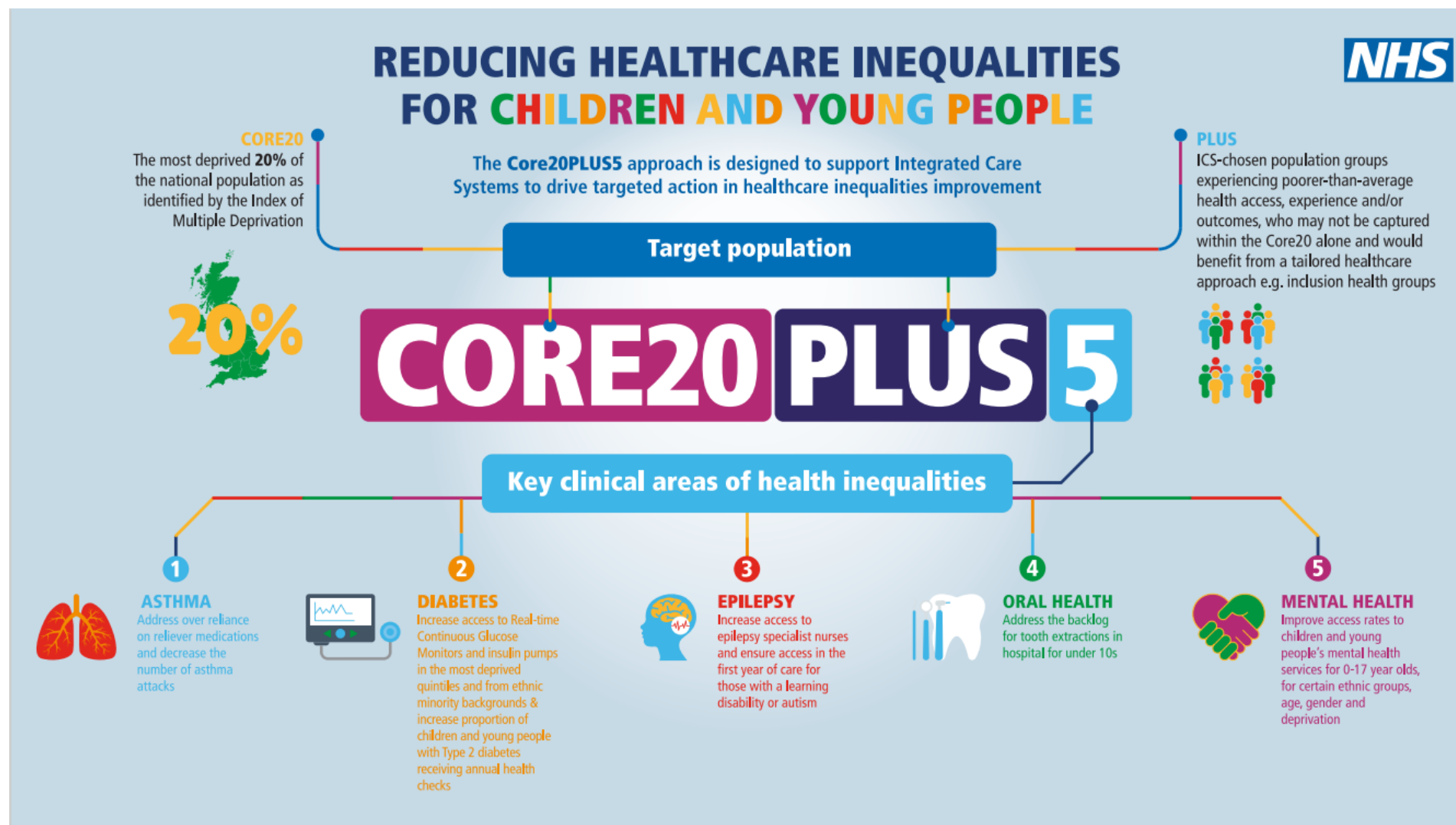
- CORE20PLUS5 is a national NHS England and Improvement initiative aimed at reducing health inequalities through the concerted efforts of the health and care system, both at a national, regional and local level.
- The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.
- The approach is made up of three key parts. The first two parts together provide a population identification framework designed to be used at ICS level to offer direction & focus in improving health inequalities.
- The final part sets out five clinical areas of focus. Governance for these five focus areas sits with national programmes; national & regional teams coordinate local systems to achieve national aims.
- This is really about us knowing our population as a city, understanding where the need is, and working together as a **system** to support these individuals and reduce health inequalities.



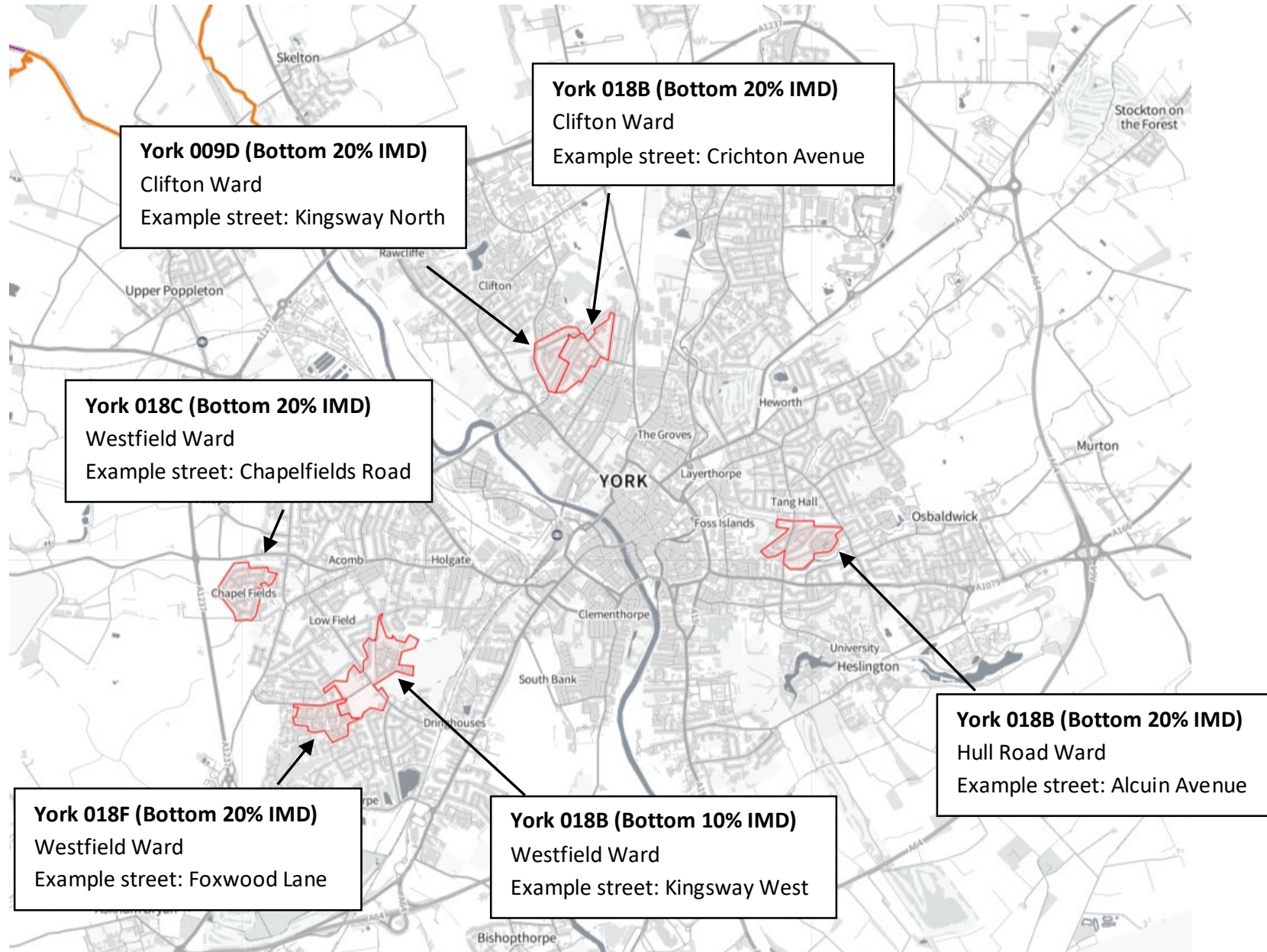
# Core20PLUS5 – Adults



# Core20PLUS5 – Children and Young People



# Core20 population in York





This refers to specific population groups spread out across geographies who can experience particular health needs or inequalities, including inclusion health groups. In York we have identified a number of 'Plus' groups, although this is by no means an exhaustive list:

- *ethnic minority communities*: in York, the 2021 census showed that 7% of our population are from a Black or minority ethnic group, over 14,000 people. The most common ethnicities in York other than 'White British' include our Chinese population, those who responded 'other white', and those from Indian and 'other Asian' backgrounds.
- *people with multi-morbidities*: in 2020 a health needs assessment for York found that nearly 11% of people registered with general practice in York have more than one long term condition.
- *people experiencing homelessness*: in York the most recent data shows that an average of 47 households were in temporary accommodation across 2020/21, and 803 households were owed a duty under the homelessness reduction act.
- *drug and alcohol dependence*: in 2020/21 there were 469 people in treatment for opiate dependence in York, 54 for non-opiate dependency, and 275 for alcohol dependence. Particularly with alcohol, this is likely to be a large underestimate of the true need for dependency treatment in the city.



cont'd

- *vulnerable migrants*: including those in the UK as asylum seekers and with refugee status, where numbers are hard to estimate but are likely to be increasing as the city works within its City of Sanctuary status to welcome recent arrivals from Syria, Afghanistan and Ukraine. Up to date information on the number of migrants in York from these three areas is available from CYC.
- *gypsy, Roma and Traveller communities*: The York Gypsy, Roma and Traveller Strategy 2013- 2018 identifies that there are approximately 350 Gypsy and Traveller families in York, living on traveller sites, houses and on the roadside. A Gypsy and Traveller Health Needs Assessment is currently being undertaken by York Public Health team.
- *sex workers*: where numbers in York are again hard to estimate, but clear evidence exists to show high levels of health need and issues accessing healthcare services, together with risks around exploitation, violence and trafficking.
- *students*: there are currently over 30,000 students in York during term time, over 10% of our population. Whilst they are often healthier than the general population due to their younger average age, students experience a number of access and health outcome issues including higher levels of mental health need and higher likelihood of injury / trauma.

More information on many of the above groups can be found on the [York JSNA website](#)



## Five key clinical areas which have been identified for targeted work on reducing inequalities

### ***Maternity, specifically the equitable provision of continuity of care to mums from ethnic minority backgrounds***

- In York there is no data currently which currently analyses maternity continuity of care by local authority and ethnic group, however as part of the NHSE Health Inequalities and Improvement Dashboard which is being developed this should become available

### ***Severe Mental Illness, specifically bringing the proportion of the population with severe mental illness who receive an annual health check up to 60%***

- There is an increased focus for practices to meet the national target and as at 30<sup>th</sup> June 23/24, for York City GP practices the achievement was 53.2%.

### ***Chronic respiratory diseases, specifically increasing uptake of COVID-19 and Flu vaccination to prevent unplanned hospital admission***

- In York there is continued focus in local outreach and a more targeted approach to improve uptake in historically less well-served communities.
- Proactive social prescribing project supporting individuals with COPD and reducing health inequalities

### ***Early cancer diagnosis, 75% of cases diagnosed at stage 1 or 2 by 2028***

- In York, cancer diagnoses given during a two-week wait referral pathway are significantly higher than nationally, indicating a good quality primary care consultation. Cancer incidence is significantly lower in York residents than nationally. The HNY cancer alliance is leading our approach to improving cancer services through a range of programmes (tobacco dependency, community diagnostic centres, recruitment and retention of workforce and targeted lung health checks).

### ***Hypertension Case-Finding and optimal lipids: to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke***

- Prevalence of GP recorded hypertension in patients aged 18 and over is lower across areas of York compared to system and national averages, particularly in areas of deprivation. We are running a health inequalities project placing static blood pressure monitors in areas of deprivation in York with the aim of increasing hypertension prevalence and subsequent treatment.

**[Smoking cessation runs through our approach to all of these areas. York still has around 17,000 people smoking, a rate of 9.2% of the adult population.]**

# Health Inequalities Projects in York Place

**Schemes that reduce unwarranted variation in access, quality and health outcomes, with a focus on York's Core20PLUS5 populations:**

- Bolstering the Ways to Wellbeing small grants programme led by York CVS
- Expansion of community-based blood pressure monitoring
- York's first Health Mela September 2023
- GP outreach for individuals attending the Women's Wellbeing centre
- Recreational activities fund for asylum seekers with added health awareness sessions
- Maternal and child nutrition BFI accreditation to develop an Infant Feeding Strategy and delivery plan for the improvement of maternal and child health outcomes through better nutrition during preconception, pregnancy and early childhood.
- York Ending Stigma campaign
- CYP asthma, implementing the Asthma Friendly Schools programme in York
- Citizens Advice York - in GP Surgeries to improve health by improving financial stability
- Family and schools link worker to support Children & Young People with anxiety related school absence

# Helpful resources

- [NHS England » What are healthcare inequalities?](#)
- [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)
- [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)
- [Inclusion Health: applying All Our Health - GOV.UK \(www.gov.uk\)](#)
- New Core20PLUS5 e-learning modules available for free on the Health Education England [e-learning for health platform](#).
- For children and young people wider sources of data may also be helpful including the national child mortality data base and data available on the [Fingertips platform](#).



# Questions and discussion