

Health inequalities in York

Core20PLUS5 profile for adults

September 2024

'Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue.'

Professor Michael Marmot

Contents

Purpose of this Pack and Introduction

Key statistics

Methodology

PLUS Groups (Inclusion Health):

1. **Minoritised Ethnic Communities**
2. **People experiencing homelessness**
3. **Drug and alcohol dependence**
4. **Gypsy, Roma, and Traveller communities**
5. **Recent migrants: Asylum seekers and Refugees**
6. **Sex workers**
7. **Transgender and non-binary people**
8. **People with Learning Disabilities**
9. **People Leaving Care**

Other PLUS groups in York:

10. **Veterans**
11. **Students with health needs**
12. **Carers**

Purpose of this Pack

The York Population Health Hub (PHH) is a multi-organisation group which brings together colleagues from the local authority and health services, to enable, analyse and undertake population health management in York. The PHH has produced this Core20PLUS5 profile for adults living in York to highlight the health inequalities experienced by different groups of people. We hope that this profile is used by professionals working across the York Health and Care Partnership to drive targeted action in healthcare inequalities improvement.

Core20PLUS5 is an NHS England (NHSE) approach developed by the Health Inequalities Improvement Team to support NHS Integrated Care Systems (ICSs) to reduce health inequalities. Core20PLUS5 offers ICSs a focused approach to enable prioritisation of energies and resources as they address health inequalities. ¹

1. [Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities.](#)

Reducing Healthcare Inequalities



Core20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation deciles **1&2**.

PLUS

York's population groups experiencing poorer than average health access, experience and/or outcomes



Target Population

CORE20 PLUS 5

Key clinical areas of health inequalities



Maternity

ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

Early Cancer Diagnosis

75% of cases diagnosed at stage 1 or 2 by 2028



Severe Mental Illness

ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

Hypertension Case-Finding

and optimal management and lipid optimal management



Chronic Respiratory Disease

a clear focus on COPD. driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

Smoking Cessation

positively impacts all 5 key clinical areas



Key statistics

This dashboard brings together local health, social care, and housing data to help provide an overview of Core20PLUS5 in York.



7.23% (14,654 people)
of York population are from a **Black or minoritised ethnic group** (2021 Census)



73
households in temporary accommodation in Quarter 1 of 2023/24



963
People in treatment in 2022/23 for drug or alcohol dependence in York.



368
0.2% York residents, identified as a **Gypsy or Traveller**. (2021 Census)



403
Asylum seekers in York as of October 2023



12x
Higher mortality rate in women involved in **sex work** nationally.



936
LD register patients for City of York (2024 Primary Care Data, System One)



103
Care leavers in York age 18-21 (2023)



122
21-25 Age Band, Self-Identified Transgender &/or Non-Binary Patients registered in York (2024 Primary Care Data, System One)



1532
Veterans (2024 Primary Care Data, System One)



27,021
full time **students** aged 16+ in York were identified (2021 Census)



14,868
York residents who provided some **unpaid care** (2021 Census)

Methodology

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both the National and System 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. This is also beneficial to be used at Place.

CORE20 This refers to those living in the 20% most deprived small areas (LSOAs), defined by the 2019 Index of Multiple Deprivation. York has 9,345 people (4.61% of the population) who live in LSOAs which are amongst the 20% most deprived in England. Of these, 1,639 people (0.8% of the population) live in an area which is among the 10% most deprived in England (using 2021 Census LSOA population estimates and 2019 IMD scores).

York IMD 20%

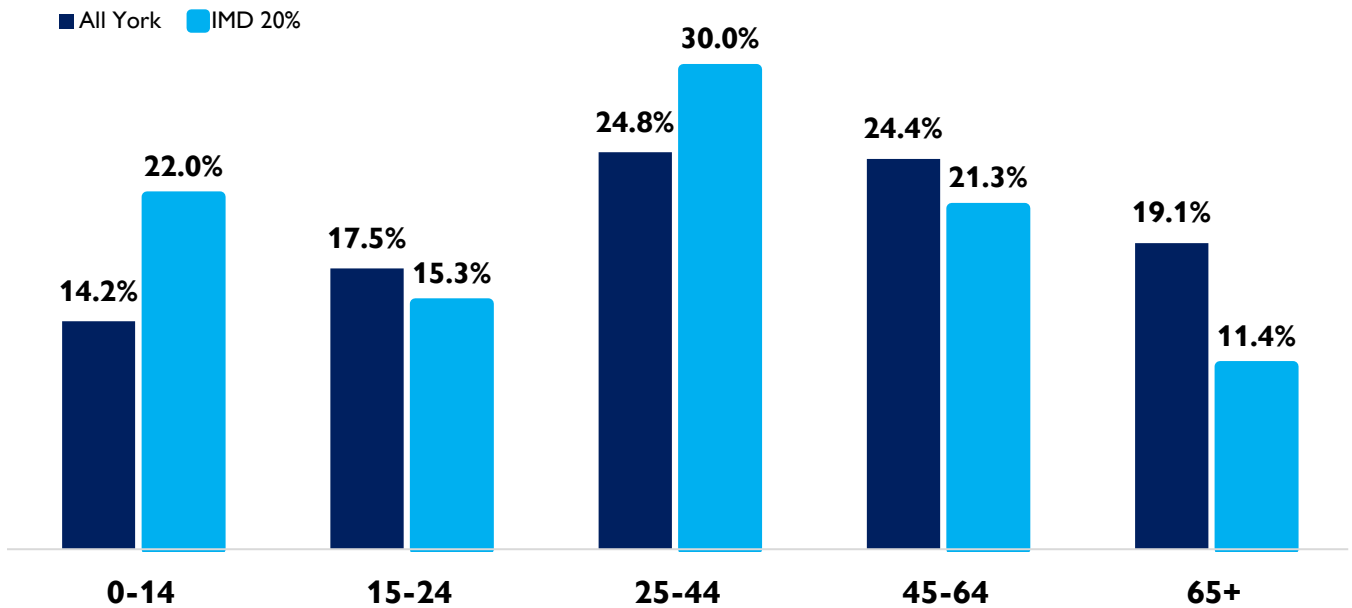
From the 2019 Index of Multiple Deprivation (IMD), there are 6 Lower Super Output Areas (LSOA) in York falling within the 20% most deprived areas in England.

LSOA Name	National rank	Ward	Sample streets	Population (Census 2021)
York 018B	3,155	Westfield	Kingsway West, Ascot Way	1,640
York 009D	4,772	Clifton	Kingsway North, Spalding Avenue	1,393
York 009C	5,135	Clifton	Crombie Avenue, Evelyn Crescent	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	1,518
Total				9,345 (4.61%)
York Population				202,814

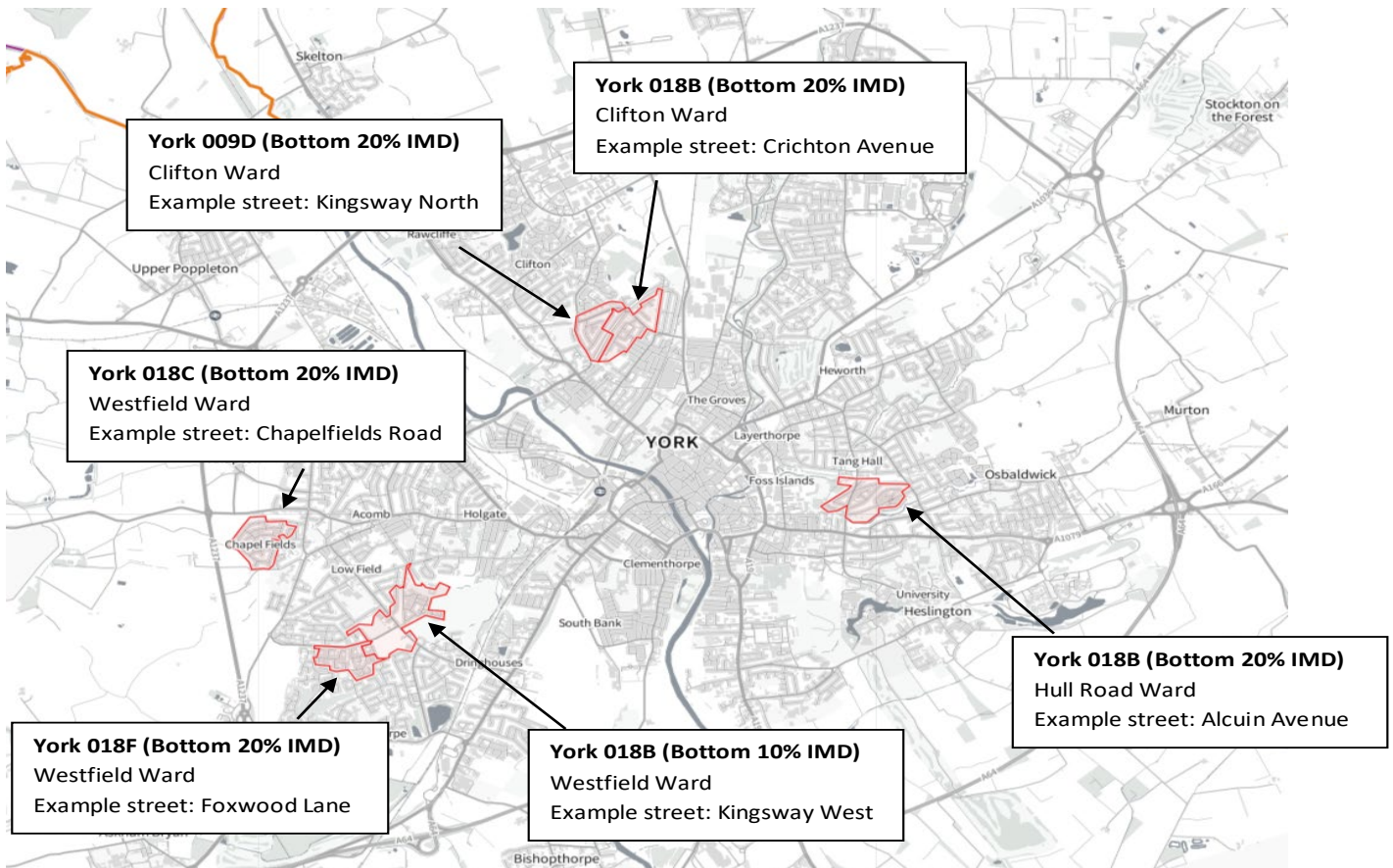
York IMD20% v All York: Broad age bands

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.

% of population by broad age bands: IMD20% v York

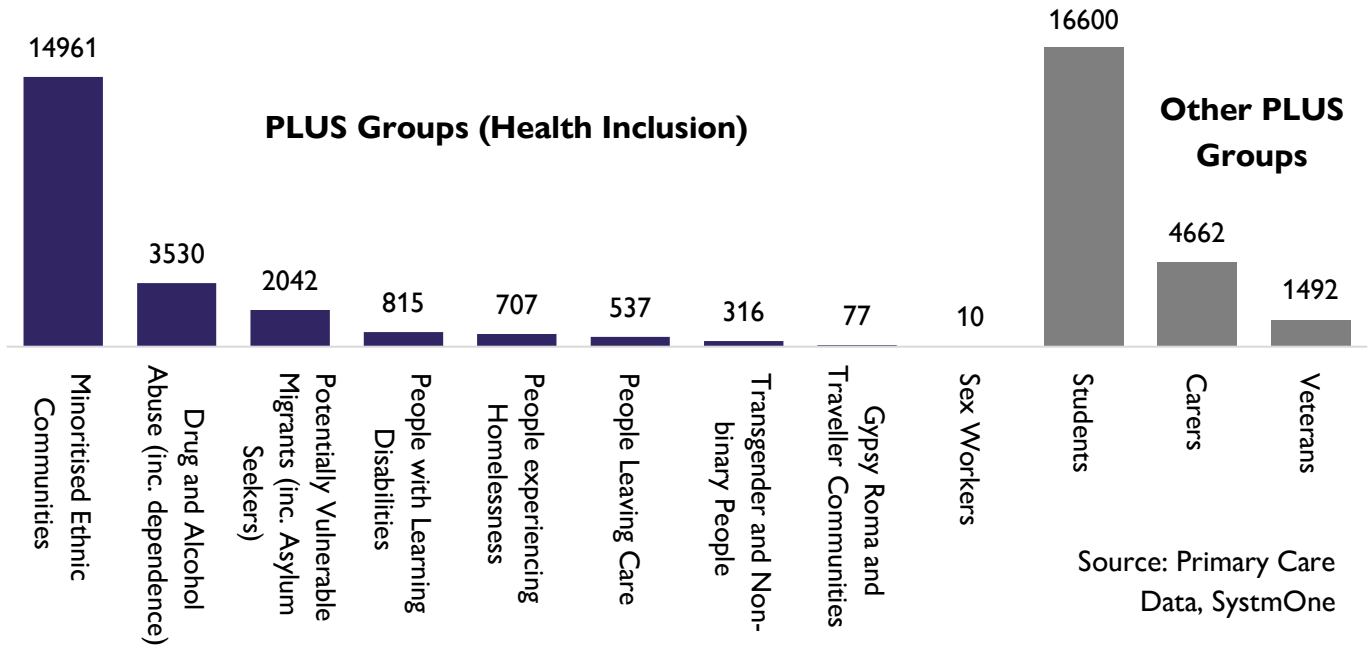


Core20 population in York



PLUS

PLUS groups are identified at local level based on poor access, experience, or outcomes, and who would not be captured in the Core20 alone. Patients in PLUS groups are likely to experience inequalities in one or more of the 5 key clinical areas, however this is not mandatory for their inclusion. PLUS groups are not mutually exclusive. The data presented below is limited by coding in general practice; the true number of people in each cohort is likely to be considerably higher.



5

There are five clinical areas of focus which require accelerated improvement. Governance for these five focus areas sits with national and regional teams coordinate to activity across local systems. Smoking cessation positively impacts all five clinical areas of focus.

- **Maternity:** *Ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. This model of care requires appropriate staffing levels to be implemented safely.*
- **Severe Mental Illness:** *Ensure annual physical health checks for people with SMI to at least nationally set targets.*
- **Chronic respiratory diseases:** *A clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.*
- **Early cancer diagnosis:** *75% of cases diagnosed at stage 1 or 2 by 2028.*
- **Hypertension Case-Finding and optimal lipids:** *To allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.*



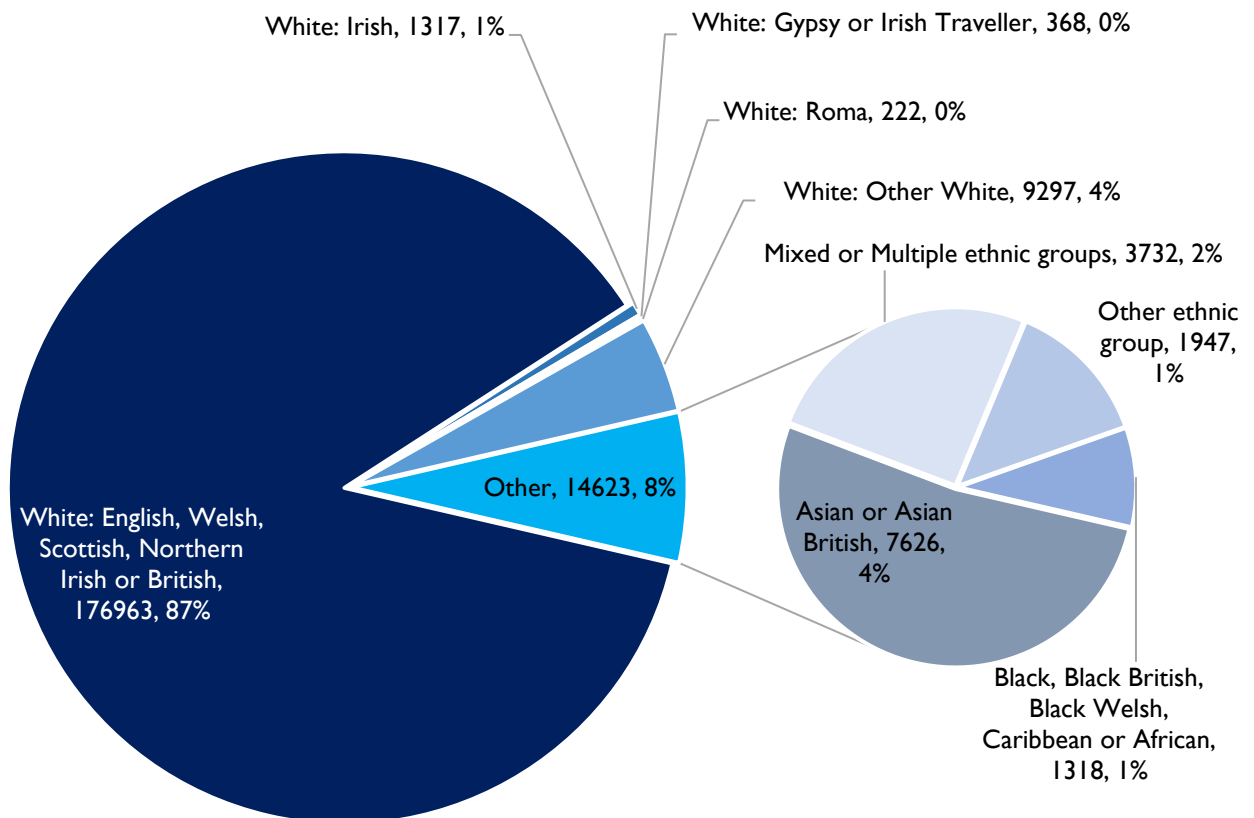
Minoritised Ethnic Communities

7.23% of York population are from a Black or minority ethnic group (14,654 people)

Definition: Minoritised Ethnic Communities: are groups within a community which has different national or cultural traditions from the main population.²

Population: In York, the 2021 census showed that 7.23% of our population are from a non-white British background. Black or minority ethnic group (14,654 people). The breakdown is: Asian or Asian British (3.76%); Mixed or Multiple ethnic groups (1.84%); Other ethnic group (0.96%) and Black, Black British, Black Welsh, Caribbean or African (0.65%).

York Population Breakdown: 2021 Census



Number of students from ethnic minorities:

The 2021 Census shows the following:

- There were 25,075 York residents who were classed as a full-time student – either “economically active and a full-time student: in employment” or “economically inactive and a full-time student”.
- Of these 25,075 York residents, 4,637 (18.5%) of them stated they are from one of the “ethnic minority” categories (Black, Asian, Mixed or “Other”).
- Almost half of the 4,637 students from ethnic minorities (2,138) were of “university age” – aged 18 to 21 years old.
- Of the 14,654 York residents from an ethnic minority background, almost a third (32%) of them were full-time students. A further 2,886 York residents from ethnic minority backgrounds (20% of all those from ethnic minorities) were aged 15 or under.

Health inequalities: Members of these communities often face higher rates of chronic illnesses, including diabetes, cardiovascular diseases, and certain cancers. Limited access to healthcare services, cultural and language barriers, and mistrust in the healthcare system may contribute to delayed diagnoses and inadequate treatment. ³

Socio-economic factors such as lower income, employment opportunities, and educational attainment further exacerbate these health disparities. Additionally, ethnic minorities may experience higher levels of stress due to discrimination and social determinants, negatively impacting mental health.³

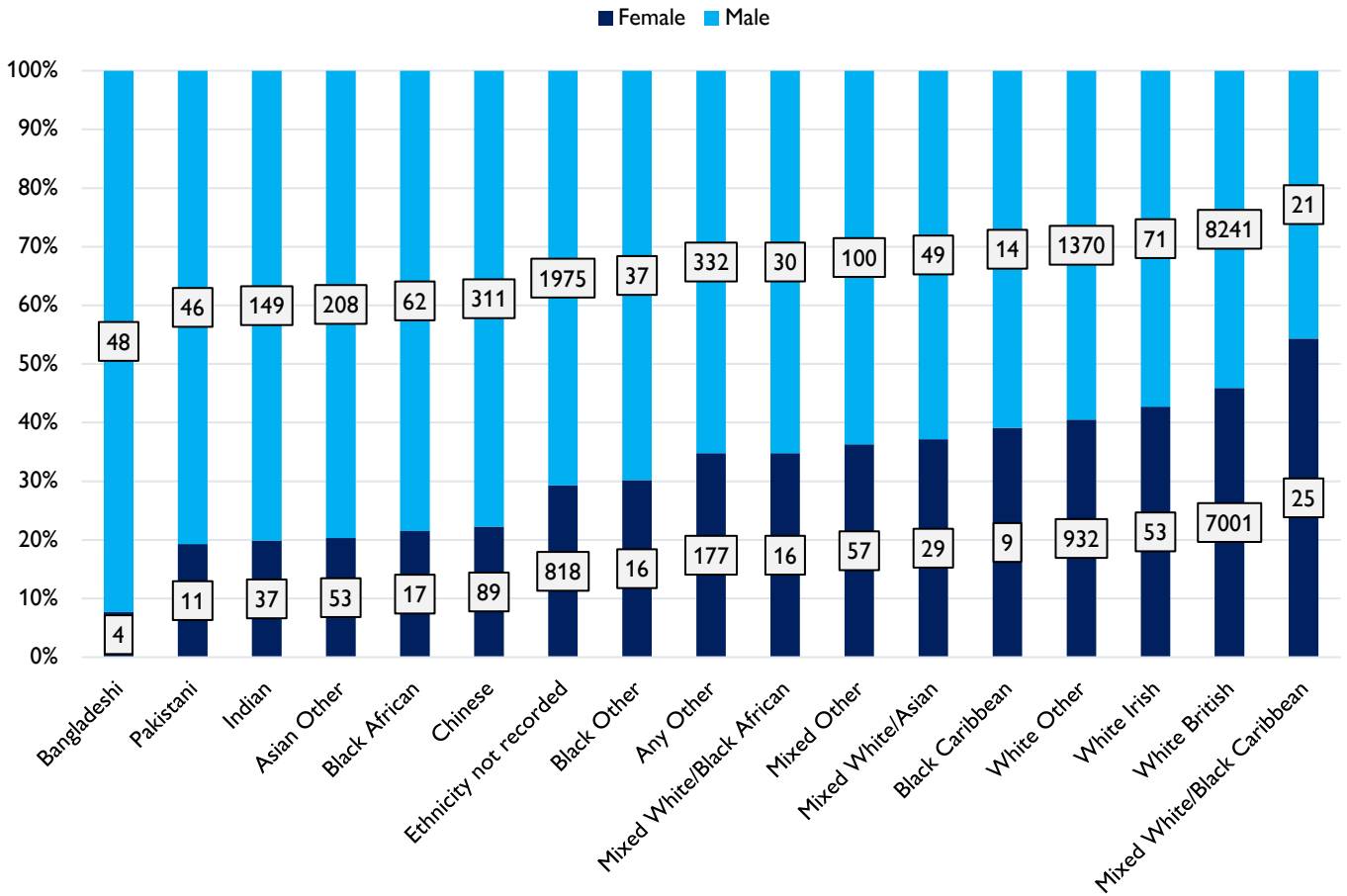
Addressing health inequalities among ethnic minority communities requires a comprehensive and intersectional approach that tackles both healthcare system biases and broader socio-economic determinants.

Ethnicity & Smoking

Smoking prevalence varies among ethnic minority groups, with some communities having higher rates than the general population. Gender also plays a role, with smoking prevalence differing between men and women within these communities e.g. 4% of African patients smoke, 63 patients are male and 20 are female (chart below). Certain cultural practices and beliefs may impact smoking habits. Additionally, socio-economic disparities can contribute to varying rates of smoking within these communities.³

Efforts to address smoking within these diverse ethnic communities should be culturally sensitive and consider the specific factors influencing tobacco use. Understanding the complexities of ethnicity, culture, and socio-economic status is crucial for designing effective interventions.

Smoking Habits in Ethnicities by registered Sex

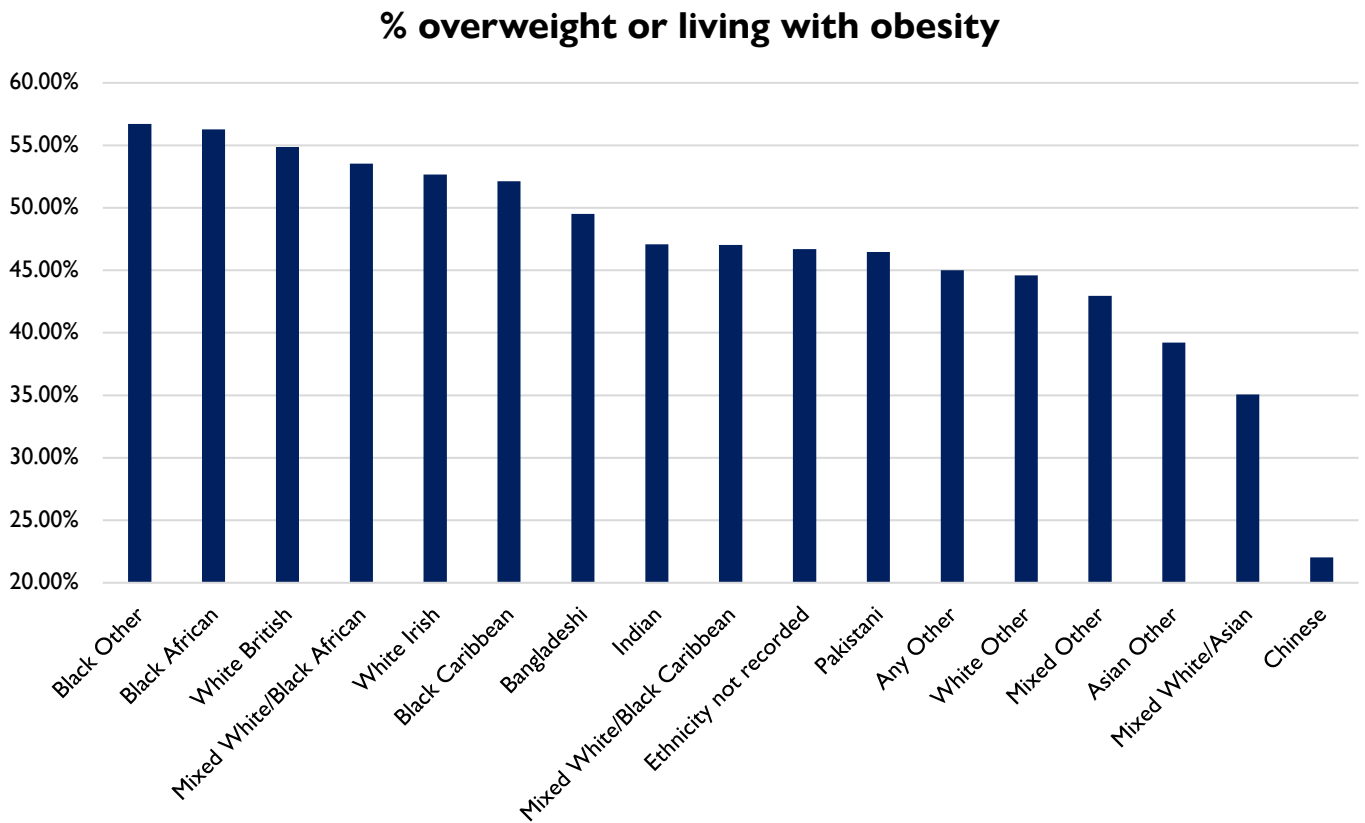


Source: Primary Care Data, SystmOne

Ethnicity & BMI

The relationship between ethnicity and BMI (Body Mass Index) is complex and influenced by various factors, including genetic, cultural, and socio-economic aspects. BMI thresholds are lower for Black & Asian groups. I.e. >27.5 = Obese.

Cultural practices, dietary habits, and lifestyle choices within ethnic communities can also contribute to variations in BMI. Socio-economic factors, such as limited access to healthy food options and opportunities for physical activity, may disproportionately affect certain ethnic groups, influencing BMI within Black and Asian population. Within the Asian community, there are distinct health challenges, such as a higher prevalence of conditions related to BMI, including diabetes and cardiovascular diseases.⁴



Source: Primary Care Data, SystemOne

2. [Oxford Dictionary](#)
3. [The health of people from ethnic minority groups in England, 2023.](#)
4. [Metabolic Syndrome and Chronic Disease Risk in South Asian Immigrants: A Review of Prevalence, Factors, and Interventions, 2023.](#)



People experiencing homelessness

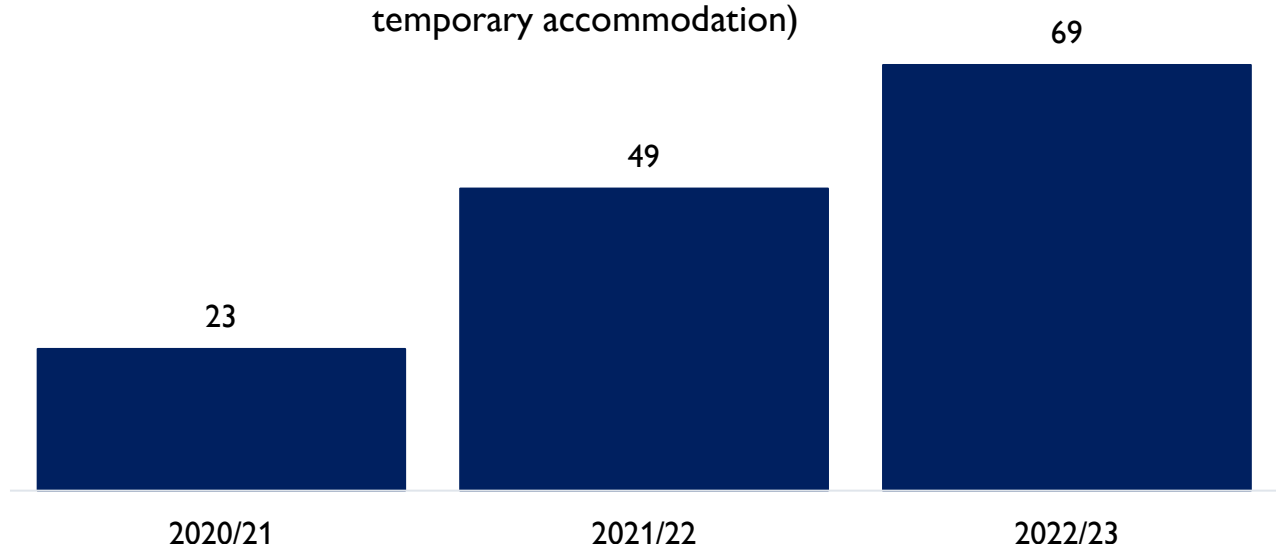
Rough sleeping has been increasing since 2009 in York and nationally

Definition: Homelessness does not just refer to people who are sleeping rough, the following housing circumstances are examples of homelessness:⁵

- **houselessness** (with a place to sleep but temporary, in institutions or a shelter)
- **living in insecure housing** (threatened with severe exclusion due to insecure tenancies, eviction, domestic abuse, or staying with family and friends known as ‘sofa surfing’)
- **living in inadequate housing** (in caravans on illegal campsites, in unfit housing, in extreme overcrowding)

The scale and nature of homelessness and rough sleeping is difficult to understand. Official homelessness statistics have historically not presented a complete picture and have reflected only those households seeking assistance from the local housing authority. Rough sleeping official statistics reflect the number of people identified as sleeping rough on the night of the national count. What is clear however is that homelessness and rough sleeping has been increasing substantially since a low point between 2009 and 2010.

Number of homeless households in temporary accommodation in York per Year (In Quarter 1 of 2023/24 there were 73 households in temporary accommodation)



Health inequalities: among individuals experiencing homelessness are profound and complicated. Homelessness is associated with higher rates of physical and mental health conditions due to exposure to harsh living conditions, limited access to healthcare, and challenges in maintaining a consistent and nutritious diet.⁶

Mental health concerns, including depression and substance abuse, are prevalent within the homeless population.

Moreover, the stressors of homelessness contribute to a higher susceptibility to infectious diseases. Structural determinants such as poverty, limited social support, and systemic discrimination further compound these health disparities.⁶

Addressing health inequalities in homelessness requires a comprehensive approach that combines healthcare outreach, housing stability programs, and social services to address the root causes and provide holistic support for this vulnerable population.

5. [Homelessness: applying All Our Health, 2019](#)

6. [Crisis.org.uk/ending-homelessness/health-and-wellbeing](https://crisis.org.uk/ending-homelessness/health-and-wellbeing).



Drug and alcohol dependence

In 2022/23 there were 449 people in treatment for opiate dependence in York

Definition: Drug and alcohol dependence: Becoming dependent on alcohol or other drugs means a person relies on a substance to feel good or normal, or to cope with everyday life.⁷

In 2022/23 there were 449 people in treatment for opiate dependence in York, 216 for non-opiate dependency, and 380 for alcohol dependence. Particularly with alcohol, this is likely to be a large underestimate of the true need for dependency treatment in the city. For Opiate and Crack cocaine dependence it is thought that only 6 in 10 people who need treatment are receiving treatment. For Alcohol dependence, it is thought that only 2 in 10 people who need treatment are receiving treatment.

Health inequalities: Individuals struggling with drug and alcohol dependence face profound health inequalities rooted in both social and systemic factors. Stigmatisation often leads to marginalisation, making it challenging for these individuals to access quality healthcare and addiction treatment services.⁸

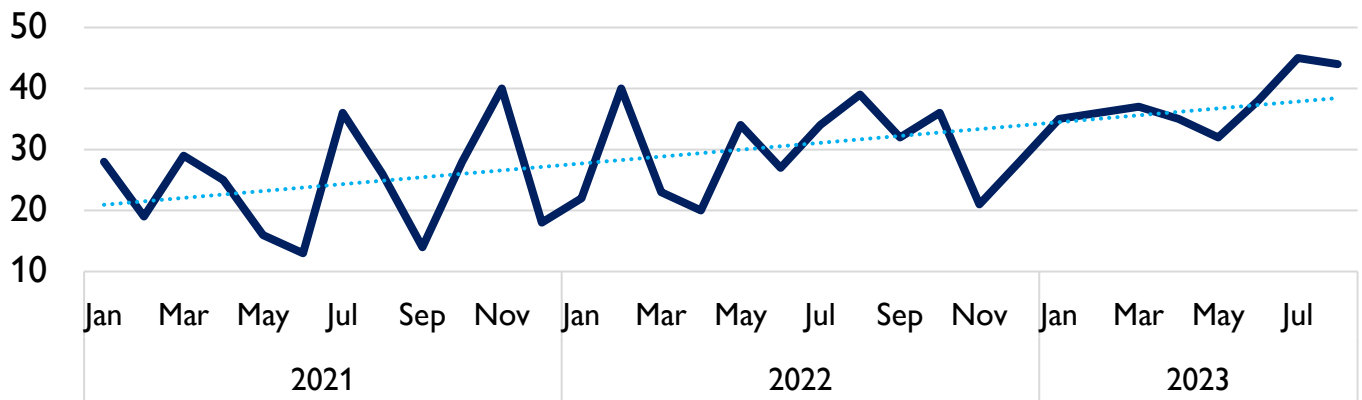
As the following quotes explain, experiences of stigma, rejection, isolation, and re-traumatisation often made it hard for people to engage with or trust in professionals, or indeed with anyone.

*, I did struggle with the services because I'd spent so long in isolation it was difficult to actually start establishing relationships with people again. And actually start to open up about some of the things, the way I was living because there was a lot of shame, there was a lot of guilt attached to that and there was a kind of, there was a lot of labelling, so sometimes I'd be speaking with one of the workers in the hostel and they'd be really good, really supportive and other times I'd be treated just like a piece of whatever on the floor.'*⁹

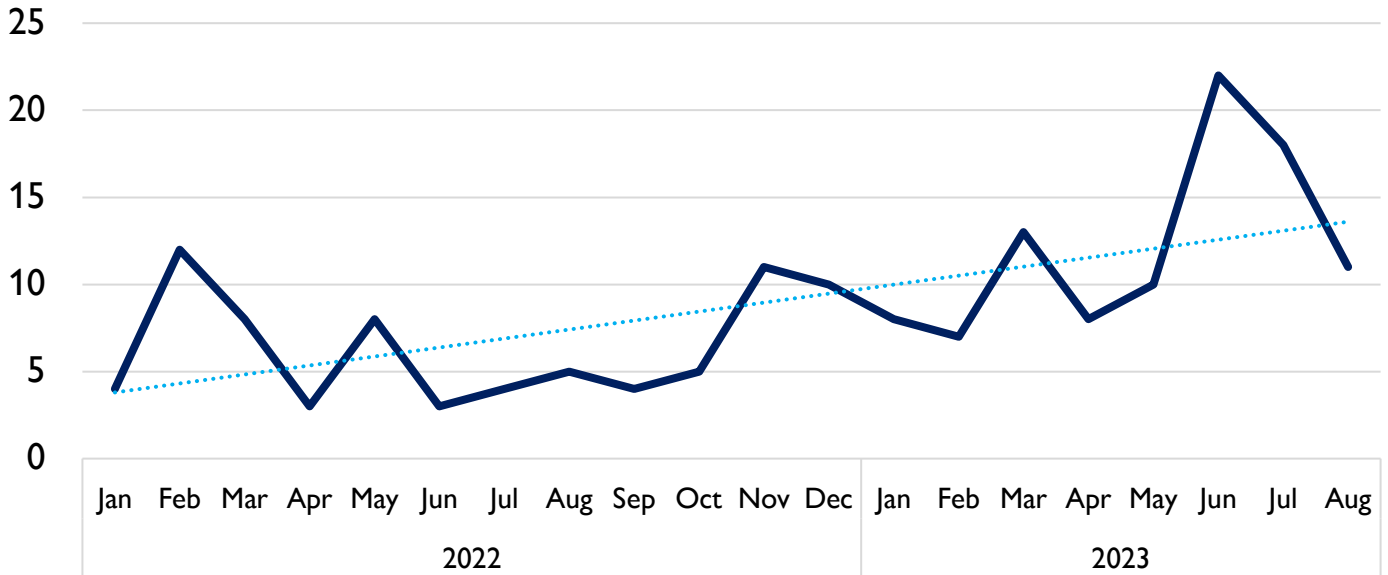
Socio-economic factors, including housing instability and employment challenges, further compound health disparities among this population. Of all people receiving treatment for drug and/or alcohol dependency in York, 25% are in paid work, 2% are volunteering, and 3% are in training or education. This is far less than the general adult population. Regarding housing, 12% are not in 'stable and suitable' accommodation.

Mental health issues frequently coexist with substance dependence, creating a complex web of health needs. Focusing specifically on people with alcohol dependence in treatment, in 2022-23, 76% also had a mental health need. Of this group, 84% were receiving mental health treatment, mainly through their GP. Whereas people with drug dependence in treatment in 2022-23, 64% also had a mental health need. Of this group, 67% were receiving mental health treatment, also mainly through their GP.

Primary Care 'Events' coded Alcohol Dependence



Primary Care 'Events' coded Substance misuse



Source: Primary Care Data, SystemOne

- 7. [Alcohol and drugs - dependence and addiction](#)
- 8. [Understanding Stigma of Mental and Substance Use Disorders](#)
- 9. [York's Drug and Alcohol Strategy August, 2023](#)



Gypsy, Roma, and Traveller communities

Life expectancy is on average 10-25 years less than the general population

Definition: Gypsies and Travellers as an ethnic minority group, with distinct cultural practices and traditions experience significantly poor health outcomes, highlighting the necessity to address their specific needs as a separate PLUS group. The communities have experienced a long history of systemic racial discrimination and as such, often do not state their ethnicity on official documents. Because of this, it is not clear how many live in York, especially those living in “bricks and mortar” houses or roadside. The Census 2021 reported 368 (0.2%) York residents identified as a Gypsy or Traveller. ¹⁰

Gypsies and Travellers face various challenges often due to discrimination and marginalisation. They have a significantly higher prevalence of long-term illness, health problems or disabilities which limit daily activities or work. Their health status is much poorer than that of the general population in similar economic circumstances, their health in their 60s being comparable to an average White British person in their 80s. Poor access to, and uptake of, health services is another major factor to health outcomes in this community- aside from experiencing discrimination, many could not register with their GPs if they had no fixed abode, or were unable to complete registration forms due to low literacy comprehension.

Key inequalities identified by national and regional research include:

- Life expectancy is on average 10-25 years less than the general population
- Suicide prevalence is six times higher for Irish Traveller women than women in the general population, and seven times higher for Traveller men.
- Are more likely to experience pain, arthritis and respiratory problems.
- 20 times more like to experience the death of a child
- Three times more likely to experience anxiety
- High levels of digital exclusion making it harder to access healthcare and benefits
- Low vaccine uptake with the exception of COVID-19 vaccines. This was largely due to information about the vaccines that was tailored specifically to the Gypsy & Traveller community.

Barriers to healthcare services were particularly observed in access to primary care services which would lead to delayed routine care and immunisation. This was particularly challenging for Gypsies & Travellers living roadside or on sites.

*You wouldn't be accepted at the doctor's because she didn't have a settled address. You couldn't say when I'm living on the side of the streets and trailers, we call the caravan as the settled community houses. We couldn't, you couldn't give that as an address. It wasn't acceptable. So you couldn't register with the doctor when having to get seen. Female, aged 70 to 80 years, bricks and mortar.*¹⁰

Efforts to address the challenges faced by these groups, include the provision of culturally appropriate services, anti-discrimination laws, and efforts to increase access to education and employment.

[10. Gypsy & Traveller Health Needs Assessment: A Rapid Assessment of the Health Needs of York's Gypsy and Traveller Population](#)



Recent migrants: Asylum seekers and Refugees

**Up to 450 Asylum seekers
in York**

**Homes for Ukraine
scheme supporting 128
individuals.**

Definition: A refugee is a person who has fled their own country because they are at risk of serious human rights violations and persecution there. **An asylum seeker** is a person who has left their country and is seeking protection from persecution and serious human rights violations in another country, but who hasn't yet been legally recognized as a refugee. Certain groups of migrants are particularly vulnerable to potential health needs because of their experiences either before, during or after migration, for example Asylum seekers and Ukrainian refugees.¹¹

Refugee resettlement provides a durable solution for refugees in particularly vulnerable situations, and who do not have adequate support in their host countries. People are identified for resettlement according to the UN refugee agency's (UNHCR) protection criteria. For instance: Syrian Refugee Resettlement (UKRS) and Afghanistan refugee resettlement (ARAP and ACRS). Many refugees who are selected by the UNHCR for resettlement have health needs that cannot be met in the country where they are living. 30% of refugees submitted for resettlement are survivors of violence and/or torture.

The City of York Council's Refugee Resettlement Team provides specialist support to refugees resettled in York.

Health Inequalities: Access to language resources poses a significant challenge and lack of understanding of the local health system compounds these issues, making it difficult for migrants to navigate services and access timely and appropriate care.¹²

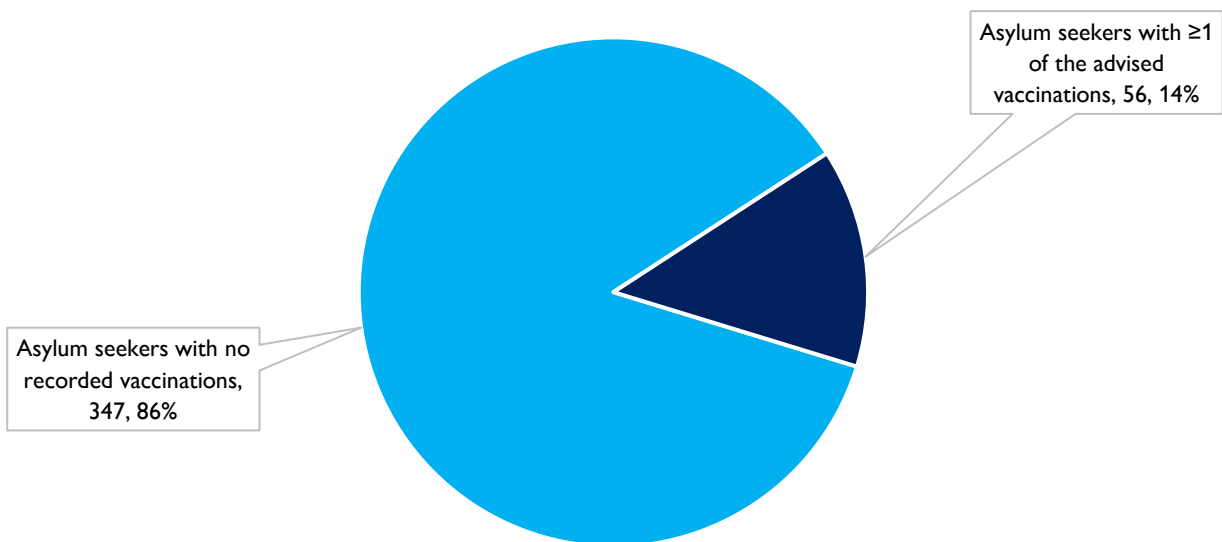
Based on feedback, we know that certain geographical barriers, such as long distances to healthcare facilities, can impede regular medical check-ups and exacerbate health disparities.

Financial constraints are heightened when housing services no longer cover transportation costs, such as taxis to routine appointments, placing an additional burden on vulnerable migrants. Addressing health inequalities for this population requires not only linguistic and cultural sensitivity in healthcare services but also initiatives to improve health literacy,

increase accessibility, and provide support for transportation barriers, fostering a more equitable healthcare environment for vulnerable migrants.

Asylum seekers: A hotel in York is being used to accommodate asylum seekers with a capacity of 450 guests with usually around 150 children. Numbers vary on a weekly basis as people are being relocated and as of 20/10/2023 there were 403 guests. Currently City of York Council is aware of 100 asylum seekers of school age in contingency accommodation. Data indicated that vaccination rates are much lower compared with the rest of the York population.

Percentage of Asylum Seekers given ≥ 1 of the required vaccinations



Source: Primary Care Data, SystemOne

Ukrainian refugees: Since March 2022, total of 387 Ukrainians have joined York's Homes for Ukraine scheme since it commenced. Currently still living in York under the Homes for Ukraine there are 128 Ukrainians.

11. [Refugees, Asylum Seekers And Migrants](#)

12. [Implications of Language Barriers for Healthcare: A Systematic Review, 2020](#)

Age Group	Start of Scheme	Currently
0-17 years	115	36
18+ years	272	92
Total	387	128

Source: City of York Council 2023 (Refugee Resettlement team)

One of the barriers that Ukrainians are facing regarding their health needs are a lack of interpreter when accessing primary and secondary services. In primary care, this often means that children attend GP appointments for their parents and support with translation, which not only leads to the children missing school, but it may be inappropriate for a child to be privy to that information about their parents. In secondary care, when hospital appointments are being attended, however on arrivals, on some occasions interpreter is not provided. As a result, some of the treatments are being delayed and patients health might deteriorate due to the lack of interpreting service. Getting registered with an NHS dentist is also an ongoing issue.



Sex workers

Women involved in prostitution had a mortality rate 12 times the normal rate for women in the same age group.¹³

Definition: Sex workers are adults who receive money or goods for sexual services, either regularly or occasionally, including female, male, and transgendered sex workers.

There are different definitions for each type of sex work:¹⁴

- **Survival Sex:** refers to the exchange of sexual services for basic necessities such as food, shelter, clothing, or other essentials required for survival.
- **Sex Work:** a broad term involving the exchange of sexual services for money, goods, or other forms of compensation. It includes activities such as prostitution, escort services, pornography, erotic dancing, phone sex, and webcam performances.
- **Other forms of sex work:** this may include niche or specialised areas of the sex industry, such as fetish work, dominatrix services, sugar dating, or online content creation.

Health inequalities: Sex workers are a health inclusion group that may experience stark inequalities in both access and outcomes in physical and mental health and are also at greatest risk of social exclusion and violence.¹⁵

Based on health inequalities work being undertaken jointly through the York Place team and Nimbuscare providing GP outreach clinics to vulnerable women, we know that sex workers in York present with multiple needs varying from mental health conditions, leg wounds, gambling addiction, UTI symptoms and contraception.

We know that working with vulnerable women, such as some sex workers, requires health and care professionals to build trust, a sense of security, stability and equal healthcare provision for a group that suffers negative health outcomes. Given the multiple complex needs that sex workers can present with, joint working with other agencies, such as Drug and Alcohol addiction services and gambling addiction services is essential.

13. [Risky business: health and safety in the sex industry over a 9 year period.](#)

14. [Sex Work National Police Guidance, 2024](#)

15. [Working with sex workers: A guide for health professionals](#)



Students with health needs

27,021 full time students aged 16+ in York were identified in the 2021 Census

Definition: Student, a person who is studying at Higher institutions, that is college or university.¹⁶

The 2017 York Student Health Needs Assessment stated that there were around 31,000 students currently attending the 4 Higher York institutions (University of York, York St John University, York College and Askham Bryan College).

There are some issues in quantifying the York student population. The number of students studying at Higher York institutions is different to the number living within York itself, as the colleges in particular have a large proportion of commuters. Students are a transient population, with many students only living in York during term times. Others (e.g. medical and nursing students) also spend time away from York on placements during university terms.

This makes it difficult to define the number of students who rely on York health services as their primary source of health care. For example, some college students may be spending 35 hours a week in York (and therefore not considered resident) but may still have to rely on health services within that time. Some university students also live close enough to home to rely on their 'home' services to provide healthcare, rather than using those based in the city.

A total of 27,021 full time students aged 16+ in York were identified in the 2021 Census using the Economic Activity Status breakdown. This is made up as follows:

- Economically inactive and a full-time student (19,183)
- Economically active and a full-time student: In employment (5,889)
- Economically active and a full-time student: Unemployed: Seeking work or waiting to start a job already obtained: Available to start working within 2 weeks (1,949)

Higher York is a partnership between City of York Council and four York-based education institutions: University of York, York St John University, York College, and Askham Bryan College:

The University of York. There are currently 20,840 students.

- **York St John** There are currently 7,935 students.
- **York College** There are currently 7,000+ students.
- **Askham Bryan** There are currently 4,000+ students.

Age Band	Number of Students	%
Aged 16 to 24 years	23,968	88.7%
Aged 25 to 34 years	2,299	8.5%
Aged 35 to 49 years	562	2.1%
Aged 50 to 64 years	150	0.6%
Aged 65 years and over	42	0.2%
Total	27,021	100.0%

Source: City of York Council 2023

Health inequalities: among students encompass a range of challenges, both physical and mental. Mental health issues, including stress, anxiety, and depression, are prevalent among students, often exacerbated by academic pressures and societal expectations. Additionally, disparities may arise in access to healthy food options, recreational facilities, and opportunities for physical activity.¹⁷

It is unclear whether students in higher education experience more mental health problems than their peers in other employment or training. A greater focus on student mental health may suggest a higher prevalence of mental illness, and recent data does agree there has been a 37% increase in full-time students with a common mental health disorder in the past decade

Socio-economic backgrounds can influence students' ability to afford wellness resources, creating disparities in preventive care and health promotion.

Tackling health inequalities for students requires a holistic approach, addressing both physical and mental health needs, and promoting accessible, affordable, and inclusive healthcare services within educational institutions.

16. dictionary.cambridge.org/dictionary/

17. [Factors that influence mental health of university and college students in the UK: a systematic review](#)



Carers

**14,868 York residents
who provided some
unpaid care.
(2021 Census)**

Definition: A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.¹⁸

With regards to carers, the 2021 Census reports that there were 14,868 York residents who provided some unpaid care (a snapshot figure that is probably a bit higher now). Most carers don't qualify for (or won't necessarily want) help from City of York Council (CYC) for care and will get assistance from the voluntary sector (for example, from York Carers' Centre).

CYC has conducted the Survey of Adult Carers in England on behalf of Department of Health and Social Care (i.e. of those who do qualify for help from Local Authorities). In 2023-24, of the 807 carers who could have responded in York, 311 carers gave their opinions, a response rate of 39%: this is higher than the response rate in 2021-22 (35%). The survey generated opinions about the care and support carers receive, and several "quality of life" questions around social contact, such as how safe they feel, whether they can look after themselves, etc. Carers in York found their health more affected by their caring role than in England as whole in every named aspect listed except "physical strain". Noticeable that "general stress feeling", "feeling depressed" and "had to see own GP" are significantly higher in York than elsewhere.

Of the 230,000 patients registered to GP Practice in the City of York, 6,800 people are identified as being carers. Of these, 4.7% (327 people) live in IMD Deciles 1 & 2 (most deprived areas in England, representing the 'Core 20' population). 31% of Carers do not have a long term condition diagnosed in primary Care. 22% of carers have 1 long term condition, 21% have 2 long term conditions, 7% have 3 long term conditions and 19% of carers have 4+ long term conditions.

York Carers Centre has over 4,663 carers registered as of April 2024 with many caring for more than one person (unfortunately, data is not available on these numbers).

It's important to highlight (Carers UK):

- how long it takes carers to recognise or identify themselves as carers, over a third took over 3 years but some reporting up to 10 years before they were recognised as a carer and thus not receiving any support.
- how long these carers spent caring add up and really make a difference.

Some key statistics:

Carers UK analysis of GP Patient Survey 2021

- A significant proportion of carers said their mental health has been affected by caring. Over three quarters (79%) of carers feel stressed or anxious, almost half of carers (49%) feel depressed, and half of carers (50%) feel lonely.
- Over a quarter of carers (27%) said their mental health was bad or very bad.
- 54% of carers said their physical health had suffered, and 22% said that caring had caused them injuries.
- 44% of carers said they had put off health treatment because of their caring role.
- 60% of carers report a long-term health condition or disability compared to 50% non-carers.

Carers and poverty

- Almost half (46 %) of unpaid carers receiving carer's allowance are cutting back on essentials, including food and heating.
- 72 %of these carers are worried about the impact of caring responsibilities on their finances (eg petrol for hospital visits, heating, specific dietary requirements).

Negative Impacts of Providing Care Health and wellbeing (Carers Trust):

- 64% of unpaid carers report having a long term health condition or disability compared to 54% of non-carers (GP patient survey 2023- England only).
- Those who provided care for more than 20 hours a week experienced large mental health effect (UK Household longitudinal study).
- Young carers have poorer mental and physical health than non-caregiving peers. (Mental health of children and young people, 2021- England)
- Young people with caring responsibilities have a higher prevalence of self-harm. Of children who do self-harm, young carers are twice as likely to attempt to take their own life than non-carers (2022 COSMO study Sutton Trust- England).

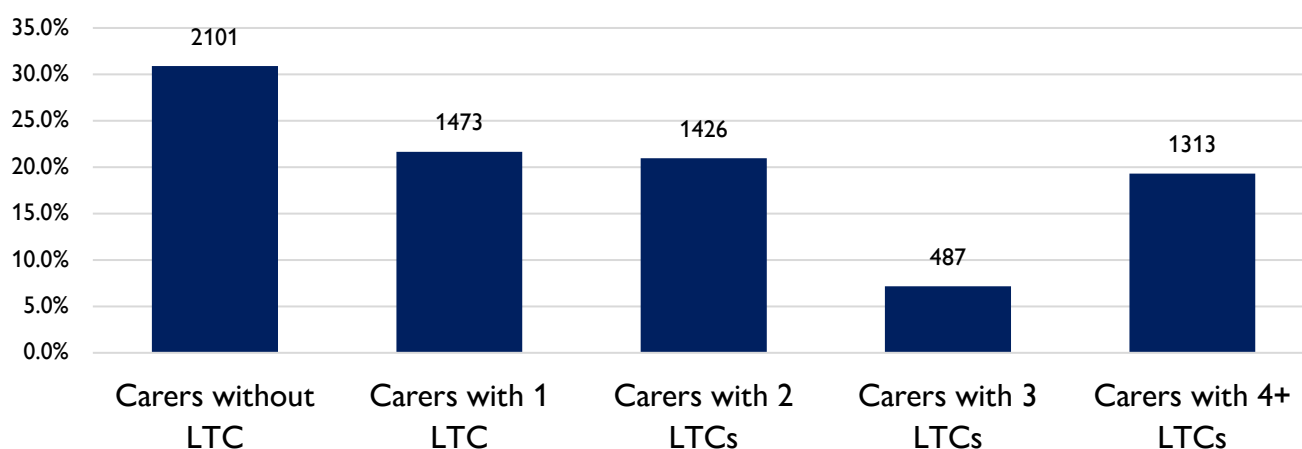
Health inequalities: The demanding nature of caregiving often leads to physical and mental health challenges for carers. They may neglect their own health needs while prioritising those they care for, resulting in higher rates of stress, fatigue, and chronic health conditions. Financial constraints and employment limitations further contribute to health disparities among carers. ¹⁹

As the following quotes explain:

- *My time caring for Mum (unfortunately) made me very unhappy and kept me isolated.* ²⁰
- *Judith was struggling with caring for her husband who had cocaine dependence. Judith was feeling as though she'd had enough and didn't know what to do next, and was considering separation, but due to the complicated circumstances including financial, she felt trapped in the situation.* ²⁰
- *Life as a carer - case study: Mary cares full time for her adult daughter, Charley. Mary told Healthwatch about trying to access routine dental care for Charley, during which she found a lack of clear and accessible information about services and administrative barriers. In addition, there was little appreciation of the lack of support that she received as a carer and the impact that these daily fights were having on her own mental health.* ²¹

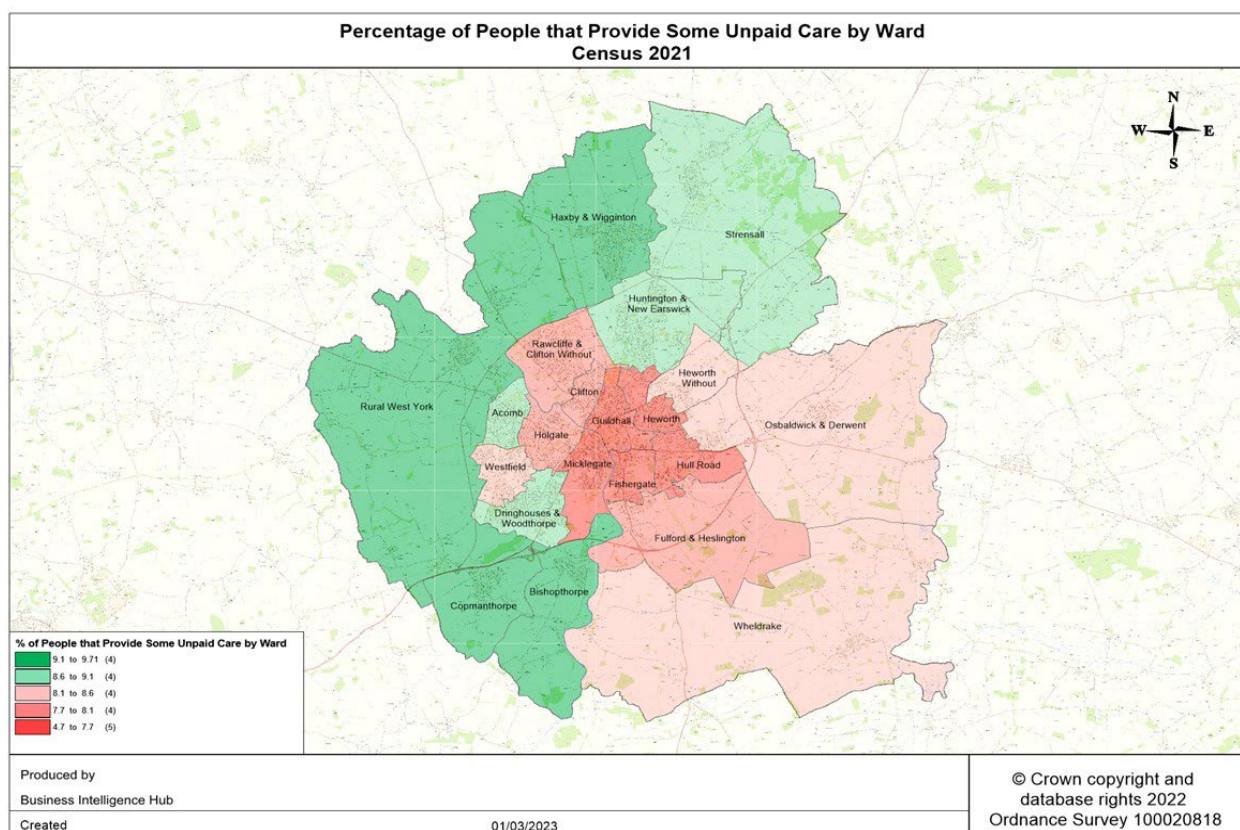
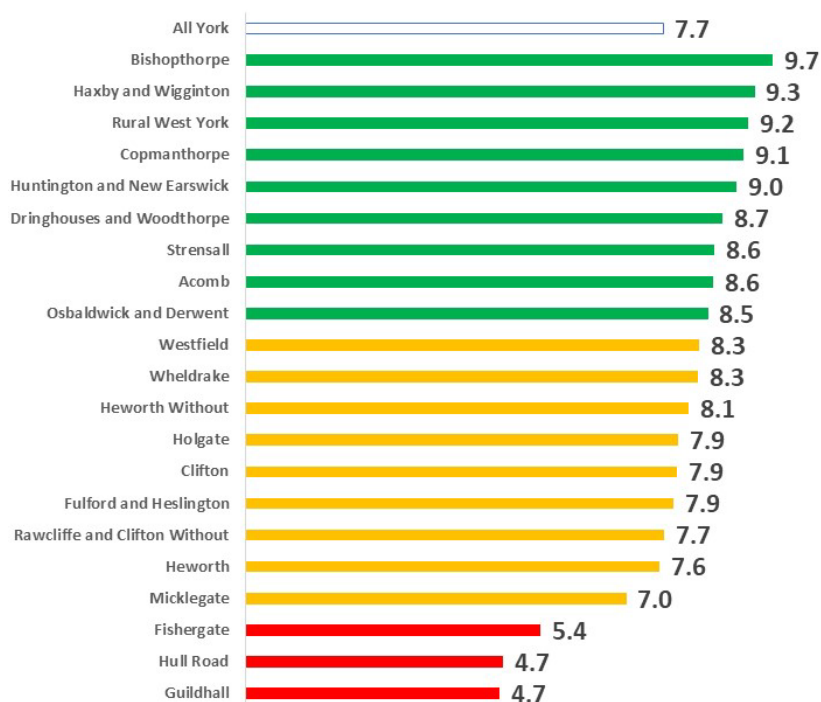
Addressing health inequalities in this population necessitates recognising and supporting the unique health challenges faced by carers, providing access to respite services, and implementing policies that prioritise their well-being.

Patients Registered to City of York GP Practices, coded as being 'Carers' By Number of Long Term Conditions



Source: Primary Care Data, SystemOne

% that provide some unpaid care by ward
2021 census



18. [NHS commissioning » Who is considered a carer?](#)
19. [Physical and Mental Health Effects of Family Caregiving](#)
20. [Yorkcarerscentre -Annual-Report-for-the-Year-ending-31-March-2023.pdf](#)
21. [Healthwatchyork.co.uk -SPRING2023.pdf](#)



Transgender and non-binary people

81% of Transgender and/or Non-binary patients report having a mental health condition. 2018

Definition: Transgender, is an umbrella term for people whose gender identity is different from the sex assigned to them at birth. **Non-binary** is an identity embraced by some people who do not identify exclusively as a man or a woman.²²

Some of the issues that Transgender and Non-binary people are facing:²³

- Cervical screening, transmasculine patients are our largest nonresponder group. Our clinical systems are not set up to support patients once they transition.
- Practices seem confused about how to deal with administrative queries such as, gender confirmation certificates, NHS number changes.
- Most practices use an online triage system which does not have gender dysphoria as an option.

Health inequalities: individuals face significant health inequalities rooted in societal stigmatisation, discrimination, and inadequate healthcare policies. Access to gender-affirming healthcare, including hormone therapy and gender confirmation surgeries, is often limited, contributing to disparities in mental and physical health outcomes.

Discrimination and lack of cultural competence in healthcare settings can deter transgender and non-binary individuals from seeking medical care, leading to delayed diagnoses and inadequate treatment. Mental health challenges, such as higher rates of depression and anxiety, are prevalent due to societal prejudice and a lack of understanding. Additionally, transgender and non-binary individuals may encounter barriers to accessing routine healthcare services, including preventive screenings.²⁴

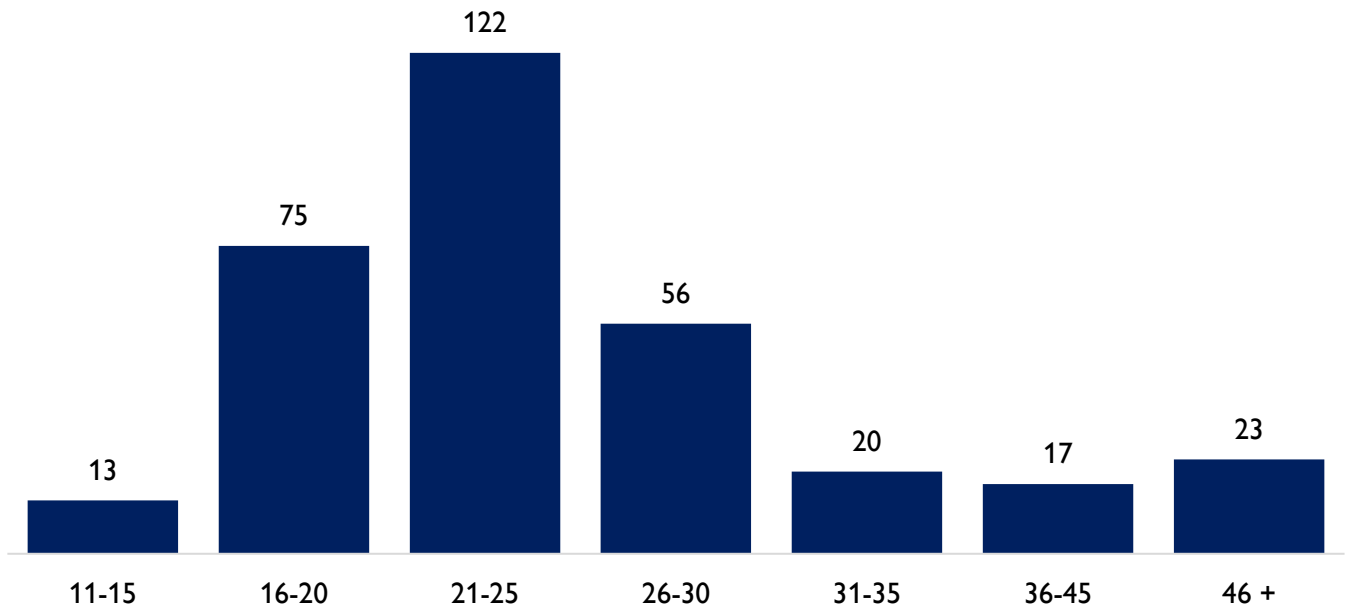
Addressing health inequalities in this community requires inclusive healthcare policies, awareness campaigns, and training for healthcare providers to create a more supportive and affirming environment for transgender and non-binary individuals, promoting better overall health outcomes and well-being.

22. [A Guide To Gender Identity Terms](#)

23. [Barriers to cervical screening for trans men and/or non-binary peopl](#)

24. [Barriers to Health Care for Transgender Individuals](#)

Self-Identified Transgender &/or Non-Binary Patients registered in York by Age Band



Source: Primary Care Data, System One

Results from the Healthwatch York report: Lesbian, Gay, Bisexual and Trans+ (LGBT+) experiences of Health and Social Care services in York, 2018.

Questions	% answering YES	
	All respondents	Trans/NB respondents only
Q5. Do you have a mental health condition?	53%	81%
Q6. Do you describe yourself as a disabled person?	23%	42%
Q8. Have you ever felt reluctant to disclose your sexual orientation or gender identity when accessing health and/or social care services in York?	55%	77%
Q9. Have you ever experienced barriers to accessing health and/or social care services as an LGBT+ person in York?	25%	58%
Q11. Have you experienced negative attitudes related to your sexuality or gender identity when accessing or trying to access services in the last 12 months?	33%	50%



People with Learning Disabilities

936 LD register patients for City of York (2024)

Definition: A learning disability is 'a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood'.

A learning disability is different for everyone. The degree of disability can vary greatly, being classified as mild, moderate, severe or profound. In all cases, a learning disability is a lifelong condition and cannot be cured.²⁵

Health inequalities: People with learning disabilities often face significant health inequalities, which include limited access to healthcare services, inadequate communication from healthcare providers, and higher rates of physical and mental health conditions. They are more likely to experience poorer health outcomes and a shorter life expectancy compared to the general population. Contributing factors include a lack of tailored health education, reduced screening and preventive services, and insufficient training for healthcare professionals in managing the specific needs of individuals with learning disabilities.²⁶

To address these disparities, the healthcare system must implement comprehensive strategies such as providing specialised training for healthcare staff on how to communicate effectively and sensitively with patients who have learning disabilities.²⁷

Additionally, integrating reasonable adjustments within healthcare settings, such as longer appointment times, easy-to-understand health information, and the use of assistive technologies, can enhance accessibility. Establishing dedicated care coordinators and ensuring regular health checks can further ensure that individuals with learning disabilities receive continuous and coordinated care, ultimately improving their health outcomes and quality of life.²⁸

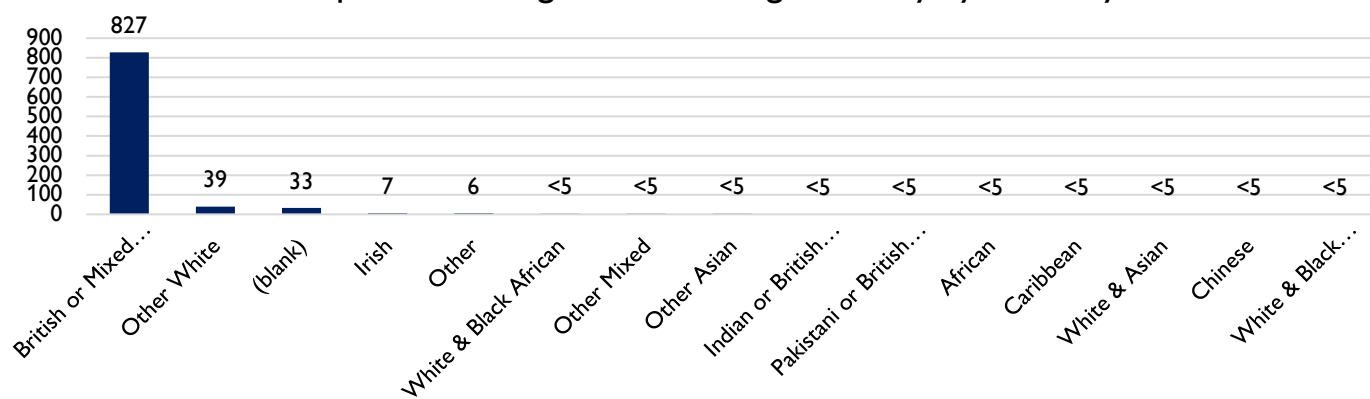
25. [Department of Health and Social Care \(DHSC\)](#)

26. [Health equity for persons with disabilities: a global scoping review on barriers and interventions in healthcare services.](#)

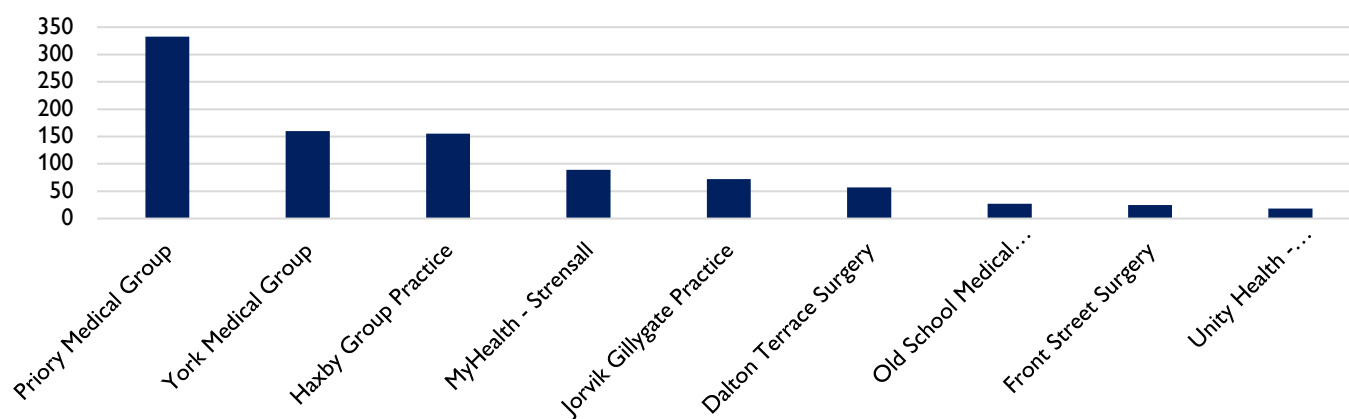
27. [Implementation of training to improve communication with disabled children on the ward: A feasibility study](#)

28. [Reasonable adjustments for people with a learning disability in hospital](#)

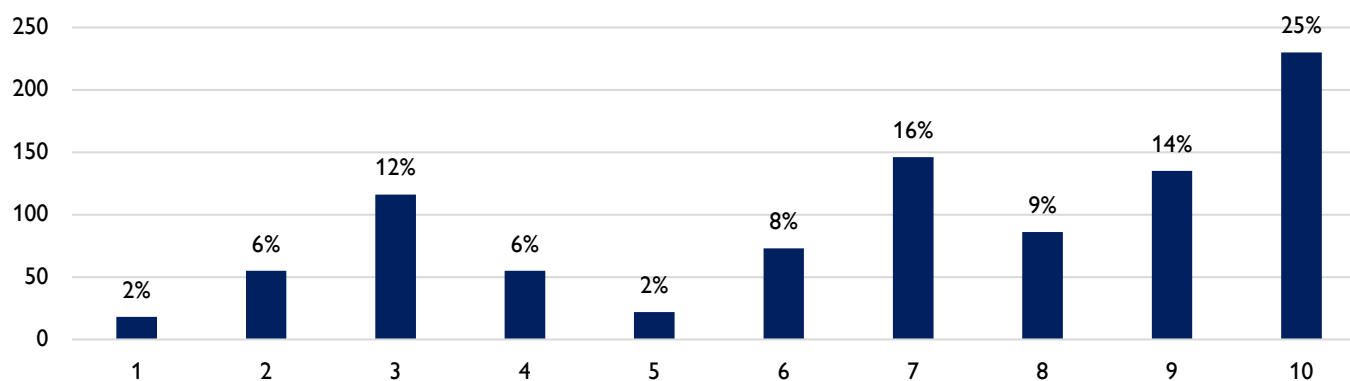
People with a diagnosed Learning Disability by Ethnicity



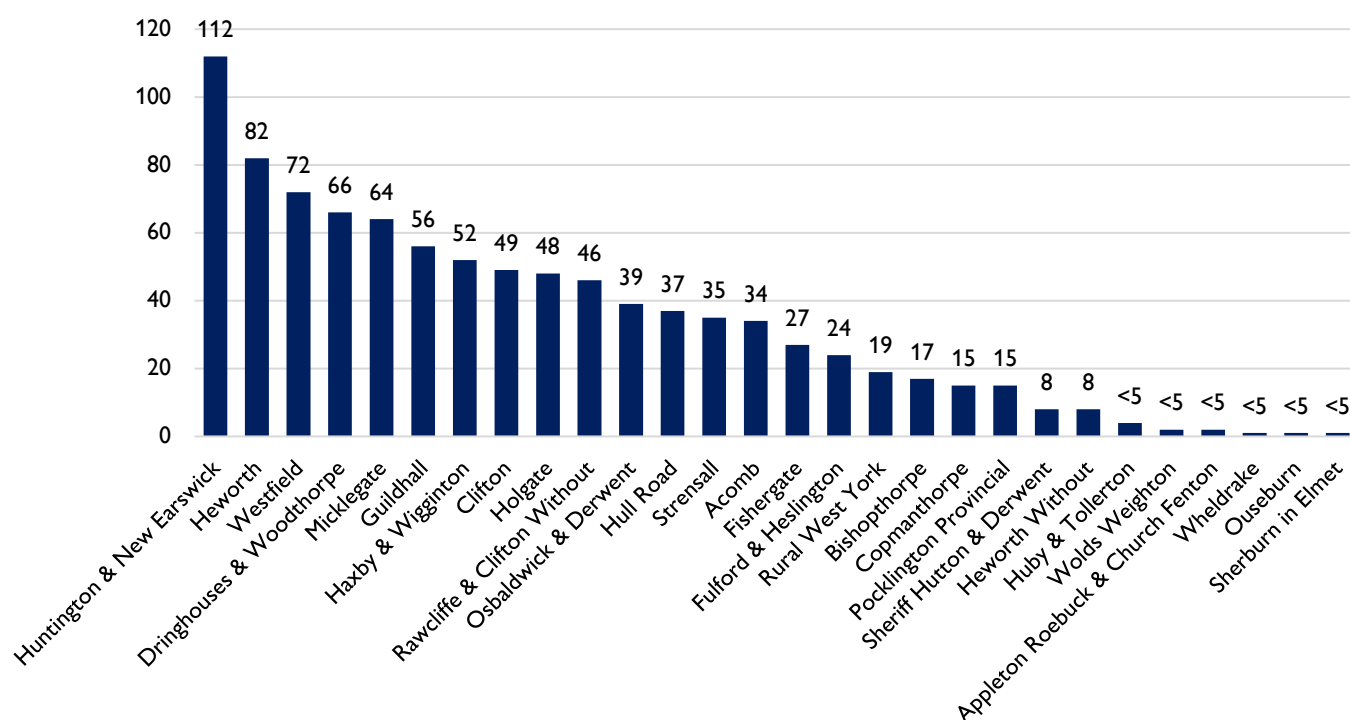
People with a diagnosed Learning Disability by GP Practice



People with a diagnosed Learning Disability by IMD of Residence



People with a diagnosed Learning Disability by LA Ward of Residence



Source: Primary Care Data, SystemOne

To note: the above data does not include Elvington GP practice. LD register comes to 936 patients for City of York (and includes some children under 14 who aren't usually measured against the LD health check target). York as a place has very low diagnosed prevalence of LD in national figures.



People Leaving Care

York had 103 care leavers aged 18-21 (2023)

Definition: A care leaver is an adult who was ‘looked after’ by the local authority when they were a child or young person. This could mean they lived with a foster family for a period of time, or that they were adopted. It could also mean they were officially living with other family members such as grandparents under an arrangement known as ‘kinship foster care’.²⁹

Health inequalities: The National Society for the Prevention of Cruelty to Children tells us that majority of looked after children are in care because of abuse or neglect and most children are living in a foster placement.³⁰ Moving around is quite common, nationally 10% of children will experience 3 or more placements in a year. Children in care are more likely to have mental ill health, and low levels of wellbeing. Children in care are more likely to have special educational needs and also to do less well in school exams. Care leavers can also struggle in adulthood because of a lack of parental and family guidance and support.³¹

People leave care at the age of 18, and 18-21 years old, the local authority has a responsibility to stay in touch with care leavers and to offer personal advisor support until the age of 25.

In November 2023 York had 103 care leavers aged 18-21, and the local authority was in touch with 101. We know that 72 are in employment, education, or training. This is much better than the national average, where nearly 40% are not in education, employment, or training or activity unknown. Equally, 95 are in suitable accommodation, mainly independent rented accommodation. This is also slightly better than the national average.³²

29. [The Care Leavers Association](#)

30. [Statistics briefing: children in care \(nspcc.org.uk\)](#)

31. [Care Leavers – a hidden health inequality - Evidence-Based Nursing blog.](#)

32. [Children looked after in England including adoptions, Reporting year 2023](#)



Veterans

1532 Veterans
**(2024 Primary Care Data,
 System One)**

Definition: Veterans are defined as anyone who has served for at least one day in the Armed Forces (Regular or Reserved) or Marchant Mariner who have seen duty on legally defined military operations.³³

2021 census indicates there were 7,384 veterans in York. Approximately 77% of those were from regular forces, 19% the Reserves and 4% both.

Health inequalities: Veterans, despite their service to the nation, often face distinct health inequalities from various factors related to military service and post-deployment life.

Mental health issues, including post-traumatic stress disorder (PTSD), depression, and anxiety, are prevalent among veterans and may be exacerbated by the challenges of transitioning to civilian life.³⁴

Physical health concerns such as musculoskeletal injuries and chronic conditions are also prevalent, and veterans may encounter obstacles in accessing specialised healthcare services. Socio-economic factors, including unemployment and homelessness, further compound health disparities among veterans.³⁵

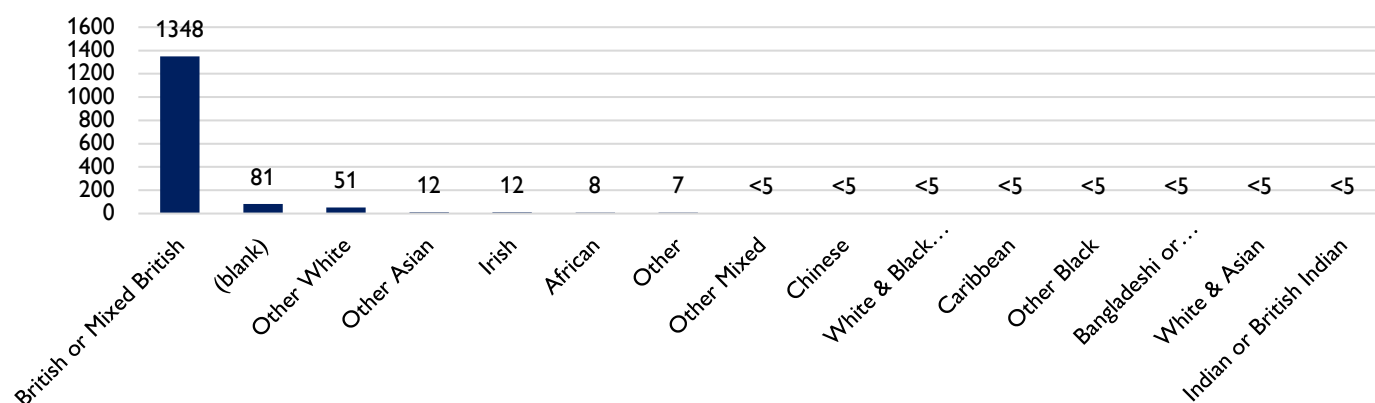
Addressing health inequalities in this population requires a holistic approach, including improved access to mental health services, tailored healthcare programs for veterans, and initiatives to address socio-economic challenges post-service, fostering a more comprehensive and equitable healthcare system for those who have served in the military.

33. armedforcescovenant.gov.uk

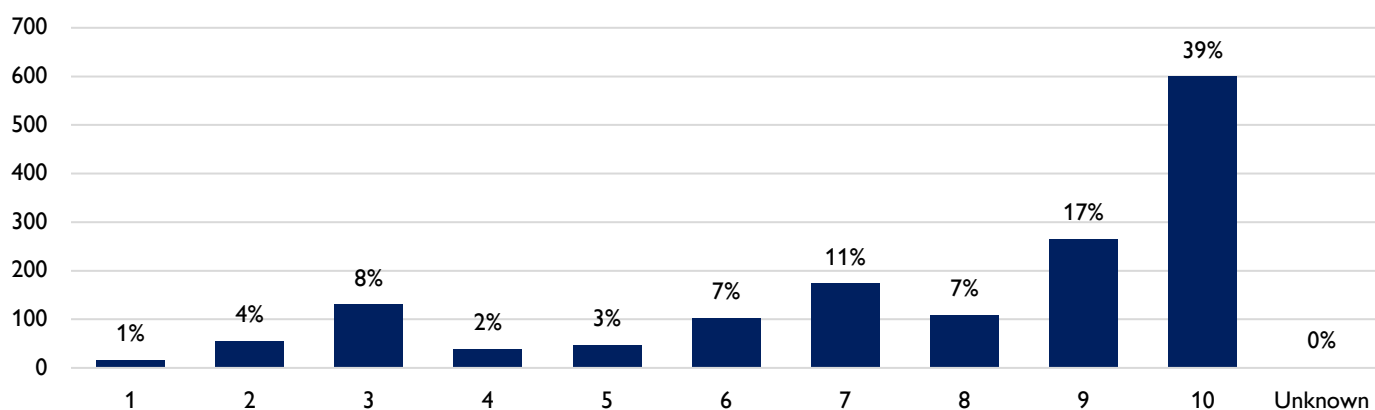
34. [Veteran and Military Mental Health Issues](#)

35. [The health and wellbeing needs of veterans: a rapid review](#)

Veterans (coded in GP Practice Systems) by Ethnicity (1532 Individuals)



Veterans (coded in GP Practice Systems) by IMD of Residence



Source: Primary Care Data, SystemOne

Area name	Previously served in regular UK armed forces (number)	Previously served in reserve UK armed forces (number)	Previously served in both regular and reserve UK armed forces (number)	Has previously served in any UK armed forces (number)	Has not previously served in any UK armed forces (number)	Previously served in regular UK armed forces (percent)	Previously served in reserve UK armed forces (percent)	Previously served in both regular and reserve UK armed forces (percent)	Has previously served in any UK armed forces (percent)	Has not previously served in any UK armed forces (percent)
York	5,661	1,398	325	7,384	164,700	3.3	0.8	0.2	4.3	95.7

Source: Census 2021

To note: 1532 Veterans coded in Primary Care Systems. Figures taken from the 2021 Census appear to be much higher between 5,661 and 7,384 people who have either served in regular or reserve forces.

Support Available in York

[York CVS](#) and [Live Well York](#) have pages that provide support and advice for York residents.



Health & Wellbeing

Age Friendly York
Alcohol and Wellbeing
Armed Forces Community
Being Physically Active #whatsmynextstep
Dealing with Seasonal Changes
Emotional Health #feelrealyork
Equality Services
Health Trainers
Help for drugs and alcohol use
Mental Health
Remaining Independent
Social Contact
Staying Safe - Personal Safety



Money & Legal

Advocacy
Benefits
Community Food Help
Independent Advice
Mental Capacity
Money and Benefits Advice
Power of Attorney
York Talk Money - Help with Cost of Living
York Talk Money Autumn 2023



Clinical Health & Adult Social Care

Health and Adult Social Care
Adult Social Care
Arranging your own Care and Support
Care and Support at Home
Dementia
Personal Budgets and Direct Payments
Disabilities
End of Life Care
Getting the right Treatment and Care
Health Conditions
Leaving Hospital
Long Term Health Conditions
NHS Services & Advice
Occupational Therapy
Paying for Care and Support
Pharmacies and use of Health Services

Figure 1: Examples of support available on the Live Well York website

Organisation:	Support available:	Contact details:
Carecent, St Saviourgate, York	Carecent serves breakfast every morning between 8.30am - 10.45am. This is primarily used by rough sleepers, unemployed and otherwise socially excluded people, but is open to all adults.	Website: https://www.carecent.org.uk
Central Methodist Church	Place of Welcome is an afternoon drop in where anyone in the community can have a free hot drink, in a warm welcoming environment. Jigsaws, games and crafts are available. Open weekday afternoons between 1pm - 3pm	Website: https://www.placesofwelcome.org.uk/locations Email: deaconjudithstoddart@gmail.com
City of York Council Public Health (Alcohol)	We're aware that alcohol may be used as a strategy for coping with the burden of the cost of living, and alcohol consumption may also be increasing financial strain, and so we're keen to make sure York residents know about the support available to them to reduce alcohol consumption and build new ways of coping with challenges.	Websites: www.LowerMyDrinking.com www.york.gov.uk/LowerMyDrinking

Figure 2: List of support on York CVS website

Appendix

- (a) Primary care data extracted from SystmOne includes GP practices: Dalton Terrace Surgery, Front Street Surgery, Haxby Group Practice, Jorvik Gillygate Practice, MyHealth, Old School Medical Practice, Priory Medical Group, and York Medical Group. Only residents living within the City of York council local authority boundary have been included, unless otherwise stated.
- (b) Census 2021
- (c) The data covered within this pack is based on the boundaries outlined by the City of York Council. Using the council's footprint allows us to provide more accurate insights into health inequalities within the area.
To note, that Primary Care Networks (PCNs) will receive inequalities data packs tailored to their specific requirements. This approach ensures that PCNs are equipped with relevant and targeted information to address local health disparities effectively.

Acknowledgements

Michal Janik, Population Health Senior Officer, *Humber & North Yorkshire ICB (York Place)*

Tom Dolman, Population Health Manager, *Humber & North Yorkshire ICB (York Place)*

Anna Basilico, Head of Population Health, *Humber & North Yorkshire ICB (York Place)*

George Scott, Business Intelligence Manager, *Humber & North Yorkshire ICB (York Place)*

Jen Irving, Public Health Specialist Practitioner (Advanced), *City of York Council*

Heather Baker, Public Health Improvement Officer, *City of York Council*

Mike Wimmer, Senior Business Intelligence Officer, *City of York Council*

Terry Rudden, Strategic Support Manager (Adults and Public Health), *City of York Council*