The aim of this document is to provide an annual update and identification of new areas of need across North Yorkshire and the District Councils.

The annual update does not provide the fine detail behind needs in the population but it does point local partners to where further investigation and deeper explorations are required. The annual update highlights indicators where North Yorkshire could improve relative to the national average in the NHS Outcomes Framework, the Adult Social Care Outcomes Framework, the Public Health Outcomes Framework and other key profiles.

Further Detail

Detailed topic and district summaries for North Yorkshire are available from the North Yorkshire Partnerships website. Recent needs assessments done by Public Health are also available; along with recent JSNA sub editorial lead needs assessments. The list of links to these documents is in Appendix 1.

Feedback

These summaries are Public Health’s view of what issues areas should be focusing on; we welcome feedback, challenge or insight from areas on the content.

Please contact Clare Beard on: clare.beard@northyorks.gov.uk
Harrogate and District Summary

Who we are – population demographics

Harrogate district covers 1,305 sq km (505 sq miles) and is characterised by being both rural and urban in nature, having large, sparsely populated areas alongside the major settlements of Harrogate, Knaresborough and Ripon. Outside of urban centres and market towns Harrogate is less sparsely populated than other areas of North Yorkshire with 33.3% of the population living in rural areas and less than 1% of the population living in areas which are defined as super sparse (less than 50 persons/km).

The 2015 Index of Multiple Deprivation (IMD) identifies 1 Lower Super Output Area (LSOA) out of 104 total within the district which is amongst the 20% most deprived in England. 1,500 people live there.

The ONS mid-2014 population estimate placed the total population at approximately 157,200 people and this is set to increase to 162,000 by 2020. Population growth is forecast in the 55 to 64 and over 70 age groups, although a reduction is forecast in the 35 to 54 and 65 to 69 age groups over the next five years. The district has around 1,600 births and 1,500 deaths annually. Mirroring the county as a whole, the population of the district is ageing and has a higher proportion of residents aged 65 or over than that observed across the national population. Life expectancy at birth is 80.9 for males and 84.2 for females, both above the national average. Life expectancy varies for men and women considerably across North Yorkshire. The life expectancy gap at birth in North Yorkshire (between the most affluent and most deprived) is 8.3 years for males and 6.1 years for females. In Harrogate, this gap is 8.8 years for males and 5.9 years for females.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2015 LA Population (% total)</th>
<th>% Point Diff to England profile</th>
<th>LA % projected change 2015-2020</th>
<th>England % projected change 2015-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>26478 (16.8%)</td>
<td>-0.8%</td>
<td>1.3%</td>
<td>-1.1%</td>
</tr>
<tr>
<td>15-44</td>
<td>50989 (32.4%)</td>
<td>-6.5%</td>
<td>-4.6%</td>
<td>-8.3%</td>
</tr>
<tr>
<td>45-64</td>
<td>45297 (28.8%)</td>
<td>3.7%</td>
<td>1.6%</td>
<td>3.3%</td>
</tr>
<tr>
<td>65-74</td>
<td>18083 (11.5%)</td>
<td>2.0%</td>
<td>5.2%</td>
<td>2.3%</td>
</tr>
<tr>
<td>75-84</td>
<td>11349 (7.2%)</td>
<td>1.5%</td>
<td>12.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td>85+</td>
<td>5071 (3.2%)</td>
<td>0.1%</td>
<td>16.8%</td>
<td>1.5%</td>
</tr>
<tr>
<td>All Ages</td>
<td>157267</td>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: ONS mid-year population estimates, 2014
The world around us – the wider environment and community

The proportion of children in low income households in Harrogate (7.5%) is significantly lower than the County outturn (10.5 %) or England average (18.6%). This equates to 2,360 children who live in families in receipt of out of work benefits or tax credits where reported income is less than 60% of median household income. These families are likely to experience poorer health outcomes and are less likely to engage with services.

Against a backdrop of relative affluence across the district there are pockets where the proportion of children living in poverty is near or above the national average, including parts of the Granby, Saltergate and Woodfield wards in Harrogate Town and the Moorside ward in Ripon.

The 2015 Index of Multiple Deprivation (IMD) identifies 1 Lower Super Output Area (LSOA) which is among the 20% most deprived nationally, out of a total of 104 LSOA across the district. The LSOA is in the Woodfield ward and around 1500 people live there.

The overall rate of fuel poverty across the district is below the national average (8.6% locally, compared to 10.4% nationally). Nevertheless, approximately 5900 households are classified as fuel poor (as defined by the DECC), and in some areas (for example, parts of the High Harrogate, Low Harrogate and Mashamshire wards) the rate is significantly above the national average.

Long term unemployment is significantly below the national average (1.6 per 1,000 locally, compared to 7.1 per 1,000 nationally). Economic data suggests that overall, the district is relatively affluent in comparison with the national picture, although there are pockets of deprivation and economic inequality.

Around 3000 adults (2.4%) are estimated to have a learning disability across the district. This is similar to the national estimate of 2.4% of the adult population.

The rate for killed and seriously injured (KSI) casualties on England’s roads in Harrogate is significantly worse than the national average at 67 per 100,000 compared to 40 per 100,000. Though the 10 year trend has been consistently improving, the gap between Harrogate and the national average has not significantly narrowed.

How we live – lifestyle and behaviours

Excess weight in adults is not a significant issue for the area, and both the rate of adult obesity and excess weight (22.8% and 64.9% respectively) are similar to the national average (24.0% and 64.6% respectively). The district has the lowest proportion of physically inactive adults across the region (19.3% in 2014, compared 29.2% across the wider region), whilst the proportion of the population meeting the recommended “5-a-day” is significantly higher than that observed nationally (59.9% locally in 2014, compared to 53.5% nationally in the same period).

The area is consistent with the national average on measures of child excess weight, collected as part of the National Child Measurement Programme (NCMP). Harrogate has however seen increasing rates of excess weight since 2010, particularly in the reception age group. There are strong links between childhood and adult obesity, likely causing poorer health outcomes for the population and adding further pressure to the health care system.

Rates of breastfeeding initiation are significantly higher in Harrogate (81.9%) compared to England (74.3%), although the uptake of Infant meningitis C vaccine (79.2%) is significantly lower in comparison with the England average (91.2%) in 2014/15. Flu immunisation data for the Harrogate & Rural District CCG indicates that immunisation rates are also similar to the national average.
The under 18 conception rate is among the lowest in the region and stood at 13.9 per 1000 in 2013, significantly lower than the regional rate of 28.5 per 1000.

Smoking prevalence in the district is significantly lower than that observed regionally (12.2 locally in 2014 compared to 20.1 across the wider region). In particular, smoking prevalence among those in the routine and manual group has reduced markedly, from 41.8 in 2012 (significantly worse than prevalence across England) to 18.0 in 2014 (similar to prevalence across England). Although modelled smoking prevalence among young people is slightly above the national average across all age groups the data does not indicate any significant difference from national estimates. Linked to lower overall prevalence rates, the district has a low proportion of women recorded as smoking at time of delivery (9.1% at the end of 2014/15), significantly lower than the national figure of 11.4% in the same period.

Admission for females related to alcohol in 2013/14 was significantly higher than the national average (527 per 100,000 locally, compared to 475 per 100,000 nationally), and over the last 6 years has been significantly worse for 4 of them. The 2013/14 rate of 527 per 100,000 equates to 432 admissions, 41 more than the previous year.

**Health and illness**

Childhood admissions for unintentional and deliberate injuries are a concern for the county as a whole. In Harrogate, admissions in children aged 0-14 years is significantly higher (127.3 per 10,000) compared to England (112.2 per 10,000). This equates to 339 childhood admissions in the year, worryingly this is an increasing trend on the previous year.

The overall rate of smoking attributable hospital admissions in Harrogate is broadly similar to that observed nationally (1671 per 100,000 locally compared to 1671 nationally), and the rate of smoking attributable mortality is significantly lower than the national average (228.4 per 100,000 locally, compared to 279.7 per 100,000 nationally). The rate of smoking attributable deaths from heart disease is also significantly lower (23.5 per 100,000 locally compared to 29.7 per 100,000 nationally), whilst the rate of smoking attributable deaths from stroke is similar to the national average (10.2 per 100,000 locally compared to 9.3 per 100,000 nationally). The mortality rate from COPD is also significantly lower than the national average (45.0 per 100,000 locally compared to 51.7 per 100,000 nationally).

The chlamydia detection rate is significantly worse than the national average (1833 per 100,000 population locally, compared with 2012 per 100,000 population nationally in 2014). The STI testing rate (excluding chlamydia) is significantly below the national average (10701 per 100,000 locally, compared to 15366 per 100,000 nationally). HIV testing uptake (81.8%) is significantly above the national average (77.5%). Potentially linked to the lower rates of testing, the rate of new STI diagnoses is significantly lower in Harrogate (482 per 100,000) compared to the national average (797 per 100,000) although the diagnosis rate is improving locally.

Lung cancer diagnoses are significantly lower in Harrogate district in comparison to those observed nationally (64.2 per 100,000 locally compared to 76.0 per 100,000 nationally), although the district has a significantly higher incidence of skin cancer than observed nationally (23.1 per 100,000 locally compared to 18.4 per 100,000 nationally). The incidence of breast cancer is also significantly higher in Harrogate than observed nationally (220 per 100,000 nationally compared to 170 per 100,000 nationally), although early stage diagnosis of breast cancer is significantly better than the national average (100.4 per 100,000 locally compared to 58.9 per 100,000 nationally). Cervical cancer diagnoses are also significantly higher in Harrogate than observed nationally (14.0 per 100,000 locally compared to 9.2 per 100,000 nationally). Staging data for other common cancers does not suggest any significant difference from the national average in terms of early or late diagnosis.
Mortality rates from cardiovascular diseases in the under-75 age group are significantly lower across the district than observed nationally (57.9 per 100,000 locally compared to 75.7 per 100,000 nationally) and the long term trend demonstrates a sustained reduction in the mortality rate. The following table illustrates mortality rates across the district associated with cancer, circulatory disease, cardiovascular diseases, heart disease and stroke.

<table>
<thead>
<tr>
<th></th>
<th>Period</th>
<th>England</th>
<th>North Yorkshire</th>
<th>Harrogate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Deaths from Cancer (Aged under 65 years)</td>
<td>2013</td>
<td>38.4%</td>
<td>39.8%</td>
<td>43.6%</td>
</tr>
<tr>
<td>Percentage of Deaths from Circulatory Disease (All under 65 years)</td>
<td>2013</td>
<td>20.3%</td>
<td>21.2%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Percentage of Deaths from Respiratory Diseases (All under 65 years)</td>
<td>2013</td>
<td>6.7%</td>
<td>6.4%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Under 75 Mortality Rate: Cardiovascular (persons) (rate per 100,000)</td>
<td>2012-14</td>
<td>75.7</td>
<td>65.8</td>
<td>57.9</td>
</tr>
<tr>
<td>Under 75 Mortality Rate: Coronary Heart Disease (persons) (rate per 100,000)</td>
<td>2012-14</td>
<td>41.5</td>
<td>35.8</td>
<td>28.9</td>
</tr>
<tr>
<td>Under 75 Mortality Rate: Stroke (persons) (rate per 100,000)</td>
<td>2012-14</td>
<td>13.8</td>
<td>14.4</td>
<td>16.2</td>
</tr>
</tbody>
</table>

The proportion of Harrogate residents aged under 65 who die in their usual place of residence is similar to other districts and the national average (35.6% locally compared to 35.5% nationally).

Mirroring national trends, the rate of recorded diabetes has risen steadily over the last five years, although the recorded rate in 2014/15 remains significantly lower than the national average (5.5% locally compared to 6.4% nationally). The area has significantly higher registered prevalence rates for hypertension and stroke with a detection rate against the modelled prevalence of 82%. Focusing on the causes of hypertension may help reduce the stroke register prevalence.

Neonatal mortality is similar to the national average (6.9 per 1000 births locally compared to 7.3 per 1,000 nationally), as is infant mortality (3.6 per 1,000 locally compared to 4.0 per 1,000 nationally).

Data for the Harrogate and District CCG suggests that the prevalence and incidence of depression (as measured by the Quality Outcomes Framework (QOF)) is significantly higher locally (6.6% (prevalence), 1.2% (incidence)) than nationally (5.8% (prevalence), 1.0% (incidence)), although the overall prevalence of mental health problems is significantly lower (0.74%) than the national average (0.84%).

The rate of hip fracture among the 65 and older age group is slightly lower, although not significantly so, than that observed nationally (566 per 100,000 locally, compared with 571 per 100,000 nationally).

The services we use

The population of the district is primarily served by Harrogate District Hospital (part of Harrogate and District NHS Foundation Trust). The hospital was inspected by the Care Quality Commission in November 2013 when it was described as “providing care that was safe, effective, caring, responsive and well-led”. A copy of the report can accessed via the CQC website here.
In 2014/15, there were approximately 8500 hospital admissions as a result of attendance at A&E departments by residents from the district. Overall, over 21,000 hospital admissions were recorded in 2014/15, of which over 4,000 were elective admissions.

The percentage of NHS Health Check uptake amongst those offered remains significantly lower in Harrogate district (46.4%) compared to England (49%). NHS Health Checks present an opportunity to identify high risk patients and begin treatment sooner for CVD.

Screening rates for breast and cervical cancer are both significantly better than the national average (78.8% for breast cancer and 78.0% for cervical cancer locally compared to 75.4% for breast cancer and 73.5% for cervical cancer nationally). However, the bowel cancer screening rate is significantly lower than the national average (51.0% locally, compared to 57.1% nationally).

The potential years of lost life from conditions considered amenable to health care are lower across the district for males and females than that observed nationally, reflecting the generally good levels of health enjoyed by much of the population. Benchmark measures indicate that mortality rates are significantly lower than the national average in respect of cardio-vascular disease, cancer and respiratory disease. Although the district has a higher number of excess winter deaths relative to other districts, the Excess Winter Mortality (EWM) Index for the period 2011-14 indicates that this is a function of the size of the district population, rather than caused by any underlying local issue. Although the EWM index in Harrogate is above the national average, it is not significantly so (16.7 locally, compared to 15.7 nationally).
### Appendix 1 Resources

**North Yorkshire JSNA**

**Description:**
Our joint strategic needs assessment looks at what we know about the people of North Yorkshire and their current and future health and wellbeing needs. It does not look at the particular needs of individual people; it looks at the 'big picture' of people’s needs in North Yorkshire and where needs are not being met as well as they could be. It sets out to answer the following:

- What do people need?
- What are we doing already?
- Is it working?
- Are there things we should be doing but are not? and
- Are we targeting services properly?

**Access:**

**NEW North Yorkshire Pharmaceutical Needs Assessment 2015**

**Description:**
PNAs will be key documents for the NHS England as they inform its decisions on applications to open new pharmacies and dispensing appliance contractor premises. PNAs also inform commissioning of enhanced services from pharmacies by NHS England.

**Access:**
[http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=30543&p=0](http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=30543&p=0)

**NEW North Yorkshire Healthy Weight Needs Assessment 2015 (adults and children)**

**Access:**

**NEW North Yorkshire Winter Health Needs Assessment 2015**

**Access:**

**NEW North Yorkshire Tobacco Control Needs Assessment 2014**

**Access:**
[http://m.northyorks.gov.uk/CHttpHandler.ashx?id=29906&p=0](http://m.northyorks.gov.uk/CHttpHandler.ashx?id=29906&p=0)

**NEW North Yorkshire Alcohol Needs Assessment 2014**

**Access:**
[http://m.northyorks.gov.uk/CHttpHandler.ashx?id=27202&p=0](http://m.northyorks.gov.uk/CHttpHandler.ashx?id=27202&p=0)

**NEW North Yorkshire Sexual Health Needs Assessment 2014**

**Access:**
[http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=29154&p=0](http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=29154&p=0)
North Yorkshire Substance Misuse Needs Assessment 2013

Access:
http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=25551&p=0

Public Health Outcomes Framework

Description:
The Public Health Outcomes Framework Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

Downloadable profiles are available for North Yorkshire and district level data is available using the online tool
Access:
www.phoutcomes.info

Clinical Commissioning Group Outcomes framework

The CCG Outcomes Indicator Set provides clear, comparative information for CCGs, Health and Wellbeing Boards, local authorities, patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes. The indicators are useful for CCGs and Health and Wellbeing Boards in identifying local priorities for quality improvement and to demonstrate progress that local health systems are making on outcomes.

Access:
http://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/

APHO Health Profiles

Description:
The Health Profiles are used to help prioritise and plan services. They are designed to help show the differences in health (or factors that affect health) between different places within England, so that the right services can be put in place for each area.

Downloadable profiles are available for North Yorkshire and each district.
Access:

NHS England Outcomes Framework Benchmarking Packs

Description:
These indicators have been designed to provide national-level accountability for the outcomes the NHS delivers and drive transparency, quality improvement and outcome measurement throughout the NHS.

The purpose of these packs is to provide CCGs and Health and Wellbeing (HWB) partners with a quick and easy-to-use summary of their current position on outcomes as they take up their role, building on the data sets in the CCG outcomes indicators and other existing data sets. The information should be used alongside the local intelligence being collected to inform local Joint Strategic Needs Assessments and it will support commissioners working together to set the priorities for the Joint Health and Wellbeing Strategy.

Access:
http://www.england.nhs.uk/la-ccg-data/

NEW NHS Right Care Packs

Description:
Working with Public Health England and NHS Right Care, NHS England is providing a suite of materials to support effective ‘commissioning for value’. This includes a range of comprehensive data packs and online tools.
The use of this localised information as part of the annual planning cycle is encouraged. It will support discussions about prioritising areas for change and utilising resources, and will help local leaders make improvements in healthcare quality, outcomes and efficiency.

The information in the packs will be of particular interest to CCG clinical and management leads with responsibility for finance, performance, improvement and health outcomes; to area team leads; and to commissioning support teams who are helping CCGs with this work. A range of additional free support to accompany the data is set out within each pack.

**Access:**
[http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/](http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/)

<table>
<thead>
<tr>
<th>Public Health Spend and Outcomes Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
</tr>
<tr>
<td>The Spend and outcome tool (SPOT) gives local authorities and clinical commissioning groups in England an overview of spend and outcomes across key areas of business. The tool is an interactive spreadsheet that allows you to explore the data in detail. You can also download a pdf factsheet that has the information from the tool.</td>
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<td><strong>Access:</strong></td>
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<table>
<thead>
<tr>
<th>Clinical Commissioning Groups Spend and Outcomes Tool</th>
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</thead>
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<tr>
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<td>The Spend and outcome tool (SPOT) gives local authorities and clinical commissioning groups in England an overview of spend and outcomes across key areas of business. The tool is an interactive spreadsheet that allows you to explore the data in detail. You can also download a pdf factsheet that has the information from the tool.</td>
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