The aim of this document is to provide an annual update and identification of new areas of need across North Yorkshire and the Clinical Commissioning Group localities.

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
Selby District Summary

Who we are – population demographics

The district of Selby covers an area of 599 sq km. It is mainly a rural area which includes the towns of Selby, Tadcaster and Sherburn-in-Elmet. The district is situated in the southern part of North Yorkshire and borders York, Harrogate, the East Riding of Yorkshire, Leeds, Wakefield and Doncaster. It is well served by major roads. There is a direct train service to London as well as access to the East Coast main line at York, Leeds and Doncaster. However, the remoteness of some areas and variable bus services has led to more people depending on cars. As a result, Selby district has the highest percentage of people who travel to work by car or van in North Yorkshire. Although mainly rural, industry is well developed, with major industrial locations including Drax and Eggborough power stations, the three breweries at Tadcaster and the Saint-Gobain Glass manufacturing plant.

The total population is currently 85,300 people and is set to increase to 90,000 by 2020. There are around 1000 births and 700 deaths annually. The population is ageing. Life expectancy at birth is 79.7 for men and 83.7 for women, both not significantly different compare to 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 York, this gap is 6.6 years for males and 6.7 years for females. In Hambleton it is 4.4 years for males and 6.9 years for females. In Selby it is 4.7 years for males and 6.9 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>14580 (17.1%)</td>
<td>-0.5%</td>
<td>6.1%</td>
<td>-0.5%</td>
</tr>
<tr>
<td>15-44</td>
<td>29539 (34.6%)</td>
<td>-4.3%</td>
<td>-0.9%</td>
<td>-6.5%</td>
</tr>
<tr>
<td>45-64</td>
<td>25057 (29.4%)</td>
<td>4.2%</td>
<td>3.2%</td>
<td>3.8%</td>
</tr>
<tr>
<td>65-74</td>
<td>9317 (11.2%)</td>
<td>1.4%</td>
<td>7.8%</td>
<td>1.9%</td>
</tr>
<tr>
<td>75-84</td>
<td>4927 (5.8%)</td>
<td>0.1%</td>
<td>16.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>85+</td>
<td>1935 (2.3%)</td>
<td>-0.9%</td>
<td>17.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>All Ages</td>
<td>86288</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Selby District Population Pyramid showing demographic difference between 2015 and England 2015
Source: ONS Mid-2014 Population Estimate

- England 2015 Female
- Selby District Female
- England 2015 Male
- Selby District Male
The 2015 Index of Multiple Deprivation (IMD) identifies 2 Lower Super Output Areas (LSOA) out of a total of 50 within the district which are amongst the 20% most deprived in England. The 2 LSOA include parts of Selby town and almost 3,500 people live in these 2 LSOA. Of note, 20 of the 50 LSOA are among the 20% least deprived in England – this equates to 40% of LSOA across the district, much higher than the 27% observed across the County as a whole. This indicates that overall, communities across the district tend to be less deprived than other parts of the County, although there is very real deprivation in parts of Selby town.

Across the district as a whole around 11% of children are living in poverty, lower than the national average of 20.1%. However, mirroring overall deprivation, there are parts of the District (notably areas of Selby town) where almost 1 in 3 children are living in poverty.

Adult unemployment rates are comparatively high (4.0% in the district in the period Oct 14 to Sept 15 compared to 3.1% across the County as a whole), although below the national average (5.3% in the same period). However, long-term unemployment is significantly lower (4.0% locally) than that observed nationally (7.1%).

Fuel poverty rates are lower than those observed nationally (in 2013 6.9% locally, compared to the national average of 10.4%). However, rates in LSOA in parts of Selby town are higher (typically around 10%). Linked to fuel poverty, excess winter mortality data suggests an improving picture across the district, reflecting a sustained reduction in the number of excess winter deaths in the period 2011 to 2014, which saw the Excess Winter Mortality index fall from 27.5 to 13.7 in this period and is statistically similar to the national average of 11.6.

Mirroring the rest of the County, the rate for killed and seriously injured (KSI) casualties on England’s roads in Selby is significantly worse than the national average at 62 per 100,000 compared to 40 per 100,000. The 5 year trend has not improved significantly and the gap between Selby and the national average has remained at around 20 per 100,000 in this period.

Around 1600 adults (2.3%) are estimated to have a learning disability across the district. This is similar to the national estimate of 2.4% of the adult population.

Overall, economic data paints a picture of relative affluence across the district, punctuated by pockets of economic inequality, particularly in parts of Selby town.

Excess weight in adults is significantly higher in the district (69.9%), compared to the national average (64.6%). Linked to issues around excess weight, the area also has a significantly higher proportion of adults who are obese (27.5% locally compared with 24.0% nationally). However, the proportion of physically inactive adults is statistically similar to that observed nationally (60.4% locally compared to 56.1% nationally). More positively, the proportion of children in Reception and Year 6 who are overweight or obese has fallen between 2013/14 and 2014/15 and is statistically similar to the national average (locally 19.8% in Reception and 31.4% in Year 6 compared to 21.9% and 33.2% respectively across England).

Breastfeeding initiation data for 2013/14 of 2014/15 is not available for the District. However, in 2012/13 that rate was similar to the national average (74.0% locally compared 73.9% nationally). Child immunisation rates are generally similar to the England average, although uptake of Men C and MMR is slightly above the national average.

Smoking prevalence across the overall population is similar to the national average (19.8% locally compared to 18.0% nationally). Similarly, smoking among the routine and manual group also similar in the district (24.5% locally compared with 28.0% nationally). Smoking related deaths are also very similar to the national average (284.4 per 100,000 locally compared with 279.7 per 100,000 nationally).

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. Rates of maternal smoking is similar to the national average and in 2014/15 10.8% of expectant mothers were recorded as smokers at time of delivery, compared to 11.4% nationally.

The under-18 conception rate (22.2 per 1,000 population) is higher in Selby than the County as a whole (16.7 per 1,000) than in any other district across the County, although is not significantly different from the national average (22.8 per 1,000 population).

The district has a significantly lower rate of alcohol related (broad) hospital admissions (1024 per 100,000) than the national average (1253 per 100,000). Mirroring national trends, the rate has increased year on year between 2008/09 and 2013/14, although the gap between the district and the national average has remained stable.

**Health and illness**

Although a high proportion of adults in the district are overweight or obese, recorded diabetes is similar to that observed nationally (6.5% locally compared to 6.4% nationally), although higher than that observed across other North Yorkshire districts.

Incidence of lung cancer is similar to those observed nationally (73.8 per 100,000 locally compared to 76.0 per 100,000 nationally). Smoking attributable mortality from heart disease and deaths from COPD are similar to the national.

Mortality rates in the under 75 age group from cardiovascular diseases and cancer are below the national average, although not significantly so. The following table illustrates mortality rates across the district associated with cancer, circulatory disease, cardiovascular diseases, heart disease and stroke:

<table>
<thead>
<tr>
<th>Period</th>
<th>England</th>
<th>North Yorkshire</th>
<th>Selby</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>
</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>
</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>
</tr>
<tr>
<td>Under 75 Mortality Rate: Cardiovascular Disease (persons)</td>
<td>2012-14</td>
<td>75.7</td>
<td>65.8</td>
</tr>
<tr>
<td>Under 75 Mortality Rate: Coronary Heart Disease (persons)</td>
<td>2012-14</td>
<td>41.5</td>
<td>35.8</td>
</tr>
<tr>
<td>Under 75 Mortality Rate: Stroke Disease (persons)</td>
<td>2012-14</td>
<td>13.8</td>
<td>14.4</td>
</tr>
</tbody>
</table>

Mortality from causes considered preventable is significantly lower in Selby compared to the national average (161.7 per 100,000 in Selby compared to 182.7 per 100,000 nationally). The proportion of Selby residents age under 65 who die in their usual place of residence is higher than that observed nationally, although not significantly so (40.5% locally compared to 35.5% nationally).

The percentage of babies with low birth weight is lower in Selby than national, although not significantly so (2.0% locally compared to 2.9% nationally). Neonatal mortality is also above the national average (8.8 per 1000 births locally compared to 7.3 per 1,000 nationally), although the higher rate observed locally is not statistically significant. More positively, the infant mortality rate is lower in Selby district (2.9 per 1,000 births locally compared to 4.0 per 1,000 nationally). Again, the difference in rates between the district and the national average is not statistically significant.
The STI testing rate (excluding chlamydia) is significantly below the national average (9119 per 100,000 locally, compared to 15366 per 100,000 nationally). HIV testing uptake (68.2%) is also significantly below the national average (77.5%). Potentially linked to the lower rates of testing, the rate of new STI diagnoses is significantly lower in Selby (417 per 100,000) compared to the national average (797 per 100,000).

Data for the Vale of York CCG suggests that the prevalence and incidence of depression (as measured by the Quality Outcomes Framework (QOF)) is significantly lower locally (5.2% (prevalence), 0.9% (incidence)) than nationally (5.8% (prevalence), 1.0% (incidence)), and the overall prevalence of mental health problems is also significantly lower locally (0.70%) to the national average (0.84%).

The rate of hip fracture among the 65 and older age group is similar to that observed nationally (554 per 100,000 locally, compared with 571 per 100,000 nationally).

### The services we use

The population of the district is primarily served by York Teaching Hospital Foundation Trust, York Teaching Hospital Foundation Trust. The Trust was inspected by the Care Quality Commission in March 2015 when it was given an overall rating of requiring improvement. A copy of the report can accessed via the CQC website here.

In 2014/15, there were approximately 3800 hospital admissions as a result of attendance at A&E departments by residents from the district. Overall, over 10,500 hospital admissions were recorded in 2014/15, of which 1900 were elective admissions.

Screening rates for breast and cervical cancer are both significantly better than the national average (78.8% for breast cancer and 79.7% 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 also significantly worse than the national average (53.4% locally, compared to 57.1% nationally).

The potential years of lost life from conditions considered amenable to health care are lower (better) than the national average (estimated at 1578 per 100,000 locally in 2015 compared to 2110 per 100,000 nationally) reflecting the relative affluence and generally good health enjoyed by the majority of residents.
### 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?


**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.


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


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


**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**

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/

### Public Health Spend and Outcomes Tool

**Description:**
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.

Access:

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Access: