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
NHS Vale of York (VoY)

Who we are – population demographics

32.4% of the registered Vale of York CCG population is resident in North Yorkshire, primarily in Selby and Hambleton. The VoY population is mainly urban with 57.3% living in areas defined as urban and 42.7% living in areas defined as rural, of which 5.7% live in areas which are sparsely populated.

With a population of 86,300, Hambleton is a large mainly rural district, running from York in the south to Darlington in the north. Approximately 10% falls within the North York Moors National Park. There are five market towns, Bedale, Easingwold, Northallerton, Stokesley and Thirsk, and 130 villages. Just over half of the population live outside the market towns and population density is one of the lowest in the country.

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.

For VoY, the 2015 Index of Multiple Deprivation (IMD) identifies 7 Lower Super Output Areas (LSOAs; out of 206 total within VoY) which are amongst the 20% most deprived in England. 5 of these LSOAs are in York and 2 are in Selby. Almost 12,000 people live in these areas.

The total number of patients registered to practices within the CCG is approximately 352,200, with ONS mid-year estimates providing a CCG-wide population of 353,000 people which is set to increase to 364,000 by 2020. VoY has around 3,600 births and 3,000 deaths annually. The population is ageing. Life expectancy at birth is 80.6 for men and 83.8 for women, 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 6.8 years for males and 5.5 years for females. In York, this gap is 7.4 years for males and 5.8 years for females. In Hambleton it is 4.3 years for males and 2.9 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 CCG 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>52392 (14.9%)</td>
<td>-2.4%</td>
<td>5.1%</td>
<td>2.1%</td>
</tr>
<tr>
<td>15-44</td>
<td>141000 (40.0%)</td>
<td>-0.1%</td>
<td>-0.8%</td>
<td>-3.7%</td>
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<tr>
<td>45-64</td>
<td>91626 (26.0%)</td>
<td>0.6%</td>
<td>2.4%</td>
<td>-0.1%</td>
</tr>
<tr>
<td>65-74</td>
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<td>1.1%</td>
<td>5.4%</td>
<td>2.2%</td>
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<tr>
<td>75-84</td>
<td>21429 (6.1%)</td>
<td>1.0%</td>
<td>11.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>85+</td>
<td>8974 (2.5%)</td>
<td>0.6%</td>
<td>15.0%</td>
<td>12.1%</td>
</tr>
<tr>
<td>All Ages</td>
<td>352219</td>
<td>3.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The world around us – the wider environment and community

With the exception of Selby Town, child poverty is typically lower in the North Yorkshire Sections of VoY than the national average. However there are approximately 2700 children identified as living in poverty in the North Yorkshire sections of VoYCCG.

How we live – lifestyle and behaviours

Unintentional and deliberate injuries in children are a particular problem for the CCG. Hambleton has a significantly higher rate in the 0-14 age group.

Excess weight in adults is an issue for the area, particularly in Selby where the rate is significantly higher (70%) compared to the national average (65%). Selby district has a higher proportion portion of children who have excess weight in Reception (23.2%) or Year 6 (33.7%) than in any other district in North Yorkshire and above the national average (Reception – 22.5%, Year 6 – 33.5%).

Binge drinking adults is a significant issue for the area with 28.8% of the adult population estimated as binge drinkers compared with 20% nationally.

Health and illness

The rate for killed and seriously injured (KSI) casualties on England’s roads in Hambleton is significantly worse than the national average at 85.6 (89.5) per 100,000 compared to 39.3 per 100,000. Rates have been slowly declining following a peak of 95.2 per 100,000 in 2010-12. Whilst the rate in Selby is lower, at 62.2 per 100,000, it is also much higher than the national average. Though the 10 year trend has shown consistent improvement, the gap between Hambleton and Selby and the national average has not significantly narrowed.

Although VoYCCG has a register prevalence of stroke/ TIA similar to the England average (2.0%), stroke mortality rates in those aged over 75 years (708 per 100,000 population) are significantly higher than the England average.
(609 per 100,000). Linked with this is a high number of admissions for myocardial infarctions, stroke, respiratory disease, and stage 5 kidney diseases in people with diabetes. Better community management of the diabetes patients is likely to prevent hospital admission.

The rate of admission for alcohol-related cancers conditions is also higher in VoYCCG than the England average, and in 2013/14 there were 207.8 admissions per 100,000 population recorded locally, compared with 176.5 per 100,000 recorded nationally and 196.8 per 100,000 across the Yorkshire & Humber region in the same period. However, the percentage of deaths from cancer (all ages) was lower in residents from VOYCCG (25.8%, 2013) than nationally (28.2%) or regionally (27.9%) in the same period.

The rate of emergency admissions for chronic ambulatory care sensitive conditions is significantly worse than in similar CCGs (808 per 100,000 locally compared to 778 per 100,000 across similar CCGs).

The services we use

The population of Vale of York is primarily served by 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.

The proportion of patients registered with a GP and classified as obese fell from 10.3% in 2012/13 to 9.1% in 2013/14. This is slightly lower than national rate of 9.4% recorded in 2013/14. The rate of inpatient admission for VoYCCG residents with a primary or secondary diagnosis of obesity in 2013/14 was 534 per 100,000 population, which is below the nationally recorded rate of 679 per 100,000. However, the rate observed in VoYCCG was higher than most other CCG within the North Yorkshire & Humber Area Team. Rates of admission for bariatric surgery are broadly comparable with national rates, and in 2013/14 a rate of 11 per 100,000 population was recorded for VoYCCG residents classified as obese who underwent bariatric surgery.

A significantly lower proportion of diabetes patients meet the three treatment targets around cholesterol, blood pressure and HbA1c than in similar CCGs (31.8% locally compared with 36.3% across similar CCGs).

CHD prevalence is higher in VoY at 3.5% compared to the national average of 3.3%. Detection of hypertension is lower at 52.5% compared with the national average of 54.3%. As risk factors for developing CVD, low disease registers may indicate a large population at risk. Linked with the fact that the NHS Health Check uptake rate in Vale of York CCG (44.2%) is lower when compared to England (49%). Opportunities to identify this at risk population earlier could be improved, resulting in a reduced rate for premature mortality related to stroke/TIA which the area is currently an outlier for.

Smoking quit rates (at 4 weeks) are also significantly worse than in similar CCGs (480 per 100,000 locally compared to 818 per 100,000 across similar CCGs) or England (868 per 100,000).

41.2% of all cancers in 2013 were detected at Stage 1 or Stage 2, and this is higher than that observed nationally (37.3%). However, the rate of late stage diagnosis of bladder cancer was higher in VoYCCG (4.1 per 100,000) in 2013 than observed nationally (3.1 per 100,000).

There are around 950 complex patients, typically with 3 different conditions, resident in the CCG area who are admitted to hospital on average 6 times a year. Almost half (44%, 417 patients) are aged over 75. The most common main condition in this group of patients is circulation-related conditions, often accompanied by neurological or respiratory conditions. The other most common co-morbidity was gastro-intestinal conditions.
## 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
### Public Health Profiles

**Description:**
The Public Health Profiles site acts as a “one stop shop” for a wealth of public health information, and hosts a wide range of profile information and data at district, county and CCG level. This includes access health profiles, the children and young people’s health benchmarking tool and condition specific data (e.g. CVD, liver disease and cancer).

**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:**

### 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/)

### 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:**

### Clinical Commissioning Groups 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:**

### NHS Commissioning for Value: Integrated Care pathways

**Description:**
The Integrated Care pack focuses upon the identification of the extent to which complex patients utilise resources across programmes of care and the urgent care system.

**Access:**

### NHS Commissioning for Value Tool 2014/15

**Description:**
The Commissioning for Value Tool allows clinical commissioning groups to view maps, charts and tables for the indicators in the Commissioning for Value packs, and provides the facility to compare performance against other
clinical commissioning groups, including those identified as the 10 most similar, in addition to benchmarking performance against the national picture.

Access: