Scarborough Ryedale CCG Summary

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.

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NHS Scarborough and Ryedale Summary

Who we are – population demographics

99.3% of the registered Scarborough and Ryedale CCG population are residents of North Yorkshire.

Ryedale
Ryedale is an area of outstanding scenery, with beautiful villages and vibrant market towns covering 575 sq. miles (1490 sq. kilometres) of North Yorkshire. The area has a rich cultural heritage and enjoys the legacy of a long term, relatively stable social and industrial base. Agriculture and food production sit alongside modern and emerging technology based industries.

Scarborough
The Borough covers an area of 330 square miles. 60% of the population live in the three main coastal towns of Scarborough, Whitby and Filey, although the Borough has a large rural area. The beauty, history and heritage of the area attract many thousands of visitors each year as well as offering a high quality of life to many residents.

SRCCG
The 2015 Index of Multiple Deprivation (IMD) identifies 15 Lower Super Output Areas (LSOAs) out of a total of 69 across the CCG which are amongst the 20% most deprived in England. All of these LSOAs are in Scarborough district. Almost 24,000 people live in these areas.

The total number of patients registered to practices within the CCG is currently 118,999. In contrast, the ONS mid-year population estimate for 2015 gave a CCG-wide population of 110,500, forecast to rise to 111,000 by 2020. SRCCG has around 1,200 births and 1,400 deaths annually. The population is ageing. Life expectancy at birth is 77.9 years, for males and 82.8 years for females, both below 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 Scarborough, this gap is 9.1 years for males and 5.6 years for females. In Ryedale it is 4.5 years for males and 4.3 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>17672 (14.9%)</td>
<td>-2.4%</td>
<td>2.5%</td>
<td>2.1%</td>
</tr>
<tr>
<td>15-44</td>
<td>39530 (33.2%)</td>
<td>-6.9%</td>
<td>-4.4%</td>
<td>-3.7%</td>
</tr>
<tr>
<td>45-64</td>
<td>33467 (28.1%)</td>
<td>2.7%</td>
<td>-1.9%</td>
<td>-0.1%</td>
</tr>
<tr>
<td>65-74</td>
<td>15427 (13.0%)</td>
<td>3.6%</td>
<td>3.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>75-84</td>
<td>9083 (7.6%)</td>
<td>2.1%</td>
<td>10.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>85+</td>
<td>3820 (3.2%)</td>
<td>0.9%</td>
<td>13.6%</td>
<td>12.1%</td>
</tr>
<tr>
<td>All Ages</td>
<td>118999</td>
<td>0.9%</td>
<td>0.5%</td>
<td></td>
</tr>
</tbody>
</table>
The world around us – the wider environment and community

Children living in poverty are a significant issue for the CCG area with rates in Scarborough being significantly higher than the national average. The CCG has over 3800 children living in poverty (i.e. in “low income families” as defined by the Department for Work & Pensions) within its boundaries. More widely, some of North Yorkshire’s most deprived communities can be found within the CCG boundaries – 15 of the 23 LSOA within the County that are among the 20% most deprived nationally are located within the boundaries of the Scarborough & Ryedale CCG.

Almost 1 in 4 residents in Scarborough District are economically inactive, and approximately 6000 individuals are classified as “long term sick”. This equates to 38.8% of the economically inactive population within the district and compares with 23.5% across the wider region. This demonstrates the generally poorer health experienced by many residents within the district and the impact this has on wider socio-economic outcomes and is reflected in higher rates of premature mortality (346 per 100,000 in 2012-14) than elsewhere in the County. By comparison, in Ryedale in the same period the rate was 308 per 100,000).

Fuel poverty rates are an issue across the CCG, and in parts of Scarborough Town 1 in 5 households can be classified as fuel poor. Merely tackling poverty would not necessarily relieve the fuel poverty issue as often housing type and access to affordable sources of energy are important in this area. Tackling the fuel poverty issue should in turn improve winter health, improving excess winter mortality and the pressure on the health and care system over the winter months.

The economic importance of tourism and seasonal nature of some employment leads to transient elements of the population and a higher proportion of multi-occupancy homes in comparison with other parts of the County. Pressures on services arising from homelessness in Scarborough district are reflected in the rate of households in temporary accommodation, which is significantly worse than the regional or County rate.
How we live – lifestyle and behaviours

Although improvements are being made, the proportion of children with excess weight in the Scarborough area remains among the highest in the County at Reception and Year 6 and is above the national average for those children in reception (23.1%). In the rest of SRCCG rates are not significantly different, although the proportion of children in Year 6 in Ryedale district with excess weight has increased to 32.3% in 2014/15 (from 30.8% in 2013/14). An increasing obesity issue in the child population is likely to lead to an increasing issue in the adult population, of which almost 70% are already overweight or obese, whilst in Scarborough over 1 in 3 adults (35.1%) are classified as inactive. This compares to 23.4% of adults in Ryedale and 27.7% across England. Turning this curve is important to reduce pressure on our health and care system from lifestyle affected long term conditions, such as diabetes.

In Scarborough district there is some evidence of higher rates of alcohol misuse and in 2014 the rate of ESA claimants for whom the main medical reason for the disability was alcoholism was 210.7 per 100,000. This is almost double the rate in England (131.0 per 100,000) and over three times the rate in Ryedale (67.5 per 100,000).

Smoking at time of delivery is a particular issue for the CCG area. Over half of all the mothers who smoke at the time of delivery in North Yorkshire are registered to SRCCG. Smoking related deaths are significantly higher for the area, smoking being the leading preventable cause of premature mortality. Smoking quit rates (at the four week follow up) are also significantly worse than the similar CCG average (466 per 100,000 locally compared to 807 per 100,000 across the 10 most similar CCGs).

The rate of hospital admissions as a consequence of violence is much higher in the Scarborough district (52.4 per 100,000 population) than in Ryedale (20.9 per 100,000) or across the wider County (36.1 per 100,000).

Health and illness

The rate for killed and seriously injured (KSI) casualties on England’s roads in Ryedale is significantly worse than the national average (at 119.4 per 100,000 compared to 39.3 per 100,000) and is higher than any other district in the County. Scarborough is a better performer in comparison, though still above the national average at 52.4 per 100,000. Over the last five years the gap between rates in Scarborough and the national average has narrowed, from 18.8 in 2009/11 to 13.1 in 2012/14. However, in Ryedale the gap has stubbornly remained at around 80 per 100,000.

Getting the best start in life may help prevent the obesity issues seen in SRCCG. The area struggles with a significantly lower breast feeding initiation rates (70.7%, Q1 2014/15) compared to the England average (74.0%). Improving this figure by promoting good infant nutrition should help improve the obesity figures in children and ultimately adults. Childhood immunisation rates are also low for the CCG area in Meningitis C coverage at 5 years (68%)

Long term conditions including asthma, CVD, COPD, hypertension, and stroke are all significantly higher than their respective national averages. It’s no surprise that Scarborough and Ryedale CCG has a significantly higher rate for premature CVD mortality compared to England, although it should be noted that all-age mortality rate in respect of CVD fell by 9% between 2009 and 2013 in the CCG. However, mortality rates from CVD in the under 75 population in Scarborough district (85.3 per 100,000) remain worse than that observed nationally (75.7 per 100,000) or in any other district in North Yorkshire. Of those individuals admitted for circulatory disorders, genito-urinary conditions were a common co-morbidity and were present in almost 1 in 4 individuals (29 out of 126 individuals).

Although spend on patients with circulatory conditions is typically higher than nationally or regionally, outcomes remain worse locally in terms of mortality from cardiovascular disease and potential lives lost from ischaemic heart disease or cerebrovascular disease.

Smoking has a significant impact on the health of many residents within the CCG, particularly in Scarborough district. Here, the rates smoking attributable mortality, smoking attributable deaths from heart disease and stroke
are all significantly higher than the national average. Smoking attributable hospital admissions in adults aged 35 and over also remain above the national average. Whilst all age incidence of lung cancer is not significantly different to England or the 10 most similar CCGs the proportion of lung cancers detected at stage 1 or stage 2 is significantly worse than similar CCGs (7% locally compared to 18% across the 10 most similar CCGs).

### The services we use

The population of the CCG is primarily served by York Teaching Hospital Foundation Trust, through Scarborough General Hospital. The hospital was inspected by the Care Quality Commission in March and May 2015 when it was given an overall rating of requiring improvement. A copy of the report can accessed via the CQC website [here](#).

Alcohol features as an issue for the CCG. Across the CCG the rate of hospital admissions for alcohol related liver disease in females is significantly higher compared to the England average (95.9 per 100,000 locally compared to 65.8 nationally), whilst rates in respect of admissions for intentional self-poisoning by alcohol and alcohol-related cancers are also above the England average. The rate for alcohol specific hospital admissions for males in Scarborough remains higher compared to England’s average, but has reduced from a peak in 2012/13 of 584 per 100,000 to 547 per 100,000 in 2013/14. Its status as a Local Alcohol Action Area pilot site will hopefully have the desired impact on alcohol related admission rates.

The percentage of NHS Health Check Uptake amongst those offered has improved but remains lower in Scarborough and Ryedale CCG (46.9%) compared to England (49%). NHS Health Checks present an opportunity to identify high risk patients and begin treatment sooner for CVD.

In 2013 31.4% of all cancers were diagnosed at Stage 1 or Stage 2, which is below the national average of 37.3%. The proportion of breast and prostate cancers diagnosed at stage 3 or stage 4 was also higher than that observed nationally. More positively, in 2014/15 breast, cervical and bowel cancer screening rates for the CCG were all above the England average rate.

The percentage of people with diabetes meeting treatment targets is lower (30%) for the CCG than the national average (36%).

The Commissioning for Value information pack for the CCG identified 347 “complex” patients across the CCG who averaged around 5 admissions per year. Approximately half of this group of patients are aged 70 or over. The most common reasons for admission of “complex” patients were as a result of circulatory conditions (126 patients). The most common co-morbidities associated with these admissions were respiratory or genito-urinary conditions.

The potential years of lost life from conditions considered amenable to health care are significantly worse than national average in the CCG for men (3466 per 100,000 for males in the CCG compared with 2210 nationally) reflecting the health outcomes of some the lifestyle and inequalities issues that the population face. Unplanned hospital admissions for asthma, diabetes and epilepsy in the under 19s are a significant issue. The admission rate for these conditions in the under 19 population in Scarborough district was 570.2 per 100,000 in 2013/14, over 80% higher than the national average of 313.4 per 100,000. By comparison, the rate in Ryedale was much lower, at 186.9 per 100,000. Focusing on improving community management of these conditions along with tackling the wider determinant issues should be a point of focus for the CCG.
## 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:**

### NHS Scarborough Ryedale CCG

The CCG’s most recent operations plan and 5 year forward view are available from the below. The forward view outlines the commissioning priorities for the CCG in the coming years. The operational plan is plan for the activity of the CCG in the coming financial year and how the CCG is progressing toward its 5 year view.

**Access:**

### 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

### 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/)

### 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:**