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
### Scarborough Summary

#### Who we are – population demographics

The district 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 district has a large rural area and much of the district north of Scarborough town lies within the North Yorkshire Moors National Park. 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.

The total Scarborough population is currently 108,538 people and is set to increase to 109,000 by 2020. The over-75 age group is expected to grow from around 13,000 in 2015 to around 14,500 by 2020, whilst the number of people aged 35 to 54 is forecast to reduce by almost 3000 to 24,000 in the same period. Scarborough has around 1,000 births and 1,300 deaths annually. The population is ageing. Life expectancy varies for men and women considerably across North Yorkshire. Life expectancy at birth is 78.2 years for males and 83.0 years for females, both below the national average (79.5 years for males, 83.2 years for females). 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 12.5 years for males and 5.6 years for females.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>LA Population ONS mid-2014 Estimate (% total)</th>
<th>% Point Diff to England profile</th>
<th>LA % projected change 2015-2020</th>
<th>England % projected change 2015-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>15889 (14.7%)</td>
<td>-2.9%</td>
<td>2.2%</td>
<td>-3.0%</td>
</tr>
<tr>
<td>15-44</td>
<td>33569 (31.1%)</td>
<td>-7.8%</td>
<td>-4.4%</td>
<td>-9.4%</td>
</tr>
<tr>
<td>45-64</td>
<td>31082 (28.8%)</td>
<td>3.6%</td>
<td>-2.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td>65-74</td>
<td>14870 (13.8%)</td>
<td>4.3%</td>
<td>3.2%</td>
<td>4.7%</td>
</tr>
<tr>
<td>75-84</td>
<td>9066 (8.4%)</td>
<td>2.7%</td>
<td>10.5%</td>
<td>3.6%</td>
</tr>
<tr>
<td>85+</td>
<td>3530 (3.5%)</td>
<td>0.1%</td>
<td>13.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>All Ages</td>
<td>108006</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: ONS mid-year population estimates, 2014

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![Scruborough District Population Pyramid showing demographic difference between 2015 and England 2015](image)

*Source: ONS Mid-2014 Population Estimate*
## The world around us – the wider environment and community

The 2015 Index of Multiple Deprivation (IMD) identifies 17 Lower Super Output Areas (LSOA) out of 71 total within the district which are amongst the 20% most deprived in England. The 17 LSOA include parts of Scarborough town (including the Castle, Central and Eastfield wards), the Whitby West and Streonshalh wards in Whitby and the Filey ward. 26,000 people live in these 17 LSOA, equivalent to 24% of the district population. This compares with 6% across the county as a whole.

Perhaps unsurprisingly, given the higher levels of deprivation in many parts of the district, children living in poverty are a significant issue for the area and rates locally are higher than the national average (20.2% across the district, rising to over 40% in parts of the Castle, Eastfield and Woodlands wards, compared with 20.1% nationally). The district has over 3200 children living in poverty within its boundaries, which equates to 20% of all dependent children.

Adult unemployment rates are also comparatively high (4.2% in the district in the period Oct 14 to Sept 15 compared to 3.1% across the County as a whole), whilst long-term unemployment is significantly higher (9.2% locally) than that observed across both the wider county (3.5%) or nationally (7.1%).

Fuel poverty rates are an issue for the area, also linked to deprivation. In 2013 11.7% of households (5923 households) in Scarborough were classified as fuel poor, which is higher than any other district across the county and above the national average of 10.4%. 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 data suggests an improving picture across the district, reflecting a sustained reduction in the number of excess winter deaths in the period 2008/10 to 2011/14, which saw the Excess Winter Mortality index fall from 19.2 to 6.1 in this period and is now below that national average of 15.6.

The rate for killed and seriously injured (KSI) casualties on England’s roads in Scarborough is significantly worse than the national average at 52 per 100,000 compared to 40 per 100,000. Though the 5 year trend has been consistently improving, the gap between Scarborough and the national average has not significantly narrowed.

Around 2000 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 an often stark picture in many parts of the district of real poverty and deprivation. This is reflected in health outcomes for the area, including lifestyle choices and premature mortality.

## How we live – lifestyle and behaviours

Excess weight in adults is significantly higher in the district (68.5%), 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 physically inactive (35.1% locally compared to 27.7% nationally). More positively, the proportion of children in Reception who are overweight or obese has fallen from a 25.9% in 2012/13 to 23.1% in 2014/15. Although the proportion of children in Reception who are overweight or obese remains above the national average of 21.9%, the gap between the district and the national average has narrowed from 3.7% in 2012/13 to 1.2% in 2014/15. A reduction has also been observed the proportion of children in Year 6 who are overweight or obese, from 32.0% in 2013/14 to 28.5% in 2014/15, and the rate is now significantly lower than the national average of 33.2%. This reverses a worsening trend observed in the period 2011/12 to 2013/14. Reductions in the proportion of children with excess weight in both Reception and Year 6 can be observed in the Whitby and Filey areas.

Breastfeeding initiation was lower across the district in 2013/14 (68.8%) than nationally (74.0%), although not significantly lower. Prevalence of breastfeeding at 6-8 weeks was not captured for the Scarborough district or wider CCG area in 2013/14.
Child immunisation rates are similar to the England average. Flu immunisation statistics are not available at district level, although data for the Scarborough & Ryedale CCG indicates that immunisation rates are also similar to the national average.

Whilst smoking prevalence across the overall population is similar to the national average (19.2% locally compared to 18.0% nationally), smoking among the routine and manual group is significantly higher in the district (45.3% locally compared with 28.0% nationally). Of note, the percentage of adults who have never smoked is significantly lower (39.9%) locally in comparison with the national average (48.1%). This suggests that the majority of adults across the district are either current smokers or have smoked at some point in their adult life.

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. Maternal smoking is also a concern for the area, and in 2014/15 19.6% of expectant mothers were recorded as smokers at time of delivery. This is higher than any other district in North Yorkshire and is significantly higher than the national average (11.4%)

The under-18 conception rate (26.3 per 1,000 population) is higher in Scarborough than in any other district across the County, although is not significantly different from the national average (24.3 per 1,000 population).

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). Alcohol related hospital admissions are higher in Scarborough than in any other district across the County (405 per 100,000 locally, compared to 374 per 100,000 nationally). The district also has a higher rate of hospital admission for alcohol-related cancers in comparison to the national average (177.4 per 100,000 locally compared to 150.7 per 100,000 nationally).

The rate of hospital admissions as a consequence of violence is much higher in the Scarborough district (52.9 per 100,000 population) than across the wider County (36.1 per 100,000), although not significantly different from the national average (52.4 per 100,000).

Prevalence of opiate and/or crack cocaine use is estimated to be significantly higher across the district compared to the national average (10.1 per 1,000 locally compared to 8.4 per 1,000 nationally).

Health and illness

Given the higher prevalence of smoking in the routine and manual group it is unsurprising that the rate of smoking attributable hospital admissions is significantly higher locally than the national average (1795 per 100,000 population locally compared to 1671 per 100,000 nationally). However, smoking related deaths in the over 35 age group are not significantly above the national average (285.2 per 100,000 locally compared to 274.8 per 100,000 nationally). It is also perhaps surprising, given higher smoking prevalence in the routine and manual group and the higher rate of smoking attributable hospital admissions, that the mortality rate from COPD is significantly lower across the district than the national average (41.3 per 100,000 locally, compared to 51.7 per 100,000 nationally).

Whilst incidence of lung cancer is similar to those observed nationally (76.5 per 100,000 locally compared to 76.0 per 100,000 nationally), the district has a significantly higher incidence of oral cancer than observed nationally (18.0 per 100,000 locally compared to 13.2 per 100,000) nationally. Whilst cancer stage at diagnosis is not available at district level, data for the Scarborough & Ryedale CCG suggests that a significantly higher proportion of lung cancers were diagnosed at late stage in the area compared to the national average (61.7 per 100,000 locally compared to 48.6 per 100,000 nationally). Similarly, late stage diagnosis of colorectal cancer is significantly higher across the Scarborough & Ryedale CCG than that observed nationally (44.5 per 100,000 locally, compared with 28.6 per 100,000 nationally). The rate of cervical cancer (9.5 per 100,000) is not significantly different from the national average.
Although the overall rate of smoking attributable mortality in Scarborough is broadly similar to that observed nationally (288.8 per 100,000 locally compared to 279.7 nationally), rates of smoking attributable deaths from heart disease and stroke are both significantly higher than the national average.

Mortality rates from cardiovascular diseases in the under-75 age group is significantly higher across the district than observed nationally (85.3 per 100,000 locally compared to 75.7 per 100,000 nationally) and, whilst the long term trend demonstrates a sustained reduction in the mortality rate, the gap between local and national rates has not significantly narrowed. 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>Percentage of Deaths from Cancer (Aged under 65 years)</th>
<th>Percentage of Deaths from Circulatory Disease (All under 65 years)</th>
<th>Percentage of Deaths from Respiratory Diseases (All under 65 years)</th>
<th>Under 75 Mortality Rate: Cardiovascular Disease (persons) (rate per 100,000)</th>
<th>Under 75 Mortality Rate: Coronary Heart Disease (persons) (rate per 100,000)</th>
<th>Under 75 Mortality Rate: Stroke (persons) (rate per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>38.4%</td>
<td>20.3%</td>
<td>6.7%</td>
<td>75.7</td>
<td>41.5</td>
<td>13.8</td>
</tr>
<tr>
<td></td>
<td>(Scarborough)</td>
<td>(North Yorkshire)</td>
<td>(England)</td>
<td>(Scarborough)</td>
<td>(North Yorkshire)</td>
<td>(England)</td>
</tr>
<tr>
<td></td>
<td>39.8%</td>
<td>21.2%</td>
<td>6.4%</td>
<td>85.3</td>
<td>35.8</td>
<td>14.4</td>
</tr>
</tbody>
</table>

Source: PHE End of Life Profiles, PHE Public Health Outcomes Framework

The situation worsens when only males are considered (123.7 per 100,000 locally compared to 92.3 per 100,000 across North Yorkshire as a whole and 106.2 per 100,000 nationally). Of note, the significantly higher mortality rate among males from cardiovascular diseases considered preventable (88.8 per 100,000 locally compared to 66.7 per 100,000 across the wider county and 74.1 per 100,000 nationally) suggests a link between poor lifestyle choices by males in the district leading to poorer long-term health outcomes and premature death. The proportion of Scarborough residents age under 65 who die in their usual place of residence is lower than in other districts or nationally, although the difference is not significant (30.9% locally compared to 35.5% nationally).

Potentially linked to the higher rates of maternal smoking, the percentage of babies with low birth weight is higher in Scarborough than national, although not significantly so (3.3% locally compared to 2.9% nationally). Neonatal mortality is also above the national average (9.0 per 1000 births locally compared to 7.3 per 1,000 nationally). Although the higher rate observed locally is not statistically significant, there is evidence of a rising trend across the last three years for which data is available (from 7.2 per 1,000 in 2011 to 9.0 in 2013). In comparison, the rate nationally has fallen from 8.2 per 1,000 to 7.3 per 1,000 in the same period. Mirroring neo-natal mortality, the infant mortality rate is also higher in Scarborough district (4.4 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.

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Mirroring national trends, the rate of recorded diabetes has risen steadily over the last five years, although the rate in 2014/15 was the same locally as that observed nationally (6.4%).

The STI testing rate (excluding chlamydia) is significantly below the national average (9988 per 100,000 locally, compared to 15366 per 100,000 nationally). HIV testing uptake (70.7%) 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 Scarborough (542 per 100,000) compared to the national average (797 per 100,000) although the diagnosis rate is improving locally.
Data for the Scarborough & Ryedale CCG suggests that the prevalence and incidence of depression (as measured by the Quality Outcomes Framework (QOF)) is significantly higher locally (6.8% (prevalence), 1.3% (incidence)) than nationally (5.8% (prevalence), 1.0% (incidence)), although the overall prevalence of mental health problems is similar (0.85%) to the national average (0.84%).

The rate of hip fracture among the 65 and older age group is slightly higher, although not significantly so, than that observed nationally (636 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, 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](#).

In 2014/15, there were approximately 7,000 hospital admissions as a result of attendance at A&E departments by residents from the district. Overall, over 17,000 hospital admissions were recorded in 2014/15, of which almost 3700 were elective admissions.

Screening rates for breast and cervical cancer are both significantly better than the national average (77.0% for breast cancer and 77.1% for cervical cancer locally compared to 75.4% for breast cancer and 73.5% for cervical cancer nationally). Similarly, the bowel cancer screening rate is also significantly higher than the national average (61.9% locally, compared to 57.1% nationally).

Alcohol features as an issue for Scarborough. The rate for alcohol specific hospital admissions in Scarborough remains higher compared to England’s average (405 per 100,000 locally compared with 374 per 100,000 nationally), although not significantly so. However, the rate of admission episodes for alcohol related cancers is significantly higher in Scarborough (177 per 100,000 locally compared to 151 per 100,000 nationally), particularly among males (191 per 100,000 locally compared with 155 per 100,000 nationally).

The potential years of lost life from conditions considered amenable to health care are worse than national average (estimated at 2623 per 100,000 locally in 2015 compared to 2110 per 100,000 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 also an issue ([https://www.gov.uk/government/publications/phe-data-and-analysis-tools-a-to-z](https://www.gov.uk/government/publications/phe-data-and-analysis-tools-a-to-z)).
### Appendix 1 Resources

<table>
<thead>
<tr>
<th>North Yorkshire JSNA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>- What do people need?</td>
</tr>
<tr>
<td>- What are we doing already?</td>
</tr>
<tr>
<td>- Is it working?</td>
</tr>
<tr>
<td>- Are there things we should be doing but are not? and</td>
</tr>
<tr>
<td>- Are we targeting services properly?</td>
</tr>
<tr>
<td><strong>Access:</strong></td>
</tr>
</tbody>
</table>

### NHS Scarborough and Ryedale CCG Operational Plan

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)
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</table>

<table>
<thead>
<tr>
<th><strong>North Yorkshire Substance Misuse Needs Assessment 2013</strong></th>
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<tbody>
<tr>
<td><strong>Access:</strong></td>
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</tr>
</tbody>
</table>

**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](http://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:**

**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/

### 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.

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