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
Richmondshire is one of the largest districts in England, covering an area of just over 500 square miles (1319 square kilometres) two thirds of which is in Yorkshire Dales national parks. Main population centres include Richmond, Catterick Garrison, Leyburn, Hawes and Reeth. Outside of urban centres and market towns Richmondshire is sparsely populated with 70.6% of the population living in rural areas and 15.3% of the population living in areas which are defined as super sparse (less than 50 persons/km).

The district is home to a substantial Ministry of Defence presence, centred on Catterick Garrison, which is the largest army base in the UK and is home to a number of army battalions, in addition to the Infantry Training School.

The total population is currently around 53,000 people and is set to increase to 54,400 by 2020. Richmondshire has around 500 births and 430 deaths annually. The population is ageing. Life expectancy at birth is 81.4 for men, which is significantly above national average; and 83.5 for women, which is not significantly different compared 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. Public Health England are unable to calculate the expectancy gap for Richmondshire.
The world around us – the wider environment and community

The 2015 Index of Multiple Deprivation (IMD) identifies 1 Lower Super Output Areas (LSOA) out of a total of 34 within the district which are amongst the 20% most deprived in England. The LSOA is in the Colburn ward and approximately 1,800 people live there. Across the district as a whole 9.5% of children are living in poverty, lower than the national average of 20.1%. However, this proportion rises to over 20% in the Richmond West ward and 30% in parts of the Colburn ward.

Fuel poverty rates are lower than those observed nationally (in 2013 9.6% locally, compared to the national average of 10.4%). However, rates in LSOA in some parts of the district are higher – notably parts of Upper Swaledale and the Richmond West ward, where rates of fuel poverty approach 15%. Linked to fuel poverty, excess winter mortality data illustrates that in the period 2001-14 the excess winter deaths index was higher in Richmondshire (22.7) than the national average (15.6), although not significantly so.

Adult unemployment rates are comparatively low (2.4% in the district in the period Oct 14 to Sept 15 compared to 3.1% across the County as a whole), and below the national average (5.3% in the same period). Long-term unemployment is significantly lower (1.5% locally) than that observed nationally (7.1%).

Mirroring the rest of the County, the rate for killed and seriously injured (KSI) casualties on England’s roads in Richmondshire is significantly worse than the national average at 101 per 100,000 compared to 40 per 100,000 observed nationally. The 5 year trend has not improved significantly and the gap between Richmondshire and the national average has remained at around 60 per 100,000 in this period.

Around 1600 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.

How we live – lifestyle and behaviours

Almost two thirds of adults in the district are overweight or obese, although this is statistically similar to the proportion observed nationally (62.5% locally compared to 64.6% nationally), although the proportion of adults who are obese is significantly lower (better) in the district (21.7%) compared to the national picture (24.0%). Similarly, the proportion of children in Reception and Year 6 who are overweight or obese is statistically similar to the national average (locally 25.6% in Reception and 34.8% in Year 6 compared to 21.9% and 33.2% respectively across England). Of concern, there is evidence of a rising trend in overweight and obese children in Reception (rising from a low of 13.7% in 2011/12 to a peak of 25.6% in 2014/15) and Year 6 (rising from a low of 26.4% in 2012/13 to a peak of 34.8% in 2014/15).

Breastfeeding initiation data for 2013/14 of 2014/15 is not available for the District. However, data for the wider CCG area indicates that the rate is similar to that observed nationally (75.1% across the Hambleton, Richmondshire & Whitby CCG, compared to 74.3% nationally). Child immunisation rates are generally similar to the England average, although uptake of MMR 2nd dose is much lower locally (72% in 2013/14) compared to national rates (91.3% in 2013/14).

Smoking prevalence across the overall population is higher (although not significantly so) in Richmondshire (25.0%) compared to the national average (18.0%). Similarly, smoking among the routine and manual group also lower (but again, not significantly so) in the district (34.4% locally compared with 28.0% nationally). Rates of maternal smoking are very close to the national average (11.3% locally, compared with 11.4% nationally). However, the district has a significantly lower (worse) proportion of adults who have never smoked (37.3% locally compared to 48.1% nationally). This indicates that almost two-thirds of adults have smoked at some point in their lives.

Smoking related deaths are also significantly lower than the national average (211.9 per 100,000 locally compared with 279.7 per 100,000 nationally) and the district is among the 25% of local authorities with the lowest rates of smoking-related deaths. Although modelled smoking prevalence among young people is above the national average across all age groups the data does not indicate any significant difference from national estimates.
The under-18 conception rate (15.7 per 1,000 population) is lower in Richmondshire than the County as a whole (16.7 per 1,000), 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 (1048 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**

Mirroring the wider County, unintentional and deliberate injuries in children is an issue in Richmondshire. Rates across all age groups are significantly above those observed nationally. Although there is evidence that the gap between local and national rates in the 15-24 age group has narrowed between 2012/13 and 2013/14, the gap in the rate of unintentional and deliberate injuries in the 0-4 and 0-14 groups widened in the same period. The following table illustrates local and national rates of unintentional and deliberate injuries in children in 2013/14.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Period</th>
<th>England</th>
<th>North Yorkshire</th>
<th>Richmondshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>2013/14</td>
<td>140.8</td>
<td>162.5</td>
<td>229.8</td>
</tr>
<tr>
<td>0-14</td>
<td>2013/14</td>
<td>112.2</td>
<td>126.5</td>
<td>169.4</td>
</tr>
<tr>
<td>15-24</td>
<td>2013/14</td>
<td>136.7</td>
<td>143.0</td>
<td>180.6</td>
</tr>
</tbody>
</table>

Source: Public Health Profiles, PHE

Given the relatively low rates of adult obesity, it is perhaps unsurprising that rates of recorded diabetes are also significantly lower in Richmondshire (5.6%) compare to England (6.4%). Although the rate is rising, the increase is in line with that observed nationally.

Incidence of lung cancer is significantly lower compared to that observed nationally (58.0 per 100,000 locally compared to 76.0 per 100,000 nationally). Similarly, deaths from COPD are significantly lower locally (32.4 per 100,000) compared to the national rate (51.7 per 100,000).

Mortality rates in the under 75 age group from cardiovascular diseases are significantly below the national average. The following table illustrates mortality rates across the district associated with cancer, circulatory disease, cardiovascular diseases, heart disease and stroke

<table>
<thead>
<tr>
<th>Percentage of Deaths from Cancer (Aged under 65 years)</th>
<th>Period</th>
<th>England</th>
<th>North Yorkshire</th>
<th>Richmondshire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
<td>38.4%</td>
<td>39.8%</td>
<td>39.2%</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>13.7%</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>7.8%</td>
</tr>
<tr>
<td>Under 75 Mortality Rate: Cardiovascular (persons)</td>
<td>2012-14</td>
<td>75.7</td>
<td>65.8</td>
<td>43.5</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>
<td>25.4</td>
</tr>
<tr>
<td>Under 75 Mortality Rate: Stroke (persons)</td>
<td>2012-14</td>
<td>13.8</td>
<td>14.4</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Public Health Profiles, PHE

Mortality from causes considered preventable is significantly lower in Richmondshire compared to the national average (139.5 per 100,000 in Richmondshire compared to 182.7 per 100,000 nationally). The proportion of Richmondshire residents age under 65 who die in their usual place of residence is higher than that observed nationally, although not significantly so (34.1% locally compared to 35.5% nationally).

The percentage of babies with low birth weight is lower in Richmondshire than national, although not significantly so
Neonatal mortality is significantly above the national average (17.4 per 1000 births locally compared to 7.3 per 1,000 nationally). More positively, the infant mortality rate is lower in Richmondshire (3.1 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 (7401 per 100,000 locally, compared to 15366 per 100,000 nationally). HIV testing uptake (78.3%) is similar to the national average (77.5%). Potentially linked to the lower rates of testing, the rate of new STI diagnoses is significantly lower in Richmondshire (360 per 100,000) compared to the national average (797 per 100,000).

Data for the Hambleton, Richmondshire & Whitby CCG suggests that the prevalence and incidence of depression (as measured by the Quality Outcomes Framework (QOF)) is significantly lower locally (4.9% (prevalence), 0.8% (incidence)) than nationally (5.8% (prevalence), 1.0% (incidence)), and the overall prevalence of mental health problems is also significantly lower locally (0.63%) 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 South Tees Hospital Foundation Trust, through the Friarage Hospital, Northallerton and James Cook University Hospital, Middlesbrough. The Trust was inspected by the Care Quality Commission in 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 2150 hospital admissions as a result of attendance at A&E departments by residents from the district. Overall, almost 6,500 hospital admissions were recorded in 2014/15, of which 1590 were elective admissions.

Screening rates for bowel, breast and cervical cancer are all significantly better than the national average (65.9% for bowel cancer, 81.0% for breast cancer and 78.5% for cervical cancer locally compared to 57.1% for bowel cancer, 75.4% for breast cancer and 73.5% for cervical cancer nationally).

The potential years of lost life from conditions considered amenable to health care are lower (better) than the national average (estimated at 1923 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?

**Access:**

### NHS NHS Hambleton Richmondshire Whitby 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:**
http://www.hambletonrichmondshireandwhitbyccg.nhs.uk/reports-and-publications/

### 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

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

**Access:**
www.nypartnerships.org.uk March 2015

### NEW North Yorkshire Winter Health Needs Assessment 2015

**Access:**
www.nypartnerships.org.uk March 2015

### NEW North Yorkshire Tobacco Control Needs Assessment 2014

**Access:**
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
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/CHandler.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/

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

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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: