

North Yorkshire Joint Strategic Needs Assessment Annual Update 2016

Craven District 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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Craven Summary

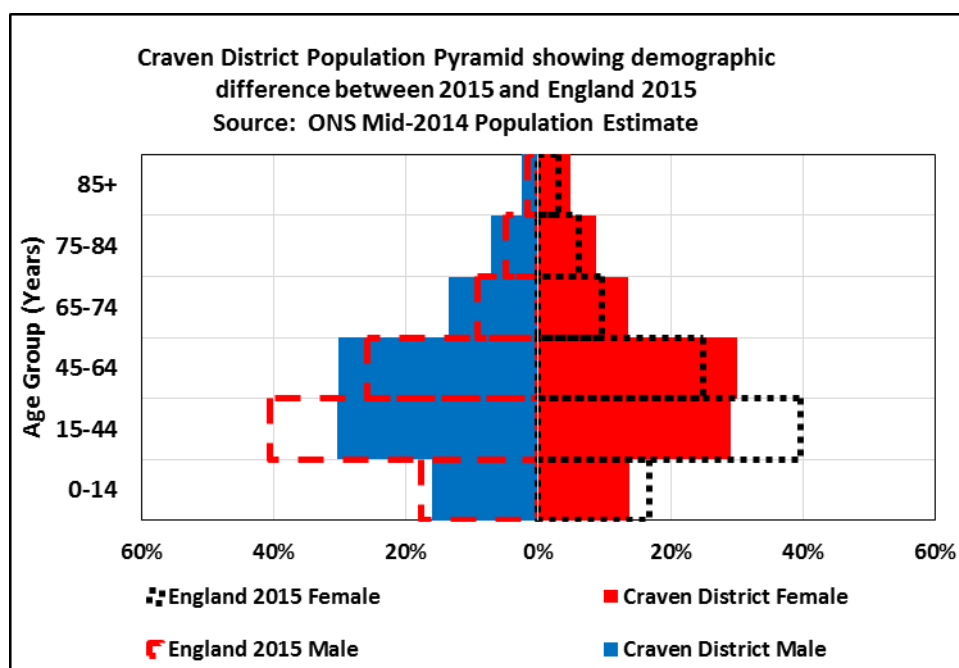
Who we are – population demographics

Craven's outstanding landscape is reflected in the designation of two thirds of the District within the Yorkshire Dales National Park. The District is the most westerly in North Yorkshire. It is spread across 1179 square kilometres, and extends north from a boundary near Skipton, with West Yorkshire to the south-east, Lancashire to the west and Cumbria to the north-west. Craven's largest town is Skipton and the majority of people live in Skipton and the South Craven area. Craven's other towns include Settle, Ingleton, Bentham and Grassington. The District also has a number of smaller scattered villages and hamlets. Outside of market towns Craven is sparsely populated with 59.5% of the population living in rural areas and 12.6% of the population living in areas which are defined as super sparse (less than 50 persons/km).

The 2015 Index of Multiple Deprivation (IMD) identifies 2 Lower Super Output Areas (LSOAs) out of 32 total within the district which are amongst the 20% most deprived in England. Both of these LSOA are in the Skipton South ward and 2,200 people live in these areas.

The total population is currently 55,600 people and is set to increase to 56,000 by 2020. The district has around 500 births and 490 deaths annually. The population is ageing. Life expectancy at birth is 81.0 for men and 85.2 for women, both above the national average. Life expectancy varies for men and women considerably across North Yorkshire. The life expectancy gap at birth for North Yorkshire as a whole (between the most affluent and most deprived) is 8.3 years for males and 6.1 years for females. In Craven, this gap is 8.1 years for males and 4.6 years for females.

Age Group	2015 LA Population (% total)	% Point Diff to England profile	LA % projected change 2015-2020	England % projected change 2015-20
0-14	8331 (15%)	-2.7%	1.7%	-2.8%
15-44	16544 (29.7%)	-9.2%	-6.2%	-12.3%
45-64	16779 (30.1%)	5.0%	-1.3%	4.1%
65-74	7546 (13.5%)	4.0%	5.5%	5.0%
75-84	4441 (8.0%)	2.3%	14.1%	3.8%
85+	2055 (3.7%)	0.6%	17.6%	2.1%
All Ages	55696		1.2%	



The world around us – the wider environment and community

Across the district as a whole around 8% of children are living in poverty, lower than the national average of 20.1%. However, this rises to 23% in the Skipton South ward. Fuel poverty rates are similar than those observed nationally (in 2013 10.7% locally, compared to the national average of 10.4%), although rates are higher in some of the more rural parts of the district. Linked to fuel poverty, excess winter mortality data suggests a deteriorating picture across the district, with a sustained increase in the excess winter death index in the period 2009/12 to 2011/14 from 7.7 to 22.4, and is now above (but not significantly so) the national average of 15.6.

Mirroring the wider County, adult unemployment rates are comparatively low (3.1% in the district in the period Oct 14 to Sept), and below the national average (5.3% in the same period). Similarly, long-term unemployment is also significantly lower (3.0% locally) than that observed nationally (7.1%).

The rate for killed and seriously injured (KSI) casualties on England's roads in Craven is among the highest in the County and is significantly worse than the national average at 92 per 100,000 compared to 40 per 100,000. After a period which saw the gap between Craven and the national average narrow, the gap widened in the period 2012/14 as a result of an increase in the rate in Craven, and stood at 52 per 100,000.

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.

How we live – lifestyle and behaviours

Excess weight in adults is similar to the national average (65.2% locally compared to 64.6% nationally), although the proportion of obese adults is significantly lower than the national average (20.9% locally compared to 24.0% nationally). Mirroring obesity data, the proportion of physically inactive adults is statistically better (lower) compared that observed nationally (21.4% locally compared to 27.7% nationally). Among children, the proportion in Reception and Year 6 who are overweight or obese is lower in Craven than nationally, and significantly lower in Year 6 (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 2014/15 indicates that rates are significantly higher in Craven (82.4%) than nationally (74.3%). District data was not available in respect of breastfeeding prevalence at 6-8 weeks.

Unintentional and deliberate injuries in young people aged 15-24 are significantly higher in Craven (178.6 per 100,000) compared to the national average (136.7 per 100,000), and the rate has increased between 2012/13 and 2013/14.

Smoking prevalence across the overall population is similar to the national average (14.0% locally compared to 18.0% nationally). Similarly, smoking among the routine and manual group also similar in the district (32.6% locally compared with 28.0% 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. The most recent data available in respect of maternal smoking (2013/14) suggests rates which are slightly higher (although not significantly so) than the national average (13.0% locally compared to 12.0% nationally).

The under-18 conception rate (9.7 per 1,000 population) is lower in Craven than the County as a whole (16.7 per 1,000), and is significantly lower than the national average (22.8 per 1,000 population).

The rate of alcohol-related hospital admissions is significantly lower in Craven compared to the national average (1121 per 100,000 locally, compared to 1253 per 100,000 nationally), and the rate is rising in line with national trends. However, admission rates for alcohol-related cancers are significantly worse than the national average (236 per 100,000 locally compared with 176 per 100,000 nationally).

Health and illness

Communities in Craven enjoy relatively good health, with significantly lower rates of mortality related to smoking (212.6 per 100,000 locally compared to 274.8 per 100,000 nationally) and cardio-vascular disease in the under-75

age group (48.2 per 100,000 locally compared with 75.7 per 100,000 nationally). Mortality from cancer is similar to the national average (128.5 per 100,000 locally, compared to 141.5 per 100,000 nationally). However, the percentage of deaths as a result of cancer is higher in Craven relative to the wider County and England.

Incidence of lung cancer is significantly lower than nationally (54.6 per 100,000 locally compared to 76.0 per 100,000 nationally). Smoking related deaths are significantly lower than the national average (219.9 per 100,000 locally compared to 279.7 per 100,000 nationally) whilst smoking attributable mortality from heart is lower (although statistically similar) similar to the national rate (21.1 per 100,000 locally compared to 29.7 per 100,000 nationally) and deaths from COPD is significantly lower than the national rate (39.4 per 100,000 locally compared with 51.7 per 100,000 nationally).

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

	Period	England	North Yorkshire	Craven
Percentage of Deaths from Cancer (Aged under 65 years)	2013	38.4%	39.8%	50.9%
Percentage of Deaths from Circulatory Disease (All under 65 years)	2013	20.3%	21.2%	18.2%
Percentage of Deaths from Respiratory Diseases (All under 65 years)	2013	6.7%	6.4%	3.6%
Under 75 Mortality Rate: Cardiovascular (persons)	2012-14	75.7	65.8	48.2
Under 75 Mortality Rate: Coronary Heart Disease (persons)	2012-14	41.5	35.8	25.0
Under 75 Mortality Rate: Stroke (persons)	2012-14	13.8	14.4	-

Source: Public Health Profiles, PHE

Mortality from causes considered preventable is significantly lower in Craven compared to the national average (138.4 per 100,000 in Craven compared to 182.7 per 100,000 nationally). The proportion of Craven residents aged under 65 who die in their usual place of residence is higher than that observed nationally, although not significantly so (40.8% locally compared to 35.5% nationally).

The percentage of babies with low birth weight is lower in Craven than national, although not significantly so (2.7% locally compared to 2.9% nationally). Neonatal mortality is also below the national average (4.3 per 1000 births locally compared to 7.3 per 1,000 nationally), although the lower rate observed locally is not statistically significant. Similarly, the infant mortality rate is lower in Craven district (3.5 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 (5668 per 100,000 locally, compared to 15366 per 100,000 nationally). HIV testing uptake (80.7%) 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 Craven (417 per 100,000) compared to the national average (797 per 100,000).

Data for the Airedale, Wharfedale & Craven CCG suggests that the prevalence and incidence of depression (as measured by the Quality Outcomes Framework (QOF)) is significantly higher locally (6.4% (prevalence), 1.2% (incidence)) than nationally (5.8% (prevalence), 1.0% (incidence)), and the overall prevalence of mental health problems is similar locally (0.87%) to the national average (0.84%).

The rate of hip fracture among the 65 and older age group is similar to that observed nationally (519 per 100,000 locally, compared with 571 per 100,000 nationally).

The services we use

The population of the district is primarily served by Airedale General Hospital. The hospital was inspected by the Care Quality Commission in 2013 when it was described as safe, effective, caring and responsive. A copy of the report can be accessed via the CQC website [here](#).

Screening rates for bowel, breast and cervical cancer are all significantly better than the national average (67.2% for bowel cancer, 79.4% for breast cancer and 79.4% 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 1729 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:

<http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

NHS Airedale Wharfedale Craven 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:

<http://www.airedalewharfedalecravenccg.nhs.uk/key-documents/>

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>

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:

http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=36

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 spread sheet that allows you to explore the data in detail. You can also download a pdf factsheet that has the information from the tool.

Access:

<http://www.yhpho.org.uk/default.aspx?RID=49488>

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.

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