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 Harrogate and Rural District (HaRD) Summary

Who we are – population demographics

Harrogate and Rural District CCG covers 1,305 sq km (505 sq miles) and is characterised by being both rural and urban in nature, having large, sparsely populated areas alongside the major settlements of Harrogate, Knaresborough and Ripon. Outside of urban centres and market towns Harrogate is less sparsely populated than other areas of North Yorkshire with 33.3% of the population living in rural areas and less than 1% of the population living in areas which are defined as super sparse (less than 50 persons/km).

For the Harrogate & Rural District CCG the 2015 Index of Multiple Deprivation (IMD) identifies 1 Lower Super Output Area (LSOA) within the Woodfield ward which is amongst the 20% most deprived in England out of a total of 104 LSOA within the CCG. 1,500 people live there.

The total number of patients registered to practices within the CCG is approximately 161,900. By contrast, data from ONS mid-year estimates provides a CCG-wide population of 159,800 which is forecast to rise to 162,200 by 2020. 99.9% of the CCG population is in North Yorkshire. HaRD CCG has around 1,600 births and 1,500 deaths annually. The population is ageing. Life expectancy at birth is 80.9 for males and 84.2 for females, 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 8.3 years for males and 6.1 years for females. In Harrogate, this gap is 8.8 years for males and 5.9 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>25418 (14.9%)</td>
<td>-1.6%</td>
<td>1.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>15-44</td>
<td>54895 (33.9%)</td>
<td>-6.4%</td>
<td>-4.6%</td>
<td>-3.7%</td>
</tr>
<tr>
<td>45-64</td>
<td>46973 (29.0%)</td>
<td>-3.6%</td>
<td>1.6%</td>
<td>0.1%</td>
</tr>
<tr>
<td>65-74</td>
<td>18371 (11.3%)</td>
<td>1.9%</td>
<td>5.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>75-84</td>
<td>11328 (7.0%)</td>
<td>1.5%</td>
<td>12.1%</td>
<td>7.8%</td>
</tr>
<tr>
<td>85+</td>
<td>4947 (3.1%)</td>
<td>0.8%</td>
<td>16.8%</td>
<td>12.1%</td>
</tr>
<tr>
<td>All Ages</td>
<td>161932</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NHS Harrogate & Rural District Population Pyramid showing demographic difference between 2015 and England 2015

Source: HSCIC, GP Patient Registrations (October 2015)
The world around us – the wider environment and community

The proportion of children in low income households in Harrogate (7.5%) is significantly lower than the County outturn (10.5 %) or England average (18.6%). This equates to 2,360 children who live in families in receipt of out of work benefits or tax credits where reported income is less than 60% of median household income. These families are likely to experience poorer health outcomes and are less likely to engage with services.

Against a backdrop of relative affluence across the CCG area there, are pockets where the proportion of children living in poverty is near or above the national average, including parts of the Granby, Saltergate and Woodfield wards in Harrogate Town and the Moorside ward in Ripon.

The rate for killed and seriously injured (KSI) casualties on England’s roads in Harrogate is significantly worse than the national average at 67 per 100,000 compared to 40 per 100,000. Though the 10 year trend has been consistently improving, the gap between Harrogate and the national average has not significantly narrowed.

How we live – lifestyle and behaviours

The area is consistent with the national average on measures of child excess weight, collected as part of the National Child Measurement Programme (NCMP). Harrogate has however seen increasing rates of excess weight since 2010, particularly in the reception age group. There are strong links between childhood and adult obesity, likely causing poorer health outcomes for the population and adding further pressure to the health care system.

The under 18 conception rate is among the lowest in the region and stood at 13.9 per 1000 in 2013, significantly lower than the regional rate of 28.5 per 1000.

The area has the lowest proportion of physically inactive adults across the region (19.3% in 2014, compared 29.2% across the wider region), whilst the proportion of the population meeting the recommended “5-a-day” is significantly higher than that observed nationally (59.9% locally in 2014, compared to 53.5% nationally in the same period).

Smoking prevalence in the CCG is significantly lower than that observed regionally (12.2 locally in 2014 compared to 20.1 across the wider region). In particular, smoking prevalence among those in the routine and manual group has reduced markedly, from 41.8 in 2012 (significantly worse than prevalence across England) to 18.0 in 2014 (similar to prevalence across England). Linked to lower overall prevalence rates, the CCG has a low proportion of women recorded as smoking at time of delivery (9.1% at the end of 2014/15), significantly lower than the national figure of 15.7% in the same period.

Admission for females related to alcohol in 2013/14 is significantly higher than the national average, the District over the last 6 years has been significantly worse for four of them. The 2013/14 rate of 527 per 100,000 equates to 432 admissions, 40 more than the previous year.

Health and illness

Childhood admissions for unintentional and deliberate injuries are a concern for the county as a whole. In Harrogate Hospital, admissions in children aged 0-14 years is significantly higher (127.3 per 10,000) compared to England (112.2 per 10,000). This equates to 339 childhood admissions in the year, notably this is an increasing trend on the previous year.

Harrogate and Rural District CCG has a significantly higher breastfeeding initiation percentage (81.9%) compared to England (74.3%).
Harrogate has significantly lower levels of Infant meningitis C vaccine uptake (79.2%) compared with the England (91.2%) in 2014/15.

The area has significantly higher registered prevalence rates for hypertension and stroke with a detection rate against the modelled prevalence of 82%. Focusing on the causes of hypertension may help reduce the stroke register prevalence. The area has seen significant increases in patient registers of cancer, cardiovascular disease primary prevention and diabetes between last year and this.

The potential years of lost life from conditions considered amenable to health care are lower across the CCG for males and females than that observed nationally, reflecting the generally good levels of health enjoyed by much of the CCG population. However, mortality from CHD in the under 75 age group is significantly worse in the Harrogate & Rural CCG than across similar CCGs.

The services we use

The population of the CCG is primarily served by Harrogate District Hospital (part of Harrogate and District NHS Foundation Trust). The hospital was inspected by the Care Quality Commission in November 2013 when it was described as “providing care that was safe, effective, caring, responsive and well-led”. A copy of the report can accessed via the CQC website here.

The percentage of NHS Health Check uptake amongst those offered remains significantly lower in Harrogate & District CCG (46.4%) compared to England (49%). NHS Health Checks present an opportunity to identify high risk patients and begin treatment sooner for CVD.

Screening rates for breast and bowel cancer in 2014/15 were both above the national average. In 2013 56% of cancers were detected at stage 1 or stage 2, which compares with 45.7% across England as a whole. However, skin cancer has long been an issue for Harrogate and continues to be of concern the CCG area. The incidence of malignant melanoma is significantly higher in Harrogate (22.6 per 100,000) when compared to England (18.4 per 100,000). The incidence of other common cancers is comparable to, or below the national average.

Hip fracture rates in the over 65 population are above the national average and are significantly worse than in similar CCGs (601 per 100,000 locally, compared with 552 across similar CCGs and 588 nationally).

The Commissioning for Value information pack for the CCG identified 457 “complex” patients across the CCG who averaged over 8 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 gastro-intestinal conditions (148 patients) and circulatory conditions (145 patients). Common co-morbidities included cancer and respiratory conditions.

Linked to the reduction in smoking prevalence across the CCG a reduction can also be observed in the rate of smoking attributable hospital admissions for persons aged 35 and over in Harrogate and in 2013/14 was below the rate observed nationally (1573 per 100,000 locally compared with 1645 nationally).
## 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 Harrogate and Rural District 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.harrogateandruraldistrictccg.nhs.uk/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/CHttpHandler.ashx?id=25551&p=0

**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://fingertips.phe.org.uk/

**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

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:
<table>
<thead>
<tr>
<th><strong>NHS Commissioning for Value Tool 2014/15</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> 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.</td>
</tr>
</tbody>
</table>