

# North Yorkshire Joint Strategic Needs Assessment 2019

## Richmondshire District Summary Profile

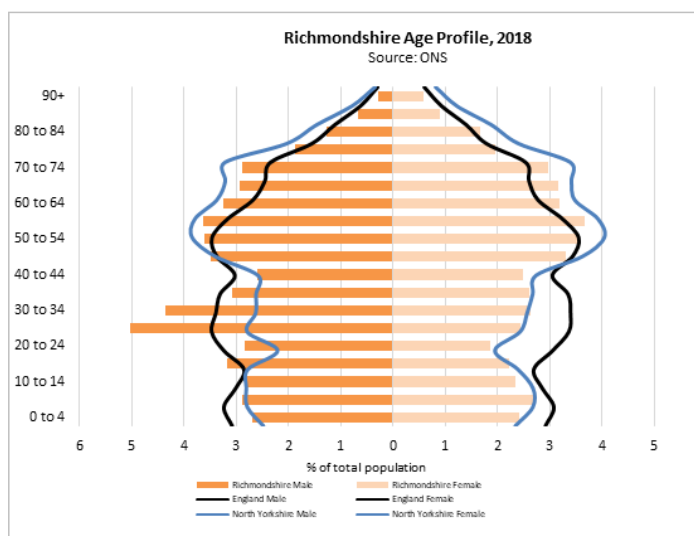
### Introduction

This profile provides an overview of population health needs in Richmondshire District. Greater detail on particular topics can be found in our Joint Strategic Needs Assessment (JSNA) resource at [www.datanorthyorkshire.org](http://www.datanorthyorkshire.org). This document is structured into four parts: population, wider determinants of health, health behaviours and diseases and death. It identifies the major themes which affect health in Richmondshire District and provides links to the local response which meets those challenges.

### Summary

- The population in Richmondshire is ageing. By 2025, there will be 1,800 additional people aged 65+, a 16% increase from 2018, but a 6% decrease in the working-age population (excluding planned expansion of military personnel). This will lead to increased health and social care needs with fewer people available to work in health and care roles.
- There are three wards where more than one-quarter of children grow up in poverty: Colburn, Hipswell and Scotton.
- Despite recent reductions, the rate of people being killed and seriously injured on Richmondshire's roads remains more than double the England average (nearly 50 casualties annually).
- More than a quarter of the population (28%) has limited access to services through public transport, leading to reliance on cars and the potential for isolation.
- Excess winter mortality in Richmondshire tends to be higher than England. Tackling fuel poverty, improving housing and ensuring eligible people receive flu jabs may help.

### Overview: Population



The population pyramid shows that Richmondshire district has an older population than England, with more residents between the ages of 50-84, and fewer aged under 45. The population is younger than North Yorkshire, with a notably 'spike' in young males due to the military presence. The pyramid is typical of a population with long life expectancy and low birth rate.

There are about 5,000 people aged 65+ with a limiting long term illness. Of these people, 40% (2,000) report that their daily activities are limited a lot because of their illness (POPPI, 2019).

Richmondshire is the most ethnically diverse district of North Yorkshire; 4.7% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England.

# Life Expectancy

The population of Richmondshire district is estimated to be 53,244 and is set to decrease to 52,300 in 2025. The birth rate in the district is 67 per 1,000 women (England= 59 per 1,000 women). Projections indicate that the population in the over-85 age group is expected to increase in Richmondshire by approximately 25% by 2025. For the same age group, an increase of 23% is expected in North Yorkshire and an increase of 22% in England. A 14% increase is also anticipated for those in the retirement category in the district, compared to the 14% projected for England. Meanwhile, it is projected that the population of children and teenagers in Richmondshire will decrease by 2%.

## Current and projected population

		2018				2025 (projected)			
		Males		Females		Males		Females	
		N	%	N	%	N	%	N	%
Children and teenagers	0-19	6161	21.7	5180	20.8	6100	21.5	5000	20.7
Young workers	20-44	9526	33.6	6428	25.9	9200	32.4	5900	24.4
Older workers	45-64	7435	26.2	7280	29.3	6600	23.2	6600	27.3
Retirement	65-84	4767	16.8	5183	20.9	5500	19.4	5800	24.0
Old age	85+	503	1.8	781	3.1	700	2.5	900	3.7

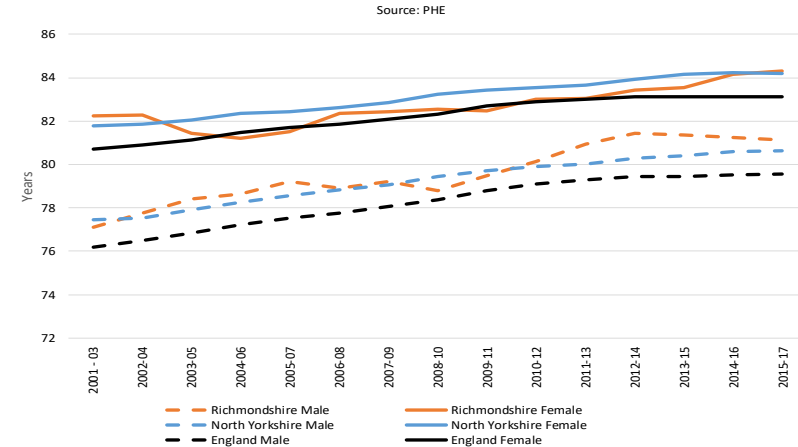
## Projected population change - 2018 to 2025

Source: ONS



## Life expectancy at birth, male and female, Richmondshire district, 2001-03 to 2015-17

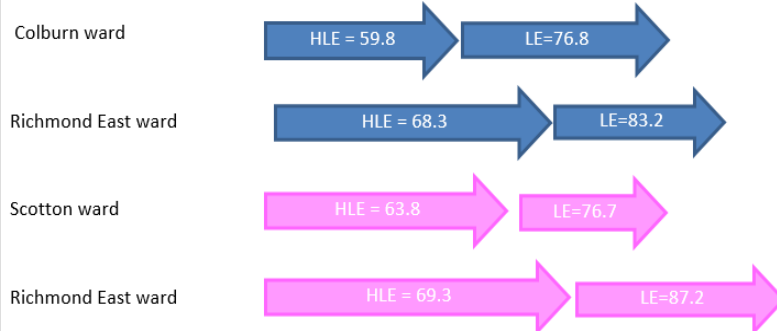
Source: PHE



Life expectancy at birth has not increased for men in Richmondshire over the last three reporting periods, but is greater than the North Yorkshire and England figures at 81.2 (compared to 80.6 and 79.6, respectively). For females, the life expectancy in Richmondshire is the same as North Yorkshire at 84.2 but greater than England (83.1).

By comparing the healthy life expectancy with overall life expectancy, we can get a richer picture around years spent in good health. In Richmondshire, there is wide variation in the years spent in good health for both males and females between wards, indicating within district inequalities. There is an 11 year difference in life expectancy for females between Scotton ward and Richmond East ward. Women in Scotton ward can expect to live 64 years in good health whereas women in Richmond East ward spend 69 years in good health. Men in the ward with the lowest life expectancy (Colburn) spend 60 years in good health and men in Richmond East ward spend 68 years in good health. For both sexes, the wards with the highest life expectancy exceed that seen by England and those with the lowest life expectancy are below the England figures.

## Healthy Life Expectancy (HLE) and Life Expectancy (LE) by gender, Richmondshire wards 2009-13

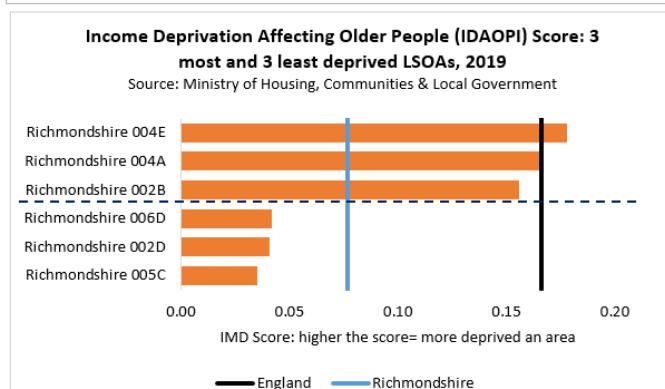
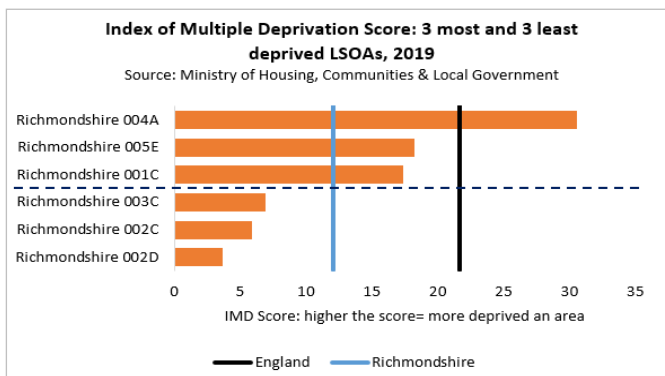


Source: ONS, Health state life expectancy by 2011 Census wards in England and Wales

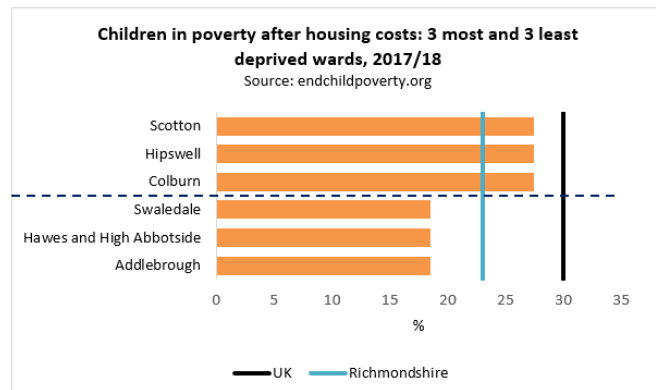
# Wider determinants of health

## Poverty

The 2019 Index of Multiple Deprivation (IMD) identifies no Lower Super Output Areas (LSOA) out of a total of 34 within the district which are amongst the 20% most deprived in England. However, Gilling West, Swaledale and Colburn wards have higher levels of deprivation than the district average.



LSOA name	Ward
Richmondshire 004A	Colburn
Richmondshire 005E	Swaledale
Richmondshire 001C	Gilling West
Richmondshire 003C	Catterick
Richmondshire 002C	Richmond East
Richmondshire 002D	Richmond East



LSOA name	Ward
Richmondshire 004E	Scotton
Richmondshire 004A	Colburn
Richmondshire 002B	Richmond Central
Richmondshire 006D	Lower Wensleydale
Richmondshire 002D	Richmond East
Richmondshire 005C	Penhill

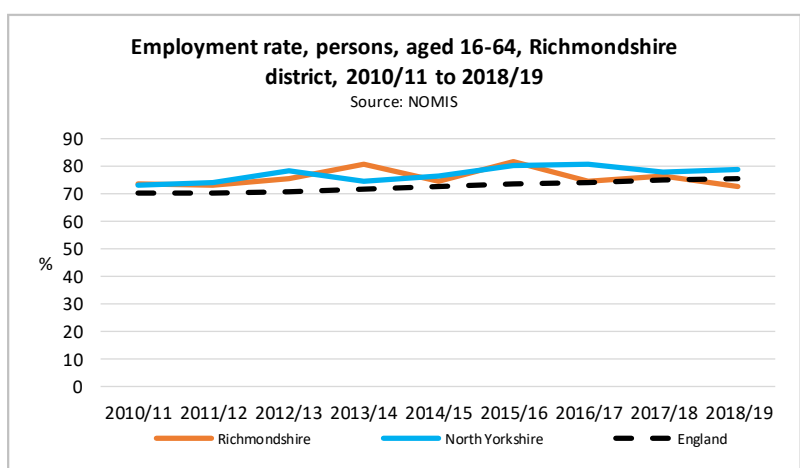
The IMD also calculates deprivation for specific groups based on key indicators. Child poverty (23%, 2623 children) is lower than that observed nationally (30%). However, this rises to over 27% in Scotton, Hipswell and Colburn wards. In contrast to this, Addleborough, Hawes & High Abbotside and Swaledale wards have low levels of children in poverty; rates are lower than regional and national values.

When income deprivation is calculated for older people separately, Scotton, Colburn and Richmond Central wards have the highest levels of older people in deprivation, with rates higher than the district average.

## Employment

Employment rate in Richmondshire (73%) is lower than North Yorkshire (79%) and England (76%) and the employment rate decreased by 3.9% between 2017/18 and 2018/19 in Richmondshire.

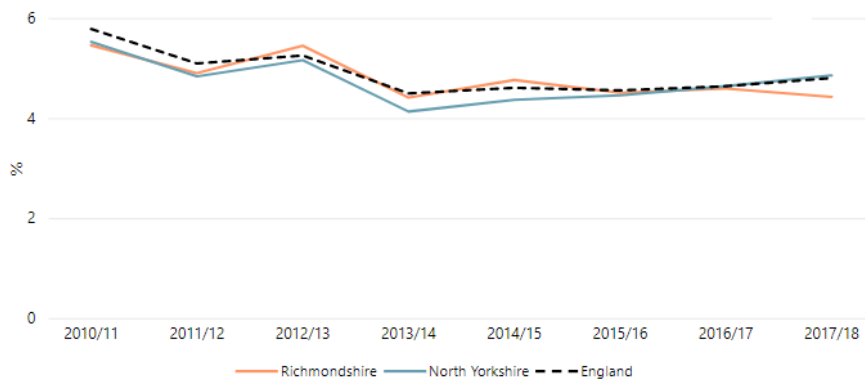
In 2018, average weekly earnings in Richmondshire (£371) were similar to England (£451) and Yorkshire and Humber (£408) averages. Richmondshire has the lowest earnings out of all the districts in the county.



# Education

Half days missed by pupils due to overall absence, persons, aged 5-15, Richmondshire district, 2010/11 to 2017/18

Source: PHE



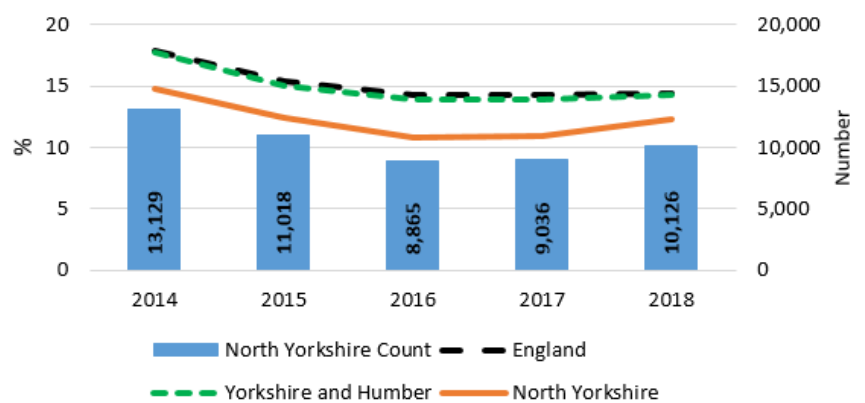
Low school attendance is linked to lower educational attainment. The proportion of half days missed by pupils due to overall absence (both authorised and unauthorised) is 4.4%, similar to national (4.8%) and Yorkshire and Humber (5%) averages in 2016/17.

There has been a slight decrease in pupil absence in Richmondshire between 2016/17 and 2017/18.

The proportion of pupils aged 5-15 with special educational needs in North Yorkshire has increased slowly between 2016 and 2018 and is significantly lower than England.

All pupils with Special Educational Needs, aged 5-15, North Yorkshire

Source: PHE

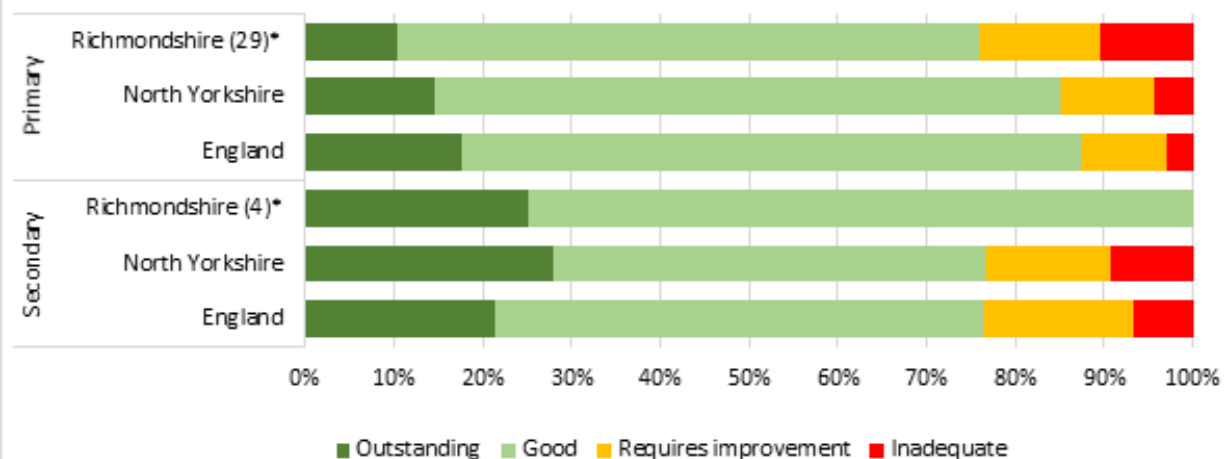


The chart below highlights the Ofsted judgement of overall effectiveness of primary and secondary schools in Richmondshire.

Performance at primary schools is similar to county and national results. However, Richmondshire has a higher proportion of secondary schools with a score of 'good' when compared to the national and county averages and does not have any secondary schools rated 'inadequate' or 'requires improvement'. The small number of secondary schools (4) means that this needs to be interpreted with some caution.

Ofsted Judgement of overall effectiveness at 01/10/2019

Source: Ofsted.gov.uk



\*= number of schools

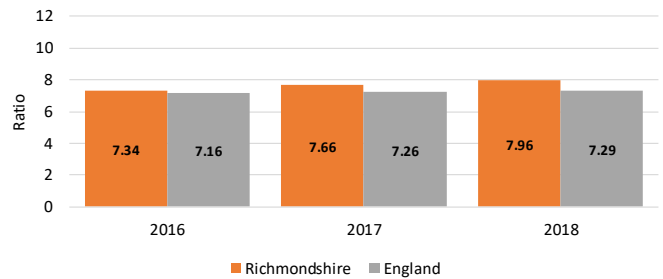
# Housing

Housing affordability affects where people live and work. It also affects factors that influence health, including the quality of housing available, poverty, community cohesion, and time spent commuting. There is increasing evidence of a direct association between unaffordable housing and poor mental health, over and above the effects of general financial hardship. Type of housing tenure may be an important factor in determining how individuals experience and respond to housing affordability problems.

Richmondshire has a ratio of lower quartile house price to lower quartile earnings higher than the England average this has increased between 2016 and 2018. This highlights that housing in Richmondshire is becoming more affordable relative to earnings.

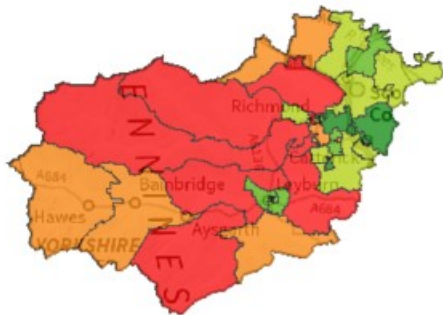
**Ratio of lower quartile house price to lower quartile earnings, all ages, persons, Richmondshire district, 2016 to 2018**

Source: PHE



**Percentage of Fuel poor households in Richmondshire, 2017**

Percentage of fuel poor households  
Department for Business, Energy and Industrial Strategy

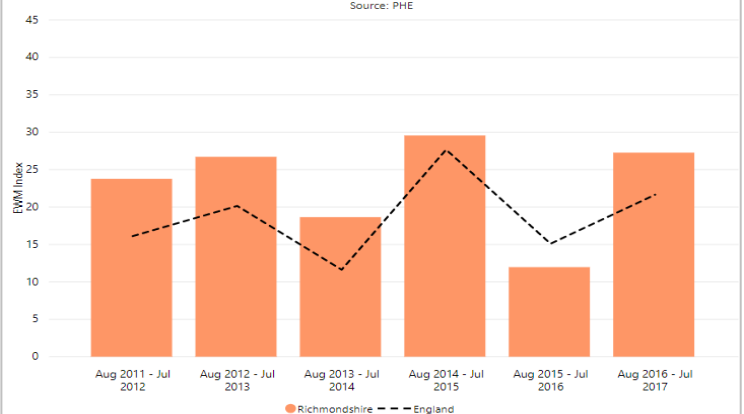


Fuel poverty rates are an issue for Richmondshire which is linked to deprivation. In 2017, 9.5% of households (1,890 households) in Richmondshire were classified as fuel poor, lower than the national average (11.1%). Merely tackling poverty would not necessarily relieve the fuel poverty, as often housing type and access to affordable sources of energy are important. Tackling fuel poverty should in turn improve winter health, decreasing excess winter mortality and the pressure on the health and care system during the winter months. Further information on the [North Yorkshire Winter Health Strategy 2015-20](#) can be found at the North Yorkshire Partnership website.

The chart to the right suggests a variable picture in the district. In 2016/17 the Excess Winter Mortality index increased from 12 to 27 and is higher than the national average of 22. Despite the increase the rate is similar to England.

**Excess Winter Mortality Index, all ages, persons, Richmondshire district, 2011/12 to 2016/17**

Source: PHE

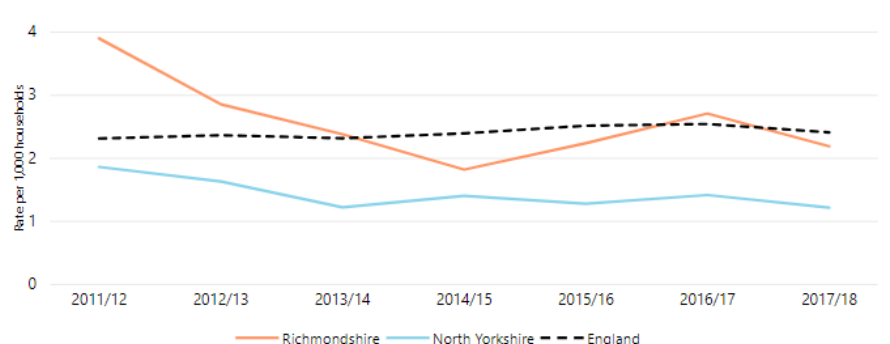


The rate of households who are homeless has decreased in Richmondshire from 2016/17 to 2017/18, following a number of years of reductions. It is similar to the England but higher than the county average.

Richmondshire has the highest rate of homelessness compared with other districts in North Yorkshire.

**Statutory homelessness, all ages, persons, Richmondshire district, 2011/12 to 2017/18**

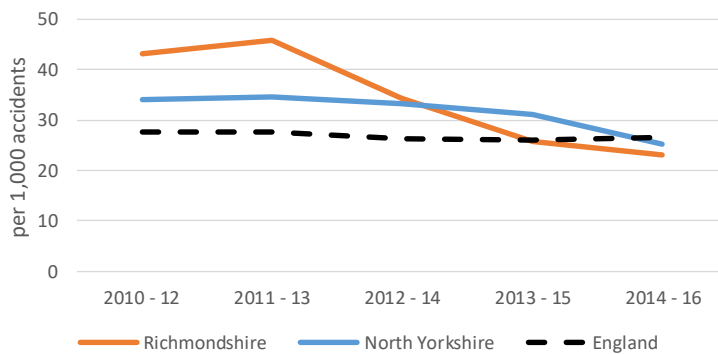
Source: PHE



# Transport

**Alcohol related road traffic accidents, persons, all ages, Richmondshire district, 2010-12 to 2014-16**

Source: PHE



Alcohol consumption is responsible for around one in every seven deaths in reported road traffic accidents in Great Britain.

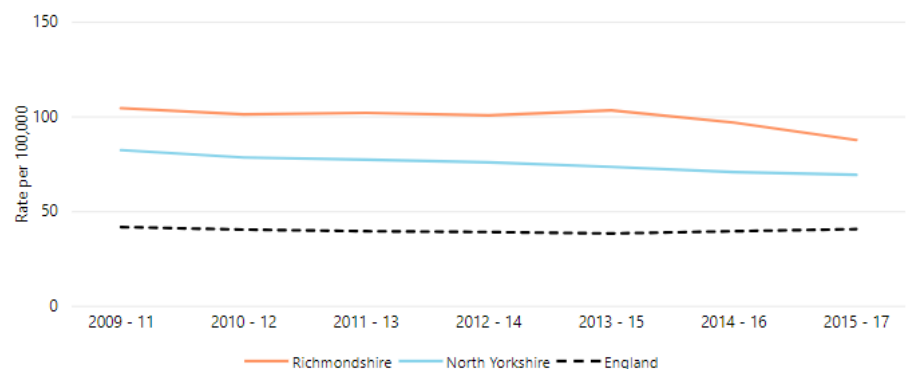
The rate of alcohol-related road traffic accidents in Richmondshire has decreased since 2011-13 and is similar compared the county and national rates.

The rate of people being killed and seriously injured (KSI) casualties on roads in Richmondshire is significantly higher than the national average, at 88 per 100,000. Between 2014-16 and 2015-17 the rate has decreased in Richmondshire.

Across North Yorkshire, the rate of children killed and seriously injured on England's roads has decreased between 2014-16 and 2015-17 (from 19 per 100,000 to 18 per 100,000) and is now similar to the England average (17 per 100,000). However these are relatively small numbers and must be interpreted with caution.

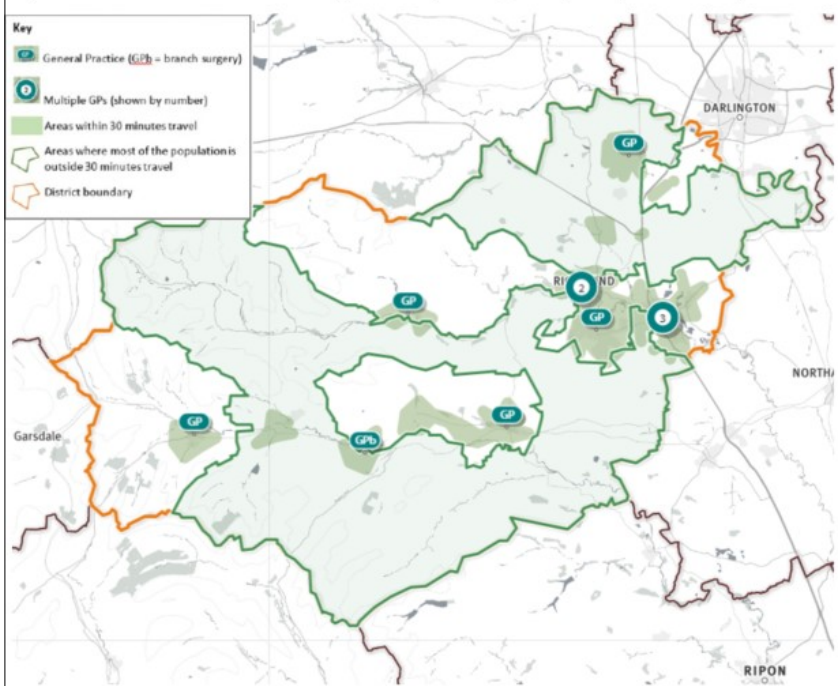
**Killed and seriously injured casualties on the road, persons, all ages, Richmondshire district, 2009-11 to - 2015-17**

Source: PHE



More information on staying safe on the road can be found in [Safer Roads, Healthier Place: York and North Yorkshire Road Safety Strategy](#) and at [roadwise.co.uk](http://roadwise.co.uk).

**Population within 30 minutes travel time by public transport to a general practice, Richmondshire, 2019**



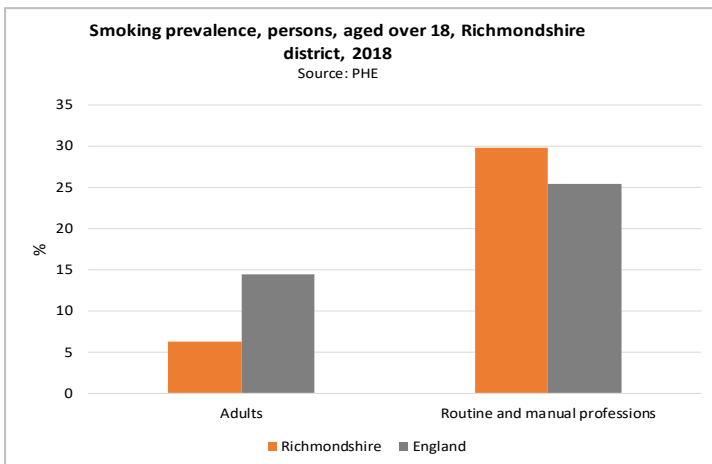
In Richmondshire, most of the population (73%) lives within a 30 minute travel time, by public transport, to a general practice. There are about 14,600 residents in Richmondshire district with longer travel times.

Further information is available via the [Strategic Health Asset Planning and Evaluation \(SHAPE\) Place Atlas](#) online tool. This is an interactive health atlas tool available to NHS and Local Authority professionals working in public health or social care.



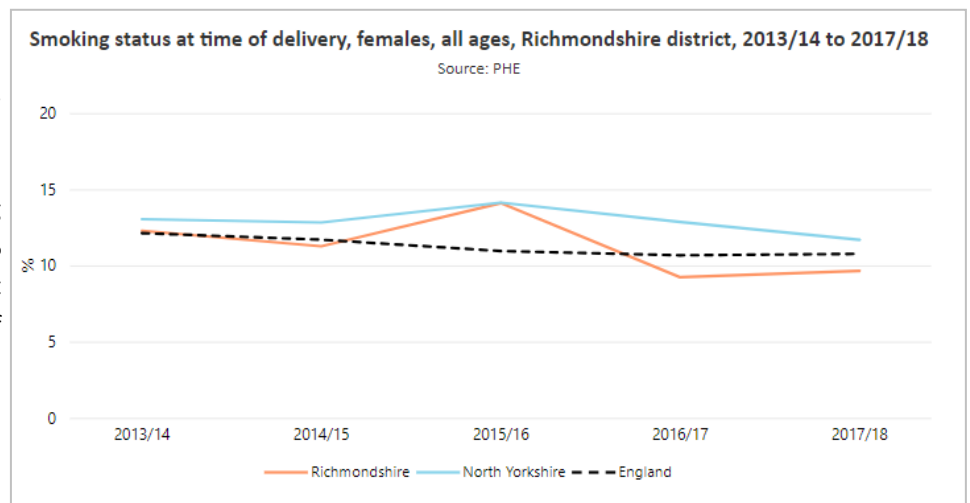
# Lifestyle and behaviour

## Smoking

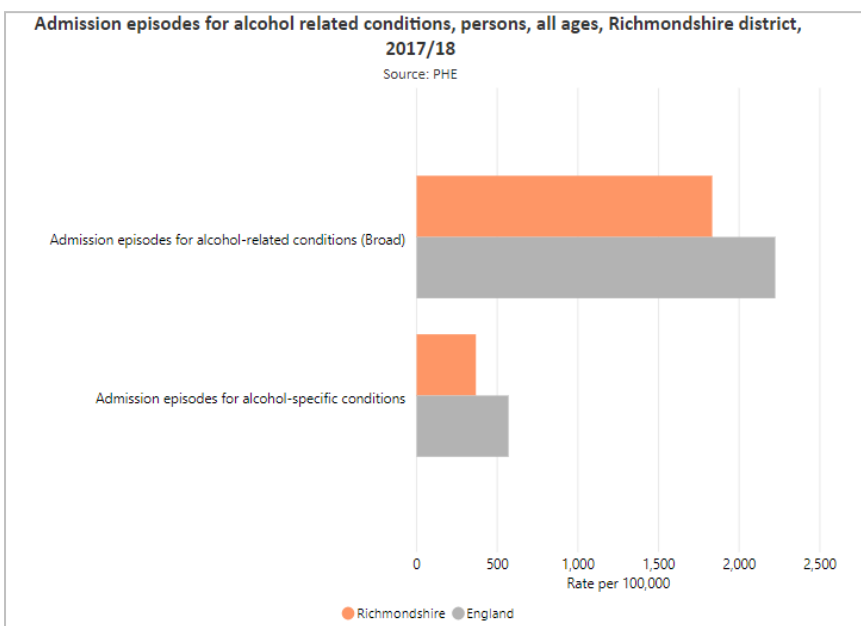


Smoking prevalence amongst adults in Richmondshire is lower than England, at 6% compared with 14% nationally. For adults in routine and manual professions, the smoking rate is higher than for the general population. For this group, the prevalence in Richmondshire is 30%, statistically similar to the 25% estimated for England. There is a slight, non-significant increase on the prevalence for the three previous years, where the rate was 17%.

Maternal smoking during pregnancy, is known to be detrimental for both the health of the mother and baby. In Richmondshire, maternal smoking currently 10% (44) compared to 11% (64,391) nationally. This is the lowest rate of maternal smoking at time of delivery in the district since 2010/11.



## Alcohol

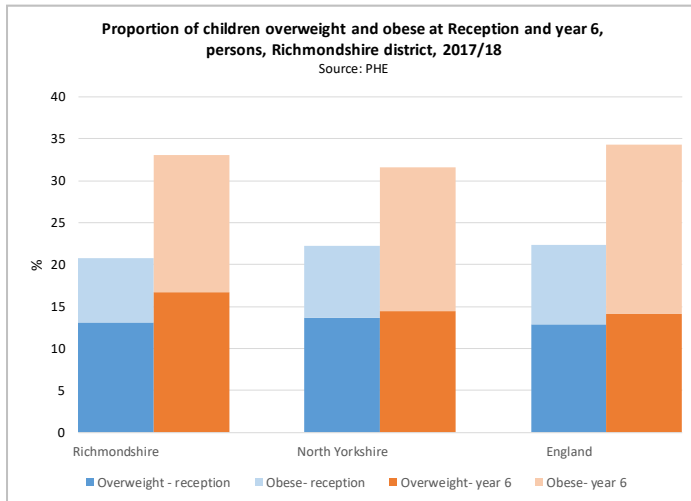


Implementing appropriate local interventions ensures we reduce misuse and harm associated with alcohol in our communities. Overall, the rate of admission episodes for alcohol-specific conditions in Richmondshire is significantly lower than the England rate at 367 per 100,000 population compared to 569 for England. As alcohol misuse can be a contributing factor in a wide variety of diseases, it is important to also look at broader health conditions where alcohol may have had a role, including both physical and mental health. When we look at people admitted for alcohol-related conditions, Richmondshire is significantly lower compared to England (1,832 per 100,000 population compared to 2,223). This shows

most alcohol-related harm is due to prolonged use, manifesting in a wide range of health problems. Further information on the 2014-2019 North Yorkshire Alcohol Strategy can be found on North Yorkshire Partnership website via the following link <http://www.nypartnerships.org.uk/>

# Nutrition, activity and excess weight

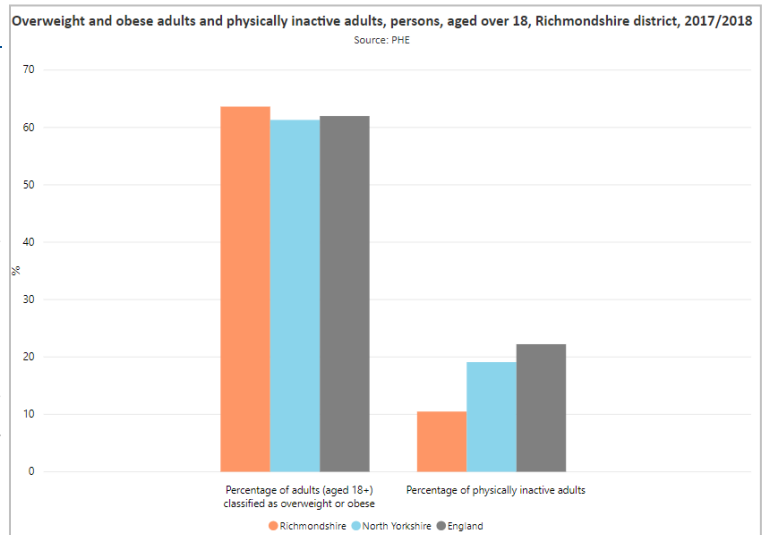
## Nutrition, activity and excess weight



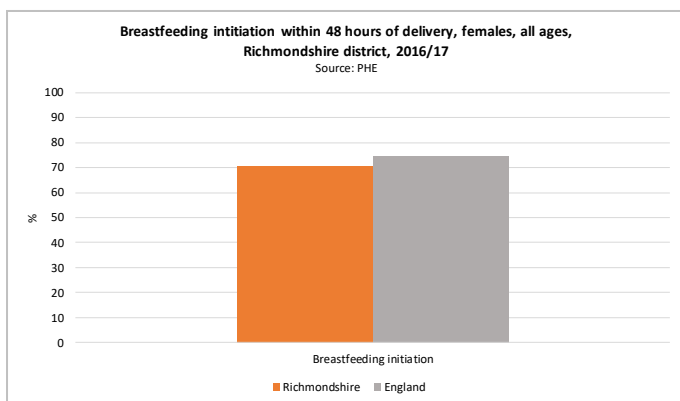
Childhood obesity is closely related to excess weight in adulthood. The proportion of children in Reception who are overweight or obese in Richmondshire is similar to the England (21% locally and 22% nationally). This is also true for Year 6 children (33% locally and 34% nationally). There is an increase in the proportion of obese children from Reception to Year 6 in Richmondshire, demonstrating that it is important to identify children at risk of excess weight gain early on and to minimise excessive weight gain through primary school. For overweight children, we see an increase between Reception and Year 6 of 27% but this could be because children change weight status (from overweight to obese) rather than indicating weight maintenance. Details of approaches to tackle

excess weight across the lifecourse are in the strategy [Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026](#)

Physical activity is associated with overall better health. Adults are identified as being inactive if they engage in less than 30 minutes of physical activity per week. The proportion of inactive adults in Richmondshire is lower than the England proportion at 10%, compared to 22%. Targeting adults who are inactive will impact on the reduction of chronic disease, particularly those related to excess weight. Targeting obesity is a priority area for Government as a way to decrease premature mortality and avoidable ill health. The proportion of adults who are overweight or obese in Richmondshire is 60%, similar to the proportion of adults with excess weight in England.



The Government recommends that adults eat at least five portions of fruit and vegetables per day. Self-reported fruit and vegetable consumption shows that Richmondshire is below the England average in consuming the recommended fruit and vegetables, and indicates that nearly 30% of the adult population in Richmondshire could improve what they eat.



Breastfeeding provides benefits to the health and wellbeing of both mother and child. In Richmondshire, 71% of women initiate breastfeeding within 48 hours of delivery, significantly less than the proportion of women in England overall who introduce breastfeeding (75%).

In order to increase breastfeeding a strategy and action plan has been developed in partnership with York that is focussing on:

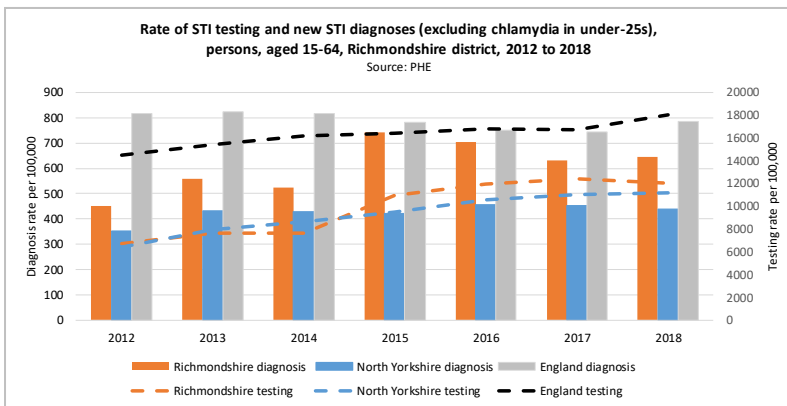
- Increasing initiation of breastfeeding
- Increasing breastfeeding at 6-8 weeks
- Reducing the gap between breastfeeding rates in the

most deprived areas/population groups and the York and North Yorkshire average.



# Lifestyle and behaviour

## Sexual health

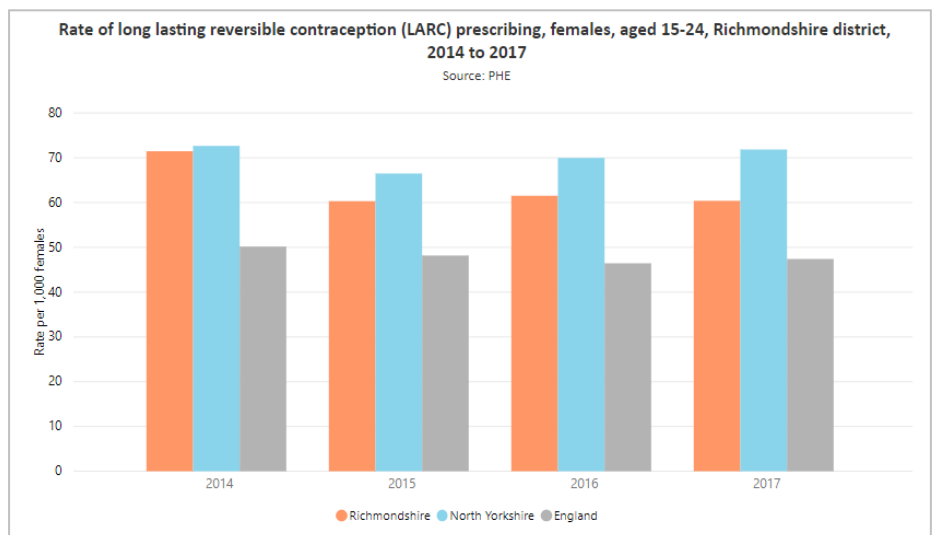


It is important that we have a good understanding of local sexual health needs in order to provide the most appropriate services and interventions. In Richmondshire, the rate of new Sexually Transmitted Infection (STI) diagnoses for 2018 at 646 per 100,000 population is significantly lower than the rate of 784 per 100,000 in England. This excludes chlamydia diagnoses in the under 25's as they have their own active screening programme in place.

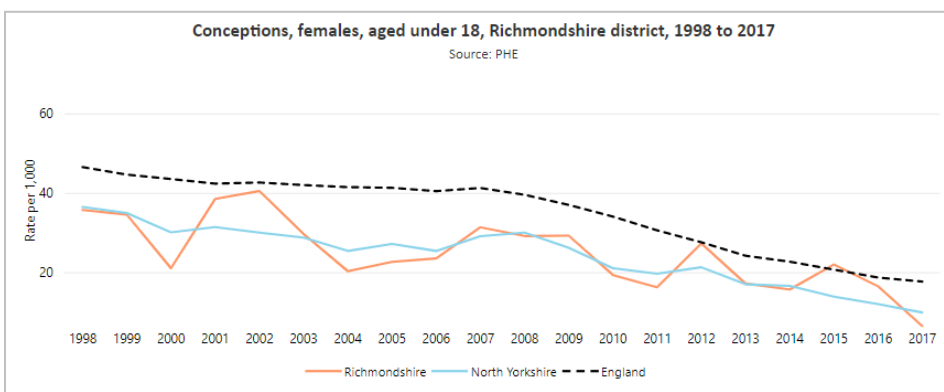
The STI testing rate for the same time period, shows Richmondshire is significantly lower than England but

similar to North Yorkshire. There are many factors which can explain a low diagnosis rate; it is not necessarily indicative of a lower prevalence of disease. When accompanied by a low rate of testing, it is important to consider if all of those who need to be tested within the population have services that are accessible and available to them.

Long-acting reversible contraception (LARC) is recommended as a cost-effective and effective form of birth control. As part of the priority to make a wide-range of contraceptive services available to all, LARC prescription measurement is often used as a proxy measure for access to wider contraceptive services. An increase in access to contraceptive services is thought to lead to a reduction in unintended pregnancies. The prescription rate for LARC in Richmondshire at 60 per 1,000 women aged 15-44 is significantly higher than the rate seen in England (47).



Unplanned pregnancies at any stage of life can have an impact on women's health and well-being. There is a great deal of attention paid to the experiences of teenagers who have an unplanned pregnancy, particularly in relation to the wider determinants of health including education, housing and poverty. The rate in Richmondshire of teenage conception is significantly lower than England (6 and 18 per 1,000 women aged 15-17, respectively), and continues an overall long-term downward trend.

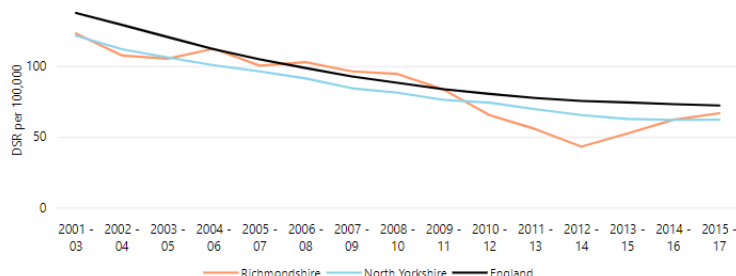


# Diseases and Death

## Major causes of death

Mortality rate from cardiovascular disease, persons aged under 75, Richmondshire district, 2001-03 to 2015-17

Source: PHE



In Richmondshire, there were 478 deaths in 2017. Over half of deaths fell under just three broad causes: 129 (27%) due to circulatory disease; 130 (27%) due to cancer and 58 (12%) due to respiratory diseases.

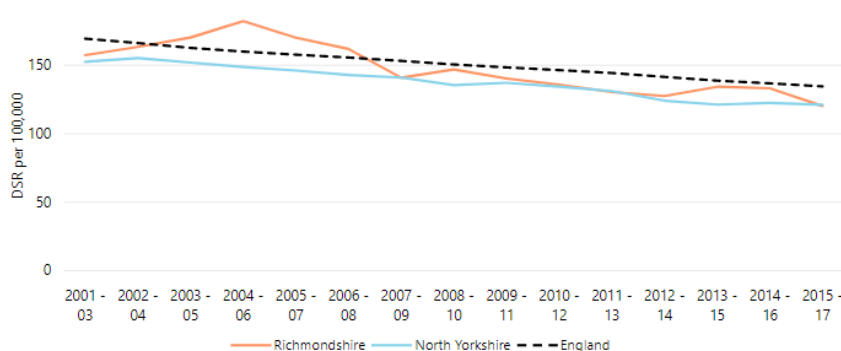
The rate of mortality for people aged under 75 from cardiovascular disease has increased in Richmondshire since 2012-14, reversing a long, decreasing trend. Although lower, the Richmondshire rate (67 per 100,000) is not significantly different from national (72.5 per

The mortality rate from cancer for people aged under 75 has decreased in Richmondshire between 2001-03 and 2015-17 and remains similar to the national (134.5 per 100,000) and Yorkshire and the Humber (143 per 100,000) average.

However, the rate of mortality for individuals aged 75 to 84 from cancer has increased slightly in Richmondshire (from 27% in 2015 to 30% in 2017). Despite the increase the rate is

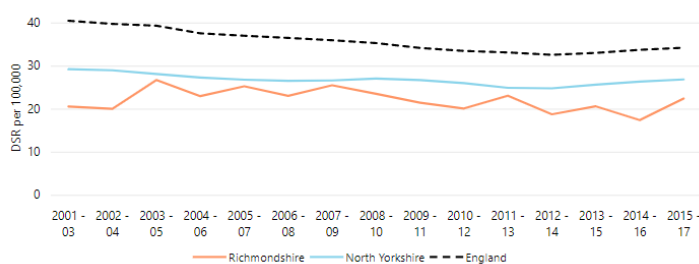
Mortality rate from cancer, persons aged under 75, Richmondshire district, 2001-03 to 2015-17

Source: PHE



Mortality rate from respiratory disease, persons aged under 75, Richmondshire district, 2001-03 to 2015-17

Source: PHE



The rate of mortality for individuals aged under 75 from respiratory disease has increased in Richmondshire between 2014-2016 and 2015-17 from 17.5% to 22.5%. Although there has been an increase the rate remains significantly lower than national (34 per 100,000) and Yorkshire and Humber (39.7 per 100,000) averages.

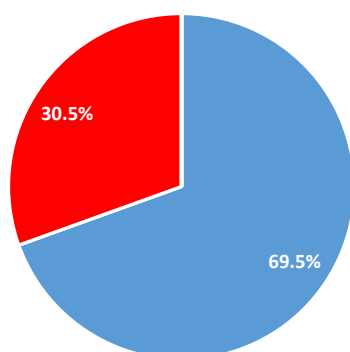
Furthermore, the rate of mortality for individuals aged 85 and over from respiratory disease in Richmondshire (12.6%) in 2017 is similar to the England average

## Inequality

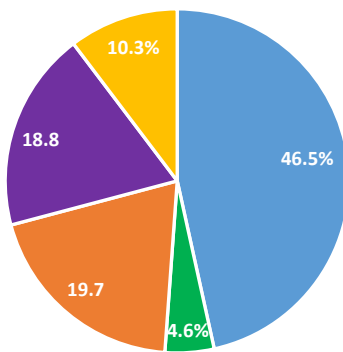
The following charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in Richmondshire district. The biggest contributors to the life expectancy gap for women are cancer and

circulatory diseases. For men, cancer contributes nearly half the gap. Targeting [NHS Health Checks](#) in deprived areas will help to narrow the inequality in life expectancy, particularly for females.

Females



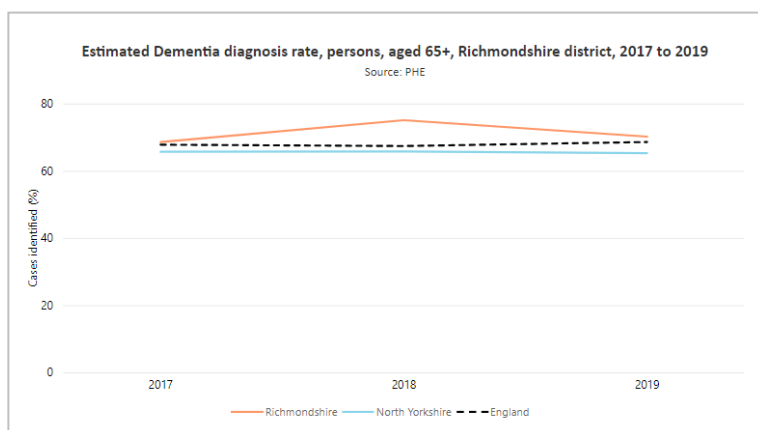
Males



- Circulatory
- Respiratory
- Digestive
- Other
- Cancer
- External causes
- Deaths <28 days

# Diseases and Death

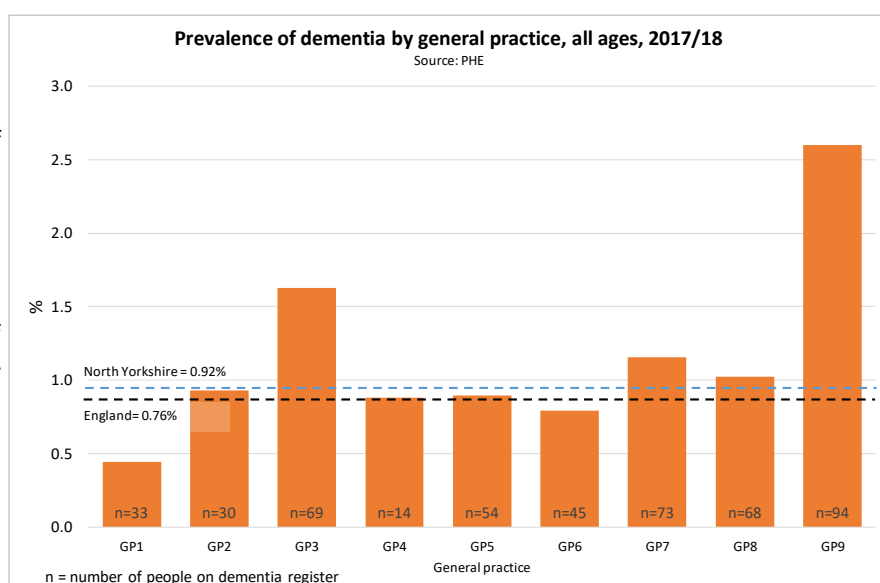
## Dementia



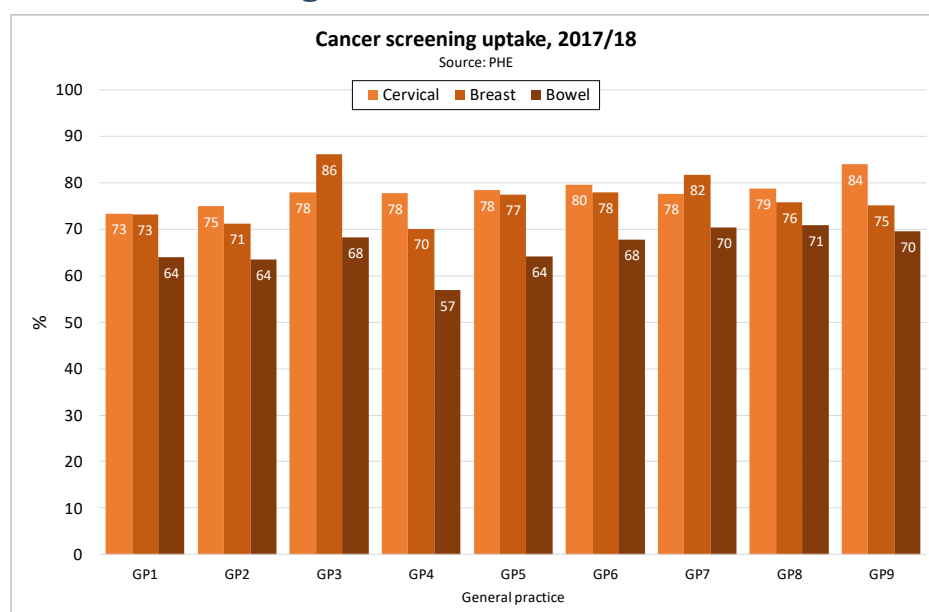
Richmondshire has a similar rate of those estimated to have dementia being diagnosed (aged 65+) when compared with England (69% v 70%). There are 455 people aged 65+ with dementia diagnosed in Richmondshire, with potentially another 155 cases unrecorded.

NHS Health Check works to identify people at risk of vascular diseases including vascular dementia so they can reduce risks. More information on NHS Health Checks can be found via Fingertips [website](#).

The chart to the right shows the number of people with dementia recorded on general practice registers as a proportion of all people registered at each practice, for practices in the district. There are four practices in Richmondshire that have a higher number of people with dementia than the county average. Furthermore, over half of the practices in Richmondshire have a higher rate of dementia prevalence than the national average in 2017/18.



## Cancer Screening

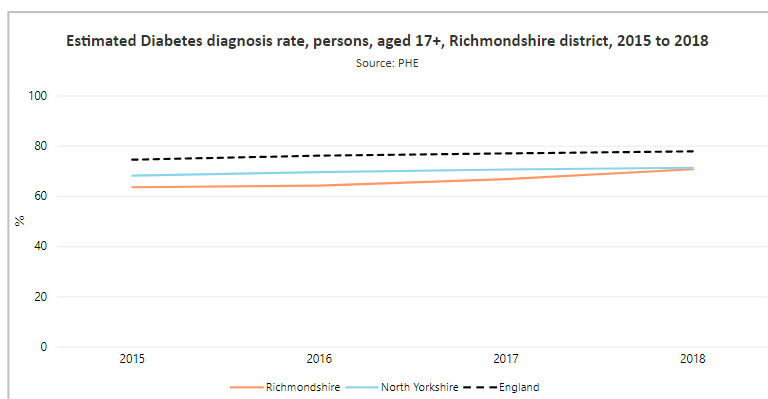


In Richmondshire there tends to be higher uptake of screening for breast and cervical cancer when compared with bowel cancer.

Breast cancer screening coverage for the district increased in 2017/18 and is significantly higher than England. Cervical cancer screening dropped slightly for the district, continuing a long-term downward trend. Bowel cancer screening remained at a similar level to previous years. Screening for cancer leads to diagnosis at an earlier stage, leading to better outcomes and increased survival.

# Diseases and Death

## Diabetes

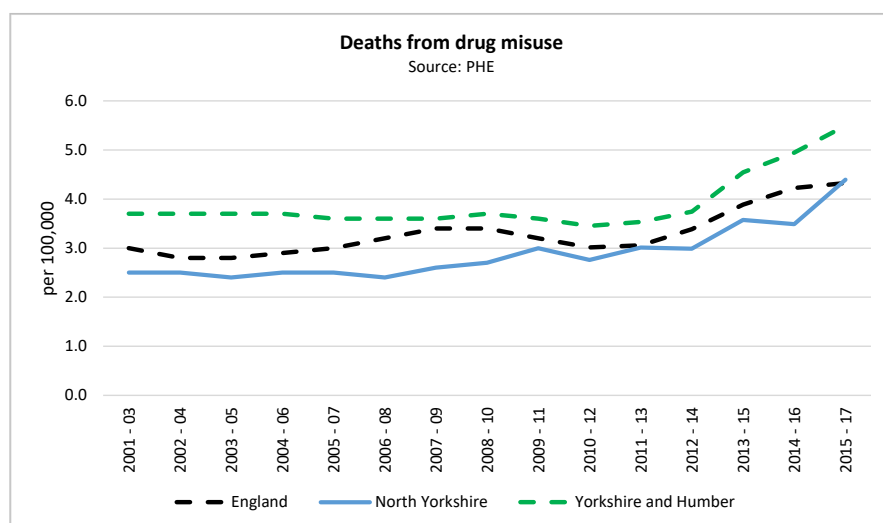
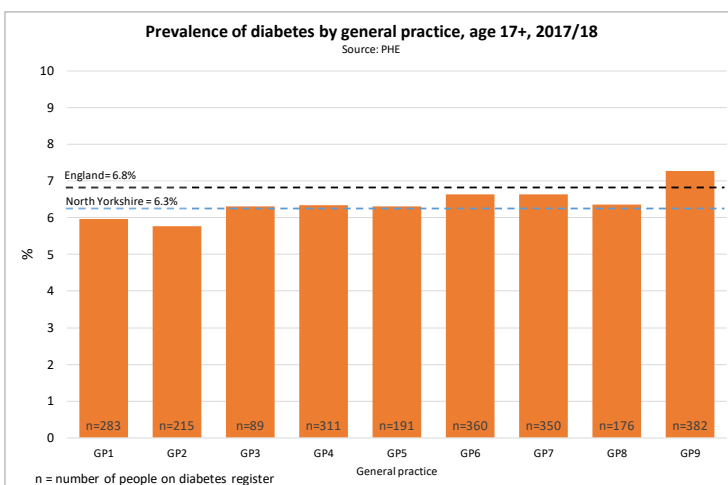


Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes is typically associated with excess weight can be prevented or delayed by lifestyle changes.

To implement effective interventions, it is important to identify all cases. The gap between observed prevalence (the number of diabetes cases recorded) and the actual prevalence (observed plus those who are undiagnosed) helps to quantify those who may be untreated. In Richmondshire, it is estimated that only

71% of diabetes cases are diagnosed, significantly lower than England (78%).

The chart to the right highlights the prevalence of diabetes by general practice. There are six GPs in Richmondshire district which have a higher prevalence of diabetes for those aged 17 and over than the county average. One GP in Richmondshire has a higher prevalence of diabetes for those aged 17 and over than the national average. The [NHS Diabetes Prevention Programme](#) aims to identify those at high risk of developing diabetes and the NHS Health Checks programme routinely tests for those at risk of developing diabetes.



available through [North Yorkshire Horizons](#).

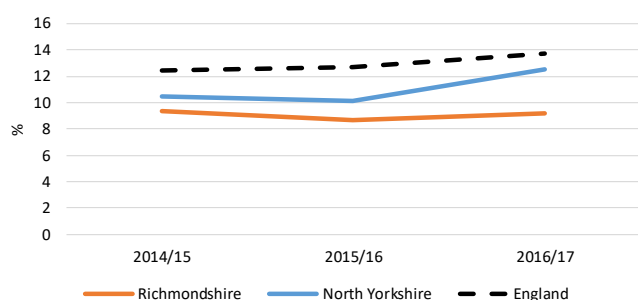
## Substance Misuse

Deaths from drug misuse is not available for Richmondshire district; values cannot be calculated reliably because numbers are too small. However, deaths from drug misuse in North Yorkshire have increased slightly between 2014-16 and 2015-17 and the rate per 100,000 is similar to the England average (4.3 nationally v 4.4 locally). Between 2001-03 and 2015-17 deaths from drug misuse have remained similar to the England average; however, in 2014-16 the rate was statistically lower than the Yorkshire and Humber average. Confidential help with drug and alcohol addiction is

# Mental Health

People reporting depression or anxiety, persons, aged 18+, Richmondshire district, 2014/15 to 2016/17

Source: PHE



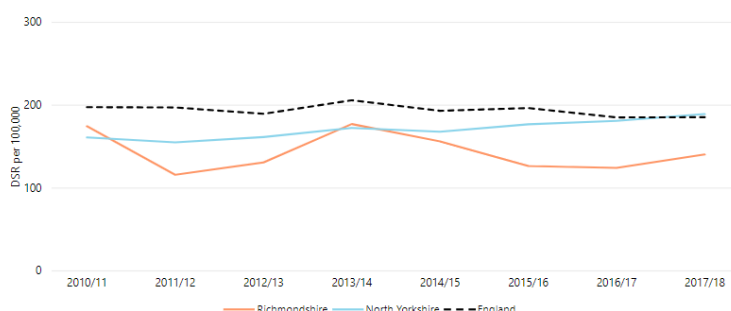
The percentage of individuals reporting depression or anxiety in Richmondshire is significantly lower (9%) when compared to the national average (14%).

Richmondshire has a significantly lower rate of individuals who have long term musculoskeletal diseases who are also feeling depressed or anxious compared to the England average (18% locally compared to 24% nationally).

Richmondshire district has a significantly lower rate of hospital admissions for intentional self-harm (141 per 100,000) compared with England (185 per 100,000). The rate of hospital admissions for intentional self-harm has been decreasing since 2013/14, however, between 2016/17 and 2017/18 there was a slight increase in the number of admissions.

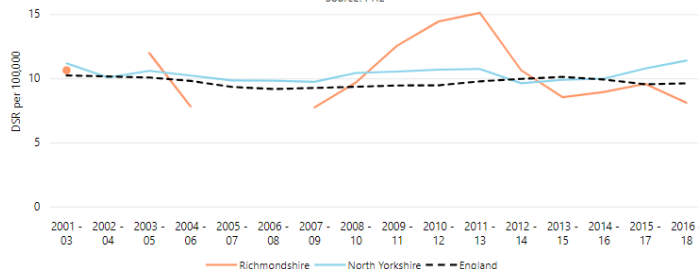
Emergency Hospital Admissions for Intentional Self-harm, persons, all ages, Richmondshire district, 2010/11 to 2017/18

Source: PHE



Suicide rate, persons, aged over 10 years, Richmondshire district, 2001-03 to 2016-18

Source: PHE



Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

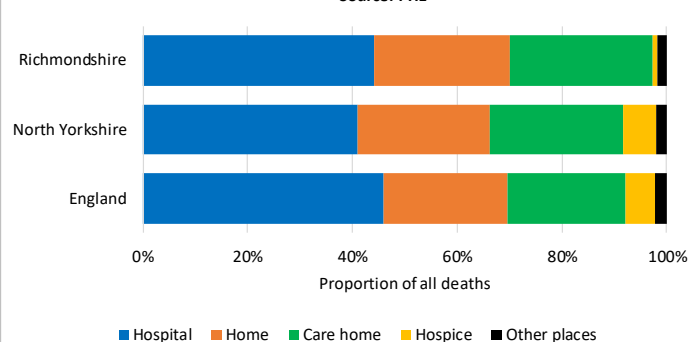
The suicide rate in Richmondshire has decreased between 2015-17 and 2016-18 and the rate is similar to the England average (8 per 100,000 locally compared to 10 per 100,000 nationally). The suicide rate for males is higher than females in Richmondshire, in line with national rates. However, these are small numbers and should be

interpreted with caution. Further information can be found in the [Suicides Audit in North Yorkshire 2015](#) and on the [North Yorkshire Partnerships Suicide Prevention](#) webpage.

## End of Life Care

Place of death, persons, all ages, Richmondshire district, 2017

Source: PHE



The [North Yorkshire Joint Health and Wellbeing Strategy](#) includes an ambition to increase the number of people dying either at home or place of choice that they chose by 2020. In recent years, the proportion of people dying at home in North Yorkshire has tended to increase and Richmondshire has a higher proportion of people dying at home when compared to county and national rates. In contrast to this, Richmondshire district has a higher proportion of people dying in a care home when compared to county and national averages and a lower proportion of people dying in a hospice in 2017.

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