North Yorkshire Joint Strategic Needs Assessment 2019
Hambleton District Summary Profile

Introduction

This profile provides an overview of population health needs in Hambleton District. Greater detail on particular topics can be found in our Joint Strategic Needs Assessment (JSNA) resource at 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 Hambleton District and provides links to the local response which meets those challenges.

Summary

- The population in Hambleton is ageing. By 2025, there will be 3,100 additional people aged 65+, a 13% increase from 2018, but a 4% decrease in the working-age population. This will lead to increased health and social care needs with fewer people available to work in health and care roles.

- Health inequalities within Hambleton District are highlighted by a ten year difference in life expectancy between wards for men and 9 years for women. This is driven by excess mortality from circulatory and respiratory diseases for both men and women, and cancer deaths for women in the most deprived areas of the district.

- The affordability of housing for people on lower than average incomes within the district is worse than for England. This may impact on mental health.

- The excess winter deaths index is at its highest level for more than a decade, with 61 ‘excess’ deaths in the winter of 2016/17 compared with the preceding summer and following spring.

Overview: Population

The age profile of the population is important since health and social care needs vary between age groups.

The population pyramid shows that, overall, Hambleton district has an older population than England, with more residents aged 50-89, and fewer aged under 45. The population make-up is similar to North Yorkshire, but is slightly older than the county as a whole. The shape of the pyramid is typical of a population with long life expectancy and low birth rate.

There are about 10,600 people aged 65+ with a limiting long term illness. Of these people, 43% (4,500) report that their daily activities are limited a lot because of their illness (POPPI, 2019).

1.8% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England.
The population of Hambleton district is estimated to be 90,718 and is set to increase to 91,400 in 2025. The birth rate in the district is 56 per 1,000 women (England= 59 per 1,000 women). Projections indicate that the population aged over-85 is expected to increase in Hambleton by approximately 28% by 2025. For the same age group, an increase of 23% is expected in North Yorkshire and an increase of 22% in England. An 14% increase is anticipated for those in the retirement category in the district. Meanwhile, those aged 20 to 44 in Hambleton is projected to decrease by 4%.

Life expectancy at birth is increasing for men in Hambleton, and on average, men in the district can expect to live around 2 years longer than men in England overall. For females, the life expectancy in Hambleton is greater than England (83.1) and a year greater than North Yorkshire (84.2).

By comparing healthy life expectancy with the overall life expectancy, we can get a richer picture of years spent in good health. In Hambleton, there is wide variation in the years spent in good health for both males and females between wards, indicating within district inequalities. There is a 10 year difference in life expectancy for males between Northallerton North and Rudby ward. Men in the Northallerton North ward can expect to live 63 years in good health; however, men in Rudby ward spend 73 years in good health. For females, women in the district with the lowest life expectancy (Tollerton) spend 66 years in good health, while women in Stokesley ward spend 70 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.
The 2019 Index of Multiple Deprivation (IMD) identifies no Lower Super Output Areas (LSOA) out of a total of 52 within the district which are amongst the 20% most deprived in England. However, Stokesley, Northallerton North and Brompton and Thirsk wards have higher levels of deprivation than the district average.

Wider determinants of health

The IMD also calculates deprivation for specific groups based on key indicators. For children, child poverty (21%, 3790 children) is lower than that observed nationally (30%). However, this rises to 25% in the Topcliffe, White Horse and Broughton & Greenhow wards.

When deprivation is calculated for older people separately, Stokesley, Northallerton North and Brompton and Thirsk wards have high levels of older people in deprivation with rates higher than the district average, suggesting these areas are amongst the most deprived areas of Hambleton District.

Employment

Employment rate is comparatively high in Hambleton (77% in the district in the period April 2018 to March 2019 compared to 76% across England), but slightly lower than the county average (79%). The employment rate has decreased by 2.4% between 2017/18 and 2018/19 in Hambleton.

In 2018, average weekly earnings in Hambleton (£438) were similar to England (£451) and Yorkshire and Humber (£408) averages.
Low attendance is linked to lower educational attainment. The proportion of half days missed by pupils due to overall absence (both authorised and unauthorised) is 5.1%, similar to the national (4.8%) and Yorkshire and Humber (5%) averages in 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.

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

Performance at primary schools is similar to county and national results. However, Hambleton has a higher proportion of secondary schools with a score of ‘inadequate’ when compared to the national and county averages and does not have any secondary schools rated ‘outstanding’. The small number of secondary schools (5) means that this needs to be interpreted with some caution.
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.

The ratio of lower quartile house price to lower quartile earnings (estimating housing affordability for lower than average earners) is higher in Hambleton compared to the England average. This has increased between 2016 and 2018, suggesting that housing in Hambleton is becoming less affordable relative to earnings.

In 2017, 9% of households (3,394 households) in Hambleton were classified as fuel poor, lower than the national average (11%). 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 9 to 36 and is now above the national average of 22. Despite the increase the proportion of excess winter deaths remains similar to the national average.

The rate of households who are homeless has decreased in Hambleton District since 2012/13 and is below both England and county averages.
Transport

Alcohol consumption is responsible for around one in seven deaths in reported road traffic accidents in Great Britain. Any amount of alcohol affects people’s ability to drive safely. The effects can include slower reactions, increased stopping distance, poorer judgement of speed and distance and reduced field of vision, all increasing the risk of having an accident or fatality.

The rate of alcohol-related road traffic accidents in Hambleton has decreased since 2012-14 and is similar to the county and national rates.

Nevertheless, the rate of people being killed and seriously injured (KSI) casualties on roads in Hambleton is significantly higher than the national average at 74 per 100,000. Between 2014-16 and 2015-17 rates of people being killed and seriously injured on roads in Hambleton decreased. However these are relatively small numbers and must be interpreted with caution.

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). 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.

In Hambleton, most of the population (69%) lives within a 30 minute travel time, by public transport, to a general practice. There are about 28,500 residents in Hambleton 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 in Hambleton is slightly lower than England at 13.5%, compared with 14.4% nationally. For adults in routine and manual professions, smoking rates are higher than for the general population; the prevalence in Hambleton is 24%, similar to England (25%). This is a decrease from the 2017 estimate, although not statistically significant, but suggesting a local reduction in the number of smokers in routine and manual professions.

Maternal smoking during pregnancy is known to be detrimental for both the health of the mother and baby. In Hambleton, the prevalence of smoking at time of delivery is similar to the national rate, at 10% (68) locally 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 Hambleton is significantly lower than the England rate at 354 per 100,000 population compared to 569 for England. As alcohol misuse can be a contributing factor in a wide variety of diseases, and 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, Hambleton is significantly lower compared to England (1,859 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:

Childhood obesity is closely related to excess weight in adulthood. The proportion of children in Reception who are overweight or obese in Hambleton is significantly lower than England (19% locally and 22% nationally). The prevalence of excess weight in year 6 children in Hambleton is similar than the national figures (16% locally and 20% nationally). The data shows an increase in the proportion of obese children from Reception to year 6 in Hambleton, demonstrating that it is important to identify children at risk for excess weight early on and minimise excessive weight gain through primary school. For overweight children, we see a 28% increase between Reception and year 6 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 Hambleton is similar to England (23% locally and 22% nationally). 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 Hambleton is 63%—statistically similar to the proportion of adults with excess weight in England at 62%.

Breastfeeding provides benefits to the health and wellbeing of both mother and child. In Hambleton, the proportion of women who initiate breastfeeding within 48 hours of deliver has remained stable at 74% and is statistically similar to the England proportion (75%).

In order to increase breast feeding a strategy and action plan has been developed in partnership with York that is focusing 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 Hambleton, the rate of new Sexually Transmitted Infection (STI) diagnoses for 2018 at 331 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 Hambleton 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 Hambleton at 65 per 1,000 women aged 15-44 is significantly higher than the rate seen in England of 47 per 1,000 women aged 15-44.

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 teenage conception rate in Hambleton is significantly lower than England at 8 per 1,000 women aged 15-17 compared to 18, and continues an overall downward trend.
Diseases and Death

Major causes of death

In Hambleton, there were 956 deaths in 2017. Nearly three quarters of deaths fell under just three broad causes: 291 (30%) due to cancer; 241 (25%) due to circulatory diseases; and 114 (12%) due to respiratory diseases.

The rate of mortality for individuals aged under 75 from cardiovascular disease has decreased in Hambleton between 2001-03 and 2014-16 but has increased slightly since 2014-16 from 51.2% to 51.6% however it remains significantly lower than national (72.5 per 100,000) and Yorkshire and Humber (82.6 per 100,000) average.

The rate of mortality for individuals aged under 75 from cancer has decreased in Hambleton between 2001-03 and 2015-17 and is now significantly lower than the national (134 per 100,000) and Yorkshire and Humber (143 per 100,000) average.

The rate of mortality for individuals aged under 75 from respiratory disease has decreased in Hambleton between 2012-14 and 2015-17 and the rate is significantly lower than national (34 per 100,000) and Yorkshire and Humber (39 per 100,000) averages.

Inequality

The following charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in Hambleton. The biggest contributors to the life expectancy gap for women are respiratory and cancer diseases. For men, the most common contributors to the life expectancy gap for are respiratory disease and circulatory disease. Targeting NHS Health Checks in deprived areas will help to narrow the inequality in life expectancy.
Diseases and Death

**Dementia**

Hambleton has a significantly lower rate of those estimated to have dementia being diagnosed aged 65 when compared with England (56% vs 69%). 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 Public Health England’s Fingertips website.

The chart to the right highlights the number of people with dementia recorded on GP practice registers as a proportion of the people (all ages); registered at each GP practice, allocated to a local authority boundary using the postcode of the practice. There are three GPs in Hambleton that has a higher number of people with dementia than the county average. Furthermore, just under half of the GPs in Hambleton have a higher rate of dementia prevalence than the national average in 2017/18.

**Cancer Screening**

In Hambleton there tends to be higher uptake of screening for breast and cervical cancer when compared with bowel cancer. Despite the lower uptake of screening for bowel cancer in Hambleton the rate is significantly higher compared with England (67% locally, 59% nationally) in 2018.

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 Hambleton, it is estimated that only 69% of diabetes cases are diagnosed. This is significantly lower than the estimated 78% diagnosed in England.

The chart to the right highlights the prevalence of diabetes by general practice for those aged 17 and over. There are six GPs in Hambleton district which have a higher prevalence of diabetes for those aged 17 and over than the county average. Two GPs in Hambleton have 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.

Substance Misuse

Data related to deaths from drug misuse indicated that Hambleton is not significantly different from England at 5 per 100,000 (compared to 4 per 100,000 for England). Data prior to 2014 is not available for Hambleton. Confidential help with drug and alcohol addiction is available through North Yorkshire Horizons.
Mental Health

The percentage of individuals reporting depression or anxiety in Hambleton (13%) is similar compared with the national average (14%).

Hambleton has a similar rate of individuals who have long term musculoskeletal disease who are also feeling depressed or anxious compared to the England average (23% locally compared with 24% nationally).

Hambleton has similar rate of emergency hospital admissions for intentional self-harm (178 per 100,000) compared to the England average (185 per 100,000). The proportion of hospital admissions for intentional self harm has increased between 2016/17 and 2017/18.

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 Hambleton has increased between 2015-17 and 2016-18 and the rate is similar to the England average (11.8 per 100,000 locally compared to 9.6 per 100,000 nationally). The suicide rate for males is higher than females in Hambleton and this is in line with national trends. 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

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 Hambleton has a higher proportion of people dying at home when compared to county and national rates. In contrast to this, Harrogate district has a higher proportion of people dying in a care home when compared to national averages in 2017.

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