

North Yorkshire Joint Strategic Needs Assessment 2018

Craven District Summary Profile

Introduction

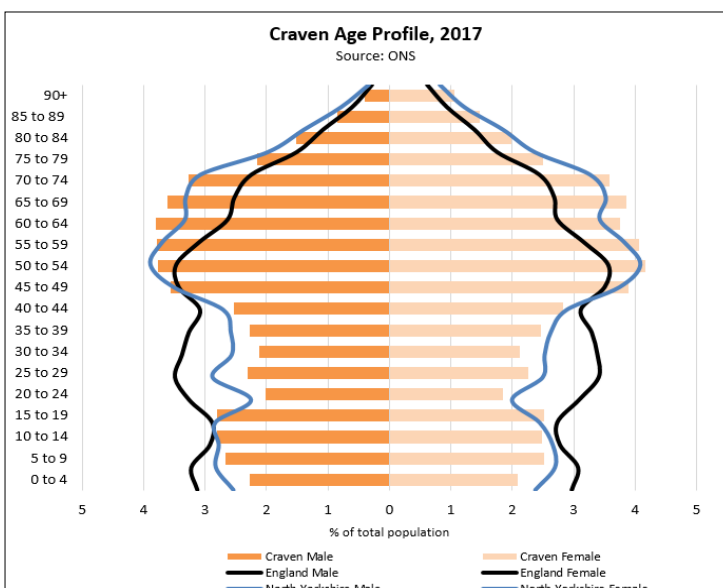
This profile provides an overview of population health needs in Craven District. Greater detail on particular topics can be found in our Joint Strategic Needs Assessment (JSNA) resource at www.datanorthyorkshire.org. This document is structured into four parts: population, wider determinants of health,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

Summary

- The population in Craven District is ageing. By 2025, there will be a 16% increase in the population age 65+ and a 5% decrease in the working age group. This will lead to increased health and social care needs with fewer people available to work in health and care roles.
- House price increases in Craven are greater than wage increases. This affects the ability of people to afford to live and work in Craven, particularly at the lower end of the income range.
- There are problems related to transport in Craven, with high rates of road casualties and a significant proportion of the population which has long travel times to services.
- Health inequality is less pronounced in Craven compared with other districts in North Yorkshire. However, a significant number of children grow up in poverty, particularly in Skipton South and Skipton West wards.

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, Craven district has an older population than England, with more residents aged of 50-84, and fewer aged under 45. The population make-up is broadly similar to North Yorkshire, but there are noticeably fewer people aged 20-44 in Craven. The shape of the pyramid is typical of a population with long life expectancy and low birth rate.

There are about 6,440 people aged 65+ with a limiting long term illness (43% of this age group, compared with 50% in England), 40% (2,750) report that their daily activities are limited a lot because of their illness.

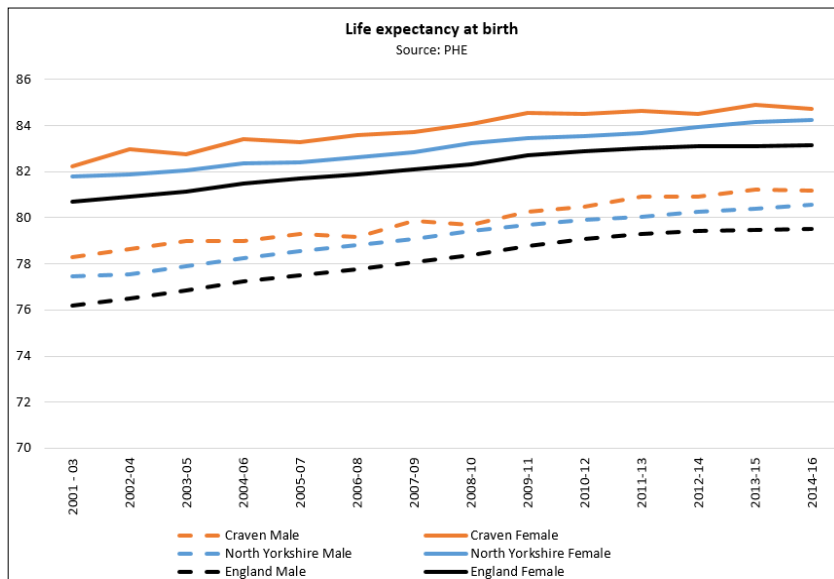
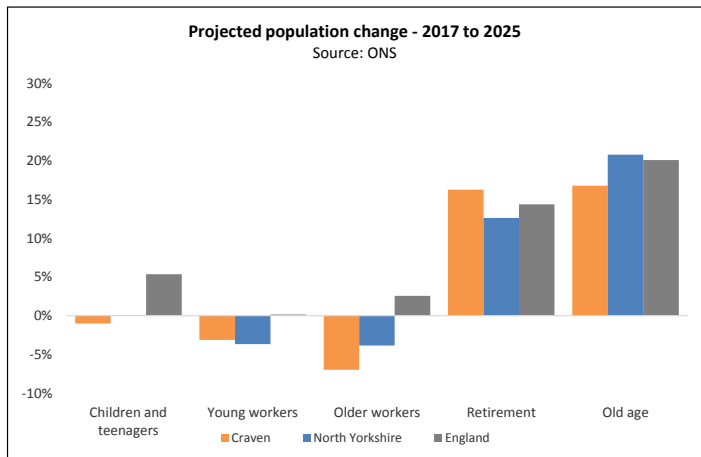
2.8% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England.

Life expectancy

The population of Craven District is estimated to be 56,604 and is set to increase to 57,300 in 2025. The birth rate in the district is 54 per 1,000 women aged 15-44 (England= 63 per 1,000 women aged 15-44). Projections indicate that the population aged over 85 is expected to increase in Craven by approximately 17% by 2025, compared with a 20% increase in both North Yorkshire and England. A near 16% increase is also anticipated for those in the retirement category in the district. Meanwhile, the 20-44 age group is projected to decrease in Craven by 3% and the 45-64 age group by 7%.

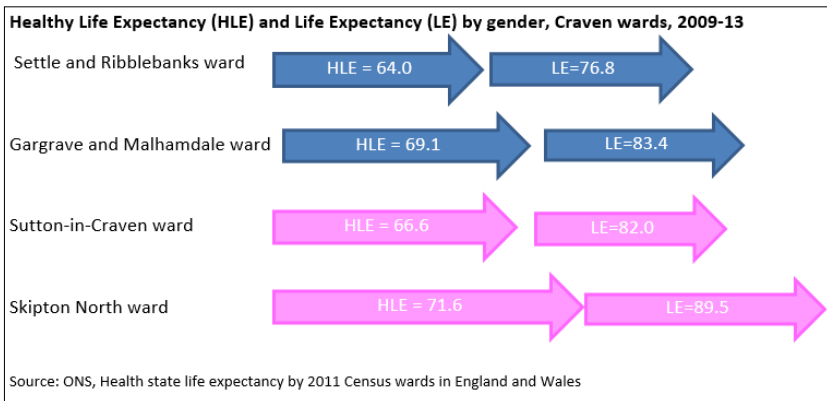
Age-standardised mortality rates (ASR) are a useful measure of mortality as they take account of population structures. Compared with 2015, the ASRs in 2016 in Craven have increased for both sexes, but slightly more for males (8%) than females (7%).

		Current and projected population							
		2017				2025 (projected)			
		Males		Females		Males		Females	
	N	%	N	%	N	%	N	%	
Children and teenagers	0-19	5973	21.8	5442	18.7	5700	20.8	5600	18.9
Young workers	20-44	6376	23.2	6528	22.4	6200	22.6	6300	21.2
Older workers	45-64	8433	30.7	8981	30.8	7700	28.0	8500	28.6
Retirement	65-84	5963	21.7	6767	23.2	7100	25.9	7700	25.9
Old age	85+	708	2.6	1433	4.9	900	3.3	1600	5.4



Life expectancy at birth is gradually increasing for men in Craven, and is higher compared to both North Yorkshire and England. For females, the life expectancy in Craven is also higher than England.

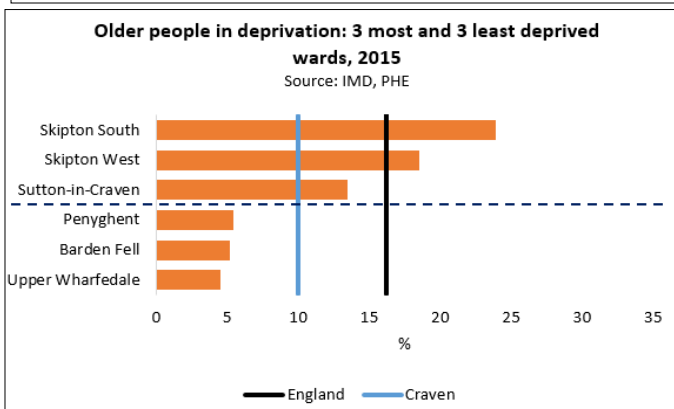
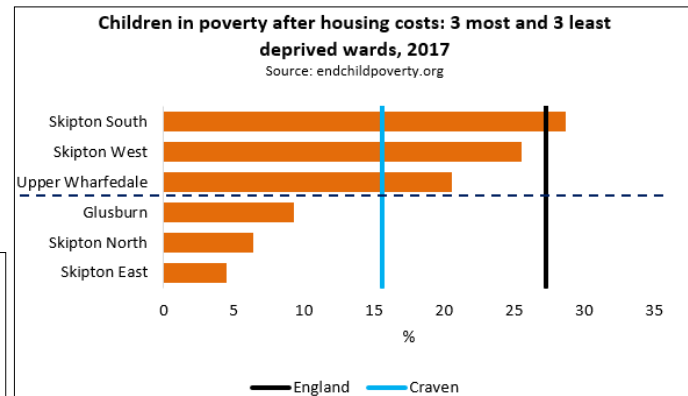
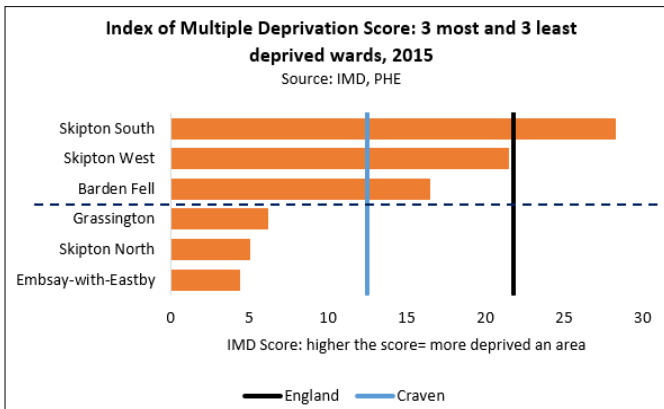
By comparing healthy life expectancy with the overall life expectancy, we can get a richer picture around years spent in good health. In Craven, there is some variation in the years spent in good health for both males and females between wards, indicating within district inequalities. There is a six year difference in life expectancy for males between Settle and Ribblebanks ward and Gargrave and Malhamdale ward. Men in Settle and Ribblebanks ward can expect to live 64 years in good health. However, men in Gargrave and Malhamdale ward spend 69 years in good health. For females in the district, in the ward with the lowest life expectancy (Sutton-in-Craven), women spend 67 years in good health, while in Skipton North ward they spend 72 years of their longer life 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.



Wider determinants of health

Poverty

The 2015 Index of Multiple Deprivation (IMD) identifies two 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. Across the district as a whole around 15% of children are living in poverty after housing costs, lower than the national average of 27%. However, this rises to 29% in the Skipton South ward.



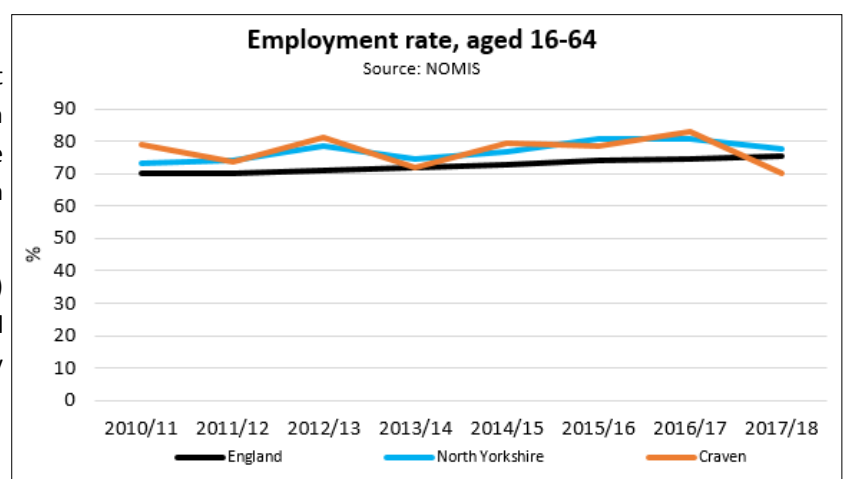
The IMD also calculates deprivation for specific groups based on key indicators. The charts above highlight that Skipton South and Skipton West wards have a high proportion of overall deprivation and also have high proportions of older people in deprivation and children in poverty after housing costs and the rates are higher than the national and district averages.

In contrast to this, Skipton North ward has low levels of overall deprivation and also low levels of children in poverty; rates are lower than the national and district averages.

Employment

Although historically higher, the most recent employment rate is lower in Craven (70%) than North Yorkshire (78%) and England (75%) and the employment rate decreased by 13% between 2016/17 and 2017/18 in Craven.

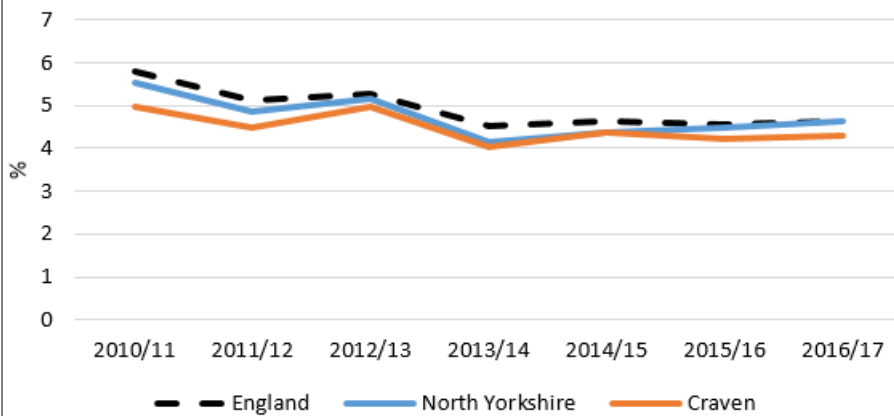
In 2017, average weekly earnings in Craven (£342) were significantly below England (£440) and average weekly earnings have decreased slowly from 2015 in Craven.



Education

Pupil absence: half days missed by pupils due to overall absence, aged 5-15

Source:PHE



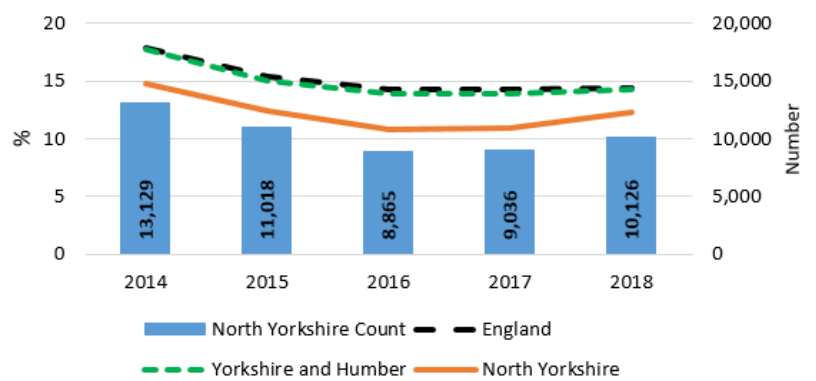
Low attendance is linked to lower educational attainment. The proportion of half days missed by pupils due to overall absence (both authorised and unauthorised) is 4%, similar to England (4.7%) and significantly lower than Yorkshire and the Humber (4.9%) averages in 2016/17. Craven has one of the lowest rate of pupil absence compared with other districts in North Yorkshire.

The proportion of overall absence has increased from 2015/16 to 2016/17, in line with Yorkshire and Humber trends.

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

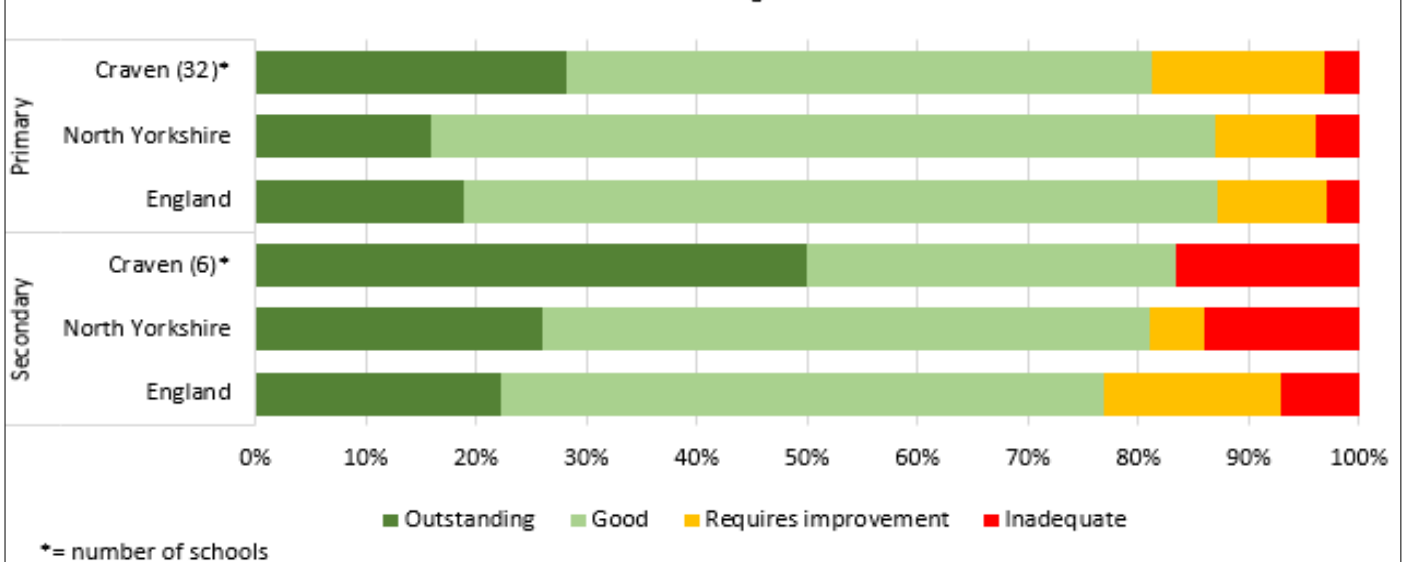


The chart below highlights the Ofsted judgement of overall effectiveness of primary and secondary schools in Craven.

Performance at primary schools is similar to county and national results. However, Craven has a higher proportion of secondary schools with a score of 'outstanding' when compared to the national and county averages. Craven does have a higher proportion of secondary schools rated as 'inadequate' compared to national and county averages. The small number of secondary schools means that this needs to be interpreted with some caution.

Ofsted Judgement of overall effectiveness at 01/10/2018

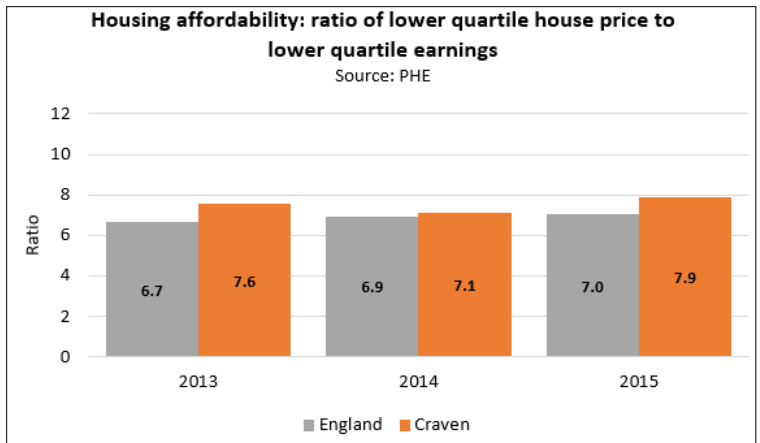
Source: Ofsted.gov.uk



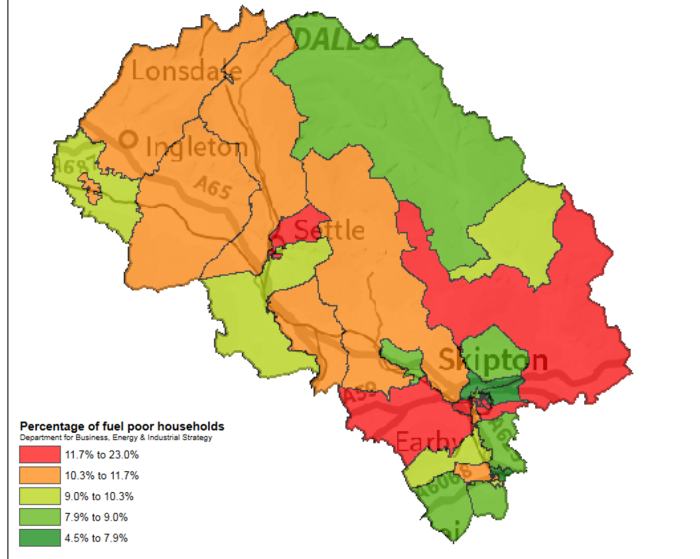
Housing

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.

Craven has a ratio of lower quartile house price to lower quartile earnings which is higher than England. The ratio has increased over time suggesting that housing in Craven is becoming less affordable relative to earnings.



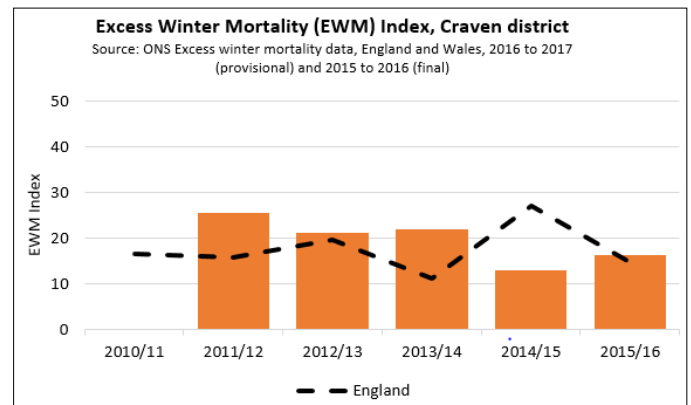
Percentage of Fuel poor households in Craven, 2016



In 2016, 10% of households (2,611 households) in Craven are 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.

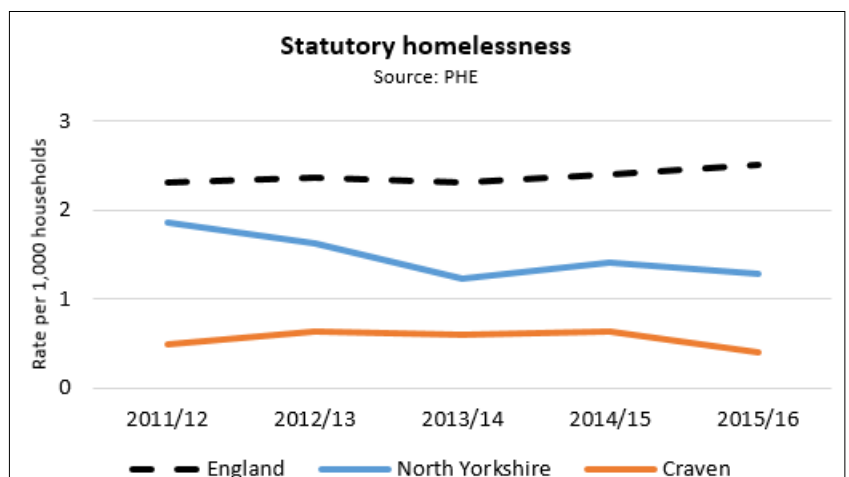
Further information on the [North Yorkshire Winter Health Strategy 2015-20](#) can be found at the North Yorkshire Partnership website.

The chart to the right suggests a variable picture in the district. In 2015/16 the Excess Winter Mortality index increased from 13 to 16 and is now higher the national average of 15. Over the past 3 years, there have been, on average, 33 additional deaths annually in winter months compared with other times of year, however these are relatively small numbers and must be interpreted with caution.



The rate of households who are homeless has decreased in Craven since from 2014/15 and 2015/16 and is below England but higher than the county average.

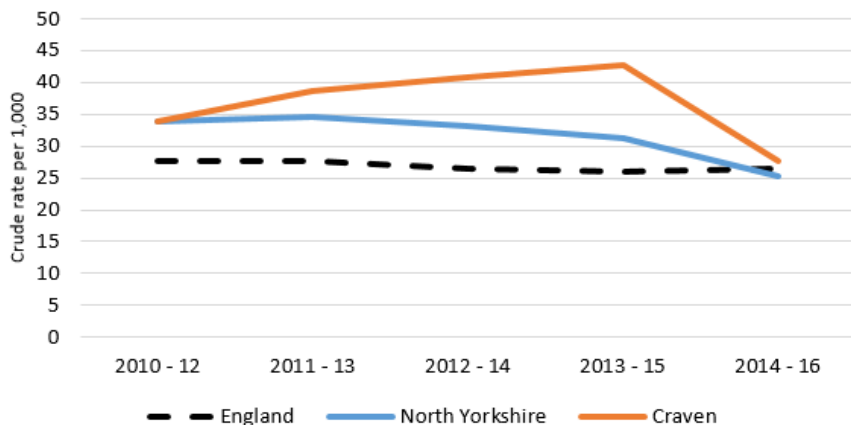
Craven has one of the lowest rate of homelessness compared with other districts in North Yorkshire.



Transport

Alcohol-related road traffic accidents

Source: PHE



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.

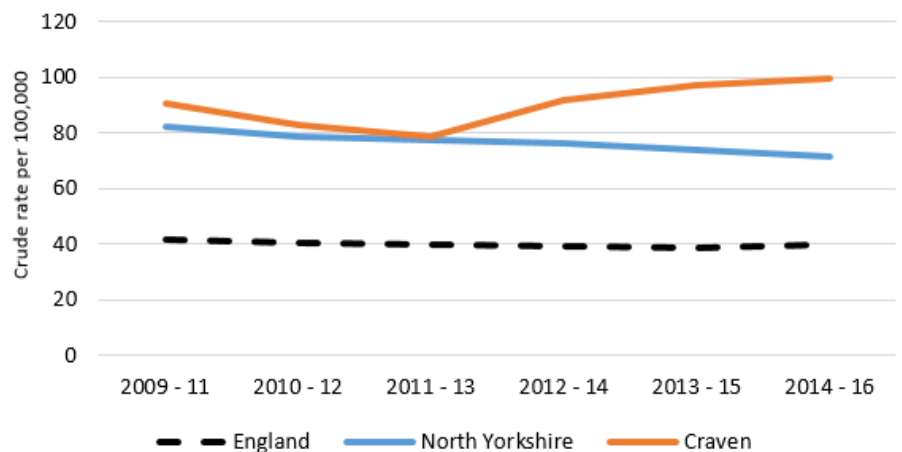
The rate of alcohol-related road traffic accidents in Craven has decreased between 2013-15 and 2014-16 and is similar compared to county and national rates.

The rate of people being killed and seriously injured (KSI) casualties on roads in Craven is significantly lower than the national average at 100 per 100,000. The trend has been consistently increasing and due to this, the gap between Craven and the national average has increased. However these are relatively small numbers and must be interpreted with caution.

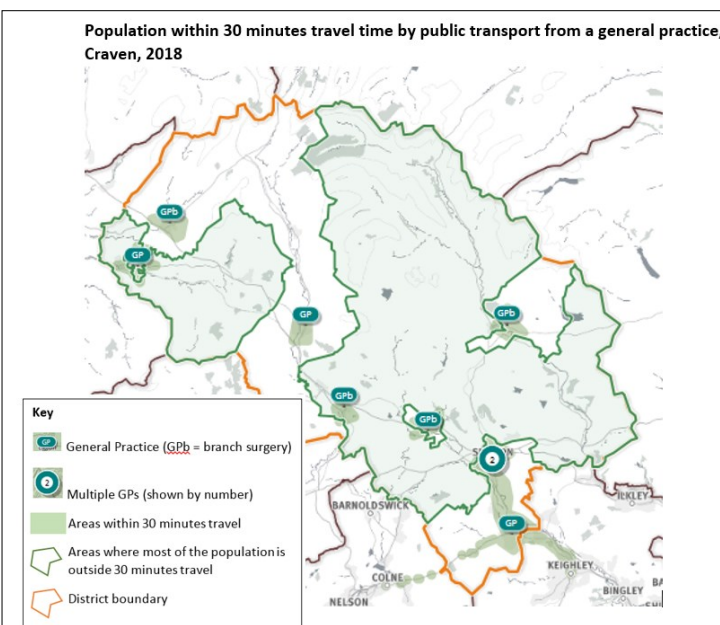
Across North Yorkshire, the rate of children killed and seriously injured on England's roads has decreased between 2012-14 and 2014-16 (from 22 per 100,000 to 19 per 100,000) and is now similar to the England average (17 per 100,000). More information on staying safe on the road can be found in [Safer Roads, Healthier Place: York and North Yorkshire Road Safety Strategy](#) and at roadwise.co.uk.

Killed and Seriously Injured Casualties on the road

Source: PHE



Population within 30 minutes travel time by public transport from a general practice, Craven, 2018

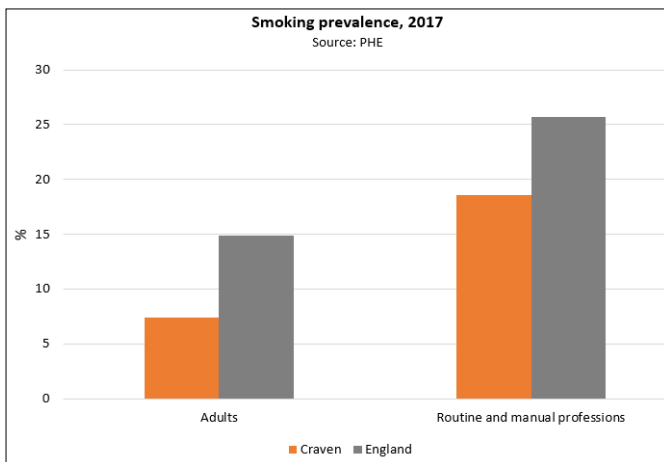


In Craven, most of the population (76%) lives within a 30 minute travel time, by public transport, from a general practice. There are about 15,000 residents in Craven district with longer travel times.

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.

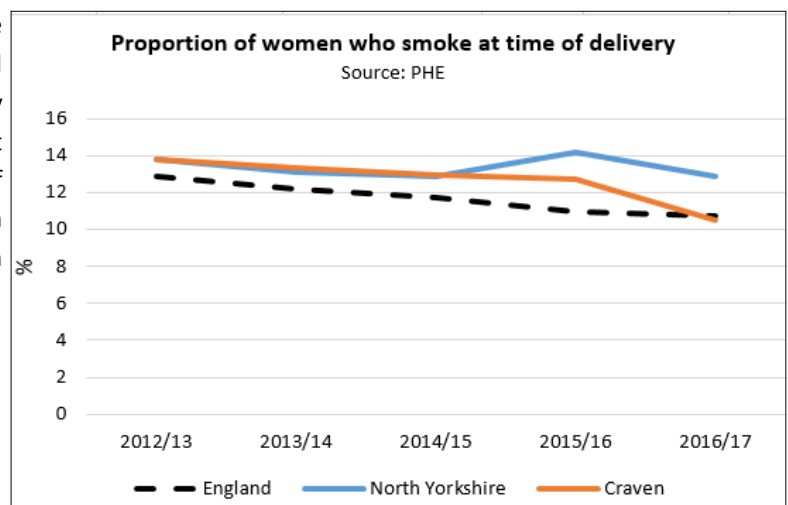
Lifestyle and behaviour

Smoking

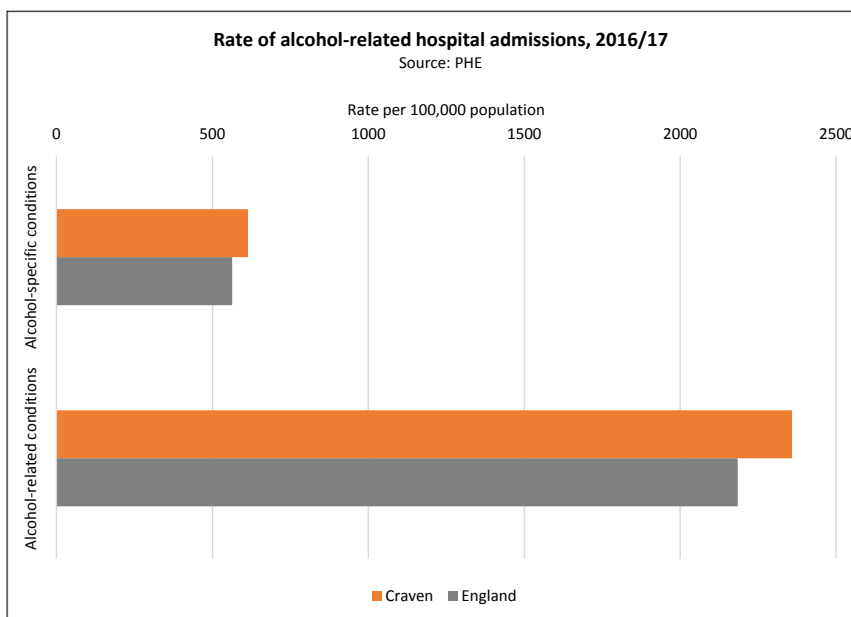


Smoking prevalence for adults in Craven is significantly lower than prevalence in England at 7% compared to 15% nationally. For adults in the routine and manual professions, prevalence in Craven is 19%, lower than the 26% estimated for England, but not significantly so. This represents an overall decreasing trend in the district.

Maternal smoking during pregnancy is known to be detrimental for both the health of the mother and baby. In Craven, maternal smoking is currently estimated to be around 10.5% (40) which is not significantly different from the England prevalence of 10.7% (65,023). For the past two years, there has been a decrease in the prevalence of maternal smoking in Craven.



Alcohol

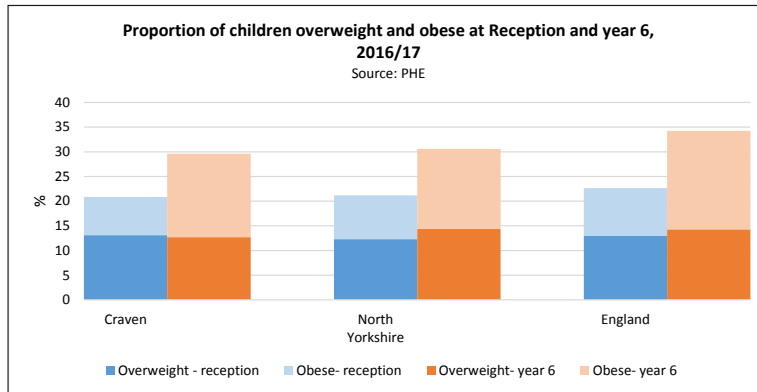


Implementing appropriate local interventions ensures we reduce misuse and harm associated with alcohol in our communities. Overall, the rate of admission episodes for alcohol-specific conditions in Craven is higher than England, at 614 per 100,000 population compared to 563 per 100,000 population, but this is not statistically significant. As alcohol misuse can be a contributing factor in a wide variety of diseases, however, it is important to also look at broader health conditions where alcohol may have had a role, including mental health. When we look at persons admitted for alcohol-related conditions, the Craven rate is significantly higher at 2,359 per 100,000 population compared to 1,258 per 100,000 population in England. 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/>

Lifestyle and behaviour

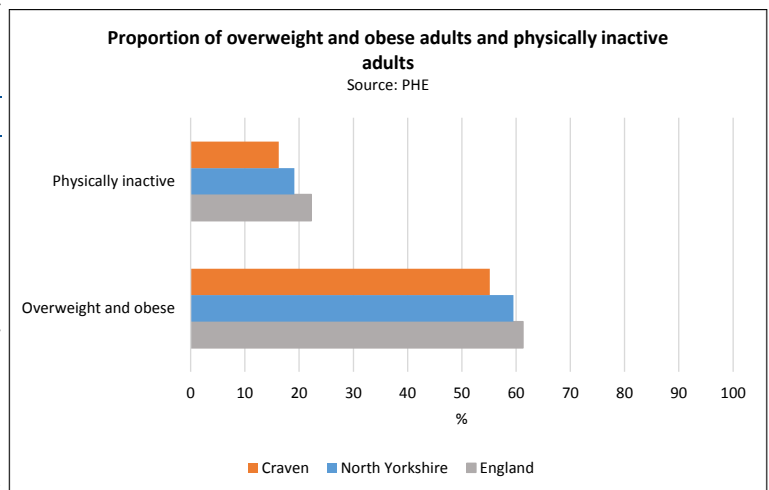
Nutrition, activity and excess weight



Childhood obesity is closely related to excess weight in adulthood. The proportion of children in Reception who are overweight or obese in Craven is similar to the figures seen in England overall (21% and 23%). However, the prevalence of children with excess weight in Year 6 is significantly lower in Craven at 30% compared to 34% in England. There is a nearly 120% increase in the proportion of obese children from Reception to Year 6 in Craven, demonstrating that it is important to identify children at risk for excess weight early on. For overweight children, we actually see a 3%

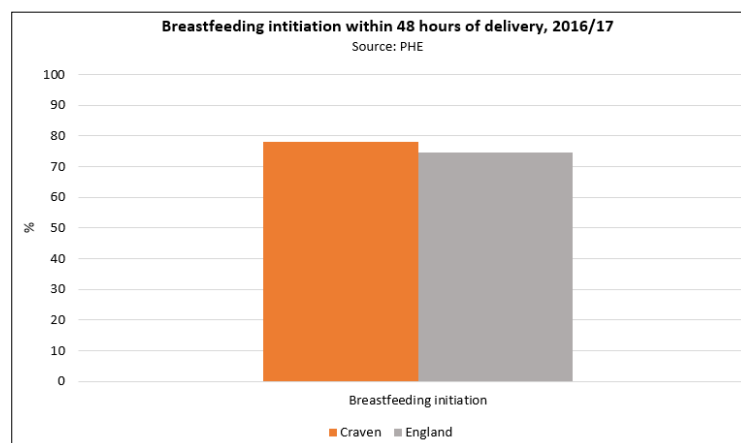
decrease between Reception and Year 6 but this could be because children change weight status (from overweight to obese) rather than indicating weight maintenance. Details of approaches to tackle excess weight across the lifecycle are in the strategy [Healthy Weight, Healthy Lives: Tackling overweight 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 Craven is significantly lower than the proportion in England at 16% compared to 22%. Targeting adults who are inactive will have a greater impact on the reduction of chronic disease, including 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 Craven is 55%—statistically lower than the proportion of adults with excess weight in England at 61%.

The Government recommends that adults eat at least five portions of fruit and vegetables per day. Self-reported fruit and vegetable consumption shows that Craven is below the England average in consuming the recommended fruit and vegetables, and indicates that nearly 40% of the adult population in Craven could improve their diet.



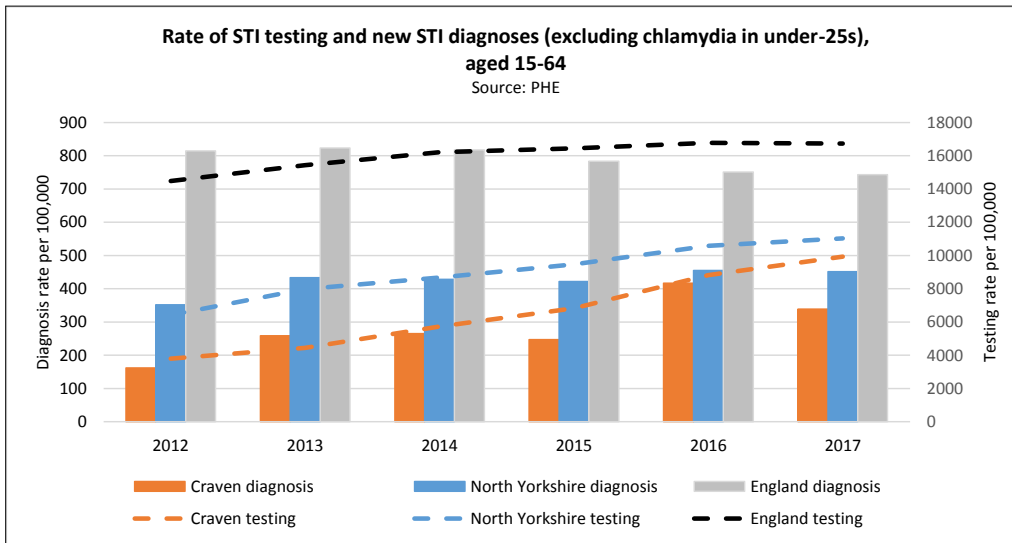
Breastfeeding provides benefits to the health and wellbeing of both mother and child. In Craven, there has been a general decrease in the proportion of women who initiate breastfeeding within 48 hours of delivery—from 85% in 2013/14 to 78% in 2016/17. The current proportion of 78% is statistically similar to the England proportion (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 in
- 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

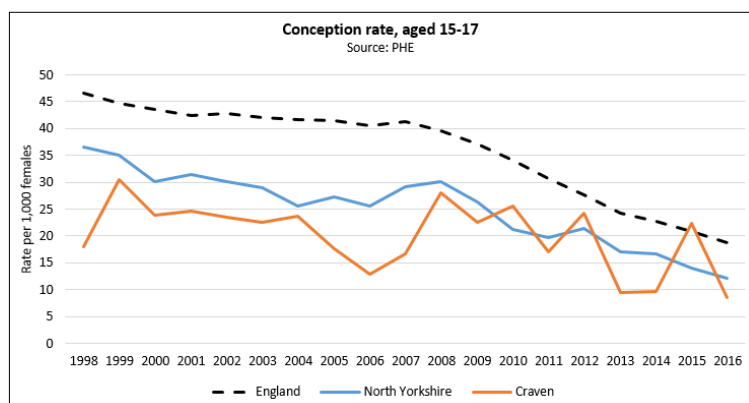
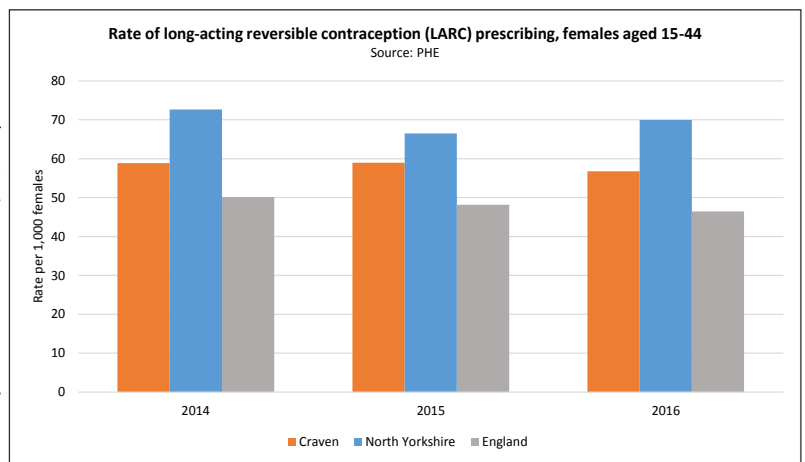
Sexual health



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 Craven, the rate of new Sexually Transmitted Infection (STI) diagnoses for 2017 at 339 per 100,000 population is significantly lower than the rate of 794 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 Craven 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.

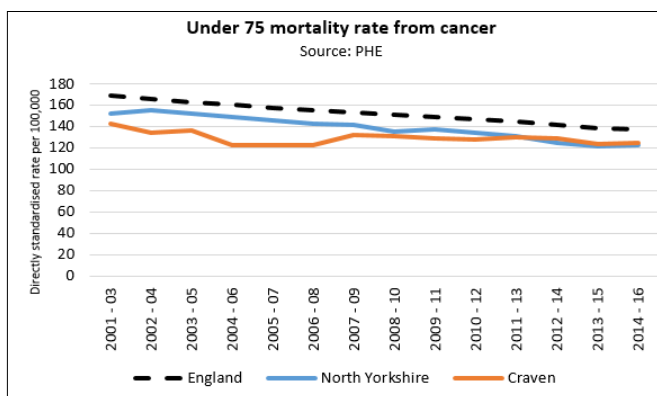
Long-acting reversible contraception (LARC) is recommended as a cost-effective and effective form of birth control. As part of the priority to make a wide-range of contraceptive services available to all, LARC prescription measurement is often used as a proxy measure for access to wider contraceptive services. An increase in access to contraceptive services is thought to lead to a reduction in unintended pregnancies. The prescription rate for LARC in Craven at 57 per 1,000 women aged 15-44 is significantly higher than the rate seen in England of 46 per 1,000 women.



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 Craven is significantly lower than the overall England at 9 per 1,000 women aged 15-17 compared to 19 per 1,000 women aged 15-17, continuing an overall downward trend.

Diseases and Death

Major causes of death

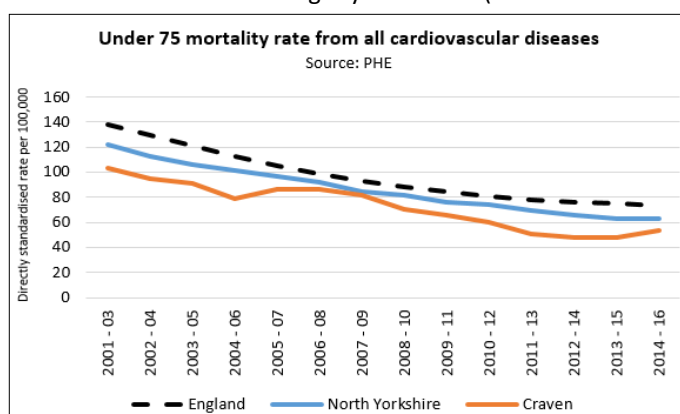


In Craven, there were 618 deaths in 2016. Over half of deaths fell under just three broad causes: 191 (28.2%) due to cancer; 166 (24.5%) due to cardiovascular diseases; and 90 (13.3%) due to respiratory diseases.

The rate of mortality for individuals aged under 75 from cancer has decreased in Craven between 2001-03 and 2014-16 and is now significantly lower than the national (137 per 100,000) and Yorkshire and the Humber (146 per 100,000) average. The most common death from cancer for individuals aged under 75 in Craven are cancers in the digestive system and cancers of the chest in 2017.

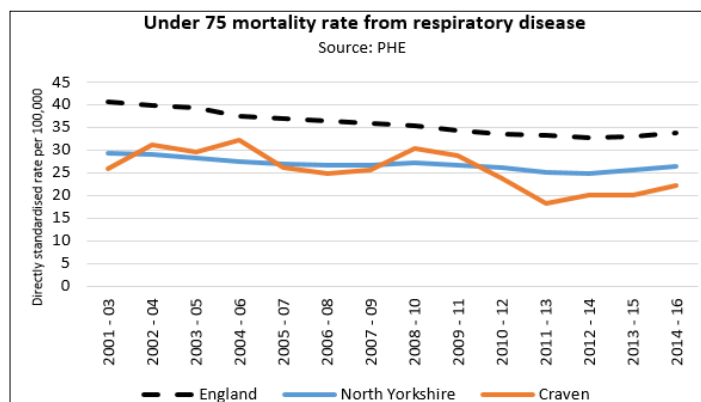
However, the rate of mortality for individuals aged 75 to 84 from cancer has increased slightly in Craven (from 27% to 30% between 2015 and 2016). Despite the increase the rate is similar to the national (31%) and Yorkshire and Humber (30%) average in 2016.

The rate of mortality for individuals aged under 75 from cardiovascular disease has decreased in Craven between 2001-03 and 2014-16 and significantly lower than the national (74 per 100,000) and Yorkshire and Humber (83 per 100,000) average.



The rate of mortality for individuals aged under 75 from respiratory disease has increased in Craven between 2013-15 and 2014-16. The rate is significantly lower compared to national (34 per 100,000) and Yorkshire and Humber (39 per 100,000) averages.

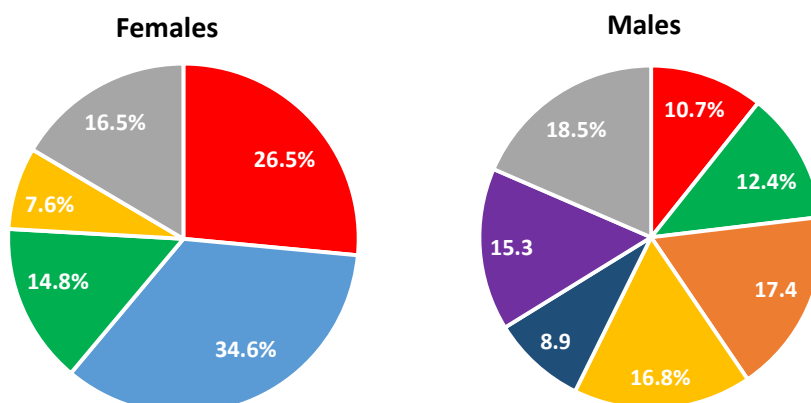
Furthermore, the proportion of individuals aged 85 and over who died from respiratory disease in Craven (14%) in 2016 is similar to the England average (15%).



Inequality

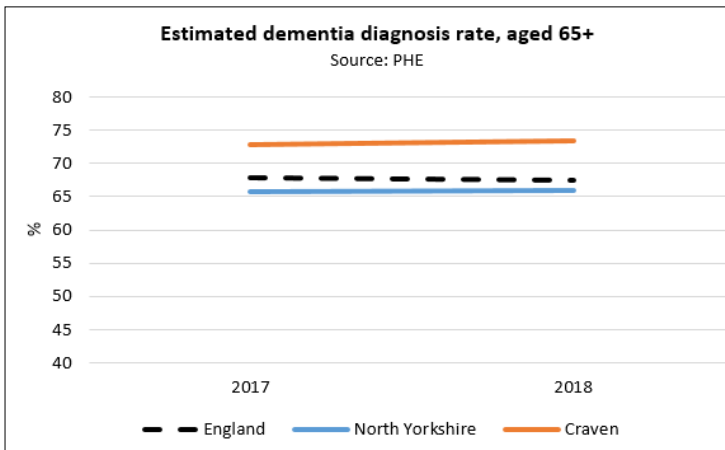
The following charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in Craven district (2012-14). The biggest contributors to the gap for women are circulatory diseases and cancer. For men, it is more evenly distributed across all causes of death. Of particular note, however, is that external causes (including deaths from injury, poisoning and suicide) accounts for 17% of the gap for men in Craven but only accounts for 8% of the gap for women.

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



Diseases and Death

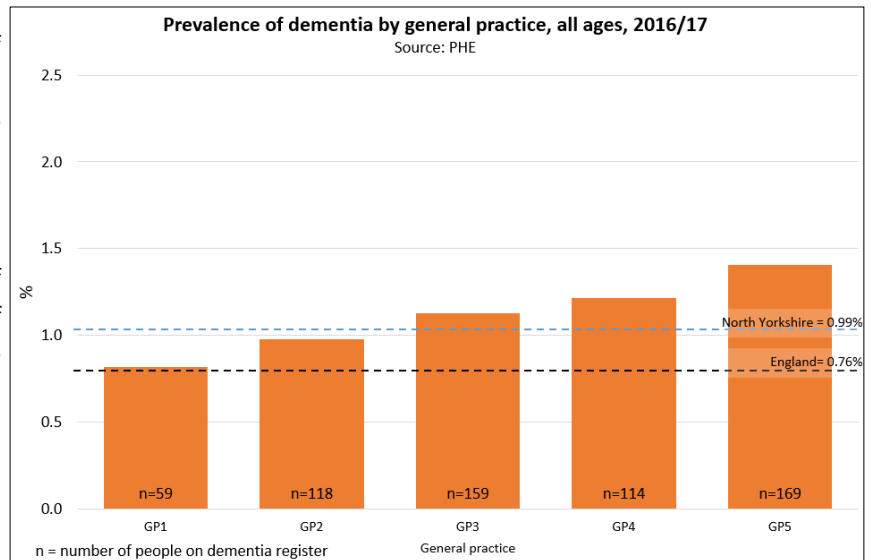
Dementia



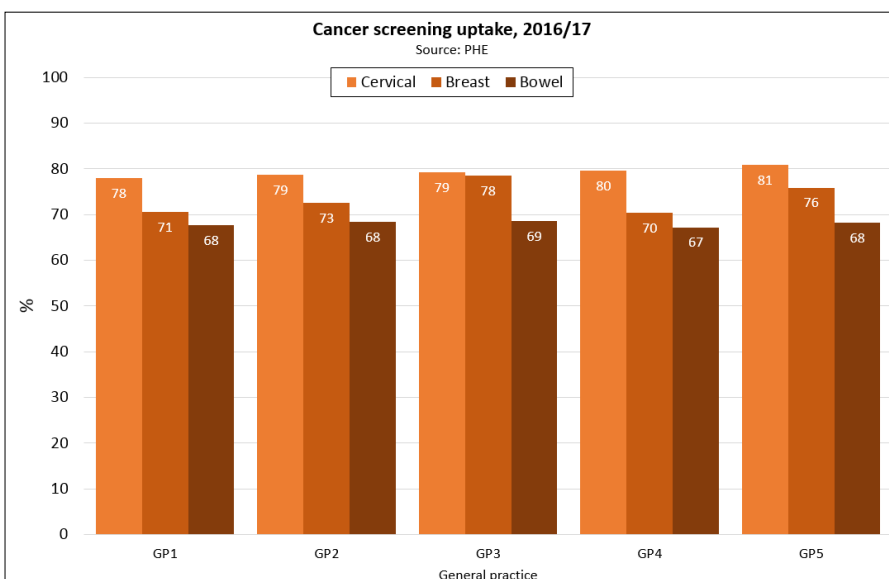
Craven has a similar rate of those estimated to have dementia being diagnosed aged 65 when compared with England (73.4% V 67.5%). There are 650 people aged 65+ with dementia diagnosed in Craven, with potentially another 235 cases unrecorded.

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. Three of the five GPs in Craven have a higher number of people with dementia than the county average. Furthermore, over half of the GPs in Craven have a higher rate of dementia prevalence than the national average in 2016/17.



Cancer Screening



In Craven, as for England, there is a variation in the uptake of screening for cervical cancer when compared to bowel cancer. Despite the low uptake of screening for bowel cancer in Craven, the rate is significantly higher than the England average (68% locally compared to 59% nationally) in 2017.

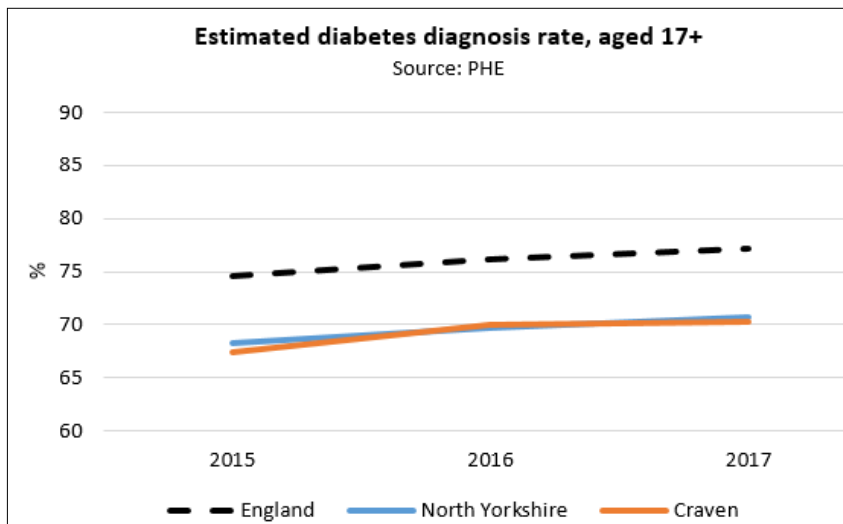
Breast cancer screening coverage was 71% in 2016-17 down from 72% in 2015-16. Cervical screening rates are also declining. Breast cancer screening coverage is significantly higher than England.

Screening for cancer leads to diagnosis at an earlier stage, leading to better outcomes

and increased survival.

Diseases and Death

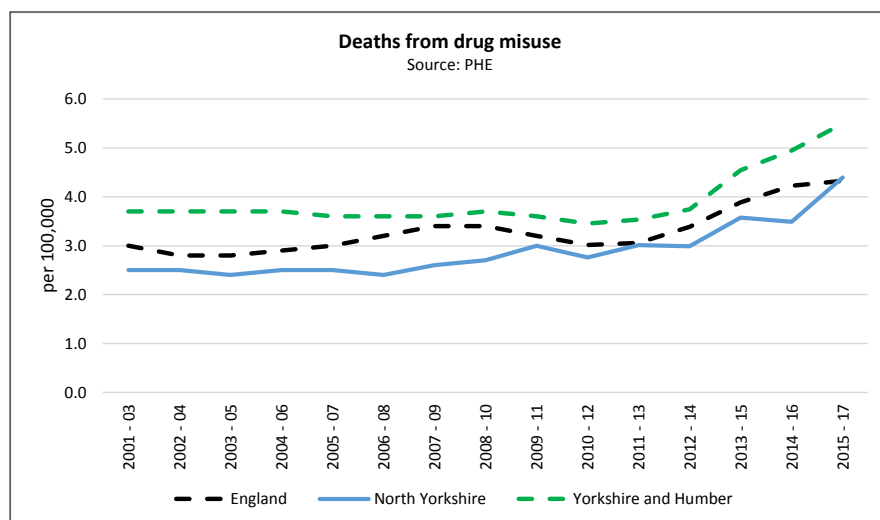
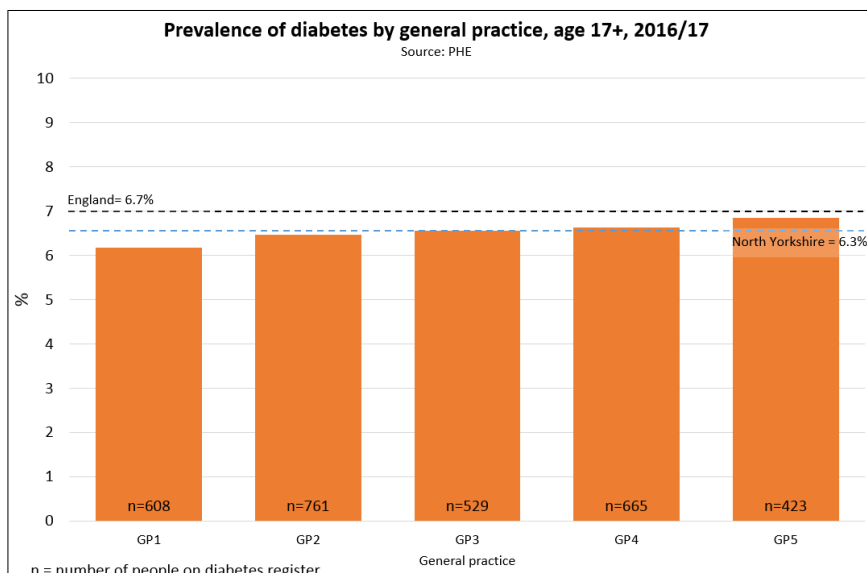
Diabetes



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 Craven, it is estimated that only 70% of diabetes cases are diagnosed, significantly lower than England (77%).

The chart to the right highlights the prevalence of diabetes by general practice. 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



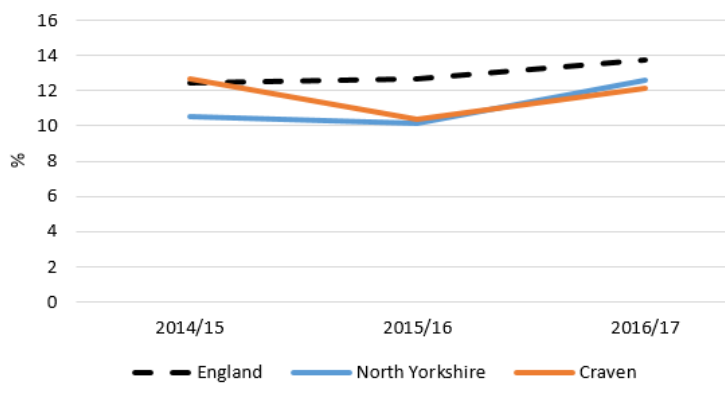
Substance Misuse

Deaths from drug misuse is not available for Craven district as the value cannot be calculated as the 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.

Mental Health

People reporting depression or anxiety, aged 18+

Source: PHE



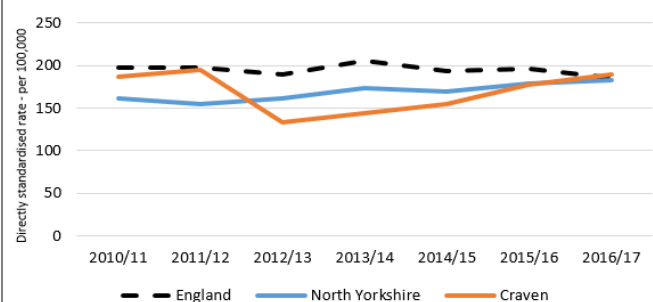
The percentage of individuals reporting depression or anxiety in Craven is similar (12%) compared to the national average (14%). The percentage of individuals reporting depression or anxiety has increased by 2% in Craven from 2015/16 to 2016/17.

Craven has a similar rate of individuals who have long term musculoskeletal disease who are also feeling depressed or anxious compared to the England average (13% locally compared to 24% nationally).

Craven district (189 per 100,000) has a similar proportion of hospital admissions for intentional self harm compared to than the England average (185 per 100,000). The proportion of hospital admissions for intentional self harm has increased between 2015/16 and 2016/17.

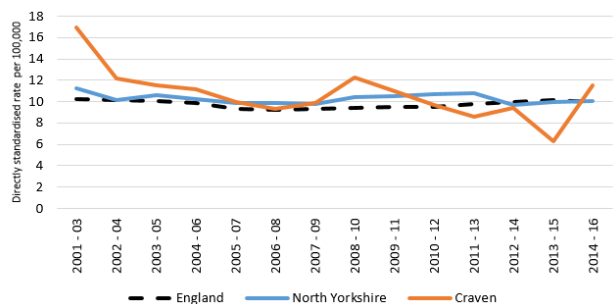
Emergency Hospital Admissions for Intentional Self-Harm, all ages

Source: PHE



Suicide rate, all persons, aged over 10 years

Source: PHE



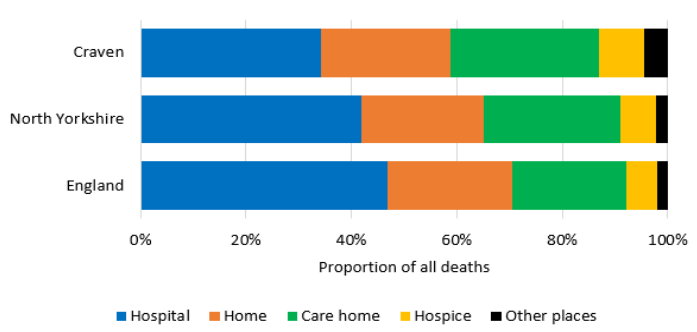
Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

The suicide rate in Craven has increased between 2013-15 and 2014-16 and the rate is similar to the England average (12 per 100,000 locally compared to 10 per 100,000 nationally). The suicide rate for males is higher than females in Craven 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

Place of death, 2016

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. Craven has a similar proportion of people dying at home when compared to county and national rates with a higher proportion of people dying in care homes and hospices and a lower proportion dying in hospital.

Contact:

nypublichealth@northyorks.gov.uk

Prepared by:

Emel Perry, Public Health Intelligence Analyst
 Wendy Rice, Public Health Intelligence Analyst
 Leon Green, Senior Public Health Intelligence Specialist