

# North Yorkshire Joint Strategic Needs Assessment 2018

## Hambleton District Summary Profile

### Introduction

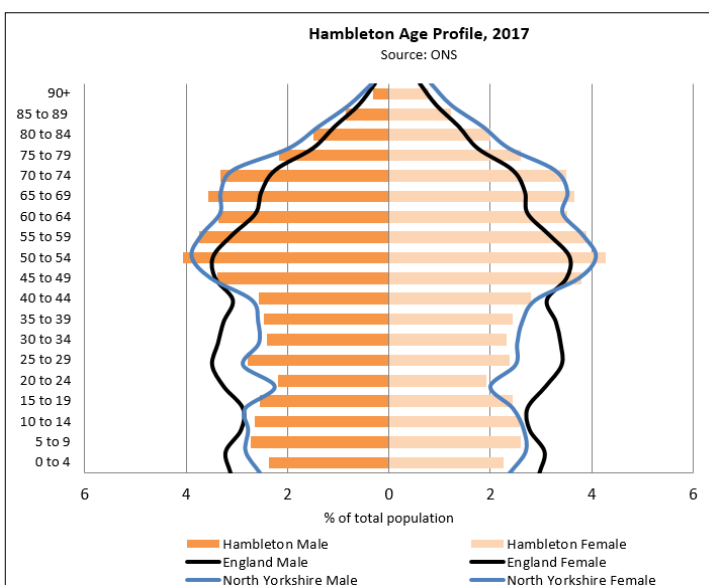
This profile provides an overview of population health needs in Hambleton District. Greater detail on particular topics can be found in our Joint Strategic Needs Assessment (JSNA) resource at [www.datanorthyorkshire.org](http://www.datanorthyorkshire.org). This document is structured into four parts: population, wider determinants of health, health behaviours and diseases and death. It identifies the major themes which affect health in 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 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.
- Health inequalities within Hambleton District are highlighted by a ten year difference in life expectancy between wards for men and 9 years for women.
- There is wide variation in child poverty. In some parts of Hambleton District, more than 25% of children are growing up in poverty, compared with 5% in other areas.
- There is a high rate of people being killed and seriously injured on Hambleton's roads.
- A high proportion of the population has limited access to services through public transport, leading to reliance on cars and the potential for isolation.

### 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 50-84, 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 10,300 people aged 65+ with a limiting long term illness (45% of this age group, compared with 50% in England), nearly half of whom (4,460) report that their daily activities are limited a lot because of their illness.

1.8% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England.

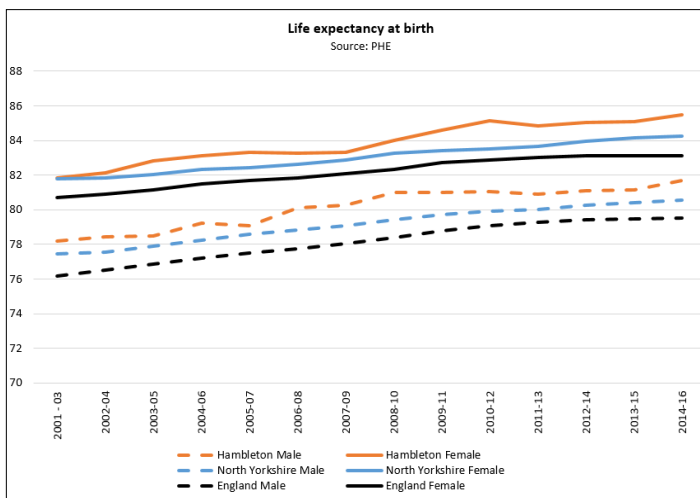
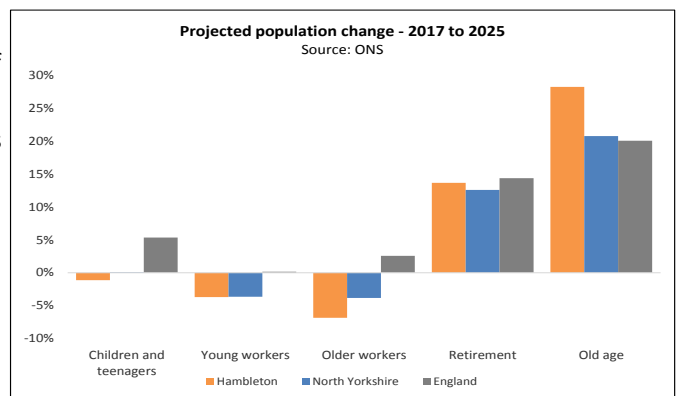
# Life expectancy

The population of 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 61 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 Hambleton by approximately 30% by 2025. For the same age group, an approximately 20% increase is expected in both North Yorkshire and England. A nearly 15% increase is anticipated for those in the retirement category in the district. Meanwhile, the under-45 population in Hambleton is projected to decrease for all the relevant age groupings by around 5%.

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 Hambleton has decreased for both sexes, but slightly more for females (3%) than males (1%).

**Current and projected population**  
Source: ONS

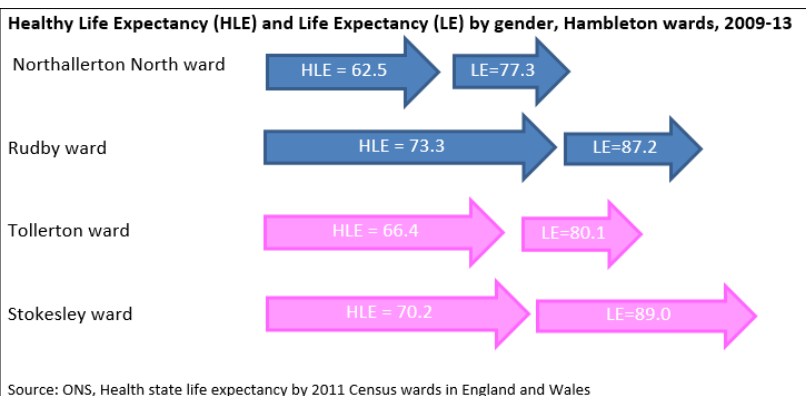
		2017		2025 (projected)					
		Males		Females		Males		Females	
		N	%	N	%	N	%	N	%
Children and teenagers	0-19	9339	21.0	8970	19.4	9300	20.9	8800	18.8
Young workers	20-44	11251	25.3	10768	23.3	10800	24.3	10400	22.2
Older workers	45-64	13227	29.8	14047	30.4	12100	27.2	13300	28.4
Retirement	65-84	9570	21.5	10662	23.0	11000	24.7	12000	25.6
Old age	85+	1060	2.4	1824	3.9	1400	3.1	2300	4.9



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 two years greater than England (83.1) and a year greater than North Yorkshire (84.2).

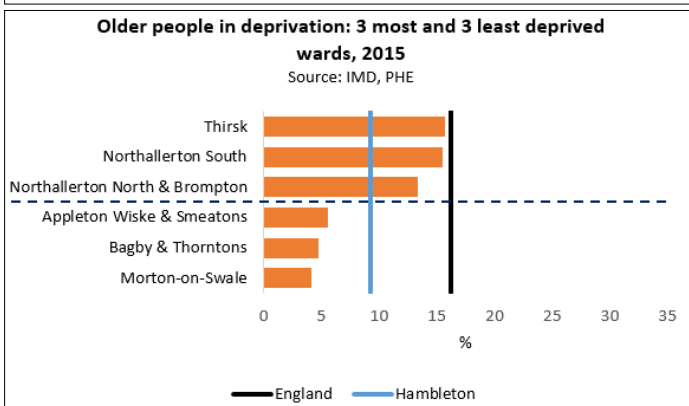
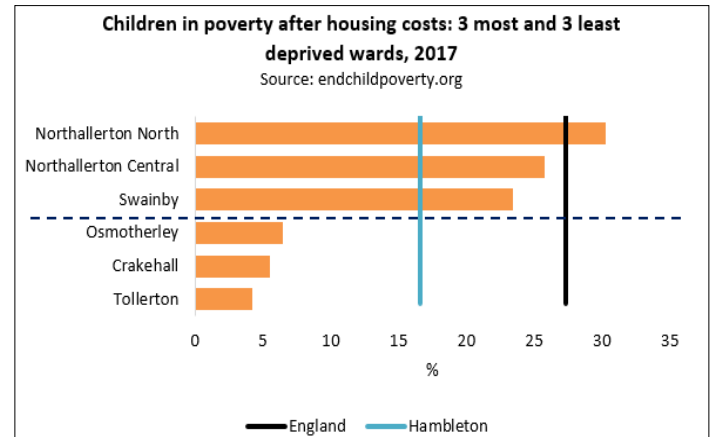
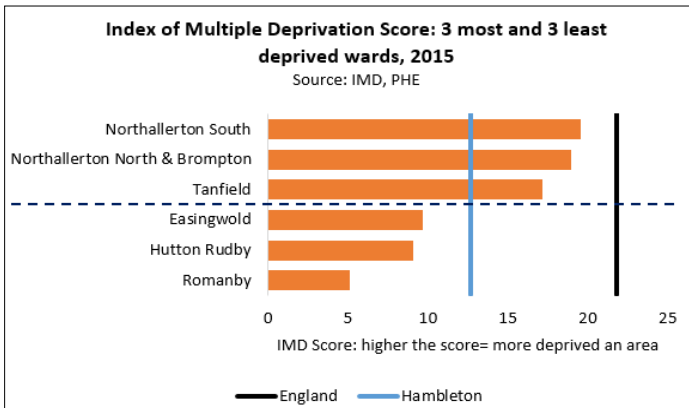
By comparing healthy life expectancy with the overall life expectancy, we can get a richer picture of years spent in good health. In Hambleton, there is wide variation in the years spent in good health for both males and females between wards, indicating within district inequalities. There is a 10 year 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.



## Wider determinants of health

The 2015 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, Northallerton South, Northallerton North & Brompton and Tanfield wards have higher levels of deprivation than the district average.



The IMD also calculates deprivation for specific groups based on key indicators. For children, child poverty is lower than that observed nationally (27%). However, this rises to over 30% in Northallerton North and over 20% in eight other wards.

When deprivation is calculated for older people separately, parts of Thirsk and Northallerton have high levels of older people in deprivation with rates higher than the district average (17%), suggesting these areas are amongst the most deprived areas of Hambleton District.

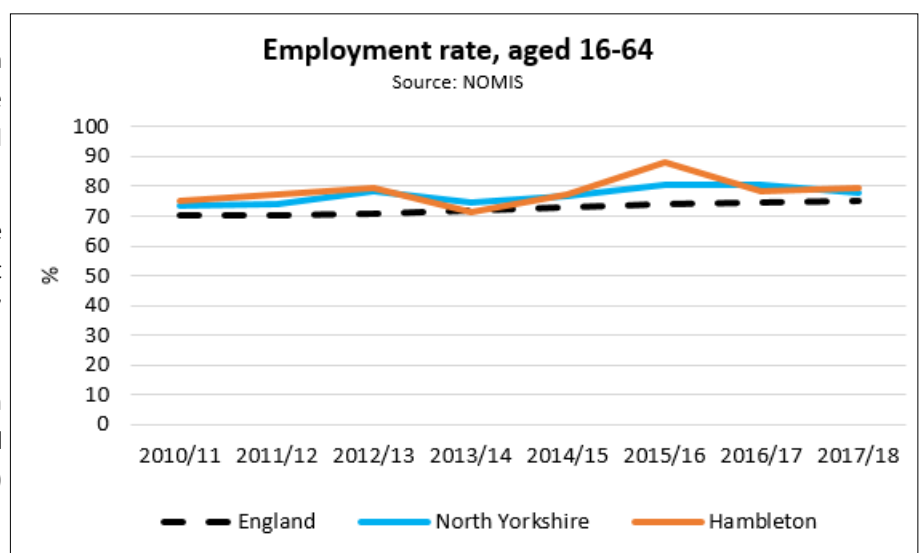
In contrast to this there seems to be no common pattern to areas with low levels of child poverty, older people in poverty and overall deprivation.

## Employment

Employment rates are comparatively high in Hambleton (80% in the district in the period April 2017 to March 2018 compared to 75% across England).

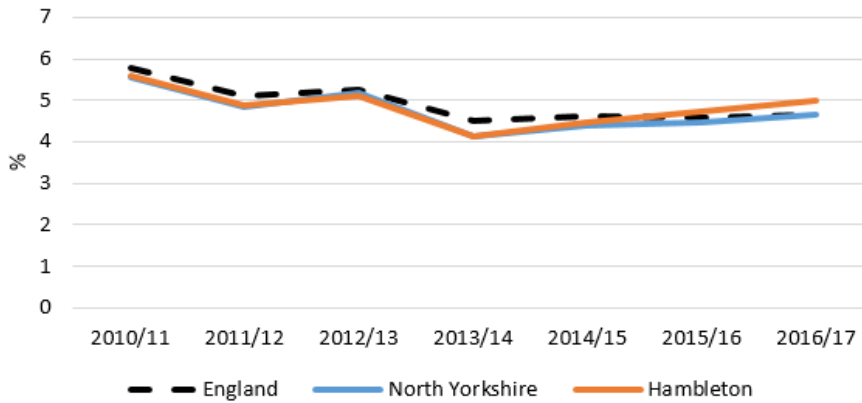
The employment rates is higher than the county average (78%) and employment rates have increased by 0.9% from 2016/17 to 2017/18 in Hambleton.

In 2017, average weekly earnings in Hambleton (£403) were similar to England (£440) and Yorkshire and Humber (£396) averages.



# 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 5.0%, similar to the national (4.7%) and Yorkshire and Humber (4.9%) averages in 2016/17.

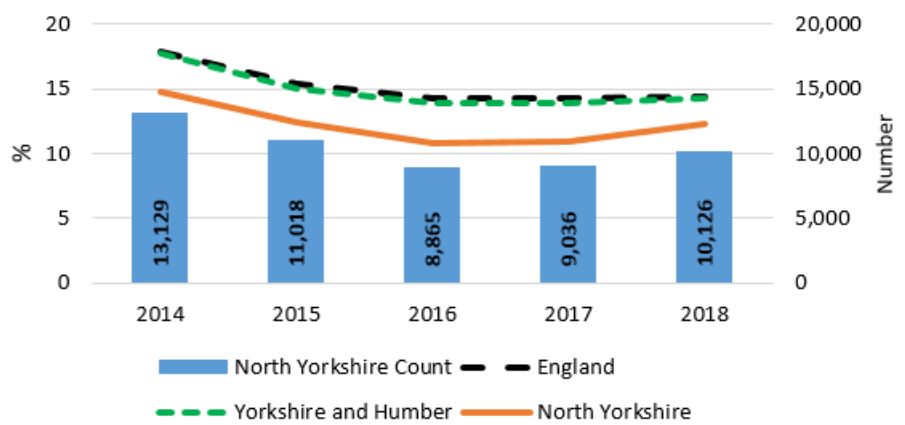
The proportion of overall absence has increased steadily from 2014/15 to 2016/17, in line with regional trends.

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.

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

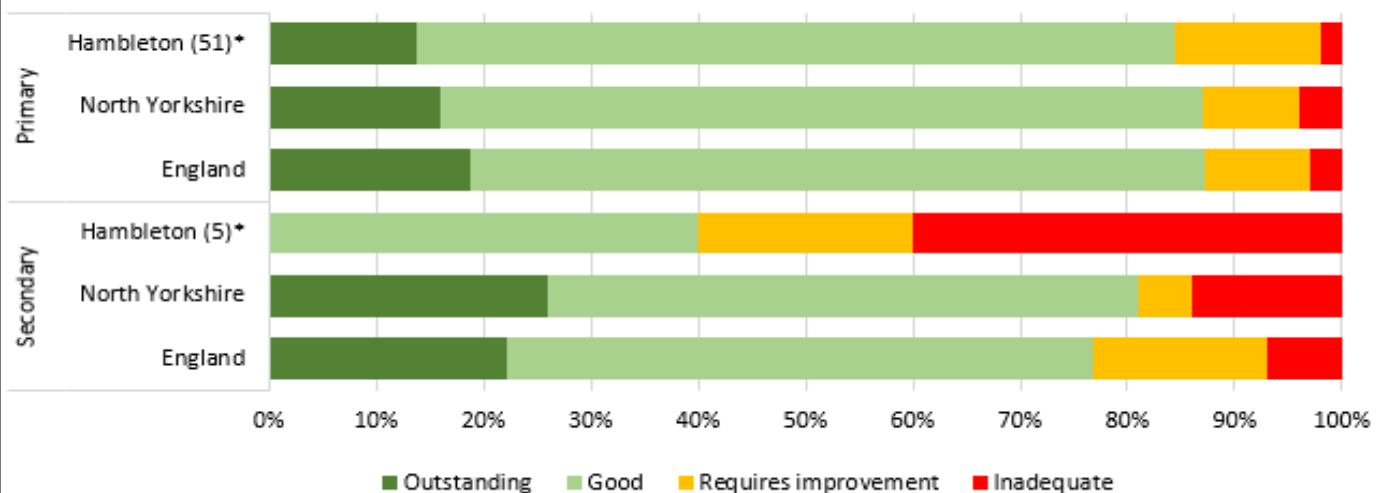
Performance at primary schools is similar to county and national results. However, Hambleton has a higher proportion of secondary schools with a score of 'inadequate' when compared to the national and county averages and does not have any secondary schools rated 'outstanding'.

**All pupils with Special Educational Needs, aged 5-15, North Yorkshire**  
Source: PHE



**Ofsted Judgement of overall effectiveness at 01/10/2018**

Source: Ofsted.gov.uk

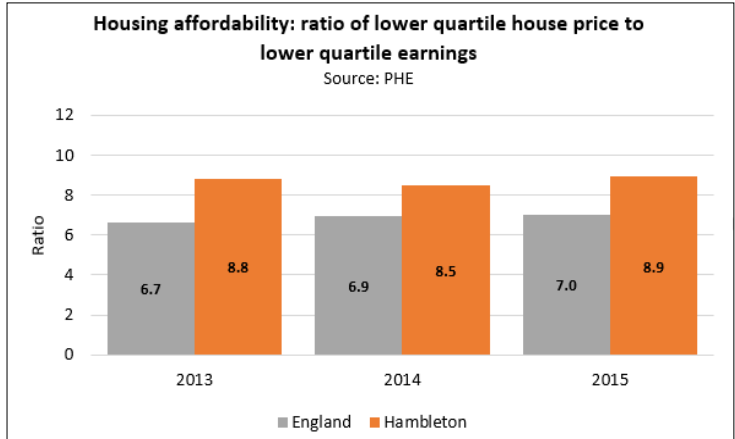


\*= number of schools

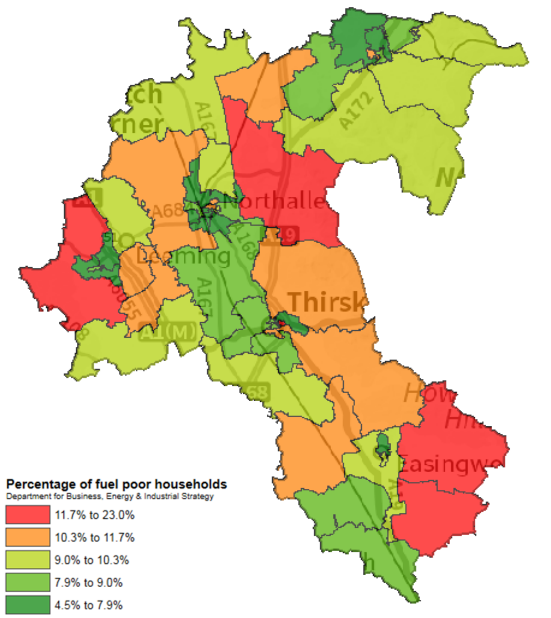
# Housing

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.

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 2013 and 2015. This suggests that housing in Hambleton is becoming less affordable relative to earnings.

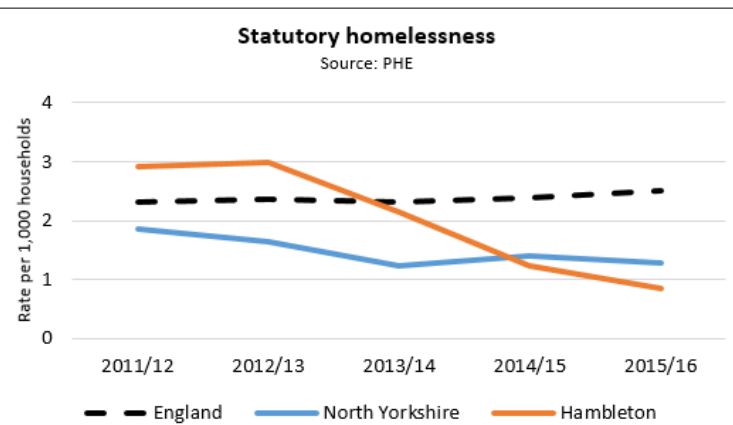
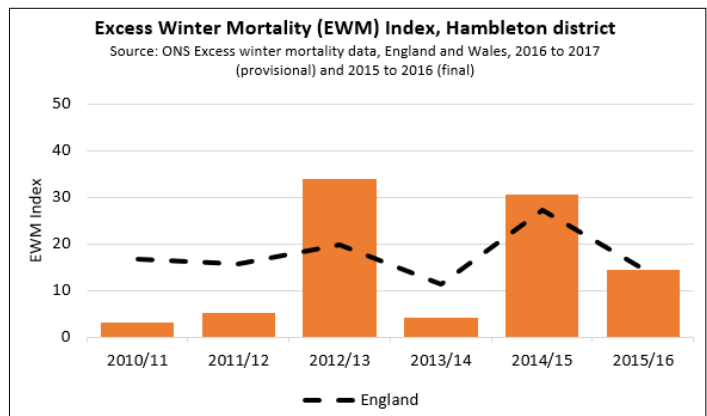


Percentage of Fuel poor households in Hambleton, 2016



In 2016, 9% of households (3,677 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 2015/16 the Excess Winter Mortality index fell from 31 to 14 and is now below the national average of 15. Over the past 3 years, there have been, on average, 41 additional deaths annually in winter months compared with other times of year, however these are relatively small numbers and must be interpreted with caution.

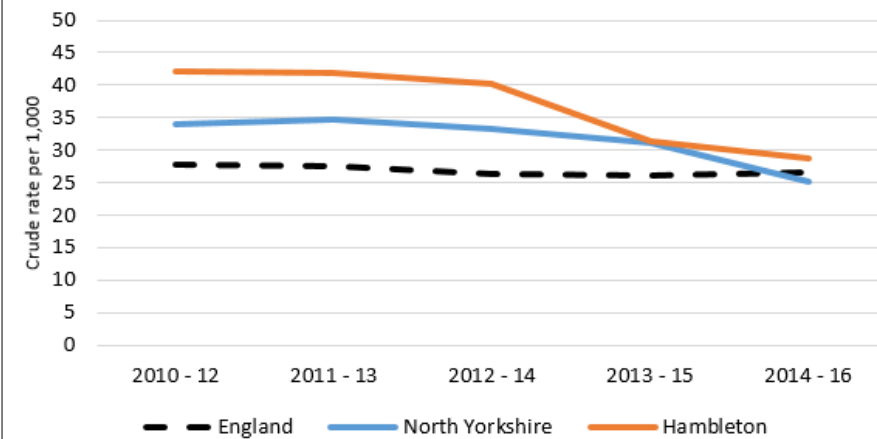


The rate of households who are homeless has decreased in Hambleton District since 2012/13 and is below both England and county averages.

# 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 Hambleton has decreased since 2012-14 and is similar to the county and national rates.

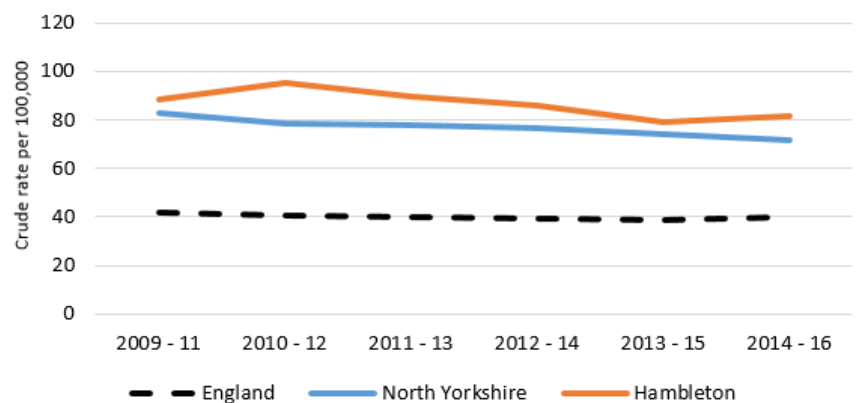
Nevertheless, the rate of people being killed and seriously injured (KSI) casualties on roads in Hambleton is significantly higher than the national average at 81 per 100,000. Between 2010-12 and 2013-15 rates of people being killed and seriously injured on roads in Hambleton decreased, however rates increased between 2013-15 and 2014-16. 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).

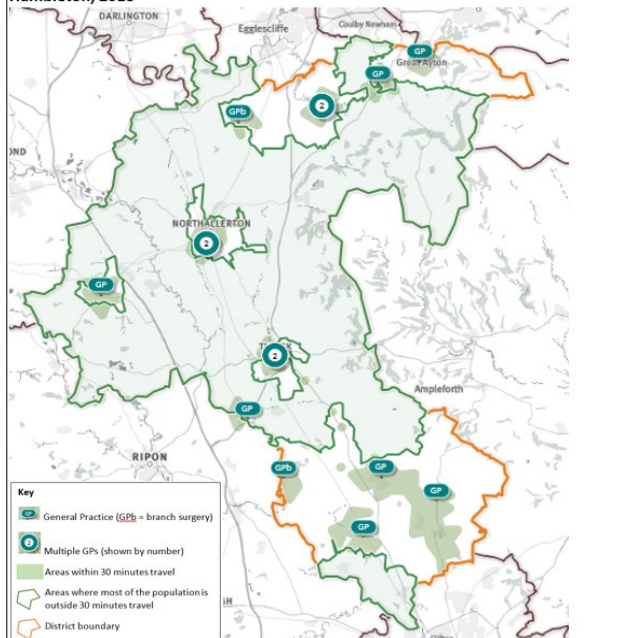
More information on staying safe on the road can be found in [Safer Roads, Healthier Place: York and North Yorkshire Road Safety Strategy](#) and at [roadwise.co.uk](http://roadwise.co.uk).

## Killed and Seriously Injured Casualties on the road

Source: PHE



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



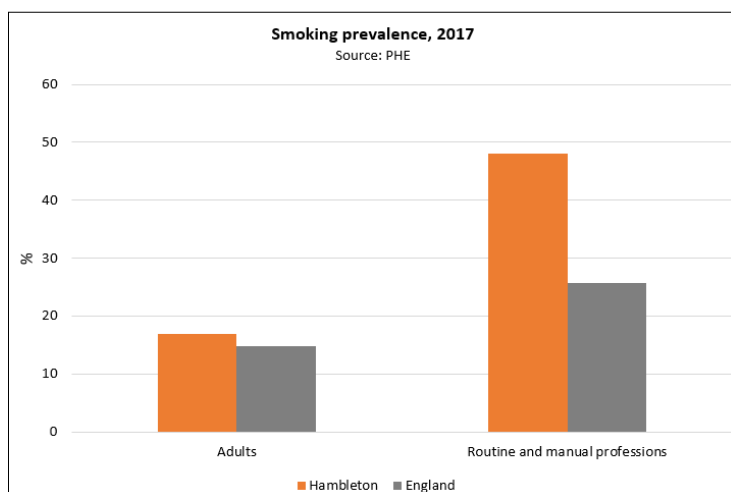
In Hambleton, most of the population (64%) do not live within a 30 minute travel time, by public transport, from a general practice.

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.



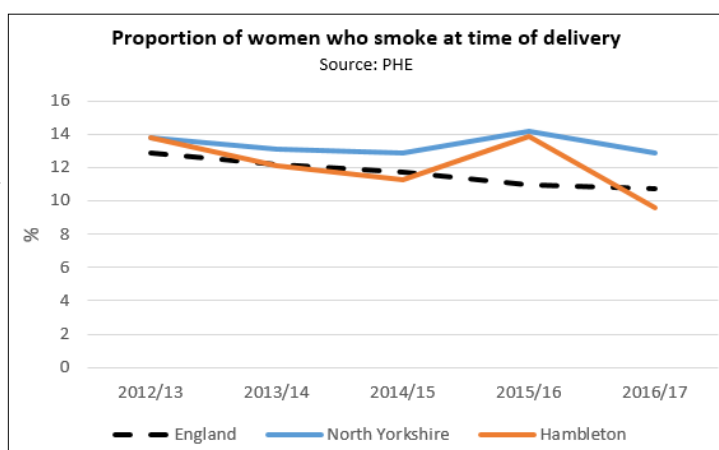
# Lifestyle and behaviour

## Smoking



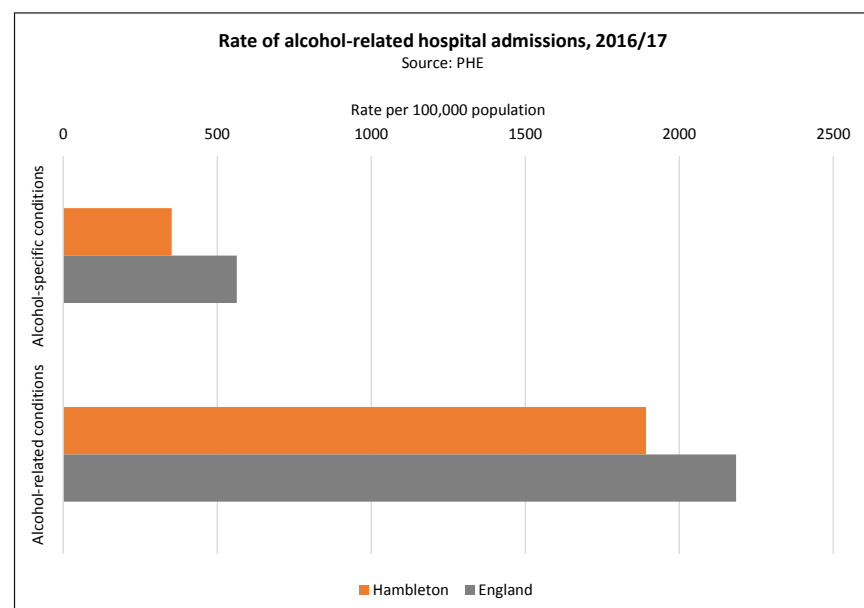
Smoking prevalence for adults in Hambleton is slightly higher than prevalence reported in England at 17% compared with 15% nationally. For adults in the routine and manual professions, however, prevalence in Hambleton is 48%, significantly higher than the 26% estimated for England. This represents a decrease from the estimate reported in 2015 (53%) but is an increase of nearly 20% on the 2016 data. This data needs to be looked at in relation to the overall smoking trends in the area to understand if it is a true increase or just a reporting issue, as prior to 2015, the prevalence in this group had been relatively stable.

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% (65,023) 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 352 per 100,000 population compared to 563 for England. As alcohol misuse can be a contributing factor

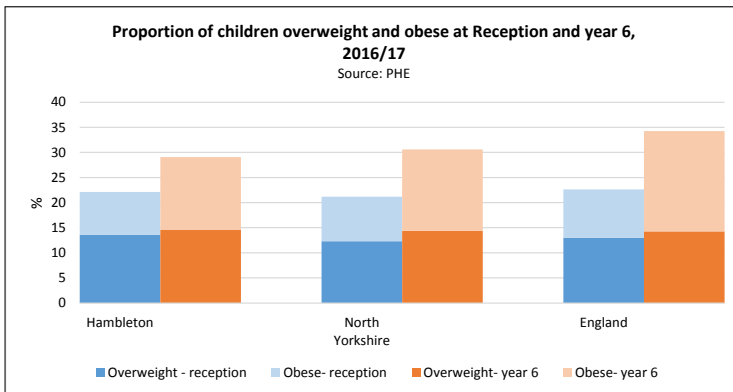


in a wide variety of diseases, and it is important to also look at broader health conditions where alcohol may have had a role, including both physical and mental health. When we look at people admitted for alcohol-related conditions, Hambleton is significantly lower compared to England (1,892 per 100,000 population compared to 2,258). 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/>

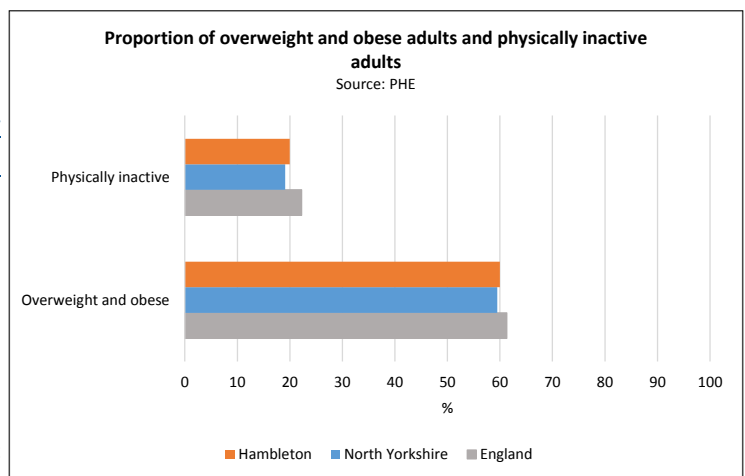
# Lifestyle and behaviour

## 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 Hambleton is similar to the figures seen in England overall (22% locally and 23% nationally). The prevalence of excess weight in year 6 children in Hambleton is significantly lower than the national figures (29% locally and 34% nationally). The data shows a 70% 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

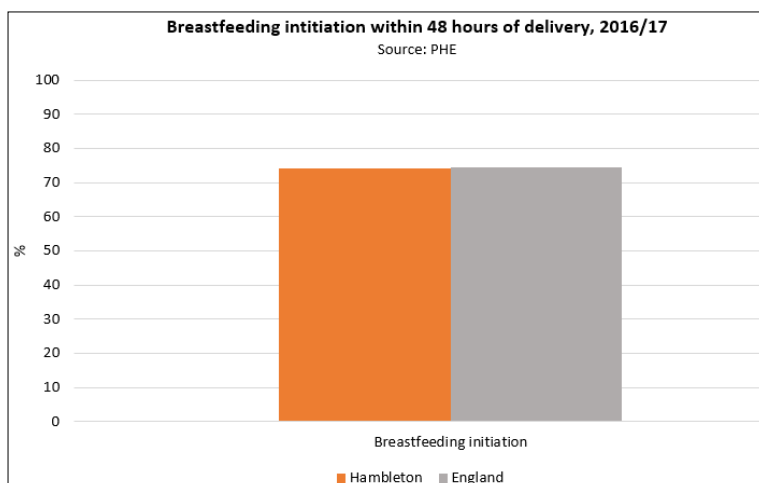
through primary school. For overweight children, we only see a 7% increase between Reception and year 6 but this could be because children change weight status (from overweight to obese) rather than indicating weight maintenance. Details of approaches to tackle excess weight across the lifecourse are 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 (both approximately 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 Hambleton is 60%—statistically similar to 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 Hambleton is below the England average in consuming the recommended fruit and vegetables, and indicates that nearly 40% of the adult population in Hambleton could improve their diet.



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 delivery has remained stable at 74% and is statistically similar to the England proportion (75%).

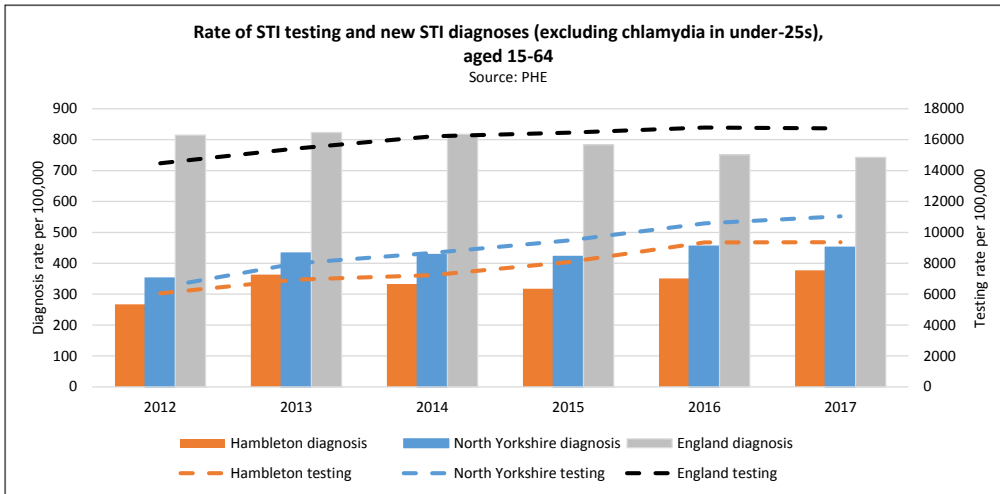
In order to increase breastfeeding a strategy and action plan has been developed in partnership with York that is focussing on:

- Increasing initiation of breastfeeding;
- 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

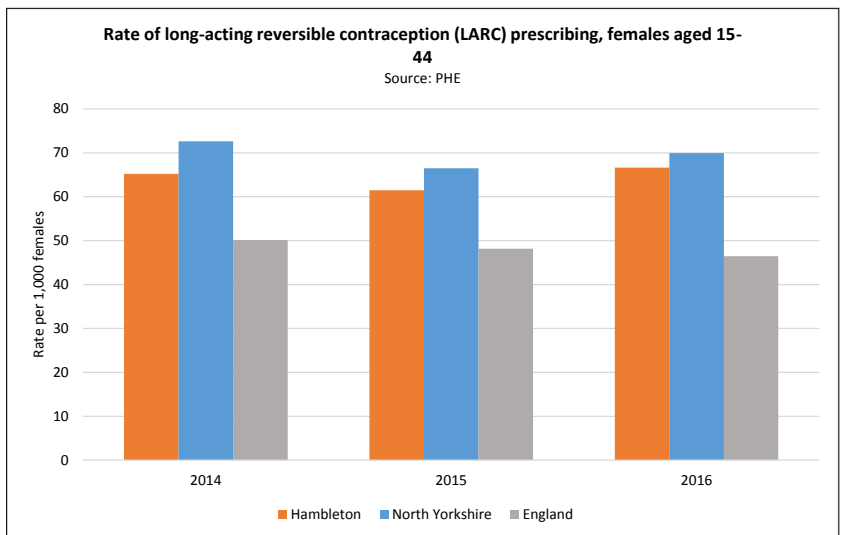
## Sexual health



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 2017 at 456 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

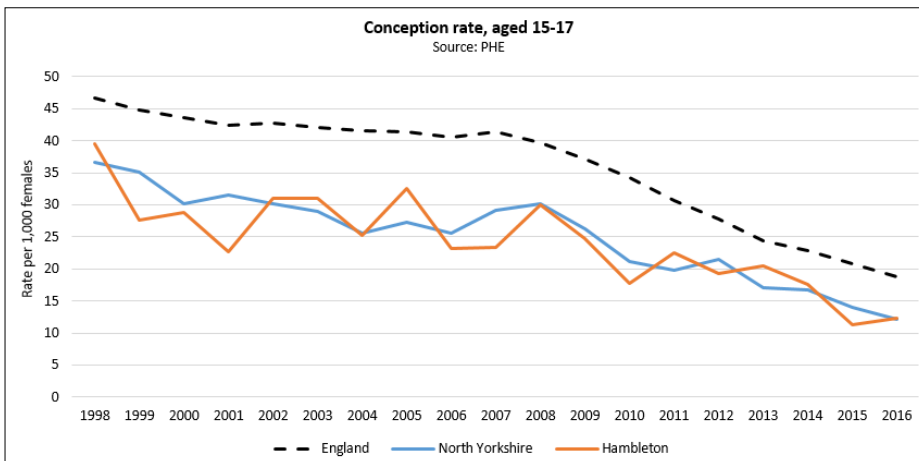
they have their own active screening programme in place.

The STI testing rate for the same time period, shows 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 67 per 1,000 women aged 15-44 is significantly higher than the rate seen in England of 46 per 1,000 women aged 15-44.

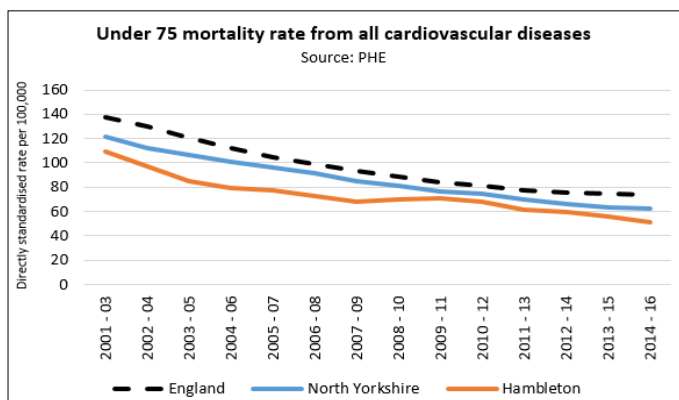


Unplanned pregnancies at any stage of life can have an impact on women's health and well-being. There is a great deal of attention paid to the experiences of teenagers who have an unplanned pregnancy, particularly in relation to the wider determinants of health including education, housing and poverty. The teenage conception rate in Hambleton is statistically similar to England at 12 per 1,000 women aged 15-17 compared to 19, and continues an overall downward trend.

# Diseases and Death

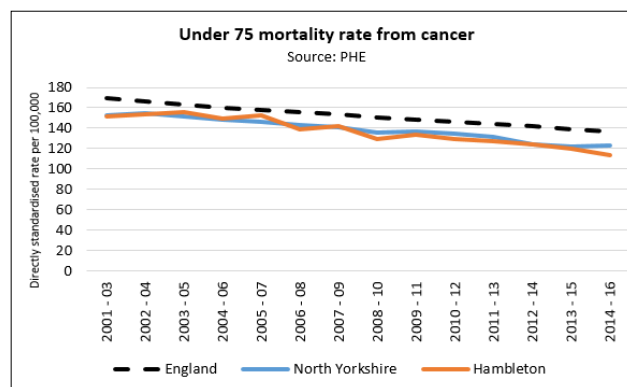
## Major causes of death

In Hambleton, there were 912 deaths in 2016. Nearly three quarters of deaths fell under just three broad causes: 257 (27.9%) due to cancer; 251 (27.3%) due to cardiovascular diseases; and 141 (15.3%) due to respiratory diseases.

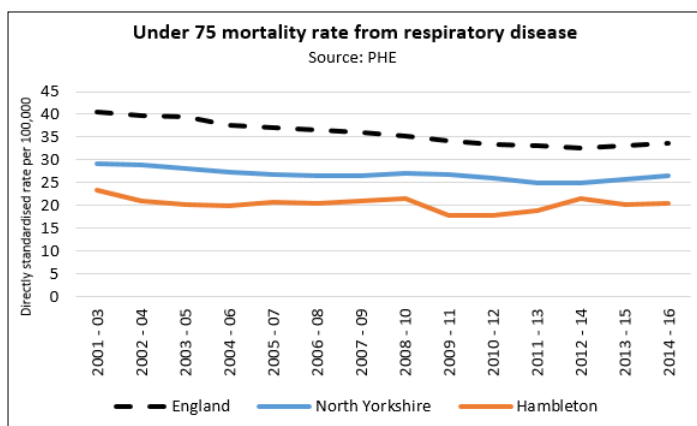


The rate of mortality for individuals aged under 75 from cardiovascular disease has decreased in Hambleton between 2001-03 and 2014-16 and is significantly lower than national (74 per 100,000) and Yorkshire and Humber (83 per 100,000) average.

The rate of mortality for individuals aged under 75 from cancer has decreased in Hambleton between 2001-03 and 2014-16 and is now significantly lower than the national (137 per 100,000) and Yorkshire and Humber (146 per 100,000) average.



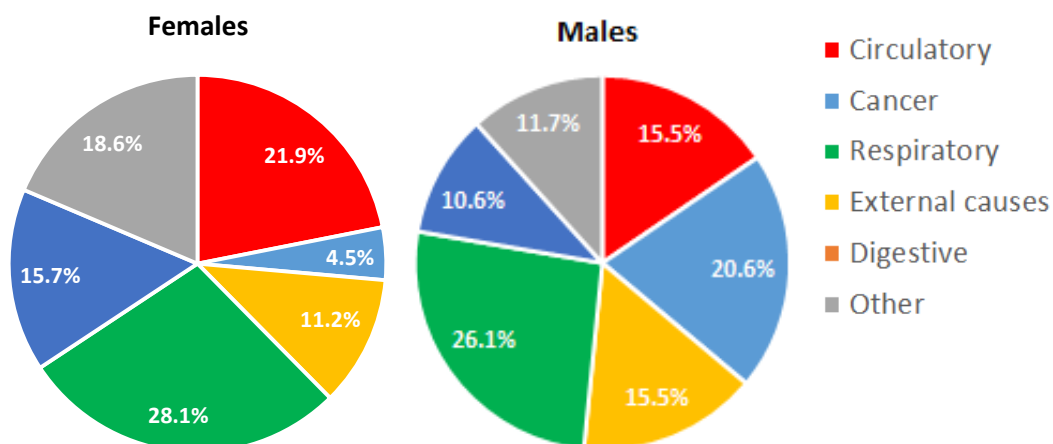
The rate of mortality for individuals aged under 75 from respiratory disease has decreased in Hambleton between 2012-14 and 2014-16 and the rate is significantly lower than national (34 per 100,000) and Yorkshire and Humber (39 per 100,000) averages.



## Inequality

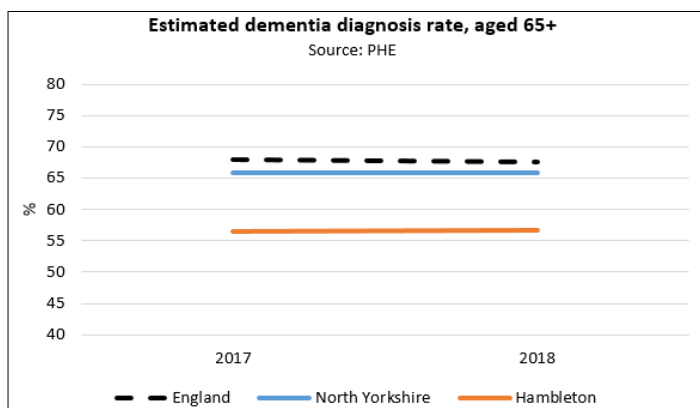
The following charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in Hambleton. The biggest contributors to the life expectancy gap for women are respiratory and circulatory diseases. For men, the most common contributors to the life expectancy gap are respiratory disease and cancer.

Targeting NHS Health Checks in deprived areas will help to narrow the inequality in life expectancy.



# Diseases and Death

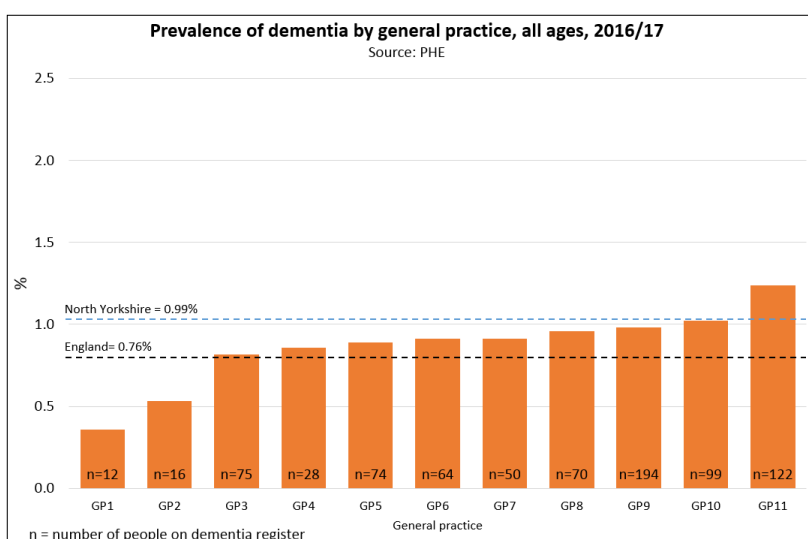
## Dementia



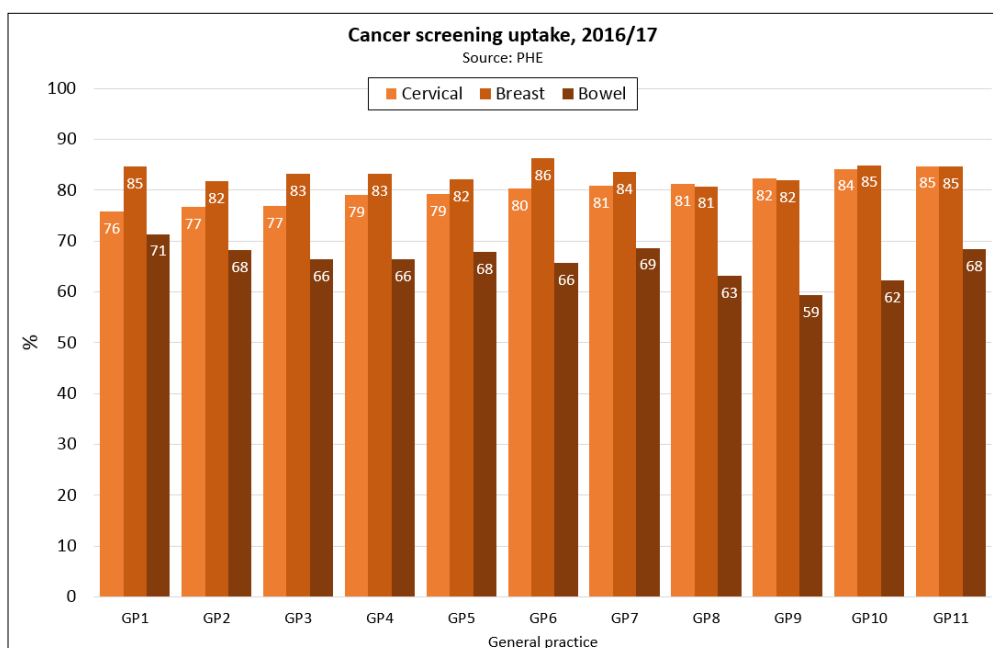
Hambleton has a significantly lower rate of those estimated to have dementia being diagnosed aged 65 when compared with England (60% vs 67%). There are 790 people aged 65+ with dementia diagnosed in Hambleton, with potentially another 600 cases unrecorded.

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 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 is one GP in Hambleton that has a higher number of people with dementia than the county average. Furthermore, over half of the GPs in Hambleton have a higher rate of dementia prevalence than the national average in 2016/17.



## Cancer Screening

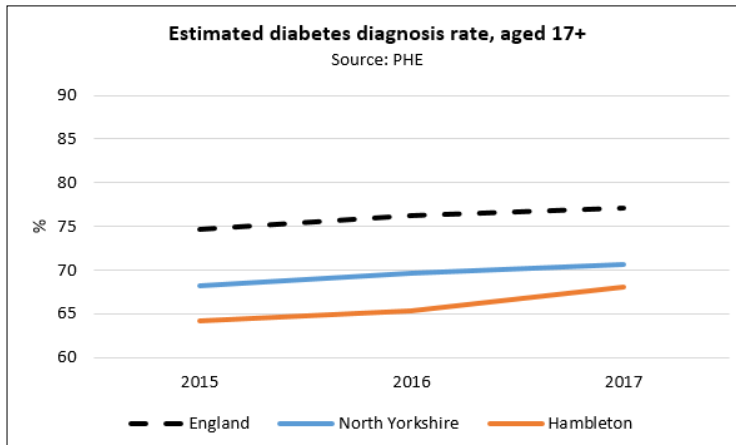


Across Hambleton there is a variation in the uptake of screening for breast cancer when compared to bowel cancer. Despite the low uptake of screening for bowel cancer in Hambleton the rate is significantly higher compared to the England average (66% locally compared to 59% nationally) in 2017.

Screening for cancer leads to diagnosis at an earlier stage, leading to better outcomes and increased survival.

# Diseases and Death

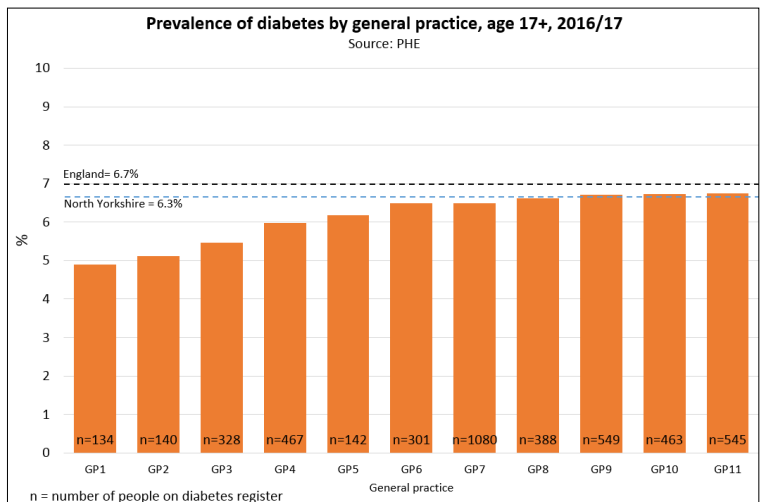
## Diabetes



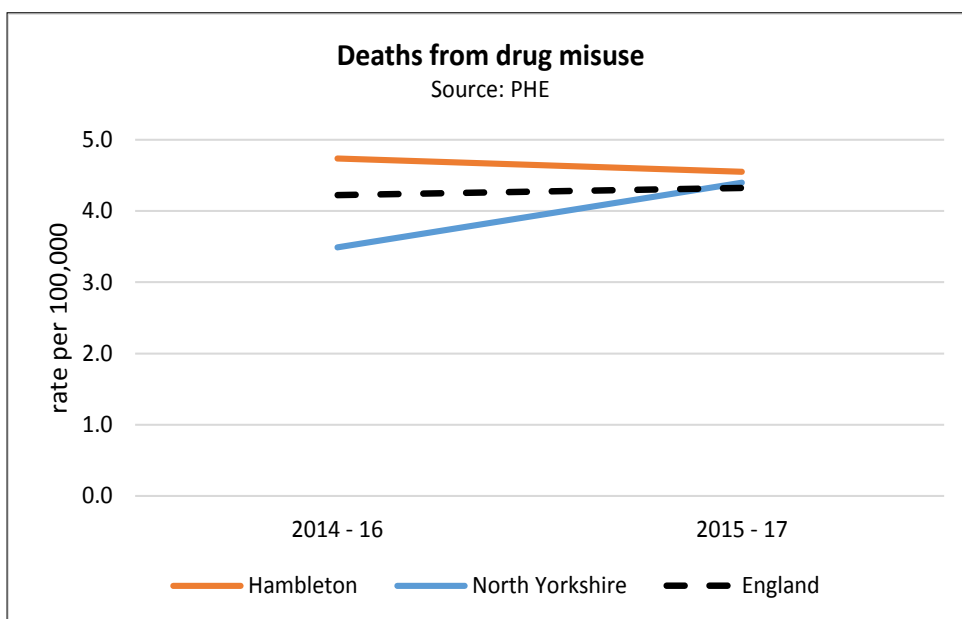
Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes is typically associated with excess weight can be prevented or delayed by lifestyle changes.

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 68% of diabetes cases are diagnosed. This is significantly lower than the estimated 77% diagnosed in England.

The chart to the right highlights the prevalence of diabetes by general practice for those aged 17 and over. There are four GPs in Hambleton district which have a higher prevalence of diabetes for those aged 17 and over. However, there are no GPs in Hambleton that 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 for those at risk of developing diabetes.



## Substance Misuse

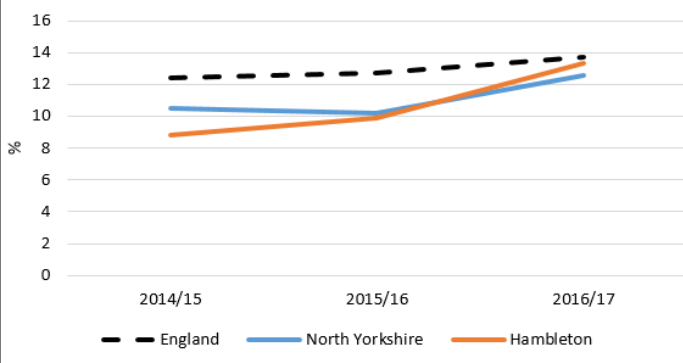


Data related to deaths from drug misuse indicated that Hambleton is not significantly different from England at 5 per 100,000 (compared to 4 per 100,000 for England). Data prior to 2014 is not available for Hambleton.

# Mental Health

**People reporting depression or anxiety, aged 18+**

Source: PHE



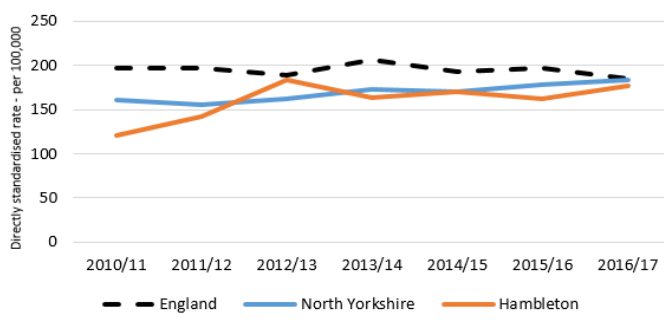
The percentage of individuals reporting depression or anxiety in Hambleton is similar (13%) compared to the national average (14%).

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 to 24% nationally).

Hambleton has similar rate of emergency hospital admissions for intentional self-harm (177 per 100,000) compared to the England average (185 per 100,000). The proportion of hospital admissions for intentional self harm has increased between 2015/16 and 2016/17. In 2015/16 Hambleton had a rate which was significantly lower than England; due to the increase in admissions the rate is now significantly higher than England.

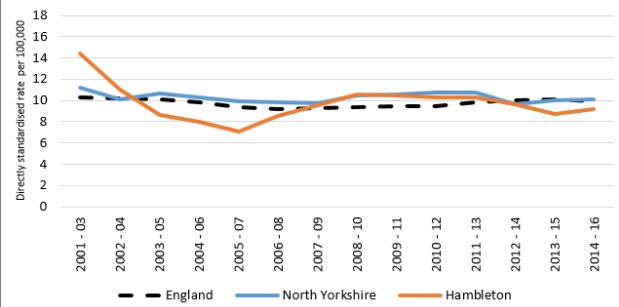
**Emergency Hospital Admissions for Intentional Self-Harm, all ages**

Source: PHE



**Suicide rate, all persons, aged over 10 years**

Source: PHE



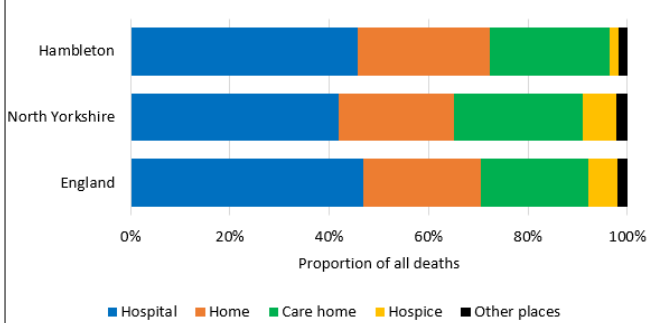
Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

The suicide rate in Hambleton has decreased between 2013-15 and 2016-16 and the rate is similar to the England average (9.2 per 100,000 locally compared to 9.9 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

**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 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 2016.

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