

## North Yorkshire Joint Strategic Needs Assessment 2018

### North Yorkshire County Summary Profile

## Introduction

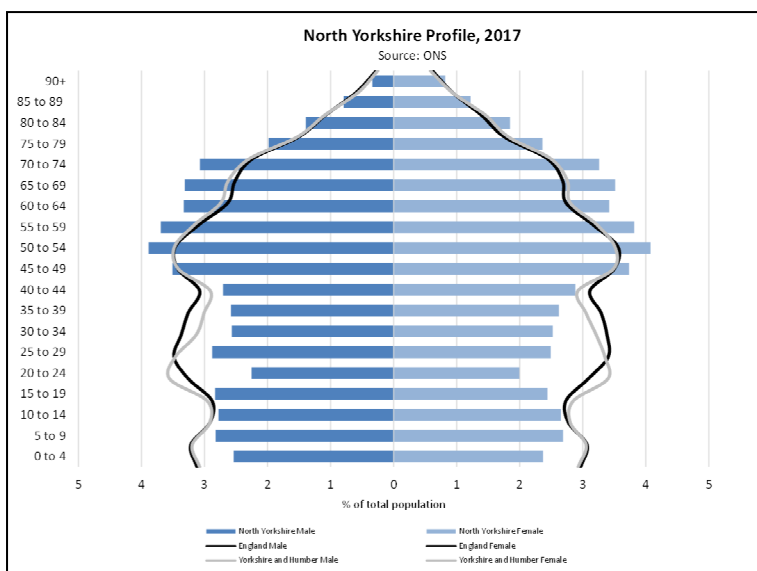
This profile provides an overview of the population health needs in North Yorkshire. Greater detail for the districts and CCGs in the county can be found in our Joint Strategic Needs Assessment (JSNA) resource at [www.datanorthyorkshire.org](http://www.datanorthyorkshire.org). This document is structured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

## Summary

- The population of North Yorkshire is ageing. By 2025, there will be a 16% increase in people aged 65+ and a 4% decrease in the working age group. This is likely to lead to increased health and social care needs.
- Overall population health in North Yorkshire is better than England. However, there are stark inequalities: life expectancy varies by 15 years between wards within North Yorkshire; the healthy life expectancy gap for men is even wider at 18 years.
- Rates of child poverty are higher than poverty in older people. Over 21,000 children are growing up in poverty in North Yorkshire and one quarter of these are in Scarborough.
- Cardiovascular diseases are the leading cause of death in North Yorkshire and are the largest contributor to the life expectancy gap between the least and most deprived areas.

## Overview: Population

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



The population pyramid shows that, overall, North Yorkshire has an older population than both Yorkshire and the Humber region and England, with more residents aged 50-84, and fewer aged under 45. There are noticeably fewer people aged 20-44 in North Yorkshire compared to both regional and national demographics. The shape of the pyramid is typical of a population with long life expectancy and low birth rate.

There are about 65,600 people aged 65+ with a limiting long term illness in North Yorkshire. Of these people, 44% (28,600) report that their daily activities are limited a lot because of their illness.

Within the county, 2.8% of the population are from black, Asian and minority ethnic groups, compared to 15% in England.

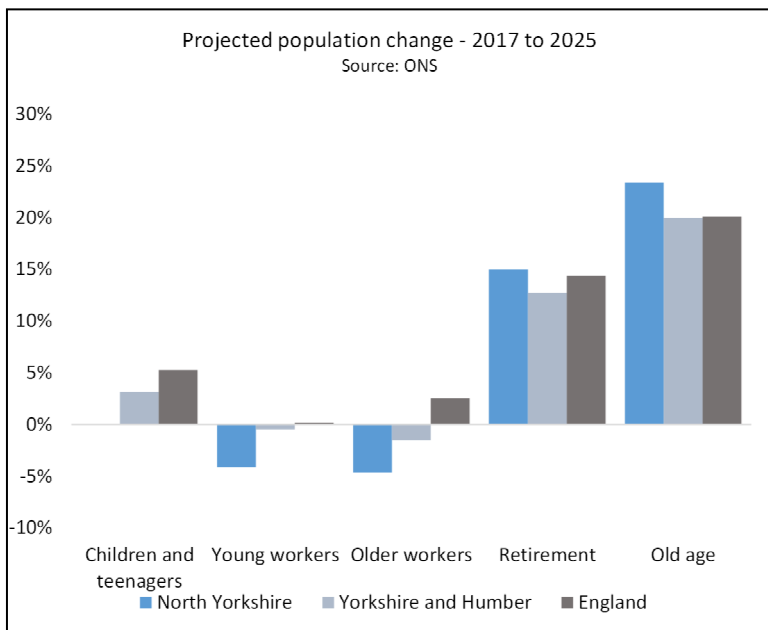
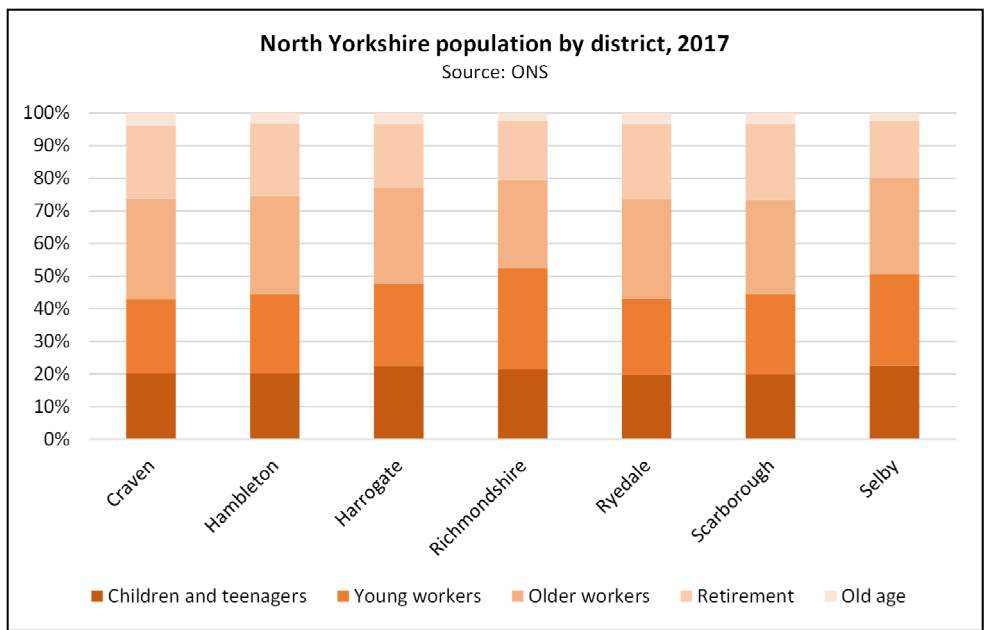
# Population

## Current and projected population

The population of North Yorkshire is estimated to be 611,633 and is set to increase by 1.4% to 620,300 in 2025. The birth rate in the county is the same as the national rate, 63 births per 1,000 women aged 15-44.

		Current and projected population							
		Source: ONS							
		2017				2025 (projected)			
		Males		Females		Males		Females	
		N	%	N	%	N	%	N	%
Children and teenagers	0-19	67,108	22.3	62,103	20.0	67,200	22.0	62,000	19.7
Young workers	20-44	79,406	26.4	76,522	24.7	76,100	24.9	73,400	23.3
Older workers	45-64	88,185	29.3	92,033	29.7	83,100	27.2	88,700	28.2
Retirement	65-84	59,712	19.8	67,192	21.7	69,600	22.8	76,300	24.2
Old age	85+	6,905	2.3	12,467	4.0	9,300	3.0	14,600	4.6
<b>Total</b>		<b>301,316</b>		<b>310,317</b>		<b>305,300</b>		<b>315,000</b>	

Selby has the highest population proportion aged 0-19 at 23%, and Ryedale the lowest at just under 20%. Richmondshire has the greatest proportion of young workers (aged 20-44) at 31%, which is likely due to the military base located in the district. Most districts have about 30% of their population in the older workers category, but Richmondshire has the lowest proportion in this age group (27%). There is some variation in the retirement age grouping, with a range of 18% in Selby and Richmondshire and 23% in Scarborough and Ryedale. For those aged 85+, Craven has the greatest proportion of residents (3.8%), while Richmondshire and Selby have the lowest proportion at 2.3%.



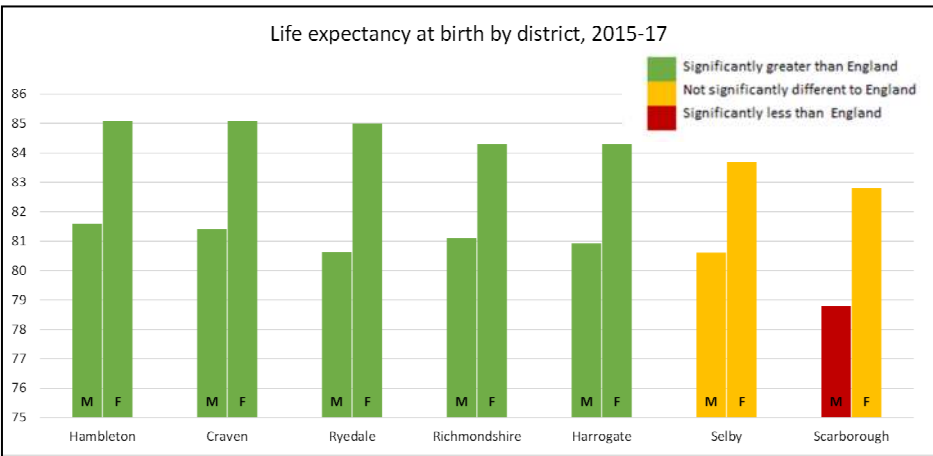
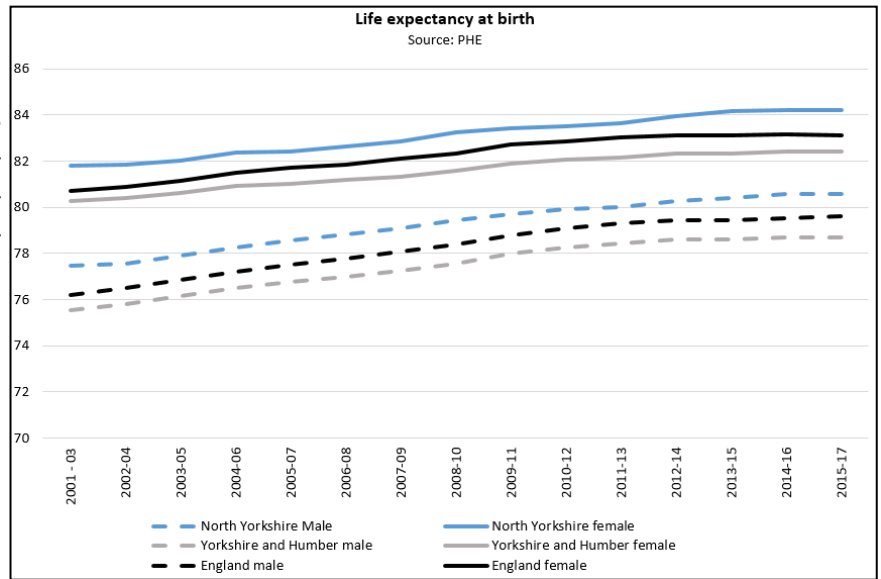
The population aged over 85 is projected to increase in North Yorkshire by approximately 23% from 2017 to 2025, compared with a 20% increase in both Yorkshire & Humber and England. A 15% increase is also anticipated for those in the retirement category in the county. In contrast, the 20-44 and 45-64 age groups are projected to decrease in North Yorkshire by 4% and 5%, respectively.

There is some variation in the make-up of the projected populations in the districts within the county. Harrogate is projected to see an increase of 28% in the 85+ age group by 2025, and Selby anticipates an increase of 20% of those in the retirement group. Meanwhile, only Ryedale and Selby are expected to see a rise in the under 44s, with Ryedale projected to increase by 6.2% in the under 19 category and Selby projected to see growth of 0.8% in the 20-44 age group.

# Population

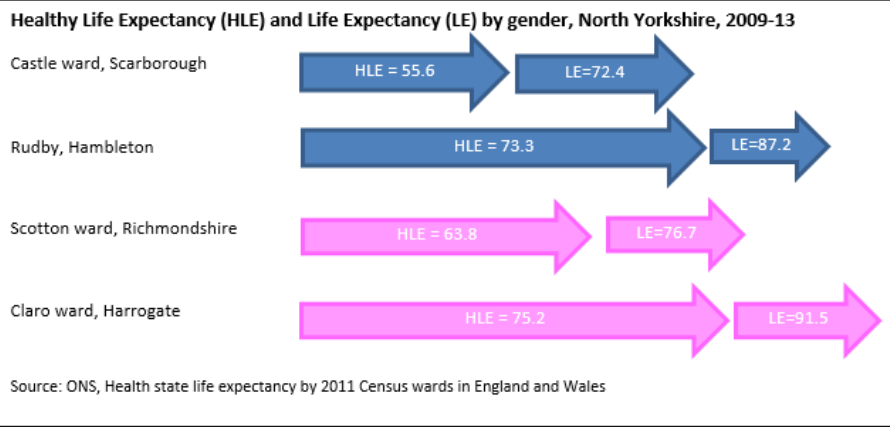
## Life expectancy

Historically, life expectancy at birth has been increasing in England, but this has plateaued in recent years. In North Yorkshire, life expectancy is 81 years for males and 84 for females. For both sexes, this is higher compared to both Yorkshire and the Humber (79 for males and 82 for females) and England (80 for males and 83 for females) in 2015-17.



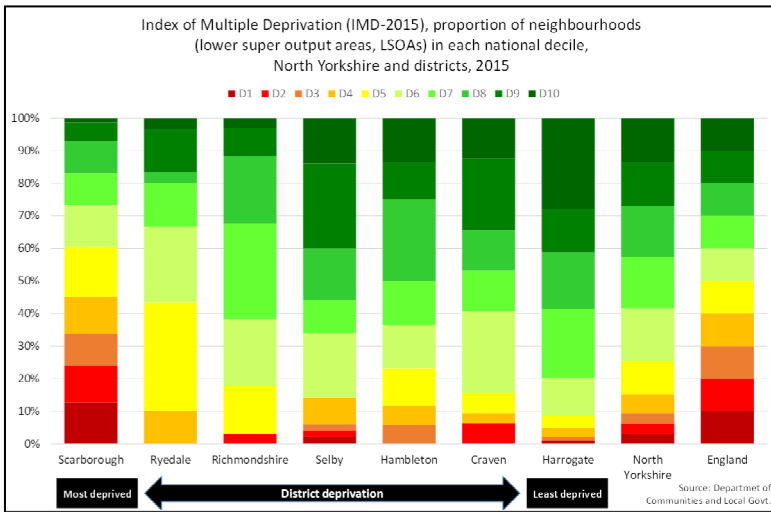
There is some significant variation in life expectancy within the county. The chart shows most districts have life expectancies at birth which are significantly higher than England for both males and females. However, both Scarborough (83) and Selby (84) have female life expectancy not significantly different from England. For males, Scarborough (79 years) has significantly lower life expectancy for males and Selby (81 years) is not significantly different from England.

By comparing healthy life expectancy with life expectancy at birth, we get a richer picture of years spent in good health. In North Yorkshire, there is considerable variation in the years spent in good health, indicating inequalities within the county. There is a 15 year difference in life expectancy for males between the ward with the lowest overall life expectancy (Castle ward, Scarborough district) and that with the highest overall life expectancy (Rudby ward, Hambleton district). In terms of healthy life expectancy, men in Castle ward can expect to live 56 years in good health. However, men in Ripon Minster ward spend 73 years in good health, nearly an 18 year difference of life spent in good health. For females, there is also a 15 year difference in overall life expectancy between the wards with the lowest and highest life expectancy. For healthy life expectancy, women in the ward with the lowest life expectancy (Scotton ward, Richmondshire) spend 62 years in good health, while in Claro ward in Harrogate they spend 75 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 lower than England.



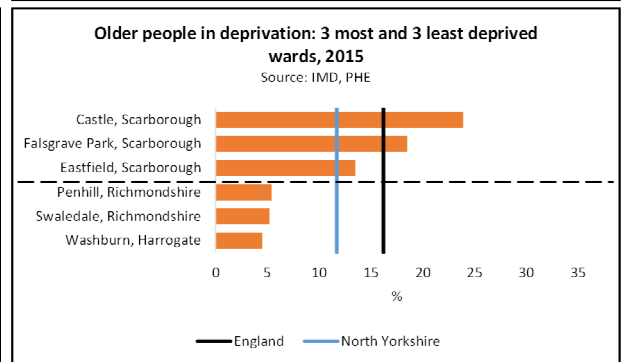
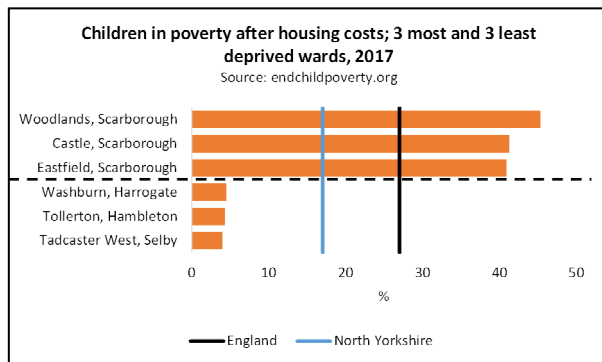
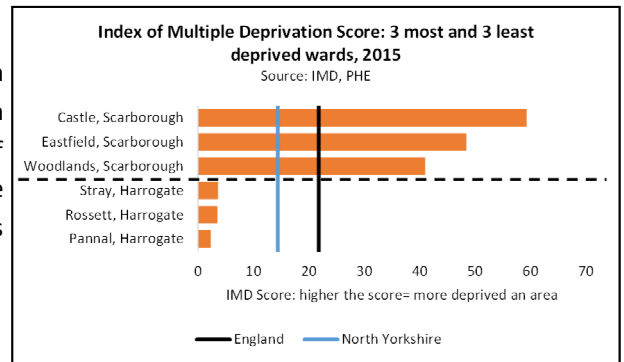
# Wider determinants of health

## Poverty

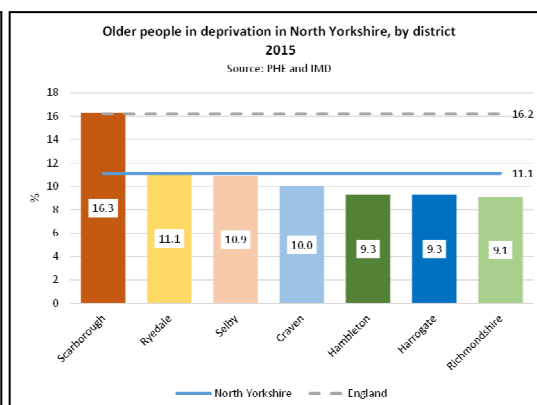
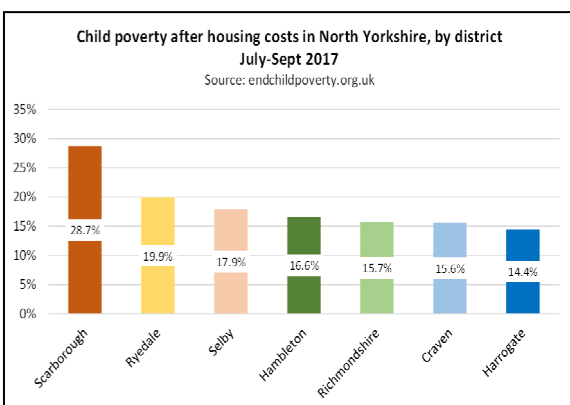


The 2015 Index of Multiple Deprivation (IMD) identifies 23 Lower Super Output Areas (LSOAs) of the 373 LSOAs in North Yorkshire which are amongst the 20% most deprived in England. These have a combined population of 39,000 people. Eighteen of these LSOA are in the Scarborough district and 28,000 people live in these areas. In Harrogate, more than 90% of LSOAs are in the least deprived half of the national distribution. In contrast, for Scarborough, 60% of LSOAs are in the most deprived half of the national distribution.

Deprivation measures for specific groups show that wards in Scarborough have highest rates of overall deprivation, children in poverty and older people's deprivation. In the county, around 17% of children are living in poverty after housing costs, lower than the national average of 27%. However, this rises to 45% in the Woodlands ward in Scarborough.



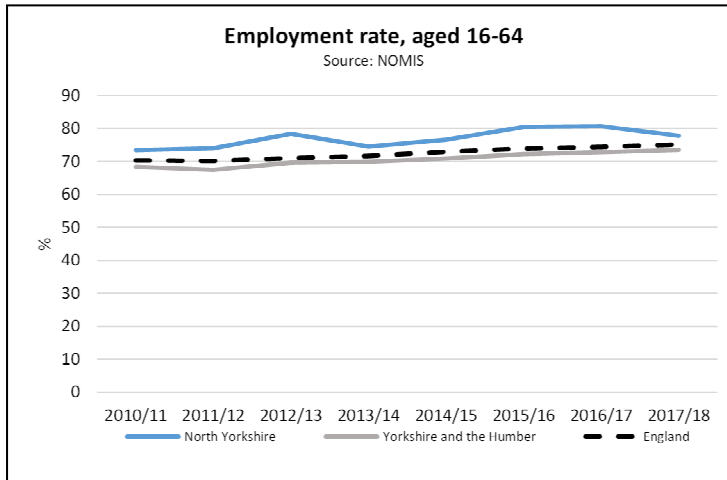
At districts level, there is some variation in deprivation for both children and older people. The End Child Poverty coalition ([www.endchildpoverty.org.uk](http://www.endchildpoverty.org.uk)) estimates that nearly 30% of children in Scarborough are growing up in poverty, compared with 14% in Harrogate. Income deprivation in older people shows a similar pattern but with lower rates. Scarborough has the



highest proportion of income deprivation in older people (16%). This is the same as England, but higher than North Yorkshire (11%).

# Wider determinants of health

## Employment

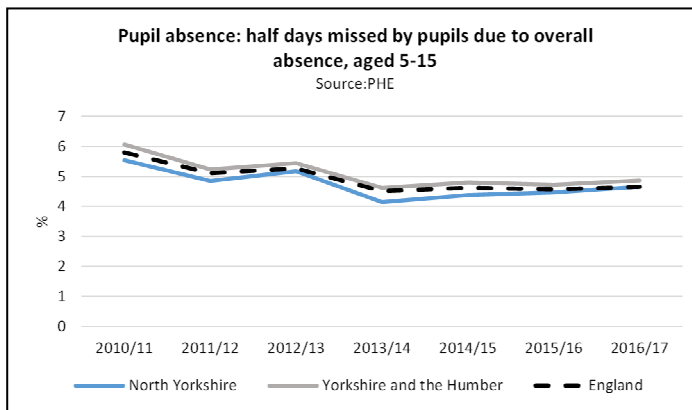


The employment rate in North Yorkshire is 78%, higher than both England (75%) and Yorkshire & Humber (74%) rates. The lowest employment rate in the county is in Craven (70%) where the employment rate has decreased by 13% between 2016/17 and 2017/18. This should be monitored closely to determine if there is a long-term decrease in employment in the district.

In 2017, the Office for National Statistics reported that the median average weekly earnings in North Yorkshire were £396, significantly lower than England (£440 per week, which is skewed by higher earnings in the South East). The median average earnings for Yorkshire & Humber (£396), however, were the same as North Yorkshire. The lowest

average weekly earnings were in Craven (£342) and Scarborough (£354). Only Selby district (£447) had average weekly earnings above England. There is a large variation in the median earnings for men and women at the county, regional and national level. In 2017, men in North Yorkshire earned, on average, £482 per week. Women, however, earned £328 per week. The data includes earning information for both full and part-time work, which could explain some of the gap, as women are more likely to be in part-time employment. However, as income is related to a variety of health-related factors, including self-reported health and disability-free life expectancy, the reason for the gap in earnings between men and women in the county could be explored more fully.

## Education

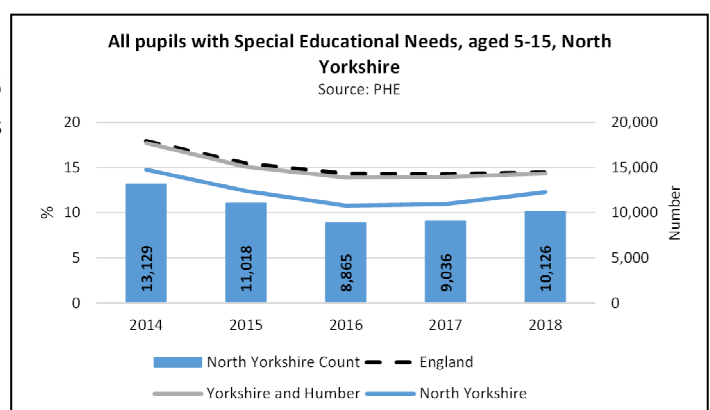


Educational attainment and qualifications impact upon future health and health inequalities. Furthermore, low attendance at both primary and secondary school is associated with lower educational attainment. Tackling absenteeism is an important aspect of the Government's goal of increasing social mobility and helping all children meet their potential.

The proportion of half days missed by pupils due to overall absence (both authorised and unauthorised) in North Yorkshire is the same as England at 4.7%, and is similar to the Yorkshire & Humber average (4.9%). Harrogate has the lowest rate of pupil absence (4.0%), significantly lower than

England. In contrast, Scarborough has the highest rate (5.7%), significantly higher than England. The proportion of overall absence has increased from 2013/14 to 2016/17 in the county, and this is in line with Yorkshire & Humber trends.

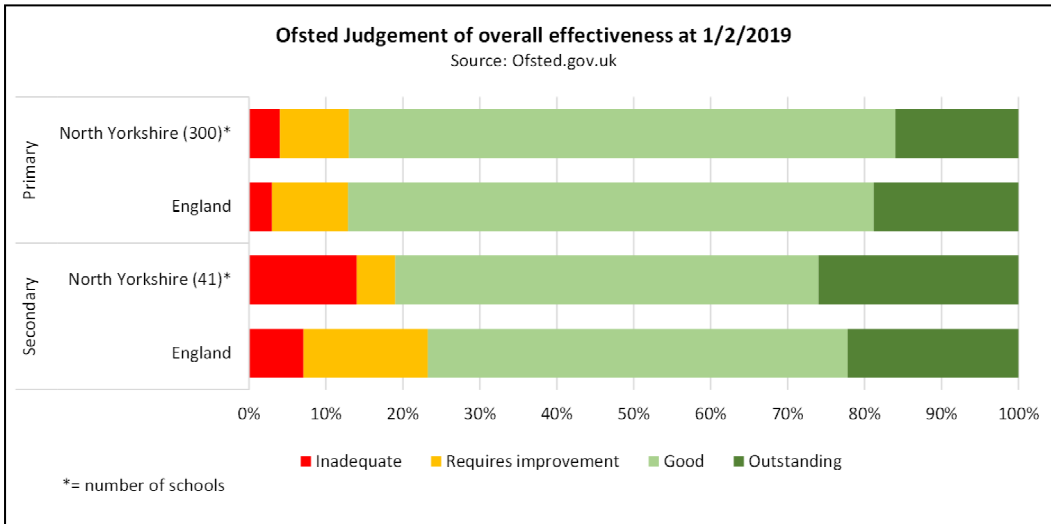
The proportion of pupils aged 5-15 with special educational needs in North Yorkshire has increased slowly between 2016 and 2018. Despite the gap narrowing, the proportion remains significantly lower than England.



# Wider determinants of health

## Education

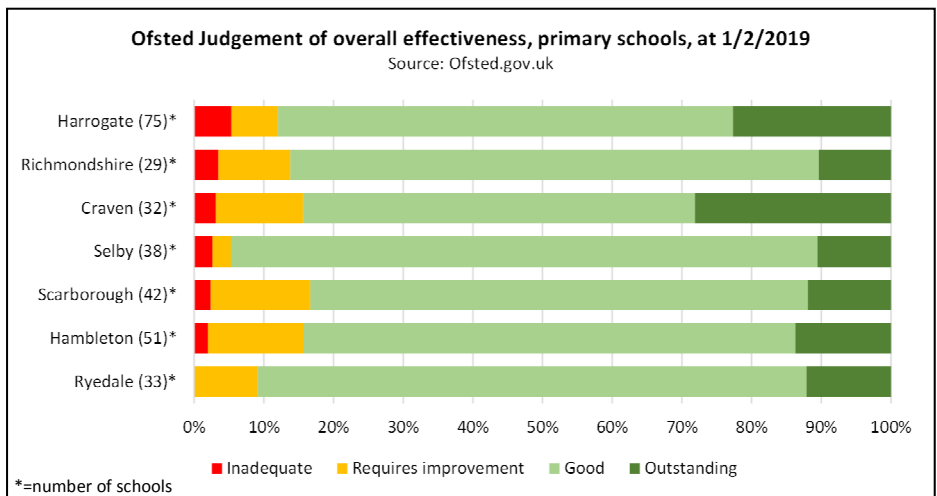
The charts below highlights the Ofsted judgement of overall effectiveness of primary and secondary schools in North Yorkshire compared with England.



Performance at primary schools is similar to national findings. However, for secondary schools, North Yorkshire has a higher proportion rated 'outstanding' when compared to England but also higher proportion rated as 'inadequate'. Due to the small number of Ofsted rated secondary schools in North Yorkshire (41), this needs to be interpreted with a degree of caution.

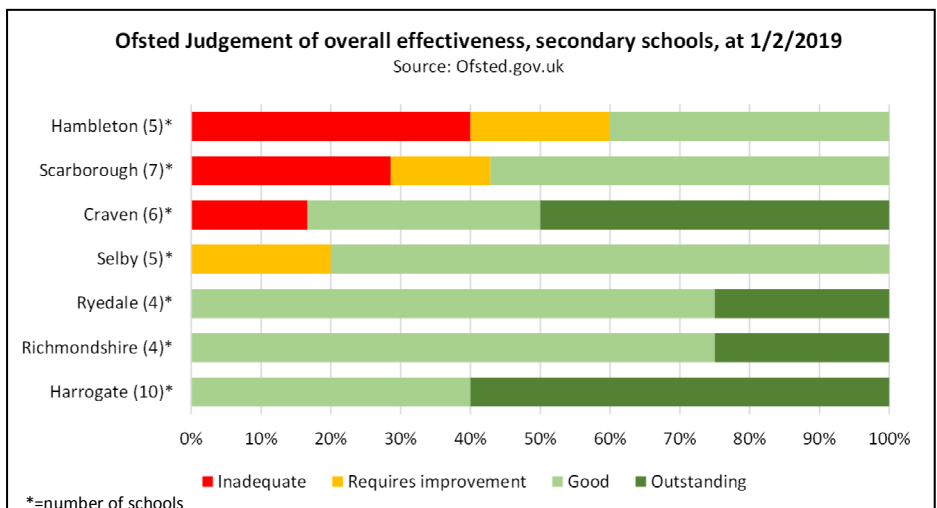
At a district level, there is some variation in the distribution of Ofsted judgements.

For primary schools, Craven has the highest proportion of schools rated 'Outstanding' (28%). Harrogate has the highest proportion of primary schools rated 'Inadequate' at 5%, (four schools). Harrogate, with the largest population, has the most primary schools of all districts, and 23% of schools in the district were judged to be 'Outstanding'. Only Ryedale has no schools considered 'inadequate'.



There are relatively few secondary schools in the county and, when broken down by district level, extra caution needs to be used when interpreting and comparing the data.

There are five secondary schools rated 'Inadequate': one in Craven, and two in each of Hambleton and Scarborough. Hambleton, Scarborough and Selby have no schools judged to be 'Outstanding'. Harrogate, Richmondshire and Ryedale districts all have no secondary schools judged to be either 'Inadequate' or 'Requires improvement'.



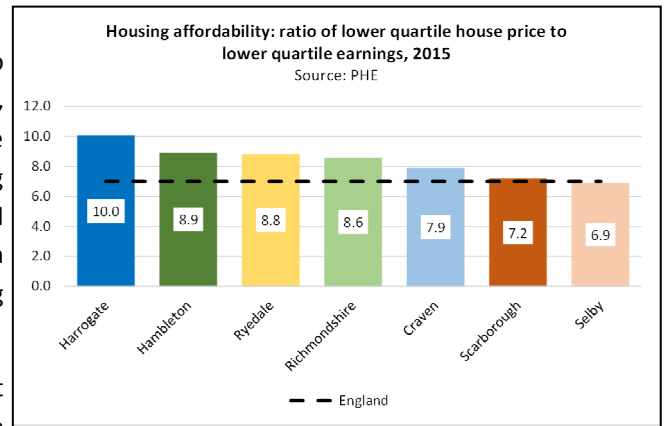


# Wider determinants of health

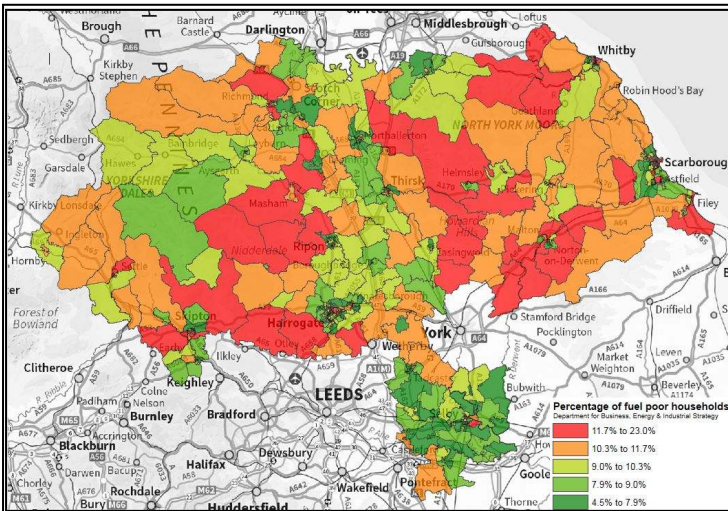
## Housing

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

Housing affordability data are not available at county level, only at district level. A ratio of lower quartile house price to lower quartile earnings is calculated for each district. Using lower quartile prices and earnings better estimates affordability of housing to lower wage earners and the lower the ratio, the more affordable the housing. In North Yorkshire, Harrogate has the highest ratio and Selby has the lowest; all districts other than Scarborough and Selby have ratios higher than England (7.0).

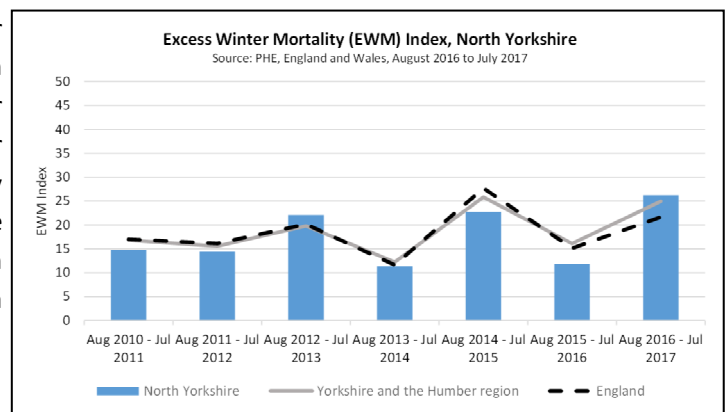


### Fuel poor households in North Yorkshire (%), 2016



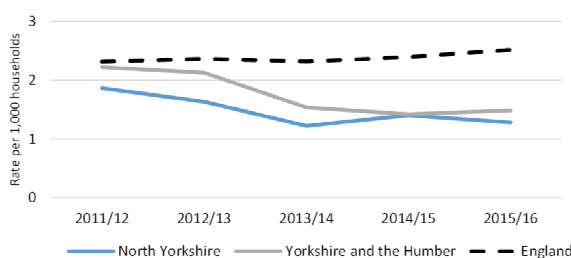
In 2016, 10% of households in North Yorkshire (26,576 households) were classified as fuel poor, below the national average (11%). Scarborough (12%) has the highest proportion of households classified as fuel poor. Merely tackling poverty would not necessarily relieve fuel poverty, as often housing type and access to affordable sources of energy are important. Tackling fuel poverty should in turn improve winter health, decreasing excess winter mortality and subsequently 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.

In North Yorkshire, there is variability in excess winter mortality over time, mirroring the trend seen in both regionally and nationally. In 2016/17 the Excess Winter Mortality index increased from 12 to 26 in the county, higher the national average of 22; however, this is not statistically significant. All districts in the county have values that are statistically similar to England. While there is some variation across the county, the small numbers mean that these data must be interpreted with caution.



### Statutory homelessness

Source: PHE

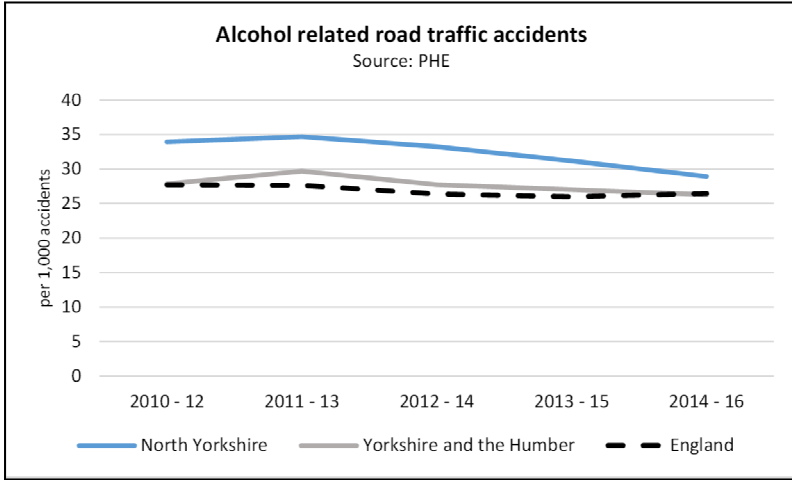


The rate of homeless households has decreased in North Yorkshire since 2011/12 and is currently 1.3 per 1,000 households. This is below both the Yorkshire & Humber (1.5 per 1,000) and England (2.5 per 1,000) rates.

Richmondshire (2.2 per 1,000 households) is the only district that has a rate of statutory homelessness that is not statistically significantly lower than the England rate.

# Wider determinants of health

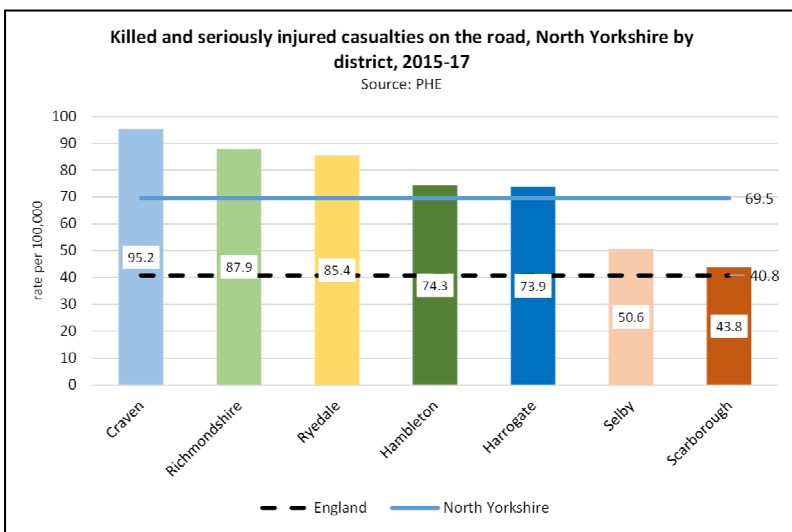
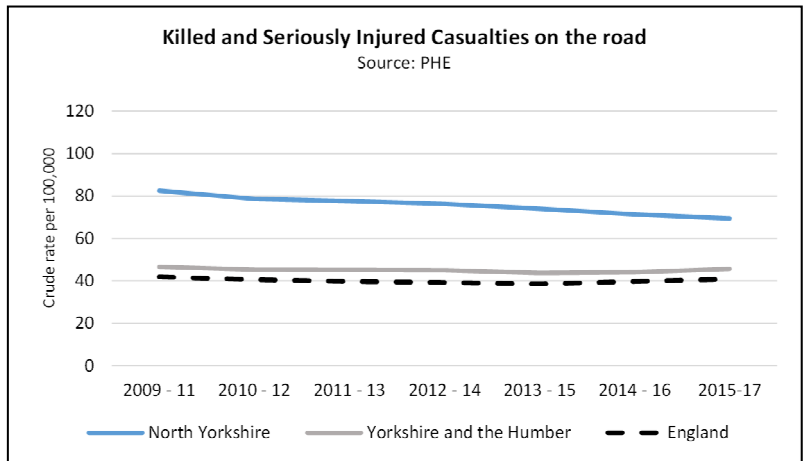
## Transport



Alcohol consumption is responsible for around one in seven deaths in 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 North Yorkshire is 25 per 1,000 accidents, similar to the England (26 per 1,000 accidents). Selby is the only district significantly higher than the national rate (46 per 1,000 accidents), and Scarborough (13 per 1,000 accidents) is the only district that is significantly lower than England.

The rate of people being killed and seriously injured (KSI) casualties on roads in North Yorkshire (70 per 100,000 population) is significantly higher than the England (41 per 100,000 population). The Yorkshire & Humber rate (46 per 100,000) is also significantly higher than England. However, it should be noted that while the rates in the Yorkshire & Humber and England are slowly increasing, the rate in North Yorkshire has decreased in recent years, narrowing the gaps. There were 1,271 people killed or seriously injured on North Yorkshire’s roads in the three years 2105-17.



All districts within North Yorkshire have rates significantly higher than England, other than Scarborough (44 per 100,000 population), which is not significantly different from England. These relatively small numbers need to be interpreted with caution.

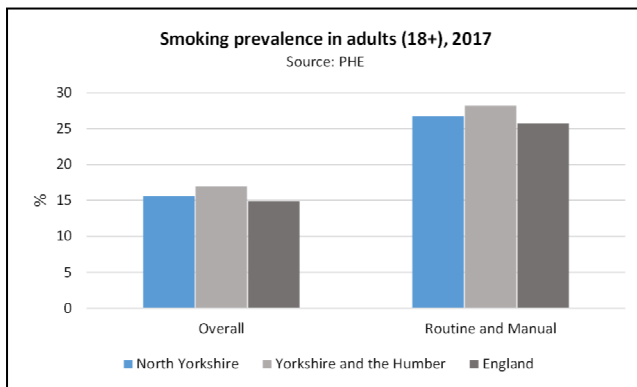
Across North Yorkshire, the rate of children being killed and seriously injured on roads has decreased between 2013-15 and 2014-16 (from 22 to 19 per 100,000 population) and is not significantly different from England (17 per 100,000 per population). There were 57 children killed or seriously injured in three years (2014-16).

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).



# Lifestyle and behaviour

## Smoking

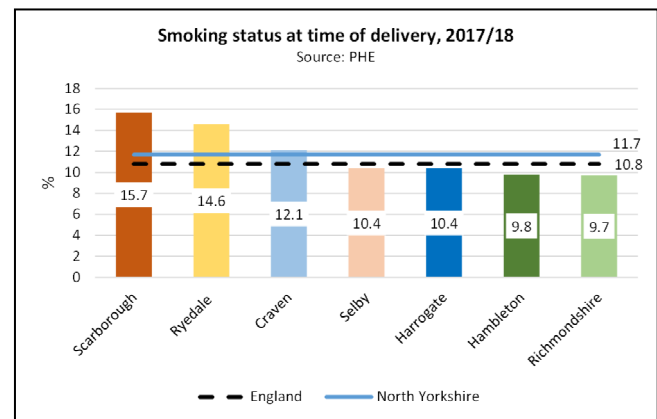
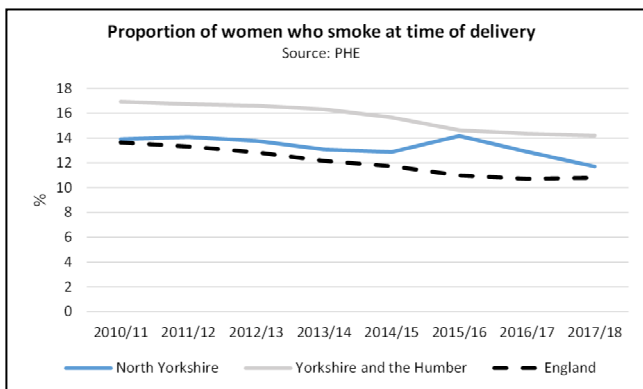


Smoking prevalence for adults in North Yorkshire (16%) is slightly higher than England (15%), but the difference is not statistically significant. However, there was a 2.5% increase in overall prevalence for the county between 2016 to 2017. Careful monitoring of future rates is important to understand if this is a developing trend. All districts in North Yorkshire have smoking rates that are similar to England, except for Craven (7%) which is significantly lower than England.

For adults in routine and manual professions, smoking prevalence in North Yorkshire (27%) is higher than England (26%) estimated, but this is not statistically significant. Hambleton district has the

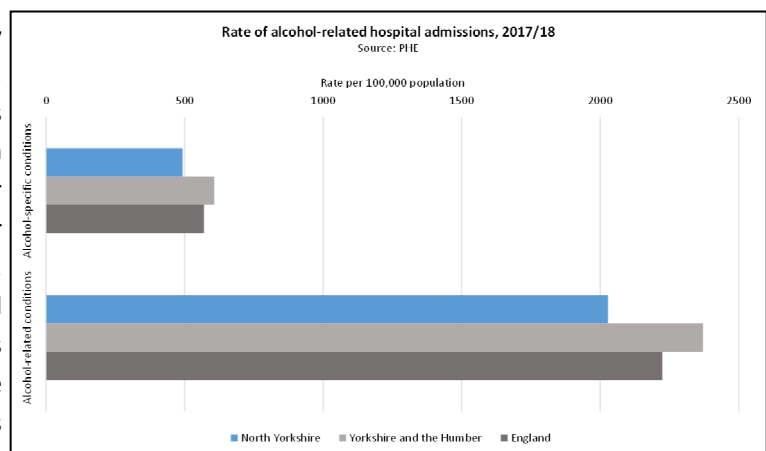
highest rates of smoking in the routine and manual professions in the county, with 48% reporting being current smokers.

Maternal smoking during pregnancy is known to be detrimental for both the health of the mother and baby. In North Yorkshire, maternal smoking is currently estimated to be around 12% which is significantly higher than the England prevalence of 10.8%, but is lower than the prevalence seen in Yorkshire and the Humber. There are differences between the districts, with Richmondshire having the lowest rate (9.7%) in the county. Ryedale (14.6%) and Scarborough (15.7%) both have rates that are significantly higher than the England rate.



## Alcohol

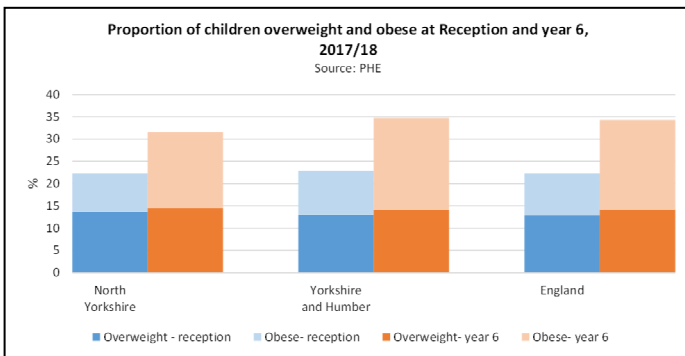
Alcohol misuse can be a contributing factor in many diseases and conditions, including poor mental health. Implementing appropriate local interventions ensures we reduce misuse and harm associated with alcohol in our communities. The rate of hospital admissions for alcohol-specific conditions in North Yorkshire (493 per 100,000 population) is significantly lower than England, (570 per 100,000 population). Craven (706) and Scarborough (655) are the only districts with rates significantly higher than England. If we compare admissions for alcohol-specific conditions to admissions for alcohol-related conditions, this shows that most



alcohol-related harm is due to prolonged use, manifesting in a wide range of health problems. For persons admitted for alcohol-related conditions, the North Yorkshire rate (2,028 per 100,000) is significantly lower than England (2,224). Craven (2,441 per 100,000) is the only district with a rate significantly higher than England. Scarborough (2,152 per 100,000) has a similar rate to England and all other districts have rates significantly lower than England. 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

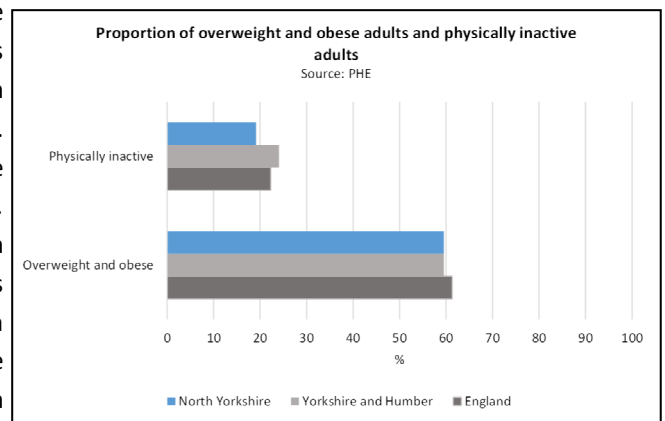
## Nutrition, activity and excess weight



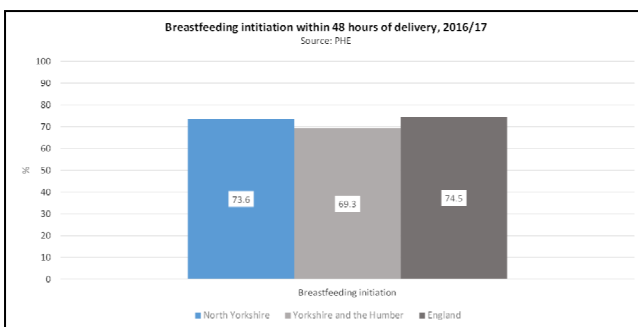
Childhood obesity is closely related to excess weight in adulthood. The proportion of children in Reception (age 4-5 years) with excess weight in North Yorkshire is similar to England (22% and 23%, respectively). Scarborough (28%) is the only district with a rate that is statistically higher than England. The prevalence of children with excess weight in Year 6 (age 10-11 years) is significantly lower in North Yorkshire at 32% compared to 34% in England, and none of the districts have rates that are significantly higher than England. In North Yorkshire, there is a near doubling in the proportion of obese children from Reception to Year 6, illustrating that, while the proportion of children in the county who carry excess weight is lower than the national average, it is important to identify children at risk for excess weight at a young age.

For the overweight category, we see only a 6% 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 life course are in the strategy [Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026](#).

Physical activity is associated with better health overall. 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 North Yorkshire (19%) is significantly lower than England (22%). Craven (16%), Harrogate (15%) and Richmondshire (17%) all have proportions of inactive adults significantly lower than England. 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 North Yorkshire is 60%, statistically similar to England (61%). There are no districts in the county with a significantly higher proportion of adults who are overweight or obese.



The Government recommends that adults eat at least five portions of fruit and vegetables per day. Self-reported fruit and vegetable consumption shows that, in North Yorkshire, 62% of adults report consuming five portions of fruit and vegetables a day, significantly higher than England (57%). However, this indicates that nearly 40% of the adult population in North Yorkshire could improve their diet.



Breastfeeding provides benefits to the health and wellbeing of both mother and child. In North Yorkshire, approximately 74% of mothers in 2016/17 initiated breastfeeding within 48 hours of delivery, similar to England (75%). In Harrogate, 83% of mothers initiate breastfeeding within 48 hours of delivery, the highest in North Yorkshire. In contrast, Scarborough (61%) has the lowest initiation rate in the county. Both districts could provide learning opportunities regarding the benefits and barriers to breastfeeding initiation.

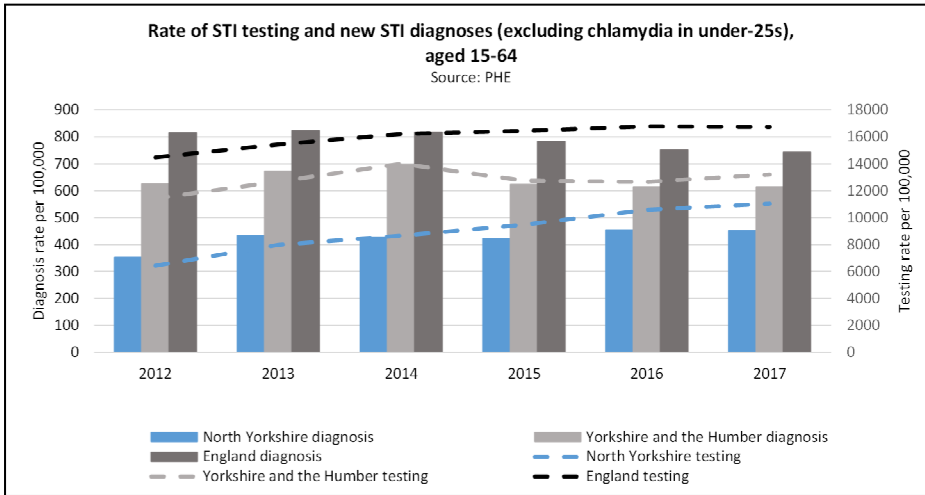
To increase breastfeeding, a strategy and action plan has been developed in partnership with York that focuses on:

- 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

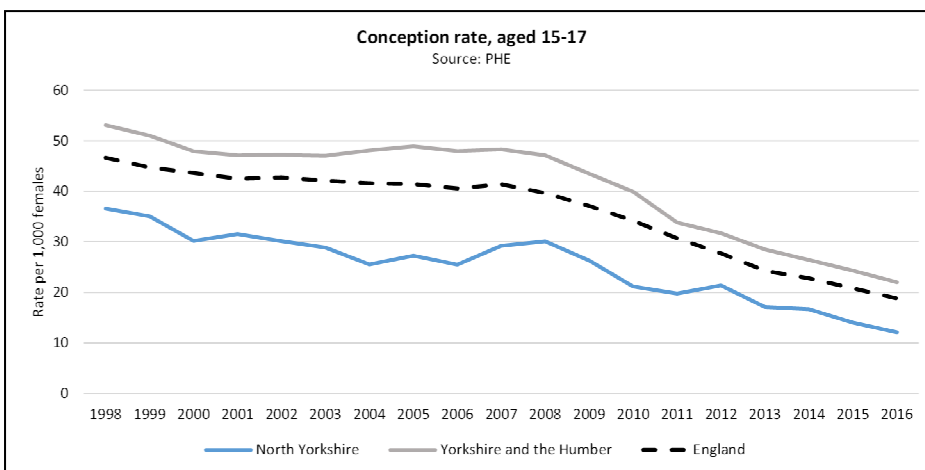
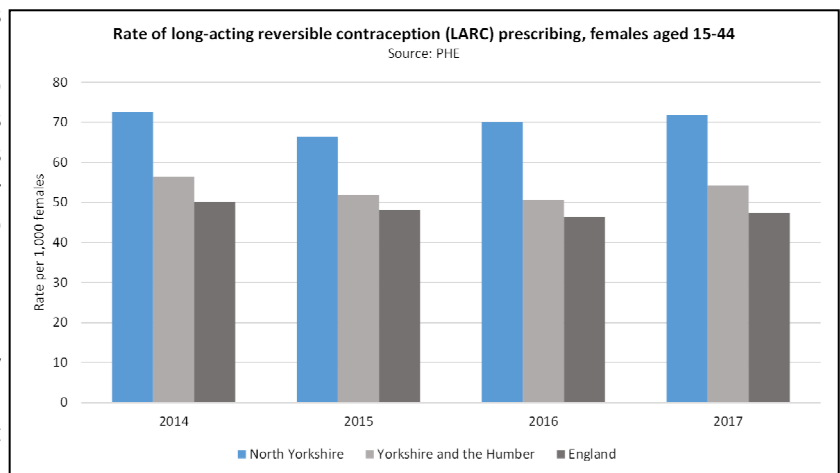
## Sexual health

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 North Yorkshire, the rate of new Sexually Transmitted Infection (STI) diagnoses for 2017 at 426 per 100,000 population is significantly lower than England (794 per 100,000). This excludes chlamydia diagnoses in the under 25s, as there is a separate active screening programme in place.



The STI testing rate for the same time period shows that North Yorkshire is significantly lower than England. All districts in the county follow the same pattern as North Yorkshire: significantly lower diagnoses of new STIs but also a significantly lower testing rate. 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 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 North Yorkshire (72 per 1,000 women aged 15-44) is significantly higher than England (46 per 1,000 women). All districts in the county have prescribing rates that are significantly higher than England; Scarborough has the highest in the county at 87 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 North Yorkshire (12 per 1,000 women aged 15-17) is significantly lower than England (19 per 1,000 women aged 15-17), continuing an overall downward trend in

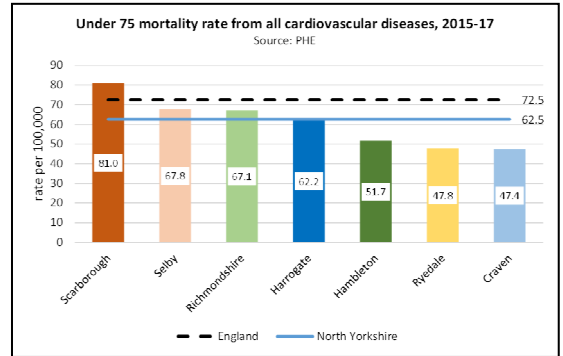
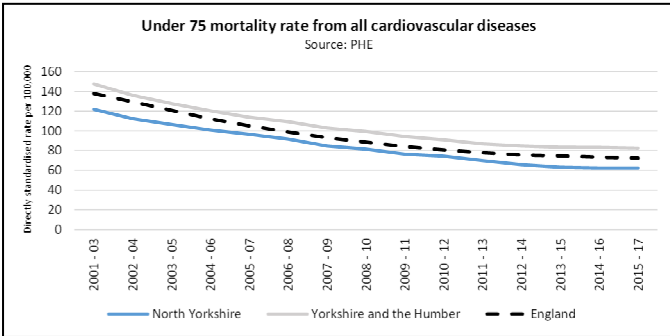
teenage conceptions. No district in the county has a statistically higher rate of under-18 conceptions than England.

# Diseases and Death

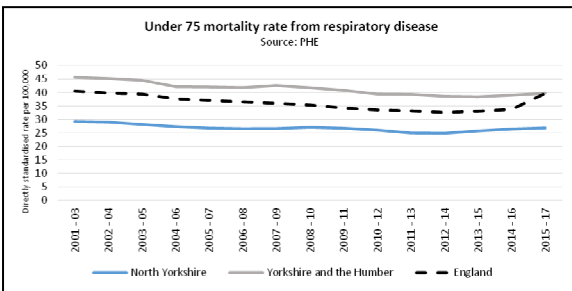
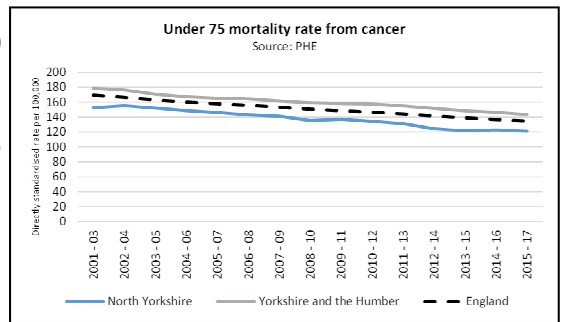
## Major causes of death

In North Yorkshire, there were 6,438 deaths in 2016. More than two-thirds of deaths fell under three broad causes: 1,835 (28.5%) due to cardiovascular diseases; 1,739 (27.0%) due to cancer; and 875 (13.6%) due to respiratory diseases.

The rate of mortality for people aged under 75 from cardiovascular disease has decreased in North Yorkshire between 2001-03 and 2015-17, and at 63 per 100,00 population is significantly lower than both the national (73 per 100,000) and Yorkshire & Humber (83 per 100,000) averages. None of the districts in North Yorkshire have a rate significantly higher than England. There is evidence of some variation between districts; Scarborough (81 per 100,000) has the highest rate of premature mortality from cardiovascular disease although this is not significantly higher than England. Craven (47), Hambleton (52), Harrogate (62) and Ryedale (48) all have rates that are significantly lower than England and Yorkshire & Humber rates.



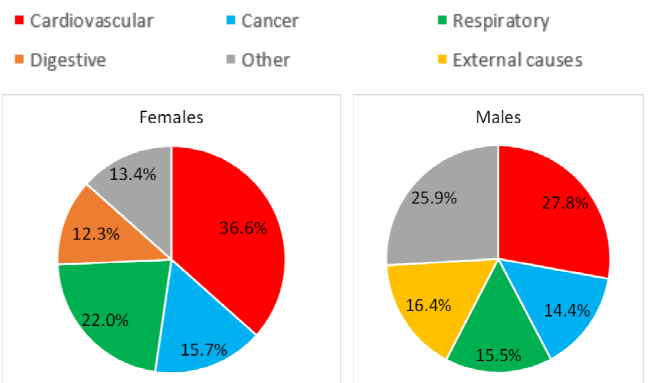
The rate of mortality for people aged under 75 from cancer decreased in North Yorkshire between 2001-03 and 2015-17, and at 121 per 100,000 population is now significantly lower than both England (137 per 100,000) and Yorkshire & Humber (146 per 100,000). In 2017, the most common cancer deaths aged under 75 in North Yorkshire were cancers of the trachea, bronchus and lungs (158 deaths). About 66% percent of these cancer deaths occurred in people aged 65-74 years. There were no cancer-related deaths reported for anyone aged under 44 in the county in 2017.



Respiratory disease deaths in people aged under 75 in North Yorkshire (27 per 100,000 population) are significantly lower than both England (34) and Yorkshire & Humber (40). All the districts in the county had rates statistically lower than both England and Yorkshire & Humber, other than Scarborough and Selby who were not significantly different from England. However, the rate in North Yorkshire has slightly increased since 2013-15, so this should be monitored to determine if this is a lifestyle or behaviour related health trend, or if it is representative of shifting demographics in the county.

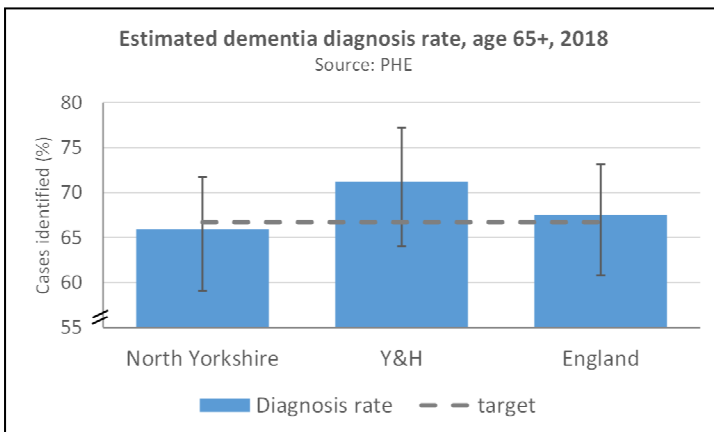
## Inequality

The charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in North Yorkshire (2014-16). For both women and men, the largest contributor to the gap is cardiovascular disease, accounting for more than one third of the gap for women and one quarter for men. For women, respiratory disease (22%) is the second largest contributor to the gap, whereas for men, it is external causes of death (including deaths from injury, poisoning and suicide) which accounts for 16% of the gap. Cancer deaths contribute a similar proportion to the gap in life expectancy for both women and men.



# Diseases and Death

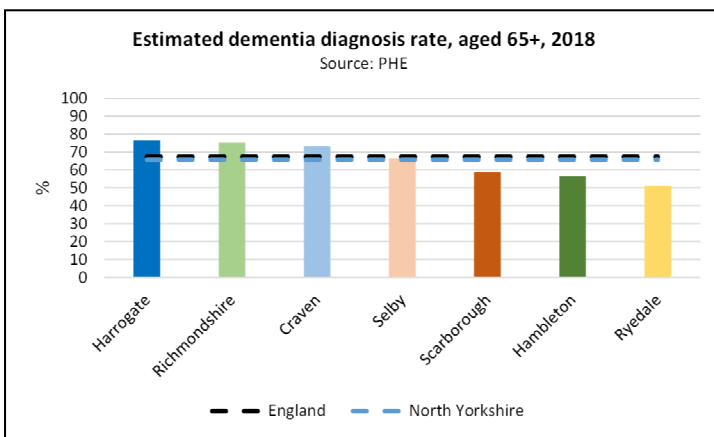
## Dementia



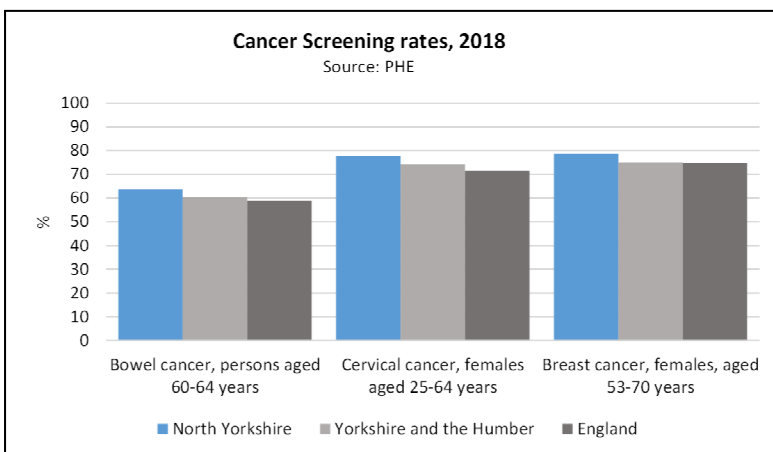
The Government and NHS have set a commitment that at least two-thirds of people living with dementia receive a formal diagnosis. Like the England rate (68%), North Yorkshire (66%) is not significantly different from the target of 66.7%. There are 5,845 people aged 65+ with a formal dementia diagnosis in North Yorkshire.

Only Harrogate Borough (77%) has a diagnosis rate significantly higher than the target. Hambleton (57%), Ryedale (51%) and Scarborough (59%) all have estimated diagnosis rates that are significantly lower than the 66.7% target.

Timely diagnosis of dementia enables the people living with dementia, their carers and healthcare staff to work together and plan accordingly. The lower rates of diagnosis in some districts requires investigation to determine how to improve early intervention for the portion of the affected population who do not have a formal diagnosis. NHS Health Check works to identify people at risk of vascular diseases, including vascular dementia to help improve health outcomes. More information on NHS Health Checks can be found at Public Health England's [Fingertips website](#).



## Cancer screening

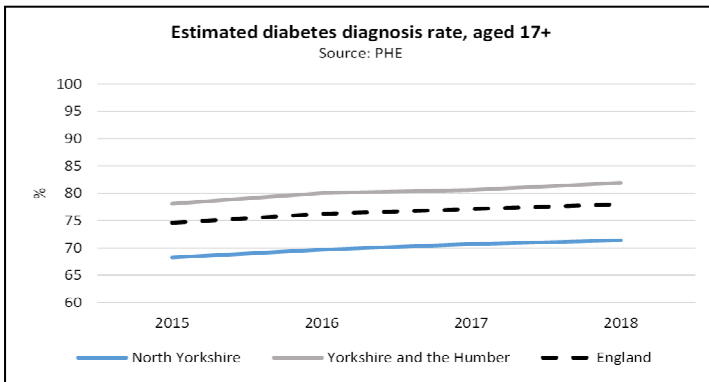


Cancer screening supports early detection of disease. Screening programmes target populations with the highest risk to help with is early detection. In North Yorkshire, as for England, there is greater uptake of screening for breast and cervical cancer compared with bowel cancer. Despite being lower than other screening programmes, uptake of bowel cancer screening in North Yorkshire is significantly higher than England (64% locally compared to 59% nationally). All districts in the county have statistically higher screening rates for bowel cancer compared to the England average.

Coverage for cervical cancer is statistically higher in North Yorkshire (78%) compared with England (71%). All districts in the county have significantly higher screening coverage for cervical cancer compared with England. Breast cancer screening coverage was 79% in 2016/17 and was significantly higher than the England coverage rate of 75%. All districts except for Scarborough had significantly higher coverage rates than England. Scarborough's rate (75%) was statistically similar to England. Screening rates for both breast and cervical cancers have been of decreasing in the county and programmes need to be implemented to reverse this decline. Screening for cancer leads to diagnosis at an earlier stage, leading to improved outcomes and increased survival. There is minimal variation across the districts in screening coverage overall, suggesting a county-wide approach to increase cancer screening uptake is needed.

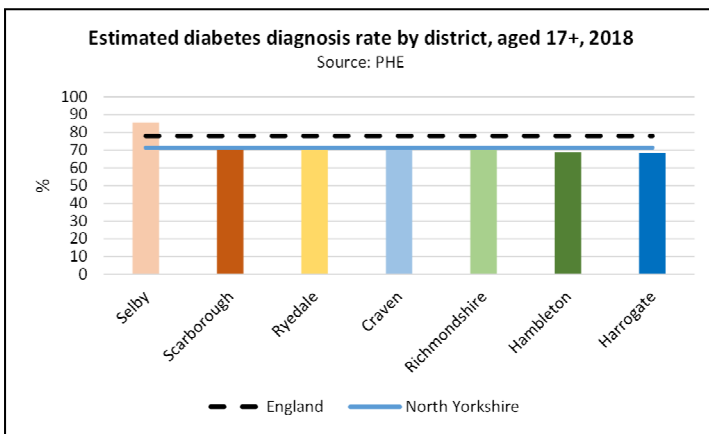
# Diseases and Death

## 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, and can be prevented or delayed by lifestyle changes.

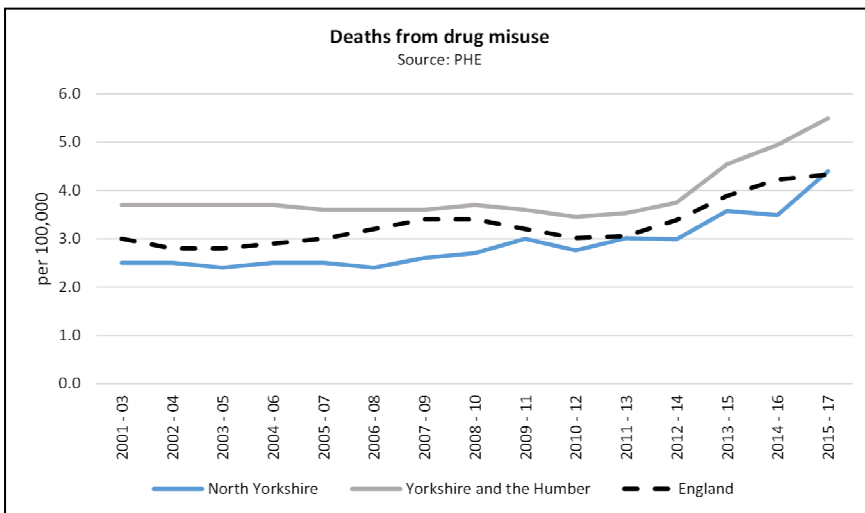
To implement effective interventions, it is important to identify all cases. The gap between observed prevalence (the number of diabetes cases recorded) and the actual prevalence (observed plus those who are undiagnosed) helps to quantify those who may be untreated. In North Yorkshire, it is estimated that only 71% of diabetes cases are diagnosed, significantly lower than both Yorkshire and the Humber (81%) and England (78%).



Selby (85%) is the only district with a rate that is significantly higher than England. All other districts are significantly below the England rate.

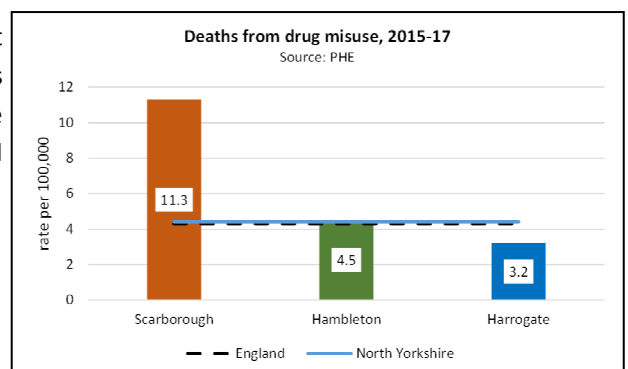
The [NHS Diabetes Prevention Programme](#) aims to identify those at high risk of developing diabetes and the NHS Health Checks programme routinely tests for those at risk of developing diabetes.

## Substance Misuse



Drug misuse is an important cause of premature morbidity in the UK. Recently, an increase nationally has been seen in drug-related deaths. In North Yorkshire (4.4 deaths per 100,000 population), the rate of deaths from drug misuse in 2015-17 is not significantly different from England (4.3 per 100,000). As seen nationally, the rate in the county has increased slightly between 2014-16 and 2015-17. Since 2001-03, deaths from drug misuse in North Yorkshire have remained similar to England.

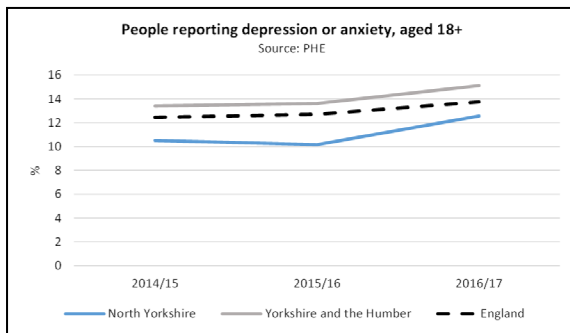
Because of small numbers, data on deaths from drug misuse are not available for all the districts in the county. For districts where data is available, the only district in the county with a rate higher than the England is Scarborough, at 11.3 per 100,000. Both Hambleton and Harrogate have rates that are statistically similar to England.





# Diseases and death

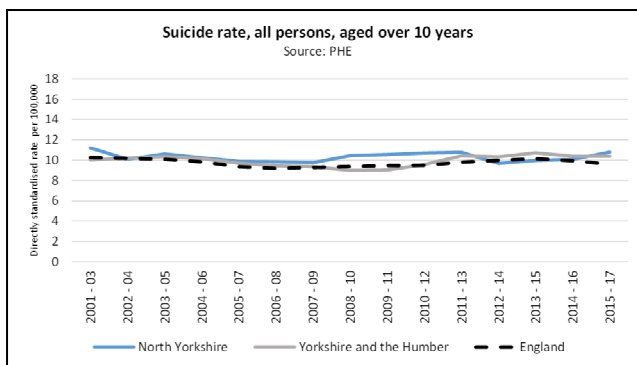
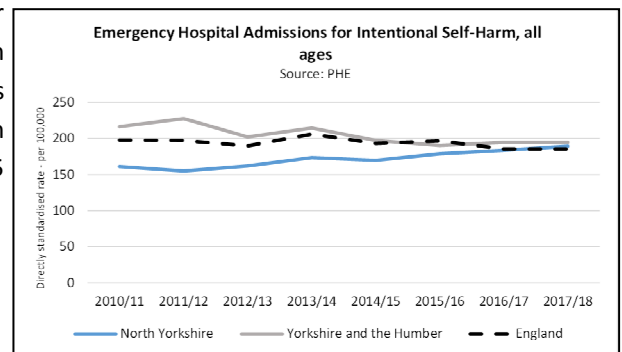
## Mental Health



The percentage of people reporting depression or anxiety in North Yorkshire (13%) is significantly lower than the national average (14%). The percentage of individuals reporting depression or anxiety increased by 2% in North Yorkshire from 2014/15 to 2016/17. Scarborough is the only district with a rate that is significantly higher than England, with 16% of people aged over 18 reporting anxiety or depression.

The rate of individuals with long-term musculoskeletal disease who report feeling depressed or anxious is significantly lower in North Yorkshire (20%) compared with England (24%).

North Yorkshire has a similar rate of hospital admissions for intentional self-harm (189 per 100,000 population) compared with England (185 per 100,000 population). The rate of hospital admissions for intentional self-harm in North Yorkshire increased between 2014/15 and 2017/18. Craven (256 per 100,000) and Scarborough (255 per 100,000) both have rates significantly higher than England.

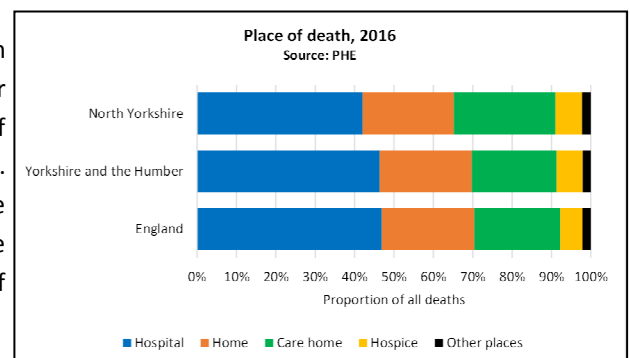


Suicide is a significant cause of death, and is an indicator of underlying rates of mental ill-health. The suicide rate in North Yorkshire has maintained at around 10 per 100,000 population since 2002, and the 2015-17 rate is similar to England (10.8 per 100,000 locally compared to 9.6 per 100,000 nationally). In North Yorkshire, the suicide rate for males is higher than for females reflecting the national finding. The rate for males in North Yorkshire is similar to England (16 per 100,000 and 15 per 100,000, respectively). However, for females, the North Yorkshire rate (6.3 per 100,000) is significantly higher than England 4.7 per 100,000.

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 that they chose by 2020. In recent years, the proportion of people dying at home in North Yorkshire has tended to increase. North Yorkshire has a similar proportion of people dying at home when compared to regional and national rates. Nearly 50% of people are still dying in hospital, but in North Yorkshire in 2016, 56% of people died at home, at a care home or hospice.



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