

## North Yorkshire Joint Strategic Needs Assessment 2018

### Ryedale District Summary Profile

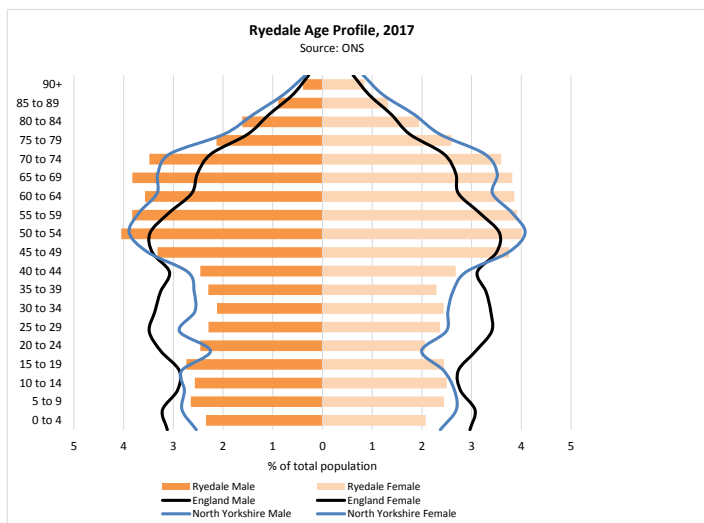
## Introduction

This profile provides an overview of health and social care needs in Ryedale District. Greater detail on particular topics can be found within JSNA content 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 and identifies the major themes which affect health in Ryedale and links to the local response which meets those challenges

## Summary

- The population in Ryedale District is ageing. By 2025, there will be a 13% increase in the population aged 65+ and a 1% 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
- There are 9 wards where more than 20% of children are growing up in poverty (1,260 children).
- Despite recent reductions, there is a high rate of people being killed and seriously injured on Ryedale's roads (about 35 annually).
- About 45% of the population has limited access to services by public transport, leading to reliance on cars and the potential for isolation.
- There is a lower than expected prevalence of dementia, with all general practices below the North Yorkshire average. There may be additional, unidentified care needs.

## 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, Ryedale district has an older population than England, with more residents between the ages of 50-84, and fewer aged under 45. The population make-up is similar to North Yorkshire. The shape of the pyramid is typical of a population with long life expectancy and low birth rate.

There are about 6,000 people aged 65+ with a limiting long term illness (42% of this age group, compared with 50% in England), 40% of whom (2,500) report that their daily activities are limited a lot because of their illness.

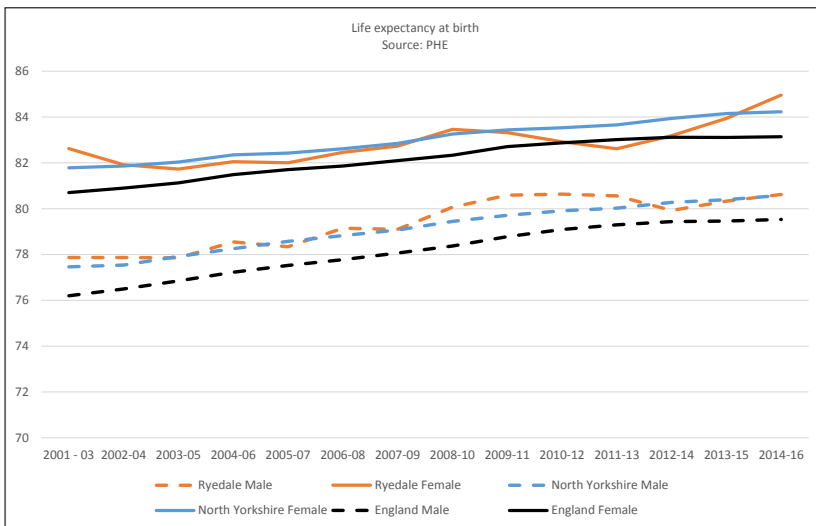
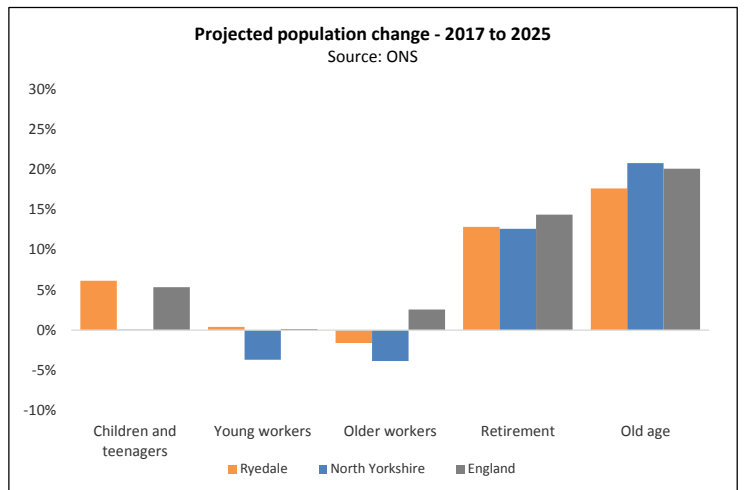
1.7% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England.

# Life Expectancy

The population of Ryedale district is estimated to be 54,311 and is set to increase to 56,700 in 2025. The birth rate in the district is 57 per 1,000 women aged 15-44 (England= 63 per 1,000 women). Projections indicate that the population in the over-85 age group is expected to increase in Ryedale by approximately 18% by 2025. For the same age group, an approximately 20% increase is expected in both North Yorkshire and England. A 13% increase is also anticipated for those in the retirement category in the district, compared to the 14% projected for England. Meanwhile, it is projected that the population of children and teenagers in Ryedale will increase by 6%.

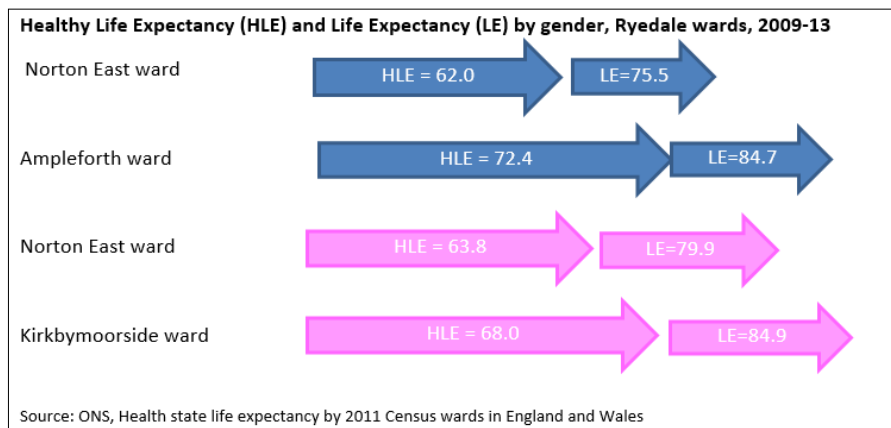
Age-standardised mortality rates (ASR) are a useful measure of mortality as they take account of population structures. Compared with 2015, the ASRs in 2016 in Ryedale has decreased for females by 6%, but has increased for males by 4%.

		Current and projected population							
		2017				2025 (projected)			
		Males		Females		Males		Females	
		N	%	N	%	N	%	N	%
Children and teenagers	0-19	5595	21.0	5143	18.6	5900	22.2	5500	19.0
Young workers	20-44	6315	23.7	6432	23.2	6300	23.7	6500	22.4
Older workers	45-64	8018	30.1	8443	30.5	7800	29.3	8400	29.0
Retirement	65-84	6004	22.5	6491	23.4	6800	25.5	7300	25.2
Old age	85+	696	2.6	1174	4.2	900	3.4	1300	4.5



Life expectancy at birth is increasing for men in Ryedale, but only gradually. For females, the life expectancy in Ryedale (85) is greater than then both England (83) and North Yorkshire (84).

By comparing the healthy life expectancy with overall life expectancy, we can get a richer picture around years spent in good health. In Ryedale, 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 nine year difference in life expectancy for males between Norton East ward and Ampleforth ward. Men in Norton East can expect to live 62 years in good health however, men in Ampleforth spend 72 years in good health. For females, women in the district with the lowest life expectancy (Norton East) spend 64 years in good health, and women in Kirkbymoorside also spend 68 years of their 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.

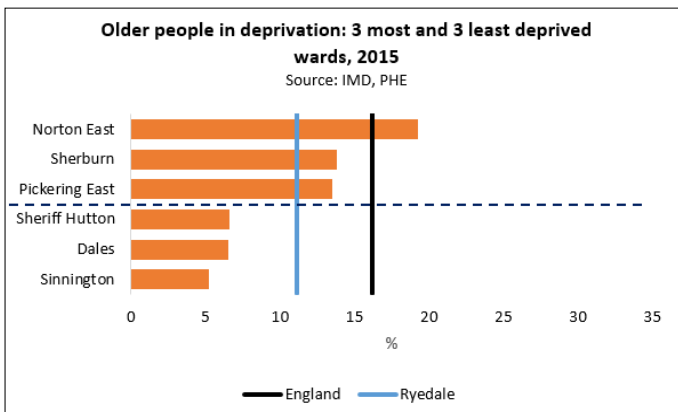
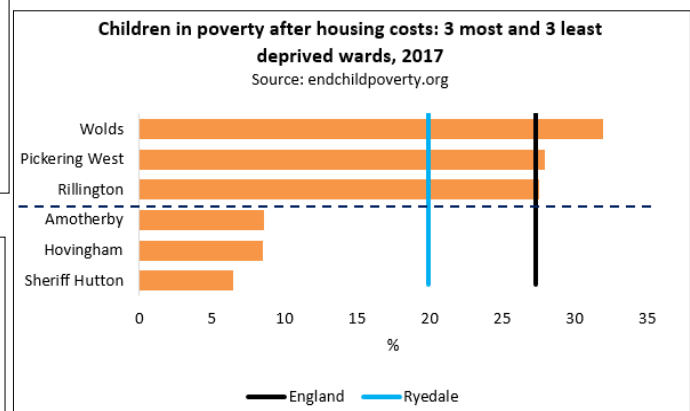
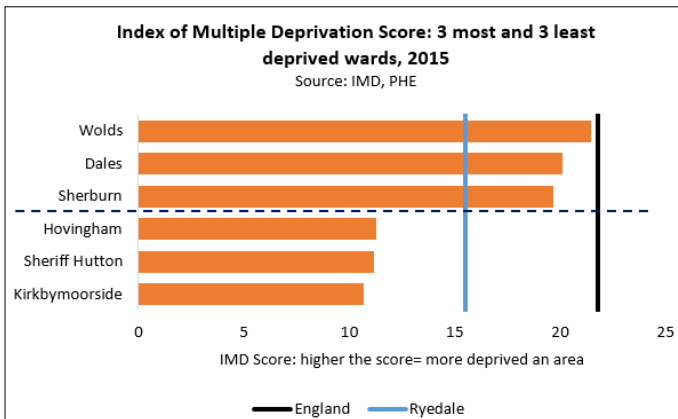


Norton East can expect to live 62 years in good health however, men in Ampleforth spend 72 years in good health. For females, women in the district with the lowest life expectancy (Norton East) spend 64 years in good health, and women in Kirkbymoorside also spend 68 years of their life in good health. 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 no Lower Super Output Areas (LSOA) out of 30 total within the district which are amongst the 20% most deprived in England.



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 Wolds ward.

Furthermore, Sherburn, Norton East and Pickering East wards have high levels of older people in deprivation with rates higher than the district average (11%), indicating these areas are the most deprived areas of Ryedale.

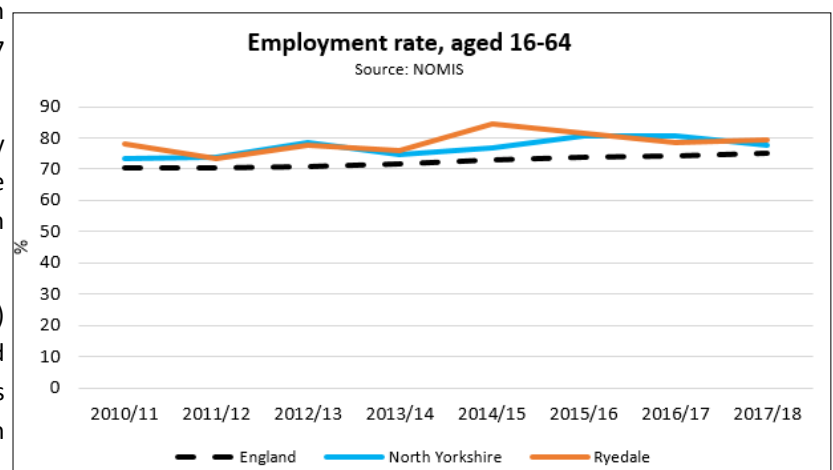
In contrast to this Sheriff Hutton ward has low levels of child poverty and older people in deprivation indicating this area is one of the least deprived area in Ryedale.

## Employment

Employment rates are comparatively high in Ryedale (79% in the district in the period April 2017 to March 2018 compared to 75% across England).

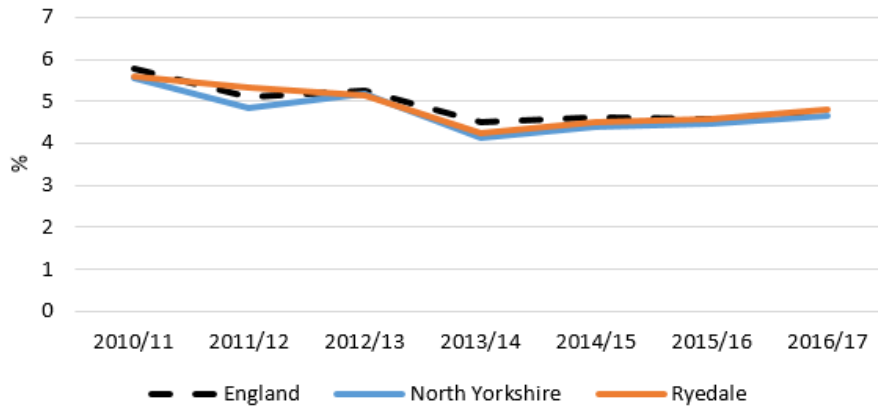
The employment rates is similar to the county average (78%); and employment rates have increased by 0.8% from 2016/17 to 2017/18 in Ryedale.

In 2017, average weekly earnings in Ryedale (£365) were significantly below England (£440) and Ryedale has one of the lowest weekly earnings when compared to the other districts in North Yorkshire.



# Education

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



Low school attendance is linked to lower educational attainment. The proportion of half days missed by pupils due to overall absence (both authorised and unauthorised) is 6.0%, is similar to the national (4.8%) and regional (4.9%) averages in 2016/17.

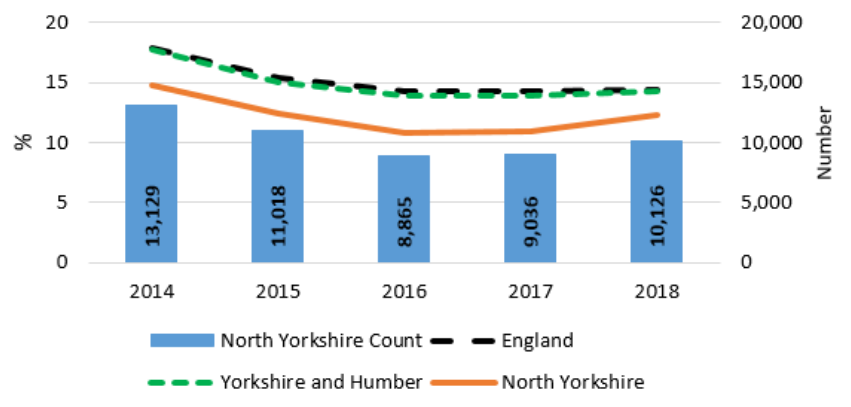
The proportion of overall absence has increased steadily from 2014/15 to 2016/17, in line with regional trends.

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 Ryedale.

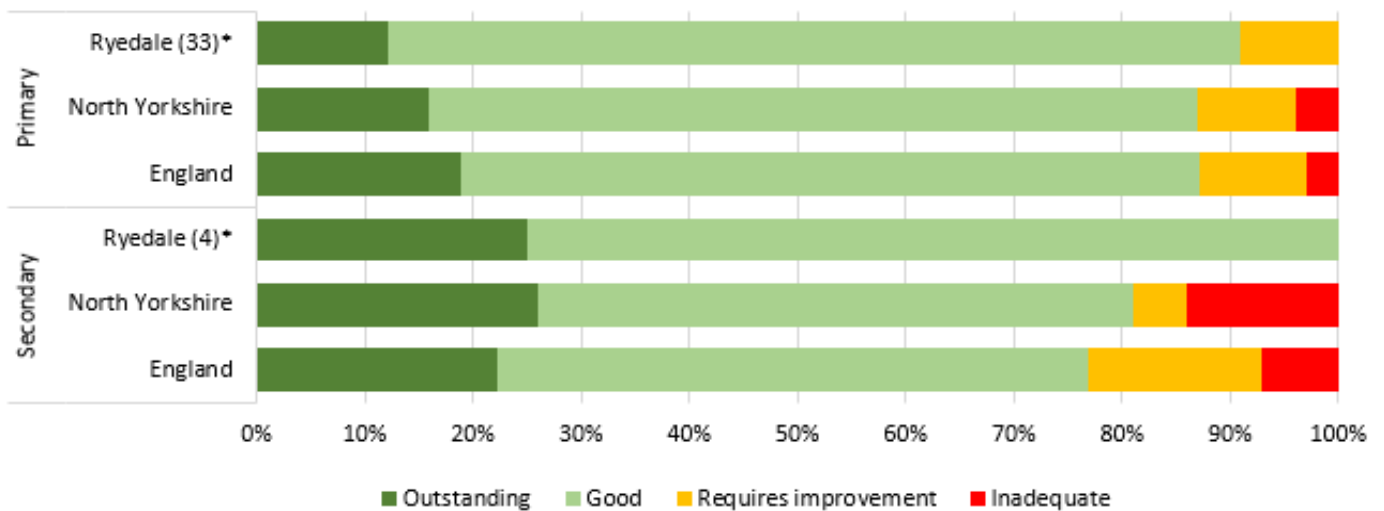
Performance at primary schools is better compared with county and national results as there are no primary schools in Ryedale rated 'inadequate'. Furthermore, performance for secondary schools in Ryedale is better than the national and county averages as the majority of secondary schools in Ryedale score 'good'. Ryedale does not have any secondary schools with a score of 'inadequate' or 'requires improvement'. The small number of secondary schools means that this needs to be interpreted with some caution.

**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

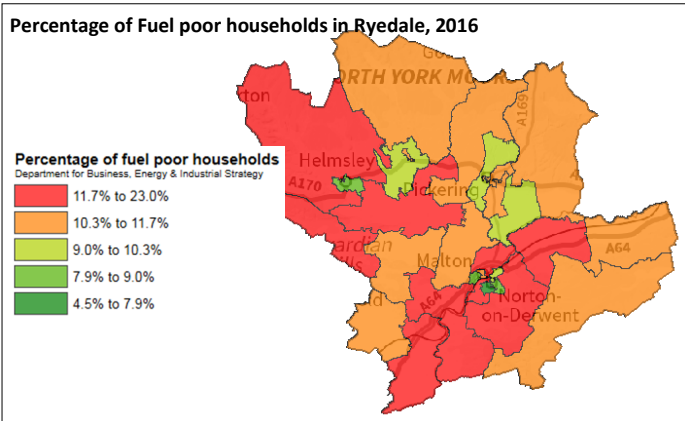
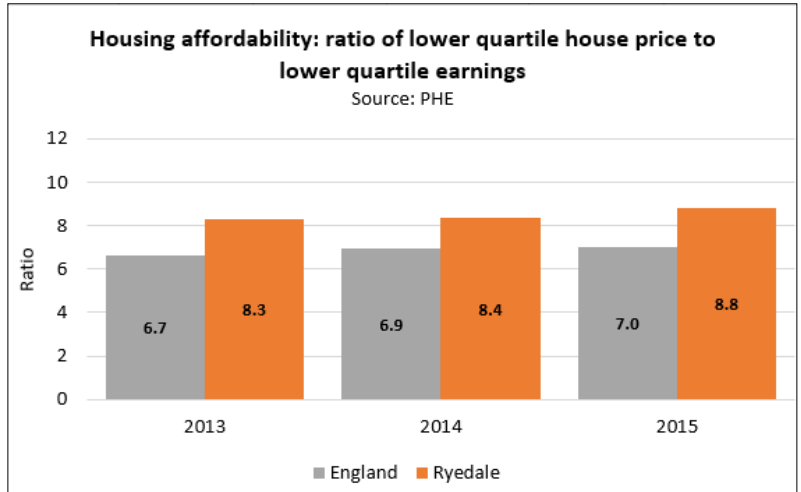


\*= number of schools

# Housing

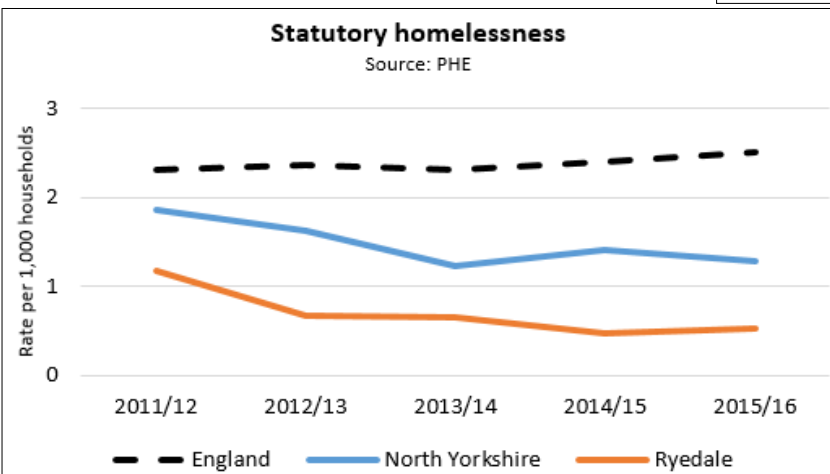
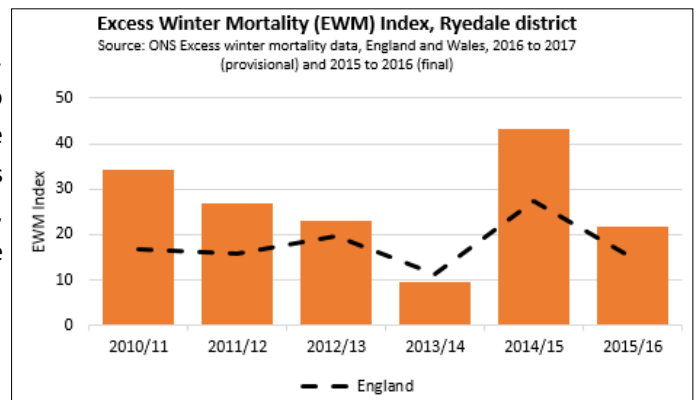
Housing affordability affects where people live and work. It also affects factors that influence health, including the quality of housing available, poverty, community cohesion, and time spent commuting. There is increasing evidence of a direct association between unaffordable housing and poor mental 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.

Ryedale has a ratio of lower quartile house price to lower quartile earnings (estimating housing affordability for lower than average earners), similar to the England average. This has increased between 2013 and 2015. This highlights that housing in Ryedale is becoming less affordable relative to earnings.



Fuel poverty rates are an issue for Ryedale which is linked to deprivation. In 2016, 11.2% of households (2,582 households) in Ryedale were classified as fuel poor, similar to the national average (11.1%). Merely tackling poverty would not necessarily relieve the fuel poverty, as often housing type and access to affordable sources of energy are important. Tackling fuel poverty should in turn improve winter health, decreasing excess winter mortality and the pressure on the health and care system during the winter months. Further information on the [North Yorkshire Winter Health Strategy 2015-20](#) can be found at the North Yorkshire Partnership website.

The chart to the right suggests a variable picture in the district. In 2015/16 the Excess Winter Mortality index fell from 43.3 to 21.8 but is still above the national average of 14.7. Over the past 3 years, there have been, on average, 39 additional deaths annually in winter months compared with other times of year, however these are relatively small numbers and must be interpreted with caution.

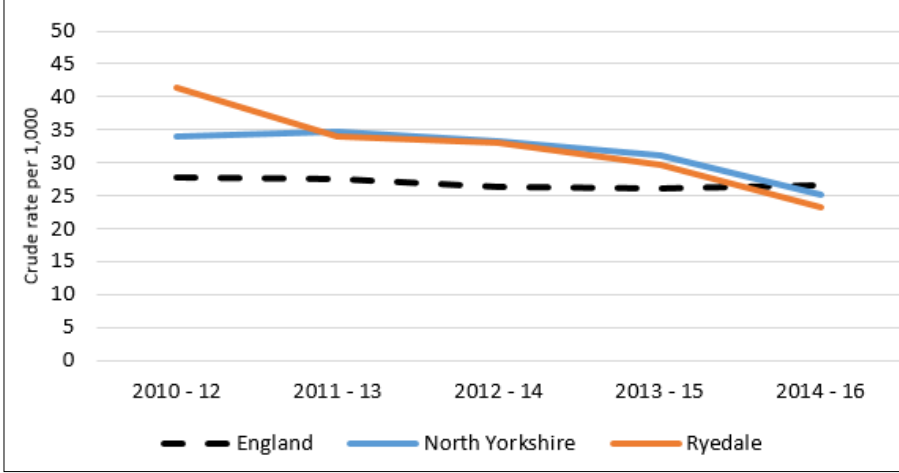


The rate of households who are homeless has decreased in Ryedale since 2011/12 and is below England and county averages.

# Transport

**Alcohol-related road traffic accidents**

Source: PHE



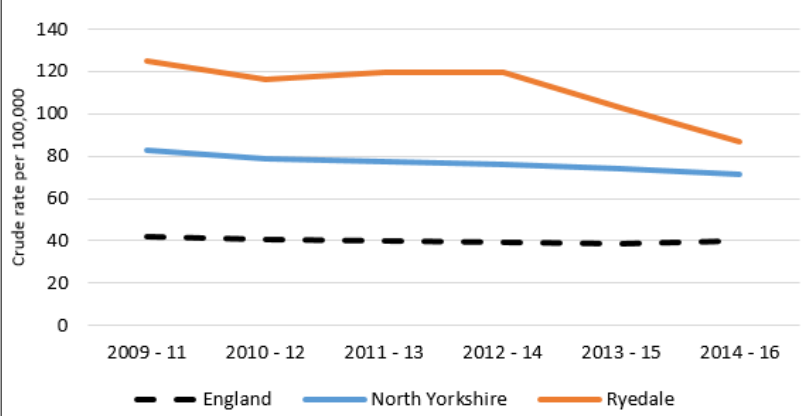
Alcohol consumption is responsible for around one in seven deaths in reported road traffic accidents in Great Britain. Any amount of alcohol affects people’s ability to drive safely. The effects can include slower reactions, increased stopping distance, poorer judgement of speed and distance and reduced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

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

The rate of people being killed and seriously injured (KSI) casualties on roads in Ryedale is significantly higher than the national average at 87 per 100,000. However, the rate has decreased between 2013-15 and 2014-16. However these are relatively small numbers (138 casualties in three years 20014-16) and must be interpreted with caution.

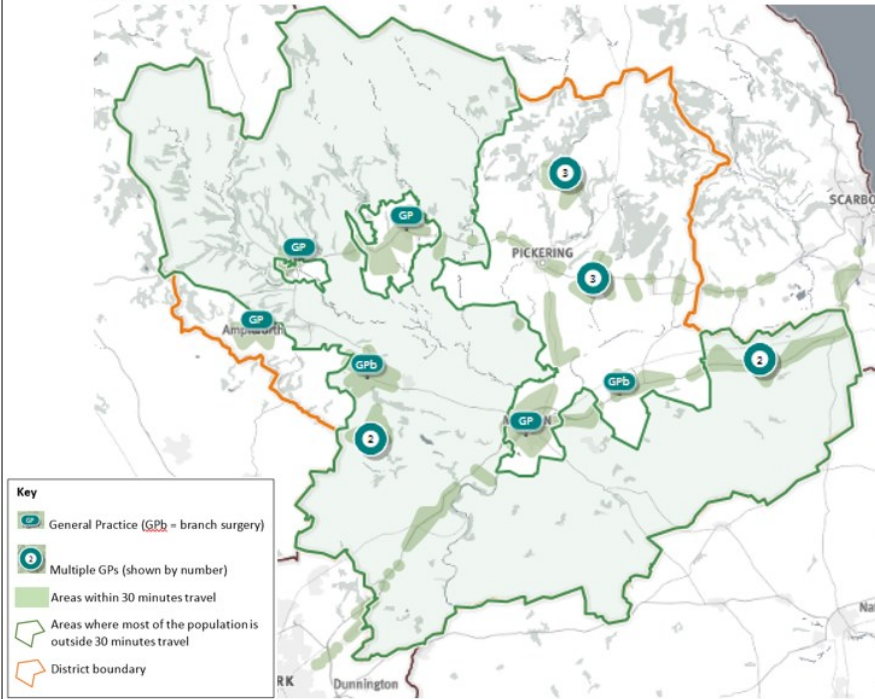
**Killed and Seriously Injured Casualties on the road**

Source: PHE



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).

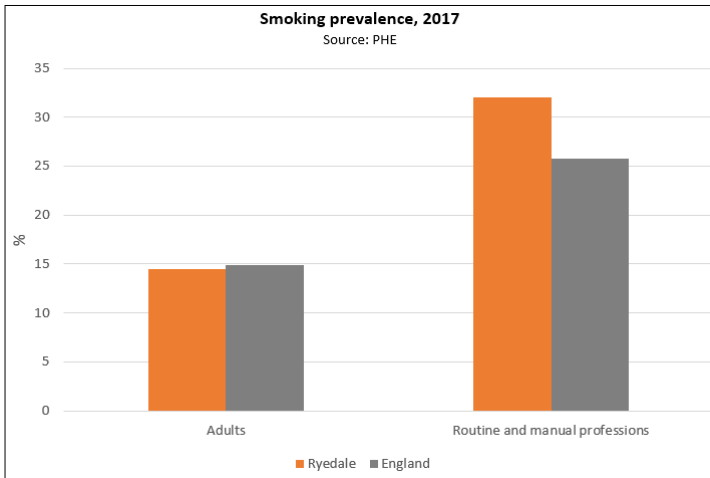
**Population within 30 minutes travel time by public transport from a general practice, Ryedale, 2018**



In Ryedale, about half of the population (53%) lives within a 30 minute travel time, by public transport, from a general practice. There are about 20,000 residents in Ryedale 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.

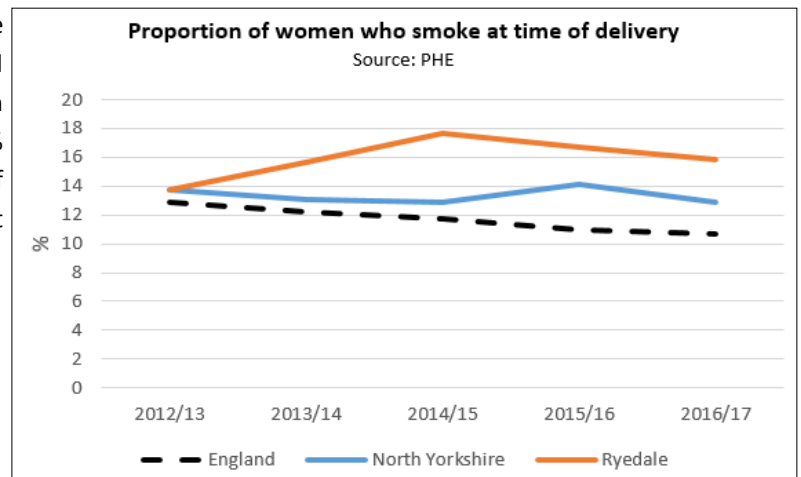
# Lifestyle and behaviour

## Smoking

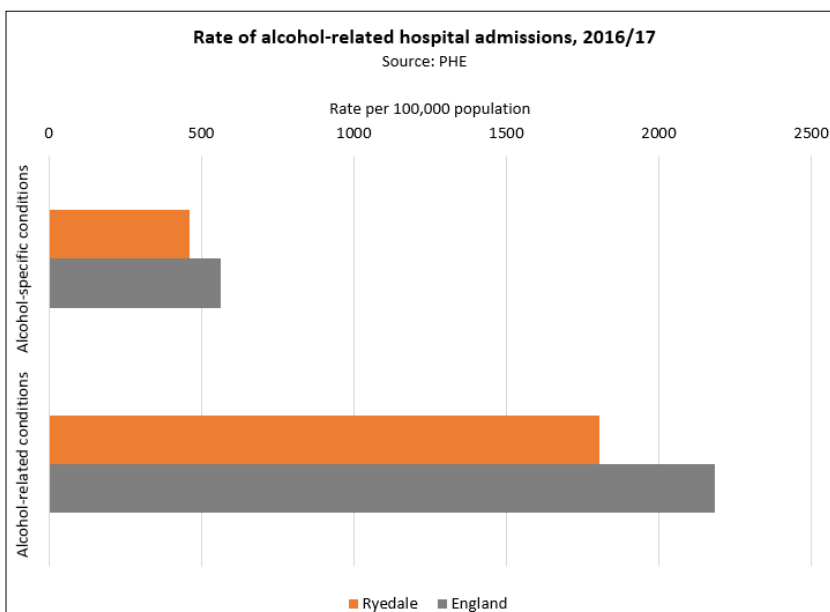


Smoking prevalence for adults in Ryedale is slightly higher than prevalence reported in England, at 17% compared with 15% nationally. For adults in the routine and manual professions, however, prevalence in Ryedale is 30% - significantly higher than the 26% estimated for England. This represents a considerable decrease from 2014, where smoking prevalence for these professions in Ryedale was reported at 45%.

Maternal smoking during pregnancy is known to be detrimental for both the health of the mother and baby. In Ryedale, maternal smoking is a concern, with 16% (68) of local mothers smoking, compared to 11% nationally. However, this is the lowest rate of maternal smoking at time of delivery in the district since 2014/15.



## Alcohol

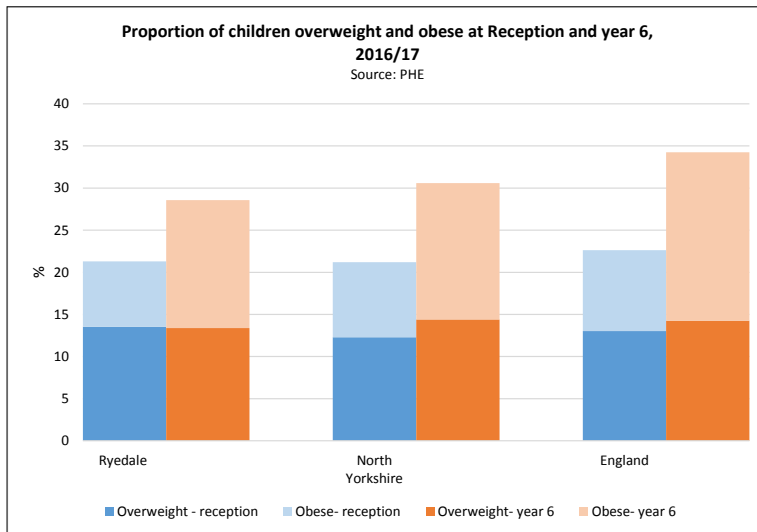


Implementing appropriate local interventions ensures we reduce misuse and harm associated with alcohol in our communities. Overall, the rate of admission episodes for alcohol-specific conditions in Ryedale is significantly lower than England at 461 per 100,000 population compared to 563 for England. 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, Ryedale is significantly lower compared to England (1,804 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/>

# Nutrition, activity and excess weight

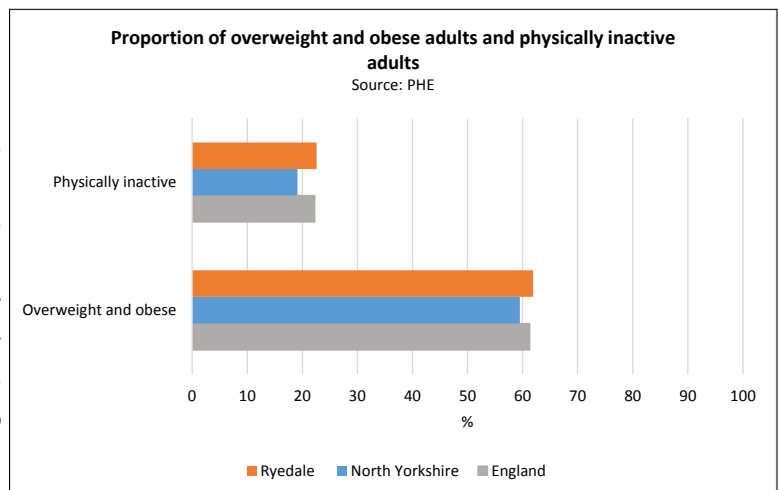
## Nutrition, activity and excess weight



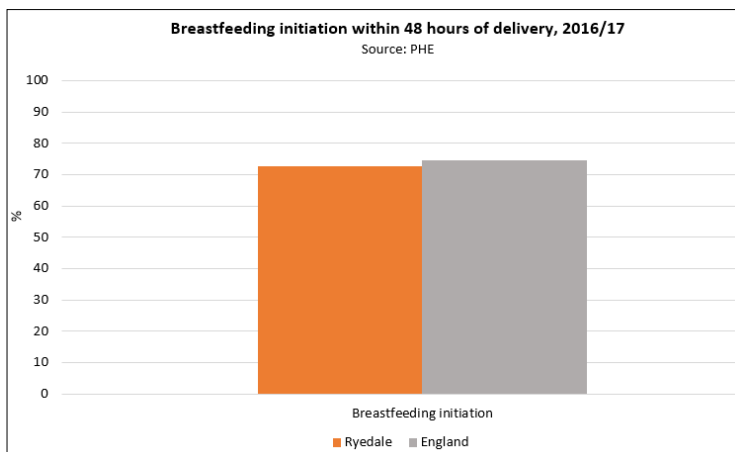
Childhood obesity is closely related to excess weight in adulthood. The proportion of children in Reception who are overweight or obese in Ryedale is similar to England overall (21% locally and 23% nationally). The prevalence of excess weight in year 6 children is significantly lower in Ryedale (27% locally and 34% nationally). There is a 95% increase in the proportion of obese children from Reception to year 6 in Ryedale, 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 don't see an 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 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 Ryedale is similar to England (23% locally and 22% at the national level). 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 Ryedale is 62%—similar to the proportion of adults with excess weight in England.



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



Breastfeeding provides benefits to the health and wellbeing of both mother and child. In Ryedale, 72% of women initiate breastfeeding within 48 hours of delivery, similar to the proportion of women in England (75%).

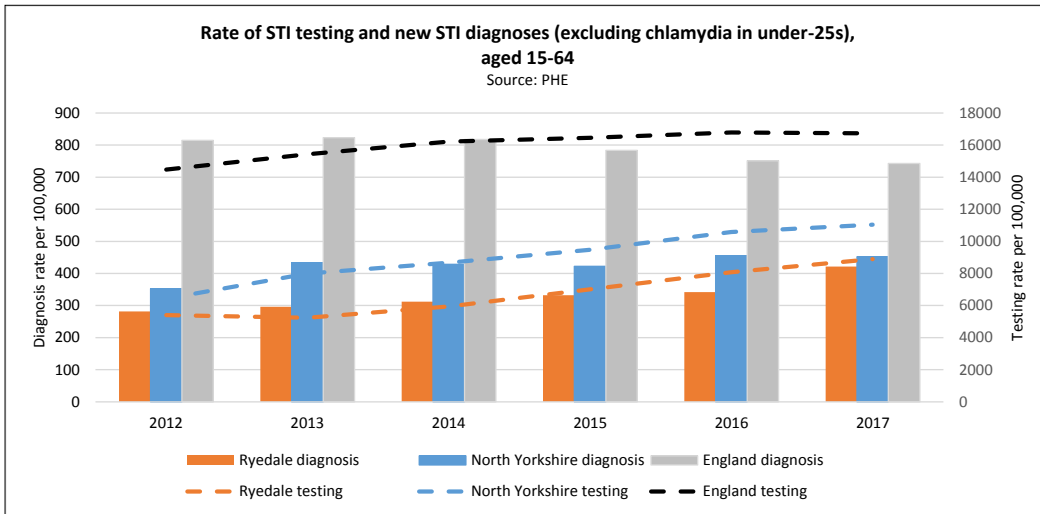
In order to increase breastfeeding a strategy and action plan has been developed that is focusing on:

- Increasing initiation of breastfeeding
- Increasing breastfeeding at 6-8 weeks
- Reducing the gap between breastfeeding rates in the most deprived areas/population groups and the York and North Yorkshire average.



# Lifestyle and behaviour

## Sexual health

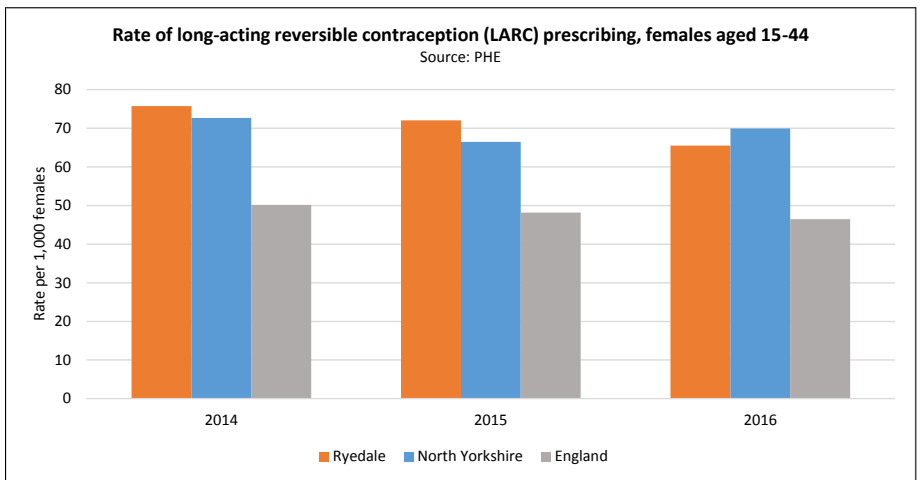


It is important that we have a good understanding of local sexual health needs in order to provide the most appropriate services and interventions. In Ryedale, the rate of new Sexually Transmitted Infection (STI) diagnoses for 2017 at 397 per 100,000 population is significantly lower than the rate of 794 per 100,000 in England. This excludes chlamydia diagnoses in the

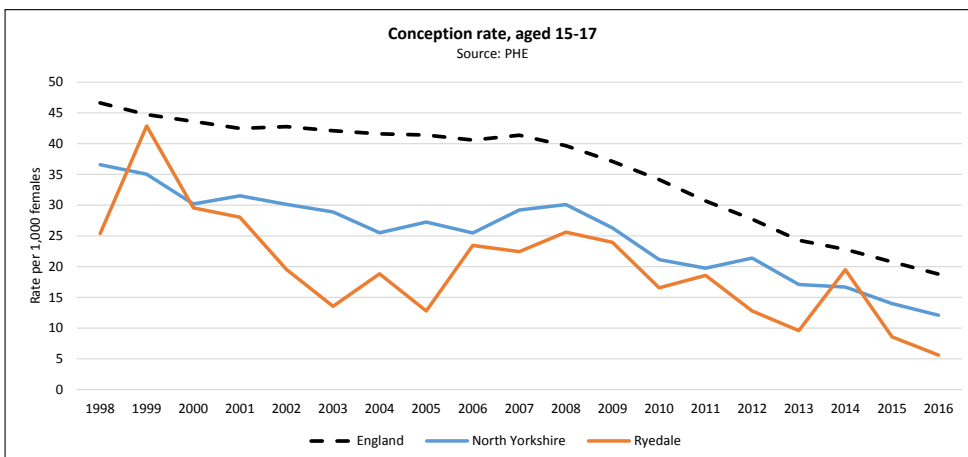
under 25's as they have their own active screening programme in place.

The STI testing rate for the same time period, shows Ryedale 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 Ryedale at 66 per 1,000 women aged 15-44 is significantly higher than the rate seen in England (46).



Unplanned pregnancies at any stage of life can have an impact on women's health and well-being. There is a great deal of

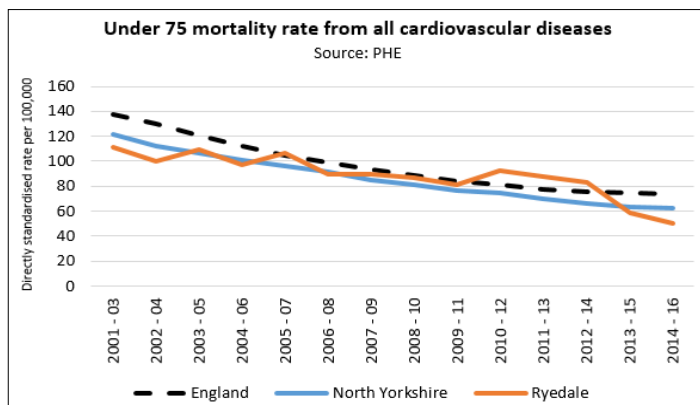


attention paid to the experiences of teenagers who have an unplanned pregnancy, particularly in relation to the wider determinants of health including education, housing and poverty. The rate of teenage conception in Ryedale is significantly lower than England (5.6 and 18.8 per 1,000 women aged 15-17, respectively), and continues an overall long-term downward trend.

# Diseases and Death

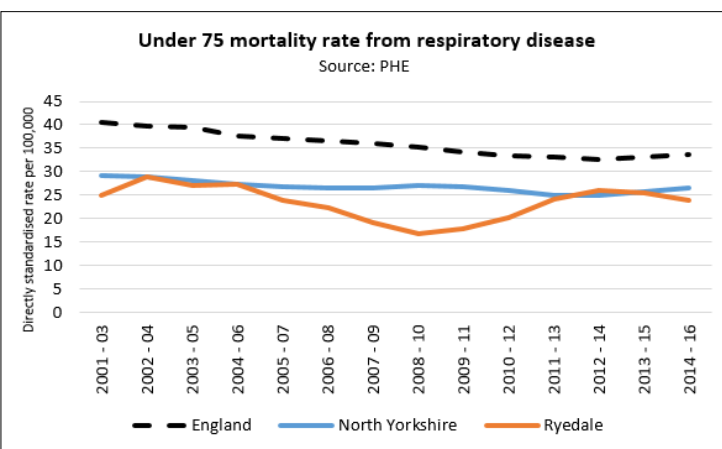
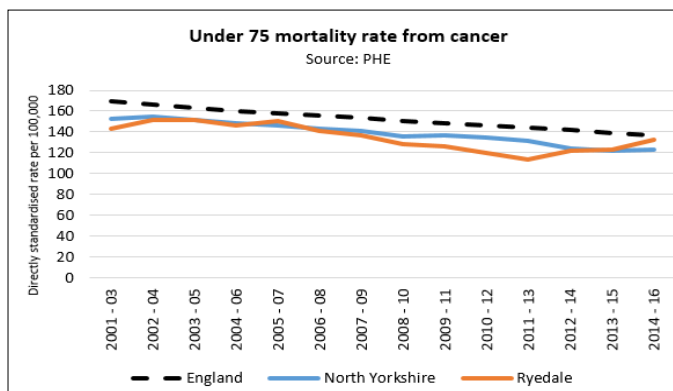
## Major causes of death

In Ryedale, there were 596 deaths in 2016. Over half of deaths fell under just three broad causes: 182 (30.7%) due to cardiovascular diseases; 177 (29.8%) due to cancer and 87 (14.7%) due to respiratory diseases.



The rate of mortality for individuals aged under 75 from cardiovascular disease has decreased in Ryedale between 2001-03 and 2010-16 and is significantly lower than national (74 per 100,000) and Yorkshire and Humber (83 per 100,000) average. However, cardiovascular diseases are still the main cause of death in Ryedale.

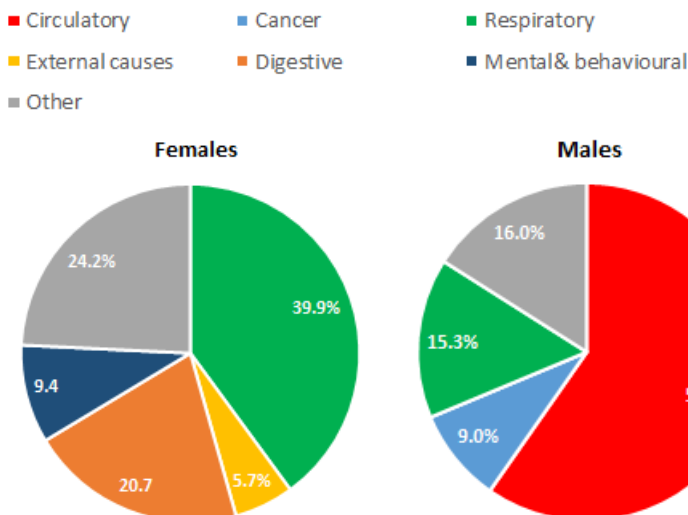
The rate of mortality for individuals aged under 75 from cancer has increased in Ryedale between 2011-13 and 2014-16 and is now similar to the national (137 per 100,000) and regional (146 per 100,000) average.



The rate of mortality for individuals aged under 75 from respiratory disease has decreased in Ryedale between 2013-15 and 2014-16 and is significantly lower than the national (34 per 100,000) and regional (39 per 100,000) averages.

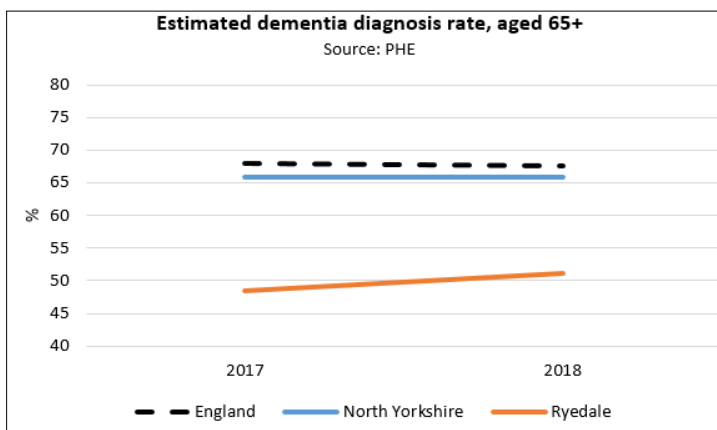
## Inequality

The following charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in Ryedale district. The biggest contributor to the life expectancy gap for women is respiratory diseases. For men, the biggest contributor is circulatory disease. Targeting [NHS Health Checks](#) in deprived areas will help to narrow the inequality in life expectancy.



# Diseases and Death

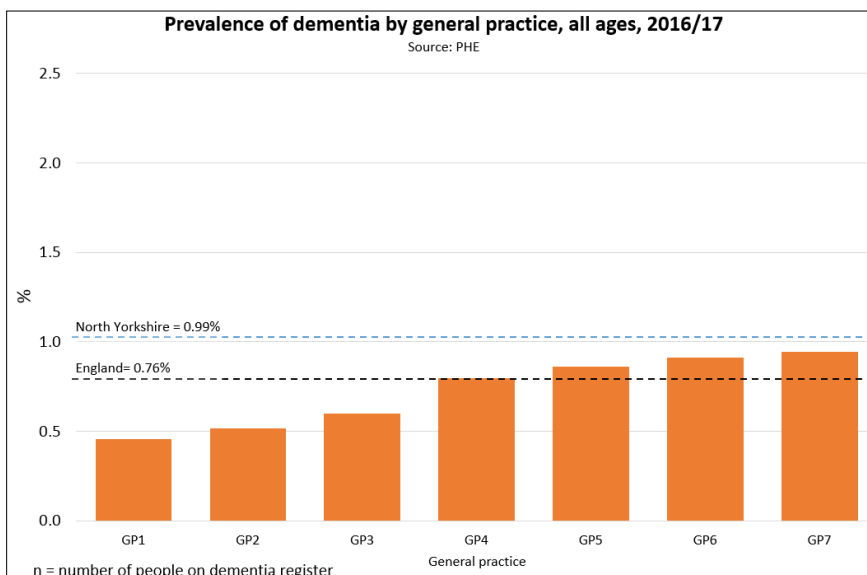
## Dementia



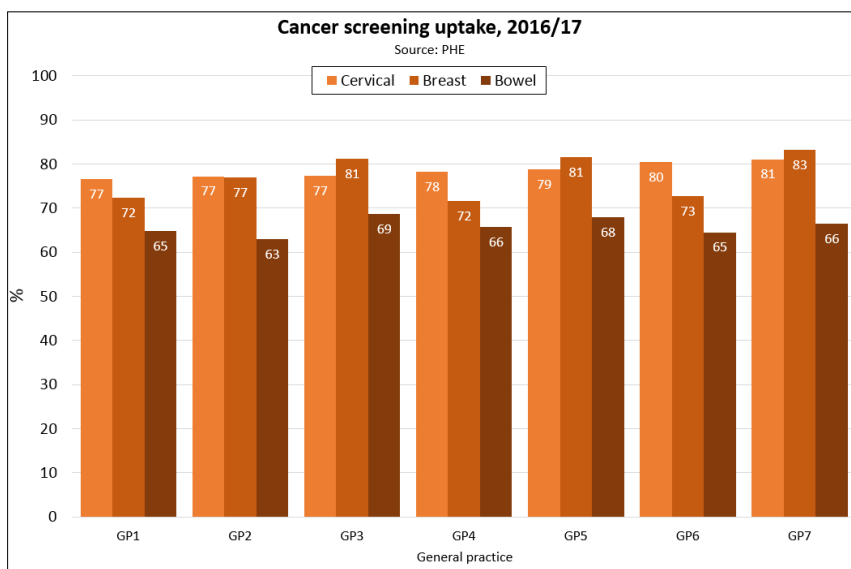
Ryedale has a significantly lower rate of those estimated to have dementia being diagnosed when compared with England (51% vs 67%). There are 410 people aged 65+ with dementia diagnosed in Ryedale, with potentially another 390 cases unrecorded.

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 registered at each general practice as a proportion of all people registered at each practice, for practices in the district. There are three GPs in Ryedale that have a higher proportion of practices with dementia than the national average.



## Cancer Screening



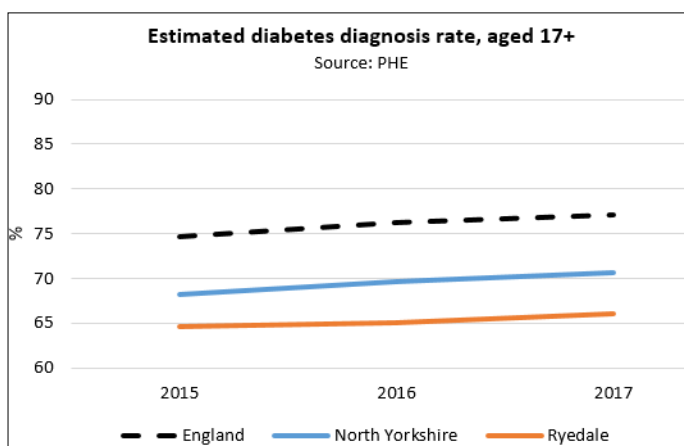
In Ryedale, as for England, there is a variation in the uptake of screening for breast cancer when compared to bowel cancer. Despite the low uptake of screening for bowel cancer in Ryedale, the rate is significantly higher than the England average (66% locally compared to 59% nationally) in 2017.

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

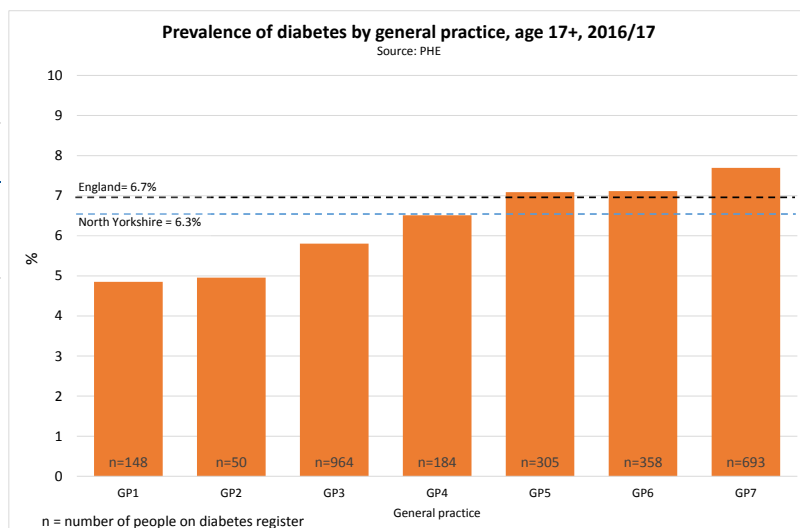
## Diabetes



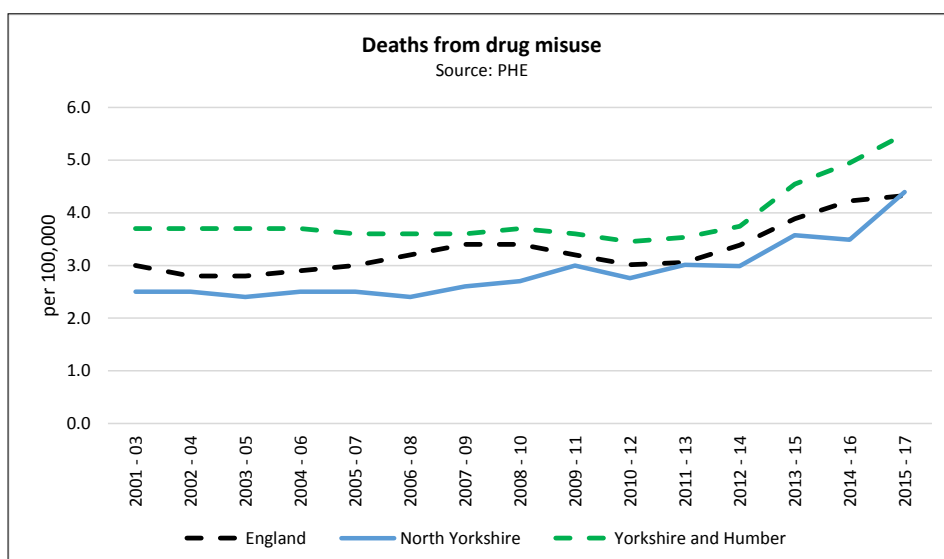
Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes is typically associated with excess weight can be prevented or delayed by lifestyle changes.

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 Ryedale, it is estimated that only 66% 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

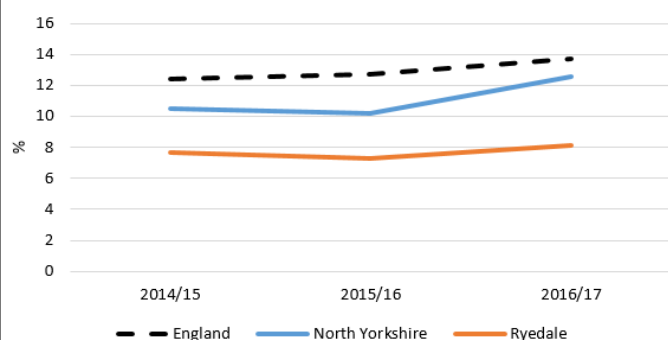


Deaths from drug misuse data is not available for Ryedale district. The value cannot be calculated because the numbers are too small. However, deaths from drug misuse in North Yorkshire have increased slightly between 2014-16 and 2015-17 and the rate per 100,000 is similar to the England average (4.3 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



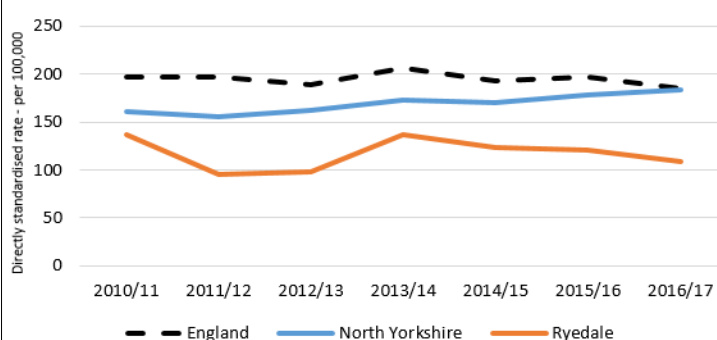
The percentage of individuals reporting depression or anxiety in Ryedale is significantly lower (8.2%) when compared to the national average (13.7%). Ryedale district has the lowest proportion of depression or anxiety when compared to other districts in North Yorkshire.

Ryedale has a similar rate of individuals who have long term musculoskeletal disease who are also feeling depressed or anxious compared to the England average (12.6% locally compared to 24.1% nationally).

Ryedale district has a significantly lower rate of emergency hospital admissions for self-harm (109 per 100,000) than the England average (185 per 100,000). The proportion of hospital admissions for intentional self harm has decreased between 2013/14 and 2016/17.

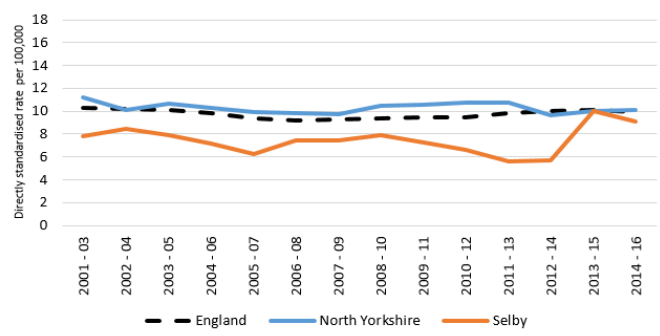
Emergency Hospital Admissions for Intentional Self-Harm, all ages

Source: PHE



Suicide rate, all persons, aged over 10 years

Source: PHE

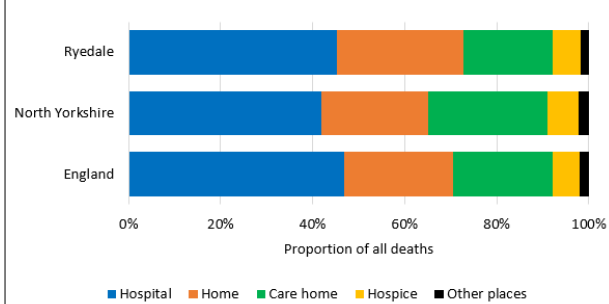


Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health. The suicide rate in Ryedale decreased from 2013-15 to 2014-16 and is similar to England (9.8 per 100,000 locally; 9.9 per 100,000 nationally). The suicide rate for males is higher than females in Ryedale, in line with national rates. However, these are small numbers and should be interpreted with caution. Further information can be found in the [Suicides Audit in North Yorkshire 2015](#) and on the [North Yorkshire Partnerships Suicide Prevention](#) webpage.

## End of Life Care

Place of death, 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 Ryedale has a higher proportion of people dying at home compared with county and national rates. Ryedale District has a higher proportion of people dying at hospital when compared to county averages in 2016.

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