

North Yorkshire Joint Strategic Needs Assessment 2018

Richmondshire District Summary Profile

Introduction

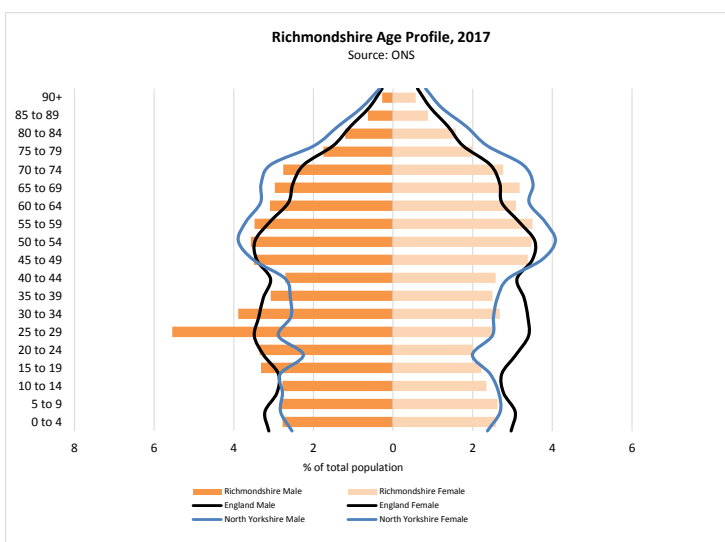
This profile provides an overview of population health needs in Richmondshire District. Greater detail on particular topics can be found in our Joint Strategic Needs Assessment (JSNA) resource at www.datanorthyorkshire.org. This document is structured into four parts: population, wider determinants of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

Summary

- The population in Richmondshire is ageing. By 2025, there will be a 17% increase in the population age 65+ and a 9% 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 seven wards where more than one-in-five children grows up in poverty.
- There is a high rate of people being killed and seriously injured on Richmondshire's roads. A high proportion of the population (42%) has limited access to services through public transport, leading to reliance on cars and the potential for isolation.
- Excess winter mortality in Richmondshire tends to be higher than England. Tackling fuel poverty, improving housing and ensuring eligible people receive flu jabs may help.

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 Richmondshire district has an older population than England, with more residents between the ages of 50-84, and fewer aged under 45. The population is younger than North Yorkshire, with a notably 'spike' in young males due to the military presence. The pyramid is typical of a population with long life expectancy and low birth rate.

There are about 4,800 people aged 65+ with a limiting long term illness (43% of this age group, compared with 50% in England), 40% of whom (1,900) report that their daily activities are limited a lot because of their illness.

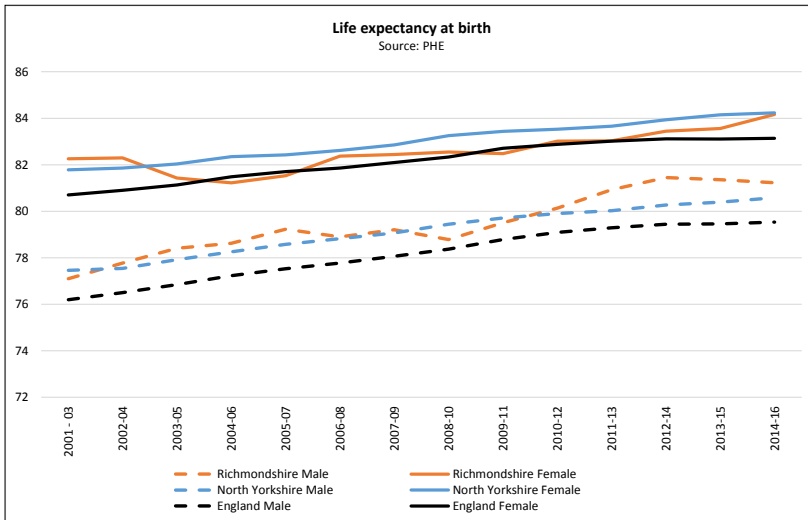
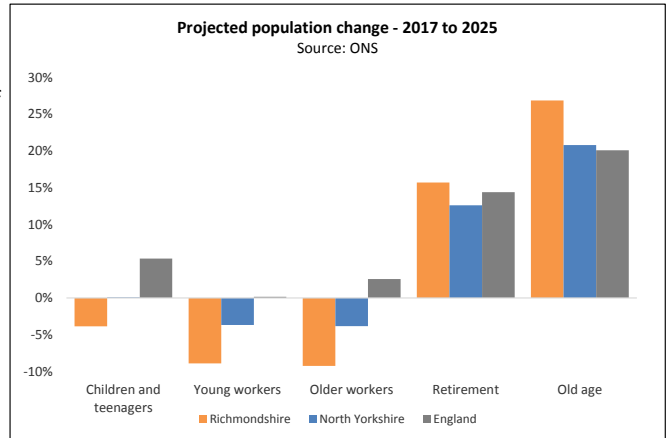
Richmondshire is the most ethnically diverse district of North Yorkshire; 4.7% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England.

Life Expectancy

The population of Richmondshire district is estimated to be 53,699 and is set to decrease to 52,300 in 2025. The birth rate in the district is 71 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 Richmondshire by approximately 27% by 2025. For the same age group, an approximately 20% increase is expected in both North Yorkshire and England. A 16% 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 Richmondshire will decrease by 4%.

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 Richmondshire has decreased for females by 18%, but has increase for men by 11%.

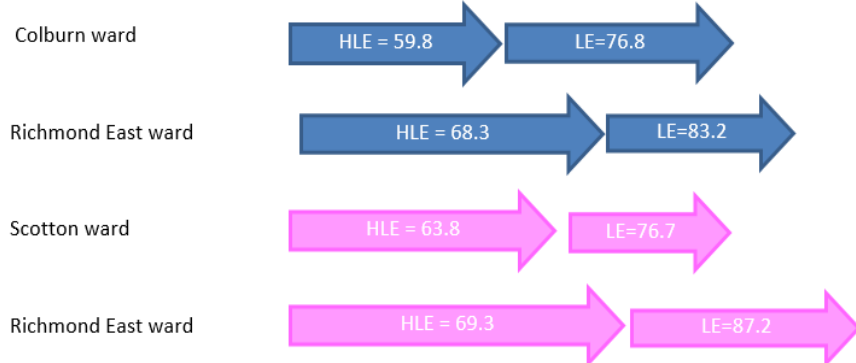
		Current and projected population							
		2017				2025 (projected)			
		Males		Females		Males		Females	
	N	%	N	%	N	%	N	%	
Children and teenagers	0-19	6294	21.9	5254	21.0	6100	21.2	5000	20.7
Young workers	20-44	9971	34.7	6606	26.5	9200	32.0	5900	24.4
Older workers	45-64	7321	25.5	7226	28.9	6600	23.0	6600	27.3
Retirement	65-84	4659	16.2	5107	20.5	5500	19.1	5800	24.0
Old age	85+	486	1.7	775	3.1	700	2.4	900	3.7



Life expectancy at birth has not increased for men in Richmondshire over the last three reporting periods, but is greater than the North Yorkshire and England figures at 81.2 (compared to 80.6 and 79.5, respectively). For females, the life expectancy in Richmondshire is the same as North Yorkshire at 84.2 but greater than England (83.1).

By comparing the healthy life expectancy with overall life expectancy, we can get a richer picture around years spent in good health. In Richmondshire, there is wide variation in the years spent in good health for both males and females between wards, indicating within district inequalities. There is an 11 year difference in life

Healthy Life Expectancy (HLE) and Life Expectancy (LE) by gender, Richmondshire wards 2009-13



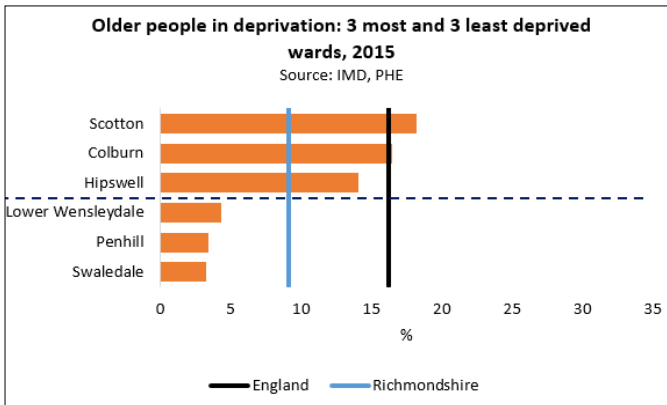
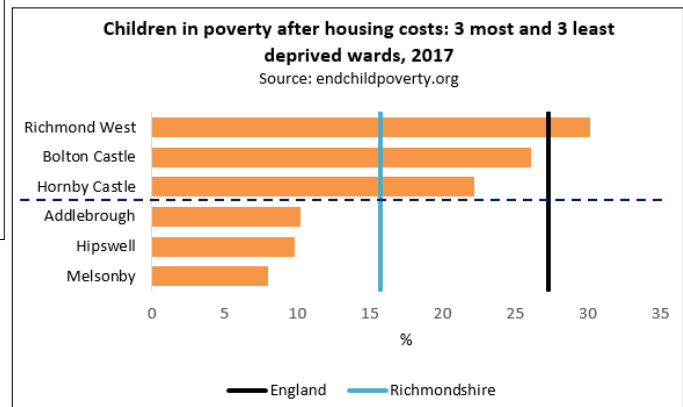
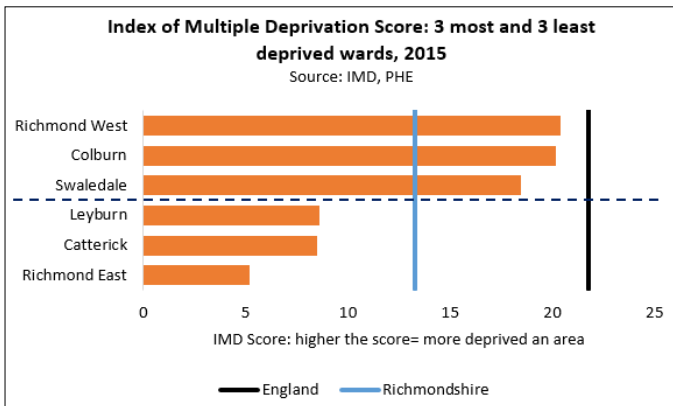
Source: ONS, Health state life expectancy by 2011 Census wards in England and Wales

expectancy for females between Scotton ward and Richmond East ward. Women in Scotton ward can expect to live 64 years in good health whereas women in Richmond East ward spend 69 years in good health. Men in the ward with the lowest life expectancy (Colburn) spend 60 years in good health and men in Richmond East ward spend 68 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

Poverty

The 2015 Index of Multiple Deprivation (IMD) identifies one Lower Super Output Areas (LSOA) out of a total of 34 within the district which is amongst the 20% most deprived in England. This LSOA is in the Colburn ward and approximately 1,800 people live there.



The IMD also calculates deprivation for specific groups based on key indicators. Child poverty (16%) is lower than that observed nationally (27%). However, this rises to over 25% in parts of Richmondshire West and over 20% in Bolton Castle and Hornby Castle wards. In contrast to this, Addleborough, Hipswell and Melsonby wards have low levels of children in poverty; rates are lower than regional and national values.

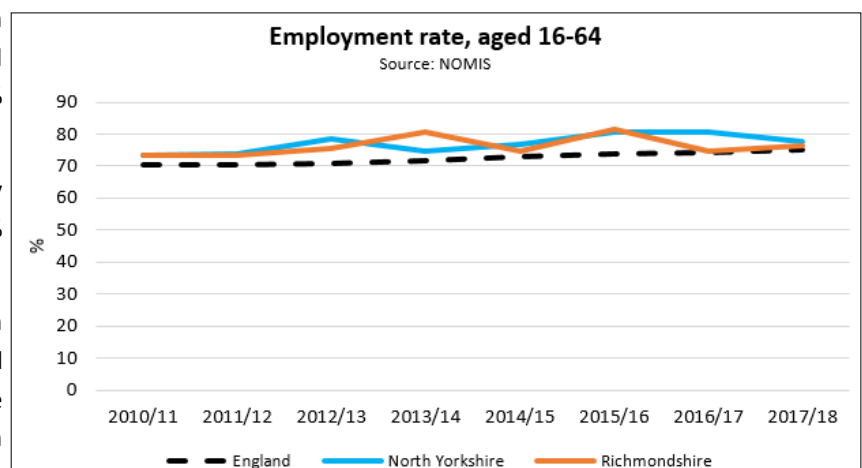
When income deprivation is calculated for older people separately, Scotton, Colburn and Hipswell wards have the highest levels of older people in deprivation, with rates higher than the district average (9%).

Employment

Employment rates are comparatively high in Richmondshire (77% in the district in the period April 2017 to March 2018) compared to 75% across England.

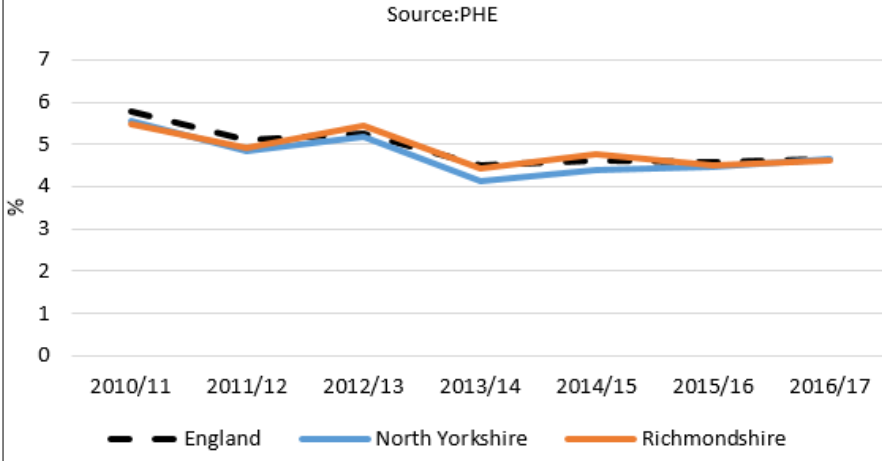
The employment rate is similar to the county average (78%) and rates have increased by 2% from 2016/17 to 2017/18 in Richmondshire.

In 2017, average weekly earnings in Richmondshire (£399) were similar to England (£440) and average weekly earnings have increased slightly in Richmondshire between 2016/17 and 2017/18.



Education

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

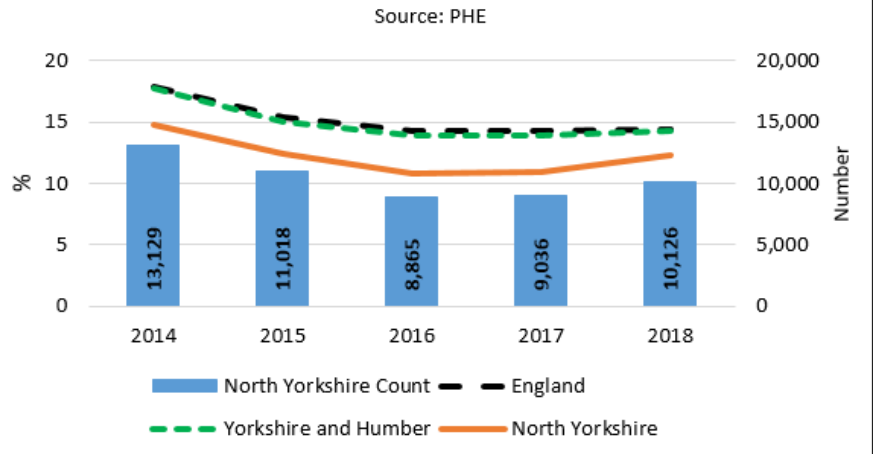


Low school attendance is linked to lower educational attainment. The proportion of half days missed by pupils due to overall absence (both authorised and unauthorised) is 4.6%, similar to national (4.7%) and Yorkshire and Humber (4.9%) averages in 2016/17.

The proportion of overall absence has remained stable in recent years, in contrast to increasing rates in North Yorkshire overall.

The proportion of pupils aged 5-15 with special educational needs in North Yorkshire has increased slowly between 2016 and 2018 and is significantly lower than England.

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

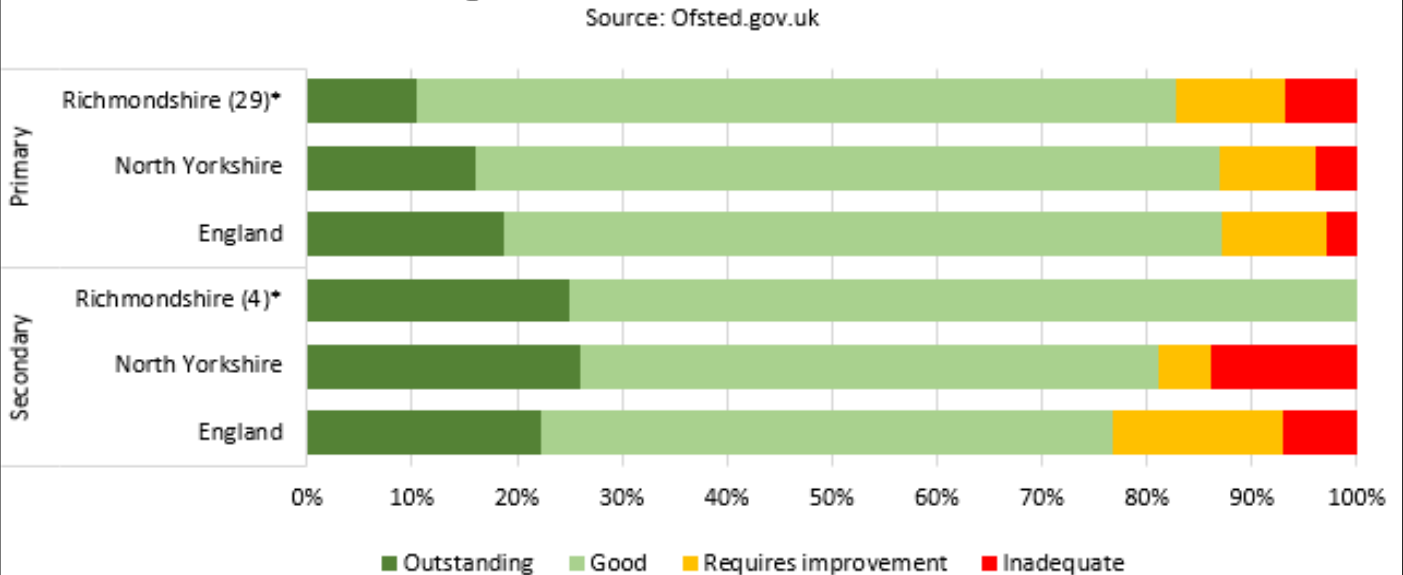


The chart below highlights the Ofsted judgement of overall effectiveness of primary and secondary schools in Richmondshire.

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

The small number of secondary schools means that this needs to be interpreted with some caution.

Ofsted Judgement of overall effectiveness at 01/10/2018
Source: Ofsted.gov.uk

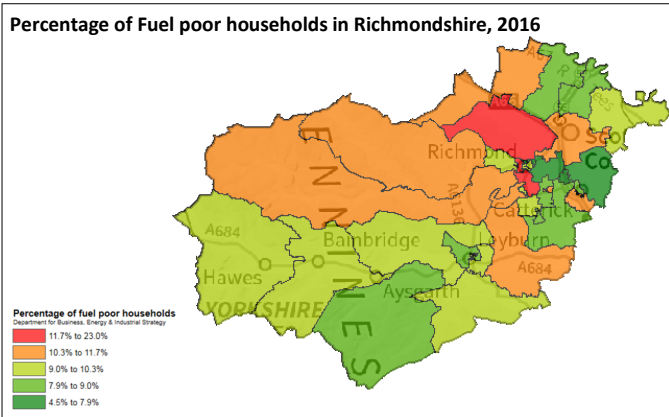
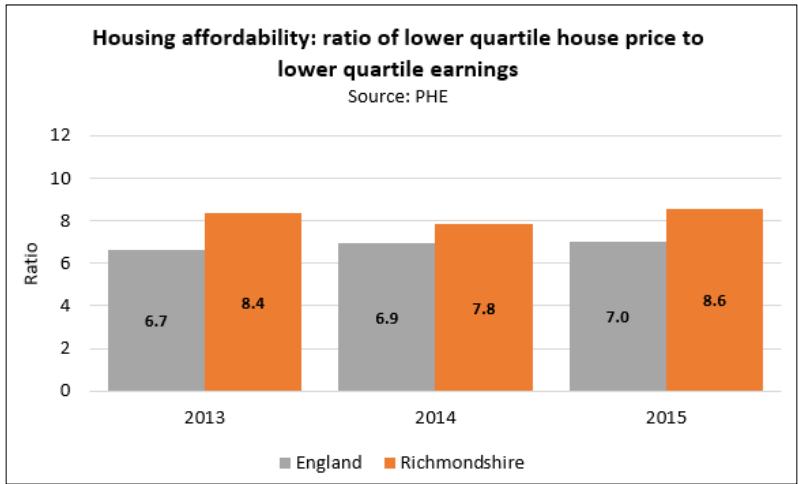


* = number of schools

Housing

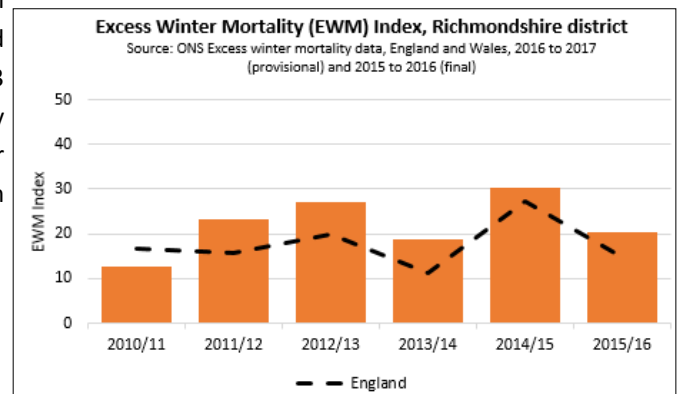
Housing affordability affects where people live and work. It also affects factors that influence health, including the quality of housing available, poverty, community cohesion, and time spent commuting. There is increasing evidence of a direct association between unaffordable housing and poor mental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

Richmondshire has a ratio of lower quartile house price to lower quartile earnings higher than the England average this has increased between 2013 and 2015. This highlights that housing in Richmondshire is becoming more affordable relative to earnings.



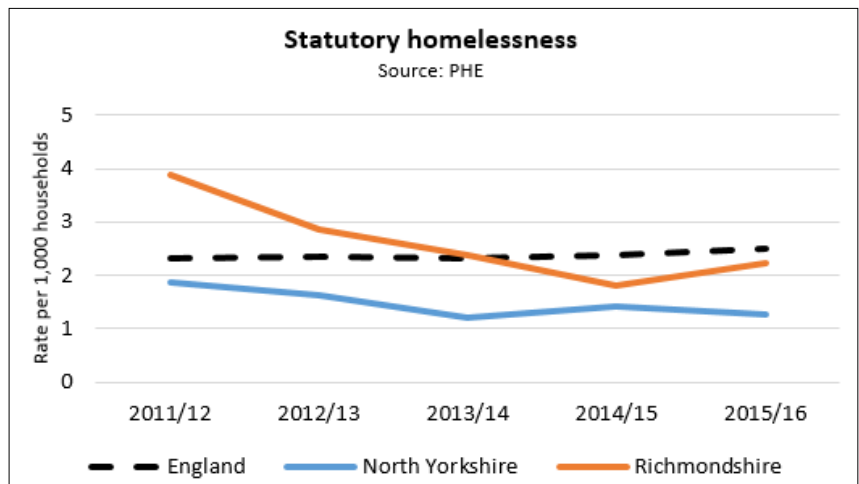
Fuel poverty rates are an issue for Richmondshire which is linked to deprivation. In 2016, 9.5% of households (1,965 households) in Richmondshire were classified as fuel poor, lower than the national average (11.1%). Merely tackling poverty would not necessarily relieve the fuel poverty, as often housing 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 30 to 20 and but is higher than the national average of 15. Over the past 3 years, there have been, on average, 29 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 increased in Richmondshire from 2014/15 to 2015/16, following a number of years of reductions. It is similar to the England but higher than the county average.

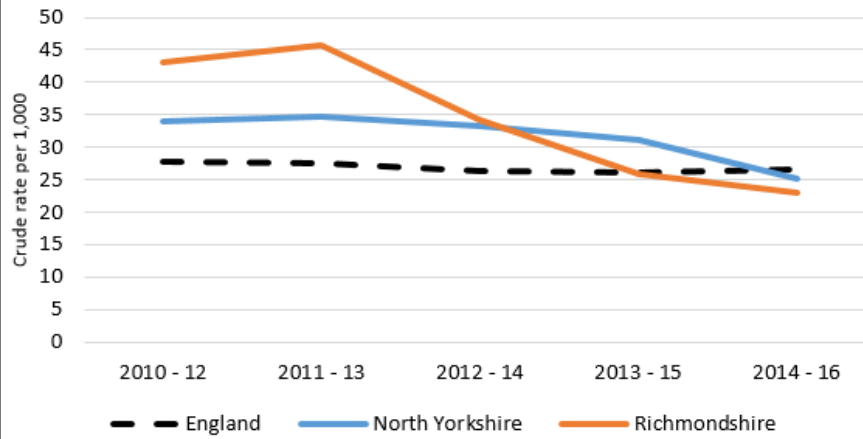
Richmondshire has the highest rate of homelessness compared with other districts in North Yorkshire.



Transport

Alcohol-related road traffic accidents

Source: PHE



Alcohol consumption is responsible for around one in every seven deaths in reported road traffic accidents in Great Britain.

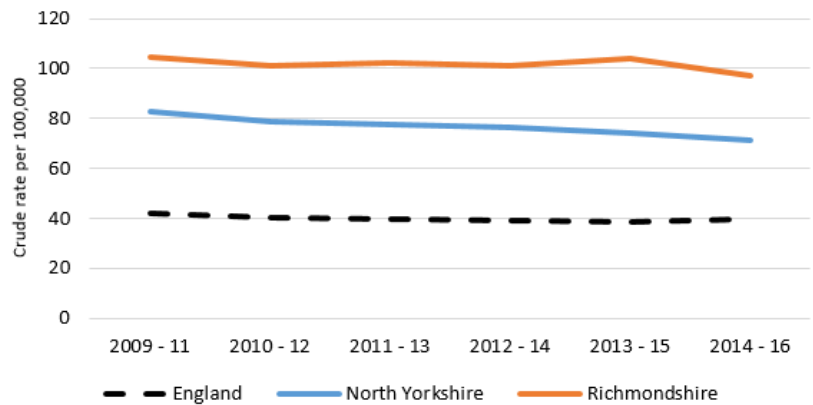
The rate of alcohol-related road traffic accidents in Richmondshire has decreased since 2011-13 and is similar compared the county and national rates.

The rate of people being killed and seriously injured (KSI) casualties on roads in Richmondshire is significantly higher than the national average, at 97 per 100,000.

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). However these are relatively small numbers and must be interpreted with caution.

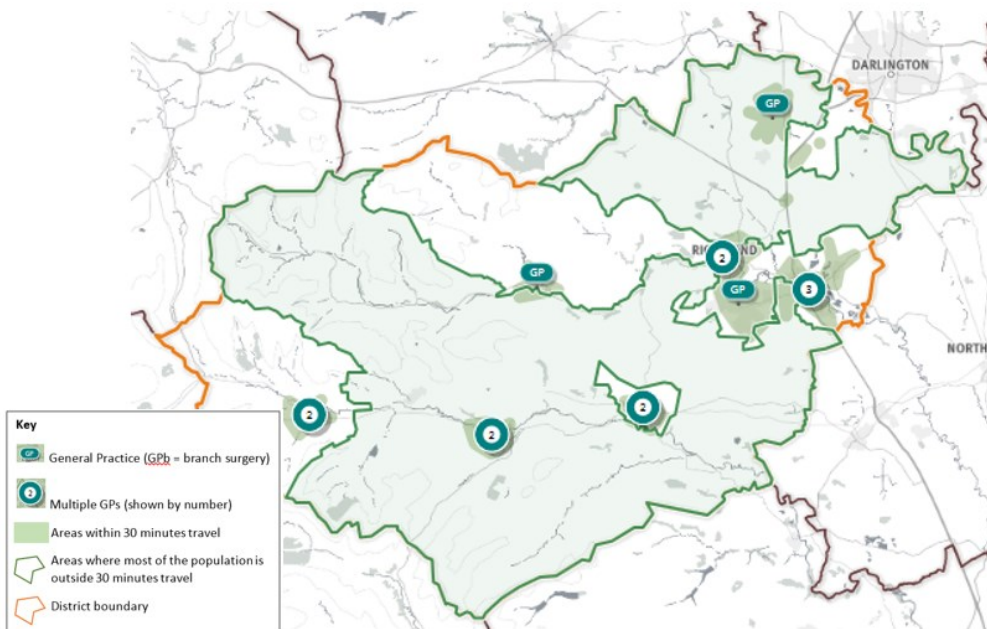
Killed and Seriously Injured Casualties on the road

Source: PHE



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.

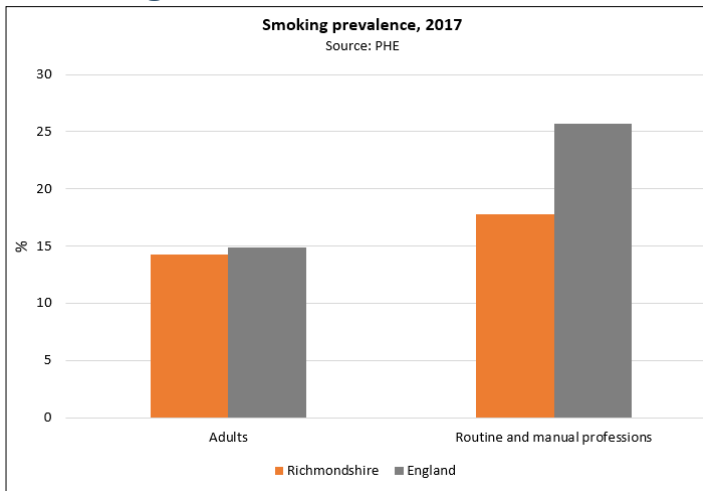
Population within 30 minutes travel time by public transport from a general practice, Richmondshire, 2018



In Richmondshire, the majority of the population (58%) lives within a 30 minute travel time, by public transport, from a general practice. There are about 16,000 residents in Richmondshire 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.

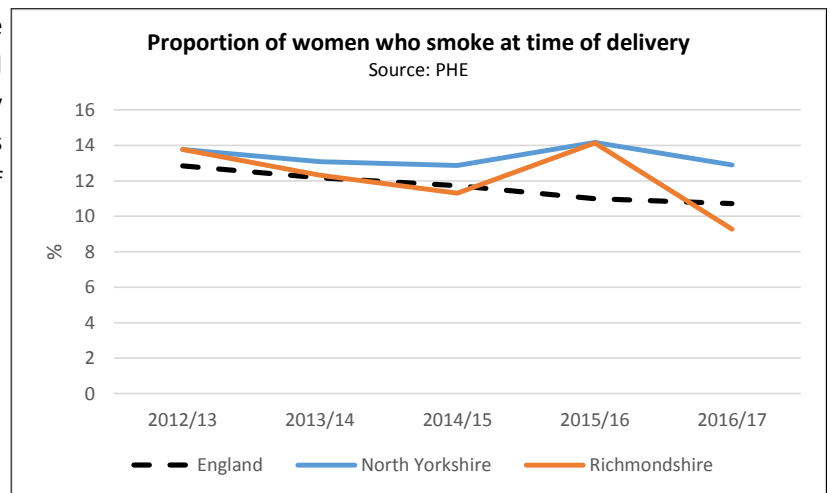
Lifestyle and behaviour

Smoking



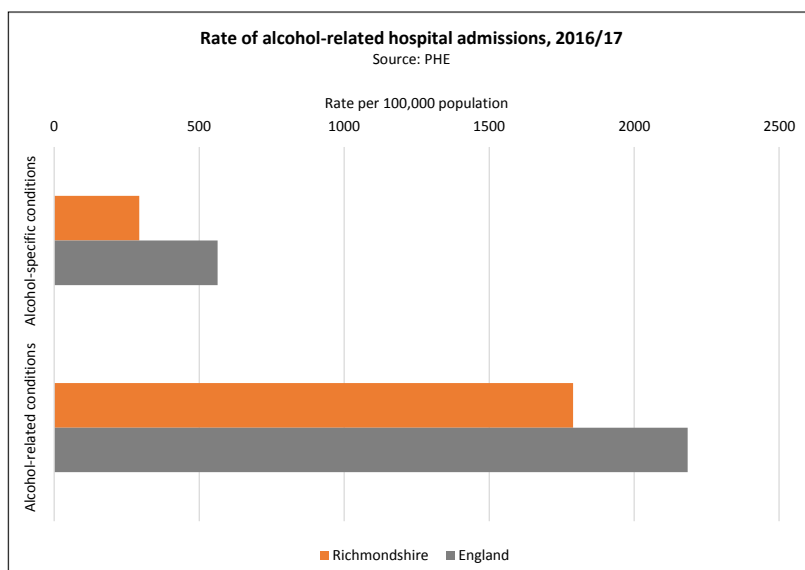
Smoking prevalence for adults in Richmondshire is slightly lower than prevalence reported in England, at 14% compared with 15% nationally. For adults in the routine and manual professions, however, prevalence in Richmondshire is 18%, statistically similar to the 26% estimated for England. This is a slight increase on the data from the last two years, where the rate was 17%.

Maternal smoking during pregnancy, is known to be detrimental for both the health of the mother and baby. In Richmondshire, maternal smoking currently 9% (45) 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

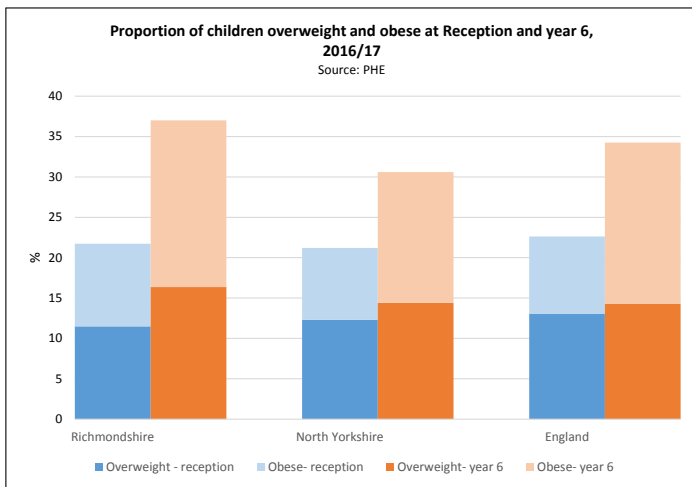
Implementing appropriate local interventions ensures we reduce misuse and harm associated with alcohol in our communities. Overall, the rate of admission episodes for alcohol-specific conditions in Richmondshire is significantly lower than the England rate at 294 per 100,000 population compared to 563 for England. As alcohol misuse can be a contributing factor in a wide variety of diseases, 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, Richmondshire is significantly lower compared to England (1,790 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

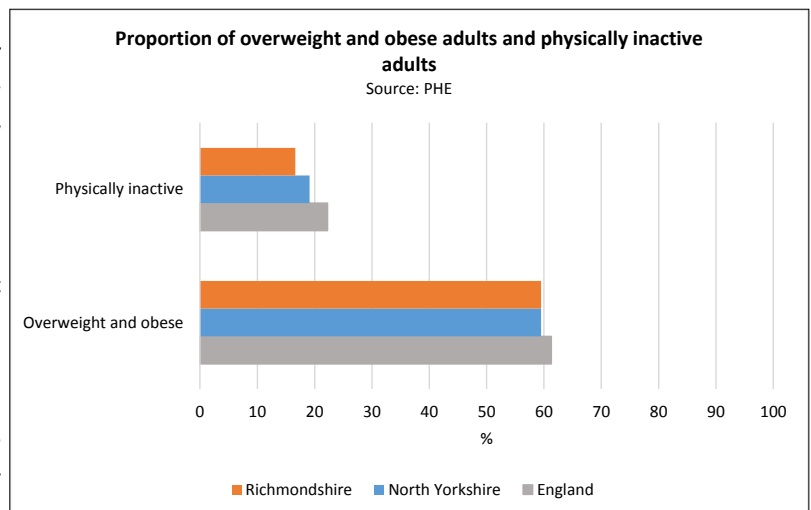
Nutrition, activity and excess weight



Childhood obesity is closely related to excess weight in adulthood. The proportion of children in Reception who are overweight or obese in Richmondshire is similar to the England (22% locally and 23% nationally). This is also true for Year 6 children (37% locally and 34% nationally). There is a 100% increase in the proportion of obese children from Reception to Year 6 in Richmondshire, demonstrating that it is important to identify children at risk of excess weight gain early on and to minimise excessive weight gain through primary school. For overweight children, we see an increase between Reception and Year 6 of 43% but this could be because children change weight status (from overweight to obese) rather than indicating weight maintenance. Details of

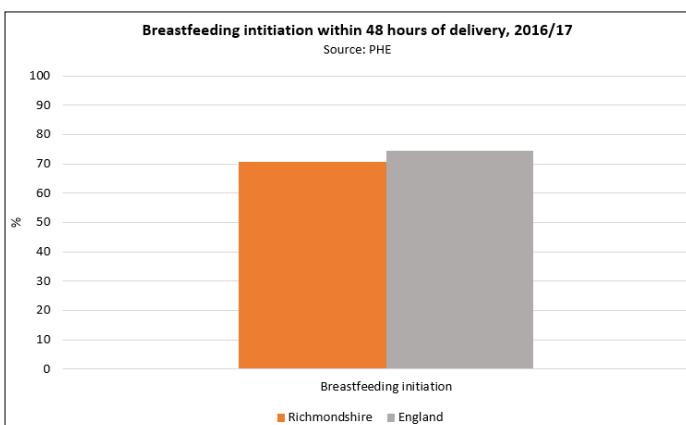
approaches to tackle excess weight across the lifecourse are in the strategy [Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026](#)

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 Richmondshire is lower than the England proportion at 17%, compared to 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 Richmondshire is 60%, 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 Richmondshire is below the England average in consuming the recommended fruit and vegetables, and indicates that nearly 30% of the adult population in Richmondshire could improve what they eat.

Breastfeeding provides benefits to the health and wellbeing of both mother and child. In Richmondshire, 71% of women initiate breastfeeding within 48 hours of delivery, significantly less than the proportion of women in England overall who introduce breastfeeding (75%).

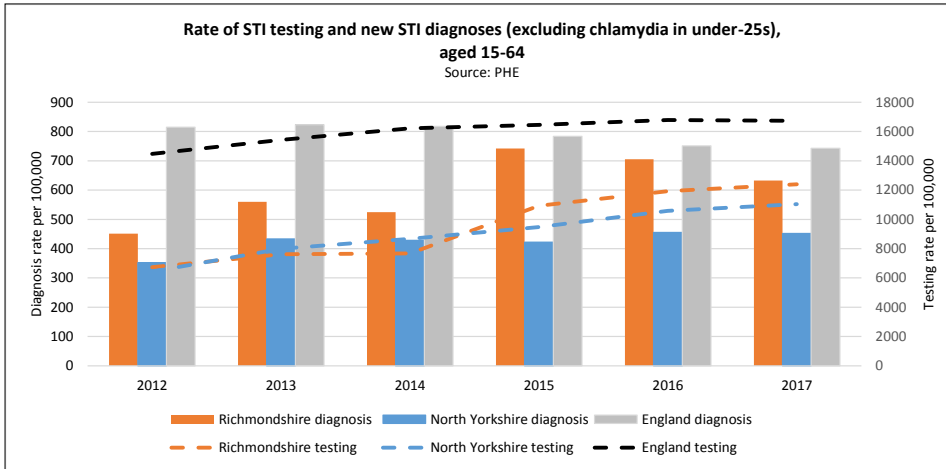


In order to increase breastfeeding a strategy and action plan has been developed in partnership with York that is focussing on:

- 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

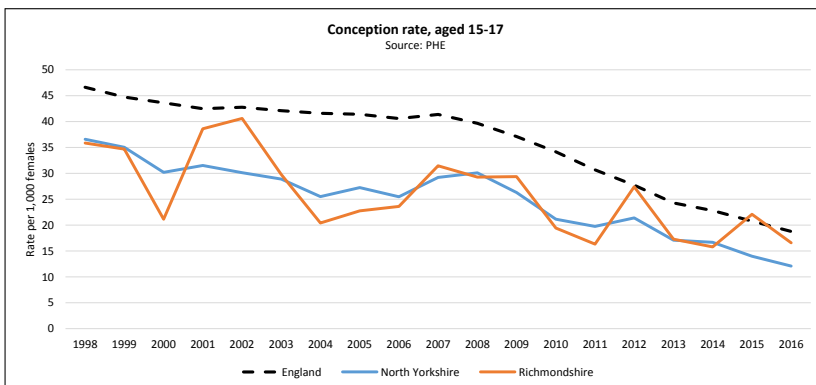
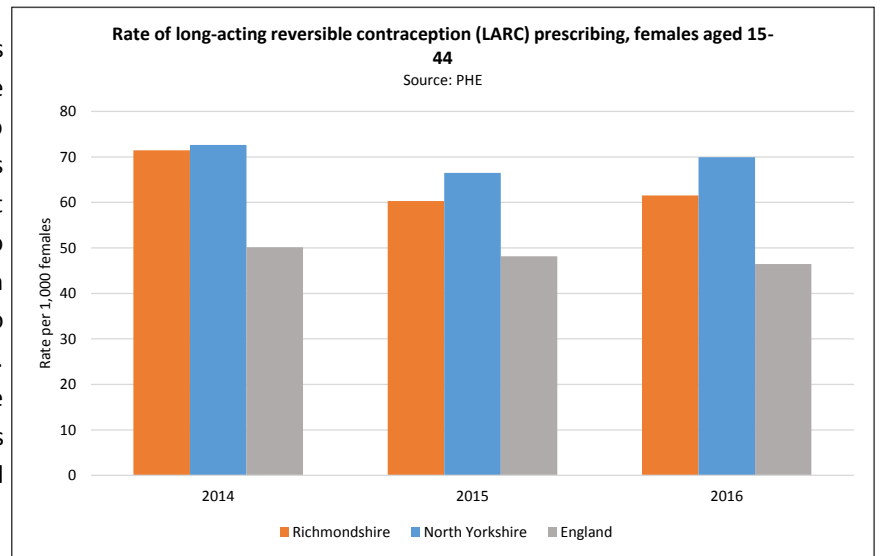
Sexual health



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 Richmondshire, the rate of new Sexually Transmitted Infection (STI) diagnoses for 2017 at 529 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 Richmondshire 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 Richmondshire at 62 per 1,000 women aged 15-44 is significantly higher than the rate seen in England (46).

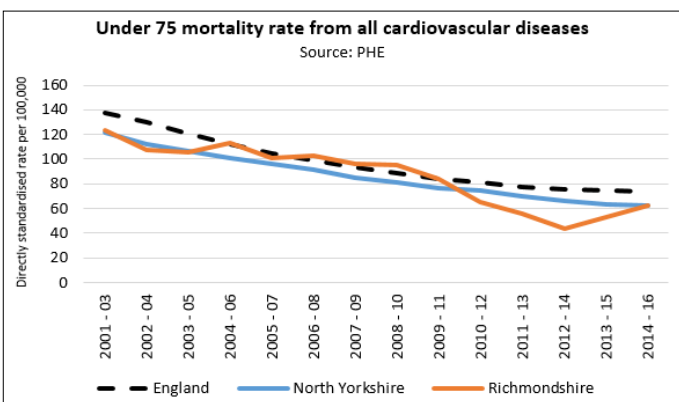


Unplanned pregnancies at any stage of life can have an impact on women's health and well-being. There is a great deal of attention paid to the experiences of teenagers who have an unplanned pregnancy, particularly in relation to the wider determinants of health including education, housing and poverty. The rate in Richmondshire of teenage conception is similar to England overall (16.6 and 18.8 per 1,000 women aged 15-17, respectively), and continues an overall long-term downward trend.

Diseases and Death

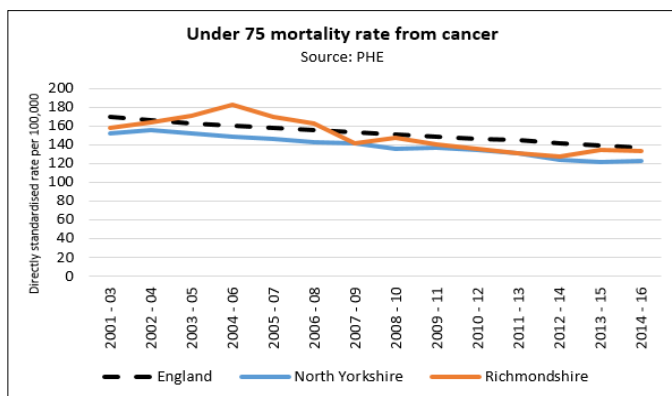
Major causes of death

In Richmondshire, there were 477 deaths in 2016. Over half of deaths fell under just three broad causes: 125 (27.1%) due to cardiovascular diseases; 134 (29.1%) due to cancer and 61 (13.2%) due to respiratory diseases.



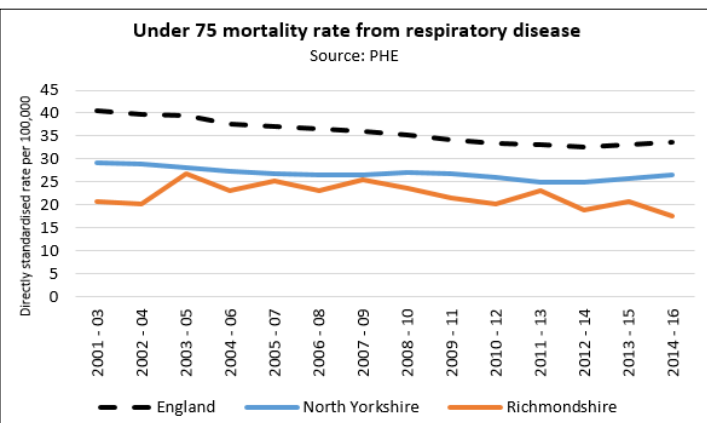
The rate of mortality for people aged under 75 from cardiovascular disease has increased in Richmondshire since 2012-14, reversing a long, decreasing trend. Although lower, the Richmondshire rate (63 per 100,000) is not significantly different from national (74 per 100,000) and Yorkshire and Humber (83 per 100,000) average.

The mortality rate from cancer for people aged under 75 has decreased in Richmondshire between 2001-03 and 2014-16 and remains similar to the national (137 per 100,000) and Yorkshire and the Humber (146 per 100,000) average.



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

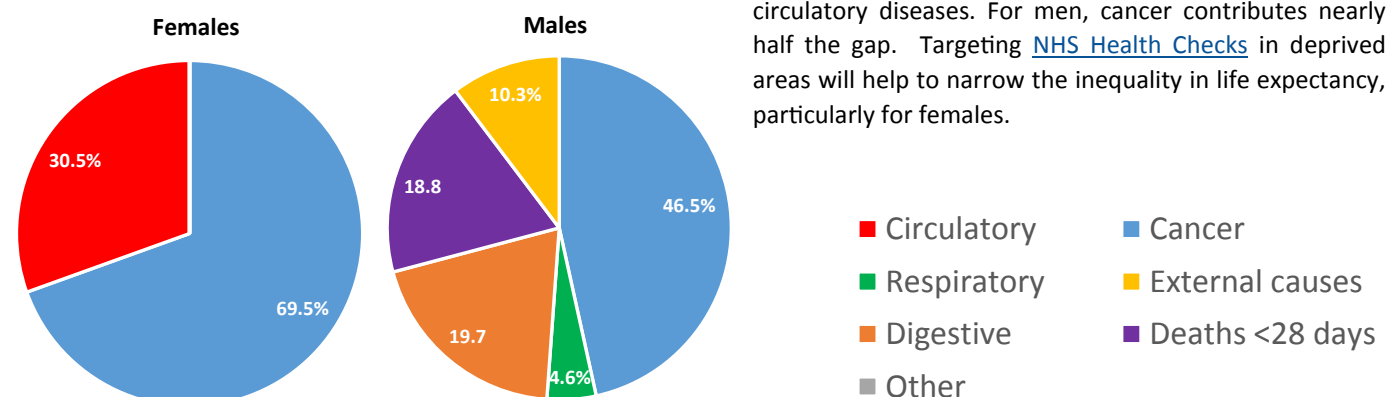
The rate of mortality for individuals aged under 75 from respiratory disease has decreased in Richmondshire between 2013-15 and 2014-16 and the rate is significantly lower than national (34 per 100,000) and Yorkshire and Humber (39 per 100,000) averages.



Furthermore, the rate of mortality for individuals aged 85 and over from respiratory disease in Richmondshire (15.8%) in 2016 is similar to the England average (15.4%).

Inequality

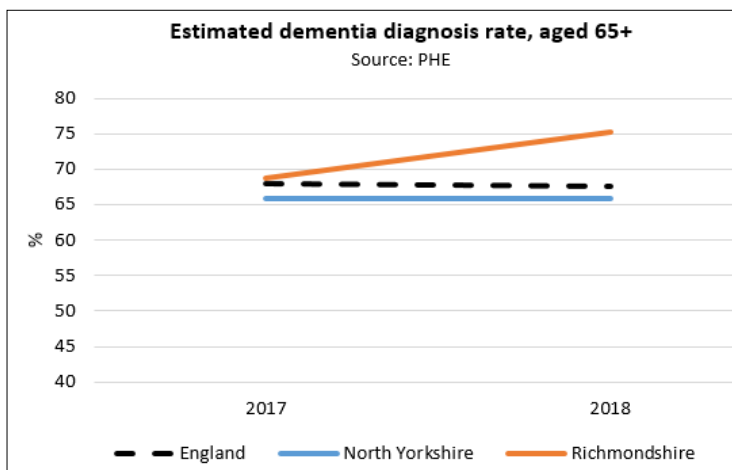
The following charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in Richmondshire district. The biggest contributors to the life expectancy gap for women are cancer and circulatory diseases.



For men, cancer contributes nearly half the gap. Targeting [NHS Health Checks](#) in deprived areas will help to narrow the inequality in life expectancy, particularly for females.

Diseases and Death

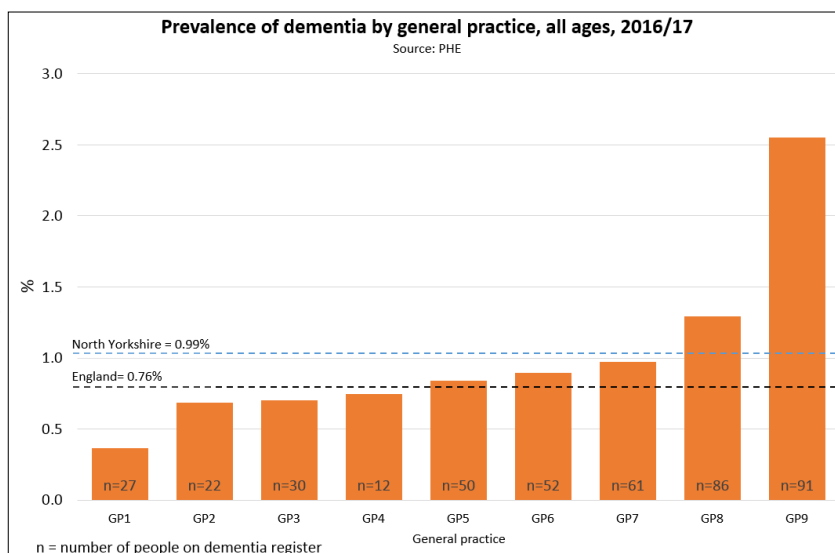
Dementia



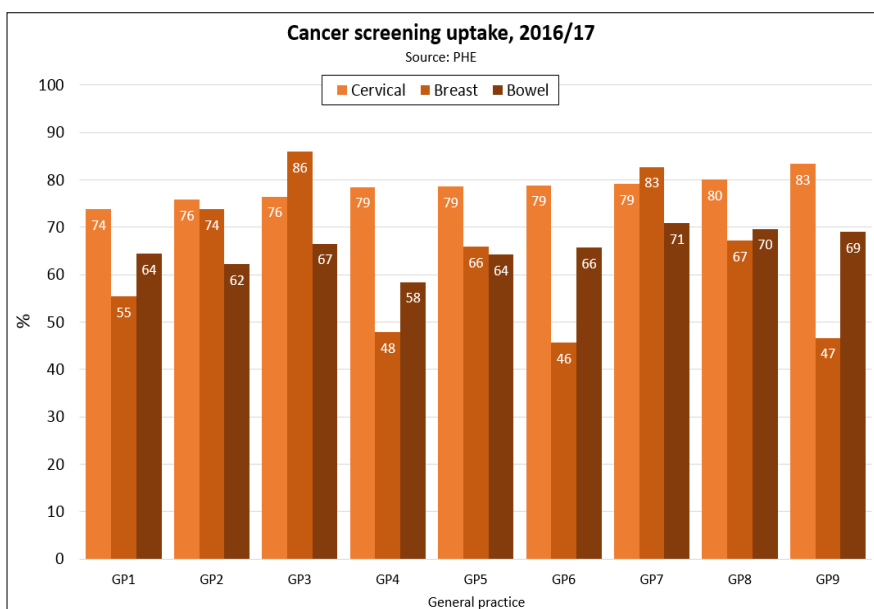
Richmondshire has a higher rate of those estimated to have dementia being diagnosed (aged 65+) when compared with England (75% v 64%). There are 470 people aged 65+ with dementia diagnosed in Richmondshire, with potentially another 155 cases unrecorded.

NHS Health Check works to identify people at risk of vascular diseases including vascular dementia so they can reduce risks. More information on NHS Health Checks can be found via Fingertips [website](#).

The chart to the right shows the number of people with dementia recorded on general practice registers as a proportion of all people registered at each practice, for practices in the district. There are two practices in Richmondshire that have a higher number of people with dementia than the county average. Furthermore, over half of the practices in Richmondshire have a higher rate of dementia prevalence than the national average in 2016/17.



Cancer Screening



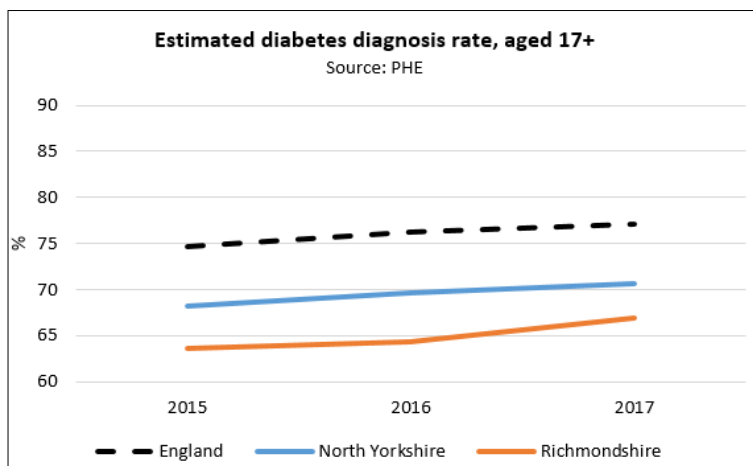
In Richmondshire, as for England, there is a variation in the uptake of screening for cervical cancer when compared to bowel cancer. The reasons behind this needs investigating.

Breast cancer screening coverage was 71% in 2016-17 down from 72% in 2015-16. 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

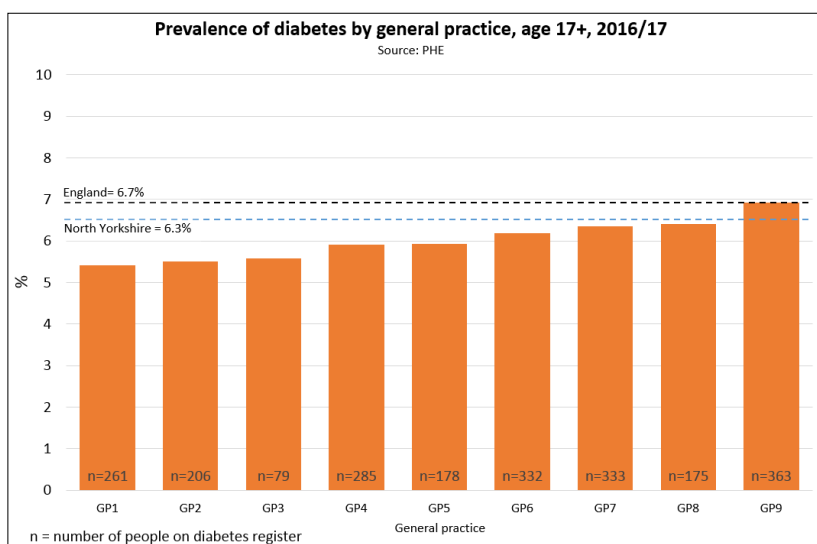
Diabetes



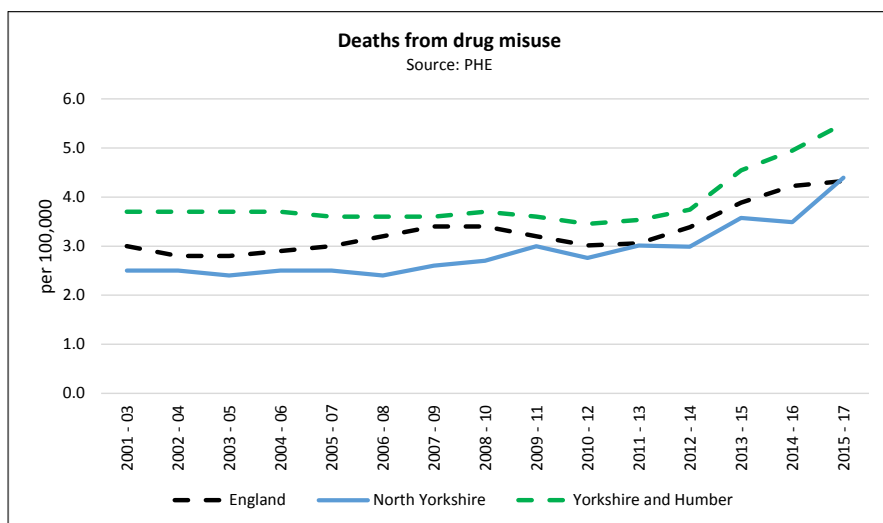
Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes is typically associated with excess weight can be prevented or delayed by lifestyle changes.

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 Richmondshire, it is estimated that only 67% of diabetes cases are diagnosed, significantly lower than England (77%).

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



Substance Misuse

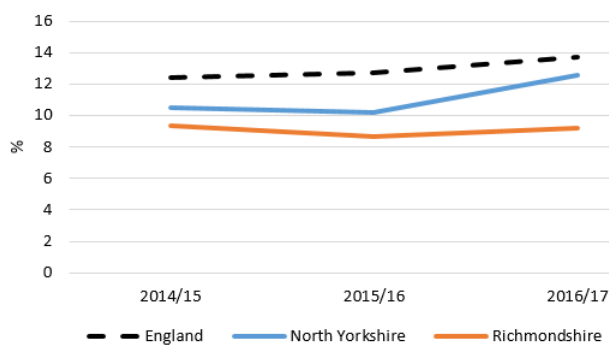


Deaths from drug misuse is not available for Richmondshire district; values cannot be calculated reliably because numbers are too small. However, deaths from drug misuse in North Yorkshire have increased slightly between 2014-16 and 2015-17 and the rate per 100,000 is similar to the England average (4.3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



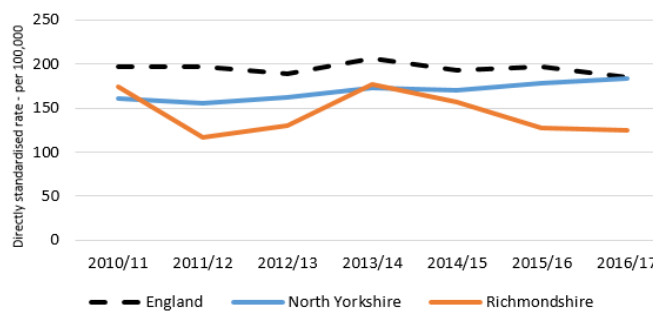
The percentage of individuals reporting depression or anxiety in Richmondshire is significantly lower (9%) when compared to the national average (14%).

Richmondshire has a significantly lower rate of individuals who have long term musculoskeletal diseases who are also feeling depressed or anxious compared to the England average (18% locally compared to 24% nationally).

Richmondshire district has a significantly lower rate of hospital admissions for intentional self-harm (125 per 100,000) compared with England (185 per 100,000). The rate of hospital admissions for intentional self-harm has been decreasing since 2013/14.

Emergency Hospital Admissions for Intentional Self-Harm, all ages

Source: PHE



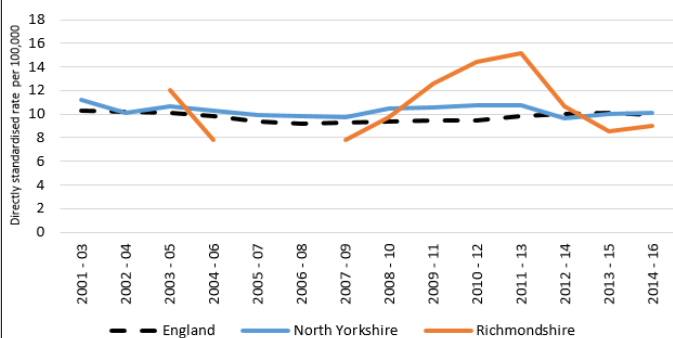
Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

The suicide rate in Richmondshire has decreased between 2013-15 and 2014-16 and the rate is similar to the England average (9 per 100,000 locally compared to 9.9 per 100,000 nationally).

The suicide rate for males is higher than females in Richmondshire, 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.

Suicide rate, all persons, aged over 10 years

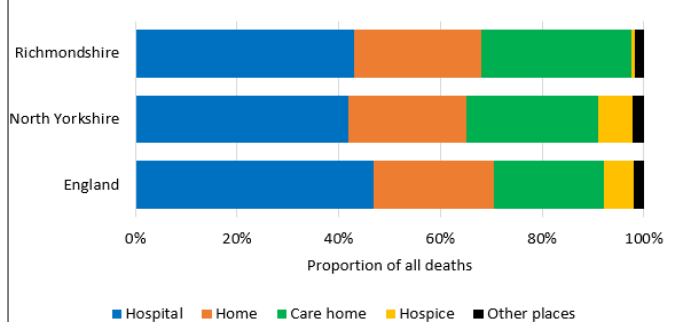
Source: PHE



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 Richmondshire has a higher proportion of people dying at home when compared to county and national rates. In contrast to this, Richmondshire district has a higher proportion of people dying in a care home when compared to county and national averages and a lower proportion of people dying in a hospice in 2016.

Contact:

nypublichealth@northyorks.gov.uk

Prepared by:

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