



**North Yorkshire County Council
Richmond Area Constituency Committee**

20 November 2019

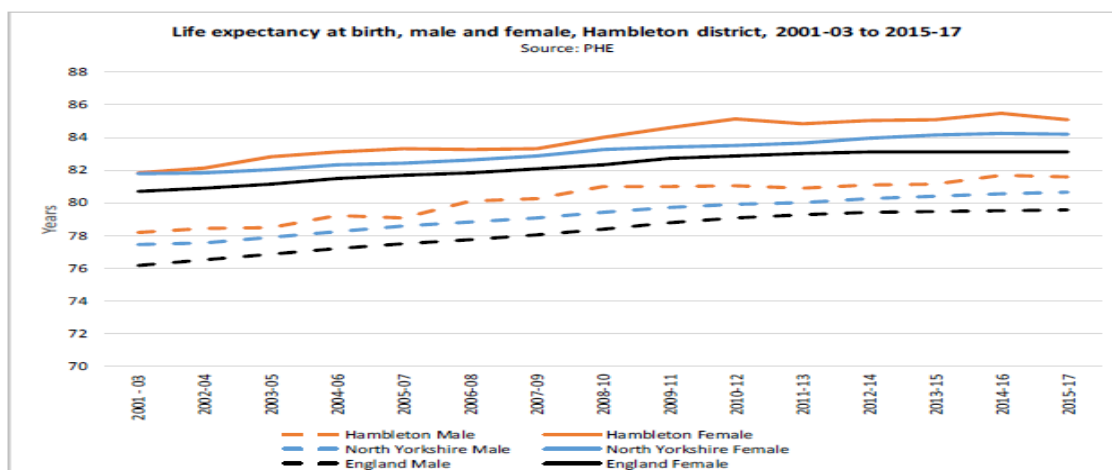
Public Health Priorities, Services and Challenges

1. Purpose of Report

- 1.1 To provide Members with an overview of some of the public health priorities, services and challenges in the Hambleton area of the Richmond Constituency Committee Area.

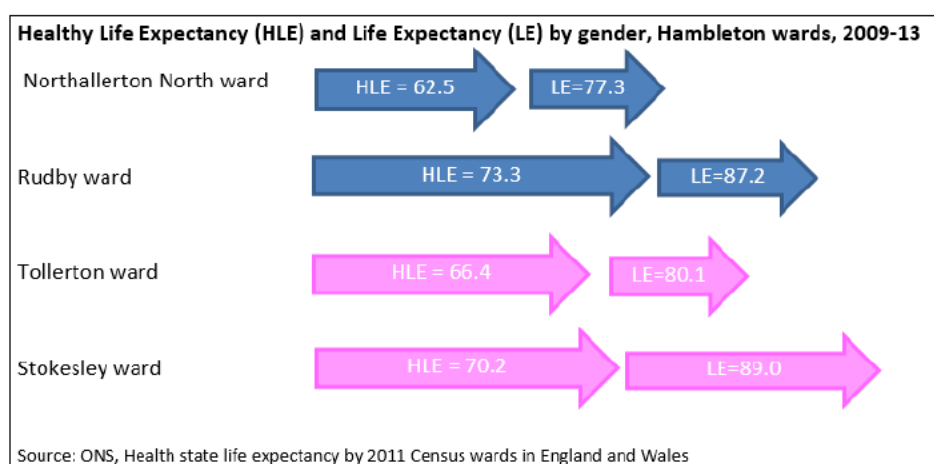
2. District health and wellbeing profile

- 2.1 The Hambleton District Profile (Appendix 1) shows that overall health and wellbeing of people in Hambleton, expressed as Life Expectancy at birth for males and females (a good measure of overall health) is good. Life expectancy at birth is increasing for men in Hambleton, and on average, men in the district can expect to live around two years longer than men in England overall. For females, the life expectancy in Hambleton is two years greater than England (83.1) and a year greater than North Yorkshire (84.2).

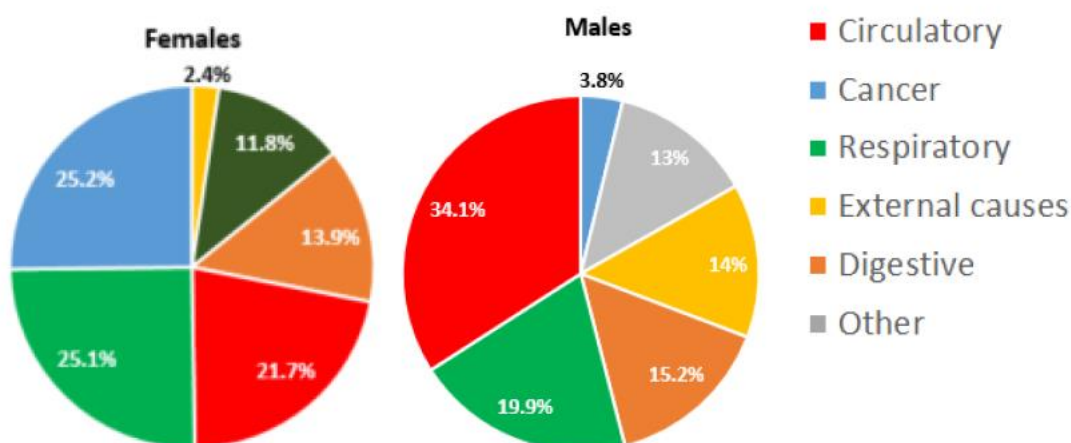


- 2.2. However, by comparing healthy life expectancy with the overall life expectancy, we can get a richer picture of years spent in good health. In Hambleton, there is wide variation in the years spent in good health for both males and females between wards, indicating within district inequalities.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

expectancy for males between Northallerton North and Rudby ward. Men in the Northallerton North ward can expect to live 63 years in good health; however, men in Rudby ward spend 73 years in good health. For females, women in the district with the lowest life expectancy (Tollerton) spend 66 years in good health, while women in Stokesley ward spend 70 years in good health. For both sexes, the wards with the highest life expectancy exceed that seen by England and those with the lowest life expectancy are below the England figures.



- 2.3 The biggest contributors to life expectancy gap between the most deprived and least deprived areas in Hambleton are respiratory and cancer diseases for women and respiratory and circulatory diseases for men. Targeting NHS Health Checks in deprived areas will help to narrow the inequality in life expectancy.

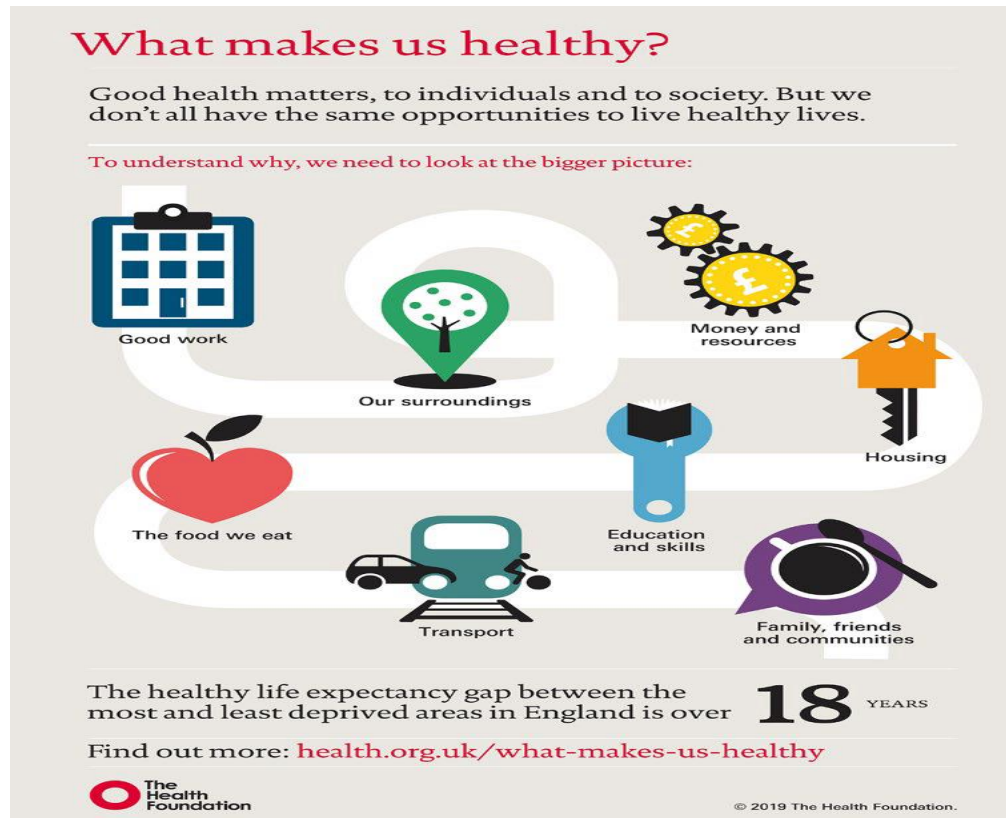


- 2.4 The Hambleton 2019 Health Profile (Appendix 2) also shows four indicators where rates in Hambleton are significantly worse than England rates.

- The proportion of individuals killed or seriously injured on Hambleton roads is nearly double the national average, 74 cases per 100,000 individuals and England 41 cases per 100,000 individuals.

- The proportion of adults aged 17 and over diagnosed with diabetes is significantly lower than expected, 69% compared with 78% for England.
- Hambleton has a significantly lower rate of those estimated to have dementia being diagnosed aged 65 when compared with England (56% vs 69%).

2.5 Many factors contribute to good health as summarised below.



The Index of Multiple Deprivation (IMD), an area-based relative measure of deprivation made up of 37 indicators including those listed above and weighted by their importance, is a useful measure of the level of deprivation for lower layer super output areas (LSOAs - *neighbourhoods with a minimum population of 1,000, maximum of 3,000 but more typically with 1,500 residents when defined*) in England.

The IMD identifies no LSOAs out of a total of 52 within the Hambleton district which are amongst the 20% most deprived in England. However, Stokesley, Northallerton North and Brompton and Thirsk wards have higher levels of deprivation than the district average.

The IMD for specific groups based on key indicators highlights areas that are amongst the most deprived areas of Hambleton District:

- For children, child poverty (21%, 3790 children) is lower than that observed nationally (30%). However, this rises to 25% in the Topcliffe, White Horse and Broughton & Greenhow wards.
- For older people, Stokesley, Northallerton North and Brompton and Thirsk wards have high levels of older people in deprivation with rates higher than the district average.

- 2.6 Tackling poverty in North Yorkshire is the focus of Dr Lincoln Sargeant, Director of Public Health for North Yorkshire, 2019 Annual Report, *"Life in times of change; Health and Hardship in North Yorkshire"* (Appendix 3). The report sets out how poverty reduces both quality and length of life. Dr Lincoln advocates universal actions but with a scale and intensity that is proportionate to the level of disadvantage across the life course. He highlights the need for national policies to be underpinned by local delivery that is informed by empowered communities and citizens.
- 2.7 Some of the public health services helping to improve health and wellbeing and address health inequalities in the Hambleton area are briefly described.

3. Healthy Child Programme

- 3.1 The Health Child Programme (HCP) is a mandated universal preventative child and family health promotion programme delivered by Health Visitors (0-5 years old) and School Nurses (5-19 years old). It is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The programme is achieving above national standards.
- 3.2 The local targeted elements of the HCP provide support to young teenage parents and young people aged 9 – 19 years who require support and interventions in relation to their risk taking behaviour, including drug and alcohol misuse, sexual health and/or their emotional wellbeing.
- 3.3 The current contracts expire in March 2020 and work is progressing to re-procure the programme. NYCC are seeking to enter into a partnership with an NHS Trust to deliver the programme, using existing health and social care legislation. The partnership approach will involve developing new models of services that provide more flexibility, improved efficiency, better integration and better services for children, young people and families. It will support initiatives to reduce child poverty. This approach is in line with the recently published Green Paper on Prevention and the NHS Long Term Plan.

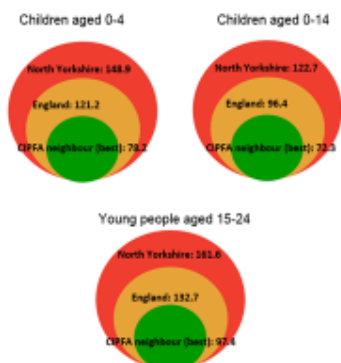
4. Preventing unintentional injury to the under-5s

- 4.1 Reducing accidents and hospital admissions due to unintentional injury in the early years of life is a recognised 'High Impact Area', which can make a significant difference to the safety, wellbeing and future life chances of babies and young children growing up in North Yorkshire. Common causes of injuries include falls, poisoning, drowning, burns and scalds.
- 4.2 Unintentional injury rates in North Yorkshire in the 0-4 age group have been significantly worse than England. In the 0-4 age group and 0-14 age group higher rates are observed in Hambleton, and hotspots can be observed in the Northallerton and Thirsk areas.

Unintentional & Deliberate Injuries in Children & Young People

How do we compare nationally against our statistical neighbours?

(Source: PHE, 2017/18)



What's the trend in North Yorkshire

(Source: PHE, 2017/18)

Change in rate between 2010/11 and 2017/18

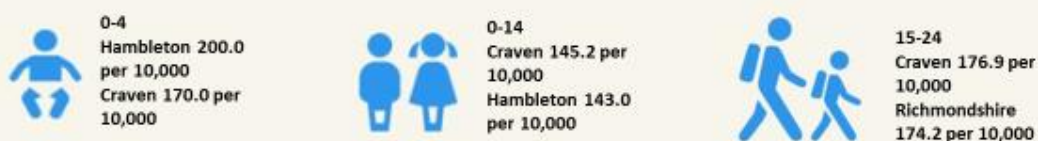


Gap between North Yorkshire and England



Unintentional & Deliberate Injuries in Children & Young People

Where were the hotspots in 2017/18?



Where were the hotspots in 2016/17?



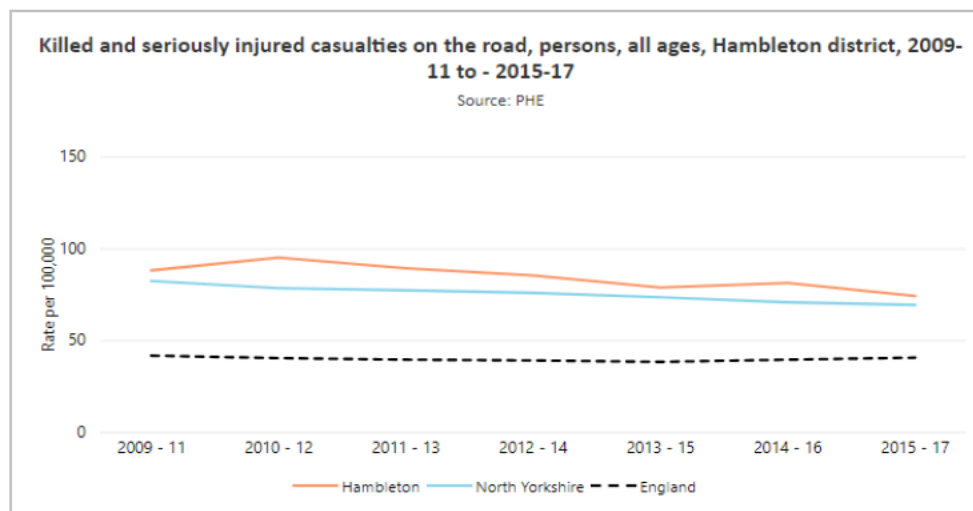
Source: Local Health, PHE, 2018

- 4.3 Evidence from NICE recognises that a multi-agency, multi-disciplinary approach is likely to be the most effective means of reducing the number of children and young people admitted to hospital as a consequence of unintentional or deliberate injuries. However, given the scale and complexity of North Yorkshire, we have adopted a locality approach. Local agencies are working closely to develop more joined work to reduce the number of unintentional injuries. Initiatives include integrated pathway for Home Safety Checks, work with Community Safety Hubs and promoting and supporting initiatives during the National Child Accident Prevention Week.

5.0 Road Safety

- 5.1 The rate of people being killed and seriously injured (KSI) casualties on roads in Hambleton is significantly higher than the national average at 74 per 100,000. Between 2014-16 and 2015-17 rates of people being killed and seriously injured on roads in Hambleton decreased. However these are relatively small numbers and must be interpreted with caution.

Across North Yorkshire, the rate of children killed and seriously injured on England's roads has decreased between 2014-16 and 2015-17 (from 19 per 100,000 to 18 per 100,000) and is now similar to the England average (17 per 100,000).



- 5.2 The identified high risk and vulnerable groups in North Yorkshire who are disproportionately represented in KSI statistics are Children and Young People, Cyclists, Motorcyclists, Older road users and those who drive at work. Creating areas where people feel safer to cycle and walk has a great potential to improve the health and wellbeing of many people, encouraging them to be more active more often. Further health benefits include improved community cohesion and reduced noise and air pollution.
- 5.3 The 95 Alive Partnership established in 2004 has an overall aim to enable safe and healthy travel for all residents of and visitors to North Yorkshire. It is a multi-agency group involving York and North Yorkshire Councils, North Yorkshire Police, North Yorkshire Fire and Rescue Service and Highways England.

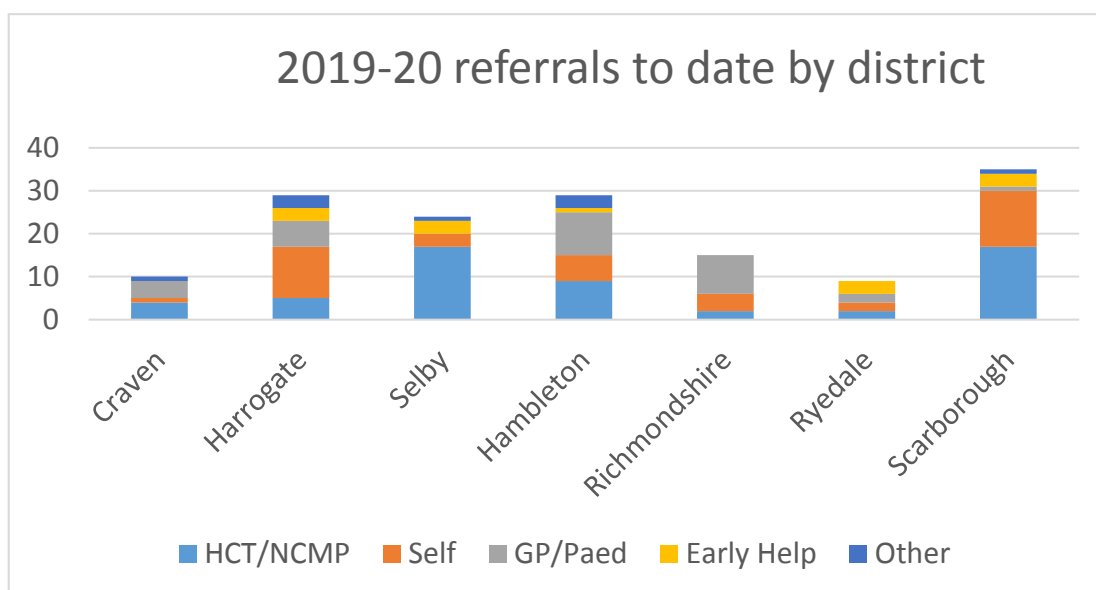
Four strategic priorities underpin the work of the Partnership:

- Education: equipping individuals with the knowledge and skills to use our roads safely and understand how their actions affect others.
- Engineering: reducing road risk through design and engineering that considers our most vulnerable road users.
- Enforcement: taking appropriate action against those who break the law on our roads.
- Engagement: working with communities and partners locally to improve the safety of our roads.

- 5.4 Some of the initiatives to improve road safety in the county include, social media campaigns and road safety measures, bikeability and safe drive training for children and young people and refresher course for older drivers. Public health priorities for road safety include:
- Working with Highways and Transport and Policy Planning teams to incorporate road safety priorities into the 'Shaping Healthy Places' workstream.
 - Integrating road safety into wider policy areas and existing Health & Wellbeing Strategic priorities (e.g. Healthy School Zones, Active Travel, Unintentional Injuries, and Age Friendly Communities)
 - Continuing work with the 95 Alive Strategic Partnership including providing road safety data to support identification of their priorities in the context of the wider determinants of health.
 - Supporting continuing analysis and interpretation of data relating to KSIs to identify high risk and vulnerable groups.

6. Childhood Obesity

- 6.1 Childhood obesity is closely related to excess weight in adulthood and physical and psychological conditions. The proportion of children in Reception who are overweight or obese in Hambleton is similar to the figures seen in England overall (22% locally and 23% nationally). The prevalence of excess weight in year 6 children in Hambleton is significantly lower than the national figures (29% locally and 34% nationally).
- 6.2 Similar to the national trend, the data show a 70% increase in the proportion of obese children from Reception to year 6 in Hambleton, demonstrating that it is important to identify children at risk for excess weight early on and minimise excessive weight gain through primary school. For overweight children, we only see a 7% increase between Reception and year 6 but this could be because children change weight status (from overweight to obese) rather than indicating weight maintenance.
- 6.3 The Health Choices (North Yorkshire Children & Young People Weight Management Service) provides a confidential, family-focused package of support for children and young people in North Yorkshire aged 4 - 19 years who are above a healthy weight for their age and height.
- The aim of the service is to help children and young people work towards achieving – and then maintaining – a healthy weight by providing them and their family with the tools and information to make positive, and realistic, changes in their habits, helping them to start enjoying a healthier way of living. Importantly, the emphasis is on family fun rather than a strict diet regime.
- 6.4 Each family accepted by the Healthy Choices service is offered a 12-week personalised programme in their home or local community venue, during which they take part in fun and interactive sessions and are helped to make small and realistic changes to their diet and lifestyle. All this is done in a non-judgemental, supportive way.
- 6.5 The number of children referred to the programme from the districts in 2019-20 are summarised below.



Year to date referrals as of 05/11/19

- 6.6 After completion of the 12-week programme families are offered continued support and guidance through motivational phone calls and follow-up appointments, helping them to stay on track.
- 6.7 Academic evaluation completed in 2018 show a good level of referrals from all districts, and that the service helped children to lose weight and feel good about themselves.
- 6.8 To complement the individual and family based interventions, North Yorkshire Council is developing a *School Zone Concept (SZC)* to reducing levels of childhood obesity. The SZC involves creating healthy food and physical activity environments within a school zone (the school environment and the environment surrounding the school). The aim is to develop and implement innovative and intensive programme of actions in and around a number of 'school zones' in North Yorkshire, with a view to influencing the environments, policies and behaviours that can support active and healthier living.
- 6.9 The programme has so far focused on secondary schools in Scarborough and Selby (selected because these areas have above county average level of childhood obesity), but it will eventually be rolled out to other areas. The programme was shortlisted (one of 13 out of 102 local authorities) to participate in the Discovery Phase of the National Childhood Obesity Trailblazer Programme (COTP). This enabled insight work on the SZC to be further developed in two school zones for the bid for the second stage of the process, which North Yorkshire was unsuccessful.

7.0 Adult Weight Management Service

- 7.1 A North Yorkshire Adult Weight Management Service (tier 2) for individuals aged 18 and over who are overweight (with a BMI over 25) was launched in Hambleton in January 2018. This followed the success of a pilot programme that ran from August 2014 to December 2017.

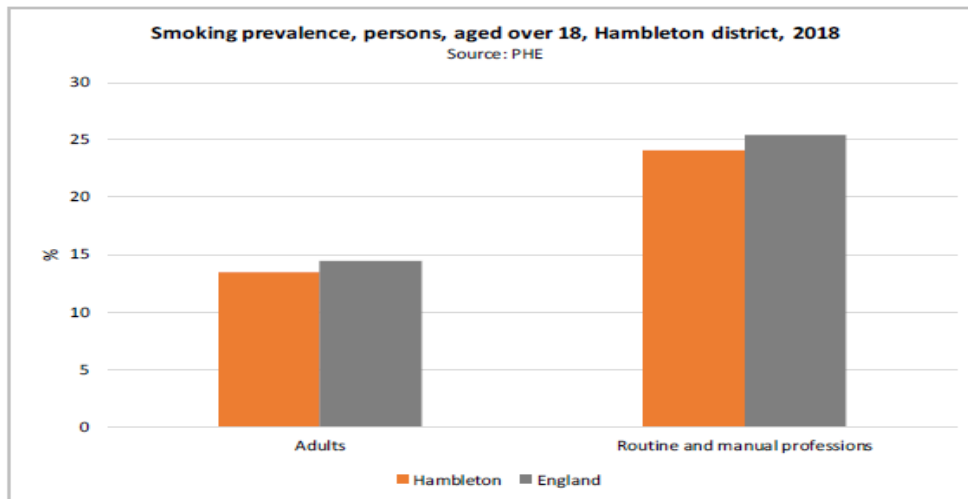
- 7.2 The service incorporates a structured assessment process from referral; triaging clients to assess eligibility and readiness to change, and supporting clients to set and review weight loss plans and physical activity agreements with their weight management advisor at an initial health assessment, 12 week and 24 week assessments. Clients are supported to achieve a 5% weight loss at 12 weeks and sustain 5% weight loss at 24 weeks. The Service provides weekly weigh-ins, structured nutritional advice and a free facilitated physical activity offer.
- 7.3 Individuals who are eligible to access the Adult Weight Management Service include those aged 18 years or over, BMI equal or greater than 25 and resident in or registered with a GP practices or working in an organisation based in North Yorkshire
- 7.4 Those excluded from the service include people under the age of 18, have a BMI of less than 25, who are pregnant or breastfeeding, have a diagnosed eating disorder, have an underlying medical cause for obesity and would benefit from more intensive clinical management from a tier 3 service, have a significant unmanaged co-morbidity (e.g. diabetes, cardio vascular disease, chronic obstructive pulmonary disease) or complex needs as identified by their GP or other healthcare professional and have had bariatric surgery in the last two years.

The individuals who do not meet the eligibility criteria are managed appropriately, which may include a referral back to the GP/health care professional, referral into a tier three weight management service (where available), and/or sign posting to local tier one community activities. More information on the service providers can be accessed on the NYCC website <https://www.northyorks.gov.uk/healthy-weight-and-eating-well>

- 7.5 The Adult Weight Management Service in Hambleton is performing well. The provider, Hambleton District Council, are exceeding their annual targets at 6-months for clients completing the 12-week programme and achieving a 5% weight loss (140 clients, 103% of annual target achieved), and clients sustaining their 5% weight loss at 24-weeks (94 clients, 140% of annual target achieved). The programme is branded as 'Take That Step' and more information can be found at https://www.hambleton.gov.uk/zest/homepage/72/weight_management_scheme.

8.0 Tobacco Control

- 8.1 Smoking prevalence in Hambleton is slightly lower than England at 13.5%, compared with 14.4% nationally. For adults in routine and manual professions, smoking rates are higher than for the general population; the prevalence in Hambleton is 24%, similar to England (25%). This is a decrease from the 2017 estimate, although not statistically significant, but suggesting a local reduction in the number of smokers in routine and manual professions.



- 8.2 Maternal smoking during pregnancy is known to be detrimental for both the health of the mother and baby. In Hambleton, the prevalence of smoking at time of delivery is similar to the national rate, at 10% (68) locally compared to 11% (64,391) nationally. This is the lowest rate of maternal smoking at time of delivery in the district since 2010/11.
- 8.3 Living Well Smokefree Service, the county wide stop smoking service as well as new GP and Pharmacy contracts to deliver smoking cessation in house commenced on 1 April 2019.
- 8.4 South Tees Hospitals, James Cook and Friarage Hospitals, recently went smokefree. North Yorkshire Public Health awarded the project £2,000 to contribute towards the signage at the Friarage site.

9.0 Drug and Alcohol

- 9.1 Overall, the rate of admission episodes for alcohol-specific conditions and alcohol related-conditions in Hambleton is significantly lower than the England rate, at 352 per 100,000 population compared to 563 for England and 1,892 per 100,000 population compared to 2,258, respectively.
- 9.2 Data related to deaths from drug misuse indicated that Hambleton is not significantly different from England at 5 per 100,000 (compared to 4 per 100,000 for England). Data prior to 2014 is not available for Hambleton. 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 vs 4.4 locally).
- 9.3 The North Yorkshire Horizons Service provides Specialist Adult Drug and Alcohol Service in the county. The Service works in partnership with the Council, Police, Fire and Crime Commissioner and partners within the broader system, to promote harm reduction and give individuals the best chance of achieving and maintaining recovery from drug and alcohol misuse.
- 9.4 The service is accessed through the Single Point of Contact (01723 330730), and provides support to GP practices that deliver drug misuse shared care, and pharmacies that deliver needle exchange and supervised consumption.

- 9.5 COMPASS Reach, part of the Health Child Programme, work with Children and Young People from aged 9 – 19 years who require targeted support and interventions in relation to their risk taking behaviour, including drug and alcohol misuse, sexual health and/or their emotional wellbeing.
- 9.6 Community Safety Hubs coordinate community safety initiatives across each of the North Yorkshire districts, some which may be related to alcohol and drugs misuse, but also include domestic violence, protection of vulnerable adults and the Prevent agenda. The hubs enable agencies to work together to help local neighbourhoods to stay safe.

Community Safety Hubs delivery teams consist of District Councils, the police, fire service, social landlords, probation, youth and voluntary services, among others. The team tackles issues as they arise and its work has seen crime and anti-social behaviour levels drop significantly over recent years.

- 9.7 At the County level, the North Yorkshire Community Safety Partnership takes the strategic lead for statutory responsibilities. It brings together the responsible authorities, supported by other relevant organisations, to fulfil their statutory responsibilities to work together in accordance with the Crime and Disorder Act 1998.

10.0 Sexual Health

- 10.1 It is important that we have a good understanding of local sexual health needs in order to provide the most appropriate services and interventions. In Hambleton, the rate of new Sexually Transmitted Infection (STI) diagnoses for 2017 at 456 per 100,000 population is significantly lower than the rate of 794 per 100,000 in England. This excludes chlamydia diagnoses in the under 25's as they have their own active screening programme in place.

The teenage conception rate in Hambleton is statistically similar to England at 12 per 1,000 women aged 15-17 compared to 19, and continues an overall downward trend. 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.

- 10.2 The North Yorkshire Sexual Health Service (YorSexualHealth- YSH) provides open access sexual health advice, support and treatment for young people and adults in Hambleton. This includes the provision of contraception and sexual transmitted diseases (STIs) testing and treatment services. The service also provides support for people living with HIV and their carers and outreach in community venues working with identified groups at risk of poor sexual health. The service also has responsibility for the provision of training across the system, and a clinical leadership role.

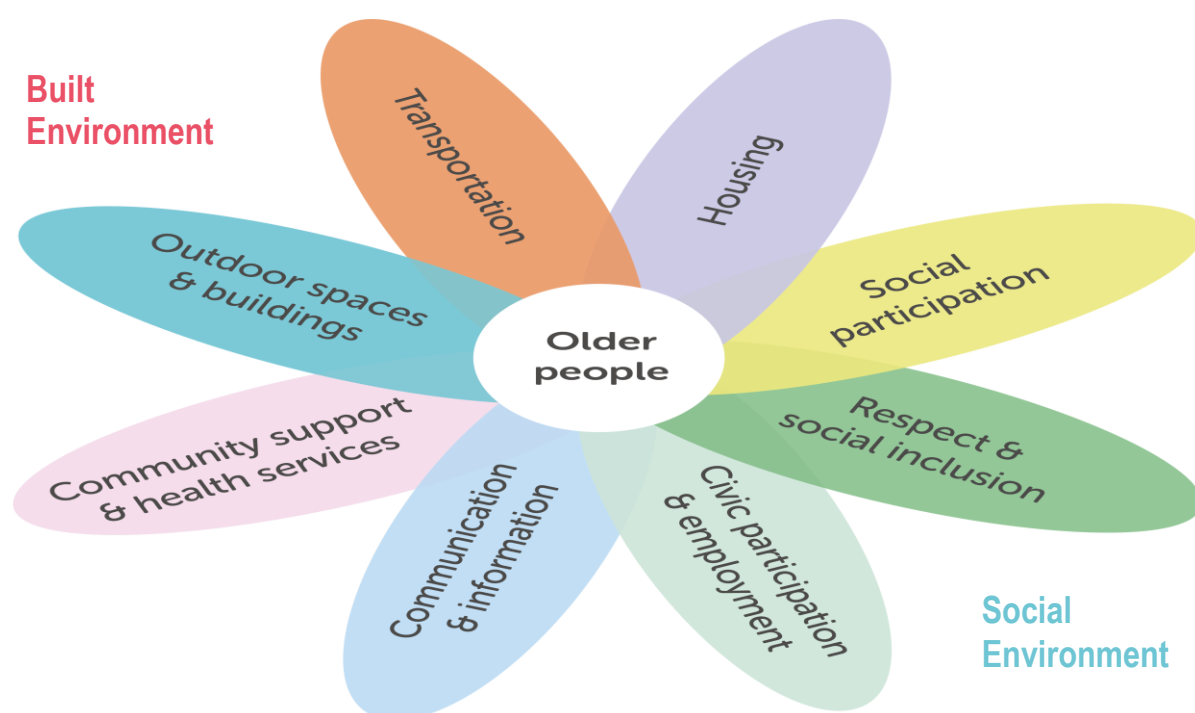
YorSexualHealth provide specialist community clinics at clinics at Thirsk Health Centre, Friary Community Hospital and Stokesley Health Centre.

- 10.3 The Council also contract directly with GP Practices to provide targeted sexual health services including long acting contraception, chlamydia testing and condom distribution; and with Community Pharmacies to provide emergency hormonal contraception (EHC), chlamydia testing and condom distribution.

- 10.4 A North Yorkshire Teenage Pregnancy Partnership meets quarterly and is driving actions to reduce teenage pregnancy in the county with a particular focus on areas with higher rates.
- 10.5 The Hambleton Richmondshire and Whitby Clinical Commissioning Group is currently the lead commissioner for county wide Termination of Pregnancy service (provided by British Pregnancy Advisory Service, Maria Stopes International and Hospital Trusts). Work is planned to review the service to ensure that it meets the needs of women in North Yorkshire.

11.0 Age Friendly Communities

- 11.1 The aim of the Age-Friendly Communities programme, which is being rolled out by North Yorkshire County Council and its partners, is to foster healthy and active ageing by making it possible for people to continue to stay in their homes, to participate in the activities that they value and to contribute to their communities for as long as possible.
- 11.2 The Age-Friendly Communities Framework looks at both the built and social environment



- 11.3 Work is continuing to develop age friendly communities, and Hambleton is leading the way on this with a steering group well established. Other activities include:
- Successful in application to become a member of the UK network for Age-Friendly Communities

- Locality events held in Selby, well attended and generated lots of ideas and discussion about how to make the areas more age friendly
- An engagement strategy is being developed to gather views from older people across North Yorkshire
- The Council is commissioning an options analysis of how the voice and representation of older people can realistically and sustainably be developed across the county in the future
- Applying to become a strategic localities partner with Centre for Ageing Better

11.4 Related to the age friendly communities programme is the work Public Health are doing with Community First Yorkshire to develop a unique loneliness risk test. 'Staying Social, Staying Well' is a fun, free and practical online quiz and is part of the Loneliness Campaign for North Yorkshire, funded by the National Lottery Community Fund. It helps people approaching retirement or who have recently retired (typically aged 50-65) think about their risk of loneliness in later life. The quiz offers practical ideas about how people can stay connected with or get involved in their communities, keep active, keep learning and give back. The quiz can be accessed via: <http://bit.ly/2xR6fOa>.

12.0 Dementia

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

NHS Health Checks performed on people aged 40-74 help to identify people at risk of vascular diseases including vascular dementia so they can reduce risks. More information on NHS Health Checks can be found via Public Health England's Fingertips website.

12.2 There is a Hambleton, Richmond and Whitby Dementia Strategy Group and the HRW CCG are leading work to improve the diagnosis rates. A key area of work for the group for the year ahead is around improving diagnostic pathway and support for people with dementia. Key actions include:

- Mapping the diagnostic pathway for pre, during and post diagnosis, including those with a mild cognitive impairment to ensure appropriate follow up
- Review the results from the National Memory Service Audit which is currently underway
- Best practice pathways review
- Work with local collaborative groups to develop an outcomes based pathway
- Review Deep Dive reports (Scarborough and Ryedale and Vale of York CCGs) to gather any learning
- Communications plan for raising awareness of dementia (professionals and members of the public, housing, fire, rural task force etc.) including Social media - Facebook and twitter dedicated pages
- Produce Diagnosis Heat Map - based on practice level data
- Support CCGs to promote the DEAR GP tool in care homes

13. Diabetes

- 13.1 Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Diabetes is the leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, heart attack and stroke. Type 2 diabetes, typically associated with excess weight, can be prevented or delayed by lifestyle changes.
- 13.2 To implement effective interventions, it is important to identify all cases. The gap between recorded prevalence of diabetes and the actual prevalence (recorded cases plus those who are undiagnosed) helps to quantify those who may be untreated. In Hambleton, it is estimated that only 68% of diabetes cases are diagnosed. This is significantly lower than the estimated 77% diagnosed in England.
- 13.3 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.

14. Recommendations

- 14.1 That Members note the report on some of the public health priorities, services and challenges in the Hambleton Area of the Richmond Constituency Committee Area.
- 14.2 That Members suggest how Public Health can work with them to address some of the public health challenges.

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Appendices

Appendix 1: Hambleton District Profile 2019

Appendix 2: Hambleton Local Authority Health Profile 2019

Appendix 3: Director of Public Health Annual Report 2019, *“Life in times of change; Health and Hardship in North Yorkshire” – Executive Summary*

North Yorkshire Joint Strategic Needs Assessment 2019

Hambleton District Summary Profile

Introduction

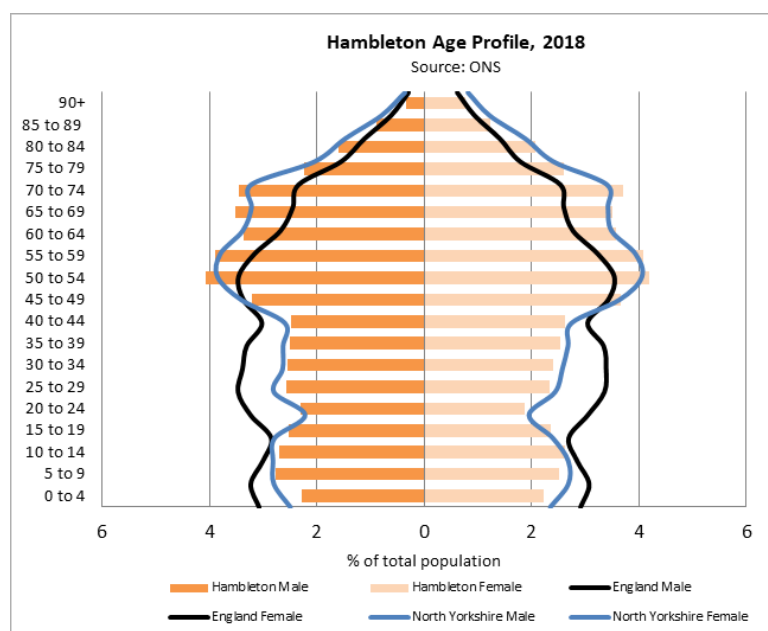
This profile provides an overview of population health needs in Hambleton District. Greater detail on particular topics can be found in our Joint Strategic Needs Assessment (JSNA) resource at www.datanorthyorkshire.org. This document is structured into four parts: population, wider determinants of health,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

Summary

- The population in Hambleton is ageing. By 2025, there will be 3,100 additional people aged 65+, a 13% increase from 2018, but a 4% decrease in the working-age population. This will lead to increased health and social care needs with fewer people available to work in health and care roles.
- Health inequalities within Hambleton District are highlighted by a ten year difference in life expectancy between wards for men and 9 years for women. This is driven by excess mortality from circulatory and respiratory diseases for both men and women, and cancer deaths for women in the most deprived areas of the district.
- The affordability of housing for people on lower than average incomes within the district is worse than for England. This may impact on mental health.
- The excess winter deaths index is at its highest level for more than a decade, with 61 'excess' deaths in the winter of 2016/17 compared with the preceding summer and following spring.

Overview: Population

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



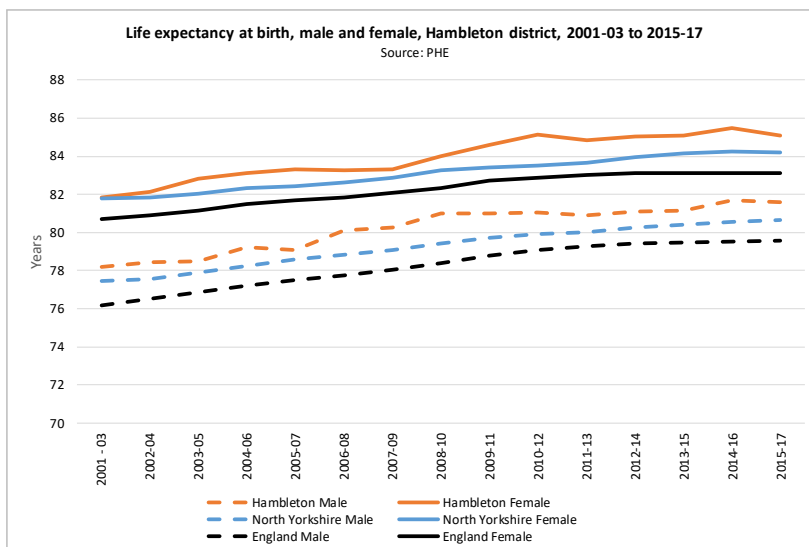
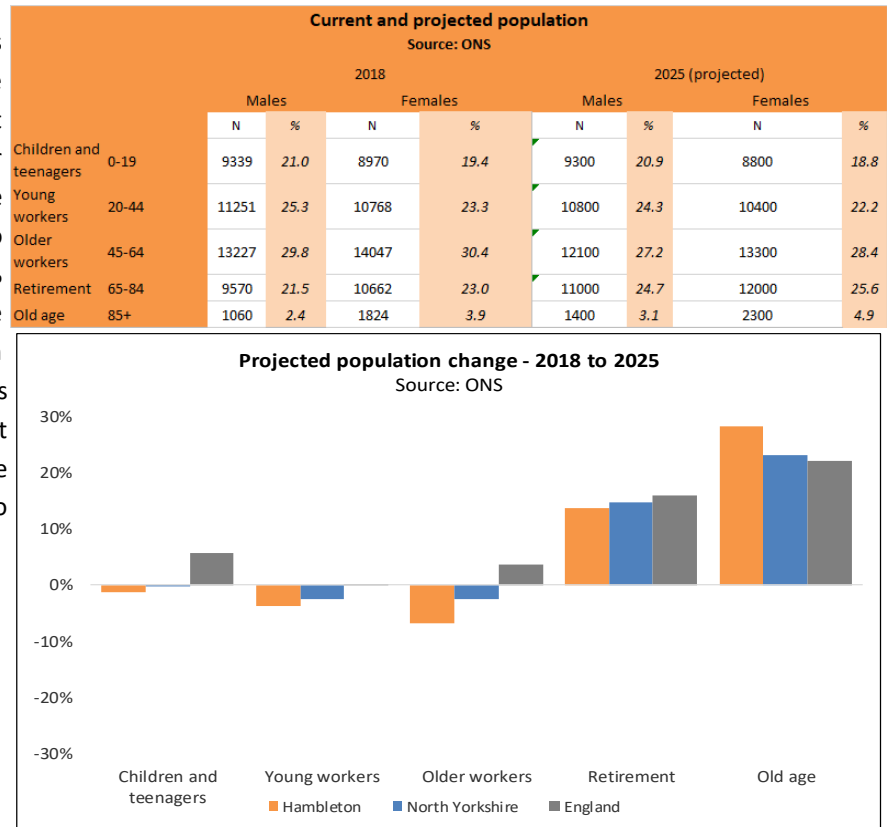
The population pyramid shows that, overall, Hambleton district has an older population than England, with more residents aged 50-89, and fewer aged under 45. The population make-up is similar to North Yorkshire, but is slightly older than the county as a whole. The shape of the pyramid is typical of a population with long life expectancy and low birth rate.

There are about 10,600 people aged 65+ with a limiting long term illness. Of these people, 43% (4,500) report that their daily activities are limited a lot because of their illness (POPPI, 2019).

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

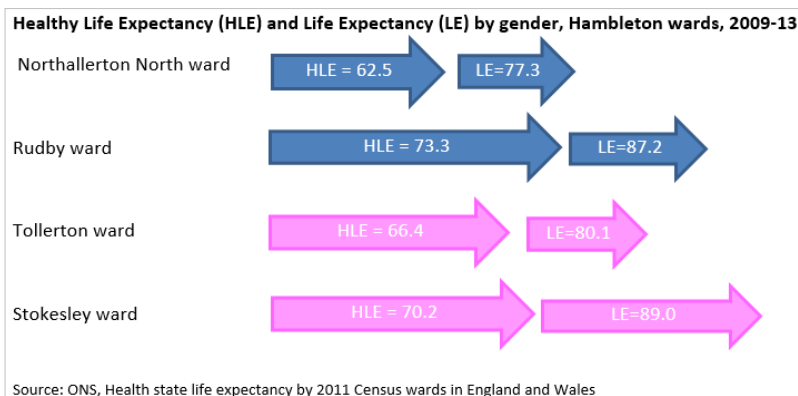
Life expectancy

The population of Hambleton district is estimated to be 90,718 and is set to increase to 91,400 in 2025. The birth rate in the district is 56 per 1,000 women (England= 59 per 1,000 women). Projections indicate that the population aged over-85 is expected to increase in Hambleton by approximately 28% by 2025. For the same age group, an increase of 23% is expected in North Yorkshire and an increase of 22% in England. An 14% increase is anticipated for those in the retirement category in the district. Meanwhile, those aged 20 to 44 in Hambleton is projected to decrease by 4%.



Life expectancy at birth is increasing for men in Hambleton, and on average, men in the district can expect to live around 2 years longer than men in England overall. For females, the life expectancy in Hambleton is greater than England (83.1) and a year greater than North Yorkshire (84.2).

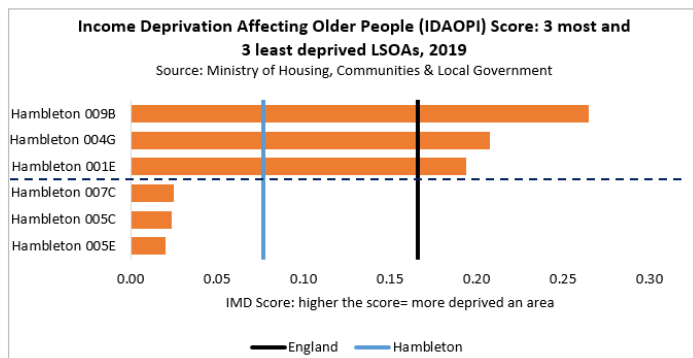
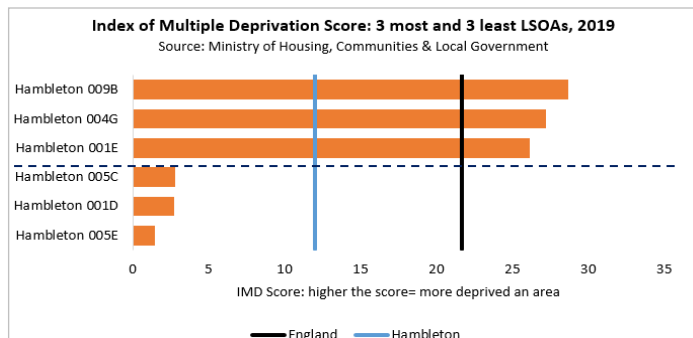
By comparing healthy life expectancy with the overall life expectancy, we can get a richer picture of years spent in good health. In Hambleton, there is wide variation in the years spent in good health for both males and females between wards, indicating within district inequalities. There is a 10 year difference in life expectancy for males between Northallerton North and Rudby ward. Men in the Northallerton North ward can expect to live 63 years in good health; however, men in Rudby ward spend 73 years in good health. For females, women in the district with the lowest life expectancy (Tollerton) spend 66 years in good health, while women in Stokesley ward spend 70 years in good health. For both sexes, the wards with the highest life expectancy exceed that seen by England and those with the lowest life expectancy are below the England figures.



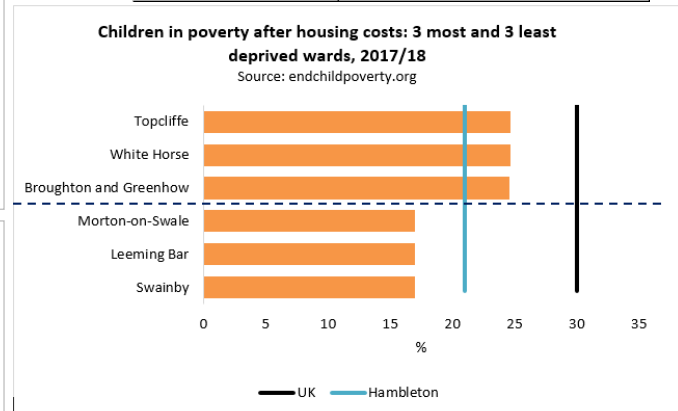
life expectancy exceed that seen by England and those with the lowest life expectancy are below the England figures.

Wider determinants of health

The 2019 Index of Multiple Deprivation (IMD) identifies no Lower Super Output Areas (LSOA) out of a total of 52 within the district which are amongst the 20% most deprived in England. However, Stokesley, Northallerton North and Brompton and Thirsk wards have higher levels of deprivation than the district average.



LSOA name	Ward
Hambleton 009B	Thirsk
Hambleton 004G	Northallerton North & Brompton
Hambleton 001E	Stokesley
Hambleton 005C	Romanby
Hambleton 001D	Stokesley
Hambleton 005E	Romanby



LSOA name	Ward
Hambleton 009B	Thirsk
Hambleton 004G	Northallerton North & Brompton
Hambleton 001E	Stokesley
Hambleton 007C	Morton-on-Swale
Hambleton 005C	Romanby
Hambleton 005E	Romanby

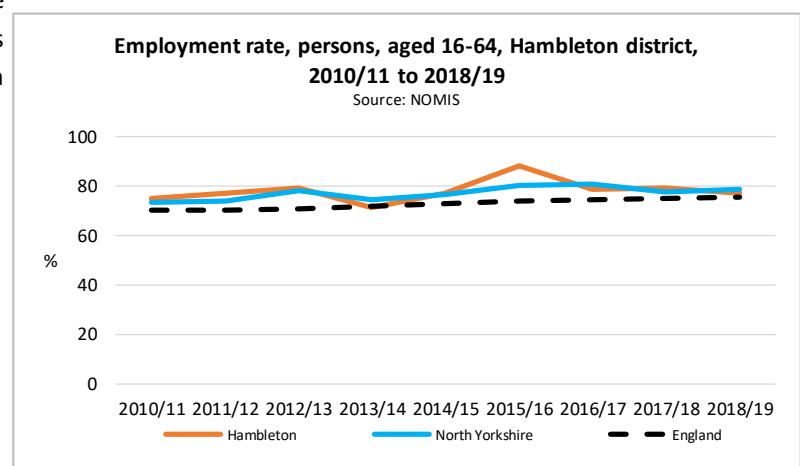
The IMD also calculates deprivation for specific groups based on key indicators. For children, child poverty (21%, 3790 children) is lower than that observed nationally (30%). However, this rises to 25% in the Topcliffe, White Horse and Broughton & Greenhow wards.

When deprivation is calculated for older people separately, Stokesley, Northallerton North and Brompton and Thirsk wards have high levels of older people in deprivation with rates higher than the district average, suggesting these areas are amongst the most deprived areas of Hambleton District.

Employment

Employment rate is comparatively high in Hambleton (77% in the district in the period April 2018 to March 2019 compared to 76% across England), but slightly lower than the county average (79%). The employment rate has decreased by 2.4% between 2017/18 and 2018/19 in Hambleton.

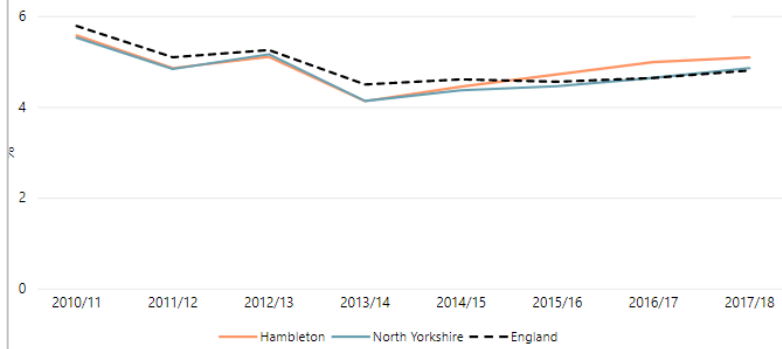
In 2018, average weekly earnings in Hambleton (£438) were similar to England (£451) and Yorkshire and Humber (£408) averages.



Education

Half days missed by pupils due to overall absence, persons, aged 5-15, Hambleton district, 2010/11 to 2017/18

Source: PHE



Low attendance is linked to lower educational attainment. The proportion of half days missed by pupils due to overall absence (both authorised and unauthorised) is 5.1%, similar to the national (4.8%) and Yorkshire and Humber (5%) averages in 2017/18.

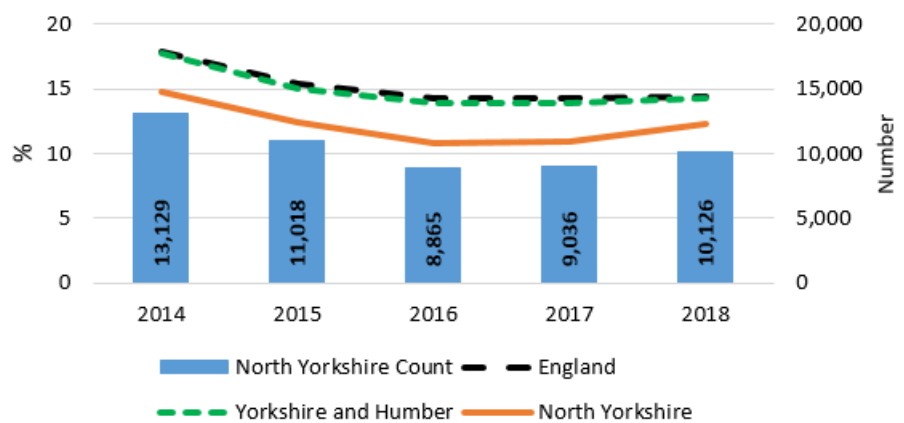
The proportion of pupils aged 5-15 with special educational needs in North Yorkshire has increased slowly between 2016 and 2018 and is significantly lower than England.

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

Performance at primary schools is similar to county and national results. However, Hambleton has a higher proportion of secondary schools with a score of 'inadequate' when compared to the national and county averages and does not have any secondary schools rated 'outstanding'. The small number of secondary schools (5) means that this needs to be interpreted with some caution.

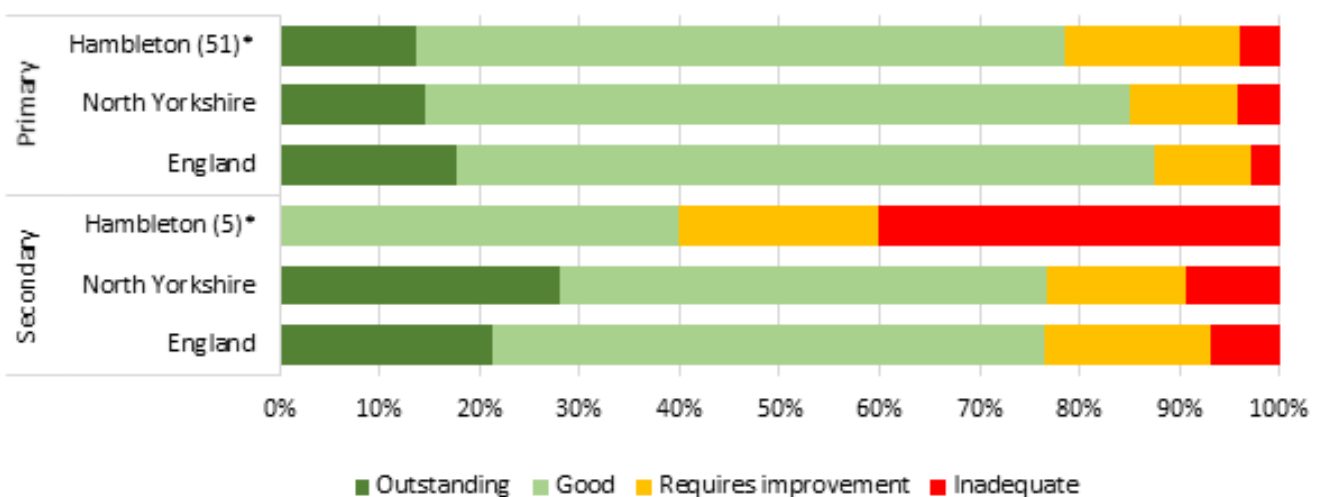
All pupils with Special Educational Needs, aged 5-15, North Yorkshire

Source: PHE



Ofsted Judgement of overall effectiveness at 01/10/2019

Source: Ofsted.gov.uk



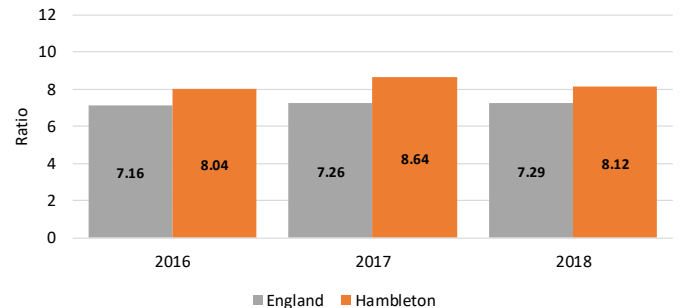
*= number of schools

Housing

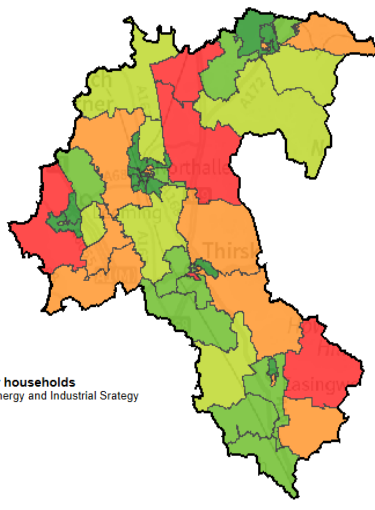
Housing affordability affects where people live and work. It also affects factors that influence health, including the quality of housing available, poverty, community cohesion, and time spent commuting. There is increasing evidence of a direct association between unaffordable housing and poor mental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

The ratio of lower quartile house price to lower quartile earnings (estimating housing affordability for lower than average earners) is higher in Hambleton compared to the England average. This has increased between 2016 and 2018, suggesting that housing in Hambleton is becoming less affordable relative to earnings.

Ratio of lower quartile house price to lower quartile earnings, all ages, persons, Hambleton district, 2016 to 2018
Source: PHE



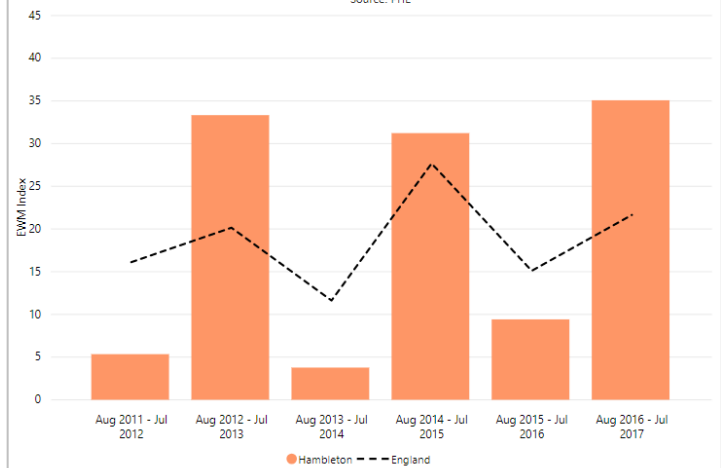
Percentage of Fuel poor households in Hambleton, 2017



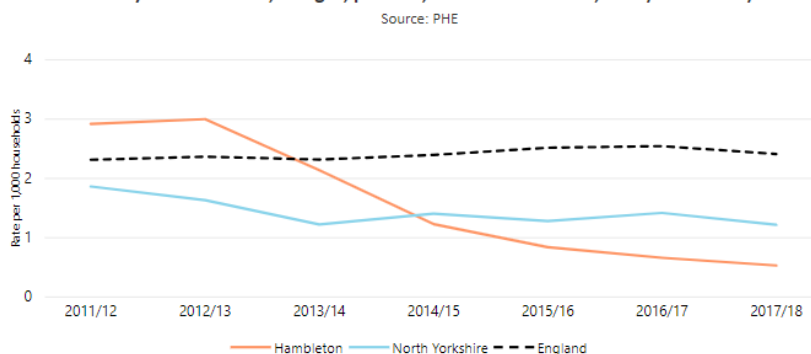
In 2017, 9% of households (3,394 households) in Hambleton were classified as fuel poor, lower than the national average (11%). Merely tackling poverty would not necessarily relieve the fuel poverty, as often housing type and access to affordable sources of energy are important. Tackling fuel poverty should in turn improve winter health, decreasing excess winter mortality and the pressure on the health and care system during the winter months. Further information on the [North Yorkshire Winter Health Strategy 2015-20](#) can be found at the North Yorkshire Partnership website.

The chart to the right suggests a variable picture in the district. In 2016/17 the Excess Winter Mortality index increased from 9 to 36 and is now above the national average of 22. Despite the increase the proportion of excess winter deaths remains similar to the national average.

Excess Winter Mortality Index, all ages, persons, Hambleton district, 2011/12 to 2016/17
Source: PHE



Statutory homelessness, all ages, persons, Hambleton district, 2011/12 to 2017/18
Source: PHE

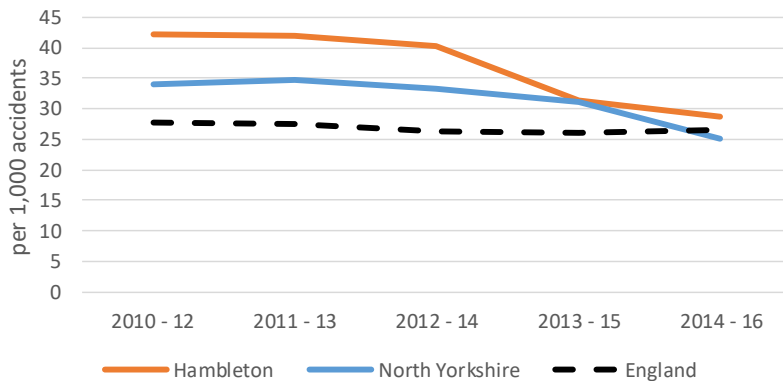


The rate of households who are homeless has decreased in Hambleton District since 2012/13 and is below both England and county averages.

Transport

Alcohol related road traffic accidents, persons, all ages, Hambleton district, 2010-12 to 2014-16

Source: PHE



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

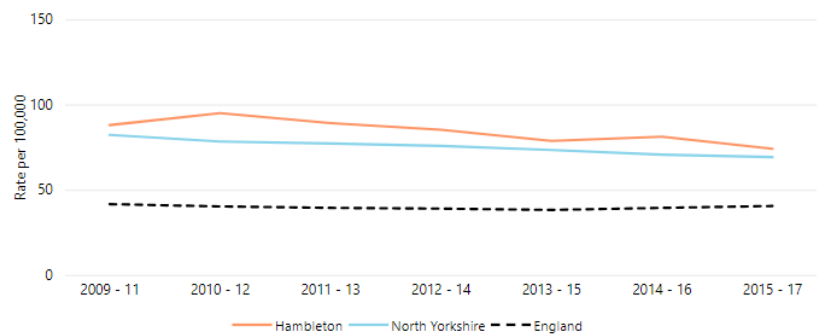
The rate of alcohol-related road traffic accidents in Hambleton has decreased since 2012-14 and is similar to the county and national rates.

Nevertheless, the rate of people being killed and seriously injured (KSI) casualties on roads in Hambleton is significantly higher than the national average at 74 per 100,000. Between 2014-16 and 2015-17 rates of people being killed and seriously injured on roads in Hambleton decreased. However these are relatively small numbers and must be interpreted with caution.

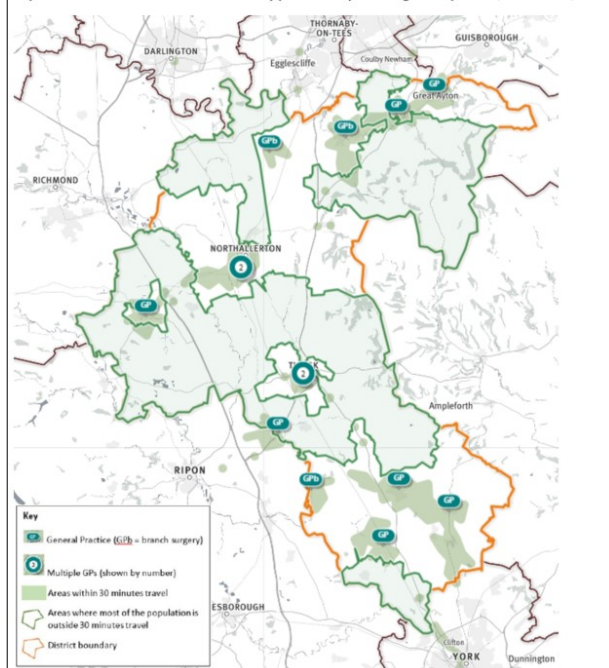
Across North Yorkshire, the rate of children killed and seriously injured on England's roads has decreased between 2014-16 and 2015-17 (from 19 per 100,000 to 18 per 100,000) and is now similar to the England average (17 per 100,000). More information on staying safe on the road can be found in [Safer Roads, Healthier Place: York and North Yorkshire Road Safety Strategy](#) and at roadwise.co.uk.

Killed and seriously injured casualties on the road, persons, all ages, Hambleton district, 2009-11 to - 2015-17

Source: PHE



Population within 30 minutes travel time by public transport to a general practice, Hambleton, 2019

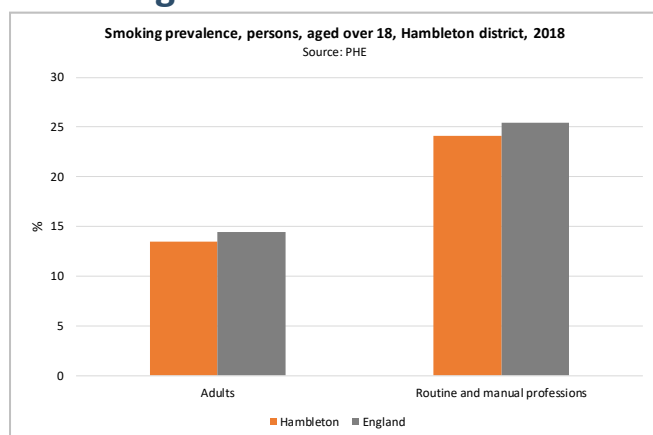


In Hambleton, most of the population (69%) lives within a 30 minute travel time, by public transport, to a general practice. There are about 28,500 residents in Hambleton district with longer travel times.

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.

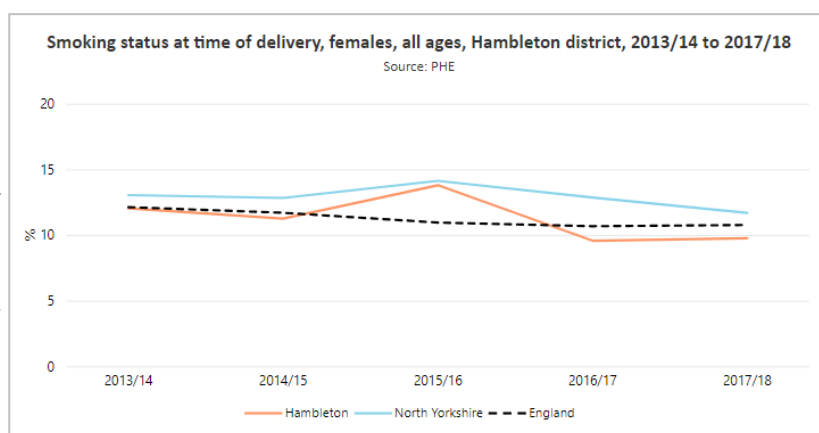
Lifestyle and behaviour

Smoking

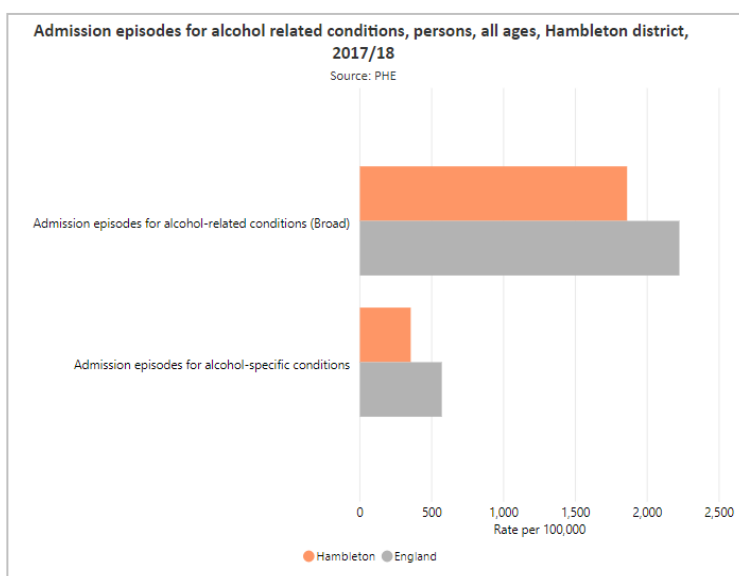


Smoking prevalence in Hambleton is slightly lower than England at 13.5%, compared with 14.4% nationally. For adults in routine and manual professions, smoking rates are higher than for the general population; the prevalence in Hambleton is 24%, similar to England (25%). This is a decrease from the 2017 estimate, although not statistically significant, but suggesting a local reduction in the number of smokers in routine and manual professions.

Maternal smoking during pregnancy is known to be detrimental for both the health of the mother and baby. In Hambleton, the prevalence of smoking at time of delivery is similar to the national rate, at 10% (68) locally compared to 11% (64,391) nationally. This is the lowest rate of maternal smoking at time of delivery in the district since 2010/11.



Alcohol



Implementing appropriate local interventions ensures we reduce misuse and harm associated with alcohol in our communities. Overall, the rate of admission episodes for alcohol-specific conditions in Hambleton is significantly lower than the England rate at 354 per 100,000 population compared to 569 for England. As alcohol misuse can be a contributing factor in a wide variety of diseases, and it is important to also look at broader health conditions where alcohol may have had a role, including both physical and mental health. When we look at people admitted for alcohol-related conditions, Hambleton is significantly lower compared to England (1,859 per 100,000 population compared to 2,223). This shows most alcohol-related harm is due to prolonged use, manifesting in a wide range of health problems.

Further information on the 2014-2019 North Yorkshire

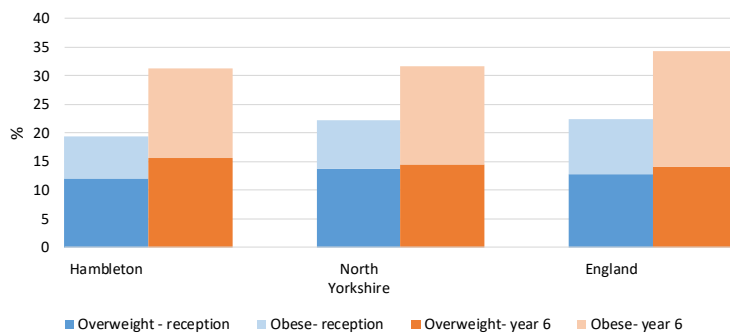
Alcohol Strategy can be found on North Yorkshire Partnership website via the following link:

<http://www.nypartnerships.org.uk/>

Lifestyle and behaviour

Nutrition, activity and excess weight

Proportion of children overweight and obese at Reception and year 6, persons, Hambleton district, 2017/18
Source: PHE



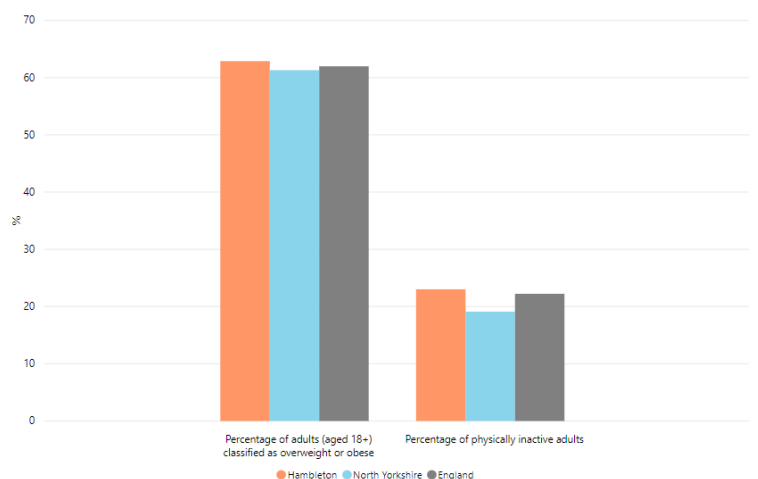
Childhood obesity is closely related to excess weight in adulthood. The proportion of children in Reception who are overweight or obese in Hambleton is significantly lower than England (19% locally and 22% nationally). The prevalence of excess weight in year 6 children in Hambleton is similar than the national figures (16% locally and 20% nationally). The data shows an increase in the proportion of obese children from Reception to year 6 in Hambleton, demonstrating that it is important to identify children at risk for excess weight early on and minimise excessive weight gain

through primary school. For overweight children, we see a 28% increase between Reception and year 6 but this could be because children change weight status (from overweight to obese) rather than indicating weight maintenance. Details of approaches to tackle excess weight across the lifecourse are in the strategy [Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026](#).

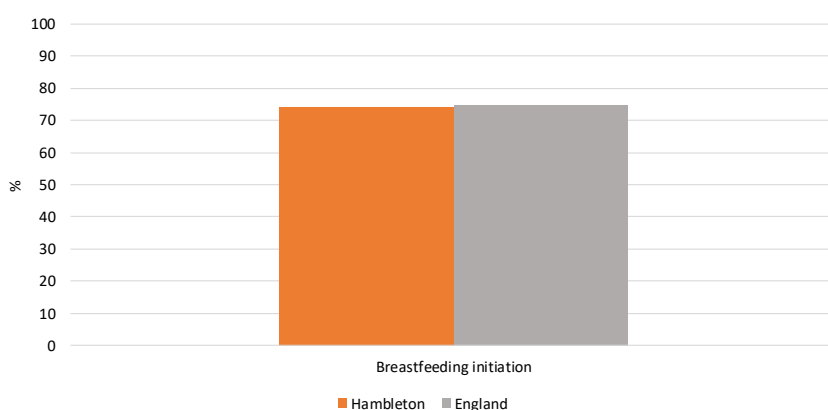
Physical activity is associated with overall better health. Adults are identified as being inactive if they engage in less than 30 minutes of physical activity per week. The proportion of inactive adults in Hambleton is similar to England (23% locally and 22% nationally). Targeting adults who are inactive will impact on the reduction of chronic disease, particularly those related to excess weight.

Targeting obesity is a priority area for Government as a way to decrease premature mortality and avoidable ill health. The proportion of adults who are overweight or obese in Hambleton is 63%—statistically similar to the proportion of adults with excess weight in England at 62%.

Overweight and obese adults and physically inactive adults, persons, aged over 18, Hambleton district, 2017/2018
Source: PHE



Breastfeeding initiation within 48 hours of delivery, females, all ages, Hambleton district, 2016/17
Source: PHE



Breastfeeding provides benefits to the health and wellbeing of both mother and child. In Hambleton, the proportion of women who initiate breastfeeding within 48 hours of delivery has remained stable at 74% and is statistically similar to the England proportion (75%).

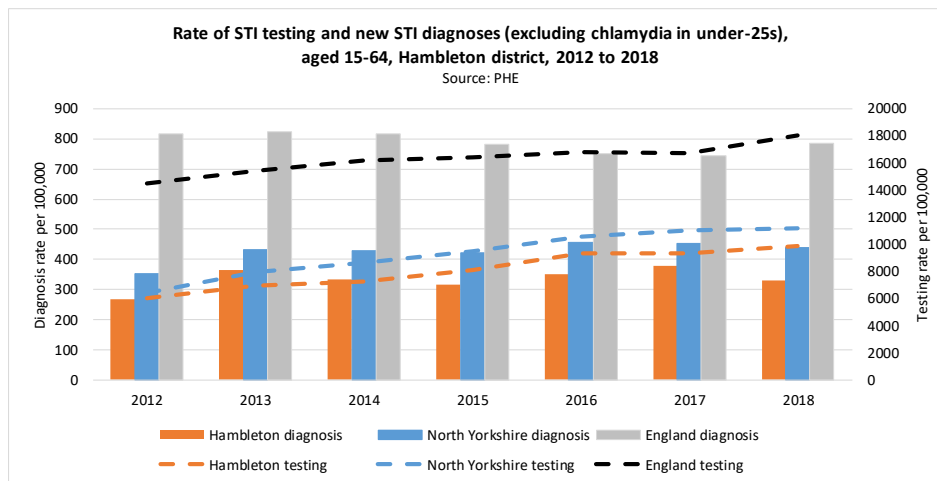
In order to increase breastfeeding a strategy and action plan has been developed in partnership with York that is focussing on:

- Increasing initiation of breastfeeding;
- Increasing breastfeeding at 6-8 weeks;
- Reducing the gap between

breastfeeding rates in the most deprived areas/population groups and the York and North Yorkshire average

Lifestyle and behaviour

Sexual health

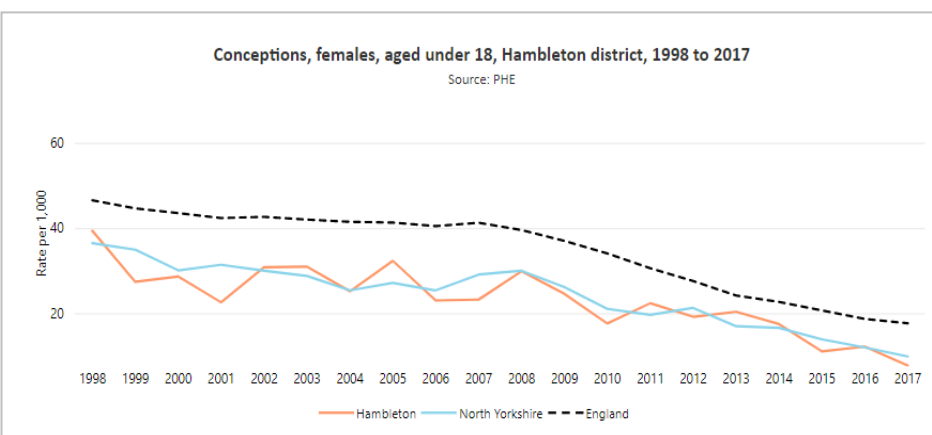
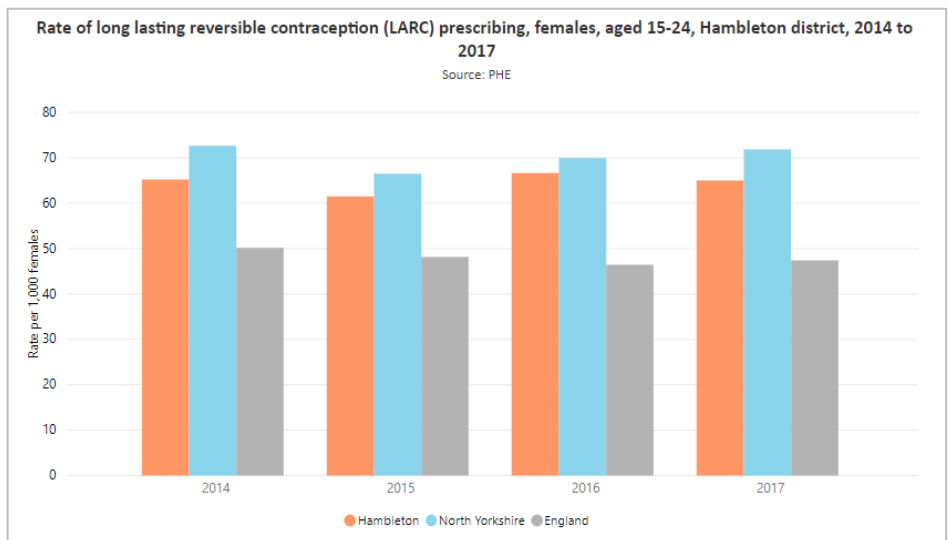


It is important that we have a good understanding of local sexual health needs in order to provide the most appropriate services and interventions. In Hambleton, the rate of new Sexually Transmitted Infection (STI) diagnoses for 2018 at 331 per 100,000 population is significantly lower than the rate of 784 per 100,000 in England. This excludes chlamydia diagnoses in the under 25's as they have their own active screening programme in place.

The STI testing rate for the same time period, shows Hambleton is significantly lower than England but similar to North Yorkshire. There are many factors which can explain a low diagnosis rate; it is not necessarily indicative of a lower prevalence of disease. When accompanied by a low rate of testing, it is important to consider if all of those who need to be tested within the population have services that are accessible and available to them.

Long-acting reversible contraception (LARC) is recommended as a cost-effective and effective form of birth control.

As part of the priority to make a wide-range of contraceptive services available to all, LARC prescription measurement is often used as a proxy measure for access to wider contraceptive services. An increase in access to contraceptive services is thought to lead to a reduction in unintended pregnancies. The prescription rate for LARC in Hambleton at 65 per 1,000 women aged 15-44 is significantly higher than the rate seen in England of 47 per 1,000 women aged 15-44.



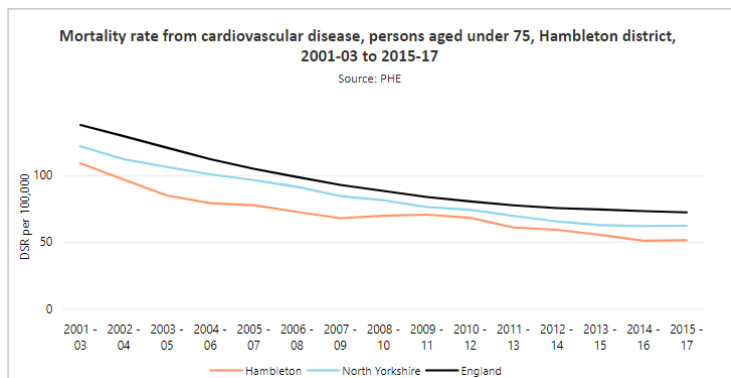
Unplanned pregnancies at any stage of life can have an impact on women's health and well-being. There is a great deal of attention paid to the experiences of teenagers who have an unplanned pregnancy, particularly in relation to the wider determinants of health including education, housing and poverty. The teenage conception rate in Hambleton is significantly lower than England at 8 per 1,000 women aged

15-17 compared to 18, and continues an overall downward trend.

Diseases and Death

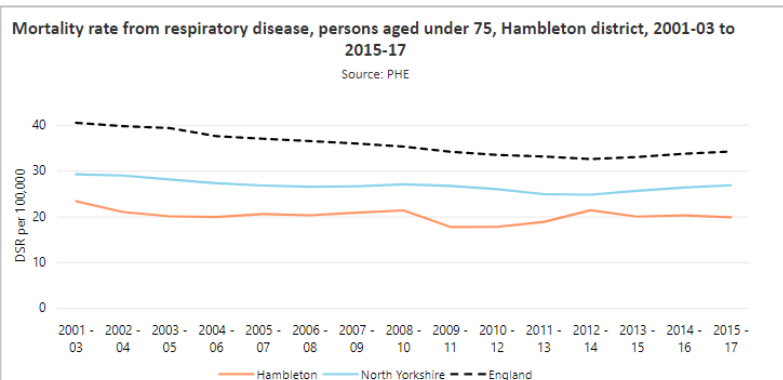
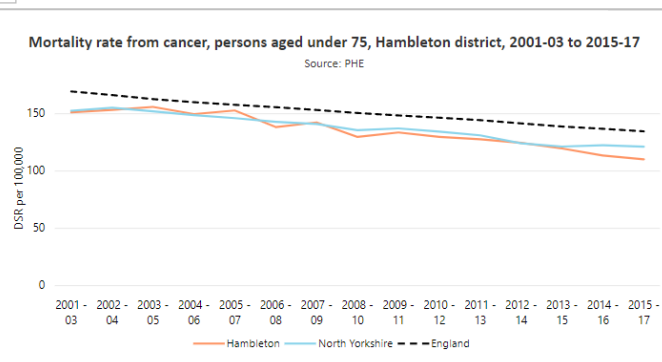
Major causes of death

In Hambleton, there were 956 deaths in 2017. Nearly three quarters of deaths fell under just three broad causes: 291 (30%) due to cancer; 241 (25%) due to circulatory diseases; and 114 (12%) due to respiratory diseases.



The rate of mortality for individuals aged under 75 from cardiovascular disease has decreased in Hambleton between 2001-03 and 2014-16 but has increased slightly since 2014-16 from 51.2% to 51.6% however it remains significantly lower than national (72.5 per 100,000) and Yorkshire and Humber (82.6 per 100,000) average.

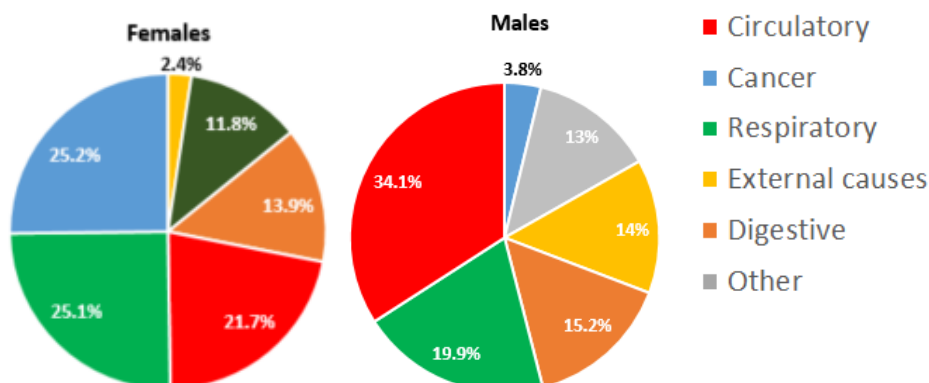
The rate of mortality for individuals aged under 75 from cancer has decreased in Hambleton between 2001-03 and 2015-17 and is now significantly lower than the national (134 per 100,000) and Yorkshire and Humber (143 per 100,000) average.



The rate of mortality for individuals aged under 75 from respiratory disease has decreased in Hambleton between 2012-14 and 2015-17 and the rate is significantly lower than national (34 per 100,000) and Yorkshire and Humber (39 per 100,000) averages.

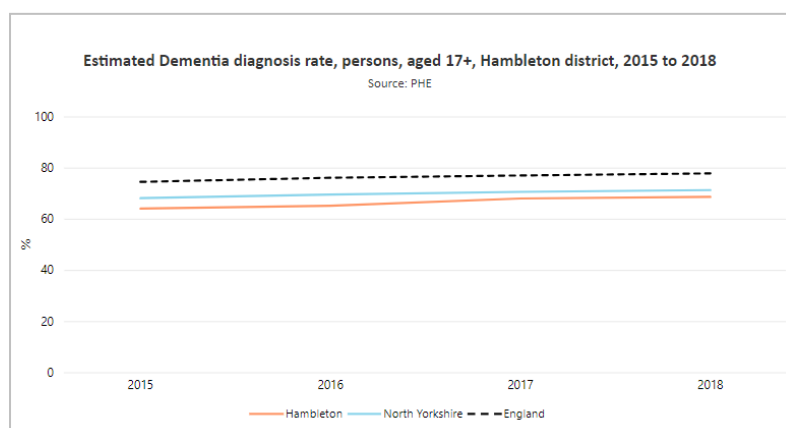
Inequality

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



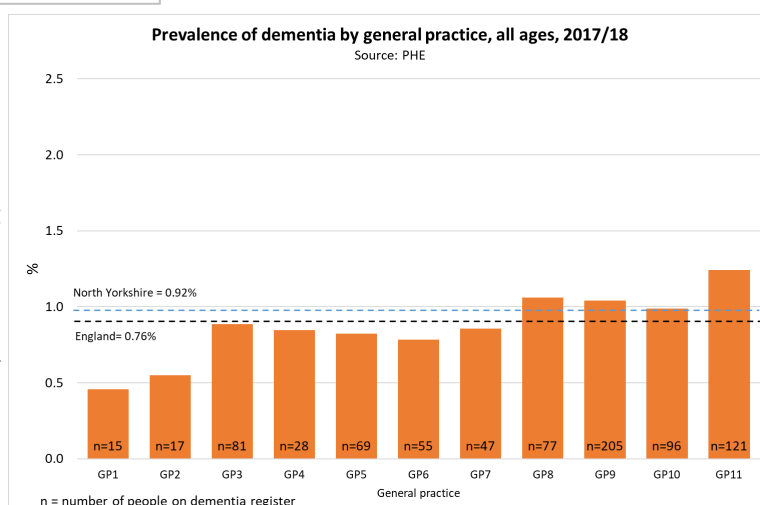
Diseases and Death

Dementia

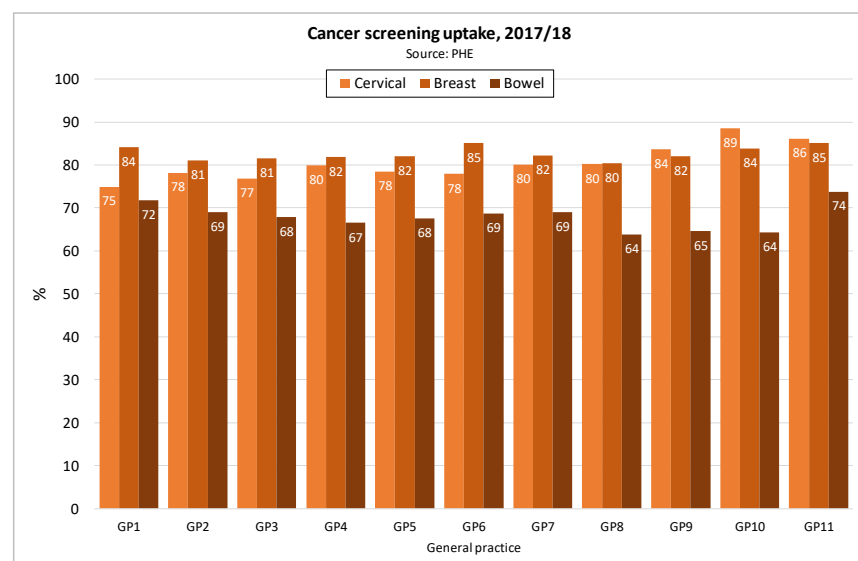


Hambleton has a significantly lower rate of those estimated to have dementia being diagnosed aged 65 when compared with England (56% vs 69%). NHS Health Check works to identify people at risk of vascular diseases including vascular dementia so they can reduce risks. More information on NHS Health Checks can be found via Public Health England's Fingertips [website](#).

The chart to the right highlights the number of people with dementia recorded on GP practice registers as a proportion of the people (all ages); registered at each GP practice, allocated to a local authority boundary using the postcode of the practice. There are three GPs in Hambleton that has a higher number of people with dementia than the county average. Furthermore, just under half of the GPs in Hambleton have a higher rate of dementia prevalence than the national average in 2017/18.



Cancer Screening



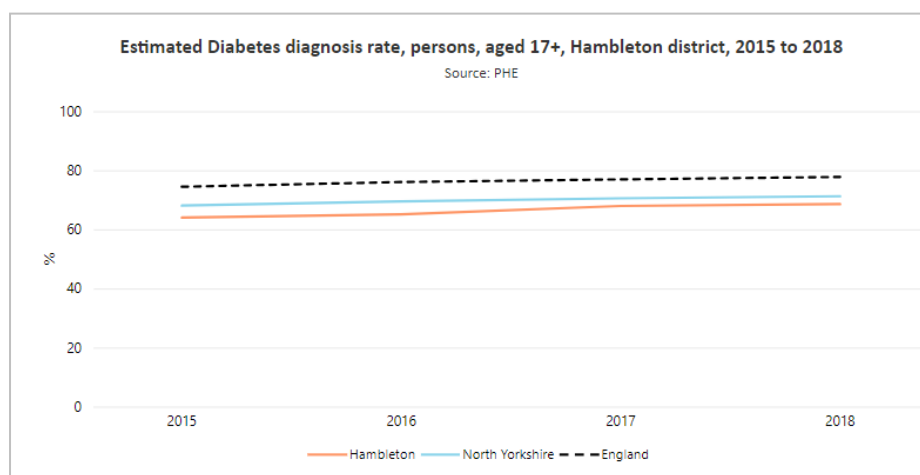
In Hambleton there tends to be higher uptake of screening for breast and cervical cancer when compared with bowel cancer.

Despite the lower uptake of screening for bowel cancer in Hambleton the rate is significantly higher compared with England (67% locally, 59% nationally) in 2018.

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

Diseases and Death

Diabetes

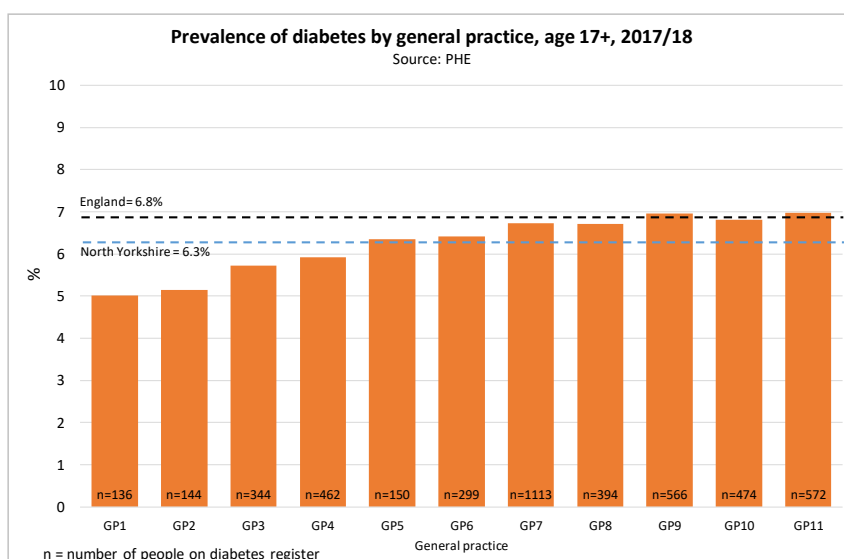


Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes is typically associated with excess weight can be prevented or delayed by lifestyle changes.

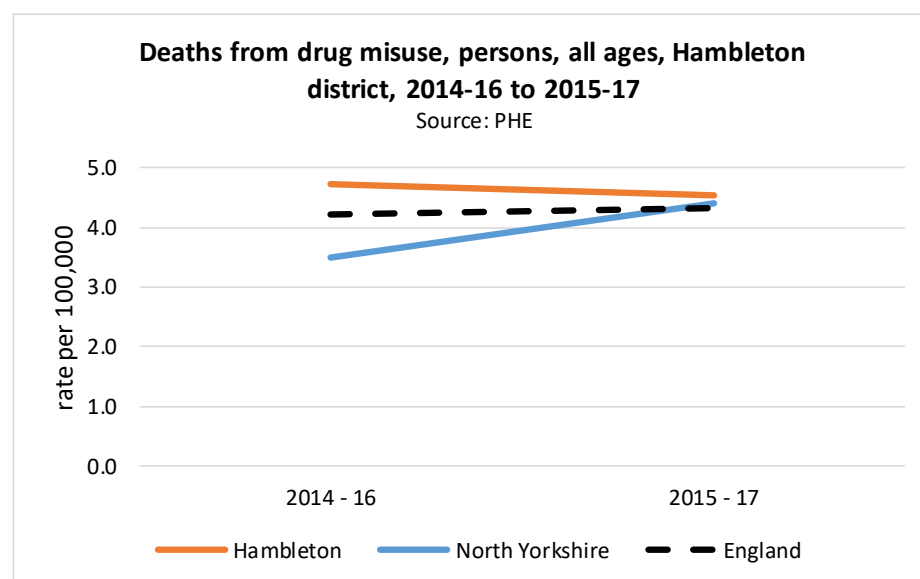
To implement effective interventions, it is important to identify all cases. The gap between observed prevalence (the number of diabetes cases recorded) and the actual prevalence (observed plus those who are undiagnosed) helps to

quantify those who may be untreated. In Hambleton, it is estimated that only 69% of diabetes cases are diagnosed. This is significantly lower than the estimated 78% diagnosed in England.

The chart to the right highlights the prevalence of diabetes by general practice for those aged 17 and over. There are six GPs in Hambleton district which have a higher prevalence of diabetes for those aged 17 and over than the county average. Two GPs in Hambleton have a higher prevalence of diabetes for those aged 17 and over than the national average. The [NHS Diabetes Prevention Programme](#) aims to identify those at high risk of developing diabetes and the NHS Health Checks programme routinely tests



Substance Misuse

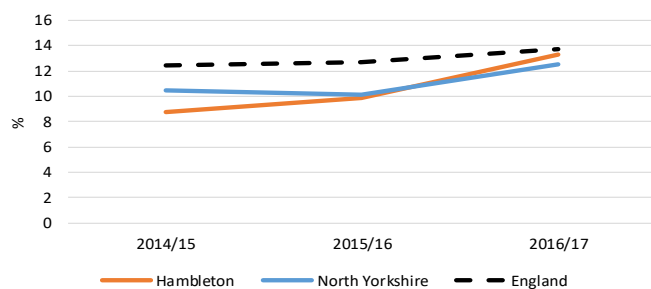


Data related to deaths from drug misuse indicated that Hambleton is not significantly different from England at 5 per 100,000 (compared to 4 per 100,000 for England). Data prior to 2014 is not available for Hambleton. Confidential help with drug and alcohol addiction is available through [North Yorkshire Horizons](#).

Mental Health

People reporting depression or anxiety, persons, aged 18+, Hambleton district, 2014/15 to 2016/17

Source: PHE



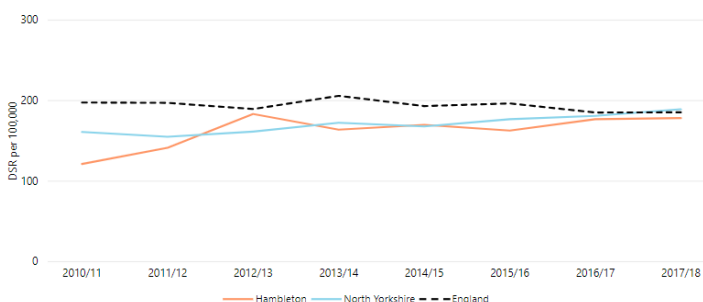
The percentage of individuals reporting depression or anxiety in Hambleton (13%) is similar compared with the national average (14%).

Hambleton has a similar rate of individuals who have long term musculoskeletal disease who are also feeling depressed or anxious compared to the England average (23% locally compared with 24% nationally).

Hambleton has similar rate of emergency hospital admissions for intentional self-harm (178 per 100,000) compared to the England average (185 per 100,000). The proportion of hospital admissions for intentional self harm has increased between 2016/17 and 2017/18.

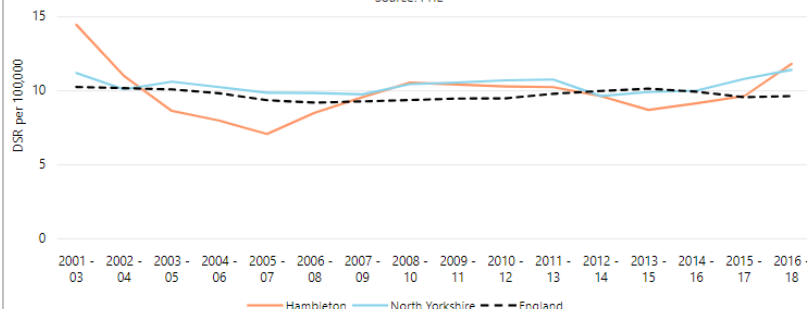
Emergency Hospital Admissions for Intentional Self-harm, persons, all ages, Hambleton district, 2010/11 to 2017/18

Source: PHE



Suicide rate, persons, aged over 10 years, Hambleton district, 2001-03 to 2016-18

Source: PHE



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

The suicide rate in Hambleton has increased between 2015-17 and 2016-18 and the rate is similar to the England average (11.8 per 100,000 locally compared to 9.6 per 100,000 nationally).

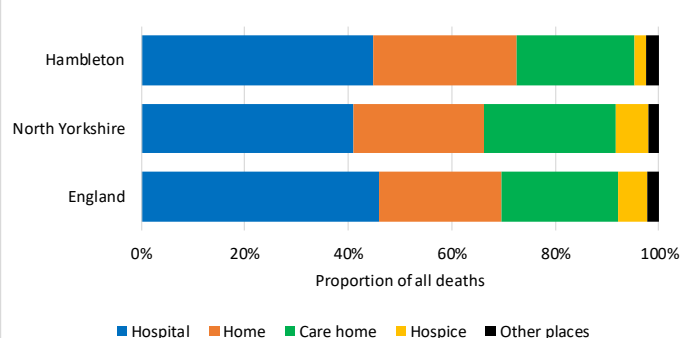
The suicide rate for males is higher than females in Hambleton and this is in line with national trends. However, these are small numbers and should be

interpreted with caution. Further information can be found in the [Suicides Audit in North Yorkshire 2015](#) and on the [North Yorkshire Partnerships Suicide Prevention](#) webpage.

End of Life Care

Place of death, persons, all ages, Hambleton district, 2017

Source: PHE



The [North Yorkshire Joint Health and Wellbeing Strategy](#) includes an ambition to increase the number of people dying either at home or place of choice that they chose by 2020. In recent years, the proportion of people dying at home in North Yorkshire has tended to increase and Hambleton has a higher proportion of people dying at home when compared to county and national rates. In contrast to this, Harrogate district has a higher proportion of people dying in a care home when compared to national averages in 2017.

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Public Health
England

Appendix 2



Hambleton

Published on 05/11/2019

Area type: District
Region: Yorkshire and the Humber

Local Authority Health Profile 2019

This profile gives a picture of people's health in Hambleton. It is designed to act as a 'conversation starter', to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit <https://fingertips.phe.org.uk/profile/health-profiles> for more area profiles, more information and interactive maps and tools.

Health in summary

The health of people in Hambleton is varied compared with the England average. 9.3% (1,285) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities

Life expectancy is 4.5 years lower for women in the most deprived areas of Hambleton than in the least deprived areas.

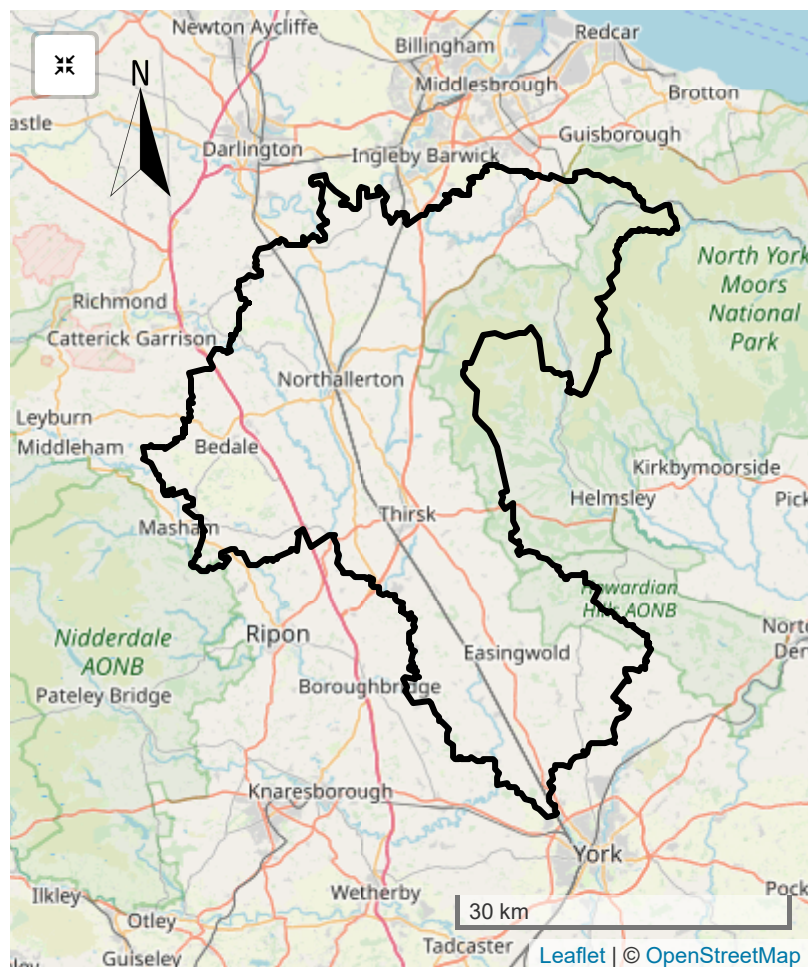
Child health

In Year 6, 15.7% (114) of children are classified as obese, better than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 46*. This represents 8 admissions per year. Levels of teenage pregnancy and smoking in pregnancy are better than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 592*. This represents 581 admissions per year. The rate for self-harm hospital admissions is 178*. This represents 144 admissions per year. The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average. The rate of killed and seriously injured on roads is worse than the England average. The rates of violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases and under 75 mortality rate from cancer are better than the England average.

* rate per 100,000 population



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Local authority displayed with full resolution clipped boundary

Health summary for Hambleton

Key

Significance compared to goal / England average:

Significantly worse

Significantly lower

↑ Increasing / Getting worse

↑ Increasing / Getting better

Not significantly different

Significantly higher

↓ Decreasing / Getting worse

↓ Decreasing / Getting better

Significantly better

Significance not tested

↑ Increasing

↓ Decreasing

↑ Increasing (not significant)

↓ Decreasing (not significant)

— Could not be calculated

→ No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2015 - 17	n/a	81.6	78.7	79.6	↓
2 Life expectancy at birth (female)	All ages	2015 - 17	n/a	85.1	82.4	83.1	↓
3 Under 75 mortality rate from all causes	<75 yrs	2015 - 17	728	248.9	362.3	331.9	↑
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	156	49.6	82.0	71.7	↓
5 Mortality rate from cancer	<75 yrs	2016 - 18	325	106.7	141.2	132.3	↓
6 Suicide rate	10+ yrs	2016 - 18	27	11.8	10.7	9.6	↑

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2015 - 17	202	74.3	45.7	40.8	↓
8 Emergency hospital admission rate for intentional self-harm	All ages	2017/18	144	178.3	194.6	185.5	↑
9 Emergency hospital admission rate for hip fractures	65+ yrs	2017/18	120	531.0	569.2	577.8	↑
10 Percentage of cancer diagnosed at early stage	All ages	2017	251	56.0	50.6	52.2	↓
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	68.8	81.9	78.0	↑
12 Estimated dementia diagnosis rate	65+ yrs	2019	809	55.9 *	71.6 *	68.7 *	↓

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2015/16 - 17/18	23	45.7	33.4	32.9	↑
14 Hospital admission rate for alcohol-related conditions	All ages	2017/18	581	592.4	697.0	632.3	↑
15 Smoking prevalence in adults	18+ yrs	2018	10,074	13.5	16.7	14.4	↓
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	67.7	64.0	66.3	↓
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	62.9	64.1	62.0	↑

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	11	7.9 \$	20.6	17.8	↓
19 Percentage of smoking during pregnancy	All ages	2018/19	54	8.1	14.4 ^	10.6	↓
20 Percentage of breastfeeding initiation	All ages	2016/17	533	74.0	69.3	74.5	—
21 Infant mortality rate	<1 yr	2015 - 17	3	1.3	4.1	3.9	↑
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2017/18	114	15.7	20.6	20.1	↑

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	12.7	- ^	21.8	—
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	24.1	27.4	25.4	↓
25 Inequality in life expectancy at birth (male)	All ages	2015 - 17	n/a	1.5	10.3	9.4	↑
26 Inequality in life expectancy at birth (female)	All ages	2015 - 17	n/a	4.5	8.4	7.4	↓

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
27 Percentage of children in low income families	<16 yrs	2016	1,285	9.3	19.7	17.0	↑
28 GCSE attainment (average attainment 8 score)	15-16 yrs	2017/18	n/a	48.1	45.3	46.7	↑
29 Percentage of people in employment	16-64 yrs	2018/19	38,900	77.1	73.7	75.6	↓
30 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	n/a	- ~	1.0	0.8	—
31 Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2015/16 - 17/18	47	19.9	53.3	43.4	↓

Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
32 Excess winter deaths index	All ages	Aug 2017 - Jul 2018	48	15.5	31.1	30.1	↓
33 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	190	353.0	629.1	850.6	↓
34 TB incidence rate	All ages	2016 - 18	6	2.2	6.8	9.2	↑

For full details on each indicator, see the [definitions tab of the Local Authority Health Profiles online tool](#).

For a full list of profiles produced by Public Health England, see the fingertips website: <https://fingertips.phe.org.uk/>

Indicator value types

1,2 Life expectancy - years 3,4,5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15,16,17 Proportion 18 Crude rate per 1,000 females aged 15 to 17 19,20 Proportion 21 Crude rate per 1,000 live births 22 Proportion 23 Index of Multiple Deprivation (IMD) 2015 score 24 Proportion 25,26 Slope index of inequality 27 Proportion 28 Mean average across 8 qualifications 29 Proportion 30 Crude rate per 1,000 households 31 Directly age-standardised rate per 100,000 population 32 Ratio of excess winter deaths to average of non-winter deaths 33 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 34 Crude rate per 100,000 population

*	Value compared to a goal (see below)
~	Value suppressed for disclosure control due to small count
\$	There is a data quality issue with this value
^	Aggregated from all known lower geography values

Thresholds for indicators that are compared against a goal

Indicator Name	Green	Amber
12 Estimated dementia diagnosis rate (aged 65 and over)	>= 66.7%	< 66.7%

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2019 Annual Report of the Director of Public Health
Life in times of change: Health and Hardship in North Yorkshire

Executive Summary

Want



Squalor

Ignorance

Idleness

Disease





Introduction

In 1942, the government published a landmark document that became known as the Beveridge Report. It set out proposals for widespread reforms to tackle society’s ‘five giant evils’ – want, disease, ignorance, idleness and squalor – through a new system of social welfare. These proposals led to the creation of the welfare state.

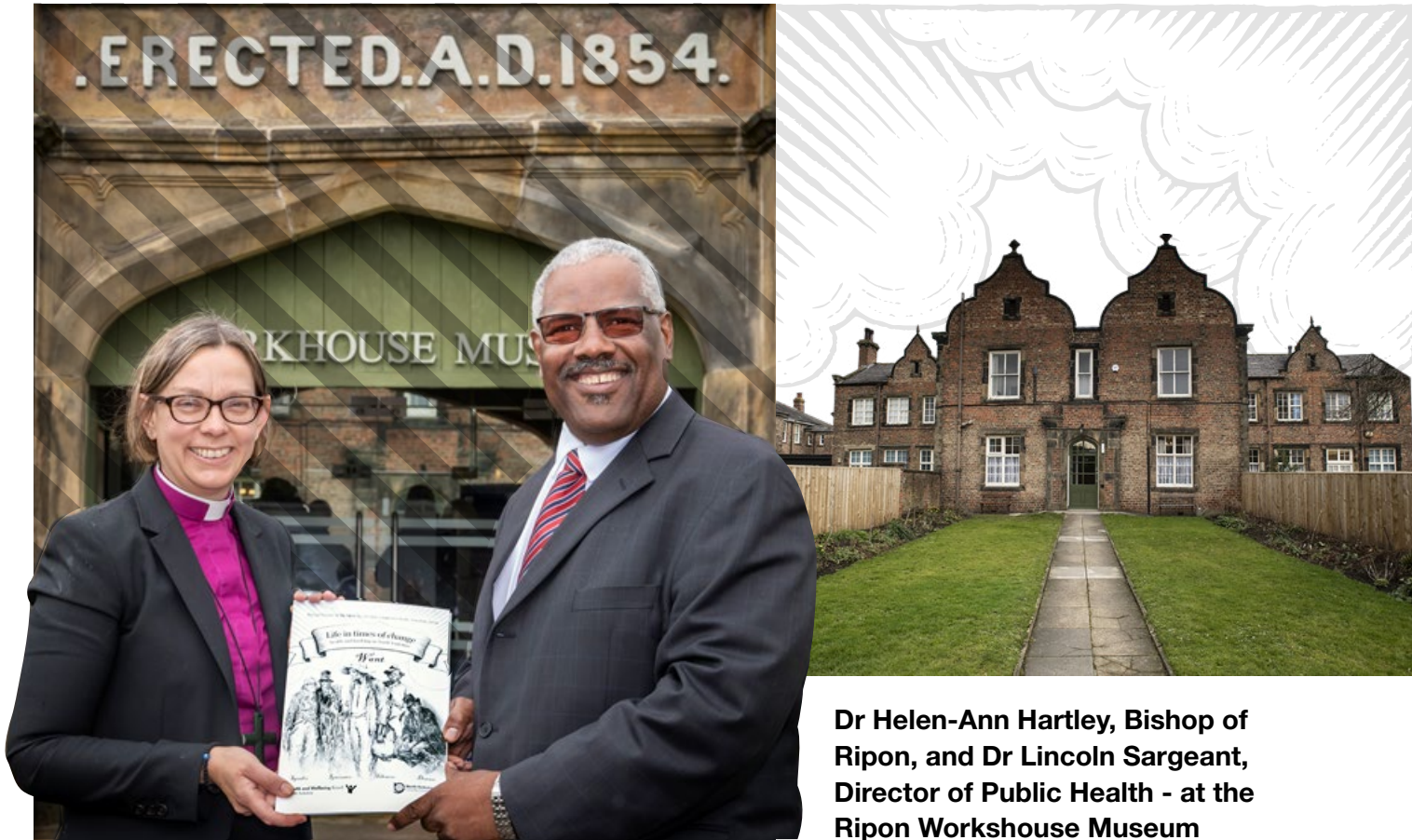
Taking the first of the evils as its theme, my 2019 Annual Report as Director of Public Health for North Yorkshire looks at poverty (want): the part it plays in creating health inequalities; and its impact on the lives of people in some areas of the county.

Taking inspiration from the Ripon Workhouse Museum, the report examines the perceptions and reality of poverty through a historical context, from the days of the workhouse through the birth

and growth of the welfare state to the present day, identifying areas of North Yorkshire where the negative aspects of poverty are most evident. It goes on to highlight the support that public services offer to protect people from the worst effects of poverty.

The report makes targeted recommendations about actions to be taken to tackle poverty for those people and communities in need in North Yorkshire, using the principle of underpinning national policies by working with professional partners; the voluntary sector; communities and individuals. These recommendation are summarised below.

Dr Lincoln Sargeant,
Director of Public Health for North
Yorkshire October 2019



Dr Helen-Ann Hartley, Bishop of Ripon, and Dr Lincoln Sargeant, Director of Public Health - at the Ripon Workhouse Museum

Poverty

Explaining poverty is not easy or straightforward - and poverty is difficult to define and hard to measure. It is multi-faceted and affects all major institutions – political, public, social and economic. Poverty is everywhere – in towns and villages, the countryside and along the coast. Poor people live in wealthy places as well as poor places.

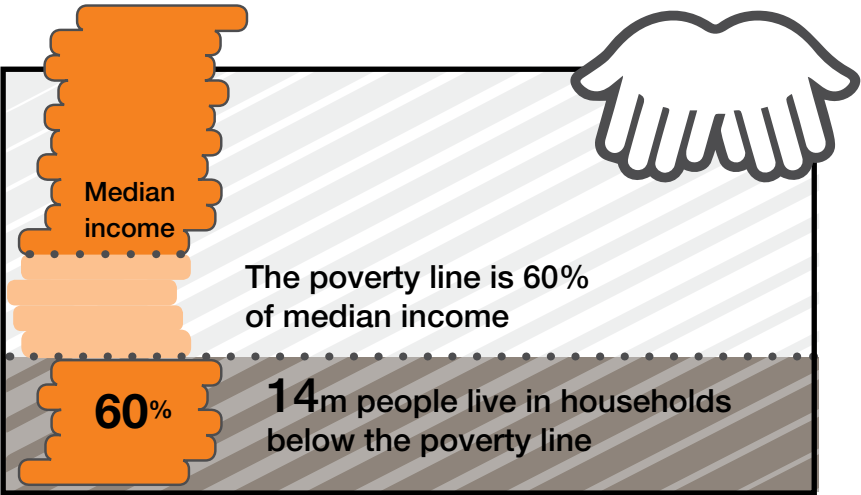
Poverty affects every demographic you can think of – including age, gender, ethnicity, and disability – and affects every aspect of daily life for those who are experiencing it.

Poverty can make you ill, and illness can trap people into further poverty. However, not all poor health is caused by poverty and the wider issues that surround it. Sometimes unhealthy options are more accessible for poor people, and improving the options available to live healthy lives can reduce the impact of the harmful effects of poverty.

The UK Government publishes an annual survey of income poverty called Households Below Average Income (HBAI). The HBAI survey sets the UK poverty line at 60% of the average (median) UK household income.

Any household with a combined income of less than 60% of the national average is officially categorised as living in poverty.

The latest report from the Social Metrics Commission (2019) report on UK poverty estimates there are approximately 14.3 million people living in relative poverty in the UK today – equivalent to more than 1 in 5 of the total population.

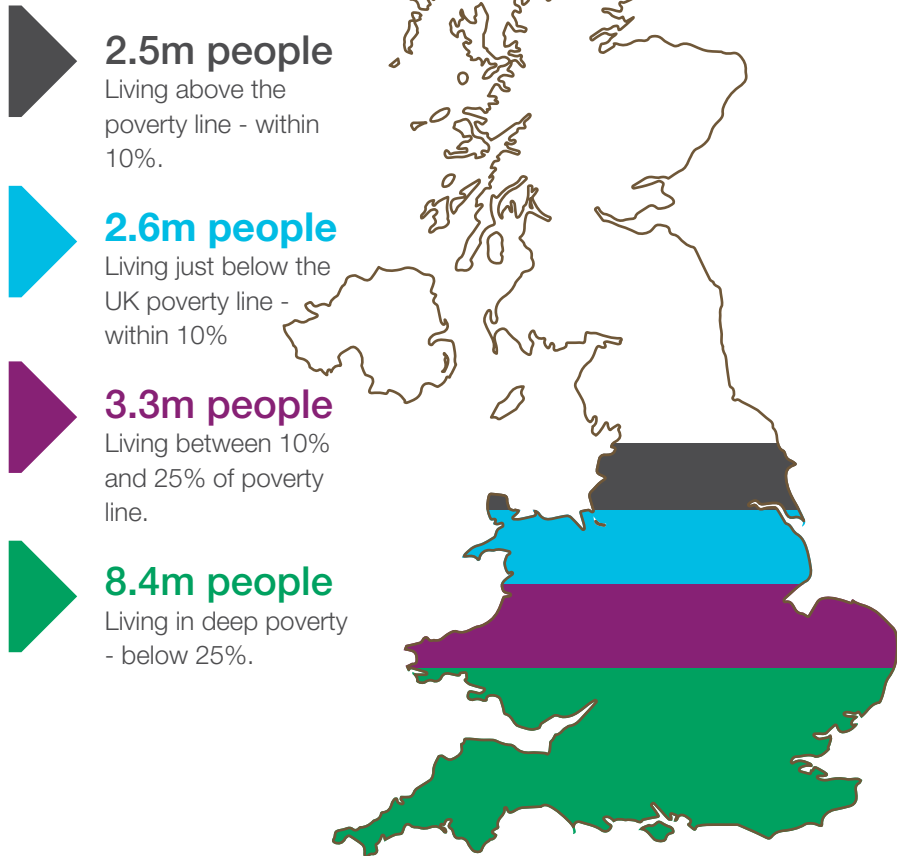


Households Below Average Income (HBAI) adapted from Child Poverty Action Group (2019)

Poor UK

The different levels of poverty in the UK and the value of the UK poverty line. More than one-in-five of the UK population lives in poverty - that is 14,300,000 people (21%).

Total UK population
66.6m*



*Data sources; Social Metrics Commission 2019 *UN population estimate 2018*



Health in North Yorkshire Today

- Life expectancy in North Yorkshire as a whole, 79.6 years for men and 83.1 years for women, is significantly higher than England but this masks the variation among the districts where it is lowest in Scarborough and highest in Hambleton.
- Child health is better than England for many measures and infant mortality is significantly lower than the national average.
- However, hospital admissions for injuries to children are significantly above the England rate.
- Educational attainment is better than average but the rate of school exclusions has increased markedly in the last 2 years.
- More adults are in work in North Yorkshire compared with England and there is a lower rate of full-time working and a higher rate of part-time working.
- Smoking rates in the county are lower than England but we see fewer quits as a proportion of smokers. There is a steep social gradient in the smoking rate, with those classifying themselves as ‘struggling financially’ smoking at double the rate of the general population.

Poverty in North Yorkshire

Due to the lack of robust poverty measures at a local level, deprivation, and income deprivation in particular, are used as proxy measures for poverty in the county.

According to the Indices of Multiple Deprivation (IMD) 2015, there are 11 LSOAs (Lower Super Output Areas), or neighbourhoods, in North Yorkshire which are amongst the most deprived 10% (decile) of areas in England. These areas are considered to have the highest and most concentrated levels of poverty in the county, although it is recognised that poverty exists throughout North Yorkshire.

Nine of the 11 LSOAs are in Scarborough Borough and one each in Harrogate Borough and Selby District. The following table shows these 11 LSOAs with their national decile for each of the seven domains of IMD.

The health of people in North Yorkshire is, in many ways, improved from the workhouse era. However, analysis of present day food bank usage and support from North Yorkshire Local Assistance Fund suggests that a similar proportion of people in 21st century North Yorkshire live their lives in a precarious position.

We can readily identify neighbourhoods in which poverty is currently more concentrated. There are drivers of poverty such as lack of access to education, employment and housing which, when combined with ill health, adversely affect health outcomes and reduce life expectancy and healthy life expectancy for some in our population. Knowing where these drivers are predominant enables us to work with communities and alongside partners using a targeted approach to reduce adverse health outcomes and tackle inequality.

The eleven most deprived neighbourhoods in North Yorkshire, 2015

					Seven domains – national decile (1 is most deprived)						
LSOA Code	LSOA name (2011)	Ward containing LSOA	Rank of 42,844 LSOAs in England	Rank (NY)	Employment	Income	Health Deprivation and Disability	Education, Skills and Training	Crime	Living Environment	Barriers to Housing and Services
E01027874	Scarborough 007D	Woodlands	313	1	1	1	1	1	3	8	3
E01027819	Scarborough 012B	Eastfield	318	2	1	1	1	1	1	7	3
E01027806	Scarborough 006B	Castle	319	3	1	1	1	1	1	1	5
E01027847	Scarborough 006D	North Bay	751	4	1	1	2	1	1	1	4
E01027804	Scarborough 010A	Castle	1,005	5	1	1	1	3	1	1	5
E01027817	Scarborough 012A	Eastfield	1,714	6	1	1	1	1	3	6	4
E01027907	Selby 005C	Selby West	2,057	7	1	1	2	1	4	9	5
E01027740	Harrogate 013F	Woodfield	2,283	8	1	1	1	3	4	7	6
E01027820	Scarborough 012C	Eastfield	2,515	9	1	1	2	1	5	6	6
E01027805	Scarborough 006A	Castle	2,561	10	1	2	2	2	1	1	8
E01027869	Scarborough 001C	Whitby West Cliff	2,792	11	1	2	1	4	2	1	5

Conclusion

The fact that poverty affects some people and places disproportionately more than others is unfair. Furthermore, poverty defines the social context into which some children are born, which means they start life at a disadvantage. While individual triumphs over adversity are possible, the “rags-to-riches” story tends to be rare and exceptional. The rise of food banks in recent years indicates a re-emergence of destitution where people lack sufficient income to meet their basic needs. Data shows that some of those who find themselves needing to rely on the compassion of others are in full-time employment. They are hard-working, conscientious citizens who nevertheless find that they cannot make ends meet despite their best efforts.

We have looked at two responses to poverty – the workhouse and the welfare state. The former focused on the individual and took little account of the economy and social context that was causing worklessness and poverty. The

result was a system that punished the perceived “undeserving” poor. The welfare state was founded on very different principles. The Beveridge report recommended three key measures: a national health service, universal children’s allowances and the full use of the state’s powers to maintain employment and reduce unemployment.

The Marmot review (2010) observed that health inequalities result from social inequalities. Evidence shows that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. Actions need to be universal but with a scale and intensity that is proportionate to the level of disadvantage. Marmot was clear that national policies were needed to reshape the way the economy works to reduce poverty. However, national policies have to be underpinned by local delivery that is informed by empowered communities and citizens. These principles inform my recommendations for action.



Recommendations



Recommendation 1- support deprived areas

There are 11 Lower Level Super Output Areas (LSOA), out of 373 in the county, with Index of Multiple Deprivation scores (IMD 2015) amongst the most deprived 10% in England and a further 12 LSOA amongst the more deprived 10-20% in England. Many of these are located in the coastal town of Scarborough but they exist in other places as well.

The evidence indicates that interventions to increase income in these LSOAs will help to lift these away from the most deprived group. These might include supporting people into employment and better paid, more stable jobs; improving opportunities for in-work progression through skills training, and increasing uptake of benefits to which people are entitled.



The changing face of work due to increased digitalisation, artificial intelligence and technology advances needs to be monitored to prevent adverse impacts on employment opportunities in the county.

Recommendation

North Yorkshire County Council, the Borough and District Councils should lead coordinated plans focused on areas of deprivation through collaboration with local communities and residents to reflect their priorities for reducing poverty and shaping healthy places.

Recommendation 2 - tackle rural poverty

Rural locations are associated with transport issues, decreased access to services and opportunities, and fuel poverty. These concerns are especially challenging in a county with a high proportion of older residents. 43% of the North Yorkshire population live either in the countryside or in small villages with less than 4,000 residents. This compares with 6% of the population of Teesside or West Yorkshire. Rural poverty may often be hidden in the statistics. The integral links between the rural economy of North Yorkshire and that of neighbouring city regions of Teesside and West Yorkshire needs greater emphasis.



Recommendation

Local authorities in North Yorkshire should continue to advocate for an inclusive, vibrant and sustainable rural economy as integral to the local industrial strategies being developed by Local Enterprise Partnerships and City Region deals.

North Yorkshire County Council, the Borough and District Councils should consider developing a coordinated Rural Strategy that highlights rural-specific needs including employment, connectivity and affordable housing.

Recommendation 3 - reduce childhood inequalities

The impacts of prolonged austerity and cuts to welfare benefits have driven an increase in levels of childhood poverty. Children in workless families are especially at risk but many poor children are in families where parents work. Single parent families are particularly hit by welfare cuts.

Recommendation

All agencies working with children and families should be alert to the risk and impact of childhood poverty and ensure they take account of hidden and indirect costs that may hinder a child's full participation in the services they offer. Plans that are drawn up to support children and families should reflect this assessment and should include actions to mitigate the impact of poverty identified.



- *Actions may include signposting and making referrals to debt and benefits advice to maximise income; and to access employment and training opportunities including provision for childcare where appropriate.*

As part of the Joint Strategic Needs Assessment, North Yorkshire County Council and Clinical Commissioning Groups in North Yorkshire should undertake specific investigation into child poverty to provide an updated picture of the scale and distribution of child poverty across North Yorkshire to inform strategies and service delivery.

Recommendation 4 - work with military families and veterans

Catterick Garrison is the largest military base in Western Europe, housing 6,500 service personnel in 2019. It is scheduled to expand to 9,000 service personnel from 2023. There are over 50,000 veterans in North Yorkshire. Lack of opportunities for spousal employment and the transition from military to civilian life can increase the risk of poverty. This is identified in the recent armed forces and veterans needs assessment. The new Ministry of Defence (MODs) Defence Transition Service (DTS) aims to support ex-armed service veterans as they transition into civilian life in North Yorkshire.

Recommendation

Military and related agencies should ensure that service and veteran-specific issues identified in the needs assessment are addressed.



All agencies should identify and train military service champions within their organisations to ensure that military veterans are not disadvantaged when accessing local services such as health and housing in keeping with the commitments of the Armed Forces Covenant.

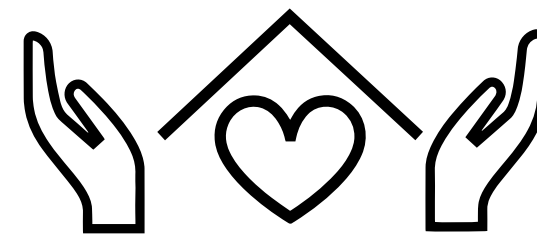
Recommendation 5 - Create safe environments for high-risk groups

Deprivation and inequality can be concentrated in particular groups of people – such as those who are addicted drugs; are homeless; have a disability; or experiencing mental ill health.

Often these factors co-exist and place individuals at high risk for poverty and its negative consequences. Some families and individuals may have multiple interventions by different services which are not coordinated. Safe and stable housing is often a prerequisite for the targeted and individualised approaches that may more beneficial for these groups compared to universal services which may not be sensitive to their multiple complex needs.

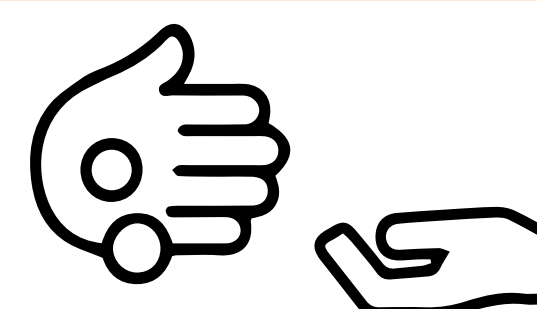
Recommendation 6 - develop priorities to mitigate the impact of changes to the benefit system

Navigating the benefits system is often challenging for people who are vulnerable. There are elements of how the system works including sanctions which causes loss of income at a time of greatest need. These sanctions appear to disproportionately target single parents, those with long-term health conditions or disabilities and keep people locked in poverty. The way in which the benefits system is operated at times has more in common with the workhouse than with the aspiration of Beveridge, that benefits should support people to live dignified lives. There appears little real evidence to support the notion that a harsh benefits regime will motivate people out of poverty. In fact, it appears to be having the opposite effect.



Recommendation

All agencies working with people with multiple health and social problems should consider a 'housing first' approach that provides a safe and stable environment which is sensitive and flexible to the needs and individual circumstances of the person.



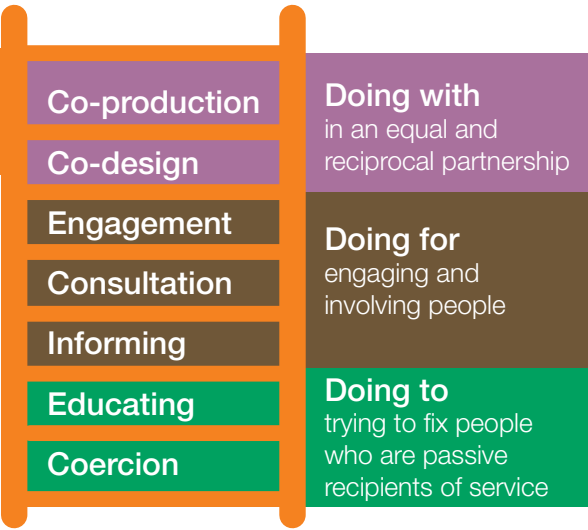
Recommendation

As part of the Joint Strategic Needs Assessment, North Yorkshire County Council and Clinical Commissioning Groups in North Yorkshire should undertake specific investigation to understand the impact of changes to the benefit system, cuts and sanctions on people, in terms of their mental and physical health and the use of services to set new strategic priorities in local plans to mitigate these impacts.

Recommendation 7 - improve community engagement

Working with people and communities to create a shared future is more effective than doing things for them or to them. This principle is supported by a growing body of evidence that community participation leads to sustainable poverty reduction, especially where attention is given to training and building capacity in the community.

Poverty can undermine social networks and approaches that seek to build social capital in communities can increase the resources available to people to tackle the problems they face. The aspiration of working with communities is to design, reshape and deliver services equally with those who use them to create better outcomes.



Recommendation
North Yorkshire County Council, the Borough and District Councils should work with voluntary and community sector partners to strengthen the involvement of local communities in shaping plans for reducing the impact of poverty in areas of deprivation.

- *Actions may include identifying influential community members reflecting different perspectives; providing training and support for communities to develop local plans; and facilitating communities to work with relevant agencies to co-produce plans and services.*

All agencies should identify or appoint community champions and senior sponsors to promote a culture of community engagement in their organisations.





The full report can be found at
www.nypartnerships.org.uk/DPHAR

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