

North Yorkshire Joint Strategic Needs Assessment 2020 North Yorkshire CCG Profile

Introduction

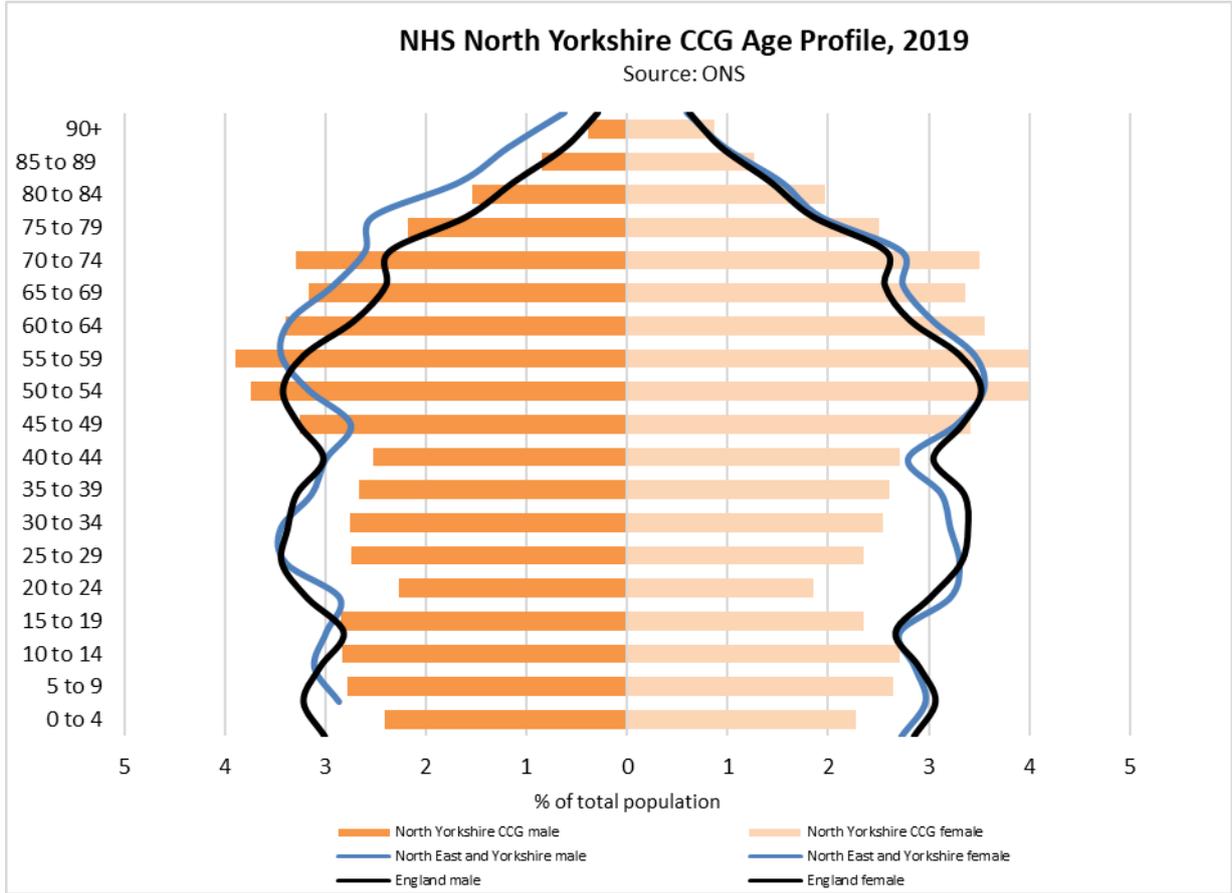
This profile provides an overview of population health needs in North Yorkshire CCG. Greater detail on particular topics can be found in our Joint Strategic Needs Assessment (JSNA) resource at www.datanorthyorkshire.org which is broken down by district. This document is structured into five parts: population, deprivation, disease prevalence, hospital admissions and mortality. It identifies the major themes which affect health in North Yorkshire CCG and presents the latest available data, so the dates vary between indicators.

Summary

- **There is a high proportion of older people.** In 2019, 32% of the population was aged 60 and over (136,363), higher than national average (23%). Furthermore over 4,800 (3.0%) were age 85+, compared with 2.3% in England.
- **There are areas of deprivation.** Within the CCG, eight out of the 51 practices have a higher deprivation score than England (21.7) in 2019.
- **Many people have longstanding health condition.** The 2019 GP Patient Survey showed 54.9% of people have a long-term physical or mental health condition, disability or illness. This is significantly higher than England (51.5%).
- **The highest reported rates of ill health are from hypertension (16.8%); depression (11.3%); asthma (7.4%) and diabetes (6.8%).**
- **Hospital admissions vary according to admissions route.** Non-elective admissions are most frequently due to respiratory problems (12.5%); injury, poisoning and certain other consequences of external causes (10.6%); and pregnancy and childbirth puerperium (10.1%). Elective admissions are most common for neoplasms (28.9%); digestive disorders (18.3%) and diseases of the musculoskeletal system and connective tissue (11.2%)

Population

There is a high proportion of people aged over 65 (32%) in North Yorkshire CCG compared with England (23%). The proportion of people aged 20 to 40 (25%) is lower than England (32%). The following age profile shows a lower proportion of the population in age groups 0-4 and 20-39 years compared with both England and North East and Yorkshire region.

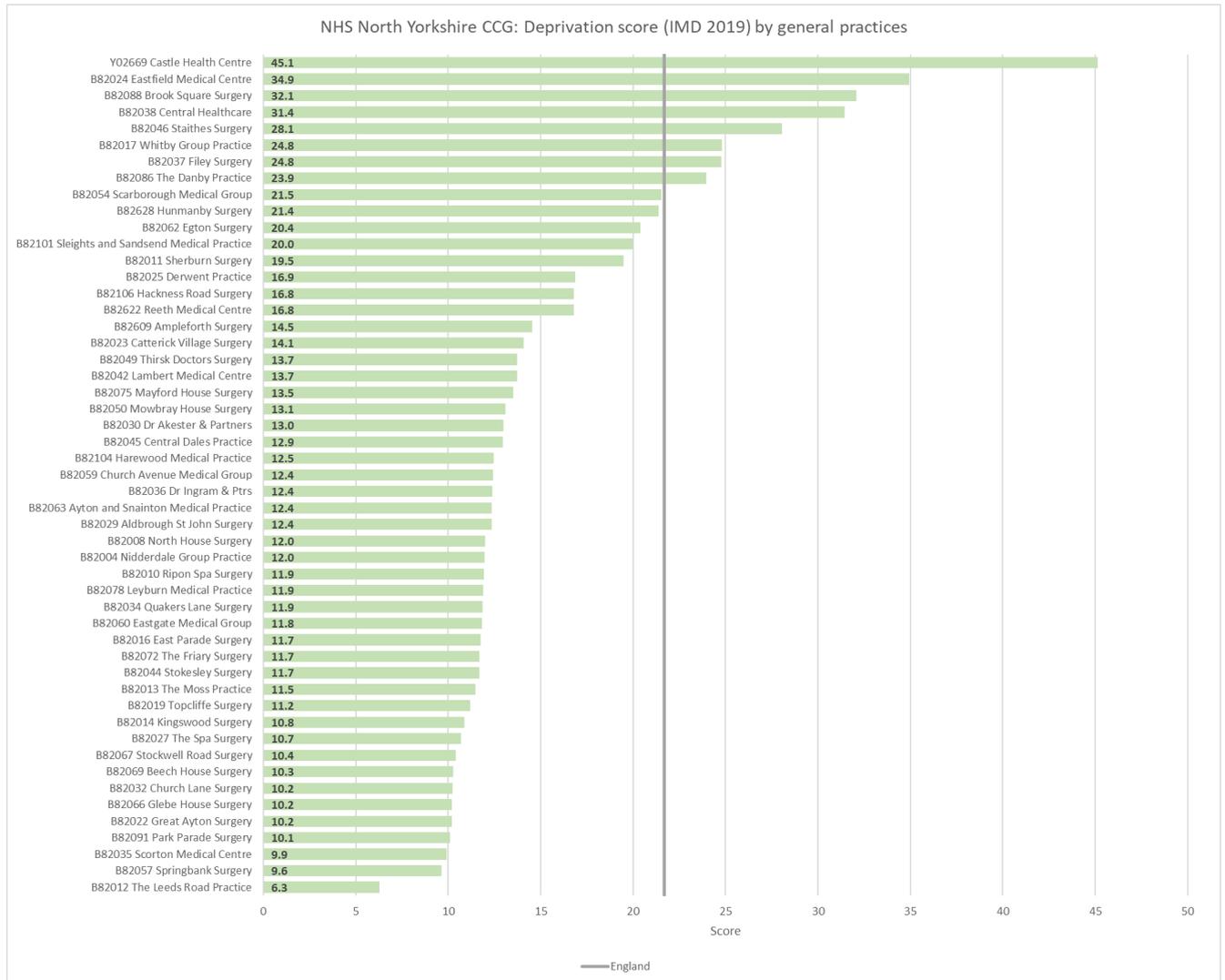


Source: ONS

Deprivation

The 2019 Index of Multiple Deprivation (IMD) identifies 24 Lower Super Output Areas (LSOAs) of the 373 LSOAs in North Yorkshire which are amongst the 20% most deprived in England, with a population of 36,000 people. Twenty of these LSOAs are in Scarborough district with a combined population of 30,000.

Deprivation scores, using IMD-2019, have been estimated for general practices. They show eight practices in North Yorkshire CCG have populations experiencing higher levels of deprivation than England.



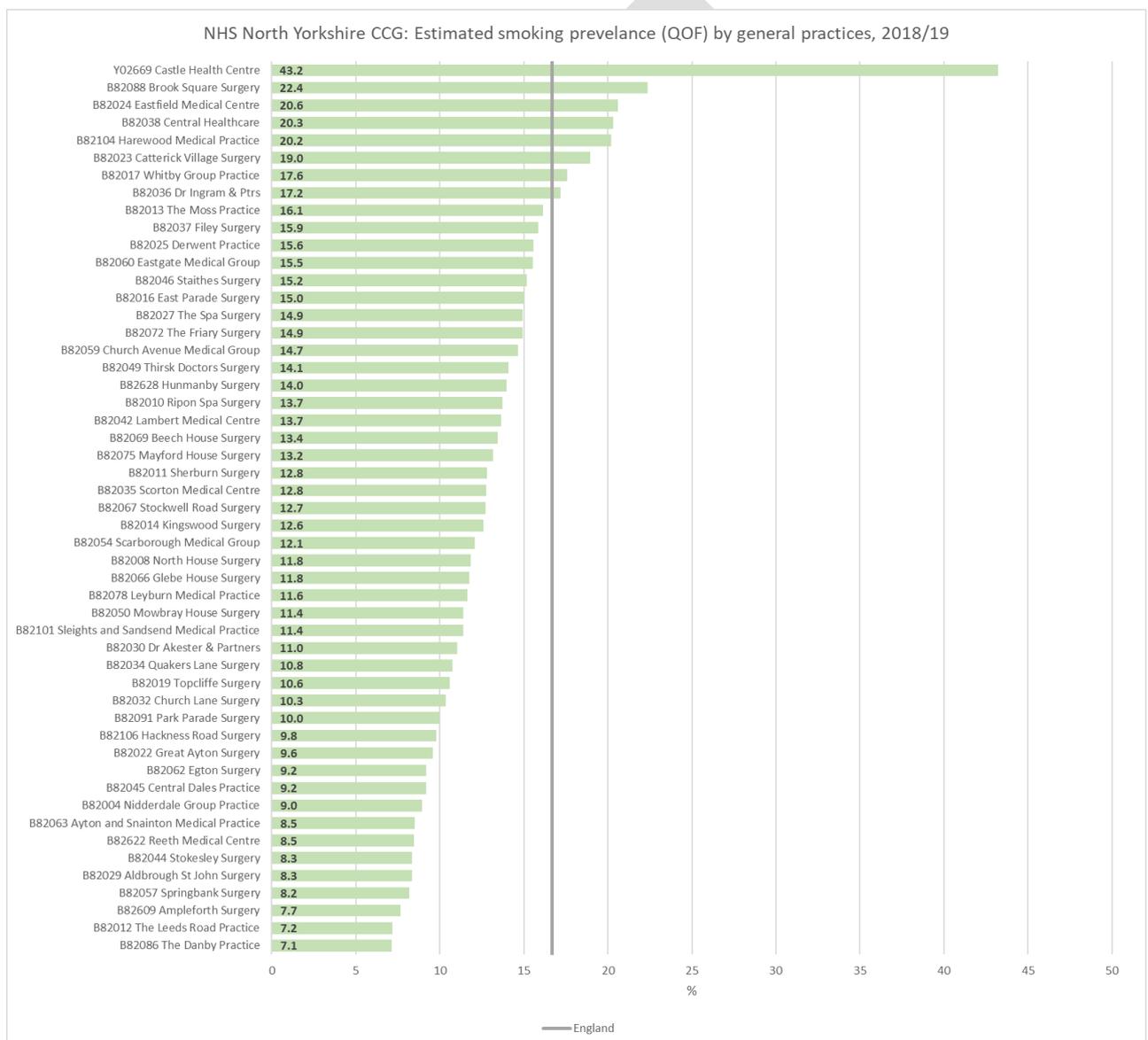
Source: National General Practice Profiles, PHE

Lifestyle and behaviour

The lifestyle choices that people make and behaviours they follow in their lifetime can all have an impact on both their current and future health. Lifestyle diseases are defined as diseases linked with the way people live their life. This is commonly caused by alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy eating.

Smoking

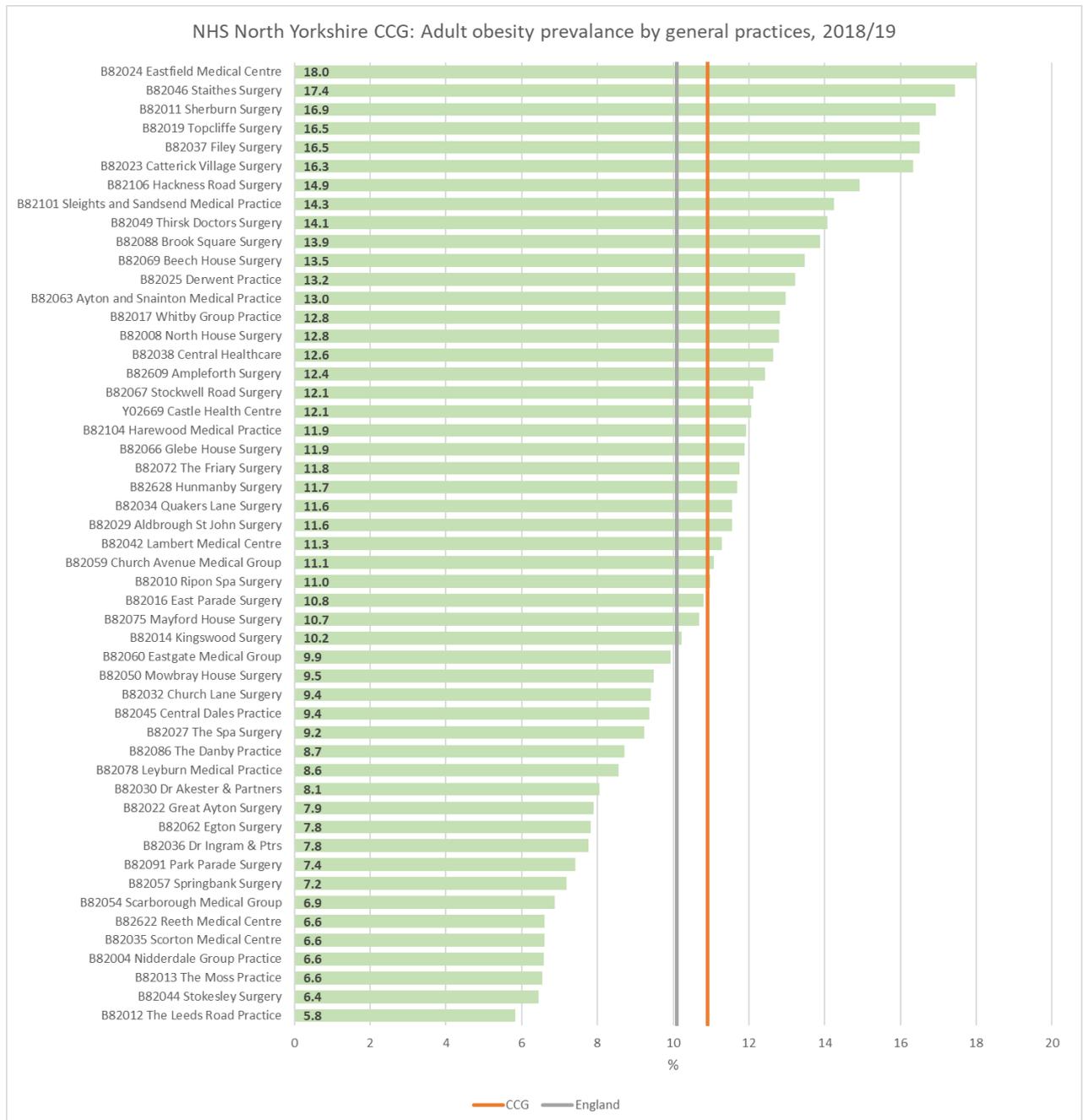
There are six practices that have rate of smoking prevalence significantly higher than England, six practices with a similar rate to England. The remaining practices have a rate that is lower than England.



Source: National General Practice Profiles, PHE

Adult obesity

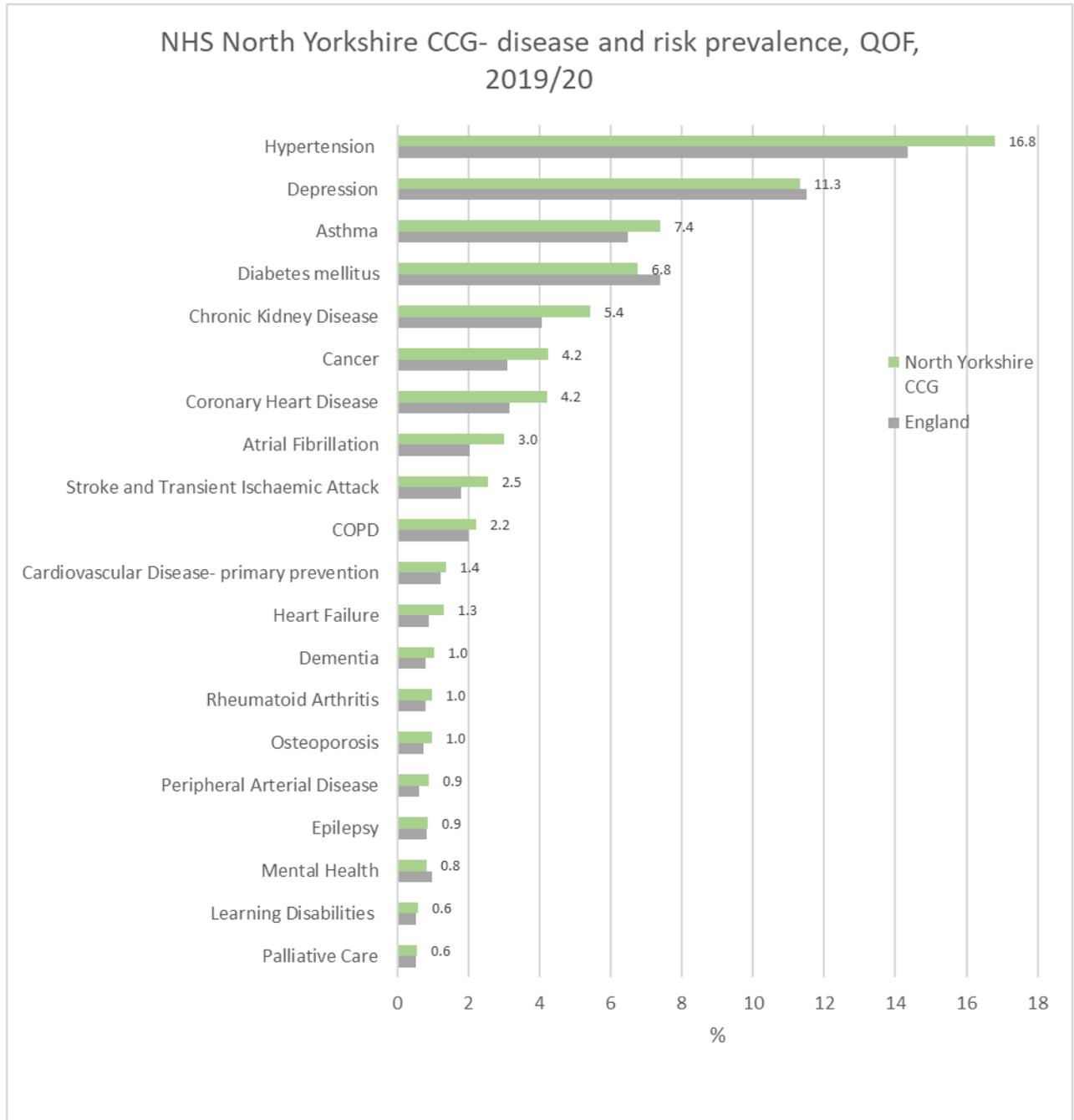
There is a higher rate of adult obesity in North Yorkshire CCG compared with England, with 38,144 people on the register. Twenty-six practices have a rate that is higher than both the CCG and England average.



Source: National General Practice Profiles, PHE

Disease Prevalence

In North Yorkshire CCG, hypertension and depression are the most common health problems, followed by diabetes and asthma. The prevalence for most diseases and risk factors is higher in North Yorkshire CCG than for England.



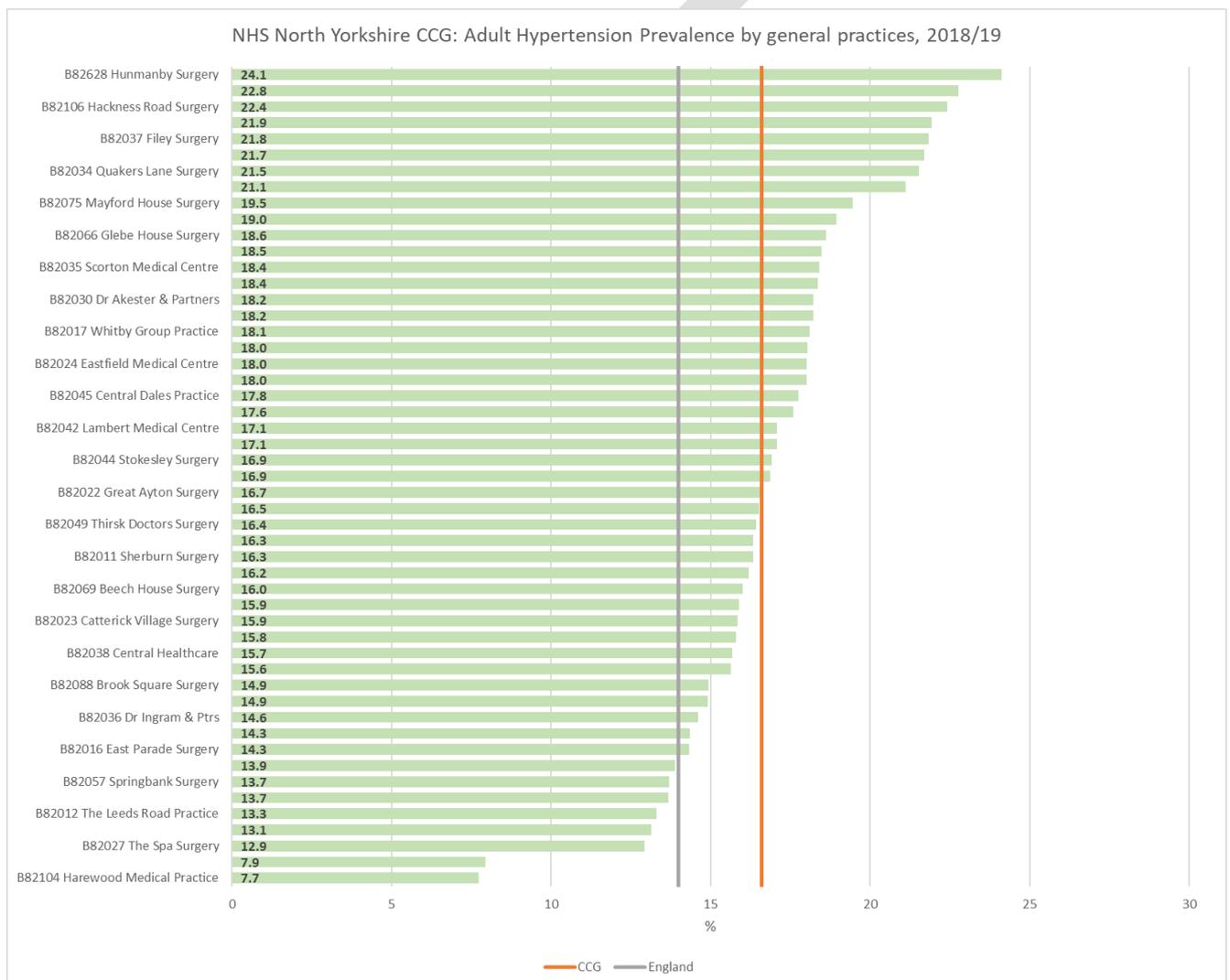
Source: NHS Digital

Disease prevalence by general practice

The following charts use the NHS Quality and Outcomes Framework prevalence data for 2018/19. These are expressed as crude percentages, without taking account of variation in the populations between general practices. Differences such as the proportion of elderly patients, ethnicity and levels of deprivation may affect crude prevalence rates. The charts are presented in order of recorded prevalence, from highest to lowest.

Hypertension

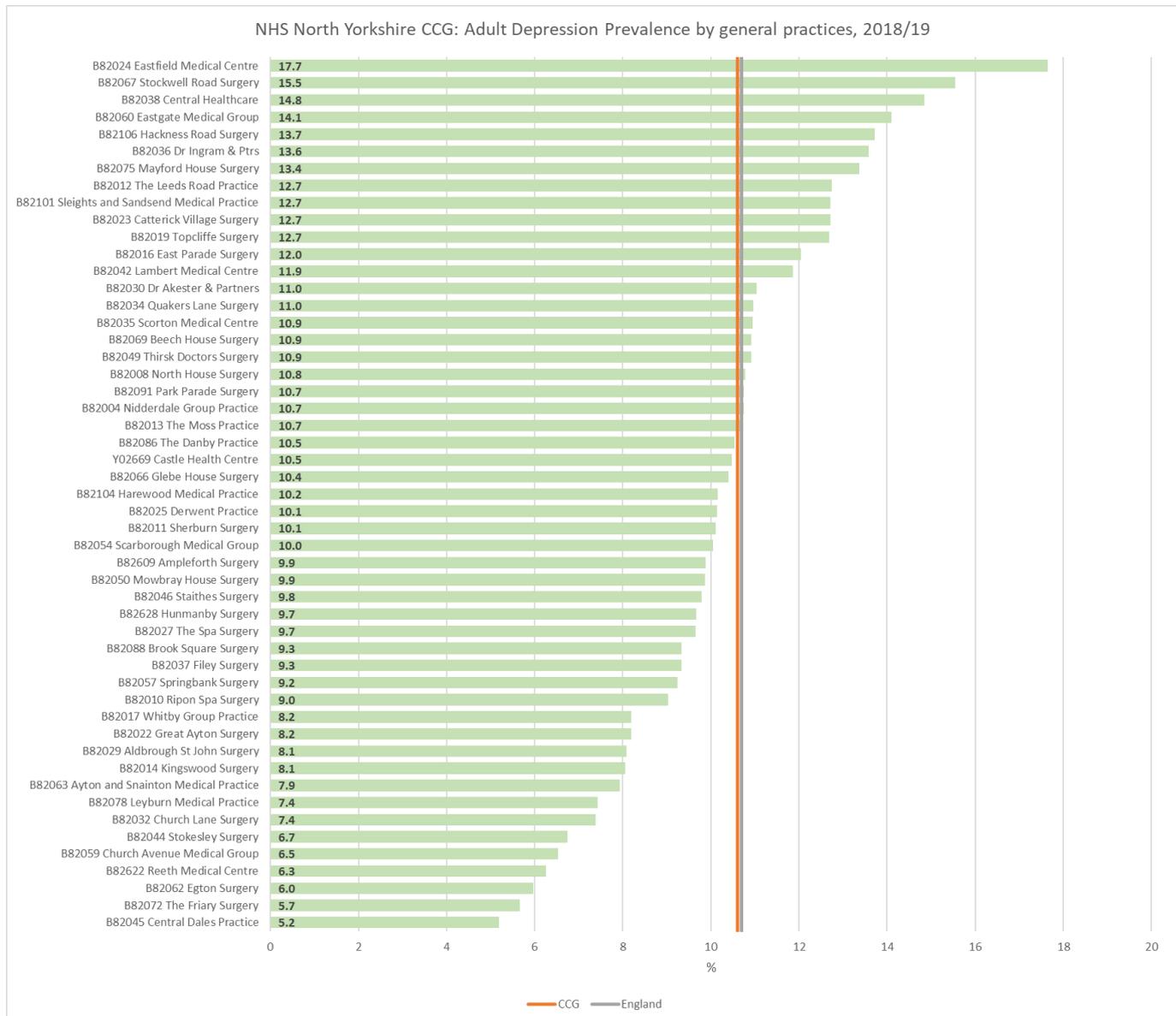
In North Yorkshire CCG, there are 71,054 people with known hypertension and prevalence is higher than England. Thirty-eight general practices have rates significantly higher than England, whilst four have significantly lower rates.



Source: National General Practice Profiles, PHE

Depression

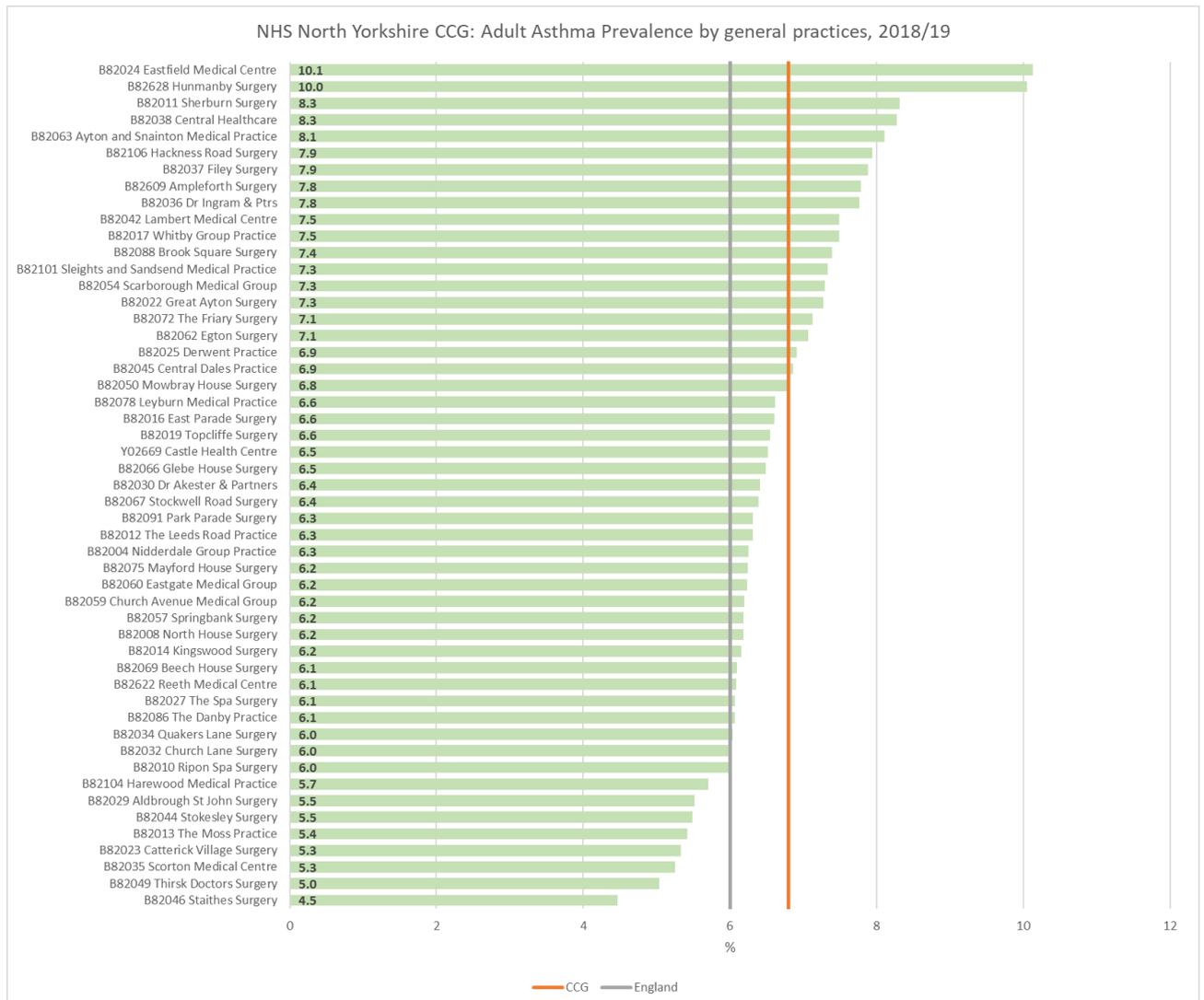
There are 37,276 people with a record of depression in North Yorkshire CCG, which is a similar rate to England. Twelve practices have rates which are significantly higher than England, while 19 practices have significantly lower rates than the England average.



Source: National General Practice Profiles, PHE

Asthma

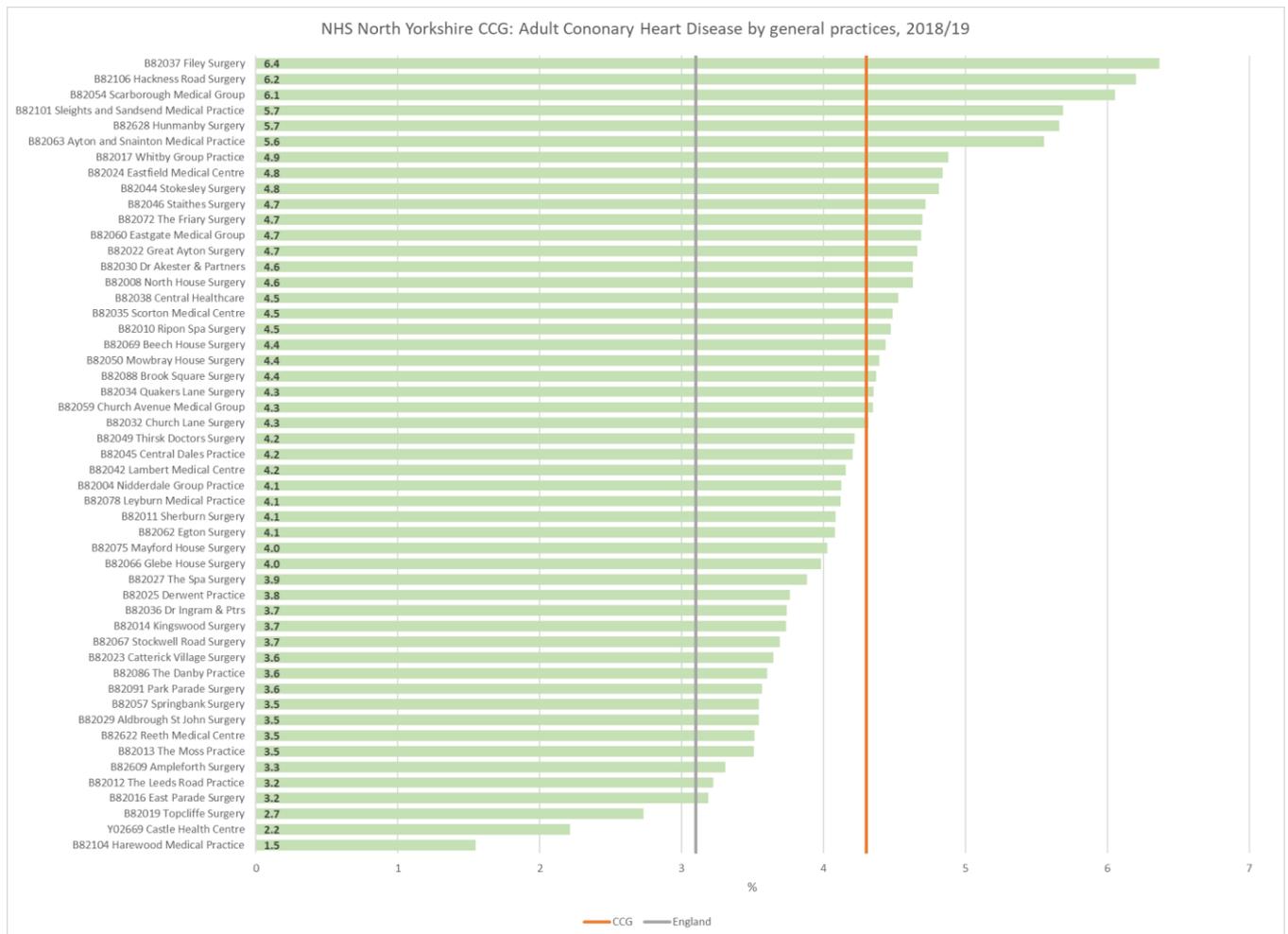
In North Yorkshire CCG, asthma prevalence is higher than England. There are 28,998 people on asthma registers. Nineteen practices have asthma prevalence rates which are significantly higher than England and three practices have a recorded prevalence which is lower than England.



Source: National General Practice Profiles, PHE

Coronary heart disease

Coronary heart disease (CHD) prevalence is higher in North Yorkshire CCG compared with England and there are 18,259 people with diagnosed CHD. Thirty-six practices have a rate which is significantly higher than England and two practices have a rate which is significantly lower than the national average.



Source: National General Practice Profiles, PHE

Consideration can be given to variation which may be due to modifiable risk factors within the population, differences in record keeping, variation in health care and access to services. [NHS RightCare](#) produces a range of intelligence products to help local health economies identify and address health inequality.

Furthermore, the NHS Health Check is a health check-up for adults in England aged 40-74, designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As individuals age they have a higher risk of developing one of these conditions and an NHS Health Check helps find ways to lower this risk. The NHS Health Check report for North Yorkshire highlights performance of health checks across North Yorkshire and can be found on [Data North Yorkshire](#).

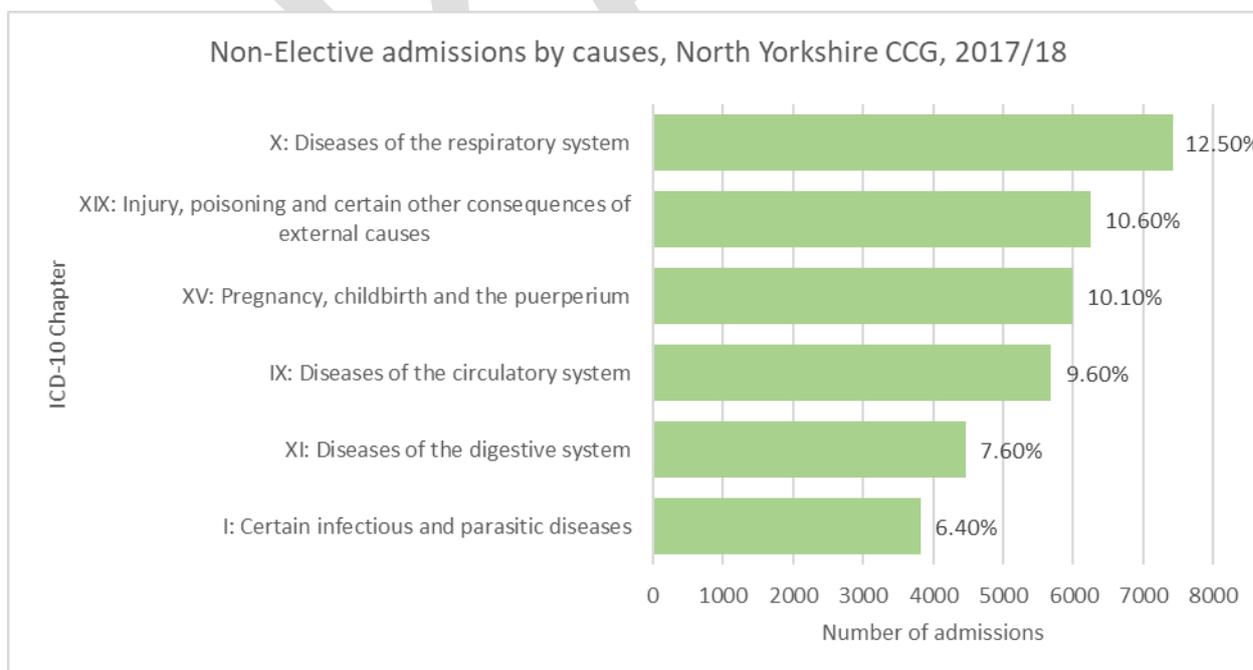
Hospital admissions

In 2017/18, there were 136,468 hospital admissions for North Yorkshire CCG registered patients, of which 77,246 (56.6%) were elective admissions and 59,222 (43.4%) were non-elective admissions. In total, there were 168 providers, with Harrogate District and NHS Foundation Trust being the main provider.

Hospital admissions by provider, North Yorkshire CCG, 2017/18			
Provider	Proportion of elective admissions	Proportion of non-elective admissions	Proportion of all admissions
Harrogate & District NHS Foundation Trust	57.3%	42.7%	31.4%
York Teaching Hospital NHS Foundation Trust	49.8%	50.2%	29.6%
South Tees Hospitals NHS Foundation Trust	57.5%	42.5%	26.5%
Leeds Teaching Hospitals NHS Trust	76.7%	23.3%	3.6%
County Durham and Darlington NHS Foundation Trust	31.5%	68.5%	2.2%
Hull University Teaching Hospitals NHS Trust	77.6%	22.4%	1.6%
Remaining providers	76.0%	24.0%	5.3%

Source: Public Health England SHAPE atlas

The main reasons for non-elective admissions are shown below for causes which contributed towards the majority of non-elective admissions. Respiratory diseases are the most common reason for non-elective admission followed by injuries & poisoning and pregnancy and childbirth.

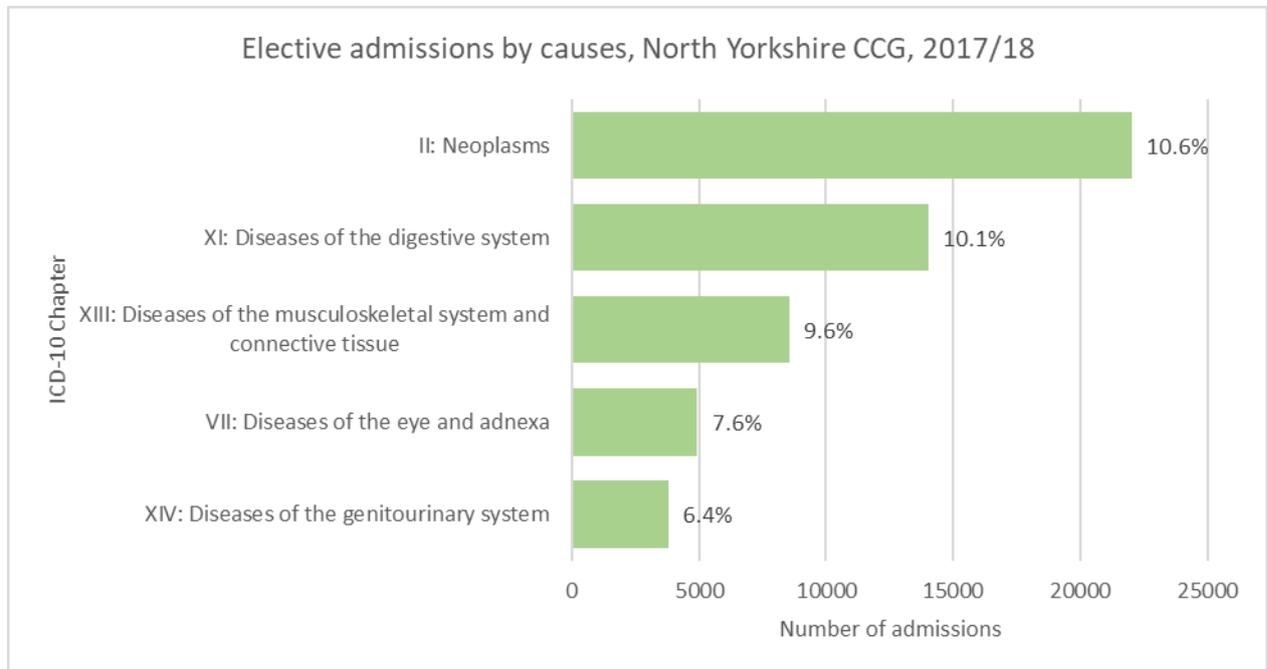


Source: Public Health England SHAPE atlas

Within *chapter XIX: Injury, poisoning and certain other consequences of external causes*, the main reasons for admission are: poisoning by non-opioid drugs; fracture of femur; fracture of lower leg;

and superficial head injury. This suggests drug overdose (accidental or otherwise) and falls may contribute importantly to local emergency admissions.

The main reasons for elective admission are similarly shown for causes which contributed towards the majority of elective admissions. Neoplasms represent the highest proportion of elective admissions, followed by digestive diseases.

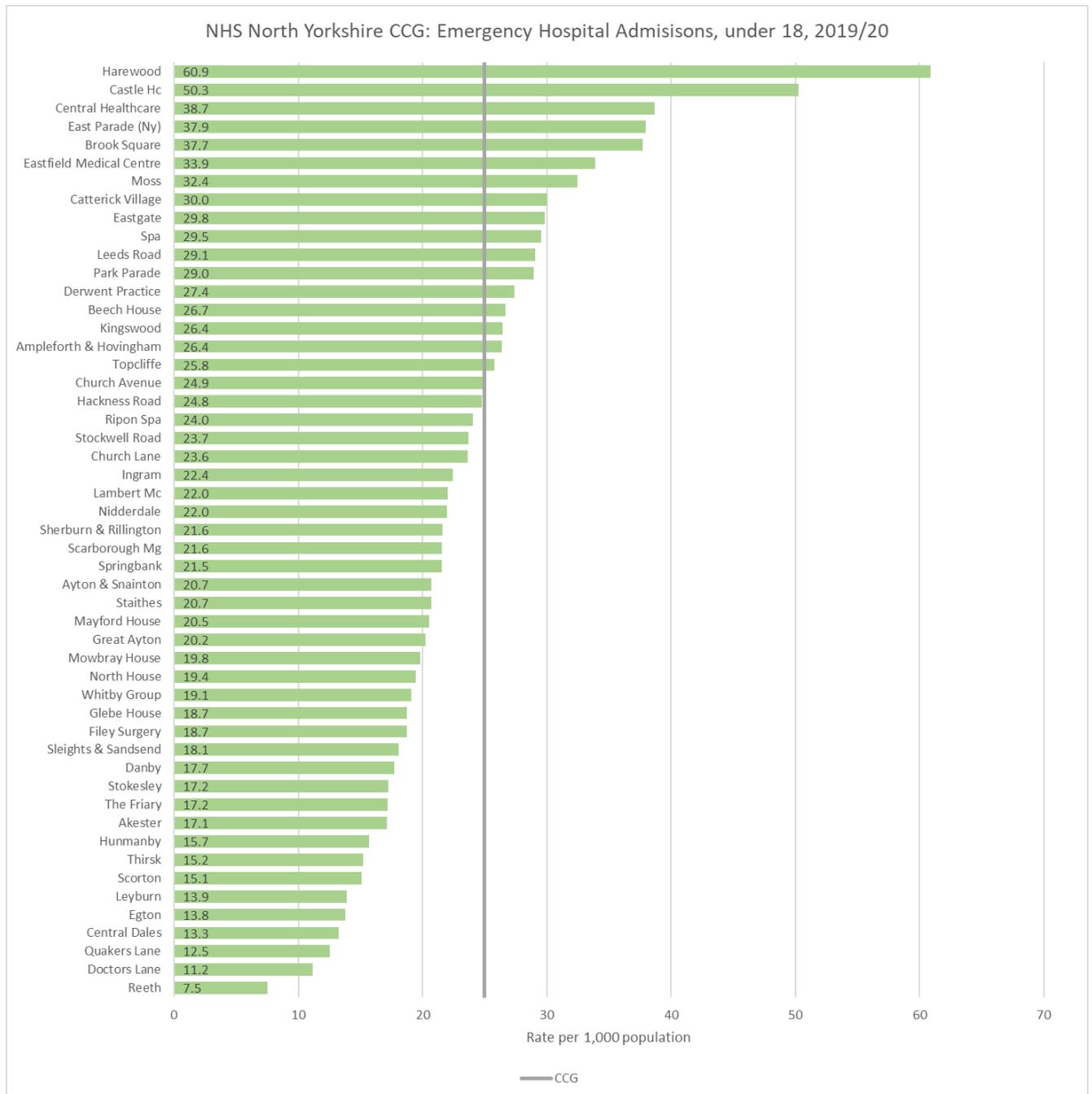


Source: Public Health England SHAPE atlas

For *chapter XXI: Factors influencing health status*, the leading reasons for admission are: supervision of normal pregnancy; liveborn infants according to place of birth; special screening for neoplasms; and follow-up examination after treatment for malignant neoplasm.

Under 18 hospital admissions

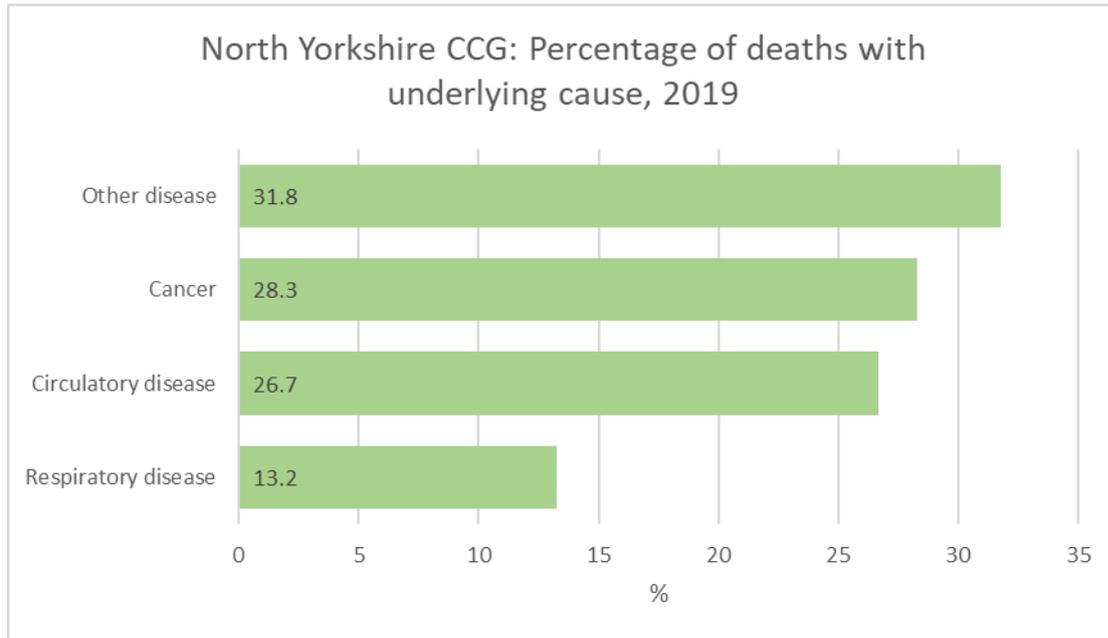
Seventeen practices in North Yorkshire CCG have higher rates of hospital admissions for under 18's than the CCG average.



Source: CCG data

Mortality

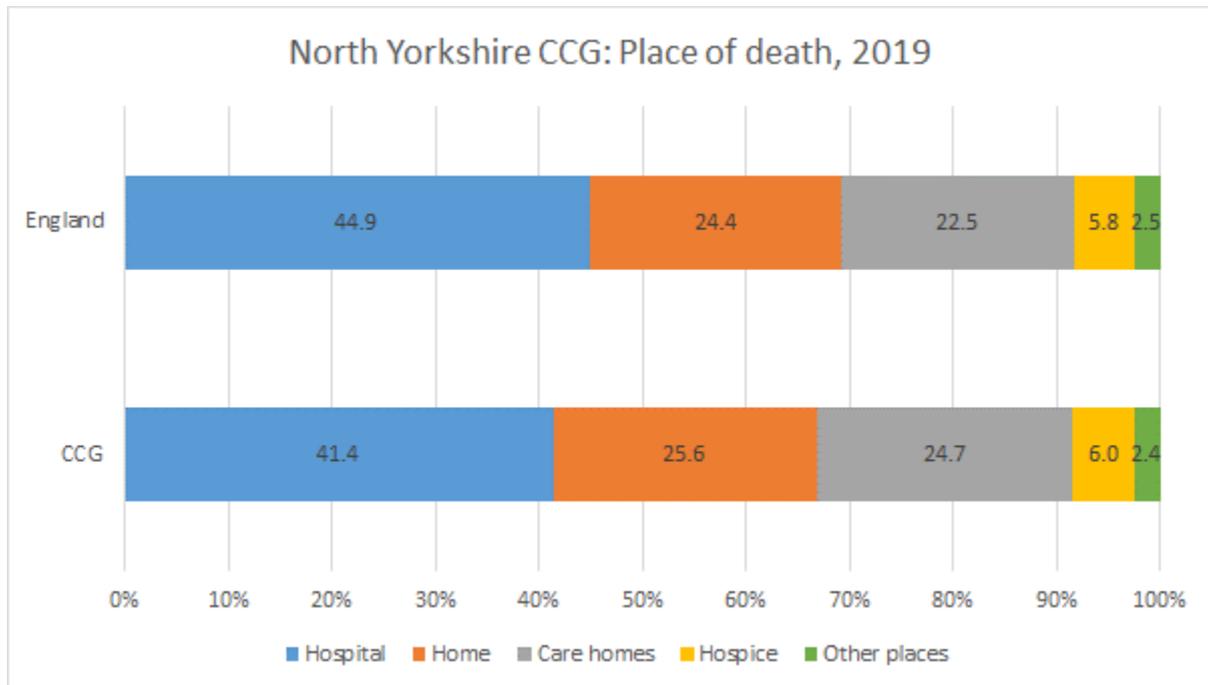
The chart below shows the percentage of deaths with underlying cause for cancer, respiratory disease and circulatory disease. Other disease followed by cancer is the highest cause of death for North Yorkshire CCG.



Source: Palliative and End of Life Care Profiles, PHE

Place of death

Within North Yorkshire CCG, 41.4% of deaths occurred in hospital, 25.6% at home, 24.7% in a care home, 6.0% in hospices and 2.4% elsewhere. Compared with England, North Yorkshire CCG has fewer people dying in hospital but more people dying in care homes and hospices.



Source: Palliative and End of Life Care Profiles, PHE

References

1. Public Health England. [Local Health](#)
2. Public Health England. [National General Practice Profiles](#)
3. [Data.gov.uk](#)
4. [SHAPE](#) (registration required)
5. ONS. [Clinical commissioning group population estimates](#)
6. ONS. [Population projections - clinical commissioning groups](#)

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