



Joint Strategic Needs Assessment York 2008

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1. Introduction

This Joint Strategic Needs Assessment has been produced to inform the planning, commissioning and development of services to improve health and wellbeing across the City of York area. It brings together what we know about health needs and presents findings from the data that is collected locally and nationally and from the key themes gathered from engagement with our community. The report is intended to be a relatively short summary with source documents and related strategies referenced to allow for more detailed discussion. Each section includes recommendations which are underpinned by evidence of what works, particularly guidance from the National Institute for Health and Clinical Excellence (NICE). In the interests of brevity for the main part of the report NICE guidance is cross referenced to Annex A using the guidance number.

Generally the health and well-being of residents of York is very good in relation to the rest of the country. There are, however, a number of aspects where more attention is required and these have been developed in the City of York Sustainable Community Strategy and its delivery arm, the Local Area Agreement. Each section includes recommendations for action and the final chapter sets out the relationship to commissioning and monitoring for North Yorkshire & York PCT, City of York Council and partners on the Healthy City Board.

This document will be updated regularly, expanding as new sources of data and community 'voice' are developed. If you would like to comment on this report or make suggestions for future versions then please e-mail york.jsna@nyypct.nhs.uk.

This Joint Strategic Needs Assessment is presented to City of York Council and North Yorkshire and York PCT by:

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General Note:

Much of the data used applies to the City of York Council area. Where data is given at primary care level it relates to the York Health Group of general practices which covers a larger population than the City of York Unitary Authority, due to registrations from outside the area and the inclusion of Easingwold and Tadcaster practices in the group. Although the boundaries within which partners work in York may be differently defined the key messages contained in this report are valid as they indicate overall trend and comparison to the national picture.

2. Demography

This section summarises what we know about the structure and size of the population who live in the City of York area and how we predict that this is likely to change in the future.

2a. Population Structure and future population projections¹

	ONS mid year estimate		Projected populations		
	2006		2010	2015	2020
All Ages	191800		195700	203100	210100
0-4	9300		9700	10300	10800
5-9	9300		9000	9600	10100
10-14	9900		9500	9100	9700
15-19	13300		12900	12200	11600
20-24	19900		19300	19100	18100
25-29	13900		15500	16500	16300
30-34	12300		12300	14800	15700
35-39	13800		12800	12300	14500
40-44	13600		13800	12800	12300
45-49	12300		13500	13700	12800
50-54	10900		11800	13500	13700
55-59	12100		10900	11600	13200
60-64	9600		11700	10500	11300
65-69	8400		8800	11200	10100
70-74	7500		7900	8300	10500
75-79	6500		6600	7100	7500
80-84	5000		5100	5400	5900
85+	4200		4700	5300	6000

Overall the population of York is expected to increase from a baseline in 2006 by 6% by 2015, rising to nearly 10% in 2020. Within that period there will be increases above 40% in the 70-74 years and 85+ years age-group. The increase in older people will have a significant impact on public services for this

age group and for carers within the community. The gender split follows the national pattern with roughly equal numbers under 60 years of age and larger numbers of females than males in older age groups.

Lower numbers of births in the period 2001 to 2003 will influence the population structure of the younger age group with a predicted readjustment seen as births increased once again in recent years². This will impact all services that relate to maternity and childbirth, child health and education. The expansion of the University of York is expected to increase the 15 to 29 age group with a planned increase in student numbers of around 5000 by 2015³.

Recommendation: Specific aspects are addressed in more detail in section 6, but the headline message is that more services will be required to support chronic and acute conditions in the future.

Recommendation: The Local Development Framework⁴ should ensure that health and social care services are included when considering the likely future housing and employment structure of the city.

2b. Changing Ethnic Mix

We know that people from different ethnic backgrounds have different risk profiles for disease and may also have problems accessing services. In the 2001 Census, 95% of the York population classified themselves as White British, 0.7% White Irish; 2.1% White Other; 0.8% Asian or Asian British; 0.2% Black or Black British; and 0.4% Chinese⁵. Compared to figures for England as a whole the proportion of non white-British residents was very small, with comparable levels only in 'white other' and, to some extent, Chinese (England proportion 0.8%).

ONS population estimates indicate that between 2001 and 2003 BME groups in York increased from 4.9% to 6.1%. The largest BME populations by ward estimated at that time were Heslington (28% non white British), Fishergate (9%) and Guildhall (8%)⁶. There is an obvious link to the University of York which will impact on the ethnic mix in Heslington ward. There are around 350 Gypsy and Traveller households in the city of York⁷.

In recent years there has been a further increase in the number of people who would not classify themselves as White British in the city of York area. In 2007/8 there were 1,720 national insurance registrations for non-UK nationals in York⁸.

Recommendation: Understanding the changing ethnic mix of the city and making sure that support, prevention and treatment services are available to all is an important priority for the future.

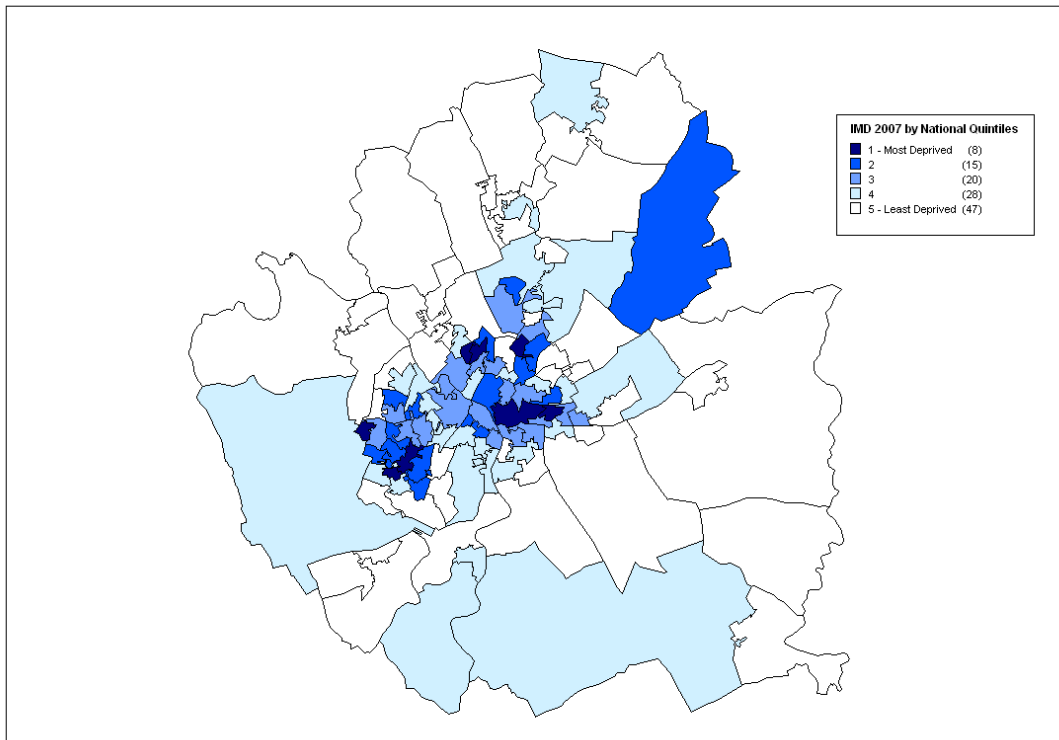
3. Social and Environmental Context

This section covers the possible ‘determinants’ of health – the factors in our lives that can impact on our lifestyle, on how healthy we are and on how we use health services. This includes where we live, whether we work, how much money we have and what our qualifications are.

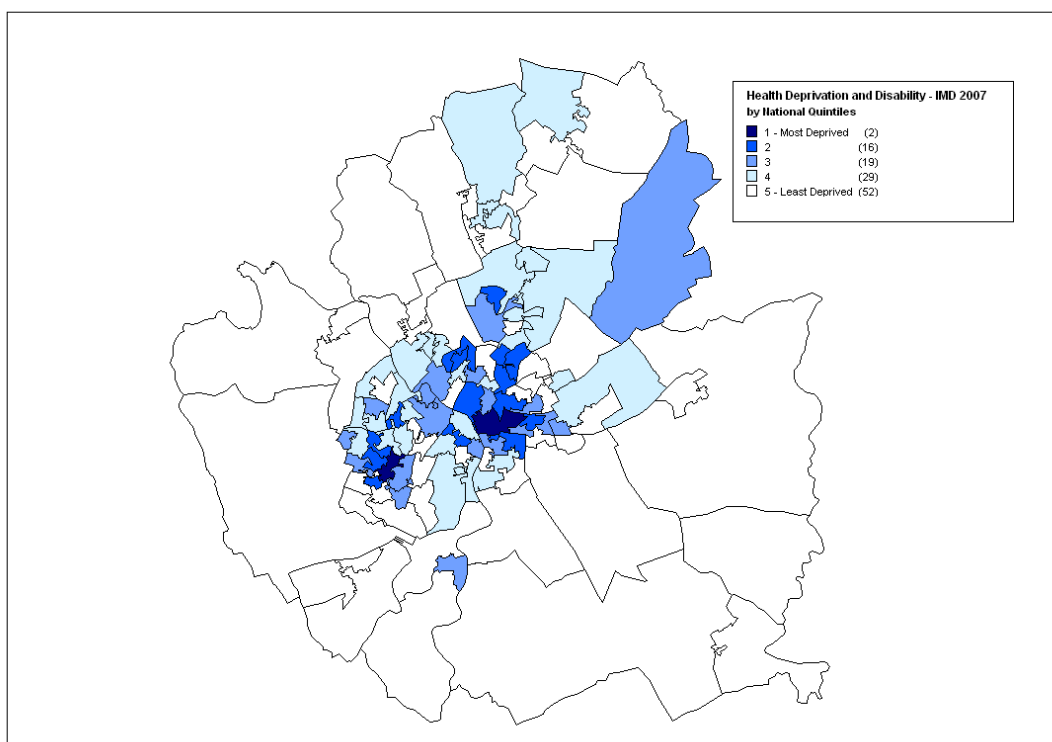
3a. Disadvantage

Overall York’s levels of deprivation are decreasing. In the 2007 Index of Multiple Deprivation (based on data from 2005) York was ranked 242 out of 354 local authorities where 1 is the most deprived. This compared to a position of 219 in the 2004 IMD score (based on data from 2001)⁹.

The number of deprived areas in York has also decreased. In the 2007 scores there were eight areas (called super output areas) in the most deprived 20% in the country. This compared to 11 in 2004. Of these, one area, in Westfield, has remained in the most deprived 10% in the country.



Within the overall IMD score there is a domain for health deprivation and disability and the number of areas in the most deprived fifth of the country has reduced from 3 to 2 (within Guildhall and Westfield wards). Sixty percent of the York population lives in areas that are in the best forty percent of this indicator nationally.



In 2005, 14.7% of children lived in poverty as defined as families receiving means-tested benefits which was significantly lower than the England average of 19.9%¹⁰. However there are still implications for those children in this situation and we know that they are particularly concentrated in Westfield, Acomb, Clifton, Guildhall and Tang Hall¹¹.

Across York 9.3% of children of primary school age and 7.8% of those at secondary school age were eligible for free school meals in 2008¹². The variation by school is marked and reflects what we know about relative levels of deprivation. In January 2008, the primary schools with more than a quarter of their pupils eligible for free school meals were:

Derwent Junior	42.4%
Burton Green Primary	31.7%
Clifton Green Primary	29.3%
Derwent Infant	28.9%
Tang Hall Primary	27.8%
St Lawrence's CE Primary	27.1%
Hob Moor Primary	25.2%

Recommendation: Ensure that all eligible students receive free school meals and support Healthy Schools schemes in these areas in particular.

Recommendation: Work with communities to target action in the areas of highest deprivation to improve overall health outcomes and reduce inequalities. Integrated Children's Centres will play a key role in this work. Supporting NICE Guidance (see Annex A): PH9

3b. Housing

Census figures from 2001 show that more York residents owned their own home than the national average and few lived in social rented accommodation. There were lower levels of overcrowding but higher levels of single residents who were above pensionable age. Overcrowding was particularly high in Heslington, Guildhall, Westfield, Micklegate, Clifton and Fishergate. York had a similar proportion of households without central heating which highlights a risk area for affordable warmth, particularly for older people, children and other vulnerable individuals⁵.

Households	York	England
Owned	73.2%	68.7%
Social rented	15.1%	19.3%
Private rented	10.0%	10.0%
Rent free	1.7%	2.0%
Overcrowded	5.1%	7.1%
One resident: Pensioner	15.2%	14.4%
Without central heating	8.3%	8.5%
Access to a car or van	72.7%	73.2%

Source: Census 2001

Fuel poverty is usually defined by an annual expenditure on fuel in excess of 10% of annual household income. The private sector house condition survey 2008 found that 5978 households in the city (8.2%) are in fuel poverty with higher rates in the private rented sector and higher rates in Westfield (21.2%), Fishergate (27.3%) and Guildhall (19.8%). Housing conditions are better than the national average for private housing but 13,702 remain non-decent (19.2%) with 33% of these being elderly households and 26.3% economically vulnerable households¹³.

In 2007/8 there were 278 successful homelessness preventions, almost three times the number in 2003/4. Correspondingly the number of homeless decisions taken as a result of a household presenting as homeless has fallen steadily from 656 in 2004/05 to 406 in 2007/08¹⁴.

Homelessness arising as a result of exclusion by parents is significantly above the England rate and have been for the past three years. The incidence of homelessness due to mortgage arrears has risen sharply to 11% of all homeless acceptances in 2007/08 up from 2% the previous year. In 2007/08 258 households were accepted as being homeless and in priority need. More than half were between 16 and 24 years of age. Almost 19% were young person households defined as 16-17 year olds or 18-20 year olds who were formerly in care. This was over twice the rate for England as a whole. Almost half of all households were lone parent single families and 20% were couples with dependent children, largely consistent with national rates¹⁴.

In 2007/8 there were 2 rough sleepers in York, well below the 1998 average of 12. Consultation with customers shows that a high proportion of people seeking resettlement have multiple needs including mental illness. These groups have difficulties maintaining tenancies, sustaining employment or social networks. There are around 50 people in the city who would meet these criteria and failed tenancies have been very low which is very positive¹⁴.

Recommendation: Target support for those who live in fuel poverty.

Recommendation: Continue to develop services to minimise the extent and impact of homelessness.

3c. Employment

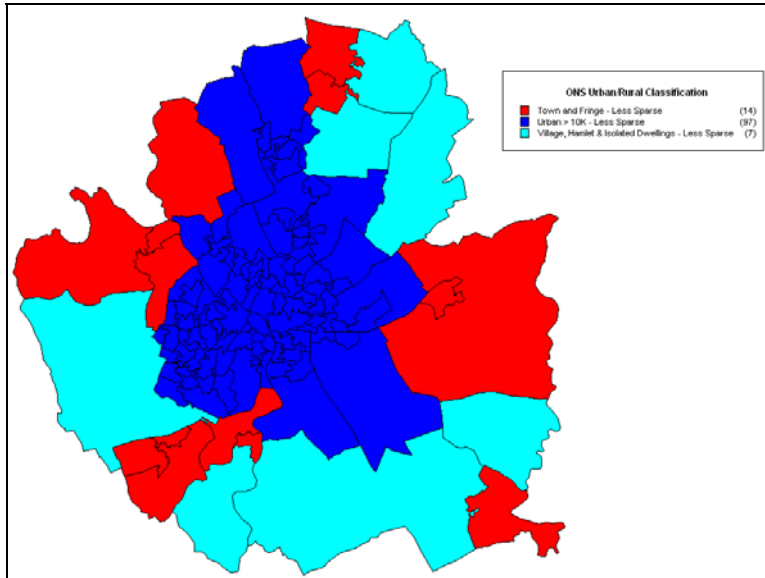
In 2006/07, 77.5% of York residents of working age were in employment, 3.1% above the national average¹⁵. Only 1.5% of the working age population were claiming job seekers allowance in July 2007¹⁵, about half the levels claiming ten years ago (2.9% in 1997).

Median weekly pay in York at £451 is currently higher than the regional average but slightly lower than the national figures. For those in the lowest income quartile, weekly pay in York in 2007 was £326 closely following the national picture¹⁵. Incapacity benefit for mental illness per 1000 working age adults was 18.9 in 2006 which was significantly lower than the national figure of 27.5¹⁰.

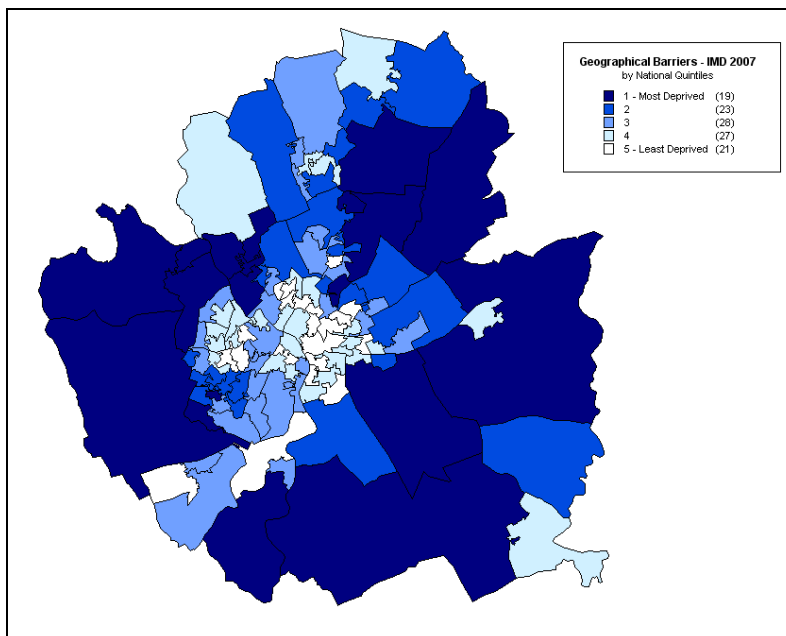
Recommendation: Identify opportunities to narrow the gap in weekly pay rates.

3d. Access to services

Of the 118 lower super output areas (LSOA) in York, 14 are classified by the Office of National Statistics as Town and Fringe – Less Sparse, 97 are classified as Urban > 10k – Less Sparse and 7 are classified as Village, Hamlet and Isolated Dwellings – Less Sparse⁹.



The Indices of Deprivation 2007 include a sub-domain calculating a level of access to services for each LSOA. Nineteen LSOAs are within the most deprived quintile in the country for this indicator, these being within the Bishopthorpe, Derwent, Dringhouses and Woodthorpe, Heslington, Heworth, Huntington and New Earswick, Rural West York, Skelton Rawcliffe and Clifton Without, Strensall, Westfield and Wheldrake wards⁹.



Recommendation: Take account of access issues due to relative rurality and other factors when planning services. Relate health and well being service plans to the Local Development Framework⁴ to ensure that transport links and infrastructure are maximised.

3e. Education

Education levels are strongly linked to health outcomes and are therefore a key priority in improve health and reducing inequalities in health.

67.5% of key stage 4 students achieved 5 or more A*-C grades at GCSE in 2007. This is significantly higher than the England average of 60% ¹⁰ and York was ranked 12th highest in England. At primary school, standards of achievement are consistently good at key stage 2 (tests for 11 year olds) and well above England averages¹⁶.

With regard to vulnerable groups, in 2007, there has been improvement across the key stages in the percentage of children with a special educational need achieving the expected level for their age. The number of children from ethnic minority backgrounds eligible to take tests is small, and results can fluctuate from one year to the next, however, ethnic minority pupils continue to achieve at all key stages in line with White British pupils. At key stage 4, 68.1% of BME pupils achieved 5+ A*-C grades compared to 67.6% of White British pupils.

Amongst the adult population, 9.1% of the working age population have no qualifications, which is lower than national comparators. Seventy-one percent have at least NVQ Level 2 qualifications (eg 5 GCSE A-C grades) and 34% have NVQ Level 4 qualifications and above (eg HND, Degree), both higher than national rates¹⁵.

Recommendation: Continue to support all children to achieve their educational potential.

Recommendation: Target action to identify and meet the training needs of those with low levels of qualifications.

4. Lifestyle and Risk Factors

In this section we look at what we know about the lifestyle of the people who live in the City of York area and the risk factors that could impact on their health.

4a. Smoking

Reducing levels of smoking in the population is a key lifestyle priority for York but unfortunately we don't have an accurate measure of prevalence that lets us know how successful services and legislation have been. Modelled from the Health Survey for England (2003-5) estimates suggest smoking prevalence in York is slightly higher than national rate (24.3% compared to 24.1%)¹⁰ but this information is of questionable value.

The number of people giving up smoking through the NHS Stop Smoking Service is currently under target, but increasing. In line with national guidance 5% of smokers were seen in 2007/08. There is a positive relationship between deprivation and quit attempts but loss to follow up is a problem with lower rates of those known to still be smoke free at 4 weeks in less well off communities¹⁷.

Deaths from smoking in the population over 35 are significantly lower than the England Average. In the period 2004-2006 the average rate was 209.5 per 100,000 compared to a national average of 225¹⁰.

Smoking in pregnancy rates have recently improved slightly from 18.9% in 2006/07 to 18.7% in 2007/08 although they remain above the average for North Yorkshire and York of 15.9%¹⁸.

In 2006/7 13.7% of those registered with a long term health condition (CHD, Stroke/TIA, Hypertension, Diabetes, COPD and Asthma) smoked, which is significantly lower than the national average but still an area for future action. Of these 94.8% of them had been given smoking cessation advice or referred to the stop smoking service, which is very positive¹⁹.

Recommendation: Support national programmes to gather accurate and timely smoking prevalence data.

Recommendation: Ensure that services are accessible to those who are most vulnerable, including pregnant smokers and those in routine and manual occupation groups.

Recommendation: Continue to focus on reducing smoking prevalence through enforcement of legislation, support for those who want to give up and appropriate communication of stop smoking messages²⁰.

Supporting NICE Guidance (see Annex A): PH1; PH10; PH5; PH14; CG62; PH6

4b. Eating habits

Although York compares well to national figures, there are real concerns about the levels of healthy eating in the city. The 2007 TellUs 2 survey found that 24% of years 6, 8 and 10 children reported that they ate the recommended level of five or more portions of fruit and vegetables per day²¹. Comparative data also indicates that there has been an increase of 3% in Year 7 and Year 8 pupils eating recommended levels of fruit and vegetables every, or most, days. Public consultation for the Children and Young People's Plan heard repeated messages of concern about poor diet²². Estimates suggest that only 30% of adults eat healthily which is compared to 26% nationally (modelled estimate from Health Survey for England 2003-5)¹⁰.

Breastfeeding is a key component of health eating for children. The proportion of mothers starting to breastfeed in 2006/07 was 69.7% slightly above national levels¹⁸. Approximately 64% of those initiating breastfeeding will continue to breastfeed to 6-8 weeks²³. In North Yorkshire and York this translates to an approximate 45% of mothers breastfeeding at 6-8 weeks.

Recommendation: Continue to work through midwives, health visitors, children's centres, family support workers, healthy schools programmes and adult education to improve healthy eating in children.

Recommendation: Support and promote healthy eating in adults, including the Altogether Better programme.

Supporting NICE Guidance (see Annex A): PH11; CG32; CG62; CG37; CG55; PH6

4c. Alcohol

Increasing alcohol consumption is a concern nationally, both for those who drink to get drunk and those who regularly drink more than recommended levels. Estimates suggest that binge drinking rates in York are high - 22.3% of adults compared to 18% nationally¹⁰.

The rate of alcohol related hospital stays per 100,000 population is 214 which is significantly better than the national average of 260 per 100,000¹⁰, however this rate has increased over the last few years and is predicted to rise even further.

The rate of alcohol-specific hospital admissions for under 18's is 54.26 per 100,000 population (2003/04 – 2005/06). York is ranked 177 out of 354 local authorities (with 1 being the best in England)²⁴.

Public consultation for the Children and Young People's plan heard consistent messages of concern about the damaging effect of alcohol misuse²³.

Recommendation: Implement the North Yorkshire & York Alcohol Harm Reduction Strategy²⁵ and monitor progress through the Local Area Agreement.

Supporting NICE Guidance (see Annex A): PH7; PH6

4d. Physical activity

Current figures show that York has comparatively high levels of physical activity with 24.8% of adults participating in at least 30 minutes moderate intensity sport and active recreation three times a week (21.0% England), but this means that there are still 75.2% of adults who do not take the recommended levels of activity²⁶. The 2007 City of York Residents Opinion Survey found that 44% of respondents were fairly or very satisfied with sports and leisure facilities, up from 41% the previous year. Eleven percent believed sport and leisure services were important in making somewhere a good place to live and 21% believed improvement was required. Sixty percent had used sport and leisure facilities in the last year²⁷. In the Festival of Ideas household questionnaire 63% of respondents wanted more leisure facilities to be built²⁸.

A recent survey of Over 50's in York indicated that only 31% wanted to see more physical activity targeted at older people²⁹. However older people generally say they want to see improved health and well being promoted for older people³⁰. This may suggest a challenge to link the two issues together and find ways to motivate people in this age group to undertake more activity.

Ninety percent of children aged 5-16 now access at least 2 hours of high quality PE and school sport, a 19% increase on the previous year³¹. 78% of schools now have Healthy Schools Standard making York the highest achieving Local Authority in region, with only six authorities with higher performance nationally³². At the 2008 primary school conference many more children said they would like to cycle to school (39%) than the proportion that actually did (14%)³³. Public consultation for the Children and Young People's Plan found a priority need for play and easy access to leisure facilities²².

Recommendation: Promote all types of physical activity with the aim of raising levels in all sectors of the community including those who are inactive. Monitor through the Local Area Agreement.

Supporting NICE Guidance (see Annex A): PH2; PH8; PH13; PH6

4e. Teenage Pregnancy

Pregnancy at an early age can have significant consequences for the mother and the child that may impact throughout their lifetime, particularly in relation to healthy lifestyle, education and employment opportunities. The 2006 teenage conception rate was 39.2 per 1,000 15-17 year old females with 48% leading to

termination³⁴. The rate is an overall increase of 15% since 1998. However, this is one of the lowest rates in the Yorkshire and Humberside region and is lower than the national average. The rate for under 16 year olds has remained consistently lower than the national average.

Recommendation: Implement the Teenage Pregnancy Strategy³⁵ and monitor progress through the Local Area Agreement.

Supporting NICE Guidance (see Annex A): PH3

4f. High Blood Pressure

The proportion of people known to have high blood pressure (hypertension) in 2006/7 was 12.1% of the registered population. This was significantly lower than the national average. Another 12.5% are expected to be undiagnosed. Of those who are identified as hypertensive 78% currently have their blood pressure within recommended levels¹⁹.

Recommendation: Continue to seek opportunities to identify people with high blood pressure, to reduce the proportion undiagnosed within the community.

Supporting NICE Guidance (see Annex A): CG34

4g. Obesity

Obesity levels are rising nationally and represent one of the biggest threats to future health for our population. 9.4% of people aged 16+ registered with a GP are classified as obese¹⁹ which is significantly higher than national average. However, given that this proportion is lower than expected levels it is likely that GPs in York are recording more people, not necessarily that there are higher levels of obesity. Modelled estimates suggest that 22.2% of adults are obese compared to 23.6% nationally¹⁰.

In the York UA area 8.4% of reception children are at risk of obesity and 15.6% of Year 6 are at similar risk³⁶. These figures compare well to national figures of 9.9% and 17.5% respectively, but are nevertheless a cause for serious concern, particularly for the 1 in 6 eleven year olds affected.

Recommendation: Prioritise and implement the Healthy Weight, Active Lives strategy³⁷ at a local level for York.

Recommendation: Monitor rates of children at risk of obesity in the Local Area Agreement and seek opportunities to monitor and actively address adult obesity levels in the city.

Supporting NICE Guidance (see Annex A): CG43 plus guidance in 4b and 4d.

4h Immunisation

In 2006/7 the coverage of the primary DtaP/IPV/Hib vaccine in York practices was 94%, 95% and 96% for 1, 2 and 5 year olds respectively. MRR coverage for 2 year olds was 90%, an increase from 87% on 2005/6, but still below the recommended levels required to protect the whole community³⁸. In 2006/7 97% of eligible Looked After Children were up to date with their immunisations²².

Flu vaccination rates in people aged 65 or over for 2007/08 were 78% in York which compared well to the PCT average of 76% and the England rate of 74%³⁸.

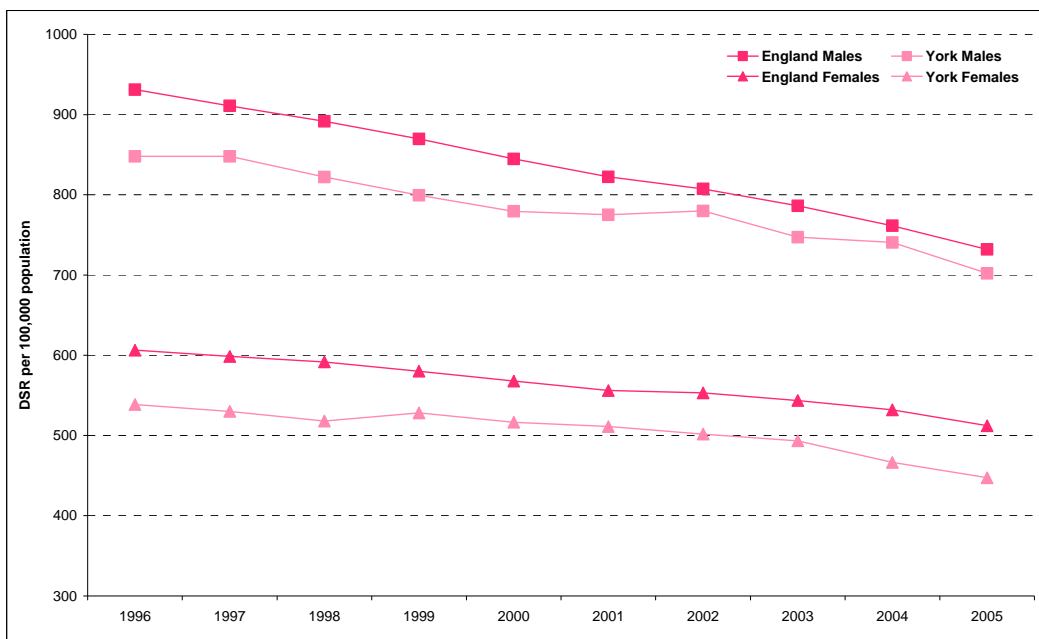
Recommendation: Continue to improve MRR vaccination rates to reach 95% in order to provide 'herd immunity' to protect those who cannot be vaccinated for medical reasons.

5. Burden of ill-health and disability

This section covers what we know about the impact of ill-health and disability on the people who live in the City of York area. In some cases the impact is measured by death rates (mortality) and for others it is measured by admissions to hospital or the number of people living with a condition (prevalence).

5a. Mortality

All age, all cause mortality (3 year rolling averages)⁵



Age standardised rates of all age all cause mortality are consistently below the England rate for men and for women. When comparing the average rate to the all age all cause mortality rate for the most deprived quintile in the York area the latter was 30% higher in 2006. In the period 2003-05 40.6% of the deaths in York were caused by circulatory diseases, 26.0% were due to cancer and 12.9% were caused by respiratory diseases³⁹.

In the period 2004-6 the age standardised death rate for causes considered amenable to healthcare was 100 per 100,000 which was significantly lower than the regional and national rates⁵.

Recommendation: Target action and monitor progress against all age all cause mortality as a measure of overall health outcome through the Local Area Agreement, with a local indicator to compare the rate in the most deprived quintile.

5b. Life expectancy

Life expectancy at birth (2004-2006) for York females was 83.1 years and for York men 77.9 years. These are higher than the England figures of 81.6 and 77.3 respectively¹⁰. However there is significantly lower life expectancy in most deprived quintile of the city compared to the least deprived¹⁰.

Healthy life expectancy at the age of 65 has been calculated. Between 2004-2006 females in York aged 65 could expect to live for another 15.2 years in good or fairly good self-perceived health and males aged 65 could expect to live another 13.0 years, both above the national averages of 14.5 and 12.5 respectively⁵.

Recommendation: Target preventative activity such as vascular checks, community health educators and health trainer courses in the most deprived communities to reduce the relative gap in life expectancy.

Recommendation: Prioritise preventative action particularly in relation to obesity, alcohol and tobacco harm reduction to ensure that life expectancy continues to increase.

5c. Infant mortality

Infant mortality is not significantly different from the England average (2004-2006). In 2006 there were 10 deaths of infants under 1 year of age giving a rate of 5 per 1000 which equalled the national rate⁵. The numbers are very small so variations can cause large but not significant fluctuations. Low birthweight rates are lower than England average (7.2% compared to 7.9% in 2006)⁵.

Recommendation: Continue to work to reduce the risk factors of low birthweight and infant mortality including smoking in pregnancy.

Supporting NICE Guidance (see Annex A): CG62; PH11; CG37; PH14; PH3; PH10

5d. Admissions to Hospital

Analysis of hospital admission data can be useful in understanding how many people have required a planned procedure or emergency treatment. Detailed analysis has been carried out by the York Health Group, (practice based commissioning group) to inform commissioning at a patient group level. The following are summaries of the 'top 5' causes of hospital admissions which give an indication of the variety of health needs within the population. This information should be used only cautiously as it is likely to be influenced by the way that procedures are coded within hospitals.

Elective

In 2003-2007 the top 5 causes of elective (planned) hospital admissions for patients registered within the York Health Group of practices were, by primary diagnosis⁴⁰:

1	M54	Dorsalgia (Back Pain)
2	H26	'other' Cataract
3	R31	Unspecified haematuria
4	D50	Iron deficiency anaemia
5	Z08	Follow-up examination after treatment for malignant neoplasm (cancer)

Non-Elective

In 2003-2007 the top 5 causes of non-elective (unplanned or emergency) hospital admissions were, by diagnosis⁴⁰:

1	R07	Pain in throat and chest
2	R10	Abdominal and pelvic pain
3	J44	'Other' Chronic obstructive pulmonary disease
4	R55	Syncope and collapse
5	J22	Unspecified acute lower respiratory infection

Recommendation: Ensure that care pathways are in place to maximise the outcomes for patients with these conditions.

Supporting NICE Guidance (see Annex A): Care pathway specific

5e. Diabetes

3.9% of the registered population are known to have diabetes, which is significantly lower than the national average¹⁹. A further 0.1% are thought to be undiagnosed⁴¹ (QOF and APHO model 2006/7). Of those known to be diabetic 64.4% have their HbA1c within recommended levels and 76.5% have their blood pressure within recommend levels¹⁹. North Yorkshire & York PCT has the tenth lowest percentage of deaths attributable to diabetes between 20 and 79 years in the country, with a rate of 10.4% compared to the England average of 11.6%⁴².

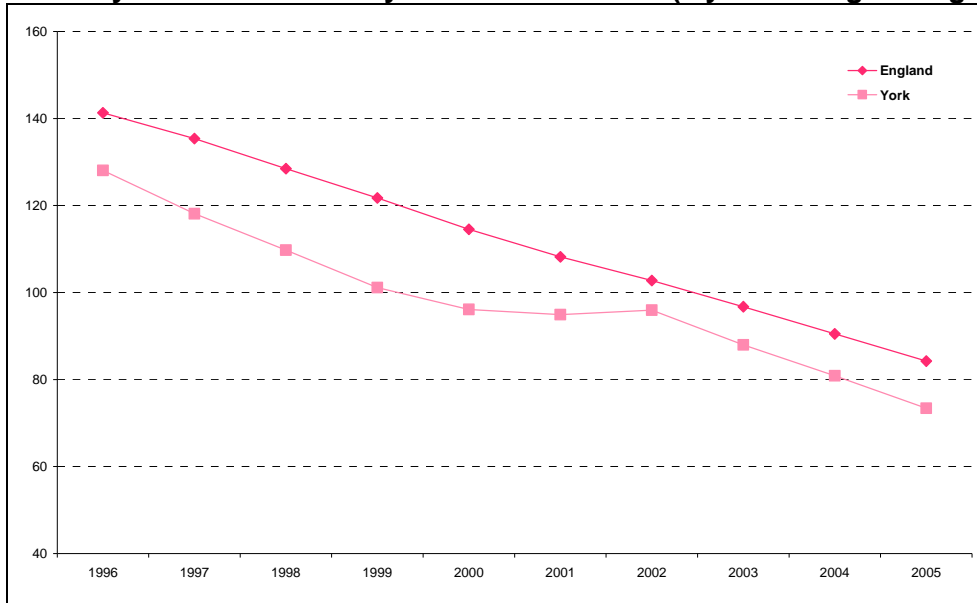
The Healthcare Commission satisfaction survey of diabetes service users gave an overall rating of satisfactory, a service rating of good and high scores for access to care and involvement in decision making⁴³.

Recommendation: Continue to provide services that identify people with diabetes and support them to manage their care.

Supporting NICE Guidance (see Annex A): CG66; CG63; CG15; CG10

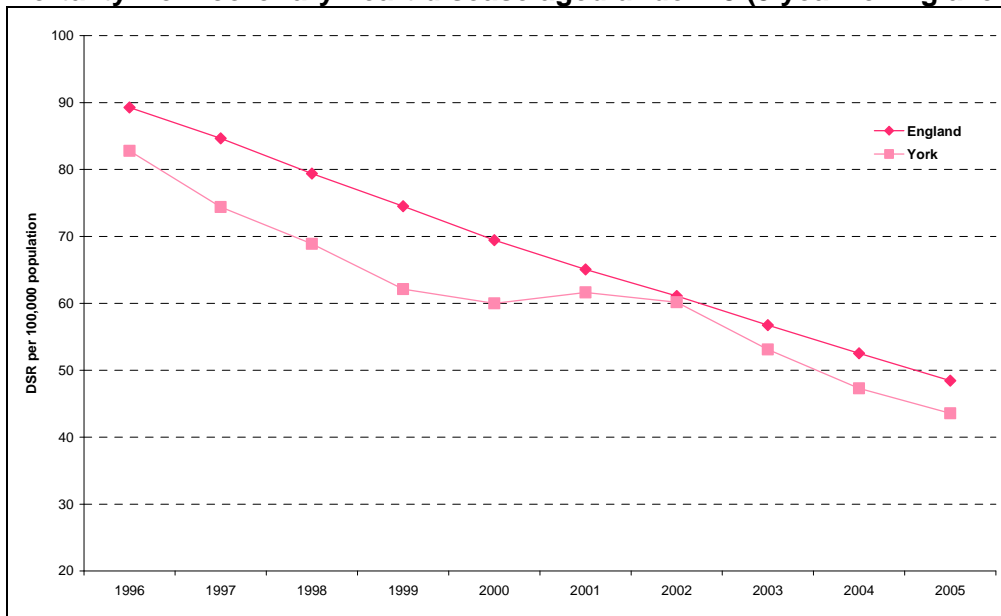
5f. Circulatory Diseases

Mortality from all circulatory diseases under 75 (3 year rolling averages)⁵



Age standardised rates of mortality for under 75 year olds from all circulatory diseases are below the national rate for England. This may reflect the high uptake of secondary prevention in this area. Of those on the CHD register within general practices, 82.7% had cholesterol levels within recommended levels and 88.2% had blood pressure under recommended limits¹⁹.

Mortality from coronary heart disease aged under 75 (3 year rolling averages)⁵



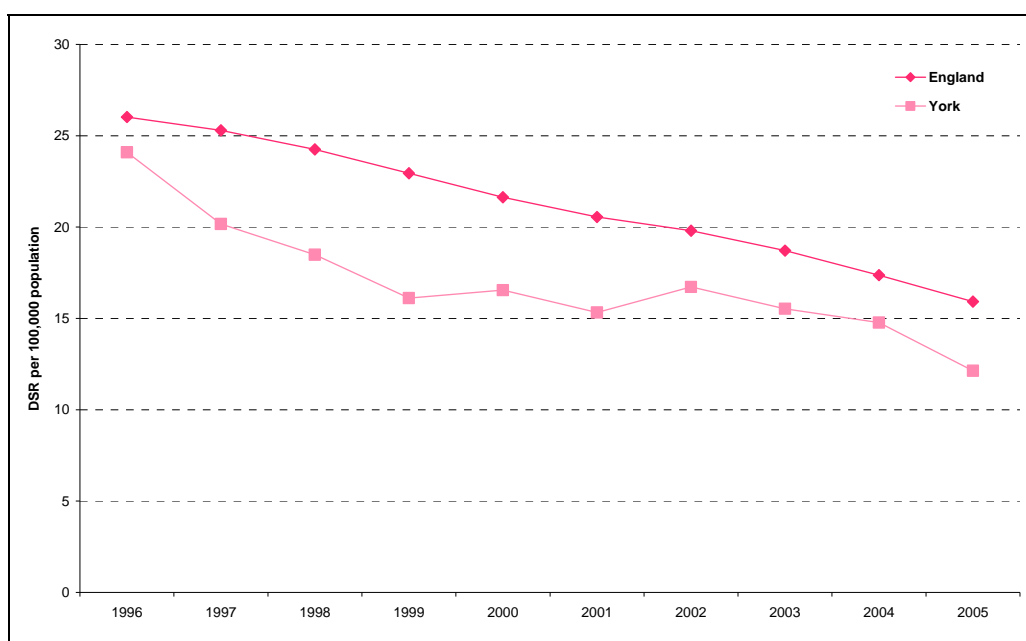
Age standardised rates of mortality for under 75 year olds from coronary heart disease are below the England rate. The percentage of people known to have CHD in 2006/7 was 3.7%, which is significantly higher than the national

average¹⁹. Models suggest that another 0.8% remain undiagnosed⁴¹ and the PCT will be involved in the development of the identification and management of patients at high risk of cardiovascular disease.

In the period from 2004/5 to 2006/7 age standardised urgent admission rates for CHD in York were 249 per 100,000 which was higher than the overall PCT average. For planned admissions the rate was 148 per 100,000 which was lower than the PCT average. For revascularisation procedures the rate was 110 per 100,000 which was higher than the PCT average⁴⁰. Comparison of revascularisation rates in 2005/06 found rates in York were similar to those in Hull and Leeds⁴⁴.

0.7% of the population were known to have heart failure in 2006/7 and 88% those eligible were treated with an ACE inhibitor¹⁹. This is lower than expected but the PCT and York Health Group have been involved in joint working to develop a new pathway for the diagnosis and management of patients with heart failure to improve the identification of these patients.

Mortality from stroke aged under 75 (3 year rolling averages)⁵



Age standardised rates of early death due to stroke are below the England rate. Between 1995-7 and 2002-4 the reduction in CHD and stroke (circulatory disease) death rates under 75 was 31%. Emergency admissions for stroke in York were lower than regional and national averages in 2006/07 (80 per 100,000 compared to 97 and 99)⁴⁴.

Recommendation: Continue to identify and treat people with cardiovascular disease to reduce the rate of premature death.

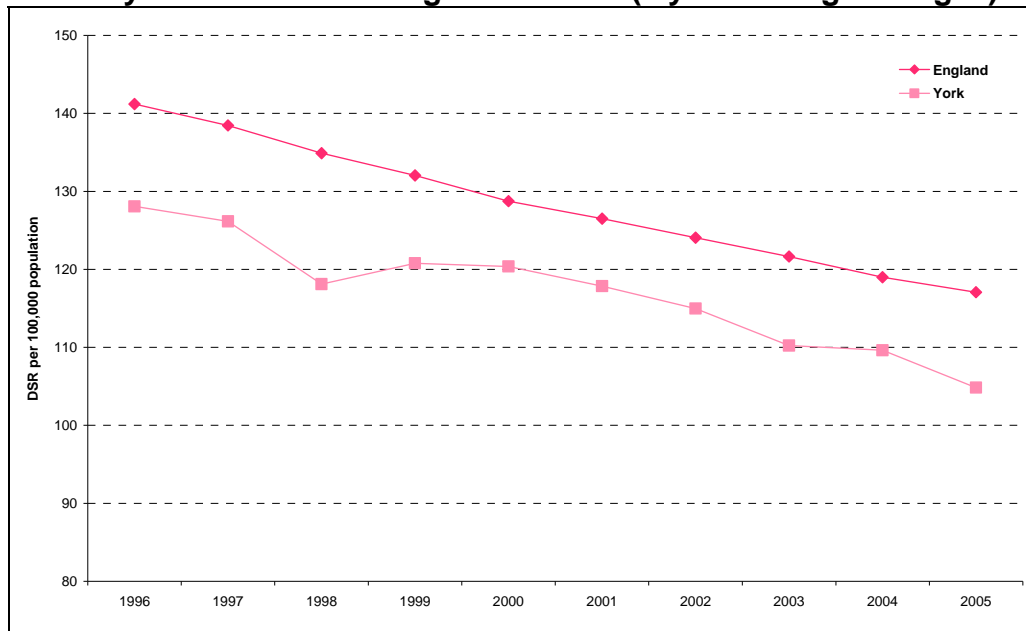
Recommendation: Identify those at risk of circulatory disease through the targeted implementation of vascular checks, ensuring that services are available to support lifestyle change as required and improve the primary prevention of cardiovascular disease.

Recommendation: Improve the identification and management of patients with heart failure.

Supporting NICE Guidance (See Annex A): CG5; CG67; CG48; CG36; CG68

5g. Cancer

Mortality from all cancers aged under 75 (3 year rolling averages)⁵



The age standardised rate for early death due to cancer was 105 per 100,000, significantly lower than the national rate of 117. Between 1995-7 and 2002-4 the reduction in cancer death rates under 75 was 13.9%.

Data is collected on the number of people who are identified as having a form of cancer in a period of time (incidence) and the number who die (mortality). Early identification of cancer is an important part of successful treatment. In the period 2002-2004 the incidence of all cancers, colorectal, prostate and skin cancer were all significantly higher than the national average, which may reflect earlier identification due to public awareness. The incidence of breast and lung cancers were not significantly different from the national rates. Positively the mortality rates for each of those cancers for the period 2004-2006 were not significantly different from the national rate⁵.

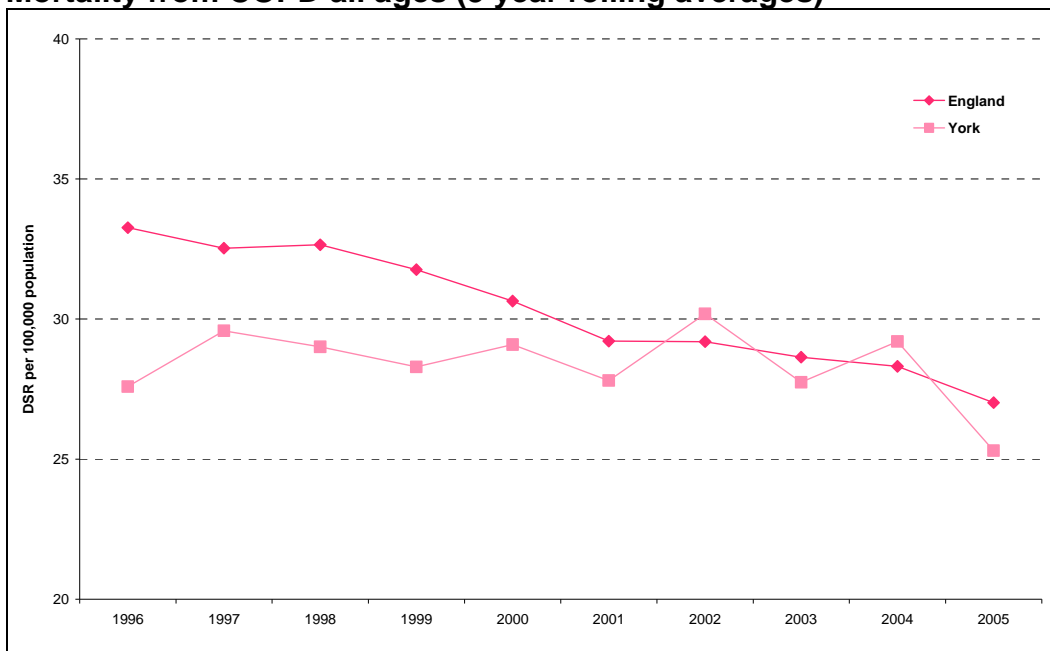
Recommendation: Continue to identify and treat patients with cancer using established successful mechanisms.

Supporting NICE Guidance (See Annex A): CSG Section; CG27; CG41; CG24; CG58

5h. Respiratory Disease

Mortality rates for chronic obstructive pulmonary disease (COPD) are variable, in part due to relative small numbers. Currently rates are below national levels but it cannot be assumed that they will remain so. In 2006/07 1.3% of the population were known to have COPD, which was not significantly different to the national average¹⁹. In the York area age standardised admissions due to COPD were at the highest within the PCT for the period 2004/5 to 2006/7 (128 per 100,000)⁴⁰.

Mortality from COPD all ages (3 year rolling averages)⁵



The rate of new cases of tuberculosis (TB) are significantly below the national average with only 3 per 100,000 population per year in the period 2004-2006 compared to 15¹⁰. Emergency admissions due to asthma in 2006/07 were lower than regional and national rates (129 per 100,000 compared to 155 and 142)⁴⁴.

Recommendation: Target work to reduce COPD admissions to hospital, supporting people to manage their care at home wherever possible.

Recommendation: Continue to monitor COPD death rates and investigate fluctuating trend.

Supporting NICE Guidance (See Annex A): CG12; CG33

5i. Dental Health

The average number of decayed, extracted or filled teeth in children aged 5 was 1.3 teeth in 2005-6. This was significantly lower than the national average of 1.5 teeth¹⁰. Forty eight percent of adults and 68% of children in North Yorkshire & York PCT were seen by NHS Dentists in the 24 months up to December 2007. This was slightly lower than the national figures of 49% and 70% respectively⁴⁵. Access to NHS dentistry is a consistent theme of PALs enquiries to the PCT, MP letters on behalf of constituents and scrutiny committee agendas. In the 2007 public satisfaction survey satisfaction with NHS dental services was comparable to the rest of Yorkshire and the Humber but the selection of available NHS dentists was perceived more poorly⁴⁶.

Recommendation: Further improve access to NHS dentistry, particularly for groups who are at risk of disadvantage.

Recommendation: Develop and implement an Oral Health Strategy to ensure people are supported in improving and maintaining their oral health.

Supporting NICE Guidance (See Annex A): CG19

5j. Trauma

Trauma information tells us about the impact of accidents on the population of York. This section highlights a small number of key indicators. As a measure of preventable falls, hip fracture rates were slightly but not significantly higher than the England average in 2006/7 with age standardised emergency admissions at 491 per 100,000 compared to 480¹⁰. Road injuries and deaths were significantly higher than the national average (67.5 per 100,000 compared to 56 per 100,000) in the period 2004-2006¹⁰, but recent indications suggest that this has reduced.

The children and young people's plan consultation highlighted concerns around dangers from traffic²². Seven children were killed or seriously injured in road accidents in 2006, a figure which rose to 12 in 2006⁴⁷. This remains below the average of 14 a year in the period 1994-8. Current un-validated data for 2007 suggests that this has decreased again. In 2005/6 child hospital admissions due to all types of accidents went up; in 2006/7 the rate fell for 0-4 year olds but increased slightly for 0-19 year olds⁴⁰.

Positively, in the 2007 Public Satisfaction Survey ambulance services in North Yorkshire & York had high satisfaction rates (83%)⁴⁶.

Recommendation: Continue to work to reduce road traffic accidents to maintain recent improvements in the number of casualties.

Recommendation: Implement programmes to prevent falls, particularly in older people.

Supporting NICE Guidance (see Annex A): CG21; CG56

5k. Musculo-skeletal .

The numbers of joint replacements undertaken can give us an indication of the impact of arthritis on the population. In the period 2005/6 to 2007/8 there were an average of 209 hip replacements and 220 knee replacements each year for York residents⁴⁰.

Recommendation: Continue to develop care pathways for Hip and Lower Limb conditions.

Supporting NICE Guidance (see Annex A): CG59

6. Client Groups

This section looks at health need as defined by the use of services by particular groups of clients.

6a. Physical disability, frailty and sensory impairment.

In the 2001 Census 28,085 people (16%) in the City of York area said that they had a limiting long-term illness. This compared to a figure for England and Wales of 17.6%. A breakdown of these figures by age group shows that rates of limiting long-term illness are particularly low in men and women under 65, when compared to national figures⁵.

Only a proportion of people who consider themselves to have a long term limiting illness receive support from social services during any one year. Most who do will be older people. In 2006/07 5,450 adult clients with physical disability, frailty or sensory impairment received social services, 4,840 of whom were supported in the community. Eighty four percent of clients were above 65 years old⁴⁸. We can expect the population over 65 to grow by 31% over the next 15 years – an additional 9540 people. Based on the pattern of current social care service delivery it is possible to project the level of services that may be required for this growing population. This would mean that by 2020 an additional 1300 people will need services due to physical disabilities, 300 of whom will need supported residential and nursing care⁴⁹.

Consultation with older people shows however that the current model is unlikely to meet their aspirations. There is a wish to see a wider choice of housing options, including more support to adapt properties, more use of technology to help manage risks, and more practical support to manage at home. There is a clear concern that in general advice, information and support needs to be available through one point of contact²⁹.

At 31 March 2007 there were 1,140 people registered as deaf or hard of hearing. 895 were registered as hard of hearing with 115 in the 18-64 year old age band, 130 65-74 and 650 over 75. In the year ending 31 March 2006 25 people were newly registered as blind or partially sighted⁴⁸.

Younger age adults with a physical or sensory impairment have also identified that support should be available at an earlier stage and asked for more integration between services and better information. They also want to see better access to skilled communicators for those with sensory impairments, more support to enable people to work and better access to community facilities⁵⁰. In the 2007 resident opinion survey 34% of respondents expressed dissatisfaction with facilities for disabled people²⁷.

Recommendation: Use the modelling and consultation response to inform the development of Older People's Social and Health Services for the future.

Recommendation: Implement the local strategy for physical and sensory impairment.

Supporting NICE Guidance (See Annex A) : Care Pathway specific

6b. Learning disability

There are over 550 adults with a learning disability known to care management and health services within the City of York Council geographical boundary. This is consistent with the national population data figures of incidence. Within that figure, York has a higher percentage of people with profound and multiple disability than other comparable areas. This is attributable to a previous long stay hospital in the area being closed and people moving into the York area. Within that population over 60% live in tenancies/residential accommodation, whilst the rest are living with families⁵¹.

Emerging trends show that there are three groups of customers who will require additional support from the service. The first is transitions customers (children moving into adulthood) who are expected to rise by 70% by 2010. This will encompass a 55% increase in customers with complex support needs. This will introduce a further 50 individuals into the service by 2010.

The second is a group of people who are developing dementia. Trends show an increase of at least 0.06 per year who will need the development of new service outcomes. The third are a group of customers who are being discharged from NHS in-patient care. Within the local area, there has been a programme of campus closure, and at its completion, this will introduce 38 individuals with complex needs into the locality.

Recommendation: In order to achieve the service vision of treating people with a learning disability as real citizens, manage their health through mainstream services where possible, with specialist services being the last resort for those whose needs cannot be met alternatively.

6c. Mental Health

Assessing the needs of people with, or at risk of, mental health problems can be difficult due to the wide spectrum of disorders and the likely levels of individuals within the community who are not in contact with care services. This is an area that we will seek to develop further in the update process for the joint strategic needs assessment.

In 2006/7 0.7% of the population were registered in general practice as having a mental health diagnosis¹⁹, but research suggests that 1 in 4 adults experience a mental health problem in any one year⁵². In 2006/07 810 people with mental

health conditions received services from City of York Council (440 aged 18-64 and 375 aged over 65). Five hundred and ninety received services in the community⁴⁹. A very crude measure of mental health is suicide rates, which in York are lower, but not significantly so, than national rates⁵.

A recent analysis by statutory and voluntary sector partners with user representation identified that further local work was required on social inclusion, mental health promotion, community development workers, psychological therapies, dual diagnosis and crisis resolution⁵³.

Around 0.4% of the population were diagnosed as having dementia in 2006/07¹⁹. Based on an MRC study⁵⁴, we might expect that prevalence of dementia in York would be 1.3% (i.e. 0.9% undiagnosed). It is estimated that Dementia will affect an additional 700 people in York within the next 15 years and that if current service provision continues at same level will mean additional 105 people could require services. However it is notable that only approximately 14% of those people who might be expected to experience dementia, based on prevalence figures are known to social care within the current service model⁵⁰.

It is estimated however that 40% of care home residents are depressed, and that 50% of older people who are hospital inpatients are estimated to have, or develop, a mental health problem during their admission⁵⁵.

Consultation with older people, and with patients and carers who have been diagnosed with a memory problem indicates here is a clear concern that early support to those diagnosed with memory problems and dementia is not widely available²⁹. York Overview and Scrutiny Committee is currently reviewing Dementia as a recognised priority area for the future.

Consultation on the Children and Young People's Plan identified a continued increase in pressure on child and adolescent mental health services. Professionals emphasised the potential impact of family breakdown on emotional health of young people and the importance of drop in facilities in schools and community settings. Particular focus was given to the needs of those with attention deficit disorders²².

Recommendation: Prioritise local action to implement the Mental Health Strategy for Adults in York and commission appropriate services.

Recommendation: Continue to develop mental health services for children and young people and for older people within the context of services for those client groups.

Supporting NICE Guidance (See Annex A): CG45; CG22; CG38; CG42; CG28; CG9; CG31; CG26; CG1; CG16; PH12

6d. Substance misuse

There are comparatively high levels of drug misuse in the area with 12.1 per 1000 population aged 15-64, significantly higher than the 9.9 nationally during 2005-6¹⁰. It is believed that this may reflect the relatively high levels of service provision within the city. The proportion of drug misusers retained in treatment for at least 12 weeks is currently close to target⁵⁶.

Recommendation: Continue to prioritise prevention and treatment of drug misuse as an area for joint planning and commissioning.

Supporting NICE Guidance (See Annex A): PH4; CG51; CG52

6e Supporting people to live at home

The ratio of older people aged 65 or over admitted on a permanent basis to residential or nursing care during 2006/07 was 59 per 10,000, lower than that England rate of 80 and placing York in the lowest quartile for unitary authorities. Older people helped to live at home per 1,000 population aged 65 or over was 87 in 2006/07, above the national average of 80 and equal to the unitary average⁴⁸.

Adults with physical disabilities helped to live at home per 1,000 population aged 18-64 was 4.6 in 2006/07, close to the national value of 4.5 but below the average for unitary authorities. Adults with learning disabilities helped to live at home per 1,000 population aged 18-64 was 2.2 in 2006/07, slightly below the national and unitary average values of 2.9. Adults with mental health problems helped to live at home per 1,000 population aged 18-64 was 2.2 in 2006/07, below the national value of 4.3 and unitary average of 3.8. In 2006/07 57% of clients were assessed by social services within two weeks of referral, slightly lower than the England rate of 60%.⁴⁸

Recommendation: Continue to develop services to support people to live at home wherever possible. Monitor independent living through the Local Area Agreement.

6f. Carers

Within the City there were 1180 carers of all ages identified in 2006/07⁴⁸, who carried out substantial and regular care but we know from census that there were over 3000 people who identified themselves as providing 50+ hours of care a week⁵. Of the carers identified 910, were assessed or reviewed and as a result 590 received services including information and advice⁴⁸.

Consultation with carers has highlighted a need for easier access to information, more co-ordination between services and more support on practical

matters and in an emergency and more specialist advice. The consultation for the Children and Young People's plan highlighted the particular needs of young carers²².

Recommendation: Provide information and services that support carers across the city. Monitor CYC supported carers through the Local Area Agreement.

6g. Sexual Health Services

Currently sexual health services offer 48 hour access for 100% of clients and 84% are seen within that time period¹⁸. In 2007 15% of teenagers attending family planning clinics used long acting reversible contraception⁵⁷. Known levels of chlamydia in under 25s has increased since the introduction of chlamydia screening with 3573 cases identified and treated by the YorScreen service in 2006/7⁵⁸.

In North Yorkshire & York PCT area there were 1,845 abortions in 2007, 1016 of which were in the under 25 year old age group. In women under 19 years old 6.7% were repeat abortions⁵⁹.

During the Children & Young People's Plan consultation professionals emphasised the importance of sex and relationships education²². Qualitative research with young women in 2008 demonstrated that knowledge about access to contraceptive services and the value of long acting reversible contraception is variable and could be improved⁶⁰.

Recommendation: Support schools and parents in providing clear advice on sex and relationships to minimise the risk of sexually transmitted infections and unplanned pregnancies.

Recommendation: Promote the uptake of Long Acting Reversible Contraception, including after abortion.

Supporting NICE Guidance (See Annex A): CG30; PH3

6h. General Public views on services

Wherever patient or public views have been found to relate to specific issues or services we have included them in the relevant section of this report. However there are a number of more general themes that are presented below.

Public satisfaction with the NHS in North Yorkshire & York is very high with overall rates above the regional average in 2007 (77% compared to 75%). Ambulance Services and GP services were the most highly rated services, but all other services achieve reasonable high satisfaction scores. A higher than average number of respondents in the 2007 survey believed that North

Yorkshire & York PCT was providing good personal care, meeting National Standards for NHS services and delivered the same level of care regardless of social class or ethnicity. There is a positive perception of communication with users of healthcare services, expressed through high scores for quality of care, dignity and respect and responsiveness. However there were also negative views on waiting times and choice of care⁴⁵.

The GP access survey 2007 had higher access rates than the regional and national average. 94% of respondents were satisfied with their telephone access to their surgery, 91% obtained access within 48 hours and 88% were satisfied with their surgery's opening hours⁶¹.

The Patient Opinion Ratings for York Hospital Foundation Trust in 2007 gave an overall score of 4 stars (out of 5) with excellent ratings (5 out of 5) for standard of medical care, information and decision sharing. Patient issues or concerns generally related to access⁶².

The Acute Hospital Inpatient Surveys for 2005 and 2006 give scores for York Hospital Foundation Trust that exceed national scores for access, care, information and relationships. In environment the scores were the same as national figures for 2005 and a slight improvement in 2006⁶³.

In the 2007 City of York Residents' Opinion Survey respondents ranked health services third in the list of important aspects that make somewhere a good place to live, with 42% ranking them after crime and clean streets. Only 12% thought that health services in the city needed improving. Amongst users of personal social services 37% of those providing a response were very or fairly satisfied with 19% dissatisfied²⁷.

7. Conclusion

This 2008 Joint Strategic Needs Assessment sets out in summary what we know about health and wellbeing needs as expressed by quantified data and by the people of York themselves. It will act as a useful reference and resource for those who plan and deliver services to meet these needs over future years, but it is our intention that it should do more than that. By using the JSNA to actively drive the debate about what services to commission, or buy, on behalf of the populations we serve, we hope to bring about change in a way that demonstrably meets those needs. The process has already begun in joint working on children's and adults' services and will be a continuous development over future years.

The analysis contained in this report has already informed the development of the York Sustainable Community Strategy⁶⁴ which can be read as a companion document. The Healthy City section of the strategy in particular, sets out future priorities for action to improve health, develop services and reduce inequalities in health outcome for the people of York. It has been developed by the partners

of the Healthy City Board including North Yorkshire & York PCT, City of York Council, York Hospitals Foundation Trust, York Health Group, York Council for Voluntary Services, local patient representative and York St John University.

A number of priority areas identified within this report have been included in the Local Area Agreement for York. This has been indicated in the relevant section and a summary is given below:

NI 8	Adult participation in sport
NI 39	Alcohol related admissions.
NI 56	Obesity among primary school age children in Year 6
NI 112	Under 18 conception rate
NI 120	All age all cause mortality
HCOP 1.1	All age all cause mortality ratio for most deprived quintile
NI 130	Social care clients receiving Self Directed Support
NI 135	Carers receiving needs assessment or review
NI 141	Number of vulnerable people achieving independent living

We hope that the Joint Strategic Needs Assessment for York will be a dynamic document that develops over time, particularly building our understanding of community views on health needs. If you would like to comment on the report or make recommendations for the future please e-mail york.jsna@nyypct.nhs.uk.

If you would like this document in a different format, for example large print, audio cassette/CD, Braille or in another language, please contact 01423 859618

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¹ ONS Population Projections

² ONS Birth Extracts

³ City of York Council. Factsheet on planning application for development of University campus.

⁴ City of York Council. Local Development Framework. www.york.gov.uk

⁵ Information Centre for Health and Social Care. Compendium of Clinical and Health Indicators.

⁶ Association of Public Health Observatories. Ethnicity and Health 2005.

⁷ Gypsy and Traveller Accommodation Assessment – North Yorkshire 2007/08

⁸ National Insurance Number Allocations to Overseas Nationals in 2007 www.dwp.gov.uk

⁹ Department of Communities and Local Government. Indices of Deprivation 2007

¹⁰ York Health Profile 2008. Department of Health and the Association of Public Health Observatories

¹¹ Department for Communities and Local Government. Income Deprivation Affecting Children Index.

¹² Department for Children, Schools and Families. Pupil Level Annual Schools' Census

¹³ Private Sector House Condition Survey 2008. Prepared on behalf of City of York Council by David Adamson & Partners.

¹⁴ City of York Draft Homelessness Strategy 2008

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- 15 ONS. Official Labour Market Statistics. www.nomisweb.co.uk
- 16 Department for Children, Schools and Families. School Performance Tables
- 17 North Yorkshire & York Stop Smoking Service.
- 18 NYYPCT LDP / Vital Signs return.
- 19 Department of Health. Quality and Outcomes Framework 2006/07
- 20 NYYPCT Tobacco Control Strategy 2008
- 21 CYC 2007 Tell Us 2 Survey
- 22 York Children & Young People's Plan
- 23 Infant Feeding Survey
- 24 NWPHO Local Alcohol Profiles for England.
- 25 North Yorkshire & York Alcohol Harm Reduction Strategy 2008.
- 26 Sport England. Active People Survey 2005/06
- 27 CYC 2007 Residents' Opinion Survey.
- 28 CYC 2007 Festival of Ideas – Household Questionnaire
- 29 CYC Future Challenges Facing Older People. May 2008. Physis research and consulting
- 30 York's Older People's Partnership Board's Never Too Old Strategy 2005
- 31 2006/07 PESSCL data
- 32 CYC Healthy Schools Programme
- 33 CYC Festival of Ideas – Primary School Conference
- 34 ONS and Teenage Pregnancy Unit
- 35 CYC York Teenage Pregnancy Strategy and Action Plan.
- 36 National Child Height and Weight Measurement Programme 2007.
- 37 North Yorkshire and York Healthy Weight, Active Lives Strategy. Consultation Draft on www.nyypct.nhs.uk
- 38 York GP Practice Level Data
- 39 ONS Annual Death Extracts
- 40 HPS Hospital Activity Data
- 41 Association of Public Health Observatories.
- 42 Yorkshire & Humber Public Health Observatory. Diabetes Attributable Deaths.
- 43 Healthcare Commission Survey on Diabetes
- 44 Yorkshire & Humber PHO Admissions Atlas. www.yhpho.org.uk/atlas
- 45 Information Centre for Health Social care.
- 46 NHS Public Satisfaction Survey in Yorkshire and Humber 2007
- 47 Department for Transport. www.dft.gov.uk/pgr/statistics.
- 48 www.ic.nhs.uk/statistics-and-data-collections/social-care
- 49 www.poppi.org.uk
- 50 Physical and Sensory Impairment Consultation Report. CYC HASS 2007
- 51 CYC Learning Disability Team. 2008
- 52 ONS. Psychiatric Morbidity Report (2001)
- 53 Selby and York Local Implementation Advisory Group. 2007 Self Assessment as at 31st March 2008
- 54 Dementia prevalence and incidence references: MRC Cognitive Function and Ageing Study (2005) www.cfas.ac.uk
- 55 Mental Health Foundation.. Adults in Later Life with Mental Health Problems
- 56 NTA Quarterly Monitoring 2007/08
- 57 KT31 Returns
- 58 National Chlamydia Screening Programme
- 59 Department of Health. Abortion Statistics - England and Wales 2007
- 60 NYYPCT and UofY Kumaravel, B. Access to LARC research. 2008
- 61 GP Patient Access Survey 2007
- 62 <http://www.patientopinion.org.uk>
- 63 Acute Hospital Inpatient Survey 2005 and 2006
- 64 York – a city making history. Vision and Sustainable Community Strategy 2008-2025 www.york.gov