

North Yorkshire Joint Strategic Needs Assessment 2018

Harrogate Borough Summary Profile

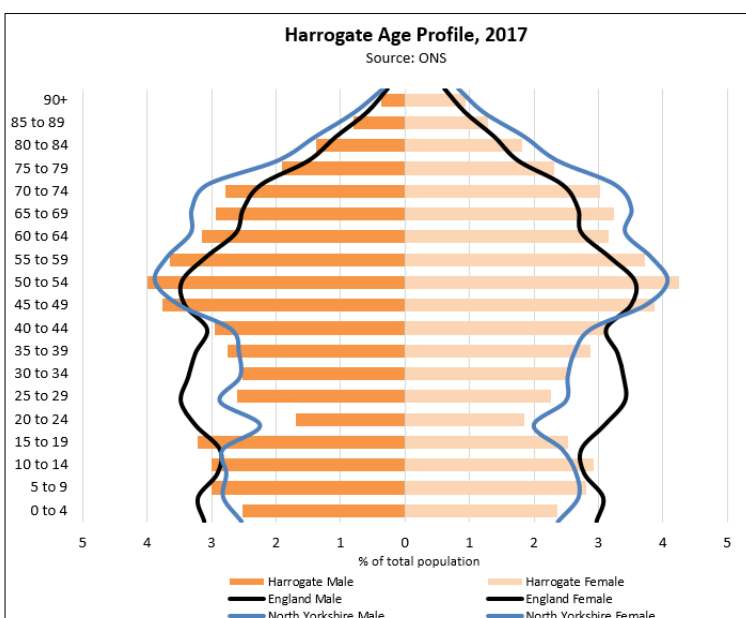
This profile provides an overview of population health needs in Harrogate Borough. Greater detail on particular topics can be found in our Joint Strategic Needs Assessment (JSNA) resource at www.datanorthyorkshire.org. This document is structured into four parts: population, wider determinants of health,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

Summary

- Harrogate Borough is the least deprived district in North Yorkshire but has areas of disadvantage leading to worse health outcomes. There is an 11 year gap in life expectancy between wards and five wards where more than one-in-five children are growing up in poverty (1,250 children).
- The population in Harrogate Borough is ageing. By 2025, there will be an 18% increase in the population age 65+ and a 5% decrease in the working age group. This will lead to increased health and social care needs with fewer people available to work in health and care roles.
- There is a high rate of people being killed and seriously injured on the Borough's roads. About 15% of the population has limited access to services through public transport, leading to reliance on cars and the potential for isolation.
- Smoking rates in Harrogate Borough are higher than those seen in similar areas. As the leading cause of preventable disease, it is important to continue efforts to minimise smoking.

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, Harrogate Borough has an older population than England, with more residents between the ages of 45-84, and fewer aged under 45. Harrogate has proportionately more children and teenagers than North Yorkshire. The shape of the pyramid is typical of a population with long life expectancy and low birth rate.

There are about 10,400 people aged 65+ with a limiting long term illness (42% of this age group, compared with 50% in England), nearly 40% report that their daily activities are limited a lot because of their illness.

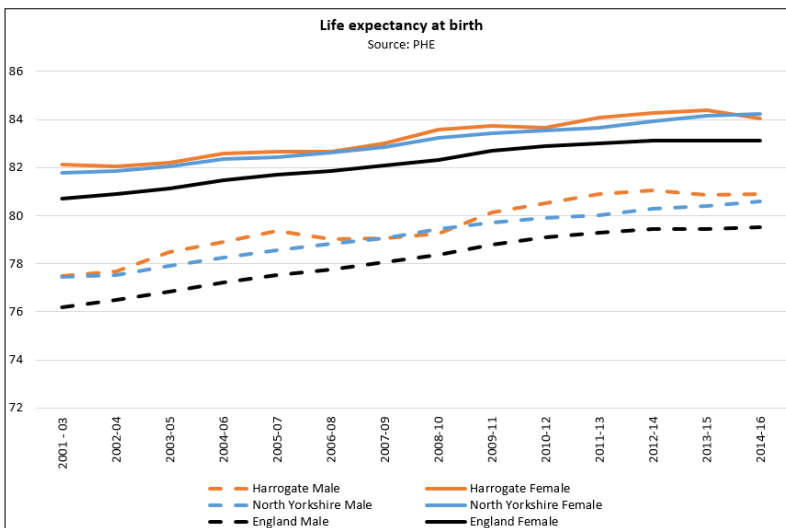
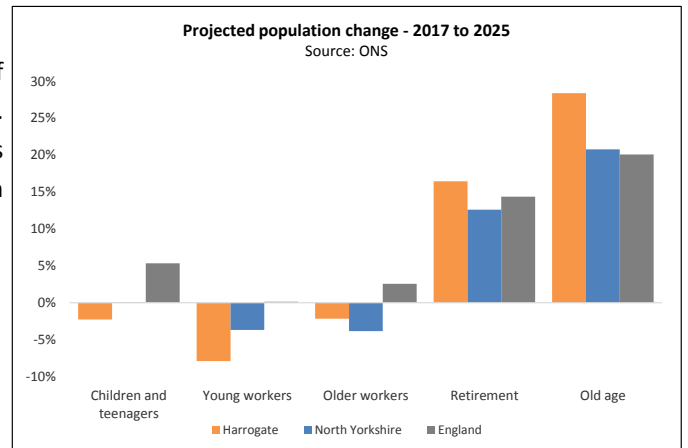
Approximately 4% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England.

Life Expectancy

The population of Harrogate Borough is estimated to be 160,044 and is set to increase to 161,700 in 2025. The birth rate in the district is 62 per 1,000 women aged 15-44 (England= 63 per 1,000 women). Projections indicate that the population in the over-85 age group is expected to increase in Harrogate by approximately 30% by 2025. For the same age group, an approximately 20% increase is expected in both North Yorkshire and England. A 17% increase is also anticipated for those in the retirement category (age 65-84) in the district. Meanwhile, the under-45 population in Harrogate is projected to decrease across the two relevant age groupings.

Age-standardised mortality rates (ASR) are a useful measure of mortality as they take account of population structures. Compared with 2015, the ASRs in 2016 in Harrogate has decreased for both sexes, but slightly more for males (7%) than females (1%).

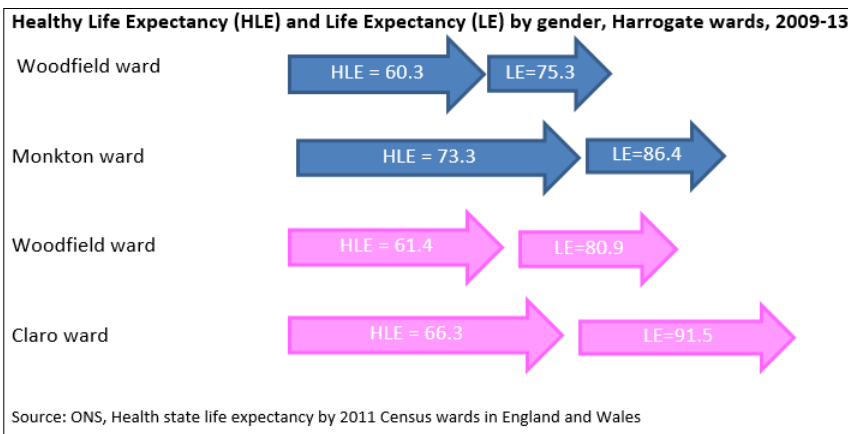
		2017		2025 (projected)					
		Males		Females		Males		Females	
		N	%	N	%	N	%	N	%
Children and teenagers	0-19	18770	23.9	17040	20.9	18400	23.5	16600	20.1
Young workers	20-44	20040	25.6	20348	24.9	18300	23.3	18900	22.9
Older workers	45-64	23286	29.7	24029	29.4	22500	28.7	23800	28.8
Retirement	65-84	14402	18.4	16678	20.4	17100	21.8	19100	23.1
Old age	85+	1876	2.4	3575	4.4	2700	3.4	4300	5.2



Life expectancy at birth is increasing for men in Harrogate, and is slightly higher than North Yorkshire and England. For females, the life expectancy in Harrogate is higher at 84 than England (83) and the same as North Yorkshire.

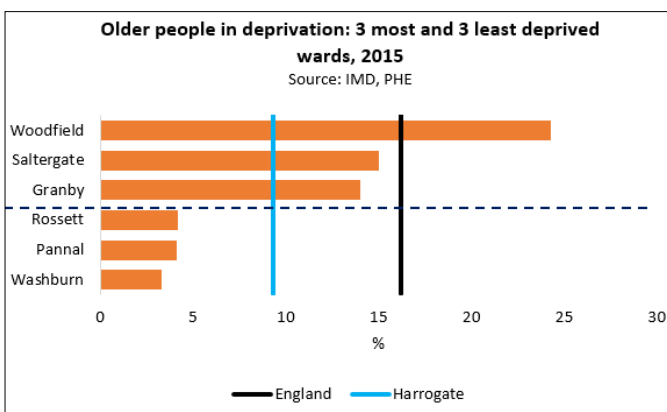
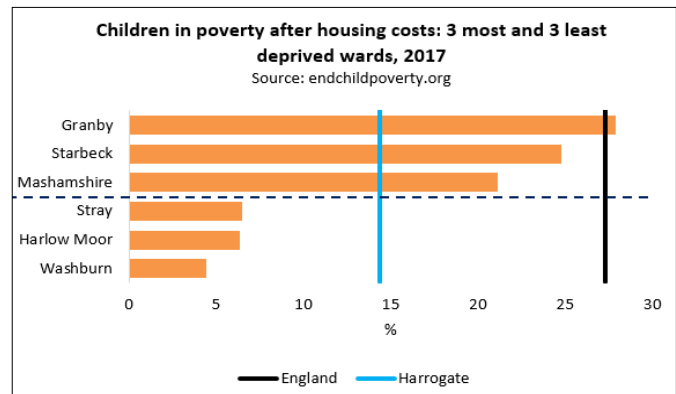
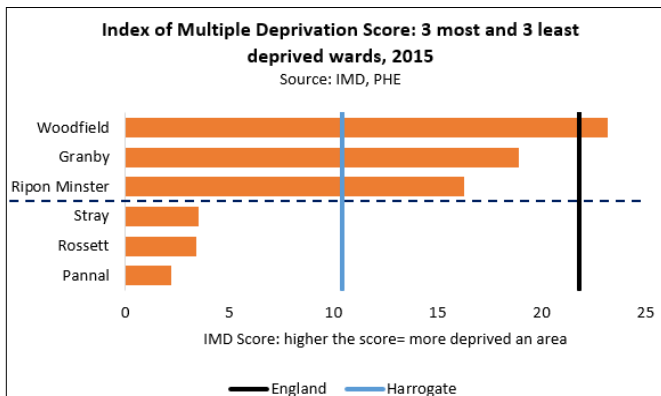
By comparing the healthy life expectancy with overall life expectancy, we can get a richer picture of years spent in good health. In Harrogate there is wide variation in the years spent in good health for both males and females between wards, indicating within district inequalities. There is an 11 year difference in life expectancy for males between Woodfield ward and Monkton ward. Men in Woodfield ward can expect to live 60 years in good health (80% of their life).

However, men in Monkton ward spend 73 years in good health, 85% of their longer life. For females, women with the lowest life expectancy (Woodfield ward) spend 61 years in good health, while those in Claro ward spend 66 years in good health. Women in Claro ward have the highest life expectancy in North Yorkshire, and can expect to live to almost 92 years. For both sexes, the wards with the highest life expectancy exceed that seen by England and those with the lowest life expectancy are below the England figures.



Wider determinants of health

The 2015 Index of Multiple Deprivation (IMD) identifies one Lower Super Output Area (LSOA) which is among the 20% most deprived nationally, out of a total of 104 LSOA across the district. The LSOA is in the Woodfield ward and around 1,500 people live there.



The IMD also calculates deprivation for specific groups based on key indicators, but more recent data available from End Child Poverty is presented here. Child poverty in Harrogate (14%) is lower than that observed nationally (27%). However, this rises to over 20% in New Park, Woodfield, Mashamshire, Starbeck and Granby wards.

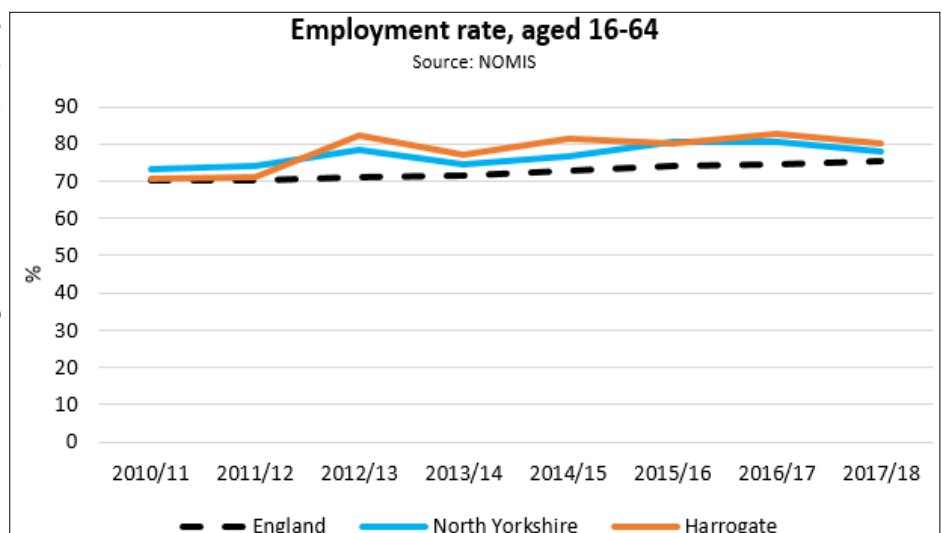
When deprivation is calculated for older people separately, Harrogate has a lower proportion of older people in deprivation (9%) when compared to the national average (16%), however Woodfield, Saltergate and Granby wards have high levels of older people in deprivation.

There is only one ward (Woodfield) which has a higher level of overall deprivation when compared to the national average.

Employment

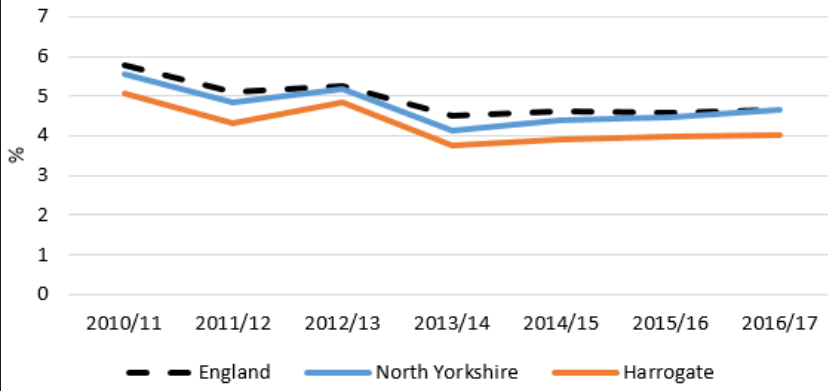
Employment rates are higher than the county (78%) and national (75%) average in Harrogate in 2016/17. However, despite the high levels of employment, rates have decreased by 3% from 2016/17 to 2017/18 in Harrogate.

In 2017, average weekly earnings in Harrogate (£403) were similar to England (£440) and Yorkshire and Humber (£396) averages.



Education

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

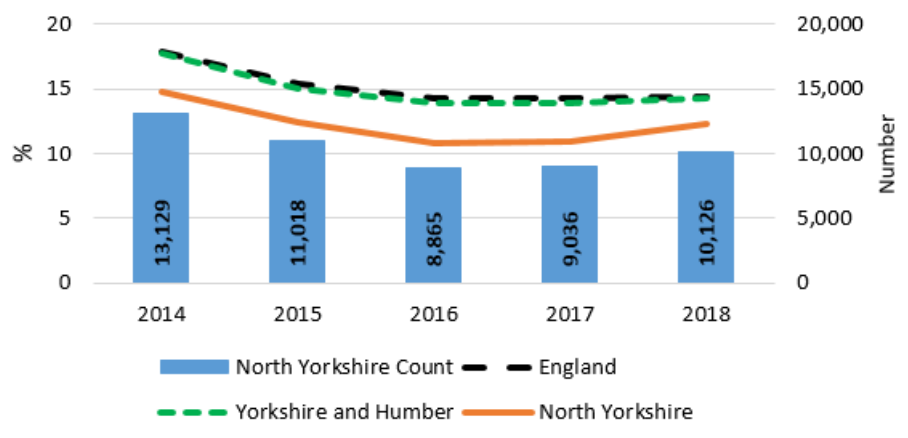


Low school attendance is linked to lower educational attainment. The proportion of half days missed by pupils due to overall absence (both authorised and unauthorised) is 4.0%, similar to the national (4.7%) and Yorkshire and the Humber (4.9%) averages in 2016/17.

The proportion of overall absence has remained similar from 2013/14 to 2016/17, in line with the national trend.

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

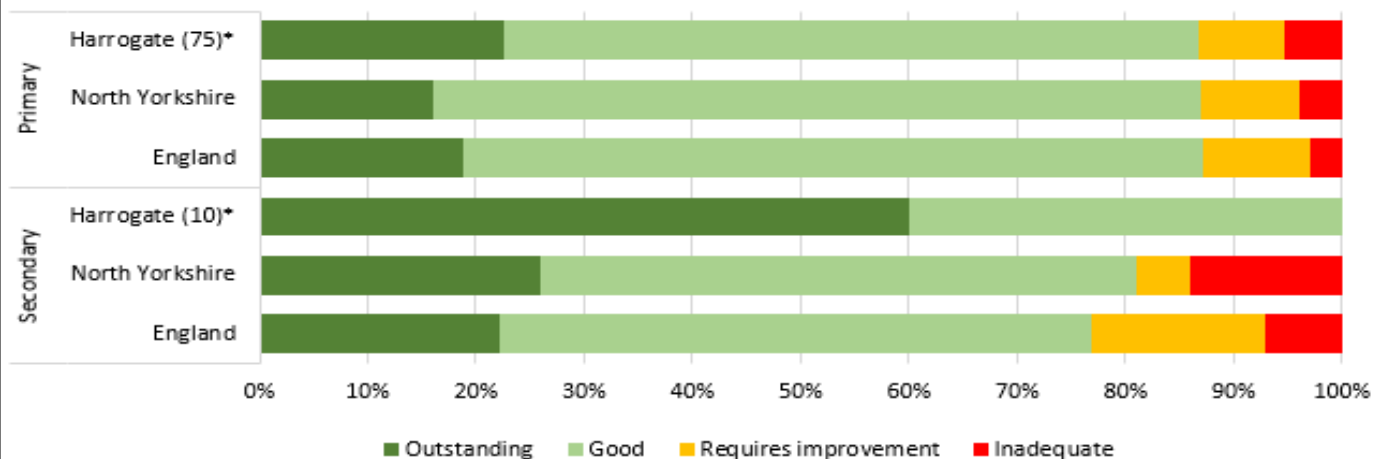
All pupils with Special Educational Needs, aged 5-15, North Yorkshire
Source: PHE



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

Performance at primary schools is better than county and national average. Similarly performance at secondary schools in Harrogate Borough is better than the England and county average with over half of secondary schools achieving a score of 'outstanding'. The Borough has no secondary school with a score of 'inadequate' or 'requires improvement'. The small number of secondary schools means that this needs to be interpreted with some caution.

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

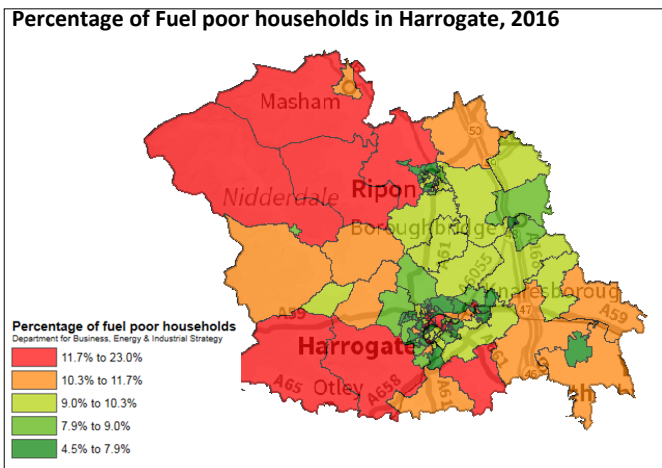
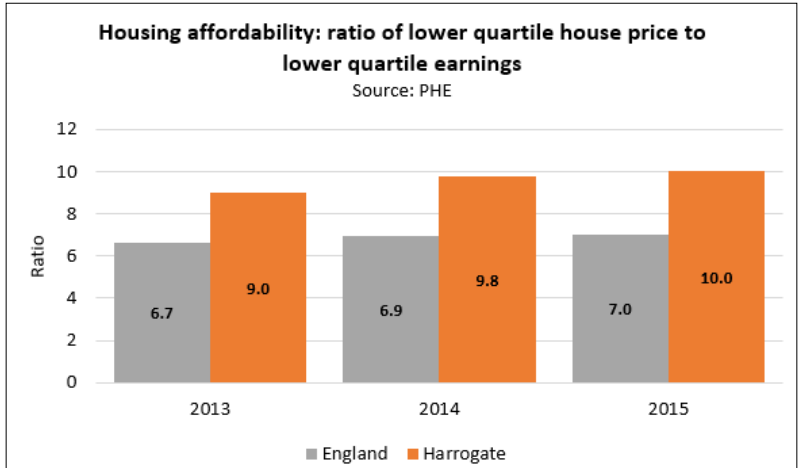


* = number of schools

Housing

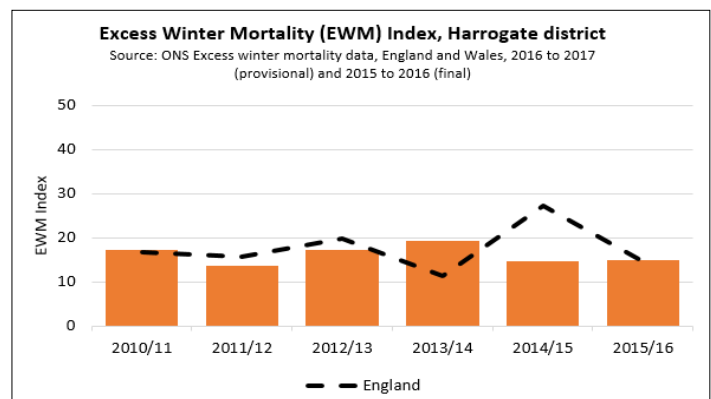
Housing affordability affects where people live and work. It also affects factors that influence health, including the quality of housing available, poverty, community cohesion, and time spent commuting. There is increasing evidence of a direct association between unaffordable housing and poor mental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

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

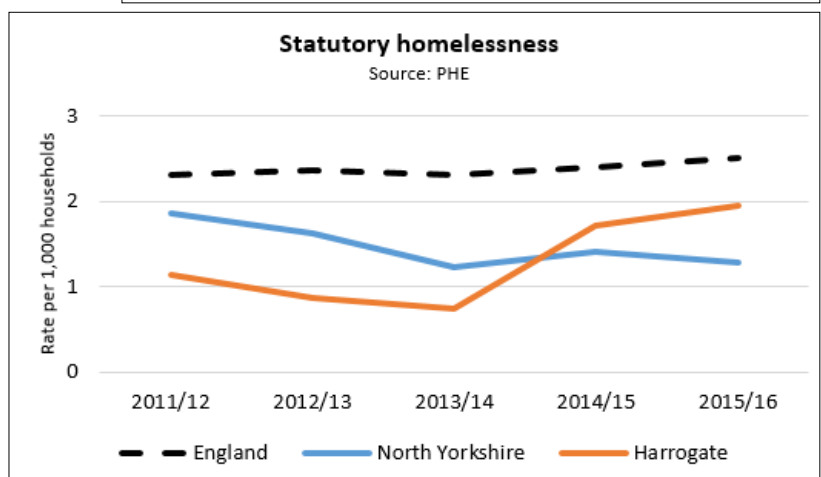


In 2016, 9% of households (6,489 households) in Harrogate were classified as fuel poor, lower than the national average (11%). Merely tackling poverty would not necessarily relieve the fuel poverty, as often housing type and access to affordable sources of energy are important. Tackling fuel poverty 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 here via North Yorkshire Partnership website.

The chart to the right suggests a less variable picture in Harrogate, compared with other districts in North Yorkshire. In 2015/16 the Excess Winter Mortality index increased slightly from 14.8 to 14.9 and is similar to the national average of 14.7. Over the past 3 years, there have been, on average, 76 additional deaths annually in winter months compared with other times of year, however these are relatively small numbers and must be interpreted with caution



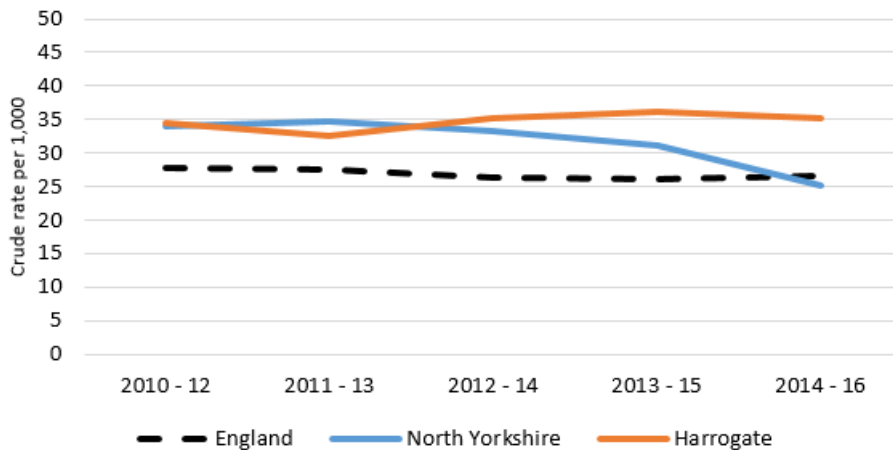
The rate of households who are homeless has increased in Harrogate between 2013/14 and 2015/16. The rate is not lower than the national average but higher when compared to North Yorkshire. Harrogate has one of the highest rates of homelessness in North Yorkshire.



Transport

Alcohol-related road traffic accidents

Source: PHE



Alcohol consumption is responsible for around one in every seven deaths in reported road traffic accidents in Great Britain. 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 Harrogate has increased from 2011-13 and is similar to the county and national rates.

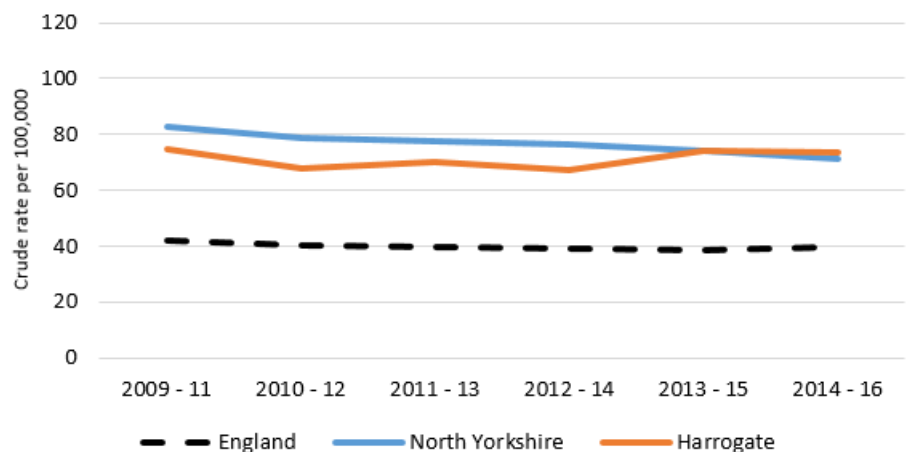
The rate of people being killed and seriously injured (KSI) casualties on roads in Harrogate Borough is significantly higher than the national average at 74 per 100,000 population. Since 2012-14, the rate of people being killed and seriously injured on roads in Harrogate increased, and is now close to the North Yorkshire rate. However these are relatively small numbers and must be interpreted with caution.

For North Yorkshire, the rate of children being killed and seriously injured on roads has decreased between 2012-14 and 2014-16 (from 22 per 100,000 to 19 per 100,000 population) and is now similar to the England average (17 per 100,000 population).

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

Source: PHE



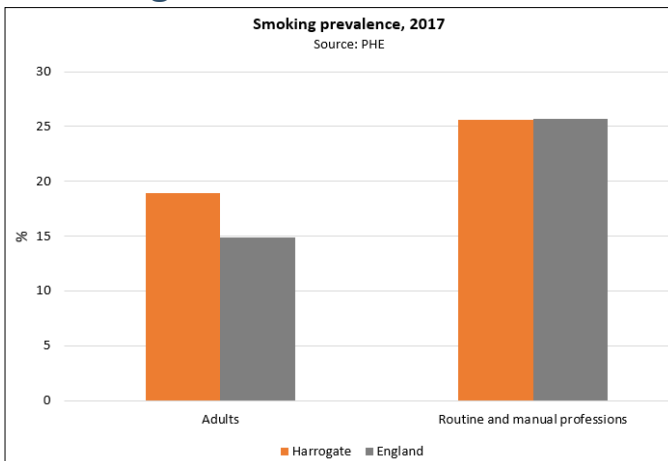
Population within 30 minutes travel time by public transport from a general practice, Harrogate, 2018



In Harrogate Borough, most of the population (85%) lives within a 30 minute travel time, by public transport, from a general practice. There are about 27,000 residents of Harrogate Borough with longer travel times. Further information is available via the [Strategic Health Asset Planning and Evaluation \(SHAPE\) Place Atlas](#) online tool. This is an interactive health atlas tool available to NHS and Local Authority professionals working in public health or social care.

Lifestyle and behaviour

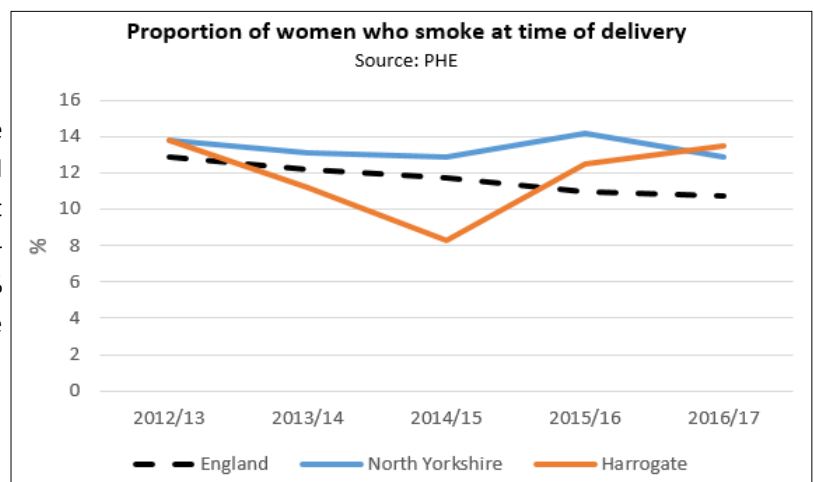
Smoking



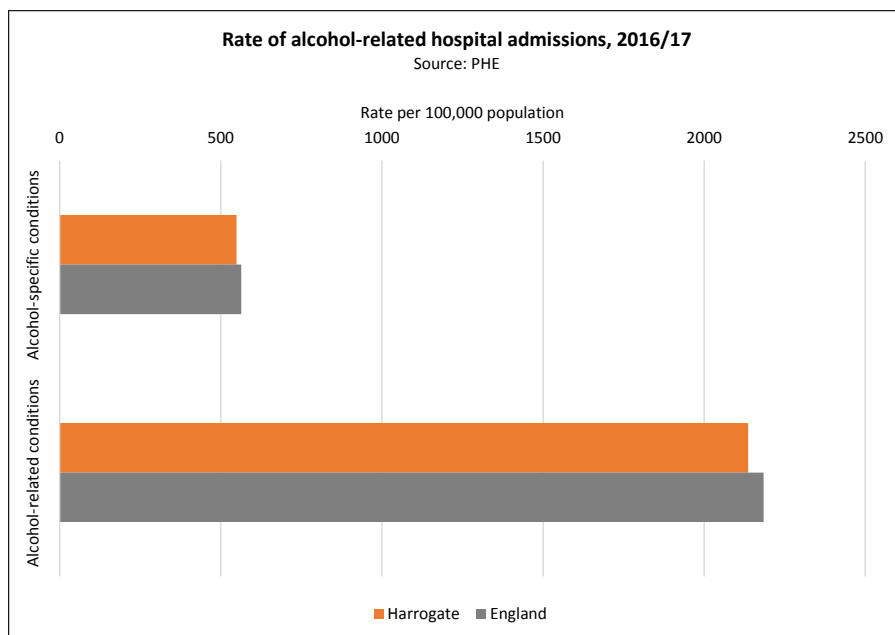
Smoking prevalence for adults in Harrogate Borough is higher than England (19% compared with 15% nationally).

For adults in the routine and manual professions, prevalence in Harrogate is 26% - the same as England. This has been relatively stable and has reduced from a high in 2012 where the prevalence was reported as 46%.

Maternal smoking during pregnancy, is known to be detrimental for both the health of the mother and baby. In Harrogate, the prevalence of smoking at time of delivery is significantly higher than the national rate, at 14% (187) locally compared to 11% (65,023) nationally. This is the highest prevalence reported in the district since 2012/13.



Alcohol

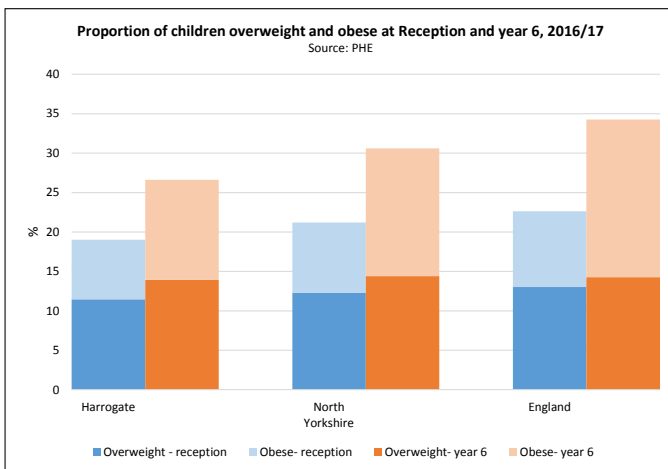


Implementing appropriate local interventions ensures we reduce misuse and harm associated with alcohol in our communities. Overall, the rate of admission episodes for alcohol-specific conditions in Harrogate is similar to the England rate at 549 per 100,000 population compared to 563 for England. As alcohol misuse can be a contributing factor in a wide variety of diseases, it is important to also look at broader health conditions where alcohol may have had a role, including both physical and mental health. When we look at people admitted for alcohol-related conditions, Harrogate is similar to England (2,137 per 100,000 population compared to 2,258 per 100,000 population). 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

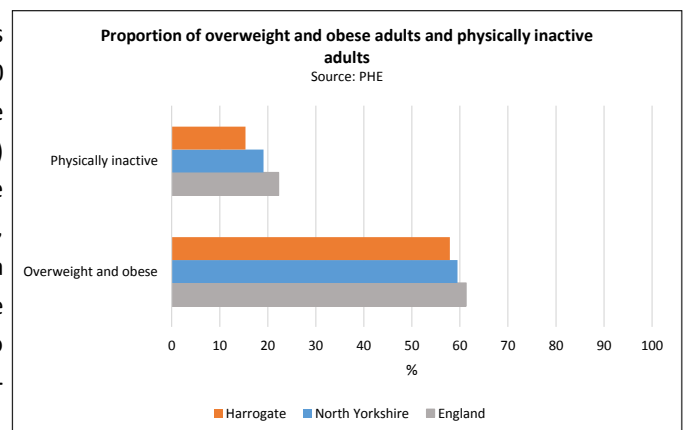
Nutrition, activity and excess weight



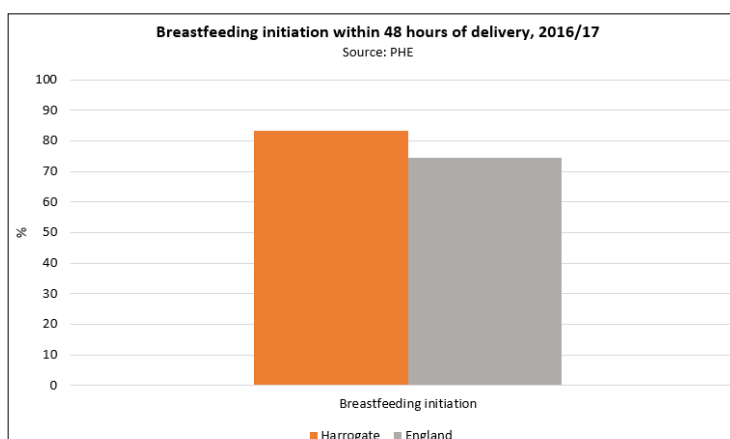
Childhood obesity is closely related to excess weight in adulthood. The proportion of children in Reception who are overweight or obese in Harrogate is lower than the prevalence seen in England overall (19% locally and 23% nationally). This is also true for Year 6 children (27% locally, 34% nationally). There is a 70% increase in the proportion of obese children from Reception to Year 6 in Harrogate Borough, highlighting 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 21% increase between Reception and Year 6 but this could be because children change weight status (from overweight to obese) rather than indicating weight maintenance. Details of approaches to tackle excess weight

across the lifecycle are in the strategy [Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026](#)

Physical activity is associated with overall better health. Adults are identified as being inactive if they engage in less than 30 minutes of physical activity per week. The proportion of inactive adults in Harrogate Borough, at 15%, is lower than England (22%) and is the lowest in North Yorkshire. 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 Harrogate Borough is 58%—statistically similar to England (61%).



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

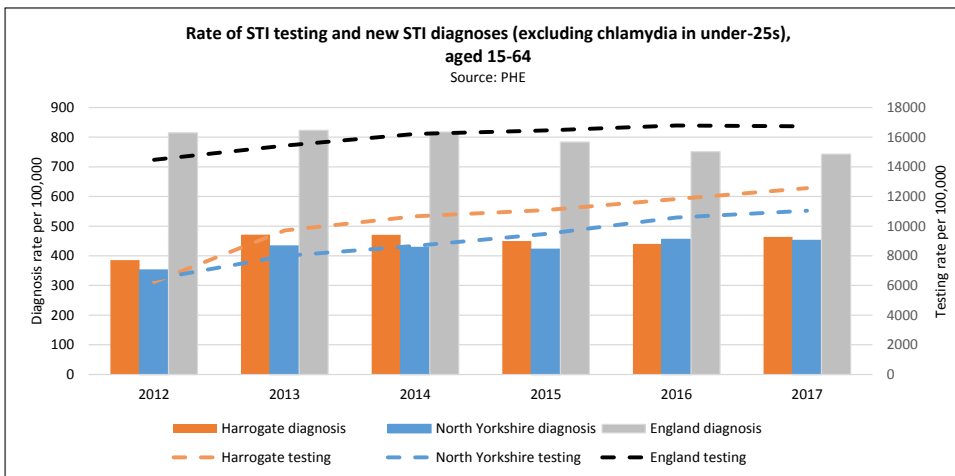


Breastfeeding provides benefits to the health and wellbeing of both mother and child. Harrogate has the highest proportion of women initiating breastfeeding in the first 48 hours after delivery in the county (83%) and is significantly higher than England (75%). In order to increase breast feeding a strategy 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

Lifestyle and behaviour

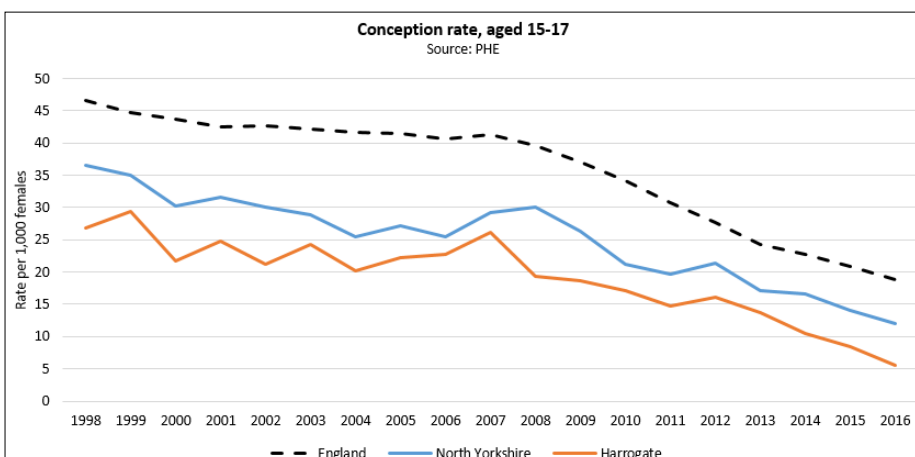
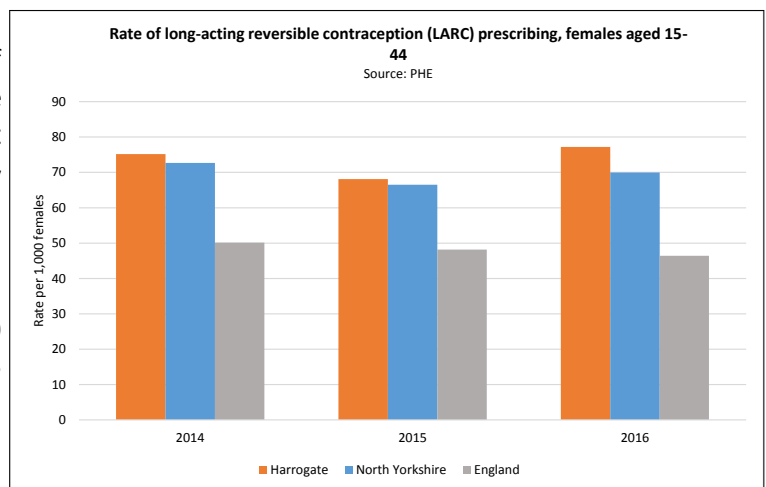
Sexual health



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 Harrogate, 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

STI testing rate for the same time period shows that Harrogate is lower than England but similar to North Yorkshire. There are many factors that 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 Harrogate at 77 per 1,000 women aged 15-44 is significantly higher than the rate seen in England (46).

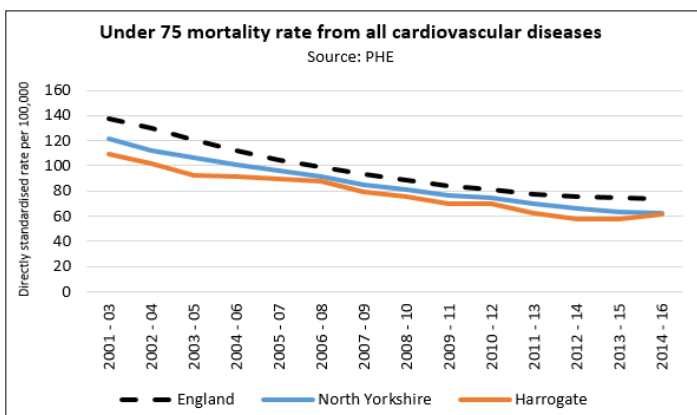


Unplanned pregnancies at any stage of life can have an impact on women's health and well-being. There is a great deal of attention paid to the experiences of teenagers who have an unplanned pregnancy, particularly in relation to the wider determinants of health including education, housing and poverty. The rate in Harrogate of teenage conception is significantly lower than England (6 and 19 per 1,000 women aged 15-17, respectively) and this continues an overall long-term downward trend.

Diseases and Death

Major causes of death

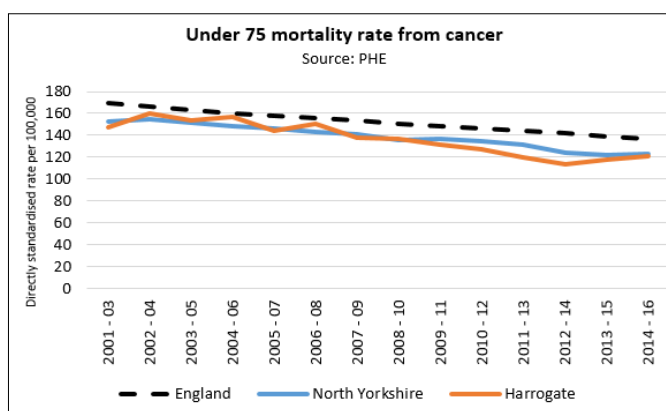
In Harrogate Borough there were 1,635 deaths in 2016. Nearly three quarters of deaths fell under just three broad causes: 439 (27.1%) due to cardiovascular diseases; 412 (25.4%) due to cancer and 203 (12.5%) due to respiratory diseases.



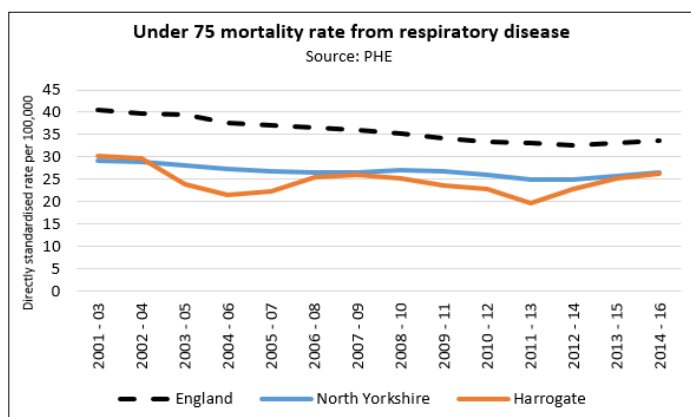
The rate of mortality for individuals aged under 75 from cardiovascular disease has increased slightly in Harrogate between 2003-15 and 2014-16 but is significantly lower than national (73 per 100,000) and Yorkshire and Humber (83 per 100,000) averages.

The rate of mortality for people aged under 75 from cancer has increased slightly in Harrogate since 2012-14 but is significantly lower than the national (137 per 100,000) and Yorkshire and Humber (146 per 100,000) averages.

The most common causes of cancer deaths for under 75 in Harrogate are lung, breast and colorectal cancers.

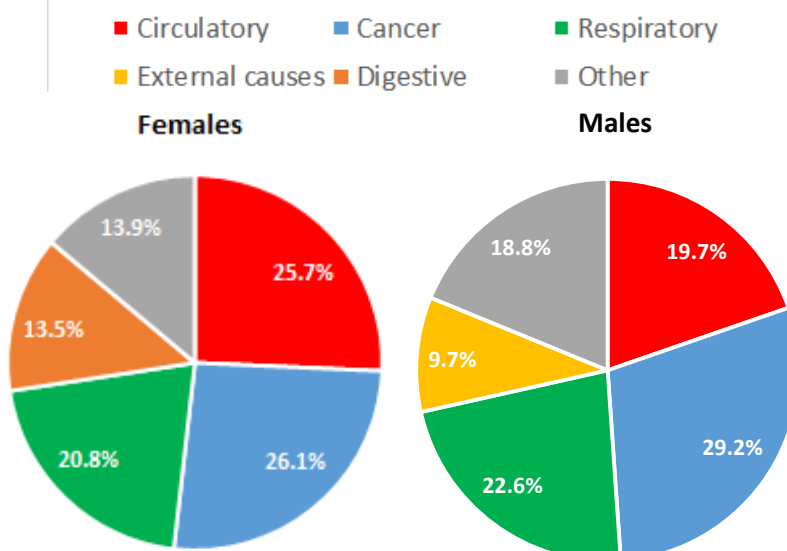


The rate of mortality for individuals aged under 75 from respiratory disease has increased in Harrogate from 2011-13 to 2014-16 and the rate is significantly lower than national (34 per 100,000) and Yorkshire and Humber (39 per 100,000) averages.



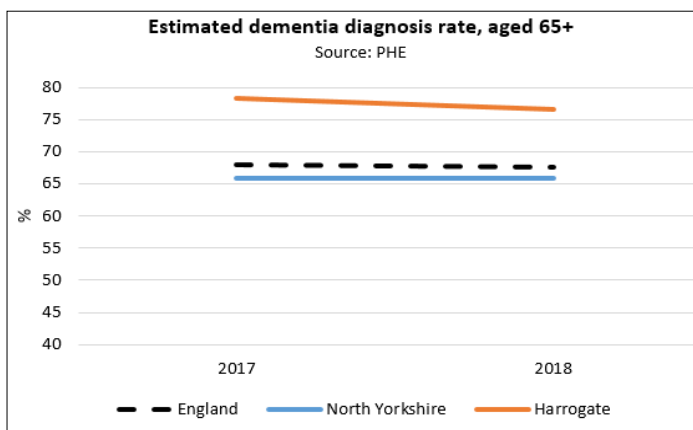
Inequality

The charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in Harrogate Borough (2012-14). The biggest contributor to the life expectancy gap for women is cancer and respiratory disease. For men, the most common contributor is cancer and circulatory disease. Targeting [NHS Health Checks](#) in deprived areas will help to narrow the inequality in life expectancy.



Diseases and Death

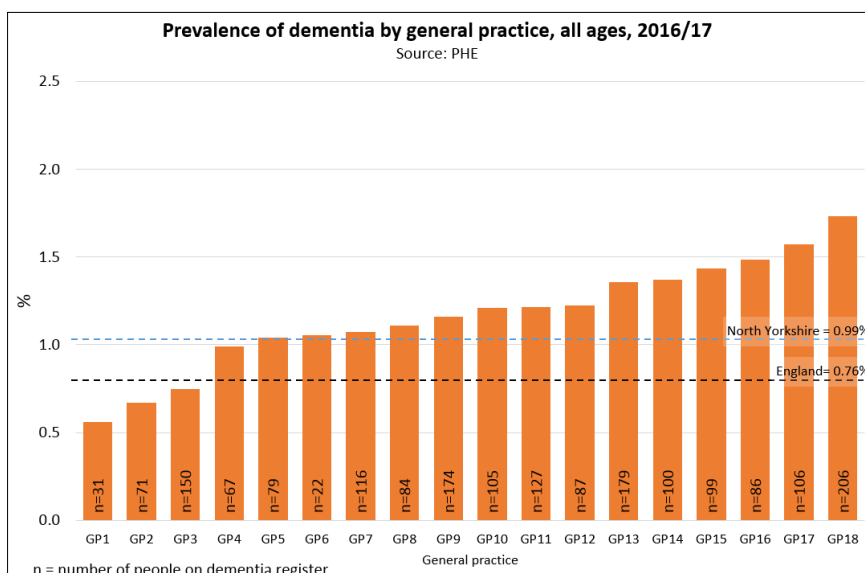
Dementia



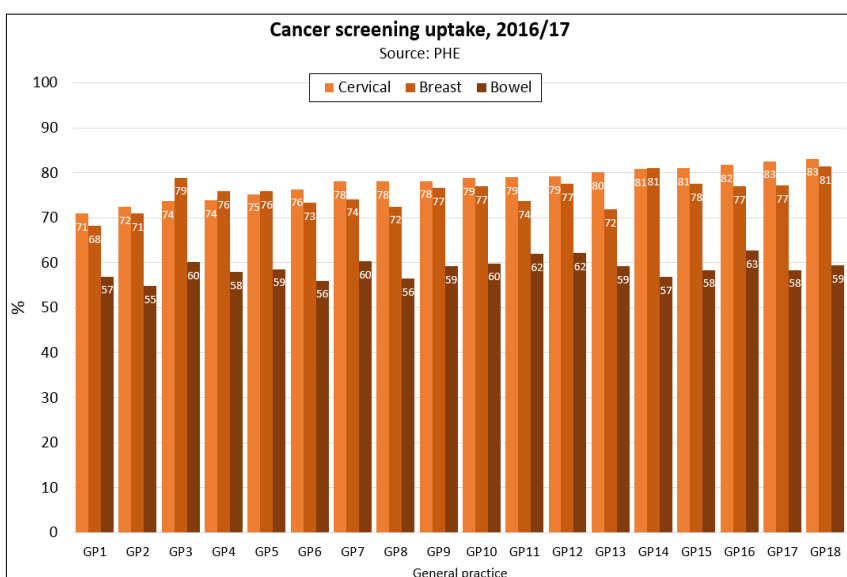
Harrogate Borough has a significantly higher rate of those estimated to have dementia being diagnosed when compared with England (77% vs 67%). There 1,825 are people aged 65+ with dementia diagnosed in Harrogate, with potentially another 560 cases unrecorded.

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

The chart to the right shows the number of people with dementia recorded on general practice registers as a proportion of all people registered at each practice, for practices in the district. Over half of general practices in Harrogate Borough have a higher proportion of people with dementia than the county and national averages.



Cancer Screening



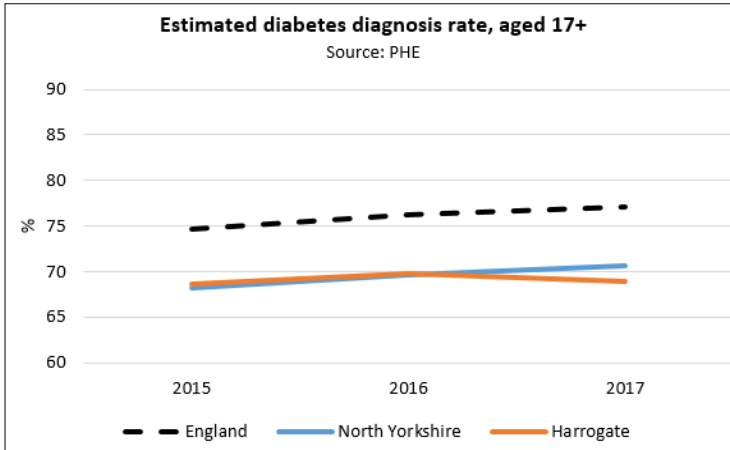
In Harrogate Borough, as for England, there is a higher uptake of screening for breast and cervical cancer compared to bowel cancer. Despite the low uptake of screening for bowel cancer in Harrogate, the rate is similar to the England average (58.7% locally compared to 58.8% nationally) in 2017.

Breast cancer screening coverage was 78% in 2017, down from 81% in 2012. Cervical screening rates are also declining. However, both breast and cervical cancer screening coverage is significantly higher than England.

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

Diseases and Death

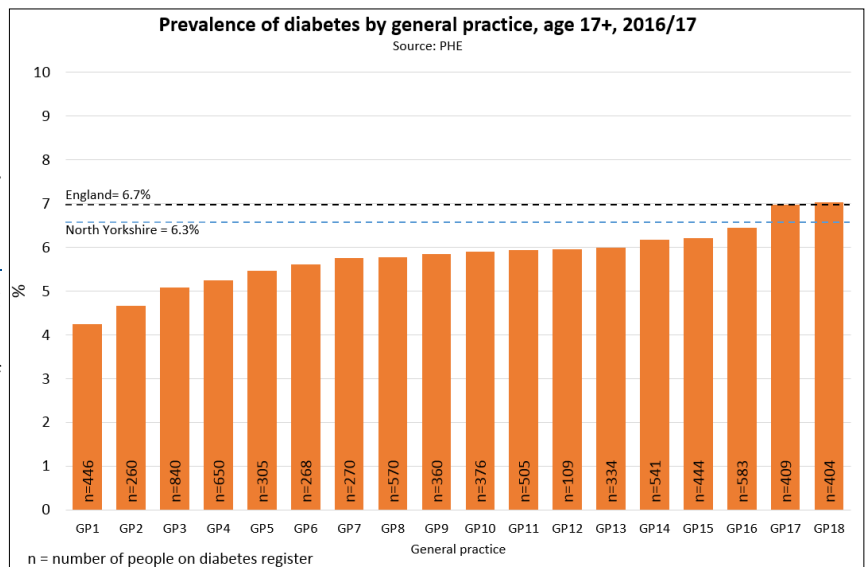
Diabetes



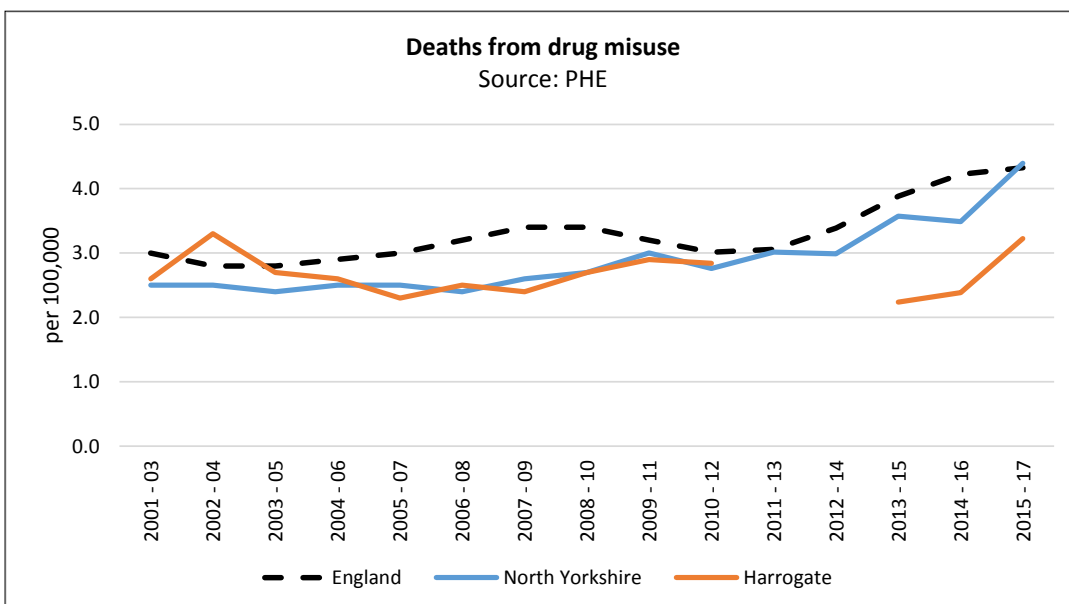
Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes is typically associated with excess weight can be prevented or delayed by lifestyle changes.

To implement effective interventions, it is important to identify all cases. The gap between observed prevalence (the number of diabetes cases recorded) and the actual prevalence (observed plus those who are undiagnosed) helps to quantify those who may be untreated. In Harrogate, it is estimated that only 69% of diabetes cases are diagnosed, significantly lower than England (77%).

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



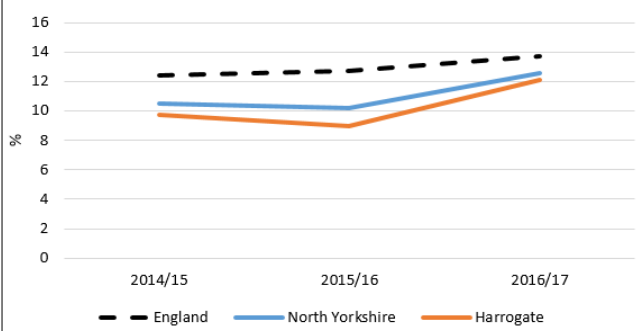
Substance Misuse



Data related to deaths from drug misuse indicated that Harrogate is not significantly different from England at 3 per 100,000 (compared to 4 per 100,000 for England). These are very small numbers and data should be interpreted with caution.

Mental Health

People reporting depression or anxiety, aged 18+
Source: PHE

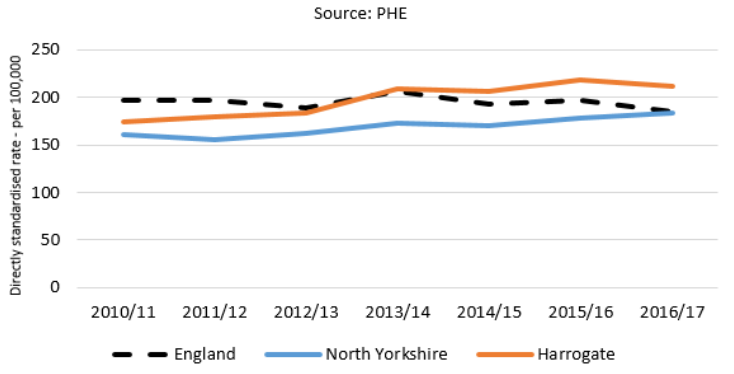


The percentage of individuals reporting depression or anxiety in Harrogate Borough is significantly lower (12%) compared to the national average (14%).

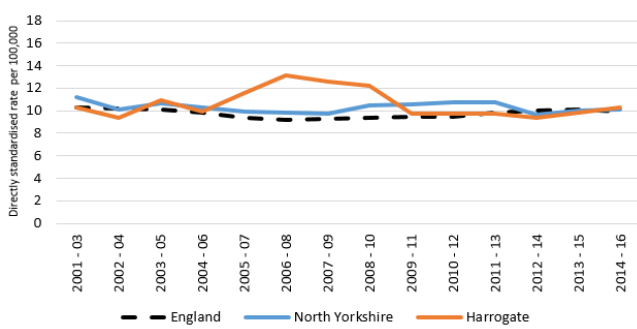
Harrogate Borough has a significantly lower rate of individuals who have long term musculoskeletal disease who are also feeling depressed or anxious compared to the England average (19% locally compared to 24% nationally).

Harrogate Borough has significantly higher rate of emergency hospital admissions for intentional self-harm compared to the England average (212 per 100,000 locally compared to 185 per 100,000 nationally). The rate of hospital admissions for intentional self-harm has decreased slightly between 2015/16 and 2016/17.

Emergency Hospital Admissions for Intentional Self-Harm, all ages
Source: PHE



Suicide rate, all persons, aged over 10 years
Source: PHE

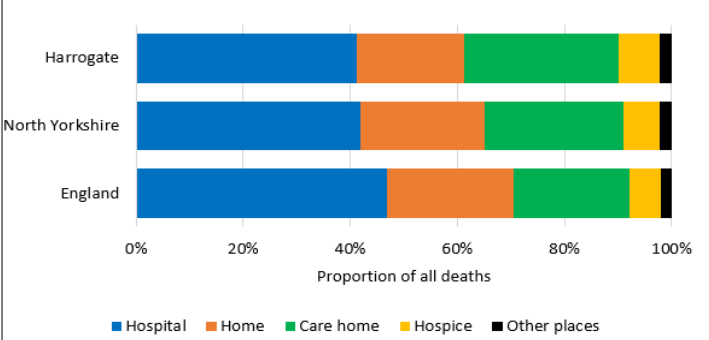


Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

The suicide rate in Harrogate Borough has increased between 2013-15 and 2014-16 and is similar to England (10.3 per 100,000 locally; 9.9 per 100,000 nationally). The suicide rate for males is higher than females in Harrogate, in line with national trends. Please note that the number of suicides remains small and caution should be taken when interpreting small numbers. Further information can be found in the [Suicides Audit in North Yorkshire 2015](#) and on the [North Yorkshire Partnerships Suicide Prevention](#) webpage.

End of Life Care

Place of death, 2016
Source: PHE



The [North Yorkshire Joint Health and Wellbeing Strategy](#) includes an ambition to increase the number of people dying either at home or place of choice that they chose by 2020. In recent years, the proportion of people dying at home in North Yorkshire has tended to increase, however, Harrogate Borough has a smaller proportion of people dying at home when compared to county and national rates. In contrast to this, Harrogate Borough has fewer people dying in hospital, but a higher proportion of people dying in a care home when compared to county and national averages in 2016.

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