

# North Yorkshire Joint Strategic Needs Assessment 2018

## Scarborough Borough Summary Profile

### Introduction

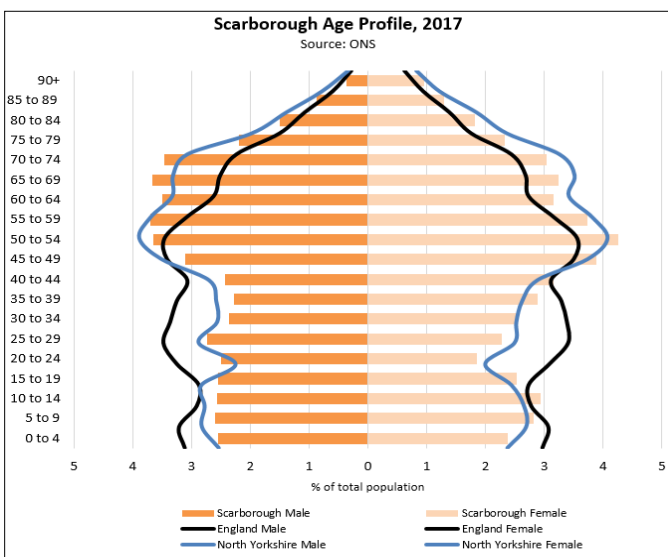
This profile provides an overview of health and social care needs in Scarborough. Greater detail on particular topics can be found within JSNA content at [www.datanorthyorkshire.org](http://www.datanorthyorkshire.org). This document is structured into four parts: population, wider determinants of health, health behaviours and diseases and death and identifies the major themes which affect health in Scarborough and links to the local response which meets those challenges.

### Summary

- Scarborough is the most deprived district within North Yorkshire and has three quarters of the county's most deprived areas. Material deprivation has a significant impact on population health, with inequality in outcomes apparent.
- The population in Scarborough is ageing. By 2025, there will be a 12% increase in the population age 65+ and a 6% 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.
- Maximising efforts to reduce differences in the wider determinants of health will have prolonged, sustainable benefits for the population as a whole.
- A sustained focus on helping people to have healthy lifestyles is needed, minimising harm from smoking, alcohol and substance misuse and increasing healthy eating and physical activity.

### 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, Scarborough Borough has an older population than England, with more residents aged of 50-84, and fewer aged under 45. The population make-up is broadly similar to North Yorkshire, but there are noticeably fewer females aged 20-29 in Scarborough. The shape of the pyramid is typical of a population with long life expectancy and low birth rate.

There are about 14,100 people aged 65+ with a limiting long term illness (49% of this age group, compared with 50% in England), nearly half of whom (6,600) report that their daily activities are limited a lot because of their illness.

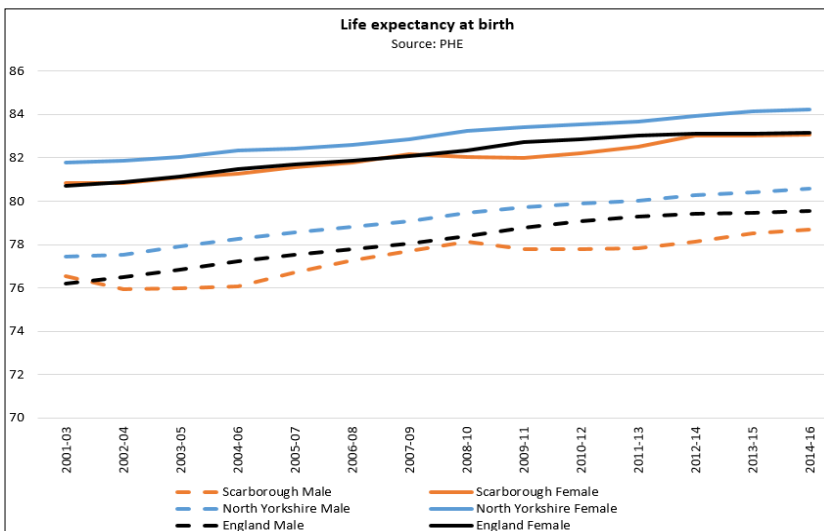
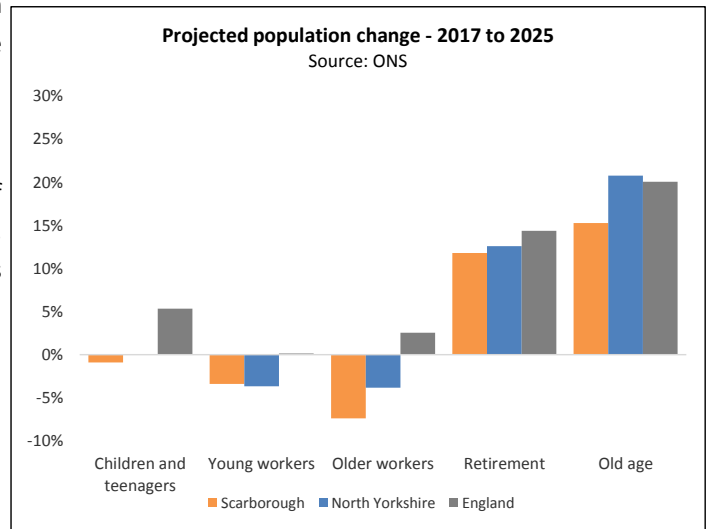
2.5% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England.

# Life Expectancy

The population of Scarborough Borough is estimated to be 108,370 and is set to increase to 108,500 in 2025. The birth rate in the district is 65 per 1,000 women aged 15-44 (England= 63 per 1,000 women). Projections indicate that the population aged over 85 age is expected to increase in Scarborough by approximately 15% by 2025, compared with approximately 20% increases expected for both North Yorkshire and England. A nearly 12% increase is also anticipated for those in the retirement category in the district. Meanwhile, the working age population in Scarborough is projected to decrease across the 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 Scarborough has decreased for both sexes, but slightly more for males (4%) than females (3%).

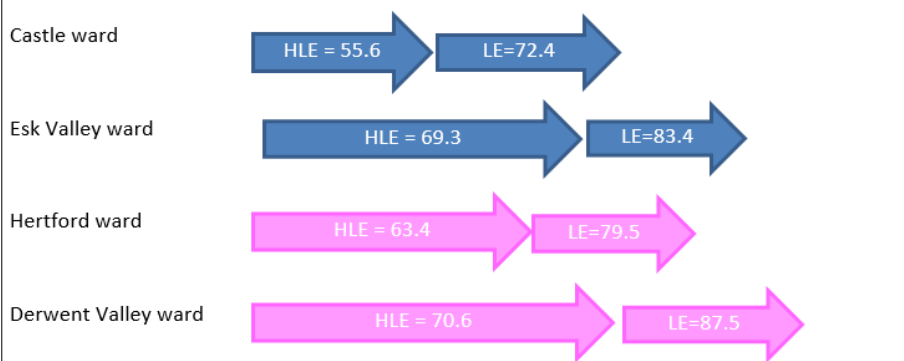
		2017				2025 (projected)			
		Males		Females		Males		Females	
		N	%	N	%	N	%	N	%
Children and teenagers	0-19	11094	21.1	10501	18.8	10900	20.7	10500	18.9
Young workers	20-44	13342	25.3	13258	23.8	13000	24.7	12700	22.8
Older workers	45-64	15128	28.7	16186	29.0	14000	26.6	15000	27.0
Retirement	65-84	11733	22.3	13398	24.0	13300	25.3	14800	26.6
Old age	85+	1343	2.6	2387	4.3	1700	3.2	2600	4.7



Life expectancy at birth is increasing for men in Scarborough, but remains lower than both North Yorkshire and England. For females, the life expectancy in Scarborough is the same as England (83.1) but lower than North Yorkshire (84.2) and has not increased in recent years.

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

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



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

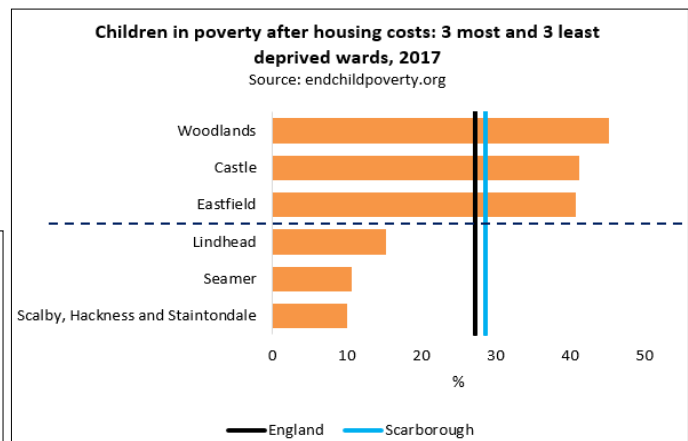
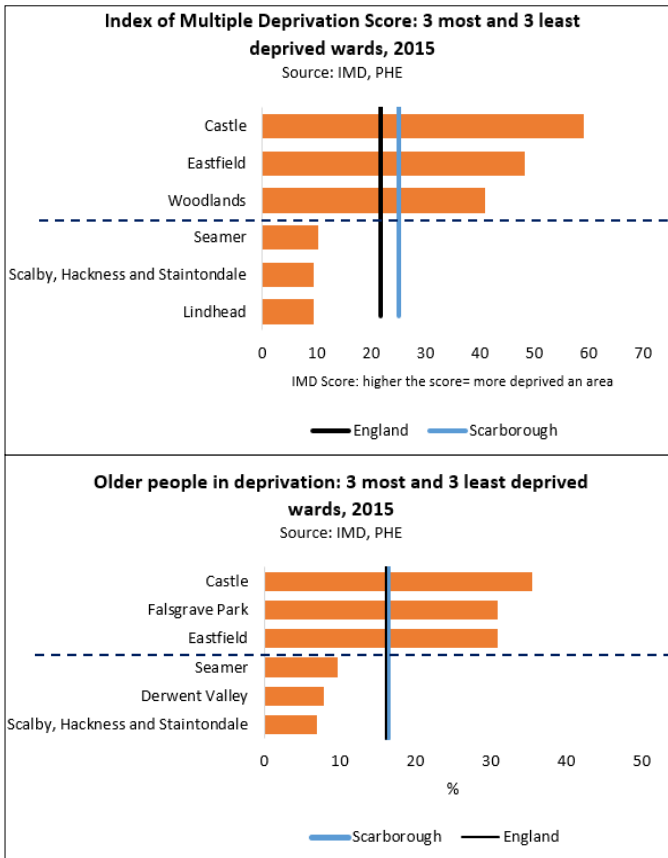
Men in Castle ward can expect to live 56 years in good health (77% of their life), but men in Esk Valley ward spend 69 years in good health (83% of their longer life). Women in Hertford ward spend 63 years in good health, while women in Derwent Valley ward spend 71 years of their life in good health. For both sexes, the wards with the highest life expectancy exceed that seen by England and those with the lowest life expectancy are below the England figures.

# Wider determinants of health

## Poverty

The 2015 Index of Multiple Deprivation (IMD) identifies 17 Lower Super Output Areas (LSOAs) out of 71 within the district which are amongst the 20% most deprived in England. The 17 LSOAs include parts of Scarborough town (including the Castle, Central and Eastfield wards), Whitby West and Streonshalh wards in Whitby, and Filey ward. 26,000 people live in these 17 LSOAs, 24% of the borough population. This compares with 6% in North Yorkshire as a whole.

Nearly three quarters (74%) of most deprived LSOAs in North Yorkshire are found in Scarborough.



The IMD also calculates deprivation for specific groups based on key indicators, including deprivation related to children and older people. The charts above highlight that, as well as experiencing high level of overall deprivation, Castle and Eastfield wards also have high levels of children in poverty, and high levels of older people in deprivation. These rate are higher than national and Yorkshire and Humber averages.

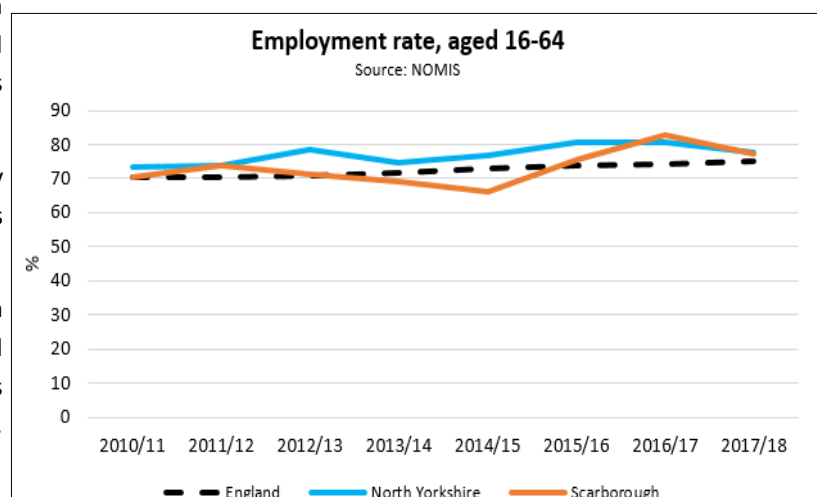
Seamer and Scalby, Hackness and Staintondale wards have the lowest rate of children in poverty after housing costs and the lowest rates of older people in deprivation. Derwent Valley has a low proportion of older people in deprivation.

## Employment

The employment rate is comparatively high in Scarborough (77% in the district in the period April 2017 to March 2018 compared to 75% across England).

The employment rate is similar to the county average (78%); however, in Scarborough it has decreased by 3% from 2016/17 to 2017/18.

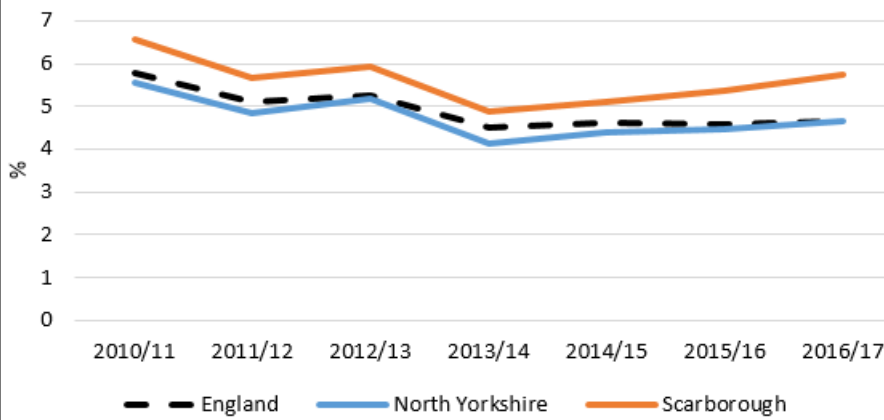
In 2017, average weekly earnings in Scarborough (£354) were significantly below England (£440) and Scarborough has one of the lowest weekly earnings compared with the other districts in North Yorkshire.



# 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 6.0%, significantly higher than the national (4.7%) and Yorkshire and Humber (4.9%) averages in 2016/17. Scarborough has the highest rate of pupil absence compared with other districts in North Yorkshire.

The proportion of overall absence has increased steadily from 2013/14 to 2016/17, in line with Yorkshire and Humber trends.

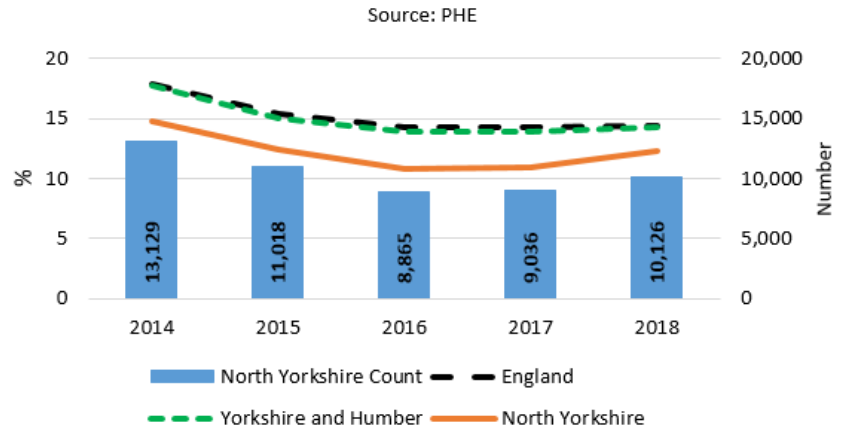
The proportion of pupils aged 5-15 with special educational needs in North Yorkshire has increased slowly between 2016 and 2018 and is significantly lower than England.

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

Performance at primary schools is similar to county and national results. However, Scarborough has a higher proportion of secondary schools with a score of 'inadequate' when compared to the national and county averages and does not have any secondary schools rated 'outstanding'. The [North Yorkshire Coast Opportunity Area](#) brings together leaders from schools, communities, businesses and both central and local government to raise education standards, giving children the chance to reach their full potential.

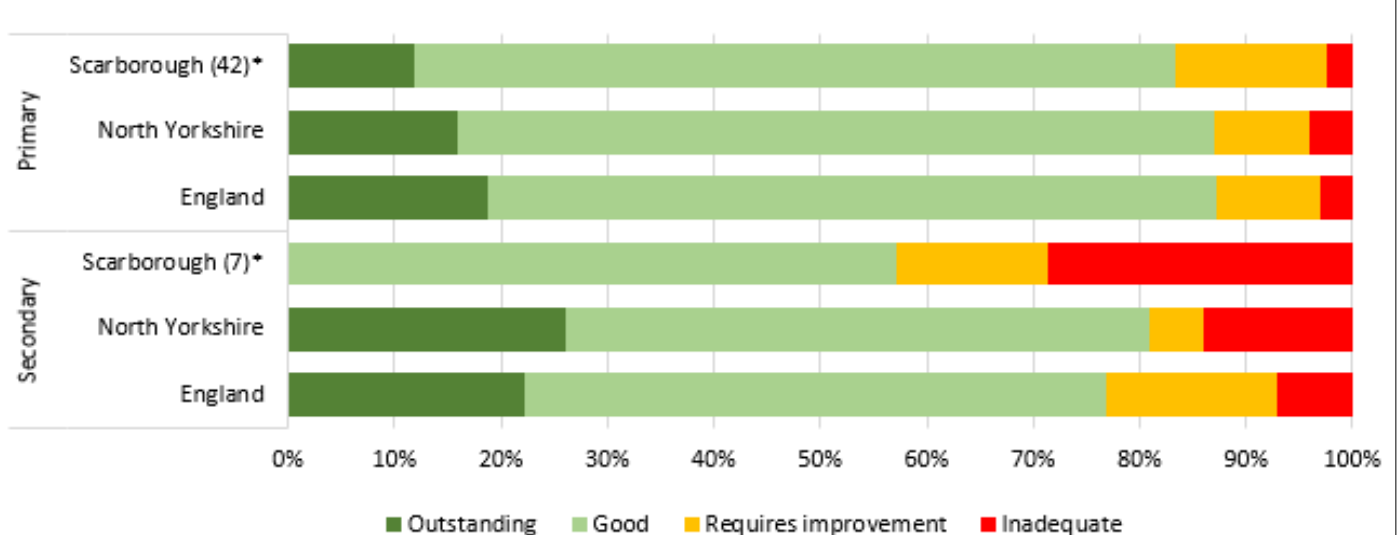
**All pupils with Special Educational Needs, aged 5-15, North Yorkshire**

Source: PHE



**Ofsted Judgement of overall effectiveness at 01/10/2018**

Source: Ofsted.gov.uk

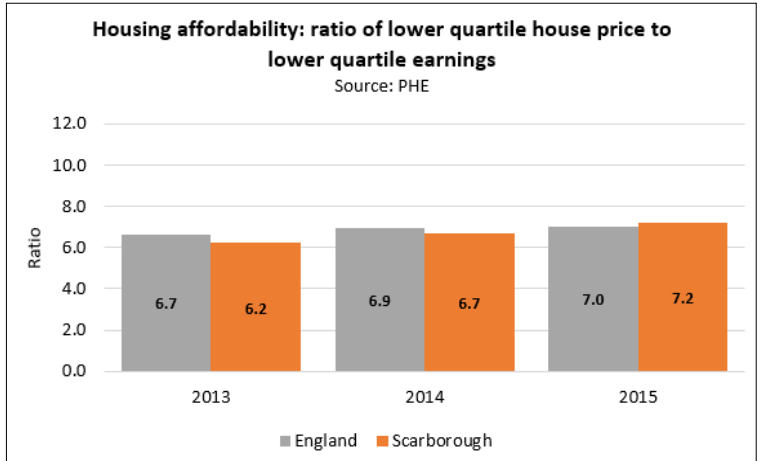


\*= number of schools

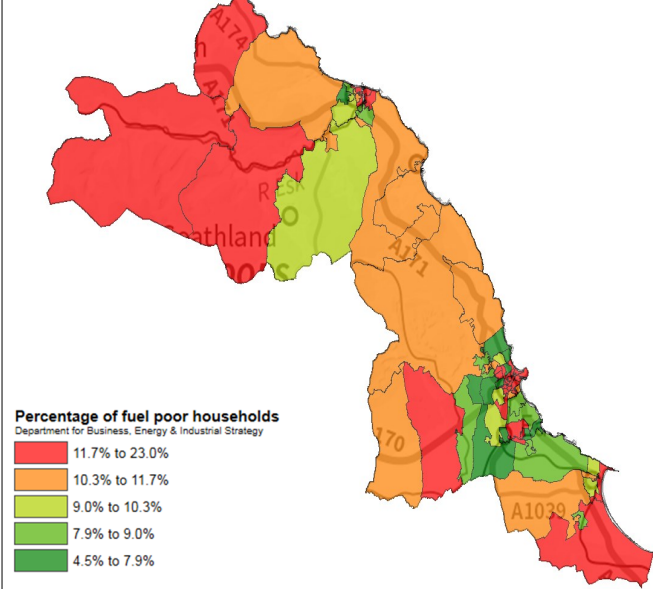
# Housing

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.

Scarborough has a ratio of lower quartile house price to lower quartile earnings (estimating housing affordability for lower than average earners) similar to England average. This has increased between 2013 and 2015 highlighting that housing in Scarborough is becoming less affordable relative to earnings.

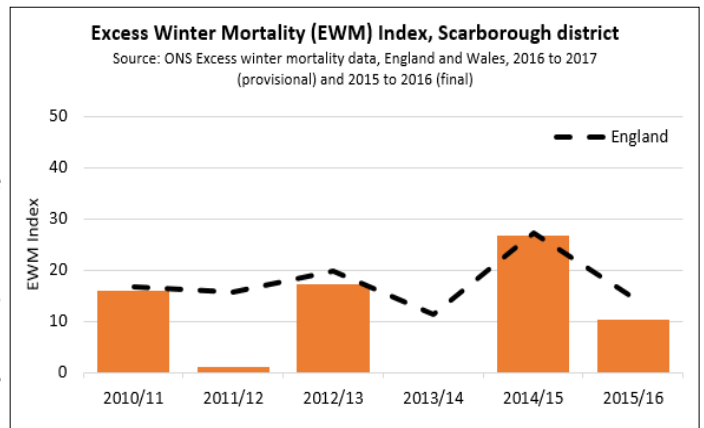


Percentage of Fuel poor households in Scarborough, 2016



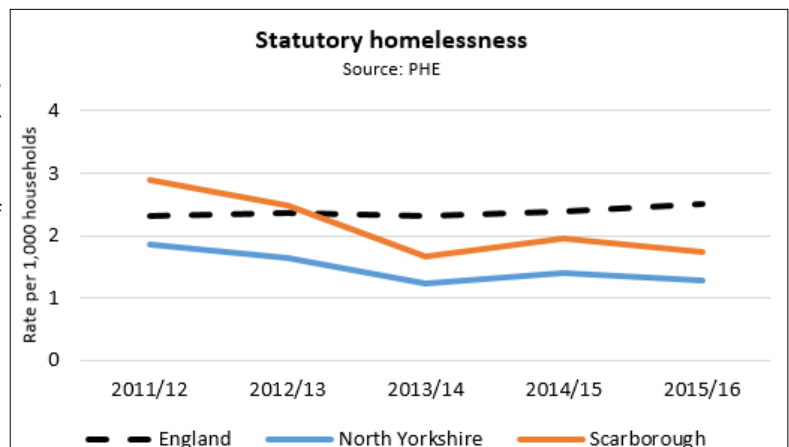
Fuel poverty rates are an issue for Scarborough which is linked to deprivation. In 2016, 12% of households (6,143 households) in Scarborough were classified as fuel poor, slightly higher than the national average (11%). Merely tackling poverty would not necessarily relieve the fuel poverty, as often housing type and access to affordable sources of energy are important. Tackling fuel poverty should in turn improve winter health, decreasing excess winter mortality and the pressure on the health and care system during the winter months. Further information on the [North Yorkshire Winter Health Strategy 2015-20](#) can be found at the North Yorkshire Partnership website.

The chart to the right suggests a variable picture in the borough. In 2015/16 the Excess Winter Mortality index fell from 27 to 10 and is now below the national average of 15. Over the past 3 years, there have been, on average, 45 additional deaths annually in winter months compared with other times of year, but these are relatively small numbers and must be interpreted with caution.



The rate of households who are homeless has decreased in Scarborough since 2011/12 and is lower than England but higher than the county average.

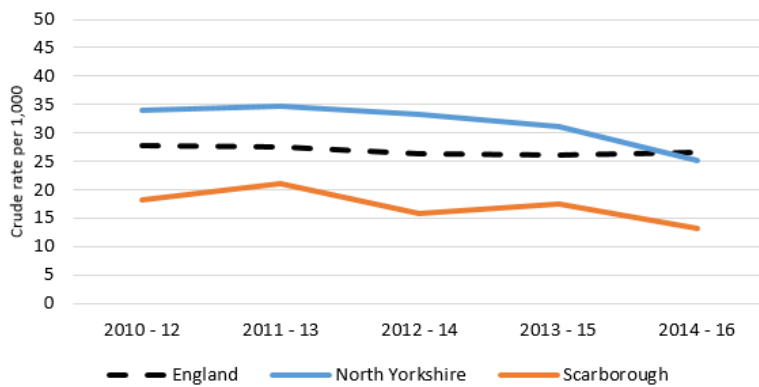
Scarborough has the second highest rate of homelessness among all districts in North Yorkshire.



# Transport

## Alcohol-related road traffic accidents

Source: PHE



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

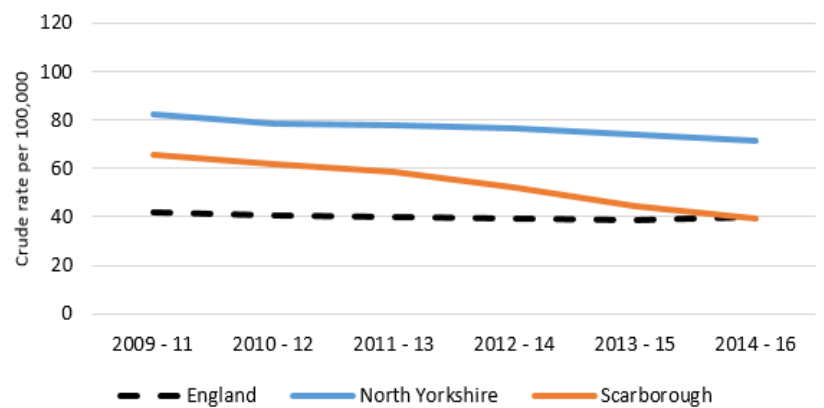
The rate of alcohol-related road traffic accidents in Scarborough has decreased since 2011-13 and is significantly lower than county and national rates. Scarborough is the only district in North Yorkshire with a rate is significantly lower than England.

The rate of people being killed and seriously injured (KSI) on roads in Scarborough is similar to the national average at 40 per 100,000. The trend has been consistently reducing, narrowing the gap between Scarborough and England. However these are relatively small numbers and must be interpreted with caution.

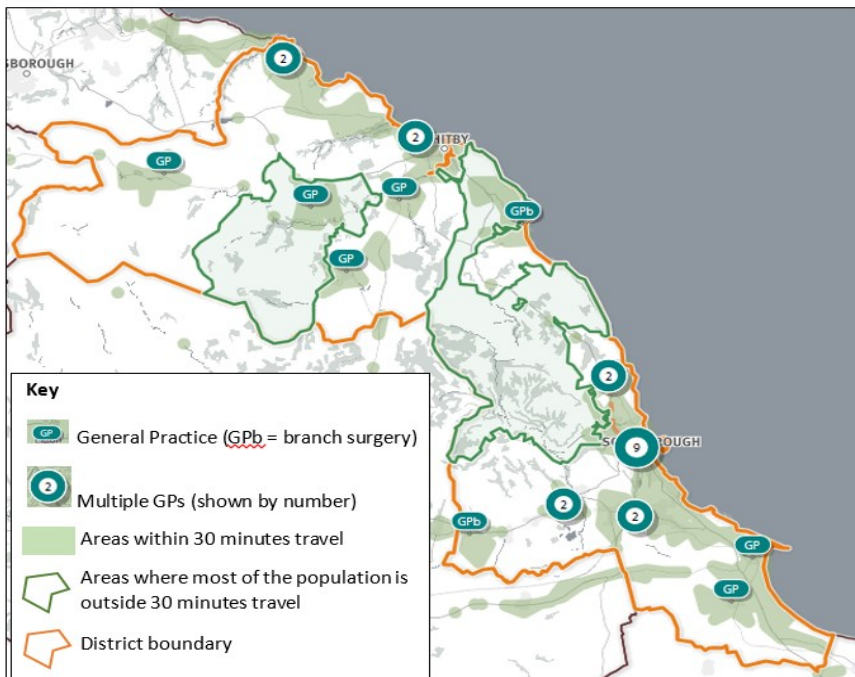
For North Yorkshire, the rate of children killed and seriously injured on England's roads has decreased between 2012-14 and 2014-16 (from 22 per 100,000 to 19 per 100,000) and is now similar to the England average (17 per 100,000). More information on staying safe on the road can be found in [Safer Roads, Healthier Place: York and North Yorkshire Road Safety Strategy](#) and at [roadwise.co.uk](http://roadwise.co.uk).

## Killed and Seriously Injured Casualties on the road, all ages, Scarborough district

Source: PHE



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

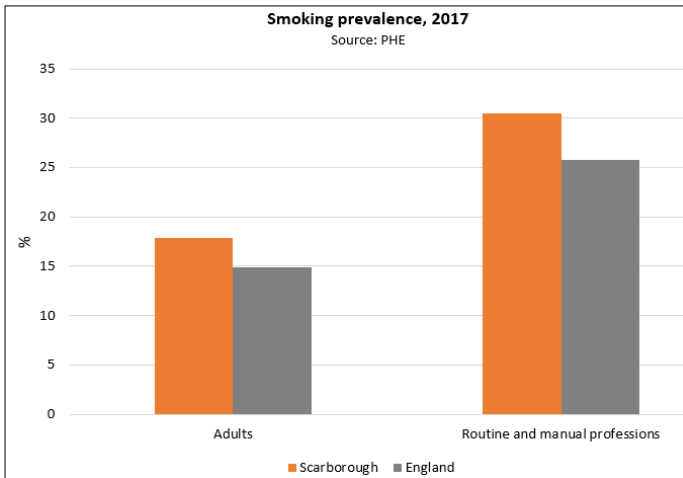


(Source: Public Health England, SHAPE tool)

In Scarborough, most of the population (97%) lives within a 30 minute travel time, by public transport, from a general practice. There are about 3,800 residents of Scarborough Borough with longer travel times. They are mostly resident between Scarborough town and Whitby, with some in the Glaisdale area. All of the district population is estimated to be within a 20 minutes' drive from a general practice. 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.

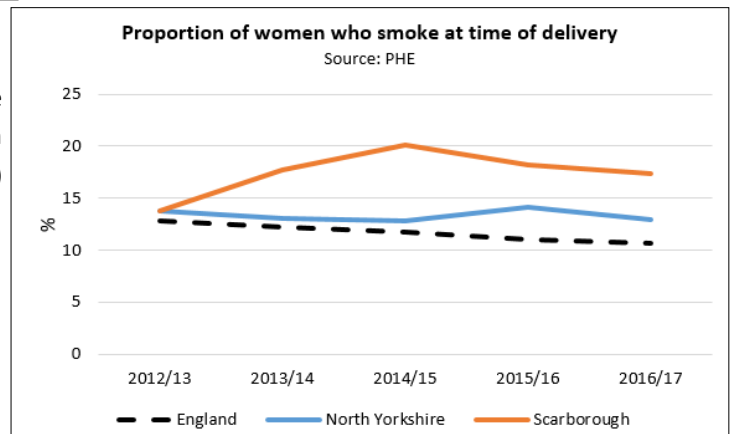
# Lifestyle and behaviour

## Smoking

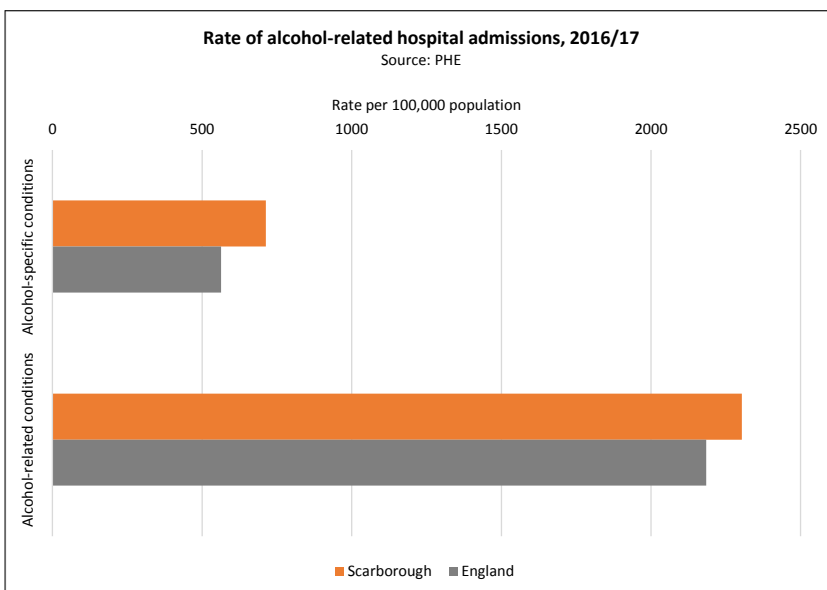


Smoking prevalence for adults in Scarborough is slightly higher than England, at 17% compared with 15% nationally. For adults in the routine and manual professions, however, prevalence in Scarborough is 30%, significantly higher than the 26% estimated for England. However, this represents a considerable decrease from 2014, where smoking prevalence for these professions in Scarborough was reported at 45%.

Maternal smoking during pregnancy is known to be detrimental for both the health of the mother and baby. In Scarborough, maternal smoking is a concern, with 17% (177) of local mothers smoking, compared to 11% nationally.



## Alcohol

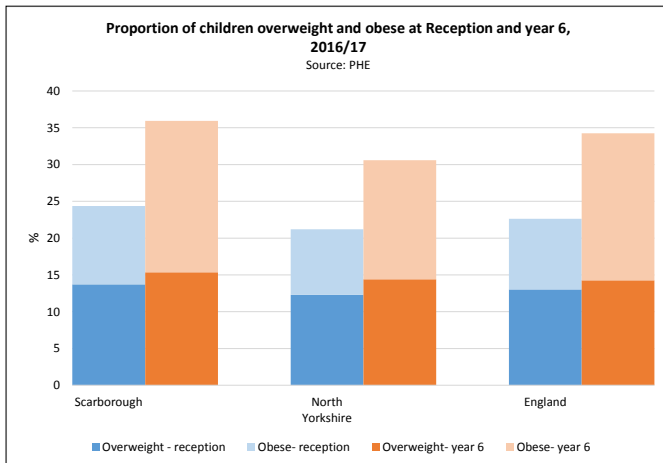


Implementing appropriate local interventions ensures we reduce misuse and harm associated with alcohol in our communities. Overall, the rate of admission episodes for alcohol-specific conditions in Scarborough is significantly higher than the England rate at 713 per 100,000 population compared to 563 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, Scarborough is significantly higher compared to England (2,304 per 100,000 population compared to 2,258). This shows most alcohol-

related harm is due to prolonged use, manifesting in a wide range of health problems. Further information on the 2014-2019 North Yorkshire Alcohol Strategy can be found on North Yorkshire Partnership website via the following link <http://www.nypartnerships.org.uk/>. Furthermore, Scarborough Borough has a significantly higher rate (232 per 100,000) of claimants of benefits due to alcoholism than the national average (133 per 100,000) in 2016.

# Lifestyle and behaviour

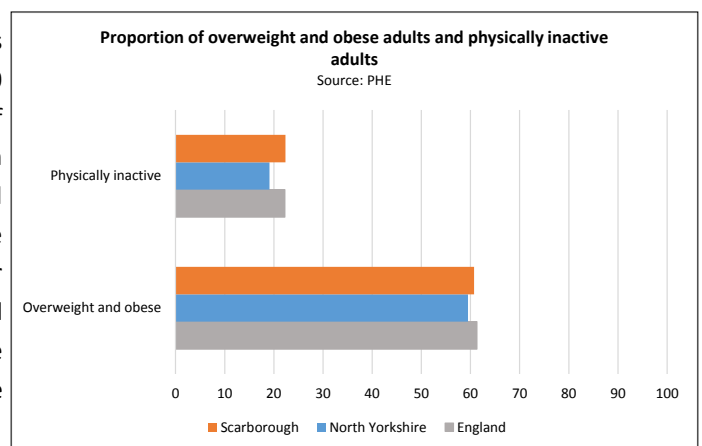
## Nutrition, activity and excess weight



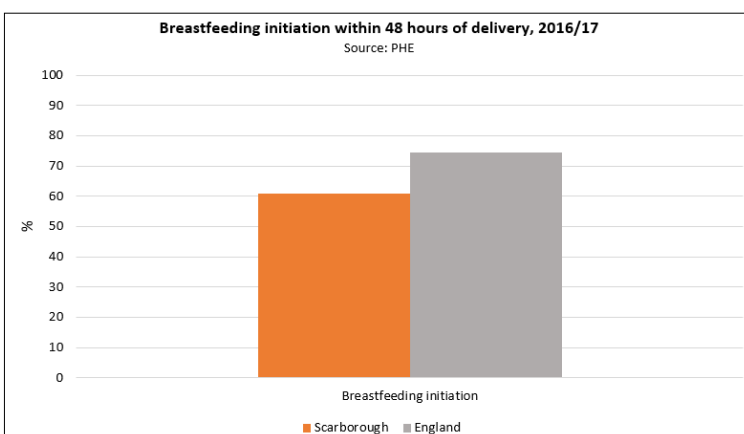
Childhood obesity is closely related to excess weight in adulthood. The proportion of children in Reception who are overweight or obese in Scarborough is similar to the figures seen in England (24% locally, 23% nationally). This is also true for Year 6 children (36% locally, 34% nationally). There is a 90% increase in the proportion of obese children from Reception to Year 6 in Scarborough, 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 only see a 12% increase between Reception and Year 6, but this could be because children change weight status (from overweight to obese) rather than indicating weight maintenance. Details of

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

Physical activity is associated with overall better health. Adults are identified as being inactive if they engage in less than 30 minutes of physical activity per week. The proportion of inactive adults in Scarborough is similar to England (both approximately 22%). Targeting adults who are inactive will impact on the reduction of chronic disease, particularly those related to excess weight. Targeting obesity is a priority area for Government as a way to decrease premature mortality and avoidable ill health. The proportion of adults who are overweight or obese in Scarborough is 61%—the same as the proportion of adults with excess weight in England.



The government recommends that adults eat at least five portions of fruit and vegetables per day. Self-reported fruit and vegetable consumption shows that Scarborough is below the North Yorkshire average in consuming the recommended fruit and vegetables. This indicates that nearly 40% of the adult population in Scarborough could improve their diet.



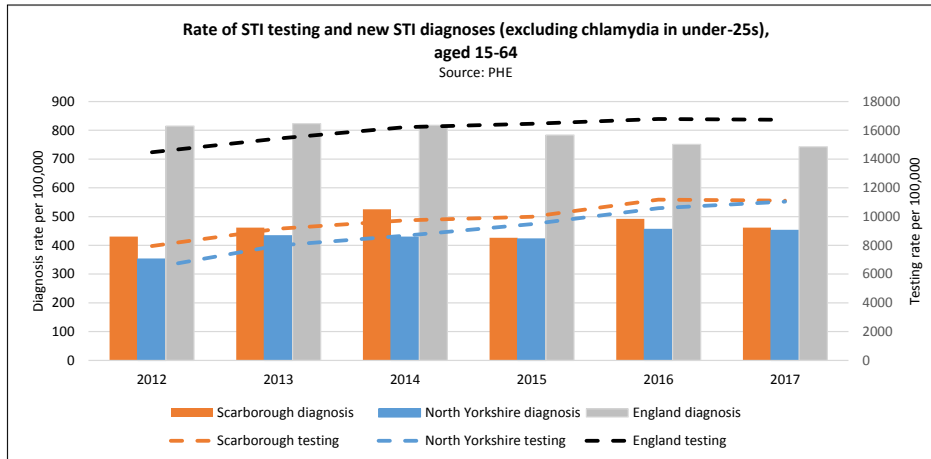
Breastfeeding provides benefits to the health and wellbeing of both mother and child. In Scarborough, there has been a general decrease in the proportion of women who initiate breastfeeding within 48 hours of delivery, from 69% in 2013/14 to 61% in 2016/17. The current proportion (61%) is significantly lower than England (75%). In order to increase breastfeeding, a strategy and action plan has been developed in partnership with York that is focussing on:

- Increasing initiation of breastfeeding
- Increasing breastfeeding at 6-8 weeks
- Reducing the gap between breastfeeding rates in the most deprived areas/population groups and the average.



# Lifestyle and behaviour

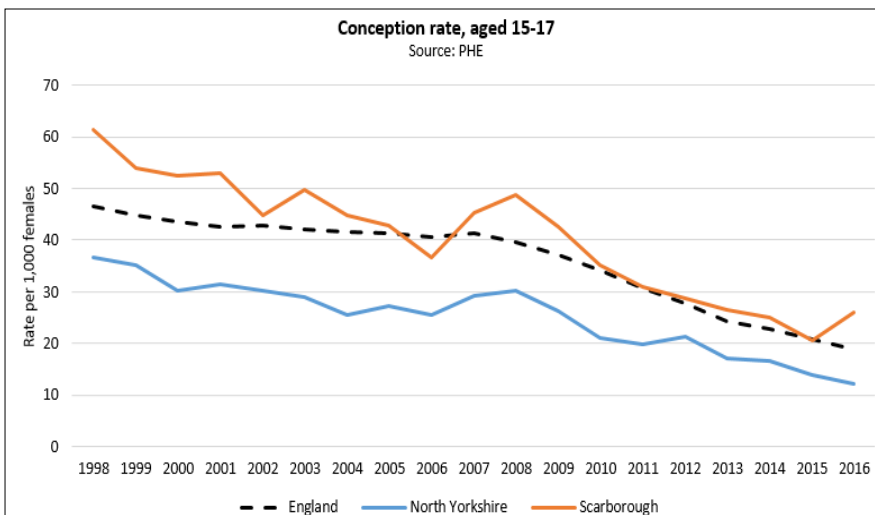
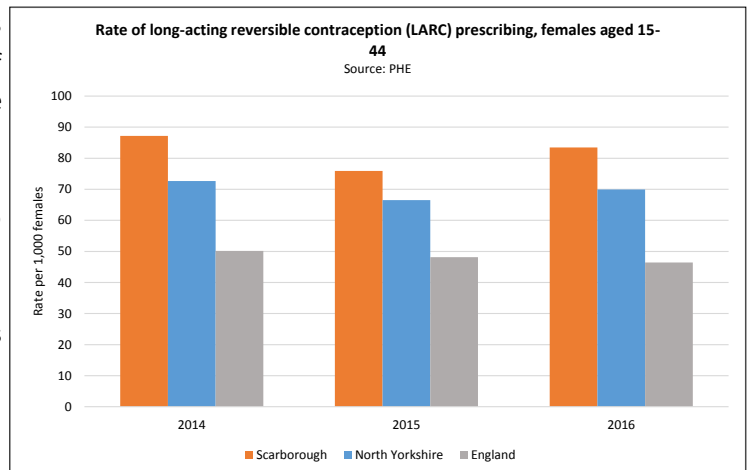
## Sexual health



It is important that we have a good understanding of local sexual health needs in order to provide the most appropriate services and interventions. In Scarborough, the rate of new Sexually Transmitted Infection (STI) diagnoses for 2017 at 460 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 Scarborough is significantly lower than England but similar to North Yorkshire. There are many factors which can explain a low diagnosis rate; it is not necessarily indicative of a lower prevalence of disease. When accompanied by a low rate of testing, it is important to consider if all of those who need to be tested within the population have services that are accessible and available to them.

Long-acting reversible contraception (LARC) is recommended as a cost-effective and effective form of birth control. As part of the priority to make a wide-range of contraceptive services available to all, LARC prescription measurement is often used as a proxy measure for access to wider contraceptive services. An increase in access to contraceptive services is thought to lead to a reduction in unintended pregnancies. The prescription rate for LARC in Scarborough (84 per 1,000 women aged 15-44) is significantly higher than the rate seen in England (46).

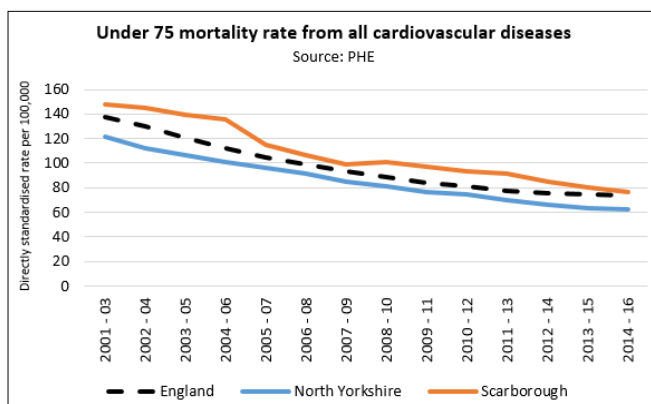


Unplanned pregnancies at any stage of life can have an impact on women's health and well-being. There is a great deal of attention paid to the experiences of teenagers who have an unplanned pregnancy, particularly in relation to the wider determinants of health including education, housing and poverty. While the rate in Scarborough of teenage conception is slightly higher than England overall (26.1 and 18.8 per 1,000 women aged 15-17, respectively), this is not statistically significant and continues an overall long-term downward trend.

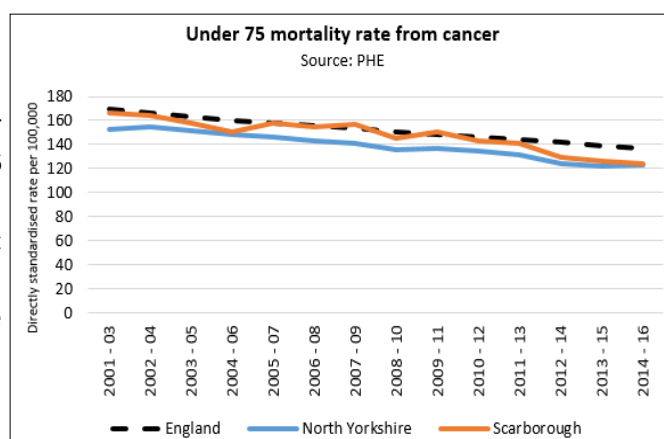
# Diseases and Death

## Major causes of death

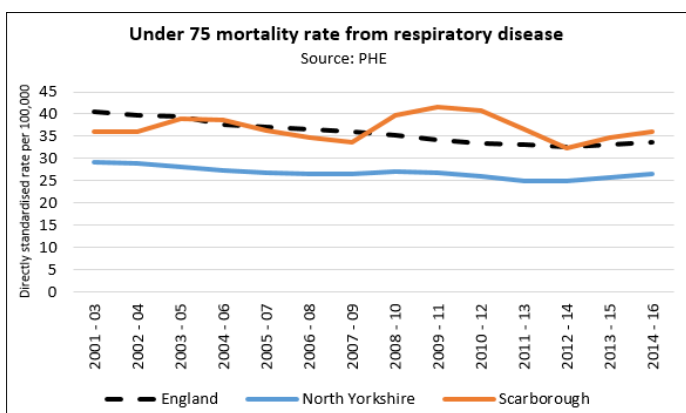
In Scarborough, there were 1,354 deaths in 2016. Nearly three quarters of deaths fell under just three broad causes: 453 (33.5%) due to cardiovascular diseases; 354 (26.2%) due to cancer and 183 (13.5%) due to respiratory diseases.



The rate of mortality for people aged under 75 from cardiovascular disease decreased in Scarborough between 2001-03 and 2014-16 and is similar to national (74 per 100,000) and Yorkshire and Humber (83 per 100,000) average.



The rate of mortality for individuals aged under 75 from cancer has decreased in Scarborough between 2001-03 and 2014-16 and is now significantly lower than the national (137 per 100,000) and Yorkshire and Humber (146 per 100,000) average. The most common death from cancer for individuals aged under 75 in Scarborough are cancers in the digestive system, cancers of the chest and breast cancer in 2017.

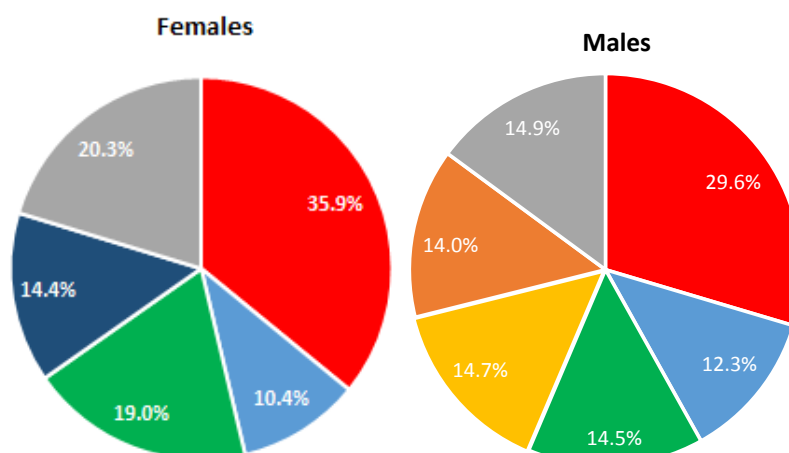


The rate of mortality for individuals aged under 75 from respiratory disease has increased in Scarborough between 2012-14 and 2014-16. Despite the increase the rate is similar to the national (34 per 100,000) and Yorkshire and Humber (39 per 100,000) averages.

## Inequality

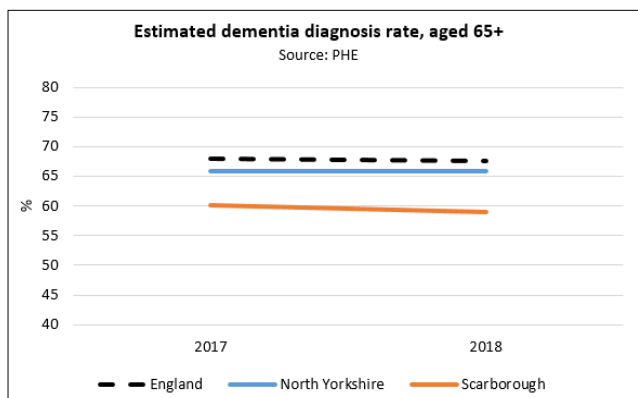
The following charts show causes of death which contribute towards the life expectancy gap between the most deprived and least deprived areas in Scarborough Borough (2012-14). The biggest contributor to the life expectancy gap for both men and women is circulatory diseases, including heart disease and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

- Circulatory
- External causes
- Other
- Cancer
- Digestive
- Respiratory
- Mental & behavioural



# Diseases and Death

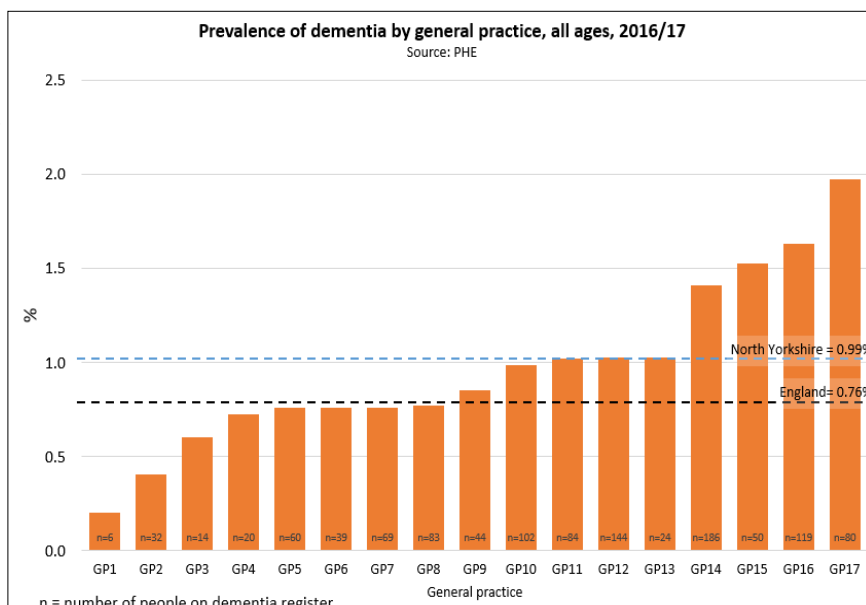
## Dementia



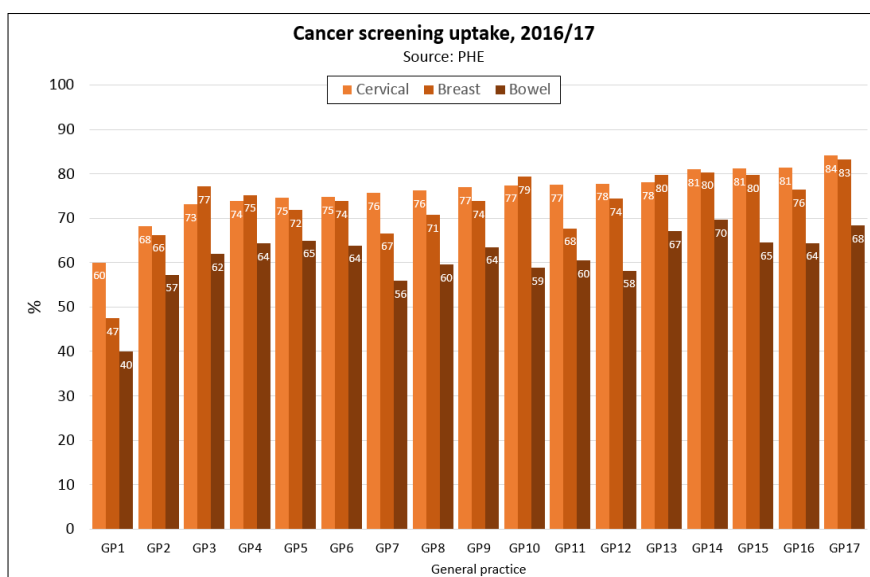
Scarborough has a significantly lower rate of those estimated to have dementia being diagnosed when compared with England (59% vs 68%). There are 1,100 people aged 65+ with dementia diagnosed in Scarborough, with potentially another 770 cases unrecorded.

Clinical Commissioning Groups (CCG) are working with NHS England to explore factors affecting diagnosis locally. NHS Health Check works to identify people at risk of vascular diseases including vascular dementia so they can reduce risks. More information on NHS Health Checks can be found via Fingertips [website](#).

The chart to the right shows the number of people with dementia recorded on general practice registers as a proportion of all people registered at each practice, for practices in the district. There are four GPs in Scarborough that have a higher proportion of people with dementia than the county average. There is a near ten-fold difference in recorded prevalence.



## Cancer Screening



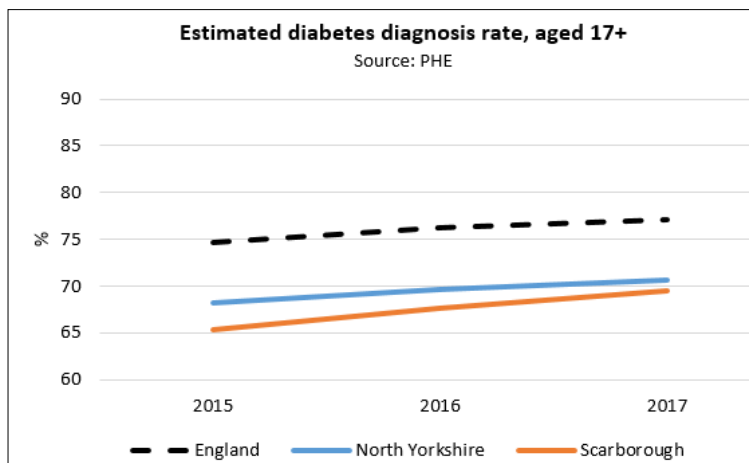
In Scarborough, as for England, there is a variation in the uptake of screening for both cervical and breast cancer compared with bowel cancer. Despite the lower uptake of screening for bowel cancer, in Scarborough the rate is significantly higher compared with England (62% locally; 59% nationally) in 2017.

Breast screening coverage fell to 77% 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

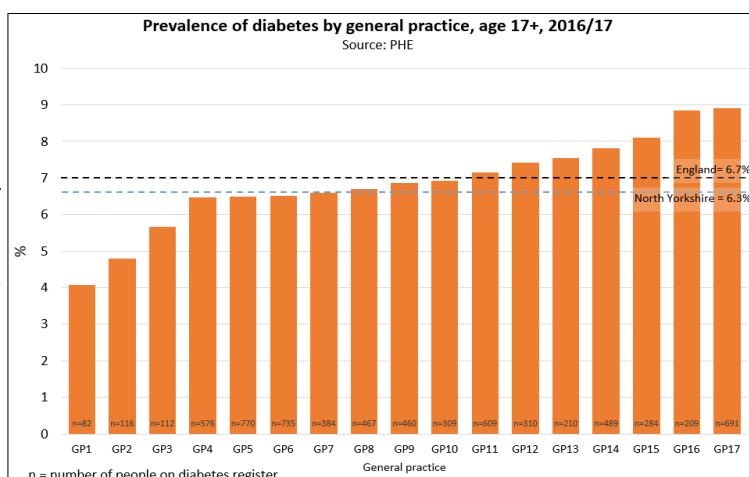
## Diabetes



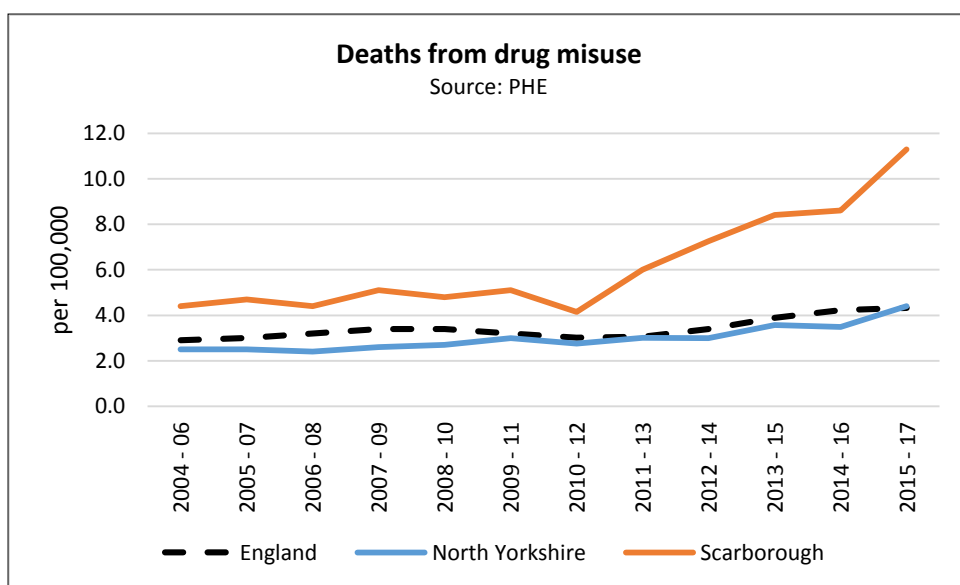
Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes is typically associated with excess weight can be prevented or delayed by lifestyle changes.

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 Scarborough, it is estimated that only 70% of diabetes cases are diagnosed, significantly lower than England (77%).

The chart to the right highlights the prevalence of diabetes by general practice. There is a more than two-fold difference in recorded diabetes prevalence between general practices in Scarborough Borough. The [NHS Diabetes Prevention Programme](#) aims to identify those at high risk of developing diabetes and the NHS Health Checks programme routinely tests for those at risk of developing diabetes



## Substance Misuse

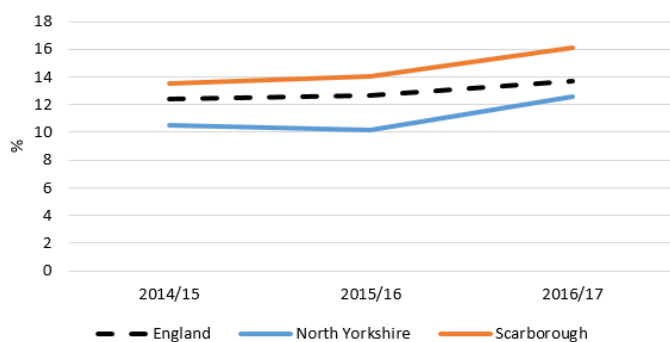


Deaths from drug misuse have increased in Scarborough since 2010-12 and the rate is significantly higher than England. Between 2004-06 and 2010-12 deaths from drug misuse were in Scarborough were not significantly different from England.

# Mental Health

**People reporting depression or anxiety, aged 18+**

Source: PHE



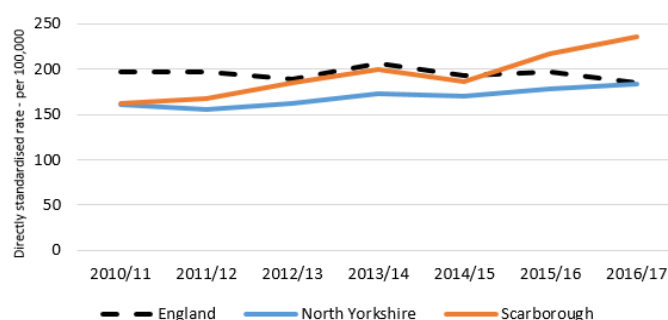
The percentage of individuals reporting depression or anxiety in Scarborough is significantly higher (16%) when compared to the national average (14%). Scarborough Borough has the highest proportion of depression or anxiety when compared to other districts in North Yorkshire.

Scarborough has the same rate of individuals who have long term musculoskeletal disease who are also feeling depressed or anxious compared to the England average (both 24%).

Scarborough Borough has the highest proportion of hospital admissions for intentional self harm in North Yorkshire (236 per 100,000) which is significantly higher than the England average (185 per 100,000). The proportion of hospital admissions for intentional self harm has increased between 2012/13 and 2016/17.

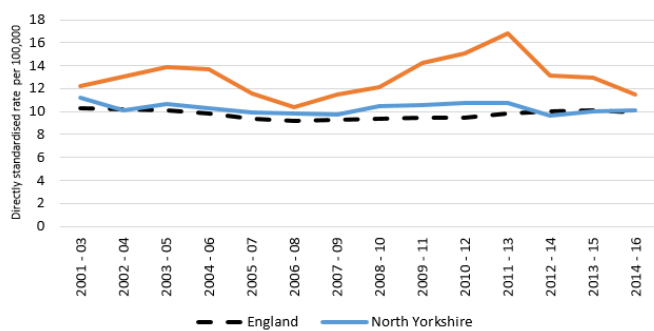
**Emergency Hospital Admissions for Intentional Self-Harm, all ages**

Source: PHE



**Suicide rate, all persons, aged over 10 years, Scarborough district**

Source: PHE



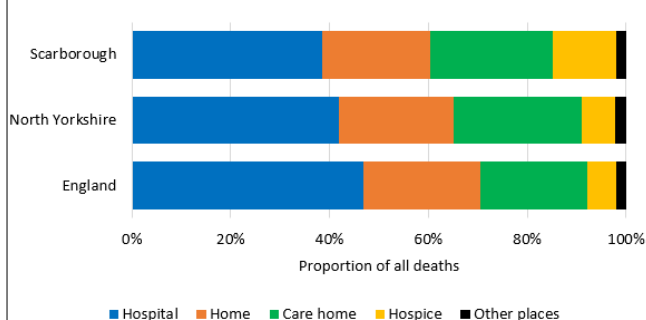
Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

The suicide rate in Scarborough has decreased between 2013-15 and 2014-16 and the rate is similar to the England average (12 per 100,000 locally compared to 10 per 100,000 nationally). The suicide rate for males is higher than females in Scarborough and this is in line with national trends. However, these are small numbers and should be interpreted with caution. Further information can be found in the [Suicides Audit in North Yorkshire 2015](#) and on the [North Yorkshire Partnerships Suicide Prevention](#) webpage.

## End of Life Care

**Place of death, 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 that they chose by 2020. In recent years, the proportion of people dying at home in North Yorkshire has tended to increase, however, Scarborough has a smaller proportion of people dying at home compared to county and national rates. In contrast, in 2016, Scarborough Borough has fewer people dying in hospital and a higher proportion of people dying in a care home and hospice compared with county and national averages.

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