

A Picture of Scarborough

Addressing inequalities in health and wellbeing (2005-2009)

Since 2005, Health Intelligence in North Yorkshire has provided health needs assessment that has led to collaborative programmes to improve teenage conceptions, breastfeeding, life expectancy, problem drinking, and life-skills to address poor diet, physical activity and mental health.

Scarborough Borough is the third most popular tourist destination after London and Blackpool. Stretching along the Cleveland Way, from Whitby in the north to Filey in the south, it extends inland to encompass some remote rural areas within the North Yorkshire Moors National Park. Its health needs are likely to be similar to other coastal and countryside areas with a mixed urban and rural population.



Deprivation in Scarborough Borough is slightly worse than average, as measured by the Index of Multiple Deprivation. For many health determinants and health outcome measures, Scarborough Borough is no different from the England average. However, it is significantly worse for mortality from heart disease and stroke, male life expectancy, child tooth decay, synthetic estimates of binge drinking, GCSE attainment, incapacity benefits for mental illness, road injuries and deaths, early deaths from accidents, smoking in pregnancy and breast feeding initiation. Problems that have improved in recent years are teenage conceptions, premature mortality from cancer, and incidence of violent crime.

Compared to the ONS Coastal and Countryside cluster, premature mortality is only significantly worse in Scarborough for circulatory diseases (Table 1).

Table 1: Premature mortality compared to ONS Coastal and Countryside cluster (2004-2006)

Premature mortality from	Scarborough Borough value	Significant differences in Scarborough		
		Coastal and Countryside cluster	Yorkshire and Humber Region	England
all cancers	110.96			
all circulatory diseases	102.84			
accidents	16.71			
suicide and injury undetermined	11.71			
chronic liver disease	10.76			
bronchitis, emphysema and other COPD	9.56			
diabetes	3.49			
epilepsy	3.02			
infectious and parasitic diseases	2.38			
renal failure	0.72			

All premature mortality figures are directly age standardised rate per 100,000 population under 75 years for the period 2004-2006

Key ■ Sig better in Scarborough ■ Sig worse in Scarborough ■ Not sig different in Scarborough

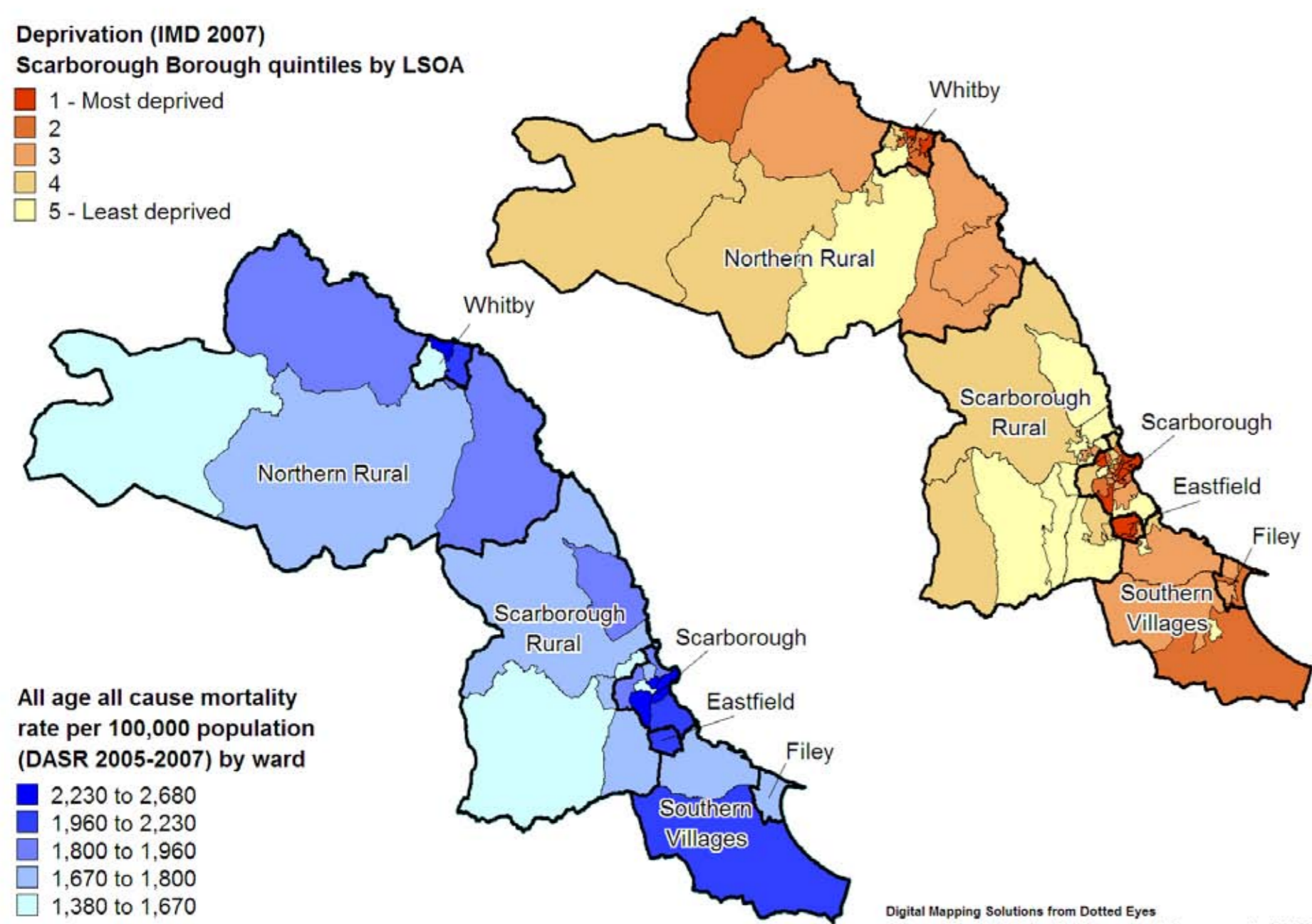
Demographic profiles of urban and rural neighbourhoods

Scarborough Borough, like many seaside locations, is a mix of urban and rural populations and landscapes. Following national trends, rural and coastal villages have older, less deprived populations than coastal towns. The exception is Filey, on the coast, which has the highest average age in Scarborough Borough. IMD 2007 scores for Lower Super Output Areas (LSOA) range from the least deprived 20% nationally to the most deprived. Figure 1 shows Scarborough Borough quintiles of IMD 2007. The least deprived LSOAs are in Scarborough Rural, followed by Northern Rural and Southern Villages. The most deprived LSOAs are in Filey, Whitby, Scarborough and Eastfield (Figure 1). Figure 1 also shows how the distribution of All Age All Cause Mortality rates, in electoral wards, closely follows the profile of deprivation. Under 18 conception rates (not shown) are also associated with deprivation, being highest in Eastfield, Scarborough, Whitby and Filey. See Table 2 for employment indicators.

Table 2: Ethnicity and employment in Scarborough Borough neighbourhoods

Indicator	Neighbourhood comparisons
Ethnicity	Predominantly white (non-white 1%, cf England 9.1%)
% Employed in tourism	All > England except Eastfield
% Employed in hotel & catering	All > England including Eastfield
% Employed full-time	All < England except Southern Villages
% Claiming job seekers allowance	Eastfield & Scarborough > England

Figure 1: Maps of Scarborough Borough neighbourhoods



Alcohol (2005)

The contribution of alcohol to circulatory diseases, plus rising mortality from chronic liver disease, prompted a study of alcohol related admissions to Scarborough Hospital in 2005. The period covered was from January 2001 to May 2005 (Tables 3, 4 and 5).

- 76% of admissions were through A&E
- 49% brought by ambulance
- 40% self-referred
- 31% of A&E attendances were admitted
- Admissions began at age 10-14
- Highest admission rates among ages 20 to 54

Table 3: Alcohol related admissions

Locality	Average number per week	
	A&E attendances	Admissions
Scarborough	21	6
Whitby	5	2
Filey	1	<1
Other	15	5

Table 4: Place of alcohol related incident

Place of incident	No. attendances	Percent
Home	7332	75%
Public thoroughfare	1295	13%
Pub	296	3%
Workplace	260	3%
Other	627	6%

Table 5: Reason for alcohol related A&E

Reason for A&E attendance	No. attendances	Percent
Non-traumatic	4296	44%
Fall	1185	12%
Accidental injury	1051	11%
Overdose	1006	10%
Assault	672	7%
Other	594	16%

➤ Scarborough Alcohol Harm Reduction Strategy was launched in 2007 and a Home Drinking Information Campaign begins in 2009. LAA targets include admissions for alcohol-related harm.

Tobacco (2006)

➤ To help cut mortality from circulatory diseases, stop smoking services have targeted more deprived areas (Table 6).

Table 6: Smoking quit rates per 1000 population (2007/08)

IMD 2007 national quintile	1 (most deprived)	2	3	4	5 (least deprived)
Quit rate per 1000 population	8.4	6.9	5.0	4.6	4.1
Number who quit	148	204	159	93	30

Life expectancy (2007)

Work by Yorkshire and Humber Public Health Observatory in 2007 showed that for the period 2001-2005, the gap in life expectancy between the 20% most deprived areas and NHS NYY as a whole was 3.4 years for men and 2.2 years for women. The greatest contributions came from CHD, lung cancer and chronic cirrhosis of the liver. One third of NHS NYY's 20% most deprived population reside in Scarborough Borough. Fifteen of the 20 most deprived GP practices in NHS NYY are located in Scarborough or Whitby.

➤ GP's contribution to reducing mortality from CHD was highlighted to practices in 2007/08 and individual practice profiles have been published for the last 3 years (Figure 2).

➤ There is a LAA target to reduce the gap in life expectancy between Scarborough Borough and the best performing council district in NHS NYY.

Figure 2: Extract from 2007/08 practice profile for CHD (all Scarborough Borough practices)

My Locality: Scarborough	PCT MIN		Z-SCORE					PCT MAX	Time Period	
			-6	-4	-2	0	2			4
CHD Diagnosed prevalence	5.1%	H	3.7						5.1	2007/08
CHD Undiagnosed prevalence	0.8%	N	0.3						1.4	2006/07
CHD Cholesterol management	84.3%	N	78.1						92.1	2007/08
CHD Blood pressure mgt	89.1%	N	88.4						91.5	2007/08
Statins prescribing	4.4		3.6						4.8	2007/08
CHD Non-Elective admission rate	258.1		160.6						281.1	2005/06-07/08
CHD Elective admission rate	216.2		100.5						249.3	2005/06-07/08
CHD Non-Elective spending rate	£185		178.6						313.3	2007/08
CHD Elective spending rate	£162		97.0						210.1	2007/08
Revascularisation procedure rate	105.0		69.7						168.5	2005/06-07/08

Key: H Sig. higher than England average N No Sig. difference to England average

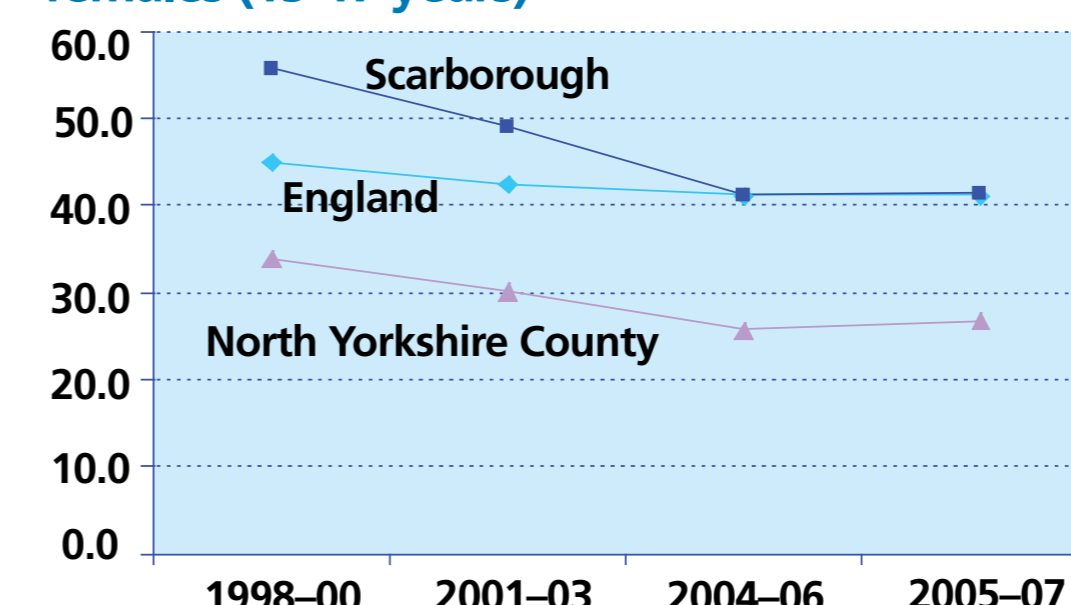
Under 18 conceptions (2008)

➤ Teenage conceptions remain a priority for Scarborough, even though the rate ceased to be significantly higher than the England rate in 2004-2006 (Figure 3).

➤ Free condom distribution centres are located in Scarborough, Whitby and Filey.

➤ Advertising campaigns include buses and train stations

Figure 3: Under 18 conception rate per 1000 females (15-17 years)



Falling teenage conception rates in the more deprived wards in Scarborough Borough has led to a reduction in health inequalities. This can be demonstrated by a reduced slope of under 18 conception rates versus IMD scores.

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