Scarborough District

This geographical summary should be read in conjunction with the North Yorkshire summary as needs identified in the North Yorkshire section are applicable to all districts and CCGs.

Population

Scarborough has a population of 108,600 (ONS 2010 Mid Year Population Estimates92). It is a fairly rural district with a population density of 133 people per km², above the North Yorkshire average of 75 yet below the national average of 401. The town of Scarborough (population 51,960) is its only major town or settlement with a population over 15,000. Its second largest town is Whitby with a population of 13,57093.

As in the rest of North Yorkshire, the population of Scarborough is increasing and ageing with a projected population of 111,800 by 203594. The population of older people (65 and over) is expected to increase from 22.9% in 2010 to 33.1% by 2035 while the population aged 0-19 years is expected to fall from 21.1% to 19.6% over the same period. The charts below show the effect of these changes on the projected population age profile.

**Ethnicity**

The population of Scarborough has a smaller estimated proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 17.2% with just 6.9% of the population classified in other categories than ‘White British’. Within these minority groups, the ‘White Other’ category accounts for 2.4% of the total population of Scarborough (ONS Mid-2009 Population Estimates Experimental Data95).

Deprivation

*Deprivation compared to the national average*

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92 ONS Mid-Year Population Estimates. Available at [www.ons.gov.uk](http://www.ons.gov.uk)
Scarborough is the most deprived district in North Yorkshire ranking 83 out of England’s 326 Local Authorities (where 1 = most deprived and 326 = least deprived). There are fourteen Lower Super Output Areas (LSOAs) in Scarborough that are ranked within the 20% most deprived in England96 shown in the map below.

Deprivation compared to North Yorkshire County

The chart below shows how the population of Scarborough is distributed across the deprivation quintiles for North Yorkshire County (based on the overall IMD score) and shows that the majority of the population of Scarborough live in the most deprived quintile.

96 The English Indices of Deprivation 2010, Department for Communities and Local Government. Available at http://www.communities.gov.uk
Deprivation within Scarborough

Based on the overall IMD score, the map below shows the most and least deprived areas within Scarborough, (i.e. the most deprived fifth of the population within Scarborough, through to the least deprived).

Other factors related to deprivation

The unemployment claimant count rate\(^7\) in Scarborough increased from 3.8% (2,532 claiming Job Seekers Allowance) in July 2011 to 5.1% (3,345 claimants) in January 2012,

higher than all other districts in North Yorkshire and above the national average of 4.0%. The wards of Castle, Eastfield, North Bay and Ramshill in Scarborough have the highest levels of unemployment in North Yorkshire. In these areas, Jobseekers Allowance claimants exceeded 8% of the working age population in January 2012.

Child Poverty (measured by the percentage of all dependent children under 20 living in families in receipt of out of work benefits or tax credits, where their reported income is less than 60% median income), in Scarborough during 2009 was 21.0% compared with a national average of 21.3%98. 2009 saw an increase from 20.4% during 2008.

Clinical Commissioning Groups

Residents of Scarborough district are predominantly registered with practices that form part of the Scarborough CCG which accounts for 77% of all residents. The remaining residents are predominantly registered Hambleton, Richmondshire and Whitby CCG.

Outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 1993 and 2010 the AAACM rate in Scarborough fluctuated around the national average. During 2008-10, the rate was 568 per 100,000, not significantly different compared to the national average of 553. Mortality is higher amongst males (671 per 100,000) compared to females (483 per 100,000)99.
Circulatory diseases are the leading cause of death amongst residents of Scarborough District accounting for 40% of all deaths.

The premature death rate (aged under 75 years) from all causes was not significantly different to the national average of 281 per 100,000 during 2008-10 in Scarborough (291 per 100,000). Although the rate in Scarborough is falling, it has generally remained above average over the last ten years.

100 NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012
The leading cause of death for those dying prematurely (<75 years) in Scarborough is Cancer, accounting for 39% of all deaths.

Life expectancy at birth is a good measure of overall health and is similar to All Age All Cause Mortality. During 2008-2010, the average life expectancy for males in Scarborough was 78.3 and females 82.2, not significantly different to the national averages of 78.6 and 82.6 and shows a rising trend. The gap between male and female life expectancy has narrowed considerably since 1993 though females can still expect to live around four years longer than males in Scarborough.

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Scarborough’s most deprived communities will die, on average 8.0 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Scarborough will die, on average 6.4 years earlier than those in the least deprived communities in Scarborough. For males, the Slope Index of Inequalities (SII) increased between 2001 and 2007 though has since fallen. For females, the SII has remained fairly stable over the last five years. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

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101 NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

102 Health Inequalities Gap Measurement Tool for England. SEPHO. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 01/02/2012
The chart below shows the Life expectancy years gained if the Most Deprived Quintile (MDQ) of Scarborough had the same mortality rate as the least deprived quintile in the local authority for each cause of death. The implications of this analysis are that people in the most deprived communities are having their lives cut short from potentially preventable conditions compared to their more affluent counterparts.

*Life expectancy years gained if the Most Deprived Quintile (MDQ) of Scarborough had the same mortality rate as the least deprived quintile in the local authority for each cause of death*

Source: LHO Health Inequalities Intervention Tool

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Community Health Profile for Scarborough

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. The health summary that appeared in the 2011 profile for Scarborough is shown below, outlining how the health of people in Scarborough compares with the rest of England. 2012 profiles will be published in summer 2012 - http://www.apho.org.uk/default.aspx?RID=49802.

Source: Department of Health, © Crown Copyright 2011
Scarborough District ‘Big Issues’

The issues received from people and organisations based in Scarborough district were overall similar to those received from other areas of the county. There was slightly less emphasis on issues connected with rurality than from the more rural parts of the county.

Although some of the issues that were mentioned during the JSNA event held in Scarborough district during December 2011 were typical of other areas, the total number of issues raised was higher than at most of the other events and more issues were uniquely raised during the Scarborough event than occurred in most other districts.

<table>
<thead>
<tr>
<th>Issues mentioned during discussion at the Scarborough district JSNA event</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation and housing – link to mental health. Avoiding ghettos</td>
<td>Only mentioned at the Scarborough event</td>
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<tr>
<td>Advocacy</td>
<td>Only mentioned at the Scarborough event</td>
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<tr>
<td>Affordable childcare</td>
<td>Only mentioned at the Scarborough event</td>
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<tr>
<td>Alcohol – availability, changing attitudes and behaviour</td>
<td>Only mentioned at the Scarborough event</td>
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<tr>
<td>Avoid duplication of services</td>
<td>Only mentioned at the Scarborough event</td>
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<tr>
<td>Education – information – lifetime investment</td>
<td></td>
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<tr>
<td>Effective support for family carers</td>
<td></td>
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<tr>
<td>Equal access to services (especially interpreters in health services)</td>
<td>Only mentioned at the Scarborough event</td>
</tr>
<tr>
<td>Family support isn't always there</td>
<td></td>
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<tr>
<td>Isolation (particularly older population)</td>
<td></td>
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<tr>
<td>Mental wellbeing – responding earlier</td>
<td></td>
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<tr>
<td>Need doors opening to access community assets</td>
<td>Only mentioned at the Scarborough event</td>
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<tr>
<td>No short term funding – look to the future</td>
<td>Only mentioned at the Scarborough event</td>
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<tr>
<td>Obesogenic environment</td>
<td>Only mentioned at the Scarborough event</td>
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<tr>
<td>Simplification of assessment process (especially social care)</td>
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</tr>
<tr>
<td>Stop Consultancy</td>
<td>Only mentioned at the Scarborough event</td>
</tr>
<tr>
<td>Supporting communities to be more supportive</td>
<td></td>
</tr>
</tbody>
</table>

Issues identified for Scarborough District

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

A  Give every child the best start in life

- Scarborough District (21%) has almost double the % of children in child poverty than the rest of North Yorkshire.
- Smoking in pregnancy rates are much higher than the National ambition in some areas of North Yorkshire, indicating an area of significant concern, particularly in Scarborough.
B  Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Lower educational attainment on most indicators compared to the rest of North Yorkshire and England.
- Falsgrave Park, Ramshill, Castle, Central and North Bay wards had a significantly higher rate of teenage pregnancy than the national average.

C  Create fair employment and good work for all

- Higher unemployment rate (both claimants and jobseekers).

D  Ensure a healthy standard of living for all

- Higher rate of households in fuel poverty (26.3%) compared to England (18.4%).

E  Create and develop healthy and sustainable places and communities

- Highest crime levels in North Yorkshire.
- Scarborough had the highest incidence of overcrowded housing at 4.95% of households, substantially higher than any other North Yorkshire district but lower than the national average of 7.13% for England.

F  Strengthen the role of ill-health prevention

- Recorded crime attributable to alcohol in Scarborough District is the highest (7.1 per 1000 population) in North Yorkshire.
- There is a need to develop a Falls Service in Scarborough/Whitby/Ryedale.
- For reception children, obesity prevalence was second highest in Scarborough (8.0%).
- For year 6 children, obesity prevalence was highest in Scarborough (17.8%).
- Eastfield and Seamer fall into the bottom national quartile for expected levels of participation in at least 3 days x 30 minutes, moderate intensity adult physical activity.
- Higher levels of Chlamydia screening compared to North Yorkshire.
- Scarborough has the highest rates of smoking in North Yorkshire.
- Over the last five years, the percentage of mothers who were smokers giving birth at Scarborough was consistently significantly higher than the national average. During 2010/11 at Scarborough, 19.5% (almost 2 in every 10 mothers) were recorded as being a smoker at the time of delivery.
- During 2009/10, all districts within North Yorkshire had smoking attributable hospital admission rates per 100,000 population that were significantly lower than the national average, with the exception of Scarborough, which was significantly higher.

G  Maximise the effectiveness of condition or treatment pathways (additional domain)

- Scarborough has Coronary Heart Disease mortality rates significantly higher than the national average.
• For COPD there is limited capacity to pulmonary rehabilitation available in Whitby.
• The % of people with diabetes who have an HbA1c <7 was 2nd lowest in Scarborough and Ryedale CCG across North Yorkshire.
• Scarborough is in the 2nd bottom quintile nationally for dying in place or usual residence (i.e. below average).
• 24/7 community nursing service in Scarborough Area needs developing.
• Scarborough District had rates significantly higher mortality rates from stroke than the national average.

Population Groups

Carers

• Scarborough District has the highest rate of claimants for carer’s allowance in North Yorkshire at 1.00% of the population, higher than the England average.

Homeless

• The number of homelessness acceptances per 1000 households in NY is 2nd highest in Scarborough (3.00 per 1000).

People with Physical Disability or Sensory Impairment

• Above the national average (18.0%) of working age population who are disabled at 23.7%.
• Highest rate of numbers receiving services from NYCC Health and Adult Services (35.7 per 1,000).