NHS Leicestershire County and Rutland

Leicestershire County Council

LEICESTERSHIRE together

LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

HARBOROUGH DISTRICT PROFILE

JANUARY 2010

JSNA District Level Report

JSNA findings for Harborough

1. Demography

In 2007 there were an estimated 82,300 people resident in Harborough.

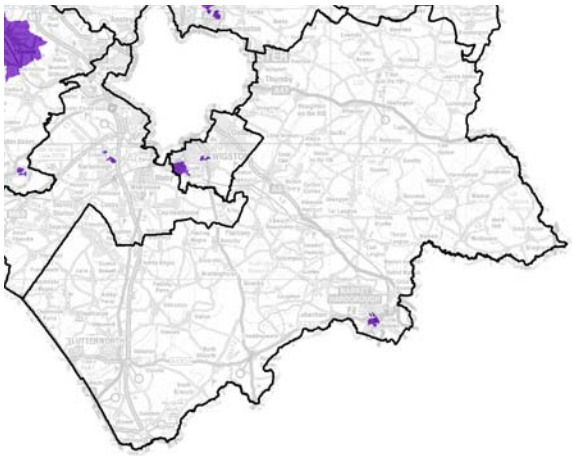
92% of the population is white British, 3% is White Other.

Harborough is affected by socio-economic deprivation than Leicestershire as a whole with 1.9% of the population living in neighbourhoods that have been classified as deprived nationally (4th quintile). However there are no residents within the most deprived quintile within this district. This is lower than the value for Leicestershire and is well below the national average of 20% of people.

Priority Neighbourhoods

Harborough has only one priority neighbourhood area, Market Harborough Central. A map of the priority neighbourhood is available on the Leicestershire Statistics and Research Online website:

http://www.lsr-online.org/reports/leicestershire_laa_priority_neighbourhoods



2. Housing and accommodation needs

Harborough district is mostly rural with a few small settlements. Market Harborough is the only part of the district which is classified as 'urban'. Data on Market Harborough generally suggests a pattern of lower income households in the middle (especially single people/pensioners) and wealthier households around the outer suburbs.

Most pupils (and households) in Harborough are White British. The largest ethnic minority groups are 'Other White' and 'Asian/Asian British Indian'.

Comparatively Market Harborough has a fair mix of property types, with a particularly significant number of 2 bed flats around the town centre. Most property in Harborough is owner occupied, and Market Harborough has a larger

proportion of affordable housing (20%) compared to the rest of the district, and also above the average proportion of intermediate (shared ownership) housing. House prices are particularly high across the Harborough district, reflecting the general trend for rural areas across the UK. Prices tend to be lower closer to the more built up areas.

The key priorities for housing are across Leicestershire:

- Housing and older people
- Achieving decent homes in the private sector
- The provision of more floating support to vulnerable people
- Tackling fuel poverty, anti-social behaviour and drug activity
- Housing adaptations for disabled people

3. Staying Healthy

Overall life expectancy in Harborough is 79.5 years for men and 82.6 years for women. Both of these figures are amongst the highest in the county and Rutland.

Within Harborough there are inequalities in life expectancy across communities. The people living in the deprived parts of the district can expect to live almost 5.5 years less than the average for males and 5 years less for females.

The main causes of health inequalities for Harborough have been identified as circulatory disease, cancer, external causes and 'other'. The key to reducing these inequalities lies in supporting people to make informed choices about their health and well-being. Some of the key lifestyle factors facing the people of Harborough are listed below.

In Harborough it is estimated that

- 15,071 adults are obese
- Only 29.7% of adults eat 5 portions of fruit or vegetables per day
- Only 23.8% of the adult population exercise for 30 minutes or more at least 3 times per week
- There are an estimated 11,015 binge drinkers, 13,100 hazardous drinkers, 2,300 harmful drinkers
- 12,897 adults smoke

4. Children's health and well-being

In 2007 there were an estimated 18,800 people aged 19 years and under in Harborough, 24.6% of the total population.

- Between 1993 and 2006 mortality rates amongst children and young people (aged under 15) have steadily reduced, in line with East Midlands and National trends.

- Diagnosis of children (aged 15 years and under) with Autistic Spectrum Conditions (ASC) has increased ten-fold in the last 10 years.

- Across Leicester, Leicestershire and Rutland, two in every 1,000 people under 20 years old are registered with Mental Health Services. Registration rates are on average three times higher for females.

- Children in care are much more likely to suffer from mental health problems.

- In 2007, Leicestershire's under 18 conception rate increased by 4.3% which was greater than the national average increase of 2.6%.

    - Between 2004 and 2006 there were 91 teenage conceptions in Harborough

- Alcohol consumption rates for girls (aged 11-15) are continuing to rise nationally, whilst consumption rates for boys has stabilised. In most areas of Leicestershire girls (aged 11-15) have a higher alcohol consumption rate than boys.

- 18% of Leicestershire pupils in year eight and 10 reported using drugs, which is slightly higher than the national average of 16%.

- In 2006, 14% of 'vulnerable young people' in Leicestershire had either significant or critical issues in relation to substance misuse, with the highest rates being reported in Coalville and Hinckley.

- By 2050, it is predicted that 25% of under 20 year olds will be obese.

- By 2050, it is predicted that 70% of girls could be overweight or obese, with only 30% in the healthy Body Mass Index (BMI) range. For boys, it is predicted that approximately 55% could be overweight or obese, with around 45% in the healthy BMI range.

- For Harborough

    - 6.3% of reception age children are obese, 17.0% are overweight or obese

    - 13.3% of year 6 children are obese, 28.3% are overweight or obese

- For each of the four areas identified as priority areas for children and young people (i.e. mental health, substance misuse, obesity and teenage pregnancy) there is a strong link between deprivation and prevalence. There is therefore a need to consider ways of targeting resources to further support young people in deprived areas such as North West Leicestershire/ Charnwood/ Melton/ and Hinckley & Bosworth, whilst ensuring that young

people in other areas also have good access to services. Overall, children and young people in Leicestershire are healthier and safer than national averages.

5. Older people

In 2008 there were an estimated 14,200 people age 65 and over. This is projected to rise to 24,400 by 2025. This is an increase of 72% and is the largest projected increase in Leicestershire districts.

Healthy life expectancy for people aged 65 and over is 14.3 years in Harborough. This is 1.8 years above the national average.

In 2008 5,609 people over 65 had a limiting long term illness. This is projected to rise to 9,928 people in 2025, a rise of 77%.

In 2008 there were 4576 people over 65 years unable to self care. This is projected to rise to 8206 people in 2025.

Across Leicestershire as a whole the need and demand for services is predicted to increase. This pattern will be true for Harborough with its rise in older people.

Table 31: Projections for service use

	2008	2010	2015	2020	2025
Number of people 65 and over helped to live at home	7,452	7,907	9,308	10,343	11,426
Number of households receiving intensive home care for people aged 65 and over (10 hours or more, 6 or more visits per week)	1,220	1,295	1,524	1,694	1,871
Number of people aged 65 and over receiving community-based services	11,202	11,886	13,992	15,548	17,176
Total number of people aged 65 and over in residential and nursing care during the year	3,047	3,233	3,806	4,229	4,672

Source: www.poppi.org.uk

Future service use will need to be focused towards:

- Reduced use of residential care and more people helped to live at home or supported living
- Personalisation of services
- Preventative services
- Voluntary service provision

6. Planned Care

Two thirds of referrals for planned care for people from Leicestershire County and Rutland are referred to University Hospitals Leicester. Surgical and medical specialties account for 77% of all out patient attendances.

Older people over the age of 65 years are the group most likely to have a planned in-patient stay in hospital with an admission rate more than twice the rest of the population. This reflects the higher level of chronic disease and disability associated with these age groups.

For every age group except 17-24 year olds, neoplasm was the most common or second most common reason for admission. Prevention by facilitating lifestyle changes would have a significant impact on the health care services.

The level of planned care (as measured by hospital admissions) for the population of Leicestershire County and Rutland is greater than one would expect compared with the national population. Understanding the reasons for this would help reduce unnecessary episodes of planned care, especially as out patient attendances are expected to increase by 7% and planned in patient stays are expected to increase by 8% by 2012/13 even though the population in Leicestershire County and Rutland is expected to increase by only 5%.

7. Cancer

The number of new cases of cancer (incidence) is anticipated to increase over the next few years due to the increasing numbers of older people. Reducing risk factors, in particular smoking, will help reduce the rate of increase in the medium to long-term.

The falling rates in premature mortality for those who have cancer are expected to continue. The primary care trust has challenging targets to reduce premature mortality from cancer linked to the national target to reduce this by 20% by 2010 from the 1995-97 baseline.

The combined effect of increasing incidence and survival means that cancer services are likely to see an increasing demand for their expertise in the forthcoming years.

Increasing the uptake of cancer screening will increase the number of new cancers (although cervical cancer screening detects pre-cancerous changes rather than the cancer itself) and further increase the demand on cancer services. This is likely to be marginal us the uptake in Leicestershire County and Rutland is already greater than 80%.

Across Leicestershire County and Rutland:

- 64% of men diagnosed with cancer are alive at 1 year
- 71.2% of women diagnosed with cancer are alive at 1 year

- For men, 1 year survival is highest for prostate cancer at 94.4%, it is 74.5% for colorectal cancer and drops to 26.4% for lung cancer

- For women, 1 year survival is highest for breast cancer at 96.3%, it is 67.2% for colorectal cancer and drops to 31.3% for lung cancer

- 42.7% of men diagnosed with cancer are alive at 5 years

- 55.6% of women diagnosed with cancer are alive at 5 years

- For men, 5 year survival is highest for prostate cancer at 75.2%, it is 53.8% for colorectal cancer and drops to 5.9% for lung cancer

- For women, 5 year survival is highest for breast cancer at 83.9%, it is 48.9% for colorectal cancer and drops to 8.4% for lung cancer

In Harborough:

- Between 2003 and 2005 1,174 people were registered with cancer through cancer registries. The cancer incidence rate is below the national average.

- Between 2005 and 2007 585 people died from cancer. 298 of these were aged less than 75 years. The mortality rates from cancer are similar to the national average.

- In Harborough the incidence of lung cancer is 41.2 per 100,000 for males and 23.7 per 100,000 for females. Both rates are lower than the rates for Leicestershire County and Rutland.

- Harborough has a higher incidence of breast cancer than the primary care trust average (140.5 per 100,000 compared to 129.3)

- Harborough has the second lowest incidence rate for colorectal cancer in males (48.1 per 100,000). Rates in females are above average.

- Harborough has a slightly higher incidence of prostate cancer (101.9 per 100,000) compared to the County and Rutland (94.7).

8. End of life care

Most people supported at home wish to die in their home with appropriate help from services. The high proportion of deaths that occur in hospital, which currently stands at 56%, needs to be reduced to reflect these views.

Between 2005 and 2007 approximately 19% of deaths occurred at home. The Primary Care Trust has plans to increase this to 23.5% by 2013. Although some events in the year prior to death are unanticipated and would be expected to lead to unscheduled hospital admissions, patients with cancer have a diagnosis that is already known and could have a care plan based on their likely prognosis. With prior planning, it would be expected that patients with cancer would have fewer hospital admissions in the year prior to their death than other patients. The fact that

older people with cancer had higher rates of hospital admissions during the year prior to their death than all older people raises questions regarding the planning and support of cancer patients in the community.

At present most deaths in England occur in NHS hospitals (58%), with deaths at home (18%) and in care homes (17%) collectively accounting for around 35% of all deaths (based on ONS figures for 2004). Hospices account for around 4% of deaths, with around 3% occurring in other locations.

When people were asked about their preferences, the main findings were that:

- Most people would prefer to be cared for at home, as long as high quality care can be assured and that they do not place too great a burden on their families and carers;

- Some people, (particularly older people) who live alone, wish to live at home for as long as possible, although they wish to die elsewhere where they can be certain not to be alone;

- Some people however, would not wish to be cared for at home, and would prefer to be cared for in a hospice;

- Most, but not all, people would prefer not to die in a hospital – although this is where most people do die.

9. Acute care

Unscheduled care refers to NHS care in hospitals that is either emergency or unplanned (non-elective) care. On an individual basis, the episodes of care are unanticipated. However, at a population level, there are consistent patterns of care provided to groups within the population.

This chapter is based on NHS data for activity that took place during 2007/08 for the population of NHS Leicestershire County and Rutland.

- The age group most likely to attend the accident and emergency department at Leicester Royal Infirmary is 15 - 24 years, and men are more likely to attend than women

- However, in terms of unscheduled hospital admissions, the age group most likely to be admitted is 75 years plus with an admission rate three times higher than the rest of the population

- The diagnostic group “symptoms signs and abnormal conditions not elsewhere classified” accounted for 17% to 24% of non pregnancy related admissions amongst all age groups, and may reflect the uncertainty in the clinical presentations that require investigation and observation unavailable in the community

- The diagnostic group “injury poisoning and external causes” accounted for 11% to 25% of non pregnancy related admissions amongst all age groups.

This is mainly related to trauma in various forms. Home safety and transport safety are key issues for public health and health inequalities.

- The diagnostic group “factors influencing health status” accounted for 12% to 28% of non pregnancy related admissions in the under 65 age groups. Further work should take place to understand why such a high proportion appears in this diagnostic group

- The level of unscheduled care (as measured by hospital admissions) for the population of Leicestershire County and Rutland is greater than one would expect compared with the national population. Understanding the reasons for this would help reduce unnecessary unscheduled hospital admissions, especially as unscheduled hospital admissions are expected to increase by 8% by 2012/13 even though the population in Leicestershire County and Rutland is expected to increase by only 5%.

10. Long term conditions

Long-term conditions refer to a group of illnesses that, at present, cannot be cured but can be controlled by medication and other therapies. Once diagnosed with a long-term condition, a patient’s life is forever altered. However, by supporting patients with a long-term condition to manage their condition and their risk factors, the NHS and social care can support the patient to attain better health outcomes and quality of life, slow disease progression and reduce disability.

There are a large group of diseases that are considered to be long-term conditions. Within this section there is an overview of the common long term conditions that are managed largely within primary care and through GP registers.

Nationally, it is known that:

- People with long-term conditions are more likely to see their GP, be admitted to hospital, and stay in hospital longer than people without long-term conditions.

- Three out of every five people aged over 60 in England suffer from a long-term condition.

- Due to the ageing population the number of people in England with a long-term condition is set to rise by 23% over the next 25 years.

- Patients with long-term conditions are very intensive users of health care services. Those with long-term conditions account for 31% of the population, but use 52% of all GP appointments and 65% of all outpatient appointments.

- It is estimated that the treatment and care of those with long-term conditions accounts for 69% of the primary and acute care budget in England.

In Harborough:

- 2,534 people are on GP diabetes registers. This is significantly lower than the estimated number of people with diabetes for the area (3,151).

- The estimated prevalence of diabetes is 3.92% of the population which is below the PCT average (4.13%).

- Between 2005 and 2007 15 people died from diabetes

- Across Leicestershire County and Rutland diabetes prevalence is estimated at 4.1% in 2008 (27,532 people). This is modelled to increase to 5.2% in 2015 (36,563 people) and 6.3% by 2025 (46,840). This is an overall increase of 70% in the number of people living with diabetes by 2025.

- In 2008 there were 933 people on GP registers with chronic obstructive pulmonary disease (1.42% of the adult population)

- Estimates of chronic obstructive pulmonary disease are closer to 1523 people or 2.28% of the adult population

- Mortality rates from chronic obstructive pulmonary disease are lower than the national average

- It is estimated that the prevalence of chronic obstructive pulmonary disease will grow over time, both nationally and locally. In 2008 prevalence nationally was estimated at 3.5%. This is expected to rise to 3.7% in 2015 and 3.8% by 2025.

- Harborough has a significantly lower premature mortality rate for cardiovascular diseases than Leicestershire County and Rutland. Between 2004 and 2006 there were 156 premature deaths from cardiovascular diseases

- In 2008 there were 10,461 people on GP registers with diagnosed hypertension, 15.9% of the adult population.

- The estimated level of hypertension is 20,579 people or 30.9%

- In 2008 it is estimated that there are 163,776 people with hypertension in Leicestershire County and Rutland. This is 1 in 3 of the adult population. This is predicted to rise to 198,585 by 2020, a total increase of 21.5% on the 2008 levels.

- In 2008 there were 2570 people on GP registers with coronary heart disease, 3.9% of the adult population

- Estimates of coronary heart disease predict actual prevalence to be 2983 people or 4.5%

- In 2008 there were 1180 people on GP registers with a diagnosis of stroke, 1.8% of the adult population

- The estimated prevalence of stroke is 1352 people, 2.0%

- Across Leicestershire County and Rutland prevalence is estimated at 2.4% in 2008 (13,271 people). This is modelled to increase to 2.6% in 2015 (15,579 people) and 2% by 2020 (17,313). This is an overall increase of 30% in the number of patients affected by stroke by 2020s

11. Maternal and newborn health

In 2007 there were 895 births in Harborough. The birth rate is similar to the England average and higher than the PCT average.

Between 2005 and 2007 9 babies died before reaching 1 year in age (the infant mortality rate is lower the England and PCT average)

The proportion of low birth weight babies is lower then PCT average

12. Adult and older persons mental health

Predicted prevalence of mental health problems in Harborough 2008 and 2025:

- In 2008 there were 1,282 people predicted to have depression, rising by 6.8% in 2025.

- 8,266 people were predicted to have a neurotic disorder, rising by 6.8%.

- 2,216 people were predicted to have a personality disorder rising by 6.4%.

- 277 people predicted to have a psychotic disorder rising by 6.5%

Population aged 65 and over with predicted depression:

- In 2008, it is estimated that between 1420 and 2130 people in Harborough have depression.

- It is estimated that there are between 426 and 710 people with severe depression

Harborough - People aged 18-64 predicted to have a mental health problem, by gender, projected to 2025

Condition	Gender	2008	2010	2015	2020	2025	%
Depression	Males	582	584	586	607	614	5.5
Depression	Females	700	711	717	739	753	7.6
	All	**1282**	**1295**	**1303**	**1346**	**1367**	**6.8**
Neurotic disorder	Males	3,416	3,429	3,443	3,564	3,605	5.5
Neurotic disorder	Females	4,850	4,928	4,966	5,122	5,219	7.6
	All	**8,266**	**8,357**	**8,409**	**8,686**	**8,824**	**6.8**
Personality disorder	Males	1,366	1,372	1,377	1,426	1,442	5.6
Personality disorder	Females	850	864	870	898	915	7.6
	All	**2,216**	**2,236**	**2,247**	**2,324**	**2,357**	**6.4**
Psychotic disorder	Males	152	152	153	158	160	5.3
Psychotic disorder	Females	125	127	128	132	135	8.0
	All	**277**	**279**	**281**	**290**	**295**	**6.5**

Source: www.pansi.org.uk

13. Learning disabilities

There are 225 known people aged 19 and over in Harborough with learning disabilities. This is considerably fewer than the estimated number of 1,499 people.

The majority of people with learning disabilities are aged between 20 and 29 years.

The majority of people with learning disabilities in Leicestershire live with their parents (35.3%) followed by those living in residential accommodation (21%)

In Harborough:

- 31 people have downs syndrome
- 501 people have autistic spectrum disorder (18-64)

The number of adults with learning disabilities is predicted to increase in the future by 8.3% in Leicestershire. This is an increase from an estimated 9,828 adults with learning disabilities in 2008 to 10,643 adults with learning disabilities living in Leicestershire in 2025.

People with learning disabilities often have increased health needs, in comparison to the non disabled population. For example, people with learning disabilities are more likely to experience: psychiatric problems, gastrointestinal problems, respiratory problems, orthopaedic problems, dermatological problems, cerebral palsy, epilepsy, sensory impairments and obesity.

14. Young disabled adults – physical disability

- The population of moderately to seriously physically disabled people aged 18-64 is set to rise from 42,113 in 2008 to 45,786 in 2025, a rise of 8.7%. This rises and falls in line with the overall 18-64 years population in Leicestershire.
- On average there are three times as many people with moderate physical disabilities than serious disabilities.

- Of the total number of physically disabled people, there are predicted to be 3,546 people who will need assistance with personal care, which will rise to 3,850 by 2025, a rise of 8.5%. In 2008, there was a total population of 21,056 physically disabled people who were likely to be able to work.

- The number of community care assessments completed by Leicestershire County Council Adult Social Care Service with physically disabled people has increased by 31.2% between 2006 and 2008 and will continue to rise in line with population increases.

- 12,200 people in Leicestershire with a disabling neurological condition with 3,050 needing help with daily living

- 5,790 people registered as deaf or hard of hearing

- 14,550 people in Leicestershire who are blind or partially sighted

15. Carers

Harborough is estimated to have 7,679 carers, 10% of the population

Carers will need more (and different types of) support due to an expected increase in the numbers of people living in the community with long-term life limiting conditions

Carers are requesting more and more earlier support from community health services and primary care services, including official recognition as a 'carer'

Information for carers and for social care and health staff who interface with carers (about carers rights and the availability of support) needs to be improved

Support for young carers of adults needs to be better co-ordinated across the Adult Social Care Service and Children and Young People Service

To date, there has been little focus on assistive technology as a support mechanism for carers

Consultation with carers has highlighted that they are keen to support service planning and service reviews. These should not only considers their own support needs but also wider services that address the support needs of the person being cared for

16. Personalisation

During 2008/9 in excess of 17,500 Leicestershire people used services provided by Leicestershire County Council's Adult Social Care Service. The Government has set a target of 30% of the existing people receiving services to have an Individual Budget by 2011 (as defined by NI130). In Leicestershire this equates to over 5,000 people receiving an individual or personal budget by 2011. In 2008/9 approximately 1,300 people used the County Council's Direct Payments Service. These people have largely directed their own care and support and will be migrated onto an Individual Budget during 2009/10.

Personalisation is the biggest change to the way Adult Social Care Services are organised since the introduction of Community Care. It will challenge all of the major systems both in terms of direct service delivery and all back office functions. Major change will be required to the care pathway and to the culture of the department in terms of empowering citizens to take control of their lives.

Developing social capital – there needs to be further recognition that how people behave towards each other in communities, as formal volunteers or informally looking after their neighbours, impacts on the social care and support needed by individuals (which can reduce the need for statutory provision). We need to value the contribution that all individuals can make to society, including meaningful roles for people in receipt of services who wish to volunteer as part of their contribution to society.

Prevention and early intervention – we must identify the gaps in existing health and social care provision and be able to meet those needs differently. We need system-wide transformation, developed and owned by local partners that promote early intervention, prevention and re-ablement so that people are supported early on and in a way that's right for them.

In line with national trends, people in Leicestershire have told us they want (and rightly expect) more choice, control, and access to universal services wherever possible, rather than people with particular needs having to accept what services are offered. Consequently, commissioners and providers need to promote access to universal information, advice and advocacy.

17. Offender health

There are 4 prisons in Leicestershire County and Rutland covering a prison population of 2,850. There is 1 prison in Harborough. However there will be a population of offenders living in the community in the district.

HMP Gartree is located close to Market Harborough. It is a category B prison acting as a main lifer centre for prisoners from around the country. Gartree is one of a small number of prisons exclusively for prisoners serving life sentences for offences such as murder. The healthcare centre dates from the 1960's and a new centre is planned for 2010. The operational capacity is for 613 prisoners.

The highest percentage of smoking quitters were from Gartree (74% in 2007/08, 75% in 2008/09).

The numbers of people on community orders and suspended sentence orders in Leicestershire and Rutland at any one time is in the region of 2000.

Offenders have significant health inequalities compared to the general population. Their issues with mental health and substance misuse may contribute to their offending behaviour. It is therefore important to target this group of people both to improve their own health and to support reductions in re-offending.

The overall aim is to improve health and wellbeing, improve life expectancy, reduce health inequalities and reduce re-offending in this group. To date work has focused on:

- Improving access to a comprehensive range of mental health services.
- Improving access to drug and alcohol assessment and treatment services.
- Providing access to appropriate services in prison.
- Improving access to health improvement activities including smoking cessation, diet, exercise and health education.

18. Primary Care

Harborough GPs cover a registered patient population of 81,300 patients. There are 8 GP practices, 14 dental practices, 10 opticians and 12 pharmacies in the district.

Most of the population of Harborough live within two and a half miles of a GP practice. Some patients may need to travel more than 2.5 miles but less than 5 miles to access a GP surgery. This pattern is repeated for pharmacies.

For dentistry and opticians, more patients will need to travel over two and a half miles and some patients may need to travel over seven and a half miles.

Harborough contains three community hospitals – Fielding Palmer Hospital, Market Harborough and District Hospital and St Luke's Hospital.

Harborough is largely rural and large parts of the district are affected by deprivation associated with barriers to housing and services (IMD 2007)

The key issues facing the Primary Care Trust with respect to primary care are:

- To address remaining variation to achieve the 18 week standard across all services and specialties. This will ensure that no patient has to wait more than 18 weeks from referral to treatment.
- To continue to improve and expand primary care opening hours.
- To ensure that there is year-on-year improvement in patient satisfaction with GP services.

Harborough

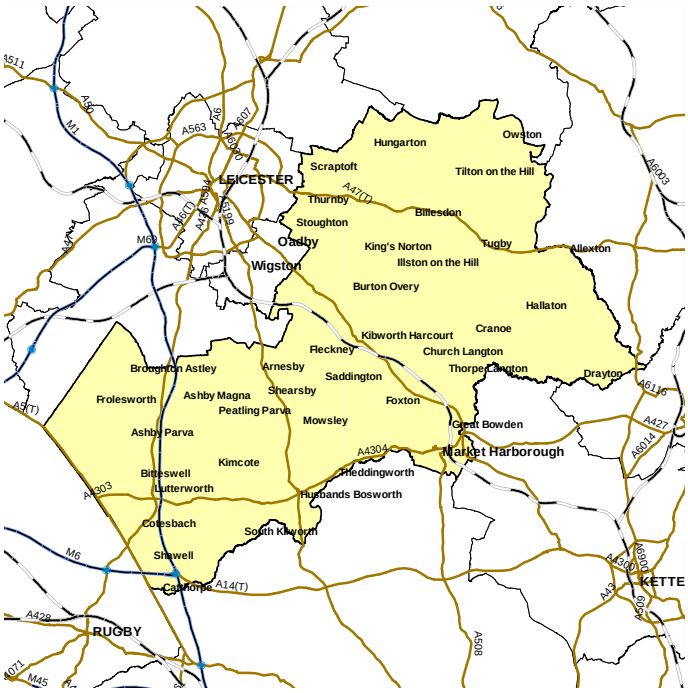
This profile gives a snapshot of health in your area. It is designed to help local government and primary care trusts tackle health inequalities and improve people's health.

Health Profiles are produced annually by the Association of Public Health Observatories and funded by the Department of Health.

Visit the Health Profiles website to:

- View profiles for other areas
- Use interactive maps
- Access updated information
- See more indicator data

www.healthprofiles.info



POPULATION 82,300

Mid-2007 population estimate

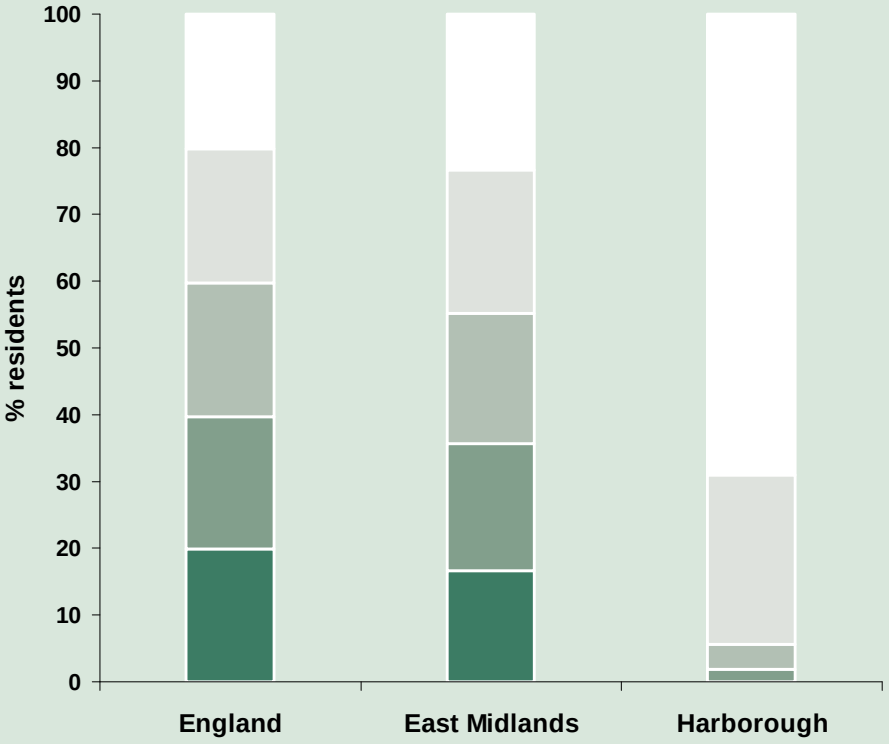
Source: National Statistics website: www.statistics.gov.uk

Harborough at a glance

- The health of people in Harborough is generally better than the England average. Life expectancy is significantly higher for both men and women living in Harborough compared to the England average. Levels of drug misuse, hospital stays for alcohol related harm, people diagnosed with diabetes, excess winter deaths and deaths from smoking all appear better than the average for England.
- There are inequalities within Harborough by gender and level of deprivation. For example, women born in Harborough can expect to live 3 years longer than men.
- Over the last ten years, rates of deaths from all causes, early deaths from cancer and early deaths from heart disease and stroke have improved for men and women, and remain better than the England average.
- Children's health in Harborough appears better than the England average. Levels of children's tooth decay, the risk of obesity in children and teenage pregnancy all appear better than the England average. However, levels of physical activity in school children are lower than the England average.
- It is estimated that the prevalence of smoking and healthy eating in adults is better than the average.
- The Leicestershire Local Area Agreement has prioritised tackling drug misuse, alcohol misuse, early deaths from heart disease and stroke, physical activity, smoking, and teenage pregnancy.
- For further information, refer to the Joint Strategic Needs Assessment at www.leicestershiretogether.org

Deprivation

This chart shows the proportion of residents within England, the region and the local authority living in neighbourhoods belonging to each of the five national deprivation quintiles. These quintiles were derived by arranging all the small areas (Lower Super Output Areas) in England in rank order according to the deprivation scores in the Index of Multiple Deprivation 2007 and dividing them into five equal groupings. The resident numbers are based on the 2005 population figures.

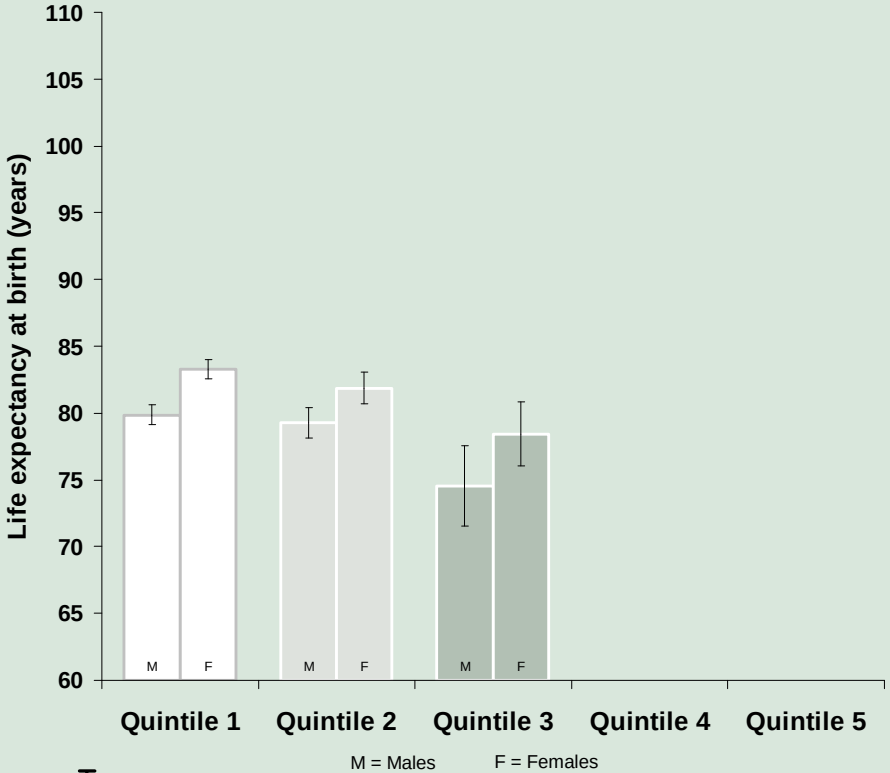


Quintile	Residents %	Residents Number
1	69.0	55,173
2	25.5	20,391
3	3.6	2,883
4	1.9	1,530
5	0.0	0
All	**100.0**	**79,977**

Harborough

Health inequalities: **life expectancy**

This chart shows the life expectancy at birth for males and females (2003-2007) within the local authority by national deprivation quintiles. Note the figures in this chart are based on data for five years. The life expectancy figures presented in the health summary chart are based on data for three years.



Quintile	Male Years	Female Years
1	79.9	83.3
2	79.3	81.9
3	74.5	78.4
4	n/a	n/a
5		
All	**79.4**	**82.5**

Harborough

Where the total male or female population (2003-2007) is less than 5,000 the life expectancy figures are not shown (n/a).

Health inequalities: **changes over time**

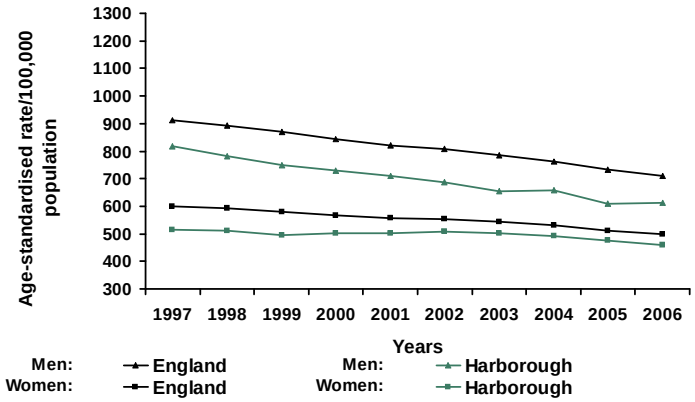
These trend graphs show how changes in health for this local authority compare with changes for the whole of England. Data points are mid-points of 3 year moving averages of annual rates e.g. 1997 represents the 3 year period 1996-98.

Trend 1 compares death rates (at all ages and from all causes) in this local authority with those for England.

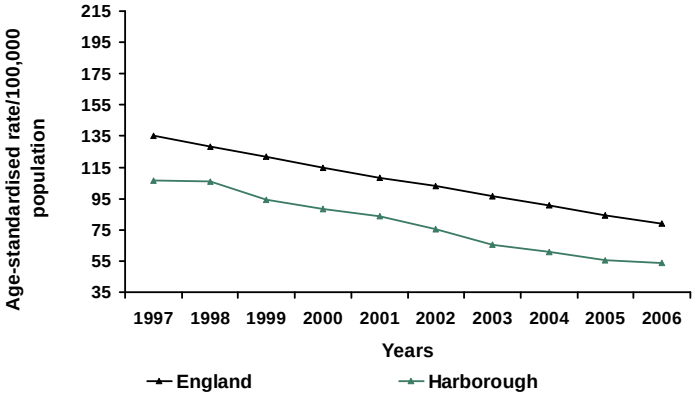
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this local authority with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this local authority with those for England.

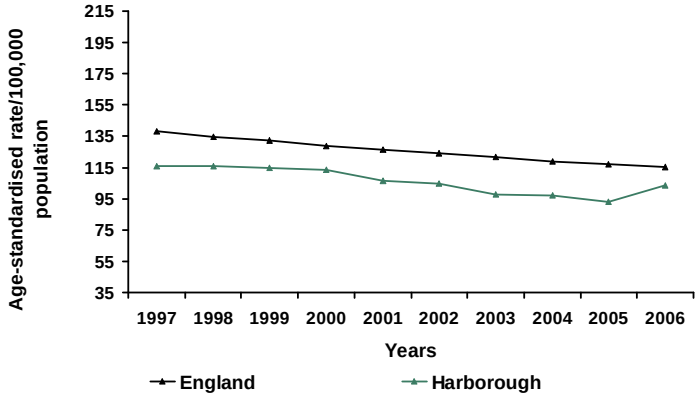
Trend 1:
All age, all cause mortality



Trend 2:
Early death rates from heart disease and stroke

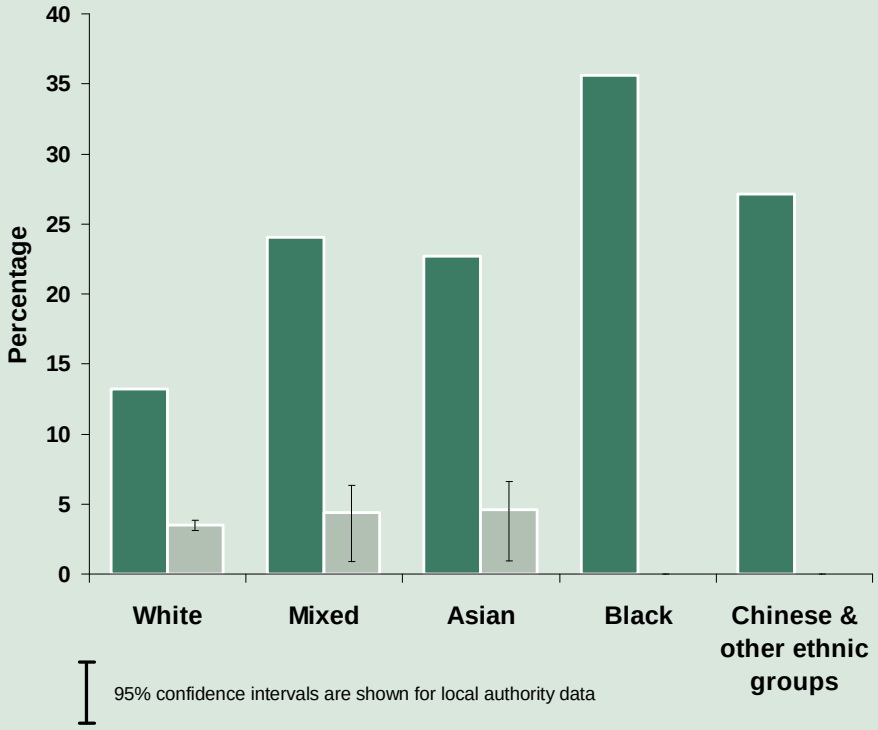


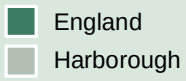
Trend 3:
Early death rates from cancer



Health inequalities: **ethnicity**

This chart compares the percentage of children in each ethnic group who are eligible for free school meals (2008). Eligibility for free school meals is an indicator of deprivation, and people who suffer more deprivation tend to have poorer health. Comparing deprivation by ethnic group helps identify potential health inequalities between the groups.





Ethnic Groups	% eligible	Number eligible
White	3.5	340
Mixed	4.3	10
Asian	4.5	10
Black	n/a	n/a
Chinese/other	n/a	n/a

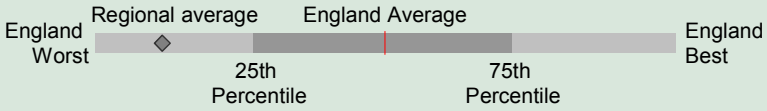
All numbers are rounded to the nearest 10. Where the total school population in an ethnic group in the local authority is less than 30, or the number eligible is less than 5, the table shows n/a.

Health summary for Harborough

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

* relates to National Indicator Set 2009



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	0	0.0	19.9	89.2		0.0
	2 Children in poverty *	1173	7.3	22.4	66.5		6.0
	3 Statutory homelessness	31	0.9	2.8	8.9		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths) *	597	55.6	48.3	26.5		73.3
	5 Violent crime *	810	10.0	17.6	38.4		4.8
	6 Carbon emissions *	640	7.9	7.2	15.7		4.6
Children's and young people's health	7 Smoking in pregnancy			14.7	37.8		3.7
	8 Breast feeding initiation *			71.0	32.5		92.2
	9 Physically active children *	8493	80.1	90.0	77.5		100.0
	10 Obese children *	50	6.3	9.6	16.2		3.9
	11 Children's tooth decay (at age 5)	n/a	1.2	1.5	3.2		0.0
	12 Teenage pregnancy (under 18) *	33	21.4	41.2	79.1		15.0
Adults' health and lifestyle	13 Adults who smoke *	n/a	19.8	24.1	40.9		13.7
	14 Binge drinking adults	n/a	16.9	18.0	28.9		9.7
	15 Healthy eating adults	n/a	29.7	26.3	15.8		45.8
	16 Physically active adults	n/a	12.6	10.8	4.4		17.1
	17 Obese adults	n/a	22.8	23.6	31.2		11.9
Disease and poor health	18 Over 65s 'not in good health'	1942	16.1	21.5	32.5		13.5
	19 Incapacity benefits for mental illness *	620	12.5	27.7	59.4		8.7
	20 Hospital stays for alcohol related harm *	1095	1095.9	1472.5	2615.1		639.9
	21 Drug misuse	166	3.1	9.8	27.5		1.3
	22 People diagnosed with diabetes	2760	3.4	4.1	6.3		2.6
	23 New cases of tuberculosis	n/a	n/a	15.0	102.1		0.0
	24 Hip fracture in over-65s	66	386.2	479.8	699.8		219.0
Life expectancy and causes of death	25 Excess winter deaths	15	6.6	17.0	30.3		4.0
	26 Life expectancy - male *	n/a	79.5	77.7	73.2		83.7
	27 Life expectancy - female *	n/a	82.6	81.8	78.1		87.8
	28 Infant deaths	3	3.4	4.9	9.6		1.3
	29 Deaths from smoking	102	155.9	210.2	330.2		134.4
	30 Early deaths: heart disease & stroke *	52	54.0	79.1	130.5		39.6
	31 Early deaths: cancer *	99	103.6	115.5	164.3		75.7
	32 Road injuries and deaths *	51	63.4	54.3	188.3		18.4

Notes (numbers in bold refer to the above indicators)

1 % of people in this area living in 20% most deprived areas of England 2007 **2** % of children living in families receiving means-tested benefits 2007 **3** Crude rate per 1,000 households 2007/08 **4** % at Key Stage 4 2007/08 **5** Recorded violence against the person crimes crude rate per 1,000 population 2007/08 **6** Total end user CO2 emissions per capita (tonnes CO2 per resident) 2006 **7** % of mothers smoking in pregnancy where status is known 2007/08 **8** % of mothers initiating breast feeding where status is known 2007/08 **9** % 5-16 year olds who spent at least 2 hours per week on high quality PE and school sport 2007/08 **10** % of school children in reception year 2007/08 **11** Average number of teeth per child age 5 which were actively decayed, filled or had been extracted 2005/06 **12** Under-18 conception rate per 1,000 females (crude rate) 2005-2007 **13** %. Modelled estimate from Health Survey for England 2003-2005 **14** %. Modelled estimate from Health Survey for England 2003-2005 **15** %. Modelled estimate from Health Survey for England 2003-2005 **16** % aged 16+ 2006/07 **17** %. Modelled estimate from Health Survey for England 2003 -2005 **18** % who self-assessed general health as 'not good' (directly age and sex standardised) 2001 **19** Crude rate per 1,000 working age population 2007 **20** Directly age and sex standardised rate per 100,000 population 2007/08 **21** Crude rate per 1,000 population aged 15-64 2006/07 **22** % of people on GP registers with a recorded diagnosis of diabetes 2007/08 **23** Crude rate per 100,000 population 2004-2006 **24** Directly age-standardised rate for emergency admission 2006/07 **25** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.04- 31.07.07 **26** At birth, 2005-2007 **27** At birth, 2005-2007 **28** Rate per 1,000 live births 2005-2007 **29** Per 100,000 population age 35+, directly age standardised rate 2005-2007 **30** Directly age standardised rate per 100,000 population under 75 2005-2007 **31** Directly age standardised rate per 100,000 population under 75 2005-2007 **32** Rate per 100,000 population 2005-2007

More information is available in The Indicator Guide: www.healthprofiles.info For information on your area contact your regional PHO: www.apho.org.uk

