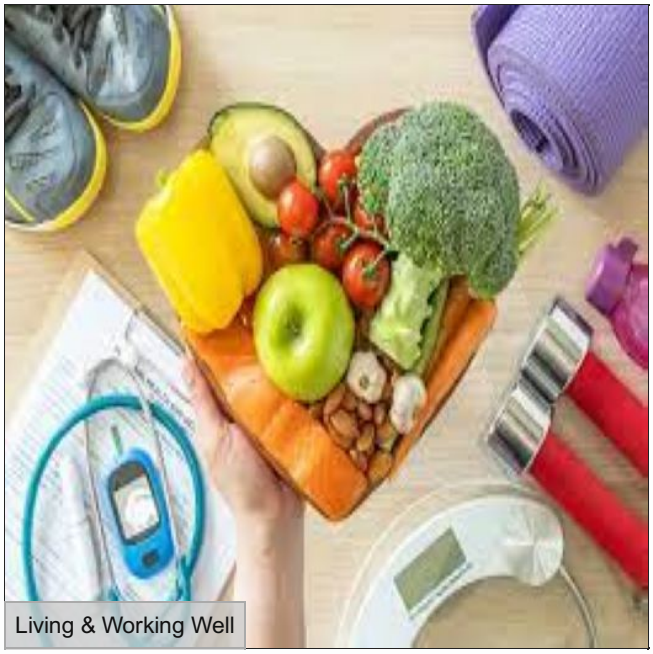
York Health & Wellbeing
A Joint Strategic Needs Assessment

About the JSNA

Starting & Growing Well



Living & Working Well

Ageing Well

Mental health

Population Health Hub

Living & Working Well

Download this section

Introduction

This section covers key health indicators relating to adulthood, including working life, for people living in York.

Within York, there are approximately 135,536 residents aged 18 – 64, which is 64.2% of the population. The highest number was in Guildhall ward at 14,657 and the lowest number in Heworth Without ward at 1,957.

York is an ancient and beautiful city with a modern and vibrant economy and a wealth of community assets; these strengths enable the population, in general, to live in good health. 83.9% of residents say their health is good or very good. However this good health is not evenly distributed. Consequently there are a number of key issues faced a city to focus on, at a whole-population level over the next decade.

Areas where York is doing well

Life expectancy and healthy life expectancy

York is significantly above the regional and national averages for both life expectancy and healthy life expectancy, in both males and females at birth. Across England there has been a general upwards trend in all measures across time and although this has stalled in recent years both locally and nationally, York remains above the average. The life expectancy for females is 83.6 and males 79.9, with healthy life expectancy 66.4 and 65.8 respectively. This means that people are expected to have several years with ill health towards the end of life.

Employment

Employment is generally considered to be positive for health and wellbeing; it provides income and the opportunity for social interaction. Most people in York are working; the majority have full time roles and almost a quarter are in part time roles. 1.3% of the working age population are claiming out of work benefits, which is significantly lower than the England average of 2.8%. 73.5% of residents have a Level 1 - 4 qualification, of which 62.9% are, at least, qualified to Level 2, but 18.0% have no qualifications at all.

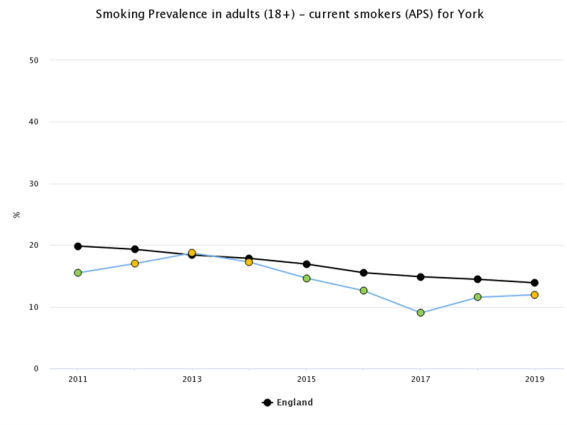
Physically active adults

Regular physical activity reduces the risk of a person developing obesity, a range of long term health conditions, and can also improve mental wellbeing. A minimum of 150 minutes of physical activity is the target set by the Chief Medical Officer for England.

York has a significantly higher proportion of adults achieving this (70.9%) making it the highest rate in the region, compared with regional (65.4%) and national (66.4%) averages, as well as York's statistical neighbours. In particular, York has a very large proportion of adults who walk and cycle regularly.

Smoking

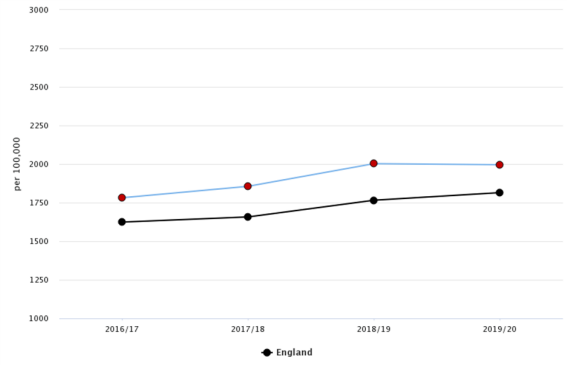
Smoking is a major cause of preventable early death and ill health. York has a lower proportion of residents who are smokers than the national, regional, and statistical neighbour averages. Across the country, the proportion of adults who smoke is gradually falling and York is following this, despite a slight upward trend at the latest data point.



Areas where York needs to improve

Alcohol related hospital admissions

Admissions to hospital for alcohol related conditions are an important indicator of the level of harm caused by higher levels of alcohol consumption over a long period; for example heart conditions and cancers. The chart below shows York and England rates of hospital admissions, per 100,000 of the population. The York rate is significantly higher than the England rate, and has risen each year for the last four years. The highest rates are seen in the 40-64 age group, particularly in males.



Cervical screening

Cancer screening programmes increase the opportunity for early diagnosis and early treatment of common cancer types. Cervical screening rates have been declining locally and nationally for the last decade, however the decline in York has been more marked, particularly in the 25-49 age group.

ithin York, 68.6% of women aged 25-49 take up the opportunity of cervical screening, which is significantly lower than England (70.2%) and the region (73.0%).

Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old) 2020

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	7,281,502	70.2*	70.2	70.3
Yorkshire and the Humber region	→	681,368	73.0*	72.9	73.1
East Riding of Yorkshire	↑	38,028	79.0	78.6	79.3
North Yorkshire	↑	69,270	78.5*	78.2	78.7
Rotherham	↑	33,462	76.4	76.0	76.8
Barnsley	→	31,029	76.0	75.6	76.4
North East Lincolnshire	→	18,959	75.8	75.2	76.3
Wakefield	↑	45,297	74.8	74.4	75.1
Calderdale	↓	26,595	74.5	74.1	75.0
North Lincolnshire	→	19,553	74.1	73.5	74.6
Doncaster	→	37,707	73.4	73.1	73.8
Kirklees	↓	54,459	73.0	72.7	73.3
Kingston upon Hull	→	34,672	71.8	71.4	72.2
Sheffield	→	69,612	71.2	70.9	71.5
Leeds	↓	110,776	70.9	70.7	71.1
York	↓	24,959	68.6	68.1	69.0
Bradford	↓	66,990	67.0	66.7	67.3

Other important health topics

Housing

Having adequate housing is vital to good health and wellbeing. Housing conditions affect people's health. Inadequate housing causes or contributes to many preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases and cancer. Across York 66% own their own home, either outright or with a mortgage, 18% are private renters and 14% are social tenants. There are 7,400 Council Houses in York.

Fuel Poverty

There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency, and energy prices) are strongly linked to cold homes. Living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore one in five excess winter deaths in England and Wales are attributable to the coldest quarter of housing. In York 13.5% (just below 12,000 homes) are estimated to be living in fuel poverty.

Health Checks

Health checks are offered to people aged 40 – 74 to identify early risk factors for common preventable health conditions. Health checks should be offered on a five year cycle. Health checks in York are available to anyone who is eligible under the national criteria, however those who are likely to get the greatest benefit from a health check are currently being targeted. That is those who belong to one or more of:

- are living in areas of deprivation
- are overweight or obese, current smokers or
- have a mental health condition such as depression or anxiety.

Areas of inequalities in York

Low incomes

Employment is generally considered to be beneficial for wellbeing. However, employment is not a guaranteed route into financial security for everyone in York. Over 20% of working people in York earned less than the living wage (as recommended by the living wage foundation). Additionally, a large proportion of working families on low incomes rely on tax credits to supplement their income.

Additionally, low incomes can mean that people have to spend more on essential goods and services, for example because they are on more expensive tariffs and payment plans, or because they are unable to take advantage of offers and deals. In York the 'poverty premium' costs low income households nearly £500 each year.

Smoking prevalence in routine/manual occupations

There are large inequalities in smoking rates in York. 26.9% of adults in routine and manual occupations smoke in the city, with the gap between those in routine and manual occupations and those in professional or intermediate occupations being 4.85. This means those in routine and manual occupations are nearly 5 times as likely to smoke as those in other occupations.

Life expectancy

The difference in life expectancy between the most and least deprived areas and communities in York is 8.2 years difference for women and 10.2 years difference for men. In reality, this means that based upon where someone is born and raised can affect their life expectancy by over 10 years.

Mortality

All-cause mortality is a fundamental and probably the oldest measure of the health status of a population. It represents the cumulative effect of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment. Differences in levels of all-cause mortality reflect health inequalities between different population groups, e.g. between genders, social classes and ethnic groups.

Mortality is measured as a ratio, with England given a value of 100. The York value across all ages is 95.8, which means as a whole, people who live in York have lower mortality than average. However, there is significant inequality, the most deprived ward has a value of 125 and the least deprived 62.6. This inequality is amplified when looking at the under 75 age group, again England has a value of 100, York as a whole is 95.9 and the variation between the wards is 153.9 to 50.9.

Employment for people with learning disabilities

Some people may face additional barriers to employment; this may be particularly true of people with learning disabilities. It is therefore a measure of health inequality to understand what proportion of people with learning disabilities are in paid employment. There is a considerable employment gap in York between people with learning disabilities and those without, 71.3%. This percentage point's gap is the difference between the yearly employment rate for adults with learning disabilities and the population as a whole.

Related Topic Specific Needs Assessments:

Illicit Tobacco Research - 2021

Sexual Health Needs Assessment - 2018

Learning Disability Needs Assessment - 2016

All Age Autism Needs Assessment - 2016

In this section

Supporting data

This page was last updated on 14 July 2022
This page will be reviewed by 14 July 2023

Place
Update
e: enquiries.publichealth@york.gov.uk

Download PDF

© City of York Council 2024