

Place-Based Needs Assessment Summary

Bury Rural Integrated Neighbourhood Team



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Introduction

This Place-Based Needs Assessment (PBNA) gives a high-level overview of the Bury Rural Integrated Neighbourhood Team (INT) locality to support understanding of the area's health needs, and wider determinants of health so that community-based, evidence-led work can be prioritised to improve health and reduce inequalities. INT members include staff from Suffolk County Council's Adult and Community Services (ACS), health (including local GP practices), police, mental health, district and borough teams, and the voluntary sector.

This overview is a summary of the content of the [Place-Based Needs Assessment Dashboards](#) which allow the viewer to focus on a place and the needs of the population in that place. They use publicly available data, enabling comparisons with areas outside Suffolk and with regional and national averages. Publication of the source data may be delayed by some months, and so these dashboards can only give a snapshot in time rather than necessarily reflect the current situation. PBNAs should be considered alongside the work that INTs are delivering in their areas, which cannot easily be captured in national statistics (for example social prescribing, and health improvement initiatives).

Please note, the data presented within this summary is up to date as of September 2023, but more recent data may be available in the live dashboards. Due to this, users are encouraged to explore the live [PBNA dashboards](#) hyperlinked as '**Microsoft Power BI**' next to the text headings, to do this users should use **Ctrl+click** to open the links for the latest data. Users should also note that links will take them to the relevant PBNA page, however, the user will need to interact with the filters in the dashboard to access data directly relating to the geography or area of interest. Measures of statistical significance are included where possible. Where the word 'significant' is used, this indicates a statistically significant result. Statistically significant results indicate the observed effect or relationship between variables are not due to chance alone, denoted by a p-value of less than 0.05.

If you have any questions about this document or the associated dashboards, please contact knowledgeandintelligence@suffolk.gov.uk

Summary of recommended areas of focus

- Bury Rural INT should consider ways to increase capacity for addressing age-related conditions across the INT.
- Bury Rural should consider investigating the variation in the number of asthma reviews provided across the INT.
- Bury Rural INT should consider investigating variation in smoking cessation support to high-risk groups throughout the INT.
- Bury Rural INT should consider ways to increase pneumococcal polysaccharide vaccine (PPV) uptake.
- There may be opportunities for Bury Rural INT to improve end of life care pathways in their locality to ensure that more people are enabled to die in their usual place of residence.

Demographics

Population and Population Projections

[Microsoft Power BI](#)

Bury Rural INT has an estimated population size of 42,593 residents meaning it is the 3rd largest INT within the West Suffolk Alliance.

Population projections are only published at a district and borough level (Lower Tier Local Authority / LTLA). LTLA population projections for West Suffolk indicate that the overall population is estimated to increase by 5.6% between 2023-2043. Those aged 65-84 are estimated to increase by 19.7% between 2023 and 2043, whereas those aged 18-64 are anticipated to decrease by 1% between 2023 and 2043. As such, the INT should focus on addressing and preventing age-related conditions due to the predicted increase in those aged 65 and over.

Age and Gender

[Microsoft Power BI](#)

Proportionately, those aged 55-59 (8.4%) are the largest age group in Bury Rural INT; this is much higher than any other INT within the West Suffolk Alliance. The smallest proportion of residents within Bury Rural INT are aged 4 and under (4.3%), 80-84 (3.6%), and 85 and over (3.1%).

There is an even split between the proportion of females (50.1%) and males (49.9%) within Bury Rural INT.

Ethnicity

[Microsoft Power BI](#)

Bury Rural INT has a larger percentage of people of White ethnicity (97.3%) in comparison to the rest of Suffolk, and the England and Wales average (93.1% and 81.7%, respectively). Therefore, representation of BAME (black, Asian and minority ethnic) groups within Bury Rural INT is lower (2.7%) than other parts of Suffolk (6.9%) and England and Wales (18.3%).

Wider Determinants of Health

Deprivation

[Microsoft Power BI](#)

The [Index of Multiple Deprivation \(IMD\)](#) provides a way of comparing relative deprivation across England using seven domains; income, employment, health and disability, education, crime, barriers to housing and services, and the living environment. These domains are also wider determinants of health. The IMD can be split into 10 deciles with decile 1 referring to the 10% most deprived areas in England. The IMD was last published in 2019 and is due to be updated in 2025.

Overall, Bury Rural INT is a relatively affluent area, with 96.2% of Lower-Layer Super Output Areas (LSOAs) having an IMD decile of 5 or above. Great Livermere within Bury Rural INT has the lowest (more deprived) IMD decile of 4, accounting for only 3.8% of the INT.

Mosaic Classification

[Microsoft Power BI](#)

The Mosaic classification system is used to categorise areas based on the characteristics and behaviours that residents within these communities are likely to share. The top three population groups within Bury Rural INT are listed below with corresponding definitions and percentages for Bury Rural INT:

1. **Country Living (55.2%):** Well-off owners in rural locations enjoying the benefits of country life.
2. **Rural Reality (32.9%):** Householders living in less expensive homes in village communities.
3. **Aspiring Homemakers (7.4%):** Younger households settling down in housing priced within their means.

Crime

[Microsoft Power BI](#)

The crime rate in Bury Rural INT is lower in comparison to Suffolk. The average rate in Bury Rural is recorded as 33.2 crimes per 1,000 people in the 12 months between May 2023 – April 2024, whereas the average for Suffolk is 67.6 crimes per 1,000 in the last 12 months.

Housing Affordability

[Microsoft Power BI](#)

The median house price in Suffolk is £285,000 according to the 2022 Land Registry Price Data obtained by the ONS (Office for National Statistics). In comparison, the overall median house price in Bury Rural INT is significantly higher at a value of £365,000. LSOA median house prices range from £250,000 to £615,000 within the INT.

Primary Care

Respiratory Health

[Microsoft Power BI](#)

Bury Rural INT has a significantly higher prevalence of diagnosed asthma in those aged 6 and over (8.7%) in comparison to the Sub ICB (Integrated Care Board) and England averages based on 2021/2022 data (7.5% and 6.5% respectively).

Bury Rural INT has a lower-than-average proportion of asthma reviews in the past 12 months (45.6%) in comparison to the Sub ICB average (51.0%). Ixworth Surgery has the lowest proportion of reviews (14.4%), and Woolpit Health Centre has the highest (70.7%). However, the average percentage of asthma reviews in Bury Rural INT has increased from the 2020/2021 period which recorded an average of 26.9%. Bury Rural INT should consider investigating the variation in the number of asthma reviews provided across the INT.

Bury Rural INT has a higher prevalence of chronic obstructive pulmonary disease (COPD) (2.3%) when compared to the Sub ICB and England averages (2.1% and 1.9%, respectively).

Cardiovascular Disease (CVD)

[Microsoft Power BI](#)

Overall, Bury Rural INT has a higher prevalence of atrial fibrillation (AF), coronary heart disease (CHD), heart failure (HF), hypertension, and stroke when compared to the Sub ICB and England (figure 1). CVD indicators are grouped for all ages; however, CVD related conditions are more prevalent in older populations.

Surgery	Significantly higher/lower/similar to Sub ICB (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Stanton	3.7	3.7	1.1	23.0	0.4	2.2
Botesdale	3.6	4.0	1.2	18.4	0.6	2.3
Woolpit	3.1	3.5	1.7	19.2	0.7	2.4
Ixworth	2.6	3.6	1.1	14.3	0.6	2.1
Surgery	Significantly higher/lower/similar to England and Wales (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Stanton	3.7	3.7	1.1	23.0	0.4	2.2
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Ixworth	2.6	3.6	1.1	14.3	0.6	2.1

AF = atrial fibrillation
 CHD = coronary heart disease
 HF = heart failure
 HPT = hypertension
 PAD = peripheral arterial disease

Figure 1: Cardiovascular conditions and corresponding prevalence based on surgeries within the Bury Rural INT.

Obesity

[Microsoft Power BI](#)

Obesity prevalence in people aged 18 years and over is measured by reviewing whether an individual has a Body Mass Index (BMI) of 30 or over recorded over the past 12 months. Bury Rural INT has a lower prevalence of obesity (9.0%) when compared to the Sub ICB (9.7%). Within the INT, Woolpit Health Centre has the highest prevalence of obesity of 10.4%.

Smoking and Smoking Cessation

[Microsoft Power BI](#)

Smoking prevalence is measured for those aged 15 and over. Bury Rural INT has significantly lower average rates of smoking (11.2%) than the Sub ICB and England averages (both being 15.4%). This 2021/22 data shows a consistent decrease in the smoking prevalence of Bury Rural INT residents since 2013/14.

Smoking cessation support and treatment offered to patients with certain conditions (chronic heart disease, peripheral arterial disease, stroke or transient ischaemic attack, hypertension, diabetes, chronic obstructive pulmonary disorder, chronic kidney disease, schizophrenia, bipolar affective disorder and other psychoses) is lower in Bury Rural INT (74.2%) than the Sub ICB (79.1%), as well as England and Wales (81.5%). Ixworth Surgery and Staton Surgery are particularly low at 57.9% and 55.9% respectively. Bury Rural INT should consider investigating variation in smoking cessation support to high-risk groups throughout the INT.

Hospital Admissions

Hospital admissions are split into elective and emergency admissions for 2019/20, 2020/21, and 2021/22 pooled data. Because multiple admissions for the same person are counted separately, the number of admissions may be larger than the actual number of people being admitted.

Children and Young People

[Microsoft Power BI](#)

For children aged 17 and under, malignant neoplasms of the spinal cord, cranial nerves, and other parts of the central nervous system are responsible for the highest rates of elective hospital admissions, with 65 admissions annually at a rate of 2.2 per 1,000 people in Bury Rural INT. Bury Rural INT also has significantly higher rates of admissions owing to juvenile arthritis, Crohn's disease, and malignant neuroendocrine tumours.

Viral infections, abdominal pain and respiratory infections are the most common reason for emergency admissions in children aged 17 or under in Bury Rural INT, however rates are statistically significantly similar to Suffolk.

Adults

[Microsoft Power BI](#)

For adults aged 18-64, elective admissions are higher in Bury Rural INT for abdominal and pelvic pain (3.5 per 1,000), haemorrhoids/perianal venous thrombosis (2.2 per 1,000), and ulcerative colitis (2.1 per 1,000) in contrast to the rest of Suffolk. However, Bury Rural INT does have lower rates of admissions owing to breast cancer (malignant neoplasm of the breast) (2.2 per 1,000) in comparison to the rest of Suffolk.

Bury Rural INT has higher rates of emergency admissions owing to abdominal and pelvic pain (3.7 per 1,000), headaches (1.5 per 1,000), and sepsis (1.4 per 1,000) compared to Suffolk but has lower rates of throat and chest pain related emergency admissions (2.9 per 1,000).

Older People

[Microsoft Power BI](#)

The most common condition responsible for elective admissions for the age group 65-84 in Bury Rural INT is skin cancer (other/unspecified malignant neoplasms of the skin), at a rate of 15.1 per 1,000. Other cancer related elective admissions including multiple myeloma and cancers of the gastrointestinal tract are less common in Bury Rural INT when compared to the rest of Suffolk.

Rates of skin cancer are high among those aged 85 and over (28.4 per 1,000) when compared to Suffolk however, the most common condition responsible for elective admissions in this age group is due to myelodysplastic syndromes (36.9 per 1,000).

Sepsis is responsible for higher rates of emergency admissions amongst both age groups 65-84 (9.4 per 1,000) and 85+ (30.2 per 1,000) in contrast to Suffolk. Emergency hospital admissions in Bury Rural INT due to falls and fractures for these age groups are similar to that of the rest of Suffolk, as recorded in 2021/2022.

Children and Young People's Health

National Child Measurement Programme

[Microsoft Power BI](#)

23.1% of children in Bury Rural INT of reception age (4-5 years) are categorised as overweight. This value is the second lowest across Suffolk INTs during 2021/2022. Similarly, 39.5% of year 6 children (aged 10-11) are categorised as overweight in Bury Rural INT, the third lowest recorded in 2020/2021. The percentage of children in reception that were categorised as overweight has decreased from 23.1% in 2020/21 to 13.3% in 2021/22, significantly lower than the Suffolk average of 22.3% for 2021/22. Children recorded as overweight in year 6 have also decreased from 39.5% in 2020/2021 to 28.6% in 2021/2022, marking a reduction.

Children in Low-Income Families

[Microsoft Power BI](#)

Within Bury Rural INT, 10.3% of children aged 0-15 years are living in low-income families according to 2021/2022 data. In comparison, in the rest of Suffolk, 15.4% of children are living in low-income families.

Pregnancy and Birth Indicators

[Microsoft Power BI](#)

Although pregnancy and birth indicators are not available at INT level, West Suffolk Sub ICB has the lowest rate of emergency admissions for infants aged 0-13 days (77.8 per 1,000,) when compared to the Suffolk average (129.3 per 1,000) in 2021/22. West Suffolk rates are also lower compared to the East of England average of 81.6 but are comparable to the national average of 77.6 per 1,000. These data also show a significant decrease in emergency admissions from 2018/2019 in West Suffolk when the rate was 107.2 per 1,000.

Early Years Indicators

[Microsoft Power BI](#)

Similarly, early years indicators are available only at Sub ICB level. West Suffolk has the lowest rates of infant mortality (infant deaths under 1 year of age) per 1,000 (2.9) when compared to both the whole of Suffolk (3.3) and England (3.9).

Hospital admissions related to unintentional and deliberate child injuries in those aged 0-4 have significantly decreased from 120.7 per 10,000 in 2018/2019 to 86.2 per 10,000 in 2020/2021. These rates are significantly lower than Ipswich & East Suffolk and Norfolk & Waveney where rates have increased from 113.0 in Ipswich & East Suffolk in 2018/2019 to 177.0 in 2020/2021, and from 123.1 in 2018/2019 to 135.5 in 2020/2021 for Norfolk & Waveney.

Adult Community Services

[Microsoft Power BI](#)

In Bury Rural INT, approximately 16.7 per 1,000 residents aged 18 and over are accessing services provided by Suffolk County Council's Adult Community Services (ACS) directorate. These figures are based on a two-year period ranging from September 2021 to August 2023. Bury Rural INT has the third lowest rate within Suffolk where the average rate for ACS access was recorded as 25.3 per

1,000. Bury Rural INT has a lower rate of people accessing adult community services than the Suffolk average for every category other than social support.

Older People's Health and Wellbeing

PPV and Seasonal Flu Vaccinations

[Microsoft Power BI](#)

Overall, the uptake of the pneumococcal polysaccharide vaccine (PPV) amongst older residents (aged 65 and over) has been declining in Bury Rural INT since 2016 when compared to the rest of Suffolk. Current estimates indicate an uptake of 69.5% as of 2021/2022, whereas the rest of Suffolk has an uptake of 75.8%. Bury Rural INT should consider ways to increase PPV uptake.

Flu vaccination uptake in Bury Rural INT has generally increased between 2016 and 2022 (71.1%-88.5%) in those aged 65 and over, before declining between 2022 and 2023 (88.5%-86.2%). Suffolk county follows a similar trend over the same periods (2016-2022: 71.1%-85.9%; 2022-2023: 85.9%-83.9%), however Bury Rural INT has greater overall uptake of the flu vaccination.

Osteoporosis

[Microsoft Power BI](#)

Data for osteoporosis is available only at LTLA level. This health condition is measured only in those aged 50 and over as it is more common in older age groups, however, osteoporosis can also affect younger men, women, and children. The prevalence of osteoporosis has decreased in West Suffolk from 1.2% in 2018 to 0.9% in 2022. These figures are lower than the Suffolk average, where prevalence has increased from 0.8% in 2018 to 1.0% in 2022. However, these figures are not specific to Bury Rural INT.

Mortality and End of Life Care

[Microsoft Power BI](#)

Recent rates of CVD related deaths in Bury Rural INT have shown a decrease from 40.8 per 10,000 people in 2017 to 35.0 per 10,000 in 2022. Please note, reporting of cardiovascular related deaths may have been affected due to the pandemic. Similarly, respiratory disease related deaths have shown a decrease from 48.2 per 10,000 in 2017 to 35.0 per 10,000 in 2022. On a larger scale, cardiovascular and respiratory disease related deaths at Suffolk County level also show a decrease between 2017 (83.7 and 110.9 per 10,000) to 2022 (78.8 and 92.0 per 10,000). The respiratory deaths data in this report does not include deaths coded for COVID-19 as the underlying cause of death.

Overall, the percentage of deaths in the usual place of residence for Bury Rural INT has increased between 2017-2022 (55.2%-58.6%) but is statistically similar to Suffolk.