

# Place-Based Needs Assessment Summary

## Haverhill Integrated Neighbourhood Team





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## Introduction

This Place-Based Needs Assessment (PBNA) gives a high-level overview of the Haverhill 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 **'View data dashboard'** 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](mailto:knowledgeandintelligence@suffolk.gov.uk)

### Summary of recommended areas of focus

- Haverhill INT should consider ways to increase capacity for addressing age-related conditions across the INT.
- Haverhill INT should consider ways to increase the uptake of annual asthma reviews.
- Haverhill INT should consider investigating variation in smoking cessation support to high-risk groups throughout the INT.

## Demographics

### Population and Population Projections

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The estimated population of Haverhill INT is 41,221 residents according to 2021 census data, constituting the second smallest INT within the West Suffolk Alliance.

Population projections are available at district level rather than INT level, given this, the overall population in West Suffolk is estimated to increase by 5.6% from 2023-2043. The proportion of the population aged 65-84 is estimated to increase from 18.6% in 2023, to 21.1% by 2043, whereas those aged 18-64 are anticipated to decrease from 56.5% of the population in 2023 to 52.9% by 2043. Residents aged 85 and over are also expected to increase from 3.4% to 5.7% over the next 10 years.

### Age and Gender

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2021 census data indicates the largest age group in Haverhill INT is 50-54 years (7.6%), followed by 55-59 years (6.9%). This is similar to the rest of Suffolk where the largest population is recorded as those aged 55-59 (7.2%), but different to England and Wales where the largest age group is 30-34 years (7.0%). The smallest age group within Haverhill INT is those aged 85 and over, constituting only 2.3% of the INT population; this is also true for the rest of Suffolk (3.2%) and England and Wales (2.4%).

There is a marginal difference between the population of males (51.0%) and females (49.0%) in Haverhill INT.

### Ethnicity

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Haverhill INT has a larger population of people of White ethnicity (93.3%) when compared to England and Wales (81.7%) as reported by 2021 census data, but a similar population when compared to Suffolk (93.1%). As a result, Haverhill INT has a lower representation of ethnic minorities (6.8%) in contrast to England and Wales (18.3%), but the same as the rest of Suffolk (6.8%).

## Wider Determinants of Health

### Deprivation

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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.

A large proportion of the population of Haverhill INT live in less deprived areas, with the most deprived areas in the INT being in the centre of Haverhill. As such, the least deprived areas are around the outskirts of Haverhill town.

## Mosaic Classification

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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 Haverhill INT are listed below with corresponding definitions and percentages from 2022 data:

1. **Country Living (17.2%):** Well-off owners in rural locations enjoying the benefits of country life.
2. **Family Basics (16.9%):** Families with limited resources who budget to make ends meet.
3. **Aspiring Homemakers (14.6%):** Younger households settling down in housing priced within their means.

## Crime

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The crime rate in Haverhill INT is marginally lower in comparison to Suffolk. The average rate in the INT is recorded as 58.2 crimes per 1,000 people in the last 12 months from May 2023 – April 2024, whereas the average for Suffolk is recorded as 67.6 crimes per 1,000 in the last 12 months.

## Housing Affordability

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The median house price in Haverhill INT is £294,750 according to the 2023 Land Registry Price Data obtained by the ONS (Office for National Statistics). This is similar to the median price recorded for Suffolk which is £285,000. Within the INT, there are a range of median house prices by lower super output area (LSOA), for example, Cavendish has the highest median house price at £505,000, and the lowest is within Haverhill town centre at a value of £217,500.

## Primary Care

### Respiratory Health

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Haverhill INT has a significantly similar prevalence of diagnosed asthma in those aged 6 and over (7.1%) based on 2021/2022 data, in comparison to the Sub ICB (Integrated Care Board) (7.7%), but a significantly higher prevalence when compared to England and Wales (6.5%).

Wickhambrook Surgery and Clare Guildhall Surgery have significantly higher than average proportions of asthma reviews in the past 12 months (59.5% and 58.6%, respectively) in comparison to the Sub ICB average (49.1%) and England and Wales average (52.5%). However, Unity Healthcare and Haverhill Family Practice have significantly lower than average reviews (22.6% and 11.4%, respectively).

Haverhill INT has a significantly similar prevalence of chronic obstructive pulmonary disease (COPD) (2.3%) when compared to the Sub ICB and England average (2.1% and 1.9%, respectively). However, Haverhill Family Practice has a significantly higher prevalence of COPD (2.7%).

### Cardiovascular Disease (CVD)

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According to 2021/2022 data, Clare Guildhall Surgery and Wickhambrook Surgery within Haverhill INT have multiple CVD indicators that are significantly higher than the Sub ICB and England and Wales average (figure 1). Haverhill Family practice and Unity Healthcare are the only surgeries in the INT to have some indicators that are significantly lower.

Surgery	Significantly higher/lower/similar to Sub ICB (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Clare Guildhall	3.3	4.3	1.5	18.3	0.4	3.0
Wickhambrook	3.0	4.2	1.2	16.8	0.4	1.9
Haverhill Family	2.1	3.1	0.8	13.8	0.7	1.6
Unity Healthcare	1.9	3.0	0.9	16.2	0.5	1.5
Surgery	Significantly higher/lower/similar to England and Wales (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Clare Guildhall	3.3	4.3	1.5	18.3	0.4	3.0
Wickhambrook	3.0	4.2	1.2	16.8	0.4	1.9
Haverhill Family	2.1	3.1	0.8	13.8	0.7	1.6
Unity Healthcare	1.9	3.0	0.9	16.2	0.5	1.5

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 Haverhill INT.

### Obesity

[View data dashboard](#)

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 (2021/22 data). Haverhill Family Practice and Unity Healthcare within Haverhill INT have significantly higher than average prevalence of obesity (13.6% and 12.3%, respectively) when compared to the Sub ICB (9.3%) and England and Wales (9.7%) averages. However, Clare Guildhall Surgery and Wickhambrook Surgery have a significantly lower than average prevalence of obesity (6.7% and 6.0%, respectively).

### Smoking and Smoking Cessation

[View data dashboard](#)

Smoking prevalence is measured for those aged 15 and over. Haverhill INT has a similar prevalence of smoking (17.0%) compared to the Sub ICB (15.5%) and England and Wales (15.4%) according to the most recent data from 2021/2022. However, within the INT, Haverhill Family Practice and Unity Healthcare have a significantly higher average prevalence of smoking (20.4% and 18.1%, respectively).

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 significantly lower in Haverhill INT (65.2%) when compared to the Sub ICB and England average (76.1% and 81.5%, respectively). It may be beneficial for the INT to consider ways to increase the uptake of smoking cessation services.

## 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

[View data dashboard](#)

Children and young people are categorised as those aged 17 and under. Haverhill INT has significantly higher rates of elective admissions owing to disorders of the teeth/supporting structures (1.7 per 1,000) and chronic diseases of the tonsils and adenoids (1.3 per 1,000) when compared to Suffolk. However, elective admissions for dental caries (1.1 per 1,000) are significantly lower than the average for Suffolk.

Haverhill INT has significantly lower admissions due to viral infections (3.0 per 1,000), acute upper respiratory infections (1.3 per 1,000), and neonatal jaundice (1.1 per 1,000) when compared to Suffolk, but these are represented within the top 5 reasons for emergency hospital admissions in the INT.

### Adults

[View data dashboard](#)

In adults aged 18-64, Crohn's disease is the most common cause for elective hospital admissions in Haverhill INT (4.6 per 1,000). Additionally, all causes for elective hospital admissions (table 1) apart from breast cancer (malignant neoplasm of the breast) are significantly higher in the INT when compared to the Suffolk average.

**Table 1:** Most common causes for elective hospital admissions in Haverhill INT.

Elective Admissions	No. of Admissions	Rate per 1,000	Lower CI	Upper CI	Compared to Suffolk
<b>Crohn's disease [regional enteritis]</b>	330	4.56	4.08	5.08	INT Higher
<b>Malignant neoplasm of breast</b>	245	3.39	2.97	3.84	INT Lower
<b>Abdominal and pelvic pain</b>	210	2.90	2.52	3.32	INT Higher
<b>Malignant neoplasm of rectum</b>	155	2.14	1.82	2.51	INT Higher
<b>Other diseases of digestive system</b>	155	2.14	1.82	2.51	INT Higher

Emergency hospital admissions owing to abdominal and pelvic pain (3.7 per 1,000), cholelithiasis (1.4 per 1,000), and alcohol related disorders (1.1 per 1,000) are significantly higher in the INT in contrast to Suffolk, and pain in the throat and chest is significantly lower (2.4 per 1,000).



## Older People

[View data dashboard](#)

For those aged 65-84 and 85+, age-related cataracts is the most common cause for elective admissions in Haverhill INT (17.5 and 25.6 per 1,000), as well as being significantly higher in the age group 65-84 when compared to Suffolk. In addition, elective admissions for malignant neoplasms of the bladder (8.0 per 1,000) and purpura/other haemorrhagic conditions (8.0 per 1,000) in ages 85 and over, are significantly higher for the INT.

Emergency admissions due to pneumonia, COPD, and sepsis for people aged 65-84 are significantly higher in the INT when compared to Suffolk (9.1, 8.9 and 8.9 per 1,000).

## Children and Young People's Health

National Child Measurement Programme

[View data dashboard](#)

Haverhill INT has an average of 27.8% of children in reception (aged 4-5) that are considered overweight. This is higher than the Suffolk average of 22.3%. In addition, the INT has an average proportion of 31.7% of year 6 children (aged 10-11) that are overweight, lower than the Suffolk average (36.0%). Trend data shows that reception and year 6 levels of childhood obesity have been declining in Haverhill INT since 2020/2021.

Children in Low-Income Families

[View data dashboard](#)

11.7% of children aged 0-15 in Haverhill INT are currently living in families with relatively low income according to 2020 data, the majority of which are concentrated around Haverhill town centre (20.5%). This rate is lower than the Suffolk average of 15.1%.

Pregnancy and Birth Indicators

[View data dashboard](#)

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). West Suffolk rates are also significantly lower compared to England, with a comparable rate 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

[View data dashboard](#)

Similarly, early years indicators are available only at LTLA level. West Suffolk Sub ICB 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

[View data dashboard](#)

In Haverhill INT, 20.7 per 1,000 residents aged 18 and over are accessing services provided by Suffolk County Council's Adult Community Services (ACS) directorate. This figure is based on a two-year period ranging from September 2021 to August 2023 and is lower than the Suffolk average of 25.3 per 1,000. Haverhill INT has a lower rate of people accessing all adult community services when compared to the Suffolk average.

## Older People's Health and Wellbeing

PPV and Seasonal Flu Vaccinations

[View data dashboard](#)

The uptake of the pneumococcal polysaccharide vaccine (PPV) amongst older residents (aged 65 and over) has gradually been increasing in across Haverhill INT since 2019/2020. Current estimates indicate an uptake of 72.3% in 2021/2022; this is slightly lower than the corresponding uptake for Suffolk as a whole (75.8%).

Current 2022/2023 estimates for flu vaccination uptake suggest a decrease for Haverhill INT and for Suffolk (81.2% and 83.9%, respectively) when compared to previous 2021/2022 estimates (84.1% and 85.9%). Overall, this indicates uptake of the flu vaccine in Haverhill INT is lower than uptake across the rest of Suffolk.

Osteoporosis

[View data dashboard](#)

Data for osteoporosis is available only at LTLA level and given this the following findings are for West Suffolk. This health condition is measured only in those aged 50 and over as it predominantly affects older age groups, however, osteoporosis can still affect young men, women and children. The prevalence of osteoporosis has decreased from 1.2% in 2018 to 0.9% according to current 2022 estimates. These figures are lower than the rest of Suffolk, where prevalence has increased from 0.8% in 2018 to 1.0% in 2022. However, these figures are not specific to Haverhill INT.

Mortality and End of Life Care

[View data dashboard](#)

The rate of cardiovascular deaths has remained steady for Haverhill between 2021-2022 at a 41.7 per 10,000 population. However, for Suffolk County, deaths have increased by 9.2% between 2021 and 2022 (72.2 to 78.8 per 10,000). In addition, respiratory related hospital deaths have decreased by 14.0% (41.7 to 35.7 per 10,000) between 2021 and 2022 for Haverhill INT and have increased by 28.5% (71.6 to 92.0 per 10,000) for Suffolk. The respiratory deaths data in this report does not include deaths coded for COVID-19 as the underlying cause of death.

When comparing the percentage of deaths in place of residence for Haverhill INT and Suffolk, current 2022 percentages are statistically similar: 51.5% and 54.7% respectively.