Place-Based Needs Assessment Summary

South Rural Integrated Neighbourhood Team

Contents

Introduction

This Place-Based Needs Assessment (PBNA) gives a high-level overview of the South 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

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Summary of recommended areas of focus

- South Rural INT should consider investigating the higher-than-average prevalence of CVD related conditions within the population.
- South Rural INT should consider ways to increase capacity for addressing age-related conditions across the INT.
- South Rural INT should consider ways to increase uptake of smoking cessation services.
- South Rural INT should consider investigating conditions which have higher-than-average rates of elective hospital admissions in adults aged 18-64 years within the population.

Demographics

Population and Population Projections

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The total population of South Rural INT is estimated to be 48,080 residents according to 2021 census data.

Population projections are only published at a district and borough level (Lower Tier Local Authority / LTLA). The population of Babergh is projected to increase by 8.5% between 2023-2043. This includes an increase in the population of 65–84-year-olds by 24.3%. Additionally, the population of residents aged 85 and over is anticipated to increase by 83.3% during the same time frame, resulting in a significantly older population.

Age and Gender

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Proportionally, the largest age groups in South Rural are residents aged 55-59 (8.0%), 50-54(7.6%) and 70-74 (7.4%). These proportions are all higher than both Suffolk and England and Wales. The smallest age groups in the INT are 80-84 (3.8%) and 85+ (3.5%).

There is an even split between the proportion of females (51.3%) and males (48.7%) within South Rural INT.

Ethnicity

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South Rural INT has a larger percentage of people of White ethnicity (96.3%) in comparison to the rest of Suffolk, and England and Wales (93.1% and 81.7%, respectively). Therefore, representation of ethnic minorities within the INT is lower (3.7%) than other parts of the county and the England and Wales average (6.9% and 18.3%, respectively).

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 the 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, South Rural INT is mostly an affluent area, with the majority of IMDs in Lower-Layer Super Output Areas (LSOAs) being 6 or above. The most deprived areas are aggregated around Hadleigh.

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

1. **Country Living (45.2%):** Well-off owners in rural locations enjoying the benefits of country life.
2. **Rural Reality (27.2%):** Householders living in less expensive homes in village communities.
3. **Domestic Success (7.0%):** Thriving families who are busy bringing up children and following careers.

Crime
[Microsoft Power BI](#)

The average crime rate in South Rural INT (39.1 per 1,000) is lower than the Suffolk average (67.6 per 1,000) over the last 12 months between May 2023 and April 2024.

Housing Affordability
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The median house price in Suffolk is recorded as £285,000 according to the 2023 Land Registry Price Data obtained by the ONS (Office for National Statistics). In comparison, the median house price in South Rural INT is £363,500 making it 27.5% higher than the Suffolk median price. Median house prices range by Lower Super Output (LSOA) from £280,000-£590,000 within the INT.

Primary Care

Respiratory Health
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South Rural INT has a statistically similar prevalence of diagnosed asthma in those aged 6 and over (7.6%) in comparison to the Sub ICB (Integrated Care Board) and England average based on 2021/2022 data (7.2% and 6.5% respectively). Within the INT, Hadleigh Boxford Group Practice and Constable Country Rural Medical Practice have a significantly higher prevalence of diagnosed asthma (8.8% and 7.8%, respectively) when compared to the Sub ICB and England and Wales average.

South Rural INT has a higher-than-average proportion of asthma reviews in the past 12 months (67.2%) according to 2021/2022 data in comparison to the Sub ICB (56.7%) and England and Wales average (52.5%).

The INT has a significantly lower average prevalence of chronic obstructive pulmonary disease (COPD) (1.6%) when compared to the Sub ICB and England average (1.8% and 1.9%, respectively).

Cardiovascular Disease (CVD)
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South Rural INT has a significantly higher prevalence of CVD related conditions when compared to the Sub ICB (figure 1) across all surgeries for at least 1 condition. All surgeries in the INT apart from Constable Country Rural Medicine Practice have a significantly higher prevalence of all CVD related conditions except from peripheral arterial disease when compared to England and Wales.

Surgery	Significantly higher/lower/similar to Sub ICB (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Holbrook and Shotley	3.5	4.4	2.9	17.4	0.6	2.3
Hadleigh Boxford	3.4	4.2	2.0	17.7	0.7	2.6
Bildeston Health	3.1	4.4	1.6	19.3	0.5	2.4
Constable Country Rural	2.8	4.5	1.7	17.8	1.0	2.4
Surgery	Significantly higher/lower/similar to England and Wales (%)					
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Constable Country Rural	2.8	4.5	1.7	17.8	1.0	2.4

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 South 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. 2021/2022 data suggests South Rural INT has an average obesity prevalence of 9.9% when compared to the Sub ICB (10.9%) and England and Wales average (9.7%). Within the INT, Constable Country Rural Medicine Practice has a significantly higher prevalence (11.8%), whereas Holbrook and Shotley Surgery, and Bildeston Health Centre have a significantly lower prevalence (9.0% and 8.2%, respectively).

Smoking and Smoking Cessation

Microsoft Power BI

Smoking prevalence is measured for those aged 15 and over. South Rural INT has a significantly lower average prevalence of smoking (10.5%) when compared to the Sub ICB (15.1%) and England and Wales average (15.4%) according to 2021/2022. Trend data shows a consistent decrease in the smoking prevalence of INT residents since 2015/2016.

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 South Rural INT (71.1%) when compared to the Sub ICB (88.1%) and England and Wales average (81.5%), however, within the INT Holbrook and Shortley Surgery has a significantly higher prevalence (95.3%).

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

Children and young people are categorised as those aged 17 and under. The most common cause for elective hospital admissions in children within South Rural INT is dental caries (2.0 per 1,000), however, rates are statistically similar to the rest of Suffolk. In contrast, the INT has a significantly higher rate of elective admissions owing to myeloid leukaemia (0.9 per 1,000).

For emergency admissions in children, viral infections are the most common cause at a rate of 5.5 per 1,000, although this is not significantly different to the rest of Suffolk. In contrast, the INT has a significantly higher rate of emergency admissions owing to acute lower respiratory infections (2.1 per 1,000), and a significantly lower rate of admissions owing to acute bronchiolitis (2.1 per 1,000).

Adults

In adults aged 18-64, elective admissions due to the most common conditions are significantly higher in the INT (table 1) when compared to the rest of Suffolk, with the most common being breast cancer (malignant neoplasm of the breast).

Table 1: *Most common causes for elective admissions in adults within South Rural INT.*

Elective Admissions	Admissions	Rate per 1,000	Lower CI	Upper CI	Compared to Suffolk
Malignant neoplasm of breast	520	6.63	6.07	7.23	INT Higher
Secondary malignant neoplasm of other and unspecified sites	345	4.40	3.95	4.89	INT Higher
Multiple myeloma and malignant plasma cell neoplasms	315	4.02	3.59	4.49	INT Higher
Malignant neuroendocrine tumors	305	3.89	3.46	4.35	INT Higher
Malignant neoplasm of ovary	250	3.19	2.80	3.61	INT Higher

For emergency hospital admissions, pain in the throat and chest is the most common cause at a rate of 2.9 per 1,000, however, rates are significantly lower for the INT when compared to the rest of Suffolk.

Older People

In those aged 65-84, secondary malignant neoplasms of unspecified sites are the most common cause for elective admissions (20.1 per 1,000) in South Rural INT, as well as being significantly higher than the rest of Suffolk. Elective admissions owing to multiple myeloma/malignant plasma cell neoplasms (19.0 per 1,000) and other cataract conditions (17.2 per 1,000) are also significantly higher than the rest of Suffolk, whereas admissions due to age-related cataracts are significantly lower (12.8 per 1,000) in the INT. For residents aged 85+, other cataract conditions are the most common cause for elective admissions at a rate of 25.3 per 1,000, as well as significantly higher in the INT. In contrast, elective admissions due to skin cancer (malignant neoplasms of the skin) are significantly lower (14.5 per 1,000) for this age group.

Emergency admissions due to pneumonia are the most common cause in the INT for those aged 65-84 and 85+ (5.9 and 37.1 per 1,000), however, rates are also significantly lower for those aged 65-84 when compared to the rest of Suffolk. Similarly, sepsis related emergency admissions are also

significantly lower for those aged 65-84 (4.5 per 1,000), whereas admissions owing to symptoms/signs involving the nervous and MS system are significantly lower for those aged 85+ (21.7 per 1,000).

Children and Young People's Health

National Child Measurement Programme
[Microsoft Power BI](#)

South Rural INT has an average of 21.5% of children in reception (aged 4-5) that are considered overweight when compared to the Suffolk average of 22.3%, according to recent estimates from 2021/2022. For children in year 6 (aged 10-11), 27.2% are considered overweight, lower than the Suffolk average of 36.0%. Trend data suggests obesity prevalence in reception children within the INT has been decreasing since 2020, when the proportion was recorded as 23.9%, however, obesity prevalence for children in year 6 has been increasing since 2020 (25.0%).

Children in Low-Income Families
[Microsoft Power BI](#)

10.1% of children aged 0-15 in South Rural INT are currently living in families with relatively low income according to 2020 mid-year estimates, this rate is lower than the Suffolk average of 15.1%. The highest proportion is aggregated around Hadleigh where prevalence is recorded as high as 25.4%.

Pregnancy and Birth Indicators
[Microsoft Power BI](#)

Although pregnancy and birth indicators are not available at INT level, Ipswich and East Suffolk Sub ICB has the highest rate of emergency admissions for infants aged 0-13 days (172.3 per 1,000,) when compared to the Suffolk average (129.3 per 1,000), according to 2020/2021 data. Ipswich and East Suffolk rates are also significantly higher when compared to England which has an average rate of 77.6 per 1,000. These data also show a significant increase in emergency admissions from 2015/2016 in Ipswich and East Suffolk (89.2 per 1,000) to the current available data from OHID (Office for Health Improvement and Disparities).

Early Years Indicators
[Microsoft Power BI](#)

Similarly, to above, early years indicators are available only at Sub ICB level, with this considered Ipswich and East Suffolk has a similar average infant mortality rate (infant deaths under 1 year of age) of 3.3 per 1,000 when compared to both the rest of Suffolk (3.3 per 1,000) and England (3.9 per 1,000).

Hospital admissions related to unintentional and deliberate child injuries in those aged 0-4 have significantly increased from 113.0 per 10,000 in 2018/2019 to 177.0 per 10,000 in 2020/2021. These rates are significantly higher than West Suffolk Sub ICB where rates have decreased from 120.7 to 86.2 between 2018/2019 to 2020/2021 and are also higher than Norfolk & Waveney where rates have increased from 136.2 to 135.5 between 2018/2019 to 2020/2021.

Adult Community Services

[Microsoft Power BI](#)

In South Rural INT, approximately 20.8 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. This is lower than the rest of Suffolk where the average rate is recorded as 25.3 per 1,000 residents. The INT has a lower rate of residents accessing all adult community services with the exception of social support.

Older People's Health and Wellbeing

PPV and Seasonal Flu Vaccinations

[Microsoft Power BI](#)

South Rural INT has a higher-than-average uptake of the pneumococcal polysaccharide vaccine (PPV) amongst older residents (aged 65 and over) (81.1%) when compared to the rest of Suffolk (75.8%), according to recent 2021/2022 estimates. Trend data suggests PPV uptake rates have been steadily increasing for the rest of Suffolk since 2019, but have been inconsistent for the INT.

Flu vaccination uptake in the INT has decreased marginally from 90.0% in 2021/2022, to 86.6% in the most recent period of 2022/2023. This is similar for the rest of Suffolk (85.9%-83.9%). This indicates South Rural INT has a higher uptake of the flu vaccine when compared to Suffolk.

Osteoporosis

[Microsoft Power BI](#)

Data for osteoporosis is available only at LTLA level and given this the following findings are for Babergh. 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 is higher in Babergh than the Suffolk average and has been steadily increasing since 2015/16. However, these figures are not specific to the INT, therefore prevalence may vary within South Rural INT.

Mortality and End of Life Care

[Microsoft Power BI](#)

Data from 2022 suggest South Rural INT has fewer cardiovascular related hospital deaths (27.0 per 10,000) when compared to the rest of Suffolk (78.8 per 10,000). Please note, reporting of cardiovascular related deaths may have been affected due to the pandemic. This is also true for respiratory related hospital deaths where recent rates from 2022 were recorded as 42.5 per 10,000 for the INT, and 92.0 per 10,000 for the rest of Suffolk. However, in 2021 rates for South Rural INT and the rest of Suffolk were recorded as 34.7 and 71.6 per 10,000, respectively, suggesting an increase in respiratory related deaths. The respiratory deaths data in this report does not include deaths coded for COVID-19 as the underlying cause of death.

51.0% of deaths have occurred in residents usual place of residence in 2022 for South Rural INT, this is statistically similar to the rest of Suffolk where prevalence is recorded as 54.7%. This marks a decrease in mortality prevalence in usual place of residence for the INT (4.1%) but an increase for the rest of Suffolk between 2021-2022 (0.6%).