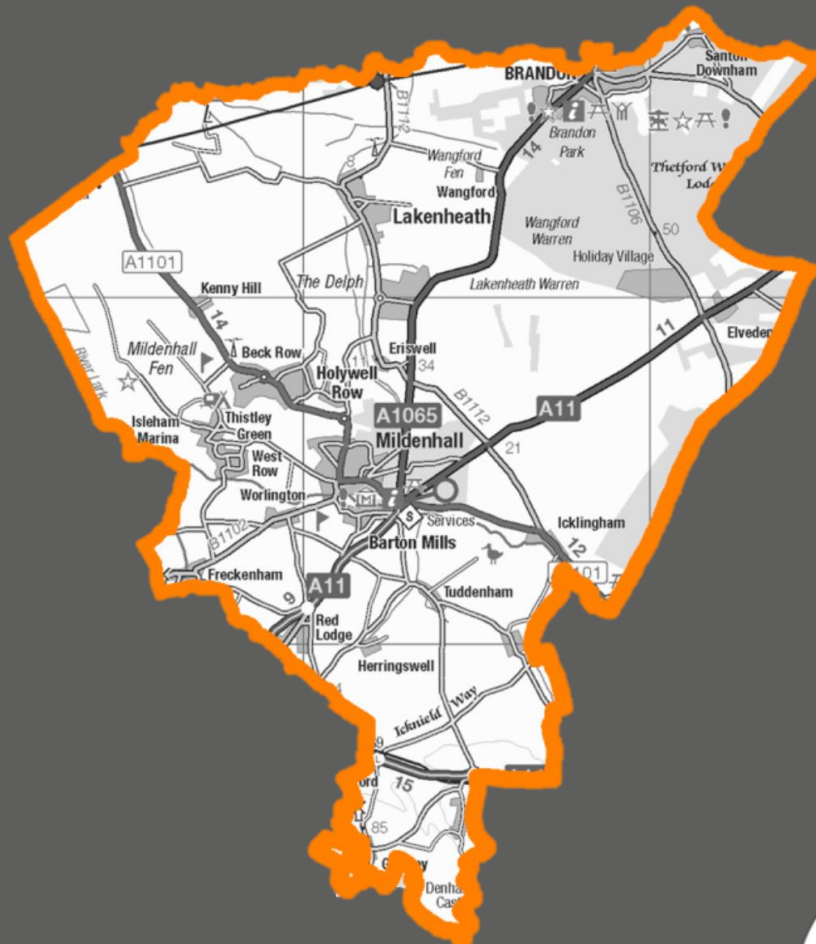


Place-Based Needs Assessment Summary

Mildenhall and Bradon Integrated Neighbourhood Team



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Introduction

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

- Mildenhall and Brandon INT should consider ways to increase capacity for addressing age-related conditions across the INT.
- Mildenhall and Brandon should consider investigating and addressing the rates of Chronic Obstructive Pulmonary Disease (COPD) within the INT.
- Mildenhall and Brandon should consider investigating the high prevalence of Cardiovascular Disease (CVD) related conditions across the INT.
- Mildenhall and Brandon INT should consider ways to address falls prevention for those aged 65 and over.
- Mildenhall and Brandon INT should consider ways to increase the uptake of the PPV vaccine.

Demographics

Population and Population Projections

[Microsoft Power BI](#)

The total population of Mildenhall and Brandon INT is estimated to be 45,884 residents, according to 2021 census data.

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

[Microsoft Power BI](#)

Mildenhall and Brandon INT has one of the youngest populations in the West Suffolk Alliance, with most residents aged 25-29 (8.4%), 20-24 (8.3%), and 30-34 (8.2%). This is higher than Suffolk and England and Wales. The smallest populations in the INT are 80-84 (2.3%) and 85+ (2.1%). American airbases may influence the proportions of age categories.

There is an even split between the proportion of females (48.8%) and males (51.2%) within Mildenhall and Brandon INT.

Ethnicity

[Microsoft Power BI](#)

Mildenhall and Brandon INT has a smaller percentage of people of White ethnicity (87.9%) in comparison to Suffolk as a whole (93.1%), but a larger proportion when compared to England and Wales (81.7%). Therefore, representation of ethnic minorities within the INT is higher (12.1%) than the rest of the county (6.9%).

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, Mildenhall and Brandon INT has varying levels of deprivation, with Lower-Layer Super Output Areas (LSOAs) in IMD deciles ranging from 3 to 9. The most deprived areas in Mildenhall and Brandon INT are towards Forest Heath, in areas such as Kenny Hill, whereas the least deprived areas surround Lakenheath and south of Mildenhall.

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

1. **Rural Reality (59.7%):** Householders living in less expensive homes in village communities.
2. **Aspiring Homemakers (12.9%):** Younger households settling down in housing priced within their means.
3. **Country Living (11.3%):** Well-off owners in rural locations enjoying the benefits of country life.

Crime

[Microsoft Power BI](#)

The average crime rate in Mildenhall and Brandon INT (62.2 per 1,000 residents) is lower than the Suffolk average (67.6 per 1,000 residents) over the last 12 months between May 2023 and April 2024. The highest crime rates in the INT are found in and around Lakenheath.

Housing Affordability

[Microsoft Power BI](#)

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 Mildenhall and Brandon INT is £256,250 making it 10.1% lower than the Suffolk median price. Median house prices range from £181,000-£370,000 within the INT.

Primary Care

Respiratory Health

[Microsoft Power BI](#)

Mildenhall and Brandon INT has a similar prevalence of diagnosed asthma in those aged 6 and over (7.5%) in comparison to the Sub ICB (Integrated Care Board) and England average based on 2021/2022 data (7.7% and 6.5% respectively).

The INT has a similar average proportion of asthma reviews in the past 12 months (54.5%) in comparison to the Sub ICB (49.1%) and England and Wales averages (52.5%). Forest Surgery has the lowest proportion of reviews (38.0%), and Reynard Surgery has the highest (79.1%).

Mildenhall and Brandon INT has a higher-than-average prevalence of chronic obstructive pulmonary disease (COPD) (2.7%) when compared to the Sub ICB and England average (2.3% and 1.9%, respectively). Prevalence is significantly higher for Forest Surgery (4.1%), Brandon Medical Practice (3.3%), and Market Cross Surgery (2.7%).

Cardiovascular Disease (CVD)

[Microsoft Power BI](#)

Forest Surgery has significantly higher prevalence of all CVD related conditions when compared to the Sub ICB and England and Wales averages, apart from atrial fibrillation (figure 1). Reynard Surgery is also the only surgery in the INT to have lower prevalence of CVD related conditions when compared to both the Sub ICB and England and Wales. Overall, Mildenhall and Brandon INT has a similar prevalence of CVD related conditions when compared to the Sub ICB, but generally significantly higher prevalence when compared to England and Wales.

Surgery	Significantly higher/lower/similar to Sub ICB (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Forest Surgery	3.1	5.0	3.3	19.9	1.4	2.7
Lakenheath	3.0	3.5	1.1	16.0	0.4	2.2
Brandon Medical	2.8	3.7	1.2	16.9	0.8	2.3
Market Cross	2.8	3.5	1.1	15.9	0.6	2.0
Reynard Surgery	1.7	2.4	0.5	11.8	0.4	1.3
Surgery	Significantly higher/lower/similar to England and Wales (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Forest Surgery	3.1	5.0	3.3	19.9	1.4	2.7
Lakenheath	3.0	3.5	1.1	16.0	0.4	2.2
Brandon Medical	2.8	3.7	1.2	16.9	0.8	2.3
Market Cross	2.8	3.5	1.1	15.9	0.6	2.0
Reynard Surgery	1.7	2.4	0.5	11.8	0.4	1.3

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 Mildenhall and Brandon 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. Mildenhall and Brandon INT has a similar prevalence of obesity (9.6%) when compared to the Sub ICB (9.3%) and England and Wales averages (9.7%). Within the INT, Forest Surgery has the highest prevalence of obesity with an average of 14.0%.

Smoking and Smoking Cessation

[Microsoft Power BI](#)

Smoking prevalence is measured for those aged 15 and over. Mildenhall and Brandon INT has a significantly higher average rate of smoking (18.1%) than the Sub ICB and England average (15.5% and 15.4%, 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 similar in Mildenhall and Brandon INT (84.7%) when compared to the Sub ICB (76.1%), and England and Wales (81.5%).

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 in Mildenhall and Brandon INT, elective admissions for all conditions listed in the top 5 are significantly higher when compared to the rest of Suffolk (table 1), apart from dental caries.

Table 1: Most common causes for elective admissions in children and young people within Mildenhall and Brandon INT.

Elective Admissions	Admissions	Rate per 1,000	Lower CI	Upper CI	Compared to Suffolk
Lymphoid leukemia	105	3.19	2.61	3.86	INT Higher
Merkel cell carcinoma	40	1.22	0.87	1.65	INT Higher
Dental caries	35	1.06	0.74	1.48	INT Lower
Juvenile arthritis	35	1.06	0.74	1.48	INT Higher
Other disorders of teeth and supporting structures	35	1.06	0.74	1.48	INT Higher

For emergency hospital admissions, viral infections are the most common cause at a rate of 2.9 per 1,000 resident population, although this rate is significantly lower in the INT when compared to Suffolk. This is also true for abdominal and pelvic pain (1.2 per 1,000 resident population).

Adults

[Microsoft Power BI](#)

Sleep disorders are the most common cause for elective hospital admissions in adults within Mildenhall and Brandon INT (6.1 per 1,000 resident population). Additionally, the rates are significantly higher for the INT when compared to Suffolk as a whole, as well as rates of admissions owing to abdominal and pelvic pain (2.9 per 1,000 resident population). In contrast, elective admissions due to breast cancer (malignant neoplasm of the breast) are significantly lower in the INT at a rate of 2.2 per 1,000 resident population.

Emergency hospital admissions due to pain in the throat and chest are significantly lower for the INT (3.0 per 1,000) when compared to the rest of Suffolk. However, admissions owing to sepsis are significantly higher (1.4 per 1,000).

Older People

[Microsoft Power BI](#)

Age-related cataracts are the most common cause for elective admissions in those aged 65-84 and 85+ (15.6 and 31.5 per 1,000 resident population, respectively). However, these rates are not significantly different to the Suffolk average. Additionally, elective admissions owing to skin cancer (malignant neoplasm of the skin) are significantly higher for those aged 65-84 in the INT (13.7 per 1,000 resident population), whereas admissions due to benign neoplasms of the colon, rectum, and anus are significantly lower (6.2 per 1,000 resident population). For those aged 85+, breast cancer (15.7 per 1,000 resident population), anaemias (12.6 per 1,000 resident population), and deficiency

of other nutrient elements (7.9 per 1,000 resident population) are responsible for significantly higher rates of elective hospital admissions in Mildenhall and Brandon INT.

Emergency hospital admissions owing to sepsis are significantly higher for those aged 65-84 and 85+ in the INT when compared to Suffolk as a whole (10.8 and 29.9 per 1,000, respectively).

Furthermore, rates of hospital admissions due to pneumonia (9.6 per 1,000) and COPD (8.9 per 1,000) are also significantly higher for those aged 65-84.

Children and Young People's Health

National Child Measurement Programme

[Microsoft Power BI](#)

17.8% of children in reception (aged 4-5) are categorised as overweight in Mildenhall and Brandon INT, compared to the Suffolk average of 22.3%. This value is the second lowest within the West Suffolk Alliance during this time period. Similarly, 34.9% of year 6 children (aged 10-11) are categorised as overweight, compared to the Suffolk average of 36.0%. According to trend data, obesity prevalence in children in reception and year 6 has been decreasing for the INT since 2020, when prevalence was recorded as 27.3% and 40.6%, respectively.

Children in Low-Income Families

[Microsoft Power BI](#)

10.4% of children aged 0-15 years in Mildenhall and Brandon 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 proportions are in the west of Brandon and Lakenheath where prevalence as high as 20.8%.

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 deliveries) out of all the other LTLAs when compared to the Suffolk average (129.3 per 1,000 deliveries). West Suffolk rates are similar compared to England, with a rate of 77.6 per 1,000 deliveries. These data also show a decrease in emergency admissions since 2018/2019 in West Suffolk when the rate was 107.2 per 1,000 deliveries.

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, with 2.9 infant deaths under 1 year of age per 1,000 live births when compared to both the whole of Suffolk (3.3 per 1,000 live births) and England (3.9 per 1,000 live births).

Hospital admissions related to unintentional and deliberate child injuries in those aged 0-4 have significantly decreased from 120.7 per 10,000 resident population in 2018/2019 to 86.2 per 10,000 resident population 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 Mildenhall and Brandon INT, approximately 15.1 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 Suffolk as a whole, where the average rate is recorded as 25.3 per 1,000 residents, as well as the lowest rate across the entire county. The INT has a lower rate of residents accessing all types of adult community services.

Older People's Health and Wellbeing

PPV and Seasonal Flu Vaccinations

[Microsoft Power BI](#)

Mildenhall and Brandon INT has a lower-than-average uptake of the pneumococcal polysaccharide vaccine (PPV) amongst older residents (aged 65 years and over) (64.7%) 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 INT and Suffolk since 2018.

Flu vaccination uptake in the INT has decreased from 83.9% in 2021/2022, to 79.4% in the most recent period of 2022/2023. This is also true for Suffolk as a whole (85.9%-83.9%). This indicates Mildenhall and Brandon INT has a lower uptake of the flu vaccine when compared to Suffolk.

Falls

[Microsoft Power BI](#)

Rates of emergency hospital admissions in 2021/22 due to falls in those aged 65 and over are significantly higher for Mildenhall and Brandon INT (211.3 per 10,000) when compared to Suffolk (165.8 per 10,000). It may be beneficial for the INT to consider ways to prevent falls and therefore reduce rates of emergency hospital admissions.

Osteoporosis

[Microsoft Power BI](#)

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 years 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 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 Mildenhall and Brandon INT.

Mortality and End of Life Care

[Microsoft Power BI](#)

End of life care is split into cardiovascular and respiratory disease related hospital deaths and deaths in usual place of residence for those aged 65 years and over. Recent records from 2022 suggest Mildenhall and Brandon INT has fewer cardiovascular related hospital deaths (31.1 per 10,000 population) when compared to the rest of Suffolk (78.8 per 10,000 population). This is also true for respiratory related hospital deaths where recent rates from 2022 were recorded as 43.5 per 10,000

population for the INT, and 92.0 per 10,000 population for the rest of Suffolk. However, in 2021 rates for Mildenhall and Brandon INT and the rest of Suffolk were recorded as 37.3 and 71.6 per 10,000 population, 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.

52.9% of deaths have occurred in residents usual place of residence in 2022 for Mildenhall and Brandon INT, this is significantly similar to the rest of Suffolk (54.7%).