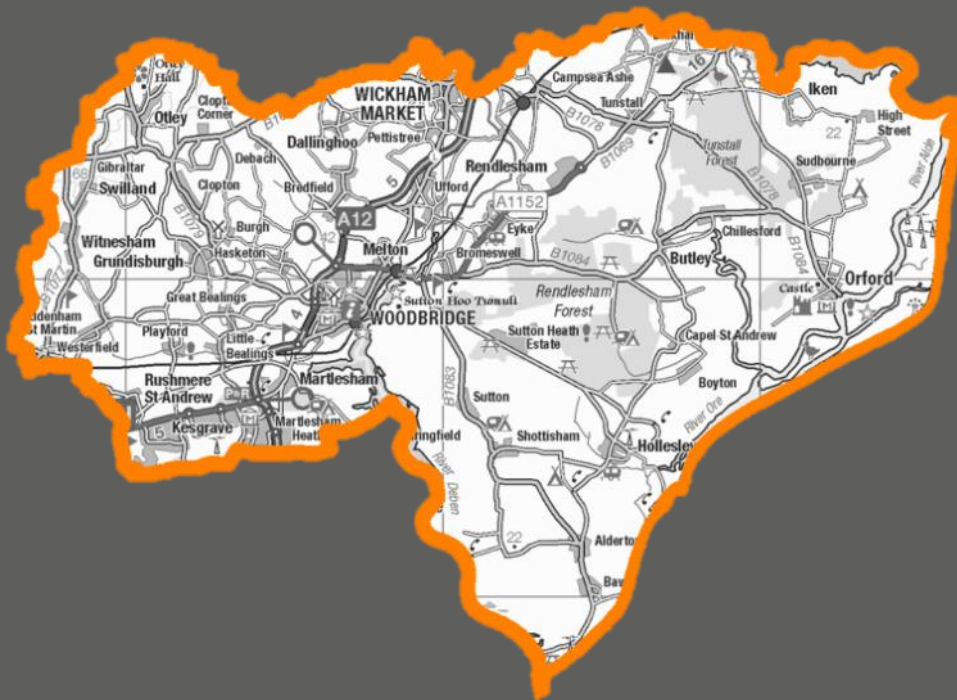


Place-Based Needs Assessment Summary

Woodbridge Integrated Neighbourhood Team



Contents

Introduction	4
Demographics	4
Population and Population Projections	4
Age and Gender	5
Ethnicity	5
Wider Determinants of Health	5
Deprivation	5
Mosaic Classification.....	5
Crime.....	6
Housing Affordability	6
Primary Care	6
Respiratory Health	6
Cardiovascular Disease (CVD)	6
Obesity	7
Smoking and Smoking Cessation	7
Hospital Admissions	8
Children and Young People.....	8
Adults	8
Older People	8
Children and Young People’s Health	9
National Child Measurement Programme.....	9
Children in Low-income Families	9
Pregnancy and Birth Indicators	9
Early Years Indicators	10
Adult Community Services	10
Older People’s Health and Wellbeing	10
PPV and Seasonal Flu Vaccinations.....	10
Osteoporosis	10
Mortality and End of Life Care	11

Introduction

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

- Woodbridge INT should consider ways to prepare to meet the needs of an ageing population.
- Woodbridge INT should consider addressing the higher-than-average prevalence of cardiovascular disease related conditions.
- Woodbridge INT should consider ways to investigate the significantly higher prevalence of elective hospital admissions owing to cancer among adults.

Demographics

Population and Population Projections
[Microsoft Power BI](#)

The total population of Woodbridge INT is estimated to be 57,763 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 East Suffolk is projected to increase by 9.4% between 2023-2043. This includes an increase in the population of 65–84-year-olds by 27.5%. Additionally, the population of residents aged 85 and over is anticipated to increase by 79.5% during the same time frame, resulting in a significantly older population.

Age and Gender

[Microsoft Power BI](#)

Proportionally, the largest age group in Woodbridge INT area residents aged 55-59 (7.7%), 50-54(7.6%) and 70-74 (7.1%). These are all higher than proportions of the same age groups in both Suffolk and England and Wales. The smallest age groups in the INT are 80-84 (3.5%) and 85+ (3.7%).

There is an even split between the proportion of females (50.5%) and males (49.5%) within Woodbridge INT.

Ethnicity

[Microsoft Power BI](#)

Woodbridge INT has a larger percentage of people of White ethnicity (94.4%) 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 (5.6%) than other parts of the county and the England and Wales average (6.9% and 18.3%, respectively).

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 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, Woodbridge INT is mostly an affluent area, with all IMDs in Lower-Layer Super Output Areas (LSOAs) being 5 or above.

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

1. **Country Living (20.3%):** Well-off owners in rural locations enjoying the benefits of country life.

2. **Domestic Success (17.8%):** Thriving families who are busy bringing up children and following careers.
3. **Prestige Positions (13.6%):** Established families in large, detached homes living upmarket lifestyles.

Crime

[Microsoft Power BI](#)

The average crime rate in Woodbridge INT (40.0 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

[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 Woodbridge INT is £375,000 making it 31.6% higher than the Suffolk median price. Median house prices for Lower Super Output Area (LSOAs) range from £225,500-£525,000 within the INT.

Primary Care

Respiratory Health

[Microsoft Power BI](#)

Woodbridge INT has a statistically similar prevalence of diagnosed asthma in those aged 6 and over (7.1%) 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, Little St John Street Surgery and Peninsula Practice have a significantly higher prevalence of diagnosed asthma (8.1% and 7.9%, respectively) when compared to the Sub ICB and England and Wales average.

Woodbridge INT has a higher-than-average proportion of asthma reviews in the past 12 months (62.1%) according to 2021/2022 data in comparison to the Sub ICB (56.7%) and England and Wales average (52.5%).

The INT has a statistically similar 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)

[Microsoft Power BI](#)

Woodbridge INT has a significantly higher prevalence of at least one CVD related condition across all surgeries when compared to the Sub ICB (figure 1). This is similar when compared to England and Wales, as all surgeries have at least three CVD related conditions that are significantly higher in the INT.

Surgery	Significantly higher/lower/similar to Sub ICB (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Peninsula Practice	4.5	5.3	3.2	20.3	0.8	3.1
Little St John Street	4.0	4.7	1.5	18.6	0.6	3.2
Wickham Market	3.3	3.3	1.3	14.6	0.4	2.3
Framfield House	3.0	3.6	1.4	17.4	0.6	2.3
Martlesham	2.8	3.9	0.9	17.6	0.7	1.9
The Birches	2.6	4.1	1.3	15.2	0.9	2.4
Surgery	Significantly higher/lower/similar to England and Wales (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Peninsula Practice	4.5	5.3	3.2	20.3	0.8	3.1
Little St John Street	4.0	4.7	1.5	18.6	0.6	3.2
Wickham Market	3.3	3.3	1.3	14.6	0.4	2.3
Framfield House	3.0	3.6	1.4	17.4	0.6	2.3
Martlesham	2.8	3.9	0.9	17.6	0.7	1.9
The Birches	2.6	4.1	1.3	15.2	0.9	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 Woodbridge 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 Woodbridge INT has an average obesity prevalence of 9.4% when compared to the Sub ICB (10.9%) and England and Wales average (9.7%). Within the INT, Peninsula Practice has a significantly higher prevalence (11.8%) when compared to England and Wales, whereas Wickham Market Medical Centre, the Birches Medical Centre, and Little St John Street Surgery have a significantly lower prevalence (9.1%, 8.6% and 7.5%, respectively) in comparison to both the Sub ICB and England and Wales averages.

Smoking and Smoking Cessation

[Microsoft Power BI](#)

Smoking prevalence is measured for those aged 15 and over. Woodbridge INT has a significantly lower average prevalence of smoking (10.3%) 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 2017/2018.

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 statistically similar in Woodbridge INT (85.6%) when compared to the Sub ICB (88.1%) and England and Wales average (81.5%), however, within the INT Framfield Surgery, Little St John Street Surgery, and Wickham Market Medical Centre have a significantly higher prevalence (99.3%, 98.2% and 97.6%, respectively).

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](#)

Children and young people are categorised as those aged 17 and under. The most common cause for elective hospital admissions in children within Woodbridge INT is dental caries (1.7 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 neoplasms of uncertain behaviour/unspecified sites and Merkel cell carcinoma (1.3 and 1.1 per 1,000, respectively).

Viral infections are the most common cause for emergency admissions in children within Woodbridge INT at a rate of 5.9 per 1,000, however, this is not significantly different when compared to the rest of Suffolk.

Adults

[Microsoft Power BI](#)

In adults aged 18-64, elective admissions due to all of the most common conditions apart from Crohn's disease 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 Woodbridge INT.

Elective Admissions	Admissions	Rate per 1,000	Lower CI	Upper CI	Compared to Suffolk
Malignant neoplasm of breast	880	9.00	8.42	9.62	INT Higher
Malignant neoplasm of colon	460	4.71	4.29	5.16	INT Higher
Secondary malignant neoplasm of other and unspecified sites	410	4.19	3.80	4.62	INT Higher
Crohn's disease [regional enteritis]	245	2.51	2.20	2.84	Similar
Disorders of mineral metabolism	240	2.45	2.15	2.79	INT Higher

For emergency admissions in adults, pain in the throat and chest is the most common cause at a rate of 3.9 per 1,000, however, this is not significantly different when compared to the rest of Suffolk.

Older People

[Microsoft Power BI](#)

For those aged 65-84, elective admissions due to all conditions apart from age-related cataracts are significantly higher in the INT (table 2) when compared to the rest of Suffolk, with the most common being other cataract conditions.

Table 2: Most common causes for elective admissions in elderly patients within Woodbridge INT.

Elective Admissions	Admissions	Rate per 1,000	Lower CI	Upper CI	Compared to Suffolk
Other cataract	775	19.99	18.61	21.45	INT Higher
Multiple myeloma and malignant plasma cell neoplasms	685	17.67	16.37	19.05	INT Higher
Age-related cataract	550	14.19	13.03	15.43	Similar
Myeloid leukemia	550	14.19	13.03	15.43	INT Higher
Benign neoplasm of colon, rectum, anus and anal canal	425	10.96	9.95	12.06	INT Higher

In contrast, elective admissions owing to other cataract conditions are significantly higher in the INT for those aged 85+ (23.4 per 1,000) when compared to the rest of Suffolk, however admissions owing to skin cancer (malignant neoplasm of the skin) are significantly lower (15.1 per 1,000).

Pneumonia is the most common cause for emergency hospital admissions in those aged 65-84 and 85+ at a rate of 6.6 and 32.5 per 1,000, however, these rates are not significantly different when compared to the rest of Suffolk. In addition, emergency admissions owing to symptoms/signs involving the nervous and MS system in patients aged 85+ are significantly lower than the rest of Suffolk (18.9 per 1,000).

Children and Young People's Health

National Child Measurement Programme

[Microsoft Power BI](#)

Woodbridge INT has an average of 22.6% 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), 34.9% are considered overweight, marginally 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 25.9%, however, obesity prevalence for children in year 6 has been increasing since 2018 (29.0%).

Children in Low-income Families

[Microsoft Power BI](#)

8.3% of children aged 0-15 in Woodbridge 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 towards the west of Woodbridge town where prevalence is recorded as high as 20.4%.

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 Woodbridge INT, approximately 21.5 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 apart from memory/cognition and social support.

Older People's Health and Wellbeing

PPV and Seasonal Flu Vaccinations

[Microsoft Power BI](#)

Woodbridge INT has a higher-than-average uptake of the pneumococcal polysaccharide vaccine (PPV) amongst older residents (aged 65 and over) (84.3%) 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 since 2016 and since 2018 for the rest of Suffolk.

Flu vaccination uptake in the INT has decreased marginally from 88.0% in 2021/2022, to 85.5% in the most recent period of 2022/2023. This is similar for the rest of Suffolk (85.9%-83.9%). Woodbridge INT has a higher uptake of the flu vaccine when compared to Suffolk.

Osteoporosis

[Microsoft Power BI](#)

Data for osteoporosis is available only at Lower Tier Local Authority (LTLA) level and given this the following findings are for East 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 been increasing in East Suffolk since 2018. The prevalence has also increased for the rest of Suffolk by during the same time period and is similar to East Suffolk. However, these figures are not specific to the INT, therefore prevalence may vary within Woodbridge INT.

Mortality and End of Life Care

[Microsoft Power BI](#)

Data from 2022 suggest Woodbridge INT has fewer cardiovascular related hospital deaths (36.2 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 36.2 per 10,000 for the INT, and 92.0 per 10,000 for the rest of Suffolk. However, in 2021 rates for Woodbridge INT and the rest of Suffolk were recorded as 32.9 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.

53.5% of deaths have occurred in residents usual place of residence in 2022 for Woodbridge 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 (1.6%) but an increase for the rest of Suffolk between 2021-2022 (0.6%).