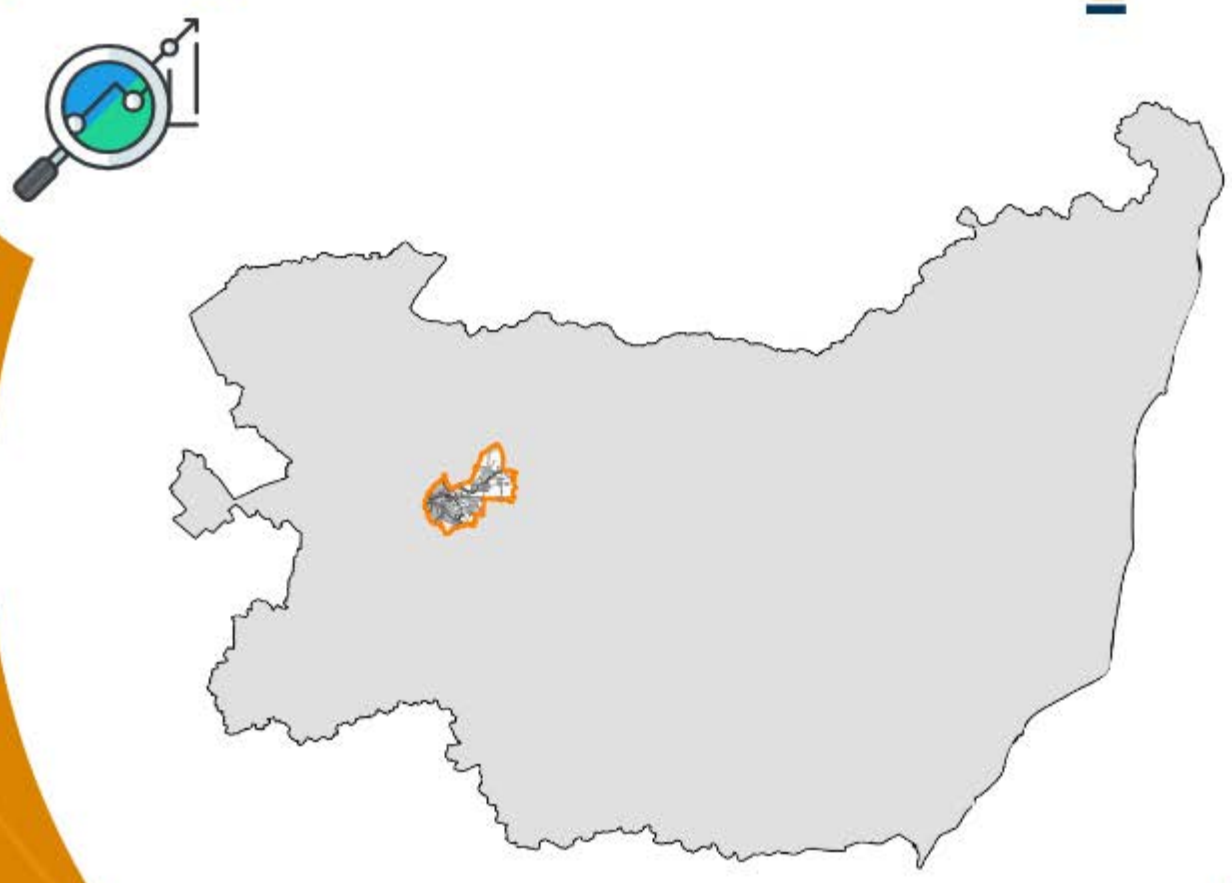
Bury Town Integrated Neighbourhood Team | 2019

A Place-Based Needs Assessment Executive Summary



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Executive summary

This Place-Based Needs Assessment (PBNA) gives an overview of the Bury Town 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.

PBNAs focus on a place, not a condition or a specific population group. They mainly use publicly available data. Published data is robust and enables comparisons with areas outside Suffolk and with England, but publication is often delayed by some months and so can only give a snapshot rather than reflect the current situation. The Knowledge and Intelligence Team (Public Health Suffolk) are looking to add more up to date, local, unpublished data from INT members (for example data from adult social care, children and young people's services, and Suffolk Fire) to the PBNAs where appropriate: please check the link below for the latest version.

PBNAs should be considered alongside the work that INTs are delivering in their area, that cannot easily be captured in national statistics (for example social prescribing, and health improvement initiatives).

The latest versions of the Suffolk PBNAs are available here, together with presentations or other supporting information: www.healthysuffolk.org.uk/jsna/pbna

If you have any questions about this PBNA, please contact knowledgeandintelligence@suffolk.gov.uk

INT members include staff from Suffolk County Council's adult social care and children and young people's services, health (including local GP practices), police, mental health, district and borough teams, and the voluntary sector.

Demographics

Population

The Bury Town INT is the third largest INT in the West Suffolk Clinical Commissioning Group (WSCCG) area by population size with an estimated 44,145 residents.

Age profile

The Bury Town INT has lower proportion of people aged 64 and under compared to WSCCG (77.5% compared to 78.2%, respectively). The INT has the same proportion of people aged 65 to 84 compared to WSCCG (18.7%) and a higher proportion of those aged 85 and over (3.8% compared to 3.1%, respectively).

Population projections

Similar to the trend across Suffolk, the proportion of elderly Bury Town INT residents are projected to significantly increase by 2028. This will have a significant impact on the health and social care demand. Bury Town INT projections for 2017-2028 predict a 43.8% rise in the population aged 85 and over (an additional 730 residents), compared to 45.3% in WSCCG. The INT should consider focusing on addressing and preventing age-related conditions, particularly dementia and frailty.

Ethnic mix

The Bury Town INT locality has a higher proportion of Black Asian and Minority Ethnic (BAME) population compared to Suffolk and England averages (10.4% compared to 9.2%, respectively).

English as a second language

As with the proportion of BAME residents, a higher proportion of pupils residing in the Bury Town INT locality having a record of having English as their second language (9.3%), compared to Suffolk average (8.7%).

Wider determinants of health

Deprivation

Overall, the Bury Town INT is relatively affluent (in the 40% least deprived England areas relative). However, there is variation in relative deprivation across the INT locality, with areas ranging from most deprived 20% in England (e.g., Fornham All Saints) to least deprived 20% in England (e.g., Great Barton, Cattishall, and areas surrounding NHS West Suffolk Foundation Trust).

Employment

The top three employment sectors in the Bury Town INT are health, retail and manufacturing, as might be expected for the INT that covers the centre of the main town in West Suffolk, including West Suffolk Hospital . Nearly a quarter (23.7%) of employees are in health, compared to 13.0% for Suffolk.

Geodemographic classifications

The three cohorts of residents that make up most of the population of Bury Town INT are: D Domestic Success (13.9%) F Senior Security (13.0%), and H Aspiring Homemakers (12.6%). For more information, please see the Mosaic section within the 'Wider determinants of health' chapter in this report.

Crime

The overall crime rate in Bury Town INT is higher than Suffolk: 90 crimes per 1,000 persons for the period July 2018 to June 2019, compared to 71 per 1,000 for Suffolk as a whole. There is variation within the INT: some parts of the INT have a crime and anti-social behaviour rate 24 times higher than others.

Primary care

Respiratory health

The INT should consider respiratory condition management amongst children as Bury Town INT residents aged 0-17 have high emergency admissions rates for asthma and acute respiratory infections, compared to Suffolk.

CVD

Overall in the Bury Town INT area, GP-detected prevalence of coronary heart disease, stroke, heart failure and hypertension vary significantly between the 5 INT practices, but are broadly in line with the relative age profiles (often prevalence is higher at the Guildhall and Barrow Surgery).

Atrial fibrillation

There is significant room for improvement for AF detection and anticoagulation treatment (or its recording) – only Mount Farm Surgery has achieved estimated 85% AF detection rate (estimated 180 additional patients to be identified in the other four INT practices) and none have achieved the AF treatment target (estimated 110 additional high risk patients to be treated in the INT).

Diabetes

The INT may want to investigate the high exception rates for diabetes indicators by 3 of the 5 practices. In addition, the INT should consider improved diabetes management opportunities across

several of the practices (glycaemic control at Angel Hill and Victoria Surgeries, blood pressure control rate at Swan Surgery, and referral to education programme rate at Mount Farm Surgery).

Cancer

The INT should continue its good work on the national cancer screening programmes and particularly review opportunities for cervical and breast screening uptake.

Hospital admissions

Children and young people

In children (aged 0-17), Bury Town INT area residents have high emergency admissions rates across multiple conditions compared to Suffolk averages, particularly for asthma and acute respiratory infections. The INT should consider respiratory condition management amongst children in primary care (e.g., correct usage of asthma inhalers amongst children; annual reviews/recalls for children that may not have confirmed asthma but are symptomatic).

ENT

In children (aged 0-17), ENT conditions such as acute tonsillitis and chronic diseases of tonsils are amongst the most common elective admission for Bury Town area residents. The INT may want to investigate community-based opportunities for ENT care.

Pneumonia

Pneumococcal polysaccharide vaccination (PPV) coverage (in the population aged 65 and over) by GPs in Bury Town INT is significantly lower than the Suffolk average (70.2% compared to 72.8%, respectively), so the INT should review this as pneumonia (or its complications) is a key driver in emergency admissions in those aged 65 over in the Bury Town INT locality.

Cataracts

Elective admissions for cataracts was the primary reason for elective admissions among people aged 65 to 84 (23.0 per 1,000) and among people aged 85 and over (35.8 per 1,000). This will have a significant ongoing impact on both elective hospital demand, as the Bury Town INT population aged 85 and over is estimated to rise by 43.8% by 2028.

Children and young people

Childhood poverty

The Bury Town INT area has estimated 785 children under 16 living in low income families, which is a lower percentage than England (11.3% compared to 17.0%, respectively) and Suffolk (13.8%).

Children in low income families

Suffolk County Council (SCC) annual pupil data for 2018 shows that approximately 1 in 4 (21.4%) pupils at state-funded Suffolk schools in the Bury Town INT were allocated pupil premium funding in 2018, slightly below the Suffolk average (22.7%).

Educational attainment

Consistent with relative affluence, pupils residing in Bury Town have higher educational attainment compared to Suffolk average at key stage 4 measures (72.5% compared to 64.1%, respectively). However, early years educational attainment is lower than the Suffolk average; 50.5% of pupils achieved the expected standard in reading, writing and maths (Key Stage 2) compared to 58.6% Suffolk.

Childhood obesity

The prevalence of overweight or obese children in the Bury Town INT locality is similar to the Suffolk average (17.2% compared to 18.7%, respectively). There is more than two-fold variation in the overweight and obesity levels between schools in the Bury Town INT locality, ranging from just under 1 in 10 (9.8%) at the Great Barton Primary School to 1 in 4 (25.8%) at the Howard Community Primary School.

Older people's health and wellbeing

Frailty identification and prevention

The Bury Town INT should consider consistent use of the eFI in primary care as early identification can help prevent and manage frailty, improve quality of life and reduce health and care service demand. Once frailty has been identified, capacity should be prioritised to help prevent deterioration of frailty (e.g., referrals to social prescribing and local physical activity solutions). This is particularly significant as the population aged 85 and over in Bury Town INT area are projected to increase by 43.8% by 2028.

Vaccinations

The INT should consider raising pneumococcal polysaccharide vaccine (PPV) uptake in the population aged 65 and over, which is currently significantly lower than Suffolk average (70.2% compared to 72.8%, respectively). This will also help prevent pneumonia-related emergency admissions.

End of life care

The Bury Town INT locality had a similar proportion of residents over the age of 65 dying in at home (21.4%) and in a hospice (4.5%) compared to Suffolk (23.4% and 3.5%, respectively). A significantly lower proportion of residents over the age of 65 died in hospital (39.7%) compared to Suffolk (43.4%).

Overview of Bury Town INT's data

Please note that only data relating to the Bury Town INT locality has been included in the tables below. For more data pertaining to larger geographies, such as WSCCG and St Edmundsbury district, please see the subsections within this report.

Table 1: Population by broad age band, 2017, Bury Town INT

Age	Higher ↑, lower ↓ or the same as – WSCCG	Percent / number
0-17	Lower ↓	19.2% / 8,475
18-64	Higher ↑	58.3% / 25,733
65-84	Same –	18.7% / 8,269
85+	Higher ↑	3.8% / 1,668

Table 2: GP practice deprivation score, 2015, Bury Town INT

Area	Levels of deprivation compared to England (21.8) lower ↓, the same as –, higher ↑	Deprivation score
Angel Hill Surgery	Lower ↓	15.1
The Guildhall and Barrow Surgery	Lower ↓	14.5
Mount Farm Surgery	Lower ↓	10.7
Victoria Surgery	Lower ↓	15.0
Swan Surgery	Lower ↓	15.2

Table 3: Primary care indicators, 2017-18, Bury Town INT

Indicator	Higher, lower or the same as WSCCG	Percent / rate
Asthma	Higher	7.4%
Atrial fibrillation	Same	2.4%
Cancer	Same	3.7%
Cancer review within 6 months	Higher	77.6%
Cervical cancer screening	Higher	78.3%
Chronic kidney disease	Higher	4.2%
Coronary heart disease	Same	3.4%
Dementia	Higher	1.1%
Dementia: care plans	Same	80.6%
Depression	Lower	8.9%
Depression: review 10-56 days after diagnosis	Higher	66.9%
Diabetes	Lower	6.2%
Diabetes: education programme referrals	Same	63.6%
Diabetes: foot examination	Same	80.6%
Females aged 50-70 screened for breast cancer	Higher	79.3%
Heart failure	Higher	1.1%
Hypertension	Lower	15.2%
Mental health: care plans	Same	80.3%
Obesity	Same	9.0%
Overweight and obese children	Same	17.2%
Palliative care	Lower	0.4%
Persons aged 60-74 screened for bowel cancer	Higher	65.9%
Severe mental health	Higher	0.9%
Smoking prevalence	Lower	15.3%
Smoking cessation support offered	Higher	92.9%
Stroke	Same	1.9%
Two-week wait referrals for bowel cancer	Higher	556.6 per 100,000
Two-week wait referrals for breast cancer	Higher	633.7 per 100,000
Two-week wait referrals for lung cancer	Same	94.3 per 100,000
Two-week wait referrals for skin cancer	Same	660.3 per 100,000

Table 4: Hospital admissions, top three by age, Bury Town INT

0 -17 year olds		
Type	Top Three	Rate per 1,000
Emergency admissions	Viral infection of unspecified site	5.9
	Acute tonsillitis	3.7
	Acute upper respiratory infections of multiple and unspecified sites	3.5
Elective admissions	Chronic diseases of tonsils and adenoids	2.2
	Lymphoid leukaemia	2.2
	Malignant neoplasm of kidney, except renal pelvis	2.0
18 – 64 year olds		
Type	Top Three	Rate per 1,000
Emergency admissions	Abdominal and pelvic pain	5.3
	Pain in throat and chest	3.3
	Pneumonia, organism unspecified	1.6
Elective admissions	Medical abortion	3.3
	Abdominal and pelvic pain	2.9
	Haemorrhoids and perianal venous thrombosis	2.7
65-84 year olds		
Type	Top Three	Rate per 1,000
Emergency admissions	Pneumonia, organism unspecified	11.3
	Other sepsis	9.7
	Other chronic obstructive pulmonary disease	7.1
Elective admissions	Senile cataract	23.0
	Other malignant neoplasms of skin	18.4
	Chronic ischaemic heart disease	8.3
85 years and over		
Type	Top Three	Rate per 1,000
Emergency admissions	Pneumonia, organism unspecified	37.8
	Other symptoms and signs involving the nervous and musculoskeletal systems	33.7
	Other sepsis	24.5
Elective admissions	Senile cataract	35.8
	Other malignant neoplasms of skin	34.7
	Multiple myeloma and malignant plasma cell neoplasms	13.3

Table 5: Older people's health and wellbeing, Bury Town INT

Indicator	Higher, lower or the same as Suffolk	Percent / rate
Seasonal flu vaccine uptake (aged 65 and over)	Higher	75.3%
Pneumococcal polysaccharide vaccine (PPV) uptake (aged 65 and over)	Lower	70.2%
Osteoporosis	Higher	1.9%

References

1. Crisis. About homelessness. *Crisis - About Homelessness* 6–8 (2017). Available at: http://www.crisis.org.uk/data/files/publications/Crisis Homelessness briefing.pdf. (Accessed: 15th May 2019)