

A Place-Based Needs Assessment



Main authors

Tom Delaney, Alliance JSNA Researcher

Alison Matthews, Senior JSNA researcher

Tess Zermanos, Health and Care Programme Manager

Main editors

Natacha Bines, Head of Population Insight

Anna Crispe, Head of Knowledge & Intelligence

Consultant reviewers

Dr Padmanabhan Badrinath, Consultant in Public Health Medicine

Dr Jeptekeny Ronoh, Consultant in Public Health Medicine

With many thanks to Integrated Neighbourhood Team colleagues and wider Suffolk colleagues for their input, collaboration and consultation.

This is version 1 created on 16th September 2019

Contents

Executive summary	4
Demographics	4
Wider determinants of health.....	5
Primary Care.....	5
Secondary care.....	6
Children and young people	6
Older people’s health and wellbeing.....	7
Overview of Haverhill INT’s data	8

Executive summary

This Place-Based Needs Assessment (PBNA) gives an overview of the Haverhill Integrated Neighbourhood Team's (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 The Knowledge and Intelligence Team (Public Health Suffolk) are looking to add more up to date, local, unpublished data from INT members (for example data from adult social care, children and young people's services, and Suffolk Fire and Rescue Service) to the PBNAs where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

Relatively young population

Haverhill INT has an estimated population of 41,721 residents. The Haverhill INT resident age profile is one of the 'youngest' in Suffolk with a higher proportion of people of working age, and of children and young people, when compared to the Clinical Commissioning Group (CCG) area, with corresponding lower percentages of people aged 65 and over.

An aging population

The Haverhill INT is projected to get older by 2028, which will have a significant impact on the health and care demand. Projections for 2017-2028 predict an estimated 17.5% (+1444 residents) rise in the 65-84 population and a 43.8% rise in the 85+ population (+730 residents).

Ethnic composition

The Haverhill INT has a similar Black and Minority Ethnic (BAME) population (9.7%) to Suffolk (9.2%).

English as a second language

In 2018, there were 5,405 Suffolk pupils at state-funded schools recorded as living in the Haverhill INT area. 10.5% (570) were recorded as having English as their second language, above the estimated Suffolk figure (8.7%).

Wider determinants of health

Deprivation

There is variation in relative deprivation across the INT area – Haverhill town area is in the most deprived 40% of England areas, whereas all the other areas have lower levels of deprivation relative to England.

Housing

The Indices of Multiple Deprivation (IMD) show that housing is a contributor to high levels of relative deprivation within Haverhill. This includes the physical and financial accessibility of housing. This is consistent with the 2018 housing waiting list for St Edmundsbury Council, which highlighted insanitary or overcrowded as the main reason for being on the waiting list.

Employment

Manufacturing is by far the biggest employment sector in the Haverhill INT (over 3,000 jobs), followed by retail and health. The Haverhill INT has a higher percentage of people in manufacturing (24.1% of employment) compared to Suffolk (10.2%).

Crime

The overall crime rate in Haverhill INT is higher than Suffolk (73 crimes per 1,000 population compared to 71 per 1,000 for the year ending June 2019). However, there is variation within the INT, as some parts of the INT have a crime and anti-social behaviour rate four times higher than others. The highest rates are in the town of Haverhill.

Childhood poverty

The Haverhill INT area has estimated 855 children living in low income families, which equates to a lower percentage than England (12.0% compared to 17.0%, respectively) and Suffolk (13.8%). Income deprivation affecting children is concentrated in Haverhill town (where both Christmas Maltings & Clements Practice and Haverhill Family practice are located).

Primary Care

Targeted interventions

The Haverhill INT may want to focus on targeted interventions at the Christmas Malting and Clements Practice and the Haverhill Family Practice, as patient experience relating to using and accessing GP services is significantly lower than in the other two Haverhill INT practices, CCG and England averages. In addition, these two practices have low CQC ratings (1 inadequate, 1 requires improvement).

Mental health

The Christmas Malting and Clements Practice may want to review its approach to newly diagnosed patients with depression who receive a review 10-56 days after diagnosis, as only 48.7% of depression patients received a review last year (this is significantly lower than England and West Suffolk Clinical Commissioning Group (WSCCG)).

CVD

The INT should investigate opportunities for higher Atrial Fibrillation (AF) detection at all Haverhill Practices (particularly Clare Guildhall Surgery) and hypertension management (or its recording) by Christmas Maltings and Clements Practice. It should also continue to actively engage with health improvement services such as smoking cessation and healthy weight management, particularly for the two town practice patients who have higher rates of smoking and obesity.

Diabetes

The INT should consider investigating reasons for comparatively poor recorded diabetes management of the Christmas Malting and Clements Practice and the Haverhill Family Practice.

Respiratory Health

The INT may want to investigate opportunities for better recorded respiratory conditions management by Christmas Maltings and Clements Practice.

Cancer

The INT may want to consider raising the awareness and uptake of the three national cancer screening programmes, particularly in the two town centre practices (Christmas Maltings and Clements Practice and Haverhill Family Practice) where screening is significantly lower than England and WSCCG.

Secondary care

Misuse of painkillers

In adults aged 18-64, poisoning by nonopioid analgesics, antipyretics and antirheumatics (this commonly relates to paracetamol and ibuprofen overdose) is the third most common emergency admission in Haverhill (and is not in the top 15 for Suffolk). This may be a sign of an unmet mental health need among the Haverhill INT locality population and may warrant further investigation. Please note, however, poisoning by nonopioid analgesics, antipyretics and antirheumatics can be due to accidental overdose.

Pneumonia

Pneumonia is the most common emergency admissions in adults aged 65 and over and fifth most common emergency in 18-64 year olds. The INT should review opportunities for better pneumococcal (PPV) and flu vaccine uptake.

Frailty

Haverhill INT residents over the age of 85 have high rates of emergency admissions across multiple frailty-related conditions compared to Suffolk. These include sepsis, fracture of femur, and pneumonia. The INT should consider prioritising identification (using electronic frailty index) and management of frailty within the INT (e.g., osteoporosis detection and treatment with bone-sparing agents).

Elective care

Elective admissions for those aged 65 and over are dominated by cataracts and various cancers. As those aged 65 or over are projected to rise from one in five in 2016 to one in three by 2041 in Suffolk (and similarly in Haverhill), the INT should consider implications for sustainability planning and transformation options for treatment outside hospital setting.

Children and young people

Childhood obesity

The prevalence of overweight or obese children in the Haverhill INT locality is significantly higher than Suffolk average (20.3% vs 18.7%, respectively). There is more than two-fold variation in the obesity levels between the school in Haverhill, ranging from around 1 in 10 to 1 in 4.

- The proportion of children with excess weight are highest at the Westfield Primary School (22.6%), the Place Farm Primary Academy (23.6%) and the Coupals Community Primary School (24.8%). The INT could consider targeted interventions for pupils from these three schools.

Older people's health and wellbeing

The Electronic Frailty Index

Haverhill INT should consider more 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.

Frailty prevention

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 proportion of people aged 65 – 84 is projected to rise by 17.5% by 2028, and those aged 85 and over are expected to rise by 43.8% across the Haverhill INT locality.

Vaccinations

The INT may want to explore raising both the pneumococcal (71.4%) and flu vaccine uptake (69.9%) in the 65 and over population as both are significantly lower than Suffolk averages. This will also help prevent pneumonia-related emergency admissions.

Osteoporosis

The INT should investigate opportunities for osteoporosis detection and treatment with bone-sparing agents (in those aged 50 and over), especially as fracture of femur is one of the top 5 emergency admissions for Haverhill residents aged over 85. Current osteoporosis detection in the INT is significantly below WSCCG and England averages and varies greatly from 0.1% at Christmas Maltings and Clements Practice to 0.9% at Wickhambrook Surgery.

End-of-Life care

A similar proportion of residents in the Haverhill INT over the age of 65 died in their usual place of residence compared to Suffolk (51.5% compared to 52.3%, respectively). This presents an opportunity for the INT leadership team to check that end-of-life care pathways are appropriate for individuals within the community. As well as supporting advanced care planning to enable people's wishes around their end-of-life care and their preferred place of death.

Overview of Haverhill INT's data

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

Table 1: Population by broad age band, 2017, Haverhill INT









Age	Higher  , lower  or the same as  WSCCG	Percent / number
0-17	Higher 	21.5% / 9,746
18-64	Higher 	59.1% / 23,877
65-84	Lower 	16.9% / 7,067
85+	Lower 	2.5% / 1,031
Black and minority ethnic population	Higher 	9.7% / 3,910

Table 2: GP practice deprivation score, 2015, Haverhill INT

















Area	Levels of deprivation compared to England (21.8) lower  , the same as  , higher 	Deprivation score
Christmas Maltings and Clements Practice	Lower 	17.9
Clare Guildhall Surgery	Lower 	14.3
Haverhill Family Practice	Lower 	18.1
Wickhambrook Surgery	Lower 	15.6

Table 3: Primary care indicators, 2017-18, Haverhill INT

Indicator	Higher  , lower  or the same as  WSCCG	Percent / rate
Asthma	Lower 	6.5%
Atrial fibrillation	Same 	1.9%
Cancer	Lower 	3.1%
Cancer review within 6 months	Same 	70.0%
Cervical cancer screening	Lower 	74.6%
Chronic kidney disease	Lower 	3.4%































Indicator	Higher  , lower  or the same as  WSCCG	Percent / rate
Coronary heart disease	Same 	3.3%
Dementia	Lower 	0.7%
Dementia: care plans	Same 	73.8%
Depression	Lower 	9.4%
Depression: review 10-56 days after diagnosis	Same 	57.3%
Diabetes	Same 	7.0%
Diabetes: education programme referrals	Lower 	54.5%
Diabetes: foot examination	Lower 	70.2%
Females aged 50-70 screened for breast cancer	Lower 	75.5%
Heart failure	Lower 	0.7%
Hypertension	Lower 	14.5%
Mental health: care plans	Higher 	84.9%
Obesity	Lower 	8.5%
Overweight and obese children	Higher 	20.3%
Palliative care	Higher 	0.5%
Persons aged 60-74 screened for bowel cancer	Lower 	60.9%
Severe mental health	Lower 	0.7%
Smoking	Higher 	18.6%
Smoking cessation support offered	Same 	89.1%
Stroke	Lower 	1.6%
Two-week wait referrals for bowel cancer	Lower 	479.0 per 100,000
Two-week wait referrals for breast cancer	Higher 	632.9 per 100,000
Two-week wait referrals for lung cancer	Lower 	87.4 per 100,000
Two-week wait referrals for skin cancer	Same 	630.9 per 100,000

Table 4: Hospital admissions, top three by age, Haverhill INT

0 -17-year olds		
Type	Top Three	Rate per 1,000
Emergency admissions	Viral infection of unspecified site	3.5
	Abdominal and pelvic pain	2.6
	Asthma	2.1
Elective admissions	Chronic diseases of tonsils and adenoids	3.4
	Acute tonsillitis	1.5
	Nonsuppurative otitis media (acute infection of middle ear fluid)	1.3
18 - 64-year olds		
Type	Top Three	Rate per 1,000
Emergency admissions	Abdominal and pelvic pain	4.9
	Pain in throat and chest	3.3
	Poisoning by nonopioid analgesics, antipyretics and antirheumatics	1.6
Elective admissions	Crohn disease [regional enteritis]	4.1
	Malignant neoplasm of breast	3.2
	Medical abortion	3.0
65-84-year olds		
Type	Top Three	Rate per 1,000
Emergency admissions	Pneumonia, organism unspecified	11.8
	Other chronic obstructive pulmonary disease	10.2
	Other sepsis	9.0
Elective admissions	Senile cataract	20.4
	Other malignant neoplasms of skin	11.1
	Secondary malignant neoplasm of respiratory and digestive organs	9.0
85 years and over		
Type	Top Three	Rate per 1,000
Emergency admissions	Pneumonia, organism unspecified	45.8
	Other sepsis	37.6
	Other disorders of urinary system	24.5
Elective admissions	Senile cataract	39.3
	Other malignant neoplasms of skin	18.0
	Myelodysplastic syndromes	13.1

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

Indicator	Higher, lower or the same as Suffolk	Percent / rate
Seasonal flu vaccine uptake (65 and over)	Lower 	69.9%
Pneumococcal vaccine uptake (65 and over)	Lower 	71.4%
Osteoporosis	Lower 	0.3%