

A Place-Based Needs Assessment Executive summary



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Executive summary

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 The Knowledge and Intelligence Team (Public Health Suffolk) are looking to add more up to date, local, unpublished data from INT members (for example data from adult social care, children and young people's services, and Suffolk Fire and Rescue Service) to the PBNAs where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

Population

The Sudbury INT has an estimated 43,086 residents. It is the 8th largest population out of the fourteen INTs across Ipswich and East Suffolk Clinical Commissioning Group (IESCCG) and West Suffolk Clinical Commissioning Group (WSCCG).

Age profile

Sudbury INT has a higher proportion of people aged over 45 compared to the WSCCG average, with corresponding lower proportion of people aged under 35.

Population projections

Similar to the Suffolk trend, Sudbury INT projections for 2017-2028 predict a 47.5% rise in the 85+ population (+721 residents), compared to 45.3% WSCCG average increase in this age group. This will have a significant impact on the health and care demand. Therefore, the INT should consider focusing on addressing and preventing age-related conditions, particularly dementia and frailty.

Ethnic mix

The Sudbury INT locality has a significantly lower Black Asian and Minority Ethnic (BAME) population (4.9%) compared to Suffolk (9.2%) and England (20.2%). This is consistent with fewer pupils residing in Sudbury having a record of having English as their second language (4.5%), compared to Suffolk average (8.7%).

Wider determinants of health

Deprivation

There is variation in relative deprivation across the Sudbury INT locality, ranging from most deprived 20% in England (Great Cornard) to least deprived 40% in England (Stanstead, Lavenham and villages surrounding Sudbury and Great Cornard).

Education

The breakdown of Indices of Multiple Deprivation (IMD) shows that one of the two key drivers for relative deprivation within some Sudbury INT areas is due to the education, skills and training domain, which measures the lack of attainment and skills in the local population (relating to both young people and adults).

Housing barriers

Deprivation breakdown in the Sudbury INT locality shows that the Barriers to Housing and Services Domain is another key reason for relative deprivation, which measures the physical and financial accessibility of housing and local services.

Rural living

Similar to WSCCG residents overall, the three largest population groups in Sudbury INT are 'Rural Reality' (22.3%; rural affordable value homes, agricultural employment), 'Country Living' (17.5%; rural well-off homeowners, high self-employment), and 'Aspiring Homemakers' (10.7%; younger households in full-time starter salary employment).

Low crime

The overall crime rate in Sudbury INT is lower than Suffolk: 65 crimes per 1,000 persons, compared to 71 per 1,000 for Suffolk as a whole (July 2018 to June 2019 data). However, there is significant variation within the INT: some parts of the INT have a crime and anti-social behaviour rate ten higher than others (concentrated around Sudbury town).

Primary care

Cancer

The INT may want to consider raising the awareness and uptake of the three national cancer screening programmes, specifically screening targets for breast cancer and bowel cancer. Breast cancer screening at the Siam Surgery is significantly lower than the WSCCG average (73.2% compared 76.8%, respectively).

Atrial Fibrillation

The INT should investigate opportunities to improve Atrial Fibrillation (AF) detection and treatment (estimated 110 additional patients to be detected and additional 80 high risk patients to be treated in the INT), particularly at Glemsford Surgery, which has the lowest estimated detection rate within WSCCG.

Diabetes

The INT may want to investigate opportunities for improved (or better recorded) cholesterol management in diabetes patients by Hardwicke House Group Practice and referral to education programmes by Siam Surgery.

Dementia

As the Sudbury INT population of people aged 65 and over is forecast to increase considerably during 2017- 2028, addressing dementia needs will become increasingly more important for the Sudbury INT. The INT may want to investigate opportunities for increased annual dementia care plans and promote active healthy ageing programmes to delay the onset of dementia at any age.

Mental health

The INT should consider investigating the low recorded proportion of comprehensive care plans for mental health service users and reviews for patients newly diagnosed with depression in primary care. This is a system-wide issue across all of the Sudbury INT GP practices.

Hospital admissions

Children and young people

In children aged 0-17, viral infections and respiratory conditions are the top 3 emergency admission reasons in Sudbury INT. The INT may want to investigate better community-based and primary care-based management of respiratory pathways.

Pneumonia

Pneumonia is the most common emergency admissions in adults aged 85 and over and second most common emergency in 65-84 year olds. This is partly preventable, and the INT should investigate opportunities for higher pneumococcal vaccine uptake among residents in the Sudbury INT is significantly lower than Suffolk average (66.0% compared to 72.8%, respectively).

Frailty

Fracture of femur is one of the top 5 emergency admissions for Sudbury INT residents aged over 85. In order to prevent this, the INT should investigate opportunities for osteoporosis detection and treatment with bone-sparing agents as currently there are low rates of osteoporosis detection in some of the GP practices in the Sudbury INT.

Cataracts and cancer

Cataracts and cancer are the most common reason for elective admissions among those aged 65 and over. As the Sudbury INT population of those aged 65-84 is expected to increase by 21.3% and the 85 years and over population by 47.4% by 2028, the INT and community pathways will have to prepare for significant ongoing impact on hospital demand.

Children and young people

Childhood poverty

The Sudbury INT area has 995 children under 16 living in low income families, which is a lower proportion than England (14.6% compared to 17.0%), but slightly higher than Suffolk (13.8%). Income deprivation affecting children varies significantly across the INT and is concentrated in places like Upsher, Little Waldingfield, and areas in Sudbury and Great Cornard.

Educational attainment

Whilst pupils residing in the Sudbury INT have higher key stage 2 educational attainment than Suffolk (71.4% compared to 58.6%, respectively), the data for students at key stage 4 shows lower educational attainment than the Suffolk average (58.0% compared to 64.1%, respectively).

Childhood obesity

In the Sudbury INT area, the proportion of children overweight or obese varies significantly from 9.5% at the Lavenham Community Primary School (significantly lower than Suffolk) to 23.9% at the Woodhall Community Primary School (significantly higher than Suffolk). The INT may want to consider targeted multi-agency intervention to tackle childhood obesity at the schools with higher rates.

Older people's health and wellbeing

Frailty identification and prevention

The Sudbury INT should consider more consistent use of the Electronic Frailty Index (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 those aged 85 and over in Sudbury INT area are projected to increase by 47.5% by 2028.

Vaccinations

The INT may want to explore raising both the pneumococcal and flu vaccine uptake in the 65 and over population, which are currently significantly lower than Suffolk average. This will also help prevent pneumonia-related emergency admissions.

Osteoporosis

The INT should investigate opportunities for more consistent osteoporosis detection and treatment with bone-sparing agents across the 4 practices in the INT, especially as fracture of femur is one of the top 5 emergency admissions for Sudbury INT residents aged over 85. Current osteoporosis detection in the INT vary significantly from 0.2% at Glemsford Surgery and the Long Melford Practice to 1.8% at Hardwicke House Group Practice.

End of life care

A significantly lower proportion of Sudbury INT residents over the age of 65 died in their usual place of residence compared to Suffolk (47.8% compared to 52.3%, respectively). This presents an opportunity for the Sudbury INT leadership team to improve end-of-life care

pathways in their locality and support advanced care planning to enable people’s wishes around their end of life care and preferred place of death.

Overview of Sudbury INT’s data

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

According to the 2011 Census, Sudbury INT has a lower proportion of Black, Asian and minority ethnic (BAME) people (4.6%, 1,493).

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








Age	Higher  , lower  or the same as  WSCCG	Percent / number
0-17	Lower 	18.7% / 8,050
18-64	Lower 	55.9% / 24,070
65-84	Higher 	21.9% / 9,444
85+	Higher 	3.5% / 1,522

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



























Area	Levels of deprivation compared to England (21.8) lower  , the same as  , higher 	Deprivation score
The Long Melford Practice	Lower 	16.1
Hardwicke House Group Practice	Lower 	19.9
Glemsford Surgery	Lower 	15.6
Siam Surgery	Lower 	20.9

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

Indicator	Higher,  lower  or the same as  WSCCG	Percent / rate
Asthma	Same 	7.1%
Atrial fibrillation	Higher 	2.7%
Cancer	Higher 	3.9%
Cancer review within 6 months	Same 	73.4%
Cervical cancer screening	Higher 	78.5%
Chronic kidney disease	Same 	3.8%
Coronary heart disease	Higher 	3.7%
Dementia	Higher 	1.2%
Dementia: care plans	Lower 	73.9%
Depression	Higher 	13.7%
Depression: review 10-56 days after diagnosis	Lower 	53.1%
Diabetes	Higher 	7.0%
Diabetes: education programme referrals	Higher 	70.7%
Diabetes: foot examination	Higher 	85.2%
Females aged 50-70 screened for breast cancer	Same 	76.6%
Heart failure	Higher 	1.1%





















Indicator	Higher,  lower  or the same as  WSCCG	Percent / rate
Hypertension	Higher 	16.5%
Mental health: care plans	Lower 	64.8%
Obesity	Higher 	9.6%
Overweight and obese children	Same 	19.1%
Palliative care	Higher 	0.7%
Persons aged 60-74 screened for bowel cancer	Higher 	64.4%
Severe mental health	Higher 	0.9%
Smoking prevalence	Lower 	16.3%
Smoking cessation support offered	Higher 	92.0%
Stroke	Higher 	2.1%
Two-week wait referrals for bowel cancer	Lower 	454.1 per 100,000
Two-week wait referrals for breast cancer	Lower 	498.7 per 100,000
Two-week wait referrals for lung cancer	Same 	94.9 per 100,000
Two-week wait referrals for skin cancer	Same 	660.9 per 100,000

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

0 -17-year olds		
Type	Top Three	Rate per 1,000
Emergency admissions	Viral infection of unspecified site	4.3
	Acute upper respiratory infections of multiple and unspecified sites	3.7
	Asthma	3.5
Elective admissions	Crohn disease [regional enteritis]	2.9
	Acute tonsillitis	2.5
	Myeloid leukaemia	2.5
18 - 64-year olds		
Type	Top Three	Rate per 1,000
Emergency admissions	Abdominal and pelvic pain	4.4
	Pain in throat and chest	2.3
	Other sepsis	1.9
Elective admissions	Abdominal and pelvic pain	3.3
	Medical abortion	3.2
	Crohn disease [regional enteritis]	2.6
65-84-year olds		
Type	Top Three	Rate per 1,000
Emergency admissions	Other sepsis	10.3
	Pneumonia, organism unspecified	9.8
	Other chronic obstructive pulmonary disease	6.6
Elective admissions	Senile cataract	22.9
	Other malignant neoplasms of skin	19.7
	Chronic ischaemic heart disease	7.1
85 years and over		
Type	Top Three	Rate per 1,000
Emergency admissions	Pneumonia, organism unspecified	43.0
	Other symptoms and signs involving the nervous and musculoskeletal systems	40.8
	Other sepsis	27.6
Elective admissions	Senile cataract	41.9
	Other malignant neoplasms of skin	28.7
	Other cataract	7.7

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

Indicator	Higher, lower or the same as Suffolk	Percent / rate
Seasonal flu vaccine uptake (65 and over)	Lower 	70.1%
Pneumococcal vaccine (65 and over)	Lower 	66.0%
Osteoporosis (50 and over)	Higher 	1.3%

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