

The State *of* Suffolk Report

Executive Summary 2015



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Health and Wellbeing
SUFFOLK
Joint Strategic Needs Assessment

www.healthysuffolk.org.uk/JSNA

Introduction

The 2015 State of Suffolk describes health and wellbeing in Suffolk to inform a refresh of the 10 year Joint Health and Wellbeing Strategy published in 2012. This report is a key component of the Suffolk Joint Strategic Needs Assessment (JSNA).

Figure 1: The JSNA cycle in Suffolk
Suffolk County Council (2015)

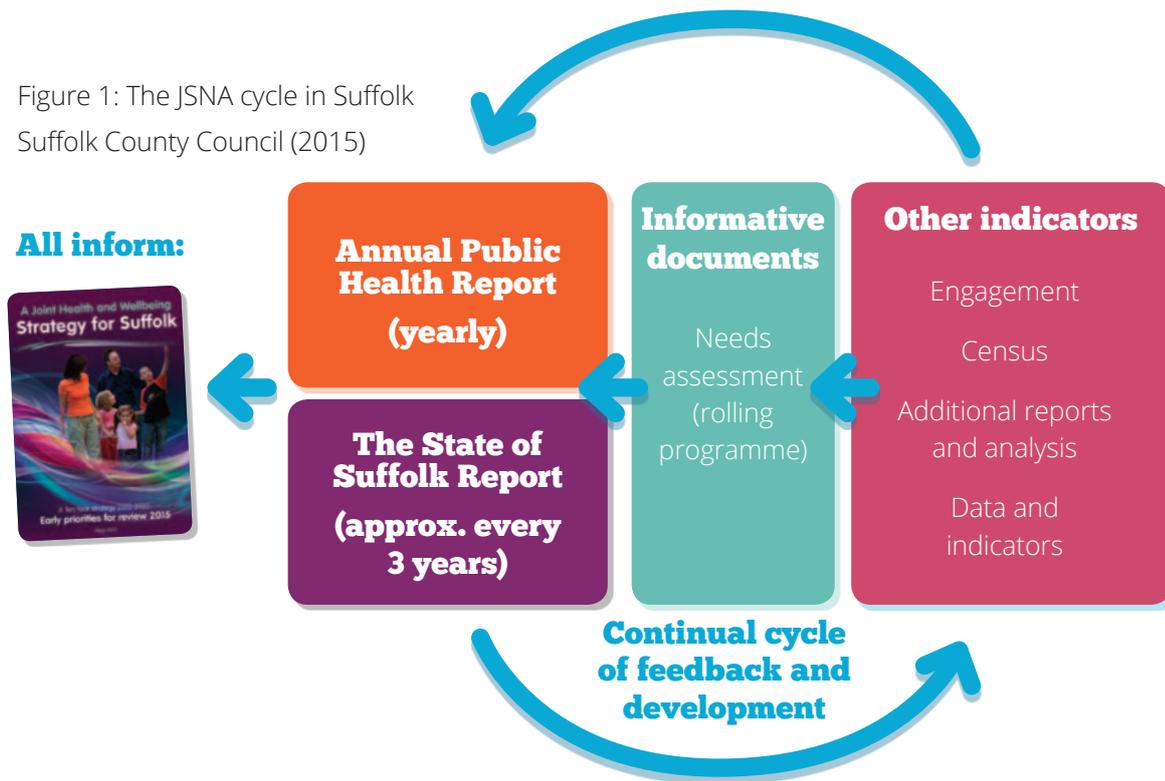


Figure 1: The JSNA cycle in Suffolk

This document builds on a history of strong needs assessment work in Suffolk. Our first JSNA was published in 2008, followed by the 2011 State of Suffolk report. The 2015 State of Suffolk report provides a new strategic overview of our health and wellbeing challenges using a life course approach.

Painting a picture OF SUFFOLK

“ Suffolk is a large county covering approximately 1,466 square miles, mainly comprised of low-lying arable land with the wetlands of the Broads in the North East, the Suffolk Coast and Heaths Area of Outstanding Natural Beauty in the East, and the sandy heathlands of Breckland in the North West. Suffolk has a mix of vibrant market towns and includes Britain’s biggest and busiest seaport in Felixstowe. ”



Population

- The total population of Suffolk is predicted to grow.
- The number of older people is increasing rapidly, with 20.9% of the population aged 65 or more in 2012.
- Ipswich is the most multicultural local authority with 11.1% of its residents from an ethnic group other than white.

By 2021

It is estimated that 24.5% of residents will be



Total population 2012



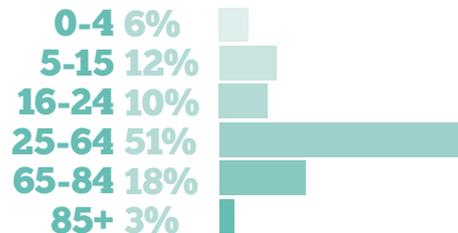
2011 Census data indicates

8.2%
of Suffolk residents were born outside the UK



4.7%
of Suffolk residents were from an ethnic group other than white

Suffolk population by age, 2012



Environment

- The natural environment is undoubtedly one of Suffolk's key strengths. There are 12,000 acres of open access land providing the public with the opportunity and the right to roam in areas of heathland habitat.



- Suffolk is well provided with public rights of way for walking and cycling. There are 3,400 miles of footpaths, bridleways and byways, and 500 miles of cycle tracks, cycle lanes and waymarked leisure cycling routes, including three national cycle routes.

Work and economy

- The Suffolk economy is characterised by stable employment and growth rates but lower than average productivity and wages.
- The total size of Suffolk's economy (Gross Value Added, or GVA) in 2013 was around £15.2 billion.
- GVA per head in Suffolk was £20,620 in 2013, considerably below the national average of £23,755.



Deprivation

- 7.4% of Suffolk's population live in the 20% most deprived areas in England. This is about 53,000 people – or nearly twice the capacity of Ipswich Town Football Stadium.
- Ipswich remains the most deprived local authority (LA) in Suffolk, being ranked 87th out of 326 LAs in England.

Housing

- The quality of housing has a substantial impact on health; a warm, dry and secure home is associated with better health. In 2013 there were a total of 331,300 homes in Suffolk (DCLG 2014).
- Suffolk has a higher proportion of fuel poor households (9.7%) when compared to its geographical neighbours: 9.5% in Norfolk, 8.3% in Cambridgeshire and 7.6% in Essex. As a largely rural county, Suffolk has both a high number of solid wall properties and many areas which are off the gas grid, compounding the complexity of fuel poverty.

Crime

- From April 2013 to March 2014, there were 36,441 crimes recorded in the county – 2,793 fewer than in the same period in 2012/13. 35.1% of crimes were solved; a rise of 2.4% from the previous year.
- Patterns of crime are changing, with increasing levels of cyber-related criminal activity, pointing the way for improvements to tackle this form of crime. The rural nature of Suffolk can pose challenges in relation to policing, however the formation of two rural crime teams was a key action in 2013/14.

Transport

- The number of cars in Suffolk has increased by over 60,000 in the last 10 years.
- 2011 Census data indicates that just over 255,000 Suffolk households have access to a car or van (82% of all households).

Road safety

- The rate of people of all ages reported killed or seriously injured on the roads (per 100,000 population), in the three year period 2011-2013 for Suffolk is 44.6, worse than the England rate of 39.7 (PHE 2015).
- 2009 -2013 data from Suffolk Roadsafe (2014) indicates the county's resident casualty rate is 31.2 per 10,000 population. This is lower than the rate for Great Britain.

Useful links:

- [2013 Annual Public Health Report](#)
- [Our Environment Summary for Suffolk 2014](#)
- [Suffolk Roadsafe Area Profile](#)



Prenatal before birth

“ Our genes provide us with some basic biological building blocks or heredity, but genes can be influenced at every stage by our environment and experiences...Our ‘environment’ begins in the womb so even at the very earliest stages our genes can be influenced and this can affect brain development. ”

(Minded, 2014)



Key facts:



80.7
years
Male life
expectancy



84.1
years
Female life
expectancy

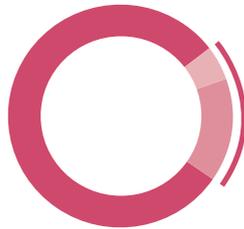


7,792
live births
in Suffolk
in 2013



The percentage
of women
smoking during
pregnancy in
2013/14

12.5%



15-20%

Suffolk women
estimated to be
obese or overweight
during pregnancy

19.6 per 1000

The rate of conceptions in
Suffolk teenage women

Inequalities:

- Over the past decade there has been a consistently larger gap in life expectancy for males when compared to females.
- Some children are starting life at a disadvantage in Suffolk as their mother smoked during pregnancy. 1 in 8 mothers in Suffolk smoked at the time of delivery in 2013/14.
- The percentage of low birth weight babies is higher in the most deprived areas compared to the least deprived areas.
- The rate of teenage conceptions in the most deprived areas is higher compared to the least deprived areas, with outcomes for teenage parents and their children being poorer compared with older mothers.

Opportunities for prevention:

- Ensure that smokers in Suffolk quit as soon as possible, particularly women prior to pregnancy.
- Encourage pregnant women to avoid both alcohol and drugs.
- Reduce the numbers of women who are overweight or obese prior, during and after pregnancy.
- Ensure timely provision of mental health services for pregnant women in need.
- Further improve the coverage of screening and immunisations in pregnant women in Suffolk, and ensure new programmes are rolled out effectively to protect Suffolk families.

Useful links:

- [Maternity Needs Assessment](#)
- [State of Suffolk's Children](#)
- [2014 Annual Public Health Report](#)



EARLY YEARS (0-4)

“ Where we live, how we are cared for, the experiences we have, what we eat, see, hear and feel, all affect our health and wellbeing not only as babies and toddlers but on into adulthood. Interventions in early infancy have been shown to produce better outcomes and can improve educational attainment, economic status and health, including mental health. ”



Key facts:

4 2 7 0 0

The estimated number of children aged 0-4 years old in Suffolk (2012)

59%

of Suffolk children achieving a good level of development age 4-5

78%

The percentage of Suffolk mothers starting to breastfeed in 2013/14



22% of all Suffolk 0-4 year olds live in Ipswich



22.1% of children aged 4-5 in Suffolk are overweight or obese

23%

increase in the number of live births in Suffolk between 2002 and 2011

Inequalities:

- Suffolk is reasonably affluent overall, but has significant pockets of rural and urban deprivation.
- Fewer babies who live in deprived areas are breastfed compared to more affluent areas.
- Obesity at school entrance age is rising (20.1% in 2013 to 22.1% in 2014).
- The percentage of obese children is higher in the most deprived areas compared to the least deprived areas.
- 59% of children in Suffolk achieve a good level of development at the end of reception, with a lower percentage of children with free school meal eligibility status achieving the same standard.

Opportunities for prevention:

- There is compelling evidence to support a co-ordinated and sustained approach to tackling deprivation and poverty in Suffolk.
- Promote the benefits of secure attachment.
- Ensure that interventions to support parenting are delivered early for maximum benefit.
- Ensure children have every opportunity to maximise their physical and cognitive development to ensure they are ready for school.
- Increase the number of babies who are breastfed in Suffolk.
- Encourage preschool children in Suffolk to be active for 3 hours over the course of a day.
- Prevent children from being exposed to tobacco smoke.

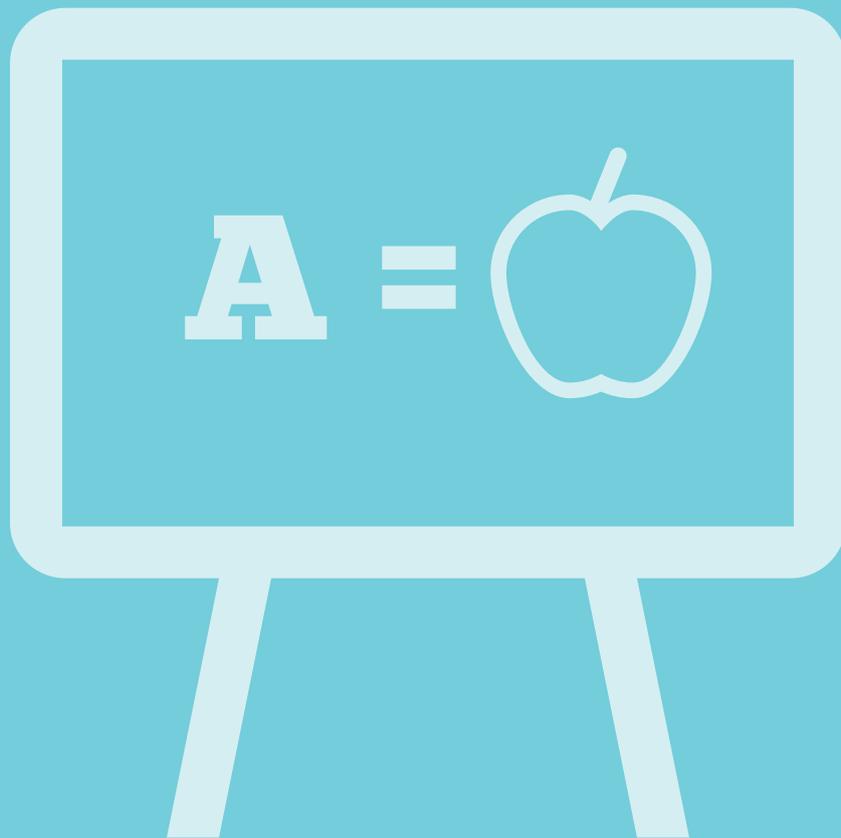
Useful links:

- [Maternity Needs Assessment](#)
- [State of Suffolk's Children](#)
- [2014 Annual Public Health Report](#)



EDUCATION (5-15)

“ Educational disadvantage starts from a very young age and can have a profound impact across a person’s life course. Childhood and adolescence is a key period of physical and emotional development and it is important that the foundation for living and ageing well becomes established, with emphasis on a healthy lifestyle, including being physically active and eating well. **”**



Key facts:



12.4%
The estimated percentage of 5-15 year olds in Suffolk in 2012 (90,700)



14.1%
The percentage of students from a Minority Ethnic group in Suffolk state funded primary schools



83%
of young people in Suffolk own a smartphone



31.7%
of children aged 10-11 in Suffolk are overweight or obese



7
children age 11-14 in Suffolk start smoking every day

Inequalities:

- It is estimated that approximately 1 In 7 children live in relative poverty (15%) in Suffolk.
- Health measures for Suffolk's Looked After Children are poorer than the rest of the population, including vaccinations, dental check-ups and mental health. They also have lower education attainment throughout school.
- The percentage of pupils who are persistently absent from school is almost twice as high in the most deprived areas.
- The percentage of obese children is higher in the most deprived areas compared to the least deprived areas.

Opportunities for prevention:

- Improve the numbers of children who are fit and of a healthy weight in Suffolk.
- Prevent children from being exposed to tobacco smoke, either through starting smoking themselves or exposure to secondhand smoke.
- Ensure Suffolk school children have access to high quality Personal, Social and Health Education (PSHE).
- Evidence-based action is required at school, community and family levels to increase physical activity and to reduce sedentary behaviour among children and young people.
- Consider targeted interventions for children from deprived communities to improve opportunities to reach their full potential.
- Hidden Harm is a key factor in the breakdown of families and puts children at risk of negative outcomes. We need to establish the extent and impact of hidden harm in Suffolk.

Useful links:

- [2014 Annual Public Health Report](#)
- [Child and Adolescent Mental Health \(CAMHS\) Needs Assessment for Suffolk](#)
- [Raising the Bar](#)
- [State of Suffolk's Children](#)



MOVING INTO adulthood (16-24)

“ Good health in adolescence is central to wellbeing and the bedrock for good health in later life. Investing in young people’s health provides huge dividends for their current wellbeing and their future health. Getting it right at this age also reduces long-term costs to the health system. ”

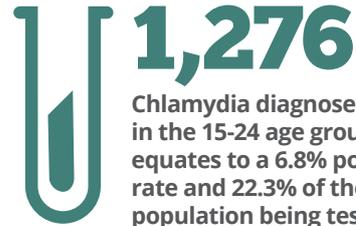
(Hagell and Coleman 2014)



Key facts:



The percentage of Suffolk children achieving 5+ A*-C grades including English and Mathematics GCSEs in state funded schools (2013/14)



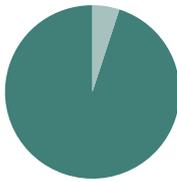
Chlamydia diagnoses recorded in the 15-24 age group. This equates to a 6.8% positivity rate and 22.3% of the eligible population being tested



The estimated number of 16-24 year olds in Suffolk in 2012



The number of 16-24 year olds in Suffolk with a recorded special educational need or disability



5.2%

of Suffolk 16-18 year olds who were Not in Education, Employment or Training in February 2015

Inequalities:

- The proportion of young people Not in Education, Employment or Training (NEET) in the most deprived areas is 5 times higher compared to the least deprived areas.
- There are health inequalities in this age group. There is substantial variation around rates of teenage conception, chlamydia diagnoses, obesity and many other aspects of young people's health depending on where they live, reflecting the associations with poverty and deprivation.
- Males are more likely than females to be active at almost every age. Physical activity declines with age in both sexes, but more steeply in females.
- Teenage pregnancy is associated with poorer health and wellbeing outcomes for both mother and baby.
- This stage of the lifecourse receives less attention than others (Viner et al 2015).

Opportunities for prevention:

- Monitor suicide rates and take every opportunity to prevent suicides in Suffolk.
- One in six 16-17 year olds in Suffolk are regular smokers, and it requires focused activity to decrease numbers and minimise risk.
- Although part of normal development, some risk-taking behaviours can impact on health or emotional wellbeing in the short or long-term.
- There is a need to develop the evidence base on prevention and early intervention in adolescence at both a national and local level.
- Promote the benefits of physical activity so it becomes embedded, and is continued throughout an individual's life.

- Fill the gap in information about how Suffolk young people regard their lives and their future prospects.
- Improve young people's participation in the commissioning and design of services, particularly more marginalised and excluded young people.
- Strengthen collaborative partnership working across the services provided to young people.
- Support Raising the Bar initiatives to continue to raise attainment at GCSE level and improve access to higher education.
- Ensure ongoing attention is given in policy, service design and delivery during this important life stage.

Useful links:

- [State of Suffolk's Children](#)
- [Child and Adolescent Mental Health \(CAMHS\) Needs Assessment for Suffolk](#)
- [Raising the Bar](#)
- [Learning Disability Needs Assessment](#)



WORKING AGE (25-64)

“ Work is considered the most important determinant of population health and health inequalities. It has a direct impact on health, income, housing, environment and transport and affects individuals, families and society. The correlation between education, employment and health is stark, with people who are living in poorer areas dying sooner, and living more of their lives with a disability or in ill health. ”



Key facts:



51%
of the Suffolk
population is
aged 25-64



84%
of Suffolk residents aged
25-64 rated their health as
good or very good in 2011

2X

The percentage of
people self rating
their health as bad
or very bad in the
most deprived areas
was twice as high
compared to the
least deprived areas

371,6  

The estimated number of 25-64
year olds in Suffolk in 2012

950

The total number of
deaths to people under
65 in Suffolk in 2013

Inequalities:

- Health outcomes for the most deprived working age people in Suffolk are significantly worse than those in the least deprived. Early cancer deaths are up to 40% higher in the 20% most deprived parts of Suffolk.
- Late diagnosis contributes to poorer outcomes from cancer and is more common amongst lower socioeconomic groups and in some Ethnic Minority groups.
- The rate of early deaths in males is twice as high when directly comparing the most and least deprived areas. The rate of early deaths in females is also greater when directly comparing the most and least deprived areas.
- Smoking rates in adults with depression are almost twice as high as among adults without depression.
- Smoking is more common among offenders, and there is a strong relationship between high smoking prevalence and low socioeconomic status. However, smoking prevalence is much higher among prisoners than among lower socioeconomic groups as a whole.

Opportunities for prevention:

- Increase the uptake of the NHS Health Check, which aims to decrease the risk for heart disease and stroke.
- Maintain strong cancer screening coverage and ensure new programmes are effective.
- Increase public awareness of early cancer signs to improve early diagnosis.
- Continue to improve healthy lifestyles in Suffolk particularly around alcohol and tobacco use and physical activity.
- Increase the number of people who are of a healthy weight.
- Improve management of risk factors for disease such as high blood pressure and diabetes.
- People of all ages with disabilities are living longer and have higher survival rates due to advances and improvements in health and care, this means that demand for services is also rising.
- One in four people will experience a form of mental illness at some point in their lives, and one in six of the population will experience a common mental health condition at any one time.

Useful links:

- [The NHS Five Year Forward View](#)
- [Mental Health Needs Assessment](#)

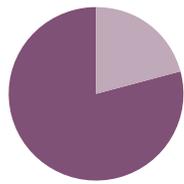


RETIREMENT and older people (65+)

“ As people age, develop long-term conditions and become frailer, it is important to support them to remain healthy and socially connected so that they can remain independent and manage their own care and support needs for as long as possible. **”**



Key facts:



**153,000
or 20.9%**

The estimated number
of people in Suffolk aged
65+ in 2012

59, 😊😊😊

The predicted 85+ population
in 2037, a large increase from
21,500 in 2012

(15,000)

The number of people in
Suffolk who go up to a month
without speaking to anyone



70%

The percentage of 65+ year
olds owning their home
outright in 2011



31.1%

By 2037, it is anticipated that almost
a third of the population in Suffolk
will be 65+ (257,000 people)

Inequalities:

- Over 77,000 people provide unpaid care in Suffolk, 19,000 of these were over 65. The number of older carers is expected to increase across all age groups with a projected total of almost 31,300 unpaid carers over 65 in Suffolk by 2030.
- Suffolk men can expect a healthy life expectancy of 66.1 years, and women 68.2 years.
- Survey evidence suggests approximately 70% of older carers experience high levels of physical and mental ill health.
- There are differences in the use of services between Ethnic Minority groups in Suffolk.
- Access to vehicles and public transport in Suffolk can be an issue for some older people due to the rural nature of the county.
- Just over a fifth (21.4%) of people aged over 65 in Suffolk reported in 2011 that their day-to-day activities were limited 'a lot' as a result of a long term health problem or disability, rising to half (50.6%) of those aged 85 and over.

Opportunities for prevention:

- Men are more likely to commit suicide than women, even in the over 75 age group. There are opportunities to improve older people's mental health and prevent depression and also to promote independence.
- The health of carers needs protecting, but many carers are unaware of their rights. Work needs to be done to proactively raise awareness of the rights of family carers,

to carers themselves and employers.

- Continue to improve homes for older residents in Suffolk; well-designed living spaces can help prevent falls, and increase the overall quality of an individual's life.
- There are opportunities to prevent social isolation and loneliness through volunteering, improved access to transport solutions and community engagement.
- Develop improved and integrated services to manage emerging health and care issues early to prevent future need.
- Encourage older people to remain as physically active and independent as possible.

Useful links:

- [The NHS Five Year Forward View](#)
- [Mental Health Needs Assessment](#)
- [Dementia Needs Assessment](#)
- [Suffolk Family Carers Health Needs Assessment](#)



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for Suffolk

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