

Health and Wellbeing SUFFOLK

SUFFOLK HEALTH & WELLBEING BOARD PERFORMANCE FRAMEWORK

CROSS-CUTTING THEMES

ISSUE: 2

DATE: Suffolk Health & Wellbeing Board, 17/11/2016

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INTRODUCTION

Suffolk's Health and Wellbeing Board has refreshed its Strategy for 2016-19. As part of this work, 4 cross-cutting themes within the work of the Health and Wellbeing Board were identified:

- Reducing Inequalities
- Embedding Prevention
- Integrating Care
- Building strong and resilient communities.

Each cross-cutting theme will be considered in detail in at least one Board meeting within the annual cycle. In order to assist the Board in identifying where Suffolk is performing strongly, or where there may be room for improvement, this Performance Framework has been created. There are two pages for each cross-cutting theme, and a life course approach has been taken, allowing a focus on prenatal, children and adolescents, and on working age and older people, within each theme.

HOW TO INTERPRET THIS REPORT

The report provides a deliberately limited number of indicators in relation to each cross-cutting theme, presented in a dashboard. The dashboard gives the indicator title, definition, time period, source and relevant population. It then gives the current value for Suffolk, compared to the previous value for that indicator. The boxes for previous and current indicator value are coloured; green shows that the Suffolk value is better than the benchmark value, usually England, to a statistically significant extent; amber that the Suffolk value is similar to England; and red that the Suffolk value is worse than the England value to a statistically significant extent. If the value boxes are not coloured, this shows that statistical significance in relation to a benchmark cannot be calculated. The 'direction of travel' arrows show whether Suffolk's performance is increasing and getting worse (red up arrow); increasing and getting better (green up arrow); decreasing and getting worse (red down arrow) or decreasing and getting better (green down arrow). In addition, the relationship between each indicator and the four outcomes within the Health & Wellbeing Strategy is included in the column 'Outcome link'. A detailed key is included on the following page.

KEY

NB - When the word 'significance' is used in this key, it refers to statistical significance, meaning that the difference observed between two values (usually Suffolk and England) cannot be attributed to chance.

Previous Value: This is the value of the indicator in the previous period. If the box is shaded green, the indicator is significantly better than the England average value in the previous period; if shaded amber, the indicator is similar to the England value in the previous period; if shaded red, the indicator is significantly worse than the England average value in the previous period. If the box is not shaded, it means that the difference in comparison to the England average value in the previous period cannot be assessed.

Current Value: This is the value of the indicator in the current period. If the box is shaded green, the current value of the indicator is significantly better than the England average value; if shaded amber, the indicator is similar to the England average value; if shaded red, the current value of the indicator is significantly worse than the England average value. If the box is not shaded, it means that the difference in comparison to the England average value in the current period cannot be assessed.

Direction of travel

Increasing and getting better



Increasing and getting worse



Decreasing and getting better



Decreasing and it means difference in comparison to the England average value at that time cannot be assessed.getting worse



No change in performance between the current and previous value

England Value: this is the England average value for that indicator in the current period

Outcome link: This column highlights where the cross-cutting theme indicators (referred to by number) are relevant to the four Health & Wellbeing Strategy Outcomes. The indicator numbers are as follows: 1 – Every child in Suffolk has the best start in life; 2 - Improving independent life for people with physical and learning disabilities; 3 – Older people in Suffolk have a good quality of life; 4 – People in Suffolk have the opportunity to improve their mental health and wellbeing.

Source: This is the source of the data. Much of the data comes from the Public Health Outcomes Framework (PHOF) which can be accessed in full here:

<http://www.phoutcomes.info/public-health-outcomes-framework>

CROSS CUTTING THEME – INEQUALITIES - 1

DATE: 17TH NOVEMBER 2016

| PRENATAL, BIRTH, CHILDHOOD & ADOLESCENCE | | | | | | | | | |
|---|---------|--|-------------|----------------|---------------|---------------------|---------------|--------------|--|
| Indicator | | Definition | Time period | Previous value | Current value | Direction of travel | England Value | Outcome link | Source |
| Healthy life expectancy | Males | Average number of years a person would expect to live in good health | 2012-14 | 64.8 | 65.7 | ↑ | 63.4 | 1, 2, 3, 4 | Indicator 0.1i – Public Health Outcomes Framework (PHOF) |
| | Females | | | 66.1 | 65.7 | ↓ | 64.0 | | |
| Gap in life expectancy at birth | Males | Difference in years between overall life expectancy at birth in Suffolk and life expectancy at birth for England as a whole. | 2012-14 | 1.3 | 1.3 | ↔ | 0.0 | 1, 2, 3, 4 | Indicator 0.2iv – PHOF |
| | Females | | | 1.0 | 1.0 | ↔ | 0.0 | | |
| Slope Index of Inequality (SII) by deprivation quintile | Males | Difference in years of life expectancy within Suffolk, from the most to the least deprived | 2012-14 | 6.7* | 6.8* | ↑ | - | 1, 2, 3, 4 | Indicator 0.2iii – PHOF |
| | Females | | | 4.3* | 4.5* | ↑ | - | | |
| Dependent children under 20 in low income families | Persons | % point gap between Suffolk LAs with highest and lowest %s of children living in poverty | 2013 | 11.4 | 10.9 | ↓ | - | 1, 2, 4 | Indicator 1.01i - PHOF Public Health Suffolk analysis |
| % of children receiving free school meals achieving good development at age 5 | Males | % of children with free school meals status reaching at least the expected level in the early learning goals | 2014-15 | 34.9 | 43.3 | ↑ | 42.6 | 1 | Indicator 1.02i & 1.02ii – PHOF |
| | Females | | 2014-15 | 49.5 | 57.0 | ↑ | 60.3 | | |
| % of children receiving free school meals achieving 5 good GCSEs | Persons | Percentage of children with free school meals status achieving 5 GCSE's grade A*-C including Maths and English | 2014-15 | 25.2 | 28.0 | ↑ | 33.0 | 1 | DfE Table LA8: GCSE A*-C grades inc. English and mathematics |

COMMENTARY: Life expectancy in Suffolk continues to be higher than the England average, although the healthy life expectancy for females has fallen compared to its previous level. The SII for both males and females has increased, meaning that the difference in life expectancy for the most deprived people in Suffolk compared to the least deprived is growing – a sign of increasing inequality. Development at the end of reception for children receiving free school meals has improved for both boys and girls, and is now similar to the national average – despite this, only 2 in 5 boys in Suffolk entitled to free school meals are reaching a good level of development at this stage. By the age of 16, Suffolk children who are in receipt of free school meals are statistically less likely to achieve five good GCSEs than the national average – suggesting that inequalities may be perpetuated across generations in Suffolk.

CROSS CUTTING THEME – INEQUALITIES - 2

DATE: 17TH NOVEMBER 2016

| WORKING AGE & OLDER PEOPLE | | | | | | | | | |
|--|---------|---|-------------|----------------|---------------|---------------------------------|------------------|--------------|---|
| Indicator | | Definition | Time period | Previous value | Current value | Benchmark & Direction of travel | England Value | Outcome link | Source |
| Smoking Prevalence routine and manual workers (%) | Persons | Proportion of smokers in routine and manual occupations | 2015 | 34.0 | 23.1 | ↓ | 26.5 | 3, 4 | Indicator 2.14 – Public Health Outcomes Framework |
| Numbers seeking debt advice | Persons | Under development | | | | | | 1, 2, 3, 4 | Data requested from CAB |
| Gap in employment rate - those with LTC and overall rate (%) | Persons | % gap in employment rate between those with Long Term Condition and overall employment rate | 2014-15 | 5.4* | 9.1* | ↑ | EoE 6.5 E 8.6 | 2, 3 | Indicator 1.08i– Public Health Outcomes Framework |
| Excess deaths – circulatory, Suffolk | Persons | Number of excess deaths in most deprived quintile vs least deprived | 2012-14 | N/A | 399 | - | - | 3 | PHE Segment tool, May 2016 |
| Excess deaths – cancer, Suffolk | Persons | Number of excess deaths in most deprived quintile vs least deprived | 2012-14 | N/A | 301 | - | - | 3 | PHE Segment tool, May 2016 |
| Excess deaths – respiratory, Suffolk | Persons | Number of excess deaths in most deprived quintile vs least deprived | 2012-14 | N/A | 193 | - | - | 3 | PHE Segment tool, May 2016 |
| Excess deaths – digestive, Suffolk | Persons | Number of excess deaths in most deprived quintile vs least deprived | 2012-14 | N/A | 106 | - | - | 3 | PHE Segment tool, May 2016 |
| Excess deaths – mental / behavioural, Suffolk | Persons | Number of excess deaths in most deprived quintile vs least deprived | 2012-14 | N/A | 69 | - | - | 3 | PHE Segment tool, May 2016 |
| <p>COMMENTARY: The indicators suggest a mixed picture regarding health inequalities in adults in Suffolk. While the number of people working in routine and manual occupations in Suffolk who smoke has fallen, the gap between the proportion of people in employment who have a long term condition compared to those without has risen. Public Health England has estimated the additional number of deaths (excess deaths) which occurred between 2012-14 due to the differences in levels of deprivation within Suffolk. We cannot currently compare these numbers over time, but will be able to do so in the future. Any increases in these numbers in the future will indicate increasing health inequality due to deprivation.</p> | | | | | | | | | |

CROSS CUTTING THEME – EMBEDDING PREVENTION 1

DATE: 17TH NOVEMBER 2016

| PRENATAL, BIRTH, CHILDHOOD & ADOLESCENCE | | | | | | | | | |
|---|---------|---|-------------|----------------|---------------|---------------------|---------------|--------------|--|
| Indicator | | Definition | Time period | Previous value | Current value | Direction of travel | England Value | Outcome link | Source |
| Low birth weight of term babies (%) | Persons | % of all live births with gestational age of at least 37 weeks and low birth weight (under 2500g) | 2014 | 2.2 | 2.2 | | 2.9 | 1 | Indicator 2.01 – Public Health Outcomes Framework (PHOF) |
| Breastfeeding initiation (%) | Persons | % of all mothers who breastfeed their baby in the first 48 hours after delivery | 2014-15 | 78.4 | 76.6 | | 74.3 | 1 | Indicator 2.02i – PHOF |
| Breastfeeding prevalence at 6-8 weeks after birth | Persons | % of all infants at 6-8 week check who are partially or fully breastfed | 2015-16 | 48.3 | 46.6 | | 43.8 (14/15) | 1 | Indicator 2.02ii – PHOF |
| Child excess weight in 4-5 year olds | Persons | % of children aged 4-5 classified as overweight or obese | 2014-15 | 22.2 | 21.0 | | 21.9 | 1 | Indicator 2.06i – PHOF |
| Child excess weight in 10-11 year olds | Persons | % of children aged 10-11 classified as overweight or obese | 2014-15 | 31.8 | 31.9 | | 33.2 | 1 | Indicator 2.06ii – PHOF |
| Smoking prevalence at age 15 | Persons | % of current smokers at age 15 – WAY survey | 2014-15 | N/A | 8.6 | - | 8.2 | 1 | Indicator 2.09i – PHOF |
| 15 year olds eating recommended '5 a day' | Persons | % of 15 year olds meeting the '5 a day' at 15 – WAY survey | 2014-15 | - | 50.7 | - | 52.4 | 1 | Indicator 2.11iv – PHOF |

COMMENTARY: Suffolk has a lower than average rate of low birth weight babies, and a higher than average rate of breast feeding initiation and prevalence at 6-8 weeks, although this has fallen slightly in the last year. The proportion of 4-5 year olds who are overweight or obese (1 in 5) is similar to the national average, while the number of 10-11 year olds who are overweight or obese (1 in 3) is lower than the national average. However, neither of these figures are encouraging for the future health of Suffolk. Nearly 1 in 10 of 15 year olds in Suffolk smoke; while this is similar to the national average, again it gives cause for concern. A similar number of 15 year olds in Suffolk are eating the recommended '5 a day' as the average for England.

CROSS CUTTING THEME – EMBEDDING PREVENTION - 2

DATE: 17TH NOVEMBER 2016

| WORKING AGE & OLDER PEOPLE | | | | | | | | | |
|---|---------|--|-------------|----------------|---------------|---------------------|---------------|--------------|---|
| Indicator | | Definition | Time period | Previous value | Current value | Direction of travel | England Value | Outcome link | Source |
| Proportion of population meeting '5 a day' recommendation | Persons | % of adults consuming five portions of fruit and vegetables 'on a usual day' | 2015 | 59.1 | 57.4 | ↓ | 52.3 | 3 | Indicator 2.11i – Public Health Outcomes Framework (PHOF) |
| Excess weight in adults | Persons | Percentage of adults overweight or obese, defined as BMI greater than or equal to 25kg/m ² | 2012-14 | N/A | 65.9 | - | 64.6 | 2, 3, 4 | Indicator 2.12 – PHOF |
| Percentage of physically inactive adults | Persons | Percentage of adults classified as inactive – less than 30 minutes of at least moderate intensity exercise in previous 28 days | 2015 | 26.5 | 28.3 | ↑ | 28.7 | 2, 3, 4 | Indicator 2.13ii – PHOF |
| Smoking prevalence in adults – current smokers (APS) | Persons | Number of adults who are self-reported smokers in the Annual Population Survey | 2015 | 19.5 | 16.1 | ↓ | 16.9 | 2, 3, 4 | Indicator 2.14 – PHOF |
| Admission episodes for alcohol-related conditions (Narrow) | Persons | Admissions to hospital where primary or secondary diagnosis is alcohol-attributable, DASR per 100,000 | 2014-15 | 576 | 564 | ↓ | 641 | 3, 4 | Indicator 2.18 – PHOF |
| <p>COMMENTARY: Suffolk has a higher proportion of overweight and obese adults than the national average – with 2 out of 3 adults in the county in this category, this is a major cause for concern, obesity being a major determinant of premature mortality and avoidable ill health. The number of adults who are physically inactive and who are not eating '5 a day' is increasing; the number of people smoking is decreasing. The rate of alcohol-related admissions to hospital has fallen, and is lower than the national average.</p> | | | | | | | | | |

CROSS CUTTING THEME – STRONGER/RESILIENT COMMUNITIES 1

DATE: 17TH NOVEMBER 2016

| PRENATAL, BIRTH, CHILDHOOD & ADOLESCENCE | | | | | | | | | |
|---|---------|---|-------------|----------------|---------------|---------------------|---------------|--------------|--|
| Indicator | | Definition | Time period | Previous value | Current value | Direction of travel | England Value | Outcome link | Source |
| Children achieving good development at age 5 | Males | % children achieving at least the expected level in early learning goals | 2015-16 | 60.4 | 62.7 | ↑ | 62.1 | 1 | Indicator 0.2i – Public Health Outcomes Framework (PHOF) |
| | Females | | | 75.2 | 78.0 | ↑ | 76.8 | | |
| Year 1 pupils achieving expected level in phonics screening check | Males | % children who have learned phonic decoding to an age – appropriate standard | 2016 | 73.0 | 76.0 | ↑ | 77.0 ↑ | 1 | DfE Phonics Screening Check 2016 29/09/2016 |
| | Females | | 2016 | 80.5 | 83 | ↑ | 84 ↑ | | |
| Children achieving 5 good GCSEs | Persons | % of children achieving 5 A*-C GCSEs including English and Maths | 2015-16 | 54.5 | 53.2 | ↓ | 52.8 | 1 | DfE GCSE / equivalent results, Subject & LA tables SFR48 LA6 |
| % of 16-18 year olds not in education, employment or training | Persons | % of 16-18 year olds not in education, employment or training (NEET) | 2015 | 5.6 | 5.2 | ↓ | 4.2 | 1, 2 | Indicator 1.05 – PHOF |
| Average difficulties score for all looked after children | Persons | Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months | 2014-15 | 15.9 | 16.0 | ↑ | 13.9 | 1 | Indicator 2.08i – PHOF |
| % of children where there is cause for concern | Persons | % of children aged 5-16 who have been in care for at least 12 months who are affected by poor emotional wellbeing | 2014-15 | - | 48.0 | - | 37.0 | 1 | Indicator 2.08ii – PHOF |

COMMENTARY: The proportion of boys and girls achieving both a good level of development at age 5, and the expected level in the phonics screening check at age 6, has increased. Girls are performing better than boys in both these indicators, although the proportion of boys achieving good development at age 5 is now significantly better than the national average. The proportion of pupils achieving five good GCSEs has decreased, but is higher than the national average. The proportion of 16-18 year olds not in education, employment or training has declined over the last two years, but remains higher than the national average. Both the average difficulties score for looked after children, and the % of looked after children where there is cause for concern, is higher in Suffolk than in the rest of the East of England and Nationally – although the significance of these differences cannot be assessed.

CROSS CUTTING THEME – STRONGER/RESILIENT COMMUNITIES 2

DATE: 17TH NOVEMBER 2016

| WORKING AGE & OLDER PEOPLE | | | | | | | | | |
|--|-------------------|--|-----------------|----------------|---------------|---------------------|---------------|--------------|---|
| Indicator | | Definition | Time period | Previous value | Current value | Direction of travel | England Value | Outcome link | Source |
| Percentage of working age people in employment | <i>Males</i> | % of all respondents in the Labour Force Survey classed as employed (aged 16-64) | 2014-15 | 80.3 | 81.8 | ↑ | 78.2 | 1, 2, 3, 4 | Indicator 1.08iv – Public Health Outcomes Framework |
| | <i>Females</i> | | | 69.9 | 70.9 | ↑ | 67.6 | | |
| Domestic Abuse | <i>Persons</i> | Rate of domestic abuse incidents recorded by the police per 100,000 population | 2014-15 | 13.3* | 14.8* | ↑ | 20.4 | 1, 2, 3, 4 | Indicator 1.11 – PHOF |
| Fuel Poverty | <i>Households</i> | % of households experiencing fuel poverty based on 'low income, high cost' methodology | 2013 | 9.7 | 9.6 | ↓ | 10.4 | 1, 2, 3, 4 | Indicator 1.17 – PHOF |
| Adult social care users who have as much social contact as they would like | <i>Persons</i> | % of adult social care users who have as much social contact as they would like | 2014-15 | 42.2 | 45.9 | ↑ | 44.8 | 3, 4 | Indicator 1.18i – PHOF Adult Social Care Users Survey |
| Adult carers who have as much social contact as they would like | <i>Persons</i> | % of adult carers who have as much social contact as they would like - | 2014-15 | 28.9 | 25.6 | ↓ | 38.5 | 3, 4 | Indicator 1.18ii – PHOF, Personal Social Services Carers survey |
| Use of outdoor space for exercise/health | <i>Persons</i> | % of people using outdoor space for exercise/ health reasons | Mar 14 – Feb 15 | 22.0 | 18.7 | ↓ | 17.9 | 1, 2, 3, 4 | Indicator 1.16 - PHOF |
| People reporting low life satisfaction | <i>Persons</i> | % of responders in ONS Annual Population survey scoring 0-4 to in life satisfaction question, where 10 = fully satisfied | 2015-16 | 3.5 | 4.38 | ↑ | 4.55↓ | 2, 3, 4 | ONS headline estimates of personal wellbeing (APS) 27/09/2016 |
| Wellbeing & Resilience Measures – 'WARM' | | In development – based on Young Foundation work | | | | | | | In development |

COMMENTARY: Employment levels remained high in Suffolk in 2014/15. Despite this, reported rates of low satisfaction with life increased, but are below the national average. Reported incidents of domestic abuse also increased, but it is difficult to determine whether this was because of an increase in incidents, or an increase in reporting, which is to be welcomed. Suffolk was less fuel poor, on average, than England, although we know that fuel poverty is an issue for many rural households in Suffolk. Fewer than 1 in 2 of adults receiving support from social services had as much social contact as they would have liked, and only 1 in 4 adult carers had as much social contact as they would have liked. Given that carer breakdown can be a major driver of health and care need, this finding is concerning.

CROSS CUTTING THEME – INTEGRATION 1

DATE: 17TH NOVEMBER 2016

| PRENATAL, BIRTH, CHILDHOOD & ADOLESCENCE | | | | | | | | | |
|---|-------------------|--|---------------------|----------------|---------------|---------------------|---------------|--------------|---|
| Indicator | | Definition | Time period | Previous value | Current value | Direction of travel | England Value | Outcome link | Source |
| Emergency admissions to hospital for children with asthma, diabetes or epilepsy | Males – IES CCG | Unplanned hospitalisation for asthma, diabetes or epilepsy in the under 19s, directly standardised rate per 100,000 population | 2015-16 provisional | 326 | 312 | ↓ | 341 ↓ | 1, 2 | NHS Outcome Framework |
| | Females – IES CCG | | | 227 | 264 | ↑ | 279 ↓ | | |
| Emergency admissions to hospital for children with asthma, diabetes or epilepsy | Males – WS CCG | Unplanned hospitalisation for asthma, diabetes or epilepsy in the under 19s, directly standardised rate per 100,000 population | 2015-16 provisional | 568 | 580 | ↑ | 341 ↓ | 1, 2 | NHS Outcome Framework |
| | Females – WS CCG | | | 454 | 423 | ↑ | 279 ↓ | | |
| Emergency admissions to hospital for children with asthma, diabetes or epilepsy | Males – GYW CCG | Unplanned hospitalisation for asthma, diabetes or epilepsy in the under 19s, directly standardised rate per 100,000 population | 2015-16 provisional | 444 | 407 | ↓ | 341 ↓ | 1, 2 | NHS Outcome Framework |
| | Females – GYW CCG | | | 336 | 350 | ↑ | 279 ↓ | | |
| Young people hospital admissions for self-harm | Persons | Directly standardised rate of admission for self-harm per 100,000 population aged 10-24 | 2011/12–2013/14 | 341 | 363 | ↑ | 367 ↑ | 1, 2, 4 | PHE Local Authority Child Health Profiles |

COMMENTARY:

Indicators which capture the effect of service integration are still in development nationally; the indicators listed above should therefore be treated with some caution, as they are proxies at best. For children with asthma, epilepsy and diabetes, good co-ordination and integration of care and support should reduce the number of times they are admitted to hospital as emergency cases; nationally rates of admission for these conditions amongst children are falling. West Suffolk CCG and Great Yarmouth and Waveney CCG continue to have higher rates than the national average for these conditions, with WS rates have increasing since the last reporting period. Likewise, admission to hospital for self-harm can also be considered a proxy indicator for effective, integrated mental health and emotional wellbeing services. Suffolk's admission rate is similar to the national average, but has risen in the last two years, reflecting the national picture.

CROSS CUTTING THEME – INTEGRATION 2

DATE: 17TH NOVEMBER 2016

| WORKING AGE & OLDER PEOPLE | | | | | | | | | |
|--|---------|--|---------------------|----------------|---------------|---------------------|---------------|--------------|--|
| Indicator | | Definition | Time period | Previous value | Current value | Direction of travel | England Value | Outcome link | Source |
| Excess winter deaths | Males | Ratio of extra deaths from all causes that occur in winter months compared with expected number of deaths (not standardised) | Aug 2013 – Jul 2014 | 19.8 | 12.6 | ↓ | 10.0 | 3 | Indicator 4.15i – Public Health Outcomes Framework |
| | Females | | | 19.5 | 8.9 | ↓ | 13.2 | | |
| Delayed transfers of care | Persons | Delayed transfers of care, days of delay, all ages, all settings per 100k of population | 2014-15 | - | 12.4* | - | 11.1 | 2, 3, 4 | Adult Social Care Outcomes Framework indicator 2C |
| Proportion of people still at home 91 days after discharge from hospital | Persons | Percentage of those aged 65 over still at home 91 days after discharge into reablement / rehabilitation services | 2014-15 | 73.8 | 75.3* | ↑ | 82.1 | 3 | Adult Social Care Outcomes Framework indicator 2b(1) |
| Proportion of people who use services who have control over their daily life | Persons | % of respondents to Adult Social Care survey who identify no needs in this area | 2014-15 | 76.3 | 79.0 | ↑ | 77.3 ↑ | 2, 3, 4 | Adult Social Care Outcomes Framework indicator 1B |
| Proportion of people who die at home | | Deaths at home per quarter as a proportion of all registered deaths | 2012-13 Q3 | 46.5* | 47.8 | ↑ | 44.0 | 3 | Primary Care Mortality Database, HSCIC |

COMMENTARY: Excess winter deaths are included as a proxy indicator for the effectiveness of care for older people; most excess deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly. England and Wales have higher excess winter deaths than other European countries with colder climates, suggesting that some of these deaths may be preventable if care was organised and provided in an improved way. Excess winter deaths in Suffolk are similar to the national average. As significantly lower proportion of elderly patients discharged from hospital are still at home three months later than the national average; again, this may suggest opportunities to improve the integration and effectiveness of care. Suffolk is good at enabling people to die at home, and a high proportion of service users felt they had control over their daily lives – this last figure has increased for both Suffolk and nationally in the most recent data, perhaps reflection some the better integration of health and care services.