State of Suffolk report
An assessment of the health and wellbeing of the county

Contents

Introduction
Emerging themes

Part A: A sustainable Suffolk
Population growth
Housing
Suffolk’s Economy and Employment
Travel and Transport
Environment
Safety and Crime

Part B: Being healthy and living well in Suffolk
The health of Suffolk people
What promotes health and well being
Early years, childhood and adolescence
Families and Working Life
Retirement and Old Age

Appendix
Authors and contributors of supporting thematic reports
Format for thematic reports

All reports will be available on the Suffolk Observatory
www.suffolkobservatory.info/
State of Suffolk Executive Summary

Introduction: why is health and wellbeing important?

We all aspire to enjoy the benefits of good health and wellbeing. We would probably all define good health as being free from disease or injury, but how we would define wellbeing might vary.

*Healthy Lives, Healthy People*, the Government’s White Paper on public health (Department of Health 2010) defines wellbeing as:

“a positive physical, social and mental state”

Achieving a state of wellbeing cannot provide perfect protection from all disease and injury, but will arm us with resilience which may delay the onset of disease or disability and mitigate against some of the negative consequences.

On a macro scale, the costs of poor health and premature illness for the health service and the economy are massive.

Chronic conditions such as heart disease and chronic obstructive pulmonary disease are among the most prevalent and costly health conditions. Half of chronic disease is attributable to lifestyle factors such as a lack of physical activity or smoking. Many of the worst public health problems have already reached crisis point. Britain has the highest obesity rates in Europe; among the worst rates of sexually transmitted infection; and is seeing rising rates of alcohol and drug problems. Each year, smoking-related disease claims over 84,000 lives. Dealing with sickness among people of working-age costs the taxpayer over £75 billion every year; the loss to the economy at large is almost £130 billion.

So what supports, influences or creates wellbeing?

*Healthy Lives, Healthy People* identifies a

“a range of social, cultural, economic, psychological and environmental factors with a complex interrelationship between mental health, physical health, environment and social inequalities”.
The Young Foundation, a London based centre for social innovation, has developed a model for wellbeing that illustrates the range of factors involved, structured around 3 domains – personal, social and place.

So it can be seen that how we each achieve wellbeing will vary according to not just who we are, but where we live and the experiences we encounter through life. The conditions in which we are born, grow up, live and work, are key factors not only in our length of life but also in the amount of years we are able to live free from illness or disability.

Dahlgren and Whitehead (1991) referred to these influences as the social determinants of health. Decent housing, good education, a safe neighbourhood, strong local communities, social inclusion and meaningful employment all have significant influence on health and wellbeing.

The Marmot Review: Fair Society, Healthy Lives (2010) evidenced how the relationship between social circumstances and health is graded on a sliding scale, and that social determinants are relevant to all our health outcomes. The more favourable circumstances we experience the more likely it is that our health will be good; the worse they are, the more likely we will have a shorter lifespan and more years of disability. Much can be done to improve the lives and health of people at every stage of life, but as disadvantage begins before birth, special emphasis should be given to the importance of promoting children’s health and wellbeing. Disadvantage early in life is a strong predictor of economic, social, physical and mental health status in later life.

1 http://www.marmotreview.org/
What this evidence suggests is that we cannot enjoy health and wellbeing by only focusing on the treatment of illness or injury. It is vital that individuals, communities and organisations each recognise and take responsibility for supporting healthy lifestyles and ways of living that promote good health and wellbeing which minimise the impact of negative experiences we may encounter.

**Policy Context**

There has been a joint statutory duty on the NHS and upper-tier local authorities to produce a Joint Strategic Needs Assessment (JSNA) of health and wellbeing since 2007. The JSNA is most usefully seen as both a periodic high level assessment of needs and as a process of working across public, private and voluntary sector agencies to address key issues. The Health and Social Care Bill 2011 proposes that the JSNA informs the creation of a joint health and wellbeing strategy to inform and guide strategic commissioning priorities for health and wellbeing services.

Suffolk’s first JSNA was published in 2008 and this State of Suffolk report is the first major update providing a strategic overview of the challenges for health and wellbeing in the county. It is a joint production between Suffolk County Council and NHS Suffolk, supported by a small editorial group including representatives from Ipswich Borough Council and Mid Suffolk District Council.

**Scope and approach**

This State of Suffolk report provides a high level overview of the health and wellbeing of Suffolk from two perspectives, adopting a structure which reflects the major influences on health and wellbeing described in the introduction.

At a macro-level, the report provides analysis of the major infrastructure characteristics of the county - its demography, economy, housing, transport, community safety and the environment: the things that influence and give context to our lives, but over which we have little individual control. This is the sphere over which statutory organisations can exert most direct influence.

The report then reviews what it is like to be born, live and grow old in Suffolk - taking a more person-centred perspective on the experiences and opportunities that people in Suffolk may have. This is the sphere in which individuals and communities of interest or place may have more control, but which can be limited by the particular circumstances in which people live.

From this, the report identifies emerging themes where there seems to be a need to address areas of weakness, or to protect and enhance features of life in Suffolk which have a positive impact on health and wellbeing.

**Sources**

Much of what is contained in this report will be familiar as it draws from a wealth of data about the county, often publicly available, but currently in many disparate places. By bringing such wide ranging evidence together in one place the report aspires...
“Children born in Suffolk generally do enjoy a good start to life, but this should not disguise the fact that for a small percentage, more could be done to support them, their mothers and their families to build a solid foundation for the rest of their lives.”

What are the emerging themes for health and wellbeing in Suffolk?

The Importance of early years

Giving children the best start in life is a sound investment for their own individual futures and for the public purse. Children born in Suffolk generally do enjoy a good start to life, but this should not disguise the fact that for a small percentage, more could be done to support them, their mothers and their families to build a solid foundation for the rest of their lives.

to paint a picture of the State of Suffolk in the round and to illustrate the complex interrelationships between individual choices and strategic decisions.

Given the range of topics which influence health and wellbeing and the need to keep the report to a reasonable length, it is inevitable that there will be some omissions and many issues that would benefit from a more in-depth review. Recognising this would be an issue from the beginning, the editorial group commissioned a number of thematic reports from specialist analysts, lead officers and other organisations. These have been used to inform the State of Suffolk report and provide more detailed analysis and data on specific topics for readers who wish to explore a theme in more detail. These will be made available on the Suffolk Observatory, together with the latest available statistical data. www.suffolkobservatory/info

It is hoped that other specialists or organisations will be encouraged to offer more thematic reports for future consideration. A report format has been designed to ensure that the information is structured in a way that highlights the key issues including identifying any inequalities and evidence of effective practice.

A list of thematic reports and contributors is available at the end of the report.

Other local or national research is referenced in the text.
“A continuing focus on tackling underachievement makes sound health sense as well as economic sense.”

Universal services such as health visiting, children’s centres and libraries have especial value for this stage in life. High quality, evidence-tested programmes offered by the children’s centres which support positive parenting help to reduce the stress many families experience. With rising numbers of children in the care system, including an increasing number of babies, it is essential that parents, including teenage parents, can access services and support on a ready basis.

Supporting positive social and emotional development of babies and infants through access to high quality childcare and play opportunities also lays the foundation for developing essential communication skills which underpin learning. School readiness is measured on entry to school in the Foundation Stage Profile. Even at age five there is a gap between five year olds in deprived areas and their peers.

Underachievement

Suffolk is a hard working county. It has relatively low levels of unemployment and a higher percentage of the working age population employed than nationally. However, average weekly earnings remain persistently and significantly below both regional and national levels. The relative lack of skills in the population has been recognised as a constraint on economic performance of the county and the creation of University Campus Suffolk amongst other initiatives has been a response to raising aspirations and achievement.

Change is happening. There are more people with graduate level skills in Suffolk now compared to five years ago and the proportion is getting closer to the national average. However, 10.1% of the working age population have no qualifications at all.

Achievement in schools has also improved, but has failed to overtake the national average. Children eligible for free school meals perform significantly below their peers, as do children with special needs and some children from black or minority ethnic groups. Closing the gap for these children is essential if the cycle of poverty is to be broken and life chances to be improved. Supporting these children to achieve their potential would automatically improve the overall county performance.

A good education provides a sound protection for future health and wellbeing. People who are better educated lead healthier lifestyles and seek help for problems earlier. It is for this reason, that a continuing focus on tackling underachievement makes sound health sense as well as economic sense.

Preparing for old age

The changing age structure of Suffolk raises huge issues for the sustainability of the County’s economy and for public sector expenditure. Already in 2009 Suffolk has more than the national average of over 60s and it is our fastest growing age group due to people living longer and in migration of people for retirement. The old age support ratio (number of people of working age to over state pension age) is 3.4 and due to drop to 2 by 2033, which is likely to make recruitment of care workers more difficult and put more pressure on working adults to provide voluntary care for relatives.
The ageing population also has implications for housing availability, with people living alone in big houses for longer. This is inefficient use of housing stock, has transport resource implications for care workers, and can leave very elderly people isolated, resulting in depressive illness. More innovative ways of providing accommodation in old age need to be found and people made more aware of the need to consider their options and plan ahead.

60% of total hospital admissions come from the over 65’s who currently make up 20% of the County’s population. There are clearly opportunities now to help the elderly of the future to adopt life styles that can keep them more healthy and active, benefiting them in later life and making our care and health systems more sustainable in the longer term. Suffolk is a relatively safe place to live so older people can be encouraged to exercise regularly if appropriate infrastructure like public gardens, benches, handrails and accessible transport is available. Individual, community and public sector actions need to be taken now to encourage healthy life styles that will benefit mental health.

**Value in variation and promotion of local solutions**

Part A of this report gives an insight into some of the differences between parts of Suffolk. There are geographical differences due to environmental aspects such as the presence of the coast and extensive areas of national landscape protection in the Suffolk Coast and Heaths Area of Outstanding Natural Beauty and international habitat protection in the Special Protection Areas for birds. Such designations can influence the scale and location of development and reinforce historical patterns of specialisms for example the port activities at Felixstowe and Ipswich and Lowestoft or horseracing in Newmarket.

There are pressing issues of rising numbers of elderly people in rural areas where solutions focusing on transport accessibility will be more important than in the major towns where buses and taxis are more abundant.

There are some stark inequalities between urban and rural areas in access to services. For example lack of access to Broadband and slow connections in rural areas affect the efficiency of businesses, expansion plans and inhibits new investment.

It is harder to access business support in rural areas due to limited broadband connections when business support is increasingly delivered on line or due to costs and difficulties of travel. Similar problems exist for people wishing to gain skills or access further education.

There are geographical differences in the distribution of those with poor health. Lowestoft stands out as an area of high deprivation with as many people on disability as unemployment benefits. However the general message is that problems linked to poor lifestyles (alcohol abuse, poor diet, inactivity, etc.) are widespread across Suffolk.

Social and community networks are increasingly being recognised as able to play important roles in promoting and aiding healthy living and well-being. Examples such as the Debenham project working with those with dementia, Wickham Market community outreach project, Suffolk Circle and the Bangladeshi Support Centre provide services from the community to meet locally identified needs. Local solutions to local problems are often very cost effective and effectively utilise community strengths.
“Raising the skills level of the population will require sustained effort over many years”

The resulting geographic variation in services, traditionally seen as unacceptable, may need to be recognised as not just inevitable, but desirable. However, there needs to be caution around this approach. Not all places have yet the social networks or community capacity to create their own solutions. Availability of volunteers can be an issue, especially in small communities and the need for continuous advertising to motivate people to volunteer as their circumstances change can be an on-going drain on resources. Statutory and voluntary organisations have a role to play in building the capacity of all communities to design and deliver local solutions.

What next?
The emerging themes from this State of Suffolk report echo some of the priorities identified in the Suffolk Community Strategy Transforming Suffolk.

This should not surprise us as issues such as raising the skills level of the population will require sustained effort over many years.

Other themes have more distant echoes of the Community Strategy as this report has taken a new lens to view what living in Suffolk is like. The importance of a sustainable environment for the county should take into account how housing, transport and assets embedded in communities can be matched to local needs, with a recognition that these needs, and their solutions, will vary.

A real strength of the Community Strategy is the way it helps to bring focus to a range of organisations working together to tackle issues, giving an opportunity for new insights and co-ordinated working, and potentially changing the way individual organisations choose to work.
The new Health and Wellbeing Board has an opportunity to draw organisations together to tackle the themes and issues raised in this report. Because many of the issues are so multifaceted, having health and economic implications a broad range of statutory organisations, communities, individuals and businesses will have a role to play.

**Recommendations**

1. **Focus on evidence-based solutions**

   It is recommended that, given the wealth of data and information that is already available – only a fraction of which is in this report – the highest priority is given to work which promotes and supports action rather than more information gathering. This could include research to identify effective interventions or best practice, and an emphasis on evaluating the effectiveness and impact of current strategies and interventions. We need to know what has been effective in having a positive impact so that commissioners know where best to prioritise limited resources and so fast track improvement.

2. **Promote current effective action**

   There is no stipulation that the same approach has to be taken in every geographical area. Good evaluation should identify the characteristics of success not just a recipe for replication and there is much good practice already in the county that should be supported and sustained.

   There is a strong case for publicising good practice, sharing learning and solutions with the support of the Health and Well Being Board.

3. **Be bold and invite involvement in co-creation of approaches and solutions.**

   Given the complex nature of some of these challenges, and the fact that in some cases there will be no evidence base available for identifying effective action or interventions, there is also a need for bold leadership to try new things where a window of opportunity exists.

   **But how do we find these windows and what sort of things could they be doing?**

   Ideas and opportunities are not the exclusive domain of any individual, community or organisation. Multi-agency/ multi-skilled task groups with clear objectives to explore within a set time frame may be the way forward. Being respectful of the fact that time is valuable may encourage different participants to contribute.

   Strategy development could propose action not just for organisations to take, but action that individuals and communities could take to promote health and wellbeing.
In 2009 Suffolk was the 7th fastest growing county in the country.

Part A: A Sustainable Suffolk

This part of the report assesses the extent to which Suffolk has been successful in creating and developing the county as a healthy and sustainable place to live.

Sustainable population growth?

In 2009 Suffolk was the 7th fastest growing county in the country with a population of 714,000. In the 8 years between 2001 and 2009 Suffolk’s population grew by 6.6% which is faster than England as a whole but slower than the East region average. As Figure 1 shows, this is slightly faster than originally projected in the Regional Spatial Strategy (RSS) but below the ONS projection.

Figure 1: Population estimates and projections for Suffolk

Source: ONS Mid year estimates; ONS 2008 based projections; RSS; Suffolk County Council

Ninety percent of the population growth in Suffolk is due to net in-migration. Births only just exceed deaths, contributing just 10% of the population growth between 2001-2009. In 2009 the net in-migration was from internal flows within the UK as there were slightly more international migrants leave Suffolk than arrive.

In terms of sustainability, points of concern about the distribution of Suffolk’s population growth are:

- The highest rate of change (10.8% 2001-09) is in Forest Heath. Population growth here is likely to be slightly overestimated, evidence for this being the comparison with houses built which suggests over 3 people occupy every new house built when the Suffolk average is 1.7. The comparison is not completely conclusive as about 400 vacant homes previously reserved for the military are now being occupied by civilians.

- Deaths exceed births in Babergh, Suffolk Coastal and Waveney making them totally dependent on in-migration for any population growth. This is a particular problem for Babergh which has grown less than 3% in 8 years and at a rate less than half the Suffolk average.
“Suffolk has fewer young adults aged 20 to 39 and more aged over 60”

- Although a growth point, St Edmundsbury has the 3rd slowest growth rate out of the 7 Suffolk Districts and has seen its population grow less in the last 8 years than Waveney.

- Net in-migration into Suffolk Coastal is double the number into Ipswich. Waveney has the second highest numbers of in-migrants.

- Most districts have seen a modest increase in the number of births each year since 2001 but Ipswich has seen a 40% increase in births from 1,336 to 1,900 which could have implications for schools if all these children grow up in the town.

- Almost 60% of the population growth has occurred in Suffolk’s towns and the Ipswich corridor, with concentration in the main towns of Ipswich, Lowestoft and Bury St Edmunds plus Stowmarket, Haverhill, and Sudbury and the smaller towns of Saxmundham, Mildenhall and Hadleigh. Of Suffolk’s largest 10 towns this list omits Felixstowe (5th largest population) and Newmarket (7th) reflecting strategic planning constraints.

- Since 2001 nearly one third of Suffolk’s parishes have lost some population and 7% (33) have dropped by more than 20 people. Declines are mostly in Babergh, St Edmundsbury and Suffolk Coastal, along the coast with Aldeburgh and Southwold standing out losing 280 each.

It is very encouraging that:

- The rate of population growth in our most rural District, Mid Suffolk is the 2nd fastest in the County and continues to out pace Ipswich. This is a notable achievement alongside Mid Suffolk’s recognition as one of the most desirable places to live in the country.

The only current population projection for Suffolk is the ONS 2008 trend based which suggests the County’s population will grow by 100,000 between 2009 and 2021. Comparison with the RSS projection of 29,700 growth in the same period (made in 2006) suggests a difference of over 70,000 (in 2021, ONS 814,300; RSS 743,700). Further evidence that the ONS 2008 based projection may be too high given the impact of the recession, comes from comparison of the Mid year estimate for 2009 which is 714,000 whereas the figure in the projection for 2009 is 717,500. Hence caution needs to be applied when using the ONS 2008 based projection and it underlines the urgent need of a policy based projection for Suffolk.

The age structure of the county also has sustainability issues. The 2009 age structure shows that compared to England, Suffolk has fewer young adults aged 20 to 39 and more aged over 60, pronouncedly in the 60-65 category. There are variations within the County with Ipswich being most like the English average; Babergh, St Edmunds bury, Suffolk Coastal, Mid Suffolk and Waveney having a shortfall of young adults aged 20 – 39 and larger proportion in their 50’s than nationally. Forest Heath has a much younger age profile, very different to the Suffolk and national average due to the presence of two large military bases. Furthermore the over 60/65 age group is the one that is growing the fastest, largely due to increasing longevity. The major issue arising is impact on the old age support ratio (number of people of working age to over state Pension age) which
“Higher numbers of older people are located in the rural parts of the County”

Ranges from a minimum of 2.1 in Waveney and a maximum of 3.5 in Ipswich in 2008, changing to 2 in Babergh and Waveney and 4 in Ipswich by 2021. The national ratio will remain at 3.2 throughout this period.

Figure 2 is included because it is so stunning in its implications for a whole range of service delivery.

**Figure 2: Distribution of older people in Suffolk mid 2009**

It shows how the higher numbers of older people are located in the rural parts of the County raising sustainability concerns for policies that encourage people to stay in their own homes for as long as possible, the implications for time and travel for care workers etc.

The ethnicity profile of the County is changing. In 2009 it is estimated that 7.2% of the population are from a Black or minority ethnic background (51,100), nearly treble the figures in 2001. A further 22,600 people are ‘White Other’ which includes Americans and Europeans (including those from A8 countries but not Irish) which in total gives a Not White British figure of 73,700 (10.3%). The percentage of Black or minority ethnic people in Suffolk is approximately the median in the rankings for English counties.

The numbers of people coming from abroad and registering for a National insurance number increased from 2,580 in 2002/3 to a peak of 5,300 in 2005/6 falling to 3,490 in 2009/10. Research by Suffolk County Council suggests the majority of those registering are Polish followed by Indians, Portuguese and Lithuanians, mainly young adults with only a quarter having children, a third having a degree and a quarter having no formal qualification. 81% were in some form of employment, often of a manual nature such as hospitality, cleaning or retailing. 90% say they are healthy and although 80% have registered with a GP, 18% had yet to use GP services.
Is housing meeting local needs?

The rate of completion of new dwellings influences the flow of migrants into the County plus its availability at the right price is important for emerging households. The location of new housing can change the character and composition of an area with implications for service provision.

Figure 3 shows the number of dwellings completed in Suffolk as reported by District and Borough Councils in their Annual monitoring reports in 2010 (green).

Figure 3: Suffolk housing trajectory to 2023/24

This shows a peak in 2007/8 reflecting the change in government policy when housing targets agreed in the regional Spatial Strategy were regarded as the minimum and districts were free to encourage as much new building as they thought appropriate. Encouragement to build came through the Planning Delivery grant, where Councils were given a financial reward for the more houses they completed. However the recession in 2008 saw completions fall and in the most recent year 2009/10 Districts report that housing completions have fallen to a 9 year low of 2,218. The “target” for housing set in the East of England Plan was 61,700 between 2001 and 2021. This would have meant an average build of 3,085 per year. Even with the peaks and troughs in house building Suffolk is broadly in line with the previously set housing targets.

However this masks that Districts in the east of the County (Waveney and Suffolk Coastal) are currently out performing their housing targets whilst the West (St Edmundsbury and Forest Heath) are behind.

The average house price in Suffolk is £154,428 (March 2011) up only 0.9% in the last year compared to 6.9% the previous year. Prices have been falling since June 2010. With banks currently requiring deposits of around 15% this equates to £23,164. Lending amounts have also changed from about 5 times an individual’s salary.
to 3 times. This is affecting the housing market with only around 1,000 transactions happening a month in 2010 compared to 1,700 in the summer of 2007. As Figure 4 shows the average house price in Suffolk is currently falling away from the UK average, suggesting house prices are rising quicker elsewhere.

**Figure 4: Average house prices in Suffolk compared to the UK**

Table 1 shows the affordability of houses to first time buyers, looking at the ratio of average house prices to the lower quartile incomes by District. Comparison with 10 years ago shows how much more difficult it is to get into the housing market in 2010. However the ratios hit an all time high in 2006. In 2010 Ipswich stands out as being the most affordable, with Babergh retaining its long standing place as the least affordable, followed by Mid Suffolk. Affordability has improved in Forest Heath, perhaps reflecting the one off availability of housing through the release of 200 homes formerly occupied by military personnel but now released to the general market. It has become slightly more affordable than Waveney.

<table>
<thead>
<tr>
<th>Area</th>
<th>2000</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babergh</td>
<td>4.83</td>
<td>9.11</td>
<td>9.70</td>
<td>8.93</td>
<td>8.02</td>
<td>8.86</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>4.17</td>
<td>8.99</td>
<td>8.31</td>
<td>8.20</td>
<td>7.30</td>
<td>7.02</td>
</tr>
<tr>
<td>Ipswich</td>
<td>4.06</td>
<td>7.41</td>
<td>7.83</td>
<td>6.83</td>
<td>5.16</td>
<td>6.07</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>5.64</td>
<td>7.73</td>
<td>8.81</td>
<td>8.32</td>
<td>5.16</td>
<td>6.07</td>
</tr>
<tr>
<td>St Edmundsbury</td>
<td>4.86</td>
<td>8.37</td>
<td>9.67</td>
<td>8.15</td>
<td>7.08</td>
<td>7.89</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>4.79</td>
<td>8.61</td>
<td>7.88</td>
<td>8.27</td>
<td>7.28</td>
<td>7.78</td>
</tr>
<tr>
<td>Waveney</td>
<td>3.44</td>
<td>6.69</td>
<td>7.44</td>
<td>8.13</td>
<td>6.13</td>
<td>7.11</td>
</tr>
</tbody>
</table>

Source: Suffolk Observatory 2011

Figures for affordable home completions in 2009-10 have fallen back to levels seen in the mid 2000’s. As Table 2 shows 2008-9 was a very good year hitting an all time high of 1,133. Suffolk Coastal and Waveney managed to complete similar levels of affordable homes in 2009-10 but Ipswich and Forest Heath figures have fallen
“Babergh ... is the least affordable in Suffolk”

Table 2: Number of Affordable Housing Completions and % of Total Completions

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Babergh</td>
<td>55</td>
<td>56</td>
<td>56</td>
<td>71</td>
<td>56</td>
<td>13</td>
<td>43</td>
<td>129</td>
<td>34</td>
<td>501</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>19</td>
<td>132</td>
<td>0</td>
<td>97</td>
<td>210</td>
<td>15</td>
<td>485</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>13</td>
<td>15</td>
<td>56</td>
<td>0</td>
<td>78</td>
<td>131</td>
<td>134</td>
<td>144</td>
<td>108</td>
<td>763</td>
</tr>
<tr>
<td>St. Edmundsbury</td>
<td>135</td>
<td>42</td>
<td>28</td>
<td>88</td>
<td>132</td>
<td>134</td>
<td>144</td>
<td>108</td>
<td>763</td>
<td>763</td>
</tr>
<tr>
<td>Ipswich</td>
<td>49</td>
<td>62</td>
<td>28</td>
<td>88</td>
<td>121</td>
<td>134</td>
<td>144</td>
<td>108</td>
<td>763</td>
<td>763</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Waveney</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Suffolk</td>
<td>200</td>
<td>311</td>
<td>311</td>
<td>311</td>
<td>311</td>
<td>311</td>
<td>311</td>
<td>311</td>
<td>311</td>
<td>311</td>
</tr>
</tbody>
</table>

Source: 2001-2009 from Regional Annual Monitoring Report, 2009-10 from District AMRs

Dramatically. However, the completion of only 34 affordable homes in Babergh is an issue of concern given the District is the least affordable in Suffolk.
There is a surplus of sheltered housing but shortage of very sheltered and specialist high end services

Social and Registered Social Landlord housing is an important part of the stock of housing for people with limited means. In 2010 Suffolk District Councils owned and managed 19,642 dwellings (down 214 on 2009). Registered Social Landlords (who also manage all of St Edmundsbury and Suffolk Coastal’s stock) own and manage 27,600 dwellings (up 423 on 2009) meaning that overall there are 47,242 units in Suffolk, up 0.4% on last year.

In 2009/10 there were 8,612 supported housing units available for various groups of vulnerable and marginalised adults. Older people represented 79% (6,268) of this uptake, with homeless people representing 9% (752), people with learning disabilities 3% (278) young people 3% (210), people with mental health problems 3% (215) marginalised people 2% (179) and people with physical and sensory impairment 1% (102). The level of housing related support need is documented in “Housing related Support Needs Estimates for Suffolk 2010-2021. This suggests:

- the highest identified need comes from the frail elderly and older people with mental health and dementia problems;
- there is a surplus of sheltered housing but shortage of very sheltered and specialist high end services;
- there will be a shortage of accommodation for marginalised young people aged 16-25 years old;
- a very significant shortage of accommodation for people with disabilities.

The government has made £2.1m available in 2011-12 in Suffolk to pay for adaptations to houses to help disabled people live as comfortably and independently as possible in their own homes.
How healthy is Suffolk’s Economy?

Suffolk is a hard working County – Table 3 shows that percentage of working age people employed is consistently above the national and regional average.

<table>
<thead>
<tr>
<th>Table 3: Employment rate</th>
<th>Sep 05</th>
<th>Sep 06</th>
<th>Sep 07</th>
<th>Sep 08</th>
<th>Sep 09</th>
<th>Sep 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babergh</td>
<td>75.2</td>
<td>72.7</td>
<td>79.0</td>
<td>80.1</td>
<td>77.0</td>
<td>71.3</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>78.8</td>
<td>76.1</td>
<td>68.8</td>
<td>83.0</td>
<td>76.1</td>
<td>79.7</td>
</tr>
<tr>
<td>Ipswich</td>
<td>76.6</td>
<td>78.6</td>
<td>78.4</td>
<td>79.8</td>
<td>77.3</td>
<td>73.9</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>78.8</td>
<td>74.3</td>
<td>76.4</td>
<td>81.4</td>
<td>76.4</td>
<td>77.0</td>
</tr>
<tr>
<td>St Edmundsbury</td>
<td>80.9</td>
<td>76.1</td>
<td>82.6</td>
<td>83.9</td>
<td>80.1</td>
<td>73.3</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>76.1</td>
<td>77.4</td>
<td>69.7</td>
<td>77.0</td>
<td>77.1</td>
<td>76.7</td>
</tr>
<tr>
<td>Waveney</td>
<td>73.0</td>
<td>71.6</td>
<td>68.3</td>
<td>76.0</td>
<td>73.7</td>
<td>67.0</td>
</tr>
<tr>
<td>Suffolk</td>
<td>76.9</td>
<td>75.4</td>
<td>74.8</td>
<td>79.8</td>
<td>76.8</td>
<td>73.9</td>
</tr>
<tr>
<td>East of England</td>
<td>76.6</td>
<td>75.6</td>
<td>74.8</td>
<td>75.4</td>
<td>74.7</td>
<td>73.5</td>
</tr>
<tr>
<td>Great Britain</td>
<td>72.8</td>
<td>72.4</td>
<td>72.5</td>
<td>72.6</td>
<td>71.1</td>
<td>70.4</td>
</tr>
</tbody>
</table>

Source: ONS, Annual Population Survey

However what is of concern during a time of recession is the growing range between employment rates in the Districts. There is now a difference of over 12% between the highest employment rate in Forest Heath and lowest in Waveney.

The latest figures for the number of jobs in Suffolk show a 1% fall between 2008 and 2009 to 305,700 (BRES). This continues the slight decline seen between 2004 and 2008 (ABI). As Figure 5 shows Ipswich saw by far the largest fall in this period, with 4,300 jobs estimated to have been lost. There were smaller losses in Babergh, Forest Heath and Suffolk Coastal. St Edmundsbury saw a strong increase of 2,800 jobs which is supported by SCC monitoring, with the opening of the arc shopping centre and a new Asda in Bury St Edmunds. There were small job increases in Mid Suffolk and Waveney.
“Traditionally, Suffolk has a relatively low-skilled workforce”

Similarly the number of Suffolk residents in employment (Oct 09-Sept 10) shows a 3.4% decrease in the last year of 11,700 to 327,400. This reflects a moderate decrease in Forest Heath residents with jobs (5.07%), an increase in Ipswich, Mid Suffolk (at 16.87%, the highest), and Waveney and little change elsewhere.

**Figure 6: Employee numbers by Suffolk District/Borough**

Traditionally, Suffolk has a relatively low-skilled workforce, a trait reinforced by low earnings levels, and this remains the case according to the latest data (APS sampling conducted during the year to September 2010). When compared to the regional and national figures, Suffolk has a relatively low proportion of working residents in highly skilled occupations (categories 1-3, Figure 7). Suffolk has a larger proportion of mid and low-skilled occupations, especially in skilled trade, with almost 2% more employment in this occupation strand than across the region and country as a whole.
In Suffolk 11% of jobs are in manufacturing.

Employment by sector

The major employment sectors in Suffolk are the public sector (when you put Public administration, defence, education and health together); Wholesale, retail and repair of motor vehicles; and manufacturing as illustrated in Figure 8. In Suffolk 11% of jobs are in manufacturing, higher than the England average of 9%.

Figure 7: Employment by occupation

Figure 8: Employment by sector in Suffolk 2009

Source: BRES using SIC 2007
Looking at job losses by sector, 2009 data suggests Suffolk lost 2,800 jobs from finance and banking, over 1,000 from motor trades, 600 from the utilities and 2,500 from accommodation and food. These are higher percentage losses than compared with East and England averages as shown in Figure 9. Given the importance of manufacturing to the Suffolk economy it is good to note that it has suffered a below average fall in the number of jobs, -2.3% compared to -6.5% in East and -5.8% in England.

Although the losses out weigh the gains, jobs have been growing in Suffolk in property, transport and storage and public administration and defence, and above the East and England averages. Note however that the data reflects the change between 2008 and 2009 and that public administration has since then suffered major budget reductions resulting in job losses.

*Figure 9: Change in employment by sector 2008-2009*
Suffolk’s Local Economic Assessment published in August 2011 identifies 8 sectors where Suffolk either currently has a large number of businesses or proportion of people employed, or where future growth is likely. Table 4 summarises some of the key information about these sectors.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Description</th>
<th>Jobs</th>
<th>Examples of employers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced manufacturing</td>
<td>Use high level design or scientific skills to produce innovative &amp; technologically complex products</td>
<td>15,000</td>
<td>Delphi Diesel Systems (Sudbury) Philips Avent (Glemsford) Smulders (Lowestoft)</td>
</tr>
<tr>
<td>Biotechnology</td>
<td>Use biological processes or organisms to manufacture products &amp; diagnostic machines</td>
<td>15,000</td>
<td>CEFAS (Lowestoft) Genzyme (Haverhill) Bloodstock &amp; equine businesses (Newmarket)</td>
</tr>
<tr>
<td>Creative industries</td>
<td>Relate to craft and design - advertising, architecture, video, music, computer games, radio &amp; TV</td>
<td>6,700</td>
<td>Dance East (Ipswich) Aldeburgh Music (Snape)</td>
</tr>
<tr>
<td>Energy</td>
<td>Wind turbines, Offshore oil &amp; gas, nuclear, transmission</td>
<td>8,000</td>
<td>British Energy (Sizewell) EDF Energy (Wherstead)</td>
</tr>
<tr>
<td>Food, drink &amp; agriculture</td>
<td>Agricultural base linked to food production and processing</td>
<td>9,300</td>
<td>Adnams (Southwold) Greene King (Bury St Edmunds) Bernard Matthews (Halesworth)</td>
</tr>
<tr>
<td>ICT</td>
<td>Hardware, software, consultancy, data and communications</td>
<td>3,600</td>
<td>BT (Martlesham &amp; Ipswich) Huawei (Martlesham)</td>
</tr>
<tr>
<td>Ports and logistics</td>
<td>Shipping, road freight and transport services, cargo storage &amp; warehousing</td>
<td>13,000</td>
<td>Port of Felixstowe Associate British Ports (Ipswich &amp; Lowestoft) Freightliner Ltd (Felixstowe) Debach Enterprises Ltd (Ransomes Europark Ipswich)</td>
</tr>
<tr>
<td>Tourism</td>
<td>Hotels, restaurants, museums, festivals, holiday camps</td>
<td>30,000</td>
<td>Center Parcs (Eleveden) Horse racing (Newmarket)</td>
</tr>
</tbody>
</table>
In 2009 there were 33,000 (14.1%) workless households in Suffolk compared to the GB average of 18.7%.

Unemployment

Unemployment is measured through the Annual Population Survey (APS) which gives estimates of people of working age seeking work, and the Jobseekers Allowance (JSA) claimant count. The October 2009 to September 2010 APS unemployment estimate for Suffolk is 23,200, 6.7% of the working age population. As Figure 10 shows Suffolk has moved much closer to the East of England average in 2010. Figures for Districts are unreliable due to the small sample size.

Figure 10: Unemployment rates - Suffolk against the region and nation

Jobseeker’s Allowance is the main benefit for people of working age who are out of work or work less than 16 hours a week on average. If you are eligible, it is paid while you are looking for work. Similar to the unemployment rate, the JSA rate has risen in the last year and remains slightly above that of the region, meaning 13,182 were claiming in Suffolk in March 2011. There are significant variations in claimant levels across Suffolk’s districts. Ipswich and Waveney have the highest level of claimants with both being at a similar level of around 3-4% for the years from the turn of the century to the recent economic downturn in 2008. Claimant levels in all other districts are generally relatively low, following the pattern of a steady decline from the mid-nineties to late 2008 before increasing sharply due to the global economic downturn.

In 2009 there were 33,000 (14.1%) workless households in Suffolk compared to the GB average of 18.7%, and East of England 14.4%. Workless households are those with no people of working age in employment. It is a particular problem in Waveney where one in 5 households are workless (20.7% in 2009). Most other Districts in the county have average or slightly below average levels of worklessness, ranging between 9.7% in Forest Heath, 15.3% in Babergh and 14.2% in Mid Suffolk.
“Average weekly earnings in Suffolk at £478 in 2010 remain below the regional (£523) and national averages (£502)”

Is Suffolk still a low wage economy?

Average weekly earnings in Suffolk at £478 in 2010 remain below the regional (£523) and national averages (£502) according to the Annual Survey of Hours and Earnings from the Office for National Statistics (Figure 12). The gap in median earnings levels between Suffolk and the East of England and Great Britain has narrowed in 2010. This may suggest some improvement in the range of highly skilled jobs available in the county.
At a district level, earnings increased in all districts in 2010. Suffolk Coastal consistently has the highest median earnings of the districts, £515 in 2010, with Forest Heath consistently being the lowest (£398 in 2010).

Is productivity increasing?

Gross value added (GVA) estimates the value of an output (goods or services) less the value of inputs used in that output’s production process. GVA per head is used as a proxy for estimating the productivity of an economy. It allows us to judge how much economic output is produced relative to the size of the economy and its productive resources. The higher the GVA the better as it indicates an efficient economy.

Suffolk GVA per head at £17,735 remains relatively low compared to the UK average of £21,103 and other areas due to the dominance in the county of comparatively low-skilled sectors. It is also not growing at the same pace as the UK. In the East of England, Suffolk GVA per head is above that of Norfolk and Essex, but below the average of the region as a whole.

How has Suffolk fared during the recession?

The UK experienced a fall in Gross Domestic Product (GDP) for six consecutive quarters from the second quarter of 2009 to the third quarter of 2010, resulting in the longest recession since quarterly figures were first recorded in 1955 (a recession is defined as a fall in GDP in two consecutive quarters). Evidence from a range of sources had suggested that Suffolk weathered the impacts of the economic downturn relatively well. Figure 13 compares the average unemployment rate with other areas, showing that at 6.6% our rate is only higher than the South East and South West. However as Figure 10 revealed the situation changed over 2010 as unemployment increased at a faster pace.

Figure 13: Unemployment rates in Suffolk, the regions and Great Britain

Source: ONS, APS
rate than in East and GB. Over the period October 2007 – Sept 2008 to October 2009 - Sept 2010 unemployment increased by 9,400 in Suffolk (68%), compared to 54% in East and 44% in GB.

Figure 14 shows the cumulative total of redundancies in Suffolk since October 2008, as reported by local press and Jobcentre Plus, annotated with some of the most notable job losses and companies under threat. The overall trend has been for job losses to continue taking place at a fairly steady rate, with cuts in the public sector producing the bulk of the redundancies in recent months.

**Figure 14: Suffolk Redundancy timeline**

Figure 15 shows the distribution of recorded redundancies by District. Babergh, Forest Heath and Mid Suffolk have had the fewest with the market towns of Sudbury, Newmarket and Stowmarket accounting for the majority of the jobs losses. In Suffolk Coastal job losses have occurred in port activities at Felixstowe and British Telecom at Martlesham. The largest job losses have been seen in St Edmundsbury, Ipswich and Waveney. In St Edmundsbury, Haverhill has seen large job losses at Vion the meat processing factory where as in Bury St Edmunds the 644 redundancies in the town being made by 16 companies and in Ipswich, 2,270 redundancies have been spread across 45 companies, with the largest job cut from any single employer being at Suffolk County Council.

Waveney has seen several high profile company crises during this recession, notably the closure of the Sanyo television factory, the loss of 194 jobs (and eventual closure) at the Jeld-Wen manufacturing plant, the decline into administration (and eventual...
purchase by Smudlers Group) of SLP Engineering, contractor to the oil and gas industry and the destruction by fire of the Wessex foods factory in Lowestoft and ultimate loss of jobs.

Figure 15: Redundancies by District

Figure 16 shows the distribution of redundancies by town which now shows a wide distribution although losses at Haverhill are large given the size of the town.

Overall in the period October 2007 to September 2010 we have seen the numbers unemployed increase by 9,400 (68%) whilst the number of Job Seeker Allowance claimants increased by 3,500 (42%) in the same period and figures up to April 2011 show an increase of 4,533 (53%). Figure 16 shows that over 3000 jobs have been created although these are only the ones reported to Job Centre Plus and the press and are unlikely to include new self-employed, small businesses. Hence it can be concluded that there are fewer jobs in Suffolk and unemployment is rising - not everyone is finding jobs outside the County. Not all unemployed people choose to claim or can claim Job Seekers Allowance. Those with insufficient National Insurance contributions or exceeding the income or savings limits will not qualify. With rising unemployment there may be less ability to buy which could have implications for local retail and service businesses.
“In Ipswich over 2270 jobs have been lost from 45 firms”
“The BT innovation hub is expected to create 200 jobs”
Forecasts for employment in Suffolk

The East of England Forecasting Model (EEFM) commissioned in 2007 by EEDA and Local Authorities from Oxford Econometrics has been producing forecasts of the labour market to assist with the review of the East of England Plan. The model uses local data and macro economic assumptions about the fortunes of the major employment sectors. It produces figures by sector for Suffolk up to 2031 and gives an insight into the possible longer term impacts of the recession. Figure18 shows how the forecasts have changed over the period of the recession for Suffolk.

The latest forecasts available are from the Autumn 2010 run. This suggests that the job losses have not been/will not be as deep as feared and therefore the recovery is forecast to be stronger than any of the previous three runs, despite government spending cuts. However, growth is forecast to slow from around 2017 onwards although employment is expected to return to the 2008 level by 2013.

**Figure 18: Total employment forecast for Suffolk**

![Total employment forecast for Suffolk](image)

Source: East of England Forecasting Model

The model anticipates that the manufacturing sector will continue to decline over the longer term but given the resilience of this sector seen in Suffolk, and presence of Advanced manufacturing the predictions may be overly pessimistic. The model suggests that Waveney will struggle to recover to its 2008 level of employment in the period up to 2031.

**How are travel patterns changing?**

In 2010 traffic levels on Suffolk’s roads were 3% less than they were in 2007 when we saw the peak traffic flows nationally and on the County’s roads. Traffic levels in 2010 were the same as they were in 2003, despite a 6% increase in population from 2000 to 2009.
“Suffolk has a high car dependency”

Although there has been a rapid rise in petrol prices, over the last three years, which has coincided with a marginal decline in traffic level, this trend is not consistent with historic trends, for example from 2001 to 2004 both traffic and petrol prices saw steady increases. Consequently other factors (economic, environmental, demographics, disposable income, unemployment, GDP, inflation etc.), their significance yet to be determined, are important in determining the traffic levels on Suffolk’s roads.

The average speed on Suffolk’s roads now stands at an all time low of 38.9mph (derived using Suffolk County Councils Automatic Traffic Count sites), dropping by 6% over the last decade from 41.4mph in 2000. Comparable declines are recorded for all districts and all road types. Congestion has also been increasing in some areas and there are now 9 Air Quality Management areas in Suffolk with 4 in Ipswich, and one in each of Woodbridge, Sudbury, Newmarket, Felixstowe, and Great Barton.

Suffolk has a high car dependency due to its extensive rural areas but monitoring of modes of travel to work shows that since 2005 the percentage travelling to work by car has decreased from 69.7% in 2005 to 63.5% in 2010. This means more are choosing sustainable options – between 2005 and 2010 the trends have been:
Walking to work increased from 7.3% to 10.5%.
Home working increased, more than 4 fold, from 0.3% to 1.4%
Park and Ride increased, more than 2 fold, from 0.6% to 1.4%.
Train travel increased, more than 2 fold, from 1.3% to 3.4%

Overall travel by sustainable modes has increased from 27.8% to 33.4% with a peak in 2008 of 34.2% and a marginal decline of 0.8% since. Travel to work by bus has however dropped from a peak of 9.2% in 2007 to 5.4% today. This is reflected in the overall monitoring of journeys by bus for all purposes which have fallen from 20.8 million in 2006/7 to 20.4 million in 2010/11. Suffolk County Council sponsors some bus services, particularly in rural areas facilitating 2.5 million journeys. In recent years there has been a move to reduce sponsored scheduled services and to support demand responsive services run by voluntary groups and charities. These services are particularly effective in rural areas where smaller vehicles can be used to cater for smaller numbers that wish to travel and it gives more flexibility about when and where people travel. Numbers using demand responsive services have grown 65% from 115,000 in 2005/6 to 190,000 in 2010/11.

Suffolk’s third Local Transport Plan contains a long-term strategy for the period 2011 through to 2031, aiming to support Suffolk’s economy as it recovers from the economic recession by reducing the level of disruption and congestion and improving access to jobs and markets. Key aspects to delivering the vision will be maintenance of the network; improvements to walking, cycling and public transport; and improved levels of accessibility to key services. The potential impact of climate change (severe winters and hot summers) threaten our ability to maintain the County’s roads in good condition. Currently only 4% of principal (A class) roads and 9% of non-principal classified roads (B, C and U roads) are in need of repair, comparing well against neighbouring counties.

Within the 20-year delivery period of the plan are a number of strategically important transport improvement schemes including:

- Dualling of the A11 between Barton Mills and Thetford
- The Ipswich major scheme, ‘Ipswich - Transport fit for the 21st Century’
- The Beccles rail loop allowing increased frequency of trains between Ipswich and Lowestoft
- The Beccles southern relief road
- The Lowestoft northern spine road to help remove through traffic from the town
- Ipswich rail chord to improve freight connections from Felixstowe
- Copdock A14/A12 junction improvements.

‘Ipswich - Transport fit for the 21st Century’ is the Council’s flagship project for Ipswich which received central government funding of £21 million in 2011. This will deliver new cycle routes that are contiguous and connected with new crossings of busy roads,
“Currently the average broadband speed experienced by Suffolk’s consumers and small businesses is under 5Mbps”

benefitting cyclists and pedestrians plus improved town centre bus services and new bus stations. New real time information screens will be provided in the bus stations and centre of town. A Urban Traffic Management and Control system will be installed which will manage traffic flows to reduce air quality issues in central Ipswich and ensure the most efficient use of the highway network.

Officially traffic is still forecast to grow in Suffolk by as much as 35% by 2025 but these forecasts were made in 2008 and there is growing evidence that the Department for Transport model needs to be revised down, as discussion takes place nationally as to whether we have reached “peak car”.

Despite relatively slow broadband speeds, the UK is a global leader in e-commerce, with the highest online spending per capita in the world. According to the authors of The Connected Kingdom, a report commissioned by Google and carried out by US consultancy Boston Consulting Group (2010) the internet contributed some £100bn, or 7.2%, to gross domestic product in 2009. Around 62% of adults, or 31m people, purchased products online in 2010. The UK is a net exporter of e-commerce goods and services, exporting £2.80 for every £1 it imports, in contrast to what is happening in much of the rest of the economy. The UK exported £9.5bn in e-commerce goods in 2009 and imported £3.4bn.

According to The Connected Kingdom report the internet’s importance to the UK economy is set to grow and could account for between 10% and 13% of GDP by 2015. However one of the key drivers to growth will be broadband penetration and currently the average broadband speed experienced by Suffolk’s consumers and small businesses is under 5Mbps, although this average masks wide variations in speeds across the county: while almost a quarter may get at least 6Mbps (up to 8Mbps), and a further third get between 4Mbps and 6Mbps, around a further quarter get between 2Mbps and 4Mbps, and nearly one fifth (~60,000 premises) get less than 2Mbps, with some lines across all of Suffolk not able to support a broadband connection at all. Mobile Broadband is largely confined to 3G coverage of the larger towns in Suffolk and public WiFi ‘hot spots’, with little or no Mobile Broadband coverage of other parts of the county.
Higher-speed broadband services are regarded as vital to future economic development in Suffolk, driving:

- economic growth of ~15-20% (~£2bn pa)
- the retention and growth of small businesses (~500 pa), particularly in the creative industries
- access to a global online market for entertainment and business opportunities
- modernising and cost-reducing the delivery of public services online
- retaining and growing employment (~5,000 FTE jobs)
- raising and modernising skills and achievement levels

In June 2011 Suffolk County Council agreed to commit up to £10m to the project and in August the government pledged £11m.

### What is the state of Suffolk’s Environment?

The condition and quality of the natural environment ultimately determine the potential health and wellbeing of Suffolk’s population. Whilst physical health is directly influenced by the quality of local air and water and by opportunities for physical recreation, access to open landscapes and association with natural plants and wildlife are increasingly recognised as protective factors for mental wellbeing. Furthermore, the environment of Suffolk is also the basis for much of its economic activity, such as farming, tourism and energy production, without which material needs cannot be met.

Suffolk is one of the more rural counties in southern England, with the largest single land use being arable farming. In 2005 the proportion of undeveloped land was calculated at 90.4%; with a further 3.9% covered by buildings, roads, paths, railway tracks, etc.; 3.5% by domestic gardens; and 2.2% by water.

Suffolk contains 140 designated Sites of Special Scientific Interest (SSSI) covering a total area of 50,531 hectares. Of this more than 47% is currently assessed as in “favourable” condition, 46% as “unfavourable recovering”, and less than 2% as “unfavourable no change”. Just over 5% of the area is considered “unfavourable declining” or has suffered destruction. Sites are generally in a healthy condition and being managed appropriately to conserve the plant and animal species, or geological features, for which they were designated. However, some shallow marginal water habitats are being adversely affected by “coastal squeeze” (between rising sea level and flood defences or other developments); and others by water abstraction and pollution from agriculture.

Suffolk has 922 designated County Wildlife Sites of which 464 (50%) are now under positive conservation management. A major biodiversity audit of the Breckland area straddling the Suffolk/Norfolk border has recently been completed, revealing it as a haven for almost 30% of the UK’s priority species. The Environment Agency has reported increasing signs of deterioration in soil condition across the East of England.
“Suffolk is continuing to suffer a net loss of land to the sea”

The latest DECC data for CO2 emissions shows total CO2 (Kt) for Suffolk has decreased 10.3% between 2005 and 2008. This compares with falls of 3.8% for the East of England and 4% nationally. In Suffolk 41% of end user emissions were attributed to the industrial and commercial sector (nationally 45%), 31% Domestic (nationally 29%) and 28% to road transport (nationally 26%). The domestic CO2 percentage has increased slightly and road transport reduced slightly in Suffolk compared to 2007.

Air quality in Suffolk is generally good and the exceptions are highly localised, associated with concentrations of road traffic in town centres. Measured particulate pollution is within national limits, but there are currently 9 Air Quality Management Areas (AQMA) across the county reflecting local concentrations of the irritant gas nitrogen dioxide. As noted above, the installation of a new UTMC system in Ipswich will help reduce air quality problems in the town, whilst in other areas progress is being made in preparing Air Quality management Plans.

The County Council’s aspiration is for Suffolk to become the “greenest county”, the three key objectives being: to mitigate climate change through the reduction of greenhouse gases; to adapt to predicted climate change, particularly in respect of coastal flooding; and to improve the condition of the natural and historic environment.

By 2080 climate change in the East of England is likely to cause a 3.6°C rise in average summer temperature (a 9°C increase on the hottest day); a 20% increase in winter rainfall and similar decrease in summer rainfall; and significantly higher sea level (e.g. by 37 cm at Southwold). Such changes threaten people directly through heat stress, flooding and extreme weather events and indirectly via economic disruption, water shortages and accelerated coastal erosion. Mitigation of these impacts requires a sharp global reduction in the use of fossil fuels, which can in principle be achieved by cutting energy demand and switching generation to renewable and low-carbon sources.

Tidal surges are the major source of flood risk in Suffolk, where rising sea level due to thermal expansion and ice loss is exacerbated by the gradual sinking of the land. Major flood prevention schemes are currently under construction in Ipswich (Tidal Barrier) and Felixstowe (Central). Suffolk is continuing to suffer a net loss of land to the sea, with erosion affecting 54% of its coastline.

In terms of use of resources daily domestic water consumption averaged 153 litres per person across the East of England in 2008-09: slightly above the national average of 150 litres. In 2009 Suffolk consumed 3648 GWh of electrical energy and 5835 GWh of energy from gas. The total energy demand in the county, including transport, was estimated at 16,647 GWh for 2008 with domestic use (5671 GWh) slightly greater than that of either the transport (5541 GWh) or industrial & commercial (5396 GWh) sectors.

Suffolk could generate about 293 GWh (about 1.8% of total demand) per year from renewable sources if all the installations in operation, under construction or with planning consent were on line. The county has 725 renewable energy systems registered for the electrical Feed In Tariff. These are predominantly domestic microgeneration (716), with 4 commercial and 5 community installations combining to give nearly 2 MW generating capacity. In the 3 years to August 2009, 237 renewable-source heating projects were completed in Suffolk under the Low Carbon Buildings Programme. The vast majority (209) use solar energy to heat domestic hot water.
The average weight of refuse generated by Suffolk households is just over 1000 kg for 2010-11, having stabilised after a downward trend. More than half of it is now recycled, reused or composted. The proportion of municipal waste buried in landfill sites has also declined steadily to about 37% in 2010-11. An incineration plant is due to be operational at Great Blakenham from the end of 2014. This facility will process the bulk of Suffolk’s residual waste to generate electricity and thereby remove much of the need for landfill sites in the county.

**How safe is Suffolk?**

Suffolk is one of the safest Counties in the England as long term levels of recorded crime are comparatively low when considered in the national context. During 2010/11 there were 46,357 crimes recorded and 34,565 Anti Social Behaviour (ASB) offences recorded by Suffolk Constabulary. In recent years perceptions of anti-social behaviour have also been amongst the lowest in the country.

The top 5 most recorded crimes in Suffolk during 2010/11 were theft and handling stolen goods (which included shop-lifting), criminal damage, other burglary, theft from a vehicle and other violence against the person. Ipswich had the most offences in all 5 of these crime categories with Ipswich Alexandra ward being the most prevalent with 8% of the total crime committed. Lowestoft and in particular Lowestoft Harbour ward was the second highest crime location followed by Lowestoft Kirkley and Ipswich Gipping. Mid-Suffolk with 3,433 offences in 2010/11 had the least crime across all crime categories of the Suffolk Districts.

ASB incidents were highest in Ipswich in 2010/11 with 9,207, followed by Waveney with 6,869 (focused in Ipswich and Lowestoft town centres) and Suffolk Coastal with 6,869. The districts with the least recorded ASB were Forest Heath with 2,444, Mid-Suffolk with 3,113 and Babergh with 3,152. The Safer Neighbourhood Team area with the least ASB was St Edmundsbury Rural North in 2010/11 with 244 incidents closely followed by Mid-Suffolk Central and Halesworth and Southwold.

The people who are most at risk of being a victim of crime are young adults and not more vulnerable groups in society such as older or elderly people, as commonly perceived.

Suffolk Police have identified the main operational threats or risks to the County as being:

- the sale and distribution of class A drugs;
- anti-social behaviour;
- burglaries of people’s homes;
- violent incidents that result in an injury;
- sexual assaults;
- robberies; and
- terrorism.
According to the British Crime survey 2010, 59.3% of people thought Suffolk Police Force did a good or excellent job, placing them 19th out of 42 most similar forces.

A Suffolk Police public survey shows 92.3% of those questioned feel ‘very’ or ‘fairly’ safe where they live (results for the rolling 12-month period to 31st March 2011). This figure echoes the results of the most recent national British Crime Survey (BCS), which revealed that Suffolk residents’ perception of anti-social behaviour (ASB) is the second lowest in England and Wales according to the most recent survey (to December 2010).

The top concerns raised by Suffolk residents are:
- drugs;
- Anti-social behaviour;
- House burglary;
- Violence in a public place;
- Robbery

By businesses:
- theft;
- anti-social behaviour;
- fraud;
- criminal behaviour at night;
- criminal damage
Has the overall level of population growth been in balance with employment growth?

NO - There has been 6.6% increase in the working age population group (16-64 years) between 2001 and 2009 but static or declining numbers of jobs in the County. The population growth has been going on for a number of years whilst the jobs growth has been static so the problem has been building up. A large proportion of the migrants into Suffolk from elsewhere in the Country are middle aged suggesting that many may no longer be seeking work here due to pre- or early retirement. The remaining population growth indicates many people will have to travel out of county to find work, increasing commuter flows or join the benefit queue. The unemployment rate has increased a particular problem for young people not in education, employment or training (NEETS) - so are we encouraging working families to move in and take jobs at the expense of using/training our own talent at a time of slow job growth? The private sector jobs market might be starting to pick up but due to the lag in the data we will not know if an imbalance continues for a couple of years. Economic migrants appear to largely be taking manual jobs in hospitality, care and catering so are not necessarily competing with residents for long term career positions.
Is Suffolk’s environment in danger of degradation?

YES – Pressure from housing development is currently relatively low, however there are suggestions that environmental limits are being reached. For example there are 9 Air Quality Management Areas in the County with a likelihood of more being designated even though traffic flows are falling. Only 47% of the SSSIs in the County are in favourable condition. There have been challenges to the future growth strategies suggested by local councils – for example in Newmarket and in Suffolk Coastal where there are concerns that local environmental limits may be reached if high numbers of houses are built.

In addition the county faces natural challenges – 54% of its coast is suffering from active erosion, rising sea levels require major flood defence planning (e.g. Ipswich flood barrier and sea defences along the coast) and changing weather patterns threaten traditional agricultural practices that in the longer term could result in changing landscapes.

Emerging themes

- Housing – ensuring that the stock meets the needs of the changing population profile, with more older people living alone.

- Employment – ensuring jobs are created to keep up with rate of population growth offering a greater range of skilled roles and opportunities for advancement especially for young people.

- Preservation and enhancement of the natural environment to ensure the asset is available to encourage tourism and to make Suffolk a good place to live offering a high quality of life, facilitating outdoor exercise and healthy living.

- Transport – options need to be available in a rural county and community schemes are being encouraged but people need to understand the offer available from demand responsive services. Transport underpins social connectivity and access to employment. The Ipswich major scheme is an opportunity to develop sustainable transport modes in the context of encouraging life style changes that promote healthy living.
Part B Being healthy and living well in Suffolk

How far do Suffolk people have the opportunity to build resilience and wellbeing throughout their lives?

This section of the report asks the questions:

What can we as individuals or communities do to maximise our chances of enjoying good health?

Are there some groups of people who are significantly more at risk of poor health, through life circumstances or choices?

The report makes an assessment of the health and wellbeing of individuals and communities in general and whether some groups of people are disadvantaged through personal circumstances or life choices.

In addition the report aims to identify critical points at which action needs to be taken at each life stage. There are particular events at each life stage which, if successfully negotiated build good foundations for the future. The first 1,000 days from pregnancy to 2 is known to be critical in shaping lifelong health and prosperity. Going to school, entering the workplace, being a parent, retirement, major illness or disability and bereavement are key shaping experiences that have a significant impact on health and wellbeing. They are often the events which bring people into contact with statutory organisations - especially heath and local authorities - and the quality and effectiveness of this experience should be examined. These are also life events where the support of family, friends, neighbours and the community can be the most effective of all.
As negative experiences tend to accumulate through the life course, the report presents evidence which suggests that creating positive experiences from the start of life and addressing difficulties as early as possible, is the most effective way of securing long term improvements in health and wellbeing.

This diagram provides a visual map of how positive and negative experiences at each stage promote or reduce health and wellbeing. The model is taken from the Marmot Report “Fair Society Healthy Lives” 2010.

This is an alternative model of the social determinants of health1.

What do Suffolk people say about their health and wellbeing?

Suffolk responses to regional and national surveys on health and wellbeing, such as the Place Survey conducted in 2008 and the East of England Lifestyle survey mirror the national picture with 77% of the respondents reporting their overall health as good\(^2\). This generally encouraging assessment masks variations within the county. The 2008 Place Survey, for example, revealed significant differences between districts with only 69% of Waveney residents assessing their health as good compared to 79% of residents in Mid Suffolk.

Within the county, a wide variety of local organisations conduct more specific and detailed engagement activities which provide a much richer picture of the health and wellbeing of local people. NHS Suffolk conducted a Real Involvement Audit in 2010 which identified nearly 70 examples of recent activity; County and District Councils have worked together to investigate issues of concern such as unemployment affecting young people, Suffolk Police capture data on fear of crime and perception of anti-social behaviour which is known to impact on feelings of wellbeing and a variety of third sector bodies such as the Suffolk Foundation and Age Concern commission research which provides valuable insight into specific aspects of living in Suffolk.

Much of this work is carried out so that local people can directly influence service design or delivery. However, reviewing the outputs from across the wealth of information collected can also highlight common threads and issues which can be applied more widely.

Many surveys show that there is in general lower awareness of health-related issues within Black and Minority Ethnic and deprived communities and we know that these communities often experience poorer health. This suggests a need to review the ways in which future health promotion messages are delivered in these areas; in effect to adopt a social marketing approach which tailors messages in the most appropriate language and using the most effective channel to improve impact in communities where it is most needed.

130 people attended the Disability Involvement Day in Suffolk in April 2011 with the prime aim of enabling disabled people to make their voices heard. Many of the themes raised which impact on disabled people’s sense of wellbeing mirror those of the population as a whole – the need for accessible transport; signposting to information about relevant events and benefits, appropriate housing and work opportunities. However, the group identified a whole range of specific issues which are pertinent especially to disabled people. Examples include ensuring that places and services are truly accessible, for example, making appropriate design decisions about signage, physical access and staff and volunteer training and awareness.

Secondly, a survey conducted by Voice in 2010\(^3\) captured the elements that frail older people valued – a home close to amenities, family and friends and access to transport to reduce isolation especially in winter evenings and bad weather. This suggests that

---

2 East of England Lifestyle Survey 2008
3 “My House, My Home, My Life” Voice 2010. On behalf of Age Concern and partner organisations.
even for this group, who may be thought of as having specific health needs, it is the general environment in which they live, having access to universal services and a social network that makes the most significant contribution to their health and wellbeing.

**How healthy are Suffolk people?**

- In 2009 life expectancy (LE) for men in Suffolk was 80 years and 84 years for women. There is a 5.3 year gap in LE between men living in the least and most deprived areas in Suffolk and a 4.4 year gap for women which is lower than the England average.

- Cardiovascular disease (stroke and coronary heart disease) accounted for 30% of the difference in LE between people living in the most and least deprived areas. The risk of dying prematurely from coronary heart disease in the most deprived parts of Suffolk compared to the least deprived has risen from 18% to 40% for males and tripled for females, from 18% to 70%, over the last 10 years. Inequalities are getting wider.

- Cancer accounts for 45% of all premature deaths (<75 years).

- The rate of suicide and undetermined injury in Suffolk has increased over the last 3 years and is now higher than the England average.

- The gap in disability free life expectancy is even greater than the gap for life expectancy with men living in the most deprived areas expected to live 8.3 years less in good health compared to those in the most affluent areas and a 7.6 year gap for women. People of Suffolk are unlikely to reach retirement without developing a long term disability/condition; however those who do reach 65 years of age in good health are estimated to live a further 8.5 years (men) and 9.7 years (women) in good health. 97,000 people in Suffolk or 16.6% of the adult population report having a limiting long term illness/disability which affects their daily living.

- The most common chronic health conditions experienced by the Suffolk population include high blood pressure (13.7% or 84,332 people), depression (13.4% or 64,989), asthma (6.5% or 40,004), diabetes (5% or 24,470) and coronary heart disease (3.7% or 22,754). By 2020 the number of cases of diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease are expected to increase by 21,000 cases.

- People living in the most deprived areas of Suffolk experience worse health outcomes than the England average for life expectancy at birth; premature (<75) mortality from all causes, cardiovascular disease and cancer; smoking attributable mortality; deaths amenable to healthcare and suicide and undetermined injury. Health inequalities exist partly due to higher smoking prevalence in some communities, knowledge of symptoms (cancer), lower uptake of screening and inequity in service access. Smoking prevalence amongst routine and manual workers in Suffolk is 44% higher than the prevalence for the population as a whole.
Life expectancy

Life expectancy provides an overall indication of the health of the population. A boy born in 2009 in Suffolk would expect to live on average 80 years (9th highest for counties in England) whilst a girl would on average be expected to live 84 years (7th highest). As with England, life expectancy in Suffolk has been increasing year on year. Since 2000 average life expectancy for males in Suffolk has increased by 2.6 months per year and 1.9 months per year for females.

Although life expectancy is increasing, inequalities exist between different groups and geographical areas in Suffolk. In 2005-09 life expectancy among males living in the most deprived parts of Suffolk was on average 5.3 years less than males living in the least deprived areas, the gap for females was 4.4 years. Since 2001 the gap in life expectancy has decreased by 0.6 years (11% decrease) for males and increased by 0.1 years (6% decrease) for females. The decrease in the life expectancy gap for males in Suffolk and the small increase for females differs from the national trend which saw the gap increase by 0.5 years for males and 0.4 years females. Even though inequalities are reducing we should be mindful that pockets of deprivation exist, where individuals experience significantly worse health outcomes compared to the rest of the population.

Causes of inequalities in life expectancy

Cardiovascular disease (CVD), which includes heart disease and stroke, is the biggest contributor to inequalities in life expectancy between those living in the most and least deprived areas in Suffolk. CVD accounted for 30% of the gap (1.3 years) for men and 29% (0.6 years) for females. Other important factors for males include cancer (18.8%), external causes such as accidents and suicide (17.7%) and respiratory disease (13.1%). For women other causes (includes a range of conditions with no single condition seen as the main cause) accounted for 21.6% difference and respiratory disease (17.9%).

Figure 1
Over a ten year period, inequalities in coronary heart disease (CHD) have increased in Suffolk. In 1994-98, men aged under 75 living in the most deprived areas of Suffolk had an 18% higher risk of dying early from CHD compared to the rest of the population. This risk increased to 40% in the period 2004-2008. In 1994-98, women aged under 75 living in the most deprived areas had an 18% higher risk of dying prematurely from CHD compared to the rest of the population. This risk increased to 70% in 2004-2008. A similar pattern is shown for men dying from stroke. Therefore not only is CHD one of the major causes of inequality in life expectancy but the inequality is getting considerably worse. Action is needed to reduce lifestyle risk factors for CHD and improve uptake of medicines to control blood pressure and cholesterol in the most deprived areas of Suffolk to reverse this trend.

Why do the most deprived areas have poorer outcomes for CVD and cancer?

**Evidence:**

- The Anglia Cancer Awareness Survey found there were lower levels of awareness of cancer symptoms among marginalised groups. This can lead to late presentation and poorer outcomes.

- Uptake of cervical and breast screening is lower among those GP practices covering the most deprived areas of Suffolk.

- There are higher levels of smoking in the most deprived areas and among routine and manual workers, which increases the risk of lung cancer and heart disease.

- Equity of access – health interventions which do not target the needs of the most deprived and vulnerable groups can actually widen health inequalities rather than reduce them. It is likely that more affluent groups and areas will have the ability, knowledge and potential motivation to take advantage of health interventions.
Healthy life expectancy and chronic health conditions

As well as improving life expectancy, there is a need to focus on quality of life by minimising the impact of long term illnesses and disability. Disability free life expectancy provides an estimate of the number of years a person is likely to live free from limiting long-standing illness, disability or infirmity. In 2007-09 disability free life expectancy in Suffolk was estimated to be 62.8 years for males and 64.6 years for females. This means on average, Suffolk men are likely to develop a long term illness or disability before they reach retirement age. However if individuals reach retirement without developing a disability they are estimated to live a further 8.5 years (males) and 9.7 years (females) in good health.

The gap in disability free life expectancy is greater than the gap for general life expectancy with males living in the most deprived areas expecting to live 8.3 years less in good health compared to those in the most affluent areas and a 7.6 year for females.

According to the East of England Lifestyle Survey (2008) 16.6% of the adult Suffolk population experienced a long term illness/disability which limited their daily living, equivalent to 96,565 people.

In 2009 the most common chronic health conditions experienced by the NHS Suffolk population included

- High blood pressure - 13.7% or 84,332
- Depression - 13.4% or 64,989
- Diabetes - 5% or 40,004
- Asthma - 6.5% or 24,470
- Coronary heart disease - 3.7% or 22,754

It is estimated that by 2020 the number of people in NHS Suffolk with diabetes will increase by 30%, chronic obstructive pulmonary disease (COPD) by 20% and coronary heart disease by 25%, leading to an additional 21,000 cases.
## Key health outcomes

The following summarises key health outcomes for the Suffolk population. Overall the people of Suffolk experienced similar or better outcomes than the England average, with the exception of suicide and undetermined injury which in 2007–09 was worse than the England average. People living in the most deprived areas of Suffolk experienced worse health outcomes than the England average for all measures below.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Why is it important?</th>
<th>Suffolk compared to England avg.</th>
<th>Most deprived areas in Suffolk compared to the England avg.</th>
<th>Trend over time (Suffolk average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>Life expectancy provides an overall indication of the health of the whole population.</td>
<td>81.6 years</td>
<td>most deprived areas in Suffolk compared to the England avg.</td>
<td>[Graph]</td>
</tr>
<tr>
<td>Premature (&lt;75) mortality from all causes</td>
<td>In 2009 there were 2000 deaths among under 75s in Suffolk; accounting for 28% of all deaths. Premature mortality represents the cumulative effect of risk factors and severity of disease and the effectiveness of interventions and treatment. Differences in levels of premature all-cause mortality reflect health inequalities between different population groups, e.g. between genders, social classes and ethnic groups.</td>
<td>231.2 (Per 100,000 population)</td>
<td>[Graph]</td>
<td>[Graph]</td>
</tr>
<tr>
<td>Measure</td>
<td>Why is it important?</td>
<td>Suffolk</td>
<td>Suffolk compared to England avg.</td>
<td>Most deprived areas in Suffolk compared to the England avg.</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>Premature (&lt;75) mortality from circulatory disease</td>
<td>In 2009 circulatory disease accounted for 23% of deaths in people under the age of 75 in Suffolk. Premature mortality rates may be improved by encouraging healthier lifestyles, reducing exposure to smoking, earlier detection of disease and by more effective treatment.</td>
<td>56.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature (&lt;75) mortality from cancer</td>
<td>Cancer is the biggest cause of premature death in Suffolk accounting for 43% (876) of deaths among persons under the age of 75 years. Early mortality from cancer is a direct measure of health care need as public health interventions for prevention, early diagnosis and effective treatment can all reduce the burden of cancer morbidity and mortality.</td>
<td>95.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking attributable mortality</td>
<td>Smoking remains the biggest single cause of preventable mortality and morbidity in the world. It still accounts for 1 in 6 of all deaths in England, and there exists huge inequalities in smoking related deaths. Those living in the most deprived areas of Suffolk experience a 50% higher death rate compared to the rest of the Suffolk population.</td>
<td>77.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Deaths amenable to healthcare are those that could be prevented given timely, appropriate, and high quality care. Healthcare interventions include preventing the onset of disease as well as treatment. Examples include diabetes mellitus among 0 to 49 years, epilepsy among 0 to 74 years and influenza among 0 to 74 year olds etc;

Deaths from suicide and undetermined injury accounted for 70 deaths per year in Suffolk between 2007 and 2009, and are related to a number of socio-economic factors including social exclusion and inequalities in access to relevant service provision.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Why is it important?</th>
<th>Suffolk</th>
<th>Suffolk compared to England avg.</th>
<th>Most deprived areas in Suffolk compared to the England avg.</th>
<th>Trend over time (Suffolk average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths amenable to healthcare</td>
<td>Deaths amenable to healthcare are those that could be prevented given timely, appropriate, and high quality care. Healthcare interventions include preventing the onset of disease as well as treatment. Examples include diabetes mellitus among 0 to 49 years, epilepsy among 0 to 74 years and influenza among 0 to 74 year olds etc;</td>
<td>77.3 (Per 100,000 population)</td>
<td></td>
<td></td>
<td><img src="image" alt="Graph" /></td>
</tr>
<tr>
<td>Suicide and undetermined injury</td>
<td>Deaths from suicide and undetermined injury accounted for 70 deaths per year in Suffolk between 2007 and 2009, and are related to a number of socio-economic factors including social exclusion and inequalities in access to relevant service provision.</td>
<td>9.1 (Per 100,000 population – 70 deaths per year)</td>
<td></td>
<td></td>
<td><img src="image" alt="Graph" /></td>
</tr>
</tbody>
</table>
Health outcomes in Suffolk are dependent upon factors related to lifestyle choices such as smoking, obesity and exercise and the age of the population. The following summarises the key lifestyle factors among the adult population in Suffolk.

<table>
<thead>
<tr>
<th>Lifestyle</th>
<th>Why is it important?</th>
<th>Prevalence</th>
<th>Number</th>
<th>Suffolk compared to England or East of England average</th>
<th>Difference between lower socioeconomic groups and rest of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who smoke (18+)</td>
<td>Smoking has been identified as the single greatest cause of preventable illness and premature death in the UK and is one of the biggest contributors to health inequalities. Smoking during pregnancy is the largest preventable cause of neonatal and infant ill health and death in the UK. The health costs of smoking related illness in Suffolk is estimated to be £13 million each year.</td>
<td>19.8%</td>
<td>111,000</td>
<td>Compared to England</td>
<td>Smoking prevalence among routine and manual workers was 44% higher than the rate for the population as a whole.</td>
</tr>
<tr>
<td>Overweight or obese (continued on next page)</td>
<td>Almost two-thirds of adults are either overweight or obese. Being overweight and obese is associated with increased risk of developing diseases such as diabetes, circulatory disease and cancer. This impacts not only on the quality of individual lives and life expectancy (which will reduce on average by 11 years), but also places an economic burden on the National Health Service, businesses and society in general. It has been suggested that obesity is now reaching epidemic proportions.</td>
<td>48%</td>
<td>279,000</td>
<td>Compared to East of England</td>
<td>No data</td>
</tr>
</tbody>
</table>
### Lifestyle

<table>
<thead>
<tr>
<th>Why is it important?</th>
<th>Prevalence</th>
<th>Number</th>
<th>Suffolk compared to England or East of England average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overweight or obese</strong> (continued)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportions in the UK. The causes of unhealthy weight are complex and are influenced by a number of factors, but in simple terms consuming more energy than is expended will lead to excess weight gain. The projected cost of overweight and obese individuals to the NHS in Suffolk in 2010 was £191.3 million.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>People who take part in no physical exercise (16+)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity has the potential to deliver multiple goals and outcomes, including contributing to the quality of life and wellbeing of individuals and social benefits through interaction with the environment and other people. The benefits of physical activity for physical and mental health are well documented. It can be used as an effective tool for the prevention, treatment and management of long-term conditions. The most obvious of these are the clear benefits to physical and mental health through reducing the risk of obesity, cardiovascular disease and some cancers, and the knock on effect of financial benefits through a reduction in additional treatment costs. The estimated cost of physical inactivity to the NHS in Suffolk county in 2006-07 was £12 million pounds.</td>
<td>46.1%</td>
<td>267,000</td>
<td>Compared to England</td>
</tr>
<tr>
<td>The rate of people not taking part in physical activity is 25% higher among people from lower socioeconomic groups.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifestyle</td>
<td>Why is it important?</td>
<td>Prevalence</td>
<td>Number</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------</td>
<td>------------</td>
<td>--------</td>
</tr>
<tr>
<td>People who do not eat 5 portions of fruit or vegetables each day (16+)</td>
<td>A diet rich in fruit and vegetables confers protective effects against the development of heart disease and certain cancers. It has been estimated that eating at least 5 portions of a variety of fruit and vegetables a day could reduce the risk of deaths from chronic diseases such as heart disease, stroke, and cancer by up to 20%. It has been estimated that diet might contribute to the development of one-third of all cancers, and that increasing fruit and vegetable consumption is the second most important cancer prevention strategy, after reducing smoking.</td>
<td>58%</td>
<td>340,000</td>
</tr>
<tr>
<td>Level of hazardous and harmful drinking among people (16+)</td>
<td>Alcohol misuse leads to a range of public health problems, the long term effects of excessive alcohol consumption are a major cause of avoidable hospital admissions. Alcohol affects all of society, from the burden on the NHS in terms of hospital admission and treatment in primary care, the economic burden due to loss of employment and reduced capacity to work, through to other negative effects of alcohol on the social and behavioural welfare of communities.</td>
<td>19%</td>
<td>109,000</td>
</tr>
</tbody>
</table>
Sources


What promotes good health and wellbeing?

What groups of people have most difficulty in achieving good health and wellbeing?

Local research\(^4\) has shown that people who take part in a variety of social, volunteering and leisure activities perceive themselves to be healthier and less likely to become dependent on others. People who are more active are more resilient and optimistic about their lives and wellbeing.

“The extent of people’s participation in their communities and the added control over their lives that this brings, contribute(s) to their psychosocial wellbeing, and, as a result, to other health outcomes\(^5\)”

A number of academic reports have confirmed the positive correlation between strong social and community networks and many facets of life including the economy and crime as well as health\(^6\).

The importance of social and community networks

Suffolk has a vast array of networks bringing together people in communities of interest or place. Success factors for active community groups may be a shared hobby or interest, but often include the presence of a catalyst and a leader – a person with the passion to do something triggered by an event or experience.

The importance of informal settings for such opportunities to develop should not be underestimated – local shops, libraries, community centres and village halls provide the space for such conversations to happen. Easy access to advice and information to build confidence that ideas can be turned into reality is another success factor that statutory bodies can offer. Examples such as the Debenham Project; Wickham Market Community Outreach project, Suffolk Circle and the Bangladeshi Support Centre show how local people with relatively little support from statutory bodies, can create and deliver services which meet locally identified need. Successes like these generate confidence in communities and are truly inspirational\(^7\). Many further examples can be found in the 2011 Annual Public Health Report “Working with Communities to Improve Wellbeing\(^8\)”

Most social and community networks rely on volunteer support. National surveys show that the level of volunteering has remained at a fairly constant level over the past eight years, with 72-76% of the population undertaking some form of voluntary activity\(^9\). Higher levels of both formal and informal volunteering are correlated with education qualifications with those with degrees 50% more likely to volunteer than people with no qualifications\(^10\).

---

\(^4\) Universal Services Thematic Report.
\(^6\) Social and Community Networks Thematic Report.
\(^7\) Social and Community Networks Thematic Report.
\(^8\) www.suffolk.nhs.uk/aphr2011
“We should have five 30 minute sessions of moderate exercise per week, but only 23.2% of Suffolk’s adult population take even 3 sessions a week”

There is no single source of volunteer statistics for Suffolk. From data provided by the Volunteer Centres in Suffolk it can be seen that young people’s volunteering has increased significantly in recent years which is greatly encouraging and adds balance to the perception that volunteering is predominantly an activity for retired or older people in the community. Those currently unemployed and seeking work represent another significant group amongst the volunteer workforce, suggesting that there is recognition that volunteering confers potential advantages in job searching to the individual as well as wider benefits to the community.

**The importance of being physically active**

There are also significant benefits from adopting a more physically active lifestyle. The Chief Medical Officer’s Annual Report 2009 highlighted the dangers of inactivity. Inactivity affects 60-70% of the adult population – more than obesity, alcohol use and smoking combined, at an estimated annual cost to the NHS of 1.8 billion pounds and 8.3 billion pounds to the economy. Regular physical activity reduces the risk of heart disease, type 2 diabetes and some cancers and for elderly people, contributes to the maintenance of independent living. Physical activity is also known to benefit mental wellbeing.

It is recommended that we should have five 30 minute sessions of moderate exercise per week, but only 23.2% of Suffolk’s adult population take even 3 sessions a week. Men are more active than women, as are younger people compared to over 55s and people from higher socio-economic groups.

Old age, having mental or physical health problems, a disability, or being part of a minority group can impinge on an individual’s ability to lead as full and as active a life as they might wish, sometimes compounded by issues of social exclusion or inadequate service design.

The evidence suggests that following a more active lifestyle throughout the life course as well as improving personal health would also deliver cost benefits to the public

11 Active Lifestyles Thematic Report
12 Active People Survey 2009/10.
purse. Encouraging an active lifestyle for all people is essential, but more targeted promotion to those currently less active would be a positive investment. Guidance for practitioners on effective ways of encouraging activity is available from NICE, and locally, Suffolk Sport has developed specific goals in its strategic plan Creating and Active Suffolk 2009-2016 to promote participation in sport.

There is an important link to be explored between sport and fundraising. Charity events such as the Race for Life and the Midnight Walks attract thousands of women and it may be that experiencing first hand the consequences of ill health can provide a powerful nudge towards a more active lifestyle.

The importance of universal services

The vast majority of Suffolk adult residents make no call on specialist services provided by statutory organisations such as social care or health. However, many people make good use of universal services such as community, leisure, social, cultural, employment, information and advice services which are provided either through statutory agencies or the private or voluntary sectors. Universal services are offered without the need to meet eligibility thresholds or assessments and include libraries, sports centres, theatres etc. Many of these services provide opportunities which enrich people’s lives and it has been shown earlier in this section that engaging in any of these activities plays a critical role in maintaining personal wellbeing.

Legislation such as the Disability Discrimination Act has improved physical access to many services and there are many great examples of the way services have thoughtfully made adjustments to their offer to welcome people with additional needs. However, work remains to be done, especially about the need to improve access to information for those in need. Ensuring services and facilities are truly welcoming to all involves more than adjustment to the physical fabric of buildings. Attitude as well as accessibility issues may need to be developed. It will also include providing help in navigating systems as well as ensuring information is not solely available on-line.

At a time of shrinking public funding, the possibility of losing valued universal services is a particular worry to those with limited resources. For statutory bodies, support for universal services should be recognised as a key strategy for early intervention and prevention which, for relatively small investments, ensures that most residents make little call on statutory services.

Emerging themes

- Promote local community solutions to locally identified needs
- Promote environments which support active lifestyles
- Provide information advice and guidance to support self-help
- Value the role that universal services play in promoting health and wellbeing.

Early years, childhood and adolescence

Why this life stage is so important

“*The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing from obesity, heart disease and mental health, to educational achievement and economic status.*”

Giving every child the best start in life is crucial to reducing health inequalities across the whole life course. (Marmot 2010) It is much more cost effective to address issues early in life to and to establish a good foundation for future development.

The UK Child Poverty Strategy published in April 2011 combines a focus on employment and finance with an equal focus on strengthening parenting support, education and building resilience from infancy especially in the early years. Early intervention increases the life chances of individual children, and is seen to be essential in breaking the cycle of poverty.

The role of universal services such as health care, children’s centres and schools in delivering and supporting effective early intervention cannot be underestimated.

Suffolk pupils perform less well than their peers nationally at the end of primary and secondary education. Children from poorer families and those with special education need perform significantly less well, with boys and black and minority ethnic children also doing less well than their peers. Despite improvements in recent years, this failure to keep pace with national improvement trends may put our young people at a disadvantage and our economy short of the skilled workforce with which to attract higher paid employment. Around 8% of young people leave school with no place in further education or work-based learning. Young people who become NEET (Not in Employment, Education or Training) may slip into a cycle of worklessness which will have long term impacts on their health and wellbeing, and place a cost on the public purse in terms of lost tax revenues and benefits payments. Young people who have been in care, and those with learning disabilities are especially vulnerable to finding themselves in this condition.

There is a strong correlation between better education, better employment and better health and wellbeing outcomes that translates into significant differences in the risk of chronic disease and life expectancy.

https://www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%208061
1 in 6 children in Suffolk are living in poverty. Living in an area of deprivation is known to increase the likelihood of negative experiences, and as a consequence has a major impact on health and wellbeing. It is important to note that poorer outcomes are strongly correlated to deprivation but that they are not caused by deprivation. Its importance for children is that the evidence shows that it is the most significant factor in under achievement at school with the consequence that in many cases, the cycle of low paid employment, higher risk of unemployment, and poor health outcomes continues.

Early intervention is also essential in reducing costs to the public sector over the long term. The cost of taking children into care in Suffolk is currently around £22M each year. With the number of referrals to social care almost doubling in the last three years, and significant numbers of children being referred to social care in their first year of life, it is imperative that action is taken strategically to provide support so that children can be kept safely with their families.

Improving life chances across the health and wellbeing spectrum is both easier and more effective when interventions focus on early years and childhood. Failure to address issues of parenting, education and resilience at this stage becomes more difficult to address later in life.

Infancy and early years: What promotes health and wellbeing and what are the risks?

The elements which provide good foundations for positive early development include:

- Good maternal physical and mental health
- Breastfeeding
- Full term pregnancies and healthy birth weight (above 2.5kg)

So, in terms of assessing the chance of Suffolk born babies having a positive start to life, it is important to assess the extent of the following risk factors:

- Smoking during pregnancy
- Post natal depression
- Being a very young mother
- Parental disability
- Parental substance misuse
- Mother being subject to domestic violence

17 SCC Child Poverty report and DPH Annual Report 2011 on Health Inequalities
Smoking during pregnancy
Smoking can cause a greater risk of miscarriage and stillbirth, and account for 40% of all infant deaths. The baby is more likely to be born prematurely and with a low birth weight.

Healthy birth weight (Above 2.5kg)
Low birth weight in babies is closely associated with neonatal mortality and morbidity, inhibited growth and development and chronic disease in later life. Teenage mothers and mothers over 40 are more likely to have low birth weight babies, as are mothers who smoke.

Good maternal physical and mental health
1 in 10 mothers will experience postnatal depression and 4 out of 10 teenage mothers will experience this. This is distressing for parents but if unrecognized and untreated can have a serious impact on the development mother-baby attachment.

Breastfeeding
Breastfed babies have fewer infections and are at reduced risk from later health problems including obesity and high blood pressure. Breastfeeding is also an important factor in supporting positive mother-baby attachment.

Parental substance misuse
Almost one million children in the UK live with drug users (Manning et al, 2008). While not all drug-using parents misinterpret their children, parental problematic substance misuse features in 20-70% of social workers' caseloads (Hayden, 2004).

Parental disability
Children may sometimes be affected by parental disability when they are carrying out a significant caring role. Even those children whose other parent is able to support and care for them can feel overwhelmed with a sense of responsibility for the wellbeing of both parents. Research has found that young carers can experience substantial physical, emotional or social problems, and encounter difficulties in school and elsewhere.

Domestic violence
Most children and young people who live with domestic violence are likely to be affected in some way, although some children develop apparently successful ways of coping. Many children experience fear and distress, as well as varying degrees of physical, psychological or emotional developmental problems, the causes of which may be misunderstood by a range of professionals, including doctors, teachers and social workers.

Factors affecting health & wellbeing in early years
The importance of attachment between mothers and babies has been re-emphasised in recent years. Where attachment is strong there is positive mental health development in babies, visible in the physiological development of the infant brain which in turn makes a significant contribution to the resilience of children as they grow up into adulthood\textsuperscript{18}. Support for breastfeeding, identification and treatment for postnatal depression\textsuperscript{19}, and tackling domestic violence, which frequently starts during pregnancy, are all major factors which services can contribute to in promoting good attachment\textsuperscript{20}.

Local information on the numbers of children affected by their parents’ substance misuse or by domestic violence is not readily available. Information from the Drug and Alcohol Action Team focuses on people in treatment and does not consistently record the presence of children. Similarly, there is no single comprehensive record of children affected by domestic violence in Suffolk. The Domestic Violence Training Service reports suggest that children are present in around 45\% of domestic violence calls attended by the police. There are around 45,000 domestic violence calls in a year\textsuperscript{21}.

C4EO published a detailed report in 2010\textsuperscript{22} on the impact of parental health on the health and wellbeing of children. It reported the difficulties in identifying hard data about the numbers of parents affected and made the vital point that whilst there is no causal relationship between parental health and children’s health; services need to be sensitive to the variety of factors at play. It reiterates the positive association between early intervention and improved outcomes.

Balbernie, R. Guide to Infant Mental Health: universal and specialist early intervention for all services. 2009
19 http://www.nhs.uk/Conditions/Postnataldepression/Pages/Introduction.aspx
SCIE Research briefing 25: Children’s and young people’s experiences of domestic violence involving adults in a parenting role
22 C4EO. Improving the safety, health and wellbeing of children through improving the physical and mental health of mothers, fathers and carers. 2010. ahttp://www.c4eo.org.uk/themes/families/physicalmentalhealth/files/physical_mental_health_research_summary.pdf
Facts and figures: infancy

Relative to the rest of the country, Suffolk has a similar level of infant mortality and lower rates of low birth weight and teenage conceptions. However, there are a small number of wards where the rate of teenage conceptions is significantly higher than the national average (Gipping, Northgate and Harbour), with the most deprived areas experiencing 3 times the rate of teenage conception compared to the most affluent areas in Suffolk. Suffolk experiences higher levels of smoking in pregnancy and lower levels of breastfeeding at birth.

Statistical data captures some but not all of the factors impacting on the early stages of child development. No data is available on the quality and effectiveness of parental and family support, but the need for this can be deduced from monitoring the rising demand on care services which are principally related to issues of neglect and abuse.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>No. in Suffolk</th>
<th>Suffolk rate</th>
<th>Suffolk compared to England</th>
<th>Difference between most and least deprived areas in Suffolk</th>
<th>Trend over time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality (ONS – VS1 table 2008-09)</td>
<td>32</td>
<td>4.3 per 1000</td>
<td></td>
<td>No difference</td>
<td></td>
</tr>
<tr>
<td>Low birth weight (ONS annual district birth extract – 2008)</td>
<td>513</td>
<td>6.7 per 100 births</td>
<td></td>
<td>No difference</td>
<td></td>
</tr>
<tr>
<td>Teenage conceptions (Office for National Statistics and DfE 2009)</td>
<td>373</td>
<td>28.5 per 1000</td>
<td></td>
<td>3 times higher</td>
<td></td>
</tr>
<tr>
<td>Smoking in pregnancy (APHO – Health Profiles 2009-10)</td>
<td>1251</td>
<td>16.6%</td>
<td></td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding at birth (APHO – Health Profiles 2009-10)</td>
<td>5431</td>
<td>72.3%</td>
<td></td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>
Comparative performance data is useful in showing the situation in a relative light, but even good performance should not mask the importance of addressing the needs of children at risk. For this reason, this report includes snapshot data to illustrate the scale of particular issues that should be addressed.

Over the last three years there has been an average of just over 8,000 babies born in the county\(^{23}\).

Of these 8000 babies:

- 1251 will have had mothers who smoked in pregnancy
- 5120 will be breastfed at birth but only 3,520 will still be receiving some breast milk at 6 weeks\(^{24}\)
- 800 mothers will have postnatal depression
- 233 will be born to teenage mothers\(^{25}\); 93 of whom will experience postnatal depression.
- 526 will be low birth weight\(^{26}\)
- 280 will have some form of disability\(^{27}\)
- 1176 will be born into hard-pressed families/ families on very low income\(^{28}\)

We have no robust local data on parents who substance misuse, have mental or physical health conditions or who are subject to domestic violence. Local intelligence from the Drug and Alcohol Action Team suggests that around 500 children are affected by parental substance misuse, but as this is based on treatment data it is likely to be a gross underestimate. National prevalence figures suggest this is more likely to be between 10,000 and 17,000 children in Suffolk\(^{29}\).

National research indicates that 30% of domestic abuse starts in pregnancy\(^{30}\) and local data for 2003-8 indicated that children were present in 45% of domestic abuse calls handled by the police.

\(^{23}\) ONS 2008 8,084; 2009 8,093; 2010 7,991
\(^{24}\) 64% breastfed at birth and 44% have some breast milk at 6-8 weeks in 2010/11 based on local data collection figures
\(^{25}\) ONS teenage conception data 2006-2008 (latest available)
\(^{26}\) Low Birth Weight live births 2009. ONS
\(^{27}\) http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=5&geoTypeId=2 provides childhood disability prevalence rates. It is notoriously difficult to establish accurate data for disability in children or adults
\(^{28}\) SCC Child Poverty report . 14.7% of children in poverty. 2008 HM Revenues and Customs data. (latest available)
\(^{29}\) Suffolk DAAT Needs Assessment 2009/10
\(^{30}\) Why Mothers Die. Maternal and Child Health. 2004
Pre-school age children.

Good quality childcare for pre-school children promotes social, emotional and mental development as well as providing support for working parents. All 3 and 4 year olds are entitled to 15 hours childcare paid for by the government.

The remit of the Children’s Centres is to work with families with pre-school children. Specifically, they are funded to reduce the gap between those who do well and those who do not. To achieve this, the services provided must break the link between children living in less advantaged circumstances, their subsequent low achievement at school and poorer outcomes in adult life.

Working on the principle that what parents do is more important than what they are, the children’s centres support better outcomes for children by working with parents. They promote

- engagement with universal services (midwifery and health visiting);
- attachment between parents and their babies;
- the quality of the home learning environment
- access to high quality pre-school settings.

For this reason it is important that the centres reach those most likely to need support – single parents; workless households, young parents – and their performance on this objective is monitored.

- There are 40,600 0-4 year olds in Suffolk of which 20,241 (approx 50%) are registered with one of the 48 children’s centres in the county.
- The percentage of 0-4s reached in the catchment area of each children’s centre varies between 29% and 72%
- The percentage of families in the most deprived areas reached varies from 33% to 100%
- In Suffolk only 14.1% of families on low incomes take up their full offer compared to 18% nationally.

Of the 350 providers of childcare in Suffolk all are rated good or outstanding by Ofsted.

Young children in contact with social care

Analysis of children who have been referred to social care shows that across all ages neglect is the primary reason recorded, with family dysfunction and family stress also significant factors. This strongly suggests the need for family support to prevent escalation of problems and for keeping children safe and healthy.

31 SCC Scrutiny Report. June 2010
32 ONS 2010 mid-year estimates
33 20,421 in May 2011 (Children’s Centre performance report)
Children in Need – abuse/neglect (33%); family dysfunction (20%); children with a disability or illness (17%); families in acute stress (15%)

Children with a Child Protection Plan – neglect (48%); emotional abuse (34%)

Looked After Children – abuse/neglect (56.8%); family dysfunction (16.2%)

*These figures are based on social care snapshot data taken in June 2011*

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Children in need (CIN)</th>
<th>Child Protection Plan CPP</th>
<th>Looked after children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–1</td>
<td>402</td>
<td>246</td>
<td>103</td>
<td>53</td>
</tr>
<tr>
<td>1–4 years</td>
<td>1275</td>
<td>925</td>
<td>199</td>
<td>151</td>
</tr>
</tbody>
</table>

These charts showing the primary reason why children are in the care system strongly suggest that working with parents and families to improve the quality of relationships is paramount.

High profile cases discussed in the media involving serious physical or sexual abuse do not form the majority of cases.

Low income alone accounts for less than 1% of children in the care system.
**School and Adolescence**

**What promotes health and wellbeing and what are the risks?**

The early years have particular importance to child health and wellbeing, but as children grow up and take their place in the wider social environment other factors influence their health and wellbeing, especially experiences offered by school and social networks\(^{34}\). For teenagers, their peer group can be more influential than family at this stage, especially where family relationships have not been well established in the early years. So, in terms of assessing the chance of Suffolk’s children and young people setting solid foundations for their future health and wellbeing it is important to assess the extent to which they experience the following risk factors\(^{35}\):

---

\(^{34}\) Marmot. Fair Society, Healthy Lives. Executive Summary. Page 11  
Mental health problems in children are associated with educational failure, family disruption, disability, offending and anti-social behaviour, placing demands on Social Services, Schools and the youth justice system. Untreated mental health problems create stress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation. (Department of Health, 2004)

Drug or alcohol misuse
The adverse effects of both alcohol and drugs for young people were acknowledged in the Good Childhood Inquiry which reported that most children and young people consulted believed that drugs and/or alcohol prevented them from having a good life as approximately 5% of 14 to 16 year olds felt they had a drug problem and 8% had an alcohol problem (Children’s Society, 2008).

Peer Group pressure
Can provide supportive friendships but may lead to harmful risk taking behaviour such as harmful levels of drinking, anti-social or even criminal behaviour.

Child poverty including deprivation such as poor housing or homelessness
Living in an area of deprivation is known to increase the likelihood of negative experiences, and as a consequence has a major impact on health and wellbeing. Its importance for children is that the evidence shows that it is the most significant factor in under achievement at school with the consequence that in many cases, the cycle of low paid employment, higher risk of unemployment, and poor health outcomes continues.

Factors affecting health & wellbeing at school and in adolescence

A troubled home life
Research shows that children in stable, married families are said to have fewer externalising problems at age 5 than virtually all of those with different family histories. The most marked differences were seen for children born into cohabiting families where parents had separated, and to Solo mothers who had not married the natural father (Hansen, Johal and Dex, 2010).

Poor attendance, truancy and school exclusion
School, with its opportunities for social interaction, physical and mental stimulation offers a new opportunity for most children. Success at school, and in particular, achieving expected levels of attainment is a good predictor of Success in adult life and better health outcomes.

State of Suffolk Report 2011
Facts and Figures: school years and adolescence

Given the value of education attainment as a good predictor of health and wellbeing in later life, this section starts with a review of pupil attainment in Suffolk.

Suffolk children perform less well than their peers nationally at all education stages from Foundation Stage (age 5) to Key Stage 4 (age 16). The rate of permanent exclusions is similar to that nationally, though there are more exclusions for drug or alcohol use than regionally. The proportion of young people Not in Education or Training age 16-18 has been consistently higher than regional averages for many years although the number staying on into further education is gradually increasing.

Where there are gaps in data, it is possible to infer need from monitoring demand and activity for social care services and specialist services such as the DAAT. Comparative data for social care shows that Suffolk has a higher rate of children in care than similar authorities, whilst below the national average. However, the 11% increase in children in care experienced since 2009 is double the 5% increase experienced nationally.

1 in 6 children in Suffolk are living in poverty36. Although child poverty is a different concept to wellbeing, poverty influences each aspect of wellbeing and is a major impediment to delivering better wellbeing. The Child Poverty Action Group 2009 report “Child wellbeing and child poverty” draws on the results of a new league table of child wellbeing in European countries and found that the UK came 24th out of 29, well below countries of similar affluence. Only Romania, Bulgaria, Latvia, Lithuania and Malta do worse37.

The statistical table below shows the impact that deprivation has in reinforcing poorer outcomes across many aspects of life. It also shows how the impact of this factor magnifies over the life course.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>No. in Suffolk</th>
<th>Suffolk rate</th>
<th>Suffolk compared to England</th>
<th>Difference between most and least deprived areas in Suffolk</th>
<th>Trend over time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good development at age 5</td>
<td>3722</td>
<td>49%</td>
<td></td>
<td>28% lower</td>
<td></td>
</tr>
<tr>
<td>(ONS – Neighbourhood statistics 2009-10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achieving level 4+ in English and mathematics at Key Stage 2</td>
<td>4749</td>
<td>68%</td>
<td></td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td>(age 11 – Chimat 2009–10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GCSE attainment – 5 A* to C grades including English and mathematics</td>
<td>4014</td>
<td>51.9%</td>
<td></td>
<td>79% lower</td>
<td></td>
</tr>
<tr>
<td>(ONS – Neighbourhood statistics 2009-10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent school absence (2009-10)</td>
<td>2124</td>
<td>2.6%</td>
<td></td>
<td>4.5 times higher</td>
<td></td>
</tr>
<tr>
<td>(ONS – Neighbourhood statistics 2009-10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GCSE attainment – 5 A* to C grades including English and mathematics</td>
<td>4014</td>
<td>51.9%</td>
<td></td>
<td>34% higher</td>
<td></td>
</tr>
<tr>
<td>(ONS – Neighbourhood statistics 2009-10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>No. in Suffolk</td>
<td>Suffolk rate</td>
<td>Suffolk compared to England</td>
<td>Difference between most and least deprived areas in Suffolk</td>
<td>Trend over time</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------</td>
<td>--------------</td>
<td>----------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Obesity in 11 year olds (Information centre 2009–10)</td>
<td>1067</td>
<td>15.7%</td>
<td></td>
<td>37% higher</td>
<td></td>
</tr>
<tr>
<td>NEET’s – 16 to 18 year olds (2010) (Chimat 2009–10)</td>
<td>1500</td>
<td>7.2%</td>
<td></td>
<td>3 times higher</td>
<td></td>
</tr>
<tr>
<td>First time entrants to the Youth Justice System, aged 10-17 (Chimat 2009–10)</td>
<td>1150</td>
<td>1570 per 100,000</td>
<td></td>
<td>Not available</td>
<td></td>
</tr>
</tbody>
</table>
At age 5

50% of five year olds are assessed as being school ready. The Early Years Foundation Stage assessment results show that the gap between the lowest 20% of achievers and the average has closed slightly over the last three years with a current gap of 33.6 percentage points. By the age of five therefore, there is already a group of children who are significantly behind their peers and start school life with more ground to make up.

At age 11

68% of children reach the expected level of attainment at school.

At age 16

54% reach the expected level of attainment at school.

Analysis of the data shows that consistently, over the past 3 years, some groups of children are less likely to do well.

- Boys do less well at age 11 and age 16, with the gap widening from 6 to 10 percentage points between KS2 and KS4. Boys account for around half of each cohort.

- Children from non-white British backgrounds are 2 percentage points behind at age 11, but this gap widens to 8 points at age 16. These children make up around 15% of the cohort.

- Children with special education needs have the lowest levels of attainment: on average only 16% of these children get 5 A*-C GCSEs. This is 46 points adrift of their non-special needs peer group.

- For children from poorer backgrounds, as defined by eligibility for Free School Meals, the gap is also significant though for these children, the gap closes between age 11 and 16. At age 16, they achieve 16 percentage points lower than their peers but this a narrower gap than the 24 points gap at age 11. This group make up 10% of the cohort.

Healthy weight

Children’s weight is measured in reception and Year 6 (age 11) as part of the national programme to halt the rise in child obesity.

8% of 5 year olds are obese: this has remained broadly consistent over the last three years (equates to approximately 800 children).

17% of children age 11 are obese.

38 Achieving the required standard in the Early Years Foundation Stage Assessment of 78 points including 6+ in personal, social and emotional development and communication, language and literacy
39 2010 KS2 68% of children achieve L4+ in English and Maths
40 2010 KS4 54% pupils achieving 5 A*-C inc English and Maths
41 National Child Measurement Programme data for 2010. Reception 8.31% obese; Yr 6 16.85% obese
The percentage of children who are overweight or obese is lower than the national average, but has risen in the past 12 months and means that in the year children enter secondary school over 1 in 6 have already got a serious health problem that, left unaddressed will continue into adulthood with a higher risk of heart disease, type 2 diabetes and other conditions associated with obesity.

Levels of obesity are generally higher in areas of deprivation42. Reception year children living in the most deprived areas of Suffolk have significantly higher levels of obesity (10.0%) compared to those living in the least deprived areas. The same pattern is observable in Year 6 children. Children living in the most deprived areas of Suffolk have significantly higher levels of obesity (18.6%) compared to those living in the least deprived areas (13.5%) as well as compared to Suffolk (15.0%).

Recent research from Norcas suggests that there has been a significant increase in online gaming prevalence in the Suffolk population. Further detailed research is needed to see what impact this has on physical activity levels, and ultimately on obesity. (Gaming addiction research, Norcas 2011).

**Behaviour and attendance at school**

Analysis of referrals to the Common Assessment Framework used by all children’s service practitioners shows that behavioural issues is the most common reason for referral.

Children with special needs are more likely to be excluded from school than their peers. This compounds their difficulties in learning and achieving.

Understanding the underlying reasons for behavioural problems is complex, but one common feature will be the continuing need to work with and support parents to manage their children’s behaviour effectively.

**School age children in care**

*Note: all figures in this section are based on snapshot data taken in June 2011.*

Over **3,400** children of school age (5-15) are within the social care system43.

When children are placed in care, the stability of the placements can greatly assist in maintaining attendance at school and minimising negative consequences. The chart shows that the majority of children (63%) have 1 or 2 placements, but that nearly 1 in 10 will have 6 or more moves.

Looked After Children are known to be more vulnerable to poorer education and other outcomes, with a quarter leaving school with no qualifications. 10% gain the 5 A*-C grades which is the expected level for school leavers. They are also more likely to experience both physical and mental health problems.

---

42 Obesity report on the Suffolk Observatory
43 SCC Social Care data. Snapshot June 2011
“An emerging trend has been noted in the use of Ketamine”

Substance Misuse

Suffolk’s Drug and Alcohol Action Team produce an annual needs assessment. Some of the key headlines are:

- 22% of 16-19 year olds are estimated to have used some sort of drug in the last year, although only 535 are estimated to be regular drug users.
- 11% of 11-19 year olds are estimated to drink alcohol regularly and 15% are estimated to drink to get drunk regularly or always.
- In 2009/10 221 young people were treated for substance misuse, the majority in relation to either cannabis or alcohol. An emerging trend has been noted in the use of Ketamine.
- No detailed data is available, but it is known that this issue affects all parts of the county with higher correlation but not exclusively found in areas of deprivation.

Mental Health

Children and young people with special education needs, those who regularly substance misuse, or who are looked after are more likely to have mental health needs too. Improving Child and Adolescent Mental Health Services has been a focus for the Children’s Trust in recent years in recognition of the rising demand for services and support at all levels from infancy through to adolescence. A comprehensive needs assessment was produced in 2009 to support the review of the Child and Adolescent Mental Health Service.

School leavers 16+

Suffolk has a higher proportion of young people Not in Education, Employment or Training (NEET) than regionally and a lower proportion who progress to further education.

44 All figures in this section from the 2009/10 DAAT Needs Assessment
Around 81% of young people age 16-18 are engaged in education or work-based learning (15,268)\textsuperscript{45}

There is significant variation around the county. Patterns follow school attainment, with areas with higher school attainment also progressing more young people into further study. In Haverhill, Ipswich South and Lowestoft South the proportion is much lower ranging from 73% to 75%.

There is seasonal variation in the number of young people who are NEET, but a consistent pattern of a higher proportion than in the region at around 7.5%. The Suffolk Collaborative commissioned a Deep Dive report into NEETs\textsuperscript{46} in 2010 which found that the reasons for this are varied, but have a relationship with underachievement at school, low aspirations, the perceived lack of job opportunities in the Suffolk economy and transport in rural areas all playing a part.

**Care Leavers**

At age 16 when most young people cease to be eligible for children’s social care services, there are 881 in some form of relationship with statutory services.

For those young people in care, the transition to adult life is especially challenging. This group are particularly vulnerable to poorer health and wellbeing outcomes.

They are for example much more likely to be not in employment, education or training at age 19: 38% of the 2010 cohort were NEET compared to around 8% of the overall age cohort.

**Summary**

Positive experiences in childhood create resilience in children which can support them through the rest of their lives.

Children are best supported by their parents and families, so a high priority must be given to the universal services which work with them especially in the early months and years of life.

Success in developing positive relationships between parent and child at this stage is vital in reversing the rising trend in demand for social care where neglect and abuse are the primary reasons behind referrals.

There is a need to maintain the focus on education. Schools must be supported to raise attainment overall and to close the gap in attainment for large numbers of children from poorer areas who do not reach their potential.

Finally, persistently high levels of young people in Suffolk falter at school leaving age. They do not progress to further study or work with prospects, but become part of the NEET group. Ensuring that this does not become a persistent state is essential for them as individuals but also for Suffolk as a whole.

\textsuperscript{45} Connexions data March 2011

\textsuperscript{46} NEET in Suffolk. A collaborative enquiry. SCC. 2010
Families and Working Life

A healthy standard of living provides the most secure basis for health and wellbeing. Across this report there are many examples given of the impact that deprivation has in terms of poorer outcomes for health as well as wellbeing.

For those of working age, access to employment is key. The government is committed to empower individuals and communities through creating a fair and flexible labour market so that differences in living standards, which have widened in recent years, can be reduced47.

This section assesses where there may be particular challenges for some people in achieving this aspiration through personal circumstances or lifestyle choices.

For some people, life circumstances mean they face particular challenges in achieving a healthy standard of living. For family carers, people with mental health problems or disability, for example, there are many barriers and difficulties in securing or maintaining employment. For others, poor life choices or events in the past will have long term consequences on future chances of securing housing and employment as well as difficulties improving their health and wellbeing. For people with substance misuse issues or those at risk of reoffending achieving a healthy standard of living through access to work may be especially problematic.

What is the situation in Suffolk?

Despite the relative affluence of the county, significant numbers of residents are described as being “hard-pressed” or of “moderate means” in economic terms48.

Whilst unemployment levels are comparatively low, persistently low wage levels and limited employment opportunities in skilled and well paid sectors means that even those with a job may struggle to meet rising costs of basic goods and services.

---

48 16% of households in Suffolk, as provided in CACI ACORN data
1 in 10 adults in Suffolk has no qualifications, which is similar to the national average. At graduate level, the proportion of the population in Suffolk is below the national average (27.2% compared to 31.3%) illustrating the lower levels of skills in the workforce. The proportion of graduate level skills in Waveney is only just over half the national average.

The latest available data in the Index of Multiple Deprivation 2010 and repeated in Suffolk Foundations Hidden Needs Report identifies 78,000 people with income deprivation (around a third being people of retirement age) and 28,300 people being employment deprived.

Worklessness is also a threat to achieving wellbeing and to health in the long-term. Suffolk’s relatively high level of youth unemployment is of particular concern.
Young and unemployed

Over many years Suffolk has struggled to reduce the percentage of young people who are Not In Employment, Education or Training (NEET) and although the percentage of young people going onto further education at the end of statutory school age has increased over the past five years, there is still a significant proportion of young people who do not make a transition into meaningful employment or training. In July 2011 there are 1238 young people age 16-18 in this group.49

The NEET Deep Dive Report50 highlighted the need for a more person-centred approach to ensuring young people get the most appropriate advice and support during this critical period, and that this approach was needed across the range of socio-economic groups. Failure to enter the job market successfully at the end of mainstream education may lead to a life characterised by periods of unemployment interspersed only by spells of short-term, low paid work. Longitudinal studies by the Office for National Statistics have shown that there is a direct correlation between unemployment and higher rates of morbidity which applies across all social classes51.

16 to 24 years olds on working age benefits

In 2010-11 in Suffolk, 11.9% (8489) of 16 to 24 year olds were in receipt of working age benefits. This is similar to the England and Wales average where 12.2% were claiming benefits. In 2009-10 the claimant rate for wards in Suffolk differed by a factor of 15 with Lowestoft wards; Harbour (26.7%), Normanston (24.1%), Kirkley (23.0%) and Whitton (21.7%), experiencing the highest level of benefit claimants among 16 to 24 year olds in Suffolk.

Supporting Families

Family carers

The vast army of carers do so without recognition. Recent research and the development of the Time for You programme for carers have reiterated the importance of supporting this group of people. 80% of carers report that caring has damaged their own health and that this group are less likely to seek help from their GP for their own health needs.

The Time for You programme demonstrated that providing this group with choice and control through a carers budget resulted in significantly greater satisfaction and improvement in outcomes at relatively little cost compared to what would be needed if the carers were unable to continue their support52.

Other local research focusing on how carers access information, criticised service providers that failed to listen to their needs or whose information failed to lead to any substantive product. The research reported that carers found most help from phone help

49 Connexions data from the Suffolk Observatory
50 NEET Deep Dive Report. Suffolk Collaborative 2010
51 Bethune A (1997) Unemployment and Mortality” ONS Data Series DC no. 15
52 The Time for You project: a qualitative report. SCC with Suffolk Family Carers, Ipswich Borough Council and Suffolk ACRE. 2010
lines which provided trained staff who listened and understood their needs and found significant support for the proposal for a regular local radio show to share information and provide contact for others in the same boat\(^{53}\).

Giving care informally can be associated with a loss in subjective wellbeing, and for a minority there is an increased risk of depressive symptoms. This is particularly evident amongst people providing care for immediate family members. Reduced levels of wellbeing may result from a loss of autonomy and the number of hours needed to care.

For further information see


**The importance of supporting independence and self-reliance**

23% of the 18,000 social care customers in Suffolk are under 65. This group is made up of people with learning difficulties (8%), physical disabilities (9%); mental health difficulties (4.5%) with the remaining 1.5% having other sensory impairments or substance misuse issues\(^{54}\).

For the majority of this group the key challenge is to regain or maintain independence through innovative support leading to greater participation in learning, work or leisure. There are excellent examples of where promoting independence whether through self-help, assistive technology or access to housing can reduce costs of care and improve health and wellbeing outcomes\(^{55}\). Community-based solutions have an important part to play in making access to support a reality for more people.

A focus on new entrants to care services offers opportunities to develop support in this way, especially where this can be planned for young people making the transition from children’s services. Although the numbers of young people affected are relatively small (around 75 in the current year), the potential for improving outcomes and quality of life for this group at significantly lower cost to the statutory services is thought to be significant.

In all cases, successful early intervention and prevention is intended to reduce the need for more intensive or long-term services,

---

\(^{53}\) Information Channels for Carers. DCLG funded project undertaken by UCS for Suffolk County Council and NHS Suffolk

\(^{54}\) Choice and Control Thematic Report

\(^{55}\) Early Intervention and Prevention Thematic Report

\(^{56}\) Drug and Alcohol Action Team. Needs Assessment 2011
Substance misuse

Suffolk has a lower rate of problem drug users than regionally, although it is estimated that there are 2,411 problematic drug users in the county; with an estimated 63% of substance misusers in treatment, two thirds of whom use heroin\textsuperscript{56}. As well as the long-term risks to health, people who substance misuse can also experience problems with employment and social functioning including breakdown of family relationships and anti-social or criminal behaviour which has a wider impact than just on the individual. Treatment is therefore now focused on recovery which includes building a satisfying and meaningful life which promotes health, wellbeing and participating in society.

Of concern is the reported level of harmful and hazardous drinking levels across Suffolk. Binge-drinking is most prevalent in Forest Heath, Ipswich and St Edmundsbury all of whom have levels above the regional average\textsuperscript{57}. There is also a relationship with higher levels of alcohol related crime and hospital admissions.

High demand families

In 2010 Suffolk piloted a collaborative approach to working with families who presented a high level of need to a range of agencies. These families include members whose life paths typically involved a history of poor school attendance, domestic violence, low paid work or unemployment, unstable tenancies, alcohol misuse, no basic health care, relationship breakdown, anti-social or criminal behaviour. Such families can be locked into patterns of behaviour and are wary of statutory organisations.

The Family Networks approach is to place a small team to work directly with the extended family on behalf of a number of agencies to help them turn around their lives. The approach demonstrated that through building trust and effecting quick wins such as registration with GPs and dentists to get basic health needs addressed (sight tests to get glasses; medication to alleviate depression) it is possible to make progress in promoting positive behaviours and reducing the demand such families make on services including health and social care\textsuperscript{58}.

The ability to deliver such benefits sustainably over the long-term has not been tested but the pilot reiterates the need to work alongside families in order to avoid repeating poor lifecycles generation after generation.

Emerging Themes

- Supporting young people into work
- Community support for adults with learning difficulties or disabilities
- Person-centred approaches to people with problematic lifestyles that focus on the development of health and wellbeing not just tackling issues in isolation.

\textsuperscript{57} DAAT Needs Assessment and NWPHO Alcohol Profiles
\textsuperscript{58} Cost avoidances from Family Networks/ High Demand Families Approach. 2010
Retirement and old age

Ageing in our society is too often seen as a life stage to be dreaded – where older people may feel less valued or worry about becoming dependent on others. This is not inevitable. Maintaining physical and mental health and emotional wellbeing and retaining independence ensures that older people can continue to be the individuals they are, able to lead a fulfilling and enjoyable life as equal citizens.

This section examines what a good old age in Suffolk is like and what can be done to support older people retain their independence, health and wellbeing.

What promotes health and wellbeing in older life and what are the risks?

The section on demography and population change illustrated the way in which the Suffolk population will, in line with national trends, have a higher proportion of people of retirement age over the next twenty years. The trend in Suffolk is a consequence both of increased longevity and of in-migration as people choose to move to Suffolk to retire.

The contribution that older people make to communities and to their extended families can be significant. Around a third of people over 65 volunteer at least once a month, many provide childcare for their grandchildren, and many more provide care for relatives or friends. Older people continue to contribute revenue to the local economy,
The importance for frail older people of being in a location close to amenities, family and friends and the value of adaptations in the home in enabling continued independence

(estimated at £100 billion nationally) and are more likely to be active in their local communities. Older people are more likely to vote.

However, older age is also a time when people who may have been independent all through their lives, may make more call on health and social care services.

Age UK in their Pride of Place campaign\(^5^9\) identifies a number of low-cost improvements to neighbourhoods that would enable older people to stay active. These are the infrastructure supports such as somewhere to sit down; access to clean public toilets; well-maintained pavements and access to transport that enable older people to feel confident in going about their lives. These basic facilities repay the investment made in them through supporting older people in particular to maintain active lives and independence.

Suffolk Age Concern’s Voice Panel has produced a number of reports which provide valuable insight into what older people themselves value for their wellbeing. In 2010, their report “My House; My Home; My Life” identified the importance for frail older people of being in a location close to amenities, family and friends and the value of adaptations in the home in enabling continued independence. Social isolation was more commonly felt when access to transport was limited.

All this points towards the importance of local facilities and community-based solutions to many of the factors that impact most frequently on the quality of life for older people. Such approaches focus support where the majority of older people wish for it to happen and minimise or delay the point at which more specialist services or support are required.

---

59 Age UK. Pride of Place: how councillors can improve neighbourhoods for older people. 2010. www.ageuk.org.uk
Government policy in the last five years has been to support people to exercise control and choice over the services they receive. In the 2011 document “Think Local, Act Personal”, there is a commitment to the importance of community based solutions to help people retain their independence.

What is the situation in Suffolk?

Frailty in old age can be defined as the diminished ability to carry out the important practical and social activities of daily living. It is more likely to be associated with people over 85 but may occur at an earlier age, depending on the experience of the risk factors outlined above.

The costs of health and care are significant. Social care represents around 45% of the total spend from Suffolk County Council and is currently approximately 200 million pounds per annum. 77% of the 18,000 social care users in Suffolk are people aged over 65, although older people’s services represents only 58% of the expenditure.

People over 65 accounted for 61% of all unplanned hospital admissions in Suffolk in 2009, and 60% of the total cost of hospital admissions. People over 75 are more likely to experience isolation, ill health and mental illness including depression than any other section of the population. In 2009 around 6,000 people over 65 were living in care homes, or around 4% of this age group. In March 2010, there were 231 care homes in Suffolk, most of which are privately owned and 51 of which provide nursing care and approximately 40% of all residential beds.

There has been an increase in the availability of very sheltered home (VSH) schemes since 2005 which offer independent living with personal care support available. There are now 706 VSH units in Suffolk.

A joint project between NHS Suffolk and Suffolk County Council is examining preventative approaches to delaying the tipping point into frailty. In the Strengthening Our Approach to Frailty report, four areas are identified for action which chimes with the findings of national research:

1. Helping older people to build up their health and wellbeing capital so that they have greater resilience and are better able to respond to life’s challenges
2. Reducing the risk of episodes or events involving avoidable injury, illness or hospitalisation
3. Helping people to cope with life’s significant events
4. Creating a strong, secure and safe environment in which people can live with comfort and ease and access the services they need.

60 Choice and Control. Thematic Report 2011
61 http://www.puttingpeoplefirst.org.uk/_library/PPF/NCAS/Partnership_Agreement_final_29_October_2010.pdf
62 This is the definition adopted in the NHS Suffolk/Suffolk County Council project on frailty
63 Strengthening our approach to frailty. May 2011. Judy Rainer, Suffolk County Council and Stuart Keeble, NHS Suffolk
There are good examples of where local community groups have developed their own responses to locally identified need, with a relatively small amount of support from the statutory authorities (see earlier in the report). However, ensuring that care and support can be provided to all those who need it in a rural county will remain challenging. It will also be necessary to guard against a potential perverse consequence that those who are better educated and better off will be able to rise to the challenge of securing good local services better than others who may have the same needs but have less experience or less support in making informed choices. The importance of good quality and accessible advice, guidance and advocacy in guarding against inequalities should be noted for action.

Health conditions associated with old age

One area that has received considerable attention is risk reduction in relation to health where there is cost savings potential for both health and care systems through avoiding the need for intensive and therefore costly services.

It includes risk prediction systems to identify individuals where intervention would have the greatest impact. Interventions include familiar programmes for winter flu immunisation, Expert Patient Programme courses which offer confidence, skills and knowledge to manage chronic health conditions such as Arthritis, Asthma, and Diabetes, falls prevention programmes and exploring the role of assistive technology (product or services designed to enable independence for disabled and older people, including those with dementia).

Dementia is a condition most commonly associated with old age. It is a progressive condition which results in widespread impairment of mental function. Dementia can develop at any age but the risk increases with age. NICE estimate that around 5% of the over 65 population will suffer from dementia and that 1 in 5 people over 80 will be affected. However, dementia is not a natural consequence of old age and there is evidence that there is potential to delay both the onset and progression of the condition. Smokers, those who consume alcohol to excess and people with an unhealthy diet are all at greater risk, as are people who are obese and who do little physical exercise. Finally there is evidence of increased risk if the mind is not kept active. The risk factors are therefore similar to those for coronary heart disease, stroke, diabetes and cancer and lifestyle changes can be made to reduce the risk of an individual developing dementia in the future.

Falls

A fall represents the most frequent and serious type of injury for anyone over the age of 65 years. 50% of people over 80yrs will fall every year (DOH 2001): For Suffolk this could amount to over 7,000 people.

---

64 Dementia. Thematic report. Suffolk Observatory
65 http://www.suffolk.nhs.uk/Home/Services/FallsandFracturePreventioninSuffolk.aspx
The majority of falls are preventable.

A fall can destroy a person’s confidence, increase their isolation and reduce their independence. Even the after-effects of most minor falls can be catastrophic for an older person’s physical and mental health.

Recent Help the Aged research shows older people are unaware of their potential for preventing falls by means of exercise to improve strength and balance. However they respond to the concept and believe support and encouragement should be given to make exercise an enjoyable, habitual part of daily life for older people (Help the Aged 2005).

A fall can lead to a long hospital stay and can result in a ‘long lie’ for a person who is unable to get up from the floor. The potentially serious consequences from this are hypothermia, bronco-pneumonia and possible pressure sores.

Falls can also result in fractures – most commonly of the wrist and hip. People with thin bones, as a result of osteoporosis, are at particular risk of sustaining a fracture as a result of a fall.

Detailed and intensive research is happening in Suffolk to develop the most appropriate response based on evidence and NICE guidance.

This chart shows age-specific hospital admission rates for falls among residents of county districts in Suffolk, Suffolk county and NHS Suffolk as a whole and the approximate catchment areas of Ipswich Hospital and West Suffolk Hospital. The data cover the financial years 2004/05-2007/08.

Hospital admission rates for falls increase with age. In Suffolk the rates for persons aged 65-74 years, 75-84 years and 85 years and over were respectively over two times, over nine times and over thirty times the rate for persons aged under 65 years. Hospital admission rates for falls were relatively high in Ipswich."
**Long term conditions**

The probability of having a long term condition (LTC) increases with age, with the risk increasing consistently from the age of 40 years onwards (See graph below). In England 60% of people over the age of 65 report having at least one LTC, which increases to 68% for over 85s. 12% of over 85s experience at least 3 conditions. Details on the most prevalent LTCs in Suffolk can be found earlier in this report.

---

**Emerging Themes**

- Information, advice and guidance so that people can make informed choices for themselves
- Support for community based solutions to address local needs
- Ensure the physical environment contributes to older people’s independence of movement
- Use early intervention and preventative approaches to reduce avoidable hospital admissions for falls and long-term conditions.
State of Suffolk

Appendix 1

List of Thematic Reports and Contributors

The editorial group acknowledges the support of the many people who have contributed to the 2011 State of Suffolk report.

Thematic reports will be made available on the Suffolk Observatory www.suffolkobservatory.info alongside statistical data which is updated when new data is released. Where permission has been granted, the site also includes other research reports used in writing this State of Suffolk 2011 report.

We welcome suggestions for further research and offers to develop additional thematic reports. Please contact Lyn Baran, lyn.baran@suffolk.gov.uk.

Examples of thematic reports developed for this report. There are many more on the Observatory site.

<table>
<thead>
<tr>
<th>Active Lifestyles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Poverty</td>
</tr>
<tr>
<td>Choice and Control for Care Support</td>
</tr>
<tr>
<td>Customer Voice</td>
</tr>
<tr>
<td>Dementia</td>
</tr>
<tr>
<td>Drug and Alcohol Misuse</td>
</tr>
<tr>
<td>Early Intervention and Prevention</td>
</tr>
<tr>
<td>Early Years</td>
</tr>
<tr>
<td>Economy</td>
</tr>
<tr>
<td>Environment</td>
</tr>
<tr>
<td>Older People</td>
</tr>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Social and Community Networks in Suffolk</td>
</tr>
<tr>
<td>Transport</td>
</tr>
<tr>
<td>Universal Services</td>
</tr>
</tbody>
</table>
Contributors

Authors:
Suffolk County Council
Lyn Baran
Belinda Godbold
NHS Suffolk
Stuart Keeble

Editorial Group
Lyn Baran, Karen Coll (Mid Suffolk District Council), Belinda Godbold, Stuart Keeble, Wendy Marsh (NHS Suffolk), Tibbs Pinter (Ipswich Borough Council), Roy Elmer

<table>
<thead>
<tr>
<th>Contributors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Moore</td>
<td>Sue Renaut</td>
</tr>
<tr>
<td>Amanda Dunn</td>
<td>Richard Coleman</td>
</tr>
<tr>
<td>Julian Brown</td>
<td>Taurai Hove</td>
</tr>
<tr>
<td>Kit Day</td>
<td>Judy Rainer</td>
</tr>
<tr>
<td>Mark Crawley</td>
<td>Emma Jayasuriya</td>
</tr>
<tr>
<td>Rosie Horsfield</td>
<td>Tom Clarke</td>
</tr>
<tr>
<td>Richard Calton</td>
<td>Alison Manning</td>
</tr>
<tr>
<td>Sandra Clennell</td>
<td>Tanya Kimber</td>
</tr>
<tr>
<td>Stephen Watt</td>
<td>Ruth Labouchardiere</td>
</tr>
<tr>
<td>Charles Williams</td>
<td>Nicola Warwick</td>
</tr>
<tr>
<td>Graham Cheseldine</td>
<td>Patrick Forrest</td>
</tr>
<tr>
<td>Ian Myhill</td>
<td>John Lambert</td>
</tr>
<tr>
<td>Charlotte Glass</td>
<td>Pauline Goode</td>
</tr>
</tbody>
</table>

With thanks to Suffolk Sport and Age UK Suffolk for contributing reports.
### Thematic reports recommended format

Plain English narrative written for an interested and informed reader but not a specialist in the subject. Aim to include these sections. Where information is not available, explain why not. This may form the basis of future work.

#### Subject Scope/ Definition:

**Why this is important:** This may be in terms of strategic significance for the county or wider or because the issue makes large demands on the public purse.

#### What is the current situation in Suffolk:

**What are the notable variations in county?** Are some communities/places more affected than others? Are some groups of people more affected than others? **How have things changed over time?** What is the trend? How has Suffolk progressed since the baseline (Census 2001 or accepted alternative)? **How do we compare with others?** Family group/region/national – benchmarking information.

#### What is the forecast for Suffolk?

If there is no change in policy/actions, what is the likely position in 3/5/10 years time?

**Detailed reports:** Provide links/copies. This may include a more detailed report you have produced in researching the evidence. We will publish these on the Observatory wherever possible.

**Data appendices:** Our aim is to ensure relevant data is available on the Observatory. If the data is not already loaded, please identify source data. Excel files with a geographic locator are required (e.g. postcode/LSOA/ward/district). If the data is already on the site, please reference these explicitly so that they can be linked.

**References:** Including links to relevant policy documents, strategic plans, local or national initiatives.

**Illustrations:** Supply a small number of illustrations which could be used alongside your narrative. This could be a map/chart/diagram/mini case study which gives a clear visual/impactful representation of the issue.