

# The scale of the Suffolk challenge

### **CORE20:** 80,000 residents in Suffolk

- 80,068 people in Suffolk live in the 20% most deprived Lower Super Output Areas (LSOAs) in England approximately 10% of Suffolk's residents.
- Ipswich is the most deprived local authority in Suffolk and has 28 LSOAs that are in the 20% most deprived nationally – 1/3 of all the Ipswich LSOAs.
- East Suffolk is the next most deprived local authority in Suffolk. 20 LSOAs in East Suffolk are in the 20% most deprived nationally. 90% (18 of the 20) of these most deprived LSOAs are located in Lowestoft and the surrounding area.

## **Hypertension:** 74,000 – 84,000 undiagnosed; 8,500 diagnosed but not achieving optimal hypertension control

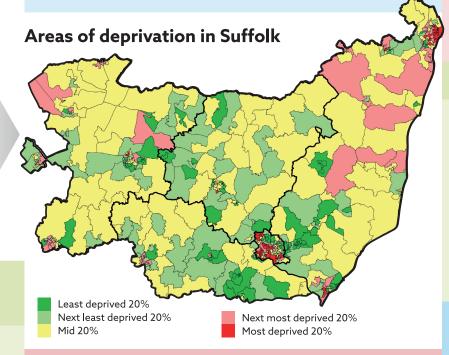
- Hypertension (high blood pressure), is a key priority within the NHS Long Term Plan and a risk factor for hospitalisation or death from heart attack or stroke.
- Although standards are in place that describe good control of hypertension, it is estimated that only four in ten adults nationally with high blood pressure are both aware of their condition and are managing it properly.
- Finding people with hypertension allows early intervention to optimise blood pressure and reduce the risk of heart attacks and stroke. It also presents an opportunity to offer preventative measures to those at risk of developing the condition.
- When increasing the numbers of people needed to meet CORE20PLUS5 targets for lowering blood pressure, it is vital to target the most deprived / at risk populations first- otherwise we risk increasing inequalities.

#### Maternity

\*where ethnicity was recorded

- 665 births to mothers in the 20% most deprived areas of Suffolk in 2021.
- 970 births to mothers from non-White ethic groups (in the year to April 2022).
  While there is likely to be some overlap between these groups, up to 1,225 women will need to receive continuity of care to meet the target.
- The NHS Long Term Plan and the <u>MBRRACE-UK</u> reports highlight the significant differences in maternal mortality between different ethnic groups and those from the most deprived areas.
- <u>Black and Asian mothers are more likely to die</u> as a result of childbirth than their white counterparts and this gap has widened since 2010.

 <u>Evidence suggests</u> that mothers who receive continuity of carer are less likely to lose their baby or experience preterm birth. Their experience of care during pregnancy and birth also improves.



Cancer: 1,600 cancers NOT diagnosed early (2019), 650 cancer diagnoses need to be made at stage 1 or 2 to meet 75% target

- Cancer is one of the biggest contributors to inequalities in life expectancy. People from the <u>most deprived communities more likely to get cancer, be diagnosed at</u> <u>a late stage for certain types of cancer and to die from the disease.</u>
- National data indicates that 59.3% of people in the least deprived decile have their cancers diagnosed at stage 1 or 2, compared to only 53.5% of people in the most deprived decile.
- When increasing the numbers of people needed to meet CORE20PLUS5 targets for early cancer screening, it is vital to target the most deprived / at risk populations first- otherwise we risk increasing inequalities.

#### Respiratory disease

- 26,000 missed flu jabs for those aged 65 and over in 2021/22
- 42,000 missed flu jabs for under 65's in at risk groups 2021/22
- 139,000 COVID-19 missed vaccines (Aug 2022/ NIMS data)
- 47,000 Pneumococcal missed vaccines in 2020/21
- Chronic respiratory disease is the third biggest cause of the life-expectancy gap between the most and least deprived groups.
- 2020 data indicates that the <u>rate of premature mortality due</u> to <u>respiratory disease</u> among people living in the most deprived quintile of areas was a least twice the average for England.
- Acute exacerbations of chronic obstructive pulmonary disease account for roughly 1 in 8 emergency hospital admissions in England and deprivation is linked with increased emergency health care use among people with COPD.

#### **Smoking:** 83,000-109,000 current smokers

- 2020/21 stop smoking data indicates around 1,800 Suffolk residents quit smoking 4 weeks after setting a quit date.
   Assuming this number of quitters yearly, no new smokers, and all smokers wanting to quit... It would take over 46 years for 83,000 people to stop smoking!
- Smoking is the biggest cause of preventable death in England, with the Global Burden of Disease study ranking tobacco as the top modifiable risk factor driving deaths and disability. 96,000 deaths were attributable to smoking in England in 2019.
- In Suffolk, smoking-related illnesses cause around 1,000 deaths every year, which equates to almost three people dying every day in the county.

### **Severe mental illness:** 1,500 missing health checks

\*Note: Ipswich and East Suffolk Integrated Care Board, and West Suffolk Integrated Care Board only, Q1 of 2022/23. We know this figure is likely to be an underestimate due to undiagnosed cases, and data for the Waveney area is not published for this indicator.

- People with a mental illness such as schizophrenia or bipolar disorder <u>die on average 15-20 years sooner</u> than the general population. The <u>prevalence of Severe Mental Illness (SMI)</u> <u>within the most deprived areas</u> is triple that of those living in the least deprived areas.
- Much of this reduced life expectancy is from higher rates of physical health conditions, such as cardiovascular disease.
- Annual health checks for people with SMI support the early detection of physical health conditions and help to improve access to evidence-based physical care, assessment and intervention.