

Temperature

Part of the Protecting our Health in a Changing
Climate: Health Needs Assessment (HNA)



A collaboration between the Place Making and Knowledge Intelligence and Evidence teams within the Public Health, Communities and Public Safety directorate.

This chapter was approved for publication in October 2026.



Temperature

Predicted changes in temperature and risks in Suffolk:

Average annual temperatures in Suffolk are expected to increase by 2.97°C by 2070 ([Local Climate Adaptation Tool](#)). The average UK temperature has already increased by 1.24°C in the last decade (2015-2024), with the frequency and intensity of days with above-average temperatures increasing, and heatwaves and heat extremes becoming more frequent ([Met Office](#)). Four of the last five years (years (2022, 2023, 2024, and 2025) were among the UK's five warmest on record. This trend continued in 2026, which provisionally became the hottest summer on record for the UK, exceeding the previous record set in 2025. ([Met Office](#)). For the first time, UK temperatures exceeding 35°C were recorded in May, June, and July ([Met Office](#)), England recorded its warmest June on record, and East Anglia experienced the highest average temperatures of any UK region – at 3.2°C above average ([Met Office](#)).

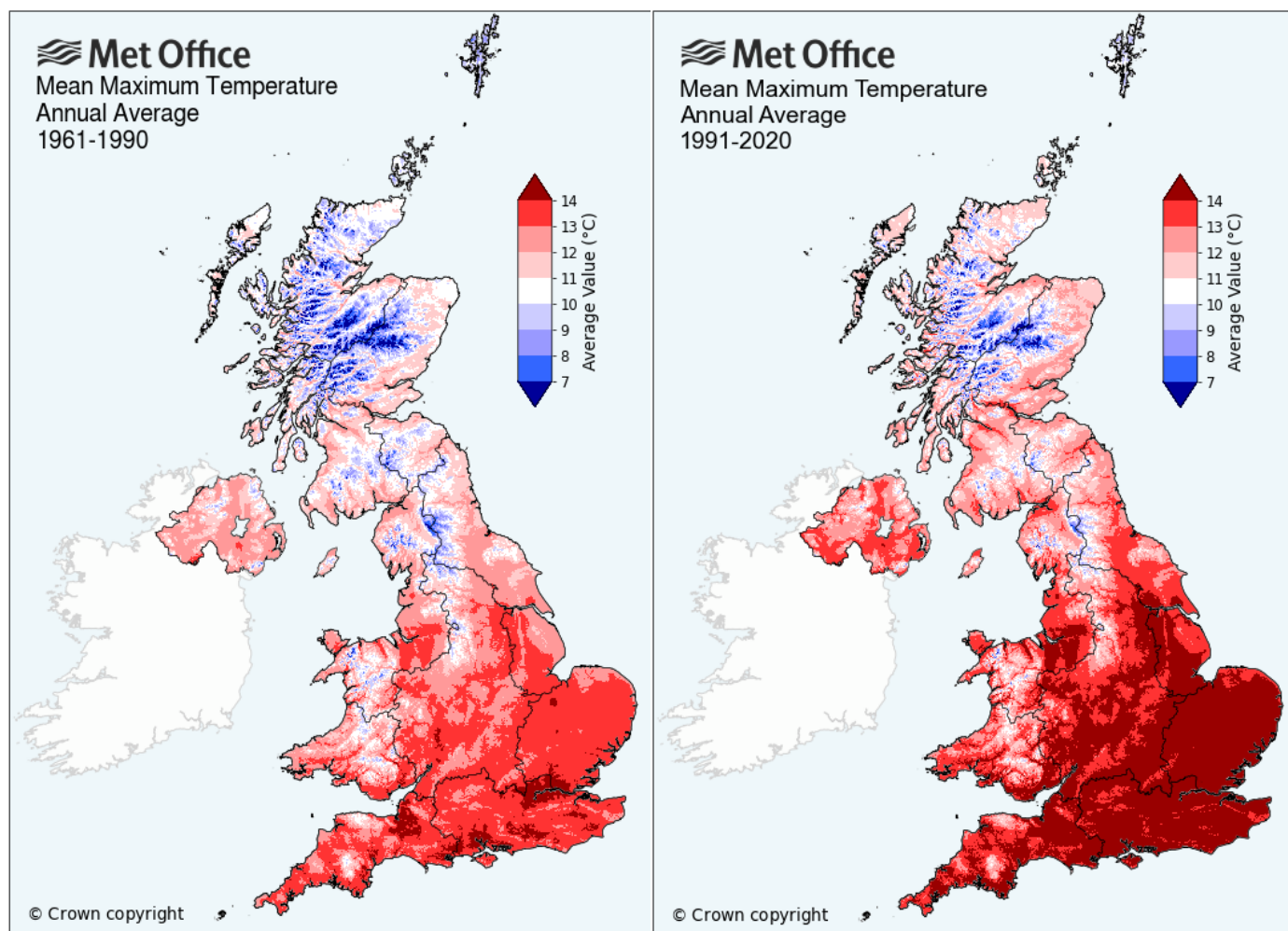
These temperature extremes are being recorded close to Suffolk. In 2022, when England recorded a new maximum temperature of 40.3°C – exceeding 40°C for the first time – it was recorded in Coningsby, Lincolnshire, less than 100 miles from the Suffolk border. More recently, in 2026, England recorded a new June temperature record of 38.0°C in Lingwood, Norfolk, surpassing the previous June record set during the notable 1976 heatwave ([Met Office](#)). While the summer of 1976 is often remembered as a benchmark for extreme heat in the UK, provisional data indicates that it is now only the seventh warmest UK summer on record, with the five warmest summers all occurring since 2003 ([Met Office](#)).

The [Met Office](#) estimates a 50% chance of temperatures reaching 40°C again in the next 12 years. If global temperatures increase by 2°C, Suffolk is predicted to experience an average of six additional hot days over 30°C each year ([Met Office Local Authority Climate Explorer](#)). Although this may appear modest, health risks begin to increase at lower temperatures, with temperatures exceeding 25°C being associated with increased heat-related illness and mortality, particularly among older people and those with existing health conditions. This means even relatively small increases in hot days can have practical implications for residents, services, and local preparedness – as discussed later in this chapter.

Figure 1 below compares the annual average temperature in the UK for two time periods: 1961-1990 (left map) and 1991-2020 (right map). This demonstrates that Suffolk now lies within a wider area experiencing the highest annual average temperatures (in dark red), compared with 1961-1990 data, when the area experiencing the highest temperatures was more geographically limited. When considered alongside projections for more frequent and extreme hot weather, this suggests that Suffolk is likely to be particularly at risk of extreme heat, both now and in the future.



Figure 1: The mean maximum annual average temperature for the period 1961-1990 (left) and 1991-2020 (right)



Source: [Met Office](#)

Additionally, these changes are unlikely to be felt equally across Suffolk. Urban areas are more susceptible to heat extremes, because they have a greater number of buildings which absorb and trap heat, and lower levels of vegetation and green space which provide natural shade and cooling. This is known as the ‘urban heat island effect’ ([Met Office](#)).

While summers are expected to become hotter, UK winters are also expected to become milder overall, with a predicted increase in average winter temperatures of between 1.0 and 4.5°C by 2070 ([Met Office](#)). Nevertheless, even if very cold days become less frequent, moderately cold weather will continue to occur, and will remain a significant health risk – particularly for older adults and those in poorly insulated housing – until the middle of the century, when cold-related health impacts will begin to reduce ([UKHSA – HECC 2023](#)).

Understanding and responding to all temperature-related risks is increasingly important for protecting population health, supporting resilient services, and enabling sustainable growth across Suffolk. This chapter therefore discusses the health impacts of both hot and cold weather.

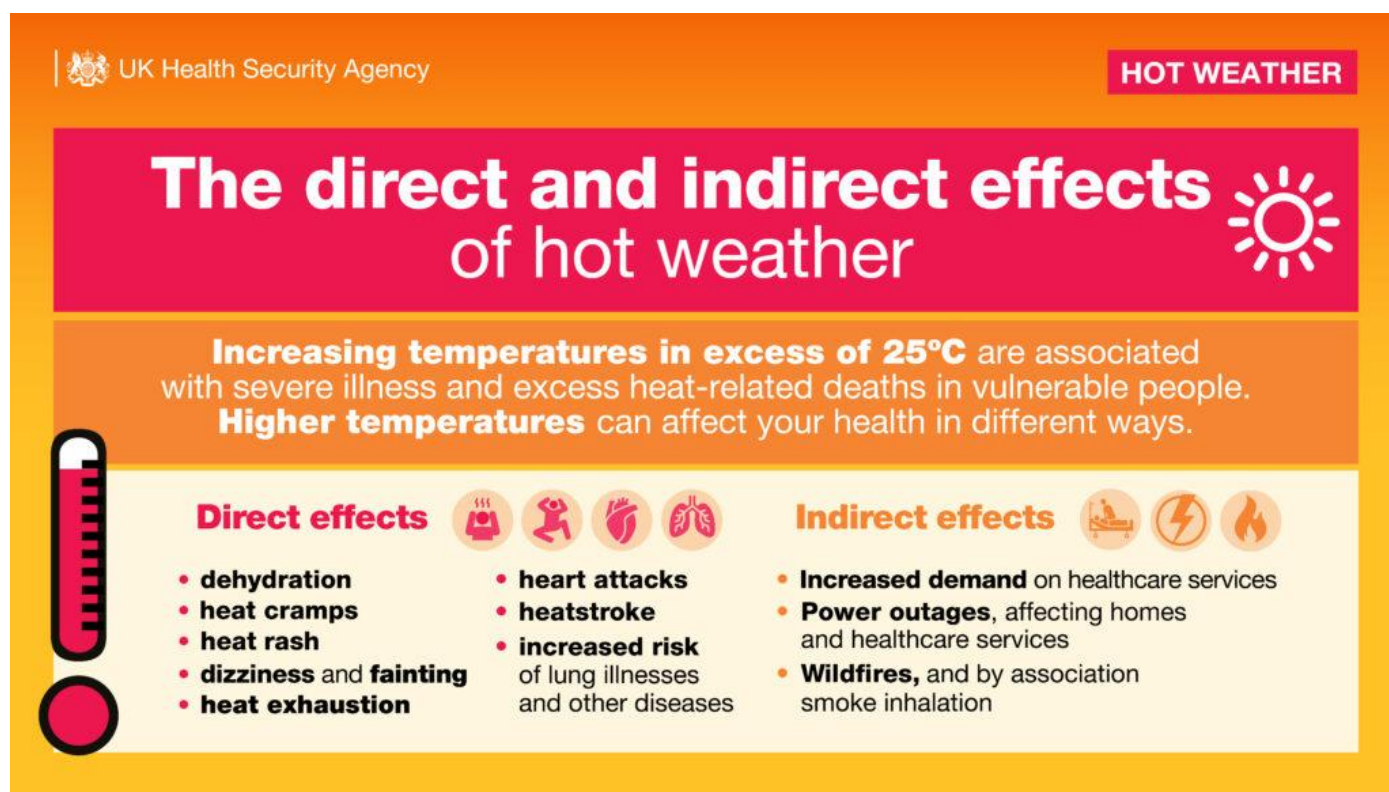
Health impacts of hot weather

Hot weather and heatwaves have direct impacts for human health ([UKHSA](#)). Hot weather is associated with an increased risk of dehydration, heat exhaustion, heatstroke, cardiovascular disease such as heart attacks and



stroke, respiratory disease, and mental illness. Hot weather can also coincide with greater sun exposure, increasing the risk of sunburn and skin cancer as periods of hot weather become more frequent ([UKHSA](#)).

Figure 2: The direct and indirect effects of hot weather



Source: [UKHSA](#)

Temperatures exceeding 25°C are associated with an increased risk of heat-related deaths, particularly in older people. For example, during the heatwaves of 2022, when 40°C was recorded for the first time in the UK, there were 2,985 excess deaths in England and 378 excess deaths in the East of England region ([Heat mortality monitoring report: 2022, UKHSA](#)). Across England, the rate of deaths was statistically significantly higher for all age groups 65 and over. This is particularly relevant to Suffolk, which has an ageing population: currently, almost one in four people are aged 65 or over, and this is projected to increase to 1 in 3 by 2044 ([Suffolk in 20 Years](#)).

However, recent experience shows that heat-related health impacts can be reduced through effective preparedness and response. Despite 2025 being the warmest summer on record in the UK, heat-related mortality was lower than during the extreme heat events of 2022, with 1,504 excess deaths recorded – 1,535 fewer than predicted based on historic data. The analysis could not determine the reasons for this difference, although increasing public awareness and strengthened responses across health, social care and emergency response systems may have contributed ([Heat mortality monitoring report: 2025, UKHSA](#)). Such responses now include the use of heat health alerts to support preparedness across health and care services during periods of extreme heat ([UKHSA](#)).

However, the health impacts of extreme heat remain significant. During the record-breaking May and June 2026 heatwaves, the number of deaths from heat-related causes in England and Wales was estimated to exceed 2,700 ([Met Office](#)). The severity of the June 2026 heatwave, which was accompanied by high humidity and warm nights, was reflected in the warning system used to protect public health – red warnings for extreme heat were issued on three consecutive days for the first time since the introduction of the current UK weather warning system ([Met Office](#)).



Hot weather and heatwaves can also adversely affect health and social care services and infrastructure. In addition to increased demand on services, research has shown that as temperatures rise above seasonal averages, ambulance call volumes increase, which can contribute to longer response times during periods of extreme heat ([Mahmood et al., 2017](#)). Healthcare infrastructure is also less able to cope during periods of extreme heat and is associated with impacts on staff and patient health and safety ([UK Health Alliance](#)). During the heatwaves of 2022, a fifth of UK hospitals cancelled elective surgeries due to overheating in operating theatres ([University of Birmingham](#)), and two London hospitals experienced an IT failure which led to a critical incident being declared ([Guy's and St Thomas' NHS Foundation Trust](#)). An estimated 90% of hospitals – particularly new hospitals – are vulnerable to overheating ([UK Health Alliance on Climate Change](#)).

Similarly, hot weather can also adversely affect schools and educational institutions, with associated health and safety impacts for staff and pupils, as well as for pupils' educational attainment. One third of teachers report that their workplace is affected by overheating ([National Education Union](#)). Schools built after 1967 are most susceptible to overheating ([Dawkins et al., 2024](#)).

The [Climate Change Committee](#) recently highlighted the impact of extreme heat on working environments, reflecting the increasing recognition of heat as a significant risk to health, safety, and productivity. These impacts place increasing pressure on health services, infrastructure, and the wider economy. The annual cost of heat-related deaths from changing temperatures and related socio-economic changes (including treatment and healthcare resources, lost productivity, and the economic valuation of lives lost) in England is estimated to be around £6.8 billion during this decade. This figure is projected to rise to an estimated £14.7 billion per year in the 2050s ([UKHSA](#)).

Extreme heat can also affect agriculture and food systems through impacts on crop yields, livestock health, and food supply chains. These effects may influence food availability and affordability, with greatest impacts often experienced by households already facing financial hardship ([UKHSA](#)).

Health impacts of cold weather

Given the stronger public focus on heat and rising temperatures, it may appear counter-intuitive to include cold-related health impacts within this health needs assessment. However, weather volatility and extremes are expected to increase, and while the frequency of very cold days may reduce over time, periods of extreme cold are likely to remain, with cold-related deaths expected to outnumber those caused by heat until the latter half of the century ([UKHSA – HECC 2023](#)). The risk of ill health and death from cold weather rises significantly with age, with older people being more susceptible than younger cohorts. This means that in Suffolk, where an ageing population, older housing stock and rural fuel poverty increase vulnerability, cold-related ill health is likely to have significant impacts on health in Suffolk for many years to come.

Cold-related health effects include hypothermia and severe illness from prolonged cold exposure, increased risk of heart attacks, strokes, falls, sleep deprivation, and mental health conditions. Cold temperatures also increase susceptibility to respiratory infections and exacerbation of pre-existing respiratory conditions, particularly where people live in cold, damp homes ([UKHSA – HECC 2023](#)).

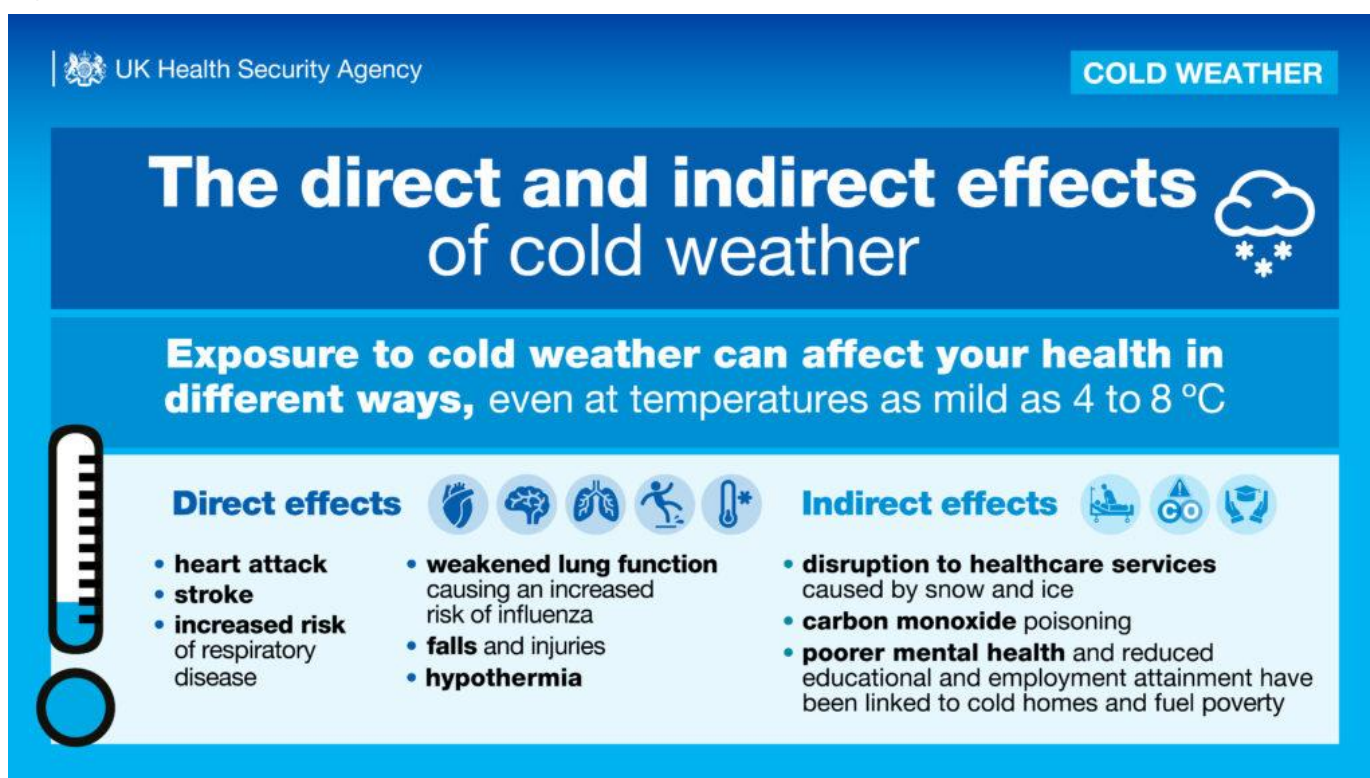
Cold-related deaths are closely linked to poor quality housing and fuel poverty. The [Suffolk Housing and Health Needs Assessment \(2024\)](#) estimates that between 2010/2011 and 2020/2021, 500 winter deaths were due to fuel poverty, and 1,000 deaths were due to cold housing in Suffolk. In addition to the health impacts of cold temperatures within the home, poor quality housing is also associated with poor indoor air quality, including damp and mould, which can further exacerbate negative health impacts. More than 12,600 households in Suffolk are estimated to experience damp and mould problems. These are associated with respiratory and cardiovascular disease and discussed further in the Air Quality chapter.



Cold weather can also impact health and social care by increasing demand on health and social care services. Vulnerable people in cold homes are more likely to require hospitalisation or long-term care and are more likely to have their discharge delayed due to unsuitable home conditions. Cold weather can also impact on educational attainment by increasing absences due to cold-related illness. Poor sleep, poor concentration, and mental health issues arising from cold weather can also impact on learning ability ([Suffolk Housing and Health Needs Assessment, 2024](#)).

Like heat, cold weather is also costly to society and the NHS. The [Institute of Health Equity](#) reports that the total societal cost of cold weather, including the cost of care, loss of economic potential, and costs associated with mental health impacts, was estimated to be £15.06 billion in 2016.

Figure 3: The direct and indirect effects of cold weather



Source: [UKHSA](#)

At-risk groups in Suffolk:

While the respective risks to health from heat or cold apply to everyone, some populations in Suffolk are particularly at risk of health impacts of heat or cold ([UKHSA](#)). These include the following groups:

Young children and older people:

Babies and young children are unable to regulate their temperature as effectively as adults during hot or cold conditions. Suffolk births data indicates there were 6,583 live births in Suffolk in 2024 ([Nomis](#)). The 2024 mid-year population estimates 4.7% of the population are aged 0-4 years, equating to 37,000 children. This percentage is lower than the East of England (5.3%) and England (5.2%).

Those aged 65 years and over may be less able to regulate their temperature when it is hot. They may also be more likely to have chronic health conditions which are exacerbated by hot or cold conditions. Those who are

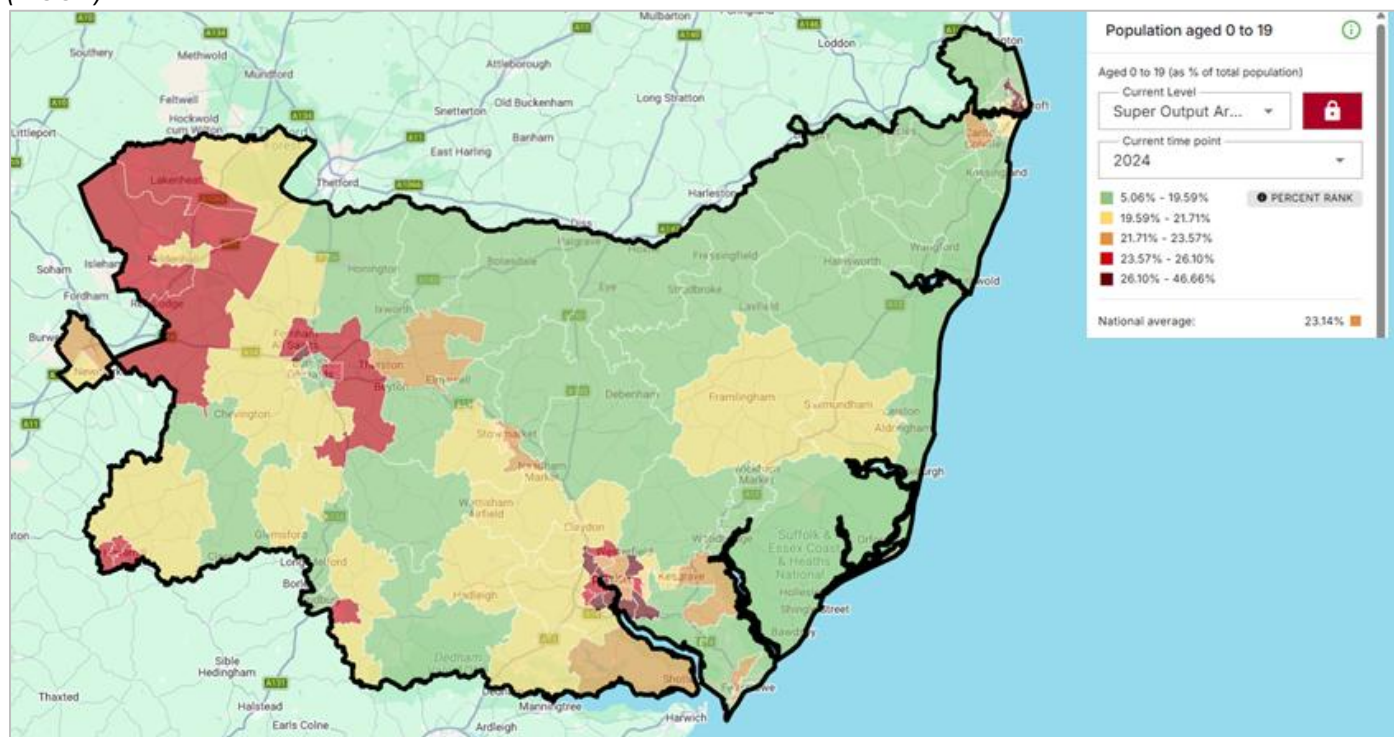


frail or socially isolated may be at additional risk of these impacts. Suffolk's population is older compared to other areas. Almost one in four people (24.2%) of the Suffolk population is aged 65 years and over, which is higher than the East of England (20.0%) and England (18.7%) figures ([Suffolk Observatory](#)). This means that hot and cold weather is likely to have a higher public health impact in Suffolk (particularly East Suffolk, Babergh and Mid Suffolk) than other areas.

Suffolk's population is also ageing. In 20 years, the proportion of those aged 65 years and over is predicted to increase from almost one in four, to one in three people ([Suffolk in 20 years](#)). This means that the health impacts associated with hot and cold weather in Suffolk are likely to increase in the future.

Figures 4 and 5 below show how the population of Suffolk varies by age across the county. Children and young people (aged 0–19) are more concentrated in parts of West Suffolk, including areas surrounding Bury St Edmunds, and in Ipswich. In urban areas, higher building density and lower levels of green space and vegetation may increase exposure to heat through the urban heat island effect. Older people (aged 65 and over) make up a larger share of the population across many coastal and rural areas of the county: East Suffolk (28.3%), Babergh (27%), and Mid Suffolk (25.3%) have the highest proportions of people aged 65 years and over.

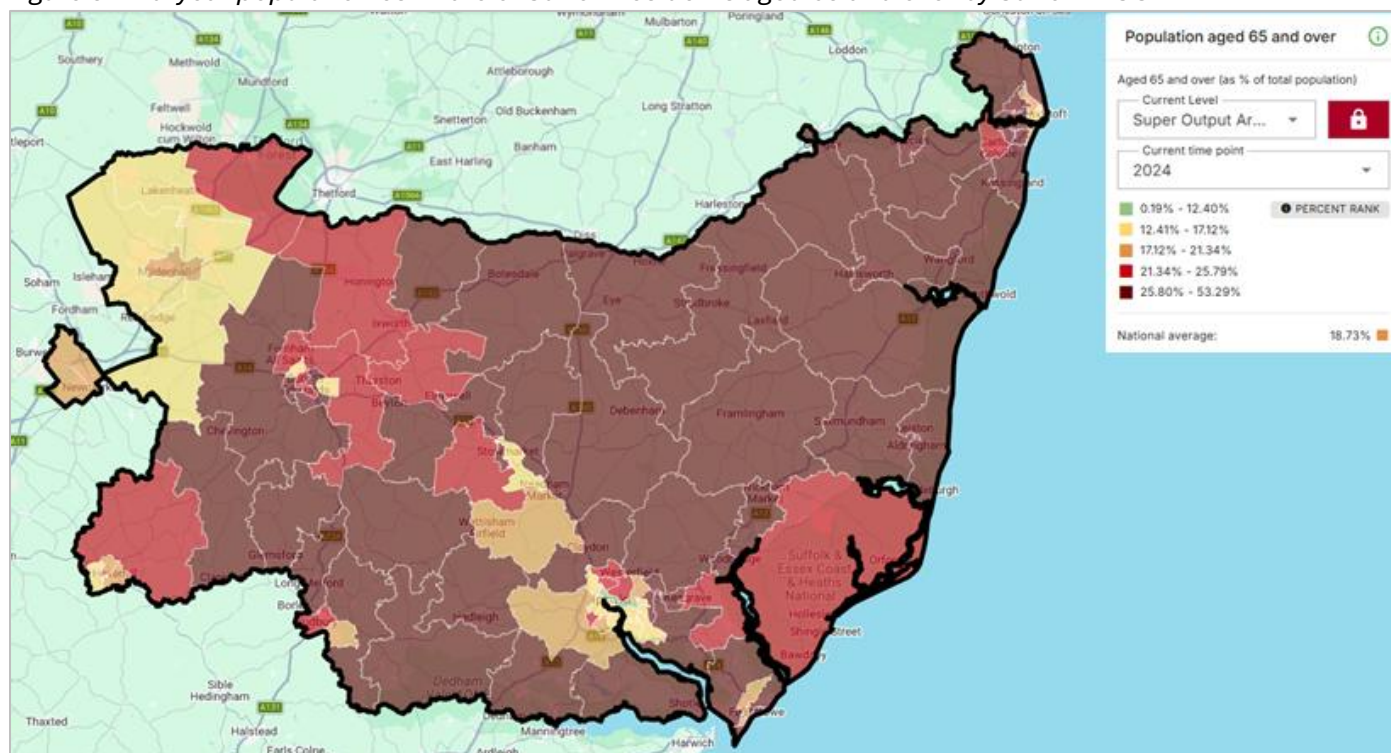
Figure 4: Mid-year population estimate of Suffolk residents aged 0-19 by Suffolk Middle Super Output Area (MSOA)



Source: Office for National Statistics mid-year estimates and [Local Insight](#)



Figure 5: Mid-year population estimate of Suffolk residents aged 65 and over by Suffolk MSOA



Source: Office for National Statistics mid-year estimates and [Local Insight](#)

Socioeconomic deprivation:

Those who are socioeconomically deprived are at greater risk across all types of climate hazard. Research suggests that the most deprived are at greatest risk of temperature-related health impacts. This may be due to increased exposure to hot or cold temperatures, living in urban areas affected by the ‘urban heat island’ effect, or being less able to adapt their homes ([UKHSA](#)).

The latest Index of Multiple Deprivation (IMD) 2025 data shows that Suffolk remains relatively less deprived compared to England. While Suffolk is relatively less deprived than England overall, 23 LSOAs are among the most deprived 10% nationally and are concentrated in Ipswich, Lowestoft, and Stowmarket. More broadly, 53 LSOAs fall within the most deprived 20% nationally (including the 23 areas in the most deprived 10%), and are located in parts of Ipswich, Lowestoft, Beccles, Felixstowe, Stowmarket, and Bury St Edmunds ([Healthy Suffolk – Indices of Deprivation 2025](#)). This suggests that there are areas within Suffolk that are likely to experience greater public health impacts associated with hot and cold weather than other areas.

Housing quality, fuel poverty, and homelessness:

Poor quality housing and fuel poverty are both associated with poorer health outcomes. Poor quality housing may be characterised by inefficient heating, poor insulation, inadequate ventilation, damp, or mould. Those experiencing fuel poverty may be unable to afford to heat or cool their homes sufficiently. Together, these factors can increase vulnerability during both hot and cold weather, by limiting the ability to maintain healthy indoor temperatures all year round. This increases the risk of overheating during hot conditions – particularly in urban areas where the ‘urban heat island effect’ can further exacerbate heat exposure within homes and buildings – and cold, damp, and mould during cold periods.

Overall in Suffolk, 11.1% of households currently live in fuel poverty, which is slightly lower than England (11.4%). However, East Suffolk (11.8%), Ipswich (11.5%) and Babergh (11.4%) have the highest rates of fuel poverty in

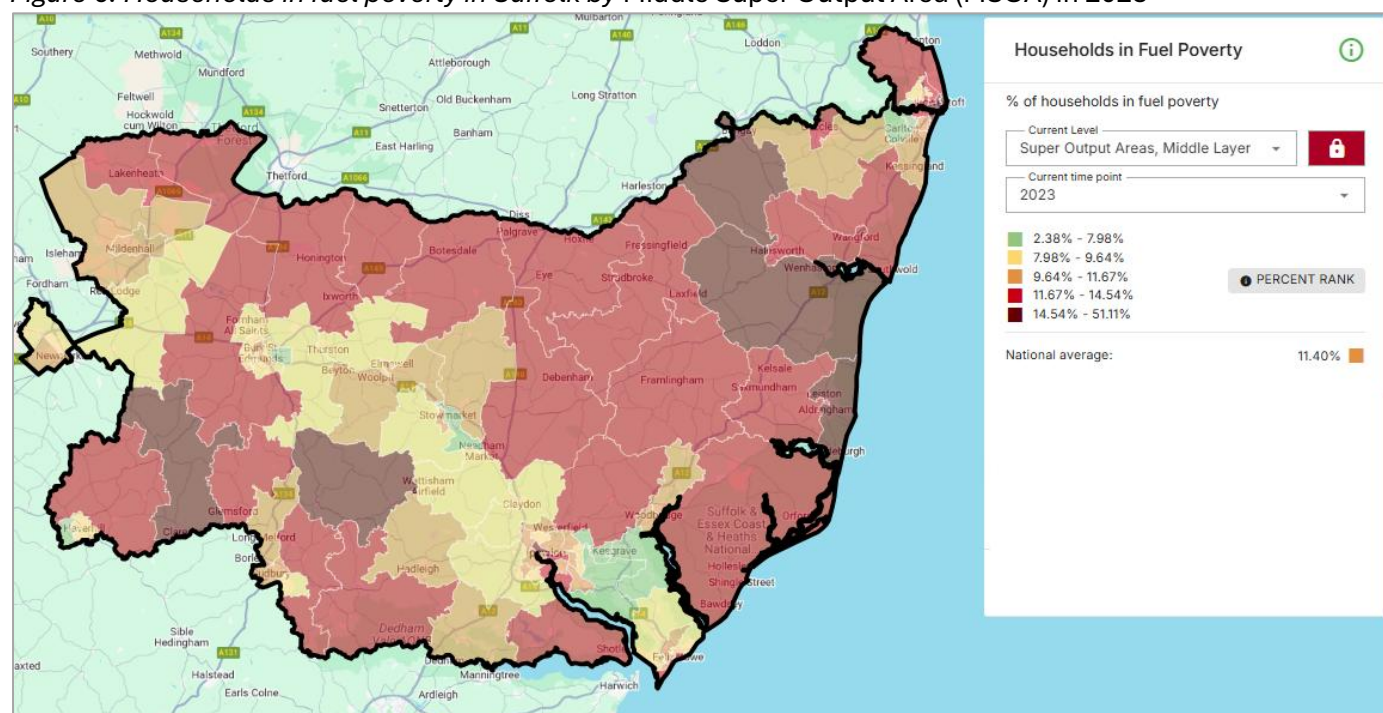


Suffolk and are therefore areas of increased risk ([Fuel poverty \(low income, low energy efficiency methodology\), 2023 – Fingertips](#)).

Middle Super Output Area (MSOA) data mapped in figure 6 below depicts the variation of households in fuel poverty across the county in more detail. The levels of fuel poverty in a given area are ranked into one of five groups – known as ‘quintiles’ – from least deprived (less fuel poverty) to most deprived (more fuel poverty). There are eight areas across Suffolk in the most deprived quintile of households experiencing fuel poverty, as shown in areas of darkest red in figure 6 below:

- Lowestoft Central 22.7%
- Lowestoft Harbour & Kirkley 20.4%
- Yoxford, Wenhamston & Walberswick 15.8%
- Westgate 15.6%
- Bungay & the Saints 15.3%
- Leiston & Aldeburgh 15.2%
- Lavenham, Bildeston & Brettenham 15.2%
- Clare, Cavendish & Wickhambrook 14.8%

Figure 6: Households in fuel poverty in Suffolk by Middle Super Output Area (MSOA) in 2023



Source: [Local Insight \(2026\)](#)

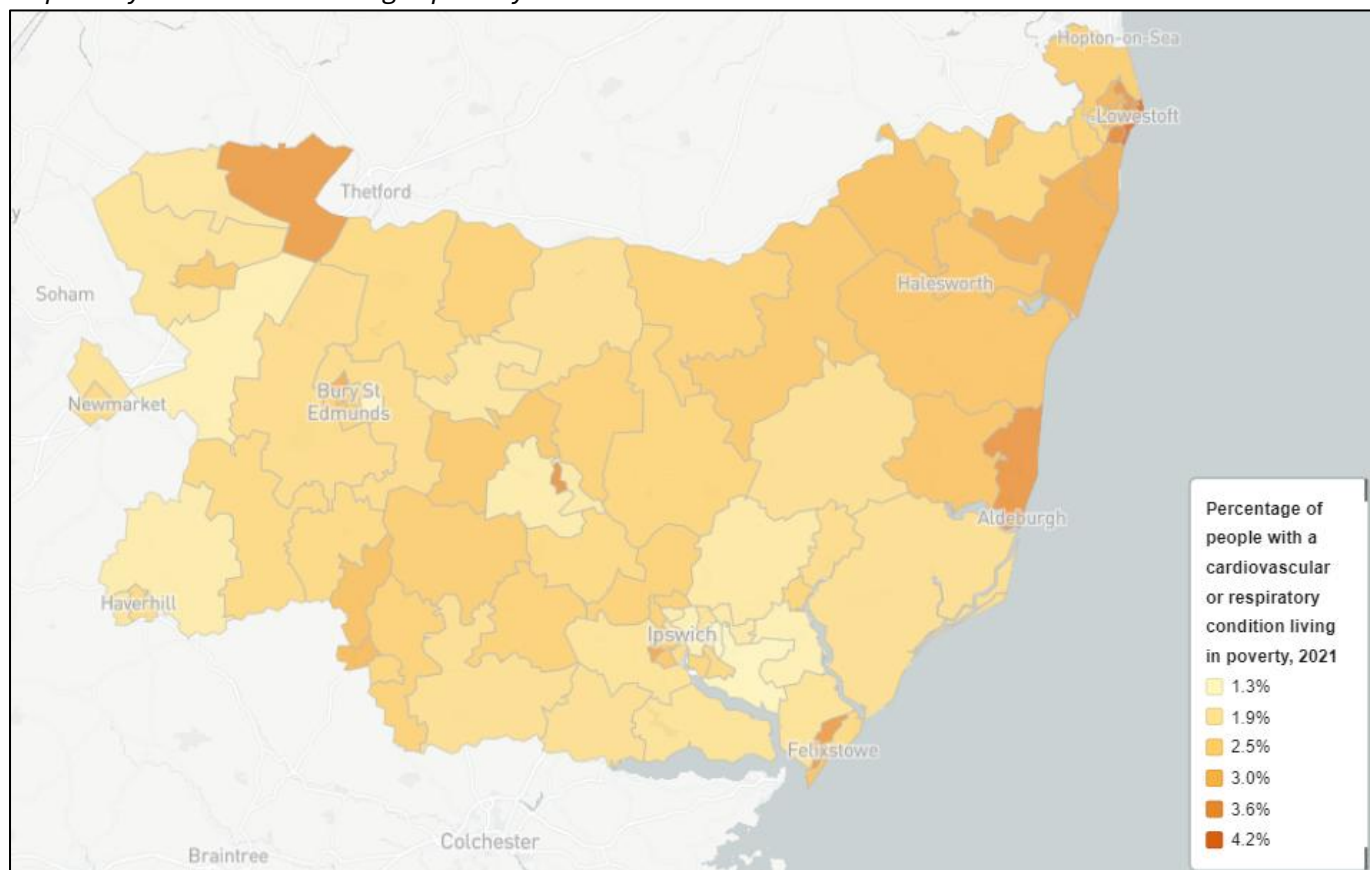
Experimental analysis published in 2022 by the Office for National Statistics also explores the number of people with cardiovascular or respiratory conditions living in poverty in private households in England. The map in figure 7 below shows the estimated number of people with a cardiovascular or respiratory condition living in poverty in private households by MSOA within Suffolk. MSOAs with the highest percentage of people with a cardiovascular or respiratory condition also living in poverty were:

- Lowestoft (Lowestoft Harbour & Kirkley: 4.2%, Lowestoft Central: 3.5%, Gunton West: 3.6%, Oulton: 3.1%, Pakefield North: 3.8%, Pakefield South & Kessingland: 3.2%, Southwold, Reydon & Wrentham: 3.2%)
- Leiston & Aldeburgh: 3.6%



- Felixstowe West: 3.5%
- Belstead Hills: 3.3%
- Stowmarket West: 3.6%
- Howard Estate & Northgate: 3.2%
- Brandon: 3.5%

Figure 7: Suffolk MSOAs and the percentage of people living in private households with a cardiovascular or respiratory condition also living in poverty as of 21st of March 2021



Source: ONS – [Estimating the number of people with cardiovascular or respiratory conditions living in poverty, England: 2021](#)

Housing conditions may also increase vulnerability to cold weather. An estimated 11% of private sector homes in Suffolk contain an excess cold hazard ([BRE Integrated Dwelling Level Housing Stock Modelling Report 2024](#)). The highest proportions are found in Mid Suffolk (20%) and the lowest in Ipswich (3%), suggesting that cold-related housing risks may be particularly important in some rural parts of the county.

People experiencing homelessness or who are in temporary accommodation may lack access to cool environments during hot conditions, and warm environments during cold conditions. Suffolk's overall rate of homelessness and temporary accommodation is statistically similar (13.8 per 1,000) to the England average (13.6 per 1,000) in 2024/25 ([Homelessness: households owed a duty under the Homelessness Reduction Act 2023/24 – Fingertips](#)), equating to 4,705 households. However, Ipswich's rate of homelessness and temporary accommodation is statistically significantly higher (26.2 per 1,000) than England's – equating to 1,549 households – and suggests that Ipswich is particularly at risk of health impacts of hot and cold conditions.

Around one third of Suffolk's homeless households are legally recognised as being as being owed a duty to receive support under the Homelessness Reduction Act, highlighting the scale of need among households who may require additional support, such as emergency shelter provision, during periods of extreme heat or cold.



Pre-existing health conditions (including mental health), and pregnancy:

Health conditions such as heart or respiratory disease, or kidney disease can be exacerbated during hot or cold weather. Suffolk has a higher prevalence of people with these conditions than the England average, which suggests that Suffolk is likely to experience more health impacts associated with hot and cold weather than other areas.

For example:

- The prevalence of coronary heart disease (CHD) in Suffolk is 3.6% ([CHD: QOF prevalence 2024/25 – Fingertips](#)), which is statistically significantly higher than the England average (3.0%). Suffolk also has a higher prevalence than all county councils in the East of England region (except Norfolk, which has the same prevalence as Suffolk).
- The prevalence of asthma in Suffolk is 7.7% ([Asthma QOF prevalence 2024/25 – Fingertips](#)), which is statistically significantly higher than the England average (6.6%). Suffolk is in the top 13% of all upper tier local authorities in England for asthma prevalence and has the second-highest prevalence of asthma of all county councils in the East of England region.
- The prevalence of Chronic Obstructive Pulmonary Disease (COPD) in Suffolk is 2.1% ([COPD: QOF prevalence 2024/25 – Fingertips](#)), which is statistically significantly higher than the England average (1.9%). Suffolk is the third-highest prevalence of COP of all county councils in the East of England region.
- The prevalence of chronic kidney disease (CKD) in Suffolk is 6.3% ([CKD: QOF prevalence \(18+ years\) 2024/25 – Fingertips](#)), which is statistically significantly higher than the England average (4.6%). Suffolk has the highest prevalence of CKD of all county councils in the East of England.

People with pre-existing mental health conditions can face greater health risks during periods of extreme heat. Some mental health medications can affect the body's ability to regulate temperature, while cognitive symptoms may make it harder to recognise and respond to the symptoms of heat stress. Heat stress may also exacerbate conditions including depression and psychosis ([UKHSA](#)).

The prevalence of severe mental health conditions in Suffolk is 1% ([Mental Health: QOF prevalence \(All ages\) 2024/25 – Fingertips](#)), which is similar to England (1%). However, the prevalence of depression in Suffolk is 14.8% ([Depression: QOF prevalence 2024/25 – Fingertips](#)), which is statistically significantly higher than the England average (14.3%). Suffolk also has the highest prevalence of depression of all county councils in the East of England region.

Additionally, those on medications that impact heart or kidney function, cognition, or ability to sweat (and therefore cool down) may be at additional risk during hot weather. Those who are housebound or have limited mobility may be at additional risk during both hot and cold weather. Finally, both hot and cold weather increase the risk of pre-term birth, so being pregnant has an additional risk during hot and cold conditions ([UKHSA](#)).

Outdoor activity:

Prolonged outdoor activity increases the risk of overheating in hot weather or suffering from hypothermia during cold weather. Therefore, those who work outside – such as farmers, construction workers, and emergency responders – are at particular risk of health impacts of hot and cold weather, as are those participating in outdoor leisure activities ([UKHSA](#)). A number of these groups are significant to the Suffolk economy and make up important sectors of the working age population.



Health and social care, and educational settings:

Workplaces in any sector that are susceptible to overheating – particularly those located in urban areas which may be at elevated risk of overheating due to the ‘urban heat island’ effect – pose a health risk to those working within them. However, health and social care or educational settings are more likely to have a higher proportion of people who are at particular risk of health impacts from overheating (e.g. hospital patients already experiencing poor health, older adults in residential care homes, or children in school).

Staff in these settings may also have additional challenges in managing the health and safety of patients, residents, and pupils during periods of extreme heat. These challenges were highlighted during the June 2026 heatwave. In a self-reported survey of over 1,000 healthcare workers, the [Doctors’ Association UK](#) reported that 68% of respondents reported impacts on patient safety, including difficulties with delivering care, storing medicine, and equipment reliability, and 87% reported that they or colleagues had felt unwell because of the heat.

Understanding heat risk areas within Suffolk:

Heat vulnerability is influenced by a combination of environmental, demographic, and socioeconomic factors, including housing quality, deprivation, existing health conditions, social isolation, and access to green space. Evidence from local authority heat resilience work suggests that these wider determinants can significantly influence an individual’s ability to cope with periods of extreme heat ([weADAPT](#)). Understanding how these factors intersect locally can help identify communities that may be disproportionately affected by extreme heat and at greater risk of adverse health outcomes.

While Suffolk-specific heat risk mapping is not currently available, several tools can be used to support understanding of heat-related risk at a local level. The [Climate Just Map Tool](#) identifies areas of heat disadvantage using a combination of climate, demographic and socio-economic indicators, while [Natural England’s Green Infrastructure Mapping Database](#) includes urban heat island mapping, highlighting areas where the built environment may contribute to higher temperatures than surrounding locations. Using these tools could support a proportionate, evidence-led approach to targeting practical local action where heat-related health risks are greatest.

These tools can be used alongside the UKHSA [Local Authority Risk and Adaptation Toolkit: Heat Edition](#). This toolkit has been designed to help local authorities assess heat-related health risks and plan actions to protect health and will be reviewed and taken forward into the recommendations of this Health Needs Assessment. The toolkit will help:

- assess local preparedness for heat-related health risks, including current areas of strength
- identify gaps and areas for improvement in local plans and services
- assess local approaches to protect at-risk groups such as older people, children, and those with health conditions
- plan practical actions guided by national guidance and good practice
- monitor progress using dashboards and/ or visualisations

Conclusion:

Residents of Suffolk face a complex mix of vulnerabilities when it comes to both extreme heat and extreme cold. This is driven by a range of factors including demographic trends, housing quality, and deprivation. This means risks are not distributed evenly across Suffolk’s geographical areas. Overall, Ipswich, Lowestoft, and Stowmarket



may be at risk of the greatest temperature-related health impacts, since they are areas where various risk factors – such as urban location, deprivation, and fuel poverty – intersect and combine.

In the summer, older people—especially those 65 and above—are at highest risk of heat-related illness and death, with excess mortality rates peaking during heat episodes across the East of England and nationally. Factors compounding their increased risk include pre-existing cardiovascular and respiratory conditions, physical immobility, and limited social or community support. Economic hardship also plays a role: households on low incomes may struggle to afford cooling measures or live in homes that are more susceptible to overheating, while poor housing, language barriers or low awareness of alert systems can further inhibit protective actions.

In Suffolk specifically, projections suggest hotter and more frequent heatwaves, while heat-health risk assessments highlight socio-economic deprivation, housing conditions, and older age as key vulnerability factors.

However, while overall warming increases heat-related risk, it does not eliminate the health impacts of cold weather. In Suffolk, just over one in ten households live in fuel poverty, while poor quality housing, including damp and mould, is likely to remain an important factor in cold-related health risks in Suffolk in the short to medium term. Combined with Suffolk's ageing population, these factors mean that cold-weather impacts are likely to remain significant for many years to come.

In both extreme heat and cold, Suffolk's ageing demographic compounds risk—older adults living alone, in poor quality homes, on limited incomes, are most exposed. Poor housing and fuel insecurity underpin vulnerability across temperature extremes, exacerbating health inequalities and amplifying the impact of these temperature changes.

Suffolk's ageing population, housing challenges and areas of deprivation mean that both extreme heat and cold will continue to affect health and wellbeing across the county, with the greatest impacts likely to fall on those already at increased risk of poor health.