

# Physical Health

## State of Children in Suffolk

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## Summary

This section examines the health and wellbeing of children and young people in Suffolk to understand the specific needs within the local area.

[Giving every child the best start in life](#) is crucial in establishing a good foundation for future development. This begins before a child is born: smoking or being very overweight in pregnancy can have negative effects on a child's health. [Breastfeeding babies](#) (where possible) has short and long term benefits (for example, reducing cardiovascular disease in adulthood). Children who suffer neglect and extreme lack of stimulation in infancy have decreased brain function and can inhibit their capacity to learn and thrive. Interventions in early infancy can improve educational attainment, economic status, and health (including mental health).

Prevention of ill-health and early intervention in childhood can develop and maintain healthy behaviours throughout life, particularly immunisations, weight and oral health (Royal College of Paediatrics and Child Health, [State of Child Health](#), 2020).

Areas that may require further investigation have been highlighted. These include:

- where Suffolk's figures are significantly worse than England
- where Suffolk's figures have declined significantly
- where there is significant variation and possible health inequalities across Suffolk

Health and wellbeing indicators reveal mixed outcomes. Suffolk has statistically significantly lower rates of excess weight among 10-11 year olds (34.1%) compared to England (35.8%), but with significant local variations and a concerning upward trend compared to 2007/08.

# Maternal health

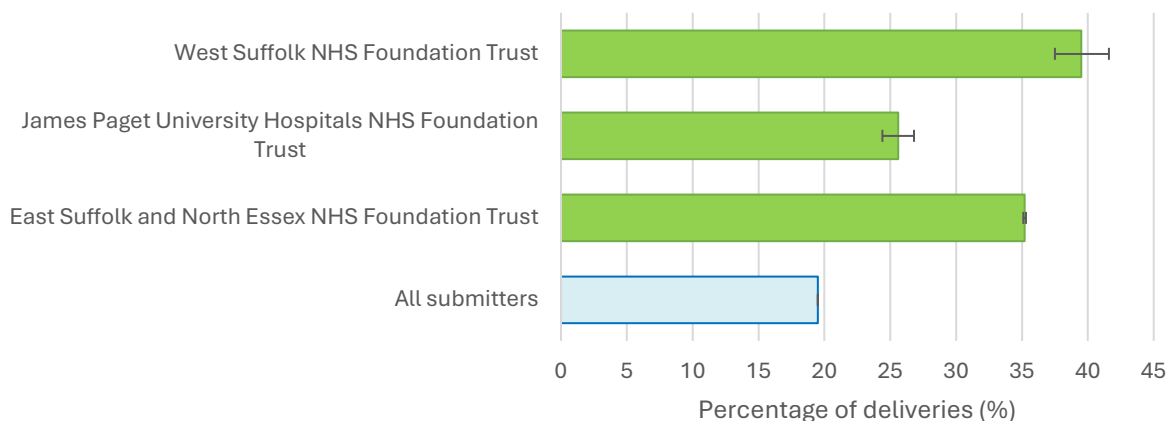
## Fertility rates

In 2022 there were 6,858 live births in Suffolk. Total Fertility Rate (TFR) is defined as the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year throughout their childbearing lifespan. The TFR across Suffolk's districts and boroughs ranged from 1.52 in Babergh to 1.63 in West Suffolk ([Office for National Statistics 2024](#)).

## Folic acid

The percentage of women who started taking folic acid supplements prior to pregnancy (as reported at the time of their maternity booking appointment within the period) is important for the development of a healthy foetus and to reduce the risk of neural tube defects including spina bifida. It can also be used as a proxy indicator of preconception care. In 2022/23, each Suffolk NHS hospital recorded a significantly higher percentages of deliveries to women who had started supplements than England as a whole (Figure 1).

**Figure 1: Percentage of deliveries to women taking folic acid supplements before pregnancy, 2022-23, by NHS hospital, Suffolk**

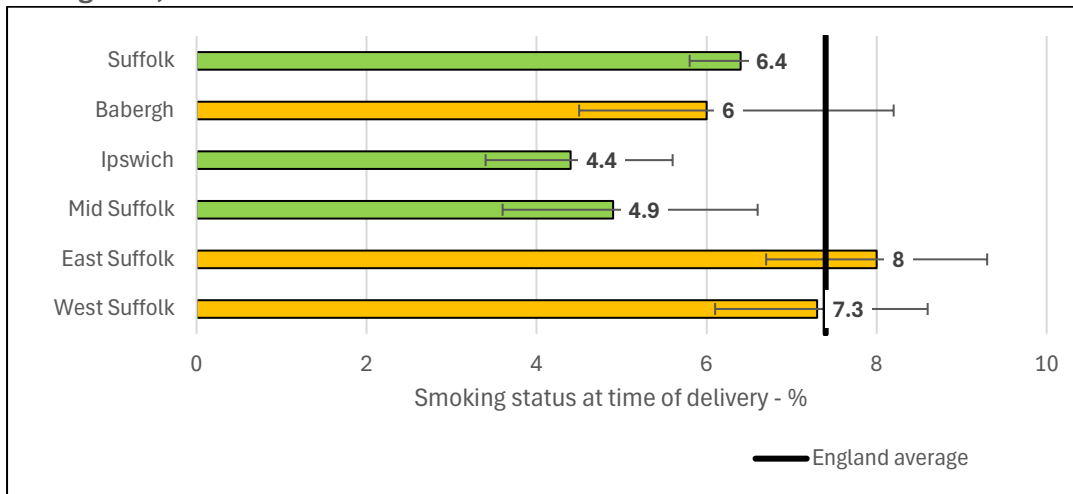


Source: [NHS Maternity statistics, 2022-23](#)

## Smoking in pregnancy

Smoking during pregnancy is known to cause serious health problems, affecting the growth and development of the baby and the health of the mother. Issues include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birthweight, and sudden unexpected death in infancy. The [Tobacco Control Plan](#) contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022 ([Smoking status at time of delivery](#), Office for Health Improvement and Disparities (OHID) 2023).

**Figure 2: Smoking status at time of delivery, Suffolk districts and boroughs compared to England, 2023/24**



Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)  
 Source: [Smoking status at time of delivery](#) (OHID, 2023)

In 2022/23, 6.4% of women who gave birth in Suffolk were smokers at the time of delivery, a total of 393 mothers (Figure 2). This rate is statistically significantly lower than the England average of 7.4%. The Suffolk figure has also statistically significantly decreased from 16.1% in 2010/11, to the rate of 6.4% in 2023/24 ([Smoking status at time of delivery](#) (OHID, 2023)).

In Babergh, East and West Suffolk, the percentage of mothers known to be smokers at the time of delivery is significantly similar to England, while Mid Suffolk and Ipswich are significantly better (lower) than England (Figure 2).

## Birth and infancy

### Stillbirths

There were 77 stillbirths in Suffolk between 2020-22. The rate of stillbirths in Suffolk (3.7 per 1,000) is statistically similar to the England average and has not statistically significantly improved from the stillbirth rate in 2010-12.

Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes, and history of mental health problems, antepartum haemorrhage, and foetal growth. In 2015 the government announced an ambition to halve the rate of stillbirths by 2030 ([Stillbirth crude rate per 1,000](#), OHID, 2024).

### Low birth weight

Low birth weight is a major factor in infant mortality, childhood illnesses, developmental issues, and poorer health in later life. Low birthweight is associated with social inequalities, which are also likely to last throughout the life course ([Low birth weight indicator](#), OHID).

Low birth weight is often associated with premature births. Premature births are associated with smoking during pregnancy and exposure to tobacco smoke.

At a population level, increasing numbers of low birth weights may indicate declining health and increasing inequalities in the Suffolk population. Targeting maternal health, socioeconomic

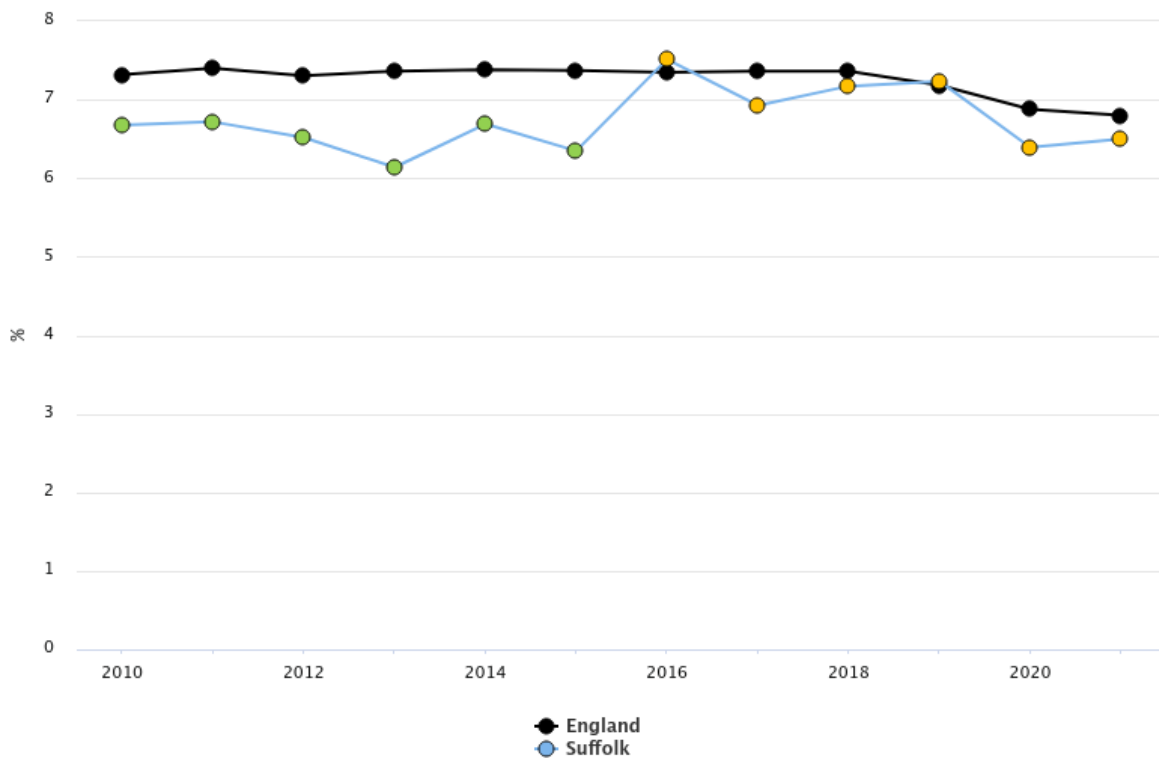
inequalities, and antenatal health care can reduce the number of babies born with a low birth weight ([Nuffield Trust, low birth weight](#), 2024). Further investigation may be needed to understand any potential gaps in maternity services.

Low birth weight is defined as a live birth with a recorded birth weight under 2.5kg and a gestational age of at least 37 complete weeks. This is recorded as a percentage of all live births with recorded birth weight, and a gestational age of at least 37 complete weeks.

For Suffolk in 2022, 2.9% (n=175) of term births were classified as a low birth weight ([Low birth weight of term babies](#), OHID, 2023). This percentage was statistically similar to the England average (2.9%). Each district of Suffolk was also statistically significantly similar to England.

In 2021 (latest data available), 6.5% (429) of **all** live births in Suffolk were low birth weight, not statistically significantly different from England (Figure 3).

**Figure 3: Low birth weight (percentage of all births), Suffolk and England, 2010-21**



Green indicates better (95%) than England, yellow is similar to England, and red is worse (95%).

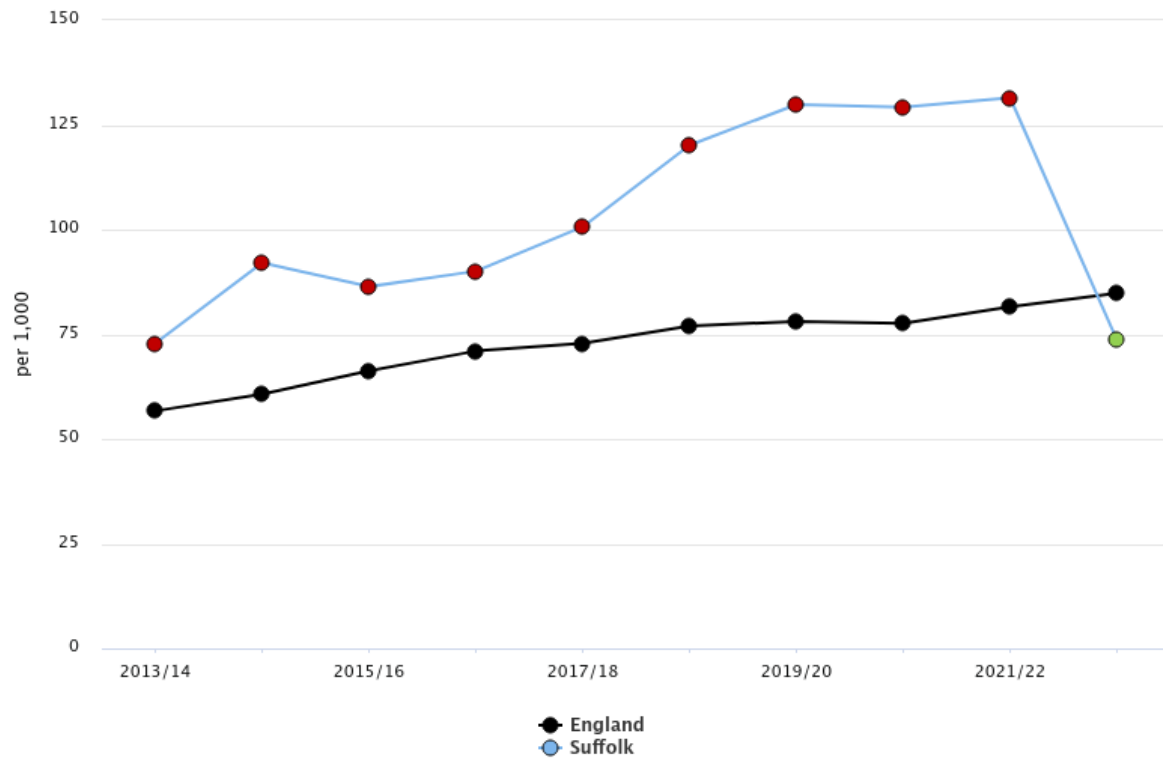
Source: [Low birth weight of all babies \(%\)](#), (OHID, 2023)

## Post-natal admissions

Dehydration and jaundice are two common reasons for readmission of babies and are often linked to problems with feeding ([Admissions of babies under 14 days](#), OHID, 2024). Further investigation may be needed to understand any potential gaps in maternity services.

Suffolk had a statistically significantly lower (better) rate of hospital admissions for babies aged under 14 days old in 2022/23 (73.6 per 1,000), ranked fifth (where 1 is best) in the East of England (11 areas), compared to 84.8 per 1,000 for England (Figure 4). In 2022/23, admissions fell to 445 (almost half the number in the previous year, 825), a statistically significant reduction. Work is ongoing to identify the causes, which may be a change in reporting or a change in maternity services.

**Figure 4: Admissions of babies under 14 days, Suffolk compared to England, 2013/14 - 2022/23, crude rate per 1,000**



Green indicates better (95%) than England, yellow is similar to England, and red is worse (95%).

Source: [Admissions of babies under 14 days](#), OHID, 2024

Data on hospital admissions for lower respiratory tract infections in infants aged under one year can help in understanding the prevalence of infections, the effectiveness of immunisation programmes (e.g., for pertussis or RSV), and potential environmental or social determinants like air quality and housing conditions. Suffolk performs statistically significantly worse than England and has done for all years for which data is available (2011/12 – 2022/23) ([Admissions for lower respiratory tract infections \(under 1 year\)](#), OHID, 2024).

## Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects determinants of population health such as economic, social and environmental conditions. In particular, deaths occurring during the first 28 days of life (the neonatal period) are considered to reflect the health and care of both mother and newborn. Reducing infant mortality overall and the gap between the richest and poorest groups are part of the Government's strategy for public health ([Office for Health Improvement and Disparities 2024](#)).

66 infants aged under 1 year of age who lived in Suffolk died in 2020-22. This was a rate of 3.2 infant deaths per 1,000 live births, which was statistically similar to the national rate of 3.9 per 1,000 live births ([Infant mortality rate 2020 - 22, Crude rate - per 1,000](#), OHID, 2023).

## Breastfeeding

Breastfeeding has health benefits for both the mother and baby. Breast milk provides the ideal nutrition for infants in the first stages of life. Breastfeeding is associated with improved maternal health: lower risk of breast cancer and endometriosis, and greater postpartum weight

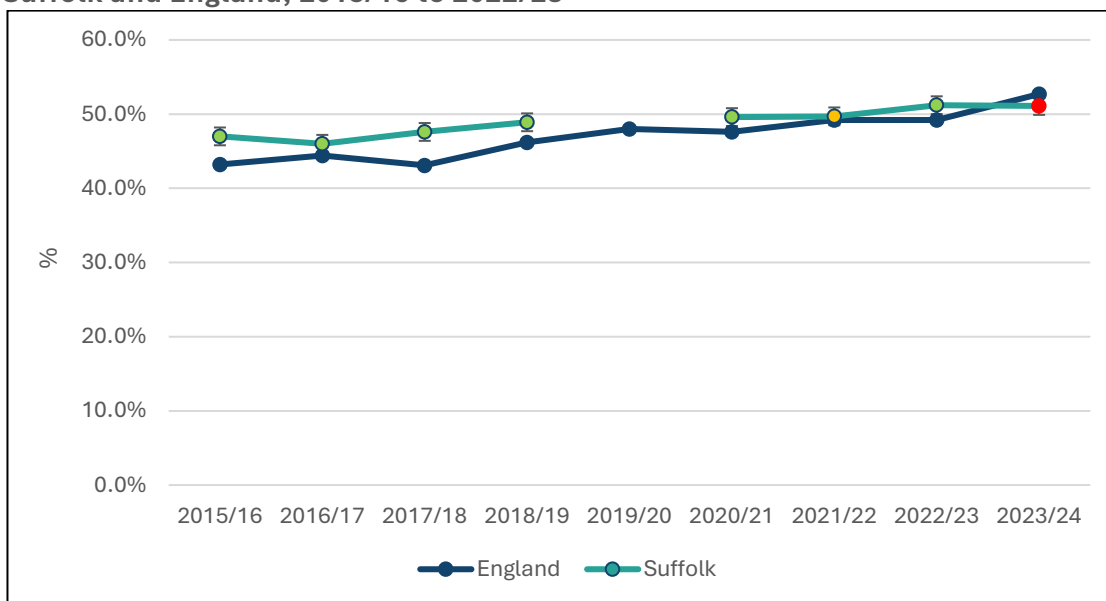
loss and lower body mass index (BMI) in the longer term. Current national and international guidance recommends exclusive breastfeeding for around the first six months of life (NICE 2014). There is evidence that babies that are not breastfed have an increased risk of gastrointestinal and respiratory tract infections, and may be at higher risk of obesity later in life.

76.1% of Suffolk babies were fed breastmilk for their first feed in 2020/21, statistically significantly higher than the England average of 71.7% (Office for Health Improvement and Disparities 2023).

There is also data on the percentage of infants that are totally or partially breastfed at age 6 to 8 weeks (Figure 5). Totally breastfed is defined as infants who are exclusively receiving breast milk at 6 to 8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6 to 8 weeks of age and who are also receiving formula milk or any other liquids or food.

In Suffolk in 2023/24, over half (51.1%) of infants were being either totally or partially breastfed at 6-8 weeks, statistically significantly lower than the England average of 52.7% (Figure 5). This equates to 3,180 infants in Suffolk being breastfed in 2023/24. This is a statistically significant improvement in Suffolk from 47.0% in 2015/16 (Office for Health Improvement and Disparities 2023).

**Figure 5: Breastfeeding prevalence (totally or partially breastfed) at 6 to 8 weeks, Suffolk and England, 2015/16 to 2022/23**



Green indicates better (95%) than England, yellow is similar to England, and red is worse (95%).

Note: Suffolk 2019/20 figure not published for data quality reasons

Source: [Breastfeeding at 6-8 weeks, OHID \(2023\)](#)

England breastfeeding rates (52.7%) are very low compared to other European countries ([Best start in life](#), Department of Health, 2021), for example Norway (89-91%), Sweden (84%) and Spain (72%).



# Long-term conditions

Incidence and prevalence figures for long term conditions such as diabetes, epilepsy and asthma are not published for children and young people at a subnational level, so the sections below give estimates based on national rates.

## Asthma

Asthma is the most common long-term condition among children and young people. The incidence of asthma is higher in children than adults, and some may grow out of the condition ([NICE, prevalence of asthma](#)). The UK has some of the highest prevalence, emergency admission and death rates for childhood asthma in Europe ([Childhood asthma, NHS England](#)). Across England, children living in more deprived areas are more likely to have an emergency admission to hospital for asthma ([England hospital admissions for asthma \(under 19 years\)](#), OHID).

Around one in 11 children and young people live with asthma ([Childhood asthma, NHS England](#)). The latest (2023), experimental data from the NHS Population and person insight dashboard (PAPI) suggests prevalence of asthma by sub-ICB level (Table 1). In each age band (0-4, 5-17, 18-24), sub-ICB areas that cover Suffolk (Ipswich and East Suffolk, West Suffolk, Norfolk and Waveney) have higher prevalence of asthma than England, except age 0-4 in Ipswich and East where prevalence is the same as England (0.9%), however statistical significance has not been published.

**Table 1: Prevalence of asthma by age band and Suffolk sub-ICB area, compared to England, experimental 2023**

	Ipswich & East Suffolk	West Suffolk	Norfolk & Waveney*	England
<b>Aged 0-4</b>	0.9%	1.2%	1.2%	0.9%
<b>Aged 5-17</b>	4.6%	6.1%	4.3%	4.2%
<b>Aged 18-24</b>	6.3%	7.3%	5.6%	5.3%
<b>Aged 0-24</b>	4.4%	5.5%	4.2%	3.9%
<b>Estimated population affected</b>	4,750	3,820	11,495*	

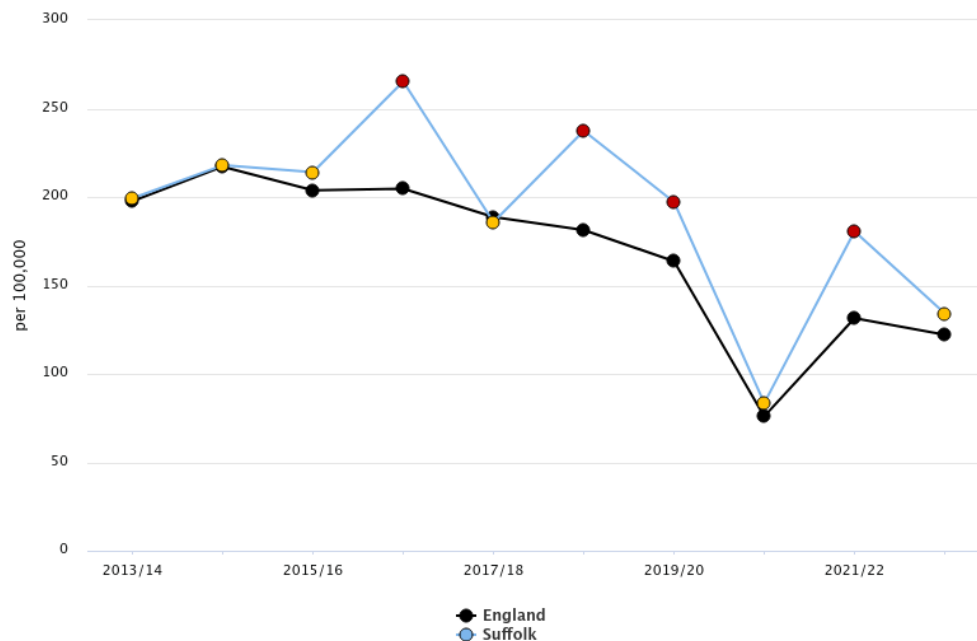
\*Note: Norfolk and Waveney sub-ICB covers the same area as the ICB. The area covered is much larger than the Waveney area of Suffolk

Note: 2023 prevalence percentages (PAPI) applied to [June 2024 registered patient figures](#).

Risk factors for asthma include:

- mother smoking during pregnancy (Figure 2),
- being born prematurely or with a low birth weight (Figure 3) and
- exposure to air pollution ([Suffolk air quality profile, 2021](#)).

Suffolk emergency hospital admissions for asthma in children (under 19 years) have reduced (2022/23 data), so that the rates are now similar to England (Figure 6).

**Figure 6: Hospital admissions for asthma (under 19 years), Suffolk compared to England, 2013/14 – 2022/23**

Green indicates better (95%) than England, yellow is similar to England, and red is worse (95%).  
Source: Hospital admissions for asthma (under 19) (OHID)

Admissions for younger children (aged 0 to 9) remain significantly worse in Suffolk than England (215.3 per 100,000 compared to 154.7 per 100,000) ([Admissions for asthma 0-9](#), OHID).

Admissions for older children (aged 10-18) were statistically better (lower) across Suffolk (51.6 per 100,000) than England (88.2 per 100,000) as a whole ([Admissions for asthma 10-18](#), OHID).

## Diabetes

The UK is one of the ten countries worldwide with the highest estimated number of 0-19 year olds with Type 1 diabetes (31,600 estimated in 2021) ([cases diabetes atlas](#), IDF, 2021), and top twenty for new cases (incidence: estimated 3,500 new cases of type 1 diabetes in people aged 0-19 in 2021) ([new cases - diabetes atlas](#), IDF, 2021).

The latest [National Paediatric Diabetes Audit data \(2022-23\)](#) records 566 children and young people (aged 0-24) with diabetes being looked after by a Suffolk paediatric diabetes unit (PDU) (Table 3). This is an estimate of the number of children and young people in Suffolk who might be living with diabetes as not all will be looked after at one of these units: in England nearly 44% of people aged 0-25 were cared for by PDUs, but almost a third (29.9%) of 16-18 year olds and over two thirds (69.4%) of 19-25 year olds were cared for within primary care ([Children and young people diabetes toolkit](#), NHS 2024). Some children looked after at Suffolk PDUs may be from Essex or Norfolk.

The latest (2023), experimental data from the NHS Population and person insight dashboard (PAPI) suggests prevalence of diabetes by sub-ICB level (Table 2). Suffolk sub-ICB areas appear to have higher prevalence for the 5-17 age band, but statistical significance has not been published. In England, incidence (diagnosis of new cases) of diabetes fell between 2021/22 and 2022/23 ([NPDA 2022-23](#)).

**Table 2: Prevalence of diabetes by age band and Suffolk sub-ICB area, compared to England, experimental (2023)**

	Ipswich & East Suffolk	West Suffolk	Norfolk & Waveney*	England
<b>Aged 0-4</b>	0.1%	0.0%	0.1%	0.0%
<b>Aged 5-17</b>	0.4%	0.4%	0.4%	0.3%
<b>Aged 18-24</b>	0.7%	0.9%	0.8%	0.7%
<b>Aged 0-24</b>	0.4%	0.4%	0.4%	0.4%
<b>Estimated population affected</b>	895	595	2,375	

\*Note: Norfolk and Waveney sub-ICB covers the same area as the ICB. The area covered is much larger than the Waveney area of Suffolk

Note: 2023 prevalence percentages (PAPI) applied to [June 2024 registered patient figures](#).

*People with a learning disability are at greater risk of developing diabetes than the general population. A recent review of available research shows 8.5% of people with a learning disability have Type 2 diabetes.*

*([Children and young people diabetes toolkit](#), NHS 2024)*

**Table 3: Characteristics of children and young people included in the paediatric diabetes audit, Suffolk units, 2022-23**

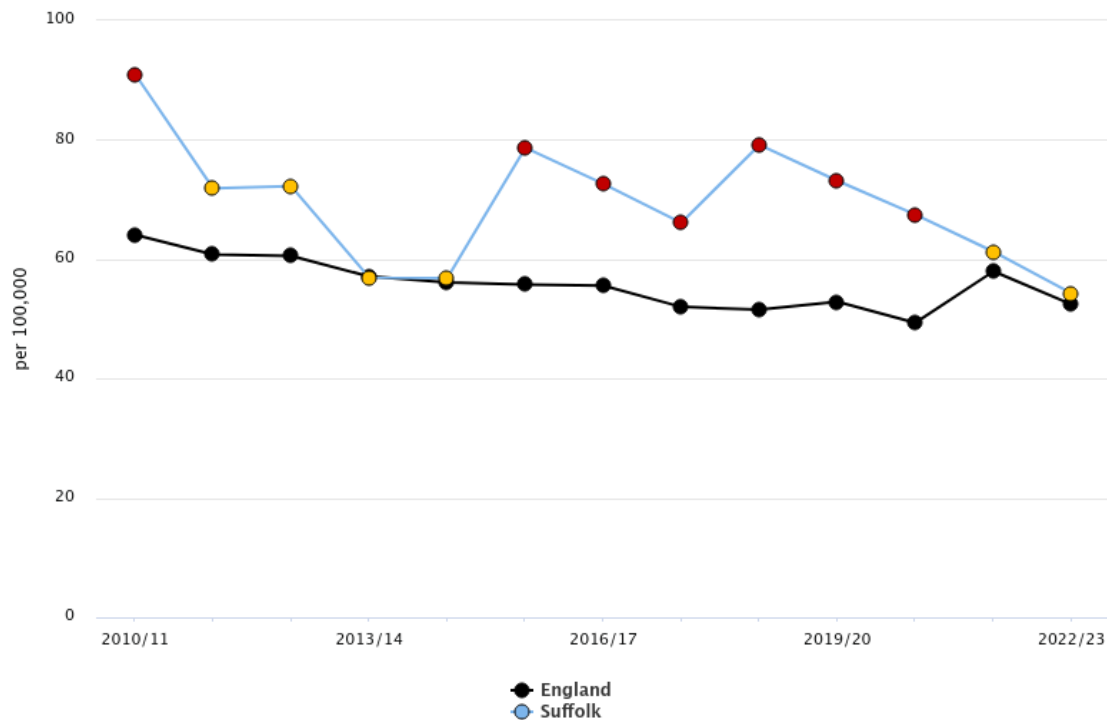
Unit name	West Suffolk Hospital	Ipswich Hospital	James Paget Hospital	East of England (region)	England
<b>Total in audit</b>	176	247	143	3,989	32,673
<b>0-4</b>	4.0%	5.7%	5.6%	5.9%	5.6%
<b>5-9</b>	18.8%	20.2%	13.3%	19.7%	19.7%
<b>10-14</b>	37.5%	37.2%	39.2%	42.2%	41.8%
<b>15+</b>	39.8%	36.4%	42.0%	32.2%	32.8%
<b>White</b>	94.9%	87.9%	92.3%	82.7%	75.5%
<b>Asian</b>	0.0%	2.4%	0.0%	5.3%	8.3%
<b>Black</b>	0.0%	1.6%	0.7%	1.9%	4.7%
<b>Mixed</b>	2.3%	2.4%	7.0%	4.0%	3.6%
<b>Other</b>	0.6%	1.2%	0.0%	1.3%	2.7%
<b>Not Stated</b>	2.3%	4.5%	0.0%	4.8%	5.1%
<b>Type 1</b>	98.3%	95.1%	95.1%	95.8%	93.8%
<b>Type 2</b>	*	2.8%	4.9%	2.6%	3.7%
<b>Other</b>	*	2.0%	0.0%	1.6%	2.5%
<b>Most deprived</b>	4.0%	13.8%	35.7%	12.9%	23.9%
<b>Second most deprived</b>	18.2%	11.7%	20.3%	18.6%	20.7%
<b>Third least deprived</b>	33.5%	28.7%	27.3%	24.7%	19.0%
<b>Second least deprived</b>	31.8%	19.4%	9.8%	21.1%	18.3%
<b>Least deprived</b>	12.5%	26.3%	7.0%	22.7%	18.1%

\* = masked – small numbers

Source: [National Paediatric Diabetes Audit data \(2022-23\)](#)

Emergency hospital admissions for diabetes in children and young people (under 19) for Suffolk have been decreasing (getting better) since 2018/19 and are now significantly similar to England (Figure 7). Admissions for 10-18 year olds are decreasing and getting better, while there's been no significant change to admissions for 0-9 year olds, which are statistically significantly similar to England ([child and maternal health profile](#), OHID).

**Figure 7: Admissions for diabetes (under 19 years), Suffolk compared to England over time, crude rate per 100,000**



Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)  
 Source: [trends in admissions for diabetes \(under 19 years\)](#), OHID.

## Epilepsy

Epilepsy is the most common significant long-term neurological condition of childhood and affects an estimated 112,000 children and young people in the UK (Royal College of Paediatrics and Child Health: [Epilepsy: State of Child Health](#), 2020).

Epilepsy usually starts in childhood or in people over 60. Definitive diagnosis is difficult due to lack of specific diagnostic test, and therefore both under and over diagnosis occurs. Recorded prevalence of epilepsy has reduced in recent years, which may partly reflect more specific diagnosis (Royal College of Paediatrics and Child Health: [Epilepsy: State of Child Health](#), 2020).

One in every 220 children under 18 are estimated to have a diagnosis of epilepsy ([Epilepsy facts and terminology](#), British Epilepsy Association). This suggests that 685 children and young people in Suffolk have epilepsy (2023 population estimates).

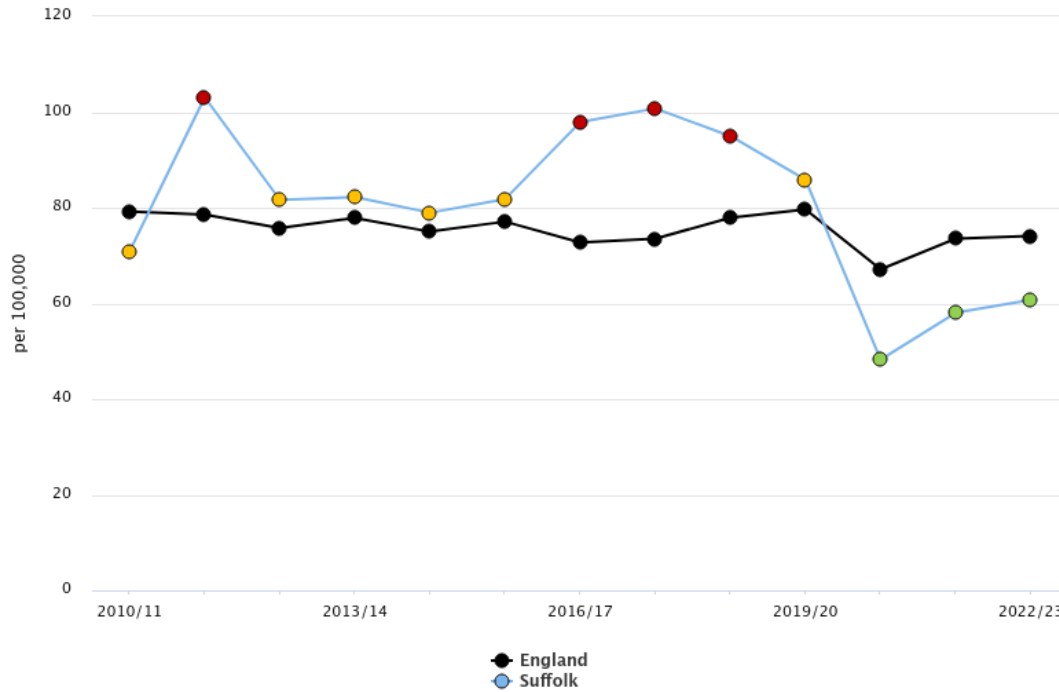
Epilepsy is associated with a higher risk of mental health problems: 37% of children with epilepsy have a co-existing mental health disorder, a higher prevalence than found in other long term childhood conditions (Royal College of Paediatrics and Child Health: [Epilepsy: State of Child Health](#), 2020).

Not all emergency admissions to hospital for epilepsy or seizures are avoidable. However, there is evidence that education, support with epilepsy medications and emergency seizure management plans can reduce emergency admissions (Royal College of Paediatrics and Child Health: [Epilepsy: State of Child Health](#), 2020).

Emergency admissions for epilepsy in children and young people aged under 19 in Suffolk have recently declined and are getting better (60.7 per 100,000 crude rate compared to England's

74.1), partly driven by improvements in emergency admissions for young people aged 10-18 Suffolk crude rate 38.7 per 100,000, England 54.4). The 0-19 admissions for epilepsy crude rate (per 100,000) is statistically significantly lower (better) than England (Figure 8).

**Figure 8: Emergency admissions for epilepsy (under 19 years), Suffolk compared to England**



Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)  
 Source: [trends in emergency admissions for epilepsy \(under 19 years\)](#), OHID.

## Weight

There is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Health consequences of childhood obesity: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma, psychological problems such as social isolation, low self-esteem, teasing and bullying. (Royal College of Paediatrics and Child Health: [State of Child Health](#), 2020).

It is important to look at the prevalence of weight status across all weight and Body Mass Index (BMI) categories to understand the whole picture and the movement of the population between categories over time. The National Child Measurement Programme (NCMP) collects height and weight measurements of children primarily in mainstream state-maintained schools in England. Table 4 and Table 6 summarise 2023/24 NCMP results for Suffolk, compared to England. Excess weight includes children classified as overweight or obese.

### Reception (children aged 4 to 5)

Suffolk has a statistically similar percentage of children with excess weight for 4-5 year olds (21.5%) compared to the England average (22.1%) (Table 5), although Suffolk's recent trend is

“decreasing and getting better” according to OHID. There is marked variation at ward level (Figure 9).

The proportion of children in Suffolk who are underweight at Reception has not changed significantly in recent years (since 2021/22) and is not significantly different from England as a whole (Table 5). Limited data is available at lower tier local authority level: Ipswich and West Suffolk are statistically significantly similar to England, while East Suffolk is better (lower) than England.

**Table 4: Number and proportion of children in reception (aged 4-5) by weight group for Suffolk and England (2023/24)**

Weight group	Suffolk count	Suffolk percentage of children	England percentage of children
Healthy weight	5,340	77.7%	76.8%
Under weight	55	0.8%	1.2%
Overweight	860	12.5%	12.4%
Obese	615	9.0%	9.6%
<b>Excess weight (overweight or obese)</b>	<b>1,475</b>	<b>21.5%</b>	<b>22.1%</b>

Source: [Obesity profile, OHID \(2024\)](#)

**Table 5: Proportions of children in each weight group for England, Suffolk and Suffolk district and boroughs for reception (4-5 year olds), 2023/24**

Indicator	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Healthy weight	76.8%	77.7%	77.4%	77.5%	77.1%	79.4%	78.1%
Underweight	1.2%	0.8%	*	0.5%	1.6%	*	0.9%
Overweight	12.4%	12.5%	12.9%	12.7%	11.9%	13.3%	12.3%
Obese	9.6%	9.0%	9.0%	9.4%	9.7%	6.1%	9.0%
Excess weight (overweight and obese)	22.1%	21.5%	21.9%	22.0%	21.3%	20.0%	21.3%

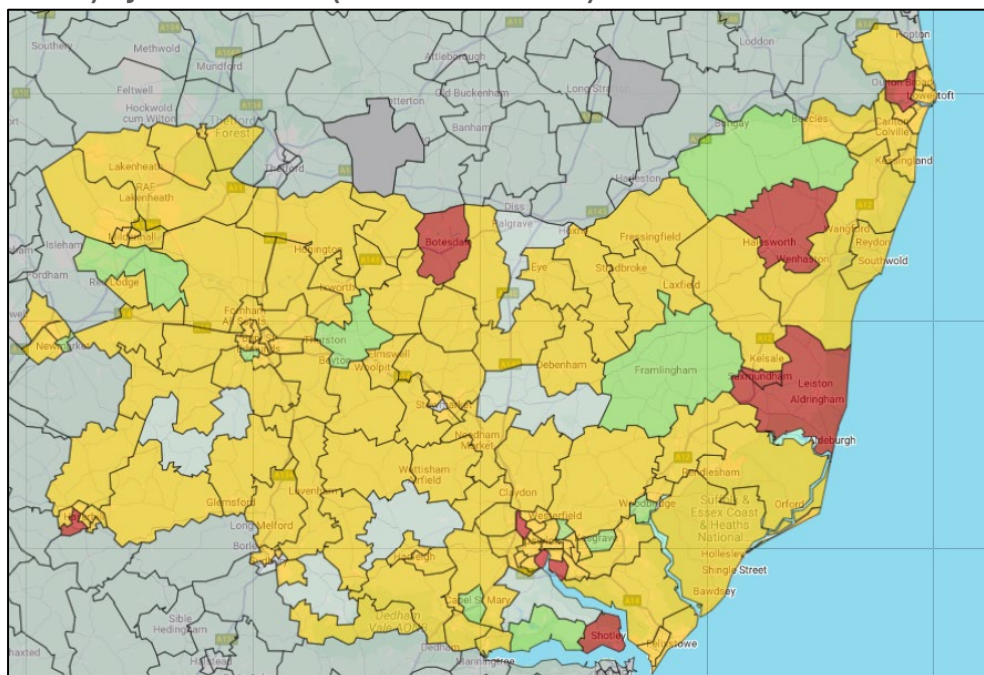
Notes: Statistically significantly compared to England: Green indicates better (95%) than England, yellow is similar to England, and red is worse (95%).

\*Value suppressed for disclosure control reasons

Source: [NCMP data Reception \(4-5 year olds\)](#) (OHID)



**Figure 9: Children in reception year (4-5 yr olds) with excess weight (overweight or obese) by Suffolk ward (2021/22 - 2023/24)**



Note: data is compared to the England average. Green indicates better (95%) than England, yellow is similar to England, and red is worse (95%).

Source: [Map 3 years combined Reception excess weight, OHID \(2024\)](#) (2023)

## Year 6 (children aged 10 to 11)

Excess weight for 10-11 year olds in Suffolk (34.1%) was statistically significantly lower (better) than the England average (35.8%) in 2023/24 (Table 7), although the Suffolk trend is “increasing and getting worse” compared to pre-COVID figures (2019/20 and earlier). There is some variation across Suffolk’s districts and boroughs and at ward level ( Table 7, Figure 10).

The proportion of children in Suffolk who are underweight has not changed significantly since 2016/17 and is not significantly different from England as a whole (Table 7). The prevalence of underweight children in Year 6 was statistically similar to England in all Suffolk lower tier local authorities.

**Table 6: Number and proportion of children in Year 6 (aged 10-11) by weight group for Suffolk and England (2023/24)**

Weight group	Suffolk count	Suffolk percentage of children	England percentage of children
Healthy weight	4,840	64.4%	62.5%
Under weight	110	1.5%	1.7%
Overweight	1,025	13.6%	13.8%
Obese	1,540	20.5%	22.1%
<b>Excess weight (overweight and obese)</b>	<b>2,565</b>	<b>34.1%</b>	<b>35.8%</b>

Source: [Obesity profile, OHID \(2024\)](#)

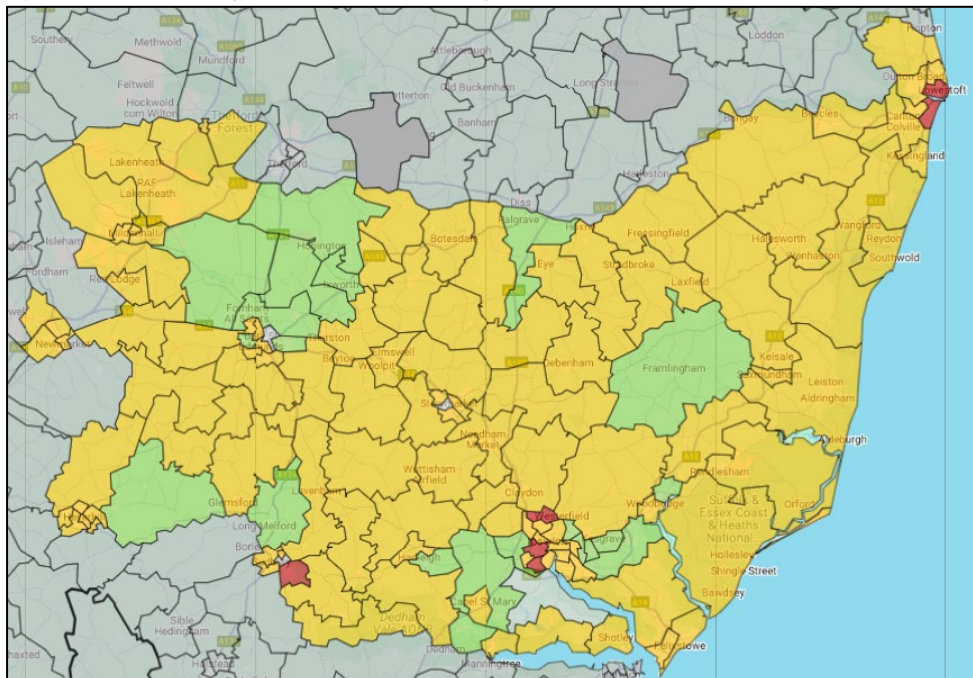
**Table 7: Proportions of children in each weight group for England, Suffolk and Suffolk district and boroughs for year 6 (10-11 year olds), 2023/24**

Indicator	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Healthy weight	62.5%	64.4%	65.7%	65.9%	61.5%	63.9%	64.9%
Underweight	1.7%	1.5%	1.2%	1.8%	1.5%	1.5%	1.1%
Overweight	13.8%	13.6%	14.5%	13.3%	13.6%	13.9%	13.2%
Obese	22.1%	20.5%	18.6%	19.1%	23.4%	20.6%	20.4%
Excess weight (overweight and obese)	35.8%	34.1%	33.1%	32.6%	37.0%	35.1%	33.6%

Note: Statistically significantly compared to England: Green indicates better (95%) than England, yellow is similar to England, and red is worse (95%).

Source: [NCMP data, Year 6 \(10-11 year olds\)](#) OHID

**Figure 10: Children in year 6 (10-11 yr olds) with excess weight (overweight or obese) by Suffolk ward (2020/21 - 2023/24)**



Note: data is compared to the England average. Green indicates better (95%) than England, yellow is similar to England, and red is worse (95%).

Source: [Map 3 years combined Year 6 excess weight, OHID \(2024\)](#)

Obesity levels among 10-11 year olds in Suffolk have increased from 15.2% in 2007/08, now affecting over 1 in 5 children (20.5%) in 2023/24, although throughout that time they have remained statistically significantly lower than England ([Year 6 prevalence of obesity trends](#), OHID, 2024).

## Weight and inequalities

### Ethnicity

Reception-aged children in Suffolk from Any other Black background (25.0%), or Black African (14.3%) have a statistically significantly higher prevalence of obesity (including severe obesity) compared to Suffolk ([Reception data by ethnic group, 2019/20 to 2023/24 combined data](#), OHID, 2024).

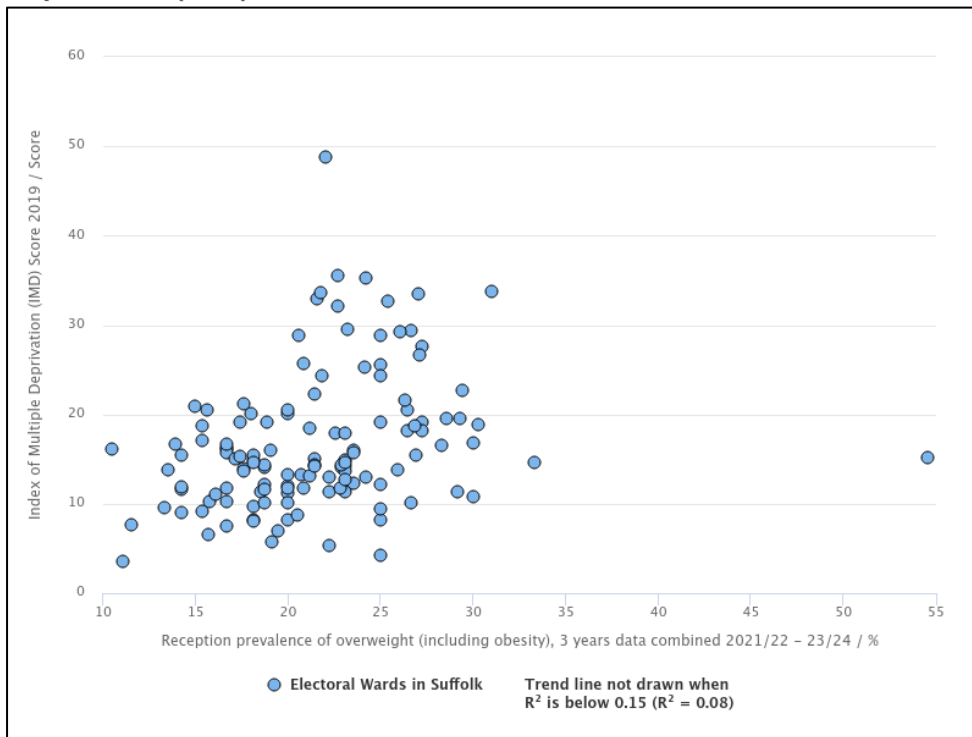


Year 6 children in Suffolk from Bangladeshi (35.55%), White and Black African (27.9%), Black African (25.5%), Any other ethnic group (24.6%) or Any other mixed background (24.4%) all have statistically significantly higher prevalence of obesity (including severe obesity) compared to Suffolk for the period 2019/20 to 2023/24 ([Year 6 data by ethnic group, 2019/20 to 2023/24 combined data, OHID, 2024](#)). Year 6 boys (21.1%) also had a statistically significantly higher prevalence of obesity (including severe obesity) compared to girls (17.1%) over the 5 year period between 2018/19 to 2022/23 ([Office for Health Improvement and Disparities 2023](#)).

### Relative deprivation

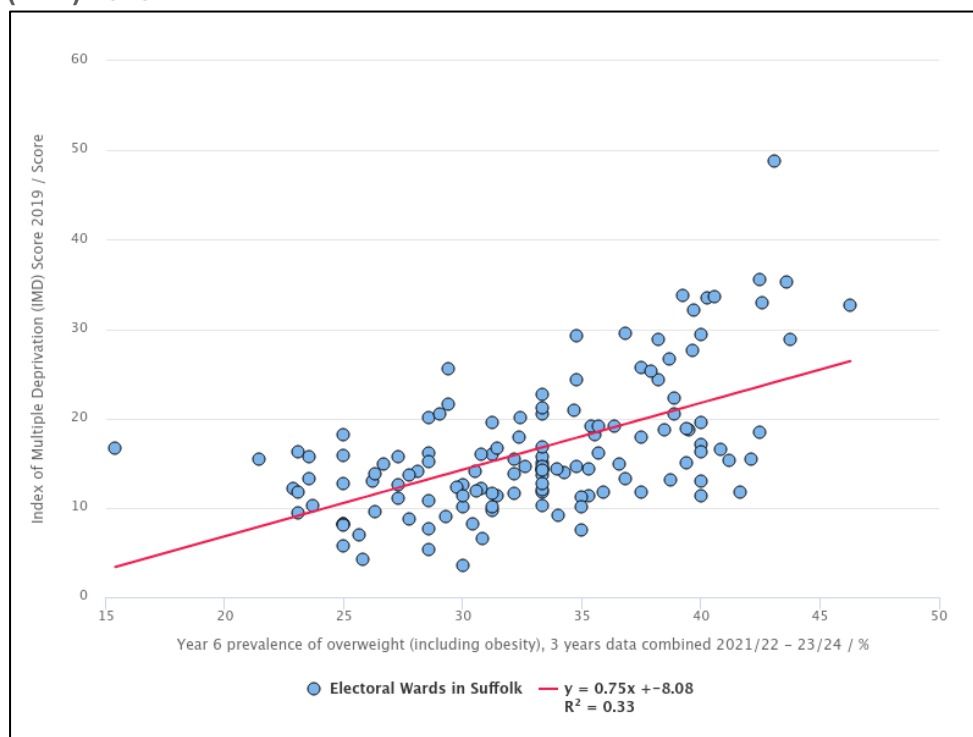
Nationally, there is a strong association between deprivation and obesity in children (Royal College of Paediatrics and Child Health: [State of Child Health, 2020](#)). Figure 11 and Figure 12 highlight the relationship between excess weight and deprivation, which is stronger for year 6 excess weight (Figure 12).

**Figure 11: Proportion of reception children with excess weight (overweight or obese) by Suffolk ward (2021/22 – 2023/24) and deprivation score (Index of Multiple Deprivation (IMD) 2019)**



Source: [Reception prevalence of overweight \(3 years combined\) by ward and deprivation \(2024\)](#)

**Figure 12: Proportion of year 6 children with excess weight (overweight or obese) by Suffolk ward (2021/22 – 2023/24) and deprivation score (Index of Multiple Deprivation (IMD) 2019)**



Source: [Year 6 prevalence of overweight \(3 years combined\) by ward and deprivation](#) (2024)

## Perceptions of weight – Suffolk young people

In the latest [My Health, Our Future \(Phase 7, 2022/23, Healthwatch Suffolk\)](#):

- nearly half (46%/ 5,388) of students indicated that they had no worries regarding their weight
- 21% (2,455) of students expressed concern about being overweight
- 8% (951) voiced concern about being underweight.

Among the 3,405 young people who expressed weight concern, the most favoured response for what would help them manage their weight was information on losing or gaining weight (35%), closely followed by information about healthy diets (31%).

## Fruit and vegetable consumption

There is limited local data on children's fruit and vegetable consumption in Suffolk. The National Diet and Nutrition Survey Rolling Programme collected self-reported diet and physical activity data between August and October 2020 (during the COVID-19 pandemic) (OHID, [NDNS: Diet and physical activity – a follow-up study during COVID-19](#). 2021). This showed that for England as a whole:

- consumption of fruit and vegetables was below the Five a Day recommendation in all age groups (mean 2.8 portions per day for children aged 11 to 18 years, lower than for older age groups),
- mean fibre intake was below recommendations in all age and sex groups, and

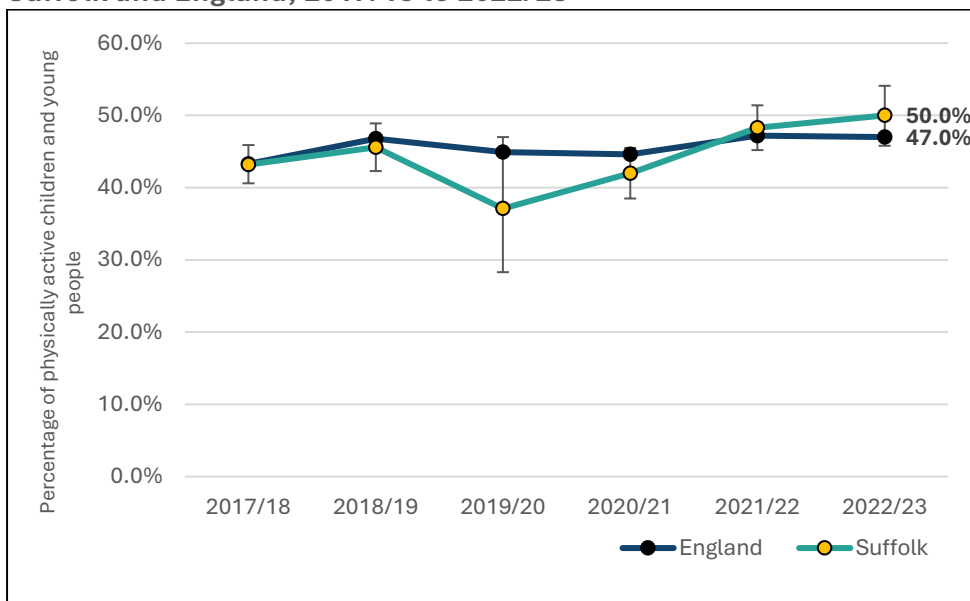
- consumption of sugar sweetened soft drinks was lower than in previous assessments for most but not all age groups, but average intake of free sugars exceeded recommendations in all age groups

## Physical activity

The [UK Chief Medical Officers' \(CMOs\)](#) recommend that children and young people (5 to 18 years) are physically active for an average of at least 60 minutes per day across the week. The evidence suggests, however, that a significant proportion of 5- to 18-year-olds do not meet this minimum standard. Regular moderate to vigorous physical activity can improve health and fitness, strengthens muscles and bones, develops coordination, maintains healthy weight, improves sleep, makes individuals feel good, builds confidence and social skills, and improves concentration and learning.

Good physical activity habits established in childhood and adolescence are also likely to be carried through into adulthood. If children and young people can be helped to establish and maintain high volumes of physical activity into adulthood, the risk of morbidity and mortality from chronic non-communicable diseases later in their lives will be reduced.

**Figure 13: Percentage of physically active children and young people (aged 5-16), Suffolk and England, 2017/18 to 2022/23**



Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)  
 Source: [Percentage of physically active children and young people, OHID \(2023\)](#)

Across England, 47.0% of children and young people aged 5 to 16 years were physically active for an average of at least 60 minutes per day across the week in 2022/23. In Suffolk the figure was 50.0%, statistically similar to the England average (Figure 13). The rates in Suffolk’s districts and boroughs of children and young people meeting recommended physical activity levels were also all statistically similar to the England average, ranging from 41.0% in Ipswich, to 55.1% in West Suffolk ([Percentage of physically active children and young people, Suffolk local authorities, OHID 2024](#)).

Physical activity levels vary across age groups and when compared between males and females. In 2022/23, 52.3% of boys in Suffolk were physically active (50.8% England), compared to 48.4% of girls (44.0% England) – statistical significance has not been calculated.

In England, children from a White Other (53.8%) or White British (49.5%) ethnic group had statistically significantly higher (better) rates of physical activity adherence compared to the England average, whereas children and young people from Other (43.7%), Asian (40.2%) or Black (39.8%) ethnic groups were statistically significantly less likely to be classified as physically active ([Percentage of physically active children and young people, Suffolk, by ethnic group](#), OHID 2024).

## Dental health

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. Poor oral health is a priority under Best Start in Life and is the most common cause of hospital admission for 5 to 9 year olds.

Oral health services are delivered by different providers across Suffolk. Reported numbers may vary between the two integrated care systems (Suffolk and North East Essex ICS, Norfolk and Waveney ICS) or over time due to interpretations of service definitions or data quality, not just demand or need. More detail and references are given in the [2022 Oral health profile](#).

Data on child dental health and tooth decay is collected through the Dental Public Health Epidemiology Programme for England. In Suffolk in 2021/22, 13.4% of 5 year olds in Suffolk had visually obvious dental decay (with at least one tooth decayed, missing or filled), statistically significantly lower than the England average of 23.7%. The percentage of 5 year olds with visually obvious dental decay in Suffolk varied by district and borough, from 6.5% in Mid Suffolk, to 21.2% in Ipswich ([5 year olds with visually obvious dental decay](#), OHID, 2023).

Suffolk appears to be performing better than England for oral health, where it is possible to make comparisons ([Oral health section of the fingertips child and maternal health profile](#), OHID). Trends in oral health cannot be determined, but do not appear to be worsening significantly – for example, in 2021-22, 13.4% of 5 year olds had experience of visually obvious dental decay statistically significantly better than England (23.7%).

## Immunisations

Childhood immunisation data indicates Suffolk achieves the lower threshold of 90% coverage for all key immunisations for children aged five and under ([vaccines and immunisations](#), OHID, 2024). More needs to be done to meet the European Region of the [World Health Organisation target of 95% coverage](#) which provides protection to wider society and can lead to disease elimination.

England figures show falling vaccination coverage for most childhood vaccinations, although PCV and Hib / Men C boosters at 5 years old are increasing ([England vaccines and immunisations](#), OHID, 2024). In Suffolk, there are significant falls in Dtap IPV Hib HepB, PCV booster, and MMR (one and two doses) ([vaccines and immunisations](#), OHID, 2024).

Analysis of data for England as a whole suggests looked after children, children with a learning disability, and children from other groups at risk of disadvantage such as Roma and Gypsy Travellers are less likely to be vaccinated ([National Immunisation Programme: health equity audit](#), Public Health England 2021)

## Health and risk behaviours

### Potential impact

Smoking initiation at a young age is associated with higher mortality risks and higher prevalence rates for all types of tobacco-related cancers. Those who start smoking during childhood are more likely to continue smoking into adulthood; around two-thirds of adults who currently smoke started smoking before the age of 18 (Royal College of Paediatrics and Child Health, [State of Child Health](#), 2020).

The proportion of children ever having smoked or had an alcoholic drink increases with age. The children of parents who smoke or drink are more likely to try smoking or drinking themselves ([Health Survey for England 2022: Children's health](#), NHS Digital).

The Tobacco and Vapes Bill (first introduced to Parliament in November 2024) aims to create “a smoke-free generation, phasing out the sale of tobacco products across the UK to anyone aged 15 or younger this year, breaking the cycle of addiction and disadvantage.” ([UK Government press release](#), 5 November 2024)

Young people who drink regularly are more likely to misuse alcohol later in life. Binge drinking is more likely in young people aged 15-17, and is linked to other risky behaviours such as unprotected sex, self-harm and antisocial behaviour (Royal College of Paediatrics and Child Health, [State of Child Health](#), 2020).

Substance misuse can have a major impact on the young person, their family and society. For example, frequent cannabis use is associated with depression, anxiety and psychosis (Royal College of Paediatrics and Child Health, [State of Child Health](#), 2020).

### Statistics on risk behaviours

Since 2002, the proportions of young people who regularly smoke or drink, and who have ever tried smoking, alcohol or cannabis have declined.

Healthwatch Suffolk conducted [phase 7 of the My Health, Our Future \(MHOF\) survey](#) in 2023, analysing the wellbeing of more than 13,000 young people (primarily high school and college students between Years 7-13) in Suffolk. This found 12% of students vape, higher among females (12% vs 8% males), those with additional needs (16%), and certain ethnic groups.

The 2021 [Smoking, Drinking and Drug Use among Young People in England](#) survey provides percentages of young people in school years 7-11 (age 11-15) smoking, drinking and drug use. The national prevalence has been applied to the Suffolk population to generate modelled estimates for Suffolk, based on the mid-2022 population estimates (Table 8). These figures are only intended to be used as a guide, as demographic features of specific areas are not considered.

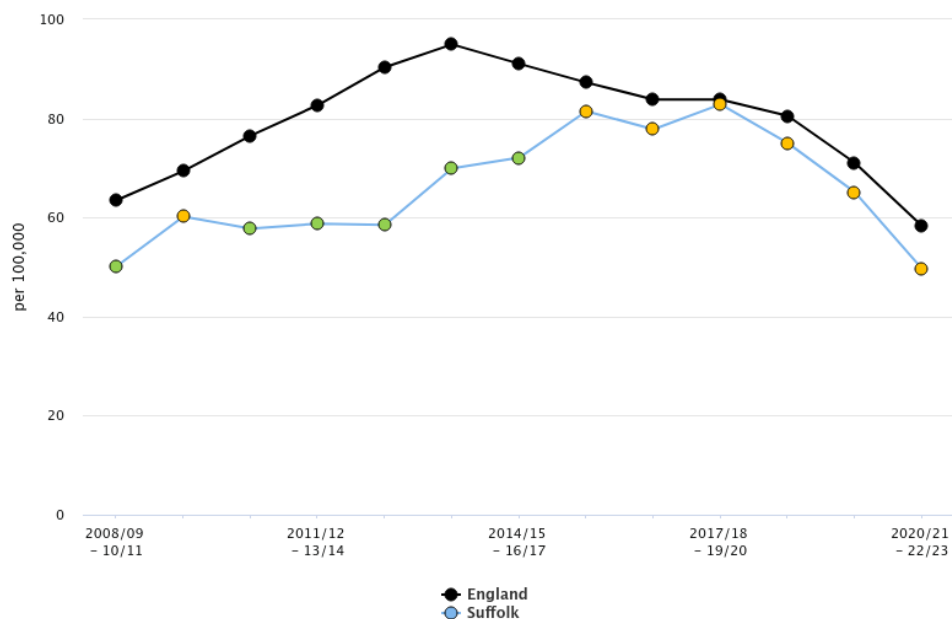
**Table 8: Smoking, drinking and drug use habits of young people in Suffolk (modelled estimates) aged 11 to 15, 2022**

Survey findings (%)	England prevalence	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Have ever tried smoking	11.8%	5,156	628	1,613	1,040	687	1,187
Current smokers	3.0%	1,311	160	410	265	175	302
Smoked in the last week	1.0%	437	53	137	88	58	101
Have ever used an e-cigarette	22.0%	9,613	1,170	3,008	1,940	1,282	2,214
Current e-cigarette users	8.6%	3,758	457	1,176	758	501	865
Have ever had an alcoholic drink	40.4%	17,653	2,149	5,523	3,562	2,353	4,065
Have drunk alcohol in the last week	8.5%	3,714	452	1,162	749	495	855
Have taken drugs	18.4%	8,040	979	2,516	1,622	1,072	1,851
Have taken drugs in the last month	6.4%	2,796	340	875	564	373	644

\* Modelled estimates

Source: Prevalence from NHS Digital (2022) [Smoking, Drinking and Drug Use among Young People in England – 2021](#); Population from Office for National Statistics; [Estimates of the population for England and Wales Mid- 2022](#)

Between April 2020 and March 2023, there were 115 hospital admissions in Suffolk due to substance misuse in young people aged 15-24. The rate per 100,000 population is in line with England (49.7 per 100,000 for Suffolk compared to 58.3 per 100,000 for England) (Figure 14).

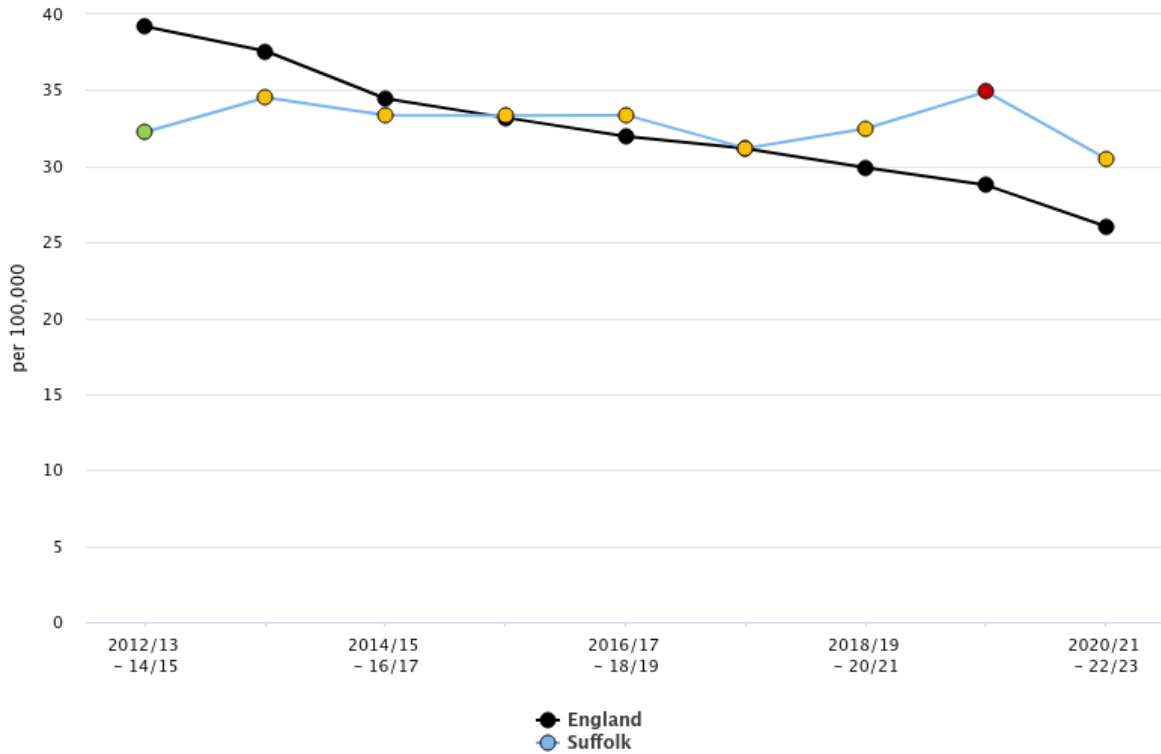
**Figure 14: Hospital admissions due to substance misuse (15 to 24 years), directly standardised rate per 100,000**

Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)

Source: [Hospital admissions due to substance misuse \(15 to 24 years\), OHID \(2023\)](#)

Admissions for alcohol-specific conditions in under 18s (Figure 15) are statistically significantly similar to England. Admission rates for Ipswich are significantly higher than England, while all other Suffolk lower tier local authorities have rates statistically similar to England.

**Figure 15: Hospital admission episodes for alcohol-specific conditions, Suffolk, children and young people aged under 18**



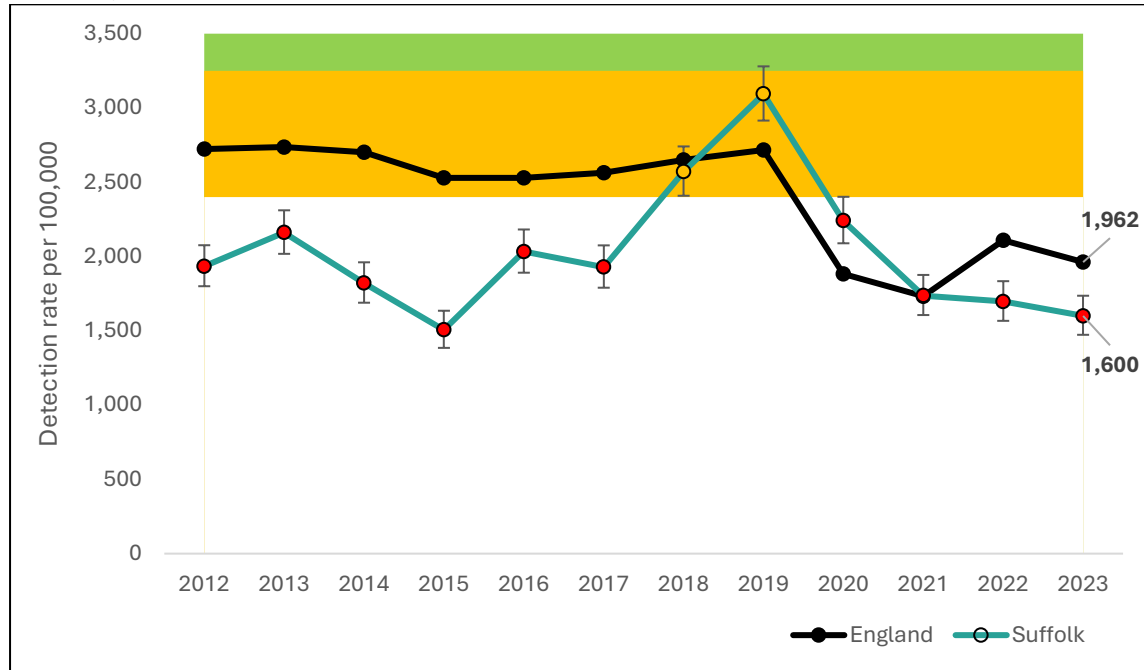
Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)  
 Source: [Hospital admission episodes for alcohol-specific conditions - under 18s, crude rate per 100,000, OHID \(2023\)](#)

## Sexual health

Healthwatch Suffolk’s My Health, Our Future (MHOF) 2023 survey of more than 13,000 young people (primarily high school and college students between Years 7-13) in Suffolk found only 17% of year 9+ students were aware of the local sexual health service provided at the time of survey (called iCaSH). The report highlights additional support is required in improving relationship/sex education ([MHOF phase 7](#), Healthwatch Suffolk 2023).

## Sexually transmitted infections

Figure 16: Chlamydia detection rate per 100,000 aged 15 to 24 (Female), England and Suffolk, 2012 to 2022



Note: colours are benchmarked against goal: red is less than 2,400, yellow is 2,400 to 3,250 and green is 3,250 or higher.

Source: [Chlamydia detection rate, OHID \(2023\)](#)

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The [UK Health Security Agency \(UKHSA\)](#) recommends that local authorities should be working towards achieving a detection rate of at least 3,250 per 100,000 female population aged 15 to 24.

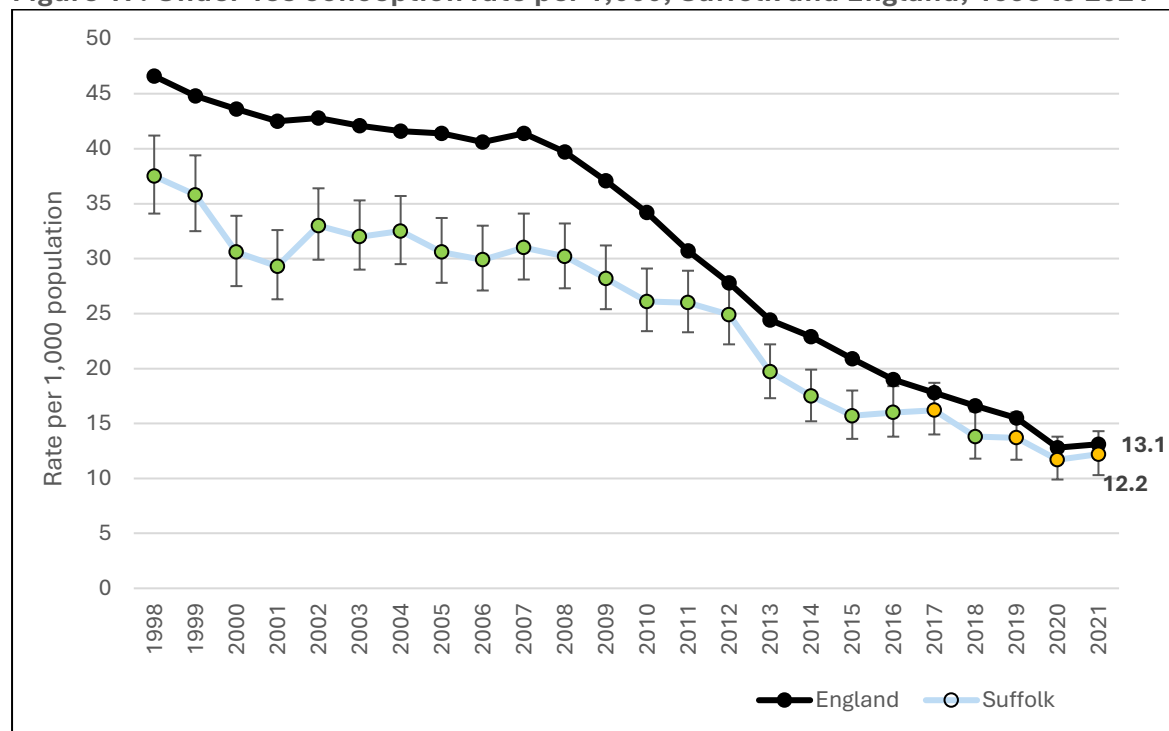
In Suffolk in 2023, there were 581 cases of chlamydia diagnosed in 15 to 24 year old females attending sexual health services (SHSs) and community-based settings. This provided a rate of 1,600 per 100,000 for Suffolk, which was statistically significantly below the detection rate recommended by the UKHSA. All districts and boroughs in Suffolk had statistically significantly lower chlamydia detection rates against the UKHSA target, ranging from 1,075 per 100,000 in Babergh, to 2,120 per 100,000 in Ipswich.

By diagnosing and treating asymptomatic chlamydia infections, chlamydia screening can reduce the duration of infection, which will reduce an individual's chance of developing chlamydia-associated complications, and also reduce the amount of time someone is at risk of passing the infection on, which in turn will reduce the spread of chlamydia in the population. For Suffolk in 2023, just under 1 in 5 (18.7%) of females aged between 15 to 24 were screened for chlamydia. This screening rate was statistically significantly lower than the England average of 20.4%. This rate was statistically significantly lower than the England average for West Suffolk (18.6%), Mid Suffolk (16.5%), and Babergh (15.8%), and statistically similar in Ipswich (19.5%) and East Suffolk (20.3%) ([Females aged 15 to 24 screened for chlamydia \(%\), OHID \(2024\)](#)).



## Teenage pregnancy

Figure 17: Under 18s conception rate per 1,000, Suffolk and England, 1998 to 2021



Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)

Source: [Under 18s conception rate, OHID \(2023\)](#)

*Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long-term poverty.*

*Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor-quality housing and are more likely to have accidents and behavioural problems*

*([Under 18s conception rate definition](#), OHID)*

There were 150 conceptions in women aged under 18 in Suffolk in 2021, with a rate of 12.2 per 1,000 females aged 15-17. This rate is statistically similar to the England average (13.1 per 1,000) and has statistically significantly decreased since 1998 (Suffolk rate of 37.5 per 1,000) but has remained statistically similar over the previous three years. While historically Suffolk rates were statistically significantly lower than England, they have now plateaued – indicating a need for future focused work to further reduce under 18 conception rates. While Suffolk's overall rate is statistically similar to the England average ([under 18s conception rate](#), OHID),

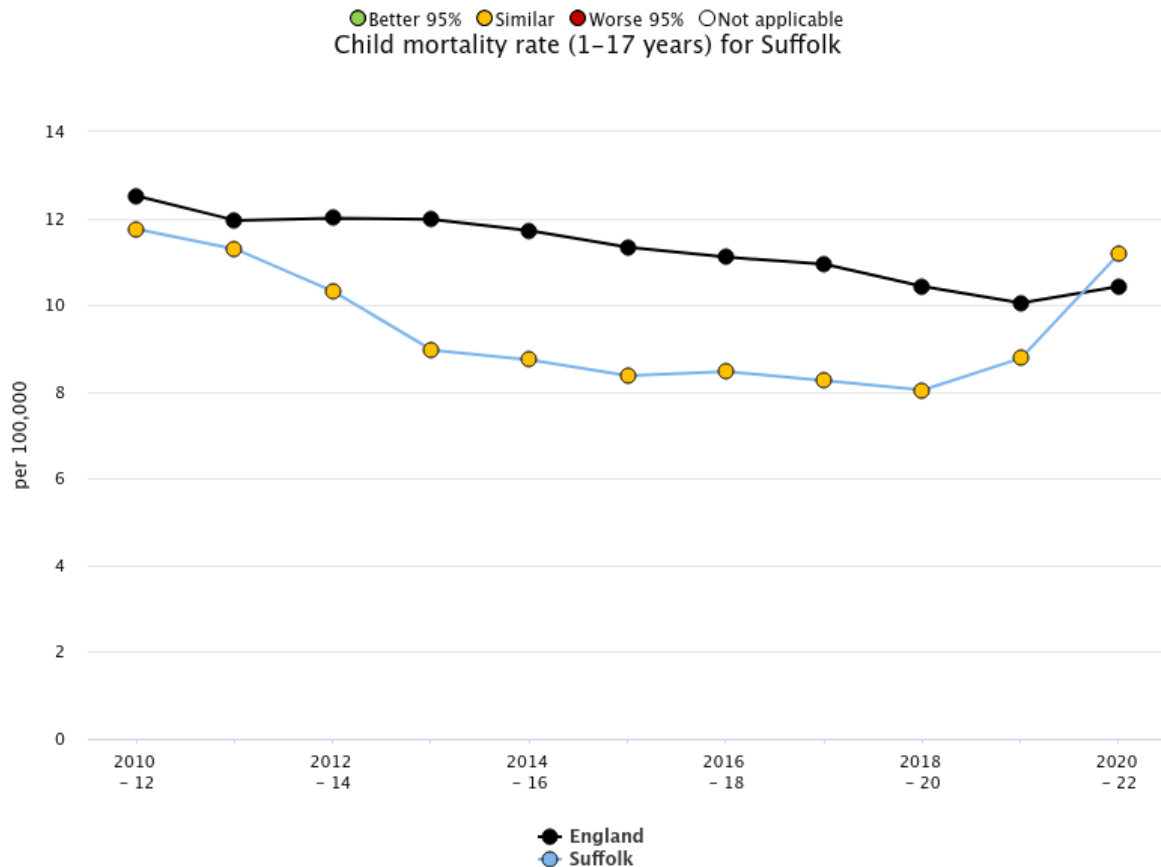
there are local variations across the county. Ipswich has a notably higher under-18 conception rate of 20.1 per 1,000, which is statistically significantly higher than the national average. Additionally, local data suggests that Lowestoft also has elevated rates of teenage births compared to the rest of Suffolk.

In 2021, the percentage of under-18 conceptions leading to abortion in Suffolk (44.0%) is statistically significantly lower than the national average (53.4%), indicating a higher proportion of teenage pregnancies resulting in births in the county ([Under 18s conceptions leading to abortion](#), OHID).

## Mortality

The child mortality rate continues to be similar to England as a whole (Figure 18). This may mask variation within the county, as mortality rates are higher in the most deprived areas of England.

Figure 18: Child mortality directly standardised rate (1-17 years)



Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)  
 Source: [Child mortality rate, OHID \(2023\)](#)

## Global burden of disease

The latest Global Burden of Disease (GBD) analysis (2021, Table 9) shows Suffolk has the same top four causes of death or injury as England. Since 1990, deaths due to respiratory infections and tuberculosis had become more common in Suffolk.

**Table 9: Causes of deaths in people aged under 20, rate per 100,000, 2021, Suffolk compared to England and 1990**

Suffolk rank 2021	Suffolk rank 1990	Cause of death or injury	Value	Note on rates	England Value	England rank 2021
1	2	Maternal and neonatal disorders	6.38	Suffolk is statistically significantly <b>lower</b> than England	8.99	<b>1</b>
2	1	Other non-communicable diseases	5.15	Suffolk is statistically significantly <b>lower</b> than England	6.61	<b>2</b>
3	4	Neoplasms	2.39	Suffolk is statistically significantly <b>lower</b> than England	2.23	<b>3</b>
4	8	Respiratory infections and tuberculosis	2.16	Suffolk is statistically significantly <b>lower</b> than England	2.23	<b>4</b>
5	3	Transport injuries	1.48	Suffolk is statistically significantly <b>higher</b> than England	0.95	9
6	7	Self-harm and interpersonal violence	1.48	Suffolk is statistically significantly <b>higher</b> than England	1.22	<b>6</b>
7	9	Neurological disorders	1.17	Suffolk is statistically significantly <b>similar</b> to England	1.24	5
8	5	Unintentional injuries	1.07	Suffolk rate is statistically significantly <b>similar</b> to England	1.12	7
9	-	Other COVID-19 pandemic-related outcomes	0.67	Suffolk rate is statistically significantly <b>similar</b> to England	0.97	8
10	15	Substance use disorders	0.56	Suffolk rate is statistically significantly <b>similar</b> to England	0.50	11
11	6	Other infectious diseases	0.53	Suffolk rate is statistically significantly <b>lower</b> than England	0.72	10

**Bold** England rank indicates it is the same rank as Suffolk

Source: [GBD compare](#), 2021, Institute for health metrics and evaluation

In 2023, 40 children or young people under the age of 20 died in Suffolk, 43 died in 2021 ([ONS mortality statistics](#), [Nomis](#)). Over half the deaths are in the “under 1” age group (23, 53.5% in 2021, and 60.0%, 24 in 2023). According to the GBD (2021 data), the main cause of death in this age group (43.1%) was neo natal preterm birth.

## Child Death Overview Panel (CDOP)

The Child Death Overview Panel (CDOP) for Suffolk (which is required to receive notification of the death of any Suffolk child aged 0-18) recorded 30 notifications in the twelve months to 31 March 2024 (43 in the previous year): 38 reviews were completed in 2024 (43 in 2023). Norfolk and Suffolk CDOP's latest combined report is for 2022-23, reporting on 88 notified deaths in children aged under 18. Most of the notified deaths (34%) across the two counties were in neonates (infants aged 0-27 days), lower than England (41%), with over half in infants under a year old (52%, 46 in Norfolk and Suffolk, compared to 59% in England). The main categories of death across all the age groups were 'perinatal/neonatal event' (35, 39.3%), 'chromosomal, genetic, and congenital anomalies' (18, 20.2%), 'malignancy' (11, 12.3%), 'sudden unexpected unexplained death' (6 deaths), 'infection' (5 deaths), 'suicide or deliberate self-inflicted harm' (4 deaths), and 'trauma and other external factors, including medical/surgical' (4 deaths). Most (47) of the reviewed deaths occurred in a hospital ([Norfolk & Suffolk child death overview panel \(CDOP\) Annual Report 2022 - 2023](#))

Of the 89 child deaths reviewed by the panels in 2022/23, 34% (30) of the cases identified modifiable factors that may have contributed to the child's death. The 2022 national average for England was 39%. Children aged 15-17 years continue to have the highest proportion of deaths recorded as having modifiable factors (56% 5/9 cases). The next highest proportion of cases with modifiable factors identified this year were in those aged 10-14 year (38% 3/8). Babies aged 0-27 days (36%; 14/39 cases) and 1-4-year-olds (36%; 4/11 cases) had a similar number identified. Modifiable factors identified included: communication, information sharing, assessments, training, neonatal (concealed pregnancies, smoking, impact of high body weight of mother), parental factors (recreational drugs, smoking, parents being able to recognise when their child is unwell, and also being heard), safe sleeping, and health and safety (correct installation of products). [Norfolk & Suffolk child death overview panel \(CDOP\) Annual Report 2022 - 2023](#)

## Accidents, unintentional and deliberate injuries

Common causes of accidents include road traffic, accidental poisoning (including from medicines), falls, drowning and burns or scalds. (Royal College of Paediatrics and Child Health, [State of Child Health](#), 2020)

Most non-intentional injuries are preventable by:

- educating children and families to identify and prevent risks in the home
  - creating safe environments for children and young people (safety features in new build housing as well as safe public space for children and young people to exercise and play)
  - addressing deprivation and health inequalities, as accidental injuries are more likely in families living in areas of higher deprivation.
- (Royal College of Paediatrics and Child Health, [State of Child Health](#), 2020)

## Injuries to children and young people

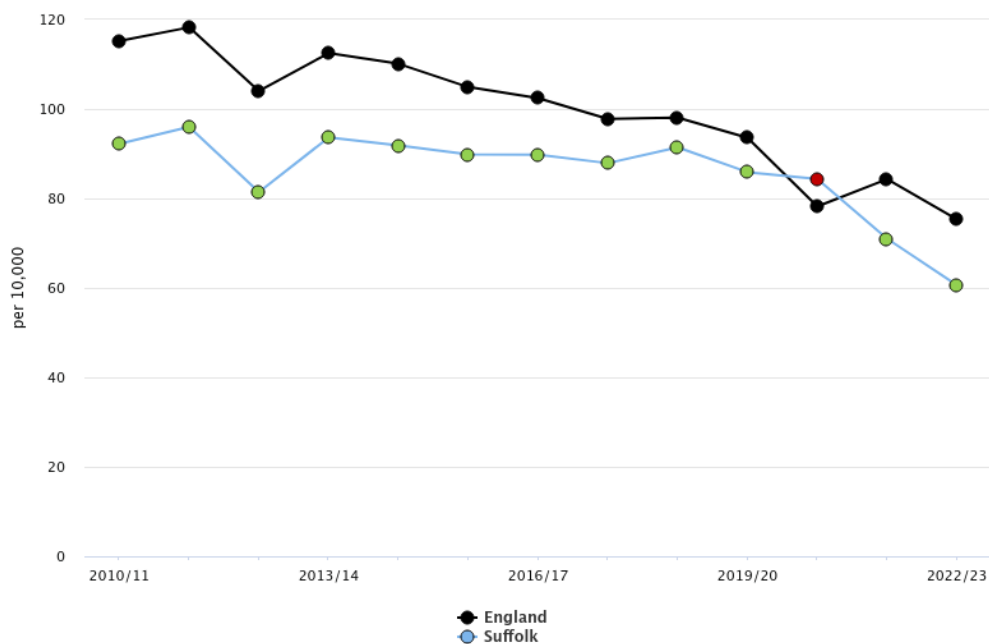
More details on youth violence and deliberate harm are considered in the Feeling Safe chapter of the State of Children in Suffolk.

To protect confidentiality, published hospital admissions data for injuries in children and young people is aggregated across several years. For example, there were 10 emergency hospital admissions due to hot tap water scalds in children aged 0-4 between April 2016 and March 2021 (numbers too small to compare with England as a whole) ([unintentional injuries: child and maternal health profile](#), fingertips, OHID).

This aggregation can make it difficult to measure the impact of COVID-19 lockdowns (2020-22), when accidents in the home and child abuse may have increased ([Statistics briefing: the impact of coronavirus](#), NSPCC 2022).

Trend data for hospital admissions caused by unintentional and deliberate injuries in children (0-14), shows a spike (increase) of admissions in Suffolk in the first year of the pandemic (2020/21), but that the rate then became statistically significantly better than England (Figure 19). The 2020/21 spike was seen in the 0-4 age group in Suffolk. In 2022-23, all Suffolk lower tier local authorities had rates of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) that were statistically significantly better than England, except East Suffolk, which was statistically similar to England ([unintentional and deliberate injuries in children \(aged 0-14 years\)](#) OHID).

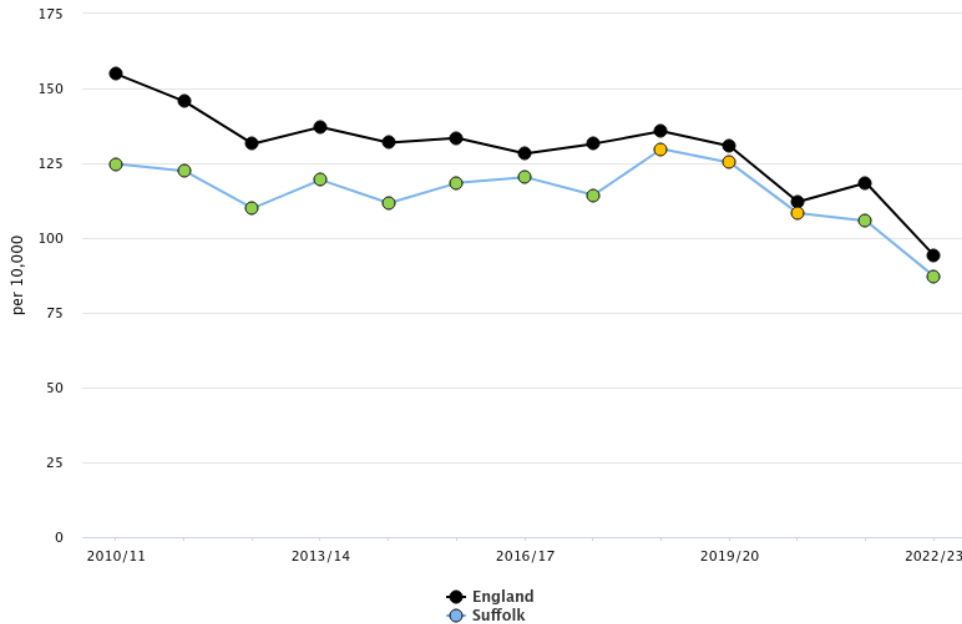
**Figure 19: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years), Suffolk, crude rate per 10,000**



Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)  
Source: [Hospital admissions caused by unintentional and deliberate injuries in children \(aged 0 to 14 years\)](#) (OHID, 2023)

The rate of hospital admissions caused by unintentional and deliberate injuries in young people aged 15 to 24 have remained lower (better) than England in Suffolk since the pandemic (Figure 20). All Suffolk lower tier local authorities' rates were improving (falling), but only West Suffolk had a rate statistically significantly better than England (the others were statistically similar).

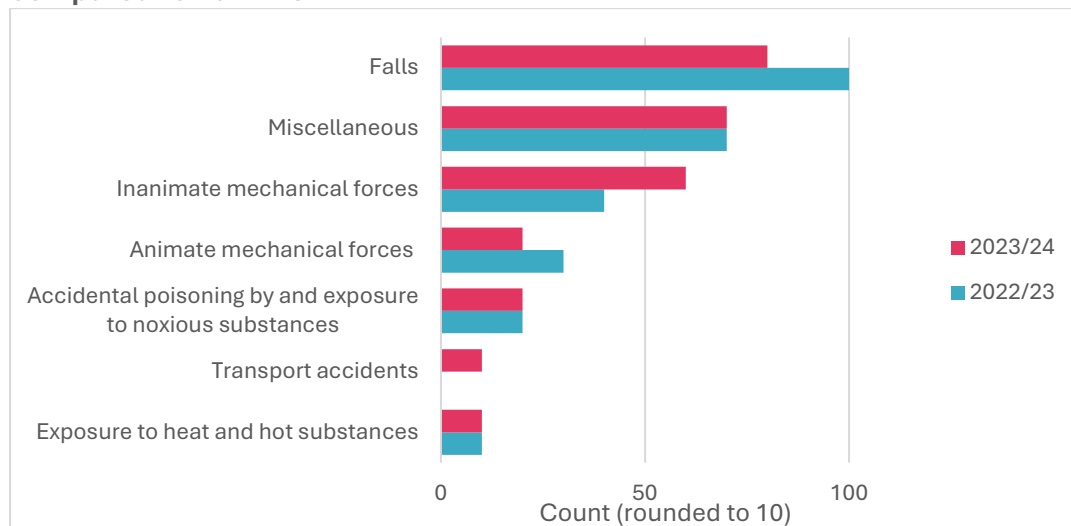
**Figure 20: Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years), Suffolk, 2022/23, crude rate - per 10,000**



Compared to England (statistically significantly): worse 95% (red), similar (yellow), better 95% (green)  
 Source: [Hospital admissions caused by unintentional and deliberate injuries in children \(aged 15 to 24 years\)](#) (OHID, 2023)

Suffolk public health and communities analyses of hospital episode data for the most common types of injuries, comparing the two most recent complete years of data (2022/23 and 2023/24) and rounded to the nearest ten, show that falls are the main reason for emergency admissions in children aged 0-9 (Figure 21, Figure 22). Intentional self-harm was the main reason for emergency admissions in older children and young people (aged 10-18) (Figure 23, Figure 24).

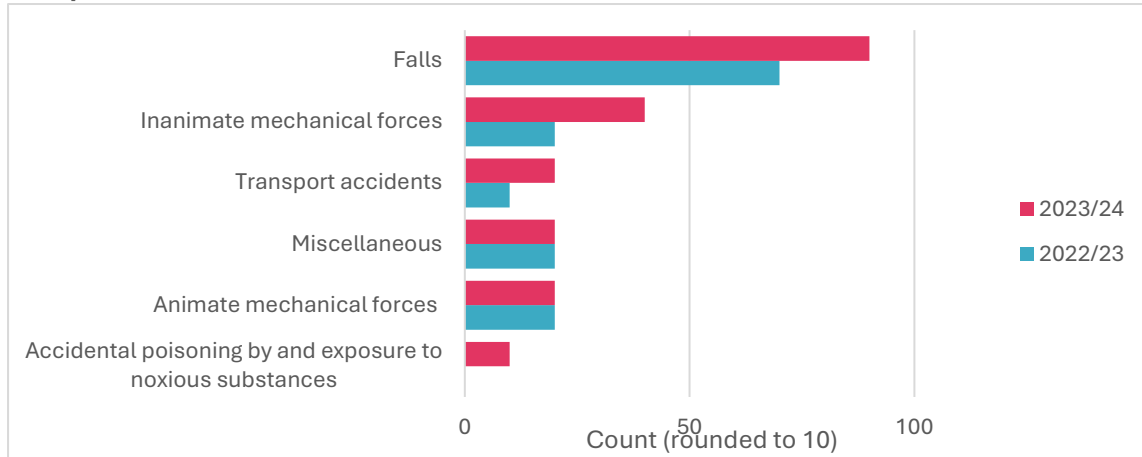
**Figure 21: Emergency admissions in children aged 0-4 ranked by highest number of admissions (8 or above) by pre-defined ICD-10 code category, Suffolk, 2023/24 compared to 2022/23**



Source: Suffolk Public Health and Communities analysis of Hospital Episode Statistics. Numbers less than 8 have been suppressed (\*), all other numbers have been rounded to the nearest 10

Excluded: Complications of medical and surgical care; Sequelae of external causes of morbidity and mortality; Supplementary factors related to causes of morbidity and mortality classified elsewhere

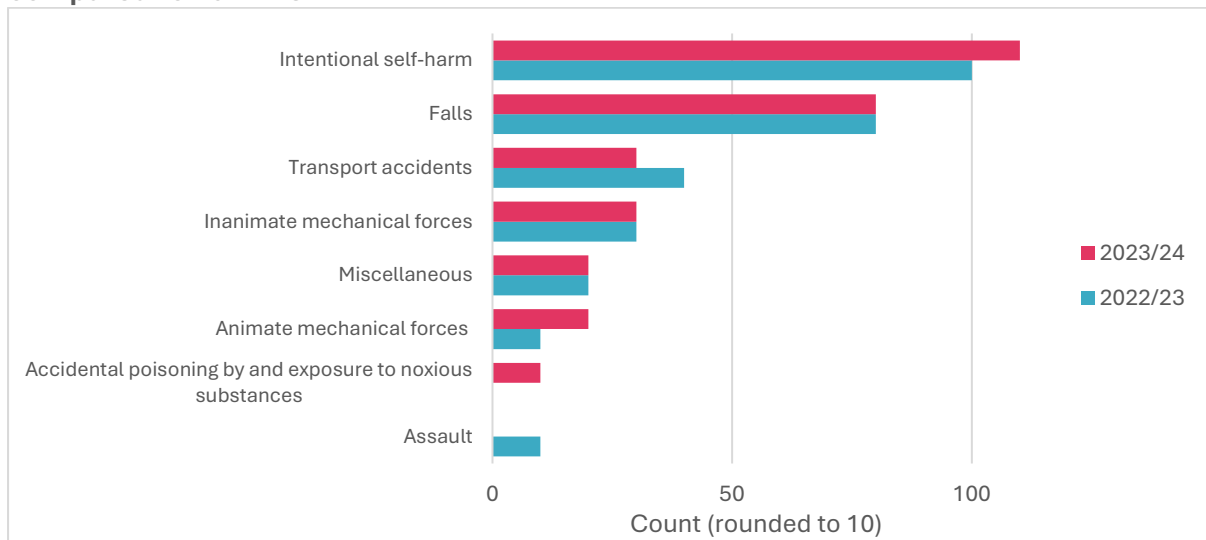
**Figure 22: Emergency admissions in children aged 5-9 ranked by highest number of admissions (8 or above) by pre-defined ICD-10 code category, Suffolk, 2023/24 compared to 2022/23**



Source: Suffolk Public Health and Communities analysis of Hospital Episode Statistics. Numbers less than 8 have been suppressed (\*), all other numbers have been rounded to the nearest 10

Excluded: Complications of medical and surgical care

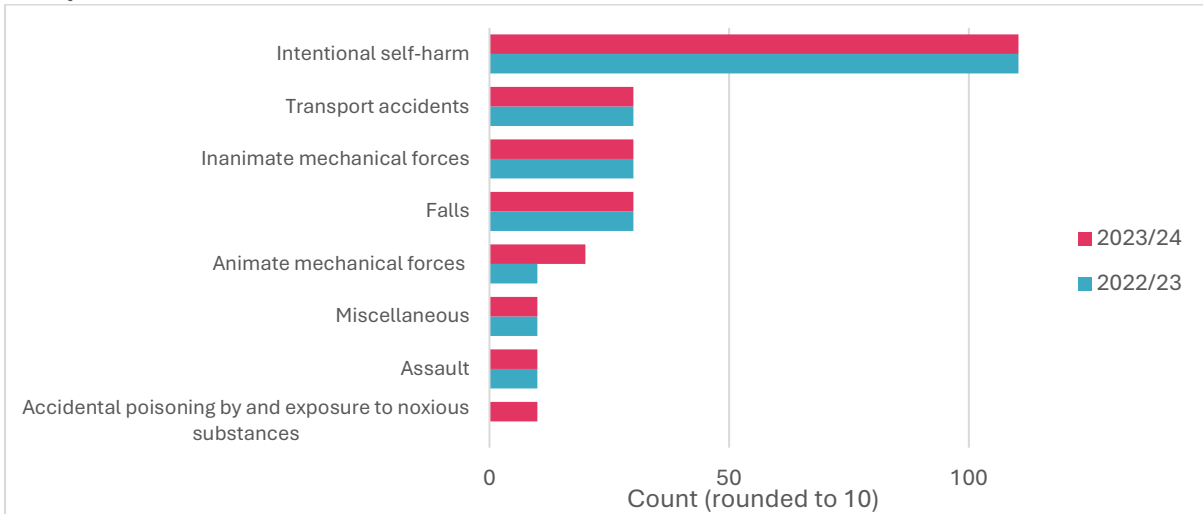
**Figure 23: Emergency admissions in children aged 10-14 ranked by highest number of admissions (8 or above) by pre-defined ICD-10 code category, Suffolk, 2023/24 compared to 2022/23**



Source: Suffolk Public Health and Communities analysis of Hospital Episode Statistics. Numbers less than 8 have been suppressed (\*), all other numbers have been rounded to the nearest 10

Excluded: Complications of medical and surgical care

**Figure 24: Emergency admissions in children aged 15-18 ranked by highest number of admissions (8 or above) by pre-defined ICD-10 code category, Suffolk, 2023/24 compared to 2022/23**



Source: Suffolk Public Health and Communities analysis of Hospital Episode Statistics. Numbers less than 8 have been suppressed (\*), all other numbers have been rounded to the nearest 10

Excluded: Complications of medical and surgical care; Sequelae of external causes of morbidity and mortality; Supplementary factors related to causes of morbidity and mortality classified elsewhere



## Road traffic incidents

The Office for Health Improvement and Disparities has a group of indicators on road safety and children and young people ([Unintentional injuries: child and maternal health fingertips profile](#), OHID). The indicators aggregate counts across several years, and most have not been updated since the end of the pandemic (using 2016-2020 data).

[National data shows boys and young men are almost twice as likely to die in road accidents](#) than girls and young women.

**Table 10**

Indicator Name	Age band	Time period	Suffolk (rate per 100,000)	Suffolk count	Compared to England	England rate
<b>Children killed and seriously injured (KSI) on England's roads</b>	<16 yrs	2020 - 22	11.7	46	Better	16.5
<b>Children aged 5 and under killed or seriously injured in road traffic accidents</b>	0-5 yrs	2020 - 22	4.4	6	Similar	7.5
<b>Children aged 6-10 killed or seriously injured in road traffic accidents</b>	6-10 yrs	2020 - 22	9.4	12	Similar	12.3
<b>Children aged 11-15 killed or seriously injured in road traffic accidents</b>	11-15 yrs	2020 - 22	21.7	28	Similar	30.6
<b>Emergency admissions for pedestrians</b>	<25 yrs	2016/17 - 20/21	7.3	75	Better	11.7
<b>Emergency admissions for pedal cyclists</b>	<25 yrs	2016/17 - 20/21	10.7	110	Better	13.0
<b>Emergency admissions for motorcyclists</b>	<25 yrs	2016/17 - 20/21	13.2	135	Worse	10.4
<b>Emergency admissions for car occupants</b>	<25 yrs	2016/17 - 20/21	15.6	160	Similar	14.1
<b>Fatal casualties from road traffic accidents</b>	<25 yrs	2016 - 20	2.4	25	Similar	1.7
<b>Serious casualties from road traffic accidents</b>	<25 yrs	2016 - 20	39.8	408	Worse	35.7
<b>Slight casualties from road traffic accidents</b>	<25 yrs	2016 - 20	233.9	2,399	Worse	205.0
<b>Pedestrians killed or seriously injured in road traffic accidents</b>	<25 yrs	2016 - 20	8.0	82	Better	10.1
<b>Pedal cyclists killed or seriously injured in road traffic accidents</b>	<25 yrs	2016 - 20	4.8	49	Similar	4.5
<b>Motorcyclists killed or seriously injured in road traffic accidents</b>	15-24 yrs	2016 - 20	29.7	114	Worse	22.1
<b>Car occupants killed or seriously injured in road traffic accidents</b>	15-24 yrs	2016 - 20	42.7	164	Worse	28.4

Source: [Unintentional injuries: child and maternal health fingertips profile](#), OHID