Annual public health report for Suffolk

Working with communities to improve wellbeing
Contents

Introduction 1
Recommendations for 2011 2
Progress from last year 4
Update on specific recommendations from 2010 6
Introduction to wellbeing 14
Asset based approach 20
Health inequalities throughout the life course 22
What influences people’s wellbeing? What is the evidence of impact? 24
Suffolk Observatory 30

The profiles – the limitations 32
Brandon 34
Haverhill 46
Ipswich 64
Leiston and Saxmundham 88
Lowestoft 104
Stowmarket 122
Sudbury 136

Suffolk wide case studies 148

Sources used to create the profiles 160
Glossary 166
Welcome to the annual public health report for Suffolk. I can start with the fantastic news that we can report, for the first time for many years, health inequalities are slowly beginning to decrease for men and we are optimistic that we will soon see a similar change for women.

Introduction

Suffolk remains a healthy population; however we now face many challenges which could prejudice future public health and wellbeing, because of the downturn in the UK economy. This report faces up to these challenges, and provides an assessment of the factors that can promote health and wellbeing at a community level. The importance of very local initiatives to improve health and wellbeing has yet to be fully acknowledged.

Factors that affect local wellbeing include educational attainment, material wellbeing, social networks, employment opportunities, access to public services, crime levels and local infrastructure. This report provides examples of community profiles which give an overview of these factors, comparing data between communities and shows progress over the last few years. Each profile concludes by suggesting which community assets might be built on and which vulnerabilities may need to be addressed.

Practically, the information in the report is designed to be a starting point for discussion and will not give a complete picture of the community. It is nonetheless, a rich source of knowledge that can inform community priorities and conversations, inspire further health and wellbeing initiatives and act as an official source of data to support grant applications. The content is in direct response to requests following last year’s report, which gave similar data at district level.

Not all community profiles are available from this published report. As part of the 2011 Joint Strategic Needs Assessment, community profiles developed for all other wards in Suffolk are available on the Suffolk Observatory website at http://www.suffolkobservatory.info

Wishing you a healthy 2011/12
Dr. Peter Bradley, Director of Public Health
Recommendation 1
Locality and community wellbeing is becoming a major priority for the forthcoming multi-agency Health and Wellbeing Board. It is recommended that the information in this report is used as a basis for discussions by the Board, which will set local priorities in 2011-12. The Board needs to recognise that there are numerous factors influencing wellbeing and that commercial and voluntary/third sector bodies can work alongside communities as well as the public sector.

Recommendation 2
A validated information source which defines assets and vulnerabilities can be very useful for communities in informing their priorities. It is recommended that the data in this report and additional profiles on the Suffolk Observatory website are made widely available to community leaders, elected members, voluntary bodies, local government officers and NHS staff working with communities, to complement their existing knowledge.

Recommendation 3
Many communities have commented that public data needs to offer a consistent picture and be easy to understand. Most particularly, that information is needed for small geographic areas to inform local decisions. It is recommended that the information in this report is fully incorporated in the Joint Strategic Needs Assessment, and that more small area data is developed in 2011-12, and we ask for feedback from communities on how accurate and useful the information has been.
Recommendation 4
As part of the NHS reforms, the four current Clinical Commissioning Groups (CCGs) in Suffolk will gradually take over many of the existing Primary Care Trust (PCT) commissioning responsibilities in the next couple of years. It is recommended that health profiles along CCG boundaries are developed as soon as possible.

Recommendation 5
Heart disease is still the commonest cause of health inequalities, and cancer is the commonest cause of early deaths in Suffolk. It is recommended that the Director of Public Health continues to support the contributions from Healthy Ambitions Suffolk, Clinical Commissioning Groups, PCTs, county council and district and borough councils in their collective efforts to address these areas as part of a wider strategy to make Suffolk the healthiest county by 2028. Part of this work needs to identify and implement measures which will have the greatest positive impact on the health of the county.

See the following box for high impact changes.

Recommendation 6
The annual public health report in 2010 reported on the growing importance of taking a life course approach to improving health and wellbeing, based on the well regarded review published by Sir Michael Marmot, which is currently informing future public health policy. It is recommended that the Health and Wellbeing Board adopts a life course approach and considers future areas of focus for each age group. Topics of interest could include; prevention and services for the frail elderly, early years development, mental health promotion, areas of low skills and employment, or the impact of employment on health.

Recommendation 7
Some groups have difficulty accessing initiatives to improve wellbeing, because of their financial or social status, their sexual orientation, their cultural or religious belief, or they do not have English as their first language. Where individuals or groups experience multiple problems they are particularly at risk and this is a major cause of health inequality. The case studies of good practice in this report can be used by all agencies to address the needs of the most vulnerable. However, it is suggested that the Health and Wellbeing Board adopts a strategic role in systematically reducing health inequalities and regularly monitoring progress over the next few years.
For the first time we can report that health inequalities are slowly beginning to decrease for men. This, with improving health trends for a number of areas (see over), shows the progress already made because we are united in Suffolk around a common cause – making Suffolk the healthiest county by 2028.

Progress
from last year

There are many individuals, communities, statutory, voluntary and community agencies that have contributed to this success and this combined response and common purpose will ensure further success. There are also a number of challenges which are highlighted opposite.
Currently there is a 5.5 year gap for men and 4.3 year gap for women in life expectancy between those living in the most and least deprived areas in Suffolk. Out of the 27 counties in England, Suffolk ranks 2nd for the gap in life expectancy for men and 8th for women (where 1 is good and 27 bad). Since 2001 the gap in life expectancy has decreased by 0.6 years for men and increased by 0.1 years for women. The decrease in the life expectancy gap for men in Suffolk and the small increase for women differs from the national trend which saw the gap increase by 0.5 years for men and 0.4 years for women in England.

Currently 22 in 100 children are overweight or obese in Suffolk at age 5 and 30 in 100 children at age 10. In Suffolk these rates have stayed level whilst national rates have increased. Out of the 27 counties in England, Suffolk ranks 11th for 5 year olds and 9th for 10 year olds (where 1 is good and 27 bad).

Currently 26 in 100 men and 21 in 100 women exercise to the recommended level in Suffolk. Overall these rates have increased from 20.1% in 2005-06 to 23.2% in 2009-10. Out of the 27 counties in England, Suffolk ranks 13th (where 1 is good and 27 bad). Nonetheless, in 2008 half of all males and 4 in 10 women in Suffolk were estimated to be either overweight or obese.

In 2010 we achieved the highest MMR coverage since 1998. 9 out of 10 children are now vaccinated.

Teenage pregnancy rates have fallen by 28% since 1998 with a current rate of 28.5 pregnancies per 1000 girls aged 15 to 17 years. Out of the 27 counties in England, Suffolk ranks 10th (where 1 is good and 27 bad).

760 of 15-24 year olds were identified as having the sexually transmitted disease Chlamydia in 2010 of which 99% went on to have treatment.

Every day in 2010, 15 mothers initiated breastfeeding, which means that 71% of mothers started breastfeeding in 2010. Despite improvements, out of the 27 counties in England, Suffolk ranks 21st (where 1 is good and 27 bad).

Every day in 2010, 11 people were supported to quit smoking; more than 80% of people currently do not smoke. Out of the 27 counties in England, Suffolk ranks 16th (where 1 is good and 27 bad).
Key successes

• Developing Health and Wellbeing Board
  • Community-led health projects thrive
  • Integrated healthy lifestyle service (Live Well UK) in place
  • Developing wellbeing service
  • Healthy Ambitions became a social enterprise focusing on heart, workplace and mental health
  • Clinical Commissioning Groups developed role for population health
  • Saw more innovative ways to communicate with the public
  • Used potential to link environmental development with health improvement
  • Developed service to support very young children

Update on specific recommendations from 2010
**Recommendation 1**

Many organisations in Suffolk have the potential to improve the social and physical environment of their local community. Healthy Ambitions Suffolk (HAS) and agencies with a responsibility for health improvement should develop plans to support this work by new approaches including: creating new ways to share and recognise best practice, supporting networks to implement new local wellbeing plans, and supporting innovation and evaluating its impact, so that new evidence can be generated to inform future initiatives.

There has been considerable progress in developing networks to improve health and wellbeing and to share good practice. A major part of this has been the preparations informing the proposal for a Health and Wellbeing Board in Suffolk and preparing for a new public health model as part of the NHS reforms.

As one of the national early implementers, Suffolk County Council has been working with partners to define how the Board could really make an impact on improving wellbeing outcomes for Suffolk. As well as driving a clear information and evidence base, the board will focus on strategic priorities which cannot be achieved by organisations working alone. To help the Board be successful, we are developing with partners new ways of working and new ways to support locality working. Through regular meetings involving a wide range of partners, clear priorities have begun to emerge – such as services for the frail elderly, and a more focused emphasis on locality public health and wellbeing - these will contribute to the Board’s future work plan.

**Recommendation 2**

Many communities have already made progress in improving health locally with the help of statutory, voluntary or commercial agencies. Agencies working with communities should consider how best to achieve long-lasting, community-owned change. This will involve identifying and maximising the major strengths and opportunities of each community, and investing in local people so that they can become community champions or facilitators.

There has been a substantial increase in the number of projects in Suffolk which explicitly support community health and wellbeing. Many of these projects are community-led, but considerable support has been given by Suffolk County Council, the NHS and the voluntary sector to support communities in improving their health and wellbeing. Recent financial pressure in the public sector has made this work ever more important. There are many examples of community projects in this report.

**Recommendation 3**

Healthy Ambitions Suffolk and agencies with a responsibility for health improvement should consider how a community-based approach can address two intractable problems, reducing health inequalities and maximising mental wellbeing. This will need new approaches to improve the social and physical environment, and to empower communities to find locally-owned, culturally appropriate solutions.

A new model to promote mental wellbeing has now been agreed. In 2011-12 the model will integrate current services to prevent mental ill health, and the public and voluntary sector will provide a range of therapies. The therapies provided will vary to suit people’s needs, but will all aim to prevent their conditions becoming worse and support people to access help in local
communities as part of their recovery. This will supplement existing initiatives across the county.

**Recommendation 4**

*Healthy Ambitions Suffolk and agencies with a responsibility for health improvement need to recognise that the health inequalities gap will not be closed by targeting the most deprived communities alone. Specific initiatives will also be needed for the wider community and to address rural health issues.*

Progress in reducing health inequalities is detailed earlier. In 2010, NHS Suffolk established an integrated healthy lifestyles service, complementing an existing sexual health service. Healthy Ambitions Suffolk (HAS) has continued to develop into an innovative organisation, becoming a social enterprise in 2010. HAS continues its exciting journey to make Suffolk the healthiest county by 2028, by focusing on ‘heart health’, and other areas such as workplace health and mental health, inspiring everyone in Suffolk to keep healthy. HAS was recently awarded charitable status and, in conjunction, its trading arm, HAS Futures Ltd, will look to generate income that will ensure the project is sustainable and enable profits to be re-invested into reducing the health inequalities linked to poor heart health.

From April 2011 NHS Suffolk commissioned an integrated healthy lifestyle service from the social enterprise Live Well UK, which provides accessible services to address the needs of those who have unhealthy lifestyles, and delivers healthy lifestyle interventions to the whole of the NHS Suffolk population, including reducing smoking and childhood obesity locally. It will also develop and deliver training for health professionals and partnership staff about all aspects of healthy lifestyles. It will actively work towards reducing health inequalities in the 20% most deprived areas and, within these deprived areas, will develop, train and deliver adult weight management and health trainers (peer educators from the community). The voluntary sector is working closely with the service, co-ordinated by the Suffolk Association for Voluntary Organisations (SAVO).

**Recommendation 5**

*GP commissioning already delivers many clinical health improvement services, which address health behaviours such as smoking. With the advent of full GP commissioning, GPs will have greater freedom to work innovatively with communities to improve their health. NHS Suffolk and NHS Great Yarmouth*
and Waveney should work closely with GP commissioners to support their efforts to improve the long-term health of their communities, as well as continuing their support for clinical health improvement services.

As part of the NHS reforms, Clinical Commissioning Groups will take on commissioning responsibilities from the Primary Care Trust. The enthusiasm from emerging CCGs for developing a leading role in preventing ill health has been particularly noted, GPs and clinicians are fully engaged in the development of the Health and Wellbeing Board. Already there are good examples of locality working, for example Ipscom, the CCG for Ipswich, has been working jointly with Ipswich Borough Council and other partners to develop a health and wellbeing strategy for Ipswich focusing on four main objectives: working in partnership to reduce health inequalities in Ipswich; reducing unnecessary hospital attendances; providing a unique directory of services for all; and supporting Ipswich residents to have an influence on the type and range of services to be provided for them. The Ipswich Health and Wellbeing Strategy addresses health in its broadest sense and sits within the Ipswich Community Strategy.

**Recommendation 6**

The evidence that non-statutory agencies are often more successful than the NHS in delivering key health messages to communities, needs to be taken into account. Healthy Ambitions Suffolk and statutory agencies with a responsibility for health improvement need to find better ways to engage with the public so that health messages are appropriate, motivating and clearly understood.

Healthy Ambitions Suffolk and other voluntary agencies have successfully delivered a number of health improvement messages since 2010. Examples include the launch of the new heart health project in 2011 and a range of innovative approaches to inform the public about health. For example over 1000 people took part in the million steps walking challenge in November 2010; the HAS bus toured schools from September to December 2010 and major public events from June to August 2011; the HAS smoothie bike visited events during 2011 including the Suffolk Show, the Great East Swim, the Orwell Walks and the Ipswich Sky Ride.

**Recommendation 7**

Healthy Ambitions Suffolk, Greenest County, and agencies with a responsibility for health improvement need to
strengthen their alliance, to influence areas which deliver both a sustainable environment and better health. More emphasis should be put on good urban and rural planning, good quality housing and improving opportunities for cycling, walking and outdoor exercise activity.

The importance of good spatial planning and availability of green space in Suffolk is now fully realised. There have been examples of good joint working between agencies to promote health using planning regulations, and an important stakeholder event succeeded in identifying opportunities for improvement. Specific areas where we have made progress include building relationships with local/district planners and ensuring that impact on health is considered in key infrastructure and policy proposals. An example is engagement with planners at Mid Suffolk District Council on the Stowmarket Area Action Plan to ensure that the health and wellbeing of the local population and future residents is considered in the growth plan. This also enables the use of Health Impact Assessments to ensure that beneficial effects of planning are maximised and harmful effects are mitigated, for example in the development of an Energy from Waste facility in Great Blakenham.

**Recommendation 8**

*Local employers have great potential to improve the health of their employees and improve the profitability of their business by decreasing sickness rates. An expansion of the HAS business awards scheme, which promotes health and mental wellbeing in the workplace by supporting local businesses, should be considered. Middle-aged, older and lower paid employees may particularly benefit from such schemes.*

HAS has continued to expand its business award scheme. In addition to the general business award scheme, in June 2011 it launched the HAS Small Business Award to encourage healthy workplaces for small businesses. In total, there are currently 29 businesses involved, ranging in size from small businesses with nine employees to large organisations with thousands of employees. In total we estimate that 30,000 employees across Suffolk have access to HAS activities.

Over the past six months, 11 businesses have achieved the HAS business award. Two have now gained a gold award. Support is available for all of the above as well as the 11 new businesses currently working for an award in 2011. Monthly health awareness programmes continue to be organised to all HAS
businesses including action on stopping smoking, heart health, information about obesity and tips on how to encourage staff to walk more.

**Recommendation 9**  
Reducing inequality early in life is particularly important in securing the future health of the Suffolk population. The Children’s Trust and Healthy Ambitions Suffolk need to consider how the health of children aged 0 to 2 years can be maximised.

There is a strong evidence to indicate the early years of a child’s life determine their progress and attainment within the educational system and their ability to secure a successful and healthy future. There is a huge range of help and guidance available for parents at all our children’s centres to enable every child to have the best start in life. Children’s community health services were integrated into Suffolk County Council in 2011, and will provide an extensive range of child-centred services to parents. Provision of midwifery and health visiting services has been agreed with each children’s centre. Families can access free drop-in sessions, parenting help and family support, breastfeeding groups, help into employment including links with Job Centre Plus, a public computer, children’s library books, as well as signposting to integrated care and education for 0-5 year olds and other local services. HAS will also target grant aid for early years initiatives.

**Recommendation 10**  
There are specific groups who may have difficulty in accessing facilities and initiatives which aim to improve health, for reasons such as language, cultural belief or disability. Particular attention needs to be given to address the needs of these groups, for example through outreach projects.

Since 2008 NHS Suffolk has been supporting a Healthy Living Project with the Bangladeshi community. This community development initiative last year helped more than 100 people start exercising regularly by running tailored courses such as archery, Bollywood dancing, swimming, gym work and self defence. Awareness raising days have helped to improve knowledge of heart disease, diabetes, healthy eating and stop smoking services, as well as offering cardiovascular risk assessments to any adult. The project has been such a success that in 2011 NHS Suffolk started a similar project with the Caribbean and African communities.
The Health Trainer (peer educator) programme has been extended into all adult prisons in NHS Suffolk, offering prisoners the opportunity to become Health Trainer Champions and to deliver healthy lifestyle advice to their peers. In the first year they have increased demand for stop smoking services and Chlamydia (sexually transmitted infection) screening, as well as supporting health awareness days about oral health.

Suffolk County Council has supported community specific healthy eating information leaflets which have been produced for the Turkish, Polish, Chinese, Caribbean, Bangladeshi and Russian communities, to give culturally sensitive advice on the Eatwell Plate model. Using photographs of food products familiar to each community, health professionals can explain how much of each of five food types (fruit and vegetable, starchy food, dairy products, protein and sugary or fatty foods) a person should eat each day to give a balanced healthy diet.
There is strong evidence to indicate the early years of a child’s life determine their progress and attainment within the educational system and their ability to secure a successful and healthy future.
“Wellbeing” is a word in universal use that has no universal definition, despite various attempts over the years to produce one.

Introduction to wellbeing

Economists take a financial view defining wellbeing as the result of personal income or gross domestic product (GDP). In health and social care, it is used to mean the mental and emotional aspects of health. For others it relates to broader aspects of life such as spiritual health.
The Department for Environment, Food and Rural Affairs (2007) uses the definition: “Wellbeing is a positive physical, mental and social state: it is not just absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive relationships, involvement in empowered communities, good health, financial security, rewarding employment and a healthy and attractive environment. The Government’s role is to enable people to have a fair access now and in the future to the social, economic and environmental resources needed to achieve wellbeing. An understanding of the effect of policies on the way people experience their lives is important for designing and prioritising them”.

Healthy Lives, Healthy People, the Government’s White Paper on public health (Department of Health 2010) defines wellbeing as: “a positive physical, social and mental state influenced by a range of social, cultural, economic, psychological and environmental factors with a complex interrelationship between mental health, physical health, environment and social inequalities”.

The Young Foundation, a London based centre for social innovation, developed a model for wellbeing that illustrates the range of factors involved (2008).

The domains of wellbeing

**Personal....**
- Health and mental wellbeing
- Material and financial wellbeing
- Engaging activities and achievement

**Social....**
- Family and relationships
- Social support and engagement
- Sense of belonging and cohesion

**Place....**
- Quality of local area and the environment
- Safety and security
- Access and opportunities
Recently, there has been much interest in exploring the influences on subjective perceptions of wellbeing, particularly in relation to emotional resilience and happiness. The UK national government is moving towards using this measure of wellbeing to complement GDP in its assessments of the success of the nation as a whole.

The Office for National Statistics (2010) is developing the measures for doing this and has consulted on appropriate questions to use, including the following areas:

- What things matter most to individuals?
- Income and wealth
- Job satisfaction
- Economic security
- Ability to have a say on local and national issues
- Having good connections with relatives and friends
- Having a good relationship with a spouse or partner
- Present and future conditions of the environment
- Crime
- Health
- Education and training
- Personal activities including volunteering
- Cultural activities
- Unpaid caring
- Spirituality

This report explores community wellbeing in Suffolk – how people experience the quality of their lives and place (or community) and the extent to which local services and infrastructure have the capacity to promote or reduce wellbeing. It seeks to answer the question:

How are the citizens of Suffolk experiencing life?
Can you measure wellbeing?

Wellbeing is now seen as a desirable goal of public policy and as something that can be measured by analysing the strengths and weaknesses of local communities.

The profiles in this year’s annual public health report have done this using a tool known as the Wellbeing and Resilience Measure (WARM). Within this report the term “asset” is used to describe existing community strengths which can be built upon, including social capital, personal and community networks and the motivation and capacity to be involved in the community. For example an asset may be a high proportion of the population being part of a working group on regeneration.

In contrast, “vulnerabilities” are defined as factors which weaken the development of social networks and cohesive sustainable communities. For instance, if individuals are fearful to leave their homes and communicate with others because of high levels or perceptions of crime, this undermines the development of social networks, leading to potential social isolation.
What is WARM?

WARM is a framework to measure wellbeing and resilience at a local level and can be used to

- map local assets and vulnerabilities
- inform local decision-making.

WARM has three overarching themes:

**self:**
considering personal wellbeing and resilience, as well as other attributes, e.g. income, health

**support:**
availability of emotional support as well as broader personal support

**systems and structures:**
including the state of the local economy, availability of public services, infrastructures and so on, all of which contribute to wellbeing and resilience.

WARM measures how well an area has been and is faring in key areas such as education, benefit uptake and health, and where possible, shows trends over time.

Building from data in small geographic areas, the WARM process identifies assets and vulnerabilities in a community by benchmarking outcomes against the Suffolk county average. Examples include:

**service provision:**
e.g. satisfaction with GPs in an area

**outcomes:**
e.g. percentage of people in good health

**outputs:**
e.g. number of schools

**perceptions:**
e.g. fear of crime.

In this report, we have adapted the WARM process based on available local information.

How was WARM developed?

WARM is the product of the Local Wellbeing Project, a three-year initiative to “explore how local government can improve the wellbeing of its citizens” (Mguni and Bacon 2010).

The Local Wellbeing Project focused on:

**individual “subjective wellbeing”:**
how people experience the quality of their lives

**community wellbeing:**
the capacity of local services and infrastructure to support or reduce wellbeing

**community resilience:**
the ability to recover from economic or environmental shocks.
Why use this information?

This information together with profiles, case studies and feedback from local communities provides a basis for discussions on which issues require action in each community. Further investigation may be needed to identify solutions to the problems identified. Local communities can use this data to hold their own focus groups and consider how to improve the resilience of the area in which they live. To aid this, we have focused on Ipswich because of the wide variety of community work within the area.

The profiles included in the report were chosen to illustrate the issues for major market towns across all districts in Suffolk. Not all market towns are included, but profiles for all wards in the county, can be found on the Suffolk Observatory website at http://www.suffolkobservatory.info

References


Sir Michael Marmot’s “Fair Society Healthy Lives” (2010) provides a clear understanding of the links between mental wellbeing and physical health, and the contribution that social, economic and environmental factors make to our health.

Asset based approach

The Marmot review re-enforces the links between social conditions and health, and the need to create healthy and sustainable communities in order to reduce health inequalities (the difference in health status between social groups).
Traditional approaches to tackling inequalities and improving health have focused on identifying needs and deficiencies in communities such as deprivation, illness and health-damaging behaviours, and designing services to fill the gaps and fix the problems. As a result, communities can sometimes feel disempowered and dependent, with individuals becoming passive recipients of services rather than active agents in their own and their families’ lives. A growing body of evidence suggests a new approach is needed with greater focus on “what communities have” (their assets) as opposed to “what they don’t have” (their needs).

Community assets can be defined as any of the following:

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local residents that give them energy for change
- the networks and connections – known as ’social capital’ – in a community, including friendships and neighbourliness
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations that are available to support a community
- the physical and economic resources of a place that enhance wellbeing.

Through the adoption of an asset based approach, opportunities and strengths within communities can be identified which place an emphasis on the role of the community in solving problems. Residents are seen as co-producers with something to offer which helps them take control of their lives and supports people to develop their potential.

The profiles in this report identify both assets and deficits within communities. Deficits or vulnerabilities have been included to help target and prioritise appropriate areas or communities to work with.

Reference:
Within Suffolk, health inequalities can be clearly evidenced by differences in quality and length of life.

Health inequalities throughout the life course

These inequalities can be attributed to the impact of wider social, economic and environmental factors which start before birth and accumulate throughout the life course.

The following diagram compares outcomes between those living in the most and least deprived areas in Suffolk across the life course. The information contained within this report will help communities identify priority areas which impact on health and wellbeing and, if tackled, would contribute towards reducing some of the inequalities shown next.
Health inequalities throughout the life course – factors which impact on health and wellbeing and how they differ between the most and least deprived areas in Suffolk.

For further details on sources for the information and how the inequalities were calculated, please visit http://www.suffolkobservatory.info
What influences people’s wellbeing? What is the evidence of impact?
Education:
For the population as a whole, greater levels of education help to create wealthier economies. At an individual level, the knowledge, personal and social skills provided through education can help individuals to access and use information and services to maintain and improve health. Inequalities in educational outcomes affect physical and mental health, as well as income, employment and quality of life. Research suggests that each additional level of education contributes to higher levels of wellbeing.


Health:
Both physical and mental health have a significant impact on life satisfaction. There is an even greater association between psychological health and subjective wellbeing. Research suggests that a positive outlook influences subjective wellbeing.


Material wellbeing:
The relationship between income and subjective wellbeing is complex. There is evidence that the satisfaction individuals derive from their incomes is based to a large extent on comparisons with incomes of others in their community. The small link between income and wellbeing does not appear to last over the longer term, as people quickly adapt to any increase in income. The perception of poor financial health does however seem to be associated with low levels of wellbeing.


Employment:
Research shows that being unemployed has a significant negative impact on levels of wellbeing. This mirrors the well evidenced negative impact of unemployment on physical and mental health. The loss of a job or the threat of losing a job is detrimental to health. The type of job and working conditions will also affect health. Employment impacts on other aspects of people’s lives that are important for health – for example, self-esteem, family life, social life and caring duties. It provides a vital link between the individual and society and enables people to contribute to society and achieve personal fulfilment.

Strong and stable families:

Those in a stable relationship report higher levels of wellbeing than those who are separated. Those who have never married report a higher level of wellbeing than those who were previously married (i.e., separated or divorced). Engaging in supportive relationships generally, with other family members, with friends, or work colleagues, enhances life satisfaction, as does engaging with people in the local community.


Caring:

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


Public services and local economy:

There is a need to consider how to reach people in areas with poor access to services or with poor public transport links. Helping people to access services should reduce social isolation and improve both physical health and their sense of wellbeing.

People who live in more deprived areas often report lower levels of life satisfaction. Research shows that employment, strong local networks and low commuting times contribute to wellbeing, and these are generally not as evident in deprived areas when compared to areas with more vibrant local economies.

Crime and antisocial behaviour:
The experience and fear of experiencing crime and anti-social behaviour reduces levels of life satisfaction. Fear of crime can lead to mental distress and social withdrawal. This reluctance to engage with the wider community can generate fear and cause a breakdown of relationships with others in the community.

Interventions that address crime, fear of crime and social isolation help to relieve community anxiety and stress.


Infrastructure, belonging and participation in decision making:
Community buildings and developments that reduce the need to travel, by providing services close to where people live, reduce carbon emissions and provide opportunities for social interaction. Parks and open spaces that provide green space not only improve the environment but allow safe and quality space for leisure and exercise.

Engagement and involvement in the local community gives people a sense of identity and connection to the area in which they live, which contributes to their sense of wellbeing. People who are involved in voluntary and community activities are reported to have higher levels of subjective wellbeing.

Conversely a lack of involvement in the community and low levels of social interaction can lead to feelings of isolation and loneliness which can negatively impact on both mental and physical health and the sense of wellbeing.

Participation in local decision making yields higher levels of wellbeing, in part because local decisions reflect the wishes of the community. Local agencies can and do help local decision making. The research on life satisfaction supports the case for increasing local leadership and decision making.

For further information see Healthy lives, healthy people: the Marmot review (2010) Marmot, M, Chapter two – the social determinants of health, 2.6.5 Communities and health p77-81 http://www.marmotreview.org/reviews/english-review-of-hi (accessed 10 May 2011)
Suffolk is already a healthy county. Over the last decade, life expectancy has continued to increase gradually to an average of 79.6 years for men and 83.5 years for women. Nonetheless, there are still differences in life expectancy by geographical area and groups. There is a difference of 12 years between the electoral wards with the highest and lowest life expectancy in Suffolk.
The ward profiles contained in this report, and for all other wards in Suffolk, are available on the Suffolk Observatory website and can be accessed in the following ways:

**Suffolk Observatory**

If you know the desired ward name, and local authority in which it is located, then please access [www.suffolkobservatory.info/reports.aspx](http://www.suffolkobservatory.info/reports.aspx)

Once the page has loaded click on the “Themes” drop down box and choose “Area profiles”. Then click on the “Area report” drop down box and select “2011 – Wellbeing profiles”. The area profile of your choice can then be accessed by selecting a local authority and ward, followed by clicking on “display documents”.

If you do not know the ward name for your area(s) of interest please access the following web address [http://www.suffolkobservatory.info](http://www.suffolkobservatory.info).

Once the page has loaded, enter a postcode into the “Your Area” box and click on “Find”. Profiles and reports associated with your selected area will then be displayed at the bottom of the new page.
The Observatory is designed to be a central resource for all Suffolk’s vital statistics, where the most up-to-date data and reports can be accessed in one place. The site provides a flexible, user-friendly way for organisations to share data, information and statistics about Suffolk. Partnership collaboration and simplicity of use are at the heart of the site. It has been designed to be more than simply a data repository, but also to work as a flexible system for comparing, downloading, charting and mapping data.

What can you find on the site?

- Data that allows users to map services in their local area such as GP surgeries, tourist information centres or schools, using Google Maps technology simply by entering a postcode.
- Up-to-date local and national data under a range of themes including ‘health and care’, ‘population’, ‘economy and employment’ and ‘deprivation’. The software allows partners to share written reports and briefings to add useful analysis and insight to the raw data.
- Standard profiles available under a variety of different themes at different geographies which show statistics, comparable data, charts and maps in a user-friendly format. Users can also create their own profiles from scratch to suit their own needs.

Who can use the site?

The wide range of data and flexible methods of reporting mean the site is accessible to a wide audience from analysts to the voluntary sector and general public.
Even within small areas such as wards, the data does not always identify pockets of deprivation such as a row of houses in a relatively affluent village or small estate within a larger urban ward.

The profiles - the limitations

These households may experience higher levels of deprivation, but they are not highlighted by the data, as they live within an area which is more affluent overall.
These hidden areas of deprivation may be especially important in rural areas of Suffolk. This issue was highlighted in both the Oxford Consultants for Social Inclusion Ltd (OCSI) report “Deprivation in rural Suffolk: highly-deprived areas and the rural share of deprivation” (2008) and the Suffolk Foundation report “Hidden deprivation and community need in Suffolk” (2011).

Some of the data included in the profiles was based upon data from the Place Survey where sample sizes can be very small. This can mean that the data may not represent a complete cross section of the community; for example within the survey there was a higher number of responses from women and older people, which may introduce bias.

These points underline the importance of considering the profiles along with local knowledge and community input as outlined in the WARM process.

Further information about the sources used can be found at the end of the report.
The following profile examines key factors which impact on the health, wellbeing and resilience of the Brandon population.

The profile is split into two sections, with the first section focusing on assets and vulnerabilities within the two electoral wards which cover Brandon. The second section provides data about trends over time, and county and national comparisons for five key indicators (benefit uptake, crime, education, premature deaths and employment sectors).

Also included are data estimates for lifestyle behaviours among the adult population. The estimates are not counts of the number of people or prevalence of a behaviour, e.g. smoking in a ward. They are estimates based on a model developed from the National Health Survey for England 2008 and represent the expected prevalence of a behaviour for any ward, given the demographic and social characteristics of that area.

**Geography and population**

Brandon is a small market town situated on the Norfolk/Suffolk border, around 30 miles from Cambridge and 35 miles from Norwich, with a population of approximately 8,750. A relatively high percentage of residents originate from other countries in the European Community, of whom a proportion speak English as a second language.

**Deprivation**

According to the Index of Multiple Deprivation 2007 the level of deprivation in Brandon East and West wards is similar to the Suffolk average.

As with other similar sized towns, the decline of the agricultural industry in terms of employment has had an obvious detrimental effect. Amenities and facilities for young people and employment opportunities generally need to be developed, with many people commuting daily to both Norwich and Cambridge. There are also difficulties for a number of elderly people to access their doctor or local amenities.
Summary of assets and vulnerabilities among wards in Brandon compared to Suffolk

Development
With more residential development expected in the near future, there are concerns that the present traffic difficulties will increase over time.

Leisure/community
Total Brandon is a multi-agency group that seeks to focus its efforts and resources on tackling issues in the town together to get better results. With the Total Brandon project currently underway, there are signs of improvement within the town for both residents and local businesses.

Brandon West

**Main assets**
- Lower rate of emergency hospital admissions.
- Lower rate of 50+ year olds on benefits.
- Good access to local employment centre and GP practices.
- Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
- Lower level of self rated health.
- Higher rate of planned hospital admissions.
- Lower levels of feeling safe in local area during day and night.
- Higher levels of burglary.
- Lower satisfaction with hospital services.
- Less satisfaction with local area as a place to live.
- Smaller proportion of population can access local primary school in 15 minutes.
- Longer journey time to nearest further education institution.
- Lower average weekly household income.

Brandon East

**Main assets**
- Smaller proportion of population on income support.
- Lower rate of 16-24 year olds on benefits.
- Good access to local employment centre, primary school and GP practices.
- Higher numbers of local job vacancies.
- Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
- Lower levels of self reported health.
- Higher rate of planned hospital admissions.
- Lower levels of feeling safe in local area during the day and night.
- Higher levels of all types of crime, except criminal damage.
- Lower satisfaction with GP services.
- Less satisfied with local area as a place to live.
- Longer journey time to nearest further education institution.
- Lower average weekly household income.
The population of Brandon East is estimated to be 6210 (ONS 2009) and consists of the same proportion of 0 to 18 year olds (22%) compared to Suffolk, and a similar proportion of working age population (57% compared to Suffolk 58%) and over 65’s (20%). The ward is ranked 59 out of 175 (1 = most deprived) for deprivation in Suffolk.

Each domain has been given a colour, based on how it compares to the Suffolk average (red = consistently worse than the Suffolk average, amber = in line with Suffolk average and green = consistently better than Suffolk average).

The following lists the main assets and vulnerabilities within Brandon East ward identified from local data.

### Main assets
- Smaller proportion of population on income support.
- Lower rate of 16-24 year olds on benefits.
- Good access to local employment centre, primary school and GP practices.
- Higher numbers of local job vacancies.
- Smaller proportion of households in fuel poverty.

### Main vulnerabilities
- Lower levels of self reported health.
- Lower levels of feeling safe in local area during the day and night.
- Higher levels of all types of crime, except criminal damage.
- Lower satisfaction with GP services.
- Less satisfied with local area as a place to live.
- Longer journey time to nearest further education institution.
- Lower average weekly household income.
Assets and vulnerabilities

<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Similar to the Suffolk average:</td>
</tr>
<tr>
<td></td>
<td>• proportion of 16 to 18 year olds not in education, employment or training (NEETs).</td>
</tr>
<tr>
<td></td>
<td>• children aged 4-16 persistently absent from school.</td>
</tr>
<tr>
<td></td>
<td>• children achieving a good level of development at age 5.</td>
</tr>
<tr>
<td></td>
<td>• proportion of pupils achieving Level 4+ in both English and mathematics at key stage 2 (11 year olds).</td>
</tr>
<tr>
<td></td>
<td>• rate of GCSE attainment (5 A* to C including English and mathematics).</td>
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<tr>
<td>Health</td>
<td>Similar to the Suffolk average:</td>
</tr>
<tr>
<td></td>
<td>• life expectancy at birth.</td>
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<tr>
<td></td>
<td>• premature deaths (deaths before the age of 75 years).</td>
</tr>
<tr>
<td></td>
<td>• emergency and planned hospital admissions rates.</td>
</tr>
<tr>
<td></td>
<td>Lower than the Suffolk average:</td>
</tr>
<tr>
<td></td>
<td>• residents self reported health.</td>
</tr>
<tr>
<td>Material</td>
<td>Similar to the Suffolk average:</td>
</tr>
<tr>
<td>wellbeing</td>
<td>• proportion of working age population claiming benefits including incapacity benefit.</td>
</tr>
<tr>
<td></td>
<td>• proportion of 50+ year olds on benefits.</td>
</tr>
<tr>
<td></td>
<td>Lower than the Suffolk average:</td>
</tr>
<tr>
<td></td>
<td>• proportion of the population on income support.</td>
</tr>
<tr>
<td></td>
<td>• proportion of 16 to 24 years on benefits.</td>
</tr>
<tr>
<td></td>
<td>• average weekly household income.</td>
</tr>
<tr>
<td>Strong</td>
<td>Similar to the Suffolk average:</td>
</tr>
<tr>
<td>and stable</td>
<td>• proportion of lone parents and carers in receipt of benefits.</td>
</tr>
<tr>
<td>families</td>
<td></td>
</tr>
</tbody>
</table>
Ward level information

Brandon West

The population of Brandon West is estimated to be 3988 (ONS 2009) and consists of the same proportion of 0 to 18 year olds (22%) compared to Suffolk and a similar proportion of working age population (59% compared to 58% in Suffolk) and over 65s (19% compared to 20% in Suffolk). The ward is ranked 54 out of 175 (1 = most deprived) for deprivation in Suffolk.

The following lists the main assets and vulnerabilities within Brandon West ward identified from local data.

**Main assets**
- Lower rate of emergency hospital admissions.
- Lower rate of 50+ year olds on benefits.
- Good access to local employment centre and GP practices.
- Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
- Lower level of self reported health.
- Higher rate of planned hospital admissions.
- Lower levels of feeling safe in local area during the day and night.
- Higher levels of burglary.
- Lower satisfaction with hospital services.
- Less satisfaction with local area as a place to live.
- Smaller proportion of population can access local primary school in 15 minutes.
- Longer journey time to nearest further education institution.
- Lower levels of volunteering.
- Lower average weekly household income.
<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
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<td></td>
<td>• children achieving a good level of development at age 5.</td>
</tr>
<tr>
<td></td>
<td>• proportion of pupils achieving Level 4+ in both English and mathematics at key stage 2 (11 year olds).</td>
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<tr>
<td></td>
<td><strong>Higher than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• rate of GCSE attainment (5 A* to C including English and mathematics).</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td><strong>Higher than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• planned hospital admissions rate.</td>
</tr>
<tr>
<td></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• life expectancy at birth.</td>
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<tr>
<td></td>
<td>• rate of premature deaths (deaths before the age of 75 years).</td>
</tr>
<tr>
<td><strong>Material wellbeing</strong></td>
<td><strong>Lower than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• self reported health.</td>
</tr>
<tr>
<td></td>
<td>• emergency hospital admissions rate.</td>
</tr>
<tr>
<td><strong>Strong and stable families</strong></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• proportion of working age population on benefits including incapacity benefit and income support.</td>
</tr>
<tr>
<td></td>
<td>• proportion of 16 to 24 years olds on benefits.</td>
</tr>
<tr>
<td></td>
<td><strong>Lower than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• proportion of 50+ year olds in receipt of benefits.</td>
</tr>
<tr>
<td></td>
<td>• average weekly household income.</td>
</tr>
<tr>
<td><strong>Local economy</strong></td>
<td><strong>Higher than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• proportion of population living within a 20 minute journey via walking, cycling or public transport, of the nearest employment centre.</td>
</tr>
<tr>
<td><strong>Public services</strong></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• number of local job vacancies.</td>
</tr>
<tr>
<td><strong>Crime and anti social behaviour</strong></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• satisfaction with local fire, GP and police services.</td>
</tr>
<tr>
<td><strong>Infrastructure and belonging</strong></td>
<td><strong>Lower than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• satisfaction with local hospital services.</td>
</tr>
<tr>
<td></td>
<td><strong>Higher than the Suffolk average:</strong></td>
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<tr>
<td></td>
<td>• rates of burglary.</td>
</tr>
<tr>
<td></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• overall crime rate.</td>
</tr>
<tr>
<td></td>
<td>• rates of violent crime and criminal damage.</td>
</tr>
<tr>
<td><strong>Lower than the Suffolk average:</strong></td>
<td>• proportion of residents who felt safe in local area during the day and the night.</td>
</tr>
<tr>
<td><strong>Strong and stable families</strong></td>
<td><strong>Higher than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• proportion of population living within a 15 minute walk/public transport journey to nearest GP practice.</td>
</tr>
<tr>
<td></td>
<td>• travel time to the nearest further education institution.</td>
</tr>
<tr>
<td></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• membership on local decision making groups.</td>
</tr>
<tr>
<td></td>
<td>• people who felt they belonged to local neighbourhood.</td>
</tr>
<tr>
<td></td>
<td>• satisfaction with own home.</td>
</tr>
<tr>
<td><strong>Infrastructure and belonging</strong></td>
<td><strong>Lower than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• proportion of population who can access a primary school within 15 minutes.</td>
</tr>
<tr>
<td></td>
<td>• satisfaction with the area as a place to live.</td>
</tr>
<tr>
<td></td>
<td>• levels of volunteering.</td>
</tr>
<tr>
<td></td>
<td>• proportion of households in fuel poverty.</td>
</tr>
</tbody>
</table>
Brandon overview

This section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors) as well as data estimates for lifestyle behaviours among the adult population.

Working age population on benefits in Brandon

In 2010 the proportion of the working age population on benefits in Brandon (11.7%) was lower than the England (15%) and similar to the Suffolk (12.2%) average. Between 2007 and 2010 the claimant rate increased from 9.7% to 11.7%. The change in the claimant rates followed a similar pattern to Suffolk and England, with the largest increase occurring between 2008 and 2009.

GCSE pass rate 5 A* to C including English and mathematics in Brandon

The proportion of children achieving 5 A* to C grades at GCSE (including English and mathematics) in Brandon increased from 35.8% in 2006-07 to 36.1% in 2008-09. GCSE attainment decreased in Brandon between 2006-07...
and 2007-08, but the trend was increasing from 2007-08 to 2008-09. However GCSE achievement in Brandon (36.1%) was still lower than the England (50.7%) and Suffolk (48.8%) averages in 2008-09.

**Premature deaths in Brandon**

During 2005-09 the rate of premature deaths (deaths among persons under 75 years of age) in Brandon was 281 per 100,000 population. This was higher than the Suffolk rate (242) and lower than the England rate (295). Between 2003-07 and 2005-09 the premature deaths rate decreased slightly from 308 to 281 deaths per 100,000 population, reflecting the changes in the England and Suffolk rate.

**Trend in total crime rate in Brandon**

The crime rate in Brandon increased from 93.6 crimes per 1000 population in 2007-08 to 96.5 in 2008-09 and then fell to 87.5 in 2009-10. During this period the crime rate was consistently higher than the Suffolk rate.
Employment structure in Brandon

According to the 2009 Business Register and Employment Survey (BRES) the main employment sector in Brandon was distribution, hotels and restaurants, which accounted for 50% of all employment in the area. Apart from manufacturing and agriculture, the proportion of people employed in all other sectors was less than the Suffolk average.

Lifestyle

The following provides prevalence estimates of lifestyle behaviours among adults in Brandon (persons 16 years and over). The estimates were developed at a national level by examining the relationship between lifestyle behaviours and population characteristics such as deprivation, benefit claimants, occupation etc. This information was then combined to calculate local prevalence estimates based on the characteristics of the local population.

If there were 100 people in Brandon

- 27 would be obese.
- 24 would smoke.
- 19 would binge drink.
- 28 would eat the recommended 5 pieces of fruit and vegetables more than 5 times per week.
- 20 would take part in the recommended 3 x 40 minutes of physical activity each week.
Brandon ‘Reach Out’ Directory

Initially the Brandon ‘Reach Out’ Directory was part of the overall Healthy Ambitions Suffolk ‘Reach Out’ project.

There was a steering group formed consisting of Healthy Ambitions Suffolk, Forest Heath District Council, Suffolk Children’s Weight Management Services, Anglia Community Leisure, local town councillors and other representatives. The group met monthly to produce the ‘Reach Out’ Directory for Brandon.

The Directory is a booklet containing information on how people can make healthier choices throughout Brandon, enabling them access to healthy foods and exercise venues and classes. Our Local Police Community Support Officers use it for information and Forest Heath District Council is now looking to replicate the project in both Mildenhall and Newmarket.

Healthy Heath

A steering group was formed with the common goal of tackling obesity in our younger population and consisted of Forest Heath District Council, Anglia Community Leisure, Extended Schools, Forest Heath School Sports Partnership and Suffolk Children’s Weight Management Services.

The group collated funding and were match funded by a Transforming Suffolk Grant, to deliver healthy eating/cooking and physical activity courses to all 9 year olds in the district. As part of this project, there are also street sports sessions being funded in Brandon and Mildenhall. In addition we will be rolling out Healthy Foods=Healthy Bodies courses from September 2011.
Men’s Health Week

There was an event to raise awareness of men’s health during Men’s Health Week, organised by Forest Heath District Council. It included NHS Stop Smoking services, the smoothie bike, a representative from Suffolk MIND and also someone from West Suffolk College.

Many smokers received a range of health information and advice. Every man that attended the event, and indeed a few women, were given a Men’s Health Manual and a Drink Aware Alcohol wheel to help them understand the units of alcohol in specific drinks and to raise awareness of safe alcohol use.

Street Football

The Street Sports project’s main focus is on reducing anti-social behaviour (ASB) and criminal damage.

The geographical areas targeted are often officially classed as deprived with other problems. The main problems that the football coaches have reported back are lifestyle issues, such as underage smoking and drug misuse. We also have a number of attendees that are overweight or obese. We are providing free and informal physical activity which is now becoming part of these youngsters’ weekly routine. There are also occasional health improvement sessions that, for example, the Stop Smoking team attend. We hope to positively affect the health of attendees and, in the long term, give them a better quality of life.

Over 60’s Tai Chi/ coffee morning

Over 60’s meet at Brandon Leisure Centre every Monday for a Tai Chi class and coffee and information.

This group was established through partnership working, initially with Age UK, Forest Heath District Council and Anglia Community Leisure. These organisations arrange for speakers to come along once a month to give information and advice on topics and issues specific to this group.

The Tai Chi class is weekly and there is someone present from one of the organisations each time, on hand for support and advice, along with an invited speaker once a month. Following on from this group there is now also a Chair Based Exercise group at the leisure centre on a Wednesday afternoon.

In addition funding was made available for this group to take a Swim Bus from Brandon and Lakenheath to Mildenhall Swimming Pool. This took place during December 2010 and we are looking for funding to start it up again.
section one

HAVERHILL

The following profile examines key factors which impact on the health, wellbeing and resilience of the Haverhill population.

The profile is split into two sections, with the first section focusing on assets and vulnerabilities within the four electoral wards which cover Haverhill. The second section provides trend data over time, and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors).

Also included are data estimates for lifestyle behaviours among the adult population. The estimates are not counts of the number of people or prevalence of a behaviour, e.g. smoking in a ward. They are estimates based on a model developed from the National Health Survey for England 2008 and represent the expected prevalence of a behaviour for any ward, given the demographic and social characteristics of that area.

Introduction

We thank Councillor Anne Gower who provided information for this introduction.

Geography and population

Haverhill is a Suffolk market town on the borders of Cambridgeshire and Essex with good links to the M11, Stansted airport, the Suffolk ports and the towns of Bury St Edmunds and Cambridge. There is a population of approximately 23,660 made up mainly of original families who have been in the town for generations, families that moved from London in the 1950s, and people who have moved into the new estates that have been created over the past 15 years.

Deprivation

According to the Index of Multiple Deprivation 2007, there are varying levels of deprivation in Haverhill. Haverhill South is ranked amongst the 20% most deprived wards in Suffolk, the highest level of deprivation in the town. Haverhill East and North wards both feature in the 40% most deprived areas in the county, whilst Haverhill West experiences lower levels of deprivation than Suffolk as a whole.
Development
St Edmundsbury Borough Council has invested over £20m over the past five years in Haverhill, and there have been a lot of improvements including a Cineworld cinema and restaurant complex, a refurbished leisure centre, as well as many smaller projects which have improved the day to day quality of life of the residents. Both upper schools have obtained “outstanding” Ofsted reports, one of which is now an Academy school. The move from 3 tier to 2 tier schooling is almost complete and there is now one new primary school and another being built, alongside the existing schools.

There are large housing developments planned for the north west and the north east of the town along with an Enterprise Park on the southern bypass road from Cambridge. The retail offer in the High Street needs to be more diverse and it is hoped some retailers will be encouraged to come to the town as a result of future development plans, including a site which has planning permission for the development of both retail and start up units.

Leisure/community
There is a strong sense of community in Haverhill and this is evidenced by the large number of social groups and also the strength of voluntary sector involvement, including the umbrella group, Haverhill Association of Voluntary Organisations. There is a Citizen’s Advice Bureau, Credit Union, Volunteer Centre and 3 Counties Community Transport among others, along with various residents’ groups. There is also the Haverhill Food Bank and Furniture Bank which support the vulnerable in the town, together with Mid Anglian Enterprise Agency start up units for new businesses. There is also an excellent park called East Town Park and the new Haverhill Community Football Association.
Summary of assets and vulnerabilities among wards in Haverhill compared to Suffolk

Haverhill North

**Main assets**
- Lower levels of benefit uptake among 50+ year olds.
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
- Lower proportion of children achieving a good level of development at age 5.
- Proportion of 16-18 year olds not in education, employment or training.
- Use of hospital services (emergency and planned).
- Higher proportion of working age population dependent on benefits.
- Higher rates of 16-24 year olds on benefits.
- Lower levels of feeling safe in local area during day and night.
- Higher levels of all types of crime, except burglary.
- Lower average weekly household income.
- Lower levels of satisfaction with area as a place to live.
- Fewer job vacancies within the area.
- Lower levels of volunteering.

Haverhill West

**Main assets**
- Lower levels of persistent absence from school among 4 to 16 year olds.
- Lower proportion of working age population on benefits including incapacity benefit and income support.
- Lower proportion of lone parents and carers claiming benefits.
- Lower levels of all types of crime.
- Good access to local employment centre, primary school, GP practices and further education institution.
- Smaller proportion of households in fuel poverty.
- Higher average weekly household income.

**Main vulnerabilities**
- Higher proportion of 16 to 18 year olds not in education, employment or training.
- Fewer job vacancies within the area.
- Higher rate of planned hospital admissions.
- Higher rates of criminal damage within the area.
Main assets
- Lower levels of persistent absence from school among 4 to 16 year olds.
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Smaller proportion of households in fuel poverty.

Main vulnerabilities
- Lower proportion of children achieving a good level of development at age 5.
- Lower level of GCSE attainment (5 A* to C grades including English and mathematics).
- Number of 16-18 year olds not in education, employment or training.
- Higher rate of planned hospital admissions.
- Lower satisfaction with area as a place to live.
- Higher proportion of working age population on benefits including a larger proportion of 16-24 year olds on benefits.
- Lower levels of feeling safe in local area during day and night.
- Higher rate of criminal damage.
- Fewer job vacancies within the area.
- Lower average weekly household income.

Haverhill East

Main assets
- Higher number of local job vacancies.
- Good access to local employment centre, primary school, GP practices and further education institution.
- Smaller proportion of households in fuel poverty.

Main vulnerabilities
- Lower proportion of children achieving a good level of development at age 5.
- Lower level of GCSE attainment (5 A* to C grades including English and mathematics).
- Higher proportion of 16-18 year olds not in education, employment or training.
- Higher rates of planned and emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefit.
- Higher rate of 16-24 year olds and 50+ year olds on benefits.
- Higher proportion of carers and lone parents on benefits.
- Higher levels of all types of crime.
- Lower levels of feeling safe in local area during day and night.
- Higher sense of belonging to neighbourhood and satisfaction with own home.
- Lower levels of volunteering.
- Lower average weekly household income.
Ward level information

Haverhill South

The population of Haverhill South is estimated to be 5121 (ONS 2009) and consists of a higher proportion of 0 to 18 year olds (28%) compared to Suffolk (22%), a larger proportion of working age population (60%, compared to 58% for Suffolk) and a lower proportion of over 65s (13% compared to 20% for Suffolk). The ward is one of the most deprived areas in Suffolk (ranked 18 out of 175, where 1 = most deprived).

Each domain has been given a colour, based on how it compares to the Suffolk average (red = consistently worse than the Suffolk average, amber = in line with Suffolk average and green = consistently better than Suffolk average).
<table>
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<tr>
<th>Domains</th>
<th>Description</th>
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</thead>
</table>
| **Education**       | Higher than the Suffolk average:  
- proportion of 16-18 year olds not in education, employment or training (NEETs).  
Similar to the Suffolk average:  
- proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).  
- children aged 4-16 years persistently absent from school.  
Lower than the Suffolk average:  
- level of GCSE attainment (5 A* to C including English and mathematics).  
- proportion of children achieving a good level of development at age 5. |
| **Health**          | Higher than the Suffolk average:  
- emergency and planned hospital admissions rates.  
Similar to the Suffolk average:  
- premature deaths rate (deaths before the age of 75).  
- life expectancy at birth.  
- self reported health. |
| **Material wellbeing** | Higher than the Suffolk average:  
- proportion of working age population on benefits, including income support and incapacity benefit.  
- proportion of 16-24 year olds and 50+ year olds on benefits.  
Lower than the Suffolk average:  
- average weekly household income. |
| **Strong and stable families** | Higher than the Suffolk average:  
- proportion of lone parents and carers on benefits. |
| **Local economy**   | Higher than the Suffolk average:  
- number of job vacancies.  
- proportion of the population living within a 20 minute journey, via walking, cycling or public transport, to the nearest employment centre. |
| **Public services** | Similar to the Suffolk average:  
- level of satisfaction with local fire, hospital, GP and police services. |
| **Crime and anti social behaviour** | Higher than the Suffolk average:  
- higher rates of overall crime, violent crime, burglary, and criminal damage.  
Lower than the Suffolk average:  
- feeling safe in local area during day and night. |
| **Infrastructure and belonging** | Higher than the Suffolk average:  
- proportion of population living within a 15 minute walk or public transport journey to the nearest primary school or GP practice.  
Similar to the Suffolk average:  
- proportion of residents who felt satisfied with the area as a place to live.  
- level of membership on local decision making groups.  
- people who felt they belonged to neighbourhood.  
Lower than the Suffolk average:  
- the travel time to the nearest further education institution.  
- proportion of residents who felt satisfied with their homes as a place to live.  
- proportion of people who regularly volunteered or felt they belonged to the local neighbourhood.  
- proportion of households in fuel poverty. |
The population of Haverhill West is estimated to be 5303 (ONS 2009) and consists of a higher proportion of 0 to 18 year olds (27%) compared to Suffolk (22%), a lower proportion of over 65s (11% compared to 20% for Suffolk) and a higher proportion of working age population (62% compared to 58% for Suffolk). The ward is ranked 87 out of 175 (1 = most deprived) for deprivation in Suffolk.

Ward level information

Haverhill West

The following lists the main assets and vulnerabilities within Haverhill West ward identified from local data.

**Main assets**
- Lower levels of persistent absence from school among 4 to 16 year olds.
- Lower proportion of working age population on benefits including incapacity benefit and income support.
- Lower proportion of lone parents and carers on benefits.
- Lower levels of all types of crime.
- Good access to local employment centre, primary school, GP practices and further education institution.
- Smaller proportion of households in fuel poverty.
- Higher average weekly household income.

**Main vulnerabilities**
- Higher proportion of 16 to 18 year olds not in education, employment or training.
- Fewer job vacancies within the area.
- Higher rate of planned hospital admissions.
### Domains | Description
--- | ---
**Education** | Higher than the Suffolk average:  
- proportion of 16-18 year olds not in education, employment or training (NEETs).
**Similar to the Suffolk average:**  
- level of GCSE attainment (5 A* to C grades including English and mathematics).
- proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).
- proportion of children achieving a good level of development at age 5.
**Lower than the Suffolk average:**  
- proportion of children aged 4-16 years persistently absent from school.

**Health** | Higher than the Suffolk average:  
- rate of planned hospital admissions.
**Similar to the Suffolk average:**  
- life expectancy at birth.
- premature deaths (deaths before the age of 75 years).
- residents self reported health.
- emergency hospital admission rate.

**Material wellbeing** | Higher than the Suffolk average:  
- average weekly household income.
**Similar to the Suffolk average:**  
- proportion of 16-24 year olds and 50+ year olds claiming benefits.
**Lower than the Suffolk average:**  
- proportion of working age population on benefits including income support and incapacity benefit.

**Strong and stable families** | Lower than the Suffolk average:  
- proportion of lone parents and carers on benefits.

<table>
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<tr>
<th>Domains</th>
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| Local economy | Higher than the Suffolk average:  
- proportion of the population living within a 20 minute journey, via walking, cycling or public transport, to the nearest employment centre.  
Lower than the Suffolk average:  
- number of local job vacancies. |
| Public services | **Similar to the Suffolk average:**  
- satisfaction with local fire, hospital, GP and police services.  
Lower than the Suffolk average:  
- lower levels of all types of crime. |
| Crime and anti social behaviour | **Similar to the Suffolk average:**  
- feeling safe in the local area during the day and night.  
Lower than the Suffolk average:  
- satisfaction with local area as a place to live.
- satisfaction with their own home.
- levels of volunteering and membership on local decision making groups.
- proportion of population who felt they belonged to the local neighbourhood.  
Lower than the Suffolk average:  
- the travel time to the nearest further education institution.
- proportion of households in fuel poverty. |
| Infrastructure and belonging | **Higher than the Suffolk average:**  
- proportion of population who live within a 15 minute walk or public transport journey to the nearest primary school or GP practice.  
**Similar to the Suffolk average:**  
- satisfaction with local area as a place to live.  
- satisfaction with their own home.  
- levels of volunteering and membership on local decision making groups.  
- proportion of population who felt they belonged to the local neighbourhood.  
**Lower than the Suffolk average:**  
- the travel time to the nearest further education institution.
- proportion of households in fuel poverty. |
The population of Haverhill North is estimated to be 7007 (ONS 2009) and consists of higher proportions of 0 to 18 year olds (25%) compared to Suffolk (23%), a larger proportion of working age population (59%, compared to 58% for Suffolk) and a lower proportion of over 65’s (17% compared to 20% in Suffolk). The ward is ranked 49 out of 175 (1 = most deprived) for deprivation in Suffolk.

The following lists the main assets and vulnerabilities within Haverhill North ward identified from local data.

**Main assets**
Lower levels of benefit claimants among 50+ year olds. Good access to local employment centre, primary school, GP practices and further education institutions. Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
Lower proportion of children achieving a good level of development at age 5. Proportion of 16-18 year olds not in education, employment or training. Use of hospital services (emergency and planned). Higher proportion of working age population dependent on benefits. Higher rates of 16-24 year olds on benefits. Lower level of feeling safe in local area during day and night. Higher levels of all types of crime, except burglary. Lower average weekly household income. Lower levels of satisfaction with area as a place to live. Fewer job vacancies within the area. Lower levels of volunteering.
### Assets and vulnerabilities

<table>
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<tr>
<th>Domains</th>
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| **Education**              | **Higher than the Suffolk average:**  
  - proportion of 16-18 year olds not in education, employment or training (NEETs).  
  **Similar to the Suffolk average:**  
  - proportion of children aged 4-16 persistently absent from school.  
  - GCSE attainment (5 A* to C including English and mathematics).  
  - proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).  
  **Lower than the Suffolk average:**  
  - proportion of children achieving a good level of development at age 5. |
| **Health**                 | **Higher than the Suffolk average:**  
  - emergency and planned hospital admissions rates.  
  **Similar to the Suffolk average:**  
  - life expectancy at birth.  
  - self reported health.  
  - premature deaths rate (deaths before the age of 75 years). |
| **Material wellbeing**     | **Higher than the Suffolk average:**  
  - proportion of working age population on benefits.  
  - proportion of 16-24 year olds claiming benefits.  
  **Similar to the Suffolk average:**  
  - proportion of population on income support and incapacity benefit.  
  **Lower than the Suffolk average:**  
  - proportion of 50+ year olds on benefits.  
  - average weekly household income. |
| **Supports**               | **Similar to the Suffolk average:**  
  - proportion of lone parents and carers on benefits. |
| **Local economy**          | **Higher than the Suffolk average:**  
  - proportion of the population living within a 20 minute journey, via walking, cycling or public transport, to the nearest employment centre.  
  **Lower than the Suffolk average:**  
  - number of local job vacancies. |
| **Public services**        | **Similar to the Suffolk average:**  
  - satisfaction with local fire, hospital, GP and police services. |
| **Crime and anti social behaviour** | **Higher than the Suffolk average:**  
  - higher rates of overall crime, violent crime and criminal damage.  
  **Similar to the Suffolk average:**  
  - rate of burglary.  
  **Lower than the Suffolk average:**  
  - feeling safe in the local area during both the day and the night. |
| **Infrastructure and belonging** | **Higher than the Suffolk average:**  
  - proportion of population who live within a 15 minute walk or public transport journey to the nearest primary school or GP practice.  
  **Similar to the Suffolk average:**  
  - satisfaction with their own home.  
  - levels of membership on local decision making groups.  
  - proportion of population who felt they belonged to their local neighbourhood.  
  **Lower than the Suffolk average:**  
  - proportion of residents who felt satisfied with the area as a place to live.  
  - levels of volunteering among residents.  
  - proportion of households in fuel poverty.  
  - travel time to the nearest further education institution. |
Haverhill East

The population of Haverhill East is estimated to be 6840 (ONS 2009) and consists of a higher proportion of 0 to 18 year olds (24%) compared to Suffolk (22%) a lower proportion of over 65’s (13% compared to 20% in Suffolk) and a higher proportion of working age population (63% compared to 58% in Suffolk). The ward is ranked 45 out of 175 (1 = most deprived) for deprivation in Suffolk.

The following lists the main assets and vulnerabilities within Haverhill East ward identified from local data.

Main assets
Lower levels of persistent absence from school among 4 to 16 year olds.
Good access to local employment centre, primary school, GP practices and further education institutions.
Smaller proportion of households in fuel poverty.

Main vulnerabilities
Lower proportion of children achieving a good level of development at age 5.
Higher rate of planned hospital admissions.
Lower satisfaction with area as a place to live.
Higher proportion of working age population on benefits including a larger proportion of 16-24 year olds on benefits.
Lower levels of feeling safe in local area during day and night.
Higher rate of criminal damage.
Fewer job vacancies within the area.
Lower average weekly household income.
## Domains Description

### Education
- **Higher than the Suffolk average:** proportion of 16-18 year olds not in education, employment or training (NEETs).
- **Similar to the Suffolk average:** proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).
- **Lower than the Suffolk average:** proportion of children achieving a good level of development at age 5.
- **Lower than the Suffolk average:** proportion of children aged 4-16 years persistently absent from school.
- **Lower than the Suffolk average:** GCSE attainment (5 A* to C grades including English and mathematics).

### Health
- **Higher than the Suffolk average:** planned hospital admission rate.
- **Similar to the Suffolk average:** life expectancy at birth.
- **Similar to the Suffolk average:** level of self reported health.
- **Similar to the Suffolk average:** premature deaths rate (deaths before the age of 75 years).
- **Similar to the Suffolk average:** emergency hospital admission rate.

### Material wellbeing
- **Higher than the Suffolk average:** proportion of working age population claiming benefits.
- **Higher than the Suffolk average:** proportion of 16 to 24 year olds claiming benefits.
- **Similar to the Suffolk average:** proportion of residents claiming income support and incapacity benefit.
- **Similar to the Suffolk average:** benefit claimants among 50+ year olds.
- **Lower than the Suffolk average:** average weekly household income.

### Strong and stable families
- **Similar to the Suffolk average:** proportion of lone parents and carers on benefits.

## Local economy
- **Higher than the Suffolk average:** proportion of the population living within a 20 minute journey, via walking, cycling or public transport, to the nearest employment centre.
- **Lower than the Suffolk average:** number of local job vacancies.

## Public services
- **Similar to the Suffolk average:** satisfaction with local fire, hospital, GP and police services.

## Crime and anti social behaviour
- **Higher than the Suffolk average:** levels of criminal damage.
- **Similar to the Suffolk average:** overall crime rate.
- **Similar to the Suffolk average:** rate of violent crime.
- **Similar to the Suffolk average:** burglary rate.
- **Lower than the Suffolk average:** feeling safe in the local area during the day and night.

## Infrastructure and belonging
- **Higher than the Suffolk average:** proportion of population living within a 15 minute walk or public transport journey to the nearest primary school or GP practice.
- **Similar to the Suffolk average:** proportion of residents who reported feeling satisfied with the area in which they live.
- **Similar to the Suffolk average:** proportion of people who felt they belonged to the local neighbourhood.
- **Similar to the Suffolk average:** levels of volunteering and membership on local decision making groups.
- **Similar to the Suffolk average:** proportion of residents who were satisfied with their own home.
- **Lower than the Suffolk average:** travel time to the nearest further education institution.
- **Lower than the Suffolk average:** proportion of households in fuel poverty.
Haverhill overview

This section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors) as well as data estimates for lifestyle behaviours among the adult population.

Working age population on benefits in Haverhill

In 2010 the proportion of the working age population on benefits in Haverhill (14.1%) was lower than the England (15%) but higher than the Suffolk rate (12.2%). Between 2007 and 2010 the rate increased from 11.9% to 14.1%. The change in the claimant rates in Haverhill followed a similar pattern to Suffolk and England, with the largest increase occurring between 2008 and 2009.

GCSE pass rate 5 A* to C including English and mathematics in Haverhill

The proportion of children achieving 5 A* to C grades at GCSE level (including English and mathematics) in
Haverhill increased from 36.7% in 2006-07 to 43.9% in 2007-08, before decreasing again to 39% in 2008-09. The decrease differs from both the England and Suffolk trends which show an increase in attainment from 2007-08 to 2008-09. In 2008-09 GCSE achievement in Haverhill (39%) was lower than the England (50.7%) and Suffolk (48.8%) averages.

Premature deaths in Haverhill

During 2005-09 there were 253 premature deaths (deaths among persons under 75 years of age) per 100,000 population in Haverhill. This was higher than the Suffolk rate (242) but lower than the England rate (295). Between 2003-07 and 2005-09 the premature deaths rate decreased from 282 to 252 deaths per 100,000 population, which mirrors similar changes in the England and Suffolk rates.

Trend in total crime rate in Haverhill

The crime rate in Haverhill fell from 92.3 crimes per 1000 population in 2007-08 to 74.8 in 2009-10. During this period the crime rate was consistently higher than Suffolk, although it fell at a faster rate.
Employment structure in Haverhill

According to the 2009 Business Register and Employment Survey (BRES) the main employment sectors in Haverhill were manufacturing (28.6%), distribution, hotels and restaurants (25.3%) and public administration, education and health (17.6%). The proportion of employees working in manufacturing was 2.5 times higher than the Suffolk average. The proportion of people employed in public administration, education and health and banking, finance and insurance were less than the Suffolk average.

Lifestyle

The following provides prevalence estimates of lifestyle behaviours among adults in Haverhill (persons 16 years and over). The estimates were developed at a national level by examining the relationship between lifestyle behaviours and population characteristics such as deprivation, benefit claimants, occupation etc. This information was then combined to calculate local prevalence estimates based on the characteristics of the local population.

If there were 100 people in Haverhill

- 23 would be obese.
- 29 would smoke.
- 18 would binge drink.
- 24 would eat the recommended 5 pieces of fruit and vegetables more than 5 times per week.
- 22 would take part in the recommended 3 x 40 minutes of physical activity each week.
“Whilst I recognise the statistical evidence as being representative of the community in which I live, I would like to draw out a point about volunteers and volunteering. I do not believe the statement about volunteering in the town being on the low side. What is true is that much of it cannot be “captured” by normal statistical analysis. I would also suggest that many volunteers put in extraordinary hours of service to the community, totally unrecognised. Many also multi task and indeed work on behalf of more than one organisation. Many volunteers do not recognise that is what they are, they do their bit for something or someone they empathise with.”

The Volunteer Centre in Haverhill has provided the following further information:

“Haverhill has a very active Volunteer Centre with 270 volunteers registered with the Centre and 140 organisations on their database. The Volunteer Centre signposts volunteers to a variety of organisations and also has their own projects working in the community such as Befriending Elderly, Supporting Families, Gardening for Elderly and Disabled, Supported Volunteering, and youth projects such as a conservation project for young volunteers. We also work with many statutory agencies who call on us with referrals, and we work with all ages and abilities.”
Haverhill

REACH Community Projects

REACH Community Projects is an umbrella organisation for a range of community projects aimed at relieving the effects of poverty in and around the Haverhill area.

Amongst its projects is the Haverhill Food Bank which helps to bridge the gap when individuals or families are struggling to find the means to buy essential food. The Furniture Bank project collects and re-distributes household items to needy families in the area and recently a new Resource Centre has opened which acts as a single access point for advice, support and access to these and other projects.

County Councillor Ann Gower has provided the REACH project both practical and financial support through her locality budget.
‘Meals Made Easy’ project

In Suffolk, the NHS has helped local citizens, as individuals or in groups, to come up with ways of dealing with obesity within their communities.

In Haverhill this was originally called Tackling Obesity but the Haverhill Association of Voluntary Organisations (HAVO) felt that the name was negative and counter-productive and so we changed it to Reach Out.

A project under this heading was devised that sought to teach men over the age of 50 living alone, how to cook simple dishes that were both tasty and healthy. This project was named Meals Made Easy.

As our coordinator, Michael Simpkin is over 50 years of age and lives alone we felt that, in order to support this project, Michael could be one of the students. This would give us an inside knowledge of how well the course was run, the effectiveness of the teaching, and how that teaching was perceived by those who participated in the course.

Michael was amazed at how easy it was to follow the tutor’s lessons and advice, how the course was informative yet simple to understand and how much the course members respected the tutor due to his knowledge and experience that came through in everything he did and said.

Michael stated that some of the men who took part had never previously cooked for themselves yet by the end of the short course they were already telling him what they were cooking for their dinner that evening!

At the conclusion of the sessions, Michael said “The impact this course has had on my friends and myself is truly amazing – I could and did always cook for myself but I have learned so much from this course, so many useful tips, so many useful trade secrets that I feel confident to take on doing something exotic now”.

We all agreed that the format of this course must be continued, but should also include young new parents that might appreciate this kind of help to work towards much healthier eating habits.

We feel that this course should be rolled out across, not just Suffolk, nor just the East of England, but the country.

Mick Smith, chairman HAVO
The following profile examines key factors which impact on the health, wellbeing and resilience of the population.

The profile is split into two sections, with the first section focusing on assets and vulnerabilities within three electoral wards in Ipswich. The second section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors). Also included are data estimates for lifestyle behaviours among the adult population. The estimates are not counts of the number of people or prevalence of a behaviour, e.g. smoking in a ward. They are estimates based on a model developed from the National Health Survey for England 2008 and represent the expected prevalence of a behaviour for any ward, given the demographic and social characteristics of that area.

Geography and population

Ipswich, situated in the east of the county on the Orwell estuary, is the county town of Suffolk. The town is relatively densely populated with a population of around 130,000 which is set to increase by 30,000 by 2031. Ipswich is a diverse locality with many black and minority ethnic (BME), cultural and religious groups. More than 60 languages are spoken in the town. The proportion of BME people has increased from 6.6% in 2001 to 10.7% in 2007 which is nearly twice the average for Suffolk as a whole (5.6%). Ipswich has a higher proportion of vulnerable communities such as the homeless, ex-offenders, refugees and asylum seekers than other parts of Suffolk.

Deprivation

According to the Index of Multiple Deprivation 2007, the level of deprivation in Ipswich is relatively high with parts of Priory Heath and Gainsborough wards featuring in the 5% most deprived areas in England. The majority of North, West and South Ipswich feature in the 20% most deprived areas in Suffolk. Ipswich is a town of marked contrasts where affluence and deprivation co-exist often separated by only a few streets.
Development
Significant regeneration is currently taking place in Ipswich particularly in the Waterfront area. Ipswich has a new University and a new further education college and the recently refurbished Regent and Wolsey theatres provide entertainment for the region.

Leisure/community
Ipswich is a town with a rich heritage dating back to Anglo-Saxon times. It has a modern vibrancy enriched by a diverse and multi-cultural community. Partner agencies are working together to promote communities and to help make Ipswich a greener, cleaner, healthier and safer place to live and work. The aim is to ensure that people are fully connected with the organisations that provide services on their behalf, which means making sure that opportunities are in place for local people to take a much bigger role in what is done in their neighbourhood and town.
Summary of assets and vulnerabilities among wards in Ipswich compared to Suffolk

**Whitton**

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Smaller proportion of households in fuel poverty.
- Lower levels of overall crime and criminal damage.

**Main vulnerabilities**
- Lower level of GCSE attainment (5 A* to C grades including English and mathematics).
- Lower level of self reported health.
- Higher rate of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rates of 16-24 year olds and 50+ year olds on benefits.
- Higher numbers of local job vacancies.
- Higher proportion of lone parents and carers on benefits.
- Lower levels of feeling safe in local area during the night.
- Lower levels of volunteering.
- Lower average weekly household income.

**Whitehouse**

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Higher number of local job vacancies.

**Main vulnerabilities**
- Higher rate of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rates of 16-24 year olds and 50+ year olds on benefits.
- Higher overall crime rate.
- Lower levels of feeling safe in the local area during day and night.
- Less satisfied with area as a place to live.
- Lower levels of satisfaction with own home.
- Less feeling of belonging to immediate neighbourhood.
- Lower average weekly household income.

(Gipping and Bridge details continue on next page.)
**Whitton** (see previous page)

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Higher number of local job vacancies.

**Main vulnerabilities**
- Lower rate of GCSE attainment (A* to C grades including English and mathematics).
- Higher levels of persistent absence from school among 4 to 16 year olds.
- Higher proportion of 16 to 18 year olds not in education, employment or training.
- Lower life expectancy.
- Smaller proportion of pupils achieving level 4+ in both English and mathematics at key stage 2.
- Higher rate of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rates of 16-24 year olds and 50+ year olds on benefits.
- Higher proportion of lone parents and carers on benefits.
- Higher levels of all types of crime.
- Lower levels of feeling safe in local area during both day and night.
- Lower average weekly household income.

**Whitehouse** (see previous page)

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.

**Main vulnerabilities**
- Number of 16-18 year olds not in education, employment or training.
- Smaller proportion of pupils achieving level 4+ in both English and mathematics at key stage 2.
- Lower life expectancy.
- Higher number of local job vacancies.
- Lower sense of belonging to neighbourhood.
- Less satisfied with area as a place to live.
- Lower average weekly household income.

**Gipping**

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.

**Main vulnerabilities**
- Lower rate of GCSE attainment (A* to C grades including English and mathematics).
- Higher levels of persistent absence from school among 4 to 16 year olds.
- Higher proportion of 16 to 18 year olds not in education, employment or training.
- Lower life expectancy.
- Smaller proportion of pupils achieving level 4+ in both English and mathematics at key stage 2.
- Higher rate of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rates of 16-24 year olds and 50+ year olds on benefits.
- Higher proportion of lone parents and carers on benefits.
- Higher levels of all types of crime, except burglary.
- Lower levels of feeling safe in local area during both day and night.
- Lower average weekly household income.

**Bridge**

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.

**Main vulnerabilities**
- Number of 16-18 year olds not in education, employment or training.
- Smaller proportion of pupils achieving level 4+ in both English and mathematics at key stage 2.
- Lower life expectancy.
- Higher number of local job vacancies.
- Lower sense of belonging to neighbourhood.
- Less satisfied with area as a place to live.
- Lower average weekly household income.
Bridge ward is one of the most deprived wards in Suffolk (ranked 6 out of 175, where 1 = most deprived) with a population of 8103 (ONS 2009). The population consists of a similar proportion of 0 to 18 year olds (23%) compared to Suffolk (22%), a larger working age population (64% compared to 58% in Suffolk) and a smaller proportion of over 65s (13% compared to 20% in Suffolk).

Each domain has been given a colour, based on how it compares to the Suffolk average (red = consistently worse than the Suffolk average, amber = in line with Suffolk average and green = consistently better than Suffolk average).

The following lists the main assets and vulnerabilities within Bridge ward identified from local data.

**Main assets**
Good access to local employment centre, primary school, GP practices and further education institutions.

**Main vulnerabilities**
Higher proportion of 16-18 year olds not in education, employment or training.
Smaller proportion of pupils achieving level 4+ in both English and mathematics at key stage 2.
Shorter life expectancy.
Higher level of premature deaths (death before 75 years of age).
Higher rate of emergency hospital admissions.

Higher proportion of population dependent on benefits including income support and incapacity benefits.
Higher rates of 16-24 year olds and 50+ year olds on benefits.
Higher proportion of lone parents on benefits.
Higher levels of all types of crime, except burglary.
Lower levels of feeling safe in the local area during day and night.
Lower number of local job vacancies.
Lower sense of belonging to neighbourhood.
Less satisfied with area as a place to live.
Lower average weekly household income.
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<tr>
<th>Domains</th>
<th>Description</th>
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| **Education**           | Higher than the Suffolk average:  
• proportion of 16-18 year olds not in education, employment or training (NEETs).  
Similar to the Suffolk average:  
• level of children aged 4-16 years persistently absent from school.  
• children achieving a good level of development at age 5.  
• rate of GCSE attainment (5 A* to C grades including English and mathematics).  
Lower than the Suffolk average:  
• proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds). |
| **Health**              | Higher than the Suffolk average:  
• rate of emergency hospital admissions.  
• rate of premature deaths (deaths before the age of 75 years).  
Similar to the Suffolk average:  
• level of self reported health.  
• rate of planned hospital admissions.  
Lower than the Suffolk average:  
• life expectancy at birth. |
| **Material wellbeing**  | Higher than the Suffolk average:  
• proportion of working age population on benefits.  
• proportion of income support and incapacity benefit claimants.  
• proportion of 16-24 year olds and 50+ year olds on benefits.  
Lower than the Suffolk average:  
• average weekly household income. |
| **Strong and stable families** | Higher than the Suffolk average:  
• proportion of lone parents claiming benefits.  
Similar to the Suffolk average:  
• proportion of carers claiming benefits. |

**Local economy**  
Higher than the Suffolk average:  
• proportion of the population living within a 20 minute journey, via walking, cycling or public transport, to the nearest employment centre.  
Lower than the Suffolk average:  
• number of local job vacancies.  

**Public services**  
Similar to the Suffolk average:  
• satisfaction with local fire, hospital, GP and police services.  

**Crime and anti social behaviour**  
Higher than the Suffolk average:  
• rates of overall crime, violent crime and criminal damage.  
Similar to the Suffolk average:  
• rate of burglary.  
Lower than the Suffolk average:  
• feeling safe in the local area during the day and night.  

**Infrastructure and belonging**  
Higher than the Suffolk average:  
• proportion of population living within a 15 minute walk or public transport journey to the nearest primary school or GP practice.  
Similar to the Suffolk average:  
• levels of volunteering and membership on local decision making groups.  
• proportion of households in fuel poverty.  
• proportion of residents who were satisfied with their own home.  
Lower than the Suffolk average:  
• travel time to the nearest further education institution.  
• satisfaction of residents with their local area as a place to live.  
• proportion of residents feeling they belonged to their local community.
Ward level information

Gipping (Ipswich)

Gipping ward is one of the most deprived wards in Suffolk (ranked 3 out of 175, where 1 = most deprived) with a population of 8165 (ONS 2009). The population consists of a larger proportion of 0 to 18 year olds (25%) compared to Suffolk (22%), a larger working age population (62% compared to 58% in Suffolk) and a smaller proportion of over 65s (13% compared to 20% in Suffolk).

The following lists the main assets and vulnerabilities within Gipping ward identified from local data.

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Higher number of local job vacancies.

**Main vulnerabilities**
- Lower rate of GCSE attainment (5 A* to C grades including English and mathematics).
- Higher levels of persistent absence from school among 4 to 16 year olds.
- Higher proportion of 16 to 18 year olds not in education, employment or training.
- Smaller proportion of pupils achieving level 4+ in both English and mathematics at key stage 2.
- Shorter life expectancy.
- Higher level of premature deaths (death before age 75 years).
- Higher rate of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rates of 16-24 year olds and 50+ year olds on benefits.
- Higher proportion of lone parents and carers on benefits.
- Higher levels of all types of crime.
- Lower levels of feeling safe in the local area during day and night.
- Less satisfied with area as a place to live.
- Lower average weekly household income.
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<tr>
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<tr>
<td><strong>Local economy</strong></td>
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<td>• proportion of the population living within a 20 minute journey, via walking, cycling or public transport, to the nearest employment centre.</td>
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<td></td>
<td>• number of local job vacancies.</td>
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<td><strong>Public services</strong></td>
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<td></td>
<td>• satisfaction with local fire, hospital, GP and police services.</td>
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<td><strong>Crime and anti social behaviour</strong></td>
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<td>• travel time to the nearest further education institution.</td>
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<td></td>
<td>• satisfaction with local area.</td>
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</table>
Whitehouse is one of the most deprived wards in Suffolk (ranked 12 out of 175, where 1 = most deprived) with a population of 8273 (ONS 2009). The population consists of a larger proportion of 0 to 18 year olds (25%) compared to Suffolk (22%), a larger working age population (62% compared to 58% in Suffolk) and a smaller proportion of over 65s (13% compared to 20% in Suffolk).

The following lists the main assets and vulnerabilities within Whitehouse ward identified from local data.

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Higher number of local job vacancies.

**Main vulnerabilities**
- Higher rate of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rates of 16-24 year olds and 50+ year olds on benefits.
- Higher proportion of lone parents and carers on benefits.
- Higher overall crime rate.
- Lower levels of feeling safe in the local area during day and night.
- Less satisfied with area as a place to live.
- Lower levels of satisfaction with own home.
- Lower feeling of belonging to local neighbourhood.
- Lower average weekly household income.
### Domains Description

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<tr>
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</table>
| **Education**                | **Similar to the Suffolk average:**  
  • proportion of 16-18 year olds not in education, employment or training (NEETs).  
  • children achieving a good level of development at age 5.  
  • children aged 4-16 persistently absent from school.  
  • rate of GCSE attainment (5 A* to C grades including English and mathematics).  
  • proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).  |
| **Health**                   | **Higher than the Suffolk average:**  
  • emergency hospital admissions.  

  **Similar to the Suffolk average:**  
  • planned hospital admissions.  
  • level of self reported health.  
  • rate of premature deaths (deaths before the age of 75 years).  |
| **Material wellbeing**       | **Higher than the Suffolk average:**  
  • working age population on benefits including income support and incapacity benefit.  
  • 16-24 year olds and 50+ year olds on benefits.  

  **Lower than the Suffolk average:**  
  • average weekly household income.  |
| **Strong and stable families** | **Higher than the Suffolk average:**  
  • proportion of carers and lone parents claiming benefits.  |

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<tr>
<th>Domains</th>
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| **Local economy**            | **Higher than the Suffolk average:**  
  • proportion of the population living within a 20 minute journey, via walking, cycling or public transport, to the nearest employment centre.  
  • number of local job vacancies.  |
| **Public services**          | **Similar to the Suffolk average:**  
  • satisfaction with local fire, hospital, GP and police services.  |
| **Crime and anti social**    | **Higher than the Suffolk average:**  
  • rate of overall crime.  

  **Similar to the Suffolk average:**  
  • rates of violent crime, burglary and criminal damage.  

  **Lower than the Suffolk average:**  
  • feeling safe in the local area during the day and night.  |
| **Infrastructure and belonging** | **Higher than the Suffolk average:**  
  • proportion of population living within a 15 minute walk or public transport journey to the nearest primary school or GP practice.  

  **Similar to the Suffolk average:**  
  • levels of volunteering and membership on local decision making groups.  
  • proportion of households in fuel poverty.  

  **Lower than the Suffolk average:**  
  • travel time to the nearest further education institution.  
  • overall satisfaction with own home.  
  • satisfaction with the local area as a place to live.  
  • people who felt they belonged to neighbourhood.  |
Whitton is one of the most deprived wards in Suffolk (ranked 10 out of 175, where 1 = most deprived) with a population of 7722 (ONS 2009). The population consists of a larger proportion of 0 to 18 year olds (25%) compared to Suffolk (22%), a smaller proportion of working age population (55% compared to 58% in Suffolk) and a similar proportion of over 65s (21% compared to 20% in Suffolk).

The following lists the main assets and vulnerabilities within Whitton ward identified from local data.

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Smaller proportion of households in fuel poverty.
- Lower level of overall crime and criminal damage.
- Higher rate of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rates of 16-24 year olds and 50+ year olds on benefits.
- Lower numbers of local job centre vacancies.
- Higher proportion of lone parents and carers on benefits.
- Lower levels of feeling safe in the local area during the night.
- Lower levels of volunteering.
- Lower average weekly household income.

**Main vulnerabilities**
- Lower level of GCSE attainment (5 A* to C grades including English and mathematics).
- Lower level of self reported health.
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Ipswich overview

This section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors) as well as data estimates for lifestyle behaviours among the adult population.

Working age population on benefits in Ipswich

In 2010 the proportion of the working age population on benefits in Ipswich (16.4%) was higher than the England (15%) and Suffolk (12.2%) average. Between 2007 and 2010 the rate increased from 15.0% to 16.4%. The change in the claimant rates in Ipswich followed a similar pattern to Suffolk and England, with the largest increase occurring between 2008 and 2009.

GCSE pass rate 5 A* to C grades including English and mathematics in Ipswich

The proportion of children achieving 5 A* to C grades at GCSE level (including English and mathematics) in Ipswich
increased from 43.2% in 2006-07 to 47.9% in 2008-09, mirroring increases in both the Suffolk and England rate. In 2008-09 GCSE attainment in Ipswich (47.9%) was lower than the England (50.7%) and Suffolk (48.8%) averages.

**Premature deaths in Ipswich**

During 2005-09 there were 282 premature deaths (deaths among persons under 75 years of age) per 100,000 population in Ipswich. This was higher than the Suffolk rate (242) and lower than the England rate (295). Between 2003-07 and 2005-09 the premature deaths rate decreased slightly from 288 to 282 deaths per 100,000 population, reflecting the changes in the England and Suffolk rate.

**Trend in total crime rate in Ipswich**

The crime rate in Ipswich between 2007-08 and 2009-10 was consistently higher than the Suffolk rate. Overall the crime rate fell from 117 crimes per 1000 population in 2007-08 to 109.2 in 2009-10.
According to the 2009 Business Register and Employment Survey (BRES) the main employment sectors in Ipswich were public administration, education and health (33.2%), banking, finance and insurance (22.1%) which both had higher proportions of workers compared to Suffolk, and distribution, hotels and restaurants (20.8%).

The following provides prevalence estimates of lifestyle behaviours among adults in Ipswich (persons 16 years and over). The estimates were developed at a national level by examining the relationship between lifestyle behaviours and population characteristics such as deprivation, benefit claimants, occupation etc. This information was then combined to calculate local prevalence estimates based on the characteristics of the local population.

If there were 100 people in Ipswich

- 25 would be obese.
- 28 would smoke.
- 27 would binge drink.
- 27 would eat the recommended 5 pieces of fruit and vegetables more than 5 times per week.
- 21 would take part in the recommended 3 x 40 minutes of physical activity each week.
Volunteering
A recruitment drive on volunteering in 2010-11 has seen over 500 volunteers recruited across Ipswich Borough Council’s Cultural Services during 2010-11. According to Active People Survey results there has been an increase in regular volunteering to 3.8% and an increase in club membership to 23.9%.

Physical activity
A Partnership created between Ipswich Borough Council (IBC) and Ipswich GPs (IPSCOM) has resulted in 500 referrals to IBC sports services. This has helped patients in their progress. Participation in sport within Ipswich has increased by 2.7% over the last three years (reported within the Active People Survey 2010-11).

Bridge ward
There is good access to the nearest sports and leisure centre and children’s centre, which are community assets that are not reflected in the profile. Additional vulnerabilities in the area include a higher proportion of lone person households, a higher proportion of older adults in deprived households and a significant number of long term unemployed.

Gipping ward
There are three active Residents’ Associations in the ward, access to a GP surgery that supports the “Let’s Get Moving” initiative and good access to the nearest public green space and recreational areas, which are community assets that are not reflected in the profile.

Whitehouse ward
There is access to a GP surgery that supports the “Let’s Get Moving” initiative, an active community centre and good access to the nearest public green space and recreational areas which are community assets that are not reflected in the profile.

Whitton ward
There is good access to the nearest sports and leisure centre, children’s centre and an active Residents’ Association, which are community assets that are not reflected in the profile.
The Town & Bridge Project

The Town & Bridge Project, a Local Strategic Partnership (One-Ipswich) project is now in its fourth year. The project has developed a number of initiatives that encourage and motivate people living in two of the most deprived areas in Ipswich, to improve their health and wellbeing, feel safe in the area where they live and to learn new skills in an effort to gain meaningful employment.

Originally established to help meet local need and reduce health inequalities in the Town & Bridge area, the project is moving away from the ‘deficit’ approach of community development, and developing a more positive way of working with people, utilising their skills and providing people with opportunities to develop and be more involved in their community and responsible for their health and the environment.

The project continues to work with ‘hard to reach’ communities and vulnerable individuals, and provides support / signposting networks and services that enable people to build their confidence and self esteem and provide them with the tools to become more informed, healthier and valued citizens in the community.

The People’s Community Garden

The success of the People’s Community Garden (PCG) is a reflection of the interest, commitment and investment in the project by local people, key stakeholders and funders to support people to develop their potential and improve their health.

It is a community resource of a unique type in Ipswich, and as a garden it appeals to everyone. It is an ideal forum for people to share skills and ideas around gardening, growing tips, cookery and food. In addition, it offers training provision to people who may not have the confidence to access mainstream education. The PCG was established after extensive community consultation and support won it a People’s Millions Big Lottery Fund grant in Autumn 2007. Built during 2008-09, the garden provided a steady stream of productive work for more than 50 offenders with Suffolk Probation’s Unpaid Work Scheme, and five prisoners on licence from Hollesley Bay Open Prison. It achieved all its milestones with respect to building the garden’s infrastructure within the initial year’s grant period and had its official launch in October 2008 with 500 people attending.

See www.suffolk.nhs.uk/aphr2011 for further details on these case studies.
The ActivAge Project

The ActivAge Project was awarded five years funding (£93,000) in 2008 through Age Concern England’s (now Age UK) ‘Fit as a fiddle’ programme, funded by the Big Lottery, to motivate and support people aged 45+ years old living in the Town & Bridge area to increase their physical activity levels, to eat more healthily and develop new social networks to help people improve their physical and emotional wellbeing.

Two ActivAge Centres are now open on Tuesdays and provide a hot healthy two course lunch, as well as the opportunity to meet and make new friends, access information and receive support through various welfare benefit and debt advice surgeries. The ActivAge Project encourages partnership working with other organisations and offers placements at both centres, to young people with learning disabilities and people with mental health problems to help them develop social and practical skills.

Oasis Centre Lunch Club, Portman Road was officially opened in February 2008 in partnership with the Ipswich International Church and continually attracts 15-30 people per week for lunches. There are eight volunteers helping at the Oasis Centre on a regular basis.

St Mary at Stoke, Stoke Street opened in November 2008. Although working very closely with church members, this was a new initiative developed by the Town & Bridge Project, which included activity sessions, as well as a lunch club facility. People can attend any of the sessions or stay all day. In the morning members can enjoy seated exercise, followed by a hot two course meal and a variety of taster activities in the afternoon including creative dance, salsa, circle / line dancing, tai chi etc.
Keep on Rockin’
(Music Project)

The Keep on Rockin’ project successfully secured funding from Suffolk County Council’s Partnership with Older People (POPs) and the Suffolk Foundation to develop this music project in 2009.

Initially set up as an intergenerational project, the project is now aimed at people aged 45+ years. However, some of the younger people continue to be involved with the project.

Keep on Rockin’ has had a huge impact on members and the audiences they have performed to. From a social aspect the group has become very close and members have clearly bonded. The group’s singing ability has improved and their confidence has grown. There has been a noticeable difference in individual confidence, including a few members who were initially very shy, but are now enjoying singing solo as part of the performance.

Apart from the social aspect, singing together has improved members mental and emotional wellbeing, and has helped them develop techniques to remember lyrics and tunes, without relying on printed word formats. Some members experience memory problems, so this activity has proved stimulating, as well as fun.

Keep on Rockin feedback

“This group is everything to me. It is my only way of releasing my creativity as I care for my husband full time and do not get to socialise much.”

“I could be at home sitting on my own, but I’m not, I am here singing with lots of lovely people”
Let’s Get Moving pilot health programme commenced in November 2010 with the primary aim to gradually increase the physical activity levels of adults (16+ years old) not meeting the Chief Medical Officer’s (CMO) recommendations for physical activity.

This programme combines a GP referral health screening and motivational interviewing process alongside the provision of a physical activity participation programme, delivered by Ipswich Borough Council’s Cultural Services.

Let’s Get Moving aims to serve the population of Ipswich, with four GP practices involved from the outset, and now has a total of 12 practices actively engaged in the programme.

The ethos of the service is to put the patient in control of their own health decisions, motivating and supporting them in making lifestyle changes which can dramatically affect their health, but which are realistic and manageable for the patient.

Town Pastor scheme – Ipswich

The Town Pastor scheme originated in Ipswich in December 2005 and now covers nine towns across the county of Suffolk.

It involves volunteers from local churches who undergo a rigorous application and training process before beginning their work on the streets of the town centre on Friday and Saturday nights. Shifts vary in different towns according to need, but in Ipswich are from 10pm to 4am.

Town Pastors work in partnership with other agencies involved in the night time economy, with a view to enabling people to have a safe and enjoyable night out. Backed up by a prayer team at base, the Pastors are on hand to offer practical assistance, a helping hand or a listening ear where it is needed.

Town Pastors work in teams of four or six, patrolling in mixed male / female pairs. Although a faith based organisation, evangelism is not part of the code of practice. In Ipswich volunteers are drawn from over 60 churches.

In 2011 for the first time Town Pastors, working together from teams across Suffolk will be present at the Latitude festival.

Typical case study

(as documented on a feedback form)

6 May 2011: Cardinal Park 3.10-4.15am

‘Request by police officer and Liquid nightclub staff to assist a lone female who had been separated from her friends. Her home was in Leiston and the friends she tried to contact in Ipswich were unresponsive to requests for help. Eventually contacted a friend who agreed to come and collect her from Yoxford. Used space blanket to keep her warm and waited with her until collected’.
Time For You

The project was set up within Ipswich Borough Council in November 2009 as part of a national 18 month Department of Health funded pilot scheme.

A total of 167 hidden carers were identified and offered the opportunity to participate in a range of new and innovative activities to help them to have a break from their caring role. As an indicator of its success, Time for You now plans to secure a long-term future independently of the Council.

A variety of ongoing activities are offered; regular drop-in sessions at Suffolk New College provide access to information for young adult and adult carers. The ‘Driving You Forward’ initiative funds driving lessons so young adult carers can learn to drive, thus increasing their employment opportunities, reducing social isolation and enabling them to support the person they care for to get to medical appointments. Arts sessions provide quality time for carers and cared for, where both can enjoy activities such as painting, singing or photography. Spa days and other outings are also available.

A carers forum has been established with carers contributing to ideas for future activities and the team are also supporting carers in the workplace, using Ipswich Borough Council as a pilot site.

For further information contact the Time For You Team on 01473 218408.
The ‘I Will Be’ project

During 2010 the Whitton Estate experienced an increasing trend of anti-social behaviour that accounted for 41% of the overall offences in the area. The I Will Be project was launched in response to this and a previous piece of consultation work carried out with young people in 2010.

The I Will Be project ran for eight weeks, starting in March 2011 at the Making Tracks centre based at Thurleston High School. Six interactive workshops, covering issues that had been identified by the young people as being a concern, aimed to educate and inform. The workshops provided the young people with information to make informed decisions in their lives.

Aims of the project included:

- Engaging with the young people at the Whitton centre
- Delivering six interactive workshops
- Obtaining full attendance from the young people at all sessions
- Enabling access to education and learning
- Reduction in complaints relating to anti-social behaviour and young people in the Whitton Estate
- Encouraging young people to take responsibility for their actions.

The workshops were interactive and lasted around 40 minutes. The workshops covered substance misuse, internet safety, anti-social behaviour, peer pressure, domestic abuse, sexual health, CCTV and self-defence. A loyalty card scheme was used to monitor attendance and full attendance at all workshops was rewarded with a gift voucher and a chance to win an iPod Touch. The project launched and ended with a dodgeball game between the young people and the police. This game highlighted a positive activity and broke down some barriers.

Addressing those issues that matter to the young people through the I Will Be project shows the value of the views they raised about their community in 2010.

For more information, please contact Lily Taylor, Community Safety Project Officer, Ipswich Borough Council.
**HealthyStreets**

An exciting pilot initiative, Healthy Streets, aims to recognise and promote a healthier sense of community. Healthy Ambitions Suffolk (HAS) is hoping to support trials in four locations – two in Ipswich and two in rural settings – Saxmundham and Stradbroke.

Professor Sir Michael Marmot, highlighted the need for stronger social and community networks in the Marmot Review (www.marmotreview.org), where residents with a greater sense of engagement and involvement in their local area are more likely to be healthier.

HealthyStreets is about recognising and promoting a healthier sense of community. By asking people in local streets, much smaller than wards or even estates, to proudly describe what activities they already do well (groups, clubs etc), and then encouraging those people and groups to increase participation in activities, we can encourage stronger local communities to spread similar activities across other small areas.

HealthyStreets, and its forthcoming interactive website (www.healthystreets.co.uk), allows streets and clubs to self record, publish and score their core activity. As street groups chart their growth they can become involved in additional, rewarding topics (more environmentally friendly, involving art and culture, widening age range of participants, etc), to further improve scoring. This overall improvement can be recognised, celebrated, supported and then rewarded by local authorities and other related agencies.

HealthyStreets also allows the local authority to access in depth details of community activity, and how this demonstrates Marmot’s ideals. It aims to be a further step in helping to address inequalities in health and wellbeing, by allowing wider insights into street-level community initiatives. It aims to promote an integrated approach to the way small groups develop – nudging traditional activities like social and sports clubs into ‘multi-topic thinking’ and behavioural change. Making efforts to involve and recruit more local people to activities on their doorstep, is key to accessibility for low income or unemployed residents.

As an example, an Ipswich majorette troupe of 18 girls already spends more than 80 hours on physical activity every week. When recording this, they find they could easily increase this level of physical exercise by extending session times slightly or enrolling more members. Encouraging members to do other strands in the HealthyStreets model (eg, cycling to all rehearsals, welcoming volunteers) gave the club wider appeal.

Talks with the community and voluntary sector and HAS are ongoing for the further development of the initiative. To find out more about HealthyStreets email Richard Stanley at rst@nley.co.uk.

**Thoughts:**

We need more elderly people involved - I bet they often know better ways!

I’m sure that someone living around here can get involved and maybe sort our banners and publicise our group?

We thought we needed more help but found that we could do it round here, with people we had from our streets.
In spite of this none of the group engaged with alcohol treatment provision and those who entered into drug treatment services (10%) stated they did so only to receive substitute prescribing. Within the group the ratio of male to female street drinkers is 3:1, with women being less likely to enter into treatment. This is often attributed to a lack of self esteem and confidence.

Get Fabulous was a three day brief intervention designed to raise the confidence and self esteem of five street drinking females; ultimately acting as a precursor into treatment. The three days were strictly timetabled in order to encourage routine. Sessions included sexual health, pathways into recovery and a shopping expedition.

Four of the five ladies involved in the project had been drinking for at least 10 years and all those who drank consumed over 20 units per day. Four of the five ladies stated they were unable to remember appointments.

Average attendance for the three day project was 93% (one participant dropped out on day three); self esteem was measured prior to and after completion of the course.

Outcomes:

- In 50% of the final group of four women self esteem had increased significantly; in one case an increase of 56%.
- 75% wish to undertake alcohol treatment following the project, this process will be monitored and encouragement given by course facilitators and group members.
- All of the women want to learn more about volunteering and getting into work.
- One of the women now feels able to undertake an IT course.
- All of the group want to continue to meet in order to gain peer support.
- All of the women have said they would stop shoplifting following the course; this may be due to the involvement and financial/physical support of local businesses.
- On day three of the project the participants arrived early!

Comments:

“**I deserve better**”

“I’ve learnt I can pay for what I like”

“I don’t want this to end it’s given me something to do!”

“Just because I have criminal convictions I might stand a chance”

“I was so tired, I went home and didn’t even think about beer!”

A recent survey of street drinkers in Ipswich revealed that 88% of the group cite alcohol dependency as their primary issue.
LEISTON AND SAXMUNDHAM

The following profile examines key factors which impact on the health, wellbeing and resilience of the Leiston and Saxmundham population.

The profile is split into two sections, with the first section focusing on assets and vulnerabilities within the two electoral wards which cover Leiston and Saxmundham. The second section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors). Also included are data estimates for lifestyle behaviours among the adult population. The estimates are not counts of the number of people or prevalence of a behaviour, e.g. smoking in a ward. They are estimates based on a model developed from the National Health Survey for England 2008 and represent the expected prevalence of a behaviour for any ward, given the demographic and social characteristics of that area.

Geography and population
The town of Leiston is situated on the Suffolk coast, near Saxmundham and Aldeburgh, about two miles from the North Sea coast and is 21 miles north east of Ipswich, with a population of approximately 5,620.

Deprivation
According to the Index of Multiple Deprivation 2007, deprivation in Leiston is higher than the Suffolk average with the ward featuring in the 40% most deprived areas in Suffolk.

Development
Leiston is atypical for rural east Suffolk, as for 150 years it was an industrial town dominated by Garrett’s, the agricultural engineers. That company’s post-war decline was mirrored by the rise of the nuclear electricity industry and now the hamlet of Sizewell is notable for containing one nuclear site that is being decommissioned, the country’s most modern pressurised-water nuclear reactor, and has the strong possibility of a new Sizewell ‘C’ development. Further, it provides the landfall facilities for one huge off-shore wind farm, and another of similar size is planned. All this is in an Area of Outstanding Natural Beauty and the finest of RSPB Reserves, Minsmere, is just to the north.
Leisure/community
Leiston is a town with a strong community spirit where many local organisations flourish, including a marching brass band which celebrates its 125th anniversary in 2011, and is a good, friendly place in which to live and work.

Geography and population
Saxmundham is a market town on the River Fromus at the centre of Suffolk’s Heritage Coastal region, located approximately 20 miles north-east of Ipswich, with a population of approximately 3,760.

Deprivation
According to the Index of Multiple Deprivation 2007, the level of deprivation in Saxmundham is higher than the Suffolk average with the ward featuring in the 20% most deprived areas in Suffolk.

Saxmundham is typical of many market towns in east Suffolk which have seen the comparative decline of the agricultural industry in terms of employment opportunities. Unlike perhaps, Framlingham or Leiston the town does not seem to have been able to shake off this legacy. The decline affected the wellbeing of the town and has been partly responsible for a degree of deprivation.

Development
During the last decade there has been a considerable residential development to the west of the town up to the A12 by-pass and this has increased the population with a
mix of young people with families as well as more elderly retired folk. More residential development is expected in Church Street in the centre of the town. There are signs that the infrastructure is improving with the arrival of more sustainable businesses and with the advent of entrepreneurial initiatives there are positive signs of regeneration in Saxmundham. Certainly the increase in population has brought additional skills and experiences.

**Leisure/community**
Amenities and facilities for young people and employment opportunities generally are still meagre with many people commuting daily to Ipswich, Sizewell and Adastral Park, Martlesham. Residents do have an excellent rural quality of life, a good range of shops and facilities, many thriving local societies, and good transport links via the A12 and rail and bus services.
Summary of assets and vulnerabilities among Leiston and Saxmundham wards compared to Suffolk

**Leiston**

**Main assets**
- Lower proportion of 50+ year olds on benefits.
- Good access to nearest GP practice and further education institution.
- Higher numbers of job vacancies in local area.

**Main vulnerabilities**
- Shorter life expectancy.
- Higher proportion of lone parents on benefits.
- Levels of criminal damage.
- Access to nearest primary school or local employment centre.
- Average weekly household income.
- Larger proportion of households in fuel poverty.

**Saxmundham**

**Main assets**
- Good access to local employment centre, primary school and nearest GP practice.
- Lower number of 50+ year olds on benefits.
- Lower overall crime rate, violent crime and criminal damage.

**Main vulnerabilities**
- Higher levels of planned hospital admissions.
- Higher levels of incapacity benefit claimants.
- Higher levels of income support claimants.
- Higher levels of working age benefits claimants.
- Higher proportion of carers claiming benefits.
- Higher rates of burglary.
- Larger proportion of households in fuel poverty.
- Lower average weekly household income.
- Longer journey time to nearest further education institution.
The population of Leiston ward is estimated to be 6216 (ONS 2009) and consists of the same proportion of 0 to 18 year olds (22%) compared to Suffolk, a smaller proportion of working age population (56% compared to 58% in Suffolk) and a larger proportion of over 65’s (22% compared to 20% in Suffolk). The ward is ranked 42 out of 175 (1 = most deprived) for deprivation in Suffolk.

The following lists the main assets and vulnerabilities within Leiston, identified from local data.

**Main assets**
- Lower proportion of 50+ year olds on benefits.
- Good access to nearest GP practice and further education institution.
- Higher numbers of job vacancies in local area.

**Main vulnerabilities**
- Shorter life expectancy.
- Higher proportion of lone parents on benefits.
- Levels of criminal damage.
- Access to nearest primary school or local employment centre.
- Average weekly household income.
- Larger proportion of households in fuel poverty.
## Domains Description

### Education
- **Similar to the Suffolk average:**
  - proportion of children aged 4 to 16 years persistently absent from school.
  - children achieving a good level of development at age 5.
  - 16-18 year olds not in education, employment or training (NEETs).
  - rate of GCSE attainment (5 A* to C grades including English and mathematics).
  - proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).

### Health
- **Similar to the Suffolk average:**
  - rate of premature deaths (deaths before the age of 75 years).
  - self reported health.
  - rate of planned and emergency hospital admissions.

### Material wellbeing
- **Lower than the Suffolk average:**
  - life expectancy at birth.

### Strong and stable families
- **Higher than the Suffolk average:**
  - proportion of lone parents on benefits.
  - proportion of carers on benefits.

## Assets and vulnerabilities

### Domains Description

### Local economy
- **Higher than the Suffolk average:**
  - number of local job vacancies.

### Public services
- **Similar to the Suffolk average:**
  - satisfaction with local fire, hospital, GP and police services.

### Crime and anti social behaviour
- **Higher than the Suffolk average:**
  - levels of criminal damage.

### Infrastructure and belonging
- **Higher than the Suffolk average:**
  - proportion of population living within a 15 minute walk or public transport journey to the nearest GP practice.
  - proportion of households in fuel poverty.

### Similar to the Suffolk average:
- levels of volunteering and membership on local decision making groups.
- satisfaction with the local area as a place to live.
- feeling of belonging to their neighbourhood.
- satisfaction with own home.

### Lower than the Suffolk average:
- proportion of population living within a 15 minute walk or public transport journey to the nearest primary school.
- travel time to the nearest further education institution.
Saxmundham is one of the most deprived areas in Suffolk (ranked 34 out of 175, where 1 = most deprived) with a population of 4875 (ONS 2009). The population consists of the same proportion of 0 to 18 year olds (22%) compared to Suffolk, a smaller proportion of working age population (53% compared to 58% in Suffolk) and a larger proportion of over 65s (25% compared to 20% in Suffolk).

The following lists the main assets and vulnerabilities within Saxmundham identified from local data.

**Main assets**
- Good access to local employment centre, primary school and nearest GP practice.
- Lower number of 50+ year olds on benefits.
- Lower rate of overall crime, violent crime and criminal damage.

**Main vulnerabilities**
- Higher levels of planned hospital admissions.
- Higher levels of incapacity benefit claimants.
- Higher levels of income support claimants.
- Higher levels of working age benefits claimants.
- Higher proportion of carers claiming benefits.
- Higher rates of burglary.
- Larger proportion of households in fuel poverty.
- Lower average weekly household income.
- Longer journey time to nearest further education institution.
## Domains Description

### Education
- **Similar to the Suffolk average:**
  - proportion of 16-18 year olds not in education, employment or training (NEETs).
  - children aged 4-16 persistently absent from school.
  - level of GCSE attainment (5 A* to C grades including English and mathematics).
  - proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).
  - proportion of children achieving a good level of development at age 5.

### Health
- **Higher than the Suffolk average:**
  - rate of planned hospital admissions.

### Material wellbeing
- **Higher than the Suffolk average:**
  - proportion of working age population on benefits including income support and incapacity benefit.

### Strong and stable families
- **Higher than the Suffolk average:**
  - proportion of carers claiming benefits.

## Domains Description

### Local economy
- **Higher than the Suffolk average:**
  - proportion of the population living within a 20 minute journey to the nearest employment centre.

### Public services
- **Similar to the Suffolk average:**
  - level of local job vacancies.

### Crime and anti social behaviour
- **Similar to the Suffolk average:**
  - satisfaction with local fire, hospital, GP and police services.

### Infrastructure and belonging
- **Higher than the Suffolk average:**
  - proportion of population living within a 15 minute walk or public transport journey to the nearest primary school or GP practice.
  - travel time to the nearest further education institutions.
  - proportion of households in fuel poverty.

### Public services
- **Similar to the Suffolk average:**
  - proportion of residents feeling safe outside in their local area during the day and night.

### Crime and anti social behaviour
- **Lower than the Suffolk average:**
  - rate of overall crime, violent crime and criminal damage.

### Infrastructure and belonging
- **Similar to the Suffolk average:**
  - proportion of residents feeling safe outside in their local area during the day and night.
  - proportion of residents satisfied with their home as a place to live.
  - proportion of people who felt they belonged to the local neighbourhood.
  - level of volunteering and membership on local decision making groups.
Leiston and Saxmundham overview

This section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors) as well as data estimates for lifestyle behaviours among the adult population.

Working age population on benefits in Leiston and Saxmundham

In 2010 the proportion of the working age population on benefits in Saxmundham (14.8%) was similar to the England rate (15%) and higher than the Suffolk rate (12.2%). In Leiston (12.8%) the rate was lower than the England rate and similar to the Suffolk rate. Between 2007 and 2010 the rate increased in Leiston from 11.1% to 12.8% and in Saxmundham from 13.1% to 14.8%. The change in the claimant rates in both Leiston and Saxmundham followed a similar pattern to Suffolk and England, with the largest increase occurring between 2008 and 2009.

GCSE pass rate 5 A* to C grades including English and mathematics in Leiston and Saxmundham

Overview - Leiston and Saxmundham

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Director of Public Health for Suffolk Annual Report 2011
The proportion of children achieving 5 A* to C grades at GCSE level (including English and mathematics) in Leiston decreased from 62.3% in 2006-07 to 50% in 2008-09, although there was a sharp drop in 2007-08 to 40.3%. In Saxmundham the proportion decreased from 51.1% in 2006-07 to 47.7% in 2008-09. In 2008-09 GCSE attainment in both Leiston and Saxmundham (50% and 47.7% respectively) was similar to the England (50.7%) and Suffolk (48.8%) averages.

Premature deaths in Leiston and Saxmundham

<table>
<thead>
<tr>
<th>Year</th>
<th>Leiston</th>
<th>Saxmundham</th>
<th>England</th>
<th>Suffolk Coastal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-07</td>
<td>291</td>
<td>314</td>
<td>311</td>
<td></td>
</tr>
<tr>
<td>2004-08</td>
<td>282</td>
<td>278</td>
<td>303</td>
<td></td>
</tr>
<tr>
<td>2005-09</td>
<td>261</td>
<td>289</td>
<td>295</td>
<td></td>
</tr>
</tbody>
</table>

During the period 2005-09 there were 261 premature deaths (deaths among persons under 75 years of age) per 100,000 population in Leiston and 289 in Saxmundham. This was higher than the Suffolk rate (242) and lower than the England rate (295). Between 2003-07 and 2005-09 the premature deaths rate decreased slightly from 291 to 261 deaths per 100,000 population, in Leiston and 314 to 289 in Saxmundham, reflecting the changes in the England and Suffolk rates.

Trend in total crime rate in Leiston and Saxmundham

<table>
<thead>
<tr>
<th>Year</th>
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<th>Saxmundham</th>
<th>England</th>
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<tr>
<td>2005-09</td>
<td>261</td>
<td>289</td>
<td>295</td>
<td></td>
</tr>
</tbody>
</table>

Total crime rate per 1000 population between 2007-08 and 2009-10

<table>
<thead>
<tr>
<th>Year</th>
<th>Leiston</th>
<th>Saxmundham</th>
<th>England</th>
<th>Suffolk Coastal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-08</td>
<td>72.0</td>
<td>46.8</td>
<td>67.2</td>
<td></td>
</tr>
<tr>
<td>2008-09</td>
<td>78.9</td>
<td>42.3</td>
<td>64.0</td>
<td></td>
</tr>
<tr>
<td>2009-10</td>
<td>73.2</td>
<td>49.2</td>
<td>65.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: Suffolk Observatory - total reported crimes
The overall crime rate in Leiston was consistently higher than the Suffolk rate, whilst Saxmundham was consistently lower. Between 2007-08 and 2009-10 the crime rates in Leiston increased from 72.0 per 1000 population to 73.2 and in Saxmundham, 46.8 per 1000 population to 49.2.

**Employment structure in Leiston and Saxmundham**

According to the 2009 Business Register and Employment Survey (BRES) the main employment sectors in Leiston and Saxmundham were public administration, education and health (28.6%), distribution, hotels and restaurants (21.4%) and energy and water (16.7%). Compared to Suffolk there were higher levels of employment in energy and water and public administration, education and health and lower levels of employment in transport and communications, manufacturing and banking, finance and insurance.

**Lifestyle**

The following provides prevalence estimates of lifestyle behaviours among adults in Saxmundham and Leiston (persons 16 years and over). The estimates were developed at a national level by examining the relationship between lifestyle behaviours and population characteristics such as deprivation, benefit claimants, occupation etc. This information was then combined to calculate local prevalence estimates based on the characteristics of the local population.
If there were 100 people in Leiston
- 29 would be obese.
- 18 would smoke.
- 16 would binge drink.
- 32 would eat the recommended 5 pieces of fruit and vegetables more than 5 times per week.
- 20 would take part in the recommended 3 x 40 minutes physical activity each week.

If there were 100 people in Saxmundham
- 24 would be obese.
- 19 would smoke.
- 18 would binge drink.
- 32 would eat the recommended 5 pieces of fruit and vegetables more than 5 times per week.
- 20 would take part in the recommended 3 x 40 minutes of physical activity each week.

“Business overview - I don’t think the Business Register and Employment Survey covers the self-employed or businesses which are not VAT registered.

As (I think) Suffolk Coastal has the highest levels of very small and self-employed businesses in Suffolk, these results may not quite match the reality on the ground.”

Community feedback on profiles
Leiston

Leiston Insulation Improvement Area

Suffolk Coastal District Council has completed its pilot work in the Leiston Insulation Improvement Area concentrating on a small area of Leiston where the houses were likely, because of their age, size and tenure to be poorly insulated.

Letters were sent directly to 111 houses offering free insulation works. These were followed up by personal visits from which Suffolk Coastal made direct referrals to an approved insulation company. 28 properties were found to have less than 100mm of insulation in their lofts and these were topped up to current standards. Six of these had less than 50mm and one had no insulation at all. The final cost of the project will be £6220 which was fully funded from carbon tax credit funding that the Council received from British Gas as a result of other carbon saving grant work it had carried out in the district.

It is hoped to carry out a similar project in Saxmundham to also include a complete house approach by referrals on to the Green Deal scheme for works such as solid wall insulation and renewable initiatives. To enable this to progress will require a full house survey costing £45 per property and we are currently seeking ways of meeting those costs to allow the project to start.

Saxmundham

GreenerSax

GreenerSax is a non-profit making organisation serving Saxmundham and the neighbouring communities.

It began in March 2010, learning from similar groups in Woodbridge, Framlingham and beyond and is part of the international Transition Movement of community-led initiatives responding to the pressures of climate change, fossil fuel depletion and increasingly, economic contraction. Already it has run a number of successful initiatives including the following:

A Winter Fayre celebrated the journey to become less reliant on fossil fuels and build more resilient and sustainable communities. It included chances to learn rag-rugging, spinning, beeswax candle making skills and information about bee-friendly gardening. Bike doctors were on hand to mend bikes and promote safer cycling. Seeds, plants and produce were available, encouraging people to grow their own vegetables and eat more healthily. Experts were raising awareness about how to save energy, use solar energy and improve home insulation.

GreenerSax helped Suffolk Coastal District Council to promote its free energy audits and Greener Homes Initiative and distributed insulation materials to 43 local households, helping to reduce fuel poverty. ☺
Seeking to support locally grown, sustainable food production and reduce food miles, GreenerSax has just begun a local food buying group and has started a collective process to map out sources of food within 10 miles of the River Fromus, which runs from Yoxford to Snape – people will be challenged to try the Fromus diet – eating only (or almost only) local produce for a week.

A series of film shows and debates are helping to raise awareness of these issues. The inaugural meeting began with The Age of Stupid and a showing of Food Inc will accompany a debate about the health and other impacts of over-industrialised food production.

Felixstowe

Langley Close, Felixstowe

Langley Close is a homeless hostel in Felixstowe for vulnerable young adults from 16 years upwards, including single men, single women and young mums and babies. Our aim is to provide good quality housing and a level of support which will enable residents to develop the skills necessary to move on to live and work independently in the community. The young people that pass through Langley Close include young homeless people many with long term problems and issues that cannot be ‘fixed quickly’. These include poor physical and mental health, high levels of anxiety and depression, low self esteem and lack of confidence, criminal justice involvement and unemployment.

Langley Close Log Cabin

Langley Close is not purpose built and has no communal space; some health services that would be beneficial to young people can only be accessed out of town and therefore this is a barrier to some young people attending. We have successfully obtained a grant from the mental health capital fund to purchase a log cabin with the aim, if further funding can be obtained, to explore and develop a programme that will help improve the mental health and wellbeing of the residents. This dedicated space would focus on delivering education programmes, including basic skills learning, relationships, sexual health, drug/alcohol misuse, anger management, healthy eating and stopping smoking. When not being used for formal learning, the cabin will be used for social events with the aim of building confidence and self esteem. We aim to include the residents from the start with development of the log cabin as a new community resource, and encourage some fun as well as building confidence and starting the journey towards good health, social inclusion and employment.
ABLE (A Brighter Life for Everyone) Felixstowe

ABLE (A Brighter Life for Everyone) Felixstowe is a new community project designed to improve the lives and wellbeing of people in the Felixstowe area by providing a community space to host sustainable activities.

The building will be used as a resource to benefit local people, particularly the most vulnerable, including older and disabled people, homeless young people and people with learning disabilities. Opportunities for intergenerational links will be developed through learning, training and social opportunities for the local community.

The project will start by involving local builders, electricians, plumbers and businesses to work with young people in the refurbishment of the building. For some people this will be their first opportunity and experience of work, and through this partnership, will learn new skills that build confidence to focus on a career. The project will provide a training kitchen, where people can learn new skills, be trained in food hygiene, and learn about nutrition. This will also allow health professionals to refer older people who are recently bereaved, particularly older men who need support to learn cooking skills and maintain their diet, which in turn will benefit their health and wellbeing.

The project will also offer a day service to support carers and the cared for, to maintain wellbeing and minimise isolation. We intend to build capacity within our local community, by involving services and local groups with all aspects of the project. We are aiming for a positive impact on the health and wellbeing of the local community through offering a range of opportunities and shared understanding of what is required in order to support

For further information contact Jacqueline.omahony@socserv.suffolkcc.gov.uk
section one

LOWESTOFT

The following profile examines key factors which impact on the health, wellbeing and resilience of the Lowestoft population.

The profile is split into two sections, with the first section focusing on assets and vulnerabilities within three electoral wards in Lowestoft. The second section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors). Also included are data estimates for lifestyle behaviours among the adult population. The estimates are not counts of the number of people or prevalence of a behaviour, e.g. smoking in a ward. They are estimates based on a model developed from the National Health Survey for England 2008 and represent the expected prevalence of a behaviour for any ward, given the demographic and social characteristics of that area.

Introduction

We thank Councillor Mary Rudd, who provided information for this introduction.

Geography and population

Lowestoft is the most easterly town in Britain. It is 38 miles north east of Ipswich and 22 miles south east of Norwich. It is situated on the edge of the Broads system and is Suffolk’s second largest town (second to Ipswich) with a population of approximately 58,660.

Deprivation

According to the Index of Multiple Deprivation 2007, the level of deprivation in Lowestoft is relatively high with parts of Kirkley, Harbour and Normanston wards featuring in the 5% most deprived areas in England. The majority of Lowestoft features in the 20% most deprived areas in Suffolk.

Development

With the decline of oil and gas exploitation in the southern North Sea, the town has begun to develop as a centre of the renewable energy industry within the East of England, including the Orbis Energy centre which is a five storey building that has been built using environmentally friendly technology and has been set up to attract business in the green energy sector to the town.
Summary of assets and vulnerabilities among wards in Lowestoft compared to Suffolk

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Satisfaction with GP practices.
- Higher levels of membership on tenants groups and regeneration decision making groups.

**Main vulnerabilities**
- Lower levels of GCSE attainment (5 A* to C grades including English and mathematics).
- Higher number of 16-18 year olds not in education, employment or training.
- Higher proportion of 4 to 16 year olds persistently absent from school.
- Smaller proportion of pupils achieving level 4+ in both English and mathematics at key stage 2.
- Shorter life expectancy.
- Higher levels of premature deaths (death before age 75 years).
- Higher rate of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rates of 16-24 year olds and 50+ year olds on benefits.
- Higher proportion of lone parents and carers on benefits.
- Higher than average levels of all types of crime.
- Lower levels of feeling safe in the local area during both day and night.
- Less satisfied with the area as a place to live.
- Less satisfied with own home.
- Lower number of local job vacancies.
- Lower average weekly household income.
- Larger proportion of households in fuel poverty.

**Main assets**
- Lower rate of emergency hospital admissions.
- Lower rate of lone parents on benefits.
- Lower levels of overall crime and violent crime.
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Higher number of local job vacancies.
- Higher levels of membership on groups making decisions on local health and education services.

**Main vulnerabilities**
- Higher proportion of population claiming incapacity benefits.
- Higher proportion of 50+ year olds claiming benefits.
- Lower average weekly household income.
- Lower levels of feeling safe in local area at night.
The area has attracted European Union redevelopment funding. The Lowestoft Sunrise Scheme has invested in the town, including making transport improvements and the development of tourist facilities, in an attempt to stimulate the local economy.

The focus for redevelopment proposals for Lowestoft is outlined in the Area Action Plan submitted in February 2011. The plan supports the creation of jobs, particularly in the energy sector, new homes, improved pedestrian, cycle and vehicle links, flood risk management measures and better connections to the waterfront.

**Leisure/community**

The town is ideal for outdoor activity with beaches that have recently been awarded Blue Flags for the stretches of sand both north and south of the Claremont Pier. At Oulton Broad people can go sailing and during the summer months there is also speedboat racing. A major attraction in recent years has been the Lowestoft Airshow, founded in 1996, which raises money through collections for local charities.
Kirkley ward is one of the most deprived areas in Suffolk (ranked 2 out of 175, where 1 = most deprived) with a population of 7689 (ONS 2009). The population consists of a larger proportion of 0 to 18 year olds (24%) compared to Suffolk (22%) a similar proportion of working age population (59% compared to 58% in Suffolk) and a smaller proportion of over 65s (17% compared to 20% in Suffolk).

Each domain has been given a colour, based on how it compares to the Suffolk average (red = consistently worse than the Suffolk average, amber = in line with Suffolk average and green = consistently better than Suffolk average).

The following lists the main assets and vulnerabilities within Kirkley ward identified from local data.

**Main assets**
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Satisfaction with GP practices.
- Higher levels of membership on tenants groups and regeneration decision making groups.

**Main vulnerabilities**
- Lower levels of GCSE attainment (5 A* to C grades including English and mathematics).
- Higher number of 16-18 year olds not in education, employment or training.
- Higher proportion of 4 to 16 year olds persistently absent from school.
- Smaller proportion of pupils achieving level 4+ in both English and mathematics at key stage 2.
- Shorter life expectancy.
- Higher levels of premature deaths (death before age 75 years).
- Higher rate of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rates of 16-24 year olds and 50+ year olds on benefits.
- Higher proportion of lone parents and carers on benefits.
- Higher than average levels of all types of crime.
- Lower levels of feeling safe in local area during both day and night.
- Less satisfied with the area as a place to live.
- Less satisfied with own home.
- Lower number of local job vacancies.
- Lower average weekly household income.
- Larger proportion of households in fuel poverty.
## Domains Description

### Education
- Higher than the Suffolk average:
  - proportion of 16-18 year olds not in education, employment or training (NEETs).
  - children aged 4-16 persistently absent from school.
- Similar to the Suffolk average:
  - proportion of children achieving a good level of development at age 5.
- Lower than the Suffolk average:
  - rate of GCSE attainment (5 A* to C grades including English and mathematics).
  - proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).

### Health
- Higher than the Suffolk average:
  - rate of emergency hospital admissions.
  - premature deaths (deaths before the age of 75 years).
- Similar to the Suffolk average:
  - level of self reported health.
  - rate planned hospital admissions.
- Lower than the Suffolk average:
  - life expectancy at birth.

### Material wellbeing
- Higher than the Suffolk average:
  - proportion of working age population on benefits including income support and incapacity benefit.
  - proportion of 16-24 year olds and 50+ year olds claiming benefits.
- Lower than the Suffolk average:
  - average weekly household income.

### Local economy
- Higher than the Suffolk average:
  - proportion of the population living within a 20 minute journey to the nearest employment centre.
- Lower than the Suffolk average:
  - number of local job vacancies.

### Public services
- Higher than the Suffolk average:
  - satisfaction with GP services.
- Similar to the Suffolk average:
  - satisfaction with local fire, hospital and police services.

### Crime and anti social behaviour
- Higher than the Suffolk average:
  - rates of overall crime, violent crime, burglary and criminal damage.
- Lower than the Suffolk average:
  - proportion of residents feeling safe outside in their local area during the day and night.

### Infrastructure and belonging
- Higher than the Suffolk average:
  - proportion of population living within a 15 minute walk or public transport journey to the nearest primary school or GP practice.
  - proportion of residents that were members of tenants groups and local regeneration decision making groups.
  - proportion of households in fuel poverty.
- Similar to the Suffolk average:
  - levels of belonging to the community.
  - volunteering levels.
- Lower than the Suffolk average:
  - travel time to the nearest further education institution.
  - residents felt less satisfaction with their local area as a place to live.
  - residents felt less satisfaction with their own homes.
Harbour ward is the most deprived area in Suffolk (ranked 1 out of 175, where 1 = most deprived) with a population of 8,878 (ONS 2009). The population consists of a larger proportion of 0 to 18 year olds (26%) compared to Suffolk (22%) a larger proportion of working age population (61% compared to 58% in Suffolk) and a smaller proportion of over 65s (13% compared to 20% in Suffolk).

The following lists the main assets and vulnerabilities within Harbour ward identified from local data.

**Main assets**
Good access to local employment centre, primary school, GP practices and further education institutions.
Satisfaction with local fire service.
High numbers of local job vacancies.

**Main vulnerabilities**
Lower levels of GCSE attainment (5 A* to C grades including English and mathematics).
Higher number of 16-18 year olds not in education, employment or training.
Higher proportion of 4 to 16 year olds persistently absent from school.
Smaller proportion of pupils achieving level 4+ in both English and mathematics at key stage 2.
Lower levels of self reported health.
Shorter life expectancy.

Higher levels of premature deaths.
Higher rate of emergency hospital admissions.
Higher proportion of population dependent on benefits including income support and incapacity benefits.
Higher rates of 16-24 year olds and 50+ year olds on benefits.
Higher proportion of lone parents and carers on benefits.
Higher levels of all types of crime.
Lower levels of feeling safe in local area during both day and night.
Less satisfied with the area as a place to live.
Less satisfied with own home.
Low sense of belonging to neighbourhood.
Lower average weekly household income.
Larger proportion of households in fuel poverty.
<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Education**           | **Higher than the Suffolk average:**  
• proportion of 16-18 year olds not in education, employment or training (NEETs).  
• children aged 4-16 persistently absent from school.  
**Similar to the Suffolk average:**  
• proportion of children achieving a good level of development at age 5.  
**Lower than the Suffolk average:**  
• rate of GCSE attainment (5 A* to C grades including English and mathematics).  
• proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds). |
| **Health**              | **Higher than the Suffolk average:**  
• rate of emergency hospital admissions.  
• rate of premature deaths (deaths before the age of 75 years).  
**Similar to the Suffolk average:**  
• rate of planned hospital admissions.  
**Lower than the Suffolk average:**  
• shorter life expectancy at birth.  
• levels of self reported health. |
| **Material wellbeing**  | **Higher than the Suffolk average:**  
• proportion of working age population on benefits.  
• proportion of income support and incapacity benefit claimants.  
• proportion of 16-24 year olds and 50+ year olds claiming benefits.  
**Lower than the Suffolk average:**  
• average weekly household income. |
| **Strong and stable families** | **Higher than the Suffolk average:**  
• proportion of lone parents and carers on benefits. |

<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Local economy**       | **Higher than the Suffolk average:**  
• proportion of the population living within a 20 minute journey to the nearest employment centre.  
• number of local job vacancies.  
**Similar to the Suffolk average:**  
• satisfaction with fire services.  
**Lower than the Suffolk average:**  
• rates of overall crime, violent crime, burglary and criminal damage. |
| **Public services**     | **Higher than the Suffolk average:**  
• satisfaction with local GP, hospital and police services.  
**Similar to the Suffolk average:**  
• rates of planned hospital admissions.  
**Lower than the Suffolk average:**  
• proportion of residents feeling safe outside in their local area during the day and night. |
| **Crime and anti social behaviour** | **Higher than the Suffolk average:**  
• proportion of population living within a 15 minute walk or public transport journey to the nearest primary school or GP practice.  
• proportion of households in fuel poverty.  
**Similar to the Suffolk average:**  
• levels of volunteering.  
• membership on local decision making groups.  
**Lower than the Suffolk average:**  
• travel time to the nearest further education institution.  
• residents felt less satisfaction with their local area as a place to live.  
• residents felt less satisfaction with their own homes.  
• proportion of the population that felt they belonged to the local area. |
| **Infrastructure and belonging** | **Higher than the Suffolk average:**  
• proportion of population living within a 15 minute walk or public transport journey to the nearest primary school or GP practice.  
• proportion of households in fuel poverty.  
**Similar to the Suffolk average:**  
• levels of volunteering.  
• membership on local decision making groups.  
**Lower than the Suffolk average:**  
• travel time to the nearest further education institution.  
• residents felt less satisfaction with their local area as a place to live.  
• residents felt less satisfaction with their own homes.  
• proportion of the population that felt they belonged to the local area. |
The population of Gunton and Corton ward is estimated to be 8,878 (ONS 2009) and consists of a smaller proportion of 0 to 18 year olds (16%) compared to Suffolk (22%) and a smaller proportion of working age population (54% compared to 58% in Suffolk) and a larger proportion of over 65s (30% compared to 20% in Suffolk). The ward is ranked 75 out of 175 (1 = most deprived) for deprivation in Suffolk.

The following lists the main assets and vulnerabilities within Gunton and Corton ward identified from local data.

**Main assets**
- Lower rate of emergency hospital admissions.
- Lower rate of lone parents on benefits.
- Lower levels of overall and violent crime.
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Higher number of local job vacancies.
- Higher levels of membership on groups making decisions on local health and education services.

**Main vulnerabilities**
- Higher proportion of population claiming incapacity benefits.
- Higher proportion of 50+ year olds claiming benefits.
- Lower average weekly household income.
- Lower levels of feeling safe in local area at night.
<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Education**        | Similar to the Suffolk average:  
  • proportion of children aged 4 to 16 years persistently absent from school.  
  • children achieving a good level of development at age 5.  
  • 16-18 year olds not in education, employment or training (NEETs).  
  • level of GCSE attainment (5 A* to C grades including English and mathematics).  
  • proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds). |
| **Health**           | Similar to the Suffolk average:  
  • life expectancy at birth.  
  • premature deaths (deaths before 75 years of age).  
  • self reported health.  
  • rate of planned hospital admissions.  
  **Lower than the Suffolk average:**  
  • rate of emergency hospital admissions. |
| **Material wellbeing** | Higher than the Suffolk average:  
  • proportion of population claiming incapacity benefits.  
  • proportion of 50+ year olds claiming benefits.  
  **Similar to the Suffolk average:**  
  • proportion of residents claiming working age benefits.  
  • proportion of residents claiming income support.  
  • proportion of 16-24 year olds claiming benefits.  
  **Lower than the Suffolk average:**  
  • average weekly household income. |
| **Strong and stable families** | **Higher than the Suffolk average:**  
  • proportion of carers claiming benefits.  
  **Lower than the Suffolk average:**  
  • proportion of lone parents claiming benefits. |
Lowestoft overview

This section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors) as well as data estimates for lifestyle behaviours among the adult population.

Working age population on benefits in Lowestoft

<table>
<thead>
<tr>
<th>Year</th>
<th>Lowestoft</th>
<th>Waveney</th>
<th>Suffolk</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>19.1%</td>
<td>16.3%</td>
<td>11.3%</td>
<td>13.6%</td>
</tr>
<tr>
<td>2008</td>
<td>18.3%</td>
<td>15.9%</td>
<td>10.7%</td>
<td>13.4%</td>
</tr>
<tr>
<td>2009</td>
<td>19.9%</td>
<td>17.4%</td>
<td>12.5%</td>
<td>15.2%</td>
</tr>
<tr>
<td>2010</td>
<td>19.5%</td>
<td>17.1%</td>
<td>12.2%</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

In 2010 the proportion of the working age population on benefits in Lowestoft (19.5%) was higher than the England (15%) and Suffolk (12.2%) average. Between 2007 and 2010 the rate slightly increased from 19.1% to 19.5%. The change in the claimant rates in Lowestoft followed a similar pattern to Suffolk and England, with the largest increase occurring between 2008 and 2009.

GCSE pass rate 5 A* to C including English and mathematics in Lowestoft

<table>
<thead>
<tr>
<th>Year</th>
<th>Lowestoft</th>
<th>Waveney</th>
<th>Suffolk</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>33.7%</td>
<td>37.9%</td>
<td>47.5%</td>
<td>45.5%</td>
</tr>
<tr>
<td>2007-08</td>
<td>32.4%</td>
<td>37.2%</td>
<td>46.7%</td>
<td>47.8%</td>
</tr>
<tr>
<td>2008-09</td>
<td>35.5%</td>
<td>39.7%</td>
<td>48.8%</td>
<td>50.7%</td>
</tr>
</tbody>
</table>

The proportion of children achieving 5 A* to C grades at GCSE level (including English and mathematics) in
Lowestoft increased from 33.7% in 2006-07 to 35.5% in 2008-09, mirroring a similar increase in the Suffolk and England rate. In 2008-09 GCSE attainment in Lowestoft (35.5%) was lower than the England (50.7%) and Suffolk (48.8%) averages.

Premature deaths in Lowestoft

During the period 2005-09 there were 299 premature deaths (deaths among persons under 75 years of age) per 100,000 population in Lowestoft. This was higher than the Suffolk rate (242) and the England rate (295). Between 2003-07 and 2005-09 the premature deaths rate decreased slightly from 314 to 299 deaths per 100,000 population, reflecting the changes in the England and Suffolk rate.

Trend in total crime rate in Lowestoft

Between 2007-08 and 2009-10 the crime rate in Lowestoft was consistently higher than the Suffolk rate. During this period the rate stayed relatively static.
According to the 2009 Business Register and Employment Survey (BRES) the main employment sectors in Lowestoft were public administration, education and health (29.0%), distribution, hotels and restaurants (24.8%) and banking, finance and insurance (19.7%). There were higher levels of employment in all three sectors, whereas there were lower levels of employment in transport and communications.

The following provides prevalence estimates of lifestyle behaviours among adults in Lowestoft (persons 16 years and over). The estimates were developed at a national level by examining the relationship between lifestyle behaviours and population characteristics such as deprivation, benefit claimants, occupation etc. This information was then combined to calculate local prevalence estimates based on the characteristics of the local population.

If there were 100 people in Lowestoft

- 28 would be obese.
- 27 would smoke.
- 15 would binge drink.
- 25 would eat the recommended 5 pieces of fruit and vegetables more than 5 times per week.
- 20 would take part in the recommended 3 x 40 minutes of physical activity each week.
Lowestoft

Lowestoft is an area of significant deprivation and has been for some years, mainly since the demise of the fishing industry. As such it has an enormous amount in common with its close neighbour Great Yarmouth, but little in common with any other area within Suffolk. This is either in socio-economic or health terms. Both areas are served by a single district general hospital, the James Paget Hospital, with only 15% of patients going to Norfolk and Norwich Hospital and approximately 5% of patients attending Ipswich Hospital. The logic for this part of Suffolk to remain as it is at the moment, a discrete health economy, I think is clear. There are therefore, proposals for a Health and Wellbeing Partnership supporting clinical commissioning in Great Yarmouth and Waveney.

Dr John Stammers
Chair HealthEast Community Interest Company
Clinks Care Farm Ltd

Clinks Care Farm Ltd is a social enterprise aiming to achieve social, environmental and economic objectives in the rural Waveney Valley area through the model of care farming.

It is a 143 acre mixed farm near Beccles, Suffolk and is committed to growing and providing local food. It uses its farm, land and livestock to promote mental health wellbeing, physical health and healthy eating.

Clinks Care Farm supports young people and adults with learning disabilities, those recovering from brain injuries, and people suffering from mental health problems including people with early onset of dementia. The farm offers wider choice, meaningful and therapeutic day occupation on a working farm, work experience placements, training opportunities, volunteering and pathways towards recovery. Moreover, Clinks Care Farm supports unpaid carers and provides respite from daily caring duties to allow carers to gain new interests and skills.

Clinks Care Farm in partnership with Suffolk County Council Adult Community Services, aims to develop 10 operational care farms in Suffolk. It supports and coaches colleague farmers who wish to develop care farming, to support their local community, especially those who are disadvantaged.

Clinks Care Farm organises public information events, seminars and social events, raising the awareness of social disadvantage and respect for those who suffer from mental health problems. It re-invests its surplus to offer wider opportunities for ‘farm helpers’ to achieve their individual goals and aspirations.

http://www.clinkscarefarm.org
Operation Safe

Operation Safe was run as a pilot scheme with one of the local surgeries in Lowestoft, following a similar scheme in Great Yarmouth in 2010.

The scheme involved linking a Police Community Support Officer (PCSO) with the local community nurse. The PCSO accompanied the nurse on her morning visits, where the nursing team considered there was an opportunity to engage with vulnerable members of the community. The role of the PCSO was to accompany the nurse into the home of the vulnerable adult, to make introductions and to engage them in conversation, thereby picking up on any concerns the person may have. Where there were any members of family present, the PCSO also had the opportunity to talk to them. In addition to speaking with the adult, the PCSO had an opportunity to identify any personal safety or security issues they considered relevant (e.g. premises security, lighting, other environmental factors affecting quality of life).

Real and tangible benefits have resulted from the pilot for local, vulnerable members of the community, including better quality and co-ordination of services. The scheme has now been rolled out across the remaining surgeries in Lowestoft, and is starting up in Waveney.

Wellbeing focus for improving mental health

Our journey for wellbeing as a tool to improve better mental health started its life three years ago with a project funded by the Big Lottery.

It was designed to educate people to have a greater understanding of mental health issues, to reduce stigma, and to improve sufferers life chances within the community by targeting all walks of life.

We aimed to capture a wide range of audiences which included service users, employers, practitioners and the general public, offering courses and activities in Mental Health First Aid (MHFA), Mental Health Awareness and 5 Ways to Wellbeing, to help meet these aims. Delivery has been presented in formal classroom style, through community events and even theatre performances. A total of 1817 individuals have received training and information to date.

Brenda, who has lived with depression for 10 plus years commented, “I attended a theatre performance at the Fishes theatre in Bungay last year and was heartened to see the subject of mental health aired in public. The experience has lifted a cloud of hopelessness which I have lived with since the onset of my illness and given me a new focus on life rather than hiding my depression, it has given me the confidence to express how I am feeling.”

For information on current activities email syl@gywmind.org.uk
Fire Fighting Fit and Healthy

Fire Fighting Fit and Healthy is a programme that NHS Great Yarmouth and Waveney have set up in partnership with Suffolk Fire Service for teenagers. Youngsters between 13 and 17 who are above their ideal weight have been given the chance to kick-start an active lifestyle by training with firefighters at Lowestoft. The programme offered free sessions to teenagers who wanted to lose weight and eat more healthily. Kitted out in uniforms and given a free firefighter’s T-shirt, those who signed up were able to try out some firefighter training and learnt how to read food labels and cook healthy meals from scratch.

Steph Edrich, MEND (Mind, Exercise, Nutrition... Do it!) Programme Manager from NHS Great Yarmouth and Waveney, said “We’ve teamed up with the Suffolk Fire Service as the fire fighters are great role models for youngsters who have to keep fit as part of their job. We’re able to provide the healthy lifestyle elements and the lessons in food preparation, label reading and behaviour change to help the youngsters maintain a healthy weight.”
Our Kirkley project

The purpose of the Our Kirkley project is to develop and deliver an easily accessible, multi-agency service which is appropriate for the diverse groups of people in Kirkley and addresses their needs, including worklessness by:

- providing a variety of services through a range of partners for all people of working age
- including young people in full time education (year 11), in addition to those who are already without work
- engaging with local employers
- identifying and accessing sources of funding
- supporting customers to move closer to the labour market or directly into employment.

Ward data for Kirkley evidenced the issues of low birth rates and low life expectancy in the ward which links to poverty, poor nutrition and general poor health. Working through the three sub groups (health, economic and social) the following initiatives will be developed:

- advice on types, choice and purchasing of affordable food and then providing basic cooking classes for single parents on how to cook nutritional and affordable meals
- chair based exercise classes, based on physical ability (not restricted to a particular age group) hosted at the Kirkley Centre which is also exploring the possibility of hosting a gym facility for the Kirkley community.

In addition, the Waveney Local Strategic Partnership have provided funding to:

- The Archway which is a small drop in centre situated in the centre of Kirkley. It is staffed by volunteers and was established to provide informal support and signposting to adults living in isolation in the most deprived areas of the ward. Most of those attending the centre are trying to cope with multiple issues including homelessness, unemployment, poor living conditions, addictions, violence, crime, health etc. The centre provides a sanctuary where people visiting can ‘just be’. All those volunteering have experienced living with similar issues.
- The Community Forum, based at the Kirkley Centre, to refurbish, service and equip the kitchen and cafe area to enable a business enterprise to come into the building and run a successful venture from there benefiting the local economy and community.
- Financial Inclusion Training was provided to front line staff across all sectors that work to support people in the community who are experiencing financial difficulty. The programme included debt management advice, case studies from delegates and loan shark information.
The following profile examines key factors which impact on the health, wellbeing and resilience of the Stowmarket population.

The profile is split into two sections, with the first section focusing on assets and vulnerabilities within the three electoral wards which cover Stowmarket. The second section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors). Also included are data estimates for lifestyle behaviours among the adult population. The estimates are not counts of the number of people or prevalence of a behaviour, e.g. smoking in a ward. They are estimates based on a model developed from the National Health Survey for England 2008 and represent the expected prevalence of a behaviour for any ward, given the demographic and social characteristics of that area.

**Geography and population**

Stowmarket is the largest town in the district of Mid Suffolk and recognised as one of the fastest growing market towns in the country. With a current population of approximately 17,580 and further expected growth in the next few years the town is understandably attracting inward investment.

**Deprivation**

According to the Index of Multiple Deprivation 2007, Stowmarket North ward experiences the highest level of deprivation in Stowmarket with a similar level of deprivation to the Suffolk average. Stowmarket South and Central wards both experience lower levels of deprivation than the Suffolk average.

**Development**

There has been a £21m construction of a relief road and bridge that has joined the Cedars housing estate to the town, a £12.5m redevelopment project in Ipswich Street which will see the removal of badly designed 1960’s buildings that are in poor repair, £7.2m new town centre supermarket, £5m youth hub, £2.8m development at the Museum of East Anglian Life and £1m redevelopment of the Corn Exchange into the John Peel Centre for
Summary of assets and vulnerabilities among wards in Stowmarket compared to Suffolk

Stowmarket North

Main assets
Lower levels of persistent absence from school among 4 to 16 year olds. Higher proportion of children achieving a good level of development at age 5. Lower rate of planned hospital admissions. Lower levels of working age population on benefits. Lower number of income support and incapacity benefit claimants. Lower rate of 50+ year olds on benefits. Lower levels of overall crime, violent crime and burglary. Good access to local employment centre, primary school, GP practices and further education institutions. Higher average weekly household income. Smaller proportion of households in fuel poverty.

Main vulnerabilities
Higher levels of criminal damage. Lower numbers of local job vacancies. Lower number of people who felt they belonged to their neighbourhood. Lower levels of feeling safe in the local area during the night. Higher rate of overall crime. Higher levels of violent crime and criminal damage. Average weekly household income.

Stowmarket South

Main assets
Lower overall crime rate. Lower level of violent crime. Good access to local employment centre, primary school, GP practices and further education institutions. Smaller proportion of households in fuel poverty. Higher number of local job vacancies. Smaller proportion of households in fuel poverty.

Main vulnerabilities
Number of 16-18 year olds not in education, employment or training. Lower levels of GCSE attainment (5 A* to C grades including English and mathematics). Higher proportion of population dependent on benefits including income support and incapacity benefits. Higher rates of 16-24 year olds claiming benefits. Higher proportion of lone parents on benefits. Lower levels of feeling safe in local area during the night. Lower number of local job vacancies. Lower number of people who felt they belonged to their neighbourhood. Lower average weekly household income.

Stowmarket Central

Main assets
Longer life expectancy at birth. Lower rate of 50+ year olds claiming benefits. Good access to local employment centre, primary school, GP practices and further education institutions. Higher number of local job vacancies. Smaller proportion of households in fuel poverty.

Main vulnerabilities
Lower levels of feeling safe in the local area during the night. Higher rate of overall crime. Higher levels of violent crime and criminal damage. Average weekly household income.
Creative Arts. The town is bucking the national trend with one of the lowest percentages of empty retail premises and a growing twice weekly market. Not just a market town, Stowmarket has a strong manufacturing and industrial history, with Bosch and Dulux still producing products in the town. The seven largest employers each employ over 200 people and about 340 people are employed within tourism, perhaps reflected by 131 listed buildings. The highest building is the parish church of St Peter and St Mary whose spire dominates the skyline.

Work continues to ensure that health, education and recreational facilities are available for all who live in and around the town.

Leisure/community
With a large swimming pool and leisure centre, a cinema, several gym and fitness centres, playing fields, open green spaces and thriving sports clubs it is not surprising that the people of Stowmarket are proud of their heritage.
The population of Stowmarket North is estimated to be 8847 (ONS 2009) and consists of a larger proportion of 0 to 18 year olds (27%) compared to Suffolk (22%), a larger proportion of working age population (61% compared to 58% in Suffolk) and a smaller proportion of over 65s (12% compared to 20% in Suffolk). The ward is ranked 132 out of 175 (1 = most deprived) for deprivation in Suffolk.

Each domain has been given a colour, based on how it compares to the Suffolk average (red = worse than the Suffolk average, amber = in line with Suffolk average and green = consistently better than Suffolk average).

The following lists the main assets and vulnerabilities within Stowmarket North ward identified from local data.

**Main assets**
Lower levels of persistent absence from school among 4 to 16 year olds. Higher proportion of children achieving a good level of development at age 5. Lower rate of planned hospital admissions. Lower levels of working age population on benefits. Lower number of income support and incapacity benefit claimants. Lower rate of 50+ year olds on benefits. Lower levels of overall crime, violent crime and burglary.

Good access to local employment centre, primary school, GP practices and further education institutions. Higher average weekly household income. Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
Higher levels of criminal damage. Lower numbers of local job vacancies. Lower number of people who felt they belonged to their neighbourhood.
<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>Higher than the Suffolk average:</td>
</tr>
<tr>
<td></td>
<td>• proportion of children achieving a good level of development at age 5.</td>
</tr>
<tr>
<td></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• 16-18 year olds not in education, employment or training (NEETs).</td>
</tr>
<tr>
<td></td>
<td>• level of GCSE attainment (5 A* to C grades including English and mathematics).</td>
</tr>
<tr>
<td></td>
<td>• proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).</td>
</tr>
<tr>
<td><strong>Lower than the Suffolk average:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• proportion of children aged 4 to 16 years persistently absent from school.</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• life expectancy at birth.</td>
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<tr>
<td></td>
<td>• premature deaths (deaths before 75 years of age).</td>
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<tr>
<td></td>
<td>• self reported health.</td>
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<td></td>
<td>• rate of emergency hospital admissions.</td>
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<td><strong>Lower than the Suffolk average:</strong></td>
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<tr>
<td></td>
<td>• rate of planned hospital admissions.</td>
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<tr>
<td><strong>Material wellbeing</strong></td>
<td><strong>Higher than the Suffolk average:</strong></td>
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<tr>
<td></td>
<td>• average weekly household income.</td>
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<tr>
<td></td>
<td><strong>Lower than the Suffolk average:</strong></td>
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<tr>
<td></td>
<td>• proportion of working age population on benefits.</td>
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<tr>
<td></td>
<td>• rate of benefit claimants among 50+ year olds.</td>
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<tr>
<td></td>
<td>• rate of benefit claimants among 16-24 year olds.</td>
</tr>
<tr>
<td></td>
<td>• claimant levels for income support and incapacity benefit.</td>
</tr>
<tr>
<td><strong>Strong and stable families</strong></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• proportion of lone parents and carers on benefits.</td>
</tr>
<tr>
<td><strong>Local economy</strong></td>
<td><strong>Higher than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• proportion of population living within a 20 minute journey, via walking, cycling or public transport, of the nearest employment centres.</td>
</tr>
<tr>
<td><strong>Public services</strong></td>
<td><strong>Lower than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• level of local job vacancies.</td>
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<tr>
<td><strong>Crime and anti social behaviour</strong></td>
<td><strong>Higher than the Suffolk average:</strong></td>
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<tr>
<td></td>
<td>• levels of criminal damage.</td>
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<tr>
<td><strong>Infrastructure and belonging</strong></td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• feeling safe in the local area during the day and night.</td>
</tr>
<tr>
<td><strong>Lower than the Suffolk average:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• rate of overall crime, violent crime and burglary.</td>
</tr>
<tr>
<td><strong>Assets and vulnerabilities</strong></td>
<td><strong>Higher than the Suffolk average:</strong></td>
</tr>
<tr>
<td></td>
<td>• proportion of the population that can access a primary school or GP within 15 minutes by public transport or walking.</td>
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<td></td>
<td><strong>Similar to the Suffolk average:</strong></td>
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<td></td>
<td>• level of satisfaction with the area they live in and with their own home.</td>
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<tr>
<td></td>
<td>• proportion of people who volunteer or belong to a local decision making group.</td>
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<td><strong>Lower than the Suffolk average:</strong></td>
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<tr>
<td></td>
<td>• travel time to the nearest further education institution.</td>
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<tr>
<td></td>
<td>• proportion of people who felt that they belonged to the immediate neighbourhood.</td>
</tr>
<tr>
<td></td>
<td>• proportion of households in fuel poverty.</td>
</tr>
</tbody>
</table>
The population of Stowmarket Central is estimated to be 4412 (ONS 2009) and consists of a smaller proportion of 0 to 18 year olds (19%) compared to Suffolk (22%), a smaller proportion of working age population (56% compared to 58% in Suffolk) and a larger proportion of over 65s (25% compared to 20% in Suffolk). The ward is ranked 116 out of 175 (1 = most deprived) for deprivation in Suffolk.

The following lists the main assets and vulnerabilities within Stowmarket Central ward identified from local data.

**Main assets**
- Longer life expectancy at birth.
- Lower rate of 50+ year olds claiming benefits.
- Good access to local employment centre, primary school, GP practices and further education institutions.
- Higher number of local job vacancies.
- Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
- Lower levels of feeling safe in the local area during the night.
- Higher rate of overall crime.
- Higher levels of violent crime and criminal damage.
- Average weekly household income.
Domains | Description
--- | ---
**Education** | Similar to the Suffolk average: • level of GCSE attainment (5 A* to C grades including English and mathematics). • 16-18 year olds not in education, employment or training (NEETs). • children aged 4-16 persistently absent from school. • children achieving a good level of development at age 5. • proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).
**Health** | Higher than the Suffolk average: • longer life expectancy at birth. **Similar to the Suffolk average:** • premature deaths (deaths before the age of 75 years). • self reported health. • rate of planned and emergency hospital admissions.
**Material wellbeing** | Similar to the Suffolk average: • proportion of working age population on benefits including incapacity benefits and income support. **Lower than the Suffolk average:** • rate of 50+ year olds claiming benefits. • average weekly household income.
**Strong and stable families** | Similar to the Suffolk average: • proportion of lone parents and carers on benefits.

**Domains** | Description
--- | ---
**Local economy** | Higher than the Suffolk average: • proportion of population living within a 20 minute journey, via walking, cycling or public transport, of the nearest employment centres. • number of local job vacancies.
**Public services** | Similar to the Suffolk average: • level of satisfaction with local fire, hospital, GP and police services.
**Crime and anti social behaviour** | Higher than the Suffolk average: • rate of overall crime. • levels of violent crime and criminal damage. **Similar to the Suffolk average:** • rate of burglaries. • feeling safe in the local area during the day. **Lower than the Suffolk average:** • feeling safe in the local area during the night.
**Infrastructure and belonging** | Higher than the Suffolk average: • proportion of the population that can access a primary school or GP within 15 minutes by public transport or walking. **Similar to the Suffolk average:** • levels of people who feel satisfied with the area they live in. • proportion of residents feeling that they belonged to the local neighbourhood. • proportion of residents satisfied with their own home. • proportion of people who volunteer or belong to a local decision making group. **Lower than the Suffolk average:** • travel time to the nearest further education institution. • proportion of households in fuel poverty.

Assets and vulnerabilities
The population of Stowmarket South is estimated to be 4999 (ONS 2009) and consists of a larger proportion of 0 to 18 year olds (26%) compared to Suffolk (22%), a similar proportion of working age population (59% compared to 58% in Suffolk) and a smaller proportion of over 65s (15% compared to 20% in Suffolk). The ward is ranked 62 out of 175 (1 = most deprived) for deprivation in Suffolk.

Main assets
Lower rates of overall crime and violent crime.
Good access to local employment centre, primary school, GP practices and further education institutions.
Smaller proportion of households in fuel poverty.

Main vulnerabilities
Number of 16-18 year olds not in education, employment or training.
Lower levels of GCSE attainment (5 A* to C grades including English and mathematics).
Higher proportion of population dependent on benefits including income support and incapacity benefits.
Higher rates of 16-24 year olds claiming benefits.
Higher proportion of lone parents claiming benefits.
Lower levels of feeling safe in the local area during the night.
Lower number of job vacancies.
Lower number of people who felt they belonged to their neighbourhood.
Lower average weekly household income.
<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
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</thead>
</table>
| Education                | **Higher than the Suffolk average:**  
  • proportion of 16-18 year olds not in education, employment or training (NEETs).  
  **Similar to the Suffolk average:**  
  • level of children aged 4-16 years persistently absent from school.  
  • children achieving a good level of development at age 5.  
  • proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).  
  **Lower than the Suffolk average:**  
  • rate of GCSE attainment (5 A* to C grades including English and mathematics). |
| Health                   | **Similar to the Suffolk average:**  
  • life expectancy at birth.  
  • premature deaths (deaths before the age of 75 years).  
  • self reported health.  
  • rates of emergency and planned hospital admissions. |
| Material wellbeing       | **Higher than the Suffolk average:**  
  • proportion of working age population on benefits.  
  • proportion of income support and incapacity benefit claimants.  
  • proportion of 16-24 year olds on benefits.  
  **Similar to the Suffolk average:**  
  • proportion of 50+ year olds claiming benefits.  
  **Lower than the Suffolk average:**  
  • average weekly household income. |
| Strong and stable families | **Higher than the Suffolk average:**  
  • proportion of lone parents claiming benefits.  
  **Similar to the Suffolk average:**  
  • proportion of carers claiming benefits. |

<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
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</thead>
</table>
| Local economy            | **Higher than the Suffolk average:**  
  • proportion of population living within a 20 minute journey, via walking, cycling or public transport, of the nearest employment centres.  
  **Lower than the Suffolk average:**  
  • number of local job vacancies. |
| Public services          | **Similar to the Suffolk average:**  
  • satisfaction with local fire, hospital, GP and police services.  
  **Lower than the Suffolk average:**  
  • feeling safe in the local area during the day.  
  • burglary and criminal damage rate. |
| Crime and anti social behaviour | **Similar to the Suffolk average:**  
  • feeling safe in the local area during the night.  
  • rate of overall crime and violent crime. |
| Infrastructure and belonging | **Higher than the Suffolk average:**  
  • proportion of the population that can access a primary school or GP within 15 minutes by public transport or walking.  
  **Similar to the Suffolk average:**  
  • levels of volunteering and membership on local decision making groups.  
  • rate of satisfaction with own home and the local area as a place to live.  
  **Lower than the Suffolk average:**  
  • travel time to the nearest further education institutions.  
  • proportion of households in fuel poverty.  
  • residents who feel they belong to the local neighbourhood. |
Stowmarket overview

This section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors) as well as data estimates for lifestyle behaviours among the adult population.

Working age population on benefits in Stowmarket

In 2010 the proportion of the working age population on benefits in Stowmarket (11.7%) was lower than the England (15%) and Suffolk (12.2%) average. Between 2007 and 2010 the rate increased from 9.7% to 11.7%. The change in the claimant rates in Stowmarket followed a similar pattern to Suffolk and England, with the largest increase occurring between 2008 and 2009.

GCSE pass rate 5 A* to C including English and mathematics in Stowmarket

The proportion of children achieving 5 A* to C grades at GCSE level (including English and mathematics) in Stowmarket decreased from 47.5% in 2006-07 to 44.6% in
2008-09. The Stowmarket rate was similar to both the Suffolk and England rate from 2006-07 to 2007-08, but the rate has declined in Stowmarket from 2007-08 to 2008-09 whilst increasing in both Suffolk and England.

Premature deaths in Stowmarket

During the period 2005-09 there were 234 premature deaths (deaths among persons under 75 years of age) per 100,000 population in Stowmarket. This was lower than the Suffolk rate (242) and lower than the England rate (295). Between 2003-07 and 2005-09 the premature deaths rate decreased from 275 to 234 deaths per 100,000 population, reflecting the downward trend in the England and Suffolk rate, but reducing by a greater amount.

Trend in total crime rate in Stowmarket

The crime rate in Stowmarket between 2007-08 and 2009-10 was similar to the Suffolk rate. The overall crime rate fell from 72 crimes per 1000 population in 2007-08 to 57.8 in 2008-09 but subsequently increased in 2009-10.
Employment structure in Stowmarket

According to the 2009 Business Register and Employment Survey (BRES) the main employment sectors in Stowmarket were distribution, hotels and restaurants (26.5%), public administration, education and health (26.5%), and manufacturing (17.6%). Compared to Suffolk there were higher levels of employment in manufacturing and distribution and lower levels in banking, finance and insurance and construction.

Lifestyle

The following provides prevalence estimates of lifestyle behaviours among adults in Stowmarket (persons 16 years and over). The estimates were developed at a national level by examining the relationship between lifestyle behaviours and population characteristics such as deprivation, benefit claimants, occupation etc. This information was then combined to calculate local prevalence estimates based on the characteristics of the local population.

If there were 100 people in Stowmarket

- 25 would be obese.
- 24 would smoke.
- 17 would binge drink.
- 29 would eat the recommended 5 pieces of fruit and vegetables more than 5 times per week.
- 22 would take part in the recommended 3 x 40 minutes of physical activity each week.
The Museum of East Anglian Life (MEAL) is one of the first museums in the UK to have a wellbeing approach as its core philosophy. This was based on the strong social networks built by its extensive heritage volunteering programme and skills development work with vulnerable adults.

Being at the museum clearly makes volunteers happy. They've become socially supportive, they run each other to the shops, and support each other in times of personal problems. These are people who had previously led isolated lives and now have a new found confidence to socialise.

In 2010 the museum launched its When Were We Happy web site, inspired by the University of Bhutan’s principles of Gross Domestic Happiness. We examined the village of Stowupland in four periods in time based on the quality of environment and biodiversity, time spent with family, the strength of community life as well as health, economy and education.

The results showed a mixed picture. There are more clubs and societies in Stowupland now than there has ever been, but from interviews with local people who were alive in 1950 it would appear that the village was more socially cohesive sixty years ago. Now in 2011, there are fewer single parents than in 1900, life expectancy is higher and people have more opportunity to spend time with friends and family. By and large the ingredients for wellbeing are more abundant today.

This was followed by the Happy Days project working with Lavenham Primary School. We asked 7 and 8 year olds to design a happy day and to suggest objects from their homes which signified happiness. They then chose objects from the museum which would have made a Victorian child happy. Most of the contemporary and historic objects represented family and outdoor activities. No-one picked a Playstation!

Currently the museum is hosting a small exhibition entitled Trust. This looks at the ties that bound rural communities in Suffolk. They relate to mutual support networks, the role of religious faith and community groups, and prospering facilities such as shops and post offices.

In 2011 with funding from the Paul Hamlyn Foundation, MEAL launched the Happy Museum Project, aimed at fostering a wellbeing community of practice in UK museums. The New Economics Foundation were asked to write a think-piece, The Happy Museum, which outlines how museums can reanimate civil society by enhancing their role as connectors and social and cultural hubs. A fund of £60,000 is available to commission other museums to carry out work inspired by the paper. Museums have a major role to play in increasing our wellbeing, through activities neatly summarised by the New Economic Foundation’s five ways to wellbeing: 1. Connect, 2. Be Active, 3. Take Notice, 4. Keep Learning and 5. Give.

Resources
http://www.whenwerewehappy.org.uk
http://www.happymuseumproject.org
SUDBURY

The following profile examines key factors which impact on the health, wellbeing and resilience of the Sudbury population.

The profile is split into two sections, with the first section focusing on assets and vulnerabilities within the three electoral wards which cover Sudbury. The second section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors). Also included are data estimates for lifestyle behaviours among the adult population. The estimates are not counts of the number of people or prevalence of a behaviour, e.g. smoking in a ward. They are estimates based on a model developed from the National Health Survey for England 2008 and represent the expected prevalence of a behaviour for any ward, given the demographic and social characteristics of that area.

Geography and population
Sudbury is a thriving and ancient market town, set in the heart of the river Stour, with many acres of unique and attractive water meadows. The town is about 15 miles from Colchester and 60 miles from London and has a population of approximately 12,690.

Deprivation
According to the Index of Multiple Deprivation 2007, there are higher levels of deprivation in Sudbury compared to the Suffolk average, with Sudbury East and South wards featuring in the 20% most deprived areas in Suffolk. Sudbury North experiences lower levels of deprivation compared to the Suffolk average.

Development
The Sudbury Society was formed in 1973 after a successful campaign to save the town’s Corn Exchange from developers. However, in protecting its ancient centre the town has not shut itself off from modern development. As the town has expanded, modern retail and industrial developments have been built on sites close to the centre and on the eastern edge of the town.

Leisure/community
The town has achieved “Quality Status”, and is proud of its past history and association with Thomas Gainsborough. Sudbury is continuing to develop its special character and appeal as a place to live, work and visit.
Summary of assets and vulnerabilities among wards in Sudbury compared to Suffolk

Sudbury North

**Main assets**
- Lower overall crime rate and rate of burglary.
- Good access to local employment centre, primary school and further education institutions.
- Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
- Higher proportion of population dependent on benefits including income support.
- Higher proportion of lone parents on benefits.
- Lower levels of feeling safe in the local area during day and night.
- Higher level of criminal damage.
- Lower satisfaction levels with police and hospital services.
- Lower levels of satisfaction with local area as a place to live.
- Lower number of local job vacancies.
- Lower average weekly household income.

Sudbury South

**Main assets**
- Lower overall crime rate and rate of burglary.
- Good access to local employment centre, primary school and further education institutions.
- Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
- Higher proportion of population dependent on benefits including income support.
- Higher proportion of lone parents on benefits.
- Lower levels of feeling safe in the local area during day and night.
- Higher level of criminal damage.
- Lower satisfaction levels with police and hospital services.
- Lower levels of satisfaction with local area as a place to live.
- Lower number of local job vacancies.
- Lower average weekly household income.

Sudbury East

**Main assets**
- Good access to local employment centre, primary school and further education institutions.
- Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
- Lower levels of self reported health.
- Higher levels of emergency hospital admissions.
- Higher proportion of population dependent on benefits including income support and incapacity benefits.
- Higher rate of 16-24 year olds on benefits.
- Higher proportion of lone parents on benefits.
- Lower levels of feeling safe in the local area during the night.
- Higher levels of all types of crime except burglary.
- Lower satisfaction with hospital services.
- Smaller proportion of population who can access a GP within 15 minutes travel time.
- Lower average weekly household income.

Sudbury North

**Main assets**
- Lower rate of 50+ year olds on benefits.
- Lower proportion of carers on benefits.
- Good access to local employment centre, GP practice, primary school and further education institutions.
- Smaller proportion of households in fuel poverty.
- Higher number of local job vacancies.

**Main vulnerabilities**
- Lower life expectancy.
- Higher proportion of population claiming working age benefits.
- Higher benefit uptake among 16 to 24 years olds.
- Higher levels of income support and incapacity benefits claimants.
- Lower levels of feeling safe in the local area during the night.
- Higher overall crime rate.
- Higher level of violent crime, burglary and criminal damage.
- Lower levels of satisfaction with police and hospital services.
- Lower levels of satisfaction with local area as a place to live.
- Lower average weekly household income.
The population of Sudbury North is estimated to be 4255 (ONS 2009) and consists of a higher proportion of 0 to 18 year olds (26%) compared to Suffolk (22%), a similar proportion of over 65s (21%) and a smaller proportion of working age population (54% vs. 58%). The ward is ranked 57 out of 175 (1 = most deprived) for deprivation in Suffolk.

Each domain has been given a colour, based on how it compares to the Suffolk average (red = consistently worse than the Suffolk average, amber = in line with Suffolk average and green = consistently better than Suffolk average).

The following lists the main assets and vulnerabilities within Sudbury North ward identified from local data

**Main assets**
- Lower overall crime and burglary rate.
- Good access to local employment centre, primary school and further education institutions.
- Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
- Higher proportion of population dependent on benefits including income support.
- Higher proportion of lone parents on benefits.
- Lower levels of feeling safe in the local area during the day and night.
- Higher level of criminal damage.
- Lower satisfaction levels with police and hospital services.
- Lower levels of satisfaction with local area as a place to live.
- Lower number of local job vacancies.
- Lower average weekly household income.
### Domains

<table>
<thead>
<tr>
<th>Education</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Similar to the Suffolk average:</strong></td>
<td></td>
</tr>
<tr>
<td>• level of GCSE attainment (5 A* to C grades including English and mathematics).</td>
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<td>• level of 16-18 year olds not in education, employment or training (NEETs).</td>
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<tr>
<td>• children aged 4-16 persistently absent from school.</td>
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<tr>
<td>• proportion of children achieving a good level of development at age 5.</td>
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<tr>
<td>• proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds).</td>
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<thead>
<tr>
<th>Health</th>
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<tbody>
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<td>• rate of planned and emergency hospital admissions.</td>
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<thead>
<tr>
<th>Material wellbeing</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Higher than the Suffolk average:</strong></td>
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<tr>
<td>• working age population on benefits including income support.</td>
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<tr>
<td><strong>Similar to the Suffolk average:</strong></td>
<td></td>
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<tr>
<td>• proportion of 16 to 24 year olds and 50+ year olds claiming benefits.</td>
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<tr>
<td>• proportion of working age population claiming incapacity benefit.</td>
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<td><strong>Lower than the Suffolk average:</strong></td>
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<tr>
<td>• average weekly household income.</td>
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<tr>
<th>Strong and stable families</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Higher than the Suffolk average:</strong></td>
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<tr>
<td>• proportion of lone parents claiming benefits.</td>
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<tr>
<td><strong>Similar to the Suffolk average:</strong></td>
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<tr>
<td>• proportion of carers claiming benefits.</td>
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<thead>
<tr>
<th>Domains</th>
<th>Description</th>
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<tbody>
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<td>Local economy</td>
<td>Higher than the Suffolk average:</td>
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<tr>
<td>• proportion of population living within a 20 minute journey, via walking, cycling or public transport, of the nearest employment centres.</td>
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<tr>
<td><strong>Lower than the Suffolk average:</strong></td>
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<tr>
<td>Public services</td>
<td><strong>Similar to the Suffolk average:</strong></td>
</tr>
<tr>
<td>• satisfaction with fire and GP services.</td>
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<tr>
<td><strong>Lower than the Suffolk average:</strong></td>
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<tr>
<td>Crime and anti social behaviour</td>
<td><strong>Higher than the Suffolk average:</strong></td>
</tr>
<tr>
<td>• rate of criminal damage.</td>
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<tr>
<td><strong>Similar to the Suffolk average:</strong></td>
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<tr>
<td>• rate of violent crime.</td>
<td></td>
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<tr>
<td><strong>Lower than the Suffolk average:</strong></td>
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<tr>
<td>Infrastructure and belonging</td>
<td><strong>Higher than the Suffolk average:</strong></td>
</tr>
<tr>
<td>• proportion of the population that can access a primary school within 15 minutes by public transport or walking.</td>
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<tr>
<td><strong>Similar to the Suffolk average:</strong></td>
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<tr>
<td>• level of belonging to their local neighbourhood.</td>
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<tr>
<td>• satisfaction with own home.</td>
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<tr>
<td>• levels of volunteering and membership on local decision making groups.</td>
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<tr>
<td>• proportion of population living within 15 minute walk or public transport journey to nearest GP practice.</td>
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<tr>
<td><strong>Lower than the Suffolk average:</strong></td>
<td></td>
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<tr>
<td>• travel time to the nearest further education institution.</td>
<td></td>
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<tr>
<td>• satisfaction with the area as a place to live.</td>
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<tr>
<td>• proportion of households in fuel poverty.</td>
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</tbody>
</table>
Sudbury East is one of the more deprived wards in Suffolk (ranked 29 out of 175) with a population of 4245 (ONS 2009). The population consists of a similar proportion of 0 to 18 year olds (23%) compared to Suffolk (22%), a smaller proportion of working age population (55% compared to 58% in Suffolk) and a larger proportion of over 65s (22% vs. 20%).

The following lists the main assets and vulnerabilities within Sudbury East ward, identified by local data.

**Main assets**
Good access to local employment centre, primary school and further education institutions.
Smaller proportion of households in fuel poverty.

**Main vulnerabilities**
Lower levels of self reported health.
Higher levels of emergency hospital admissions.
Higher proportion of population dependent on benefits including income support and incapacity benefits.

Higher rate of 16-24 year olds on benefits.
Higher proportion of lone parents on benefits.
Lower levels of feeling safe in the local area during the night.
Higher levels of all types of crime, except burglary.
Lower satisfaction with hospital services.
Smaller proportion of population who can access GP within 15 minute travel time.
Lower average weekly household income.
<table>
<thead>
<tr>
<th>Domains</th>
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</tr>
</thead>
</table>
| Education              | Similar to the Suffolk average:  
  - level of GCSE attainment (5 A* to C grades including English and mathematics).  
  - level of 16-18 year olds not in education, employment or training (NEETs).  
  - children aged 4-16 persistently absent from school.  
  - children achieving a good level of development at age 5.  
  - proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds). |
| Health                 | Higher than the Suffolk average:  
  - rate of emergency hospital admissions.  
Similar to the Suffolk average:  
  - life expectancy at birth.  
  - premature deaths (deaths before the age of 75 years).  
  - rate of planned hospital admissions.  
Lower than the Suffolk average:  
  - self reported health.                                                                 |
| Material wellbeing     | Higher than the Suffolk average:  
  - proportion of working age population on benefits including income support and incapacity benefit.  
  - proportion of 16 to 24 year olds on benefits.  
Similar to the Suffolk average:  
  - 50+ year olds claiming benefits.  
Lower than the Suffolk average:  
  - average weekly household income.                                                                 |
| Strong and stable families | Higher than the Suffolk average:  
  - proportion of lone parents claiming benefits.  
Similar to the Suffolk average:  
  - proportion of carers claiming benefits. |
| Local economy          | Higher than the Suffolk average:  
  - proportion of population living within a 20 minute journey, via walking, cycling or public transport, of the nearest employment centres.  
Similar to the Suffolk average:  
  - level of local job vacancies.  
| Public services        | Similar to the Suffolk average:  
  - satisfaction with fire, police and GP services.  
Lower than the Suffolk average:  
  - satisfaction with hospital services.                                                |
| Crime and anti social behaviour | Higher than the Suffolk average:  
  - rates of overall crime, violent crime and criminal damage.  
Similar to the Suffolk average:  
  - feeling safe outside in the local area during the day.  
Lower than the Suffolk average:  
  - feeling safe outside in the local area during the night.                             |
| Infrastructure and belonging | Higher than the Suffolk average:  
  - proportion of the population that can access a primary school within 15 minutes by public transport or walking.  
Similar to the Suffolk average:  
  - satisfaction with the area in which they live.  
  - belonging to the local neighbourhood.  
  - satisfaction with own home.  
  - proportion of people who volunteer or belong to a local decision making group.  
Lower than the Suffolk average:  
  - proportion of the population that can access a GP practice in 15 minutes by public transport or walking.  
  - travel time to the nearest further education institution.  
  - proportion of households in fuel poverty.                                           |
Sudbury South is one of the more deprived wards in Suffolk (ranked 26 out of 175) with a population of 4179 (ONS 2009). The population consists of a smaller proportion of 0 to 18 year olds (16%) compared to Suffolk (22%), a similar proportion of working age population (57% compared to 58% in Suffolk) and a larger proportion of over 65s (26% vs. 20%).

The following lists the main assets and vulnerabilities within Sudbury South ward identified from the data.

**Main assets**
- Lower rate of 50+ year olds on benefits.
- Lower proportion of carers on benefits.
- Good access to local employment centre, GP practice, primary school and further education institutions.
- Smaller proportion of households in fuel poverty.
- Higher number of local job vacancies.

**Main vulnerabilities**
- Lower life expectancy.
- Higher rates of emergency and planned hospital admissions.
- Higher proportion of population claiming working age benefits.
- Higher benefit uptake among 16 to 24 years olds.
- Higher levels of income support and incapacity benefits claimants.
- Lower levels of feeling safe in the local area during the night.
- Higher overall crime rate.
- Higher level of violent crime, burglary and criminal damage.
- Lower levels of satisfaction with police and hospital services.
- Lower levels of satisfaction with local area as a place to live.
- Lower average weekly household income.
<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
</tr>
</thead>
</table>
| Education | Similar to the Suffolk average:  
• level of GCSE attainment (5 A* to C grades including English and mathematics).  
• level of 16-18 year olds not in education, employment or training (NEETs).  
• children aged 4-16 persistently absent from school.  
• children achieving a good level of development at age 5.  
• proportion of pupils achieving level 4+ in both English and mathematics at key stage 2 (11 year olds). |
| Health | Higher than the Suffolk average:  
• rates of planned and emergency hospital admissions.  
Similar to the Suffolk average:  
• level of self reported health.  
• levels of premature deaths (deaths before the age of 75 years).  
Lower than the Suffolk average:  
• lower life expectancy at birth. |
| Material wellbeing | Higher than the Suffolk average:  
• proportion of working age population on benefits including income support and incapacity benefit.  
• proportion of 16 to 24 year olds on benefits.  
Lower than the Suffolk average:  
• proportion of 50+ year olds claiming benefits.  
• average weekly household income. |
| Strong and stable families | Similar to the Suffolk average:  
• proportion of lone parents claiming benefits.  
Lower than the Suffolk average:  
• proportion of carers claiming benefits. |

<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
</tr>
</thead>
</table>
| Local economy | Higher than the Suffolk average:  
• proportion of population living within a 20 minute journey, via walking, cycling or public transport, of the nearest employment centres.  
• number of local job vacancies. |
| Public services | Similar to the Suffolk average:  
• satisfaction with fire and GP services.  
Lower than the Suffolk average:  
• satisfaction with hospital and police services. |
| Crime and anti social behaviour | Higher than the Suffolk average:  
• rates of overall crime, violent crime, burglary, and criminal damage.  
Similar to the Suffolk average:  
• feeling safe outside during the day in the local area.  
Lower than the Suffolk average:  
• feeling safe outside during the night in the local area. |
| Infrastructure and belonging | Higher than the Suffolk average:  
• proportion of the population that can access a primary school or GP practice within 15 minutes by public transport or walking.  
Similar to the Suffolk average:  
• level of belonging to the neighbourhood.  
• level of satisfaction with own home.  
• levels of volunteering and membership on local decision making groups.  
Lower than the Suffolk average:  
• travel time to the nearest further education institution.  
• level of satisfaction with the area as a place to live.  
• proportion of households in fuel poverty. |
Sudbury overview

This section provides trend data over time and comparisons to county and national averages for five high level indicators (benefit uptake, crime, education, premature deaths and employment sectors) as well as data estimates for lifestyle behaviours among the adult population.

Working age population on benefits in Sudbury

In 2010 the proportion of the working age population on benefits in Sudbury (15.9%) was higher than the England (15%) and Suffolk (12.2%) average. Between 2007 and 2010 the rate increased from 13.0% to 15.9%. The change in the claimant rates in Sudbury followed a similar pattern to Suffolk and England, with the largest increase occurring between 2008 and 2009.

GCSE pass rate 5 A* to C including English and mathematics in Sudbury

The proportion of children achieving 5 A* to C grades at GCSE level (including English and mathematics) in Sudbury decreased from 35.8% in 2006-07 to 34.7% in 2008-09. In 2008-09 GCSE attainment in Sudbury (34.7%) was still lower than the England (50.7%) and Suffolk (48.8%) averages.
During the period 2005-09 there were 282 premature deaths (deaths among persons under 75 years of age) per 100,000 population in Sudbury. This was higher than the Suffolk rate (242) and lower than the England rate (295). Between 2003-07 and 2005-09 the premature deaths rate decreased from 326 to 282 deaths per 100,000 population, similar to the changes in the England and Suffolk rate.

The crime rate in Sudbury between 2007-08 and 2009-10 was consistently higher than the Suffolk rate. The overall crime rate increased from 109 crimes per 1000 population in 2007-08 to 123 in 2009-10.
Employment structure in Sudbury

![Employment structure chart]

Source: ONS - Business Register and Employment Survey 2009

According to the 2009 Business Register and Employment Survey (BRES) the main employment sectors in Sudbury were distribution, hotels and restaurants (28.9%), public administration, education and health (20.5%), and manufacturing (26.5%). Compared to Suffolk there were higher levels of employment in manufacturing and distribution and lower levels of employment in all other sectors.

Lifestyle

The following provides prevalence estimates of lifestyle behaviours among adults in Sudbury (persons 16 years and over). The estimates were developed at a national level by examining the relationship between lifestyle behaviours and population characteristics such as deprivation, benefit claimants, occupation etc. This information was then combined to calculate local prevalence estimates based on the characteristics of the local population.

If there were 100 people in Sudbury

- 27 would be obese.
- 20 would smoke.
- 16 would binge drink.
- 29 would eat the recommended 5 pieces of fruit and vegetables more than 5 times per week.
- 21 would take part in the recommended 3 x 40 minutes of physical activity each week.
Sudbury

Sudbury Football Club

In 2009 AFC Sudbury received £50,000 capital funding from West Suffolk Local Strategic Partnership (WSLSP) which included an £8,300 contribution from Babergh Local Strategic Partnership.

The funding was towards the provision of community facilities at the football club which was extensively rebuilding on its site. The WSLSP funding helped to attract a further £850,000 and the building works were completed ahead of schedule and within budget.

The new facilities have attracted increased numbers of young people signing up, including two girls teams. A new programme has been introduced to help coach in local schools as well as targeting more girls to play football. Free coaching sessions are also being provided for 25-30 young people on Saturday mornings, in addition to regular sessions for people who are disabled or have special needs. To fill the gap between youth and reserve level the club has also introduced a Sudbury A Team to encourage young people who may not reach a higher standard to continue playing football. The club has been working with local junior and middle schools to provide girls’ coaching courses which culminated in a festival of football for all local schools held at Sudbury Upper School at the end of March.

Use by the wider community has also been extensive and other providers are making use of the facility to work with the local community. For example, AFC Sudbury now provides accommodation for a local Karate Club and a Salsa dancing club. West Suffolk Referees are running regular sessions either as an addition to the football or as an alternative. The club is also working with West Suffolk College to provide art and yoga classes and have a joint venture with Suffolk Leisure to provide health classes in term-time.

A Vice Presidents club has been established to keep elders and former volunteers involved at the club and to help support other groups using the facility. The club has also invested in a more user-friendly website to promote the full range of activities and facilities available.
The following case studies illustrate initiatives to improve community wellbeing, that are happening in other parts of the county.

Suffolk wide case studies

Further detail on these and other case studies in the report, can be found at www.suffolk.nhs.uk/aphr2011
Caribbean and African Healthy Living Project

The Director of Public Health is working with communities with poorer than average health outcomes in a number of ways, and two years ago established a community development model with the Bangladeshi community. The Caribbean and African community living in Suffolk are now leading a similar project. The Caribbean and African Healthy Living Project aims to improve health outcomes for individuals from Caribbean and African communities. Using community events, questionnaires and personal interviews, the community steering group has identified a series of activities such as courses on better health management of heart disease and diabetes, mental health workshops, exploration of young people’s health issues, agreeing mechanisms to improve access to talking therapies, health walks and pain management services.

Community Development Workers (funded by NHS Suffolk and run in partnership with Suffolk MIND and East Suffolk Advocacy Network) have a role in supporting, capacity building and mediating between Caribbean/African communities and NHS Suffolk. This has led to joint working between statutory and community services. A bi-monthly group brings together health professionals to talk through how to improve access and modify services to suit the two communities. Any learning or outcomes are fed back to the community in a quarterly report which is shared within the communities, ensuring people find out what has changed and how health services have responded to recommendations. Community Development Workers will continue to help this community to develop further.
Fit Villages

Fit Villages is a Suffolk Sport initiative which aims to get the rural population of Suffolk more physically active by using village facilities as a base for sporting and physical activity sessions.

The project focuses on how rural areas can present an opportunity rather than a barrier to accessing sport and physical activity, whilst supporting the local community to make fitness a central part of their village life.

This means that local people can get involved with an activity programme without transport, cost, time or environmental concerns.

The project also aims to safeguard local village halls, community centres and sports pitches which offer the space to allow a range of activity programmes to take place.

Testimonies

“We can confirm the success of the course which has been received and supported both enthusiastically and positively. We have been delighted with the advice and support offered by Suffolk Sport and at no time between conception and initiation of the course did we feel as if we were on our own.

Feedback and consistent participation tells us that this course is successful. Our members vary in age and include those who do not normally engage in sport, those of advancing age or those who have a disability. Some ladies even take part during their lunch break!

All agree that Mike, our instructor, is not only patient, but enthusiastic, constructive and encouraging. Many of the group feel that they would not only like the class to continue but also look forward to other similar activities at the village hall.”

Gill O’Connor and Jane Langley
St Edmunds Village Hall Management Committee

“The course was relatively easy to set up. The day and time we wanted for the class in the hall was free, the ladies of the village had been primed and were eager to start and Suffolk Sport were very helpful in finding us an excellent instructor, Amanda.

Amanda has consulted us at every turn and we feel that we are definitely benefiting from her careful adjustment of the work to suit us. It has been a most worthwhile project and we are all keen to keep it going after the funding stops.”

Liz Marzetti
Secretary of Kettleburgh Village Hall
Suffolk MIND wellbeing project

At seventeen locations across the county, Suffolk MIND’s Community Resource Service (CRS) provides support for people with concerns about their mental health and wellbeing.

Support groups are run alongside Direct Access: a one-to-one information, advice and guidance service. For those that choose to, CRS facilitators are on hand to help people identify goals to support their recovery. Facilitators are present at all support groups, where group members share coping strategies and focus on developing a positive atmosphere of mutual support.

As one group member explains: “I firmly thought I would never meet good, interesting and fun people again. But now, my fellow group members at Social Support and the Suffolk MIND staff have filled my life with fun, laughter and good conversation. We discuss and try to heal each other’s problems in a light hearted way.”

Other groups, such as Depression Support and Reading in Mind, focus on specific issues. Reading in Mind uses an innovative approach to building confidence and improving the cognitive skills which can help us to manage difficult feelings. Working in partnership with Suffolk Libraries, and unlike traditional book clubs, group members choose a book together and take turns to read paragraphs or chapters out loud: “I don’t think I had read out loud since I was at school and if I’m honest I was a bit nervous. I wasn’t the only one but once we got into it there was no turning back. By taking turns with us, the facilitators made sure there was no pressure on anybody. Looking back now, we are all surprised at how much our confidence has grown.”

The Community Resource Service also offers courses including Depression Management, Confidence and Self-Esteem, Anger Management and Anxiety Management. The courses aim to help people develop the skills they need to cope more effectively and to take control of their recovery. As a participant on the Anger Management was happy to report; “I’m living proof that things can change. I’ve learnt to manage anger and to get better outcomes. I don’t fly off the handle all the time and, more importantly, I’m starting to rebuild the relationships my anger had damaged in the past.”

If you, or somebody you know needs support with their mental wellbeing call 01473 230609 to book a Direct Access appointment.
Community Development Workers

Community Development Workers (CDWs) work alongside people from Black and Minority Ethnic (BME) communities, to build relationships with key people and organisations to help identify common concerns, for example, health inequalities.

CDWs work to promote change, signpost to local services, support existing services to engage more effectively with BME communities and assist local groups to build capacity within the health sector.

Chinese Community

Community Development Workers (CDWs) have worked with the Chinese community throughout 2010. During that time, they have worked together hosting health and wellbeing events and mental health awareness sessions highlighting stress and anxiety. Sessions were delivered in their own language which helped increase channels of communication between this community and statutory services.

Multicultural Women’s Group

This group emerged from a partnership approach between CDWs and local people. The group offers informal health and wellbeing support to a range of women from diverse communities. This has included stress and anxiety management, food and mood and healthy lifestyles sessions. There is also regular access to health trainer support.
Engaging with older people in Suffolk

Age UK Suffolk, through its local Talkabout forums and Voice service users’ panel, ensures that older people are able to express their views and influence service provision.

In 2010-11 over 500 people were involved in making recommendations on healthy ageing, falls prevention and the impact of loneliness on wellbeing.

Older people identified many barriers to healthy ageing. The Voice panel highlighted lack of awareness among paramedics of the ‘Pot in the Fridge’ (important personal information) scheme and problems accessing NHS dentists and podiatrists for people with limited mobility. The Talkabout forums resulted in two leisure centres offering chair-based exercise and Tai Chi classes; transport being provided to enable older people from Brandon to access the swimming pool at Mildenhall; and the county’s Falls Prevention team looking to develop a simple ‘falls risk assessment’ form for older people and their families to use in their homes, thereby reducing the risk of falls. Other recommendations still being developed include a customised ‘Eat Well’ plate and ‘Drink Well’ glass to encourage healthy eating and hydration.

The Talkabout and Voice projects help Suffolk’s older people to maintain control over their own independent and healthy lives and to have some influence over what is provided for them.
One of its biggest achievements is its leisure service which enables all disabled people to take part in a wide range of sport and leisure activities, including swimming, boccia, athletics and weightlifting.

In 2010-11 Optua celebrated the five year anniversary of setting up the Suffolk Disability Sport Academy by gaining the official 2012 Inspire Mark for its Disability Sport Showcase Days.

The Disability Sport Academy was inspired by the Paralympic Games coming to the UK and the opportunities this provides to encourage more disabled people to take up sport. Optua has now run eight showcase days across Suffolk. These have given hundreds of disabled people opportunities to try many different sports and go on to attend sports clubs regularly. In 2011 Optua is running its 9th and 10th Showcase Days in Bury St Edmunds and Lowestoft and has also launched a new DVD promoting disability sport in Suffolk.

In 2010 Optua initiated a new partnership project with the county council’s Countryside Team and Healthy Ambitions Suffolk to compile a guide of ‘easy access trails’ – countryside walks in Suffolk which are accessible and enjoyable to people of all abilities. Disabled volunteers have been researching the walks with the aim of choosing the most accessible to include in a publication later in 2011.
Age UK Suffolk, in partnership with Suffolk County Council, has been delivering a range of practical prevention services for older people and their family carers for seven years.

This group of services is: information (including a magazine mailed bi-annually to 13,000 individuals and 400 clubs) and general advice on ageing and retirement; financial benefits advice with home visits and practical help to get the allowances; independence advisors (assisting people beginning to struggle at home, by visiting and offering advice and practical support to maintain independent living); home visiting and telephone befriending; and community links (generating local support for local people).

What these services mean for older people is best described by them:

“I felt so ill and vulnerable when I phoned you, I had no idea of the help and support that would flow my way. It’s made such a difference.“

“I didn’t know what money I was entitled to. You were so helpful, I know I can come back with any other problems.”

“It is down to you that I am able to keep on living at home. I’m 92 and live alone.“

“My befriender is a breath of fresh air in what would otherwise be a dull and lonely life.“

“I’m enjoying the Club. We talked it through and you supported me - I wouldn’t have gone without you. Knowing I now have someone to call is an enormous weight off my mind.”

Multiply these comments by thousands, by seven years, then add on Age UK’s other support for older people and gain a sense of what can be achieved by modest funding applied early enough to make a long-term difference.
Good Neighbour Schemes

Suffolk ACRE presently supports 22 voluntary good neighbour schemes across Suffolk but there are others in different guises. These schemes enable the coordination of volunteers with local people needing assistance with simple everyday tasks.

In Suffolk ACRE’s schemes there are no charges and no age or needs qualification and the model is agile enough to suit local needs and resources. Some schemes in larger villages have more than 40 volunteers performing over 700 tasks per year, some may only be 10 people helping someone out two or three times a month. Some schemes also run lunch clubs, some are solely transport and some have branched into befriending schemes and social clubs.

The most common need is health related transport for doctor and hospital visits or transport to lunch clubs and organised social activities which is done by volunteer drivers with their own cars who are reimbursed between 35-45 pence per mile. On average about 50% of calls are for transport which reflects the great demand. Small household repairs, garden tidy-ups, form-filling, prescription collection, shopping, dog walking and befriending are other very common tasks.

The impact of these schemes on people’s health is significant because they can prevent mental and physical isolation which otherwise leads to more acute needs, and the confidence that a person will call-in if needed, enables older people to remain independent. The schemes’ volunteers and the support links they have are also effective at identifying needs beyond their remit and making referrals to more specialist services if required. Schemes enable people of all ages to volunteer and are popular with the newly retired as an opportunity to keep active while contributing to their community.
Transport and wellbeing

Improving community wellbeing is a key part of Suffolk County Council’s Local Transport Plan (LTP). By improving transport infrastructure and promoting alternatives to the car the LTP will reduce the negative and enhance the positive impacts of transport on communities and the individuals within them.

Suffolk County Council, supported by the Big Lottery Fund and DEFRA respectively, commissioned two companies, Sustrans and Socialdata, to undertake the personalised travel planning project TravelSmart in Lowestoft and Ipswich.

These results highlight the impact that can be achieved using a solely ‘soft’ approach, i.e. without the addition of physical improvements to infrastructure or services. By simply providing motivational information to residents they were actively found to choose alternatives, in particular by either cycling or walking. As well as the direct health benefits of more regular daily activity as part of an everyday active lifestyle, other benefits include greater levels of interaction as residents are able to meet each other while walking or cycling around their neighbourhoods. Reduced levels of stress have also been found to be associated with travelling to work by walking and cycling.

The Lowestoft project, which ran during 2008 and 2009, targeted 25,000 households, effectively covering the entire town. Throughout the project duration almost 123,500 items of information, rewards and incentives were distributed to approximately 13,000 households. These acted as motivational tools for residents to try different modes of transport, ranging from providing a map of cycle routes in the town to the provision of a free weekly bus pass.

Research following the completion of the project found the following changes in trips per person per year:

<table>
<thead>
<tr>
<th>Trips per person per year</th>
<th>Prior to project</th>
<th>Following project</th>
<th>Relative change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>217</td>
<td>259</td>
<td>19</td>
</tr>
<tr>
<td>Bicycle</td>
<td>43</td>
<td>51</td>
<td>19</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>11</td>
<td>9</td>
<td>n/a</td>
</tr>
<tr>
<td>Car as driver</td>
<td>467</td>
<td>408</td>
<td>-13</td>
</tr>
<tr>
<td>Car as passenger</td>
<td>217</td>
<td>212</td>
<td>-2</td>
</tr>
<tr>
<td>Public transport</td>
<td>46</td>
<td>63</td>
<td>37</td>
</tr>
</tbody>
</table>

The Ipswich project, which ran during 2010, targeted 17,000 households, covering most of the central area and extending as far as Rushmere, Castle Hill and Stoke Park. Following the completion of the project the following changes in trips per person per year were found:

<table>
<thead>
<tr>
<th>Trips per person per year</th>
<th>Prior to project</th>
<th>Following project</th>
<th>Relative change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>300</td>
<td>305</td>
<td>2</td>
</tr>
<tr>
<td>Bicycle</td>
<td>20</td>
<td>31</td>
<td>55</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Car as driver</td>
<td>412</td>
<td>368</td>
<td>-11</td>
</tr>
<tr>
<td>Car as passenger</td>
<td>202</td>
<td>194</td>
<td>-4</td>
</tr>
<tr>
<td>Public transport</td>
<td>52</td>
<td>68</td>
<td>31</td>
</tr>
</tbody>
</table>

For more information about Suffolk travel plans visit [www.suffolktravelplans.com](http://www.suffolktravelplans.com)
Suffolk Family Carers supports the LGB and T community

Suffolk Family Carers works hard to reach the estimated 98,000 unpaid family carers living in Suffolk and offer them information, advice and guidance as well as support and “low-level” advocacy services. We also work with family carers to influence services and local and national policy.

We recognise that some communities face added barriers to accessing much needed services. Research in 2009 evidenced family carers from the Lesbian, Gay, Bisexual and Transgender (LGB and T) Community are one such community. We received funding from the Time for You project to ensure LGB and T family carers are reached and included in the development of services.

Suffolk Family Carers had been successfully delivering Caring with Confidence sessions; a knowledge and skills-based programme for family carers in the region. We decided to offer the same programme specifically for LGB and T family carers and when we promoted this opportunity we were contacted by 32 LGB and T family carers. We covered the costs for someone of their choice to be with the person they care for so they could attend sessions with peace of mind.

The sessions provided an opportunity for family carers to realise that they are not alone in their experiences: they could share openly their experiences and challenges as a family carer in a confidential, safe and comfortable environment. It also led to family carers making new friends and thus relieving their isolation as well as learning where to go for information plus useful strategies to enable them to cope more effectively.
“The course enables me to be aware of my needs and mental wellbeing.”

“Thank you for organising and persuading me to attend the Caring with Confidence sessions. I have never attended anything like this before and try to avoid talking to people about my home life and caring role due to the awkward situation that often seems to arise when it suddenly dawns on people that my partner is the same sex as me! So it has been great to be able to talk to other people in the same situation as myself and although it has often been a battle to get to the meetings on time, I have always left feeling more positive about things.”

“I contacted SFC last year about a flyer I saw at my work place with information about the LGB and T Caring with Confidence sessions. I made the phone call and we discussed the sessions and I felt at ease talking about my son being gay and bi polar and his use of recreational drugs. I was given contact numbers and information which has been helpful to me and my son. I now find myself caring more for my son. At present I am attending the Caring with Confidence sessions. Being transgendered myself, and my son being gay, things haven’t been easy. The information sessions have given me a direction. It’s been wonderful to meet people like myself caring for loved ones.”

For more information on this project, including a full report, please contact Liz Peck at Suffolk Family Carers liz.peck@suffolkfamilycarers.org www.suffolkfamilycarers.org or call our Helpline on 08442253099 Monday - Friday, 9am - 4pm
<table>
<thead>
<tr>
<th>Theme</th>
<th>Domain</th>
<th>Description</th>
<th>Time period</th>
<th>Original Source</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>Education</td>
<td>% of 16 to 18 years olds not in education, employment or training</td>
<td>2009-10</td>
<td>Suffolk Connexions</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Education</td>
<td>GCSE achievement - proportion of students achieving 5 A* to C grades including English and mathematics</td>
<td>2008-09</td>
<td>ONS Neighbourhood Statistics</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Education</td>
<td>Percentage of pupils aged 4 to 16 years persistently absent from school</td>
<td>2010</td>
<td>Suffolk County Council</td>
<td>Persistent absence is defined as those pupils absent for 64 or more sessions during the school year (20% overall absence).</td>
</tr>
<tr>
<td>Self</td>
<td>Education</td>
<td>Proportion of pupils achieving a good level of development at age 5</td>
<td>2009</td>
<td>ONS Neighbourhood Statistics</td>
<td>Good level of development is defined as pupils scoring 6 points or more across all seven assessment scales of personal, social and emotional development (PSE) and communication, language and literacy areas of learning (CLL) and scoring 78 or more points across all scales of the early years foundation stage profile.</td>
</tr>
<tr>
<td>Self</td>
<td>Education</td>
<td>Proportion of pupils achieving Level 4+ in both English and mathematics at key stage 2 (11 year olds)</td>
<td>2008-09</td>
<td>ONS Neighbourhood Statistics</td>
<td>At the end of key stage 2 pupils aged 11 years old are tested as part of the National Curriculum Tests, known as SATs.</td>
</tr>
<tr>
<td>Self</td>
<td>Health</td>
<td>Self reported health</td>
<td>2009</td>
<td>Place Survey</td>
<td>As part of the Place Survey participants were asked “How is your health in general? Would you say it is …” The indicator is based on the % of respondents who rated their health as very good or good.</td>
</tr>
<tr>
<td>Self</td>
<td>Health</td>
<td>Life expectancy at birth</td>
<td>2005-09</td>
<td>NHS Suffolk</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Health</td>
<td>Premature deaths (deaths before the age of 75 years)</td>
<td>2005-09</td>
<td>NHS Suffolk</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Health</td>
<td>Emergency hospital admissions rate</td>
<td>2006-08</td>
<td>NHS Suffolk</td>
<td>An emergency hospital admission is where a patient is admitted to hospital at short notice due to urgent need for hospital treatment.</td>
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<tr>
<td>Self</td>
<td>Health</td>
<td>Planned hospital admission rate</td>
<td>2006-08</td>
<td>NHS Suffolk</td>
<td>A planned hospital admission is where a patient is given a hospital admission date in advance for treatment as part of a planned sequence of care.</td>
</tr>
<tr>
<td>Self</td>
<td>Material wellbeing</td>
<td>Proportion of working age population in receipt of incapacity benefit / severe disablement benefit</td>
<td>2009-10</td>
<td>Department of Work and Pensions</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Material wellbeing</td>
<td>Proportion of working age population in receipt of income support</td>
<td>2009-10</td>
<td>Department of Work and Pensions</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Material wellbeing</td>
<td>Proportion of working age population on benefits</td>
<td>2009-10</td>
<td>Department of Work and Pensions</td>
<td></td>
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<tr>
<td>Self</td>
<td>Material wellbeing</td>
<td>Proportion of 16 to 24 year olds on benefits</td>
<td>2009-10</td>
<td>Department of Work and Pensions</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Material wellbeing</td>
<td>Proportion of 50+ year olds on benefits</td>
<td>2009-10</td>
<td>Department of Work and Pensions</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Material wellbeing</td>
<td>Average weekly household total income estimate</td>
<td>2007-08</td>
<td>ONS Neighbourhood Statistics</td>
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<tr>
<td>Supports</td>
<td>Strong and stable families</td>
<td>Proportion of working age population on lone parent benefits</td>
<td>2009-10</td>
<td>Department of Work and Pensions</td>
<td></td>
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<tr>
<td>Supports</td>
<td>Strong and stable families</td>
<td>Proportion of working age population on carers benefits</td>
<td>2009-10</td>
<td>Department of Work and Pensions</td>
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<tr>
<td>Systems and structure</td>
<td>Crime and antisocial behaviour</td>
<td>Proportion of residents who felt safe outside during the night</td>
<td>2009</td>
<td>Place Survey</td>
<td></td>
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<tr>
<td>Systems and structure</td>
<td>Crime and antisocial behaviour</td>
<td>Proportion of residents who felt safe outside during the day</td>
<td>2009</td>
<td>Place Survey</td>
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<td>Crime and antisocial behaviour</td>
<td>Proportion of residents who felt safe outside during the day</td>
<td>2009</td>
<td>Place Survey</td>
<td></td>
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<tr>
<td>Systems and structure</td>
<td>Crime and antisocial behaviour</td>
<td>Total crime rate</td>
<td>Apr 2010 to Feb 2011</td>
<td>Suffolk Constabulary</td>
<td></td>
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<tr>
<td>Systems and structure</td>
<td>Crime and antisocial behaviour</td>
<td>Violent crime rate</td>
<td>Apr 2010 to Feb 2011</td>
<td>Suffolk Constabulary</td>
<td></td>
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<tr>
<td>Systems and structure</td>
<td>Crime and antisocial behaviour</td>
<td>Burglary rate</td>
<td>Apr 2010 to Feb 2011</td>
<td>Suffolk Constabulary</td>
<td></td>
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<tr>
<td>Systems and structure</td>
<td>Crime and antisocial behaviour</td>
<td>Criminal damage rate</td>
<td>Apr 2010 to Feb 2011</td>
<td>Suffolk Constabulary</td>
<td></td>
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<tr>
<td>Systems and structure</td>
<td>Infrastructure and belonging</td>
<td>Proportion of population who can access their nearest primary school in 15 minutes by public transport or walking</td>
<td>2009</td>
<td>Department for Transport (DfT)</td>
<td></td>
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<tr>
<td>Systems and structure</td>
<td>Infrastructure and belonging</td>
<td>Proportion of population who can access their nearest GP practice in 15 minutes by public transport or walking</td>
<td>2009</td>
<td>Department for Transport (DfT)</td>
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<tr>
<td>Systems and structure</td>
<td>Infrastructure and belonging</td>
<td>Average travel time to nearest further education establishment in 15 minutes by public transport or walking</td>
<td>2009</td>
<td>Department for Transport (DfT)</td>
<td></td>
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<tr>
<td>Systems and structure</td>
<td>Infrastructure and belonging</td>
<td>Overall satisfaction with local area as place to live</td>
<td>2009</td>
<td>Place Survey</td>
<td></td>
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<tr>
<td>Systems and structure</td>
<td>Infrastructure and belonging</td>
<td>Overall satisfaction with home as place to live</td>
<td>2009</td>
<td>Place Survey</td>
<td></td>
</tr>
<tr>
<td>Systems and structure</td>
<td>Infrastructure and belonging</td>
<td>Feeling of belonging to immediate neighbourhood</td>
<td>2009</td>
<td>Place Survey</td>
<td></td>
</tr>
<tr>
<td>Systems and structure</td>
<td>Infrastructure and belonging</td>
<td>The proportion of households that were fuel poor in 2008</td>
<td>2008</td>
<td>Department of Energy and Climate Change</td>
<td></td>
</tr>
</tbody>
</table>

As part of the Place Survey participants were asked to rate their “Overall satisfaction with local area as a place to live.” The indicator is based on the average score for respondents (1 = very satisfied and 5 = very dissatisfied).

As part of the Place Survey participants were asked to rate their “Overall satisfaction with your home as a place to live.” The indicator is based on the average score for respondents (1 = very satisfied and 5 = very dissatisfied).

As part of the Place Survey participants were asked to rate “How strongly do you feel you belong to your immediate neighbourhood?” The indicator is based on the average score for respondents (1 = very satisfied and 5 = very dissatisfied).

A fuel poor household is one that cannot afford to keep adequately warm at reasonable cost. Adequate standards for warmth are defined as 21°C in the living room and 18°C in the other occupied rooms. The definition of a fuel poor household is one that needs to spend more than 10% of its income on all fuel used to heat its home to an adequate standard of warmth.
As part of the Place Survey participants were asked “In the past twelve months have you...been a member of a tenants’ group decision-making committee?” The indicator is based on the proportion of those who reported that they had.

As part of the Place Survey participants were asked “In the past twelve months have you...been a member of a decision-making group set up to tackle local crime problems?” The indicator is based on the proportion of those who reported that they had.

As part of the Place Survey participants were asked “In the past twelve months have you...been a member of a decision-making group on a regeneration project?” The indicator is based on the proportion of those who reported that they had.

As part of the Place Survey participants were asked “In the past twelve months have you...been a member of a decision-making group making decisions on local health or education services?” The indicator is based on the proportion of those who reported that they had.

As part of the Place Survey participants were asked “In the past twelve months have you...given unpaid help to any groups / clubs / organisations?” The indicator is based on the proportion of those who reported that they had.
<table>
<thead>
<tr>
<th>Systems and structure</th>
<th>Local economy</th>
<th>Access to employment (% of population within 20 minute journey by public transport, cycling and walking</th>
<th>2009</th>
<th>Department for Transport (DfT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems and structure</td>
<td>Local economy</td>
<td>Number of job vacancies in local area</td>
<td>2010</td>
<td>ONS Neighbourhood Statistics</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>The indicator is based on the rate of job centre vacancies per 1000 working age population. This was based on the number of job centre vacancies for the target ward and mid-2009 ONS working age population estimates.</td>
</tr>
<tr>
<td>Systems and structure</td>
<td>Public services</td>
<td>Proportion of residents who are satisfied with local police force</td>
<td>2009</td>
<td>Place Survey</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>As part of the Place Survey participants were asked to rate their “Overall satisfaction with your local police force.” The indicator is based on the % of respondents who were very satisfied or fairly satisfied with the service.</td>
</tr>
<tr>
<td>Systems and structure</td>
<td>Public services</td>
<td>Proportion of residents who are satisfied with local fire services</td>
<td>2009</td>
<td>Place Survey</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>As part of the Place Survey participants were asked to rate their “Overall satisfaction with your local fire and rescue services.” The indicator is based on the % of respondents who were very satisfied or fairly satisfied with the service.</td>
</tr>
<tr>
<td>Systems and structure</td>
<td>Public services</td>
<td>Proportion of residents who are satisfied with local GP</td>
<td>2009</td>
<td>Place Survey</td>
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<td></td>
<td></td>
<td></td>
<td>As part of the Place Survey participants were asked to rate their “Overall satisfaction with your local GP.” The indicator is based on the % of respondents who were very satisfied or fairly satisfied with the service.</td>
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<td>Proportion of residents who are satisfied with local hospital</td>
<td>2009</td>
<td>Place Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>As part of the Place Survey participants were asked to rate their “Overall satisfaction with your local hospital.” The indicator is based on the % of respondents who were very satisfied or fairly satisfied with the service.</td>
</tr>
</tbody>
</table>

Further information on indicators and how they were calculated can be found on the Suffolk Observatory website at [http://www.suffolkobservatory.info](http://www.suffolkobservatory.info)
Age-standardised mortality rates – are calculated to compensate for the fact that men and women have different death rates that also vary by age. Age standardisation allows valid comparison of mortality rates in different populations with different age distributions.

Boccia – is a Paralympic sport for athletes with disabilities that have a major impact on motor skills. Boccia is a target ball sport belonging to the same family as petanque and bowls.

Civil society – there is no generally accepted definition of civil society. CIVICUS: World Alliance for Citizen Participation, has adopted the following definition as a means of dealing with this issue “the arena, outside of the family, the state, and the market where people associate to advance common interests.”

Gross domestic product – refers to the market value of all final goods and services produced within a country in a given period. It is often considered an indicator of a country’s standard of living.

Index of Multiple Deprivation – deprivation relates to poverty, disadvantage and ill health. Currently deprivation is measured by the English Indices of Deprivation 2007 (ID 2007). In ID 2007 deprivation at a local level is measured by an Index of Multiple Deprivation which combines data from seven deprivation domains (income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services, crime, living environment deprivation) to produce an overall index of deprivation.

Latitude Festival – is an annual music festival that takes place in Henham Park, Southwold, Suffolk. It was first held in July 2006. Latitude is said to be similar to continental European festivals; as well as a comprehensive bill of musicians, bands and artists across four stages, the festival comprises elements of theatre, art, comedy, cabaret, poetry, politics, dance and literature.

Place Survey – is a survey of local people’s views, experiences and perceptions about how well government priorities are being delivered by local government and local government partnerships.

Prevalence – The total number of cases of a disease/behaviour in a given population at a specific time.

Premature deaths – is defined as deaths occurring before age 75 years.

Quality status – The Quality Parish and Town Council Scheme was launched in 2003 following the Government’s Rural White Paper, 2000. The aim of the Scheme is to provide benchmark minimum standards for parish and town councils. In order to achieve Quality Status, parish and town councils must demonstrate that they have reached the standard required by passing several tests.

Statistical significance – this is the likelihood that a finding or a result is caused by something other than just chance.
Acknowledgements

I would like to thank all of the contributors to this report, including those who provided case studies and information for the introductions to the profiles, as well as those who directly helped its production. Additionally my thanks go to the many colleagues, community groups and voluntary agencies that commented on the text and provided invaluable feedback.