A health profile of Norfolk

Director of Public Health Annual Report 2018
Director of Public Health Annual Report 2018

- Undertaken in accordance with NHS Act 2006 and the Health and Social Care Act 2012
- Based on the PHE Health Profile for England it summarises and interprets current health trends in Norfolk
- Coincides with our publication of Norfolk’s Joint Health and Wellbeing Strategy.
- Informs the actions we could take as a local system to respond to new patterns of needs
The Health of Norfolk

Life expectancy
Changes in Norfolk population

- **40% increase** in people aged 65+ mostly in those aged 75+
- **3% increase** in people of working age
- **5% increase** in children & young people

*Forecast change in the norfolk population. (Source: Office for National Statistics).*
Trend in Life Expectancy

Source: Public Health England, Outcomes Framework
Healthy life expectancy

Source: Public Health England, Outcomes Framework
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Causes of death?
Deaths in Norfolk 2006-2017

Total deaths in Norfolk 2006-2017. (Source: Primary Care Mortality Database)
Deaths by age & gender, Norfolk 2016

Norfolk deaths in 2016 by age band

Source: Office for National Statistics
Trends in causes of death (males)

Norfolk 2006 - 2016. (Source: Primary Care Mortality Database)
Trends in causes of death (females)

Norfolk 2006-2016. (Source: Primary Care Mortality Database)
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What is making us ill?
**Major causes of illness**

Data for Norfolk to be published shortly by PHE – likely to be very similar.

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**East of England**

*Both sexes, All ages, YLDs per 100,000*

<table>
<thead>
<tr>
<th>1990 rank</th>
<th>2016 rank</th>
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<tbody>
<tr>
<td>1 Low back &amp; neck pain</td>
<td>1 Low back &amp; neck pain</td>
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<tr>
<td>2 Skin diseases</td>
<td>2 Sense organ diseases</td>
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<td>3 Sense organ diseases</td>
<td>3 Skin diseases</td>
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<tr>
<td>4 Depressive disorders</td>
<td>4 Migraine</td>
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<tr>
<td>5 Migraine</td>
<td>5 Depressive disorders</td>
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</tbody>
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Causes of disability by age group

YLD per 100,000 population

- Other non-communicable diseases
- Neurological disorders
- Cardiovascular diseases
- Unintentional injuries
- Musculoskeletal disorders
- Diabetes, urogenital, blood, and endocrine diseases
- Neoplasms
- Mental disorders
- Other

Morbidity by age group and top 8 broad causes, persons (YLDs per 100,000 population), GBD 2016.
Risk factors for ill health and death

- Dietary risks
- Tobacco
- Low physical activity
- Alcohol and drug use
- High systolic blood pressure
- High body-mass index
- High total cholesterol
- High fasting plasma glucose
- Impaired kidney function
- Air pollution

Percentage attribution of risk factors to causes of death
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Health inequalities
Life expectancy & healthy life expectancy by district

Males

Females
Risk factors by deprivation

The prevalence of risk factors varies across upper tier local authorities grouped into deprivation deciles, whereby the least deprived areas had the lowest prevalence of risk factors.

Smoking
- 10 - least deprived
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 - most deprived

<5 fruits and vegetables a day

Inactive

Excess weight

Percentage of adults

Source: Public Health Outcomes Framework
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Looking forward
In conclusion

An increasing number of people are: elderly, have multiple illnesses, and need care and support as they become frail in extreme old age.

We may be seeing life expectancy stalling, and healthy life expectancy decreasing.

Common causes of death such as heart disease are decreasing, replaced with conditions such as dementia.

Preventable behavioural risk factors have an important impact on ill health.
Looking Forward

The way current services are organised with emphasis on clinical specialisms are not well designed to deal with the complex needs of patients.

Current models of service provision and end of life care focussed in specialist hospital settings are unlikely to be sustainable.

Health improvement services need to be targeted to provide a more holistic approach for an individual with multiple risk factors, focussed in local areas of highest need.
Director of Public Health
Annual Report 2018

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The total population of Norfolk is increasing.

Most of the increase in population will be in the older age groups, especially in those aged 65 and over.
Life expectancy has been rising, but this increase may now be stalling.

There is a significant period where people are living in poor health and this has increased recently for women.

From the age of 65 years, on average people will spend about half of their remaining years with ill health.
What are we dying from?

As our population increases and ages, we are seeing drops in death rates but increases in the total number of deaths.

Most deaths are in the older old age groups and associated with frailty conditions such as dementia.

This changing pattern of health and care needs has significant implications for delivery of health services.
What is making us ill?

Leading causes of disability and ill health are back pain, eyesight and hearing problems, skin disorders, migraines, and depression.

These conditions constitute a significant proportion of health and care service needs.

As our population ages, having several illnesses is becoming more common - making care needs more complex.

Mental health conditions especially depression and anxiety constitute a significant burden of ill health.
Risk factors

Preventable behavioural risk factors have an important impact on ill health

Of concern are our rates of smoking, poor diet, and alcohol consumption

High blood pressure is the third leading risk for deaths and disability in Norfolk

Lifestyle risk factors cluster in people living in deprivation
Health inequalities

- Life expectancy is lower in more deprived areas.
- Nearly 14 years difference in life expectancy for women in areas of West Norfolk and Broadland.
- Just over 13 years difference for men in areas of Great Yarmouth compared to areas of South Norfolk.