A health profile of Norfolk

Director of Public Health Annual Report 2018





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- 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



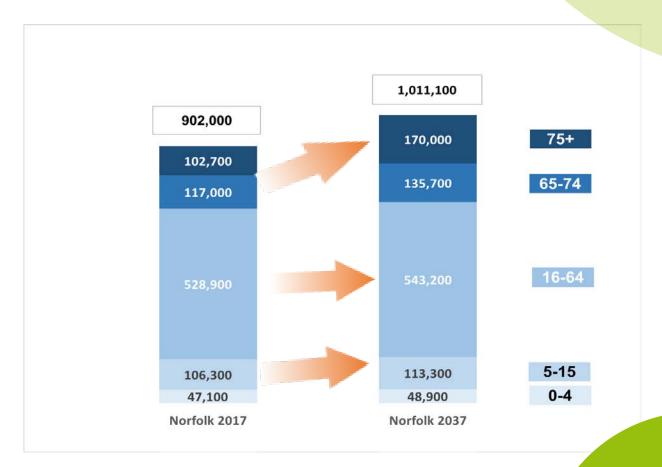


Changes in Norfolk population

40% **increase** in people aged 65+ mostly in those aged 75+

3% **increase** in people of working age

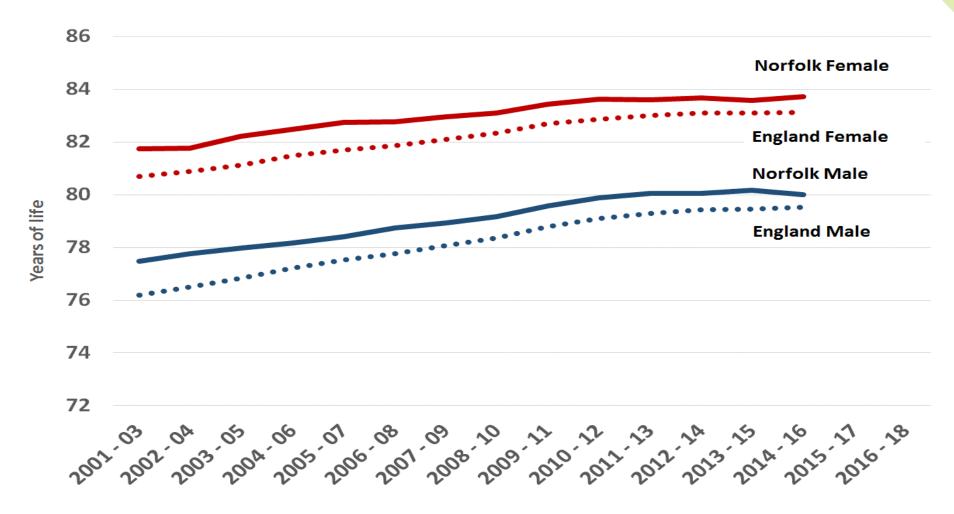
5% **increase** in children & young people



Forecast change in the norfolk population. (Source: Office for National Statistics).

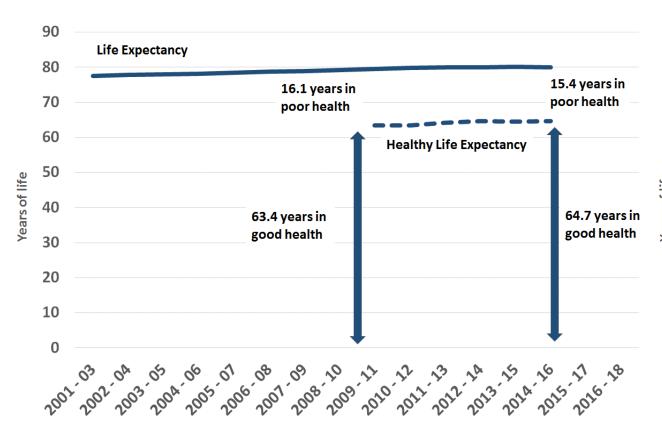


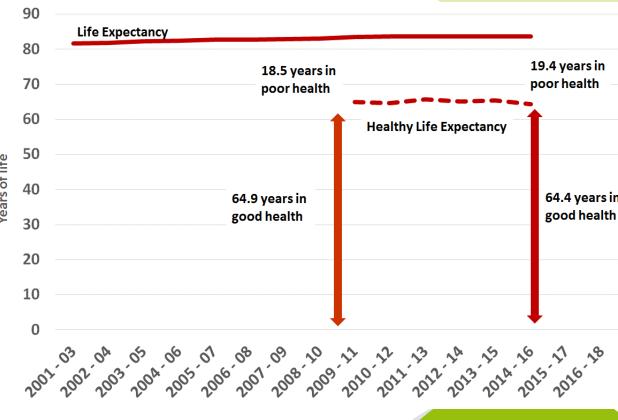
Trend in Life Expectancy





Healthy life expectancy





Male Female



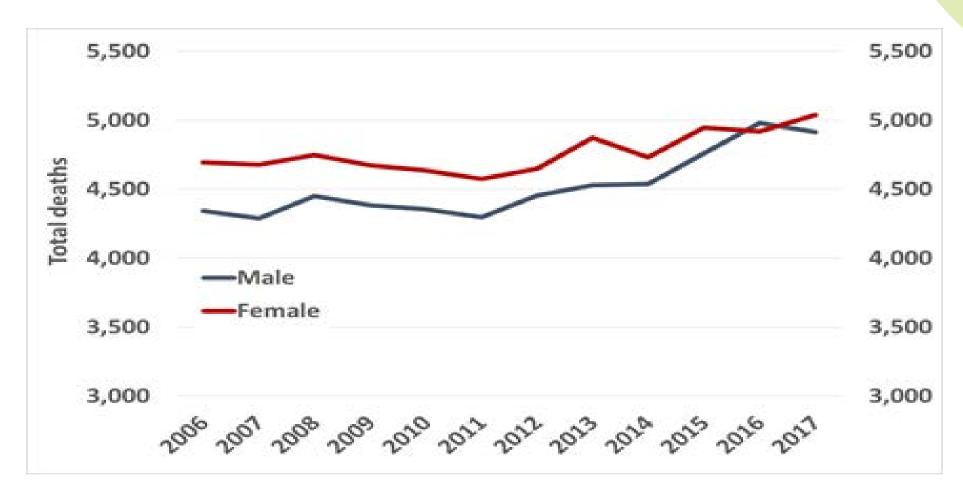
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Causes of death?



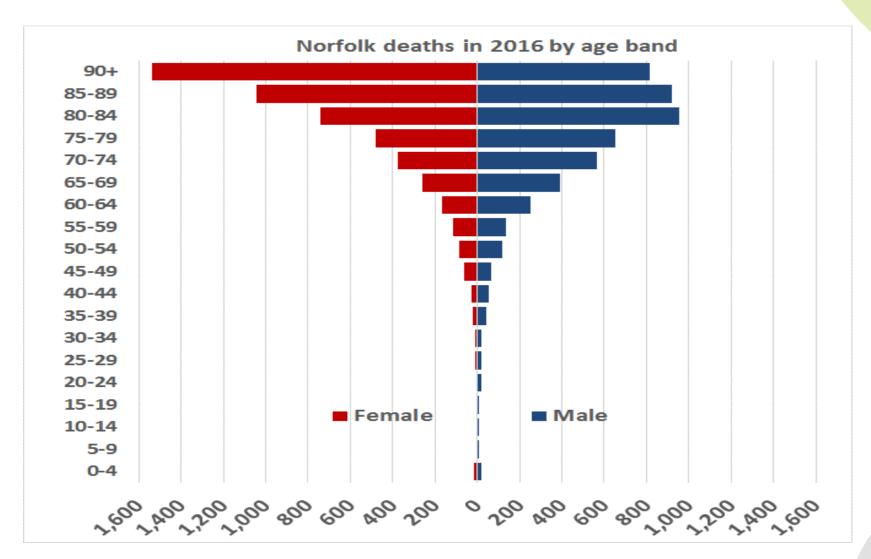


Deaths in Norfolk 2006-2017



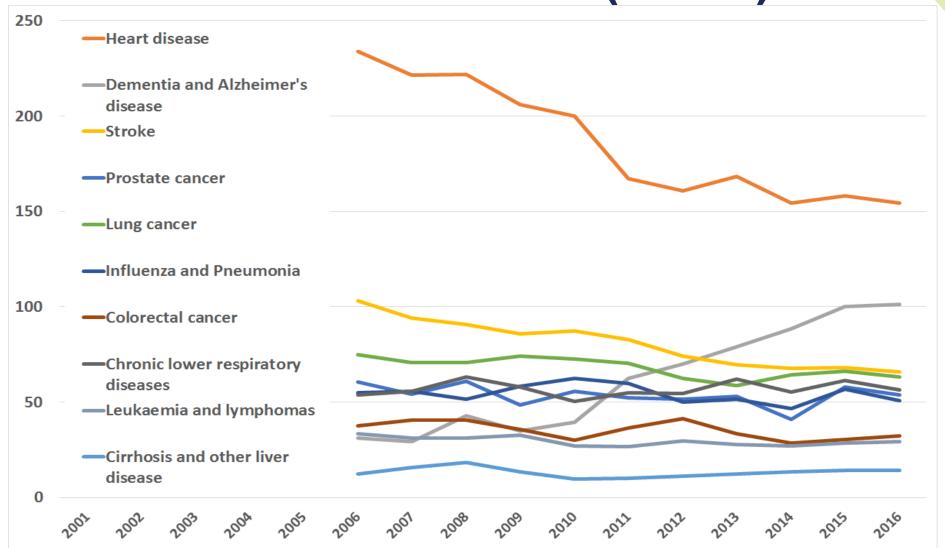
Total deaths in Norfolk 2006-2017. (Source: Primary Care Mortality Database)

Deaths by age & gender, Norfolk 2016



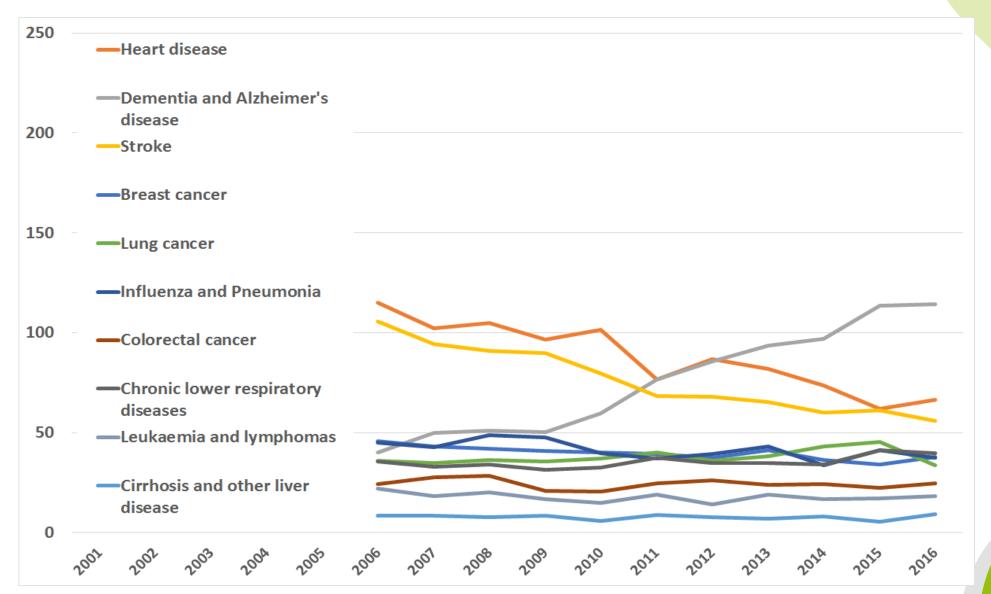


Trends in causes of death (males)





Trends in causes of death (females)





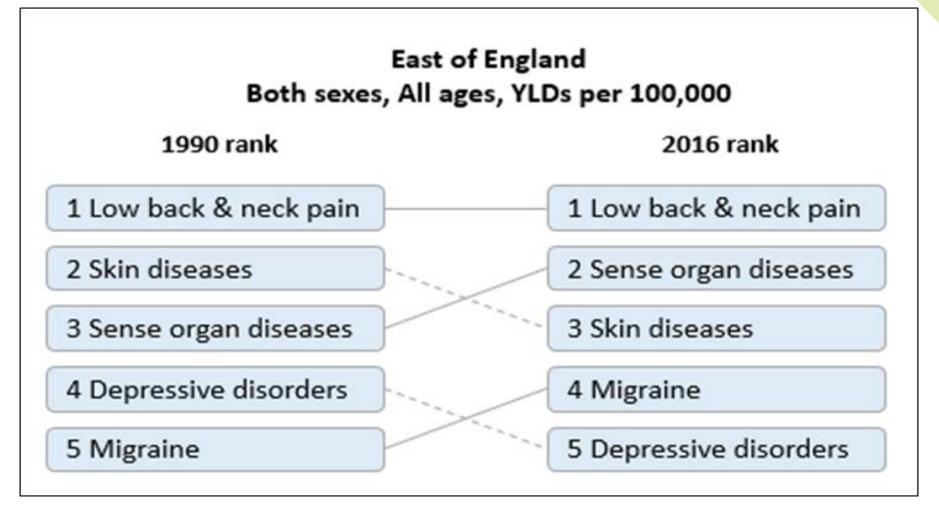
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What is making us ill?



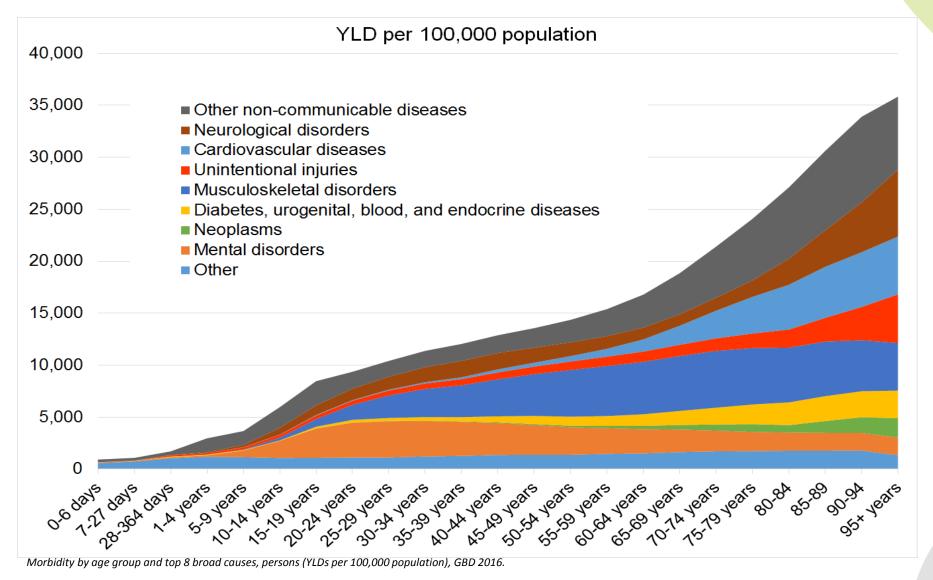


Major causes of illness



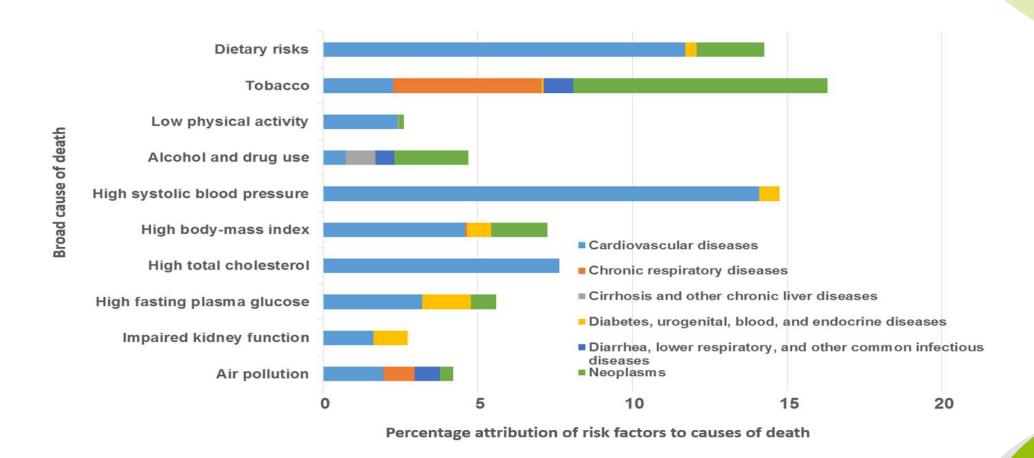


Causes of disability by age group





Risk factors for ill health and death





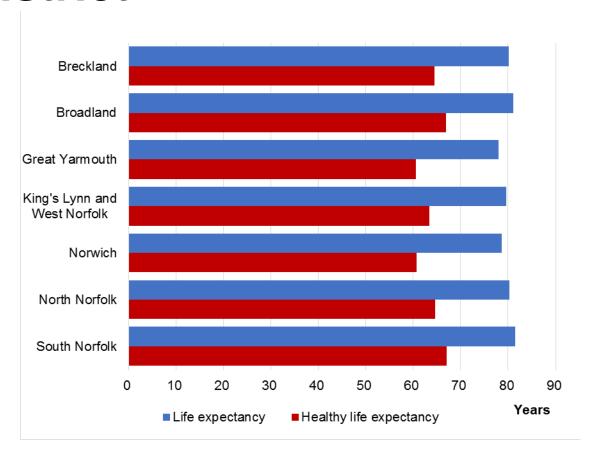
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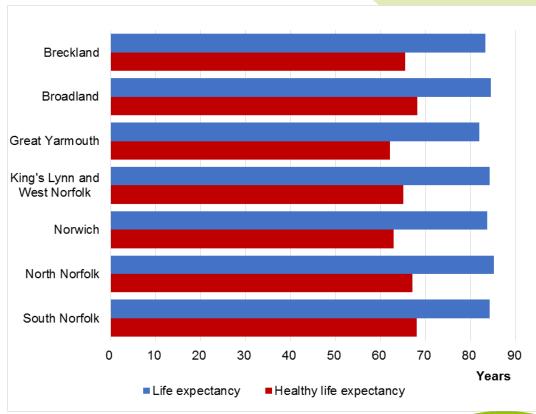
Health inequalities





Life expectancy & healthy life expectancy by district



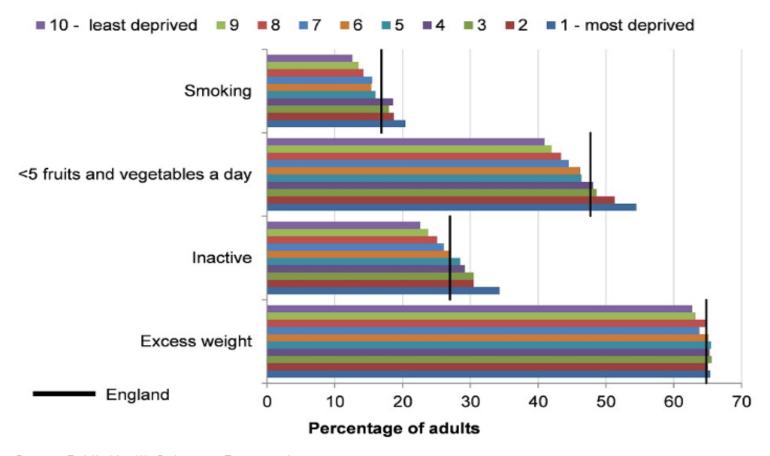


Females



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





The Health of Norfolk

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



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Text for slides above Population

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

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

