Norfolk’s Joint Strategic Needs Assessment (JSNA) is an assessment of our current and future health and wellbeing needs. It includes information on a wide range of issues that affect our wellbeing, including how fit and well we are, the way we live, and issues relating to the environment we live in. The JSNA is published as an online information source available at - norfolkinsight.org.uk/jsna

This is a summary of some of the key facts from the JSNA and gives a picture of health and wellbeing in Norfolk. We have presented the information by life-stages, setting out some of the main issues affecting people’s health and wellbeing at each stage.

The priorities are:

- Starting Well – Promoting the social and emotional wellbeing of pre-school children
- Living Well – Reducing obesity
- Ageing Well – Making Norfolk a better place to live for people with dementia and their carers

These priorities will help clinical commissioning groups and local authorities when they buy health and care services for the public. Find out more information on the Health and Wellbeing Strategy at - www.norfolkambition.gov.uk/Health_and_Wellbeing_in_Norfolk
POPULATION INFOGRAPHIC

OVERVIEW
Norfolk is a large rural county comprising of...

- 372,100 households
- 551,000 hectares
- 865,300 people


RURAL-URBAN [2012]

- 40% of Norfolk’s population live in the four urban areas of Norwich, Great Yarmouth, King’s Lynn and Thetford
- While most of Norfolk looks rural, almost half of residents live in an environment classed as urban

Source - ONS, mid-2012

ETHNICITY [2011]

- 3.5% of Norfolk’s population have an ethnic group other than white

Highest
Norwich (9.2%)

Lowest
North Norfolk (1.4%)

Source - ONS, 2011 Census

WELLBEING [2012/13]

- How happy did you feel yesterday?
- Happiest: South Norfolk (7.59)
- Unhappiest: Great Yarmouth (7.28)

Source - ONS Personal wellbeingsurvey 2012/13

POPULATION PROJECTION [2011-2021]

+8.7%
Norfolk’s population is expected to grow by around 74,600 in the decade to 2021

Source - ONS, 2011-based interim sub-national projections
CHILDREN & FAMILIES

INFographic

POPULATION [2012]

21.54% of Norfolk’s population aged 0-19
[23.94% in England]
Highest numbers of children
King’s Lynn and West Norfolk
Norwich
Lowest numbers of children
North Norfolk
Great Yarmouth

Source - ONS mid-2012

ATTAINMENT [2009/10]

50.2% of Foundation Stage pupils achieving a good level of development in Norfolk
[56.0% in England]
We need to focus on Early Years as issues in early life such as low attainment can adversely impact on future life chances.
Source - Director of Public Health Report 2012

CHILDREN IN LOW INCOME FAMILIES [2011]

17.3% of Norfolk’s children live in low income families
[20.1% in England]
Highest levels
Norwich
Great Yarmouth
Lowest levels
Broadland
South Norfolk

Source - HMRC 2011

CRIME [2012/13]

44 Crimes per 1,000 people in Norfolk
64 Crimes per 1,000 people in England

Norfolk remains one of the safest places in the country

Source - ONS Apr 12 - Mar 13

OBESITY [2012/13]

Around 1 in 10 Norfolk children in Reception is obese (8.8%)

[9.3% in England]

Around 1 in 5 Norfolk children in Year 6 is obese (18.6%)

[18.9% in England]

Being obese or overweight in childhood leads to increased risk of cancer, diabetes and other causes of avoidable ill-health.
Source - National Child Measurement Programme 2012/13
WORKING AGE INFOGRAPHIC

POPULATION [2012]

60.7% of Norfolk’s population aged 16-64

[64.1% in England]

With an ageing population in Norfolk, there may be fewer working age people to pay for services needed.

Source - ONS mid-2012

EMPLOYMENT [2012]

74.8% of working age residents in Norfolk are employed

[70.9% in England]

There are good employment opportunities in Norfolk including the public sector, wholesale and retail trades, manufacturing, tourism related business, agriculture and engineering.

Source - NCC Norfolk Economic Intelligence Report Q4 2013

PHYSICAL ACTIVITY [2012/13]

Almost 1 in 3 adults in Norfolk take part in 30 minutes, moderate intensity sport at least once a week (31.7%)

Most Active
South Norfolk (34.7%)

Least Active
Breckland (27.9%)

[England 35.7%]

Physical activity plays a major part in preventing health problems, and helps with maintaining a healthy weight and mental wellbeing.

Source - Sport England, Active People Survey 7, 2012/13

HEART DISEASE AND STROKE [2009/11]

Just over 5 in 10 thousand people in Norfolk aged under 75 suffer an early death due to heart disease and stroke (53.3 per 100,000 population)

[England 60.9 per 100,000 population]

Healthier lifestyles would cut the rate of early deaths from heart disease and stroke.

Source - Public Health England – Norfolk Health Profile 2013

GENERAL HEALTH [2009/11]

The health of people in Norfolk is generally better than the England average. Life expectancy for men and women is higher – although it is 5.8 years lower for men and 1.9 years lower for women in the most deprived areas of Norfolk than in the least deprived areas.

Norfolk 79.7

England 78.9

Life Expectancy

Norfolk 83.6

England 82.9

Life Expectancy

Source – Public Health England – Norfolk Health profile 2013
OLDER PEOPLE
INFOGRAPHIC

POPULATION [2011-21]
Norfolk’s population aged 65+ is projected to grow…

1 in 4 aged 65+ by 2021 (25%)

Source - ONS, 2011-based interim sub-national projections

+40.4% growth aged 85+ by 2021
+26.7% growth aged 75-84 by 2021
+19.4% growth aged 65-74 by 2021

85+
75-84
65-74

DEMENTIA [2009]
Many cases of dementia are not recorded by GPs, especially mild dementia, and the proportion of hospital admissions for the over 65s with a comorbidity of dementia is increasing...

13,740
15,730
18,240
2012
2017
2022
Source - POPPI and PANSI 2009

EXCESS WINTER DEATHS [2008/11]
Norfolk has 500 more deaths each year during the winter than we would expect, based on the number of deaths in non-winter months.

RESPIRATORY DISEASE [2011/12]

9,000 estimated undiagnosed patients with Chronic Obstructive Pulmonary Disease (COPD) across Norfolk

17,000 Registered cases in Norfolk of Chronic Obstructive Pulmonary Disease (COPD)

Source - GP practice QOF disease registries for Norfolk, 2011/12

FALLS [2013]
Falls in older people are a major cause of disability and are the leading cause of mortality in patients aged over 75.

3,640 people aged 65 and over were admitted to hospital with injuries due to falls
1,200 of these had suffered hip fractures

Source - WMPHO (2013) Older People’s Atlas

66% Circulatory and respiratory diseases contribute to two thirds of the excess winter deaths in Norfolk.

The most seasonally-sensitive causes of death, such as respiratory and cardiovascular problems primarily affect the elderly.

Source - 3 year average 2008/11 Mortality Data from ONS
## RATIONALE FOR CONTENT
This report was aimed at producing a simple infographic summary of some of the key health and wellbeing issues in Norfolk. The measures selected to be represented in the report were both key issues of concern but ones where the data was suitable for portrayal in the images. We also chose to try and balance the measures of concern with some areas where Norfolk is doing better than other areas. We also ensured we included key measures to support the priorities of the Health and Wellbeing Strategy. The measures are not in any order on the page, but are presented by life-stages.

## DATA INCLUDED
This report was produced in spring 2014, and the data used was the most up to date at the time. It is possible that more recent data has become available since, but we are not intending to update the data immediately. However, all the measures in this version have source and dates, and below we provide links to where you will be able to find further detailed information. A link to the main pages of the online JSNA for each page is also given at the top of each section of the report.

## HOW WILL THIS REPORT BE USED?
This version of the report is published in our online JSNA as a useful document to share with partners and the wider public. We have also created a PowerPoint presentation of all the images/measures that can be used by stakeholders or cut and added into reports. This is also published in the JSNA. Finally, we are producing a simpler version without the sources and with a general introduction and conclusions for use with the public.