



Healthy ageing
**It's never
too late**



Norfolk County Council
Public Health

Director of Public Health Annual Report

Healthy Ageing: Thriving through the years

2025/26



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Foreword



Cllr Fran Whymark

Cabinet Member for
Public Health and Wellbeing

I am pleased to introduce the Director of Public Health’s 2025/26 Annual Report. This year, the report focuses on healthy ageing, reflecting both the growing number of older people in Norfolk and the important role they play in our communities. As more of us live longer, it is vital that we help residents stay well, active, and independent throughout later life.

Norfolk County Council is committed to making our county a place where everyone can live and age well, as set out in [Better Together for Norfolk](#). Good health in later life is shaped not only by the services people use, but also by the places where they live, the connections they have, and the support available within their communities. By strengthening these foundations and taking a preventative approach,

we can reduce inequalities and help every resident lead a fulfilling life.

This year we have launched a countywide healthy ageing campaign to share simple, practical steps for staying well. A new campaign logo has been created so partners across Norfolk can use a consistent and recognisable identity when promoting this work.

I am pleased that North Norfolk, Norwich and Breckland have taken the formal step to become Age Friendly, joining the UK network of Age Friendly Communities. Their participation reflects the strength of local partnership working and our shared ambition to create places where older residents can thrive. Many other parts of the county are making similar efforts to support residents to age well.

Healthy ageing is something that touches us all, whether personally, through our families, or through the communities we serve. By continuing to work together and focusing on prevention, we can help ensure that every resident can enjoy later life in good health and with a strong sense of belonging.





Introduction



Suzanne Meredith

Director of Public Health

Welcome to my annual report on the health of the people of Norfolk. This year, the report focuses on healthy ageing – a key national issue and a priority for our county. Our aim is to raise awareness of the actions we can all take to ensure people live in good health for longer. Good health is our most precious asset. It drives economic growth, strengthens communities, and enables individuals to reach their full potential.¹

Healthy ageing is especially important in Norfolk because we have a large older population, including many people living in rural and coastal areas. These communities need practical, local solutions that help people stay healthy and independent as they grow older.

By focusing on healthy ageing, we can create a stronger, healthier Norfolk for everyone. Together, we can make sure that getting older doesn't limit people but instead adds value and richness to life.

In this report, we explore how to help everyone live and age well by focusing on **Communities, Places and People**. To achieve this, we need communities that are inclusive, places that encourage social connection and healthy choices, and services that focus on preventing ill health. Supporting people to stay healthy for longer means creating environments that promote independence and fairness, reducing the time spent in poor health later in life.

Looking ahead, there are big opportunities to make this happen. These include the government’s reinvention of the health service, as set out in the 10 Year Health Plan.³ Changes to local government structures, devolution and our local ambitions for adult social care transformation also offer multiple opportunities. By taking action now, we can ensure people in Norfolk can thrive in later life.

The World Health Organisation defines healthy ageing as “the process of developing and maintaining the functional ability that enables wellbeing in older age.”²

This includes a person’s ability to:

- meet their basic needs;
- learn, grow and make decisions;
- be mobile;
- build and maintain relationships; and
- contribute to society.

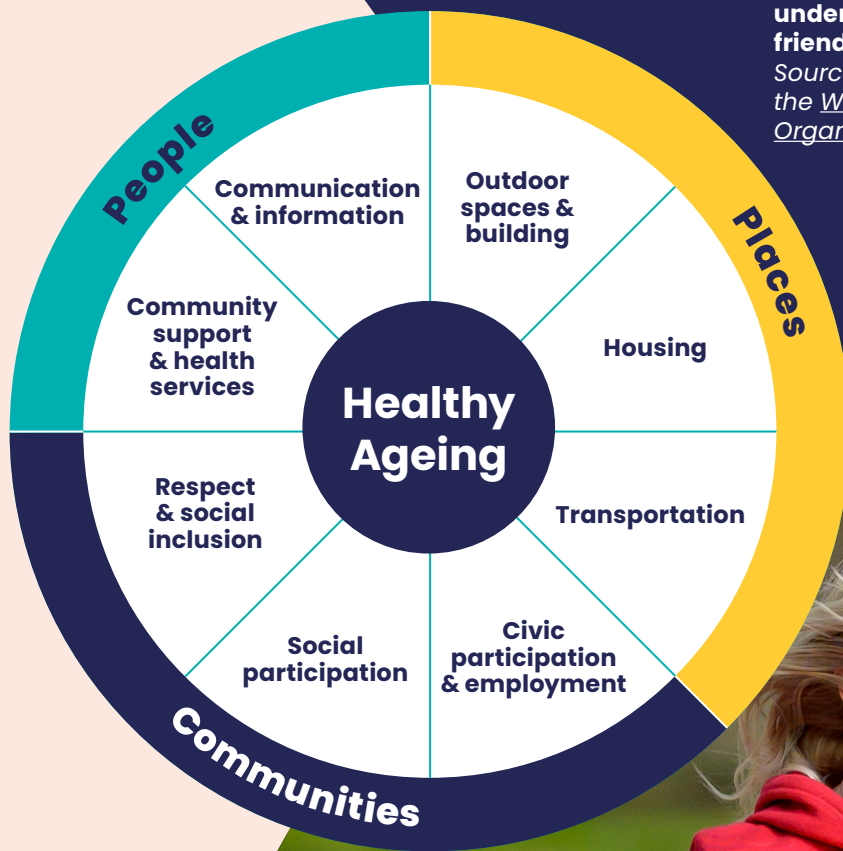


Figure 1: Topic areas underlying age-friendly environments.
 Source: Adapted from the *World Health Organisation 2007*.



Definitions

Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.⁴

Deprivation is where people don't have the conditions that are usually considered necessary to age well. For example, sufficient income, employment, education, living environments, low levels of crime and few barriers to housing and services.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age.⁵

Prevalence means the proportion of a group or population that has a particular condition or engages in a specific behaviour – for example, the percentage of people in Norfolk who smoke at a particular time.

Prevention can be broadly defined as any action that keeps people healthy and prevents or avoids risk of ill health and death. There are a wide range of different types of activity that can prevent ill health and promote good health, and a wide range of different people who can undertake those activities. For example, urban planning that prioritises people's health and wellbeing, or an individual getting a flu vaccination to protect themselves against the most common types of flu viruses.⁶

Proportionate universalism means providing services or support to everyone in a community, but giving extra help to those who need it most. The goal is to make sure everyone has a fair chance at good health. This approach recognises that people's health is often linked to factors such as income, education and living conditions.⁷



How to read our charts and graphs

The black line with a bar at each end in some of the charts in this report shows what's called a 95% confidence interval. It often looks like a shorter or longer I or H. This is a statistical measure that shows how 'confident' we are that the figure used is accurate, for example when a survey of a certain number of people is used to estimate figures for the whole population.

The confidence interval shows the range in which the real value is likely to lie.

The charts and graphs have been made accessible. Text descriptions are also available for each of the figures.

Executive summary

Norfolk is experiencing a significant demographic shift, with nearly one in three residents projected to be aged 65 or over by 2040. This presents both challenges and opportunities. This report focuses on healthy ageing – ensuring that people live longer, healthier lives with independence, dignity, and purpose.

The report explores the impact and opportunities across three domains: healthy communities, healthy places and healthy people. These are not siloed agendas – they are mutually reinforcing. Strengthening any one domain can amplify the others.

Conversely, when deprivation, poor housing, limited transport, or digital exclusion constrain a person's environment, it becomes harder to maintain healthy behaviours, stay connected, and access services.



Key messages

Healthy ageing is achievable for all – it starts early and depends on supportive environments, connected communities, and accessible services that focus on preventing ill health.

Norfolk's ageing population is growing rapidly, especially in rural and coastal areas, impacting health, housing, transport, and community infrastructure.

Inequalities shape ageing – deprivation leads to shorter lives and more ill-health; tackling these gaps is essential.

Independence and inclusion matter – most older people live in mainstream housing; age-friendly design, transport, digital access, and diverse housing options support autonomy.

Community connection protects health – belonging, volunteering, and co-production foster resilience; older people are assets, and ageism must be challenged.

Prevention and healthy behaviours are key – physical activity, healthy diets, screening, and quitting smoking reduce risk of long-term conditions; poverty and unhealthy environments make this more challenging.

Building on these key messages, this report outlines recommendations for residents, organisations, and system partners that build on Norfolk's strengths and the opportunities highlighted throughout. These recommendations focus on reducing inequalities, enabling preventative approaches and creating age-friendly places and communities to support Norfolk's growing older population to live longer, healthier, and more independent lives.



Section 1: Setting the scene

932,000 people



live in Norfolk.

9.1 years



7.1 years



Men living in the most deprived areas live 9.1 years shorter lives than men in the most affluent areas. For women this is 7.1 years.

62 years



is the healthy life expectancy in Norfolk for men and women.

1. Lower back pain
2. Diabetes
3. Hearing loss
4. Osteoarthritis
5. Falls



are the top five causes of years lived in disability for men and women aged 55+ in Norfolk.

Almost 30%



of people in Norfolk will be aged over 65 in Norfolk by 2040.

6.4%



of people aged 65 and over are estimated to have dementia. However, only 6 in 10 of those (63.3%) in Norfolk had a diagnosis in 2025.

4000 emergency admissions



were due to falls in people aged 65 and over in 2022/23, most of those (~2,700) were aged 80 and over.

97%



of people aged over 65 in Norfolk live in mainstream housing.¹

¹Census 2021. 3% of Norfolk's population reported living in "communal establishment", which is defined as an establishment with full-time or part-time supervision providing residential accommodation, such as hospitals, care homes, and prisons.



people aged 59-73 are estimated to have two or more long-term health conditions.



39 older people (aged 65 and over) per 100 working-age adults lived in Norfolk in 2022. This is projected to rise to 45 per 100 by 2040.



of people aged 45 and over self-report having a mental health condition.



of people in Norfolk are estimated to have diagnosed or undiagnosed type 2 diabetes.



Today

Situated in the East of England, Norfolk has a population of 932,000. The county's geography is a mix of market towns, rural villages and coastal communities, with three main urban centres in the City of Norwich and the towns of King's Lynn and Great Yarmouth. Where Norfolk's population aged 65 and over live varies across the county's seven districts. Rural and coastal communities have significant older populations, while Norwich has a younger population overall, reflecting its urban character and student population.

Norfolk is less ethnically diverse than the national average, but diversity is growing. In 2021, about 5% of people identified as non-White, up from 1% in 2011. This change is happening more slowly among older age groups.

In 15 years' time

By 2040, projections indicate that almost one in three of Norfolk's population will be aged 65 years and over, which is an estimated 82,000 additional residents in this age group. As shown in Figure 2, the projected percentage change in population between 2022 and 2040 for individuals aged 50 years and over highlights a significant growth across Norfolk. South Norfolk is expected to see a population increase of 20,169 people aged 50 and over, Breckland an increase of 16,704 and Broadland an increase of 12,259.

Over the next 15 years, more people will be living with long-term conditions, illnesses, and disabilities. The more health conditions a person has, the more complex their health and care needs may be. At the same time, the proportion of working-age adults is reducing. This shift will have major implications for our health and care workforce, as well as for unpaid carers (many of whom are older people themselves) who play a key role in supporting older people. The scale of this challenge will depend on the steps we take now to improve the number of years people live in good health.



Estimated percentage change in Norfolk's population between 2022 and 2040 by age group and district

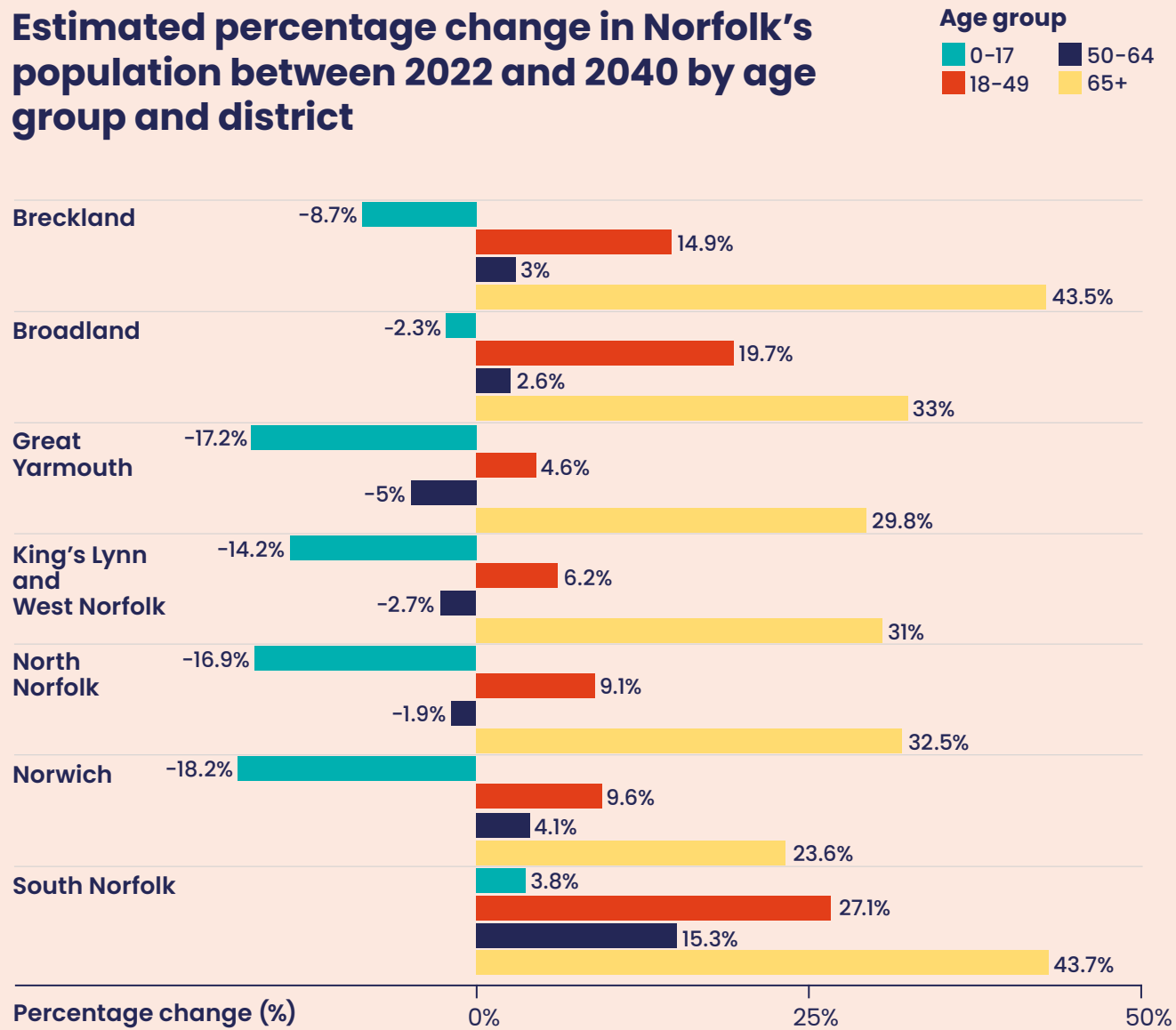


Figure 2: Estimated percentage change in Norfolk's population between 2022 and 2040 by age group and district.

Source: ONS population projections (2022-based).



Life expectancy and health inequalities

Life expectancy in Norfolk for men and women is higher than the England average⁸, but healthy life expectancy – the years a person can expect to live in good health, is similar to the England average.⁹ This means that although the population in Norfolk can expect to live longer than most, this time is not necessarily spent in good health, as shown in Figure 3.

Women in the most deprived areas of Norfolk live about seven years less than those in the least deprived areas and spend nearly 19 more years in poor health. For men, the gap is even bigger: about nine years less lifespan and 18 more years of ill health. These differences are not inevitable; they can be reduced by taking action throughout life, from early years to older age.

Ageing is a life-long process, that begins before birth and continues throughout life. Figure 4 illustrates this life-course perspective. Functional ability peaks in early adulthood and declines over time, but the rate of this decline is shaped by lifestyle and environment.

Supportive environments can help maintain and even enhance functional ability, while adverse conditions such as poor nutrition or limited social support can accelerate the decline. Whether this decline leads to disability also depends on the surrounding environment. Age friendly settings, such as accessible outdoor spaces or adapted housing, can help people remain independent for longer, even as their functional ability declines.

Inequality in life expectancy and healthy life expectancy in Norfolk

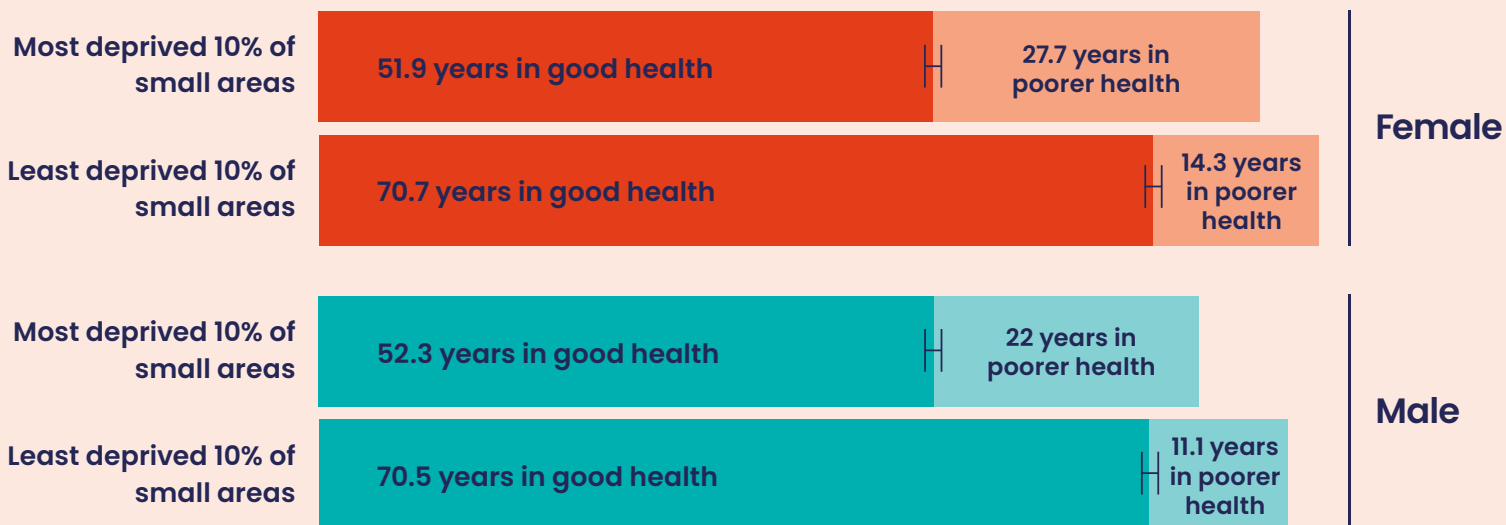
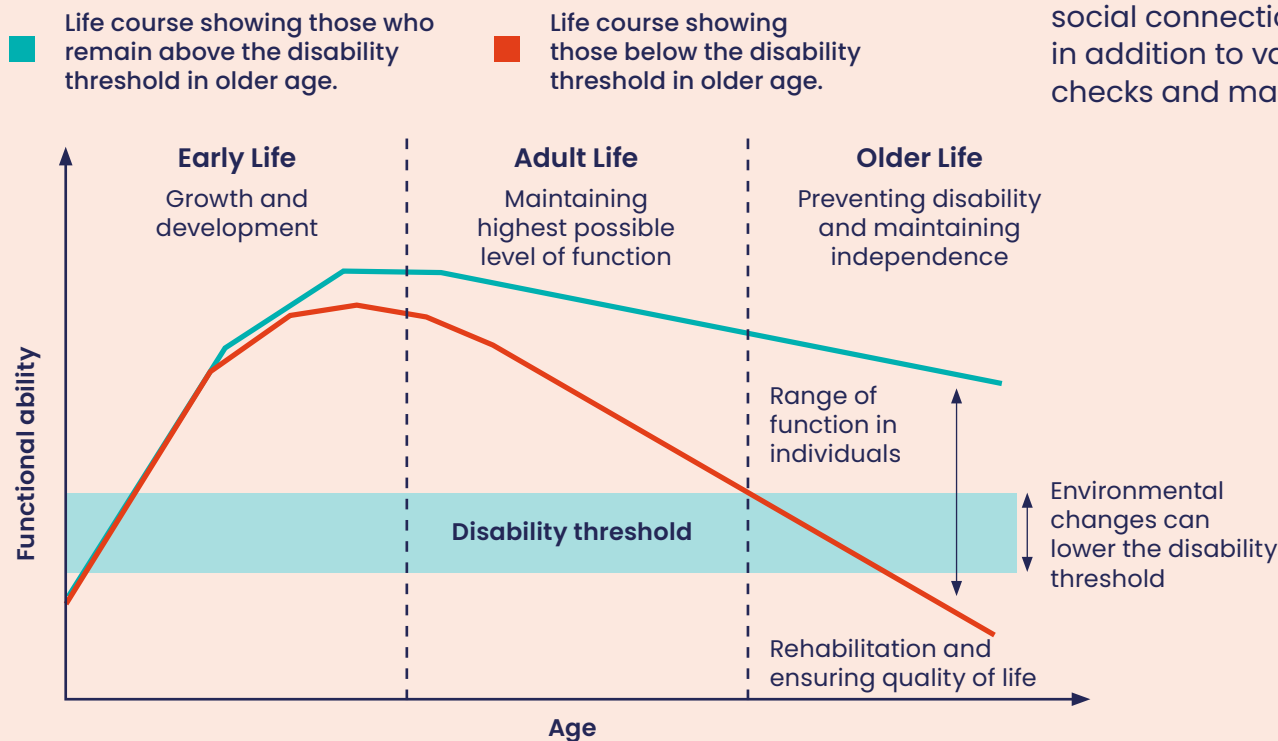


Figure 3: Inequality in life expectancy and healthy life expectancy at birth for females and males living in the most and least deprived 10% of areas in Norfolk (2018-2020).
 Sources: ONS population mid-year estimates, Civil Registrations of Deaths (NHS digital) and ONS healthy life expectancy by Index of Multiple Deprivation.

As a result, two people of the same age may experience very different levels of health and quality of life depending on their circumstances. These circumstances are part of the wider determinants of health. These are the building blocks of health and include job security, quality housing, access to education, reliable public transport, and a safe environment. When these are strong and universally accessible, they form a stable foundation that allows individuals and communities to thrive.

A life course perspective of functional ability



What causes ill health in older age, and what are the opportunities for prevention?

Most of the risk factors of ill health and disability in later life are preventable or can be delayed. Figure 5 shows the leading risk factors in Norfolk. Excess weight is the biggest preventable risk factor for ill health, contributing to diabetes, musculoskeletal disorders, cardiovascular diseases and respiratory diseases.

While these conditions are more common in older age, many of the risks can be reduced or delayed through preventative action. This includes physical activity, eating a balanced diet, social connection, not smoking, and drinking in moderation; in addition to vaccination, screening, attending regular health checks and managing long-term conditions.



Figure 4: A conceptual framework for a life course perspective of functional ability.
Source: Kalache and Kickbusch, 'A global strategy for healthy ageing' in World Health.

Attribution of risk factors to years lived with disability in Norfolk

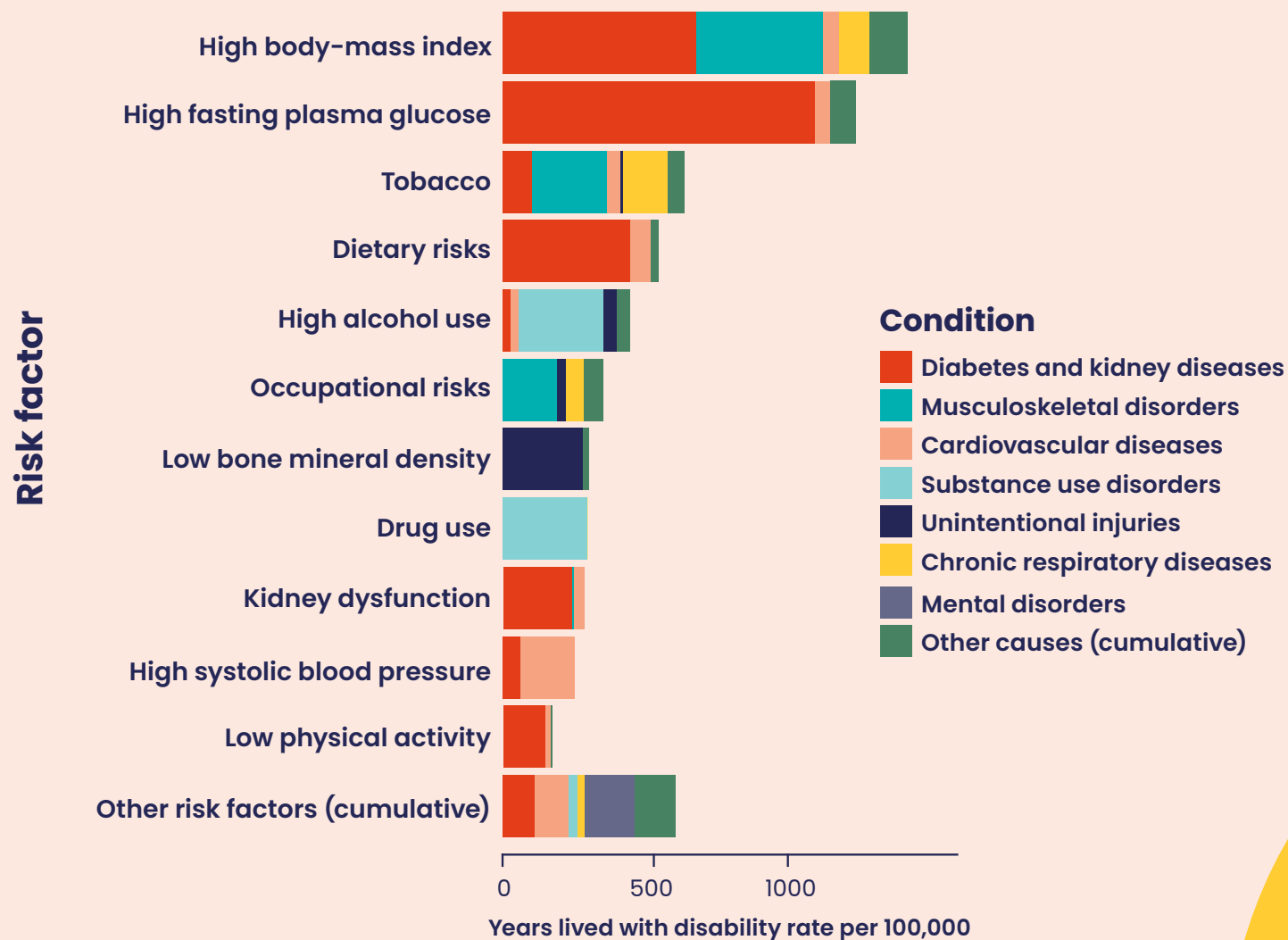


Figure 5: Attribution of risk factors to years lived with disability in Norfolk (2021).

Source: [Global Burden of Disease](#).

As people age, the type and number of health conditions that they face change. During working age, musculoskeletal problems such as back pain are most common. In later life neurological disorders such as dementia and problems with eyesight become more frequent.¹⁰ It is increasingly common for people to live with more than one long-term health condition at the same time, this is known as multimorbidity. Around 4 in 10 people across all age groups experience multimorbidity, and prevalence increases with age.¹¹ Having multiple conditions can make it harder to stay independent and maintain a good quality of life.¹²

As more people are living longer, the number of people living with dementia is expected to increase. The number of people with dementia is predicted to grow by 41% by 2040.¹³ In Norfolk the current dementia diagnosis rate is 63.3%,¹⁴ suggesting that only 6 in 10 people with dementia have received a diagnosis. Alongside improving timely diagnosis, there is a significant prevention opportunity by promoting brain health throughout life.

For example, managing blood pressure and staying physically, cognitively and socially active can lower the risk of some forms of dementia. Reducing stigma and increasing awareness also encourage brain healthy behaviours and earlier help seeking, so people receive the right support sooner.

Mental health conditions are also a major cause of poor health and disability in older age. Mental ill health may be associated with reduced social interaction, higher use of health and care services and poorer physical health.¹⁵ Mental health conditions in older adults can often go undetected and undertreated.¹⁶ Despite NHS talking therapies having higher than average recovery rates among the over-65s, older people are less likely to be offered this support.¹⁷



Section 2: Healthy communities

Five ways to wellbeing:

1. Connect with other people
2. Be physically active
3. Learn new skills
4. Give to others
5. Pay attention to the present moment



42.4%




of workers in Norfolk were aged over 50 in 2024.

77.2%




of people in Norfolk aged 50–64 (149,200 residents) were economically active in 2024.

29.7%



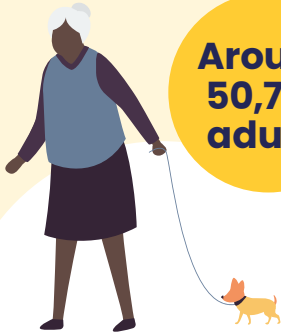
of people aged 16–64 in Norfolk were economically inactive due to long-term sickness – the leading cause of inactivity.

13.6%



of older people in Norfolk experience income deprivation, lower than the national average (16.9%).

Around 50,700 adults



(6.4%) may feel lonely often or always in Norfolk. In older age loneliness appears to peak at 85+.

4.6x



People aged 55–64 who don't feel a sense of belonging in their neighbourhoods are 4.6 times more likely to experience severe psychological distress.

Around 192,000 people



aged 50+ in Norfolk may have experienced ageism in the past year.

**Around
125,000
people**



in Norfolk live alone.

4.9%



of people (approximately 10,900 people) aged 65+ in Norfolk provide 50 hours or more of unpaid care per week.

**Around
112,000
people**



in Norfolk aged 50+ informally volunteer at least once a month.

12.1%



of Employment and Support Allowance (ESA) claims in Norfolk are for muscular skeletal problems.





Key messages

Healthy communities with strong social connections help people age well, by encouraging activity, learning and ensuring individuals remain valued contributors. Tackling social isolation and loneliness protects health and strengthens individuals and communities.

Older people are a vital part of our communities. They contribute through work, volunteering and caring for others, bringing value and strength to society.

Strong community ties boost health. A shared sense of belonging and trust is linked to better mental health and overall wellbeing.

Reducing inequalities matters. Many health conditions that shorten life or reduce healthy years are linked to socioeconomic deprivation – addressing these gaps benefits everyone.¹⁸

Respect and inclusion make a difference. Environments free from ageism and discrimination improve mental, emotional, physical, and financial wellbeing for older adults.

Digital inclusion is key. Barriers include skills, infrastructure, affordability, and disability – not age itself.


Communities are central to social connection – they are where people live, work, learn, socialise and age. A healthy community supports ageing well, by creating opportunities to connect with others, be active, learn and contribute. This can be achieved through good employment, financial security, volunteering, digital inclusion, age-friendly environments, and social connection.

Age-inclusive employment

In 2024, more than 4 in 10 (42.4%) of workers in Norfolk were aged over 50.¹⁹ Remaining in work can have a positive impact on the health and wellbeing of older adults.²⁰ Good employment offers social interaction, cognitive stimulation, and a sense of routine and purpose. ‘Good work’ means having a safe and secure job with good working hours and conditions, supportive management, opportunities for training and development, and autonomy.²¹ Continued employment also benefits communities and the wider economy.²²

Conversely, unemployment is linked to poorer health and wellbeing, including higher risks of illness and mortality.²³ Supporting people to gain and maintain employment is therefore essential for economic independence and quality of life as they age.²⁴

Employment and Support Allowance (ESA) provides financial and personalised support to individuals who are unable to work because of a health condition or disability. In Norfolk, a higher proportion of individuals in older age groups claim ESA compared to younger age groups.²⁸ Norwich consistently records significantly higher proportions of ESA claimants than any other district within Norfolk for the age groups 45–54 and 55–66. For those aged 55–66, Great Yarmouth also consistently has significantly higher proportions of ESA claimants than the Norfolk average.²⁹



Health issues, socioeconomic inequalities, and ageism can make it harder for older people to stay in work.²⁵ According to the International Longevity Centre (2023), almost 1 in 10 people aged over 50 but below pension age leave work involuntarily.²⁶ The most common reason is poor health,²⁷ but other factors include caring responsibilities, redundancy or early retirement. Early retirement is often not by choice – ill health and redundancy are key drivers behind this decision.

The role of financial security in ageing well

Having enough money in later life is vital for health and wellbeing. It affects whether people can afford safe housing, good food, healthcare, and opportunities to stay connected socially. Financial security in retirement often depends on factors throughout life, like education and job opportunities.³⁰ As people age, the gap between those who are well-off and those who are struggling becomes wider.³¹ Rises in living costs have further compounded financial vulnerability among the poorest in society. Many individuals are cutting back on essentials such as food and utilities and reducing social contact to manage expenses.³²

Income deprivation is assessed using the Income Deprivation Affecting Older People Index (IDAOPI), which calculates the proportion of people aged 60 and over experiencing income deprivation, whether in or out of work. Norfolk’s IDAOPI score is 13.6%,³³ lower than the national average of 16.9%. Within Norfolk, Norwich has the highest level of income deprivation among older people, affecting one in four, while South Norfolk and Broadland have the lowest levels, affecting one in ten, as shown in Table 1.

According to the Centre for Ageing Better, almost half of the poorest pensioners have no private or workplace pension and rely entirely on the state pension and other benefits.³⁴ Pension Credit is available to help those on low incomes, but many people who qualify don’t claim it. Across the UK, about 761,000 people miss out,³⁵ and in Norfolk this could mean over 12,000 residents are not getting the financial support available to them.

Income Deprivation Affecting Older People

Area	IDAOPI Score (%)	Rank (Lower-tier authorities)
National average	16.9	Not applicable
Norfolk (overall)	13.6	108 out of 153 (upper tier)
Norwich	25.1	39 out of 296
Great Yarmouth	19.9	74 out of 296
King’s Lynn and West Norfolk	13.3	163 out of 296
Breckland	12.6	178 out of 296
North Norfolk	11.6	209 out of 296
South Norfolk	10.0	250 out of 296
Broadland	9.0	277 out of 296

Table 1: Income Deprivation Affecting Older People Index (IDAOPI) scores and rank (where 1st is the highest level of income deprivation among older people) for Norfolk by district (2025).



Proportion of formal and informal volunteering by age group for England

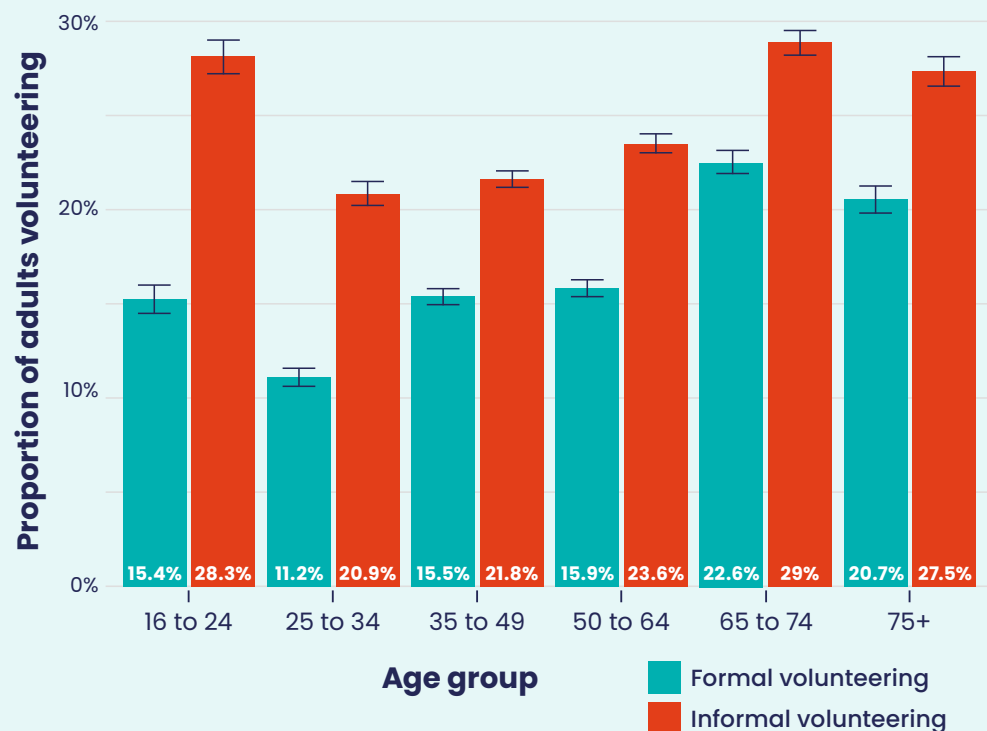


Figure 6: Proportion of adults aged 16 and over volunteering at least once in the last month in England by age during 2023/24.

Source: *Community Life Survey 2023/24 annual publication.*

Community impact through volunteering and caring

Older people play a vital role in their communities, often through volunteering and providing care. Regular volunteering is more common among older age groups. Volunteering can be formal (helping groups or clubs, leading activities, or mentoring) or informal (such as helping neighbours with shopping or childcare).

The latest Community Life Survey (2023/24) shows that people aged 65–74 are the most likely to formally volunteer regularly, at least once a month.³⁶ Those aged 75 and over also volunteer more often than younger adults. Informal volunteering follows a similar pattern, with older age groups helping more than those aged 25–64. While these trends are consistent with previous years, there has been a noticeable drop in volunteering among people aged 35–74.

Figure 6 displays the breakdown of the proportions of formal and informal volunteering across different age groups in England.



Many people over 50 also support their communities by providing unpaid care for loved ones. In Norfolk, there are over 81,000 known unpaid carers, although the actual figure is likely higher.³⁷ A substantial number provide more than 50 hours of care each week.³⁸ Higher levels of unpaid care are seen in West Norfolk, Breckland, Great Yarmouth, and North Norfolk, as shown in Figure 7.

Unpaid care shows both an age and gender gap. The 2021 Census revealed that nationally, carers are more likely to be older – 60% are aged over 50 compared with 38% of non-carers – and more likely to be women, who make up 60% of carers.³⁹



Proportion of the Norfolk population providing 50 or more hours of unpaid care per week

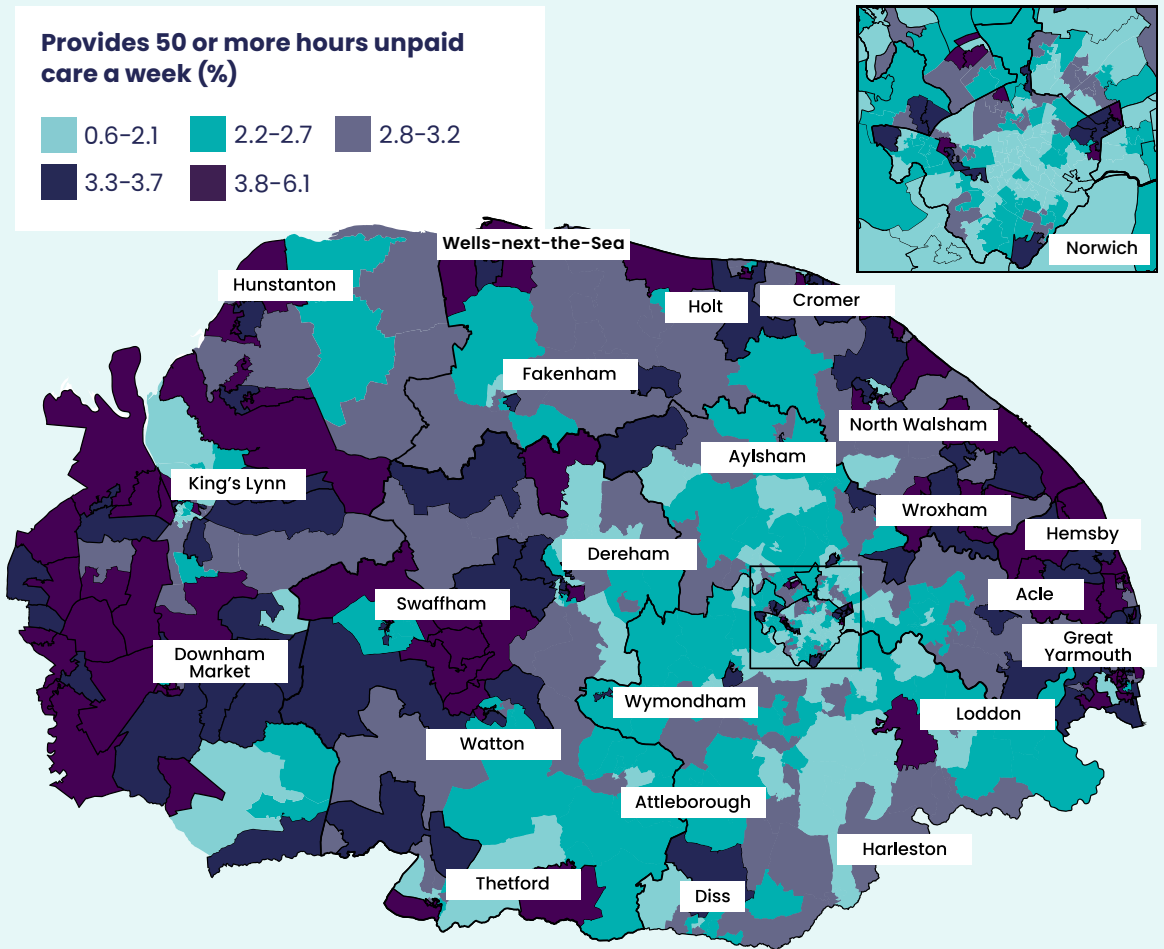


Figure 7: Proportion of the Norfolk population aged 5 and over providing 50 or more hours of unpaid care per week by Lower Super Output Area (LSOA) in 2021.

Source: Census 2021



Digital connectivity for healthy ageing

As more services and opportunities such as healthcare, banking, education, and even social connections move online, digital inclusion is increasingly important for people of all ages.

This means being able to access the internet and engage online safely and confidently whenever needed.⁴⁰ At a minimum, this requires a suitable device, reliable connectivity, digital skills, and access to support when necessary. When people lack any of these, they face digital exclusion.⁴¹

Older people are more likely to be digitally excluded, particularly among those who have never used the internet or have stopped using it.⁴² In the UK, 21% of people over 65 have no internet access at home.⁴³ Digital exclusion also intersects with other inequalities, such as socioeconomic status. 15% of those in households that have the lowest grade occupations have no internet access at home, compared to 2% of households that have higher and intermediate managerial, administrative and professional occupations.⁴⁴

Digital exclusion can deepen health inequalities by making it harder to access healthcare, navigate services, and obtain resources needed for a healthy life.⁴⁵ Those who cannot use digital technologies are likely to have fewer job opportunities,⁴⁶ pay more for certain transactions,⁴⁷ experience worse health outcomes,⁴⁸ and find it more difficult to manage their finances.⁴⁹ They are also over five times more likely to be unemployed.⁵⁰ Inequalities can be reduced by ensuring everyone has the access, skills and confidence to participate in a modern digital society and economy.⁵¹

Case study:

Tech Skills for Life

Tech Skills for Life (TSfL) helps digitally excluded people in Norfolk access devices, internet data and affordable broadband advice. Community Tech Coaches provide training to build confidence, teach essential digital skills, and promote safe technology use. Originally a pilot in West Norfolk, TSfL has expanded to North Norfolk, Great Yarmouth and Breckland.



Peter's story

Peter was referred to the TSfL by Adult Social Services after a stroke left him struggling with everyday tasks such as shopping and managing his health. His situation was made worse by the loss of his son – his primary carer – and his isolation in a remote rural area where he could go days without seeing anyone.

To support Peter, TSfL provided a tablet for online grocery shopping and prescription orders, and a mobile phone to stay in touch with friends and family. Later, the team supplied an Echo Show device, enabling Peter to track household supplies, set reminders for medication and appointments, and make calls more easily – especially when his dexterity was impaired.

As a result, Peter regained independence, improved his ability to manage his health, and reconnected socially. He expressed that without TSfL's support, he would have faced significant challenges and feared he might have needed to move into a care home.

Peter's story shows the transformative impact of digital tools and tailored support in enhancing the quality of life for individuals facing health and social isolation challenges. When applied thoughtfully, technology can empower vulnerable individuals to live independently and with dignity.

Spotlight:

Community and social connections

Feeling connected to others is essential for good health, yet it's often overlooked.⁵² Strong social ties can lower health risks, improve wellbeing, and even help people live longer. These connections aren't just about family and friends – relationships within local communities matter too.⁵³ The quality of these connections, trust in neighbourhoods, and confidence to participate in community life are all key determinants of health.⁵⁴

Community cohesion, or a sense of belonging, has a positive association with good mental health.⁵⁵ Analysis by the Health Foundation shows that people who don't feel they belong in their neighbourhood are four times more likely to experience severe psychological distress compared to those who do.⁵⁶ This pattern is seen across all ages. As shown in Figure 8, North Norfolk and Broadland have the highest proportion of adults who feel they belong strongly to their neighbourhood and trust others in their community. In contrast, people surveyed in Great Yarmouth and Norwich report significantly lower levels of belonging and trust.

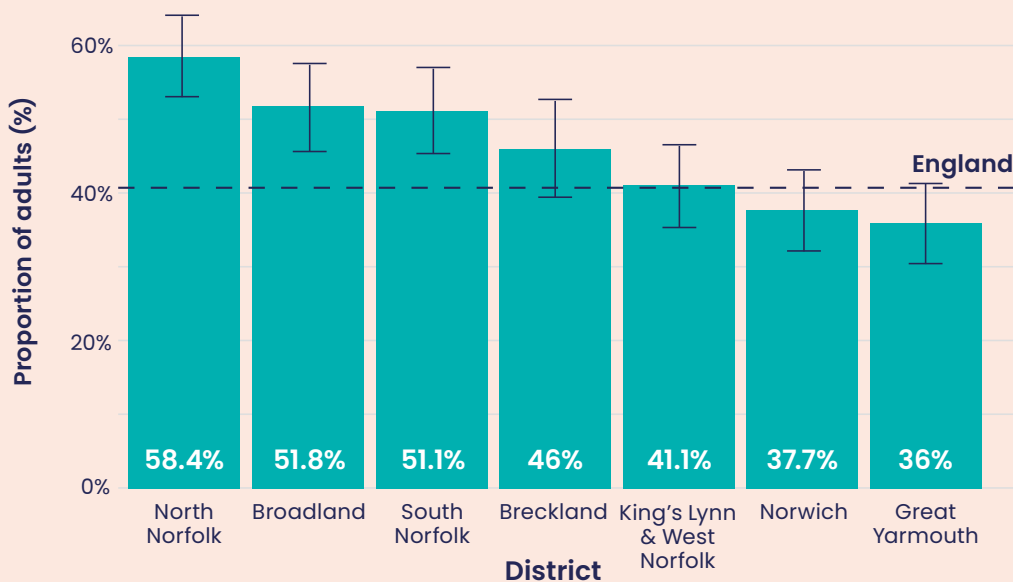


When people lack social connection, they can feel lonely or become isolated. Both loneliness and social isolation are linked to negative outcomes, including higher mortality, poorer physical health, worse mental health, and broader societal impacts like reduced economic growth and increased reliance on health and social care.⁵⁸ Isolation and loneliness can both cause and result from poor health.

Nationally, loneliness is more common in deprived areas, where people are over three times more likely to feel lonely than those in less deprived areas.⁵⁹ For older people, living alone, poor health and digital exclusion increase the risk of social isolation and loneliness.⁶⁰



Agree that many of the people in the neighbourhood can be trusted



Very/Fairly strong feelings of belonging to the immediate neighbourhood

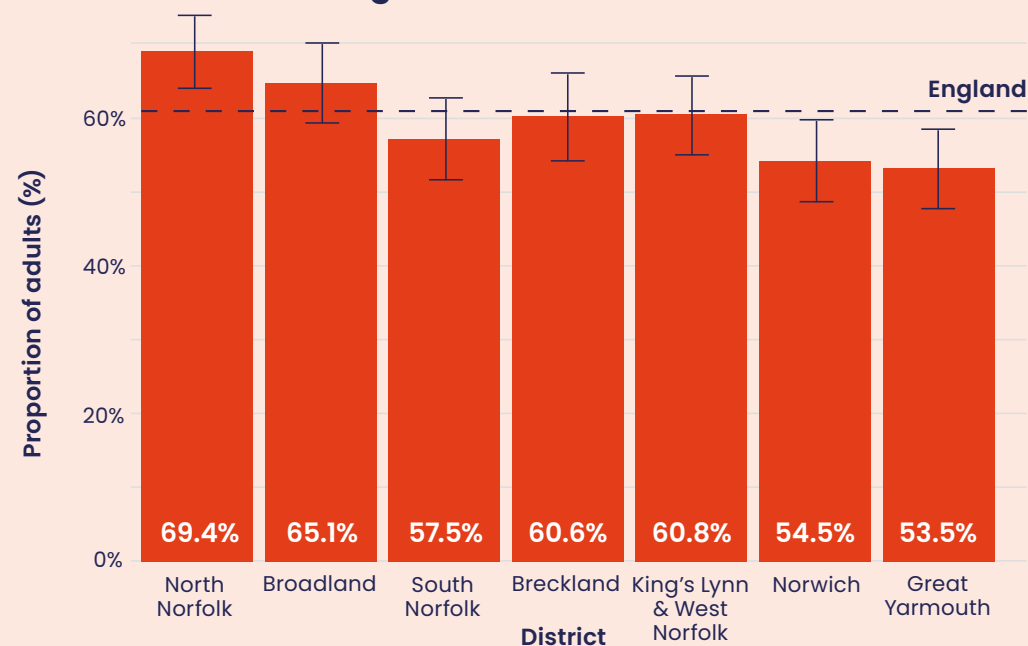


Figure 8: Proportion of people who agree that many of the people in the neighbourhood can be trusted, and proportion of people reporting very or fairly strong feelings of belonging to their immediate neighbourhood by district, based on responses to the Community Life Survey (2023/24).

Source: [Community Life Survey 2023/24 annual publication](#).

Ageism further exacerbates these risks, harming individuals, communities, and the economy.⁶¹ Repeated exposure can lead to self-directed ageism, where people internalise negative stereotypes and change their behaviour.

The Centre for Ageing Better reports that for people aged 50 and over this often results in avoiding social activities (34%), limiting physical activity (31%), avoiding certain places (24%), and not seeking help for health issues (24%) – all of which can damage health.⁶²

Evidence on effective interventions for loneliness is mixed, with varied approaches and measures of success. While policies should be evidence-based, evaluating their impact at both individual and population levels is essential. Whole-system approaches, such as those outlined in the Promising Approaches Framework⁶³ (Figure 9) from the Campaign to End Loneliness, are likely to have the greatest impact. These include direct solutions for individuals, connectors to help people access support, gateway infrastructure like digital inclusion, and system-level strategies.



Promising Approaches Framework

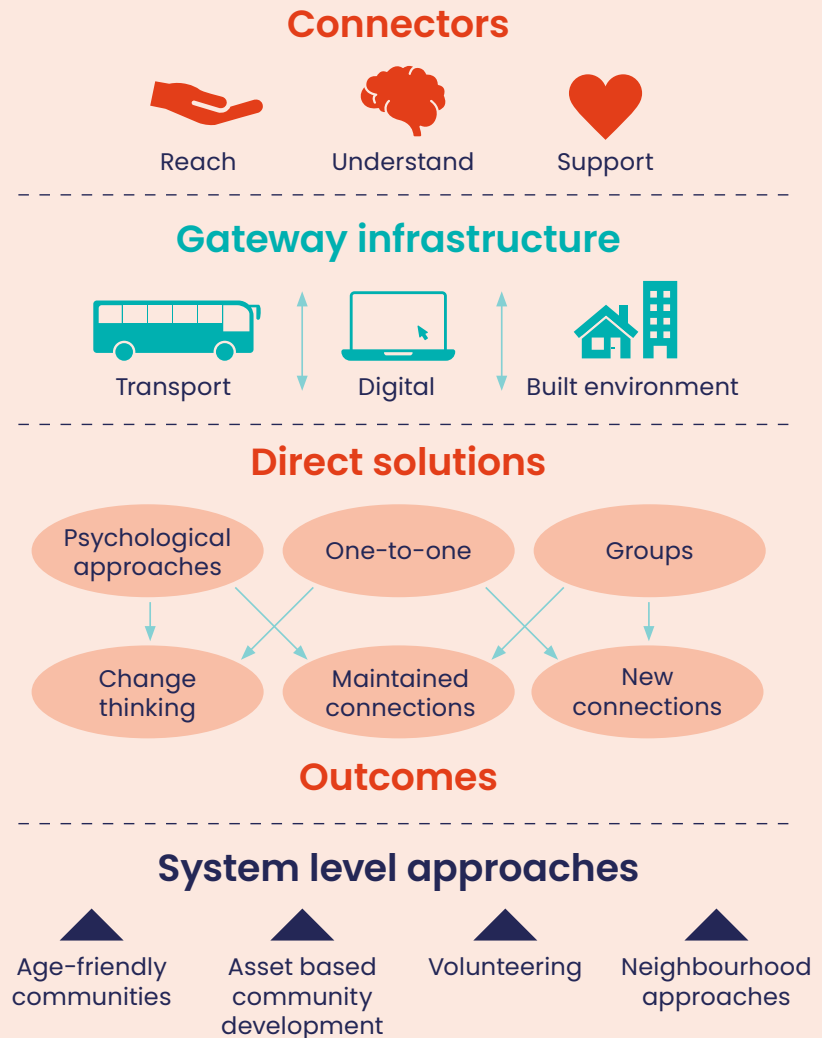


Figure 9: The Promising Approaches Framework.

Source: Adapted from *The Campaign to End Loneliness, Promising Approaches Revisited.*

Community-wide approaches, like neighbourhood projects and asset-based community development (ABCD), help create places where people feel connected and supported. ABCD is about building solutions that use the strengths already in a community, such as local skills, knowledge, and resources, instead of depending on outside organisations.⁶⁴ This approach shifts from doing things to or for communities to working with or by them, as shown in Figure 10. Older people bring valuable experience and knowledge that can strengthen neighbourhoods and promote healthy ageing. Norfolk County Council’s Adult Social Services transformation is being shaped with residents and for the communities in which they live and work.



Creating an inclusive environment where age is respected benefits everyone’s mental and physical wellbeing. When people of all ages are valued, it encourages relationships across generations, builds understanding, and opens up opportunities for social connections that help prevent loneliness and isolation.

“Everything done, is to us & without us.”

Medical model



“Everything done, is done for us; without us.”

Charity model



“Nothing for us, without us.”

Social model, advocacy, co-design /co-production/asset-based approaches



“Done by us for us.”

Asset-based community development



Expert

Gapper

Alongside/animator

Figure 10: Model for designing and delivering support together – working with people, not just for them.

Source: Adapted from Nurture Development, *Bridging The Gap – Expert to Alongsider*.

Case study:

Norfolk Good Neighbour Schemes

Norfolk's Good Neighbour Schemes are a practical example of asset-based community development (ABCD). Instead of relying on external services to solve problems, they build on local strengths – skills, relationships, and knowledge – to create sustainable solutions. Community Action Norfolk provides initial guidance, helping groups take the first steps toward becoming autonomous, community-led networks that strengthen resilience.

These schemes bring a wide range of support within communities from a little bit of help in the home, tidying up the garden, having shopping picked up, or getting a lift to a doctor's appointment – all of which can make a huge difference to someone and can allow them to feel safe, secure and better connected.

The success of these schemes lies in mobilising informal assets like neighbours helping each other and strong social ties. Identifying and supporting local leaders with resources is key, alongside building confidence and offering ongoing support to ensure growth and succession.

How Good Neighbour Schemes align with ABCD

- 1. They focus on strengths:** Shifting from “what is wrong” to “what is strong” by encouraging neighbours to share skills and support each other.
- 2. They identify and mobilise assets:** Harnessing the social capital (relationships) of a neighbourhood and individual gifts, such as local knowledge and practical skills.
- 3. They are community-led:** Empowering residents to take ownership and lead improvements in their area.
- 4. They build social connections:** Helping neighbours connect and support each other, creating networks that strengthen communities.



Case study:

MensCraft – Supporting men through activity, meaning and connection

MensCraft is a Norfolk-based charity that helps men and adolescent boys navigate key life stages – such as fatherhood, retirement, or times of stress and crisis – with confidence. The organisation offers a diverse range of activities to give men purpose, strengthen social connections and enhance wellbeing. Based in Norwich, MensCraft operates across more than a dozen locations in Norfolk and Waveney.

Adam, aged 60, first engaged with MensCraft through a Pit Stop Social gathering. Before joining, Adam had experienced a breakdown due to work pressures and other stressors, leaving him unable to work. He has epilepsy and received a later-life diagnosis of ADHD.

After feeling quite overwhelmed socially at first, over time Adam began to relax and make friends. In May 2024, he started formally volunteering with MensCraft, helping the Pit Stop coordinator launch a second weekly social group. Adam played a key role in creating a calm, welcoming and inclusive safe space for men to socialise.

Since then, Adam has supported other initiatives, including MensCraft's Woodland Project – men healing in nature together – as well as the INTERACT garden clearance.

Before engaging with MensCraft, Adam described himself as “living like a hermit” and had experienced suicidal ideation.

Today, Adam says, “My life has changed drastically when I compare it to two years ago – it's like chalk and cheese. I now socially interact and volunteer. I have made lots of new friends. There is actually something to do nearly every day with MensCraft. Although not yet fully recovered, I have made a lot of progress and I'm much more confident than I was.

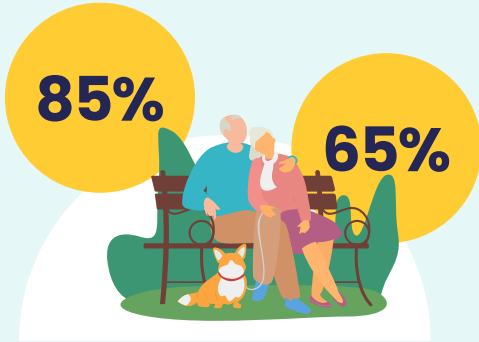
Through Hoodies [Hoodies for Happiness, MensCraft's wellbeing activists who explore ways of contributing positively to communities], I've learned how giving to others is also good for us. And I think sometimes part of it's just learning all this stuff about looking after ourselves better – learning from each other.”



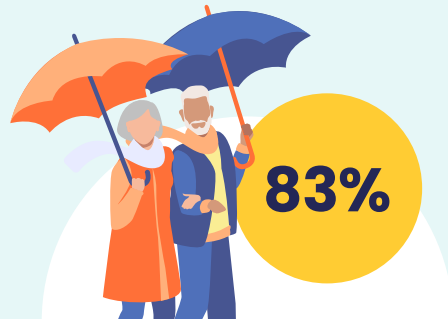
Section 3: Healthy places



3 areas in Norfolk have joined the UK Network of Age-friendly Communities.



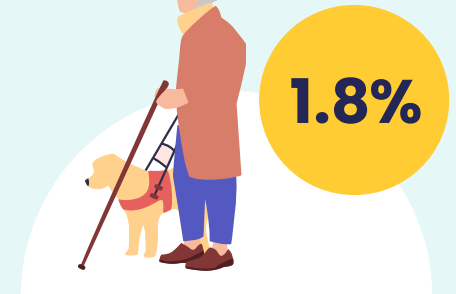
85% of North Norfolk residents report being satisfied with green and natural spaces, compared to 65% in Great Yarmouth.



83% of Norfolk's population can travel to their GP practice within 20 minutes by public transport. 67% are within 20 minutes walking distance.



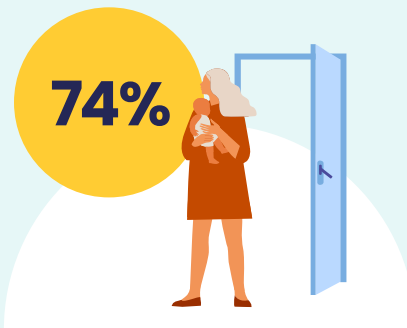
7.6% of people aged 16+ in Norfolk report deafness or hearing loss.



1.8% of people aged 65+ in Norfolk are registered blind or partially sighted.



88% of households in the East of England met the Decent Homes Standard in 2022-23.



74% of people aged 65+ own their home outright in Norfolk.



Almost 3,400 home adaptations in Norfolk were funded through Disabled Facilities Grants (DFGs) in 2024/25.



Over 9,300 adults aged 50+ in Norfolk are supported by technology at home from Adult Social Services.

Key messages

Our surroundings shape how we age. Well-designed places and local infrastructure help people live independently and enjoy a good quality of life.

Age-friendly design can prevent illness and support independence. Accessible and thoughtfully designed spaces reduce the risk of illness and disability, keep people active and engaged, and encourage social connection.

Accessible, affordable transport and active travel are essential for independence and good health. Safe options for walking, cycling and getting around help older people stay connected to their communities and supports both physical and mental health.

Housing choices make a difference. Offering a range of accommodation options helps older people live independently for longer, stay connected, and reduce pressure on health and social care services.



The way our villages, towns, cities and local infrastructure are designed has a big impact on how well people can live independently and stay healthy.⁶⁷ Planning policies and regulations can significantly influence public health by reducing exposure to harmful factors and promoting healthy behaviours.⁶⁸ For example, siting of benches and shelters, availability of toilets, safety when sharing pathways, level terrain and the provision of adult outdoor exercise equipment. Initiatives like the Healthy Streets approach embed health into transport planning by prioritising people in the design of public spaces.⁶⁹ Creating safer, greener streets encourages active travel, reduces traffic and improves air quality.

Public spaces

Public spaces play an important role in keeping people healthy and independent. Well-designed areas can reduce health risks and support wellbeing.⁷⁰ Research shows that age-friendly environments are linked to better mental and physical wellbeing for older adults.⁷¹

Outdoor spaces and buildings should promote mobility, mental health and social participation.⁷² Norfolk offers extensive green spaces, including parks, forests and gardens, as well as over 2,400 miles of public rights of way. Blue spaces such as rivers, lakes and the Broads National Park along with 90 miles of coastline, provide opportunities for outdoor activity. However, accessibility can be limited by factors such as disability, lack of transport, absence of toilet facilities and digital-only parking payments. In urban areas, concerns about safety and air quality may also deter use.

As shown in Figure 11, satisfaction with green and natural spaces in Norfolk generally aligns with the England average of 78%, according to the 2023/24 Community Life Survey. North Norfolk and Broadland report the highest satisfaction, while Great Yarmouth ranks lowest, significantly below national and regional averages.

Proportion of adults satisfied with green and natural spaces by district

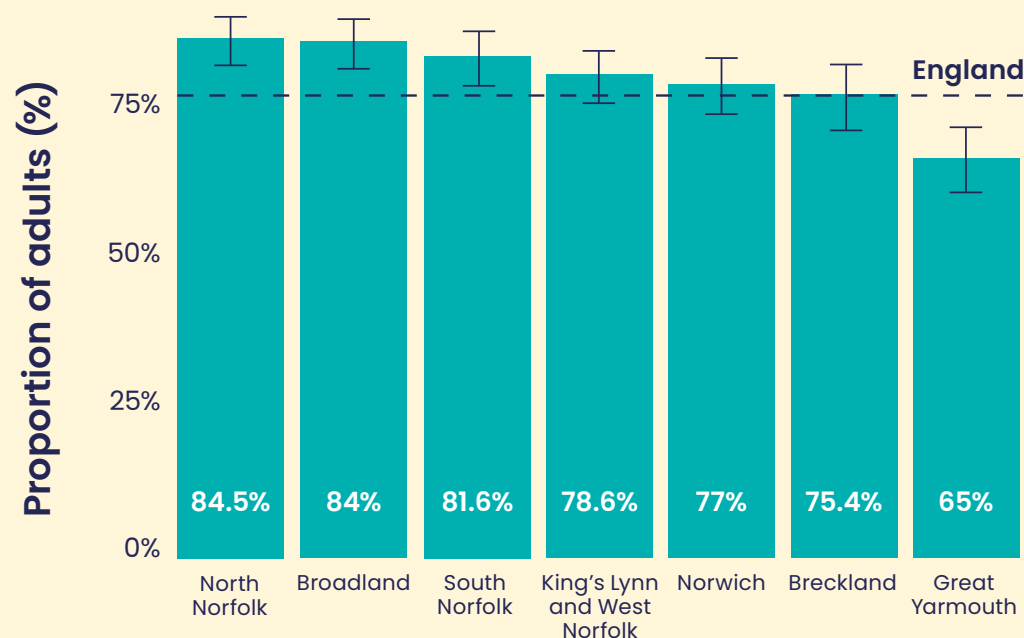


Figure 11: Proportion of adults by district satisfied with green and natural spaces in their local area, based on responses to the Community Life Survey (2023/24).

Source: *Community Life Survey 2023/24 annual publication.*

Case study:

Love Norwich Grants – Greener spaces for healthy ageing

Search *Mile Cross community gardens* on YouTube to see the full transformation.

Love Norwich Grants fund small projects that create greener, healthier communities. By supporting activities like planting and litter reduction, the programme encourages outdoor activity, strengthens social networks, and improves wellbeing – key to ageing well.

“ Good for my wellbeing and mental health – could potter for hours and be happy! ”

“ Being part of a community, all working towards the same goal. ”



Regenerating Mile Cross: Growing community, confidence and connection

Mile Cross, Norwich’s most deprived community, faced neglected spaces plagued by fly-tipping, underuse, and limited biodiversity. Love Norwich Grants helped residents transform these areas into vibrant green spaces that support health, wellbeing, and community pride.

Burges Road Community Garden turned a fly-tipped site into a welcoming space for weekly gardening sessions, offering opportunities to grow food, connect with nature, and build confidence. Civic Gardens now has accessible raised beds for vegetables and herbs, while Lefroy Road features colourful planting and raised beds for all abilities – encouraging outdoor activity and social interaction.

Partnerships with Norfolk Wildlife Trust, Norfolk & Waveney Mind, and Norwich City Council strengthened the projects. Residents report improved mental health, reduced isolation, and a sense of pride.

This movement has grown into MX Green Hearts, a resident-led network dedicated to regenerating Mile Cross through sustainable gardening. The impact is clear – fresh food for families, stronger social networks and safer, welcoming spaces where people of all ages can stay active and connected.

Travel and transport

Transport plays a key role in helping older people stay independent, healthy, and connected.⁷³ Safe, reliable and affordable transport enables older adults to stay connected with friends and families, and access essential services.⁷⁴ Regular travel also supports physical and mental health by encouraging mobility and activity.⁷⁵

As people age, reliance on public transport increases for tasks such as shopping, attending health appointments, and maintaining social contact.⁷⁶ A transport system that meets the needs of older people is particularly important in rural and coastal areas. However, access can be challenging. While over three quarters of Norfolk residents can reach their nearest hospital by car within 20 minutes during peak times and almost 9 in 10 can do so off-peak, this drops to less than a quarter by public transport, as shown in Table 2.

Travel times to GP practices show similar disparities: almost all residents can reach a GP by car within 10 minutes, but one-third live more than 20 minutes’ walk away, and public transport times are significantly longer in areas such as North Norfolk, Breckland, and South Norfolk.

As the number of people living with long-term conditions rises, demand for health services will grow. Government plans to shift care from hospitals to community-based neighbourhood services offer an opportunity to improve accessibility and integration.⁷⁷ Transport should be a major consideration in the delivery of this shift.

Walking and cycling bring big benefits for physical and mental health and should be encouraged for as long as possible. However, many people in their 50s and 60s face barriers such as unsafe paths, concerns about personal safety, and health issues.⁷⁸ Addressing these challenges is essential to help older adults remain independent and connected.

Travel times to the nearest acute or community hospital in Norfolk

Travel Type	10 minutes	20 minutes	30 minutes
Car (off-peak)	47%	87%	100%
Car (peak)	35%	76%	97%
Walk	3%	9%	17%
Public Transport (am)	7%	23%	42%
Public Transport (pm)	7%	23%	41%

Table 2: Proportion of the population that can reach their nearest acute or community hospital in Norfolk by different modes of transport within 10, 20 and 30 minutes.

Source: Office for Health Improvement and Disparities, *Strategic Health Asset Planning and Evaluation (SHAPE)*.



Case study:

Norwich Door to Door – Keeping communities connected

Community transport plays a vital role in helping people with limited mobility remain independent and engaged in their communities. Across Norfolk, several initiatives provide door-to-door transport for residents who find public transport difficult to use. Norwich Door to Door is one such service, dedicated to breaking down barriers to social inclusion, reducing loneliness, and improving health and wellbeing for its users.



Audrey's story

Audrey became a Norwich Door to Door passenger in 2013 after an illness which left her with a permanent disability and meant she had to stop driving.

The service meant Audrey and her husband could stay connected and avoid becoming housebound. When her husband passed away in 2016, Norwich Door to Door became a lifeline, helping her avoid isolation and loneliness. Before the pandemic, Audrey regularly joined outings, social events, and fundraising activities. She also contributed by baking, making preserves, and helping at stalls during events.

During lockdown, Audrey found the contact with staff and volunteers important, not only for accessing essential services, but also for maintaining morale through friendly conversations.

More recently, Audrey's health has deteriorated, and her mobility has reduced even further, increasing her reliance on the service. Like many users, Audrey says this caring transport enables her to maintain independence and has a significant positive impact on her wellbeing.

Audrey says, "Throughout the lockdowns Norwich Door to Door staff and volunteers provided transport for essential journeys, kept in touch with much welcomed friendly phone calls and newsletters keeping me up to date on what was going on. Life was difficult for everyone during the pandemic, but even more so for elderly and disabled folks living alone, virtually trapped in their own homes.

"Norwich Door to Door offers access to a vital transport service for people like me who are not able to use public or private transport. This wonderful caring organisation fills a big gap for me and others like me."



Spotlight:

Housing

Well-designed, suitable housing can reduce loneliness, support people living with dementia, and help older adults live longer, healthier lives.⁷⁹ It also benefits communities and reduces costs for health and social care services.⁸⁰

In contrast, poor-quality housing, particularly homes that are cold, damp, or in poor repair, can pose serious health risks.⁸¹ These conditions increase the likelihood of illness, falls, and accidents, which older adults are especially vulnerable to. Given that older people spend around 80% of their time at home, housing quality has a profound impact on physical and mental wellbeing.⁸²



National planning policy emphasises the need for healthy, inclusive, and safe places that promote social interaction and active lifestyles.⁸³ Tools such as Building for a Healthy Life⁸⁴ and the Healthy Streets Approach⁸⁵, as shown in Figure 12, provide frameworks for designing neighbourhoods that support health.

In Norfolk, the Planning in Health Protocol⁸⁶ ensures health considerations are integrated into development decisions. Considerations include planning for health service provision, as well as ensuring developments are designed with people's health in mind.

As the population gets older, housing options must expand in both variety and volume to meet changing needs.⁸⁷ Currently, more than 90% of people aged over 65 live in mainstream housing, highlighting the importance of making these homes suitable for later life.⁸⁸

While most older people in Norfolk own their homes outright, as shown in Figure 13, this does not always mean that homes are safe or that owners are financially secure. A non-decent home – one with hazards, poor repair, or inadequate heating – can harm health.⁸⁹ National data shows that over half of non-decent owner-occupied homes are headed by someone aged 55 or older, and many older homeowners live in poverty.⁹⁰

In 2023, 15% or 3.8 million of homes in England failed to meet the Decent Homes Standard.⁹¹ Private rented homes were most likely to be in poor condition (21%), while social housing had the lowest rate (10%). Although housing quality has improved over the last decade, progress has slowed and increasing numbers of older people are renting privately.⁹² Older private renters are more likely to live in poverty (37%) compared to older homeowners (13%).⁹³

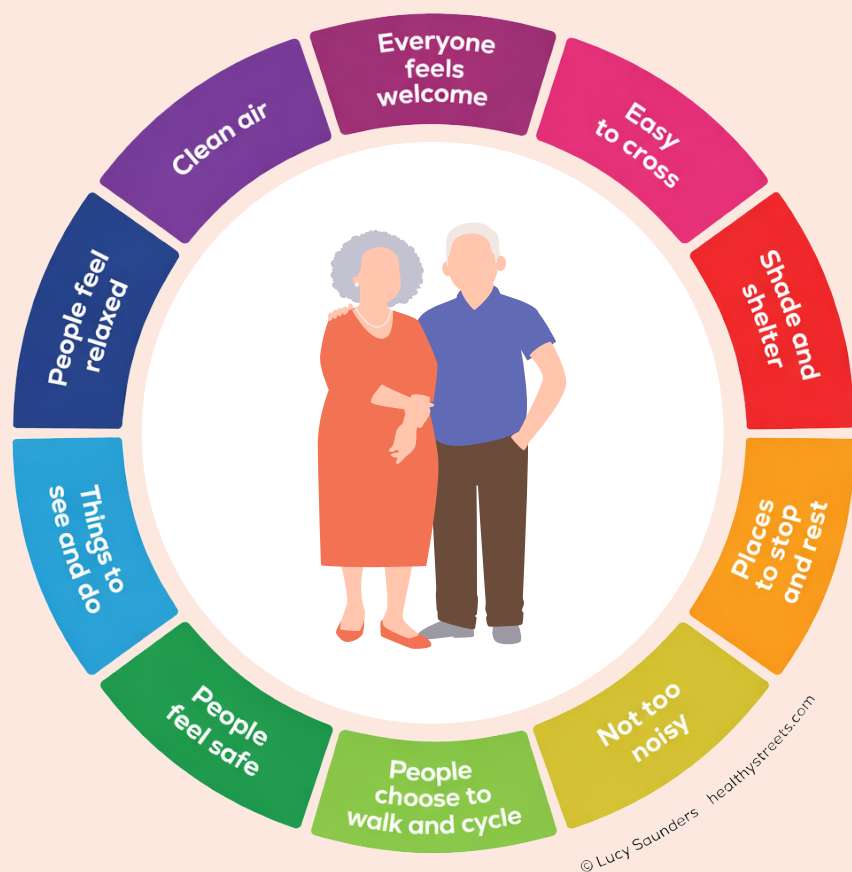


Figure 12: The 10 Healthy Streets Indicators.
Source: Healthy Streets Approach, [What is Healthy Streets?](#)

Cold homes are linked to poor health and excess winter mortality. The World Health Organisation recommends indoor temperatures of at least 18°C, but prolonged exposure to colder conditions increases ill health risk including respiratory and cardiovascular problems.⁹⁴ Cold homes often lead to damp and mould, which increase the risk of respiratory illness, asthma, and infections.

Older people are particularly vulnerable to cold weather due to existing health conditions and reduced ability to regulate body temperature. They also spend more time at home, requiring longer heating periods.⁹⁵

Housing tenure by age in Norfolk

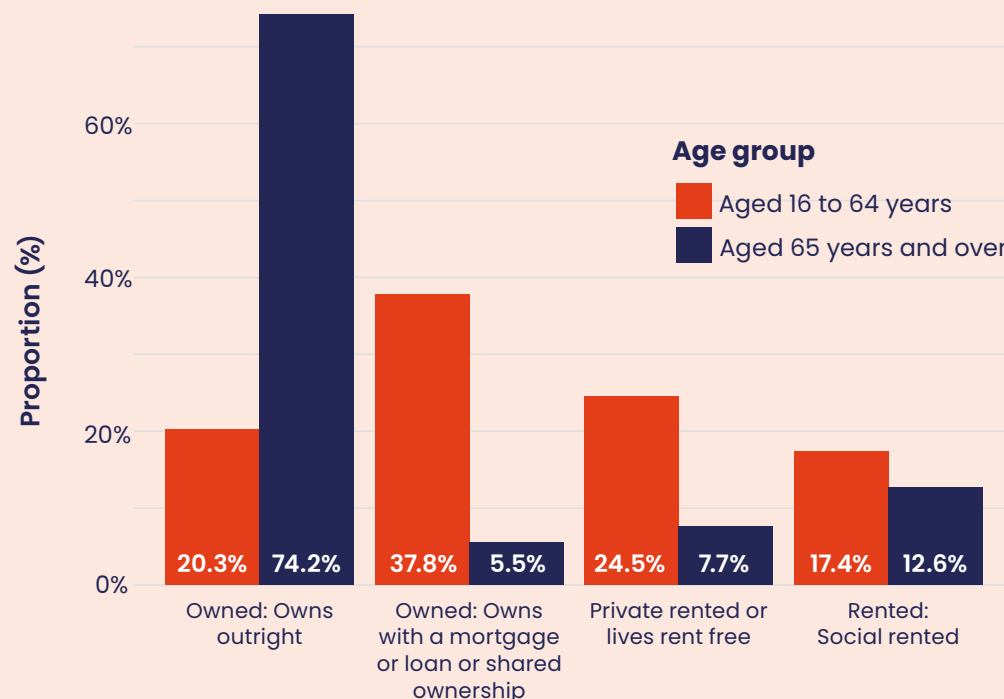


Figure 13: Household tenure by age groups 16 to 64 and 65 and over in Norfolk.
Source: Census 2021. Note: Age groups sum to 100%.

Fuel poverty is driven by three factors: household income, energy costs, and home energy efficiency.⁹⁶ Financial stress from heating inefficient homes also harms mental health. In Norfolk, around 49,300 households (11.7%) live in fuel poverty, similar to the England average but worse than the East of England average.⁹⁷

Much of this fuel poverty occurs in rural areas, as shown in Figure 14, where homes are often older, detached or unable to access mains gas supply, making them harder and more expensive to heat.⁹⁸

Norfolk's ageing population and inward migration of retirees will increase demand for age-friendly housing over the next 20 years.⁹⁹ A range of housing options is needed, from conventional homes that can be modified to age-exclusive housing, sheltered accommodation, and care homes.¹⁰⁰ However, choices are currently limited by a shortage of specialist housing and many mainstream homes are difficult and costly to adapt.¹⁰¹ Expanding options can help older people live independently for longer, stay connected to their communities, and reduce pressure on health and social care.¹⁰²

Nationally, progress has been made in developing attractive later-life housing guided by the Housing our Ageing Population Innovation Panel (HAPPI) design principles.¹⁰³

The HAPPI design principles

- Space and flexibility
- Daylight in the home and in shared spaces
- Balconies and outdoor space
- Adaptability and 'care ready' design
- Positive use of circulation space
- Shared facilities and 'hubs'
- Plants, trees, and the natural environment
- Energy efficiency and sustainable design
- Storage for belongings and bicycles
- External shared surfaces and 'home zones'

Local Plans, as required by the National Planning Policy Framework, contain policies relating to the provision of homes for older people. This includes policies to promote adaptable homes and encourage the use of HAPPI principles.¹⁰⁴ Design guides, such as those in Great Yarmouth and North Norfolk, also help encourage age-friendly housing design, prioritising accessibility, active travel and high-quality public spaces.¹⁰⁵

Across the country, new housing models are emerging to bring people together and strengthen communities. One example is co-housing, where residents share spaces and commit to mutual support. This approach helps reduce loneliness, improve wellbeing, and build strong social connections.¹⁰⁶ Community-led housing also helps residents feel a sense of belonging and trust in their neighbourhoods.¹⁰⁷

For those living in mainstream housing, age-friendly adaptations can enable older people to remain at home longer, maintain independence, and reduce the need for formal care. Simple changes such as handrails, non-slip flooring, and wider doorways can prevent falls, a leading cause of injury among older adults.¹⁰⁸

Across Norfolk there are several schemes to support home adaptations, including Disabled Facilities Grants (DFG). These grants help fund changes such as stairlifts, level-access showers, ramps, wider doors, and even bespoke extensions.¹⁰⁹ In 2024/25, almost 3,400 adaptations were funded through DFGs in Norfolk.¹¹⁰

Technology-enabled care (TEC) is another way to support independence. TEC includes devices such as sensors linked to monitoring centres, GPS trackers for safety, and home-based triggers like motion sensors and door contacts. These tools enhance quality of life and reduce reliance on traditional care models. In Norfolk, over 3,600 adults aged 50 to 64 and over 5,600 adults aged 65 and over are currently supported by TEC.

Proportion of the population experiencing fuel poverty in Norfolk

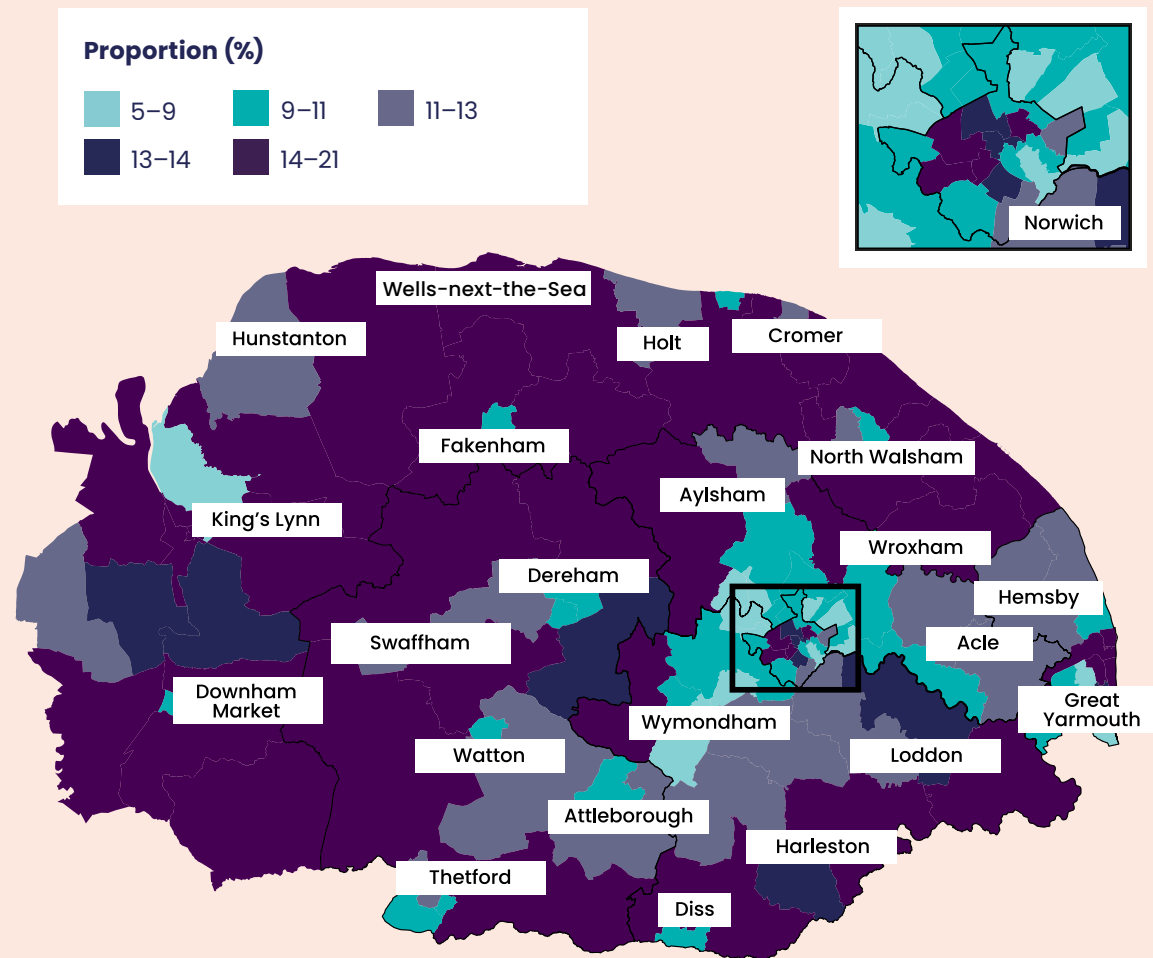


Figure 14: Proportion of the population experiencing fuel poverty by Middle Super Output Area (MSOA) in Norfolk (2023).

Source: *Department of Health and Social Care Fingertips*. Indicator 93280 Fuel poverty (low income, low energy efficiency methodology).

Case study:

Independent living housing in Norfolk

Norfolk County Council is investing in independent living schemes for people aged 55+, offering safe, accessible homes that promote health, independence, and social connection. With two schemes open, four under construction, and more planned, this initiative supports healthier ageing and strengthens communities.



Edna's story

For Edna, moving into an independent living scheme marked a turning point in her life.

"I was a dog groomer; I qualified my dogs for Crufts all the time. I judged at Crufts; I'm an international judge for dogs... Things really went down in my life. You know, anyone suffering with depression know exactly how I'm feeling. And we went to the County Council, and they came up with a place here for me."

Like many, Edna worried about uprooting her life.

"Only people who have moved will know what it's like to uproot everything and move and settle down somewhere new. I was so worried about it. But I'm glad my daughter done it because now I have friends here. I know all the staff, and they all know me. I'll be looked after."

Her fears quickly faded.

"The instant you walk in, it was your home because you could sense it. ... You've got your own living room, your kitchen. I love my walk-in shower. That's all one person needs."

Independence remains at the heart of Edna's new life.

"I try to do everything myself. I cook my own meals, and I shower on my own. I can go out when I want to go out. I'm totally, utterly independent."

But it's not just about independence – it's about community.

"We're all one happy family. We get together and have a talk or a laugh. As a community here, we're sorted. ... But we have also got the staff if we need it. They're all brilliant, absolutely brilliant."

Find out more at
[norfolk.gov.uk/
independentliving](https://norfolk.gov.uk/independentliving)



Case study:

Preventing falls through proactive support

In Norfolk, one-third of people over 65 fall each year, impacting wellbeing and costing health and social care over £4,000 per fall. To tackle this, Norfolk County Council and its partners use Artificial Intelligence (AI) to predict fall risk, enabling targeted prevention to keep people independent and reduce pressure on health and social care.



Laurence's story

Laurence was identified as someone who could benefit from extra support to prevent the risk of falling through the Proactive Interventions Programme.

Although in good spirits, Laurence shared the health challenges that increased his risk of falling: a severe ankle injury and surgery had reduced his flexibility, while hearing difficulties, weak legs and poor balance left him worried about falling.

Through the programme, Laurence received a call from South Norfolk and Broadland District Council's Help Hub, working in collaboration with Norfolk County Council. Together, they explored a range of support options to help Laurence and his wife, Erica, maintain their health, wellbeing and independence as they age.

As part of this support, a handy person installed grab rails at the top of their steep spiral staircase and by the step outside their door – simple changes that Laurence believes will make a big difference to his confidence and safety.

Laurence reflected, "You don't realise that there are these things out there, you just manage don't you... until something tragic happens, something changes..."

Erica added, "She [officer at the South Norfolk Help Hub] covered so many possibilities... all these tiny things, I just thought that's so efficient ... the questions didn't feel embarrassing".

Laurence said, "I feel a lot better and a lot more aware, and I won't be too proud to ask... It's comforting to know there is somewhere to ask". Erica echoed this, "It's something we'll be aware of going forward... we know there is someone there".

Section 4: Healthy people

68%



of adults in Norfolk are physically active.

56%



of adults aged 75-84 in England are physically active.

Over 1/3



of adults aged 55+ report consuming the recommended '5-a-day' guidelines, higher than any other age group.

32%



of adults aged 85+ in England are physically active.

Around 3 in 4 adults



aged 55-64 are overweight or obese (for 2022/23).

58%



of those aged 60+ who accessed support from Norfolk County Council commissioned services successfully quit smoking.

1 in 4



people aged 65+ are dehydrated from not drinking enough.

x5



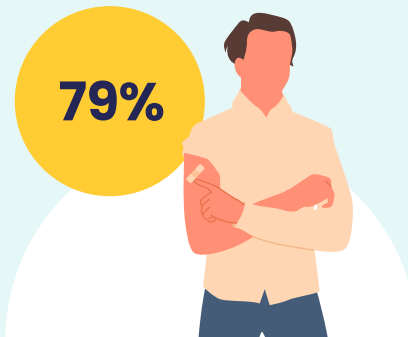
People living in the most deprived areas of Norfolk are five times more likely to have alcohol-related hospital admissions than those in the least deprived areas.

122,561
people



in Norfolk received an NHS Health Check between 2020-25.

79%



of people aged 65+ in Norfolk were vaccinated against flu in 2024/25.

74.4%



of women aged 53-70 in Norfolk attended breast cancer screening in 2024, compared to 69.9% nationally.





Key messages

Healthy ageing starts early. Our health in later life is shaped by lifelong habits like eating well and moderating alcohol intake. Taking up the offer of vaccination, screening and health checks also help detect and manage issues early.

Smoking is the biggest cause of preventable illness and death in Norfolk and a major contributor to health inequalities.

Stay active to age well. Regular physical activity supports physical and mental health and creates opportunities for social connection.

Circumstances shaping healthy ageing are not experienced equally, leading to inequality in outcomes. People in deprived areas face greater barriers to healthy behaviours and face higher exposure to risk factors. There are also inequalities in access, experience, and outcomes of services. This means some groups benefit less from health and care than others.

Health and wellbeing in later life is shaped by individual factors over a lifetime, such as healthy diet, being physically active, and limiting exposure to smoking, alcohol and drugs. These health behaviours support physical and mental wellbeing, helping people to remain active and socially engaged, while reducing long-term conditions.

Smoking prevalence has significantly decreased over recent decades, meaning fewer people enter older age as smokers.¹¹¹ As a result, deaths due to smoking in Norfolk have decreased over recent years and are below the England average.¹¹² However, smoking remains the largest cause of preventable illness and mortality in Norfolk.¹¹³ It contributes to long-term illnesses such as heart disease, stroke, lung cancer and respiratory disease, and is also a risk factor for dementia. Exposure to second-hand smoke also has harmful impacts on health.

Smoking is the single biggest driver of health inequalities. 8.7% of adults in Norfolk – around 66,700 people – smoke, similar to the national and regional averages.¹¹⁴ Rates vary across the county: Norwich has the highest adult smoking rate at 14.6% (around 17,600 smokers), and North Norfolk has the lowest rate at 5.2% (around 4,600 smokers).¹¹⁵

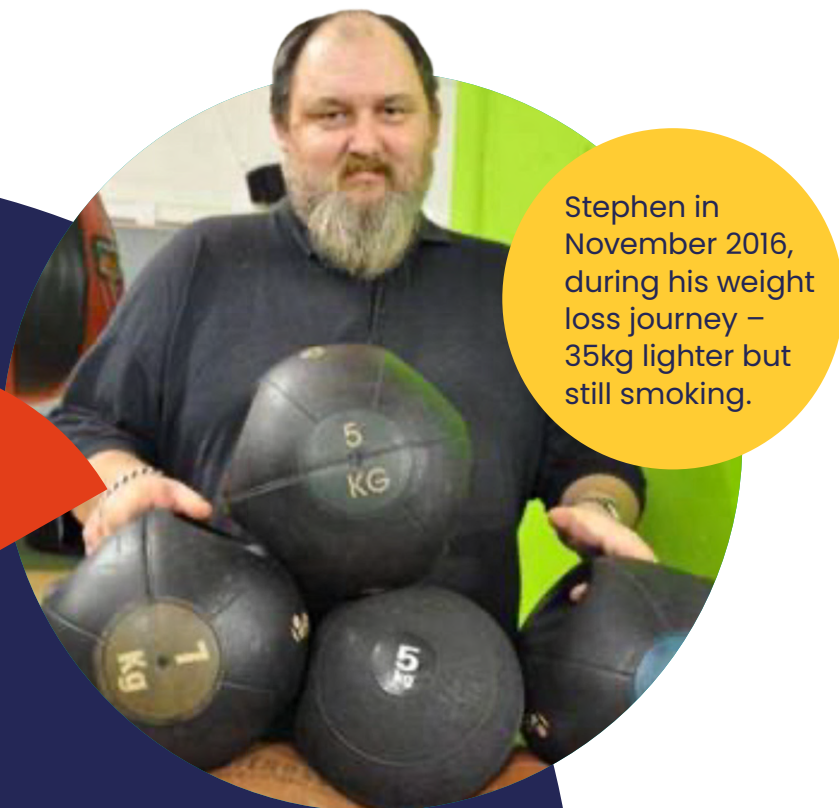
Quitting smoking is challenging and often requires multiple attempts – sometimes 30 or more – but support greatly improves success. In Norfolk, services such as Smokefree Norfolk, Allen Carr Easyway seminars, GPs and pharmacies help residents quit. In 2024/25, most people setting a quit date through local services were aged 45 and over (69%).¹¹⁶ Quit rates were higher among older adults, with 53% of those aged 45–59 years and 58% of those aged 60 and over remaining smoke-free after four weeks.¹¹⁷ The NHS Tobacco Dependency Programme also offers treatment to every patient admitted to hospital who smokes.



Case study:

Smokefree Norfolk – Helping people quit for good

Smokefree Norfolk provides specialist support to help people to quit smoking through personalised plans, coaching, and access to resources such as nicotine replacement therapy. This combination of tailored guidance and practical tools significantly increases the chances of success.



Stephen in November 2016, during his weight loss journey – 35kg lighter but still smoking.

Sally and Stephen's story

Sally (60) and Stephen (55) joined the Smokefree Norfolk programme at Great Yarmouth Town Hall. Sally was motivated by her milestone birthday and wanted to support Stephen, who had faced decades of addiction challenges.

Stephen began smoking in 1978 and, by 2025, was consuming up to 70 cigarettes a day. His history includes substance misuse in the late 1980s–1990s, alcohol dependency until 2003, and mental health conditions including bipolar disorder and PTSD. Despite these challenges, Stephen has made remarkable progress over the years – becoming alcohol-free since 2003, losing weight from 43 stone to 17 stone since 2016, and actively managing his mental health with specialist care.

In December 2024, both decided to quit smoking. Sally enrolled first, followed by Stephen in April 2025. Within weeks, Stephen became smoke-free with support from Sally, vaping, and regular coaching. Sally also remains smoke-free, reaching six-months without cigarettes in September 2025.

The benefits have been life-changing: improved lung function and mobility, an estimated annual saving of £5,000, and a smoke-free home environment, making life more comfortable for carers and visitors. Stephen also reports better stress management and a sense of achievement in overcoming his final addiction.

Stephen now actively refers others to the service, inspired by the positive impact on his life:

“The process was straightforward, the support was fantastic, and it helped me stop smoking.”

Stephen in August 2025, 12 weeks smoke free and enjoying a healthy life at 55 years old.



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change
your way to better health

For support on making a change, get started with Ready to Change, an online tool created by experts to help people make positive changes to their lives.

Go to norfolk.gov.uk/readytochange to find out more.

Influences on health behaviours

People living in the most deprived areas experience significantly shorter life expectancy and healthy life expectancy compared to those in the least deprived areas. These gaps are largely preventable. Health inequalities stem not only from socioeconomic factors but also from differences in access to services, quality of care, and health outcomes. Collaborative action between organisations and communities is essential to reduce these disparities and improve the health of Norfolk's residents.

People living in the most deprived areas are more likely to smoke,¹¹⁸ be overweight,¹¹⁹ and experience greater harm from alcohol (even when they consume less).¹²⁰ These behaviours are major contributors to preventable illness and early death. Risky behaviours often cluster, meaning individuals in deprived groups are more likely to engage in several at once.¹²¹ This pattern reflects the influence of cultural, social, and material circumstances.

Circumstances such as debt and poverty make it harder to adopt healthier behaviours.¹²² For example, following the Eatwell Guide, the government's official advice on a healthy diet, would require the most deprived fifth of the UK population to spend 45% of their disposable income on food (after housing costs), compared to just 11% for the least deprived fifth.¹²³ Only 20% of people in the most deprived areas eat five portions of fruit and vegetables daily, compared to 37% in the least deprived areas.¹²⁴ A healthy diet supports physical health, energy, mood, and social engagement throughout life. Older adults are particularly vulnerable to poor nutrition, which increases frailty and reduces independence. Improving access to affordable, nutritious food for older people is therefore essential.





The most vulnerable groups often face overlapping risks – poverty, trauma, stigma, and discrimination – creating barriers to healthcare and other support. They frequently experience multiple health issues, including mental illness and substance dependence, leading to worse outcomes and lower life expectancy.¹²⁵ Many underuse primary and preventive care, relying instead on emergency services when problems become severe.¹²⁶ This results in missed opportunities for prevention, serious illness, and further entrenched inequalities.

Environmental factors also shape health behaviours.¹²⁷ Private-sector industries influence these environments, sometimes negatively.¹²⁸ Tobacco, alcohol, gambling, and ultra-processed food industries profit from products that harm health.¹²⁹ Company choices in the production, price-setting and targeted marketing of products often disproportionately affect people living in the most deprived areas.¹³⁰

In 2024, the most deprived areas of England had twice as many fast-food outlets per person as the least deprived areas.¹³¹ These products contribute to chronic diseases such as cardiovascular disease, diabetes, and certain cancers.¹³² Obesity rates are strongly linked to deprivation: 72% of people in the most deprived areas are overweight or obese, compared to 60% in the least deprived areas.

Case study:

Nourishing Norfolk – Making good food accessible

Nourishing Norfolk, led by Norfolk Community Foundation, helps communities access affordable, healthy food while creating spaces for connection and skill-building. Since 2020, dozens of hubs have opened across the county, delivering £6.54 in social value for every £1 invested.¹³³



A Nourishing Norfolk Food Hub

Daniel's story

Daniel*, a resident in his 60s, was referred to a Nourishing Norfolk food hub by his daughter after struggling to cope following the death of his wife. Grieving and facing financial hardship after paying funeral costs, Daniel was left without food or money. He had never managed household tasks like banking or cooking and felt overwhelmed and isolated.

When Daniel arrived at the hub, staff and volunteers welcomed him warmly. They provided a crisis food pack, a referral to a food bank, a hot drink, and a listening ear. Over time, the team helped Daniel access affordable food, learn cooking tips, and manage a household budget. They also signposted him to other charities for additional support.

Being able to afford fresh, healthy ingredients has boosted Daniel's confidence. He appreciates that the team never makes him feel embarrassed for not knowing "all the house stuff."

Before finding the hub, Daniel felt hopeless and feared falling into debt. Today, he visits at least once a week, feels happier, and knows he can ask questions about food, health, and home management. For Daniel, the hub has been a lifeline – helping him see a future for himself.

*Not his real name.

Opportunities to protect health

Preventing illness and detecting problems early are key to improving health outcomes. Vaccination, screening, and health checks play a vital role in this.

As people age, their immune systems weaken, making them more vulnerable to infections and related complications.¹³⁴ Vaccines help prevent or reduce the severity of these illnesses, saving millions of lives globally each year. However, uptake is not equal; factors such as geography, socioeconomic status, ethnicity, disability, homelessness, and GP registration all influence access. NICE guidelines recommend practical steps such as better service organisation, reminders, and follow-up to improve uptake and reduce disparities.¹³⁵

Early detection of disease is equally important.¹³⁶ National screening programmes identify diseases like cancer before symptoms appear, enabling more effective and less invasive treatment.¹³⁷ Cancer is a major cause of poor health in later life, so early diagnosis can significantly improve quality of life.¹³⁸ Yet participation is lower among those most at risk, often due to physical, cultural, and communication barriers.¹³⁹ These challenges can persist throughout the screening pathway, limiting benefits if follow-up care is missed.

Local, regional and national coverage for bowel, breast, cervical and abdominal aortic aneurysm (AAA) screening programmes

Screening programme	Year	Norfolk (%)	Regional (%)	England (%)	Recent local trend
Bowel (60-74 years)	2024	74.4	73.2	71.8	Increasing
Breast (women aged 53 to 70)	2024	74.4	71.1	69.9	No significant change
Cervical (women aged 50 to 64)	2024	76.8	76.2	74.3	No significant change
AAA (men aged 65)	2024/25	81.9*	82.3	82.2	Increasing

*Data for Norfolk and Waveney

Table 3: Local, regional and national coverage for bowel, breast and cervical cancer screening and abdominal aortic aneurysm (AAA) screening.

Sources: [Department of Health and Social Care Fingertips – Norfolk screening area profile](#) and [GOV.UK AAA standards report 2024 to 2025](#)

Local, regional and national vaccination programme uptake for flu and Covid-19, and coverage for Respiratory Syncytial Virus and Shingles

Vaccination programme	Year	Norfolk (%)	Regional (%)	England (%)	Recent local trend
Flu vaccine uptake (aged 65 and over)	2024/25	79.0	76.6	74.9	Decreasing
Covid-19 vaccine uptake (75 to 80 years)	2025/26*	69.1	64.1	61.6	Not available
RSV vaccine coverage (routine and catch-up cohorts)	October 2025	Not available	64.2	61.7	Not available
Shingles vaccine coverage (71 years; one dose)	2024/25	56.1	53.1	51.1	No significant change

*up to 8th January 2026

Table 4: Local, regional and national vaccination programme uptake for flu and Covid-19, and coverage for RSV and Shingles.

Department of Health and Social Care Fingertips – Population vaccination coverage: Flu (aged 65 and over), UKHSA weekly national influenza and COVID-19 surveillance report, RSV vaccine coverage report in older adults in England: October 2025 and Shingles vaccine uptake report (adults eligible from September 2024 to May 2025 and vaccinated to the end of July 2025): England

Coverage is the proportion of the eligible population that has been vaccinated. The calculation of coverage is the total number of people vaccinated divided by the total number eligible in the population and multiplied by 100. For example, RSV coverage is reported as a cumulative figure from the start of the programme (1 September 2024). This is because older adults only need one dose of RSV vaccine, which provides protection for several years. Unlike flu, RSV vaccination is not required annually.

Uptake refers to the proportion of people vaccinated within a specific time period. For example, the percentage of adults aged 65 and over who receive the flu vaccine during the influenza season (October to February). Flu vaccines need to be given every year because protection decreases over time and the vaccine is updated annually to match circulating strains. This is why uptake data is used for flu rather than cumulative coverage.

Cardiovascular disease (CVD) is a major concern for older adults, affecting independence and daily life.¹⁴⁰ Encouragingly, up to 85% of CVD is preventable through lifestyle changes, such as improving diet, increasing physical activity, and reducing tobacco and alcohol use.¹⁴¹ The NHS Health Check programme supports this by assessing cardiovascular risk and offering personalised advice to adults aged 40–74. Investment in such interventions offers strong returns to the wider health and social care economy. Every £1 spent on CVD prevention yields £1.40 after five years¹⁴² and £2.30 after 10 years.¹⁴³

Find free, accessible support to help you age well on Norfolk County Council's [Protect Your Health](#) webpage.

Service design must also reflect the changing needs of older people, including sexual health. People remain sexually active well into later life. Rising rates of marriage, divorce and online dating in older age suggests that people may now be in more need of sexual health services than previously.¹⁴⁴ In recent years in Norfolk screening for sexually transmitted infections (STIs) has increased in older age groups, in line with increases in all other age groups.¹⁴⁵ Screening tests are finding a similar proportion of cases as before, which suggests the prevalence of sexually transmitted infections isn't increasing in this age group.

Barriers to accessing sexual health services include stigma, cultural attitudes, lack of professional training, and poor patient–provider relationships.¹⁴⁶ Services must be inclusive and free from ageism, ensuring care is based on health needs rather than assumptions about age.¹⁴⁷

Nearly half of people living with Human Immunodeficiency Virus (HIV) in the UK are now over 50, and ageing with HIV increases the risk of multiple comorbidities.¹⁴⁸ Older adults living with HIV want age–friendly, affirming care that considers factors such as gender identity, sexual orientation, and social circumstances.¹⁴⁹



Case study:

Adapting alcohol support for older adults

Risky drinking rose during the Covid-19 pandemic and remains stubbornly high among people over 55,¹⁵⁰ with treatment demand growing in the region¹⁵¹ and alcohol-related deaths increasing in Norfolk.¹⁵² The Norfolk Alcohol and Drug Behaviour Change Service (Change, Grow, Live) offers free, confidential support through workshops, groups, and one-to-one sessions for adults, families, and carers affected by substance misuse.

**Neave's experience**

Neave, a Recovery Coordinator at CGL, shared how the team adapted support for an older client:

"My client engaged with CGL seeking support for their alcohol use, drinking whiskey four times a week. Upon entering the service, the client expressed discomfort with group settings due to their age (71 years old) and a sense of disconnection from others in those environments. We carried out one-to-one sessions, allowing for a more personalised and comfortable approach."

The client was highly motivated to improve their physical health, which had become a major concern as they aged. This focus shaped the sessions, with discussions centred on the impact of alcohol on wellbeing and strategies for healthier living.

Over time, the client achieved full abstinence from alcohol. Since then, they report feeling fitter, more energised, and more confident about their health.

Spotlight:

Physical activity

Regular physical activity is essential for healthy ageing. It supports physical and mental function, social interaction, independence, and helps manage disease symptoms.¹⁵³ Only 54% of adults in the most deprived areas of Norfolk are active, compared to 75% in the least deprived. In Norfolk, inactivity is highest in West Norfolk and Great Yarmouth.¹⁵⁴



Maintaining musculoskeletal strength through exercise is key to mobility and independent living in later life. Exercise also reduces the risk of chronic conditions such as heart disease, diabetes, stroke, and some cancers, while improving strength, balance, and reducing falls.¹⁵⁵ Beyond physical health, activity boosts mood, sleep, energy, and social connection, and lowers the risk of stress, depression, and dementia.¹⁵⁶

For mild to moderate depression, exercise – especially walking, jogging, yoga, and strength training – can be as effective as medication or therapy, with greater benefits at higher intensity.¹⁵⁷ NICE recommends physical activity programmes as a first-line option for people with mild to moderate depression and a long-term physical health problem.¹⁵⁸

The UK Chief Medical Officer advises older adults to aim for 150 minutes of moderate activity weekly, plus strength and balance exercises twice a week.¹⁵⁹ Even light activity brings benefits, but more movement means greater health and social gains.

Despite this, activity declines sharply with age. In 2023/24, 69% of adults aged 45–74 were active, falling to 56% for those aged 75–84 and just 32% for over-85s, as shown in Figure 15.

The built environment plays a major role in physical activity levels. Walkable streets, safe cycling routes, and accessible leisure spaces make access to activity easier. Older adults also may need tailored opportunities in gyms and leisure centres, where they have historically been underrepresented. A 2021 UK Active report outlined key recommendations for the sector.¹⁶⁰

UK Active recommendations:

1. Make access easy – remove digital barriers and offer flexible times.
2. Prioritise strength training early to maintain independence.
3. Create welcoming, inclusive spaces to encourage repeat visits.
4. Promote social opportunities to boost wellbeing and attendance.
5. Train staff to meet older adults' health and activity needs.
6. Categorise by ability, not age, for more relevant options.
7. Communicate clearly so older adults can make informed choices.

Percentage of physically active adults in England by age

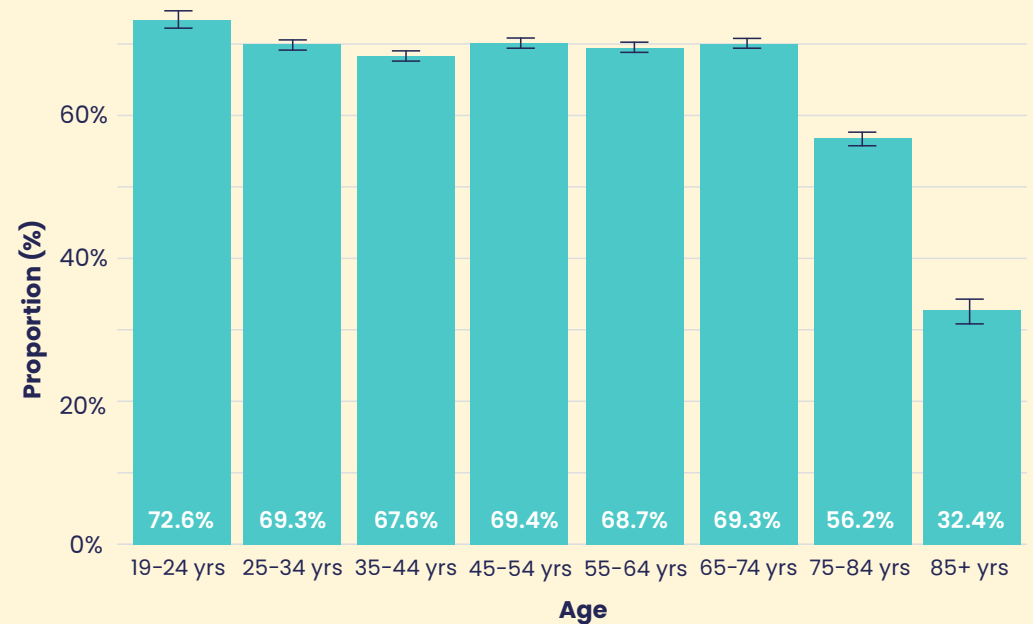


Figure 15: Percentage of physically active adults in England by age (2023/24).

Source: Office for Health Improvement and Disparities based on Active Lives Survey, Sport England data.

Case study:

Your Health Norfolk – Supporting active and independent living

Your Health Norfolk provides lifestyle services for falls prevention and weight management, including nutrition and exercise sessions.



Carol's story

Carol*, aged 71, took part in Your Health Norfolk's adult weight management initiative due to weight gain that occurred over eight years following cancer treatment. Carol was also concerned about her falls risk. Her goal was to lose weight, build up her strength, stamina and balance.

The programme combined nutrition with exercise, supporting Carol's weight loss, from 94.4kg at the start of the programme, to 85.4kg 20 weeks later. In addition, Carol felt increased strength, balance, and stamina. This has significantly improved her ability to be active.

Prior to the programme, Carol struggled to be physically active but now completes a dance class followed by four hours in her allotment. She found the impacts of the programme to be lifechanging, with the combination of nutritional advice and exercise improving all aspects of her health and wellbeing.

*Not her real name.

Section 5: Conclusions

There is a significant opportunity to define Norfolk's approach to meeting the needs of its changing population. With a rising proportion of residents aged 65 and over, and the prospect of further growth over the next 15 years, healthy ageing must be a shared societal mission. The three key sections of this report – **Healthy Communities, Healthy Places** and **Healthy People** offer complementary perspectives on how collectively we can meet that mission.

Conditions for a good later life are built across the life course, shaped by the places we live, the relationships we nurture, and the opportunities and services we can access. Norfolk has many strengths, relatively high vaccination coverage, strong volunteering cultures, and rich natural assets. However, inequalities in digital access, transport, housing quality, and health behaviours still drive preventable and unfair gaps in both life expectancy and healthy life expectancy.

Healthy Places, Communities, and People are not siloed agendas – they are mutually reinforcing. When we strengthen any one domain, we amplify the others. Conversely, when deprivation, poor housing, limited transport, or digital exclusion constrain a person's environment, it becomes harder to maintain healthy behaviours, stay connected, and access services.

Older people should be actively involved in shaping solutions from the start. Co-production and approaches such as Asset-Based Community Development (ABCD) can help move away from institutional dependence toward community interdependence. Tackling stigma and fostering inclusive, supportive environments will be key to achieving this vision.

The challenge is clear: without action, the county will see growing pressure on health and care systems, unpaid carers, and communities. By investing in **prevention, early intervention, and reducing inequalities**, Norfolk can enable more people to live longer, healthier, and more independent lives.



Recommendations for Norfolk

Healthy ageing is everyone's business. This report suggests recommendations for residents, organisations and system partners that reflect the strengths and opportunities presented in this report:

Recommended actions for Norfolk residents

Healthy ageing starts early, but it's never too late to start.

Circumstances and behaviours throughout life shape health in later years, but meaningful gains are possible at any age.

Move more for strength and balance. Try to be active every day and add strength and balance twice a week (e.g. sit-to-stand, Tai Chi, resistance bands, gardening). Consider building active travel into journeys.

Protect your health. Take up invitations for vaccinations (flu, COVID-19, shingles and RSV where eligible), screening (bowel, breast, cervical and abdominal aortic aneurysm) and NHS Health Checks (for those eligible aged 40–74).

Stay connected. Join a local group, volunteer, or check in with a neighbour. Even one regular weekly connection protects mental and physical health.

Ask for help if you don't know where to start. Norfolk has a wide range of support available across topics that contribute to healthy ageing. Don't struggle alone – reach out to friends, family or professionals. For more information go to Norfolk County Council's Healthy Ageing webpages.

Recommended actions for individual organisations in Norfolk

Be age-friendly employers. Follow age-friendly employer principles, including where possible offering flexible work, age-inclusive recruitment, and workplace adjustments so people aged 50+ can stay, progress or return to work.

Design for inclusion to tackle discrimination and stigma.

Make venues and services easier to use: step-free access, clear signs, seating, quiet hours, hearing loops, large print and plain-language age positive communications can all help. Organisations can use tools such as Norfolk's Healthy Ageing campaign resources, to support communications. To access go to Norfolk Healthy Ageing Campaign Assets.

Build connection into everything you do. Create low-cost, regular activities and "connector" roles to welcome newcomers and link people to support. This is especially important in rural or coastal areas where transport may be a significant barrier.

Support digital confidence. Explore digital barriers with residents and support available to improve this, offer public Wi-Fi/data in estates where possible, and link those experiencing digital exclusion with others that can help.

Co-produce with older people. Involve older residents from the start in designing groups, classes, services or policy improvements – and act on their feedback.

Recommended actions for system partners in Norfolk

Embed Healthy Ageing considerations in all policies and strategies. Plan for Norfolk's growing older population and its impact on health, housing, transport, and infrastructure.

These policies and strategies should consider targeted action to tackle inequalities, using population health data to prioritise key geographies and cohorts for intensified prevention activity. Tools such as the Norfolk and Waveney Health Inequalities Toolkit are available to support decision making.

Support mental health in later life. Improve our understanding of mental health and mental illness in later life in Norfolk, and the evidence-based approaches to respond.

Work together to tackle multiple health risks. Commissioners and services should seek to work relationally and collaborate to support people in a holistic way, tailoring support, empowering residents to live their best life as they define it, and designing services around what matters to each resident. This means providing whole life help rather than addressing various issues in isolation.

Collaborate to create age-friendly places and communities.

Build upon existing impetus to use Age Friendly principles to improve our places and communities across the eight domains (Outdoor Spaces & Buildings, Transportation, Housing, Social Participation, Respect & Social Inclusion, Civic Participation & Employment, Communication & Information, and Community Support & Health Services).

Use this report as a resource to inform and enhance transformation and integration across Norfolk. It provides an opportunity for all partnerships including the Health and Wellbeing Board, Place Boards and Health and Wellbeing Partnerships to explore opportunities within their influence to support healthy ageing in Norfolk.



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Infographic sources

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Healthy ageing
**It's never
too late**



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