State of Norfolk and Waveney health report 2022

Summary

Population and life expectancy: The population in Norfolk and Waveney continues to grow, particularly in older age groups. Stagnating life expectancy and decreasing healthy life expectancy means Norfolk and Waveney residents, particularly women, spend a significant proportion of life in poor health.

Deaths: The early phase of the COVID-19 pandemic saw higher death rates than in previous years. The general trend is towards more deaths of older people that are associated with frailty conditions such as dementia, which will continue to place significant demands on services.

Multiple long-term conditions: With more people reaching older ages, having multiple health conditions, including mental health conditions, becomes more common and health care needs become more complex. An increase in the number of people with long term conditions poses a significant challenge for health care.

Health risk factors: Significant ill health due to behavioural risk factors such as smoking, poor diet, insufficient exercise, and alcohol consumption represents a major challenge for health and social care. Undiagnosed high blood pressure poses a significant risk for premature death. Inequalities in behavioural risk factors contribute to inequalities in life expectancy.

Impacts of COVID-19: There is some evidence that impacts of COVID-19 are felt unequally between different socioeconomic groups. Generally, impacts on services and behaviour are likely to have negative consequences for health outcomes such as increased demand for emergency care and delayed diagnoses of long-term conditions, mental health conditions and cancer.

Note on the impact of COVID-19

The data presented here is a snapshot of the state of health in Norfolk. Data for most of the indicators does not cover the period of the COVID-19 pandemic. The few behavioural risk factors for which available data overlaps the COVID-19 pandemic indicate mostly negative effects of the pandemic (Department of Health and Social Care & Office for National Statistics 2021).

As a result, besides the direct impact of COVID-19 on metrics such as life expectancy in the years of the pandemic, we might expect a worsening of other health outcomes over the next few years through indirect impacts (see section 5).

How to request this information in an alternative format or language

IN TRAN® communication for all

If you need this document in large print, in audio, Braille, in an alternative format or in another language, please contact customer services on 0344 800 8020 or, for Text Relay, call 18001 0344 800 8020 (text phone) and we will do our best to help you.

Are we living longer?

Population

The population of Norfolk and Waveney is growing. Since 2011, Norfolk and Waveney's population has increased by an estimated 57,900 people to 1,032,700 people (Office for National Statistics 2021). The population is forecast to increase by a further 111,700 over the next 20 years (Office for National Statistics 2020).

Most of the population increase will be in the older age groups, with those aged 65+ increasing by 93,900 (Figure 1).

From 2020 to 2040 there will be an estimated:

- 36% increase in people aged over 65, mostly in those aged 75+
- 3% increase in people of working age
- 1% decrease in children and young people

This increase in older people means that by 2040 the non-working age population (those aged under 16 or over 65) will have increased by almost 91,500 whereas the working age population will have increased by just over 20,200 (Figure 1). This means there will be fewer people of working age for every person under 16 or over 65. Planned increases in the state pension age will only partially offset this relative increase of pensioners.

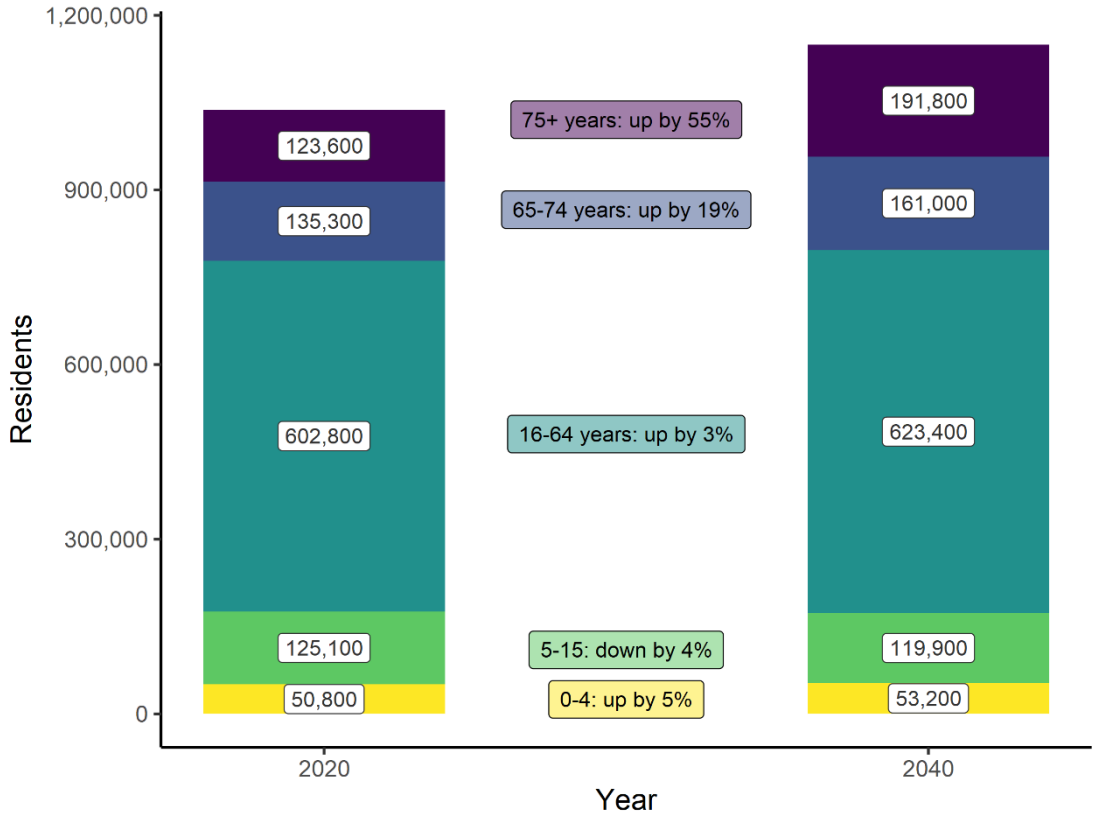

Figure 1. *Projected change in the Norfolk and Waveney population. (Source: Office for National Statistics Population Projections)*

Life expectancy

Nationally, life expectancy has continued to improve throughout the past few decades. This has been attributed to improvements in public health (such as childhood immunisation), medical advances in treating diseases (such as heart disease and cancer), as well as lifestyle

changes (such as a decline in smoking). This improvement has also been observed locally in Norfolk and Waveney. Life expectancy in Norfolk and Waveney has consistently been higher than the national average for both males and females over time.

However, over the last ten years this improvement had levelled off and, most recently, life expectancy has declined nationally and locally for both males and females (2018-20). For Norfolk and Waveney, life expectancy fell slightly for males to 79.9 years and for females to 83.8 years (Figure 2).

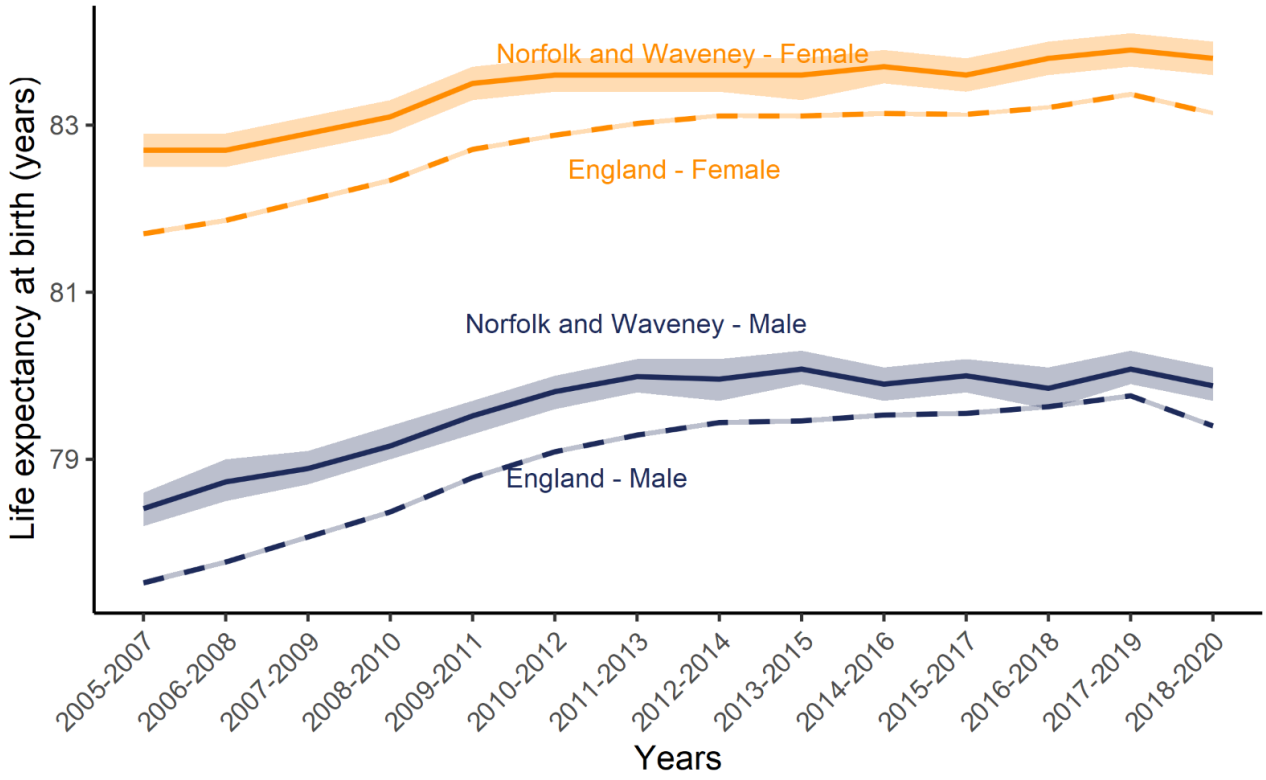

Figure 2. *Trend in life expectancy for females and males in Norfolk and Waveney compared to England. (Source: Office for National Statistics)*

Health life expectancy

Living a healthy life is as important as living a long life. 'Healthy life expectancy' is the average number of years that a person can expect to live in "full health". Latest data (2018-2020) shows, on average, that a female in Norfolk would expect to live to approximately 84 years old but have a healthy life expectancy of 63.9 years (Office for Health Improvement and Disparities 2022). This means that a woman spends approximately 24% of her life or 20 years in poor health (Figure 3). Males, in contrast, are expected to live to approximately 80 years, with a healthy life expectancy of 62.9 years, meaning that they spend 21% of their total life or 17 years and 1 month in poor health.

Although females live longer than males, they spend a longer amount of their life in poor health. This is in line with what we see nationally.

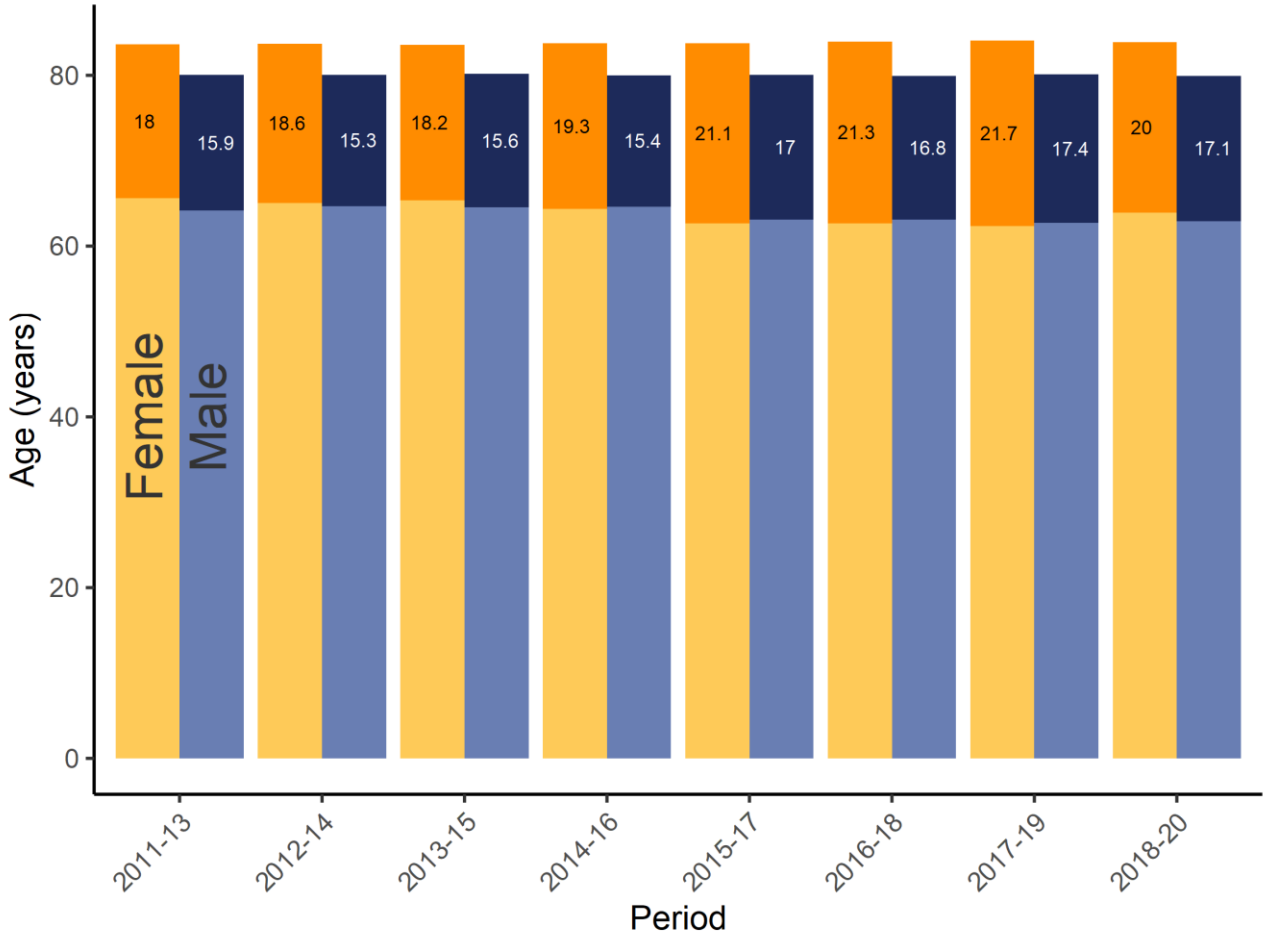

Figure 3. *Healthy life expectancy and life expectancy by gender for Norfolk from the periods 2011-13 to 2018-20. The dark coloured gap depicts the period of years in which there is expected poor health. (Source: Office for National Statistics)*

Key messages

- The total population of Norfolk and Waveney is increasing and most of the increase in population will be in those 65 years or older.
- The increase in life expectancy has come to a halt and has reversed during the early phase of the COVID-19 pandemic.
- There is a significant period where people are living in poor health, and this has increased more for women.
- From the age of 65 years, on average people will spend about half of their remaining years in ill health.

What are we dying from?

Death rates

With the improvements in life expectancy over past decades we have seen year on year reductions in death rates until 2019. In 2020, the death rate has increased due to COVID-19. Generally, as the population in Norfolk and Waveney increases and ages, the actual number of people dying each year is increasing (Figure 4).

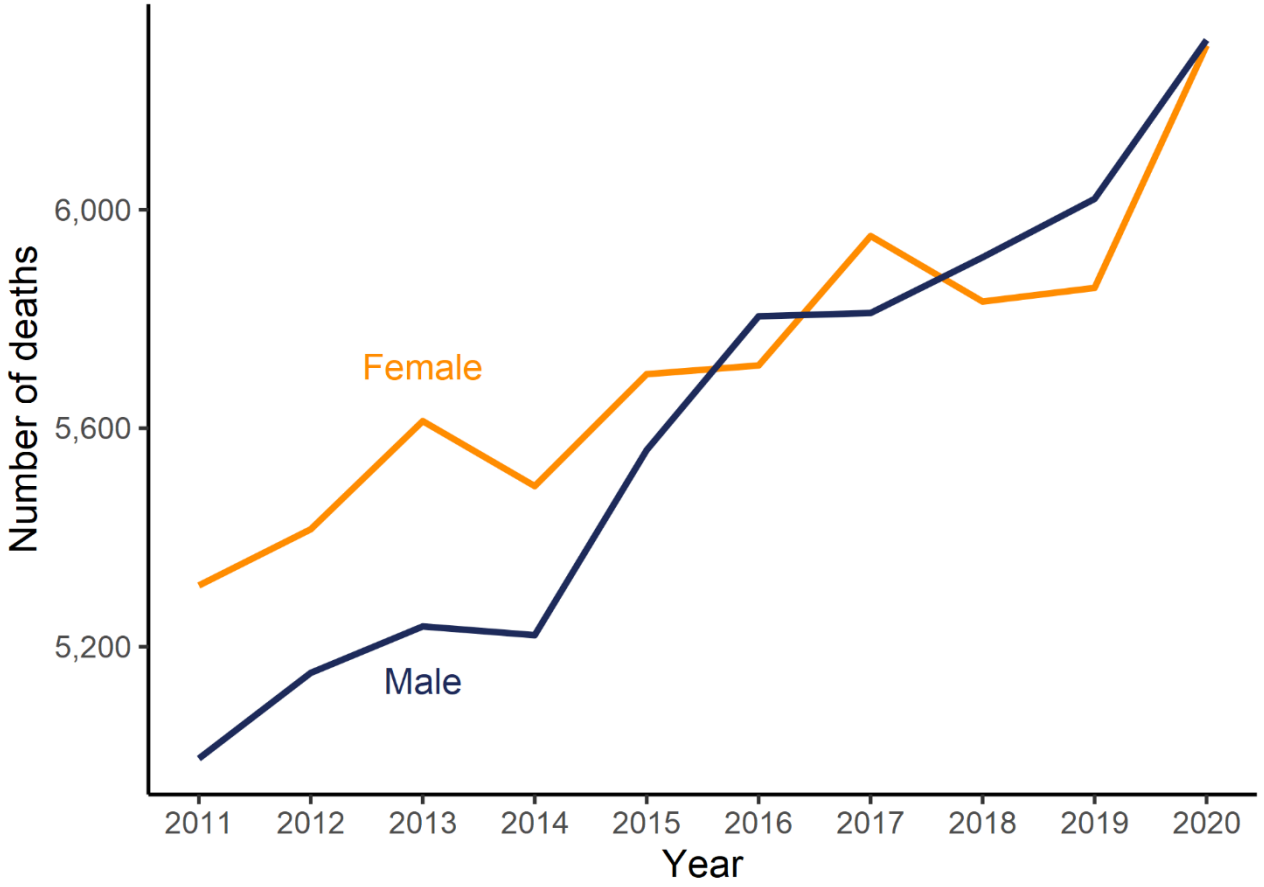

Figure 4. *Deaths of Norfolk and Waveney residents 2011 to 2020. (Source: NHS Digital)*

Most deaths are in older people, with very few deaths in younger age bands. For example, in 2019 the total number of deaths for those aged 5-29 was 80 (less than 1% of total deaths) and the most common age at which people died was 88. The increase in total numbers of deaths and the increasing age at death puts increasing needs for care onto our health and social care services.

Comparing 2020 with 2019 shows that COVID-19 has caused a further increase in the number of deaths but has not caused a major change in the age distribution of deaths in Norfolk and Waveney (Figure 5).

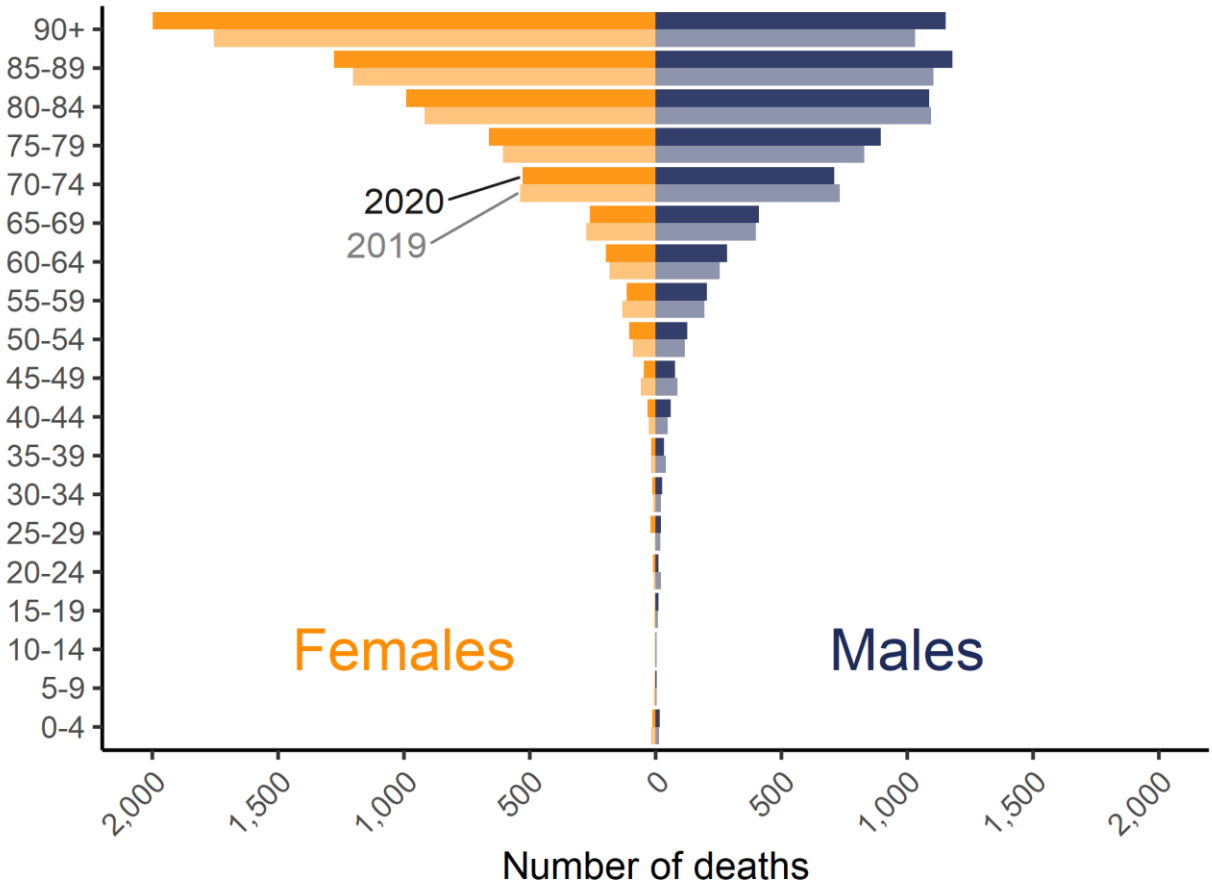

Figure 5. *Deaths by age group and sex in Norfolk and Waveney 2019 and 2020. (Source: NHS Digital)*

Cause of death

As we are living longer, the leading causes of death are changing.

The death rates from heart disease and stroke, once clearly the most common causes of death, have reduced substantially in the last decade (Figure 6). At the same time there has been a doubling of the death rate from conditions associated with extreme old age and frailty such as dementia, which is now the leading cause of death in women.

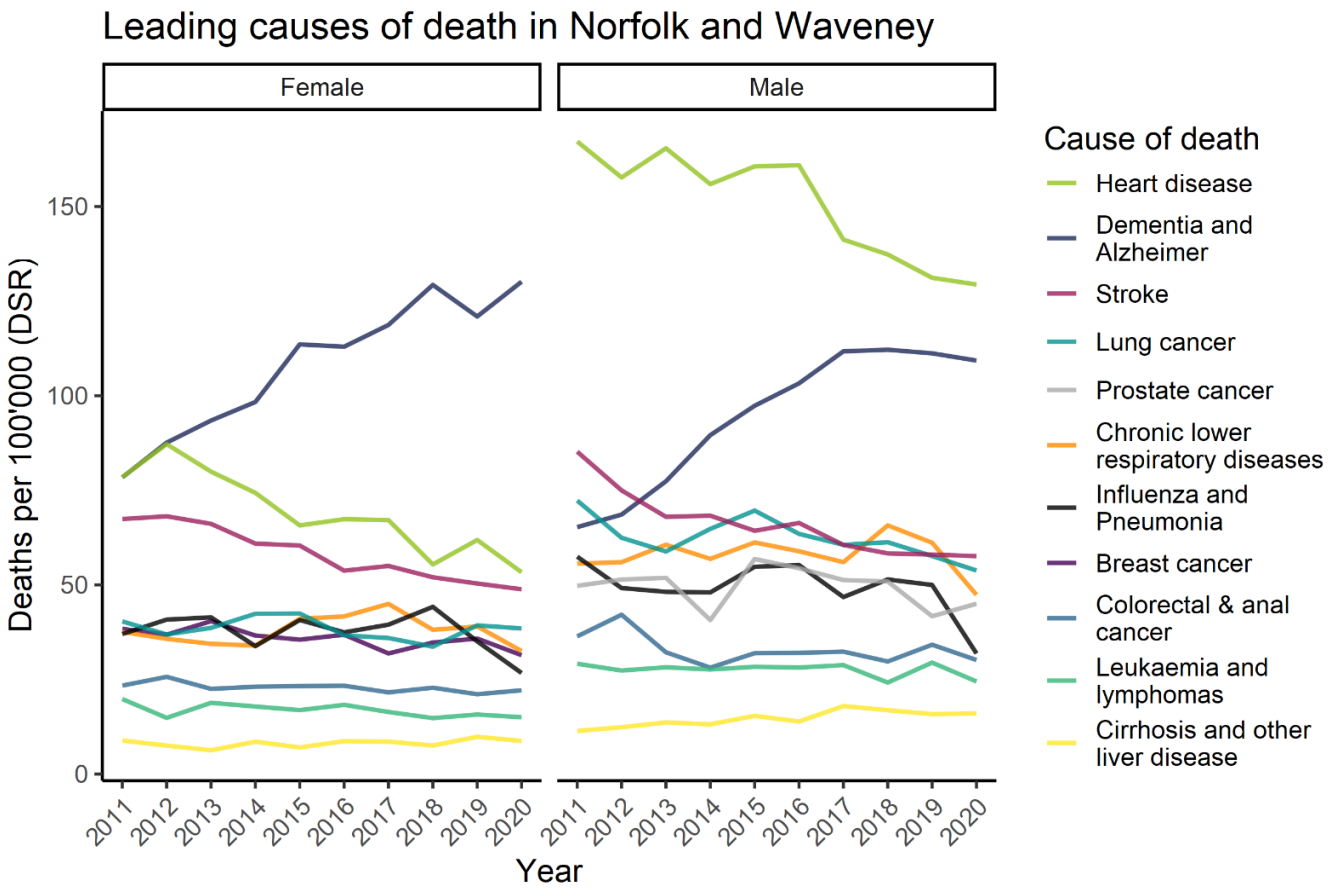

Figure 6. *Trends in selected leading causes of death for women and men in Norfolk and Waveney 2011-2020. (Source: NHS Digital).*

Key messages

- As our population increases and ages, we are seeing drops in death rates but increases in the total number of deaths.
- Most deaths are in the older age groups and associated with frailty conditions such as dementia.
- This changing pattern of health and care needs has significant implications for services.
- COVID-19 has led to increased death rates in 2020.

What's making us ill?

Years lost to disability

A large burden of ill health across our population is due to conditions that we live our life with. When we calculate the impact of these conditions, we find that the highest burdens of ill health (or years lost to disability) are due to conditions such as back pain, depression, headaches and (mostly type 2) diabetes (Figure 7; Institute for Health Metrics and Evaluation 2022).

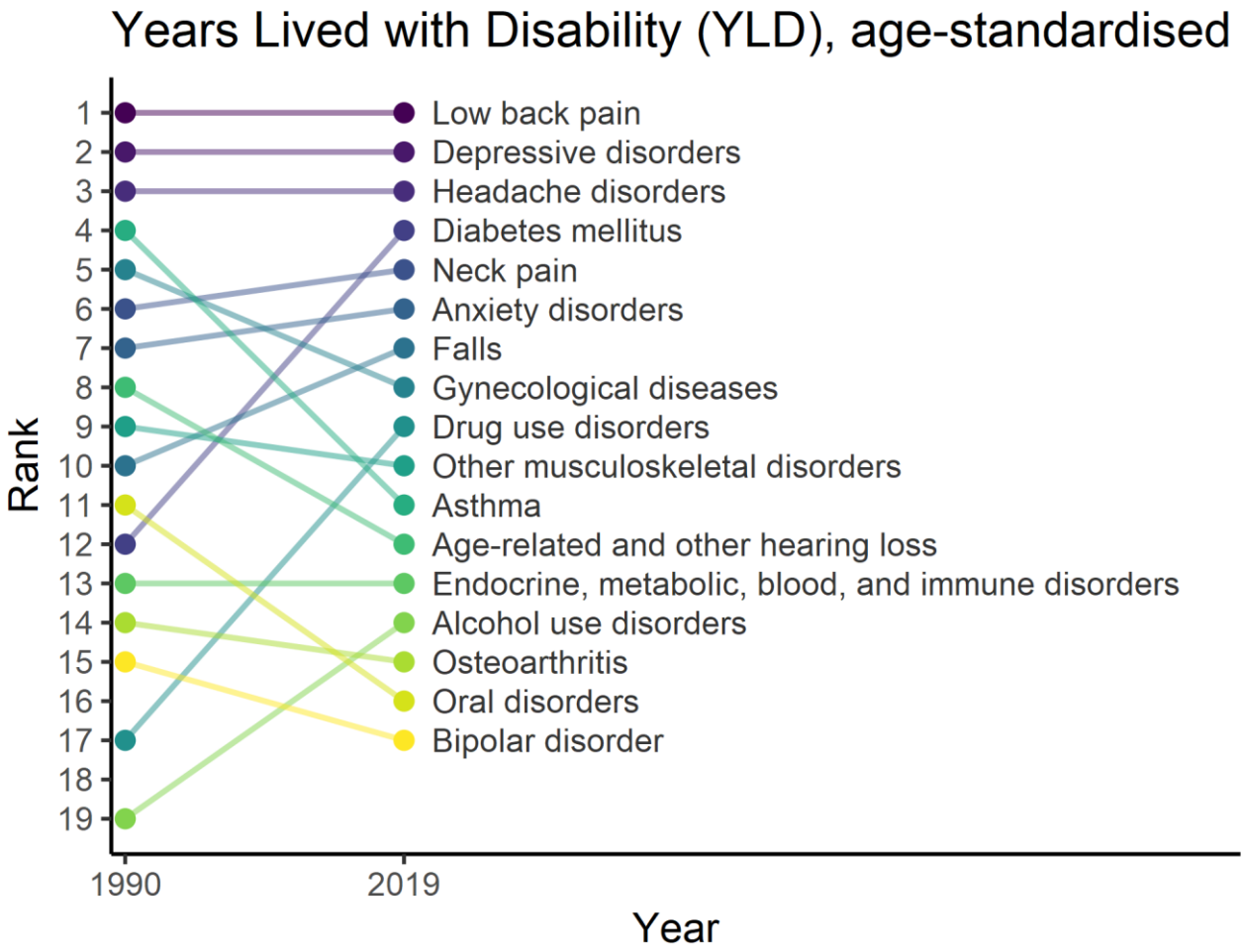

Figure 7. *Trends in the ranking of causes of years lived with disability in Norfolk 1990-2019. Data not available for Waveney area. (Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. www.healthdata.org).*

As we age, the type and number of health conditions that we experience changes (Figure 8). Skin conditions are the most common conditions in children. In teenagers and young adults mental disorders are the most common, throughout working age muscular and skeletal problems increase and come to dominate, and in old age we experience more neurological disorders and problems with eyesight and hearing loss. Ill health increases with age, with rates for those in their 80s almost double the rates for those in their 60s, which in turn are almost double that of those in their 20s (Figure 8).

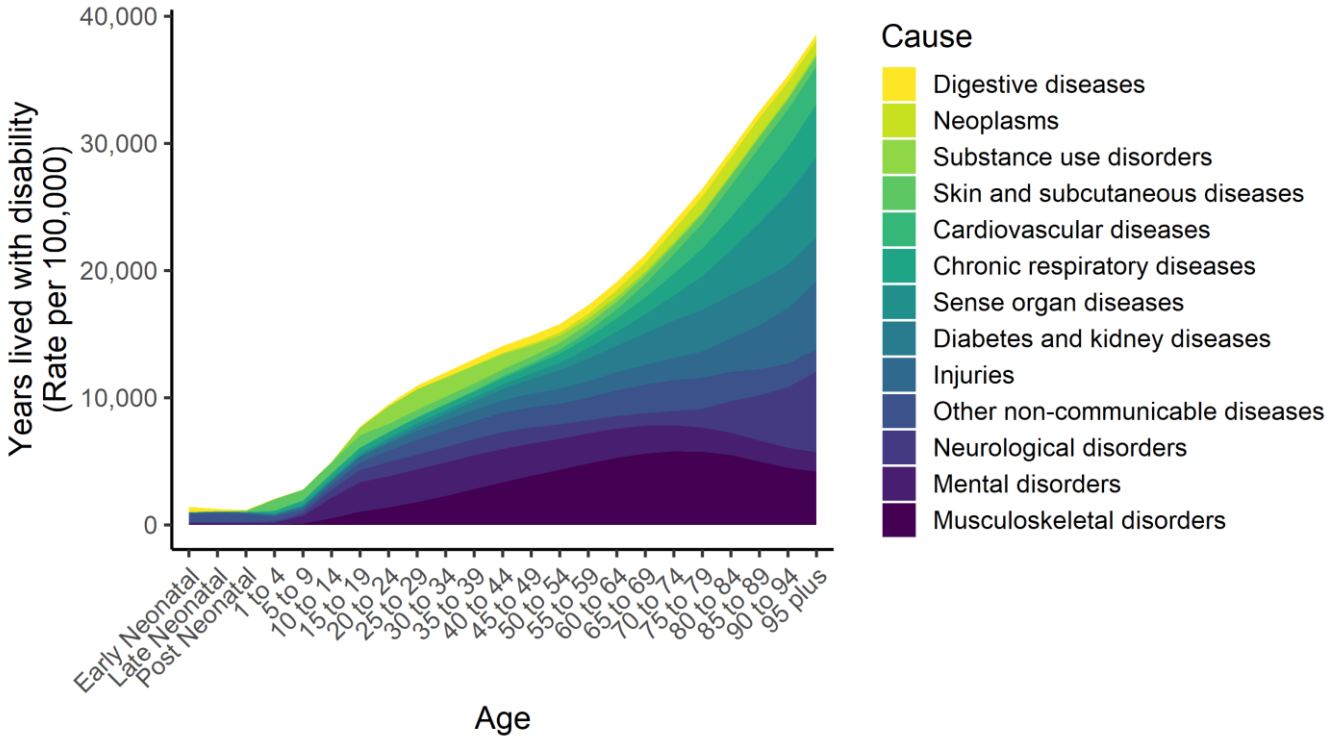

Figure 8. *Causes of years lived with disability across age groups in Norfolk 2019. (Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. www.healthdata.org).*

Multi-morbidity

It is increasingly common for people with a long-term health condition to have at least one other condition. The number of comorbidities increases with age, with older people more likely to have several long-term conditions (Figure 9).

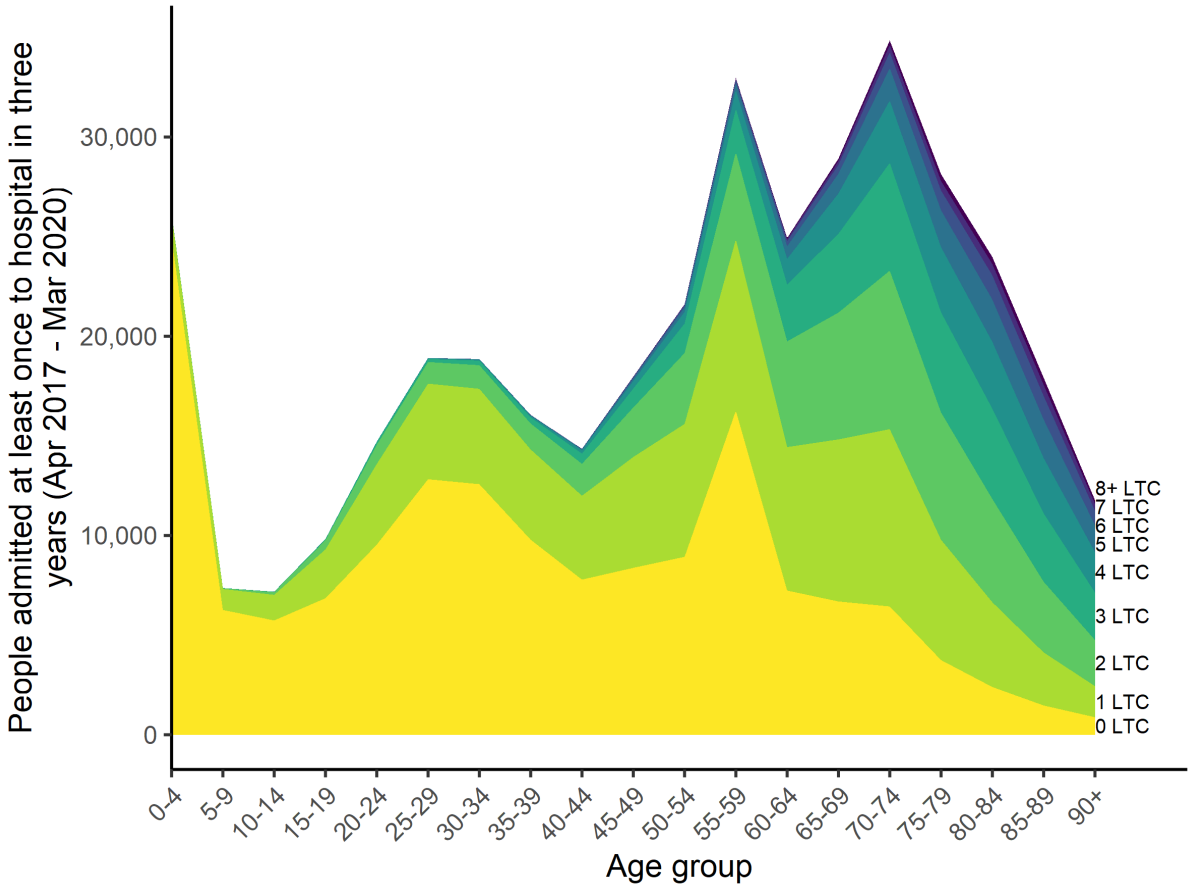

Figure 9. *Number of long-term health conditions (LTC) across hospital patient age groups in Norfolk and Waveney 2017-2020. (Source: HES—NHS Digital).*

The most common combinations of diagnoses as a reason for hospital admission are high blood pressure along with heart disease or diabetes (Figure 10).

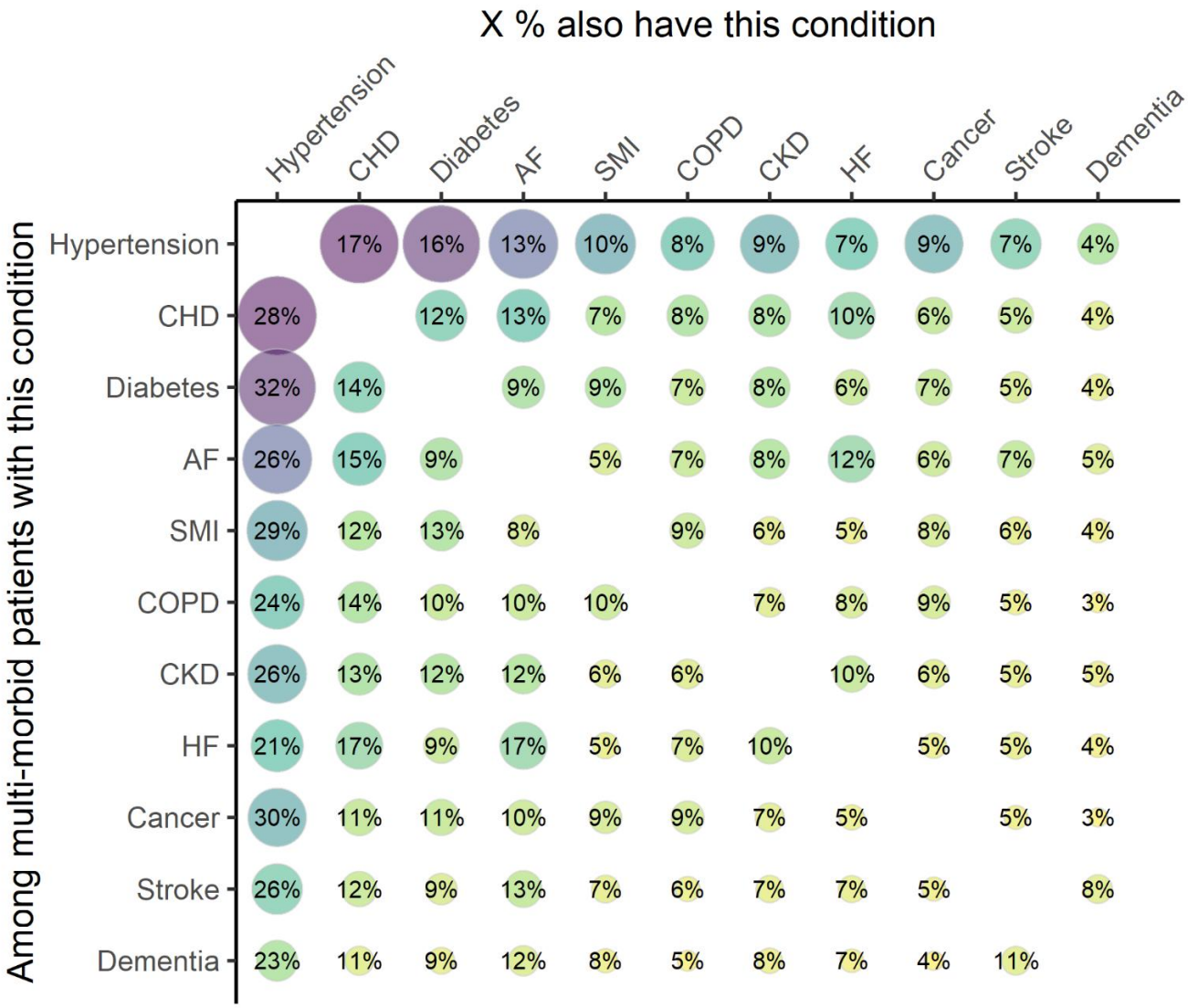

Figure 10. *Comorbidities of the most common long-term health conditions among hospital patients in Norfolk and Waveney 2017-2020 (Source: HES—NHS Digital). Size and colour of circles indicate the number of patients. CHD = coronary heart disease, AF = atrial fibrillation, SMI = severe mental illness, COPD = chronic obstructive pulmonary disease, CKD = chronic kidney disease, HF = heart failure.*

By 2040, there will be an estimated 27% increase in patients admitted to hospital with multi-morbidity. The more health conditions a person has, the more complex their health and social care needs.

Mental Health

As a group of conditions, mental health disorders are a leading cause of ill health. This reflects the fact that most mental health conditions start early in life, some of them are very common (e.g. depression and anxiety) and many have a major impact on quality of life.

It was estimated that 134,000 people lived with a common mental disorder (CMD) in Norfolk and Waveney in 2017 (Office for Health Improvement and Disparities 2019).

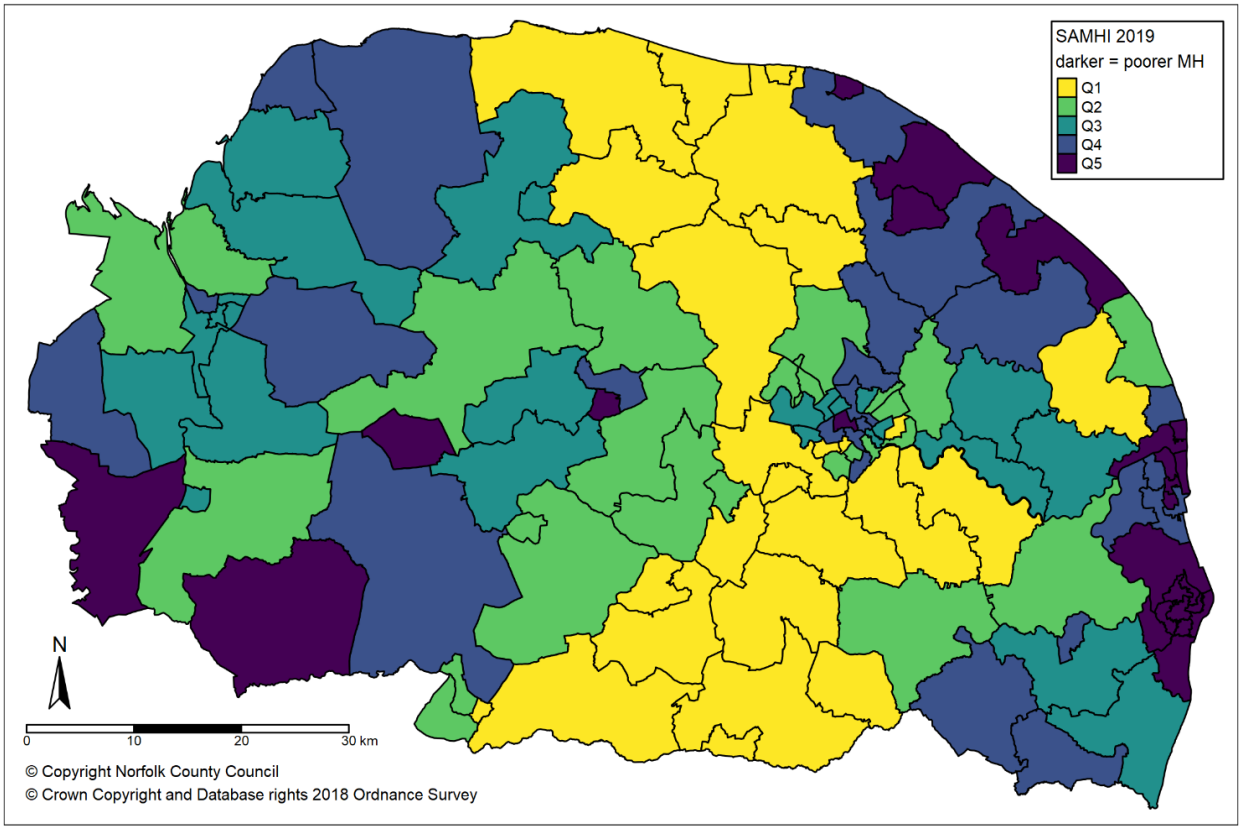

Figure 11. *Mental health (Small Area Mental Health Index 2019) in small areas in Norfolk and Waveney. Based on combined data from NHS, GPs, Quality and Outcomes Framework and Department for Work and Pensions, averaged at small area (MSOA) level and split into quintiles with an equal number of MSOAs (Source: Daras and Barr 2021)*

Key messages

- Leading causes of disability and ill health are back pain, depression, headaches and diabetes. These conditions constitute a significant proportion of health and care service needs.
- As our population ages, having several illnesses is becoming more common—making care needs more complex.
- Mental health conditions, especially depression and anxiety, constitute a significant burden of ill health.

Can we be healthier

Risk factors for ill health

Trends in ill health are influenced by a broad range of factors. Some of these, like our genetics, age and sex, we are not able to influence. Other factors, particularly individual behaviour, can be changed. These individual lifestyle risk factors influence not just whether we become unwell, but also when we do and the impact of illness on our quality of life. These risk factors are preventable and changing lifestyles can reduce or prevent illness.

Healthy lifestyles

Smoking remains the single largest risk factor contributing to deaths in Norfolk (Figure 12; Institute for Health Metrics and Evaluation 2022). The number of deaths in Norfolk attributable to smoking in 2017-19 was about 3,700, giving an age-standardised rate lower than the England average. Around one in seven adults in Norfolk still smoke, which is similar to the England average (Office for Health Improvements and Disparities 2021). Nevertheless, Norfolk has a high rate of smoking-related hospital admissions, as well as a high percentage of mothers smoking at time of delivery. Improvements have been made in recent years, but to a lesser degree than the England average (Figure 13).

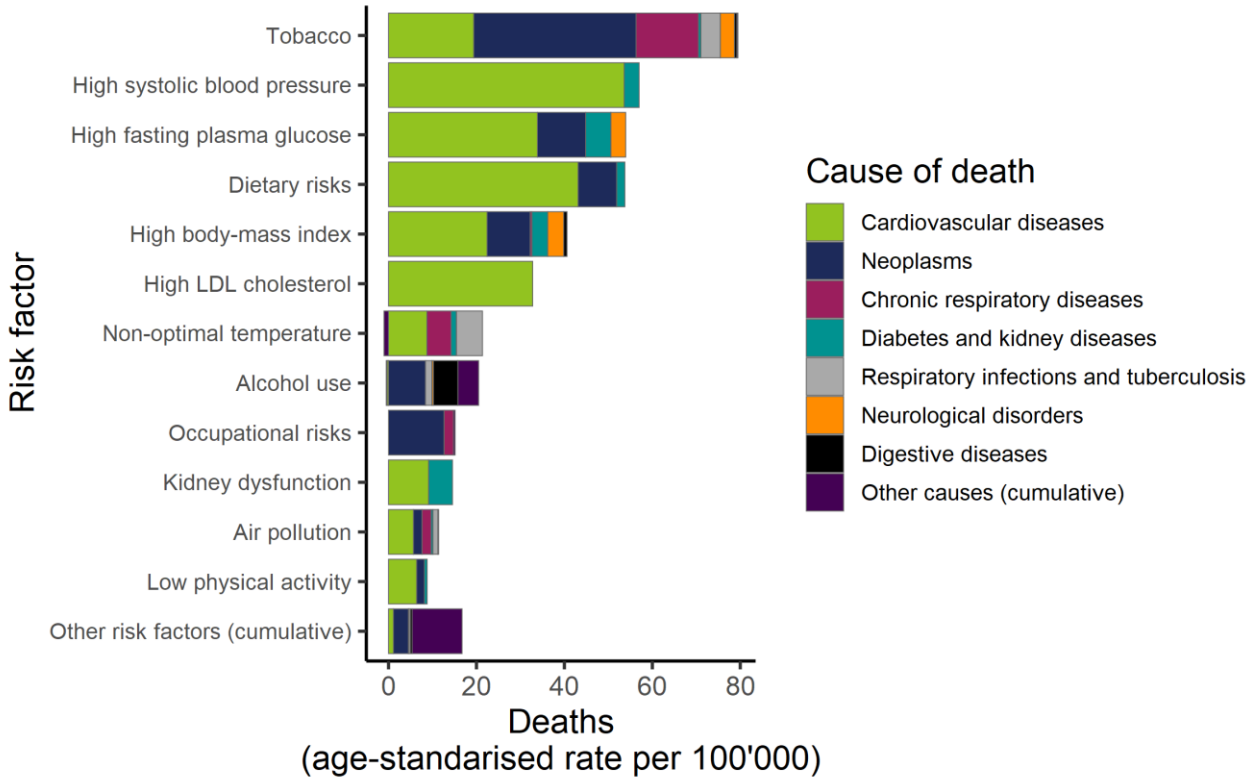

Figure 12: *Attribution of risk factors to causes of death in Norfolk, 2019 (Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. www.healthdata.org).*

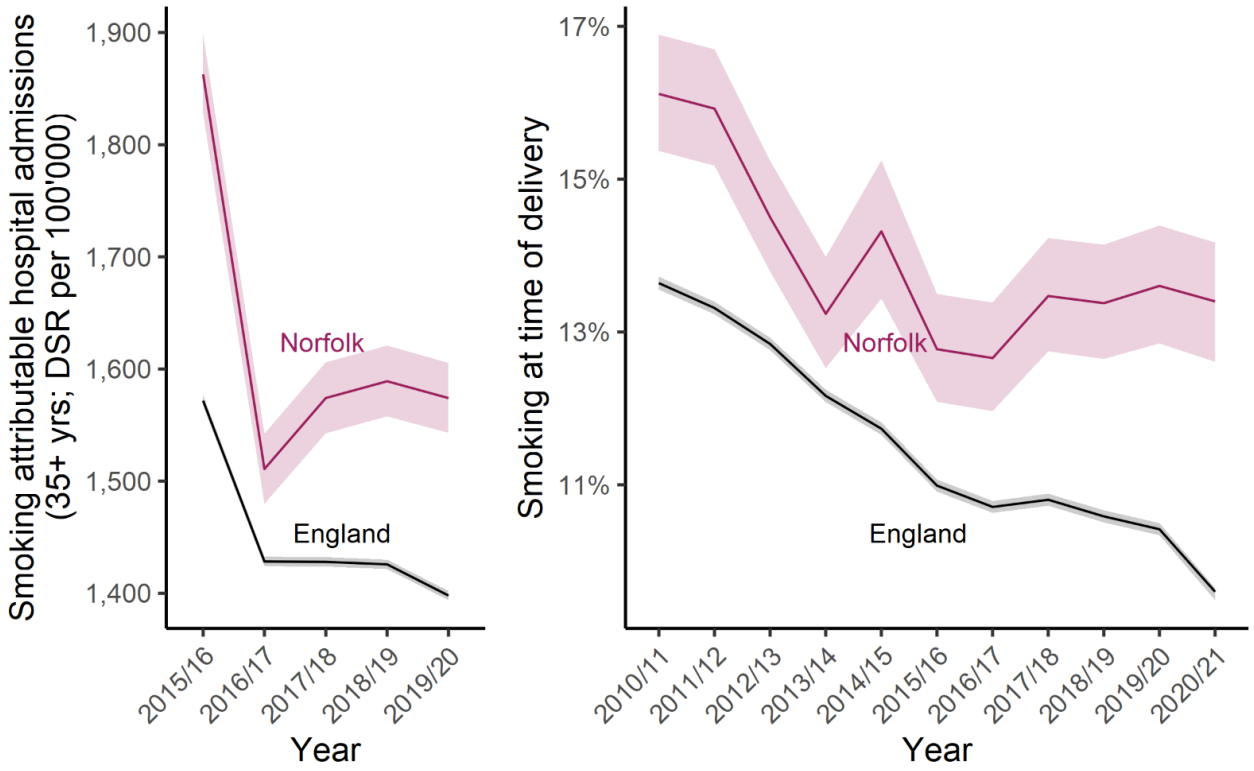

Figure 13: *Smoking attributable hospital admissions and smoking at time of delivery in Norfolk and England (Source: Office for Health Improvement & Disparities).*

Excess weight is the leading preventable risk factor for morbidity, contributing to diabetes, musculoskeletal disorders, respiratory and heart disease (Figure 14). In Norfolk almost two in three adults are estimated to be overweight or obese. The percentage of physically active children and young people has dropped below 40% in 2020/21, which was significantly lower than the England average. In some local areas in Norfolk and Waveney, more than four in ten children in Year six are overweight or obese (Figure 15; Office for Health Improvement and Disparities 2021).

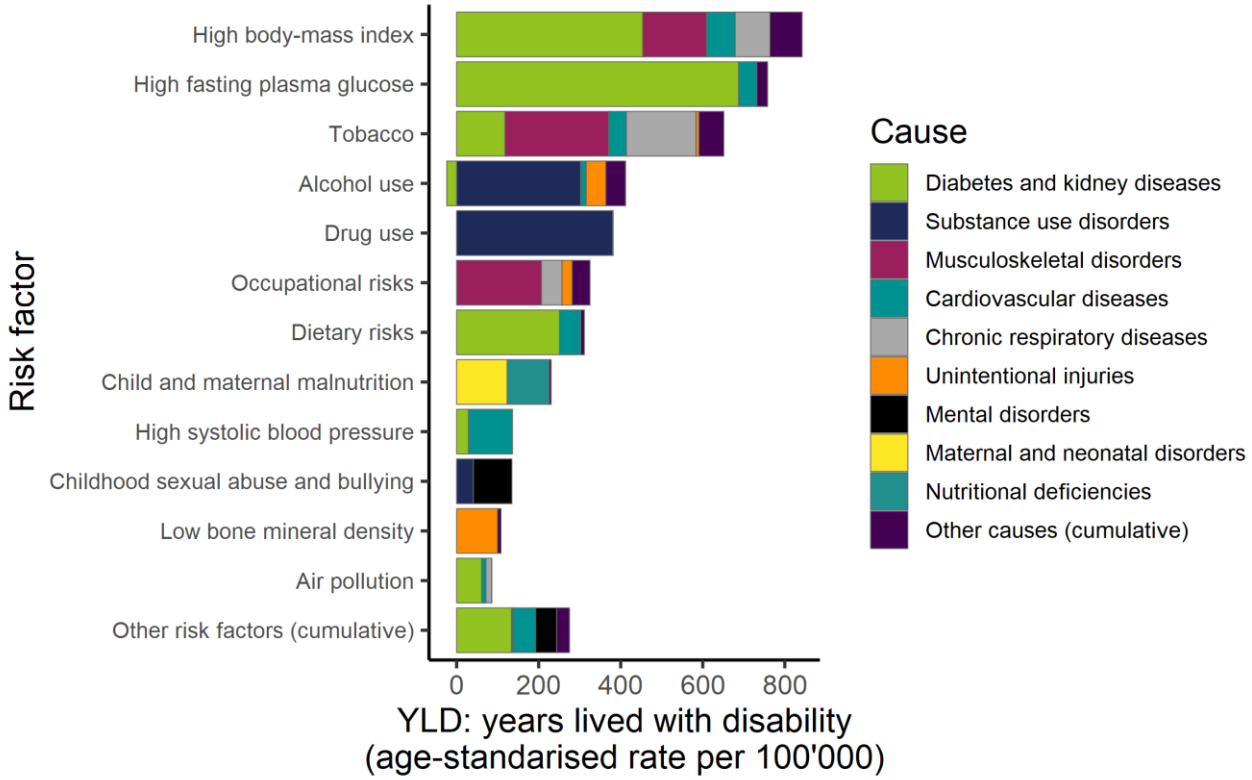

Figure 14: *Attribution of risk factors to causes of years lived with disability in Norfolk, 2019 (Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. www.healthdata.org).*

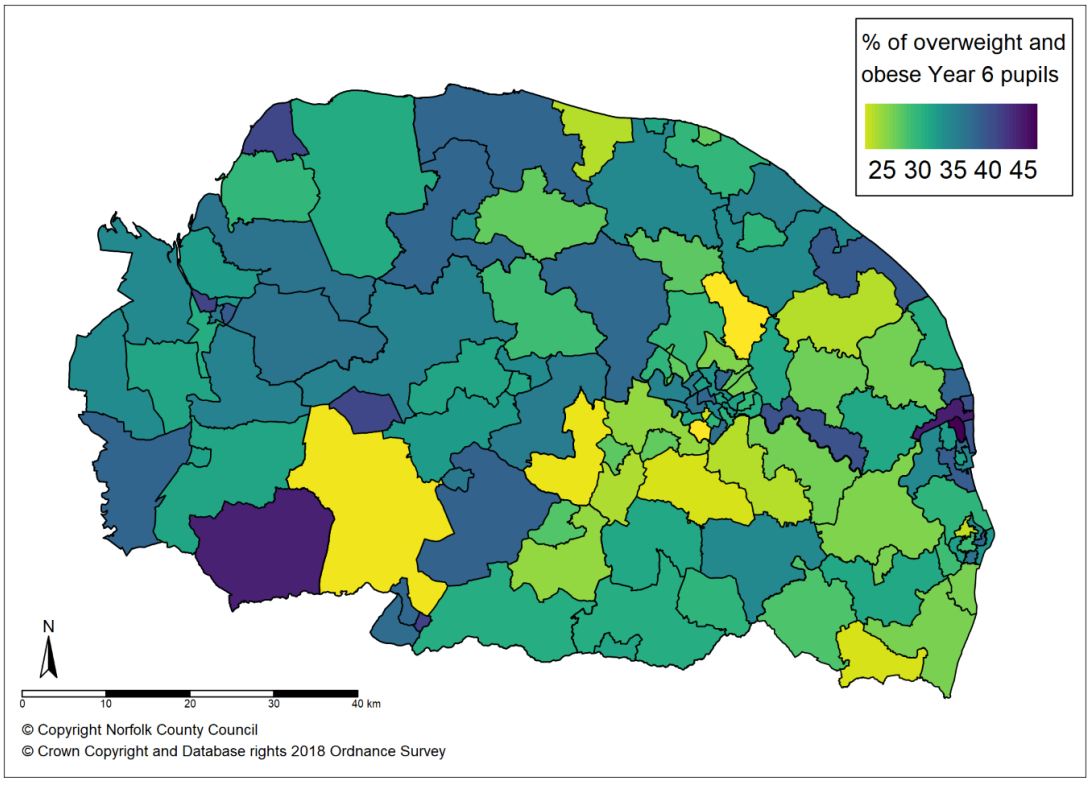

Figure 15: *Estimated prevalence of overweight and obese school children in Year 6 in small areas of Norfolk and Waveney, 2017-2020 (Source: Quality and Outcomes Framework).*

High Blood Pressure

High blood pressure is another main risk factor for ill health besides smoking and poor diet in Norfolk. It increases the risk of developing heart disease, strokes, kidney disease and dementia. Many people, estimated to be 89,000 people in Norfolk and Waveney, are unaware that they have high blood pressure and are therefore at high risk of developing these diseases (Figure 16; Office for Health Improvement and Disparities 2021).

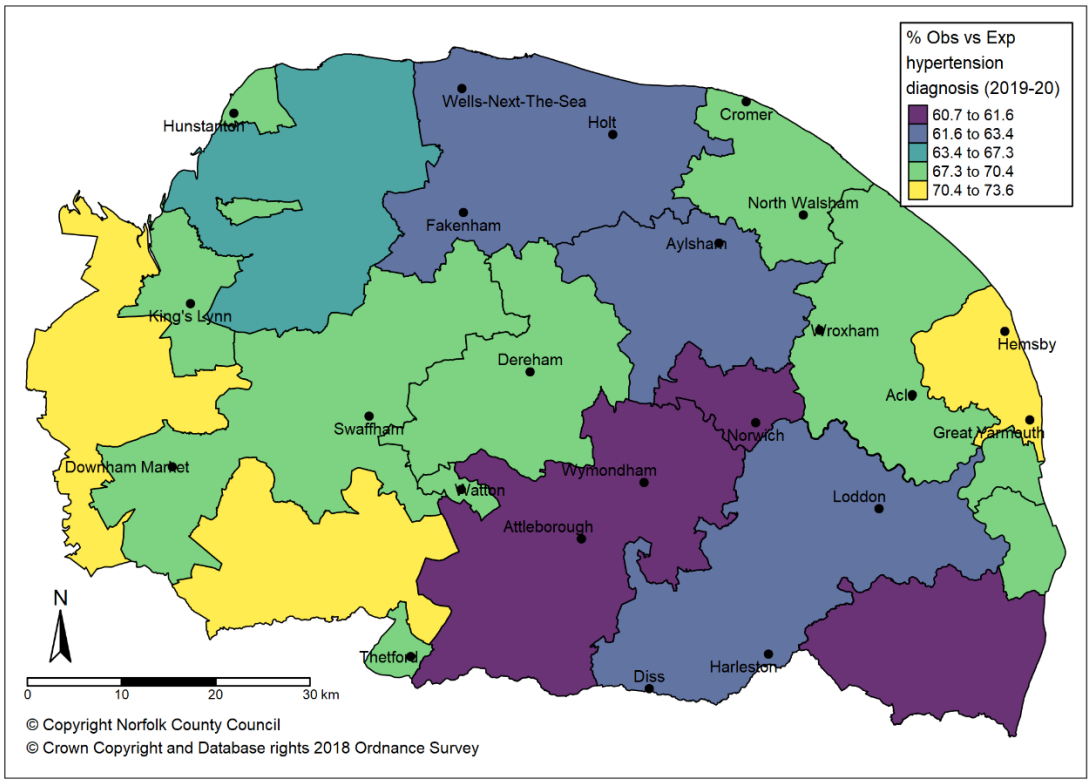

Figure 16: *Observed versus expected diagnosis of hypertension in Primary Care Networks in Norfolk and Waveney, 2019-2020 (Source: Office for Health Improvement & Disparities).*

Alcohol Consumption

Alcohol consumption is the biggest risk factor of ill health, premature death, and disability for younger adults (aged 15-49 years). The rate of alcohol-related hospital admissions is higher in Norfolk than England at 4,569 admissions in 2020/21 (Office for Health Improvement and Disparities 2022). However, admissions decreased in Norfolk in 2020/21, in line with national trends. This may reflect changes in factors such as an overall reduction in non-COVID-19 hospital activity and a reduction in primary care consultation rates in 2020.

Nonetheless, there have been increases in alcohol-specific admissions in Norwich and King's Lynn & West Norfolk, indicating the continued need for care and services for people with alcohol issues in these areas (Figure 17).

Between 2019 and 2020 alcohol-specific deaths increased by around 20% nationally, which may be linked to an increase in alcohol consumption during the COVID-19 pandemic, particularly in groups that were the heaviest consumers before the pandemic (Department of Health and Social Care & Office for National Statistics 2021, P34). Locally, the rate of alcohol-specific deaths has increased in Norfolk compared to the long-term average. Early deaths from alcoholic liver disease are the biggest contributor to alcohol-specific mortality, contributing to about half of the deaths (Figure 18).

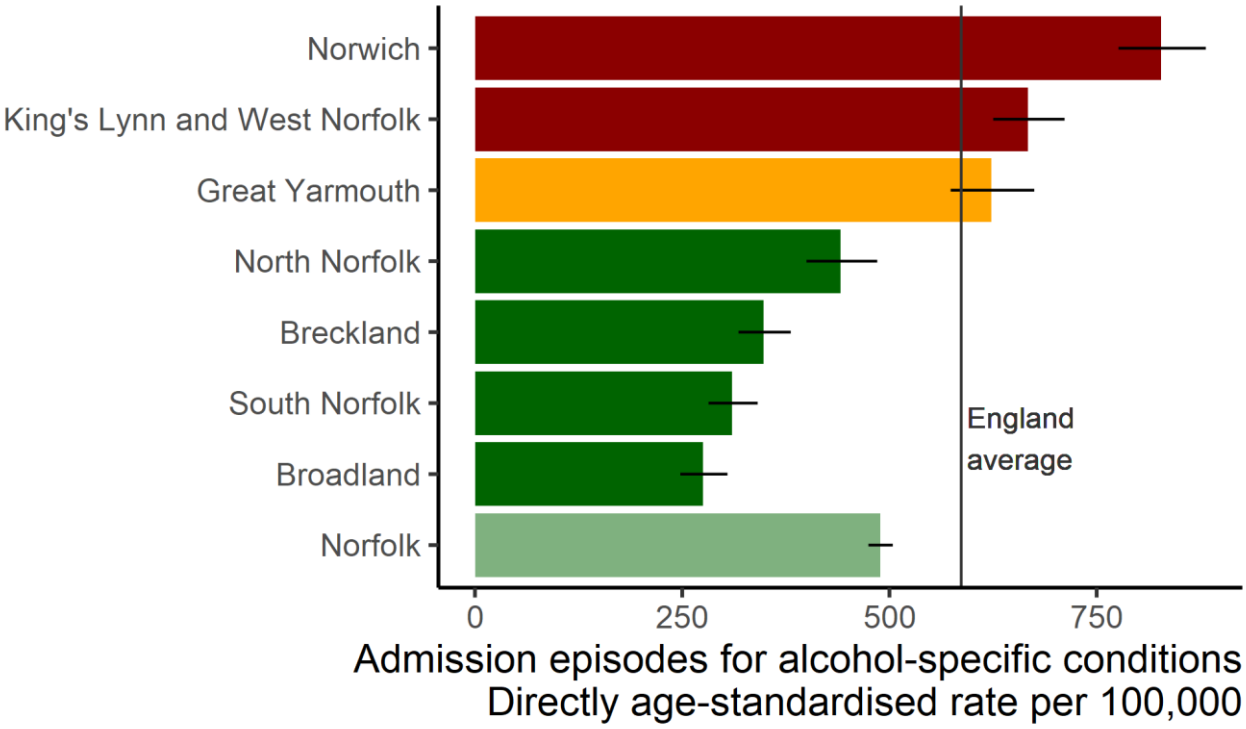

Figure 17: *Alcohol-specific hospital admissions in Norfolk district areas compared to England, 2020/21 (Source: Office for Health Improvement & Disparities).*

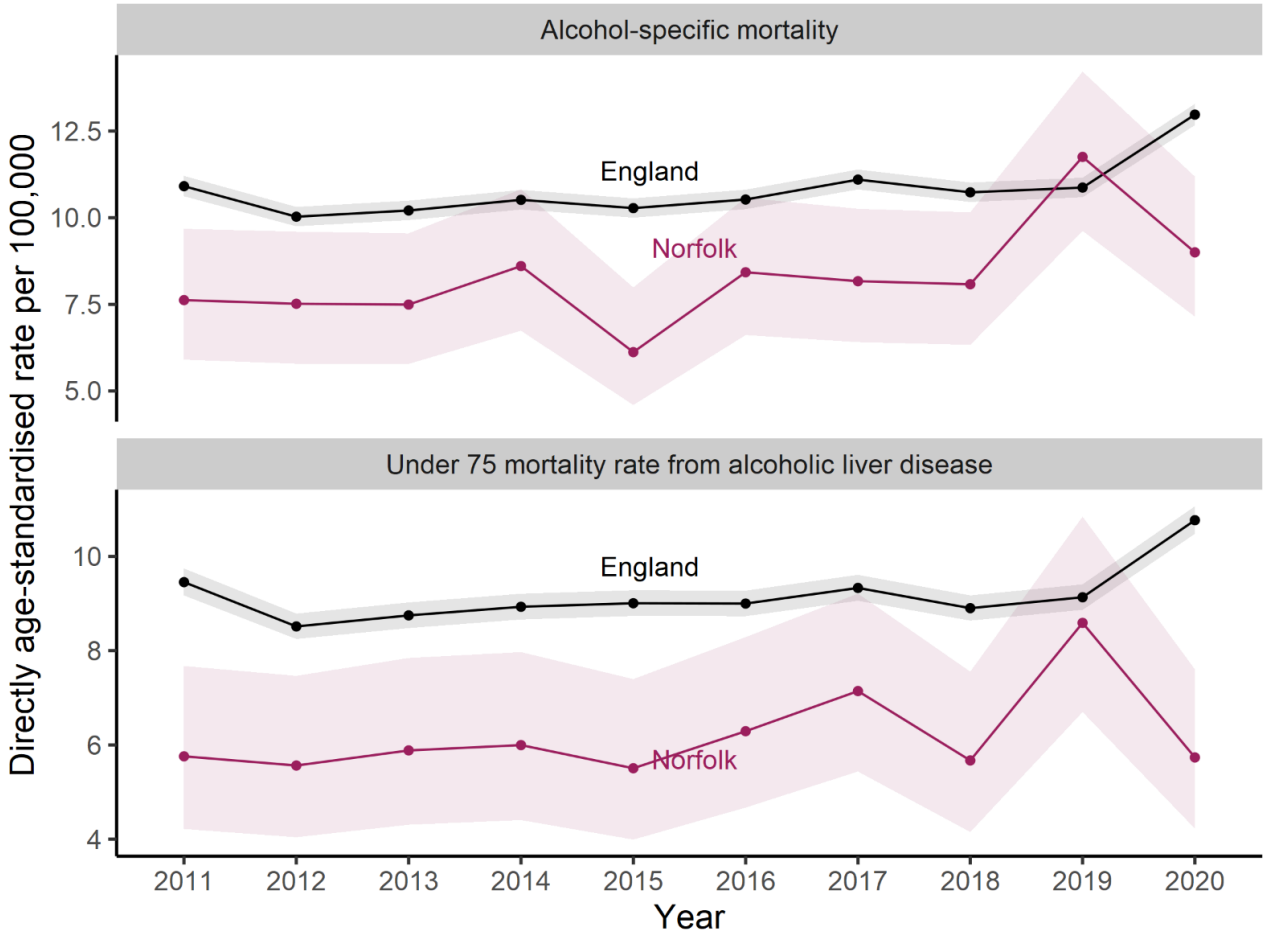

Figure 18: *Trends in alcohol-specific mortality and mortality from alcoholic liver disease in Norfolk and England (Source: Office for Health Improvement & Disparities).*

Inequalities in health

Populations in more deprived areas are more likely to have a worse health outcome (Office for Health Improvement and Disparities 2022). When taking age differences into account people from the most deprived areas are more likely to be admitted to hospital in an emergency (Figure 19) and are more likely to die early (Figure 20).

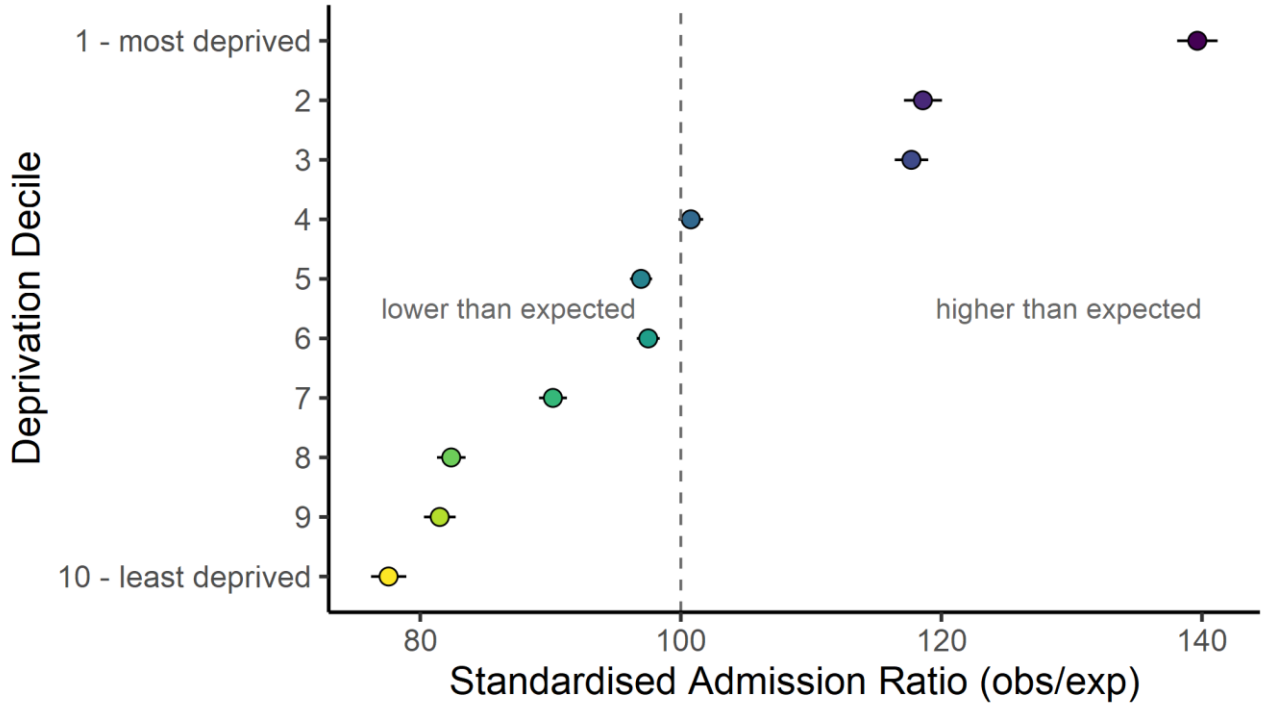

Figure 19: *Standardised admission ratio for deprivation deciles across Norfolk and Waveney for emergency admissions 2017-18. (Source: NHS Digital)*

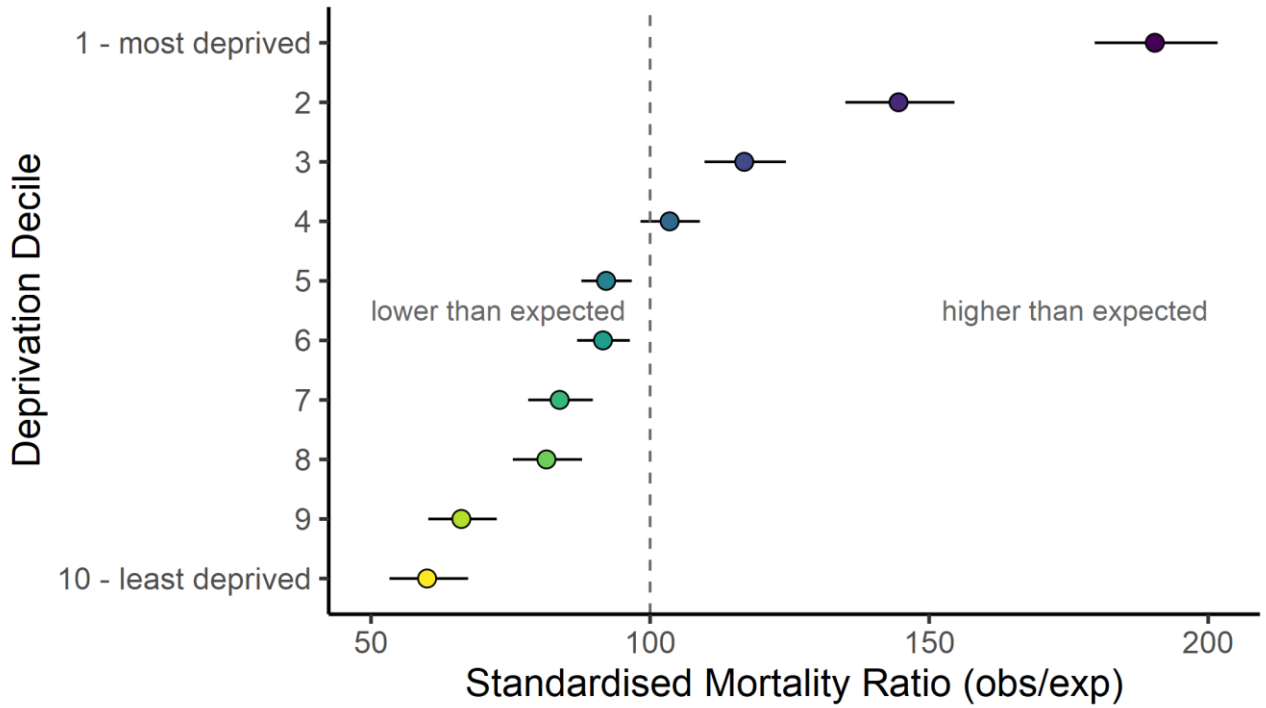

Figure 20: *Standardised mortality ratio for deprivation deciles across Norfolk and Waveney for early (under 75) deaths 2018-20. (Source: NHS Digital)*

Early mortality drives differences in life expectancy, which varies across Norfolk & Waveney. Females in North Lynn have the worst life expectancy in Norfolk and Waveney at 76.4. This is 12 years and 6 months shorter than females born in Sprowston East, expected to live to 88.9 years. Similarly, males in Yarmouth Parade are expected to live to 72.4 years, which is 11 years and 6 months shorter than in Wootton where there is the highest life expectancy at birth, at 84 years (Figure 21).

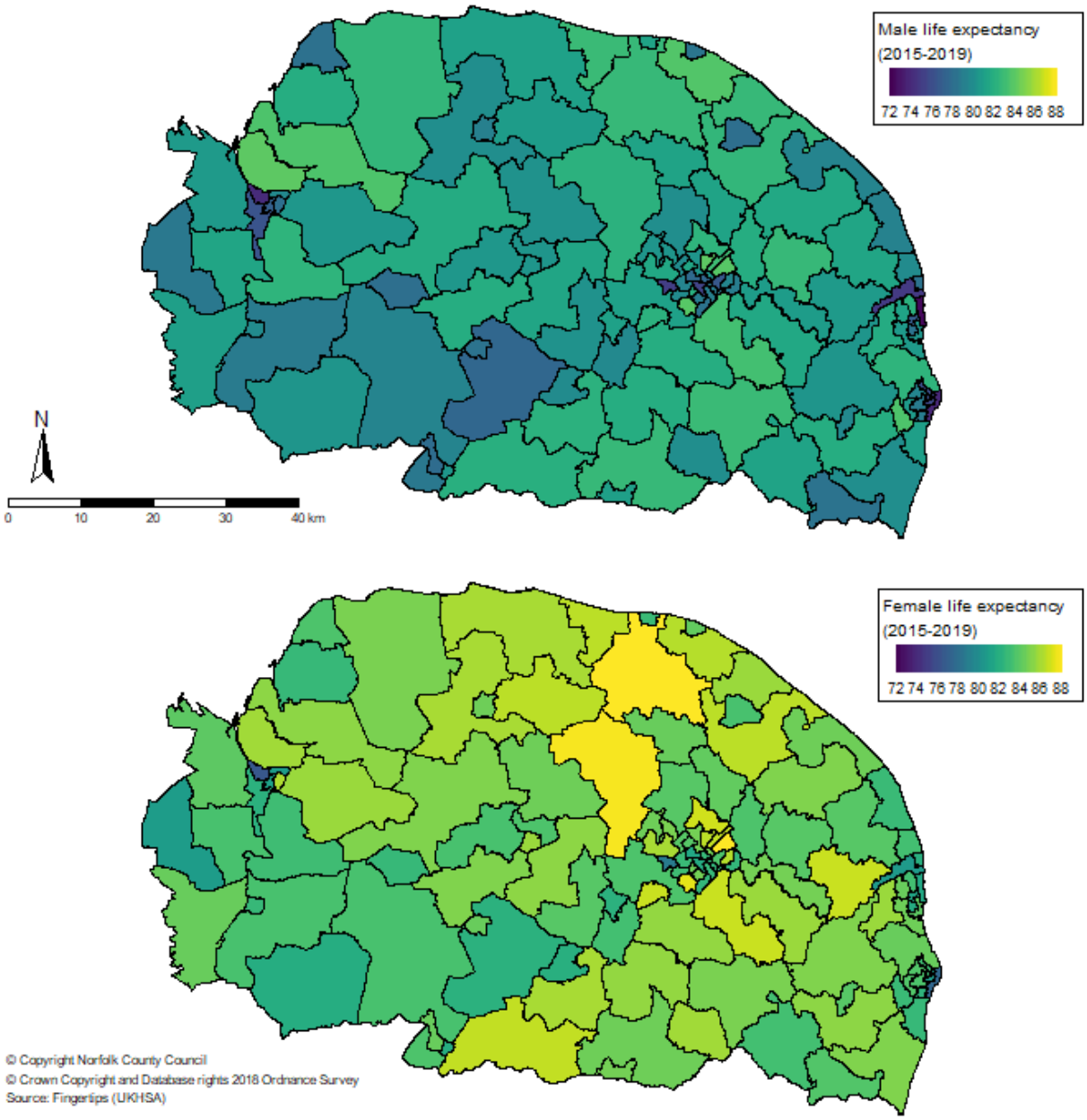

Figure 21: *Life expectancy for men and women in Norfolk and Waveney, 2015-2019 (Source: Office for Health Improvement & Disparities).*

There is a pronounced effect of deprivation on life expectancy, which has increased for females over recent years. Women in the least deprived 20% of areas of Norfolk and Waveney can expect to live more than four years longer than women in the most deprived 20% of areas. For men this inequality gap is more than six years.

There are some causes of death that drive inequalities in life expectancy more than others. Targeting these causes would have the biggest impact on reducing inequalities. The largest

contributors towards the life expectancy gap between the most and least deprived populations in Norfolk and Waveney are circulatory diseases, cancer, and respiratory diseases (Figure 22; Office for Health Improvement and Disparities 2022).

Circulatory disease contributes to around a quarter of the gap in life expectancy in men and almost a fifth in women (Figure 22). If the death rate from circulatory disease was the same in the most deprived areas as in the least deprived the difference in life expectancy between these groups would be reduced by around a year and 10 months for males and nine months for females.

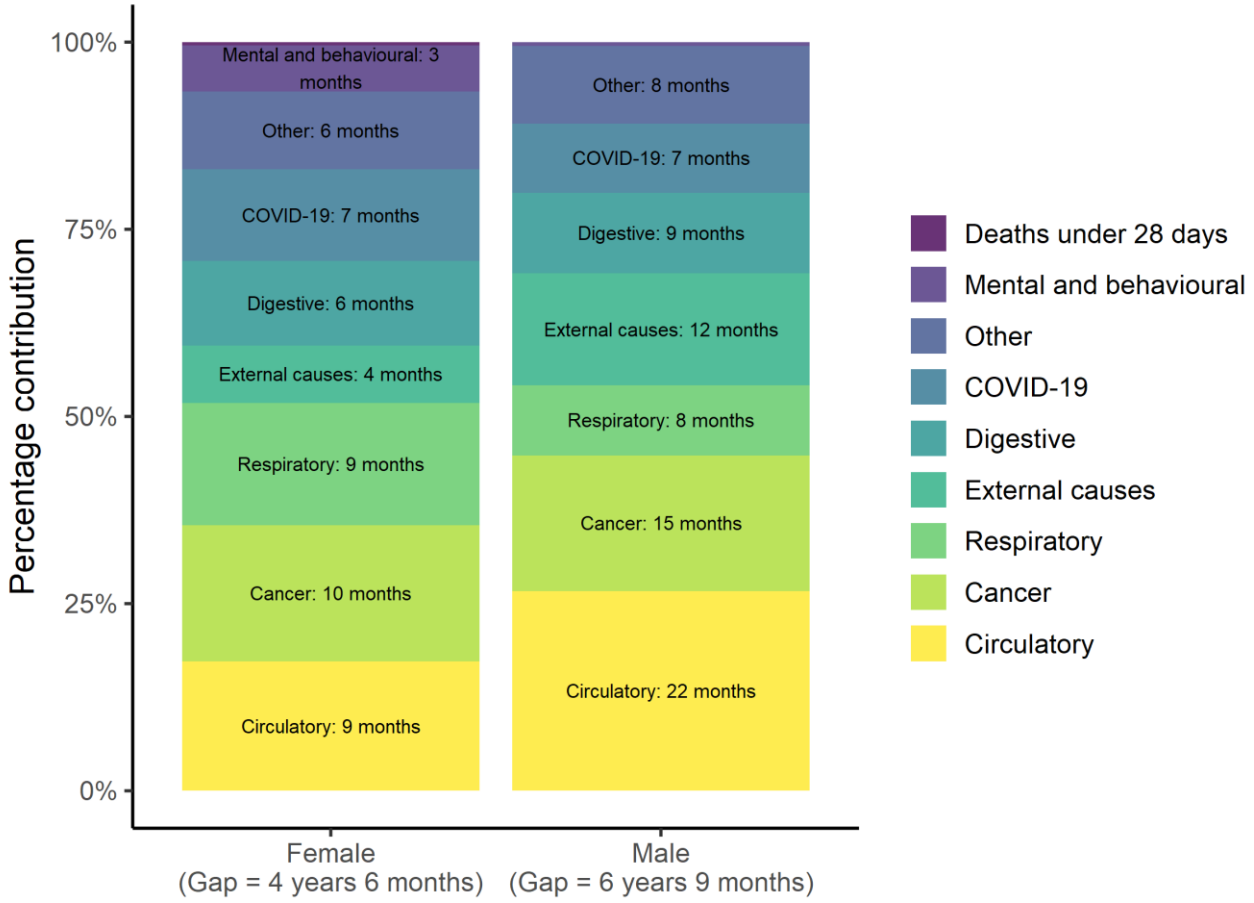

Figure 22: *Contribution of causes of death to the life expectancy gap of the most and least deprived areas (quintiles) in Norfolk, 2020-2021 (provisional; Source: Segment Tool; Office for Health Improvement & Disparities). Data rounded to nearest month.*

As we have seen earlier in this report, preventable risk factors linked to smoking, diet and alcohol consumption are the major risk factors for cancer, respiratory and heart disease. Examining data on these behavioural risk factors shows there is a higher occurrence of behavioural risk factors in the more deprived areas in England (Figure 23; Office for Health Improvement and Disparities 2022).

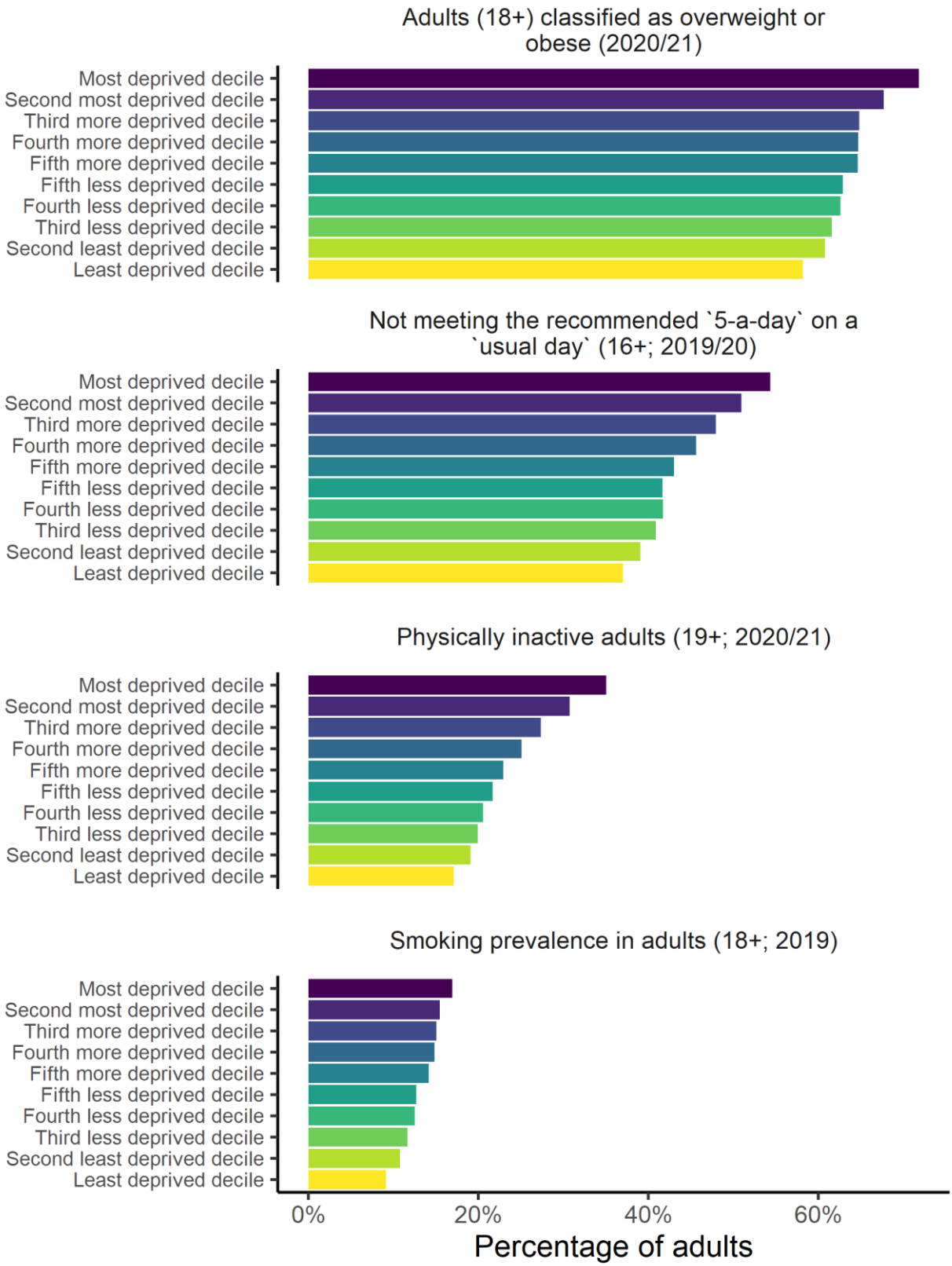

Figure 22: *Prevalence of behavioural risk factors according to deprivation decile (Index of Multiple Deprivation 2019) of residential area in England, 2019-2021 (Source: Office for Health Improvement & Disparities).*

Key messages

- Preventable behavioural risk factors have an important impact on ill health and constitute a major challenge for health and social care. Of concern are our rates of smoking, poor diet and exercise, and alcohol consumption.
- High blood pressure is the third leading risk for deaths and disability in Norfolk; an estimated 89,000 people in Norfolk are living with undiagnosed high blood pressure.
- Lifestyle risk factors cluster in people living in deprivation, and this is one of the reasons why there are marked differences in life expectancy between less and more deprived areas.

Indirect impacts of COVID-19

COVID-19 has impacted the health of the population directly and indirectly. We have detailed the direct impacts of COVID in the Director of Public Health Annual Report 2020-21. However, evidence on the mid- to long-term indirect impacts of COVID is emerging. Health priorities for the population haven't changed substantially, but there are developing signs that ongoing impacts on services and changes to healthy behaviour will have a negative impact on health outcomes in the future.

Non-COVID-19 healthcare use declined during the pandemic. Appointments in general practice were lower compared to the previous year (NHS Digital 2022). Although this has recovered, reduced referrals for secondary care treatment during that time have increased demand for emergency care subsequently.

Management of most long-term conditions during the pandemic was comparable to previous years. However, new diagnosis of these conditions was negatively impacted. According to analyses by the Health Foundation's REAL Centre there was a 51% reduction in newly diagnosed COPD cases, 26% reduction in Atrial Fibrillation diagnosis and a 19% reduction in diabetes diagnosis between 2019 and 2020. Patients with mental health conditions were also less likely to access care (Department of Health and Social Care & Office for National Statistics 2021).

There have also been impacts on cancer diagnosis. Cancer two week wait referrals reduced between March and May 2020 locally (NHS England 2022), which mirrored the national picture where the number of emergency presentations increased above 2019 levels up to November 2020 (Department of Health and Social Care & Office for National Statistics 2021).

In terms of the impact of the pandemic on inequalities, we've explored the drivers of differences in early mortality and life expectancy between different socioeconomic groups. There is evidence that reductions in general practice service use have been relatively similar across socioeconomic groups (Department of Health and Social Care & Office for National Statistics 2021). However, populations in more deprived areas are more likely to have more pre-existing health conditions, which means that reduction in service use will have disproportionately impacted those groups.

References

Daras, Konstantinos, and Benjamin Barr. 2021. *Small Area Mental Health Index (SAMHI) 2.00 [Open Dataset], Place-based Logitudinal Data Resource.* Liverpool. doi:10.17638/datacat.liverpool.ac.uk/1188.

Department of Health and Social Care & Office for National Statistics. 2021. "DHSC and ONS: Direct and Indirect health impacts of COVID-19 in England." Accessed July 27, 2022. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018698/S1373_Direct_and_Indirect_Health_Impacts_of_C19_Detailed_Paper_.pdf.

Institute for Health Metrics and Evaluation. 2022. *Global Burden of Disease (GBD).* Accessed June 2022. https://www.healthdata.org/gbd/2019.

NHS Digital. 2022. *Appointments in General Practice, March 2022.* April 28. Accessed July 27, 2022. https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/march-2022.

NHS England. 2022. *Cancer Waiting Times.* May. Accessed July 27, 2022. https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/.

Office for Health Improvement and Disparities. 2021. *Cardiovascular Disease.* November 2. Accessed June 2022. https://fingertips.phe.org.uk/profile/cardiovascular/data#page/1/gid/1938133106/pat/222/par/E40000007/ati/220/are/E54000022/iid/91280/age/188/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1.

—. 2019. *Common Mental Health Disorders.* May 8. Accessed June 2022. https://fingertips.phe.org.uk/common-mental-disorders#page/1/gid/8000026/pat/15/ati/219/are/E54000022/iid/848/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1.

—. 2022. *Local Alcohol Profiles for England.* February 1. Accessed June 2022. https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/pat/6/ati/402/are/E10000020/iid/93763/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1.

—. 2021. *Local Health.* June 2. Accessed June 2022. https://fingertips.phe.org.uk/profile/local-health/data#page/0/gid/1938133183/pat/402/par/E10000020/ati/3/are/E02005503/yrr/1/cid/4/tbm/1.

—. 2022. *Public Health Outcomes Framework.* May 4. Accessed June 2022. https://fingertips.phe.org.uk/profile/public-health-outcomes-framework.

—. 2022. *Segment Tool.* Accessed June 2022. https://analytics.phe.gov.uk/apps/segment-tool/.

Office for Health Improvements and Disparities. 2021. *Local Tobacco Control Profiles.* 12 07. Accessed June 2022. https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000006/ati/402/are/E10000020/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1.

Office for National Statistics. 2021. *Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland.* June 25. Accessed May 2022. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland.

—. 2020. *Subnational population projections for England Statistical bulletins.* March 24. Accessed May 2022. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based.