



# How does health vary by place in Norfolk? 2022



Norfolk County Council  
Public Health



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# Acknowledgements

I would like to thank all of the contributors to this Annual Report, especially Diane Steiner, Josh Robotham, Ellie Wynne, Sally Newby, Andreas Sutter, Tim Winters and members of the seven local Health and Wellbeing Partnerships.

Thanks are also due to all those in Norfolk striving to improve health in their local areas and communities. This report sets out to share the many ways in which their efforts can make a difference.

# Foreword

I am pleased to introduce the Director of Public Health's Annual Report for 2022. This year the report focuses on local places and the impact location has on health outcomes.

The Covid pandemic had its greatest impact on people who already had the poorest health. We can see marked differences in health in people living in different areas in Norfolk. And the answer to that is to work in local areas which is why we have established a Health and Wellbeing Partnership in each local area.

This report describes the variation in health across different areas and showcases local initiatives that are seeking to address that. I would like to thank everyone working in local areas to promote and improve the health of our residents here in Norfolk.



**Bill Borrett**

Cabinet Member for Adult Social Care,  
Public Health and Prevention



# Introduction

The theme of this year's report is health in local places. The past few years have been like no others and in my annual report last year (2020-2021) I looked at the direct impact Covid had had on the county of Norfolk. We saw the impact that Covid had on those already in poorer health, with poorer areas and families worse affected.

People's health often varies from one place to another. Health and wellbeing aren't only affected by what people do – for example, eating healthy food or quitting smoking. They can also be affected by the places around us, like living in an area with low levels of crime, safe places to enjoy the outdoors, good jobs and quality housing. That's why it's important to look at what's needed in specific places to help people live longer and healthier lives – and this can vary from one place to another.

So, firstly this report looks at why health varies between areas, and how we can measure that. In the second half, the report looks in detail at how health varies in different parts of Norfolk. Information on the differences in health in local areas can help local people decide how to prioritise what they do.

Throughout the pandemic, we saw communities rise to the challenges we faced. Services and individuals worked together to support each other and the most vulnerable in our communities. We want to keep this going and that is why I am pleased that I have been able to support the setting up of Health and Wellbeing Partnerships in each local area.

There are seven Health and Wellbeing Partnerships (HWPs), one each for Breckland, Broadland, Great Yarmouth, King's Lynn and West Norfolk, North Norfolk, Norwich, and South Norfolk. Examples of the work the HWPs are doing are included in each of the district chapters in this report.



**Dr Louise Smith**  
Director of Public Health

# Why does health vary between areas?

There are many reasons why health varies between different areas. The quality and availability of healthcare has some impact. How people behave has an even bigger impact. And the biggest impact is from things like education, employment and crime<sup>1</sup>. All these add up to have an overall impact on someone's health and wellbeing.

Some things that impact on your health – such as your age – can't be changed. In public health, we tend to focus on things that can be changed to improve health. These are often grouped together as shown in the diagram below<sup>2</sup>:

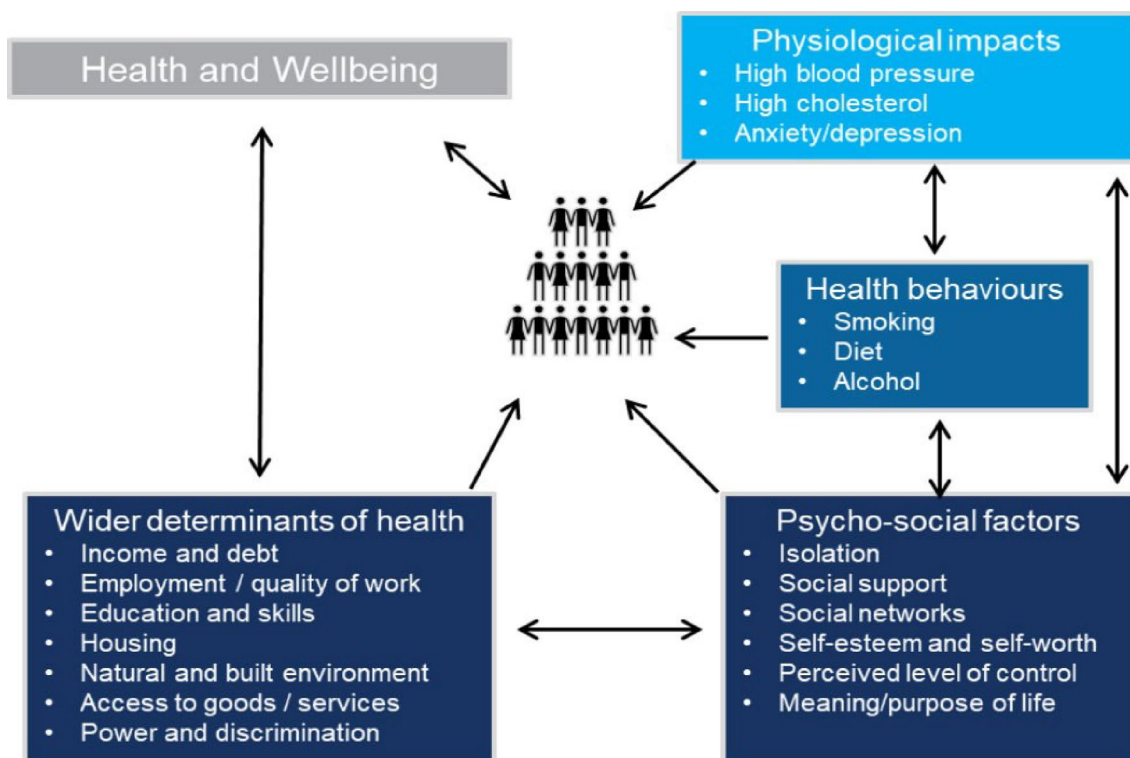


Figure 1: System map of the causes of health inequalities  
(Source: [Place-based approaches for reducing health inequalities: main report, PHE](#)).

Often, these 'factors' influence each other. For example, getting enough exercise (a person's behaviour) can be tricky if there are no safe places to exercise (a 'wider determinant of health'). Lack of exercise could then lead to physical health problems ('physiological impacts').

<sup>1</sup>[The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2022](#)

<sup>2</sup>[Public Health England. Place-based approaches for reducing health inequalities: main report, 2021](#)

# How does health vary in Norfolk?

## Community differences

Areas can be compared by combining information on income, employment, disability, education, crime, housing and the environment<sup>3</sup> (this is called the Index of Multiple Deprivation or IMD).

There are 42 areas across Norfolk and Waveney (the patch our local NHS covers) that are some of the least well-off ('deprived') in the country. Great Yarmouth and Norwich have more people living in these deprived areas than the rest of the county. More deprived areas tend to have worse health on average than less deprived areas.

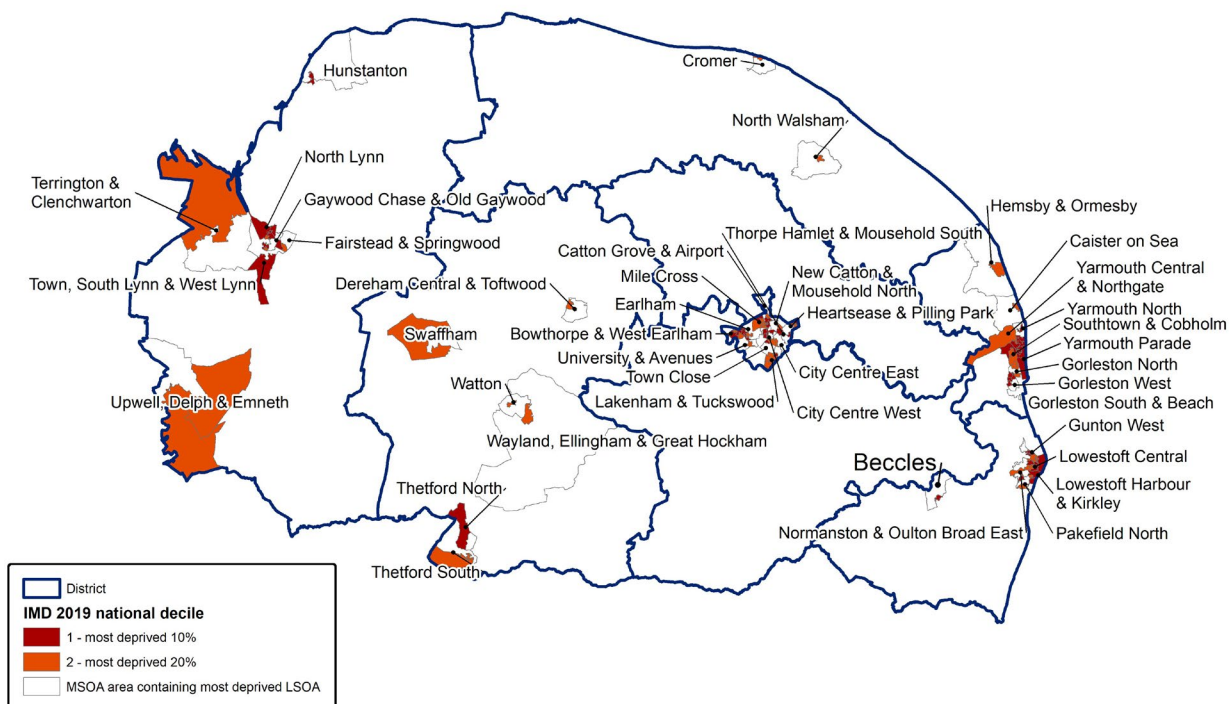


Figure 2: Areas within the 20% most deprived in England according to the Indices of Multiple Deprivation 2019 (Source: [English indices of deprivation 2019](#)).

<sup>3</sup> For more information visit: [Ministry of Housing, Communities & Local Government. English Indices of Deprivation, 2019](#)



**Table 1: Number of people living in the most deprived areas**

District	Most deprived areas	Second most deprived areas	Less deprived areas
Breckland	2,500	12,300	126,500
Broadland	0	0	131,900
Great Yarmouth	26,900	12,800	59,500
King's Lynn & West Norfolk	12,100	11,200	127,900
North Norfolk	0	2,800	102,400
Norwich	27,400	28,100	86,700
South Norfolk	0	0	143,100
Waveney	16,000	11,800	90,700
Norfolk & Waveney	84,900	78,900	868,800
England	5,603,900	5,697,200	45,249,000

(Source: Office for National Statistics 2020 mid-year estimates).



## Life expectancy and causes of death

Life expectancy refers to the number of years a person can expect to live. It helps to show how healthy a group of people is. In Norfolk, life expectancy is 80 years for men and 84 years for women (2018-20) – these are better than the national average.

However, life expectancy is lower in more deprived areas in Norwich, King's Lynn and Great Yarmouth. Men living in the most deprived areas of Norfolk on average live nearly eight years less than men in less deprived areas. For women, the difference is around six and a half years.

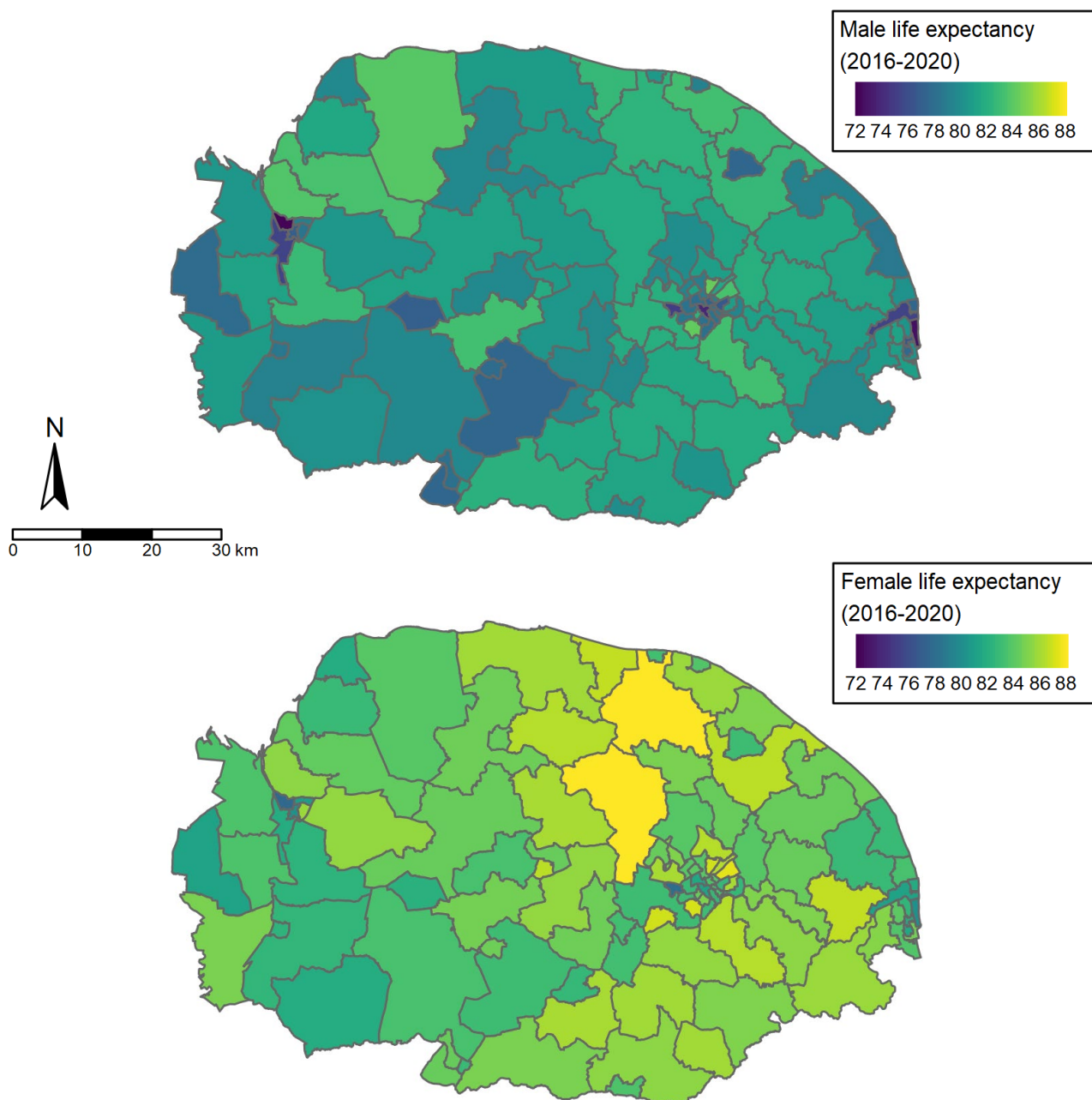


Figure 3: Life expectancy for men and women in Norfolk, 2016-2020 (Source: Office for Health Improvement & Disparities).



Some causes of death affect life expectancy more than others. Reducing heart attacks, strokes, cancer and respiratory diseases could have the biggest impact on reducing the differences in health from one place to another.

In turn, many of these conditions are caused by smoking, high blood pressure and unhealthy diets. These are the 'causes of the causes' of early deaths. Smoking is the single largest contributor to deaths in Norfolk (Figure 4). Around one in seven adults in Norfolk still smoke, which is similar to the England average (Office for Health Improvements and Disparities 2021). And more adults smoke in deprived areas – almost one in five (Figure 5).

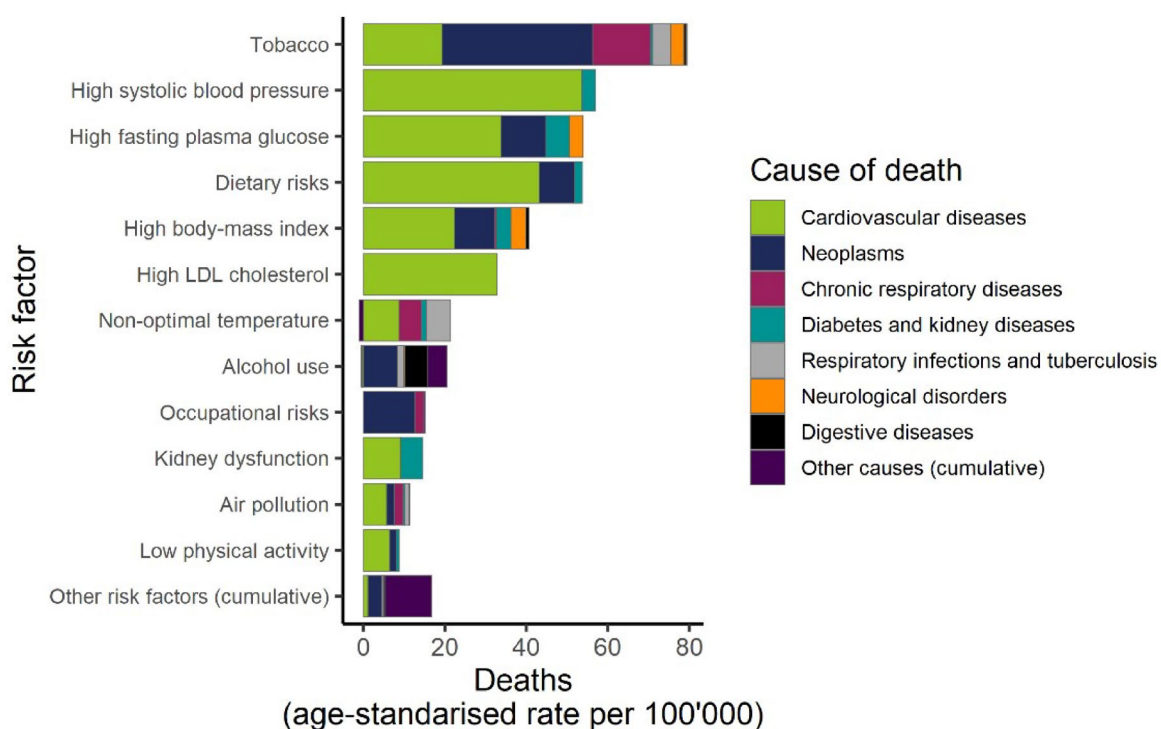


Figure 4: Attribution of risk factors to causes of death in Norfolk, 2019 (Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. For more information visit: [Health Data](#)).





## Smoking prevalence in adults (18+; 2019)

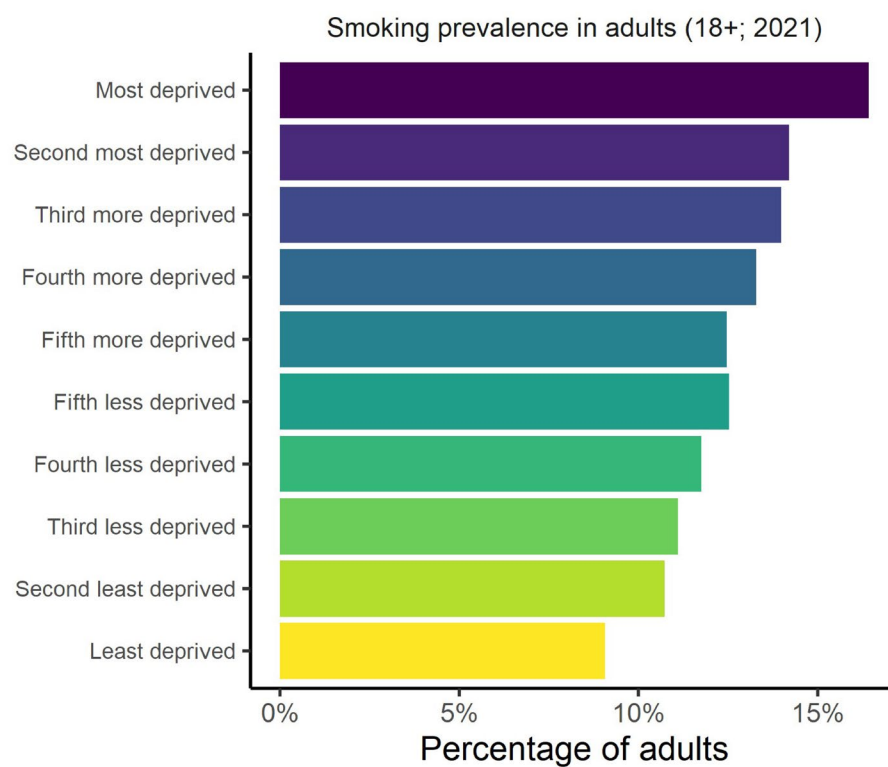


Figure 5: Smoking prevalence according to deprivation group (Index of Multiple Deprivation 2019) of residential area in England, 2021 (Source: Office for Health Improvement & Disparities).

## Causes of ill health

Aside from the conditions that people die from, the amount of disability or illness that people have varies between places. Being overweight is one of the biggest causes of illness that can be prevented – it can lead to diabetes, problems with bones, joints and muscles ('musculoskeletal') and heart disease (cardiovascular) (Figure 6).

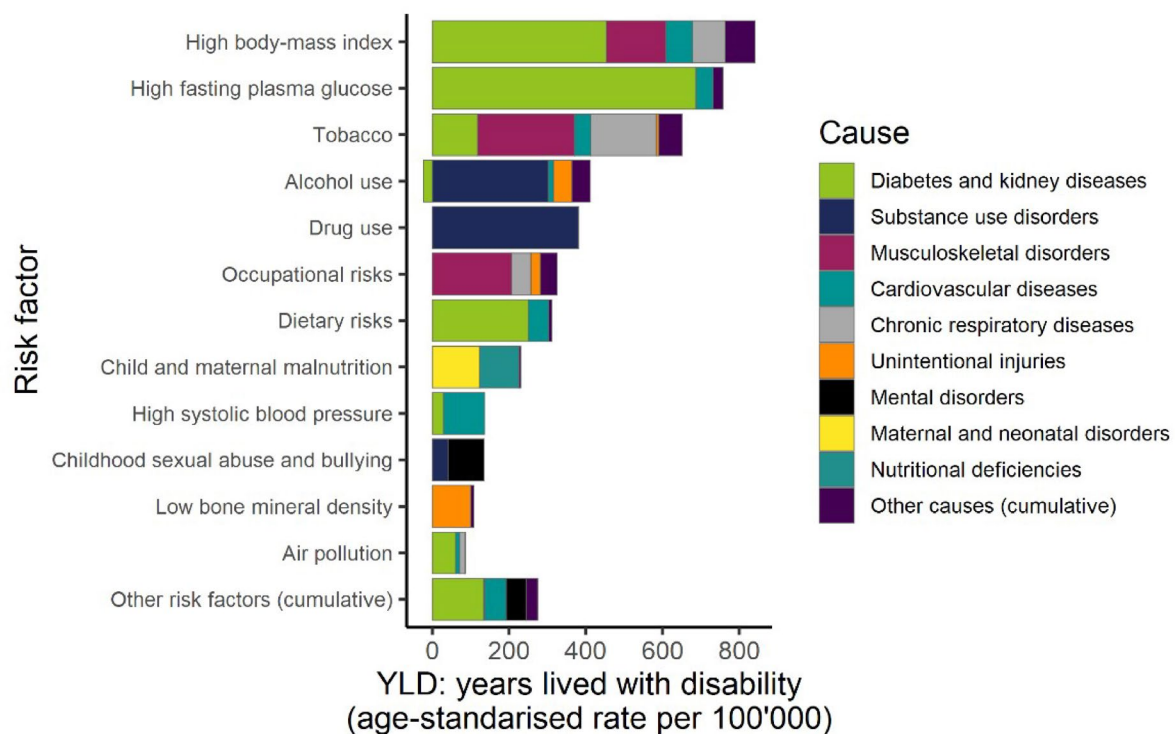


Figure 6: Attribution of risk factors to causes of years lived with disability in Norfolk, 2019 (Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. For more information visit [Health Data](#)).

In Norfolk almost two in three adults are estimated to be overweight.



In some local areas, more than four in ten children in Year 6 are overweight (Figure 7).

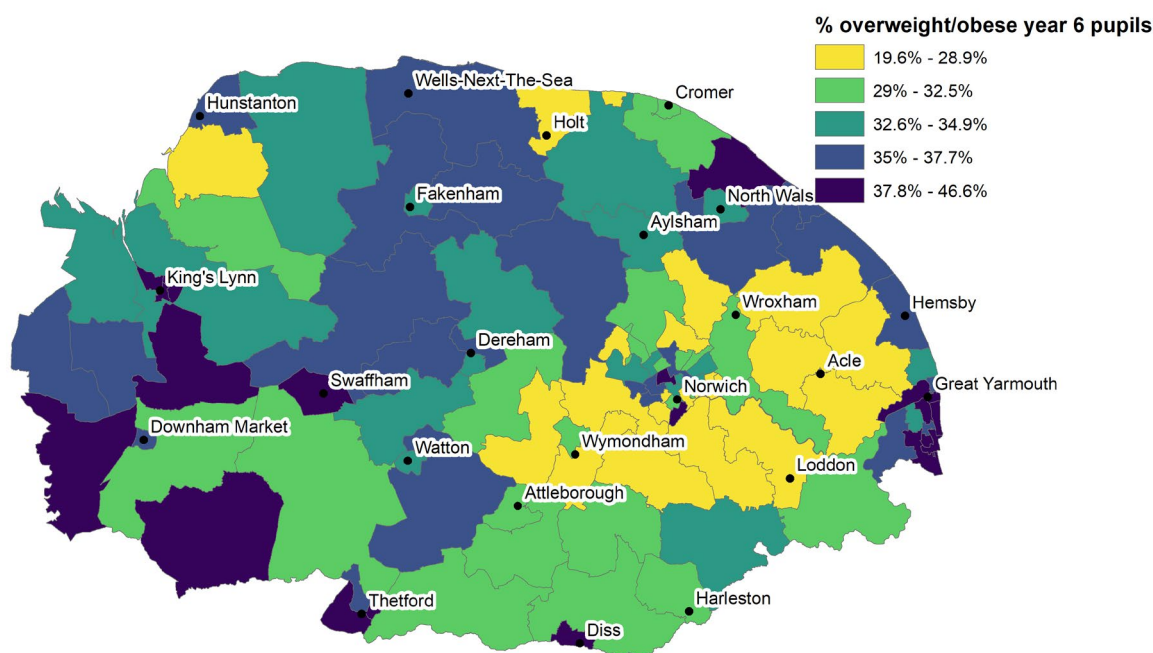


Figure 7: Estimated prevalence of overweight and obese school children in Year 6 in small areas of Norfolk, 2017-2020 (Source: Public Health Outcomes Framework).





## How to measure differences in health between areas

The Office for National Statistics (ONS) has created a way to give local areas an overall health score. This score measures many factors that impact our health. They are broken down into different categories, called domains and subdomains. These factors include physical and mental health conditions like diabetes or anxiety, as well as local unemployment, road safety, and behaviours like healthy eating. The scoring system is called the Health Index.

The scores can show whether health in a local area in Norfolk is good compared to the national average. England's health in 2015 is shown as 100. A score higher than 100 means that an area currently has better health than England overall. Lower than 100 means worse health than the 2015 average<sup>4</sup>.

For Norfolk many scores are better than England. However, there are opportunities to improve in some areas such as mental and physical health conditions, and for people who experience difficulties in daily life. Norfolk is better than England in other areas such as living conditions and protective measures (people attending cancer screening and child vaccination uptake). The chart below shows how much Norfolk is above or below the England average score (Figure 8).

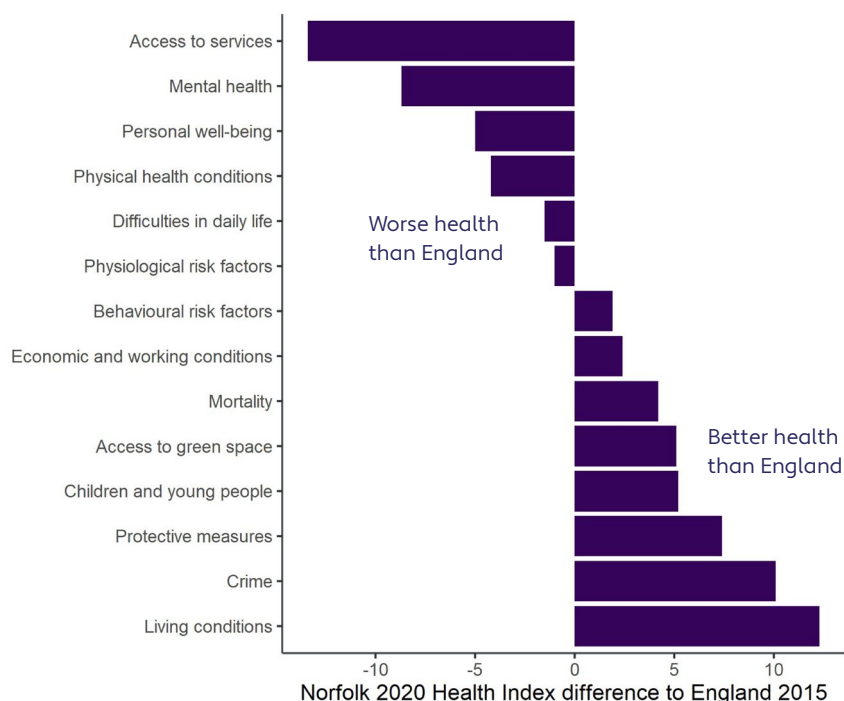


Figure 8: Health Index scores Norfolk difference from England 2020  
(Source: Office for National Statistics Health Index).

<sup>4</sup> For more information visit: [Office for National Statistics. How health has changed in your local area: 2015 to 2020, 2022](#)

The domains then are broken down into more detail. For example, under the ‘mortality’ (deaths) domain, Norfolk is better than England on infant deaths, life expectancy, avoidable deaths and early deaths from all causes – it scored more than 100 in these areas. While Norfolk is better than England overall, if we explore further, some areas in Norwich, King’s Lynn and Great Yarmouth fare less well.

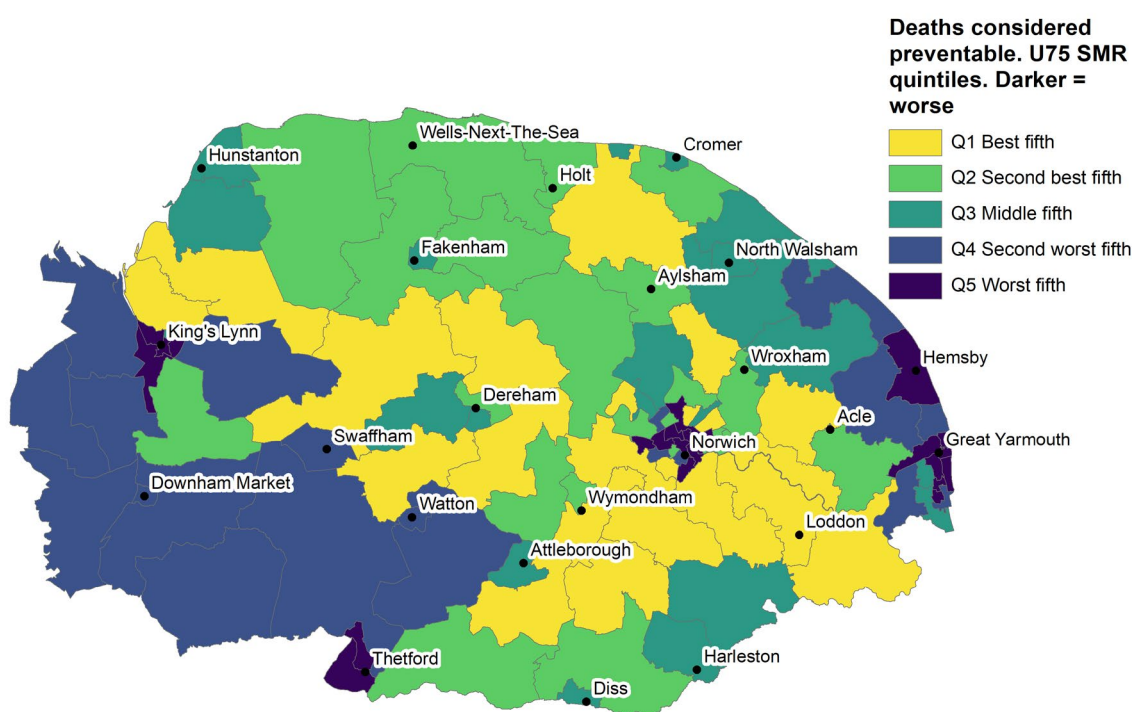


Figure 9: Deaths from causes considered preventable, under 75 years, standardised mortality ratio. Norfolk 2016-2020 (Source: Office for Health Improvement and Disparities).

All of the different topics covered in the Health Index are shown below. The dotted line is the England average (100). The higher the score, the better Norfolk compares to England.

# Health Summary for Norfolk

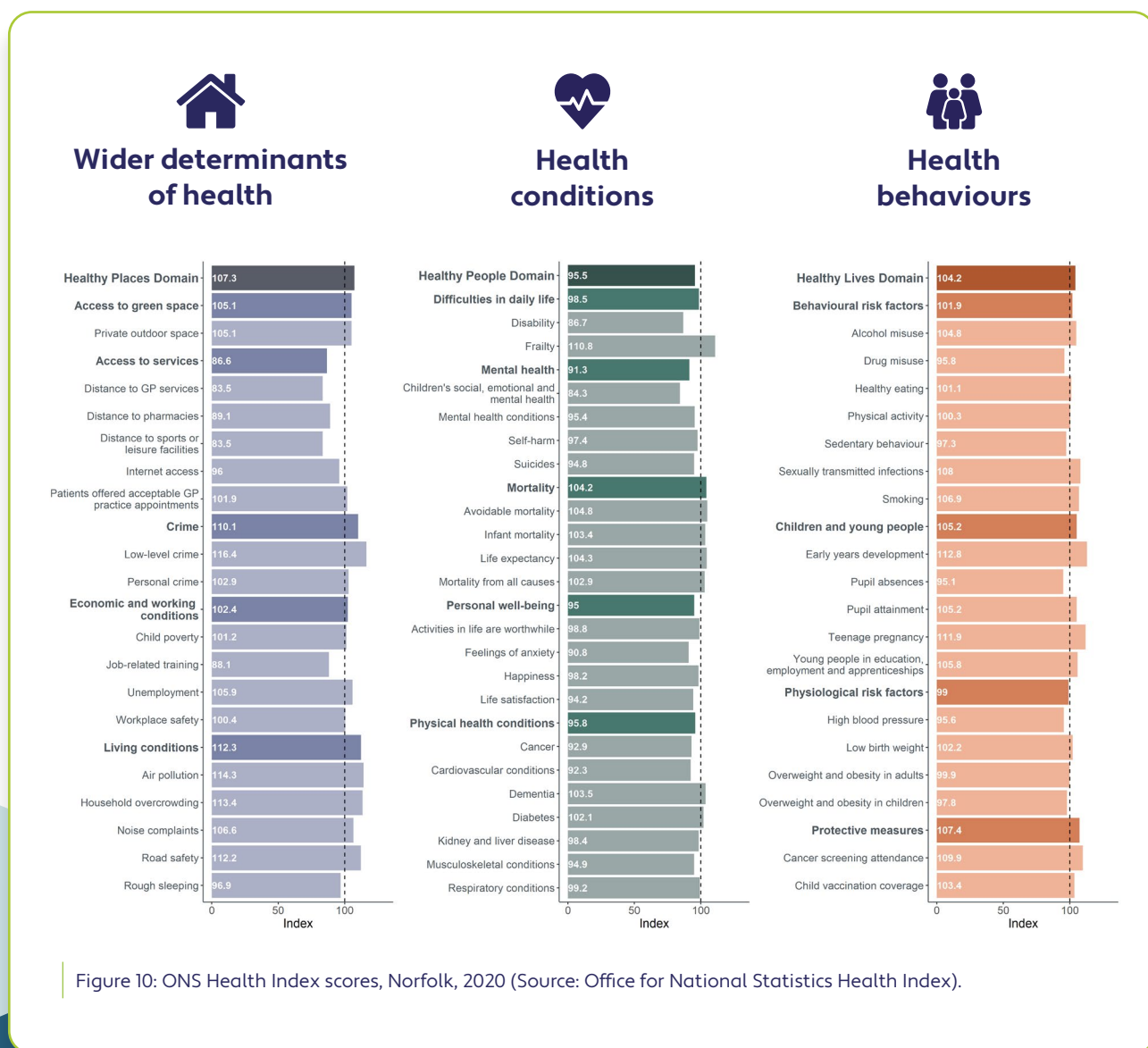
Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

## Better than England average:

- Access to green space
- Crime
- Living conditions
- Mortality
- Behavioural risk factors (e.g. smoking)
- Child poverty and unemployment
- Cancer screening attendance
- Child vaccination coverage

## Worse than England average:

- Children's social, emotional and mental health
- Distance to sports or leisure facilities
- Distance to GP services
- Distance to pharmacies
- Difficulties in daily life





# How does health vary by district?

## Breckland

Breckland has a slightly older population than average, with one in four people over the age of 65 compared to one in five in England<sup>5</sup>. There are small areas of poorer health within the four market towns of Thetford, Watton, Swaffham, and Dereham, as well as some rural areas. Around one in ten people live in areas of higher deprivation compared to one in five in England<sup>6</sup>.

Health in Breckland is strongest among measures relating to living conditions including air pollution, household overcrowding, noise complaints and road safety. On many health issues, Breckland is similar to the national averages – like for mental health conditions, suicide rates and alcohol misuse.

Breckland is under the national average in distance to services such as sports and leisure facilities or GP practices.

For some health issues where Breckland is similar to national averages, looking further into the data for local areas shows that some neighbourhoods may have poorer health than others. For example, Breckland is slightly better than England for mental health conditions. However, problems with mood or anxiety<sup>7</sup> appear to be more common in some parts of Dereham, Watton, Swaffham and Thetford (Figure 11).

<sup>5</sup> For more information visit: [Norfolk Insight. ONS 2021 Census Population Report for Breckland, 2023](#)

<sup>6</sup> Higher deprivation is defined as people who live in the 20% most deprived areas in England according to the [English indices of deprivation 2019](#)

<sup>7</sup> The definition used for this indicator includes mood (affective), neurotic, stress-related and somatoform disorders and is a broad measure of levels of mental ill health based on prescribing data, hospital admissions, and suicide mortality data.



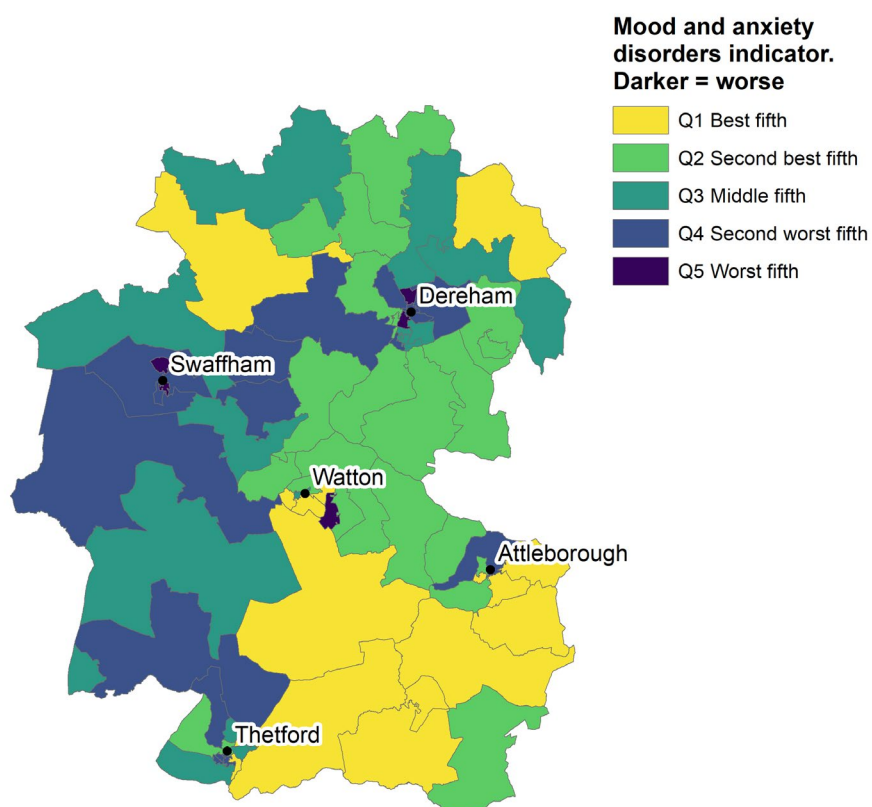


Figure 11: Mood and anxiety disorders indicator, Norfolk LSOA quintiles, Breckland 2013-2018  
(Source: Oxford Consultants for Social Inclusion).



## Case Study: All to Play For

All to Play For is a project that uses football to support men's mental health. The project uses free, weekly football sessions as a way to be physically active and get help with health and wellbeing in a relaxed environment. The Breckland Health and Wellbeing Partnership is involved in setting up three weekly sessions across the district. Someone involved said *"...It helps with building confidence, reducing isolation, enabling social integration, and challenging mental health stigma. The group achieves this by having a real sense of togetherness, there is a feeling of warmth and care where people are encouraged and supported."*



## Health Summary for Breckland

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Living conditions (air pollution, household overcrowding, noise complaints)
- Cancer screening
- Low-level crime
- Life expectancy
- Respiratory conditions
- Happiness
- Alcohol misuse
- Early years development

### Worse than England average:

- Access to services
- Children's social, emotional and mental health
- Workplace safety

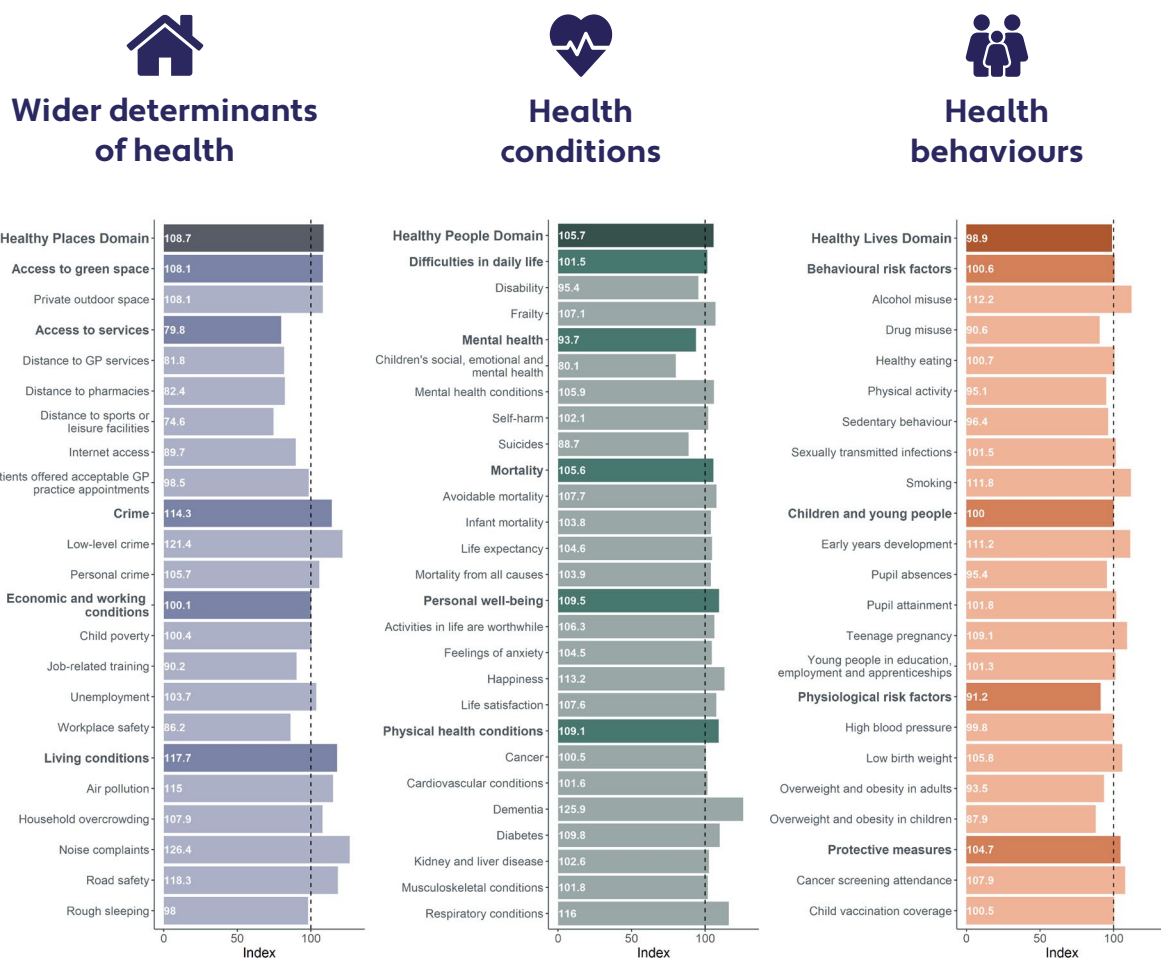


Figure 12: ONS Health Index scores, Breckland, 2020 (Source: Office for National Statistics Health Index).





## Broadland

Broadland is a relatively less deprived district and has an older population than the national average. The health of people in Broadland is generally better than the national average. Early death and unplanned admissions to hospital are lower than average, and life expectancy is higher in England for both men and women.

Health in Broadland is strongest among measures relating to living conditions and crime, specifically for household overcrowding, noise complaints, road safety, and rough sleeping.

Broadland scores better on healthy behaviours than England as a whole. People in the district are more likely to eat healthily and be physically active. Almost two thirds of adults ate five servings of fruit and vegetables each day in 2019/20 compared to just over one half nationally.

Broadland has the East of England's best score for health relating to "protective measures", which includes screening for cancer and childhood vaccinations.

Despite better health than average, there is room for improvement. When it comes to having a long-term muscle, bone or joint (musculoskeletal or MSK) problem, people in Broadland are similar to the England average but there are areas where more people have an MSK problem such as Wroxham. People who are overweight or older may be more likely to have MSK problems, and people in Broadland are, on average, older compared to other parts of Norfolk (Figure 13).

<sup>8</sup> For more information visit: [Norfolk Insight. ONS 2021 Census Population Report for Broadland, 2023](#)

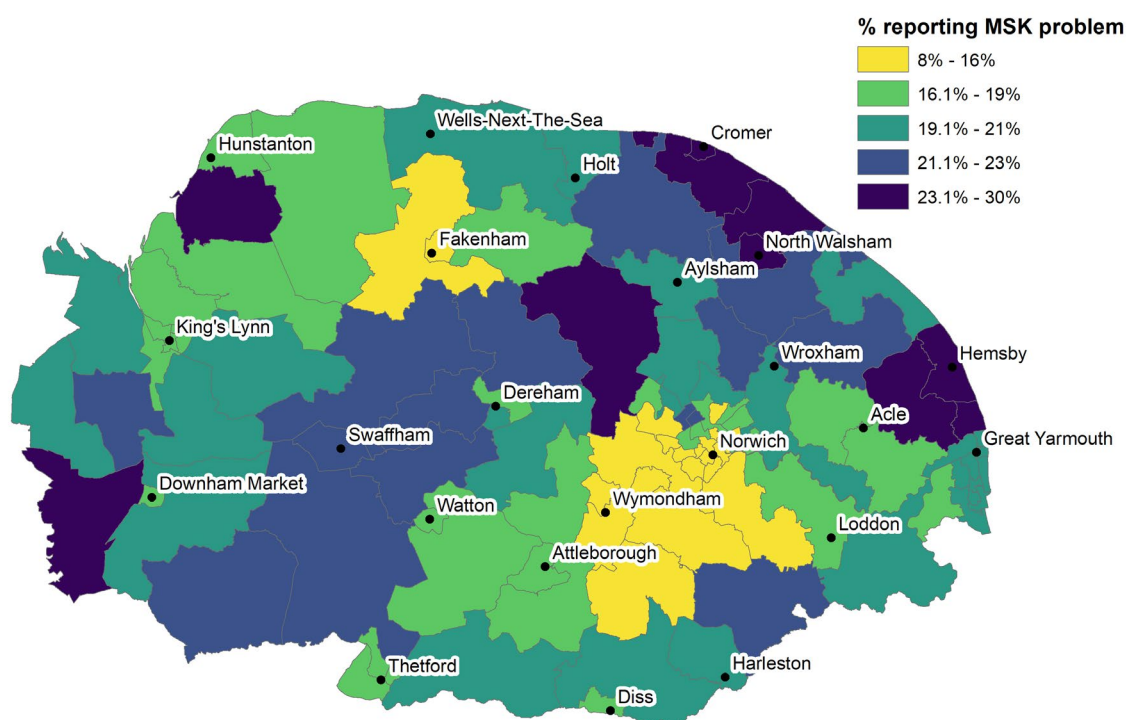


Figure 13: Percentage of people aged 16+ reporting a long-term MSK problem, Norfolk MSOAs, 2022 (Source: GP Patient Survey).



## **Case Study: Evaluation of Children's Bereavement Services**

This project will work with an organisation called Nelson's Journey who support children and young people in Norfolk who've had a loved one die. The project will review the services available to children and young people in Broadland. Hopefully, by looking closely at the services, the Health and Wellbeing Partnership can better understand what is working well and what needs improvement. This will involve Nelson's Journey interviewing people, creating a questionnaire for families, and running sessions for professionals to feed back their experiences. With this information we can then make sure that extra funding is spent where it is most needed and that services are as helpful as possible.



## Health Summary for Broadland

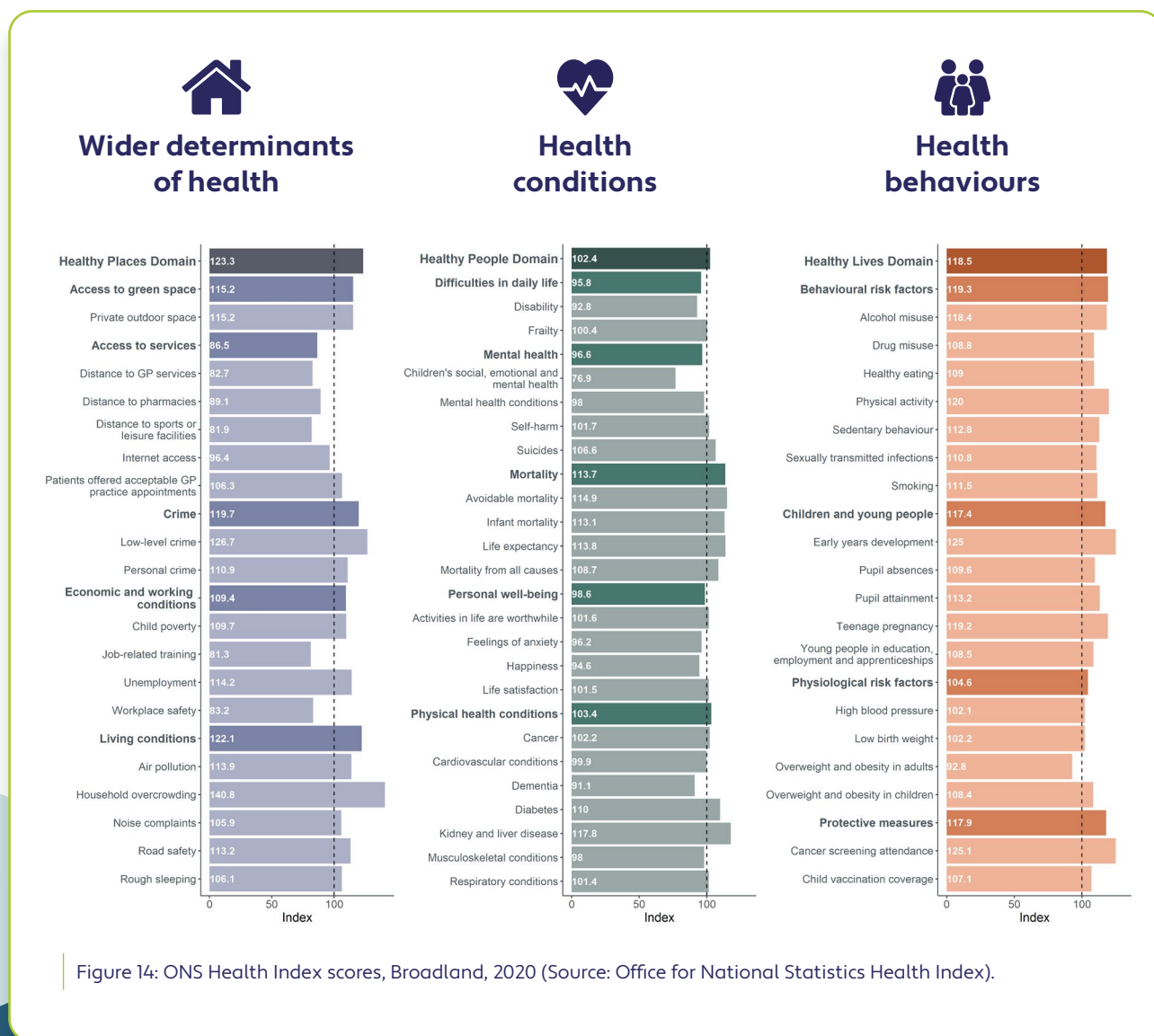
Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Living conditions (air pollution, household overcrowding, noise complaints)
- Crime
- Life expectancy and mortality
- Child poverty and unemployment
- Cancer screening attendance
- Child vaccination coverage
- Behavioural risk factors

### Worse than England average:

- Children's social, emotional and mental health
- Access to services
- Workplace safety
- Difficulties in daily life





## Great Yarmouth

Great Yarmouth is more deprived than many other areas in Norfolk. Some areas of Great Yarmouth are among the most deprived in the country, with lower incomes, higher unemployment and higher levels of illness. Despite this, people in Great Yarmouth enjoy better access to services compared to other areas of Norfolk. Getting out in nature is also easier than in many other parts of the country.

Great Yarmouth has more older people living in poverty compared to the England average, and more children in families with low incomes.

Although the number of pupils in education, employment or apprenticeships is better than the national average, there are opportunities to improve skills and qualifications. Key stage 2 reading, writing and maths, and qualifications at NVQ4+ are worse than most other districts in the country. Pupil absence is also higher than in Norfolk or England.

People in Great Yarmouth are more likely to have a physical health condition such as cancer, heart problems, respiratory disease, or diabetes. They are also more likely to die early from cancer, heart attacks or strokes.

There are also opportunities to improve health. The numbers who misuse drugs and alcohol is worse in England, and healthy eating is below the national average. Almost a third of adults aren't physically active compared to a fifth in England. People are also more likely to smoke, especially in the most deprived areas (see chart on the following page).

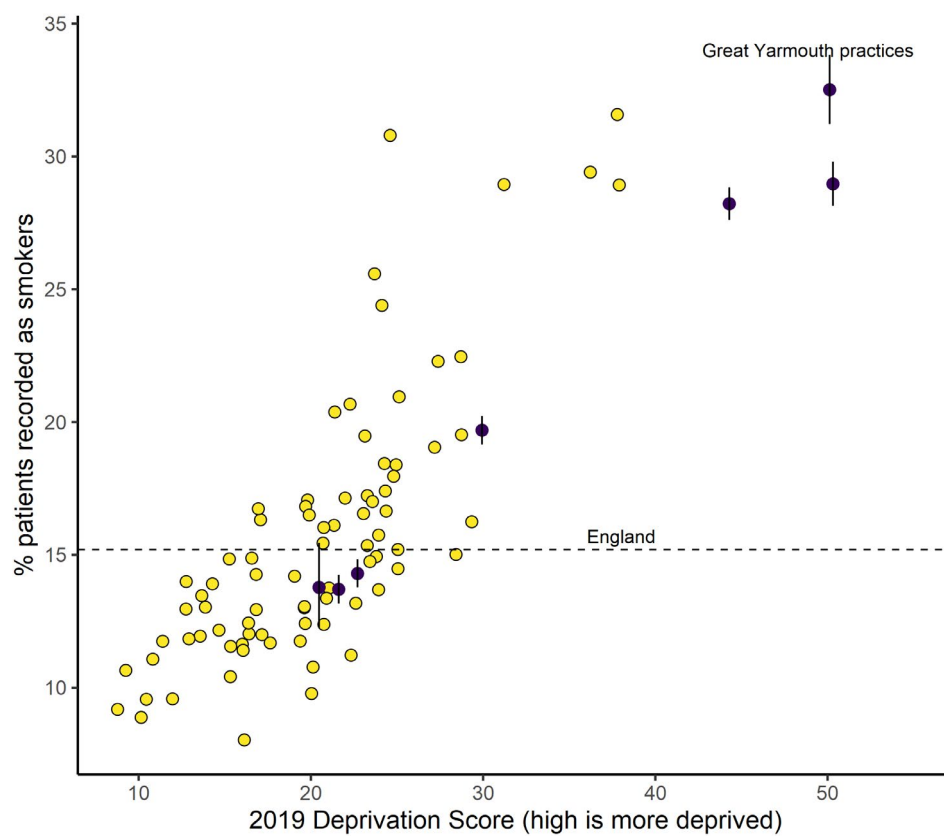


Figure 15: Proportion of patients aged 15+ who are recorded as current smokers. Norfolk practices in yellow and Great Yarmouth practices in blue, 2021-2022 (Source: Quality and Outcomes Framework).





## Case Study: Tackling Diabetes in Great Yarmouth Project



Great Yarmouth Borough Council have Community Marshals who have been given extra funding by the Health and Wellbeing Partnership to tackle diabetes in deprived areas of Great Yarmouth and Gorleston. The Community Marshals received training in diabetes to learn about the condition, its signs and symptoms and where people can get support. They are having conversations with members of the public, especially those who don't have access to the internet. Health data was used to choose areas to focus on, and the Community Marshals spoke to people in community groups, warm rooms and at local events. Since November 2022, over 100 individuals (mostly aged over 65) have had a conversation with a Community Marshal about diabetes.

## Health Summary for Great Yarmouth

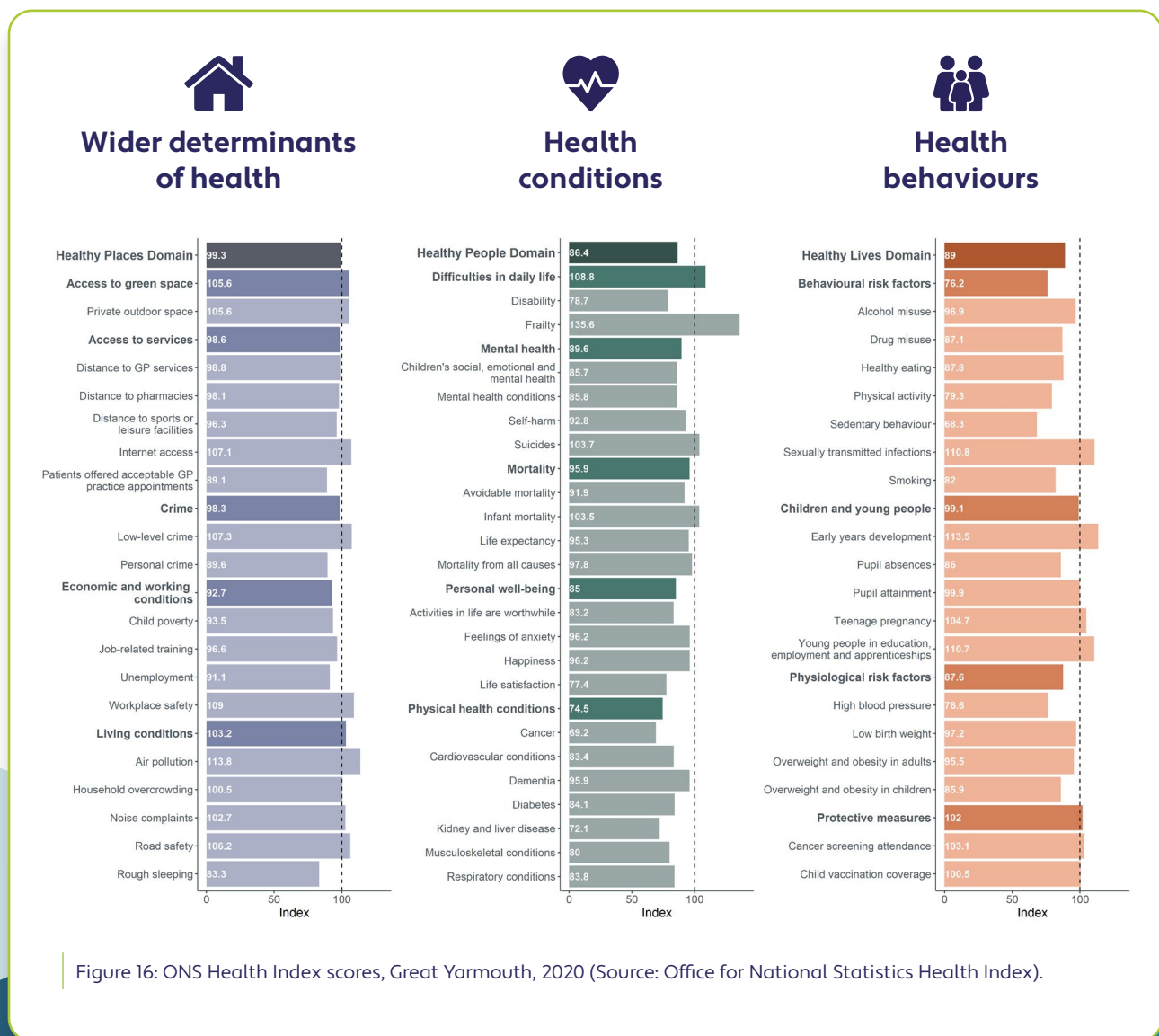
Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Access to green space
- Workplace safety
- Air pollution
- Sexually transmitted infections

### Worse than England average:

- Physical health conditions (diabetes and high blood pressure, cancer)
- Behavioural risk factors (e.g. physical activity)
- Mortality
- Overweight and obesity in children
- Disability
- Mental health
- Rough sleeping





## King's Lynn and West Norfolk

Like other parts of the county, King's Lynn and West Norfolk tends to have an older population. The health of the population appears to be similar to England in many ways. However, the town of King's Lynn is often different to its rural neighbours. For example, life expectancy in the borough is similar to England but lower than the Norfolk average. This is caused by low life expectancy in King's Lynn, which is among some of the lowest areas in the country.

Health in King's Lynn and West Norfolk fares better when it comes to living conditions, including air pollution, household overcrowding, noise complaints and road safety. Crime is also lower than the national average, however this is also much worse in King's Lynn compared to the surrounding areas<sup>9</sup>.

People's wellbeing is better compared to the national average: happiness, life satisfaction and the number of people who think their activities in life are worthwhile are better than England as a whole.

The proportion of people with physical and mental health conditions is higher than in England, and people are more likely to suffer from cancer, heart conditions or diabetes.

Individual behaviours are also poorer on average, especially for drug and alcohol use. Some areas in the borough such as King's Lynn and Hunstanton have higher rates of hospital admissions due to alcohol, as shown by navy blue areas on the map (Figure 17).

<sup>9</sup> For more information visit: [Indices of Multiple Deprivation 2019, Crime Domain](#)



**Admissions SAR  
England = 100**

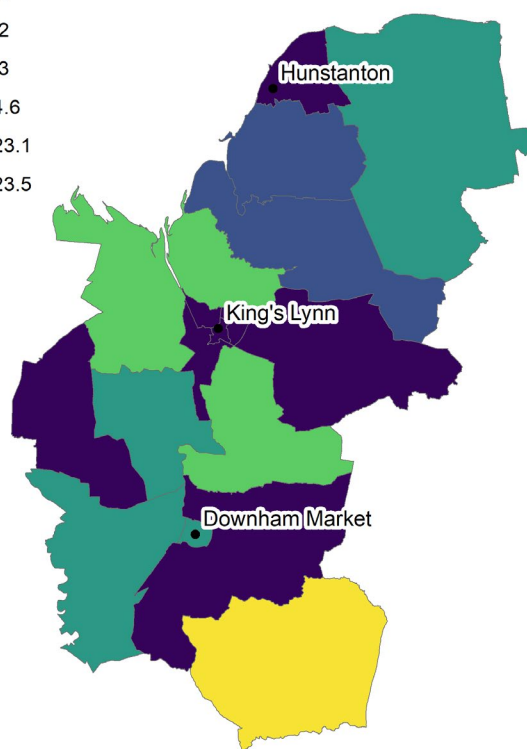
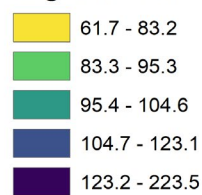


Figure 17: Alcohol related hospital admissions in small areas of Norfolk, standardised admissions ratio (SAR) (standardised so that England average equals 100). (Source: Hospital Episodes Statistics, NHS Digital).



## Case Study: St Giles Trust SMART Project

St Giles Trusts' SMART (Supporting Men to Achieve Resilience and Transition) service works with men with complex needs across King's Lynn and West Norfolk, helping them to make positive life changes. Staff have personal experience of the challenges faced which puts them in a better position to understand what the men are going through and more able to build a trusting relationship. SMART aims to improve mental health and wellbeing and help more people to get the support they need.

Since it began in October 2022 with support from the Health and Wellbeing Partnership, the service has already helped men struggling with a variety of challenges including substance misuse, family court proceedings, and bereavement, and helped them to get counselling.



# Health Summary for King's Lynn & West Norfolk

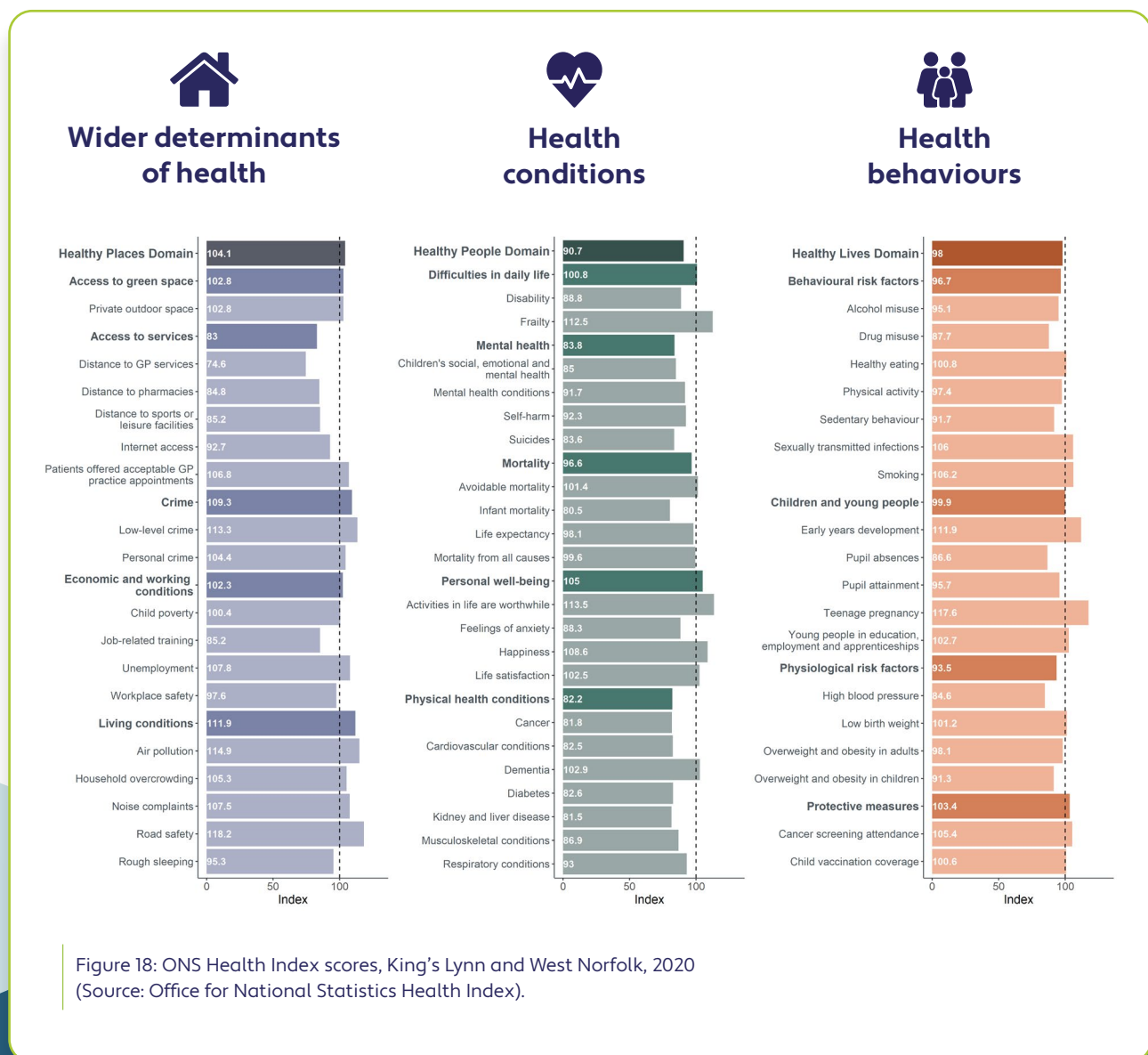
Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

## Better than England average:

- Living conditions (air pollution, household overcrowding, noise complaints)
- Low-level crime (outside of market towns)
- Personal wellbeing
- Happiness

## Worse than England average:

- Access to services
- Physical health conditions (e.g. cancer, diabetes, respiratory conditions)
- Job-related training
- Infant deaths
- Pupil attainment
- Drug and alcohol misuse
- Self-harm







## North Norfolk

North Norfolk has an older population and has the most people aged 85+ in the country. North Norfolk is also less deprived than most other parts of Norfolk. However, Cromer and North Walsham have some of the lowest income levels in the country. Distances to some services are worse than the national average.

In general, health in North Norfolk is better than average. Infant deaths, life expectancy, and deaths from all causes are significantly better than in England. North Norfolk is also better in terms of crime, air pollution, household overcrowding, noise complaints and road safety. More young people are in education, employment or apprenticeships.

The numbers for services that can prevent illness or catch it early, such as child vaccinations and cancer screening, are also better than England as a whole.

Healthy habits such as healthy eating or not misusing drugs or alcohol are all better than the England average.

However, physical health problems – often related to older age – such as cancer, heart disease, diabetes, bone and muscle problems and dementia are more common, as is high blood pressure i.e. hypertension (see chart on the following page).

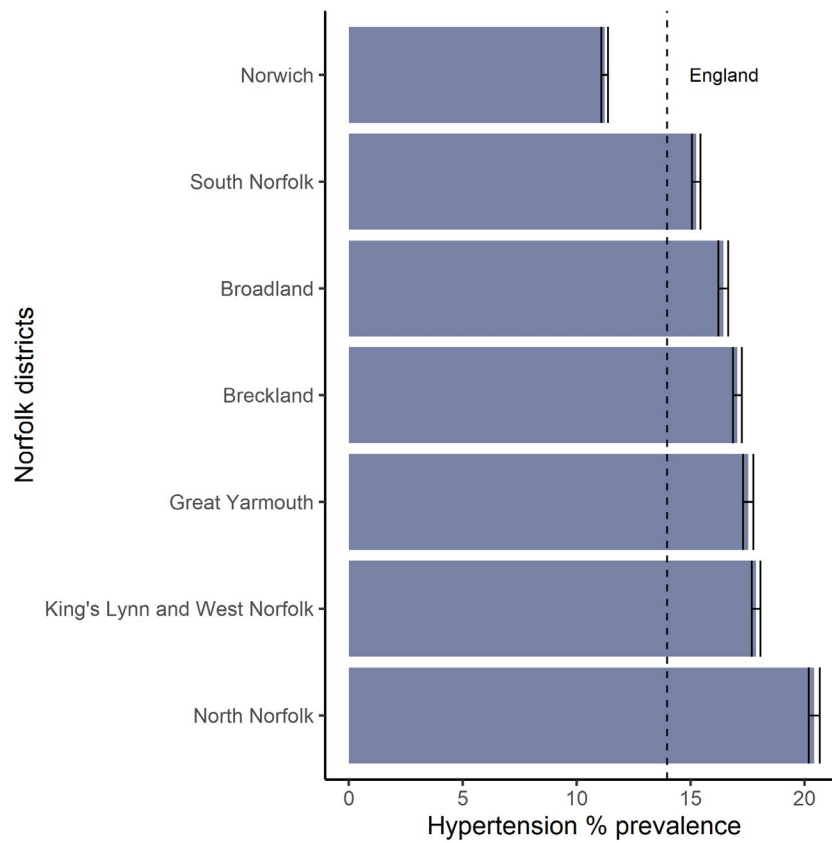


Figure 19: Proportion of patients with recorded hypertension. Norfolk districts, 2021/22  
(Source: Quality and Outcomes Framework).



## **Case Study: Everyone Active and Various Community Groups**

The North Norfolk Health and Wellbeing Partnership have supported this new community project which aims to provide new ways for residents to improve their health and wellbeing by getting more active. The project is designed to increase the range and uptake of physical activities in Cromer. It has a particular emphasis on using the local natural environment. Examples of activities on offer include wellbeing walks, tree planting and a community allotment, in addition to leisure centre activities to which GPs can refer their patients.



## Health Summary for North Norfolk

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Mortality and life expectancy
- Crime
- Living conditions (air pollution, household overcrowding, noise complaints)
- Cancer screening and vaccination uptake
- Personal wellbeing
- Healthy eating

### Worse than England average:

- Distance to sports or leisure facilities, GP services and pharmacies
- Job-related training
- Difficulties in daily life
- Physical health conditions (e.g. cancer, dementia, musculoskeletal conditions)
- Children's social, emotional and mental health

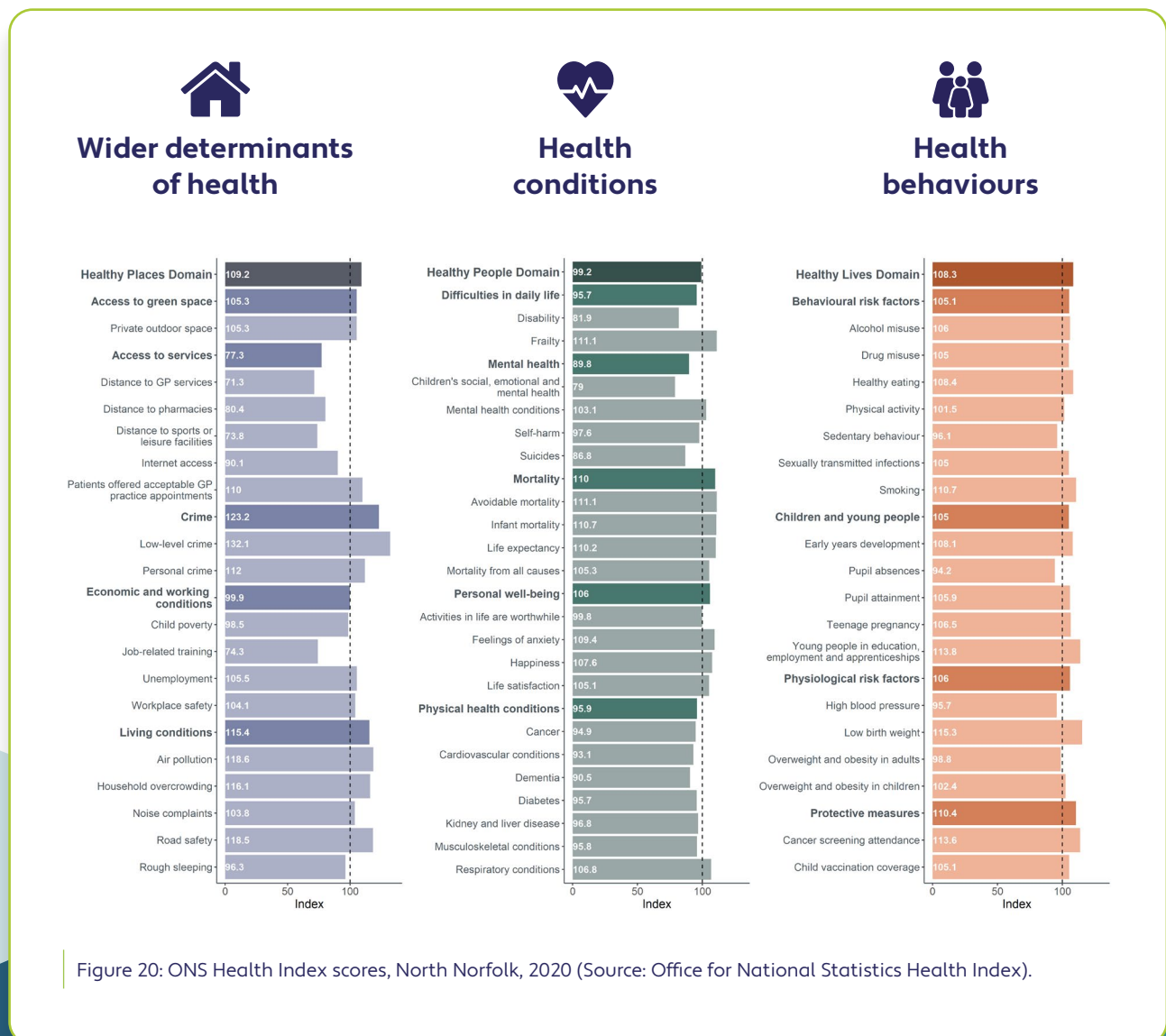
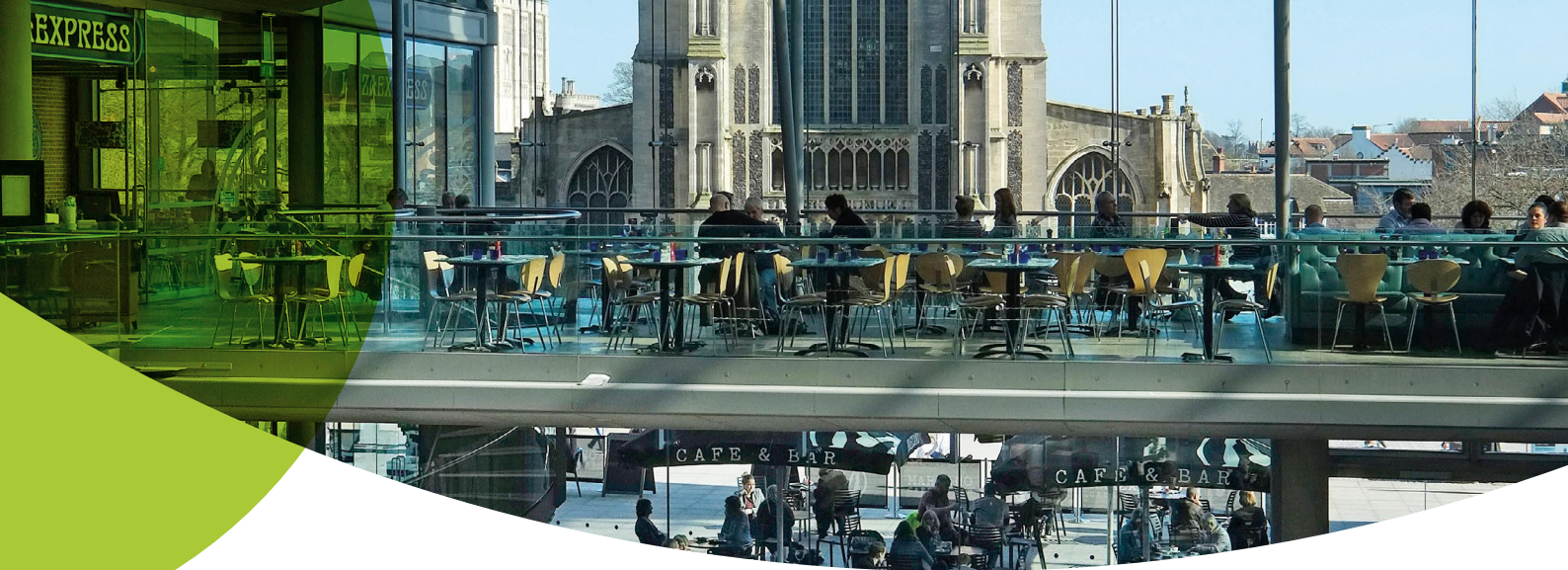


Figure 20: ONS Health Index scores, North Norfolk, 2020 (Source: Office for National Statistics Health Index).



## Norwich

Norwich has more students and people of working age than other areas of Norfolk. Two thirds of people in the city are under the age of 45 compared with around one half in Norfolk. Norwich is a diverse city, with more people from Asian, Black, Mixed and non-British or non-Irish White backgrounds than the rest of the county<sup>10</sup>.

There are wide gaps in income between areas in Norwich. Mile Cross, Lakenham and Bowthorpe have more children and older people living in low-income households, for example, compared with Eaton, which is a relatively affluent area<sup>11</sup>. Better health and higher incomes are often found in the same areas. For example, life expectancy is 87 for females in Eaton compared with 78 in Bowthorpe.

Norwich scores highly on distance to GP services, pharmacies and sports and leisure facilities, internet access, and patients offered acceptable GP practice appointments.

The city has different health issues than some areas of the county due to its younger population. For example, diabetes is less common in Norwich. However, there are more people with mental health problems, and the rates of self-harm and suicide are higher than the national average. Personal wellbeing, which includes anxiety and life satisfaction is also one of the poorest scoring measures. Norwich's lowest individual measure is for feelings of anxiety.

There are opportunities to increase healthy living in Norwich. For example, deaths that could have been prevented are higher than in other parts of Norfolk and have been increasing in the last five years (see chart below).

<sup>10</sup> For more informaton visit: [Norfolk Insight. ONS 2021 Census Population Report for Norwich, 2023](#)

<sup>11</sup> For more information visit: [Office for Health Improvement and Disparities. Local Health 2022](#)

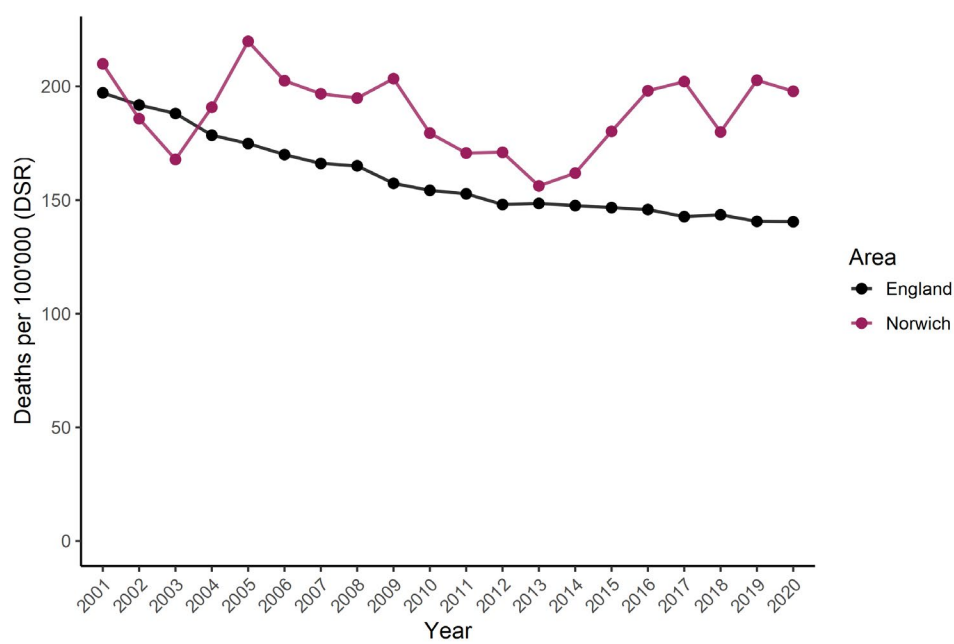


Figure 21: Under 75 deaths from causes considered preventable, Norwich. Directly age-standardised rate per 100,000, 2018-20 (Source: Office for Health Improvement and Disparities).





## Case Study: Safe Habitable Homes (SHH)

The SHH project, supported by the Norwich Health and Wellbeing Partnership, helps people living with complex self-neglect and/or hoarding. It's part of a larger service that helps people to live independently and healthily in their own homes for longer. Some of the people helped may have only recently become overwhelmed by their living conditions, whereas other people may have developed problems over a long period of time.

The project coordinates help from health, social care, the fire service, local authority and charities to help people make their homes safer and regain control, security and comfort where they live.

## Health Summary for Norwich

Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Distance to sports or leisure facilities, GP services and pharmacies
- Infant mortality
- Dementia
- Diabetes
- Kidney and liver disease
- Physically active adults

### Worse than England average:

- Mental health
- Self-harm
- Personal wellbeing
- Pupil absences
- Crime
- Living conditions
- Drug and alcohol misuse

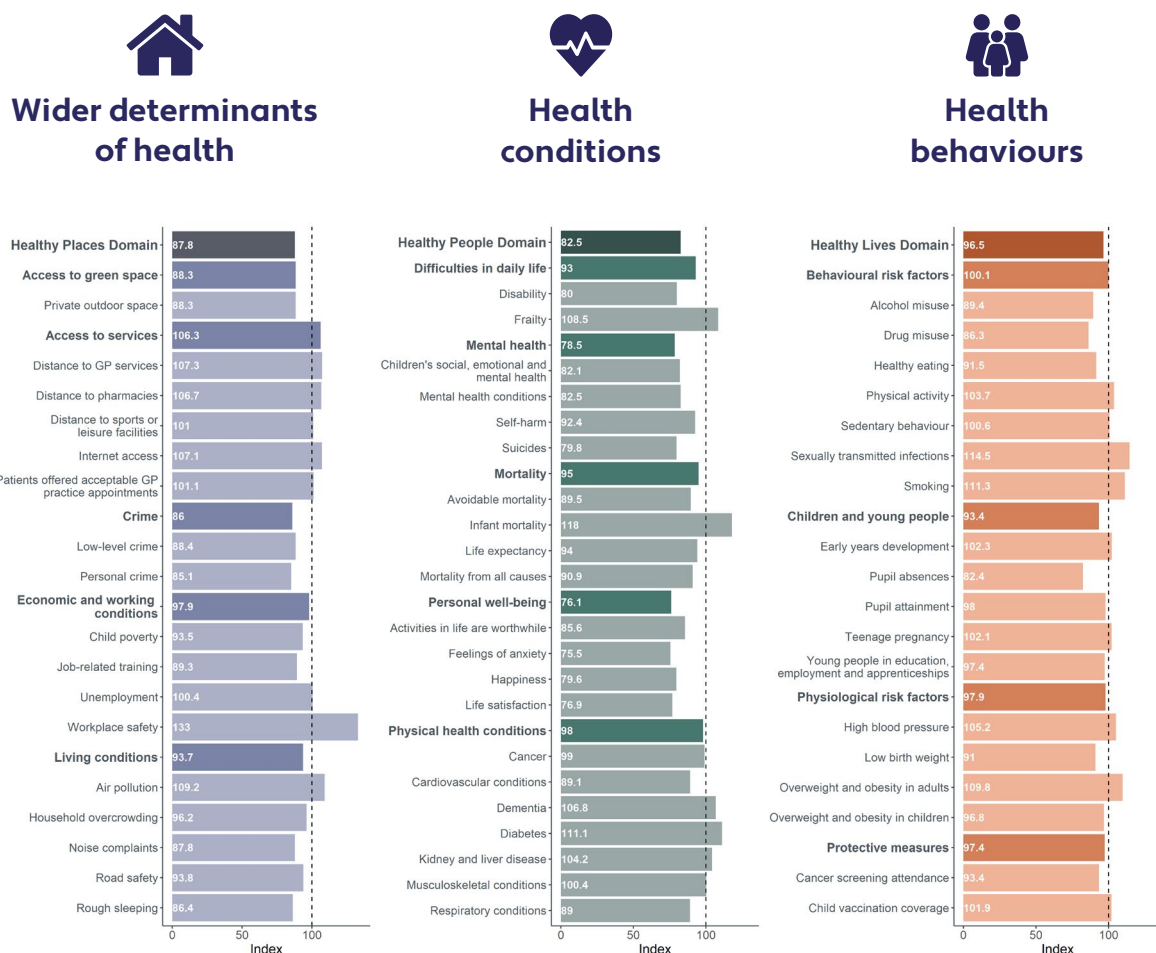


Figure 22: ONS Health Index scores, Norwich, 2020 (Source: Office for National Statistics Health Index).



## South Norfolk

South Norfolk is the least deprived district in Norfolk. In general, health is much better than the national average and life expectancy is significantly higher in England.

People are less likely to die early, and death rates are among the lowest in the country for nearly all conditions. For example, early deaths from liver disease are the lowest in the country. South Norfolk fares better on crime, economic conditions and living conditions such as air pollution, noise and household overcrowding. Children also fare well in early years development, pupil absences, teen pregnancies and healthy weights.

South Norfolk is worse than the national average on issues such as internet access and distances to GPs, pharmacies and sports and leisure facilities.

Personal wellbeing is also poor compared to nationally - there are more people who suffer from anxiety and low levels of happiness in South Norfolk.

Although health tends to be more similar across South Norfolk, it can still vary from place to place in some cases. For example, the rate of people going into hospital for self-harm is better than the England average but South Wymondham has a significantly higher rate (see chart below).



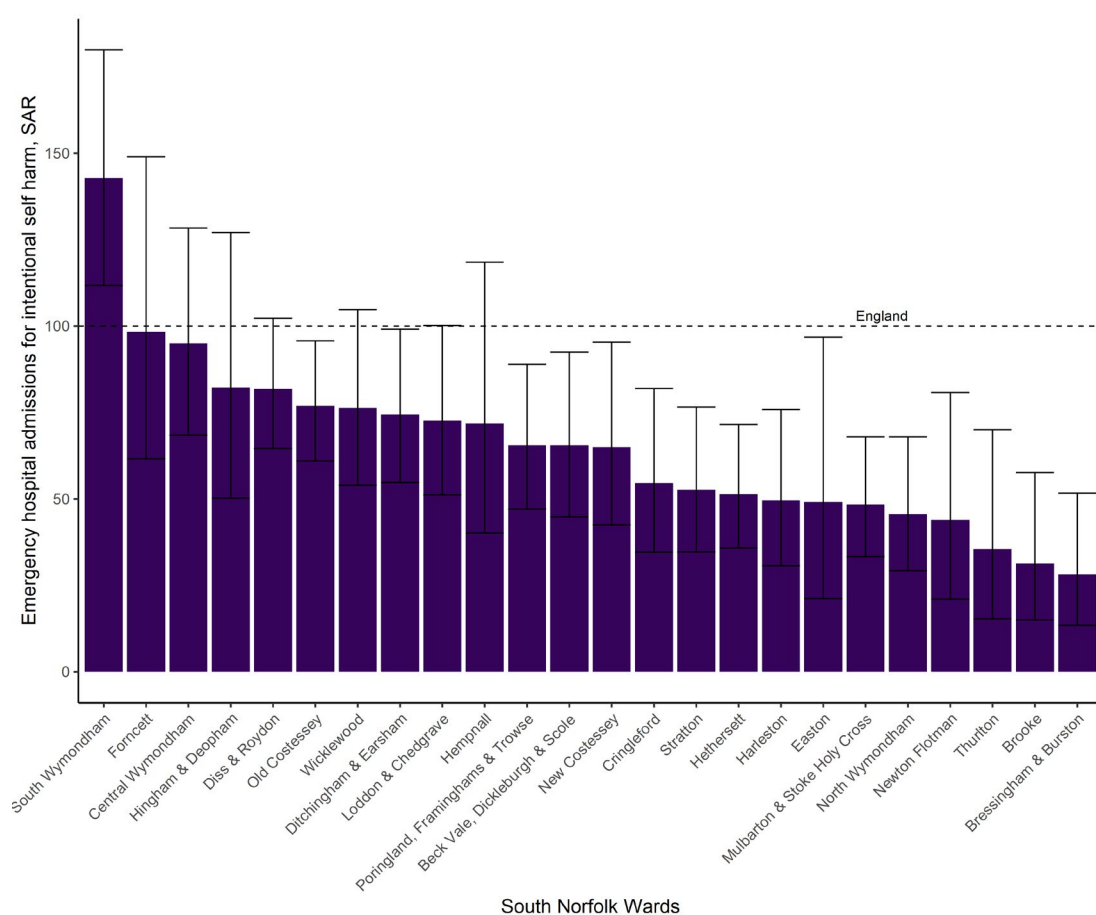


Figure 23: Emergency admissions for intentional self-harm, standardised admission ratio. 2016/17 - 2020/21  
(Source: Office for Health Improvement and Disparities).



## **Case Study: Mindful Towns and Villages**

Supported by the local Health and Wellbeing Partnership, this project delivers free wellbeing and mental health awareness training through the Norfolk and Suffolk Foundation Trust (NSFT). People in local community groups and businesses will also be trained to be champions for mental health, with the aim of raising awareness in local communities. By having trained champions in local neighbourhoods who can provide support and a 'listening ear', the aim is to reduce the stigma around talking about mental health and encourage communities to support each other.

## Health Summary for South Norfolk

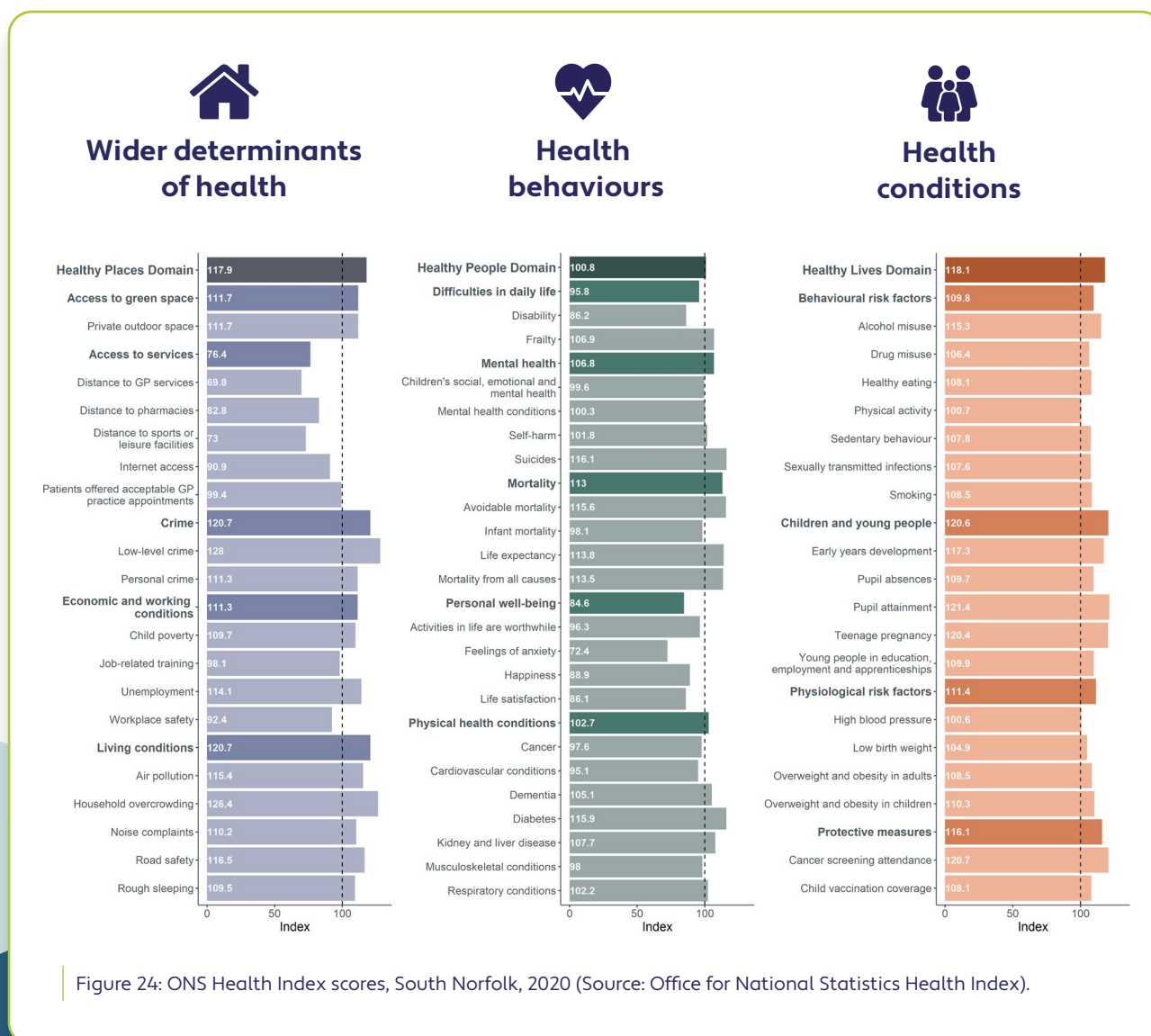
Higher than 100 is better than the England average, and less than 100 is worse. Selected examples include:

### Better than England average:

- Mortality and life expectancy
- Mental health
- Behavioural risk factors (e.g. physical activity)
- Early years development and pupil attainment
- Obesity in adults and children
- Cancer screening and vaccination uptake
- Crime
- Living conditions

### Worse than England average:

- Personal wellbeing, anxiety
- Distance to sports and leisure facilities, GP services and pharmacies





# Conclusions

- Health varies from one place to another – measures covering a whole county or district can hide variation amongst smaller areas.
- How long people live for, what people die from and what makes people ill throughout life is dependent on many different things, including income, employment and living conditions, as well as healthy behaviours and healthcare.
- Health in a local area also depends on who lives there – for example, if people are on average younger or older.
- On average, Norfolk districts and boroughs are healthier compared to others in England. However, there are some areas where health is poorer, such as in parts of Great Yarmouth or King's Lynn.
- Looking at what the numbers tell us can help to prioritise which actions to take to improve health. Even where a place appears to have good overall health, there are often opportunities to improve health in smaller patches within that area.

# More Information

**If you'd like to explore health in Norfolk districts further, you can find information here:**

**The Norfolk Joint Strategic Needs Assessment** provides reports and information about the health and wellbeing of the population in Norfolk and Waveney, including population, health inequalities and variation in healthcare analysis. Visit the Norfolk Insight website for information on [Norfolk Joint Strategic Needs Assessment](#).

**Norfolk Electoral Health and wellbeing profiles** provide information about the health of local authority districts, city and boroughs, as well as electoral divisions: For more information visit the [Norfolk Insights website](#).

**Fingertips** covers a wide range of factors that affect health, and you can search for an individual district, borough or city council, as well as view trends in health and how a local authority area compares to others. For more information visit the [Fingertips website](#).

The **GP Practice Profiles** are designed to support GPs, primary care networks (PCNs), integrated care partnerships (ICPs) and local authorities to ensure that they are providing and commissioning effective and appropriate healthcare services for their local population. For more information visit the [Fingertips website](#).

The **Strategic Health Asset Planning and Evaluation (SHAPE)** is a web enabled, evidence-based application that informs and supports the strategic planning of services and assets across a whole health economy. It can help service commissioners to determine the service configuration that provides the best affordable access to care. Visit the [Strategic Health Asset Planning and Evaluation\(SHAPE\)](#) website for more information.