

Aylsham, Coltishall and Reepham

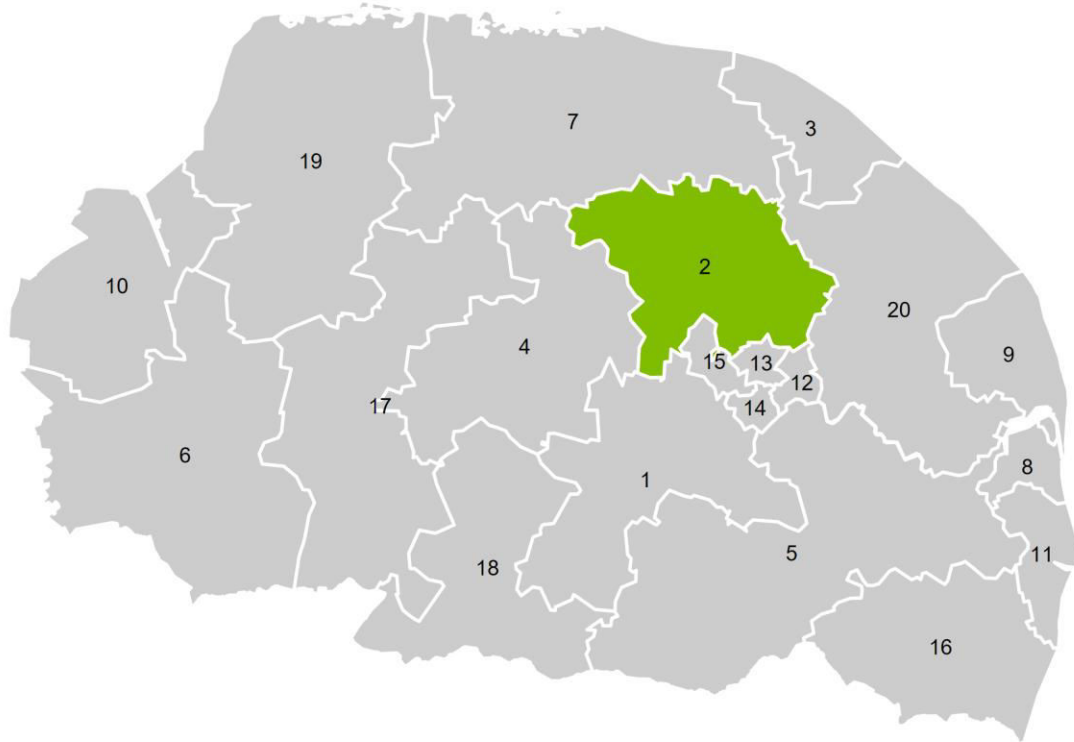
I&A Public Health Intelligence

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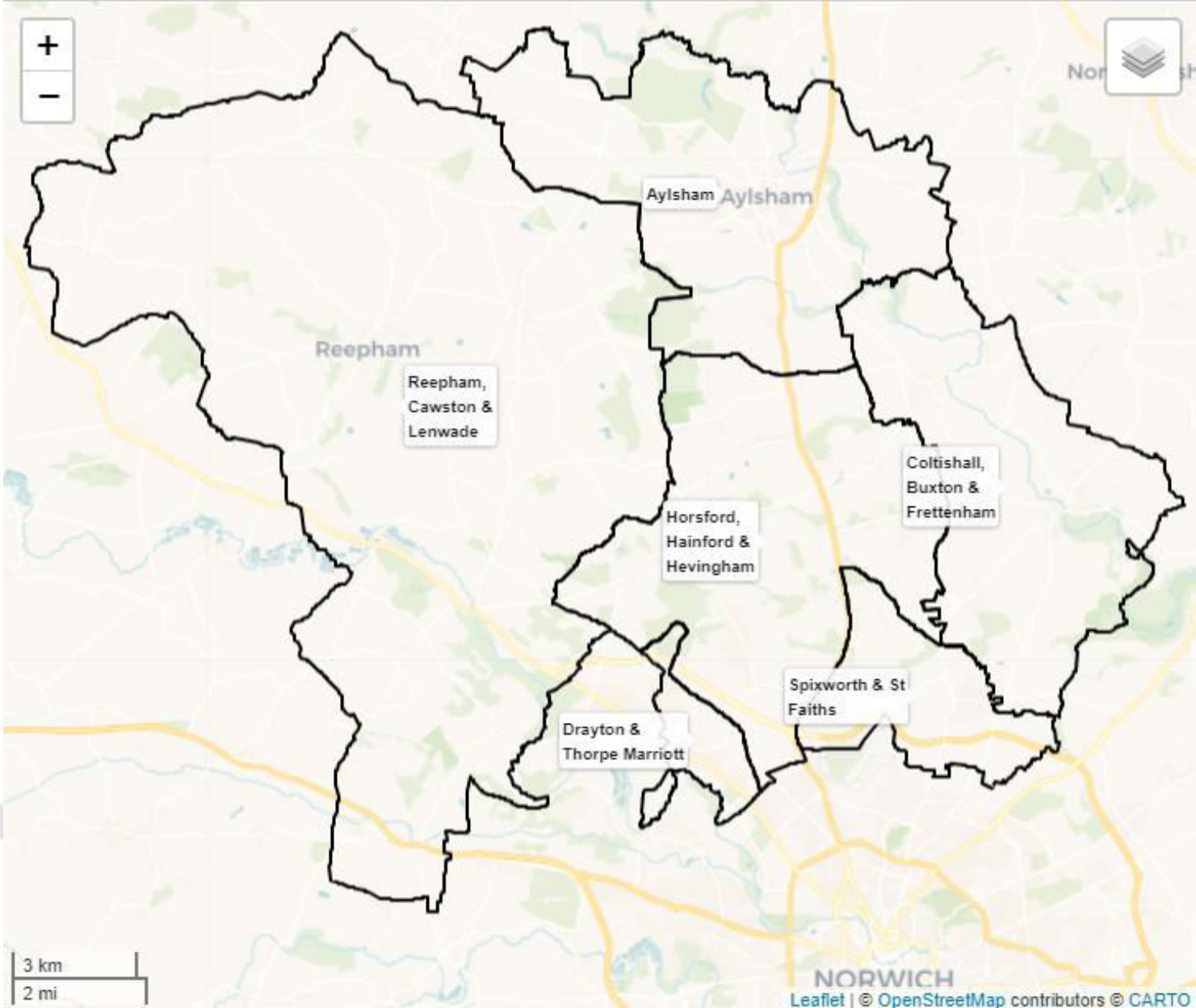
Neighbourhood areas



Nr	Name	Resident Population ¹
1	A11 Attleborough and Wymondham	75,007
2	Aylsham, Coltishall and Reepham	43,737
3	Cromer and North Walsham	34,257
4	Dereham	50,190
5	Diss, Long Stratton, Loddon Waveney Valley	74,657
6	Downham Market and Villages	47,112
7	Fakenham, The Raynhams, Holt and Sheringham	45,873
8	Gorleston	44,337
9	Great Yarmouth and Northern Villages	56,192
10	King's Lynn and Marshland North	72,760
11	Lowestoft	78,700
12	Norwich East	54,275
13	Norwich North	53,717
14	Norwich South	64,785
15	Norwich West	52,943
16	South Waveney	37,456
17	Swaffham and Villages	26,241
18	Thetford and Watton	52,313
19	West Norfolk Coastal	34,604
20	Wroxham, Stalham and the Broads	55,629
Total		1,054,785

¹2024 mid-year-estimates for small areas (ONS)

Local areas (MSOAs)



Neighbourhood Profiles

What they are:

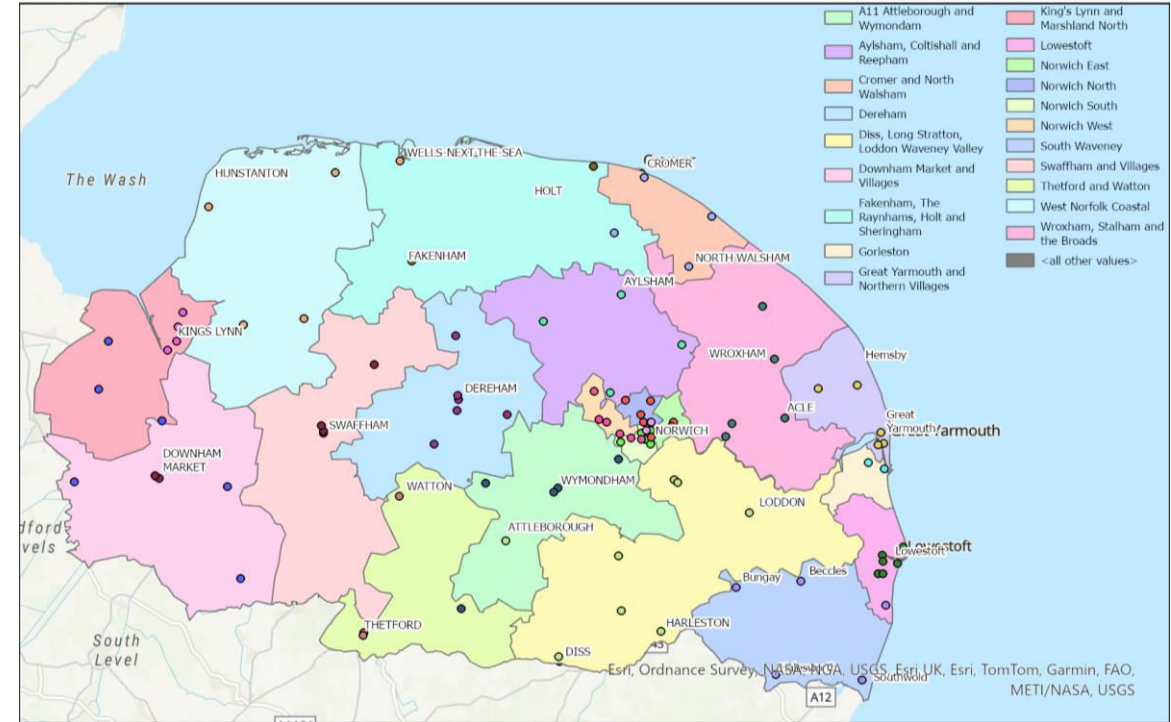
- Place-based summaries of health, wellbeing, and wider determinants in each neighbourhood
- Draw on local data, insights, and community context
- Highlight key challenges and opportunities for improving population health

Why they matter:

- Provide a shared evidence base for health, care, and community partners
- Support integrated planning and decision-making at neighbourhood level
- Help identify inequalities and target resources where they're most needed
- Research shows neighbourhood characteristics significantly influence health and wellbeing outcomes and advocates for 'natural' neighbourhood that reflect local perceptions and activity

How they'll be used:

- Inform health and social care, Integrated Neighbourhood Teams (INTs) and wider system partners to guide service design, prevention initiatives, and community engagement and enable monitoring of progress over time

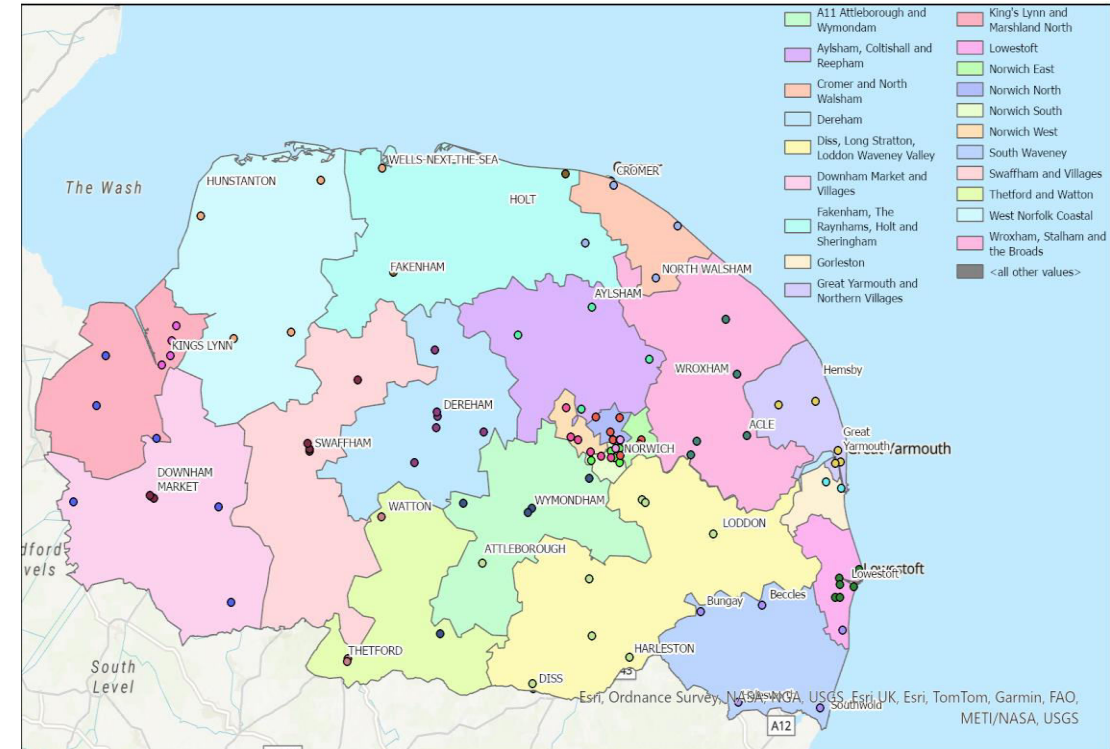


How do we define neighbourhoods?

There is no single definition of a neighbourhood in the NHS and local authority planning context. Neighbourhoods can be understood in several ways:

- Administrative or statistical boundaries such as wards, parishes, or Middle Layer Super Output Areas (MSOAs), which provide stable geographies for data analysis.
- Natural communities or economic centres like market towns or main urban areas, reflecting where people live, work, and access services.
- Functional service areas, for example, GP practice or NHS trust catchments, which align with how health and care services are delivered.
- Collaborative structures such as Primary Care Networks (PCNs) or integrated care partnerships, which represent groups of organisations working together to serve a defined population.

These neighbourhood profiles draw on recorded data for these areas — whether by GP practice population, PCN, or statistical geography — to provide a shared evidence base for planning, resource allocation, and addressing health inequalities.

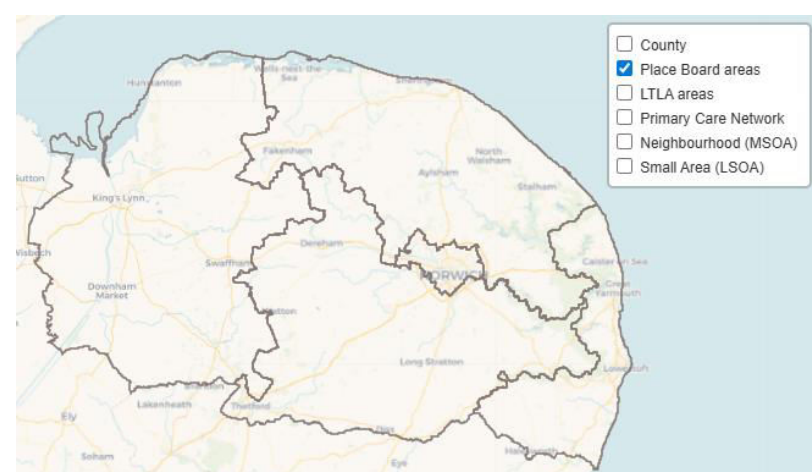


Methods

Most of the data used in this profile is based on information available at local (MSOA) level and thus calculated for the neighbourhood or local areas within the neighbourhood.

There are several exceptions:

- Slide 27: Life expectancy inequality is based on difference between the most and least deprived small areas (LSOAs). Because neighbourhood areas are relatively small, life expectancy inequality at the **Partnership (lower tier local authority)** or **Place (formerly CCG)** level that best matches the neighbourhood area was used ([Population - JSNA - Norfolk Insight](#)).
- Slide 34: The contribution of behavioural risk factors to mortality and morbidity is calculated by the Institute for Health Metrics and Evaluation and is available at no smaller than **county** level ([VizHub - GBD Compare](#)).
- Slides 38 and 46: Behavioural risk factors were estimated for **Partnership (lower tier local authority)** level for Norfolk's Health and Wellbeing Profiles ([Health & wellbeing profiles - JSNA - Norfolk Insight](#)).
- Slides 41 & 42: Estimates of long-term conditions are estimated based on GP NHS Quality Outcomes Framework records. Here, we show estimates for the **Primary Care Network** encompassing the largest number of GP practices at which Neighbourhood residents are registered.



Population and deprivation

- This section introduces demographic and deprivation data for Aylsham, Coltishall and Reepham, highlighting population structure and socioeconomic challenges.

Population and deprivation summary

Aylsham, Coltishall and Reepham has a similar age profile to the rest of Norfolk & Waveney, with slightly fewer people in their 20s and more people in their 50s. Population density varies considerably, with a high density in Drayton & Thorpe Marriott.

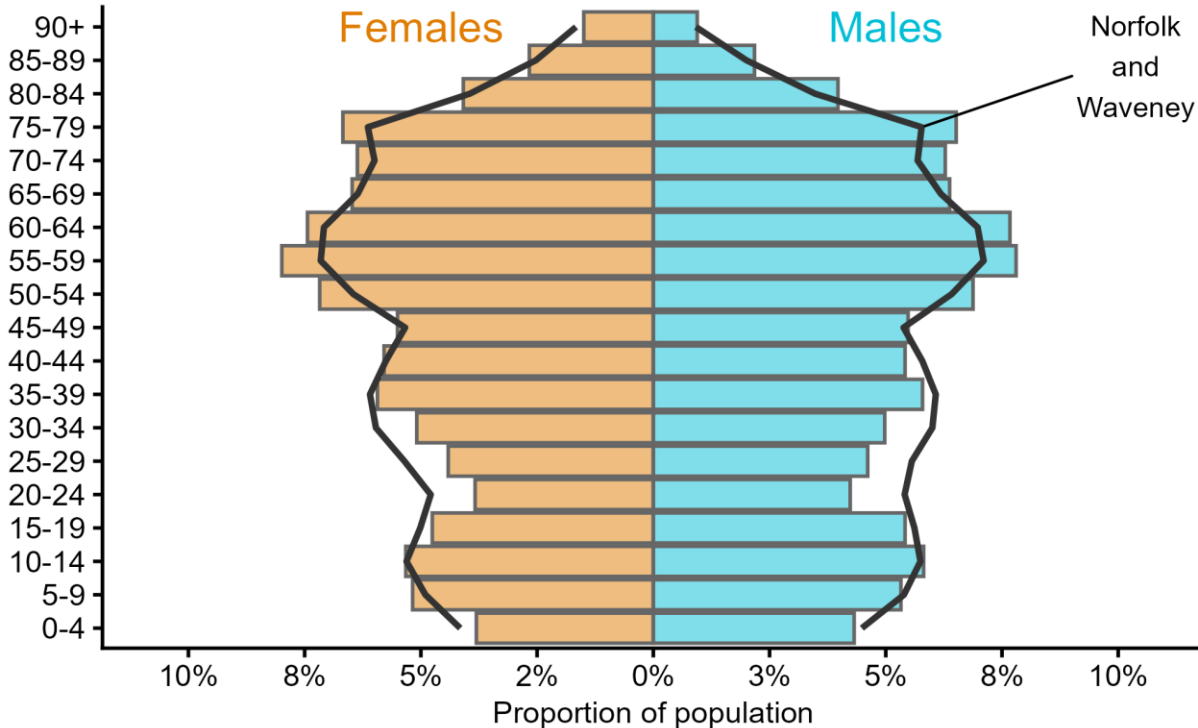
The age group with the largest projected population growth by 2044 in Aylsham, Coltishall and Reepham is people aged 65+.

Locally, the MSOA with the largest estimated overall population growth is Aylsham with a 16.8% population increase by 2044.

	Period	England	Aylsham	Coltishall, Buxton & Frettenham	Drayton & Thorpe Marriott	Horsford, Hainford & Hevingham	Reepham, Cawston & Lenwade	Spixworth & St Faiths
Resident population (aged 0 to 15)	2022	18.5	16	15.8	17.2	18.4	14.7	15.7
Resident population (aged 65 and over)	2022	18.6	31.2	27.5	25.2	20.3	27.5	28.5
Resident population (aged 85 and over)	2022	2.5	4.94	3.69	4.28	1.86	2.87	3.12
Population density: people per square kilometre	2022	438	177	135	969	175	54.9	369
Poverty: Index of Multiple Deprivation	2019	21.7	14.5	13.7	9.72	13.5	16.6	10.2
Poverty: English Indices of Deprivation	2019	12.9	9.05	7.07	6.6	7.65	8.01	7.2
Children in poverty: Income Deprivation Affecting Children Index (IDACI) (aged 0 to 15)	2019	17.1	10.7	7.41	7.98	10.5	9.62	8.57
Older people in poverty: Income Deprivation Affecting Older People Index (IDAOPI) (aged 60 and over)	2019	14.2	9.42	8.65	7.79	9.9	9.44	8.67
Fuel poverty (low income, low energy efficiency methodology)	2023	11.4	11.2	14.7	6.03	9.23	15	8.8
Unemployment: people claiming out of work benefit (aged 16 to 64)	2024/25	4.07	2.55	1.65	2.12	2.17	2.36	2.02
Long-term unemployment: people claiming out of work benefit for over 12 months (aged 16 to 64)	2024/25	0.51	0	0	0.94	0.61	0	0.96

Demography in Aylsham, Coltishall and Reepham

Aylsham, Coltishall and Reepham population compared to Norfolk and Waveney 2024



Source: ONS 2024 mid-year estimates

Aylsham, Coltishall and Reepham has a similar age profile to the rest of Norfolk & Waveney, but with fewer people in their 20s and more people in their 50s and 70s.

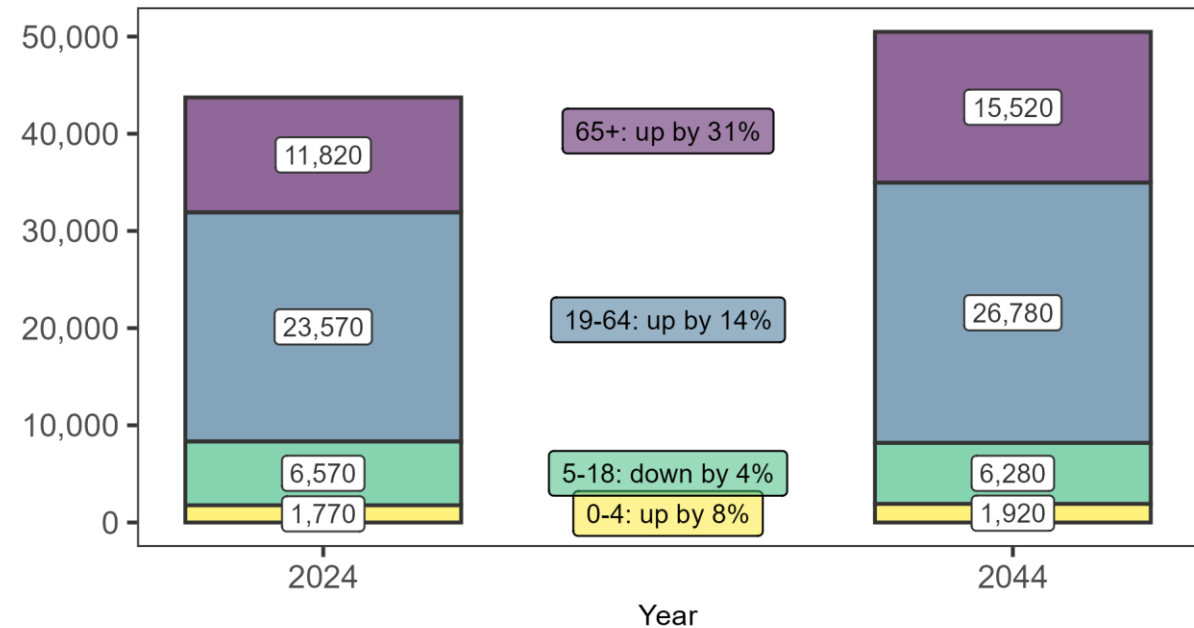


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Population projections by age groups for Aylsham, Coltishall and Reepham

Residents



Source: ONS population projections (2025); Age-specific LTLA projections applied to MSOA SYOA mid-2024 populations

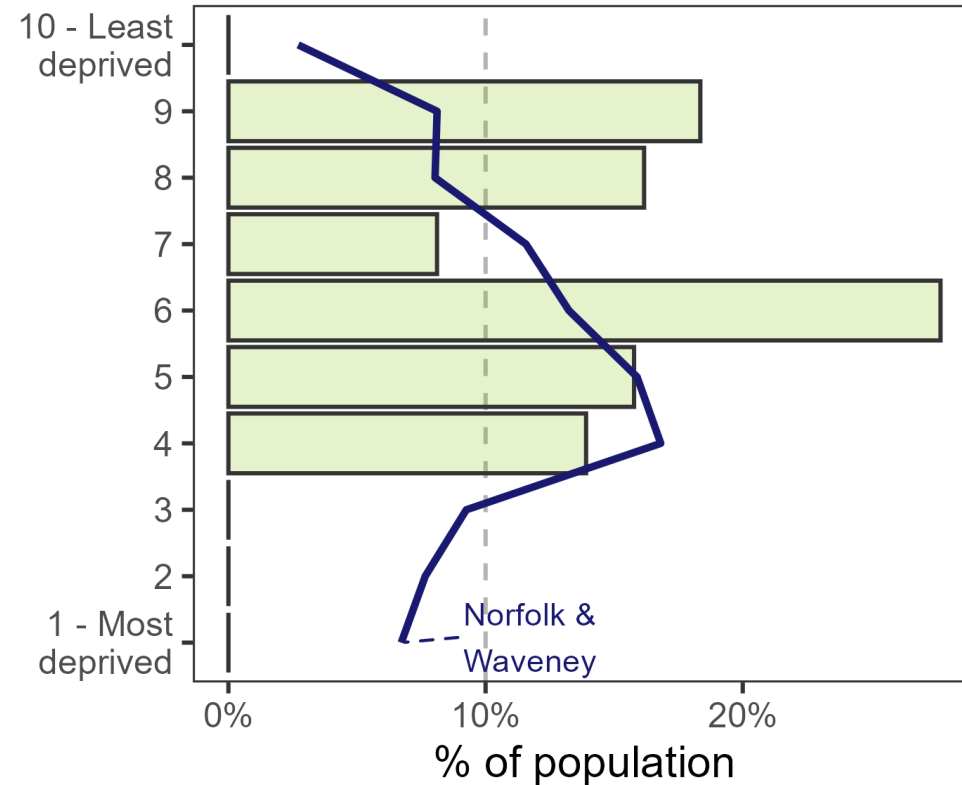
Deprivation in Aylsham, Coltishall and Reepham

No Core20 LSOAs in Aylsham, Coltishall and Reepham



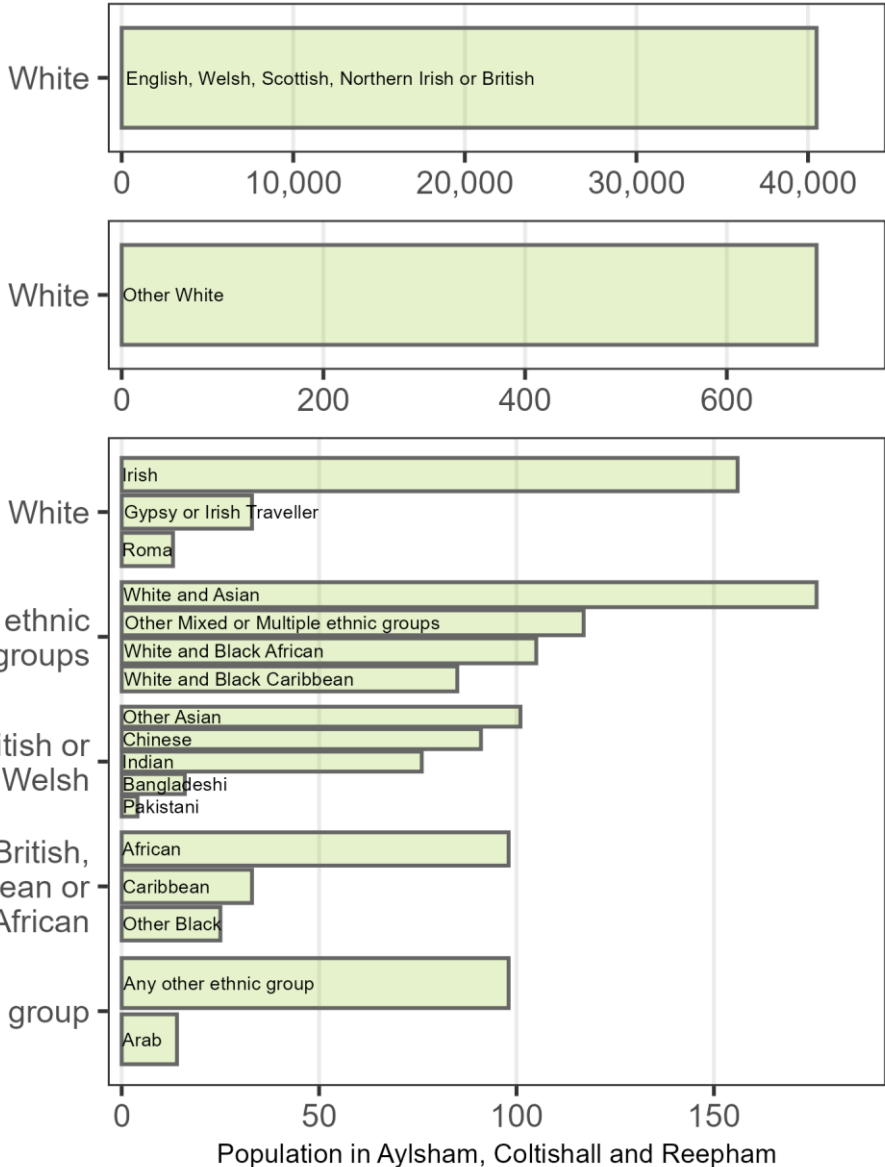
None of the population of Aylsham, Coltishall and Reepham live in small areas that are among the 20% most deprived areas in England (Core20 areas). Across Norfolk and Waveney, 14.4% live in Core20 areas.

IMD 2025 Decile



Index of Multiple Deprivation 2025, Department for Levelling Up, Housing and Communities; ONS 2024 mid-year population estimates

Ethnicity in Aylsham, Coltishall and Reepham



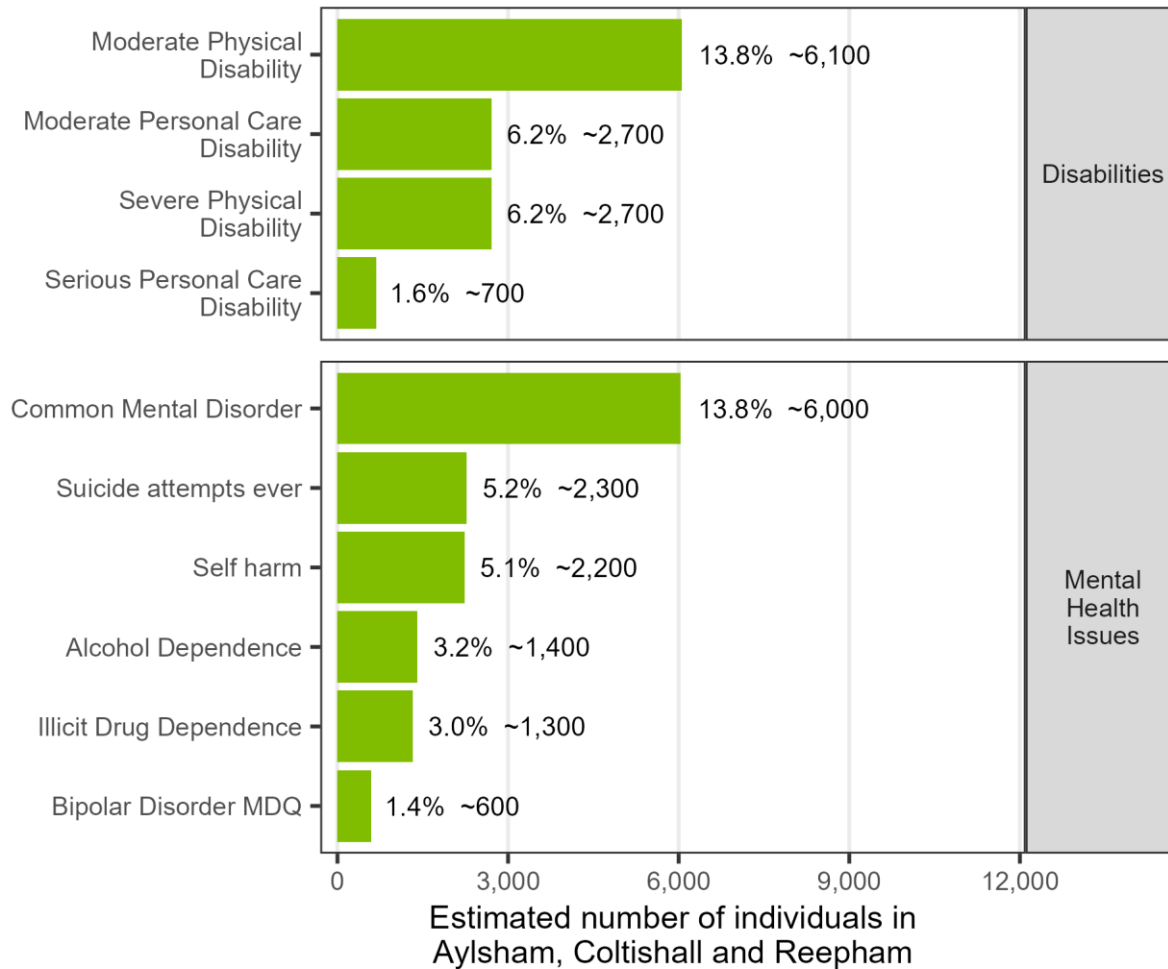
Source: Census 2021 (obtained through NOMIS)

Ethnicity group	Population	Proportion
White	41,389	97.6%
Mixed Or Multiple Ethnic Groups	483	1.1%
Asian Asian British Or Asian Welsh	288	0.7%
Black Black British Black Welsh Caribbean Or African	156	0.4%
Other Ethnic Group	112	0.3%

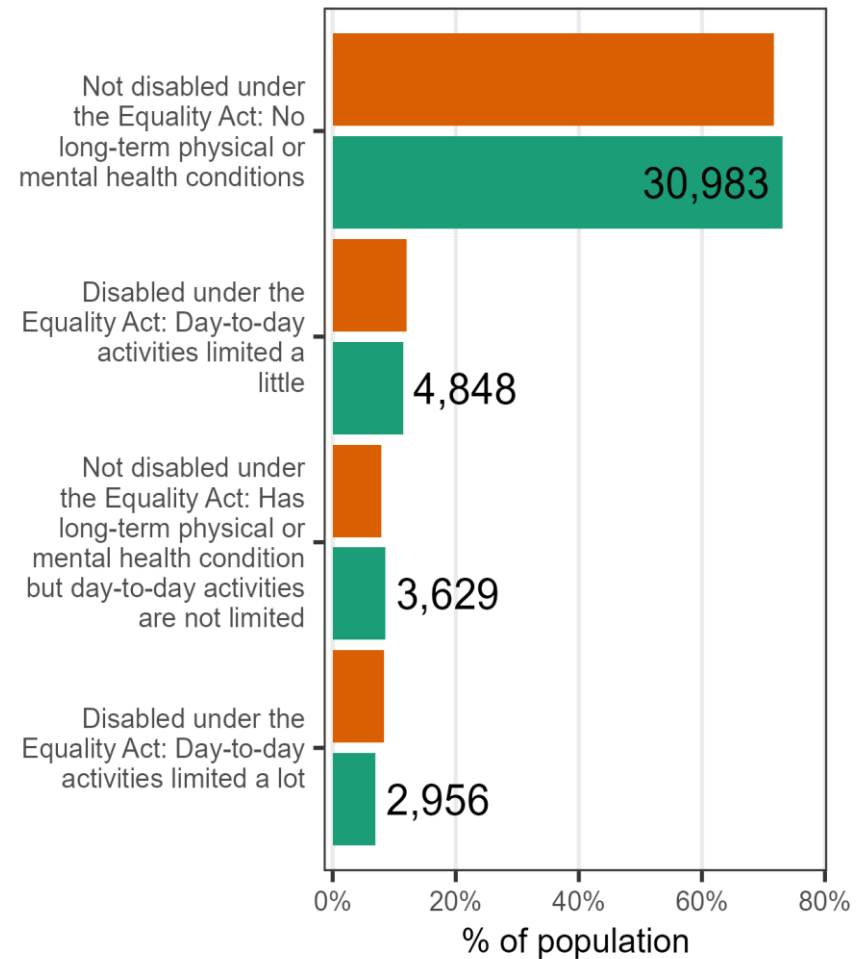
Source: Census 2021 (obtained through NOMIS)

Small areas (MSOAs) with the highest proportions of non-White residents in Aylsham, Coltishall and Reepham include Drayton & Thorpe Marriott (4.0%) and Horsford, Hainford & Hevingham (2.9%).

People with disabilities and vulnerable populations



Sources:
 PANSI/POPPI, Psychiatric Morbidity Survey
 ONS 2024 mid-year population estimates



Source: 2021 Census (ONS)

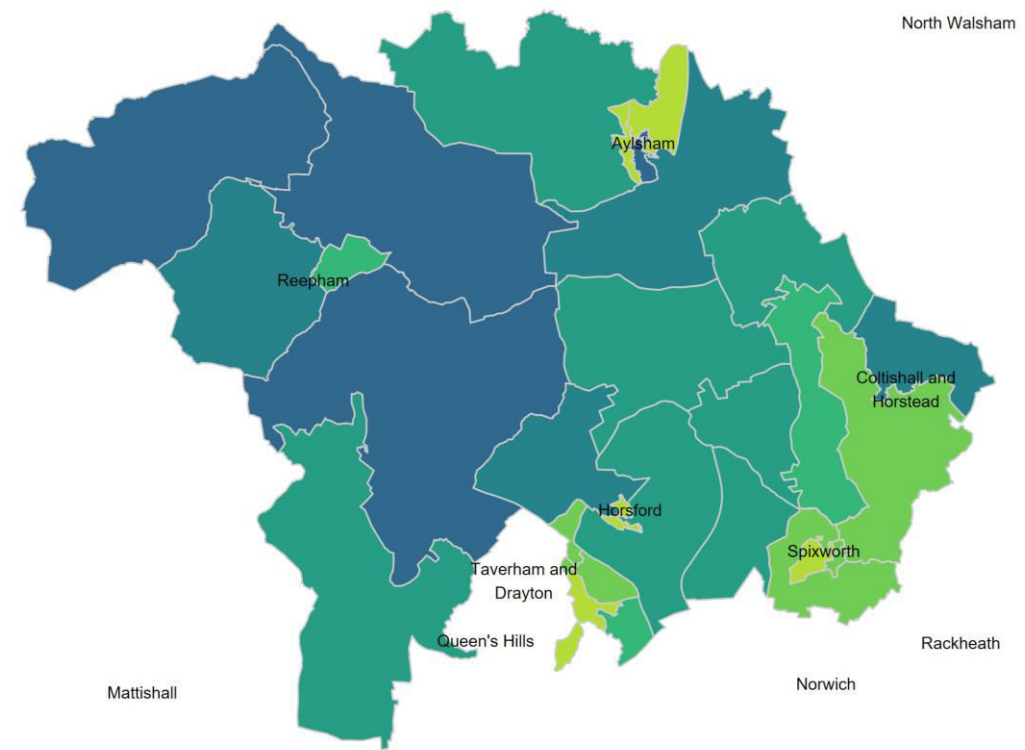
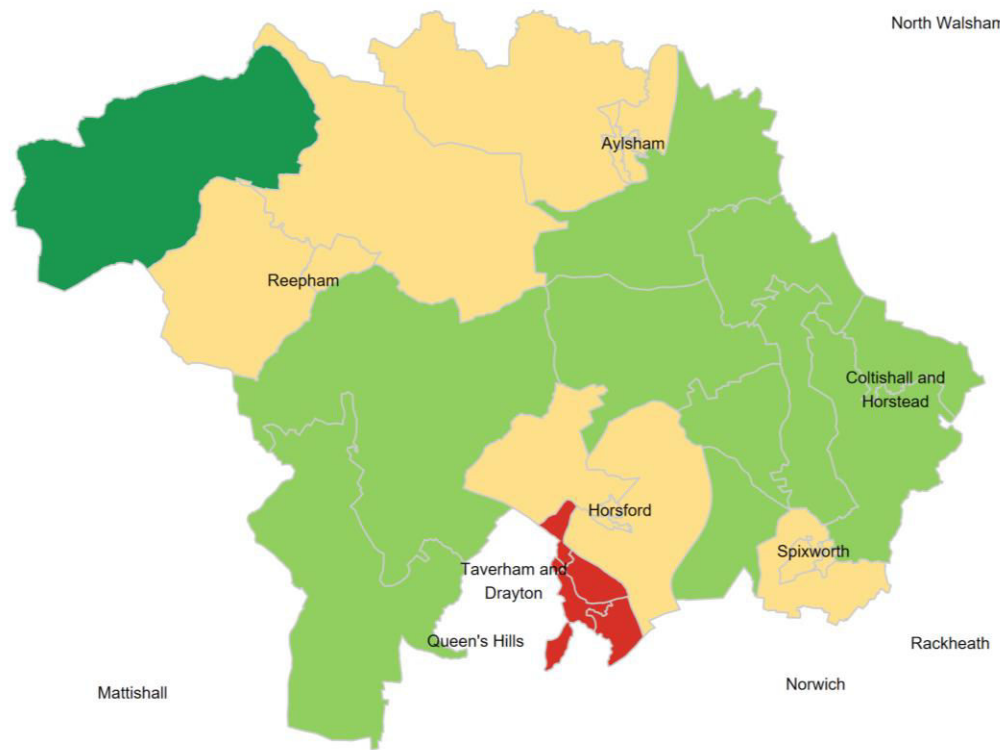
Area

- Norfolk and Waveney
- Aylsham, Coltishall and Reepham

Rurality and Deprivation in Aylsham, Coltishall and Reepham

ONS Rural Urban Classification

Index of Multiple Deprivation deciles



- Urban: Nearer to a major town or city
- Urban: Further from a major town or city
- Larger rural: Nearer to a major town or city
- Larger rural: Further from a major town or city
- Smaller rural: Nearer to a major town or city
- Smaller rural: Further from a major town or city

- 1 - Most deprived
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - Least deprived

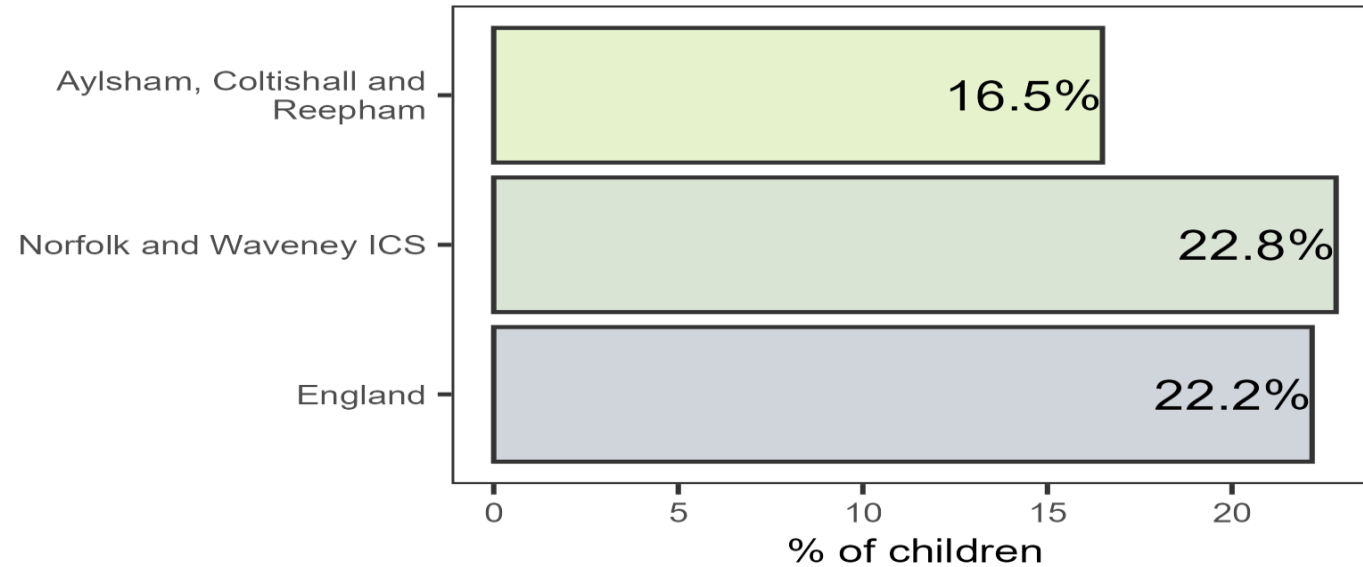
Children in Poverty

In Aylsham, Coltishall and Reepham, 16.5% of children aged 0-19 live in low-income families, compared to 22.8% across Norfolk and Waveney and 22.2% across England.

22.8% of children aged 0 to 15 in Aylsham, Coltishall and Reepham are estimated to live in poverty according to the Income Deprivation Affecting Children Index (IDACI). In England overall, this is 36.25%.

In Aylsham, Coltishall and Reepham, 17.1% of pupils from Reception to Year 13 are eligible for free school meals. This is significantly lower than across all schools in Norfolk, where 24.1% of pupils are eligible.

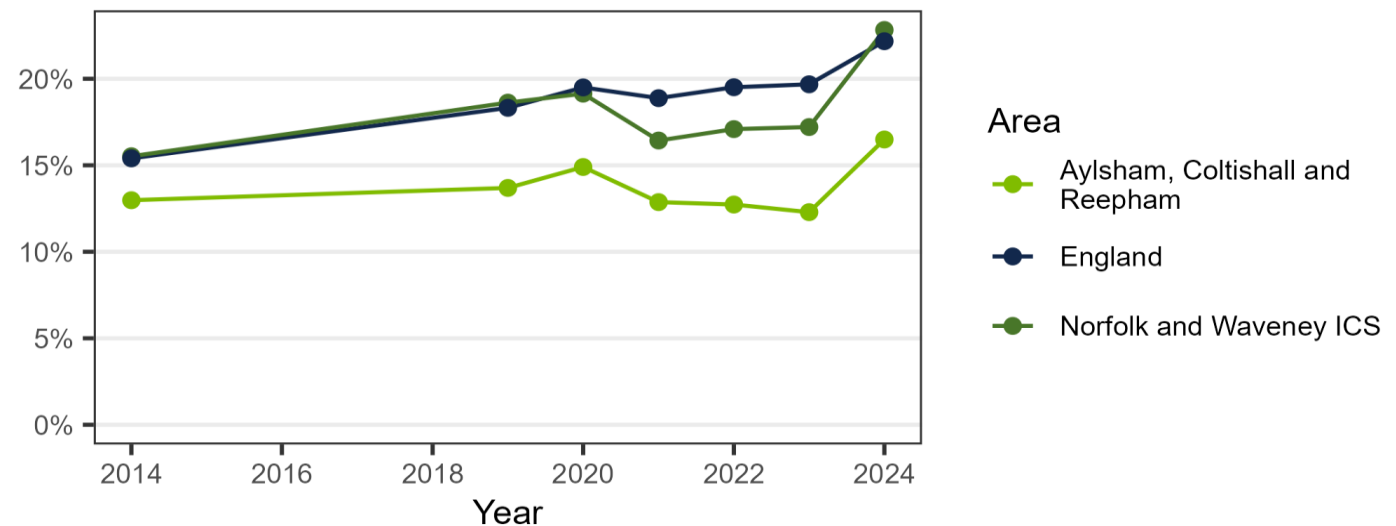
Children aged 0-19 in relative low-income families



Source: Local Insight (OCSI)

Children aged 0-19 in relative low-income families

% of children



Source: Local Insight (OCSI)

Economy, employment and housing

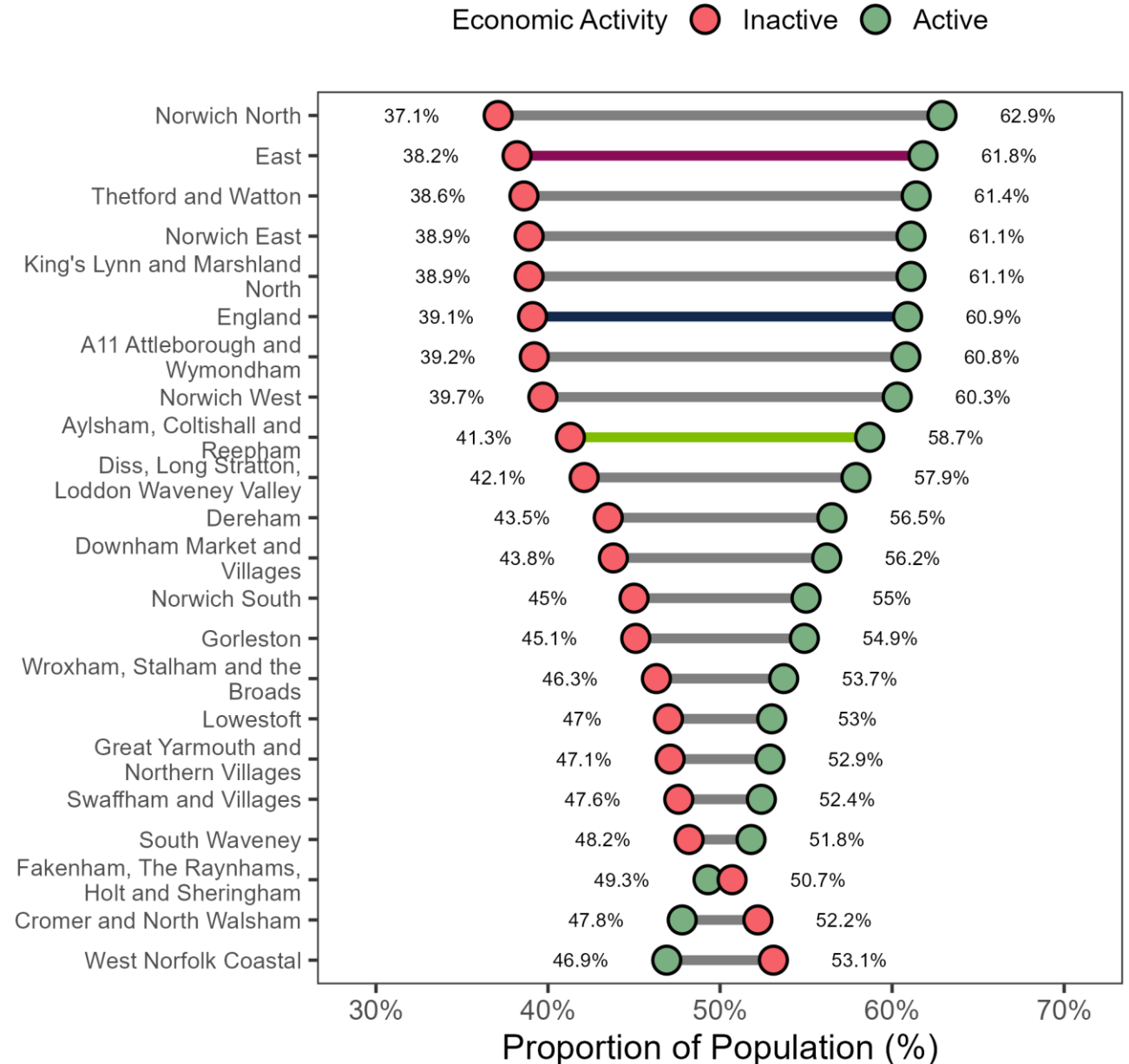
Economy and Employment

Economically Active Definition: Aged between 16-64 and either in employment, unemployed but looking for work and could start within two weeks of an offer, or unemployed but waiting to start a job that has been offered and accepted.

In the 2021 Census, the proportion of residents aged 16–64 who were economically active was generally lower across neighbourhoods within Norfolk and Waveney than the averages for both the East of England (61.8%) and England overall (60.9%).

Within the Aylsham, Coltishall and Reepham neighbourhood 58.7% of working-age residents were classified as economically active, while 41.3% were economically inactive. These proportions position the area within the mid-range of economic activity when compared to other neighbourhoods, but still lower than the regional and national averages.

Economic Activity Across Areas (Census 2021)



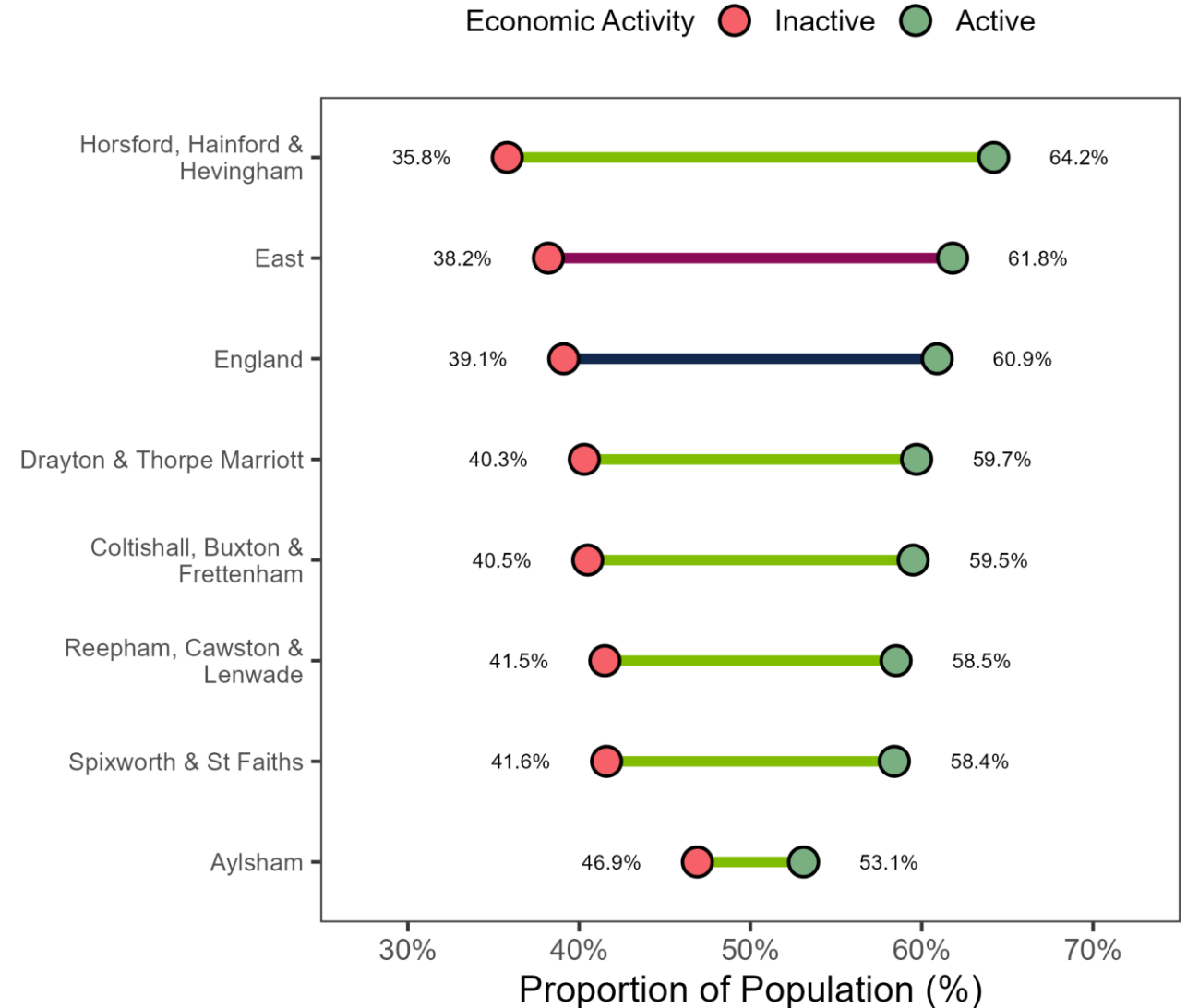
Economy and Employment

Levels of economic activity reported across MSOAs within the Aylsham, Coltishall and Reepham neighbourhood during the 2021 Census varied considerably.

Within the neighbourhood Aylsham recorded the lowest proportion of economically active residents aged 16–64 at 53.1%, indicating high levels of economic inactivity among the working-age population.

In contrast, Horsford, Hainford and Hevingham recorded the highest proportion of economically active residents (64.2%) among MSOAs within the neighbourhood, exceeding the East of England (61.8%) and England (60.9%) average. This suggests above-average rates of economic activity among working-age residents in this MSOA.

Economic Activity Across Areas (Census 2021)



Economy and Employment

Occupation, as recorded in the 2021 Census, is derived from an individual's main job title and the activities associated with that role. Values are based on the proportion of usual residents aged 16 and over in employment.

In the Aylsham, Coltishall and Reepham neighbourhood, professional occupations represented the largest occupational group, with 16.7% of usual residents aged 16 years and over in employment engaged in these roles. This mirrors patterns observed across Norfolk and England. In addition, the proportion of residents employed in managerial and skilled trade roles exceeded the averages for Norfolk and England, indicating a comparatively high presence of leadership and technical expertise roles within the local labour market.

In contrast, employment in sales, process, and elementary occupations was consistently below the Norfolk average and at, or below, the England average. This suggests a relatively low concentration of individuals engaged in routine and manual forms of work within the neighbourhood, compared to county and national averages.

Occupational Groups						
Indicator	Aylsham, Coltishall and Reepham		Norfolk		England	
	Count	Rate	Count	Rate	Count	Rate
Managers, Directors & Senior Officials	2,842	14.1%	49,365	11.9%	3,403,916	12.9%
Professional	3,367	16.7%	68,653	16.6%	5,356,649	20.3%
Associate Professional & Technical	2,425	12.1%	48,630	11.8%	3,499,749	13.3%
Administrative & Secretarial	2,177	10.8%	37,330	9.0%	2,446,565	9.3%
Skilled Trades	2,776	13.8%	52,732	12.8%	2,683,139	10.2%
Caring, Leisure & Other Service	2,013	10.0%	43,994	10.6%	2,447,148	9.3%
Sales & Customer Service	1,545	7.7%	33,402	8.1%	1,972,553	7.5%
Process, Plant & Machine Operatives	1,246	6.2%	33,235	8.0%	1,832,666	6.9%
Elementary	1,726	8.6%	46,376	11.2%	2,762,829	10.5%

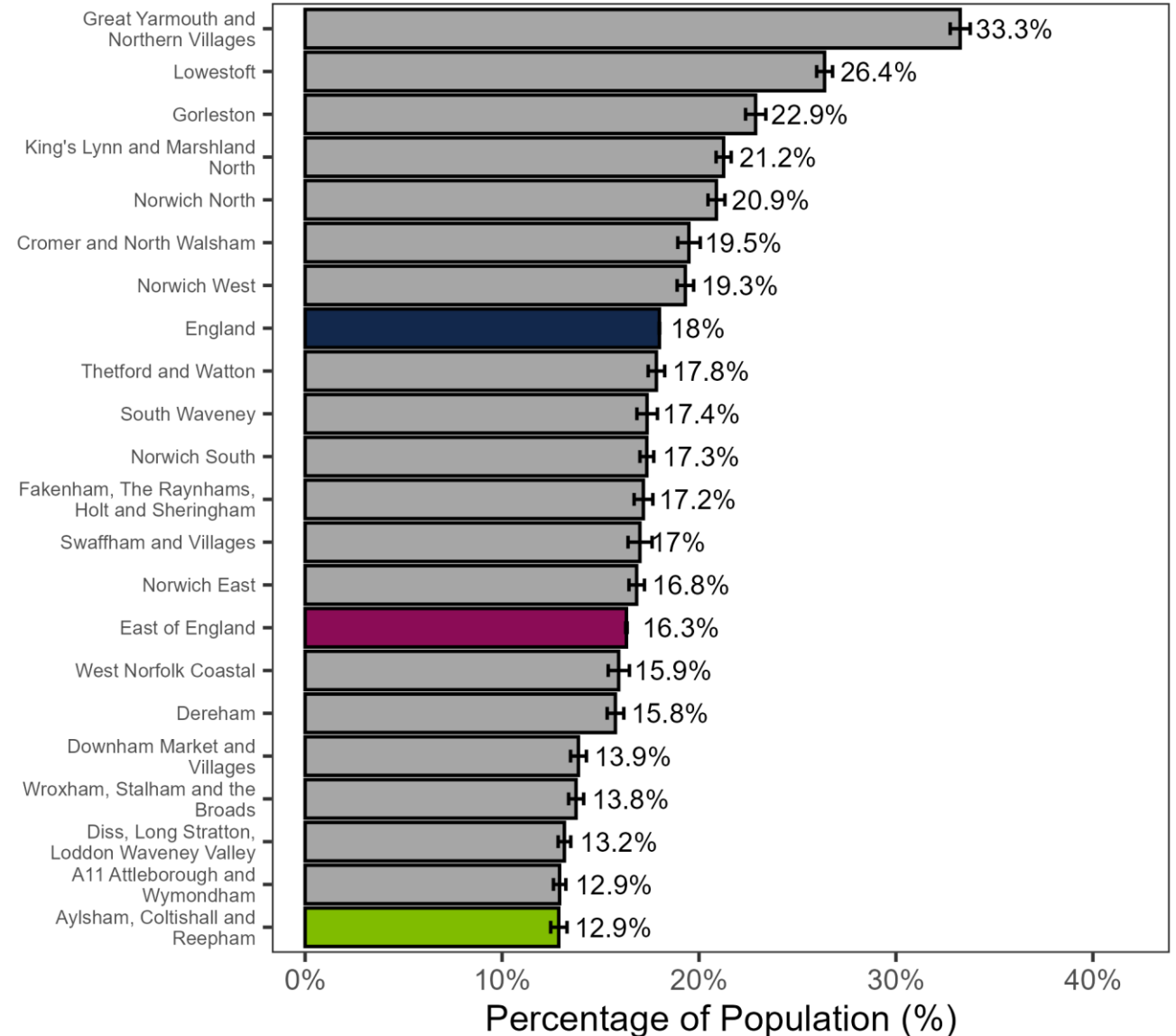
Economy and Employment

Universal Credit is a monthly payment from the government to help with living costs for individuals on a low income or out of work. Eligible individuals must be between 18 and 66 years of age and have less than £16,000 in money, saving and investments.

The graph shows the proportion of residents aged 18 to 66 claiming Universal Credit across neighbourhoods in August 2025, alongside regional and national benchmarks.

The proportion of residents claiming Universal Credit varies significantly across neighbourhoods. Aylsham, Coltishall and Reepham neighbourhood reported a significantly lower proportion of individual claimants (12.9%) than 15 of the other 19 neighbourhoods during August 2025. In addition, the proportion of claimants was significantly lower than both the East of England (16.3%) and England (33.3%) averages.

Percentage of Population Claiming Universal Credit by Area (Aug 2025)



Source: Stat-Xplore, ONS 2024 mid-year population estimates

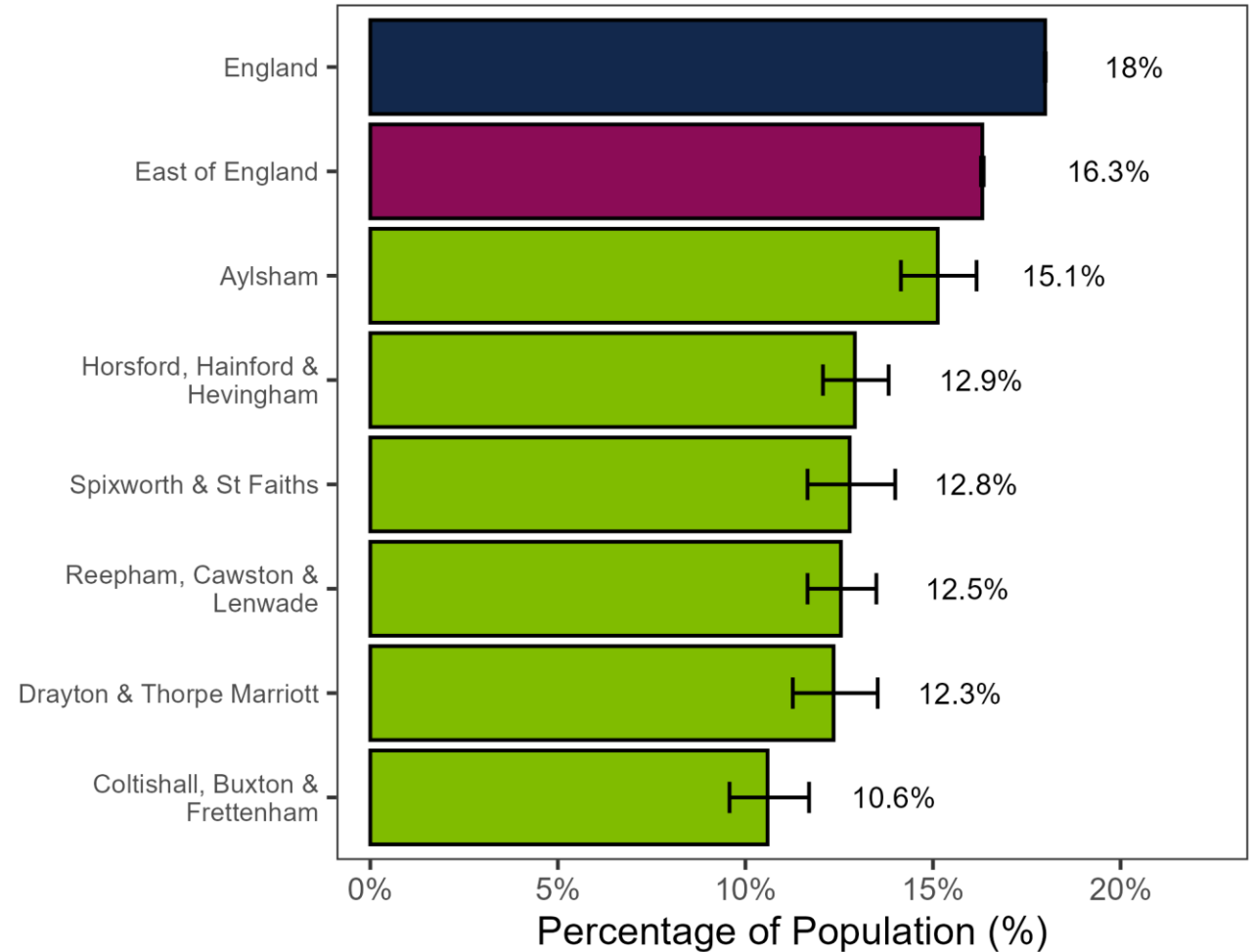
Economy and Employment

In August 2025, the proportion of residents (aged 18 to 66) claiming Universal Credit varied significantly across MSOAs within the Aylsham, Coltishall and Reepham neighbourhood (ranging from 10.6%-15.1%).

Aylsham recorded the highest proportion of claimants at 15.1%, significantly more claimants than any other MSOA within the neighbourhood. This figure was significantly lower than the East of England (16.3%) and England average (18%).

Coltishall, Buxton and Frettenham reported the lowest proportion of claimants at 10.6%, significantly fewer claimants compared to two of the other seven MSOAs within the area and both the East of England and England average.

Universal Credit Claimants by MSOA in Aylsham, Coltishall and Reepham (Aug 2025)



Source: Stat-Xplore, ONS 2024 mid-year population estimates

Economy and Employment

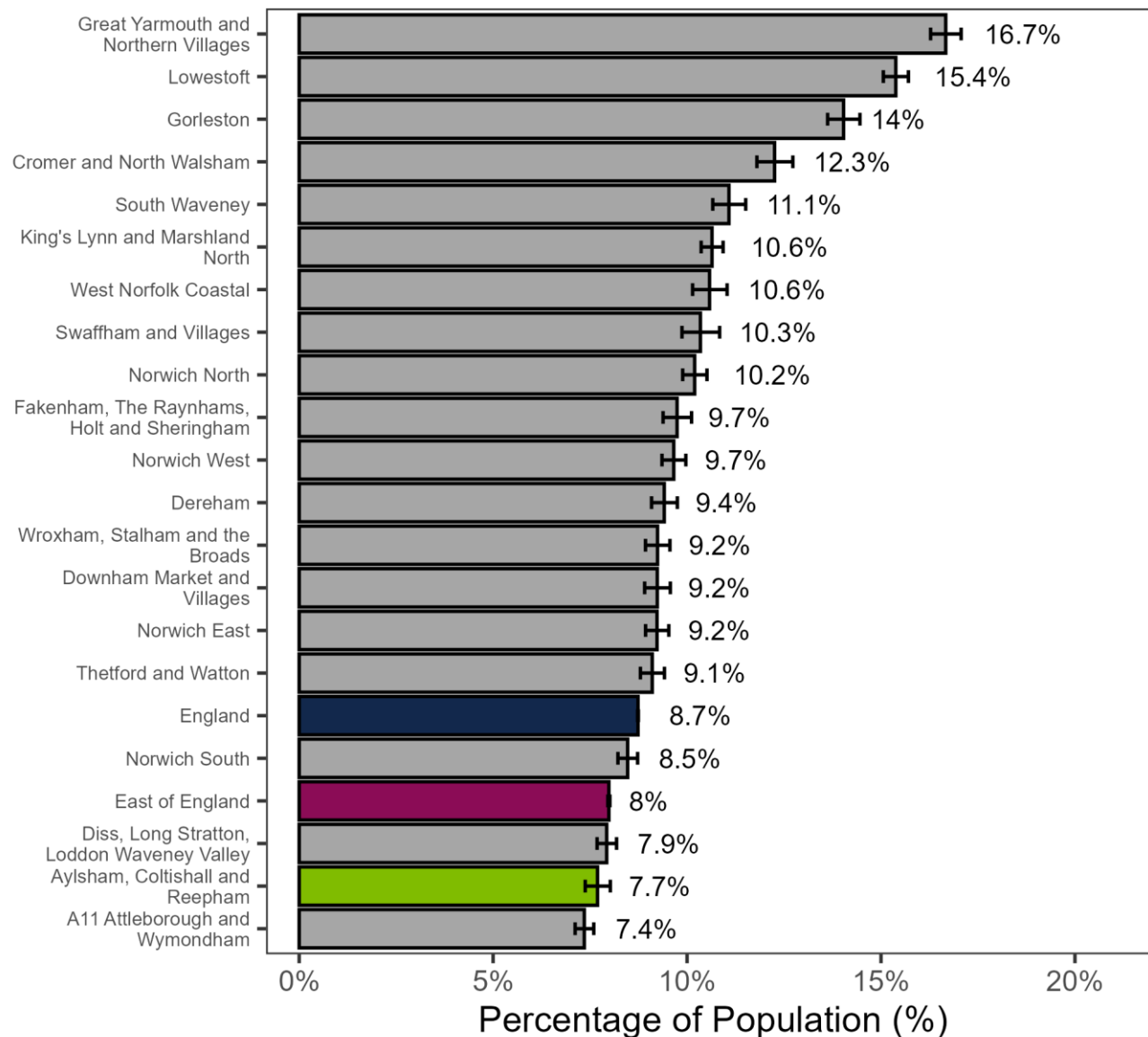
Personal Independence Payments (PIP) entitlement statistics covers individuals currently receiving PIP and those whose payments are temporarily suspended (e.g., during a hospital stay).

To be eligible for PIP an individual needs to be between 16-66 and have a long-term condition which makes everyday tasks or mobility difficult. PIP provides support through two components: daily living (help with everyday activities) and mobility (help with getting around).

The graph shows the proportion of individuals (aged 16-66) entitled to PIP across neighbourhoods during June 2025, alongside regional and national benchmarks.

During June 2025, the Aylsham, Coltishall and Reepham neighbourhood had a significantly lower proportion of individuals entitled to PIP (7.7%) than 16 of the other 19 neighbourhoods. Entitlement was also significantly lower than the England average (8.7%) indicating lower levels of PIP entitlement in this area compared with the national average.

Percentage of Population Entitled to PIP by Area (June 2025)



Source: Stat-Xplore, ONS 2024 mid-year population estimates

Economy and Employment

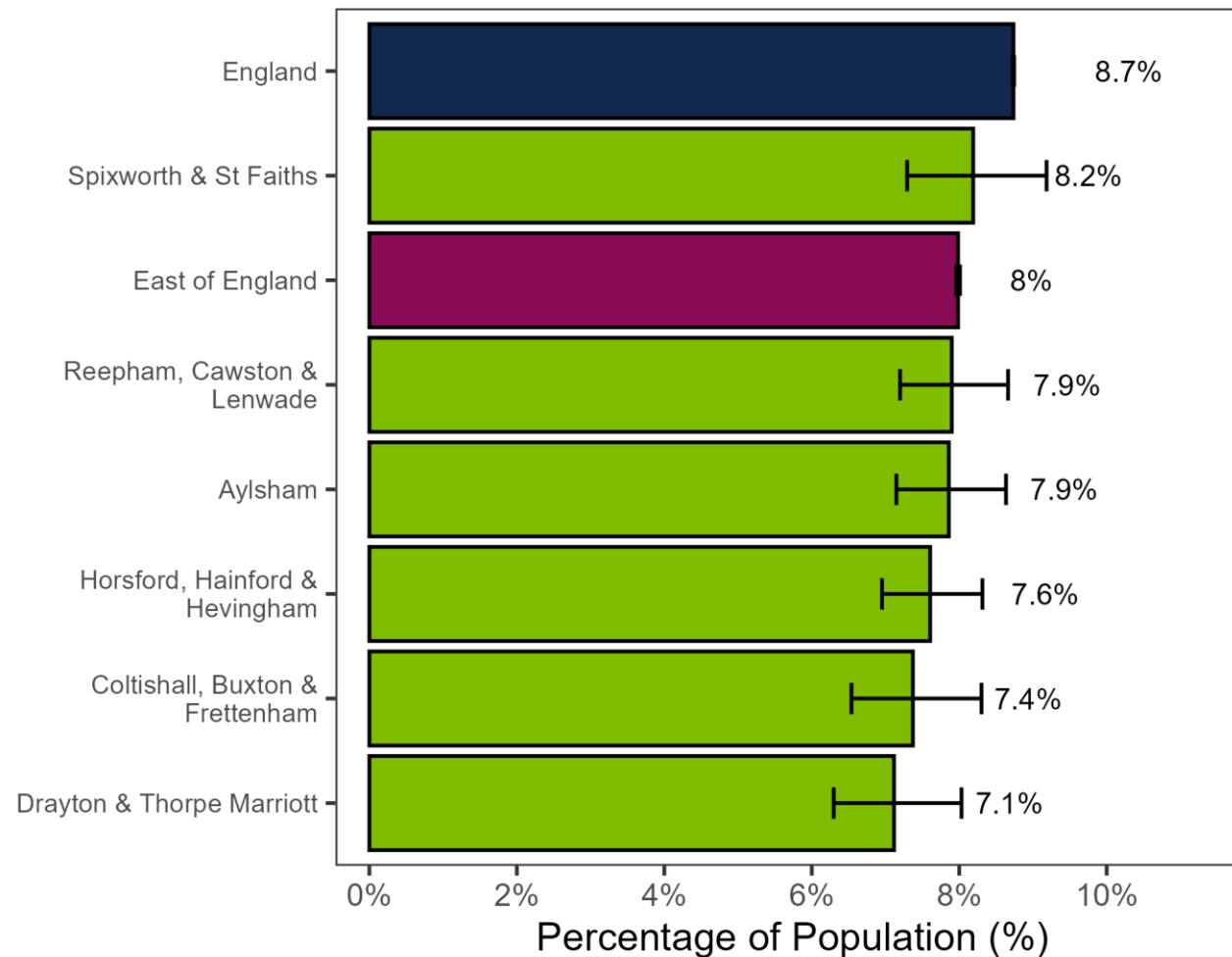
In June 2025, the proportion of residents aged 16 to 66 entitled to Personal Independence Payment (PIP) across MSOAs within the Aylsham, Coltishall and Reepham neighbourhood were broadly consistent.

Spixworth and St Faiths recorded the highest entitlement rate at 8.2%, however this was not significantly different from other MSOAs within the neighbourhood.

Drayton and Thorpe Marriott recorded the lowest PIP entitlement rate at 7.1%. While this was not statistically different from other MSOAs within the neighbourhood, it was significantly below the England average

With the exception of Drayton and Thorpe Marroitt, entitlement rates in this neighbourhood were comparable to both the East of England average (8.0%) and the England average (8.7%), indicating levels of entitlement in line with regional and national benchmarks.

Population Entitled to PIP by MSOA in Aylsham, Coltishall and Reepham (June 2025)



Source: Stat-Xplore, ONS 2024 mid-year population estimates

Housing

The table shows the percentage breakdown of housing tenure types across neighbourhoods compared to England, as reported in the 2021 Census.

Compared to England, Aylsham, Coltishall and Reepham has a higher proportion of homes owned outright (44.84% vs 32.5%) and a similar proportion with a mortgage (29.3% vs 28.8%). Its combined social renting rate (council and housing association) is 10.5%, which is lower than the national average of 17.1%. Private renting rate (Landlord/rent free/other) at 14.5% is again lower than the England average (20.6%)

Compared to other neighbourhoods, A11 Attleborough and Wymondham has a higher than average proportion of homes owned outright, a lower proportion of homes privately or socially rented and a proportion of homes owned with a mortgage broadly in line with the average across the neighbourhoods.

Area	Owned outright	Owned with mortgage or loan	Private rented with landlord	Rented from housing association	Rented from council	Private rented other	Shared ownership	Non owner occupied housing rent free
England	32.5%	28.8%	18.2%	8.8%	8.3%	2.2%	1.0%	0.1%
Aylsham, Coltishall and Reepham	44.8%	29.3%	12.2%	9.3%	1.2%	2.3%	0.8%	0.0%
A11 Attleborough and Wymondham	40.1%	32.9%	12.4%	9.0%	2.0%	2.2%	1.4%	<0.1%
Cromer and North Walsham	48.4%	19.9%	15.4%	11.2%	1.9%	2.4%	0.7%	<0.1%
Dereham	43.1%	27.1%	13.1%	10.4%	2.5%	3.2%	0.5%	<0.1%
Diss, Long Stratton, Loddon Waveney Valley	44.5%	28.3%	12.1%	9.2%	2.5%	2.3%	1.0%	<0.1%
Downham Market and Villages	43.9%	26.8%	14.4%	7.9%	2.0%	4.6%	0.4%	<0.1%
Fakenham, The Raynhams, Holt and Sheringham	48.6%	18.9%	14.6%	11.6%	2.2%	3.2%	0.8%	<0.1%
Gorleston	39.5%	27.6%	13.6%	3.7%	12.7%	2.3%	0.3%	0.3%
Great Yarmouth and Northern Villages	37.1%	20.6%	23.3%	4.1%	11.9%	2.5%	0.3%	0.2%
King's Lynn and Marshland North	34.9%	27.9%	17.0%	12.5%	4.7%	2.3%	0.6%	0.1%
Lowestoft	40.0%	24.8%	18.4%	7.1%	7.3%	2.0%	0.3%	<0.1%
Norwich East	33.9%	26.8%	18.3%	8.7%	9.6%	1.9%	0.7%	<0.1%
Norwich North	30.2%	26.9%	17.3%	6.9%	15.9%	2.2%	0.5%	0.1%
Norwich South	25.7%	18.5%	25.6%	7.8%	19.5%	2.2%	0.5%	0.2%
Norwich West	28.4%	27.7%	16.8%	9.9%	14.3%	1.7%	1.0%	0.1%
South Waveney	47.0%	21.8%	14.2%	5.5%	8.6%	2.3%	0.6%	<0.1%
Swaffham and Villages	45.3%	24.0%	12.8%	12.1%	2.4%	2.8%	0.6%	0.0%
Thetford and Watton	34.5%	27.2%	18.4%	12.8%	3.6%	2.7%	0.8%	<0.1%
West Norfolk Coastal	50.9%	19.2%	14.2%	9.7%	2.0%	3.4%	0.4%	<0.1%
Wroxham, Stalham and the Broads	47.4%	27.3%	11.3%	9.3%	1.4%	2.2%	0.9%	<0.1%

Life expectancy and mortality

- This section focuses on life expectancy and mortality trends, key indicators of overall health and inequality

Life expectancy and mortality

Local areas within Aylsham, Coltishall and Reepham have a life expectancy that's significantly longer than or similar to the England average. There are no areas with significantly worse outcomes.

Stroke mortality is the only indicator where none of the local areas have significantly better rates than the England average.

	Period	England	Aylsham	Coltishall, Buxton & Frettenham	Drayton & Thorpe Marriott	Horsford, Hainford & Hevingham	Reepham, Cawston & Lenwade	Spixworth & St Faiths
Life expectancy at birth - Female	2019 - 23	83	86	85.3	82.1	82.1	84.2	84.8
Life expectancy at birth - Male	2019 - 23	79.1	82.7	81.2	80.5	80.2	81.4	81.7
Mortality from all causes	2019 - 23	100	77.9	94.7	106	96.8	75.8	87
Mortality from all causes (aged under 75)	2019 - 23	100	65.9	66.1	86.9	84.3	77	74.5
Mortality from cancer	2019 - 23	100	73.2	85.9	112	90.8	81.8	108
Mortality from cancer (aged under 75)	2019 - 23	100	65.7	73.6	122	99.2	89.7	90.9
Mortality from cardiovascular disease	2019 - 23	100	85.5	95.9	93.6	92.9	81.7	85.3
Mortality from cardiovascular disease (aged under 75)	2019 - 23	100	66.1	58.9	58.7	80.3	80.9	56.1
Mortality from coronary heart disease	2019 - 23	100	76.8	62.6	60.4	69	78.7	67.6
Mortality from stroke	2019 - 23	100	111	135	115	107	71.9	66.3
Mortality from respiratory diseases	2019 - 23	100	51.8	71	76	77.1	78.9	74.4
Mortality from causes considered preventable (aged under 75)	2019 - 23	100	60.7	56.3	81	64.6	72	67.2

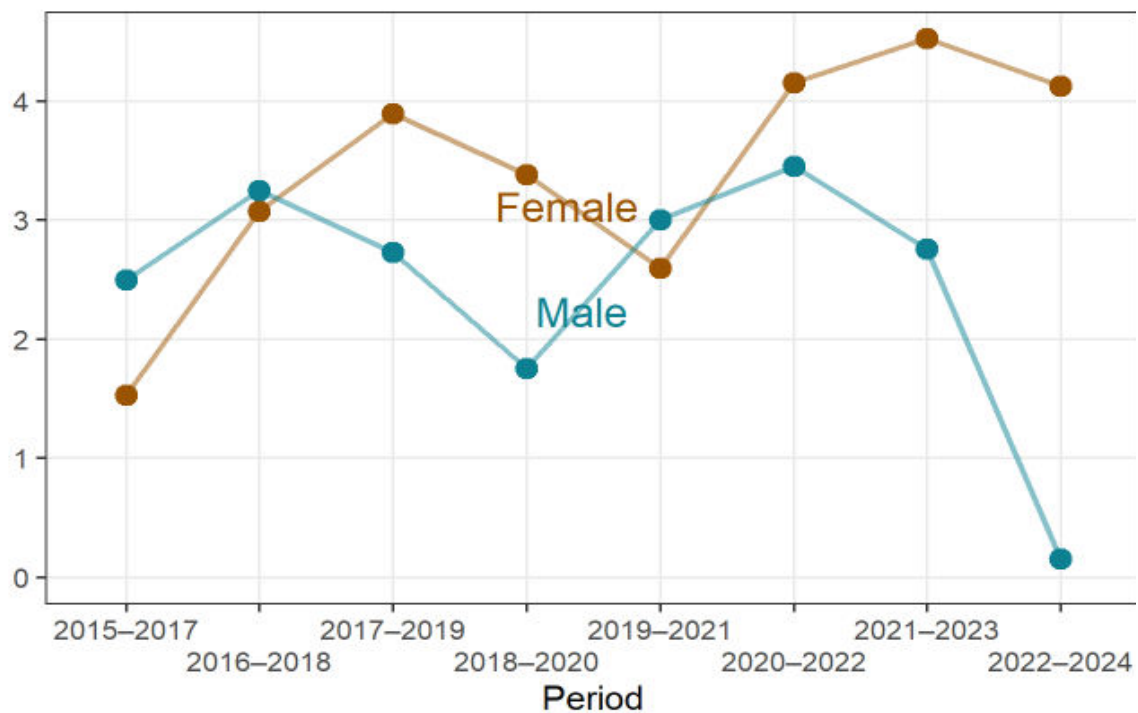
Indicators are based on the Local Health summary (OHID Fingertips)

Life expectancy inequalities in Broadland

None of the population live in Core20 areas. Nevertheless, there is some variation in relative deprivation. Unlike for other areas of Norfolk and Waveney, the life expectancy gap between more and less deprived deciles of Broadland is smaller for males than females in the latest timeperiod. Looking at relatively most and least quintiles shows that cancer and mental and behavioural disorders cause the existing gaps.

Change in life expectancy gap (3 year average) between most and least deprived deciles within Broadland

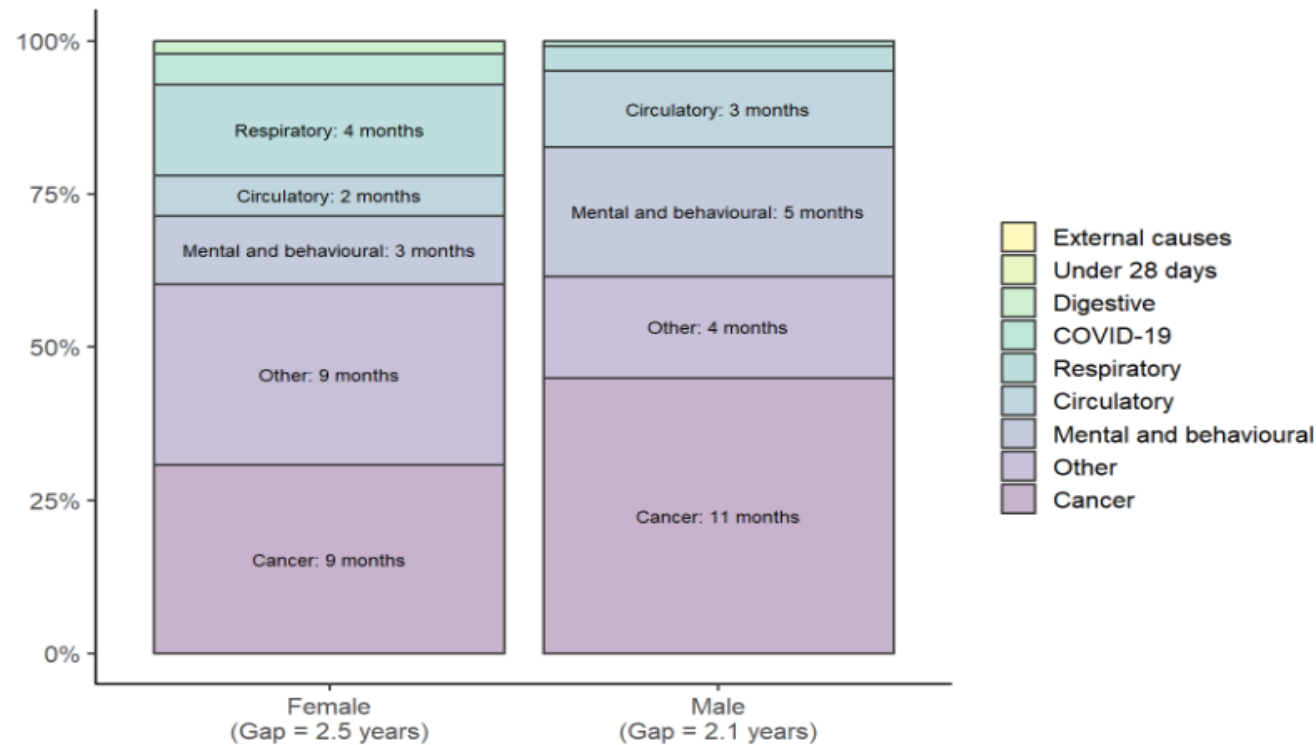
Gap in life expectancy at birth (years)



Sources: CRD (NHS Digital) and ONS mid-year estimates
NB: Small area deprivation scores based on IMD 2025

Contributors to life expectancy gap between most and least deprived quintiles within Broadland in 2022-2024

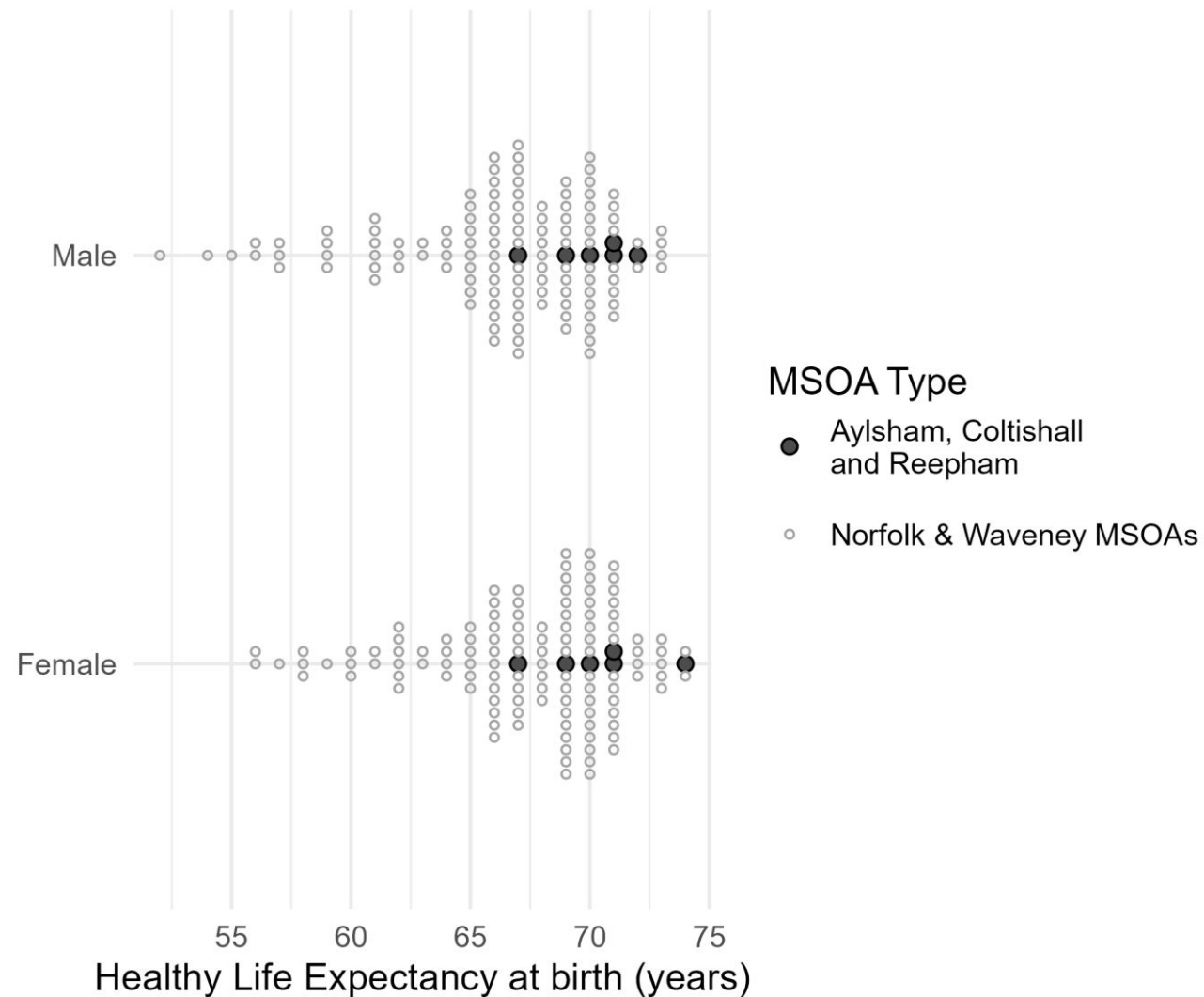
Percentage contribution



Sources: CRD (NHS Digital) and ONS mid-year estimates
NB: Small area deprivation scores based on IMD 2025

Healthy Life Expectancy

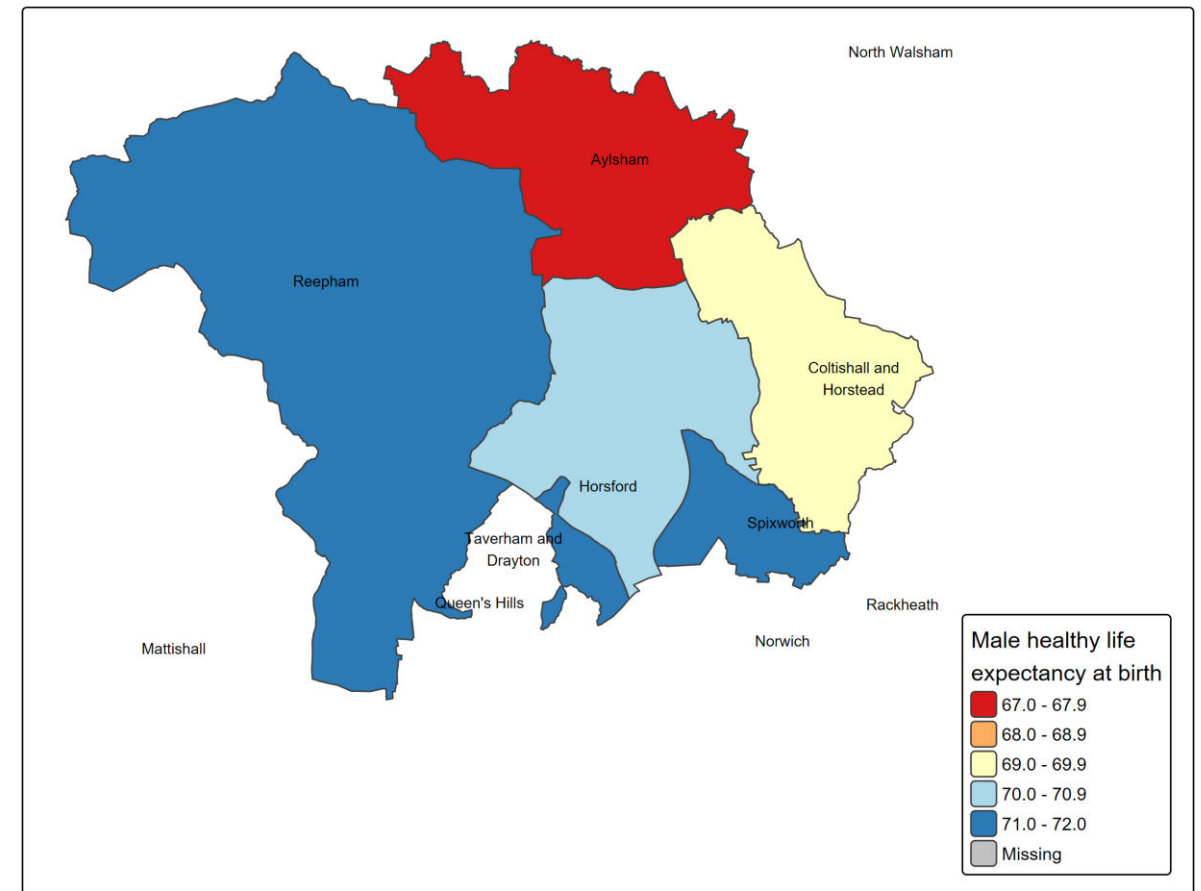
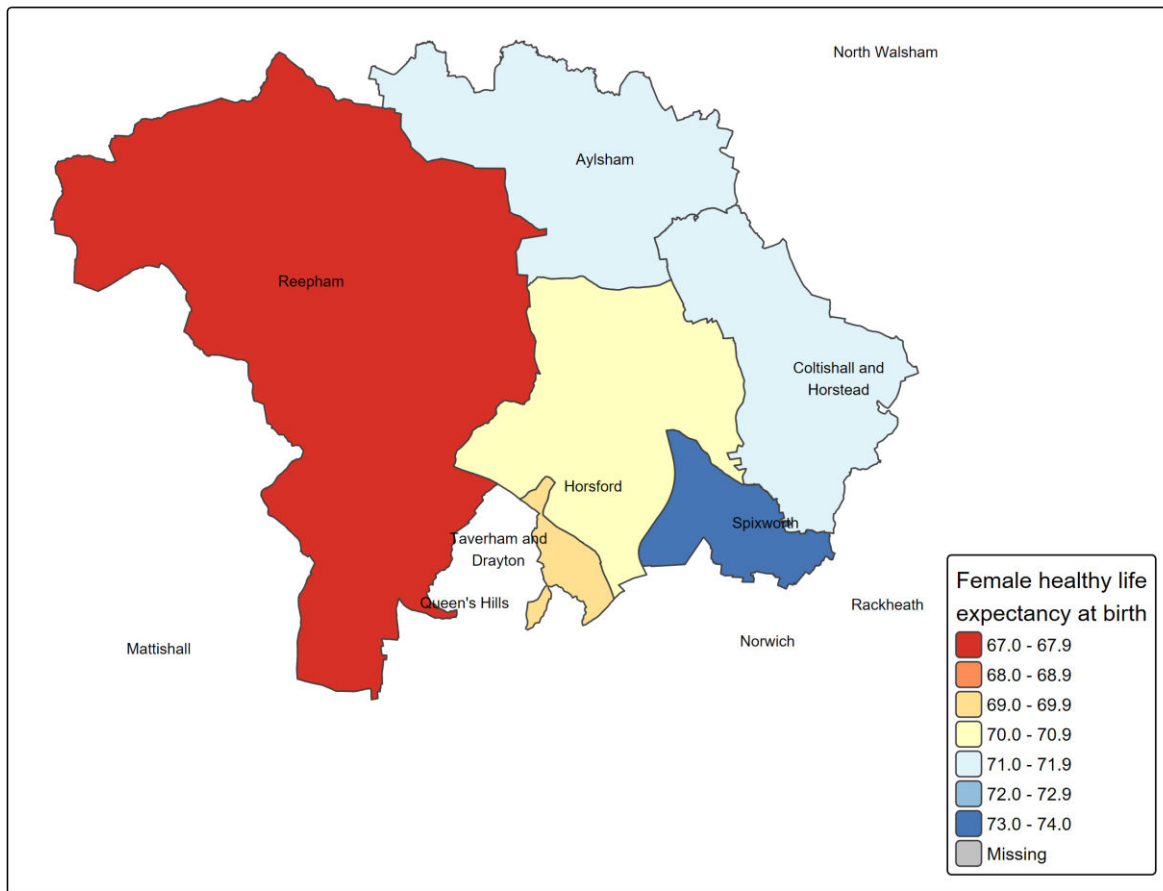
Healthy life expectancy is higher than the Norfolk and Waveney average in most of the local areas of Aylsham, Coltishall and Reepham.



Source: HDIG report 1. Healthy life expectancy and prevention opportunities (2023)

Healthy Life Expectancy in Aylsham, Coltishall and Reepham

Within the Aylsham, Coltishall and Reepham neighbourhood area, female healthy life expectancy was lowest in Reepham, Cawston & Lenwade and highest in Spixworth & St Faiths in 2021. Male healthy life expectancy was lowest in Aylsham and highest in Spixworth & St Faiths in 2021.



Deaths

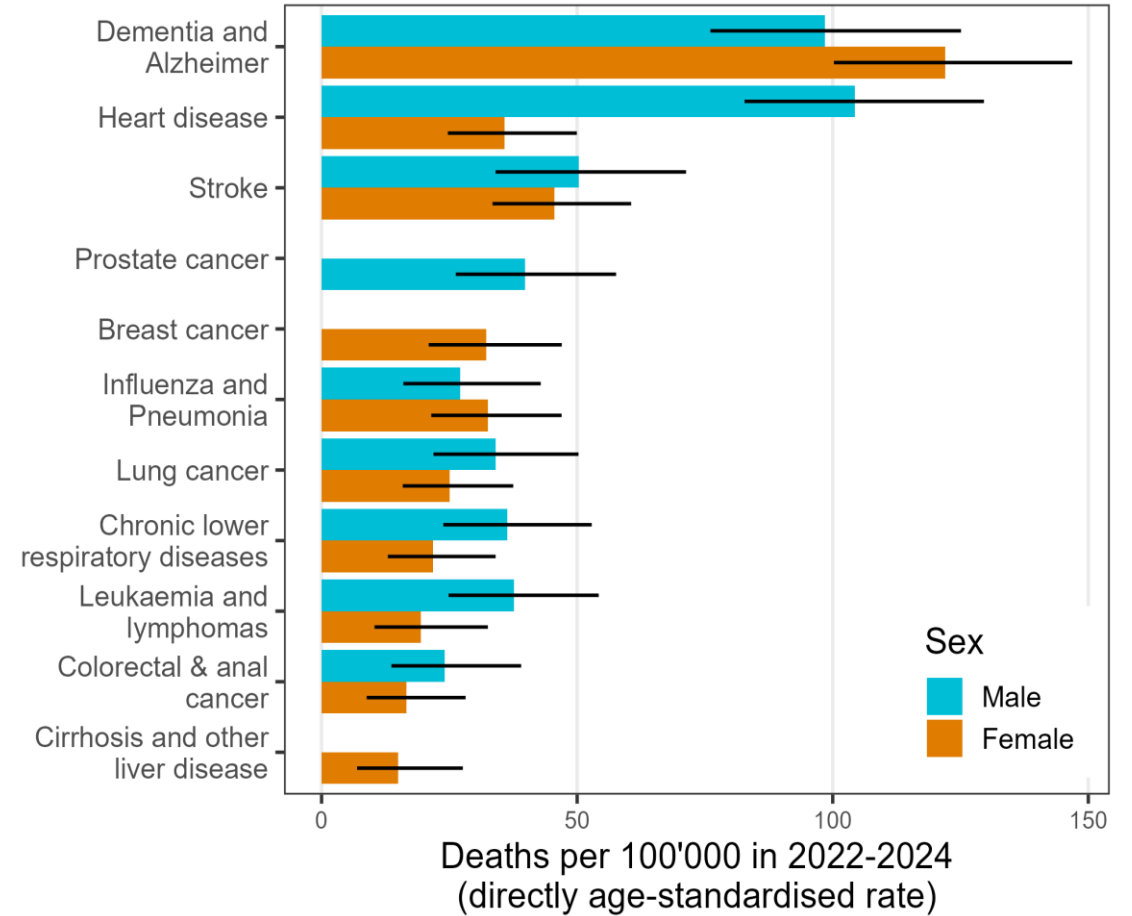
Deaths in Aylsham, Coltishall and Reepham



Source: NOMIS

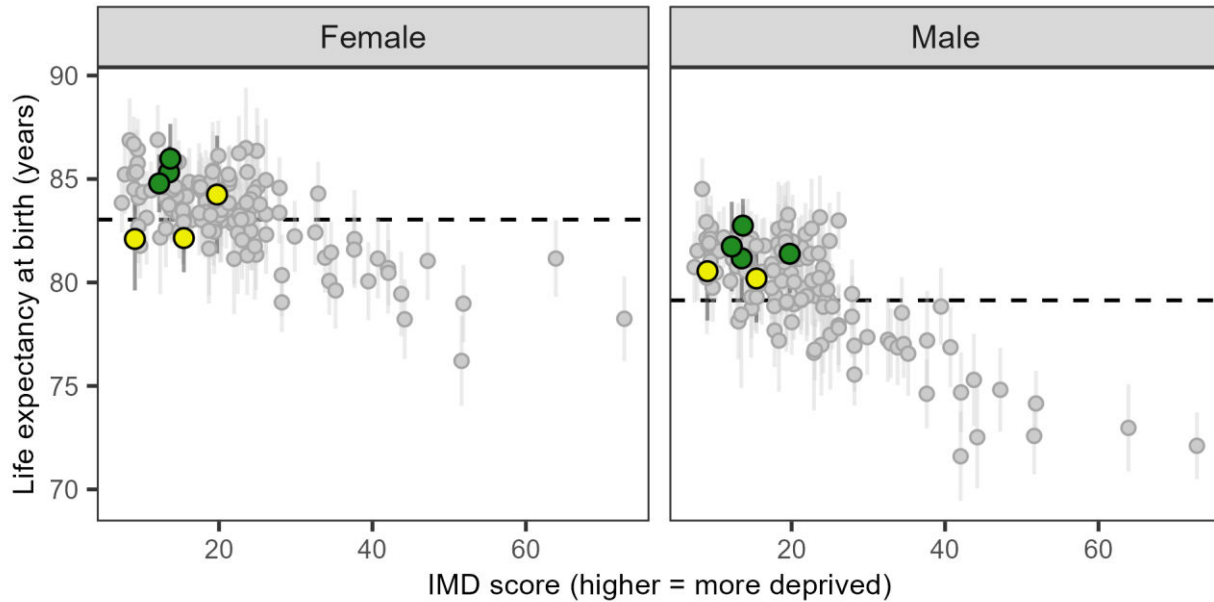
Leading causes of death in Aylsham, Coltishall and Reepham

Leading cause of death

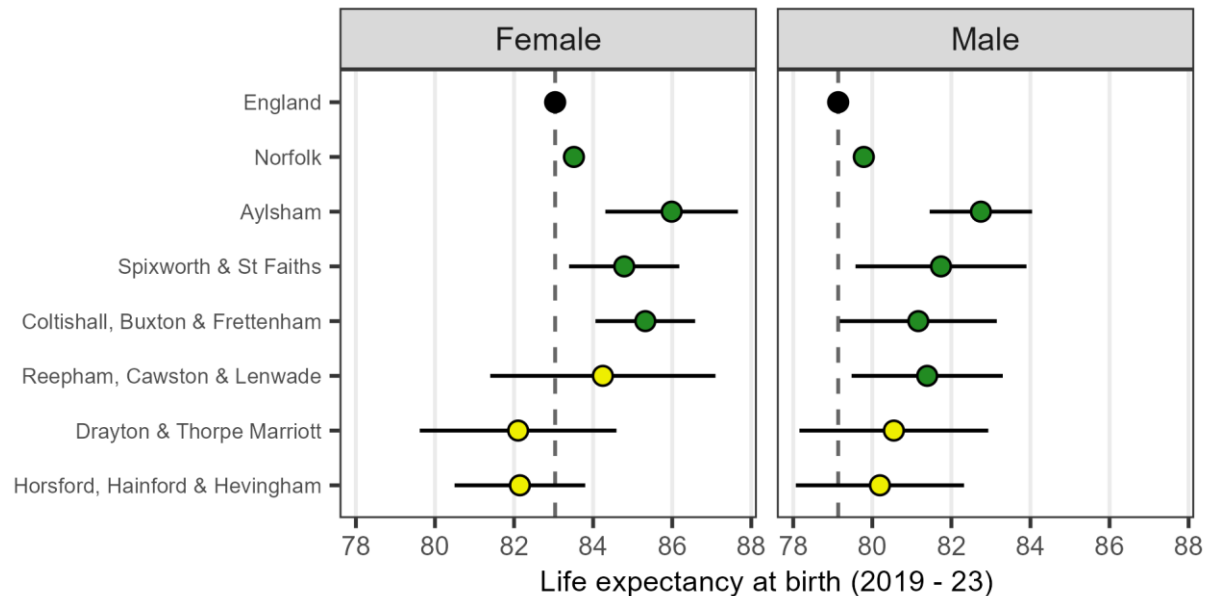


Source: CRD (NHS Digital) and ONS mid-year population estimates

Life expectancy in Aylsham, Coltishall and Reepham



- There is comparably little variation in life expectancy across small areas within Coltishall, Buxton & Frettenham, alongside little variation in multiple deprivation.
- Overall, especially male life expectancy is better than Norfolk and Waveney and England averages.
- However, females live longer than males in all areas.



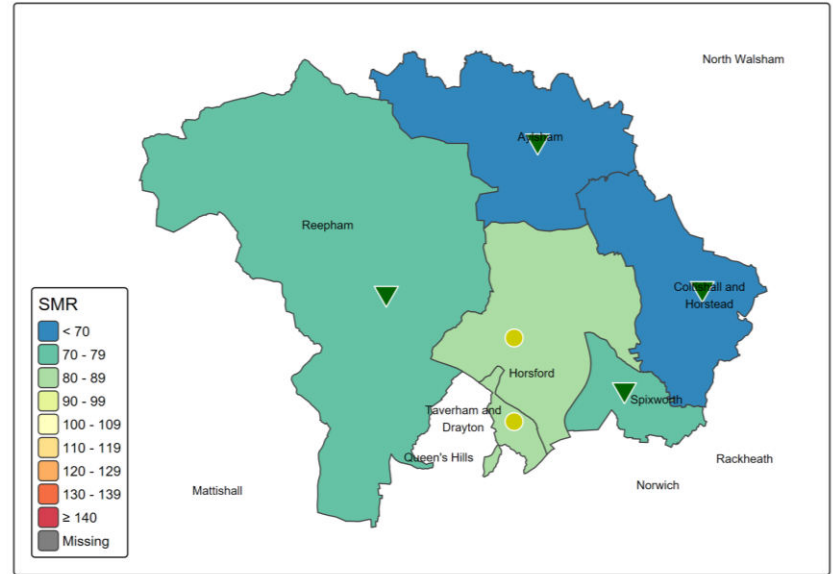
Source: OHID Fingertips

Premature mortality

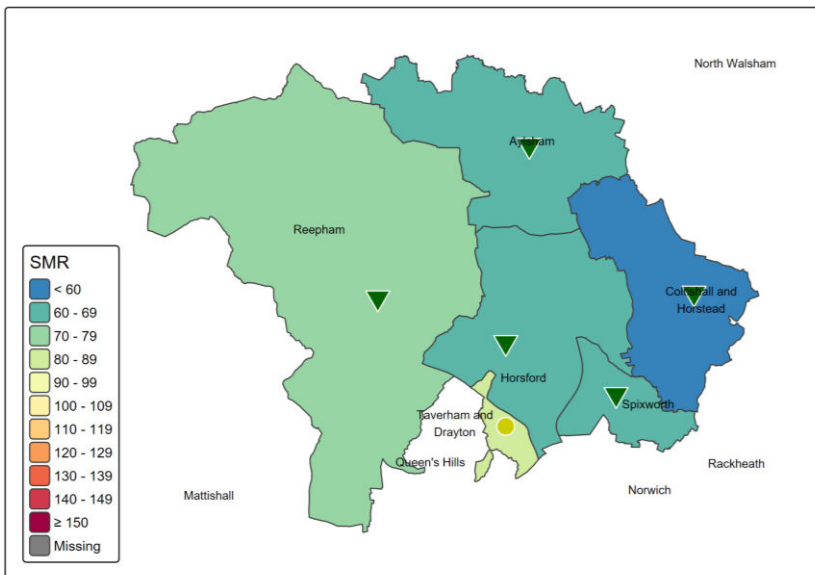
There were 605 deaths of people under the age of 75 in Aylsham, Coltishall and Reepham in 2019–23. Overall, the rate of premature mortality was 25% lower than the England average.

Locally, the highest rate of premature mortality was in Drayton & Thorpe Marriott (Standardised Mortality Ratio = 86.9). The lowest rate was in Aylsham. Four local areas (MSOAs) had a significantly better premature mortality rate than the England average (green triangles).

Mortality from all causes (aged under 75) in Aylsham, Coltishall and Reepham (Standardised Mortality Ratio [England = 100], 2019-2023)



Mortality from causes considered preventable (aged under 75) in Aylsham, Coltishall and Reepham (Standardised Mortality Ratio [England = 100], 2019-2023)



Preventable mortality

In 2019–23, 247 deaths of people under the age of 75 in Aylsham, Coltishall and Reepham were from causes considered preventable. Overall, there was a 34% lower rate of preventable mortality compared to the national average.

Locally, the highest rate of preventable mortality was in Drayton & Thorpe Marriott (Standardised Mortality Ratio = 81). All local areas (MSOAs) except Coltishall, Buxton & Frettenham had a significantly better preventable mortality rate than the England average (green triangles).

Behavioural determinants of health

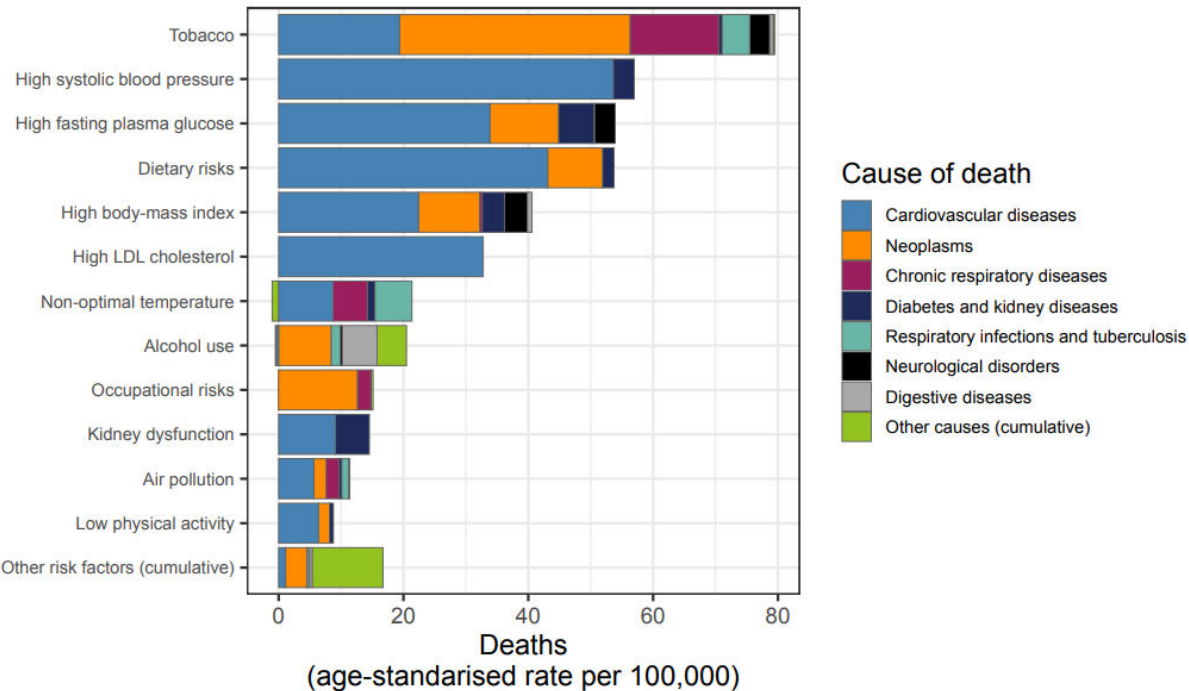
- This section examines lifestyle and behavioural risk factors such as smoking, diet, and physical activity, which contribute to preventable disease.

How can we improve health in Norfolk?

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.

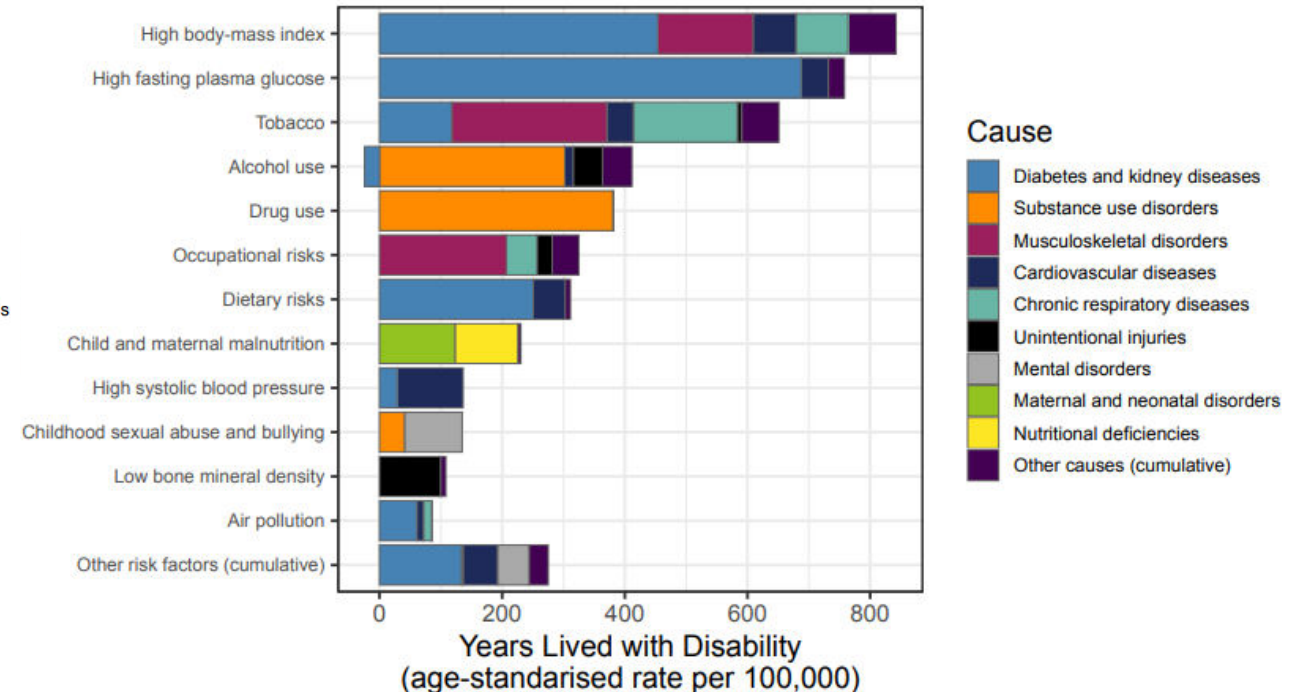
Deaths

Attribution of risk factors to cause of death in Norfolk



Years lived with disability

Attribution of risk factors to causes of years lived with disability in Norfolk



Behavioural risk factors

Behavioural risk factors such as smoking, poor diet, physical inactivity, and alcohol consumption contribute to preventable disease and health inequalities.

Children

- Childhood weight is generally lower than or similar to the England average.

Adults

- Smoking prevalence across Norwich is much lower than Norfolk and England averages.
- Alcohol-specific hospital admissions are much lower compared to regional and national benchmarks.
- A greater proportion of adults are overweight or obese.
- All these factors are likely in part explained by the older demographic in Broadland compared to other areas.

Environmental and Social Factors

- Two local areas show elevated hospital admissions for young children.
- The general fertility rate in Aylsham, Coltishall and Reepham is relatively high compared to Norfolk and Waveney overall.

Implications

- Even though prevalence is relatively low, tackling smoking, alcohol, diet and physical activity could further reduce health inequalities and improve long-term outcomes.

	Period	England	Aylsham	Coltishall, Buxton & Frettenham	Drayton & Thorpe Marriott	Horsford, Hainford & Hevingham	Reepham, Cawston & Lenwade	Spixworth & St Faiths
Reception prevalence of obesity (including severe obesity), 3 years data combined	2021/22 - 23/24	9.64	8.16		6.06	5.17	12.8	11.1
Reception prevalence of overweight (including obesity), 3 years data combined	2021/22 - 23/24	21.9	16.3	20	18.2	17.2	20.5	18.5
Year 6 prevalence of obesity (including severe obesity), 3 years data combined	2021/22 - 23/24	22.7	21.3	21.4	18.2	17.6	15.9	12.5
Year 6 prevalence of overweight (including obesity), 3 years data combined	2021/22 - 23/24	36.7	38.3	35.7	33.3	31.4	29.5	28.1
General fertility rate (women aged 15 to 44)	2018 - 22	54.6	48.5	53.3	53	53.3	44.9	55.6
Low birth weight of live babies	2018 - 22	6.84	5.61	3.88	3.62	5.97	11.6	8.84
Emergency hospital admissions: all causes (aged under 5)	2016/17 - 20/21	141	168	116	168	137	146	172
Unintentional and deliberate injuries: emergency hospital admissions in children (aged under 5)	2016/17 - 20/21	119	134	71.1	118	126	204	74.1
Unintentional and deliberate injuries: hospital admissions in children (aged under 15)	2016/17 - 20/21	92	105	79.8	105	107	99.3	98.3
Unintentional and deliberate injuries: hospital admissions in young people (aged 15 to 24)	2016/17 - 20/21	128	184	101	130	56.9	90.5	122

Indicators are based on the Local Health summary (OHID Fingertips)

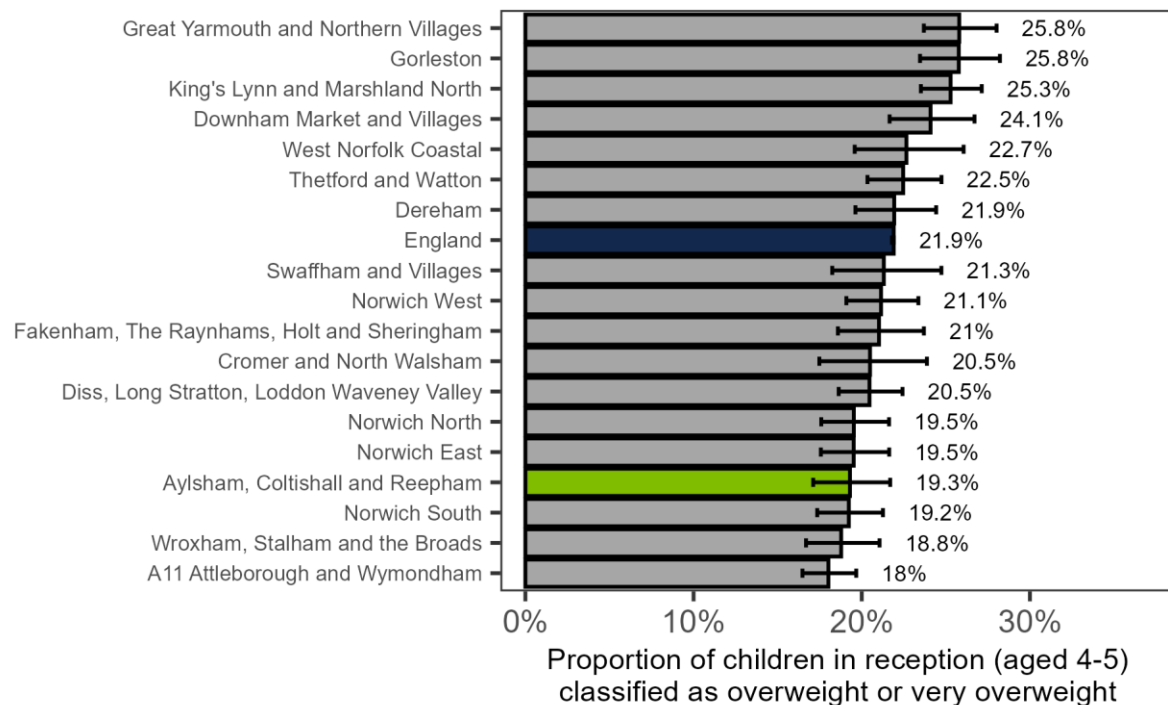
Behavioural risk factors - children

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged 4 to 5) and Year 6 (aged 10 to 11), to assess overweight and very overweight levels in children within primary schools.

Analysis of aggregated NCMP data from 2021/22 to 2023/24 reveals that the prevalence of overweight or very overweight children varies across neighbourhoods, with rates typically lower in Reception (ranging from 18% to 26%) and higher in Year 6 (ranging from 30% to 42%).

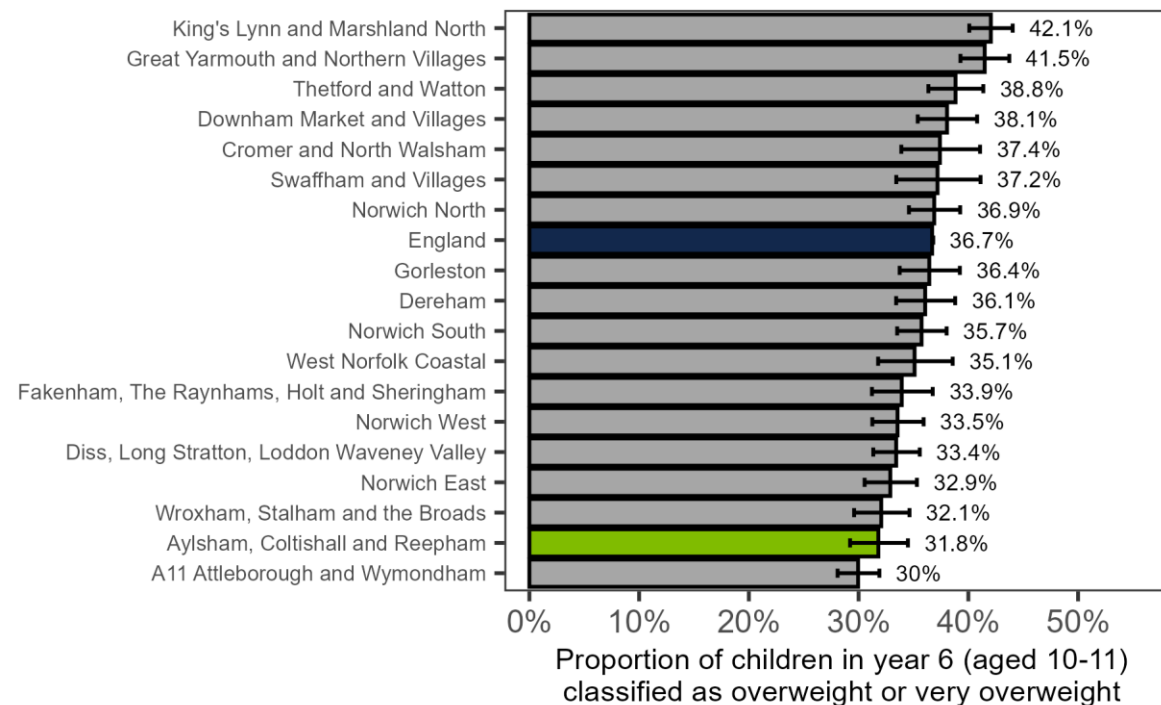
In the Aylsham, Coltishall and Reepham neighbourhood, 19.3 % of Reception children and 31.8 % of Year 6 children were classified as overweight or very overweight. These proportions were some of the lowest recorded across neighbourhoods and significantly below the England averages.

Reception: 3-Year Combined Prevalence of Overweight or Very Overweight Children by Area



Source: NCMP data, 2021/22-2023/24

Year 6: 3-Year Combined Prevalence of Overweight or Very Overweight Children by Area



Source: NCMP data, 2021/22-2023/24

Behavioural risk factors - children

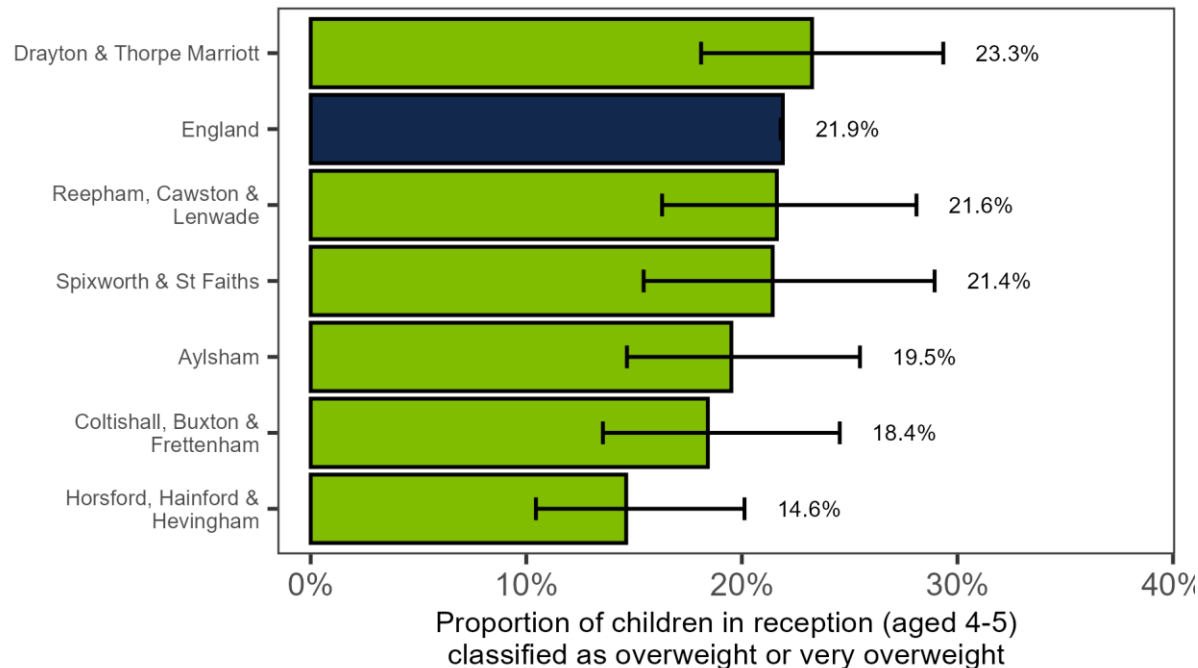
Within the Aylsham, Coltishall and Reepham neighbourhood, the proportion of Reception and Year 6 children classified as overweight or very overweight varied marginally across MSOAs during the 21/22-23/24 period.

Among Reception-age children Drayton and Thorpe Marriott recorded the highest prevalence (23.3%), however this was not significantly higher than other MSOAs within the Neighbourhood. Although the rate in Drayton and Thorpe Marriott was higher than the national average (21.9%), this difference was not statistically significant.

Among Year 6 children, Aylsham reported the highest prevalence (40%), significantly higher than Horsford, Hainford and Hevingham (25.7%). The prevalence in year 6 children in Horsford, Hainford and Hevingham was also significantly below the national average (36.7%).

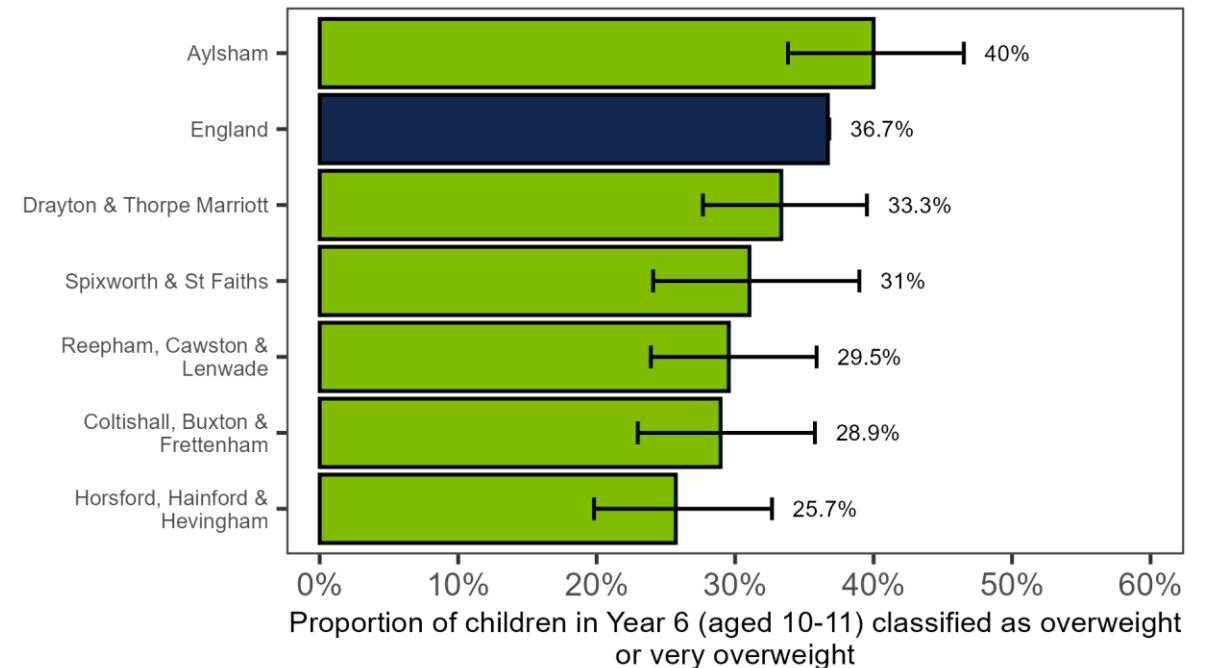
Across the remaining MSOAs, differences in prevalence of overweight or very overweight children in Reception or Year 6 were not statistically significant, indicating broadly similar levels of excess weight in children within the neighbourhood.

Reception: Prevalence of Overweight or Very Overweight Children Across MSOAs in Aylsham, Coltishall and Reepham Compared to National Average (3-Year Combined)



Source: NCMP data, 2021/22-2023/24

Year 6: Prevalence of Overweight or Very Overweight Children Across MSOAs in Aylsham, Coltishall and Reepham Compared to National Average (3-Year Combined)



Source: NCMP data, 2021/22-2023/24

Behavioural risk factors - adults

In Broadland, alcohol-specific hospital admissions and smoking prevalence are lower than the Norfolk and England averages, suggesting a lower local burden of smoking and alcohol related health risks. Whereas the proportion of adults estimated to be obese is above the Norfolk and England averages, suggesting that weight-related health challenges are more pronounced in this area compared with wider regional and national patterns.

Norfolk Health and Wellbeing Profiles Adult Lifestyle

There are approximately 72,330 adults aged 20-64 living in this area, who make up 54% of the population (the Norfolk average is 55% of the population).

The central government's prevention plan says that making healthy choices is not always easy or clear. Local authorities and their partners have a role in creating an environment that makes healthy choices easier.

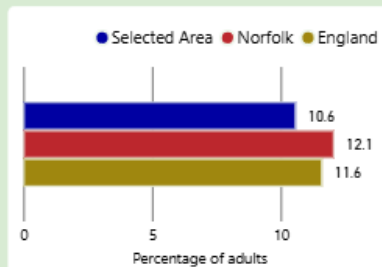
Select your district or Norfolk:

Select your electoral division or district or Norfolk:



Smoking

Smoking increases the risk of diseases like lung cancer, chronic obstructive pulmonary disease (COPD), and heart disease. Smoking is a leading cause of early deaths.



There are approximately 11,610 people who are smokers in this area.

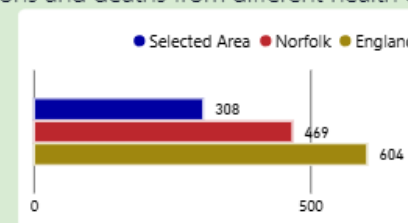


Alcohol

Alcohol is an increasing cause of early deaths in England. Drinking alcohol is linked to increased hospital admissions and deaths from different health conditions.

308

hospital admissions for alcohol specific conditions per 100,000 people



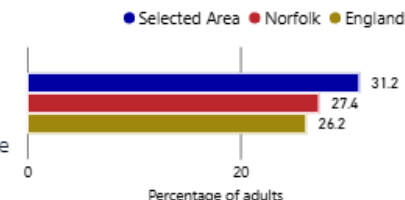
In the most recent 3-year period there were approximately 1,350 hospital admissions for alcohol specific conditions in this area.

Healthy Weight

Excess weight in adults is recognised as a major cause of early death and avoidable ill health.



31%
of adults are
predicted to be obese



In this area there are approximately 33,880 adults who are predicted to be obese and approximately 29,720 adults who are physically inactive.

Disease and poor health

- This section summarises the prevalence of long-term conditions and other health burdens in the neighbourhood.

Disease and poor health

Overall rates of emergency hospital admissions are lower than or similar to the England average.

The only exception is a significantly increased admission rate for alcohol-attributable conditions in Aylsham.

	Period	England	Aylsham	Coltishall, Buxton & Frettenham	Drayton & Thorpe Marriott	Horsford, Hainford & Hevingham	Reepham, Cawston & Lenwade	Spixworth & St Faiths
Emergency hospital admissions: all causes	2016/17 - 20/21	100	72.8	69	72.3	75.3	65	70
Coronary heart disease: emergency hospital admissions	2016/17 - 20/21	100	52	60.8	82.4	65.8	63.9	68.4
Stroke: emergency hospital admissions	2016/17 - 20/21	100	112	92.1	103	112	96.3	97.6
Heart attack (myocardial infarction): emergency hospital admissions	2016/17 - 20/21	100	57.8	88.8	115	87.6	83.8	106
Chronic obstructive pulmonary disease (COPD): emergency hospital admissions	2016/17 - 20/21	100	42.5	24.1	21.7	63.6	28.7	26
Intentional self-harm: emergency hospital admissions	2016/17 - 20/21	100	111	65.7	75.5	43.9	62.6	107
Hip fracture: emergency hospital admissions (aged 65 and over)	2016/17 - 20/21	100	115	78.8	90.1	103	92.4	88.8
Alcohol-related conditions: admission episodes (all primary and secondary diagnoses)	2016/17 - 20/21	100	85.2	68.4	94.2	74.7	79.2	74.7
Hospital admissions for alcohol attributable conditions, narrow definition	2016/17 - 20/21	100	115	79.3	110	78.8	83.2	80.9

Long-term conditions

This spine chart shows how North Norfolk 3 PCN compares with other PCNs in Norfolk and Waveney across a range of indicators. The median values for GP practices across all PCNs in Norfolk and Waveney are aligned to form one central line or 'spine' on the chart. The summary information for each measure is scaled and displayed on each 'vertebra' of the spine. The vertebrae show the range of values (light grey) and the 25th and 75th percentiles (dark grey). Values specific to North Norfolk 3 PCN are placed on top of these summaries, allowing the viewer to compare it with other areas for that measure. The symbol is RAG rated to represent the significance compared to the national value (black circle).

North Norfolk 3 PCN

Condition	Time period	PCN count	PCN prevalence %	ICB gp median%	PCN Worst	PCN Best
Asthma, 6+	2024/25	3,979	8.9	8.3	9.8	6.6
Dementia	2024/25	605	1.3	1.1	1.6	0.6
Cancer	2024/25	2,619	5.6	5.1	6.5	3.0
Rheumatoid Arthritis, 16+	2024/25	454	1.1	1.1	1.4	0.6
Atrial fibrillation	2024/25	1,579	3.4	3.2	4.6	1.7
Chronic kidney disease	2024/25	2,346	6.1	5.7	8.2	2.8
Stroke	2024/25	1,207	2.6	2.6	4.0	0.6
Osteoporosis, 50+	2024/25	222	1.0	0.6	2.9	0.2
Epilepsy, 18+	2024/25	347	0.9	0.9	1.1	0.7
Hypertension	2024/25	8,261	17.6	19.3	23.8	10.6
Coronary heart disease	2024/25	1,661	3.5	3.9	5.4	2.0
Diabetes Mellitus, 17+	2024/25	3,320	8.5	9.3	11.0	5.2
Heart failure	2024/25	474	1.0	1.1	1.9	0.6
Depression, 18+	2024/25	4,818	12.5	14.3	19.2	11.1
Learning disability	2024/25	276	0.6	0.7	1.2	0.5
Obesity, 18+	2024/25	5,025	13.0	15.5	18.9	9.1
COPD	2024/25	795	1.7	2.4	3.6	1.3

Prevalence here is a crude proportion of registered patients in the PCN recorded with conditions out of total registered patients in PCN. This is aggregated from GP NHS Quality Outcomes Framework records. Where a threshold age (e.g. 16+) is absent, the proportions refer to patients of all ages for the respective condition. The statistics are not age standardised so where frequency of conditions are strongly associated with age, prevalence may reflect differences in age structures of the PCN's patients, rather than a comparatively greater risk compared to ICB median or the England average prevalence.

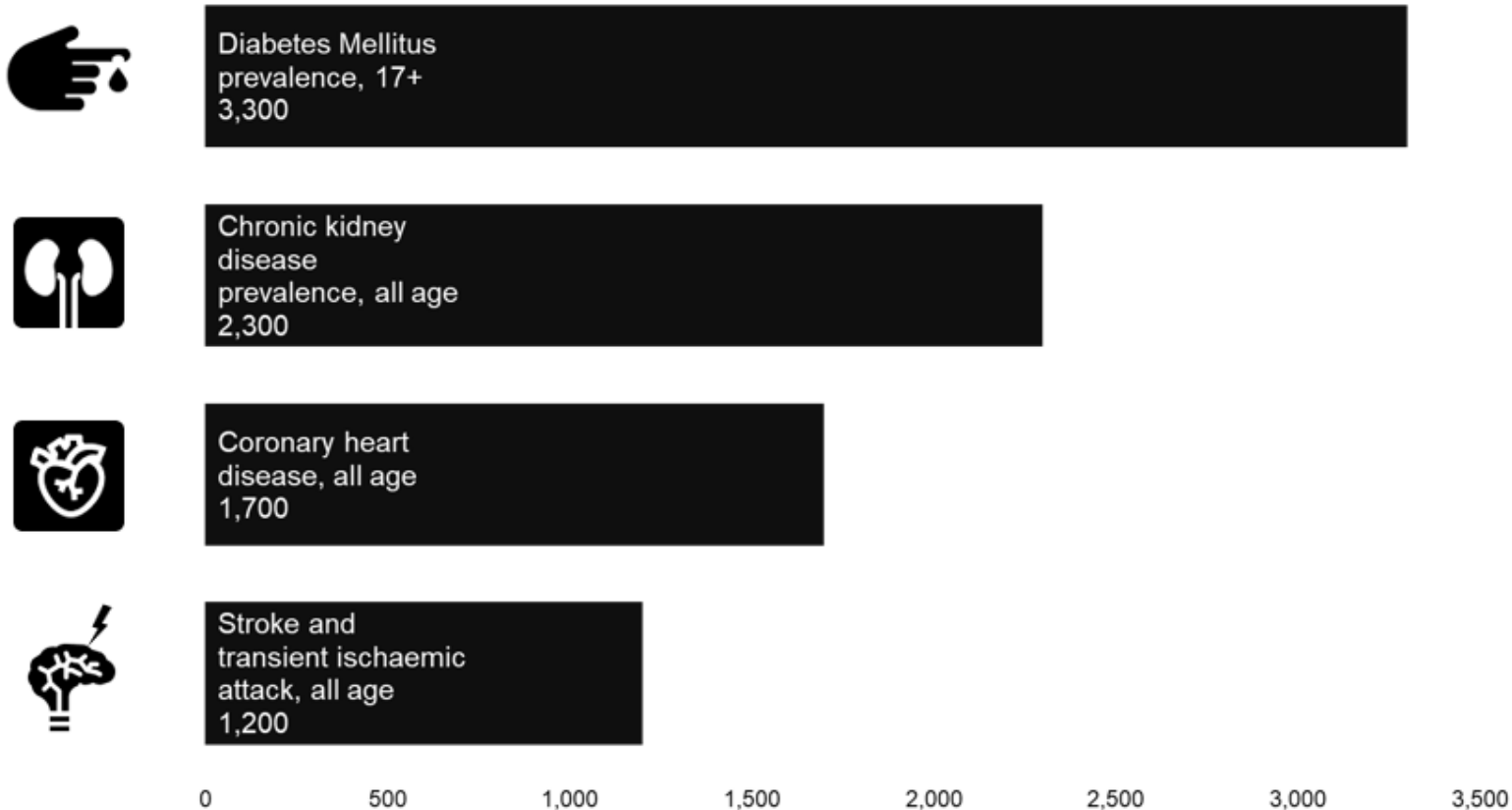
Prevalence of PCN (%) compared to England: ● Worse ● Same ● Better

● Black circle is prevalence across England's registered population in total

| Vertical red line is N&W ICB's median of all GP practices

Long-term conditions

North Norfolk 3 PCN



This chart shows the estimated number of patients with major long-term conditions within the North Norfolk 3 PCN.

Diabetes affects around 3,300 adults, and chronic kidney disease affects 2,300 people.

Stroke and transient ischaemic attack affect approximately 1,200 people.

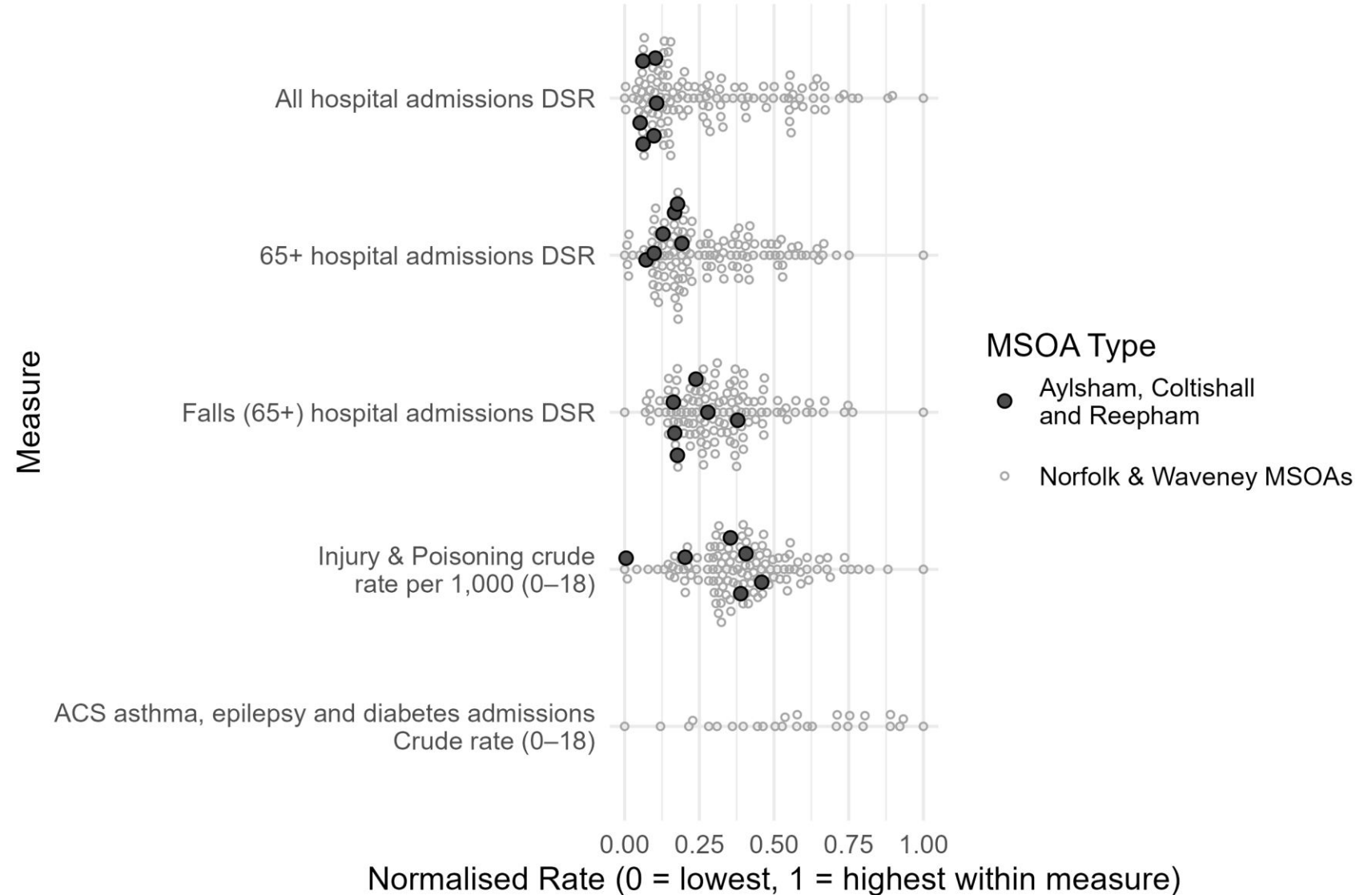
These figures highlight a significant burden of metabolic and cardiovascular disease, reinforcing the need for integrated prevention and management strategies.

Healthcare - unplanned hospital admissions

Unplanned hospital admission rates for local areas within Aylsham, Coltishall and Reepham are generally close to the Norfolk and Waveney average.

Numbers of ACS asthma, epilepsy and diabetes admissions were too small in some areas for rates to be reliably calculated.

Neighbourhood MSOA emergency hospital admission rate comparison



Healthcare - unplanned hospital admissions

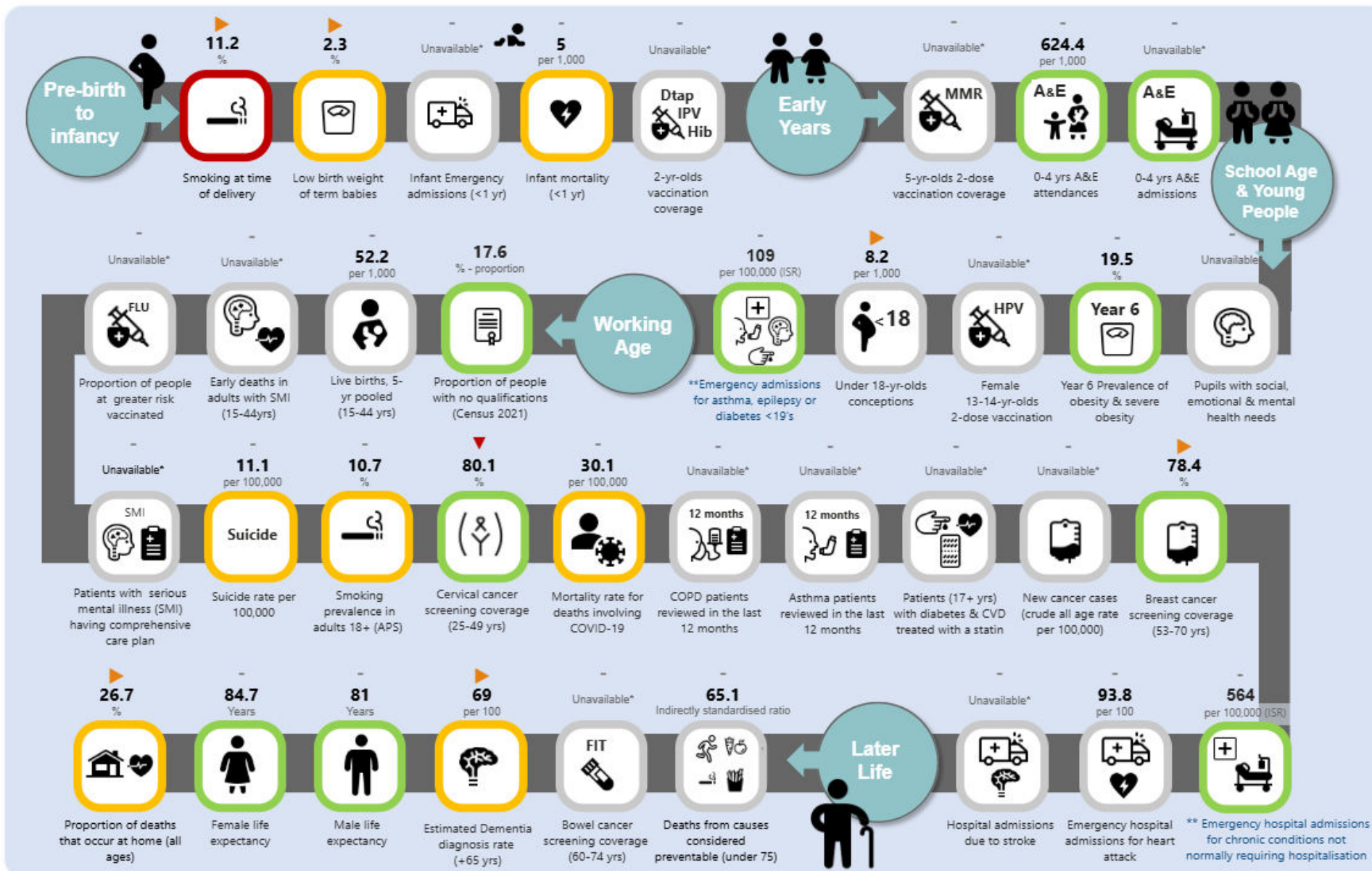
Measure	Coltishall, Buxton & Frettenham	Spixworth & St Faiths	Horsford, Hainford & Hevingham	Drayton & Thorpe Marriott	Reepham, Cawston & Lenwade	Aylsham
All hospital admissions DSR	3,703	3,680	3,648	3,419	3,414	3,356
65+ hospital admissions DSR	8,441	8,013	8,552	8,713	7,388	7,686
Falls (65+) hospital admissions DSR	1,269	1,279	1,532	1,759	1,300	1,441
Injury & Poisoning crude rate per 1,000 (0–18)	6.2	13.2	12.4	11.6	12.1	9.3

ACS asthma, epilepsy and diabetes admissions
Crude rate (0–18)

Local strategy measures summary

- This section links local health outcomes to strategic priorities within Norfolk & Waveney's Integrated Care System.

Healthcare life-course measures – Broadland



These measures track health outcomes across different life stages, providing insight into where interventions may have the greatest impact.

*The indicator is not published or is unavailable for the area type selected.

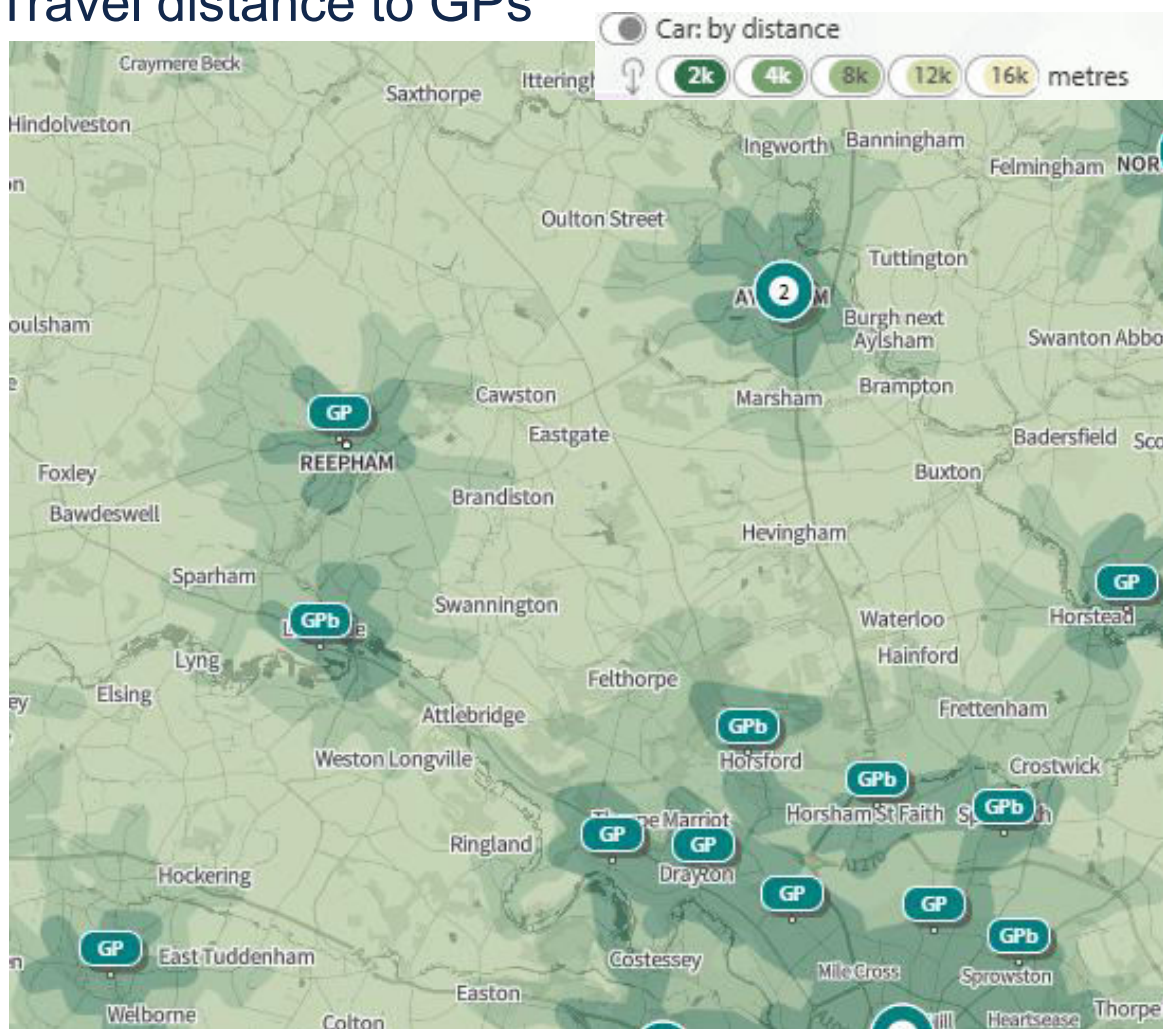
**There is an exception for NHS Outcome metrics marked with asterisks which compare to a 2012 England baseline.

Services and access

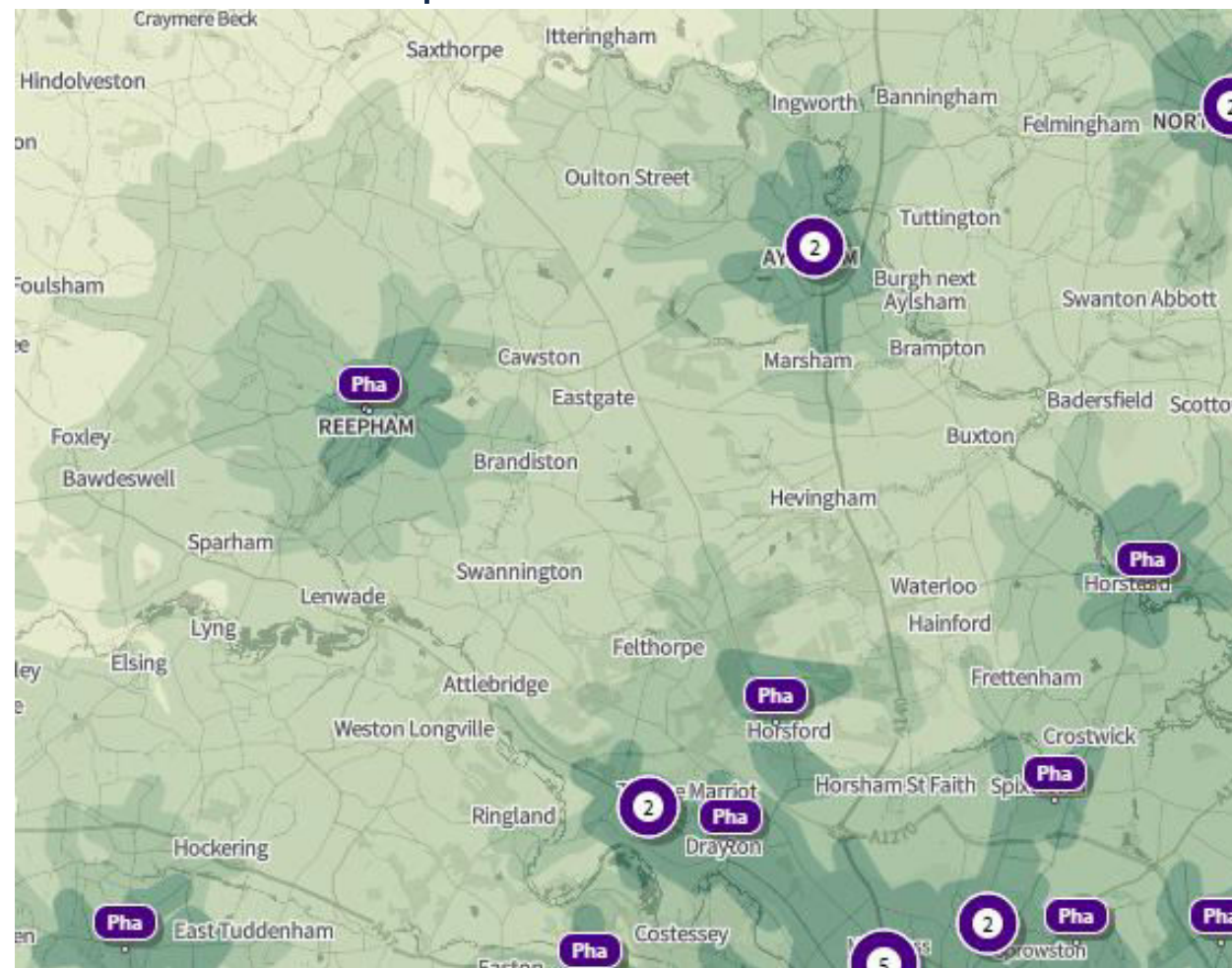
- This section looks at access to health and community services, which is critical for addressing inequalities.

Access to primary care and pharmacies

Travel distance to GPs

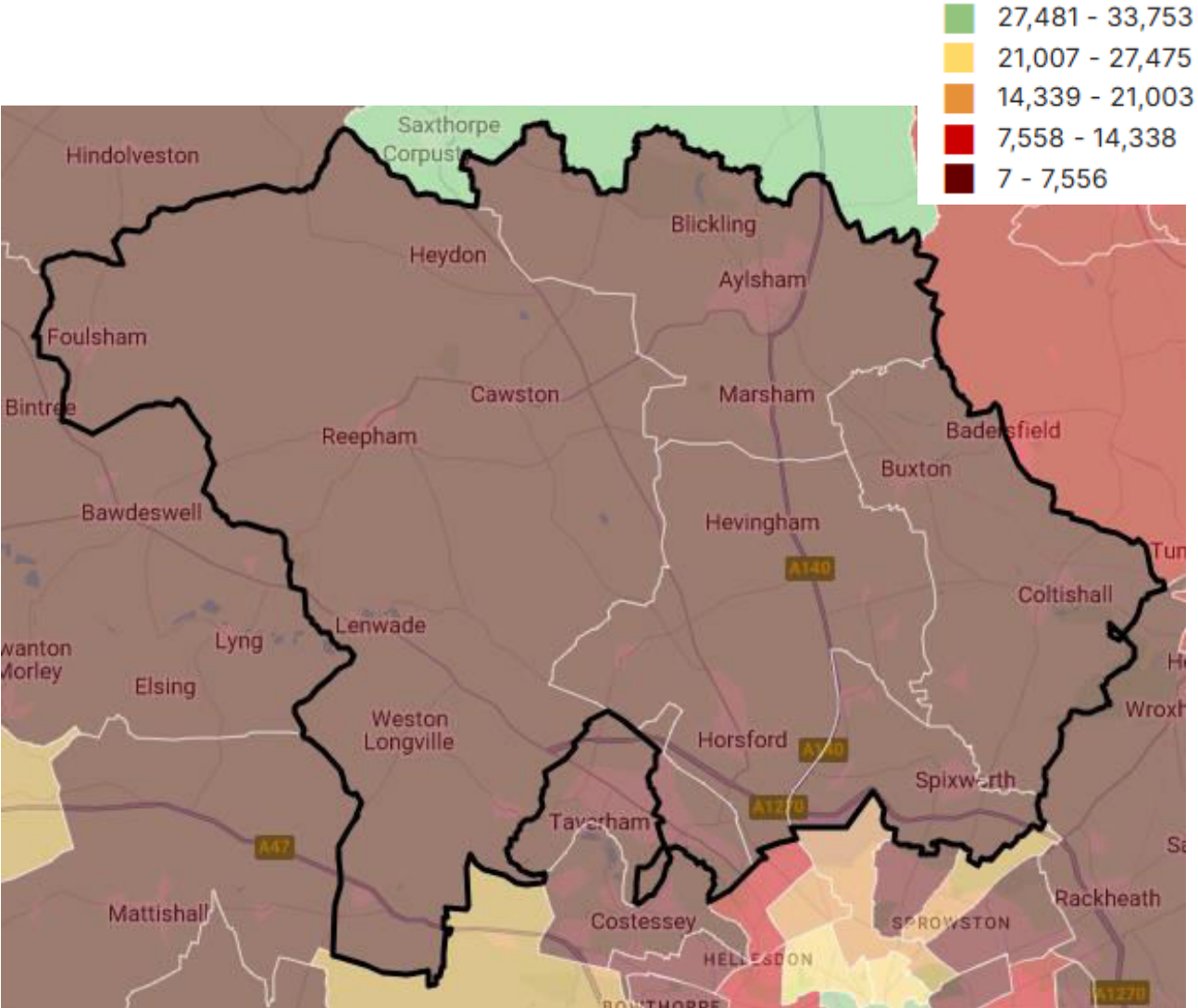


Travel distance to pharmacies



These maps show average travel distances to GP practices and pharmacies, highlighting potential barriers to timely care.

Civic Assets



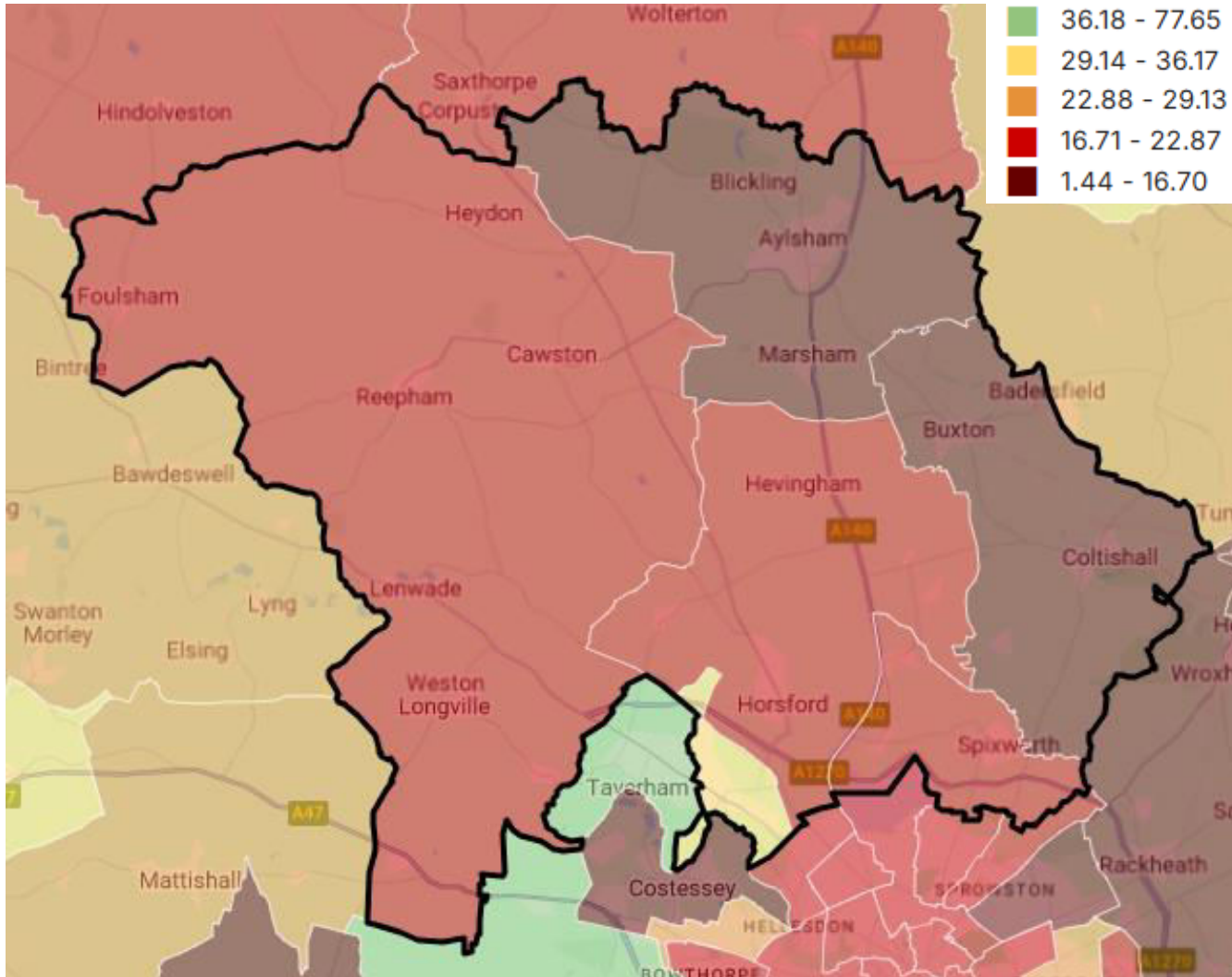
This map shows the Community Needs Index and civic assets ranking, which reflect the availability of community infrastructure and its role in wellbeing.

The Community Needs Civic Assets rank measures the presence of key community, civic, educational and cultural assets in a close proximity of the area. These include pubs, libraries, green space, community centres, swimming pools facilities that provide things to do often, at no or little cost, which are important to how positive a community feels about its area.

<https://norfolk.localinsight.org/#/map>

<https://localtrust.org.uk/wp-content/uploads/2023/05/Community-Needs-Index-2023-Technical-Methodology-Paper.pdf>

Accessible childcare



This indicator shows the availability of childcare places per 100 children aged 0–7, an important factor for family wellbeing and workforce participation.

Summary

Aylsham, Coltishall and Reepham – Key Headlines

Population & Deprivation:

- Relatively little deprivation, with none of the population in Core20 areas.
- Overall low levels of child poverty and Free School Meal eligibility.

Health Outcomes:

- Life expectancy generally better than the England average, especially for males; relatively small inequality gap.
- Premature and preventable mortality a quarter to a third lower than national averages.

Behavioural Risks:

- Smoking lower, alcohol-related admissions much lower, and obesity rates higher than Norfolk and England averages. Likely partly explained by demographic differences.
- Childhood overweight among the lowest within Norfolk and Waveney.

Disease Burden:

- Prevalence of some long-term conditions for overlapping PCN higher than Norfolk and Waveney averages (dementia, cancer), most indicators worse than national averages.

Wider Determinants:

- Economic activity 58.7% close to Norfolk and Waveney average (England 60.9%).
- Low Universal Credit (12.9%) and PIP entitlement (7.7%).
- Generally good access to healthcare apart from most rural areas. But poor accessibility of childcare and community assets.



Additional sources of health and wellbeing information for communities:

- **Norfolk's Joint Strategic Needs Assessment** – <https://www.norfolkinsight.org.uk/jsna> – A picture of the health and wellbeing of the people of our county and the issues which affect their needs, inequalities and services.
- **Health and Wellbeing Electoral Division Profiles** – <https://www.norfolkinsight.org.uk/jsna/health-and-wellbeing-profiles> – Information on health and wellbeing of populations at electoral division community level
- **ONS/Census – 2021 Census data** – <https://www.ons.gov.uk/census/maps/choropleth> – Census statistics help paint a picture of the nation and how we live. They provide a detailed snapshot of the population and its characteristics and underpin funding allocation to provide public services.
- **NOMIS – Official labour market statistics** – <https://www.nomisweb.co.uk> – Nomis is a service provided by the Office for National Statistics, ONS, to give you free access to the most detailed and up-to-date UK labour market statistics from official sources.
- **Local Insight – OCSI** – <https://norfolk.localinsight.org/#/map> – Data mapping platform that brings together small-area socio-economic data to help organisations make informed decisions for communities.
- **Fingertips – Public Health Profiles** – <https://fingertips.phe.org.uk> – These profiles are a rich source of indicators across a range of health and wellbeing themes that has been designed to support JSNA and commissioning to improve health and wellbeing and reduce inequalities.
- **NHS Digital** – <https://digital.nhs.uk> – The national information and technology partner to the health and care system. NHS Digital process and publish data and information from across the health and social care system in England. Search for publications and indicators.