

Cromer and North Walsham

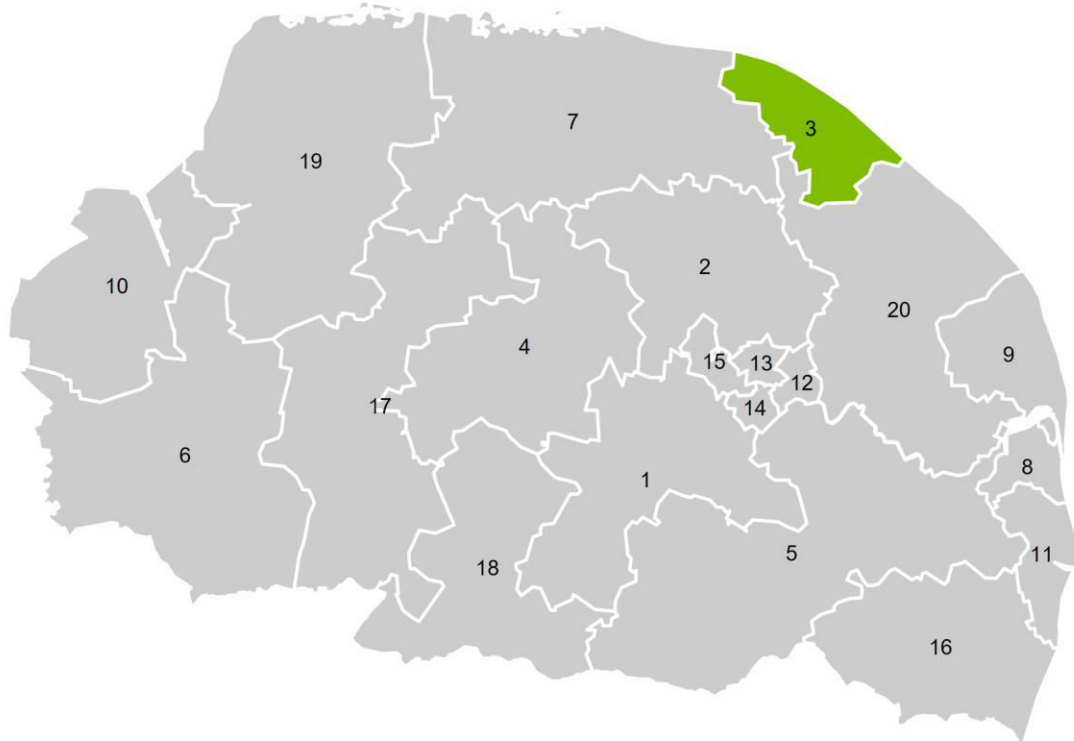
I&A Public Health Intelligence

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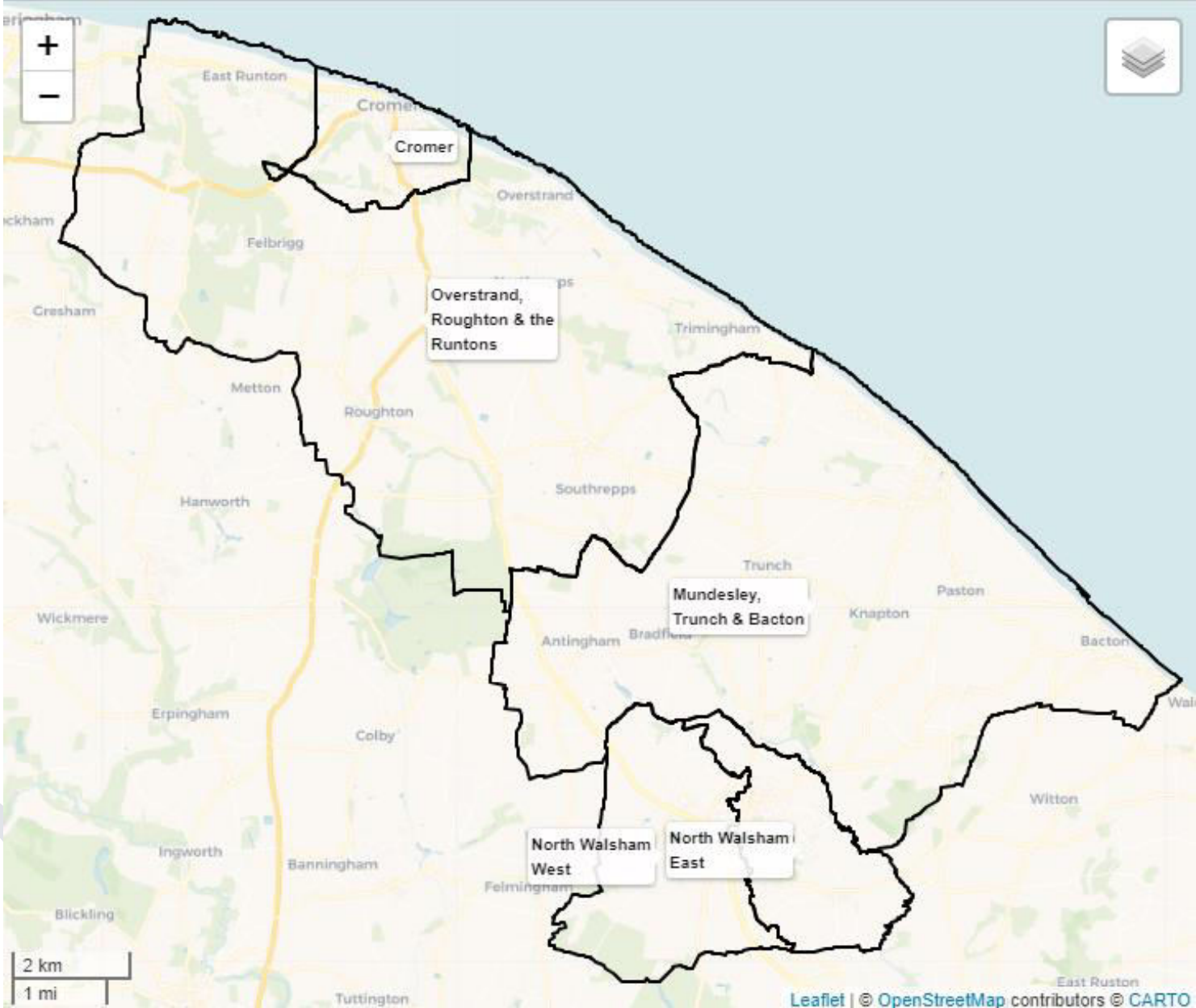
Neighbourhood areas



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:

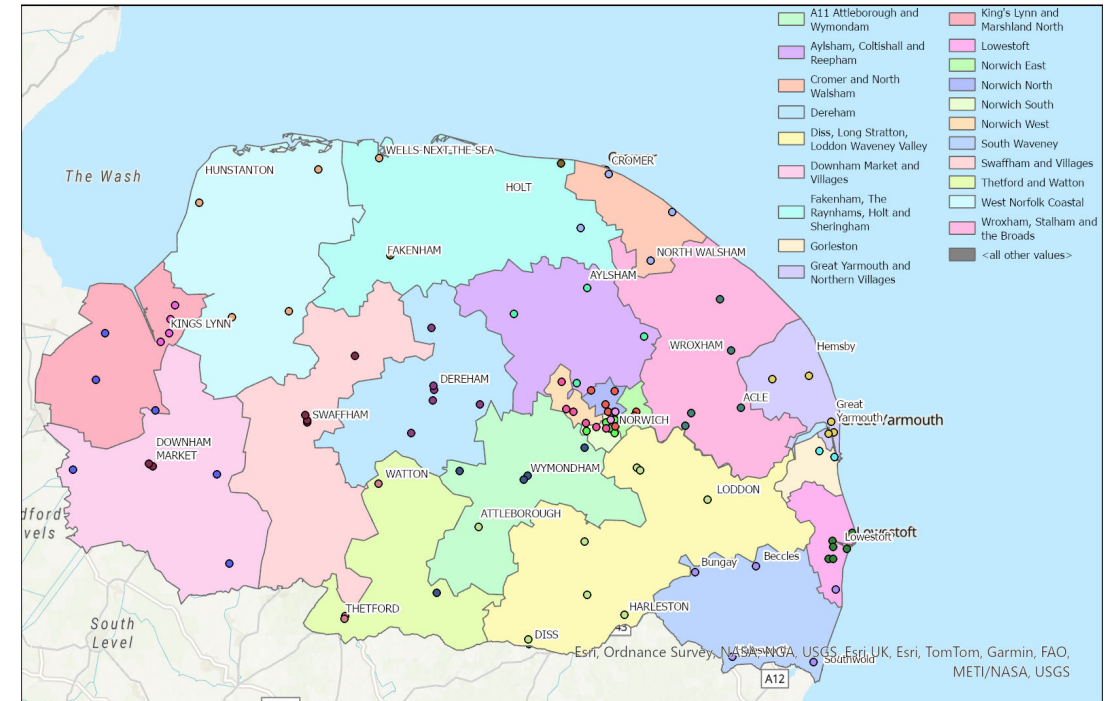
- Summaries of health, wellbeing, and wider determinants in each neighbourhood
- Draw on local data, insights, and community context
- Highlight key challenges and opportunities for improving population health

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

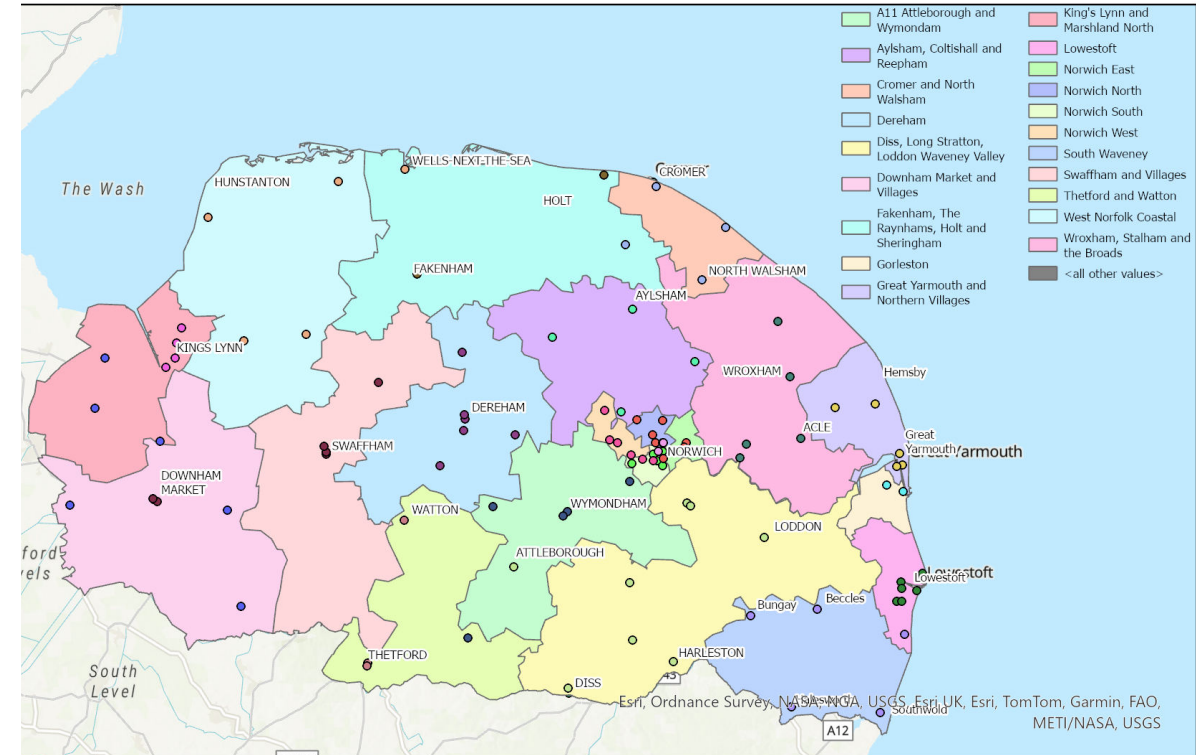


How do we define neighbourhoods?

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.
- 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.

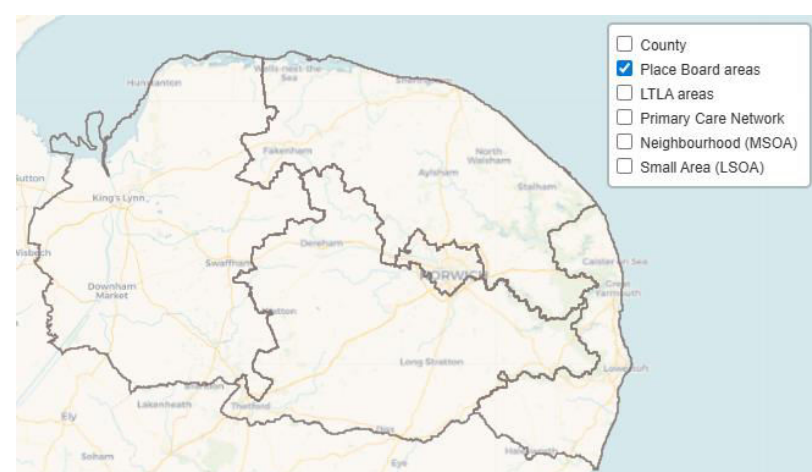


Methods

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 Cromer and North Walsham, highlighting population structure and socioeconomic challenges.

Population and deprivation summary

Cromer and North Walsham have a much older population than the Norfolk and Waveney average. In three local areas, more than one in three residents are aged 65+.

Locally, the MSOA with the largest estimated overall population growth is Cromer with a 13.3% population increase by 2044.

There are small local pockets of significant deprivation in Cromer and North Walsham.

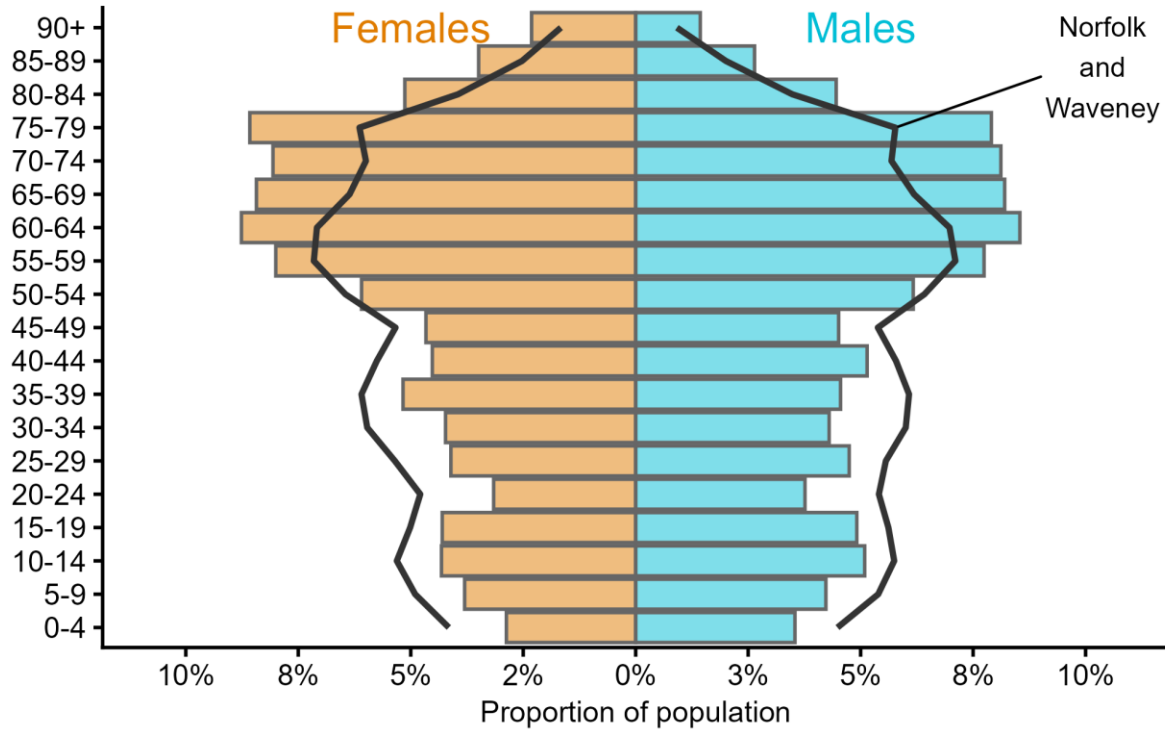


	Period	England	Cromer	Mundesley, Trunch & Bacton	North Walsham East*	North Walsham West*	Overstrand, Roughton & the Runtons
Resident population (aged 0 to 15)	2022	18.5	11.6	12.5	15.1	15.2	12.1
Resident population (aged 65 and over)	2022	18.6	37.7	36.5	30	27.6	35.7
Resident population (aged 85 and over)	2022	2.5	5.32	5.12	4.61	4.83	4.38
Population density: people per square kilometre	2022	438	1720	142	970	608	125
Poverty: Index of Multiple Deprivation	2019	21.7	26.6	22.5			20.3
Poverty: English Indices of Deprivation	2019	12.9	14.3	10.6			9.16
Children in poverty: Income Deprivation Affecting Children Index (IDACI) (aged 0 to 15)	2019	17.1	17	12.6			13.9
Older people in poverty: Income Deprivation Affecting Older People Index (IDAOPI) (aged 60 and over)	2019	14.2	13.1	10.6			8.4
Fuel poverty (low income, low energy efficiency methodology)	2023	11.4	11.9	16.1	9.54	11.1	14
Unemployment: people claiming out of work benefit (aged 16 to 64)	2024/25	4.07	3.28	3.12			1.95
Long-term unemployment: people claiming out of work benefit for over 12 months (aged 16 to 64)	2024/25	0.51	0	0			0

* 2021 MSOAs with no data for pre-2021 indicators.

Demography in Cromer and North Walsham

Cromer and North Walsham population compared to Norfolk and Waveney 2024



Source: ONS 2024 mid-year estimates

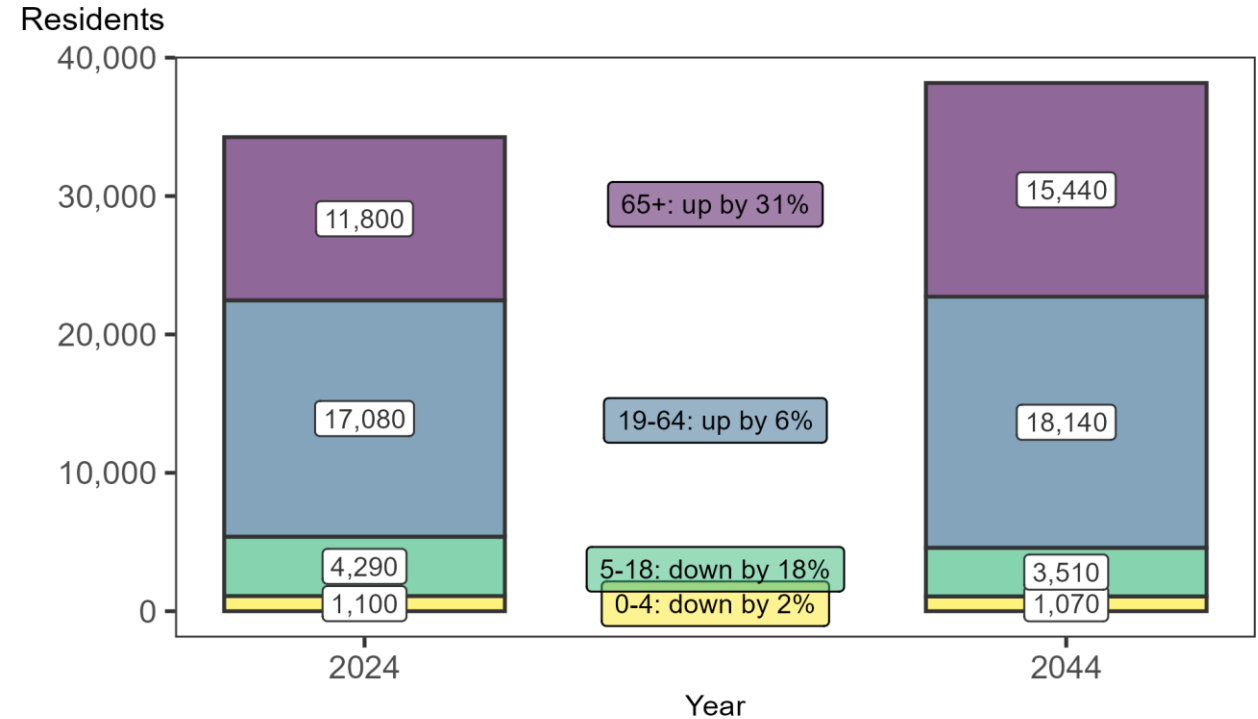
Cromer and North Walsham have a much older population than the Norfolk and Waveney average.



The age group with the largest projected population growth by 2044 in Cromer and North Walsham is people aged 65+.

Locally, the MSOA with the largest estimated overall population growth is Cromer with a 13.3% population increase by 2044.

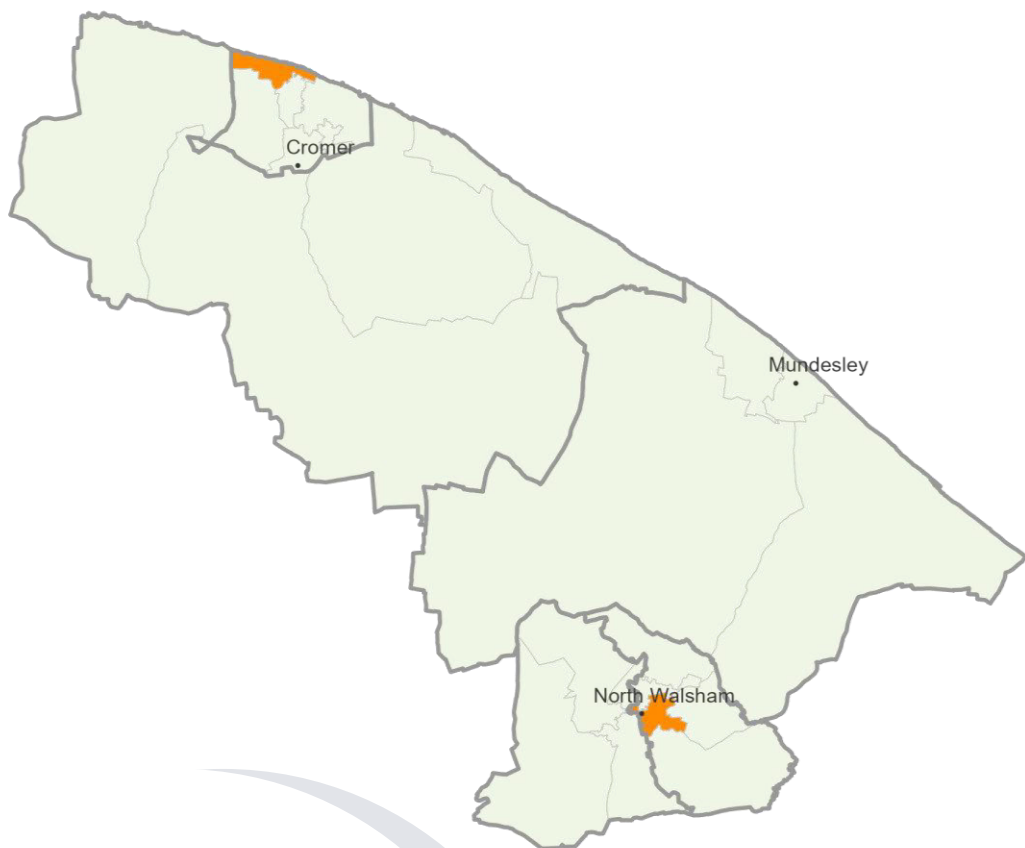
Population projections by age groups for Cromer and North Walsham



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

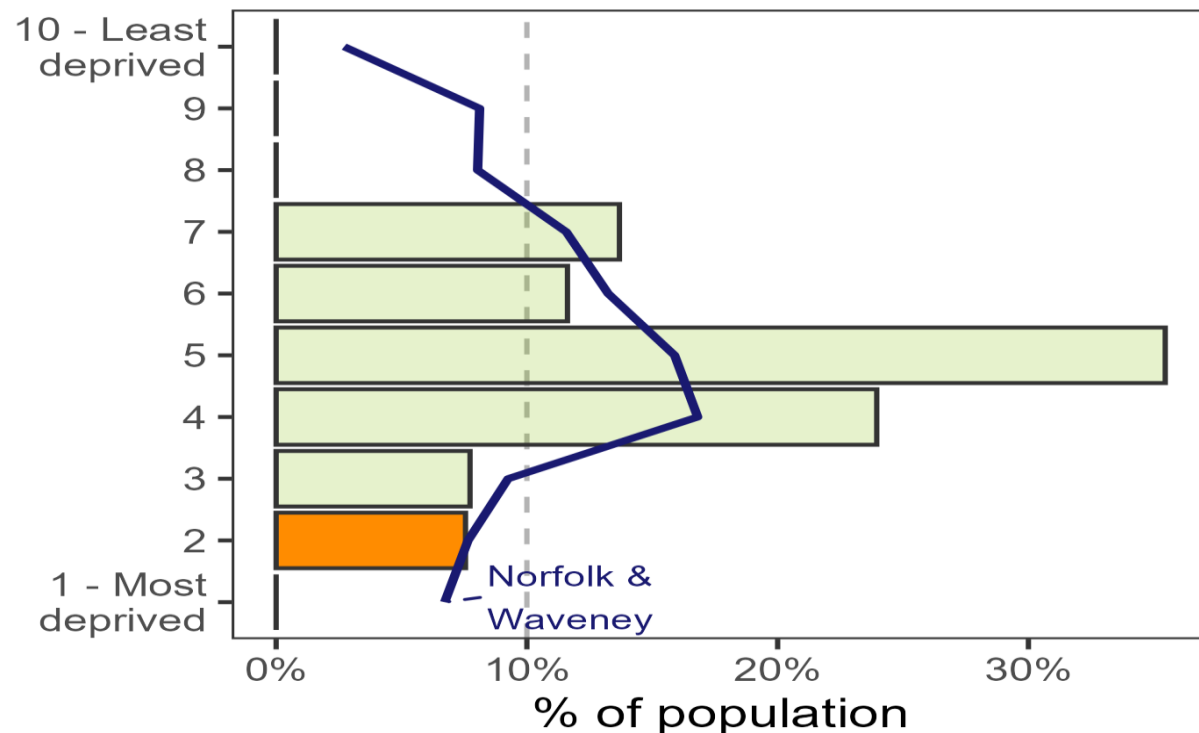
Deprivation in Cromer and North Walsham

Core20 LSOAs in Cromer and North Walsham



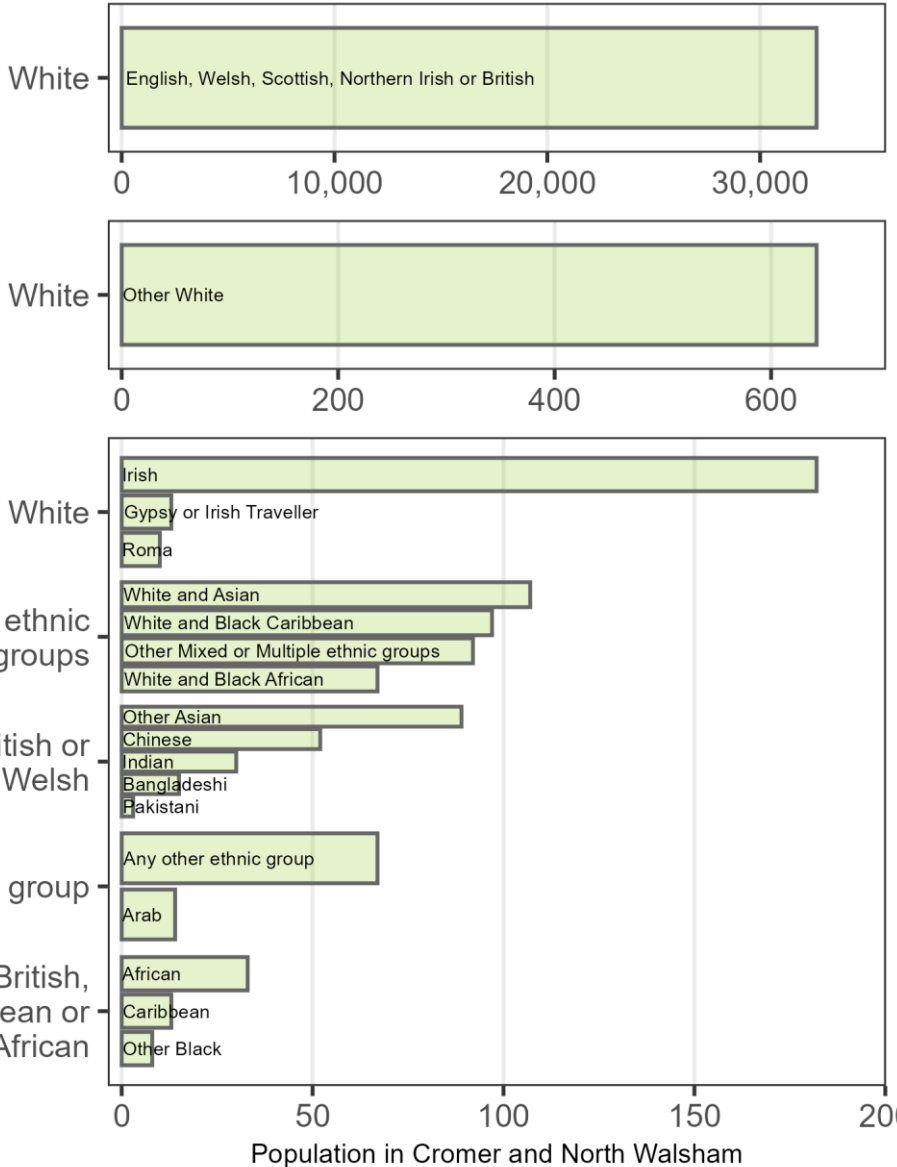
7.6% of the population of Cromer and North Walsham live in small areas that are among the 20% most deprived areas in England (Core20 areas). Across Norfolk and Waveney, 14.4% live in Core20 areas.

IMD 2025 Decile



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

Ethnicity in Cromer and North Walsham



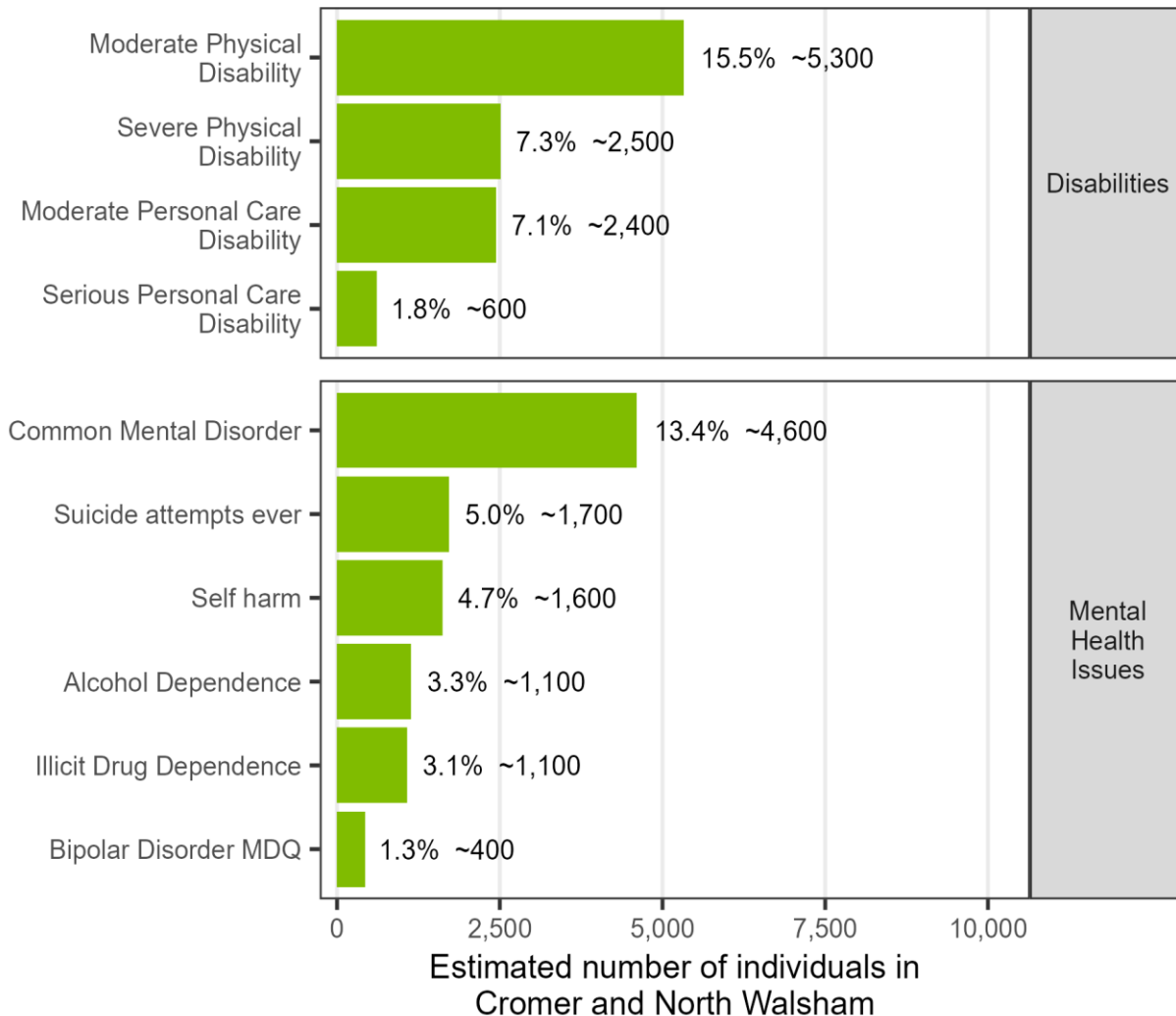
Source: Census 2021 (obtained through NOMIS)

Ethnicity group	Population	Proportion
White	33,499	98.0%
Mixed Or Multiple Ethnic Groups	363	1.1%
Asian Asian British Or Asian Welsh	189	0.6%
Other Ethnic Group	81	0.2%
Black Black British Black Welsh Caribbean Or African	54	0.2%

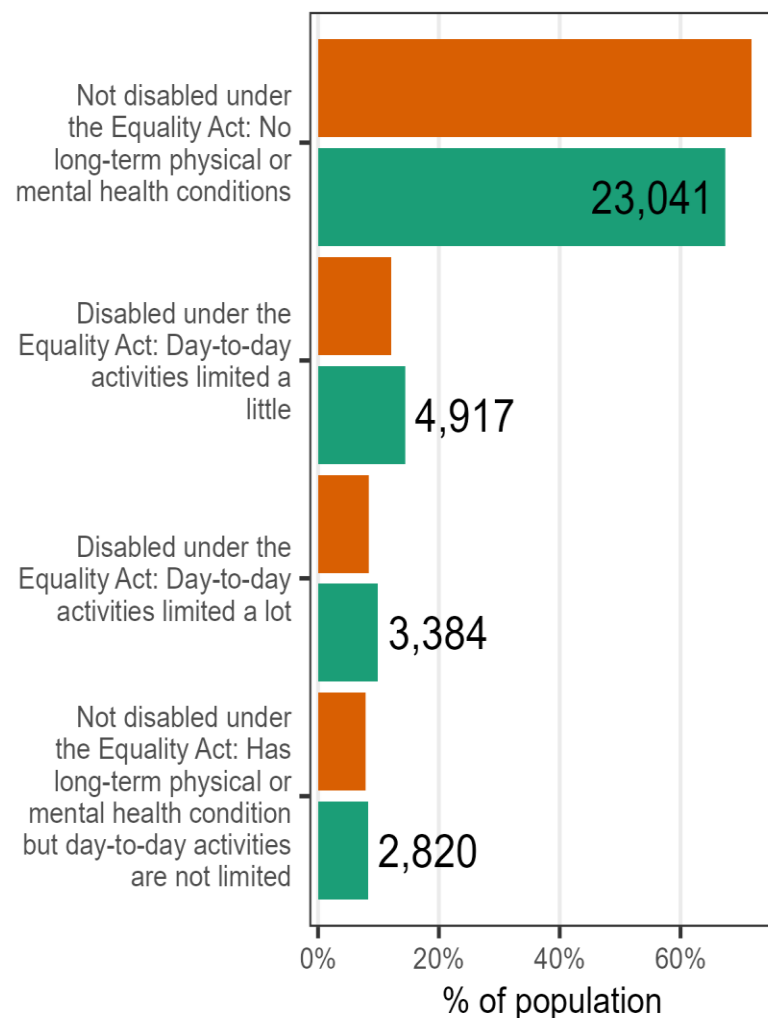
Source: Census 2021 (obtained through NOMIS)

Small areas (MSOAs) with the highest proportions of non-White residents in Cromer and North Walsham include Cromer (2.5%) and North Walsham West (2.5%).

People with disabilities and vulnerable populations



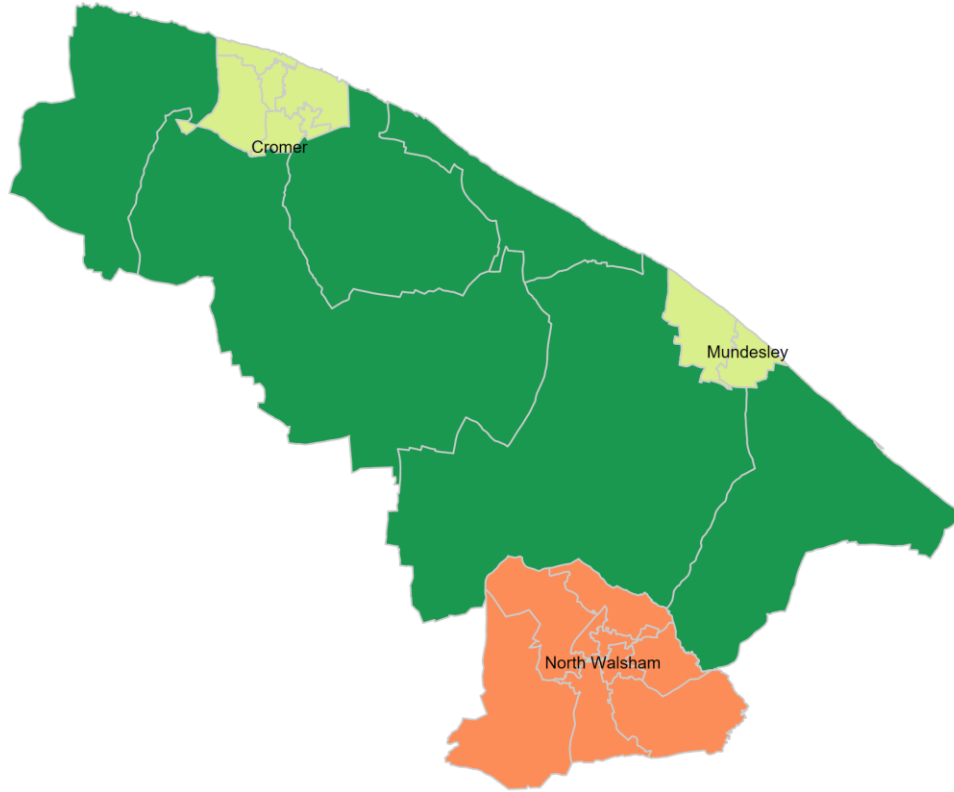
Sources:
 PANSI/POPPI, Psychiatric Morbidity Survey
 ONS 2024 mid-year population estimates



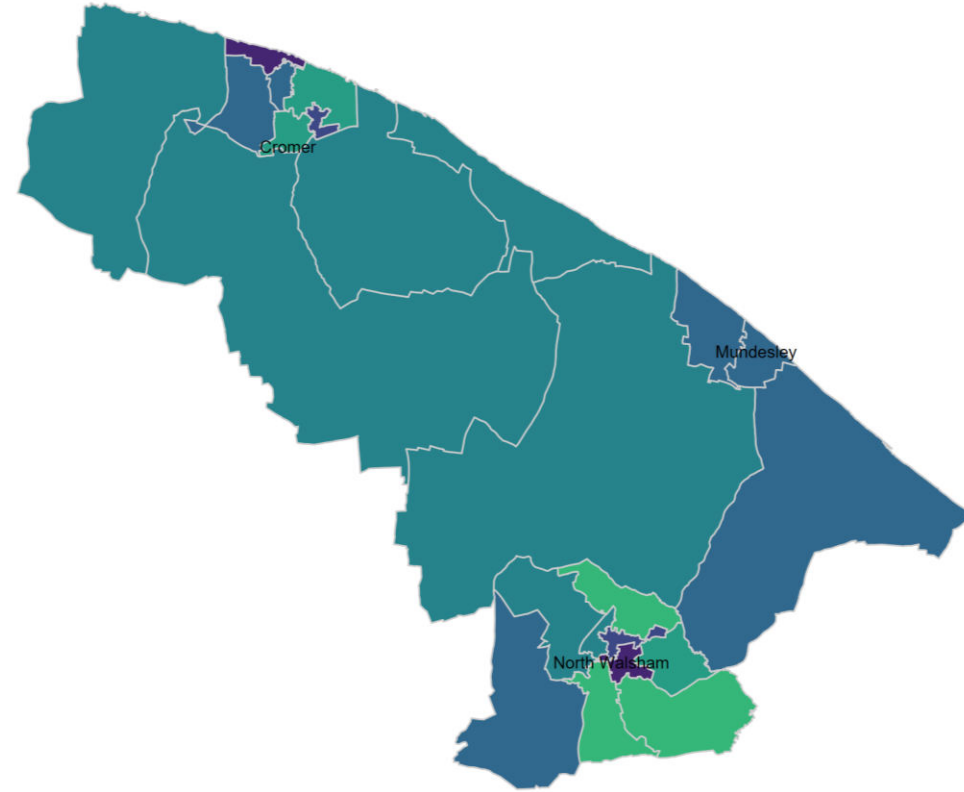
Source: 2021 Census (ONS)

Rurality and Deprivation in Cromer and North Walsham

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

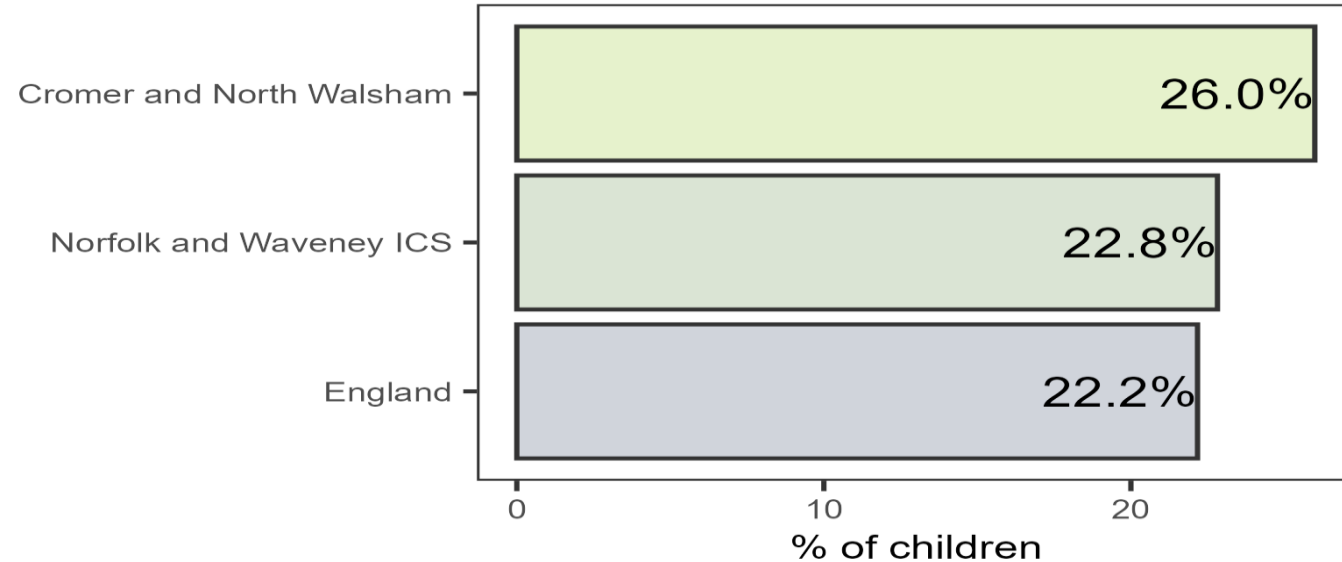
Children in Poverty

In Cromer and North Walsham, 26.0% of children aged 0-19 live in low-income families, compared to 22.8% across Norfolk and Waveney and 22.2% across England.

38.0% of children aged 0 to 15 in Cromer and North Walsham are estimated to live in poverty according to the Income Deprivation Affecting Children Index (IDACI). In England overall, this is 36.25%.

In Cromer and North Walsham, 27.4% of pupils from Reception to Year 13 are eligible for free school meals. This is significantly higher than across all schools in Norfolk, where 23.7% of pupils are eligible.

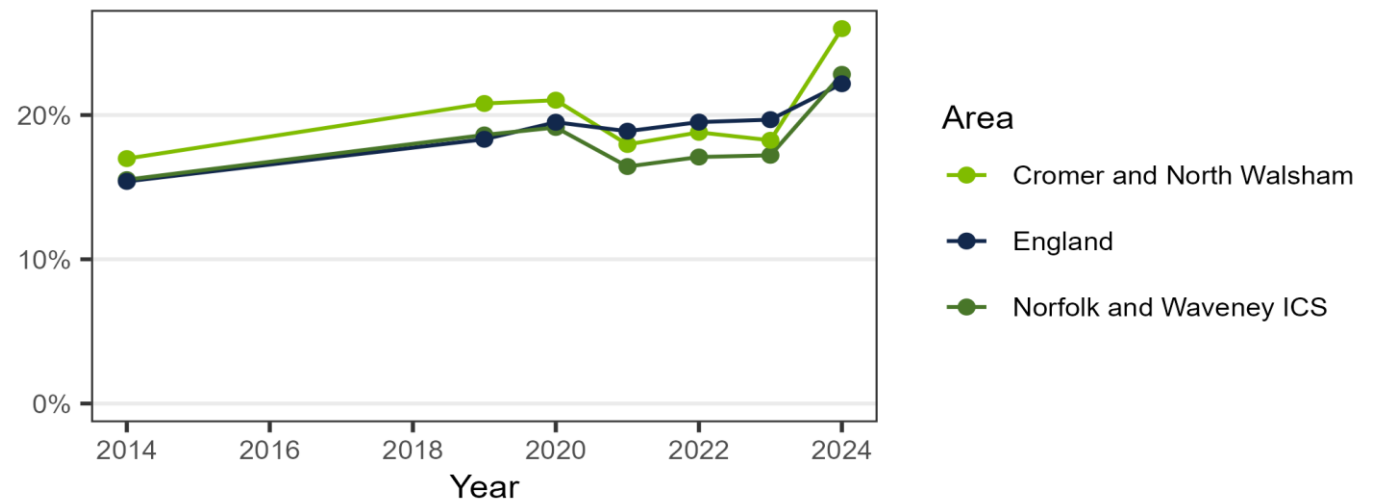
Children aged 0-19 in relative low-income families



Source: Local Insight (OCSI)

Children aged 0-19 in relative low-income families

% of children



Source: Local Insight (OCSI)

Economy, employment and housing

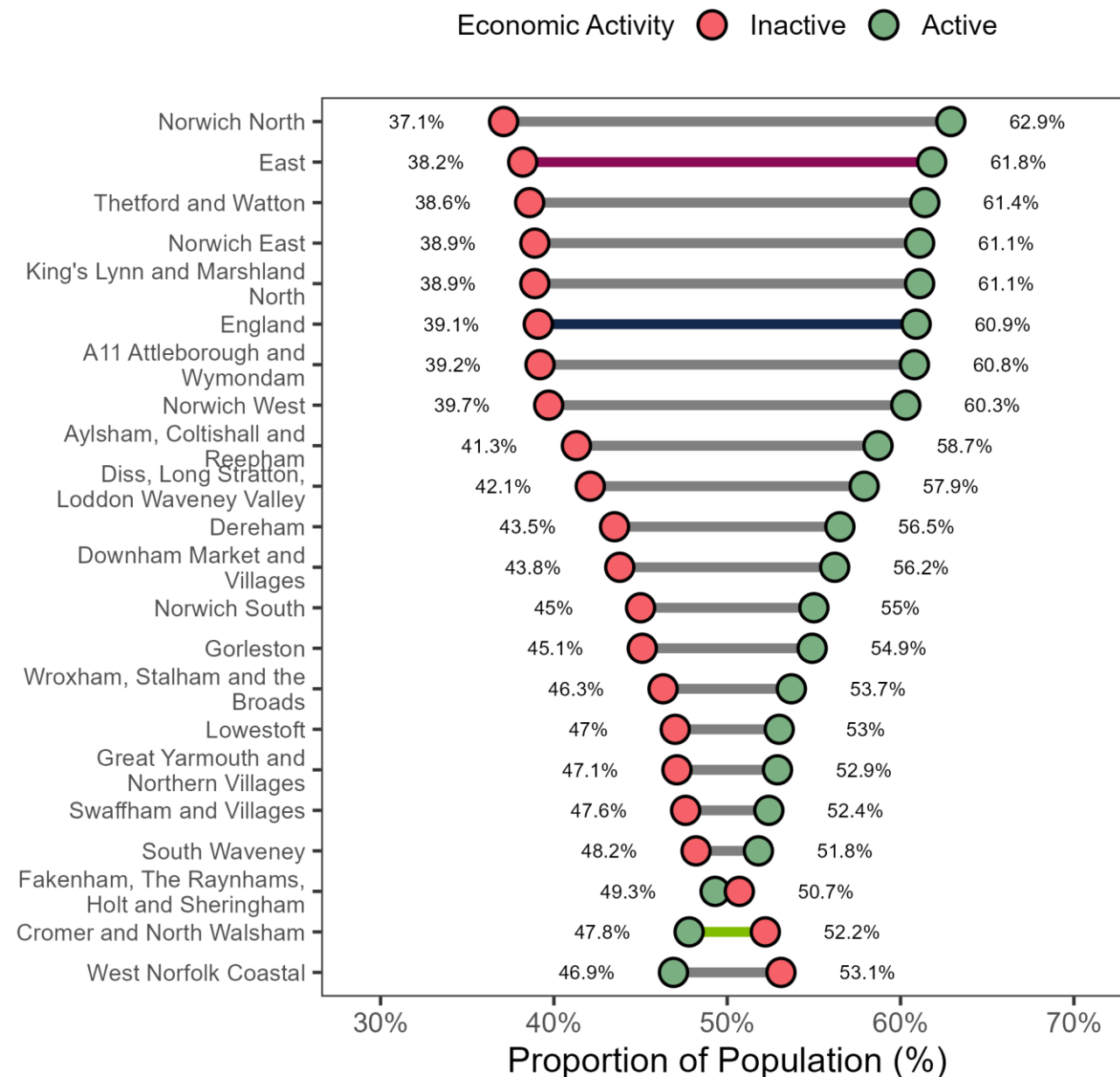
Economy and Employment

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 had 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%).

Cromer and North Walsham recorded 52.2% of working-age residents economically inactive and 47.8% economically active, placing it among the least economically active areas, second only to West Norfolk Coastal

Economic Activity Across Areas (Census 2021)



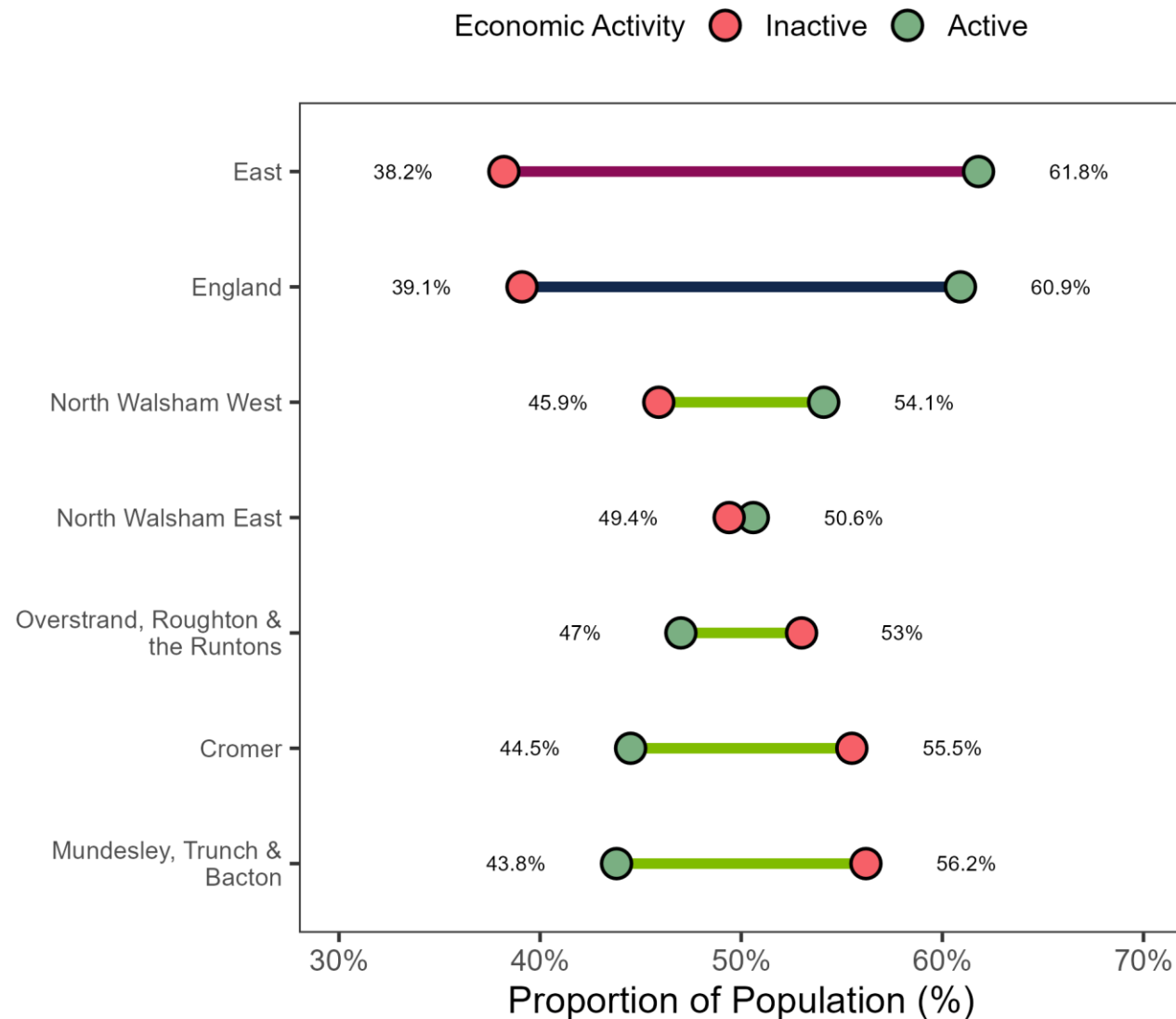
Economy and Employment

Levels of economic activity reported across MSOAs within the Diss, Long Stratton, and Loddon Waveney Valley neighbourhood in the 2021 Census were consistently below the East of England (61.8% active) and the national average for England (60.9% active).

Within the neighbourhood, Mundesley, Trunch and Bacton recorded the lowest proportion of economically active residents aged 16–64 at 43.8%, indicating high levels of economic inactivity among the working-age population.

In contrast, North Walsham West recorded the highest proportion of economically active residents (54.1%) among MSOAs within the neighbourhood, though it remained below national and regional benchmarks.

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 Cromer and North Walsham, the highest employment levels were in Skilled Trades (15.3%) and Caring, Leisure & Other Service roles (13.4%). Skilled Trades were notably above both the Norfolk and England averages, indicating a stronger local concentration of trade-based occupations. Caring and service-related roles were also higher than county and national levels, reflecting a comparatively larger workforce in care-focused and community-support roles.

Employment levels were lowest in Process, Plant & Machine Operatives (6.7%) and Administrative & Secretarial roles (8.5%). Additionally, Professional occupations (11.7%) were below both the Norfolk (16.6%) and England (20.3%) averages, suggesting a smaller professional workforce locally than seen regionally and nationally.

Occupational Groups						
Indicator	Cromer and North Walsham		Norfolk		England	
	Count	Rate	Count	Rate	Count	Rate
Managers, Directors & Senior Officials	1,699	12.7%	49,365	11.9%	3,403,916	12.9%
Professional	1,570	11.7%	68,653	16.6%	5,356,649	20.3%
Associate Professional & Technical	1,378	10.3%	48,630	11.8%	3,499,749	13.3%
Administrative & Secretarial	1,143	8.5%	37,330	9.0%	2,446,565	9.3%
Skilled Trades	2,058	15.3%	52,732	12.8%	2,683,139	10.2%
Caring, Leisure & Other Service	1,796	13.4%	43,994	10.6%	2,447,148	9.3%
Sales & Customer Service	1,261	9.4%	33,402	8.1%	1,972,553	7.4%
Process, Plant & Machine Operatives	904	6.7%	33,235	8.0%	1,832,666	6.9%
Elementary	1,624	12.1%	46,376	11.2%	2,762,829	10.5%

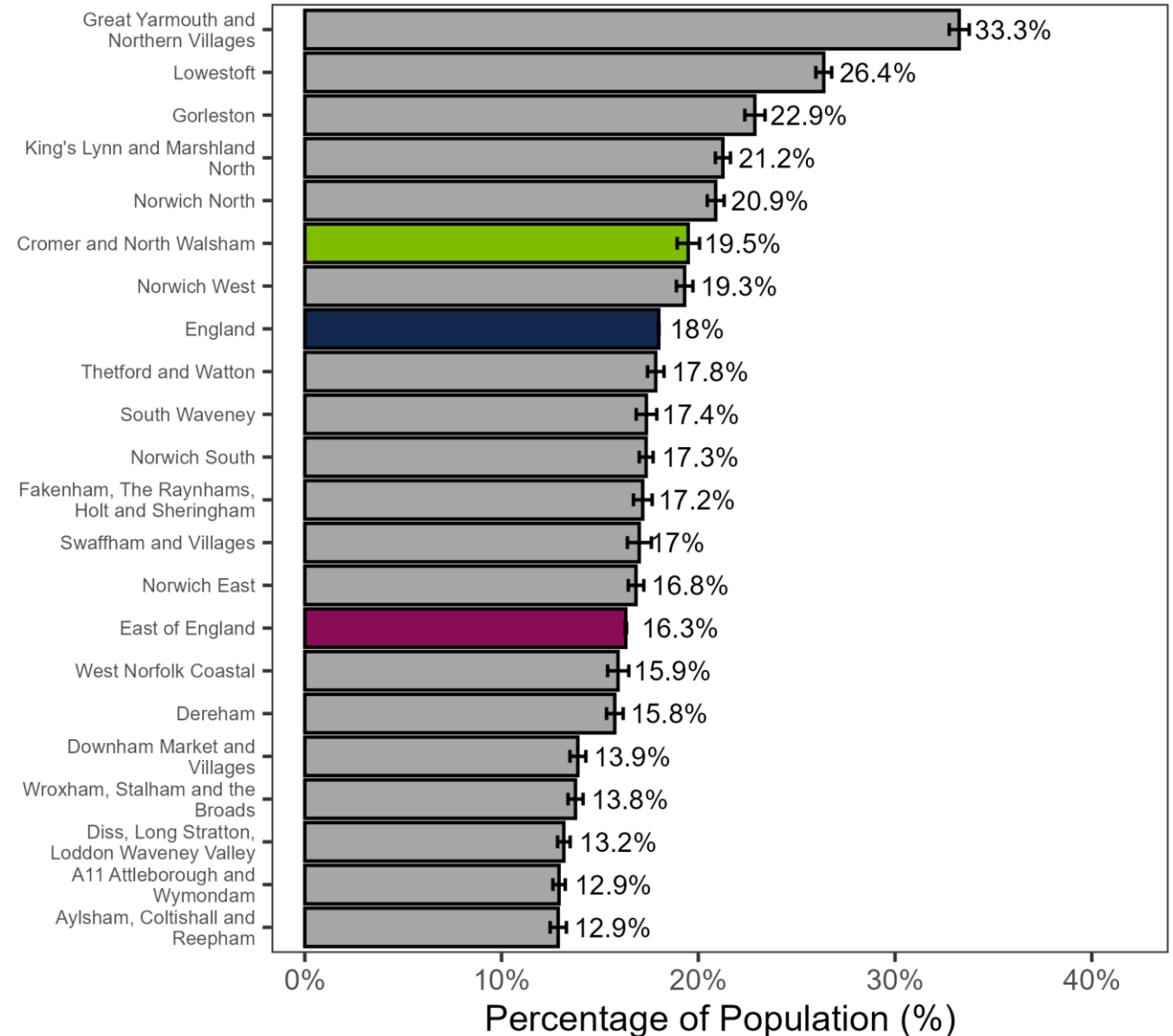
Economy and Employment

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. The Cromer and North Walsham neighbourhood reported one of the highest claimant rates during this period (19.5%), significantly higher than 13 of the 19 other neighbourhoods, but still significantly below top four neighbourhoods for universal claimants. The proportion of claimants in the Cromer and North Walsham neighbourhood was also higher than both the East of England (16.3%) and England (18%) averages.

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

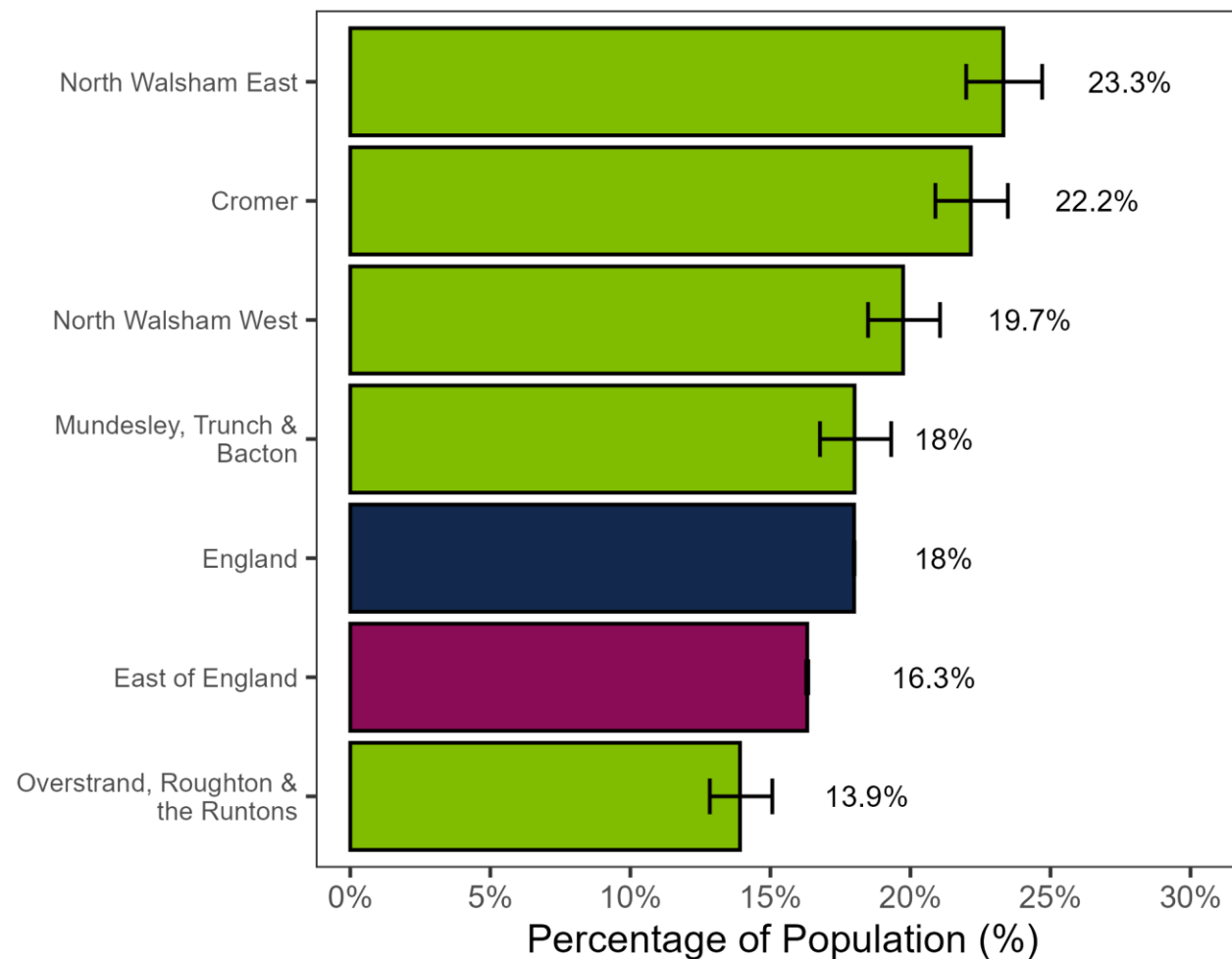


Economy and Employment

In August 2025, the proportion of residents aged 18 to 66 claiming Universal Credit varied between MSOA areas within the Cromer and North Walsham neighbourhood.

North Walsham East recorded the highest proportion of claimants at 23.3%, a significantly higher proportion of claimants than three of the remaining four MSOAs in the neighbourhood.

Universal Credit Claimants by MSOA in Cromer and North Walsham (Aug 2025)



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

Economy and Employment

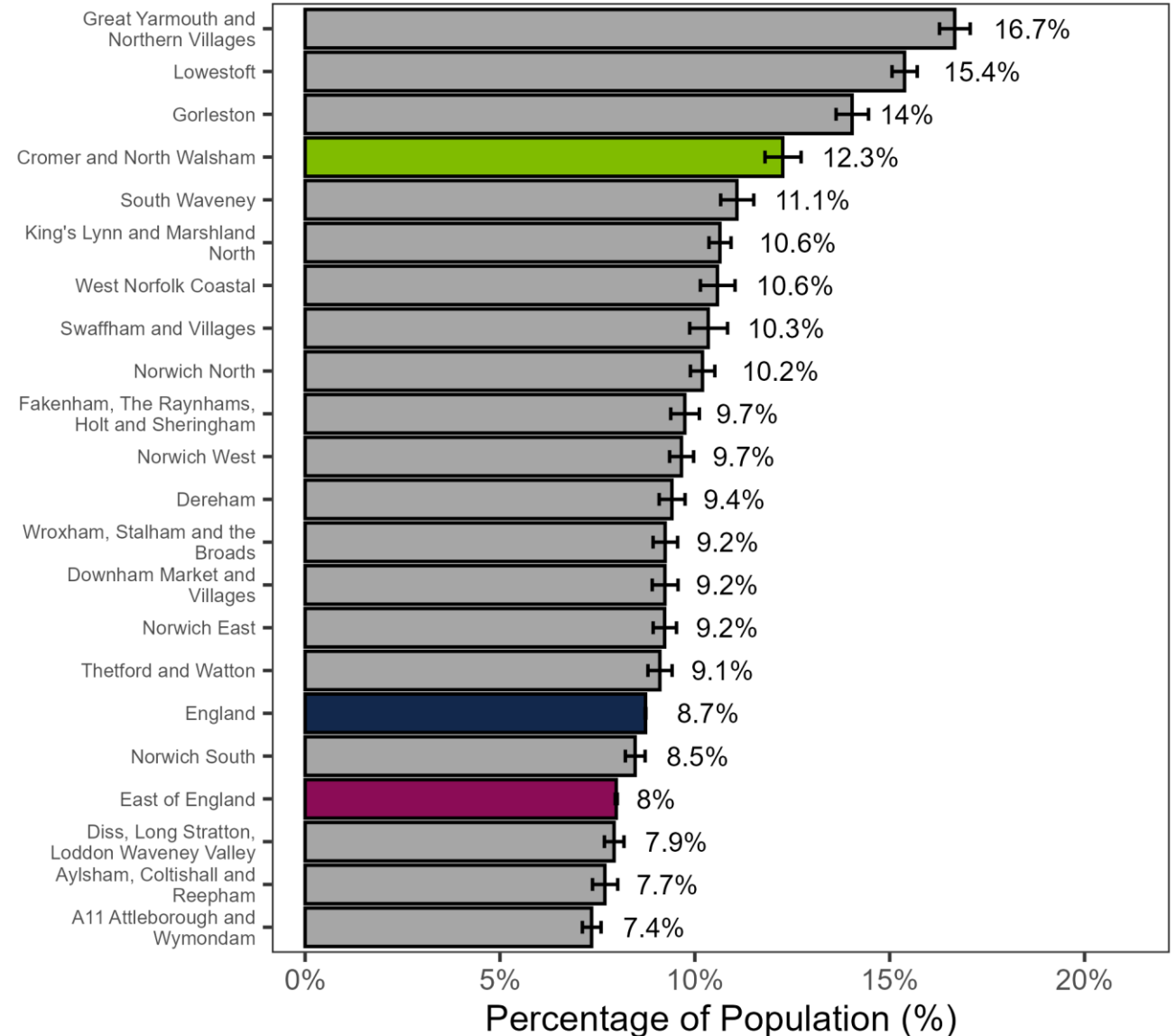
Personal Independence Payments (PIP) entitlement statistics covers individuals currently receiving PIP and those whose payments are temporarily suspended (e.g., during a hospital stay).

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 Cromer and North Walsham neighbourhood had a significantly higher proportion of individuals entitled to PIP (12.3%) than 16 of the other 19 neighbourhoods. Entitlement was also significantly higher than the East of England (8%) and England average (8.7%) indicating significantly higher levels of PIP entitlement in this area compared with regional and national averages

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



Economy and Employment

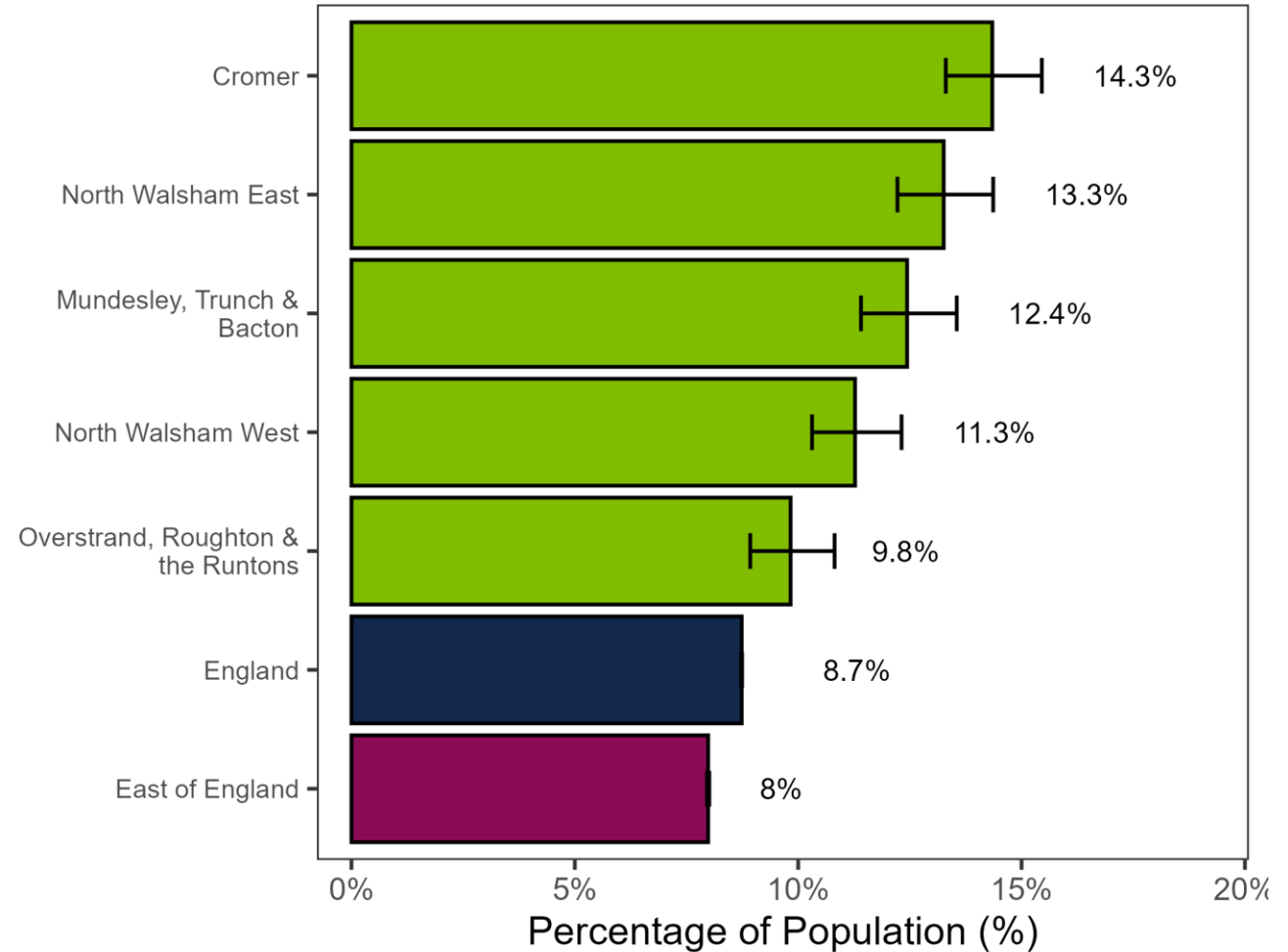
In June 2025, the proportion of residents aged 16 to 66 entitled to Personal Independence Payment (PIP) across MSOAs within the Cromer and North Walsham neighbourhood varied significantly.

Cromer recorded the highest entitlement rate at 14.3%, significantly higher than two of the remaining four MSOAs within the neighbourhood.

Overstrand, Roughton and the Runtons recorded the lowest PIP entitlement rate at 9.8%, significantly below three of the remaining four MSOAs within the neighbourhood.

All MSOAs with the Cromer and North Walsham neighbourhood reported PIP entitlement rates significantly higher than the East of England (8%) and the England (8.7%) average, suggesting higher levels of entitlement within each MSOA compared to both regional and national benchmarks.

Population Entitled to PIP by MSOA in Cromer and North Walsham (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, Cromer and North Walsham has a higher proportion of homes owned outright (48.4% vs 32.5%) and a lower proportion with a mortgage (20% vs 28.8%). Its combined social renting rate (council and housing association) is 13.1%, which is lower than the national average of 17.1%. The private renting rate (Landlord/rent free/other) at 17.9% is also lower than the England average (20.6%).

Compared to other neighbourhoods, Cromer and North Walsham has a higher proportion of homes owned outright, a lower proportion of homes privately or socially rented, and a lower proportion of homes owned with a mortgage.

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%
Cromer and North Walsham	48.4%	19.9%	15.4%	11.2%	1.9%	2.4%	0.7%	<0.1%
A11 Attleborough and Wymondham	40.1%	32.9%	12.4%	9.0%	2.0%	2.2%	1.4%	<0.1%
Aylsham, Coltishall and Reepham	44.8%	29.3%	12.2%	9.3%	1.2%	2.3%	0.8%	0.0%
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

Life expectancy is broadly in line with England averages, but inequalities exist between MSOAs for mortality rates.

Premature mortality is 12% lower than England, and preventable mortality is 20% lower, reflecting relatively good health outcomes compared to national benchmarks.



	Period	England	Cromer	Mundesley, Trunch & Bacton	North Walsham East*	North Walsham West*	Overstrand, Roughton & the Runtons
Life expectancy at birth - Female	2019 - 23	83	83.1	83.2	83	83	84.3
Life expectancy at birth - Male	2019 - 23	79.1	77	80.1	76.6	77.2	82
Mortality from all causes	2019 - 23	100	104	91.6	109	112	83.1
Mortality from all causes (aged under 75)	2019 - 23	100	86.2	85.5	100	95.4	76.8
Mortality from cancer	2019 - 23	100	112	92.6	109	106	99.4
Mortality from cancer (aged under 75)	2019 - 23	100	100	98.3	95.1	94.7	88.2
Mortality from cardiovascular disease	2019 - 23	100	101	93	101	108	96.6
Mortality from cardiovascular disease (aged under 75)	2019 - 23	100	69.8	77.9	79.2	103	93
Mortality from coronary heart disease	2019 - 23	100	101	80	97.9	103	115
Mortality from stroke	2019 - 23	100	104	98.9	78.7	95.4	66.8
Mortality from respiratory diseases	2019 - 23	100	90.4	79.4	113	109	64.7
Mortality from causes considered preventable (aged under 75)	2019 - 23	100	84.6	81.2	81.3	82.6	69.5

* 2021 MSOAs with no data for pre-2021 indicators.

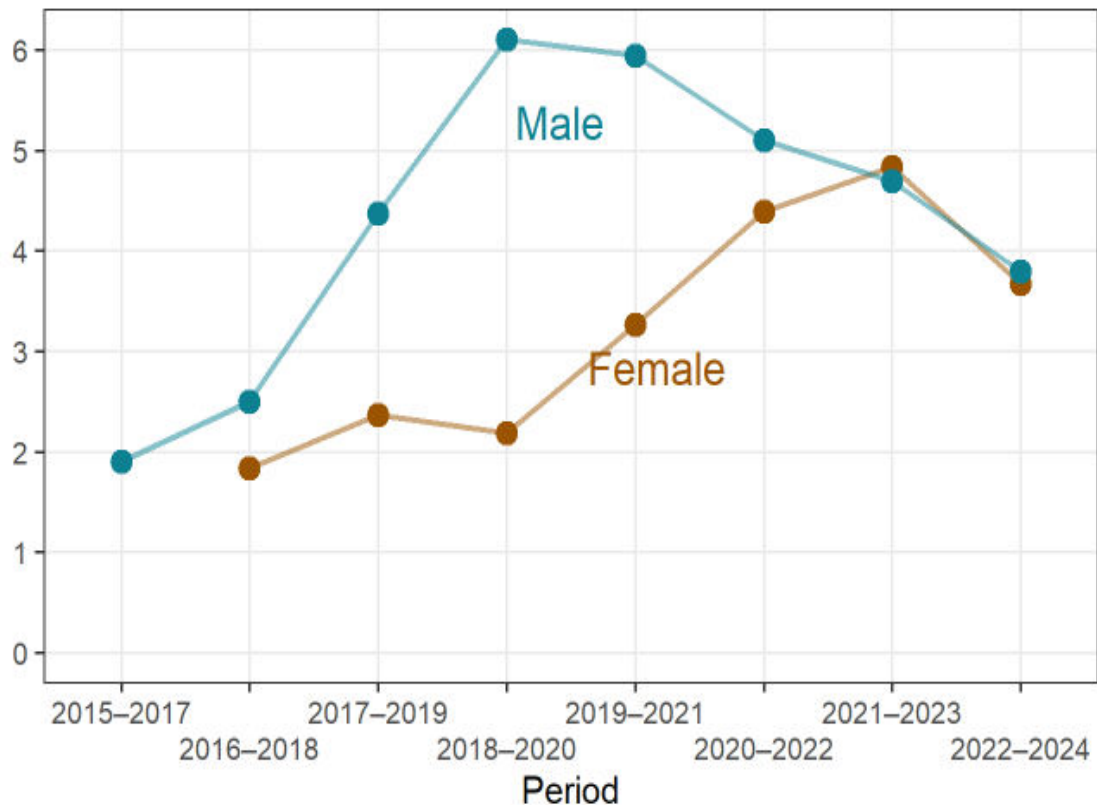
Indicators are based on the Local Health summary (OHID Fingertips)

Life expectancy inequalities in North Norfolk

There is a relatively small gap in life expectancy between people living in the most and least deprived areas of North Norfolk district. Nevertheless, the leading causes of premature death - cancer, respiratory and circulatory conditions - are more prevalent in relatively more deprived small areas. Targeted prevention and improved access to care are essential.

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

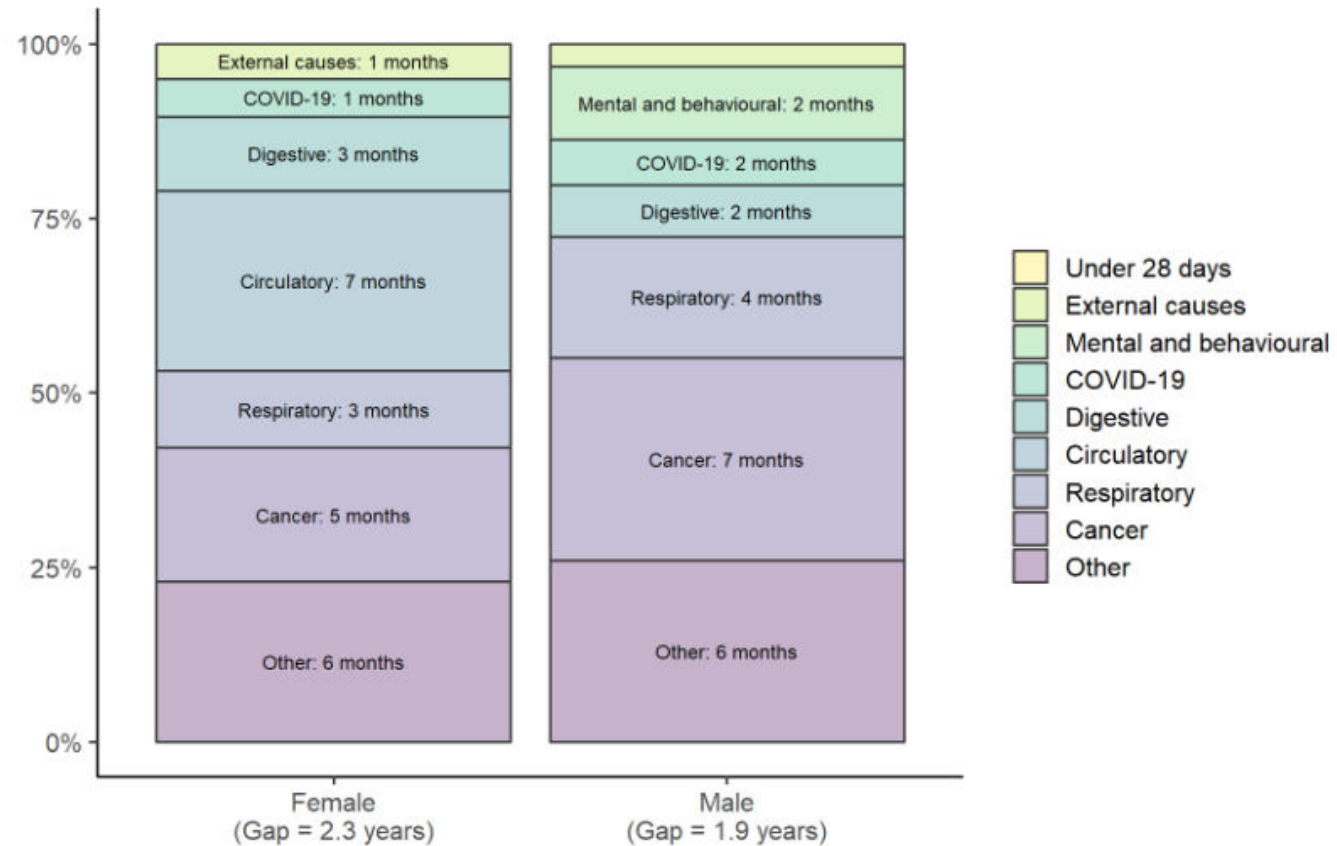
Gap in life expectancy at birth (years)



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 North Norfolk in 2022-2024

Percentage contribution



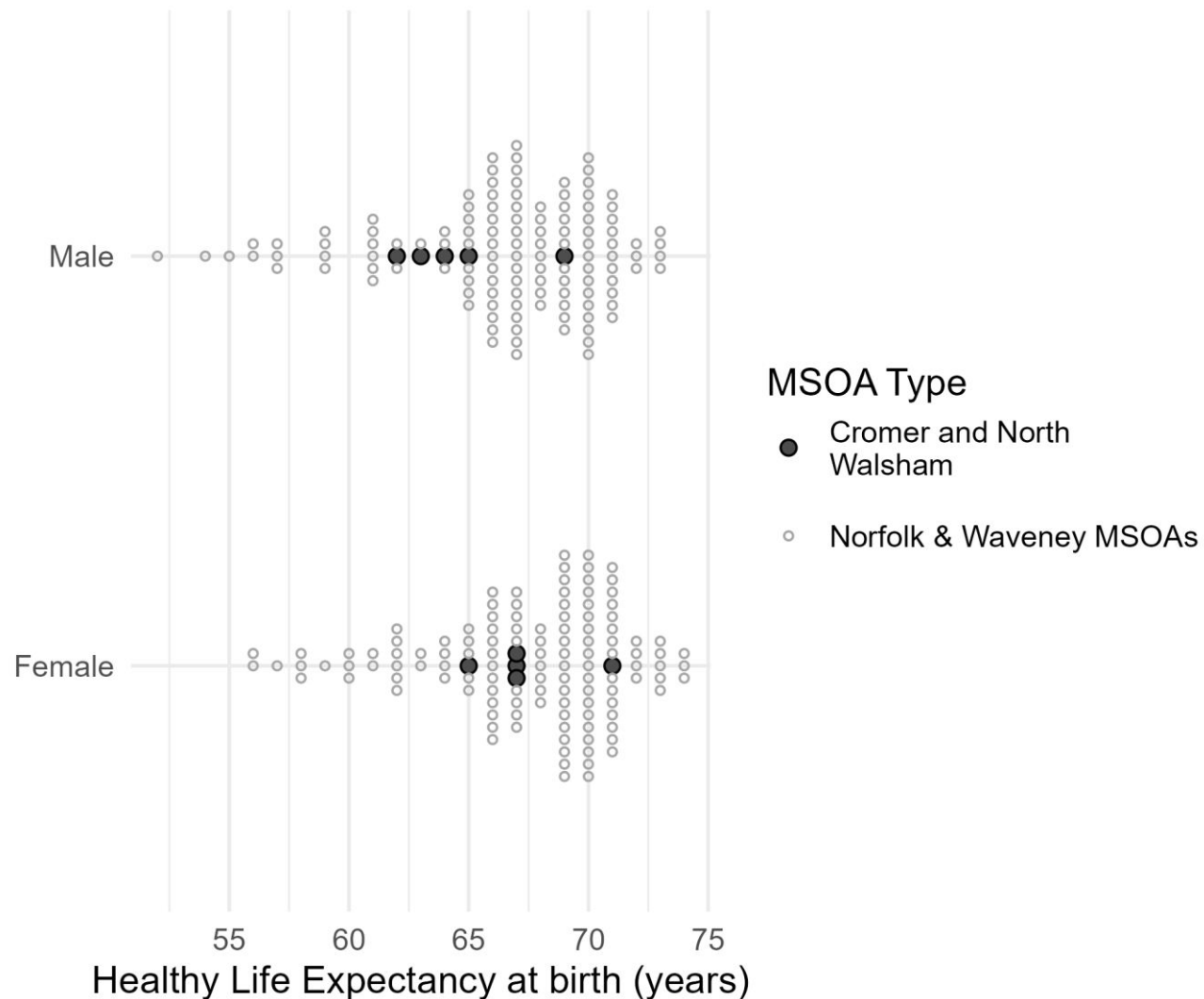
Sources: CRD (NHS Digital) and ONS mid-year estimates
NB: Small area deprivation scores based on IMD 2025

Healthy Life Expectancy

Within the Cromer and North Walsham neighbourhood area, male healthy life expectancy was generally a little below the Norfolk and Waveney average.

Female healthy life expectancy was closer to the Norfolk and Waveney average.

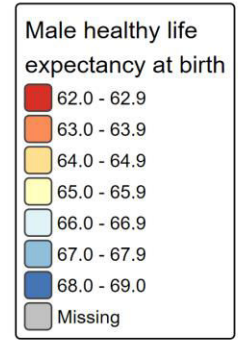
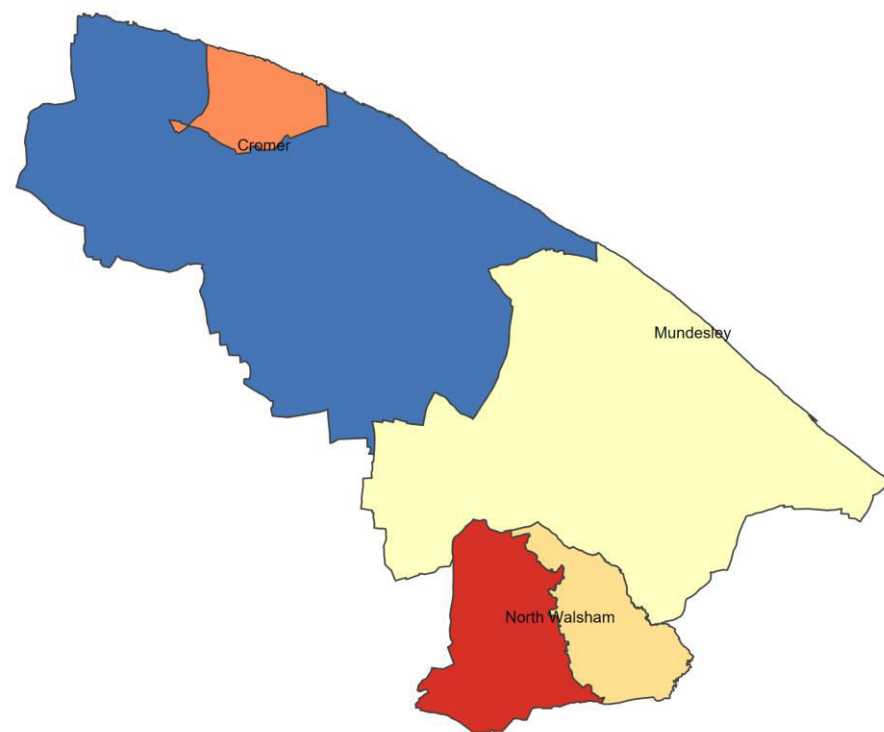
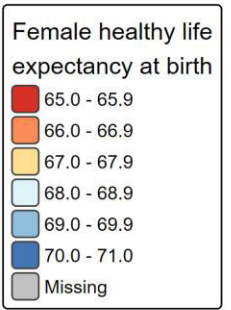
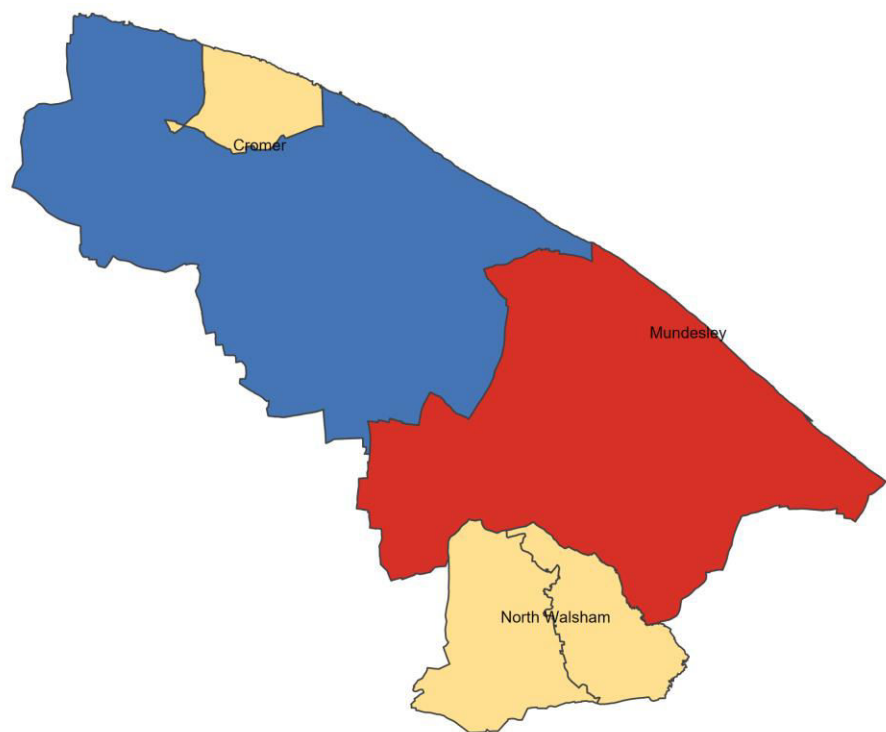
Among the small areas (MSOAs), Overstrand, Roughton & the Runtons has the best healthy life expectancy for males and females.



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

Healthy Life Expectancy in Cromer and North Walsham

Within the Cromer and North Walsham neighbourhood area, female healthy life expectancy was lowest in Mundesley, Trunch & Bacton and highest in Overstrand, Roughton & the Runtons in 2021. Male healthy life expectancy was lowest in North Walsham West and highest in Overstrand, Roughton & the Runtons in 2021.



Deaths

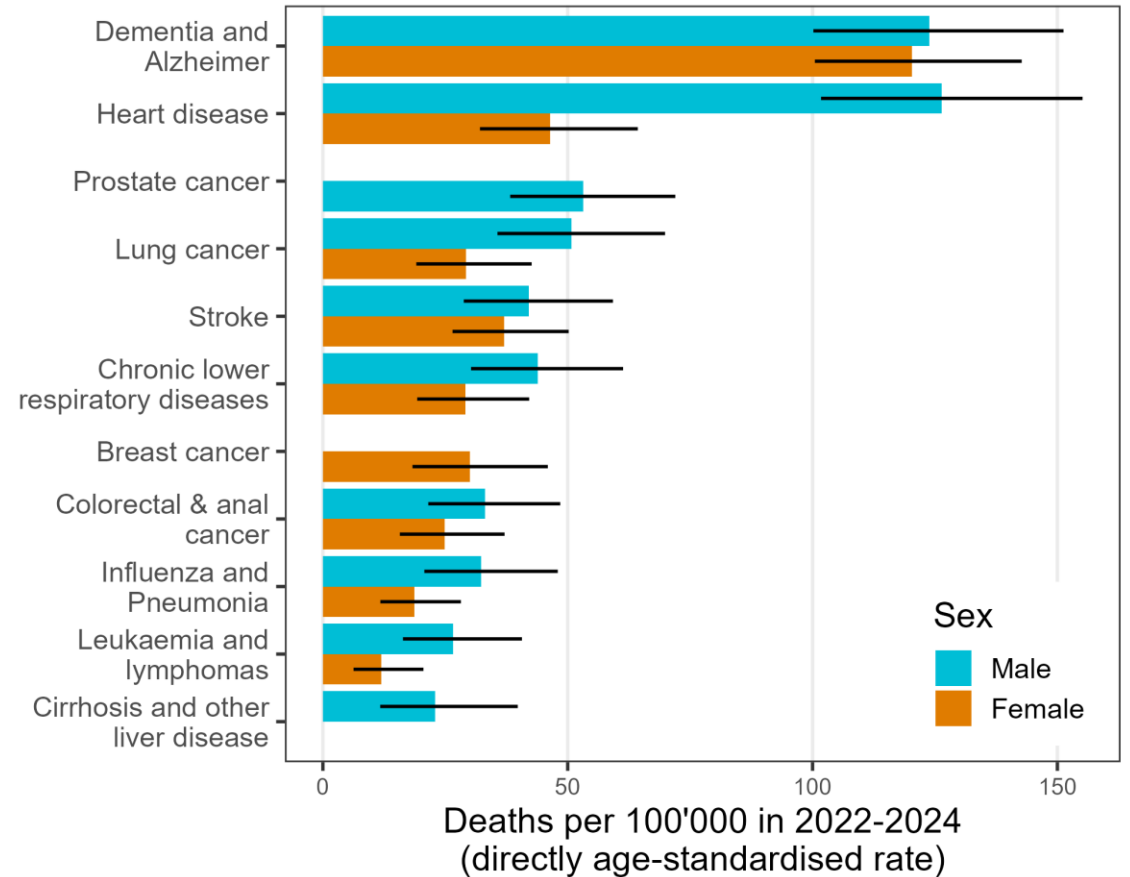
Deaths in Cromer and North Walsham



Source: NOMIS

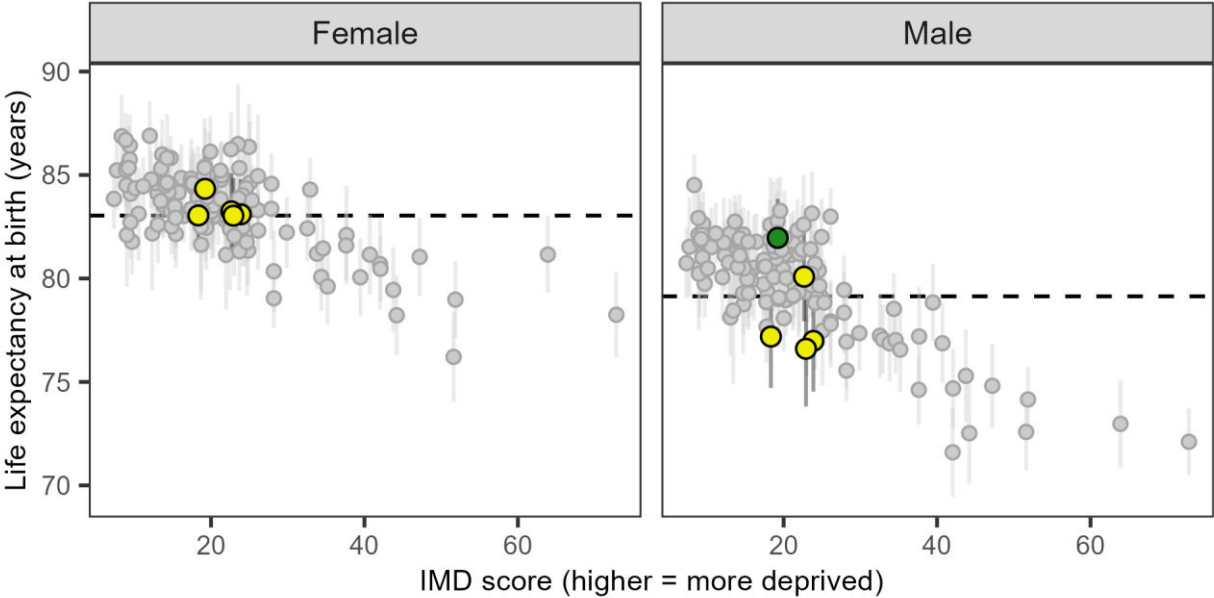
Leading causes of death in Cromer and North Walsham

Leading cause of death

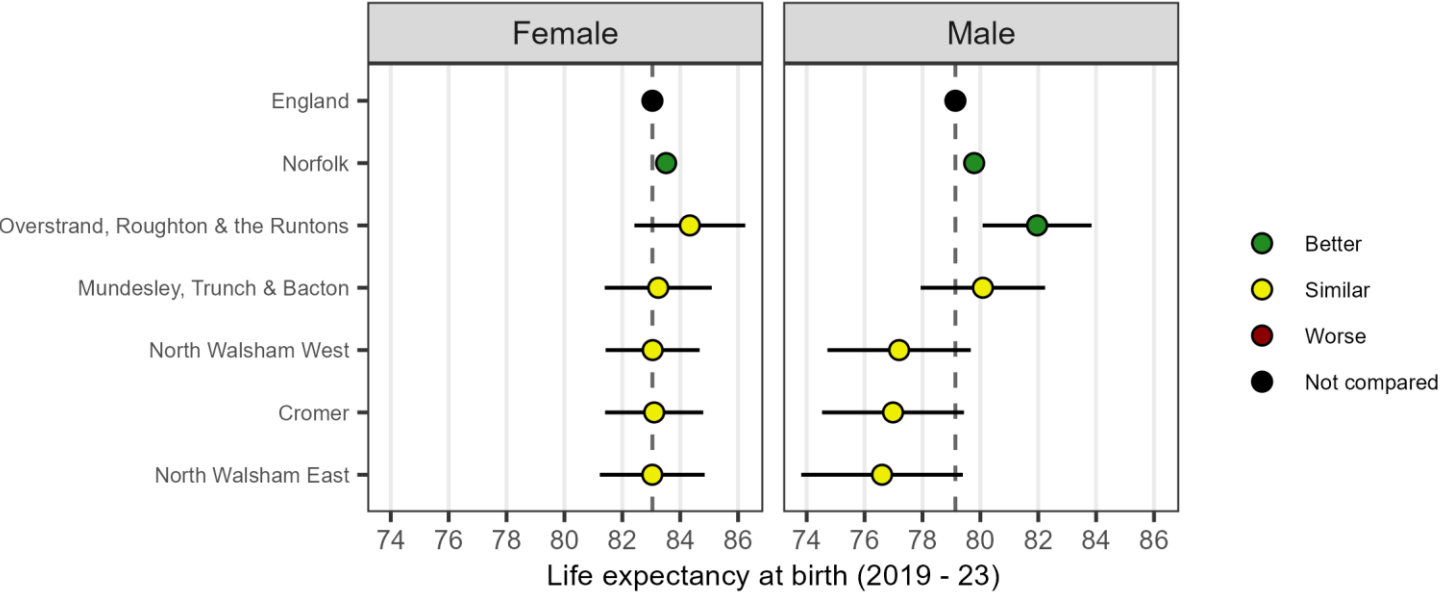


Source: CRD (NHS Digital) and ONS mid-year population estimates

Life expectancy in Cromer and North Walsham



Life expectancy in Cromer and North Walsham is generally in line with the England average and a little lower than Norfolk overall. Life expectancy for males is lower than the Norfolk average for Cromer and North Walsham East.



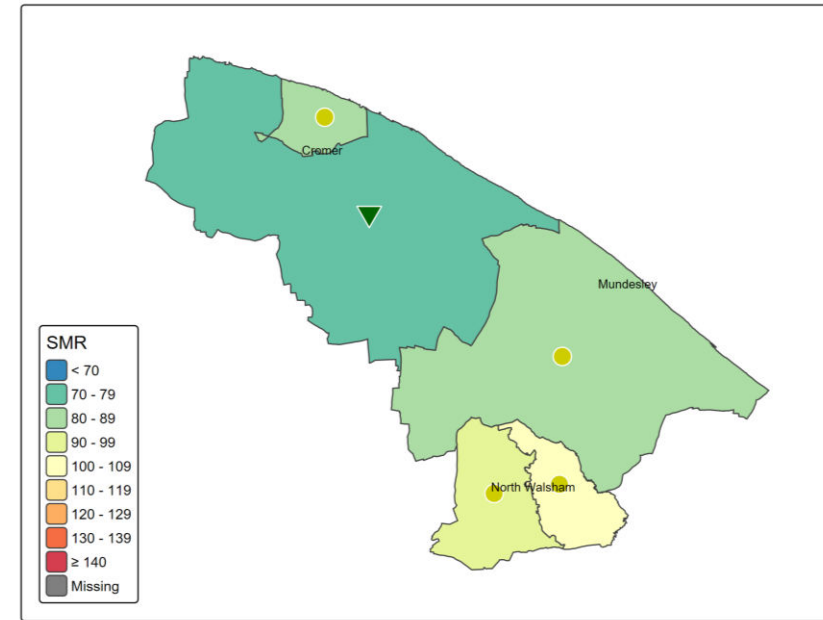
Source: OHID Fingertips

Premature mortality

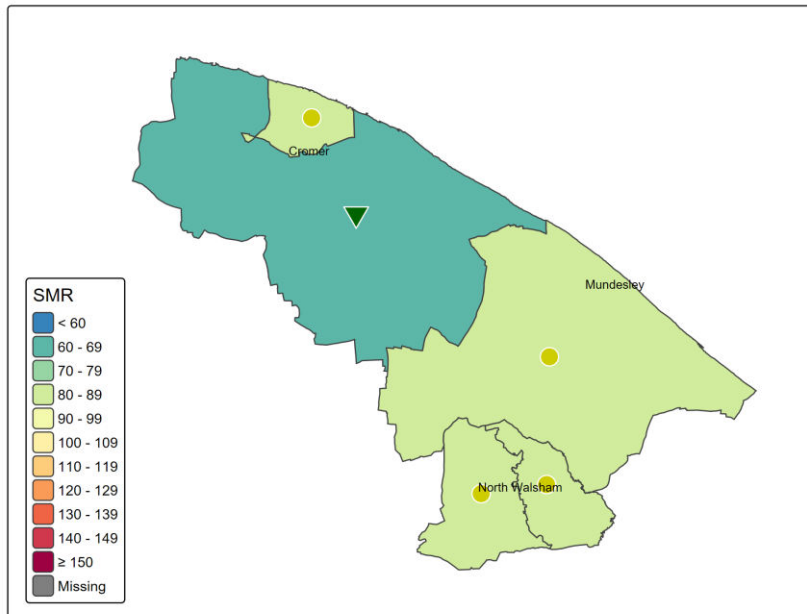
There were 642 deaths of people under the age of 75 in Cromer and North Walsham in 2019 - 23. Overall, the rate of premature mortality was 12% lower than the England average.

Locally, the highest rate of premature mortality was in North Walsham East (Standardised Mortality Ratio = 100.1). The lowest rate was in Overstrand, Roughton & the Runtons, which had a significantly better premature mortality rate than the England average.

Mortality from all causes (aged under 75) in Cromer and North Walsham (Standardised Mortality Ratio [England = 100], 2019-2023)



Mortality from causes considered preventable (aged under 75) in Cromer and North Walsham (Standardised Mortality Ratio [England = 100], 2019-2023)



Preventable mortality

In 2019 - 23, 268 deaths of people under the age of 75 in Cromer and North Walsham were from causes considered preventable. Overall, there was a 20% lower rate of preventable mortality compared to the national average.

Locally, the highest rate of preventable mortality was in Cromer (Standardised Mortality Ratio = 84.6). The lowest rate was in Overstrand, Roughton & the Runtons, which had a significantly better preventable mortality rate than the England average.

Behavioural determinants of health

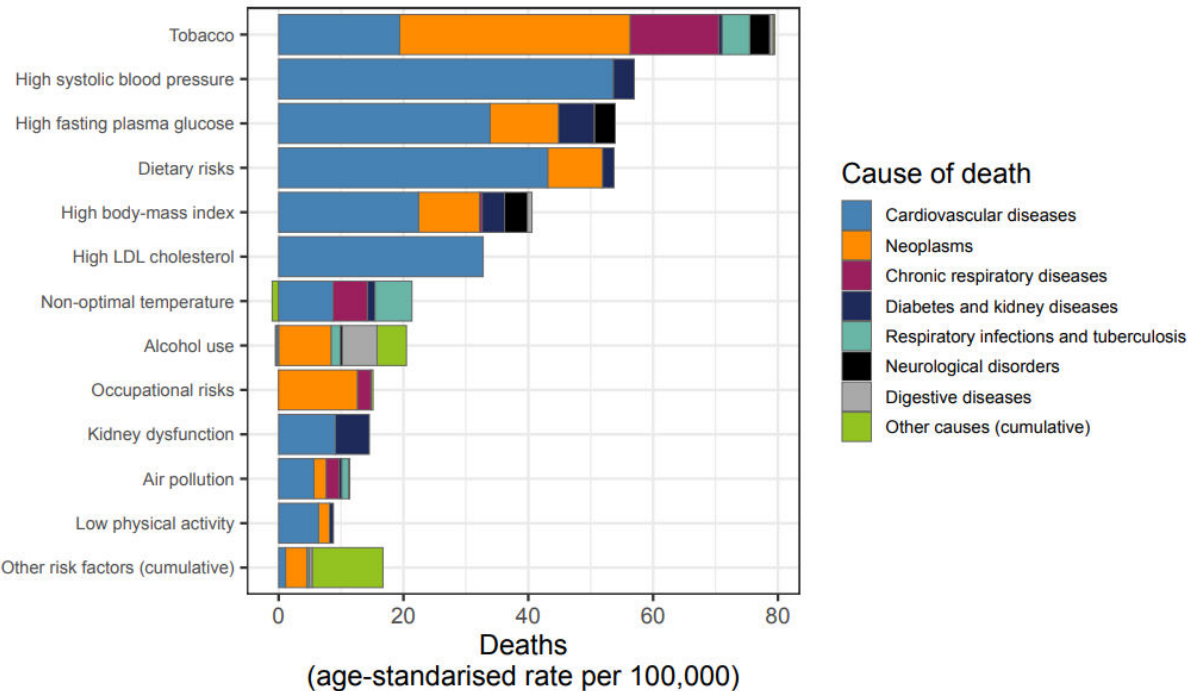
- This section examines lifestyle and behavioural risk factors such as smoking, diet, and physical activity, which contribute to preventable disease.

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.

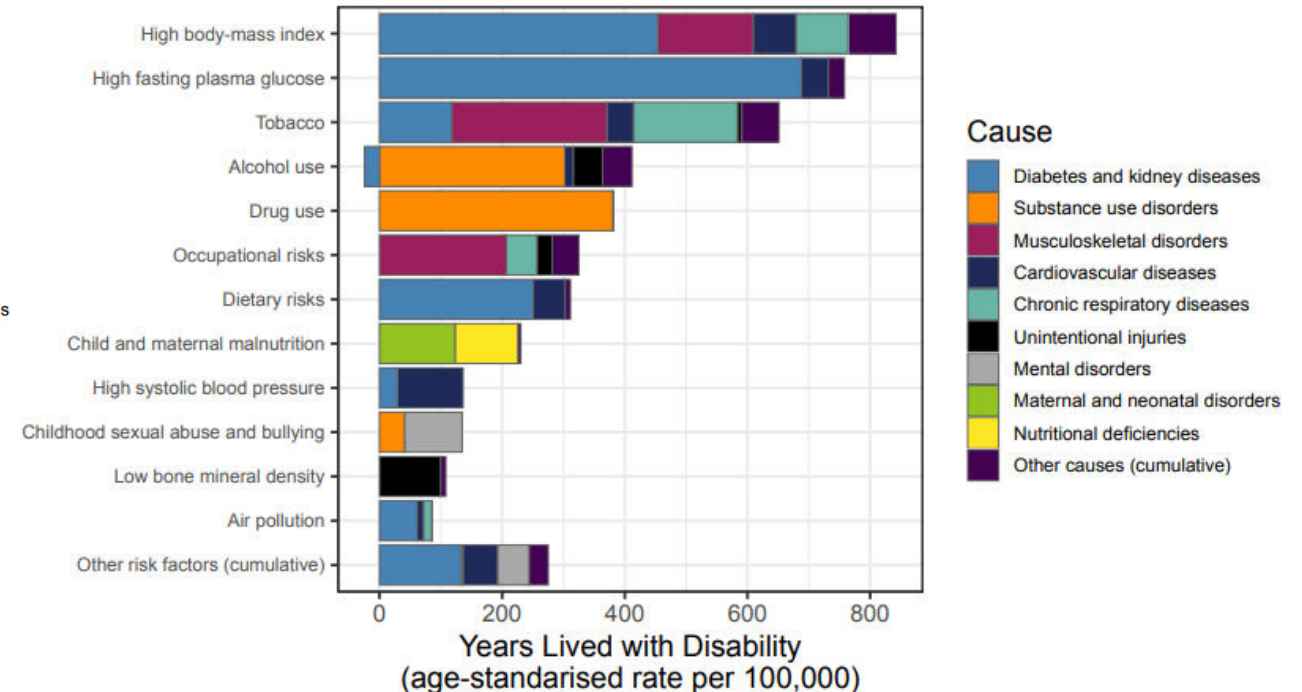
Deaths

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

Smoking and alcohol-related risks are generally lower in North Norfolk than Norfolk and England averages. But adult obesity prevalence is a little higher than average.

Childhood overweight prevalence in the local areas is average.



	Period	England	Cromer	Mundesley, Trunch & Bacton	North Walsham East *	North Walsham West *	Overstrand, Roughton & the Runtons
Reception prevalence of obesity (including severe obesity), 3 years data combined	2021/22 - 23/24	9.64	14.3	8.7	12.5	6.06	8
Reception prevalence of overweight (including obesity), 3 years data combined	2021/22 - 23/24	21.9	21.4	17.4	21.9	18.2	20
Year 6 prevalence of obesity (including severe obesity), 3 years data combined	2021/22 - 23/24	22.7	20.7	22.2	21.1	21.9	19.2
Year 6 prevalence of overweight (including obesity), 3 years data combined	2021/22 - 23/24	36.7	34.5	37	36.8	34.4	38.5
General fertility rate (women aged 15 to 44)	2018 - 22	54.6	40.9	47.3	48.8	60.9	44.7
Low birth weight of live babies	2018 - 22	6.84	2.03	6.71	8.62	7.61	1.73
Emergency hospital admissions: all causes (aged under 5)	2016/17 - 20/21	141	140	127			141
Unintentional and deliberate injuries: emergency hospital admissions in children (aged under 5)	2016/17 - 20/21	119	71	130			83.8
Unintentional and deliberate injuries: hospital admissions in children (aged under 15)	2016/17 - 20/21	92	77	86.6			76.4
Unintentional and deliberate injuries: hospital admissions in young people (aged 15 to 24)	2016/17 - 20/21	128	173	140			76.1

* 2021 MSOAs with no data for pre-2021 indicators.

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

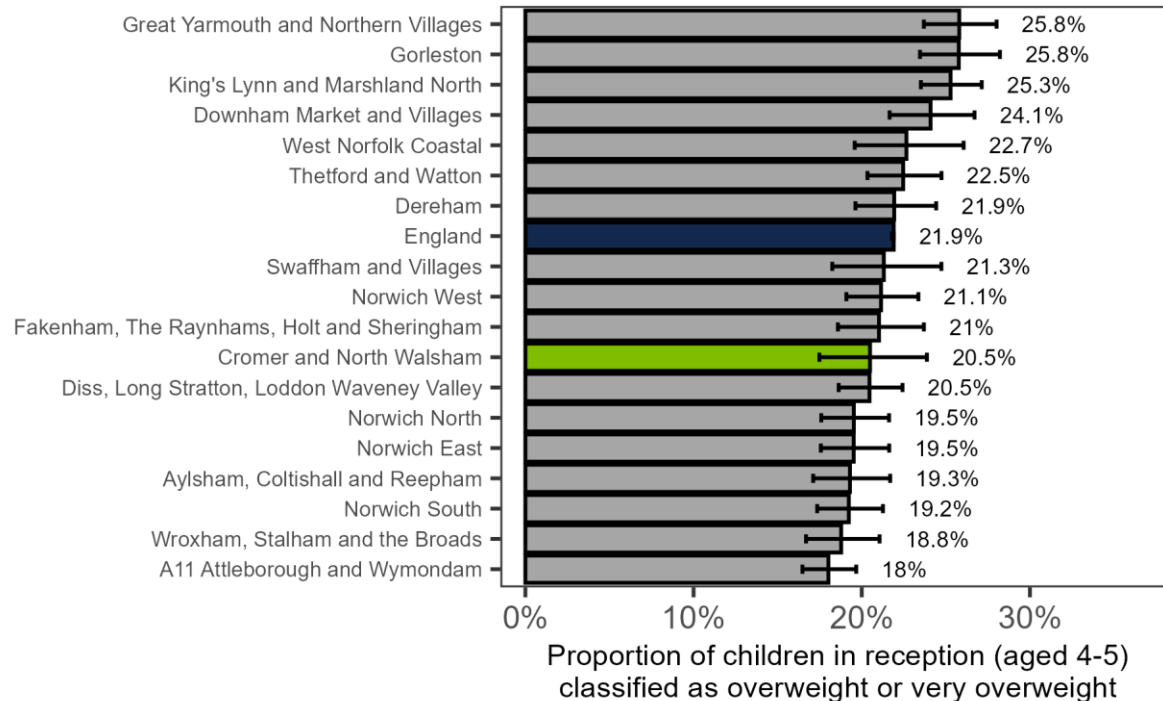
Behavioural risk factors - children

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%).

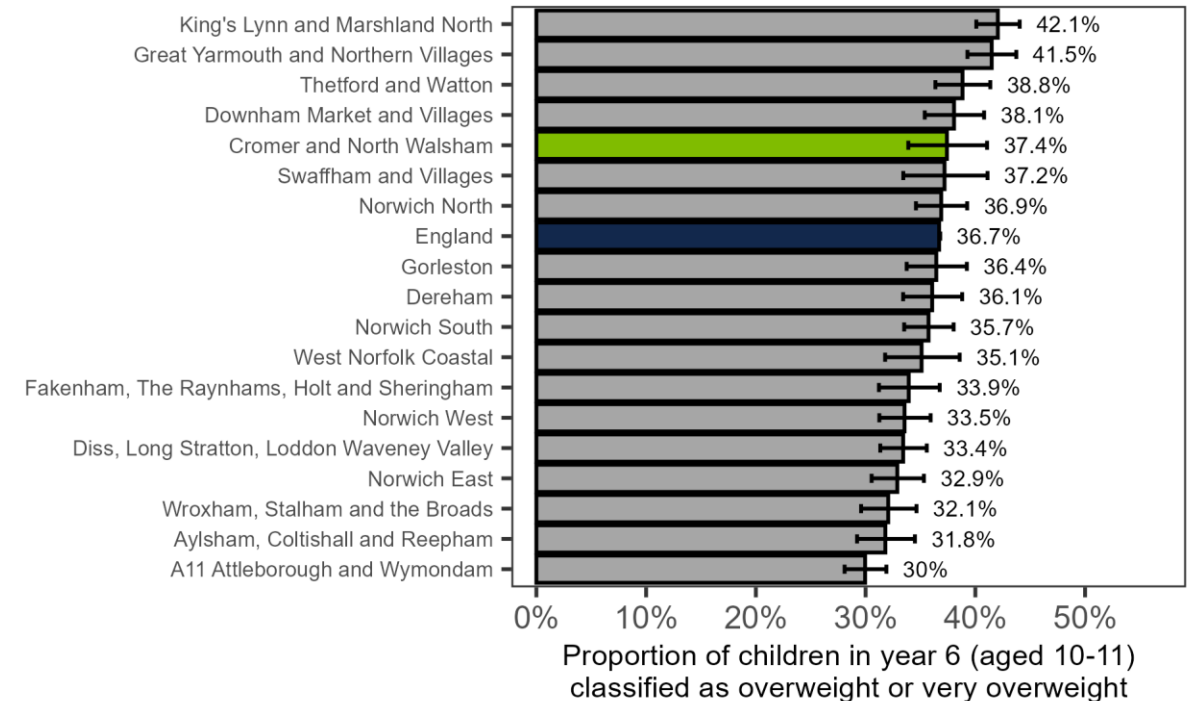
In the Cromer and North Walsham neighbourhood, 20.5 % of Reception children and 37.4 % of Year 6 children were classified as overweight or very overweight. Prevalence within reception age children in this neighbourhood were lower than the England average and year six higher than the England average, however neither were significantly different.

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

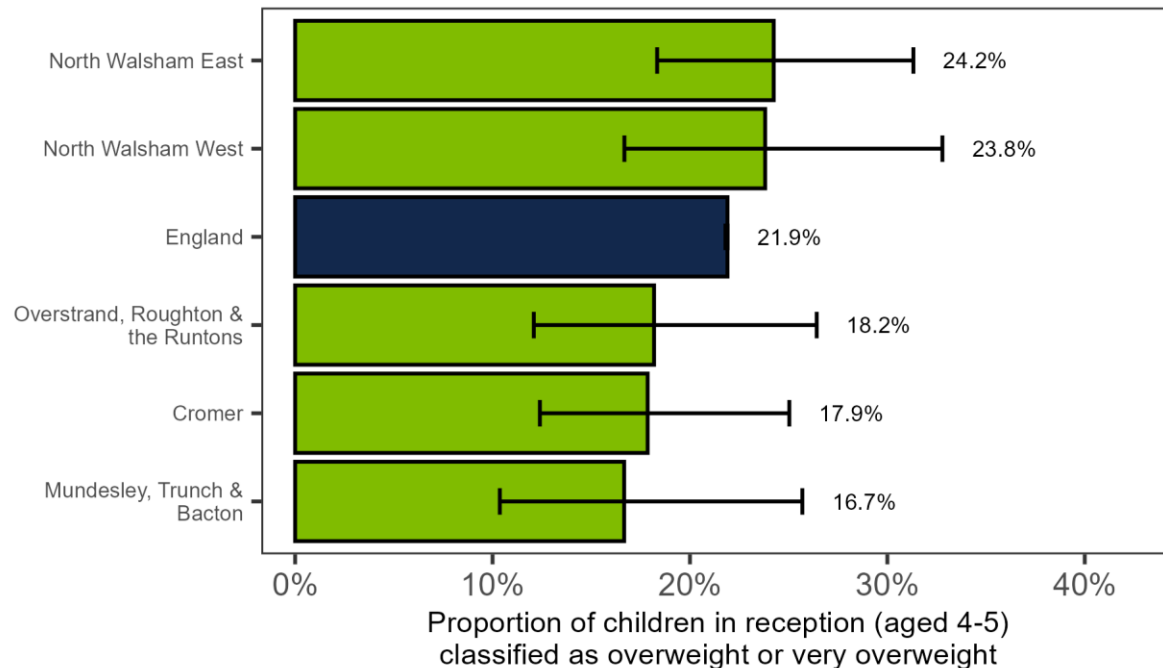
Within the Cromer and North Walsham neighbourhood, the proportion of Reception and Year 6 children classified as overweight or very overweight varied marginally across MSOAs during the 21/22-23/24 period.

Among Reception-age children, North Walsham East recorded the highest prevalence (24.2%), however this was not significantly higher than other MSOAs within the Neighbourhood. Although the rate in North Walsham East was higher than the national average (21.9%), this difference was not statistically significant.

Among Year 6 children, Mundesley, Trunch and Bacton reported the highest prevalence (38.1%), again this was not significantly higher than other MSOAs within the Neighbourhood. Although the rate in Mundesley, Trunch and Bacton and North Walsham East was higher than the national average (36.7%), this difference was not statistically significant.

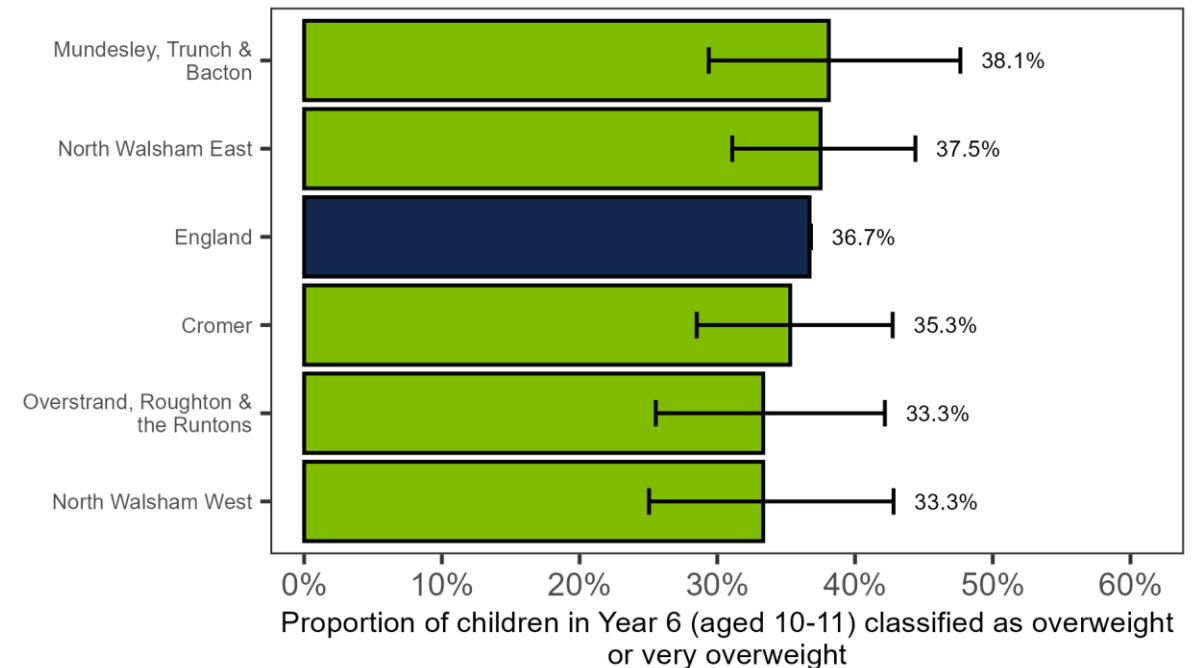
Overall, the differences in prevalence of overweight or very overweight children in Reception or Year 6 were not statistically significant, indicating broadly similar levels of excess weight in children across MSOAs within the neighbourhood.

Reception: Prevalence of Overweight or Very Overweight Children Across MSOAs in Cromer and North Walsham 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 Cromer and North Walsham Compared to National Average (3-Year Combined)



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

Behavioural risk factors - adults

In North Norfolk, 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

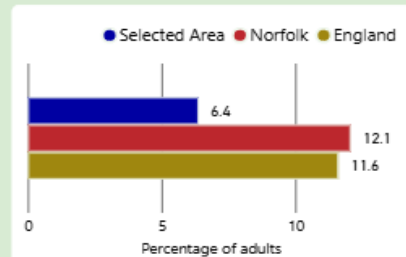
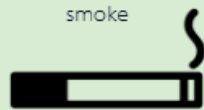
There are approximately 51,010 adults aged 20-64 living in this area, who make up 49% of the population (the Norfolk average is 55% of the population).

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.

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.

6 %
of adults currently
smoke



There are approximately 5,640 people who are smokers in this area.

Select your district or Norfolk: North Norfolk
Select your electoral division or district or Norfolk: North Norfolk

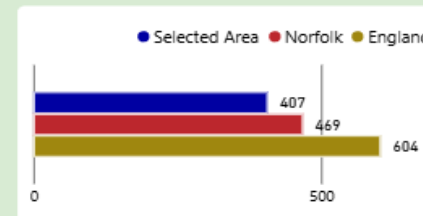


Alcohol

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

407

hospital admissions for alcohol
specific conditions per 100,000
people



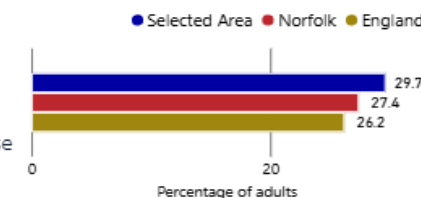
In the most recent 3-year period there were approximately 1,430 hospital admissions for alcohol specific conditions in this area.

Healthy Weight

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



30%
of adults are
predicted to be obese



In this area there are approximately 26,680 adults who are predicted to be obese and approximately 27,150 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

The burden of long-term conditions varies greatly between small areas and will rise with ageing demographics.

Cardiovascular disease and diseases associated with old age remain priorities for prevention and management.

Unplanned hospital admissions are high for Cromer, especially for intentional and alcohol-related harm.

	Period	England	Cromer	Mundesley, Trunch & Bacton	Overstrand, Roughton & the Runtons	North Walsham East *	North Walsham West *
Emergency hospital admissions: all causes	2016/17 - 20/21	100	85.1	71.2	67.2		
Coronary heart disease: emergency hospital admissions	2016/17 - 20/21	100	74.5	83.9	56.5		
Stroke: emergency hospital admissions	2016/17 - 20/21	100	135	123	110		
Heart attack (myocardial infarction): emergency hospital admissions	2016/17 - 20/21	100	97.2	99.4	81.9		
Chronic obstructive pulmonary disease (COPD): emergency hospital admissions	2016/17 - 20/21	100	54.1	51.5	79.2		
Intentional self-harm: emergency hospital admissions	2016/17 - 20/21	100	159	79.5	48.5		
Hip fracture: emergency hospital admissions (aged 65 and over)	2016/17 - 20/21	100	107	74.2	74.8		
Alcohol-related conditions: admission episodes (all primary and secondary diagnoses)	2016/17 - 20/21	100	115	89.9	80.4		
Hospital admissions for alcohol attributable conditions, narrow definition	2016/17 - 20/21	100	148	109	103		

* 2021 MSOAs with no data for pre-2021 indicators.

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

Long-term conditions

This spine chart shows how North Norfolk 2 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 2 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 2 PCN

Condition	Time period	PCN count	PCN prevalence %	ICB gp median%	PCN Worst	PCN Best
Learning disability	2024/25	656	1.2	0.7	1.2	0.5
Asthma, 6+	2024/25	4,978	9.8	8.3	9.8	6.6
Rheumatoid Arthritis, 16+	2024/25	656	1.4	1.1	1.4	0.6
Dementia	2024/25	790	1.5	1.1	1.6	0.6
Coronary heart disease	2024/25	2,542	4.8	3.9	5.4	2.0
Atrial fibrillation	2024/25	2,162	4.1	3.2	4.6	1.7
Hypertension	2024/25	11,785	22.4	19.3	23.8	10.6
Chronic kidney disease	2024/25	3,358	7.5	5.7	8.2	2.8
Cancer	2024/25	3,103	5.9	5.1	6.5	3.0
Epilepsy, 18+	2024/25	463	1.0	0.9	1.1	0.7
Heart failure	2024/25	790	1.5	1.1	1.9	0.6
Diabetes Mellitus, 17+	2024/25	4,749	10.5	9.3	11.0	5.2
COPD	2024/25	1,547	2.9	2.4	3.6	1.3
Stroke	2024/25	1,594	3.0	2.6	4.0	0.6
Depression, 18+	2024/25	7,003	15.6	14.3	19.2	11.1
Obesity, 18+	2024/25	7,051	15.7	15.5	18.9	9.1
Osteoporosis, 50+	2024/25	140	0.5	0.6	2.9	0.2

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 2 PCN



Diabetes Mellitus
prevalence, 17+
4,700



Chronic kidney
disease
prevalence, all age
3,400



Coronary heart
disease, all age
2,500



Stroke and
transient ischaemic
attack, all age
1,600

0 500 1,000 1,500 2,000 2,500 3,000 3,500 4,000 4,500 5,000

This chart shows the estimated number of patients with major long-term conditions within the North Norfolk 2 PCN.

Diabetes affects around 4,700 adults, and chronic kidney disease affects 3,400 people.

Stroke and transient ischaemic attack affect approximately 1,600 people.

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



Norfolk
County Council

Infographics: healthicons.org

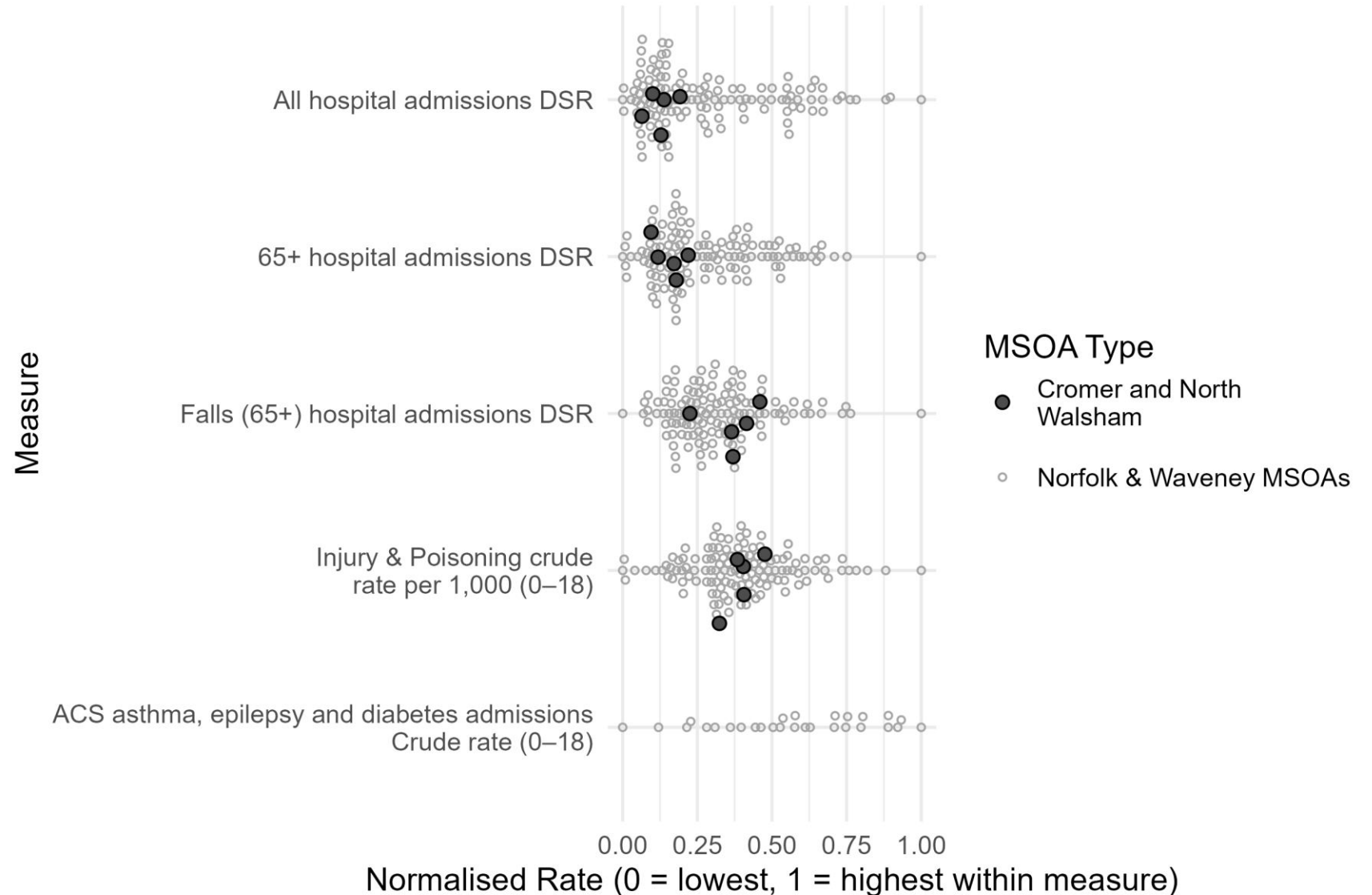
Healthcare - unplanned hospital admissions

Unplanned hospital admission rates in the Cromer and North Walsham neighbourhood are generally close to the Norfolk and Waveney average.

However, falls in older people and injuries and poisoning in young people tend to be higher than average.

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

Neighbourhood MSOA emergency hospital admission rate comparison



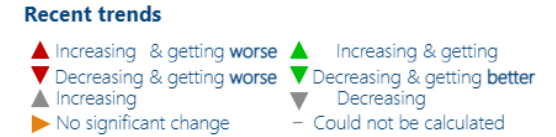
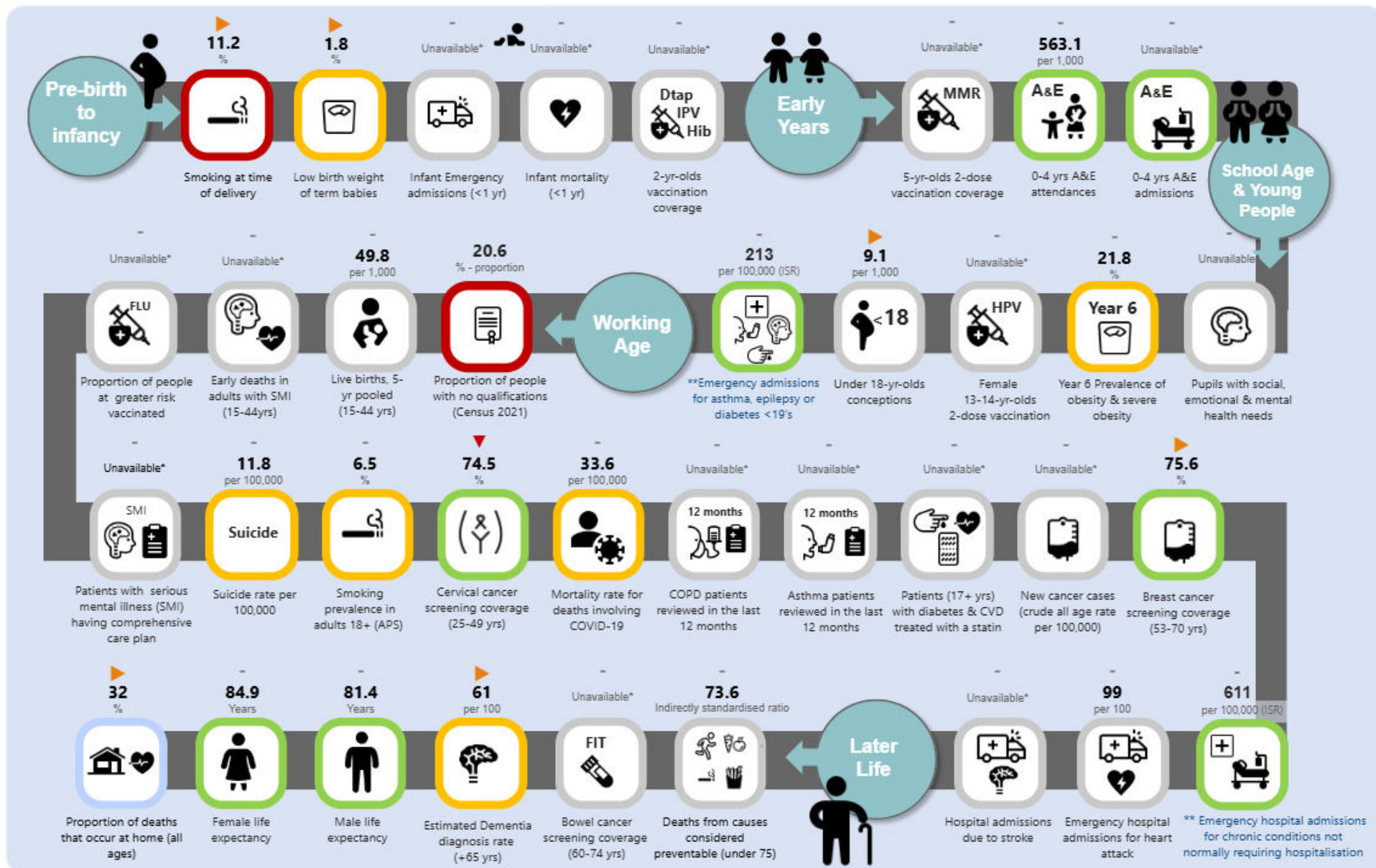
Healthcare - unplanned hospital admissions

Measure	North Walsham East	North Walsham West	Mundesley, Trunch & Bacton	Cromer	Overstrand, Roughton & the Runtons
All hospital admissions DSR	4,240	3,902	3,838	3,666	3,436
65+ hospital admissions DSR	9,021	8,577	7,905	8,494	7,645
Falls (65+) hospital admissions DSR	1,842	1,738	1,411	1,943	1,728
Injury & Poisoning crude rate per 1,000 (0–18)	13.5	12.4	12.4	12.1	11.1
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 – North Norfolk



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.

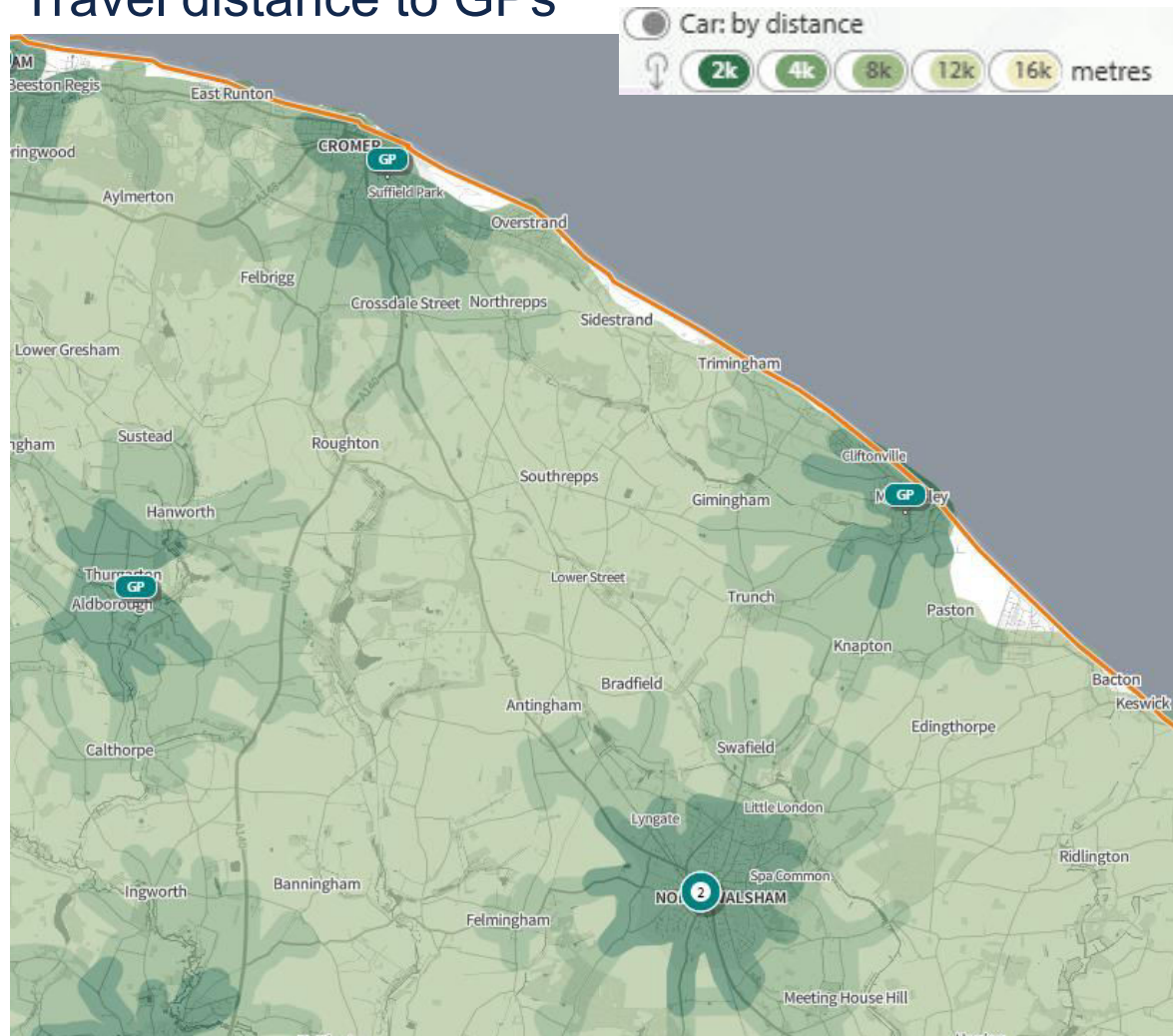
**There is an exception for NHS Outcome metrics marked with asterisks which compare to a 2012 England baseline.

Services and access

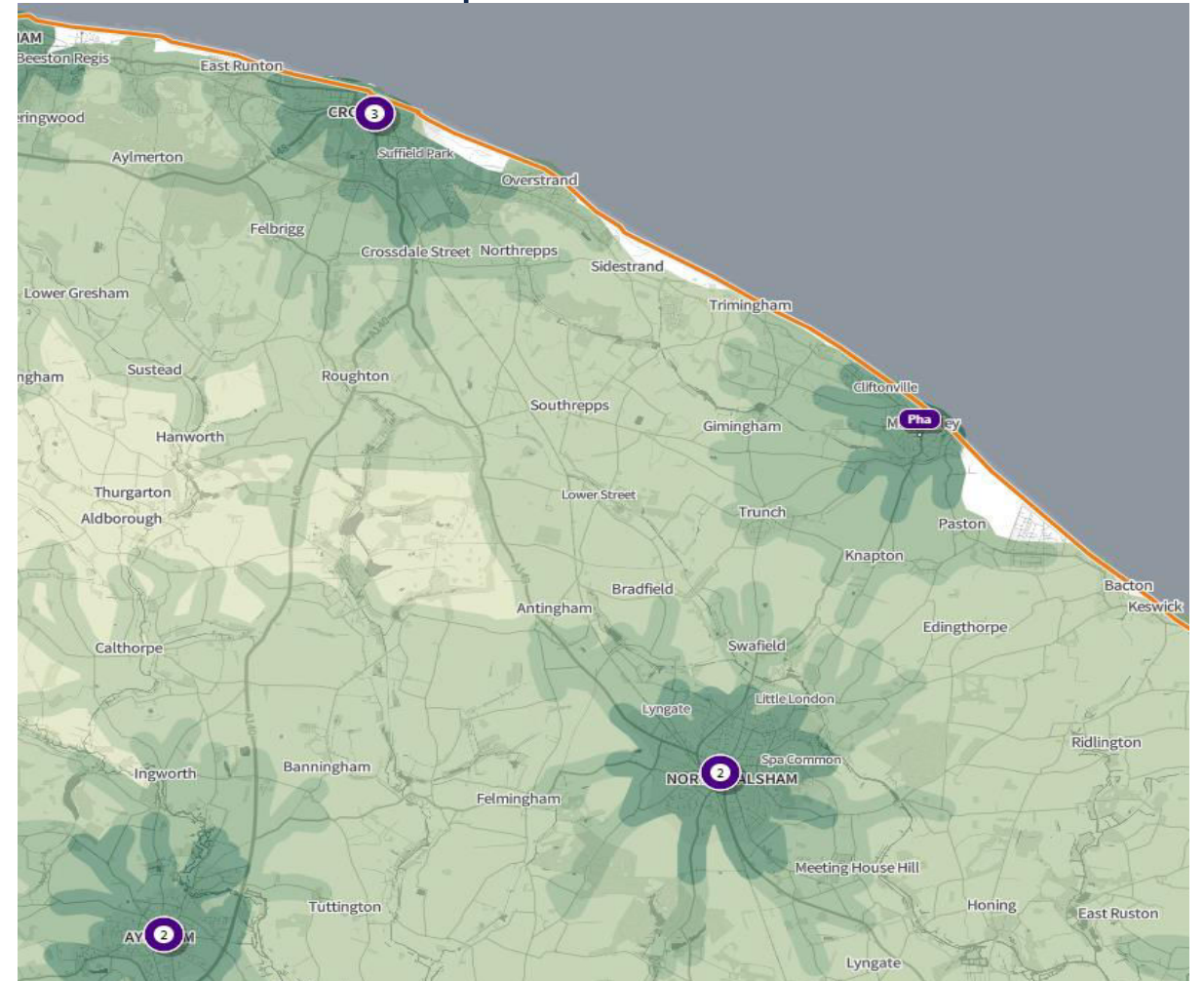
- This section looks at access to health and community services, which is critical for addressing inequalities.

Access to primary care and pharmacies

Travel distance to GPs



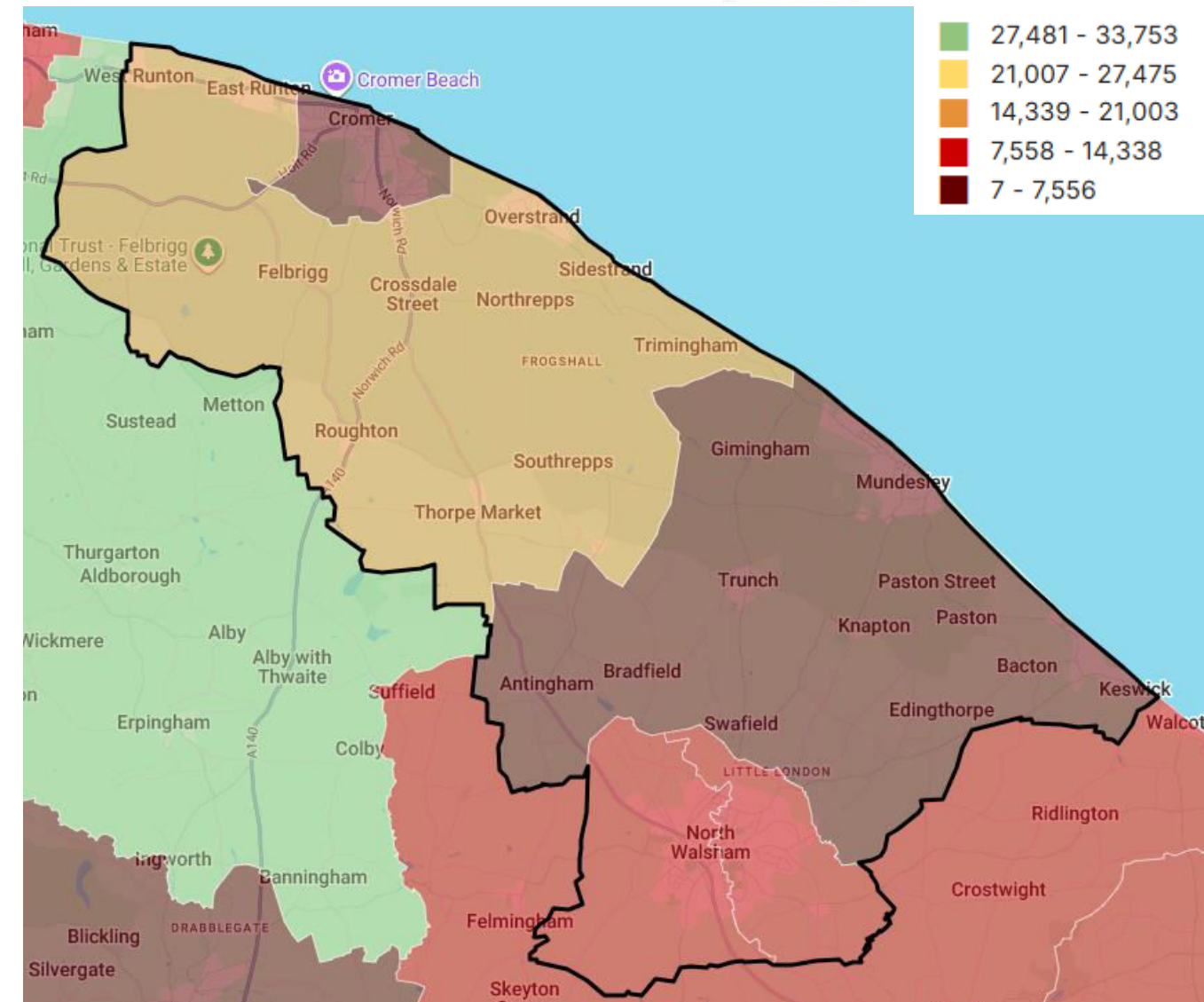
Travel distance to pharmacies



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

Civic Assets

Community Needs Index: Civic Assets rank (lower = greater need)



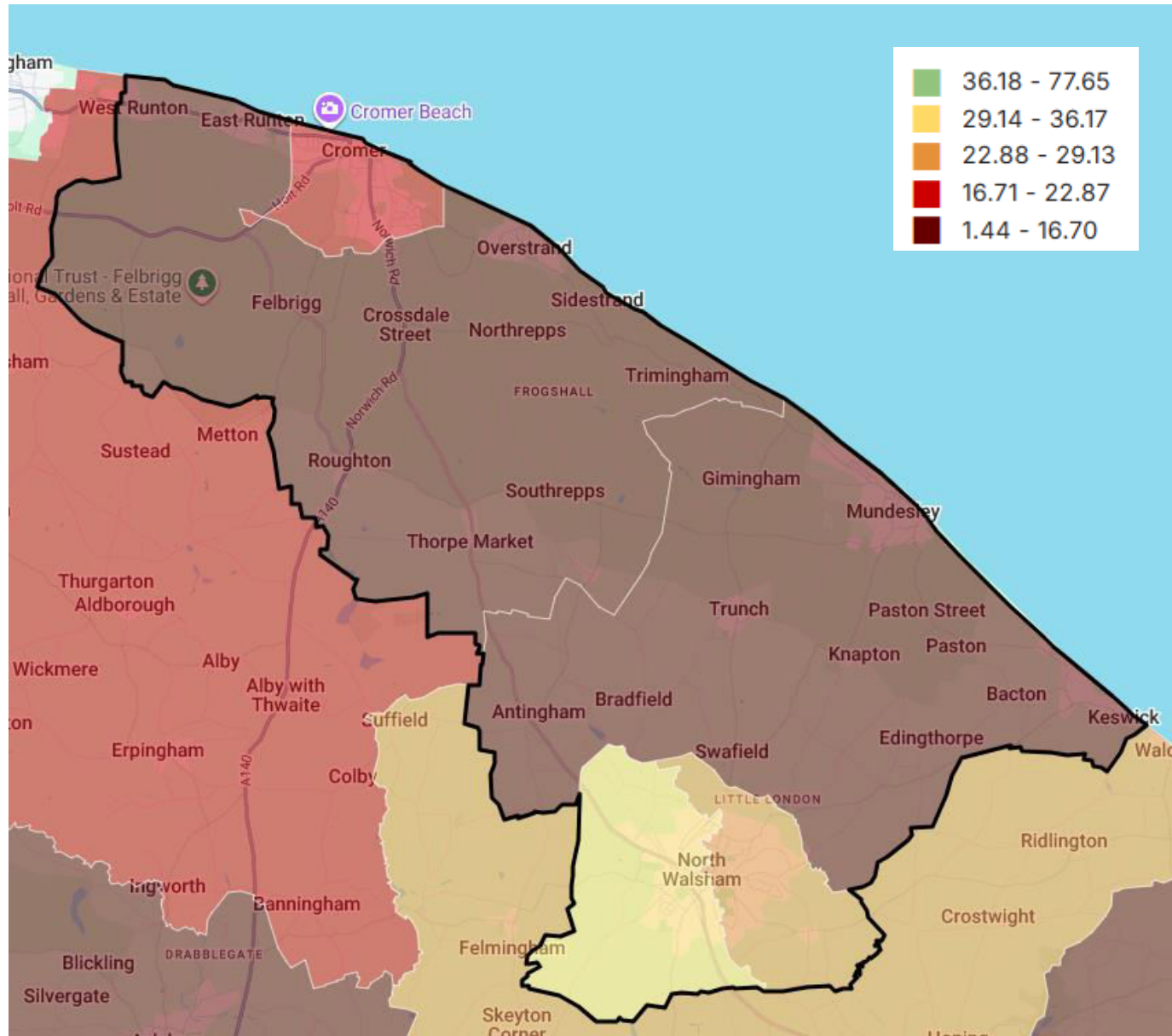
This map shows the Community Needs Index and civic assets ranking, which reflect the availability of community infrastructure and its role in wellbeing.

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.

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

Summary

Cromer and North Walsham – Key Headlines

Population & Deprivation:

- Ageing population; average deprivation overall but some pockets of significant deprivation.

Health Outcomes:

- Life expectancy close to England average; inequalities between MSOAs with low life expectancy for males in some areas.

Behavioural Risks:

- Lower smoking and drinking but higher obesity rates; child health indicators average.

Disease Burden:

- High LTC prevalence; ageing trend will further increase demand.

Wider Determinants:

- Very low economic activity; housing stability; high benefit dependency.

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.