

# Lowestoft

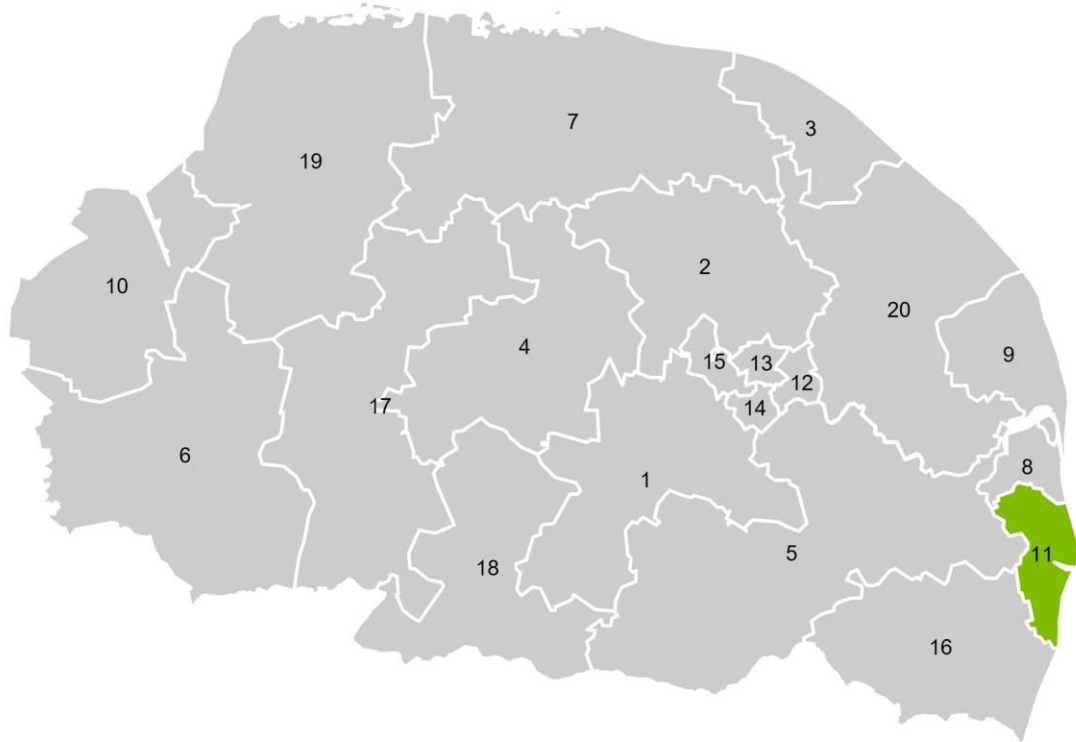
I&A Public Health Intelligence

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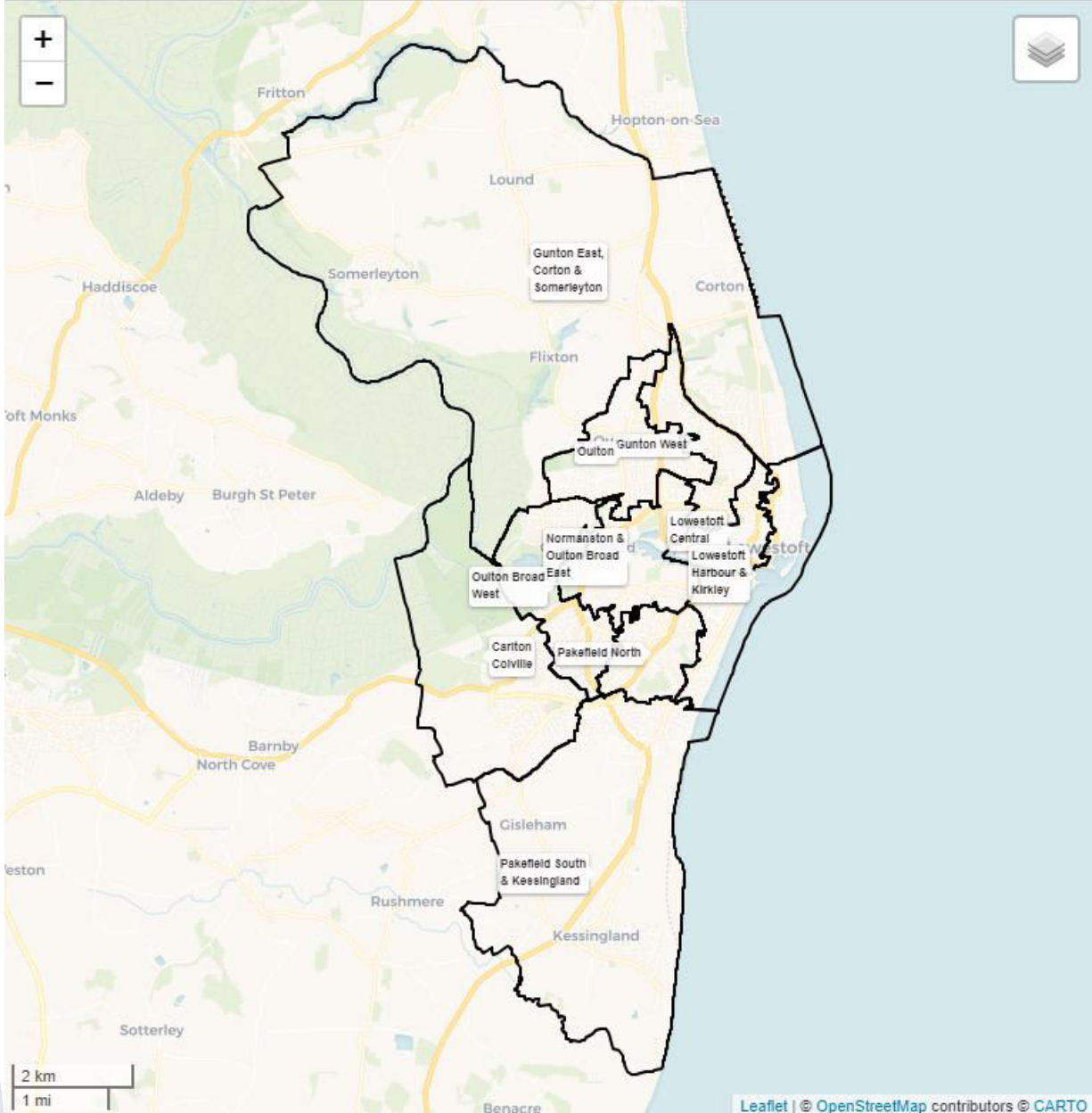
# Neighbourhood areas



Nr	Name	Resident Population <sup>1</sup>
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
<b>11</b>	<b>Lowestoft</b>	<b>78,700</b>
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
<b>Total</b>		<b>1,054,785</b>

<sup>1</sup>2024 mid-year-estimates for small areas (ONS)

# Local areas (MSOAs)



# Neighbourhood Profiles

## What they are:

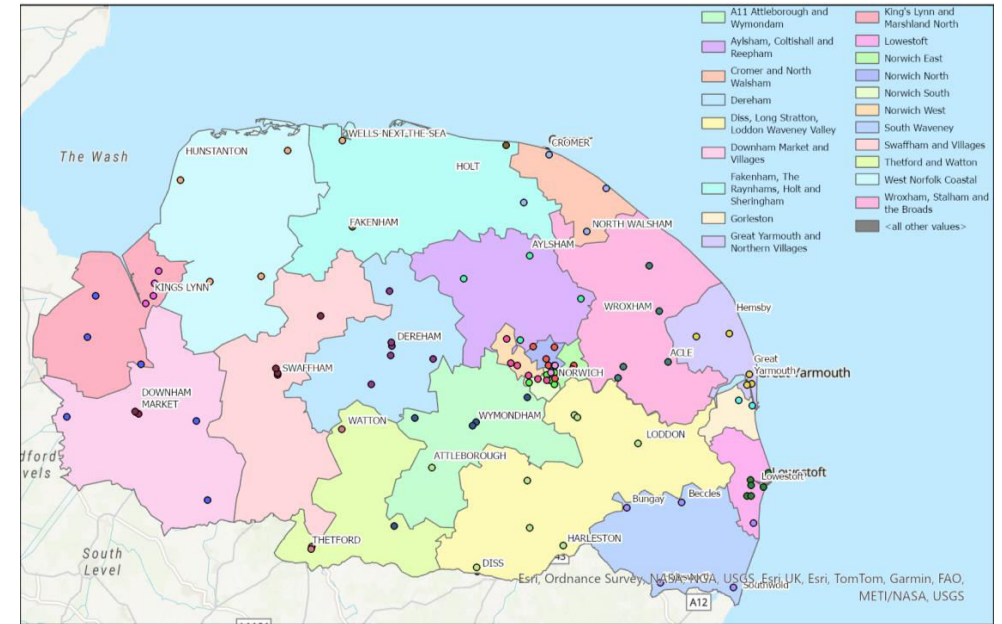
- Summaries of health, wellbeing, and wider determinants in each neighbourhood
- Draw on local data, insights, and community context
- Highlight key challenges and opportunities for improving population health

## 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

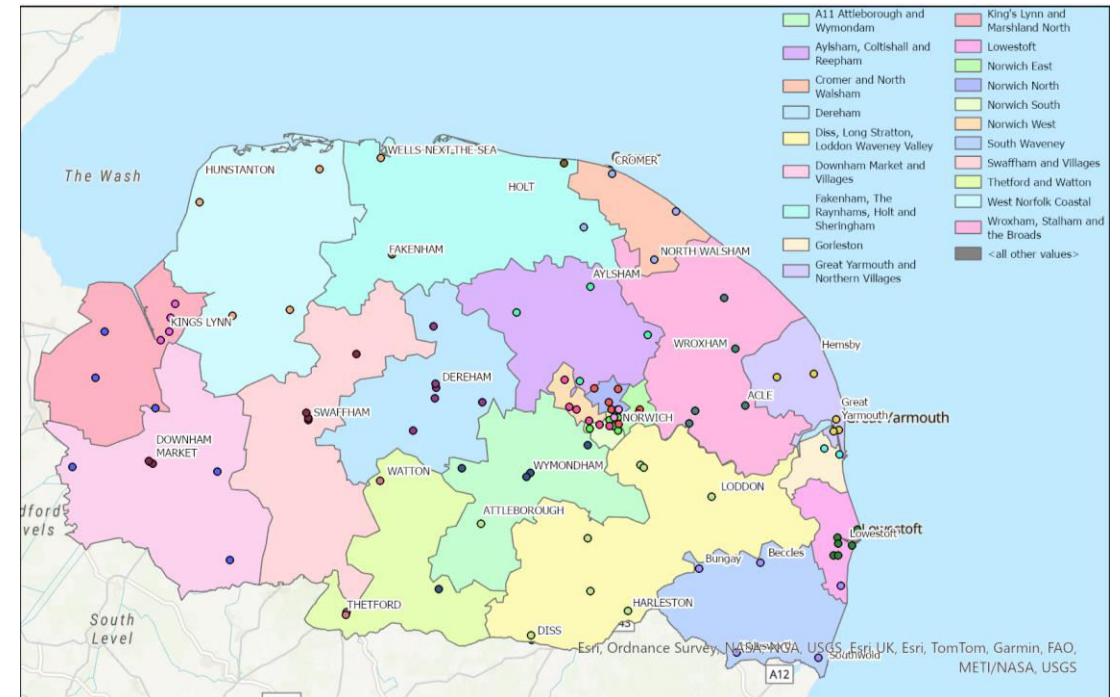


# How do we define neighbourhoods?

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 (LTLA)** or **Place (formerly CCG)** level that best matches the neighbourhood area was used ([Population - JSNA - Norfolk Insight](#)).
- Slides 37 & 38: 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.
- Slide 42: Behavioural risk factors were estimated for **Partnership (LTLA)** level for the Norfolk & Waveney strategic population health & inequalities dashboard.



# Population and deprivation

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

# Population and deprivation summary

The Lowestoft neighbourhood area is characterised by predominantly urban areas, much of which with significant deprivation.

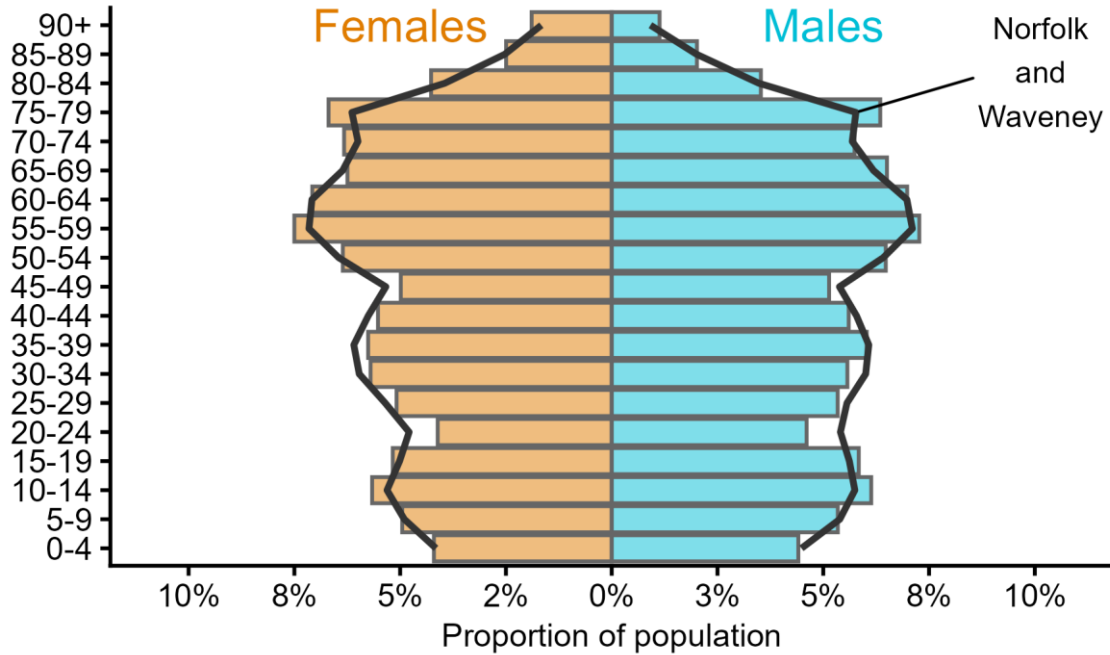
The population's age distribution is similar to the Norfolk & Waveney average, but there are large differences between local areas.

Socioeconomic deprivation is considerable and varies greatly between small areas.

	Period	England	Carlton Colville	Gunton East, Corton & Somerleyton	Gunton West	Lowestoft Central	Lowestoft Harbour & Kirkley	Normanston & Oulton Broad East	Oulton	Oulton Broad West	Pakefield North	Pakefield South & Kessingland
Resident population (aged 0 to 15)	2022	18.5	17.9	12.6	21.1	22.6	18	16.7	15.9	12.8	16.6	14.6
Resident population (aged 65 and over)	2022	18.6	21.7	35.1	19	13.5	19.7	26.9	31.1	35.1	30.5	32
Resident population (aged 85 and over)	2022	2.5	3.33	5.13	2.41	1.09	2.72	3.88	3.92	5.56	5.16	4.05
Population density: people per square kilometre	2022	438	984	176	3800	6720	3400	2430	2570	2340	3450	655
Poverty: Index of Multiple Deprivation	2019	21.7	16.2	16.8	42.4	48	55.9	26.3	19.9	10.1	33.7	19.5
Poverty: English Indices of Deprivation	2019	12.9	10.2	7.57	25.2	27.6	31.9	15.1	11.8	6.58	21.2	11.6
Children in poverty: Income Deprivation Affecting Children Index (IDACI) (aged 0 to 15)	2019	17.1	13.2	8.1	29.4	38.6	34.4	18.7	16.9	6.76	31.9	14.2
Older people in poverty: Income Deprivation Affecting Older People Index (IDAOPI) (aged 60 and over)	2019	14.2	11.4	8.49	26.4	24.1	28.6	13.6	10.9	7.93	18.8	12.3
Fuel poverty (low income, low energy efficiency methodology)	2023	11.4	7.04	12	12	22.7	20.4	12.7	8.06	7.9	11.6	11
Unemployment: people claiming out of work benefit (aged 16 to 64)	2024/25	4.07	2.75	1.85	4.85	7.38	6.75	3.61	3.05	1.71	4.26	2.89
Long-term unemployment: people claiming out of work benefit for over 12 months (aged 16 to 64)	2024/25	0.51	0	0	0	0.47	0.62	0	0.66	0	0	0

# Demography in Lowestoft

Lowestoft population compared to Norfolk and Waveney 2024



Source: ONS 2024 mid-year estimates

The Lowestoft neighbourhood area has a similar age profile to Norfolk & Waveney overall, but the population composition varies strongly between local areas.

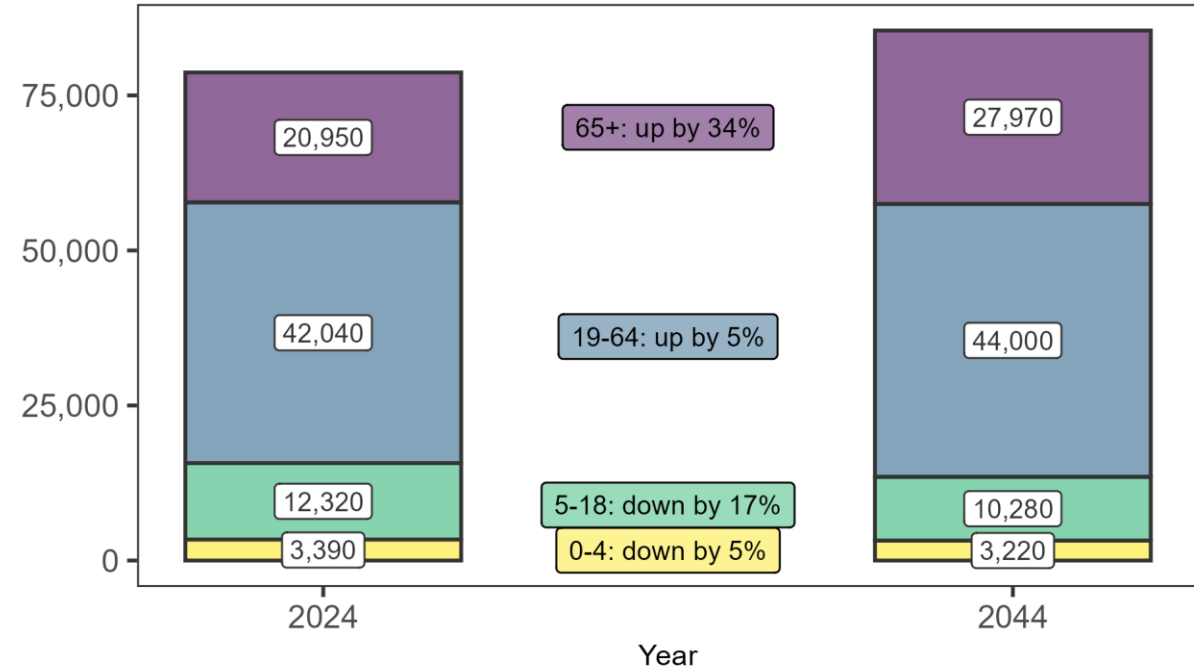


The age group with the largest projected population growth by 2044 in Lowestoft is people aged 65+.

Locally, the MSOA with the largest estimated overall population growth is Oulton Broad West with a 12.3% population increase by 2044.

Population projections by age groups for Lowestoft

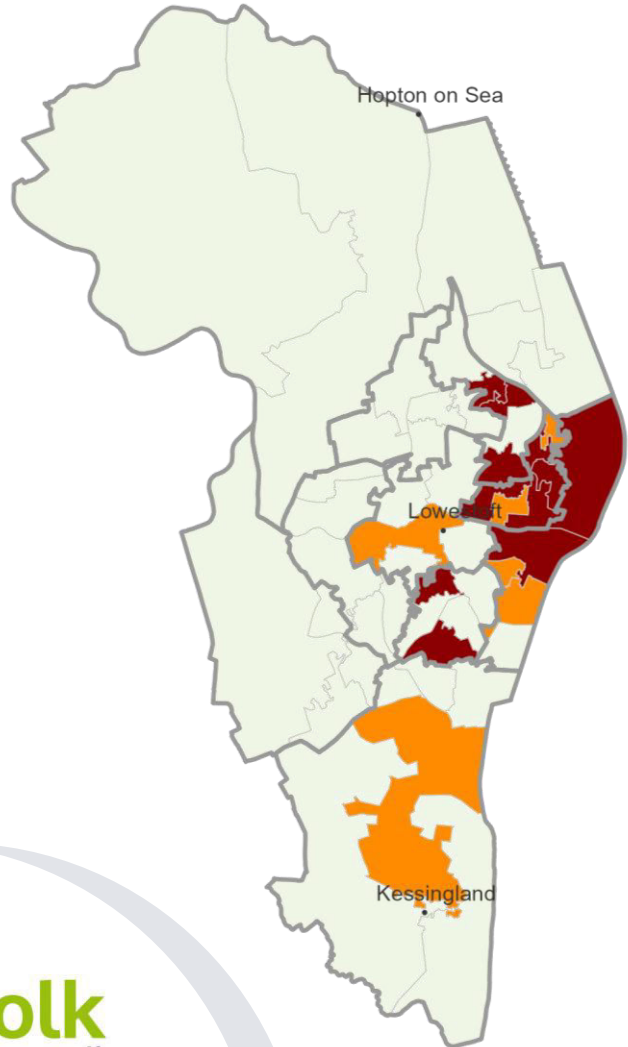
Residents



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

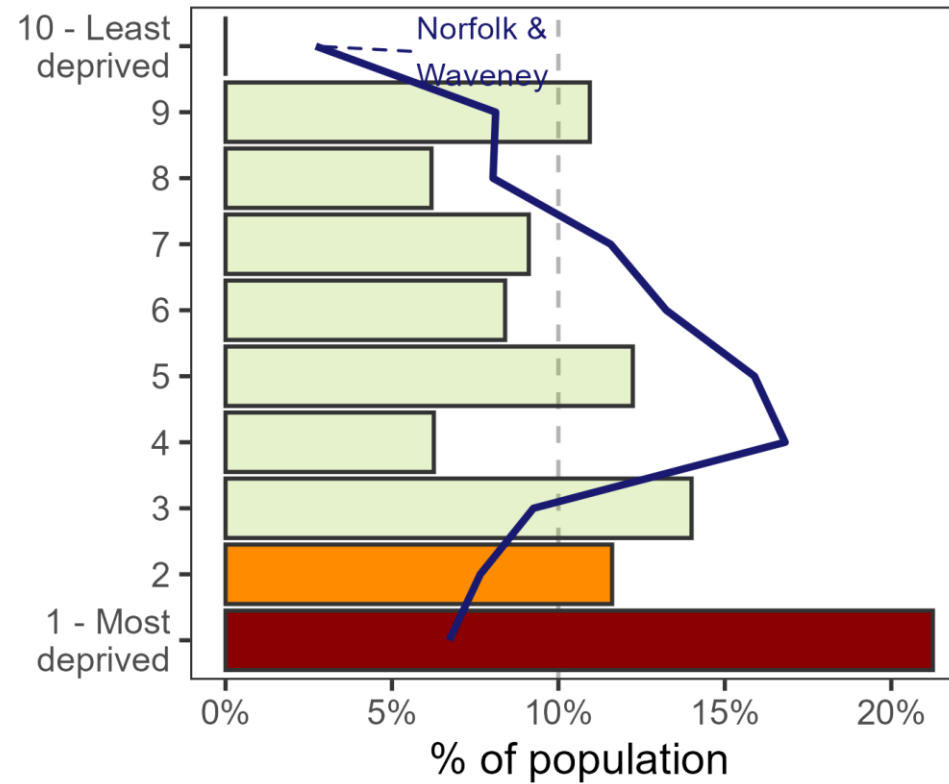
# Deprivation in Lowestoft

Core20 LSOAs in Lowestoft



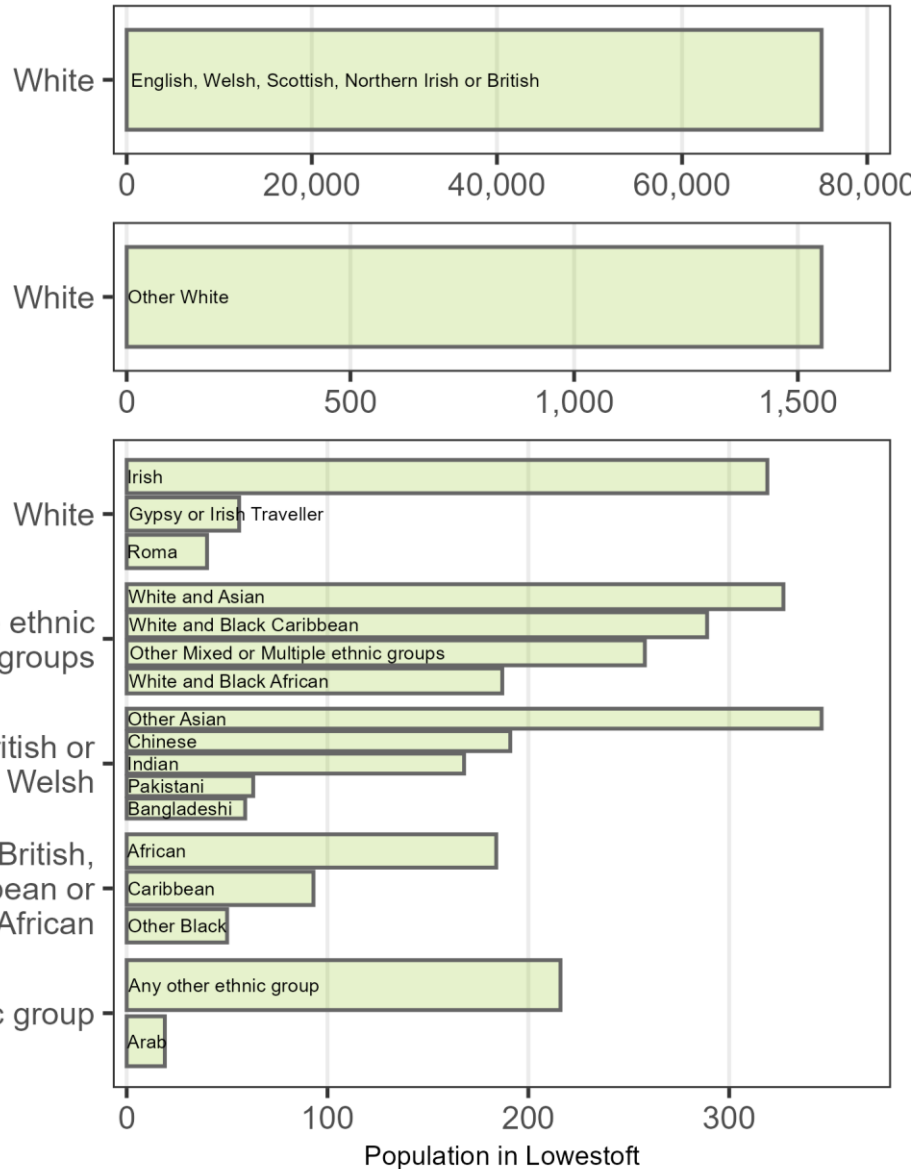
32.9% of the population of Lowestoft live in small areas that are among the 20% most deprived areas in England (Core20 areas). Across Norfolk and Waveney, 14.4% live in Core20 areas.

IMD 2025 Decile



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

# Ethnicity in Lowestoft



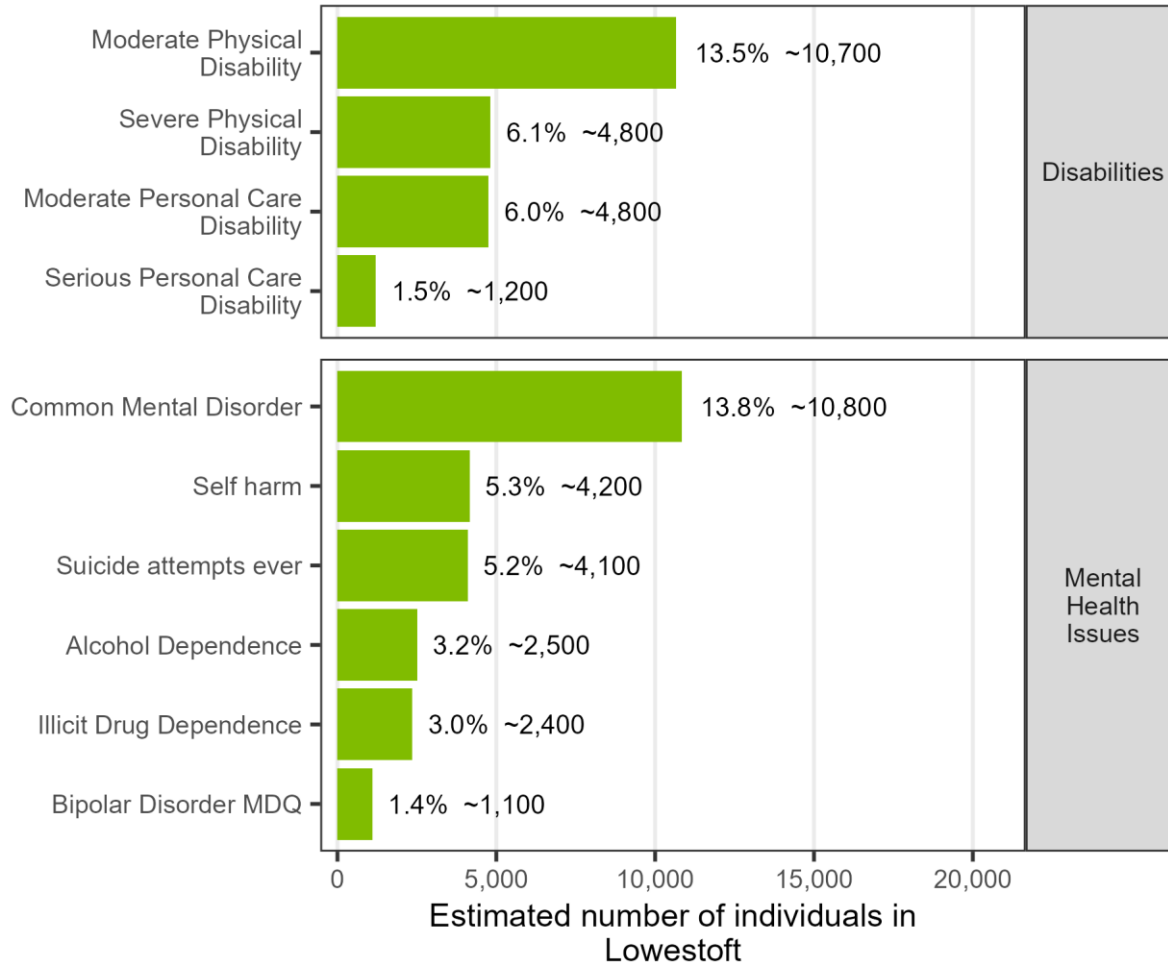
Source: Census 2021 (obtained through NOMIS)

Ethnicity group	Population	Proportion
White	77,036	96.9%
Mixed Or Multiple Ethnic Groups	1,061	1.3%
Asian Asian British Or Asian Welsh	827	1.0%
Black Black British Black Welsh Caribbean Or African	327	0.4%
Other Ethnic Group	235	0.3%

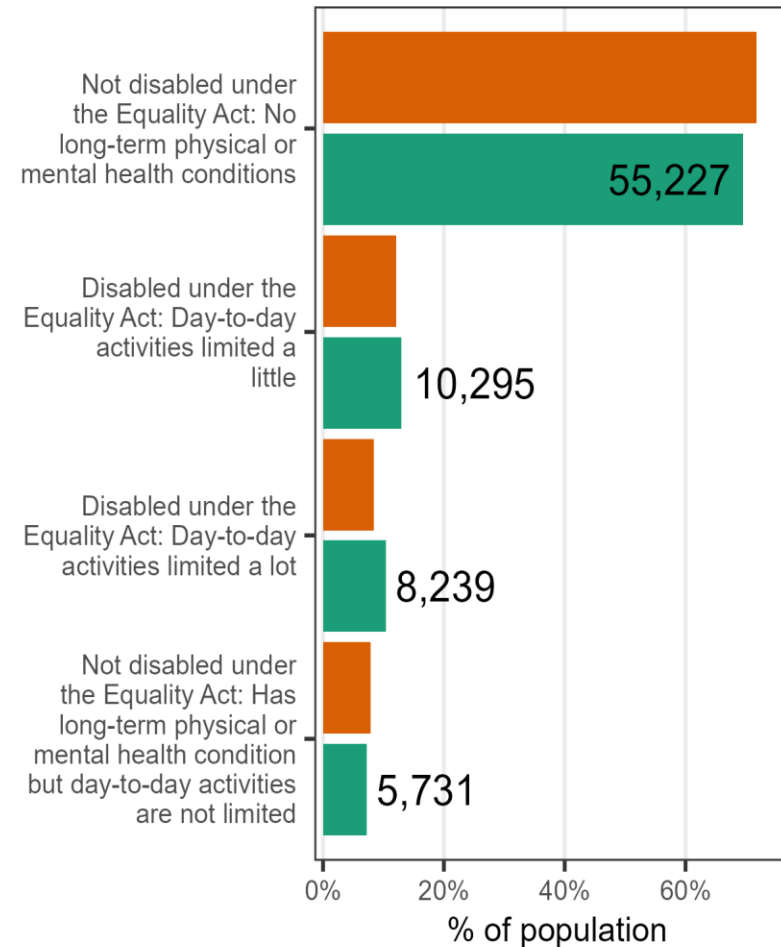
Source: Census 2021 (obtained through NOMIS)

Small areas (MSOAs) with the highest proportions of non-White residents in Lowestoft include Lowestoft Harbour & Kirkley (5.0%) and Lowestoft Central (4.9%).

# People with disabilities and vulnerable populations



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

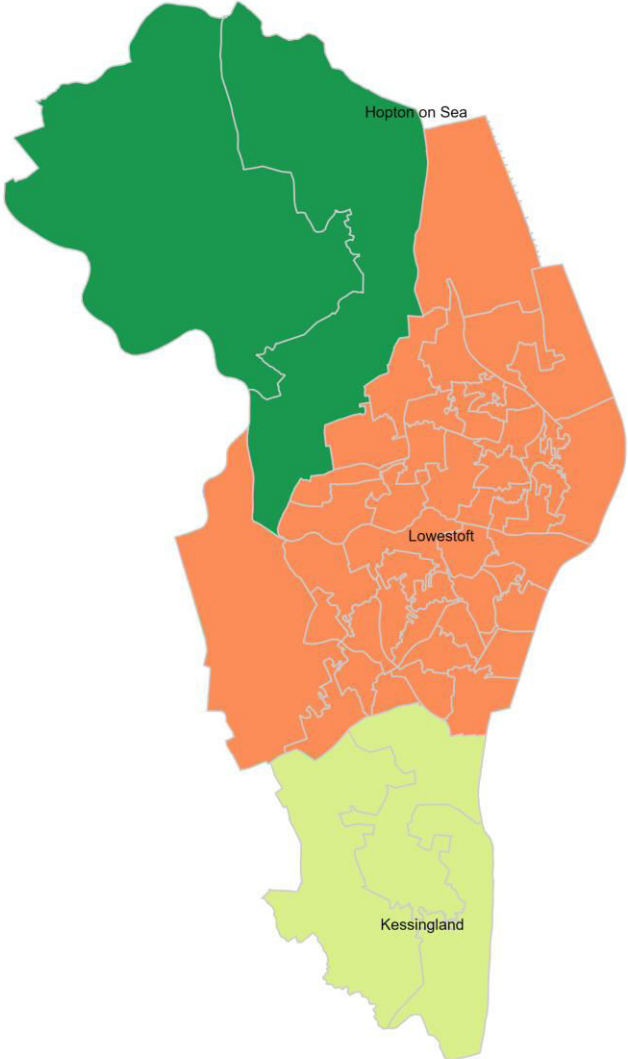


Source: 2021 Census (ONS)

Area  
 Norfolk and Waveney  
 Lowestoft

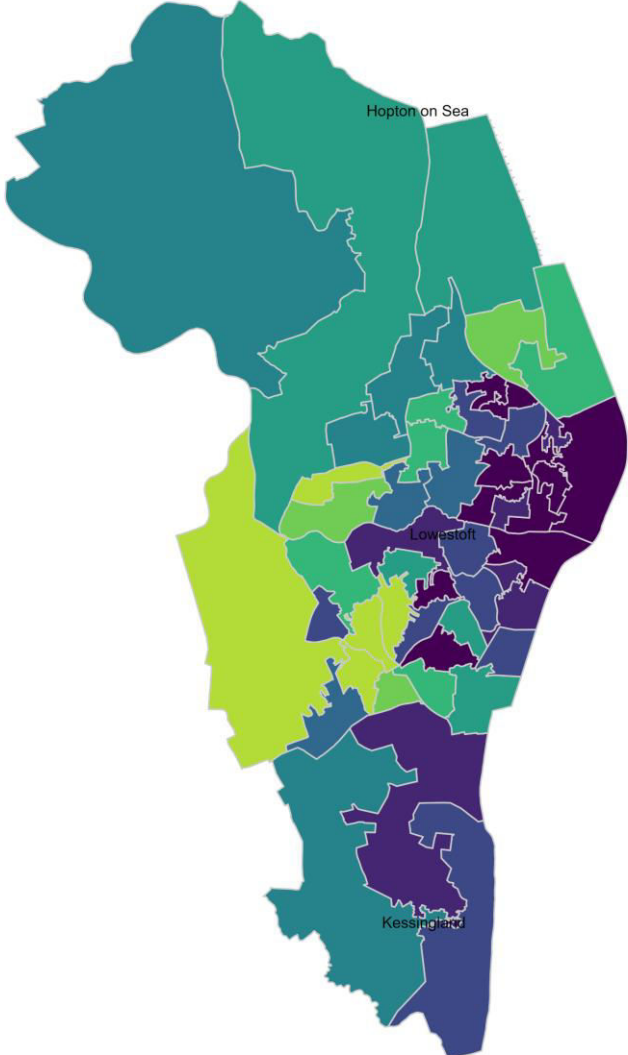
# Rurality and Deprivation in Lowestoft

ONS Rural Urban Classification



- 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

Index of Multiple Deprivation deciles



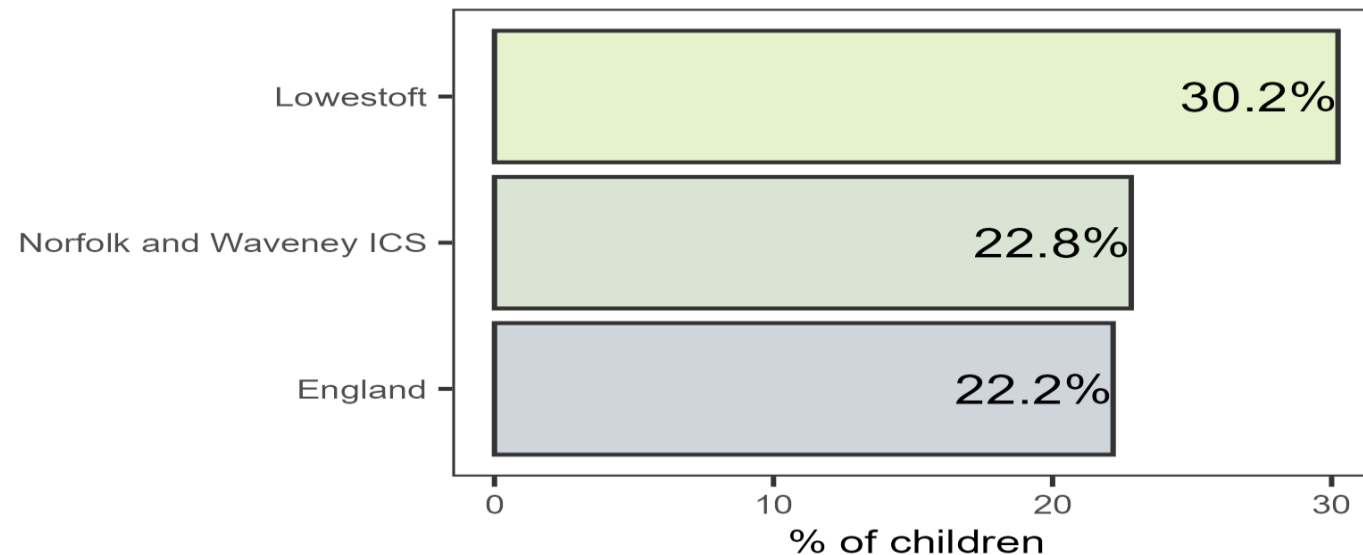
- 1 - Most deprived
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - Least deprived

# Children in Poverty

In Lowestoft, 30.2% of children aged 0-19 live in low-income families, compared to 22.8% across Norfolk and Waveney and 22.2% across England.

41.6% of children aged 0 to 15 in Lowestoft are estimated to live in poverty according to the Income Deprivation Affecting Children Index (IDACI). In England overall, this is 36.25%.

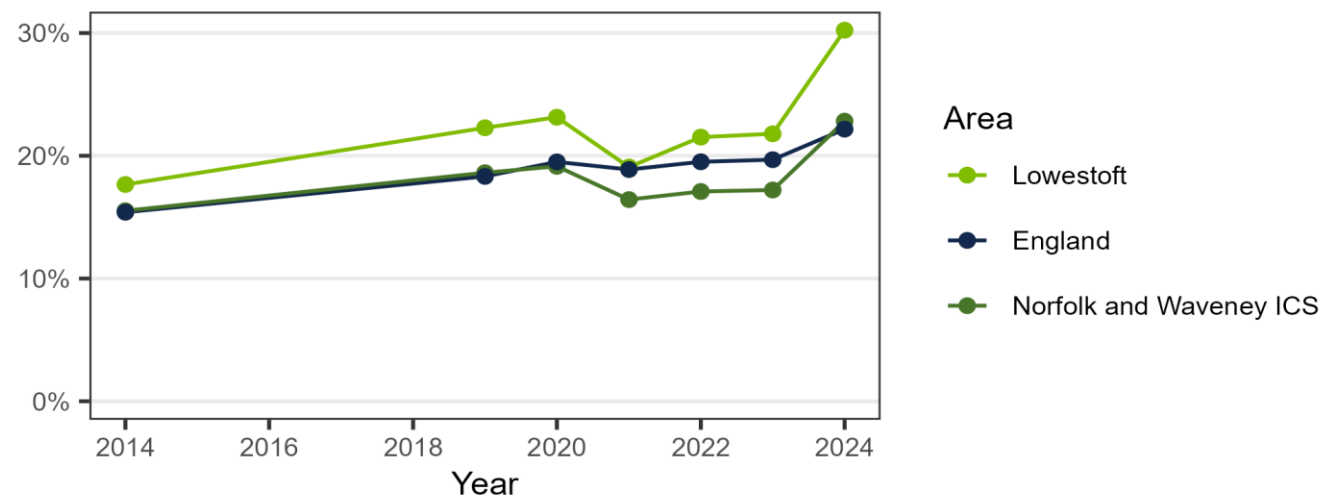
Children aged 0-19 in relative low-income families



Source: Local Insight (OCSI)

Children aged 0-19 in relative low-income families

% of children



Source: Local Insight (OCSI)

# Economy, employment and housing

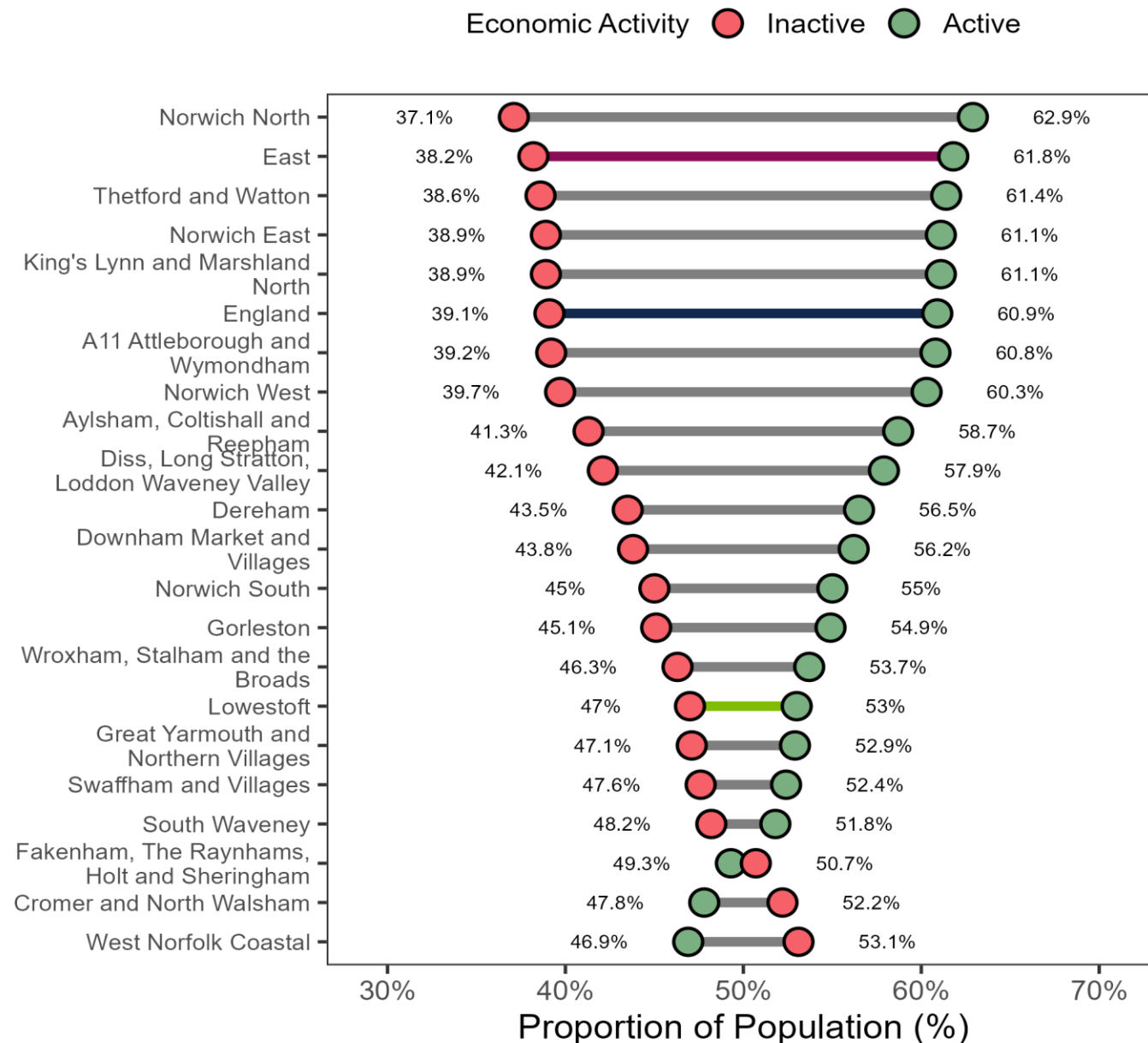
# Economy and Employment

**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.

During the **2021 Census**, the proportion of residents (aged 16-64) who were economically active within the Norfolk and Waveney neighbourhoods was generally lower than both the East of England (61.8% economically active) and England average (60.9% economically active).

Within the Lowestoft neighbourhood, 53% of working-age residents were classified as economically active, while 47% were economically inactive. This places the area among the less economically active neighbourhoods and below both regional and national averages.

Economic Activity Across Areas (Census 2021)



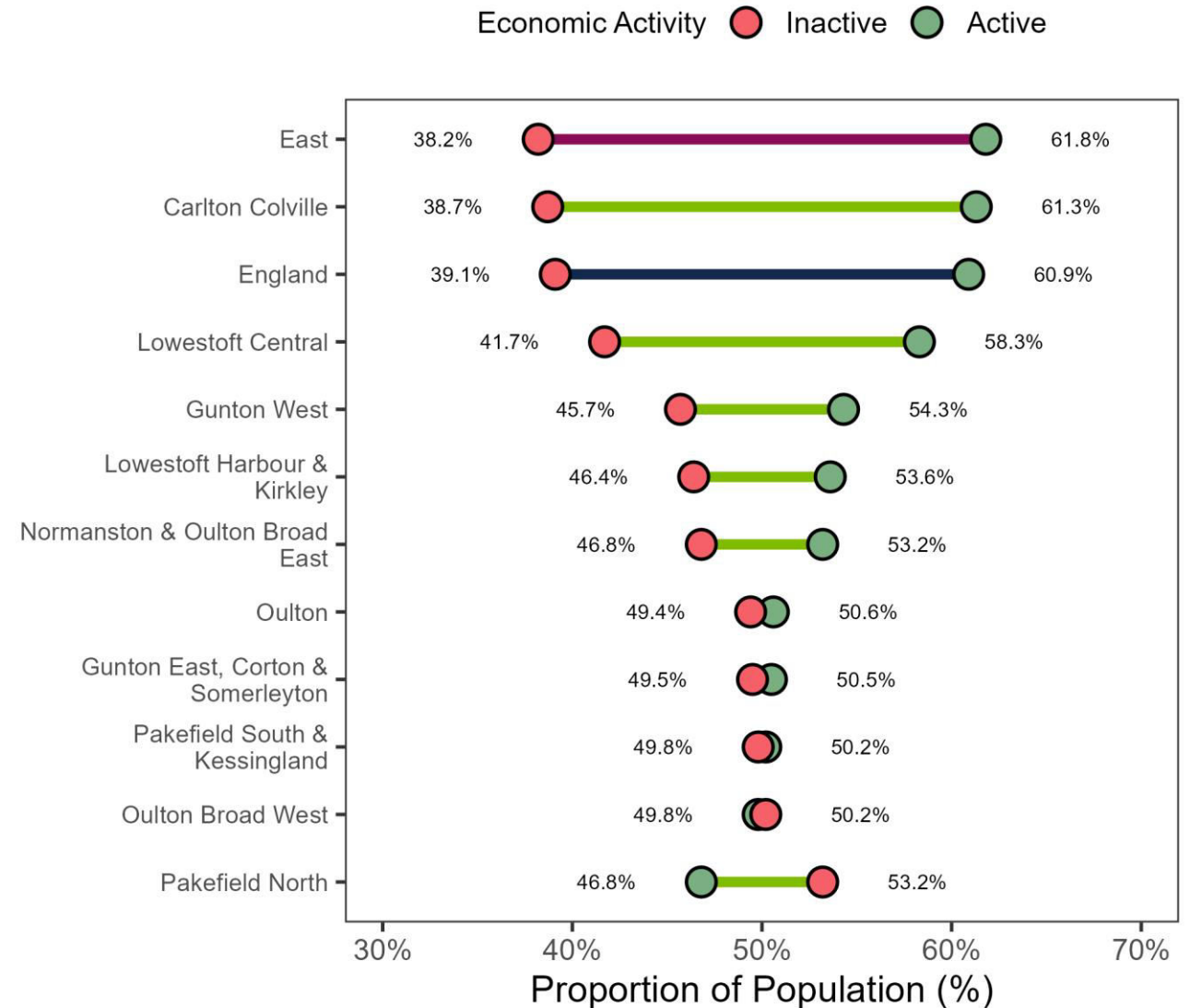
# Economy and Employment

Levels of economic activity reported across MSOAs within the Lowestoft neighbourhood during the 2021 Census varied considerably.

Within the neighbourhood, Pakefield North recorded the lowest proportion of economically active residents aged 16–64 at 46.8%, indicating high levels of economic inactivity among the working-age population.

In contrast, Carlton Colville recorded the highest proportion of economically active residents (61.3%) among MSOAs within the neighbourhood, exceeding the England average (60.9%) but remaining slightly below the East of England average (61.8%). This suggests above-average rates of economic activity compared with national levels, though not as high as those seen regionally.

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 Lowestoft neighbourhood, Caring and Leisure occupations represented the largest occupational group, with 13.5% 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 elementary roles exceeded the averages for Norfolk and England, indicating a comparatively high presence of individuals engaged in routine and manual forms of work within the neighbourhood, compared to county and national averages.

In contrast, employment in professional and managerial occupations was consistently below the Norfolk average and the England average. This suggests a relatively low concentration of individuals engaged in leadership or decision-making roles within the neighbourhood, compared to county and national averages.

Occupational Groups						
Indicator	Lowestoft		Norfolk		England	
	Count	Rate	Count	Rate	Count	Rate
Managers, Directors & Senior Officials	3,233	9.9%	49,365	11.9%	3,403,916	12.9%
Professional	4,052	12.4%	68,653	16.6%	5,356,649	20.3%
Associate Professional & Technical	3,539	10.8%	48,630	11.8%	3,499,749	13.3%
Administrative & Secretarial	2,845	8.7%	37,330	9.0%	2,446,565	9.3%
Skilled Trades	4,328	13.3%	52,732	12.8%	2,683,139	10.2%
Caring, Leisure & Other Service	4,419	13.5%	43,994	10.6%	2,447,148	9.3%
Sales & Customer Service	3,167	9.7%	33,402	8.1%	1,972,553	7.5%
Process, Plant & Machine Operatives	3,095	9.5%	33,235	8.0%	1,832,666	6.9%
Elementary	3,991	12.2%	46,376	11.2%	2,762,829	10.5%

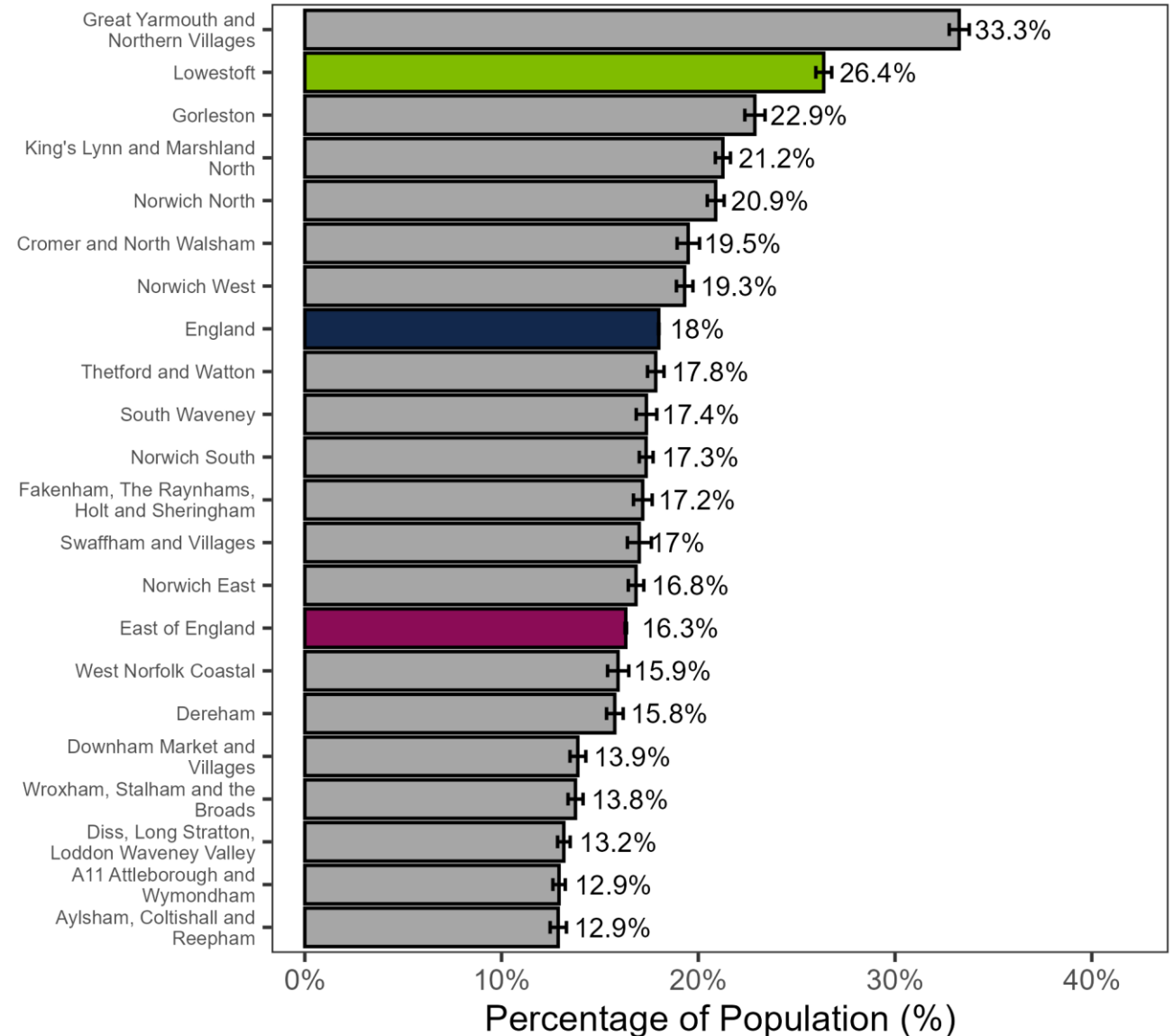
# Economy and Employment

**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 the population (aged 18-66) claiming Universal Credit across different neighbourhoods in Norfolk during August 2025.

The proportion of residents claiming Universal Credit varies significantly across neighbourhoods. Lowestoft had a significantly higher proportion of individual claimants (26.4%) than 18 of the 19 other neighbourhoods during August 2025. In addition, the proportion of claimants was significantly higher than both the East of England (16.3%) and England (18%) averages. This suggests that Lowestoft may experience comparatively higher levels of financial vulnerability or reliance on welfare support than seen regionally or nationally.

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



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

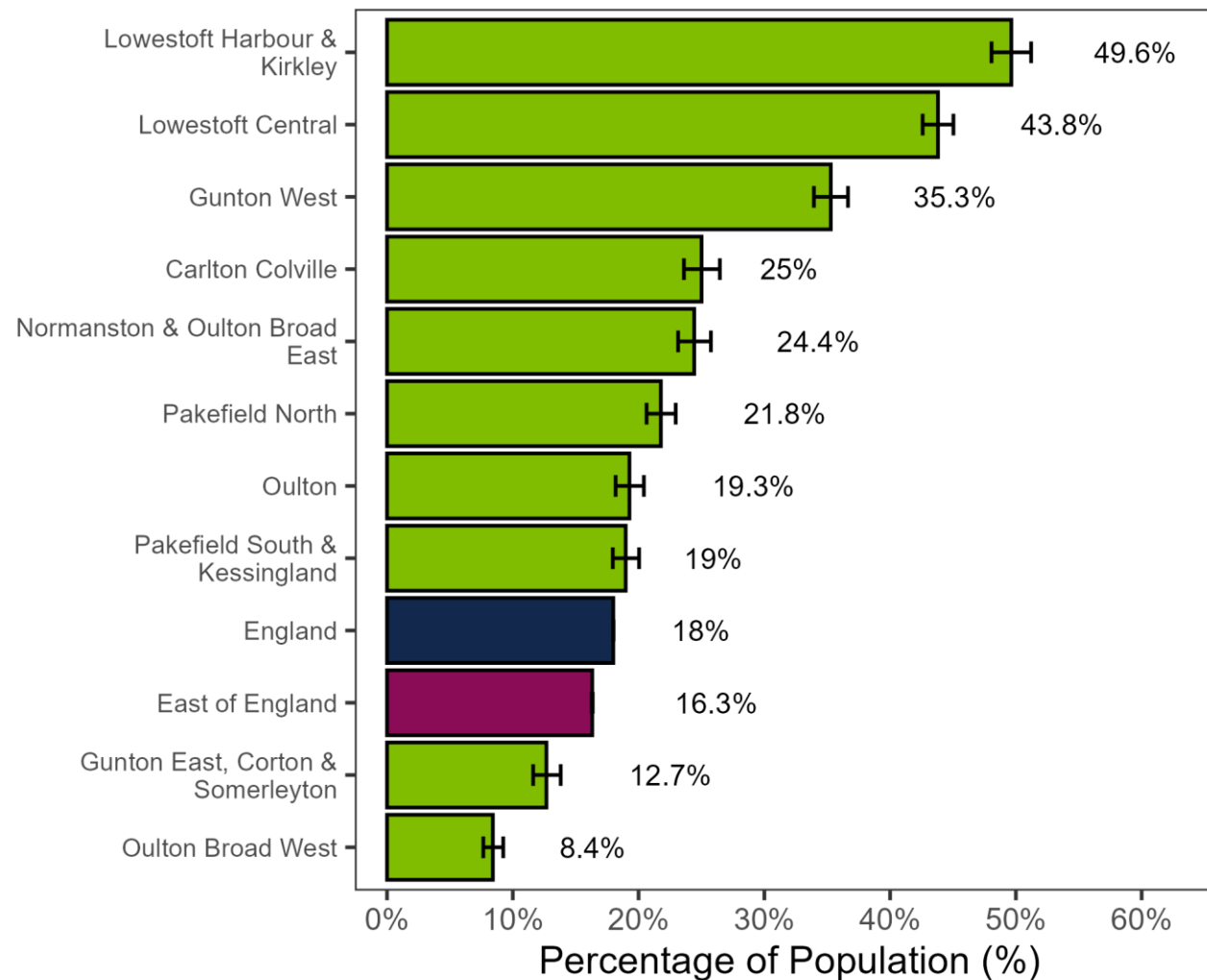
# Economy and Employment

In August 2025, the proportion of residents (aged 18 to 66) claiming Universal Credit varied significantly across MSOAs within the Lowestoft neighbourhood (ranging from 8.4%- 49.6%).

Lowestoft Harbour and Kirkley recorded the highest proportion of claimants at 49.6%, significantly more claimants than all other MSOAs within the neighbourhood. This figure was also significantly higher than the East of England (16.3%) average and the England average (18%).

Oulton Broad West reported the lowest proportion of claimants at 8.4%, significantly fewer claimants compared to all other MSOAs within the area and both the East of England and England average.

Universal Credit Claimants by MSOA in Lowestoft (Aug 2025)



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

# Economy and Employment

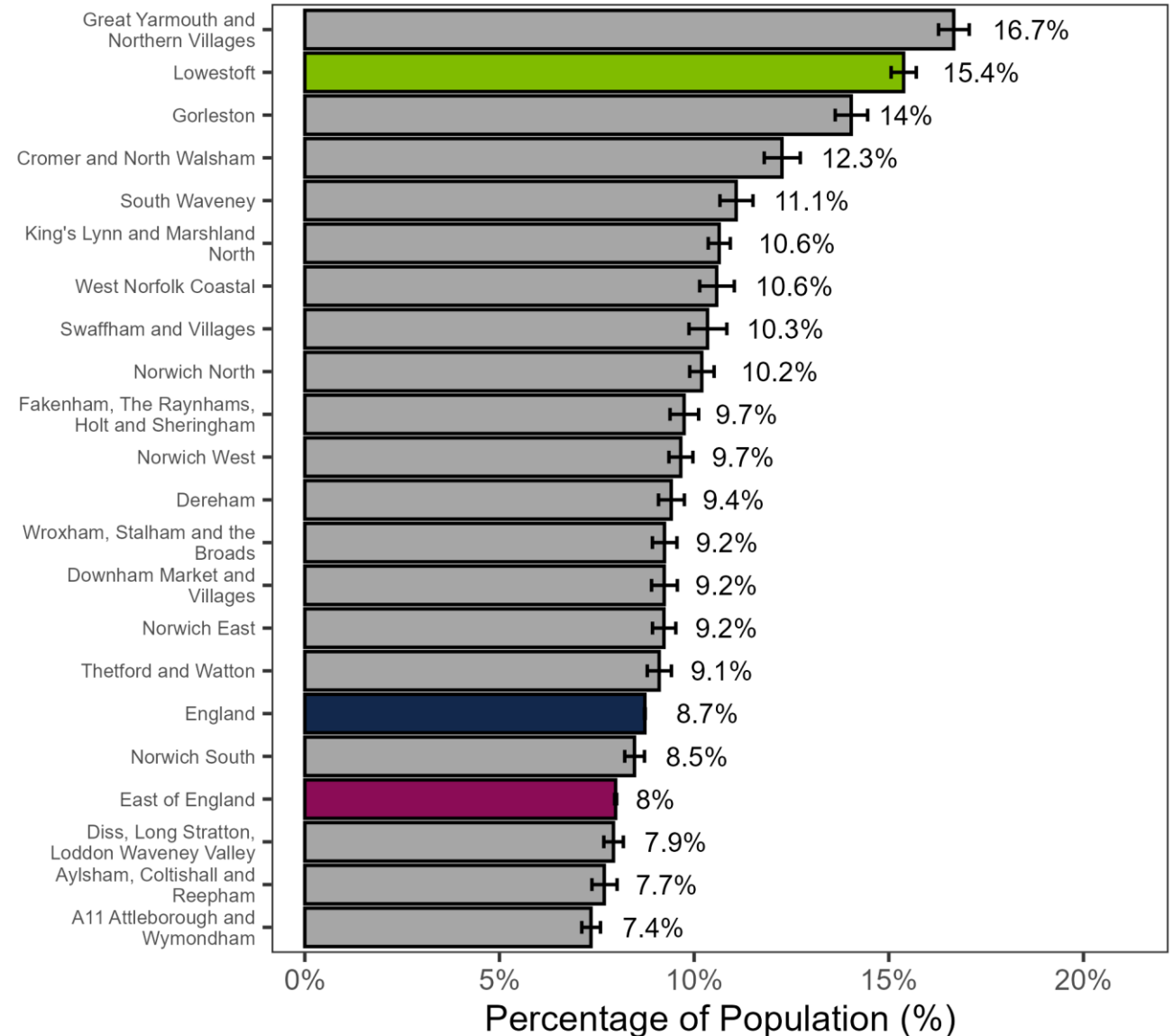
**Personal Independence Payments (PIP)** entitlement statistics covers individuals currently receiving PIP and those whose payments are temporarily suspended (e.g., during a hospital stay).

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 Lowestoft neighbourhood had a significantly higher proportion of individuals entitled to PIP (15.4%) than 18 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)



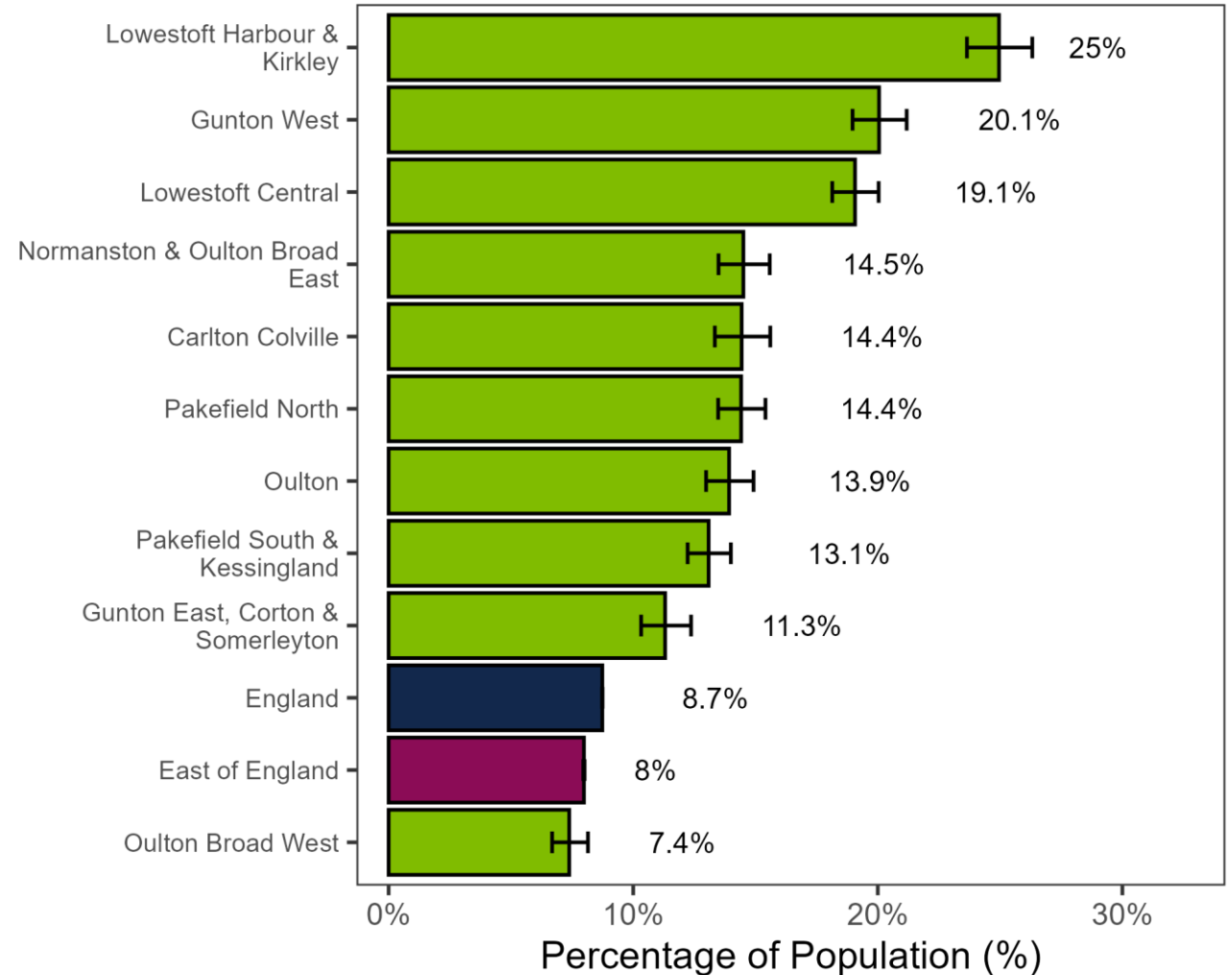
# Economy and Employment

In June 2025, the proportion of residents aged 16 to 66 entitled to Personal Independence Payment (PIP) across MSOAs within the Lowestoft neighbourhood varied significantly (ranging from 7.4%-25%).

Lowestoft Harbour and Kirkley recorded the highest entitlement rate at 25%, significantly higher than all other MSOAs within the neighbourhood. This figure was also significantly higher than the East of England (8%) average and the England average (8.7%).

Oulton Broad West reported the lowest PIP entitlement rate at 7.4%, which was significantly lower than all other MSOAs within the area and the England average, while being comparable to the East of England average. This suggests that, although entitlement in Oulton Broad West is low compared with other MSOAs locally and the national level, it reflects typical patterns seen regionally.

Population Entitled to PIP by MSOA in Lowestoft (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, Lowestoft has a higher proportion of homes owned outright (40% vs 32.5%) and a lower proportion with a mortgage (24.8% vs 28.8%). Its combined social renting rate (council and housing association) is 14.4%, which is lower than the national average of 17.1%. The private renting rate (Landlord/rent free/other) at 20.5% is similar to the England average (20.6%).

Compared to the overall neighbourhood average, Lowestoft has a similar proportion of homes owned outright but a lower proportion of properties that are mortgaged or rented, whether through social housing or the private sector.

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
<b>England</b>	<b>32.5%</b>	<b>28.8%</b>	<b>18.2%</b>	<b>8.8%</b>	<b>8.3%</b>	<b>2.2%</b>	<b>1.0%</b>	<b>0.1%</b>
<b>Lowestoft</b>	<b>40.0%</b>	<b>24.8%</b>	<b>18.4%</b>	<b>7.1%</b>	<b>7.3%</b>	<b>2.0%</b>	<b>0.3%</b>	<b>&lt;0.1%</b>
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%
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%
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 overall below the England and Norfolk averages. There are stark differences between small areas along variation in deprivation.

Overall, premature and preventable mortality are only moderately higher than England, but there are small areas with severely worse mortality outcomes compared to national benchmarks.

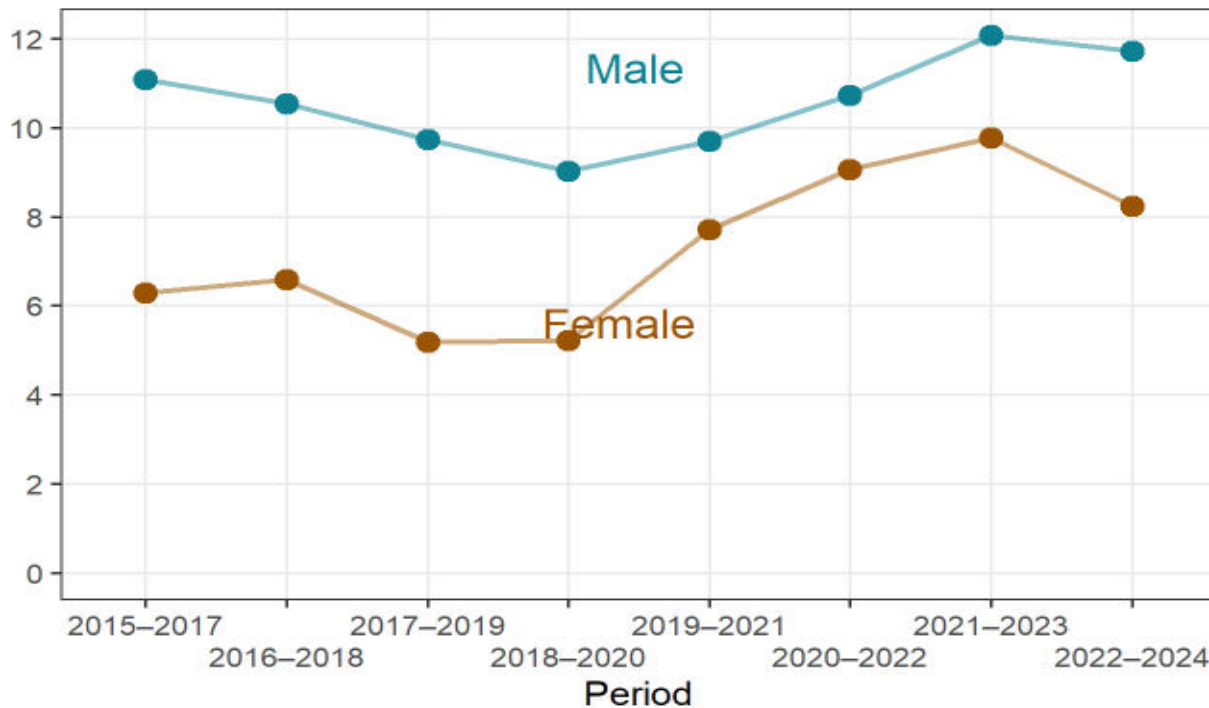
	Period	England	Carlton Colville	Gunton East, Corton & Somerleyton	Gunton West	Lowestoft Central	Lowestoft Harbour & Kirkley	Normanston & Oulton Broad East	Oulton	Oulton Broad West	Pakefield North	Pakefield South & Kessingland
Life expectancy at birth - Female	2019 - 23	83	82.9	84.5	79.4	79	76.2	82.3	82.5	85.4	79.6	83.2
Life expectancy at birth - Male	2019 - 23	79.1	81.8	79.3	75.3	74.2	72.6	77.8	79.1	81.8	76.6	81.2
Mortality from all causes	2019 - 23	100	99.6	83.8	120	146	141	101	93.8	85.4	118	89.8
Mortality from all causes (aged under 75)	2019 - 23	100	80.5	78.2	157	168	206	112	95.2	70.4	145	88.9
Mortality from cancer	2019 - 23	100	94.9	95.4	120	119	141	116	102	83.1	130	88.8
Mortality from cancer (aged under 75)	2019 - 23	100	91.2	81.6	135	131	155	125	94	67.5	156	89.2
Mortality from cardiovascular disease	2019 - 23	100	89.2	79.3	123	153	140	108	99.6	94.3	114	109
Mortality from cardiovascular disease (aged under 75)	2019 - 23	100	82.1	68	158	203	253	127	103	87.3	148	104
Mortality from coronary heart disease	2019 - 23	100	76.9	70.6	149	136	132	124	119	97.6	103	103
Mortality from stroke	2019 - 23	100	107	77.9	123	143	154	100	87.2	118	119	95
Mortality from respiratory diseases	2019 - 23	100	103	63.5	128	162	135	89.4	88.6	80.5	84.1	82.3
Mortality from causes considered preventable (aged under 75)	2019 - 23	100	69.8	69.2	150	173	226	116	83.1	59.6	156	95.6

# Life expectancy inequalities in Great Yarmouth and Waveney

There is a large gap in life expectancy between the most and least deprived areas of Great Yarmouth and Waveney. The leading causes of premature death - circulatory disease, cancer and respiratory disease - are more prevalent in more deprived areas. Targeted prevention and improved access to care are essential for reducing this inequality.

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

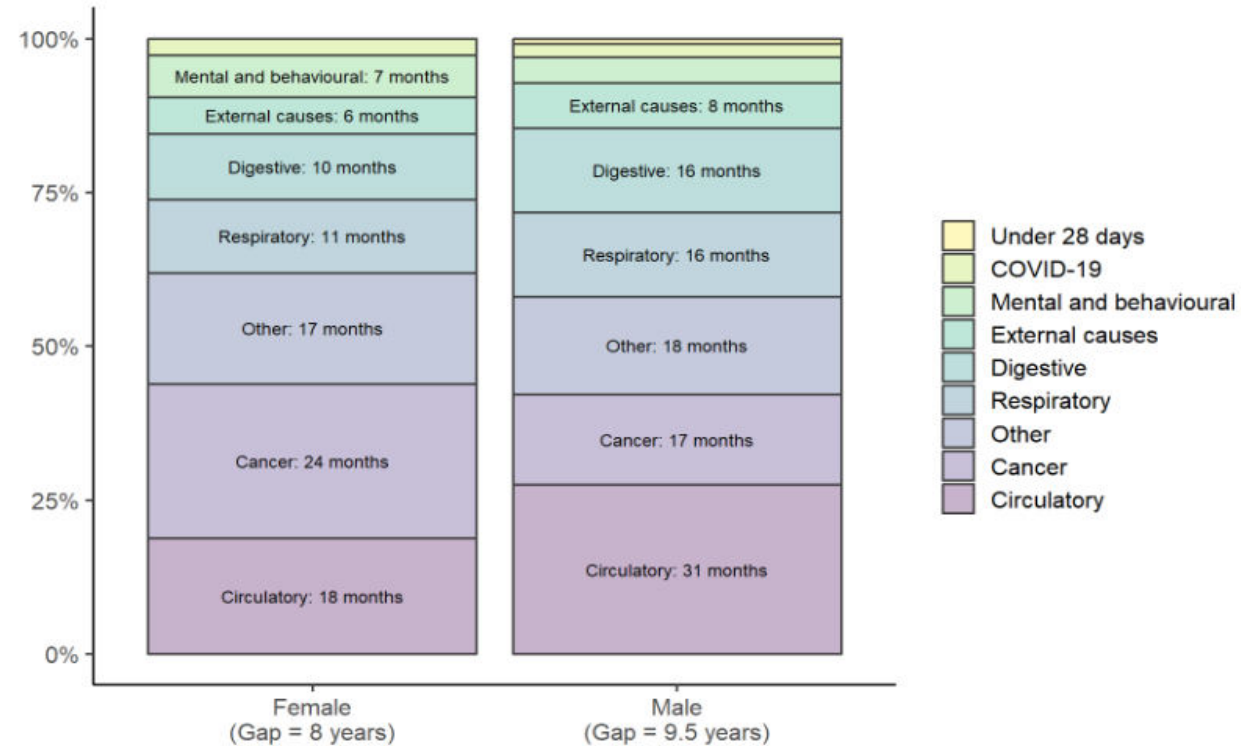
Gap in life expectancy at birth (years)



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 Great Yarmouth and Waveney in 2022-2024

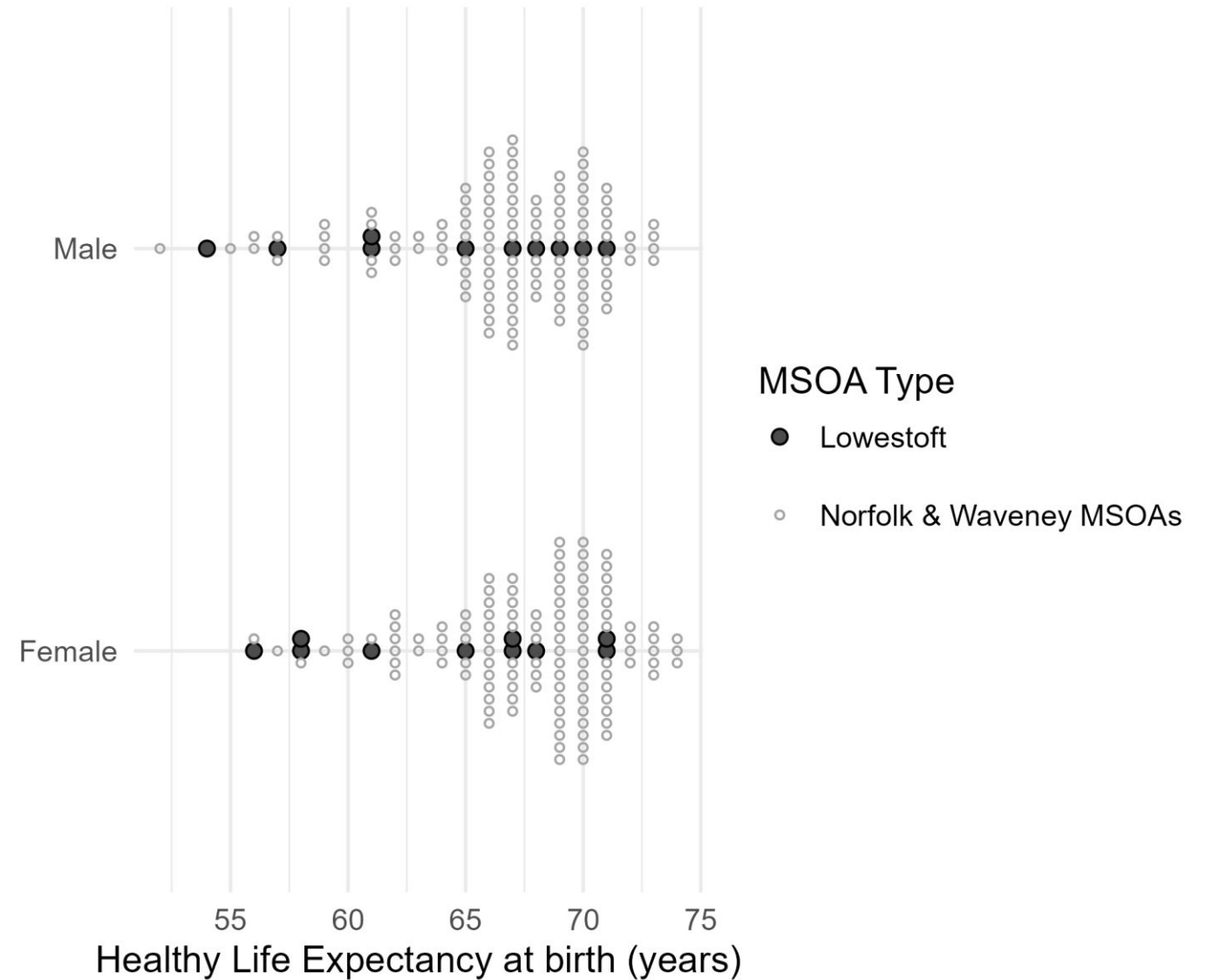
Percentage contribution



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

# Healthy Life Expectancy

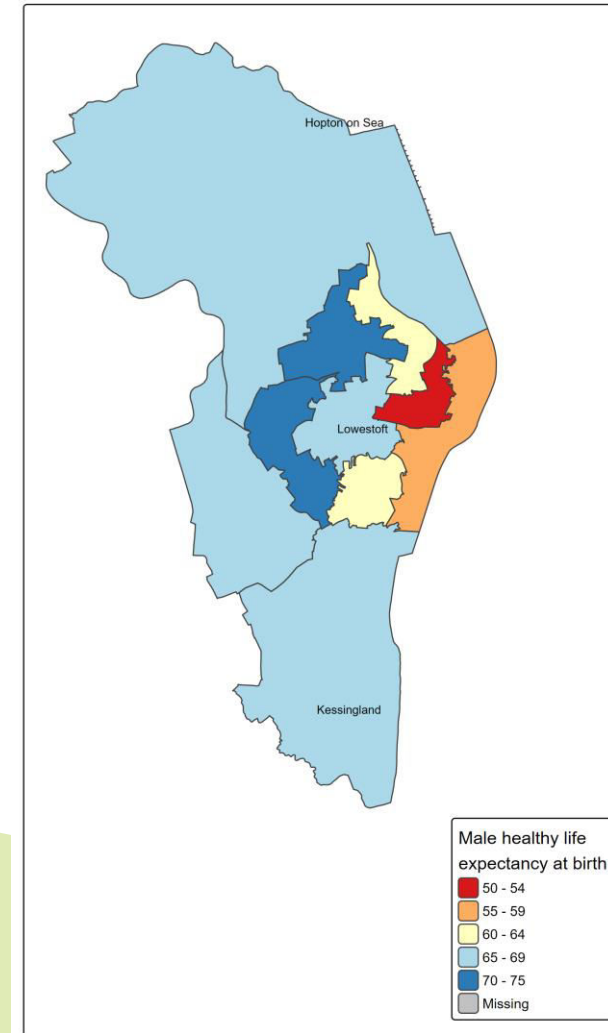
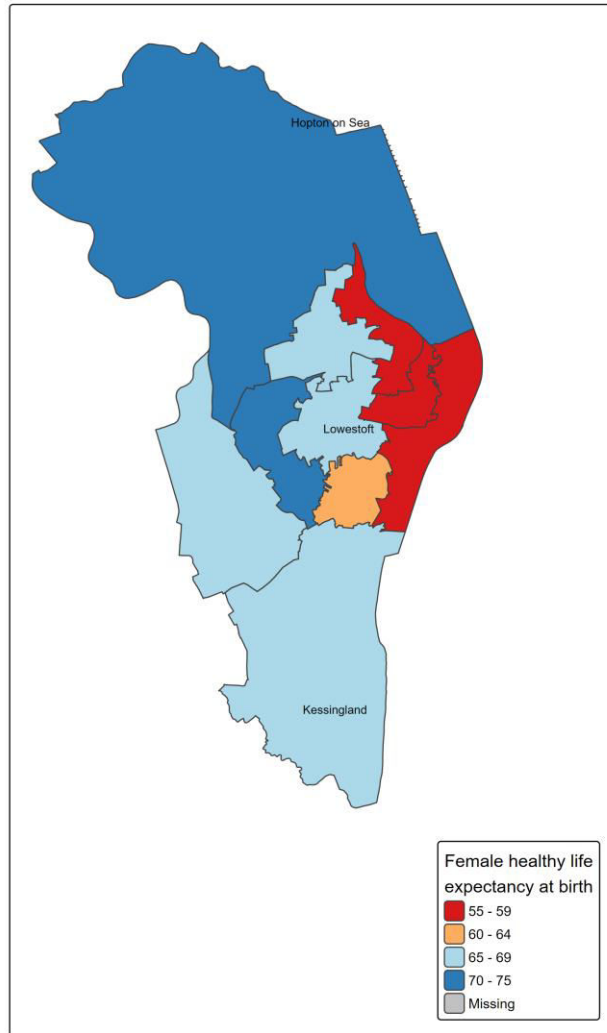
Healthy life expectancy is generally lower in Lowestoft compared to other areas in Norfolk, especially for females. There is stark variation between the most and the least deprived small areas.



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

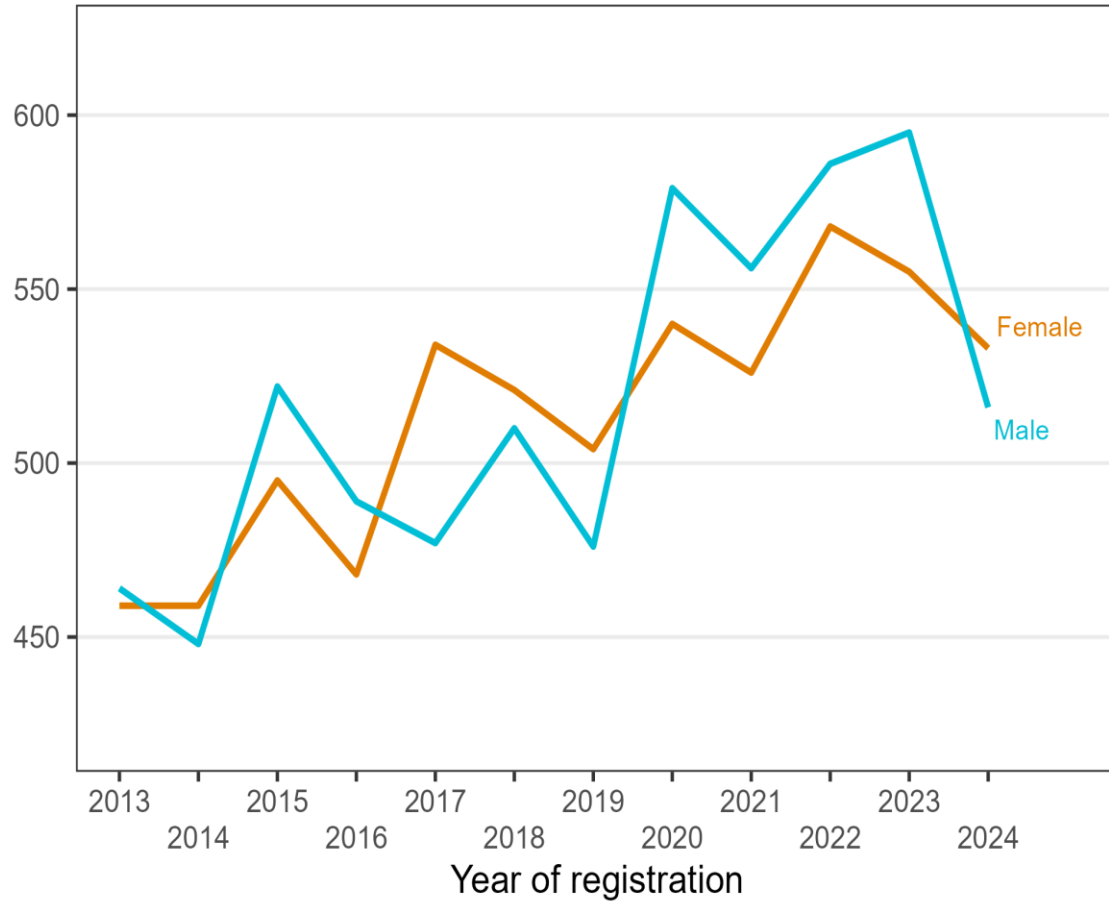
# Healthy Life Expectancy in Lowestoft

Within the Lowestoft neighbourhood area, female healthy life expectancy was lowest in Lowestoft Harbour & Kirkley and highest in Gunton East, Corton & Somerleyton and Oulton Broad West in 2021. Male healthy life expectancy was lowest in Lowestoft Central and highest in Oulton Broad West in 2021.



# Deaths

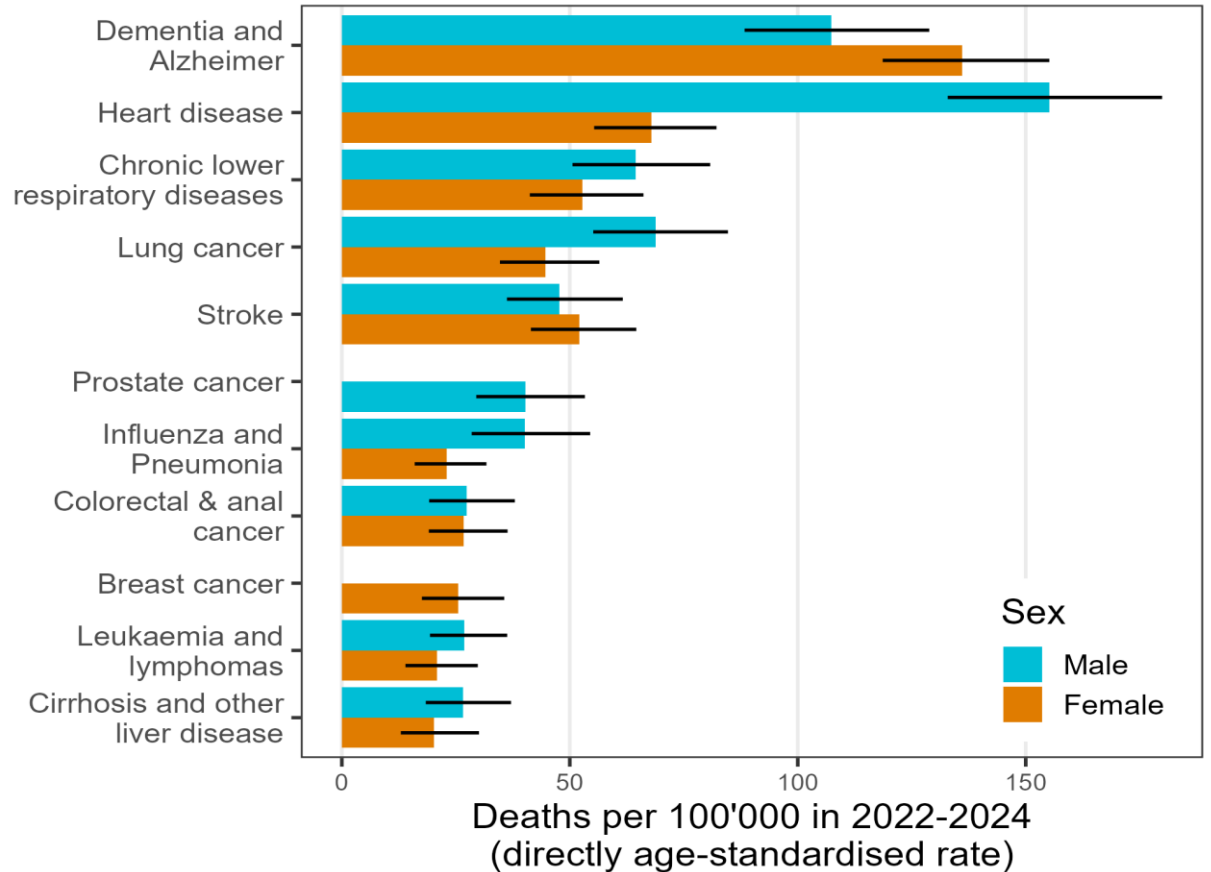
## Deaths in Lowestoft



Source: NOMIS

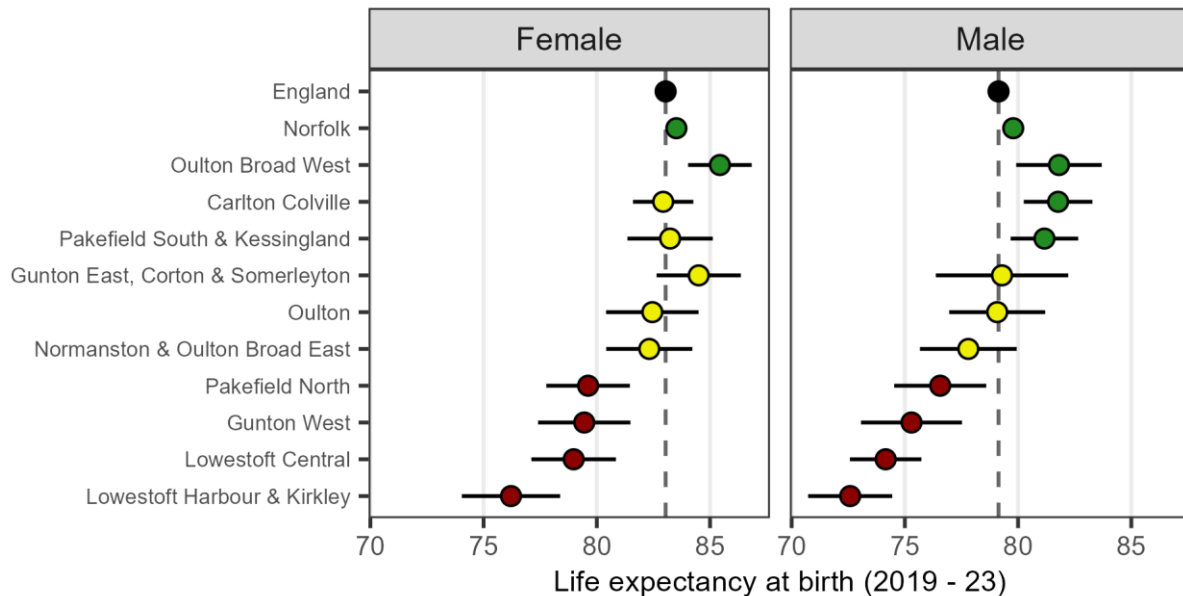
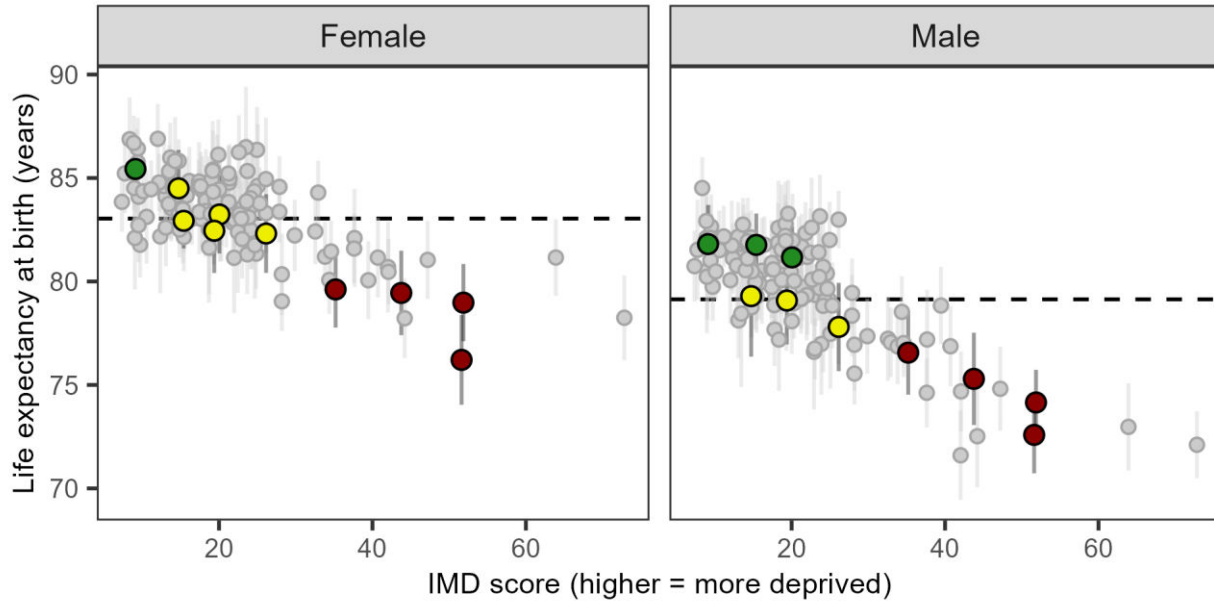
## Leading causes of death in Lowestoft

### Leading cause of death



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

# Life expectancy in Lowestoft



Source: OHID Fingertips

- There is wide local variation alongside variation in deprivation – local areas show a difference of 8 years in male life expectancy and almost 10 years in female life expectancy.
- The most deprived areas have much lower life expectancies than the less deprived areas.
- Females live longer than males in all areas.

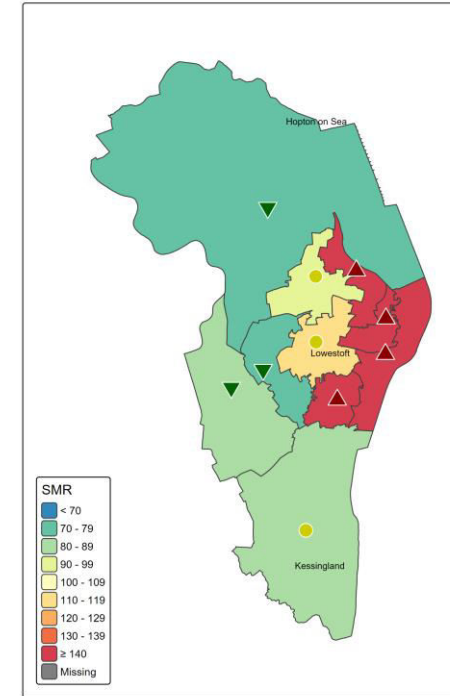
- Better
- Similar
- Worse
- Not compared

# Premature mortality

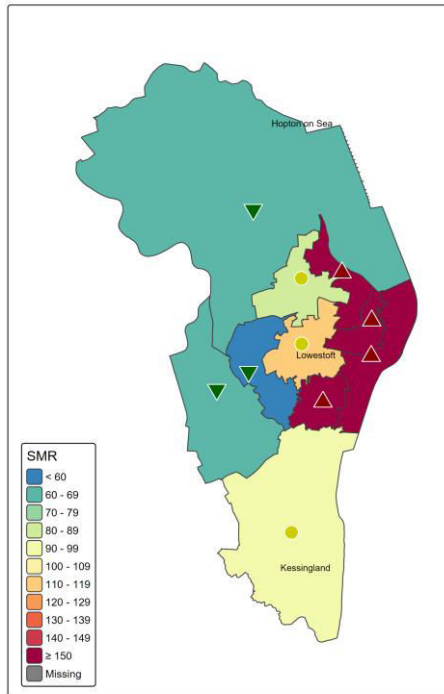
There were 1,654 deaths of people under the age of 75 in Lowestoft in 2019 - 23. Overall, the rate of premature mortality was 16% higher than the England average.

Locally, the highest rate of premature mortality was in Lowestoft Harbour & Kirkley (Standardised Mortality Ratio = 206), twice the national average rate. The lowest rate was in Oulton Broad West. Four small areas (MSOAs) had a significantly worse premature mortality rate than the England average (red triangles).

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



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



## Preventable mortality

In 2019 - 23, 762 deaths of people under the age of 75 in Lowestoft were from causes considered preventable. Overall, there was a 16% higher rate of preventable mortality compared to the national average.

Locally, the highest rate of preventable mortality was in Lowestoft Harbour & Kirkley (Standardised Mortality Ratio = 226.4), more than twice the national average rate. The lowest rate was in Oulton Broad West. Four small areas (MSOAs) had a significantly worse preventable mortality rate than the England average (red 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.

# Behavioural risk factors

Childhood overweight prevalence in Year 6 is high, and rates of emergency hospital admissions are significantly elevated for some local areas.

	Period	England	Carlton Colville	Gunton East, Corton & Somerleyton	Gunton West	Lowestoft Central	Lowestoft Harbour & Kirkley	Normanston & Oulton Broad East	Oulton	Oulton Broad West	Pakefield North	Pakefield South & Kessingland
Reception prevalence of obesity (including severe obesity), 3 years data combined	2021/22 - 23/24	9.64	8.51	9.09	13.5	12.5	10.9	9.52	6.25	12		12.5
Reception prevalence of overweight (including obesity), 3 years data combined	2021/22 - 23/24	21.9	23.4	22.7	28.8	25	23.9	23.8	22.9	16	20	27.1
Year 6 prevalence of obesity (including severe obesity), 3 years data combined	2021/22 - 23/24	22.7	21.8	20	29	25.3	32	27.5	22.4	15.2	29.2	19.1
Year 6 prevalence of overweight (including obesity), 3 years data combined	2021/22 - 23/24	36.7	38.2	37.1	44.9	41.8	46	45.1	36.7	30.3	43.8	34
General fertility rate (women aged 15 to 44)	2018 - 22	54.6	48.4	45.8	52.4	68.7	66	56	58.3	44.8	51.9	51.8
Low birth weight of live babies	2018 - 22	6.84	5.91	3.08	7.22	8.17	6.17	5.19	4.63	6.06	4.92	7.98
Emergency hospital admissions: all causes (aged under 5)	2016/17 - 20/21	141	95.9	131	131	170	148	150	161	88.5	135	112
Unintentional and deliberate injuries: emergency hospital admissions in children (aged under 5)	2016/17 - 20/21	119	76.4	94.6	106	179	151	48.5	89.5	103	174	117
Unintentional and deliberate injuries: hospital admissions in children (aged under 15)	2016/17 - 20/21	92	72.6	76.5	99.4	127	119	61	69.7	82.3	105	84.9
Unintentional and deliberate injuries: hospital admissions in young people (aged 15 to 24)	2016/17 - 20/21	128	123	109	103	206	251	143	113	79.3	152	101



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

# 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 is overall only moderately higher than the Norfolk and Waveney average, but there is marked variation between local areas alongside deprivation.

Respiratory conditions, harmful behaviours and cardiovascular disease remain priorities for prevention and management.

	Period	England	Carlton Colville	Gunton East, Corton & Somerleyton	Gunton West	Lowestoft Central	Lowestoft Harbour & Kirkley	Normanston & Oulton Broad East	Oulton	Oulton Broad West	Pakefield North	Pakefield South & Kessingland
Emergency hospital admissions: all causes	2016/17 - 20/21	100	73.7	74.1	101	107	117	88.6	84	72	96.6	78.2
Coronary heart disease: emergency hospital admissions	2016/17 - 20/21	100	100	90.4	127	124	109	118	138	109	123	91.4
Stroke: emergency hospital admissions	2016/17 - 20/21	100	103	95.4	110	109	137	90.9	88.7	94.6	89.5	95.9
Heart attack (myocardial infarction): emergency hospital admissions	2016/17 - 20/21	100	110	96.4	147	128	127	134	138	115	126	108
Chronic obstructive pulmonary disease (COPD): emergency hospital admissions	2016/17 - 20/21	100	66.8	64.4	193	180	209	80	88.3	57.2	137	77.1
Intentional self-harm: emergency hospital admissions	2016/17 - 20/21	100	95.6	71.9	145	189	291	119	72.8	57.5	148	115
Hip fracture: emergency hospital admissions (aged 65 and over)	2016/17 - 20/21	100	83.3	74.3	91.6	123	171	68.7	81.4	78.4	109	63.9
Alcohol-related conditions: admission episodes (all primary and secondary diagnoses)	2016/17 - 20/21	100	80.2	71.6	108	122	151	85.2	79.5	69.4	101	80
Hospital admissions for alcohol attributable conditions, narrow definition	2016/17 - 20/21	100	76.9	71.5	77	109	148	79.7	71.4	66.1	102	77.8

# Long-term conditions

This spine chart shows how Lowestoft 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 Lowestoft 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).

## Lowestoft PCN

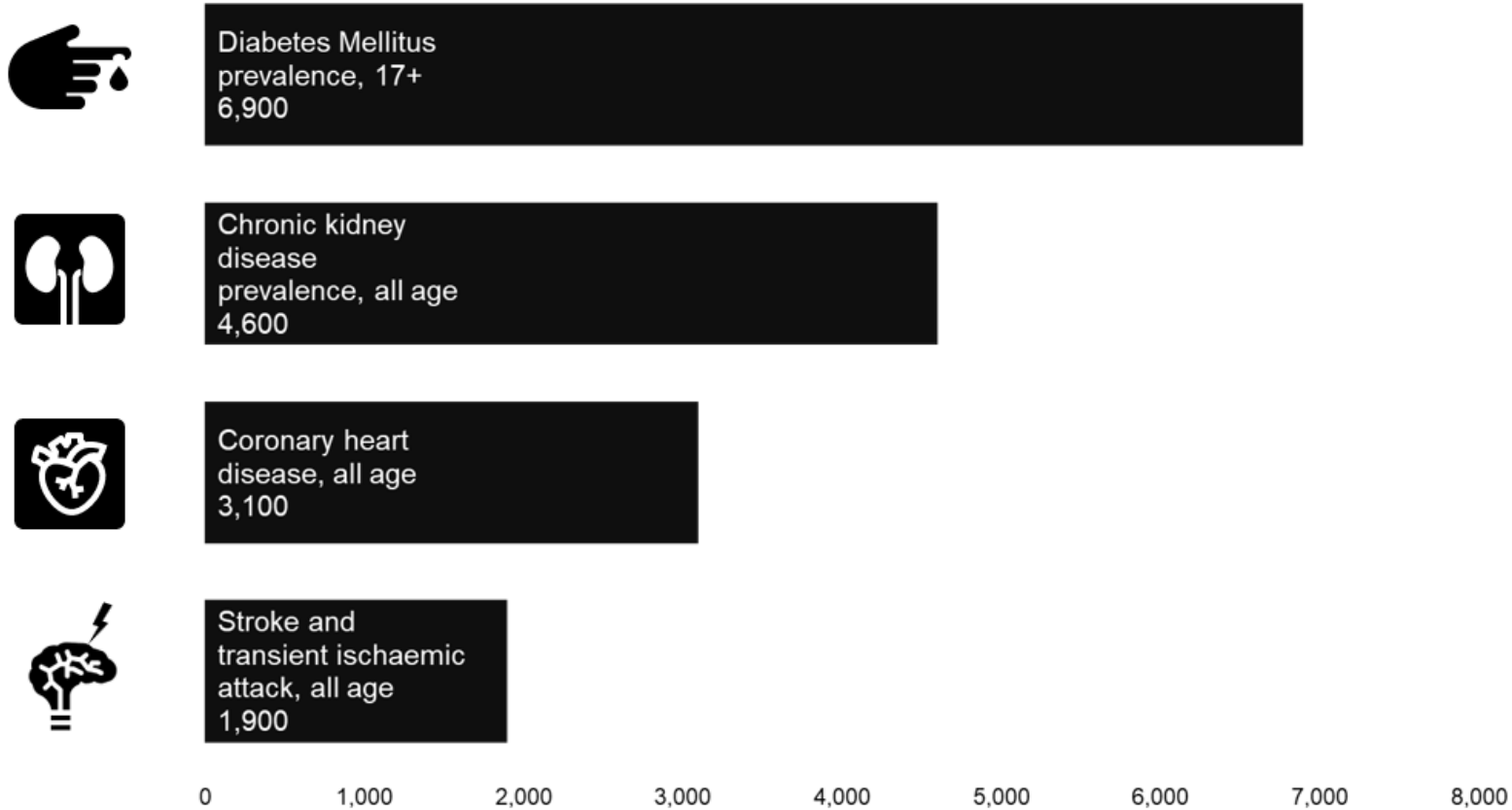
Condition	Time period	PCN count	PCN prevalence %	ICB gp median%	PCN Worst		PCN Best
Depression, 18+	2024/25	12,502	19.2	14.3	19.2	●	11.1
Epilepsy, 18+	2024/25	740	1.1	0.9	1.1	●	0.7
Obesity, 18+	2024/25	12,004	18.5	15.5	18.9	●	9.1
Learning disability	2024/25	793	1.0	0.7	1.2	●	0.5
COPD	2024/25	2,551	3.2	2.4	3.6	●	1.3
Osteoporosis, 50+	2024/25	712	2.0	0.6	2.9	●	0.2
Chronic kidney disease	2024/25	4,623	7.1	5.7	8.2	●	2.8
Diabetes Mellitus, 17+	2024/25	6,890	10.5	9.3	11.0	●	5.2
Cancer	2024/25	4,003	5.0	5.1	6.5	●	3.0
Hypertension	2024/25	15,171	19.0	19.3	23.8	●	10.6
Coronary heart disease	2024/25	3,139	3.9	3.9	5.4	●	2.0
Rheumatoid Arthritis, 16+	2024/25	709	1.1	1.1	1.4	●	0.6
Asthma, 6+	2024/25	6,143	8.1	8.3	9.8	●	6.6
Heart failure	2024/25	958	1.2	1.1	1.9	●	0.6
Atrial fibrillation	2024/25	2,389	3.0	3.2	4.6	●	1.7
Stroke	2024/25	1,923	2.4	2.6	4.0	●	0.6
Dementia	2024/25	811	1.0	1.1	1.6	●	0.6

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

## Lowestoft PCN



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

Diabetes affects around 6,900 adults, and chronic kidney disease affects 4,600 people.

Stroke and transient ischaemic attack affect approximately 1,900 people.

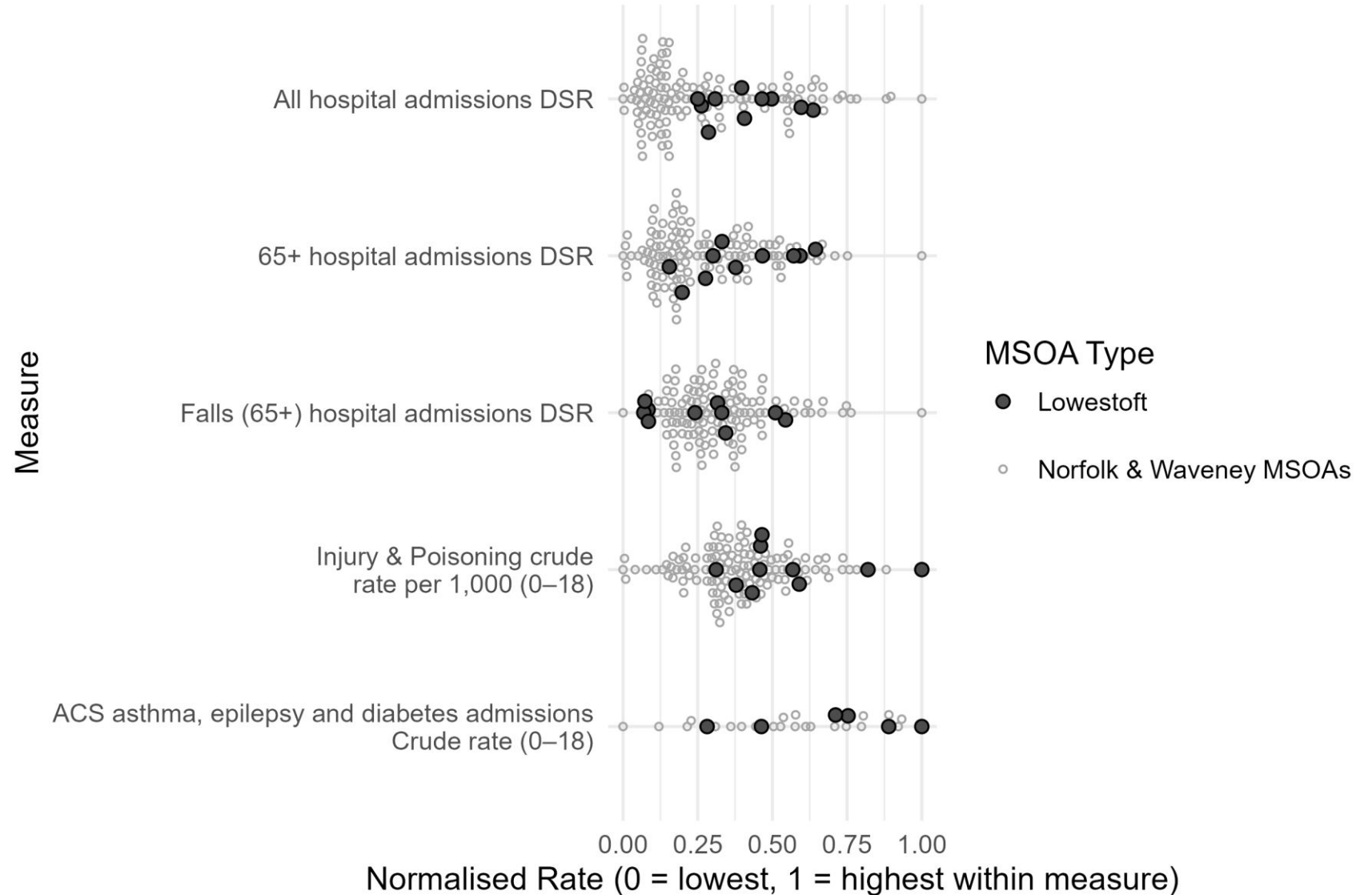
These figures highlight a significant burden of metabolic and cardiovascular disease, reinforcing the need for integrated prevention and management strategies.

# Healthcare - unplanned hospital admissions

Age-standardised unplanned hospital admission rates in the Lowestoft neighbourhood area are generally higher than those seen other areas.

Rates for children and young people are particularly high.

Neighbourhood MSOA emergency hospital admission rate comparison



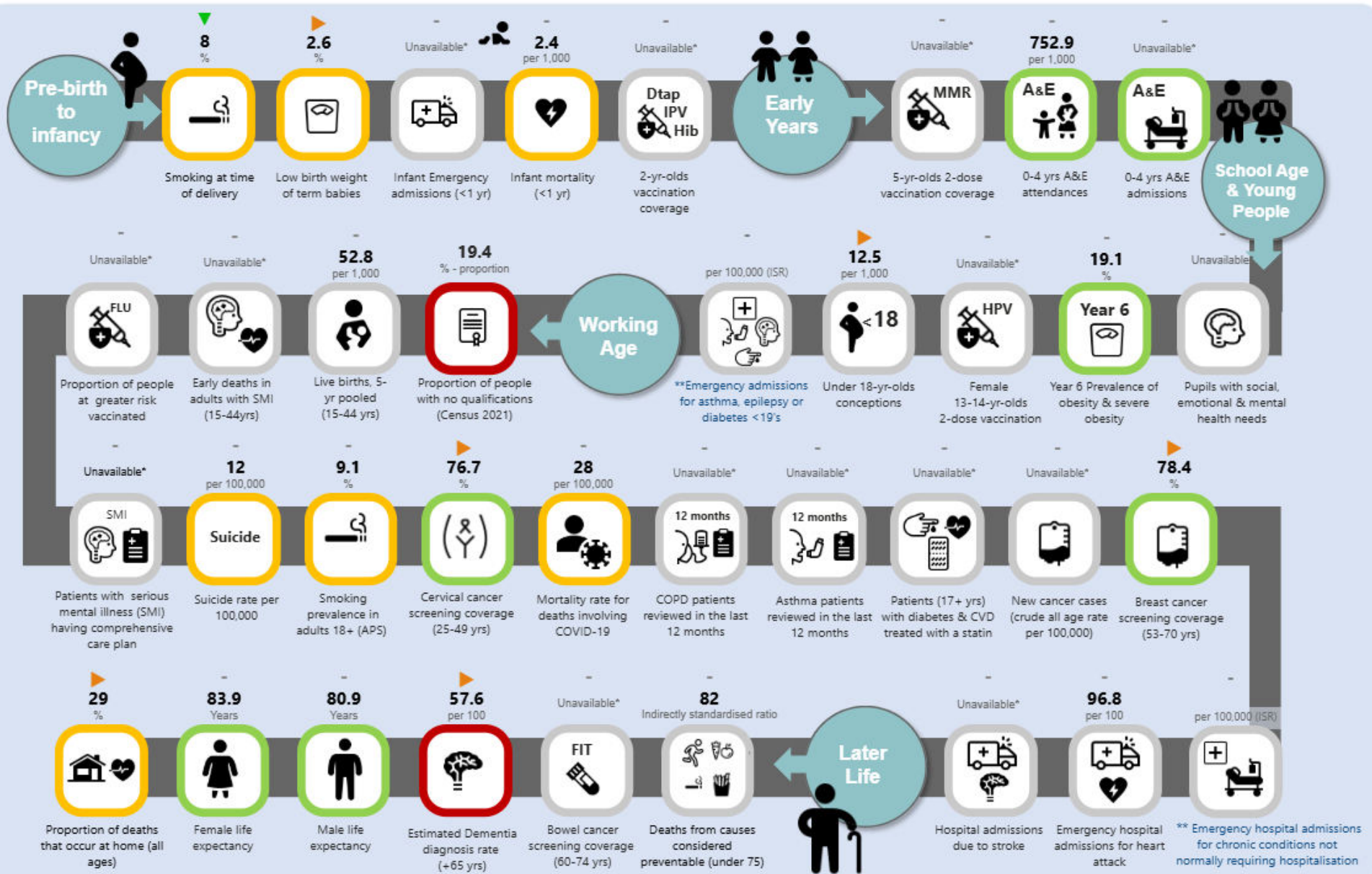
# Healthcare - unplanned hospital admissions

Measure	Lowestoft Harbour & Kirkley	Lowestoft Central	Gunton West	Pakefield North	Normanston & Oulton Broad East	Oulton	Pakefield South & Kessingland	Gunton East, Corton & Somerleyton	Carlton Colville	Oulton Broad West
All hospital admissions DSR	7,046	6,793	6,169	5,964	5,595	5,535	4,975	4,834	4,685	4,608
65+ hospital admissions DSR	13,146	13,725	12,915	11,752	10,258	9,926	9,648	8,306	10,769	8,783
Falls (65+) hospital admissions DSR	2,136	2,059	1,618	1,680	1,089	1,446	1,056	1,065	1,650	1,092
Injury & Poisoning crude rate per 1,000 (0–18)	21.6	18.8	15.2	13.2	13.3	14.9	12.8	13.2	10.9	12.0
ACS asthma, epilepsy and diabetes admissions Crude rate (0–18)	4.1	3.8	2.4		3.3	3.2	1.8			

# Local strategy measures summary

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

# Healthcare life-course measures – East Suffolk



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.

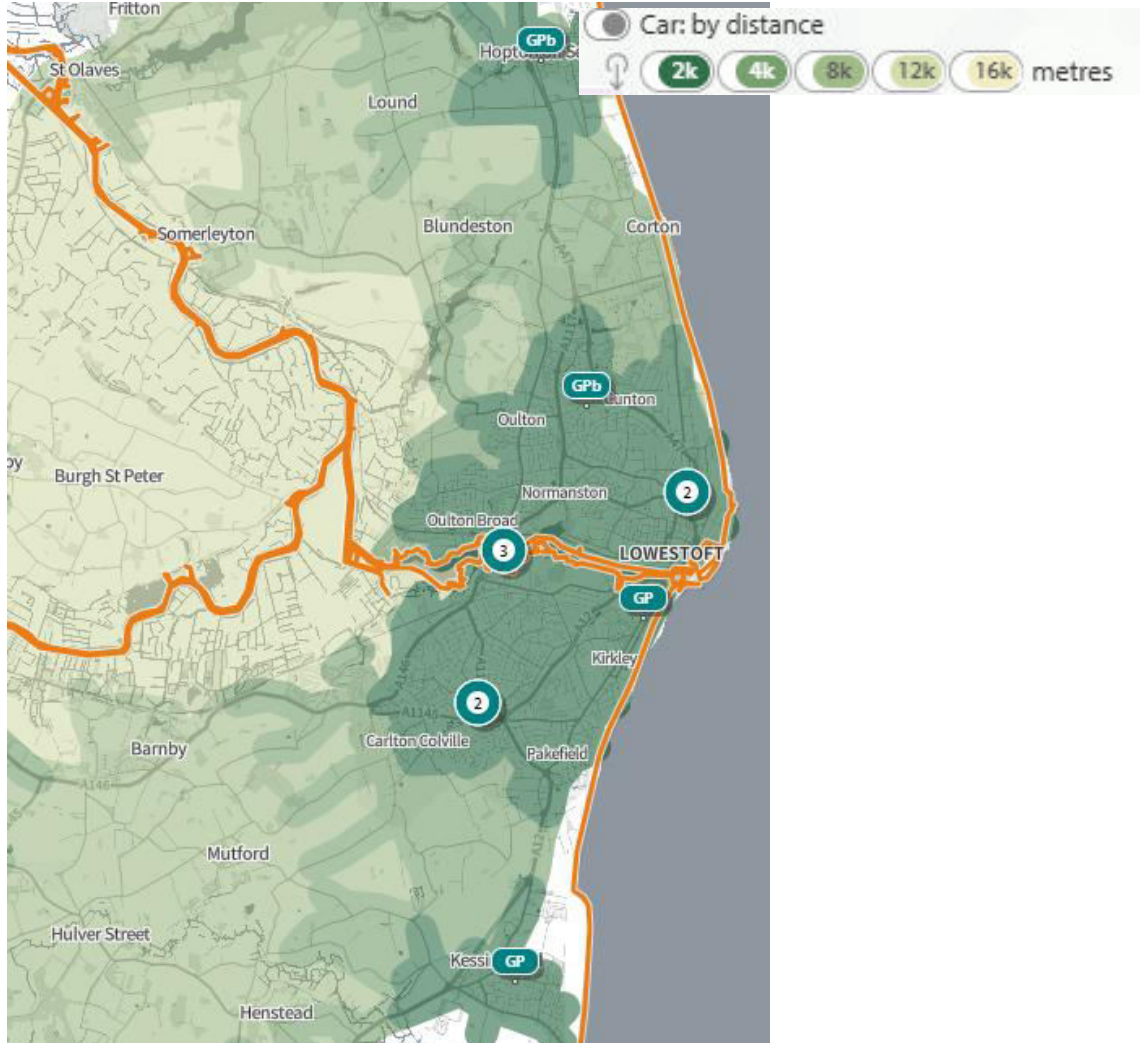
\*\*There is an exception for NHS Outcome metrics marked with asterisks which compare to a 2012 England baseline.

# Services and access

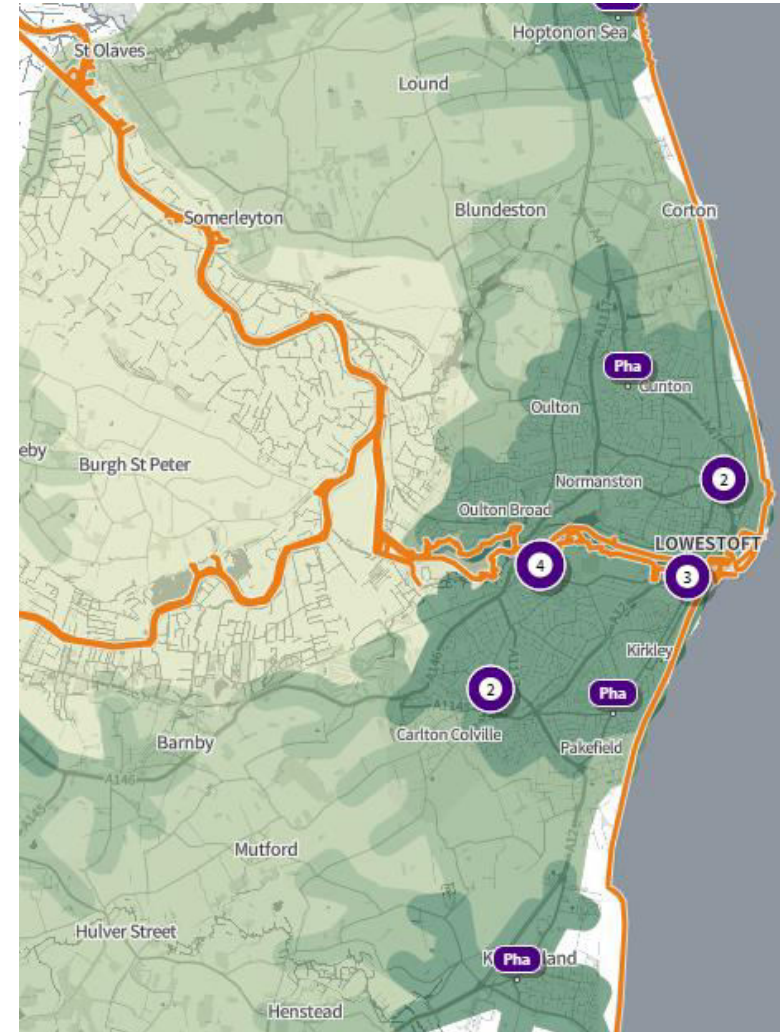
- This section looks at access to health and community services, which is critical for addressing inequalities.

# Access to primary care and pharmacies

## Travel distance to GPs

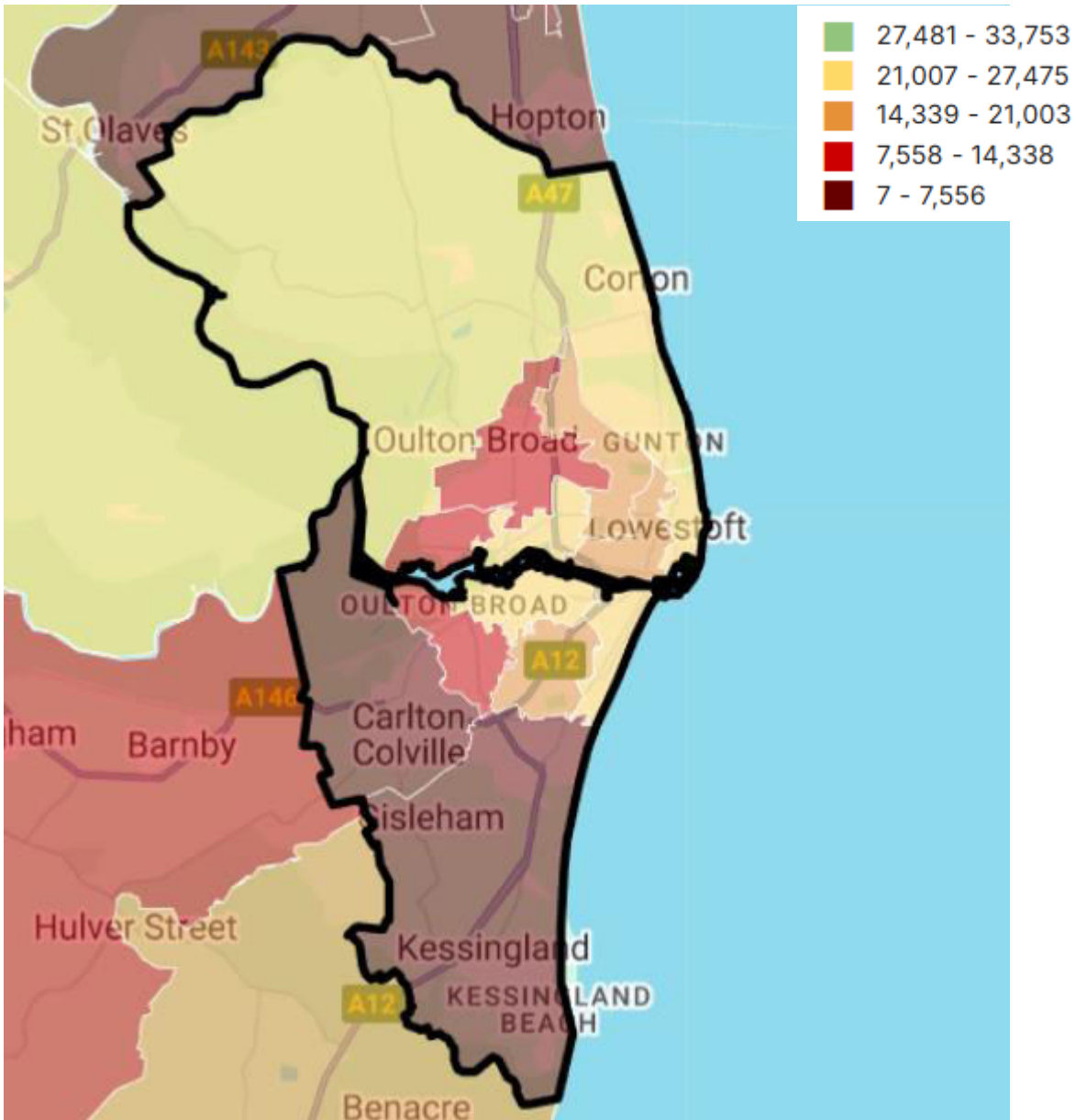


## Travel distance to pharmacies



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

# Civic Assets



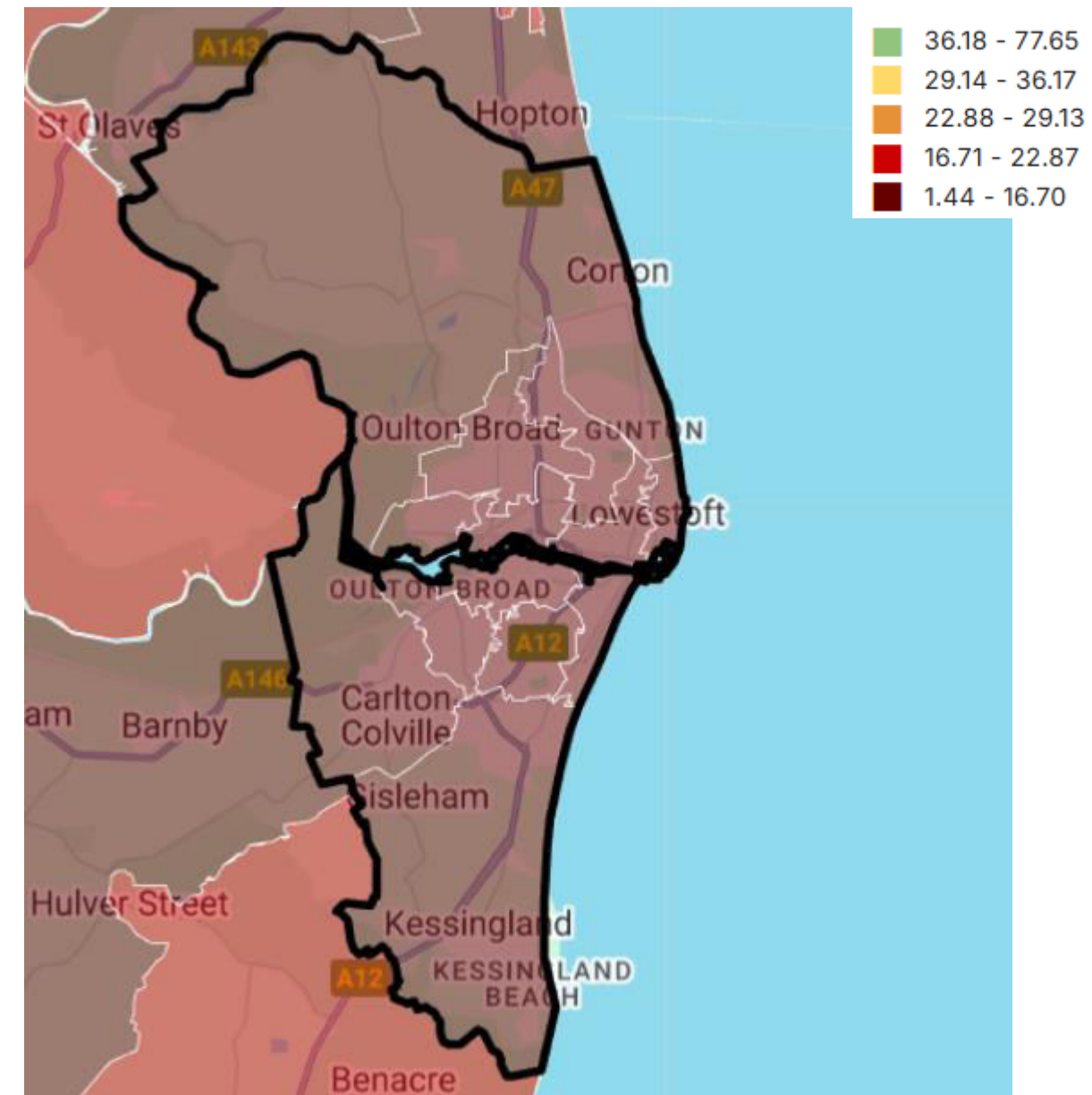
This map shows the Community Needs Index and civic assets ranking, which reflect the availability of community infrastructure and its role in wellbeing.

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.

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

# Summary

# Lowestoft – Key Headlines

## **Population & Deprivation:**

- Ageing population; areas of significant deprivation.

## **Health Outcomes:**

- Life expectancy overall lower than England average and large inequalities between MSOAs.

## **Behavioural Risks:**

- High rates of hospital admissions in some local areas; child health indicators poor in some of the most deprived areas.

## **Disease Burden:**

- Moderately high LTC prevalence overall; but high burden in most deprived areas, and ageing trend will further increase demand.

## **Wider Determinants:**

- Low economic activity; high benefit dependency; average housing stability.

# 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.