

Norfolk Health and Wellbeing Board

Information Update

Title:	Norfolk Health and Wellbeing Strategy – Annual Report July 2016
Date of meeting:	20th July 2016
Sponsor	Dr Louise Smith, Director of Public Health, Norfolk County Council

Reason for the Report

The Board is asked to note the Annual Report (Appendix A) outlining some of the recent progress made in the Health and Wellbeing Strategy for Norfolk over the last year and note the technical report (Appendix B) detailing key indicators.

Report summary

Recent progress is outlined to demonstrate how the goals of this strategy have been achieved. Technical reports have been prepared to demonstrate this progress within each of the priority areas.

Background

The Health and Wellbeing Strategy 2014-17 is about to enter its final year. This Annual Report describes recent successes and achievements. Technical reports have been developed to help understand trends and how much of a challenge still remains in the priority areas.

Action/decisions needed:

The Health & Wellbeing Board is asked to:

- Note the Norfolk Health and Wellbeing Strategy Annual report 2016

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Name	Tel	Email
Deborah Elliott	01603 638393	Deborah.elliott@norfolk.gov.uk



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Annual Report – July 2016

Introduction

1. The Joint Health and Wellbeing Strategy (JHWBS) 2014-17 is entering its final year. Success and achievements towards the goals of the strategy (increasing focus on prevention, reduced inequalities and better integration) are shown throughout all the selected priorities (Social and emotional wellbeing of preschool children, Preventing obesity and Making Norfolk a better place for people with dementia and their carers). Mental Health as a selected priority is discussed in an additional paper for the July Board meeting.
2. This report provides the Board with an illustration of recent achievements and looking prospectively at projects and events planned for the next year and a technical reports section showing the progress made and continuing challenges to tackle (Appendix B).
3. Looking forward to future health and wellbeing strategic plans, we know that to achieve significant impact, we will have to focus even more on Prevention, Reducing Inequalities and Integration across the system or on a more life stage approach, rather than on specific themes or priorities. In this way, population health and wellbeing can be improved to a greater scale.

Recent achievements in the delivery of the JHWBS

Goal: Focus on prevention

- The MAP Early Action Programme in West Norwich focusses on preventing young people becoming NEET or needing acute services by promoting and supporting emotional wellbeing. It works in the community and schools in the west Norwich neighbourhood and includes support for professionals as well as advice, counselling and youth work for young people. It is a five year funded project and is an opportunity to learn and gather evidence of the success of prevention. It is overseen by a programme board made up of senior managers from Schools, CCG, Public Health and Children's Services and is evaluated by Sheffield Hallam University.
- A multiagency Dementia Prevention Task and Finish group, chaired by Professor Hornberger from UEA, is focusing on enablement services and improving connections and use of services. This group will also continue the development of an anticholinergic burden scale leaflet to raise awareness amongst professionals and a project with BBC Voices to develop a couple of short films aimed at raising awareness.
- The Dementia Medication Task and Finish group successfully completed its work programme.
- The Norfolk Recovery Partnership's Family Team continues to work with pregnant clients with substance misuse issues and provides training at UEA to student midwives. Since April 2016, they are providing safe storage for medications to families with young children.
- The Sport England strategy, 'Towards an Active Nation', was launched in May 2016 focussing on the importance of families being active, reducing physical inactivity amongst children and young people and the transition from Early Years to Primary School. Implementation plans are being developed in a multiagency group lead by Active Norfolk.
- Norfolk and Suffolk NHS Foundation Trust were awarded a gold star from the Carer's Trust for successfully achieving the first stage of the Triangle of Care which underlines its commitment to involving carers in all aspects of their loved one's treatment and recovery.
- Norfolk and Suffolk NHS Foundation Trust launched a new YouTube channel in April 2016 called 'Mental Health Perspectives' offering an online library of videos filmed at carers'

conferences and workshops across Norfolk and Suffolk from psychiatrists and psychologists as well as service users.

<https://www.youtube.com/channel/UCfwJ5PFqW2X1WI8nwBdXQCA>

- The 'Get into summer' magazine will be launched at the start of July 2016. Topics include: Public Health England's One You campaign, barriers and recommended amount of physical activity, cycling, running and walking in Norfolk, exercise and mental health with case studies and competitions.
- A pilot project, Fit4Infants is underway for children measured as overweight within the National Child Measurement Programme at Reception age (4-5 years).
- Norwich primary schools are benefitting from the Healthy Norwich initiative where Norwich City Council, Norwich CCG and NCC Public Health and Active Norfolk work in partnership to address key priorities including increasing physical activity and achieving healthy weight. These schools are taking part in 'The Daily Mile' pilot project which involves running or walking a mile every day as part of the normal school day routine. After this summer term pilot, schools in other areas of the county will be targeted to be involved.
- The Health Information Leaflet Service is launching its next pharmacy and library campaign on Healthy Living in July. Active Norfolk, Healthy Norwich and South Norfolk Council have supported the development of the campaign packs that will be distributed to all pharmacies and libraries in the county focusing on healthy eating, physical activity, NHS Health Checks and sun safety.
- Maternal obesity information is being developed by Public Health for all midwifery teams in the acute hospitals. This will include signposting information for both antenatal and postnatal physical activity classes that will be delivered from June 2016 by Active Norfolk as part of their Fun & Fit Baby programme.
- NCC and 3 central CCGs were successful in EOI application to become a site for the second phase of national Diabetes Prevention Programme implementation and are currently procuring a provider.

Reduced inequalities

- Norwich City Council's Reducing Inequalities Action Plan 2017-17 includes a priority focusing on improving the health and wellbeing of 0-5 year olds looking at:
 - Improving the co-ordination of advice and support, including by promoting city council services such as the home improvement service via health visitors and other early years practitioners
 - Working with public health to promote increased uptake of Healthy Start vitamins by working with Early Years settings, the city council benefits team and Job Centre Plus
 - Piloting delivery of cookery classes or community cookery sessions for low income families working with Joy of Food and other partners
 - Focussing on the Lakenham inequalities initiative
- Birth Voices East (Great Yarmouth and Waveney Maternity Services Liaison Committee) have been working with the hard to reach groups, particularly with Portuguese families. They help translate survey responses and this has changed the way midwives from the JPUH provide information in antenatal and postnatal care.
- A multiagency Task and Finish group including representation from the Norwich Business Improvement District (BID) was set up by Dementia Strategy Implementation Board and has developed a resource pack aimed at providing a recommended framework for the larger employers across Norfolk to become dementia friendly. The pack will be available for download on the [Dementia friendly Norfolk](#) website and will be rolled out county-wide.

It is acknowledged that employers are already making good progress to becoming 'dementia friendly'. The smaller-medium sized employers are part of the Dementia Friendly Communities (DFC) initiative led by Age UK Norfolk. There are now 14 DFCs across Norfolk, with the launch of Fakenham due this summer.

- A Dementia Advice and Information group made up from statutory community sector organisations meets quarterly to focus on the ongoing issues of provision of information and advice for people with dementia and carers, aiming to ensure service provision is equitable and meets the needs of people, county wide.
- Dementia related initiatives driven by partners continue to be developed. Examples include the dementia adaptation grants offered by District Councils, i.e. South Norfolk DC in partnership with South Norfolk CCG.

Better Integration

- District Early Help hubs continue to be excellent examples of how to provide integrated services across the county.
- The Norfolk Infant Feeding Collaboration redesigned a bespoke guide in April 2016 for all pregnant women in Norfolk to receive at 20 weeks into their pregnancy to provide advice on feeding, caring and building relationships with their baby. This has informed similar guides being rolled out within Cambridgeshire and Luton.
- Birth Voices East (Great Yarmouth and Waveney Maternity Services Liaison Committee) have launched a new website and produced a new feedback survey for mothers to hear about their experiences of maternity care to help develop good practice.
- The Norfolk Infant Feeding Collaboration launched a campaign to promote National Breastfeeding Celebration Week in June 2016. The campaign, *Support Breastfeeding: Wherever, Whenever, However* featured photographs of mothers from different backgrounds breastfeeding their baby, including mothers that have returned to work. This was circulated via social media and in public places around Norfolk.
- In partnership with the Alzheimer's Society, the Dementia Champion and Coordinator are planning a dementia event to be held in the autumn 2016, with the aim of raising awareness of initiatives and encouraging further dementia friendly developments across the county.

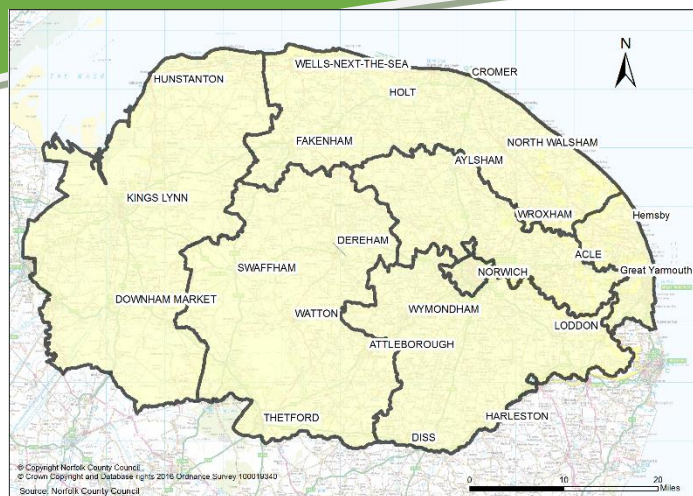
Technical Report (Appendix B)

4. We are very pleased to present to the Board a set of technical reports that can best demonstrate the progress that has been made over the last year from a selection of key indicators. These measures have been selected to demonstrate improvements and challenges for each priority area. Further analysis is required to illustrate how the strategy goals can be measured.
5. The Health and Wellbeing Profile 2016 is largely a refresh of the technical report within the 2015 JHWBS annual report. These data are available at District and Electoral Division area level on the [JSNA pages of Norfolk Insight](#).
6. In addition, a summary data page has been produced for each priority area – see below.

Appendix B:

Health and Wellbeing Profile June 2016

Norfolk



Population 877,700

2014 mid-year estimate | Source: Office for National Statistics

If you have any queries about this profile or its data, please email insight@norfolk.gov.uk.

Current Health and Wellbeing priorities



65% of five year olds have a good level of development



560 people die early each year of circulatory conditions including heart disease and stroke

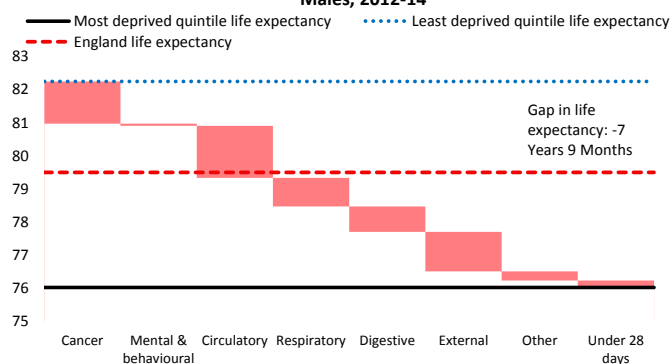


8,117 of 13,863 estimated dementia cases are diagnosed

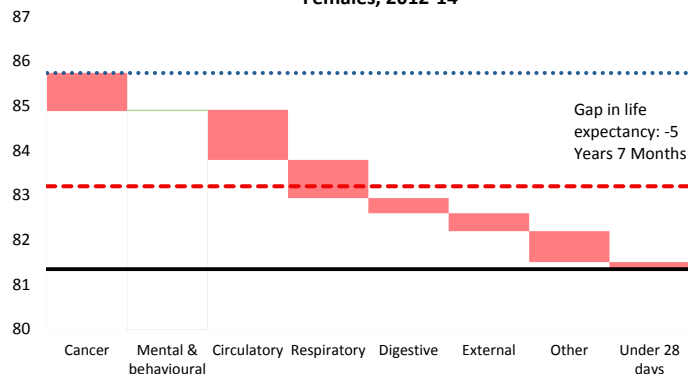


Green or red mean significantly better or worse than the England average. Arrows indicate higher or lower than previous, arrow colour represents significant difference.

Contribution to life expectancy gap between most and least deprived areas in Norfolk, by broad cause of death. Males, 2012-14



Females, 2012-14



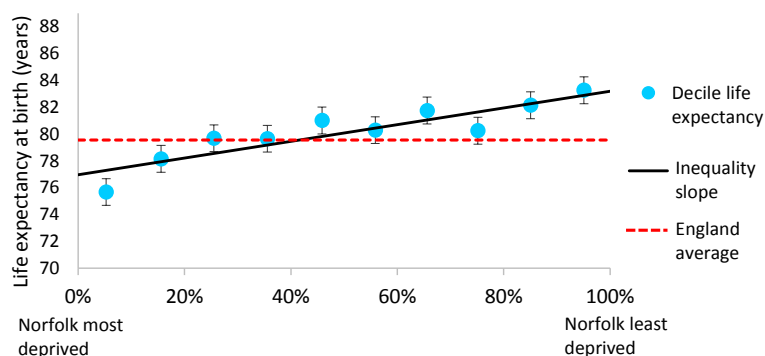
Source: see indicator notes on page 4

www.norfolk.gov.uk/hwbstrategy

Life expectancy at birth by deprivation decile Norfolk.

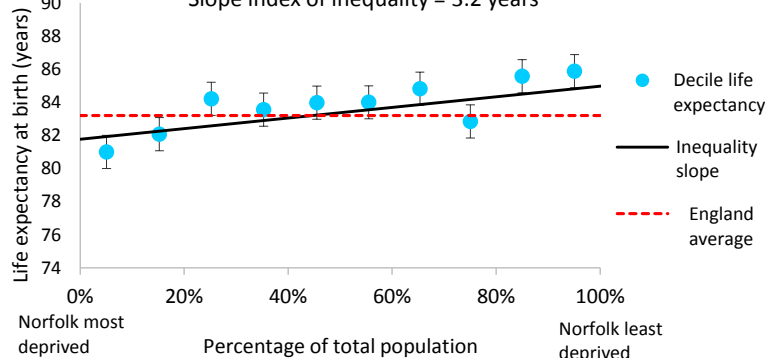
Males, 2012-2014

Slope index of inequality = 6.2 years



Females, 2012-2014

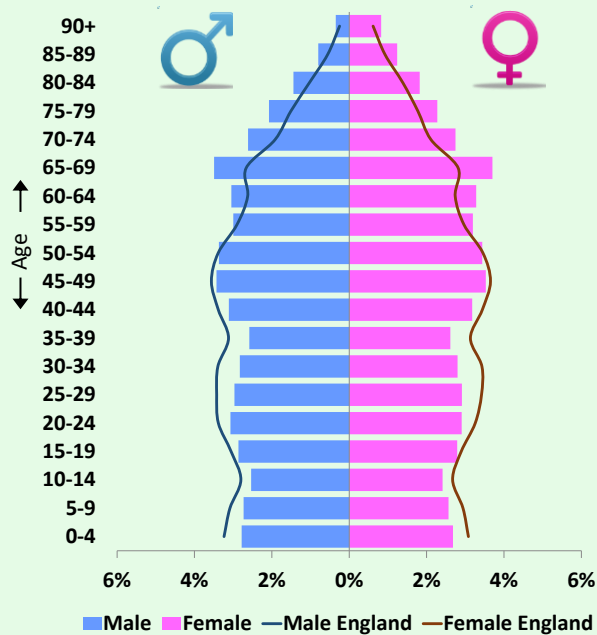
Slope index of inequality = 3.2 years



This profile gives a broad picture of the key Health and Wellbeing issues for Norfolk and shows how it compares with England. It is a snapshot in time of the information available to allow comparison. For more information go to Norfolk Insight www.norfolkinsight.org.uk.

Population – 2014

Percentage of resident population by five year age groups 2014 compared with England



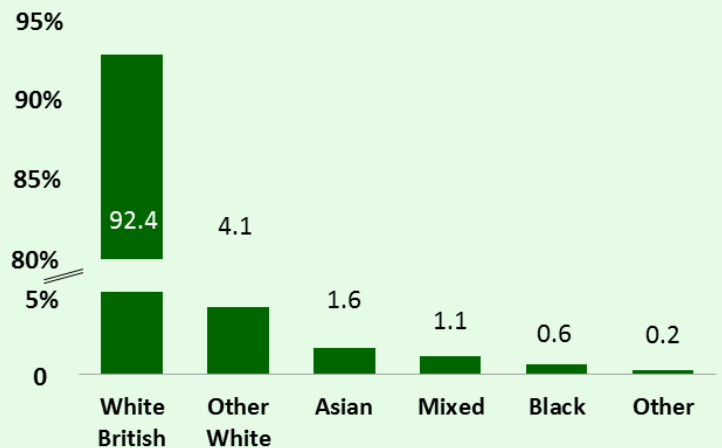
Source: 2014 mid-year estimates, Office for National Statistics

Age Structure

The estimates for mid-2014 show that Norfolk's population has a much older age profile than England as a whole, with 23% of Norfolk's population aged 65 and over, compared with 18% in England - See more at:

<http://www.norfolksight.org.uk/jsna/population>

Percentage of resident population by ethnic group



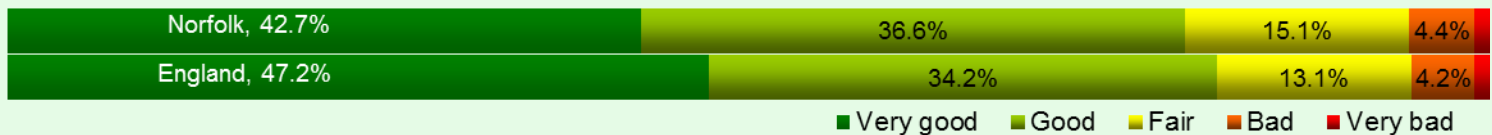
Source: 2011 Census, Office for National Statistics

Health



General Health

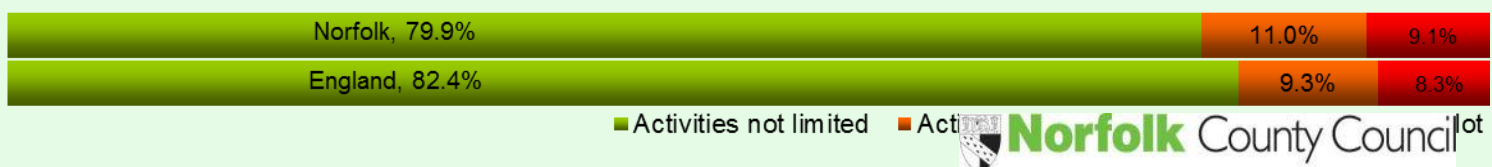
General health is a self-assessment of a person's general state of health. This assessment is not based on a person's health over any specified period of time. General health in Norfolk is worse than the national average. 79.3% of people described their health as good or very good, compared with 81.4% in England, and 5.6% as bad or very bad, as against 5.5% in England.



Source: 2011 Census, Office for National Statistics

Long-term health problem or disability

A long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least twelve months. 9.1% of people in Norfolk said that their day-to-day activities were limited a lot by a long term illness or disability, compared with 8.3% in England.



Source: 2011 Census, Office for National Statistics



Health & Wellbeing summary

The chart below shows how the health of people in Norfolk compares with the rest of England. Norfolk's result for each indicator is shown as a circle. The rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in Norfolk is shown as a grey bar. A red circle means that Norfolk is significantly worse than England for that indicator; however, a green circle may still indicate an important health problem.

● Significantly worse than England average

● Not significantly different from England average

● Significantly better than England average

◆ No significance calculated



Profile for Norfolk			Local Number per Year	County value	England Average	Norfolk Worst	Norfolk Range	Norfolk Best	Change (better or worse than previous)
Our community	1	Life expectancy at birth for males	4,507	80.2	79.5	73.7		85.6	-
	2	Life expectancy at birth for females	4,751	83.8	83.2	79.5		91.4	-
	3	Income Deprivation 2015	114,307	13.2	14.6	36.9		5.5	↑
	4	General Health - bad or very bad	48,233	5.6	5.5	8.9		2.5	-
	5	Teenage conceptions	291	20.3	22.8	193.7		14.0	↓
	6	Provision of 50 hours or more unpaid care per week	23,207	2.7	2.4	4.5		0.8	-
	7	Anti-social behaviour incidents	21,882	24.9	n/a	154.8		7.3	↓
	8	Domestic Abuse	17,188	23.5	n/a	92.0		8.3	↑
	9	Violence against the person	16,549	18.9	n/a	94.2		5.2	↑
Early years	10	Child Poverty	24,050	16.8	18.6	40.3		5.3	↓
	11	Child Development at age 5	5,942	65.0	66.3	47.2		89.0	↑
	12	Admissions for injuries in under 5s	722	151.2	137.7	296.9		60.4	↑
	13	Emergency admissions in under 5s	7,399	154.9	147.4	235.7		96.2	↑
	14	A&E attendances in under 5s	11,796	246.8	389.3	546.2		135.2	↓
	15	Breastfeeding	4,053	44.7	43.8	37.1		52.4	↑
	16	Obese Children (Reception Year)	850	9.6	9.3	17.6		3.3	↑
	17	Children with excess weight (Reception Year)	1,978	22.3	21.9	31.8		12.5	-
Obesity	18	Early deaths from circulatory conditions	560	65.9	75.7	156.9		22.4	↓
	19	Obese adults	183,117	25.1	24.0	31.7		10.6	↑
	20	Healthy eating adults	194,439	26.9	26.4	18.6		34.9	↓
	21	People diagnosed with diabetes	47,425	6.4	6.4	9.6		2.3	↓
Dementia	22	Deaths from dementia and alzheimer's disease	964	91.1	92.3	252.1		13.0	↑
	23	Estimated diagnosis rate for people with dementia	8,117	58.6	65.9	34.6		100.0	↑

Arrows indicate increase or decrease. Green or red arrows mean significantly better or worse than previous. No colour indicates no significant difference.

Health indicator notes

Contribution to life expectancy gap between the most and least deprived LSOA quintiles in Norfolk, by broad cause of death:

difference between life expectancy in the most and least deprived areas and the contribution to gap in life expectancy in years.

Coloured bars indicate difference in life expectancy if the death rate for that cause was the same as in the least deprived areas.

Red shows potential for improvement. Segment tool info.:

<http://tinyurl.com/z472jtk>

Life expectancy at birth by deprivation decile: Life expectancy at birth has been calculated for each population decile from the most deprived 10% of the population to the least deprived 10%. An inequality slope has been calculated (line of best fit using the least squares method) which highlights the life expectancy difference in Norfolk. The England average life expectancy has been included as an illustration of total equality, points below this line show a worse than average life expectancy. Source: ONS PCMD and IMD2010.

More information at: tinyurl.com/LEInequality

Health and Wellbeing summary:

- 1) Average male life expectancy at birth (years) 2012-2014 - Primary Care Mortality Database;
- 2) Average female life expectancy at birth (years) 2012-2014 - Primary Care Mortality Database;
- 3) The percentage of the population living in low income families reliant on means tested benefits – IMD 2015;
- 4) The percentage of question respondents who stated ‘very bad’ or ‘bad’ when asked about their general health – Census 2011;
- 5) Conceptions in women aged under 18 per 1,000 females aged 15-17, 2014 – ONS;
- 6) The percentage of question respondents who stated ‘50 hours or more of unpaid care per week’ when asked if they provided unpaid care – Census 2011;
- 7) Anti-social behaviour incidents per 1,000 population, Oct 2014 to Sep 2015 - Norfolk Constabulary;
- 8) Recorded crime and non-crime domestic abuse incidents per 1,000 population aged 16+, Oct 2014 to Sep 2015 - Norfolk Constabulary;
- 9) Violence against the person incidents per 1,000 population, Oct 2014 to Sep 2015 - Norfolk Constabulary;

Find out more

Key information links

There is much more information available to inform you on Health and Wellbeing issues in your area.

Public Health England publish a range of nationally produced profiles including:

- Local Authority Health Profiles
- General Practice Profiles
- Child Health Profiles
- Injury Profiles
- Community Mental Health Profiles

10) Children 0–15 living in income-deprived households as a percentage of all children 0–15, 2013 – HM Revenue & Customs;

11) Children defined as having reached a good level of development at the end of the Early Years Foundation Stage as a percentage of all eligible children. 2015 – Department for Education;

12) Crude rate of hospital admissions caused by unintentional and deliberate injuries in children (aged under 5 years), per 10,000 resident population. 2012/13-14/15 – HSCIC;

13) Crude rate of emergency hospital admissions for children (aged under 5 years), per 1,000 resident population. 2012/13-14/15 – HSCIC;

14) A&E attendance rate per 1,000 resident population aged 0-4 years. 2013/14 – HSCIC;

15) The percentage of mothers breastfeeding at 6 to 8 weeks 2014/15 - NCHC and ECCH;

16) Number of children classified as obese as a percentage of all children measured. 2014/15 – NCMP;

17) Number of children classified as overweight or obese as a percentage of all children measured. 2014/15 – NCMP;

18) Early deaths from circulatory conditions (deaths aged under 75 including heart attack and stroke) DSR per 100,000 people. 2012-2014 - Primary Care Mortality Database;

19) The percentage of adults classified as obese – Health Survey for England 2012-14;

20) The estimated percentage of the population aged 16+ that eat healthily. Healthy eating is defined as those who consume 5 or more portions of fruit and vegetables per day – Health Survey for England 2012-14;

21) The percentage of the population registered with GP practices aged 17 and over with diabetes. 2015 – QOF database;

22) Directly standardised rate of deaths from Dementia and Alzheimer’s disease per 100,000 people (ICD 10 codes F01, F03 & G30) 2012-2014 - PCMD;

Norfolk County Council and the Public Health team also produce information on related issues, which can be found online. This includes:

- 2011 Census information and analysis
www.norfolkinsight.org.uk/census
- JSNA profiles and information
www.norfolkinsight.org.uk/jsna
- Health and Wellbeing Strategy and information
www.norfolk.gov.uk/hwbstrategy

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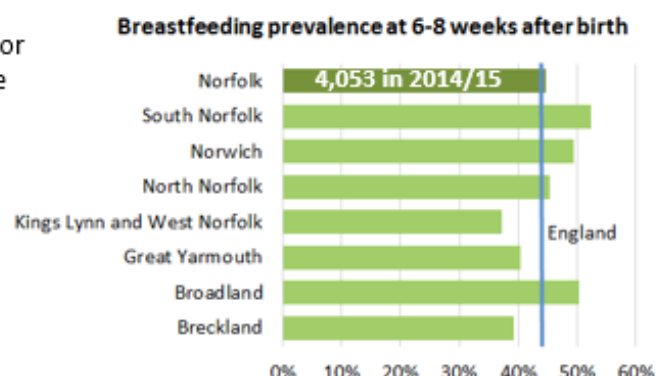
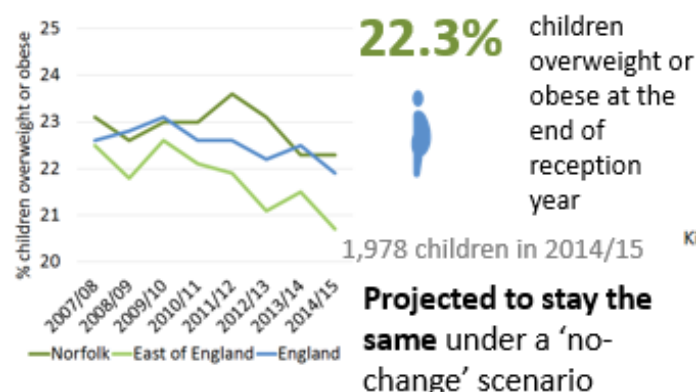


Promoting the social and emotional wellbeing of pre-school children in 2015/16

The [Norfolk Healthy Child Programme Health Needs Assessments](#) have informed the work underway to deliver this priority. Dan Mobbs, as Board Champion and will be extending the implementation plans with support from Momentum and the VCS Forum for Children and Young People. NCC Children's Committee has set up a T&F group to look at this priority chaired by Cllr Corlett.

While many of the key measures show children in Norfolk do as well and better than children in England as a whole, there is still much to do. **Obesity rates** and percentage of children achieving a **good level of development** at reception year are significantly **worse** than the rest of the country and there are still 24,000 children under the age of 16 living in poverty in Norfolk.

High impact areas that make a difference include transition to parenthood and the early weeks, breastfeeding, maternal mental health, healthy weight and nutrition, managing illness and unintentional injuries and child development assessment at age two.

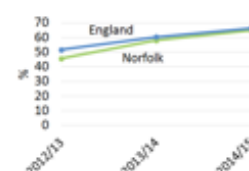


The percentage of children achieving a good level of development at the end of reception is increasing:

65%

5,942 children in 2014/15

But still significantly below England



There are an estimated 24,000 children under the age of 16 living in poverty in Norfolk (16.8% of all children), significantly lower than the national average (18.6%) – HM Revenue and Customs 2013

There were 180 looked after children aged 0-4 at 31st March 2015. The rate is not significantly different to the England average.

If you have any queries about this summary, please email insight@norfolk.gov.uk



Living well by preventing obesity in 2015/16


The Healthy Weight Strategy, supported by Cllr Bendle as Board Champion, identifies ways to build integrated approaches, promote behaviour change and create a healthier physical environment.

Two thirds of Norfolk adults are overweight and obese. This is higher than the national average and is contributing to a 'new norm' in the public perception of weight. A one percent reduction in the prevalence of obesity in Norfolk would avoid more than 4,000 cases of obesity related conditions, saving an estimated annual health and social care cost upwards of £5.5 million.


However, deaths from cardiovascular diseases are reducing by an average of 560 deaths per year in Norfolk. With improved treatments and reduced smoking prevalence, people are living longer with obesity related conditions. If radical reductions in obesity rates are not achieved, obesity will cost the local health economy more than £80 million per year.

In Norfolk:

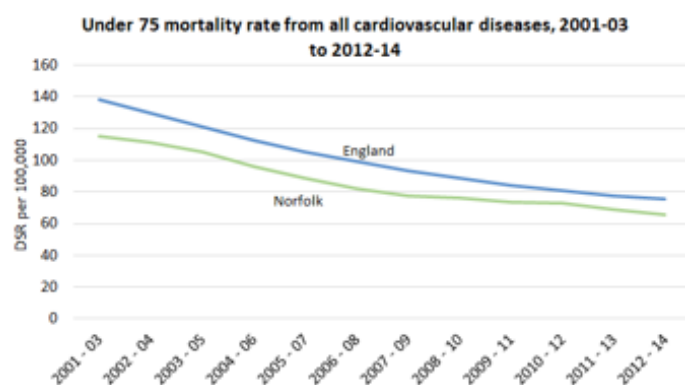
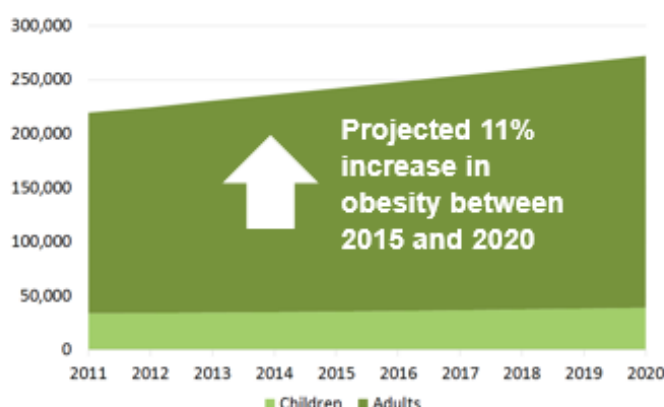
 47,400 have diabetes

 36,100 have chronic kidney disease

 34,000 have chronic heart disease

 19,000 have had a stroke

QOF 2014/15



- Average of 560 deaths per year in Norfolk 2012-14



2 in 3

adults in Norfolk are
overweight or obese
506,000 - 2012-14

If trends in obesity continue then by 2020 it is estimated that the **additional burden** of obesity will have contributed

- **6,000** people with **heart disease**
- **2,000** **strokes**
- **87,000** people with **high blood pressure**
- **43,000** people with **diabetes**

If this happens then obesity will cost the local health economy more than **£80 million** per year.

28% of adults in Norfolk are physically inactive, the same as the national average – Sport England 2015

An estimated 27% of the population aged 16+ consume more than five fruit or vegetables per day – 2012-2014 health survey

If you have any queries about this summary, please email insight@norfolk.gov.uk



Making Norfolk a better place for people with dementia and their carers in 2015/16

Particular success has been achieved by an improved integrated way of working among those involved with improving dementia care and services. The Dementia Strategy Implementation Board (DSIB), chaired by Joyce Hopwood, the Board Champion, has used the recommendations in the [JSNA Dementia Needs Assessment](#) to steer the work programme. Focus has been on dementia friendly employers, appropriate medication use, timely advice and information and finalising the Dementia Friendly Norfolk website [Dementia Friendly Norfolk](#).

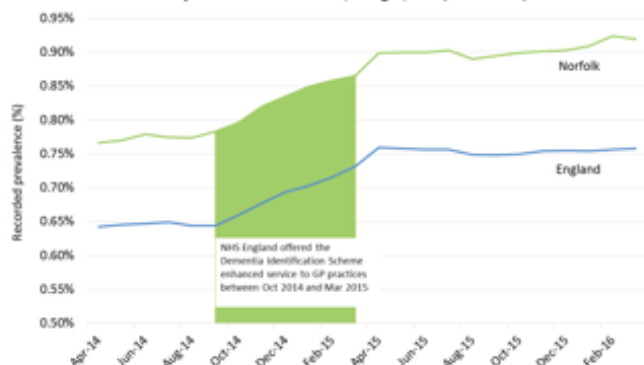
There are 8117 people with a recorded dementia diagnosis which indicates only 58% of the expected prevalence for Norfolk. Dementia is the underlying cause for 10% of all deaths in Norfolk.

The DSIB recognises that the more qualitative outcomes, not routinely measured, are of equal value in demonstrating the effectiveness of more supportive work streams.

Projected dementia prevalence 2014-2025



Recorded prevalence of dementia, all ages, 2014/15 to 2015/16



More than 1 in 3 females over the age of 90 are estimated to have dementia in Norfolk

- CFAS II



There are 8,117 people registered at practices in Norfolk with a recorded dementia diagnosis, but research suggests that nearly 13,900 in the county may have the disease – CFAS II, QOF March 2016

7,917 people aged 65+ and 200 below the age of 65 are registered at practices in Norfolk with a recorded dementia diagnosis - QOF March 2016

Dementia is the underlying cause for 10% of all deaths in Norfolk - PCMD 2012-14

The spike in the mortality rate nationally in 2015 has been attributed to a rise in the number of dementia and Alzheimer's related deaths – ONS

In Norfolk, the number of people who die of Alzheimer's and dementia has increased yearly. In 2009 there were 446 deaths for these conditions, compared with 1,200 in 2015. This caused the condition specific death rate to almost double in the same time period – ONS and PCMD

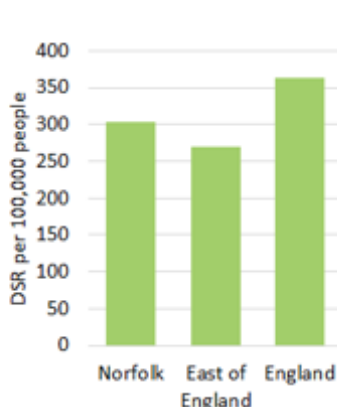
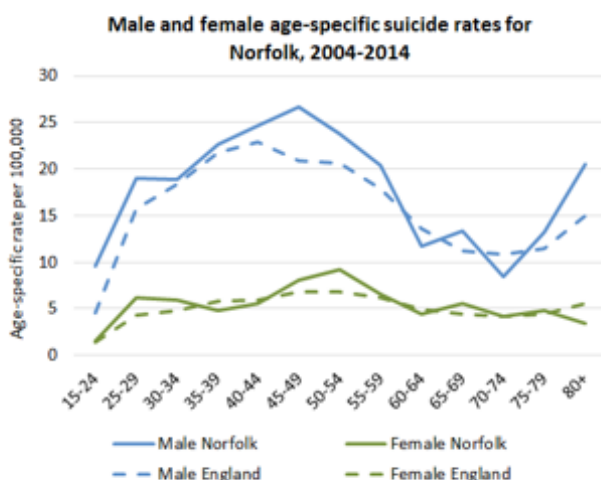
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Making Mental Health a Priority for Norfolk 2016-2020

Mental Health outcomes in Norfolk are generally poorer compared to England. Suicide rates are significantly higher with an average of 88 deaths in Norfolk each year and there are an estimated 81,427 people in Norfolk with common mental health illness. The trend is getting worse.

Prevention of mental ill-health, and better support for those who have developed mental illness is now a priority for the Health and Wellbeing Board. Current models of care are established and how long term investment has been secured has been historically difficult.

By focussing on four main strategic aims: Reduce stigma, Make mental health everyone's business, Improve access to self help resources and early help and Commission better pathways into and through services, the Health and Wellbeing Board is best placed to lead on the improvements required in this priority area.



2,660 People admitted to hospital for mental and behavioural disorders due to alcohol
2014/15

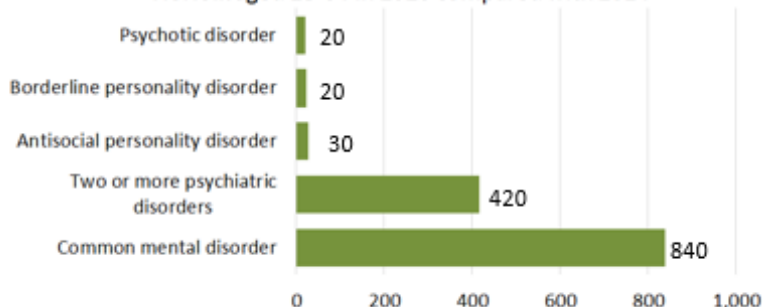
- Rate significantly lower than in England

People aged 18-64 in Norfolk estimated to have a common mental Disorder:

81,400 in 2014



Extra number of people with a mental health problem in Norfolk aged 18-64 in 2020 compared with 2014



Estimated number of people in Norfolk aged 18-64 with a mental health condition in 2014:

- A common mental health disorder (e.g. depression, anxiety, OCD) – **81,427**
- A borderline personality disorder – **2,278**
- An antisocial personality disorder – **1,759**
- Psychotic disorder – **2,023**
- Two or more psychiatric disorders – **36,370**

Source: PANSI 2016

The suicide rate in Norfolk is now significantly higher than England (88 local deaths per year on average in 2012-14) after a long period where the rate was similar to the country average.

Early deaths in adults with serious mental illness (SMI) is significantly higher than in England. 264 people with an SMI died in 2012/13.

Admissions for depression aged 15yrs and over is 34.9 per 100,000 compared to the England average of 32.1 2009/10-2011/12.

If you have any queries about this summary, please email insight@norfolk.gov.uk