

# Joint Strategic Needs Assessment 2016

This is the Annual JSNA report outlining significant messages about the health and wellbeing of people in Norfolk. The key information has been depicted and explained under the categories of:

**People**

**Place**

**Healthy Start**

**Healthy Childhood**

**Adult Health**

**Older People Health**

JSNA reports and other information and resources published to support plans and commissioning are available on [www.norfolkinsight.org.uk](http://www.norfolkinsight.org.uk) How the JSNA is used to inform strategic direction and how it maps to some key strategies in Norfolk is set out in this report.

The design of the JSNA pages on line are being redesigned to allow better access to information and examples of these pages can be seen within this report.

For comments and questions, please email [jsna@norfolk.gov.uk](mailto:jsna@norfolk.gov.uk)

## Introduction

Norfolk generally has an older population that is projected to increase at a greater rate than other age-groups. For the health and social care system this creates opportunities in terms of a potential wellbeing resource and challenges in terms of demand for care. Norfolk has higher life expectancy than England as a whole but inequality exists across Norfolk with more than 120,000 people living in areas categorised as the most deprived 20% in England. Deprivation is a risk factor for poor health and wellbeing outcomes and increases the risk of loneliness.

Outcomes for the children in Norfolk have room for improvement. For example, while smoking in pregnancy is reducing in Norfolk it is still higher than England. Smoking in pregnancy can cause serious problems for both the mother and child. Potential harms to the child include the increased chance of attention difficulties, increased chance of breathing problems and increased chance of poor educational attainment. Smoking in pregnancy is five times more likely in deprived areas so disproportionately impacts on deprived communities. Infant mortality has not improved over the last ten years whereas Infant mortality in England has reduced. However, immunisation across Norfolk is good and the proportion of mothers breastfeeding is increasing.

Educational attainment is improving but is still lower than the England average. Teenage conceptions continue to decline and the rate is lower than England. However, there are still more than 100 teenagers becoming mothers each year in Norfolk. Admissions for children for injuries are higher than England and have been increasing but admissions for children and young people for alcohol are lower than England and are decreasing. However, admissions for children and young people for self harm are higher than England and have been increasing.

Addressing modifiable risk factors can reduce the likelihood of developing long term health conditions such as diabetes and improve health and wellbeing. In Norfolk smoking, alcohol and obesity are estimated to contribute to 23,000 hospital admissions each year. The EPIC study based on the Norfolk population shows that prevention works. People who drink moderately, exercise, quit smoking and eat five servings of fruit and vegetables each day live on average 14 years longer than people who adopt none of these behaviours. This result demonstrates that modest and achievable lifestyle changes can add years to life as well as life to years.

Outcomes for older people in Norfolk are generally good and the proportion of older people in Norfolk rating of their own health related quality of life is generally higher than England. However, in 2014/15 there were about 3,800 emergency admissions for injuries related to falls of which more than 1,100 were for broken hips. Flu can increase the risk of hospital admission and in Norfolk despite immunising more than 147,000 people aged 65 and over for flu the average uptake is still lower than England. As people age their accommodation requirements may change. Modelled estimates indicate that the 75 and over population of Norfolk is likely to require about 15,000 nursing and residential beds and more than 6,000 housing with care units.

# People

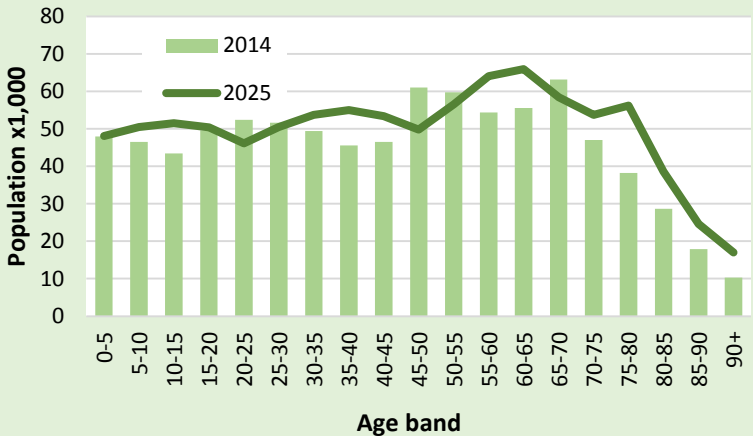
Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England. This will bring opportunities and challenges. Almost all of the population increase over the last 5 years has been in those aged 65 and over. Between 2014 and 2025 the population is expected to increase by 66,000 with most of the increase in the 65 and over age bands.

Across Norfolk the average life expectancy is about 80 years for men and about 84 years for women. The average number of years a man can expect to live in good health is about 64 and for women it is about 66. This leaves a significant period of time where people's health deteriorates.

Deprivation and poverty influence the health and wellbeing of the population. The life expectancy gap between the most deprived areas of Norfolk and the least deprived areas is 6.2 years for men and 3.2 years for women.

Across Norfolk about 77,700 people are limited a lot in their day to day activities and about 23,200 provide more than 50 hours of care per week. As people age their ability to access services can reduce, their need for care can increase and their risk of loneliness increases. With an ageing population these issues need to be addressed.

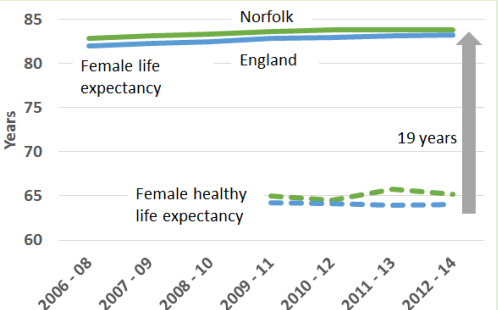
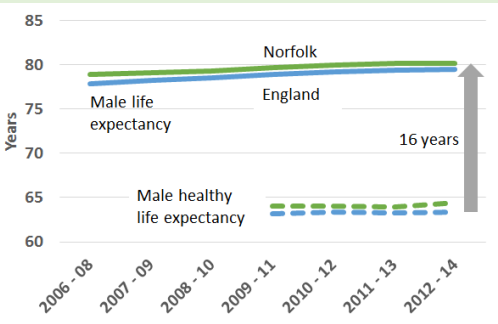
Population for Norfolk 2014 compared to 2025



Between **2014** and **2025** the **overall** population is expected to increase by more than **66,000** the **working age** population is expected to increase by **6,000** and people **aged 65 and over** by more than **43,000**



Life expectancy gap between the most and least deprived areas of Norfolk.



**77,700** people with day to day activities limited a lot **9.1%** of the Norfolk population compared to 8.3% in England

**23,200** people provide more than **50** hours of care per week **2.7%** of the population compared to 2.4% in England

At 65...	At 85...
8.4% chance of living in a household without a car	55.5% chance of living in a household without a car
26.2% chance of day-to-day activities being "limited"	82.6% chance of day-to-day activities being "limited"
66% chance of living in a couple, and 4.9% chance of being widowed or a surviving partner	24.6% chance of living in a couple, and 65.3% chance of being widowed or a surviving partner

Estimated number of people with certain conditions

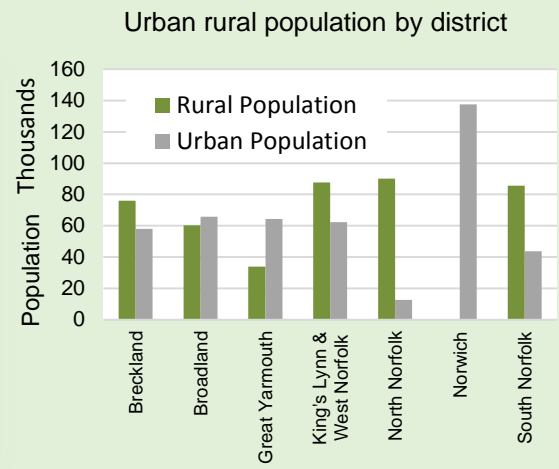
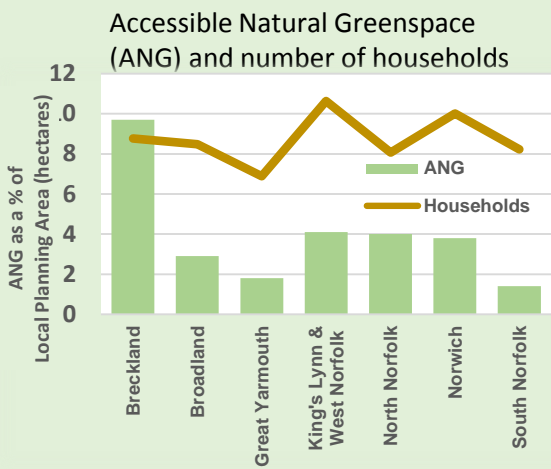
- Blind **19,000**
- Hearing impairment **110,000**
- 18 to 64 with a serious physical disability **12,300**
- 18 to 64 with a serious personal care disability **4,500**
- 18 to 64 with a moderate or severe learning disability **2,800**
- 18 to 64 with a common mental health disorder **81,400**

# Place

Currently more than 120,000 people in Norfolk live in areas categorised as the most deprived 20% in England. These are mainly located in the urban areas of Norwich, Great Yarmouth, Thetford and King's Lynn together with some identified pockets of deprivation in rural areas, coastal villages and market towns. However, some of the smaller areas of rural deprivation, which make delivery of services more difficult and reduce accessibility for the population, remain hidden.

Increasing the number of quality well paid employment opportunities can help address deprivation. However, earnings across Norfolk are generally lower than England. The median weekly gross pay for ALL jobs in Norfolk is £360. Meaning that 50% of the population who work earn more than £360 per week and 50% earn less.

The balance of urban and rural varies across the districts with Norwich the most urban and North Norfolk the most rural. 56% of our population 75+ live in a rural area. The rural nature of Norfolk presents opportunities in providing access to natural greenspace but higher risk of being killed or seriously injured on the roads.



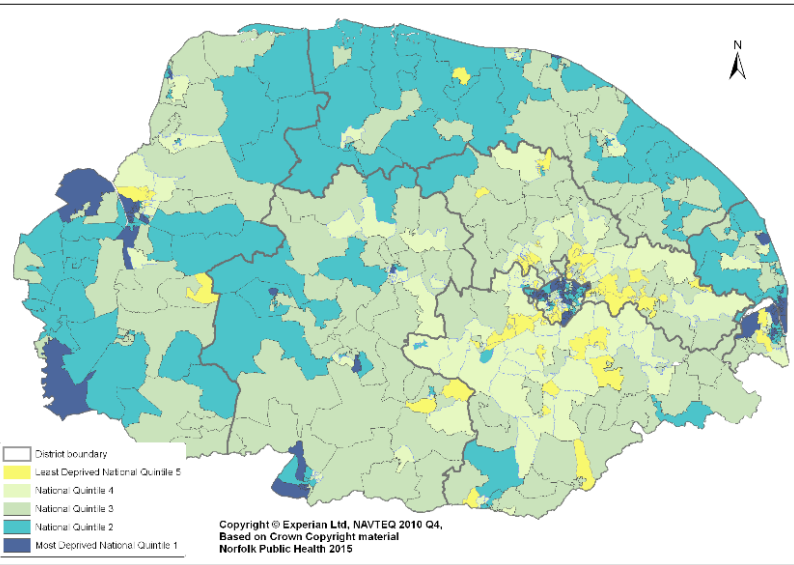
In Norfolk more than **370 people** are **killed or seriously injured** on the roads per year (43 per 100,000 – higher than England)

**5.4%** the fraction of mortality due to particulate air pollution (about the same as England).

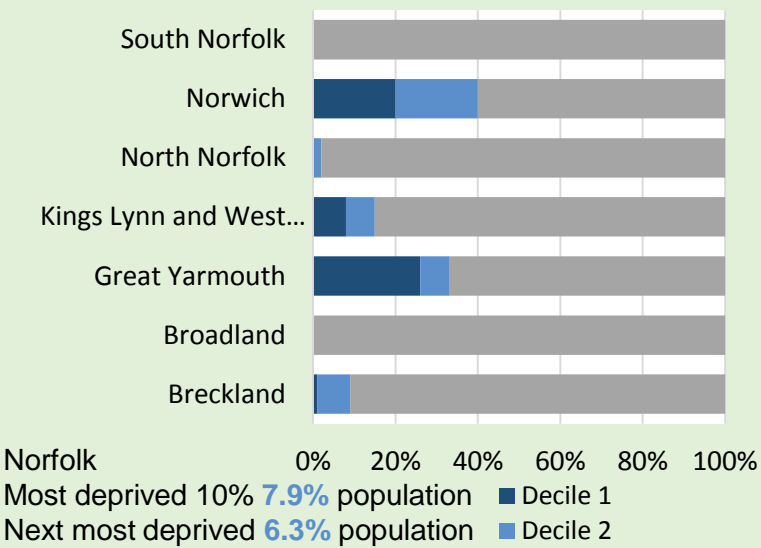
**56%** of people aged **75+** live in **rural** areas in **Norfolk**.

## Deprivation in 2015

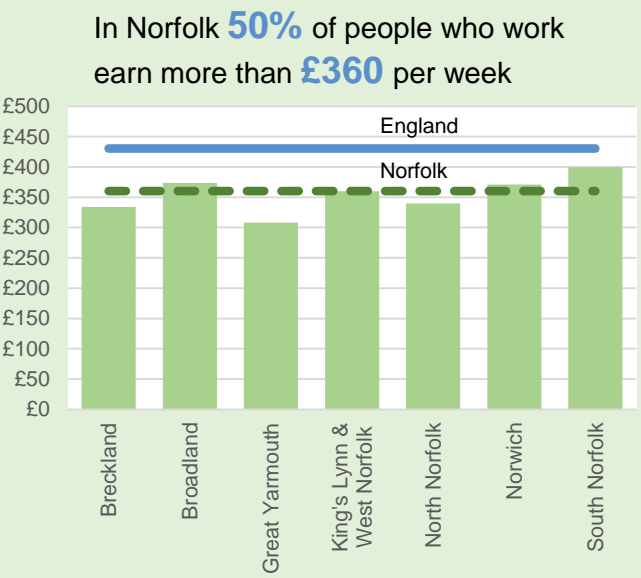
**24,000** children in Norfolk live in poverty (16.8% - lower than England)



The % of the population of who live in the most deprived areas



Median weekly gross pay for ALL jobs during 2015



# Healthy start

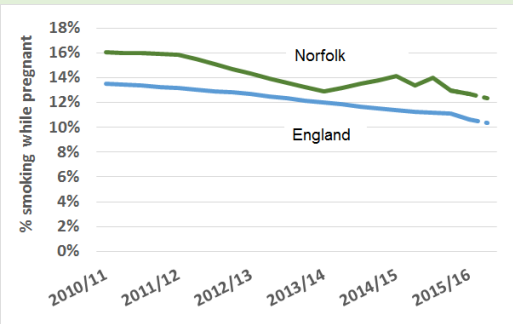
Smoking in pregnancy can impact on the babies health and the mothers. Although the numbers of mothers smoking while pregnant is declining Norfolk has a higher percentage of mothers smoking at time of delivery compared to England. Each year over 9,000 babies are born in Norfolk and about 240 are of low birthweight. During the first year about 40 babies will die, the infant mortality rate has not changed much over the last 10 years whereas it has improved in England generally.

Immunisation for children is improving and is significantly higher than England. This is also the case for children in care.

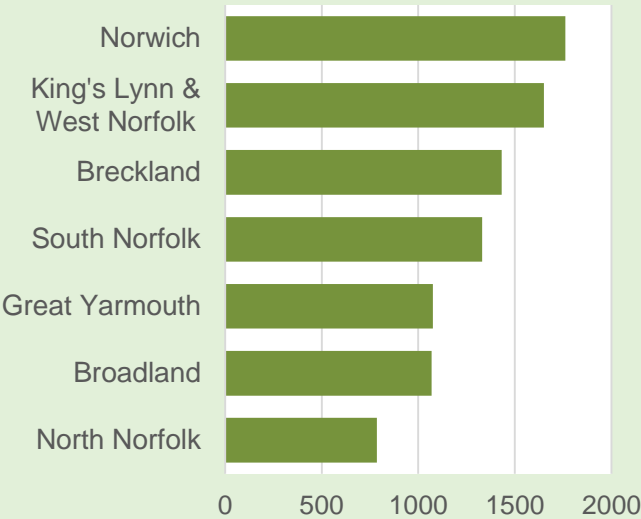
Breastfeeding is improving. Initiation is higher than England and breastfeeding at 6 to 8 weeks is about the same as England. The percentage of mothers breastfeeding across the county varies from the highest in South Norfolk to the lowest in Kings Lynn and West Norfolk the lowest.



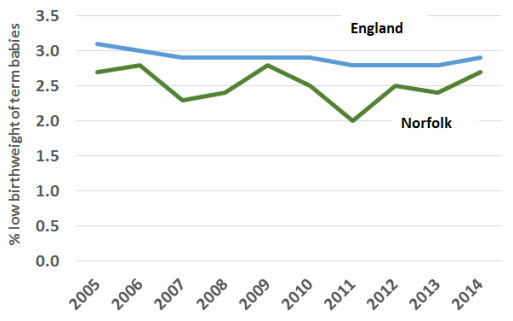
In Norfolk in 2014/15 more than **1,250** mothers were **smoking while pregnant. 14.1% of mothers** compared to 11.4% in England. This is expected to reduce over the next few years



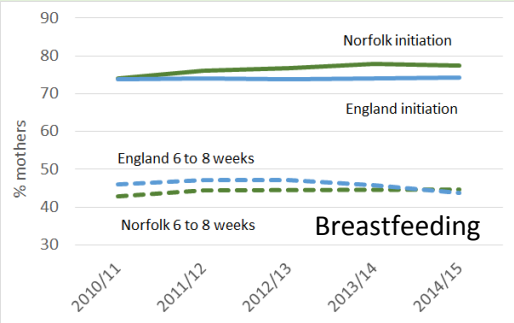
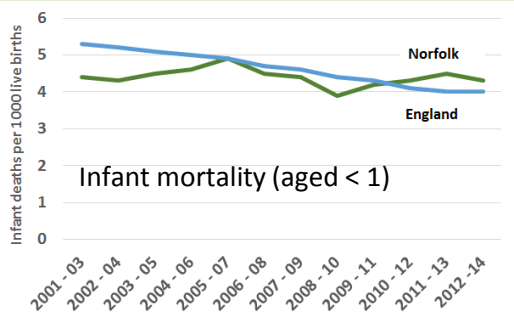
Live births (2014) - Norfolk total **9,100**



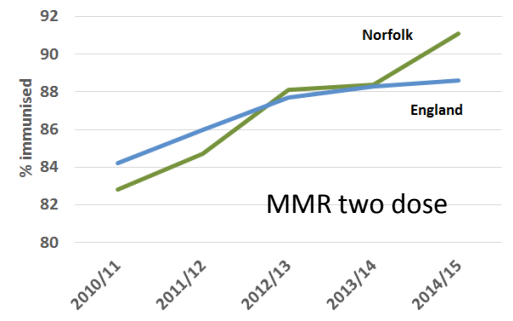
## Low birthweight of term babies



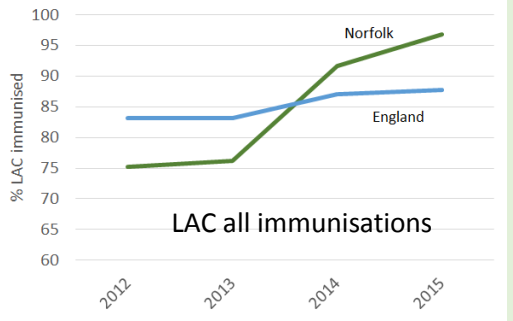
In Norfolk about **230** term babies are born weighing less than they should - lower than the England. However, about **40** infants under 1 die each year, **4.3 per 1000** live births compared to 4 per 1000 in England.



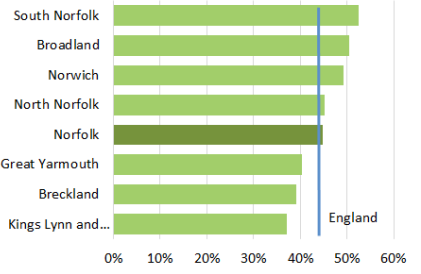
## Immunisation



**8,600** children were vaccinated for MMR in 2014/15 **91%** - better than the national rate. In 2015 more than **95%** of children in care had their immunisations up to date - better than the national rate



Breastfeeding at 6-8 weeks





# Children and young people's health and wellbeing

The percentage of children achieving a good level of development at the end of reception is increasing and the percentage of children achieving 5 A\*-C GCSEs including English and Maths is also increasing. However it is still below that for England.

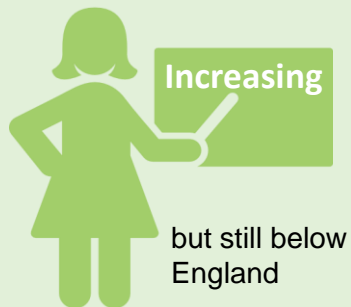
Teenage conceptions continue to decline and the rate is lower than England. However, there are still more than 100 teenagers becoming mothers each year in Norfolk.

The rate of admissions for injury in children aged under 14 is higher in Norfolk than for England. However, the rate of under 18's admitted to hospital due to alcohol specific conditions is significantly less than that of England and continues to decline. Admissions for self harm and substance misuse are increasing, perhaps evidence of unaddressed mental health need.

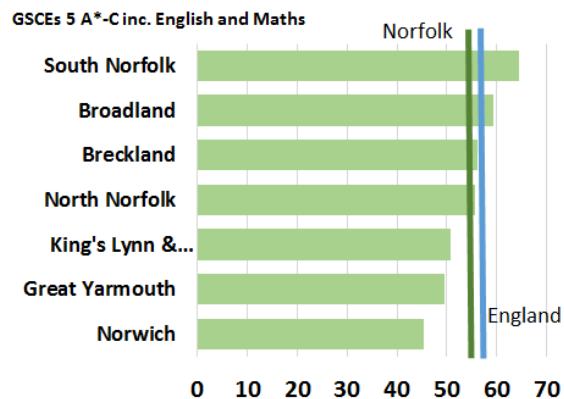
Educational attainment is improving. In Norfolk in 2014/15

**Reception**  
good level of development **65%**  
5,942 children

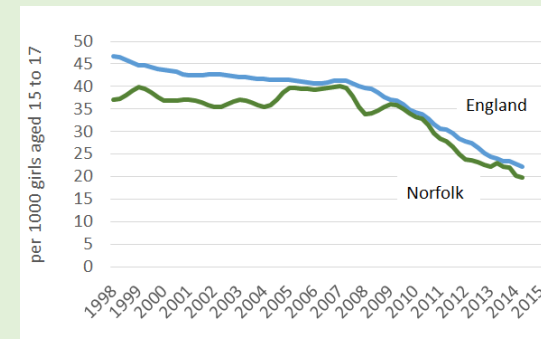
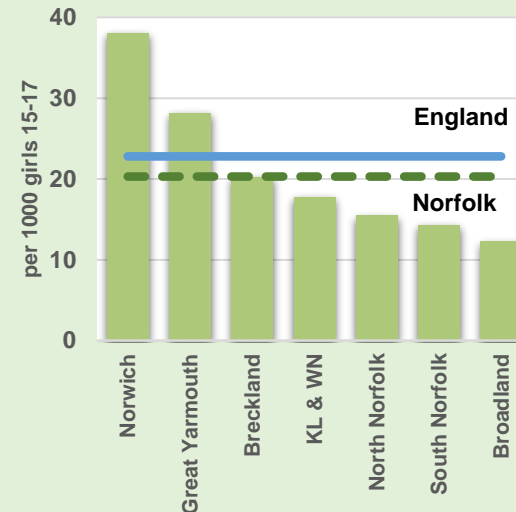
**GCSEs 5 A\*-C**  
inc. English and Maths **55%**  
4,517 children



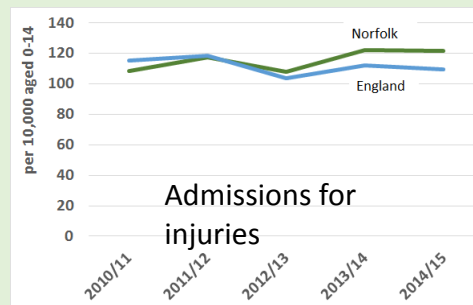
but still below England



## Teenage conceptions

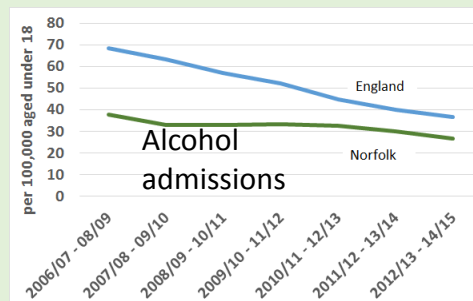


In 2014 in Norfolk **291** teenagers became pregnant leading to about **105** becoming teenage mothers (a higher rate than England)



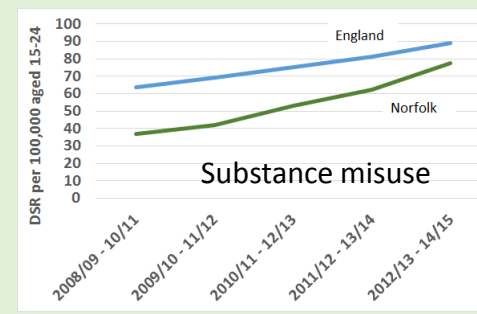
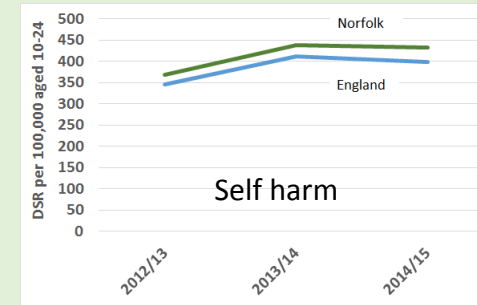
There were **1,680** admissions to hospital for **injuries** for young people aged **0 to 14 years** in 2014/15 at a higher rate than England.

There were an average **45** admissions to hospital for **alcohol** for young people aged **under 18 years** in 2014/15 at a lower rate than England.



There were **640** admissions to hospital following **self-harm** for young people aged **10 to 24 years** in 2014/15 at a higher rate than England.

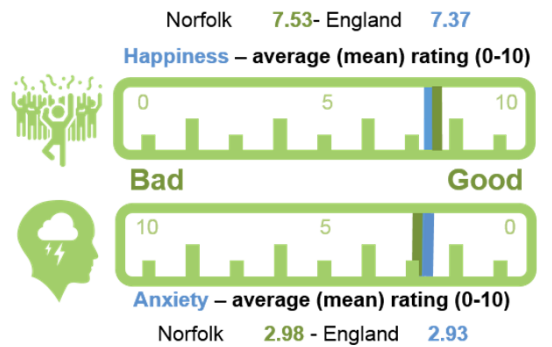
There were on average **80** admissions to hospital for **substance misuse** for young people aged **15 to 24 years** in 2014/15 at a lower rate than England.



# Adult health and wellbeing

In addition to age there are factors across the life course for the system of Norfolk that influence health and wellbeing of people and the need for services. Some of these are personal modifiable risk factors such as smoking, alcohol, obesity, exercise and healthy diet. In Norfolk it is estimated that smoking, alcohol and obesity contribute about 23,000 hospital admissions per year. Although smoking prevalence is declining, smoking is still the biggest driver of avoidable poor health. The area with the highest smoking prevalence is Norwich. Addressing factors that people can do something about will help reduce the prevalence of long term conditions and reduce demand on services. This will help free up resources to enable services to find and manage those who have not yet been diagnosed. For example, it is estimated that there are currently almost 11,000 people in Norfolk with undiagnosed Diabetes.

In terms of mental wellbeing Norfolk has a rate slightly higher than average for reported happiness compared to England and also slightly lower proportion of people who are anxious. However, in Norfolk there are about 81,400 people who have a common mental health disorder and that is expected to increase by 1,400 between now and 2025. The ultimate expression of poor mental health is suicide and this occurs across all age bands, not just young people. In Norfolk suicide is higher than England as is the number of emergency hospital stays for self-harm.



In Norfolk there are still more than **2,000** emergency admissions per year for mental health related conditions

It is estimated that by **2015** the **additional burden** of obesity has contributed about



- 5,900** people with **heart disease**
- 82,500** people with **high blood pressure**
- 1,600** **strokes**
- 42,000** people with **diabetes**

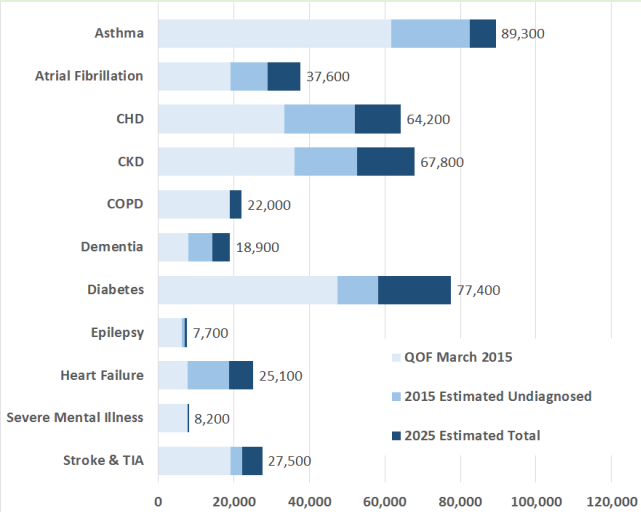
**Suicide** occurs across all age bands – not just young people.



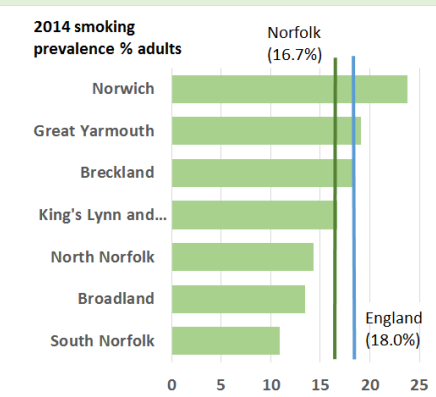
An average of **88** people per year in Norfolk **killed themselves** in the period 2012 to 2014. **10.3 per 100,000** significantly worse than England.

**1,890** emergency hospital stays in Norfolk for **self-harm** in 2014/15, **223 per 100,000 population**, which is significantly worse than England (**191**).

Estimated prevalence of long term conditions in Norfolk 2015 compared to 2025



Smoking is still the biggest driver of avoidable poor health. Norwich currently has the highest smoking prevalence. In terms of demand on the health sector it is estimated that in 2014/15:



- Smoking** led to more than **10,900** admissions
- Alcohol** led to about **6,100** admissions
- Obesity** led to about **6,100** admissions

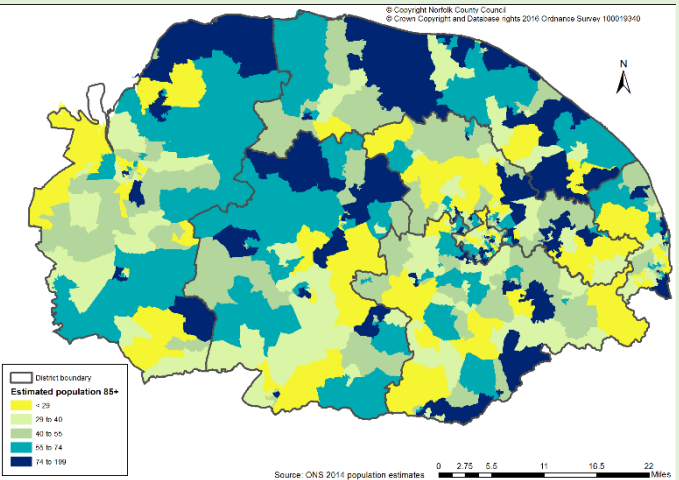
# Older people's health and wellbeing

The area of Norfolk with the highest numbers of older people is North Norfolk. The population aged 85 and over are likely to grow by 40,000 between now and 2025. This will require planning for different types of accommodation. Modelled estimates indicate that the 75 and over population of Norfolk is likely to require about 15,000 nursing and residential beds and more than 6,000 housing with care units. The increasing numbers of older people also mean that it is likely to increase the need for palliative care for about 7,700 deaths by 2025.

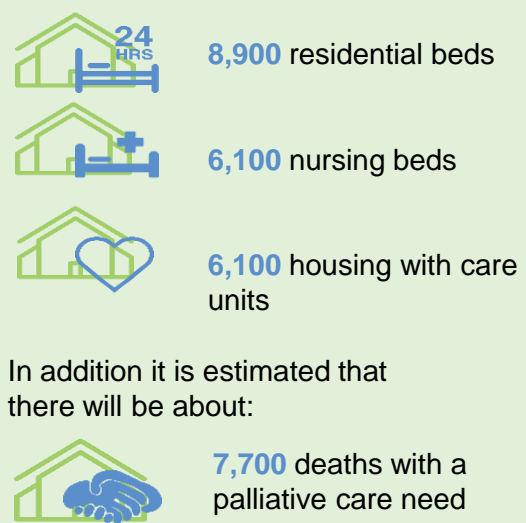
Outcomes for older people in Norfolk are generally good and older people's rating of their health related quality of life is higher than England. Emergency admissions for injuries related to falls is lower than England but there were still 1,100 emergency admissions for broken hips in 2014/15. Across Norfolk as a whole there are more than 10,000 emergency hospital admission for people aged 65 and over each year. Flu can increase people risk of admission and despite almost 147,000 people aged 65 and over being immunised against flu this is still a lower proportion compared to England.

Age is one of the risk factors for loneliness. At age 65 about 2 out of 3 people live in couple, at age 85 this has reduced to about 1 in 4. Another risk factor is deprivation with those living in the most deprived areas 50% more likely to be lonely. Across Norfolk there are estimated to be about 38,000 people aged 65 and over who are lonely and this will impact on their health and wellbeing.

Location of people aged 85+ in 2014. The population aged 85+ is estimated to grow by more than **40%** between now and 2025 to about **42,000** people

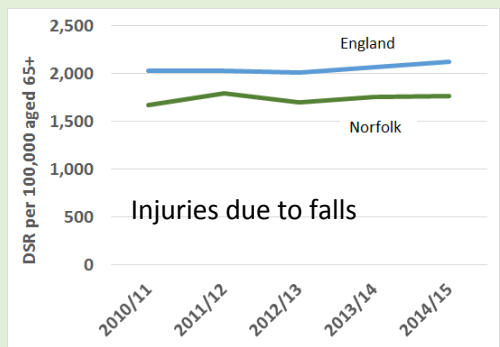
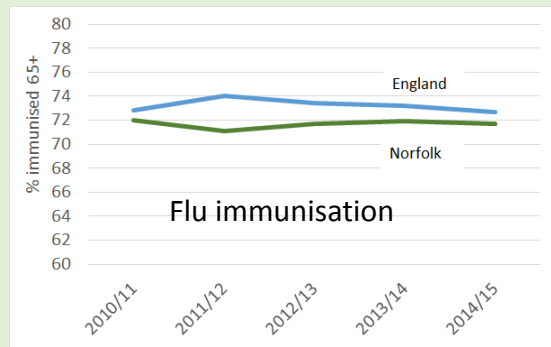


Model estimates of the type of accommodation required show that the population of **Norfolk in 2025** will require about:

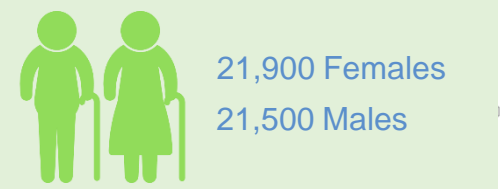


In addition it is estimated that there will be about:

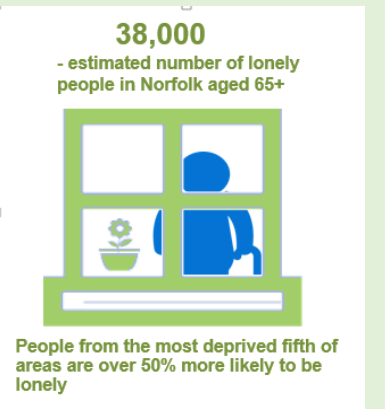
In Norfolk there are more than **10,000** emergency hospital admissions for those aged 65 and over. Flu can increase the risk of emergency admission. In 2014/15 in Norfolk almost **147,000** people 65 and over were immunised about **72%** - less than England



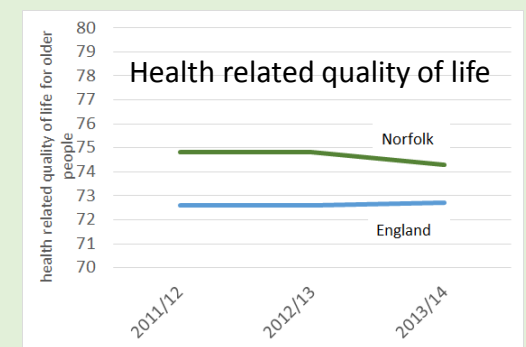
Between 2014 and 2025 the **population** of Norfolk aged 65 and over will increase by;



In Norfolk falls are the reason for more than **3,800** emergency hospital admissions per year for older people and resulted in more than **1,100** hip fractures in 2014/15.

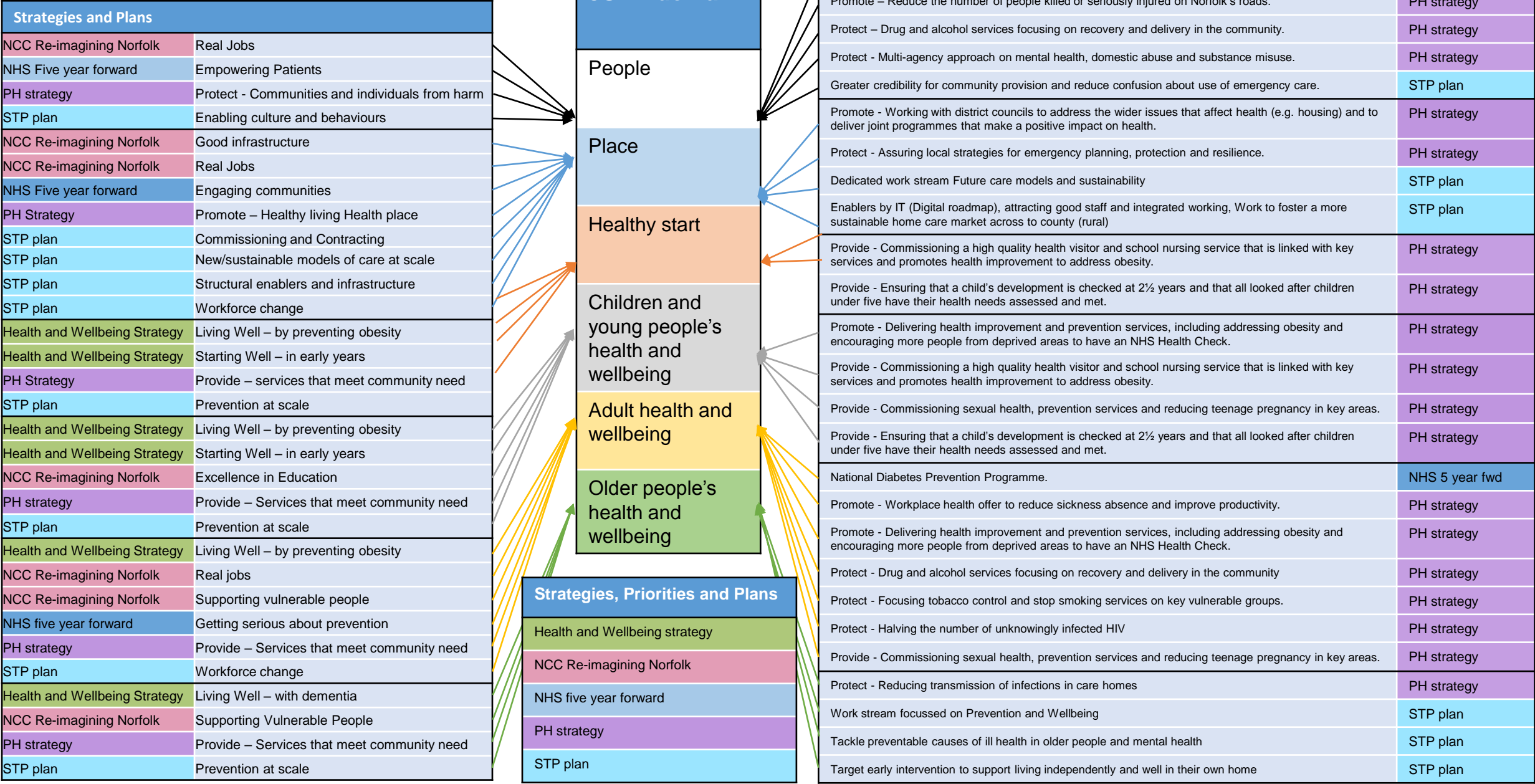


In Norfolk older people's rating of their own health related quality of life is generally **higher** than England





An Illustration of how the JSNA could be used to inform strategic direction and how it maps to other key strategies.



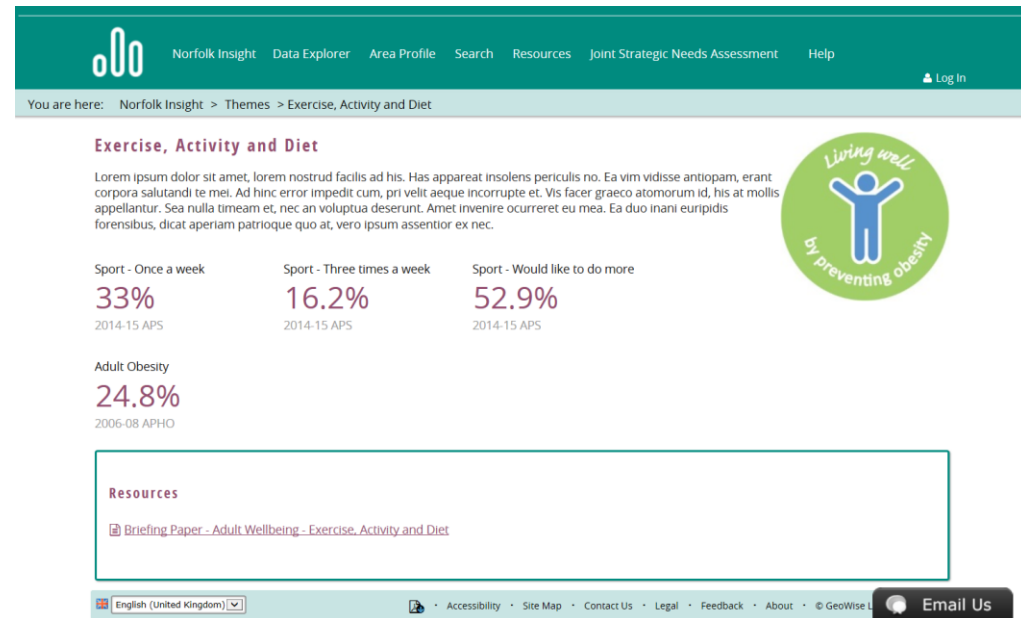
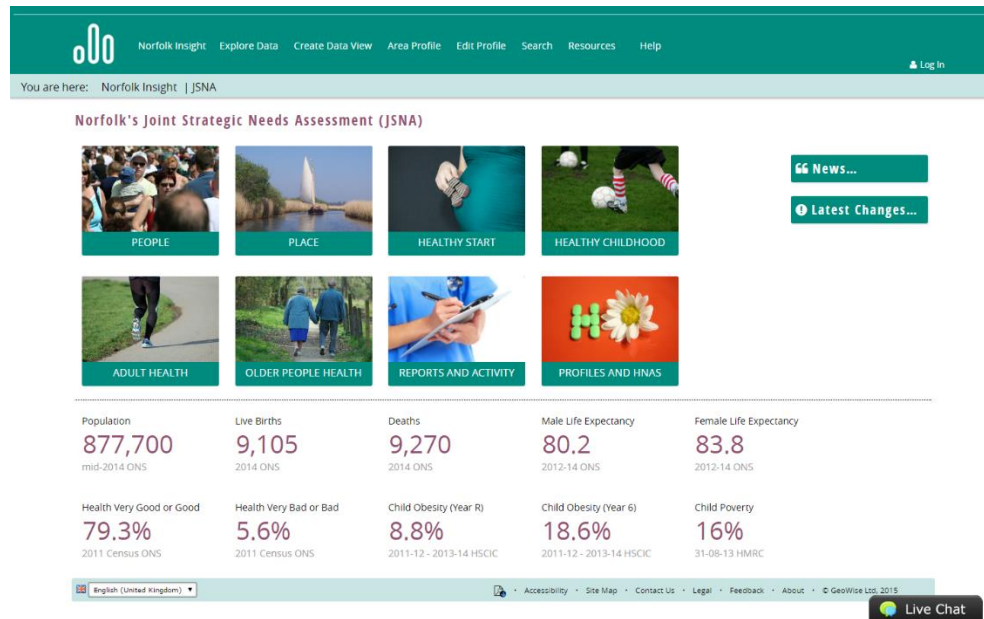
# Website development

The JSNA provides us with an opportunity to work in partnership using and analysing the same information and needs assessments to transform the way we deliver services and focus on our strategic priorities.

A refresh of the JSNA is planned for the Autumn 2016. To facilitate this an audit of the current content has been completed and a gap analysis will be used to drive the focus of effort in areas of priority.

The new style will include; a life course model for pages, briefing documents (with a standard structure), high level information and linked strategies and plans. To enable this the hosting software will be upgraded and a new document management process implemented.

To make the content as accessible and relevant as possible there will be a requirement for authors and owners of areas / subjects, who will be asked to advise on content, strategic relevance and to review documents before publication. The benefit to authors will be greater ownership, as well as wider input and influence on content.



# Sources 1:

Slide	Topic	Source	Link
People	Population estimates and projections	ONS	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates">https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates</a>
	Life expectancy	PHOF 0.1	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	LLTI	Census	<a href="http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/disabilityineEnglandandWales/2013-01-30">http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/disabilityineEnglandandWales/2013-01-30</a>
	Carers	Census	<a href="http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinEnglandandWales2011andcomparisonwith2001/2013-02-15">http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinEnglandandWales2011andcomparisonwith2001/2013-02-15</a>
	Certain conditions	PANSI	<a href="http://www.pansi.org.uk/">http://www.pansi.org.uk/</a>

Slide	Topic	Source	Link
Place	Indices of Multiple Deprivation	GOV.UK	<a href="https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015">https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015</a>
	Accessible natural greenspace	Natural England	<a href="http://publications.naturalengland.org.uk/search?q=accessable+green+space+norfolk&amp;num=100">http://publications.naturalengland.org.uk/search?q=accessable+green+space+norfolk&amp;num=100</a>
	Rural urban population	GOV.UK	<a href="https://www.gov.uk/government/collections/rural-urban-definition">https://www.gov.uk/government/collections/rural-urban-definition</a>
	Fraction of mortality due to air pollution	PHOF 3.01	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	Killed or Seriously Injured on roads	PHOF 1.10	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	Median earnings across all jobs	ONS	<a href="http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/previousReleases">http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/previousReleases</a>
	Children in poverty	PHOF 1.01ii	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>

# Sources 2:

Slide	Topic	Source	Link
Healthy Start	Infant Mortality	PHOF 4.01	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	Immunisation	PHOF 3.03x	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	Breastfeeding	PHOF 2.02ii	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	Smoking at time of delivery	PHOF 2.03	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	Live Births	ONS : Births by area of usual residence of mother, UK	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk</a>
	LAC immunisations	Child Health Profiles - children in care immunisations	<a href="http://fingertips.phe.org.uk/profile/child-health-profiles">http://fingertips.phe.org.uk/profile/child-health-profiles</a>

Slide	Topic	Source	Link
Healthy Childhood	Teenage conceptions	PHOF 2.04	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	Admissions for alcohol	Child Health Profiles	<a href="http://fingertips.phe.org.uk/profile/child-health-profiles">http://fingertips.phe.org.uk/profile/child-health-profiles</a>
	Admissions for self harm	Child Health Profiles	<a href="http://fingertips.phe.org.uk/profile/child-health-profiles">http://fingertips.phe.org.uk/profile/child-health-profiles</a>
	Admissions for substance misuse	Child Health Profiles	<a href="http://fingertips.phe.org.uk/profile/child-health-profiles">http://fingertips.phe.org.uk/profile/child-health-profiles</a>
	Admissions for injury	Child Health Profiles	<a href="http://fingertips.phe.org.uk/profile/child-health-profiles">http://fingertips.phe.org.uk/profile/child-health-profiles</a>
	Educational attainment	Child Health Profiles	<a href="http://fingertips.phe.org.uk/profile/child-health-profiles">http://fingertips.phe.org.uk/profile/child-health-profiles</a>

# Sources 3:

Slide	Topic	Source	Link
Adult health and wellbeing	Adult mental health	HSCIC / PCMD	PCMD data
	Obesity contribution to long term conditions estimate	Public Health Information Team	Statistics on Obesity, Physical Activity and Diet - England, 2016
	Alcohol Hospital admissions	Local Alcohol Profiles for England	<a href="http://fingertips.phe.org.uk/profile/local-alcohol-profiles">http://fingertips.phe.org.uk/profile/local-alcohol-profiles</a>
	Tobacco Hospital Admissions	Local Tobacco Control Profiles	<a href="http://www.tobaccoprofiles.info/">http://www.tobaccoprofiles.info/</a>
	Obesity Hospital Admissions	HSCIC HES	Public Health Information Team
	Long term condition estimates	Public Health Information Team	Public Health Information Team
	Suicide and self harm admissions	HSCIC / HES and PCMD	Public Health Information Team

Slide	Topic	Source	Link
Older people's health and wellbeing	Injuries due to falls	PHOF 2.24i	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	Loneliness	ONS	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-01">https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-01</a>
	Loneliness	Age UK	Estimating prevalence of loneliness in later life across small areas in England, 2015
	Ageing population	ONS	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates">https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates</a>
	Flu immunisation	PHOF 3.03xiv	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>
	Accommodation estimates	SHOP@	<a href="http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/?">http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/?</a>
	Older people quality of life	PHOF 4.13	<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>



# Other sources of useful information

- Norfolk Insight  
<http://www.norfolkinsight.org.uk/jsna>
- Norfolk's story  
<http://www.norfolkinsight.org.uk/resource/view?resourceId=528>
- Equalities summary  
Norfolk population diversity profile 2015 contact [BI@norfolk.gov.uk](mailto:BI@norfolk.gov.uk)
- Public Health Outcomes Framework  
<http://www.phoutcomes.info/>
- Health and Social Care Information Centre  
<http://www.hscic.gov.uk/>
- Housing learning and Improvement Network  
<http://www.housinglin.org.uk/>