

**Health and Wellbeing Board and Integrated Care Partnership
Minutes of the meeting held on 21 July 2022 at 09:30am
in Council Chamber, County Hall Martineau Lane Norwich**

Present:

Cllr Bill Borrett
James Bullion
Cllr Alison Webb
Cllr Fran Whymark
Dr Louise Smith
Ian Hutchinson
Cllr Mary Rudd
Patrick Peal
Jonathan Barber
Christine Futter
ACC Nick Davison (until 11.19am)
Tracy Williams
Graham Nice
Cllr Lana Hemsall
Rt Hon Patricia Hewitt

Tracey Bleakley
Cllr Virginia Gay

Cllr Alison Thomas
Anna Gill
Carly West Burham
Emma Ratzer
Alan Hopley
Dan Mobbs

Representing:

Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council
Executive Director, Adult Social Services, Norfolk County Council
Breckland District Council
Broadland District Council
Director of Public Health, Norfolk County Council
East Coast Community Healthcare CIC
East Suffolk Council
Healthwatch Norfolk
James Paget University Hospital NHS Trust
Norfolk Care Association
Norfolk Constabulary
NHS Norfolk & Waveney CCG
Norfolk Community Health & Care NHS Trust
Norfolk County Council, Leader (nominee)
Norfolk & Waveney Health & Care Partnership (Chair) and NHS Norfolk & Waveney Integrated Care Board (Chair Designate)
Norfolk and Waveney Integrated Care Board (Chief Executive)
North Norfolk District Council
South Norfolk District Council
Queen Elizabeth Hospital NHS Trust
Voluntary Sector Representative
Voluntary Sector Representative
Voluntary Sector Representative

Member present as guest:

Cllr Beccy Hopfensperger Suffolk Health and Wellbeing Board

Officers Present:

Debbie Bartlett	Director, Transformation and Strategy, Adult Social Services, Norfolk County Council
Stephanie Butcher	Policy Manager Health and Wellbeing Board
Rachael Grant	Policy Manager Public Health
Stephanie Guy	Advanced Public Health Officer
Hollie Adams	Committee Officer

Speakers:

Suzanne Meredith (Item 8)	Deputy Director of Public Health (Healthcare Services), Norfolk County Council
---------------------------	--

Norfolk Health and Wellbeing Board

1. Apologies

- 1.1 Apologies were received from Paula Boyce, Anna Davison, Anoop Dhesi, Cllr Flaxman-Taylor, Cllr John Fisher, Cllr Donna Hammond, Cllr Beth Jones, Sarah Oldfield, Giles Orpen Smellie, Cllr Sam Sandell, Joanne Segasby (Jonathan Barber Substituting), Caroline Shaw (Carly West Burham substituting), Gavin Thompson, Sara Tough and Matthew Winn (Anna Gill substituting). Also absent were Sue Cook, Cllr Beth Jones, David Allen and Stuart Richardson.

2. Chairman's Opening Remarks

- 2.1 The Chair welcomed all present and noted that the first meeting of the official Integrated Care Partnership (ICP) would be opened by Rt. Hon Patricia Hewitt, Chair of the Integrated Care Board (ICB), right after the Health and Wellbeing Board (HWB).

3. HWB minutes

- 3.1 The minutes of the Health and Wellbeing Board meeting held on 8 June 2022 were agreed as an accurate record and signed by the Chairman.

4. Actions arising

- 4.1 There were no actions arising from the minutes of the 8 June 2022.

5. Declarations of interest

- 5.1 No interests were declared

6. Public Questions

- 6.1 No public questions were received.

7. Urgent Matters Arising

- 7.1 Since the Health and Wellbeing Board last met the Integrated Care Board had come into being. The Health and Wellbeing Board had agreed to have a representative of the Integrated Care Board as one of its Vice-Chairs; the Chair moved an election of this Vice-Chair.
- 7.2 The Chair, seconded by Cllr Mary Rudd, proposed Rt. Hon Patricia Hewitt. Rt. Hon Patricia Hewitt was duly elected as Vice-Chair of the Health and Wellbeing Board for the ensuing council year.
- 7.3 A further Vice-Chair had been agreed to be elected from the primary care representatives on the Health and Wellbeing Board however they had not completed their selection process. The Chair hoped the election of this Vice-Chair election could be carried out in September 2022.

8. Joint Strategic Need Assessment (JSNA) - Statutory responsibilities and Forward work programme (HWB)

- 8.1.1 The Health and Wellbeing Board received the report giving a recap on the statutory responsibilities of the Health and Wellbeing Board in respect of the Joint Strategic Needs

Assessment, summarising recent Norfolk Joint Strategic Needs Assessment updates and outlining the 2022/23 work programme for approval.

8.1.2 The Deputy Director of Public Health (Healthcare Services) gave a presentation to the board; see appendix A of these minutes:

- The Joint Strategic Needs Assessment would help partners assess current and future health needs of the population to inform strategy and planning.
- The link to Norfolk Insight, where the Joint Strategic Needs Assessment data was available, was provided within the report and in the presentation.
- Information analysis reports would in future be accompanied by a set of infographics and slide decks.
- All data analysis moving forward would include data related to Waveney if available, to reflect the new Integrated Care System and incorporation of Waveney.
- All new published products would include dissemination plans.
- A Norfolk and Waveney population overview pack and life expectancy briefing paper had been published.
- Information was available on lifestyle, behaviour and intervention opportunities.
- An analysis on tobacco had been published, an analysis on alcohol was due to be published soon and an analysis on obesity would be produced.
- The draft work programme for 2022-23 was also set out in the report
- Partners were asked for feedback, to help share and disseminate the information, and for involvement in steering groups

8.2 The following points were discussed and noted:

- The Chair was pleased with the reinvigoration of the Joint Strategic Needs Assessment, providing a source of information for the whole system. The Health and Care Act now provided more guidance around Joint Strategic Needs Assessments, as detailed in the report and the Chair pointed out that it was necessary to demonstrate that the information from the Joint Strategic Needs Assessment was being used in the design of plans and strategies.
- Including information on the prevalence of vaping in young people and its effects was suggested. There was no information currently available on this. The Director of Public Health reported that the prevalence of vaping in teenagers was assumed to be increasing but that there was also little information on vaping levels in adults. Smokers were encouraged to vape as a safer alternative however it was important to prevent young people from vaping which could lead to smoking.
- Vice-Chair Cllr Thomas noted the work planned on sexual health and reported that Norfolk Health Overview and Scrutiny Panel were planning a briefing on menopausal services which could feed into the final Joint Strategic Needs Assessment product.
- Cllr Beccy Hopfensperger arrived at 9.54
- It was queried whether there had been a loss of emphasis on smoking cessation. The Director of Public Health reported that the Khan review had shown what action was required in this area. Smoking was one of the biggest causes of health inequality, and refreshed leadership commitment in this area would be welcome.
- Including information to support prevention in the Joint Strategic Needs Assessment was suggested, for example through themed reports on particular issues. The Director of Public Health replied that the section on healthcare evaluation was aimed at prevention. A piece of work on potentially avoidable emergency admissions had been carried out and more analytical work of this type would also be carried out.

- There were many new issues impacting the population such as cost of living, falling private rental, household debt increases and foodbank dependency, and it was queried how much capacity there was to regularly collate such information so action could be taken related to current need. The Chairman **asked** officers to think about how to respond to this issue.
- One challenge would be measuring whether interventions based off of this data were making an impact.
- The work to collate data related to the Gypsy Roma Traveller community was noted. It was suggested that focussed work on other groups such as the homeless population and those in the criminal justice system. There had been a strategic request to focus on the Gypsy Roma Traveller community this year.
- Pulling together learning from projects and data from across the system to share widely was discussed as helpful.
- It was suggested that it may be useful to look at lifestyle issues at different life stages, taking advantage to talk about wider determinants of health at these points. For example, speaking to parents during pregnancy or to women during menopause. The Director of Public Health agreed that there were teachable moments at key life events, pointing out as an example that more could be done to target smoking in partners of pregnant women; Norfolk was an outlier in the number of women who were smokers at the time of delivery.
- Norfolk was required to create a “Combatting Drugs Strategic Partnership” and develop analytical work on the impact of illegal drugs. It was **suggested** that it may be helpful for this Strategic Partnership to work in partnership with a subgroup of the Health and Wellbeing Board. Ongoing work would be needed to understand the relationship between health needs, addiction, supply and impact on crime.
- Information on Norfolk Insight would include Waveney data moving forward where available. Emma Ratzer **asked** that where Waveney data was not available that it was indicated where it could be found.
- Vice-Chair Cllr Thomas raised the issue of oral health, noting that when discussed at health scrutiny it had been noted there was no data on the state of oral health in Norfolk.
- The Chair noted that the Joint Strategic Needs Assessment would be an important driver of future work; prevention was an important one of the Board’s goals and having a clear picture of the population would help interventions be more successful.

8.2 The Health and Wellbeing Board:

- a) **Acknowledged** the revised statutory responsibilities of the Health and Wellbeing board in respect of the JSNA required by the Health and Care Act 2022.
- b) **Approved** the 2022-23 Norfolk JSNA work programme
- c) **Made suggestions for the JSNA** (set out in full in the discussion above):
 - Information on the prevalence of vaping in young people and its effects
 - Information to support prevention, for example through themed reports on particular issues
 - Regularly collating information on issues impacting the population such as cost of living, falling private rental, household debt increases and foodbank dependency
 - Focussed work on groups such as the homeless population and those in the criminal justice system
 - Looking at lifestyle issues at different life stages, taking advantage to talk about wider determinants of health at these points
 - Where Waveney data is not available indicating where it can be found

The Health and Wellbeing board closed at 10:20

The meeting moved on to Integrated Care Partnership (ICP) matters.

Integrated Care Partnership

1. Election of Chair

- 1.1 Rt. Hon Patricia Hewitt, Chair of the Integrated Care Board (ICB), formally announced the opening of the Integrated Care Partnership (ICP). She had been elected as its founding member by the Integrated Care Board on Friday 1 July 2022.
- 1.2 Rt. Hon Patricia Hewitt nominated Cllr Bill Borrett, seconded by Dr Louise Smith, as Chair of the Integrated Care Partnership. Cllr Bill Borrett was duly elected as Chair of the Integrated Care Partnership for the ensuing Council Year.

2. Election of Vice-Chairs

- 2.1 The Chair, Cllr Bill Borrett, nominated Rt. Hon Patricia Hewitt as the first Vice-Chair, and Cllr Alison Thomas as the second Vice-Chair of the Integrated Care Partnership. These nominations were seconded by Cllr Mary Rudd and Cllr Alison Webb.
- 2.2 Rt. Hon Patricia Hewitt and Cllr Alison Thomas were duly elected as Vice-Chairs for the Integrated Care Partnership for the ensuing council year.

3. Apologies

- 3.1 Apologies were received from Paula Boyce, Anna Davison, Anoop Dhesi, Cllr Flaxman-Taylor, Cllr John Fisher, Cllr Donna Hammond, Cllr Beth Jones, Sarah Oldfield, Giles Orpen Smellie, Cllr Sam Sandell, Joanne Segasby (Jonathan Barber Substituting), Caroline Shaw (Carly West Burham substituting), Gavin Thompson, Sara Tough and Matthew Winn (Anna Gill substituting). Also absent were Sue Cook, Cllr Beth Jones, David Allen and Stuart Richardson.

4. Chair's Opening Remarks

- 4.1 The Chairman remarked that the Integrated Care Partnership was a key committee of the system which wrote the strategy for all partners in the system to work within. The involvement and attendance of the Members on the Integrated Care Partnership was therefore crucial, and he thanked everyone for their involvement.

5. Minutes

- 5.1 The minutes of the Shadow Integrated Care Partnership meeting held on 8 June 2022 were agreed as an accurate record and signed by the Chairman.

6. Declarations of Interest

- 6.1 No interests were declared

7. Public Questions

- 7.1 No public questions were received.

8. Norfolk and Waveney Integrated Care Partnership (ICP) Governance

- 8.1.1 The Board received the report seeking to ratify the proposed Governance of the Integrated Care Partnership that had previously been agreed at the Shadow ICP meeting on 28 April 2022, ahead of the Integrated Care Partnership formation on 1 July 2022.
- 8.1.2 The Executive Director of Adult Social Services introduced the report to the Board. He noted that the Integrated Care Partnership was rooted in the needs of people and communities. There was a strong theme of subsidiarity in the recommendations and as much as possible, the Health and Wellbeing Boards of Suffolk and Norfolk had been joined with the Integrated Care Partnership.
- 8.1.3 The Director, Transformation and Strategy, Adult Social Services, thanked the team, wider Clinical Commissioning Group team and democratic services for their work
- 8.2 The following points were discussed and noted:
- Cllr Mary Rudd thanked officers for the inclusion of District Councils. The Chair agreed it was important to include them; when working in place they played a key role, as had been demonstrated in the Covid-19 Pandemic when they were able to mobilise local resources.
 - Where system concerns related to risk would be listed and logged on behalf of the ICP to ensure these were being addressed in a way that the Partnership felt was adequate. Vice-Chair Rt. Hon Hewitt noted that the NHS Integrated Care Board had a new Audit Risk Committee looking at system wide risk related to NHS finances and performance. Such risks could be raised at the Integrated Care Board. The Executive Director of Adult Social Services also noted that there were provisions within the Health and Wellbeing Board that took an overview on risk so it would be helpful to look further into this. The Chair replied that systemic risk would be looked at moving forward, including how issues would feed in from social care.
 - Managing public expectation was discussed and the importance of having an ongoing dialogue with the public. The Chair noted the importance of being evidence driven and that the public could interact with and attend or watch meetings.
- 8.3 The Integrated Care Partnership:
AGREED to ratify the recommendations made at the Integrated Care Partnership development session on 23 February 2022 and at the Shadow Integrated Care Partnership meeting on 28 April 2022. These are:
- a) The Terms of Reference, which includes membership.
 - b) The purpose, functions, and guiding principles.
 - c) Secretariat and the development of a forward plan for the Integrated Care Partnership.
 - d) Coordinate place-based plans across Norfolk and Waveney in order to further progress the delivery of the integrated care strategy and the existing functions of the Health and Wellbeing Board.

9. Nomination of the Integrated Care Partnership member on the NHS Norfolk and Waveney Integrated Care Board (ICP)

- 9.1 The Integrated Care Partnership received the report which had been brought forward following the agreement that a member of the Integrated Care Partnership (ICP) would be on the Board of NHS Norfolk and Waveney Integrated Care Board (ICB). At its first

meeting, the ICP was required to agree a nominee or a list of nominees to be its member on the ICB Board and this paper set-out the process for doing so.

- 9.2 Rt. Hon Patricia Hewitt nominated Integrated Care Partnership Chair, Cllr Bill Borrett, seconded by Cllr Fran Whymark. The Integrated Care Partnership agreed this nomination.
- 9.3 The Chair noted that the legislation covered a very complex system; the underlying principle taken had been to keep new meetings to a minimum, running the Integrated Care Partnership together with the Health and Wellbeing Board reduced travel and meeting time for partners.
- 9.4 The Integrated Care Partnership:
- **Agreed** Chair of the Integrated Care Partnership, Cllr Bill Borrett, as nominee to be its member on the Board of NHS Norfolk and Waveney ICB

10 Integrated Care Strategy update (ICP)

- 10.1.1 The Integrated Care Partnership received the report setting out the challenges and opportunities which could best be overseen by the Integrated Care System, which looked beyond traditional organisational boundaries at complex, long-term issues and needed integrated approaches to succeed.
- 10.1.2 The Executive Director of Adult Social Services gave a brief introduction to the report by noting that priorities would be brought together into the new Integrated Care Strategy and would be defined by national expectation.
- 10.1.3 The Director, Transformation and Strategy, Adult Social Services, introduced the report to the Integrated Care Partnership:
- Including the wider system, as seen in the Integrated Care Partnership, was something which officers wanted to mirror in the care strategy
 - It was important for the Partnership to identify what they wanted to achieve as part of this strategy.
 - Through discussions and analysing priorities, a set of three themed areas had been proposed which would benefit from joined up working across organisations, set out in section 2.3 of the report.
 - An approach was proposed using these themes, running through the Health and Wellbeing Board Strategies and mirrored in the Integrated Care Strategy system.
 - A set of questions to guide thinking and actions was also proposed
 - Reactions to the priorities and guidance as well as support which could be offered to help take this strategy out to partners at place was requested.
- 10.2 The following points were discussed and noted
- The Broadland and South Norfolk Health and Wellbeing Partnership had held a workshop to look at the health and wellbeing strategy, identifying cost of living and hardship as key issues which would impact on health and wellbeing of residents. Vice-Chair Cllr Thomas therefore felt that this should be reflected in the strategy.
 - Cllr Hopfensperger shared information from Suffolk County Council Health and Wellbeing Board who had launched an All-Ages Carer Strategy which included Waveney and suggested there should be a link to this data within the strategy.

- It was suggested that a bottom up, place based approach for population approach should be in place. A checklist style system could be used to help ensure strategies were co-produced with residents and service users.
- The inadequate rating of Norfolk and Suffolk Foundation Trust was discussed as a system wide issue, with the lack of an improvement plan having been seen by the Mental Health Programme Board.
- Housing Support Services were undergoing transformation in Waveney; it was suggested that lessons learned would be useful to share to support other areas during recommissioning of housing services.
- A discussion was held about the proposed themes within the report. It was suggested that they did not speak directly towards driving medical needs in the community. The Director of Public Health felt that smoking cessation was the area which could impact the most on health outcomes.
- There were differing needs in different areas of the county meaning that it would be important to think about how this was reflected in the strategy.
- The need for a mental health support system going from prevention to secondary services was discussed. The Integrated Care Board had been looking at how the mental health support system could be overhauled to improve the service, looking at best practice, the challenges faced by people in Norfolk and Waveney, and ways to work together at place and system level
- It was suggested that reducing the gap between life expectancy and healthy life expectancy should be a priority, noting that there were some areas of the County where people were at higher risk of living with multiple conditions which impacted on life expectancy. Understanding the experiences and priorities of people in these areas would help meet this priority.
- The Chair noted that all organisations had their own operational strategies to deliver but the Integrated Care strategy would help provide a strategic vision for all of these strategies to work within. It would be key to be open with all organisations to support and listen to each other.
- The Director, Transformation and Strategy, Adult Social Services, reported that over the next months, ways for citizens to hold the Integrated Care Partnership to account would be developed. From the discussion held she summed up the main themes of discussion which were support for creating conditions for people to have good mental health, prioritisation of housing and inequalities and a focus on communities and on hardship. She suggested that it might be helpful to have themed discussions to inform and develop the strategy.

10.3 The Integrated Care Partnership:

- a) **Agreed** the themes/priorities set out in section 2 of the report.
- b) **Agreed** the proposed next steps to engage with local partnerships and partners on these themes/priorities.
- c) **Agreed** to receive an update on progress of the Integrated Care Strategy in November, after we have received further national guidance.

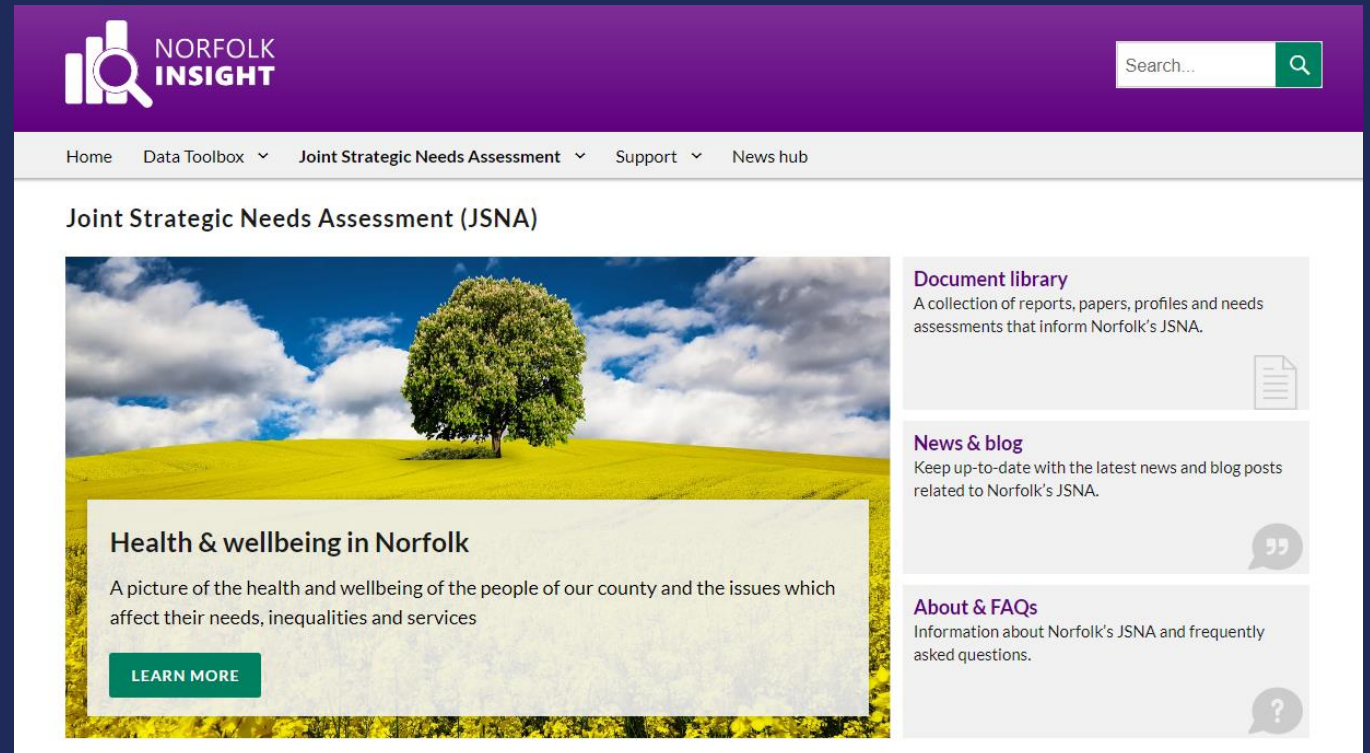
Meeting Concluded at 12.18pm

**Bill Borrett, Chair,
Health and Wellbeing
Board and Integrated Care
Partnership**

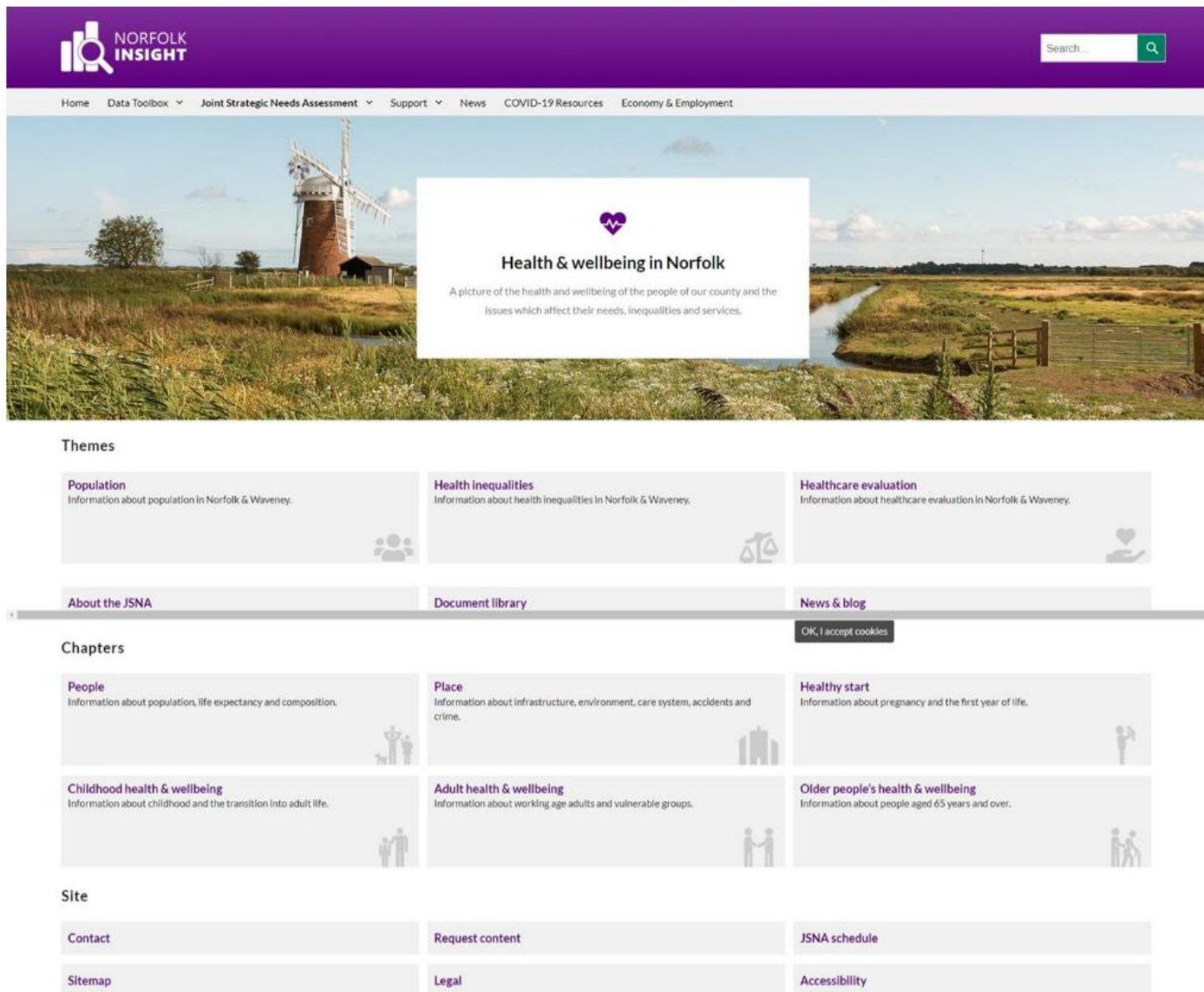
Joint Strategic Needs Assessment (JSNA) Update

Suzanne Meredith

**Deputy Director of Public Health
Norfolk County Council**



The screenshot displays the Norfolk Insight website. The header is purple with the 'NORFOLK INSIGHT' logo on the left and a search bar on the right. Below the header is a navigation menu with links: Home, Data Toolbox, Joint Strategic Needs Assessment, Support, and News hub. The main content area is titled 'Joint Strategic Needs Assessment (JSNA)'. It features a large image of a tree on a green hill under a blue sky with clouds. Below the image is a text box titled 'Health & wellbeing in Norfolk' with the subtitle 'A picture of the health and wellbeing of the people of our county and the issues which affect their needs, inequalities and services'. A green button labeled 'LEARN MORE' is positioned below the text. To the right of the main content are three sidebar sections: 'Document library' (A collection of reports, papers, profiles and needs assessments that inform Norfolk's JSNA.), 'News & blog' (Keep up-to-date with the latest news and blog posts related to Norfolk's JSNA.), and 'About & FAQs' (Information about Norfolk's JSNA and frequently asked questions.).



Our JSNA

- Norfolk Insight page: www.NorfolkInsight.org.uk/jsna/
- Needs assessments, topic-based reports, health and wellbeing profiles and data analysis.
- NEW 3 main themes:
 - POPULATION,
 - HEALTH INEQUALITIES,
 - HEALTHCARE EVALUATION.

RECENT NEWS

Data updates - May 2022
Data updates - April 2022
Data updates - March 2022
Data updates - February 2022
Loneliness and social isolation briefing paper published

CONTACT

insight@norfolk.gov.uk

SITE

[News](#)
[Site map](#)
[Legal](#)
[Cookies](#)
[Accessibility](#)



© 2020 Norfolk County Council
© ESRJ (UK) Limited 2020



- The Norfolk & Waveney Population Overview.
- Isolation and Loneliness.
- Tobacco – Summary Needs Assessment & Infographic.
- Health & Wellbeing Profiles Interactive Power BI Dashboard.
- Life Expectancy.
- Health Inequalities: Core20 Summary.
- Health Inequalities toolkit.
- Health Inequalities Interactive Power BI Dashboard.
- Mental Health Needs Assessment.

- Director of Public Health Report in Norfolk.
- SEND Needs Assessment.

Norfolk Tobacco Health Needs Assessment Summary

What is the situation?

- 14.5% of Norfolk adults are regular smokers
- Smoking prevalence similar in regions and national rates
- Increasing rates in Norfolk since 2014
- Smoking is the UK's largest contributor to health care and health inequalities

Who is more likely to smoke?

- Proportion in higher income men
- 15.6% of men and 13.5% of women are regular smokers
- 25-29 year olds

What are the impacts and risks?

- People with long standing mental health conditions are 3x more likely to smoke and 25.8% are regular smokers
- Pregnant women who smoke are at increased risk of complications
- 14% of women are smokers at delivery
- Above national and regional average
- Smoking cessation
- 1.2 million cases of cancer related to smoking
- Low costs, make them more accessible which may inhibit efforts to quit
- Account 50% of adults successfully quit when they engaged with this
- Elimination of BACKERS for 4 weeks quit increases with age
- e-cigarettes not proposed and led to poor outcomes

What are the impacts and risks?

- Rates per 100,000 population
- 16 Deaths
- 1574 Hospital admissions
- £12 billion inappropriate annual health economic cost
- 16 neoplasms cancer related to smoking
- 67 lung cancer hospitalisations
- 14 oral cancer
- 23,000 cigarettes bought on Norfolk beaches
- Fire risk
- Contributes to climate change

Strategies & Targets

- Towards Smoke Free Dorsetshire and Yarmouth Centre Plan for England 2021 aims to:
- Reduce the number of smokers to 10% or less by 2025
- Reduce smoking among adults to 12% or less by 2025
- Reduce the smoking gap to a smoking prevalence between that of a smoking and male equivalents and the general population
- Reduce smoking in pregnancy to 5% or less
- Reduce number of Norfolk smokers by 18,446

People who are unemployed

Sexual and ethnic minority groups

People in deprived areas

Great Yarmouth has the highest prevalence in Norfolk

Norfolk and Waveney Population

Population



1,033,000 residents

1 in 5 are over **65**

1 in 20 are under **5**



Norfolk and Waveney population is expected to **grow** by about **110,000** people between 2020 and 2040, the **largest growth** is expected in the **older** age bands.

Norfolk and Waveney is **less ethnically diverse** than England, about **9%** are non-white British compared to **21%** in England.

The population is generally **older** than the England population.

Deprivation

Almost **164,000** people live in communities that are in the



20% most deprived in England.

The most deprived communities are in the urban areas of Great Yarmouth, King's Lynn, Lowestoft, Norwich and Thetford.



But there are also pockets of deprivation in rural areas too.

Births



Births are declining



In 2019 there were about **9,100 births**.



The **rate of births** to mothers aged 15-44 is **lower** compared to England.

Deaths

There were about **12,700 deaths** in 2020.

All cause mortality rates are **lower** than England

Leading causes of **death for males and females**;



Heart Disease



Dementia and Alzheimer's

COVID-19



Stroke and Lung Cancer



Life and Healthy Life Expectancy

Life expectancy is almost **80 years for males** and **84 years for females**, slightly **higher** than England average.



The **gap in life expectancy** between the most deprived and least deprived areas is over **8 years for males** and over **6 years for females**.

Deaths from **circulatory diseases, cancer and respiratory diseases** contribute most to this life expectancy gap.



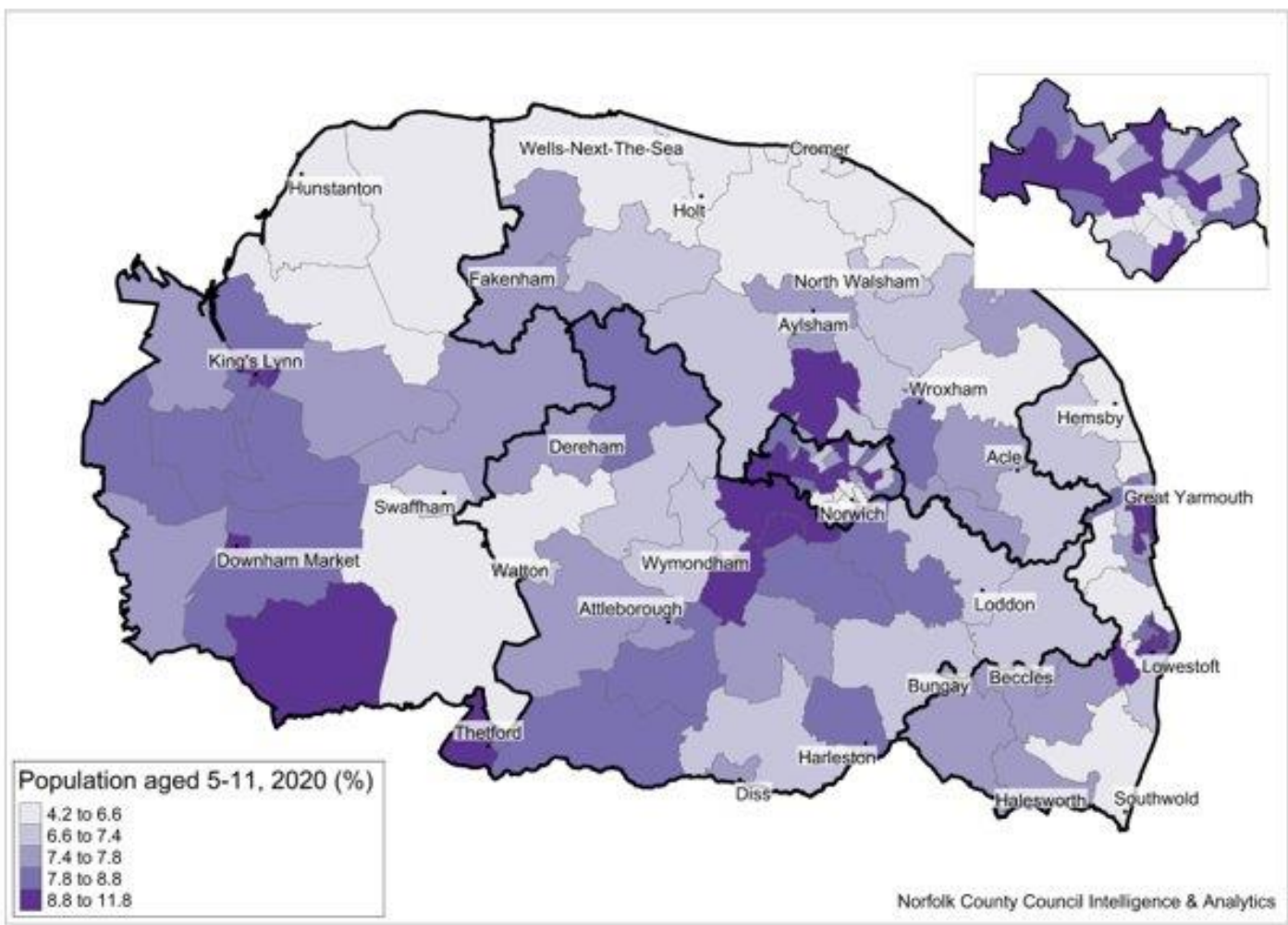
Healthy life expectancy is about **62.7 years for males** and **62.4 years for females** **lower** than England and has decreased over the last few years.



This means that people spend in ill health is getting longer and is **17.4 years for males** and **21.7 years for females**.

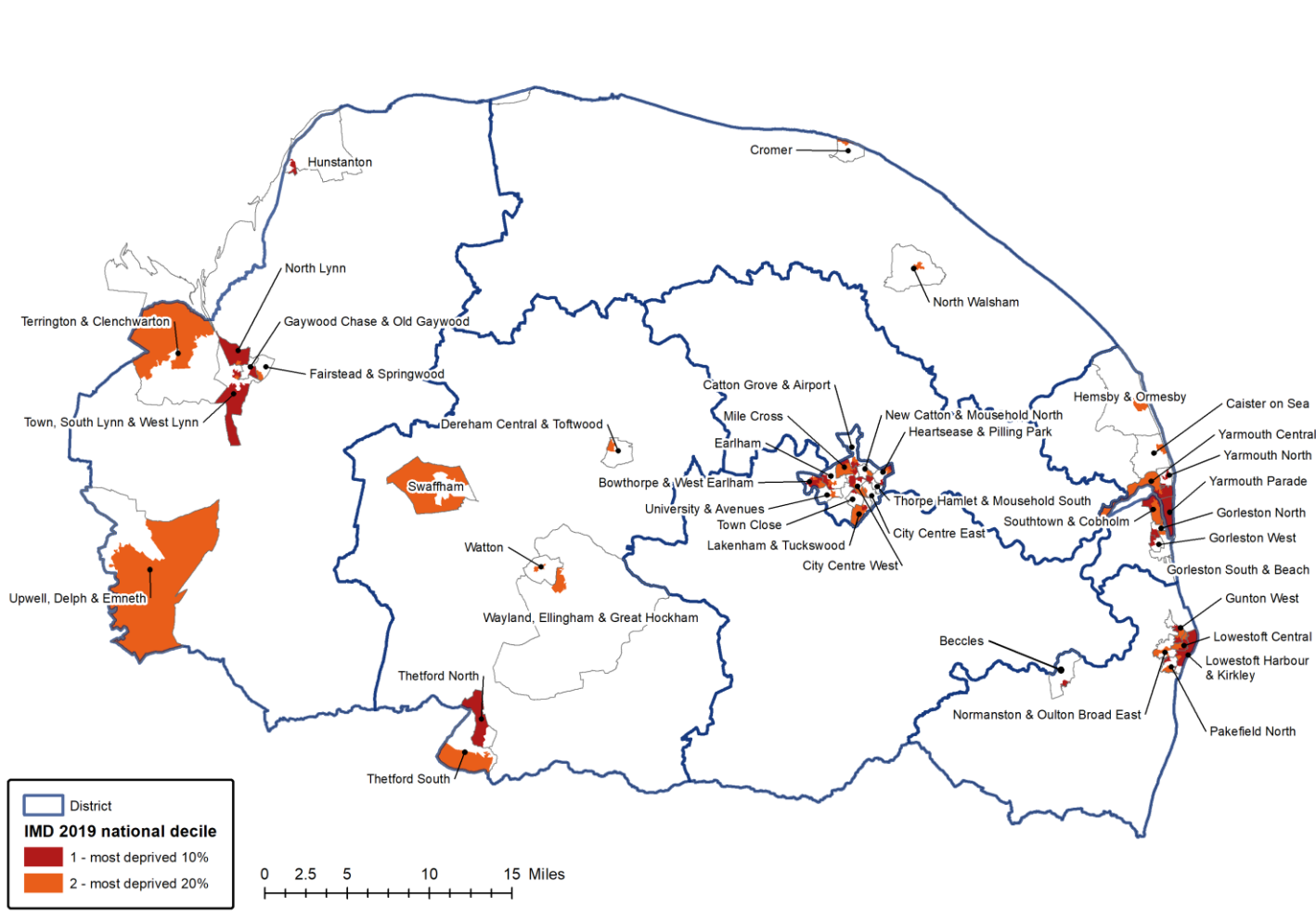
Children (5-11 year olds)

There are estimated to be a total of 80,200 5-11 year olds in Norfolk and Waveney in 2020, representing 7.8% of the total population. Numbers vary across the districts from 6,700 in North Norfolk to 12,400 in King’s Lynn and West Norfolk.



	5-11	All Ages	% 5-11
Breckland	11,300	141,300	8.0%
Broadland	9,900	131,900	7.5%
Great Yarmouth	8,000	99,200	8.1%
King's Lynn and West Norfolk	12,400	151,200	8.2%
North Norfolk	6,700	105,200	6.4%
Norwich	10,700	142,200	7.5%
South Norfolk	11,900	143,100	8.3%
Waveney	9,300	118,600	7.8%
Norfolk	70,900	914,100	7.8%
Norfolk & Waveney	80,200	1,032,700	7.8%

There are 42 communities across Norfolk and Waveney where some or all the population live in the 20% most deprived areas in England. However, none of these communities are in Broadland or South Norfolk.



40% of the populations of Great Yarmouth and Norwich live in the most deprived 20% of areas in England compared to 16% for Norfolk and Waveney as a whole.

District	Most deprived decile 1 Core 20	Most deprived decile 2 Core 20	Other deciles	Core 20 Population
Breckland	2,500	12,300	126,500	14,700
Broadland	0	0	131,900	0
Great Yarmouth	26,900	12,800	59,500	39,700
KLWN	12,100	11,200	127,900	23,300
North Norfolk	0	2,800	102,400	2,800
Norwich	27,400	28,100	86,700	55,500
South Norfolk	0	0	143,100	0
Waveney	16,000	11,800	90,700	27,900
Norfolk and Waveney	84,900	78,900	868,800	163,800
England	5,603,900	5,697,200	45,249,000	11,301,100

District	Most deprived decile 1 Core 20	Most deprived decile 2 Core 20	Other deciles	Core 20 Population
Breckland	1.7%	8.7%	89.6%	10.4%
Broadland	0.0%	0.0%	100.0%	0.0%
Great Yarmouth	27.1%	12.9%	60.0%	40.0%
KLWN	8.0%	7.4%	84.6%	15.4%
North Norfolk	0.0%	2.6%	97.4%	2.6%
Norwich	19.3%	19.7%	61.0%	39.0%
South Norfolk	0.0%	0.0%	100.0%	0.0%
Waveney	13.5%	10.0%	76.5%	23.5%
Norfolk and Waveney	8.2%	7.6%	84.1%	15.9%
England	9.9%	10.1%	80.0%	20.0%

Life Expectancy in Norfolk and Waveney

Key Definitions



Life Expectancy - a person's estimated length of life based on age, gender, and where they live

Healthy Life Expectancy - average years somebody is expected to live in good health



Healthy Life Expectancy

Proportion of life spent in poor health:



21%
or over
17 years



24%
or over
20 years

Healthy life expectancy is **in line** with national average



Although they live longer, the proportion of life spent in **poor health** is **higher for females**

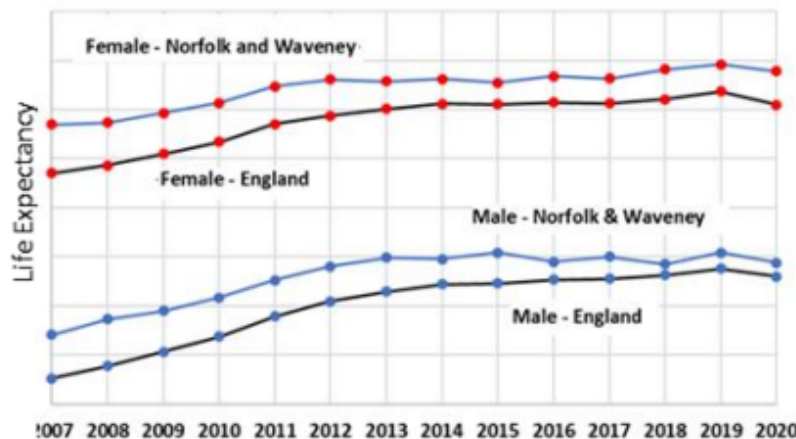
What is the Situation?

A person born in Norfolk and Waveney can expect to live...

83.8
years

79.9
years

This is **higher than national** average life expectancy.



Life expectancy is **lower for males** with females expected to live longer by an average **3 years and 11 months**

Improvements in life expectancy have stalled in last 10 years

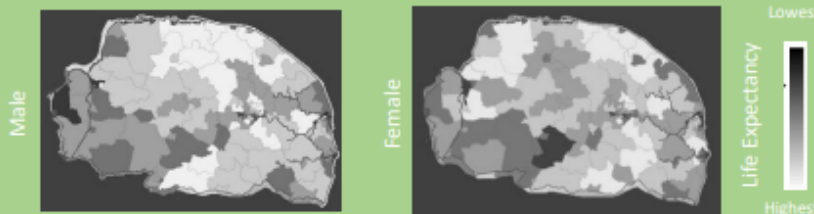
Most recent data (2018-20) shows a **local and national decline**

Future data will help understand impacts of Covid 19



How does this vary across Norfolk and Waveney?

There is geographical variation across Norfolk and Waveney; **deprived areas** have lower life expectancy



On average, males in most deprived areas live over **9 years** less than those in most affluent areas. This is over **7 years** for females

Biggest contributors to gaps between most and least deprived:

Circulatory Disease*



around
25%

for males and females

Cancer*



around
20%

for males and females

Respiratory Conditions



around
17% **20%**

for males for females

Other factors include **mental health**, **digestive health** and **smoking**

**Generally higher rates for males*

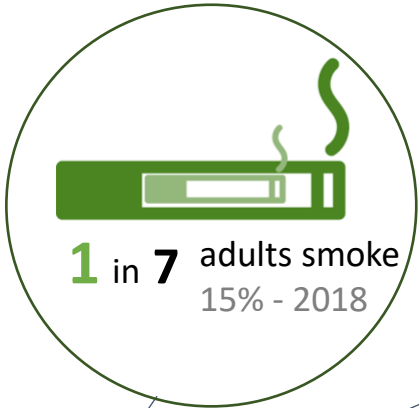
Infographic produced by Insight & Analytics - March 2022. Data taken from 'Life Expectancy JSNA Briefing Paper'. Data is for Norfolk and Waveney unless otherwise stated.



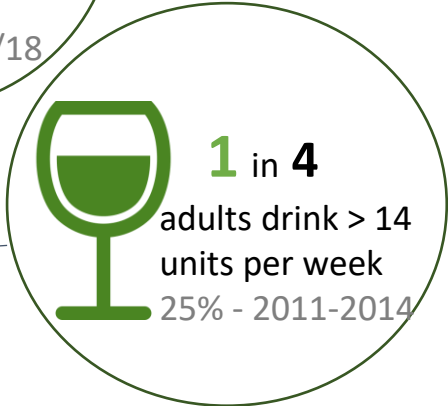
Norfolk County Council

Together with other lifestyle factors there are alcohol prevention opportunities across Norfolk. Approximately 1 in 4 adults drink more than the recommended amount each week.

More than 120,000 smokers.

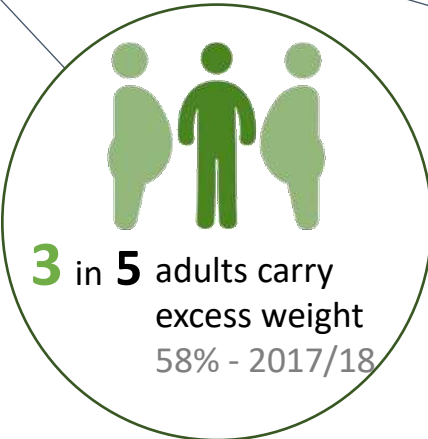


More than 340,000 adults do not eat a good diet.



More than 200,000 adults drink more than the recommended amount.

More than 500,000 adults with excess weight.



More than 180,000 adults do no exercise.

Lifestyle

Norfolk Tobacco Health Needs Assessment Summary

What is the situation?

14.5% of Norfolk adults are **regular smokers** (2019 data)

Norfolk **prevalence similar** to regional and national rates

Increasing rates in Norfolk since 2016

Smoking is the UK's **largest contributor** to ill health and **health inequalities**

Who is more likely to smoke?

Prevalence is higher amongst **men**

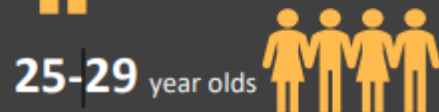


15.6% of men and



13.5% of women smoke

25-29 year olds



People with long standing **mental health conditions** are



3X more likely to smoke and **25.8%** smoke in Norfolk

Pregnant women who smoke are at increased risk of experiencing complications



14% of mothers are **smokers at delivery**
Above national and regional average

Around **2,852** young people start smoking each year



7.9% of 15 year olds are **regular smokers**

Familial attitudes, peers and social norms contributing factors



Estimated **79%** of Norfolk **prisoners** smoke

Strategies & Targets

Towards a Smoke-free Generation: A Tobacco Control Plan for England 2017 aims to:

- Reduce the number of **15-year-olds** who regularly smoke to **3% or less**
- Reduce smoking among **adults** to **12% or less**
- Reduce the inequalities gap in smoking prevalence between those in **routine and manual occupations** and the general population
- Reduce smoking in pregnancy to **6% or less**

Reduce number of **Norfolk smokers by 18,446**



People in **routine or manual jobs**

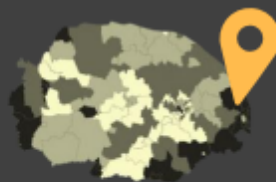
Almost **25%** of employed adults in Norfolk are in these roles

People who are **unemployed**

Sexual and ethnic minority groups



People in **deprived areas**



Great Yarmouth has the highest prevalence in Norfolk

What are the impacts and risks?

Rates per 100,000 population...



186 Deaths



67

lung cancer registrations

1574 Hospital admissions



16 oesophageal cancer registrations

14 oral cancer registrations

Data periods: cancer, 2016-18; deaths, 2017-19; hospital admissions, 2019-20

£12 billion

(approximate annual national economic cost)



Excess of **23,000** cigarettes butts on Norfolk beaches



Contributes to **climate change**

1.2 million illicit cigarettes seized in 2019

Low costs make them **more accessible** which may **inhibit efforts to quit**

Fire risks



General decline in engagement with stop smoking services (sss)



Around **50%** of people **successfully quit** when they engaging with SSS

Likelihood of **success** for 4-week quit **increases with age**

e-cigarettes most popular aid used in quit attempts



Draft Work Programme 2022-23

- Gypsy Roma Traveller.
- Oral Health.
- NHS Health Checks.
- Sexual and Reproductive Health.
- Prevention – obesity.
- Child Health.
- Eye Care.
- Overview of the Health of Norfolk population.
- Refresh of Population Overview to include the 2021 Census data.
- Refresh of interactive dashboards to include recently released national data.
- The Healthcare Evaluation theme will provide a focus on prevention opportunities and system priorities. A work programme is being developed collaboratively, with the initial focus on Urgent and Emergency Care.

Communication and Partner Involvement

- Using the JSNA for population needs insight and intelligence to inform strategy, commissioning and planning.
- Sharing and dissemination.
- Are there any gaps? Suggestions for further products?
- Leads for specific topic areas/ participation in steering groups.

If you have any feedback or need any further help please contact Norfolk's JSNA team: insight@norfolk.gov.uk