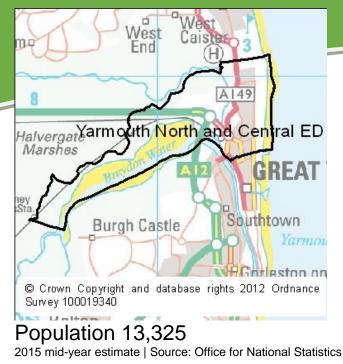
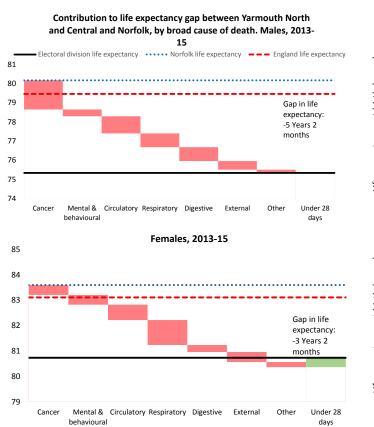
Health and Wellbeing Profile 2017 Electoral Division: Yarmouth North and Central

Councillor: Mick Castle Contact: www.norfolk.gov.uk/mickcastle



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



Current Health and Wellbeing priorities

Stearty years



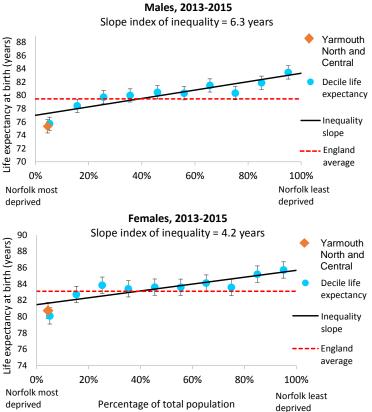
wing water 1

55.9% of five year olds have a good level of development

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

102 of 184 estimated dementia cases are diagnosed

Green or red number means significantly better or worse than the England average. Arrows indicate change direction this year, colour represents significant difference. www.norfolk.gov.uk/hwbstrategy



Life expectancy at birth by deprivation decile Norfolk.

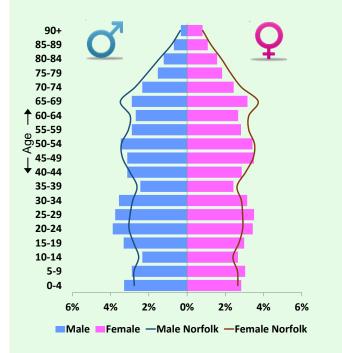
Source: see indicator notes on page 4

This profile gives a broad picture of the key Health and Wellbeing issues for the electoral division and shows how it compares with Norfolk and England. It is a picture at a single point in time from the information available to enable comparison with respect to outcomes relevant to the Health & Wellbeing Strategy. For more information go to Norfolk Insight **www.norfolkinsight.org.uk**.

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Percentage of resident population by five year age groups 2015 compared with Norfolk



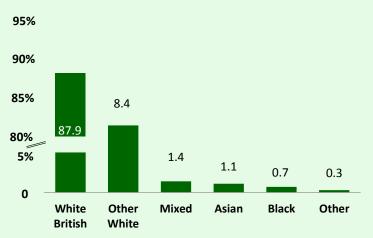
Source: 2015 mid-year estimates, Office for National Statistics

Age Structure

The estimates for mid-2015 show that the population of Yarmouth North and Central is younger than Norfolk as a whole, with 31% of the population below the age of 25 compared with 27% in Norfolk. - See more at:

http://www.norfolkinsight.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 Yarmouth North and Central is worse than the Norfolk average. 73.7% of people described their health as good or very good, compared with 79.3% in Norfolk, and 8.4% as bad or very bad, as against 5.6% in Norfolk.

Yarmouth North and Central, 37.7%	36.0%		17.9%	6.5%
Norfolk, 42.7%	36.6%		15.1%	4.4%
England, 47.2%	34.2%		13.1%	4.2%
Source: 2011 Census, Office for National Statistics	■ Very good ■ Good	- Fair	Bad 🗖	Very bad

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. 12.4% of people in Yarmouth North and Central said that their day-to-day activities were limited a lot by a long term illness or disability, compared with 9.1% in Norfolk and 8.3% in England.

Yarmouth North and Central, 75.7%	11.9%	12.4%
Norfolk, 79.9%	11.09	% 9.1%
England, 82.4%	9.	3% 8.3%
Activities not limited	little Activit	ties limited a lot

Source: 2011 Census, Office for National Statistics



Health & Wellbeing summary

The chart below shows how the health of the people in the electoral division compares with Norfolk and the rest of England. The electoral division result for each indicator is shown as a circle. The value 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 the electoral division is significantly worse than England for that indicator; however, a green circle may still indicate an important health problem.

Norfolk

Worst

- Significantly worse than England average
- O Not significantly different from England average
- Significantly better than England average
- No significance calculated
- Norfolk average

Profile for Yarmouth North and Central Electoral Division		Local Number per Year	Rank in Norfolk (1 = best)	Electoral Division Value	England Average	Norfolk Worst	Norfolk Range	Norfolk Best	Trend Start	Trend	Trend End	Change (higher or lower than previous)	
	1	Life expectancy at birth for males	90	82 of 84	75.3	79.5	73.9		84.3	74.7	\sim	75.3	+
	2	Life expectancy at birth for females	94	80 of 84	80.7	83.1	79.2	•	88.8	79.4	\sim	80.6	+
nity	3	Income Deprivation 2015	3,831	83 of 84	28.8	14.6	37.1	•	5.4	28.5		28.8	+
	4	General Health - bad or very bad	1,082	82 of 84	8.4	5.5	8.9		2.5				-
community	5	Teenage conceptions	10	75 of 84	40.0	25.0	97.2		14.2	38.6	/	41.4	-
Ouro	6	Provision of 50 hours or more unpaid care per week	480	77 of 84	3.7	2.4	4.5		0.8				-
	7	Anti-social behaviour incidents	991	80 of 84	74.4	n/a	168.9		7.6	129.3	\searrow	74.4	+
	8	Domestic Abuse	622	82 of 84	57.1	n/a	81.4	•	7.7				-
	9	Violence against the person	643	80 of 84	48.3	n/a	78.9		5.8	37.2	\checkmark	48.3	+

	10	Child Poverty	845	81 of 84	34.0	20.1	40.7	• •	6.3	33.6	\sim	34.0	+
	11	Child Development at age 5	95	82 of 84	55.9	69.3	44.8		83.5	30.1		55.9	↑
	12	Admissions for injuries in under 5s	11	25 of 84	133.7	136.0	250.4	♦ •	47.7	155.8	\frown	133.7	¥
years	13	Emergency admissions in under 5s	133	36 of 84	162.8	150.3	312.5		98.9	174.7	\sim	162.8	¥
Early	14	A&E attendances in under 5s	421	80 of 84	515.3	587.9	713.9		222.0	510.9	\sim	515.3	1
	15	Breastfeeding *	436	50 of 84	40.3	43.8	37.1	•	52.4				-
	16	Obese Children (Reception Year)	24	83 of 84	15.7	9.3	15.8	•	4.7	12.0	\sim	15.7	1
	17	Children with excess weight (Reception Year)	50	84 of 84	32.2	22.2	32.2	•	14.6	30.8	\sim	32.2	↑

	18	Early deaths from circulatory conditions	10	75 of 84	89.1	74.6	149.7	0	♦	21.8	116.8	$\sim \sim$	89.1	+
sity	19	Obese adults	3,306	80 of 84	30.7	24.4	31.7	• •		10.7				-
Obe	20	Healthy eating adults	2,211	77 of 84	20.8	26.4	18.6		♦	34.9				-
	21	People diagnosed with diabetes	932	61 of 84	7.8	6.5	9.9	• •		2.3	8.1	\sim	7.8	+

entia	22	Deaths from dementia and alzheimer's disease	24	71 of 84	160.2	102.2	294.0	21.4	109.2	\sim	160.2	↑
Dem	23	Estimated diagnosis rate for people with dementia	102	57 of 84	55.3	67.6	36.2	129.9	48.4	/	55.3	-

* Figures relate to district in which electoral division lies

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

England

75th Percentile

25th Percentile

Norfolk

Best



Health indicator notes

Contribution to life expectancy gap between electoral division and Norfolk, by broad cause of death: difference between life expectancy in the area and Norfolk 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 Norfolk. 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 IMD2015. More information at: tinyurl.com/LEInequality

Health and Wellbeing summary:

1) Average male life expectancy at birth (years) 2013-2015 -Primary Care Mortality Database;

2) Average female life expectancy at birth (years) 2013-2015 - 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, 2012-14 - 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, 2016 - Norfolk Constabulary;

8) Recorded crime and non-crime domestic abuse incidents per 1,000 population aged 16+, 2016 - Norfolk Constabulary; 9) Violence against the person incidents per 1,000

population, 2016 - Norfolk Constabulary;

10) Children 0–15 living in income-deprived households as a percentage of all children 0-15, 2014 - 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. 2016 - 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. 2013/14-15/16 - NHS Digital;

13) Crude rate of emergency hospital admissions for children (aged under 5 years), per 1,000 resident population. 2015/16 – NHS Digital;

14) A&E attendance rate per 1,000 resident population aged 0-4 years. 2015/16 - NHS Digital;

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. 2013/14-2015/16 - NCMP;

17) Number of children classified as overweight or obese as a percentage of all children measured. 2013/14-2015/16 -NCMP;

18) Early deaths from circulatory conditions (deaths aged under 75 including heart attack and stroke) DSR per 100,000 people. 2013-2015 – Primary Care Mortality Database; 19) The percentage of adults classified as obese - APS 2013-15:

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. 2016 - QOF database;

22) Directly standardised rate of deaths from Dementia and Alzheimer's disease per 100,000 people (ICD 10 codes F01, F03 & G30) 2013-2015 - PCMD;

23) Estimated diagnosis rate expressed as a percentage (number of people diagnosed/estimated prevalence) 2017 -NHS Digital, ONS SNPP, Alzheimer's Society, CFAS II; Notes: Directly Standardised Rate (DSR) - The age-specific rates of the subject population are applied to the age structure of the standard population. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile.

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**

fingertips.phe.org.uk

Norfolk County Council 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 Stratey and information www.norfolk.gov.uk/hwbstrategy

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Norfolk County Council