



**GREAT YARMOUTH**  
BOROUGH COUNCIL

# Housing and Neighbourhoods Committee

**Date:** Thursday, 17 October 2019

**Time:** 18:30

**Venue:** Supper Room

**Address:** Town Hall, Hall Plain, Great Yarmouth, NR30 2QF

## AGENDA

Open to Public and Press

### 1 **APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

### 2 **DECLARATIONS OF INTEREST**

You have a Disclosable Pecuniary Interest in a matter to be discussed if it relates to something on your Register of Interests form. You must declare the interest and leave the room while the matter is dealt with.

You have a Personal Interest in a matter to be discussed if it affects

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

You must declare a personal interest but can speak and vote on the

matter.

Whenever you declare an interest you must say why the interest arises, so that it can be included in the minutes.

**3     MINUTES**

**4 - 7**

To confirm the minutes of the last meeting.

**4     MATTERS ARISING**

To consider any matters arising from the above minutes.

**5     FORWARD PLAN**

**8 - 8**

The Committee is asked to receive and consider the Forward Plan.

**6     WARD HEALTH DATA REPORT**

**9 - 44**

The report from the Senior Performance and Data Protection Officer.

**7     CCG - STRATEGIC TRANSFORMATION PLAN**

A presentation will be given by Kathryn Ellis, Locality Director, CSG.

**8     HOUSING REVENUE ACCOUNT PERIOD 6 BUDGET  
MONITORING**

Report to follow.

**9      NEIGHBOURHOODS THAT WORK PROGRAMME**

**45 - 57**

A report from the Strategic Director is attached.

**10     ANY OTHER BUSINESS**

(i) Period Poverty - An update report is attached from the Neighbourhood Manager.

(ii) A verbal update will be given by the Strategic Director on the Claydon Pavilion.

(iii) A verbal update will be given on an A-Z Community Connectors Guide for the Borough.

**(i)     (i) Period Poverty Quarterly report.**

**58 - 61**

**11     EXCLUSION OF PUBLIC**

In the event of the Committee wishing to exclude the public from the meeting, the following resolution will be moved:-

"That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 1 of Part I of Schedule 12(A) of the said Act."

**12     GYN BOARD MINUTES**

A copy of the latest confidential GYN Board minutes to follow.

# Housing and Neighbourhoods Committee

## Minutes

Thursday, 05 September 2019 at 18:30

### PRESENT:

Councillor Grant (in the chair); Councillors Cameron, Candon, Flaxman-Taylor, Galer, D Hammond, Martin, Smith-Clare, Talbot, Wainwright, C Walker & Williamson.

Councillor P Hammond attended as a substitute for Councillor Hacon.

Mr N Shaw (Strategic Director), Mrs N Turner (Director of Housing), Mrs J Beck (Head of Property & Asset Management), Mr T Chaplin (Housing Transformation Manager), Ms D Lee (Service Accountant HRA), Mrs S Bolan (Enabling & Empty Homes Officer)

### **1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Hacon.

### **2 DECLARATIONS OF INTEREST**

Councillor Grant declared a personal interest in the item relating to Community Housing Fund Policy as he is the Chairman of one and Deputy Chairman of two further Community Land Trusts.

Councillor Galer also declared a personal interest in the same agenda item due to him being the Chairman of a Community Land Trust.

However in accordance with the Council's constitution they were allowed to speak and vote on the matter.

### **3 MINUTES**

The minutes of the meeting held on the 25th July 2019 were confirmed.

### **4 MATTERS ARISING**

The Chairman reported that there were no matters arising from the above minutes.

### **5 FORWARD PLAN**

The committee received and considered the Forward Plan.

A ward level breakdown of health indicators was requested to be added to the Forward Plan for October 2019.

A quarterly update on Period Poverty is to be added to the Forward Plan.

Any comments/questions in relation to item 8 - CCG - Strategic Transformation Plan, to be forwarded to Neil Shaw.

### **6 HRA BUDGET MONITORING REPORT**

The Committee received and considered the report from the HRA Service Manager.

Councillor Williamson requested to see the profile of the capital carried forward figure so that he is aware of the reserves going forward. The HRA Accountant agreed to this request.

RESOLVED:

That the committee considered the 2019/20 Housing Revenue and Capital Budget monitoring position - Period 1-3 (April - June 2019) and the full forecast budgets for 2019/20.

### **7 H & N PERFORMANCE REPORT Q1**

The Committee received and considered the report from the Housing Transformation Officer.

Councillor Candon queried when one of the sub-contractors went into

administration. The Head of Property and Asset Management confirmed this took place very quickly in July. There was no tenant impact and notifications were sent to those who were in a programme of repairs to advise of the delay.

Councillor Williamson voiced concern over HN08 (home adaptations) and the large number of days from the initial request through to completion. The Director of Housing advised that a report looking at possible resolutions to reduce the days will come to the October or November committee. Councillor Williamson also requested that the figures be broken down into those properties waiting 3 months, 6 months and 1 year as the heavy ones may distort the figures.

Councillor Candon queried HN01 and whether there is a relevant reason why rent arrears have increased from the previous quarter. The Director of Housing confirmed that rent arrears are generally high in quarter 1, and then fall over the course of the year. Also this year there have been a number of higher arrears which are distorting the figures. This is being watched closely as Universal Credit may be causing an impact.

Councillor Hammond has requested we list how many tenants are in arrears going forward.

RESOLVED:

That the committee note the report.

## **8 COMMUNITY HOUSING FUND POLICY**

The Committee received and considered the report from the Enabling and Empty Homes Officer.

Councillor Wainwright queried if any homes had been built in the borough via this method and whether it was value for money. The Chairman confirmed that no council money will be spent on this, only government monies and that so far only £8000 has been spent in the formation of four Community Land Trusts.

Councillor Martin was concerned regarding Community Land Trusts taking on loans if planning permission was not subsequently gained. The Housing Director confirmed that pre-application advice is provided and the process followed but there is always a risk that planning permission may not be granted.

RESOLVED:

(i) That the committee approved the Community Housing Fund Policy and the use of the community housing fund monies to offer financial support to Community Led Housing Organisations through the provision of grants and loans in accordance with the Community Housing Fund Policy.

(ii) That delegated authority is given to Strategic Directors in consultation with the Section 151 Officer to approve the allocation of grants and loan to Community Led Housing Organisations.

(iii) That approval is given for the use of capital funding to purchase land to assist Community Led Housing Organisations as set out in the Community Housing Fund Policy subject to the approval of the use of capital funding by the appropriate committee.

## **9 REPAIRS SERVICE CUSTOMER SATISFACTION WITH GYN**

The Committee received and considered the report from the Head of Property and Asset Management.

The Chairman queried whether the satisfaction survey could be undertaken in house. The Head of Property and Asset Management confirmed that this would be a huge task to undertake.

The Chairman requested the complaints data be made available for the October committee.

RESOLVED:

That the committee note the report.

## **10 ANY OTHER BUSINESS**

The Housing Director provided an update following the recent IT failure at the Yarmouth Area Office. This was caused by issues directly with BT but remedial measures were put in place and the system is now fully operational again.

The Housing Director provided an update following the fire at Frank Stone Court on Monday night where mostly smoke damage was sustained. Both GYBC and GYN staff responded brilliantly and it was an excellent example of joint working. The Chairman asked the Housing Director to pass thanks on to all staff involved.

The meeting ended at: 19:10

### Forward Plan for Housing & Neighbourhoods Committee

	Matter for Decision	Report by	Pre Agenda Meeting (PAM)	Housing & Neighbourhoods	Policy & Resources	Council
1	GYN Board Minutes	Strategic Director (NS)				
2	Neighbourhoods that Work Programme	Strategic Director (NS)	08/10/19	17/10/18		
3	Period 6 Budget Monitoring - HRA	Finance Director	08/10/19	17/10/19		
4	Ward Health Data Report	Senior Performance Officer	08/10/19	17/10/19		
5	CCG - Strategic Transformation Plan	Locality Director CCG - Kathryn Ellis	08/10/19	17/10/19		
6	Temporary Accommodation Strategy	Housing Director	06/11/19	14/11/19		
7	Disabled Facilities Grants	Housing Director	06/11/19	14/11/19		
8	Middlegate Estate Update	Strategic Director (KW)	06/11/19	14/11/19		
9	Selective Licensing	Senior Housing Licensing Officer	06/11/19	14/11/19		
10	Housing Allocations Scheme	Housing Director	04/12/19	12/12/19		
11	HRA Budget Report	Finance Director	04/12/19	12/12/19		
12	Quarter 2 Performance Report	Housing Transformation Manager	04/12/19	12/12/19		
13	2020/21 Outturn Report - HRA	Finance Director	15/01/20	23/01/20		20/02/20
14	Empty Homes Update	Housing Director	15/01/20	23/01/20		
15	Period 10 Budget Monitoring - HRA	Finance Director	19/02/20	23/01/20		
16	Property Redress Scheme	Head of Environmental Services	19/02/20	27/02/20		11/07/19
17	Quarter 3 Performance Report	Housing Transformation Manager	TBC	TBC		
18	HRA Debt Cap Report	Finance Director	TBC	TBC		

**Subject: Ward Health Data Report**

**Report to: Housing & Neighbourhoods Committee – 17 October 2019**

**Report by: James Wedon, Senior Performance Officer**

## **RECOMMENDATION**

**Members are asked to note the enclosed Ward Health Data Report.**

## **1. INTRODUCTION**

This report has been written at the request of the Housing & Neighbourhoods Committee providing current statistical information regarding health data collected on the residents of the borough. The data contained within the report has been broken down into the 17 wards of the borough.





## **2. OVERVIEW**

2.1 The data within the report has been obtained from Public Health England and is the latest currently available. It contains a wide range of measures including:

- specific health conditions – such as cancer, mental health, cardiovascular disease
- lifestyle risk factors – such as smoking, alcohol and obesity
- hospital admission information on different population groups including adults, older people, and children

2.2 The Appendix of the report provides data broken down to ward and borough level along with the worst and best performance for England and period the data has been collected over.

2.3 Additionally, each measure has been given a status which compares the ward data to the average for England, the status can be either green, amber or red:

	Green – above the national average for England
	Amber – in line with the national average for England
	Red – below the national average for England
	Purple – benchmarking data not available

2.4 Wider information is available to view on the Public Health England website via the following links:

For information displayed at borough council level click:

<https://fingertips.phe.org.uk/profile/local-health/data#page/0/qid/1938133183/pat/6/par/E12000006/ati/101/are/E07000145>

More detailed information for each Ward including comparisons to the average for England are available here:

[http://www.localhealth.org.uk/GC\\_preport.php?lang=en&codgeo=E05005784&nivgeo=ward\\_2018&id\\_rep=r03](http://www.localhealth.org.uk/GC_preport.php?lang=en&codgeo=E05005784&nivgeo=ward_2018&id_rep=r03)

Demographic, Economic, Educational attainment, Housing & Environmental and Crime information is available by ward here:

<https://www.norfolkinsight.org.uk/overview/?geographyId=d5961299464a491c9e82c93620bef2fc&featureId=E05005784>

### 3. HEADLINE ANALYSIS

3.1 A brief analysis of the data has been undertaken with the following overall messages:

- Central and Northgate ward along with Nelson ward have the greatest number of adults and children with health related issues.
- Bradwell North along with West Flegg wards are the best performing in terms of adult health although Bradwell has a higher occurrence of breast cancer and West Flegg a high occurrence of colorectal cancer than all other wards.
- The highest percentage of obese children can be found in Central & Northgate and Southtown & Cobholm wards.
- The strong prevalence of life limiting illness in the borough – 22.5% of people in the borough have a life limiting illness, compared to the national average of 17.6% (and as it is as high as 25.6% in wards like Magdalen)

### 4. FINANCE

None.

### 5. LEGAL

None.

### 6. RISK

















None.







### 7. RECOMMENDATION

**Members are asked to note the enclosed Ward Health Data Report.**

Area for consideration	Comment
Monitoring Officer Consultation:	N/A
Section 151 Officer Consultation:	N/A
Existing Council Policies:	No
Financial Implications:	No
Legal Implications (including human rights):	No
Risk Implications:	No
Equality Issues/EQIA assessment:	Yes
Crime & Disorder:	No
Every Child Matters:	Yes


















## Bradwell North







Indicator	Period	Bradwell North		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,800	72.3	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	87	79.5	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	71	104.2	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	55	96.4	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	50	47.9	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	263	107.9	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	49	144.3	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	25	86.0	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	32	98.2	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	47	133.5	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	32	56.6	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	46	91.7	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	154	70.0	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	646	80.2	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,245	19.3%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	1,279	19.6%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	799	12.2%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Bradwell North		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	24	12.1%*	12.4%	9.5%	19.7%	.. 	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	51	25.8%*	27.2%	22.4%	37.3%	.. 	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	24	14.7%*	21.8%	20.0%	34.6%	.. 	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	47	28.8%*	35.7%	34.2%	51.9%	.. 	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	10	13.8%*	7.9%*	5.4%*	20.1%	.. 	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	12	16.8%*	11.4%*	8.2%*	19.4%	.. 	0.0%


















\* Value is modelled or estimated

### Bradwell South & Hopton

Indicator	Period	Bradwell South and Hopton		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	3,351	82.0	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	117	101.8	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	84	115.9	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	69	114.9	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	118	108.5	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	237	93.7	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	35	95.3	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	33	109.1	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	34	100.8	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	34	96.9	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	33	56.5	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	52	95.0	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	235	102.2	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	756	90.3	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,494	22.3%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	1,348	20.1%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	862	12.9%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Bradwell South and Hopton		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	21	9.6%*	12.4%	9.5%	19.7%		2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	52	23.7%*	27.2%	22.4%	37.3%		7.0%
Obese children Year 6, three year average	2015/16 - 17/18	42	21.6%*	21.8%	20.0%	34.6%		5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	65	33.5%*	35.7%	34.2%	51.9%		12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	8	13.2%*	7.9%*	5.4%*	20.1%		0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	9	16.0%*	11.4%*	8.2%*	19.4%		0.0%


















### Caister North

Indicator	Period	Caister North		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,408	82.9	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	89	103.5	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	51	92.7	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	53	116.6	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	82	97.7	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	205	105.6	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	26	97.6	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	22	94.7	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	29	109.9	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	28	97.1	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	35	96.5	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	42	105.6	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	123	76.7	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	548	90.1	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,110	24.4%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	944	20.9%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	625	13.8%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Caister North		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	12	10.3%*	12.4%	9.5%	19.7%	...	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	27	22.7%*	27.2%	22.4%	37.3%	...	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	19	20.0%*	21.8%	20.0%	34.6%	...	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	33	34.4%*	35.7%	34.2%	51.9%	...	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	3	7.9%*	7.9%*	5.4%*	20.1%	...	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	4	11.5%*	11.4%*	8.2%*	19.4%	...	0.0%

\* Value is modelled or estimated


















### Caister South







Indicator	Period	Caister South		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,496	82.9	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	93	103.5	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	53	92.7	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	54	116.6	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	85	97.7	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	210	105.6	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	26	97.6	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	23	94.7	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	30	109.9	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	28	97.1	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	36	96.5	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	48	105.6	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	127	76.7	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	568	90.1	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,192	26.3%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	946	20.9%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	626	13.8%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Caister South		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-		-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-		-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-		-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-		-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-		-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-		-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-		-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-		-
Obese children Reception Year, three year average	2015/16 - 17/18	13	10.3%*	12.4%	9.5%	19.7%	...	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	28	22.7%*	27.2%	22.4%	37.3%	...	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	20	20.0%*	21.8%	20.0%	34.6%	...	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	34	34.4%*	35.7%	34.2%	51.9%	...	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	5	8.2%*	7.9%*	5.4%*	20.1%	...	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	7	11.7%*	11.4%*	8.2%*	19.4%	...	0.0%

\* Value is modelled or estimated

















### Central & Northgate

Indicator	Period	Central and Northgate		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	4,721	105.4	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	131	123.7	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	85	131.2	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	77	138.7	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	149	156.4	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	265	113.7	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	36	107.2	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	30	108.7	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	41	139.7	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	33	103.6	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	115	137.1	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	62	142.2	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	386	150.2	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	1,213	142.1	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,943	23.4%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	1,551	18.7%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	1,016	12.2%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Central and Northgate		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	59	19.2%*	12.4%	9.5%	19.7%		2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	109	35.3%*	27.2%	22.4%	37.3%		7.0%
Obese children Year 6, three year average	2015/16 - 17/18	75	26.6%*	21.8%	20.0%	34.6%		5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	115	40.9%*	35.7%	34.2%	51.9%		12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	6	6.2%*	7.9%*	5.4%*	20.1%		0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	9	9.8%*	11.4%*	8.2%*	19.4%		0.0%


















\* Value is modelled or estimated







# Claydon

Indicator	Period	Claydon		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	4,101	99.7	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	100	100.8	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	51	84.8	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	69	132.5	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	147	161.7	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	221	100.1	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	31	96.1	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	20	78.4	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	32	111.5	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	24	80.4	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	77	103.2	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	47	105.1	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	258	110.6	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	876	111.0	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,851	24.1%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	1,381	17.9%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	863	11.2%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Claydon		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	45	14.4%*	12.4%	9.5%	19.7%	...	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	94	30.0%*	27.2%	22.4%	37.3%	...	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	57	23.3%*	21.8%	20.0%	34.6%	...	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	87	35.7%*	35.7%	34.2%	51.9%	...	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	6	6.3%*	7.9%*	5.4%*	20.1%	...	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	9	9.9%*	11.4%*	8.2%*	19.4%	...	0.0%


















\* Value is modelled or estimated

Indicator	Period	East Flegg		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,510	82.8	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	102	109.0	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	67	117.3	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	66	135.7	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	68	76.4	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	189	90.9	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	22	77.6	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	24	96.7	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	30	109.0	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	30	98.2	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	20	51.3	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	45	102.3	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	159	89.2	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	604	89.1	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,299	26.8%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	1,026	20.9%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	633	12.9%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	East Flegg		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	9	9.3%*	12.4%	9.5%	19.7%		2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	21	22.3%*	27.2%	22.4%	37.3%		7.0%
Obese children Year 6, three year average	2015/16 - 17/18	20	17.6%*	21.8%	20.0%	34.6%		5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	36	32.4%*	35.7%	34.2%	51.9%		12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	3	7.4%*	7.9%*	5.4%*	20.1%		0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	5	11.5%*	11.4%*	8.2%*	19.4%		0.0

\* Value is modelled or estimated


















### Fleggburgh







Indicator	Period	Fleggburgh		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	1,024	70.3	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	32	75.6	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	23	91.2	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	21	93.3	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	28	70.7	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	101	107.3	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	16	121.9	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	16	146.6	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	10	84.0	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	20	137.3	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	9	44.1	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	12	74.6	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	63	72.6	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	242	75.8	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	429	17.7%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	483	19.6%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	295	12.0%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Fleggburgh		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	9	10.9%*	12.4%	9.5%	19.7%	...	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	19	23.5%*	27.2%	22.4%	37.3%	...	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	10	17.0%*	21.8%	20.0%	34.6%	...	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	18	30.4%*	35.7%	34.2%	51.9%	...	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	4	11.2%*	7.9%*	5.4%*	20.1%	...	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	5	14.3%*	11.4%*	8.2%*	19.4%	...	0.0%

\* Value is modelled or estimated


















## Gorleston







Indicator	Period	Gorleston		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,520	83.4	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	72	92.2	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	46	92.3	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	46	112.3	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	61	83.5	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	181	104.5	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	29	114.9	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	16	77.0	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	19	86.1	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	31	129.1	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	53	105.4	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	50	111.5	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	144	85.1	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	530	89.2	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,149	20.7%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	965	17.6%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	606	11.0%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Gorleston		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	13	9.2%*	12.4%	9.5%	19.7%		2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	41	28.6%*	27.2%	22.4%	37.3%		7.0%
Obese children Year 6, three year average	2015/16 - 17/18	29	19.7%*	21.8%	20.0%	34.6%		5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	43	29.3%*	35.7%	34.2%	51.9%		12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	4	7.6%*	7.9%*	5.4%*	20.1%		0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	6	10.7%*	11.4%*	8.2%*	19.4%		0.0%

\* Value is modelled or estimated


















## Lothian







Indicator	Period	Lothian		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,443	80.1	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	82	91.4	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	51	97.6	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	49	105.1	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	97	116.1	114.3	100.0	482.5		11.8
Incidence of all cancers, standardised incidence ratio	2012 - 16	242	121.6	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	36	128.4	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	28	120.8	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	31	119.8	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	40	130.7	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	14	30.9	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	37	105.0	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	135	71.6	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	604	87.6	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,081	19.7%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	1,102	20.4%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	709	13.1%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Lothingland		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-		-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-		-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-		-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-		-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-		-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-		-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-		-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-		-
Obese children Reception Year, three year average	2015/16 - 17/18	12	7.3%*	12.4%	9.5%	19.7%		2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	31	18.9%*	27.2%	22.4%	37.3%		7.0%
Obese children Year 6, three year average	2015/16 - 17/18	38	21.1%*	21.8%	20.0%	34.6%		5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	70	38.9%*	35.7%	34.2%	51.9%		12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	3	9.0%*	7.9%*	5.4%*	20.1%		0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	5	12.7%*	11.4%*	8.2%*	19.4%		0.0%

\* Value is modelled or estimated


















## Magdalen

Indicator	Period	Magdalen		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	4,210	95.2	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	122	108.9	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	79	105.1	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	83	140.0	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	158	152.6	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	259	105.3	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	37	106.0	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	34	113.7	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	42	128.6	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	45	135.9	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	86	127.1	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	79	125.0	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	202	88.7	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	841	104.6	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,855	25.6%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	1,346	18.4%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	858	11.7%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Magdalen		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-		-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-		-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-		-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-		-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-		-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-		-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-		-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-		-
Obese children Reception Year, three year average	2015/16 - 17/18	26	9.4%*	12.4%	9.5%	19.7%	.. 	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	57	20.5%*	27.2%	22.4%	37.3%	.. 	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	51	21.8%*	21.8%	20.0%	34.6%	.. 	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	84	35.9%*	35.7%	34.2%	51.9%	.. 	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	6	6.1%*	7.9%*	5.4%*	20.1%	.. 	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	10	9.8%*	11.4%*	8.2%*	19.4%	.. 	0.0%

\* Value is modelled or estimated


















# Nelson







Indicator	Period	Nelson		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	5,278	122.1	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	132	147.3	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	57	111.4	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	74	158.5	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	176	225.6	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	251	126.6	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	40	134.1	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	20	88.8	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	57	237.6	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	26	96.9	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	145	153.0	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	39	117.1	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	419	164.2	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	1,217	152.5	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,949	22.5%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	1,474	16.7%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	914	10.3%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Nelson		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	59	15.8%*	12.4%	9.5%	19.7%	...	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	117	31.4%*	27.2%	22.4%	37.3%	...	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	79	21.8%*	21.8%	20.0%	34.6%	...	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	134	37.0%*	35.7%	34.2%	51.9%	...	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	7	6.4%*	7.9%*	5.4%*	20.1%	...	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	12	10.3%*	11.4%*	8.2%*	19.4%	...	0.0%

\* Value is modelled or estimated


















## Ormesby

Indicator	Period	Ormesby		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,201	82.8	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	89	109.0	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	59	117.3	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	58	135.7	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	60	76.4	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	165	90.9	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	20	77.6	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	21	96.7	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	27	109.0	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	27	98.2	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	18	51.3	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	35	102.3	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	139	89.2	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	530	89.1	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	975	22.8%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	896	20.9%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	553	12.9%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Ormesby		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-		-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-		-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-		-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-		-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-		-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-		-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-		-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-		-
Obese children Reception Year, three year average	2015/16 - 17/18	11	9.3%*	12.4%	9.5%	19.7%		2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	27	22.3%*	27.2%	22.4%	37.3%		7.0%
Obese children Year 6, three year average	2015/16 - 17/18	16	17.6%*	21.8%	20.0%	34.6%		5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	30	32.4%*	35.7%	34.2%	51.9%		12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	5	10.2%*	7.9%*	5.4%*	20.1%		0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	6	13.3%*	11.4%*	8.2%*	19.4%		0.0%

\* Value is modelled or estimated


















### Southtown & Cobholm







Indicator	Period	Southtown and Cobholm		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,634	97.1	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	64	113.6	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	31	98.2	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	40	138.0	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	68	136.5	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	109	86.5	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	12	62.2	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	14	100.5	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	16	103.0	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	9	50.0	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	59	100.3	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	15	91.2	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	160	100.2	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	527	104.4	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,011	17.9%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	896	15.7%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	565	9.9%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Southtown and Cobholm		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-		-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-		-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-		-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-		-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-		-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-		-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-		-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-		-
Obese children Reception Year, three year average	2015/16 - 17/18	38	15.0%*	12.4%	9.5%	19.7%	...	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	89	34.7%*	27.2%	22.4%	37.3%	...	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	64	28.7%*	21.8%	20.0%	34.6%	...	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	94	42.6%*	35.7%	34.2%	51.9%	...	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	4	6.2%*	7.9%*	5.4%*	20.1%	...	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	7	9.7%*	11.4%*	8.2%*	19.4%	...	0.0%

\* Value is modelled or estimated

















## St Andrews

Indicator	Period	St Andrews		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,563	88.9	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	70	94.2	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	41	89.3	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	46	118.3	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	75	109.4	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	169	103.9	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	26	110.9	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	15	76.2	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	20	94.5	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	26	115.8	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	51	104.9	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	32	110.0	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	152	94.1	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	545	96.6	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	972	18.9%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	914	17.9%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	573	11.2%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	St Andrews		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-		-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-		-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-		-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-		-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-		-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-		-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-		-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-		-
Obese children Reception Year, three year average	2015/16 - 17/18	19	11.3%*	12.4%	9.5%	19.7%	.. 	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	47	28.7%*	27.2%	22.4%	37.3%	.. 	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	36	20.0%*	21.8%	20.0%	34.6%	.. 	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	54	30.1%*	35.7%	34.2%	51.9%	.. 	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	4	6.2%*	7.9%*	5.4%*	20.1%	.. 	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	7	9.8%*	11.4%*	8.2%*	19.4%	.. 	0.0%

\* Value is modelled or estimated


















## West Flegg







Indicator	Period	West Flegg		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,109	70.3	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	66	75.6	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	48	91.2	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	42	93.3	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	58	70.7	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	209	107.3	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	33	121.9	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	34	146.6	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	22	84.0	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	40	137.3	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	20	44.1	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	29	74.6	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	130	72.6	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	498	75.8	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,101	21.5%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	1,013	19.6%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	620	12.0%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	West Flegg		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	15	10.9%*	12.4%	9.5%	19.7%	...	2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	33	23.5%*	27.2%	22.4%	37.3%	...	7.0%
Obese children Year 6, three year average	2015/16 - 17/18	23	17.0%*	21.8%	20.0%	34.6%	...	5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	41	30.4%*	35.7%	34.2%	51.9%	...	12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	5	7.7%*	7.9%*	5.4%*	20.1%	...	0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	7	11.8%*	11.4%*	8.2%*	19.4%	...	0.0%

\* Value is modelled or estimated

### Yarmouth North

Indicator	Period	Yarmouth North		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst	Status	Best
Emergency hospital admissions for all causes, all ages, standardised admission ratio	2013/14 - 17/18	2,585	96.0	89.7	100.0	210.6		28.2
Emergency hospital admissions for coronary heart disease, standardised admission ratio	2013/14 - 17/18	70	97.0	102.4	100.0	351.0		23.5
Emergency hospital admissions for stroke, standardised admission ratio	2013/14 - 17/18	56	122.5	104.2	100.0	211.6		29.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2013/14 - 17/18	42	111.2	121.9	100.0	360.7		20.2
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2013/14 - 17/18	102	150.6	114.3	100.0	482.5		11.8
Incidences of all cancers, standardised incidence ratio	2012 - 16	176	110.5	105.0	100.0	138.9		69.6
Incidence of breast cancer, standardised incidence ratio	2012 - 16	31	132.5	107.8	100.0	186.9		42.1
Incidence of colorectal cancer, standardised incidence ratio	2012 - 16	16	85.5	100.4	100.0	187.4		34.7
Incidence of lung cancer, standardised incidence ratio	2012 - 16	26	121.4	115.5	100.0	306.9		23.7
Incidence of prostate cancer, standardised incidence ratio	2012 - 16	30	137.2	110.7	100.0	211.6		36.2
Hospital stays for self harm, standardised admission ratio	2013/14 - 17/18	44	101.0	94.5	100.0	574.3		12.7
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2013/14 - 17/18	35	89.0	104.8	100.0	243.0		35.1
Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	2013/14 - 17/18	162	107.2	99.0	100.0	318.7		36.6
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	2013/14 - 17/18	597	111.3	100.7	100.0	283.6		34.4
Percentage of people who reported having a limiting long-term illness or disability	2011	1,196	25.7%	22.5%	17.6%	40.8%		2.2%
Back pain prevalence in people of all ages	2012	874	19.0%*	18.9%	16.9%	24.8%		9.5%
Severe back pain prevalence in people of all ages	2012	516	11.2%*	11.9%	10.2%	17.9%		5.1%

Indicator	Period	Yarmouth North		District & UA (pre 4/19)	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Status	Best/ Highest
Deliveries to teenage mothers, five year aggregate	2011/12 - 15/16	-	-	2.1%	1.1%	-	-	-
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	2011 - 15	-	-	65.6	63.2	-	-	-
Low birth weight of term babies, five year aggregate	2011 - 15	-	-	2.5%	2.8%	-	-	-
Emergency admissions aged under 5 years old, three year average	2013/14 - 15/16	-	-	151.2	149.2	-	-	-
A&E attendances in under 5 years old, three year average	2013/14 - 15/16	-	-	396.1	551.6	-	-	-
Admissions for injuries in under 5 years old, five year aggregate	2011/12 - 15/16	-	-	132.5	138.8	-	-	-
Admissions for injuries in under 15 years old, five year aggregate	2011/12 - 15/16	-	-	111.0	110.1	-	-	-
Admissions for injuries in 15-24 years old, five year aggregate	2011/12 - 15/16	-	-	117.1	137.0	-	-	-
Obese children Reception Year, three year average	2015/16 - 17/18	15	11.0%*	12.4%	9.5%	19.7%		2.2%
Children with excess weight Reception Year, three year average	2015/16 - 17/18	37	27.5%*	27.2%	22.4%	37.3%		7.0%
Obese children Year 6, three year average	2015/16 - 17/18	44	27.0%*	21.8%	20.0%	34.6%		5.0%
Children with excess weight Year 6, three year average	2015/16 - 17/18	71	43.3%*	35.7%	34.2%	51.9%		12.1%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	3	6.2%*	7.9%*	5.4%*	20.1%		0.0%
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	5	9.8%*	11.4%*	8.2%*	19.4%		0.0%

\* Value is modelled or estimated

**Subject: Neighbourhoods That Work programme**

**Report to: ELT – 7 October 2019**

**Housing & Neighbourhoods Committee – 17 October 2019**

**Report by: Neil Shaw, Strategic Director & Holly Notcutt, Community Development Manager**

## **RECOMMENDATIONS**

- 1. That following the receipt of the evaluation report, a meeting is arranged by the Strategic Director with the Big Lottery to assess the potential for future external funding streams.**
- 2. To work with Norfolk County Council's newly appointed VCSE Manager over the next 6 months to ascertain the value of community and voluntary sector work in the borough.**
- 3. To bring a further report outlining current provision; identifying any gaps or duplication; with a view to informing the future priorities of the Neighbourhoods & Communities Team from October 2020 onwards.**

## **1. INTRODUCTION**

- 1.1. An approach to neighbourhood management for the borough was first established in 2006, with the pilot 'Comeunity' in South and Central Yarmouth. The approach has expanded incrementally over the intervening years. The current focal point for this work is a £3.5m five-year Neighbourhoods That Work programme. This operates alongside the management of three neighbourhoods, including; Neighbourhood Boards and a broad range of projects overseen by three Neighbourhood Managers. The neighbourhood function encompasses a wide range of services and projects either provided directly by the council, in partnership with other organisations/communities, or projects that are overseen by the council but delivered by other agencies.
- 1.2. The Neighbourhoods That Work (NTW) programme has completed year four of a five-year programme. This report focuses on the impact of the programme, analysed through an external evaluation and the future operation of the neighbourhood function after the end of the programme in Autumn 2020.

## **2. BACKGROUND**

- 2.1. The 2006 'Comeunity' pilot was established as a result of external funding. At the time the concept was for communities to take the lead in developing a neighbourhood plan and co-ordinating/influencing service delivery to meet locally identified priorities. A dedicated Neighbourhood Manager was appointed by the council. A resident-led board

was established comprising a multi-agency partnership. Community engagement and capacity building was commissioned and led through the voluntary and community sector.

- 2.2. 2009 saw the roll out of two further neighbourhood management programmes - 'MESH' and 'Make it Happen', located in the borough's other priority urban wards. In 2010 the three neighbourhood management areas was mainstreamed within the council's organisational structure and budget. The council takes the lead on the neighbourhood approach but there is active involvement of a wide range of public and voluntary sector organisations.
- 2.3. In 2015 the council was successful in leading a BIG Lottery partnership bid to establish the 'Neighbourhoods That Work' (NTW) programme. The programme funded 27 additional posts over the five year programme (26 of which are employed through the partner organisations), significantly expanding the neighbourhood management approach. In 2018 this number reduced to 19 posts, due to planned programme tapering.

### **3. IMPACT OF THE 'NEIGHBOURHOODS THAT WORK' PROGRAMME**

- 3.1. The NTW project is delivered in collaboration with seven delivery partners from the voluntary and public sectors: GYROS, Voluntary Norfolk, Future Projects, Business in the Community, DIAL, Great Yarmouth College and MIND. The key aims of the programme, established in 2015 are:

- (1) Social networks, community resilience and well-being
- (2) Multiple and complex needs: defined as issues such as low self-esteem, mental ill-health, debt, drug and alcohol misuse, and homelessness
- (3) Long term unemployment and access to sustainable employment and economy
- (4) Linking 'services to communities' and 'communities to the economy'

- 3.2. The programme has been externally evaluated each year. A summary of the latest evaluation is attached as an appendix. The 2019 evaluation identified the following headline messages from the programme to date:

- 114 long-term unemployed people have been supported into work
- 500 people have reported improved wellbeing
- 3,843 people have made new connections within their community
- 4,001 people have participated in at least one community event
- 462 people have joined a new group or network
- 276 residents have reported feeling more active in their community
- 937 people have been referred onto further support services to meet their needs
- 675 people have reported an improvement in their skills level following training provided by the programme

- 103 local employers have been more engaged and involved with their local community
- 3.3. Quantifying the full impact of a programme like NTW is complicated. The programme has a strong community development focus, particularly in meeting the grassroots issues many local people face in the three neighbourhoods upon which it focuses. The quantifiable evidence available demonstrates only a marginal improvement in employment and wellbeing given the scale of the resources input through the programme and no significant improvement to the borough's unemployment or deprivation levels. In hindsight the programme outcomes should have been more sharply defined. Its key strength has been in building stronger social networks for a number of key individuals. The programme has largely concentrated on some of the most marginalised individuals within local communities. Whilst this may have helped to build the confidence of some of those individuals it is hard to evidence the connection to significant numbers of these people entering the job market, being more resilient (and less reliant on public services) or improving their wellbeing.
- 3.4. Partner agencies and in particular the CCG and Police, play a significant role in neighbourhood work. The growing importance of this has been reflected in joint CCG and Norfolk County Council funding in 2015 to bolster the voluntary sector infrastructure and in 2019/20 to continue some community development work that would have been scaled back as the funding for NTW reduced this year. Partner organisations receive a number of benefits from the current neighbourhood approach. This includes, the community development function supporting a number of groups/projects and using the neighbourhood boards as part of their community engagement activities.

#### **4. STRUCTURE OF NEIGHBOURHOODS WORK**

##### 'Neighbourhoods That Work' capacity

- 4.1. The council hosts the NTW Project Co-ordinator, responsible for contract liaison and partnership management, data management, staffing coordination, programme development, communications, and budget management.
- 4.2. Two Multi-Disciplinary Workers operate as part of the NTW project (employed and managed by DIAL). The funding for these two posts in 19/20 is £62k (funded from the Lottery). They provide specialist advice and guidance on debt, benefits, housing and wider support needs. The Workers aim to reach those who perhaps would not take the first steps to receiving expert help but who through increased confidence from better developed social networks, have been introduced into specialist support by other connector roles.
- 4.3. The first three years of the programme funded a Business Transformation role to work with local employers to connect them to communities. These posts ended in September 2018. Their focus had been on creating a 'Responsible Business Network' and providing work tasters for those furthest from the labour market.

- 4.4. Neighbourhoods That Work uses the 'Connector' model to engage with and support local communities on specific topics. This approach was designed from the outset to cover a range of community support needs over the duration of the programme: Life Connector, Skills Connector, Community Connector, Volunteer Co-ordinator, Service Connector, Training Connector and community development worker. All roles are employed by NTW partners and 'matrix' managed by the council's Neighbourhood Managers. Some have been co-located with the neighbourhood teams. The community connector and life connector models have been recognised nationally and adopted by other local authorities. It has shaped the commissioning of integrated health projects across Norfolk with 'Social Prescribing' and 'Loneliness and Social Isolation' programmes which are built upon the connector model. From 2018 the remaining posts include Community Connectors, Life Connectors, Community Development workers, multi-disciplinary workers, and the Service transformation role, funded by the programme.

#### Council capacity

- 4.5. The borough has three Neighbourhood Management Boards: Comeunity (Central and South Yarmouth), MESH (Gorleston) and Make it Happen (Cobholm and Southtown). Each Board, is made up of key local partners, elected members and residents. Each produce a Neighbourhood Plan with the Board aiming to ensure service delivery is joined up, whilst being in line with locally identified priorities. The core funding for the neighbourhood management approach in 19/20 is £365k and provided by the council. This funds a Community Development Manager, three Neighbourhood Managers and one Apprentice. These are all council funded posts. The funding also includes £99k for the VCSE grants programme.
- 4.6. Across the three neighbourhood plans there are around 20-25 local activities, projects and events. Examples of these include:
- Local workshops themed around emergency planning/flooding
  - Youth activity one evening per week for different age groups
  - Community groups, such as Middlegate Activity Group, delivering half term activities
  - Monitoring enviro-crime hotspots and providing information to residents on safe disposal or collection of unwanted items
  - Supporting Newtown Community Centre through with a Wellbeing Café
  - Norfolk Community College support to people who have been unemployed for greater than one year
  - Use of grant funding to support Furnishaid in offering CV production and IT training for local unemployed people
  - Use of grant funding to support DIAL providing benefits support, money and debt advice

Projects are small-scale, local and diverse. These are valued locally although the collective impact of the projects is impossible to determine. The Community Development Workers are employed by Voluntary Norfolk, funded by NTW. They support community groups in their communities to develop events, activities, projects.

They support residents to form community groups and support them seeking funding for projects

4.7. The Neighbourhoods and Communities Team undertake a number of other functions:

- Managing outdoor play and leisure provision
- Managing and monitoring the community and voluntary sector grants programme
- Garton traveller site liaison
- Emergency planning community resilience lead including Rest Centre Management
- GYBC ESF Inclusion Project
- The Wellesley Feasibility Study
- Selective licencing project
- NCC 'Pushing Ahead Project'

## **5. THE FUTURE FOR NEIGHBOURHOODS**

5.1. The NTW programme will end in October 2020. The council is keen to drive an improvement in the quality of lives and opportunities available to local people. Many existing projects which are underway, or are likely to be underway, within the next two/three years will benefit local people, particularly those who live in (or close to) Yarmouth town centre. This includes, the work on selective licensing and projects which form the proposals for the Future High Street Fund, Towns Fund as well as a number of projects funded by partners such as social prescribing.

5.2. However, the council and partner organisations have not been successful in identifying large-scale external funding to deliver a continuation of the kind of work undertaken by the NTW programme. The council and partner organisations will continue to explore the potential for funding streams such as the National Lottery's Reaching Communities Fund and the Lloyds Bank Foundation. However, any future bid will be based on a much smaller, more focused, programme or project based on the feedback already received from large external funding organisations, like the Lottery.

5.3. The external evaluation identified the importance of partner organisations funding of some of this neighbourhood activity. Partners like the CCG and Norfolk County Council already support some roles and projects through their commissioning of services and by funding some community development work and co-funding the Early Help Hub. The council will be keen to work with partners to identify specific projects which from 2020/21 should be funded jointly by partners, not solely by the council. These are likely to be focused on work which will have a direct impact on employment, skills and health improvement. The Early Help Hub already follows this funding model and the council will be keen to identify other areas where this approach might be successful. The scoping work for this has already begun, being facilitated by the Lloyds Bank Foundation. The role of the council's core Neighbourhoods and Communities Team will be examined over the next 12 months as part of this work.

5.4. In 2019 Norfolk County Council has recently appointed a VCSE Manager to lead work to ascertain the value of community and voluntary sector work in the borough and how

advice/support can be more joined up. The outcomes from this work should be reviewed when this work is completed.

## **6. FINANCE**

- 6.1. The council funds £365k of the budget used by the Neighbourhoods and Communities Team. The remainder is derived from external grant funding, of which the Big Lottery fund is the single biggest contributor.

	2019/20 £,000
Staff	244
Grants	58
Early Help Hub	10
Service budget	53
<b>Total</b>	<b>365</b>

The service budget primarily provides funding for the three neighbourhood offices, a proportion of which is funded through NTW.

- 6.2. The NTW funding for the five-year programme is £3.5m. The funding for 2019/20 is £554k. The service also manages services funded by external organisations (£461k) for social prescribing, voluntary sector development and the Great Places Fund.

## **7. LEGAL**

None.

## **8. RISK**

The lack of significant external funding opportunities means the Neighbourhoods That Work programme cannot be sustained in its current form and scale. This risk can be mitigated to some extent by working with partner organisations to identify specific projects which from 2020/21 partners are prepared to fund and, in parallel, developing a future external funding bid based on a more focused programme or project(s).

## **9. RECOMMENDATIONS**

- 9.1. **That following the receipt of the evaluation report, a meeting is arranged by the Strategic Director with the Big Lottery to assess the potential for future external funding streams.**
- 9.2. **To work with Norfolk County Council's newly appointed VCSE Manager over the next 6 months to ascertain the value of community and voluntary sector work in the borough.**
- 9.3. **To bring a further report outlining current provision; identifying any gaps or duplication; with a view to informing the future priorities of the Neighbourhoods & Communities Team from October 2020 onwards.**

<b>Area for consideration</b>	<b>Comment</b>
Monitoring Officer Consultation:	Yes
Section 151 Officer Consultation:	Yes
Existing Council Policies:	No
Financial Implications:	Yes
Legal Implications (including human rights):	No
Risk Implications:	Yes
Equality Issues/EQIA assessment:	Yes
Crime & Disorder:	No
Every Child Matters:	No



## Neighbourhoods That Work



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## 1. HEADLINE IMPACT

### About this report

- 1.1 In March 2019 ERS was commissioned by Great Yarmouth Borough Council to evaluate the Neighbourhoods That Work Programme (NTW). This is the Year 3 Evaluation Summary Report that considers the activity undertaken to date, the impact of the investment and opportunities for the future as the NTW Programme progresses into the final 15 months of activity. This summary report is based on a more detailed evaluation report and is intended to draw out the headline messages from the evaluation.

### Supporting the Economic Growth Agenda

- 1.2 The investment has directly **evidenced supporting 114 long term unemployed people into employment**. The actual number is likely to be much higher due to the complexity of tracking the impact of community-based support and intervention. More widely, **almost 300 people with complex needs reported improved confidence in competing for jobs** following volunteering or work placement/taster. Almost 700 local people have enhanced their skills as a direct consequence of programme activity. Future monitoring will continue to track their journey, and potential transition into work.
- 1.3 Since October 2018 there has been less direct emphasis upon the employability agenda since the emergence of the complementary Building Better Opportunities programmes and the cessation of NTW roles that previously underpinned employability support activity. However, the NTW programme still contributes to this agenda through community based opportunities. Our research has identified that **more could be achieved by building relationships with local businesses and matching work placement, apprenticeships and job opportunities to residents supported via NTW**. There is also scope for the NTW approach to more effectively support residents into opportunities generated through large capital projects emerging via the GYBC economic growth agenda.

### Strengthening Communities, Improving Services and Overall Wellbeing

- 1.4 Around **4000 people have participated in community events** and made new connections within their community. Almost **500 people have progressed to join a new group or network**, reinforcing community infrastructure.
- 1.5 Over **900 people have experienced smooth, seamless referrals into services from single contact points** and in excess of **50 service providers** reported that the investment has improved their reach to most vulnerable residents. Almost **500 people have reported improved well-being** from having issues addressed, half of which were supported to overcome at least one personal challenge.
- 1.6 Over £1.5m of additional funds have been levered into the NTW programme via Community Development and Neighbourhood Management support since 2015.

## The Neighbourhood Approach and Theory of Change

- 1.7 The focus on three geographical areas provides the programme with a clear focus on a cohort of local people who are in significant need. ***The approach of targeting NTW programme activity at the most disadvantaged communities remains appropriate, enabling a real focus of resources on the people in need of support.***
- 1.8 GYBC Neighbourhoods and Communities staff underpin the whole approach and are a lever for improving mainstream/externally funded services (reducing duplication, etc.) whilst also potentially providing the bedrock for any future bespoke community development programme/projects. However, greater commitment and financial support from partner organisations is needed if this work is to be sustained post 2020.
- 1.9 The evaluation has identified the scale of work undertaken and the ‘golden threads’ that link activity and positive outcomes for participants. However, there is limited discernible change in headline indicators for neighbourhoods – the areas benefitting from NTW remain the most disadvantaged across the borough. To some extent this reflects the scale of the problem, especially in relation to wider social changes. For example, welfare reform and the introduction of Universal Credit, in addition to the continuing reduction in services to support the most vulnerable.
- 1.10 We also know that the communities (albeit some more than others) are dynamic in nature. In addition to those already living in the NTW neighbourhoods, new people to the borough, especially those most in need of additional support services, tend to arrive into the three identified neighbourhoods, presenting a continual challenge for those seeking to lead the creation of resilient communities.
- 1.11 The NTW programme is funded by the National Lottery Community Fund and for the final year of funding, the amount has tapered. However, additional funding has been sourced and aligned from Great Yarmouth and Waveney CCG and NCC, via the integrated commissioning group. This has been utilised to fund the existing Community Development work, as the underpinning function of the success of the NTW Programme. In addition, a part-time post has been established to provide development support to small VCS organisations.

## Transforming Services

- 1.12 NTW has had an impact upon the design and delivery of a number of key services:
- The Head of Integrated Commissioning for Great Yarmouth and Waveney CCG and Norfolk County Council (NCC) understands the value of the connector-type approach, and in 2016 championed the alignment of VCSE infrastructure development resource with the NTW programme;
  - The NCC Better Together Programme aims to tackle loneliness and isolation via a team of NTW inspired Life Connectors and a complementary Community Development Worker, aligned to NTW delivery;
  - The health led Social Prescribing programme has connector posts, directly modelled on NTW learning and in line with the programme’s theory of change;

- The East Coast Community Healthcare project is undergoing service redesign, being shaped by NTW partners to develop a model embedded in communities;
- Mancroft Advice Project drew from the NTW model and utilised it to develop a successful application to the Youth Investment Fund, creating a youth focussed delivery model to operate alongside NTW and link into neighbourhood management teams and projects;
- DIAL have extended their core delivery to better meet community needs by operating out of hours in evenings and over weekends, based on intelligence gained from working within NTW;
- Voluntary Norfolk has adopted a more 'systems' approach mindset to how it plans and delivers services. For example the Carers Matter service for young carers has adopted a 'Life Connector' type approach;
- MIND created a replica volunteer coordinator in Waveney as they found the Great Yarmouth volunteer coordinator post to be a great benefit; and
- East Coast College directly drew upon the NTW approach and were able to present a convincing and successful bid for ESF BBO Programme funding, including a micro grant scheme directly investing in community based infrastructure.

## 2. NEXT STEPS

### Programme Funding and Future Planning

- 2.1 The NTW Programme has a high profile across the neighbourhoods it supports and with key services providers/wider stakeholders. Partners understand why it was established, the priorities and core activities. This is a key strength. **There is a need however to more fully articulate and publicise the impact generated.**
- 2.2 There is a requirement to establish a timetable for GYBC to consider the model for future neighbourhood management and community development activity. It is recommended that necessary evidence be collected, options to be appraised and future funding sources identified. The willingness and commitment of partner agencies to support this kind of work in the future needs to be explored as part of this thinking.
- 2.3 As the projected end date moves closer, there is a need for a strategic review to answer the following key questions:
- Have the outcomes and impacts generated been worth the investment made?
  - What outcomes and impacts would we expect to see generated with further investment post October 2020?
  - How has the NTW programme approach contributed to the strategic priorities of GYBC and other partner organisations? And what is the scope from 2020 onwards?
  - What is the mechanism to bring partner agencies together to identify specific outcomes which they can have a strong impact only by working together much more effectively or redesigning services across organisational boundaries?
  - What is the mechanism for securing a dialogue with all public sector partners about co-funding successful elements of the NTW programme from 2020?
- 2.4 There is a need for the NTW to identify a prioritised list of services to be improved, the reasons why this is important, etc. Such an approach, if presented the correct way, is likely to appeal to senior decision makers to deliver stronger outcomes. This could include:
- Housing providers i.e. to better support vulnerable people particularly those with insecure tenancies;
  - Adult and Children's Services i.e. they support a large number of parents and there is scope for family support plans to include access to a wider range of more suitable community-based activities;
  - Environmental Services i.e. to work with communities on environmental issues such as recycling and improving street cleanliness;
  - Norfolk and Suffolk Foundation Trust to develop the recovery centre model further so that it uses community assets as part of building resilience and recovery for residents;
  - Probation Service i.e. to link probationers more effectively into community-based support networks and provision to prevent re-offending;

- Training and employability support providers to ensure that employability support is more person-centred, flexible and bespoke to the individual and employers;
- Young people's services i.e. for delivery to be more reflective of the preferences of young people; and
- Voluntary sector to make volunteering more creative, dynamic and inclusive.

- 2.5 There is a need for senior management and political leaders to understand the added value of the NTW approach and the added value generated to some of the most vulnerable people and key services.
- 2.6 Whilst the programme can evidence clear positive impact in a number of areas, there is an emphasis during August/September 2019 to scrutinise the programme database to identify the wider impact of community development work, including the importance of social connection, on employability and health outcomes. The next evaluation report due later in 2019 will present a more comprehensive picture of the impact to date.

**Subject: Tricky Period Project Update**

**Report to: Housing & Neighbourhoods Committee – 17 October 2019**

**Report by: Michelle de Oude, Neighbourhoods That Work Project Co-ordinator**

#### **RECOMMENDATIONS**

- 1. To approve DIAL taking over the lead partner role enabling the project to develop and attract external funding**
- 2. To transfer the remainder of the project budget to DIAL**

#### **1. BACKGROUND**

Earlier this year the council agreed funding of £5,000 to tackle period poverty in the borough. Following agreement of a proposed partnership approach, the Tricky Period Project was launched in April. Its aim was to tackle the issue of 'period poverty' through provision of free sanitary products via a number of distribution points across Great Yarmouth and Gorleston. Promotional materials and vouchers were produced, and several distribution points were agreed and supplied with stocks of free products for distribution on presentation of a voucher. The project is now being developed into its next stage.

#### **2. PROJECT UPDATE**

2.1. The project launched in April this year with the following list of partners acting as distribution points:

- DIAL
- Salvation Army
- Great Yarmouth Library
- MESH Neighbourhood Office
- Comeunity Neighbourhood Office
- GYBC Reception Greyfriars House
- Minster and Minster Mission
- CAB/Revolutionary Roots
- MAP (Great Yarmouth)

2.2. To date the project has used £406 (made up of £108 for publicity materials and £298 for purchase of stock). Although Tesco's were able to donate a small amount of products, this was not enough to ensure that each distribution point was able to supply the same type of provision. Using In-Kind direct was also explored (this is a national charity that can provide free products) but again not enough could be secured and there was additional administrative burden on each voluntary sector

partner who would use this service. Therefore products have been purchased direct from a wholesaler.

- 2.3 There was also an issue raised by one partner that the quality of the purchased products was questionable. After working with the partner, it was agreed that this is a pilot project, and that when the next batch of products is purchased a more expensive product will be explored but this has to be balanced with the need to try and ensure that the project overall helps as many people as possible, so spend needs to be carefully considered. This issue will be taken into account when the next batch purchase is made. The partner also recognized that any donated products (e.g. to the Salvation Army or the Library) are donated, and thus the brand cannot be chosen by the recipient organisation.

- 2.4. Take up of free products has been increasing since the project began with current distribution figures as follows:

- DIAL = 30 packs
- Salvation Army = 10 packs (approximate figures as they use their own stock)
- Library = 20 packs (approximate figures as they use their own stock)
- CAB / Revolutionary Roots = numbers not available
- Greyfriars House = 30 packs
- Comeunity and MESH = 0 packs
- MAP = 2 packs

Total distribution to date is approximately 92 packs. The project has received very positive engagement via social media channels.

- 2.5. There have been some key lessons learnt as a result of launching Tricky Period:

- Demand was higher than the project partnership thought it might be initially and that demand was not coming from the expected venues (the Library and the Salvation Army) but from DIAL and the Minster.
- Other needs were identified for example, a lack of access to continence management products
- Feedback from some users of the service on the quality of products
- There needs to be outreach 'give out' services to other groups that will reach more women e.g. from different nationalities and disabled women as well as continuing to use fixed collection points
- Project promotion via social media was more effective than posters but posters are still necessary in some locations (and not just at the distribution points themselves).
- The voucher scheme clearly results in higher take-up but it means we capture less information about the beneficiaries, this needs to be considered in the next phase of project development otherwise it would be difficult to demonstrate reach.
- There is a lack of join-up in the borough between projects supporting vulnerable / marginalised women and girls especially related to health and well-being issues.

### **3. NEXT STEPS**

- 3.1. In order to have a stronger impact, it is proposed that DIAL take over as the lead delivery partner for the project. DIAL, as a registered charity, can access external

funding that the council cannot. DIAL has proven reach to many vulnerable women and girls through its advice services and partnership projects (including Neighbourhoods that Work). They are also well embedded with local networks and with partner organisations, meaning that the project can continue with much better opportunities for continuation and development.

- 3.2. Another round of promotional materials and sanitary product stock will be purchased to enable sufficient stock to last a number of months allowing time for external funding to be explored. DIAL have already submitted a bid to the Tampon Tax fund for £10,000, which if successful, and coupled with the remainder of the project funds from the council, DIAL and keen to explore the establishment of a women and girls health and well-being project co-ordinator post, hosted at DIAL for a day a week initially. This person's role will be to continue to run Tricky Period, develop new projects e.g. a menopause support group and promoting access to better gynecological health for women and girls including work to boost the chlamydia screening rate which is lower than the county average in Great Yarmouth, engaging more with schools and young people's services, and developing skill development and capacity-building opportunities for women and girls as part of these projects that can then lead them into volunteering, paid employment and improved life chances.

#### **4. FINANCIAL IMPLICATIONS**

Another batch of promotional materials and vouchers will be produced and another quantity of stock will be purchased, at an approximate cost of £500. The remaining project budget will be transferred to DIAL (approximately £4k) to develop and continue the project.

#### **5. RISK IMPLICATIONS**

The main risk would be DIAL not being able to obtain any additional development funding beyond the initial £4,000 from the council. This risk will be mitigated by DIAL receiving continued support in terms of project management and staff time from the Neighbourhoods and Communities team, who have expertise in project management and development and securing funding for voluntary sector-based projects.

#### **6. RECOMMENDATIONS**

- 1. To approve DIAL taking over the lead partner role enabling the project to develop and attract external funding**
- 2. To transfer the remainder of the project budget to DIAL**

<b>Area for consideration</b>	<b>Comment</b>
Monitoring Officer Consultation:	Yes
Section 151 Officer Consultation:	Yes
Existing Council Policies:	No
Financial Implications (including VAT and tax):	Yes

Legal Implications (including human rights):	No
Risk Implications:	Yes
Equality Issues/EQIA assessment:	Yes
Crime & Disorder:	No
Every Child Matters:	Yes