# Adur

# Integrated Community Team Population Profile Pack - DRAFT

November 2023

NHS Sussex

Brighton & Hove City Council

East Sussex County Council

west sussex county council

*Better health and care for all*

# Introduction

16 geographically based Integrated Community Teams (ICTs) across Brighton and Hove, West and East Sussex have now been agreed.

The ICT Programme Team have since implemented an ICT Data Group, enabling ICB, Public Health, Local Authority, VCSE and wider stakeholders to meet and collaborate regularly in the development and design Sussex ICT data core profiles.

The Sussex ICT model, will be driven by data and reflective of population needs. To do this effectively we need to access a variety data sets that enable us to understand each of the ICTs' local demographics, health needs, social determinants and wider determinants of health.

Different data sources complimented by Local Knowledge and Community Insight will be key in highlighting specific needs and challenges faced by each ICTs population. This will allow us to construct the core offer that will be delivered by ICT delivery teams, design how these teams need to be configured and what might need further local tailoring due to marked differences in population need.

These opening ICT  data packs are intended to set the scene for the ICTs. Whilst they alone will not provide the final answer, they are designed to help stimulate the questions which will. After initial release in December, the packs will develop further in response to feedback to help support the ICTs in their development.

# Headline Findings 1

- **Population Size and Change** - In terms of population (64,500 residents) Adur is the smallest of the West Sussex ICT areas (and third smallest Sussex ICT). An area of more deaths than births, growth is driven by inward migration. Population increased by approximately 5% between 2011 and 2021, slightly lower than England (6%).
- **Diversity -** Compared with England, it is less ethnically diverse and has an older age structure.
- **Core20 -** Within Adur there is one area ranking in the most deprived 20% of neighbourhoods nationally, with a population of approximately 1,500 residents.
- **Life Expectancy -** Adur has higher life expectancy than England, but there is considerable inequality, with a 7-year gap in life expectancy between those in most deprived and those in the least deprived areas.
- **Wider Determinants of Health -** Slightly more adults have no formal qualifications (compared with England). Attainment levels (in terms of readiness for school, and at 15/16 years) are similar to England.
- **Population Health** - For most outcomes, Adur is similar to, or better than, England*. But there remain considerable health challenges, one in four adults is physically inactive, more than one in four is obese, and one in eleven adults smoke.
- Adur has a relatively good take up of cancer screening programmes and a lower rate of emergency admissions for COPD compared with England. There are similar rates of premature mortality from major causes (CVD, respiratory diseases or cancer).

*Although some caution is needed as the relatively small population of this ICT can mean measures fluctuate.

# Headline Findings 2  Health Care

- **Primary Care –** There are 2 PCNs with 4 GP Practices,  patients registered at Adur Health Partnership make up >50% of the ICT population. All 4 GP practices currently rated Good by CQC. In the past 12 months there was a small fall in the registered population.
- **In Adur** - A&E Attendances over the last year were lower than the Sussex average,  Adur is better than the Sussex average for health checks for people with a learning disability, flu vaccinations of 65+ population, COVID booster take up and for measures on the National Diabetes Audit (NDA) including patients Type 2 Diabetes 8 core processes and 3 treatment targets.
- **Long Term Conditions*** - Adur is in the highest quartile in Sussex for prevalence of asthma, COPD, CHD, Chronic Kidney Disease, Depression, Diabetes, Obesity and Other hypertension.
- **Community Care** - Adur ICT has a relatively low rate of UTC attendance compared with Sussex overall, UTC attendances are in the lowest quartile for Sussex. Urgent Community Response (UCR) – both 2-hour referrals and standard referrals are lower than the Sussex average
- **Planned Care Alternatives and Cancer -** Advice and guidance referrals for Adur ICT patients is lower than the Sussex average. In terms of cancer, Adur ICT has a lower rate of referrals on the 2-week cancer pathway (compared with England), and a higher percentage of 2-week referrals for cancer resulting in a cancer diagnosis.
- **Acute Planned Care –** The percentage of Adur ICT patients waiting both 52+ and 65+ weeks for treatment at Southlands is lower than the Sussex average, number of New and FU outpatient appointments are in highest quartile for Sussex.
- **Urgent and Emergency Care –** Adur has a relatively low A&E attendance rate, a lower percentage of emergency admissions coming via A&E and a lower same day urgent care A&E attendance rate
- **Care Homes: Urgent Healthcare Use** - Adur ICT has a lower percentage of 999 calls being “Hear and Treat”, a higher percentage of people from care homes who go to A&E and are subsequently admitted. There are also higher emergency admissions in last 12 months for respiratory conditions and non-injurous falls.



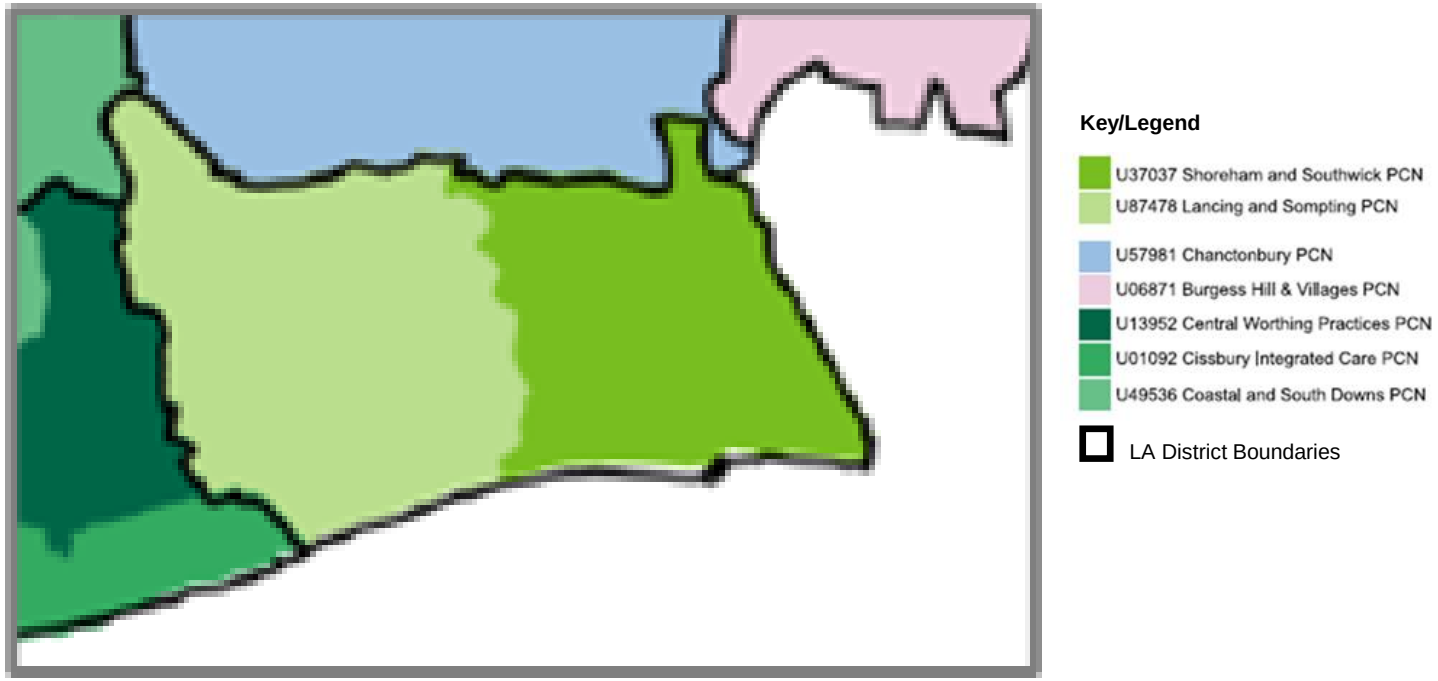
*This relates to QOF prevalence, this is recorded prevalence on GP registers and as such may reflect a higher (or lower) prevalence amongst the local population and/or better (or worse) detection and recording by practices.

# Adur ICT Geography

The geography of the ICT is not an exact match between Local Authority District and NHS practice/PCN catchment.

By general rule the slides on the health of the population will be split by District and those slides on use of healthcare services split by GP/PCN registered population.

Where slides deviate from this it is noted



# Summary Contents 1

| Section | Slide | Contents |
|---|---|---|
| **Who lives here** | Who lives in the ICT | Population, increases, reductions, broad age band %s |
| | Key Demographics | Key demographic groups within the ICT |
| | Population change | Age-sex profile and expected increase, including households |
| | Population Projections | An ageing population |
| **Building blocks of health** | Introduction | What do we mean by the building blocks of health |
| | Deprivation | IMD, Core20, Child poverty, Benefits, Poverty, Earnings |
| | Building blocks of health | Housing, Education, Employment, Crime |
| **What services are within the ICT** | Map of services | Location of services within the ICT geography |

# Summary Contents 2

| Section | Slide | Contents |
|---|---|---|
| **The Health of the Population** | Health and Wellbeing across the life course | Headline summary of key indicators which are covered in more detail in the next 4 slides |
| | Main Causes of ill health, life expectancy and inequalities | Life expectancy, mortality and inequality |
| | Main Causes contributing to the gap in life expectancy | Causes of inequality in life expectancy |
| | Key risk factors for main causes of death | Risk factors are behind the main causes of death |
| | Starting Well | Outcomes and factors affecting them at the start of life |
| | Living Well | Outcomes and factors affecting them during Adult life |
| | Ageing Well | Outcomes and factors affecting them in older age |
| | Dying well | Palliative Care and deaths |

# Summary Contents 3

| Section | Slide | Contents |
|---|---|---|
| **Healthcare services - Primary Care** | Primary Care services | Size and number of GP Practices, Enhanced Services |
| | Long Term Conditions (Disease Burden) | Disease Registers and QOF |
| | Other Primary care in the ICT | Dental Activity, vaccination levels and medicines use |
| **Healthcare services – MHLDA** | Mental Health and Learning Difficulties | Dementia Diagnosis Rate, Learning Disabilities AHC, Talking therapies, |
| **Healthcare services - Community** | Community Health Services | Community Nursing, Community Beds, Community Services |
| **Healthcare services - Non Urgent Care** | Planned Care alternatives and Cancer | Advice and Guidance, DNA rates, PIFU, Cancer waiting times, FIT testing |
| | Planned Care | New Outpatients, Follow Up Outpatients, Outpatients with Procedures, Daycase and Elective Inpatients, OPProc:DC:EL ratio |
| **Healthcare services - UEC** | Urgent and Emergency Care | 111 calls, *999 calls, Ambulance Mobilisations* |
| | Acute Urgent Care | Emergency Inpatients, Long stay patients, *Discharge support and delays* |
| | Care Homes: Urgent Healthcare use | Carehome numbers, 999 call rates, A&E and emergency admission rates |
| **Adult Social Care** | Adult Social Care | Contacts, patients receiving Long Term Support, Reported Quality of Life, Safeguarding concerns |
| **Appendix** | Links to useful sites | For more detail on the headlines in this pack |



care for all

# Who lives in Adur ICT

Around 64,500 people live in Adur (2021 Census)
An increase of 5% since 2011

Between 2011 and 2020 there have been

- 6,149 Births
- 6,450 Deaths
- 2,400 estimated increase from internal UK migration
- 760 estimated increase from international migration

Census 2021 data:

- 22% of the population is under 20, compared to 23% for England
- 24% of the population is 65 or over, compared to 18% for England
- 3.4% of the population is 85 or over, compared to 2.4% for England

364 residents aged 65+ live in a care home (with or without nursing)

**Adur Integrated Community Team**

LSOA (2021) based ICT boundaries.
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**Adur ICT Core20 areas;**

Core 20 neighbourhood

LSOA (2011) based boundaries.
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Of the 42 neighbourhoods (2011 based LSOAs) in the Adur ICT, there is **one Core20 neighbourhood** (representing the most deprived 20% of neighbourhoods nationally) with a population of approximately 1,500 residents (Census 2021).

# Key Demographic Groups within Adur ICT

Compared with England

- Adur has an older age structure (almost one in four people aged 65 years or over)
- It is less ethnically diverse, 11% of people from ethnic minority backgrounds compared with 27% nationally.
- There is a higher percentage of people providing unpaid care.
- One in five residents are disabled.

## Adur ICT population groups

### Age

Adur has an older age structure than England:

- 21.8% of people are aged under 20 (23%)
- 54.5% aged 20-64 (58%)
- 23.6% aged 65+ (18%)

### Ethnicity

11.1% of people are Black or racially minoritised* (27%):

- 2.2% Asian or Asian British (10%)
- 0.8% Black or Black British (4%)
- 2.5% Mixed or multiple ethnic group (3%)
- 0.3% Arab (0.6%)
- 4.6% White Irish or White other (8%)

### Religion

47.9% of people have no religion or belief (37%):

- 43.1% Christian (46%)
- 1.3% Muslim (6.7%)
- 0.4% Jewish (0.5%)
- 0.4% Buddhist (0.5%)
- 0.3% Hindu (1.8%)
- 0.0% Sikh (0.9%)
- 0.6% Other religion (0.6%)

### Pregnancy & maternity

There were 600 live births in 2021[2]

### Sex

Female 51.6% (51%)

Male 48.4% (49%)

### Gender identity

0.3% of adults aged 16+ identified as Trans in the 2021 Census (0.5%)

### Sexual orientation

3.4% of those aged 16+ identified as LGB+ (gay or lesbian, bisexual or other minority sexual orientation) (3%)

### Language

For 3.1% of people, English is not their main language (9%)

0.5% do not speak English well (1.6%)

### Disability

19.5% of residents are disabled under the Equality Act (17%)

### Children in care

At the end of March 2022, there were 860 children aged 0-17, 49 per 10,000, living in care in West Sussex (England 70 per 10,000)[1] UTLA

### Veterans

4.5% of people aged 16+ stated on the 2021 Census that they had previously served in the armed forces (3.8%)

### Marriage / civil partnership

45.6% of people aged 16+ are married or in a civil partnership (45%)

33.5% Never married/civil partnership (38%)

2.3% Separated (2%)

11.0% divorced/civil partnership dissolved (9%)

7.6% widowed / surviving civil partnership partner (6%)

### Carers

9.6% of people provide unpaid care (9%)

England figure in brackets

Source: Census 2021 unless otherwise stated

[1] Department for Education, [2] ONS

* Non White UK/British

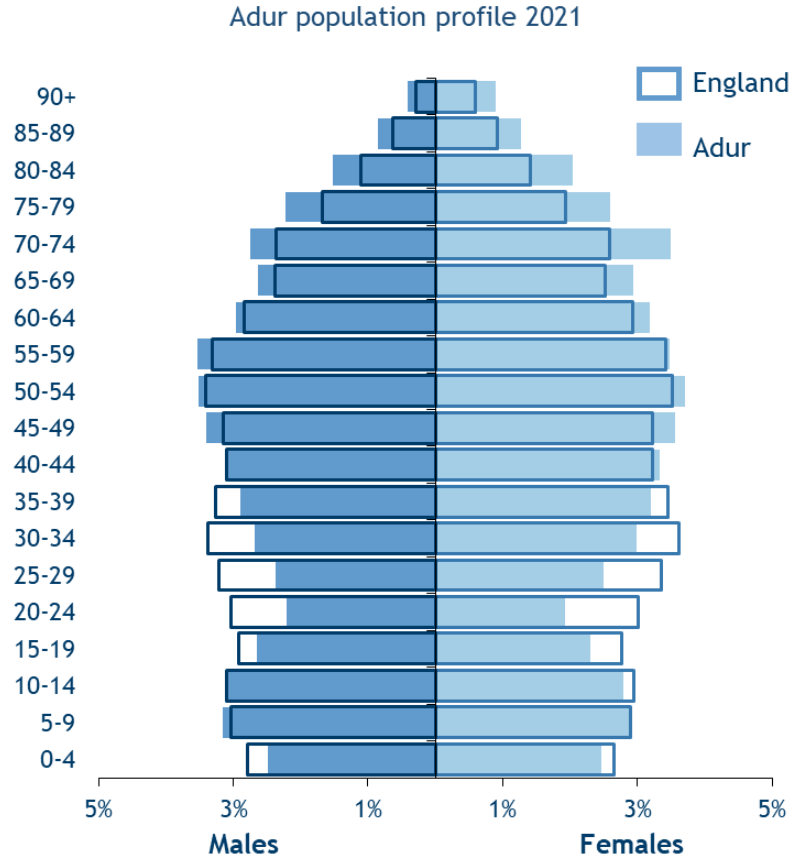
UTLA: Only available at UTLA level

# Current population & change over the last 10 years

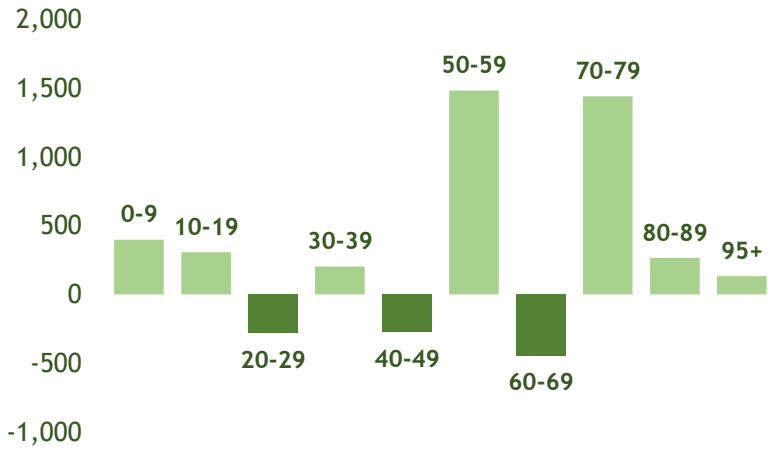
In Adur, between 2011 and 2021

- The total population has increased by 5.3% which was lower than England (6.6%)
- The largest % increase was in the 70–79-year-olds, which has increased by 1,441 (25.3%) since 2011. There has also been some increase in the child population.

## Total population 64,536




## Increase in population 3,236




| | 2021 | 2011 | Adur change | Adur % | England % |
|---|---|---|---|---|---|
| 0-19 | 14,106 | 13,400 | 706 | 5.3% | 2.7% |
| 20-64 | 35,194 | 34,400 | 794 | 2.3% | 4.4% |
| 65+ | 15,236 | 13,500 | 1,736 | 12.9% | 20.1% |
| All ages | 64,536 | 61,300 | 3,236 | 5.3% | 6.6% |

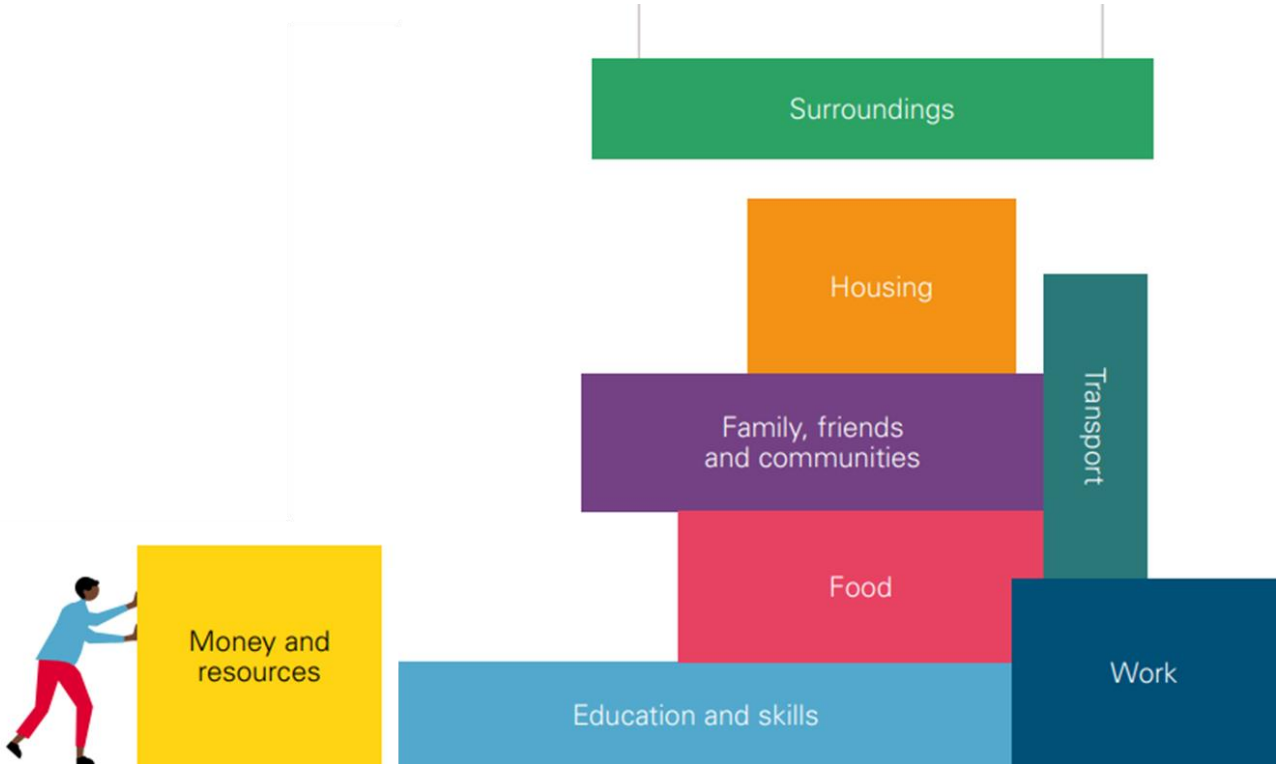
# How is the population expected to change over the next ten years?

PLACEHOLDER SLIDE

Please note – population projects rebased for 2021 Census will not be published until early 2024

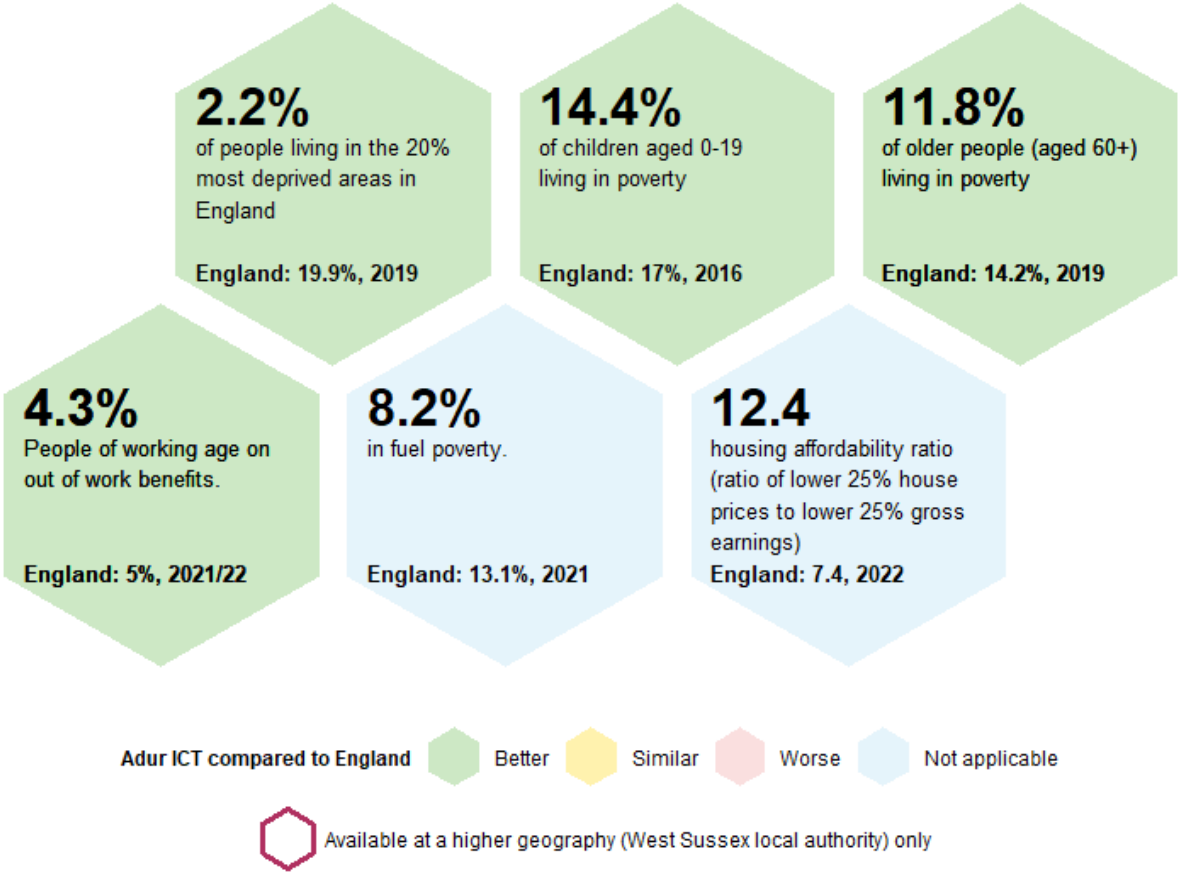
# The building blocks of Health

- When we don’t have the things we need, like warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on our physical and mental health. This results in poorer physical and mental health, earlier onset of conditions and earlier death.
- Almost every aspect of our lives impacts our health and ultimately how long we will live – our jobs and homes, access to education and public transport and whether we experience poverty or discrimination. These are the building blocks of health.
- To create a county where everybody can thrive, we need all of the right building blocks in place:



# Building blocks of health in Adur ICT

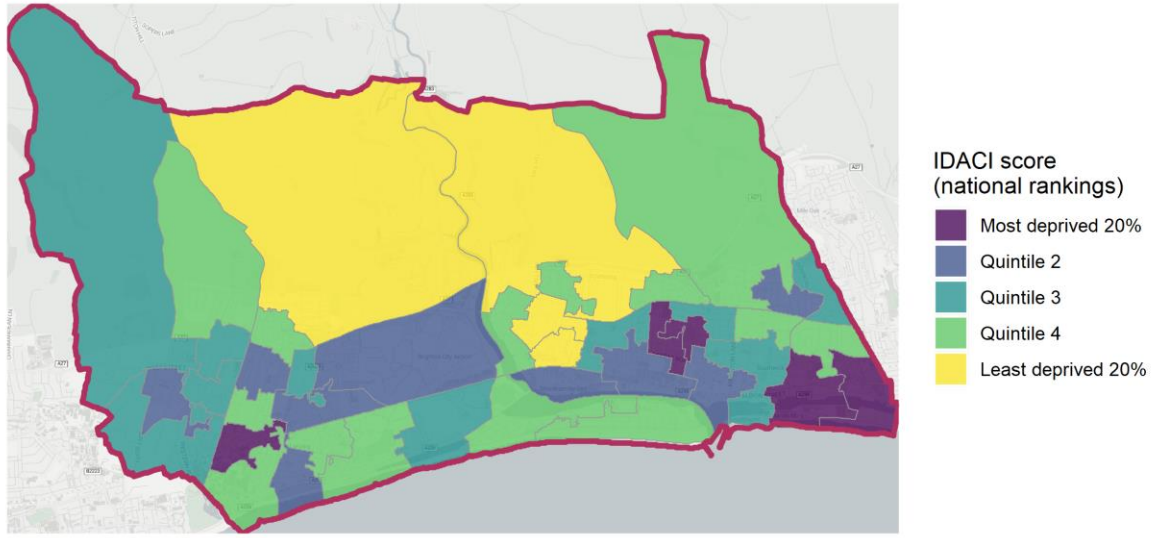
- In Adur an estimated one in seven children live in poverty, one in eight older people. Given the time lag on these measures, these are likely to have increased.
- Adur has lower percentages, compared with England, of working aged people on benefits and households in in fuel poverty.
- As with other parts of Sussex, many people cannot afford to buy their own home, the ratio of house prices to earnings is high.



# Building blocks in Adur ICT

Income deprivation is defined as receiving Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or Universal Credit (in the 'Searching for work', 'No work requirements', 'Planning for work', 'Working – with requirements' and 'Preparing for work' conditionality groups) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs

Income Deprivation Affecting Children Index (IDACI)




LSOA (2011) based boundaries.
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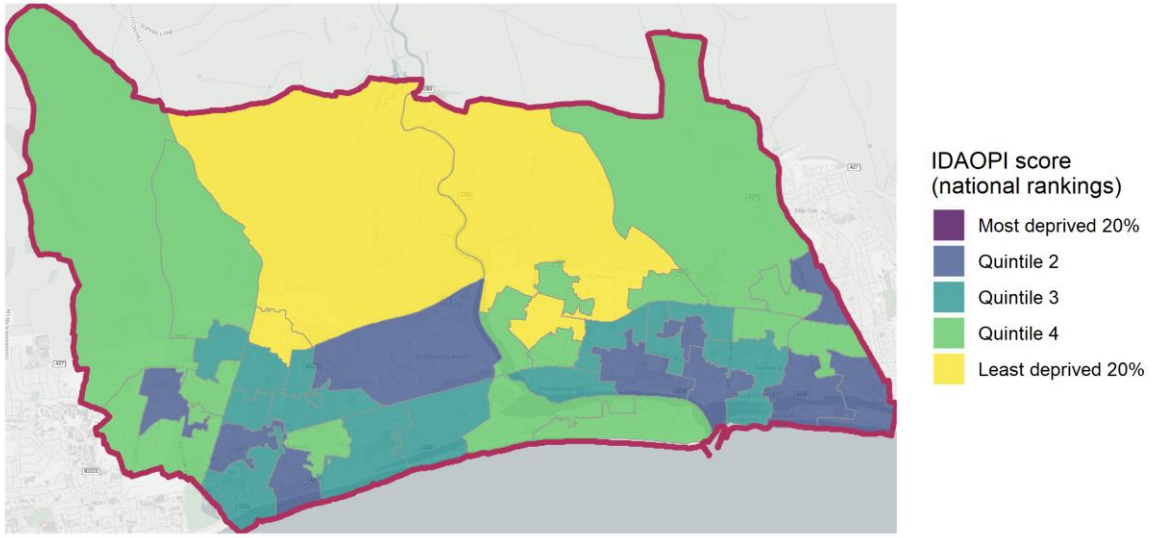
In Adur ICT, five of its 42 neighbourhoods had an IDACI score (proportion of 0-15s living in income deprived families) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 36.9% or one in three children experiencing income deprivation.

Income Deprivation Affecting Older People Index (IDAOPI)




LSOA (2011) based boundaries.
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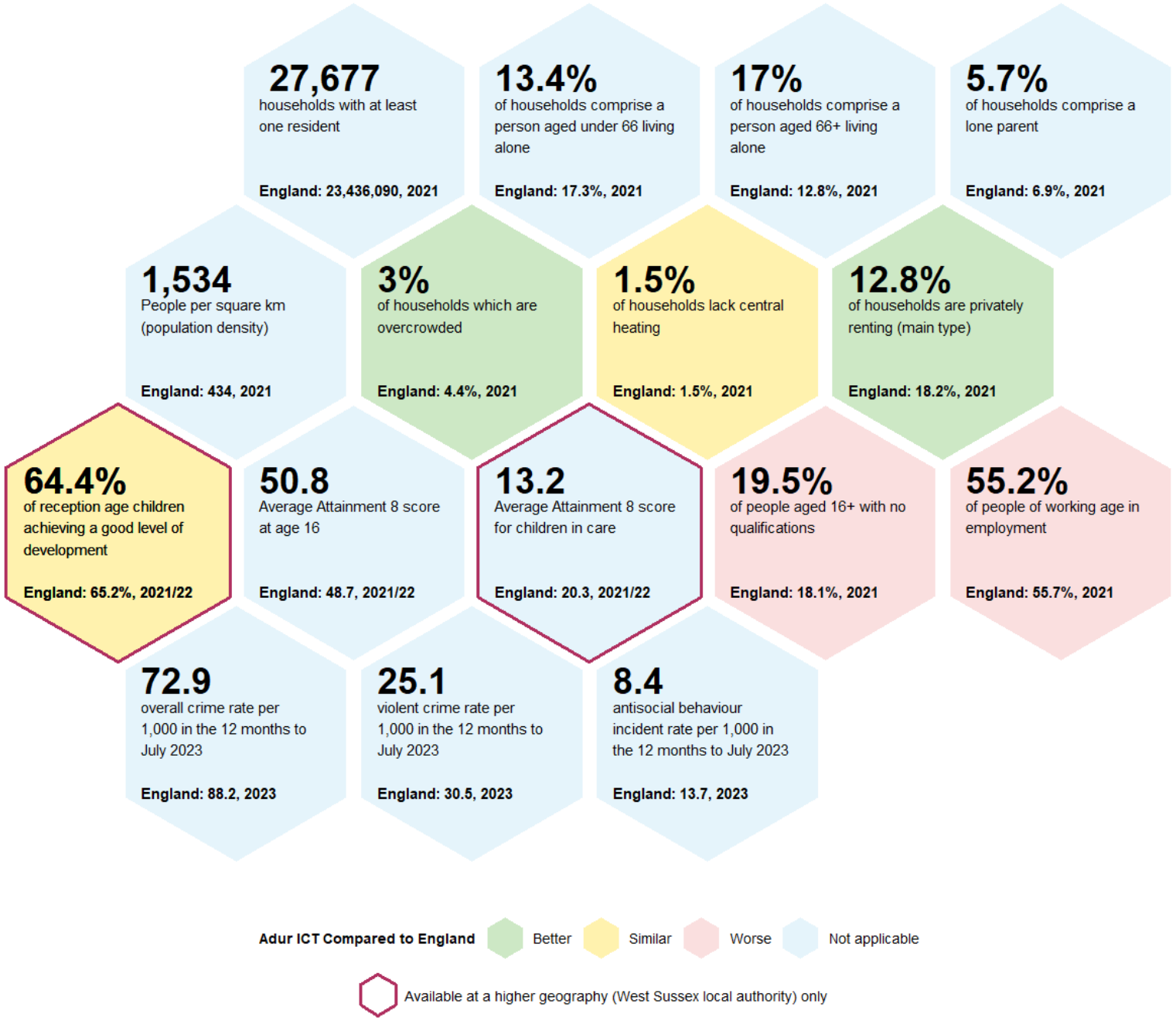
There were no neighbourhoods in Adur ICT with an IDAOPI score (proportion of 60+ year olds living experiencing income deprivation) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 25.4% or one in four older people.

# Building blocks of health in Adur ICT

- Adur is relatively densely populated (compared with England overall)
- One in six households are single person households of older people (aged 66 years or over). A lower percentage of people privately rent compared with England.
- Slightly more adults have no formal qualifications
- Crime rates, including violent crime, and anti-behavioural incident rates compare favourably with England.
- School attainment - the Average Attainment 8 score at 15/16 years is similar to England



# Services within Adur ICT

Legend

- GP Practice
- Pharmacy
- ED/UTC/MIU/CAU
- Acute Hospital
- Community Hospital
- Care Home

More detailed mapping of services is available at: [SHAPE - Shape (shapeatlas.net)]

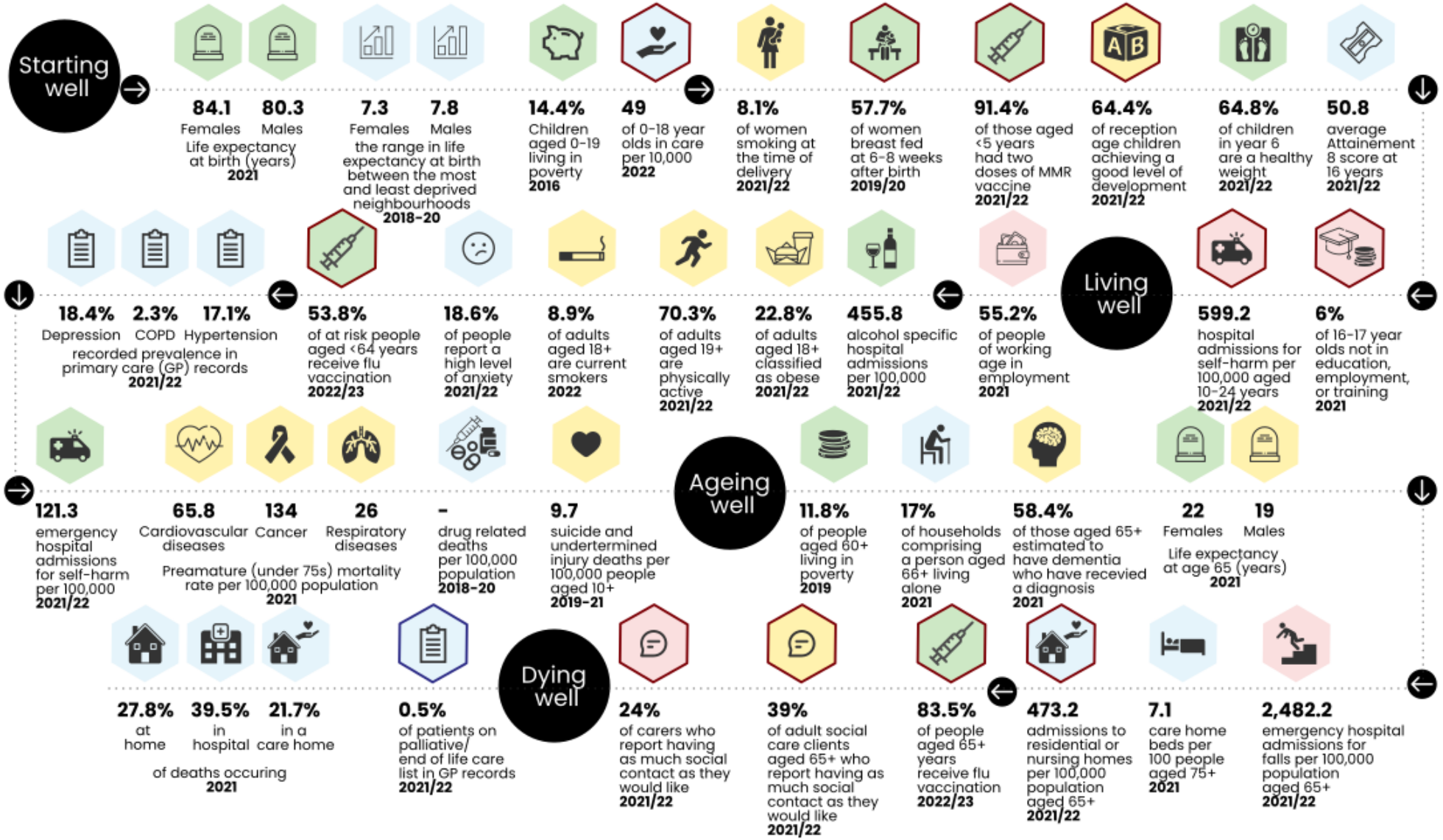
## Sussex Integrated Community Team Profiles - Health & Wellbeing across the life course

# Adur Integrated Community Team

Whilst some issues affect people of all ages, outcomes have been placed in the life stage where the impact may be greatest.

Data are shown for Adur ICT and are compared with England

Better | Similar | Worse | Not compared



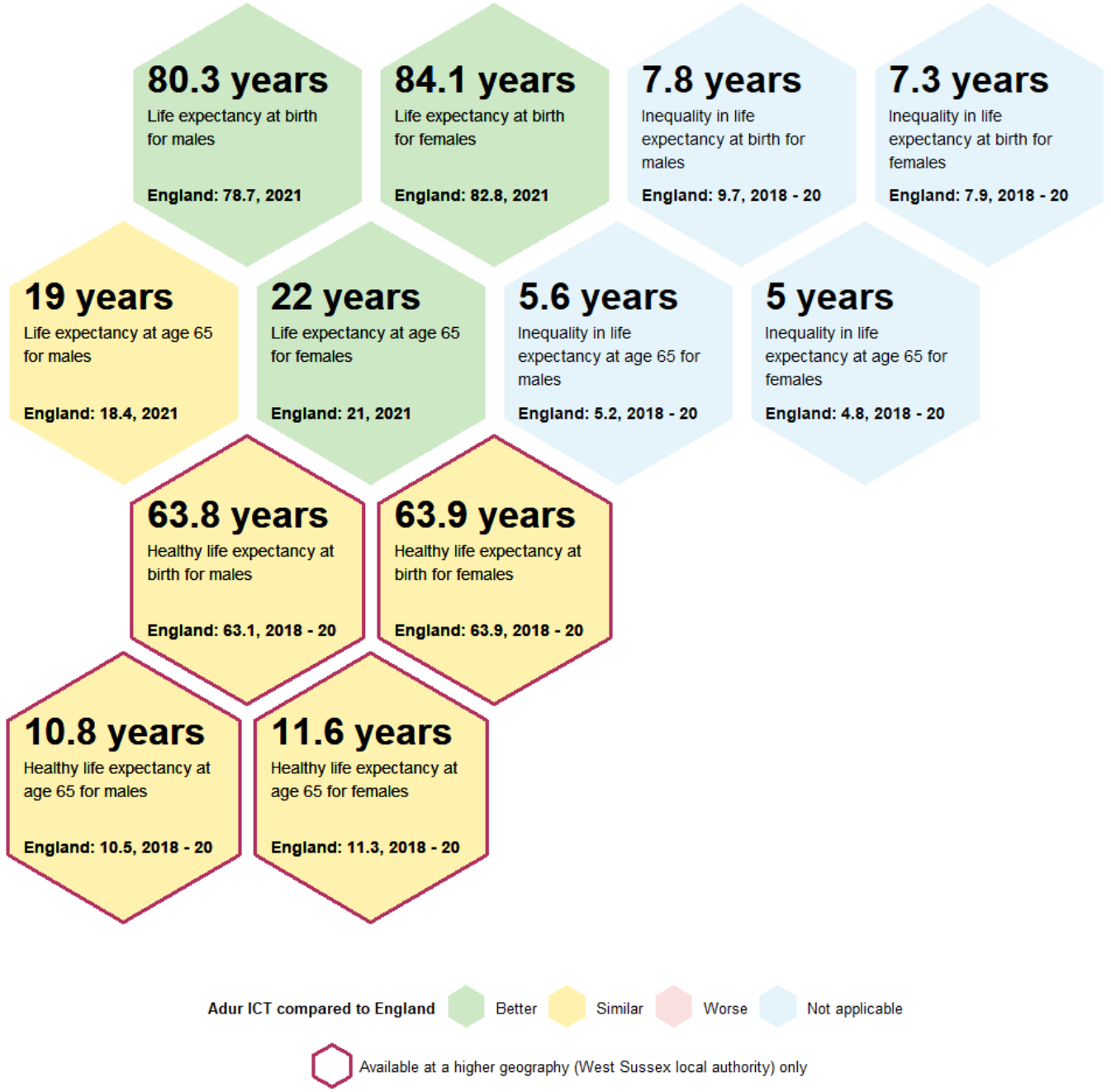

Available only at a higher geography (West Sussex local authority)

Available only for registered population (e.g. CCG or Sub-ICB geography)

Infographic images designed by Freepik and OCHA from Flaticon

# Main causes of ill health, life expectancy and inequalities – Adur ICT

- Overall people in Adur enjoy a relatively long life , however there is a 7-year gap between the life expectancy of people in the poorest areas of Adur compared with the wealthiest. This is a 7.8 years difference for men and a 7.3 years difference for women.
- Healthy life expectancy here is provided at West Sussex level. For men and women healthy life expectancy is well below the current State Pension Age.



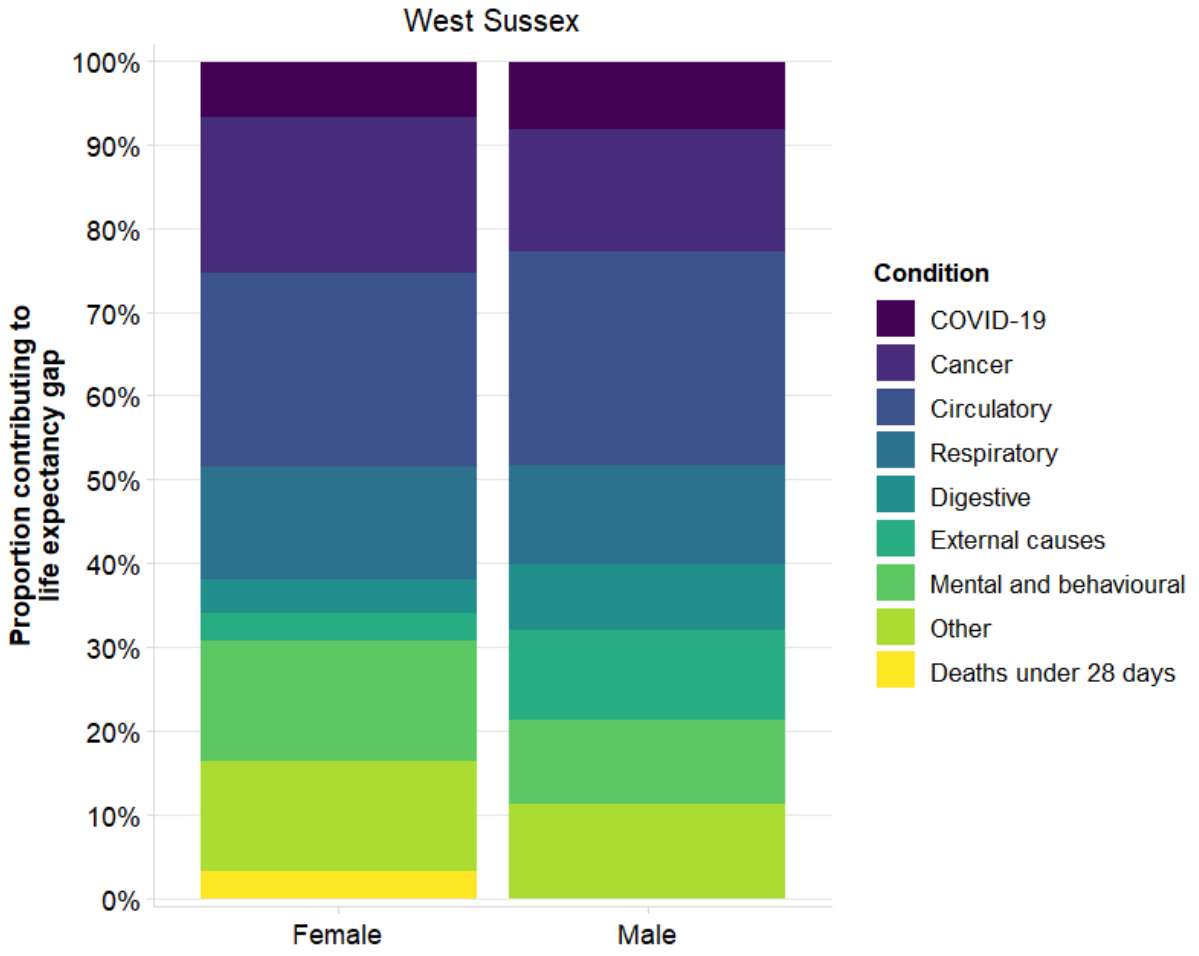
# Main causes contributing to the gap in life expectancy – West Sussex

- For males - circulatory, external causes (injury, poisoning and suicide) and cancer
- For females - cancer, external causes, circulatory and respiratory diseases
- The contribution of external causes and digestives diseases (includes alcohol-related conditions, chronic liver disease, cirrhosis) **is greater in** Brighton & Hove than across England

Source: Segment Tool (phe.gov.uk)

**Causes of death contributing most to inequalities in life expectancy between the most and least deprived quintiles (20%) of each area.**

West Sussex; data for 2020 and 2021 combined.



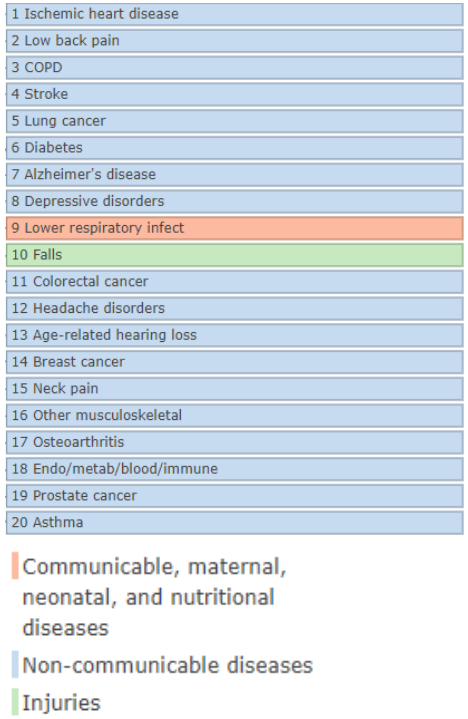

Data for lower tier local authorities has been included for 2014 to 2016 and 2017 to 2019, but have not been included for 2020 to 2021 as the breakdowns based on 2 years of data are not robust due to small numbers.

# Key risk factors for main causes of death – West Sussex

Only available at UTLA level

If we want to improve population health, we need to understand what the risk factors are for West Sussex's population and whether, and how, we can modify them

**Top 20 causes of the greatest burden of ill health**




**Top 20 risk factors**

**To improve life expectancy, healthy life expectancy, inequalities in both life expectancy and healthy life expectancy:**

- Tackle major behavioural risks – tobacco, diet, exercise, alcohol and drugs
- Diabetes is a rising concern
- CVD reduction – including controlling blood pressure key and has considerable population impact
- Cancer major cause of ill health, importance of behaviours and screening
- Mental health
- Immunisation
- Air quality and cold homes

**In addition, for healthy life expectancy and inequalities in healthy life expectancy tackle:**

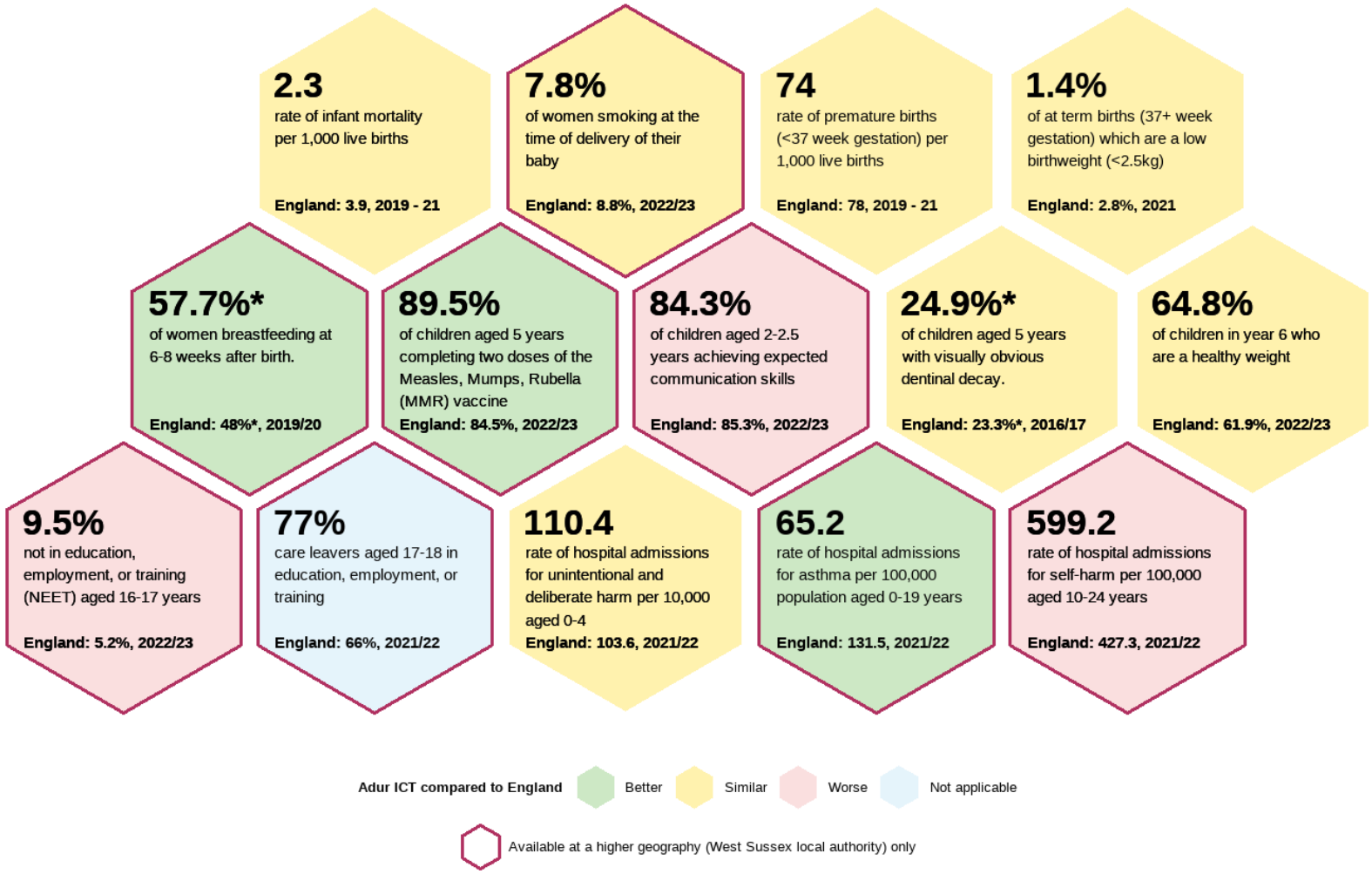
- MSK and pain management
- Sensory impairment

Source: Global Burden of Disease Visualisations: Compare (thelancet.com)

# Starting well in life in Adur ICT

- For most measures Adur is similar to, or better than, England. Some caution is needed as the relatively small population of this ICT can mean measures fluctuate

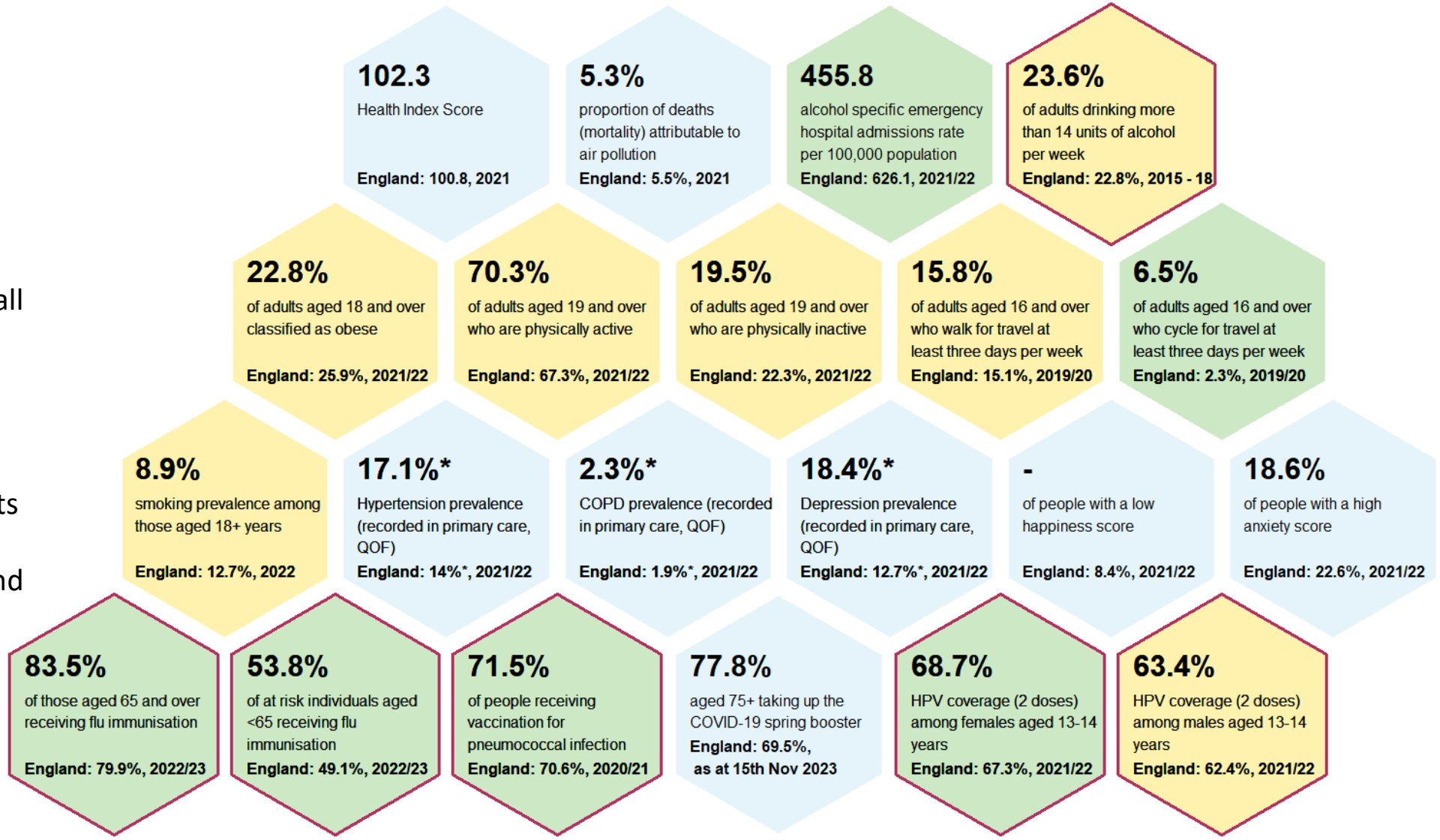
- At West Sussex level, compared with England:
  - A high percentage of young people are not in employment, education or training (or their status is not known).
  - A lower percentage of young children (aged 2 to 2.5 years) are assessed as achieving expected communication skills
  - There is a high rate of hospital admissions for self-harm for 10–24-year-olds.
  - There is a relatively high level of breastfeeding and MMR take up.
  - There is a low rate of hospital admissions for asthma of 0–19-year-olds.




* Note: due to data quality issues for these indicators in recent years, data are shown for an older time period than is currently available for higher geographies (e.g. regionally and nationally)

# Living well in Adur ICT

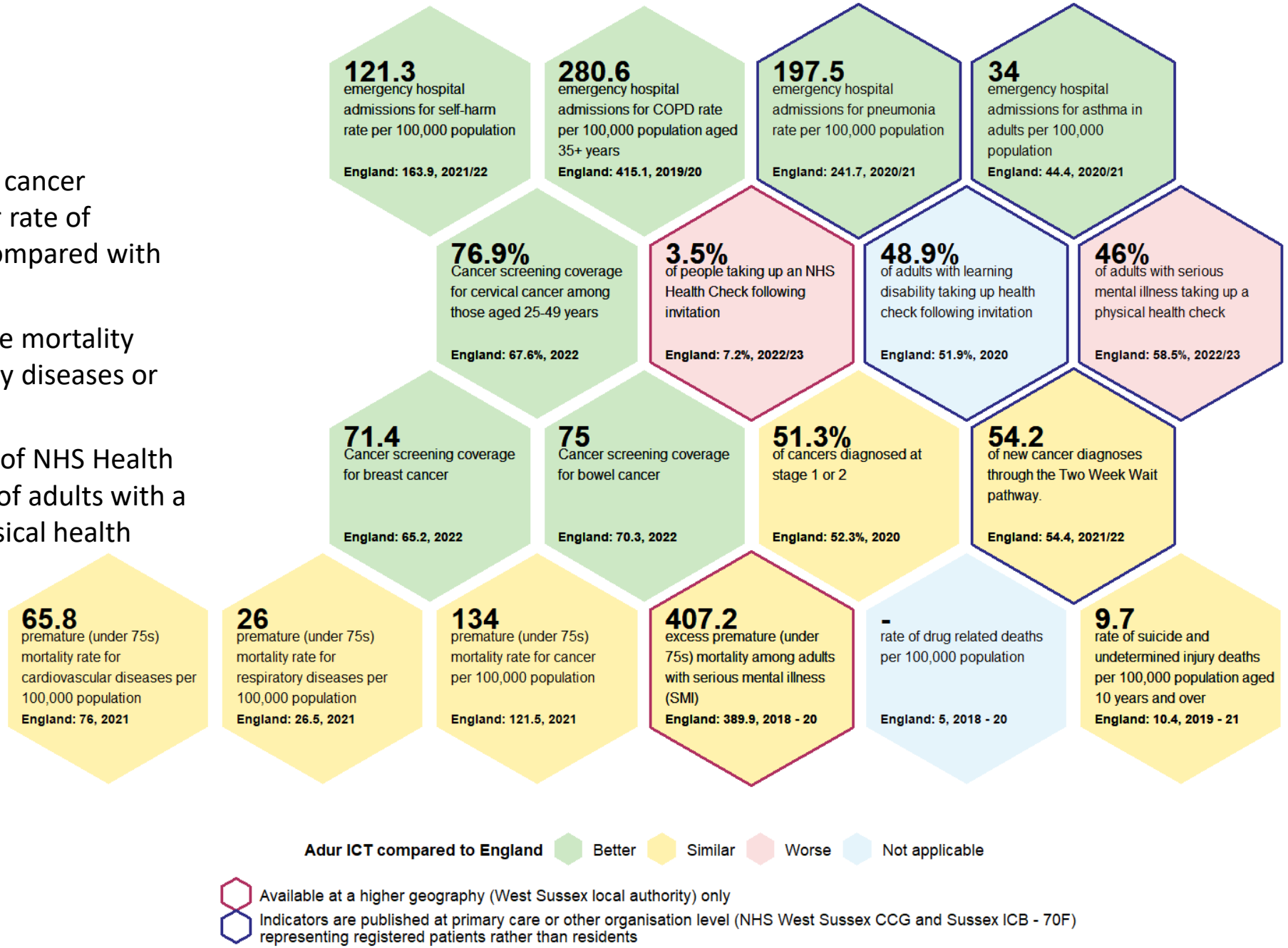
- For most outcomes, Adur is similar to, or better than, England. Some caution is needed as the relatively small population of this ICT can mean measures fluctuate.
- But there remain considerable health challenges, one in four adults is physically inactive, more than one in four is obese, and one in eleven adults remain smokers




* Note: due to data quality and availability for these indicators in recent years, data are shown for an older time period than is currently available for higher geographies (e.g. regionally and nationally)

# Living well in Adur ICT

- Adur has relatively good take up of cancer screening programmes and a lower rate of emergency admissions for COPD compared with England.
- There are similar rates of premature mortality from major causes (CVD, respiratory diseases or cancer).
- At a West Sussex level, the take up of NHS Health Checks is low, as is the percentage of adults with a serious mental illness having a physical health check

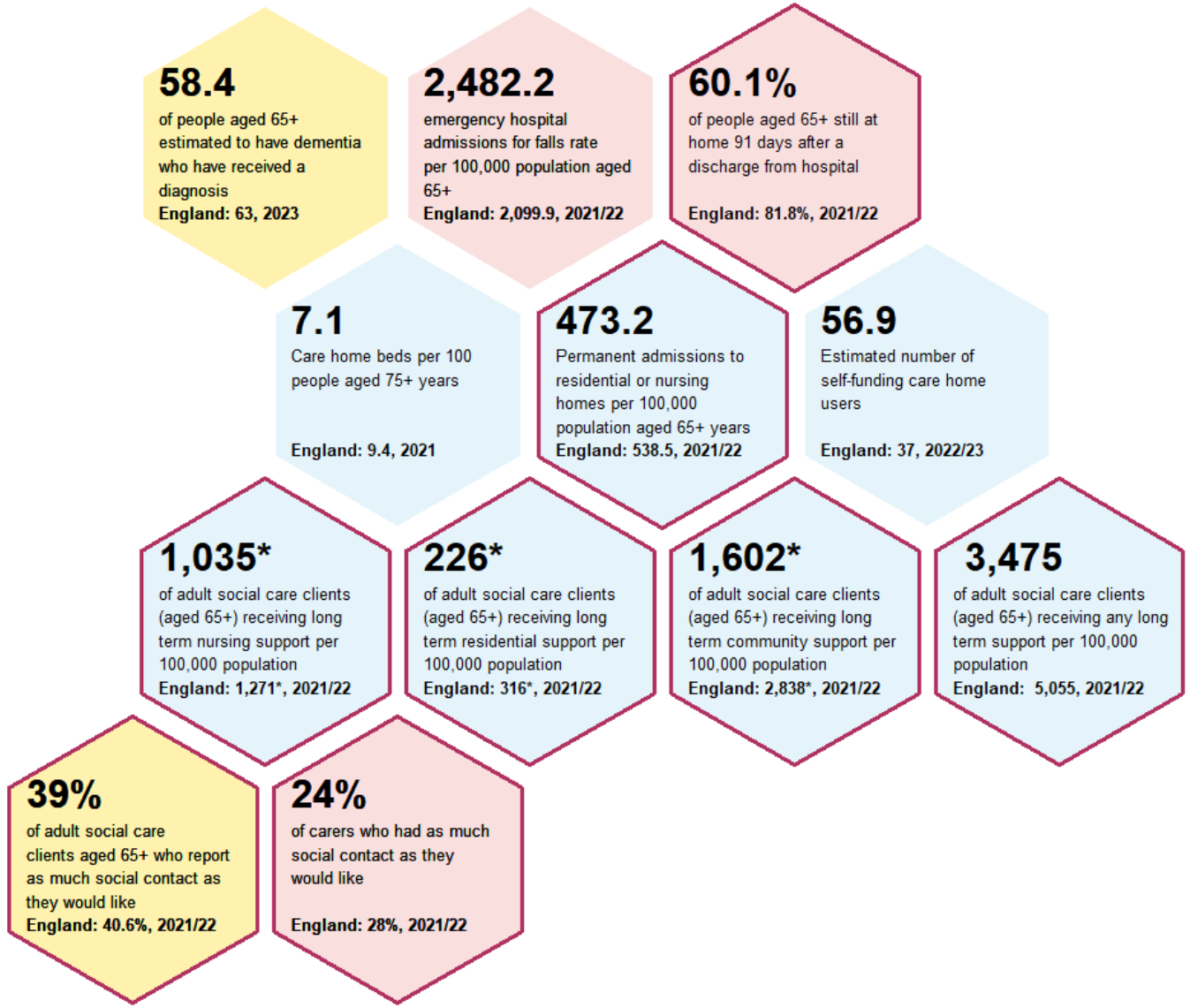


# Ageing well – Adur ICT

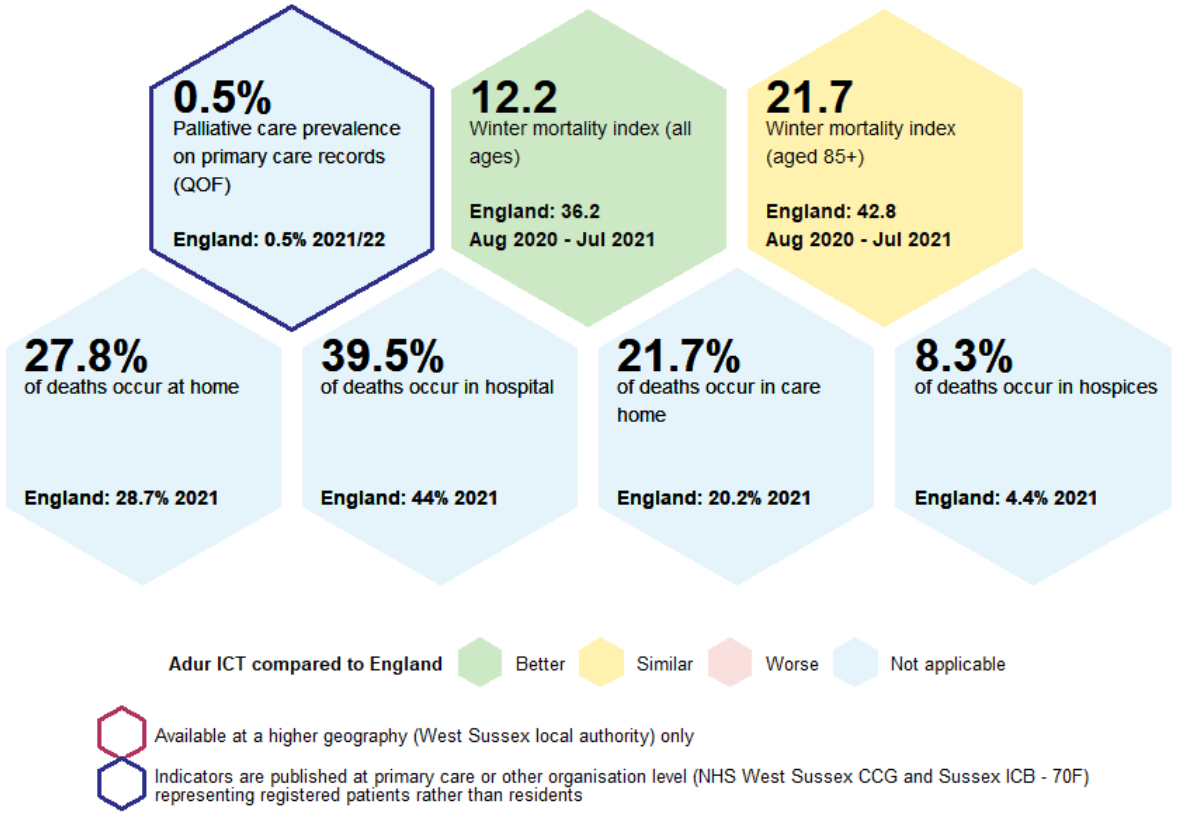
Many of these measures are not available at ICT level and for some measures there is no directional assumption (i.e. whether high or low is better or worse).

At West Sussex level (compared with England) in 2021/22 they were:

- fewer adults (per 100,000 population) receiving long term residential or nursing home support,
- fewer permanent admissions to a care home per 100,000 population,
- Fewer adults (per 100,000) receiving long term support in the community.
- A lower percentage of carers said they had as much social contact as they would like.
- There was a lower percentage of people, aged 65 years or over, who were still at home 91 days after hospital discharge




* Note: rates have been calculated on rounded values and may not match outputs published elsewhere exactly.




There are a limited set of indicators available around dying well.

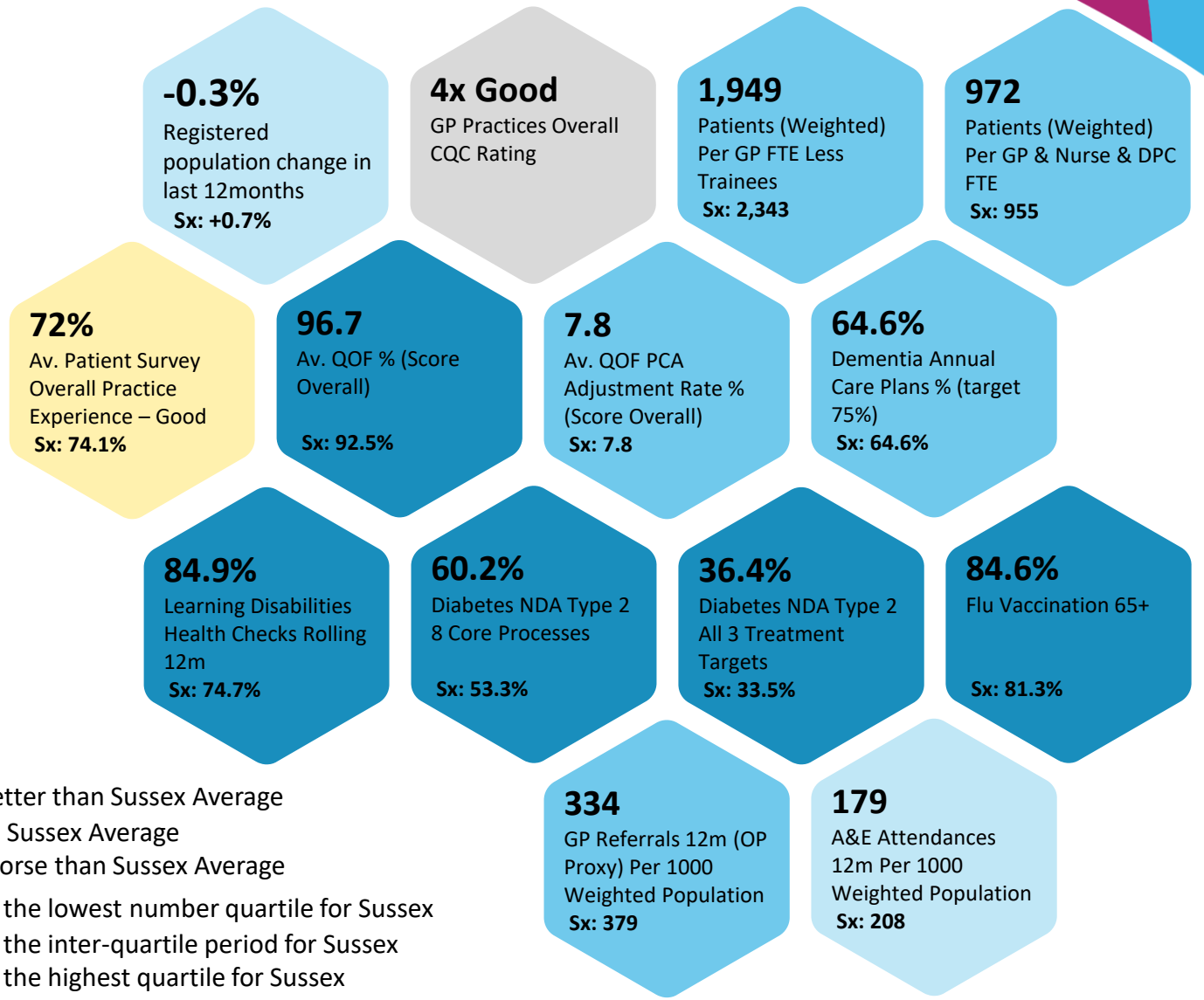
In relation to place of death in relation to Adur residents:

- A lower percentage of all deaths are in hospital, 39.5% of deaths compared with 44% of deaths nationally.
- A higher percentage of deaths had hospice as the place of death (8.3% compared to 4.4% nationally)

*Note care should be taken in using single year data given the relatively small population size of Adur.*

# GP Primary Care in Adur ICT

- Within Adur ICT there are 2 PCNs with 4 GP Practices with very varying levels of population
  - Patients registered at Adur Health Partnership make up >50% of the ICT population.
- The registered population in Adur ICT has reduced in the last 12 months
- A&E Attendances over the last year is lower than the Sussex average.
- Adur is better than the Sussex average for –
  - LD Checks
  - 65+ flu vaccinations
  - Type 2 Diabetes 8 core process for patients




**Key**

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- At Sussex Average
- Worse than Sussex Average
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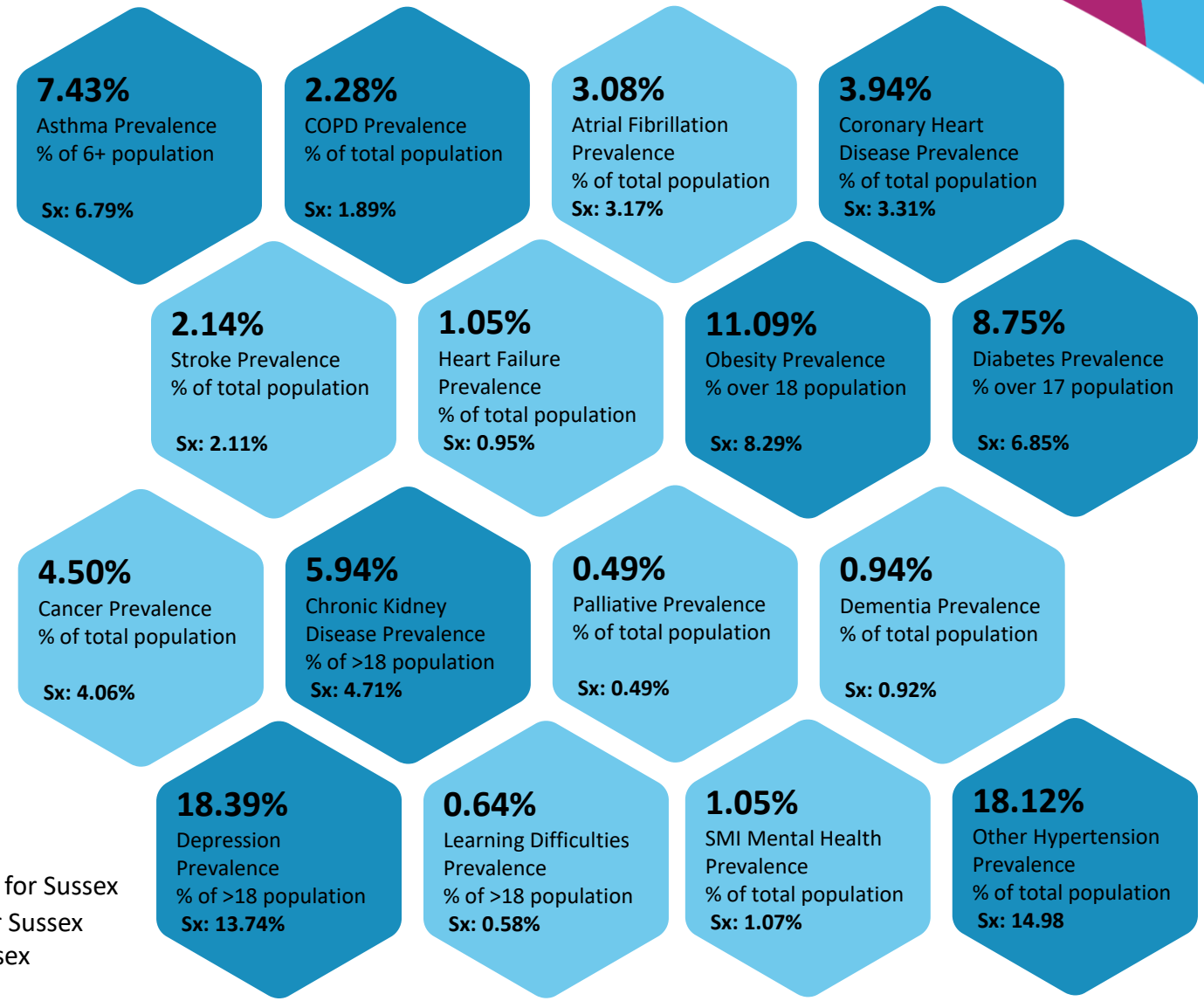
- No comparison made

*(lowest or highest quartile does not mean good or bad)*

# Long term Conditions : QOF registers – Adur ICT

This slide looks at the prevalence of long-term conditions, this is recorded prevalence on GP registers and as such may reflect a higher (or lower) prevalence amongst the local population and/or better (or worse) detection and recording by practices.

- Adur ICT is in the highest quartile in Sussex for prevalence of :
  - Asthma
  - COPD
  - CHD
  - Chronic Kidney disease
  - Depression
  - Diabetes
  - Obesity
  - Other hypertension

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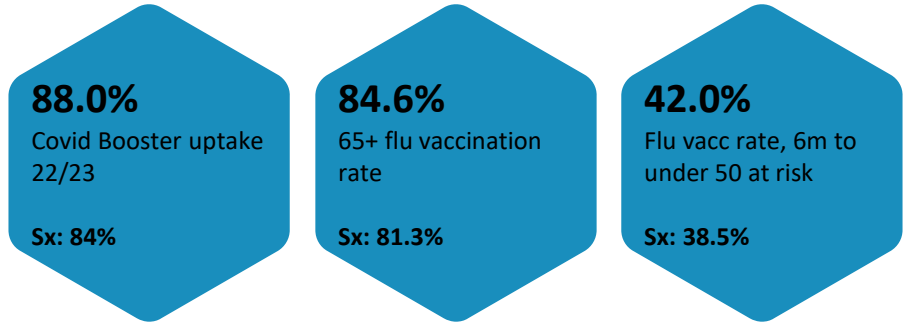
# Primary Care 2 – Adur ICT

- COVID booster vaccination uptake in Adur ICT is higher than the Sussex average.
- Flu vaccination rates for both under 50 and 65+ are higher than the Sussex average.

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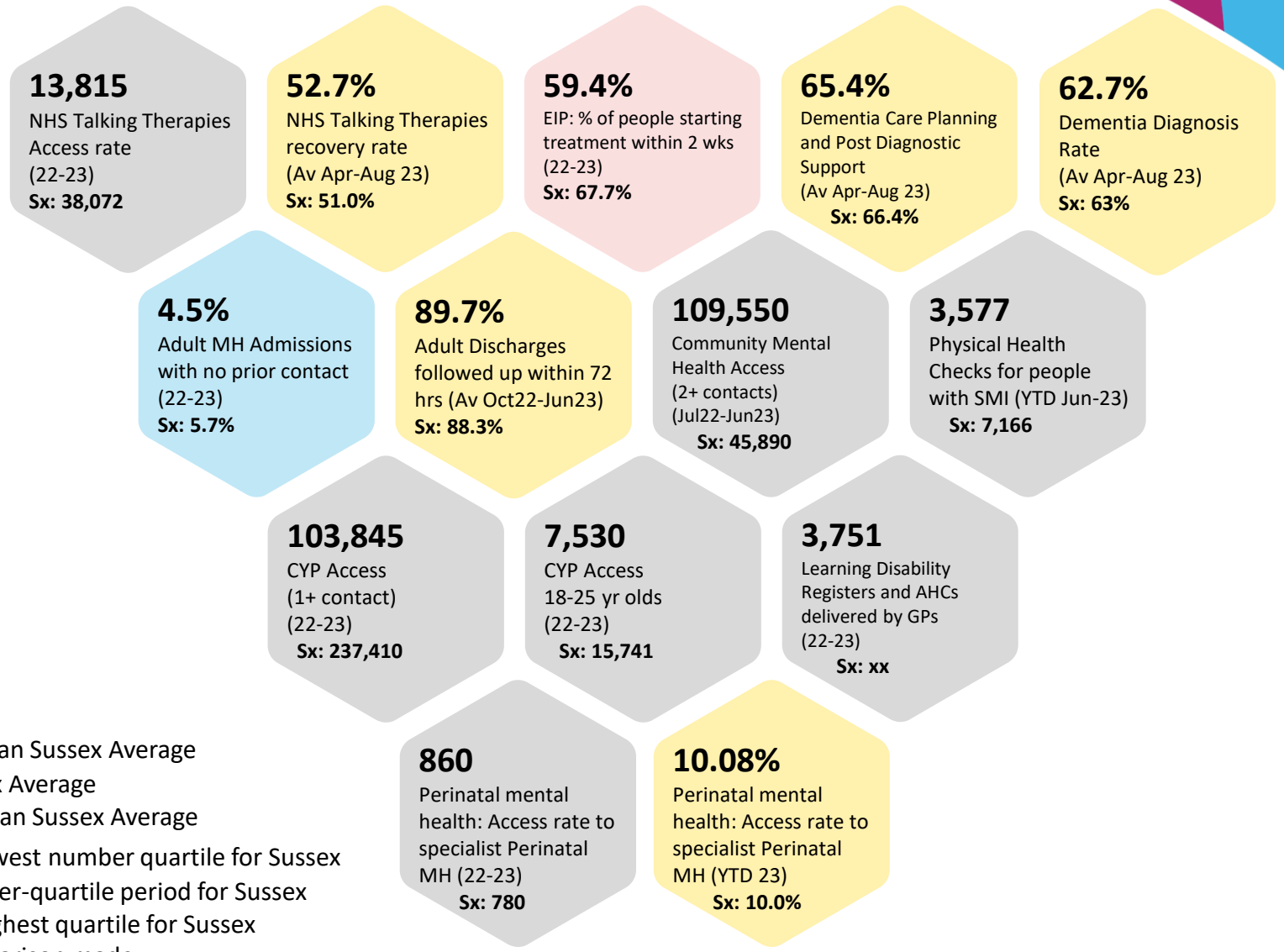
# Mental Health – West Sussex

- The proportion of patients starting Early Intervention in Psychosis services within 2week is lower than the Sussex average.
- The proportion of Adult MH Admissions in which there was no prior contact with services is lower than the Sussex average.

Figures are only available at East Sussex, West Sussex and Brighton Areas

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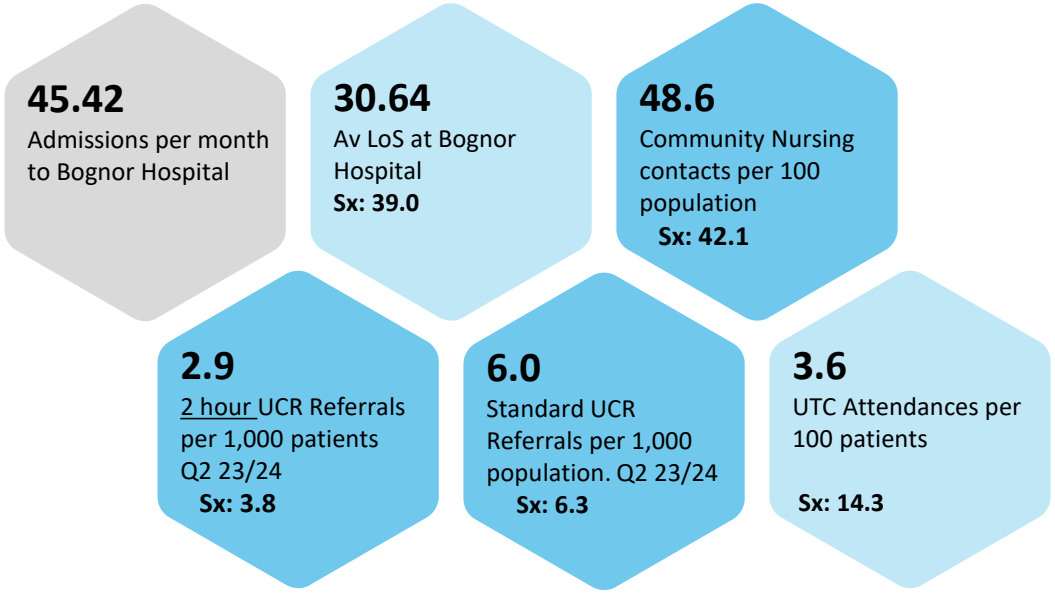
# Community Health Services - Adur ICT

- Adur ICT has a relatively low rate of UTC attendance compared with Sussex overall
- Urgent Community Response (UCR) – both 2-hour referrals and standard referrals are lower than the Sussex average
- UTC Attendances are in the lowest quartile for Sussex.

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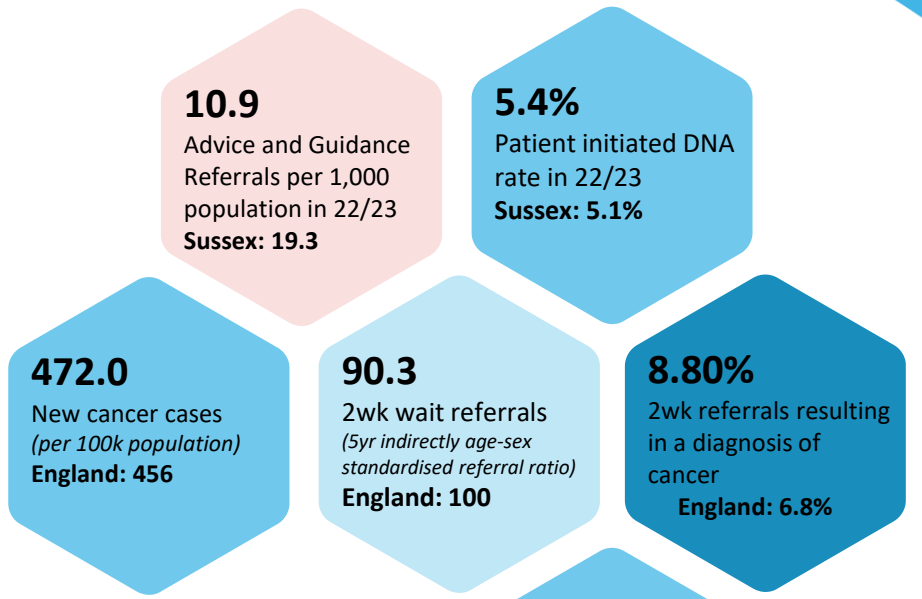
# Planned Care Alternatives and Cancer Care – Adur ICT

- Adur ICT has a lower rate of referrals on the 2-week cancer pathway (compared with England)
- Adur ICT has a higher percentage of 2-week referrals for cancer resulting in a cancer diagnosis.
- Advice and guidance referrals for Adur ICT patients is lower than the Sussex average

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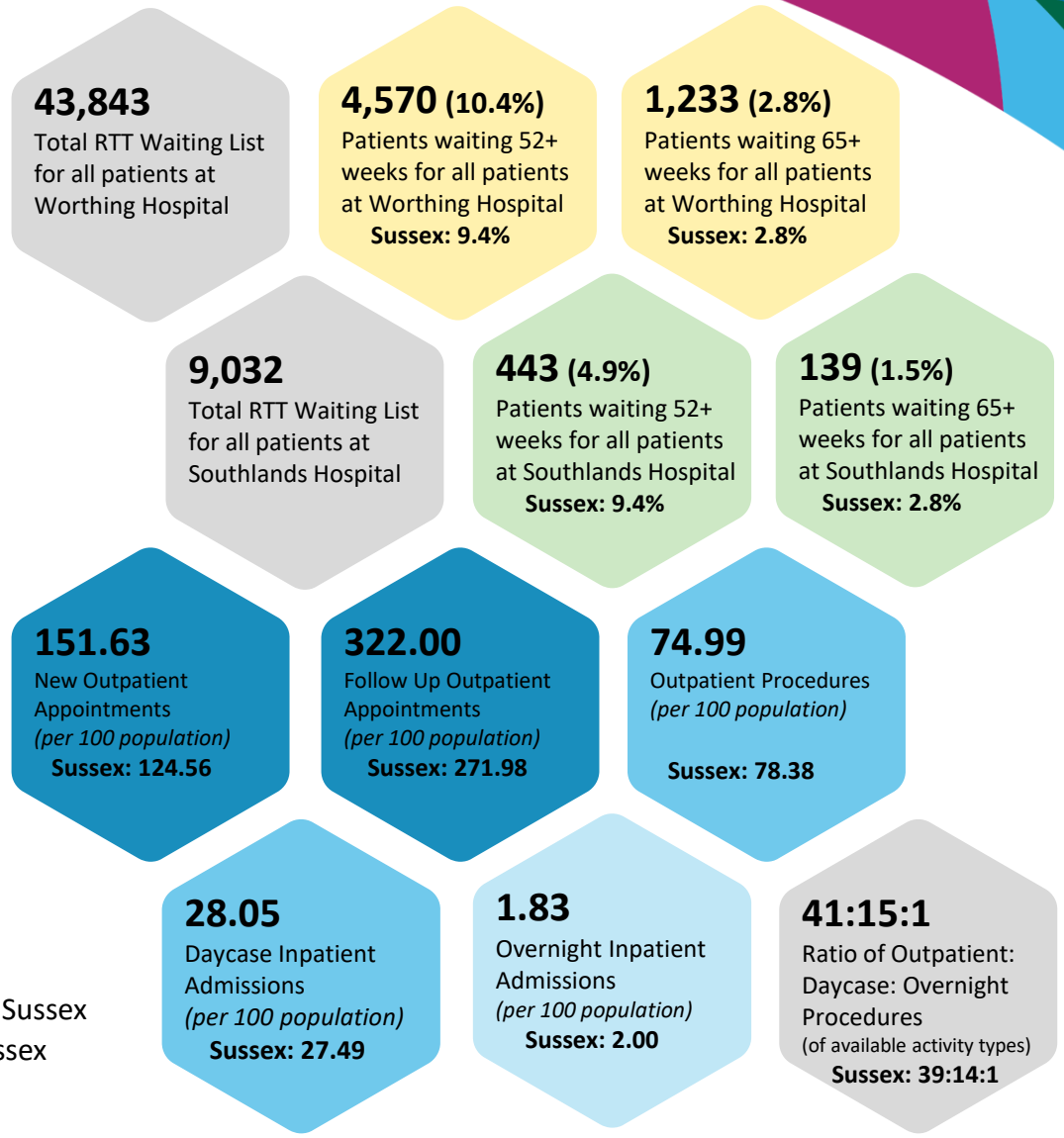
# Acute Planned Care – Adur ICT

- The percentage of Adur ICT patients waiting both 52+ and 65+ weeks for treatment at Southlands is lower than the Sussex average.
- The number of New and FU outpatient appointments are in the highest quartile for Sussex

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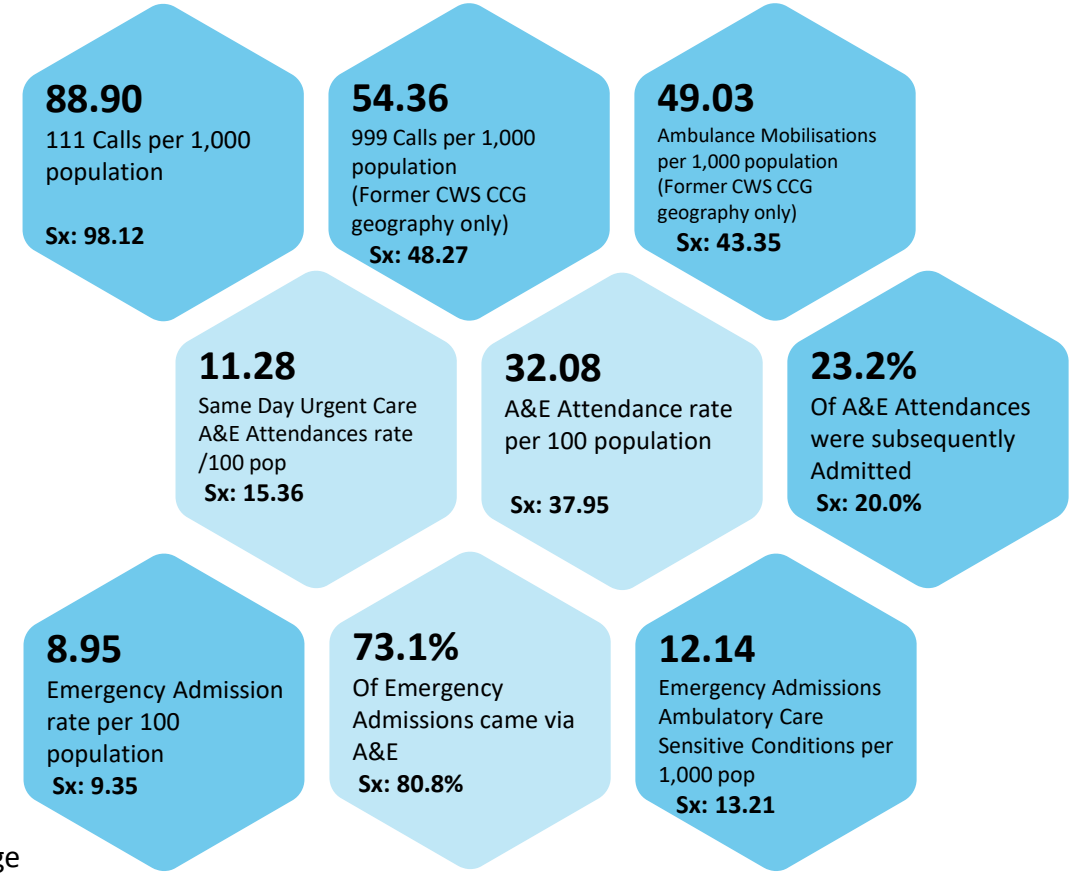
*Better health and care for all*

# Urgent and Emergency Care – Adur ICT

Compared with Sussex:

- Adur ICT has a relatively low A&E attendance rate.
- A lower percentage of emergency admissions coming via A&E.
- A lower same day urgent care A&E attendance rate.

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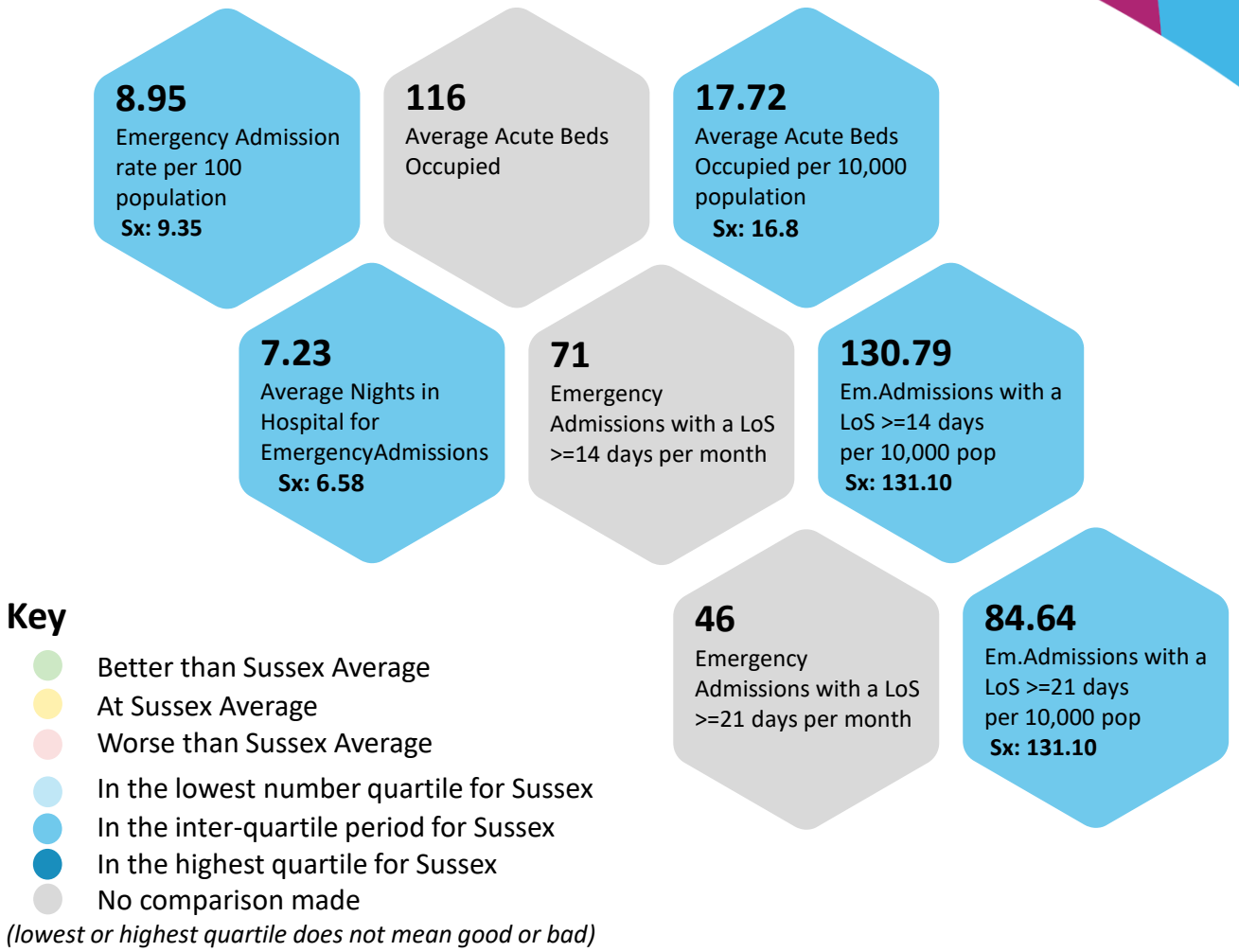
Better health and care for all

# Acute Inpatient Emergency Care – Adur ICT

- Emergency admission rates for Adur ICT patients where the Average LoS is over 21 days is lower than the Sussex rate per 100 population.

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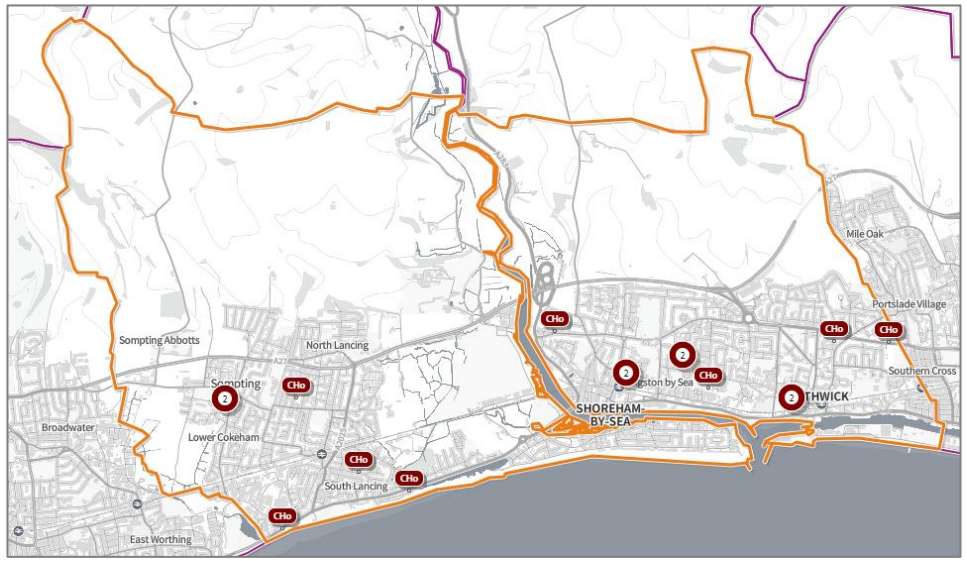
# Care Homes: Urgent Healthcare use – Adur ICT




- In relation to care homes, Adur ICT has a lower percentage of 999 calls being “Hear and Treat”.
- Adur ICT has a higher percentage of people from care homes who go to A&E and are subsequently admitted.
- There are also higher emergency admissions in last 12 months for respiratory conditions and non-injurous falls

**16**
Registered Care Homes

**526**
Care Home Beds

**328**
999 Calls from Care Homes in last 12 months

**4.3%**
of 999 calls were Hear & Treat
**Sussex: 8.0%**

**39.6%**
of 999 calls were See and Treat
**Sussex: 38.6%**

**56.1%**
of 999 calls were See & Convey
**Sussex: 53.4%**

**52.09**
A&E Attendances in the last 12months per 100 beds
**Sussex: 53.60**

**63.5%**
of A&E Attendances were subsequently admitted to an Inpatient bed
**Sussex: 54.8%**

**44.49**
Emergency Admissions in the last 12months per 100 beds
**Sussex: 36.08**

**15.40**
Emergency Admissions for Respiratory in the last 12months per 100 beds
**Sussex: 13.01**

**4.75**
Emergency Admissions for Injuries following Falls in the last 12months per 100 beds
**Sussex: 5.20**

**2.09**
Emergency Admissions for Non Injurious Falls in the last 12months per 100 beds
**Sussex: 1.63**

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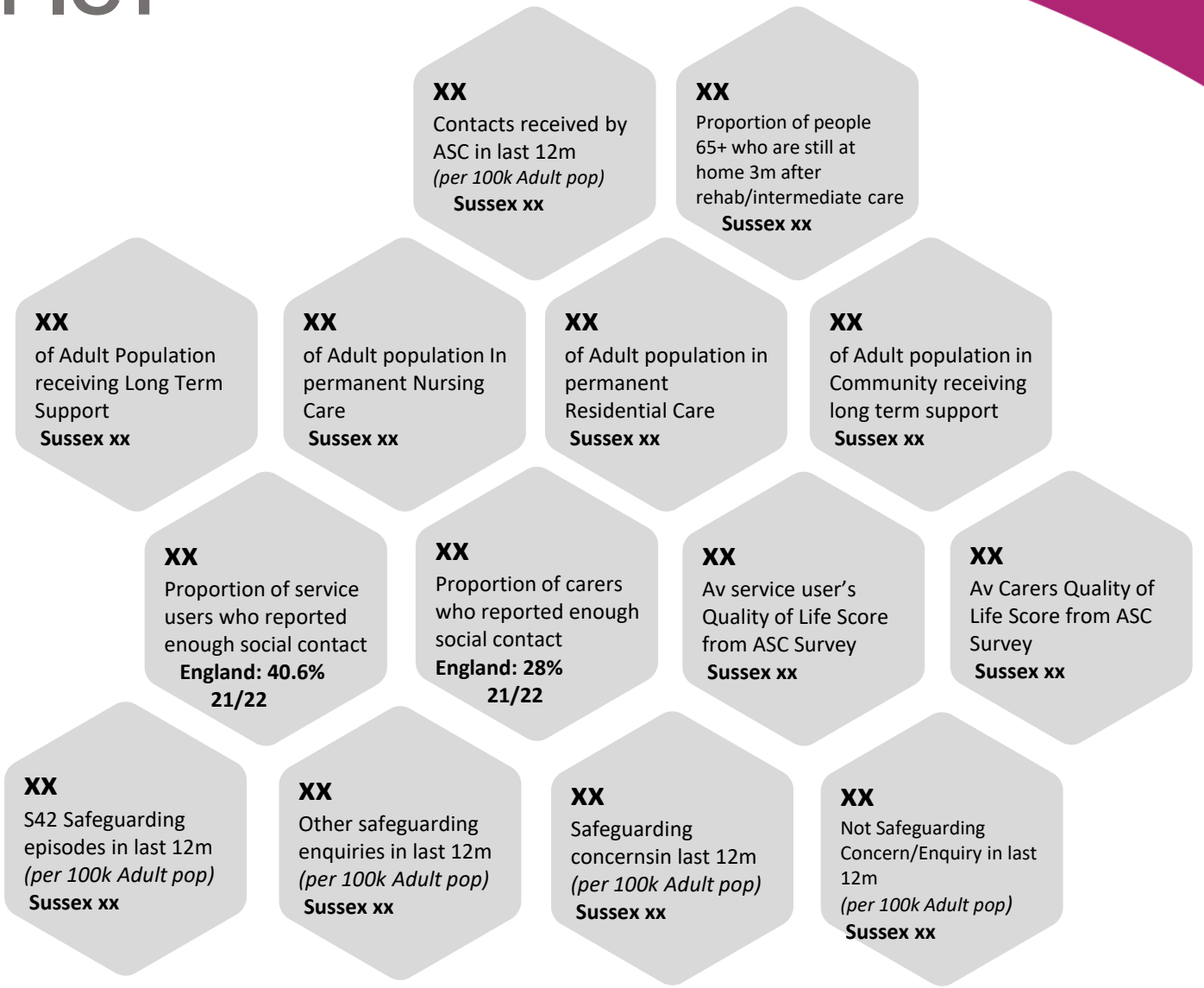
# Adult Social Care – Adur ICT

**Note** no social care data has been broken down to ICT level for West Sussex.

Data have been divided in East Sussex and Brighton and Hove.

This information is illustrative.

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# Links to key resources

Local mappings sites

- Community insight – Brighton & Hove Local Insight (communityinsight.org)
- East Sussex in figures Welcome to ESiF (eastsussexinfigures.org.uk)

JSNAs

- Brighton & Hove Joint Strategic Needs Assessment (JSNA) (brighton-hove.gov.uk)
- East Sussex East Sussex Joint Strategic Needs Assessment | (eastsussexjsna.org.uk)
- West Sussex Welcome to the West Sussex JSNA - West Sussex JSNA Website

National tools with local area data

- SHAPE tool SHAPE - Shape (shapeatlas.net) (registration required)
- Fingertips Public Health Profiles Public health profiles - OHID (phe.org.uk)
- Census area profile builder Build a custom area profile - Office for National Statistics (ons.gov.uk)

NHS Sussex ICB

- Sussex Insight bank https://int.sussex.ics.nhs.uk/nhs-sussex/tools-for-your-work/insight-bank/
- ICB Information Station