

Adur Integrated Community Team Population Profile Pack - DRAFT



November 2023









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

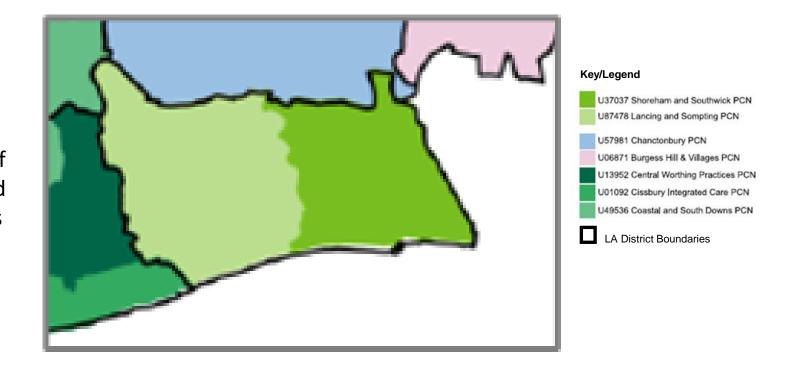
- Primary Care There are 2 PCNs with 4 GP Practices, patients registered at Adur Health Partnership make up >50% of the ICT population. All 4 GP practices currently rated Good by CQC. In the past 12 months there was a small fall in the registered population.
- In Adur A&E Attendances over the last year 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.

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. © Stadia Maps; © OpenStreetMap contributors

Adur ICT Core20 areas;



LSOA (2011) based boundaries. © Stadia Maps; © OpenStreetMap contributors

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

Pregnancy & maternity

There were 600 live births in 2021²

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%)

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

0.5% do not speak English well (1.6%)

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

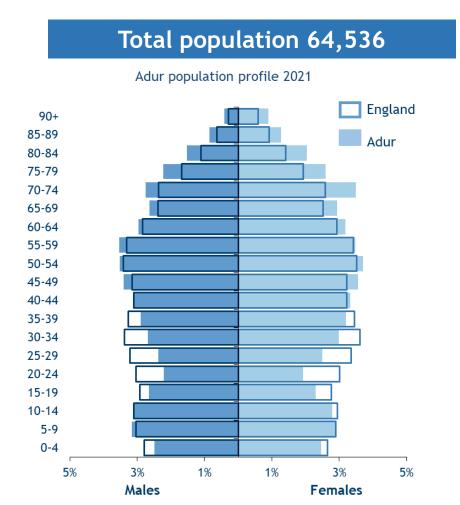
- 1 Department for Education, 2 ONS
- * Non White UK/British

UTLA: Only available at UTLA level

Current population & change over the last 10 years

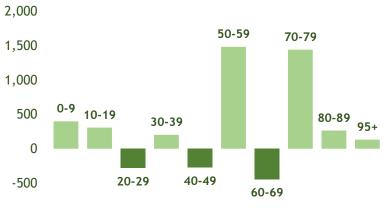
In Adur, between 2011 and 2021

- 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.



Increase in population 3,236

Adur change in population between 2011 and 2021 Census, in 10 year age groups



-1,000

	2021	2011	Adur		England
			change	%	%
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%

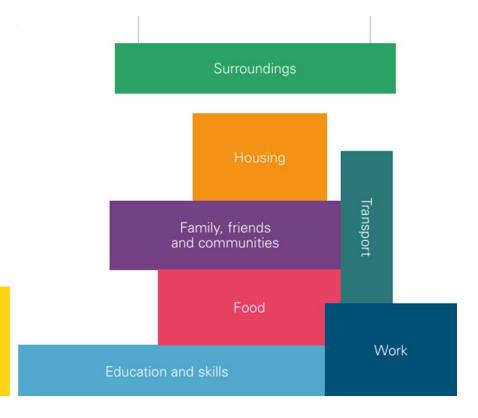
How is the population expected to change over the next ten years?

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:

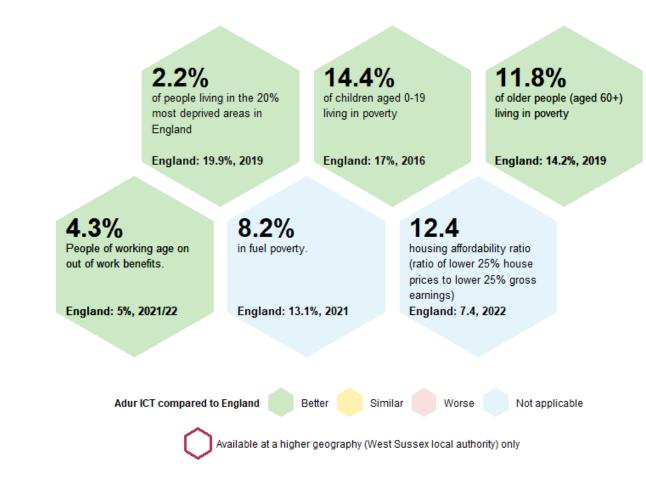


Money and

resources

Building blocks of health in Adur ICT

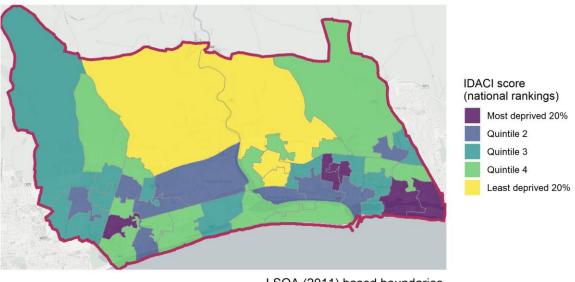
- In Adur an estimated one in seven children live in poverty, one in eight older people. Given the time lag on these measures, these are likely to have increased.
- Adur has lower percentages, compared with England, of working aged people on benefits and households in in fuel poverty.
- As with other 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

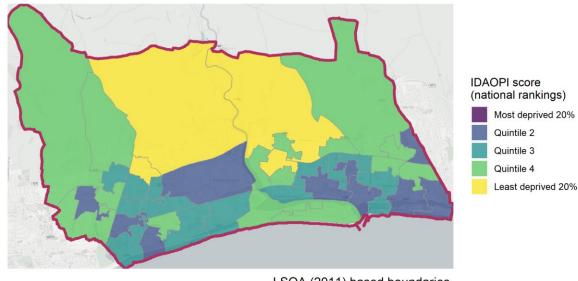
Income Deprivation Affecting Children Index (IDACI)



LSOA (2011) based boundaries. © Stadia Maps; © OpenStreetMap contributors

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. © Stadia Maps; © OpenStreetMap contributors

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 antibehavioural incident rates compare favourably with England.
- School attainment the Average Attainment
 8 score at 15/16 years is similar to England

27,677 households with at least one resident

England: 23,436,090, 2021

13.4% of households comprise a person aged under 66 living alone

England: 17.3%, 2021

17% of households comprise a person aged 66+ living alone

England: 12.8%, 2021

5.7% of households comprise a lone parent

England: 6.9%, 2021

1,534People per square km (population density)

England: 434, 2021

3% of households which are overcrowded

England: 4.4%, 2021

1.5% of households lack central

England: 1.5%, 2021

heating

12.8% of households are privately renting (main type)

England: 18.2%, 2021

64.4%

of reception age children achieving a good level of development

England: 65.2%, 2021/22

50.8

Average Attainment 8 score at age 16

England: 48.7, 2021/22

13.2

Average Attainment 8 score for children in care

England: 20.3, 2021/22

19.5%

of people aged 16+ with no qualifications

England: 18.1%, 2021

55.2% of people of working age in employment

England: 55.7%, 2021

72.9

overall crime rate per 1,000 in the 12 months to July 2023

England: 88.2, 2023

25.1

violent crime rate per 1,000 in the 12 months to July 2023

England: 30.5, 2023

8.4

antisocial behaviour incident rate per 1,000 in the 12 months to July 2023

England: 13.7, 2023

Adur ICT Compared to England Better Similar Worse

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

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





Worse





























80.3 84.1

Females Males Life expectancy at birth (years) 2021

7.3 7.8 Males Females the range in life expectancy at birth between the most and least deprived neighbourhoods 2018-20

Children aged 0-19 living in poverty 2016

14.4%

49 of 0-18 year olds in ćare per 10,000 2022

8.1% of women smoking at the time of deliverv 2021/22

57.7%

of women breast fed at 6-8 weeks after birth 2019/20

91.4% of those aged <5 years had two doses of MMR vaccine 2021/22

64.4% of reception age children achieving a good level of development 2021/22

Livina

64.8% 50.8 of children in year 6 aré a healthy weight 2021/22

























well





18.4% 2.3% 17.1%

Depression COPD Hypertension recorded prevalence in primary care (GP) records 2021/22

53.8%

of at risk people aged <64 years receive flu vaccination 2022/23

18.6% of people report a high level of anxiety 2021/22

8.9% of adults aged 18+ are current smokers 2022

70.3% of adults aged 19+ are physically active 2021/22

22.8% of adults aged 18+ classified as obese 2021/22

455.8 alcohol specific hospital admissions per 100,000 2021/22

55.2%

of people of working age in employment 599.2 6%

hospital of 16-17 year admissions for olds not in self-harm per education. 100,000 aged employment, 10-24 years or training 2021/22 2021







134















58.4%







emergency hospiťal admissions for self-harm per 100,000 2021/22

65.8

Cardiovascular Cancer diseases

27.8% 39.5% 21.7%

of deaths occuring

Preamature (under 75s) mortality rate per 100,000 population 2021

in a

hospital care home

26 Respiratory drug related diseases

0.5%

palliative/

2021/22

of patients on

end of life care

list in GP records

deaths per 100,000 population 2018-20

9.7 suicide and undertermined injury deaths per 100,000 people aged 10+ 2019-21

Dying well

Ageing well

11.8% of people aged 60+ living in poverty 2019

17% of households of those aged 65+ comprising 66+ living alone

2021

estimated to a person aged have dementia who have recevied a diagnosis 2021

22 Females Males Life expectancy at age 65 (years) 2021







24% of carers who report having as much social contact as they would like 2021/22

՛ല

39%

of adult social care clients aged 65+ who report having as much social contact as they would like 2021/22

՛€

83.5%

of people aged 65+ vears receive flu vaccination 2022/23

473.2

admissions to residential or beds per nursina homes 100 people per 100,000 aged 75+ population 2021 aged 65+

7.1

2,482.2 care home emergency hospital

admissions for falls per 100,000 population aged 65+ 2021/22



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



2021/22

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

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.

80.3 years

Life expectancy at birth for males

England: 78.7, 2021

84.1 years

Life expectancy at birth for females

England: 82.8, 2021

7.8 years

Inequality in life expectancy at birth for males

England: 9.7, 2018 - 20

7.3 years

Inequality in life expectancy at birth for females

England: 7.9, 2018 - 20

19 years

Life expectancy at age 65 for males

England: 18.4, 2021

22 years

Life expectancy at age 65 for females

England: 21, 2021

5.6 years

Inequality in life expectancy at age 65 for males

England: 5.2, 2018 - 20

5 years

Inequality in life expectancy at age 65 for females

England: 4.8, 2018 - 20

63.8 years

Healthy life expectancy at birth for males

England: 63.1, 2018 - 20

63.9 years

Healthy life expectancy at birth for females

England: 63.9, 2018 - 20

10.8 years

Healthy life expectancy at age 65 for males

England: 10.5, 2018 - 20

11.6 years

Healthy life expectancy at age 65 for females

England: 11.3, 2018 - 20

Adur ICT compared to England







W

Not a



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

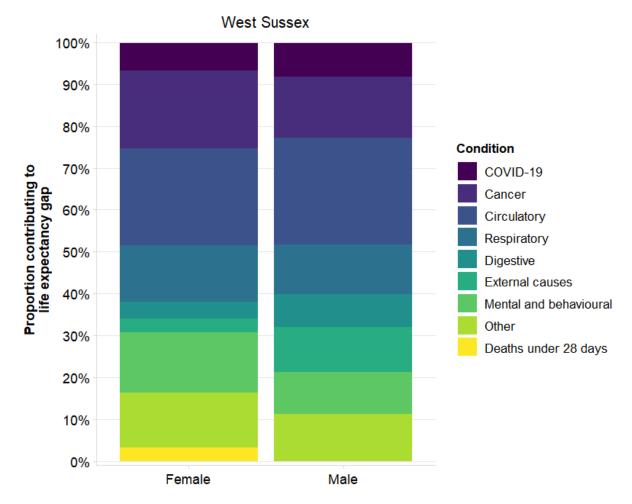
Main causes contributing to the gap in life expectancy – West Sussex

- 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.

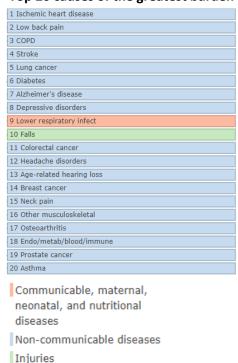


Key risk factors for main causes of death – West Sussex

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

1 Smoking
2 High fasting plasma glucose
- 3 High body-mass index
4 High blood pressure
5 Alcohol use
6 High LDL
7 Low temperature
8 Low whole grains
9 Kidney dysfunction
10 Particulate matter
11 Occupational carcinogens
12 Drug use
- 13 Low physical activity
14 Low bone mineral density
15 High processed meat
16 High red meat
- 17 Low fruit
· 18 Secondhand smoke
19 Low nuts and seeds
20 Low legumes
Metabolic risks
Environmental/occupational risks
Behavioral risks

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

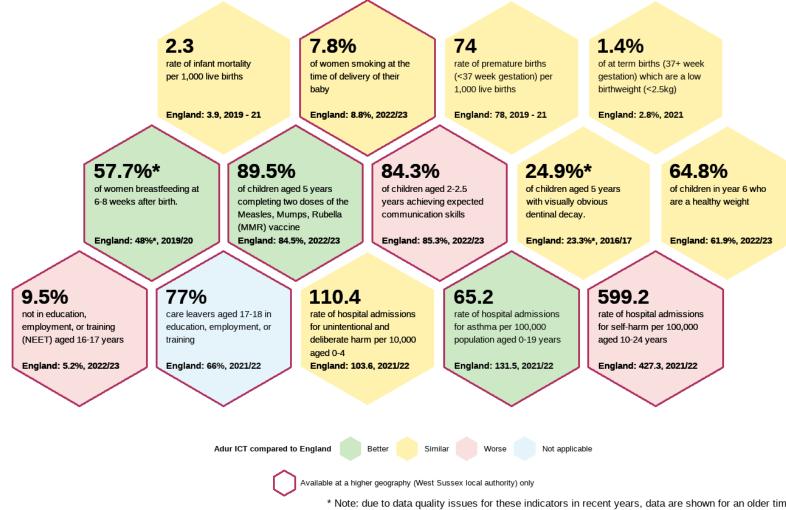
In addition, for healthy life expectancy and inequalities in healthy life expectancy tackle:

- 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

102.3

Health Index Score

England: 100.8, 2021

5.3%

proportion of deaths (mortality) attributable to air pollution

England: 5.5%, 2021

455.8

alcohol specific emergency hospital admissions rate per 100,000 population

England: 626.1, 2021/22

23.6%

of adults drinking more than 14 units of alcohol per week

England: 22.8%, 2015 - 18

22.8%

of adults aged 18 and over classified as obese

England: 25.9%, 2021/22

70.3%

of adults aged 19 and over who are physically active

England: 67.3%, 2021/22

19.5%

of adults aged 19 and over who are physically inactive

England: 22.3%, 2021/22

15.8%

of adults aged 16 and over who walk for travel at least three days per week

England: 15.1%, 2019/20

6.5%

of adults aged 16 and over who cycle for travel at least three days per week England: 2.3%, 2019/20

8.9%

smoking prevalence among those aged 18+ years

England: 12.7%, 2022

17.1%*

Hypertension prevalence (recorded in primary care, QOF)

England: 14%*, 2021/22

2.3%*

COPD prevalence (recorded in primary care, QOF)

England: 1.9%*, 2021/22

18.4%*

Depression prevalence (recorded in primary care, QOF)

England: 12.7%*, 2021/22

of people with a low happiness score

England: 8.4%, 2021/22

18.6%

of people with a high anxiety score

England: 22.6%, 2021/22

83.5%

of those aged 65 and over receiving flu immunisation

England: 79.9%, 2022/23

53.8%

of at risk individuals aged <65 receiving flu immunisation

England: 49.1%, 2022/23

71.5%

of people receiving vaccination for pneumococcal infection

England: 70.6%, 2020/21

77.8%

aged 75+ taking up the COVID-19 spring booster

England: 69.5%, as at 15th Nov 2023 68.7%

HPV coverage (2 doses) among females aged 13-14 years

England: 67.3%, 2021/22

63.4%

HPV coverage (2 doses) among males aged 13-14 vears

England: 62.4%, 2021/22

Adur ICT compared to England



Better



Similar



Not applicable



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

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

premature (under 75s) mortality rate for cardiovascular diseases per 100,000 population England: 76, 2021

280.6 197.5 emergency hospital emergency hospital emergency hospital emergency hospital admissions for self-harm admissions for COPD rate admissions for pneumonia admissions for asthma in rate per 100,000 population per 100,000 population aged rate per 100,000 population adults per 100,000 35+ years population England: 163.9, 2021/22 England: 415.1, 2019/20 England: 241.7, 2020/21 England: 44.4, 2020/21 76.9% 3.5% 48.9% 46% of people taking up an NHS of adults with learning of adults with serious for cervical cancer among Health Check following disability taking up health mental illness taking up a check following invitation those aged 25-49 years invitation physical health check England: 51.9%, 2020 England: 58.5%, 2022/23 England: 67.6%, 2022 England: 7.2%, 2022/23 **75** Cancer screening coverage 54.2 71.4 51.3% Cancer screening coverage of cancers diagnosed at of new cancer diagnoses for bowel cancer for breast cancer stage 1 or 2 through the Two Week Wait pathway. England: 65.2, 2022 England: 70.3, 2022 England: 52.3%, 2020 England: 54.4, 2021/22 134 407.2 premature (under 75s) premature (under 75s) excess premature (under rate of drug related deaths rate of suicide and mortality rate for mortality rate for cancer 75s) mortality among adults per 100,000 population undetermined injury deaths respiratory diseases per per 100,000 population with serious mental illness per 100,000 population aged 100,000 population 10 years and over England: 26.5, 2021 England: 121.5, 2021 England: 389.9, 2018 - 20 England: 5, 2018 - 20 England: 10.4, 2019 - 21 Adur ICT compared to England Better Similar Not applicable

Available at a higher geography (West Sussex local authority) only
Indicators are published at primary care or other organisation level (NHS West S

Indicators are published at primary care or other organisation level (NHS West Sussex CCG and Sussex ICB - 70F) representing registered patients rather than residents

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

58.4

of people aged 65+ estimated to have dementia who have received a diagnosis England: 63, 2023

2,482.2

emergency hospital admissions for falls rate per 100,000 population aged

England: 2,099.9, 2021/22

60.1%

of people aged 65+ still at home 91 days after a discharge from hospital

England: 81.8%, 2021/22

Care home beds per 100 people aged 75+ years

England: 9.4, 2021

473.2

Permanent admissions to residential or nursing homes per 100,000 population aged 65+ years England: 538.5, 2021/22

56.9

Estimated number of self-funding care home

England: 37, 2022/23

1.035*

of adult social care clients (aged 65+) receiving long term nursing support per 100,000 population

England: 1,271*, 2021/22

226*

of adult social care clients (aged 65+) receiving long term residential support per 100,000 population

England: 316*, 2021/22

1.602*

of adult social care clients (aged 65+) receiving long term community support per 100,000 population

England: 2.838*, 2021/22

3,475

of adult social care clients (aged 65+) receiving any long term support per 100,000 population

England: 5.055, 2021/22

39%

of adult social care clients aged 65+ who report as much social contact as they would like England: 40.6%, 2021/22

24%

of carers who had as much social contact as they would like

England: 28%, 2021/22

Adur ICT compared to England







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

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

0.5% Palliative care prevalence on primary care records (QOF)

England: 0.5% 2021/22

Winter mortality index (all

England: 36.2 Aug 2020 - Jul 2021

21.7 Winter mortality index (aged 85+)

England: 42.8 Aug 2020 - Jul 2021

27.8% of deaths occur at home 39.5% of deaths occur in hospital 21.7% of deaths occur in care 8.3% of deaths occur in hospices

England: 28.7% 2021

England: 44% 2021

England: 20.2% 2021

England: 4.4% 2021

Adur ICT compared to England

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

Indicators are published at primary care or other organisation level (NHS West Sussex CCG and Sussex ICB - 70F) representing registered patients rather than residents

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

-0.3%
Registered population change in last 12months
Sx: +0.7%

4x GoodGP Practices Overall CQC Rating

1,949
Patients (Weighted)
Per GP FTE Less
Trainees
Sx: 2,343

972
Patients (Weighted)
Per GP & Nurse & DPC
FTE
Sx: 955

72%

Av. Patient Survey Overall Practice Experience – Good **Sx: 74.1%** **96.7**Av. QOF % (Score Overall)

Sx: 92.5%

7.8

Av. QOF PCA Adjustment Rate % (Score Overall) Sx: 7.8 64.6%

Dementia Annual Care Plans % (target 75%) Sx: 64.6%

84.9%

Learning Disabilities Health Checks Rolling 12m Sx: 74.7% 60.2%

Diabetes NDA Type 2 8 Core Processes

Sx: 53.3%

36.4%

Diabetes NDA Type 2 All 3 Treatment Targets Sx: 33.5% 84.6%

Flu Vaccination 65+

Sx: 81.3%

Key

Better than Sussex Average

At Sussex Average

Worse than Sussex Average

In the lowest number quartile for Sussex

In the inter-quartile period for Sussex

In the highest quartile for Sussex

No comparison made

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

334

GP Referrals 12m (OP Proxy) Per 1000 Weighted Population **Sx: 379** 179

A&E Attendances 12m Per 1000 Weighted Population **Sx: 208**

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

7.43%

Asthma Prevalence % of 6+ population

Sx: 6.79%

2.28%

COPD Prevalence % of total population

Sx: 1.89%

3.08%

Atrial Fibrillation Prevalence % of total population Sx: 3.17%

3.94%

Coronary Heart Disease Prevalence % of total population Sx: 3.31%

2.14%

Stroke Prevalence % of total population

Sx: 2.11%

1.05%

Heart Failure Prevalence % of total population Sx: 0.95%

11.09%

Obesity Prevalence % over 18 population

Sx: 8.29%

8.75%

Diabetes Prevalence % over 17 population

Sx: 6.85%

4.50%

Cancer Prevalence % of total population

Sx: 4.06%

5.94%

Chronic Kidney Disease Prevalence % of >18 population Sx: 4.71%

0.49%

Palliative Prevalence % of total population

Sx: 0.49%

0.94%

Dementia Prevalence % of total population

Sx: 0.92%

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18.39%

Depression Prevalence % of >18 population Sx: 13.74%

0.64%

Learning Difficulties Prevalence % of >18 population Sx: 0.58%

1.05%

SMI Mental Health Prevalence % of total population Sx: 1.07%

18.12%

Other Hypertension Prevalence % of total population Sx: 14.98

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.

88.0% Covid Booster uptake 22/23

Sx: 84%

84.6%65+ flu vaccination rate

Sx: 81.3%

42.0%

Flu vacc rate, 6m to under 50 at risk

Sx: 38.5%

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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 13,815

NHS Talking Therapies Access rate (22-23) **Sx: 38,072** 52.7%

NHS Talking Therapies recovery rate (Av Apr-Aug 23) Sx: 51.0% 59.4%

EIP: % of people starting treatment within 2 wks (22-23)

Sx: 67.7%

65.4%

Dementia Care Planning and Post Diagnostic Support (Av Apr-Aug 23) Sx: 66.4% 62.7%

Dementia Diagnosis Rate (Av Apr-Aug 23) Sx: 63%

4.5%

Adult MH Admissions with no prior contact (22-23)
Sx: 5.7%

89.7%

Adult Discharges followed up within 72 hrs (Av Oct22-Jun23) **Sx: 88.3**% 109,550

Community Mental Health Access (2+ contacts) (Jul22-Jun23) Sx: 45,890 3,577

Physical Health Checks for people with SMI (YTD Jun-23) **Sx: 7,166**

103,845

CYP Access (1+ contact) (22-23)

Sx: 237,410

7,530

CYP Access 18-25 yr olds (22-23)

Sx: 15,741

3,751

Learning Disability Registers and AHCs delivered by GPs (22-23)

Sx: xx

Key

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860

Perinatal mental health: Access rate to specialist Perinatal MH (22-23)

Sx: 780

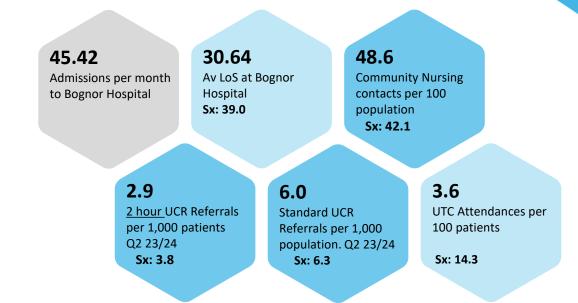
10.08%

Perinatal mental health: Access rate to specialist Perinatal MH (YTD 23)

Sx: 10.0%

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

10.9

Advice and Guidance Referrals per 1,000 population in 22/23

Sussex: 19.3

5.4%

Patient initiated DNA rate in 22/23

Sussex: 5.1%

472.0

New cancer cases (per 100k population)
England: 456

standardised referral ratio)
England: 100

2wk wait referrals

(5yr indirectly age-sex

90.3

8.80%

2wk referrals resulting in a diagnosis of cancer

England: 6.8%

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55.9%

Lower GI Suspected Cancer referrals with a FIT result, 23/24

Sussex: 53.9%

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

43,843

Total RTT Waiting List for all patients at Worthing Hospital 4,570 (10.4%)

Patients waiting 52+ weeks for all patients at Worthing Hospital Sussex: 9.4% 1,233 (2.8%)

Patients waiting 65+ weeks for all patients at Worthing Hospital

Sussex: 2.8%

9,032

Total RTT Waiting List for all patients at Southlands Hospital 443 (4.9%)

Patients waiting 52+ weeks for all patients at Southlands Hospital Sussex: 9.4% 139 (1.5%)

Patients waiting 65+ weeks for all patients at Southlands Hospital

Sussex: 2.8%

151.63

New Outpatient Appointments (per 100 population) Sussex: 124.56 322.00

Follow Up Outpatient Appointments (per 100 population) Sussex: 271.98 74.99

Outpatient Procedures (per 100 population)

Sussex: 78.38

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28.05

Daycase Inpatient Admissions (per 100 population)

Sussex: 27.49

1.83

Overnight Inpatient Admissions (per 100 population) Sussex: 2.00

(of available activity types)

Sussex: 39:14:1

Ratio of Outpatient:

Daycase: Overnight

41:15:1

Procedures

Figures above are for the full year 22/23 unless stated otherwise

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.

88.90

111 Calls per 1,000 population

Sx: 98.12

54.36

999 Calls per 1,000 population (Former CWS CCG geography only)

Sx: 48.27

49.03

Ambulance Mobilisations per 1,000 population (Former CWS CCG geography only) Sx: 43.35

11.28

Same Day Urgent Care A&E Attendances rate /100 pop Sx: 15.36 32.08

A&E Attendance rate per 100 population

Sx: 37.95

23.2%

Of A&E Attendances were subsequently Admitted Sx: 20.0%

8.95

Emergency Admission rate per 100 population Sx: 9.35 73.1%

Of Emergency Admissions came via A&E

Sx: 80.8%

12.14

Emergency Admissions Ambulatory Care Sensitive Conditions per 1,000 pop

Sx: 13.21

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Figures above are for the full year 22/23

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. 8.95
Emergency Admission rate per 100 population
Sx: 9.35

116Average Acute Beds Occupied

17.72
Average Acute Beds
Occupied per 10,000
population
Sx: 16.8

7.23
Average Nights in
Hospital for
EmergencyAdmissions
Sx: 6.58

71Emergency
Admissions with a LoS
>=14 days per month

130.79
Em.Admissions with a
LoS >=14 days
per 10,000 pop
Sx: 131.10

Key

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- In the highest quartile for Sussex
- No comparison made

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

46

Emergency
Admissions with a LoS
>=21 days per month

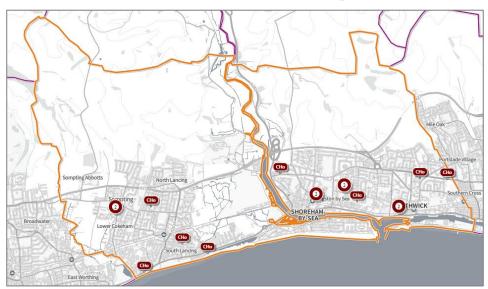
84.64Em.Admissions with a LoS >= 21 days

per 10,000 pop

Sx: 131.10

Figures above are for the full year 22/23 unless stated otherwise

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

16Registered Care

526Care 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

Key

In the lowest number quartile for Sussex

In the inter-quartile period for Sussex

In the highest quartile for Sussex

No comparison made

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

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

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.

Key

- In the lowest Quartile for Sussex
- In the inter-quartile period for Sussex
- In the highest quartile for Sussex
 No comparison made

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

XX

Contacts received by ASC in last 12m (per 100k Adult pop) Sussex xx XX

Proportion of people 65+ who are still at home 3m after rehab/intermediate care Sussex xx

XX

of Adult Population receiving Long Term Support Sussex xx XX

of Adult population In permanent Nursing Care Sussex xx XX

of Adult population in permanent Residential Care Sussex xx XX

of Adult population in Community receiving long term support Sussex xx

XX

Proportion of service users who reported enough social contact England: 40.6% 21/22

XX

Proportion of carers who reported enough social contact England: 28% 21/22 XX

Av service user's Quality of Life Score from ASC Survey Sussex xx XX

Av Carers Quality of Life Score from ASC Survey Sussex xx

XX

S42 Safeguarding episodes in last 12m (per 100k Adult pop) Sussex xx XX

Other safeguarding enquiries in last 12m (per 100k Adult pop)
Sussex xx

XX

Safeguarding concernsin last 12m (per 100k Adult pop) Sussex xx XX

Not Safeguarding Concern/Enquiry in last 12m (per 100k Adult pop) Sussex xx

Links to key resources

Local mappings sites

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

JSNAs

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

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 <u>Build a custom area profile Office for National Statistics (ons.gov.uk)</u>

NHS Sussex ICB

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