Arun

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, Arun is the largest of the West Sussex ICT areas at over 164,000 residents. Over 1,500 residents live in residential care and Arun has a relatively high provision of care home beds. The total population has increased by 10.5% which was higher than England (6.6%). Growth is driven by inward migration.
- Almost 1,600 people in Arun live in a care home. A relatively high percentage of deaths of Arun residents are within care homes.
- **Diversity -** Compared with England, it is less ethnically diverse and has an older age structure.
- **Core20 -** Within Arun there are ten areas (LSOAs) ranking in the most deprived 20% of neighbourhoods nationally, with a population of approximately 18,000 residents.
- **Life Expectancy -** Life expectancy in Arun similar to England. There is a considerable level of inequality in Arun, with a 10-year gap in life expectancy for men in the most and least deprived areas, and an 8-year gap for women.
- **Wider Determinants of Health -** In Arun there is a higher percentage of adults with no qualifications, and a lower percentage of working-age adults in employment, compared with England. In Arun, the rate of admissions for childhood injury is significantly worse than England.
- **Population Health** – For Arun, most measures are comparable with England, but health challenges remain, almost 22% of adults are physically inactive, 27% are obese, a lower percentage of adults also build walking into their weekly routine (walking 3 days a week for travel).
- Arun has a relatively high take up of cancer screening compared with England, similar rates of premature mortality from major causes (CVD, respiratory diseases or cancer). There is a higher rate of emergency hospital admission for self-harm.

Headline Findings 2 Health Care

- **Primary Care –** There are 4 PCNs with 14 GP Practices with very varying levels of population, 2 practices (Fitzalan & Maywood) have registered populations >15k. All 14 GP practices currently rated Good by CQC. In the past 12 months there was a small increase in the registered population.
- **In Arun** – A&E Attendances over the last year were lower than the Sussex average, Arun ICT is better than the Sussex average for measures on the National Diabetes Audit (NDA) including patients Type 2 Diabetes 8 core processes. The number of (weighted) patients per FTE GP and GP & Nurse and DPC is in the highest quartile in Sussex. Flu and COVID booster rates are higher than the Sussex average.
- **Long Term Conditions*** - For 12 of the 16 QOF prevalence registers Arun ICT is in the highest quartile in Sussex (all except heart failure, chronic kidney disease, mental health and depression). The widest gaps (compared with the Sussex average) are for obesity, diabetes and other hypertension.
- **Community Care** - The number of Community nursing contacts for Arun ICT patients is in the highest quartile for Sussex. In relation to Urgent Community Response (UCR) – both 2-hour referrals and standard referrals are lower than the Sussex average
- **Planned Care Alternatives and Cancer –** The rate of Advice and Guidance referrals is lower than the Sussex average. In relation to cancer, in Arun ICT new cancer cases per 100k population is significantly higher than the Sussex average and in the highest quartile, the rate of 2-week referrals resulting in a cancer diagnosis is higher than the England average, Lower GI suspected cancer referrals for Arun ICT patients is higher than the Sussex average.
- **Acute Planned Care –** In Arun ICT, the proportion of both new and follow up outpatient appointments are significantly higher than the Sussex average. Day case inpatient admissions for Arun ICT is higher than the Sussex average.
- **Urgent and Emergency Care –** A&E attendances which lead to a hospital admission is higher than the Sussex average, and the rate of emergency admissions per 100 population is higher than the Sussex average.
- **Care Homes: Urgent Healthcare Use** – In Arun the rate of A&E attendances leading to Admissions is higher for Arun ICT patients than the Sussex average.

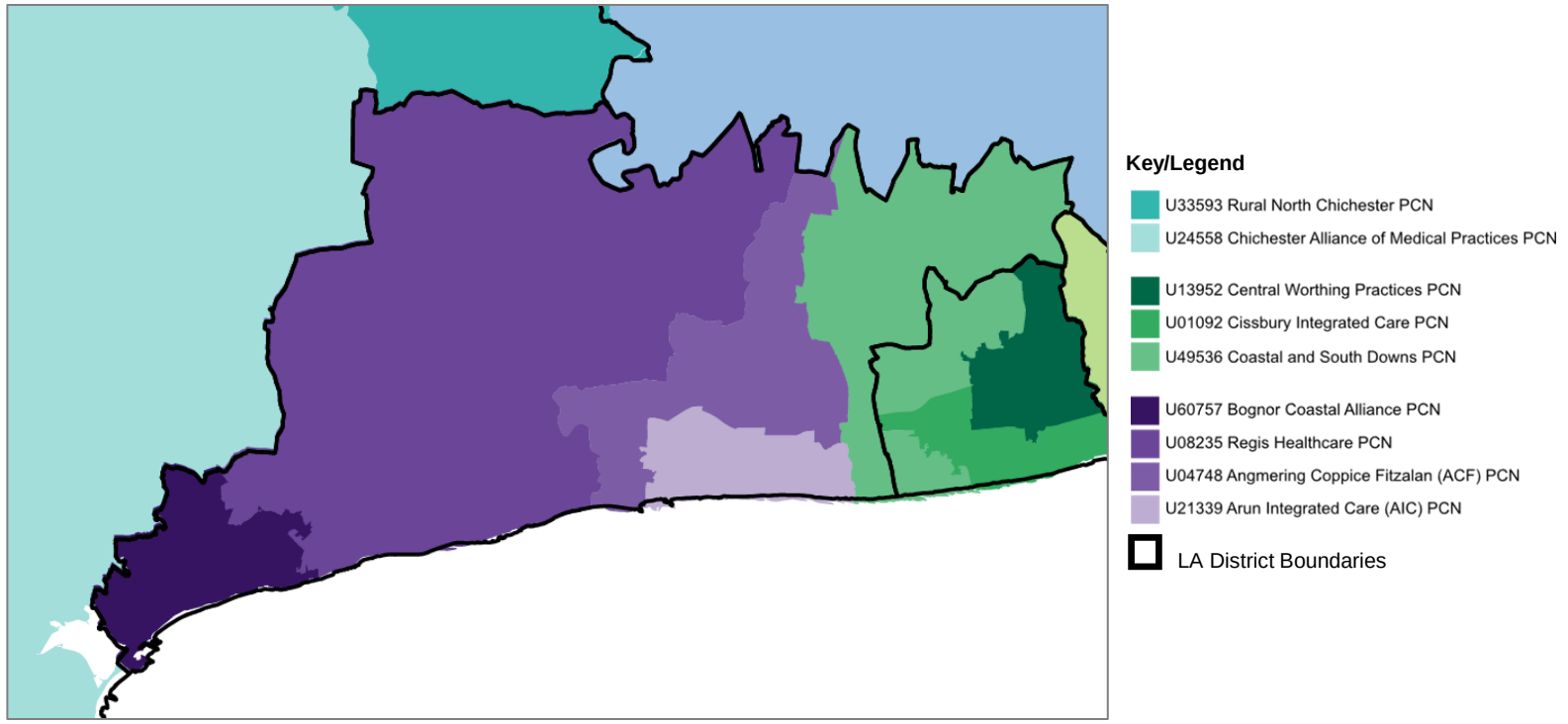
*This relates to QOF prevalence, this is recorded prevalence on GP registers and as such may reflect a higher (or lower) prevalence amongst the local population and/or better (or worse) detection and recording by practices.

Arun 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
	Living Well - continued	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
	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

Who lives in Arun ICT

Around 164,900 people live in Arun (2021 Census)
An increase of 10.5% since 2011

Between 2011 and 2020 there have been

- 13,330 Births
- 19,358 Deaths
- 14,050 estimated increase from internal UK migration
- 3,190 estimated increase from international migration

Census 2021 data:

- 19% of the population is under 20, compared to 23% for England
- 28% of the population is 65 or over, compared to 18% for England
- 4.3% of the population is 85 or over, compared to 2.4% for England

1,585 residents aged 65+ live in a care home (with or without nursing)

Arun Integrated Community Team

LSOA (2021) based ICT boundaries.
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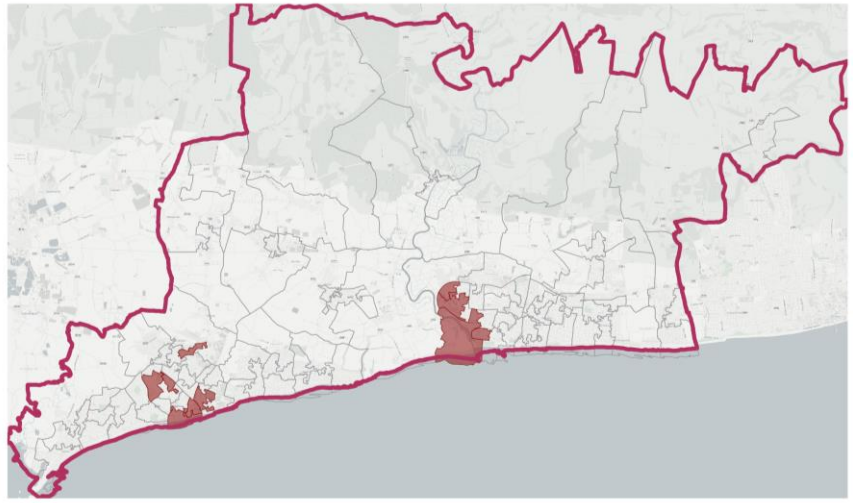
Arun ICT Core20 areas;



Core 20 neighbourhood

LSOA (2011) based boundaries.
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Of the 94 neighbourhoods (2011 based LSOAs) in the Arun ICT, there are **10 Core20 neighbourhoods** (representing the most deprived 20% of neighbourhoods nationally) with a population of approximately 18,000 residents (Census 2021).

Better health and care for all

Key Demographic Groups within Arun ICT

Compared with England

- Arun has a far older age structure (compared with England 28% over 65+ in Arun, in England 18%)
- Arun is less ethnically diverse compared with England.
- One in five residents disabled

Arun ICT population groups

Age

Arun has an older age structure than England:

- 19.1% of people are aged under 20 (23%)
- 52.5% aged 20-64 (58%)
- 28.4% aged 65+ (18%)

Ethnicity

11.3% of people are Black or racially minoritised* (27%):

- 1.6% Asian or Asian British (10%)
- 0.5% Black or Black British (4%)
- 1.5% Mixed or multiple ethnic group (3%)
- 0.1% Arab (0.6%)
- 7.1% White Irish or White other (8%)

Religion

39.9% of people have no religion or belief (37%):

- 52.1% Christian (46%)
- 0.7% Muslim (6.7%)
- 0.2% Jewish (0.5%)
- 0.3% Buddhist (0.5%)
- 0.2% Hindu (1.8%)
- 0.0% Sikh (0.9%)
- 0.5% Other religion (0.6%)

Pregnancy & maternity

There were 1,375 live births in 2021[2]

Sex

Female 51.8% (51%)
Male 48.2% (49%)

Gender identity

0.4% of adults aged 16+ identified as Trans in the 2021 Census (0.5%)

Sexual orientation

2.6% of those aged 16+ identified as LGB+ (gay or lesbian, bisexual or other minority sexual orientation) (3%)

Language

For 5.9% of people, English is not their main language (9%)

1.2% do not speak English well (1.6%)

Disability

19.7% 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

5.3% of people aged 16+ stated on the 2021 Census that they had previously served in the armed forces (3.8%)

Marriage / civil partnership

47.5% of people aged 16+ are married or in a civil partnership (45%)

30.6% Never married/civil partnership (38%)
2.2% Separated (2%)
11.3% divorced/civil partnership dissolved (9%)
8.4% widowed / surviving civil partnership partner (6%)

Carers

9.2% 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

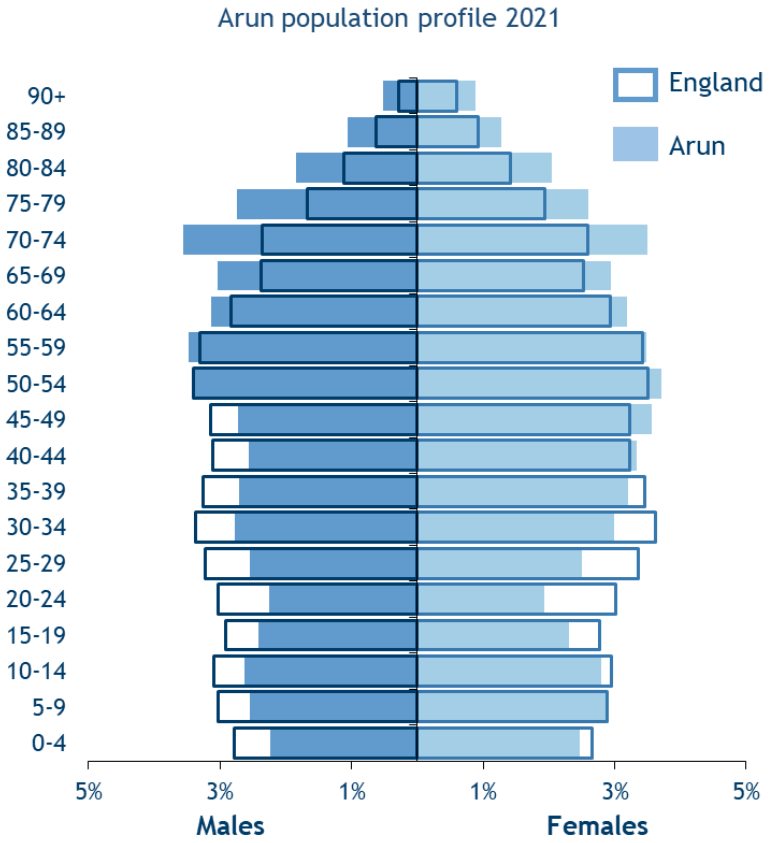
UTLA: Only available at UTLA level

Current population & change over the last 10 years

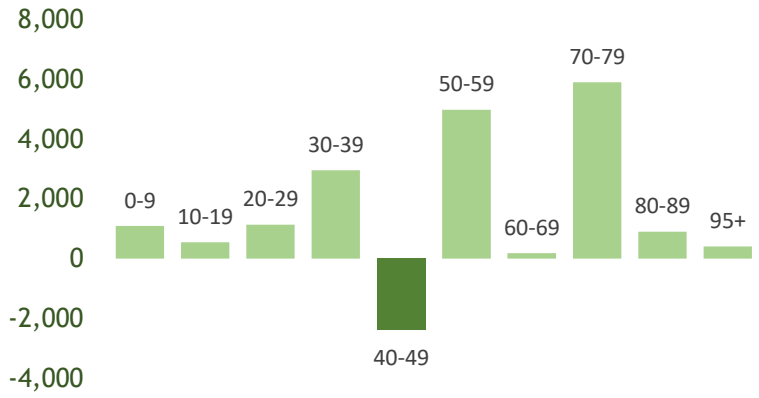
In Arun, between 2011 and 2021

- The total population has increased by 10.5% which was higher than England (6.6%)
- The largest % increase was in the 70–79-year-olds, which has increased by 5,904 (36%) since 2011.

Total population 164,893



Increase in population 15,693



	2021	2011	Arun change	Arun %	England %
0-19	31,431	29,800	1,631	5.5%	2.7%
20-64	86,573	80,200	6,373	7.9%	4.4%
65+	46,889	39,200	7,689	19.6%	20.1%
All ages	164,893	149,200	15,693	10.5%	6.6%

Better health and care for all

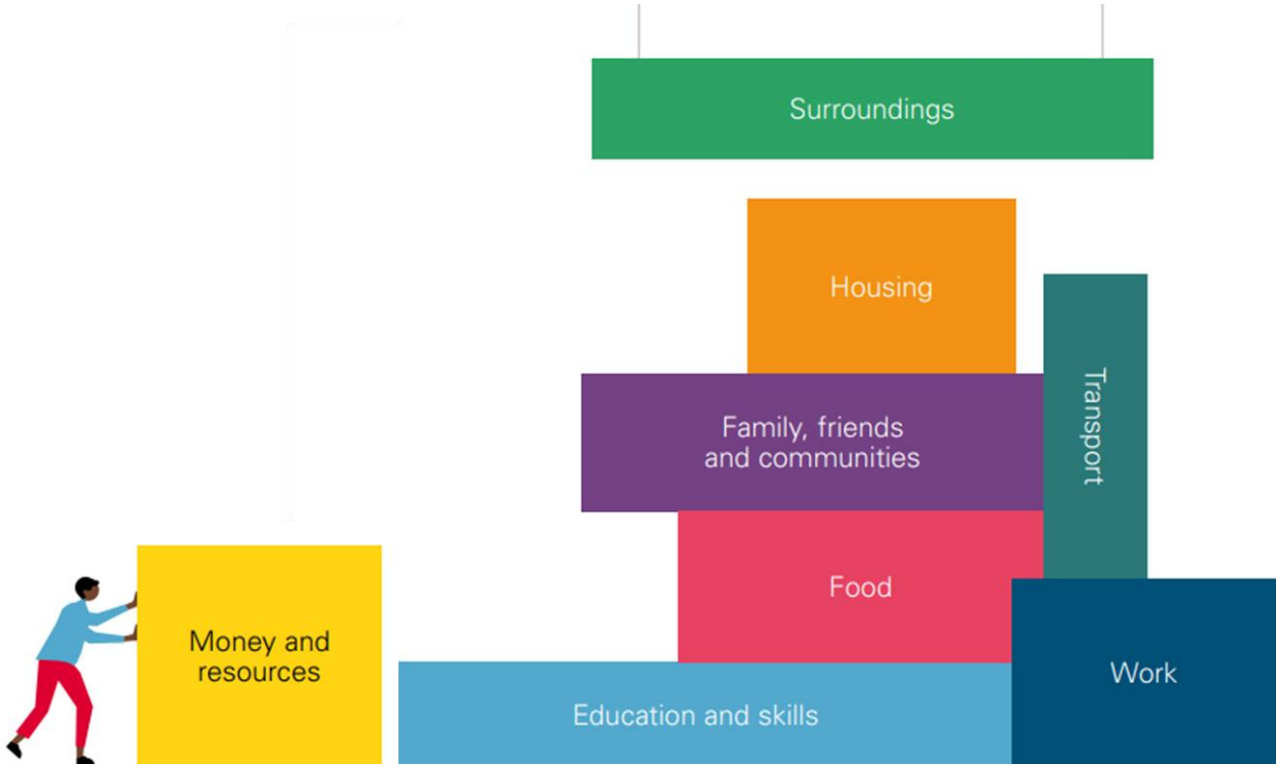
How is the population expected to change over the next ten years?

PLACEHOLDER SLIDE

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

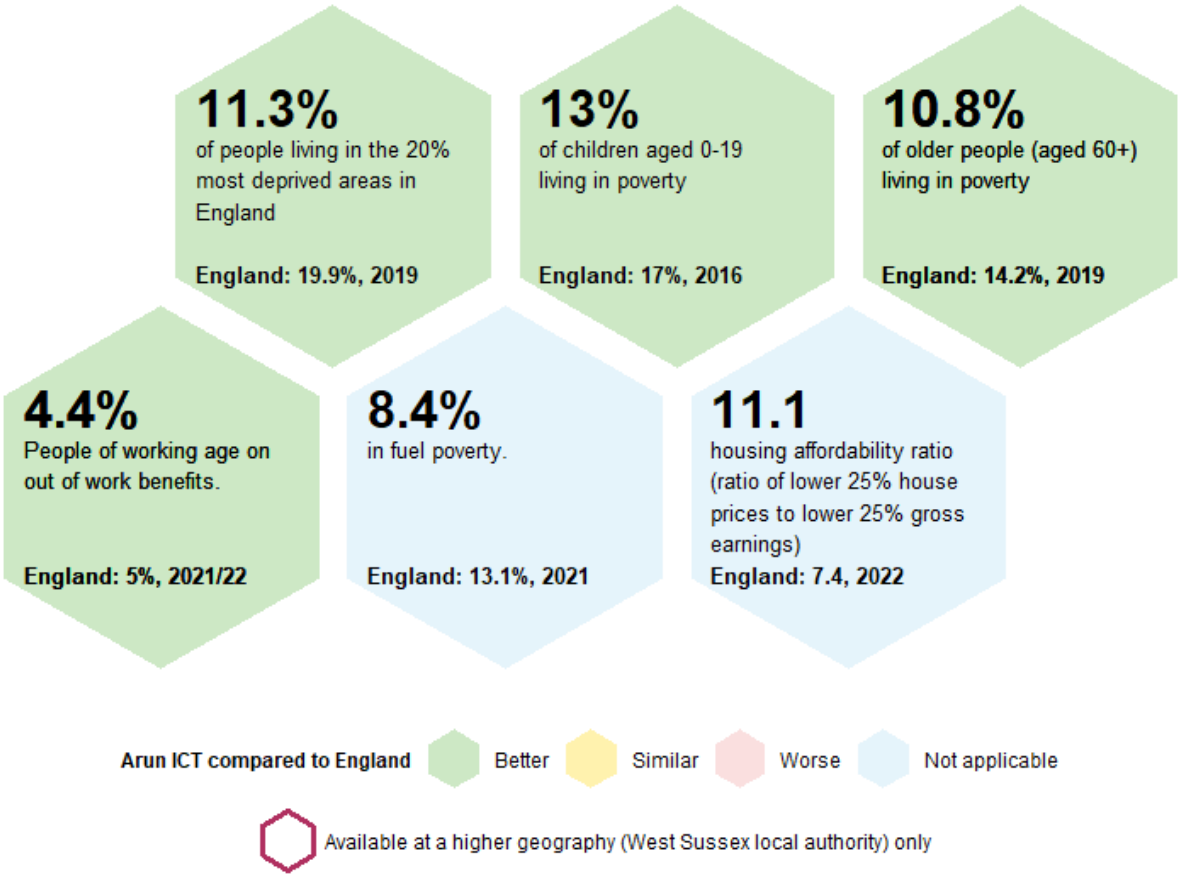
The building blocks of Health

- 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 Arun ICT

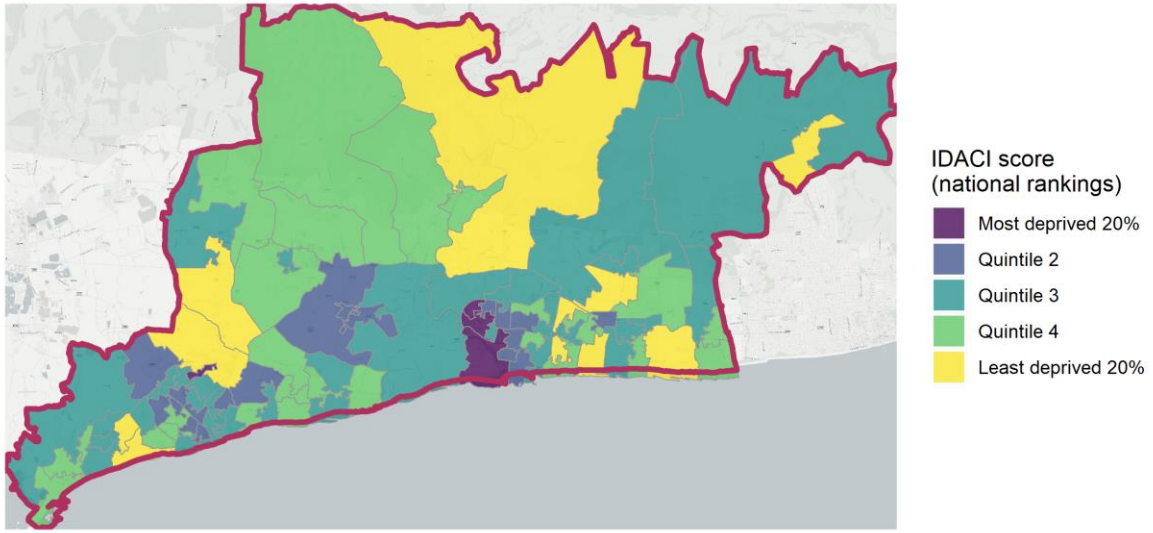
- Overall, Arun has lower percentages of children and older people living in poverty compared with England.
- An area of considerable contrasts, in Arun more than one in nine people live in areas ranked within the most deprived 20% of neighbourhoods nationally (Core20 areas)
- As with other parts of Sussex, many people cannot afford to buy their own home, the ratio of house prices to earnings is high.



Building blocks in Arun 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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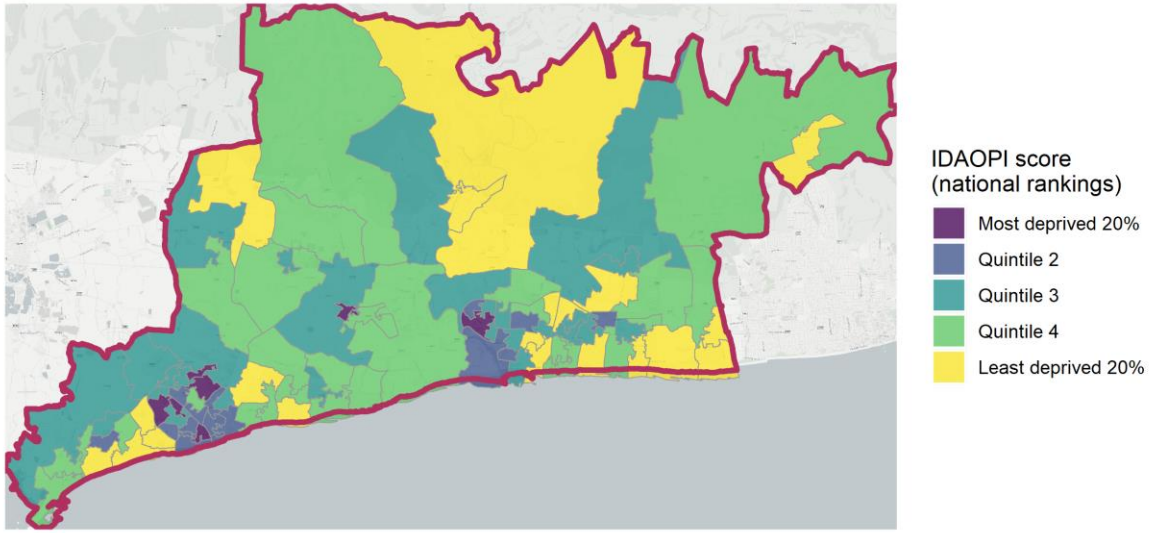
In Arun ICT, four of its 94 neighbourhoods had an IDACI score (proportion of 0-15s living in income deprived families) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 38% or one in three children experiencing income deprivation.

Income Deprivation Affecting Older People Index (IDAOPI)



LSOA (2011) based boundaries.
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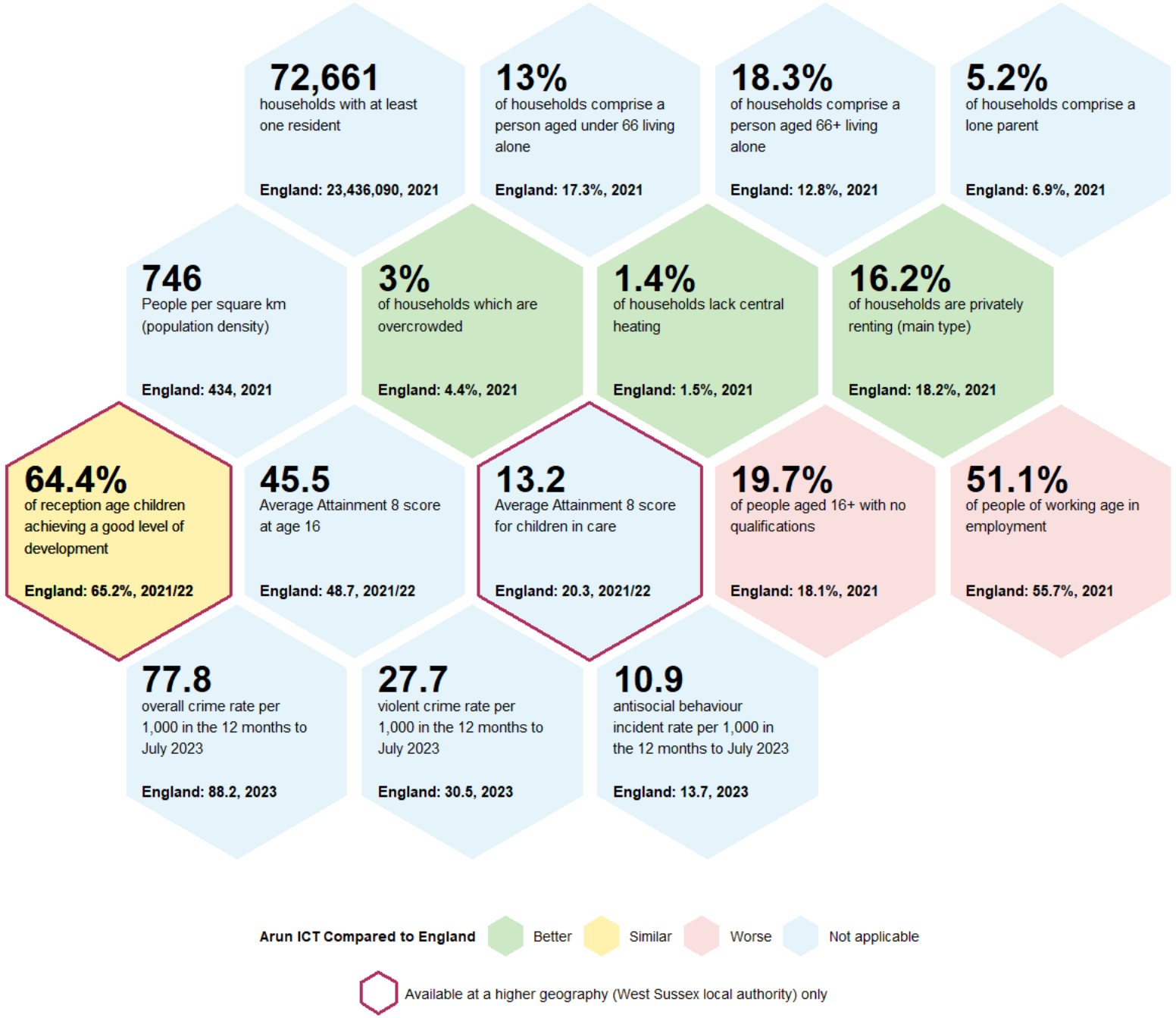
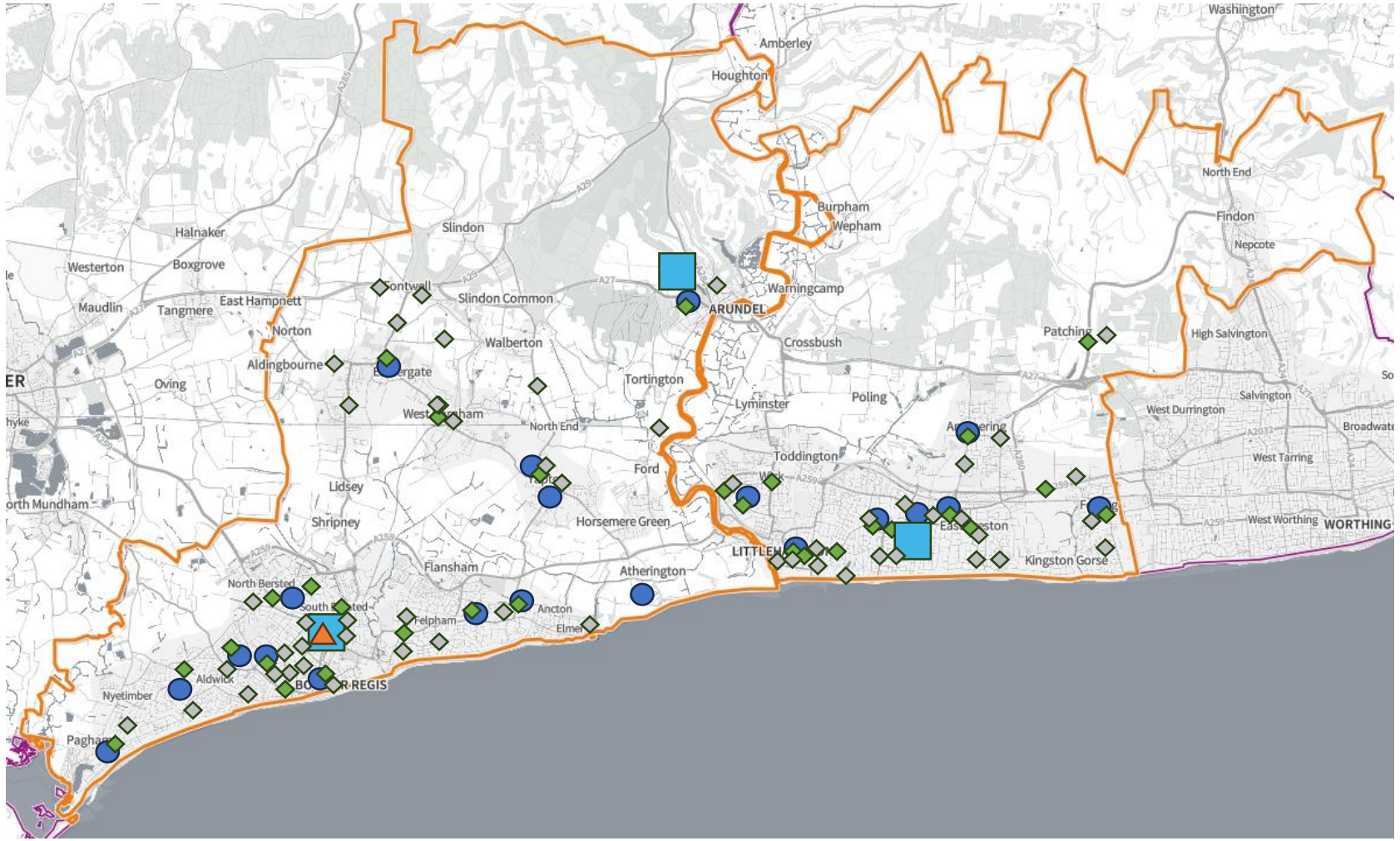
There were seven neighbourhoods in the Arun ICT with an IDAOPI score (proportion of 60+ year olds living experiencing income deprivation) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 33.9% or one in three older people.

Building blocks of health in Arun ICT

- In Arun there is a higher percentage of adults with no qualifications, and a lower percentage of working-age adults in employment, compared with England
- Fewer households are overcrowded, fewer households are without central heating and a lower percentage of people privately rent.
- The crime rate, including violent crime rate, is lower than England.



Services within Arun ICT



Legend

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

More detailed mapping of services is available at:

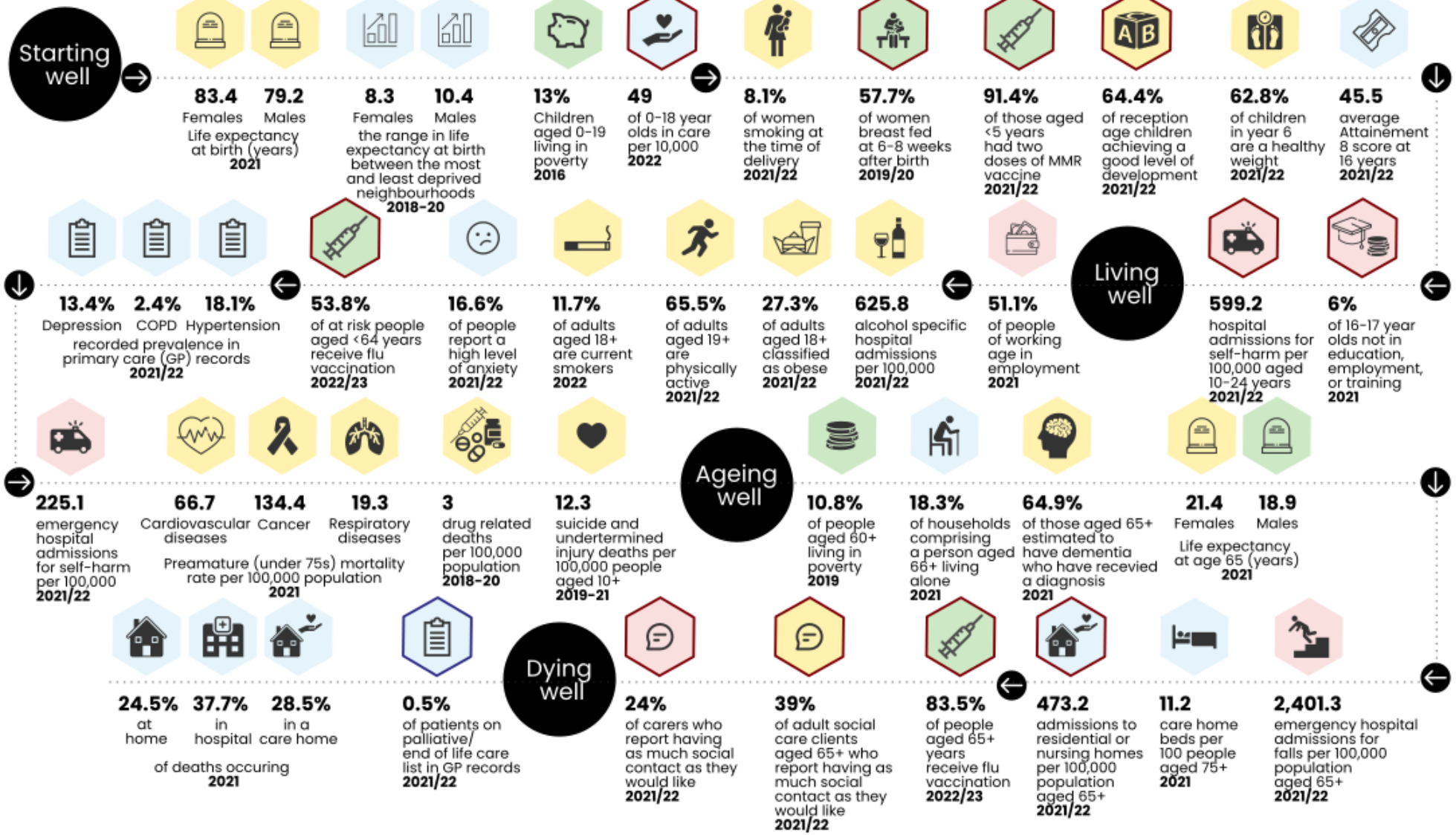
Sussex Integrated Community Team Profiles - Health & Wellbeing across the life course

Arun 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 Arun ICT and are compared with England

Better | Similar | Worse | Not compared



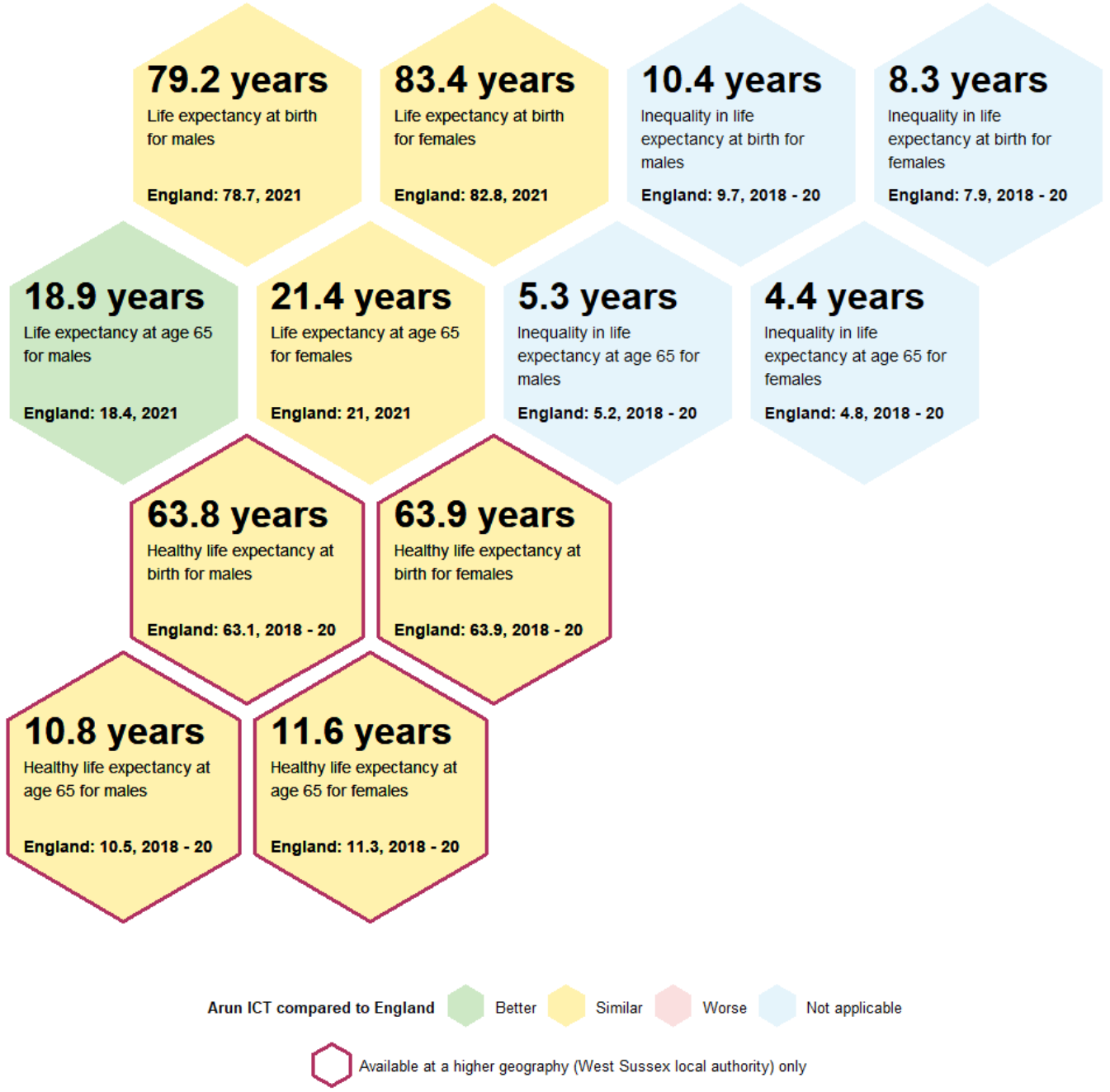
Available only at a higher geography (West Sussex local authority)

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 – Arun ICT

- Life expectancy in Arun similar to England, at 79.2 years for men, and 83.4 years for women.
- There is a considerable level of inequality in Arun, with a 10-year gap in life expectancy for men in the most and least deprived areas, and an 8-year gap 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.



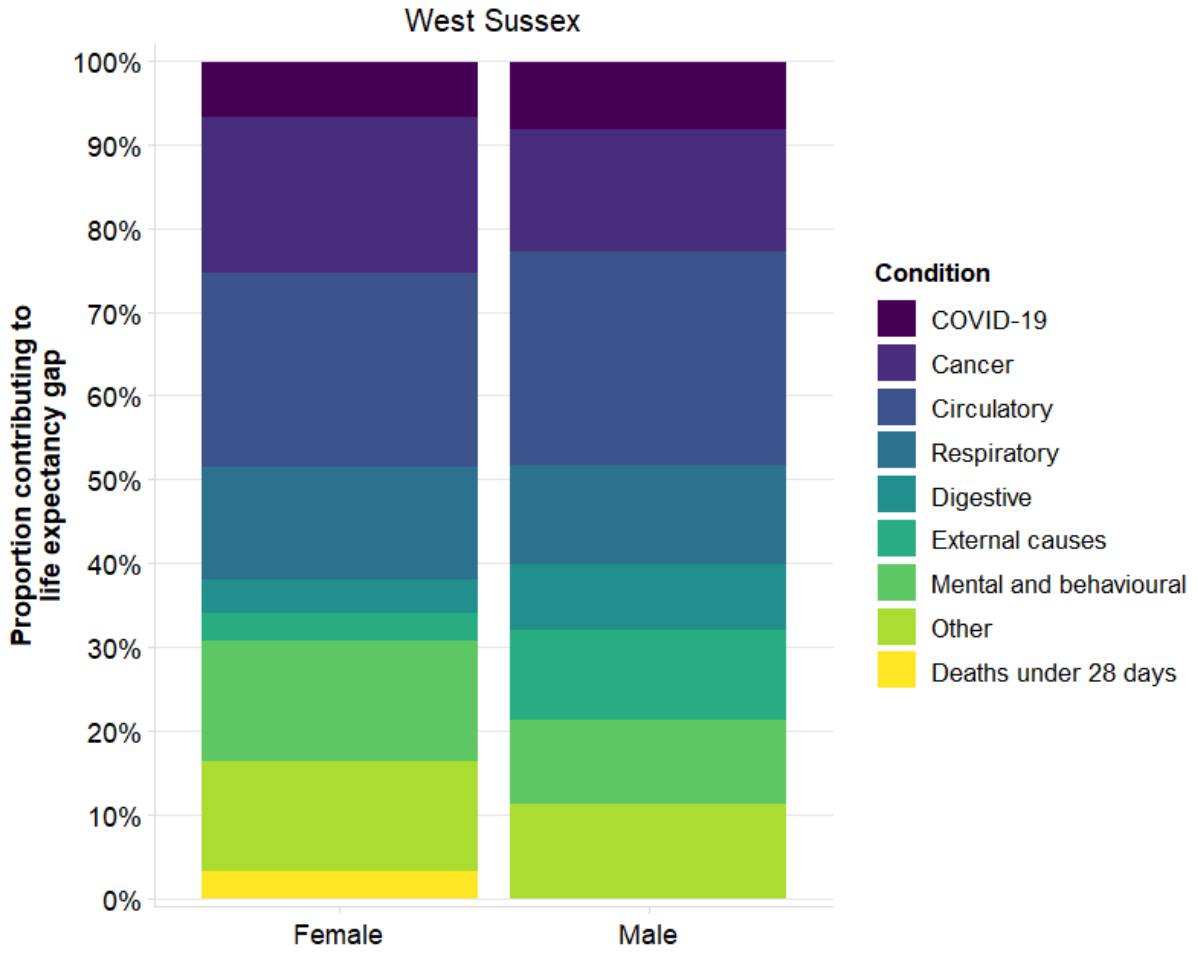
Main causes contributing to the gap in life expectancy – West Sussex

- 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.



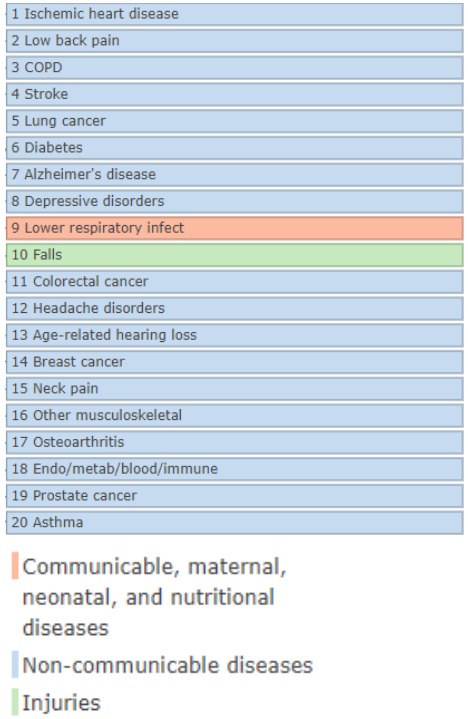
Data for lower tier local authorities has been included for 2014 to 2016 and 2017 to 2019, but have not been included for 2020 to 2021 as the breakdowns based on 2 years of data are not robust due to small numbers.

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

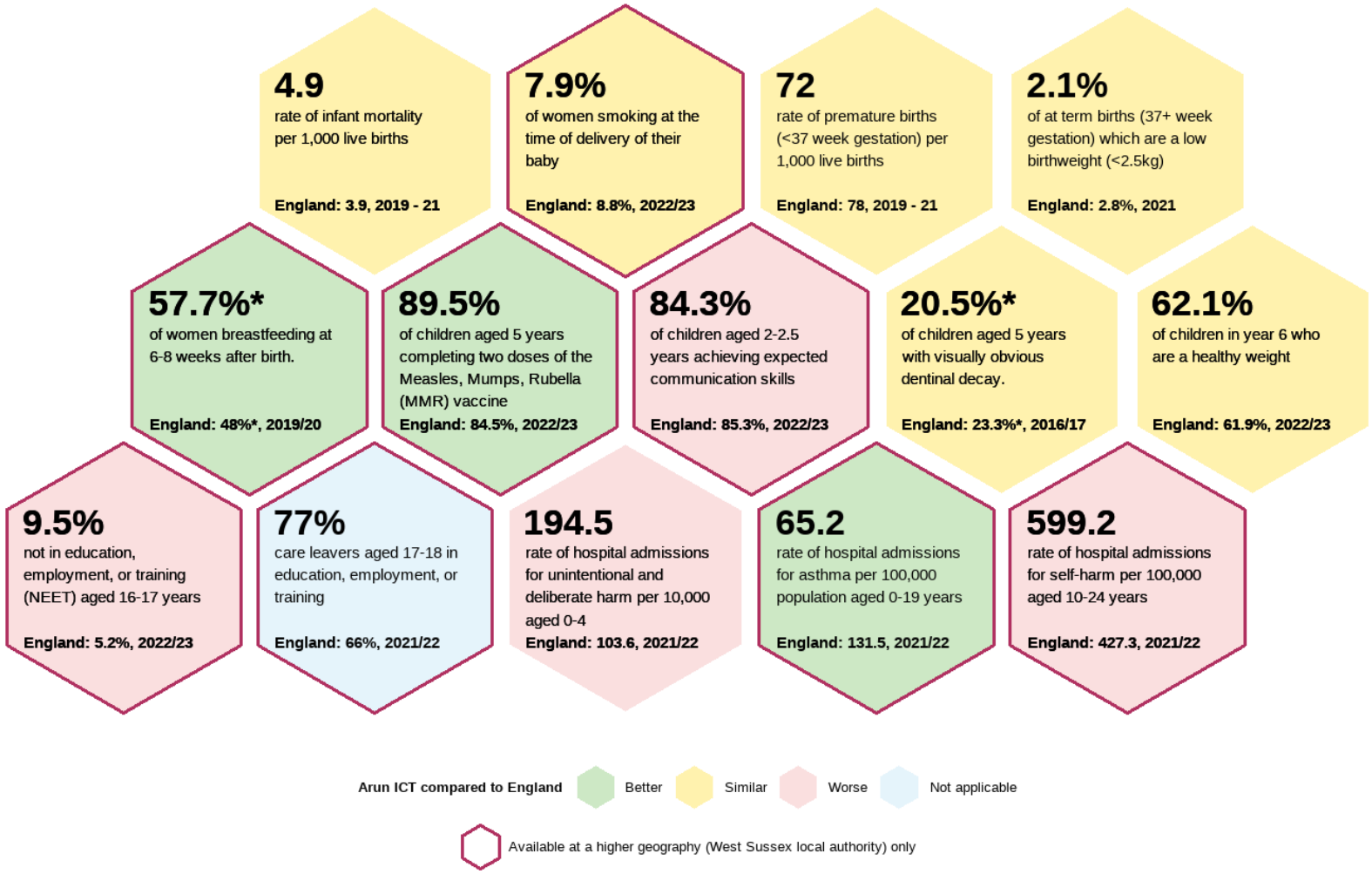
In addition, for healthy life expectancy and inequalities in healthy life expectancy tackle:

- MSK and pain management
- Sensory impairment

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

Starting well in life in Arun ICT

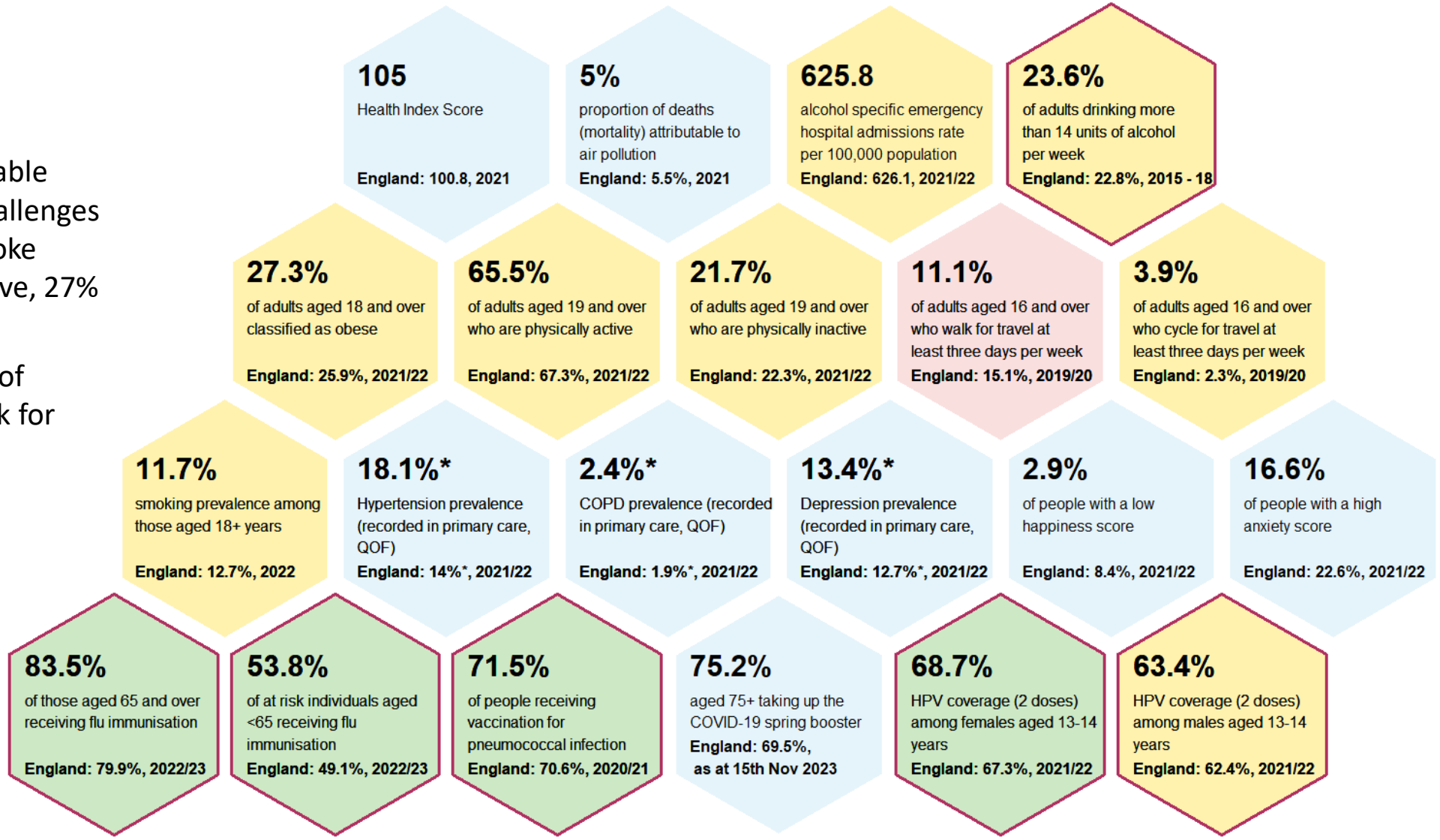
- Infant and maternal health outcomes are similar to England, although for Arun, the rate of admissions for childhood injury is significantly worse than England.
- At West Sussex level, compared with England:
  - A high percentage of young people are not in employment, education or training (or their status is not known)
  - A lower percentage of young children (aged 2 to 2.5 years) 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 for 10-19 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 Arun ICT

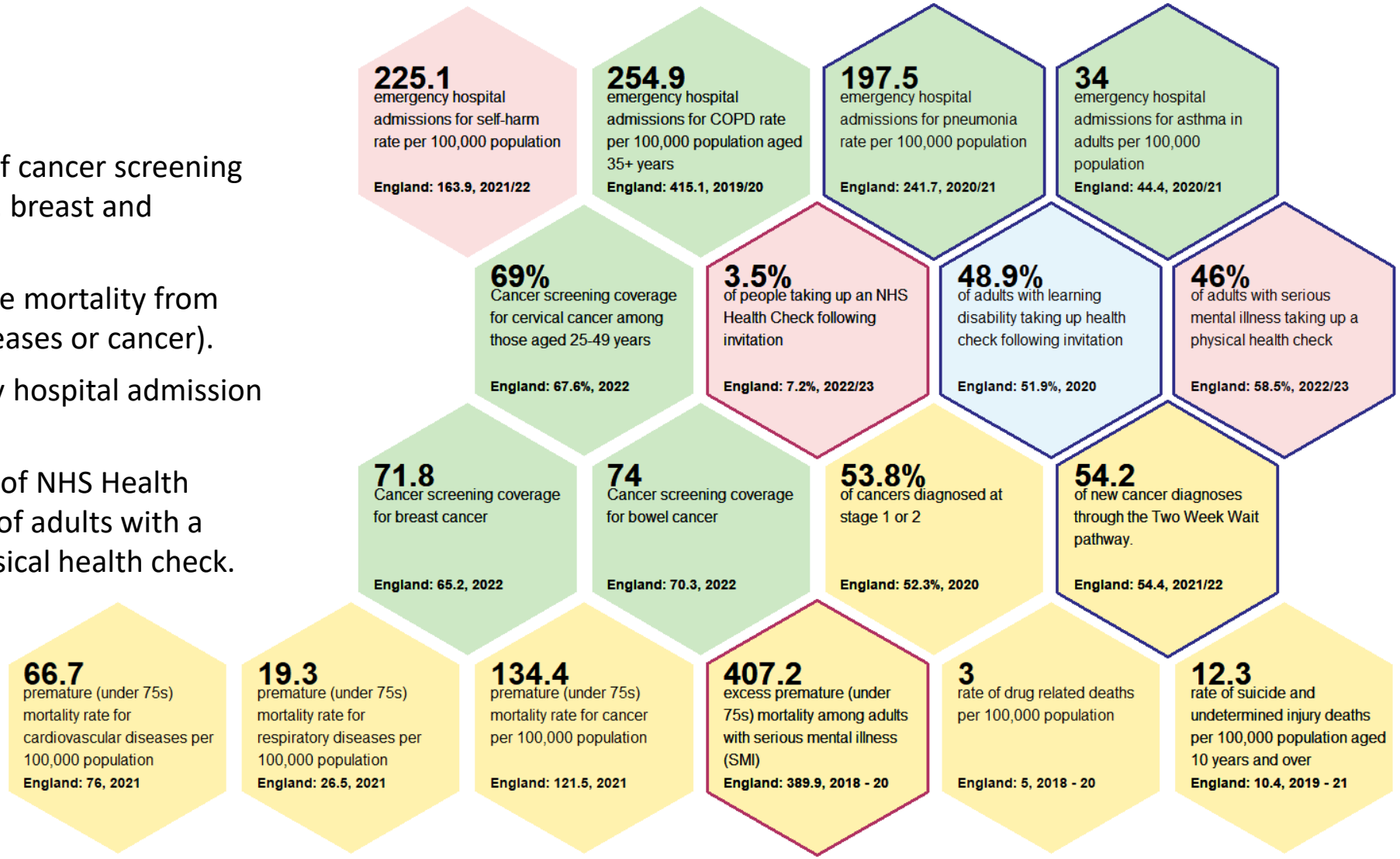
- Most measures are comparable with England, but health challenges remain, 11.7% of adults smoke almost 22% physically inactive, 27% of adults obese.
- In Arun a lower percentage of adults walking 3 days a week for travel.



* 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 Arun ICT

- Arun has a relatively high take up of cancer screening compared with England (for bowel, breast and cervical).
- There are similar rates of premature mortality from major causes (CVD, respiratory diseases or cancer).
- There is a higher rate of emergency hospital admission for self-harm.
- 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.

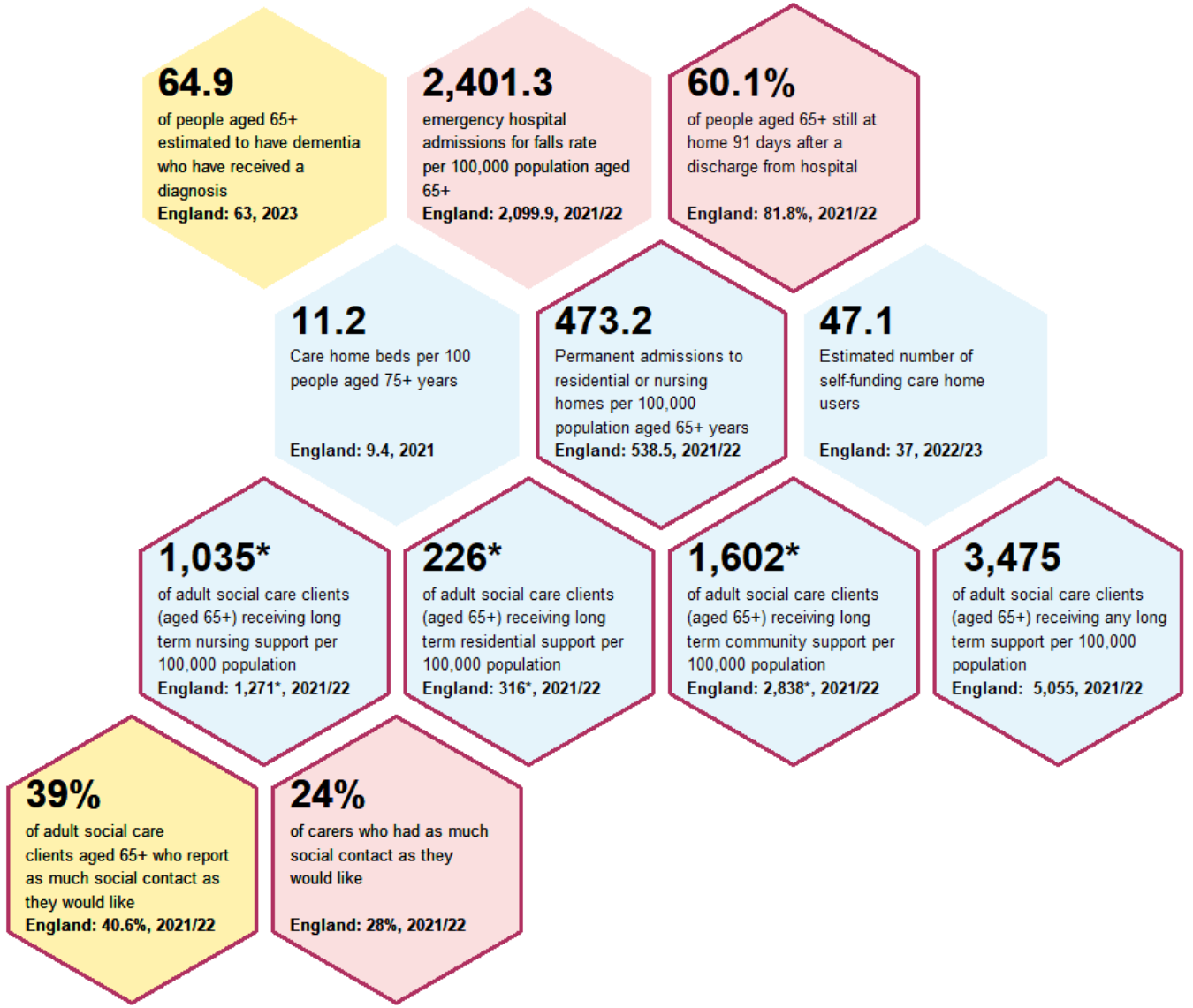


Ageing well – Arun ICT

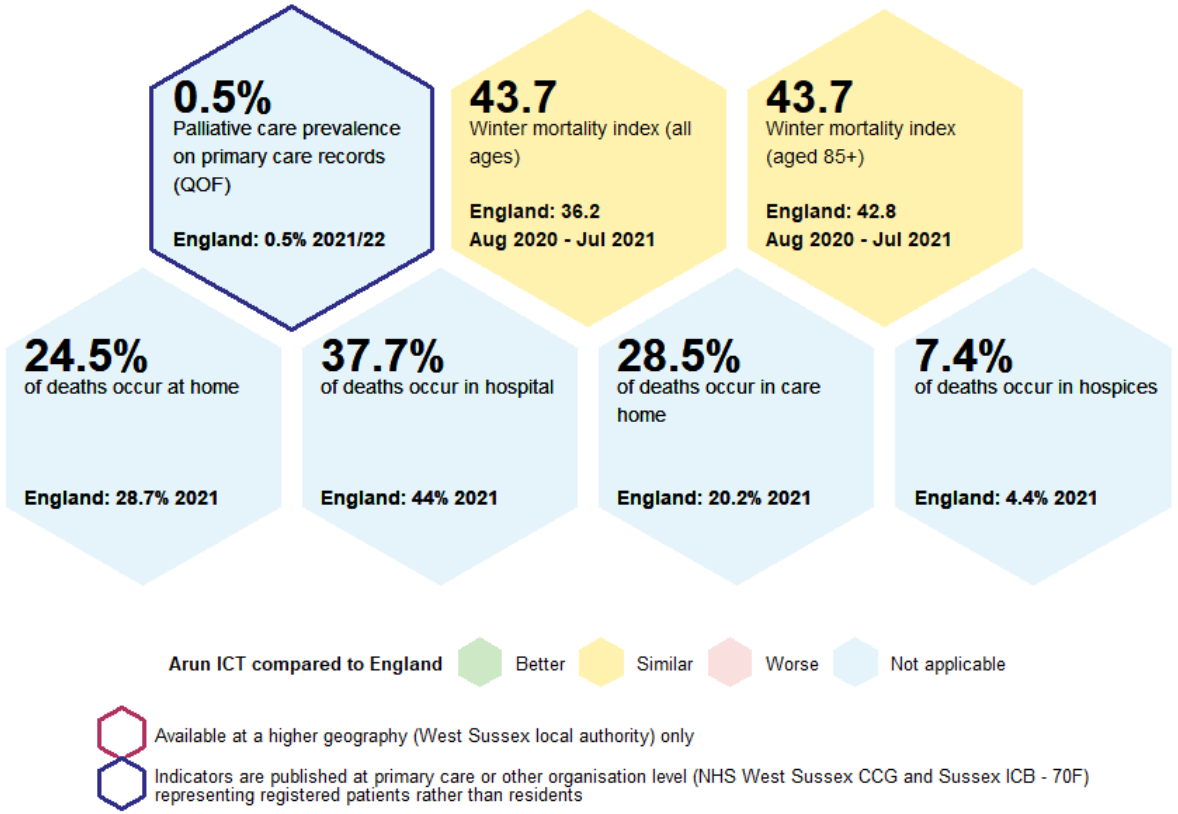
Many of these measures are not available at ICT level and for some measures there is no directional assumption (i.e. whether high or low is better or worse). At Arun level, there is a high rate of emergency admissions for falls amongst 65+ population.

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.



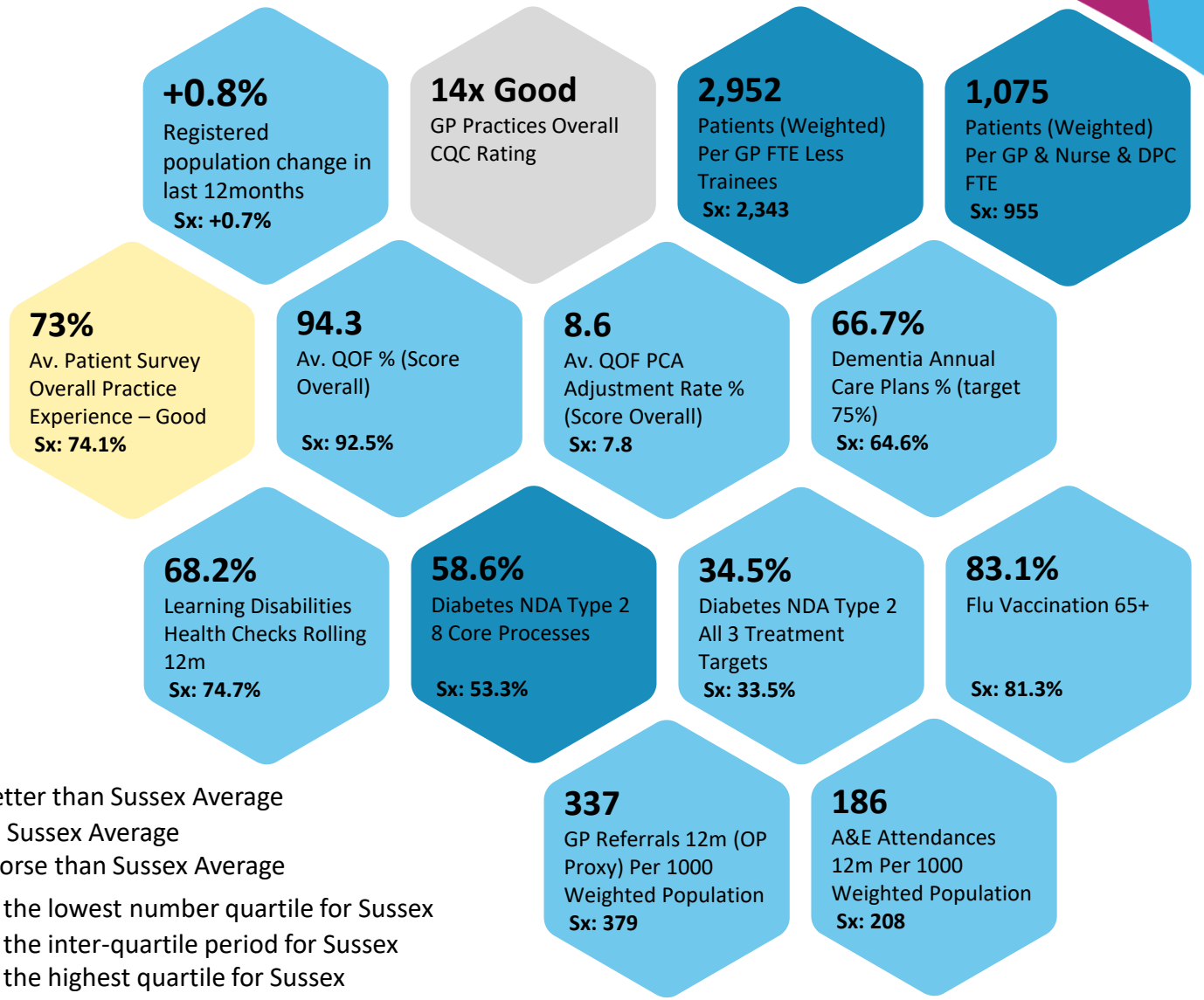
There are a limited set of indicators available around dying well. In relation to deaths of Arun residents:

- One in four deaths are at home, and a higher proportion of deaths are in care homes (28.5% compared to 20.2% nationally).
- Winter mortality in Arun is similar to England

GP Primary Care in Arun ICT

- Within Arun ICT there are 4 PCNs with 14 GP Practices with very varying levels of population
  - 2 practices (Fitzalan & Maywood) have registered populations >15k

- Type 2 Diabetes patients in Arun ICT who have completed all 8 core processes is higher than the Sussex average.
- Arun ICT A&E Attendances over the last year is lower than the Sussex average.
- The number of (weighted) patients per FTE GP and GP & Nurse and DPC is in the highest quartile in Sussex.



Key

- Better than Sussex Average
- At Sussex Average
- Worse than Sussex Average
- In the lowest number quartile for Sussex
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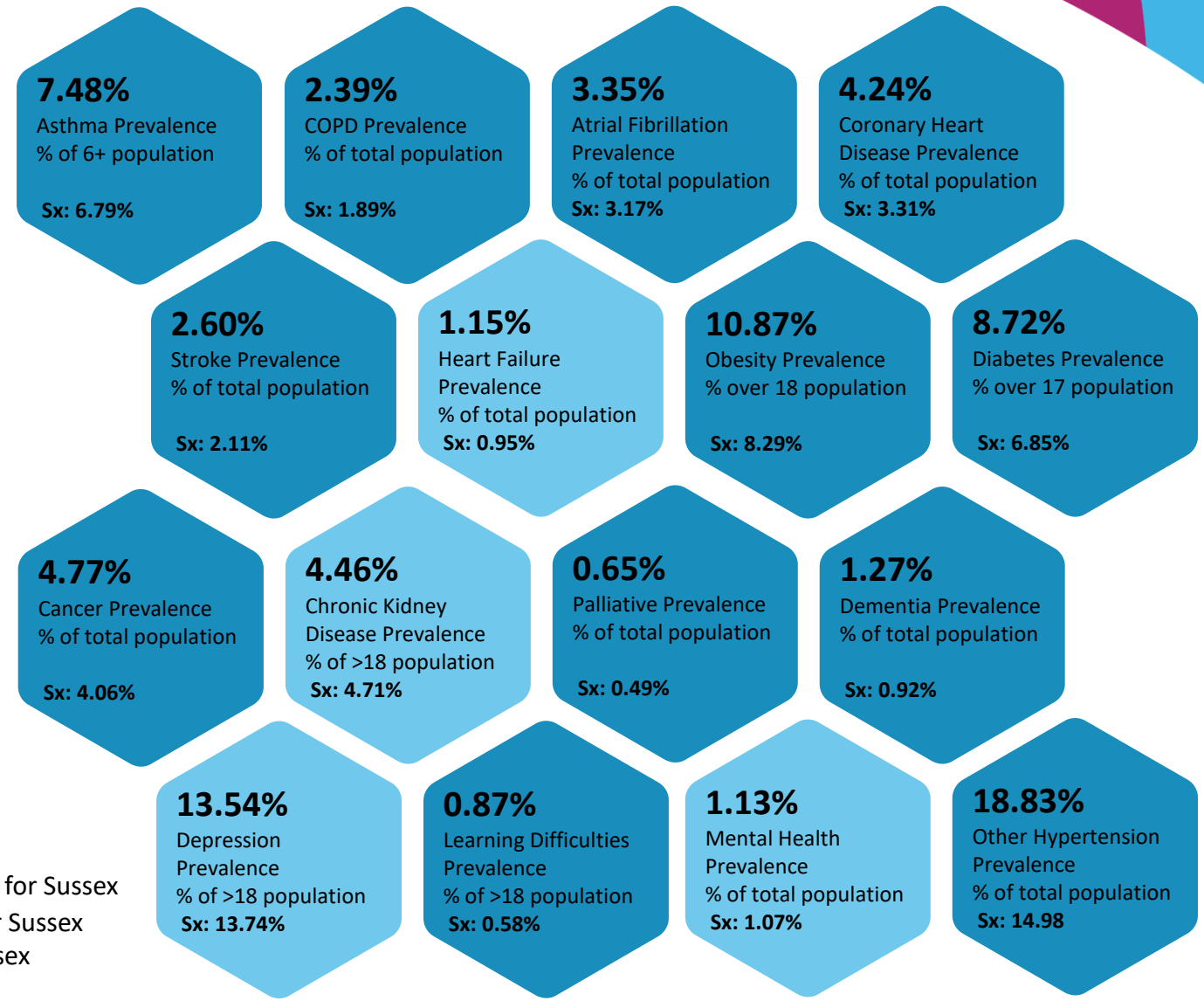
- No comparison made

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

Long term Conditions : QOF registers – Arun 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.

- For 12 of the 16 QOF prevalence registers, Arun ICT is in the highest quartile in Sussex.
- The following areas are highlighted as they show the widest gap, compared to Sussex –
  - Obesity
  - Diabetes
  - Other hypertension



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Better health and care for all

Primary Care 2 – Arun ICT

- COVID booster vaccination uptake in Arun ICT is higher than the Sussex average.
- Flu vaccination rates for 65+ are higher than the Sussex average.

86.5%
Covid Booster uptake 22/23

Sx: 84%

83.1%
65+ flu vaccination rate

Sx: 81.3%

37.1%
Flu vacc rate, 6m to under 50 at risk

Sx: 38.5%

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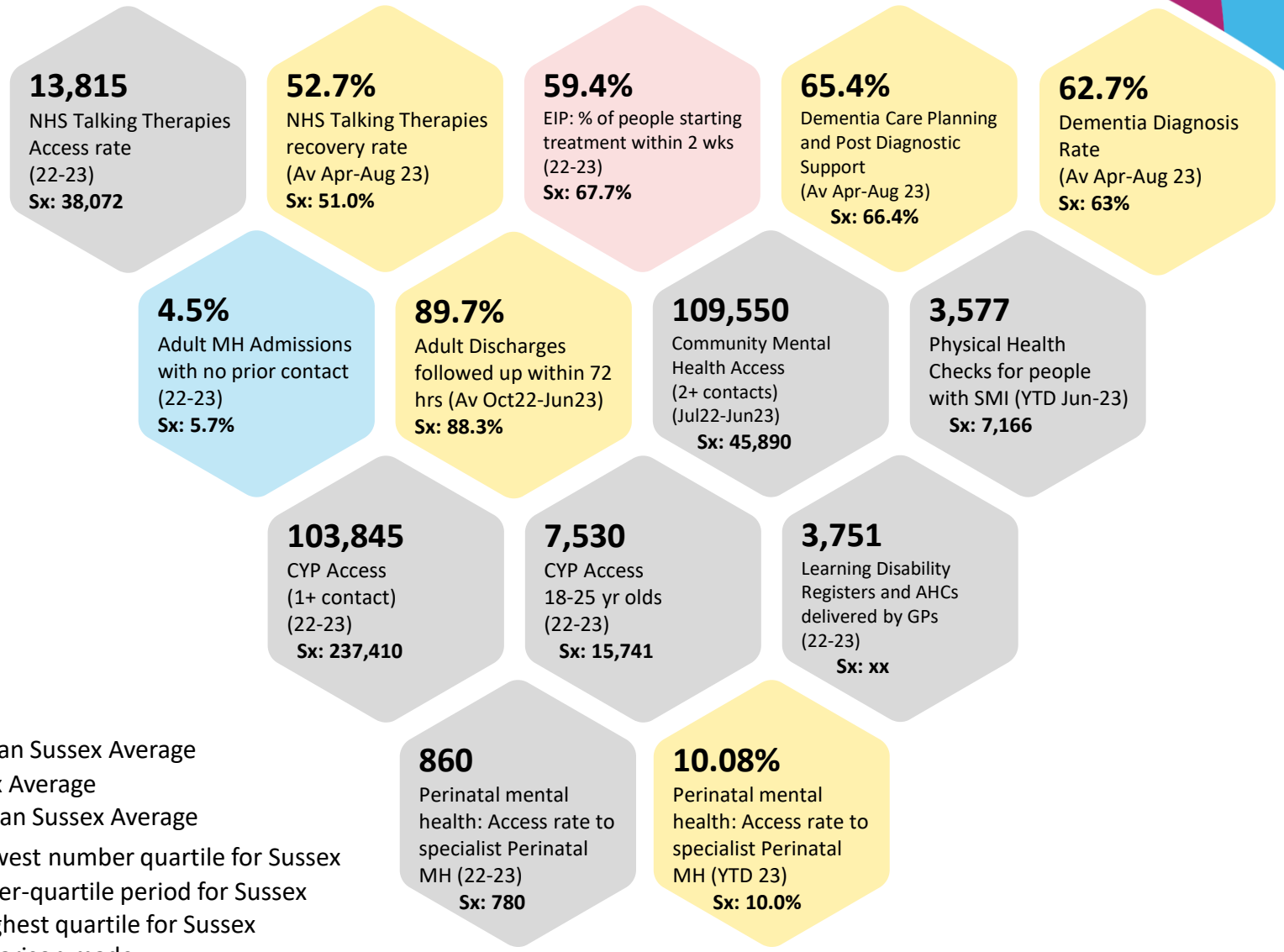
Mental Health – West Sussex

- 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



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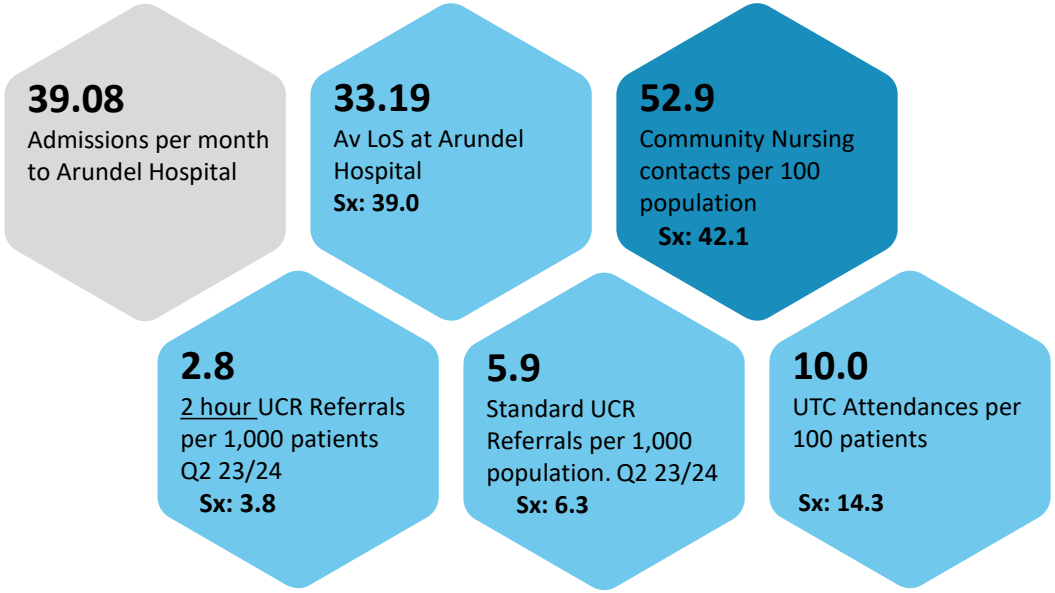
Community Health Services - Arun ICT

- The number of Community nursing contacts for Arun ICT patients is in the highest quartile for Sussex.
- Urgent Community Response (UCR) – both 2-hour referrals and standard referrals are lower than the Sussex average.



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

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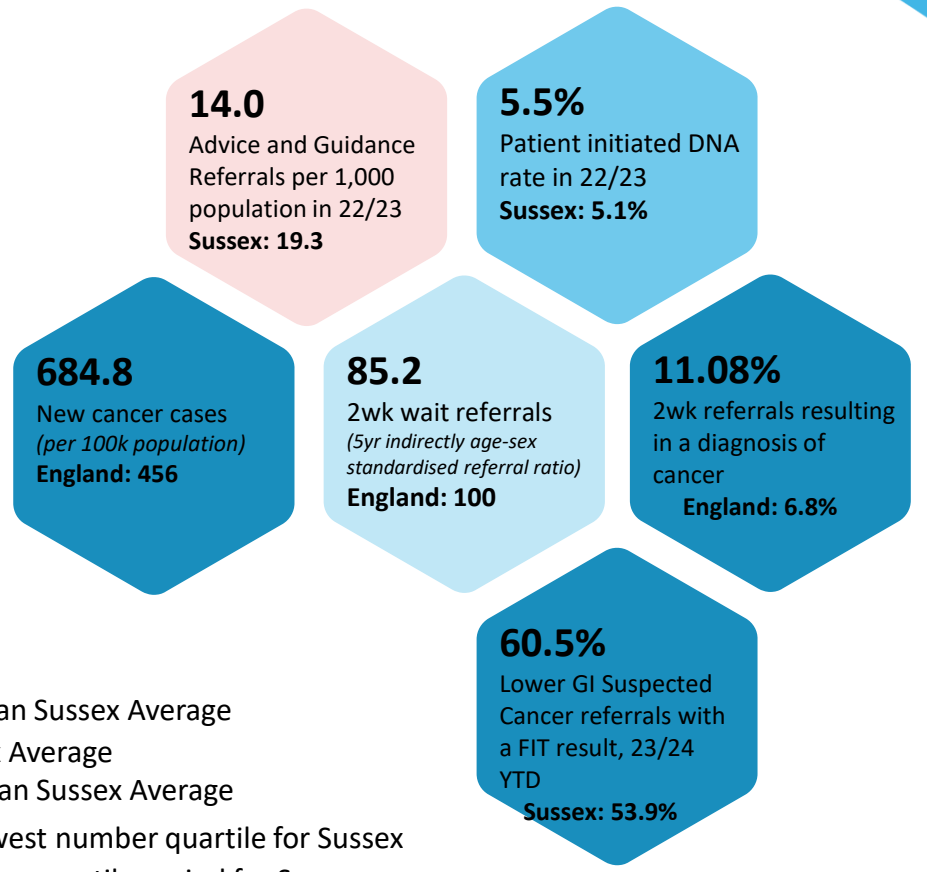
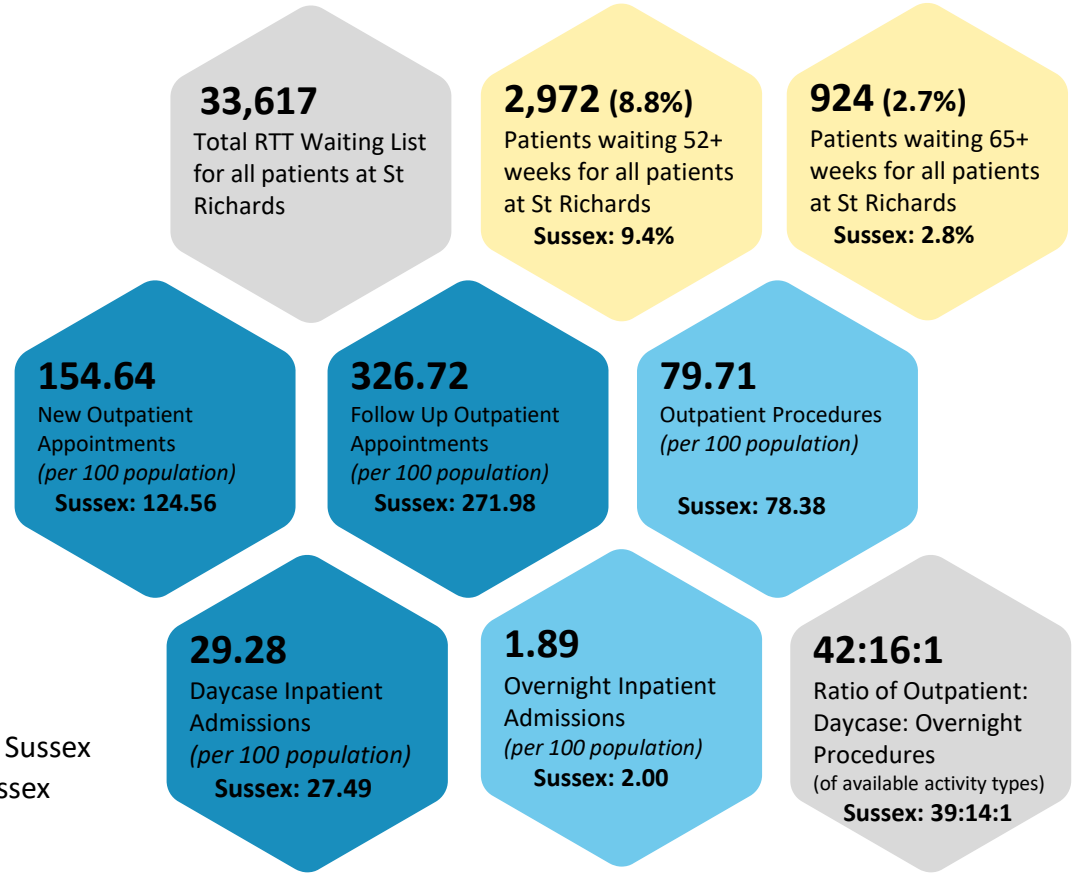
Planned Care Alternatives and Cancer Care – Arun ICT

- New cancer cases per 100k population is significantly higher than the Sussex average and in the highest quartile.
- The rate of 2-week referrals resulting in a cancer diagnosis is higher than the England average.
- Lower GI suspected cancer referrals for Arun ICT patients is higher than the Sussex average.
- The rate of Advice and Guidance referrals is lower than the Sussex average.



Acute Planned Care – Arun ICT

- The proportion of both new and FU Outpatient appointments are significantly higher than the Sussex average
- Day case inpatient admissions for Arun ICT are higher than the Sussex average



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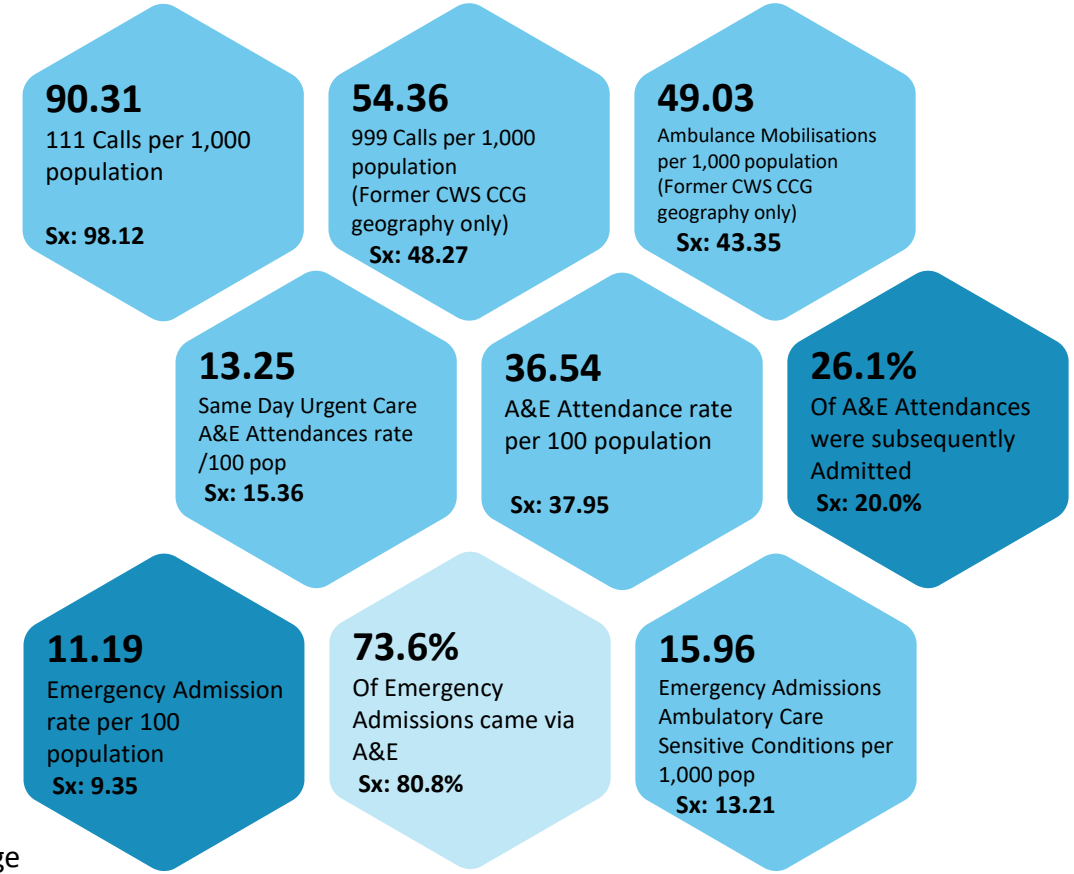
Better health and care for all

Urgent and Emergency Care – Arun ICT

- A&E attendances which lead to a hospital admission is higher than the Sussex average
- The rate of emergency admissions per 100 population is higher than the Sussex average
- The volume of Emergency Admissions via A&E is lower than the Sussex average



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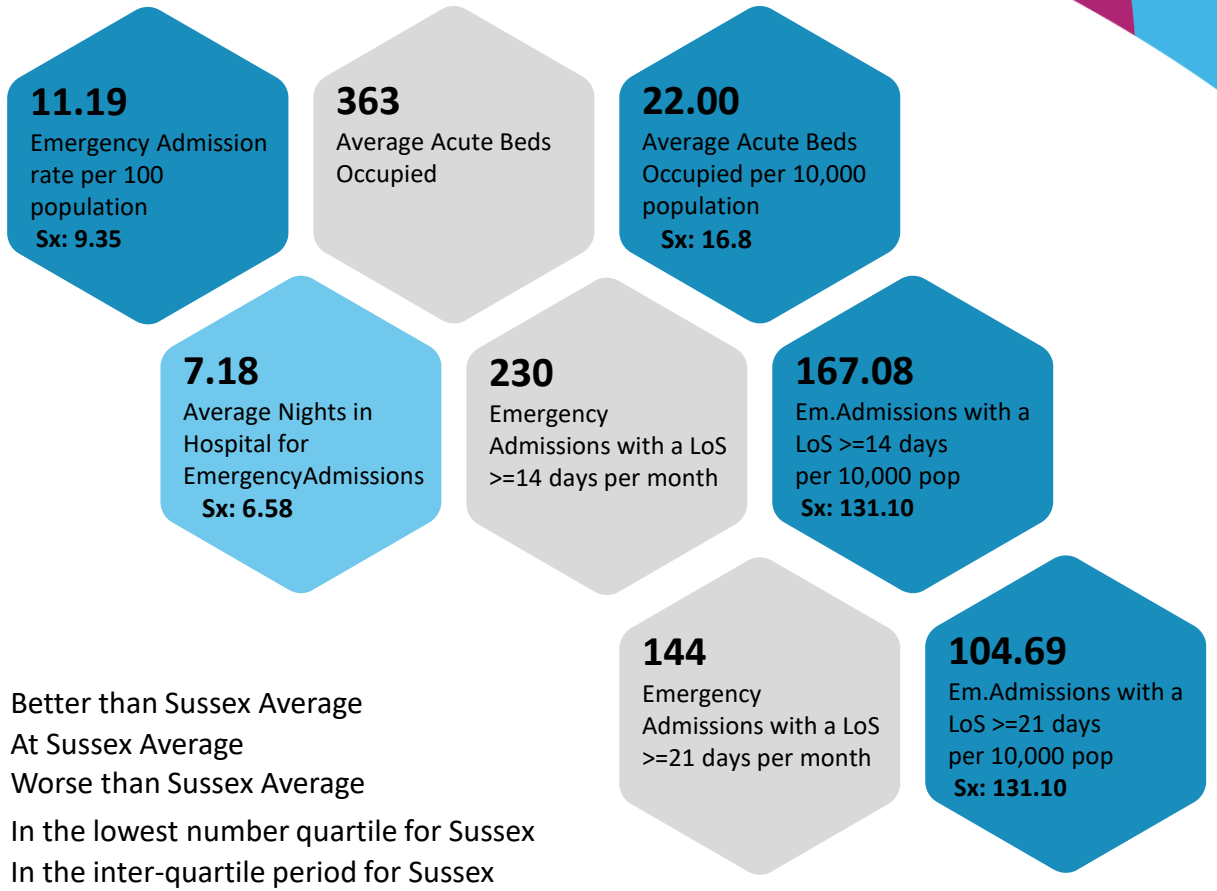
Better health and care for all

Acute Inpatient Emergency Care – Arun ICT

- Emergency admission rates for Arun ICT patients is higher than the Sussex rate per 100 population
- The Length of stay for Emergency admissions for both >14 days and >21 days are higher than the Sussex average
- Arun ICT has a higher rate of average occupied Acute beds than the Sussex average



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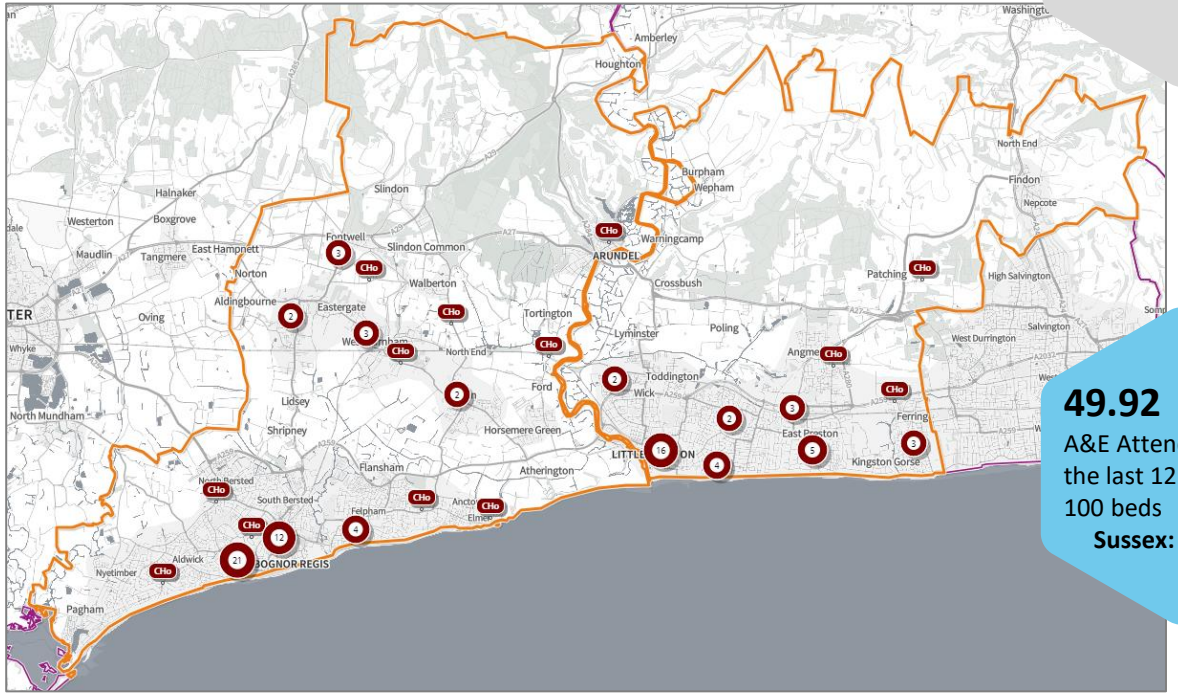
Care Homes: Urgent Healthcare use – Arun ICT

- The rate of A&E attendances leading to Admissions is higher for Arun ICT patients than the Sussex average



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95
Registered Care Homes

2,536
Care Home Beds

1,908
999 Calls from Care Homes in last 12 months

8.6%
of 999 calls were Hear & Treat
Sussex: 8.0%

37.9%
of 999 calls were See and Treat
Sussex: 38.6%

53.5%
of 999 calls were See & Convey
Sussex: 53.4%

49.92
A&E Attendances in the last 12months per 100 beds
Sussex: 53.60

63.3%
of A&E Attendances were subsequently admitted to an Inpatient bed
Sussex: 54.8%

37.50
Emergency Admissions in the last 12months per 100 beds
Sussex: 36.08

12.82
Emergency Admissions for Respiratory in the last 12months per 100 beds
Sussex: 13.01

5.32
Emergency Admissions for Injuries following Falls in the last 12months per 100 beds
Sussex: 5.20

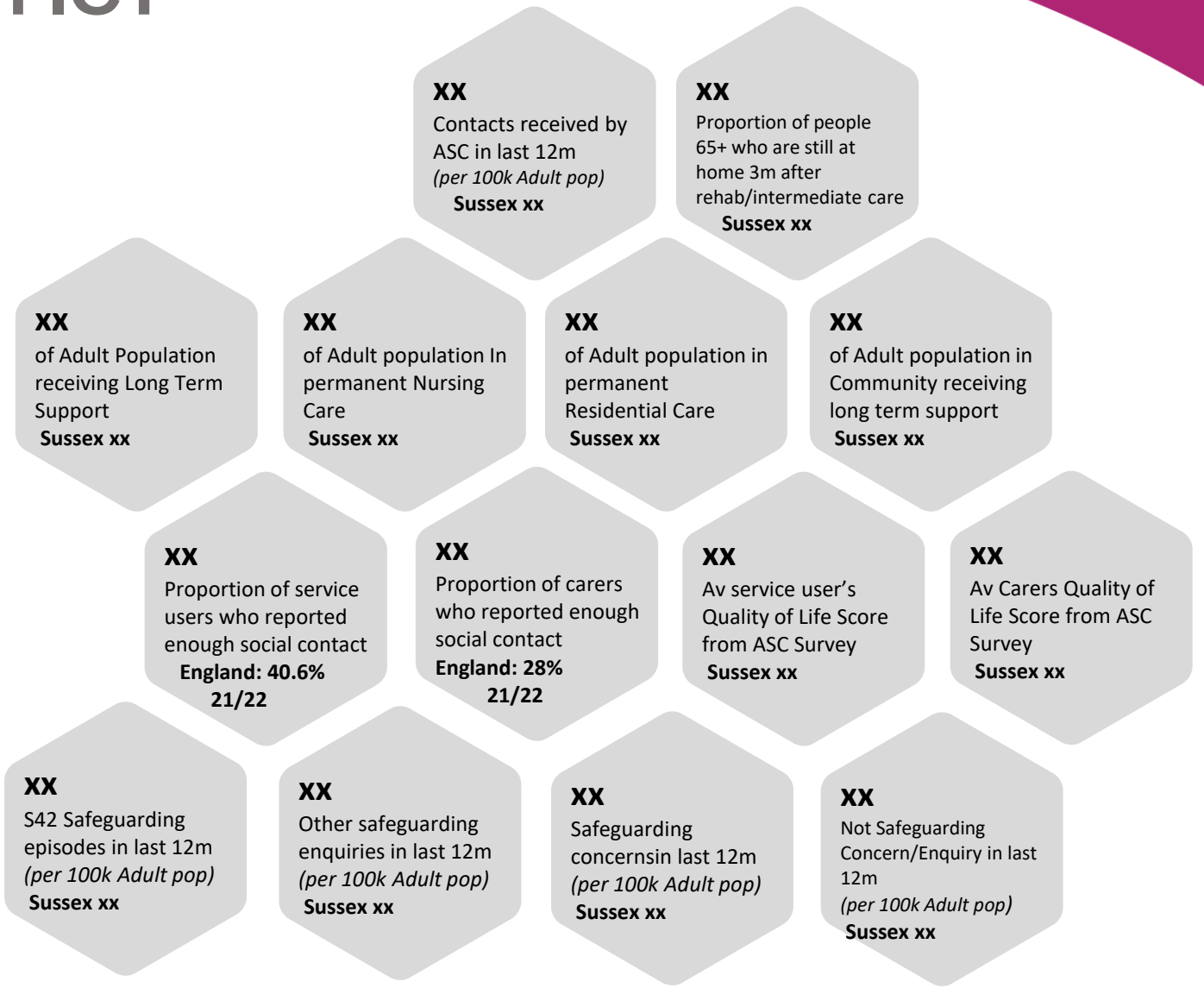
2.01
Emergency Admissions for Non Injurious Falls in the last 12months per 100 beds
Sussex: 1.63

Adult Social Care – Arun ICT

Note no social care data have 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