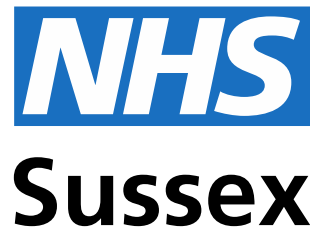


Chichester Integrated Community Team Population Profile Pack - **DRAFT**



November 2023



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.

Better health and care for all

Headline Findings 1

- **Population Size and Change** – Chichester has 124,000 residents. Since 2011 the population has grown by 9%, above England growth level (6.6%). There are more deaths than births, growth is driven by net inward migration.
- **Diversity** - Compared with England, it is less ethnically diverse and has an older age structure.
- **Core20** - No neighbourhood within Chichester is ranked amongst the most 20% deprived neighbourhoods in England.
- **Life Expectancy** - Chichester has a higher life expectancy compared with England (80.4 years for men, 84.5 years for women). There are differences between life expectancy in the most and least deprived areas, but these differences (3.5 years for men, and 4.4 years for women) are less marked than other areas.
- **Wider Determinants of Health** – Chichester compares favourably on many measures of wider determinants, there are a lower percentage of working-age people on benefits, lower crime rates. As with other parts of Sussex, many people cannot afford to buy their own home, the ratio of house prices to earnings is high.
- **Population Health** – For Chichester, most measures are comparable with England, Chichester has a lower percentage of obese adults compared with England (although this still means one in four adults are classed as obese). There is a higher percentage of people with a high anxiety score (on the ONS Wellbeing Survey), and a significantly lower percentage of adults who walk for travel at least three times a week.
- Chichester 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 hospital admissions in relation to child injuries.

Headline Findings 2 Health Care

- **Primary Care** – Within Chichester ICT there are 2 PCNs with 12 GP Practices. 1 practice is rated as Outstanding by the CQC, the remaining rated Good. There was a 1% increase in the registered population in the last 12 months.
- **In Chichester** – The percentage of Type 2 diabetes patients in Chichester ICT who have completed all 8 core processes and all 3-treatment target is higher than the Sussex average. GP referrals in the past 12 month is significantly lower than the Sussex average. Both COVID booster and flu vaccination for 65+ rates are higher than the Sussex average.
- **Long Term Conditions*** - In Chichester ICT prevalence for both stroke and dementia is in the highest quartile for Sussex, depression in Chichester ICT has a lower prevalence than Sussex average.
- **Community Care** - The number of community nursing contacts for Chichester ICT patients is higher than the Sussex average, attendances at UTCs is lower than the Sussex average
- **Planned Care Alternatives and Cancer** – In Chichester ICT new cancer cases per 100k population is significantly higher than the Sussex average and in the highest quartile. Cancer 2-week wait referrals are lower than the England average, the rate of 2-week referrals resulting in a cancer diagnosis is higher than the England average and in the highest quartile for Sussex.
- **Acute Planned Care** – New outpatient and follow up appointments in Chichester ICT are higher than the Sussex average. Overnight inpatient admissions are lower than the Sussex average.
- **Urgent and Emergency Care** – The percentage of emergency admissions via A&E is lower than the Sussex average
- **Care Homes: Urgent Healthcare Use** – The rate of emergency admissions is higher for Chichester ICT patients than the Sussex average, and emergency admissions in the last year following a fall or non-injurious fall also higher than the Sussex average.

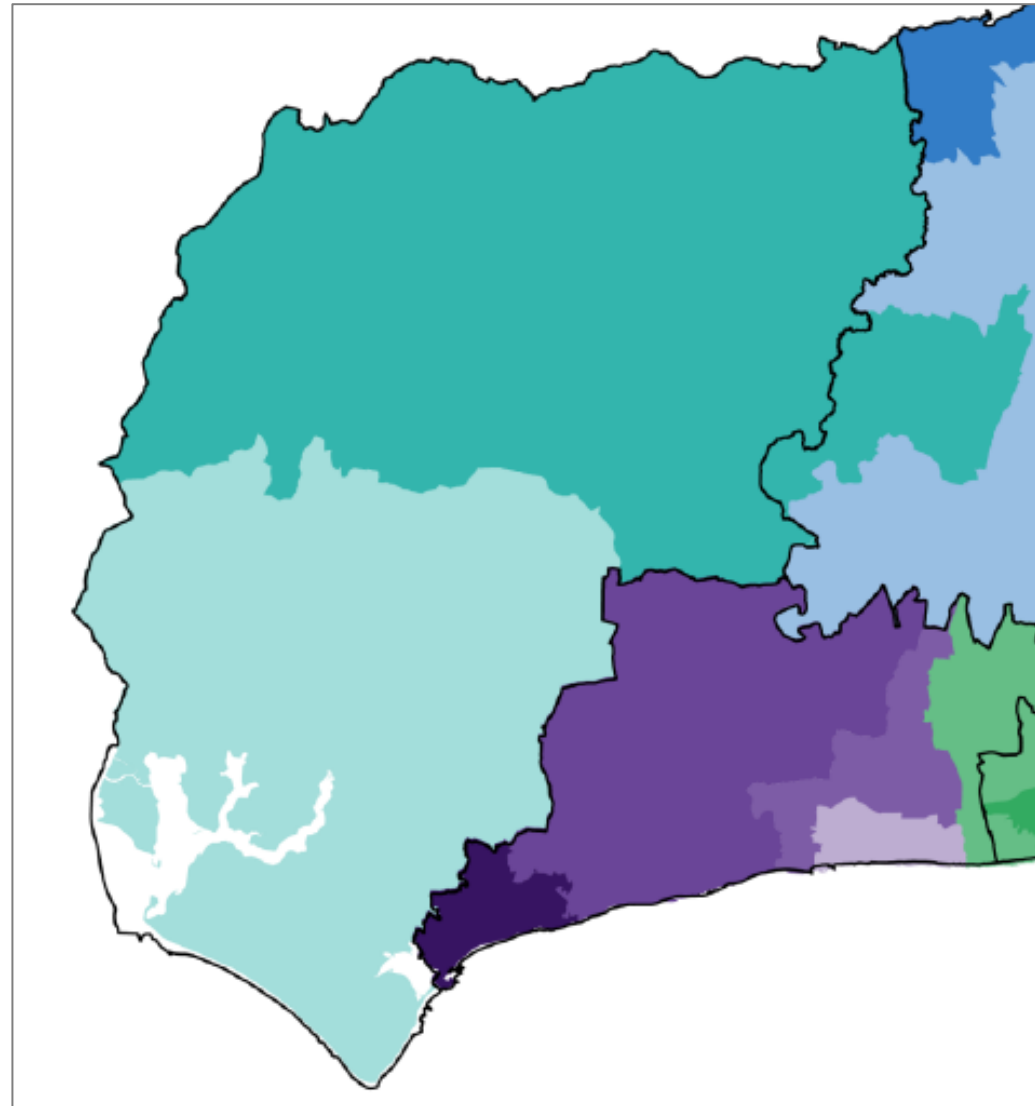
*This relates to QOF prevalence, this is recorded prevalence on GP registers and as such may reflect a higher (or lower) prevalence amongst the local population and/or better (or worse) detection and recording by practices.

Chichester 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



Key/Legend

- U33593 Rural North Chichester PCN
- U24558 Chichester Alliance of Medical Practices PCN
- U96386 Horsham Collaborative PCN
- U57981 Chanctonbury PCN
- U08235 Regis Healthcare PCN
- U04748 Angmering Coppice Fitzalan (ACF) PCN
- U21339 Arun Integrated Care (AIC) PCN
- U01092 Cissbury Integrated Care PCN
- U49536 Coastal and South Downs PCN
- LA District Boundaries

Better health and care for all

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
	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 Chichester ICT

Around 124,100 people live in Chichester (2021 Census)
An increase of 9.1% since 2011

Between 2011 and 2020 there have been

- 9,291 Births
- 12,927 Deaths
- 8,180 estimated increase from internal UK migration
- 2,340 estimated increase from international migration

Census 2021 data:

- 20% of the population is under 20, compared to 23% for England
- 27% of the population is 65 or over, compared to 18% for England
- 4.1% of the population is 85 or over, compared to 2.4% for England

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

Chichester Integrated Community Team



Chichester ICT Core20 areas;



LSOA (2021) based ICT boundaries.
© Stadia Maps; © OpenStreetMap contributors

Chichester ICT comprises of 71 neighbourhoods (2011 based LSOAs). There are **no Core20 neighbourhoods** (representing the most deprived 20% of neighbourhoods nationally) in this ICT.

LSOA (2011) based boundaries.
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Key Demographic Groups within Chichester ICT

Compared with England

- Chichester has an older age structure compared with England.
- Chichester is less ethnically diverse compared with England
- One in six residents disabled.

Chichester ICT population groups

Age

Chichester has an older age structure than England:

- 19.8% of people are aged under 20 (23%)
- 53.1% aged 20-64 (58%)
- 27.11% aged 65+ (18%)

Ethnicity

9.9% of people are Black or racially minoritised* (27%):

- 1.7% Asian or Asian British (10%)
- 0.6% Black or Black British (4%)
- 1.6% Mixed or multiple ethnic group (3%)
- 0.1% Arab (0.6%)
- 5.3% White Irish or White other (8%)

Religion

38.7% of people have no religion or belief (37%):

- 53.1% Christian (46%)
- 0.6% Muslim (6.7%)
- 0.2% Jewish (0.5%)
- 0.5% Buddhist (0.5%)
- 0.3% Hindu (1.8%)
- 0.0% Sikh (0.9%)
- 0.5% Other religion (0.6%)

Pregnancy & maternity

There were 1,032 live births in 2021²

Sex

Female 52.0% (51%)
Male 48.0% (49%)

Gender identity

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

Sexual orientation

2.8% of those aged 16+ identified as LGB+ (gay or lesbian, bisexual or other minority sexual orientation) (3%)

Language

For 3.3% of people, English is not their main language (9%)
0.4% do not speak English well (1.6%)

Disability

16.9% 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

5.4% of people aged 16+ stated on the 2021 Census that they had previously served in the armed forces (3.8%)

Marriage / civil partnership

49.2% of people aged 16+ are married or in a civil partnership (45%)
30.8% Never married/civil partnership (38%)
2.1% Separated (2%)
10.1% divorced/civil partnership dissolved (9%)
7.8% widowed / surviving civil partnership partner (6%)

Carers

8.8% 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

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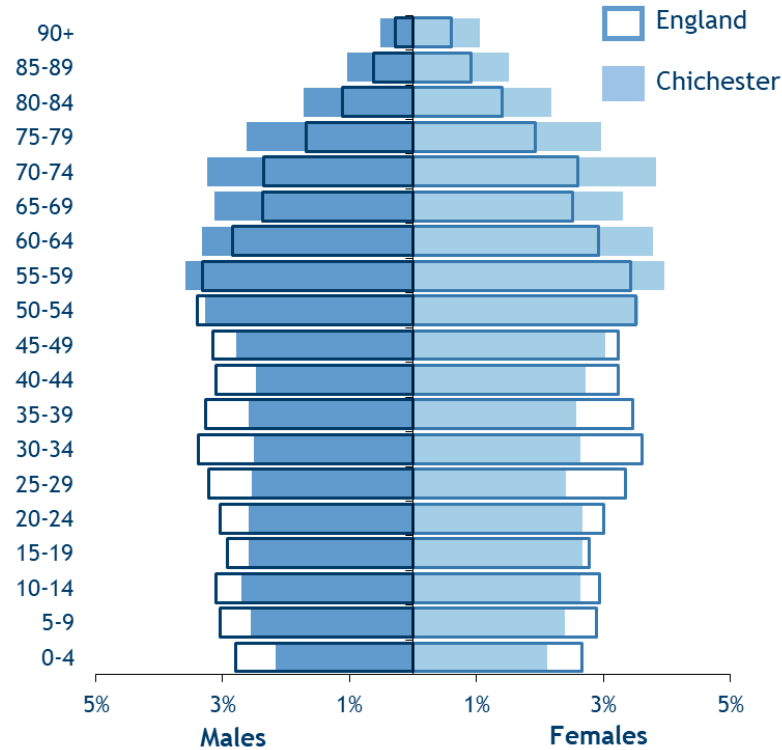
Current population & change over the last 10 years

In Chichester, between 2011 and 2021

- The total population has increased by 9.1% which was higher than England (6.6%)
- The largest % increase was in the 70–79-year-olds, which has increased by 4,006 (34.2%) since 2011.

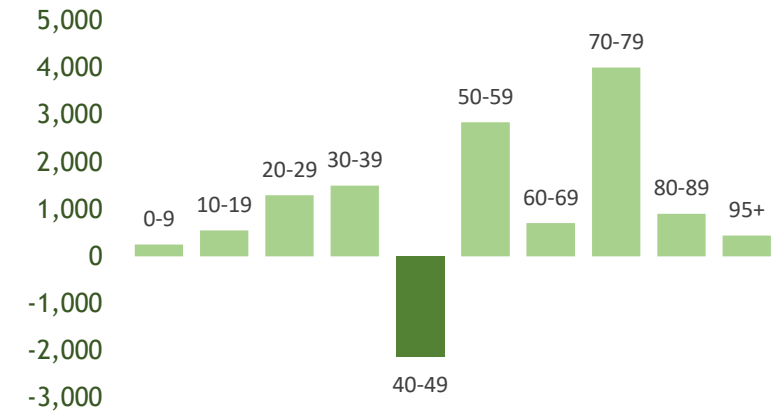
Total population 124,073

Chichester population profile 2021



Increase in population 10,373

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



	2021	2011	Chichester change	England %	England %
0-19	24,600	23,800	800	3.4%	2.7%
20-64	65,839	62,100	3,739	6.0%	4.4%
65+	33,634	27,800	5,834	21.0%	20.1%
All ages	124,073	113,700	10,373	9.1%	6.6%

Better health and care for all

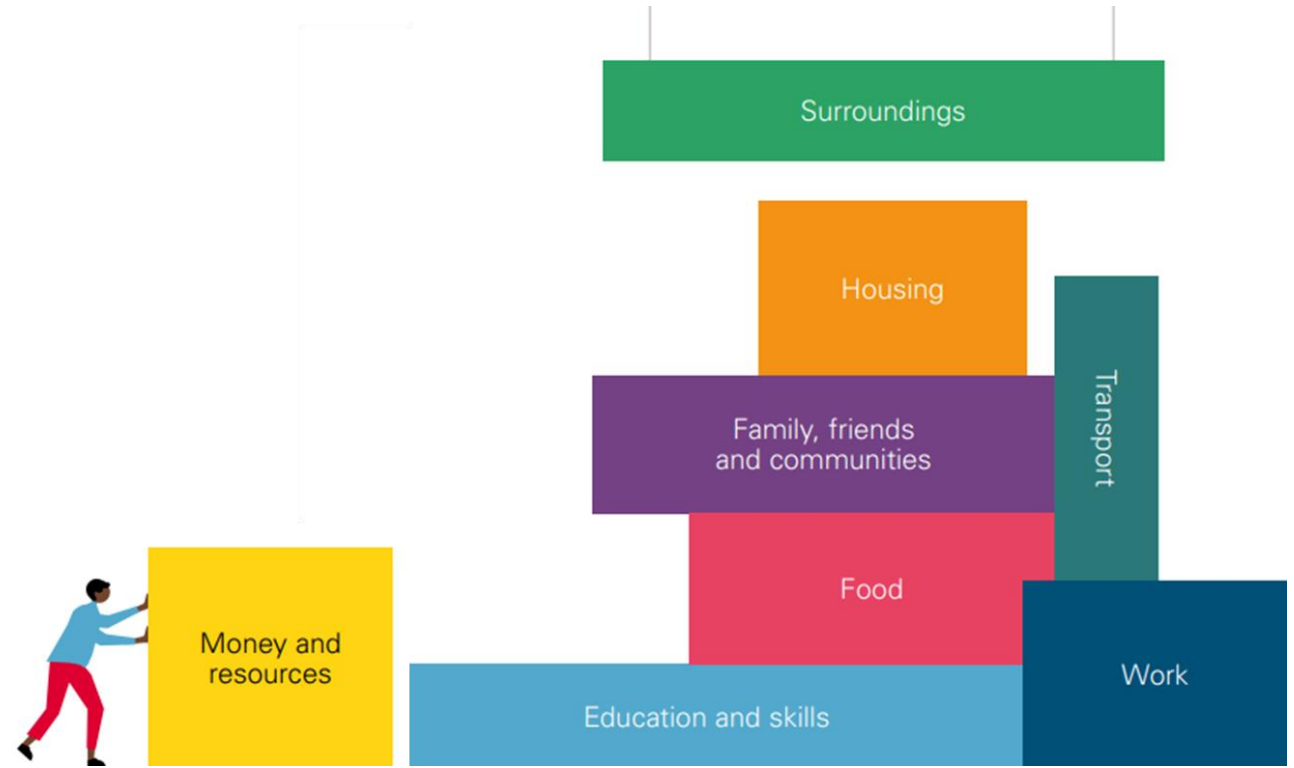
How is the population expected to change over the next ten years?

PLACEHOLDER SLIDE

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

The building blocks of Health

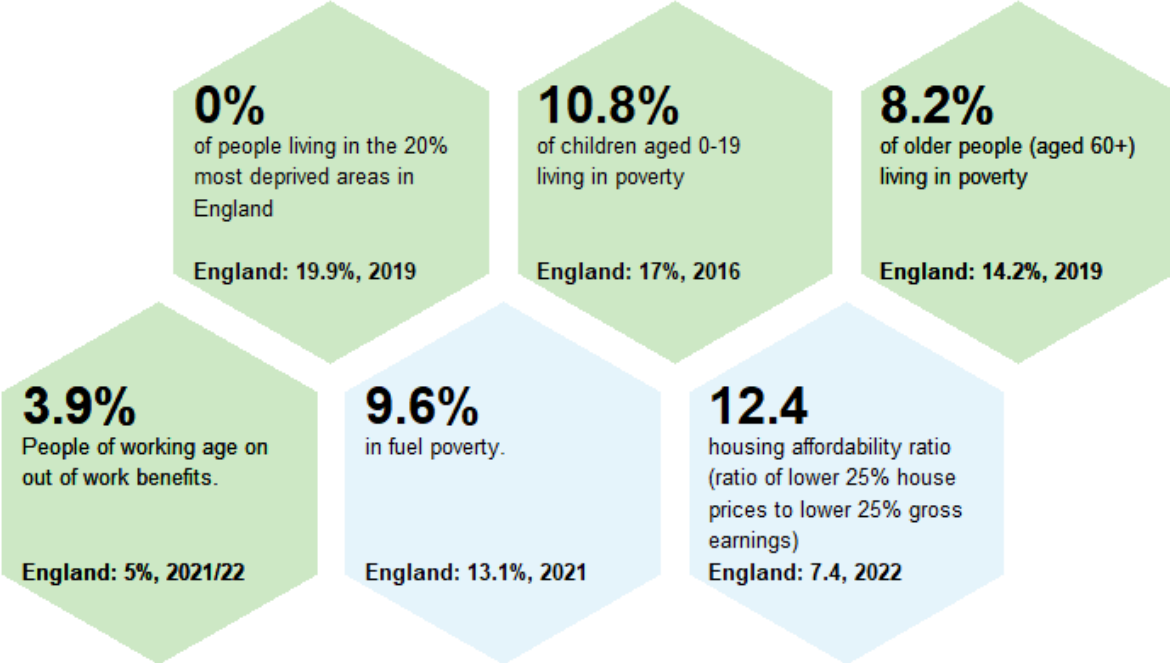
- When we don't have the things we need, like warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on our physical and mental health. This results in poorer physical and mental health, earlier onset of conditions and earlier death.
- Almost every aspect of 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:



Better health and care for all

Building blocks of health in Chichester ICT

- Chichester compares well with England on children in poverty (one in nine compared with one in six nationally) and pensioner poverty. Given the time lag in this dataset it is likely that poverty amongst children and older people will have increased.
- Chichester has a lower percentage of working-age people on benefits
- As with other parts of Sussex, many people cannot afford to buy their own home, the ratio of house prices to earnings is high.



Chichester ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

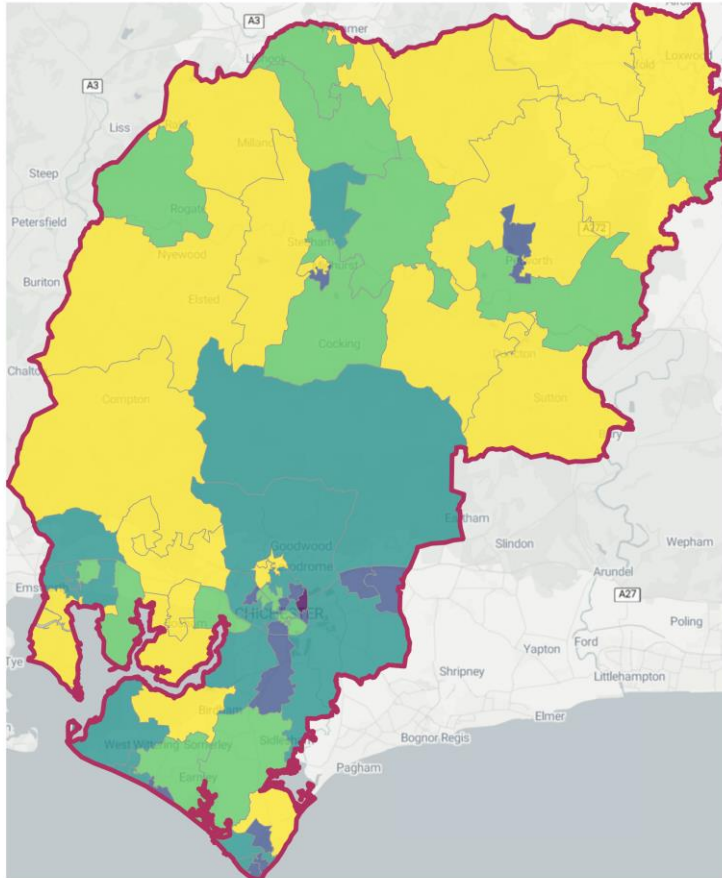
 Available at a higher geography (West Sussex local authority) only

Better health and care for all

Building blocks in Chichester 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)



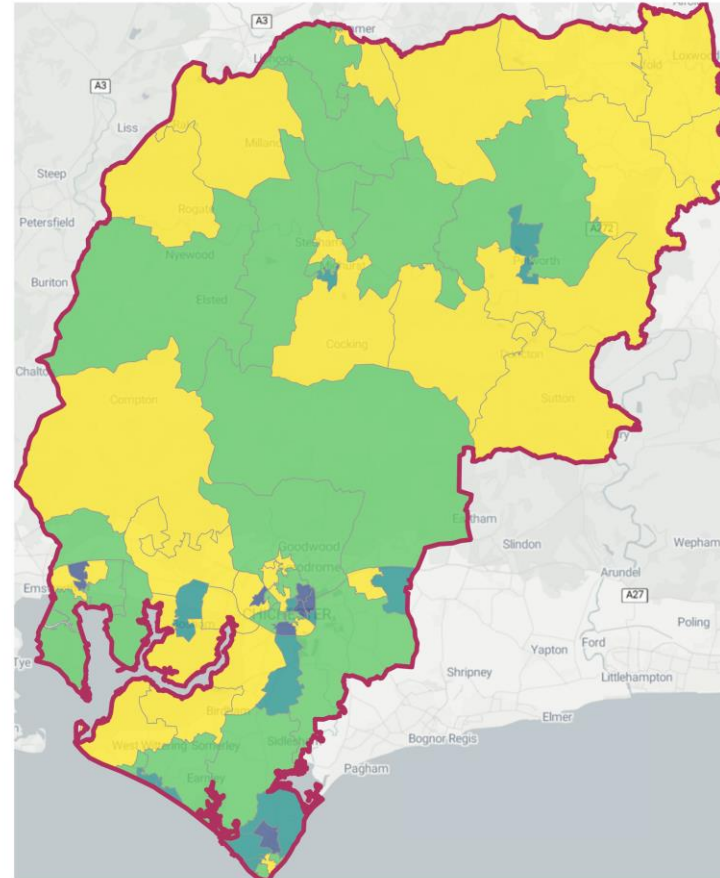
IDACI score (national rankings)

- Most deprived 20%
- Quintile 2
- Quintile 3
- Quintile 4
- Least deprived 20%

In Chichester ICT, just one of its 71 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 28.2% or one in four children experiencing income deprivation.

LSOA (2011) based boundaries.
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Income Deprivation Affecting Older People Index (IDAPOI)



IDAPOI score (national rankings)

- Most deprived 20%
- Quintile 2
- Quintile 3
- Quintile 4
- Least deprived 20%

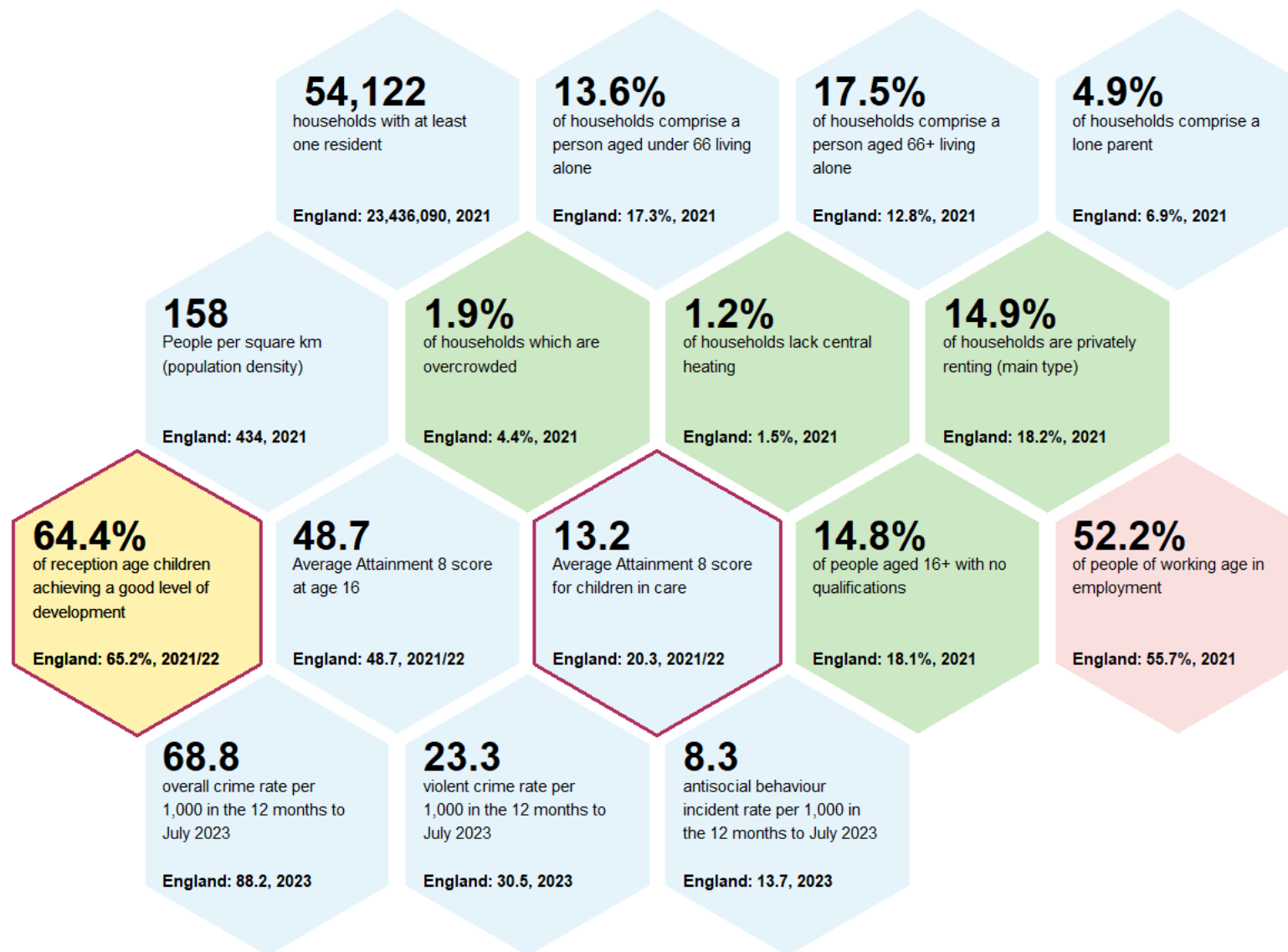
There were no neighbourhoods in Chichester ICT with an IDAPOI score (proportion of 60+ year olds living experiencing income deprivation) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 21.6% or one in five older people.

LSOA (2011) based boundaries.
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Building blocks of health in Chichester ICT

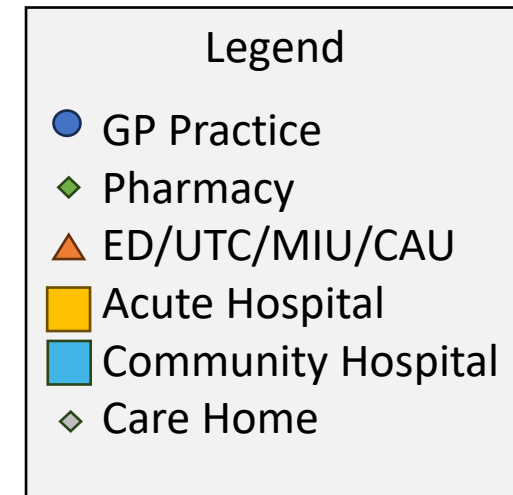
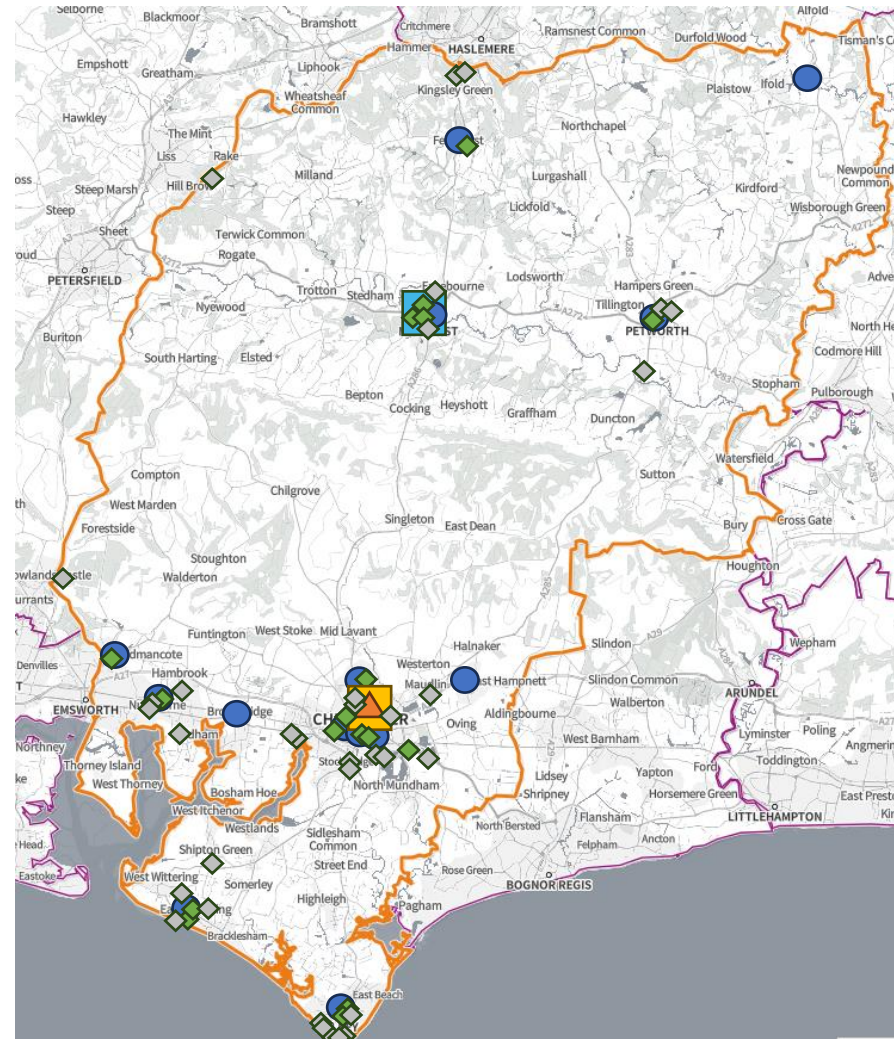
- One in six households are lone pensioner households, one in twenty are lone parent family households
- Chichester has lower percentage of adults without qualifications but also a lower percentage of people of working age in employment
- Chichester has a lower crime rate, including a lower violent crime rate, compared with England.



Chichester ICT Compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

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

Services within Chichester ICT



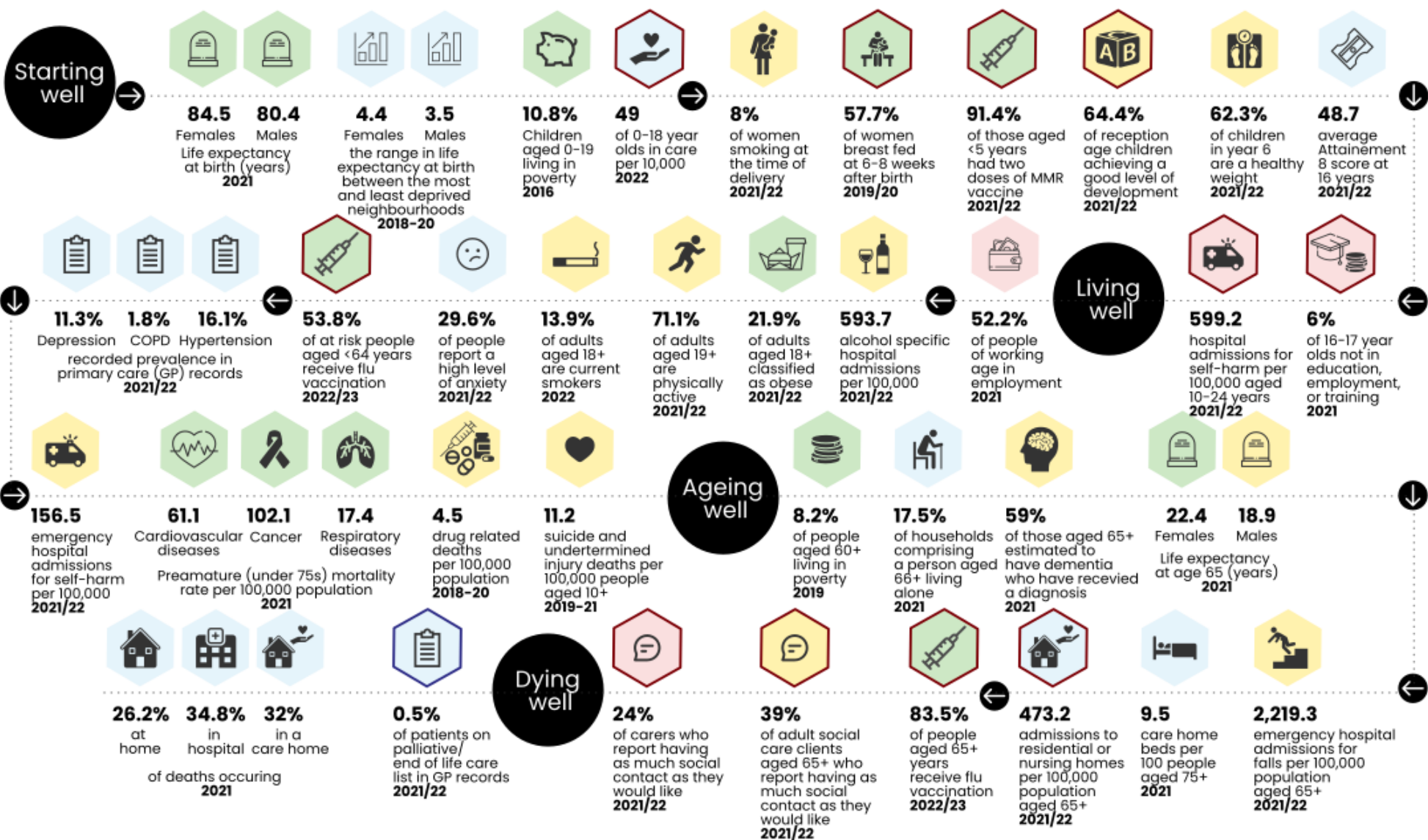
More detailed mapping of services is available at:

Better health and care for all

Chichester 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 Chichester ICT and are compared with England

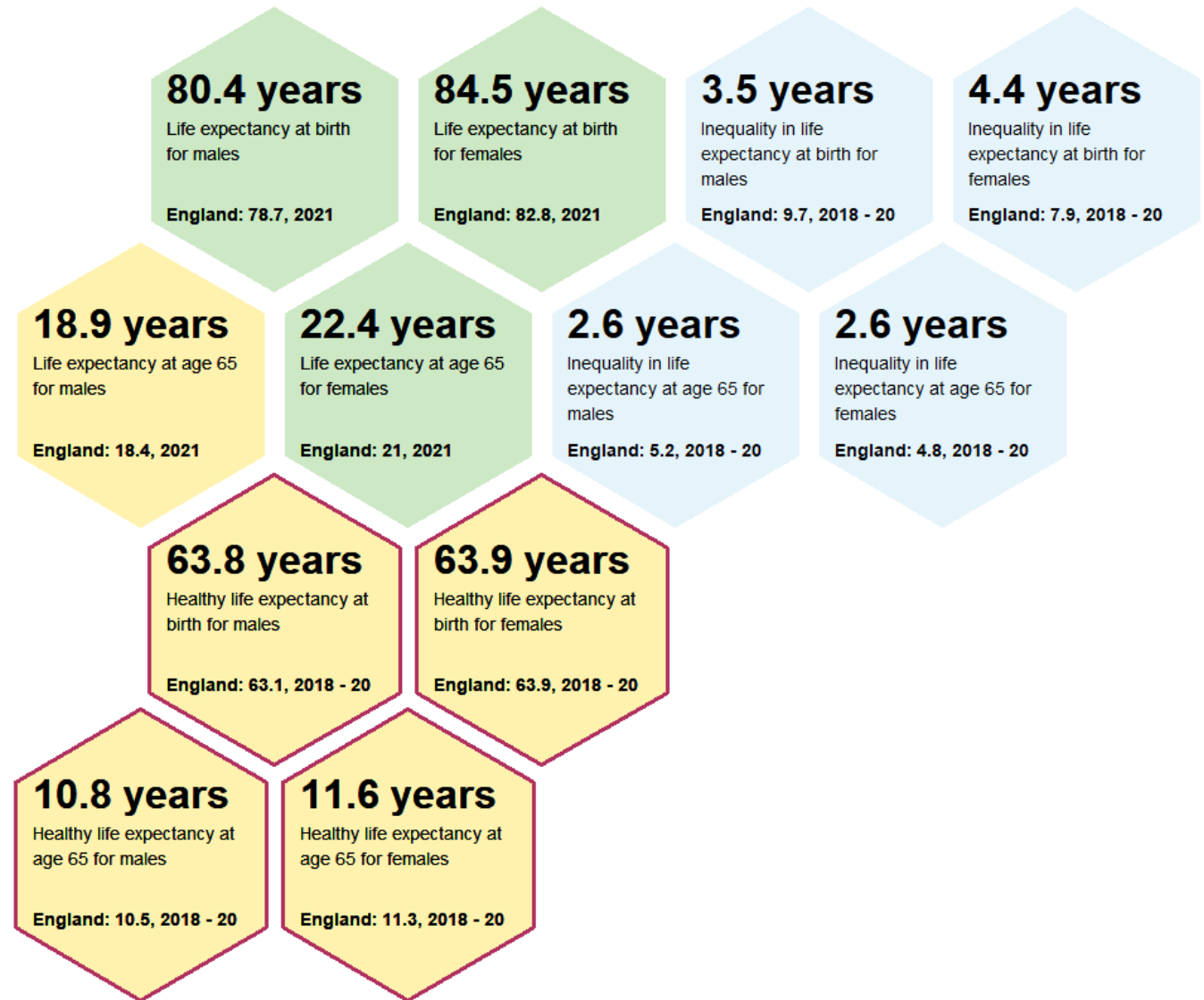


Available only at a higher geography (West Sussex local authority)

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

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

- Chichester has a higher life expectancy compared with England, 80.4 years for men, 84.5 years for women.
- There are differences between life expectancy in the most and least deprived areas, but these differences (3.5 years for men, and 4.4 years for women) are less marked than other areas.
- 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.



Chichester ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

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

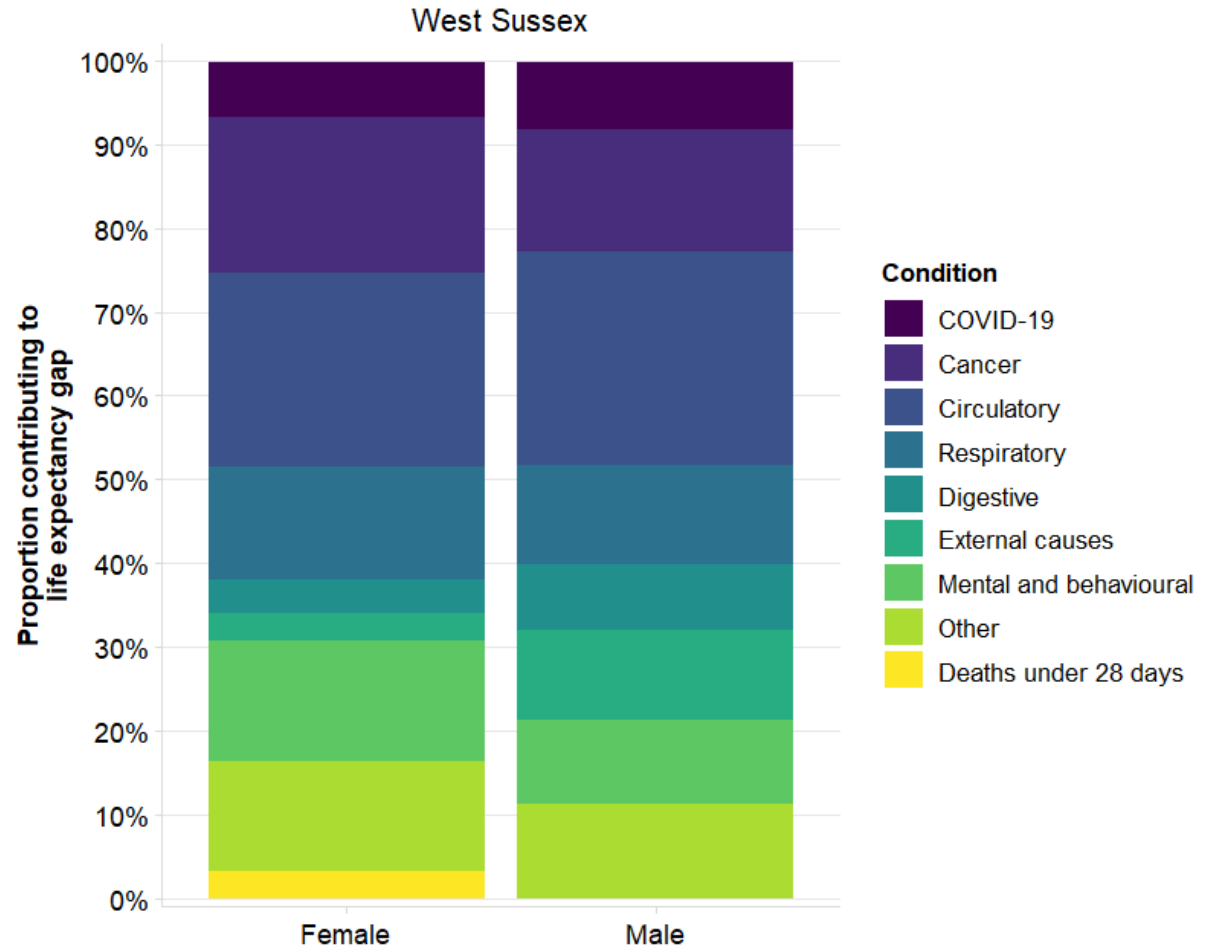
Main causes contributing to the gap in life expectancy – West Sussex

- 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 \(phe.gov.uk\)](https://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

1 Ischemic heart disease
2 Low back pain
3 COPD
4 Stroke
5 Lung cancer
6 Diabetes
7 Alzheimer’s disease
8 Depressive disorders
9 Lower respiratory infect
10 Falls
11 Colorectal cancer
12 Headache disorders
13 Age-related hearing loss
14 Breast cancer
15 Neck pain
16 Other musculoskeletal
17 Osteoarthritis
18 Endo/metab/blood/immune
19 Prostate cancer
20 Asthma

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries

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:

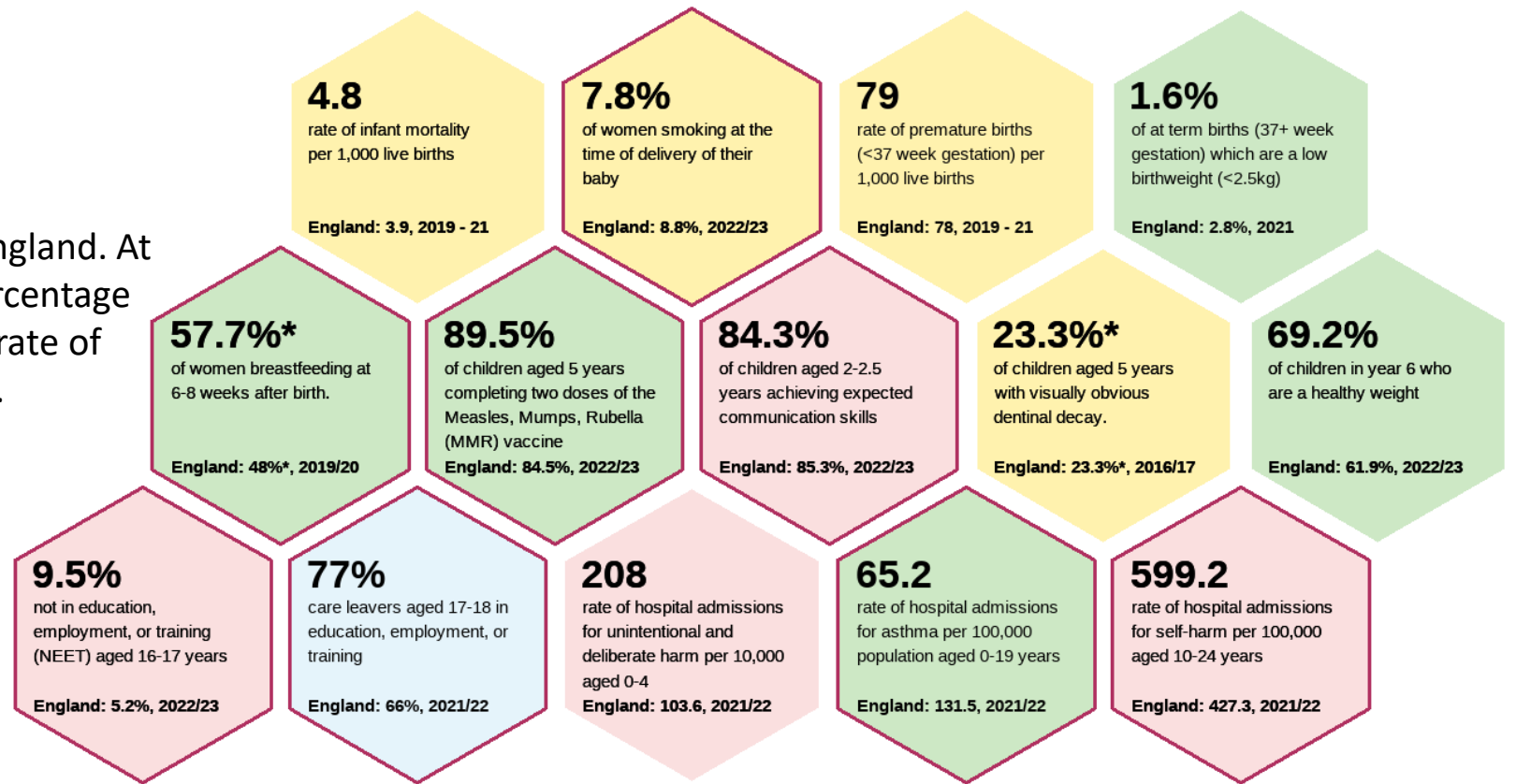
- MSK and pain management
- Sensory impairment

Source: [Global Burden of Disease Visualisations: Compare \(thelancet.com\)](https://viz.thelancet.com)

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Starting well in life in Chichester ICT

- Infant and maternal outcomes are similar to England. At Chichester level, in 2021 there was a lower percentage of low birthweight babies. There was a higher rate of hospital admissions in relation to child injuries.
- 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 rate of breastfeeding and MMR take up
 - There is a low rate of hospital admissions for asthma for 0-19 year olds.



Chichester ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

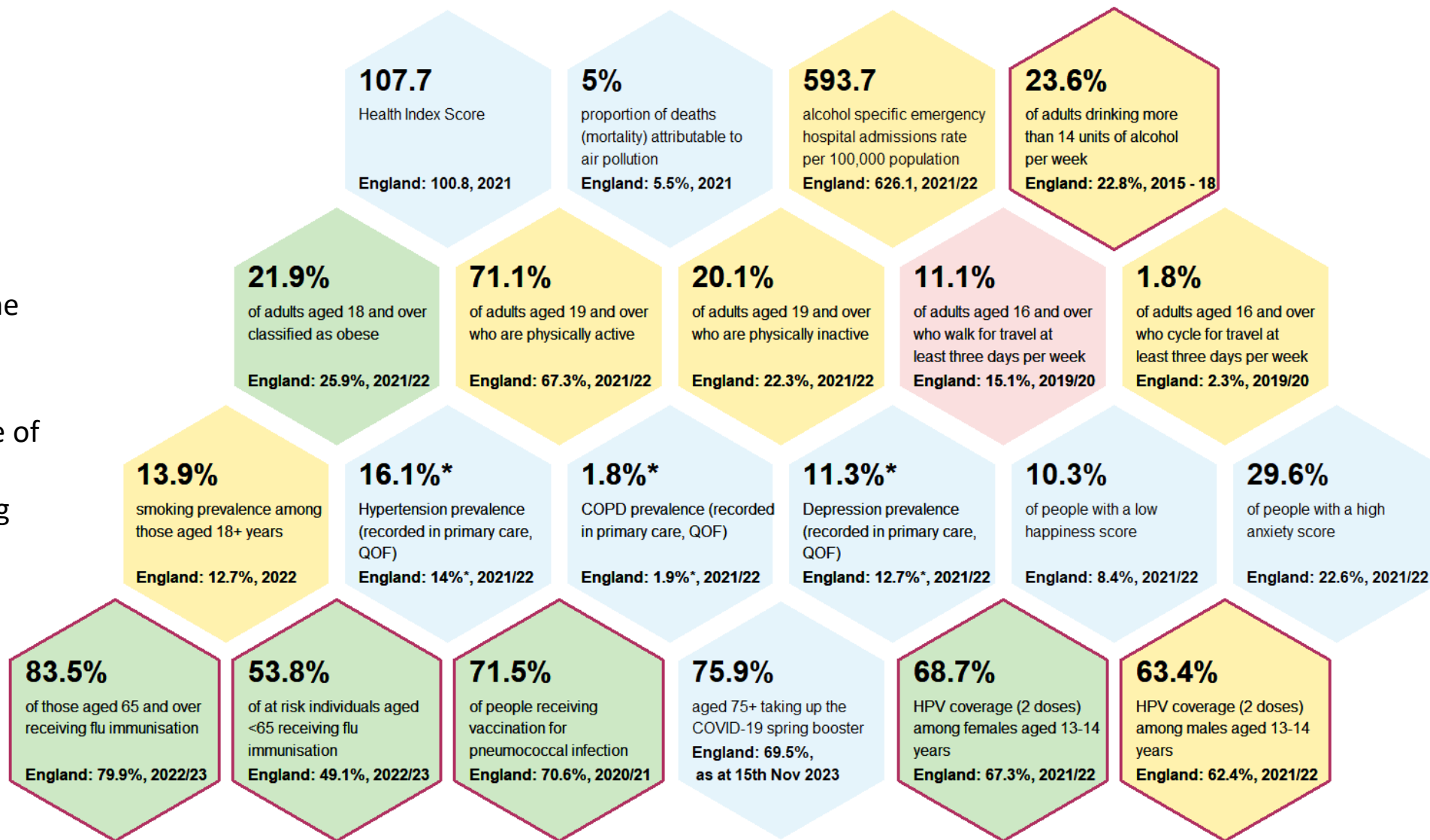
 Available at a higher geography (West Sussex local authority) only

* 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)

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Living well in Chichester ICT

- Chichester has a lower percentage of obese adults compared with England (although this still means one in four adults are classed as obese).
- There is a higher percentage of people with a high anxiety score (on the ONS Wellbeing Survey), and a significantly lower percentage of adults who walk for travel at least three times a week.



Chichester ICT compared to England

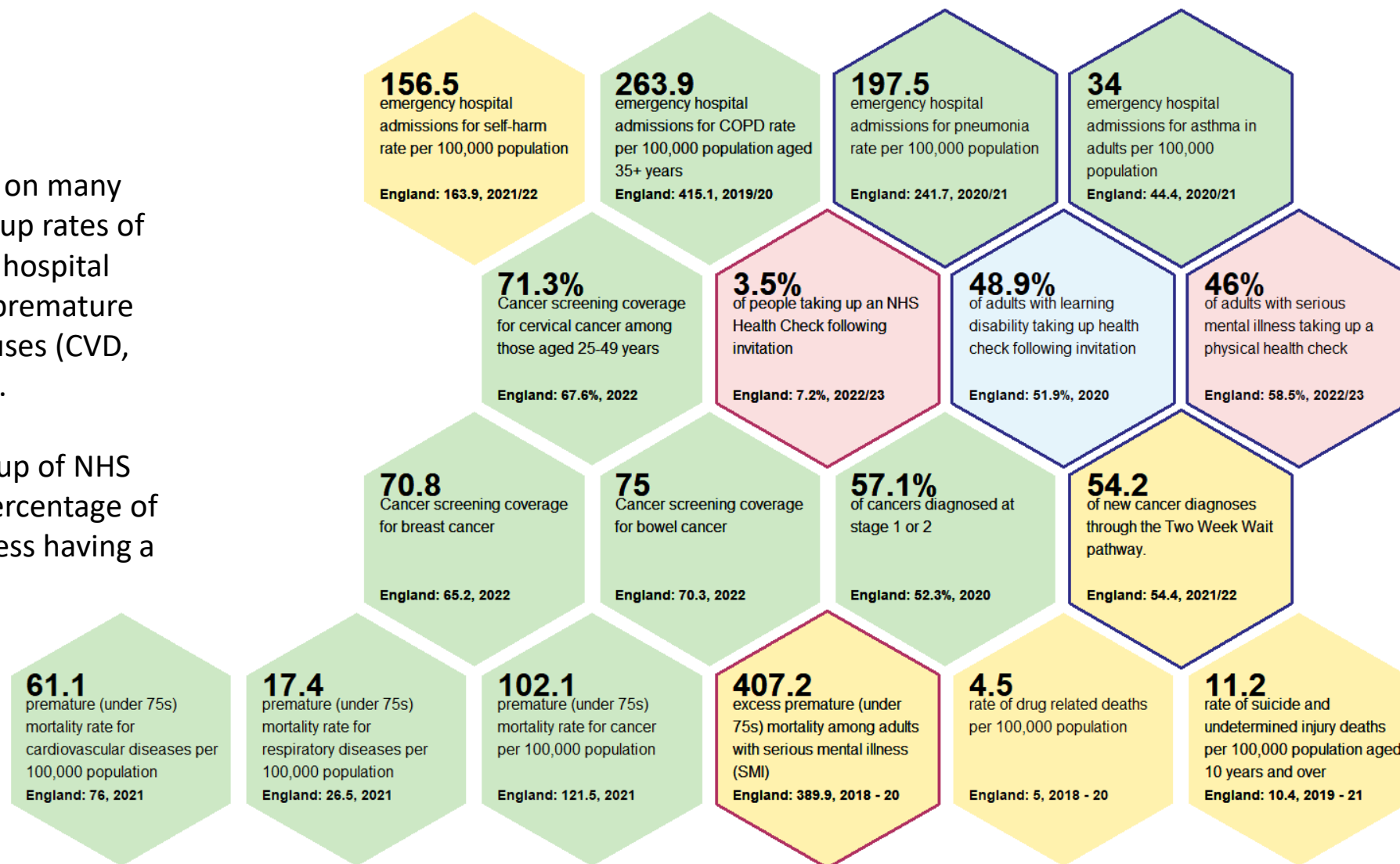
- Better
- Similar
- Worse
- Not applicable

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

* 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 Chichester ICT

- Chichester compares favourably on many measures, including higher take up rates of cancer screening, lower rates of hospital admission for COPD, and lower premature mortality rates for the major causes (CVD, respiratory diseases and 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.



Chichester ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

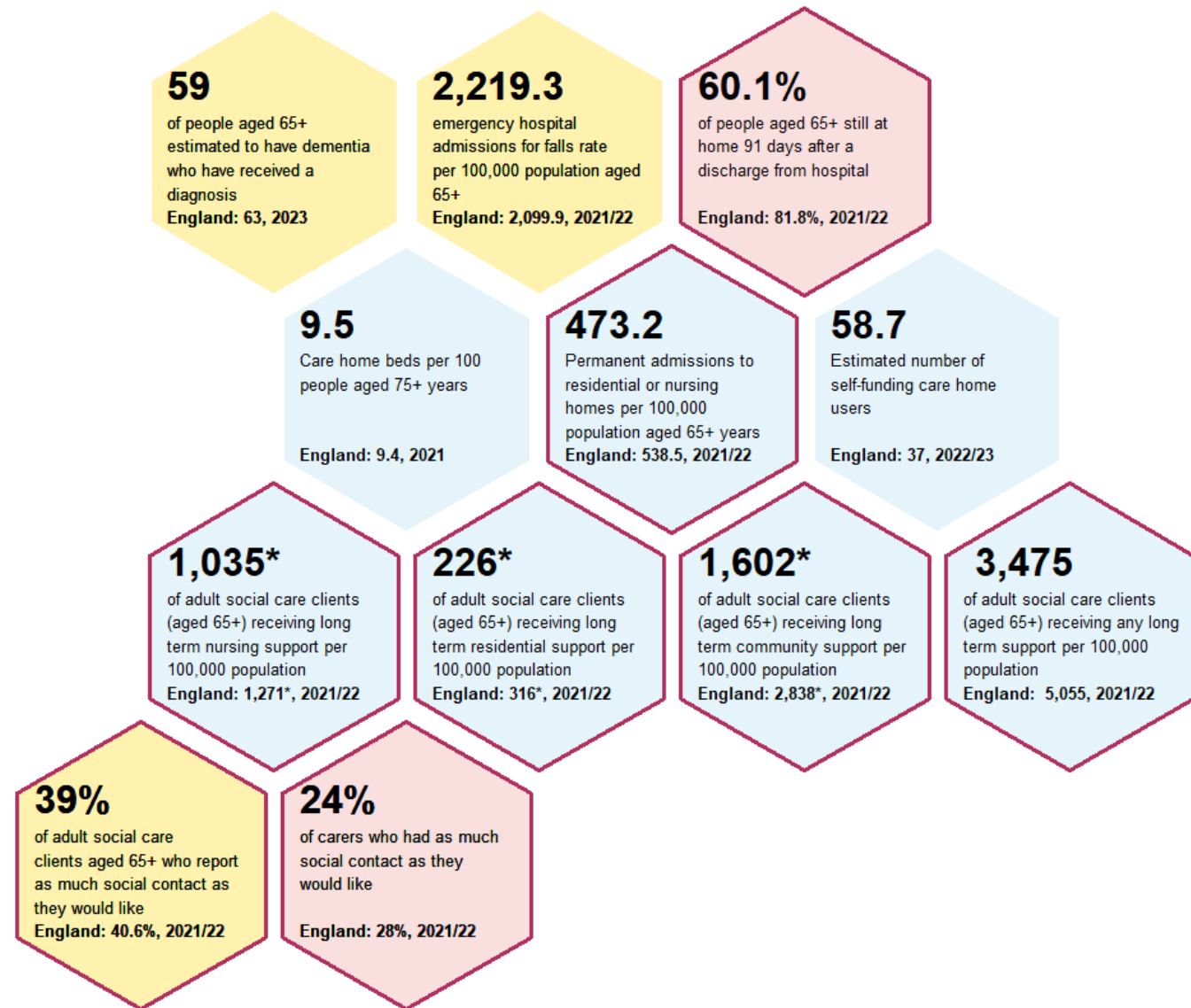
⬡ Available at a higher geography (West Sussex local authority) only

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

Ageing well – Chichester 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 Chichester level, outcomes in relation to dementia diagnosis and falls are similar to England.

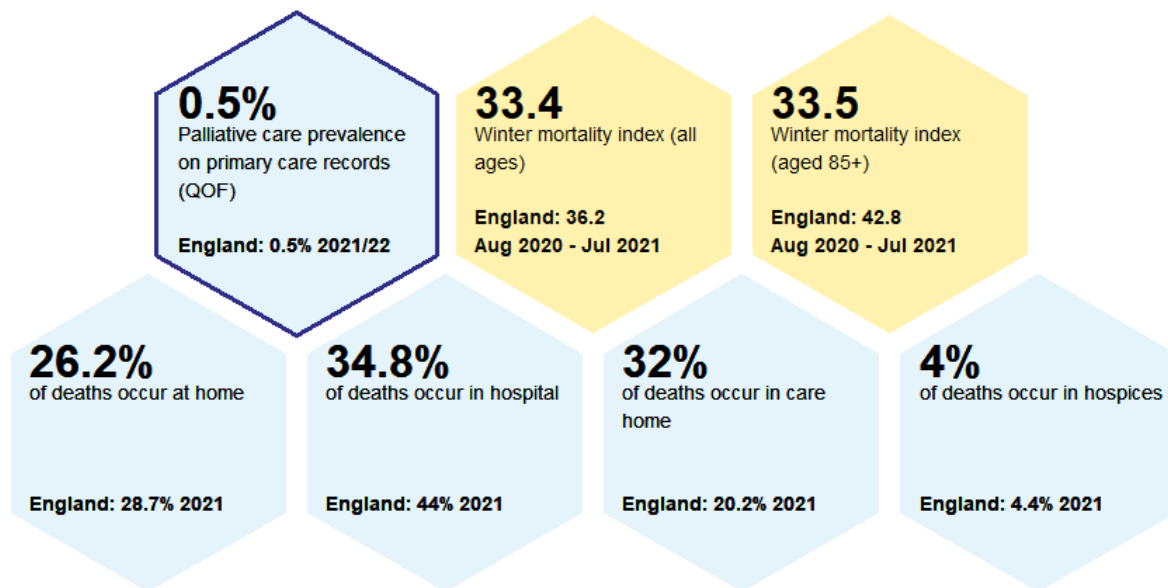
- At West Sussex level (compared with England) in 2021/22 they were:
- fewer adults (per 100,000 population) receiving long term residential or nursing home support,
- fewer permanent admissions to a care home per 100,000 population.
- Fewer adults (per 100,000) receiving long term support in the community.
- 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.



Chichester ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

 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.



Chichester ICT compared to England

- Better
- Similar
- Worse
- Not applicable

- 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

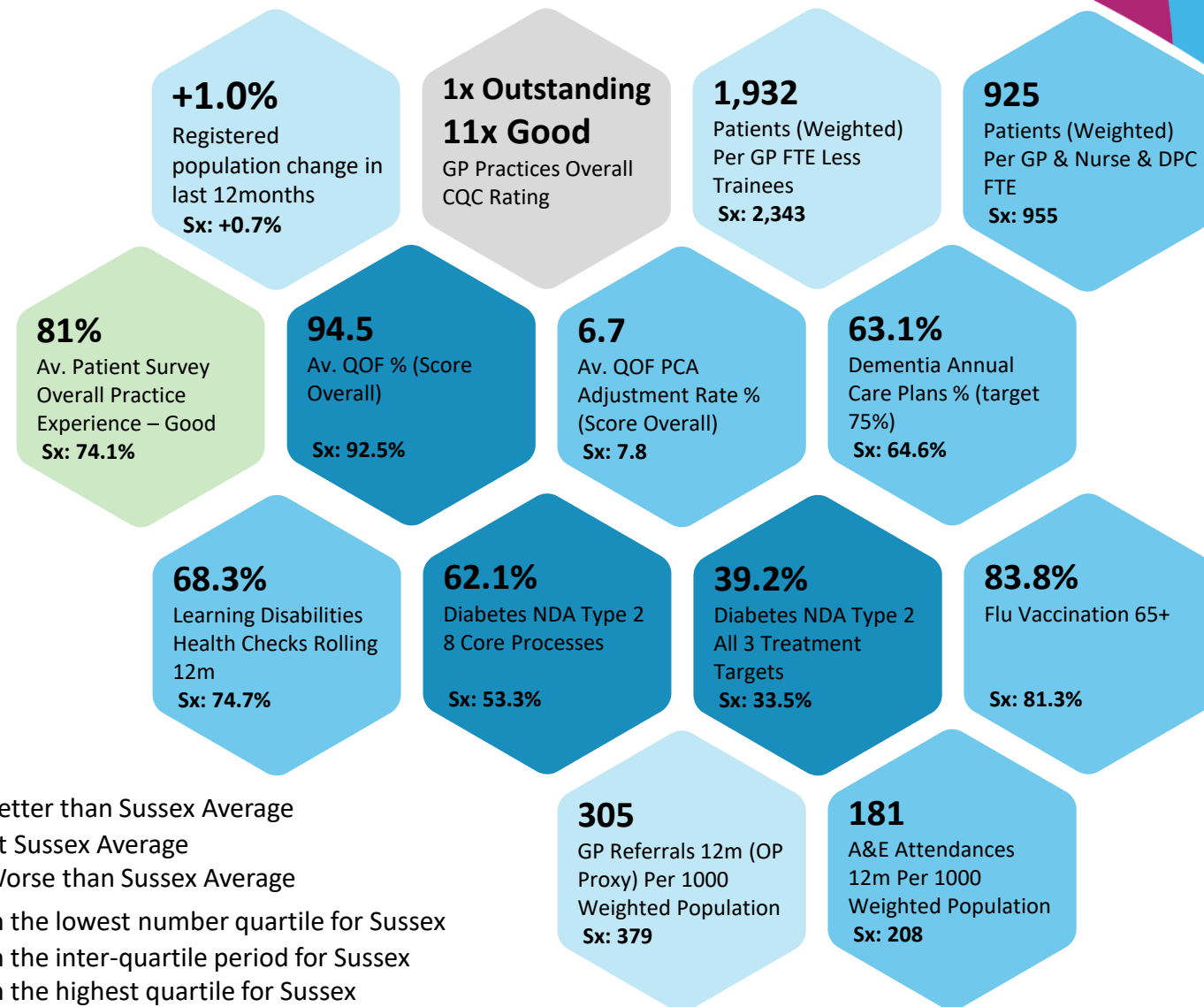
There are a limited set of indicators available around dying well.

In relation to place of death of Chichester residents:

- Over 58% of all deaths were either in a person’s own home or in a care home (which may have been the usual place of residence).
- A far lower percentage of Chichester deaths are in hospital (35% of all deaths compared with 44% of deaths nationally).

GP Primary Care in Chichester ICT

- Within Chichester ICT there are 2 PCNs with 12 GP Practices
- Type 2 Diabetes patients in Chichester ICT who have completed all 8 core processes and all 3-treatment target is higher than the Sussex average.
- GP referrals in the past 12 month is significantly lower than the Sussex average.
- The patients per GP is in the lowest quartile for Sussex.



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

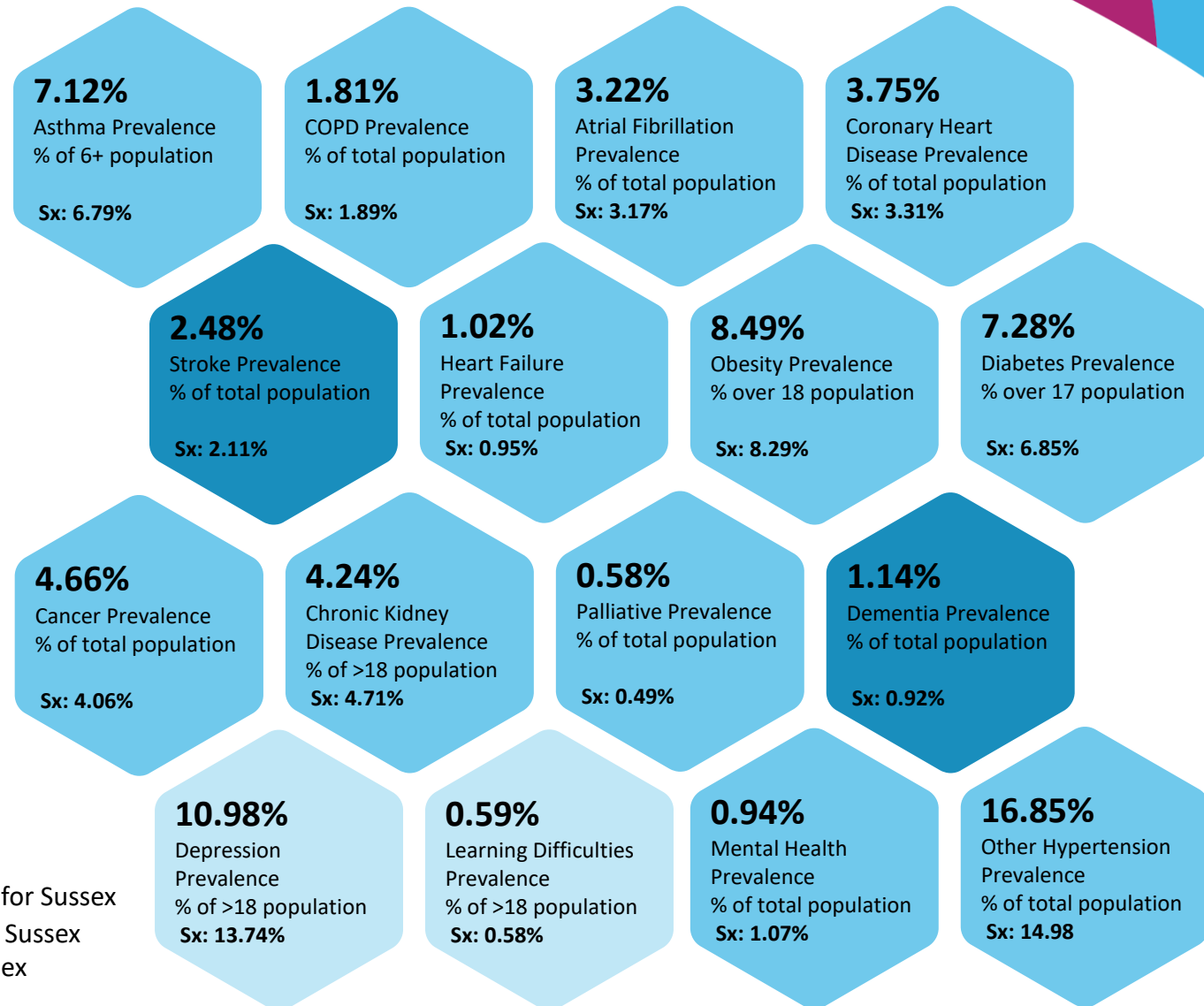
(lowest or highest quartile does not mean good or bad)

Better health and care for all

Long term Conditions : QOF registers – Chichester 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.

- Prevalence for both Stroke and Dementia is in the highest quartile for Sussex.
- Depression in Chichester ICT has a lower prevalence than Sussex average.



Key

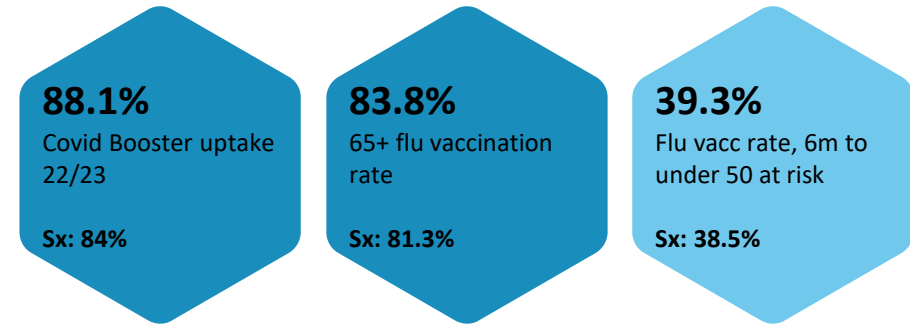
- Better than Sussex Average
- At Sussex Average
- Worse than Sussex Average
- In the lowest number quartile for Sussex
- In the inter-quartile period for Sussex
- In the highest quartile for Sussex
- No comparison made

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

Better health and care for all

Primary Care 2 – Chichester ICT

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



Key

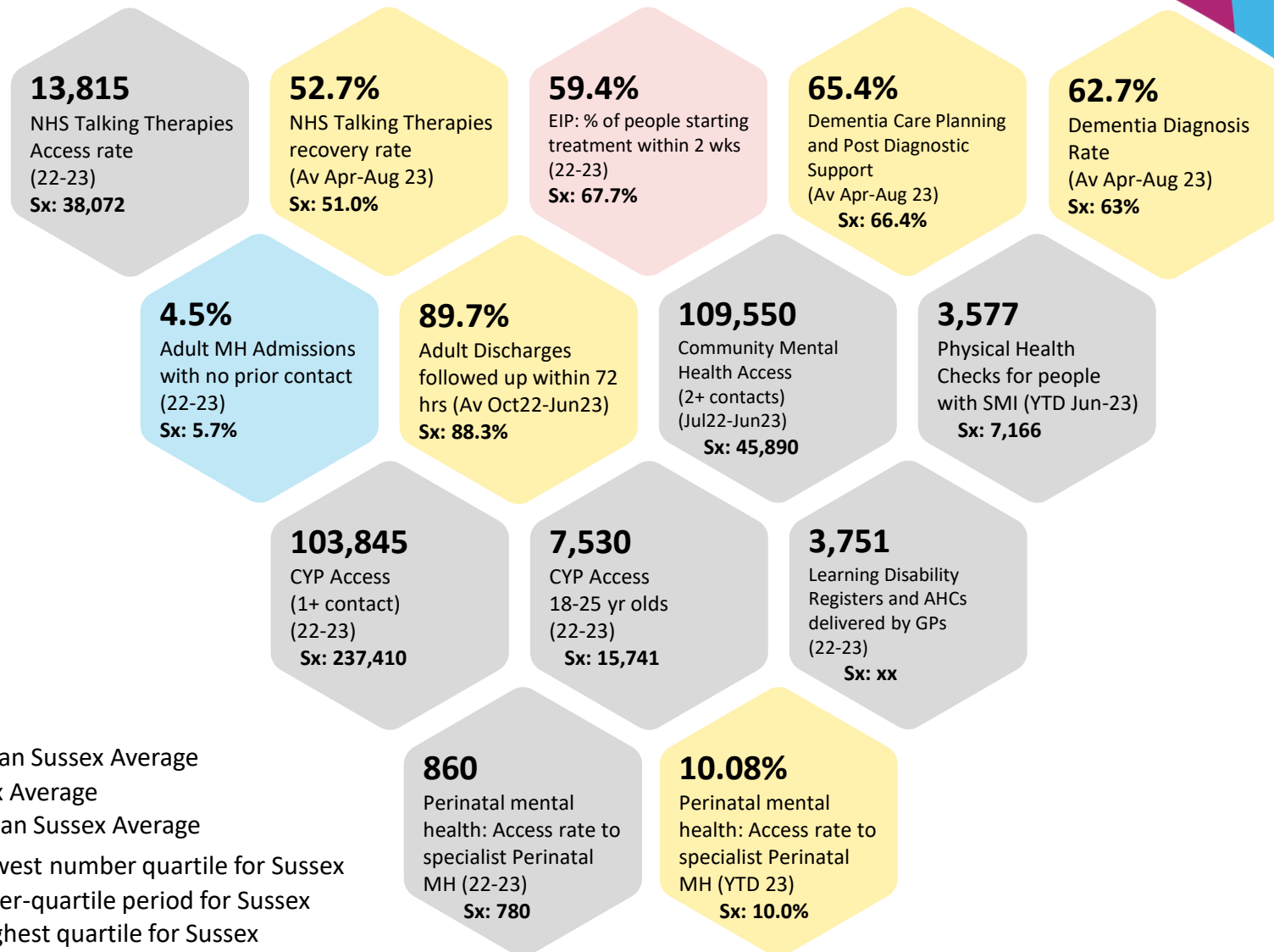
- Better than Sussex Average
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- (lowest or highest quartile does not mean good or bad)*

Better health and care for all

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



Key

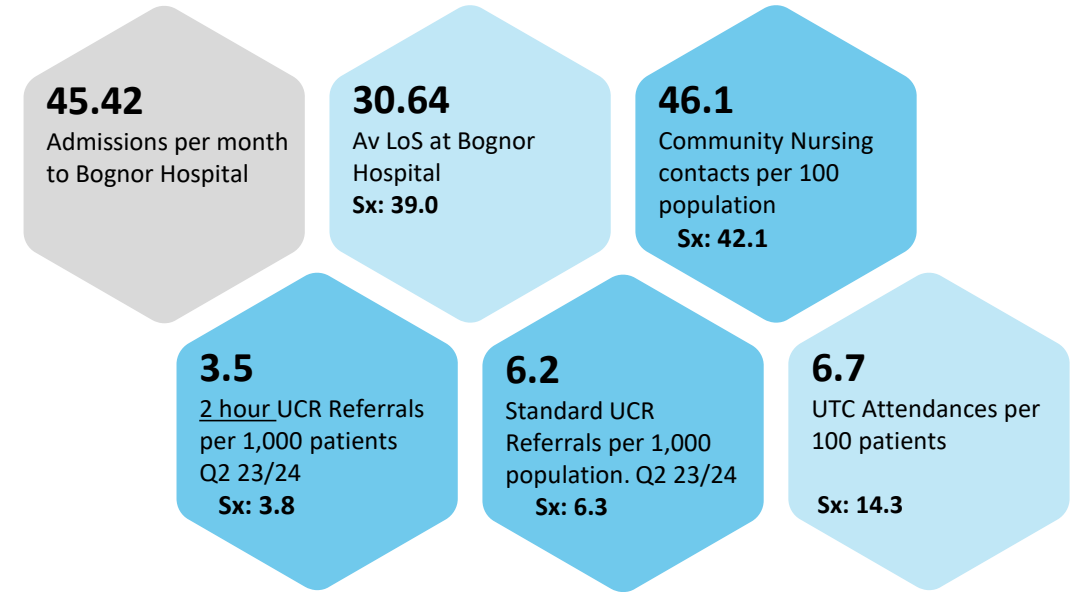
- Better than Sussex Average
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- In the inter-quartile period for Sussex
- In the highest quartile for Sussex
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(lowest or highest quartile does not mean good or bad)

Better health and care for all

Community Health Services - Chichester ICT

- The number of Community nursing contacts for Chichester ICT patients is higher than the Sussex average
- Attendances at UTCs is lower than the Sussex average



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

Key

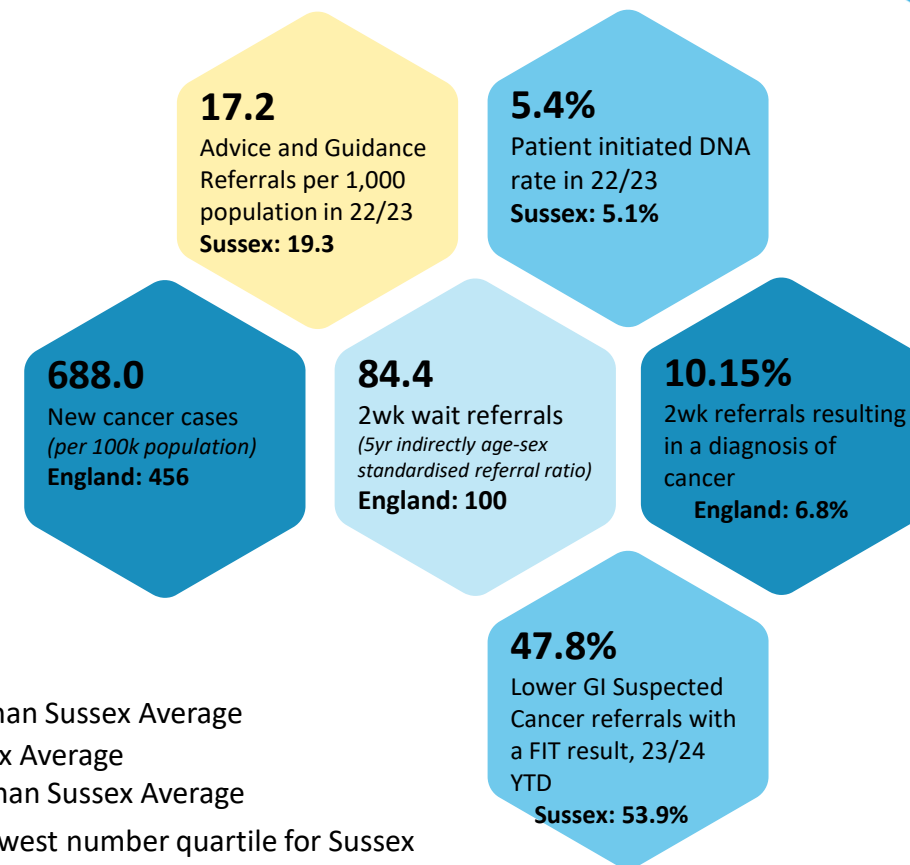
- Better than Sussex Average
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- In the highest quartile for Sussex
- No comparison made

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

Better health and care for all

Planned Care Alternatives and Cancer Care – Chichester ICT

- New cancer cases per 100k population is significantly higher than the Sussex average and in the highest quartile.
- Cancer 2-week wait referrals are lower than the England average.
- The rate of 2-week referrals resulting in a cancer diagnosis is higher than the England average and in the highest quartile for Sussex.



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)

Better health and care for all

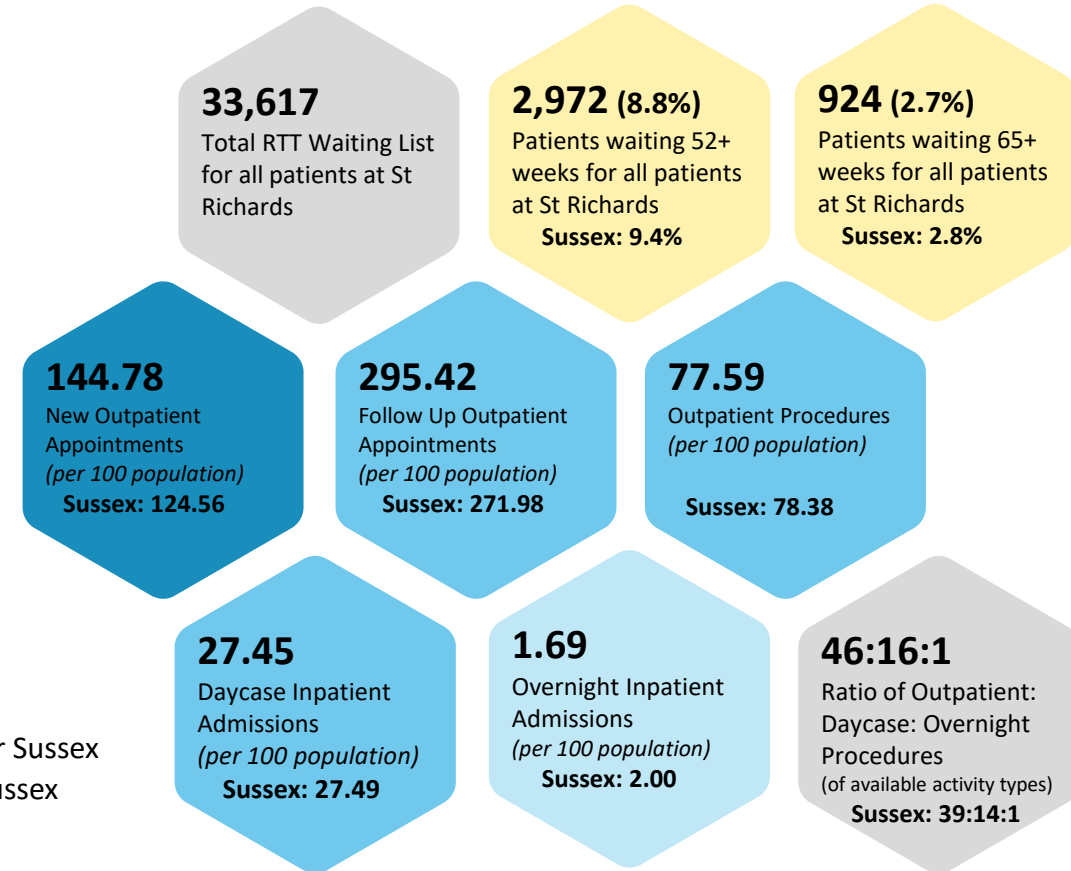
Acute Planned Care – Chichester ICT

- New Outpatient and FU appointments in Chichester ICT are higher than the Sussex average.
- Overnight IP admissions are lower than the Sussex average.

Key

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

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

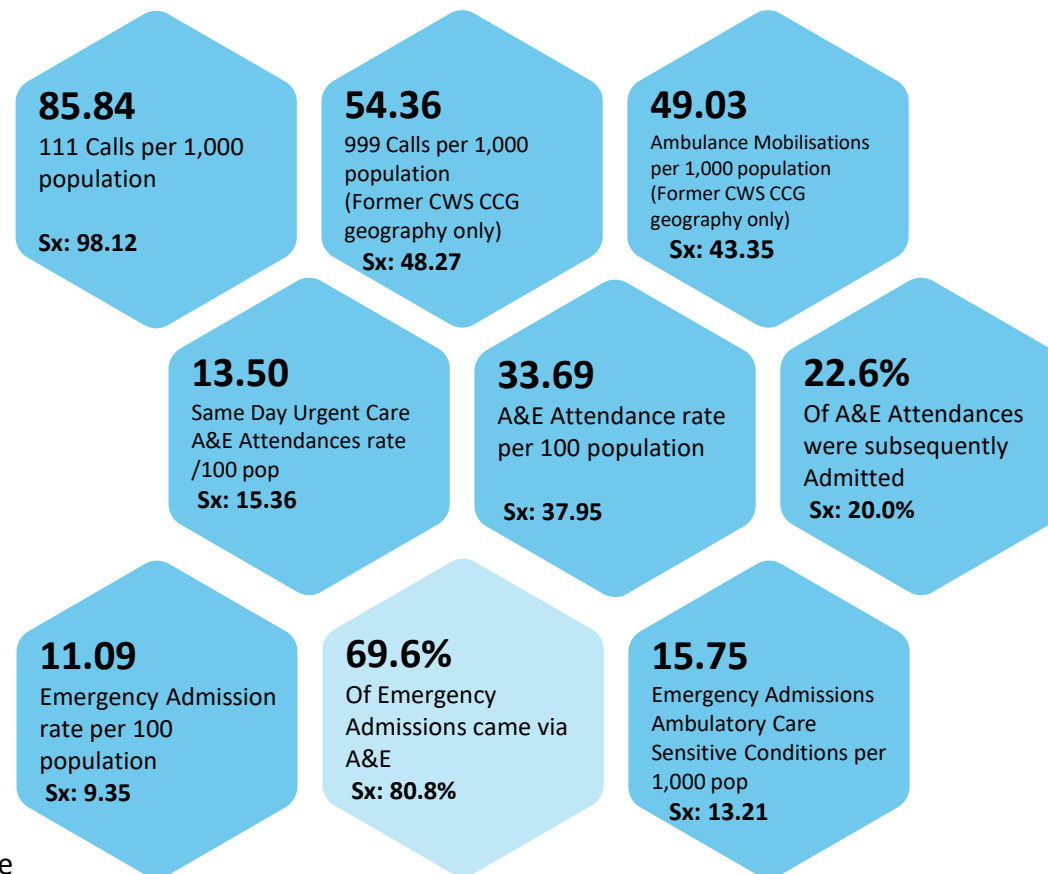


Figures above are for the full year 22/23 unless stated otherwise

Better health and care for all

Urgent and Emergency Care – Chichester ICT

- The volume of Emergency Admissions via A&E is lower than the Sussex average.



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

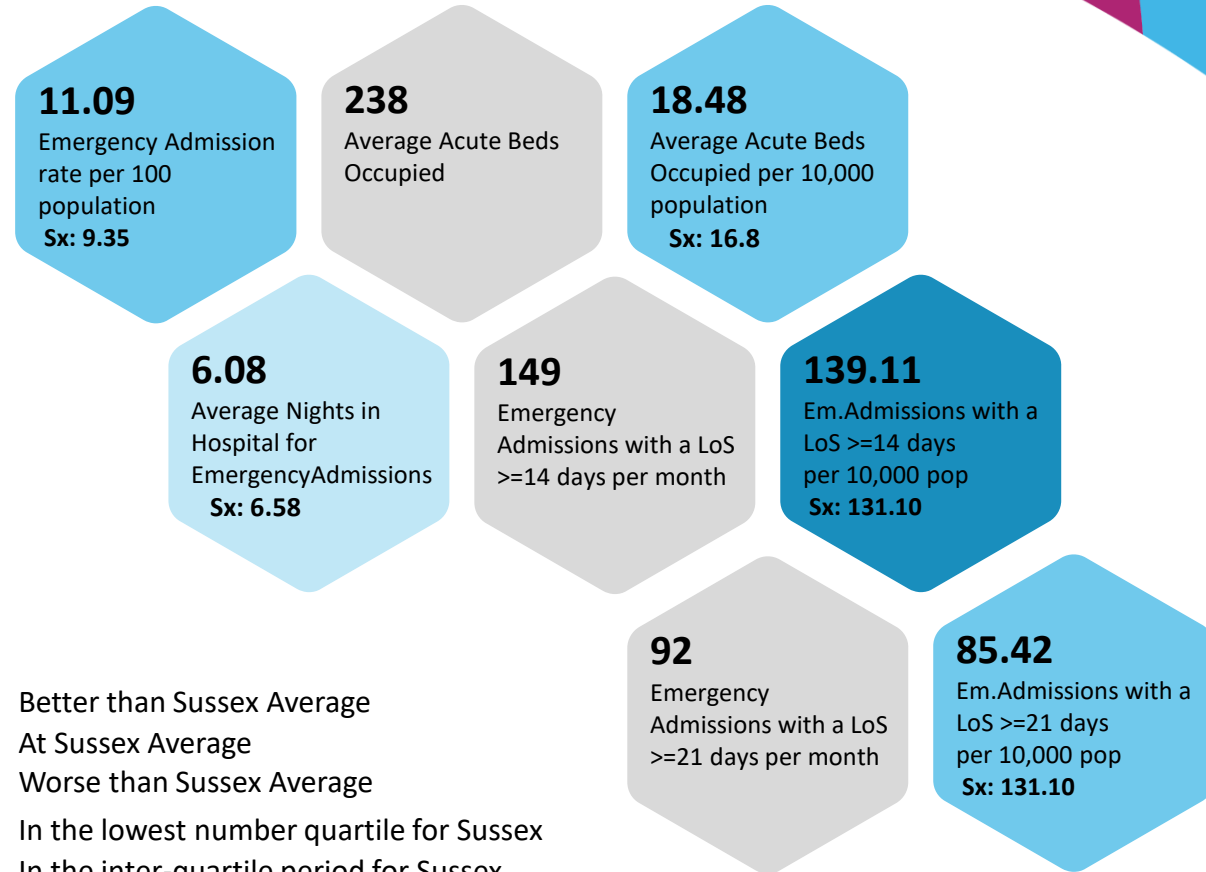
(lowest or highest quartile does not mean good or bad)

Figures above are for the full year 22/23

Better health and care for all

Acute Inpatient Emergency Care – Chichester ICT

- The Length of stay for Chichester ICT Emergency admissions for both >14 days is higher than the Sussex average and in the highest quartile for Sussex



Key

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

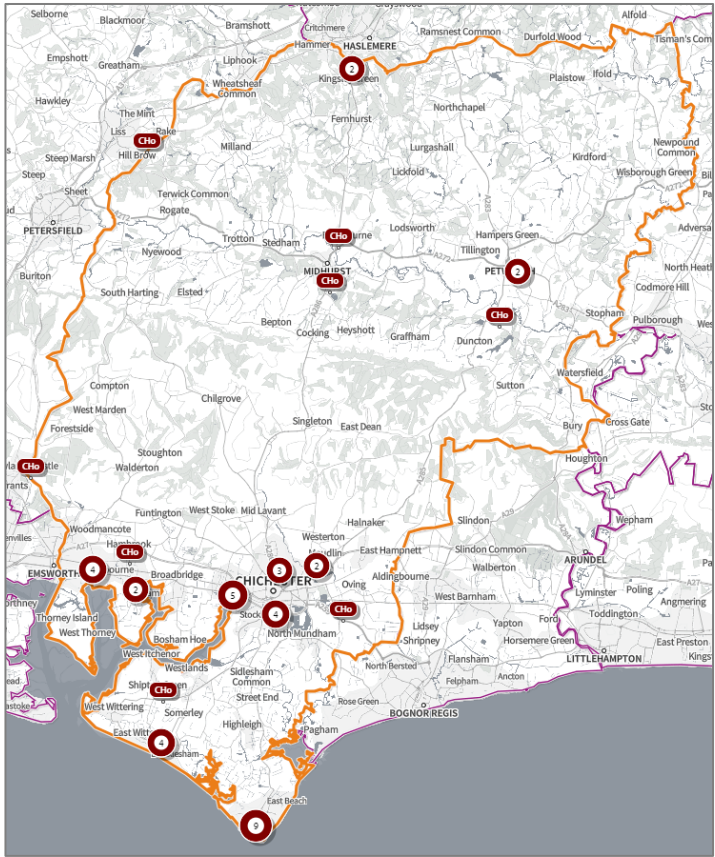
(lowest or highest quartile does not mean good or bad)

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

Better health and care for all

Care Homes: Urgent Healthcare use – Chichester ICT

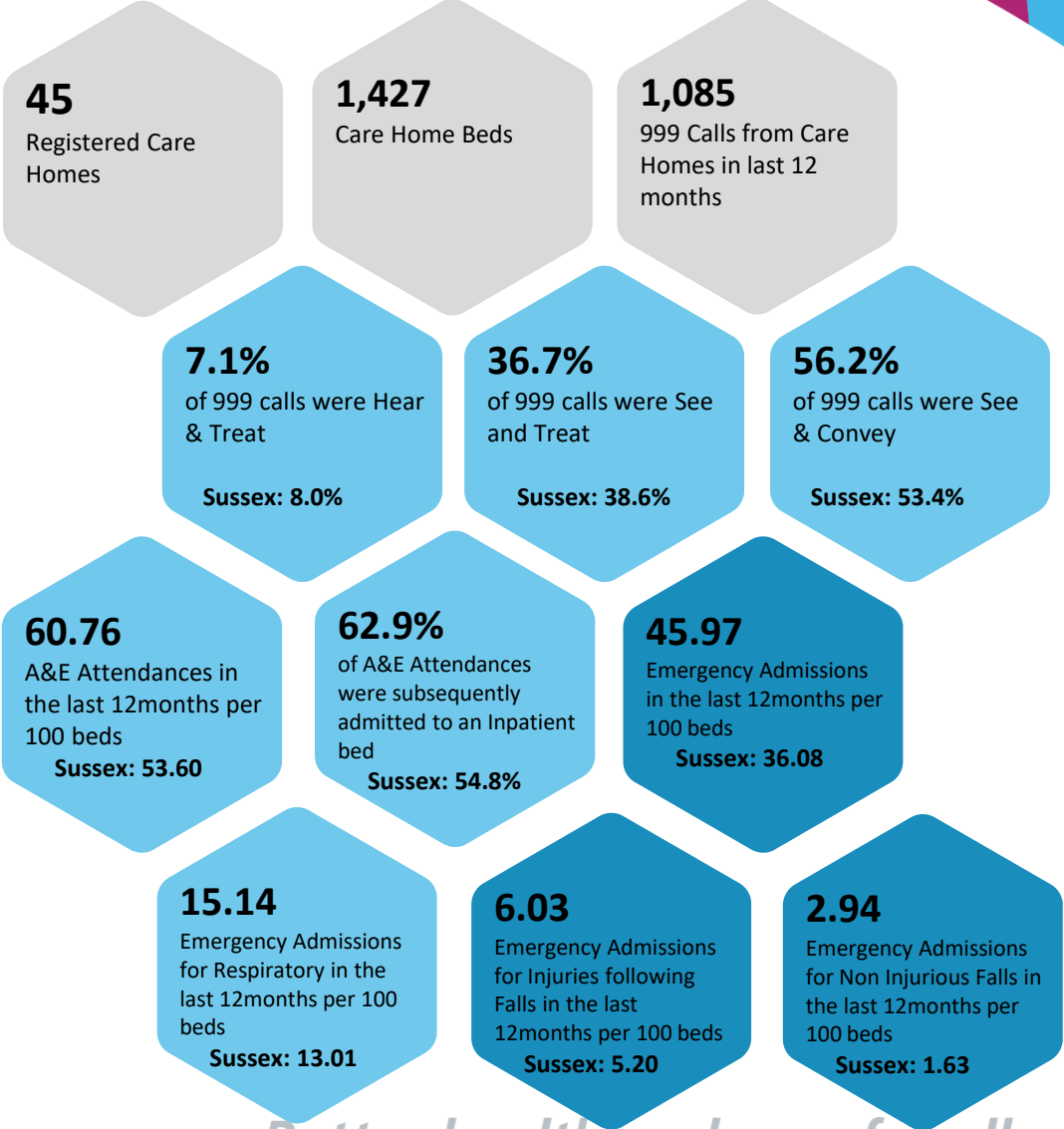
- The rate of Emergency Admissions is higher for Chichester ICT patients is higher than the Sussex average.
- Emergency admissions in the last year following a fall or non-injurious fall is higher than the Sussex average.



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)



Better health and care for all

Adult Social Care – Chichester ICT

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

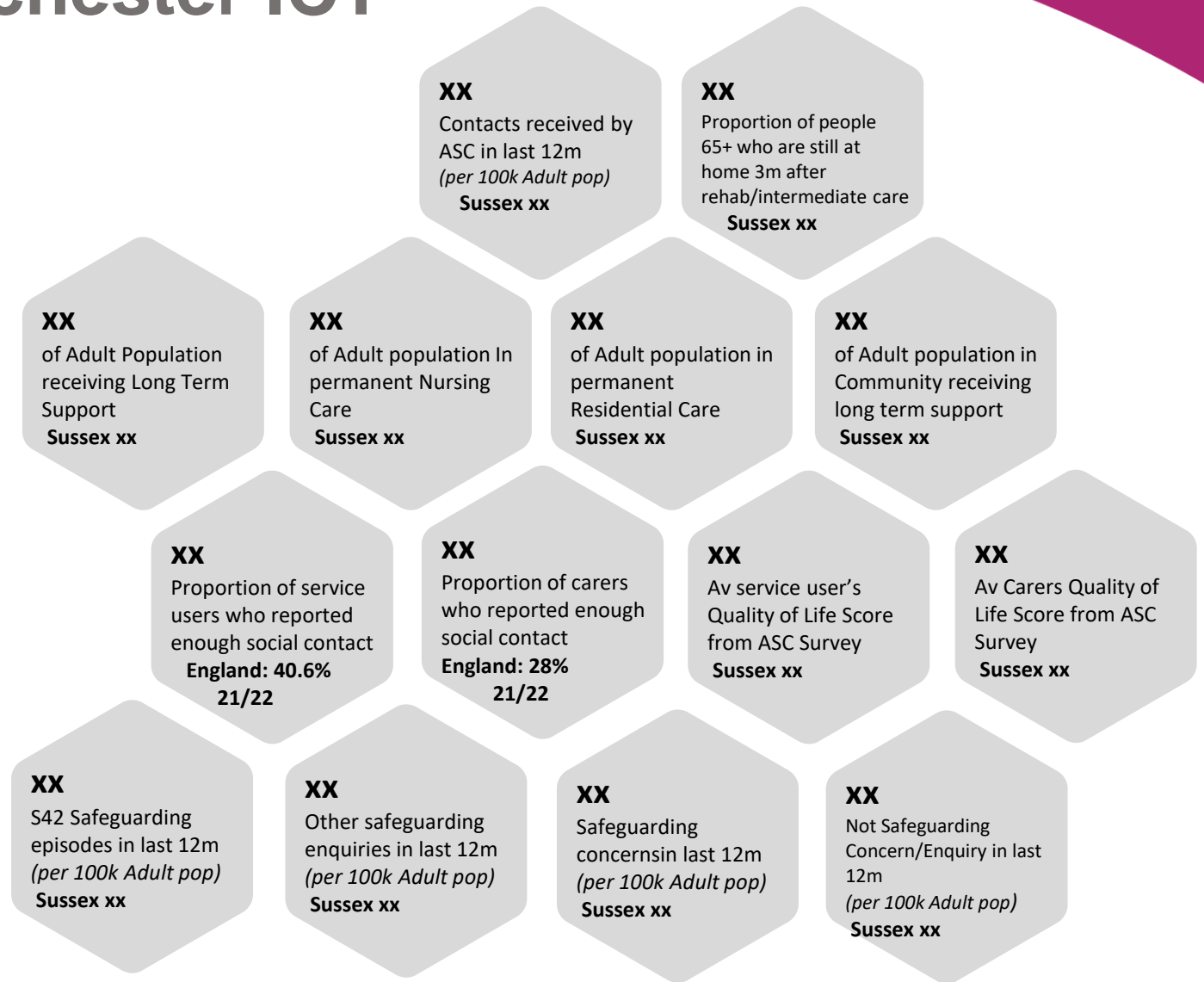
Data have been divided in East Sussex and Brighton and Hove.

This information is illustrative.

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)



Better health and care for all

Links to key resources

Local mappings sites

- Community insight – Brighton & Hove [Local Insight \(communityinsight.org\)](https://communityinsight.org)
- East Sussex in figures [Welcome to ESiF \(eastsussexinfigures.org.uk\)](https://eastsussexinfigures.org.uk)

JSNAs

- Brighton & Hove [Joint Strategic Needs Assessment \(JSNA\) \(brighton-hove.gov.uk\)](https://brighton-hove.gov.uk)
- East Sussex [East Sussex Joint Strategic Needs Assessment | \(eastsussexjsna.org.uk\)](https://eastsussexjsna.org.uk)
- West Sussex [Welcome to the West Sussex JSNA - West Sussex JSNA Website](https://www.westsussexjsna.org.uk)

National tools with local area data

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

NHS Sussex ICB

- Sussex Insight bank <https://int.sussex.ics.nhs.uk/nhs-sussex/tools-for-your-work/insight-bank/>
- [ICB Information Station](https://www.sussex.nhs.uk/ics/information-station)