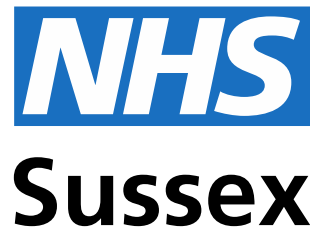


# Mid Sussex Integrated Community Team Population Profile Pack - **DRAFT**



November 2023



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# 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.

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# Headline Findings 1

- **Population Size and Change** – Mid Sussex has 152,600 residents. Since 2011 the population has grown by 9%, higher than England growth level (6.6%).
- **Diversity** – The population is less ethnically diverse compared with England. There is a higher percentage of people aged 65 years or over compared with England, but a similar percentage of people aged under 20 years.
- **Core20** - No area within Mid Sussex is ranked amongst the most 20% deprived neighbourhoods in England.
- **Life Expectancy** - Mid Sussex has the second highest life expectancy for men and women amongst Sussex ICTs (after Horsham) at 80.8 years, and for women, at 85.5 years. There are differences between the life expectancy in the most deprived and least deprived areas, the difference for men is 4.6 years compared, for women the difference is 3.8 years.
- **Wider Determinants of Health** – Mid Sussex compares well with England, with relatively low levels of child and pensioner poverty. There is a low 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. There is a lower rate of private renting, low percentage of adults without qualifications and a high rate of working aged people in employment. Mid Sussex also has a lower crime rate (overall crime, violent crime and anti-social behaviour rate) compared with England.
- **Population Health** – Mid Sussex compares favourably with Sussex and England on many public health outcome measures including a lower rate of alcohol related admissions, lower percentage of obese adults, higher levels of physical activity. But there remain challenges, there is a lower percentage of adults reported cycling three times a week for travel and one in ten adult remains a smoker.
- There are relatively high rates of cancer screening, relatively high rate of cancer diagnosed at Stages 1 or 2, lower rates of hospital admission for COPD, and lower premature mortality rates for CVD and respiratory diseases.

# Headline Findings 2 Health Care

- **Primary Care** – There are 4 PCNs with 12 GP Practices with varying levels of population. 2 practices (Mid Sussex & Modality) have >15k registered patients. All practices are rated Good by the CQC. The change in GP registered population is lower than the Sussex average
- **In Mid Sussex** – Mid-Sussex A&E attendances during the last year were higher than the average and in the highest quartile for Sussex. Annual care plans for dementia patients is lower than the Sussex average. COVID booster and flu vaccination rates are higher than the Sussex average.
- **Long Term Conditions\*** - In Mid Sussex prevalence (as defined by QOF registers) is lower than the Sussex average for seven of the sixteen reported conditions, these are: COPD; depression; diabetes; learning disability; mental health; obesity and palliative care.
- **Community Care** - The number of community nursing contacts for Mid Sussex patients is considerably lower than the Sussex average. Attendances at UTCs is significantly higher than the Sussex average. Both 2-hour referrals and standard referrals for the Urgent Community Response (UCR) are lower than the Sussex average.
- **Planned Care Alternatives and Cancer Care** – DNA rates are lower in Mid Sussex than the Sussex average. In relation to cancer Lower GI suspected cancer referrals are lower than the Sussex average.
- **Acute Planned Care** – The percentage of Mid Sussex ICT patients waiting 52+ or 65+ weeks for treatment at PRH is significantly higher than the Sussex average, follow up outpatient appointments (rate per 100 population) are worse than the Sussex average. Day case inpatient admissions are higher than the Sussex average and in the highest quartile for Sussex.
- **Urgent and Emergency Care** – A&E attendances for Same Day Urgent Care is higher than the Sussex average. Emergency admissions via A&E in Mid Sussex are higher the Sussex average and in the highest quartile for Sussex. The percentage of A&E attendances resulting in an admission is lower than the Sussex average
- **Care Homes: Urgent Healthcare Use** – The percentage of “See and Convey” calls for Mid Sussex patients is higher than the Sussex average. A&E attendances in the past year per 100 care beds were higher than the Sussex average, as were the rate of emergency admissions for respiratory conditions, which were in the highest quartile for Sussex.

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\*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.

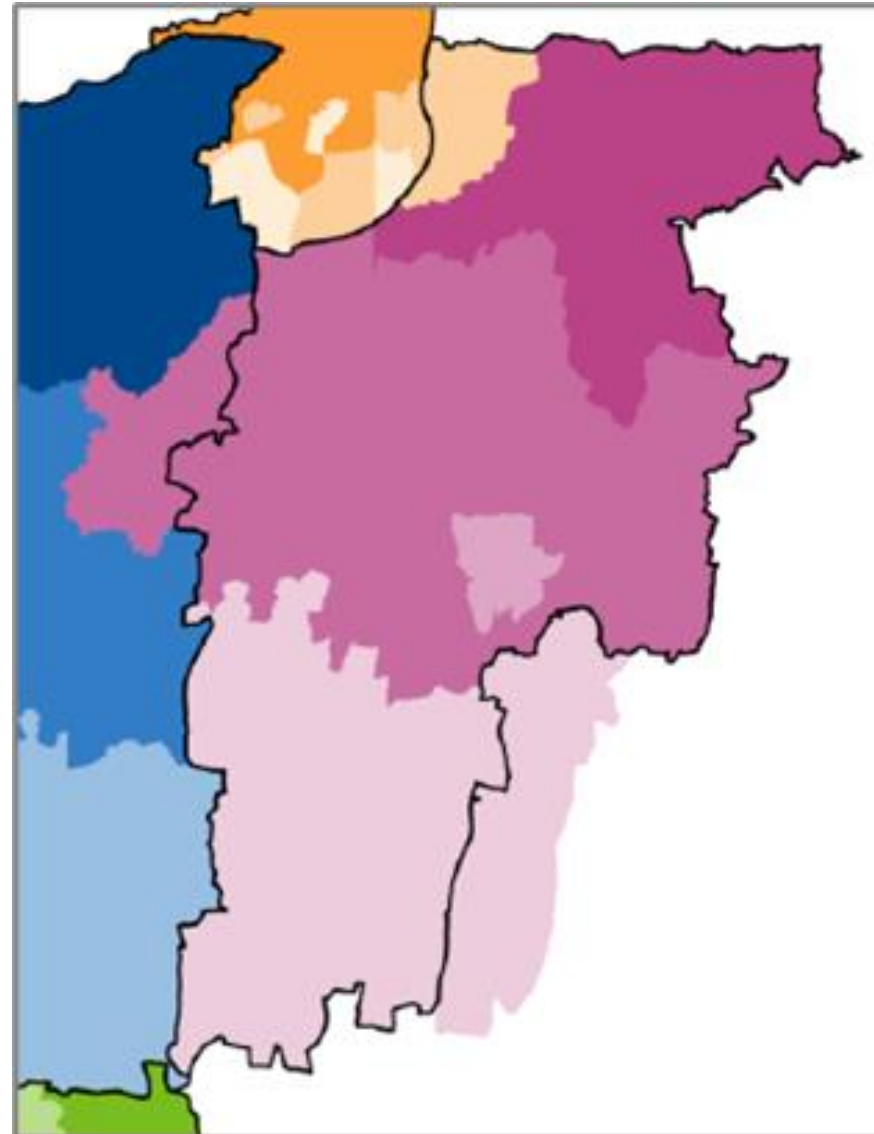
# Mid Sussex ICT Geography

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

Unlike other ICTs, Mid Sussex also has PCNs with catchment in East Sussex

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

- U80779 East Grinstead PCN
- U03364 Haywards Heath Villages PCN
- U04725 Haywards Heath Central PCN
- U06871 Burgess Hill & Villages PCN
- U52694 Crawley Care Collaborative PCN
- U14816 Healthy Crawley PCN
- U33451 South Crawley PCN
- U26939 Horsham Central PCN
- U96386 Horsham Collaborative PCN
- U57981 Chanctonbury PCN
- U37037 Shoreham and Southwick PCN
- U87478 Lancing and Sompting PCN
- LA District Boundaries

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# Summary Contents 1

Section	Slide	Contents
<b>Who lives here</b>	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
<b>Building blocks of health</b>	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
<b>What services are within the ICT</b>	Map of services	Location of services within the ICT geography

# Summary Contents 2

Section	Slide	Contents
<b>The Health of the Population</b>	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
<b>Healthcare services - Primary Care</b>	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
<b>Healthcare services – MHLDA</b>	Mental Health and Learning Difficulties	Dementia Diagnosis Rate, Learning Disabilities AHC, Talking therapies,
<b>Healthcare services - Community</b>	Community Health Services	Community Nursing, Community Beds, Community Services
<b>Healthcare services - Non Urgent Care</b>	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
<b>Healthcare Services - UEC</b>	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
<b>Adult Social Care</b>	Adult Social Care	Contacts, patients receiving Long Term Support, Reported Quality of Life, Safeguarding concerns
<b>Appendix</b>	Links to useful sites	For more detail on the headlines in this pack



# Who lives in Mid Sussex ICT

Around 152,600 people live in Mid Sussex (2021 Census)  
An increase of 9.1% since 2011

Between 2011 and 2020 there have been

- 13,736 Births
- 12,222 Deaths
- 8,110 estimated increase from internal UK migration
- 2,250 estimated increase from international migration

Census 2021 data:

- 23% of the population is under 20, compared to 23% for England
- 21% of the population is 65 or over, compared to 18% for England
- 3.1% of the population is 85 or over, compared to 2.4% for England

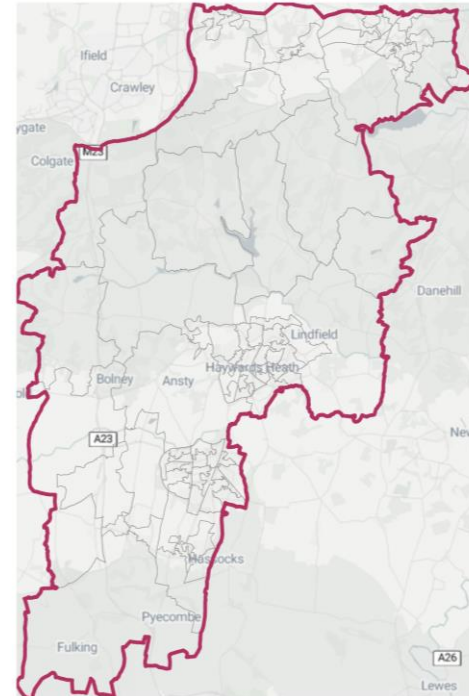
922 residents aged 65+ live in a care home (with or without nursing)

## Mid Sussex Integrated Community Team



LSOA (2021) based ICT boundaries.  
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## Mid Sussex ICT Core20 areas;



LSOA (2011) based boundaries.  
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Mid Sussex ICT comprises of 86 neighbourhoods (2011 based LSOAs). There are **no Core20 neighbourhoods** (representing the most deprived 20% of neighbourhoods nationally) in this ICT.

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# Key Demographic Groups within Mid Sussex ICT

## Compared with England

- Mid Sussex has a higher percentage of 65+ population, but at the same time a similar percentage of people aged under 20.
- Mid Sussex is less ethnically diverse compared with England.

## Mid Sussex ICT population groups

### Age

Mid Sussex has an older age structure than England:

- 23.2% of people are aged under 20 (23%)
- 56.1% aged 20-64 (58%)
- 20.6% aged 65+ (18%)

### Ethnicity

14.2% of people are Black or racially minoritised\* (27%):

- 3.6% Asian or Asian British (10%)
- 0.9% Black or Black British (4%)
- 2.5% Mixed or multiple ethnic group (3%)
- 0.1% Arab (0.6%)
- 6.4% White Irish or White other (8%)

### Religion

42.1% of people have no religion or belief (37%):

- 47.9% Christian (46%)
- 1.2% Muslim (6.7%)
- 0.2% Jewish (0.5%)
- 0.4% Buddhist (0.5%)
- 1.0% Hindu (1.8%)
- 0.1% Sikh (0.9%)
- 0.7% Other religion (0.6%)

### Pregnancy & maternity

There were 1,557 live births in 2021<sup>2</sup>

### Sex

Female 51.5% (51%)  
Male 48.5% (49%)

### Gender identity

0.3% 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 4.0% of people, English is not their main language (9%)  
0.4% do not speak English well (1.6%)

### Disability

14.5% 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)<sup>1</sup> [UTLA](#)

### Veterans

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

### Marriage / civil partnership

51.9% of people aged 16+ are married or in a civil partnership (45%)  
30.6% Never married/civil partnership (38%)  
2.0% Separated (2%)  
9.2% divorced/civil partnership dissolved (9%)  
6.3% widowed / surviving civil partnership partner (6%)

### Carers

8.0% of people provide unpaid care (9%)

England figure in brackets

Source: Census 2021 unless otherwise stated

<sup>1</sup> Department for Education, <sup>2</sup> ONS

\* Non White UK/British

[UTLA A](#): Only available at LTI A level

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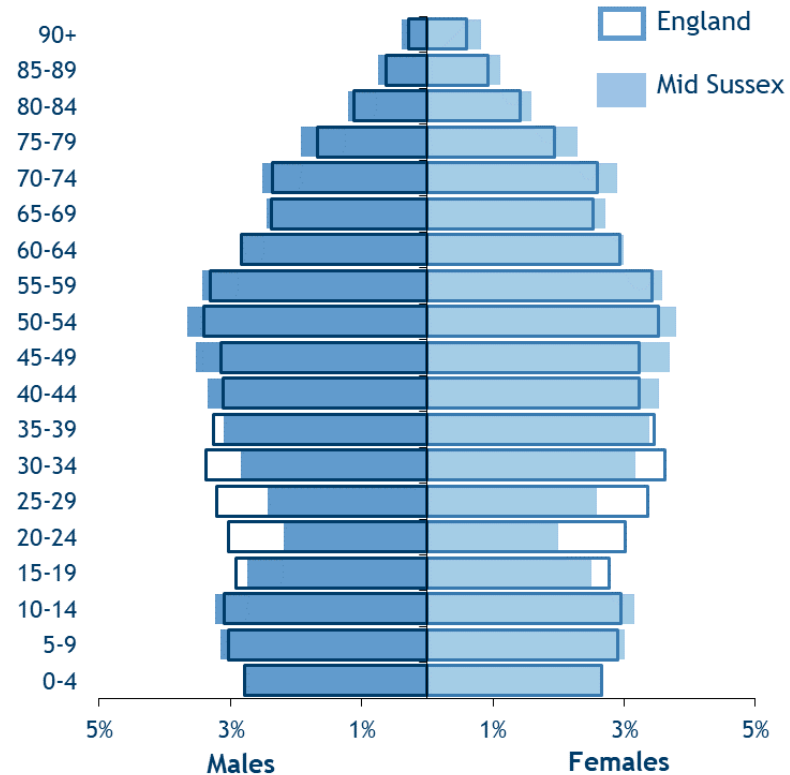
# Current population & change over the last 10 years

In Mid Sussex, 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 4,450 (43.6%) since 2011.

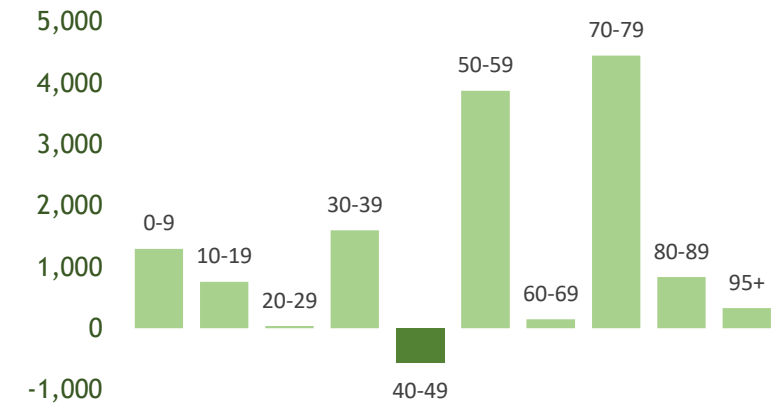
**Total population 152,572**

Mid Sussex population profile 2021



**Increase in population 12,772**

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



	2021	2011	Mid Sussex change	England %	England %
0-19	35,457	33,400	2,057	6.2%	2.7%
20-64	85,622	81,100	4,522	5.6%	4.4%
65+	31,493	25,300	6,193	24.5%	20.1%
All ages	152,572	139,800	12,772	9.1%	6.6%

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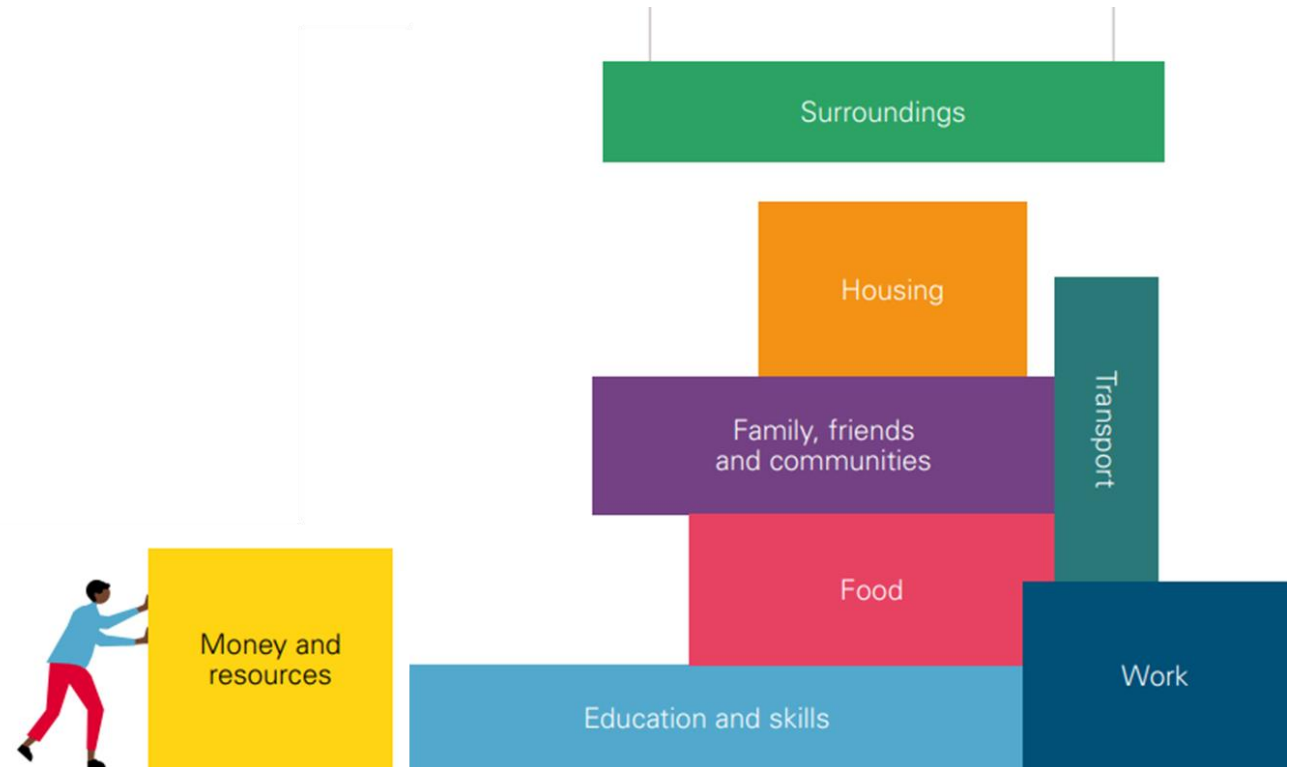
# How is the population expected to change over the next ten years?

## PLACEHOLDER SLIDE

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

# The building blocks of Health

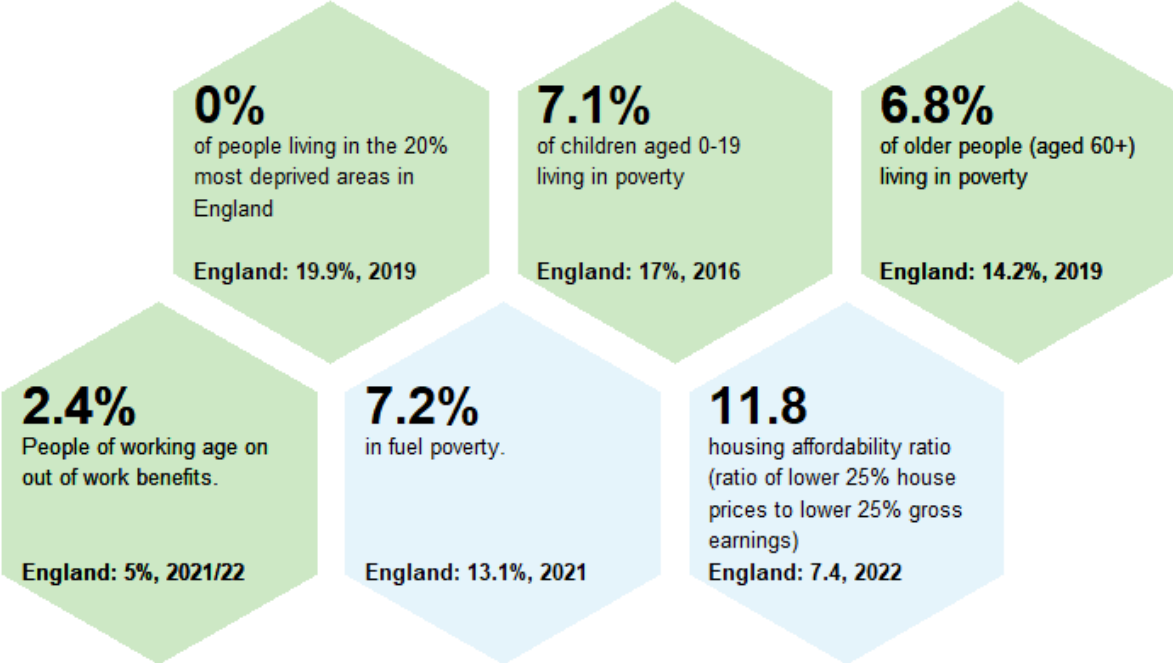
- When we don't have the things we need, like warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on our physical and mental health. This results in poorer physical and mental health, earlier onset of conditions and earlier death.
- Almost every aspect of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



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# Building blocks of health in Mid Sussex ICT

- Mid Sussex compares well with England, with relatively low levels of child and pensioner poverty.
- There is a low 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.



Mid Sussex ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

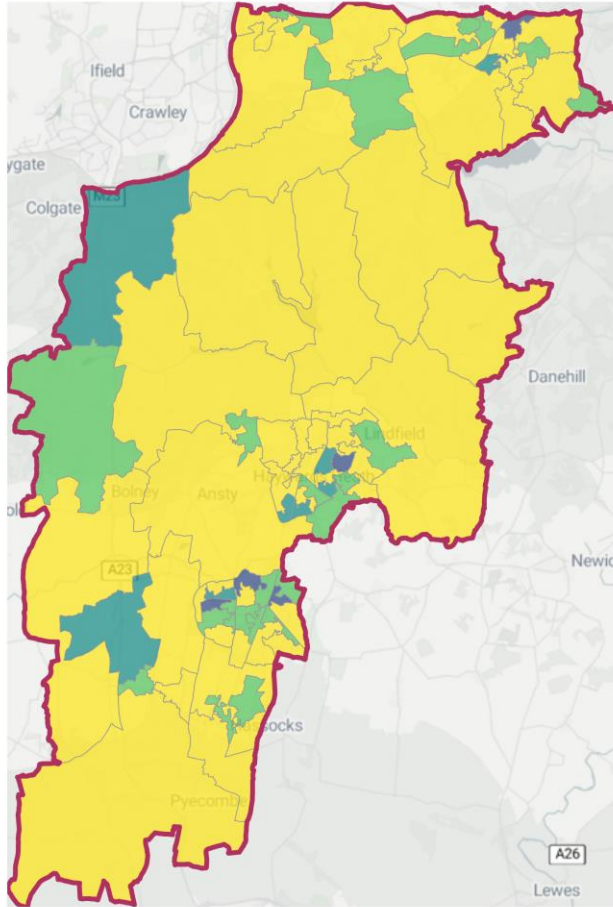
  Available at a higher geography (West Sussex local authority) only

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# Building blocks in Mid Sussex 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)



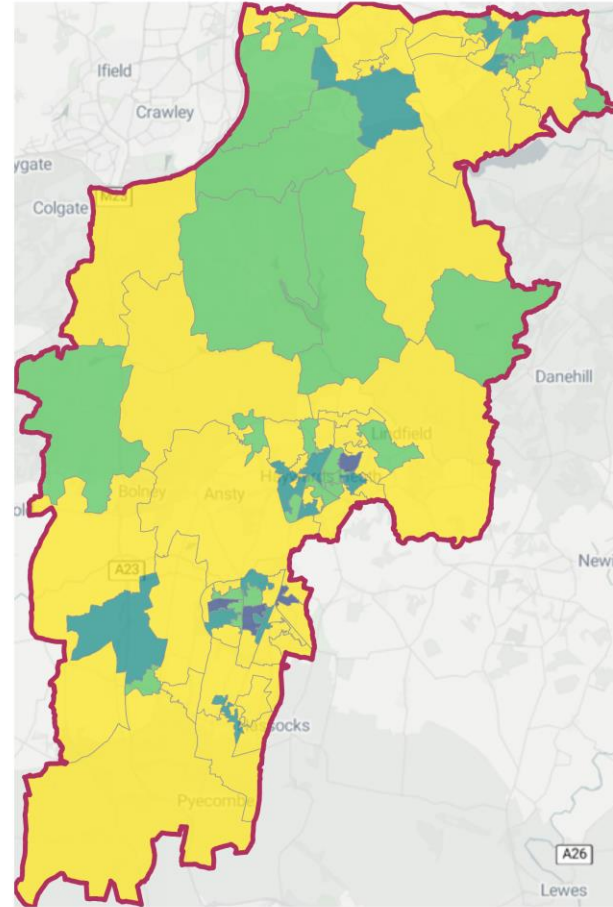
IDACI score (national rankings)

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

In Mid Sussex ICT, none of its 86 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 23.8% or one in four children experiencing income deprivation.

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



IDAOP score (national rankings)

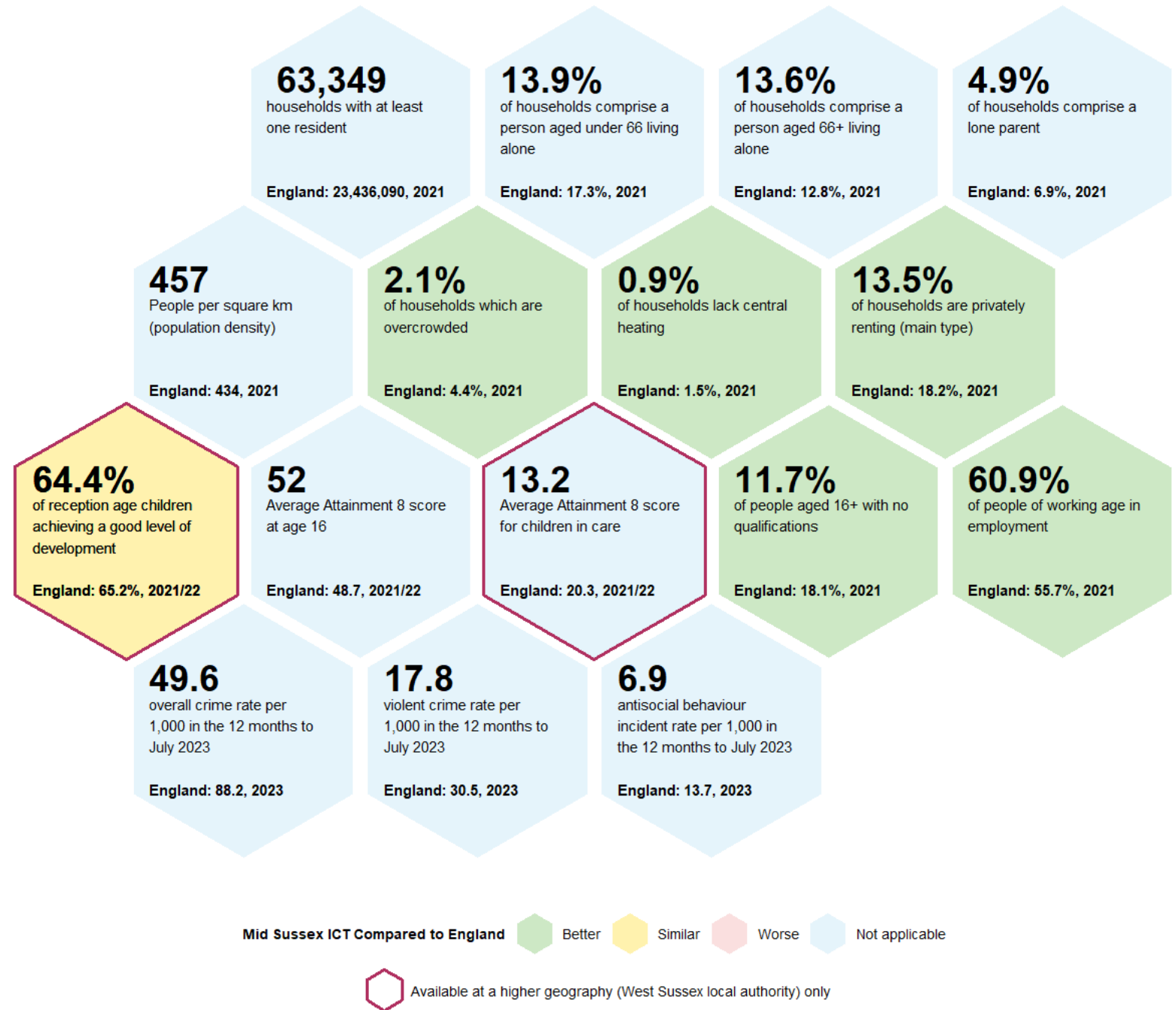
- Most deprived 20%
- Quintile 2
- Quintile 3
- Quintile 4
- Least deprived 20%

There were also no neighbourhoods in Mid Sussex ICT with an IDAOP 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 20.6% or one in five older people.

LSOA (2011) based boundaries.  
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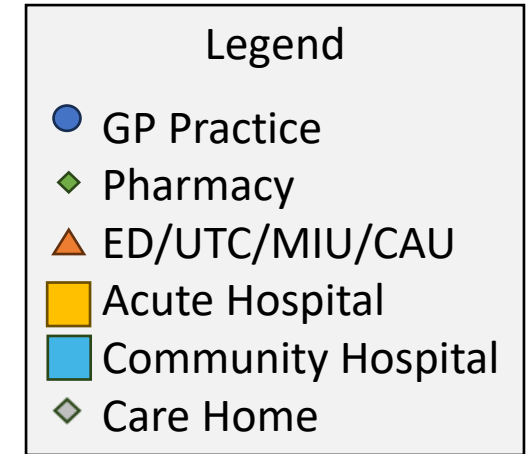
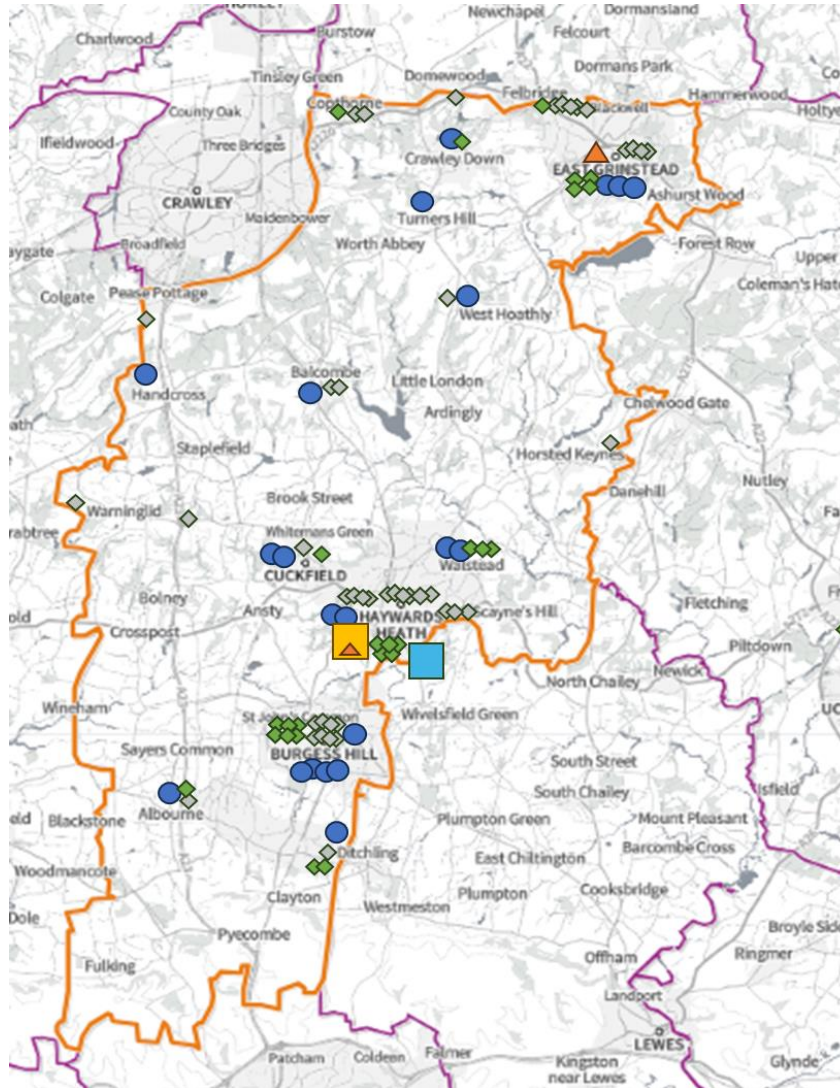
# Building blocks of health in Mid Sussex ICT

- Mid Sussex compares favourably on many measures. Overall, Mid Sussex has a low level of household overcrowding, lower rate of private renting, low percentage of adults without qualifications and a high rate of working age people in employment.
- Mid Sussex also has a lower crime rate (overall crime, violent crime and anti-social behaviour rate) compared with England.





# Services within Mid Sussex ICT



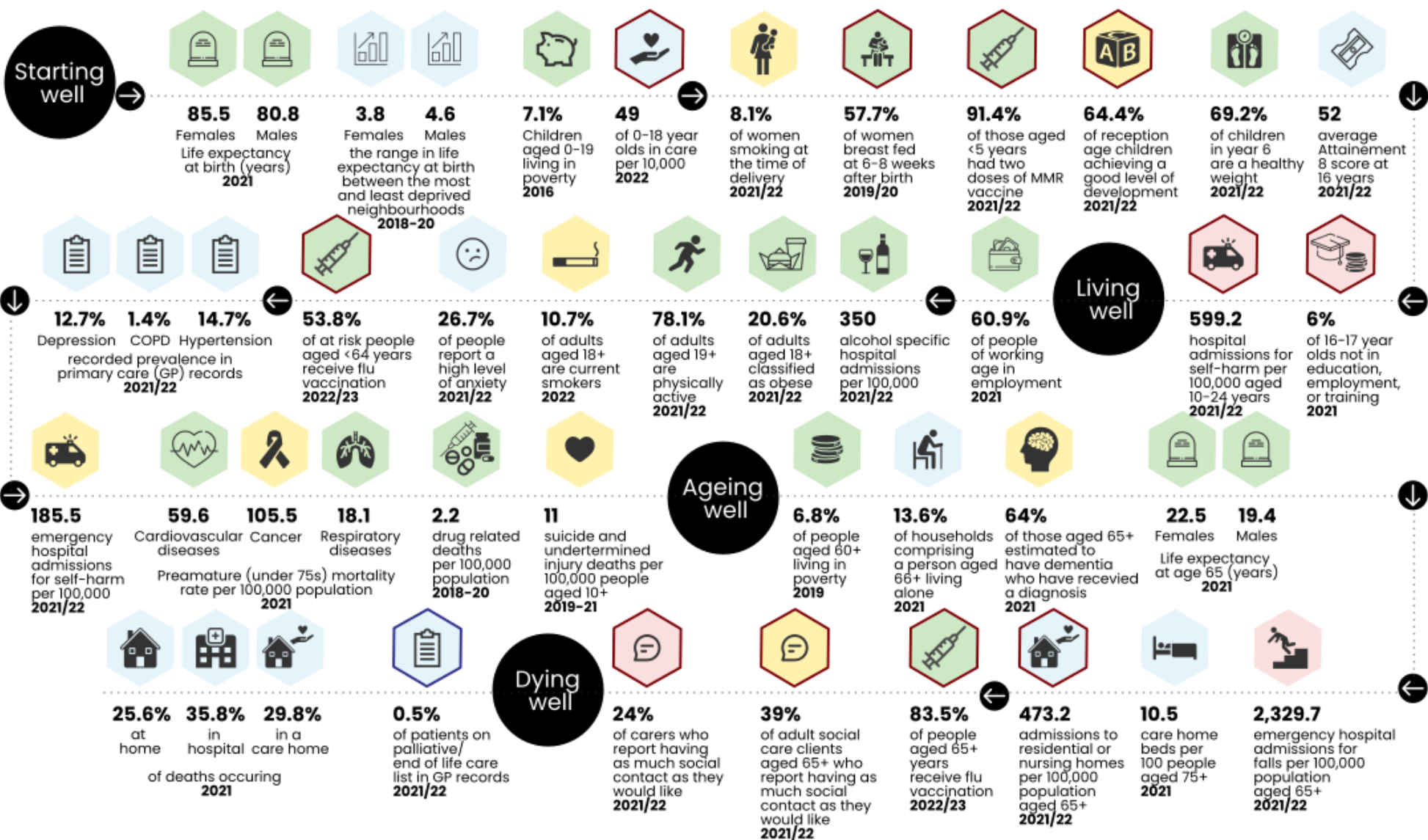
More detailed mapping of services is available at:

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# Mid Sussex 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 Mid Sussex ICT and are compared with England

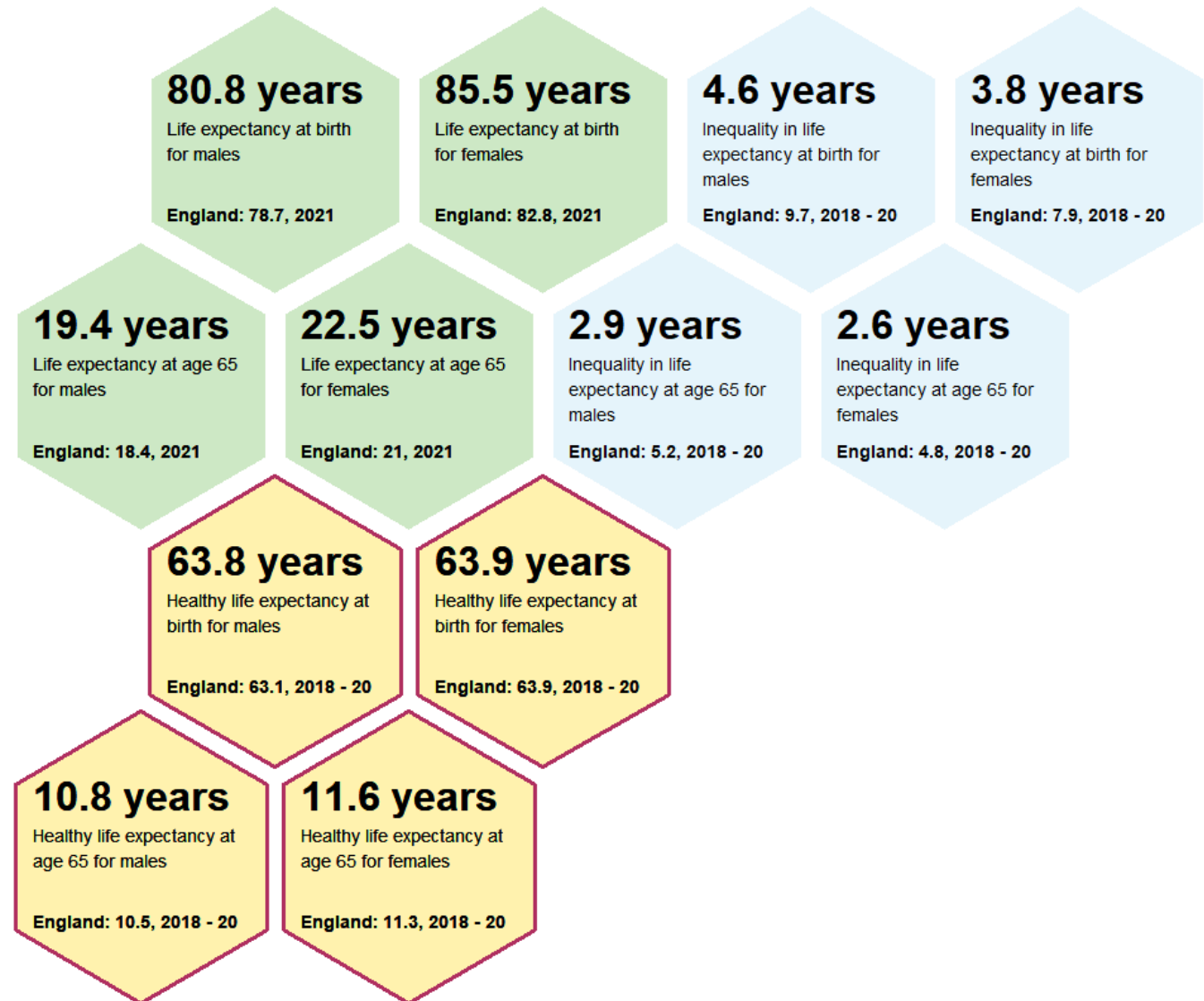


Available only at a higher geography (West Sussex local authority)

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

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

- Mid Sussex has the second highest life expectancy of all the Sussex ICTs both for men, at 80.8 years, and for women, at 85.5 years.
- There are differences between the life expectancy in the most deprived and least deprived areas, the difference for men is 4.6 years compared, for women it 3.8 years.
- 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.



Mid Sussex ICT compared to England Better Similar Worse Not applicable

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

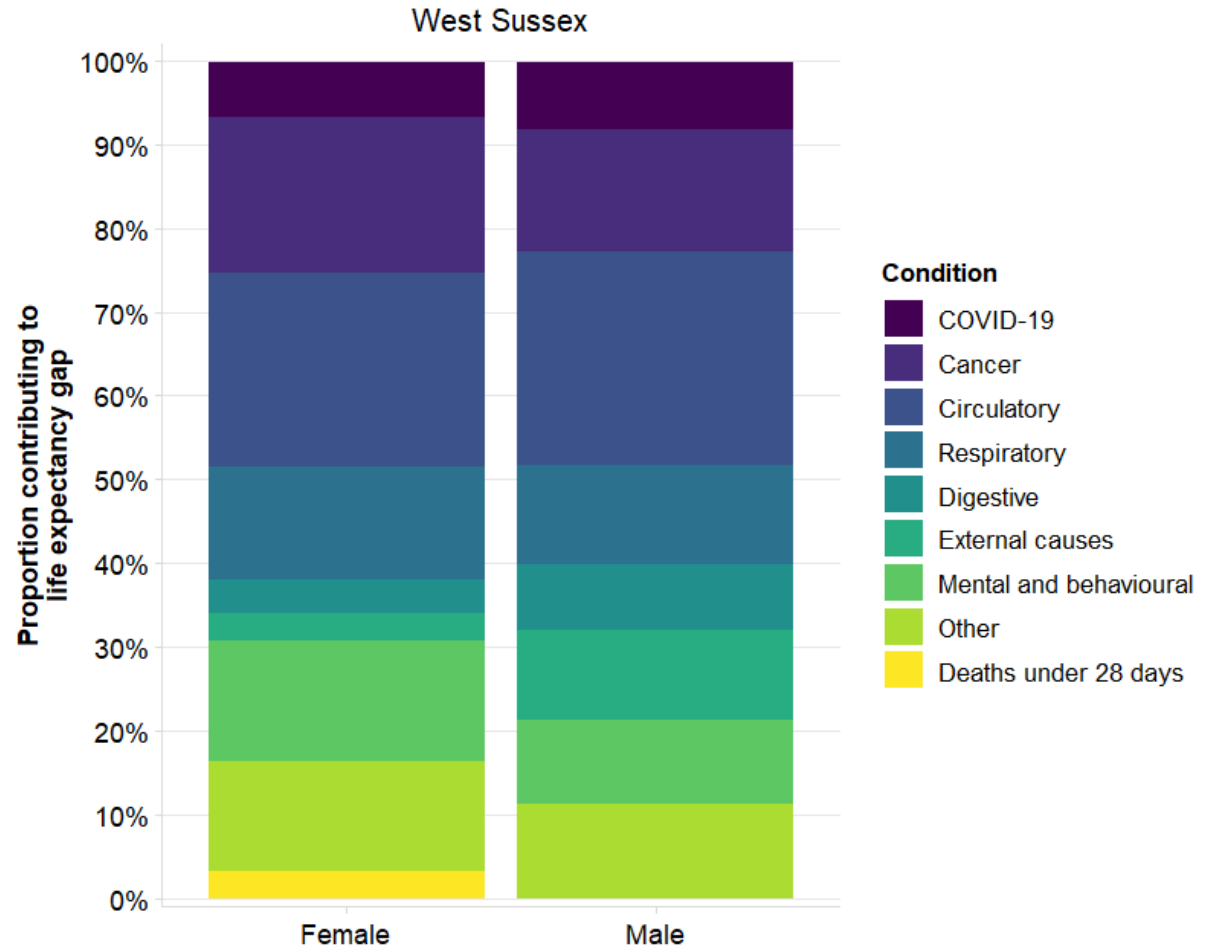
# Main causes contributing to the gap in life expectancy – West Sussex

- For males - circulatory, external causes 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:

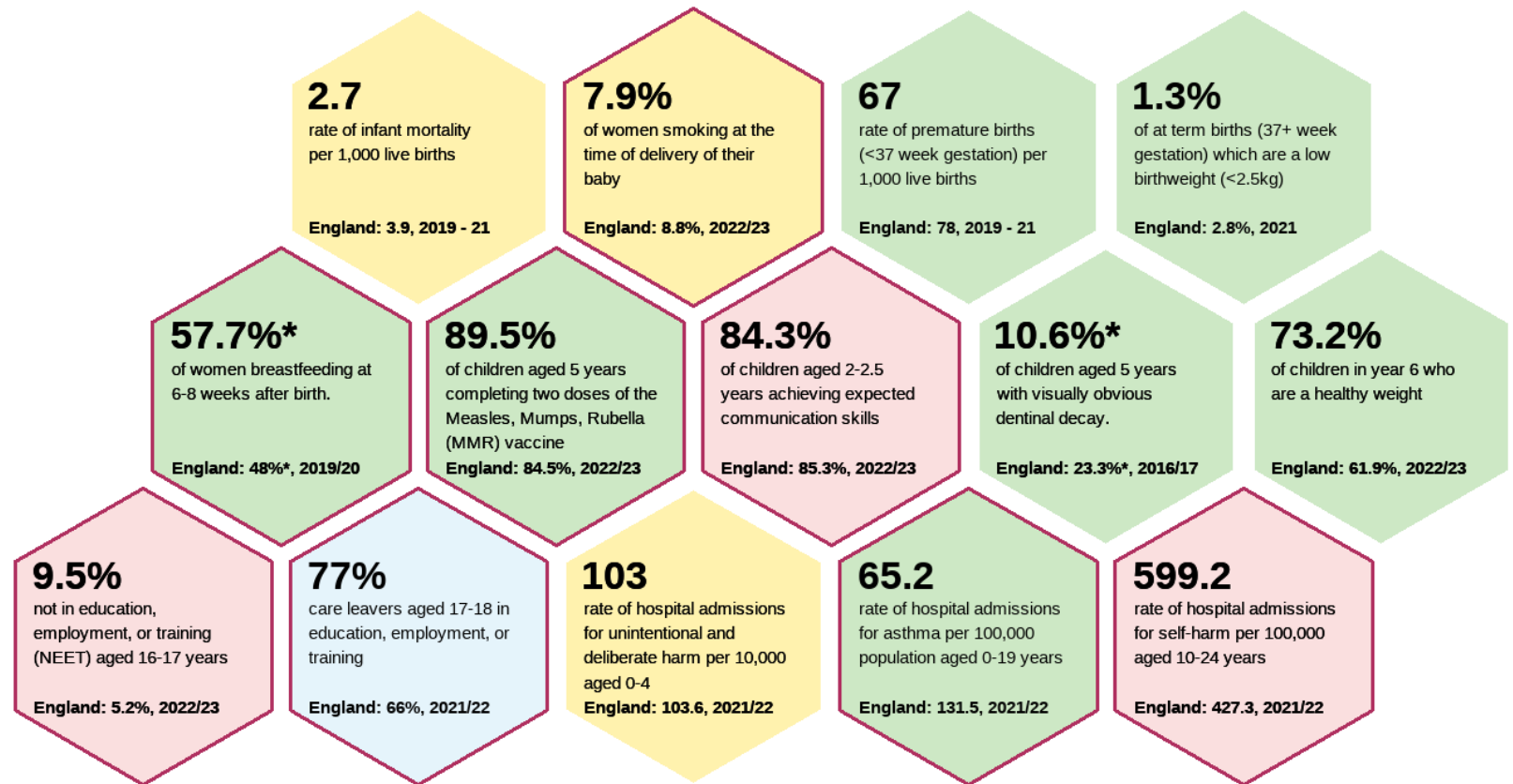
- MSK and pain management
- Sensory impairment

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

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# Starting well in life in Mid Sussex ICT

- Infant, maternal and child outcomes in Mid Sussex are similar to or better than England.
- At West Sussex level, compared with England:
  - A higher percentage of young people are not in employment, education or training (or their status is not known)
  - A lower percentage of young children (2 to 2.5 years) assessed as achieving expected communication skills
  - There is a relatively higher rate of breastfeeding and MMR take up
  - There is a higher rate of hospital admissions for young people self-harming
  - There is a lower rate of hospital admissions for asthma for 0-19 year olds.



Mid Sussex ICT compared to England

- Better
- Similar
- Worse
- Not applicable

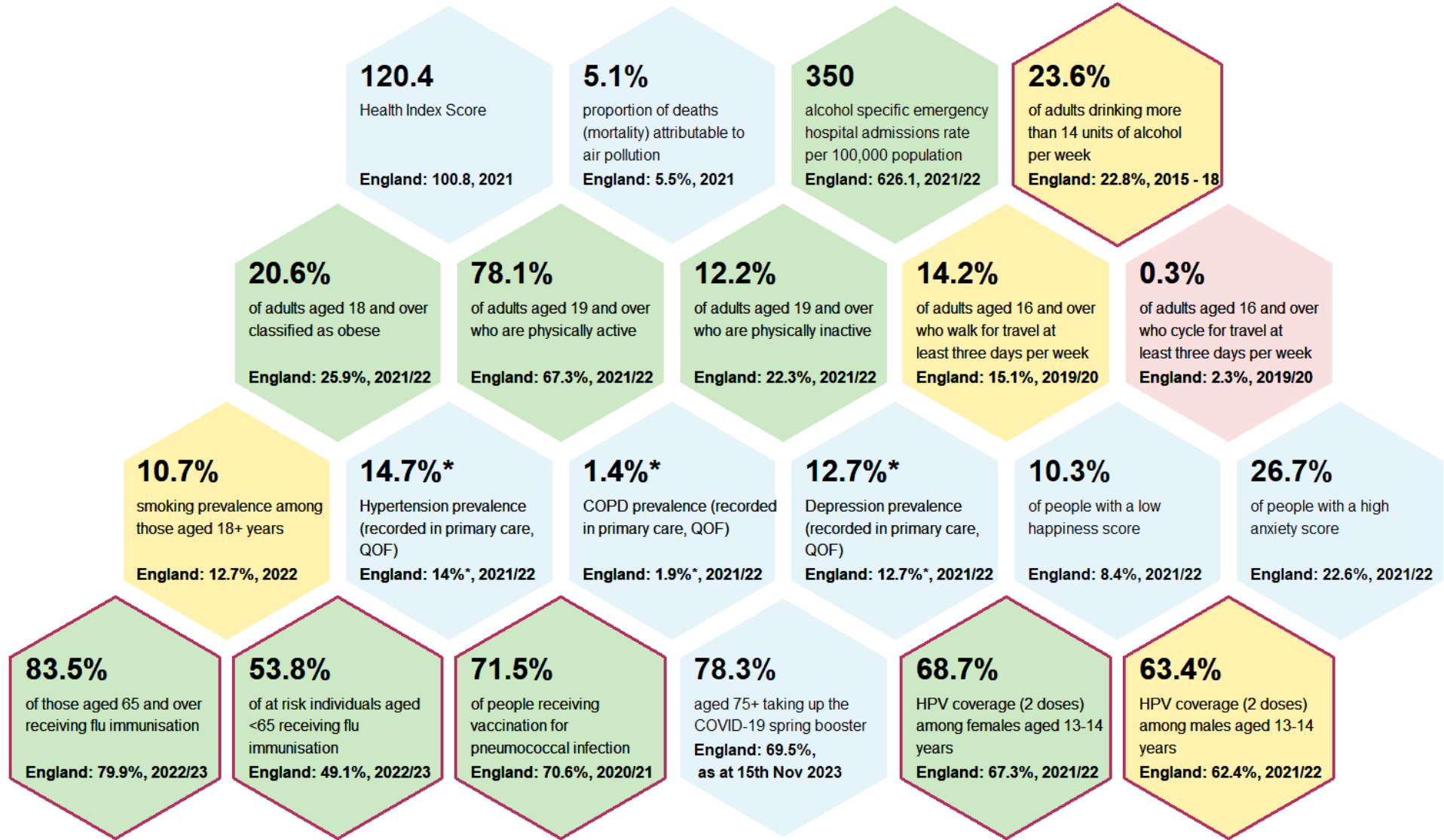
  Available at a higher geography (West Sussex local authority) only

\* 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 Mid Sussex ICT

- Mid Sussex compares favourably with England and many parts of Sussex on a range of outcomes including a lower rate of alcohol related admissions, lower percentage of obese adults, higher levels of physical activity.
- A lower percentage of adults reported cycling three times a week for travel
- One in ten adult remains a smoker



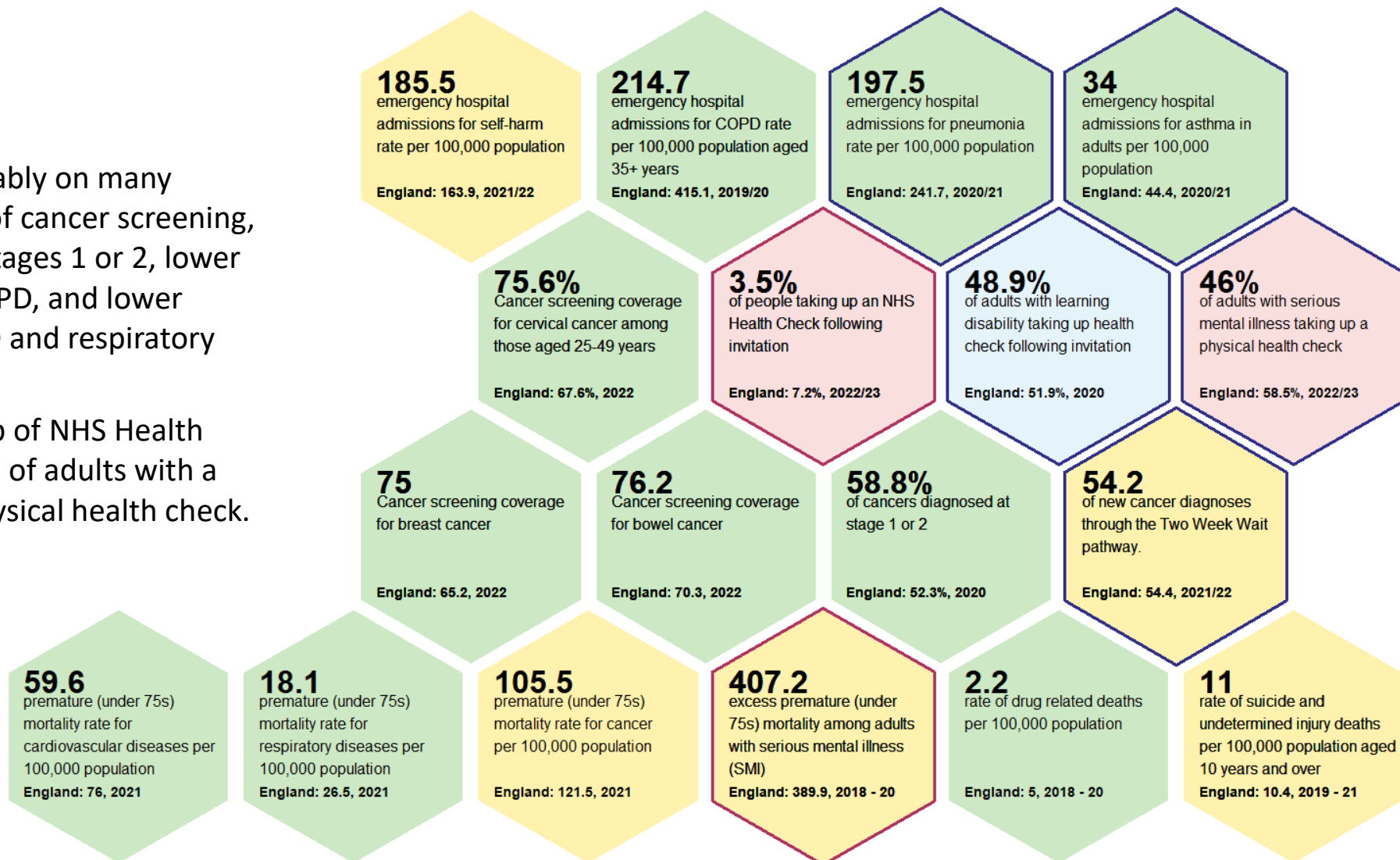
Mid Sussex ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

  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 Mid Sussex ICT

- Mid Sussex area compares favourably on many measures, including higher rates of cancer screening, the rate of cancer diagnosed at Stages 1 or 2, lower rates of hospital admission for COPD, and lower premature mortality rates for CVD and respiratory diseases.
- 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.



Mid Sussex 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

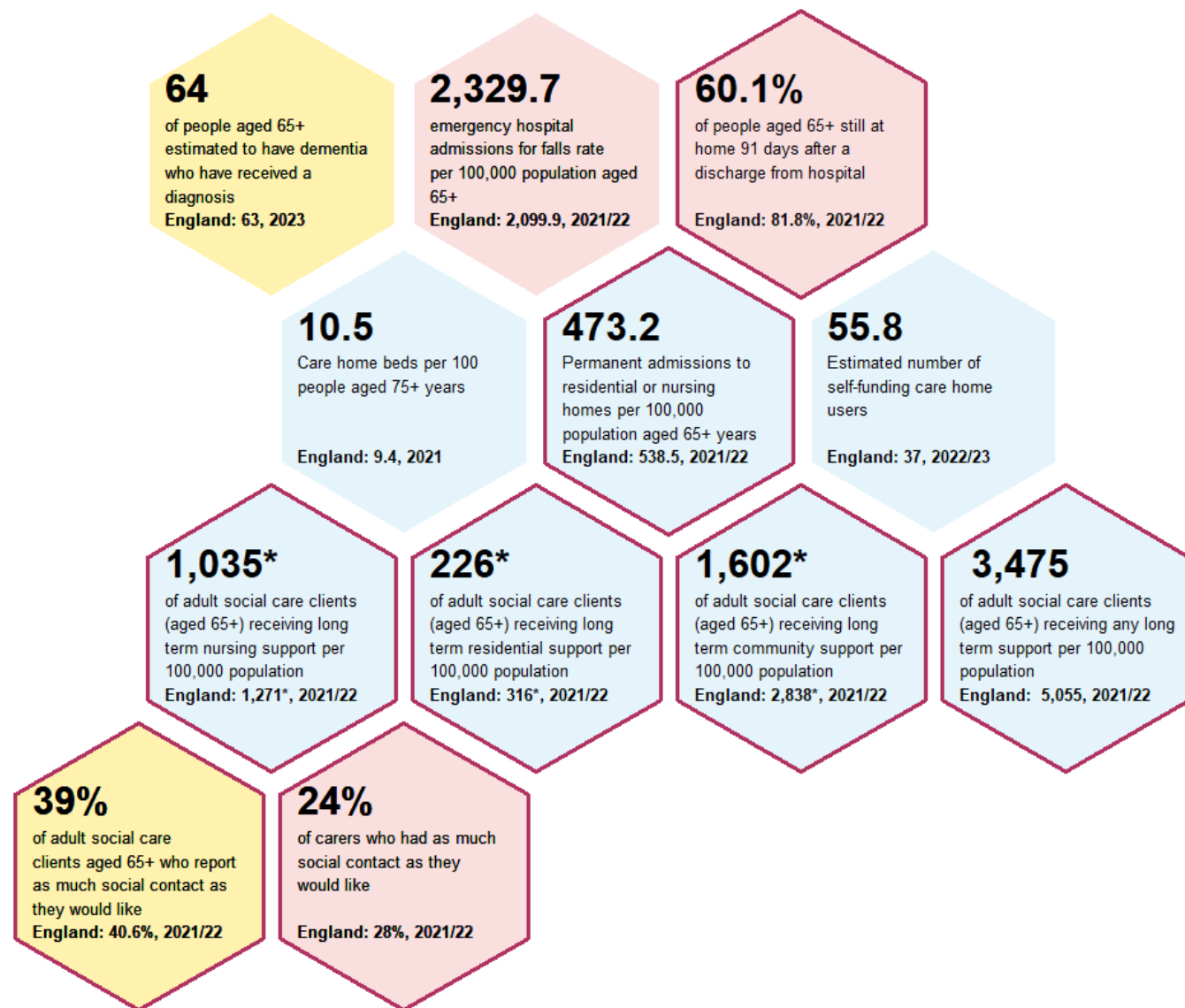


# Ageing well – Mid Sussex ICT

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 Mid Sussex level there are more emergency admissions for falls compared with England.

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

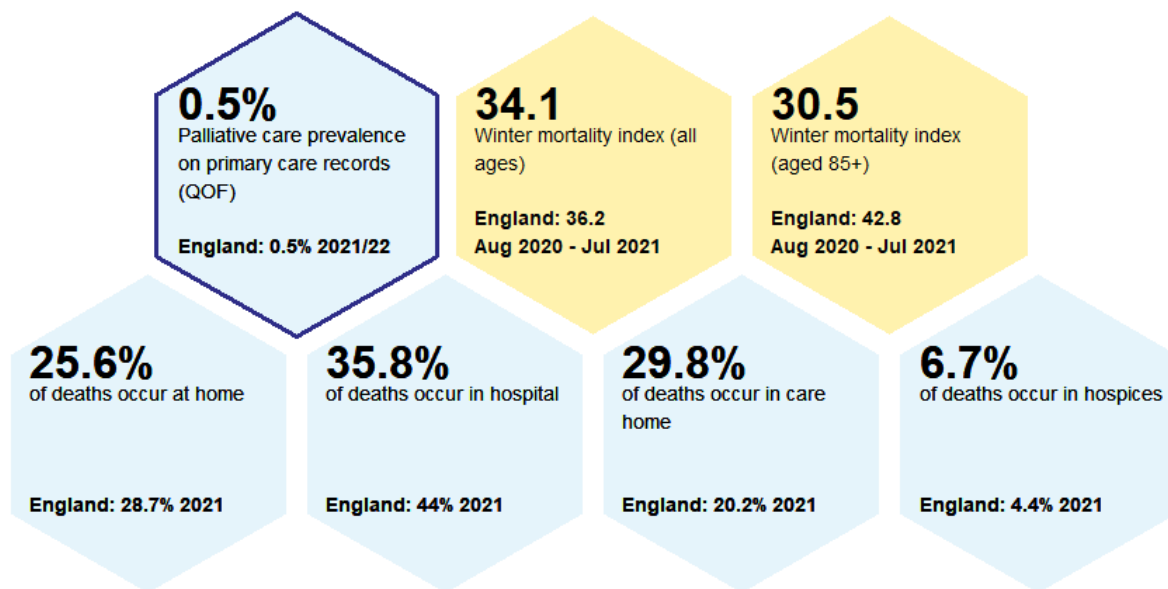
- fewer adults (per 100,000 population) receiving long term residential or nursing home support,
- fewer permanent admissions to a care home per 100,000 population,
- Fewer adults (per 100,000) receiving long term support in the community
- A lower percentage of carers said they had as much social contact 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



Mid Sussex 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.



Mid Sussex 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

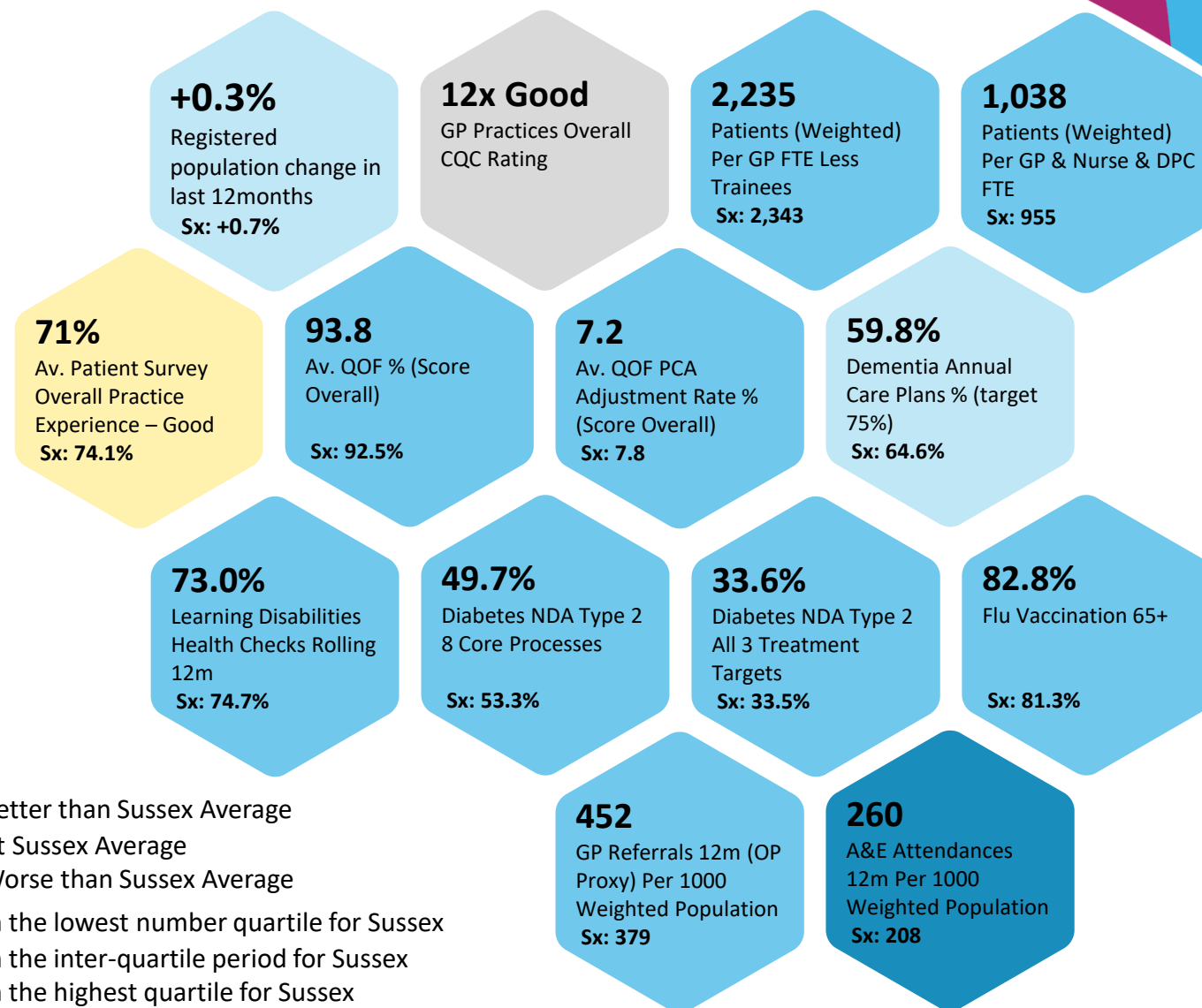
There are a limited set of indicators available around dying well.

In relation to place of death of Mid Sussex residents:

- A relatively high percentage of people have a care home as their place of death (29.8% of deaths, compared with 20.2% nationally).
- A lower percentage of all deaths are in hospital, 36% of deaths compared with 44% of deaths nationally.

# GP Primary Care in Mid Sussex ICT

- There are 4 PCNs with 12 GP Practices with very varying levels of population
  - 2 practices (Mid Sussex & Modality) have >15k registered patients
- Mid-Sussex A&E attendances during the last year are higher than the average and in the highest quartile for Sussex
- Annual care plans for Dementia patients is lower than the Sussex average
- The change in GP registered population 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

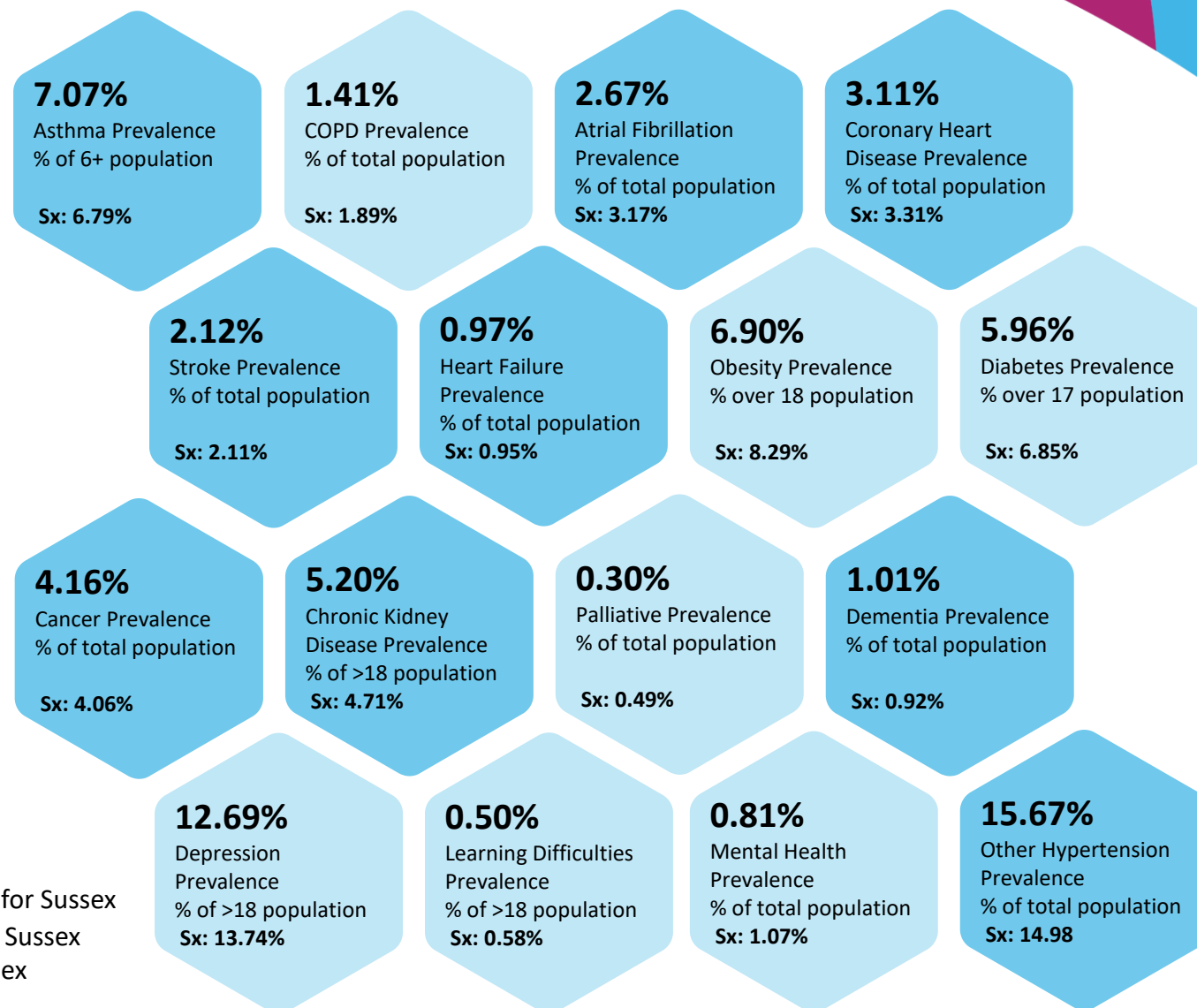
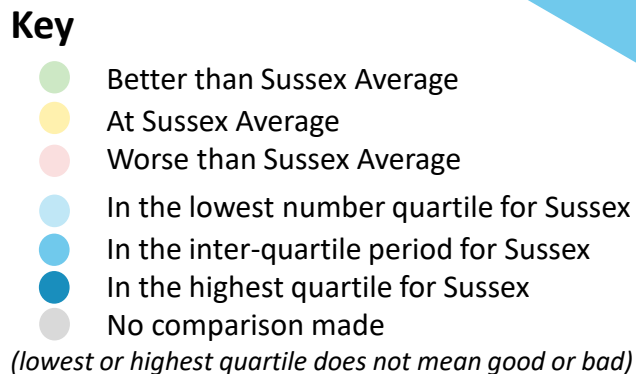
(lowest or highest quartile does not mean good or bad)

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# Long term Conditions : QOF registers – Mid Sussex 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.

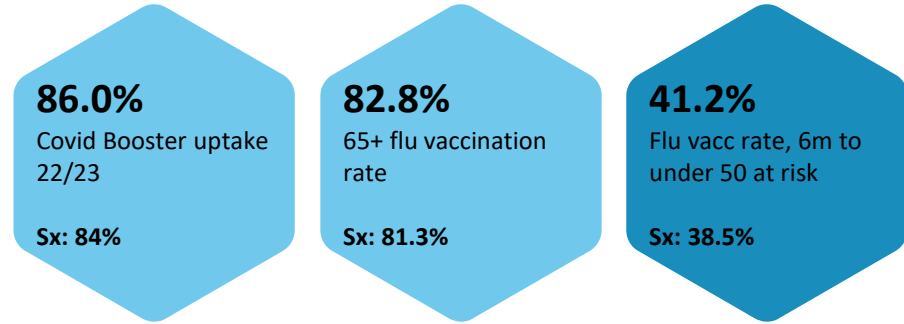
- Prevalence on QOF registers is lower than the Sussex average for 7 of the 16 reported conditions :
  - COPD
  - Depression
  - Diabetes
  - LD
  - MH
  - Obesity
  - Palliative



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# Primary Care 2 – Mid Sussex ICT

- COVID booster and 65+ Flu vaccination uptake in Mid Sussex is higher than the Sussex average.
- Flu vaccination rates under 50 is higher than the Sussex average but also in the highest quartile for Sussex.



## Key

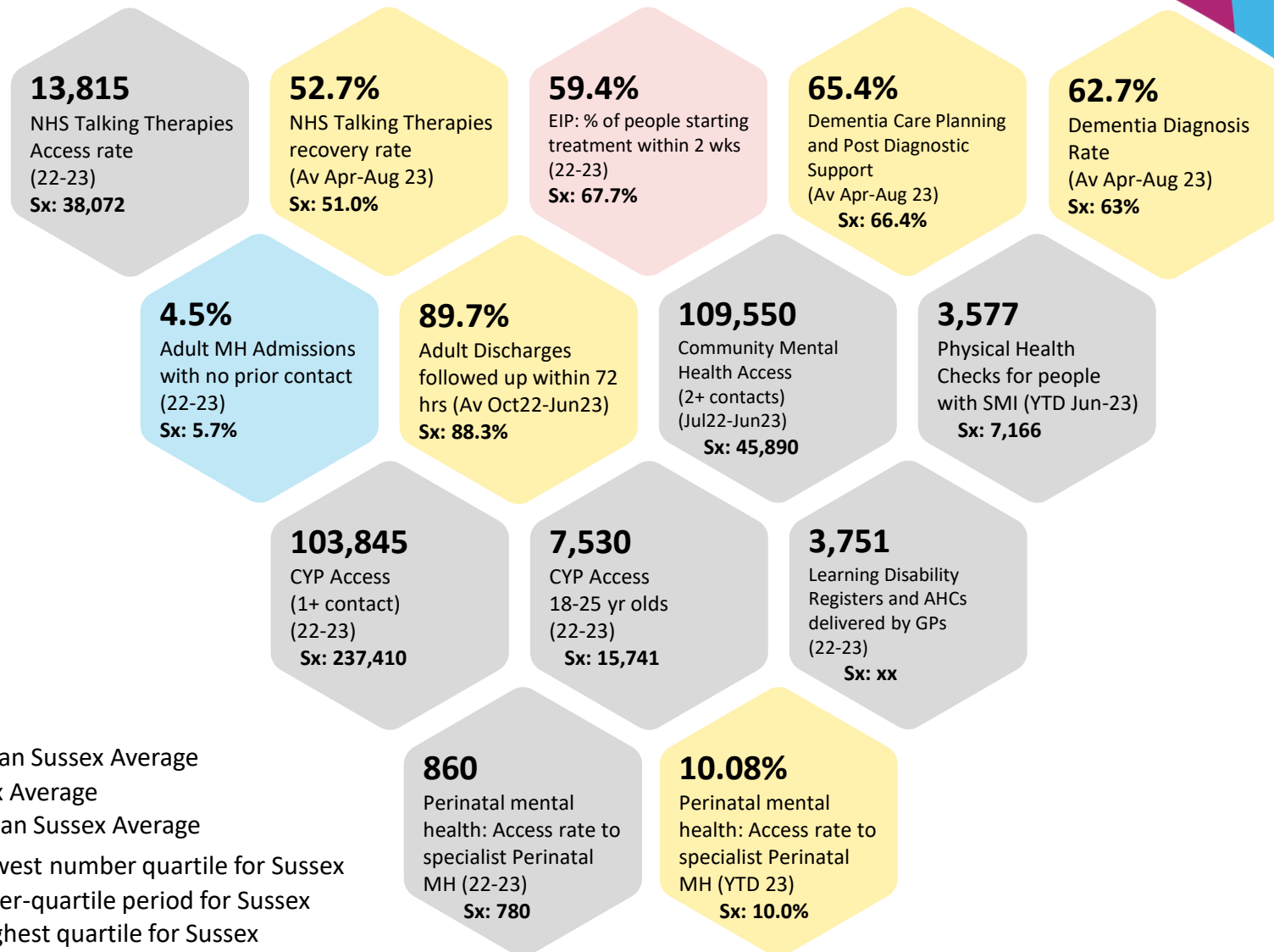
- Better than Sussex Average
  - At Sussex Average
  - Worse than Sussex Average
  - In the lowest number quartile for Sussex
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  - In the highest quartile for Sussex
  - No comparison made
- (lowest or highest quartile does not mean good or bad)*

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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



## Key

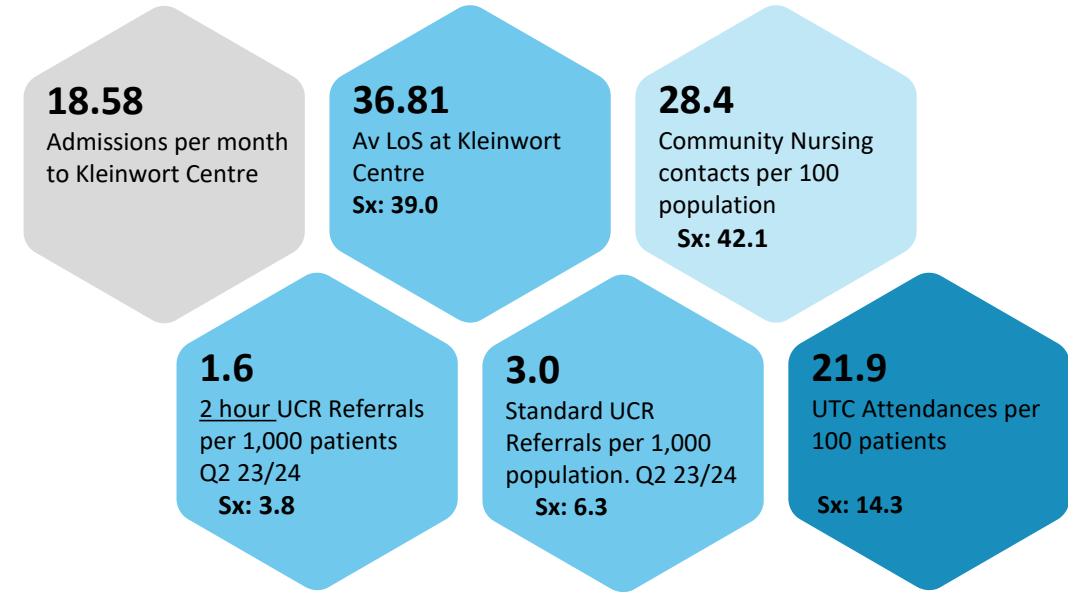
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(lowest or highest quartile does not mean good or bad)

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# Community Health Services – Mid Sussex ICT

- The number of Community nursing contacts for Mid Sussex patients is considerably lower than the Sussex average
- Attendances at UTCs is significantly higher than the Sussex average
- 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

## Key

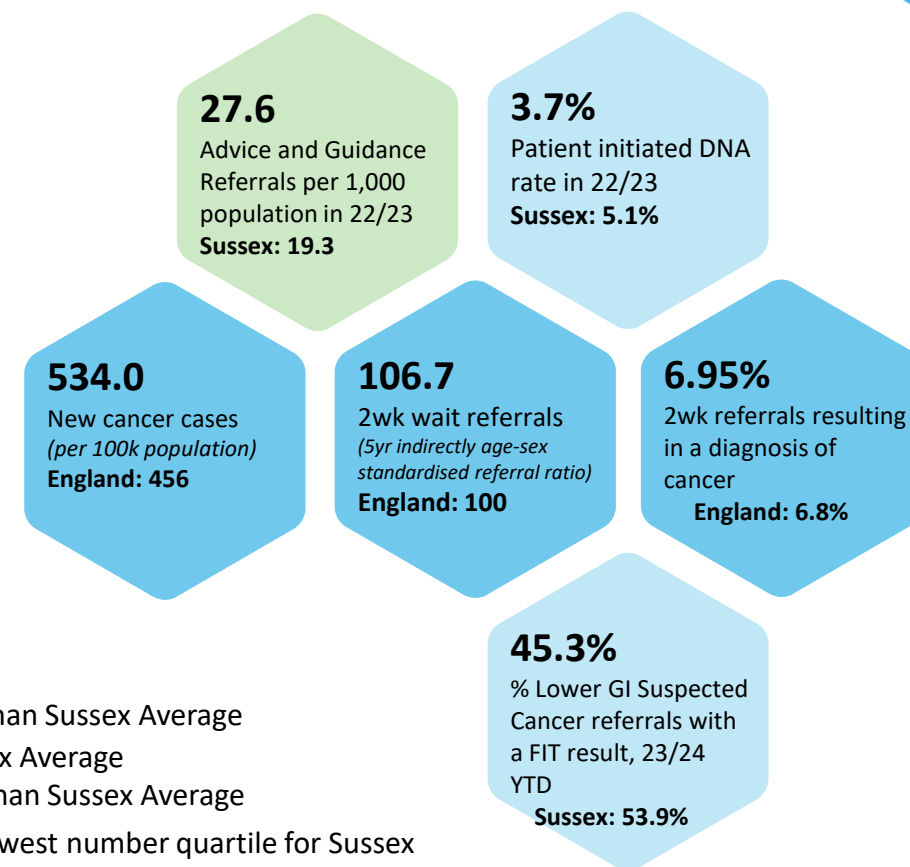
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# Planned Care Alternatives and Cancer Care – Mid Sussex ICT

- DNA rates are lower in Mid Sussex than the Sussex average.
- Lower GI suspected cancer referrals is lower than the Sussex average.



## Key

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- No comparison made

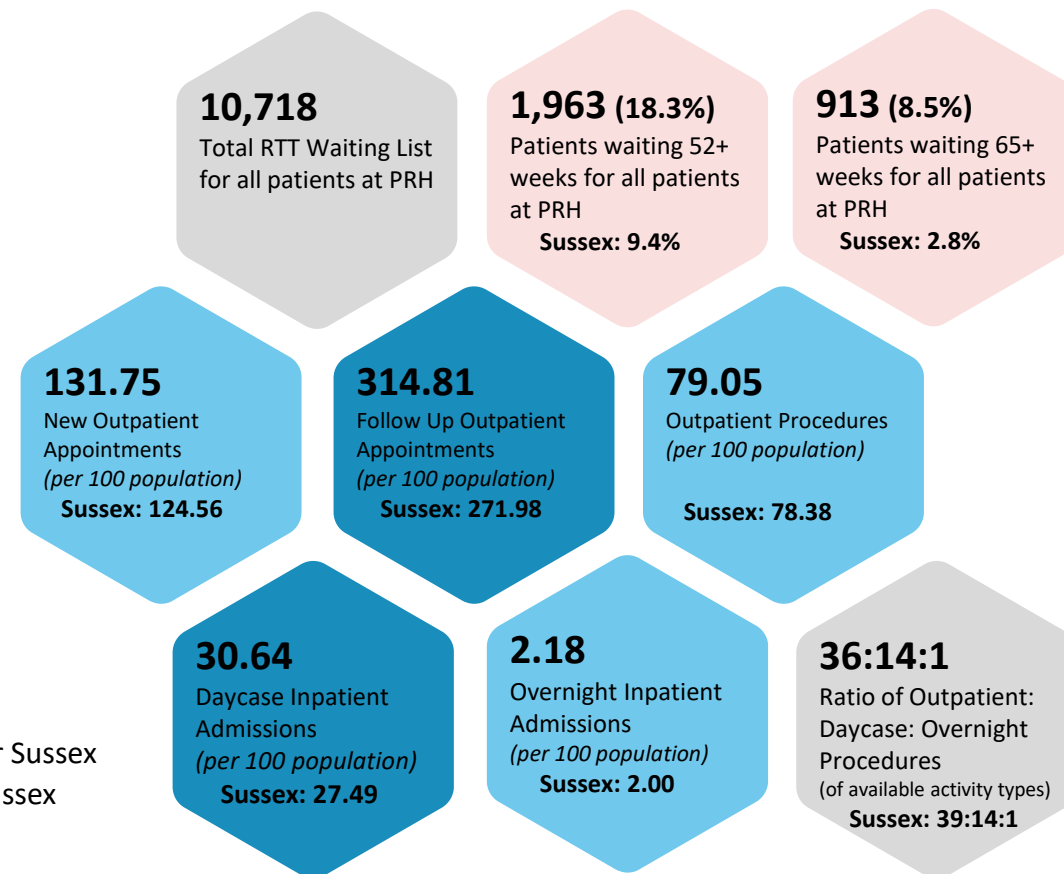
(lowest or highest quartile does not mean good or bad)

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# Acute Planned Care – Mid Sussex ICT

- The percentage of Mid Sussex patients waiting 52+ weeks for treatment at PRH is significantly higher than the Sussex average.
- Follow up Outpatient appointments for Mid Sussex patients are worse than the Sussex average.
- Day case inpatient admissions are higher than the Sussex average and in the highest quartile for Sussex.



## Key

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

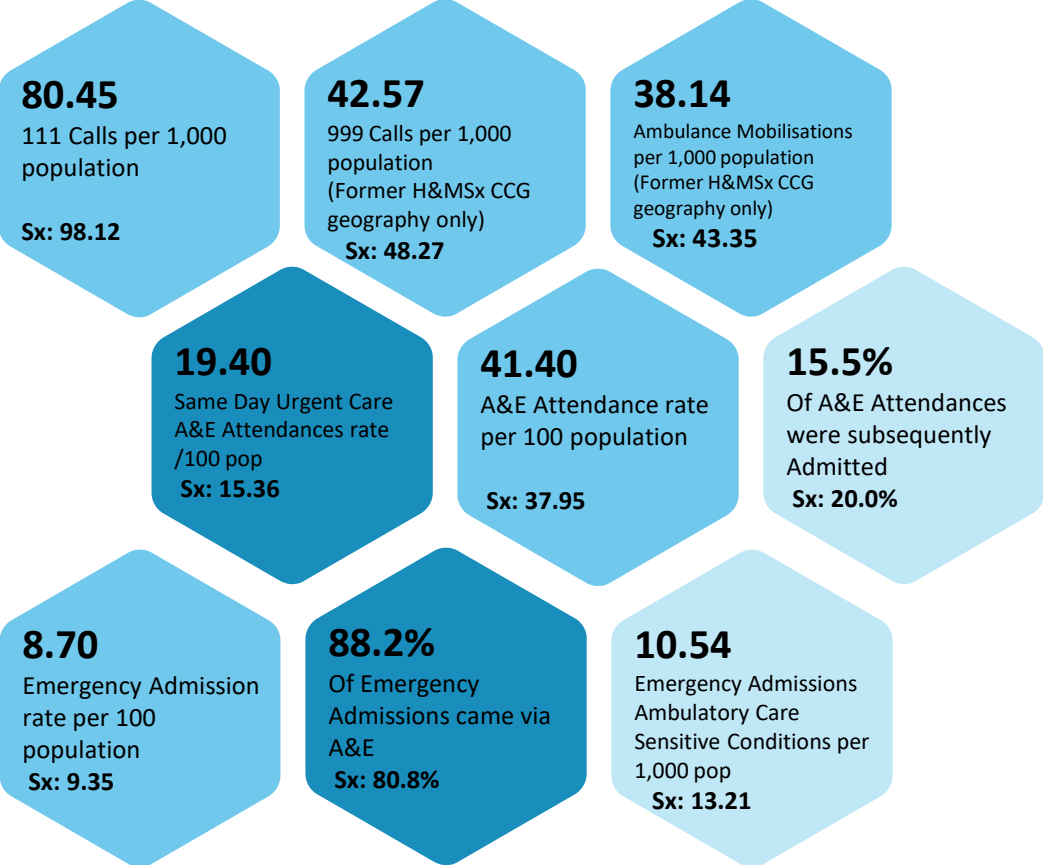
(lowest or highest quartile does not mean good or bad)

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

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# Urgent and Emergency Care – Mid Sussex ICT

- A&E attendances for Same Day Urgent Care is higher than the Sussex average.
- Emergency admissions via A&E in Mid Sussex are higher than the Sussex average and in the highest quartile for Sussex.
- The percentage of A&E attendances resulting in an admission is lower than the Sussex average.



**Key**

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- In the highest quartile for Sussex
- No comparison made

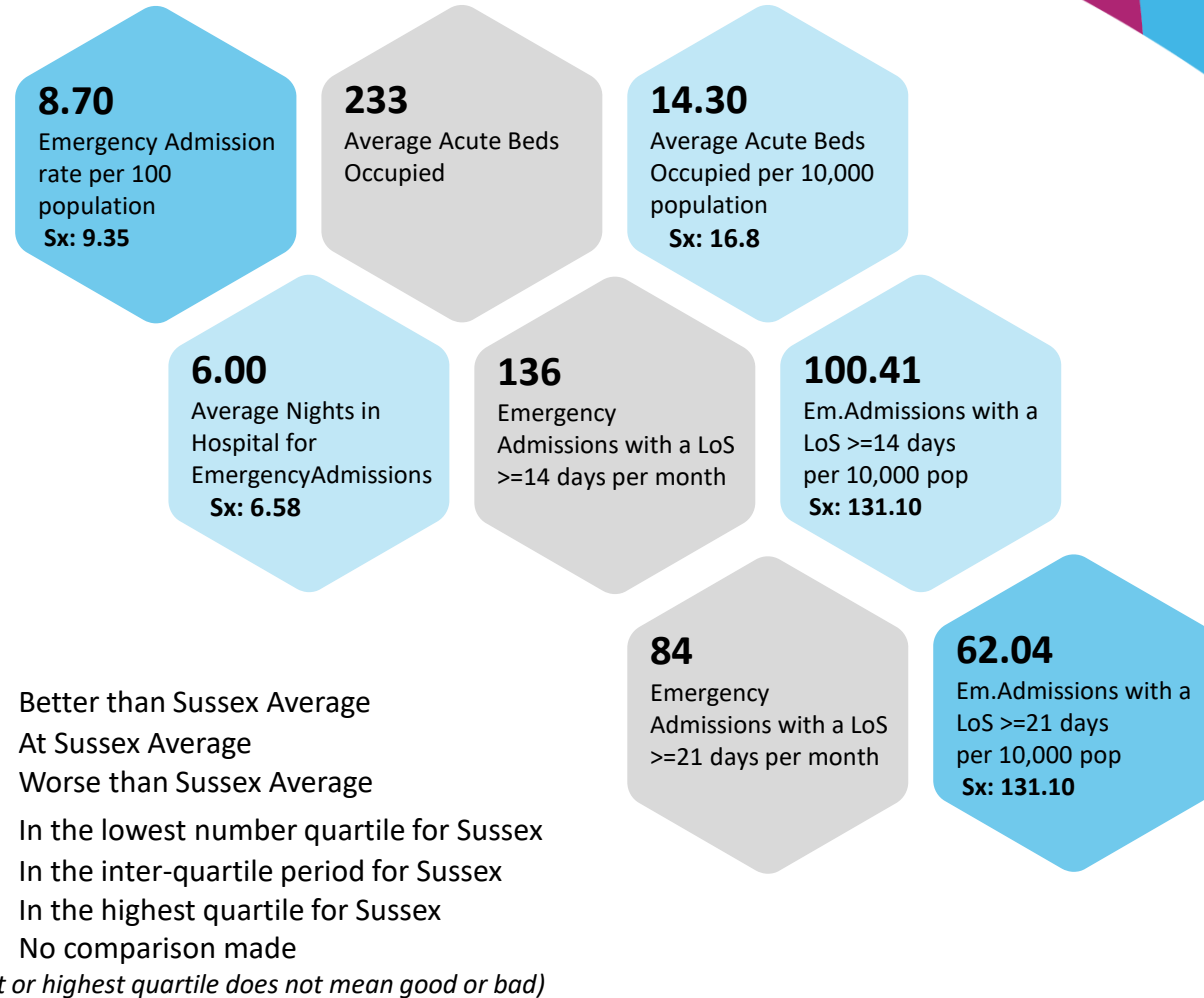
*(lowest or highest quartile does not mean good or bad)*

Figures above are for the full year 22/23

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# Acute Inpatient Emergency Care – Mid Sussex ICT

- The average rate of occupied beds is lower than the Sussex average.
- Following an emergency admission, the average nights a patient stays in hospital is lower than the Sussex average.
- The Length of stay of Mid Sussex Emergency admissions is lower than the Sussex average for patients staying over 14 days.

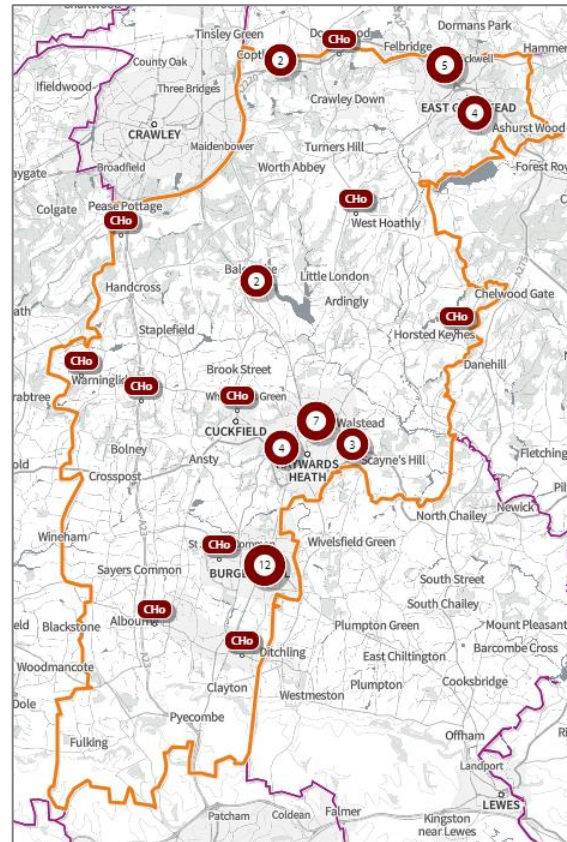


Figures above are for the full year 22/23 unless stated otherwise

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# Care Homes: Urgent Healthcare use – Mid Sussex ICT

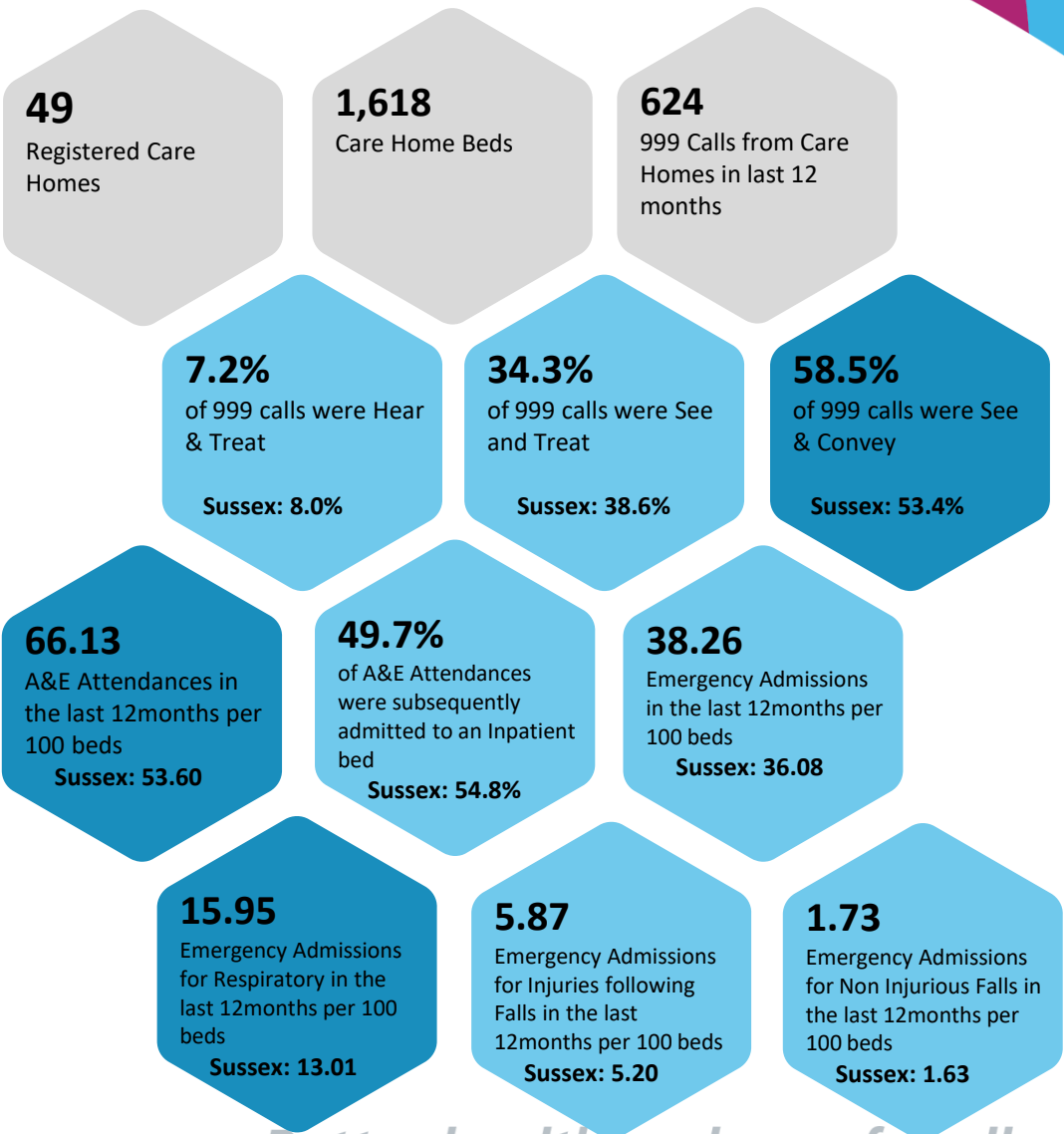
- The percentage of See and Convey calls for Mid Sussex patients is higher than the Sussex average.
- A&E attendances in the past year per 100 beds were higher than the Sussex average.
- The rate of Emergency Admissions for Respiratory conditions is higher than the Sussex average and in the highest quartile for Sussex.



## 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)



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# Adult Social Care - Mid Sussex ICT

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

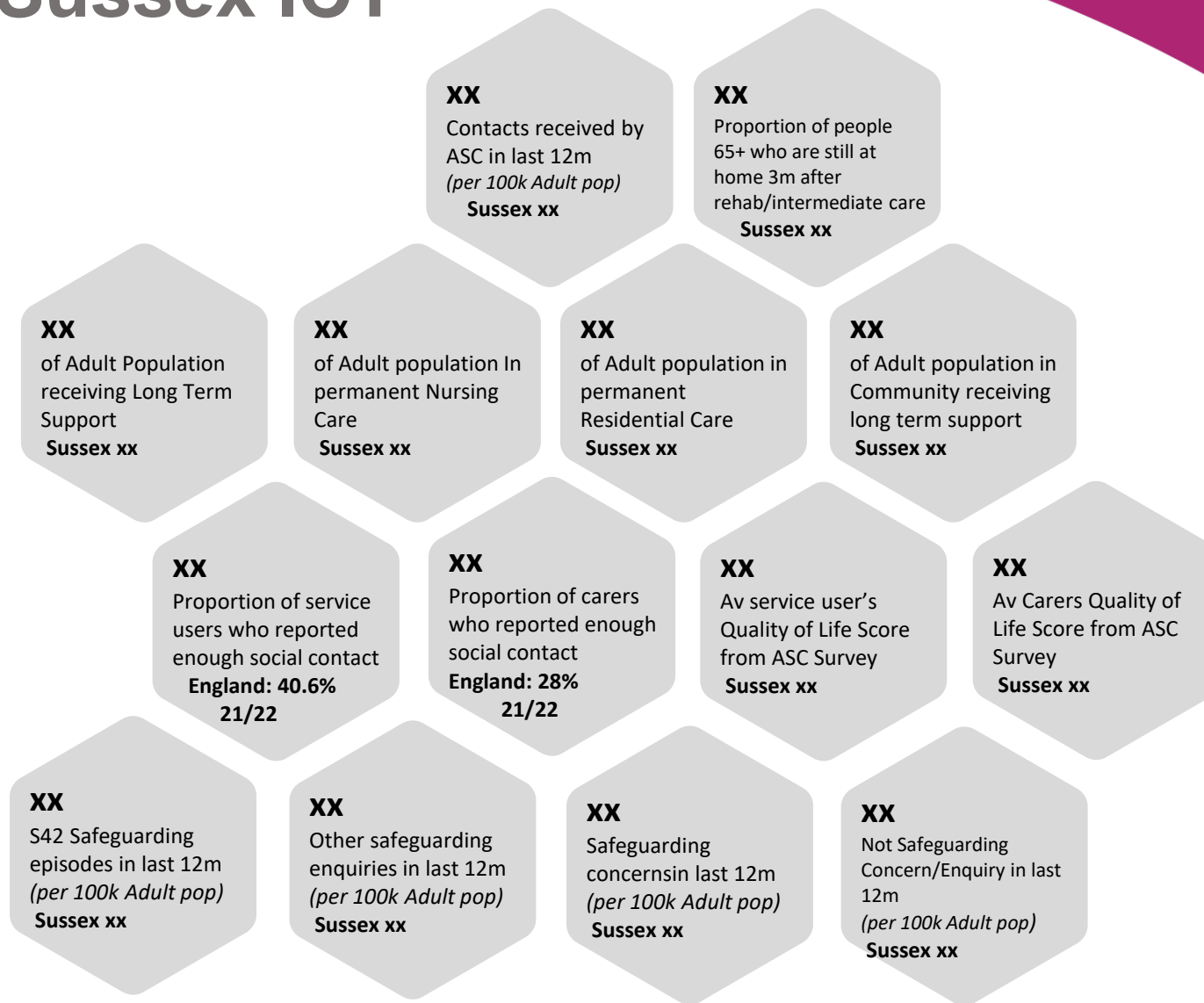
Data have been divided in East Sussex and Brighton and Hove.

This information is illustrative.

## Key

- In the lowest Quartile for Sussex
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- No comparison made

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# 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://buildacustomareaprofile.org.uk)

## 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)