PICTURE EAST SUSSEX

Annual report of the Director of Public Health 2018/19

EAST SUSSEX BETTER TOGETHER

East Sussex County Council

Connecting 4 you

FOREWORD

I'm really pleased to present this, my first annual report as the Director of Public Health for East Sussex.

I arrive in East Sussex at an interesting time. At East Sussex County Council, we are working on our "Core Offer", which sets out what the authority should offer, from support for those who need it most, to services for everyone; our vision for a basic but decent level of service for East Sussex, in a difficult financial climate. Alongside this, our integration programmes with the NHS, "East Sussex Better Together" and "Connecting 4 You", enter a new phase in their development, with a greater focus on working to a county-wide geography.

These changes within the public sector called for a re-evaluation of what is important to the people of the county, and to set out afresh an overview of the needs and intelligence we have about our residents, our economy and our health services and the health of the population.

This report sets these out in a new format using infographics – bold pictures offering a visual representation of information or data – rather than giving an in-depth narrative or numerous tables of numbers. We want you, the readers of this report, to feel free to use the infographics in your own work and reports and to use them to tell your stories of health in East Sussex. The saying "A picture is worth a thousand words" could never have been more appropriate than for how we have designed this report!

East Sussex is a county of contrasts. This report gives a snapshot of some of the differences within the county, both geographical and demographic. I am only too aware that we have some long-term and stubborn inequalities in health outcomes between parts of the county, and it is my aim to narrow these as far and as fast as is possible, and to mobilise the resources and actions of others to achieve this.

In Public Health, we have access to a far greater range of data and information than we have included here, and we welcome the free use of this as well. We maintain a specific resource called the Joint Strategic Needs and Assets Assessment, which provides a central resource of local and national information to inform decisions and plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex. It is available at: www.eastsussexjsna.org.uk

I trust that this report gives you the picture of East Sussex that will enable you and your family, community, or organisation to understand where you fit within the wider context, and what influences your health and wellbeing. I hope that my conclusions will resonate with you and be shared by you, so that we can take these and work together to create the environments and energy to tackle them and commit to improve health for all in our county, and especially to narrow the inequalities which are so unfair.

Acknowledgements

I would like to acknowledge the work of the Interim Director of Public Health, Wendy Meredith, who set the direction and scope for this report before I took up my post.

The East Sussex Public Health Intelligence Team has undertaken the design and production of this report, and I thank all involved in making this report so accessible and enjoyable to read.

This report was created using icons from www.thenounproject.com
Front cover: Newhaven port harbour in Sussex, England, August 23; 2016 (Editorial credit: saranya33/Shutterstock.com)

If using these infographics please cite: East Sussex Public Health Intelligence www.eastsussexjsna.org.uk/publichealthreports

CONTENTS

PICTURE EAST SUSSEX
INTRODUCTION

This report presents a profile of the health and wellbeing of East Sussex using creative infographics. It is intended to provide a snapshot, rather than a complete picture, of the key factors that determine our health and collective wellbeing. The indicators and data included are highlights from numerous credible sources of health information.

The report profile includes both determinants of health (the things that make us healthy or unhealthy) and health status (how healthy or unhealthy we are), as well as information on how we use services. The aim of the profile is to stimulate discussion about health in our communities, homes and workplaces; contribute to planning and decision making; and provide a new way of presenting health and care information.

Some things to consider when using information in the East Sussex profile

What indicators are included?
Indicators are organised into three sections: who we are, how healthy we are, and how we use our health and care services. Each section includes a broad range of relevant topics. However, each individual topic (e.g. physical activity) is represented by a single or small number of indicators.

Where does the indicator data come from?
The indicator data in the East Sussex profile comes from a number of different sources such as the Census, Public Health Outcomes Framework, Hospital Episodes Statistics and specific community surveys. The year and source of the indicator data are identified in the reference section at the end of the report. Priority was given to data sources where there were national comparators and/or reporting the data by factors such as age, sex, and geography was possible.

Why does indicator data from different sources differ?
There are several reasons why the statistics presented in the profile may differ from similar statistics generated from other data sources. Data that was collected using different methodology will yield different results. This is particularly true for data that has been self-reported versus data that has been objectively measured (e.g. physical activity levels or height and weight).

Why are the statistics presented a few years old?
The statistics presented in the health profile are based on the most current data available at the time that the data was analysed. The data sources used in the health profile are routinely updated, therefore for some indicators, new data may have become available before the release of the profile. However, population health issues change slowly over time and big changes are not usually observed from one release to the next.

What does statistical significance mean?
A statistically significant result is one that is not likely due to chance. When results are not statistically significant, the possibility of the result being due to chance cannot be ruled out.

What is an age-standardised rate?
An age-standardised rate is a rate that has been adjusted to remove the effect of age so that groups (e.g. males and females, local authorities) with different age distributions can be compared. When interpreting age-standardised rates, the focus should be on the trend (e.g. East Sussex higher than England) rather than the value of the rate.

What are income quintiles?
Income quintiles refer to data on income that has been divided into five equally sized groups. In the profile, comparisons for a given indicator are made across these income groups.

WHO WE ARE
ABOUT EAST SUSSEX

1. OUR POPULATION

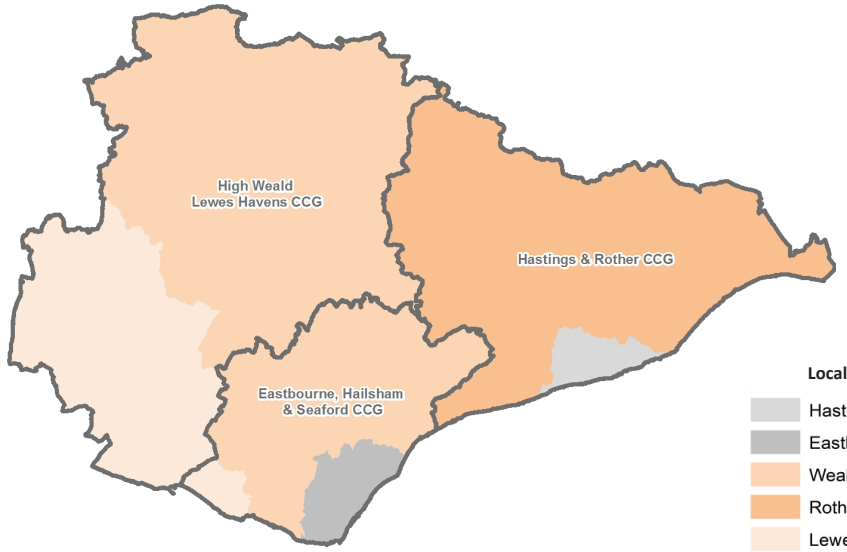
552,300
residents in 2017

3. WE ARE CHANGING (2017)

24,096
People into the county

19,860
People out of the county

2. HEALTH AND LOCAL AUTHORITY GEOGRAPHIES



4. DEPRIVATION, INDEX OF MULTIPLE DEPRIVATION, 2015

East Sussex
7th most deprived county

Most deprived — Least deprived

27 County Councils

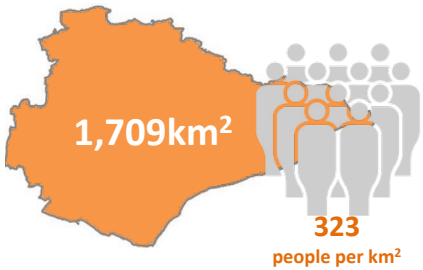
5. WHERE WE LIVE

Urban city and town — 74%

Rural town and fringe — 11%

Rural village and dispersed — 15%

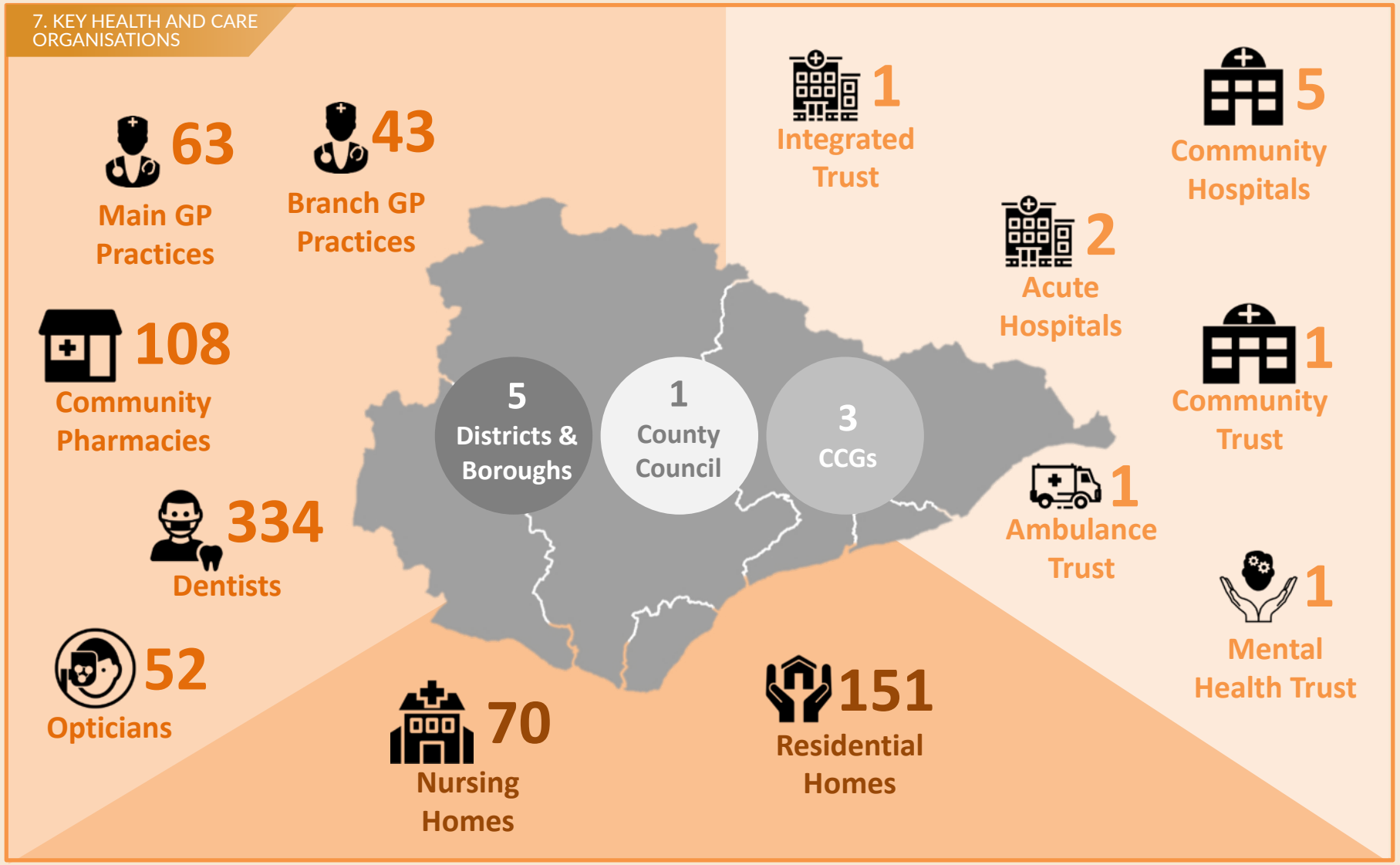
6. OUR COUNTY



323
people per km²

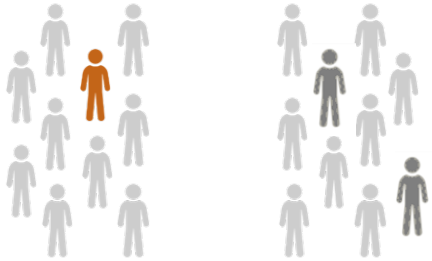
LSOA density ranges from 38 to 19,100 per km²

WHO WE ARE
HEALTH AND CARE ORGANISATIONS



WHO WE ARE
PEOPLE

8. ETHNICITY, 2011



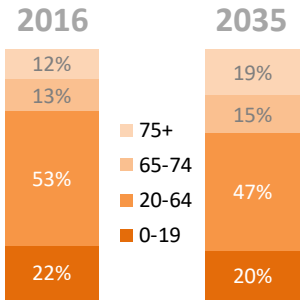
8%
43,900 people
East Sussex

20%
England

Identify as non White British/Northern Irish

9. POPULATION AGE STRUCTURE AND PREDICTED CHANGE

1 in 4
Aged 65 years and over



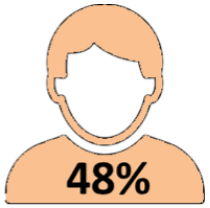
1 in 3
Aged 65 years and over

10. LONG TERM LIMITING ILLNESS OR DISABILITY, 2011

20% people have a
Long Term Limiting Illness or disability

18% England

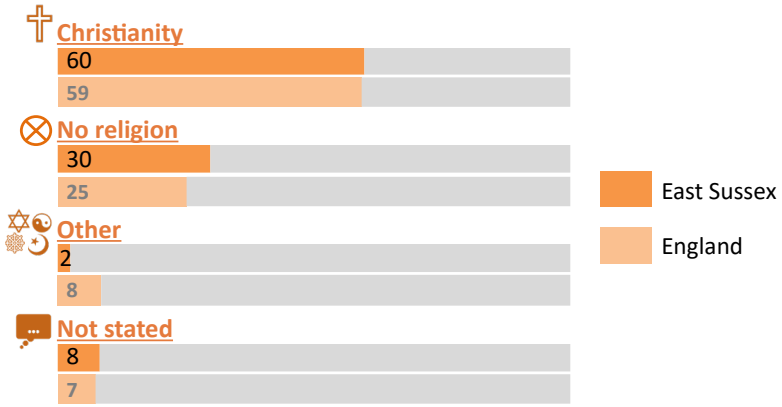
11. GENDER, 2017



267,500 males

284,800 females

12. RELIGIOUS BELIEF, 2011



13. SEXUAL ORIENTATION AND GENDER IDENTITY, 2017

3%
identify as
LGBT+

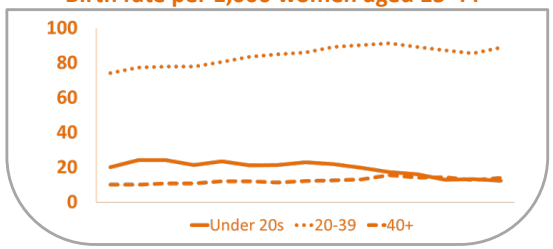
LGBT+: lesbian, gay, bisexual, transgender and other sexual and gender identities

WHO WE ARE
BIRTHS AND DEATHS

14. NUMBER OF BIRTHS

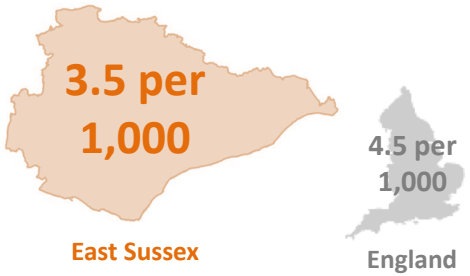
5,219
Live births in 2016

Birth rate per 1,000 women aged 15-44



2002 → 2016

17. RATE OF STILLBIRTHS 2014/16



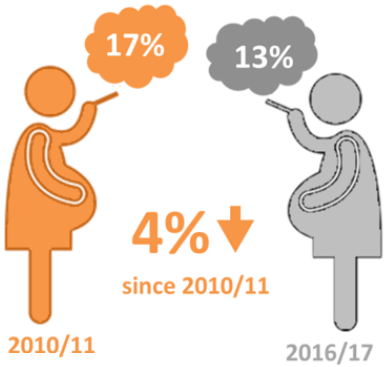
15. BREASTFEEDING INITIATION, 2016/17

79%
East sussex

new mothers who initiated breastfeeding following the birth of their baby

75%
England

18. SMOKING AT TIME OF DELIVERY



16. NUMBER OF DEATHS

6,445
Deaths in 2016

19. AGE AT DEATH

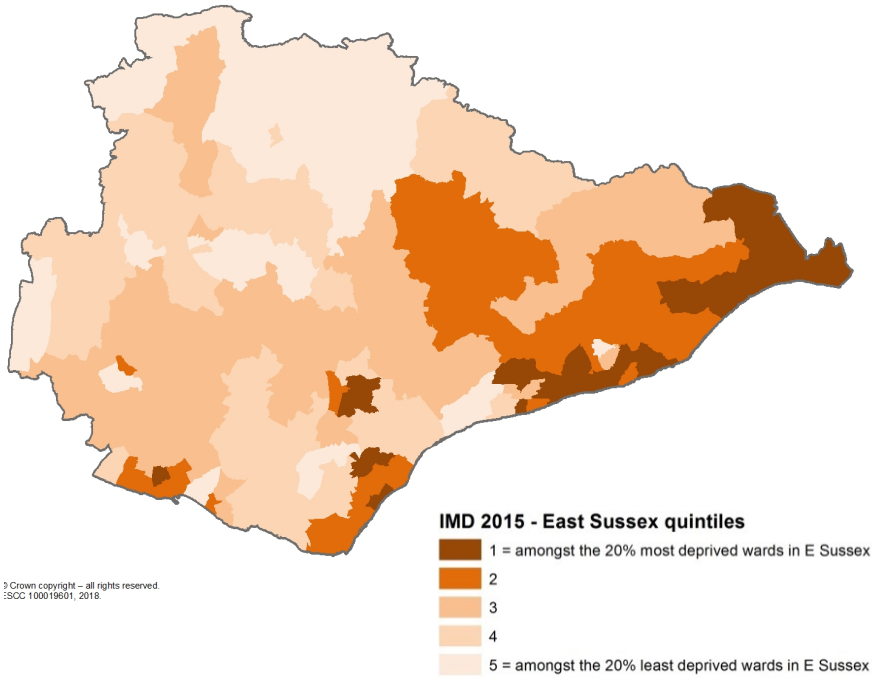
57% women

37% men

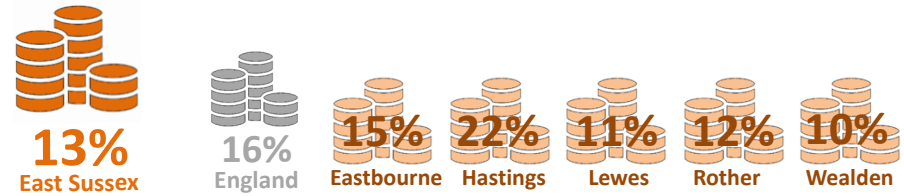
Die after the age of 85

WHO WE ARE
DEPRIVATION

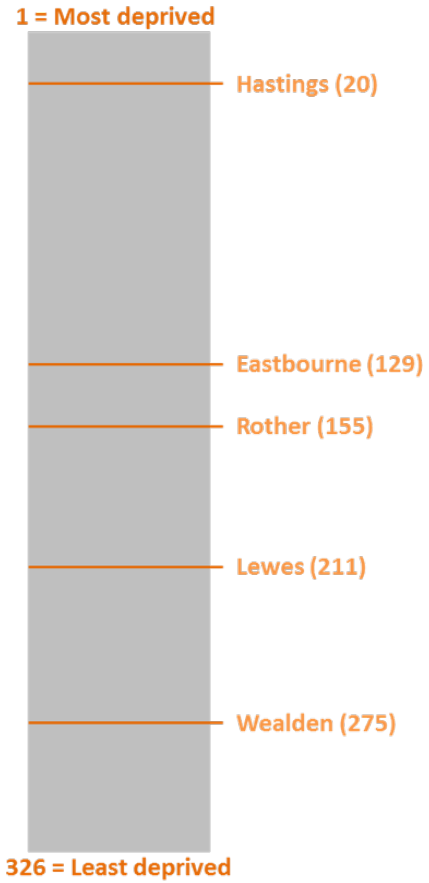
20. DEPRIVATION IN EAST SUSSEX



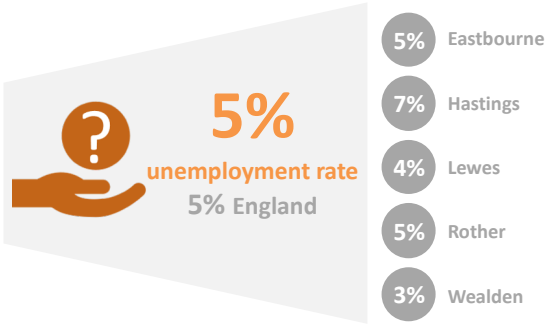
21. PEOPLE AGED 65 AND OVER LIVING IN POVERTY, 2015



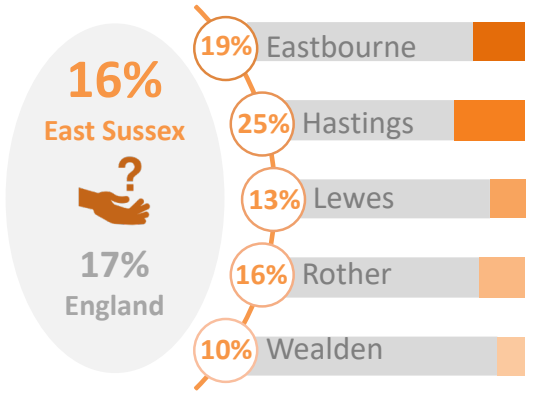
22. DEPRIVATION BY LOWER TIER LOCAL AUTHORITY, INDEX OF MULTIPLE DEPRIVATION, 2015



23. UNEMPLOYMENT, 2016

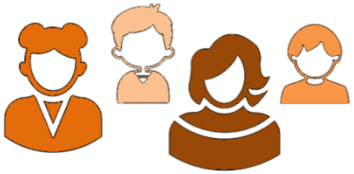


24. CHILDREN AGED 16 AND UNDER IN LOW INCOME FAMILIES, 2015



WHO WE ARE
BETTER BEGINNINGS

25. OUR YOUNG POPULATION

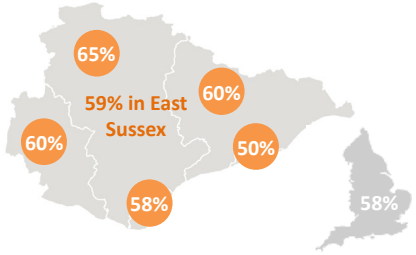


112,300

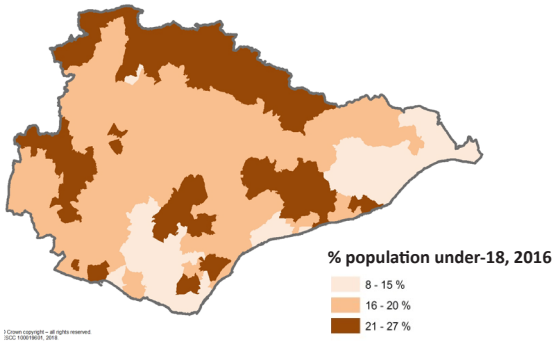
Children and young people aged 0-18, 2017

26. SCHOOL READINESS

27. ACHIEVING 5 A*-C AT GCSE, 2015/16



28. WHERE YOUNG PEOPLE LIVE



29. EDUCATION AND HEALTH CARE PLAN, 2016

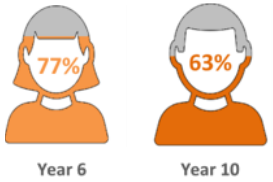
13%

East Sussex

14%

England

30. HAPPINESS, 2017

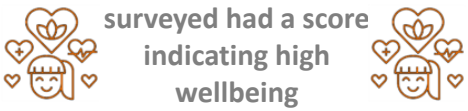


Year 6 Year 10

Pupils feel 'quite' or 'very' happy with their life at the moment

31. WELLBEING, 2017

34% Year 6 **14% Year 10**



surveyed had a score indicating high wellbeing

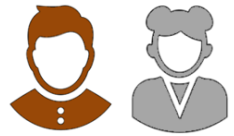
32. NOT IN EDUCATION EMPLOYMENT OR TRAINING, 2016

5% East Sussex

6% England

33. 0-18 YEAR OLDS, 2017

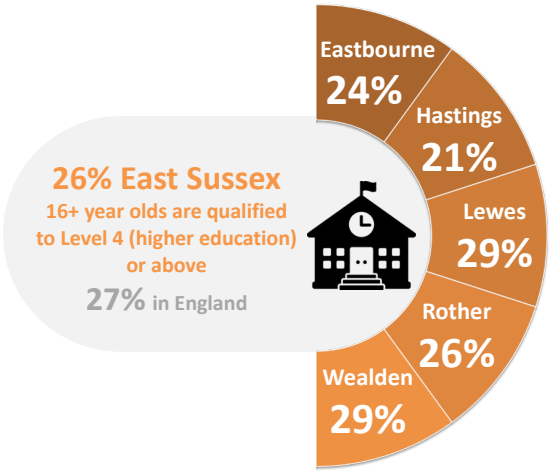
57,800 males (51%)



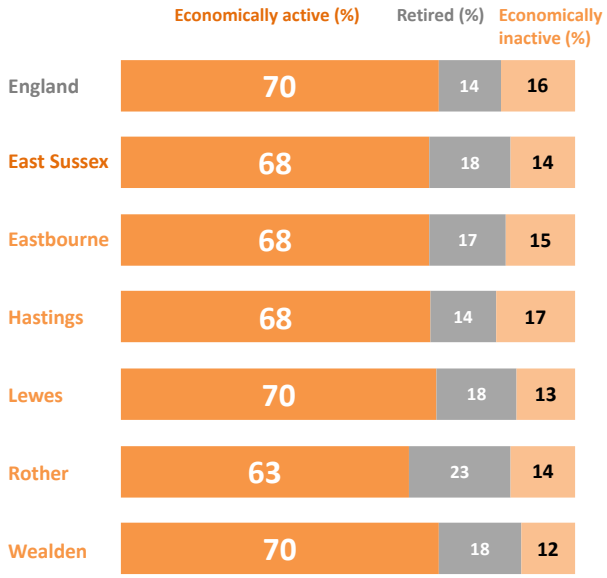
54,500 females (49%)

WHO WE ARE
FAIR EMPLOYMENT/WORK

34. QUALIFICATIONS, 2011

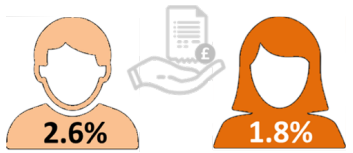


35. EMPLOYMENT STATUS, 2011



36. UNIVERSAL CREDIT CLAIMANTS, JULY 2018

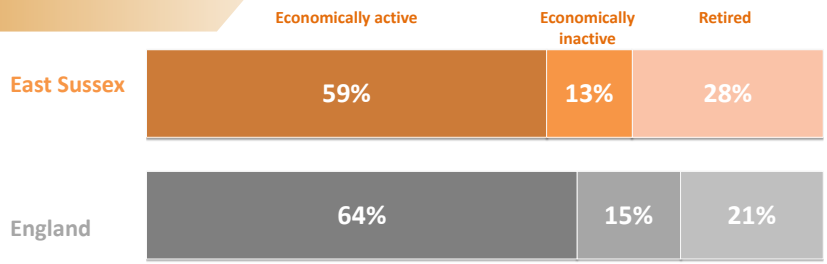
2.2%
JSA/Universal Credit Claimants
2.1% England



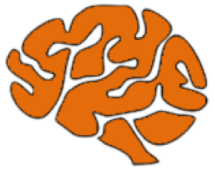
38. SUPPORTED ADULTS WITH LEARNING DISABILITIES IN PAID EMPLOYMENT, 2015/16

6% East Sussex
7% England

37. EMPLOYMENT OF UNPAID CARERS, 2011



39. SOCIAL CARE CLIENTS ON SELF-DIRECTED PAYMENTS, MENTAL HEALTH, 2013/14

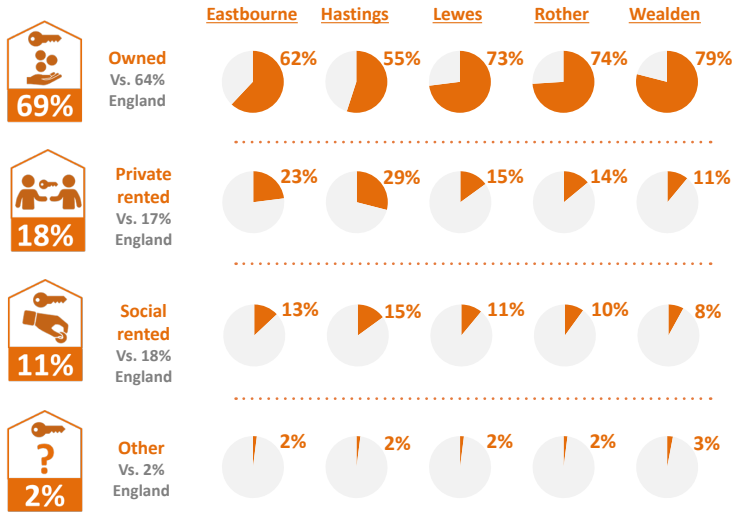


29%
East Sussex

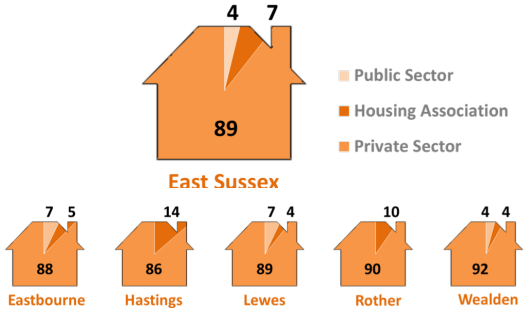
11%
England

WHO WE ARE
STANDARD OF LIVING

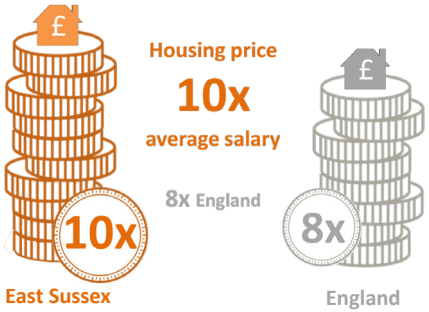
40. HOUSING TENURE, 2011



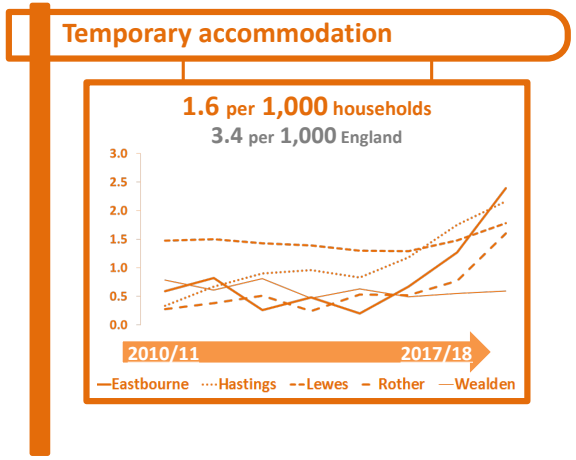
41. HOUSING STOCK, 2017



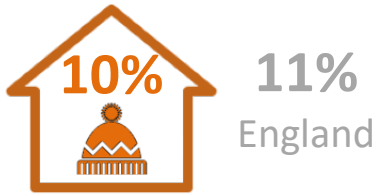
42. HOUSING AFFORDABILITY, 2017



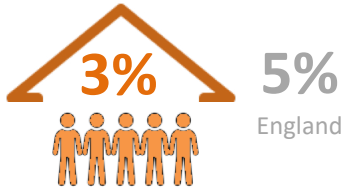
43. HOUSEHOLDS IN TEMPORARY ACCOMMODATION



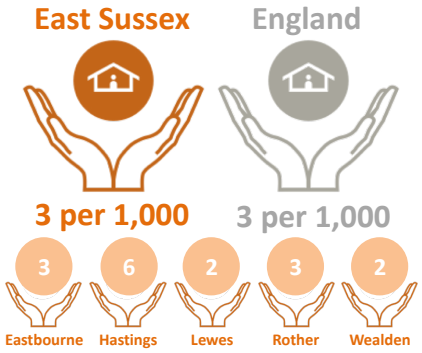
44. FUEL POVERTY, 2016



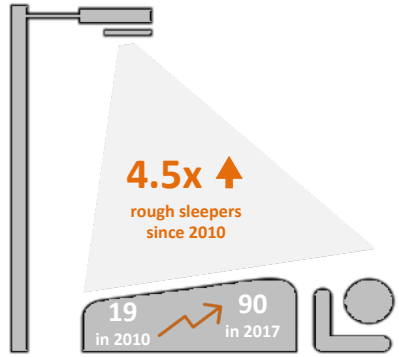
45. OVERCROWDING, 2011



46. HOMELESS HOUSEHOLDS IN PRIORITY NEED, 2017/18

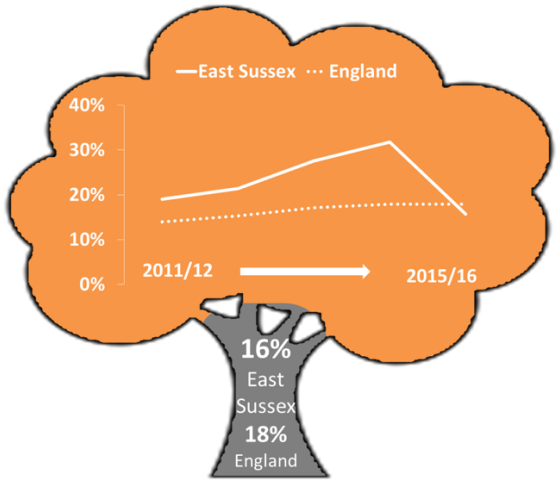


47. ROUGH SLEEPERS



WHO WE ARE
HEALTHY PLACES

48. USE OF OUTDOOR SPACE FOR EXERCISE/HEALTH REASONS BY PEOPLE AGED 16+



Have used outdoor space for health or exercise over the past week

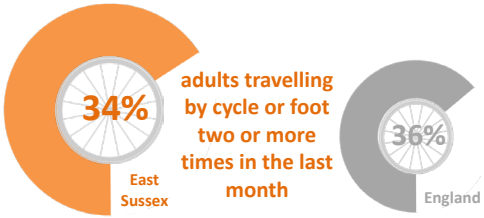
Based on an annual national survey, local figures are susceptible to significant year on year change due to small numbers.

49. AIR QUALITY

located within Lewes town and Newhaven

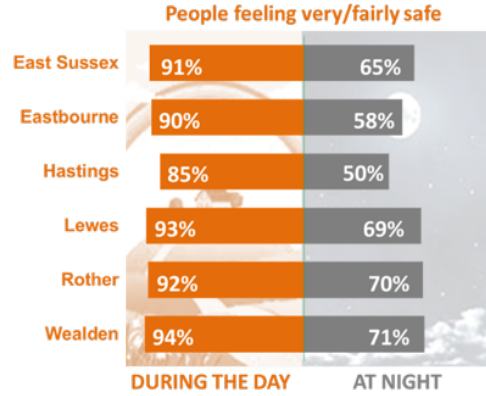
50. CAR OWNERSHIP, 2011

51. ACTIVE TRAVEL, NOVEMBER 2016/17

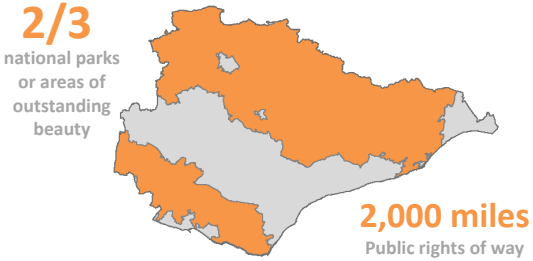


52. SENSE OF BELONGING, 2017

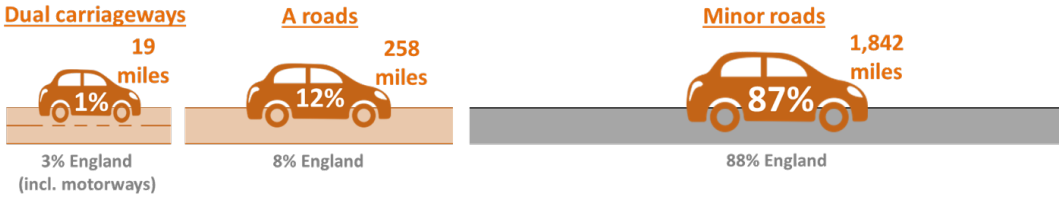
53. FEELING SAFE, 2017



54. GREEN SPACE IN EAST SUSSEX



55. TRANSPORT NETWORK, 2017

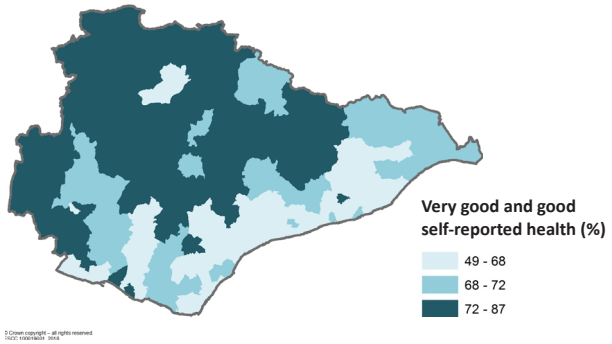


WHO WE ARE
ASSETS

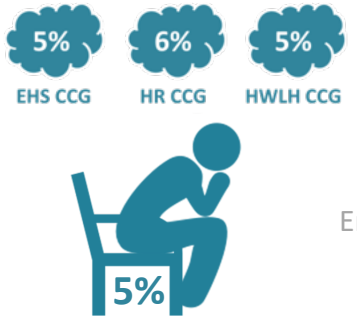
56. 2017 EAST SUSSEX COMMUNITY SURVEY

HOW HEALTHY ARE WE
HEALTH STATUS

57. SELF-REPORTED GOOD HEALTH, 2018

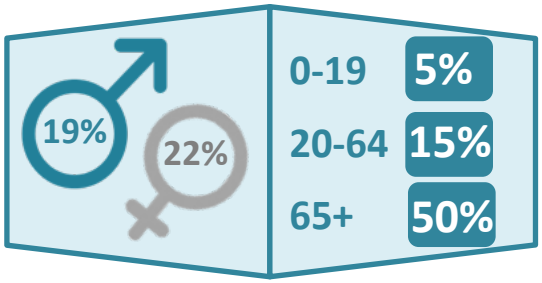


58. SELF-REPORTED POOR MENTAL HEALTH, 2016/17



59. LONG TERM LIMITING ILLNESS OR DISABILITY, 2011

Have a LLTI or disability limiting their daily activities a lot



60. WELLBEING SCORE, 2018

Average wellbeing score of 50

Similar to England 50

Lowest wellbeing 0 — 70 Highest wellbeing

61. LOW LIFE SATISFACTION, 2016/17

5% England

62. HEALTH RELATED QUALITY OF LIFE, 2011

Average QoL score 0.7

Similar to England 0.7

Lowest QoL 0 — 1 Highest QoL

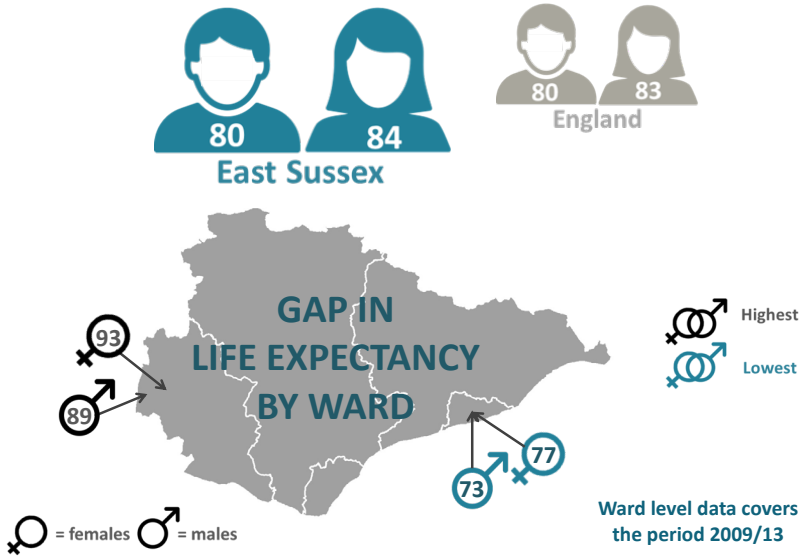
63. DISABILITY BENEFITS, 2016

5.5% Disability Benefit Claimants

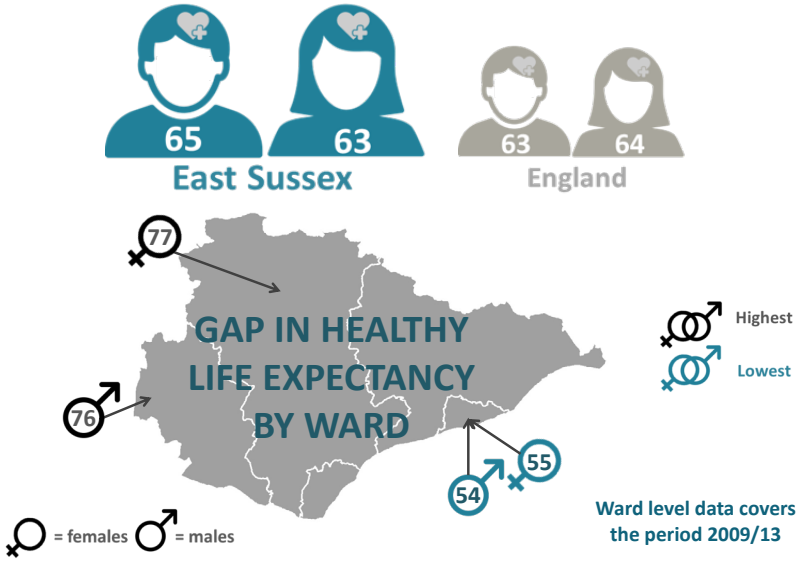
Similar to England 5.5%

HOW HEALTHY ARE WE
LIFE EXPECTANCY

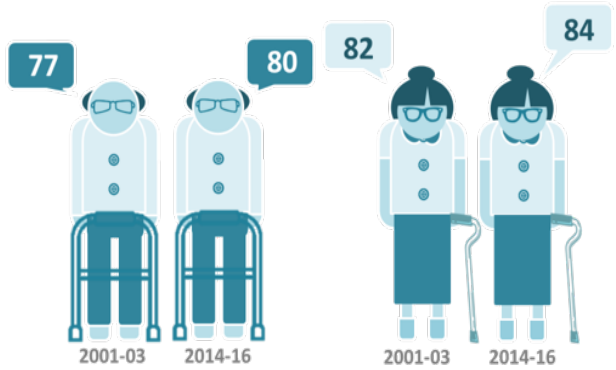
64. LIFE EXPECTANCY, 2014/16



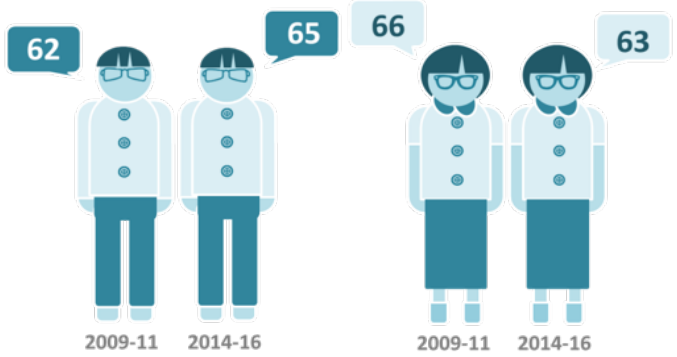
65. HEALTHY LIFE EXPECTANCY, 2014/16



66. CHANGES IN LIFE EXPECTANCY

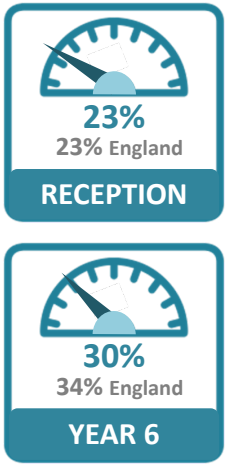


67. CHANGES IN HEALTHY LIFE EXPECTANCY

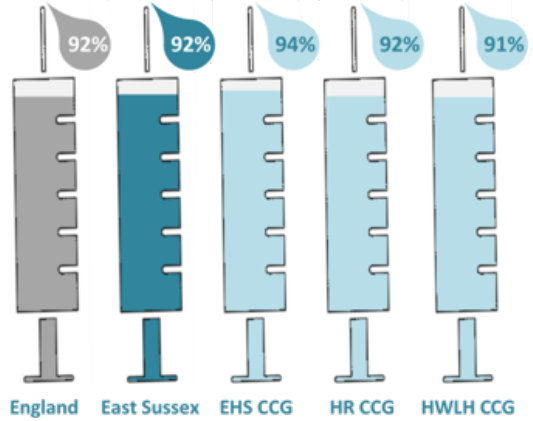


HOW HEALTHY ARE WE
START WELL

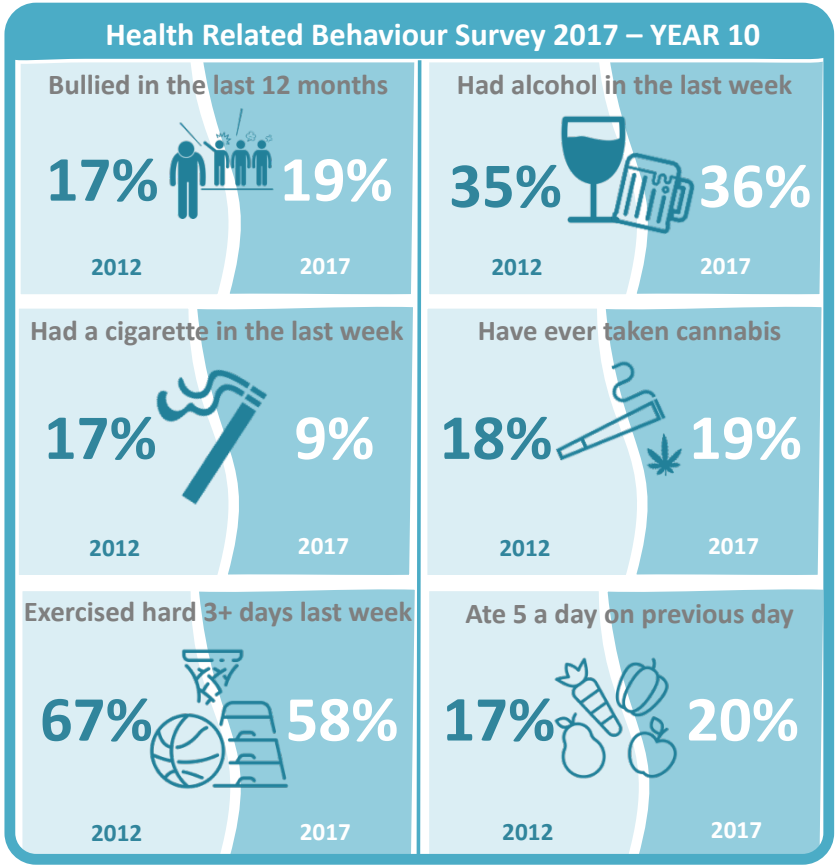
68. OBESE AND OVERWEIGHT, 2016/17



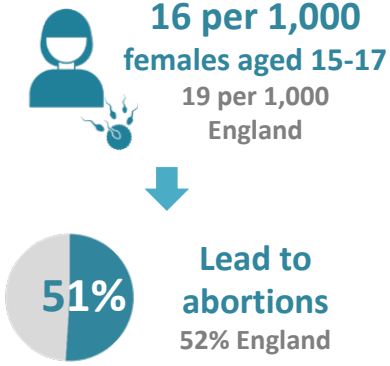
69. MMR VACCINE: 2 DOSES BY AGE 5, 2016/17



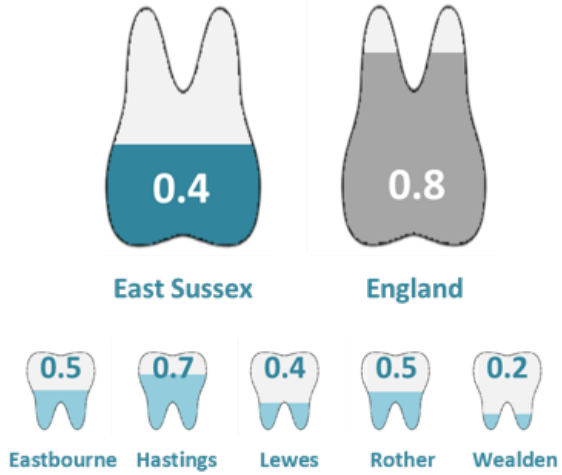
70. HEALTH RELATED BEHAVIOUR SURVEY: 14/15 YEAR OLDS



71. TEEN CONCEPTIONS AND TERMINATIONS, 2016

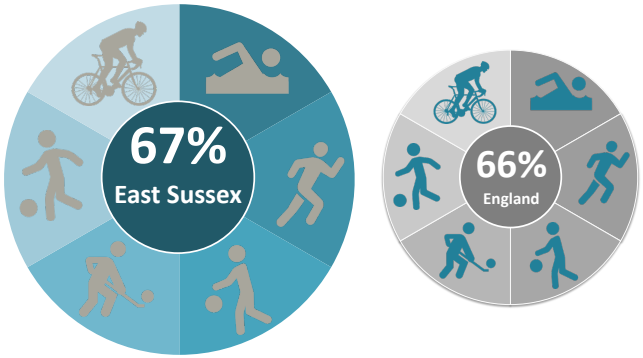


72. AVERAGE DECAYED MISSING FILLED TEETH AT AGE 5, 2016/17

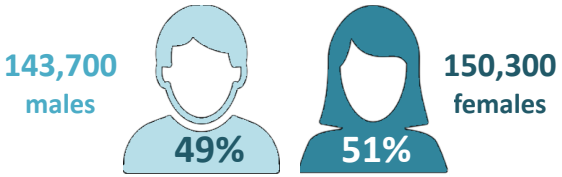


HOW HEALTHY ARE WE
BETTER LIVING

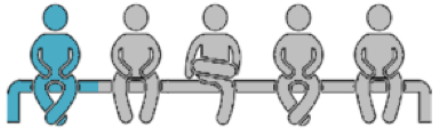
73. PHYSICALLY ACTIVE, 2016/17



74. POPULATION AGED 20-64, 2017



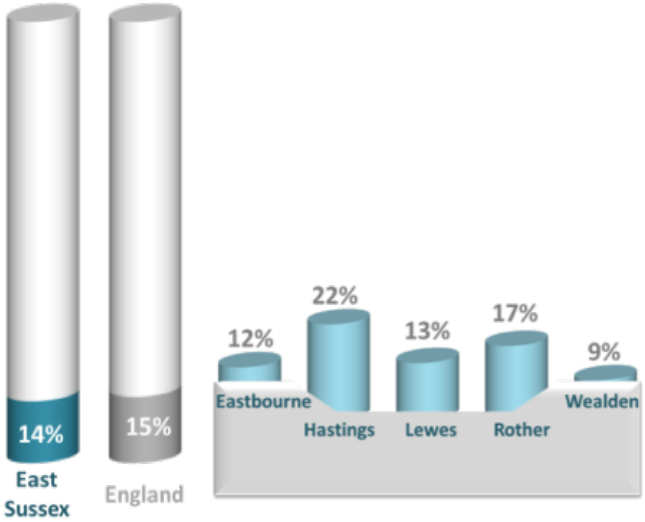
75. PHYSICALLY INACTIVE, 2016/17



22% East Sussex

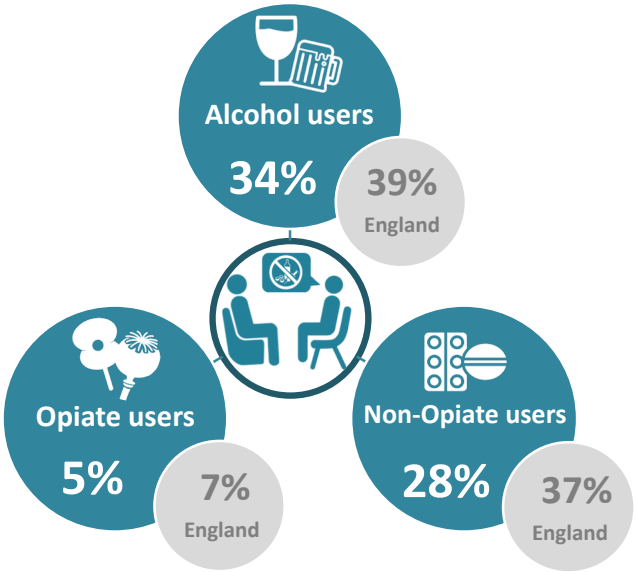
similar to England 22%

76. SMOKING PREVALENCE, 2017

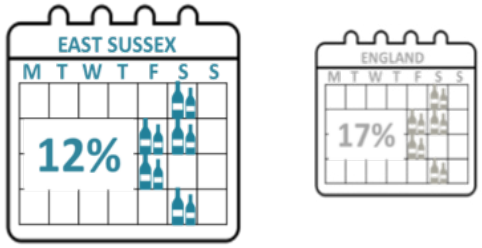


77. PEOPLE DRINKING MORE THAN 14 UNITS OF ALCOHOL A WEEK, 2017

78. COMPLETED TREATMENTS FOR SUBSTANCE MISUSE, 2016

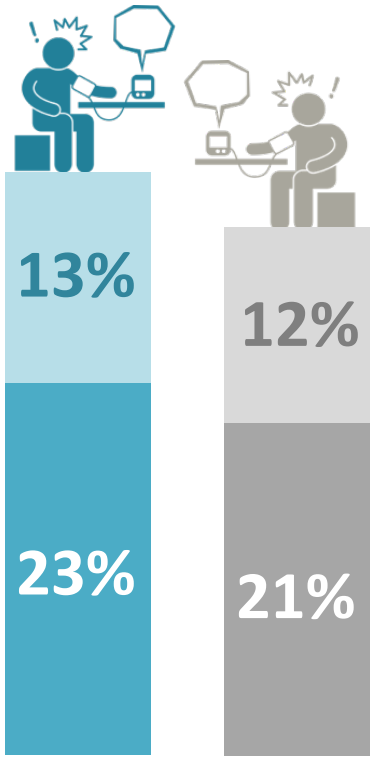


79. BINGE DRINKING, 2011-14

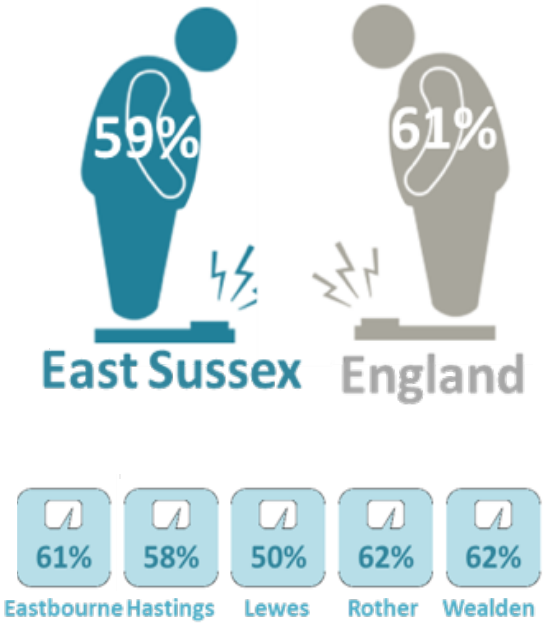


HOW HEALTHY ARE WE
RISK CONDITIONS

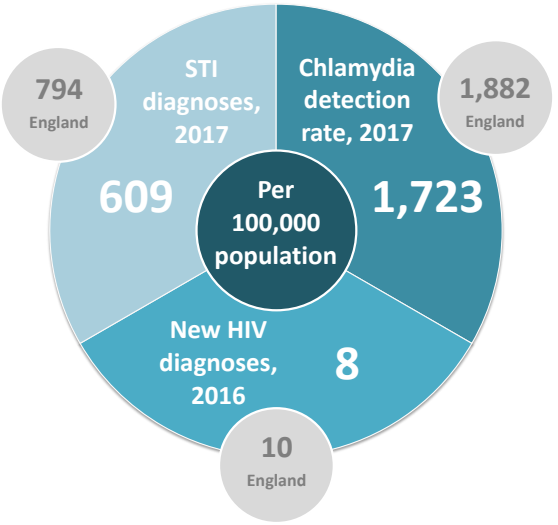
80. HYPERTENSION, 2015



81. OBESE OR OVERWEIGHT, 2016/17



82. SEXUAL HEALTH



83. ESTIMATED PREVALENCE OF NON-DIABETIC HYPERGLYCAEMIA, 2015

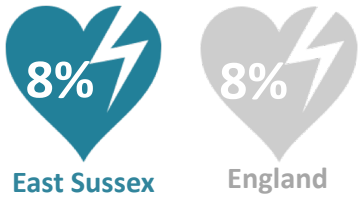
13%
East Sussex

11%
England

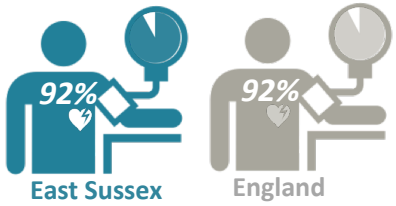
HOW HEALTHY ARE WE
PHYSICAL ILLNESS

CORONARY HEART DISEASE (CHD)

84. ESTIMATED CHD PREVALENCE IN 55-79 YEAR OLDS, 2015

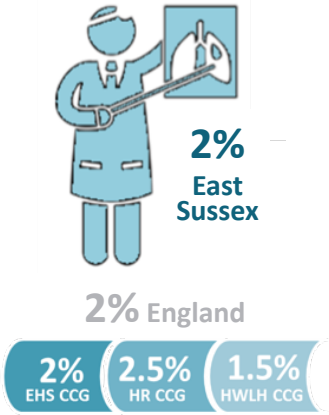


85. PEOPLE WITH CHD WHOSE BLOOD PRESSURE IS CONTROLLED, 2016/17



RESPIRATORY DISEASE

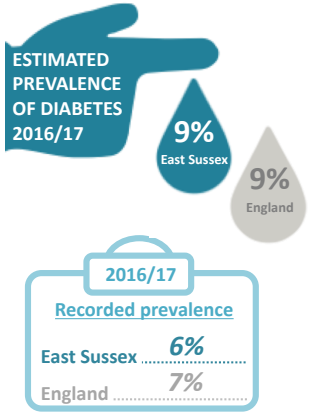
88. CHRONIC OBSTRUCTIVE PULMONARY DISEASE PREVALENCE, 2016/17



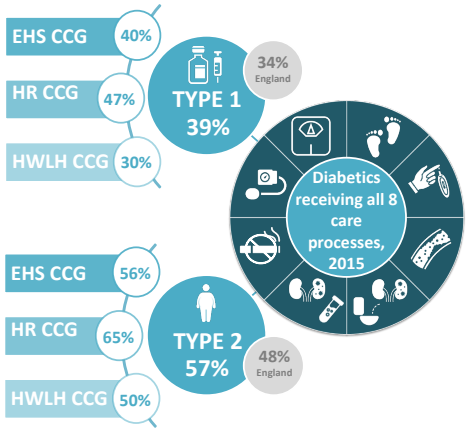
89. ASTHMA PREVALENCE BY CCG PRACTICE POPULATION 2016/17

DIABETES

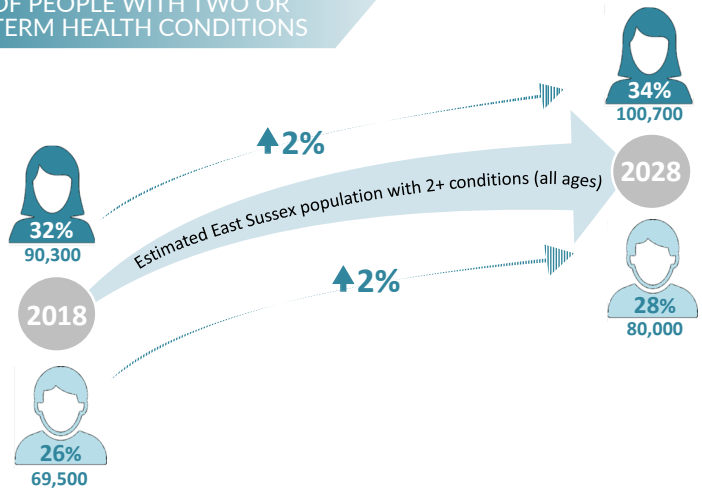
86. ESTIMATED PREVALENCE OF DIABETES, 2016/17



87. RECEIVING ALL 8 DIABETES CARE PROCESSES, 2015



90. NUMBER OF PEOPLE WITH TWO OR MORE LONG TERM HEALTH CONDITIONS



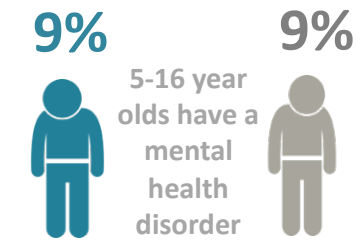
HOW HEALTHY ARE WE
MENTAL ILLNESS

COMMON AND SEVERE MENTAL ILLNESS

91. ONSET OF MENTAL ILLNESS

Of those with a lifetime mental health problem first have symptoms by 14 years old

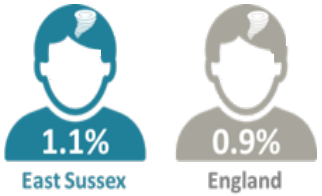
92. ESTIMATED PREVALENCE OF MENTAL ILL HEALTH IN YOUNG PEOPLE, 2015

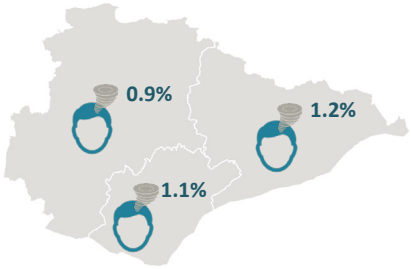


94. ESTIMATED PREVALENCE OF MENTAL HEALTH CONDITIONS

Has a mental health condition at any one time

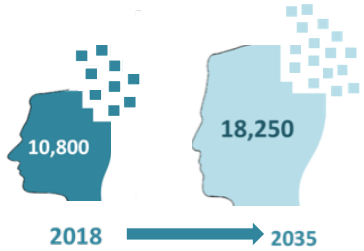
95. GP RECORDED PREVALENCE OF SEVERE MENTAL ILLNESS, 2016/17



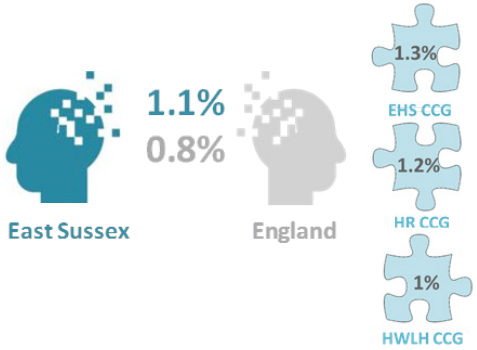


96. GP RECORDED PREVALENCE OF DEPRESSION, 2016/17

93. PREDICTED DEMENTIA CASES



97. GP RECORDED PREVALENCE OF DEMENTIA, 2016/17



98. PREVENTING DEMENTIA

Approximately

1 in 3

could be prevented through lifestyle and social changes

HOW HEALTHY ARE WE
SCREENING AND CANCER

99. CANCER

11,325
New cases of cancer, 2014/16

522 Per 100,000 — 547 England

Incidence of cancer, 2014-16

665 Per 100,000 — 674 England

593
East Sussex

Cases of cancer per 100,000 population 2014-16

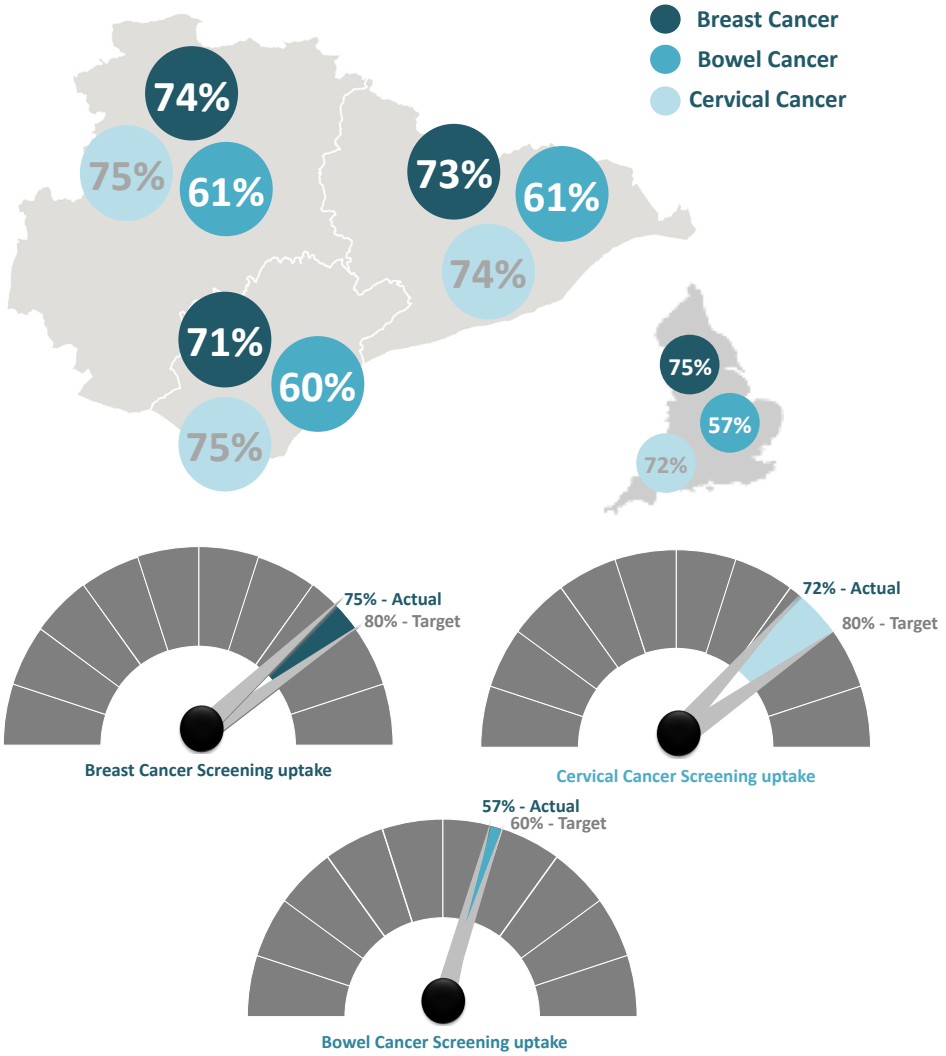
610
England

Most common cancers in East Sussex 2014/16 (per 100,000)

Males
- 198 Prostate
- 82 Colorectal
- 78 Lung

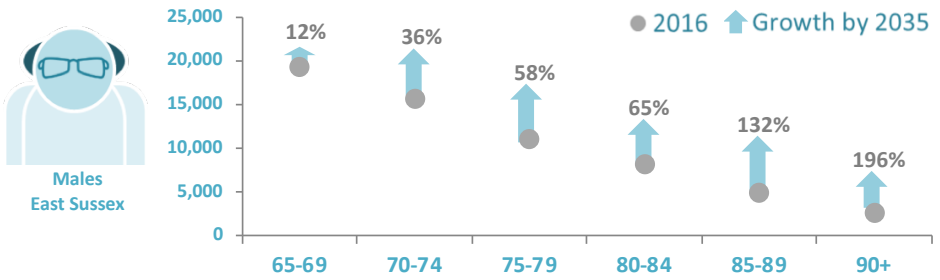
Females
- 173 Breast
- 57 Colorectal
- 51 Lung

100. CANCER SCREENING UPTAKE, 2016/17

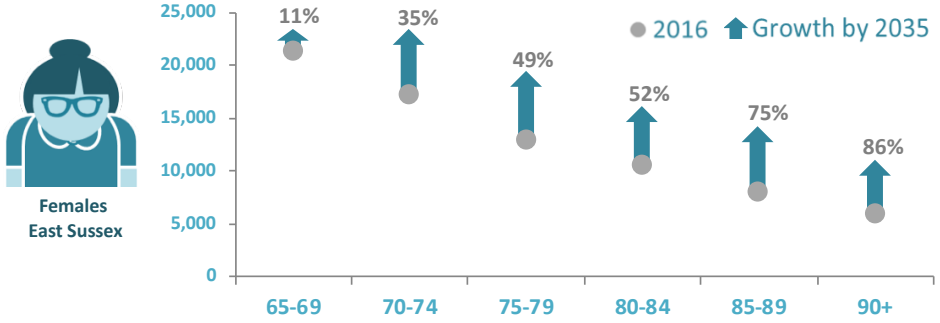


HOW HEALTHY ARE WE
BETTER AGEING

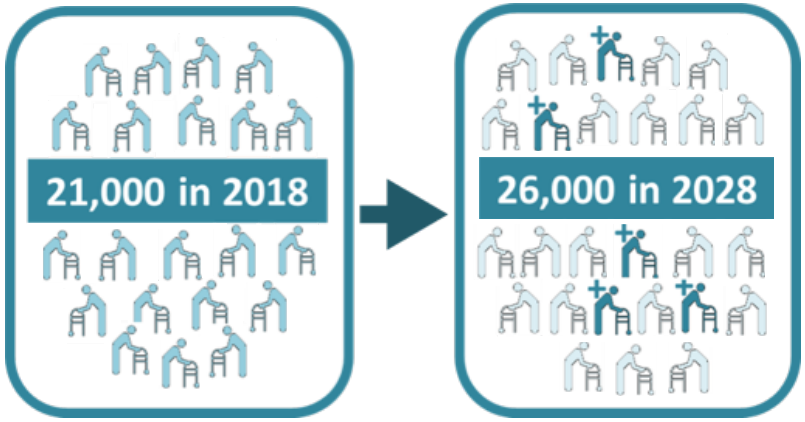
101. POPULATION GROWTH IN PEOPLE AGED 65 AND OVER



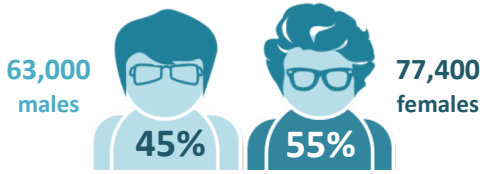
By 2035 there is a projected 46% growth in the population aged 65+



102. ESTIMATED MODERATE AND SEVERE FRAILTY IN PEOPLE AGED 65+

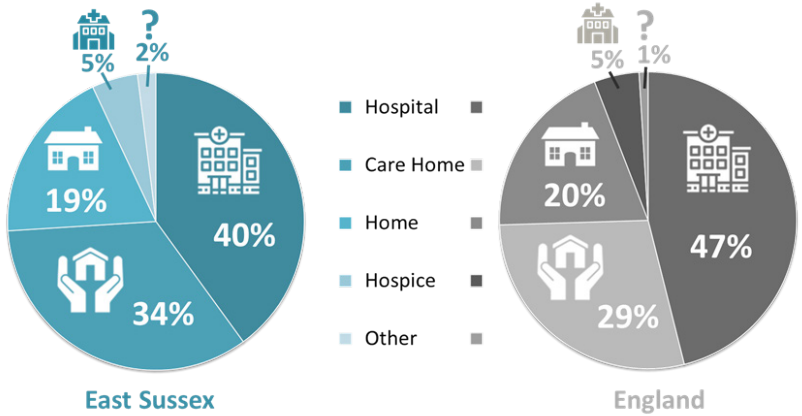


103. POPULATION AGED 65 AND OVER, 2017



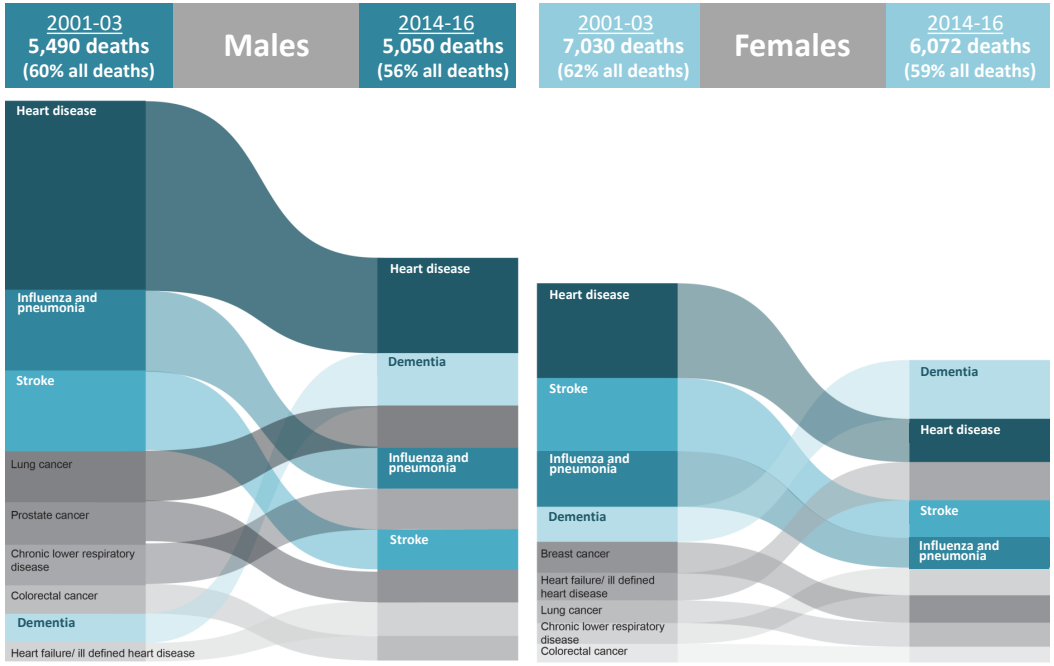
104. EXCESS WINTER DEATHS

105. PLACE OF DEATH 65 AND OVER, 2016

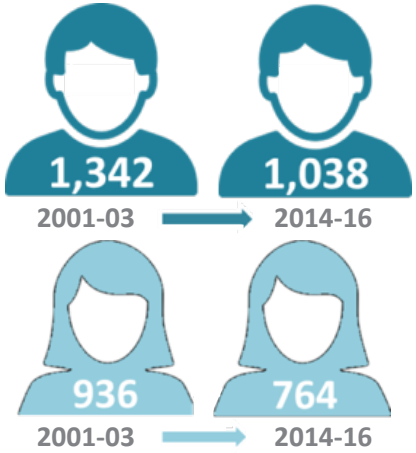


HOW HEALTHY ARE WE
MORTALITY

106. LEADING CAUSES OF DEATH, AGE-STANDARDISED RATE PER 100,000



107. ALL-CAUSE MORTALITY, AGE-STANDARDISED RATE PER 100,000 POPULATION



108. ALCOHOL AND SUBSTANCE MISUSE MORTALITY, AGE-STANDARDISED RATE PER 100,000 POPULATION

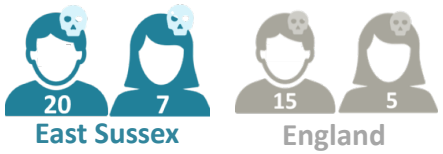
6
England

Eastbourne	Hastings	Lewes	Rother	Wealden
Drug-related mortality, 2015/17				
11	15	6	6	6

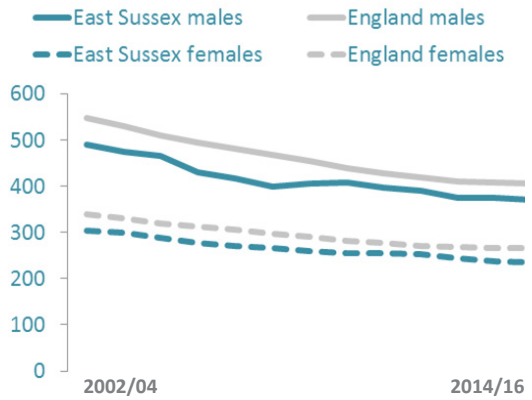
10
England

Alcohol-related mortality, 2014/16				
11	16	7	9	7

109. SUICIDE RATE, AGE-STANDARDISED RATE PER 100,000 POPULATION, 2014/16



110. PREMATURE ALL-CAUSE MORTALITY, UNDER 75 YEARS, AGE-STANDARDISED RATE PER 100,000 POPULATION



HOW WE USE SERVICES
PRIMARY CARE

111. PRIMARY CARE PROVISION PER 1,000 POPULATION

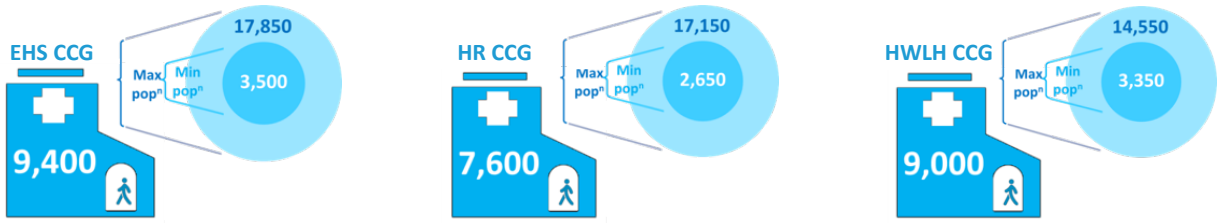
GPs
0.5
0.6 England

Pharmacies
0.2
0.2 England

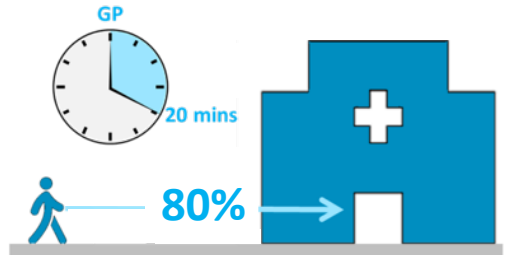
Dentists
0.6
0.4 England

Opticians
0.1
0.3 England

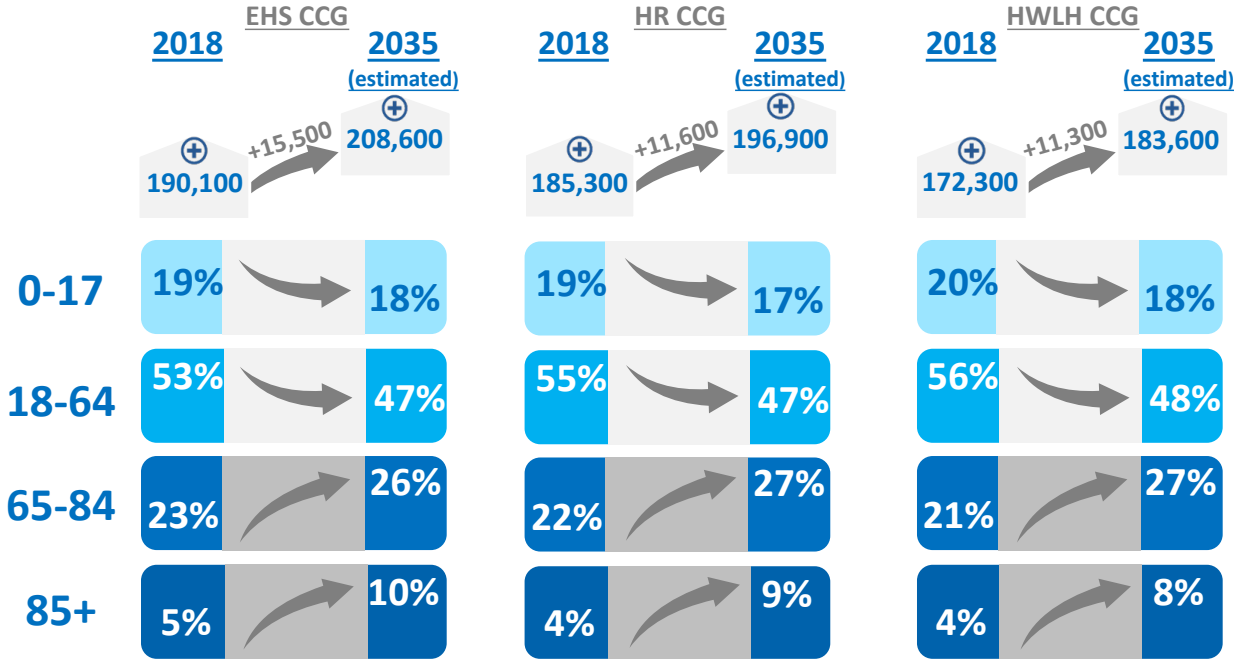
112. AVERAGE PRACTICE POPULATION



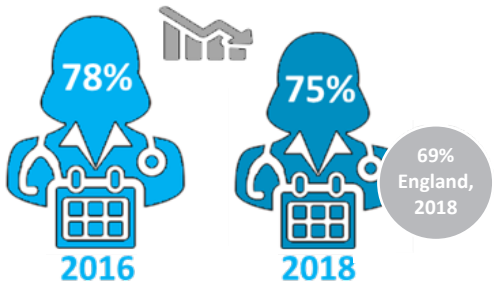
113. 20 MINUTES WALK TO GP, SEPTEMBER 2018



114. PRACTICE POPULATIONS



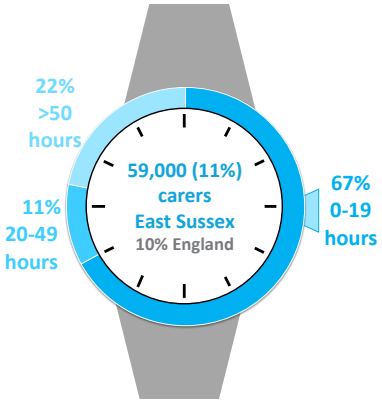
115. GOOD EXPERIENCE OF MAKING A GP APPOINTMENT



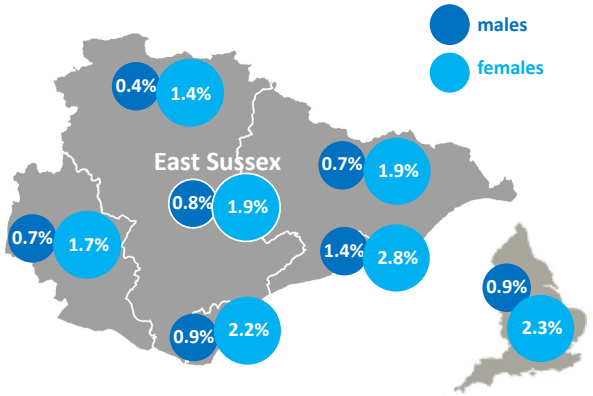
HOW WE USE SERVICES
SOCIAL CARE

CARERS

116. HOURS SPENT CARING PER WEEK, 2011



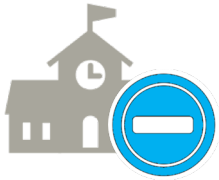
117. CARERS ALLOWANCE CLAIMANTS, AGED 16+, FEBRUARY 2018



CHILDREN

118. FIXED TERM EXCLUSIONS, 2015/16

Primary Schools



1.7%
1.2%
England

Secondary Schools

12%
9%
England

119. LOOKED AFTER CHILDREN, MARCH 2017

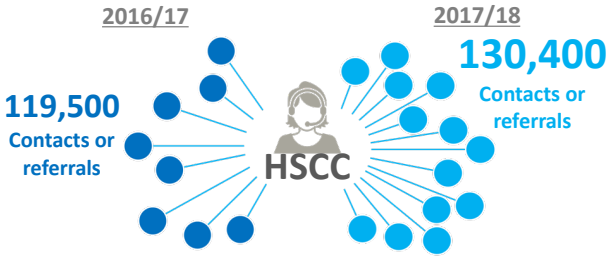
4.8
per 1,000 aged under 18

6.1
England

5.1	7.6	3.1	5.7	3.2
Eastbourne	Hastings	Lewes	Rother	Wealden

ADULTS

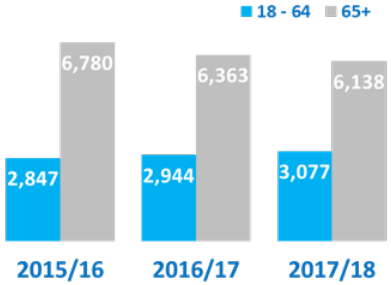
120. HEALTH AND SOCIAL CARE CONNECT (HSCC) CONTACTS AND REFERRALS



121. SAFEGUARDING CONTACTS FOR PEOPLE AGED 18+, 2017/18

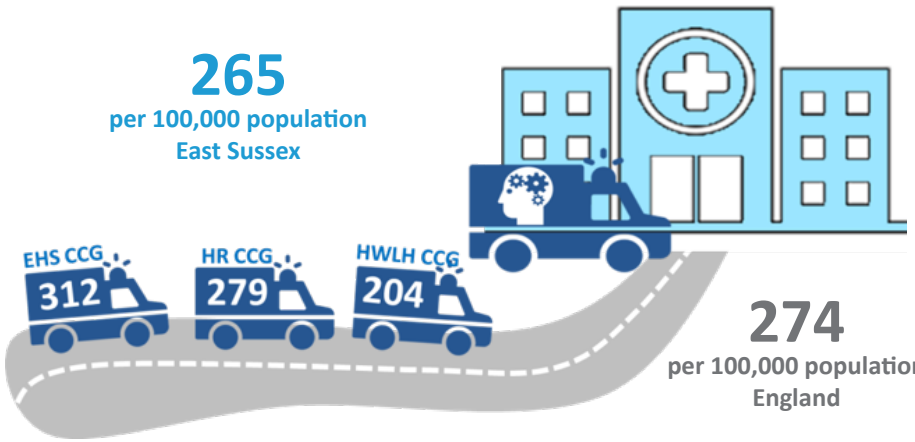
326
Safeguarding enquiries completed per 100,000
343 England

122. RECEIVING LONG TERM SUPPORT

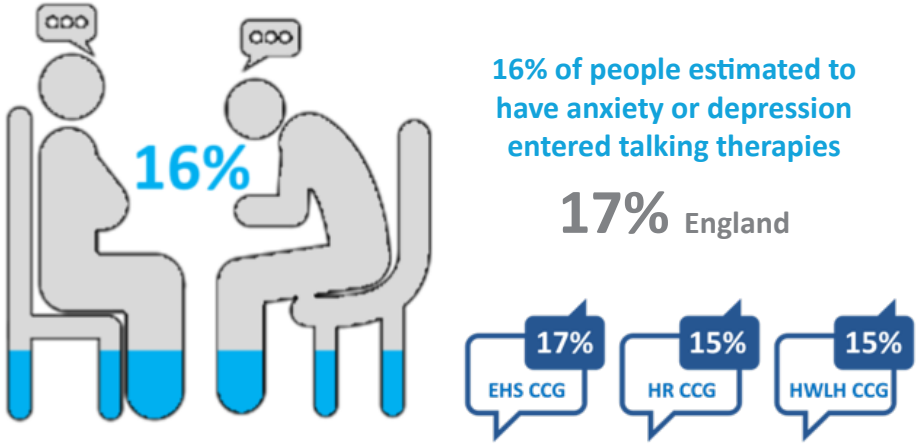


HOW WE USE SERVICES
MENTAL HEALTH SERVICES

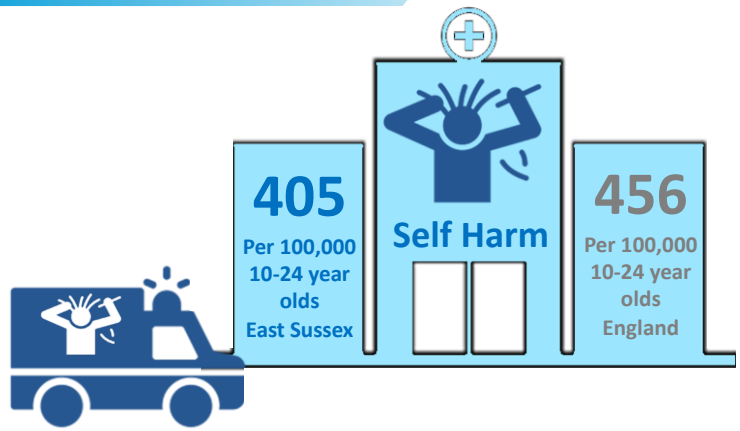
123. MENTAL HEALTH HOSPITAL ADMISSIONS, Q4 2018



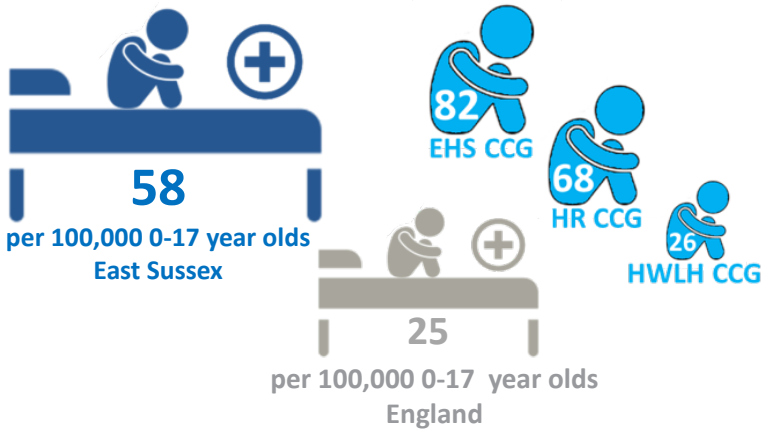
124. PEOPLE ENTERING TALKING THERAPIES, MARCH 2018



125. EMERGENCY ADMISSIONS FOR INTENTIONAL SELF-HARM - CHILDREN AND YOUNG PEOPLE, 2015/16

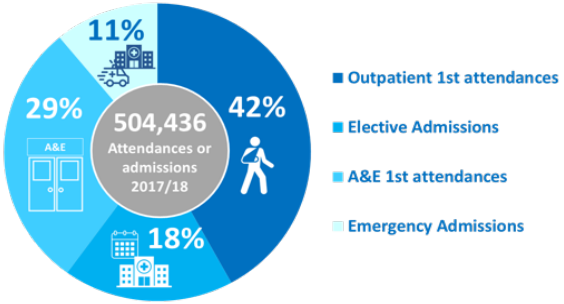


126. ADMISSIONS TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES WARDS, Q2 2016

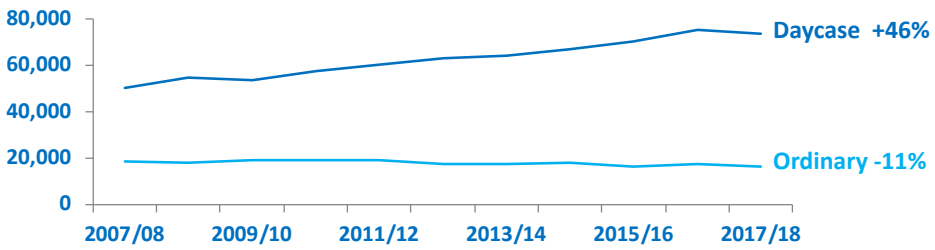


HOW WE USE SERVICES
HOSPITAL ACTIVITY

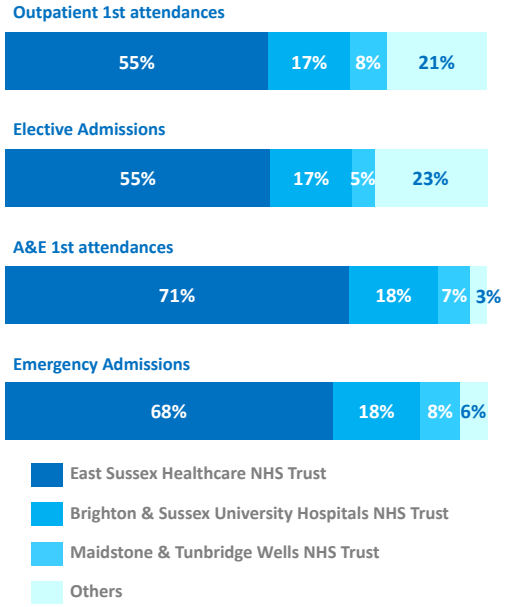
127. HOSPITAL ACTIVITY BY TYPE, 2017/18



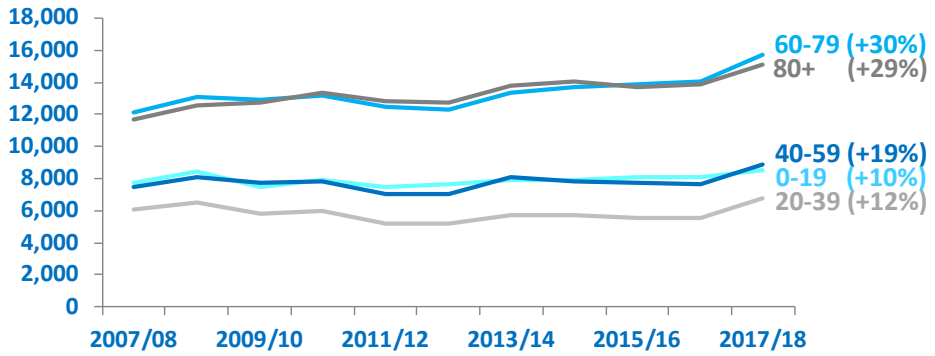
128. ELECTIVE ADMISSIONS BY TYPE



129. HOSPITAL ACTIVITY BY PROVIDER, 2017/18

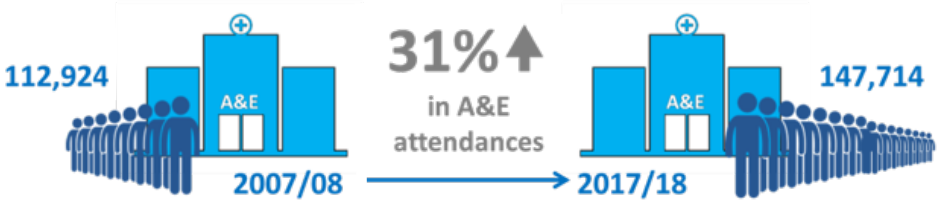


130. ELECTIVE ADMISSIONS BY AGE GROUP

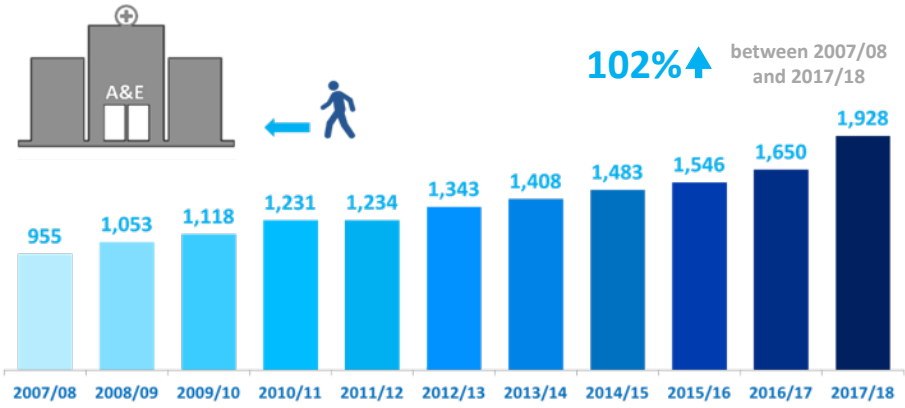


HOW WE USE SERVICES
HOSPITAL ACTIVITY

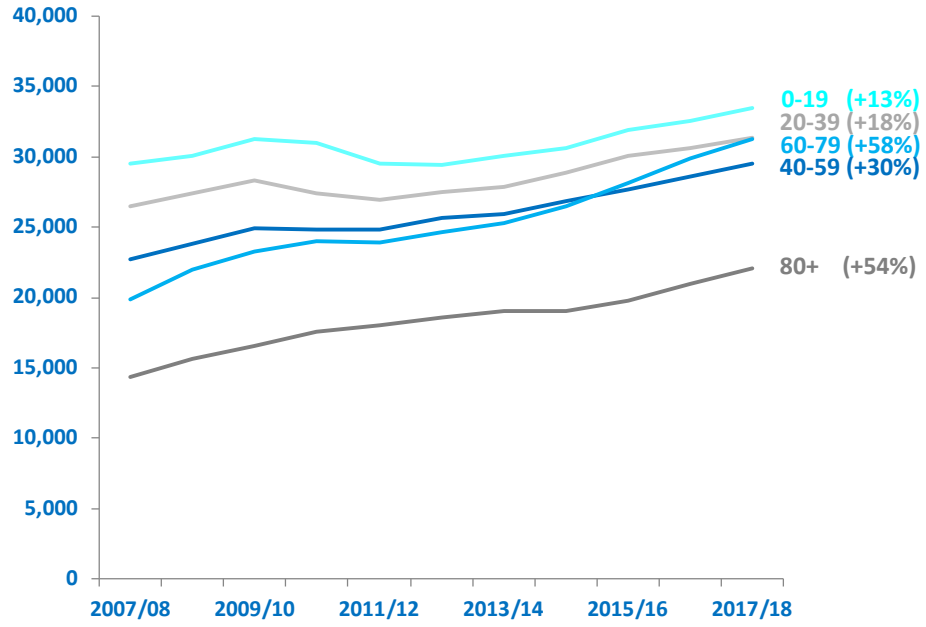
131. A&E ATTENDANCES



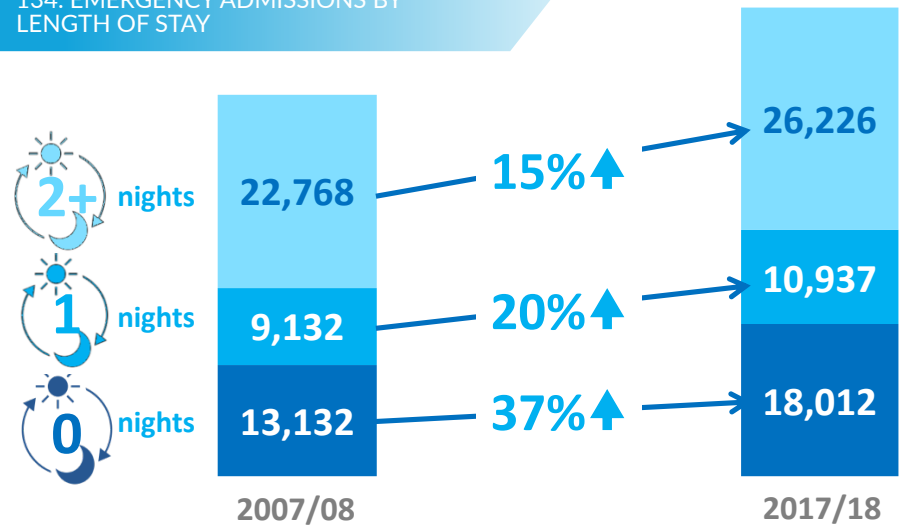
132. PATIENTS ATTENDING A&E 5 OR MORE TIMES IN A YEAR



133. A&E ATTENDANCES BY AGE GROUP

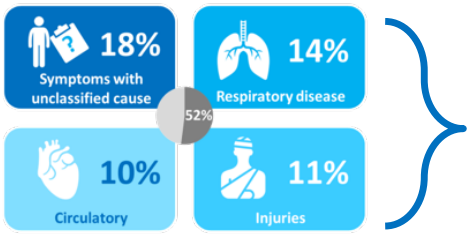


134. EMERGENCY ADMISSIONS BY LENGTH OF STAY



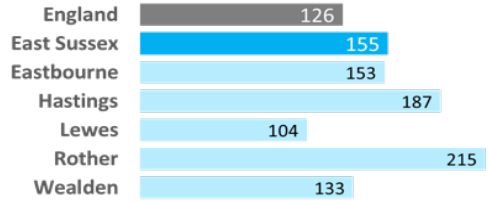
HOW WE USE SERVICES
HOSPITAL ACTIVITY

135. REASONS FOR EMERGENCY ADMISSIONS



In 2018, these conditions account for over 50% emergency admissions

136. HOSPITAL ADMISSIONS DUE TO INJURIES, 0-4 YEAR OLDS, 2016/17

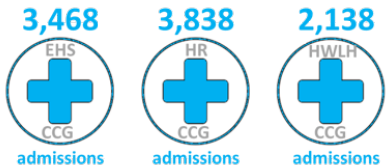


Rate per 10,000 0-4 year olds

137. UNPLANNED ADMISSIONS FOR LONG TERM CONDITIONS NOT USUALLY REQUIRING HOSPITALISATION, 2017/18

9,444 admissions

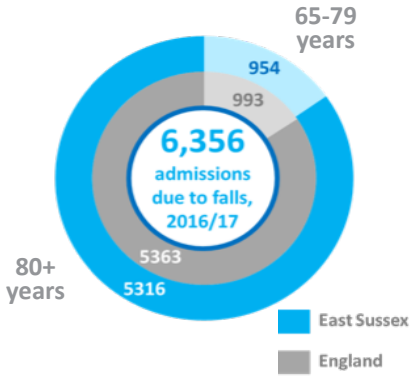
for conditions such as diabetes, epilepsy and high blood pressure



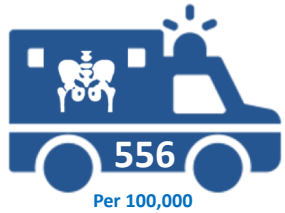
138. ADMISSIONS DUE TO FALLS, 2016/17

2,072 per 100,000 aged 65+ East Sussex

2,114 Aged 65+ England

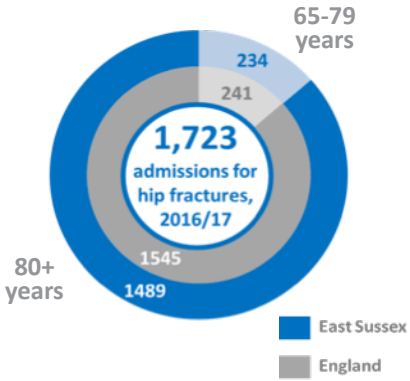


139. ADMISSIONS FOR HIP FRACTURES, 2016/17

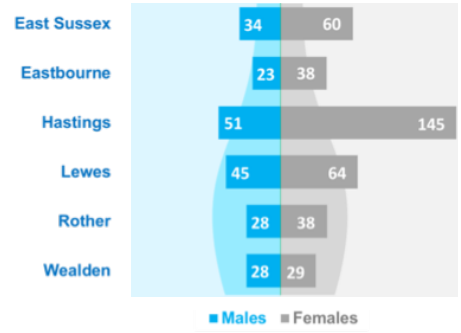


Per 100,000 population aged 65 and over

575 England



140. ADMISSIONS DUE TO ALCOHOL SPECIFIC CONDITIONS, UNDER 18 YEARS



Admissions per 100,000 population aged under 18, 2014/15 – 2017/18

PICTURE EAST SUSSEX
CONCLUSION

A person's chance of enjoying good health and a longer life is influenced by the social and economic conditions in which they are born, grow, work, live and age. These conditions affect the way people look after their own health and use services throughout their life. The impact of social conditions can be seen in the continuing and striking gradient in health. That is, the poorer your circumstances the more likely you are to have poor health and wellbeing, spend more of your life with life-limiting illness, and die prematurely.

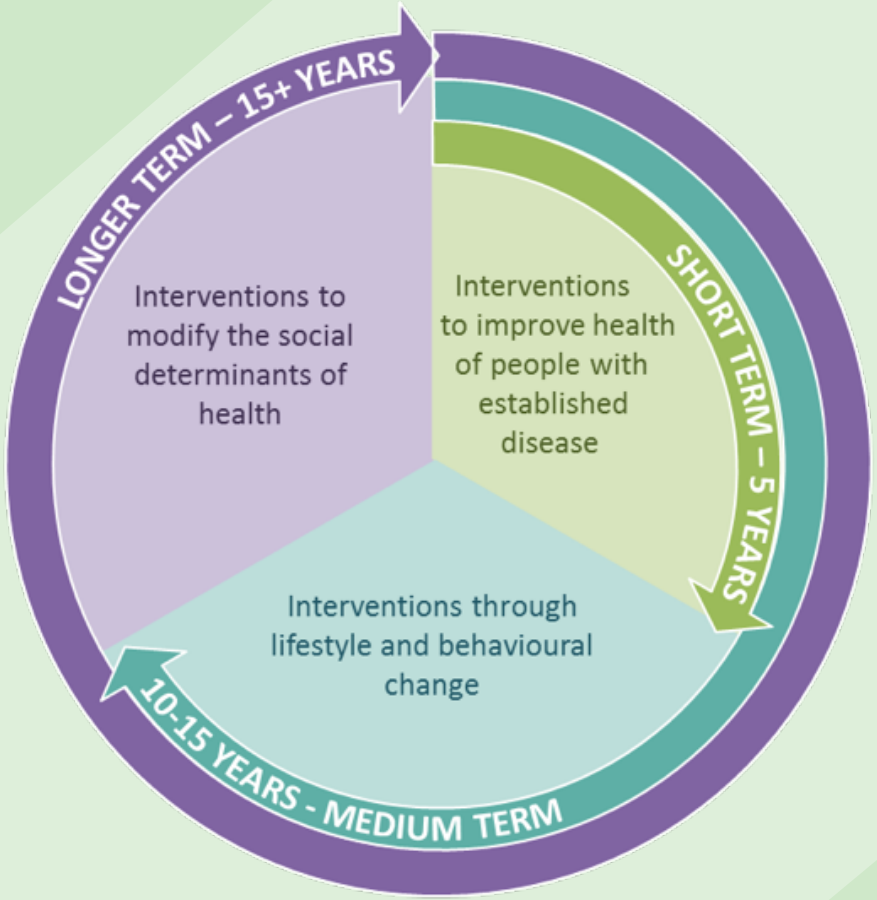
The population and communities within East Sussex have many strengths and assets, reflected in the generally high levels of health and wellbeing within the county. However, variation does exist, and not all communities or people benefit from the same advantage. Addressing health inequalities and moving towards a fairer distribution of good health requires a life course approach and action to be taken across the whole of society. What happens in childhood is important as it has an impact on health and wellbeing in later life.

Actions are required to:

- Involve and empower patients to manage their own health
- Address individual-level lifestyle factors
- Adopt whole systems approach to social determinants of health

As we continue to transform our health and social care system, it is critical that appropriate attention is given to the prevention of disease and injury, along with the provision of high quality health care. To do this, increased understanding of the root causes of poor health and the development of social, economic and physical environments that better support our collective wellbeing are critical. This health and care profile of East Sussex provides the beginnings of a shared understanding of the population of the county, the way services are currently used and what demands may be placed on them in the future.

Gestation times for different preventative interventions
Adapted from: *Health Inequalities National Support Team (HINST), 2010*



Here are ten of the important points this report makes about our health today and what it means for our future.

PICTURE EAST SUSSEX
CONCLUSION

OUR POPULATION IS AGEING

The over 65s now represent a quarter of the county's population and are projected to make up nearly a third of all people by 2035. By 2035 there will be a 46% increase in our 65 and over population. The fastest rate of growth will be seen in the 85 and over group.

This ageing population is placing additional pressures on social care and the NHS, as well as impacting on families, and our workplaces. Those aged 85 and over are the largest users of health and social services.

Older people have a significant contribution to make to society. To maximise these contributions a focus on health and wellbeing throughout life is critical. To enable older people to achieve their own ambitions, enjoy good health and maintain independence for as long as possible.

CHILDREN NEED THE BEST START IN LIFE

What happens during pregnancy and the first few years of life influences physical, cognitive and emotional development in childhood and may have an effect on health and wellbeing outcomes in later life.

Although children and young people in East Sussex report increasingly healthier behaviours, we see some clear differences in outcomes, such as hospital admissions for alcohol, significantly higher in Hastings.

Challenges in emotional health and wellbeing remain and the level of need for child and adolescent mental health services are high.

Educational achievement is variable across the county and exclusion from school is above the England average.

Enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive childhood and adulthood.

SECURE INCOME AND HOUSING ARE UNEVENLY DISTRIBUTED

In order to improve health and wellbeing, we need to remember that good health is about much more than just good health care services. There are a number of other factors at play such as getting a good education, a good job, and a safe place to live.

Having enough money for daily living is one of the biggest determinants of health outcomes. In our community survey 8 in 10 felt they were financially alright. However, across East Sussex 16% of children live in low income families and 13% of older people live in poverty. These figures hide stark differences in the county with 1 in 4 children and 1 in 5 older people living in these conditions in Hastings, compared to 1 in 10 in Wealden.

At its most basic, access to safe and secure housing is a key determinant of health. Across the county there are increasing numbers of people who do not have access to housing or whose housing is temporary.

Poor housing impacts on both physical and mental health and wellbeing. It is estimated that poor housing costs the NHS over £1 billion annually. Poor and unsafe housing can occur in all forms of home ownership and occupancy, but in general the private rented sector has the highest rates of poorer housing. Rates of private tenancy vary across the county, accounting for 1 in 3 households in Hastings to 1 in 10 in Wealden.

We cannot ignore the role that income and housing play in sustaining good health and maintaining independence.

PICTURE EAST SUSSEX
CONCLUSION

THERE ARE DIFFERENCES IN HOW LONG WE LIVE

Life expectancy continues to improve in the county. A girl born in East Sussex today can expect to live to 84, and a boy to 80.

Although life expectancy has continued to rise, the number of years we can expect to live in good health has not kept pace. Healthy life expectancy has increased for males from 62 to 65 between 2009/11 and 2014/16, but for females it has fallen from 65 to 63 years.

For both indicators health inequalities persist. Those living in our most deprived communities have the lowest life expectancy and can expect to live fewer years in good health. There is a 16 year gap between those who have the highest life expectancy and those who have the lowest. There is a 13 year gap between those with the longest healthy life expectancy and those have the shortest.

To increase the number of years we live in good health and reduce inequalities we must look beyond just the absence of disease and include the conditions and influences that create good health and wellbeing.

NO SINGLE PROJECT OR INITIATIVE CAN BEAT OBESITY

In East Sussex 2 in 10 reception age children; 3 in 10 children in year six; and 6 in 10 adults are overweight or obese.

Along with smoking, obesity is among the leading risk factors for poor health. It is associated with a range of conditions, including cardiovascular disease, musculoskeletal conditions, respiratory disease, diabetes and many cancers.

The NHS spends over £6 billion each year on treating overweight and diabetes related ill health.

Obesity is a complex problem with a large number of different but often interlinked causes. No single measure is likely to be effective on its own in tackling obesity. To have a significant impact on obesity everybody needs to get involved.

IT'S TIME TO TALK MENTAL HEALTH

1 in 4 of us will experience mental ill-health at some point in our lives. Mental illnesses constitute the largest single burden of disease nationally at almost a quarter of the total. Mental illness also has a considerable economic cost to our health and care system, and also to individuals, families and communities. In East Sussex, the GP recorded prevalence of severe mental illness; depression and dementia are all higher than England.

Mental ill-health often begins earlier than other causes of disability and there is continuity between mental illness in childhood and adulthood; we know that over half of people with a lifetime mental illness at the age of 26 will have met the diagnostic criteria first by the age of 14. Admissions to acute child and adolescent mental health services are twice as high in East Sussex as they are nationally.

Mental health is a lifetime issue, requiring a joined up approach across the lifespan. We need to promote good mental health for all and the importance of early intervention, particularly in childhood and the teenage years, both to prevent mental illness from developing and to mitigate its effects when it does.

PICTURE EAST SUSSEX
CONCLUSION

WE NEED TO BE DEMENTIA FRIENDLY

It is estimated that by 2035 there will be an additional 7500 people with dementia in the county.

Dementia is the leading cause of death for women in the county and has risen to the second leading cause for men.

1 in 3 cases of dementia could be prevented through lifestyle and social changes. The NHS Health Check, for adults in England aged 40 to 74, is an ideal opportunity for GPs and other healthcare professionals to offer advice to promote a healthier lifestyle.

It is important that we build dementia-friendly communities, where people are aware of and understand dementia. This will help people with dementia to continue to live in the way they want to and in the community they choose.

THE PATTERN OF ILLNESS IS BECOMING MORE COMPLEX

Much of the demand for health and social care in the future will be driven by the increasingly complex management of people with multiple long term conditions and those who are becoming progressively more frail. By 2028 it is estimated that there will be an additional 22,000 people with two or more conditions in East Sussex. Alongside this increase, there will be an additional 16,000 people who will be moderately or severely frail in the county.

Multi-morbidity is often thought of as a condition that affects only older people. However, the risk of exposure to unhealthy lifestyle factors in early life is relatively high in more deprived areas and multi-morbidity is known to develop at least 10-15 years earlier. Of the estimated 160,000 people with more than two conditions 43% are under the age of 65 in East Sussex.

These changes pose major challenges to our health and care systems and highlight the need to invest in and strengthen timely prevention activities. Proactive, targeted case finding for both multi-morbidity and frailty and use of risk stratifying tools in can help early identification.

WE NEED A SHARED UNDERSTANDING OF DEMAND FOR SERVICES

The demand for services, both health and social care, continues to increase. This is in part due to our aging population and the challenges it brings. However, it is also due to some of the inbuilt inefficiencies within our systems.

Despite knowing a large amount about a small part of the health sector, hospital activity, we know very little about what happens at a population level in other settings and sectors. Understanding how people move between services and organisations, and identifying how and when an individual's level of need changes requires better information and shared data.

Making a shift towards population health management requires collaboration across a range of sectors and winder communities – between local authorities, the NHS, the third sector and patients and the public themselves working together as a system.

WE CAN BUILD ON OUR STRONG COMMUNITIES

Many of the communities in East Sussex already have a secure identity with 7 in 10 people reporting they have a strong sense of belonging and more than 8 in 10 satisfied with their local area. People are engaged and willing to support each other with half of those responding to our community survey reporting they have volunteered in the past year.

The growing demands, in the context of and aging population, increasing prevalence of long term conditions and multi-morbidity, highlight the importance of focusing on prevention and early intervention. However, we also need to concentrate our efforts on improving and sustaining good health and positive wellbeing.

In order to achieve this we must empower individuals and local communities by involving them in designing and delivering the services they use. This asset based approach involves building and mobilising the skills and knowledge of individuals, and the connections and resources within communities and organisations.

By taking a strengths and assets approach we have a better chance of making a positive impact on the health and wellbeing of our population. Promoting independence and developing a sustainable health and care system requires us to value everyone's contributions.

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Indicator	Source
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2	East Sussex Public Health Intelligence Team
3	ONS mid year population estimates 2017
4	DCLG, Index of Multiple Deprivation 2015
5	ONS mid year population estimates for 2016 by LSOA grouped by ONS rural-urban classifications from 2011 Census
6	ONS mid year population density estimates 2017
7	East Sussex Public Health Intelligence Team
8	ONS Census 2011
9	ESCC population projections, April 2018
10	ONS Census 2011
11	ONS mid year population estimates 2017
12	ONS Census 2011
13	ESCC East Sussex Community Survey 2017
14	ONS vital statistics 2016
15	PHE fingertips profile, Public Health Outcomes Framework
16	ONS vital statistics 2016
17	PHE fingertips profile, Child and Maternal Health
18	PHE fingertips profile, Public Health Outcomes Framework
19	ONS mortality statistics, derived from Primary Care Mortality Database supplied by NHS Digital
20	DCLG, Index of Multiple Deprivation 2015
21	DCLG, Income Deprivation Affecting Older People Index 2015
22	DCLG, Index of Multiple Deprivation 2015
23	PHE fingertips profile, Wider Determinants of Health
24	DWP, Children in low-income families local measure
25	ONS mid year population estimates 2017
26	PHE fingertips profile, Public Health Outcomes Framework
27	PHE fingertips profile, Child and Maternal Health
28	ONS mid year population estimates 2016
29	PHE fingertips profile, Child and Maternal Health
30 - 31	ESCC Health Related Behaviour Survey, 2017
32	PHE fingertips profile, Child and Maternal Health
33	ONS mid year population estimates 2017
34 - 25	ONS Census 2011
36	ONS NOMIS
37	ONS Census 2011
38 - 39	PHE fingertips profile, Learning Disability
40	ONS Census 2011
41	MHCLG, Housing statistics
42	ONS, Housing affordability 2017
43	MHCLG, Live tables on homelessness
44	DBEIS, Sub-regional fuel poverty data 2016
45	ONS Census 2011
46 - 47	MHCLG, Homelessness statistics
48	PHE fingertips profile, Public Health Outcomes Framework
47	MHCLG, Homelessness statistics
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50	ONS Census 2011
51	Sport England, Active Lives Survey
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54	ESCC, Research and Information Team
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56 - 57	ESCC East Sussex Community Survey 2017
58	PHE fingertips profile, Common Mental Health Disorders
59	ONS Census 2011
60	ESCC East Sussex Community Survey 2017
61	ONS, Annual Population Survey
62	PHE fingertips profile, Public Health Outcomes Framework
63	ONS NOMIS
64	ONS, Life Expectancy statistics, 2014-16 for East Sussex and England, 2009-13 for wards
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66 - 69	PHE fingertips profile, Public Health Outcomes Framework
70	ESCC Health Related Behaviour Survey, 2017
71	ONS conception statistics 2016
72	PHE fingertips profile, Child and Maternal Health
73	PHE fingertips profile, Public Health Outcomes Framework
74	ONS mid year population estimates 2017
75	PHE fingertips profile, Public Health Outcomes Framework
76	PHE fingertips profile, Local Tobacco Control
77	PHE fingertips profile, Local Alcohol Profiles for England
78	PHE fingertips profile, Public Health Outcomes Framework
79	PHE fingertips profile, Local Alcohol Profiles for England
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82	PHE fingertips profile, Sexual and Reproductive Health
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84	PHE fingertips profile, Modelled Prevalence Estimates
85	NHS Digital, QOF 2016/17
86	PHE fingertips profile, Modelled Prevalence Estimates
87	NHS Digital, National Diabetes Audit
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90	PHE, Estimating the prevalence of multi-morbidity in the South East Region of England, August 2018
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94	PHE fingertips profile, Common Mental Health Disorders
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96	PHE fingertips profile, Common Mental Health Disorders
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105	PHE fingertips profile, End of Life Care
106	ONS mortality statistics, derived from Primary Care Mortality Database supplied by NHS Digital
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110	PHE fingertips profile, Local Authority Health Profile
111	NHS Digital for GP practice workforce data , ESCC Pharmaceutical Needs Assessment 2017, NHS Dental Services, NHS England for Optical services
112	NHS Digital, Patients registered at a practice, March 2018
113	PHE, SHAPE tool
114	ESCC population projections, April 2018
115	NHS England, GP Patient Survey
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117	DWP, Stats-xplore, Cases in payment February 2018
118	PHE fingertips profile, Child Health Profile
119	ESCC Childrens Services
120 - 123	ESCC Adult Social Care Services
123	PHE fingertips profile, Mental Health and Wellbeing JSNA
124	PHE fingertips profile, Common Mental Health Disorders
125	PHE fingertips profile, Children and Young Peoples Mental Health and Wellbeing
126	PHE fingertips profile, Mental Health and Wellbeing JSNA
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136	PHE fingertips profile, Public Health Outcomes Framework
137	NHS Digital, CCG Outcome Indicator Set - Indicator 2.6
138 - 139	PHE fingertips profile, Public Health Outcomes Framework
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