Lewes Integrated Community Team Population Profile Pack

LSOA (2021) based ICT boundaries.
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Better health and care for all

Introduction

16 geographically based Integrated Community Teams (ICTs) across Brighton and Hove, West and East Sussex have now been agreed.

The ICT Programme Team have since implemented an ICT Data Group, enabling ICB, Public Health, Local Authority, VCSE and wider stakeholders to meet and collaborate regularly in the development and design of 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 of data sets that enable us to understand each of the ICTs' local demographics, health needs, social determinants and wider determinants of health.

Different data sources complimented by Local Knowledge and Community Insight will be key in highlighting specific needs and challenges faced by each ICTs population. This will allow us to construct the core offer that will be delivered by ICT delivery teams, design how these teams need to be configured and what might need further local tailoring due to marked differences in population need.

These opening ICT data packs are intended to set the scene for the ICTs. Whilst they alone will not provide the final answer, they are designed to help stimulate the questions which will. After initial release in December, the packs will develop further in response to feedback to help support the ICTs in their development.

Better health and care for all

Draft Headline Findings

- Around 99,900 people live in Lewes ICT, one of the least densely populated ICTs in Sussex.
- Population increase (below the national average) has mainly come from internal migration, with fewer births than deaths in the area.
- Older age profile, fewer 20 to 40 year olds, more older people living alone.
- Less ethnically diverse than the national average, more LGB+ people, more people with a disability and more veterans.
- Two Core20 neighbourhoods (representing the most deprived 20% of neighbourhoods nationally) within Lewes town and Newhaven with a population of approximately 3,000.
- Housing costs are high relative to earnings.
- Compared to England, Life expectancy is similar for males but significantly better for females.
- Top 5 causes of the greatest burdens of ill-health in East Sussex are: heart disease, low back pain, COPD, lung cancer, and stroke.
- High rates of under 5's admissions for accidents and injuries
- Nearly a third of people have high anxiety, high rates of depression, but fewer are unhappy.
- Over 1 in 5 adults are classified as obese.
- Whilst more people walk for their travel, it is the lowest ICT in Sussex for travel by cycle.
- High rates of self-harm admissions and drug related deaths.

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Draft Headline Findings continued…

Compared to Sussex:
- Lower patient ratings for primary care and lower levels of GPs, nurses and direct patient care staff.
- More patients with atrial fibrillation, cancer and have had a stroke to be managed in primary care and fewer diabetic patients who have achieved all three treatment targets.
- More calls to 111, higher (2-hour) referrals to urgent community response teams, higher urgent treatment centre attendances, more A&E attendances (including same day urgent care), higher % of emergency admissions via A&E.
- Fewer emergency admissions resulting in long lengths of stay over 21 days.
- Higher rate of A&E attendances from care homes but with fewer being admitted.
- More new cases of cancer and more 2-week-wait results resulting in a cancer diagnosis.
- More long waiters at Princess Royal Hospital in Haywards Heath and the Royal Sussex County Hospital in Brighton, and higher rate of overnight inpatient.
- More community nursing contacts.

Compared to East Sussex
- More adults in permanent residential care

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Lewes ICT Geography

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

By general rule the slides on the health of the population will be split by District and those slides on use of healthcare services split by GP/PCN registered population.

Where slides deviate from this it is noted

Key/Legend
- Greater Wealden PCN
- Hailsham PCN
- Seaford PCN
- Foundry Healthcare Lewes PCN
- The Havens PCN
- LA District Boundaries
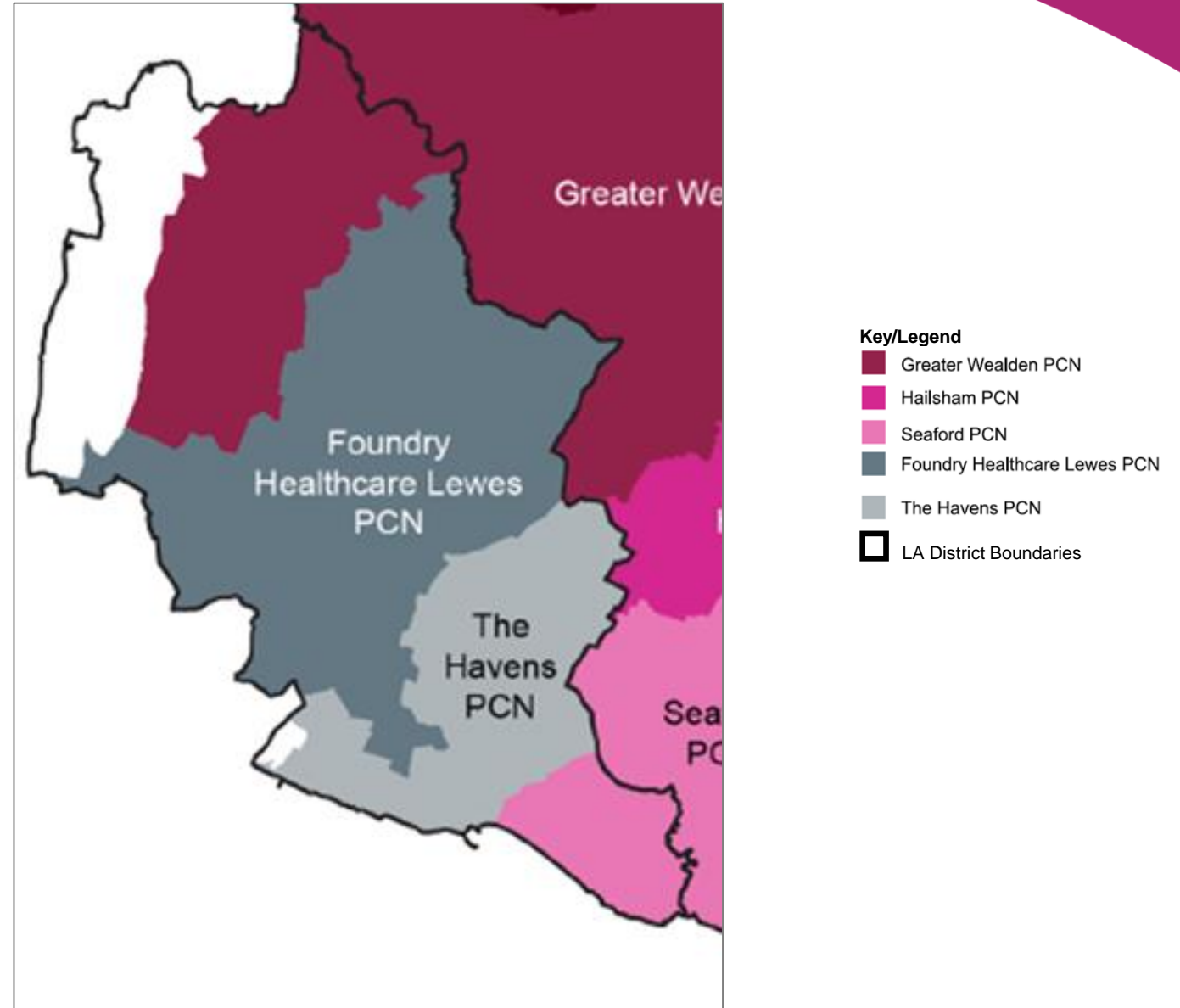
Better health and care for all

Summary Contents 1

Section	Slide	Contents
Who lives here	Who lives in the ICT	Population, increases, reductions, broad age band %s
	Key Demographics	Key demographic groups within the ICT
	Population change	Age-sex profile and expected increase, including households
	Population Projections	An ageing population
Building blocks of health	Introduction	What do we mean by the building blocks of health
	Deprivation	IMD, Core20, Child poverty, Benefits, Poverty, Earnings
	Building blocks of health	Housing, Education, Employment, Crime
What services are within the ICT	Map of services	Location of services within the ICT geography

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Summary Contents 2

Section	Slide	Contents
The Health of the Population	Health and Wellbeing across the life course	Headline summary of key indicators which are covered in more detail in the next 3 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

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Summary Contents 3

Section	Slide	Contents
Healthcare services - Primary Care	Primary Care services	Size and number of GP Practices, Enhanced Services
	Long Term Conditions (Disease Burden)	Disease Registers and QOF
	Other Primary care in the ICT	Dental Activity, vaccination levels and medicines use
Healthcare services – MHLDA	Mental Health and Learning Difficulties	Dementia Diagnosis Rate, Learning Disabilities AHC, Talking therapies,
Healthcare services - Community	Community Health Services	Community Nursing, Community Beds, Community Services
Healthcare services - Non Urgent Care	Planned Care alternatives and Cancer	Advice and Guidance, DNA rates, PIFU, Cancer waiting times, FIT testing
	Planned Care	New Outpatients, Follow Up Outpatients, Outpatients with Procedures, Daycase and Elective Inpatients, OPProc:DC:EL ratio
Healthcare Services - UEC	Urgent and Emergency Care	111 calls, *999 calls, Ambulance Mobilisations*
	Acute Urgent Care	Emergency Inpatients, Long stay patients
	Care Homes: Urgent Healthcare use	Carehome numbers, 999 call rates, A&E and emergency admission rates
Adult Social Care	Adult Social Care	Contacts, patients receiving Long Term Support, Reported Quality of Life, Safeguarding concerns
Appendix	Links to useful sites	For more detail on the headlines in this pack

care for all

Who lives in Lewes ICT

Around 99,900 people live in Lewes (2021 Census)
An increase of 2.5% since 2011

Between 2011 and 2020 there have been
    8,035 Births
    10,002 Deaths
    7,090 estimated increase from internal UK migration
    760 estimated increase from international migration

Census 2021 data:
    21% of the population is under 20, compared to 23% for England
    26% of the population is 65 or over, compared to 18% for England
    4.1% of the population is 85 or over, compared to 2.4% for England

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

Lewes Integrated Community Team

LSOA (2021) based ICT boundaries.
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Lewes ICT Core20 areas;
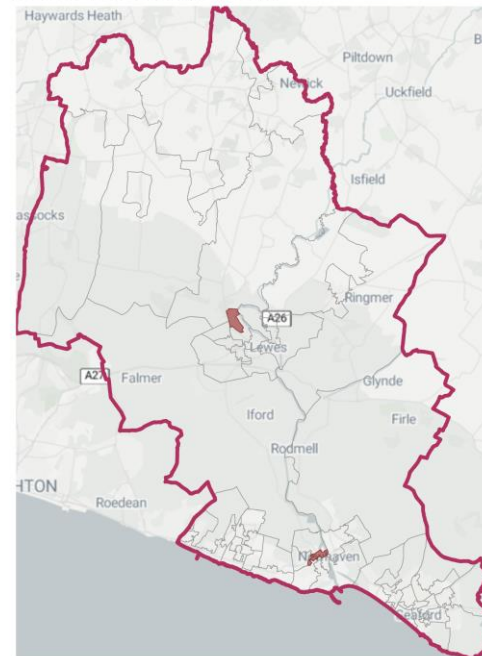
Core 20 neighbourhood

LSOA (2011) based boundaries.
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Of the 62 neighbourhoods (2011 based LSOAs) in the Lewes ICT, there are **two Core20 neighbourhoods** (representing the most deprived 20% of neighbourhoods nationally) with a population of approximately 3,000 residents (Census 2021).

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Key Demographic Groups within Lewes ICT

Lewes ICT has an older age structure than England, with proportionally more older people than younger with more than a quarter over 65.

Compared to England there are fewer:

- People from ethnic minorities – only 1 in 10 people
- People where English is not their main language

But more

- LGB+
- People who previously served in the army
- People with a disability – about 1 in 5
- People who are married/in a civil partnership – nearly half

Lewes ICT population groups

Age

Lewes has an older age structure than England:

- 20.8% of people are aged under 20 (23%)
- 52.7% aged 20-64 (58%)
- 26.5% aged 65+ (18%)

Ethnicity

11.1% of people are Black or racially minoritised* (27%):

- 1.9% Asian or Asian British (10%)
- 0.7% Black or Black British (4%)
- 2.5% Mixed or multiple ethnic group (3%)
- 0.2% Arab (0.6%)
- 5.3% White Irish or White other (8%)

Religion

48.2% of people have no religion or belief (37%):

- 42.7% Christian (46%)
- 0.8% Muslim (6.7%)
- 0.3% Jewish (0.5%)
- 0.6% Buddhist (0.5%
- 0.3% Hindu (1.8%)
- 0.1% Sikh (0.9%)
- 0.8% Other religion (0.6%)

Pregnancy & maternity

There were 781 live births in 2021[2]

Sex

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

Gender identity

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

Sexual orientation

4% of those aged 16+ identified as LGB+ (gay or lesbian, bisexual or other minority sexual orientation) (3%)

Language

For 2.9% of people, English is not their main language (9%)
0.3% do not speak English well (1.6%)

Disability

20.4% of residents are disabled under the Equality Act (17%)

Children in care

At the end of March 2022, there were 628 children aged 0-17, 62 per 10,000, living in care in East Sussex (England 70 per 10,000)[1] UTLA

Veterans

4.6% of people aged 16+ stated on the 2021 Census that they had previously served in the armed forces (3.8%)

Marriage / civil partnership

47.8% of people aged 16+ are married or in a civil partnership (45%)
31.4% Never married/civil partnership (38%)
2.3% Separated (2%)
10.6% divorced/civil partnership dissolved (9%)
7.8% widowed / surviving civil partnership partner (6%)

Carers

10.3% of people provide unpaid care (9%)

England figure in brackets
Source: Census 2021 unless otherwise stated
[1] Department for Education, [2] ONS
* Non White UK/British
UTLA: Only available at UTLA level

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In Lewes ICT
- There are relatively more women aged 45+ than England

- For men, this is the case for ages 50+

- Overall there relatively fewer younger people than England, particularly 20 to 40 year olds

Between 2011 and 2021

- The total population has increased by 2.5%, which was lower than England (6.6%)
- The largest % increase was in the 70-79 year olds, which has increased by 3,061 (33.3%) since 2011

Total population 99,896

Lewes population profile in 2021

Legend: England, Lewes

Males / Females
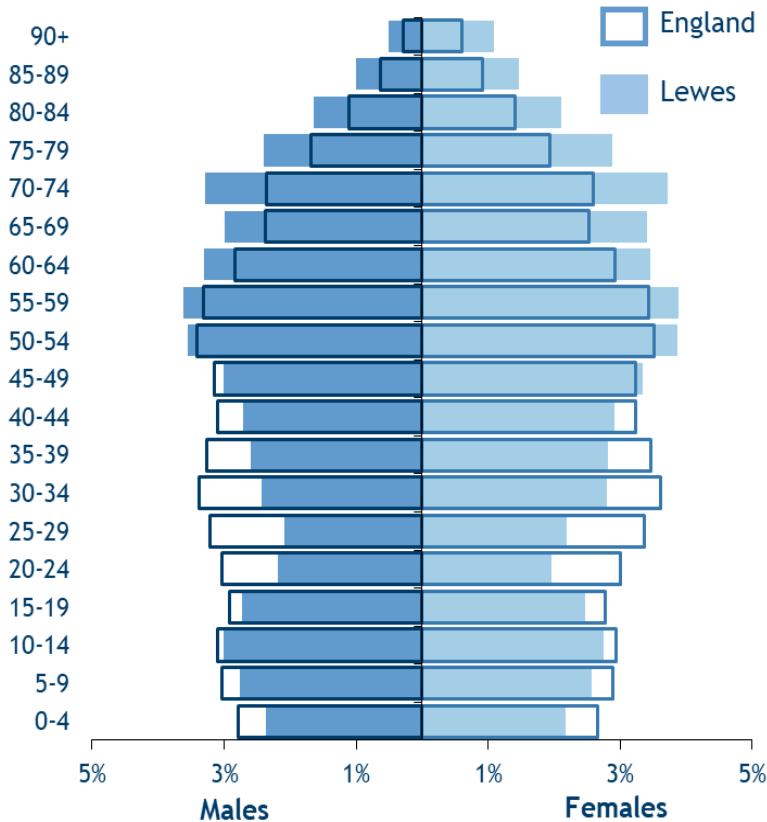
Increase in population 2,396

Lewes change in population between 2011 and 2021 Census, in 10 year age groups
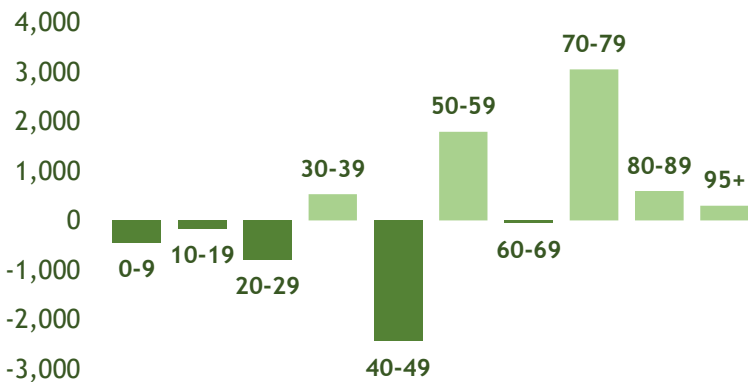
	2021	2011	2021 change	%	England %
0-19	20,788	21,400	-612	-2.9%	2.7%
20-64	52,652	54,000	-1,348	-2.5%	4.4%
65+	26,456	22,100	4,356	19.7%	20.1%
All ages	99,896	97,500	2,396	2.5%	6.6%

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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

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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:
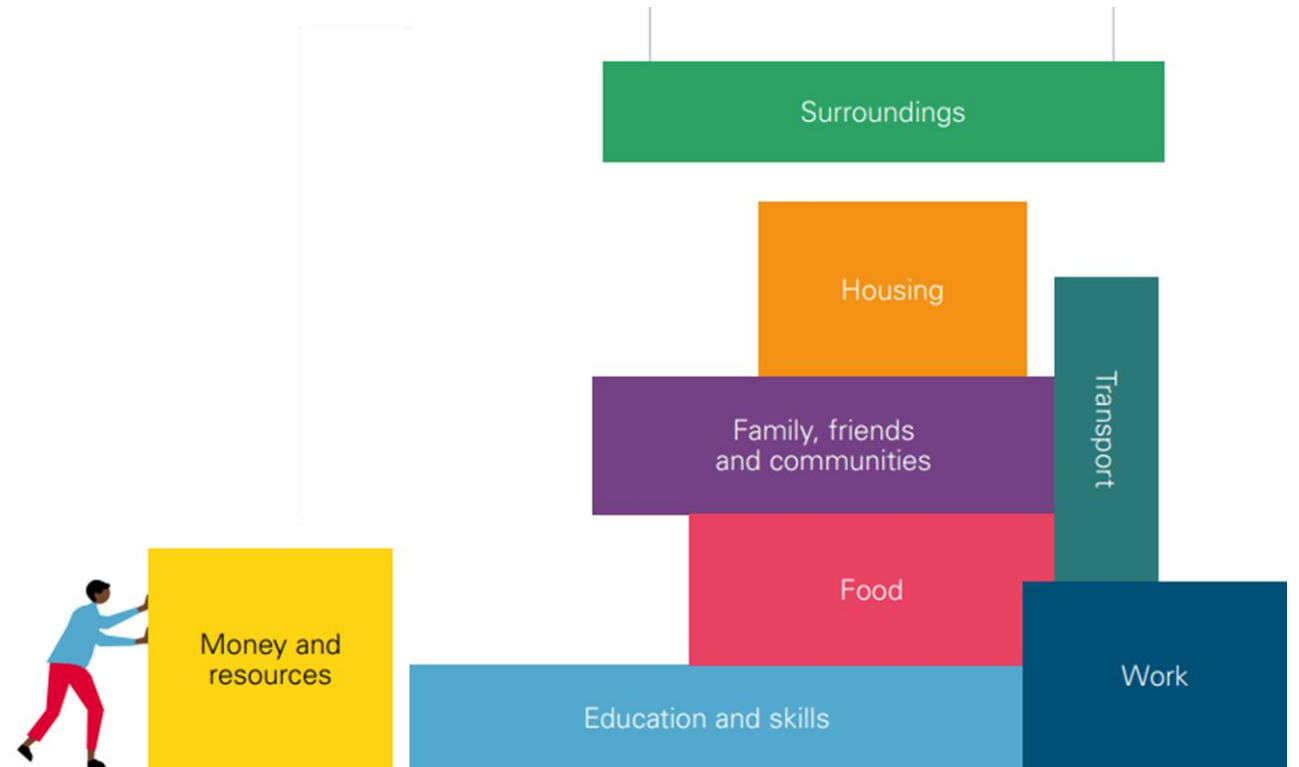
Source: How to talk about the building blocks of health - The Health Foundation

Better health and care for all

Building blocks of health in Lewes ICT

Overall in Lewes ICT, there are relatively fewer people living in more deprived areas than England.

Across the ICT, there are fewer children and older people living in poverty than England, and a slightly lower percentage of working age people on out of work benefits.

Housing cost is an issue in Lewes – with those on the lowest 25% of earnings requiring 11.6 times their earning to afford the lowest 25% of housing prices, compared to 7.4 times across England.
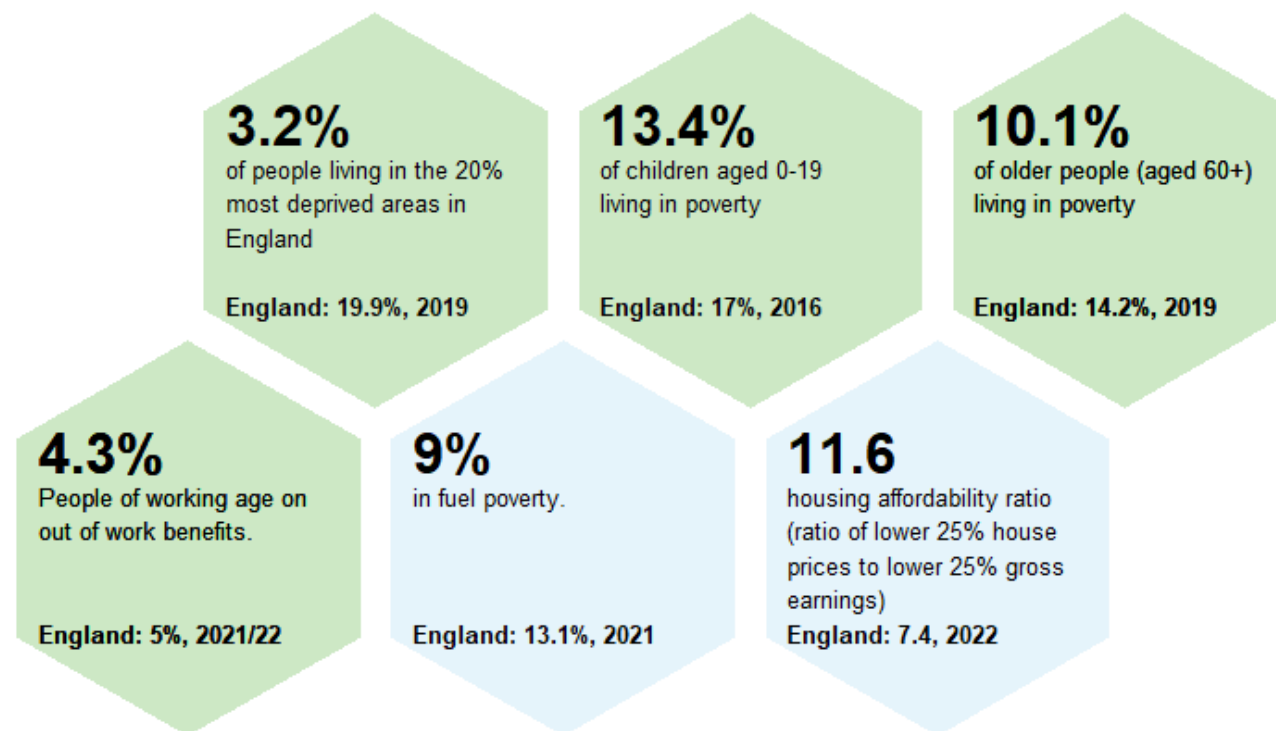
3.2%
of people living in the 20% most deprived areas in England

England: 19.9%, 2019

13.4%
of children aged 0-19 living in poverty

England: 17%, 2016

10.1%
of older people (aged 60+) living in poverty

England: 14.2%, 2019

4.3%
People of working age on out of work benefits.

England: 5%, 2021/22

9%
in fuel poverty.

England: 13.1%, 2021

11.6
housing affordability ratio (ratio of lower 25% house prices to lower 25% gross earnings)
England: 7.4, 2022

Lewes ICT compared to England   Better   Similar   Worse   Not applicable

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

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Building blocks in Lewes 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)
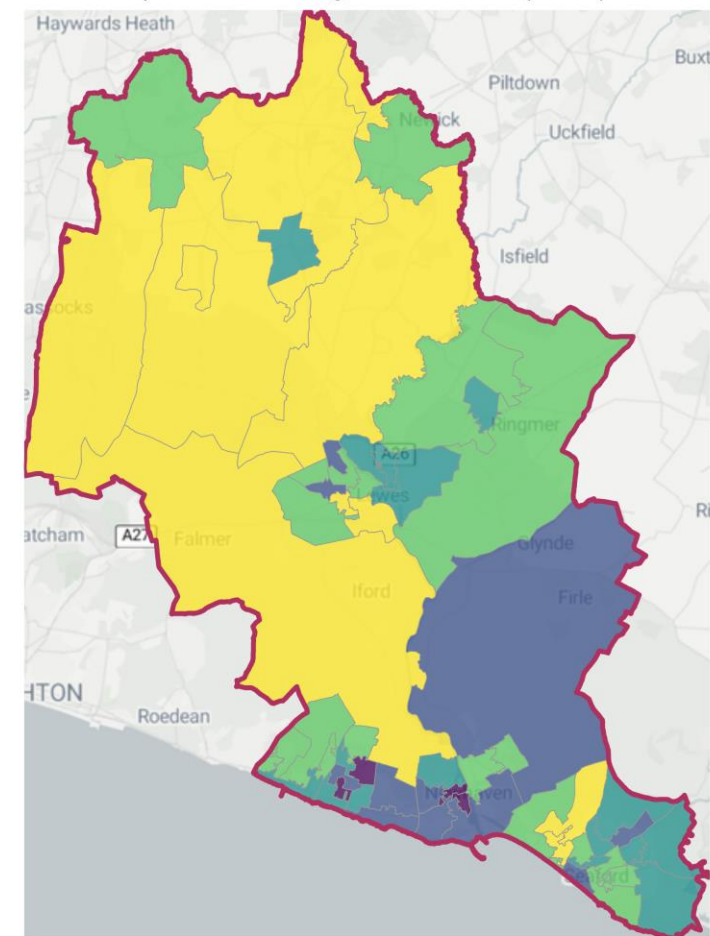
IDACI score
(national rankings)
- Most deprived 20%
- Quintile 2
- Quintile 3
- Quintile 4
- Least deprived 20%

In Lewes ICT, four of its 62 neighbourhoods had an IDACI score (proportion of 0-15s living in income deprived families) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 38.5% or one in three children experiencing income deprivation.

LSOA (2011) based boundaries.
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Income Deprivation Affecting Older People Index (IDAOPI)
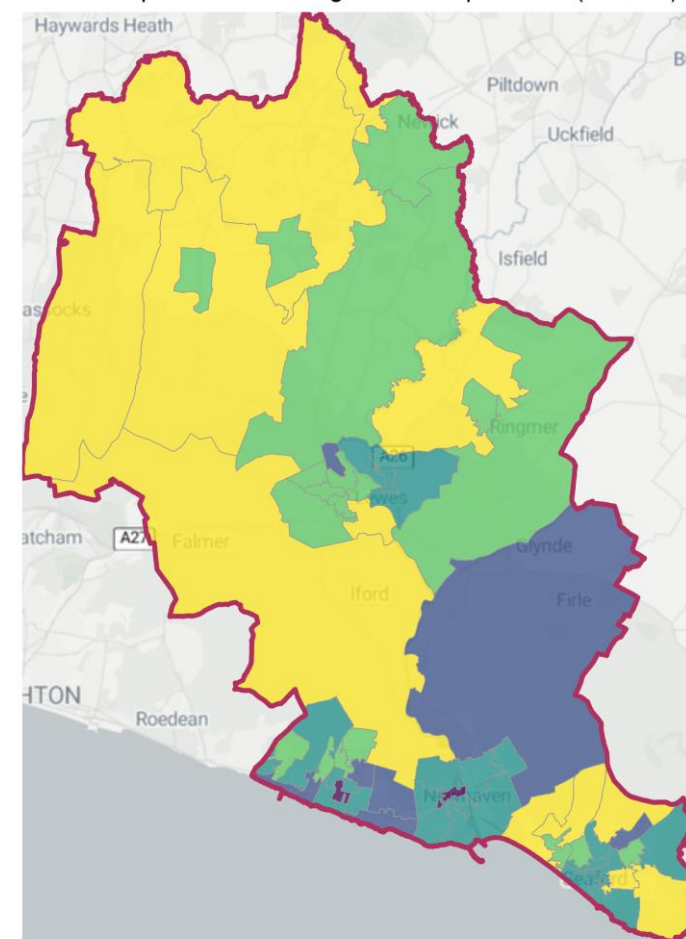
IDAOPI score
(national rankings)
- Most deprived 20%
- Quintile 2
- Quintile 3
- Quintile 4
- Least deprived 20%

There were two neighbourhoods in Lewes ICT with an IDAOPI score (proportion of 60+ year olds living experiencing income deprivation) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 28.7% or one in four older people.

LSOA (2011) based boundaries.
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for all

Building blocks of health in Lewes ICT

Within Sussex, Lewes ICT has:

- fewer people per square km and so is one of the least densely populated ICTs

- one of the highest percentage of people aged 66+ living alone

- only 15% of households which are privately rented

- lower overcrowding and lack of central heating, compared to England.

The population is relatively more educated compared to England with the percentage of children and children in care having a higher average attainment 8 score than England. However, there are relatively fewer people of working age in employment than England.

Overall crime rate, violent crime rate and anti-social behaviour incident rate are lower than England.

43,688
households with at least one resident

England: 23,436,090, 2021

13.1%
of households comprise a person aged under 66 living alone

England: 17.3%, 2021

17.9%
of households comprise a person aged 66+ living alone

England: 12.8%, 2021

6%
of households comprise a lone parent

England: 6.9%, 2021

342
People per square km (population density)

England: 434, 2021

2.4%
of households which are overcrowded

England: 4.4%, 2021

1.4%
of households lack central heating

England: 1.5%, 2021

14.9%
of households are privately renting (main type)

England: 18.2%, 2021

69%
of reception age children achieving a good level of development

England: 65.2%, 2021/22

50.3
Average Attainment 8 score at age 16

England: 48.7, 2021/22

23.9
Average Attainment 8 score for children in care

England: 20.3, 2021/22

16.1%
of people aged 16+ with no qualifications

England: 18.1%, 2021

52.3%
of people of working age in employment

England: 55.7%, 2021

60
overall crime rate per 1,000 in the 12 months to July 2023

England: 88.2, 2023

22.5
violent crime rate per 1,000 in the 12 months to July 2023

England: 30.5, 2023

8.7
antisocial behaviour incident rate per 1,000 in the 12 months to July 2023

England: 13.7, 2023

Lewes ICT Compared to England   Better   Similar   Worse   Not applicable

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

16

Services within Lewes ICT
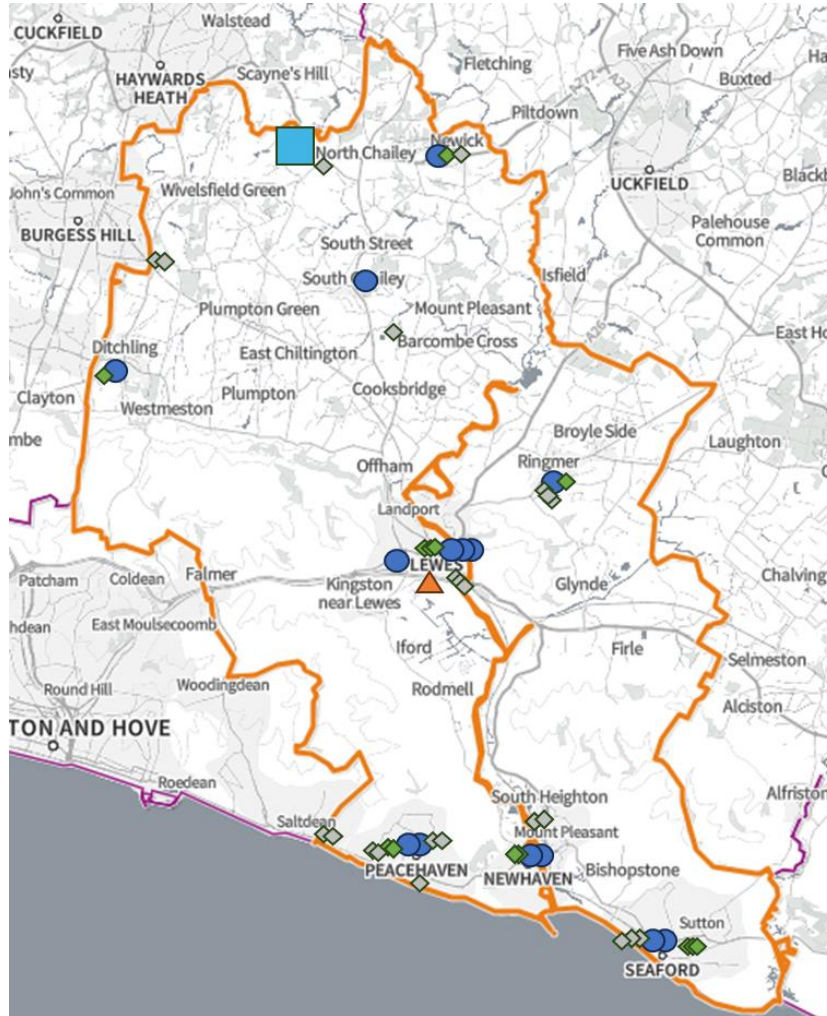
Legend

- 🔵 GP Practice
- 🔹 Pharmacy
- 🔺 ED/UTC/MIU/CAU
- 🟧 Acute Hospital
- 🟦 Community Hospital
- 🔷 Care Home

More detailed mapping of services is available at:

Better health and care for all

Lewes 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 Lewes ICT and are compared with England

Better | Similar | Worse | Not compared

Starting well

85.1 Females / **79.5** Males
Life expectancy at birth (years) 2021

–0.8 Females / **4.1** Males
the range in life expectancy at birth between the most and least deprived neighbourhoods 2018–20

13.4% Children aged 0-19 living in poverty 2016

62 of 0-18 year olds in care per 10,000 2022

11% of women smoking at the time of delivery 2021/22

53% of women breast fed at 6-8 weeks after birth 2019/20

89.2% of those aged <5 years had two doses of MMR vaccine 2021/22

69% of reception age children achieving a good level of development 2021/22

67.4% of children in year 6 are a healthy weight 2021/22

50.3 average Attainement 8 score at 16 years 2021/22

14.3% Depression / **2.2%** COPD / **16.7%** Hypertension
recorded prevalence in primary care (GP) records 2021/22

50.2% of at risk people aged <64 years receive flu vaccination 2022/23

30.6% of people report a high level of anxiety 2021/22

10.5% of adults aged 18+ are current smokers 2022

75.5% of adults aged 19+ are physically active 2021/22

**21.5%** of adults aged 18+ classified as obese 2021/22

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

Living well

52.3% of people of working age in employment 2021

661.4 hospital admissions for self-harm per 100,000 aged 10-24 years 2021/22

4.9% of 16-17 year olds not in education, employment, or training 2021

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

57.5 Cardiovascular diseases / **118.3** Cancer / **20.2** Respiratory diseases
Preamature (under 75s) mortality rate per 100,000 population 2021

8.6 drug related deaths per 100,000 population 2018–20

10.7 suicide and undertermined injury deaths per 100,000 people aged 10+ 2019–21

Ageing well

10.1% of people aged 60+ living in poverty 2019

17.9% of households comprising a person aged 66+ living alone 2021

66.5% of those aged 65+ estimated to have dementia who have recevied a diagnosis 2021

22.3 Females / **19.1** Males
Life expectancy at age 65 (years) 2021

26.3% at home / **39.4%** in hospital / **27.5%** in a care home
of deaths occuring 2021

Dying well

0.6% of patients on palliative/ end of life care list in GP records 2021/22

30% of carers who report having as much social contact as they would like 2021/22

47.7% of adult social care clients aged 65+ who report having as much social contact as they would like 2021/22

79.8% of people aged 65+ years receive flu vaccination 2022/23

494.2 admissions to residential or nursing homes per 100,000 population aged 65+ 2021/22

8.2 care home beds per 100 people aged 75+ 2021

2,189.9 emergency hospital admissions for falls per 100,000 population aged 65+ 2021/22

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

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

Infographic images designed by Freepik and OCHA from Flaticon

Life expectancy and inequalities – Lewes ICT

Compared to England, life expectancy at **birth** is

- Similar for males
- significantly higher for females and one of the highest in Sussex ICT area

Compared to England, life expectancy at **65** is

- significantly higher for both males and females

Compared to England, the gap in life expectancy

- is lower for males but
- for females there is virtually no gap

Healthy life expectancy data is currently only available at East Sussex county level which is similar to England for both males and females.

79.5 years
Life expectancy at birth for males
England: 78.7, 2021

85.1 years
Life expectancy at birth for females
England: 82.8, 2021

4.1 years
Inequality in life expectancy at birth for males
England: 9.7, 2018 - 20

-0.8 years
Inequality in life expectancy at birth for females
England: 7.9, 2018 - 20

19.1 years
Life expectancy at age 65 for males
England: 18.4, 2021

22.3 years
Life expectancy at age 65 for females
England: 21, 2021

1 years
Inequality in life expectancy at age 65 for males
England: 5.2, 2018 - 20

0.2 years
Inequality in life expectancy at age 65 for females
England: 4.8, 2018 - 20

63.1 years
Healthy life expectancy at birth for males
England: 63.1, 2018 - 20

63.3 years
Healthy life expectancy at birth for females
England: 63.9, 2018 - 20

10.8 years
Healthy life expectancy at age 65 for males
England: 10.5, 2018 - 20

12.2 years
Healthy life expectancy at age 65 for females
England: 11.3, 2018 - 20

Lewes ICT compared to England — Better — Similar — Worse — Not applicable

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

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

These figures are only available for the whole of East Sussex.

The causes of death which contribute the most to inequalities in life expectancy in East Sussex are:

- For males – Circulatory disease (23%), Cancer (18%) and Respiratory disease (12%)

- For females – Cancer (25%), Circulatory (23%) and Respiratory disease (16%)

Source: Segment Tool (phe.gov.uk)

Causes of death contributing most to inequalities in life expectancy between the most and least deprived quintiles (20%) of each area.
East Sussex; data for 2020 and 2021 combined.

East Sussex

Proportion contributing to life expectancy gap

Condition
- COVID-19
- Cancer
- Circulatory
- Respiratory
- Digestive
- External causes
- Mental and behavioural
- Other
- Deaths under 28 days
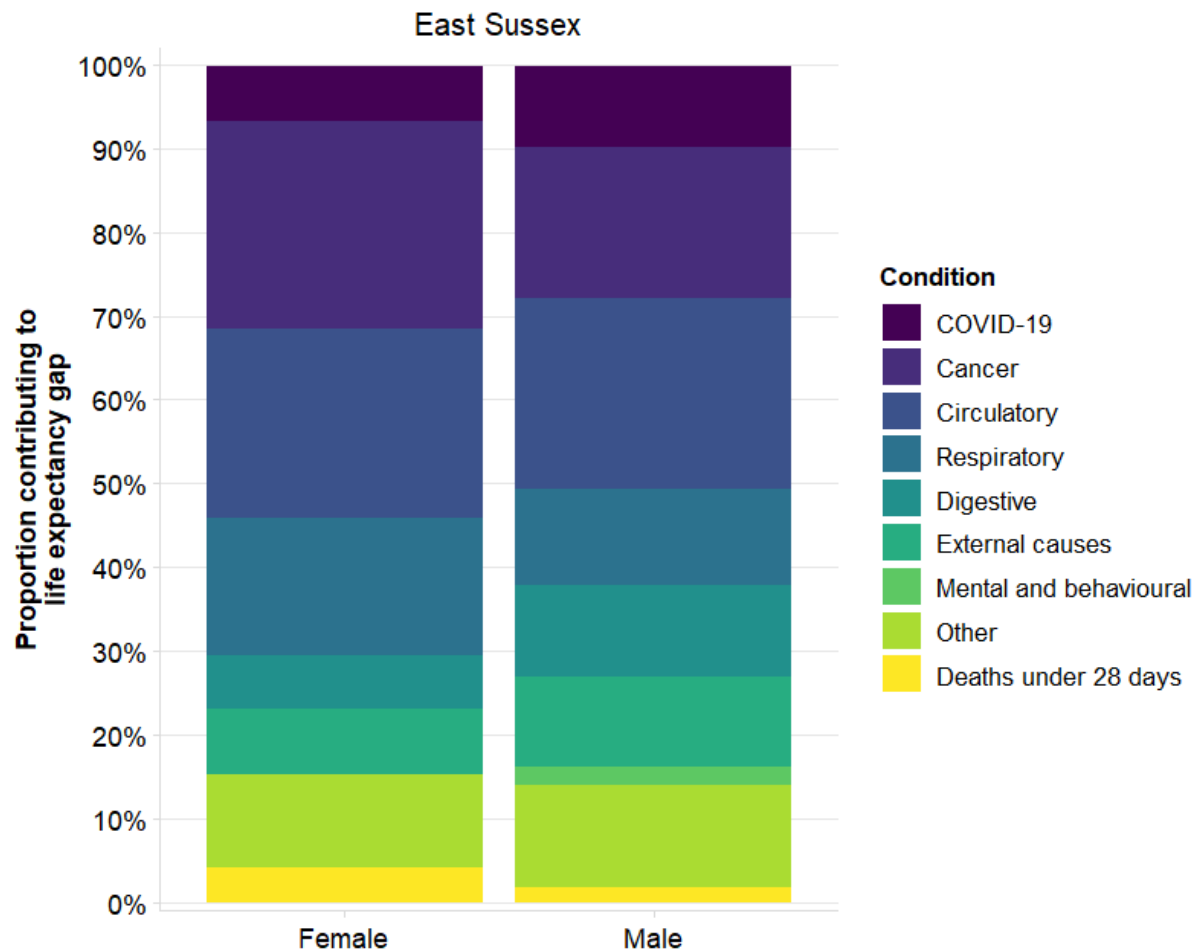
Data for lower tier local authorities has been included for 2014 to 2016 and 2017 to 2019, but have not been included for 2020 to 2021 as the breakdowns based on 2 years of data are not robust due to small numbers.

Key risk factors and greatest burden of disease – East Sussex

If we want to improve population health, we need to understand what the risk factors are for
East 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	Lung cancer
5	Stroke
6	Diabetes
7	Alzheimer's disease
8	Lower respiratory infect
9	Depressive disorders
10	Falls
11	Colorectal cancer
12	Headache disorders
13	Breast cancer
14	Age-related hearing loss
15	Cardiomyopathy
16	Neck pain
17	Osteoarthritis
18	Other musculoskeletal
19	Endo/metab/blood/immune
20	Prostate cancer

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	Occupational carcinogens
10	Particulate matter
11	Kidney dysfunction
12	Drug use
13	Low physical activity
14	Low bone mineral density
15	High processed meat
16	Low fruit
17	High red meat
18	Secondhand smoke
19	Low legumes
20	Low nuts and seeds

Metabolic risks

Environmental/occupational risks

Behavioral risks

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

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

Better health and care for all

Starting well in life in Lewes ICT

Lewes ICT is **similar** to England for

- infant mortality

significantly **better** for

- premature live births
- year 6 children who are healthy weight

significantly **worse** for

- rates of hospital admission for unintentional and deliberate harm (age 0 to 4) in the ICT

Other measures are only at an East Sussex level and show significantly **better**

- overall MMR immunisation uptake

and significantly **worse**

- admission rates for Asthma (ages 0 to 19)
- admission rates for self-harm (ages 10 to 24)
- mothers smoking at time of delivery

3.8
rate of infant mortality per 1,000 live births

England: 3.9, 2019 - 21

11.2%
of women smoking at the time of delivery of their baby

England: 8.8%, 2022/23

64
rate of premature births (<37 week gestation) per 1,000 live births

England: 78, 2019 - 21

3.3%
of at term births (37+ week gestation) which are a low birthweight (<2.5kg)

England: 2.8%, 2021

53%*
of women breastfeeding at 6-8 weeks after birth.

England: 48%*, 2019/20

86.8%
of children aged 5 years completing two doses of the Measles, Mumps, Rubella (MMR) vaccine

England: 84.5%, 2022/23

92%
of children aged 2-2.5 years achieving expected communication skills

England: 85.3%, 2022/23

9.5%*
of children aged 5 years with visually obvious dentinal decay.

England: 23.3%*, 2016/17

67.2%
of children in year 6 who are a healthy weight

England: 61.9%, 2022/23

5.2%
not in education, employment, or training (NEET) aged 16-17 years

England: 5.2%, 2022/23

72%
care leavers aged 17-18 in education, employment, or training

England: 66%, 2021/22

144.2
rate of hospital admissions for unintentional and deliberate harm per 10,000 aged 0-4

England: 103.6, 2021/22

176.4
rate of hospital admissions for asthma per 100,000 population aged 0-19 years

England: 131.5, 2021/22

661.4
rate of hospital admissions for self-harm per 100,000 aged 10-24 years

England: 427.3, 2021/22

Lewes ICT compared to England ⬡ Better ⬡ Similar ⬡ Worse ⬡ Not applicable

⬡ Available at a higher geography (East 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)

Living well in Lewes ICT

Lewes ICT has significantly **better** rates of adults who are physically active, walking and for obesity but significantly **worse** rates for cycling.

Lewes ICT has the **highest** percentage for people with a high anxiety score of all Sussex ICTs, but one of the **lowest** percentages of people with a low happiness score.

Prevalence rates for hypertension, COPD, depression and smoking are similar to England.

For East Sussex overall there are significantly **worse** rates of 13 to 14 year olds receiving HPV vaccine compared to England.

109
Health Index Score

England: 100.8, 2021

4.7%
proportion of deaths (mortality) attributable to air pollution

England: 5.5%, 2021

357.2
alcohol specific emergency hospital admissions rate per 100,000 population

England: 626.1, 2021/22

27%
of adults drinking more than 14 units of alcohol per week

England: 22.8%, 2015 - 18

21.5%
of adults aged 18 and over classified as obese

England: 25.9%, 2021/22

75.5%
of adults aged 19 and over who are physically active

England: 67.3%, 2021/22

15.8%
of adults aged 19 and over who are physically inactive

England: 22.3%, 2021/22

21.2%
of adults aged 16 and over who walk for travel at least three days per week

England: 15.1%, 2019/20

0.2%
of adults aged 16 and over who cycle for travel at least three days per week

England: 2.3%, 2019/20

10.5%
smoking prevalence among those aged 18+ years

England: 12.7%, 2022

16.7%*
Hypertension prevalence (recorded in primary care, QOF)

England: 14%*, 2021/22

2.2%*
COPD prevalence (recorded in primary care, QOF)

England: 1.9%*, 2021/22

14.3%*
Depression prevalence (recorded in primary care, QOF)

England: 12.7%*, 2021/22

4.2%
of people with a low happiness score

England: 8.4%, 2021/22

30.6%
of people with a high anxiety score

England: 22.6%, 2021/22

79.8%
of those aged 65 and over receiving flu immunisation

England: 79.9%, 2022/23

50.2%
of at risk individuals aged <65 receiving flu immunisation

England: 49.1%, 2022/23

69.6%
of people receiving vaccination for pneumococcal infection

England: 70.6%, 2020/21

76.6%
aged 75+ taking up the COVID-19 spring booster
England: 69.5%, as at 15th Nov 2023

62%
HPV coverage (2 doses) among females aged 13-14 years

England: 67.3%, 2021/22

51.7%
HPV coverage (2 doses) among males aged 13-14 years

England: 62.4%, 2021/22

Lewes ICT compared to England   Better   Similar   Worse   Not applicable

Available at a higher geography (East 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 Lewes ICT

Compared to England, Lewes ICT has significantly **worse** rates of:

- Emergency admissions for self-harm
- Drug related deaths (highest in East Sussex)

and **better** rates of

- Cancer screening (cervical, breast and bowel)
- Cancer diagnosis
- Emergency hospital admissions (COPD and pneumonia)

similar or better premature mortality rates for

- Cancer
- Respiratory diseases
- CVD

East Sussex county is significantly worse for adults with a serious mental illness taking up a physical health check

252.4 emergency hospital admissions for self-harm rate per 100,000 population
England: 163.9, 2021/22

228.1 emergency hospital admissions for COPD rate per 100,000 population aged 35+ years
England: 415.1, 2019/20

196.1 emergency hospital admissions for pneumonia rate per 100,000 population
England: 241.7, 2020/21

41.1 emergency hospital admissions for asthma in adults per 100,000 population
England: 44.4, 2020/21

73.3% Cancer screening coverage for cervical cancer among those aged 25-49 years
England: 67.6%, 2022
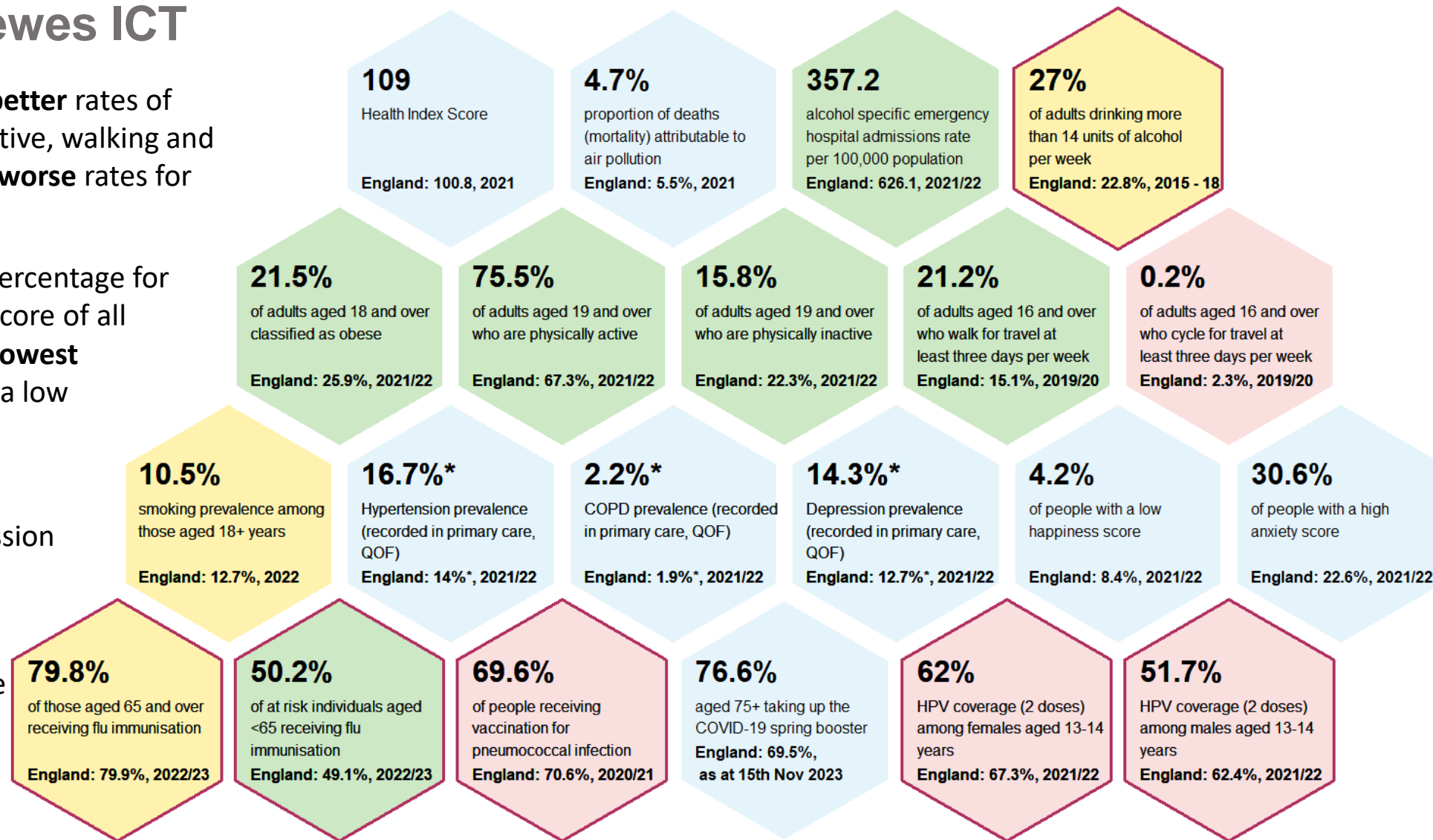
7.5% of people taking up an NHS Health Check following invitation
England: 7.2%, 2022/23

41.7% of adults with learning disability taking up health check following invitation
England: 51.9%, 2020

40.1% of adults with serious mental illness taking up a physical health check
England: 58.5%, 2022/23

68.3 Cancer screening coverage for breast cancer
England: 65.2, 2022

74.3 Cancer screening coverage for bowel cancer
England: 70.3, 2022

57.6% of cancers diagnosed at stage 1 or 2
England: 52.3%, 2020

63.1 of new cancer diagnoses through the Two Week Wait pathway.
England: 54.4, 2021/22

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

20.2 premature (under 75s) mortality rate for respiratory diseases per 100,000 population
England: 26.5, 2021

118.3 premature (under 75s) mortality rate for cancer per 100,000 population
England: 121.5, 2021

424.1 excess premature (under 75s) mortality among adults with serious mental illness (SMI)
England: 389.9, 2018 - 20

8.6 rate of drug related deaths per 100,000 population
England: 5, 2018 - 20

10.7 rate of suicide and undetermined injury deaths per 100,000 population aged 10 years and over
England: 10.4, 2019 - 21

Lewes ICT compared to England   Better   Similar   Worse   Not applicable

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

Indicators are published at primary care or other organisation level (NHS East Sussex CCG and Sussex ICB - 97R) representing registered patients rather than residents

Ageing well – Lewes ICT

Compared to England, Lewes ICT has **similar** rates for

- Over 65s with dementia
- Emergency hospital admissions for falls

Compared to England, East Sussex has **higher** rates of

- people aged 65+ who are still at home 91 days after discharge
- Adult social care clients aged 65+ who report they have as much social contact as they would like

66.5
of people aged 65+ estimated to have dementia who have received a diagnosis
England: 63, 2023

2,189.9
emergency hospital admissions for falls rate per 100,000 population aged 65+
England: 2,099.9, 2021/22

89.7%
of people aged 65+ still at home 91 days after a discharge from hospital
England: 81.8%, 2021/22

8.2
Care home beds per 100 people aged 75+ years
England: 9.4, 2021

494.2
Permanent admissions to residential or nursing homes per 100,000 population aged 65+ years
England: 538.5, 2021/22

46.5
Estimated number of self-funding care home users
England: 37, 2022/23

948*
of adult social care clients (aged 65+) receiving long term nursing support per 100,000 population
England: 1,271*, 2021/22

281*
of adult social care clients (aged 65+) receiving long term residential support per 100,000 population
England: 316*, 2021/22

2,077*
of adult social care clients (aged 65+) receiving long term community support per 100,000 population
England: 2,838*, 2021/22

4,035
of adult social care clients (aged 65+) receiving any long term support per 100,000 population
England: 5,055, 2021/22

47.7%
of adult social care clients aged 65+ who report as much social contact as they would like
England: 40.6%, 2021/22

30%
of carers who had as much social contact as they would like
England: 28%, 2021/22

Lewes ICT compared to England — Better — Similar — Worse — Not applicable

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

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

Dying well in Lewes ICT

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

Compared to England, within Lewes ICT (in 2021) there was a:

- lower percentage of deaths that occurred at home or in hospital

- higher percentage occurred in a care home or hospice.

(Please note the Covid19 pandemic affected the place of death data for 2021)

- similar winter mortality index (all ages and 85+).

0.6%
Palliative care prevalence on primary care records (QOF)

England: 0.5% 2021/22

39.4
Winter mortality index (all ages)

England: 36.2
Aug 2020 - Jul 2021

41.4
Winter mortality index (aged 85+)

England: 42.8
Aug 2020 - Jul 2021

26.3%
of deaths occur at home

England: 28.7% 2021

39.4%
of deaths occur in hospital

England: 44% 2021

27.5%
of deaths occur in care home

England: 20.2% 2021

4.9%
of deaths occur in hospices

England: 4.4% 2021

Lewes ICT compared to England   Better   Similar   Worse   Not applicable

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

Indicators are published at primary care or other organisation level (NHS East Sussex CCG and Sussex ICB - 97R) representing registered patients rather than residents
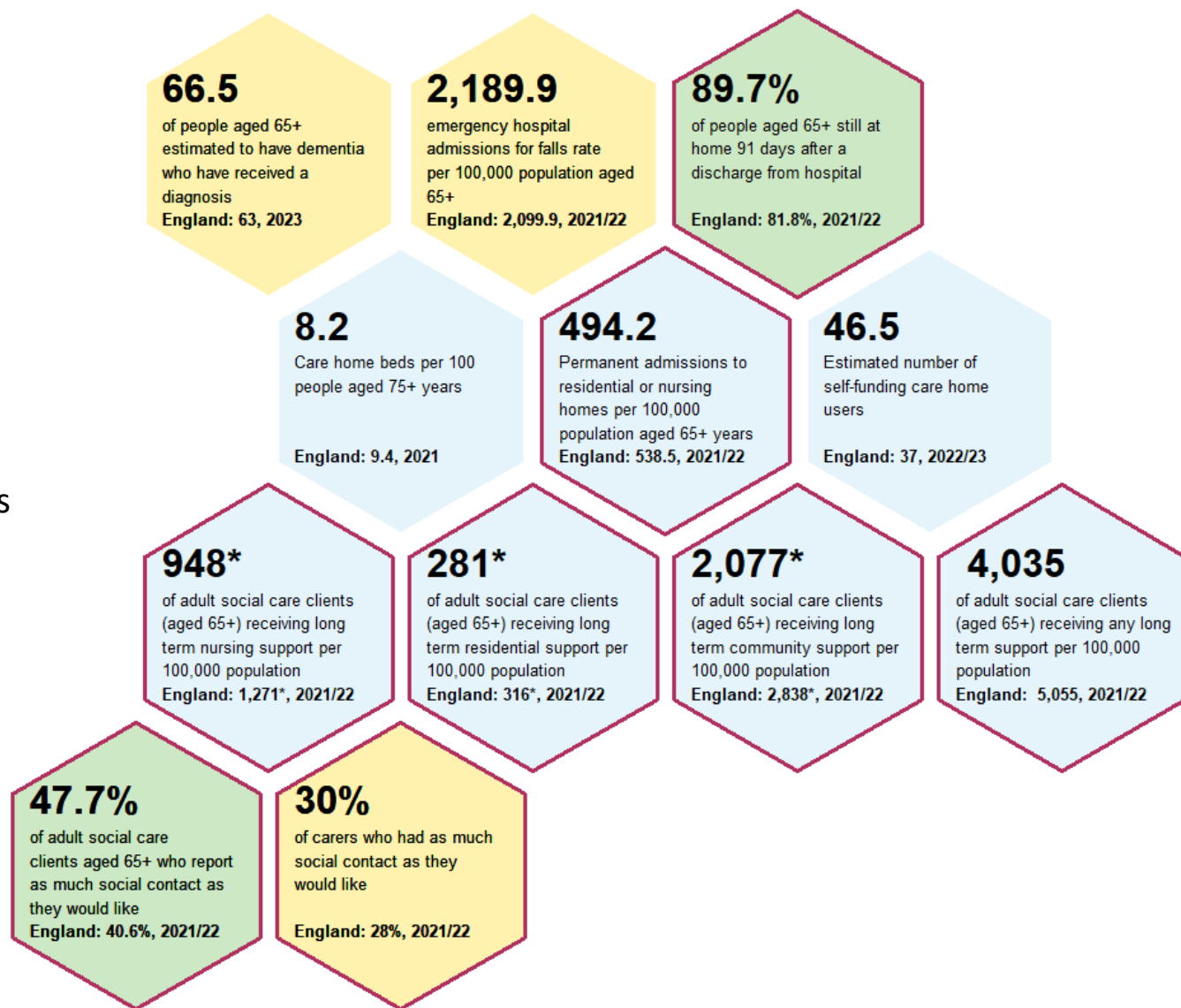
Better health and care for all

GP Primary Care in Lewes ICT

- Within Lewes ICT there are <mark>3 PCNs and 1 partial ICT</mark> with 7 GP practices with ranging populations
  - 3 practices (Foundry, Havens & Seaford) have >15k registered patients

- Compared to the Sussex average, patients who rated their GP practice good in surveys is worse than the Sussex average rated good have

- Patients in Lewes ICT who have annual Dementia plans is higher the Sussex average

- Compared to other parts of Sussex A&E attendances are higher in Lewes ICT

- Lewes ICT is lower than the Sussex average for :
  - Population growth
  - the weighted rate of patients per FTE GP and patients per GP/Nurse/DPC
  - Diabetes patients who have achieved all 3 treatment targets

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

1x Outstanding
4x Good
2x Rq Improvm't
GP Practices Overall CQC Rating

1,829
Patients (Weighted) Per GP FTE Less Trainees
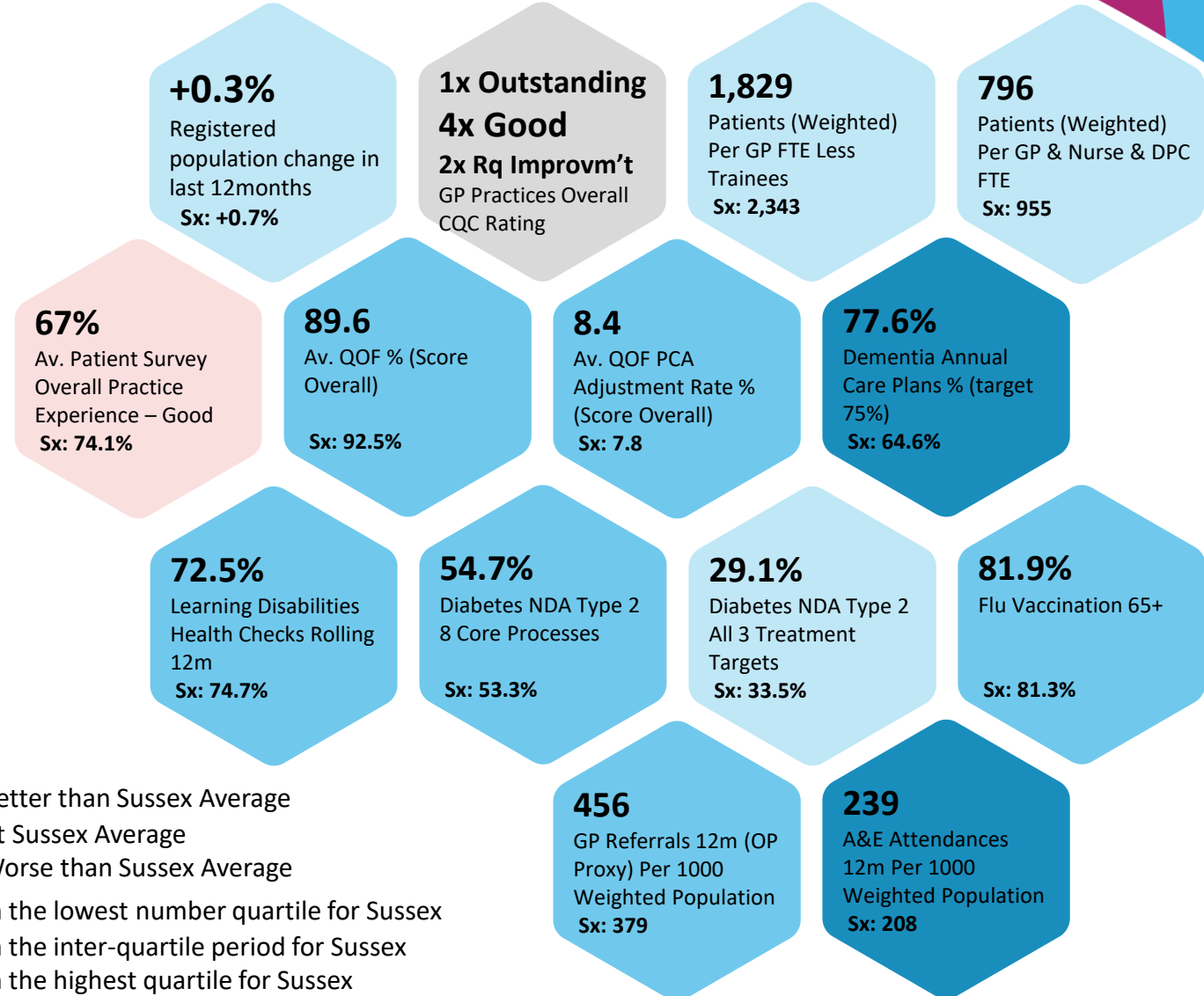**Sx: 2,343**

796
Patients (Weighted) Per GP & Nurse & DPC FTE
Sx: 955

67%
Av. Patient Survey Overall Practice Experience – Good
Sx: 74.1%

89.6
Av. QOF % (Score Overall)
Sx: 92.5%

8.4
Av. QOF PCA Adjustment Rate % (Score Overall)
Sx: 7.8

77.6%
Dementia Annual Care Plans % (target 75%)
Sx: 64.6%

72.5%
Learning Disabilities Health Checks Rolling 12m
Sx: 74.7%

54.7%
Diabetes NDA Type 2 8 Core Processes
Sx: 53.3%

29.1%
Diabetes NDA Type 2 All 3 Treatment Targets
Sx: 33.5%

81.9%
Flu Vaccination 65+
Sx: 81.3%

456
GP Referrals 12m (OP Proxy) Per 1000 Weighted Population
Sx: 379

239
A&E Attendances 12m Per 1000 Weighted Population
Sx: 208

Key

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- No comparison made
(lowest or highest quartile does not mean good or bad)

Better health and care for all

Long term Conditions : QOF registers – Lewes ICT

- Compared to the Sussex average, Lewes ICT has higher prevalence of
  - Atrial Fibrillation
  - Cancer
  - Stroke

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6.93%
Asthma Prevalence
% of 6+ population
Sx: 6.79%

2.19%
COPD Prevalence
% of total population
Sx: 1.89%

3.28%
Atrial Fibrillation Prevalence
% of total population
Sx: 3.17%

3.77%
Coronary Heart Disease Prevalence
% of total population
Sx: 3.31%

2.49%
Stroke Prevalence
% of total population
Sx: 2.11%

1.05%
Heart Failure Prevalence
% of total population
Sx: 0.95%

8.43%
Obesity Prevalence
% over 18 population
Sx: 8.29%

6.95%
Diabetes Prevalence
% over 17 population
Sx: 6.85%

4.95%
Cancer Prevalence
% of total population
Sx: 4.06%

5.78%
Chronic Kidney Disease Prevalence
% of >18 population
Sx: 4.71%

0.50%
Palliative Prevalence
% of total population
Sx: 0.49%

1.11%
Dementia Prevalence
% of total population
Sx: 0.92%

14.29%
Depression Prevalence
% of >18 population
Sx: 13.74%

0.67%
Learning Difficulties Prevalence
% of >18 population
Sx: 0.58%

1.20%
Mental Health Prevalence
% of total population
Sx: 1.07%

16.70%
Other Hypertension Prevalence
% of total population
Sx: 14.98

Better health and care for all

Primary Care 2 – Lewes ICT

- COVID Booster rates for Lewes ICT is higher than the Sussex average
- Flu vaccination rates for 65+ is higher than the Sussex average

84.8%
Covid Booster uptake 22/23

Sx: 84%

82.3%
65+ flu vaccination rate

Sx: 81.3%

38.0%
Flu vacc rate, 6m to under 50 at risk

Sx: 38.5%

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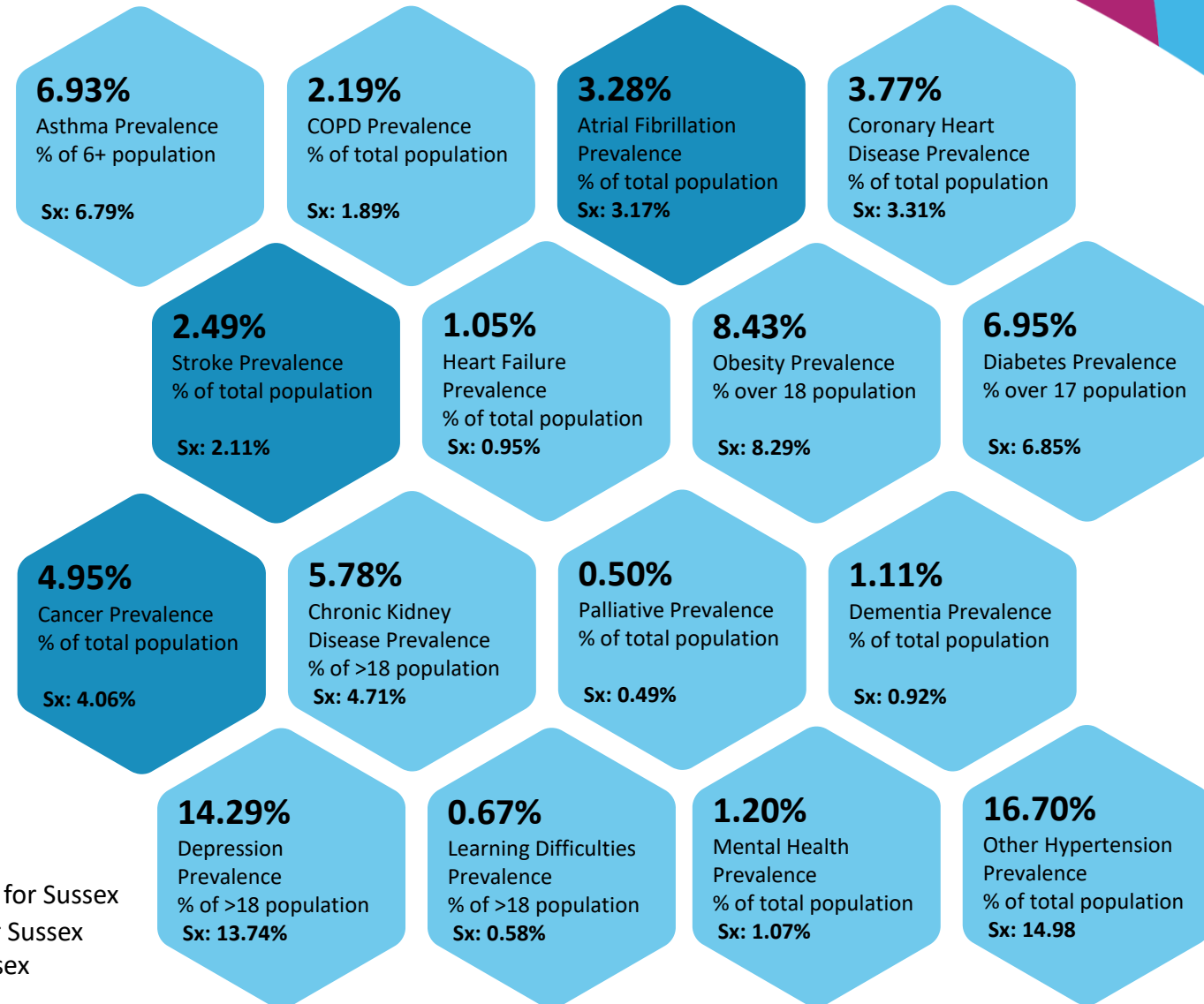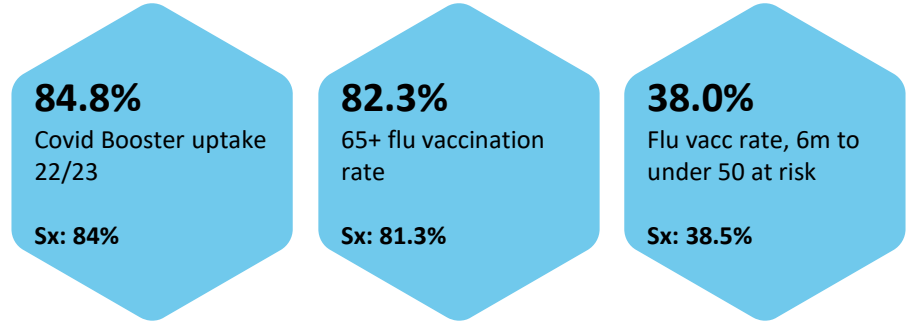*Better health and care for all*

Mental Health – East Sussex

- East Sussex patients have a slightly higher rate of recovery than the Sussex Average

- East Sussex patients requiring Early Intervention in Psychosis services have a higher proportion starting treatment within 2 weeks

10,530
NHS Talking Therapies Access rate
(22-23)
Sx: 38,072

52.2%
NHS Talking Therapies recovery rate
(Av Apr-Aug 23)
Sx: 51.0%

76.2%
EIP: % of people starting treatment within 2 wks
(22-23)
Sx: 67.7%

66.8%
Dementia Care Planning and Post Diagnostic Support
(Av Apr-Aug 23)
Sx: 66.4%

61.9%
Dementia Diagnosis Rate
(Av Apr-Aug 23)
Sx: 63%

7.9%
Adult MH Admissions with no prior contact
(22-23)
Sx: 5.7%

87.4%
Adult Discharges followed up within 72 hrs (Av Oct22-Jun23)
Sx: 88.3%

53,485
Community Mental Health Access rate
(2+ contacts)
(Jul22-Jun23)
Sx: 45,890

2,127
Physical Health Checks for people with SMI (YTD Jun-23)
Sx: 7,166

99,535
CYP Access
(1+ contact)
(22-23)
Sx: 237,410

4,291
CYP Access
18-25 yr olds
(22-23)
Sx: 15,741

2,573
Learning Disability Registers and AHCs delivered by GPs
(22-23)
Sx: xx

470
Perinatal mental health: Access rate to specialist Perinatal MH (22-23)
Sx: 780

9.4%
Perinatal mental health: Access rate to specialist Perinatal MH (YTD 23)
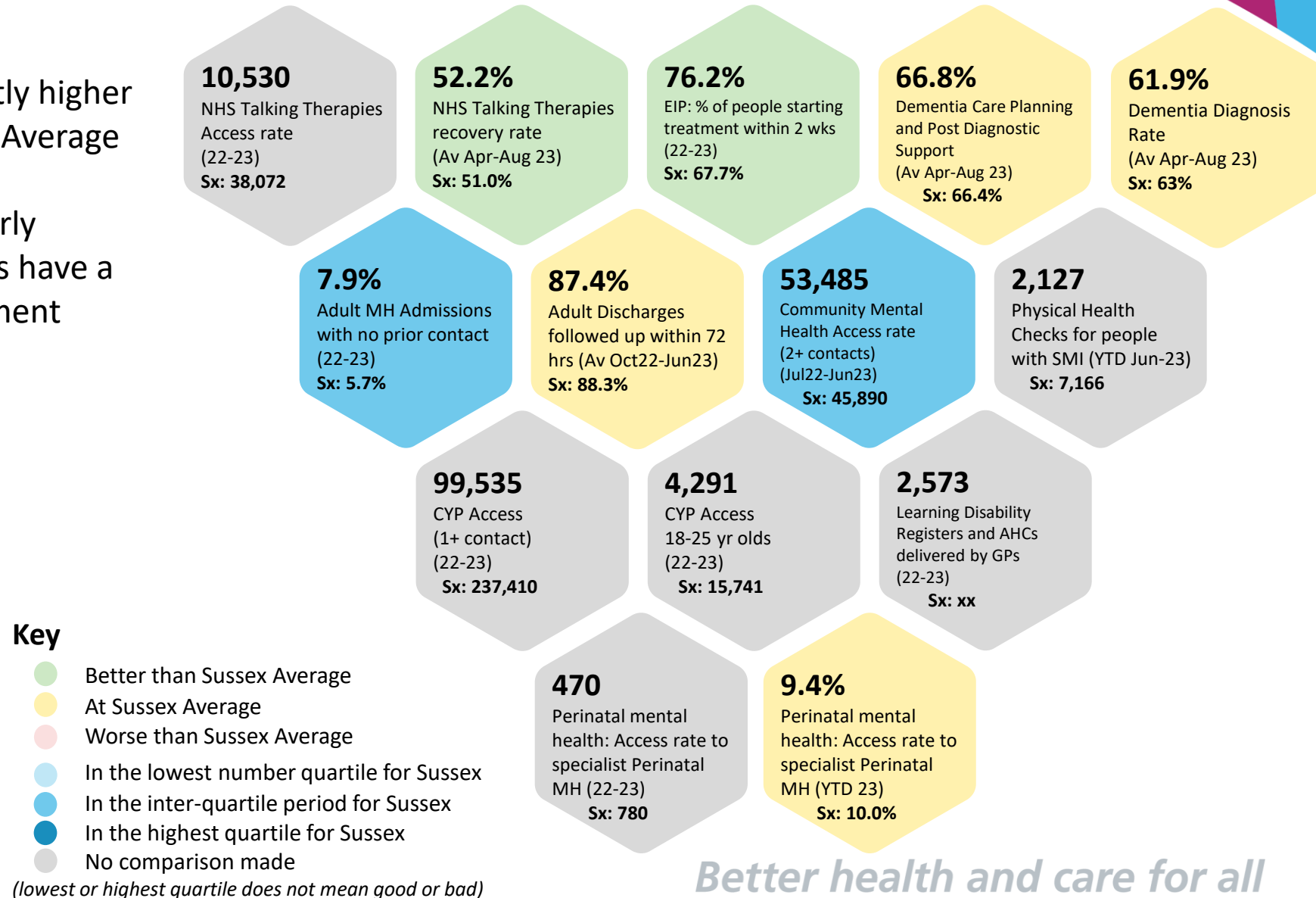**Sx: 10.0%**

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Better health and care for all

Community Health Services – Lewes ICT

- The number of Community nursing contacts for Lewes ICT patients is higher than the Sussex average
- Attendances at UTCs is higher than the Sussex average
- Lewes ICT have a higher level of 2-hour Urgent Community Response

17.83
Admissions per month to Lewes Victoria

36.64
Av LoS at Lewes Victoria
Sx: 39.0

58.5
Community Nursing contacts per 100 population
Sx: 42.1

5.9
2 hour UCR Referrals per 1,000 patients Q2 23/24
Sx: 3.8

8.5
Standard UCR Referrals per 1,000 population. Q2 23/24
Sx: 6.3

24.1
UTC Attendances per 100 patients

Sx: 14.3
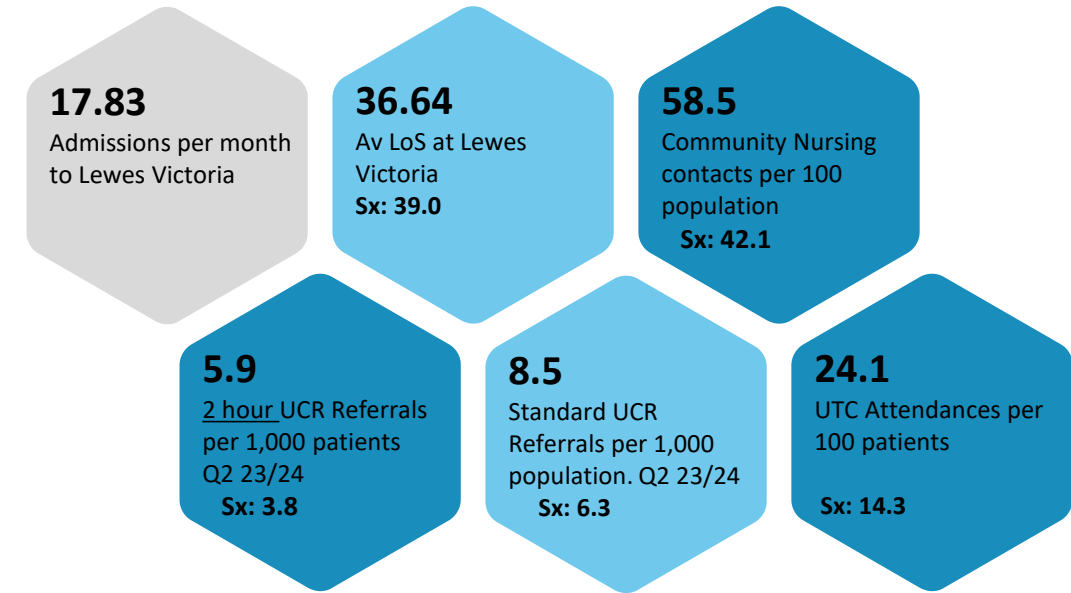
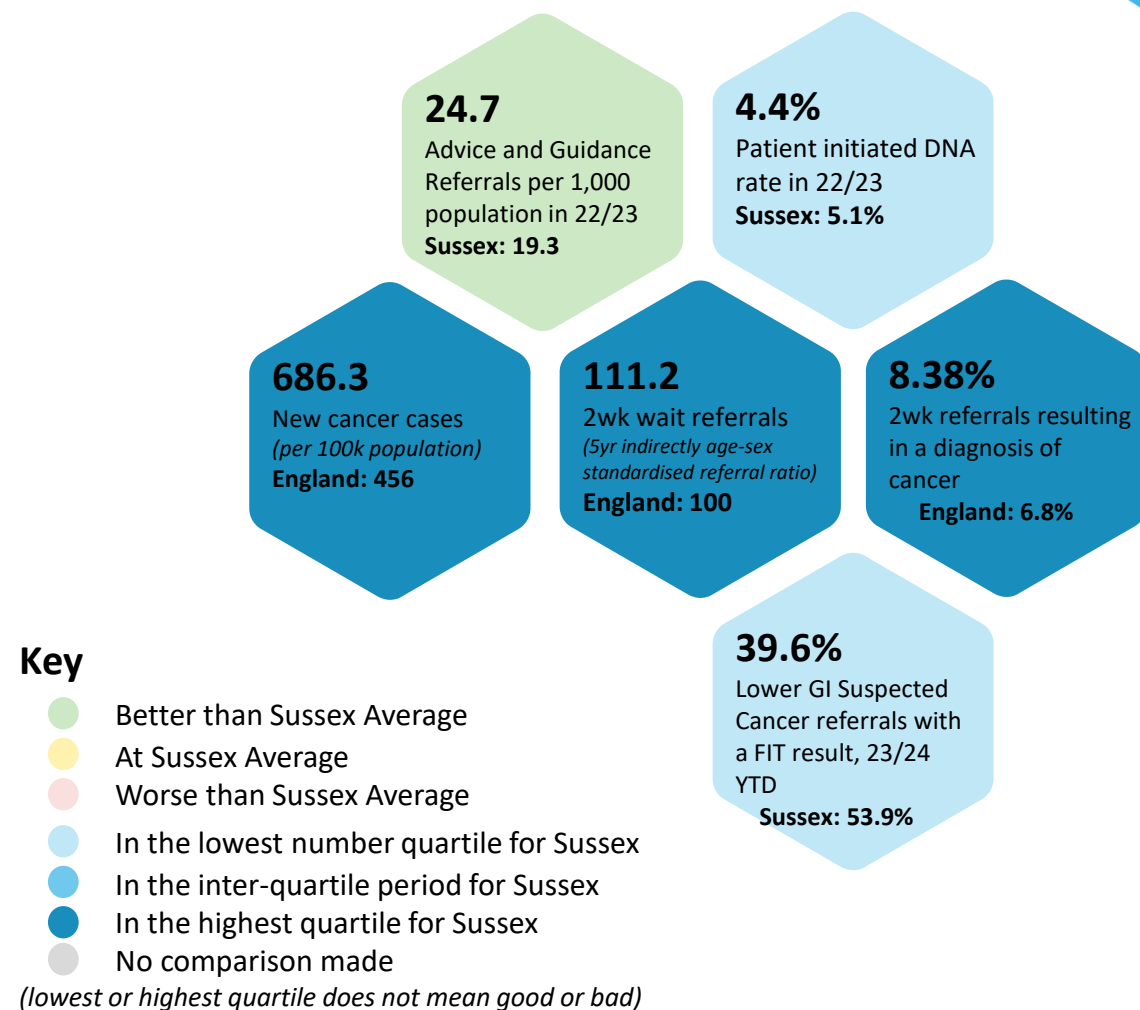Figures above are for the full year 22/23 unless stated otherwise

Key

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Better health and care for all

Planned Care Alternatives and Cancer Care – Lewes ICT

- Compared to the England average, Lewes ICT patients have a higher level of
  - New cancer cases
  - 2 week rule referrals for suspected Cancer and subsequently cancer diagnosis
- Lower GI suspected cancer referrals for patients is better than the Sussex average

24.7
Advice and Guidance Referrals per 1,000 population in 22/23
Sussex: 19.3

4.4%
Patient initiated DNA rate in 22/23
Sussex: 5.1%

686.3
New cancer cases *(per 100k population)*
England: 456

111.2
2wk wait referrals *(5yr indirectly age-sex standardised referral ratio)*
England: 100

8.38%
2wk referrals resulting in a diagnosis of cancer
England: 6.8%

39.6%
Lower GI Suspected Cancer referrals with a FIT result, 23/24 YTD
Sussex: 53.9%

Key

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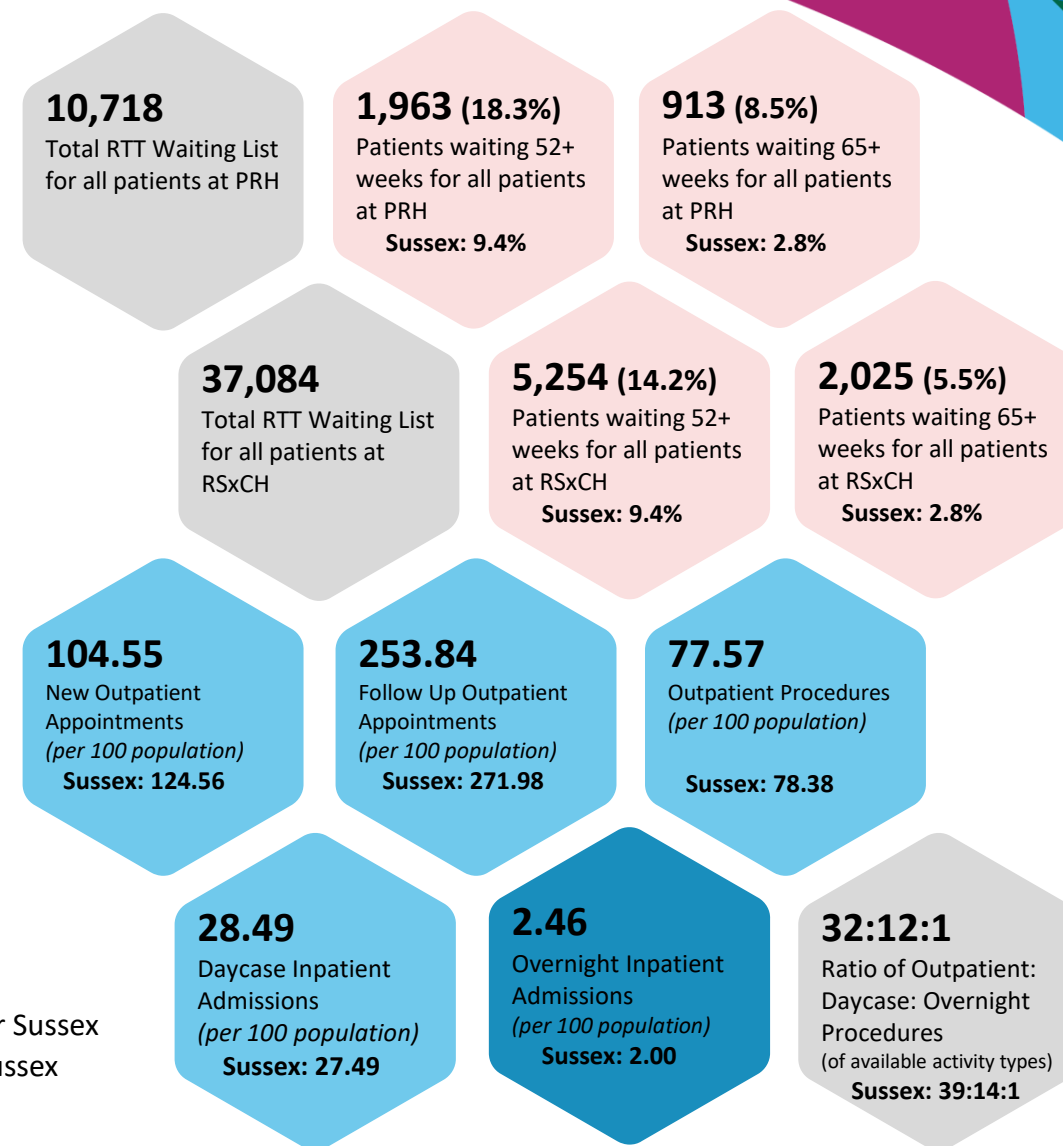
Better health and care for all

Acute Planned Care – Lewes ICT

- Compared to Sussex as a whole, Lewes ICT has a higher rate for Overnight IP admissions
- Lewes ICT is worse than the Sussex average for long waiters, both 52+ and 65+ weeks at Princess Royal Hospital (Haywards heath) and the Royal Sussex County Hospital (Brighton)

10,718
Total RTT Waiting List for all patients at PRH

1,963 (18.3%)
Patients waiting 52+ weeks for all patients at PRH
Sussex: 9.4%

913 (8.5%)
Patients waiting 65+ weeks for all patients at PRH
Sussex: 2.8%

37,084
Total RTT Waiting List for all patients at RSxCH

5,254 (14.2%)
Patients waiting 52+ weeks for all patients at RSxCH
Sussex: 9.4%

2,025 (5.5%)
Patients waiting 65+ weeks for all patients at RSxCH
Sussex: 2.8%

104.55
New Outpatient Appointments
(per 100 population)
Sussex: 124.56

253.84
Follow Up Outpatient Appointments
(per 100 population)
Sussex: 271.98

77.57
Outpatient Procedures
(per 100 population)
Sussex: 78.38

28.49
Daycase Inpatient Admissions
(per 100 population)
Sussex: 27.49

2.46
Overnight Inpatient Admissions
(per 100 population)
Sussex: 2.00

32:12:1
Ratio of Outpatient: Daycase: Overnight Procedures
(of available activity types)
Sussex: 39:14:1

Key

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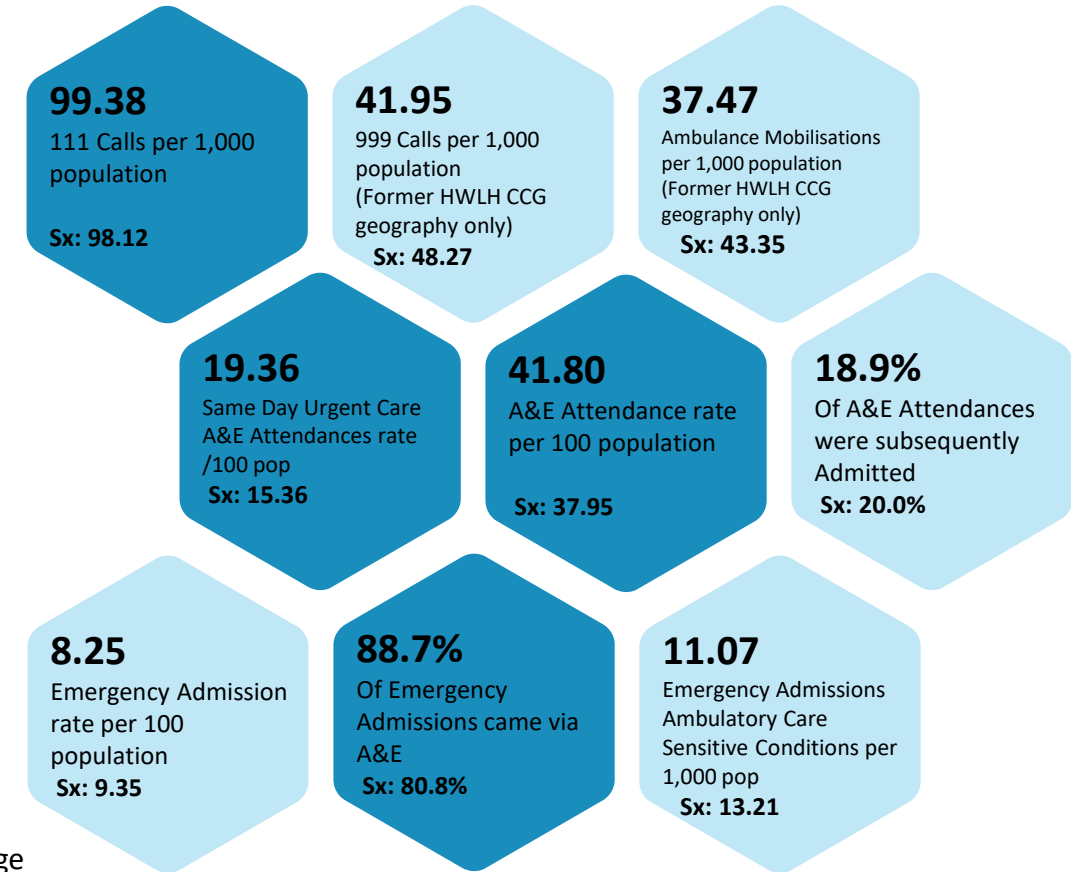
Better health and care for all

- Lewes ICT has higher rates than the Sussex average for 111 calls
- SDEC and A&E attendances are both higher the the Sussex average
- A&E attendances that result in Emergency Admissions are higher than the Sussex average
- Compared to Sussex, Lewes ICT has lower rates for
  - 999 calls
  - Ambulance mobilisations
  - Admissions following an A&E attendance
  - Rate of emergency admissions
  - Emergency Admissions for Ambulatory Care Sensitive (ACSC are health conditions/diagnoses for which timely and effective outpatient care can help to reduce the risks of hospitalisation)

99.38
111 Calls per 1,000 population

Sx: 98.12

41.95
999 Calls per 1,000 population
(Former HWLH CCG geography only)
Sx: 48.27

37.47
Ambulance Mobilisations per 1,000 population
(Former HWLH CCG geography only)
Sx: 43.35

19.36
Same Day Urgent Care A&E Attendances rate /100 pop
Sx: 15.36

41.80
A&E Attendance rate per 100 population

Sx: 37.95

18.9%
Of A&E Attendances were subsequently Admitted

Sx: 20.0%

8.25
Emergency Admission rate per 100 population
Sx: 9.35

88.7%
Of Emergency Admissions came via A&E

Sx: 80.8%

11.07
Emergency Admissions Ambulatory Care Sensitive Conditions per 1,000 pop
Sx: 13.21

Key

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

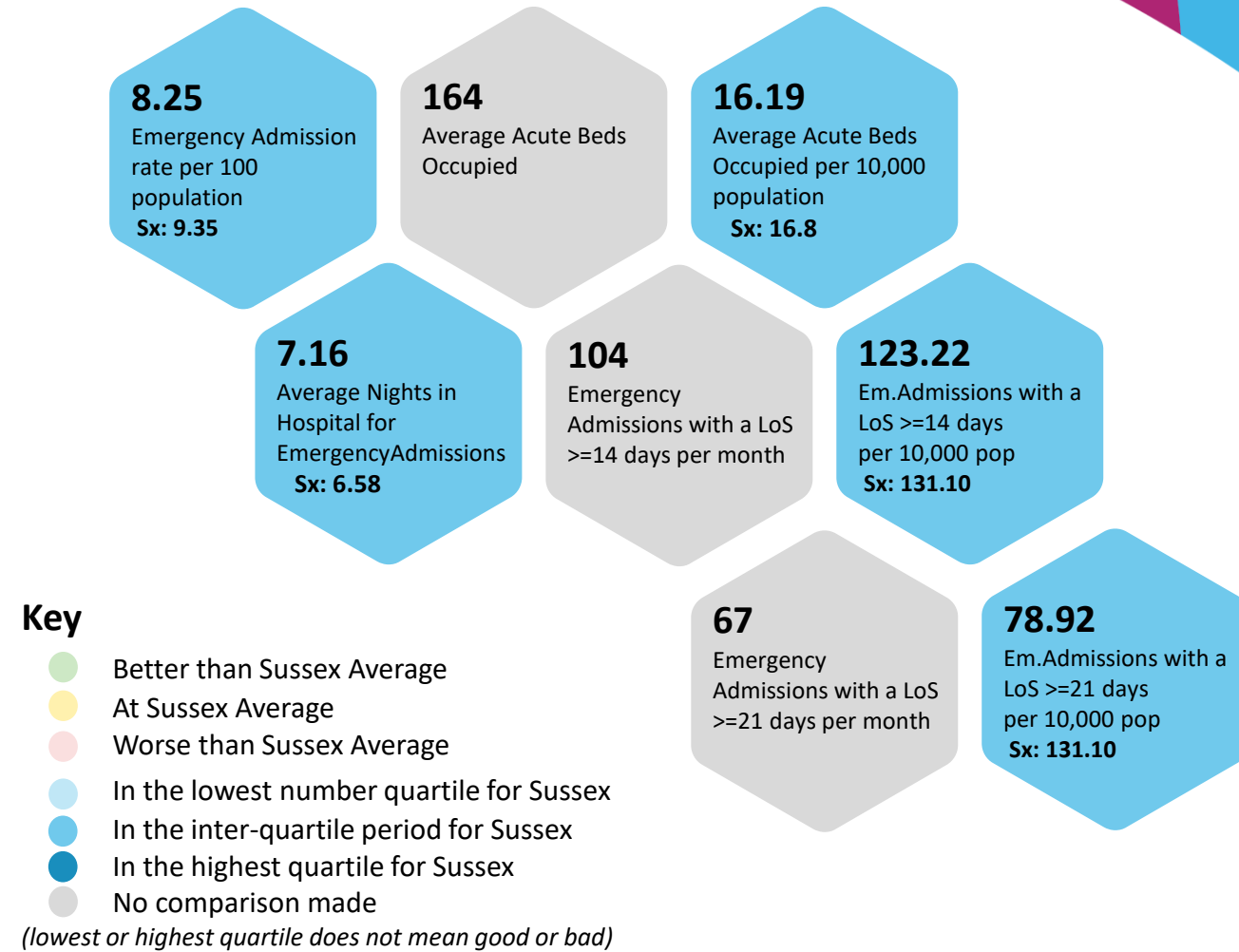*(lowest or highest quartile does not mean good or bad)*

Figures above are for the full year 22/23

Better health and care for all

Acute Inpatient Emergency Care – Lewes ICT

- Emergency Admissions for Lewes ICT which result in a longer time in hospital (>=21 days) are lower compared to the rest of Sussex

8.25
Emergency Admission rate per 100 population
Sx: 9.35

164
Average Acute Beds Occupied

16.19
Average Acute Beds Occupied per 10,000 population
Sx: 16.8

7.16
Average Nights in Hospital for EmergencyAdmissions
Sx: 6.58

104
Emergency Admissions with a LoS >=14 days per month

123.22
Em.Admissions with a LoS >=14 days per 10,000 pop
Sx: 131.10

67
Emergency Admissions with a LoS >=21 days per month

78.92
Em.Admissions with a LoS >=21 days per 10,000 pop
Sx: 131.10

Key

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

Better health and care for all

- The rate of A&E attendances per 100 beds is higher than the Sussex average
- The percentage of patients admitted after attending A&E is lower than the Sussex average

41
Registered Care Homes

915
Care Home Beds

518
999 Calls from Care Homes in last 12 months

8.1%
of 999 calls were Hear & Treat
Sussex: 8.0%

39.2%
of 999 calls were See and Treat
Sussex: 38.6%

52.7%
of 999 calls were See & Convey
Sussex: 53.4%

72.35
A&E Attendances in the last 12months per 100 beds
Sussex: 53.60

43.2%
of A&E Attendances were subsequently admitted to an Inpatient bed
Sussex: 54.8%

31.69
Emergency Admissions in the last 12months per 100 beds
Sussex: 36.08

10.93
Emergency Admissions for Respiratory in the last 12months per 100 beds
Sussex: 13.01

4.26
Emergency Admissions for Injuries following Falls in the last 12months per 100 beds
Sussex: 5.20

1.42
Emergency Admissions for Non Injurious Falls in the last 12months per 100 beds
Sussex: 1.63

Key

- 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)
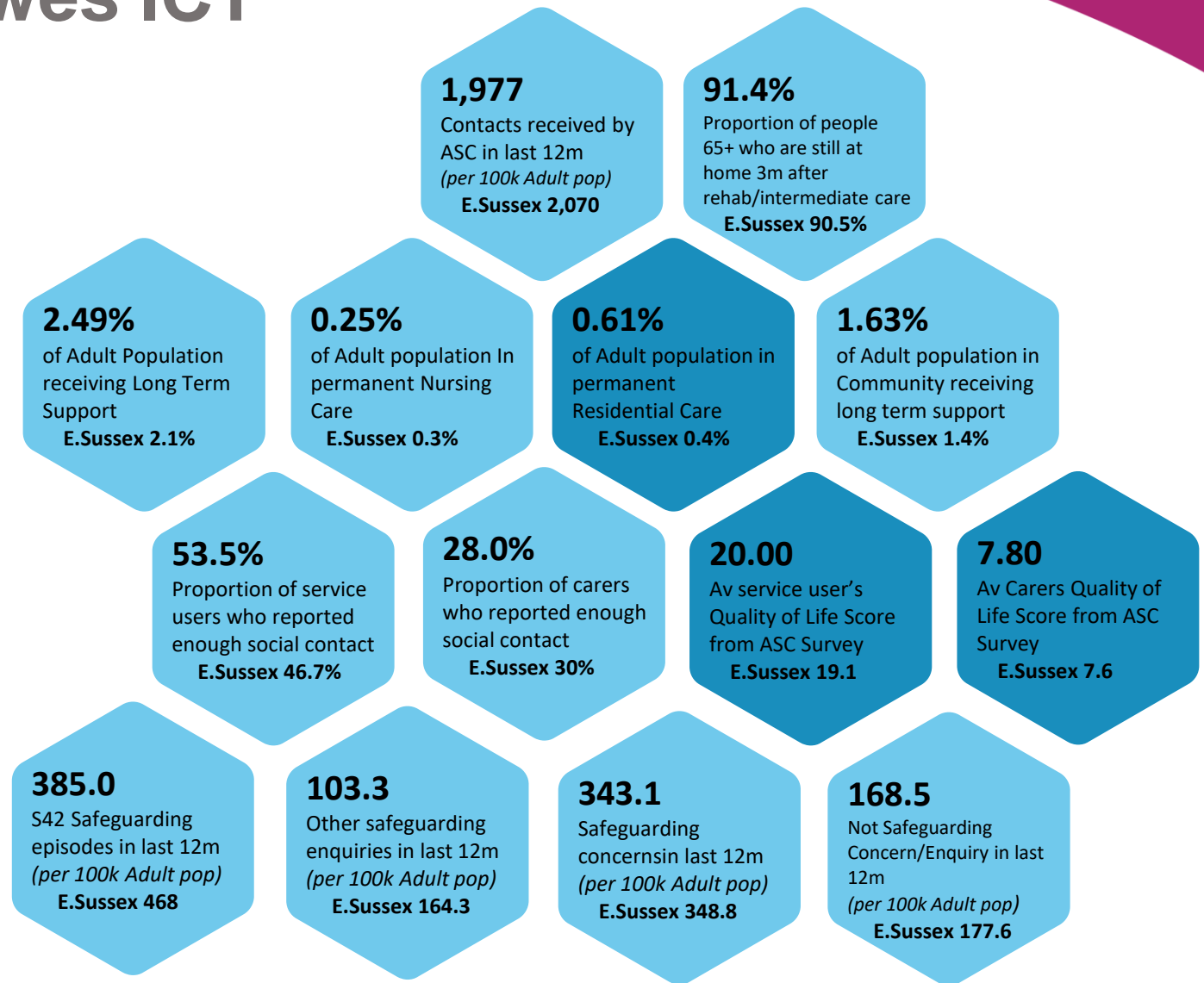
Better health and care for all

Adult Social Care – Lewes ICT

- This social care data compares Lewes ICT to East Sussex levels
- The proportion of the Lewes ICT population in permanent Residential Care is higher than the East Sussex Average
- Both service users and Carers in Lewes ICT rate Quality of Life score higher than the East Sussex average

1,977
Contacts received by ASC in last 12m
(per 100k Adult pop)
E.Sussex 2,070

91.4%
Proportion of people 65+ who are still at home 3m after rehab/intermediate care
E.Sussex 90.5%

2.49%
of Adult Population receiving Long Term Support
E.Sussex 2.1%

0.25%
of Adult population In permanent Nursing Care
E.Sussex 0.3%

0.61%
of Adult population in permanent Residential Care
E.Sussex 0.4%

1.63%
of Adult population in Community receiving long term support
E.Sussex 1.4%

53.5%
Proportion of service users who reported enough social contact
E.Sussex 46.7%

28.0%
Proportion of carers who reported enough social contact
E.Sussex 30%

20.00
Av service user's Quality of Life Score from ASC Survey
E.Sussex 19.1

7.80
Av Carers Quality of Life Score from ASC Survey
E.Sussex 7.6

385.0
S42 Safeguarding episodes in last 12m
(per 100k Adult pop)
E.Sussex 468

103.3
Other safeguarding enquiries in last 12m
(per 100k Adult pop)
E.Sussex 164.3

343.1
Safeguarding concernsin last 12m
(per 100k Adult pop)
E.Sussex 348.8

168.5
Not Safeguarding Concern/Enquiry in last 12m
(per 100k Adult pop)
E.Sussex 177.6

Key

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

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

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Links to key resources

Local mappings sites

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

JSNAs

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

National tools with local area data

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

NHS Sussex ICB

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

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