Rother Integrated Community Team
Population Profile Pack

November 2023

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.

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Draft Headline Findings

- Around 93,100 people live in Rother, one of the least densely populated ICTs in Sussex.
- Population increase (below the national average) has mainly come from in-migration, with fewer births than deaths in the area.
- Older age profile, fewer people under the age of 50, highest in Sussex for older people living alone (1 in 5).
- Less ethnically diverse than the national average, with fewer LGB+ people, more veterans, and more than 1 in 5 with a disability.
- Six Core20 neighbourhoods (representing the most deprived 20% of neighbourhoods nationally) in Sidley, Central Bexhill and Eastern Rother, with a population of approximately 9,600.
- Housing costs are high relative to earnings in Rother ICT, 1 in 5 adults with no qualifications.
- Significantly higher winter mortality index compared to England.
- Top 5 causes of the greatest burdens of ill-health in East Sussex are: heart disease, low back pain, COPD, lung cancer, and stroke.
- 1 in 4 adults are classified as obese and 1 in 5 are physically inactive.
- More under 5s admissions for accidents and injuries, more admissions for falls injuries for older people
- Higher rates of depression, anxiety and more self-harm admissions.
- High prevalence of hypertension and lowest diagnosis rate for dementia in Sussex.

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Draft Headline Findings continued…

Compared to Sussex:
- Quality outcomes framework (QOF) achievement scores are lower.
- More patients with chronic diseases to be managed in primary care, particularly due to the older age profile of the population.
- More 999 calls with calls from care homes having higher percentages of "hear and treat" and "see and treat", but lower "see and convey"
- More ambulance mobilisations and more A&E attendances.
- Higher standard and 2-hour referrals to urgent community response teams.
- Higher emergency hospital admissions (all reasons and ambulatory care sensitive conditions) with high acute bed occupancy and longer lengths of stay.
- Lower referrals to specialist consultants for advice and guidance when considering referrals from primary care.
- More new cases of cancer and more 2-week-wait results resulting in a cancer diagnosis.
- More outpatient procedures, more daycase and overnight inpatient stays.
- More community nursing contacts.

Compared to East Sussex
- More contacts with adult social care and more adults in permanent residential care
- More S24 safeguarding episodes and other safeguarding enquiries

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Rother 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

- Rural Rother PCN
- Hastings & St Leonards PCN
- Bexhill PCN
- High Weald PCN
- Greater Wealden PCN
- LA District Boundaries
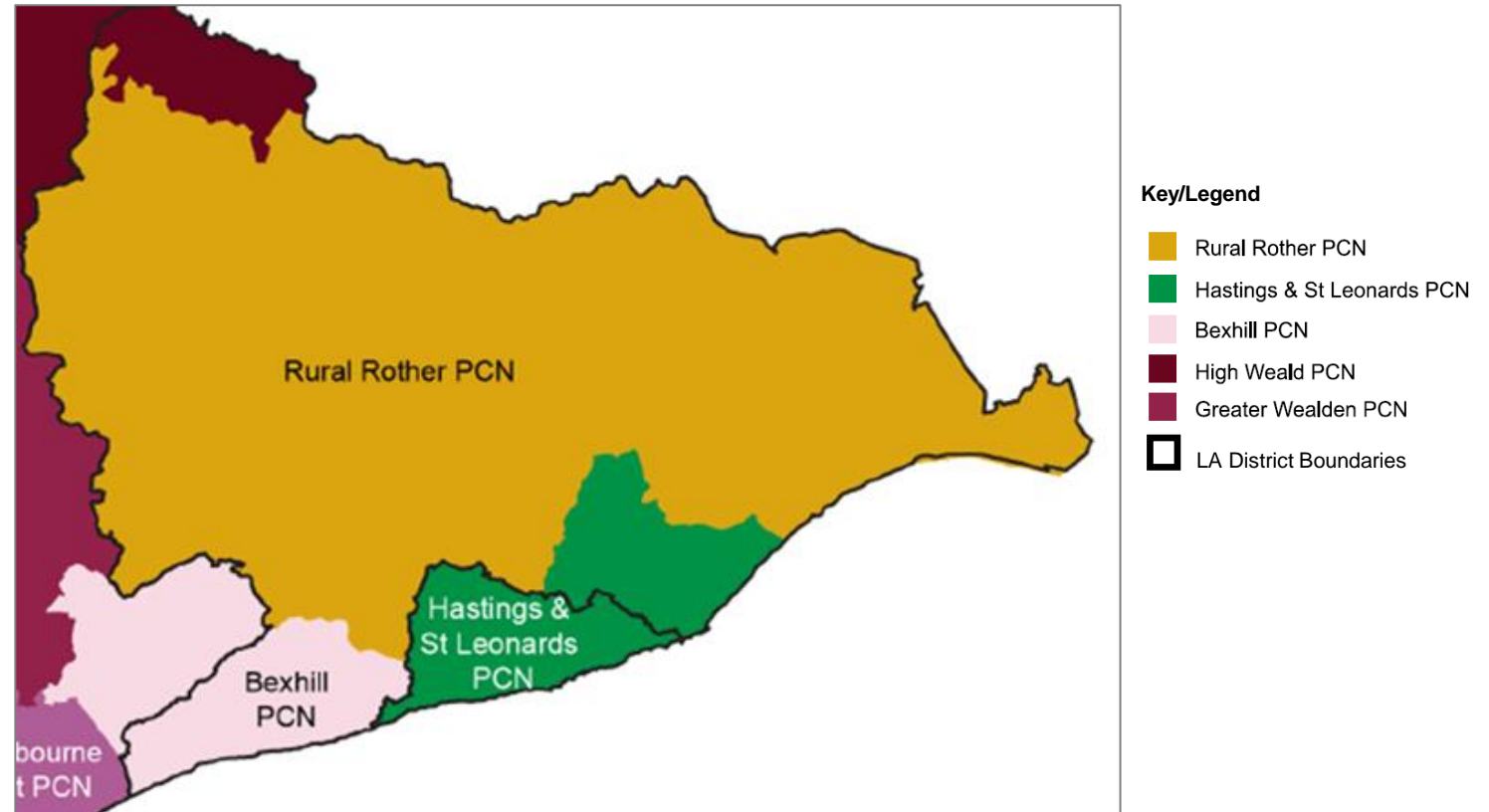
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Summary Contents 1

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
	Living Well - continued	Outcomes and factors affecting them during Adult life
	Ageing Well	Outcomes and factors affecting them in older age
	Dying well	Palliative Care and deaths

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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 Rother ICT

Around 93,100 people live in Rother (2021 Census)
An increase of 3% since 2011

Between 2011 and 2020 there have been
- 6,436 Births
- 12,186 Deaths
- 10,140 estimated increase from internal UK migration
- 1,560 estimated increase from international migration

Census 2021 data:
18% of the population is under 20,
    compared to 23% for England
32% of the population is 65 or over,
    compared to 18% for England
4.8% of the population is 85 or over,
    compared to 2.4% for England

850 residents aged 65 or over live in a care home (with or without nursing)

Rother Integrated Community Team

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

Of the 58 neighbourhoods (2011 based LSOAs) in the Rother ICT, there are **six Core20 neighbourhoods** (representing the most deprived 20% of neighbourhoods nationally) with a population of approximately 9,600 residents (Census 2021).
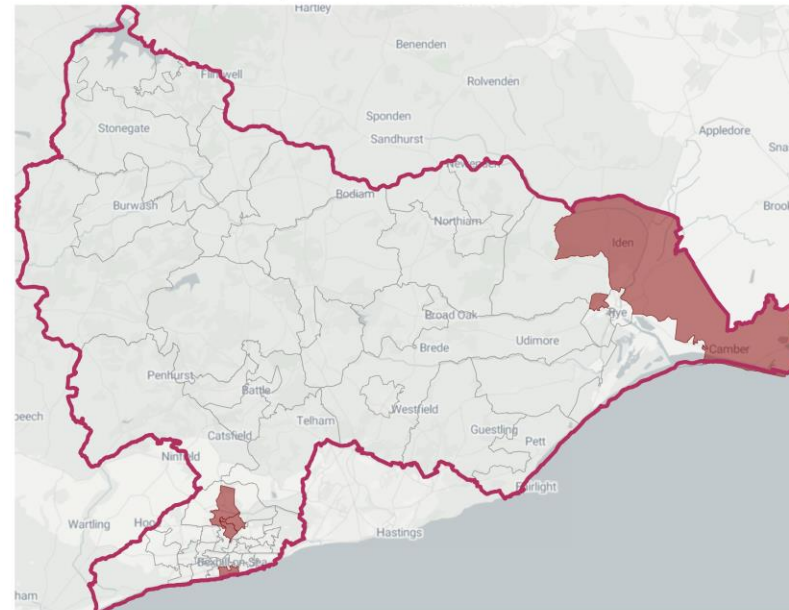
Core 20 neighbourhood

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

Rother has a **much older age structure** than England, with nearly **1 in 3 aged 65 years or older**.

Residents are more likely, than across England, to:
- Be female (54%)
- Be Christian (51%)
- Be married or in a civil partnership (49%)
- Be disabled (22%)
- Provide unpaid care (1 in 10 people)
- Be veterans (5%)

Compared to England there are fewer:
- People from ethnic minorities
- People where English is not their main language
- People who identify as LGB+

Rother ICT population groups

Age
Rother has an older age structure than England:
- 18.3% of people are aged under 20 (23%)
- 49.3% aged 20-64 (58%)
- 32.4% aged 65+ (18%)

Ethnicity
8.3% of people are Black or racially minoritised* (27%):
- 1.5% Asian or Asian British (10%)
- 0.6% Black or Black British (4%)
- 1.8% Mixed or multiple ethnic group (3%)
- 0.1% Arab (0.6%)
- 3.9% White Irish or White other (8%)

Religion
40.7% of people have no religion or belief (37%):
- 50.9% Christian (46%)
- 0.6% Muslim (6.7%)
- 0.2% Jewish (0.5%)
- 0.4% Buddhist (0.5%)
- 0.2% Hindu (1.8%)
- 0.0% Sikh (0.9%)
- 0.6% Other religion (0.6%)

Pregnancy & maternity
There were 634 live births in 2021[2]

Sex
Female 52.5% (51%)
Male 47.5% (49%)

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

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

Language
For 1.9% of people, English is not their main language (9%)
0.2% do not speak English well (1.6%)

Disability
21.6% 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
5.3% of people aged 16+ stated on the 2021 Census that they had previously served in the armed forces (3.8%)

Marriage / civil partnership
49.4% of people aged 16+ are married or in a civil partnership (45%)
28.1% Never married/civil partnership (38%)
2.1% Separated (2%)
11.1% divorced/civil partnership dissolved (9%)
9.2% widowed / surviving civil partnership partner (6%)

Carers
10.4% of people provide unpaid care (9%)

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

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Current population & change over the last 10 years

In Rother ICT, compared to England:
- There are relatively fewer people aged under 50
- There are more people aged 55+ and particularly aged 60+

Between 2011 and 2021

- The total population has increased by 3%, which was lower than England (6.6%)
- The largest increase was amongst 50 to 59 year olds and 70 to 79 year olds (mid 1960s "baby boomers" and post war "baby boomers")
- The largest decrease was amongst 40 to 49 year olds

Total population 93,114

Rother population profile in 2021

England
Rother

Males | Females
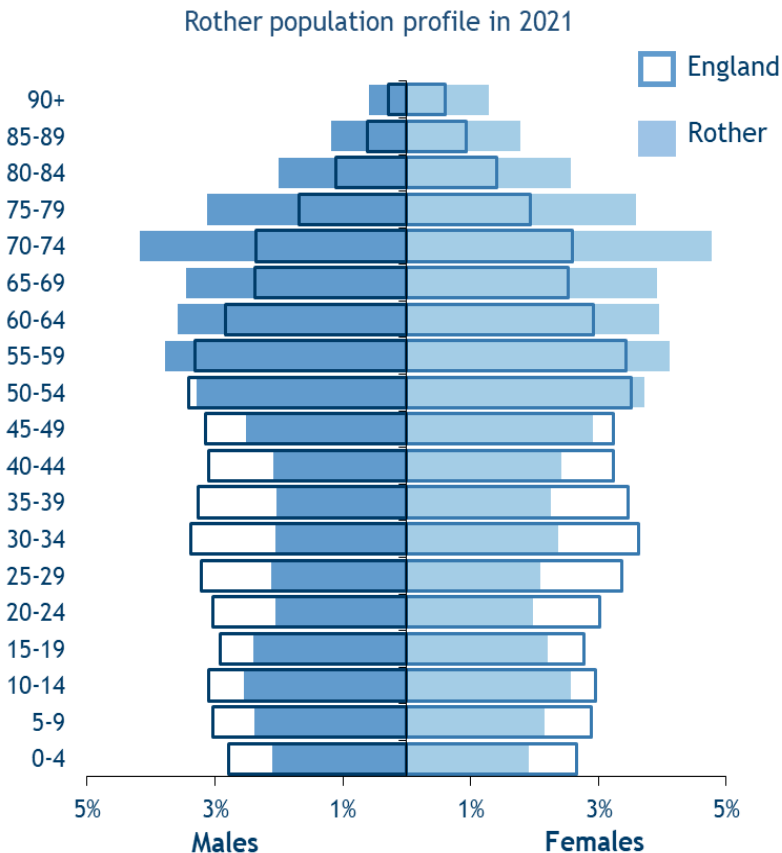
Increase in population 2,714

Rother change in population between 2011 and 2021 Census, in 10 year age groups
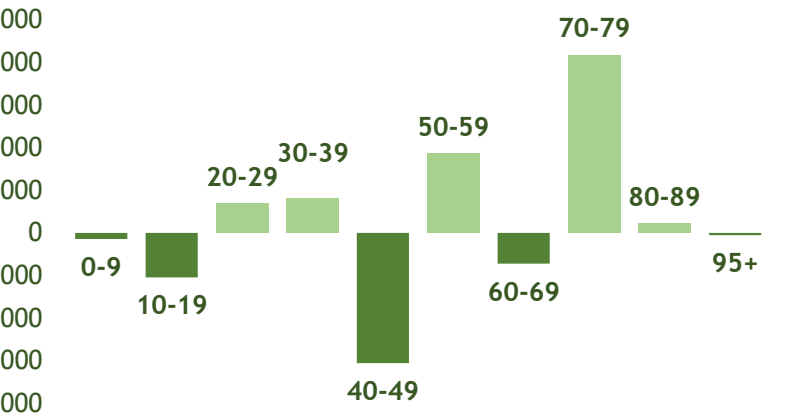
	2021	2011	2021 change	%	England %
0-19	17,015	18,200	-1,185	-6.5%	2.7%
20-64	45,902	46,500	-598	-1.3%	4.4%
65+	30,197	25,700	4,497	17.5%	20.1%
All ages	93,114	90,400	2,714	3.0%	6.6%

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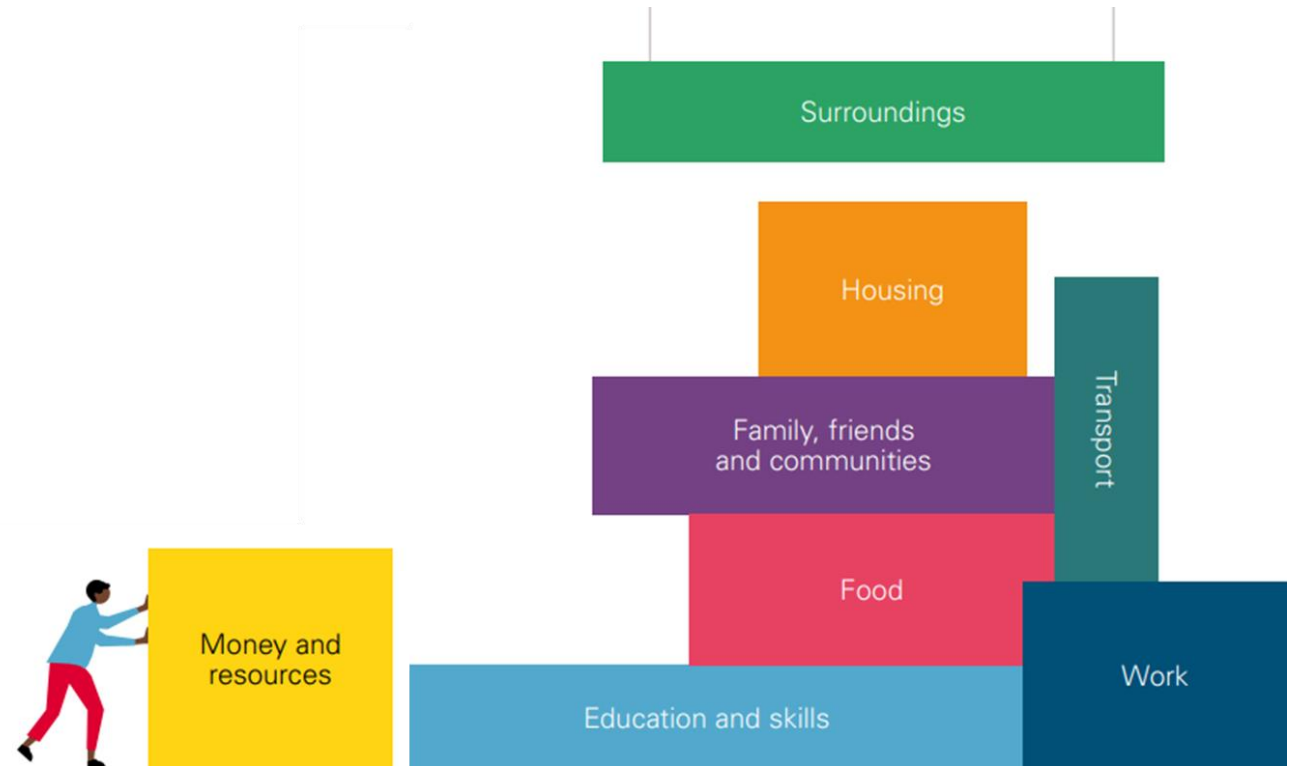
Source: How to talk about the building blocks of health - The Health Foundation

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Building blocks of health in Rother ICT

Overall in Rother ICT, there are **significantly less people** living in the **most deprived areas** of England at 10%, but this overall figure masks areas like **Sidley, Central Bexhill** and **Eastern Rother** where there are areas experiencing more deprivation.

Housing cost is a significant issue in Rother – with those on the lowest 25% of earnings requiring 10.7 times their earning to afford the lowest 25% of housing prices, compared to 7.4 times across England.

10.1%
of people living in the 20% most deprived areas in England

England: 19.9%, 2019

16.8%
of children aged 0-19 living in poverty

England: 17%, 2016

10.4%
of older people (aged 60+) living in poverty

England: 14.2%, 2019

4.4%
People of working age on out of work benefits.

England: 5%, 2021/22

11.2%
in fuel poverty.

England: 13.1%, 2021

10.7
housing affordability ratio (ratio of lower 25% house prices to lower 25% gross earnings)

England: 7.4, 2022

Rother 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 Rother 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%

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%
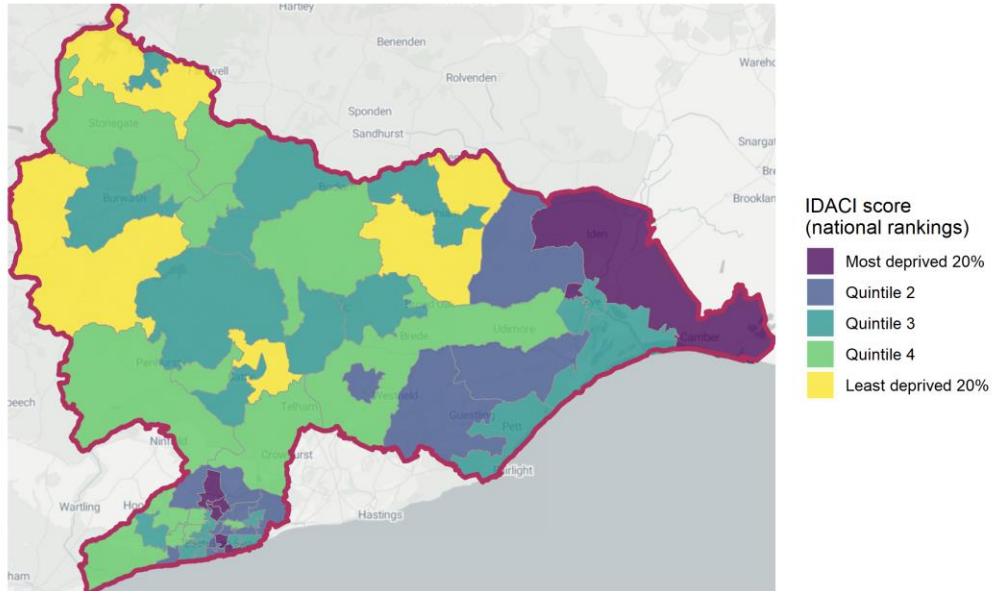
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In Rother ICT, seven of its 58 neighbourhoods had an IDACI score (proportion of 0-15s living in income deprived families) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 46% or almost half of children experiencing income deprivation.
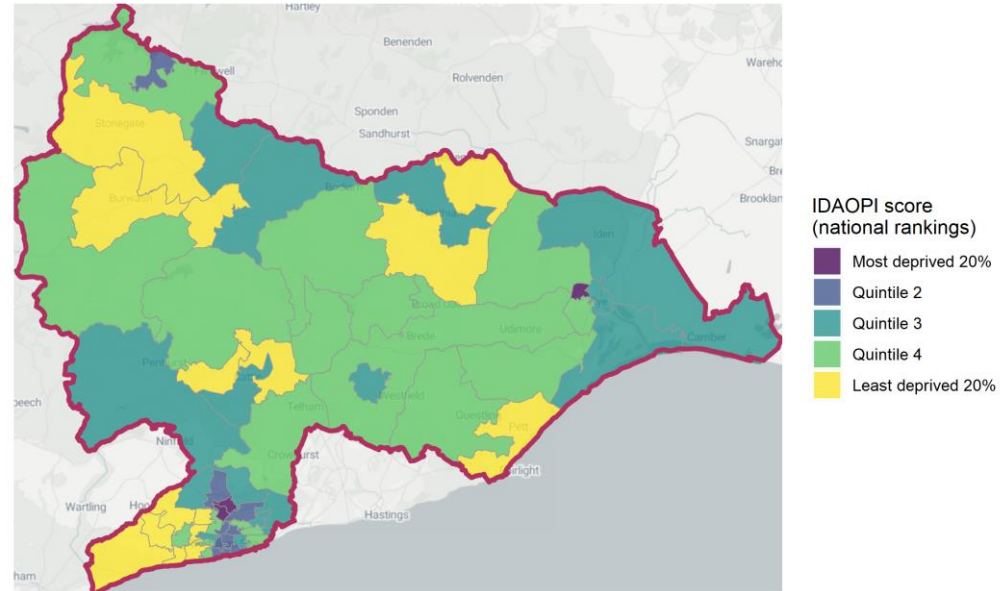
There were also three neighbourhoods in Rother ICT with an IDAOPI score (proportion of 60+ year olds living experiencing income deprivation) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 32.5% or one in three older people.

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Building blocks of health in Rother ICT

Compared to England, Rother ICT has significantly:

- More adults with no qualifications (almost 1 in 5)
- Fewer people of working age in employment (47%)
- Fewer overcrowded households (2%).
- Fewer privately rented households (14%)

Within Sussex, Rother ICT has:

- Highest for older people living alone (1 in 5)
- Fewer single person households for people under 66 years of age (2nd lowest ICT in Sussex)
- 2nd least densely populated ICT in Sussex

42,101
households with at least one resident

England: 23,436,090, 2021

12.7%
of households comprise a person aged under 66 living alone

England: 17.3%, 2021

19.9%
of households comprise a person aged 66+ living alone

England: 12.8%, 2021

5.2%
of households comprise a lone parent

England: 6.9%, 2021

183
People per square km (population density)

England: 434, 2021

2.3%
of households which are overcrowded

England: 4.4%, 2021

1.5%
of households lack central heating

England: 1.5%, 2021

13.9%
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

45.7
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

18.9%
of people aged 16+ with no qualifications

England: 18.1%, 2021

46.9%
of people of working age in employment

England: 55.7%, 2021

59.4
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

8.2
antisocial behaviour incident rate per 1,000 in the 12 months to July 2023

England: 13.7, 2023

Rother ICT Compared to England — Better — Similar — Worse — Not applicable

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

Services within Rother ICT

Legend
- 🔵 GP Practice
- 🔸 Pharmacy
- 🔺 ED/UTC/MIU/CAU
- 🟧 Acute Hospital
- 🟦 Community Hospital
- 🔶 Care Home
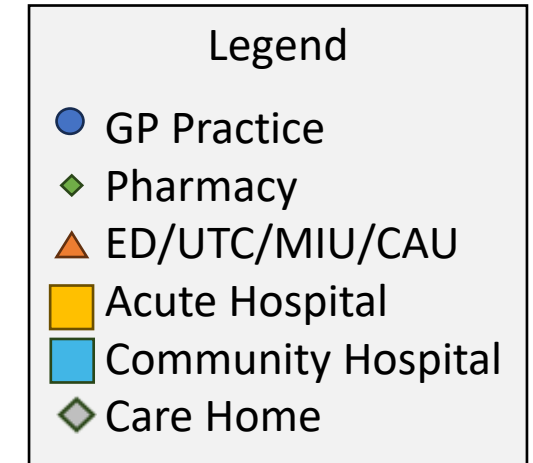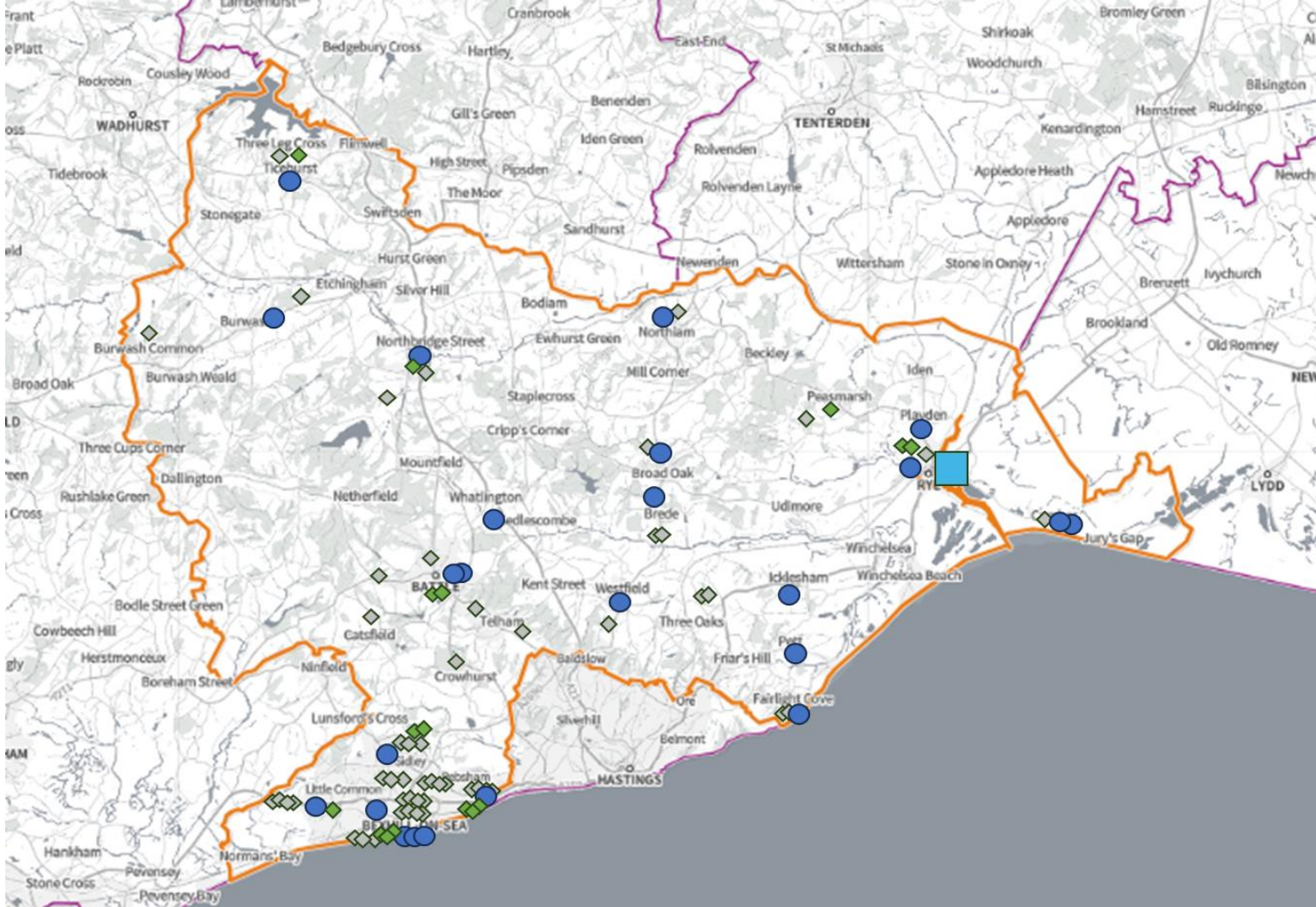
More detailed mapping of services is available at:

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Sussex Integrated Community Team Profiles – Health & Wellbeing across the life course
Rother 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 Rother ICT and are compared with England

Better | **Similar** | **Worse** | **Not compared**

Starting well

83.4 Females / **79.8** Males — Life expectancy at birth (years) **2021**

6.6 Females / **8.7** Males — the range in life expectancy at birth between the most and least deprived neighbourhoods **2018-20**

16.8% Children aged 0-19 living in poverty **2016**

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

11.1% 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**

65% of children in year 6 are a healthy weight **2021/22**

45.7 average Attainement 8 score at 16 years **2021/22**

Living well

14.8% Depression / **2.7%** COPD / **20.6%** Hypertension — recorded prevalence in primary care (GP) records **2021/22**

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

25.6% of people report a high level of anxiety **2021/22**

13.4% of adults aged 18+ are current smokers **2022**

72.7% of adults aged 19+ are physically active **2021/22**

25.7% of adults aged 18+ classified as obese **2021/22**

415.7 alcohol specific hospital admissions per 100,000 **2021/22**

46.9% 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**

Ageing well

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

56.5 Cardiovascular diseases / **115.1** Cancer / **16.3** Respiratory diseases — Preamature (under 75s) mortality rate per 100,000 population **2021**

– drug related deaths per 100,000 population **2018-20**

9.4 suicide and undertermined injury deaths per 100,000 people aged 10+ **2019-21**

10.4% of people aged 60+ living in poverty **2019**

19.9% of households comprising a person aged 66+ living alone **2021**

56.2% of those aged 65+ estimated to have dementia who have recevied a diagnosis **2021**

21.3 Females / **18.8** Males — Life expectancy at age 65 (years) **2021**

Dying well

27.5% at home / **35.9%** in hospital / **30.5%** in a care home — of deaths occuring **2021**

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**

12.2 care home beds per 100 people aged 75+ **2021**

2,631.7 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 – Rother ICT

In Rother, **Life Expectancy** at birth, and also at age 65, is **similar to England**, and the inequality in life expectancy across areas of deprivation are lower than England.

Healthy life expectancy data is currently only available at East Sussex county level which is similar to England for both males and females. However, we know that when local data become available, this will show lower healthy life expectancy in Hastings ICT compared to England.

79.8 years
Life expectancy at birth for males

England: 78.7, 2021

83.4 years
Life expectancy at birth for females

England: 82.8, 2021

8.7 years
Inequality in life expectancy at birth for males

England: 9.7, 2018 - 20

6.6 years
Inequality in life expectancy at birth for females

England: 7.9, 2018 - 20

18.8 years
Life expectancy at age 65 for males

England: 18.4, 2021

21.3 years
Life expectancy at age 65 for females

England: 21, 2021

3.7 years
Inequality in life expectancy at age 65 for males

England: 5.2, 2018 - 20

3.7 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

Rother ICT compared to England   Better   Similar   Worse   Not applicable

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

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

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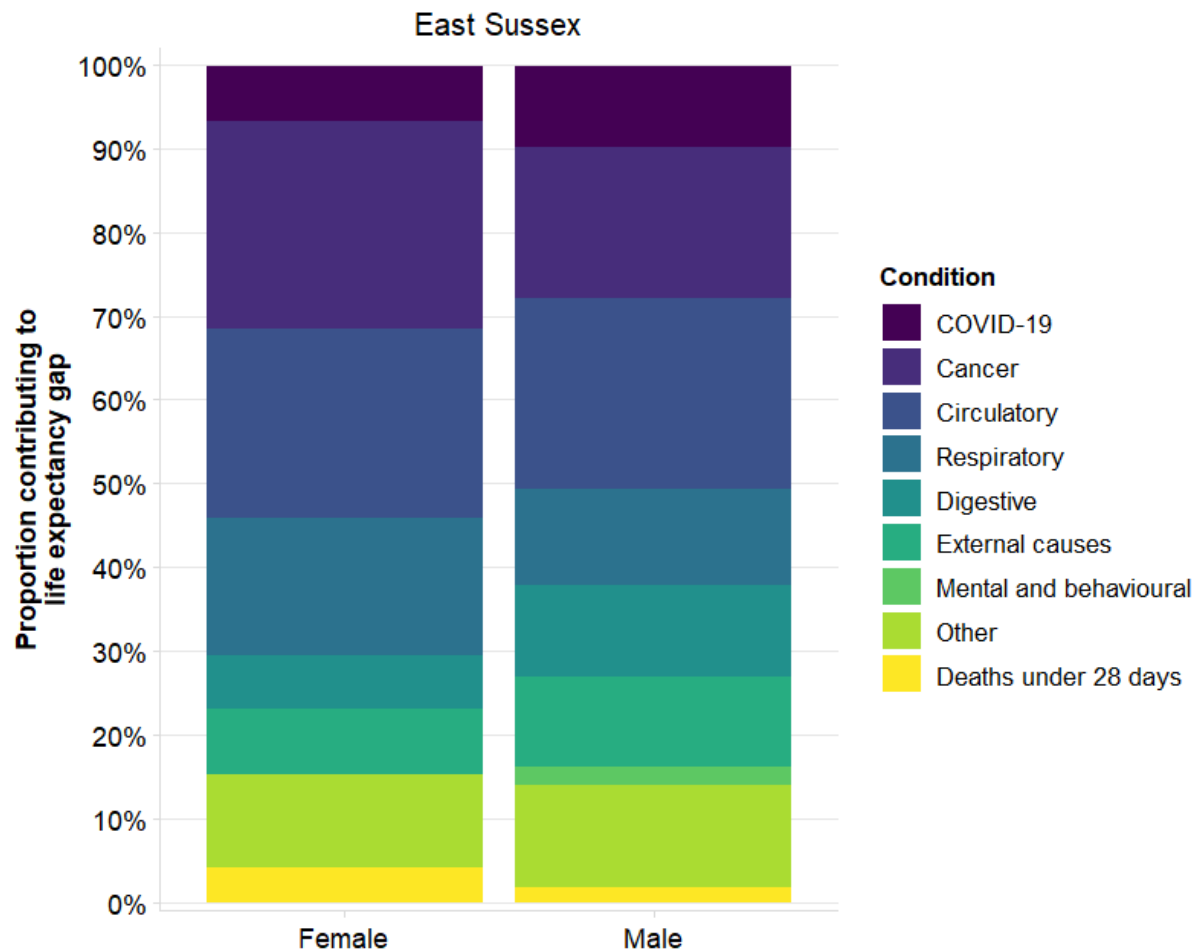
Data for lower tier local authorities has been included for 2014 to 2016 and 2017 to 2019, but have not been included for 2020 to 2021 as the breakdowns based on 2 years of data are not robust due to small numbers.

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

To improve life expectancy, healthy life expectancy, inequalities in both life expectancy and healthy life expectancy:
- Tackle major behavioural risks – tobacco, diet, exercise, alcohol and drugs
- Diabetes is a rising concern
- CVD reduction – including controlling blood pressure key and has considerable population impact
- Cancer major cause of ill health, importance of behaviours and screening
- Mental health
- Immunisation
- Air quality and cold homes

In addition, for healthy life expectancy and inequalities in healthy life expectancy tackle:
- MSK and pain management
- Sensory impairment

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

Better health and care for all

Starting well in life in Rother ICT

Rother ICT is significantly worse than England for:

- Hospital admissions for under 5s for accidents and injuries (3rd highest ICT in Sussex)
- Rother ICT is similar to England for premature births, low birthweight babies and primary school children who are a healthy weight.
- It has the lowest Infant Mortality rate in Sussex

Other measures here at an East Sussex level show:

- Significantly worse for maternal smoking (11%)
- Significantly high admission rates for Asthma (ages 0 to 19)
- Significantly higher admission rates for self-harm (ages 10 to 24)

1.5
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

72
rate of premature births (<37 week gestation) per 1,000 live births

England: 78, 2019 - 21

2.1%
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

13.2%*
of children aged 5 years with visually obvious dentinal decay.

England: 23.3%*, 2016/17

64.3%
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

176.4
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

Rother 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)

Better health and care for all

Living well in Rother ICT

Rother ICT has:

- 1 in 4 adults classified as obese
- 1 in 5 adults physically inactive
- Higher levels of depression and anxiety recorded in primary care
- Significantly lower alcohol specific admission rates compared to England
- Lowest air pollution attributable mortality in Sussex

- East Sussex county has significantly lower uptake of vaccinations for HPV and also pneumococcal infections

108.3
Health Index Score

England: 100.8, 2021

4.5%
proportion of deaths (mortality) attributable to air pollution

England: 5.5%, 2021

415.7
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

25.7%
of adults aged 18 and over classified as obese

England: 25.9%, 2021/22

72.7%
of adults aged 19 and over who are physically active

England: 67.3%, 2021/22

19.4%
of adults aged 19 and over who are physically inactive

England: 22.3%, 2021/22

13.1%
of adults aged 16 and over who walk for travel at least three days per week

England: 15.1%, 2019/20

1.5%
of adults aged 16 and over who cycle for travel at least three days per week

England: 2.3%, 2019/20

13.4%
smoking prevalence among those aged 18+ years

England: 12.7%, 2022

20.6%*
Hypertension prevalence (recorded in primary care, QOF)

England: 14%*, 2021/22

2.7%*
COPD prevalence (recorded in primary care, QOF)

England: 1.9%*, 2021/22

14.8%*
Depression prevalence (recorded in primary care, QOF)

England: 12.7%*, 2021/22

9.6%
of people with a low happiness score

England: 8.4%, 2021/22

25.6%
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

72.3%
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

Rother 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)
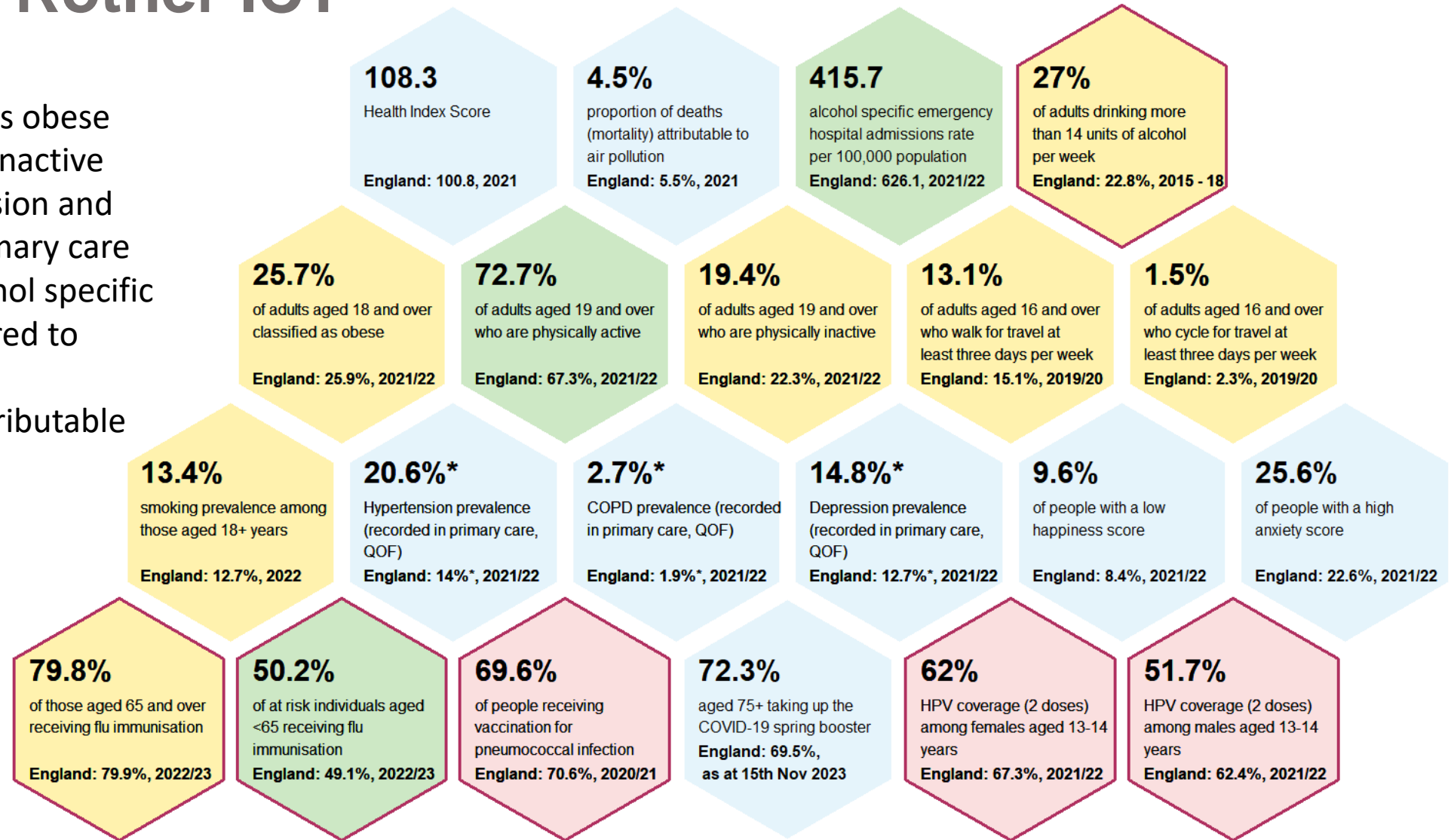
Living well in Rother ICT

- Rother ICT is significantly worse than England for Self-harm hospital admissions

Rother ICT is significantly better than England for:
- Screening for bowel cancer, cervical cancer and breast cancer.
- COPD hospital admissions
- Premature mortality for CVD and respiratory diseases
- Rother ICT has the lowest suicide rate in Sussex

- East Sussex county is significantly worse for adults with a serious mental illness taking up a physical health check
- Also worse for health checks for adults with a learning disability

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

205.1 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

73.5% 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

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

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

56.7% 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

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

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

115.1 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

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

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

Rother 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 – Rother ICT

Rother ICT has:
- Significantly higher emergency admissions for falls and is the 3rd highest ICT in Sussex.
- Lowest dementia diagnosis rate in Sussex and is significantly worse than England.

East Sussex county has:
- Significantly better % of people 65+ still at home 91 days after hospital discharge.
- Significantly better % of adult social care clients who report as much social contact as they would like.

56.2
of people aged 65+ estimated to have dementia who have received a diagnosis
England: 63, 2023

2,631.7
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

12.2
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

46.3
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

Rother 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 Rother ICT

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

Within Rother ICT in 2021, a greater proportion of deaths occurred in care homes than for England, with a lower proportion in hospital or at home when compared with England.

Please note the Covid-19 pandemic affected the place of death figures in 2021.

In Rother there is a higher winter mortality index than for England.

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

England: 0.5% 2021/22

59.7
Winter mortality index (all ages)

England: 36.2
Aug 2020 - Jul 2021

66.7
Winter mortality index (aged 85+)

England: 42.8
Aug 2020 - Jul 2021

27.5%
of deaths occur at home

England: 28.7% 2021

35.9%
of deaths occur in hospital

England: 44% 2021

30.5%
of deaths occur in care home

England: 20.2% 2021

4%
of deaths occur in hospices

England: 4.4% 2021

Rother 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
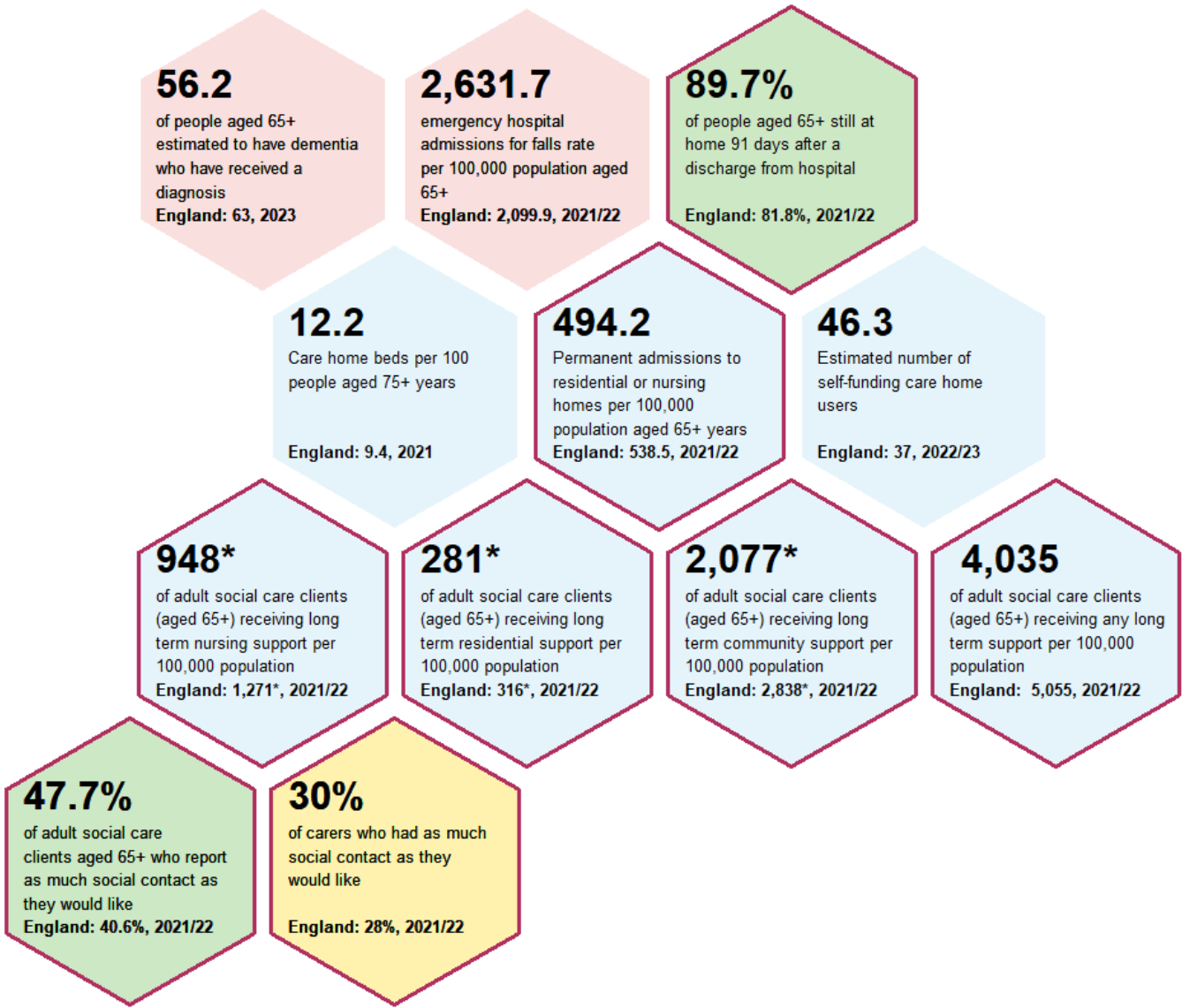
Better health and care for all

GP Primary Care in Rother ICT

- Within Rother ICT there are 2 PCNs with 10 GP Practices with very varying levels of population
  - 2 practices (Collington & Little Pebble) have >15k registered patients
 - 2 practices (Fairfield & Ferry Road) have <5k registered patients

- One Rother ICT GP Practice was rated as Requires improvement by CQC
- The Average QOF Achievement score is lower than the Sussex average
- LD Health checks for Rother ICT patients is higher than the Sussex average
- Type 2 Diabetes patients who have completed all 8 core processes is higher than the Sussex average
- There are fewer GP Referrals and A&E Attendances per 1,000 weighted population

+0.5%
Registered population change in last 12months
Sx: +0.7%

9x Good
1x Rq Improvem't
GP Practices Overall CQC Rating

2,375
Patients (Weighted) Per GP FTE Less Trainees
Sx: 2,343

838
Patients (Weighted) Per GP & Nurse & DPC FTE
Sx: 955

80%
Av. Patient Survey Overall Practice Experience – Good
Sx: 74.1%

90.4
Av. QOF % (Score Overall)
Sx: 92.5%

5.6
Av. QOF PCA Adjustment Rate % (Score Overall)
Sx: 7.8

65.7%
Dementia Annual Care Plans % (target 75%)
Sx: 64.6%

92.1%
Learning Disabilities Health Checks Rolling 12m
Sx: 74.7%

58.5%
Diabetes NDA Type 2 8 Core Processes
Sx: 53.3%

30.7%
Diabetes NDA Type 2 All 3 Treatment Targets
Sx: 33.5%

82.7%
Flu Vaccination 65+
Sx: 81.3%

290
GP Referrals 12m (OP Proxy) Per 1000 Weighted Population
Sx: 379

177
A&E Attendances 12m Per 1000 Weighted Population
Sx: 208

Key

- 🟢 Better than Sussex Average
- 🟡 At Sussex Average
- 🔴 Worse than Sussex Average
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(lowest or highest quartile does not mean good or bad)
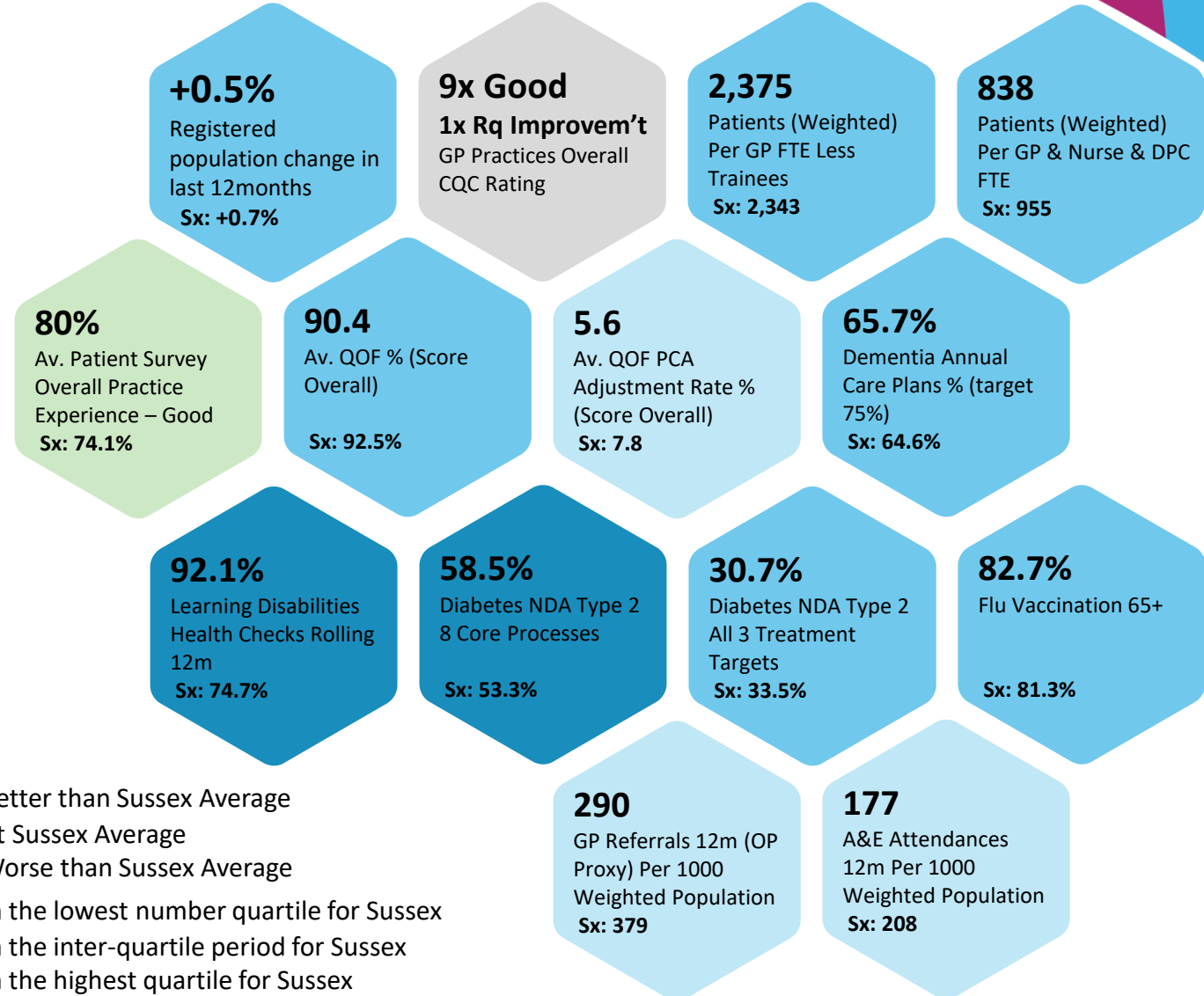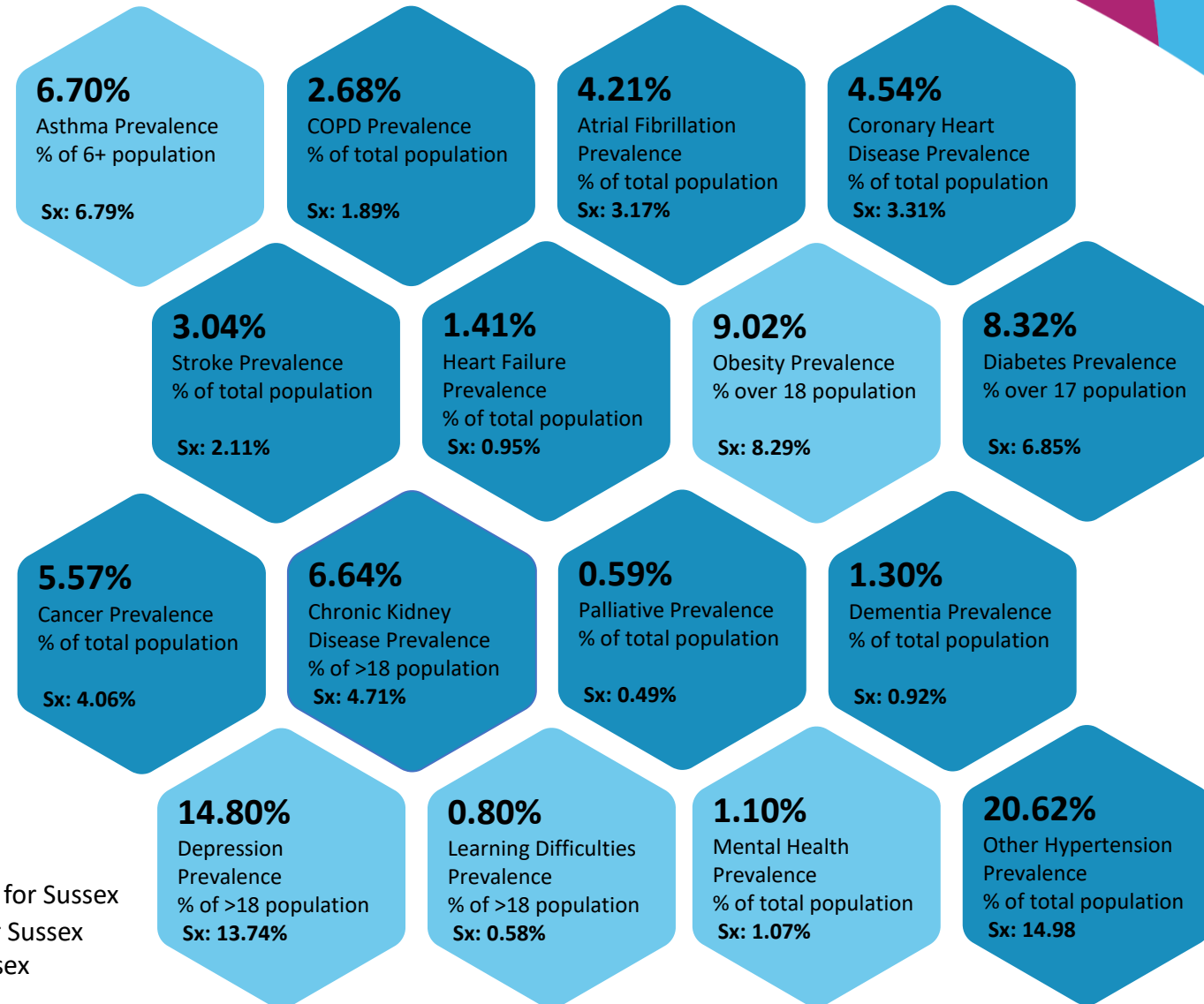
Better health and care for all

- Of the 16 QOF conditions, patients in Rother ICT had a higher than the Sussex average for 11 of them
  - Atrial Fibrillation
  - Cancer
  - Chronic Kidney disease
  - COPD
  - Coronary Heart Disease
  - Dementia
  - Diabetes
  - Heart Failure
  - Other Hypertension
  - Palliative
  - Stroke

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6.70%
Asthma Prevalence
% of 6+ population

Sx: 6.79%

2.68%
COPD Prevalence
% of total population

Sx: 1.89%

4.21%
Atrial Fibrillation Prevalence
% of total population
Sx: 3.17%

4.54%
Coronary Heart Disease Prevalence
% of total population
Sx: 3.31%

3.04%
Stroke Prevalence
% of total population

Sx: 2.11%

1.41%
Heart Failure Prevalence
% of total population
Sx: 0.95%

9.02%
Obesity Prevalence
% over 18 population

Sx: 8.29%

8.32%
Diabetes Prevalence
% over 17 population

Sx: 6.85%

5.57%
Cancer Prevalence
% of total population

Sx: 4.06%

6.64%
Chronic Kidney Disease Prevalence
% of >18 population
Sx: 4.71%

0.59%
Palliative Prevalence
% of total population

Sx: 0.49%

1.30%
Dementia Prevalence
% of total population

Sx: 0.92%

14.80%
Depression Prevalence
% of >18 population
Sx: 13.74%

0.80%
Learning Difficulties Prevalence
% of >18 population
Sx: 0.58%

1.10%
Mental Health Prevalence
% of total population
Sx: 1.07%

20.62%
Other Hypertension Prevalence
% of total population
Sx: 14.98

Better health and care for all

Primary Care 2 – Rother ICT

- COVID booster vaccination uptake in Rother ICT is higher than the Sussex average
- Flu vaccination rates for both under 50 and 65+ are higher than the Sussex average

87.7%
Covid Booster uptake 22/23

Sx: 84%

82.7%
65+ flu vaccination rate

Sx: 81.3%

40.6%
Flu vacc rate, 6m to under 50 at risk

Sx: 38.5%

Key

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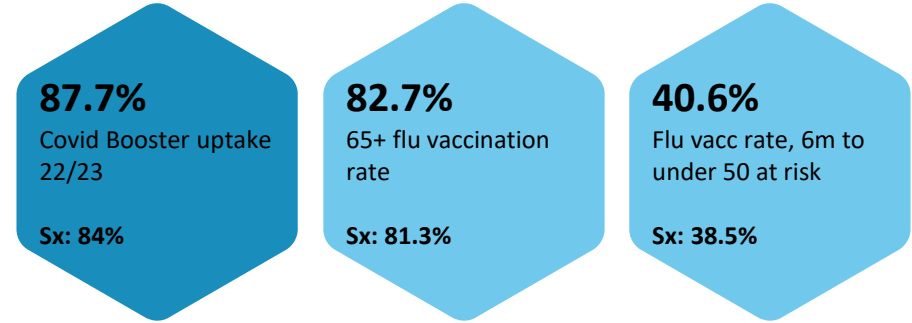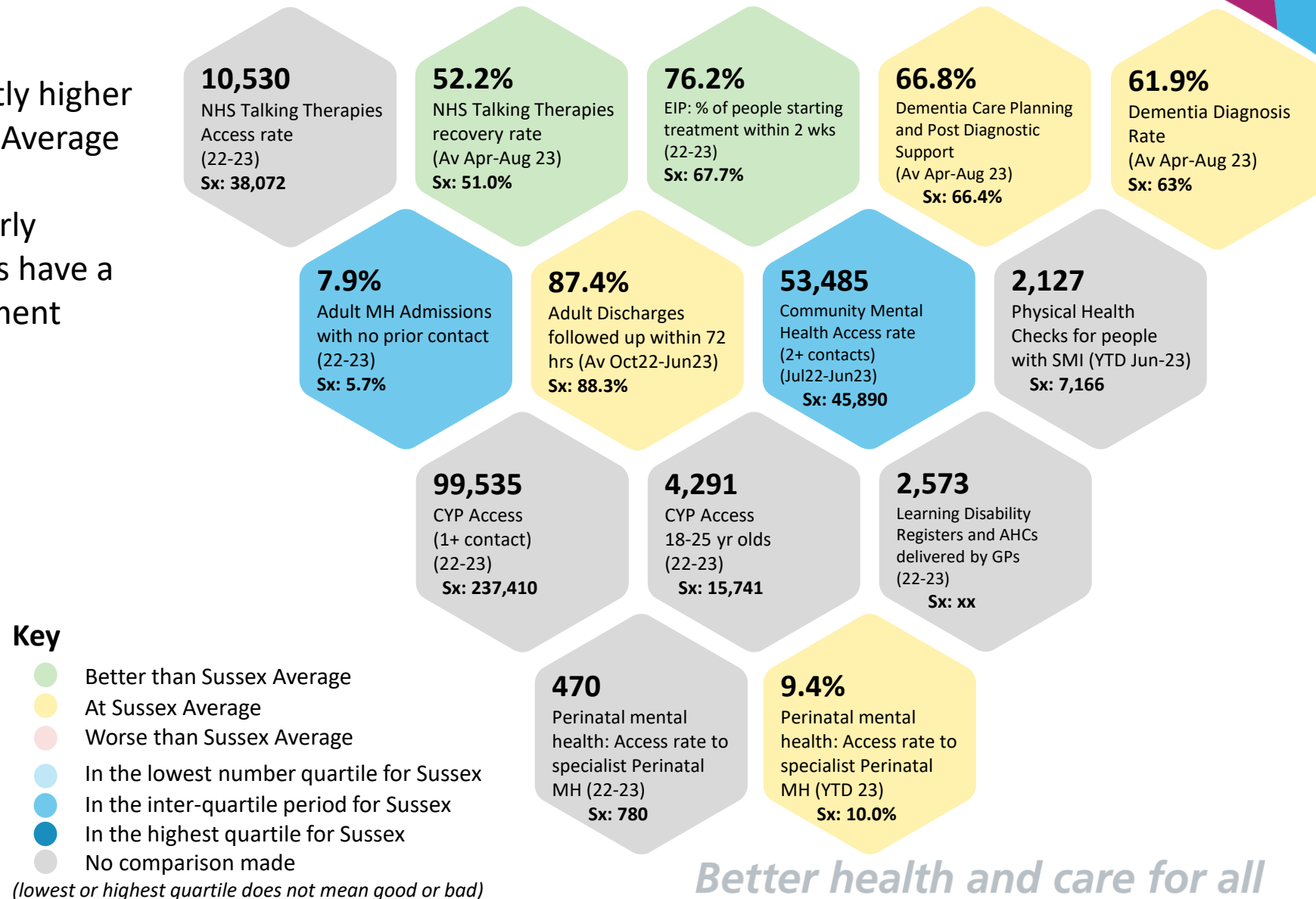- In the highest quartile for Sussex
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Better health and care for all
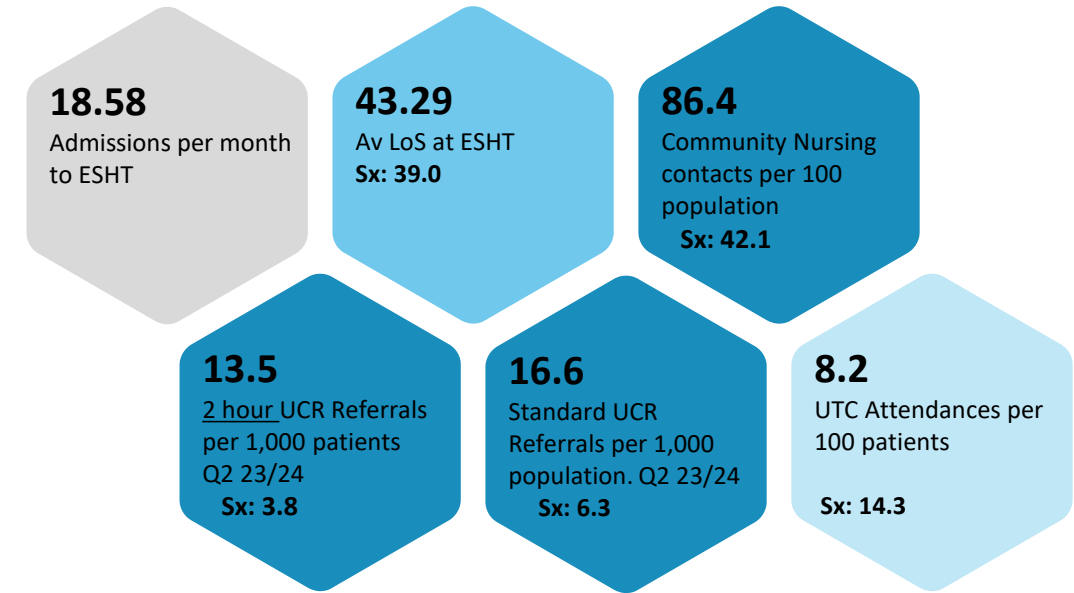
Mental Health – East Sussex

- 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

Figures are only available at East Sussex, West Sussex and Brighton Areas

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 - Rother ICT

- The number of Community nursing contacts for Lewes ICT patients is higher than the Sussex average
- Hastings ICT has significantly higher levels of both standard and 2-hour Urgent Community Response

18.58
Admissions per month to ESHT

43.29
Av LoS at ESHT
Sx: 39.0

86.4
Community Nursing contacts per 100 population
Sx: 42.1

13.5
2 hour UCR Referrals per 1,000 patients Q2 23/24
Sx: 3.8

16.6
Standard UCR Referrals per 1,000 population. Q2 23/24
Sx: 6.3

8.2
UTC Attendances per 100 patients
Sx: 14.3

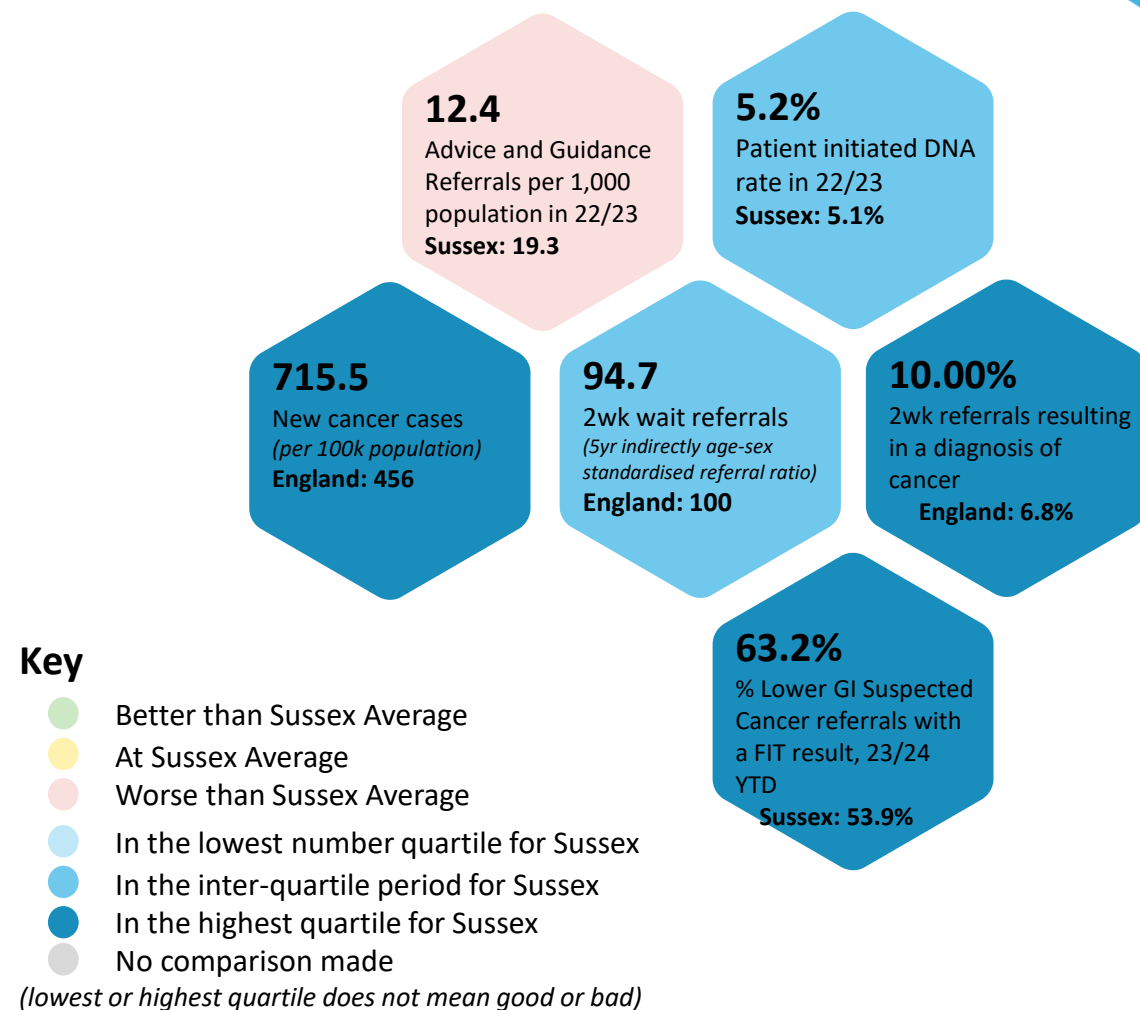Figures above are for the full year 22/23 unless stated otherwise

Key

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Better health and care for all

Planned Care Alternatives and Cancer Care – Rother ICT

- The rate of Advice and Guidance referrals for Rother ICT is worse than the Sussex average
- Lower GI suspected cancer referrals is higher than the Sussex average
- New cancer cases and the percentage of 2-week referrals resulting in a cancer diagnosis for Rother ICT patients are higher than the Sussex average

12.4
Advice and Guidance Referrals per 1,000 population in 22/23
Sussex: 19.3

5.2%
Patient initiated DNA rate in 22/23
Sussex: 5.1%

715.5
New cancer cases *(per 100k population)*
England: 456

94.7
2wk wait referrals *(5yr indirectly age-sex standardised referral ratio)*
England: 100

10.00%
2wk referrals resulting in a diagnosis of cancer
England: 6.8%

63.2%
% Lower GI Suspected Cancer referrals with a FIT result, 23/24 YTD
Sussex: 53.9%

Key

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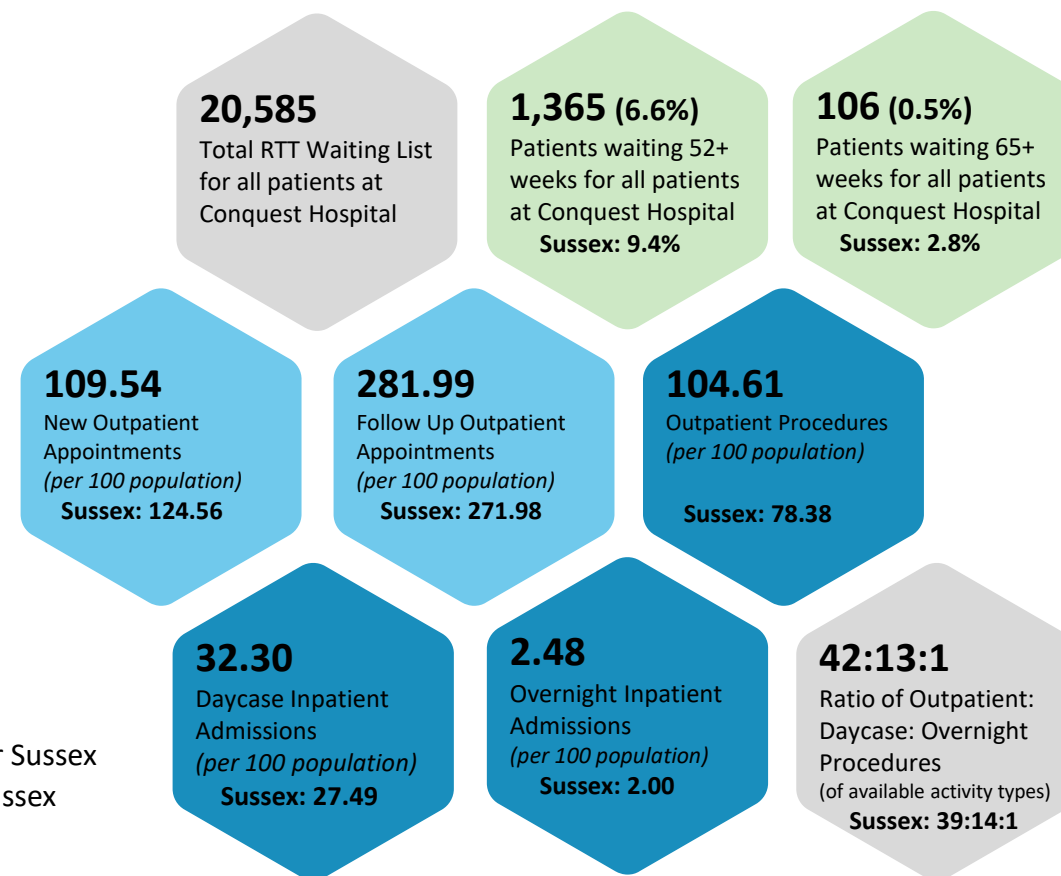
Better health and care for all

Acute Planned Care – Rother ICT

- Long waits Rother ICT patients waiting for treatment at EDGH, for the same periods, have lower than average waiting times.
- Compared to Sussex as a whole, Rother ICT has higher rates for
  - Outpatient procedures
  - Daycase IP admissions
  - Overnight IP admissions checks

Key

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- ● Worse than Sussex Average

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- ● No comparison made

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

20,585
Total RTT Waiting List for all patients at Conquest Hospital

1,365 (6.6%)
Patients waiting 52+ weeks for all patients at Conquest Hospital
Sussex: 9.4%

106 (0.5%)
Patients waiting 65+ weeks for all patients at Conquest Hospital
Sussex: 2.8%

109.54
New Outpatient Appointments
(per 100 population)
Sussex: 124.56

281.99
Follow Up Outpatient Appointments
(per 100 population)
Sussex: 271.98

104.61
Outpatient Procedures
(per 100 population)
Sussex: 78.38

32.30
Daycase Inpatient Admissions
(per 100 population)
Sussex: 27.49

2.48
Overnight Inpatient Admissions
(per 100 population)
Sussex: 2.00

42:13:1
Ratio of Outpatient: Daycase: Overnight Procedures
(of available activity types)
Sussex: 39:14:1

Figures above are for the full year 22/23 unless stated otherwise
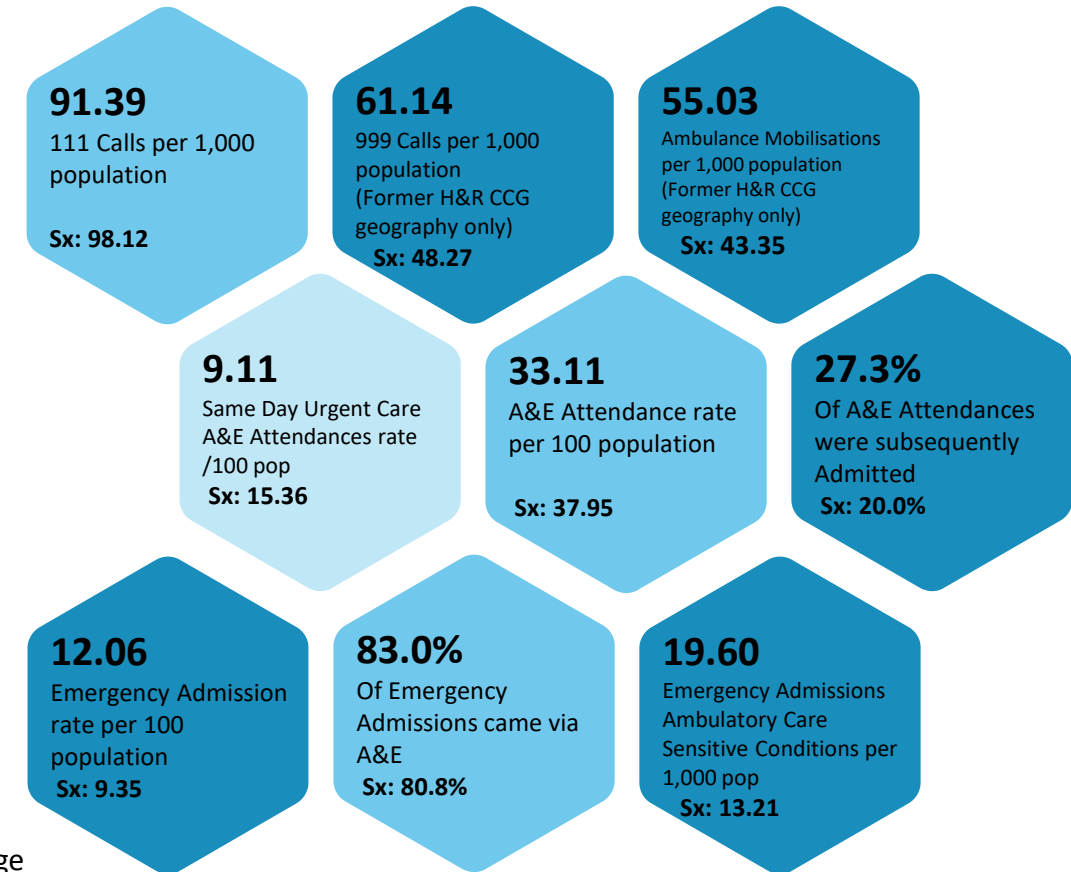
Better health and care for all

Urgent and Emergency Care – Rother ICT

- There are higher levels of calls to 999 and Ambulances subsequently mobilised in Rother ICT when compared to the Sussex average
- A&E and Emergency Admissions are higher the Sussex average
- Emergency Admissions for Ambulatory Care Sensitive Conditions are higher in Rother ICT than the Sussex Average (ACSC are health conditions/diagnoses for which timely and effective outpatient care can help to reduce the risks of hospitalisation)
- A&E attendances for Same Day Urgent Care is significantly lower than the Sussex average

91.39
111 Calls per 1,000 population

Sx: 98.12

61.14
999 Calls per 1,000 population (Former H&R CCG geography only)
Sx: 48.27

55.03
Ambulance Mobilisations per 1,000 population (Former H&R CCG geography only)
Sx: 43.35

9.11
Same Day Urgent Care A&E Attendances rate /100 pop
Sx: 15.36

33.11
A&E Attendance rate per 100 population

Sx: 37.95

27.3%
Of A&E Attendances were subsequently Admitted
Sx: 20.0%

12.06
Emergency Admission rate per 100 population
Sx: 9.35

83.0%
Of Emergency Admissions came via A&E
Sx: 80.8%

19.60
Emergency Admissions Ambulatory Care Sensitive Conditions per 1,000 pop
Sx: 13.21

Key

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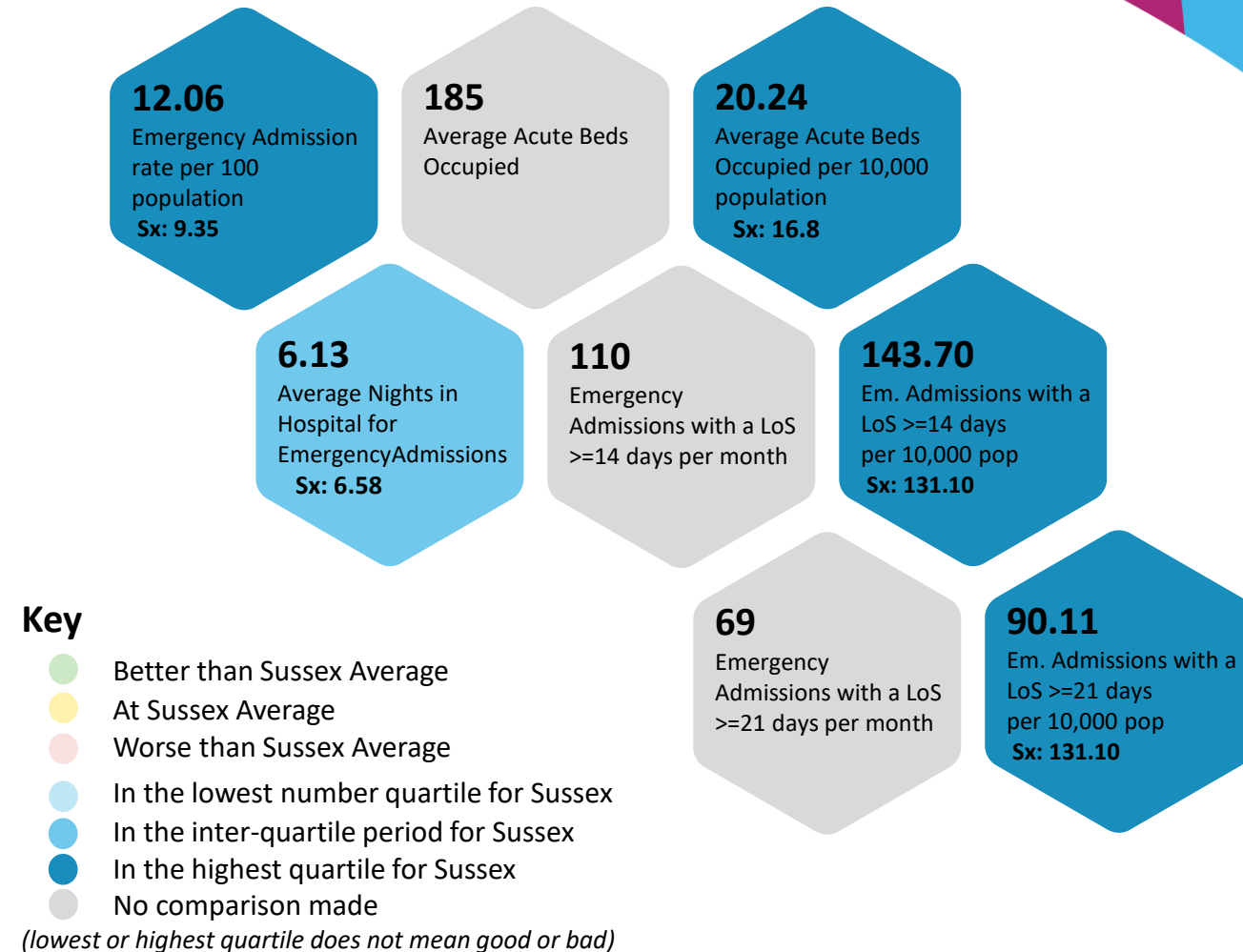*(lowest or highest quartile does not mean good or bad)*

Figures above are for the full year 22/23

Better health and care for all

Acute Inpatient Emergency Care – Rother ICT

- The rate of Emergency Admission by Rother ICT patients is higher than the Sussex average
- Occupancy in Acute beds is higher than the Sussex average
- Emergency Admissions which result in a longer time in hospital (both >=14 and >=21 days) are higher in Rother than the rest of Sussex
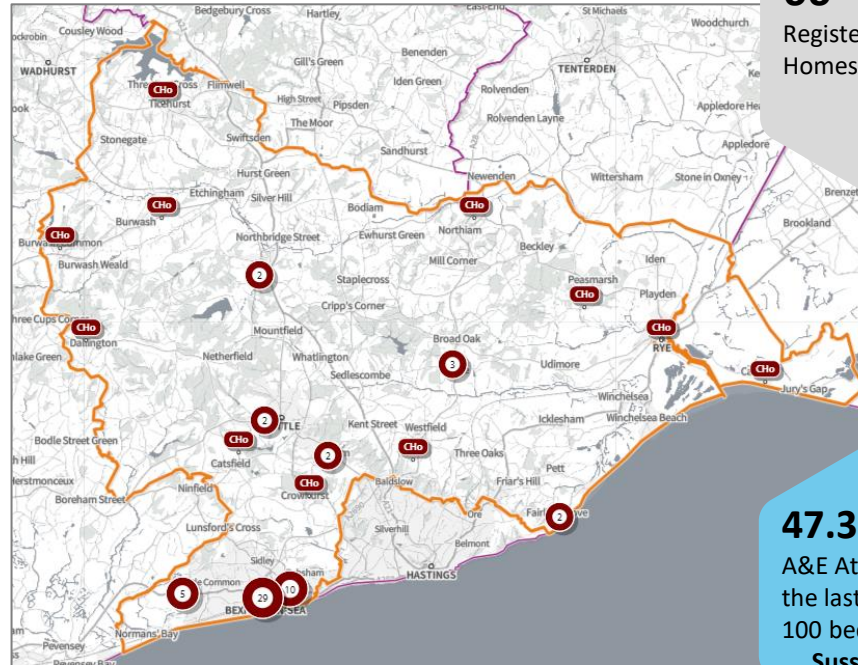
12.06
Emergency Admission rate per 100 population
Sx: 9.35

185
Average Acute Beds Occupied

20.24
Average Acute Beds Occupied per 10,000 population
Sx: 16.8

6.13
Average Nights in Hospital for EmergencyAdmissions
Sx: 6.58

110
Emergency Admissions with a LoS >=14 days per month

143.70
Em. Admissions with a LoS >=14 days per 10,000 pop
Sx: 131.10

69
Emergency Admissions with a LoS >=21 days per month

90.11
Em. Admissions with a LoS >=21 days per 10,000 pop
Sx: 131.10

Key

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- At Sussex Average
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- In the highest quartile for Sussex
- No comparison made

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

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

Better health and care for all

Care Homes: Urgent Healthcare use – Rother ICT

- The percentage of both Hear & Treat and See & Treat calls in Rother ICT is higher than the Sussex average
- Whereas the rate of See & Convey patients in Rother ICT is lower than the Sussex average

Key

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

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

66
Registered Care Homes

1,682
Care Home Beds

1,200
999 Calls from Care Homes in last 12 months

9.0%
of 999 calls were Hear & Treat
Sussex: 8.0%

43.1%
of 999 calls were See and Treat
Sussex: 38.6%

47.9%
of 999 calls were See & Convey
Sussex: 53.4%

47.38
A&E Attendances in the last 12months per 100 beds
Sussex: 53.60

51.8%
of A&E Attendances were subsequently admitted to an Inpatient bed
Sussex: 54.8%

33.59
Emergency Admissions in the last 12months per 100 beds
Sussex: 36.08

13.26
Emergency Admissions for Respiratory in the last 12months per 100 beds
Sussex: 13.01

5.23
Emergency Admissions for Injuries following Falls in the last 12months per 100 beds
Sussex: 5.20

1.78
Emergency Admissions for Non Injurious Falls in the last 12months per 100 beds
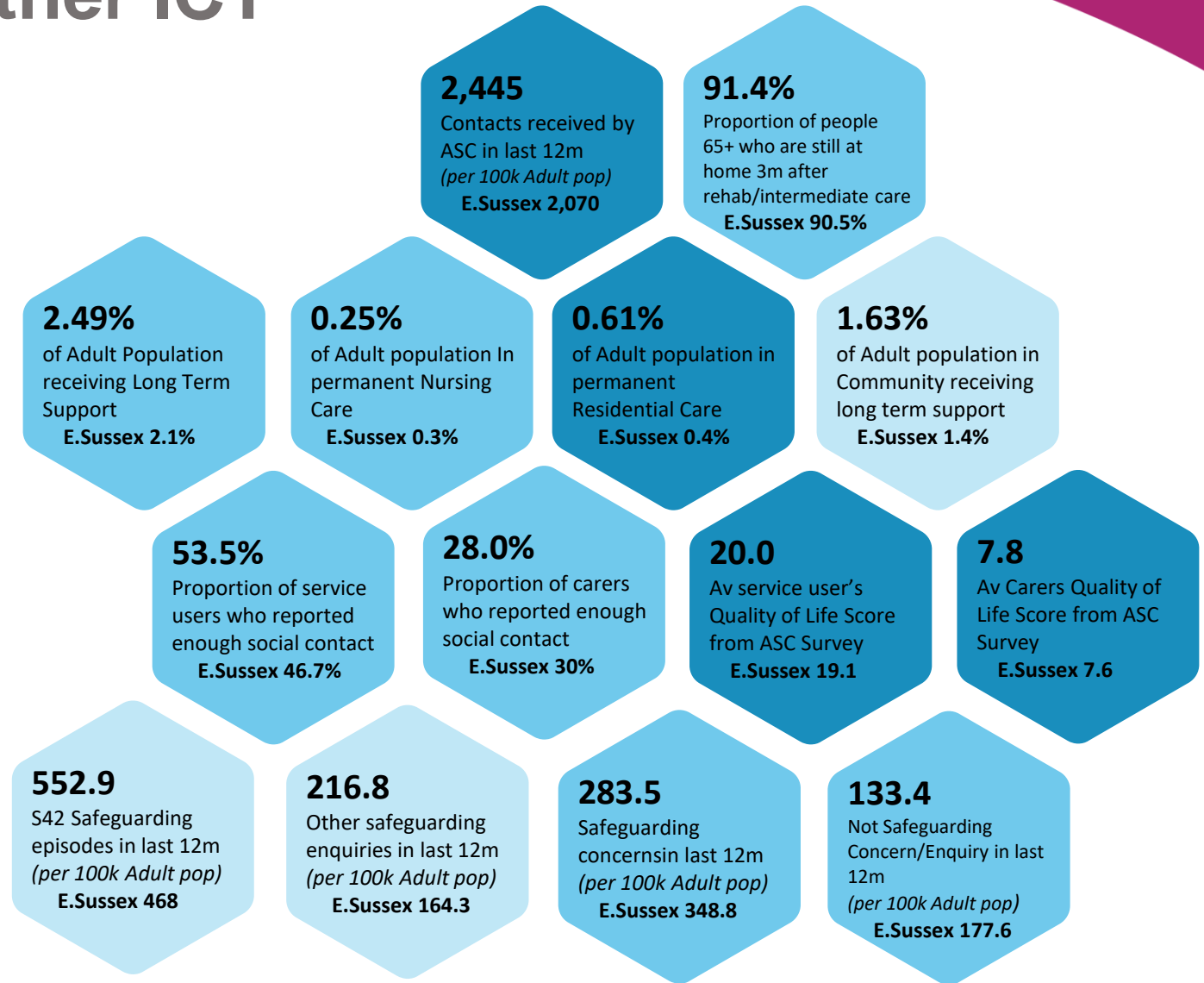**Sussex: 1.63**

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Adult Social Care – Rother ICT

- This social care data compares Rother ICT to East Sussex levels
- There were more contacts received by adult social care from Rother ICT than the East Sussex average
- The proportion of the Rother ICT population in permanent Residential Care is higher than the East Sussex Average
- The proportion of the Rother ICT population in permanent Residential Care is higher than the East Sussex Average
- Both service users and Carers in Rother ICT rate Quality of Life score higher than the East Sussex average

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)

2,445
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%

20.0
Av service user's Quality of Life Score from ASC Survey
E.Sussex 19.1

7.8
Av Carers Quality of Life Score from ASC Survey
E.Sussex 7.6

552.9
S42 Safeguarding episodes in last 12m
(per 100k Adult pop)
E.Sussex 468

216.8
Other safeguarding enquiries in last 12m
(per 100k Adult pop)
E.Sussex 164.3

283.5
Safeguarding concernsin last 12m
(per 100k Adult pop)
E.Sussex 348.8

133.4
Not Safeguarding Concern/Enquiry in last 12m
(per 100k Adult pop)
E.Sussex 177.6

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Links to key resources

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

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

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

NHS Sussex ICB
- Sussex Insight bank https://int.sussex.ics.nhs.uk/nhs-sussex/tools-for-your-work/insight-bank/
- [ICB Information Station](#)

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