

PICTURE EAST SUSSEX

Annual report of the Director of Public Health 2018/19



FOREWORD

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



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

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

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

East Sussex is a county of contrasts. This report gives a snapshot of some of the differences within the county, both geographical and demographic. I am only too aware that we have some long-term and stubborn inequalities

in health outcomes between parts of the county, and it is my aim to narrow these as far and as fast as is possible, and to mobilise the resources and actions of others to achieve this.

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

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

Acknowledgements

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

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

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

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

CONTENTS

1	INTRODUCTION	PAGE
	FOREWORD	2
	CONTENTS	3
	INTRODUCTION	4

2	WHO WE ARE	PAGE
	ABOUT EAST SUSSEX	5
	HEALTH AND CARE ORGANISATIONS	6
	PEOPLE	7
	BIRTHS AND DEATHS	8
	DEPRIVATION	9
	BETTER BEGINNINGS	10
	FAIR EMPLOYMENT/WORK	11
	STANDARD OF LIVING	12
	HEALTHY PLACES	13
	ASSETS	14

3	HOW HEALTHY ARE WE	PAGE
	HEALTH STATUS	15
	LIFE EXPECTANCY	15
	START WELL	17
	BETTER LIVING	18
	RISK CONDITIONS	19
	PHYSICAL ILLNESS	20
	MENTAL ILLNESS	21
	SCREENING AND CANCER	22
	BETTER AGEING	23
	MORTALITY	24

4	HOW WE USE SERVICES	PAGE
	PRIMARY CARE	25
	SOCIAL CARE	26
	MENTAL HEALTH SERVICES	27
	HOSPITAL ACTIVITY	28-30

5	CONCLUSION	PAGE
	CONCLUSION	31-34
	REFERENCES	35

PICTURE EAST SUSSEX

INTRODUCTION

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

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

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

What indicators are included?

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

Where does the indicator data come from?

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

Why does indicator data from different sources differ?

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

Why are the statistics presented a few years old?

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

What does statistical significance mean?

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

What is an age-standardised rate?

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

What are income quintiles?

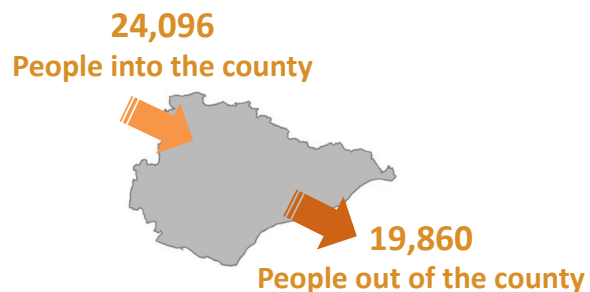
Income quintiles refer to data on income that has been divided into five equally sized groups. In the profile, comparisons for a given indicator are made across these income groups.

WHO WE ARE ABOUT EAST SUSSEX

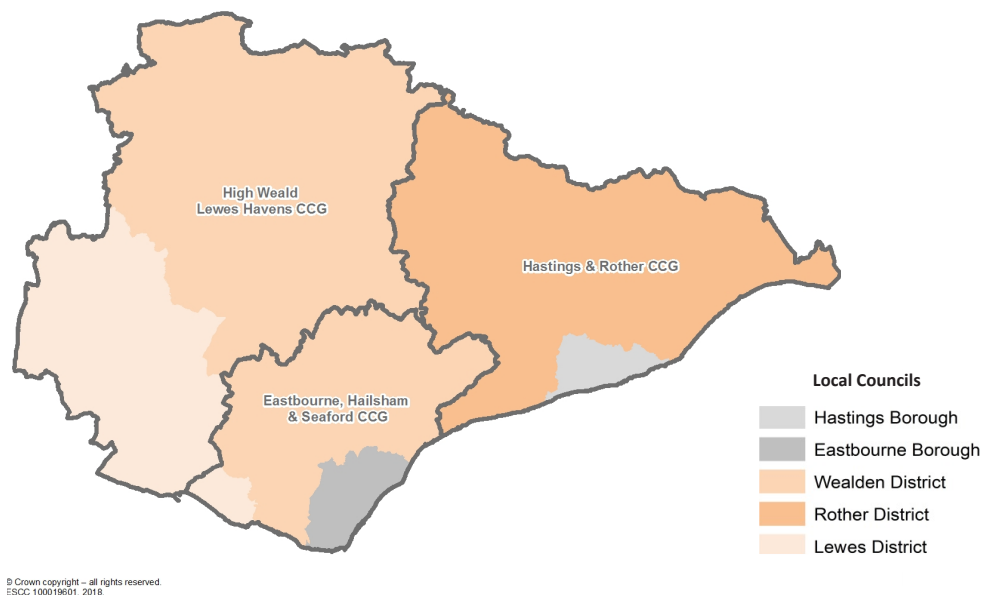
1. OUR POPULATION



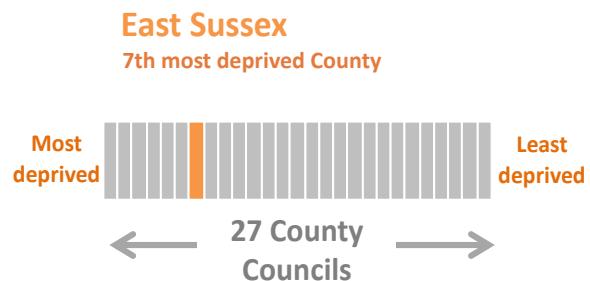
3. WE ARE CHANGING (2017)



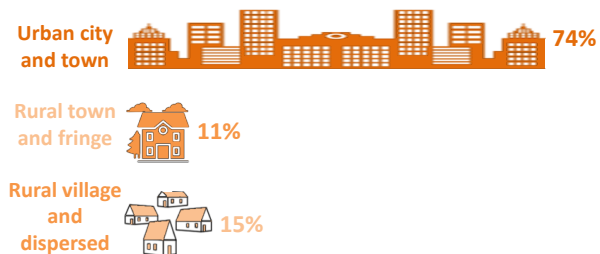
2. HEALTH AND LOCAL AUTHORITY GEOGRAPHIES



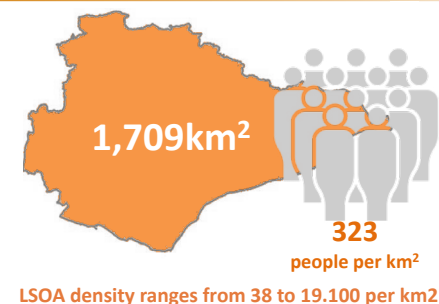
4. DEPRIVATION, INDEX OF MULTIPLE DEPRIVATION, 2015



5. WHERE WE LIVE

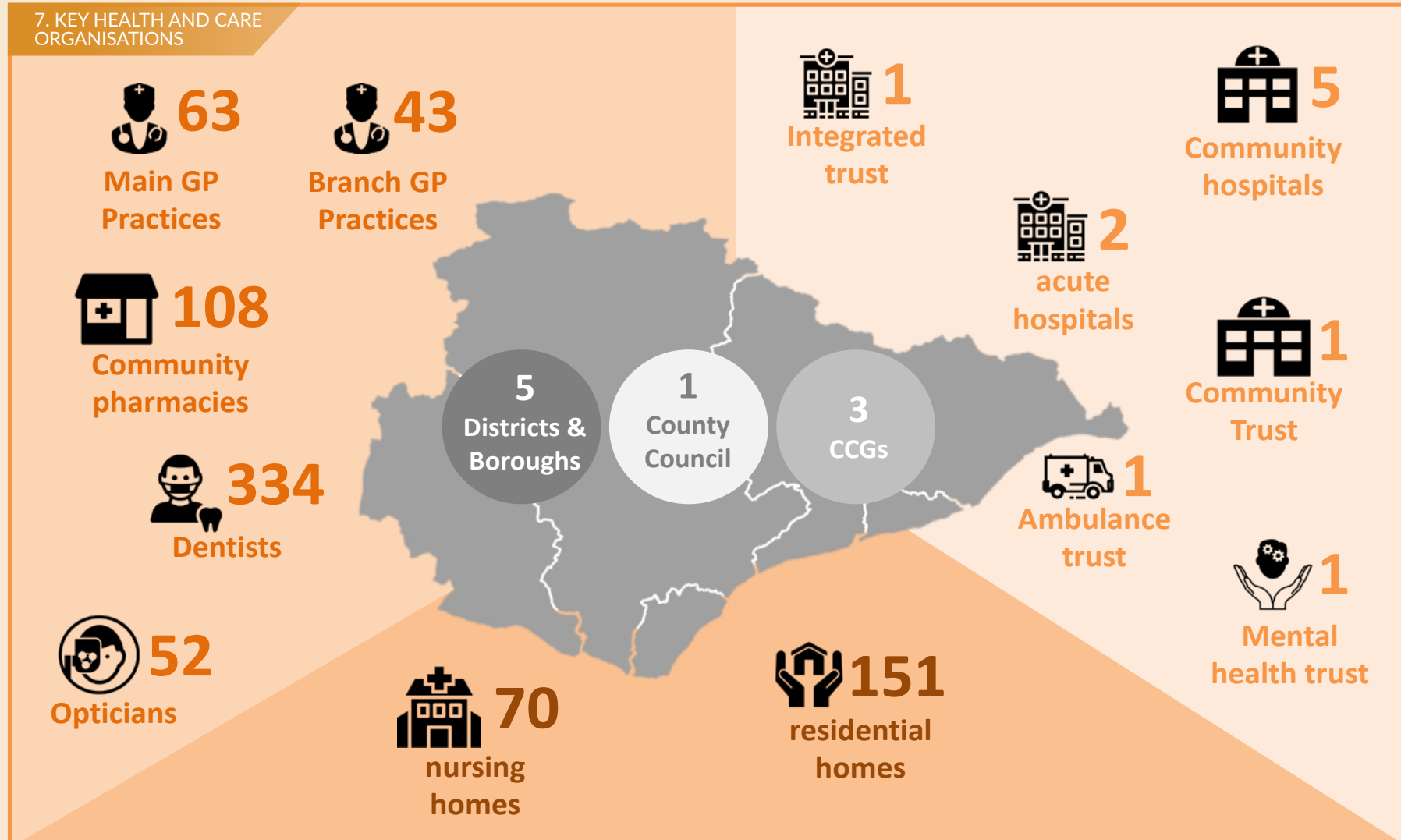


6. OUR COUNTY



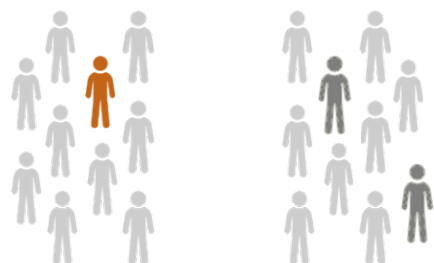
WHO WE ARE

HEALTH AND CARE ORGANISATIONS



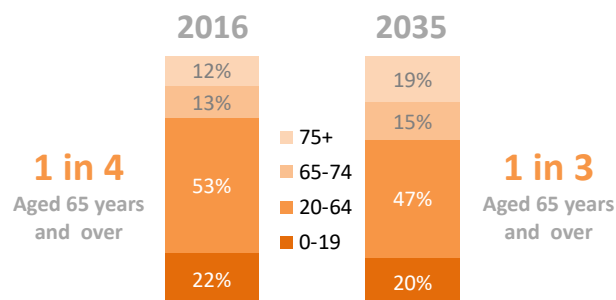
WHO WE ARE PEOPLE

8. ETHNICITY, 2011



Identify as non White British/Northern Irish

9. POPULATION AGE STRUCTURE AND PREDICTED CHANGE

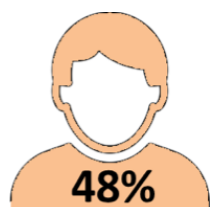


10. LONG TERM LIMITING ILLNESS OR DISABILITY, 2011



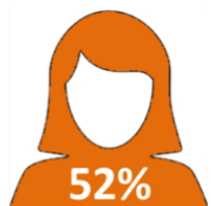
20% people have a
Long Term Limiting Illness or disability
18% England

11. GENDER, 2017



267,500
males

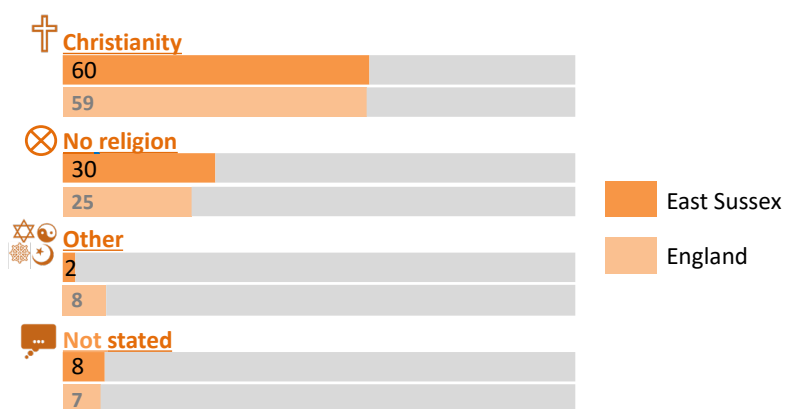
48%



284,800
females

52%

12. RELIGIOUS BELIEF, 2011



13. SEXUAL ORIENTATION, 2017

3%

identify as

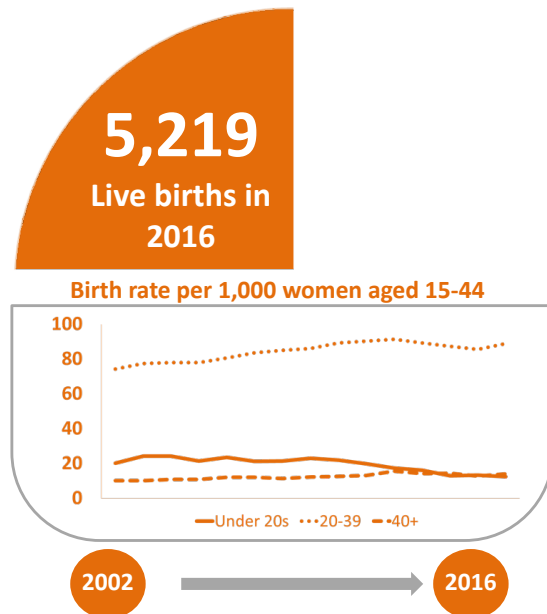
LGBT+

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

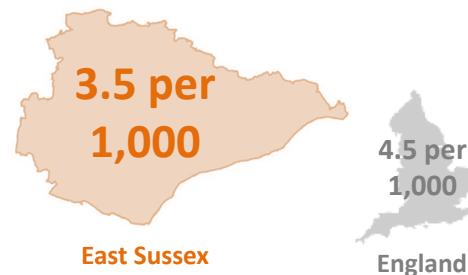
WHO WE ARE

BIRTHS AND DEATHS

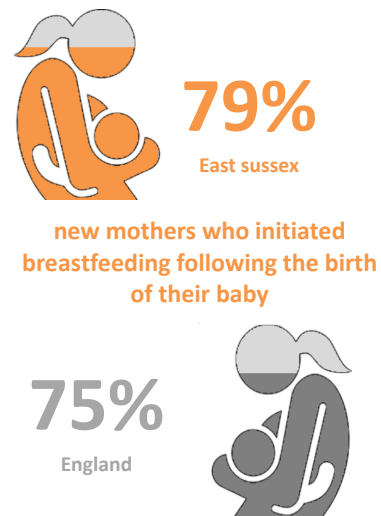
14. NUMBER OF BIRTHS



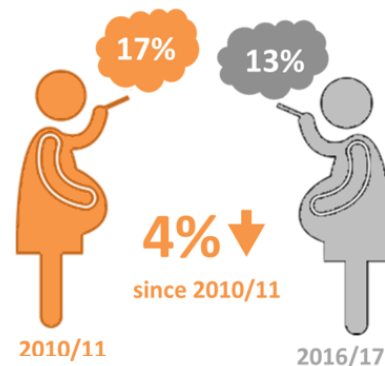
17. RATE OF STILLBIRTHS 2014/16



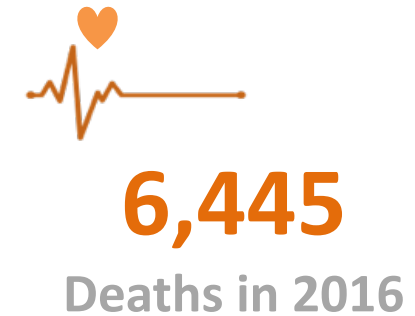
15. BREASTFEEDING INITIATION, 2016/17



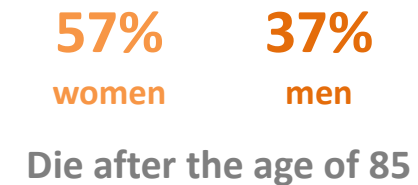
18. SMOKING AT TIME OF DELIVERY



16. NUMBER OF DEATHS

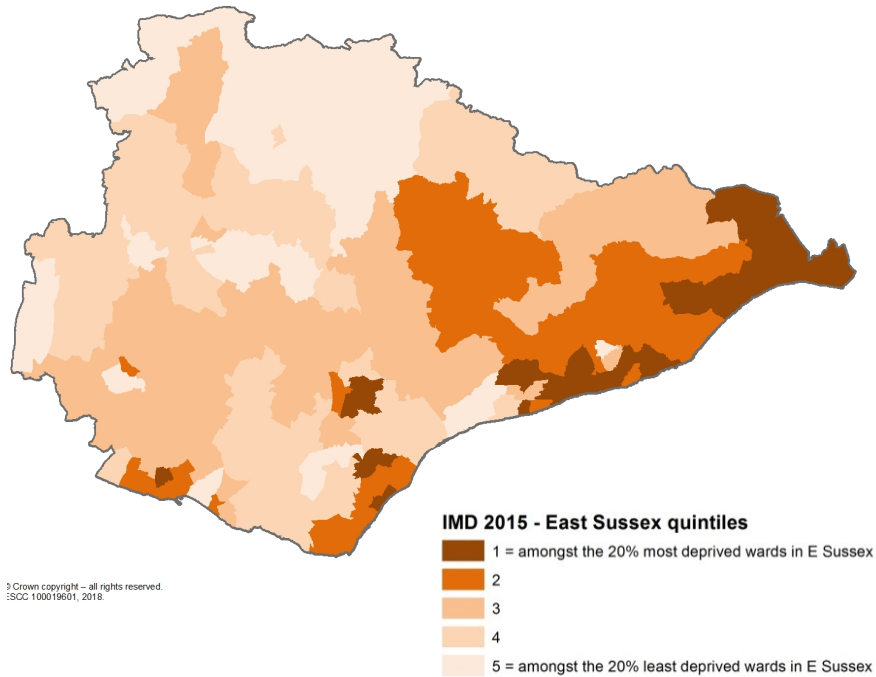


19. AGE AT DEATH

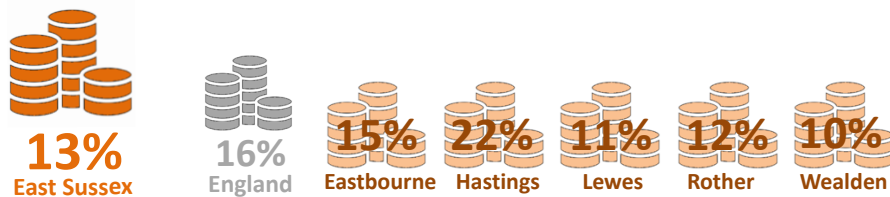


WHO WE ARE DEPRIVATION

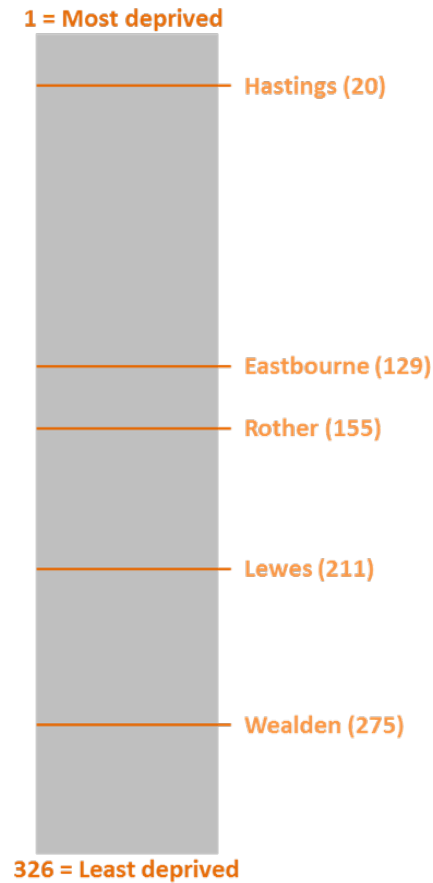
20. DEPRIVATION IN EAST SUSSEX



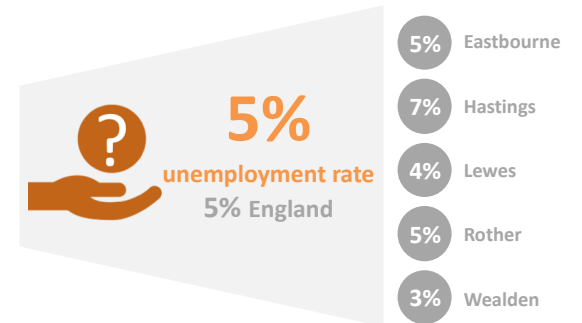
21. PEOPLE AGED 65 AND OVER LIVING IN POVERTY, 2015



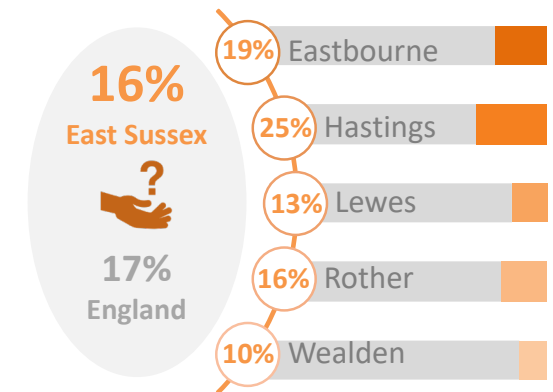
22. DEPRIVATION BY LOWER TIER LOCAL AUTHORITY, INDEX OF MULTIPLE DEPRIVATION, 2015



23. UNEMPLOYMENT, 2016

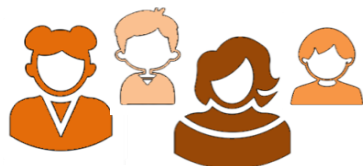


24. CHILDREN AGED 16 AND UNDER IN LOW INCOME FAMILIES, 2015



WHO WE ARE BETTER BEGINNINGS

25. OUR YOUNG POPULATION

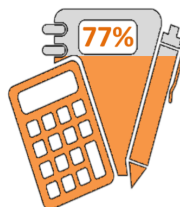


112,300

Children and young people aged 0-18, 2017

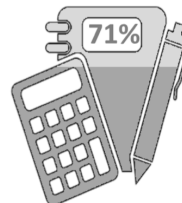
26. SCHOOL READINESS

East Sussex

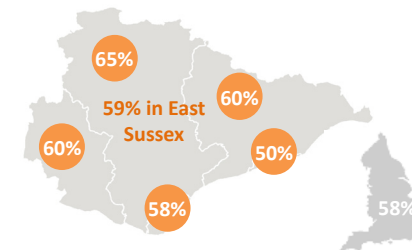


Children attaining a good level of development at the end of reception, 2016/17

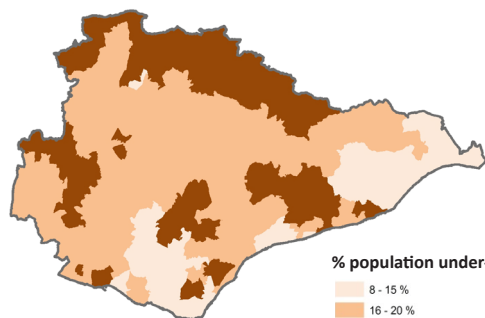
England



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



28. WHERE YOUNG PEOPLE LIVE



% population under-18, 2016

8 - 15 %
16 - 20 %
21 - 27 %

29. EDUCATION AND HEALTH CARE PLAN, 2016



13%
East Sussex
14%
England

30. HAPPINESS, 2017



Year 6



Year 10

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

33. 0-18 YEAR OLDS, 2017

57,800
males
(51%)



54,500
females
(49%)



31. WELLBEING, 2017

34% Year 6

14% Year 10



surveyed had a score indicating high wellbeing



32. NOT IN EDUCATION EMPLOYMENT OR TRAINING, 2016

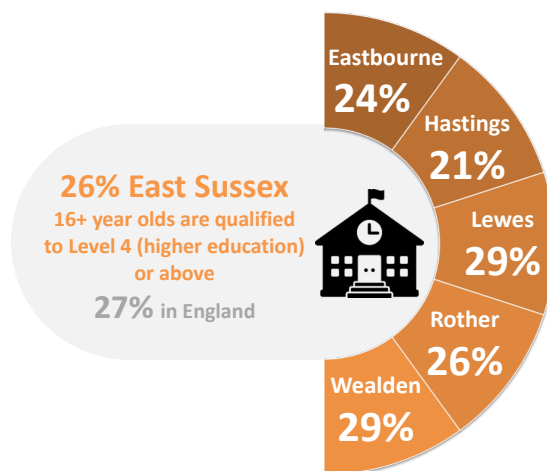
5%
East Sussex

6%
England

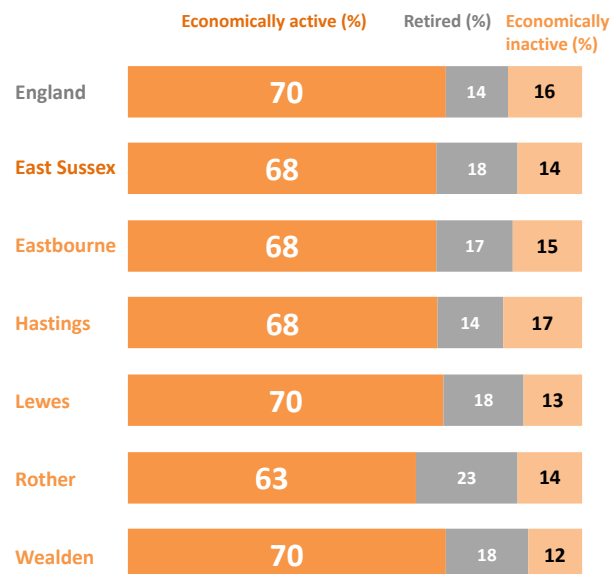
WHO WE ARE

FAIR EMPLOYMENT/WORK

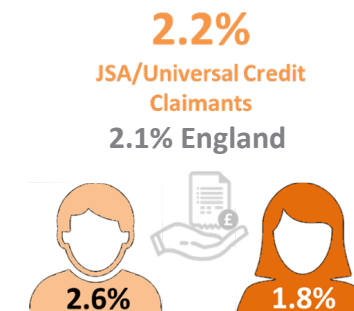
34. QUALIFICATIONS, 2011



35. EMPLOYMENT STATUS, 2011



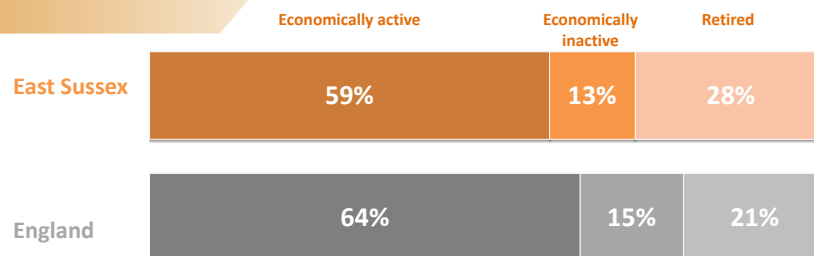
36. UNIVERSAL CREDIT CLAIMANTS, JULY 2018



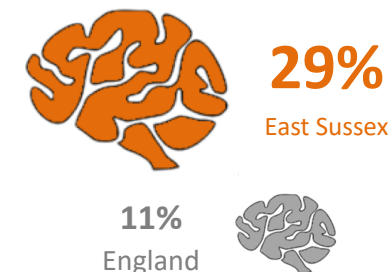
38. SUPPORTED ADULTS WITH LEARNING DISABILITIES IN PAID EMPLOYMENT, 2015/16



37. EMPLOYMENT OF UNPAID CARERS, 2011



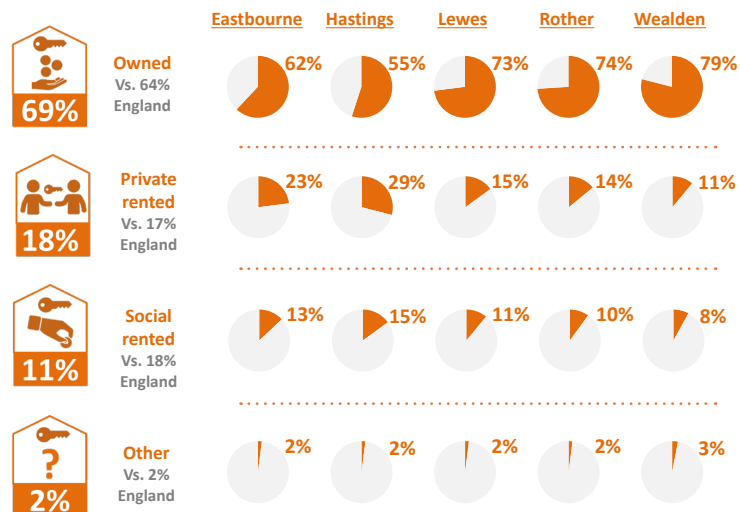
39. SOCIAL CARE CLIENTS ON SELF-DIRECTED PAYMENTS, MENTAL HEALTH, 2013/14



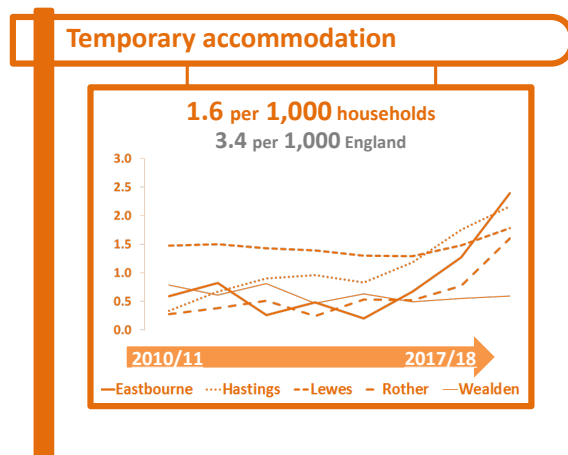
WHO WE ARE

STANDARD OF LIVING

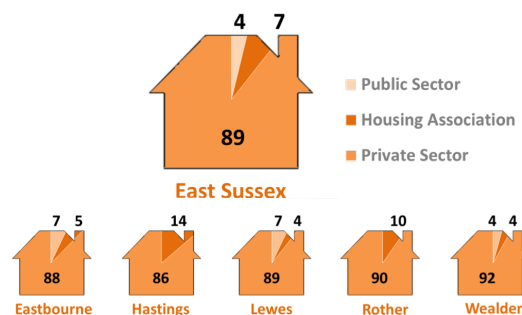
40. HOUSING TENURE, 2011



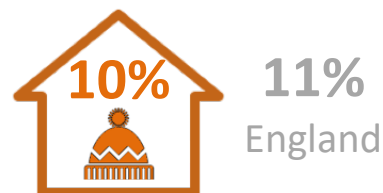
43. HOUSEHOLDS IN TEMPORARY ACCOMMODATION



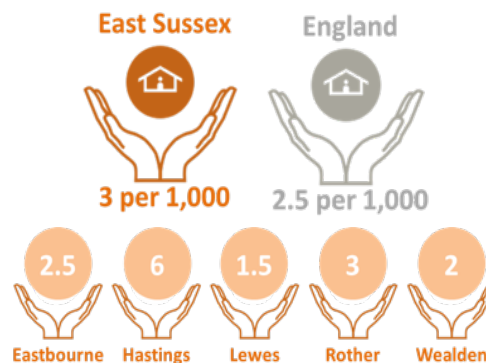
41. HOUSING STOCK, 2017



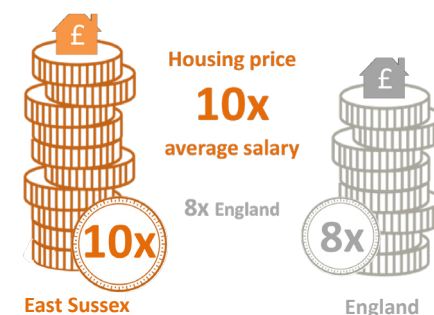
44. FUEL POVERTY, 2016



46. HOMELESS HOUSEHOLDS IN PRIORITY NEED, 2017/18



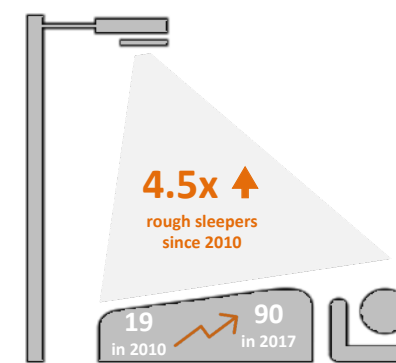
42. HOUSING AFFORDABILITY, 2017



45. OVERCROWDING, 2011



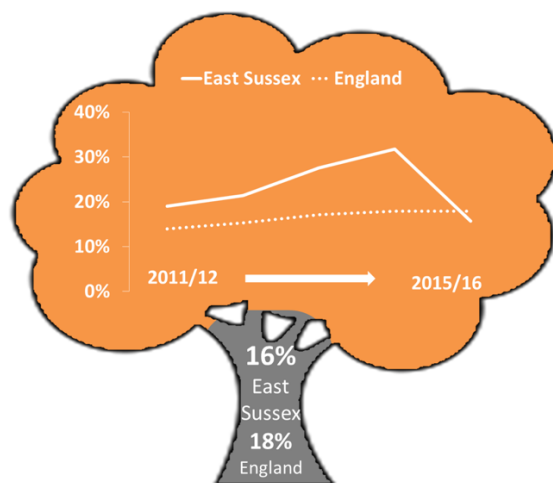
47. ROUGH SLEEPERS



WHO WE ARE

HEALTHY PLACES

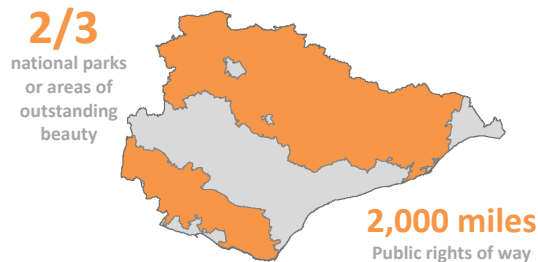
48. USE OF OUTDOOR SPACE FOR EXERCISE/HEALTH REASONS BY PEOPLE AGED 16+



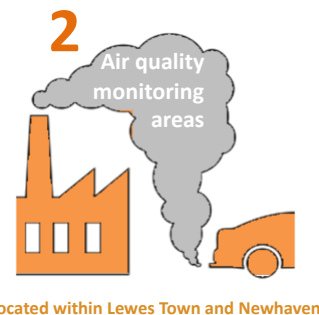
Have used outdoor space for health or exercise over the past week

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

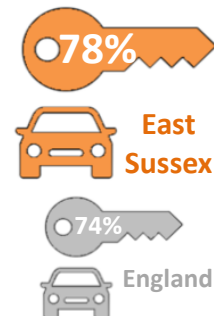
54. GREEN SPACE IN EAST SUSSEX



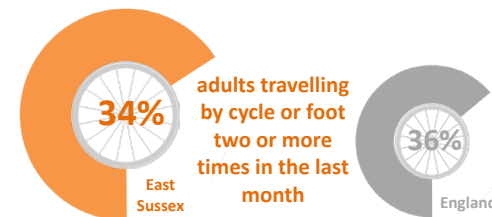
49. AIR QUALITY



50. CAR OWNERSHIP, 2011



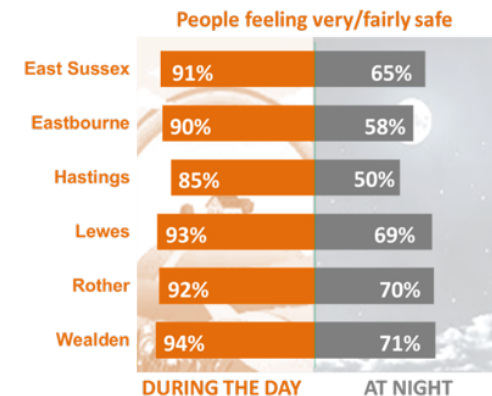
51. ACTIVE TRAVEL, NOVEMBER 2016/17



52. SENSE OF BELONGING, 2017



53. FEELINGS SAFE, 2017



55. TRANSPORT NETWORK, 2017



WHO WE ARE

ASSETS

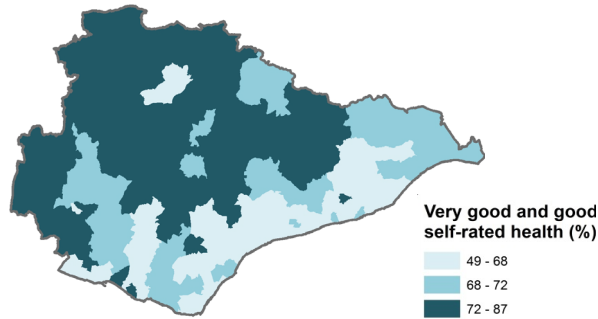
56. 2017 EAST SUSSEX COMMUNITY SURVEY



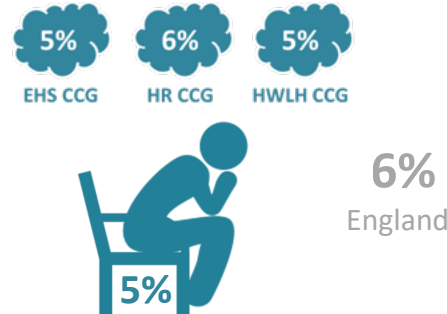
HOW HEALTHY ARE WE

HEALTH STATUS

57. SELF REPORTED GOOD HEALTH, 2018



58. SELF REPORTED POOR MENTAL HEALTH, 2016/17



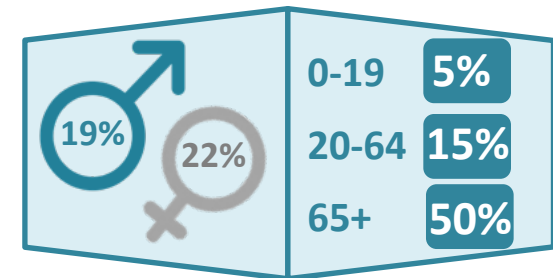
59. LONG TERM LIMITING ILLNESS OR DISABILITY, 2011



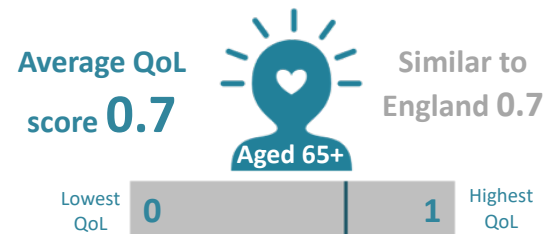
60. WELLBEING SCORE, 2018



61. LOW LIFE SATISFACTION, 2016/17



62. HEALTH RELATED QUALITY OF LIFE, 2011



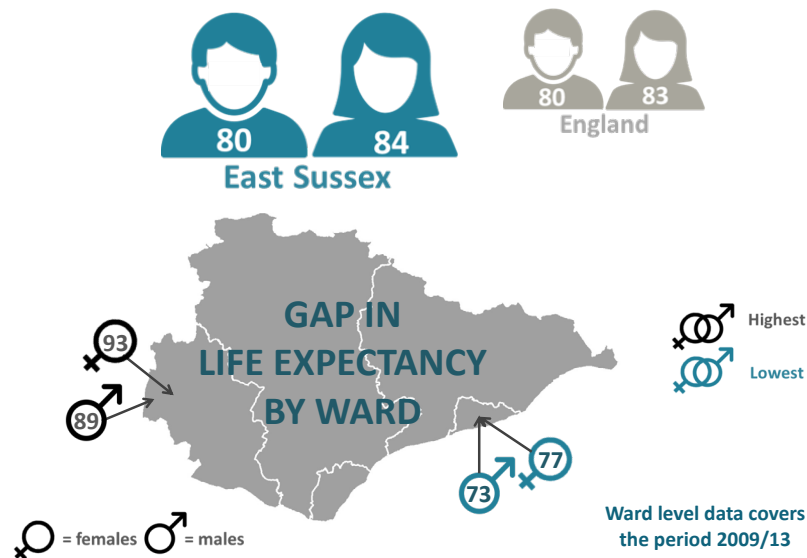
63. DISABILITY BENEFITS, 2016



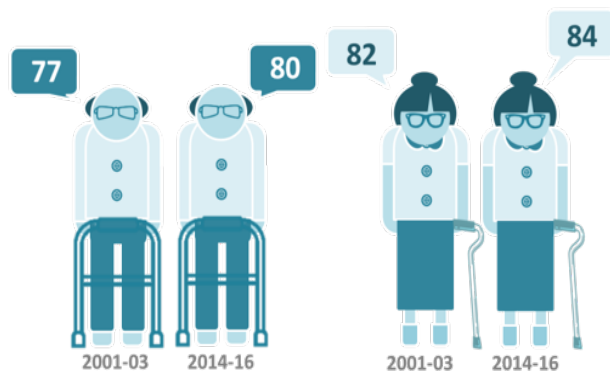
HOW HEALTHY ARE WE

LIFE EXPECTANCY

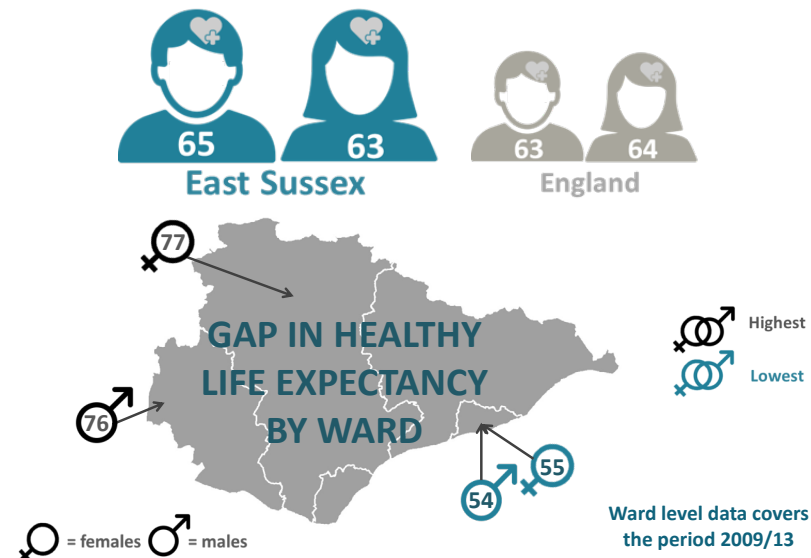
64. LIFE EXPECTANCY, 2014/16



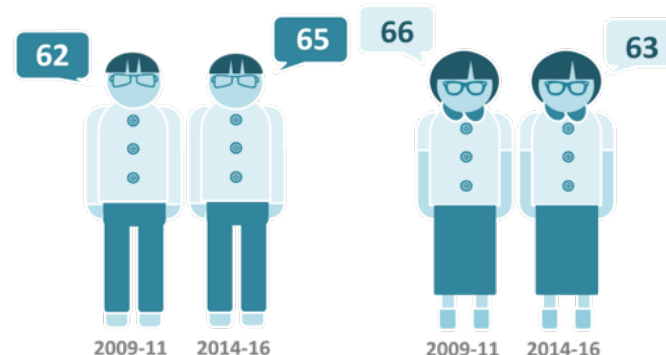
66. CHANGES IN LIFE EXPECTANCY



65. HEALTHY LIFE EXPECTANCY, 2014/16



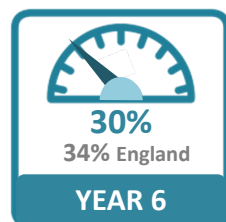
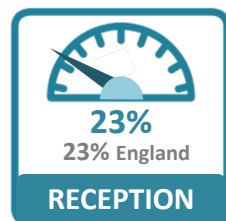
67. CHANGES IN A HEALTHY LIFE EXPECTANCY



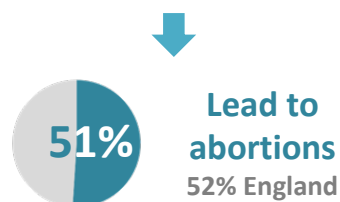
HOW HEALTHY ARE WE

START WELL

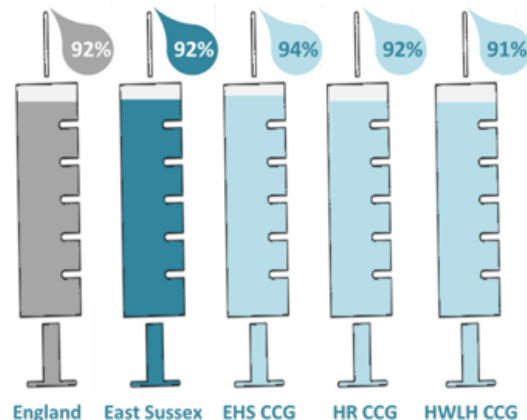
68. OBESE AND OVERWEIGHT, 2016/17



71. TEEN CONCEPTIONS AND TERMINATIONS, 2016



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



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



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

Health Related Behaviour Survey 2017 – YEAR 10

Bullied in the last 12 months



Had alcohol in the last week



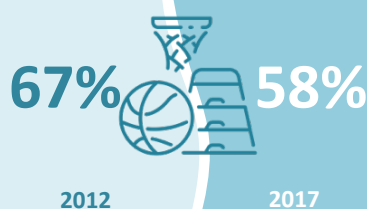
Had a cigarette in the last week



Have ever taken cannabis



Exercised hard 3+ days last week



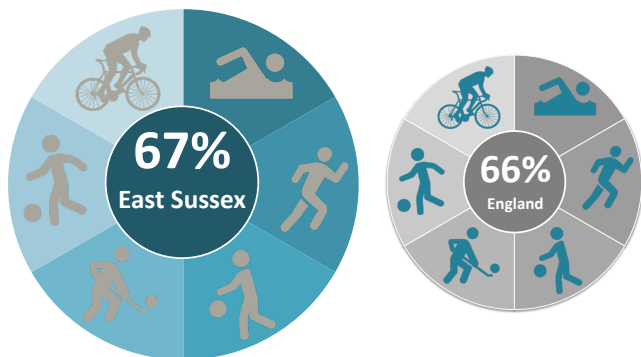
Ate 5 a day on previous day



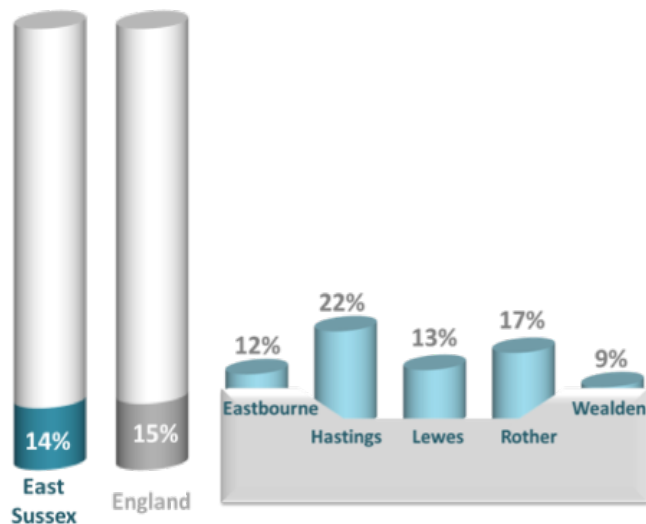
HOW HEALTHY ARE WE

BETTER LIVING

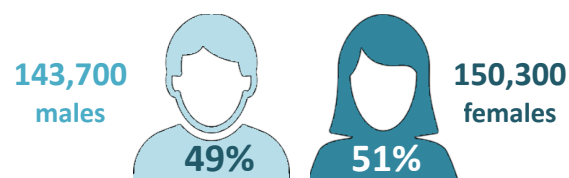
73. PHYSICALLY ACTIVE, 2016/17



76. SMOKING PREVALENCE, 2017



74. POPULATION AGED 20-64, 2017



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



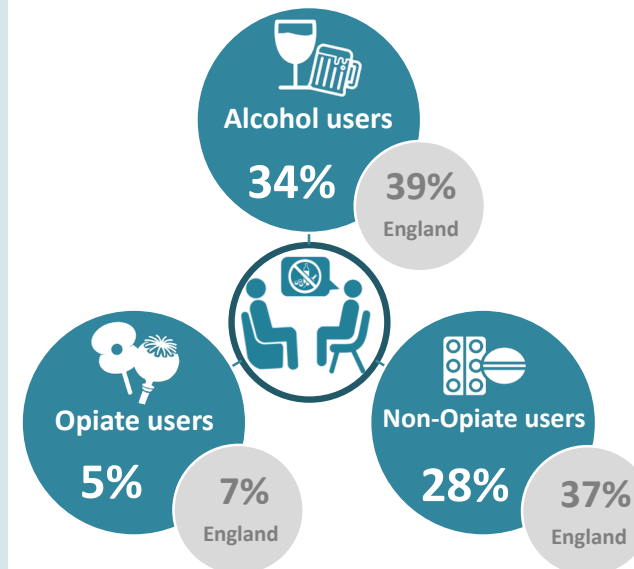
79. BINGE DRINKING, 2011-14



75. PHYSICALLY INACTIVE, 2016/17



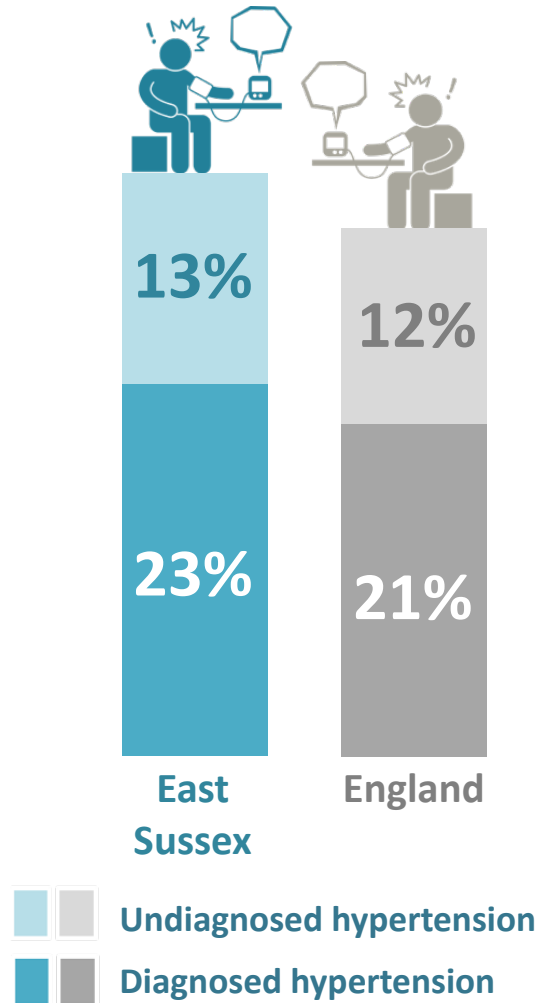
78. COMPLETED TREATMENTS FOR SUBSTANCE MISUSE, 2016



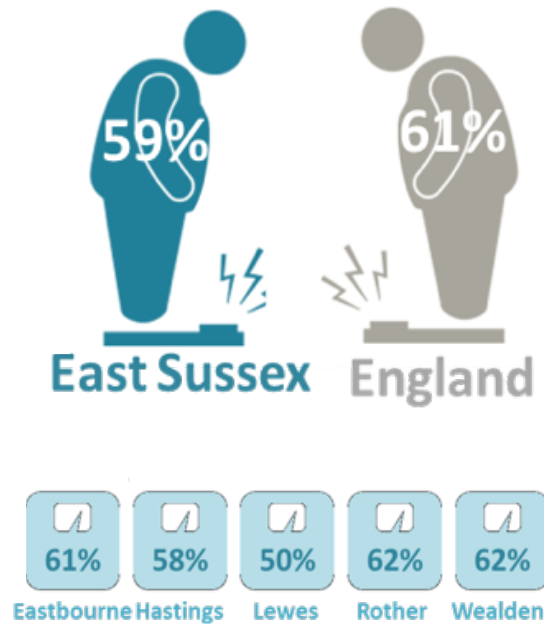
HOW HEALTHY ARE WE

RISK CONDITIONS

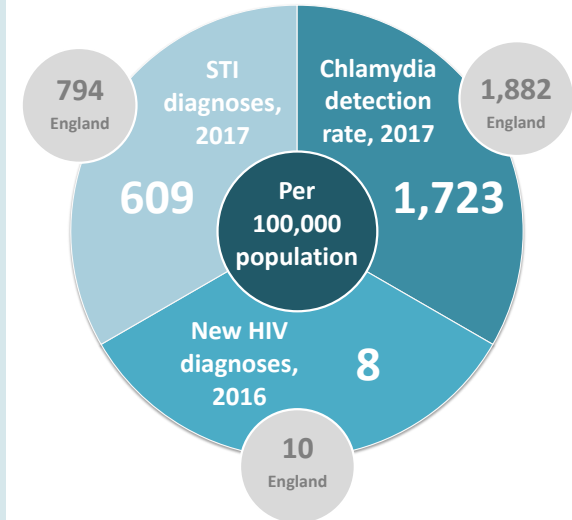
80. HYPERTENSION, 2015



81. OBESE OR OVERWEIGHT, 2016/17



82. SEXUAL HEALTH



83. ESTIMATED PREVALENCE OF NON-DIABETIC HYPERGLYCAEMIA, 2015



HOW HEALTHY ARE WE

PHYSICAL ILLNESS

CORONARY HEART DISEASE (CHD)

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



East Sussex



England

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



East Sussex



England

RESPIRATORY DISEASE

88. CHRONIC OBSTRUCTIVE PULMONARY DISEASE PREVALENCE, 2016/17



East Sussex

2% England

2% EHS CCG

2.5% HR CCG

1.5% HWLH CCG

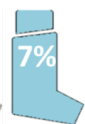
89. ASTHMA PREVALENCE BY CCG PRACTICE POPULATION 2016/17



East Sussex



England



EHS CCG



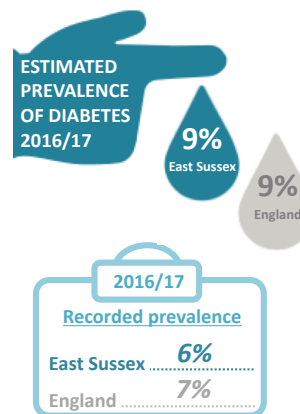
HR CCG



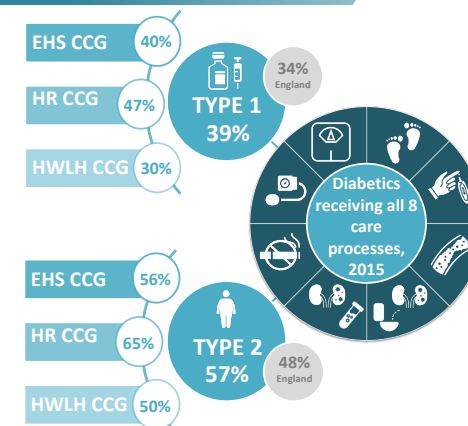
HWLH CCG

DIABETES

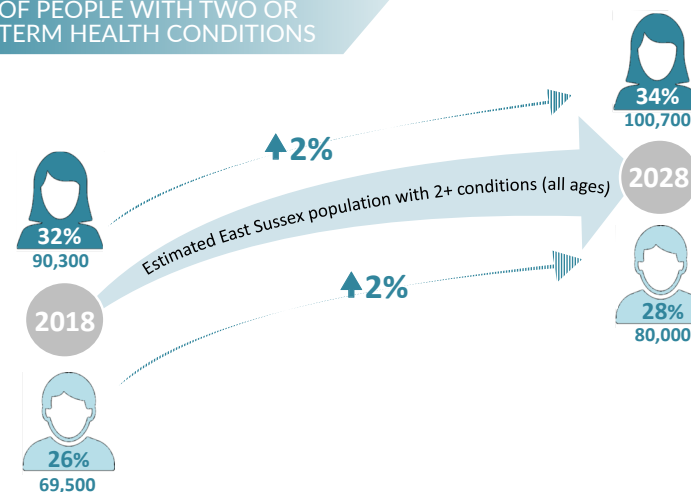
86. ESTIMATED PREVALENCE OF DIABETES, 2016/17



87. RECEIVING ALL 8 DIABETES CARE PROCESSES, 2015



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



HOW HEALTHY ARE WE

MENTAL ILLNESS

COMMON AND SEVERE MENTAL ILLNESS

91. ONSET OF MENTAL ILLNESS



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

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

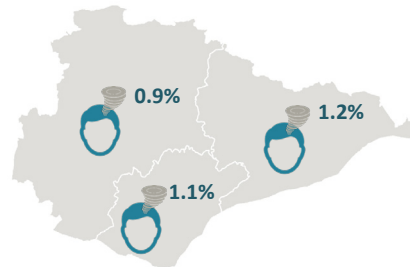
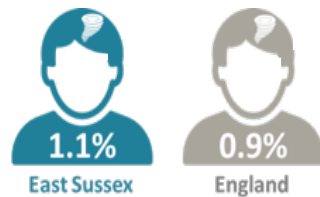


94. ESTIMATED PREVALENCE OF MENTAL HEALTH CONDITIONS

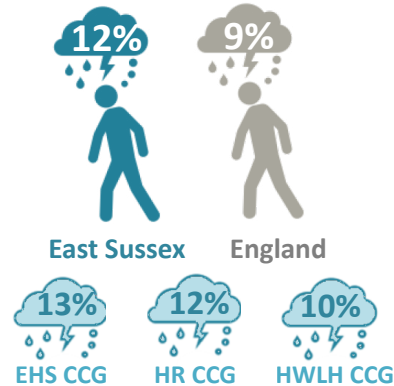


Has a mental health condition at any one time

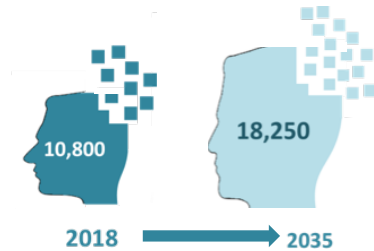
95. GP RECORDED PREVALENCE OF SEVERE MENTAL ILLNESS, 2016/17



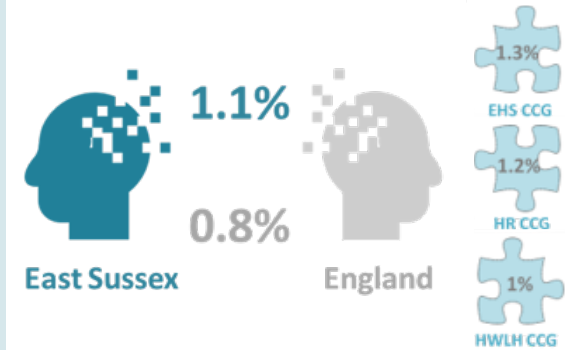
96. GP RECORDED PREVALENCE OF DEPRESSION, 2016/17



93. PREDICTED DEMENTIA CASES



97. GP RECORDED PREVALENCE OF DEMENTIA, 2016/17



98. PREVENTING DEMENTIA

Approximately
1 in 3



could be prevented through lifestyle and social changes

HOW HEALTHY ARE WE

SCREENING AND CANCER

99. CANCER



11,325

New cases of cancer, 2014/16



547 England

Incidence of cancer, 2014-16



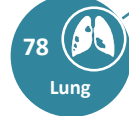
674 England



Cases of cancer per 100,000 population 2014-16

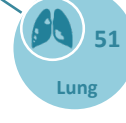


Males

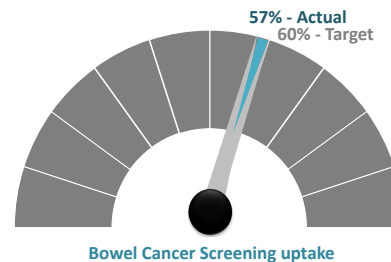
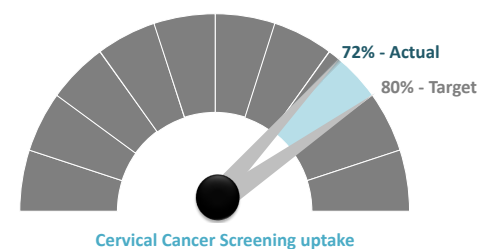
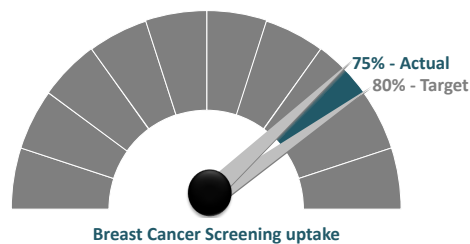
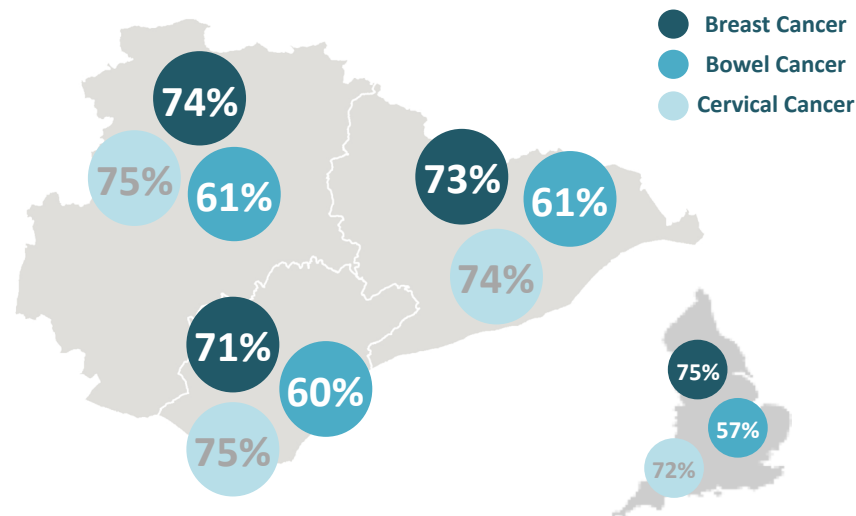


Most common cancers in East Sussex 2014/16 (per 100,000)

Females



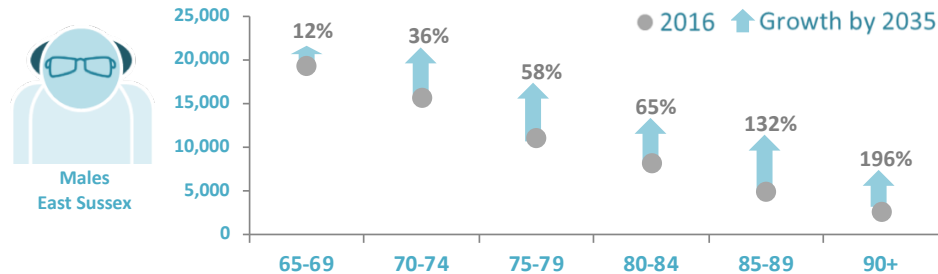
100. CANCER SCREENING UPTAKE, 2016/17



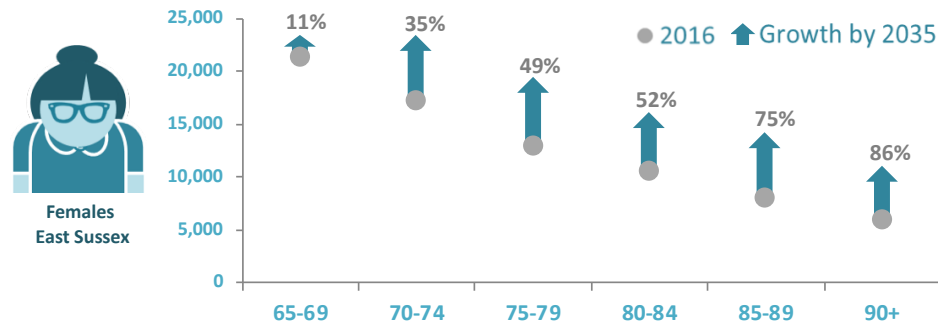
HOW HEALTHY ARE WE

BETTER AGEING

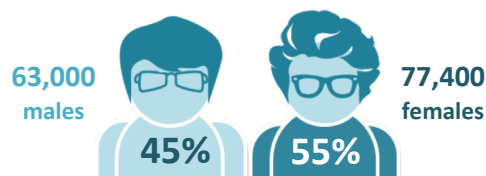
101. POPULATION GROWTH IN PEOPLE AGED 65 AND OVER



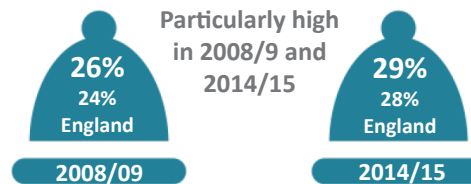
By 2035 there is a projected 46% growth in the population aged 65+



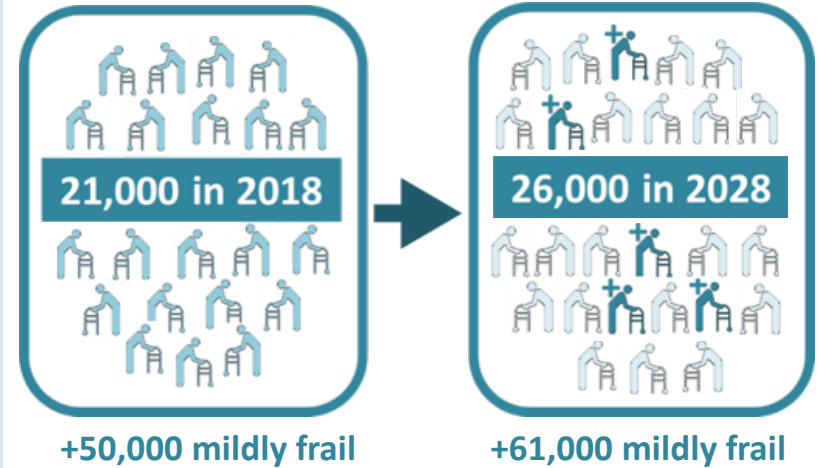
103. POPULATION AGED 65 AND OVER, 2017



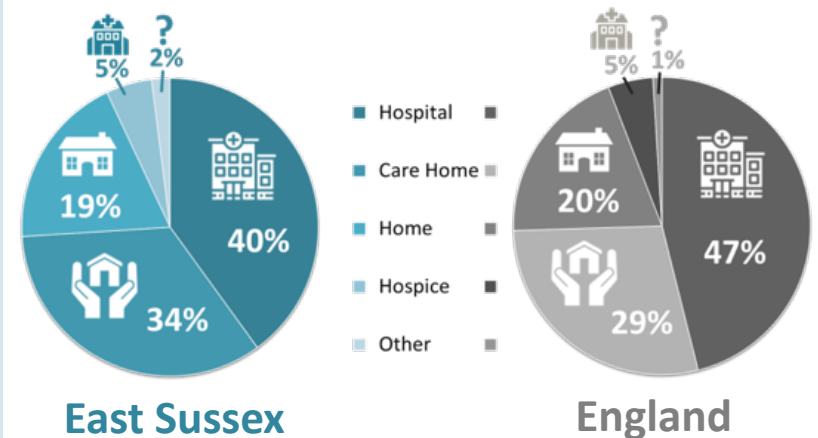
104. EXCESS WINTER DEATHS



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



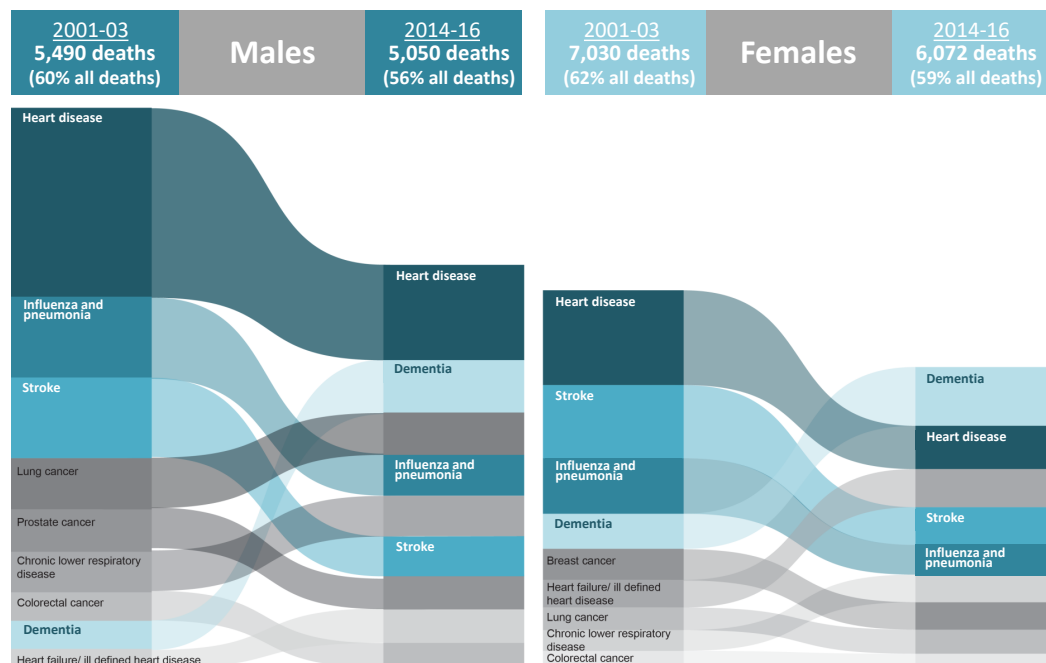
105. PLACE OF DEATH 65 AND OVER, 2016



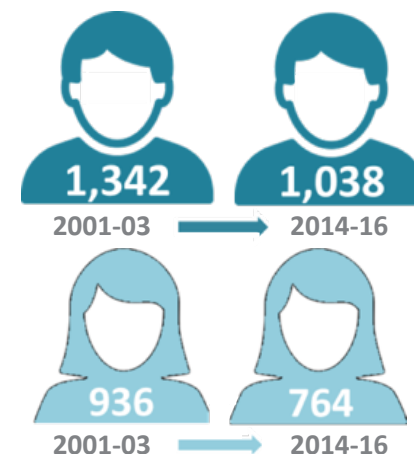
HOW HEALTHY ARE WE

MORTALITY

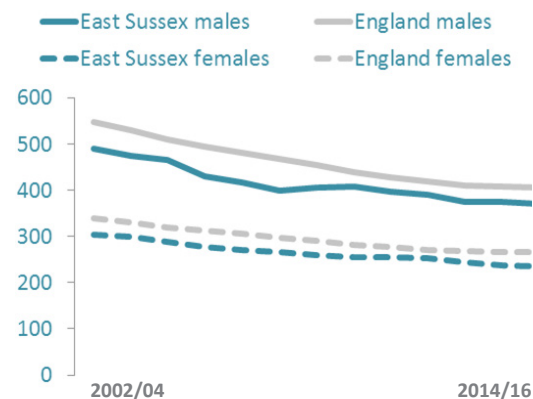
106. LEADING CAUSES OF DEATH, AGE-STANDARDISED RATE PER 100,000



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



110. PREMATURE DEATH - ALL CAUSES, PER 100,000 UNDER 75 POPULATION



108. ALCOHOL AND SUBSTANCE MISUSE MORTALITY, PER 100,000 POPULATION



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



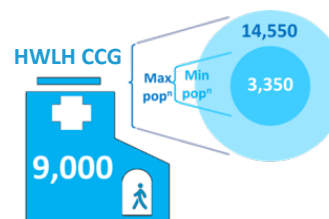
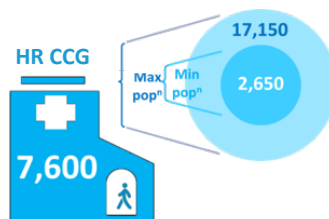
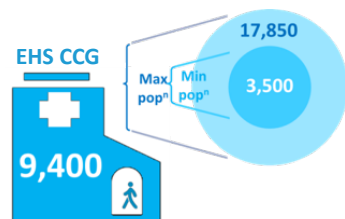
HOW WE USE SERVICES

PRIMARY CARE

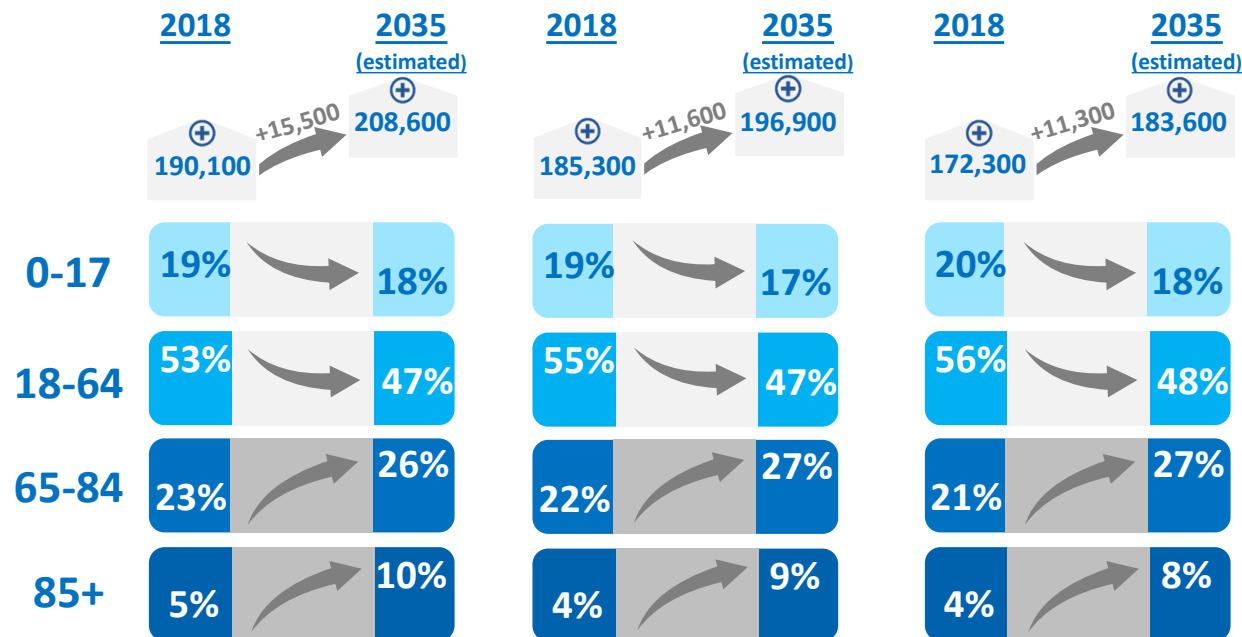
111. PRIMARY CARE PROVISION PER 1,000 POPULATION



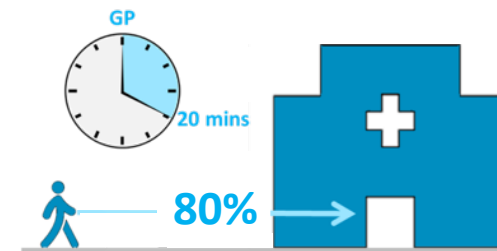
112. AVERAGE PRACTICE POPULATION



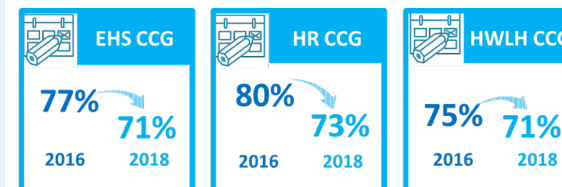
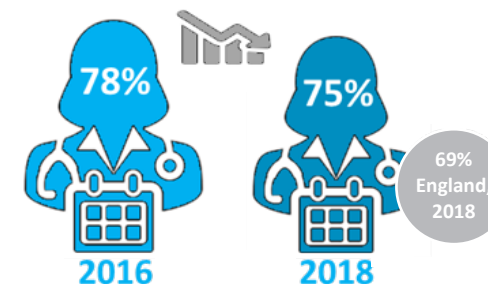
114. PRACTICE POPULATIONS



113. 20 MINUTES WALK TO GP, SEPTEMBER 2018



115. GOOD EXPERIENCE OF MAKING A GP APPOINTMENT

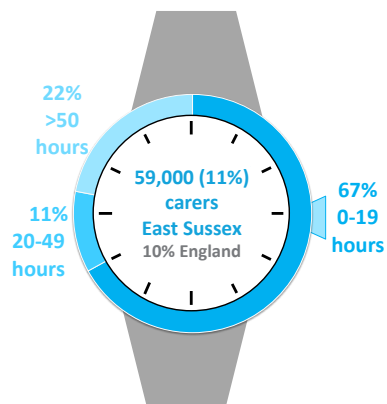


HOW WE USE SERVICES

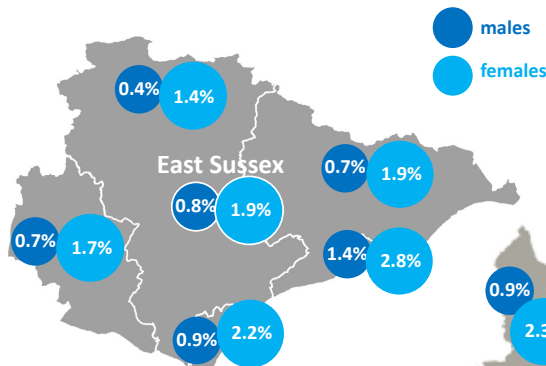
SOCIAL CARE

CARERS

116. HOURS SPENT CARING PER WEEK, 2011

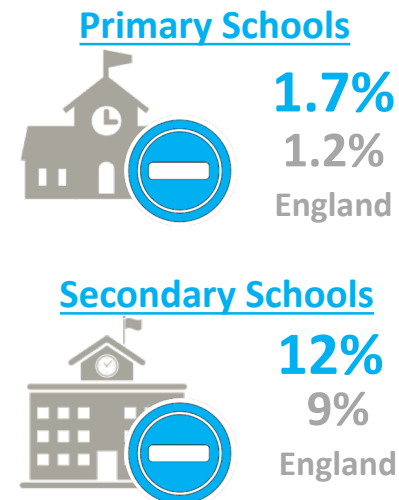


117. CARERS ALLOWANCE CLAIMANTS, AGED 16+, FEBRUARY 2018

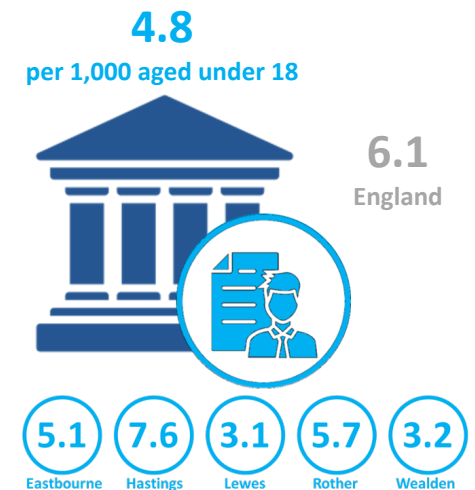


CHILDREN

118. FIXED TERM EXCLUSIONS, 2015/16

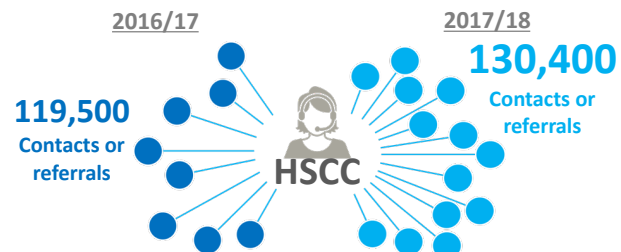


119. LOOKED AFTER CHILDREN, MARCH 2017

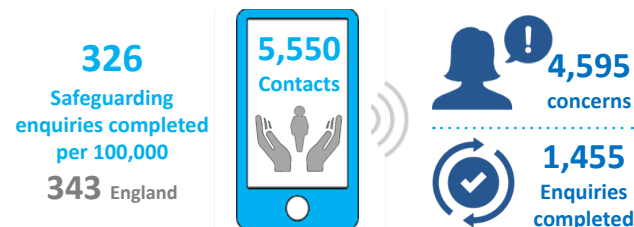


ADULTS

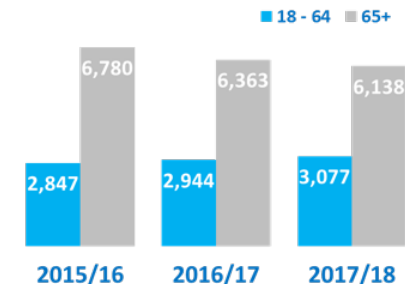
120. HEALTH AND SOCIAL CARE CONNECT (HSCC) CONTACTS AND REFERRALS



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



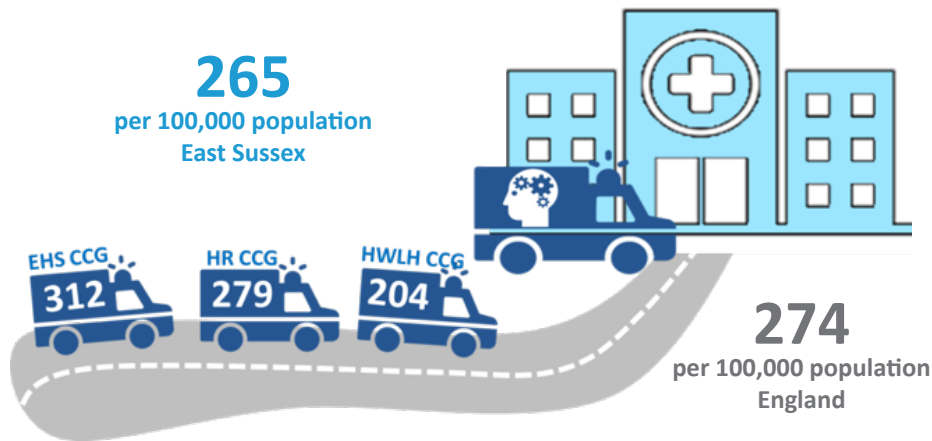
122. RECEIVING LONG TERM SUPPORT



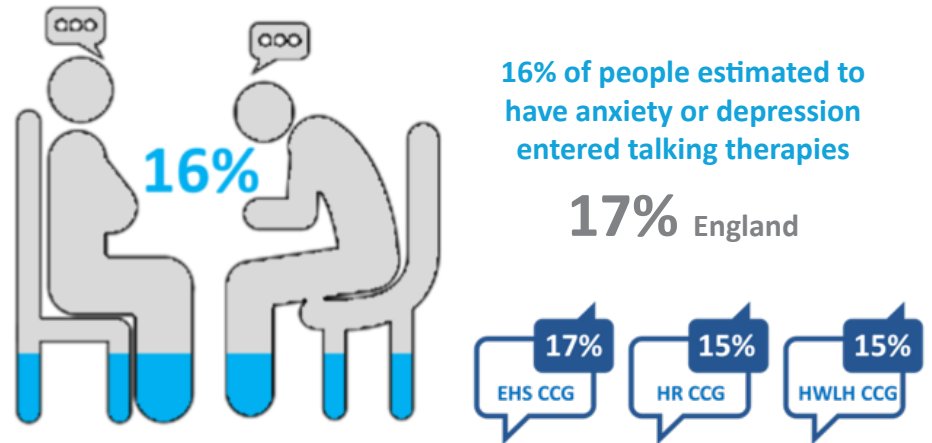
HOW WE USE SERVICES

MENTAL HEALTH SERVICES

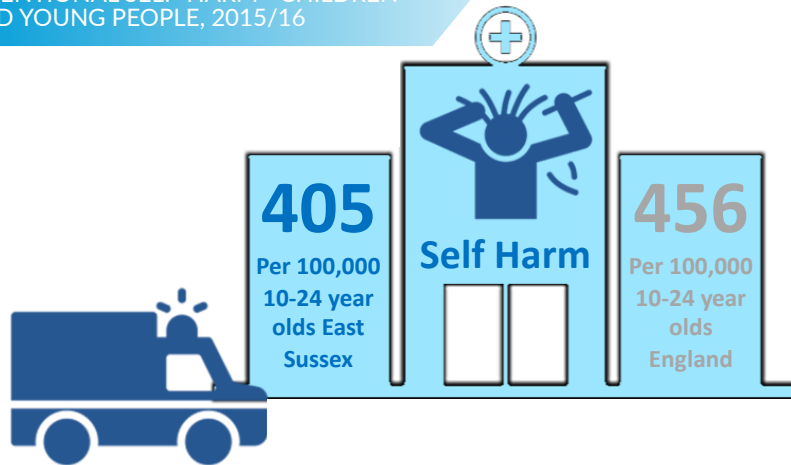
123. MENTAL HEALTH HOSPITAL ADMISSIONS, Q4 2018



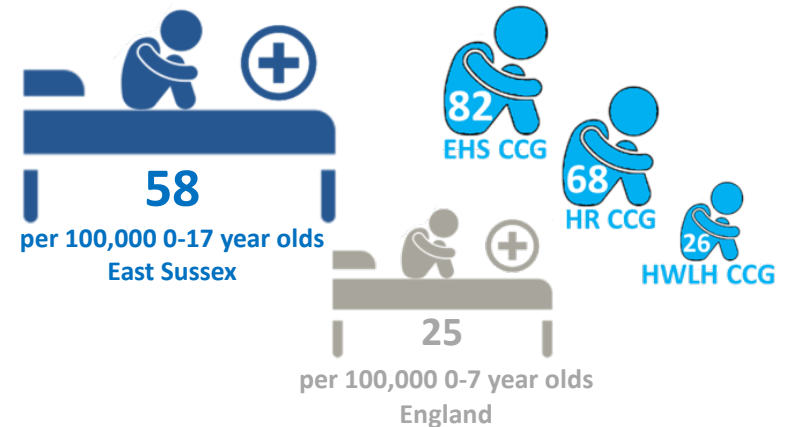
124. PEOPLE ENTERING TALKING THERAPIES, MARCH 2018



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



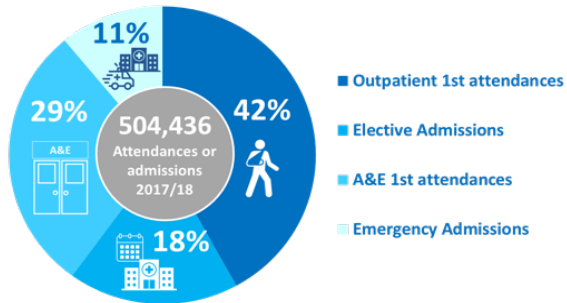
126. ADMISSIONS TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES WARDS, Q2 2016



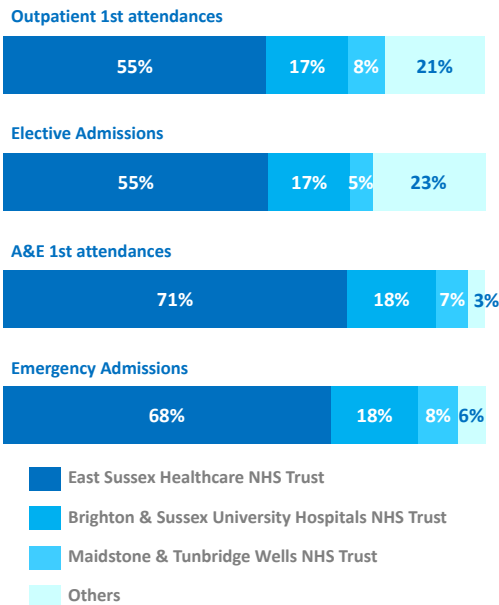
HOW WE USE SERVICES

HOSPITAL ACTIVITY

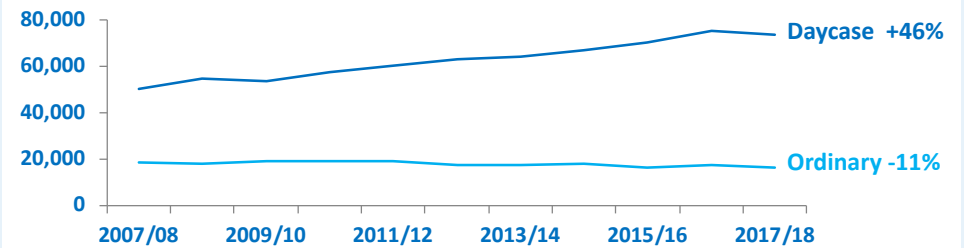
127. HOSPITAL ACTIVITY BY TYPE, 2017/18



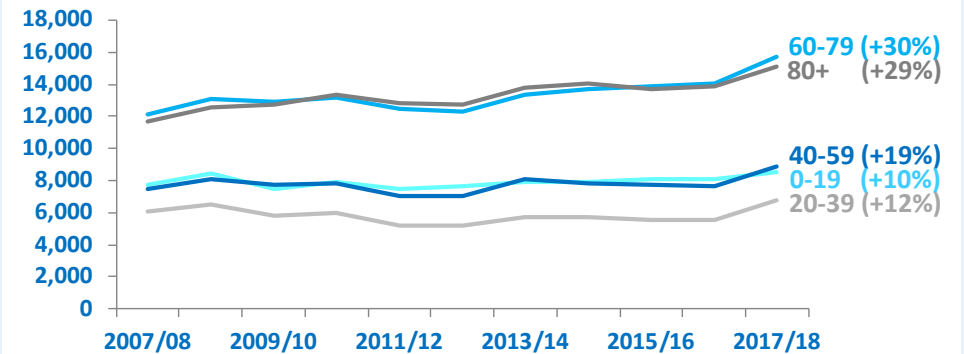
129. HOSPITAL ACTIVITY BY PROVIDER, 2017/18



128. ELECTIVE ADMISSIONS BY TYPE



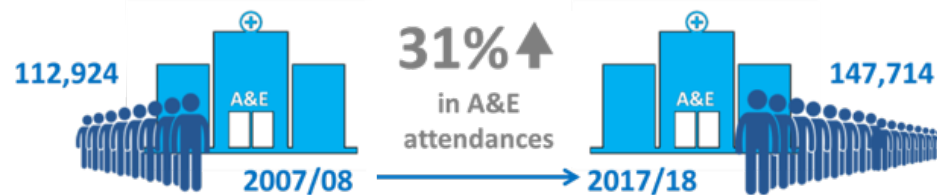
130. ELECTIVE ADMISSIONS BY AGE GROUP



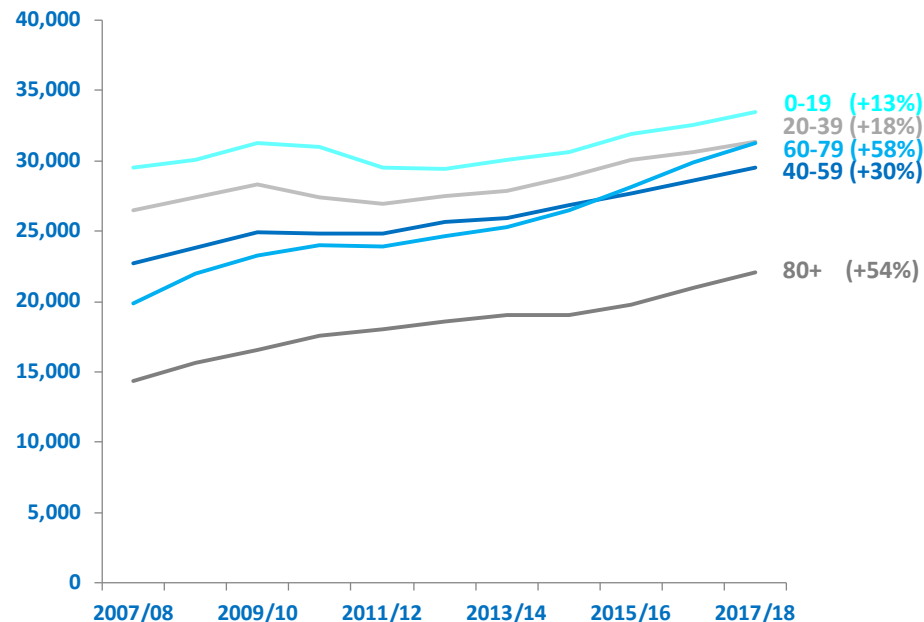
HOW WE USE SERVICES

HOSPITAL ACTIVITY

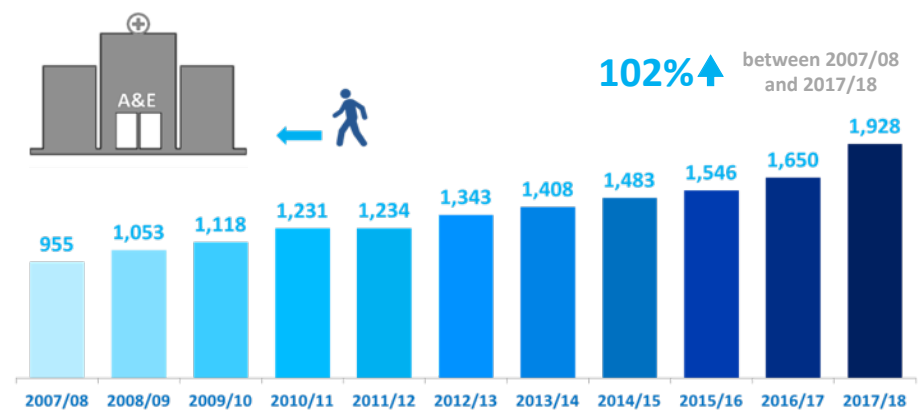
131. A&E ATTENDANCES



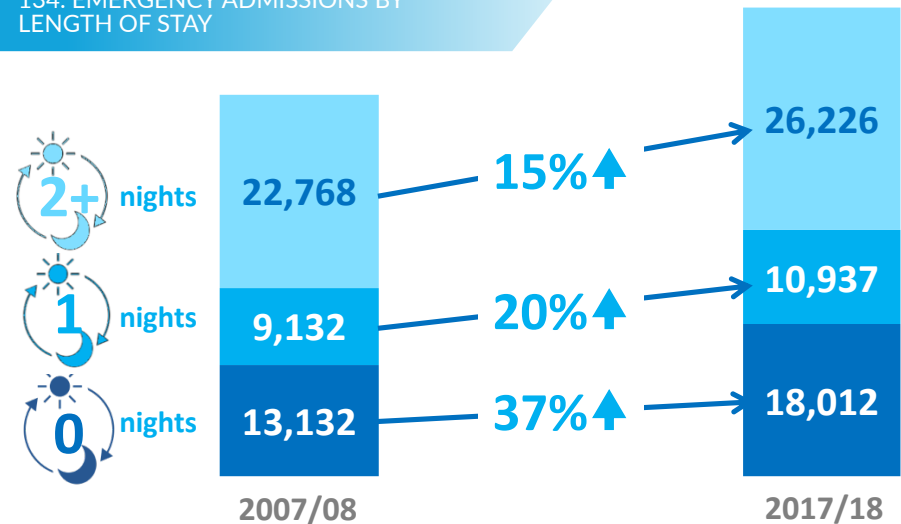
133. A&E ATTENDANCES BY AGE GROUP



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



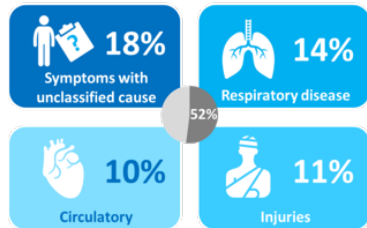
134. EMERGENCY ADMISSIONS BY LENGTH OF STAY



HOW WE USE SERVICES

HOSPITAL ACTIVITY

135. REASONS FOR EMERGENCY ADMISSIONS



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

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

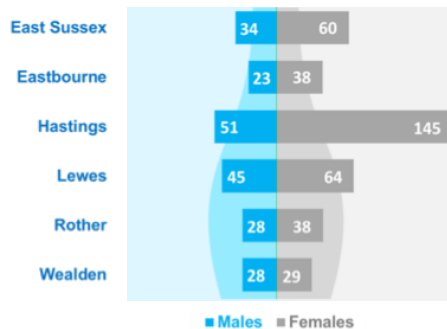


9,444
admissions

for conditions such as diabetes, epilepsy and high blood pressure

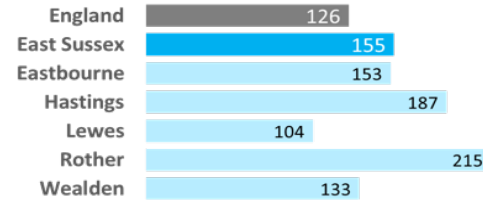


140. ADMISSIONS DUE TO ALCOHOL SPECIFIC CONDITIONS, UNDER 18 YEARS



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

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



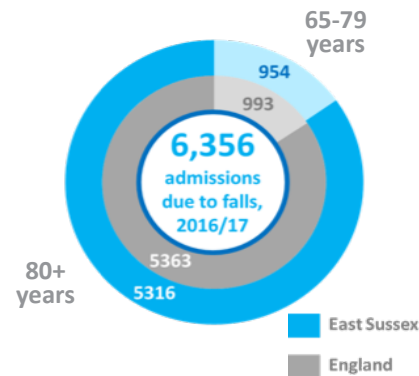
Rate per 10,000 0-4 year olds

138. ADMISSIONS DUE TO FALLS, 2016/17



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

2,114
Aged 65+
England

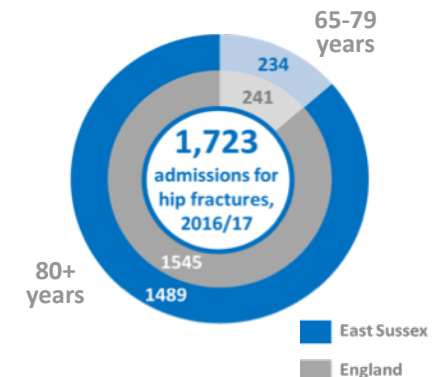


139. ADMISSIONS FOR HIP FRACTURES, 2016/17



556
Per 100,000
population aged
65 and over

575 England



PICTURE EAST SUSSEX

CONCLUSION

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

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

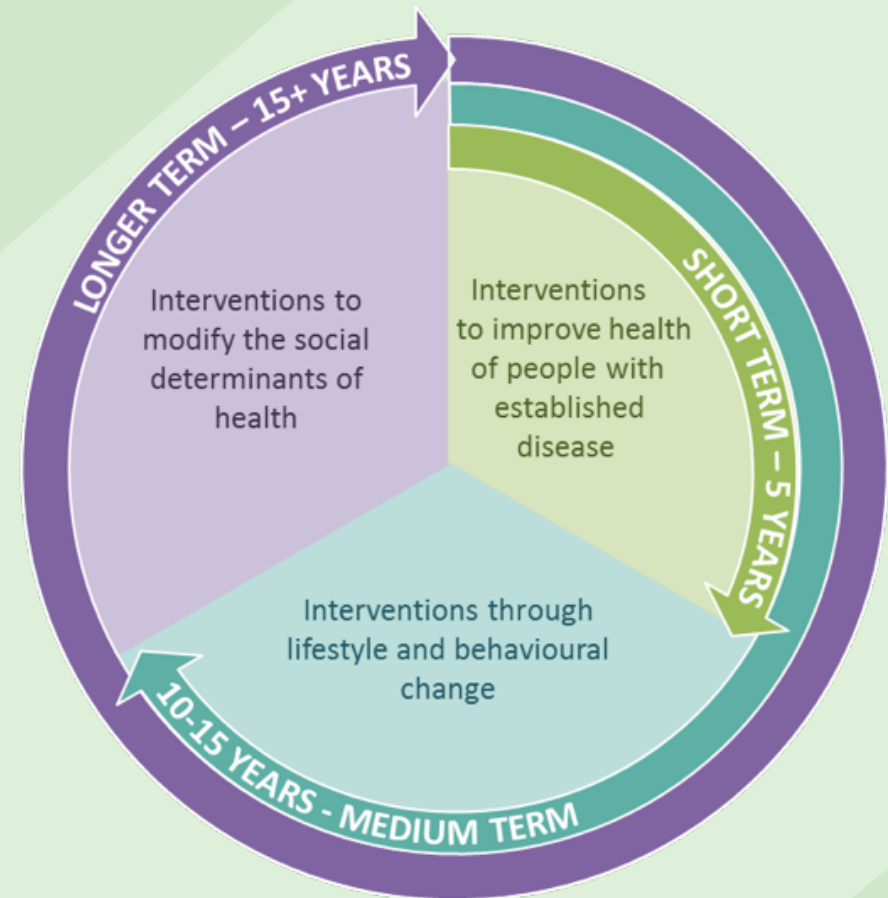
Actions are required to:

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

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

Gestation times for different preventative interventions

Adapted from: *Health Inequalities National Support Team (HINST), 2010*



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

PICTURE EAST SUSSEX

CONCLUSION



OUR POPULATION IS AGEING

The over 65s now represent a quarter of the county's population and are projected to make up nearly a third of all people by 2031. By 2039 there will be a 54% increase in our 65 and over population. The fastest rate of growth will be seen in the 85 and over group.

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

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



CHILDREN NEED THE BEST START IN LIFE

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

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

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

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

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



SECURE INCOME AND HOUSING ARE UNEVENLY DISTRIBUTED

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

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

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

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

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

PICTURE EAST SUSSEX

CONCLUSION

THERE ARE DIFFERENCES IN HOW LONG WE LIVE

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

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

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

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

NO SINGLE PROJECT OR INITIATIVE CAN BEAT OBESITY

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

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

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

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

IT'S TIME TO TALK MENTAL HEALTH

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

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

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

PICTURE EAST SUSSEX

CONCLUSION



WE NEED TO BE DEMENTIA FRIENDLY

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

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

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

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



THE PATTERN OF ILLNESS IS BECOMING MORE COMPLEX

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

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

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



WE NEED A SHARED UNDERSTANDING OF DEMAND FOR SERVICES

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

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

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



WE CAN BUILD ON OUR STRONG COMMUNITIES

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

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

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

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

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