

DRAFT Population Needs in East Sussex: Summary Update November 2020

1. Introduction

In March 2020 we finalised our East Sussex Health and Social Care Plan which included a summary of our population's health and social care needs, and health inequalities in the county. This paper provides an updated summary of the key facts and figures about our population needs based on what the latest data and insight is telling us, and taking into account:

- The predicted changes over a 3 – 5-year period where possible
- The impacts of the COVID-19 pandemic where known - for example socio-economic and mental health and wellbeing impacts, social isolation, and indirect impacts on health
- What we understand about inequalities and health inequalities related to the COVID-19 pandemic

The information in this update is intended as a starting point to help support and inform:

- Our individual organisations' planning processes for 2021/22
- How we work together as a health and care system to further develop our Integrated Care Partnership, including:
 - Modelling demand and capacity and what changes we'll need to make to service models and interventions in order to meet future projected demand for health and social care services
 - How we'll use our collective pooled and aligned system resources in 2021/22 and beyond
 - How we collectively work together with our communities to deliver prevention, early intervention, reduced health inequalities and improved outcomes for our population

More COVID specific content for East Sussex is published on the [ESCC website](#). Links to East Sussex [JSNAA reports](#) are included throughout to signpost to more detailed information.

Caveat: much data in this document comes from individual data sources or is modelled for our population from national estimates. As the Sussex Integrated Dataset (SID) becomes fully operational, it will be possible to provide a more sophisticated picture of our population by overlaying multiple conditions and risk factors into a segmented analysis. However, SID and services can only describe identified need so there will still be a role for modelled data to estimate whether there is additional unmet need in our population.

2. Drivers of health and care needs

Health and care needs are related to age and [socio-economic deprivation](#): use of health and care services is highest at the beginning and end of life, while those living with greater socio-economic deprivation are more likely to have a shorter life with more years lived in poor health than their more affluent peers. COVID-19 has exacerbated existing underlying inequalities in health for people from BAME backgrounds, as well as for people with learning disabilities -nationally it has been reported that both of this groups have had significantly poorer outcomes from COVID.

3. Our population is growing and ageing

The East Sussex population is predicted to grow by around 19,000 people between 2020 and 2024 (Table 1). 20,136 births to East Sussex residents are expected in that period – over 4,000 per year, leading to demand for midwifery, health visiting and child health services including immunisations. The first 1000 days of life (conception to age 2) are crucially important in establishing good mental and physical health for life.

Over half the increase in population is in people aged 65 and older. In 2019 East Sussex had the second highest proportion of over 85-year olds in the England meaning that while on average population health is similar to England, more older people mean health needs in East Sussex are

likely to be higher than another similarly sized area within England. State of the county predicts 25,944 deaths between 2020 and 2024. Many of these people will require end of life care.

Table 1 – Predicted change in East Sussex population 2020-2024 by age group, and comparison with England

Age group (years)	2020	2024	Change	% of population by age group 2024	
				East Sussex	England
0-17	107,350	109,720	+2,370	19.0%	21.2%
18-64	305,090	309,500	+4,410	53.5%	59.4%
65-84	124,570	134,500	+9,930	23.3%	16.8%
85+	22,390	24,710	+2,320	4.3%	2.7%
All	559,410	578,430	19,020	100%	100%

Source: <https://www.eastsussex.gov.uk/media/16261/state-of-the-county-2020-focus-on-east-sussex.pdf>

Ethnicity

91.7% of the East Sussex population described themselves as White British or Northern Irish in the 2011 census. Of the 8% describing themselves as being from a BAME group, other white is the largest single category at 4.4%. In 2011 only 6% of the BAME population were over 65 years old compared to 23% of the White British population.

Table 2 East Sussex and England populations by 2011 census reported ethnic groups – broad

Census category	East Sussex % of population	England % of population
British and Northern Irish	91.7	80.5
Other White, including Irish and Gypsy or Irish Traveller	4.4	5.4
Mixed	1.5	2.2
Asian	1.8	7.5
Black	0.5	3.4
Any other ethnic group including Arab	0.3	1.0

People with learning disabilities

The term “learning disability” covers a wide range from mild to severe and profound. Support needed from social care is based on eligible need as opposed to clinical diagnosis, meaning services vary according to individual need, not just in relation to the severity of their learning disability but on a range of related factors, for example levels of family support. Health needs will also vary significantly.

Link to JSNAA [here](#)

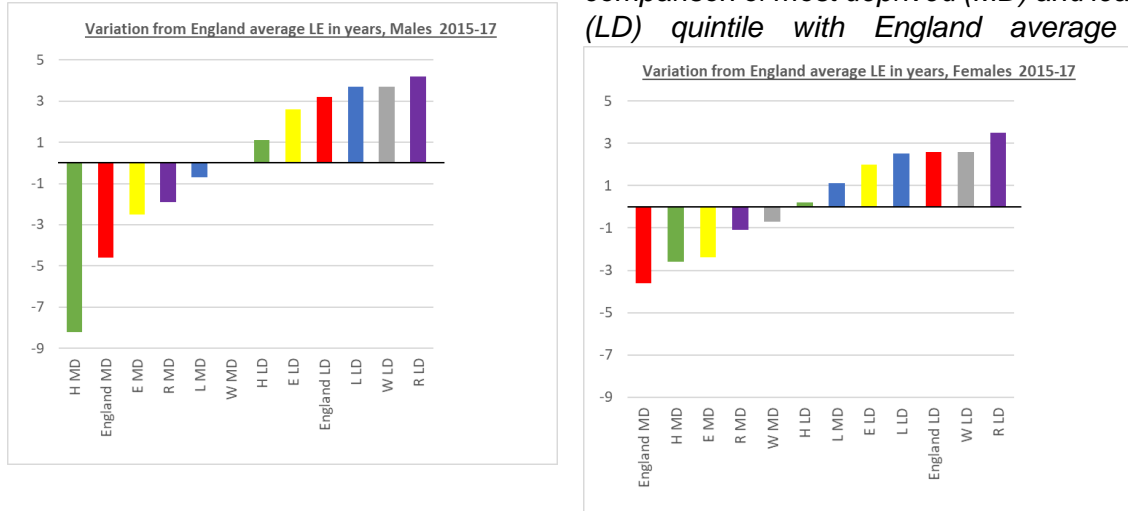
Table 3 Number of people predicted to have a learning disability by age group. Source PANSI, POPPI

Age group	2020	2025	% change	Change in numbers
18-24	958	918	-4.2%	-40
25-34	1,360	1,345	-1.1%	-15
35-44	1,461	1,534	+5.2%	+77
45-54	1,803	1,660	-7.9%	-143
55-64	1,829	1,984	+8.4%	+155
65-74	1,660	1,623	-2%	-37
75-84	981	1,238	26%	257
85+	431	475	10%	44
Total adults	12,503	12,802	2.3%	66

4. Life expectancy across the county

Life expectancy for both men and women in East Sussex is 0.7 years longer than the England average of 79.6 for men and 83.1 for women, but this masks significant variation within the county (Figures 1 and 2), Shorter life expectancy is strongly related to socio-economic inequalities, and also to access to health and care services

Figures 1 & 2 Variation from England average life expectancy by gender, district and borough – comparison of most deprived (MD) and least deprived (LD) quintile with England average (2015-17)



- There is greater variation in male life expectancy than female within East Sussex (12 years vs 6 years gap between Hastings' most deprived quintile and Rother's least deprived quintile)

Main causes of inequalities in life expectancy in both men and women

Targeting the causes of death which contribute most to the life expectancy gap should have the biggest impact on reducing inequalities. The biggest causes of inequality in life expectancy in East Sussex are circulatory disease, cancer, respiratory disease and digestive disease. 732 fewer men and 532 fewer women would have died between 2015 and 2017 if the mortality rate in the most deprived areas in East Sussex was the same as the least deprived areas. (Table 4).

Table 4 Main causes of the life expectancy gap between the most deprived quintile and least deprived quintile of East Sussex, by broad cause of death, 2015-17 by gender

Cause of death	Men			Women		
	Total deaths	Excess deaths	Contribution to gap (years)	Total deaths	Excess deaths	Contribution to gap (years)
Circulatory	517	244	2.14	612	237	1.53
Cancer	502	141	1.32	433	48	0.59
Respiratory	289	163	1.24	282	130	1.05
Digestive	107	59	0.59	96	45	0.48
Mental & behavioural	99	11	0.16	217	35	5.8
External	113	59	0.95	57	9	1.5
Other	157	55	0.49	169	28	0.55
Total	1784	732		1866	532	

Source: PHE Segment Tool. District and borough level analysis available from tool [here](#)

Impact of COVID on life expectancy

- It is too soon to report on the impact of COVID-19 on life expectancy in East Sussex, although East Sussex has had one of the lowest infection rates in the country at the time of writing (November 2020).
- Public health intelligence are currently analysing ONS Mortality data (Jan -July 2020) and will report shortly.

5. Keeping people healthy and reducing risk of disease

Starting well: children's health and care needs

What happens during pregnancy and the first few years of life influences physical, cognitive and emotional development in childhood and may influence health and wellbeing outcomes in later life. Enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive childhood and adulthood.

- Maternal smoking at time of delivery is higher than England average
- 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 (see mental health section).
- Educational achievement is variable across the county and absences and exclusion from school is above the England average.
- According to [State of the County](#) (SoTC), in 18/19 there were
 - 56/ 10,000 Looked after children
 - 3510 Children with Special Educational Needs and Disabilities (SEND needs assessment [here](#))
 - 3900 children and Education and Health care Plans

For a more comprehensive picture of children and young people's health and the relationship between socio-economic deprivation and poor outcomes see: [State of Child Health in East Sussex](#)

Impact of COVID on children and young people

- Increased feelings of stress and anxiety, particularly among girls and about exams, home learning and missed education
- More time spent online increases risk of online abuse which is seen to be rising
- Increase in severe mental health issues for some due to withdrawal of support, school closures, inability to see friends and wider family, reduced physical activity and loneliness
- Estimated 1 in 5 apprentices left work or made redundant

Health-related behaviours/ factors increasing risks of non-communicable diseases

Smoking, alcohol consumption, lack of exercise, poor diet and obesity are among the leading risk factors for conditions leading to reduced life expectancy. They are associated with a range of conditions, including cardiovascular disease, musculoskeletal conditions, respiratory disease, diabetes and many cancers.

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 i.e. almost 300,000 adults in East Sussex are estimated to be overweight or obese.

Tables 5 and 6 show the estimated number of people in East Sussex with behaviours likely to impact on their health and increase the risk of the main causes of mortality. The changes between 2020 and 2024 are based on population growth but have not assumed any changes in prevalence. There are initiatives in place aimed at reducing the prevalence of smoking, risky drinking and obesity.

Table 5 Estimated numbers of people substance misuse problems (source PANSI)

Condition	2020	2025	% increase to 2025	N increase
Higher risk of alcohol-related health problems	14,069	14,262	1.4%	193
Dependent on drugs	9,807	9,840		33

Table 6 – Estimated numbers of people with risk factors for poor health and increase between 2020 and 2024 (source: SoTC)

Risk factors	Estimated prevalence	Number affected		Increase in numbers
		2020	2024	
Smoking	14%	63,288	65,619	2,331
Overweight and obese	63%	284,797	295,287	10,489
Higher risk drinking - women	10%	22,603	23,435	832
Higher risk drinking men	33%	74,589	77,337	2,747
Diagnosed hypertension	23%	103,973	107,803	3,829
Undiagnosed hypertension	13%	58,767	60,932	2,164

Impact of COVID on health-related behaviours

Confinement causing physical inactivity, increased food intake, sleep disorders, increased alcohol intake, potentially less nutritious food for children with no access to school meals.

Preventing disease, and identifying disease early through immunisations, screening and health checks

Immunisations

- Childhood immunisations prevent a number of infectious diseases which previously caused significant illness and mortality
- HPV (human papilloma virus) vaccinations reduce cervical and oral cancers
- Flu immunisations are required annually for vulnerable people
- Mass vaccination against COVID will be significant health need during 2021/22.

Screening and early identification of disease programmes can identify pre- and early stage disease when treatment is more effective. Table 7 shows the main screening and health check programmes. Other health checks are aimed at people with higher risk of poor health outcomes in order to help ensure best management of existing conditions and reduce others developing.

NHS health checks and other screening programmes were suspended during COVID which means that fewer people will have benefitted and that there will be unmet need in the population

Table 7 Cancer screening and health check programmes in East Sussex.

Programme	Eligibility	Screening interval
Cancer screening	Cervical (women aged 25-54)	3.5 or 5.5 years
	Breast (women age 50-70)	36 months
	Colorectal (all aged 60-74)	30 months
NHS Health Checks	All aged 40-74 without existing conditions	5 years
Other health checks	People with SMI	Annual
	People with LD (aged 14+)	Annual
	BAME LCS	During COVID

6. Healthy life expectancy (HLE) and disability free life expectancy (DFLE)¹

Need for services will be affected by the number of people in poor health or with disabilities. Most people in East Sussex can expect to reach their mid-sixties in good health, however on average men in Hastings will only reach 59.3 years and women 61.2 years in good health. (Table 8)

On average people spend at least the last 15 years of life in poor health or with disability, with those from the most deprived areas living more time with poorer health or disability. Trend data (not shown) suggests HLE and DFLE did not increase in East Sussex or England between 2009-13 (latest reported figures).

Table 8 HLE and DFLE in years for men and women (2009-13) by District and borough

Indicator (upper age band 85+)		England	Eastbourne	Hastings	Lewes	Rother	Wealden
Healthy life expectancy	Male	63.5	63.3	59.3	65.7	64.7	67.8
	Female	64.8	65.4	61.2	67.9	66.8	69.3
Disability free life expectancy	Male	64.1	64	59.9	65.9	64.6	67.8
	Female	65	65.6	61.8	67.2	66.1	68.7

Key: comparison to England. Red = significantly lower; amber = same; black = significantly higher

Impact of COVID on HLE

Emerging findings about COVID suggests that between 5 and 10% of COVID patients will suffer “long” COVID – a prolonged period of symptoms which can last months and interfere with activities of daily living. NICE is developing a clinical definition of long COVID, and there is limited information on the prevalence, duration, underlying causes, and effective management strategies for these longer-term signs and symptoms. Estimating likely numbers of people affected is complicated by incomplete access to testing for the first wave of the pandemic.

Indirect impacts of COVID on health

Select Committee report a reduction of approximately 40% in pre-COVID capacity in acute hospitals [here](#). This will have had knock-on effects on population health:

- There will be an effect of resource restriction on treatment for urgent non-COVID conditions e.g. stroke and heart attack as well as delayed diagnosis of cancers
- Impact of interrupted care on management of chronic conditions e.g. diabetes, glaucoma, age-related macular degeneration ([nationally](#) reported 33% reduction in primary care appointments)
- Impact on reduction in preventative activities e.g. NHS Health checks suspended nationally
- Lack of access to dentists, opticians
- Mental illness from social isolation, trauma, burnout
- Economic impact – unemployment and furlough

Physical health needs increase with age

A long-term condition (LTC) is any medical condition which cannot currently be cured but can be managed with medication and / or other therapies. Common LTCs include diabetes, chronic obstructive pulmonary disease (COPD), heart failure, osteoporosis, dementia. See [JSNAA briefing](#) for more details on older people’s needs.

- The number of people living with LTCs in East Sussex is estimated to increase by 20,700 from 160,300 in 2018 to 181,000 by 2028

Frailty is a reduction in function of multiple bodily systems leading to increased vulnerability, it is associated with age, and commonly co-exists with multi-morbidity. Frailty results in falls and in a

¹ DFLE – the average number of years that an individual can expect to live free from a limiting persistent illness or disability in their lifetime. HLE – the average number of years a person might expect to live in “good” health in their lifetime

doubled likelihood of hospital admissions compared to non-frail peers. Table 9 shows the number of people in East Sussex predicted to have mild, moderate or severe frailty, and in total numbers are estimated to increase by 15,800 between 2018 and 2028.

Table 9 Estimated number of people over 65 in East Sussex with Frailty in 2018 and 2028

Frailty category	2018	2028	% increase	Increase in numbers 2018-28
Mild	50,000	61,000	22%	11,000
Moderate	17,100	21,000	22%	3,900
Severe	4,300	5,200	21%	900
All	71,400	87,200	22%	15,800

Source: [JSNAA frailty briefing](#)

Almost 40,000 people over 65 have some limitations on their day to day activities due to illness, and almost 30,000 have their activities limited at lot. These numbers are predicted to increase by 8,736 by 2025.

Table 10 Estimated change in the number of people over 65 in East Sussex whose day to day activities are limited by illness

Over 65's whose day-to-day activities are limited	2020	2025	% increase	Increase in numbers 2020-25
A little	37,198	42,006	13%	4,808
A lot	28,312	32,240	14%	3,928
Total	67,530	76,271	13%	8,736

Source: POPPI

Falls - Each year 1 in 3 over 65s are estimated to have a fall and half of over 80s.

Impact of COVID on access to health and social care services

[A survey](#) carried out by Healthwatch in East Sussex to establish the impact of COVID-19 on our population found:

- 7% experienced disruption to social care services, of who 49% felt a significant impact
- 37% chose not to make an appointment despite having a need to access health social or emotional care: 42% because they felt their condition was not serious enough, 28% because they didn't want to burden the NHS.
- 80% who accessed care remotely were satisfied. Those with emotional and mental health support needs, long standing conditions or serious mental health needs were not happy with remote access options.

The pattern of illness is becoming more complex

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 health conditions 43% are under the age of 65 in East Sussex.
- The number of people with multimorbidity is expected to increase to 181,000 by 2028.
- By the age of 85 years there is little difference between affluent and deprived areas in the proportion of that age group with multimorbidity

[Link to JSNAA multimorbidity summary.](#)

Increasing multimorbidity poses major challenges to our health and care systems and highlights the need to invest in and strengthen timely prevention activities, at all stages of the pathway.

Proactive, targeted case finding for both multi-morbidity and frailty and use of risk stratifying tools in can help early identification.

7. Mental Health

Mental illnesses constitute the largest single burden of disease nationally at almost a quarter of the total. Mental illness has a considerable economic cost to our health and care system, and to individuals, families and communities.

1 in 4 of us will experience mental ill-health at some point in our lives. Mental ill-health often begins earlier than other causes of disability and there is continuity between mental illness in childhood and adulthood: over half of people with a lifetime mental illness at the age of 26 will have met the diagnostic criteria by the age of 14. More information: [CYP](#); [Adults](#); [Dementia](#)

Children and young people’s mental health in East Sussex is significantly worse than England. 9600 children and young people (5-17 years) in East Sussex estimated to have a mental health disorder (source PHE fingertips – 2015-17). Admissions to acute child and adolescent mental health services are twice as high in East Sussex as they are nationally.

For adults in East Sussex, the GP recorded prevalence of severe mental illness; depression and dementia are all higher than England. Table 10 shows the estimated number of people affected by mental disorder and predicted increases between 2020 and 2025. Suicide rates in East Sussex are also significantly higher than England.

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.

Table 11 East Sussex: Predicted number of people aged 18-64 with mental health issues² Source: PANSI

Condition	2020	2025	% increase to 2025	Increase in numbers
Common mental disorder	58,764	59,464	1.2%	700
Borderline personality disorder	7,460	7,549	1.2%	89
Antisocial personality disorder	10,290	10,434	1.4%	144
Psychotic disorder	2,168	2,195	1.2%	27
Two or more psychiatric disorders	22,315	22,593	1.2%	278
Dementia (people aged over 65)	11,154	12,681	14%	1527
Dementia before 65 = 1 in 1,400				

Impact of COVID on mental health

Increased anxiety/ depression/stress/sleep disorders from isolation, reduced social activities, human connection and physical interaction, home confinement, closed parks and gyms [Ref](#) young people (18-29) experienced worse mental health and wellbeing during lockdown than middle (30-59) and older age (60+) groups (self-reported scores for depression, anxiety, stress and trauma).

² Table 10 can’t be summed to give a total number of people as some people will be in more than one category

National modelling from the [NHS strategy unit](#) suggests a 33% increase in demand for specialist mental health services over next three years (1.8 million new presentations) with demand greatest in the next 18 months. This is estimated from 53% increased demand for primary mental health services, 32% for crisis services, 63% for secondary care services, 35% for secondary specialist services and 13% for secondary community services. Meeting this increased demand is projected to cost an additional £3-4bn over 3 years.

8. Wider determinants / deprivation:

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 several 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 an East Sussex 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

Impact of COVID on wider determinants in East Sussex

- Employment
 - >26,000 more people claiming universal credit (UC) or job seekers allowance (JSA) than in March 2020
 - 15.6% working age people currently receive either UC or JSA
 - There has been a 123% increase in claimants since March 2020
 - 31% working age people on government employment support schemes as at 31st July when local data ceased being available, with the SEISS covering 8.8% compared to 6.4% in England
- Food security
 - 1,847 people were receiving a government food box in the final week before shielding paused.
 - As at 31st July when shielding paused, 5,940 households had received government food boxes.
 - 212 ESCC food boxes were needed in the week ending 31st July when shielding was paused
- Other support
 - >6,400 people have contacted community hubs, with most common support needs continuing to be information/advice and help with food and essential supplies.
 - Other community organisations have received over 1,000 contacts from individuals and communities for support
- Housing support
 - During the COVID-19 pandemic there has been government funding to house rough sleepers. In East Sussex, a comprehensive range of support services have been commissioned to help address the mental and physical health, and social needs of this cohort.