

Introduction

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

The ICT Programme Team have since implemented an ICT Data Group, enabling ICB, Public Health, Local Authority, VCSE and wider stakeholders to meet and collaborate regularly in the development and design of Sussex ICT data core profiles.

The Sussex ICT model, will be driven by data and reflective of population needs. To do this effectively we need to access a variety of data sets that enable us to understand each of the ICTs' local demographics, health needs, social determinants and wider determinants of health.

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

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

Better health and care for all

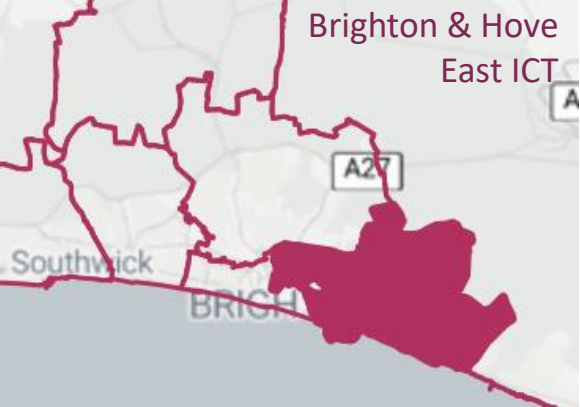
Headline findings

- **Important to note the high percentage of the data only available at Brighton & Hove level which provided limited insight at an ICT level**
- **Population-** Brighton & Hove East ICT neighbourhood has the smallest population size of all the 16 Sussex neighbourhood areas at 58,800 people, and is the least densely populated neighbourhood in the city.
- **Deprivation-** East Brighton is well understood as having some of the most deprived neighbourhoods in the city. The East neighbourhood includes 8 out of the 34 CORE20 deprived areas and 22.1% of its residents live in those deprived areas, which is the highest across all Sussex ICT neighbourhoods and 2.2% higher than England.
- **Population demographics-** The area's population is younger than England and like rest of Brighton & Hove has a larger working age population. The population is less diverse than other areas across the city, but the east neighbourhood has the highest percentage of adults with a disability at 1 in 5 adults. 1 in 10 households in the East neighbourhood are lone parent households - the highest level across Sussex.
- **Health services-** the neighbourhood includes 6 GP practices across 3 different PCNs. This includes a specialist PMS contracted primary care practice centred around the needs of patients living on the Whitehawk estate. Brighton & Hove East ICT has higher QOF prevalence of Learning Difficulties and mental health than the Sussex average but lower rates of health checks for those with learning difficulties and care processes for those with diabetes. DNA rates are high, as are the rates of A&E attendances and the percentage of A&E attendances subsequently admitted. These indicators may suggest more focus is required on prevention, engagement with the population to identify conditions, and support in the community to reduce hospital admissions. Brighton & Hove has a higher proportion of adult mental health admissions in which there was no prior contact with services.
- **Population health-** the key health statistics that stand out for the east neighbourhood is the prevalence of mental health. Local self-harm figures are higher than the national average and for 10-24 years olds are nearly double the national average. This is consistent with the other four neighbourhoods. Brighton wide population health figures that stand out are cancer screening coverage, alcohol and drug misuse, and adults with serious mental illness taking up a physical health check.
- **Health inequalities-** are very much linked to deprivation levels in the East neighbourhood and are supported by well-established community and health partnerships.

These headlines were developed through the B&H ICT Steering Group which supports the work of the B&H Community Oversight Board

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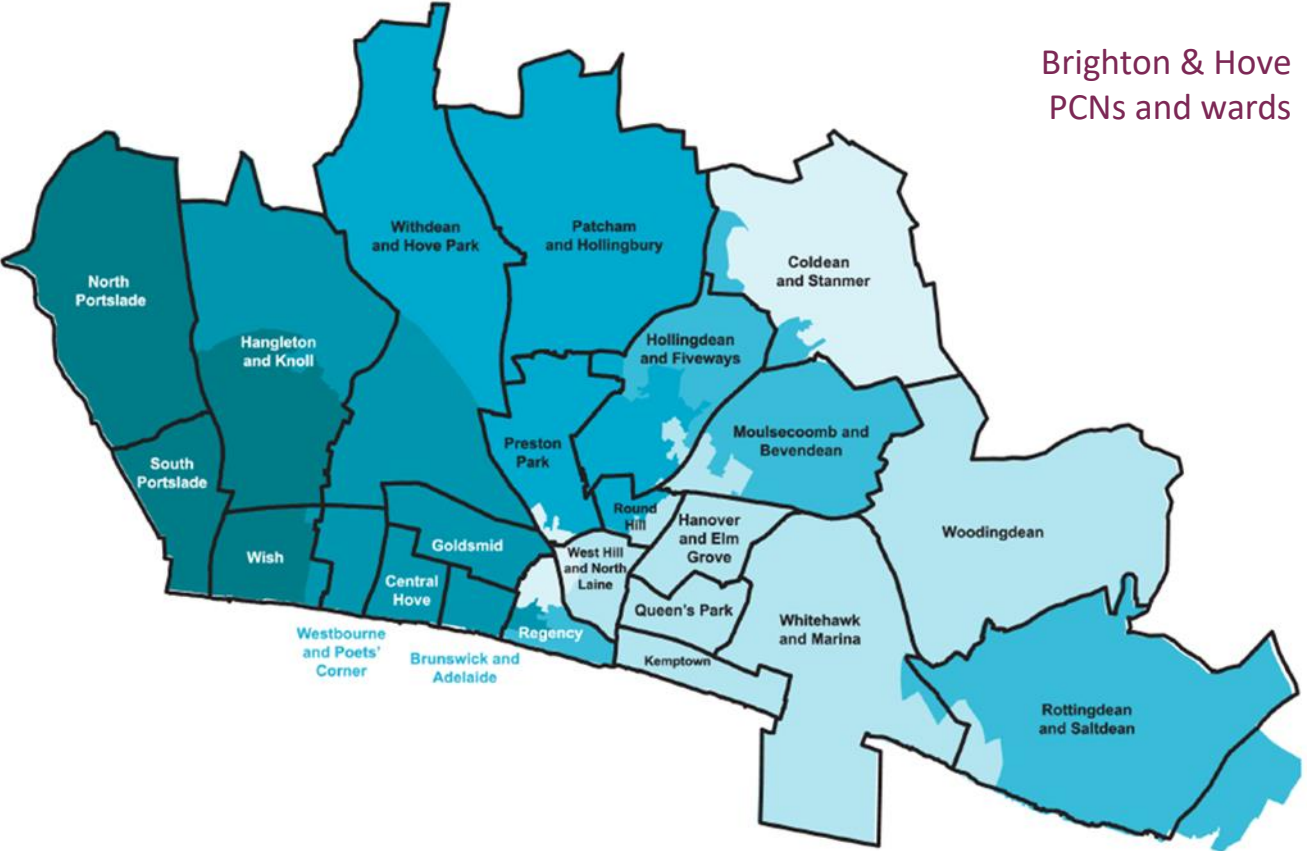
Brighton & Hove East ICT Geography



The geography of the ICT is not an exact match with NHS practice/PCN catchment.

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

Where slides deviate from this it is noted



Brighton & Hove PCNs and wards

- Key/Legend**
- West Hove PCN
 - Goldstone PCN
 - Preston Park Community PCN
 - Dean's and Central Brighton PCN
 - East & Central Brighton PCN
 - North & Central Brighton PCN
- Ward 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

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 people at the start of life
	Living Well	Outcomes and factors affecting people during Adult life
	Ageing Well	Outcomes and factors affecting people in older age
	Dying well	Palliative Care and deaths

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

Who lives in Brighton & Hove East ICT

Around 58,800 people live in Brighton and Hove East ICT (2021 Census), an increase of 2.5% since 2011

For the **whole of Brighton & Hove** Between 2011 and 2020 there have been

25,374 Births

19,227 Deaths

10,430 estimated **decrease** from internal UK migration

22,980 estimated increase from international migration

Census 2021 data for the ICT:

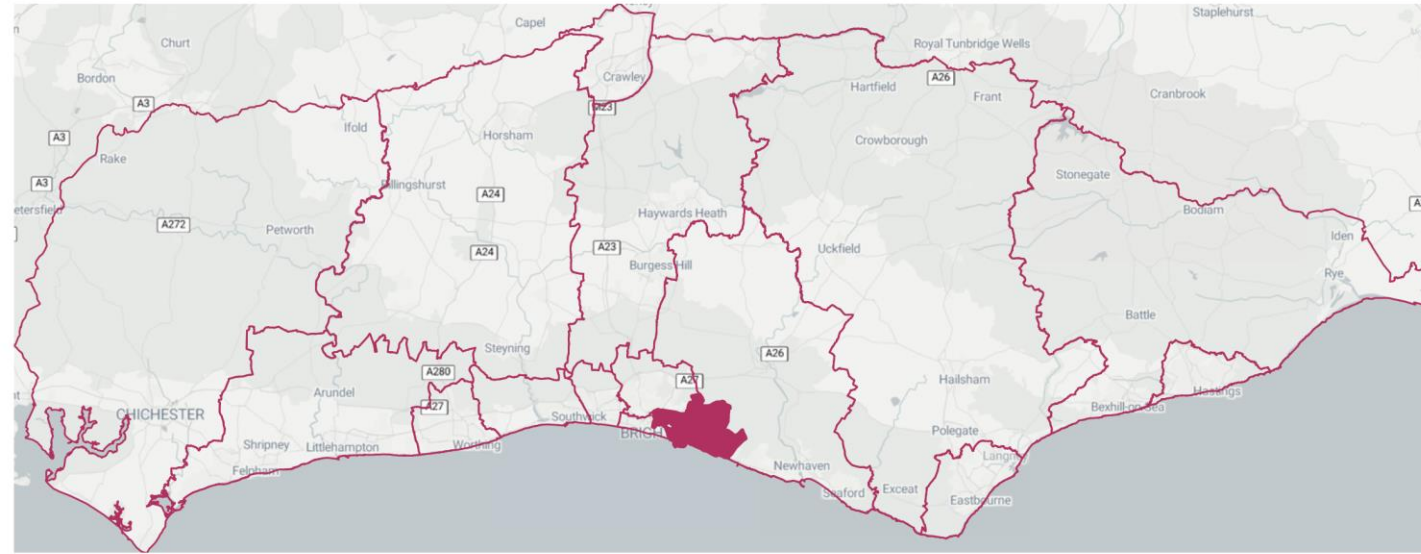
20% of the population is under 20,
compared to 23% for England

15% of the population is 65 or over,
compared to 18% for England

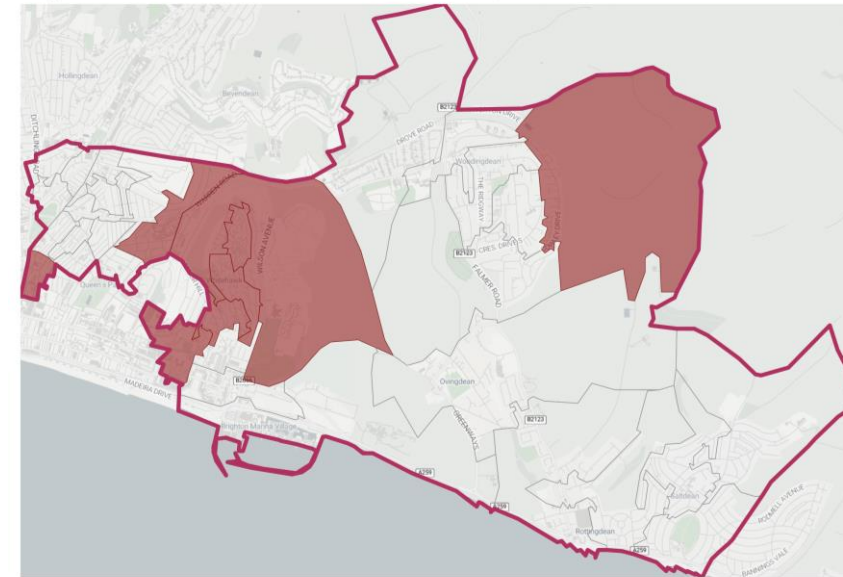
2.1% of the population is 85 or over,
compared to 2.4% for England

1,014 residents aged 65+ live in a care home (with or without nursing) in the whole of Brighton and Hove

Brighton and Hove East Integrated Community Team



Brighton and Hove East ICT Core20 areas;



■ Core 20 neighbourhood

LSOA (2021) based ICT boundaries.
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Of the 34 neighbourhoods (2011 based LSOAs) in the Brighton & Hove East ICT, there are **8 Core20 neighbourhoods** (representing the most deprived 20% of neighbourhoods nationally) with a population of approximately 13,000 residents (Census 2021).

LSOA (2011) based boundaries.
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Key Demographic Groups within Brighton & Hove East ICT

Brighton & Hove East ICT has a younger age structure than England, with proportionally fewer children and older people: almost 3 in every 4 residents are aged 20-65 years.

Residents are more likely, than across England, to be:

- LGB+ - 1 in 8 adults;
- Trans – 1 in 100 adults;
- Never married/in a civil partnership – 1 in 2 adults
- Have a disability – 1 in 5 people
- Have no religion – 1 in 2 adults

1 in 4 people are Black or racially minoritised, lower than for England.

Brighton & Hove East ICT population groups

Age

Brighton & Hove East has a younger age structure than England:

- 20.0% of people are aged under 20 (23%)
- 64.6% aged 20-64 (58%)
- 15.4% aged 65+ (18%)

Ethnicity

24.2% of people are Black or racially minoritised* (27%):

- 4.7% Asian or Asian British (10%)
- 2.2% Black or Black British (4%)
- 4.5% Mixed or multiple ethnic group (3%)
- 1% Arab (0.6%)
- 10.2% White Irish or White other (8%)

Religion

55.1% of people have no religion or belief (37%):

- 31.7% Christian (46%)
- 2.8% Muslim (6.7%)
- 0.5% Jewish (0.5%)
- 0.9% Buddhist (0.5%)
- 0.6% Hindu (1.8%)
- 0.1% Sikh (0.9%)
- 1.0% Other religion (0.6%)

Pregnancy & maternity

There were 485 live births in 2021²

Sex

Female 51.9% (51%)
Male 48.1% (49%)

Gender identity

0.9% of adults aged 16+ identified as Trans in the 2021 Census (0.5%)

Sexual orientation

11.9% of those aged 16+ identified as LGB+ (gay or lesbian, bisexual or other minority sexual orientation) (3%)

Language

For 8.0% of people, English is not their main language (9%)
0.8% do not speak English well (1.6%)

Disability

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

Children in care

At the end of March 2022, there were 382 children aged 0-17, 82 per 10,000, living in care in Brighton & Hove (England 70 per 10,000)¹

UTLA

Veterans

2.7% of people aged 16+ stated on the 2021 Census that they had previously served in the armed forces (3.8%)

Marriage / civil partnership

32.6% of people aged 16+ are married or in a civil partnership (45%)
52.1% Never married/civil partnership (38%)
2.0% Separated (2%)
8.6% divorced/civil partnership dissolved (9%)
4.7% widowed / surviving civil partnership partner (6%)

Carers

8.5% 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

UTLA: Upper tier local authority

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Current population & change over the last 10 years

In Brighton & Hove East ICT:

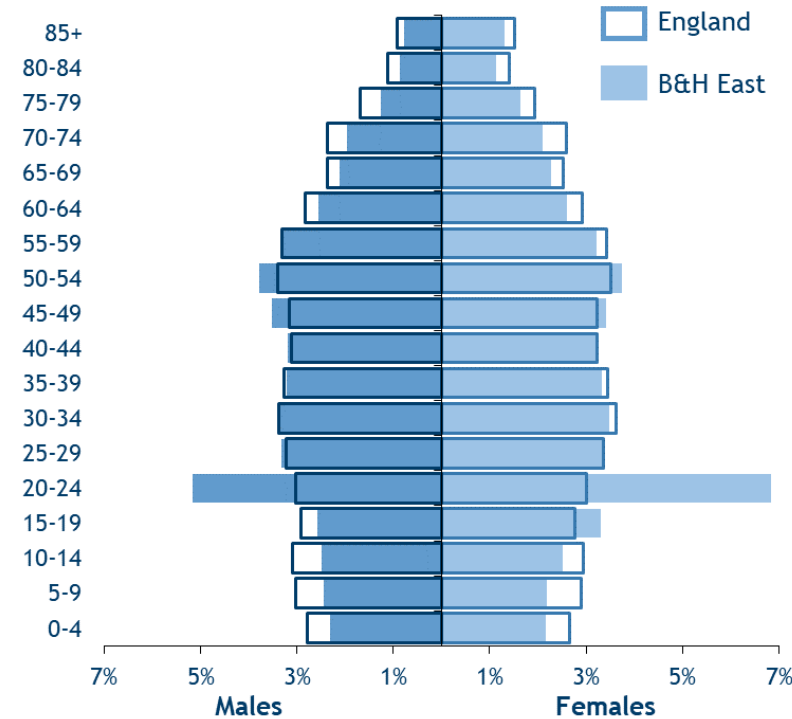
- There are relatively fewer children and young people aged 0-14 years than for England
- There are a disproportionate number of people aged 20-24 years
- There are relatively fewer people from the ages of 60 years

Between 2011 and 2021:

- The total population has increased by 2.5%, lower than England (6.6%)
- There were decreases in all age groups up to 50 years and increases in all ages from 50 years
- The largest % increase was in 50–59-year-olds, which has increased by 2,152 (35.1%) since 2011

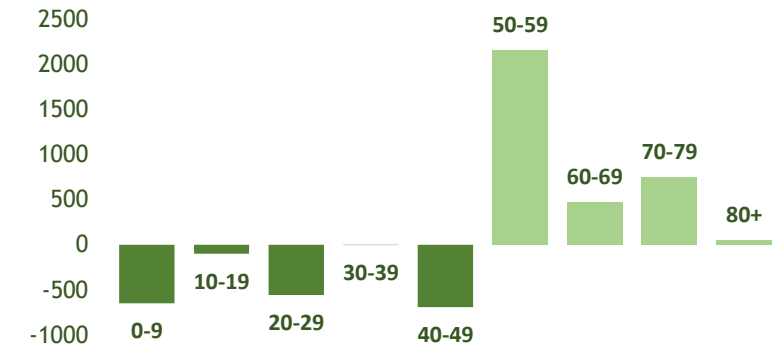
Total population 58,791

Brighton and Hove East population profile 2021



Increase in population 1,418

Brighton and Hove East change in population between 2011 and 2021 Census, in 10 year age groups



	2021	2011	B&H East change	England %	England %
0-19	11,746	12,494	-748	-6.0%	2.7%
20-64	37,995	36,925	1,070	2.9%	4.4%
65+	9,050	7,954	1,096	13.8%	20.1%
All ages	58,791	57,373	1,418	2.5%	6.6%

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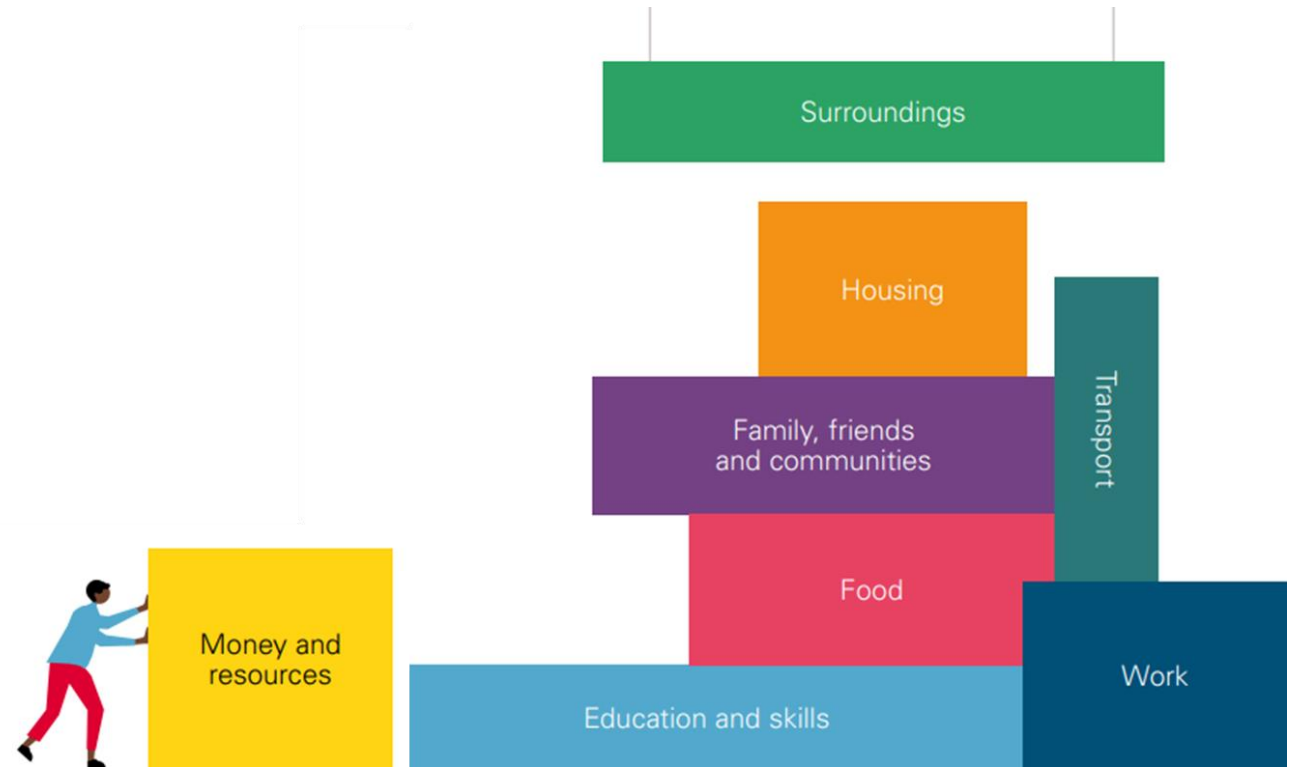
How is the population expected to change over the next ten years?

PLACEHOLDER SLIDE

Please note – population projections rebased for 2021 Census will not be published until 2025

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 city 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](#)

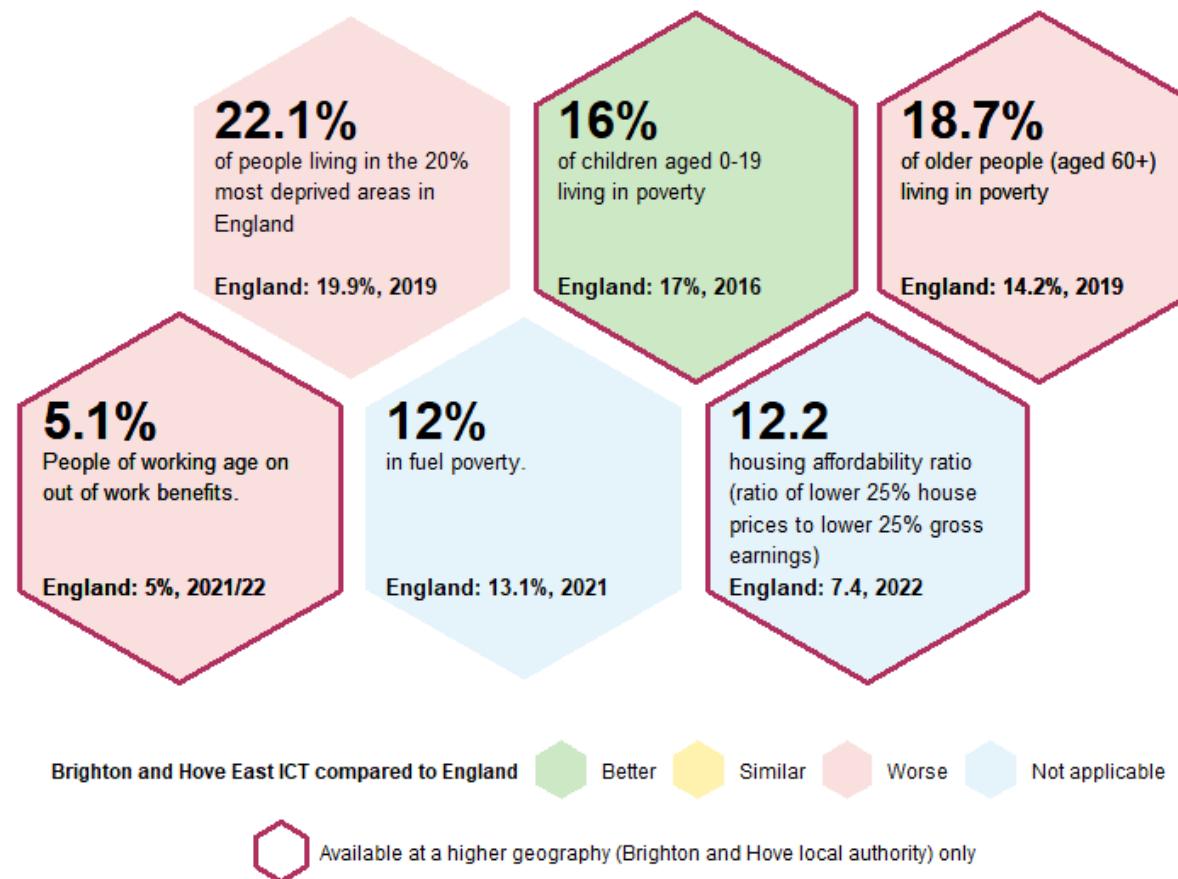
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Building blocks of health in Brighton & Hove East ICT

There are relatively more people living in more deprived areas in Brighton & Hove East ICT than across England. Brighton & Hove East has the highest percentage of people living in the most deprived areas of England of any Sussex ICT area.

Across Brighton & Hove, there are fewer children living in poverty than England, but relatively more people are on out of work benefits and more older people live in poverty than England.

Housing cost is a significant issue in Brighton & Hove – with those on the lowest 25% of earnings requiring 12.2 times their earning to afford the lowest 25% of housing prices, compared to 7.4 times across England.

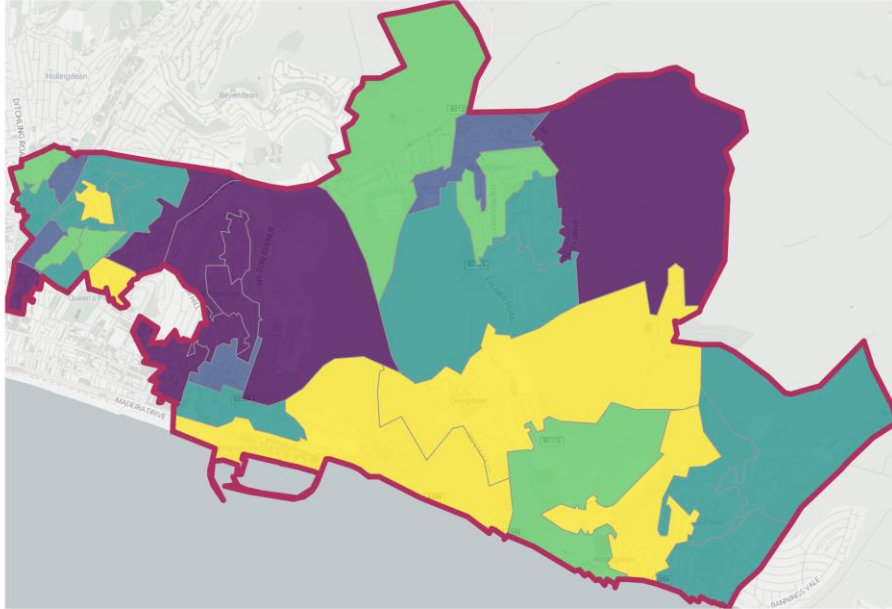


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Building blocks in Brighton & Hove East ICT

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)



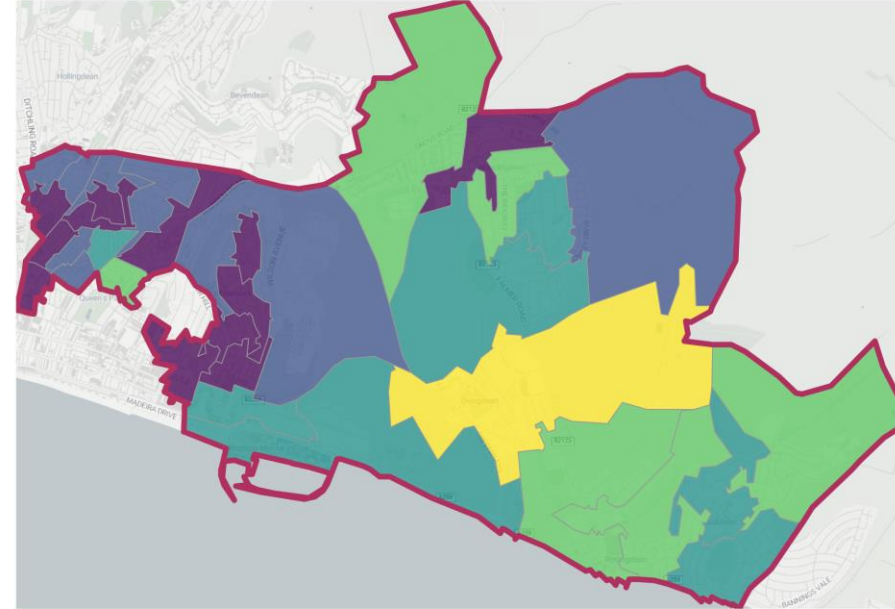
IDACI score (national rankings)

- Most deprived 20%
- Quintile 2
- Quintile 3
- Quintile 4
- Least deprived 20%

LSOA (2011) based boundaries.
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In Brighton & Hove East ICT, eight of its 34 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 46.7% or almost half of children experiencing income deprivation.

Income Deprivation Affecting Older People Index (IDAOP)



IDAOP score (national rankings)

- Most deprived 20%
- Quintile 2
- Quintile 3
- Quintile 4
- Least deprived 20%

LSOA (2011) based boundaries.
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There were 12 neighbourhoods in the Brighton & Hove East ICT with an IDAOP 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 49.7% or almost half of older people.

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Building blocks of health in Brighton & Hove East ICT

Brighton & Hove East ICT is more densely populated than England, but is the least densely populated area of Brighton & Hove.

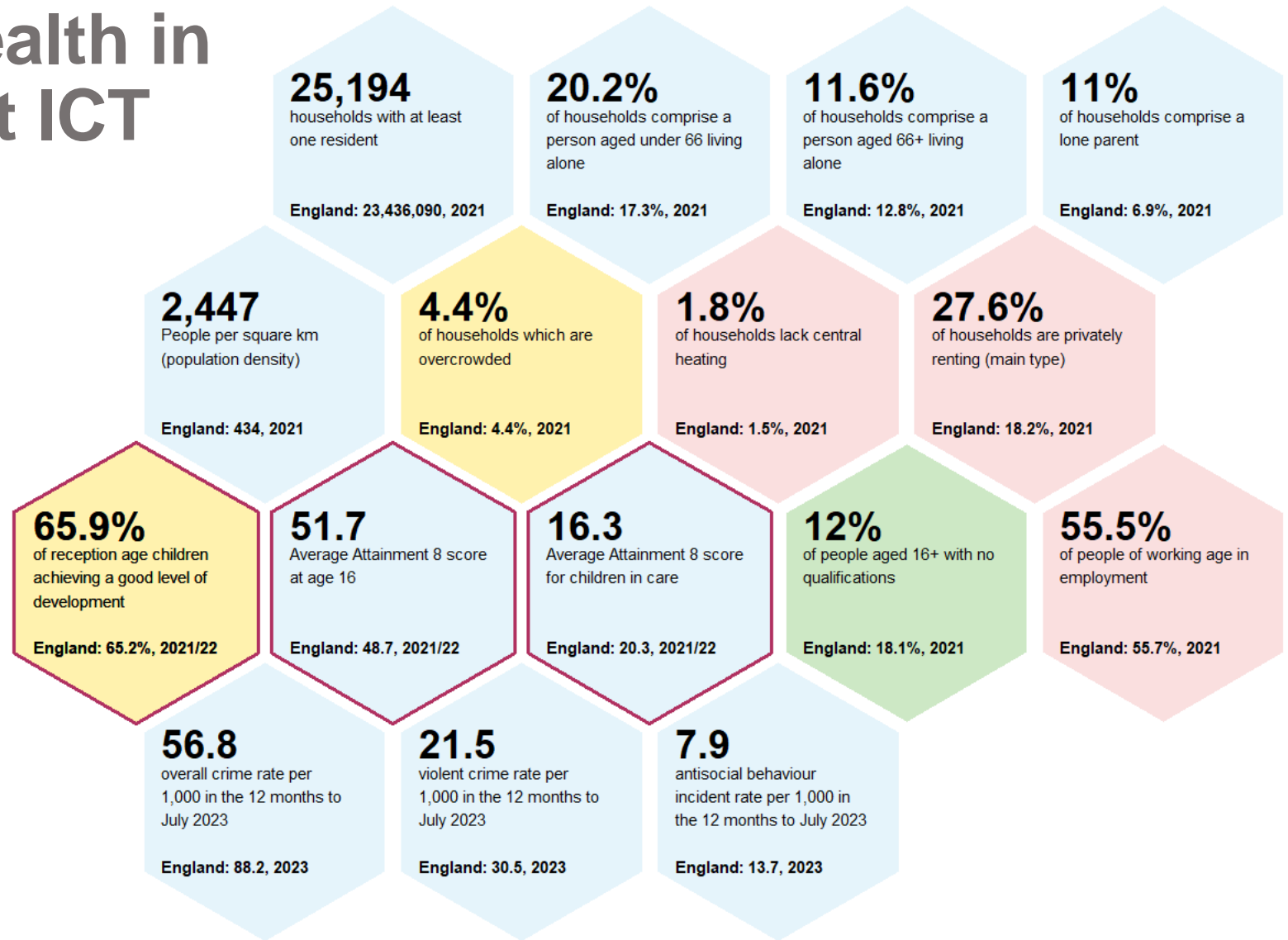
Over a quarter of households are privately rented, the third highest of the ICT areas in Sussex.

1 in 9 households are made up of lone parents, higher than England and the second highest of any Sussex ICT area.

Lack of central heating is significantly higher in Brighton & Hove East ICT.

The population is relatively more educated.

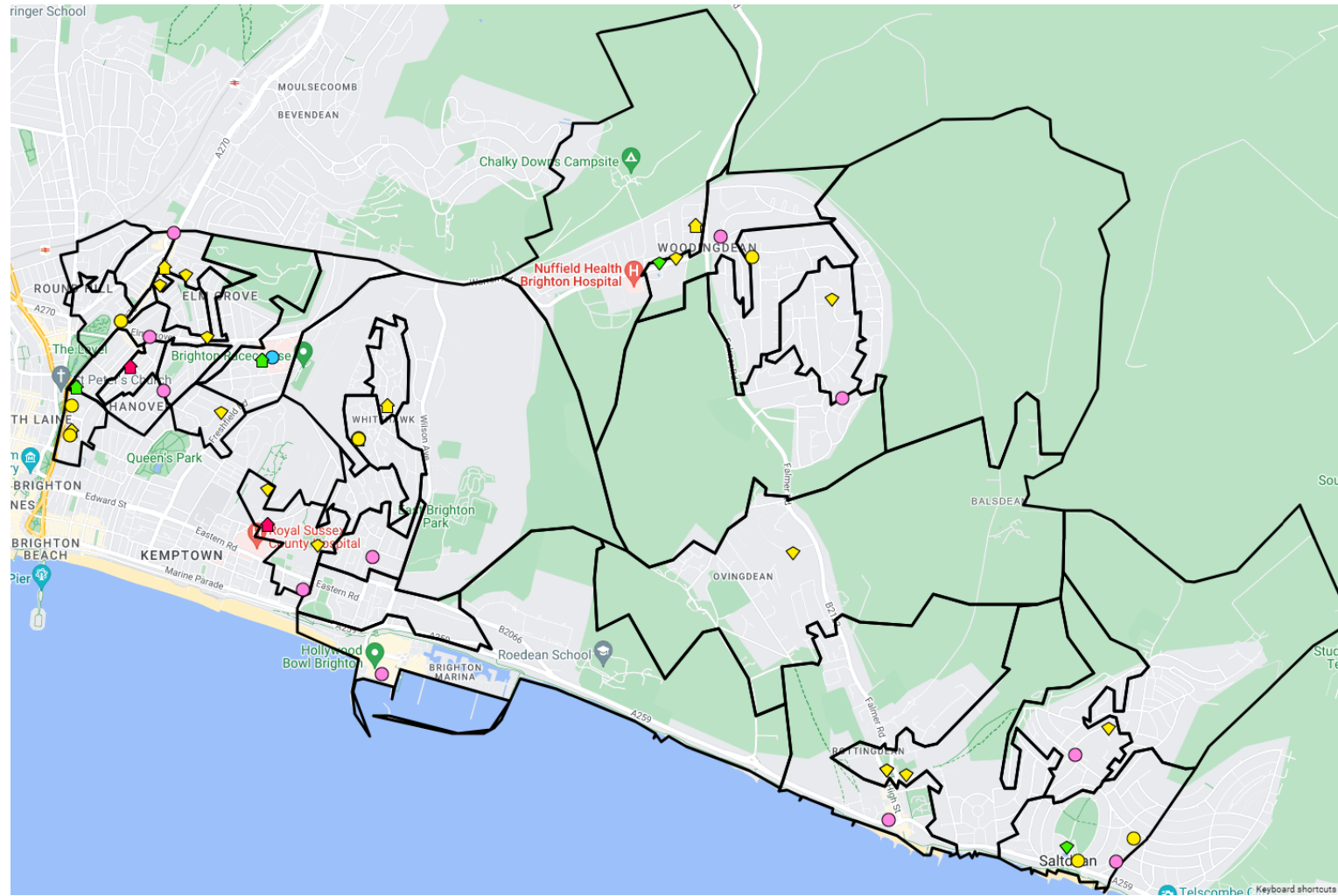
The overall crime rate and violent crime rate and anti-social behaviour incident rate are all lower than England.



Brighton and Hove East ICT Compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

Available at a higher geography (Brighton and Hove local authority) only

Services within Brighton & Hove East ICT



SERVICE TYPES

- Nursing or care home
- GP practice
- Pharmacy
- Hospital
- School or college
- Libraries
- Low cost and community meal projects
- Low cost and free community shopping
- Food Bank

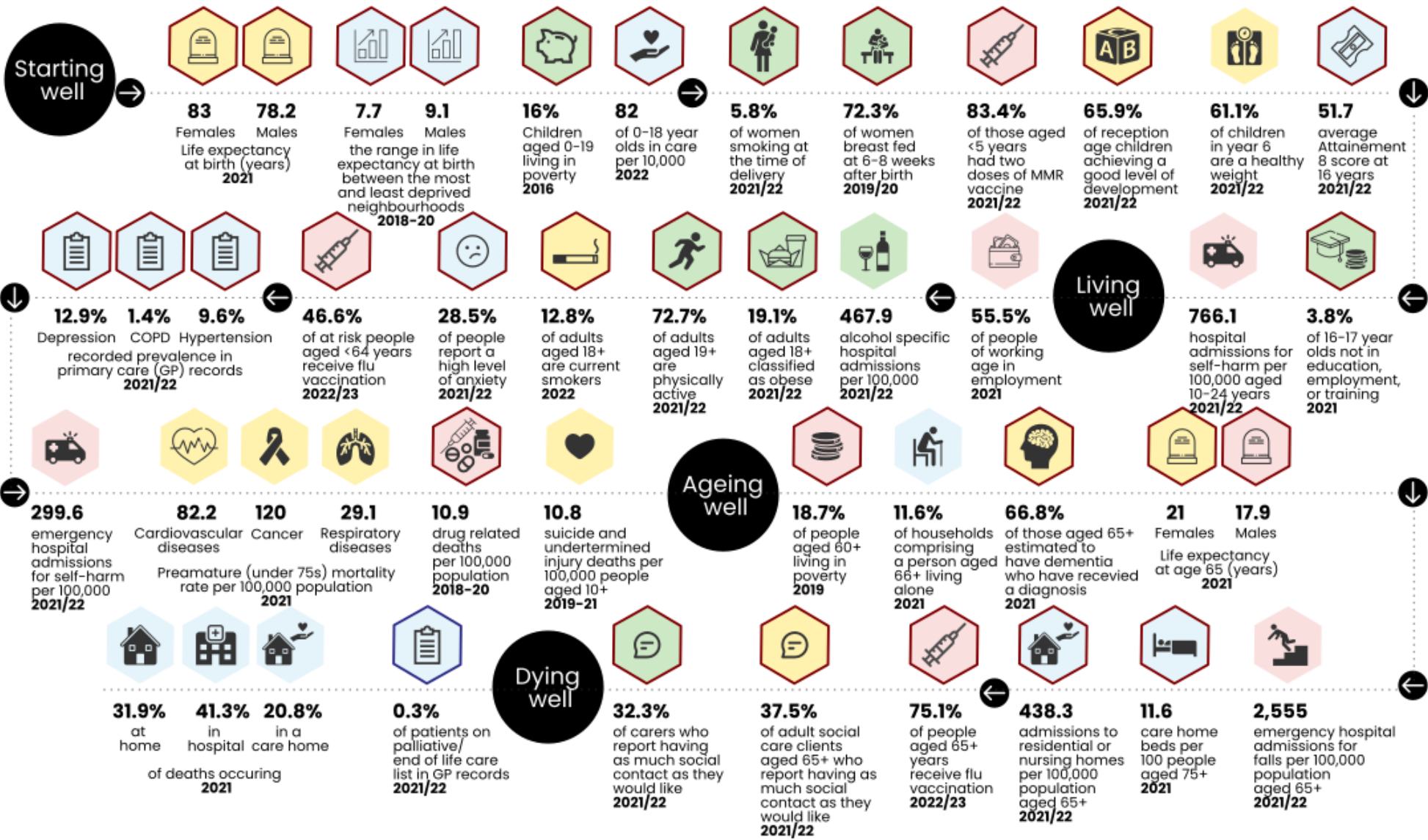
[Local Insight \(communityinsight.org\)](https://communityinsight.org)

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Brighton and Hove East Integrated Community Team

Data are shown for B&H East ICT and are compared with England

Whilst some issues affect people of all ages, outcomes have been placed in the life stage where the impact may be greatest.



Available only at a higher geography (Brighton and Hove local authority)

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

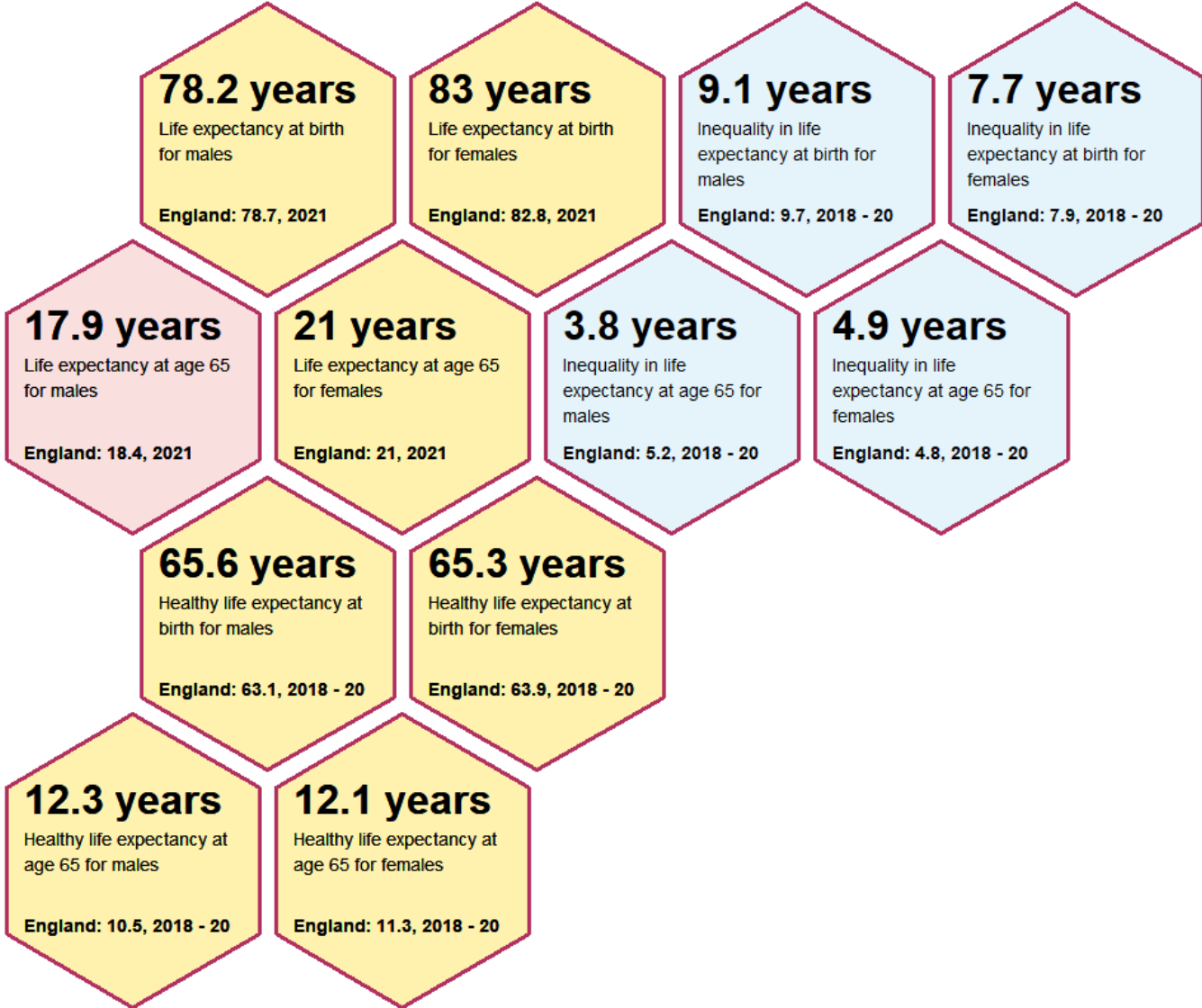
Life expectancy and inequalities – Brighton and Hove

Life expectancy and healthy life expectancy figures are only available for the whole of Brighton & Hove.

Life expectancy at birth in Brighton & Hove, for both males and females, is similar to England.

There is a gap of 9.1 years for men in life expectancy in Brighton & Hove (England 9.7 years) and 7.7 for women (England 7.9 years).

Life expectancy at age 65 for males in Brighton & Hove is significantly lower for males than for England. For females it is the same as England.



Brighton and Hove East ICT compared to England

Available at a higher geography (Brighton and Hove local authority) only

Main causes contributing to the gap in life expectancy – Brighton & Hove

These figures are only available for the whole of Brighton & Hove.

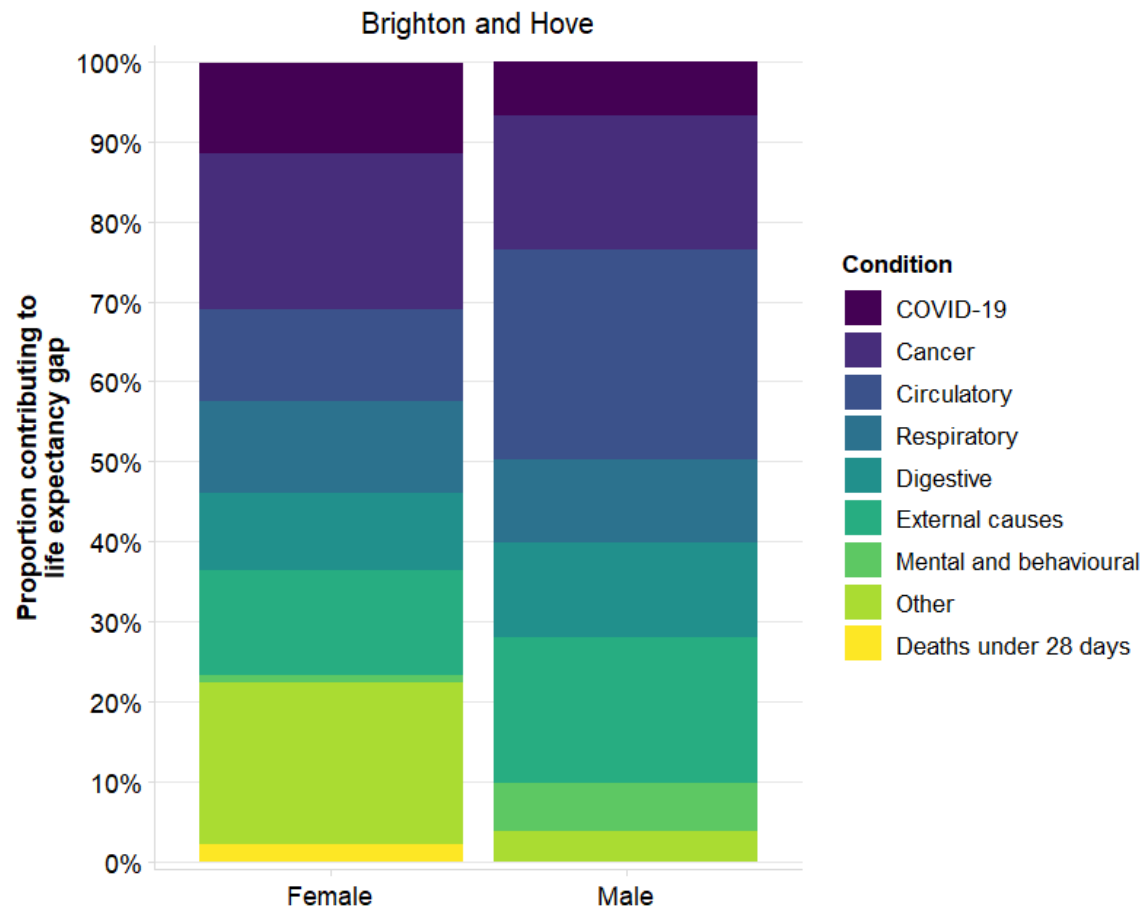
The causes of death which contribute the most to inequalities in life expectancy in Brighton & Hove are:

- For males - circulatory, external causes (injury, poisoning and suicide) and cancer
- For females - cancer, external causes, circulatory and respiratory diseases
- The contribution of external causes and digestives diseases (includes alcohol-related conditions, chronic liver disease, cirrhosis) is greater in Brighton & Hove than across England

Source: [Segment Tool \(phe.gov.uk\)](https://phe.gov.uk)

Causes of death contributing most to inequalities in life expectancy between the most and least deprived quintiles (20%) of each area.

Brighton and Hove; data for 2020 and 2021 combined.



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.

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Key risk factors and greatest burden of disease – Brighton & Hove

If we want to improve population health, we need to understand what the risk factors are for Brighton & Hove’s population and whether, and how, we can modify them. These figures are only available for the whole of Brighton & Hove.

Top 20 causes of the greatest burden of ill health

1 Ischemic heart disease
2 Low back pain
3 COPD
4 Lung cancer
5 Diabetes
6 Depressive disorders
7 Stroke
8 Headache disorders
9 Drug use disorders
10 Falls
11 Neck pain
12 Alcohol use disorders
13 Other musculoskeletal
14 Colorectal cancer
15 Lower respiratory infect
16 Alzheimer’s disease
17 Self-harm
18 Cirrhosis
19 Anxiety disorders
20 Endo/metab/blood/immune

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries

Top 20 risk factors

1 Smoking
2 High body-mass index
3 High fasting plasma glucose
4 Alcohol use
5 High blood pressure
6 Drug use
7 High LDL
8 Low temperature
9 Low whole grains
10 Occupational carcinogens
11 Kidney dysfunction
12 Particulate matter
13 Low physical activity
14 Occupational ergonomic
15 High processed meat
16 Low bone mineral density
17 High red meat
18 Secondhand smoke
19 Low fruit
20 Low birth weight & short gestation

- 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 \(thelancet.com\)](https://www.thelancet.com)

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Starting well in life in Brighton & Hove East ICT

Many of these figures are only available for the whole of Brighton & Hove.

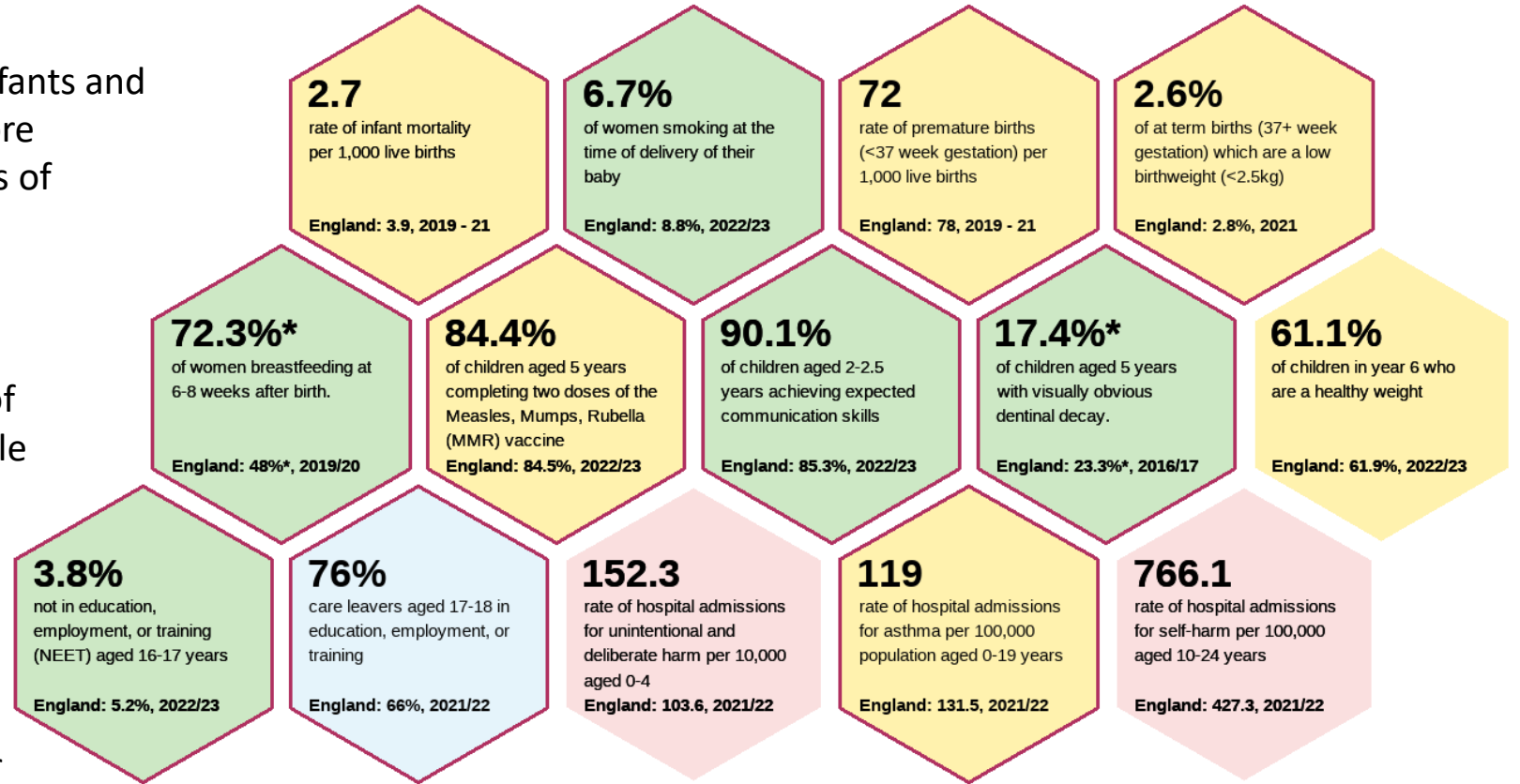
Brighton & Hove does well in some areas for infants and very young children: fewer mothers smoke; more breastfeed; more children meet expected levels of communication skills at age 2-2.5 years.

However, MMR immunisation uptake is worse than England.

Brighton & Hove has significantly higher rates of smoking, drinking and drugs use in young people and poorer emotional wellbeing impacting young people's current & future wellbeing.

Hospital admissions for self-harm are worse than England in the ICT area, and the second highest of any Sussex ICT area.

There are higher rates of hospital admission for unintentional and deliberate harm for 0–4-year-olds in Brighton & Hove East ICT.



Brighton and Hove East ICT compared to England



Available at a higher geography (Brighton and Hove 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

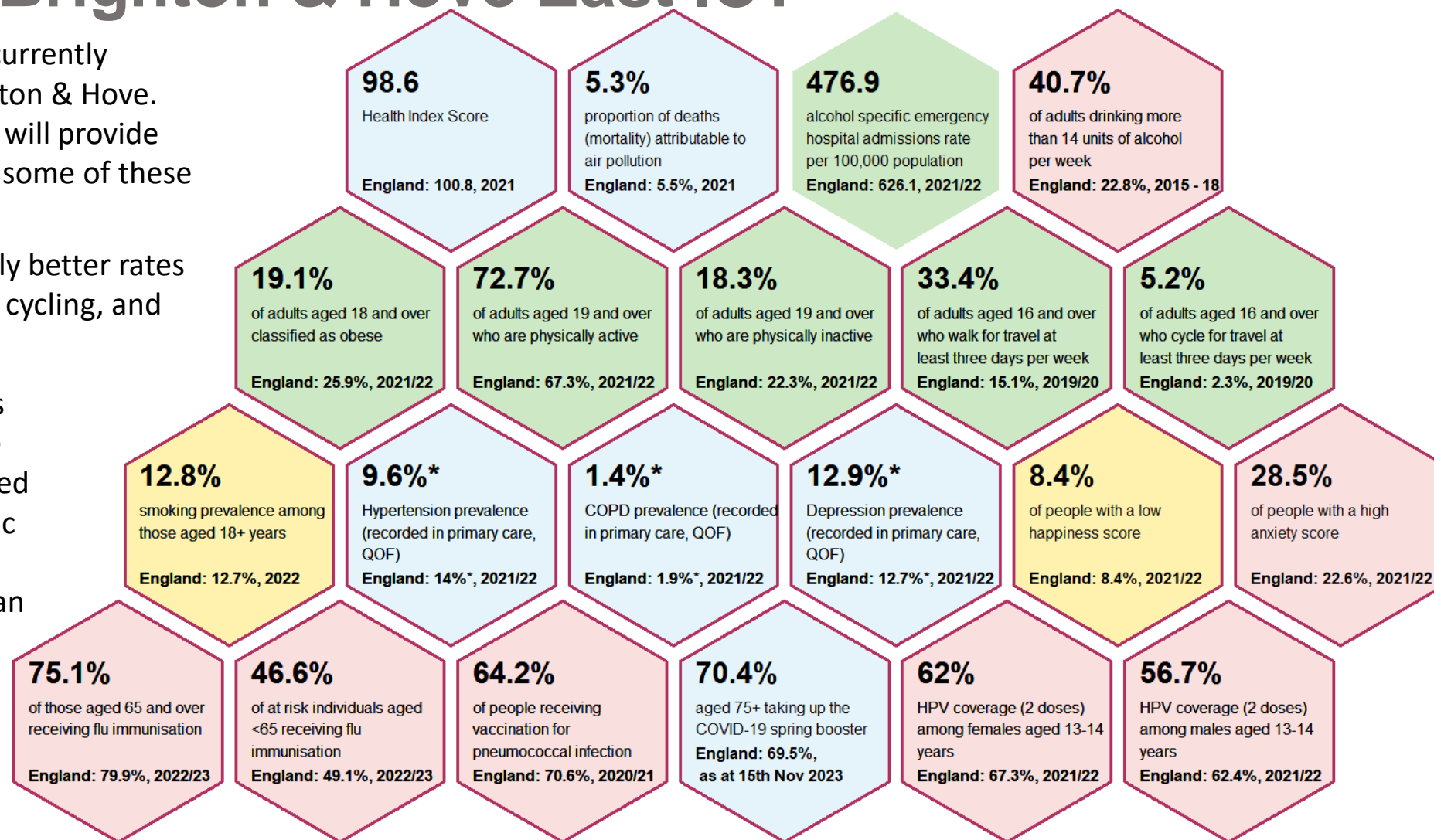
Living well in Brighton & Hove East ICT

Most of these figures are only currently available for the whole of Brighton & Hove. The 2024 Health Counts survey will provide information at ICT level around some of these indicators.

Brighton & Hove has significantly better rates of physical activity, walking and cycling, and obesity in adults.

However, relatively more adults have a high anxiety score, more adults drink above recommended level. The rate of alcohol specific admissions to hospital is significantly lower in the ICT than for England.

Immunisation rates are low across most adult immunisation programmes for Brighton & Hove.



Brighton and Hove East ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

 Available at a higher geography (Brighton and Hove 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 Brighton & Hove East ICT

Brighton & Hove East ICT has significantly worse rates of emergency admissions for self-harm than England.

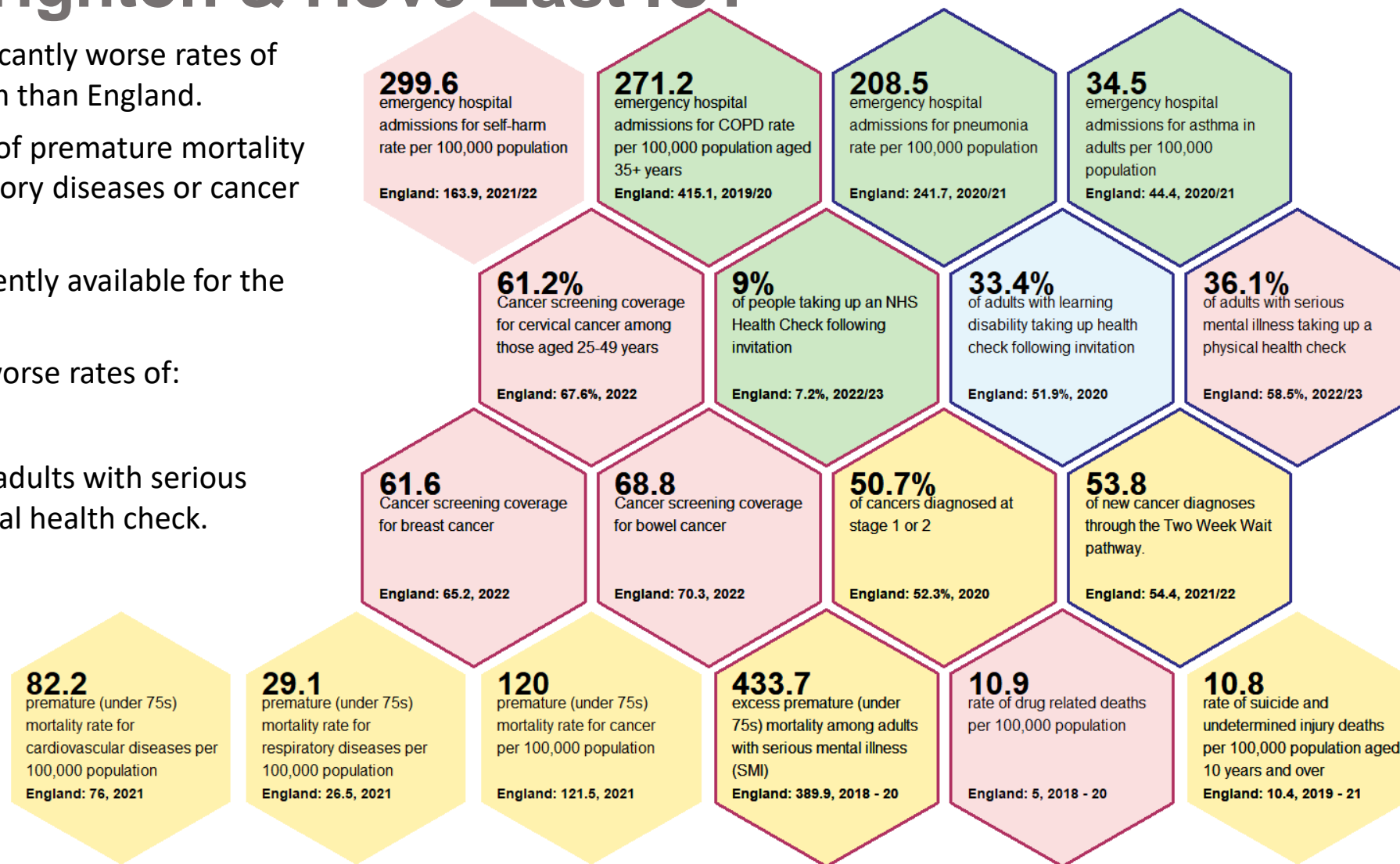
The ICT does not have higher rates of premature mortality for cardiovascular diseases, respiratory diseases or cancer than England.

Many of these figures are only currently available for the whole of Brighton & Hove.

Across Brighton & Hove there are worse rates of:

- Drug related deaths
- Cancer screening coverage and adults with serious mental illness taking up a physical health check.

However, there are relatively fewer emergency admissions for COPD, pneumonia and asthma for adults than for England. And relatively more people take up an NHS Health Check.



Brighton and Hove East ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

⬡ Available at a higher geography (Brighton and Hove local authority) only

⬡ Indicators are published at primary care or other organisation level (NHS Brighton And Hove CCG and Sussex ICB - 09D) representing registered patients rather than residents

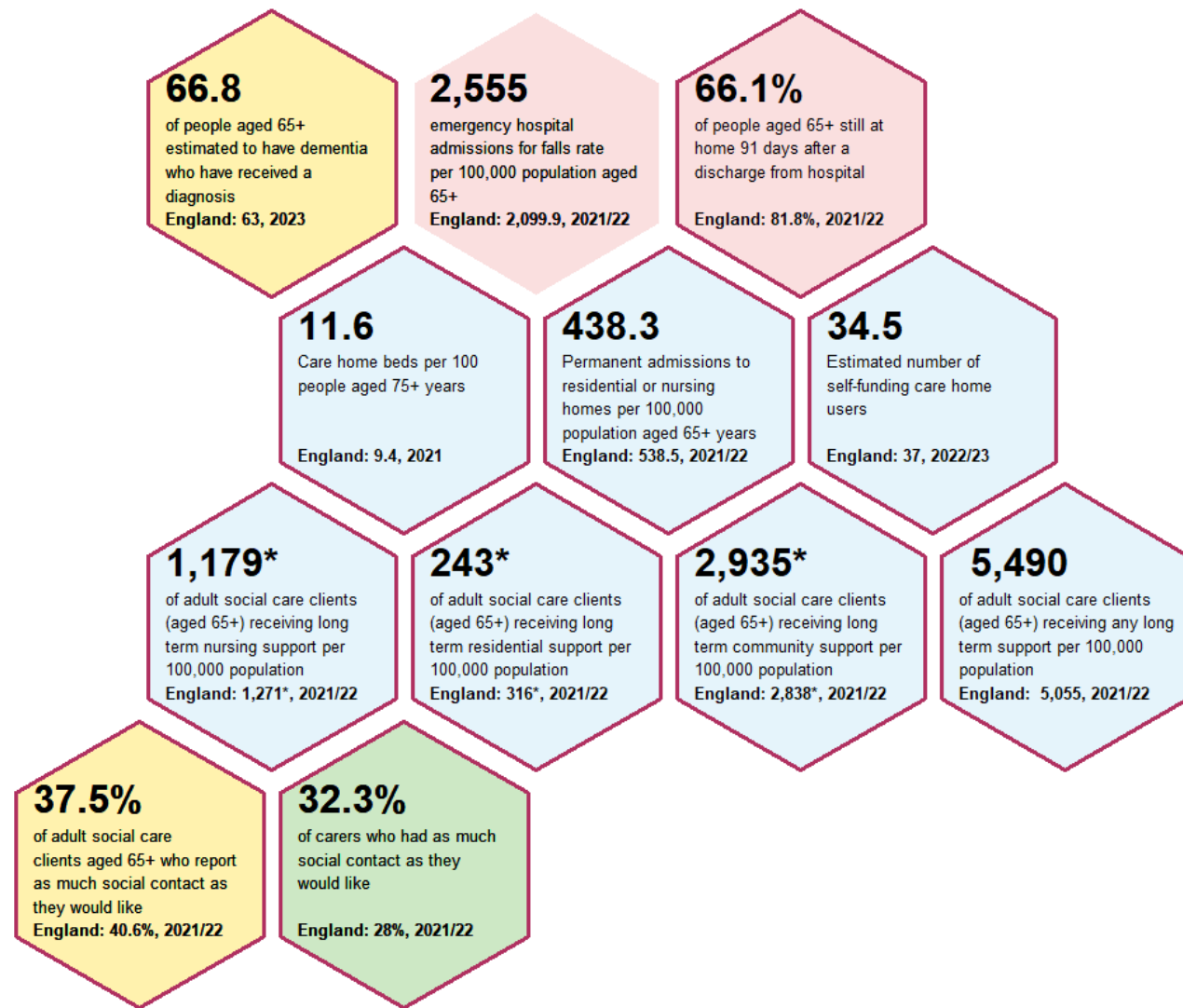
Ageing well – Brighton & Hove East ICT

Within Brighton & Hove East ICT there is a significantly higher rate of emergency hospital admissions for falls, as is the case for many ICTs in Sussex.

Many of these figures are only available for the whole of Brighton & Hove.

In Brighton & Hove:

- Relatively fewer people aged 65+ are still at home 91 days after discharge than for England.
- More carers said that they had as much social contact as they would like
- There are relatively more adults aged 65 or over receiving any adult social care long term support than England



Brighton and Hove East ICT compared to England

- Better
- Similar
- Worse
- Not applicable

Available at a higher geography (Brighton and Hove local authority) only

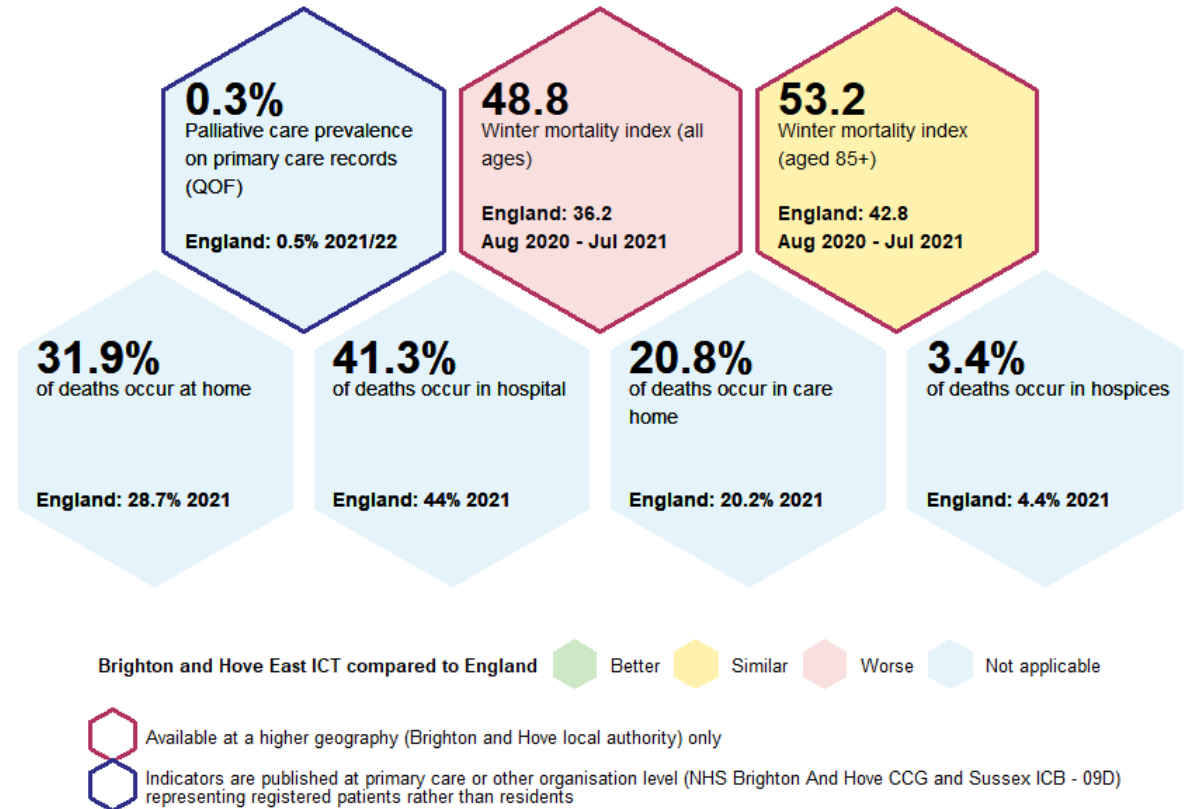
* Note: rates have been calculated on rounded values and may not match outputs published elsewhere exactly.

Dying well in Brighton & Hove East ICT

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

Within Brighton & Hove East ICT in 2021, a greater proportion of deaths occurred at home than for England, with a lower proportion in hospital and a similar proportion in a care home when compared with England. The Covid19 pandemic affected the place of death figures in 2021.

Some of these figures are only available for the whole of Brighton & Hove. In Brighton & Hove there is a higher winter mortality index than for England.



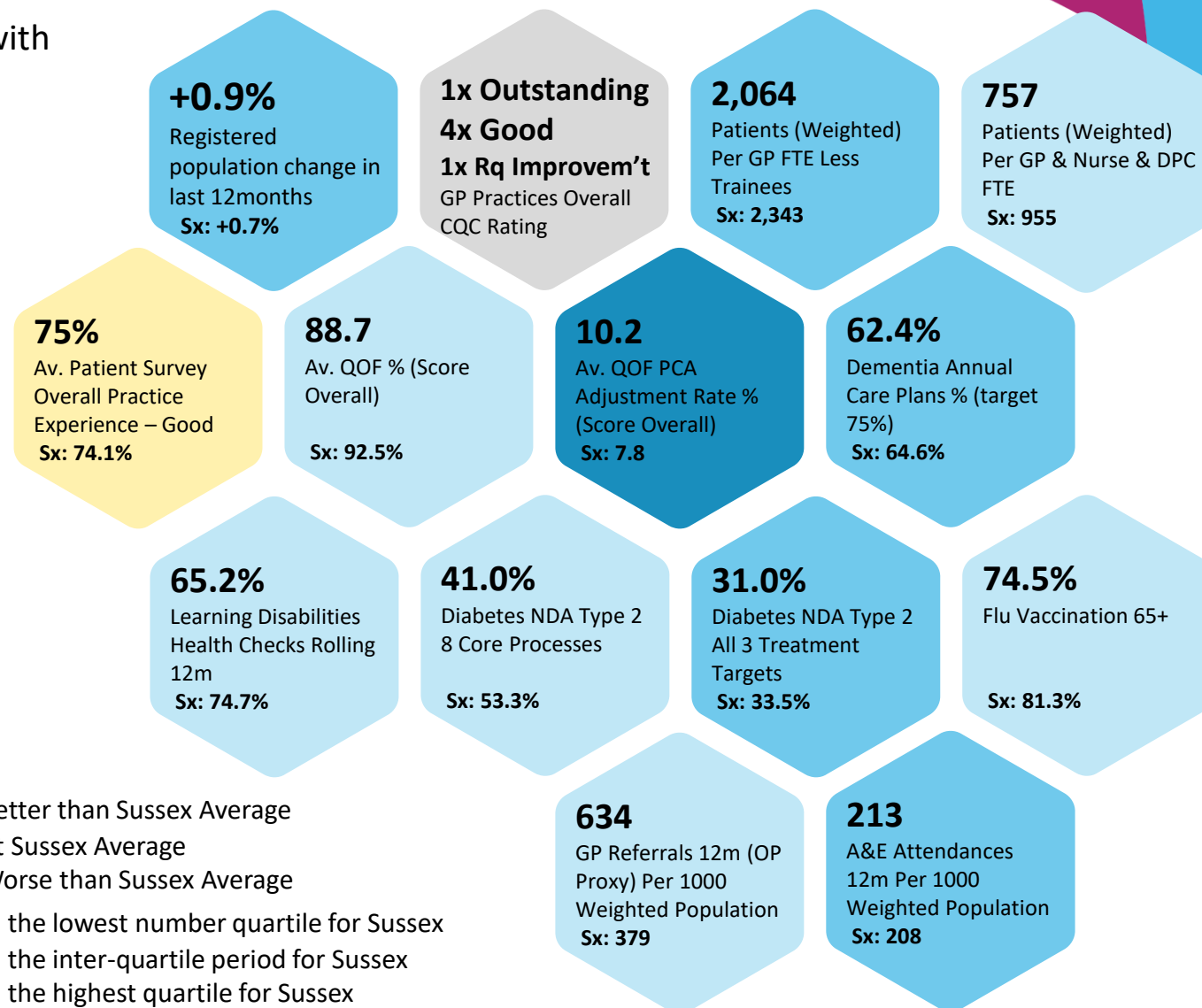
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GP Primary Care in Brighton & Hove East ICT

- Within Brighton & Hove East ICT there are 3 partial PCNs with 6 GP Practices with very varying levels of population
 - 2 practices (Broadway & ARCH) have <5k registered patients
- There are fewer patients per GP, nurse or DPC FTE than the Sussex average
- The Average QOF Achievement score is lower in than the Sussex average
- There is a higher QOF Personal Care Adjustment rate than the Sussex average
- Annual Dementia Care plans are below the 75% target
- The percentage of people with Learning disabilities who had a health check is lower than the Sussex average
- The number of people with Diabetes who have completed the 8 core processes is lower than the Sussex average
- The Flu Vaccination rate for 65+ is lower than the Sussex average
- There are fewer GP Referrals per 1,000 weighted population than the Sussex average

Key

- Better than Sussex Average
 - At Sussex Average
 - Worse than Sussex Average
 - In the lowest number quartile for Sussex
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 - In the highest quartile for Sussex
 - No comparison made
- (lowest or highest quartile does not mean good or bad)*



better health and care for all

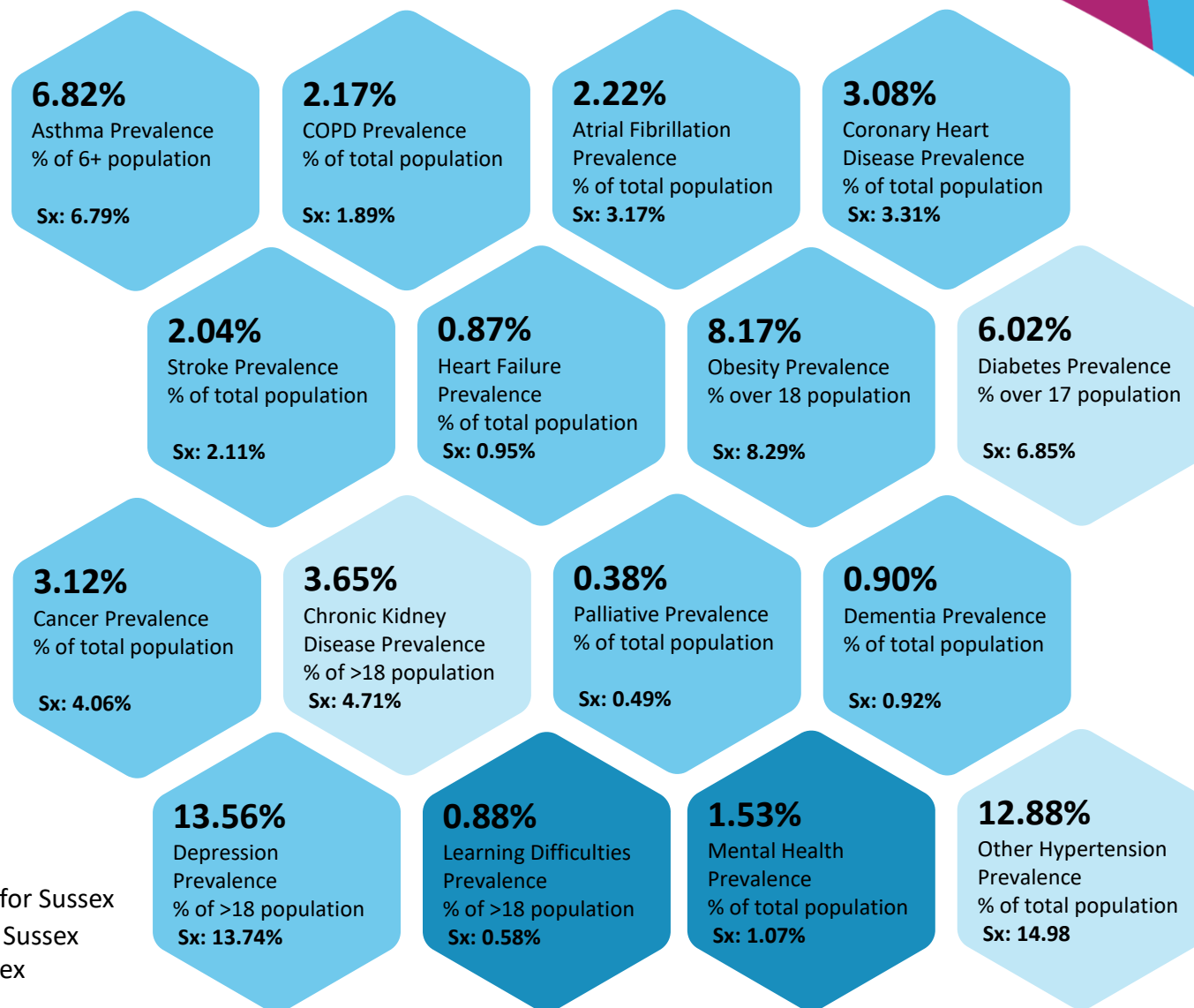
Long term conditions : QOF registers – Brighton & Hove East ICT

- Brighton & Hove East ICT has higher QOF prevalence of Learning Difficulties and Mental Health than the Sussex average
- It has lower prevalence than the Sussex average for Diabetes, Chronic Kidney Disease and Hypertension

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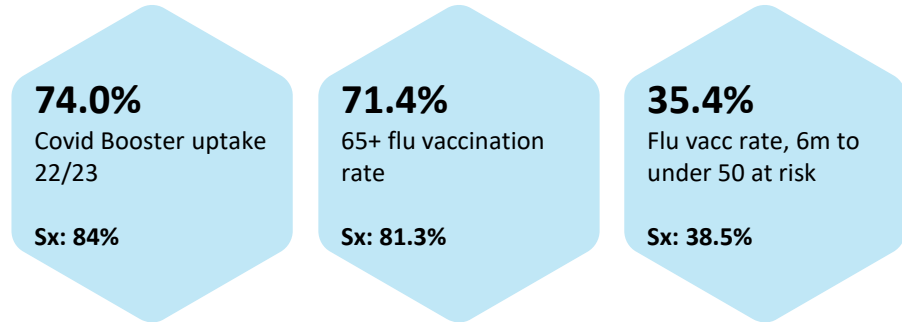
(lowest or highest quartile does not mean good or bad)



Better health and care for all

Primary Care 2 – Brighton & Hove East ICT

- Brighton & Hove East ICT has lower immunisation uptake for:
 - Covid booster
 - 65+ Flu
 - At risk under 50 flu



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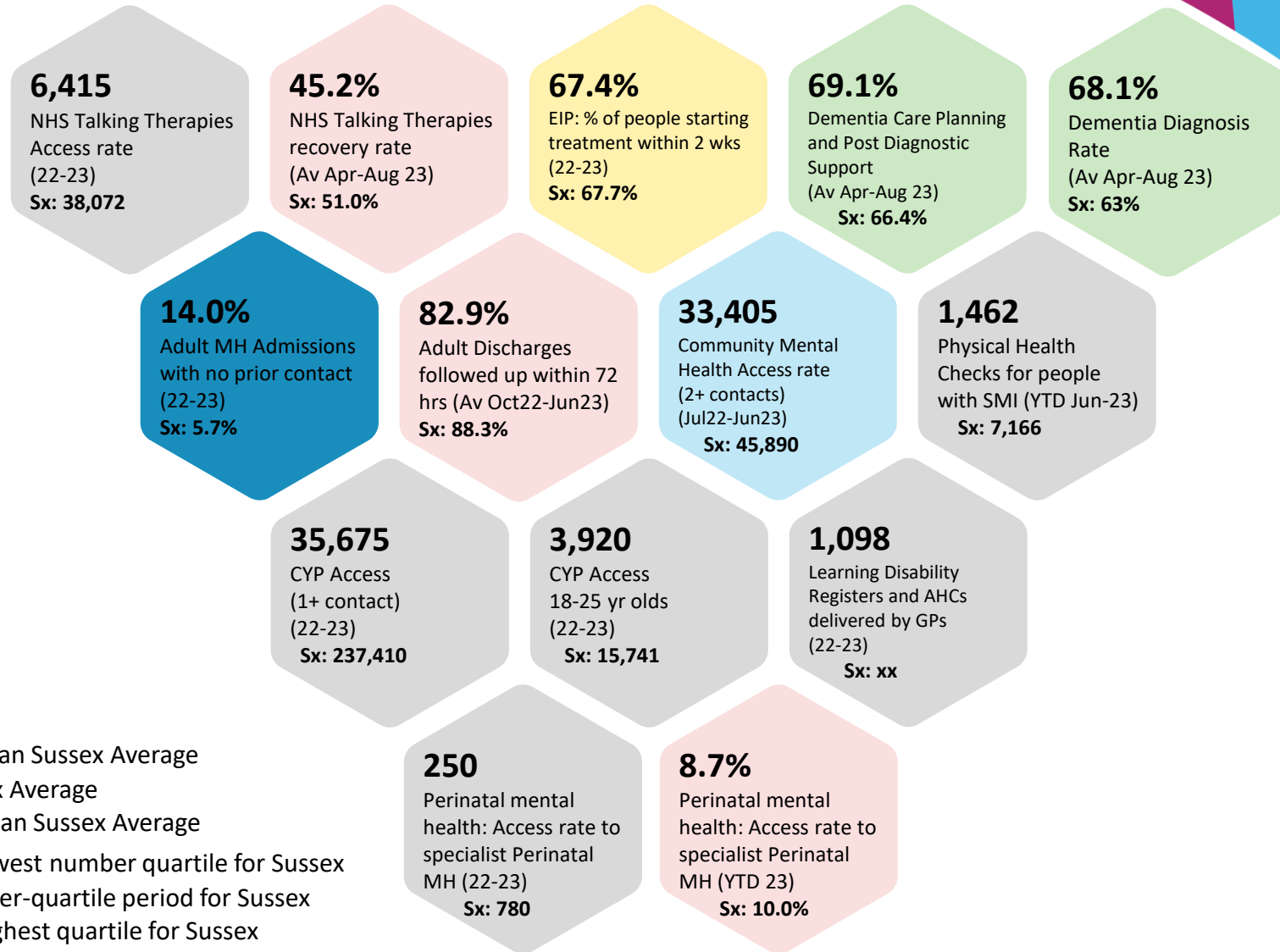
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Better health and care for all

Mental Health – Brighton & Hove

Figures are only available at East Sussex, West Sussex and Brighton & Hove areas

- Brighton & Hove has a lower recovery rate from Talking Therapies than the Sussex average
- Dementia Care planning, support are higher than the Sussex average
- Diagnosis rate against the expected level are higher than the Sussex average
- Brighton & Hove has a higher proportion of adult mental health admissions in which there was no prior contact with services
- A slightly lower proportion of mental health adult discharges were followed up within 72 hours
- Access rate to specialist perinatal mental health care is lower than the Sussex average



Key

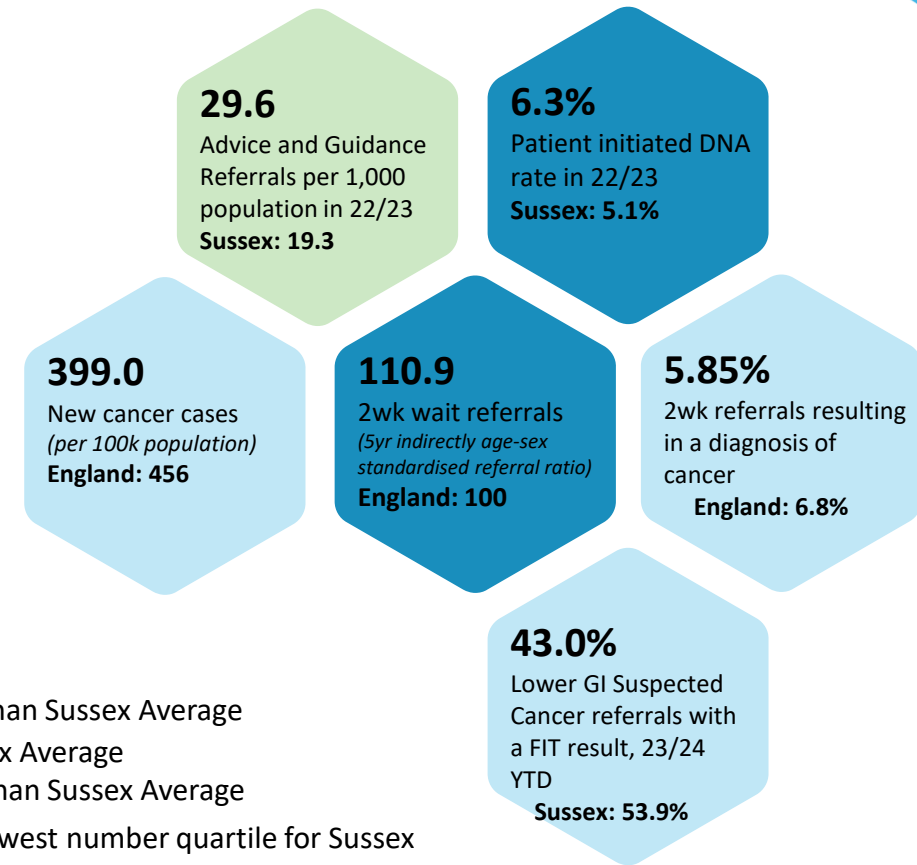
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Better health and care for all

Planned Care Alternatives and Cancer Care – Brighton & Hove East ICT

- Brighton & Hove East ICT has:
 - A higher rate of patient-initiated DNAs (Outpatient appointments which were not attended in hospital) than the Sussex average
 - A lower proportion of 2week rule referrals which result in a Cancer diagnosis
 - A low rate of new cancer diagnoses
- The four Brighton & Hove ICTs have the four lowest rates of 2 week rule referrals which result in a cancer diagnosis



Key

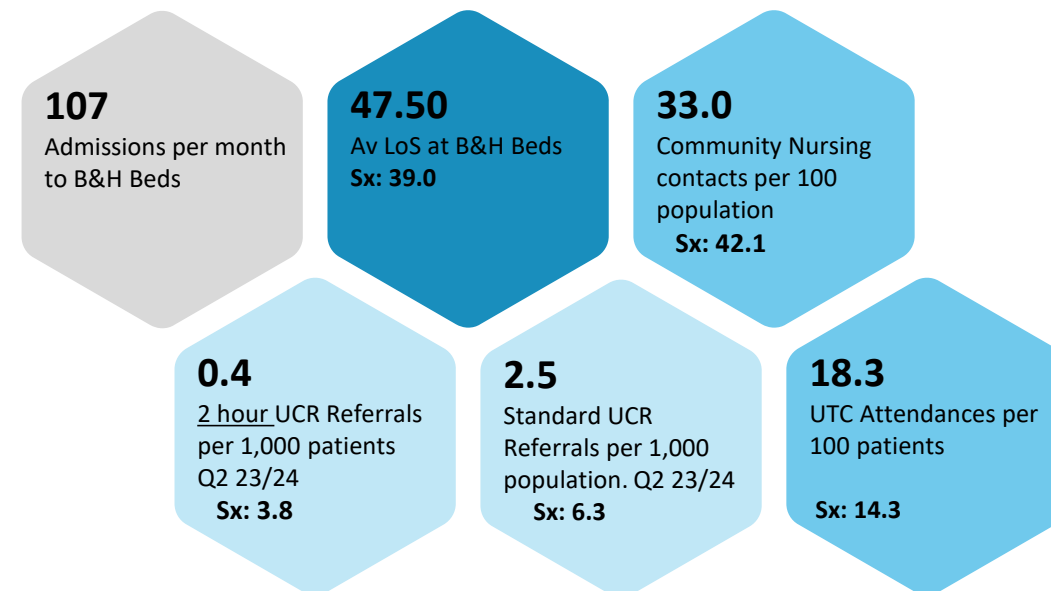
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Community Health Services – Brighton & Hove East ICT

- Brighton Community Beds have the highest length of stay of community beds in Sussex
- Brighton & Hove ICTs all had a significantly low rate of both 2 hour and standard Urgent Community Response



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

Key

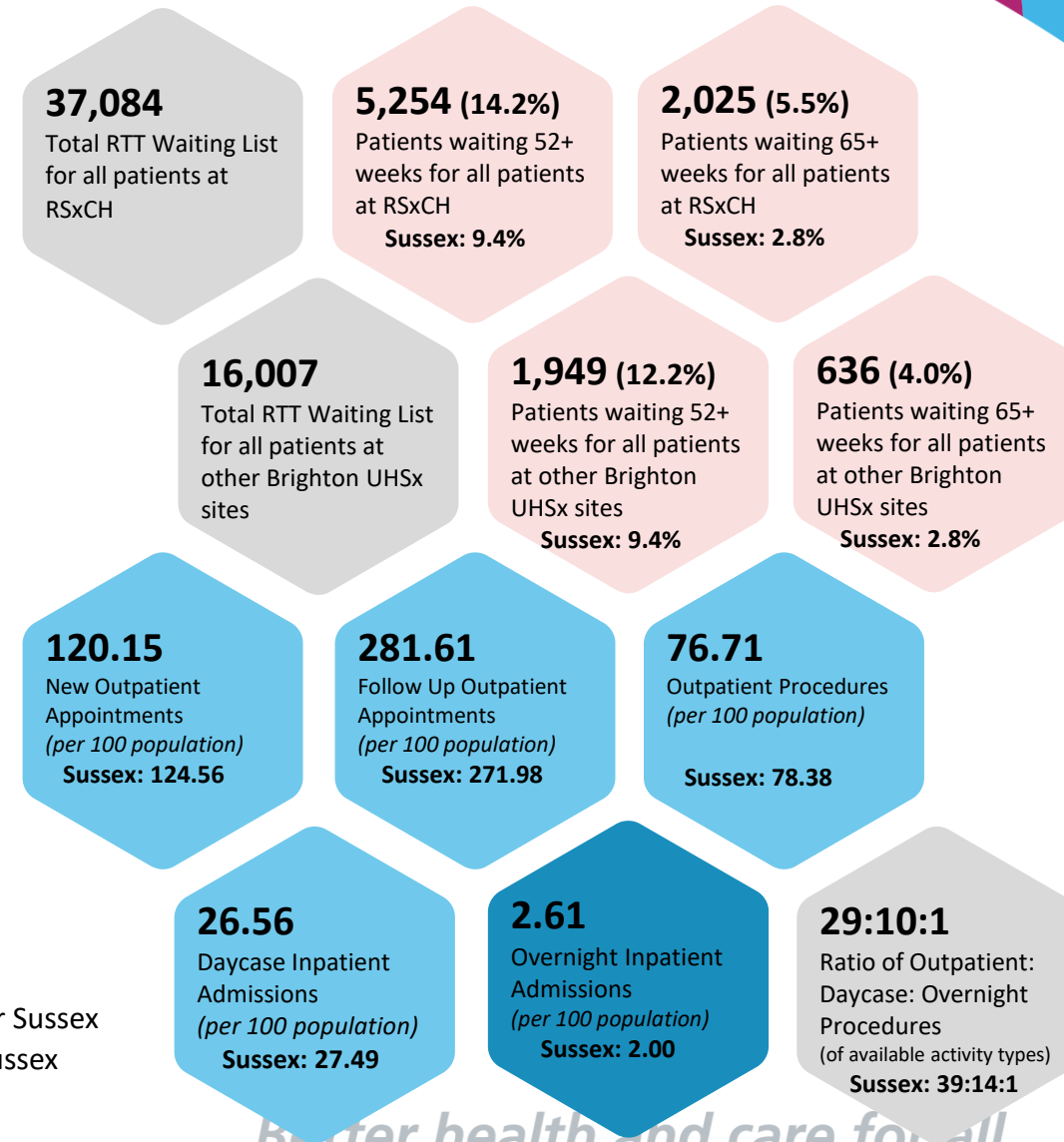
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Acute Planned Care – Brighton & Hove East ICT

- Key Hospital Sites in Brighton have a significantly higher level of patients waiting both over 52 weeks and 65 weeks for Elective Acute care
- The rate of Elective Inpatient Admissions where the patient stays overnight is higher than Sussex



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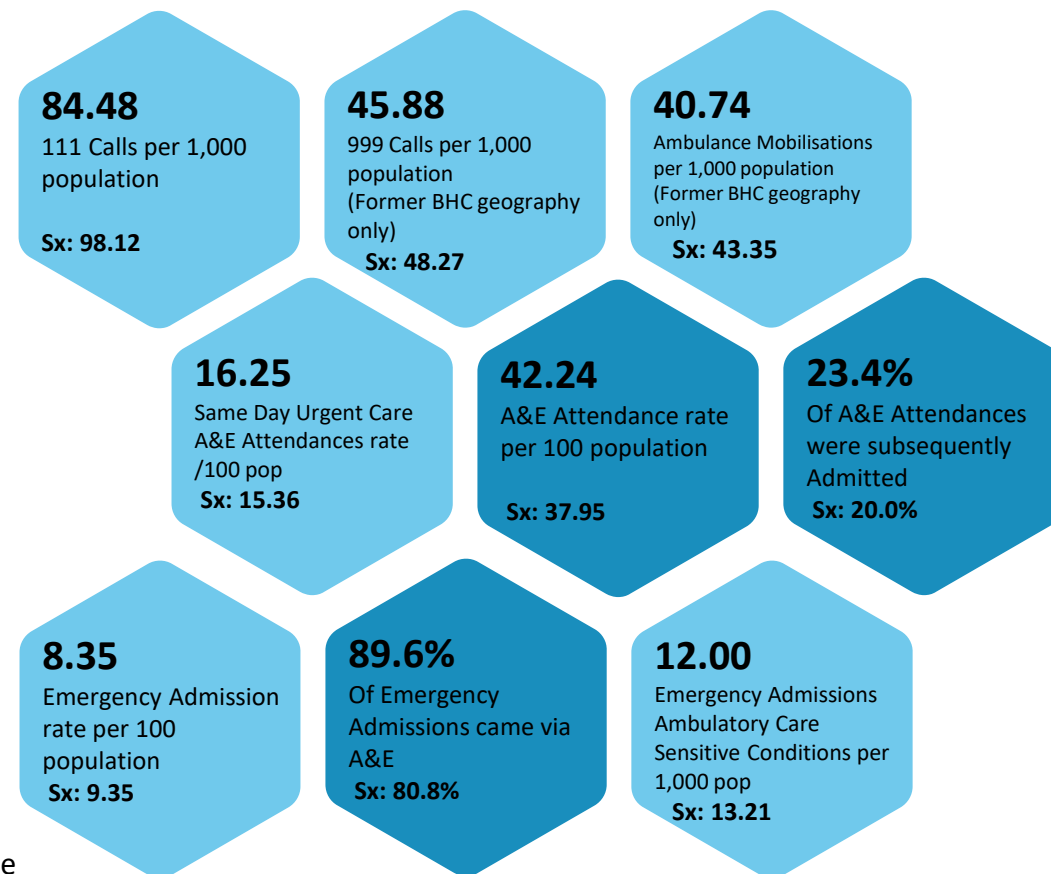
(lowest or highest quartile does not mean good or bad)

Better health and care for all

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Urgent and Emergency Care – Brighton & Hove East ICT

- The rate of A&E attendances is higher than the Sussex average, as is the percentage of A&E attendances subsequently admitted and the percentage of emergency admissions which came via A&E



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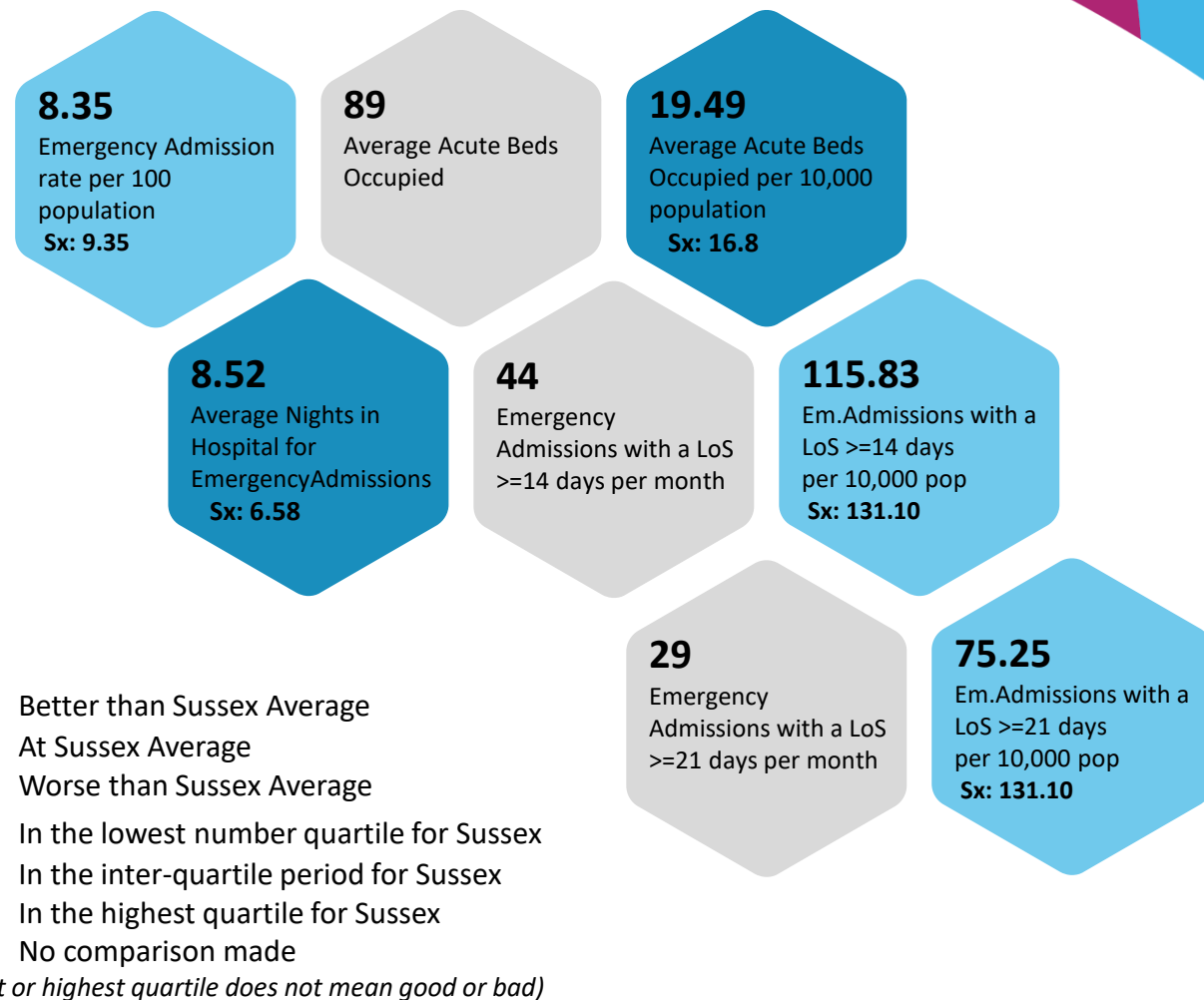
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Figures above are for the full year 22/23

Better health and care for all

Acute Inpatient Emergency Care – Brighton & Hove East ICT

- The rate of acute beds occupied by Brighton & Hove East ICT patients is higher than the Sussex ICT average
- When they are admitted, the number of nights patients spend in hospital is comparatively high

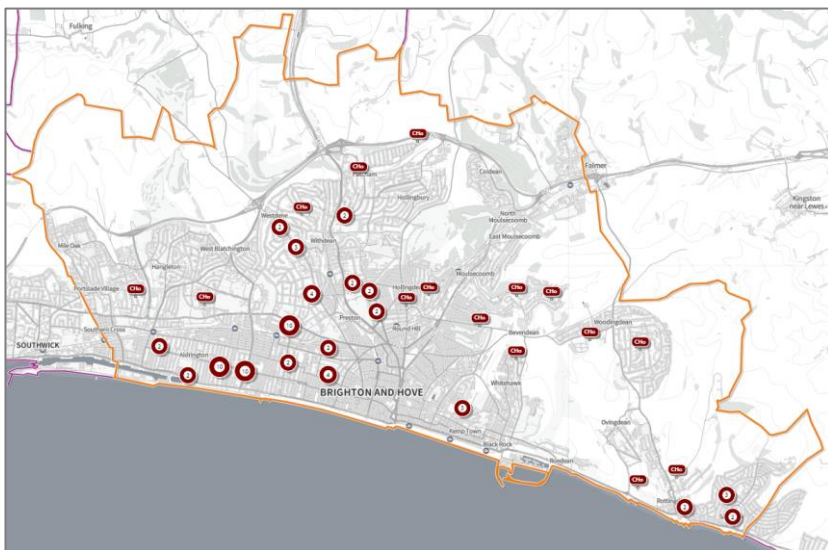


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Better health and care for all

Care Homes: Urgent Healthcare use – Brighton & Hove East ICT

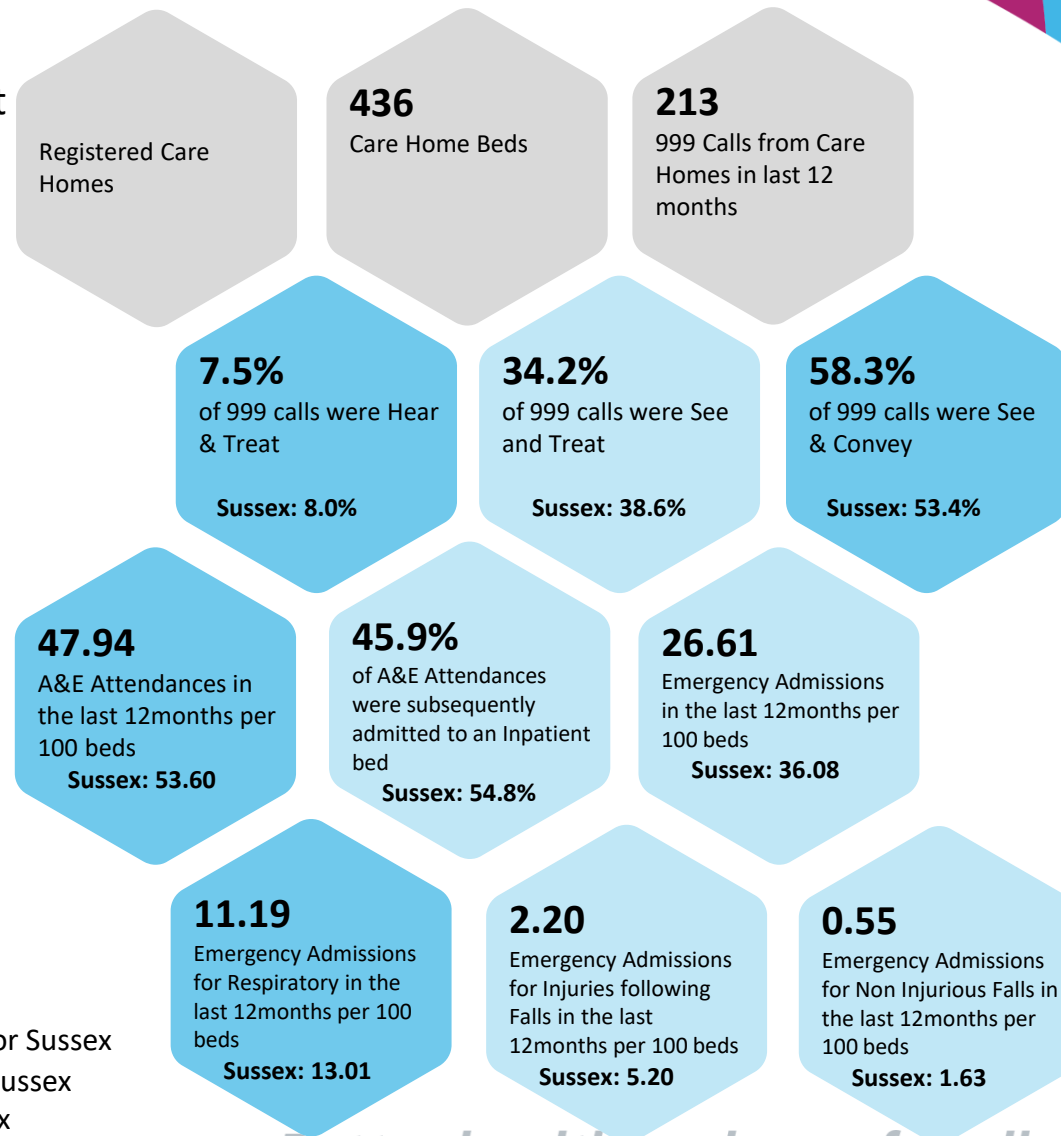
- Brighton & Hove East ICT is lower than Sussex average for:
 - The proportion of 999 calls from Care Homes that are See and Treat
 - A&E attendances from care homes with patients subsequently admitted
 - Emergency admissions from care homes
 - Emergency admissions from care homes for injuries following falls
 - Emergency admissions from care homes for non-injurious falls



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Better health and care for all

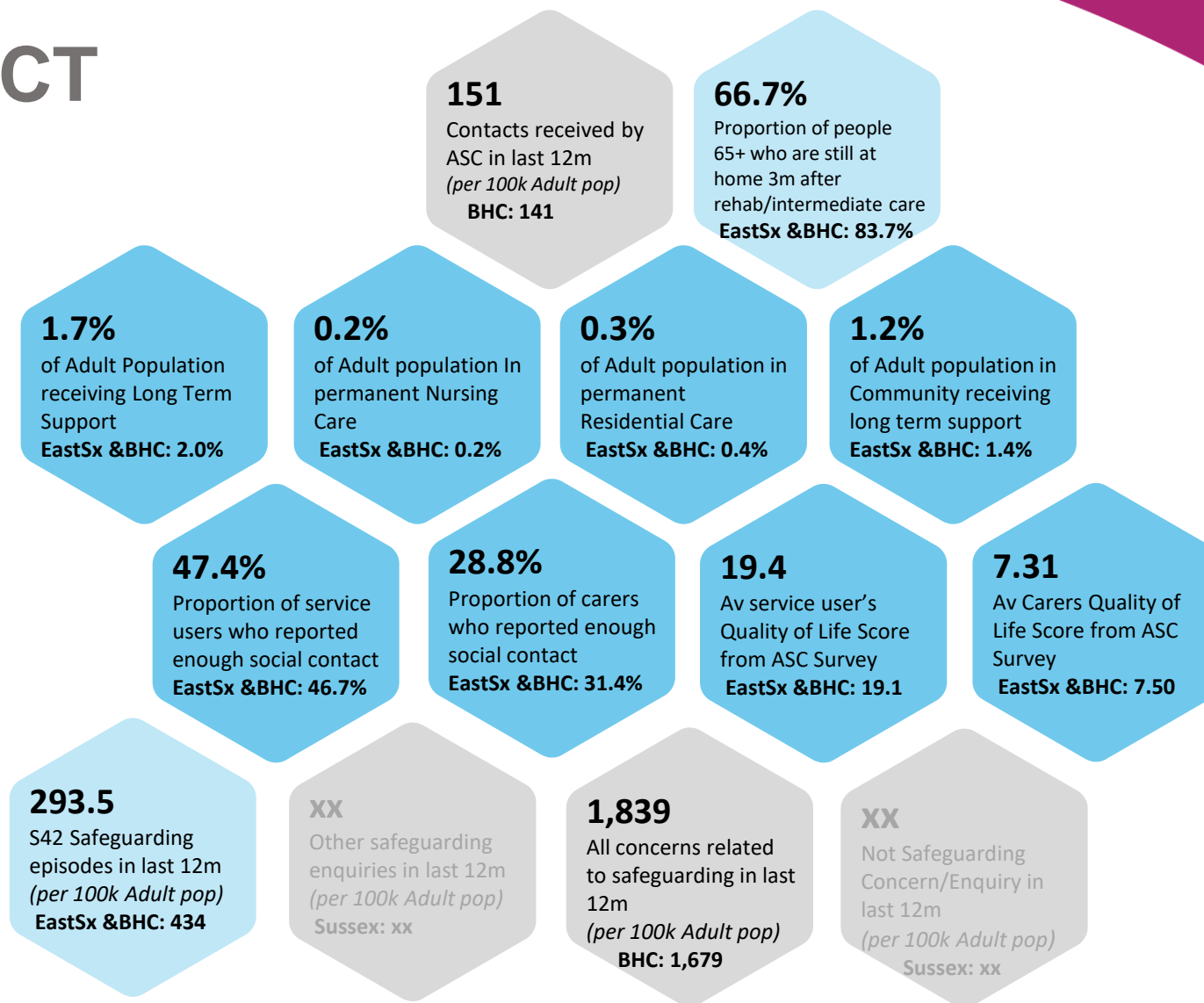
Adult Social Care – Brighton & Hove East ICT

- The number of contacts received by Adult Social Care (ASC) is reported differently across the three areas of Sussex.
- Within Brighton & Hove, Brighton & Hove East ICT has a lower proportion of people aged 65+ who are still at home 3 months after rehab/intermediate care
- There were relatively fewer safeguarding episodes in the last 12 months

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Better health and care for all

Links to key resources

Local mappings sites

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

JSNAs

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

National tools with local area data

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

NHS Sussex ICB

- Sussex Insight bank <https://int.sussex.ics.nhs.uk/nhs-sussex/tools-for-your-work/insight-bank/>
- [ICB Information Station](https://www.sussex.nhs.uk/ics/information-station)