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
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</tbody>
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### WHO WE ARE PAGE

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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 wellbeing. 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

552,300 residents in 2017

2. HEALTH AND LOCAL AUTHORITY GEOGRAPHIES

3. WE ARE CHANGING (2017)

24,096 People into the county

19,860 People out of the county

4. DEPRIVATION, INDEX OF MULTIPLE DEPRIVATION, 2015

East Sussex
7th most deprived county

Most deprived

Least deprived

27 County Councils

5. WHERE WE LIVE

Urban city and town 74%
Rural town and fringe 11%
Rural village and dispersed 15%

6. OUR COUNTY

1,709km²

323 people per km²

LSOA density ranges from 38 to 19,100 per km²
WHO WE ARE
HEALTH AND CARE ORGANISATIONS

7. KEY HEALTH AND CARE ORGANISATIONS

- 63 Main GP Practices
- 43 Branch GP Practices
- 108 Community Pharmacies
- 334 Dentists
- 52 Opticians
- 70 Nursing Homes
- 151 Residential Homes
- 5 Integrated Trust
- 2 Acute Hospitals
- 1 Ambulance Trust
- 1 Community Trust
- 1 Mental Health Trust
- 5 Districts & Boroughs
- 1 County Council
- 3 CCGs

PICTURE EAST SUSSEX - Annual report of the Director of Public Health 2018/19
WHO WE ARE

PEOPLE

8. ETHNICITY, 2011
8% identify as non White British/Northern Irish
43,900 people
East Sussex
20% England

9. POPULATION AGE STRUCTURE AND PREDICTED CHANGE
2016
1 in 4 Aged 65 years and over
12% 0-19
13% 20-64
53% 65-74
22% 75+

2035
1 in 3 Aged 65 years and over
19% 0-19
15% 20-64
47% 65-74
20% 75+

10. LONG TERM LIMITING ILLNESS OR DISABILITY, 2011
20% people have a Long Term Limiting Illness or disability

11. GENDER, 2017
267,500 males
48%
284,800 females
52%

12. RELIGIOUS BELIEF, 2011
Christianity
60
59

No religion
30
25

Other
2
8

Not stated
8
7

East Sussex
England

13. SEXUAL ORIENTATION AND GENDER IDENTITY, 2017
3% identify as LGBT+: lesbian, gay, bisexual, transgender and other sexual and gender identities

20% people have a Long Term Limiting Illness or disability
18% England
WHO WE ARE
BIRTHS AND DEATHS

14. NUMBER OF BIRTHS
5,219
Live births in 2016

15. BREASTFEEDING INITIATION, 2016/17
79%
new mothers who initiated breastfeeding following the birth of their baby

16. NUMBER OF DEATHS
6,445
Deaths in 2016

17. RATE OF STILLBIRTHS 2014/16
3.5 per 1,000

18. SMOKING AT TIME OF DELIVERY
17% 13%

19. AGE AT DEATH
57% 37%
women men
Die after the age of 85
20. DEPRIVATION IN EAST SUSSEX

IMD 2015 - East Sussex quintiles

1 = amongst the 20% most deprived wards in E. Sussex
2 = 21-30%
3 = 16-20%
4 = 11-15%
5 = amongst the 20% least deprived wards in E. Sussex

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

13% East Sussex
16% England
15% Eastbourne
22% Hastings
11% Lewes
12% Rother
10% Wealden

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

1 = Most deprived
Hastings (20)
Eastbourne (129)
Rother (155)
Lewes (211)
Wealden (275)

326 = Least deprived

23. UNEMPLOYMENT, 2016

5% Eastbourne
7% Hastings
4% Lewes
5% Rother
3% Wealden

5% unemployment rate
5% England

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

16% East Sussex
19% Eastbourne
25% Hastings
17% England
13% Lewes
16% Rother
10% Wealden

10% Wealden
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
77%

27. ACHIEVING 5 A*-C AT GCSE, 2015/16
England
Children attaining 5 A*-C at GCSE, 2015/16
71%

28. WHERE YOUNG PEOPLE LIVE
% population under-18, 2016

29. EDUCATION AND HEALTH CARE PLAN, 2016

30. HAPPINESS, 2017
Pupils feel ‘quite’ or ‘very’ happy with their life at the moment
Year 6
77%
Year 10
63%

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

33. 0-18 YEAR OLDS, 2017
57,800 males (51%)
54,500 females (49%)
WHO WE ARE
FAIR EMPLOYMENT/WORK

34. QUALIFICATIONS, 2011

26% East Sussex
16+ year olds are qualified to Level 4 (higher education) or above
27% in England

35. EMPLOYMENT STATUS, 2011

<table>
<thead>
<tr>
<th>Region</th>
<th>Economically active (%)</th>
<th>Retired (%)</th>
<th>Economically inactive (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>70</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>East Sussex</td>
<td>68</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Eastbourne</td>
<td>68</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Hastings</td>
<td>68</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Lewes</td>
<td>70</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Rother</td>
<td>63</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>Wealden</td>
<td>70</td>
<td>18</td>
<td>12</td>
</tr>
</tbody>
</table>

36. UNIVERSAL CREDIT CLAIMANTS, JULY 2018

2.2% JSA/Universal Credit Claimants
2.1% East Sussex
2.6% England
1.8% England

37. EMPLOYMENT OF UNPAID CARERS, 2011

Economically active Economically inactive Retired

<table>
<thead>
<tr>
<th>Region</th>
<th>Economically active</th>
<th>Economically inactive</th>
<th>Retired</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Sussex</td>
<td>59%</td>
<td>13%</td>
<td>28%</td>
</tr>
<tr>
<td>England</td>
<td>64%</td>
<td>15%</td>
<td>21%</td>
</tr>
</tbody>
</table>

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

6% East Sussex
7% England

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

29% East Sussex
11% England
WHO WE ARE
STANDARD OF LIVING

40. HOUSING TENURE, 2011

- **Owned**
  - Eastbourne: 62%
  - Hastings: 55%
  - Lewes: 73%
  - Rother: 74%
  - Wealden: 79%
  - **69%**
- **Private rented**
  - Eastbourne: 23%
  - Hastings: 29%
  - Lewes: 15%
  - Rother: 14%
  - Wealden: 11%
  - **18%**
- **Social rented**
  - Eastbourne: 13%
  - Hastings: 15%
  - Lewes: 11%
  - Rother: 10%
  - Wealden: 8%
  - **11%**
- **Other**
  - Eastbourne: 2%
  - Hastings: 2%
  - Lewes: 2%
  - Rother: 2%
  - Wealden: 3%
  - **2%**

41. HOUSING STOCK, 2017

- East Sussex: 89
- **Public Sector**
- **Housing Association**
- **Private Sector**

42. HOUSING AFFORDABILITY, 2017

- Housing price: 10x
- Average salary: 8x

43. HOUSEHOLDS IN TEMPORARY ACCOMMODATION

- Eastbourne: 1.6 per 1,000 households
- Hastings: 3.4 per 1,000 households
- Lewes: 3 per 1,000 households
- Rother: 2 per 1,000 households
- Wealden: 3 per 1,000 households

44. FUEL POVERTY, 2016

- East Sussex: 10%
- England: 11%

45. OVERCROWDING, 2011

- East Sussex: 3%
- England: 5%

46. HOMELESS HOUSEHOLDS IN PRIORITY NEED, 2017/18

- East Sussex: 3 per 1,000 households
- England: 3 per 1,000 households

47. ROUGH SLEEPERS

- East Sussex: 19
- England: 90

PICTURE EAST SUSSEX - Annual report of the Director of Public Health 2018/19
WHO WE ARE
HEALTHY PLACES

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

49. AIR QUALITY

50. CAR OWNERSHIP, 2011

51. ACTIVE TRAVEL, NOVEMBER 2016/17

52. SENSE OF BELONGING, 2017

53. FEELING SAFE, 2017

54. GREEN SPACE IN EAST SUSSEX

55. TRANSPORT NETWORK, 2017

PICTURE EAST SUSSEX - Annual report of the Director of Public Health 2018/19
56. 2017 EAST SUSSEX COMMUNITY SURVEY

2017 East Sussex Community Survey

- Satisfied with the local area as a place to live:
  - Eastbourne: 87%
  - Hastings: 78%
  - Lewes: 54%
  - Rother: 88%
  - Wealden: 87%

- Living comfortably or doing alright financially: 81%

- Feel lonely often or some of the time: 25%
  - In poor health: 45%
  - Social renter: 44%
  - Workless: 53%

- Formally and Informally Volunteered in the last year:
  - Formally: 46%
  - Informally: 50%
HOW HEALTHY ARE WE
HEALTH STATUS

57. SELF-REPORTED GOOD HEALTH, 2018

58. SELF-REPORTED POOR MENTAL HEALTH, 2016/17

60. WELLBEING SCORE, 2018

61. LOW LIFE SATISFACTION, 2016/17

62. HEALTH RELATED QUALITY OF LIFE, 2011

63. DISABILITY BENEFITS, 2016

Similar to England

Average QoL score 0.7

Similar to England 0.7

Lowest QoL 0

Highest QoL 1

5.5% Disability Benefit Claimants

Similar to England 5.5%
HOW HEALTHY ARE WE
LIFE EXPECTANCY

64. LIFE EXPECTANCY, 2014/16

GAP IN LIFE EXPECTANCY BY WARD

East Sussex

80 84

England

80 83

GAP IN HEALTHY LIFE EXPECTANCY BY WARD

East Sussex

65 63

England

63 64

Ward level data covers the period 2009/13

66. CHANGES IN LIFE EXPECTANCY

67. CHANGES IN HEALTHY LIFE EXPECTANCY

Ward level data covers the period 2009/13

77 80 84

2001-03 2014-16

62 65 66

2009-11 2014-16
## HOW HEALTHY ARE WE

### START WELL

### 68. OBSESE AND OVERWEIGHT, 2016/17
- 23% in East Sussex
- 30% in England

### 69. MMR VACCINE: 2 DOSES BY AGE 5, 2016/17
- 92% in East Sussex
- 94% in EHS CCG
- 92% in HR CCG
- 91% in HVVLH CCG

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

#### Health Related Behaviour Survey 2017 – YEAR 10

<table>
<thead>
<tr>
<th>indicator</th>
<th>2012</th>
<th>2012</th>
<th>2017</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullied in the last 12 months</td>
<td>17%</td>
<td>19%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>Had alcohol in the last week</td>
<td>35%</td>
<td>36%</td>
<td>35%</td>
<td>36%</td>
</tr>
<tr>
<td>Had a cigarette in the last week</td>
<td>17%</td>
<td>9%</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>Have ever taken cannabis</td>
<td>18%</td>
<td>19%</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>Exercised hard 3+ days last week</td>
<td>67%</td>
<td>58%</td>
<td>67%</td>
<td>58%</td>
</tr>
<tr>
<td>Ate 5 a day on previous day</td>
<td>17%</td>
<td>20%</td>
<td>17%</td>
<td>20%</td>
</tr>
</tbody>
</table>

### 71. TEEN CONCEPTIONS AND TERMINATIONS, 2016
- 16 per 1,000 females aged 15-17 in East Sussex
- 19 per 1,000 in England
- Lead to abortions 51% in East Sussex
- 52% in England

### 72. AVERAGE DECAYED MISSING FILLED TEETH AT AGE 5, 2016/17
- 0.4 in East Sussex
- 0.8 in England
- Eastbourne 0.5
- Hastings 0.7
- Lewes 0.4
- Rother 0.5
- Wealden 0.2
HOW HEALTHY ARE WE
BETTER LIVING

73. PHYSICALLY ACTIVE, 2016/17
67% East Sussex
66% England

74. POPULATION AGED 20-64, 2017
143,700 males
49%
150,300 females
51%

75. PHYSICALLY INACTIVE, 2016/17
22% East Sussex
similar to England 22%

76. SMOKING PREVALENCE, 2017
14% East Sussex
15% England

77. PEOPLE DRINKING MORE THAN 14 UNITS OF ALCOHOL A WEEK, 2017
27% East Sussex
26% England

78. COMPLETED TREATMENTS FOR SUBSTANCE MISUSE, 2016
Alcohol users
34% East Sussex
39% England

Opiate users
5% East Sussex
7% England

Non-Opiate users
28% East Sussex
37% England

79. BINGE DRINKING, 2011-14
12% East Sussex
17% England
HOW HEALTHY ARE WE
RISK CONDITIONS

80. HYPERTENSION, 2015

East Sussex
- Undiagnosed hypertension: 13%
- Diagnosed hypertension: 23%

England
- Undiagnosed hypertension: 12%
- Diagnosed hypertension: 21%

81. OBESE OR OVERWEIGHT, 2016/17

East Sussex
- Hypertension: 59%
- Obesity or overweight: 61%

England
- Hypertension: 61%
- Obesity or overweight: 58%

82. SEXUAL HEALTH

STI diagnoses, 2017

East Sussex: 609
England: 794
Per 100,000 population

Chlamydia detection rate, 2017

East Sussex: 8%
England: 61%

New HIV diagnoses, 2016

East Sussex: 10
England: 1,882

83. ESTIMATED PREVALENCE OF NON-DIABETIC HYPERGLYCAEMIA, 2015

East Sussex
- Undiagnosed: 13%

England
- Undiagnosed: 11%
### HOW HEALTHY ARE WE

#### PHYSICAL ILLNESS

<table>
<thead>
<tr>
<th>Physical Illness</th>
<th>Recorded Prevalence</th>
<th>East Sussex</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Heart Disease (CHD)</td>
<td>84. Estimated CHD Prevalence in 55-79 year olds, 2015</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>85. People with CHD whose blood pressure is controlled, 2016/17</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>88. Chronic Obstructive Pulmonary Disease Prevalence, 2016/17</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>89. Asthma Prevalence by CCG Practice Population 2016/17</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>86. Estimated Prevalence of Diabetes, 2016/17</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>87. Receiving all 8 Diabetes Care Processes, 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Diabetes Care Processes, 2015

<table>
<thead>
<tr>
<th>CCG</th>
<th>Type 1 Receiving 8 Processes</th>
<th>Type 2 Receiving 8 Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS CCG</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>HR CCG</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>HWLH CCG</td>
<td>57%</td>
<td>57%</td>
</tr>
</tbody>
</table>

#### Estimated Prevalence of Diabetes 2016/17

<table>
<thead>
<tr>
<th>Condition</th>
<th>Recorded Prevalence</th>
<th>East Sussex</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>8%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>COPD</td>
<td>8%</td>
<td>6%</td>
<td>7%</td>
</tr>
</tbody>
</table>

#### Number of People with Two or More Long Term Health Conditions

- **2018**: 26% of 69,500
- **2028**: 28% of 80,000
- **Increase**: 2% between 2018 and 2028

Diabetics receiving all 8 care processes, 2015:

- **Type 1**: 34% England
- **Type 2**: 57% England

- **EHS CCG**: 39% Type 1, 57% Type 2
- **HR CCG**: 40% Type 1, 47% Type 2
- **HWLH CCG**: 48% Type 1, 57% Type 2

- **East Sussex**: 8% Type 1, 9% Type 2
- **England**: 8% Type 1, 9% Type 2
## How Healthy Are We

### Mental Illness

#### Common and Severe Mental Illness

<table>
<thead>
<tr>
<th>91. Onset of Mental Illness</th>
<th>92. Estimated Prevalence of Mental Ill Health in Young People, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>½ 1/2</td>
<td>9% 5-16 year olds have a mental health disorder</td>
</tr>
<tr>
<td></td>
<td>East Sussex</td>
</tr>
<tr>
<td></td>
<td>9% 5-16 year olds have a mental health disorder</td>
</tr>
<tr>
<td></td>
<td>England</td>
</tr>
</tbody>
</table>

#### Estimated Prevalence of Mental Health Conditions

<table>
<thead>
<tr>
<th>93. Predicted Dementia Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
</tr>
<tr>
<td>10,800</td>
</tr>
<tr>
<td>2035</td>
</tr>
<tr>
<td>18,250</td>
</tr>
</tbody>
</table>

#### Gp Recorded Prevalence of Moderate Mental Illness, 2016/17

<table>
<thead>
<tr>
<th>94. Estimated Prevalence of Mental Health Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 6</td>
</tr>
<tr>
<td>Has a mental health condition at any one time</td>
</tr>
</tbody>
</table>

#### Gp Recorded Prevalence of Severe Mental Illness, 2016/17

<table>
<thead>
<tr>
<th>95. Gp Recorded Prevalence of Severe Mental Illness, 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1% 0.9%</td>
</tr>
<tr>
<td>East Sussex</td>
</tr>
<tr>
<td>England</td>
</tr>
</tbody>
</table>

#### Gp Recorded Prevalence of Depression, 2016/17

<table>
<thead>
<tr>
<th>96. Gp Recorded Prevalence of Depression, 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>12% 9%</td>
</tr>
<tr>
<td>East Sussex</td>
</tr>
<tr>
<td>England</td>
</tr>
</tbody>
</table>

#### Preventing Dementia

<table>
<thead>
<tr>
<th>97. Gp Recorded Prevalence of Dementia, 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1%</td>
</tr>
<tr>
<td>EHS CCG</td>
</tr>
<tr>
<td>0.8%</td>
</tr>
<tr>
<td>HR CCG</td>
</tr>
<tr>
<td>1.2%</td>
</tr>
<tr>
<td>HWLH CCG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>98. Preventing Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximately 1 in 3</td>
</tr>
<tr>
<td>could be prevented</td>
</tr>
<tr>
<td>through lifestyle and</td>
</tr>
<tr>
<td>social changes</td>
</tr>
</tbody>
</table>
HOW HEALTHY ARE WE
SCREENING AND CANCER

99. CANCER

11,325
New cases of cancer, 2014/16

522
Per 100,000

547 England

Incidence of cancer, 2014-16

665
Per 100,000

674 England

593
Cases of cancer per 100,000 population 2014-16

610
England

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

Males

198
Prostate

82
Colorectal

78
Lung

Females

173
Breast

57
Colorectal

51
Lung

100. CANCER SCREENING UPTAKE, 2016/17

Breast Cancer

74% - Actual

80% - Target

75% - Actual

72% - Actual

Bowel Cancer

71% - Actual

60% - Target

75% - Actual

72% - Actual

Cervical Cancer

61% - Actual

57% - Target

75% - Actual

57% - Target

Cases of cancer per 100,000 population 2014-16

East Sussex

England

Breast Cancer Screening uptake

Bowel Cancer Screening uptake

Cervical Cancer Screening uptake

New cases of cancer, 2014/16

547 England

674 England

Lung

Cancer

Bowel

Cancer

Breast

Cancer

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

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

21,000 in 2018

26,000 in 2028

+50,000 mildly frail

+61,000 mildly frail

103. POPULATION AGED 65 AND OVER, 2017

63,000 males

45%

77,400 females

55%

104. EXCESS WINTER DEATHS

Particularly high in 2008/9 and 2014/15

26% 24%

29% 28%

England

2008/09

2014/15

East Sussex

105. PLACE OF DEATH 65 AND OVER, 2016

England

5% 5% 34% 40% 19% 47% 29% 1% 20% 132% 58% 22% 45% 104% 52% 75% 86% 13% 35% 49% 11% 25% 20% 22% 1% 36% 58% 65% 132% 196% 0 5,000 10,000 15,000 20,000 25,000 65-69 70-74 75-79 80-84 85-89 90+

Hospital

Care Home

Home

Hospice

Other

Males East Sussex

Females East Sussex

England

65-69 70-74 75-79 80-84 85-89 90+

5,000 10,000 15,000 20,000 25,000
HOW HEALTHY ARE WE

MORTALITY

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

<table>
<thead>
<tr>
<th></th>
<th>2001-03</th>
<th>2014-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td>5,490</td>
<td>5,050</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>7,030</td>
<td>6,072</td>
</tr>
</tbody>
</table>
| Stroke           | 106, LEADING CAUSES OF DEATH, AGE-STANDARDISED RATE PER 100,000

| Females          |         |         |
| Heart disease    | 6,072   | 6,072   |
| Influenza and pneumonia | 7,030 | 6,072   |
| Stroke           | 106, LEADING CAUSES OF DEATH, AGE-STANDARDISED RATE PER 100,000

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

<table>
<thead>
<tr>
<th></th>
<th>2001-03</th>
<th>2014-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Sussex</td>
<td>1,342</td>
<td>1,038</td>
</tr>
<tr>
<td>England</td>
<td>936</td>
<td>764</td>
</tr>
</tbody>
</table>

108. ALCOHOL AND SUBSTANCE MISUSE MORTALITY, AGE-STANDARDISED RATE PER 100,000 POPULATION

<table>
<thead>
<tr>
<th></th>
<th>Eastbourne</th>
<th>Hastings</th>
<th>Lewes</th>
<th>Rother</th>
<th>Wealden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-related mortality, 2015/17</td>
<td>11</td>
<td>15</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Alcohol-related mortality, 2014/16</td>
<td>11</td>
<td>16</td>
<td>7</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>East Sussex</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>15</td>
<td>5</td>
</tr>
</tbody>
</table>

110. PREMATURE ALL-CAUSE MORTALITY, UNDER 75 YEARS, AGE-STANDARDISED RATE PER 100,000 POPULATION

<table>
<thead>
<tr>
<th></th>
<th>East Sussex males</th>
<th>England males</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-03</td>
<td>60% all deaths</td>
<td>60% all deaths</td>
</tr>
<tr>
<td>2014-16</td>
<td>56% all deaths</td>
<td>56% all deaths</td>
</tr>
</tbody>
</table>
HOW WE USE SERVICES
PRIMARY CARE

111. PRIMARY CARE PROVISION PER 1,000 POPULATION

GPs
- 0.5
- 0.6 England

Pharmacies
- 0.2
- 0.2 England

Dentists
- 0.6
- 0.4 England

Opticians
- 0.1
- 0.3 England

112. AVERAGE PRACTICE POPULATION

EHS CCG
- 17,850
- 3,500
- 9,400

HR CCG
- 17,150
- 2,650
- 7,600

HWLH CCG
- 14,550
- 3,350
- 9,000

113. 20 MINUTES WALK TO GP, SEPTEMBER 2018

England, 2018
- 69%

114. PRACTICE POPULATIONS

2018

0-17
- 19%
- 18%

18-64
- 53%
- 47%

65-84
- 23%
- 26%

85+
- 5%
- 10%

2035 (estimated)

0-17
- 19%
- 17%

18-64
- 55%
- 48%

65-84
- 22%
- 27%

85+
- 4%
- 8%

115. GOOD EXPERIENCE OF MAKING A GP APPOINTMENT

England, 2018
- 69%
## How We Use Services

### Social Care

#### Carers

- **116. Hours Spent Caring Per Week, 2011**
  - 59,000 (11%) carers
  - 67% 0-19 hours
  - 22% >50 hours
  - 11% 20-49 hours

- **117. Carers Allowance Claimants, Aged 16+, February 2018**
  - 116 carers

- **118. Fixed Term Exclusions, 2015/16**
  - 119,500
  - 67% 0-19 hours
  - 22% >50 hours
  - 11% 20-49 hours

#### Children

- **119. Looked After Children, March 2017**
  - 59,000 (11%)
  - 10% England

- **118. Exclusions, 2015/16**
  - 1.7% Primary Schools
  - 1.2% Secondary Schools
  - 4.8 per 1,000 aged under 18

#### Adults

- **120. Health and Social Care Connect (HSCC) Contacts and Referrals**
  - 2016/17: 119,500
  - 2017/18: 130,400

- **121. Safeguarding Contacts for People Aged 18+, 2017/18**
  - 326
  - 5,550 Contacts
  - 1,455 Enquiries completed
  - 4,595 Concerns

- **122. Receiving Long Term Support**
  - 2015/16: 2,847
  - 2016/17: 2,944
  - 2017/18: 3,077
  - 2017/18: 6,138

---

*PICTURE EAST SUSSEX - Annual report of the Director of Public Health 2018/19*
HOW WE USE SERVICES
MENTAL HEALTH SERVICES

123. MENTAL HEALTH HOSPITAL ADMISSIONS, Q4 2018
265 per 100,000 population
East Sussex

124. PEOPLE ENTERING TALKING THERAPIES, MARCH 2018
16% of people estimated to have anxiety or depression entered talking therapies
17% England

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

58 per 100,000 0-17 year olds
East Sussex

25 per 100,000 0-17 year olds
England

405 Per 100,000 10-24 year olds
East Sussex

456 Per 100,000 10-24 year olds
England

82 EHS CCG
68 HR CCG
26 HWLH CCG

274 per 100,000 population
England

274 per 100,000 population
East Sussex

265 per 100,000 population
East Sussex

274 per 100,000 population
England

274 per 100,000 population
East Sussex
HOW WE USE SERVICES

HOSPITAL ACTIVITY

127. HOSPITAL ACTIVITY BY TYPE, 2017/18

- Outpatient 1st attendances: 11%
- Elective Admissions: 42%
- A&E 1st attendances: 29%
- Emergency Admissions: 18%

Total Attendances: 504,436

2007/08: 20,000
2009/10: 20,000
2011/12: 20,000
2013/14: 20,000
2015/16: 20,000
2017/18: 20,000

Daycase: +46%
Ordinary: -11%

128. ELECTIVE ADMISSIONS BY TYPE

- Outpatient 1st attendances: 55%
- Elective Admissions: 55%
- A&E 1st attendances: 71%
- Emergency Admissions: 68%

129. HOSPITAL ACTIVITY BY PROVIDER, 2017/18

- East Sussex Healthcare NHS Trust
- Brighton & Sussex University Hospitals NHS Trust
- Maidstone & Tunbridge Wells NHS Trust
- Others

130. ELECTIVE ADMISSIONS BY AGE GROUP

- 80+: (+29%)
- 60-79: (+30%)
- 40-59: (+19%)
- 0-19: (+10%)
- 20-39: (+12%)
- Others

2007/08: 6,000
2009/10: 6,000
2011/12: 6,000
2013/14: 6,000
2015/16: 6,000
2017/18: 6,000

60-79: (+30%)
80+: (+29%)
40-59: (+19%)
0-19: (+10%)
20-39: (+12%)
HOW WE USE SERVICES
HOSPITAL ACTIVITY

131. A&E ATTENDANCES

- 2007/08: 112,924
- 2017/18: 147,714

31% ↑ in A&E attendances

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

- 2007/08: 13,132
- 2017/18: 26,226

102% ↑ between 2007/08 and 2017/18

133. A&E ATTENDANCES BY AGE GROUP

- 0-19 (+13%)
- 20-39 (+18%)
- 40-59 (+30%)
- 60-79 (+58%)
- 80+/ (+54%)
- 2007/08: 955
- 2017/18: 1,928

134. EMERGENCY ADMISSIONS BY LENGTH OF STAY

- 0 nights: 13,132 (37%)
- 1 night: 9,132 (20%)
- 2+ nights: 22,768 (15%)
- 2007/08: 10,937
- 2017/18: 26,226
HOW WE USE SERVICES
HOSPITAL ACTIVITY

135. REASONS FOR EMERGENCY ADMISSIONS

- 18% Symptoms with unclassified cause
- 14% Respiratory disease
- 10% Circulatory
- 11% Injuries

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

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

- England: 126
- East Sussex: 155
- Eastbourne: 153
- Hastings: 187
- Lewes: 104
- Rother: 215
- Wealden: 133

Rate per 10,000 0-4 year olds

138. ADMISSIONS DUE TO FALLS, 2016/17

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

139. ADMISSIONS FOR HIP FRACTURES, 2016/17

- 2,114 Aged 65+

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

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

- East Sussex
- Eastbourne
- Hastings
- Lewes
- Rother
- Wealden

Admissions due to falls, 2016/17

- East Sussex: 954
- England: 993

- 6,356 admissions
  - 65-79 years

- 5316
  - 80+ years

- 5363
  - 556
  - East Sussex
  - 575
  - England

- 1,723 admissions for hip fractures, 2016/17
  - 1545
  - 1489
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 wellbeing 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.
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 2035. By 2035 there will be a 46% 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

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 who 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.
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.