



**Report to:** East Sussex Better Together Strategic Commissioning Board

**Date of meeting:** 6 June 2017

**By:** Acting Director of Public Health

**Title:** Overview of Health and Care Needs

**Purpose:** To describe health and care needs and consider the proposed outcomes for the East Sussex Better Together Alliance

---

## ***RECOMMENDATIONS***

- 1) To note the East Sussex Better Together Health and Care Needs Summary Report;**
  - 2) To agree the high level outcomes and revised associated targets for inclusion in the East Sussex Better Together Alliance Outcomes Framework.**
- 

## **1 Background**

1.1 The Joint Strategic Needs & Assets Assessment (JSNAA) is a process that identifies both the health and wellbeing needs (i.e. problems) and assets (i.e. strengths) of the people, communities and populations in East Sussex. This website provides a central JSNAA 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.

1.2 The JSNAA is continuously added to and updated. It has supported the development of East Sussex Better Together (ESBT) programme since the programme commenced in August 2014.

1.3 The JSNAA informed the development of the ten high level ESBT 'Improvement in Health' and 'Reduction in Health Inequalities' outcomes and associated targets, agreed by the ESBT Programme Board in February 2015. These were developed to assist in demonstrating the health impact, at a population level, of the ESBT Programme.

## **2 Joint Strategic Needs & Assets Assessment**

2.1 Area summaries form part of the JSNAA and provide an overview of an area and are updated and published annually.

2.2 Appendix 1 contains an ESBT Health and Care Needs Summary, based on the latest 2017 data in the JSNAA, at Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) and Hastings and Rother CCG level. This summary is based on over 200 indicators, includes a key statistics table and a topic based narrative, and describes each CCG and each locality within each of the CCGs.

2.3 The 2018 JSNAA programme is in progress and the 2018 ESBT summary will present a more integrated summary of the health and care needs of the ESBT alliance area.

### 3 East Sussex Better Together High Level Outcomes

3.1 Through ESBT health and social care are being transformed to achieve the best possible outcomes. Based on the JSNAA, ten high level improving health and reducing health inequalities outcomes and associated targets were developed and agreed as success measures of the programme.

The ten high level outcomes and associated targets, agreed in February 2015, are detailed below. These targets, which cover the whole of East Sussex, have been monitored and presented annually to the ESBT Programme Board.

2015 ESBT Programme High Level Outcomes and Targets

IMPROVEMENT IN HEALTH OUTCOMES AND TARGETS	REDUCTION IN HEALTH INEQUALITIES OUTCOMES AND TARGETS
<p>Reduction in preventable mortality for East Sussex</p> <p>Target: 10% reduction between 2010-2012 and 2015-17 for East Sussex based on a steady reduction of 2% per year</p>	<p>Reduce the gap in preventable mortality between the most and least deprived areas across East Sussex</p> <p>Target: Between 2011-13 and 2015-17 achieve a 12% reduction in the gap in preventable mortality between the most and the least deprived area across East Sussex</p>
<p>Reduction in mortality amenable to healthcare for East Sussex</p> <p>Target: 15% reduction in amenable mortality rate for persons aged under 75 years between 2011-13 and 2015-17 for East Sussex based on a steady 4% reduction per year</p>	<p>Reduce the gap in mortality amenable to healthcare between the most and least deprived areas across East Sussex</p> <p>Target: Between 2011-13 and 2015-17 achieve a 14% reduction in the gap in mortality amenable to healthcare for persons aged under 75 years between the most and the least deprived areas in East Sussex</p>
<p>Improve health related quality of life for older people in East Sussex</p> <p>Target: Improve the health related quality of life score for older people in East Sussex to be above the average for the South East region and maintain that position</p>	<p>Reduce the gap in health related quality of life for older people between areas in East Sussex</p> <p>Target: Year on Year reduction in the gap in the health related quality of life score for older people between the best and the worst local authority district/borough in East Sussex</p>
<p>Reduction in excess weight (overweight or obese) in children 4-5 years in East Sussex</p> <p>Target: 4% reduction in the percentage of children aged 4-5 years classified as overweight or obese between 2013/14 and 2017/18. This is based on an annual 1% reduction.</p>	<p>Reduce the gap in excess weight between the most and least deprived areas across East Sussex</p> <p>Target: Between 2013/14 and 2017/18 achieve an 11% reduction in the gap in excess weight for 4-5 year olds between the most and least deprived areas across East Sussex. This is based on an annual 3% gap reduction.</p>
<p>Reduction in excess weight (overweight or obese) in children 10-11 years in East Sussex</p> <p>Target: 4% reduction in the percentage of children aged 10-11 years classified as overweight or obese between 2013/14 and 2017/18. This is based on an annual 1% reduction.</p>	<p>Reduce the gap in excess weight between the most and least deprived areas across East Sussex</p> <p>Target: Between 2013/14 and 2017/18 achieve a 16% reduction in the gap in excess weight for 10-11 year olds between the most and least deprived areas across East Sussex. This is based on an annual 4% gap reduction.</p>

3.2 The latest JSNAA demonstrates that these high level outcomes should remain as success measures. However, as ESBT has moved from a programme to an ESBT Alliance, the targets supporting these high level outcomes have been revised to now include only the ESBT alliance area, rather than the whole of East Sussex, and extended to 2020/21. The revised targets follow the same trajectory using the last performance data as the baseline to project going forward.

### 3.3 The revised targets are presented below.

#### Revised ESBT Targets Associated with High Level Outcomes

IMPROVEMENT IN HEALTH OUTCOMES AND TARGETS	REDUCTION IN HEALTH INEQUALITIES OUTCOMES AND TARGETS
<p>Reduction in preventable mortality for ESBT</p> <p>Target: Reduction in amenable mortality rate between 2013-15 and 2019-21 for ESBT based on a steady 2% reduction per year</p>	<p>Reduce the gap in preventable mortality between the most and least deprived areas across ESBT</p> <p>Target: Between 2013-15 and 2019-21 achieve a 16% reduction in the gap in preventable mortality between the most and least deprived areas across the ESBT area. This is based on a steady 3% reduction in the gap per year.</p>
<p>Reduction in mortality amenable to healthcare for ESBT</p> <p>Target: 17% reduction in amenable mortality rate for persons aged under 75 years between 2013-15 and 2019-21 for ESBT based on a steady 3% reduction per year.</p>	<p>Reduce the gap in mortality amenable to healthcare between the most and least deprived areas across ESBT</p> <p>Target: Between 2013-15 and 2019-21 achieve a 16% reduction in the gap in mortality amenable to healthcare for persons aged under 75 years between the most and least deprived areas across ESBT. This is based on a steady 3% reduction in the gap per year.</p>
<p>Improve health related quality of life for older people in East Sussex</p> <p>Target: Improve the health related quality of life score for older people in East Sussex to be above the average for the South East region and maintain that position</p>	<p>Reduce the gap in health related quality of life for older people between areas in East Sussex</p> <p>Target: Year on Year reduction in the gap in the health related quality of life score for older people between the best and the worst local authority district/borough in East Sussex</p>
<p>Reduction in excess weight (overweight or obese) in children 4-5 years in ESBT</p> <p>Target: 5% reduction in the percentage of children aged 4-5 years classified as overweight or obese between 2015/16 and 2020/21 across the ESBT area. This is based on an annual 1% reduction</p>	<p>Reduce the gap in excess weight between the most and least deprived areas across ESBT</p> <p>Target: Between 2015/16 and 2020/21 achieve a 13% reduction in the gap in excess weight between the most and least deprived areas across ESBT. This is based on an annual 3% gap reduction..</p>
<p>Reduction in excess weight (overweight or obese) in children 10-11 years in ESBT</p> <p>Target: 5% reduction in the percentage of children aged 10-11 years classified as overweight or obese between 2015/16 and 2020/21 across the ESBT area. This is based on an annual 1% reduction</p>	<p>Reduce the gap in excess weight between the most and least deprived areas across ESBT</p> <p>Target: Between 2015/16 and 2020/21 achieve a 15% reduction in the gap in excess weight between the most and least deprived areas across ESBT. This is based on an annual 3% gap reduction.</p>

### 3.4 These high level outcomes and revised targets have been included as part of the ESBT Alliance Outcomes Framework (item 8 on the agenda for this meeting).

## 4. Conclusion and reasons for recommendations

4.1 The JSNAA ESBT Health and Care Needs Summary demonstrates that the high level outcomes agreed by the ESBT Programme in 2015 should remain as success measures for the ESBT Alliance. However, to ensure the validity of the targets associated with the high level outcomes they have been revised to fit the ESBT Alliance area.

4.2 The Board is therefore recommended to:

1. Note the East Sussex Better Together Health and Care Needs Summary Report;
2. Agree the high level outcomes and revised associated targets for inclusion in the East Sussex Better Together Alliance Outcomes Framework.

**Cynthia Lyons**  
**Acting Director of Public Health**

Tel. No: 01273 336032

Email: [Cynthia.Lyons@eastsussex.gov.uk](mailto:Cynthia.Lyons@eastsussex.gov.uk)

#### BACKGROUND DOCUMENTS

Joint Strategic Needs and Assets Assessment website : <http://www.eastsussexjsna.org.uk/>

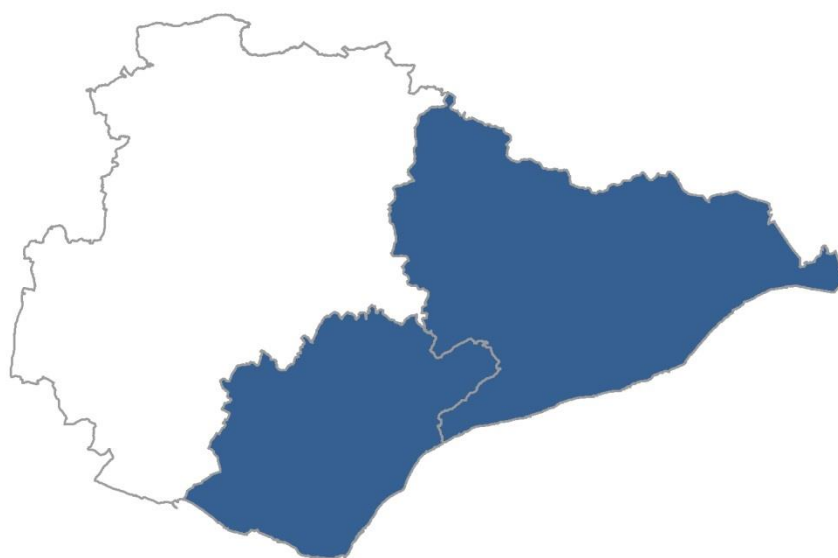
East Sussex Better Together website: <http://news.eastsussex.gov.uk/east-sussex-better-together/>



Appendix 1

# East Sussex Better Together Health and Care Needs Summary

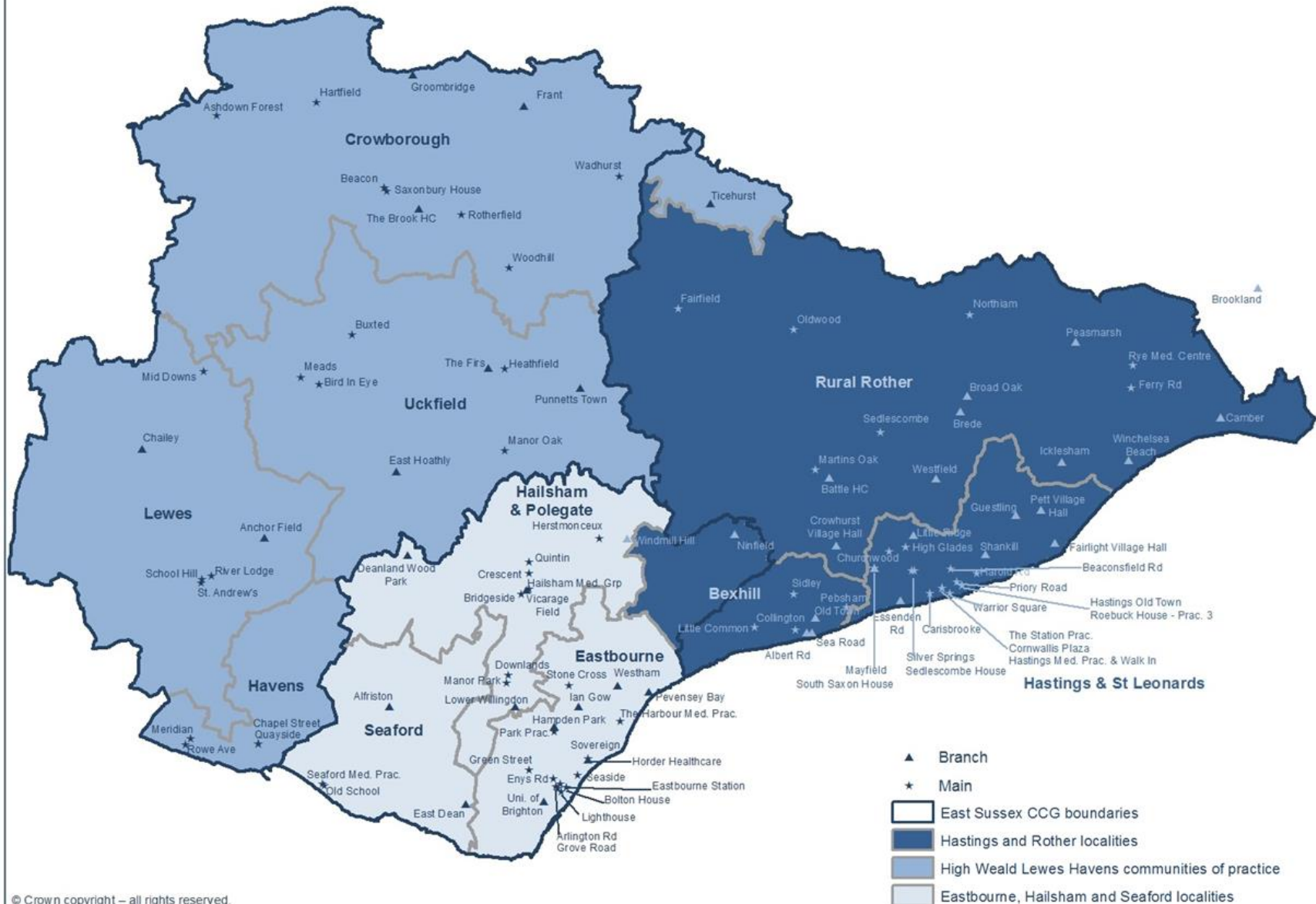
Based on the NHS view of the  
Joint Strategic Needs & Assets Assessment  
Scorecards 2017



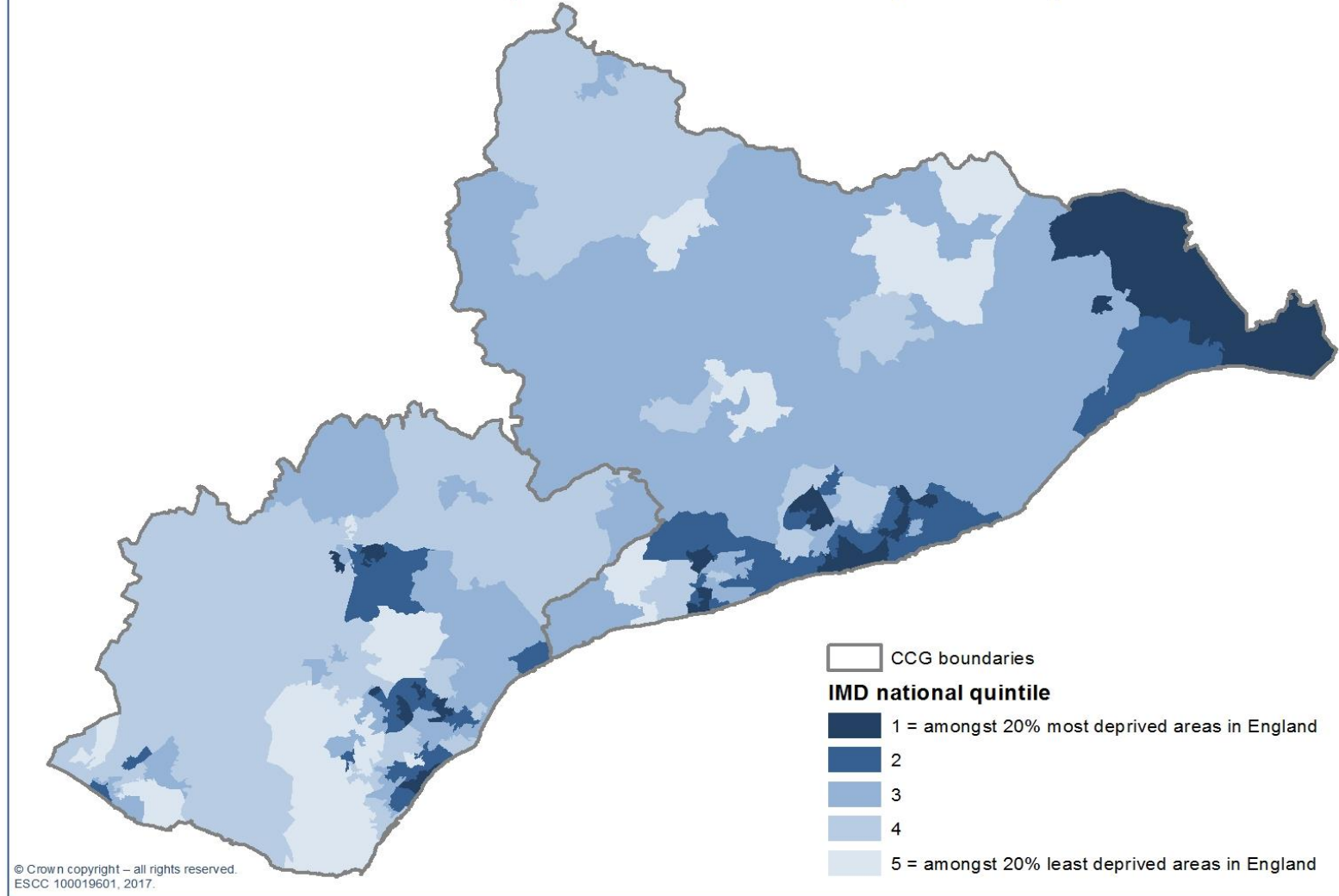
**East Sussex**  
Joint Strategic Needs & Assets Assessment  
[eastsussexjsna.org.uk](http://eastsussexjsna.org.uk)



## East Sussex CCGs, localities/communities of practice and GP practices



## National IMD quintile and ESBT area (IMD 2015)



# Table of Contents

## Key statistics

## Introduction

## Eastbourne Hailsham and Seaford CCG

Population

Wider determinants

Overall health status

Healthy lifestyles

Pregnancy and infancy

Physical activity and excess weight

Smoking

Alcohol and drug misuse

Sexual health

Accidents and injuries

Health protection

Disease and poor health

Mental health and wellbeing

Circulatory

Cancer

Respiratory

Diabetes

Other chronic conditions

Avoidable admissions

Hospital admissions and attendances

Social care

Children's services

Carers



Adult social care

NHS dental services

GP patient survey

## **Hastings and Rother CCG**

Population

Wider determinants

Overall health status

Healthy lifestyles

Pregnancy and infancy

Physical activity and excess weight

Smoking

Alcohol and drug misuse

Sexual health

Accidents and injuries

Health protection

Disease and poor health

Mental health and wellbeing

Circulatory

Cancer

Respiratory

Diabetes

Other chronic conditions

Avoidable admissions

Hospital admissions and attendances

Social care

Children's services

Carers

Adult social care

NHS dental services

GP patient survey

## **Annex 1: Scorecard Summary Tables**

## **Annex 2: Acronyms and abbreviations**

## Key statistics

Key Statistics for Eastbourne Hailsham and Seaford CCG			
Ref	Indicator	Number per year	Value
1.01	GP registered population (count), Oct 2015	192,396	
1.02	GP registered population aged 0-19 yrs (%), Oct 2015	39,880	21
1.03	GP registered population aged 20-64 yrs (%), Oct 2015	102,871	53
1.04	GP registered population aged 65+ yrs (%), Oct 2015	49,645	26
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-15	1,823	61
2.02	Income Deprivation (as a percentage), from ID 2015 (M)		13
2.04	Children in low-income families (%), Aug 2014 (M)	5,525	19
3.06	Excess weight in 10-11 year olds (%), 2012/13-2014/15 (M)	456	32
3.09	GP reported prevalence of smoking aged 15+ (%), 2015/16	26,517	16
4.04	Life expectancy at birth (yrs), 2013-15		82.3
4.05	Life expectancy at age 75 (yrs), 2013-15		13.0
4.06	All-cause mortality (SMR), 2013-15	2,442	99
4.08	Mortality from causes considered preventable (SMR), 2014-15	331	100
4.15	GP reported prevalence of dementia (%), 2015/16	2,416	1.2
4.23	GP reported prevalence of hypertension (%), 2015/16	33,801	17.5
4.26	GP reported prevalence of CHD (%), 2015/16	7,971	4.1
4.29	GP reported prevalence of stroke or TIA (%), 2015/16	4,773	2.5
4.32	GP reported prevalence of atrial fibrillation (%), 2015/16	5,820	3.0
4.34	GP reported prevalence of heart failure (%), 2015/16	2,180	1.1
4.49	GP reported prevalence of asthma (%), 2015/16	12,793	6.6
4.52	GP reported prevalence of COPD (%), 2015/16	4,352	2.3
4.57	GP reported prevalence of diabetes aged 17+ (%), 2015/16	10,240	6.4
4.60	GP reported prevalence of epilepsy aged 18+ (%), 2015/16	1,275	0.8
4.62	GP reported prevalence of CKD aged 18+ (%), 2015/16	10,048	6.4
4.65	GP reported prevalence of learning disabilities aged 18+ (%), 2015/16	888	0.5
4.72	First outpatient attendances (SAR), 2015/16	74,240	99
4.74	All MIU and A&E attendances (SAR), 2015/16	52,062	95
4.78	All elective admissions (SAR), 2014/15 to 2015/16	33,056	108
4.80	All emergency admissions (SAR), 2014/15 to 2015/16	19,538	100
6.01	People providing one hour or more of unpaid care per week (%), 2011 (M)	20,270	11.3
Significantly worse than East Sussex		Significantly better than East Sussex	
Significantly higher than East Sussex		Significantly lower than East Sussex	
Not significantly different to East Sussex		Significance not tested	

Key Statistics for Hastings and Rother CCG			
Ref	Indicator	Number per year	Value
1.01	GP registered population (count), Oct 2015	186,117	
1.02	GP registered population aged 0-19 yrs (%), Oct 2015	38,986	21
1.03	GP registered population aged 20-64 yrs (%), Oct 2015	101,446	55
1.04	GP registered population aged 65+ yrs (%), Oct 2015	45,685	25
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-15	1,770	61
2.02	Income Deprivation (as a percentage), from ID 2015 (M)		18
2.04	Children in low-income families (%), Aug 2014 (M)	7,331	25
3.06	Excess weight in 10-11 year olds (%), 2012/13-2014/15 (M)	476	33
3.09	GP reported prevalence of smoking aged 15+ (%), 2015/16	32,888	21
4.04	Life expectancy at birth (yrs), 2013-15		81.3
4.05	Life expectancy at age 75 (yrs), 2013-15		12.5
4.06	All-cause mortality (SMR), 2013-15	2,295	107
4.08	Mortality from causes considered preventable (SMR), 2014-15	381	117
4.15	GP reported prevalence of dementia (%), 2015/16	1,939	1.0
4.23	GP reported prevalence of hypertension (%), 2015/16	32,656	17.5
4.26	GP reported prevalence of CHD (%), 2015/16	7,498	4.0
4.29	GP reported prevalence of stroke or TIA (%), 2015/16	4,552	2.4
4.32	GP reported prevalence of atrial fibrillation (%), 2015/16	4,902	2.6
4.34	GP reported prevalence of heart failure (%), 2015/16	1,879	1.0
4.49	GP reported prevalence of asthma (%), 2015/16	11,173	6.0
4.52	GP reported prevalence of COPD (%), 2015/16	4,588	2.5
4.57	GP reported prevalence of diabetes aged 17+ (%), 2015/16	10,627	6.9
4.60	GP reported prevalence of epilepsy aged 18+ (%), 2015/16	1,390	0.9
4.62	GP reported prevalence of CKD aged 18+ (%), 2015/16	6,357	4.2
4.65	GP reported prevalence of learning disabilities aged 18+ (%), 2015/16	1,115	0.6
4.72	First outpatient attendances (SAR), 2015/16	74,530	103
4.74	All MIU and A&E attendances (SAR), 2015/16	49,528	95
4.78	All elective admissions (SAR), 2014/15 to 2015/16	28,931	99
4.80	All emergency admissions (SAR), 2014/15 to 2015/16	20,085	111
6.01	People providing one hour or more of unpaid care per week (%), 2011 (M)	20,339	11.5
Significantly worse than East Sussex		Significantly better than East Sussex	
Significantly higher than East Sussex		Significantly lower than East Sussex	
Not significantly different to East Sussex		Significance not tested	

## Introduction

This report summarises the health and care needs of the two CCGs in the ESBT alliance area compared to East Sussex as a whole. It is based on 2017 JSNAA scorecard data, presented in the form of indicator tables (Appendix 1) in which the CCGs and CCG localities are RAG-rated against East Sussex. Further tables and charts summarise key statistics and specific topics (such as hospital admission and attendance rates) for these CCGs.

The RAG-rated tables highlight statistically significant differences between the CCGs and East Sussex overall. Individual JSNAA scorecards are referenced alongside the indicator titles; if data has been modelled from LA to NHS geographies indicator titles are flagged with (M). For indicators where locality or CCG data is not available, values for Districts and Boroughs (based on the LA view JSNAA scorecards and area summaries) are discussed.

For more in-depth information on how GP practices, as well as localities and CCGs, compare to East Sussex, this report should be read alongside the NHS view JSNAA indicator scorecards.

Here 'significance' refers to statistical significance at the 95% confidence level.

In the tables (Appendix 1) statistically significant differences between this CCG and East Sussex are flagged in red/green and dark blue/light blue and the indicator values are given. But note that, for values based on large numbers, even small, possibly unimportant, differences can be statistically significant. Conversely, values based on small numbers can be substantially, but not (in statistical terms) significantly different to East Sussex.

Some rates are age and/or sex standardised. For those that are not, such as the GP-reported prevalence of diabetes and other chronic diseases, it is important to take into account the age profile of the population, as they are likely to be higher in areas with older age profiles.

NHS and LA view JSNAA scorecards and area summaries can be downloaded from [www.eastsussexjsna.org.uk/scorecards](http://www.eastsussexjsna.org.uk/scorecards).

The following products can also be downloaded from the East Sussex JSNAA website:

### GP Practice Profiles and Locality/Community of Practice Profiles

Spine charts are used to compare the GP practice or locality/community of practice to East Sussex for all available JSNAA indicators.

See <http://www.eastsussexjsna.org.uk/PracticeProfiles2017>

### Local Needs and Assets Profiles

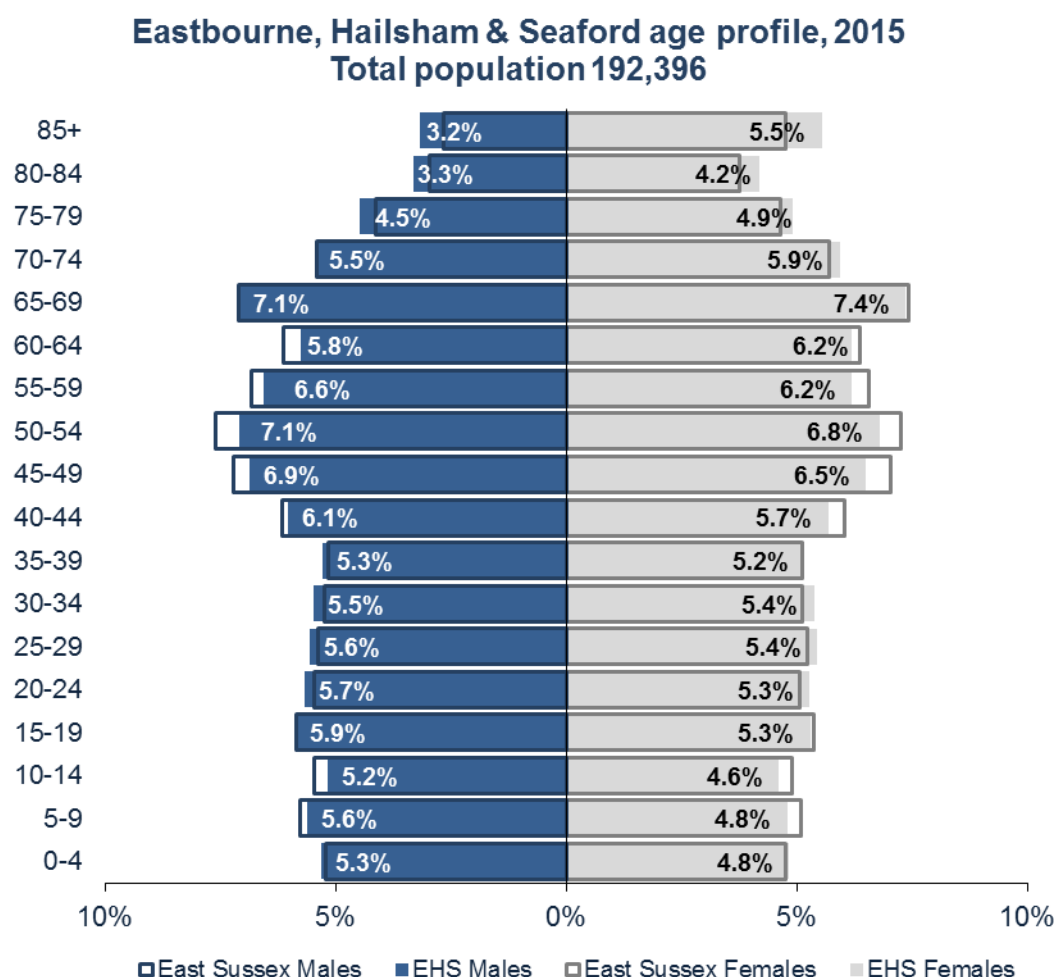
East Sussex, its districts/boroughs and CCGs are compared to England. RAG-rated tables similar to those in Appendix 1 (but with England as the benchmark) are

included.

See <http://www.eastsussexjsna.org.uk/overviews/localneedsprofile.aspx>

## Eastbourne Hailsham and Seaford CCG

### Population



EHS CCG has the largest population of all East Sussex CCGs. Within the CCG, Eastbourne has the largest and Seaford has the smallest population of all East Sussex localities. This CCG has the highest percentage of older people and the lowest percentage of younger people of the 3 East Sussex CCGs. Seaford has the lowest percentage of younger people and one of the highest percentages of older people of all East Sussex localities.

The dependency ratio (of non-working age people compared to working age people) for the CCG is significantly higher than for East Sussex. Hailsham & Polegate and Seaford have significantly higher (and amongst the highest) dependency ratios of all East Sussex localities whereas Eastbourne has a significantly lower dependency ratio than East Sussex.

The CCG is significantly higher than East Sussex and the highest of all CCGs for non-white British people and children who speak English as an additional language.

Eastbourne is significantly higher (and the highest of all East Sussex localities) whereas Hailsham & Polegate and Seaford are significantly lower than East Sussex.

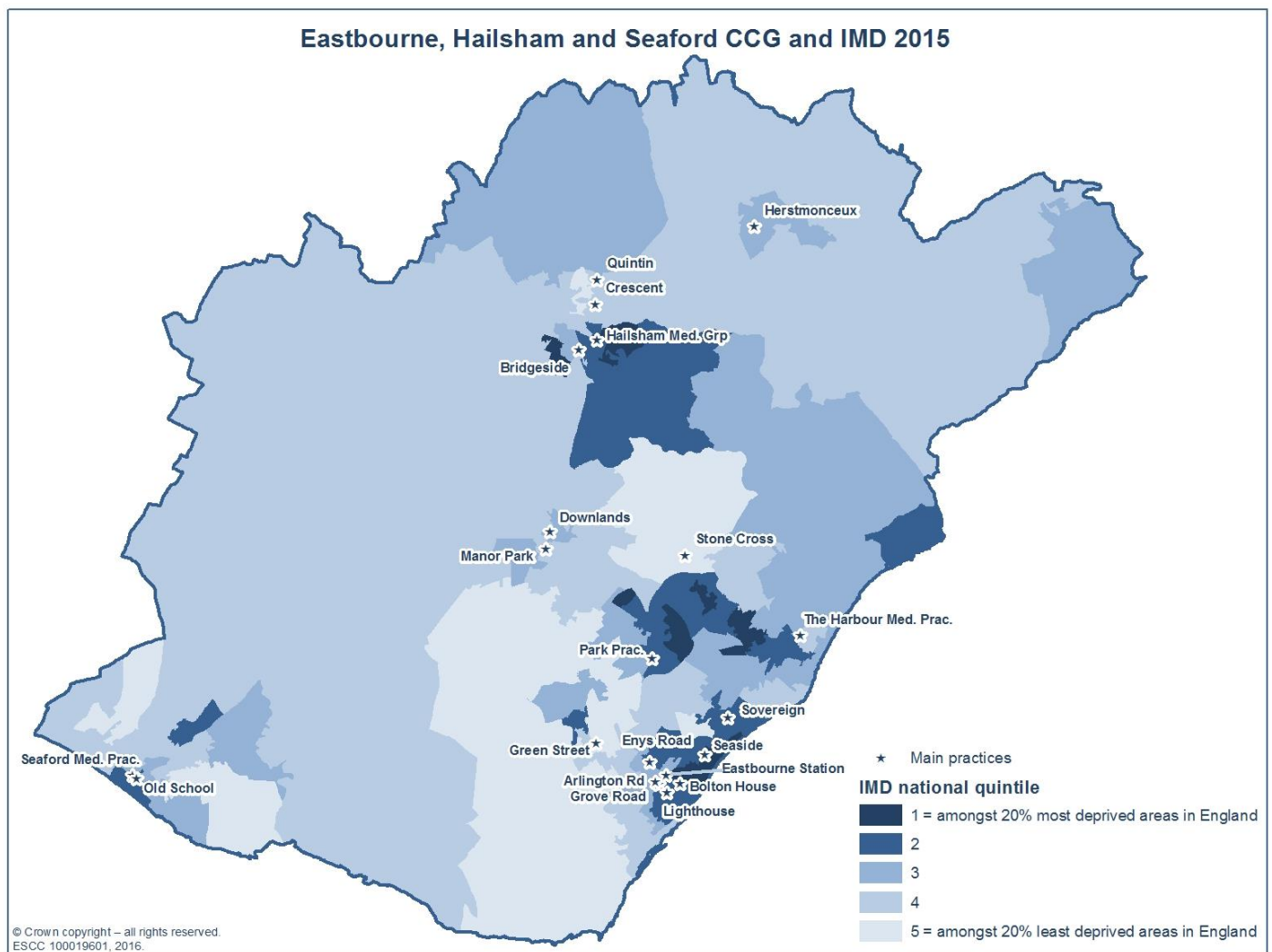
The CCG has similar birth rates to East Sussex, but Eastbourne has the second highest rate of births to teenage mothers, and Hailsham & Polegate has the highest overall birth rate, of all East Sussex localities.

Table 1 shows the estimated population changes between 2015 and 2021 for specific age groups as well as all ages. Using projections modelled from East Sussex districts and boroughs, the table shows that over the next 6 years some age groups are projected to increase in size whilst others will decrease in size. The net effect is that the population of the CCG is estimated to increase, with the largest estimated increase in those aged 85 years and over.

Table 1: Population projections for all persons (number and percentage change) showing the increase (positive) or decrease (negative) from 2015 to 2021 (modelled)

Population projections from 2015 to 2021				
Population Change	East Sussex		Eastbourne Hailsham and Seaford CCG	
	Number	%	Number	%
0-19 years	900	0.8%	100	0.3%
20-64 years	-2,100	-0.7%	-1,200	-1.2%
65+ years	14,600	11.0%	5,200	10.4%
85+ years	3,200	15.8%	1,350	15.7%
All Ages	13,500	2.6%	3,900	2%

## Wider determinants



The CCG has similar income and employment deprivation to East Sussex, including children in low-income families and income deprivation affecting older people. Income and employment deprivation is significantly lower in Hailsham & Polegate and Seaford than in East Sussex but significantly higher in Eastbourne. This CCG and each of its localities has significantly lower percentages of households in fuel poverty than East Sussex. The CCG has similar percentages of working age people claiming ESA, JSA and UC to East Sussex. But Eastbourne locality has significantly higher rates than East Sussex whereas Hailsham & Polegate and Seaford have significantly lower rates. Eastbourne has a similar rate to East Sussex of children receiving the pupil premium whereas Hailsham & Polegate and Seaford have significantly lower rates.

Compared to East Sussex, this CCG and its localities have similar levels of educational achievement for pupils at ages 5, 11 and 16, except for pupils aged 11 years, where Seaford has the highest of all East Sussex localities.

Compared to East Sussex, Hailsham & Polegate has a significantly higher percentage of working age people with no or low qualifications whereas the other



localities have significantly lower. The CCG and Eastbourne locality have significantly lower rates of children with SEN on SEN Support.

The CCG has similar levels of households that are owner-occupied and households that are rented to East Sussex. But Hailsham & Polegate and Seaford have significantly more households that are owned and significantly less that are rented. Eastbourne on the other hand has significantly less that are owned and significantly more that are rented. The CCG has a significantly higher percentage of overcrowded households than East Sussex, with Eastbourne having significantly higher overcrowding but the other localities significantly lower. The CCG has a significantly lower percentage of households with no central heating than East Sussex, but the levels are lower in Hailsham & Polegate and Seaford than in Eastbourne locality.

Compared to East Sussex, this CCG has significantly higher A&E attendances due to assaults, but similar levels of recorded crimes, recorded incidents of anti-social behaviour and emergency admissions for violence. Hailsham & Polegate and Seaford localities are similar to East Sussex or significantly better for all crime indicators, however Eastbourne is significantly worse for recorded crimes and incidents of anti-social behaviour, and A&E attendances due to assault.

### ***Overall health status***

EHS CCG and its localities are broadly similar to East Sussex in terms of overall health status. Seaford locality has the highest self-reported LLTI or disability in the CCG but the lowest premature and preventable mortality. This CCG has the highest infant mortality (based on very small numbers) of the three CCGs.

### ***Healthy lifestyles***

#### **Pregnancy and infancy**

EHS CCG is broadly similar to East Sussex for these indicators. Seaford is the only locality in the CCG with significantly higher breastfeeding rates than East Sussex.

#### **Physical activity and excess weight**

It has similar levels of overweight or obese reception year and year 6 children to East Sussex, but within the CCG Eastbourne locality is worst and Seaford is best. Seaford has the lowest percentage of overweight/obese reception year children of all East Sussex localities. Eastbourne Borough and Lewes District have similar levels of adults achieving 150 minutes physical activity per week and overweight or obese adults to East Sussex.

#### **Smoking**

This CCG has similar levels of smokers and smoking quitters to East Sussex. However Seaford has significantly lower rates than East Sussex of mothers who are current smokers at the time of delivery and Hailsham & Polegate has significantly lower smoking quit rates. Eastbourne Borough has somewhat higher, and Lewes District somewhat lower, smoking-attributable mortality than East Sussex.

## **Alcohol and drug misuse**

This CCG is broadly similar to East Sussex for these substance misuse indicators, but Eastbourne locality has significantly higher rates of adults in drug treatment whereas the other two localities have significantly lower. Eastbourne locality also has significantly higher alcohol-related hospital admissions whereas Hailsham & Polegate has significantly lower.

## **Sexual health**

In this CCG the chlamydia and gonorrhoea detection rates are similar to the East Sussex rates. In Eastbourne Borough they are similar, in Lewes District they are similar or somewhat lower (except significantly higher for gonorrhoea detection), and in Wealden District they are lower. Under 18 conception rates are similar to East Sussex in Eastbourne Borough and lower in Lewes and Wealden districts.

## **Accidents and injuries**

The A&E attendance and emergency admissions rate for accidents and injuries in 0-4 year olds is similar to East Sussex. But these A&E attendance rates are significantly higher in Eastbourne locality and significantly lower in Seaford than in East Sussex, whereas admission rates are similar to East Sussex in all three localities. Both for older children and for young people, emergency admission rates for accidents and injuries in this CCG are significantly lower than in East Sussex. For older children this is the case in Eastbourne and Seaford localities and for young people this is the case in Eastbourne and Hailsham & Polegate. The emergency admissions rate for falls injuries in older people is similar to the East Sussex rate. Eastbourne Borough has a significantly lower rate of people killed or seriously injured on the roads and the lowest rate of all the districts and boroughs whereas for Lewes District the rate is not significantly different to East Sussex.

## **Health protection**

This CCG is significantly better than East Sussex for eligible people receiving an NHS health check. Eastbourne and Seaford localities are significantly better than East Sussex but Hailsham & Polegate is significantly worse. The CCG has similar uptake of screening for cervical, breast and bowel cancers to East Sussex. But uptake is significantly worse in Eastbourne and significantly better for the rest of the CCG, except for bowel cancer screening in Hailsham & Polegate where it is similar to East Sussex.

Hailsham & Polegate has either significantly worse or similar uptake to East Sussex for immunisations, and the rest of the CCG is either similar or significantly better.

## **Disease and poor health**

## **Mental health and wellbeing**

For most of these indicators the CCG is similar to East Sussex. But this CCG has the highest incidence of depression and the highest prevalence of dementia (not age-standardised) of all East Sussex CCGs. The high incidence of depression is driven by Eastbourne, which has a significantly higher incidence than East Sussex and the highest of all localities. Within the CCG the incidence is lowest in Seaford (where it is

significantly lower than East Sussex). The prevalence of severe mental illness is significantly lower in Hailsham & Polegate but similar to East Sussex in the rest of the CCG. Eastbourne locality has significantly higher rates of working age people claiming ESA due to mental health problems than East Sussex but rates are significantly lower in the rest of the CCG. Compared to East Sussex, the prevalence of dementia (not age-standardised) is significantly higher in all three localities, but emergency admissions for persons with dementia are similar.

## **Circulatory**

The CCG has significantly higher prevalences (not age-standardised) than East Sussex of most circulatory conditions. This is because Hailsham & Polegate and Seaford localities have significantly higher prevalences (not age-standardised) than East Sussex. However, emergency admissions and mortality for circulatory diseases are similar to East Sussex across the CCG.

## **Cancer**

Premature mortality due to cancer is similar to East Sussex. The CCG has similar incidence and mortality to East Sussex for lung, colorectal, breast and prostate cancers.

## **Respiratory**

The CCG has a significantly higher prevalence of asthma (not age-standardised) than East Sussex. In Eastbourne, but not the other two localities, emergency admissions for asthma are significantly higher. Hailsham & Polegate has a significantly higher prevalence of COPD (not age-standardised) and Seaford has significantly lower emergency admissions due to COPD. Mortality from respiratory conditions is similar to East Sussex.

## **Diabetes**

The CCG has a similar prevalence of diabetes (not age-standardised) and emergency admissions for diabetes compared to East Sussex. In Hailsham & Polegate and Seaford localities, the prevalence of diabetes is significantly higher than in East Sussex, and in Seaford emergency admissions for diabetes are significantly higher.

## **Other chronic conditions**

Across the CCG the prevalence of CKD (not age-standardised) is significantly higher than in East Sussex.

## **Avoidable admissions**

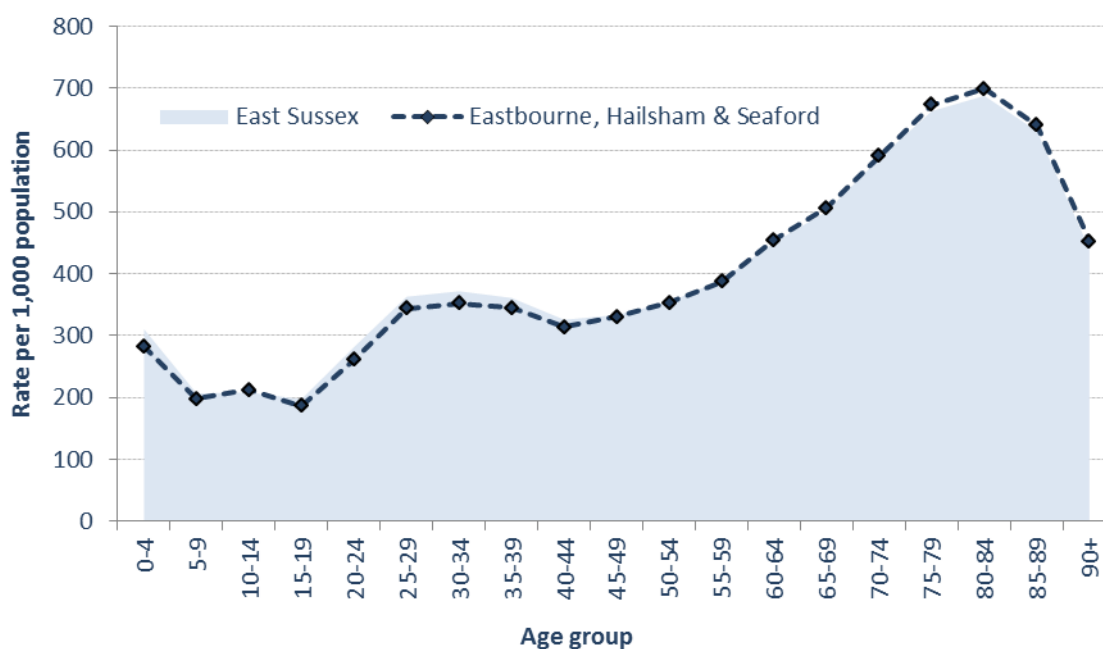
This CCG has the highest emergency admissions for acute ACS conditions (significantly higher than East Sussex) and for diabetes/epilepsy/asthma in under 20s. This is because Eastbourne has the highest emergency admissions for acute ACS conditions and for diabetes/epilepsy/asthma in under 20s of all East Sussex localities, and in both cases significantly higher than East Sussex.

## Hospital admissions and attendances

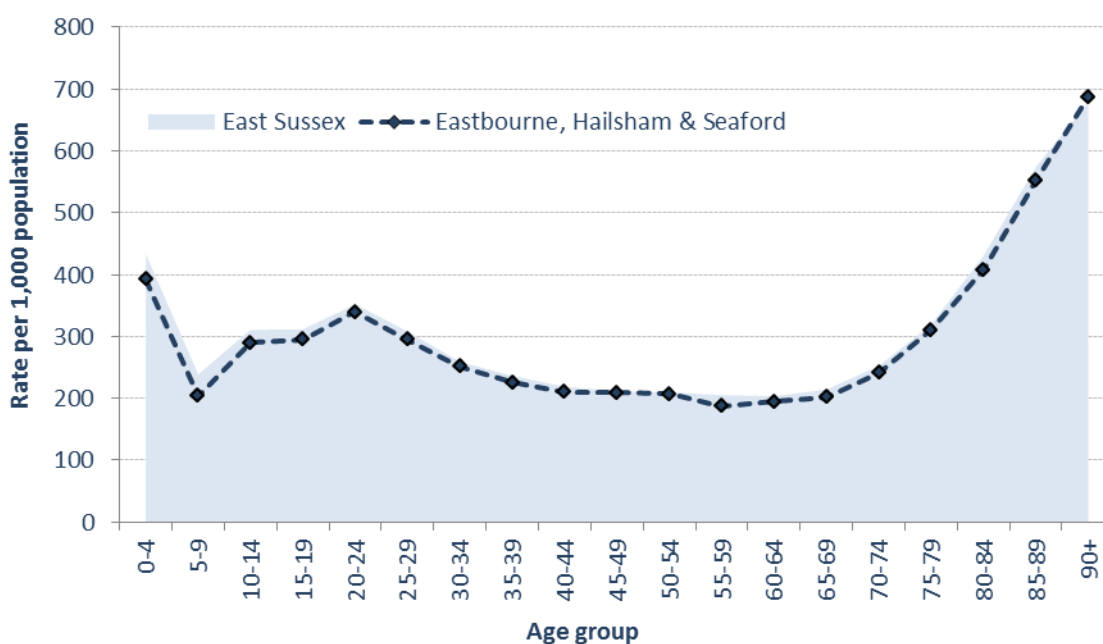
MIU/A&E attendances are significantly lower across the CCG for all ages. Elective admissions are significantly higher across the CCG and emergency admissions are similar to East Sussex for the CCG overall, but significantly higher in Eastbourne locality.

The following graphs present the age-specific overall attendance and admission rates for the CCG compared to East Sussex.

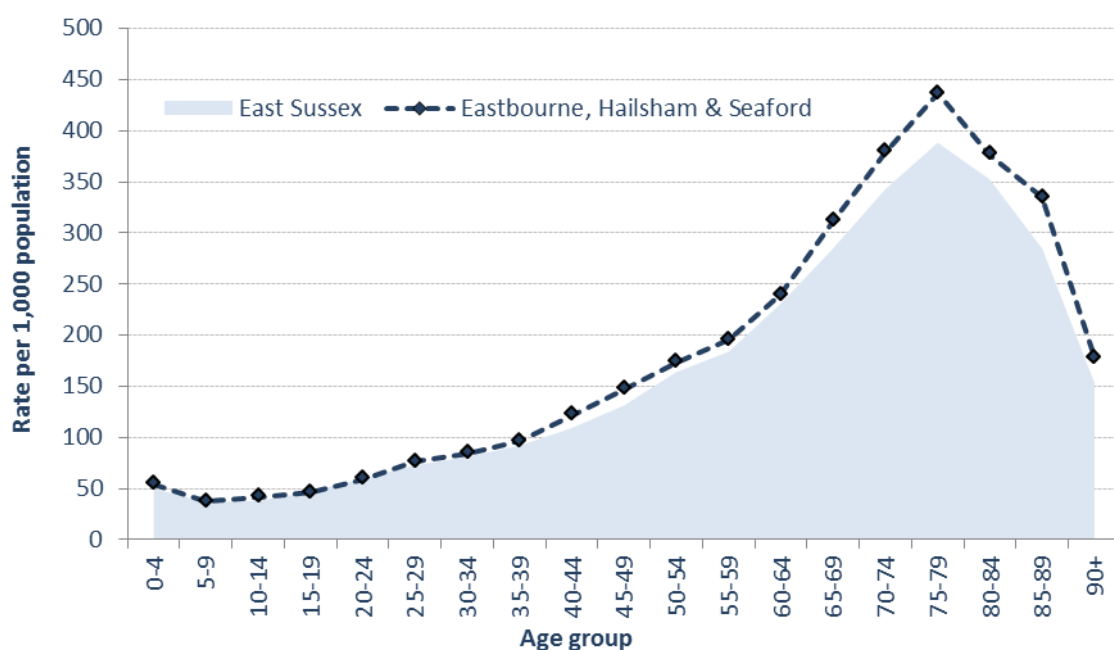
Age-specific outpatient attendance rates



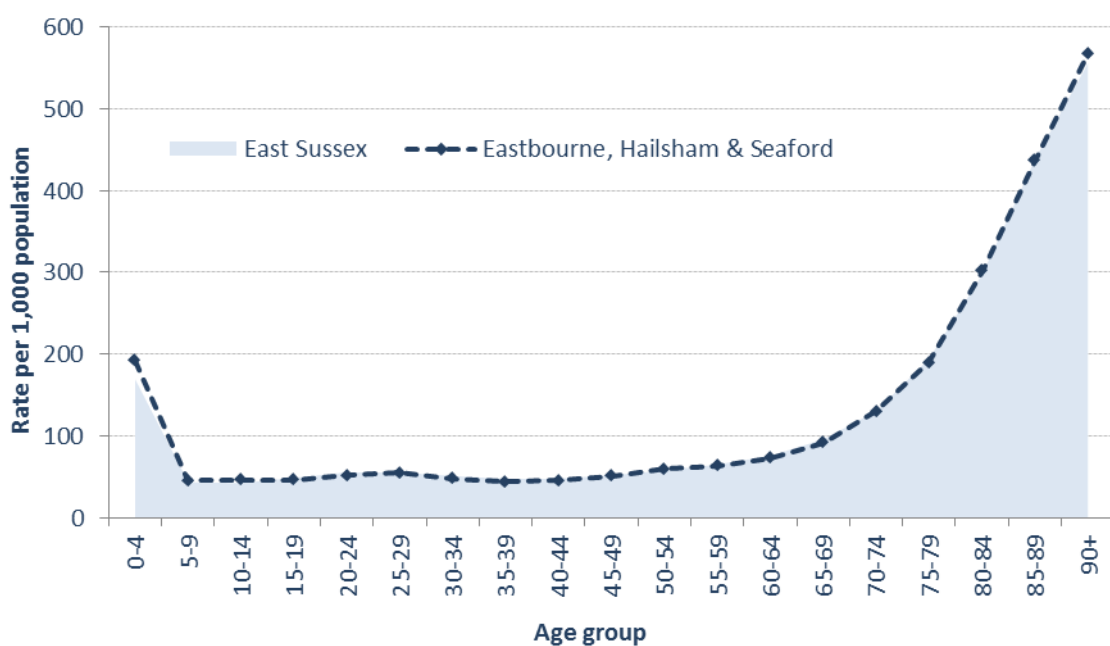
Age-specific A&E/MIU attendance rates



Age-specific elective admission rates



Age-specific emergency admission rates



## Social care

### Children's services

The CCG is similar to East Sussex for referrals to children's social care, children on child protection plans and looked after children. Eastbourne locality is significantly higher for looked after children.

## **Carers**

Compared to East Sussex Eastbourne is slightly lower for people providing one hour or more of unpaid care per week and Seaford is slightly higher. Seaford is significantly lower for unpaid carers providing 20 hours or more care per week and Eastbourne is significantly higher. Seaford is significantly lower for working age people claiming Carers Allowance. Across the CCG carers known to adult social care and those receiving a service or receiving self-directed support are all similar to East Sussex.

## **Adult social care**

Compared to East Sussex, requests for ASC support are significantly higher in Hailsham & Polegate and Seaford. The rate of adults receiving direct payments is significantly lower in Seaford and the rate of older people receiving long term support is significantly higher in Eastbourne and Hailsham & Polegate. Rates of adults receiving ASC funded lifeline or telecare are significantly higher across the CCG.

## **NHS dental services**

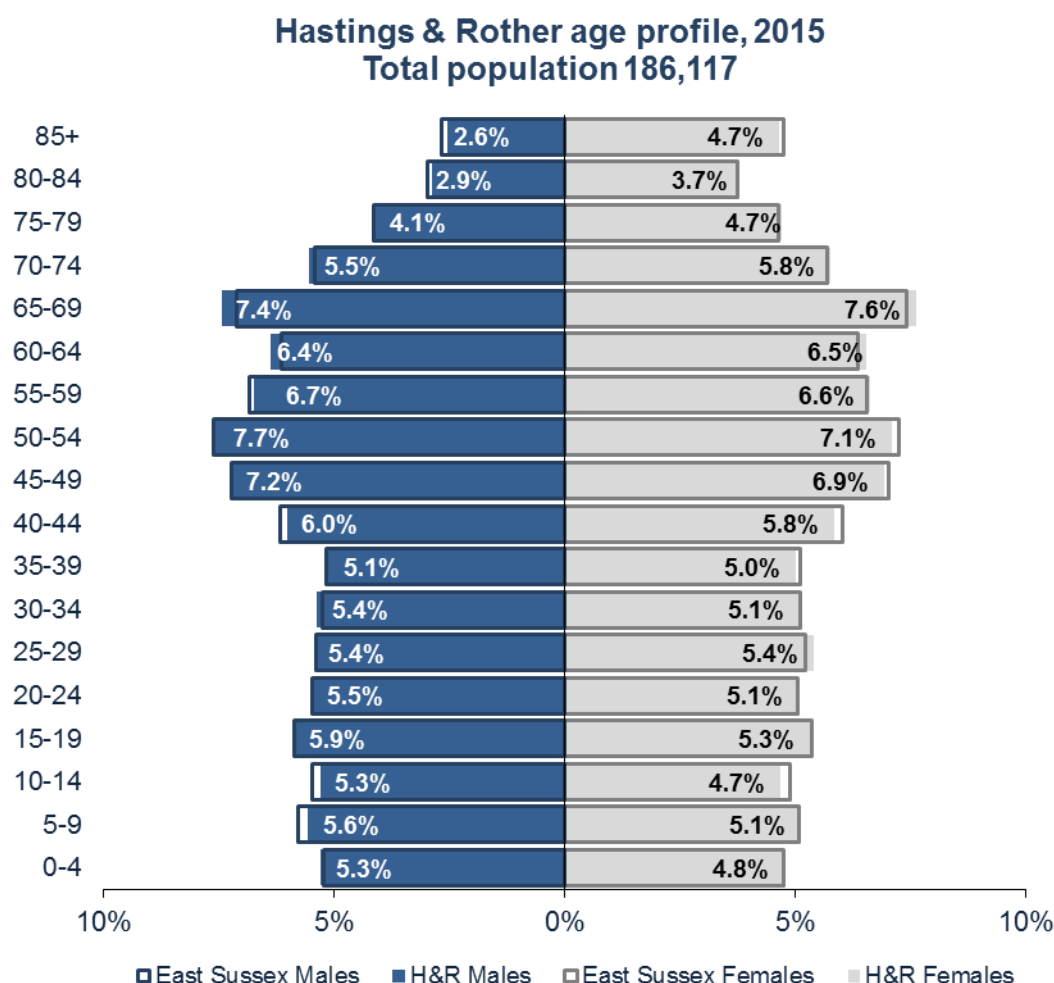
Compared to East Sussex, a significantly higher percentage of children in Seaford, and residents of all ages in Hailsham & Polegate, but significantly lower percentages of older people in Eastbourne, access East Sussex NHS general dental services.

## ***GP patient survey***

In Hailsham & Polegate and Seaford the percentage of patients responding to the GP Patient Survey is significantly higher than in East Sussex. The percentage of patients reporting a good experience of making appointments and satisfaction with opening hours is significantly better in Eastbourne and significantly worse in Hailsham & Polegate. Seaford is also significantly better for patients reporting a good experience of their surgery and that GPs involve them in decisions on care.

# Hastings and Rother CCG

## Population



Within the CCG Hastings & St Leonards has one of the largest and Rural Rother one of the smallest populations of all East Sussex localities. The CCG has an overall population age profile similar to East Sussex, but Hastings & St Leonards has one of the highest percentages of working age people of all East Sussex localities, and one of the lowest percentages of older people, whereas Bexhill and Rural Rother have some of the lowest percentages of working age people and some of the highest percentages of older people, of all East Sussex localities.

The dependency ratio (of non-working age people compared to working age people) for the CCG is similar to East Sussex. But within the CCG Hastings & St Leonards has the lowest and Bexhill has the highest dependency ratio, and the highest of all East Sussex localities.

Overall the CCG has similar levels of non-white British people and children who speak English as an additional language to East Sussex. But within the CCG Hastings & St Leonards has significantly higher levels, and higher than most other East Sussex localities, whereas Bexhill has similar levels to East Sussex and Rural Rother has the lowest of all localities.



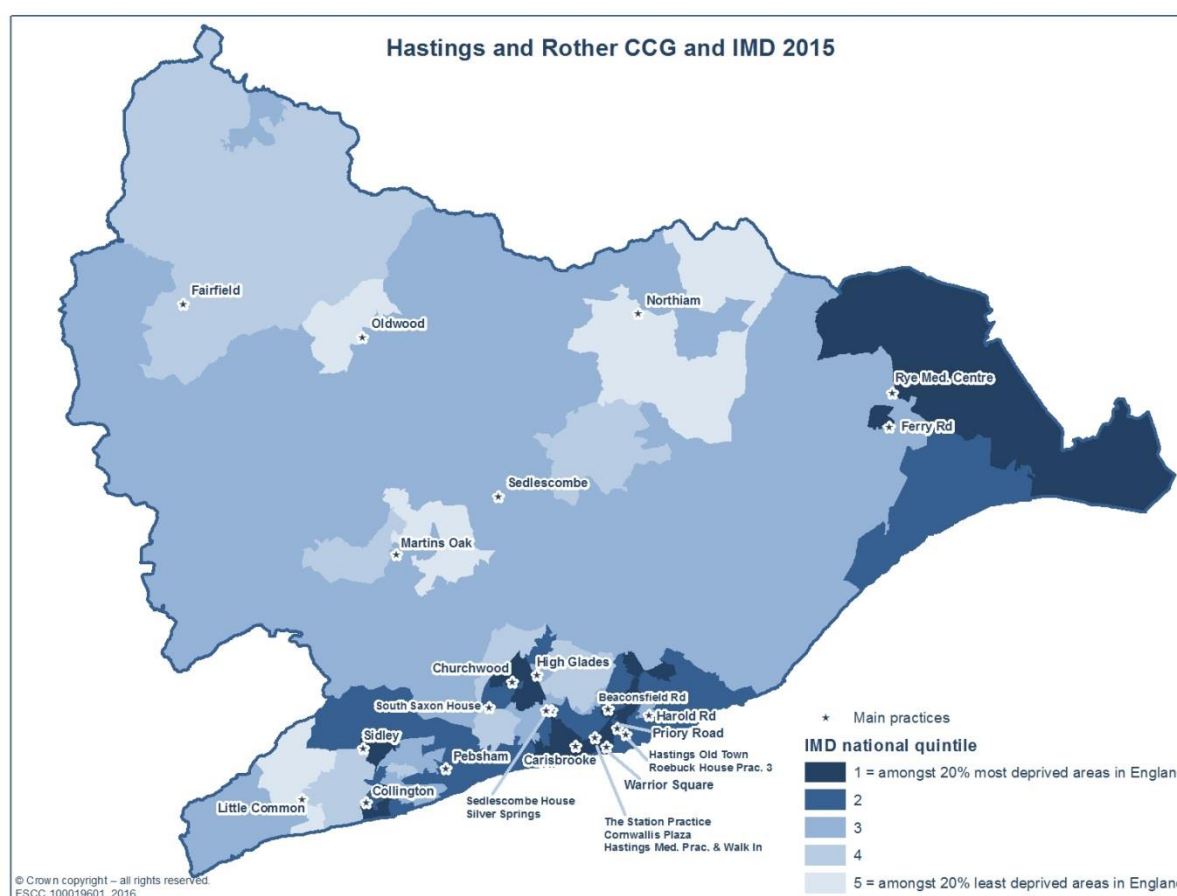
The CCG has similar birth rates to East Sussex. However Hastings & St Leonards has the highest birth rate for teenage mothers and Rural Rother has one of the lowest. The CCG has a significantly higher percentage of lone parent households than East Sussex, with Hastings & St Leonards having the highest and Rural Rother amongst the lowest of all East Sussex localities.

Table 2 shows the estimated population changes between 2015 and 2021 for specific age groups as well as all ages. Using projections modelled from East Sussex districts and boroughs, the table shows that over the next 6 years some age groups are projected to increase in size whilst others will decrease in size. The net effect is that the population of the CCG is estimated to increase, with the largest estimated increase in those aged 65 years and over.

Table 2: Population projections for all persons (number and percentage change) showing the increase (positive) or decrease (negative) from 2015 to 2021 (modelled)

Population projections from 2015 to 2021				
	East Sussex		Hastings and Rother CCG	
Population Change	Number	%	Number	%
0-19 years	900	0.8%	-300	-0.7%
20-64 years	-2,100	-0.7%	-1,600	-1.6%
65+ years	14,600	11.0%	4,750	10.4%
85+ years	3,200	15.8%	700	10.2%
All Ages	13,500	2.6%	2,800	1.6%

## Wider determinants





The CCG has the highest income and employment deprivation of all East Sussex CCGs, including income deprivation affecting children and income deprivation affecting older people. Compared to East Sussex, income and employment deprivation is significantly lower in Rural Rother but significantly higher in both Bexhill and Hastings & St Leonard, with Hastings & St Leonards consistently the highest of all East Sussex localities. The CCG also has the highest percentage of households in fuel poverty. In both Hastings & St Leonards (which has the highest levels of all East Sussex localities) and in Rural Rother fuel poverty is significantly higher than in East Sussex, whereas in Bexhill it is significantly lower.

This CCG has the highest rates of children receiving the pupil premium, working age people claiming ESA, JSA and UC, and working age people with no or low qualifications. Hastings & St Leonards generally has the highest, and Bexhill amongst the highest, rates of all East Sussex localities for these indicators. Hastings & St Leonards also has amongst the highest rates for children with SEN on SEN Support, SEN or an EHCP, and young people NEET.

In this CCG a significantly higher percentage of households are rented and a significantly lower percentage are owned than in East Sussex. There are also significantly higher rates of overcrowded households and households with no central heating. Although Bexhill has significantly lower percentages of rented households, and of overcrowded households and households with no central heating, than East Sussex, Hastings & St Leonards has significantly and often substantially higher percentages. The CCG has a significantly higher rate of people living in care homes and Bexhill has the highest rate of all East Sussex localities.

This CCG has the highest rates of recorded crimes and incidents of anti-social behaviour, and emergency admissions due to violence. This is driven by Hastings & St Leonards which has the highest rates of all East Sussex localities for these three indicators. Bexhill and Rural Rother have significantly lower rates of recorded crime than East Sussex.

### ***Overall health status***

Self-reported ill-health and LLTI or disability, life expectancy, premature and preventable mortality, are all significantly worse than for East Sussex and the worst of the three CCGs. Hastings & St Leonards ranks worst or second worst of all localities for almost all these indicators and Bexhill has the highest levels of self-reported ill-health and LLTI or disability. Rural Rother is the only locality in the CCG with significantly better life expectancy at birth and premature mortality than East Sussex.

### ***Healthy lifestyles***

#### **Pregnancy and infancy**

This CCG has the highest percentage of low-birth weight babies and the lowest percentage of mothers initiating breastfeeding and breastfeeding at 6-8 weeks. Hastings & St Leonards and Bexhill have the worst breastfeeding rates of all localities and Bexhill has the highest percentage of low-birth weight babies.

## **Physical activity and excess weight**

Hastings & St Leonards and Bexhill have the highest levels of all localities of overweight or obese reception year and year 6 children, respectively, so this CCG ranks worst for these indicators. Hastings Borough has the lowest level of adults achieving 150 minutes physical activity per week, and Rother District has the highest percentage of overweight or obese adults, of all districts/boroughs.

## **Smoking**

This CCG has the highest levels of smokers and smoking quitters, and significantly higher than East Sussex. Although Bexhill is broadly similar to East Sussex, and Rural Rother somewhat better, Hastings & St Leonards is amongst the worst of all localities for these indicators. Hastings Borough has the highest smoking-attributable mortality and significantly higher than East Sussex (whereas Rother District is similar to East Sussex).

## **Alcohol and drug misuse**

This is the worst CCG for most alcohol and drug misuse indicators. This is because, even though Bexhill and Rural Rother are broadly similar to or better than East Sussex, Hastings & St Leonards is much the worst of all East Sussex localities.

## **Sexual health**

This CCG has the highest chlamydia detection rates and the lowest gonorrhoea detection rate. Although in Rother District the under 18s conception rate and the chlamydia detection rates are not significantly different to the East Sussex rates, in Hastings Borough these are significantly higher (except for chlamydia detection in 15-24 year olds) and the highest of all districts/boroughs. Rother has the lowest gonorrhoea detection rate of all districts/boroughs.

## **Accidents and injuries**

This CCG has the highest A&E attendance and emergency admissions rates for accidents and injuries in 0-4 year olds of the three CCGs, and significantly higher rates than East Sussex. This is because Hastings & St Leonards and Bexhill have the highest rates of all East Sussex localities. Emergency admissions rates for accidents and injuries in 5-14 year olds are similar to East Sussex for all localities in HR CCG. But the CCG has the highest rate for 15-24 year olds because of the substantially and significantly higher rate in Hastings & St Leonards than in all other localities. The emergency admissions rate for falls injuries in older people is similar to East Sussex but significantly lower in Rural Rother locality. Hastings Borough has a significantly lower rate of people killed or seriously injured on the roads than East Sussex, but Rother District has a significantly higher rate and the highest of all the districts and boroughs.

## **Health protection**

This CCG is significantly better than East Sussex for eligible people receiving an NHS health check, but whilst Bexhill and Hastings & St Leonards are the highest of all East Sussex localities, Rural Rother is significantly worse than East Sussex. The uptake of screening for cervical, breast and bowel cancers is significantly worse for

Hastings & St Leonards but significantly better or similar to East Sussex for the rest of the CCG.

In this CCG child immunisation rates by age 1, age 2 and age 5 are similar to East Sussex. But for immunisation by age 5 Bexhill has significantly better uptake than East Sussex and Hastings & St Leonards has significantly worse. The CCG also has similar seasonal flu and pneumococcal vaccination uptake to East Sussex for persons aged 65 years or over, but within the CCG it is highest in Bexhill, similar to East Sussex in Rural Rother and lowest in Hastings & St Leonards.

## ***Disease and poor health***

### **Mental health and wellbeing**

This CCG has the highest incidence of depression, prevalence of severe mental illness and rate of working age people claiming ESA due to mental health problems. This is driven by the significantly higher rates in Hastings & St Leonards and Bexhill compared to East Sussex (even though rates in Rural Rother are significantly lower than in East Sussex). This CCG has the highest emergency admissions due to mental health, self-harm, and for persons with severe mental illness, and significantly higher rates than East Sussex. These rates are significantly higher in Hastings & St Leonards, but similar to East Sussex in Bexhill and (mostly) significantly lower in Rural Rother. This CCG has the highest CAMHS caseload, with a significantly higher rate than East Sussex in Bexhill, which has the highest rate of all localities. Within the CCG mortality from suicide is similar to East Sussex. For dementia indicators this CCG is similar to East Sussex. But the prevalence of dementia (not age-standardised) is significantly higher in Bexhill and significantly lower across the rest of the CCG than in East Sussex. Emergency admissions for persons with dementia are significantly higher and the highest of all localities in Hastings & St Leonards, but significantly lower and the lowest of all in Rural Rother. Across most mental health indicators Hastings & St Leonards has the highest rates of all localities.

### **Circulatory**

Compared to East Sussex, this CCG has similar or significantly higher prevalences of most circulatory conditions (not age-standardised). Bexhill has the highest prevalences of all localities for most circulatory conditions and significantly higher than East Sussex, whereas in Hastings & St Leonards the prevalences tend to be significantly lower and in Rural Rother they are mostly similar to East Sussex. The CCG has similar emergency admissions for CHD and stroke as East Sussex, but Hastings & St Leonards has significantly higher emergency admissions for CHD. The CCG has the highest premature mortality from circulatory diseases, driven especially by Hastings & St Leonards which has significantly higher mortality than East Sussex and the highest of all localities.

### **Cancer**

The CCG has similar incidence and mortality to East Sussex for colorectal, breast and prostate cancers and similar premature mortality from cancer. But Hastings Borough has a significantly higher incidence and mortality for lung cancer, and premature mortality from cancer, than East Sussex.

## **Respiratory**

The prevalence of asthma (not age-standardised) is significantly lower in this CCG than in East Sussex. At locality level it is significantly lower in Hastings & St Leonards and similar to East Sussex in Rural Rother, but significantly higher in Bexhill. The CCG has significantly higher emergency admissions due to asthma (and emergency admissions per 1,000 registered asthmatics) than East Sussex, because Hastings & St Leonards rates are significantly higher and the highest of all localities. HR CCG has a significantly higher prevalence (not age-standardised), emergency admissions and mortality for COPD, and premature mortality from respiratory diseases, than East Sussex. The prevalence of COPD (not age-standardised) is significantly higher in Bexhill and Hastings & St Leonards than East Sussex, and significantly lower in Rural Rother. In Hastings & St Leonards emergency admissions for COPD, mortality from COPD and premature mortality from respiratory diseases are all significantly higher and the highest of all localities (or second highest in the case mortality from COPD).

## **Diabetes**

This CCG has the highest prevalence of diabetes (not age-standardised). Bexhill has the highest rate of all localities and both Bexhill and Hastings & St Leonards have significantly higher rates than East Sussex. Emergency admissions for diabetes are similar to East Sussex across the CCG.

## **Other chronic conditions**

The CCG has a significantly higher prevalence of epilepsy (not age-standardised) than East Sussex. Bexhill and Hastings & St Leonards have significantly higher prevalences than East Sussex and the highest of all localities.

Hastings & St Leonards also has the highest premature mortality from liver disease and prevalence of adults with learning disabilities of all localities, whilst the rest of the CCG is similar to East Sussex.

## **Avoidable admissions**

This CCG has significantly higher emergency admissions for chronic ACS conditions than East Sussex, but similar levels of other avoidable emergency admissions. However, within the CCG Hastings & St Leonards has significantly higher emergency admissions for diabetes, epilepsy or asthma in under 20s, and for ACS conditions (chronic, acute and other/vaccine preventable), whereas Rural Rother has significantly lower emergency admissions than East Sussex for all ACS conditions.

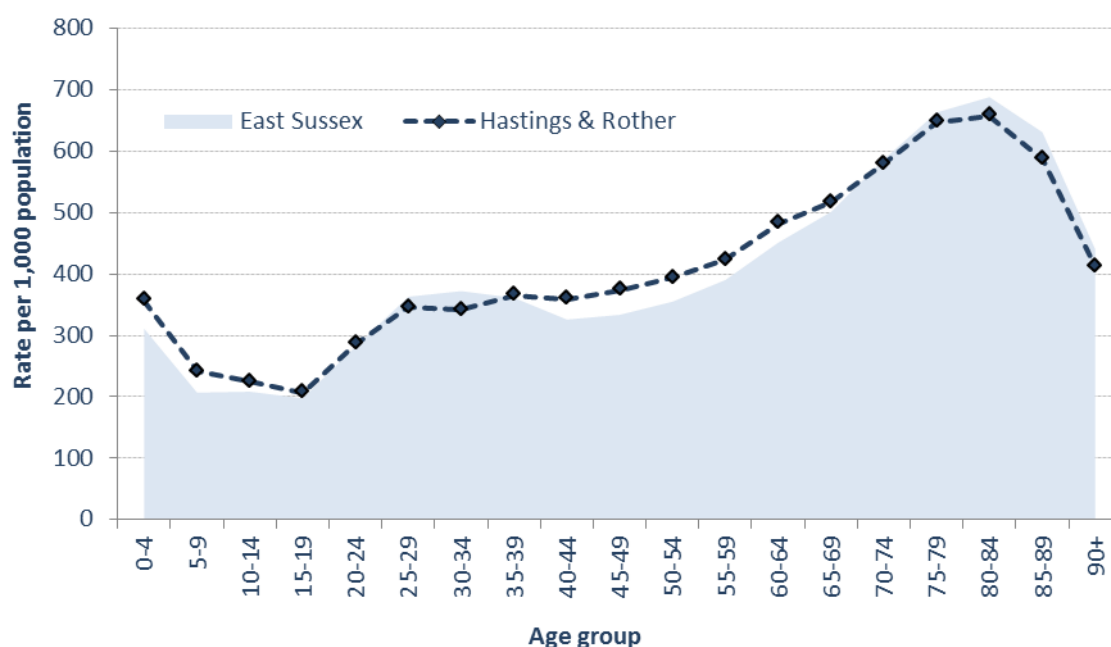
## **Hospital admissions and attendances**

Compared to East Sussex the CCG has higher outpatient attendances, lower MIU/A&E attendances, similar elective admissions and higher emergency admissions. Hastings & St Leonards has significantly higher rates than East Sussex for all these indicators except MIU/A&E attendances for under 5s, all elective admissions and elective admissions for over 65s. It is the second highest locality for outpatient attendances, highest for outpatient DNAs and is the highest for emergency admissions for all ages, ages 70-84 and 85+. In contrast Rural Rother

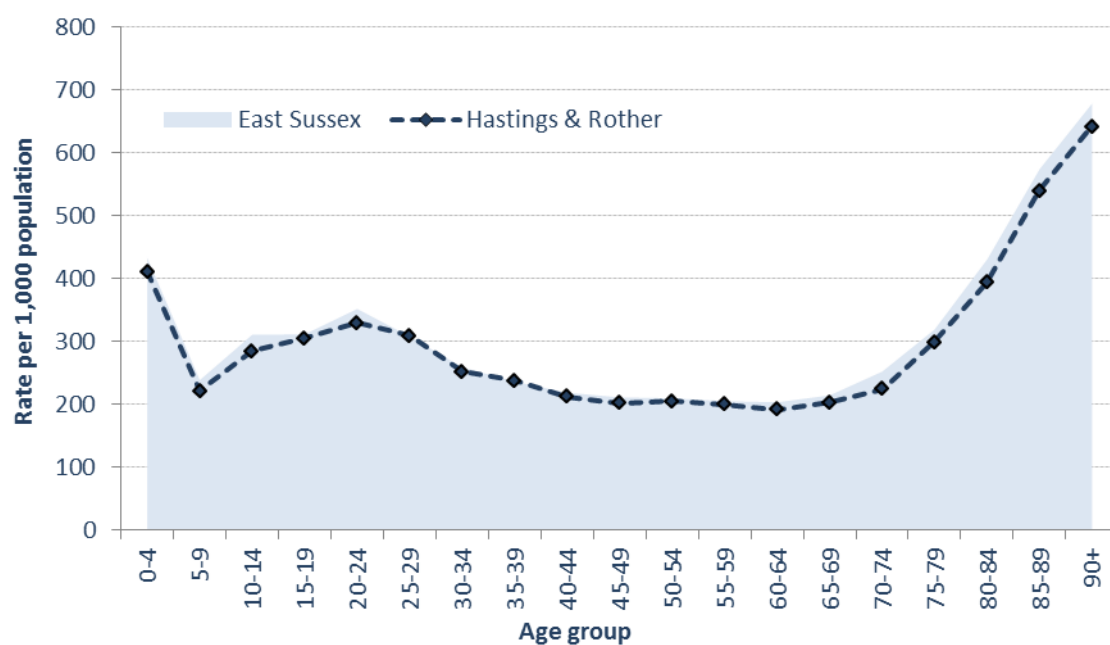
has significantly lower rates than East Sussex for almost all these hospital admissions and attendances indicators.

The following graphs present the age-specific overall attendance and admission rates for the CCG compared to East Sussex.

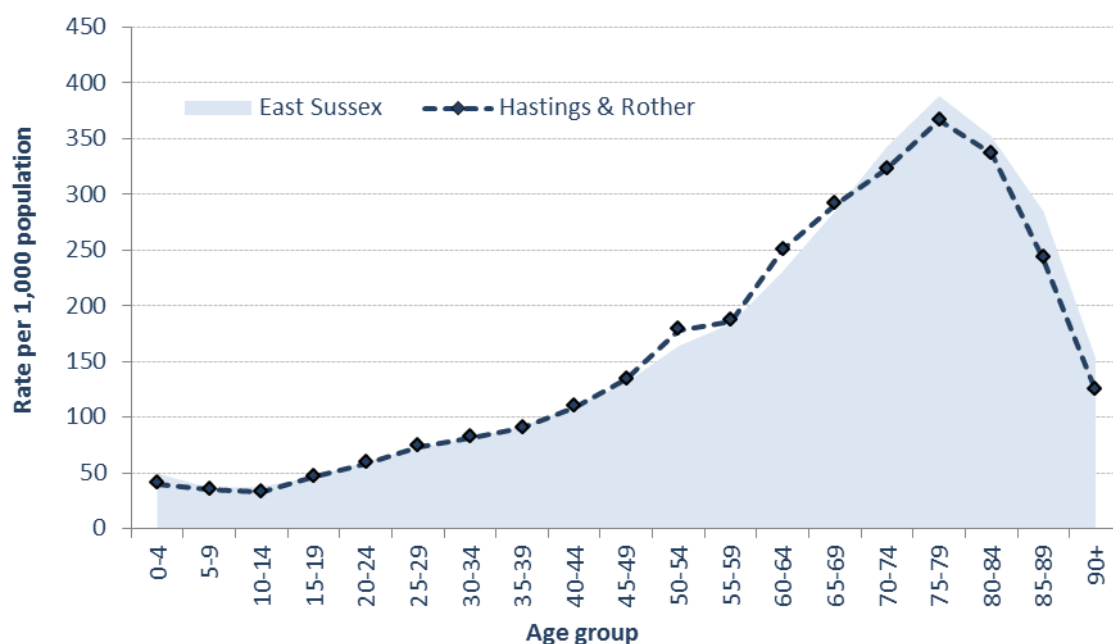
**Age-specific outpatient attendance rates**



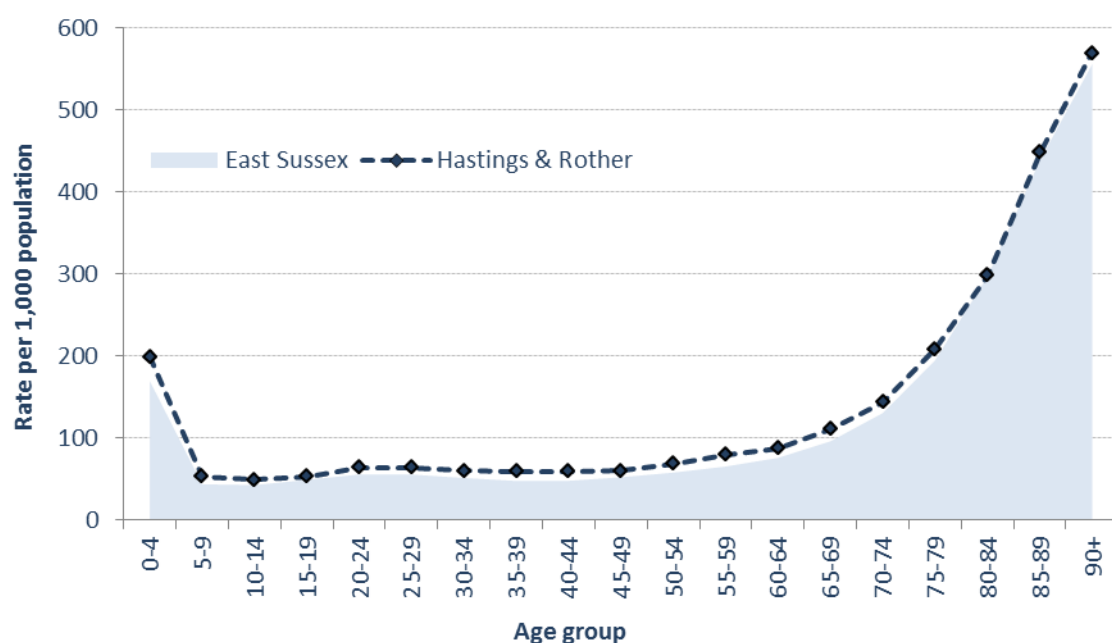
**Age-specific A&E/MIU attendance rates**



### Age-specific elective admission rates



### Age-specific emergency admission rates



## Social care

### Children's services

The CCG is significantly higher for referrals to children's social care, children on child protection plans and looked after children. This is driven by significantly higher rates in Hastings & St Leonards locality.

## **Carers**

Bexhill and Rural Rother are significantly higher for people providing one hour or more of unpaid care per week and Hastings & St Leonards slightly lower. In Bexhill and Hastings & St Leonards unpaid carers providing 20 hours or more per week, working age people claiming Carers Allowance, carers known to adult social care and those receiving self-directed support are significantly higher than East Sussex.

## **Adult social care**

Compared to East Sussex Hastings & St Leonards and Bexhill are significantly higher for requests for ASC support, adults receiving direct payments, self-directed support, long term support for working age people and adults in council supported residential or nursing care. Bexhill is also significantly higher for adults receiving community equipment and ASC funded lifeline or telecare. Hastings & St Leonards is significantly higher for older people receiving long term support and, along with Rural Rother, also for older people discharged from hospital into intermediate care. Compared to East Sussex Rural Rother is significantly lower for adults receiving self-direct support, working age people receiving long term support, working age people with learning disabilities in settled accommodation and adults in council supported residential or nursing care.

## ***NHS dental services***

Compared to East Sussex, slightly lower percentages of children, but significantly higher percentages of working age people, in Bexhill and Hastings & St Leonards, and significantly higher percentages of older people across the CCG, access East Sussex NHS general dental services.

## ***GP patient survey***

The percentages of patients responding to the GP Patient Survey are significantly higher than for East Sussex in Bexhill and Rural Rother, and significantly lower in Hastings & St Leonards. For Rural Rother significantly higher percentages of patients report a good experience of their surgery, of making an appointment and satisfaction with opening hours than for East Sussex. For Hastings & St Leonards significantly lower percentages of patients report a good experience of their surgery and of GPs involving them in decisions on care, whereas significantly higher percentages report the nurse was good at involving them in decisions on care.



# Annex 1: Scorecard Summary Tables

Significantly worse than East Sussex	Significantly better than East Sussex	Significantly higher than East Sussex	Significantly lower than East Sussex	Not significantly different to East Sussex	Significance not tested
--------------------------------------	---------------------------------------	---------------------------------------	--------------------------------------	--	-------------------------

Population															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
1.11	Dependency ratio, Oct 2015	0.69	0.72	0.69	0.66	0.67	0.78	0.86	0.89	0.59	0.76	0.69	0.65	0.64	0.65
1.12	Lone older person (aged 65+) households (%), 2011 (M)	16	18	16	14	17	17	20	22	13	17	14	15	15	14
1.13	Lone parent households (%), 2011 (M)	6	6	7	6	7	6	5	5	8	5	5	7	6	5
1.14	Non-White British population (%), 2011 (M)	8	9	8	7	12	6	6	6	10	5	8	8	8	5
1.15	Non-White British pupils (%), 2016 (M)	12	15	12	10	18	10	10	12	14	7	9	12	11	8
1.16	Pupils with English as an additional language (per 1,000), 2016 (M)	57	80	55	31	108	36	33	57	68	15	27	48	28	25
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-15	59	61	61	54	60	68	55	55	64	58	50	65	48	56
1.19	Live births per 1,000 women aged 15-19 yrs, 2014-15	13	15	17	7	18	13	8	15	21	7	5	16	3	8
1.20	Live births per 1,000 women aged 35-44 yrs, 2014-15	34	35	33	35	34	34	37	28	32	38	36	33	39	34

Wider determinants - Economy, income and transport															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
2.02	Income Deprivation (as a percentage), from ID 2015 (M)	13	13	18	9	14	12	10	15	22	11	6	15	9	7
2.04	Children in low-income families (%), Aug 2014 (M)	19	19	25	12	20	19	14	23	28	16	9	21	12	9
2.05	Income Deprivation Affecting Older People Index (IDAOPI) (as a percentage), from ID 2015 (M)	15	15	18	10	16	13	10	15	23	12	8	16	10	9
2.06	Households in fuel poverty (%), 2014 (M)	9	8	10	9	8	7	7	8	12	11	9	7	11	8
2.07	Pupils receiving the pupil premium (%), Jan 2016 (M)	21	20	27	14	22	19	17	24	30	19	9	24	14	11
2.08	Households with dependent children and no adults in employment (%), 2011 (M)	13	12	17	9	13	11	10	16	20	10	6	14	9	7
2.09	Employment Deprivation (as a percentage), from ID 2015 (M)	11	12	15	7	13	10	9	14	18	9	5	12	7	6
2.10	Working age people claiming JSA and Universal Credit (%), Aug 2016 (M)	1.4	1.4	1.8	0.8	1.6	1.1	1.0	1.6	2.2	0.8	0.4	1.5	0.8	0.5
2.11	Working age people claiming ESA (%), Aug 2016 (M)	6.2	6.3	8.3	3.9	6.9	5.5	5.1	7.6	9.8	4.7	2.6	6.6	3.7	3.4
2.12	Households with no cars or vans (%), 2011 (M)	22	24	26	15	27	18	20	24	32	14	9	22	18	11
2.13	Households able to access a GP practice in 15 min by public transport/walking (%), 2014 (M)	78	81	86	65	84	84	66	91	90	69	60	83	67	53



Wider determinants - Education															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
2.16	Pupils (at age 5) reaching a good level of development in the EYFS (%), Jun 2016 (M)	75	75	75	76	74	77	77	75	75	74	74	69	80	80
2.17	Pupils (at age 11) achieving the expected standard at Key Stage 2, Jun 2016 (M)	50	52	49	49	51	51	58	47	50	46	49	54	48	48
2.18	Average GCSE Attainment 8 score for pupils (at age 16) at Key Stage 4, Jun 2016 (M)	49	49	47	52	49	48	52	47	46	50	54	47	53	53
2.19	Working age population with no or low qualifications (%), 2011 (M)	30	30	34	27	30	32	29	33	36	30	23	36	23	27
2.20	Pupils with special educational needs (SEN) on SEN Support (per 100,000), Jan 2016 (M)	90	82	98	88	82	86	77	96	103	87	73	109	100	76
2.21	Pupils with a statement of SEN or an EHCP (per 100,000), Jan 2016 (M)	36	34	40	33	34	34	37	40	41	36	28	39	31	34
2.22	Young people aged 16-18 yrs NEET (monthly rate per 1,000), Nov2015 to Jan 2016 (M)	32	35	35	24	40	32	22	23	42	30	16	48	20	22

Wider determinants - Housing															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
2.25	Households that are overcrowded (%), 2011 (M)	7	8	7	5	9	5	5	6	9	4	4	7	5	4
2.26	Households with no central heating (%), 2011 (M)	2.8	2.5	3.7	2.2	2.8	2.1	1.8	2.4	4.5	3.4	1.9	2.5	2.6	2.0
2.27	Households owned outright or with a mortgage/loan (%), 2011 (M)	69	69	64	75	64	77	78	72	57	74	78	72	69	78
2.28	Socially rented households (%), 2011 (M)	11	11	12	10	12	10	7	9	14	12	8	10	14	8
2.29	Privately rented households (%), 2011 (M)	18	18	22	13	22	11	13	17	28	12	11	16	14	12
2.30	Persons living in care homes with nursing (%), 2011 (M)	0.5	0.5	0.6	0.3	0.4	0.5	0.6	1.1	0.4	0.3	0.3	0.2	0.3	0.5
2.31	Persons living in care homes without nursing (%), 2011 (M)	0.8	0.9	1.0	0.6	0.9	0.8	1.0	1.3	1.0	0.8	0.7	0.5	0.5	0.6

Wider determinants - Crime															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
2.33	Recorded crimes (per 1,000 population), 2015/16 (M)	51	51	64	36	60	39	36	48	82	38	28	50	42	28
2.34	Recorded incidents of Anti-Social Behaviour (per 1,000 population), 2015/16 (M)	24	25	31	17	30	17	18	25	40	15	12	25	20	12
2.35	A&E attendances by 15-59 yr olds for assaults, 8pm-4am (per 1,000), 2013/14 to 2015/16	1.4	1.7	1.6	1.0	2.1	1.1	1.2	1.3	1.8	1.1	0.7	2.1	0.7	0.8
2.36	Emergency admissions for violence (SAR), 2013/14 to 2015/16	100	85	138	74	94	68	75	89	179	77	78	130	53	44

Overall health status															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
4.01	People reporting that their health is bad or very bad (%), 2011 (M)	6	6	7	4	6	6	6	8	7	5	4	7	4	4
4.02	People reporting a limiting long-term health problem or disability (%), 2011 (M)	20	21	23	16	21	21	23	27	22	20	15	21	16	16
4.04	Life expectancy at birth (yrs), 2013-15	82.3	82.3	81.3	83.6	82.1	82.3	83.2	81.2	80.4	83.4	84.9	81.8	84.8	82.6
4.05	Life expectancy at age 75 (yrs), 2013-15	12.9	13.0	12.5	13.2	12.8	13.1	13.4	12.4	12.0	13.5	14.1	13.0	14.5	11.7
4.07	Premature all-cause mortality (SMR), 2013-15	100	102	113	82	105	106	90	112	129	83	72	117	71	80
4.08	Mortality from causes considered preventable (SMR), 2014-15	100	100	117	80	101	113	78	116	131	89	64	125	69	79

Healthy Lifestyles - Pregnancy and infancy															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
3.01	Low birth weight (%), 2014-15	6	6	6	5	7	5	5	7	7	5	5	6	6	4
3.02	Breastfeeding initiation (%), 2014/15	79	79	73	85	78	78	88	72	71	80	87	79	89	87
3.03	Breastfeeding prevalence at 6-8 weeks after birth (%), 2015/16 (M)	52	51	46	61	50	48	65	46	43	57	66	48	72	59
4.09	Infant mortality (per 1,000 live births), 2014-15	3.5	4.1	3.4	3.0	6.0				4.1				8.4	

Healthy Lifestyles - Physical activity and excess weight															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
3.04	Adults achieving 150+ minutes physical activity per week (%), 2015	59													
3.05	Excess weight in 4-5 year olds (%), 2012/13-2014/15 (M)	21	21	23	19	22	20	17	21	24	20	17	23	19	19
3.06	Excess weight in 10-11 year olds (%), 2012/13-2014/15 (M)	30	32	33	26	33	30	30	35	33	30	23	32	21	27
3.07	Excess weight in Adults (%), 2012/13-2014/15	64.5													

Healthy Lifestyles - Smoking															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
3.09	GP reported prevalence of smoking aged 15+ (%), 2015/16	17	16	21	15	17	14	14	17	25	15	13	21	15	14
3.10	Smoking quitters at 4 weeks (per 100,000 aged 16+yrs), 2015/16	390	351	478	337	387	256	363	440	566	309	145	809	278	279
3.11	Mothers known to be smokers at the time of delivery (%), 2014/15	14	13	21	6	15	12	6	18	24	12	5	9	6	5
3.12	Smoking-attributable deaths in persons aged 35+ yrs (DSR per 100,000), 2012-2014	246													

Healthy Lifestyles - Alcohol and drug misuse																
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield	
3.13	Young people in drug or alcohol treatment (per 10,000 aged 0-18 yrs), Sep 14 to Aug 16 (M)	16	20	19	10	22	18	15	14	25	8	4	19	12	7	
3.14	Adults aged 19+ in alcohol treatment (per 100,000), 2015/16 (M)	20	21	25	15	23	18	16	17	33	13	11	16	15	17	
3.15	Alcohol-related admissions (DSR per 100,000), 2014/15	571	597	671	438											
3.16	Alcohol-related mortality (DSR per 100,000), 2014	42	40	50	36											
3.17	Adults aged 19+ in drug treatment (per 100,000), 2015/16 (M)	38	41	53	16	52	23	24	25	82	18	8	30	22	11	

Healthy Lifestyles - Sexual health																
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield	
3.30	Under 18s conceptions (per 1,000 females aged 15-17), 2014	20														
3.31	Chlamydia detection rate in persons aged 15-24 (per 100,000), 2015	1,616	1,677	1,800	1,342											
3.32	Chlamydia detection rate in persons aged 25+ (per 100,000), 2015	89	85	109	72											
3.33	Gonorrhoea diagnostic rate (per 100,000), 2015	30	30	23	37											

Healthy Lifestyles - Accidents and injuries															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
3.34	A&E attendances for accidents & injuries in 0-4 yr olds (per 10,000), 2015/16	1,326	1,427	1,621	860	1,534	1,402	906	1,701	1,708	1,228	555	1,261	894	827
3.35	Emerg'y admiss'ns for accidents & injuries in 0-4 yr olds (per 10,000), 2013/14 to 2015/16	168	165	219	113	170	155	164	208	231	193	124	109	109	105
3.36	Emerg'y admiss'ns for accidents & injuries in 5-14 yr olds (per 10,000), 2013/14 to 2015/16	91	72	97	106	71	81	57	84	97	111	102	108	133	84
3.37	Emerg'y admiss'ns for accidents and injuries in 15-24 yr olds (per 10,000), 2013/14 to 2015/16	133	117	148	135	116	99	163	126	157	146	147	160	118	117
3.38	Emergency admissions for falls injuries for people aged 65+ (SAR), 2014/15 to 2015/16	100	103	98	98	105	100	103	97	105	87	111	99	78	96
3.39	People killed or seriously injured on East Sussex roads (per 100,000), 2012 to 2014	64													

Health protection - Health checks and screening																
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield	
3.18	Eligible people aged 40-74 who received an NHS Health Check (%), Apr 2013 to Mar 2016	33	34	37	27	36	29	37	47	38	26	30	29	18	29	
3.19	Eligible women aged 25-64 screened for cervical cancer (%), at Mar 2015	75	75	75	76	74	79	77	75	74	77	74	77	78	77	
3.20	Eligible women aged 50-70 screened for breast cancer (%), at Mar 2015	74	74	72	76	71	76	78	75	70	73	73	78	77	75	
3.21	Eligible people aged 60-69 screened for bowel cancer (%), at Mar 2016	60	60	59	62	58	61	64	64	55	63	62	58	62	63	

Health protection - Immunisation															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
3.22	Children immunised for DTaP/IPV/Hib by age 1 (%), 2015/16	94	96	93	93	96	94	99	93	92	93	90	97	90	97
3.23	Children immunised for pneumococcal infection by age 2 (%), Apr 2015 to Dec 2016	93	93	92	93	94	88	95	94	92	90	91	96	90	94
3.24	Children immunised for Hib/MenC by age 2 (%), 2015/16	93	93	93	92	95	88	96	94	92	93	89	95	90	94
3.25	Children immunised for measles, mumps and rubella (MMR) by age 2 (%), 2015/16	93	92	94	91	93	88	95	94	94	93	87	95	90	94
3.26	Children immunised for DTaP/IPV/Hib by age 5 (%), 2015/16	89	90	88	90	89	92	91	93	86	88	85	94	87	95
3.27	Children immunised for measles, mumps and rubella (MMR) by age 5 (%), 2015/16	89	91	88	89	90	92	92	93	86	88	85	93	86	93
3.28	People aged 65+ receiving seasonal flu vaccination (%), Sep 2015 to Jan 2016	70	72	71	66	72	70	73	76	66	70	64	68	66	65
3.29	People aged 65+ ever receiving a pneumococcal vaccination (%), at 31 Mar 2016	69	67	72	65	68	65	69	78	69	70	64	74	61	64

Disease and poor health - Mental health															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
4.10	GP reported incidence of depression in persons aged 18+ (%), 2015/16	10.4	11.4	10.4	9.2	12.3	10.6	8.9	10.8	11.3	7.9	8.9	11.5	8.3	8.7
4.11	GP reported prevalence of severe mental illness (%), 2015/16 (M)	1.1	1.1	1.3	0.9	1.1	0.9	1.1	1.3	1.5	0.7	0.8	1.1	1.0	0.7
4.12	Emergency admissions for mental and behavioural disorders (SAR), 2014/15 to 2015/16	100	102	120	75	109	88	96	112	144	75	53	109	89	65
4.13	Emergency admissions, people with severe mental illness (SAR), 2014/15 & 2015/16	100	93	126	79	91	105	79	104	164	62	53	143	80	63
4.14	Emergency admissions relating to self-harm (SAR), 2014/15 to 2015/16	100	92	125	82	91	88	103	105	146	88	61	149	65	71
4.15	GP reported prevalence of dementia (%), 2015/16	1.1	1.2	1.0	0.9	1.2	1.2	1.4	1.7	0.8	0.7	0.9	0.9	0.7	1.0
4.16	GP reported versus expected prevalence of dementia at age 65+ (ratio), 2014/15	61	64	60	59										
4.18	Emergency admissions, people with dementia (SAR), 2014/15 & 2015/16	100	103	104	90	103	101	105	101	128	70	83	114	76	94
4.19	CAMHS caseload (per 1,000 aged 0-18 yrs), Mar 2016	19	18	22	17	17	19	17	24	22	19	14	23	17	16
4.20	Working age people claiming ESA for mental health problems (per 1,000), Feb 2016 (M)	29	30	40	18	33	24	23	36	49	19	12	31	18	15
4.22	Mortality from suicide (SMR), 2012-15	100	107	102	90	94	139	109	77	128	63	104	125	41	89

Disease and poor health - Circulatory															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
4.23	GP reported prevalence of hypertension (%), 2015/16	16.7	17.5	17.5	14.9	16.0	18.9	21.2	22.2	14.9	18.5	15.5	15.9	13.0	14.8
4.24	GP reported versus expected prevalence of hypertension (ratio), 2014/15	61	62	61	58	60	63	64	65	59	61	60	61	55	58
4.25	GP reported prevalence of high blood pressure without established CVD (%), 2015/16	1.3	1.2	1.3	1.3	1.2	1.6	0.7	1.6	1.2	1.2	1.4	1.1	1.1	1.5
4.26	GP reported prevalence of CHD (%), 2015/16	3.8	4.1	4.0	3.1	3.8	4.5	5.0	5.5	3.4	3.9	2.9	3.9	2.8	3.0
4.27	Emergency admissions for CHD (SAR), 2014/15 to 2015/16	100	103	108	86	105	99	102	108	118	92	55	146	90	80
4.28	Emergency admissions for CHD per 1,000 on GP CHD registers, 2015/16	55	50	60	55	49	49	55	54	66	59	38	77	57	52
4.29	GP reported prevalence of stroke or TIA (%), 2015/16	2.3	2.5	2.4	2.0	2.3	2.6	3.1	3.4	2.1	2.3	2.2	2.2	1.8	1.9
4.30	Emergency admissions for stroke (SAR), 2014/15 to 2015/16	100	105	99	95	102	104	117	92	109	91	83	119	96	93
4.31	Mortality from stroke (SMR), 2012-15	100	97	102	101	94	108	92	103	105	93	92	124	84	112
4.32	GP reported prevalence of atrial fibrillation (%), 2015/16	2.7	3.0	2.6	2.3	2.8	3.1	3.9	3.8	1.9	2.9	2.4	2.2	2.2	2.3
4.33	GP reported versus expected prevalence of atrial fibrillation (ratio), 2014/15	72	78	70	68	77	78	80	74	64	72	71	68	66	67
4.34	GP reported prevalence of heart failure (%), 2015/16	1.0	1.1	1.0	0.7	1.0	1.4	1.1	1.4	0.9	0.8	0.7	0.9	0.7	0.7
4.36	Premature mortality from circulatory diseases (SMR), 2012-15	100	104	117	76	105	104	99	110	136	86	71	126	66	57

Disease and poor health - Cancer															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
4.38	Incidence of all cancers (DSR per 100,000), 2012-2014	584	576	593	587										
4.39	Incidence of lung cancer (DSR per 100,000), 2012-2014	64	61	73	57										
4.40	Mortality from lung cancer (DSR per 100,000), 2012-14	51	49	57	45										
4.41	Incidence of colorectal cancer (DSR per 100,000), 2012-2014	71	69	73	71										
4.42	Mortality from colorectal cancer (DSR per 100,000), 2012-14	28	26	29	30										
4.43	Incidence of breast cancer (DSR per 100,000 women), 2012-2014	172	162	172	184										
4.44	Mortality from breast cancer (DSR per 100,000 women), 2012-14	40	37	42	40										
4.45	Incidence of prostate cancer (DSR per 100,000 men), 2012-2014	178	170	171	196										
4.46	Mortality from prostate cancer (DSR per 100,000 men), 2012-14	46	44	45	48										
4.47	Mortality from all cancers (DSR per 100,000), 2012-14	271	274	280	259										
4.48	Premature mortality from cancer (SMR), 2012-15	100	103	105	91	109	101	86	108	112	88	77	126	80	95

Disease and poor health - Respiratory															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
4.49	GP reported prevalence of asthma (%), 2015/16	6.2	6.6	6.0	5.9	6.4	7.0	6.8	6.7	5.6	6.0	5.5	7.0	5.6	5.7
4.50	Emergency admissions for asthma (SAR), 2014/15 to 2015/16	100	110	124	62	122	91	94	126	145	67	66	72	57	53
4.51	Emergency admissions for asthma per 1,000 on GP asthma registers, 2015/16	14	14	19	9	17	10	9	14	26	10	10	11	10	6
4.52	GP reported prevalence of COPD (%), 2015/16	2.1	2.3	2.5	1.7	2.2	2.5	2.3	2.7	2.6	1.9	1.7	2.4	1.3	1.5
4.53	Emergency admissions for COPD (SAR), 2014/15 to 2015/16	100	91	127	79	90	104	75	117	161	78	72	130	57	69
4.54	Emergency admissions for COPD per 1,000 on GP COPD registers, 2015/16	78	73	87	70	64	87	79	90	92	63	66	86	69	56
4.55	Mortality from COPD (SMR), 2012-15	100	92	118	90	97	92	76	102	140	104	77	145	72	81
4.56	Premature mortality from respiratory diseases (SMR), 2012-15	100	96	129	70	103	95	77	112	165	80	70	111	67	46

Disease and poor health - Diabetes															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
4.57	GP reported prevalence of diabetes aged 17+ (%), 2015/16	6.3	6.4	6.9	5.5	6.1	7.0	6.7	7.8	6.6	6.5	5.0	7.4	4.6	5.2
4.58	Emergency admissions for diabetes (SAR), 2014/15 to 2015/16	100	115	101	81	120	85	145	82	122	75	57	113	105	67
4.59	Emergency admissions for diabetes per 1,000 on GP diabetes registers, 2015/16	13	16	11	13	17	13	17	9	15	6	8	16	19	9

Disease and poor health - Other conditions															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
4.60	GP reported prevalence of epilepsy aged 18+ (%), 2015/16	0.8	0.8	0.9	0.7	0.8	0.8	0.7	1.0	1.0	0.7	0.7	0.8	0.7	0.7
4.61	Premature mortality from liver disease (SMR), 2012-15	100	88	130	79	79	101	99	111	170	67	53	153	33	102
4.62	GP reported prevalence of CKD aged 18+ (%), 2015/16	5.1	6.4	4.2	4.6	5.9	7.1	7.2	5.2	3.6	4.4	4.2	5.9	4.4	4.1
4.65	GP reported prevalence of learning disabilities aged 18+ (%), 2015/16	0.5	0.5	0.6	0.5	0.5	0.4	0.4	0.6	0.7	0.5	0.4	0.4	0.3	0.6

Disease and poor health - Avoidable admissions															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
4.67	Emergency admissions for LRTIs in under 20s (SAR), 2014/15 to 2015/16	100	106	95	98	103	98	139	78	104	84	56	162	125	68
4.68	Emergency admissions for diabetes, epilepsy, asthma in under 20s (SAR), 2014/15 to 2015/16	100	118	117	62	134	80	114	115	131	82	69	47	69	58
4.69	Emergency admissions for chronic ACS conditions (SAR), 2014/15 to 2015/16	100	101	118	77	104	99	94	106	144	81	64	111	75	73
4.70	Emergency admissions for acute ACS conditions (SAR), 2014/15 to 2015/16	100	110	104	82	120	100	86	97	120	79	73	104	72	86
4.71	Emergency admissions for other & vaccine preventable ACS conditions (SAR), 2014/15 to 2015/16	100	97	105	99	103	92	83	89	128	83	65	146	108	101

Disease and poor health - Hospital attendances and admissions															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
4.72	First outpatient attendances (SAR), 2015/16	100	99	103	98	96	99	108	101	109	93	101	114	89	90
4.73	Outpatient appointments where the patient did not attend (%), 2015/16	7	7	8	6	8	7	6	7	9	7	5	9	7	6
4.74	All MIU and A&E attendances (SAR), 2015/16	100	95	95	111	96	94	92	86	107	77	109	123	114	103
4.75	MIU and A&E attendances for 0-4 yr olds (per 1,000), 2015/16	433	392	411	509	396	383	395	404	438	326	445	611	566	441
4.76	MIU and A&E attendances for persons aged 15-29 (per 1,000), 2015/16	324	310	315	351	317	282	330	282	344	261	359	366	343	336
4.77	MIU and A&E attendances for persons aged 70+ (per 1,000), 2015/16	384	379	352	431	385	384	354	344	403	278	415	490	473	374
4.78	All elective admissions (SAR), 2014/15 to 2015/16	100	108	99	91	108	114	102	100	102	92	84	107	89	92
4.79	Elective admissions for persons aged 65+ (SAR), 2014/15 to 2015/16	318	352	304	290	355	361	332	300	309	299	272	329	285	291
4.80	All emergency admissions (SAR), 2014/15 to 2015/16	100	100	111	86	104	98	88	104	126	90	78	110	80	84
4.81	Emergency admissions for persons aged 70-84 yrs (SAR), 2014/15 to 2015/16	194	196	204	180	206	194	170	198	233	161	163	232	164	177
4.82	Emergency admissions for persons aged 85+ (SAR), 2014/15 to 2015/16	485	489	496	464	492	492	474	486	532	455	452	520	479	426

Children's services															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
6.07	Referrals to children's social care (per 1,000 aged under 18 yrs), Feb 2015 to Jan 2016 (M)	30	32	37	20	32	34	27	34	45	18	12	47	15	15
6.08	Children on a child protection plan (per 1,000 aged under 18 yrs), 31 March 2016 (M)	4	4	7	2	4	4	1	6	9	1	2	4	2	1
6.09	Looked after children (per 1,000 aged under 18 yrs), 31 March 2016 (M)	5	5	7	3	7	3	3	4	9	3	2	4	2	3

Carers															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
6.01	People providing one hour or more of unpaid care per week (%), 2011 (M)	11.3	11.3	11.5	11.0	10.9	11.6	12.5	12.7	10.7	12.0	10.5	11.6	11.7	10.7
6.02	Unpaid carers providing 20 hours or more care per week (%), 2011 (M)	34	35	37	28	36	35	29	38	39	32	25	38	25	27
6.03	Working age people claiming Carers Allowance (%), Feb 2016 (M)	1.5	1.6	1.9	1.1	1.6	1.6	1.2	1.9	2.1	1.6	0.8	1.9	1.0	1.0
6.04	Carers known to adult social care (per 1,000 population) Dec 2014 to Nov 2015 (M)	17	18	21	12	17	19	17	23	21	18	10	18	12	12
6.05	Carers (known to adult social care) receiving a service (%), Dec 2014 to Nov 2015 (M)	84	85	85	83	85	84	87	86	84	86	80	86	84	81
6.06	Carers receiving self-directed support (per 1,000 aged 18+), Dec 2014 to Nov 2015 (M)	8	8	10	6	8	9	8	10	11	9	5	9	5	6

Adult social care															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
6.10	Requests for adult social care support (per 1,000 aged 18+), Dec 2014 to Nov 2015 (M)	25	27	29	19	26	28	29	35	27	25	16	26	19	18
6.11	Adults receiving direct payments (per 1,000), at 30 Jun 2016 (M)	4	3	5	3	3	4	2	5	5	4	2	4	3	3
6.12	Adults receiving self-directed support (per 1,000), at 30 Jun 2016 (M)	11	12	13	7	12	12	10	14	14	9	5	10	8	6
6.13	Working age people receiving Long Term Support (per 1,000), Jul 2015 to Jun 2016 (M)	8	8	11	4	8	7	6	12	12	6	3	6	5	4
6.14	People aged 65+ receiving Long Term Support (per 1,000), Jul 2015 to Jun 2016 (M)	30	34	32	24	34	36	31	29	37	27	18	35	24	22
6.15	Learning disabled adults aged 18-64 in settled accommodation (%), Jul 2015 to Jun 2016 (M)	72	77	68	71	75	80	82	78	71	44	58	88	77	67
6.16	Adults receiving community equipment (per 1,000), 2015/16 (M)	10	11	11	8	11	11	11	14	11	10	6	12	9	7
6.17	Adults receiving adult social care funded lifeline or telecare (per 1,000), 2015/16 (M)	12	14	13	8	14	15	14	15	12	11	6	13	8	7
6.18	People 65+ discharged from hosp to intermed care (per 1,000), Sep 2014 to Aug 2015 (M)	7	8	6	8	9	8	8	7	5	5	6	12	9	7
6.19	Adults in council supported residential or nursing care (per 100,000), at 30 June 2016 (M)	579	559	748	365	564	585	497	911	771	466	608	261	224	411
6.20	New ASC clients receiving services, not asking for more ongoing (%), Dec 14 to Nov 15 (M)	90	86	94	92	87	83	88	95	94	92	92	83	100	91

NHS dental services															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
3.40	Residents aged 0-17 accessing East Sussex NHS general dental services (%), 2015/16 (M)	76	78	75	76	76	79	83	74	75	77	61	76	83	87
3.41	Residents aged 18-64 accessing East Sussex NHS general dental services (%), 2015/16 (M)	53	52	58	48	51	57	52	59	61	52	36	51	52	55
3.42	Residents aged 65+ accessing East Sussex NHS general dental services (%), 2015/16 (M)	53	51	60	47	48	58	51	61	62	55	39	50	49	54

GP patient survey															
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
5.01	Patients responding to the GP Patient Survey (%), 2015/16	48	49	45	52	46	53	53	54	40	57	55	46	52	53
5.02	Patients whose experience of their GP surgery was good (%), 2015/16	88	89	87	88	90	86	92	90	84	93	92	87	89	84
5.03	Patients whose experience of making appointments was good (%), 2015/16	78	79	80	74	81	73	77	81	78	84	76	77	72	72
5.04	Patients satisfied with GP surgery's opening hours (%), 2015/16	78	79	79	74	81	73	77	81	77	84	76	77	72	72
5.05	Patients who said the GP was good at involving them in decisions on care (%), 2015/16	77	79	74	78	79	76	86	78	71	79	80	77	77	78
5.06	Patients who said the nurse was good at involving them in decisions on care (%), 2015/16	65	65	67	63	65	68	62	62	70	68	62	65	59	67



## Annex 2: Acronyms and abbreviations

A&E	Accident and Emergency
ACS	Ambulatory Care Sensitive
AF	Atrial Fibrillation
ASC	Adult Social Care
BP	Blood Pressure
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CV	Cardiovascular
CVD	Cardiovascular Disease
DM	Diabetes Mellitus (used for diabetes QOF clinical domain)
DNA	Did Not Attend
DSR	Directly Standardised Rate
DTaP/IPV/Hib	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (also known as the 5 in 1 vaccine)
EHCP	Education, Health and Care Plan
EHS	Eastbourne, Hailsham and Seaford
ESA	Employment and Support Allowance
EYFS	Early Years Foundation Stage
Hib	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HR	Hastings and Rother
HWLH	High Weald Lewes Havens
ID	Income Deprivation
ID 2015	Indices of Deprivation, 2015
IDACI	Income Deprivation Affecting Children Index
IDAOPi	Income Deprivation Affecting Older People Index
IMD	Index of Multiple Deprivation
JSA	Job Seekers Allowance
LD	Learning Disability
LRTI	Lower Respiratory Tract Infection
LSOA	Lower Super Output Area

MenC	Meningococcal C conjugate
MH	Mental Health
MIU	Minor Injury Unit
MMR	Measles, mumps and rubella
MRC	Medical Research Council
NEET	Not in Education, Employment or Training
PAD	Peripheral Arterial Disease
PCV	Pneumococcal conjugate vaccine
PHOF	Public Health Outcomes Framework
PPV	Pneumococcal polysaccharide vaccine
QOF	Quality and Outcomes Framework
RAG	Red Amber Green
RCP	Royal College of Physicians
SAR	Standardised Attendance Ratio/ Standardised Admissions Ratio
SEN	Special Educational Needs
SMR	Standardised Mortality Ratio
STIs	Sexually Transmitted Infections
UC	Universal Credit