East Sussex County Council

Appendices

Pharmacy Needs Assessment 2017

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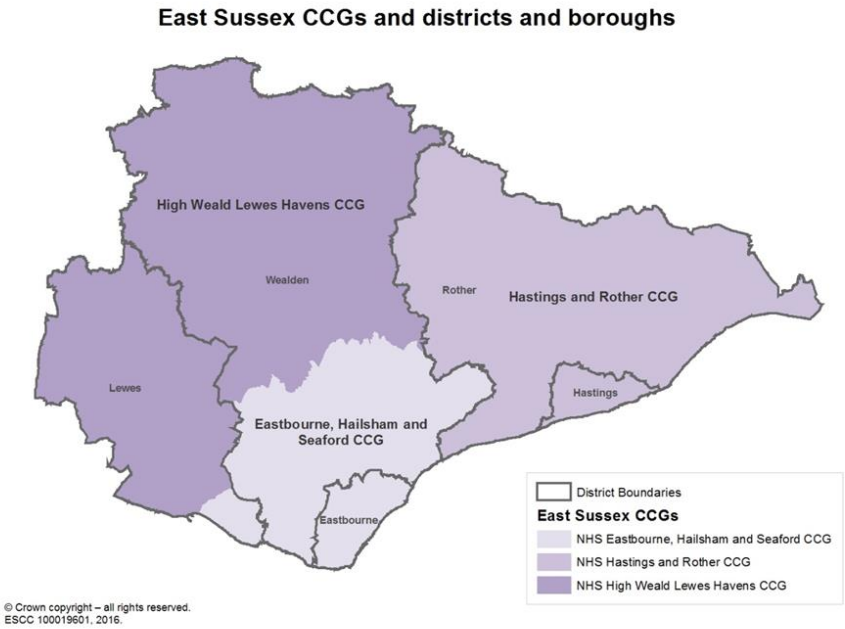
Appendix 1: Health Needs

Eastbourne, Hailsham & Seaford CCG

The areas covered by the CCGs within East Sussex and how these correspond to local authority boundaries are illustrated in Figure 1.

Figure 1: East Sussex CCGs, Districts and Boroughs



Population

The CCG has a significantly *older* age profile compared to England. Compared to England the CCG has significantly *lower* percentages of their population who are non-White British and who have English as a second language.

In Eastbourne the percentage of adults whose current marital status is separated or divorced is significantly higher compared to England however across the CCG lone parent households are significantly lower.

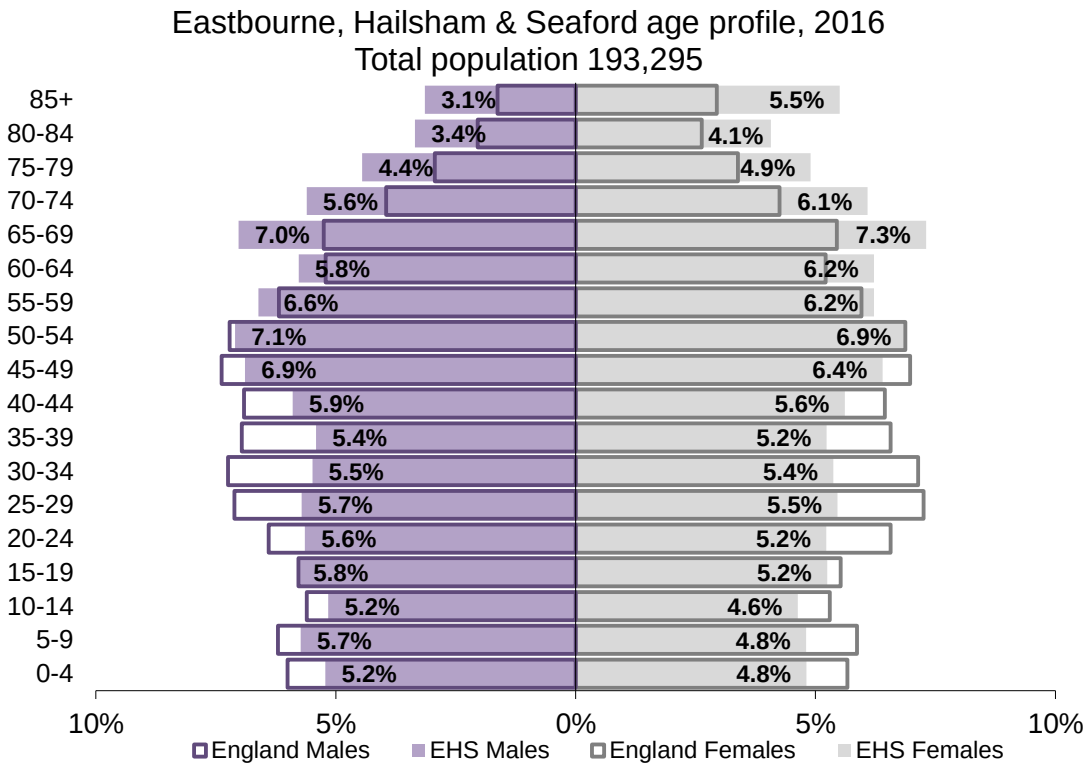
Pensioners who live alone and the percentage of the population who provide 50 or more hours per week unpaid care are significantly higher in Eastbourne, and significantly lower in Wealden, compared to the national average.

Eastbourne, Hailsham & Seaford (EHS) CCG population structure

The population of EHS CCG was 193,295 in 2016.

The population pyramid for EHS CCG (Figure 5) shows that it has a *lower* proportion of females and males aged 0-14, a lower proportion of females aged 15-49, as well as a lower proportion of males aged 20-49, compared to the England average. The proportions for both males and females aged 55 and above are *higher* than the England average.
Figure 2 shows the age and sex structure of Eastbourne, Hailsham and Seaford CCG compared to England.

Figure 2: EHS CCG population pyramid



Source: HSCIC April 2016
The EHS CCG population consists of approximately 48% males and 52% females.

Eastbourne, Hailsham and Seaford is the largest CCG in East Sussex. There are 3 localities in the CCG, Eastbourne (115,256) is the largest and Seaford (27,591) is the smallest. Table 1 shows the GP registered population for specific age groups (0-19 year olds, 20-64 year olds, over 65s and over 85s) and for all ages.

Table 1: EHS CCG population by locality

Registered Population	EHS CCG		Eastbourne Locality		Hailsham and Polegate Locality		Seaford Locality		East Sussex	
	No.	%	No.	%	No.	%	No.	%	No.	%
0-19 years	39,535	21%	24,797	22%	9,934	21%	4,804	17%	115,677	21%
20-64 years	101,518	53%	63,406	55%	24,176	51%	13,936	51%	295,660	55%
65+ years	48,931	26%	27,053	23%	13,027	28%	8,851	32%	130,833	24%
85+ years	8,422	4%	4,738	4%	2,098	4%	1,586	6%	20,375	4%
All Ages	189,984	100%	115,256	100%	47,137	100%	27,591	100%	542,170	100%

Source: JSNAA

Twenty one percent of the EHS CCG population is made up of children and young people aged 0-19 years.

More than half (53%) of the EHS CCG population is of persons aged between 20-64 years. Eastbourne locality has a slightly higher proportion in this age range (55%) than other localities.

Just over a quarter (26%) of the EHS CCG population is of persons aged 65 years and over, with Seaford locality having a relatively higher proportion (32%) than other localities.

Four percent of the EHS CCG population is of very elderly persons aged 85 years and over. Seaford locality has a relatively higher proportion (6%).

The CCG has a slightly older age profile compared to East Sussex. Within the CCG, Seaford has the oldest age profile and the second oldest of all East Sussex localities. Along with Seaford locality, Hailsham and Polegate locality also has significantly higher percentages of both persons aged 65 years and over and aged 85 years and over compared to East Sussex.

Table 2 shows the estimated population changes between 2014 and 2020 for specific age groups (0-19 year olds, 20-64 year olds, over 65s and over 85s) 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 (shown as positive numbers and percentages) whilst others will decrease in size (shown as negative numbers and percentages).

The net effect is that the population of Eastbourne, Hailsham and Seaford CCG is estimated to increase by 2% by 2020 (2,900 more people). The largest estimated increase is in those aged 85 years and over, with a 15% increase by 2020 (1,300 more people age 85 years and over).

Table 2: EHS CCG projected population changes by locality, all persons 2014-2020

Population Change	EHS CCG		Eastbourne Locality		Hailsham and Polegate Locality		Seaford Locality		East Sussex	
	No.	%	No.	%	No.	%	No.	%	No.	%
0-19 years	-750	-2%	-750	-3%	-50	0%	0	0%	-2,250	-2%
20-64 years	-1,100	-1%	-1,450	-2%	350	1%	50	0%	-1,450	0%
65+ years	5,100	10%	2,400	9%	1,700	13%	1,050	12%	14,500	11%
85+ years	1,300	15%	450	9%	500	24%	350	22%	3,000	15%
All Ages	2,900	2%	250	0%	1,800	4%	900	3%	11,000	2%

Source: JSNAA

EHS CCG population of persons aged 20-64 is projected to decrease by about 1,100 people by 2020. Eastbourne locality will experience the highest change (-2%, equivalent to 1,450 fewer people of working age).

EHS CCG population of persons aged 65 and over is projected to increase by 10% by 2020. This is equivalent to 5,100 more older people. Hailsham and Polegate locality will experience the highest change (13%, equivalent to 1,700 more people).

EHS CCG population of persons aged 85 and over is projected to increase by 15% by 2020. This is equivalent to 1,300 more people in total. Hailsham and Polegate locality will experience the highest proportionate change (24%, equivalent to 500 more people)

The dependency ratio is 0.72 (number of dependents [people aged under 16 years and aged 65 years and over] to working age people [people aged 16-64 years]). This means that, for every person of working age, there are 0.72 people of non-working age. This is significantly *higher* compared to East Sussex and the highest of all East Sussex CCGs.

Compared to East Sussex, Eastbourne has a significantly lower dependency ratio and Seaford and Hailsham and Polegate localities have significantly higher ratios.

• 18% of households are occupied by an older person living alone, significantly higher than East Sussex. All localities have significantly higher percentages than East Sussex.

• there is a similar percentage of lone parent households (6% of households) to East Sussex.
Eastbourne has a significantly higher percentage compared to East Sussex and Seaford a significantly lower percentage.

Ethnicity
• EHS CCG has a significantly higher percentage than *East Sussex* for ethnic groups other than White British for all persons and for school pupils, and the highest values of the three CCGs.

Eastbourne locality has the highest values of all East Sussex localities and significantly higher percentages than for East Sussex, with the other two localities significantly lower values.

74 per 1,000 pupils have English as an additional language, a significantly higher rate than East Sussex. Eastbourne has the highest rate of all East Sussex localities and a significantly higher rate than East Sussex. Seaford, and Hailsham and Polegate, have significantly lower rates than East Sussex.

Births
• In EHS CCG there are 63 live births per 1,000 women aged 15-44 years (1,861 births in 2014), the highest rate of East Sussex CCGs.

Hailsham and Polegate locality has a significantly higher live birth rate (69) than East Sussex (59) and the highest rate of all East Sussex localities.

• Eastbourne locality has the highest rate of live births *for women aged 15-19* years of all East Sussex localities. These are shown in Figure 3.

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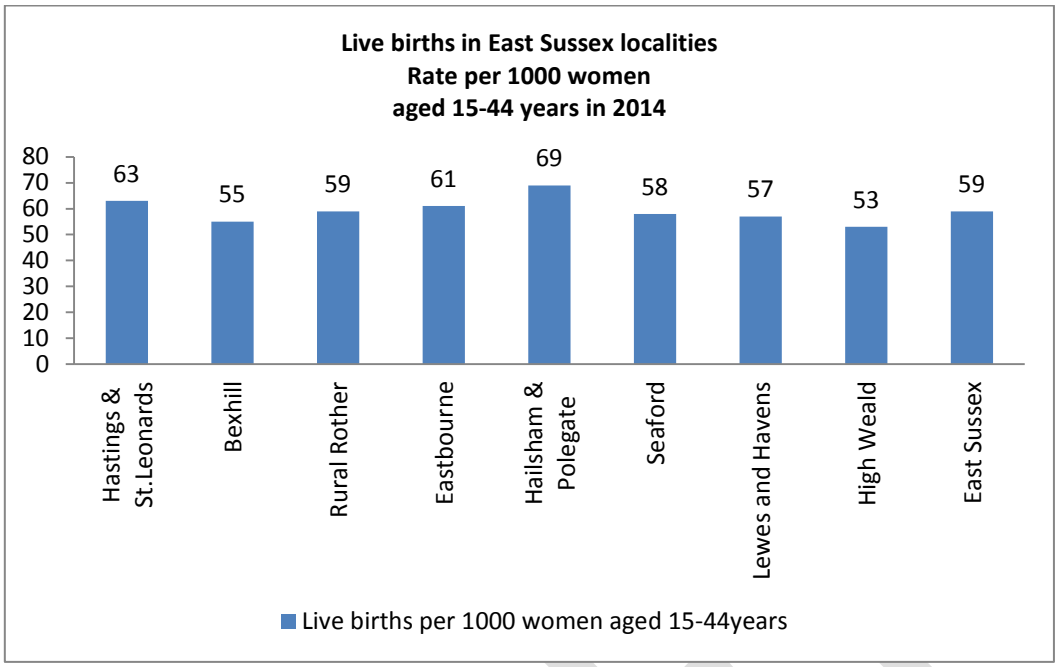
Figure 3: Live births per 1,000 women aged 15-44 years by locality in 2014



Source: JSNAA

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Hastings & Rother CCG

Population

Hasting & Rother CCG has a significantly older age profile compared to England. Compared to England, the CCG has a significantly lower population who are non-White British, or who have English as a second language.

The percentage of adults whose current marital status is separated or divorced is significantly higher compared to England. Lone parent households are significantly higher in Hastings and lower in Rother when compared to the national average.

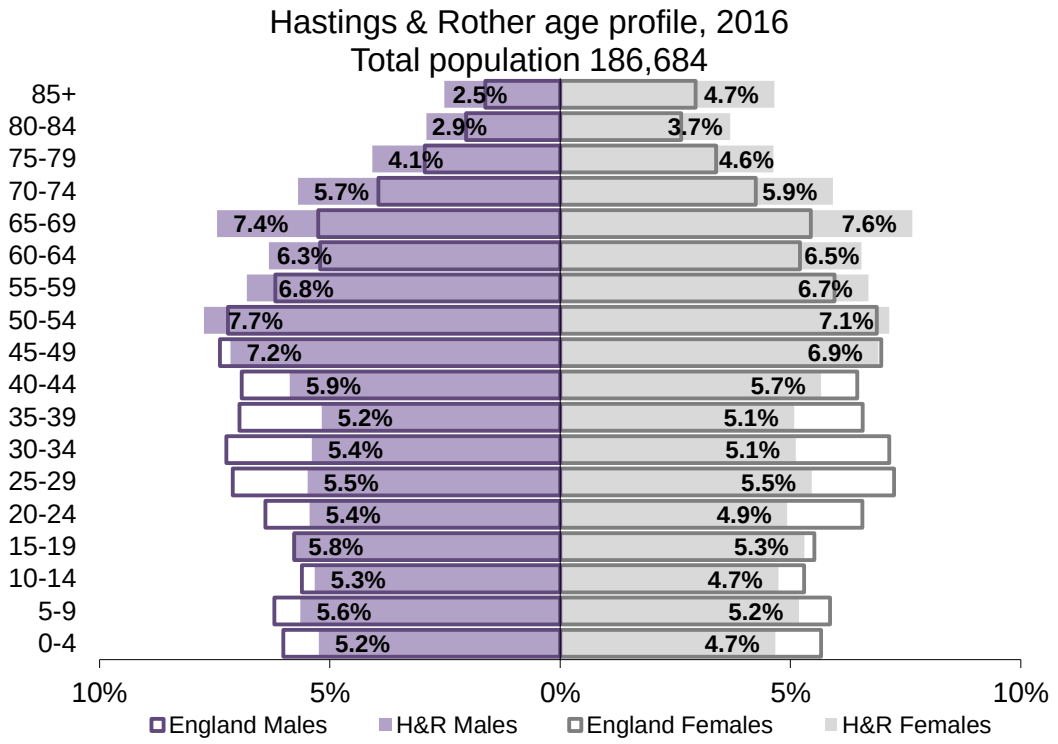
The percentage of the population who provide 50 or more hours per week unpaid care is significantly higher than for England and in Hastings there is also a significantly higher percentage of pensioners living alone.

Hastings & Rother (H&R) CCG population structure

H&R CCG has an estimated population of 186,684 people in 2016.

The population pyramid for H&R CCG (Figure 4) shows that it has a *lower* proportion of females and males aged 0-14, a lower proportion of males aged 20-49, as well as a lower proportion of females aged 15-44, compared to the England average. The proportions for both males and females aged 50 and above are higher than the England average.

Figure 4 H&R CCG population pyramid



Source: HSCIC

There are 3 localities in the CCG, Hastings and St Leonards (98,621) is the largest and Rural Rother (39,497) is the smallest, Table 3 shows the GP registered population for specific age groups (0-19 year olds, 20-64 year olds, over 65s and over 85s) and for all ages.

Table 3: H&R CCG population by locality

Registered Population	Hastings & Rother CCG		Hastings and St Leonards Locality		Bexhill Locality		Rural Rother Locality		East Sussex	
	No.	%	No.	%	No.	%	No.	%	No.	%
0-19 years	39,036	21%	22,507	23%	8,455	18%	8,074	20%	115,677	21%
20-64 years	100,759	55%	57,336	58%	22,713	49%	20,710	52%	295,660	55%
65+ years	44,982	24%	18,778	19%	15,491	33%	10,713	27%	130,833	24%
85+ years	6,822	4%	2,460	2%	2,955	6%	1,407	4%	20,375	4%
All Ages	184,777	100%	98,621	100%	46,659	100%	39,497	100%	542,170	100%

Source: JSNAA

The CCG has a similar age profile to East Sussex. Within the CCG, Hastings and St Leonards has the youngest age profile with the highest percentage of children and young people and working age people of all East Sussex localities. Bexhill has the oldest age profile with the highest older people population of all East Sussex localities.

More than half (55%) of the H&R CCG population is aged 20-64 years. Hastings & St.Leonards has the highest proportion (58%).

About a quarter (24%) of the H&R CCG population is aged 65 years and over. Bexhill has the highest proportion (33%) and Hastings & St. Leonards the lowest (19%).
Four percent of the H&R CCG population is aged 85 years and over. Bexhill locality has the highest proportion (6%).

Table 4 shows population projections for all persons (number and percentage change) showing the increase (positive) or decrease (negative) from 2014 to 2020 (modelled)

Table 4: Population projections Hastings & Rother CCG

Population Change	Hastings & Rother CCG		Hastings and St Leonards Locality		Bexhill Locality		Rural Rother Locality		East Sussex	
	No.	%	No.	%	No.	%	No.	%	No.	%
0-19 years	-1,500	-4%	-750	-3%	-400	-5%	-400	-5%	-2,250	-2%
20-64 years	-1,300	-1%	-950	-2%	-200	-1%	-200	-1%	-1,450	0%
65+ years	4,700	11%	2,100	11%	1,550	10%	1,050	10%	14,500	11%
85+ years	550	8%	100	4%	300	10%	150	10%	3,000	15%
All Ages	2,000	1%	500	1%	800	2%	650	2%	11,000	2%

Source: JSNAA

Using projections modelled from East Sussex districts and boroughs, the table above shows that some age groups in Hastings & Rother CCG are projected to increase in size (shown as positive numbers and percentages) whilst others will decrease in size (shown as negative numbers and percentages). **The net effect is that the population of Hastings and Rother CCG is estimated to increase by 1% by 2020 (2,000 more people).**

H&R CCG population of persons aged 0-19 years is projected to decrease by 4% by 2020. This is equivalent to 1,500 fewer children and young people.

H&R CCG population of persons aged 20-64 years is projected to reduce by about 1% by 2020. This is equivalent to 1,300 fewer people.

H&R CCG population of persons aged 65 years and over is projected to *increase* by about 11% by 2020. This is equivalent to 4,700 more older people. Hastings & St Leonards will experience the largest change (11%) in this age group.

The H&R CCG population aged 85 years and over is projected to increase by about 8% by 2020. This is equivalent to 550 more people in total. Among localities Bexhill and Rural Rother will experience the largest proportionate change (10%).

The dependency ratio is 0.69 (number of dependents [people aged under 16 years and aged 65 years and over] to working age people [people aged 16-64 years]). In other words for every person of working age there are 0.69 people of non-working age. This is the same as for East Sussex. Compared to East Sussex, Hastings and St Leonards has a significantly lower dependency ratio and Bexhill and Rural Rother have significantly higher dependency ratios.

• 17% of households are occupied by an older person living alone, similar to East Sussex. Bexhill has a significantly higher percentage compared to East Sussex and the highest of all East Sussex localities.

• H&R CCG has a significantly higher percentage of *lone parent* households (6% of households) than East Sussex and the highest of East Sussex CCGs. Compared to East Sussex, Hastings and St Leonards has a significantly *higher* percentage and Bexhill and Rural Rother have significantly *lower* percentages.

Ethnicity

• The CCG has a similar percentage to East Sussex for ethnic groups other than White British for all persons and for school pupils.

Hastings and St Leonards locality has significantly higher values compared to East Sussex. Rural Rother has the lowest percentages within the CCG.

• 50 per 1,000 pupils have English as an additional language, a similar rate to East Sussex.

Rural Rother locality has a significantly lower rate than East Sussex and the lowest rate of all East Sussex localities. Hastings and St Leonards locality has a significantly higher rate than East Sussex.

Births

• In H&R CCG there were 61 live births per 1,000 women aged 15-44 years (1,772 births in 2014), the second highest rate of East Sussex CCGs.

• Rural Rother has one of the lowest locality rates of live births for women aged 15-19 years. Within the CCG Hastings and St Leonards locality has the highest rate.

• Of all localities in East Sussex, Bexhill has the lowest rate of live births for women aged 35-44 years and Rural Rother has the highest.

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High Weald Lewes Havens CCG

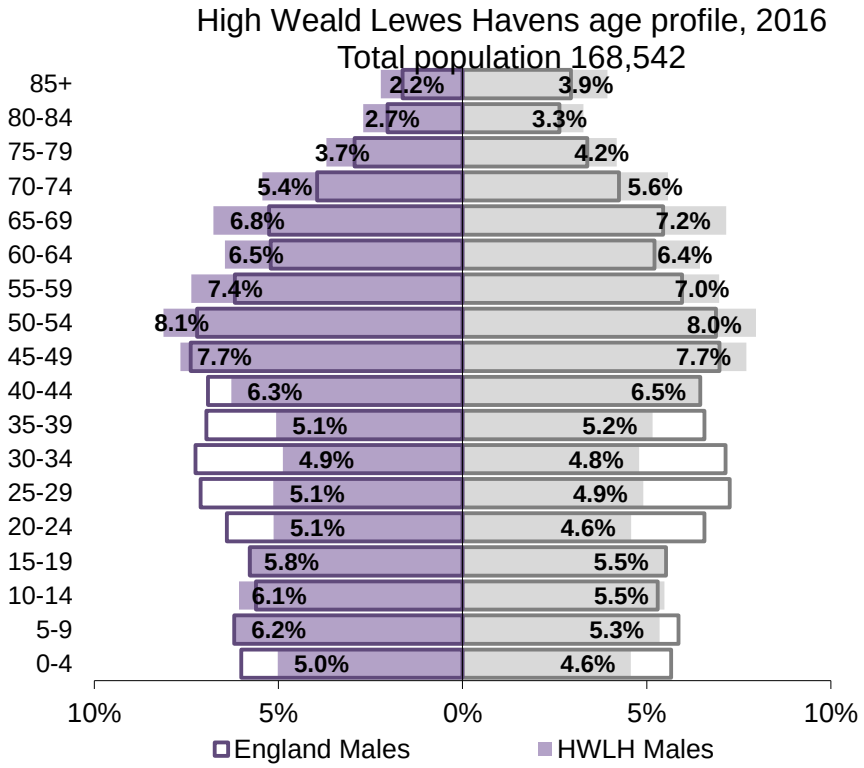
Population

Compared to the England averages, the population pyramid for HWLH CCG Figure 17 shows that it has a lower proportion of females and males aged 0-4, a lower proportion of females aged 5-9, a smaller proportion of 20-44 year old males and 20-39 year old females. The proportions for both males and females aged 45 and above are higher than the England averages.

The CCG has an older age profile compared to England. Compared to England the CCG has a significantly lower population who are non-White British, or who have English as a second language.

Across the CCG lone parent households are significantly *lower* compared to England and in Lewes District the percentage of adults whose current marital status is separated or divorced is significantly higher. Pensioners who live alone and the percentage of the population who provide 50 or more hours per week unpaid care are significantly *lower* in Wealden compared to the national average.

Figure 5: High Weald Lewes Havens Age Profile 2016



Source: JSNAA

High Weald Lewes Havens (HWLH) CCG population structure

Figure 5 shows HWLH CCG has an estimated population of 168,542 people in 2016. High Weald Lewes Havens is the smallest CCG in East Sussex. High Weald locality has 96,032 people (57.4%) while Lewes and Havens has 71,377 people (42.6 %).Table 5 shows the GP registered population for specific age groups (0-19 year olds, 20-64 year olds, over 65s and over 85s) and for all ages.

Table 5: HWLH CCG population by locality

Registered Population	High Weald Lewes Havens CCG		Lewes and Havens Locality		High Weald Locality		East Sussex	
	No.	%	No.	%	No.	%	No.	%
0-19 years	37,106	22%	16,211	23%	20,895	22%	115,677	21%
20-64 years	93,383	56%	40,216	56%	53,167	55%	295,660	55%
65+ years	36,920	22%	14,950	21%	21,970	23%	130,833	24%
85+ years	5,131	3%	2,062	3%	3,069	3%	20,375	4%
All Ages	167,409	100%	71,377	100%	96,032	100%	542,170	100%

Source: JSNAA

Twenty-two percent of the HWLH CCG population is of children and young people aged 0-19 years. The difference in proportions between the two localities is minimal.

More than half (56%) of the HWLH CCG population is of persons aged 20-64 years. The difference in proportions between the two localities is minimal.

Twenty two percent of the HWLH CCG population is of persons aged 65 years and over. There is a slightly higher proportion in High Weald locality.

Three percent of the HWLH CCG population is of persons aged 85 years and over. The difference in proportions between localities is minimal though the absolute number in High Weald is much greater with over 1,000 more very elderly people than Lewes Havens.

The CCG has a younger age profile than East Sussex with slightly higher percentages of persons aged under 20, and slightly lower percentages for older people.

Table 6 below shows the estimated population changes between 2014 and 2020 for specific age groups (0-19 year olds, 20-64 year olds, over 65s and over 85s) as well as all ages.

Using projections modelled from East Sussex districts and boroughs, the table shows that by 2020, some age groups are projected to increase in size (shown as positive numbers and percentages) whilst others will decrease in size (shown as negative numbers and percentages).

The net effect is that the population of High Weald Lewes Havens CCG is estimated to increase by 4% by 2020 (6,150 more people).

Of these there will be 4,644 more people age 65 and over in the CCG by 2020, with 2,900 more people in this age group in High Weald locality.

The largest estimated proportionate increase is in those aged 85 years and over, with a 24% increase by 2020 (1,200 more people age 85 years and over), with 750 more people in this age group in High Weald locality.

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Table 6: Projected population changes in High Weald Lewes Havens

Population Change	High Weald Lewes Havens CCG		Lewes and Havens Locality		High Weald Locality		East Sussex	
	No.	%	No.	%	No.	%	No.	%
0-19 years	0	0%	50	0%	-50	0%	-2,250	-2%
20-64 years	950	1%	50	0%	950	2%	-1,450	0%
65+ years	4,644	13%	1,775	12%	2,900	13%	14,500	11%
85+ years	1,200	24%	450	22%	750	25%	3,000	15%
All Ages	6,150	4%	2,150	3%	4,000	4%	11,000	2%

Source: JSNAA

The dependency ratio is 0.66 (number of dependents [people aged under 16 years and aged 65 years and over] to working age people [people aged 16-64 years]). For every person of working age there are 0.66 people of non-working age. This is significantly lower compared to East Sussex and the lowest of all East Sussex CCGs.
• 14% of households are occupied by an older person living alone, significantly *lower* than East Sussex.

• Similar percentage of lone parent households (6% of households) to East Sussex.

High Weald has a significantly lower percentage compared to East Sussex.

Ethnicity
• The CCG has a significantly lower percentage than East Sussex for ethnic groups other than White British for all persons and for school pupils and the lowest values of the three CCGs.

• 31 per 1,000 pupils have English as an additional language, a significantly lower rate than East Sussex.

Religion
• Significantly lower than East Sussex for the percentage of people of any religion other than Christianity.

Births
• In HWLH CCG there were 55 live births per 1,000 women aged 15-44 years (1,518 births in 2014), the lowest rate of East Sussex CCGs. High Weald has the lowest overall live birth rate of all East Sussex localities and also for women aged 15-19 years.

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Local Health Needs and Health Profiles

This section focuses on local health needs by examining inequalities in morbidity, mortality and health service utilisation across the population in East Sussex. The main sources of information and data were Health Profiles 2016 produced by Public Health England and the East Sussex JSNAA scorecards. Presentation of data is by borough, district and county for Health Profiles and by CCGs and Localities for JSNAA indicators. Health Profiles are produced by Public Health England. A profile consists of indicators grouped under five main themes:

- Our communities
- Children and young people's health
- Adults' health and lifestyles
- Disease and poor health
- Life expectancy and causes of death

The purpose of Health Profiles is to help upper and lower tier local authorities, and health services identify issues in their areas and develop strategies to address them. Performance for local authorities in England is benchmarked against the England average for 31 specified indicators. Table 7 shows the areas for local authorities in East Sussex where performance is worse than the England average

Table 7: Health Profile indicators where East Sussex upper and lower tier Local Authority performance is *worse* than England average

Local Authority	Indicators
East Sussex County Council	• Smoking status at time of delivery; • Alcohol specific hospital stays in under 18s; • Hospital stays for self-harm; • Killed and seriously injured on roads; • Suicide rate
Eastbourne Borough Council	• GCSEs achieved; • Violent crime (violence offences); • Long-term unemployment; • Hospital stays for self-harm; • Killed and seriously injured on the roads
Hastings Borough Council	• Children in low income families (under 16s); • Statutory homelessness; • GCSEs achieved; • Violent crime (violence offences); • Long-term unemployment; • Smoking status at time of delivery; breast feeding initiation; • Alcohol-specific hospital stays for under 18s; • Under 18 conceptions; • Higher smoking prevalence in adults; • Hospital stays for self harm; Hospital stays for alcohol-related harm; • Lower life expectancy at birth (male); life expectancy at birth (female); • Killed and seriously injured on roads; • Smoking related deaths; under 75 mortality rate cardiovascular; under 75 mortality rate cancer
Lewes District Council	• Alcohol-specific hospital stays for under 18s; • Hospital stays for self harm; • Killed and seriously injured on roads
Rother District Council	• Hospital stays for self harm; • Killed and seriously injured on roads
Wealden District Council	• Killed and seriously injured on roads

Source: Public Health England

Local Authority Health Profiles 2016:[1]
East Sussex County Council, population 540,000

Health in summary

The health of people in East Sussex is varied compared with the England average. About 17% (14,700) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities

Life expectancy is 7.3 years lower for men and 6.7 years lower for women in the most deprived areas of East Sussex than in the least deprived areas.

Child health

In Year 6, 15.7% (681) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 44.4 [rate per 100,000], worse than the average for England. This represents 47 stays per year. Levels of smoking at time of delivery are worse than the England average. Levels of breastfeeding initiation are better than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 571 [DSR per 100,000 population], better than the average for England. This represents 3,211 stays per year. The rate of self-harm hospital stays is 230.2 [DSR per 100,000], worse than the average for England. This represents 1,134 stays per year. The rate of smoking related deaths is 246 [DSR per 100,000], better than the average for England. This represents 999 deaths per year. The rate of people killed and seriously injured on roads is worse than average. Rates of hip fractures, sexually transmitted infections and TB are better than average. Rates of violent crime, long term unemployment, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Local priorities

Priorities in East Sussex include reducing circulatory diseases, cancers, and respiratory diseases to address inequalities. For more information see www.eastsussexjsna.org.uk or www.essp.org.uk.

Key public health issues at county level are summarised in Appendix 2:

A summary at county level of health and disability deprivation indicators, showing ESBT and HWLH CCG boundaries, with their population projections is shown in Figure 6.

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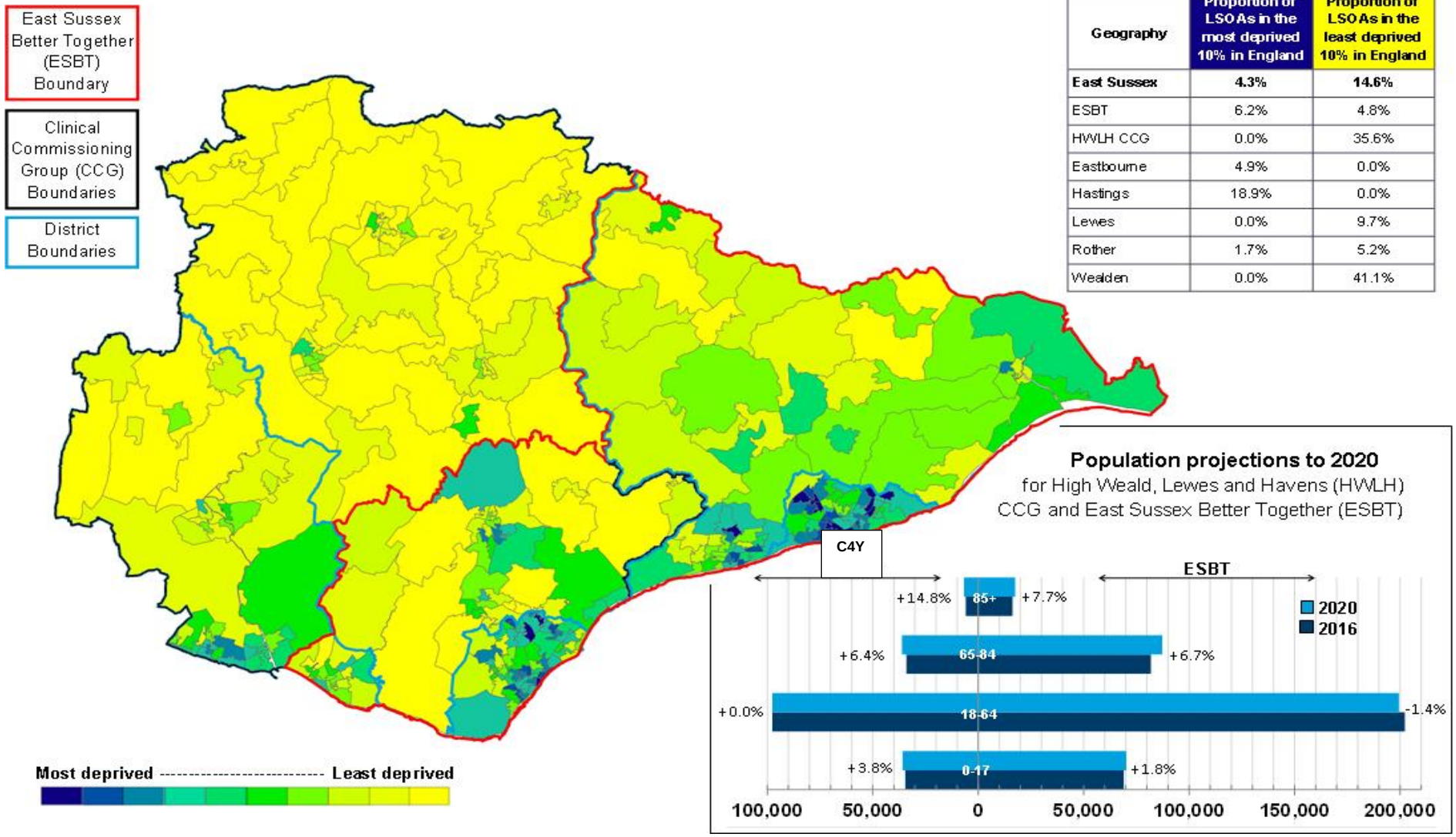
Figure 6: East Sussex Map of Health and Disability Deprivation



Geography	Proportion of LSOAs in the most deprived 10% in England	Proportion of LSOAs in the least deprived 10% in England
East Sussex	**4.3%**	**14.6%**
ESBT	6.2%	4.8%
HWLH CCG	0.0%	35.6%
Eastbourne	4.9%	0.0%
Hastings	18.9%	0.0%
Lewes	0.0%	9.7%
Rother	1.7%	5.2%
Wealden	0.0%	41.1%

Lewes District, population 100,000

Lewes has significantly lower than the England average rates of deprivation and child poverty, long-term unemployment, violent crime, statutory homelessness and fuel poverty. However, pupil absence is significantly higher when compared to England.[2]

Health in summary

The health of people in Lewes is generally better than the England average. About 14% (2,300) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities

Life expectancy is 5.3 years lower for men and 3.9 years lower for women in the most deprived areas of Lewes than in the least deprived areas.

Child health

In Year 6, 12.2% (101) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 57.6*, worse than the average for England. This represents 11 stays per year. Levels of breastfeeding initiation and smoking at time of delivery are better than the England average.

Adult health

The rate of alcohol-related admissions is 512 [Directly Standardised Rate per 100,000 in 2014/15], is better than the average for England. This represents 532 stays per year.

The rate of self-harm hospital stays is 235.1 [DSR per 100,000], worse than the average for England. This represents 211 stays per year. The rate of smoking related deaths is 228 [DSR per 100,000], better than the average for England. This represents 172 deaths per year.

The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Local priorities

Priorities in Lewes include reducing cancers, respiratory diseases and circulatory diseases to address the life expectancy gap between the most and least deprived areas.

Wealden District, population 155,000

Wealden is significantly better than the England average for indicators around deprivation and child poverty, long-term unemployment, violent crime, statutory homelessness and fuel poverty.

Health in summary

The health of people in Wealden is generally better than the England average. Wealden is one of the 20% least deprived districts/unitary authorities in England, however about 10% (2,400) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities

Life expectancy is 4.4 years lower for women in the most deprived areas of Wealden than in the least deprived areas.

Child health

In Year 6, 13.1% (147) of children are classified as obese, better than the average for England. The rate of alcohol specific hospital stays among those under 18 was 29.6*. This represents 9 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are better than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 436 [DSR per 100,000], better than the average for England. This represents 724 stays per year. The rate of self-harm hospital stays is 142.4 [DSR per 100,000], better than the average for England. This represents 205 stays per year. The rate of smoking related deaths is 212 [DSR per 100,000], better than the average for England. This represents 244 deaths per year. Estimated levels of adult physical activity are better than the England average. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Local priorities

Priorities in Wealden include reducing circulatory diseases, cancers and respiratory diseases to address the life expectancy gap between the most and least deprived areas.

Eastbourne Borough, population 102,000

Eastbourne is significantly better compared to England for indicators around statutory homelessness, fuel poverty and the percentage of the population who live in the most deprived areas in England. The borough is significantly worse compared to England for GCSE attainment, pupil absence, long-term unemployment and violent and sexual offences.

Health in summary

The health of people in Eastbourne is varied compared with the England average. About 19% (3,200) of children live in low income families. Life expectancy for both men and women is similar to the England average.

Health inequalities

Life expectancy is 6.1 years lower for men and 4.1 years lower for women in the most deprived areas of Eastbourne than in the least deprived areas.

Child health

In Year 6, 16.6% (138) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 49.5 [DSR per 100,000]. This represents 10 stays per year. Levels of GCSE attainment are worse than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 663 [DSR per 100,000]. This represents 685 stays per year. The rate of self-harm hospital stays is 222.8 [DSR per 100,000], worse than the average for England. This represents 214 stays per year. The rate of smoking related deaths is 260 [DSR per 100,000]. This represents 198 deaths per year. The rate of people killed and seriously injured on roads is worse than average. Rates of hip fractures and TB are better than average. Rates of violent crime and long term unemployment are worse than average. The rate of statutory homelessness is better than average.

Local priorities

Priorities in Eastbourne include reducing cancers and respiratory diseases to address the life expectancy gap between the most and least deprived areas.

Hastings Borough, population 91,000

Hastings Borough is significantly worse than England across a range of indicators relating to the wider determinants of health including deprivation, child poverty, GCSE attainment, pupil absence, long-term unemployment, violent crime and fuel poverty.

Health in summary

The health of people in Hastings is generally worse than the England average. Hastings is one of the 20% most deprived districts/unitary authorities in England and about 26% (4,500) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 10.2 years lower for men and 8.7 years lower for women in the most deprived areas of Hastings than in the least deprived areas.

Child health

In Year 6, 19.1% (169) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 55.7[DSR per 100,000], worse than the average for England. This represents 11 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 776 [DSR per 100,000], worse than the average for England. This represents 693 stays per year. The rate of self-harm hospital stays is 349.7 [DSR per 100,000], worse than the average for England. This represents 314 stays per year. The rate of smoking related deaths is 335 [DSR per 100,000], worse than the average for England. This represents 175 deaths per year. Estimated levels of adult smoking are worse than the England average. The rate of people killed and seriously injured on roads is worse than average.

Local priorities

Priorities in Hastings include reducing cancers, circulatory diseases and accidents/injuries to address the life expectancy gap between the most and least deprived areas.

Rother District, population 92,000

Rother District is significantly better compared to the England average for indicators relating to deprivation, child poverty, long-term unemployment, violent crime and re-offending.

Health in summary

The health of people in Rother has a mixed picture compared with the England average. About 18% (2,300) of children live in low income families. Life expectancy for women is higher than the England average.

Health inequalities

Life expectancy is 6.9 years lower for men and 7.4 years lower for women in the most deprived areas of Rother than in the least deprived areas.

Child health

In Year 6, 18.6% (126) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 37.0*. This represents 6 stays per year. Levels of smoking at time of delivery are worse than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 569*, better than the average for England. This represents 577 stays per year. The rate of self-harm hospital stays is 243.5*, worse than the average for England. This represents 190 stays per year. The rate of smoking related deaths is 244*, better than the average for England. This represents 211 deaths per year. The rate of people killed and seriously injured on roads is worse than average. Rates of hip fractures, sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment and early deaths from cardiovascular diseases are better than average.

Local priorities

Priorities in Rother include reducing circulatory diseases, cancers and respiratory diseases to address the life expectancy gap between the most and least deprived areas.

Joint Strategic Needs and Assets Assessment [JSNAA]

The JSNAA scorecards are selected indicators which provide a benchmark for identifying how CCGs and localities are performing in comparison to the East Sussex and National averages.

Indicators are grouped into four main categories: demography, lifestyles and risk factors, burden of ill health and mortality, and health services. *A selection of indicators that potentially relate to the need for pharmaceutical services* or indicators that are potentially amenable to health promotion activities based in communities have been included here.

Using a red, white and green rating methodology the performance of the three CCGs and their localities in East Sussex has been compared with the East Sussex average. Red indicates statistically significantly worse performance for the CCG or locality than the East Sussex average, while green indicates better performance. White indicates that the difference in CCG or locality performance is not statistically significant.

Eastbourne, Hailsham and Seaford CCG

The following table summarises locality performance indicators for EHS CCG, Table 8.

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Table 8: EHS CCG and locality performance indicators compared to East Sussex average

A selection of performance indicators at locality and CCG level is shown below. A comprehensive list of all 220 indicators can be found at:

http://www.eastsussexjsna.org.uk/scorecards/NHS-View-2016/2016NHS-AreaSummaries

Statistically significantly better CCG or locality performance than the East Sussex average

The difference in performance is not statistically significant

Statistically significantly worse CCG or locality performance than the East Sussex average

	Indicator	Locality			EHS CCG	ESCC average	Year/ Period
		Eastbourne	Hailsham &Polegate	Seaford			
Index of Multiple Deprivation, 2015	**Indices of Deprivation**						
	IMD 2015 score	20.45	16.28	13.08	18.35	19.18	2015
	Economy and Income						
	Income Deprivation Domain score	0.14	0.12	0.10	0.13	0.13	2015
	Income Deprivation Affecting Children Index (IDACI) score	0.19	0.15	0.12	0.17	0.17	2015
	Income Deprivation Affecting Older People Index (IDAOPI) score	0.16	0.13	0.10	0.15	0.15	2015
	Employment Deprivation Domain	0.13	0.10	0.09	0.12	0.11	2015
	Percentage of working age people claiming Job Seekers Allowance	1.7	1.0	1.1	1.4	1.4	Jun 2015
	Percentage of working age people claiming Employment and Support Allowance	6.8	5.9	4.9	6.3	6.1	Feb 2015
	Percentage of working age people claiming Disability Living Allowance	9	9	8	9	8	
	% Households on Low Income (under 60% of national median income)	32	32	29	31	29	2015
	Estimated % households in fuel poverty	8	7	7	8	9	2013
	Percentage of households without a car who *can* access a GP practice *within15 minutes* using public transport/walking	100	99	99	99	98	2013
	Percentage of households without a car who *can*	94	74	13	90	88	2013

	Indicator	Locality			EHS CCG	ESCC average	Year/ Period
		Eastbourne	Hailsham &Polegate	Seaford			
	access a Hospital *within 30 minutes* using public transport/walking						
Lifestyles and Risk Factors	**Child and maternal health**						
	Percentage of babies of low birth weight	6	5	5	**6**	**6**	2014
	Percentage of babies aged 6 to 8 weeks [of known breastfeeding status] that were partially or fully breastfed	51	44	49	**50**	**50**	2013/14
	Obesity						
	Percentage of *reception year children* classified as overweight or obese	22	21	17	21	21	2011/12 to 2013/14
	Percentage of *year 6 children* classified as overweight or obese	32	30	27	31	30	2011/12 to 2013/14
	GP reported prevalence of obesity, rate per 1,000 population aged 16 years and over	72	104	74	80	80	2014/15
	Smoking						
	GP reported prevalence of smoking, percentage of persons aged 15 years and over	18	16	14	17	18	Mar 2015
	Percentage of mothers known to be smoking at the time of delivery	15	12	6	13	14	2014/15
	Alcohol and substance misuse						
	Adults aged 19 and over in alcohol treatment, rate per 10,000 persons	11	9	7	10	11	Sept 14 to Aug 15
	Adults aged 19 and over in drug treatment, rate per 10,000 persons	24	9	9	18	16	Sept 14 to Aug 15
Burden of Ill Health – Mortality/ Morbidity	**Health status**						
	Percentage of people reporting that they have a long term problem	21	21	23	21	20	2011

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	Indicator	Locality			EHS CCG	ESCC average	Year/ Period
		Eastbourne	Hailsham &Polegate	Seaford			
	Life expectancy and mortality						
	Life expectancy (in years) at birth	82.1	82.7	83.8	82.5	82.5	2012 to 2014
	Life expectancy (in years) at age 75	12.8	13.4	13.9	13.1	13.0	2012 to 2014
	All-age, all-cause mortality, age-standardised ratio	103	96	89	99	100	2012 to 2014
	Mortality from causes considered preventable, age-standardised ratio	102	102	90	100	100	2011-14
	Mental health						
	GP reported incidence of depression, rate per 1,000 population aged 18 years and over 2014/15	99	94	83	95	90	2014/15
	GP reported prevalence of mental health disorders, rate per 1,000 population	11	9	11	11	10	2014/15
	GP reported prevalence of dementia disorders, rate per 1,000 population	12	11	13	12	10	2014/15
	Mortality from suicide and injury of undetermined intent, age standardised ratio	90	141	123	108	100	2011 to 2014
	Cardiovascular health, cancers and respiratory health						
	GP reported prevalence of hypertension, rate per 1,000 population	159	192	216	176	166	2014/15

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	Indicator	Locality			EHS CCG	ESCC average	Year/ Period
		Eastbourne	Hailsham &Polegate	Seaford			
	GP reported prevalence of coronary heart disease, rate per 1,000 population	38	47	52	42	38	2014/15
	GP reported prevalence of stroke/TIA, rate per 1,000 population	24	27	31	25	24	2014/15
	Mortality from stroke for all persons, age-standardised ratio	92	100	88	93	100	2011 to 2014
	Mortality from *all circulatory diseases* for persons aged 0-74 years, age standardised ratio	102	99	106	102	100	2011 to 2014
	Mortality from *all cancers* for persons aged 0-74 years, age-standardised ratio	103	97	87	98	100	2011 to 2014
	GP reported prevalence of asthma, rate per 1,000 population	64	70	68	66	62	2014/15
	GP reported prevalence of COPD, rate per 1,000 population	21	24	23	22	21	2014/15
	Mortality from chronic obstructive pulmonary disease (COPD) for all persons, age-standardised ratio	94	105	72	93	100	2011 to 2014
Service Utilisation	**Preventable hospital admissions**						
	Emergency hospital admissions for diabetes, epilepsy, or asthma in under 19s	136	117	118	129	100	2013/14 to 2014/15
	Emergency hospital admissions for chronic ambulatory care sensitive conditions, age and sex standardised ratio	104	105	83	101	100	2013/14 to 2014/15
	Diabetes						
	GP reported prevalence of diabetes, rate per 1,000 population	59	69	67	63	61	2014/15
	Emergency hospital admissions due to diabetes for persons aged 17 or over, rate per 1,000 patients on GP register	16	9	15	13	11	2014/15
	Epilepsy						
	GP reported prevalence of epilepsy, rate per 1,000 population aged 18 or over	8	9	7	8	8	2014/15

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	Indicator	Locality			EHS CCG	ESCC average	Year/ Period
		Eastbourne	Hailsham &Polegate	Seaford			
	Learning disability						
	GP reported prevalence of learning disability, rate per 1,000 population aged 18 or over	5	4	3	4	5	2014/15
	Hospital attendances and admissions						
	A&E attendances for persons aged 0-4 years, rate per 1,000 population	363	346	386	361	372	2014/15
	A&E attendances for persons aged 65 years and over years, rate per 1,000 population	326	294	282	309	298	2014/15
	A&E attendances, age-sex standardised ratio	108	98	92	103	100	2014/15
	All emergency hospital admissions, Age sex standardised ratio	105	98	87	101	100	2013/14 to 2014/15
	Emergency hospital admissions due to coronary heart disease, age and sex standardised ratio	111	102	93	106	100	2013/14 to 2014/15
	Emergency hospital admissions due to stroke age and sex standardised ratio	111	89	89	101	100	2013/14 to 2014/15
	Emergency hospital admissions due to asthma age and sex standardised ratio	120	113	101	116	100	2013/14 to 2014/15
	Emergency hospital admissions due to COPD age and sex standardised ratio	88	103	61		100	2013/14 to 2014/15
	Emergency hospital admissions for persons with schizophrenia, bipolar affective disorder and other psychoses, ASR	111	91	68	99	100	2013/14 to 2014/15
	Emergency hospital admissions for persons with dementia ASR	105	94	102	102	100	2013/14 to 2014/15
	Emergency hospital admissions due to mental and behavioural disorders, age and sex standardised ratio	111	98	98	106	100	2013/14 to 2014/15

	Indicator	Locality			EHS CCG	ESCC average	Year/ Period
		Eastbourne	Hailsham &Polegate	Seaford			
	Primary care utilisation						
	Percentage of patients satisfied with GP Practice opening hours	78	75	81	78	77	
	Immunisation and screening						
	Percentage of children who have been immunised for diphtheria, tetanus, polio, pertussis and HiB by age 1	96	94	98	96	93	2014/15
	Percentage of children who have been immunised for measles, mumps and rubella (MMR) receiving first dose by age 2	93	91	95	93	92	2014/15
	Percentage of persons aged 65 years and over receiving seasonal flu vaccination	73	74	75	73	72	2014/15
	Percentage of eligible population aged 40-74 who received an NHS Health Check	22	20	26	22	22	April13 to Mar 15
	Percentage of eligible women aged 50-70 years screened through the NHS breast screening programme at least once in the last 3 years	71	75	78	73	74	Mar 2015
	Percentage of people aged 60 -74 taking up bowel cancer screening	57	61	64	60	60	2014/15

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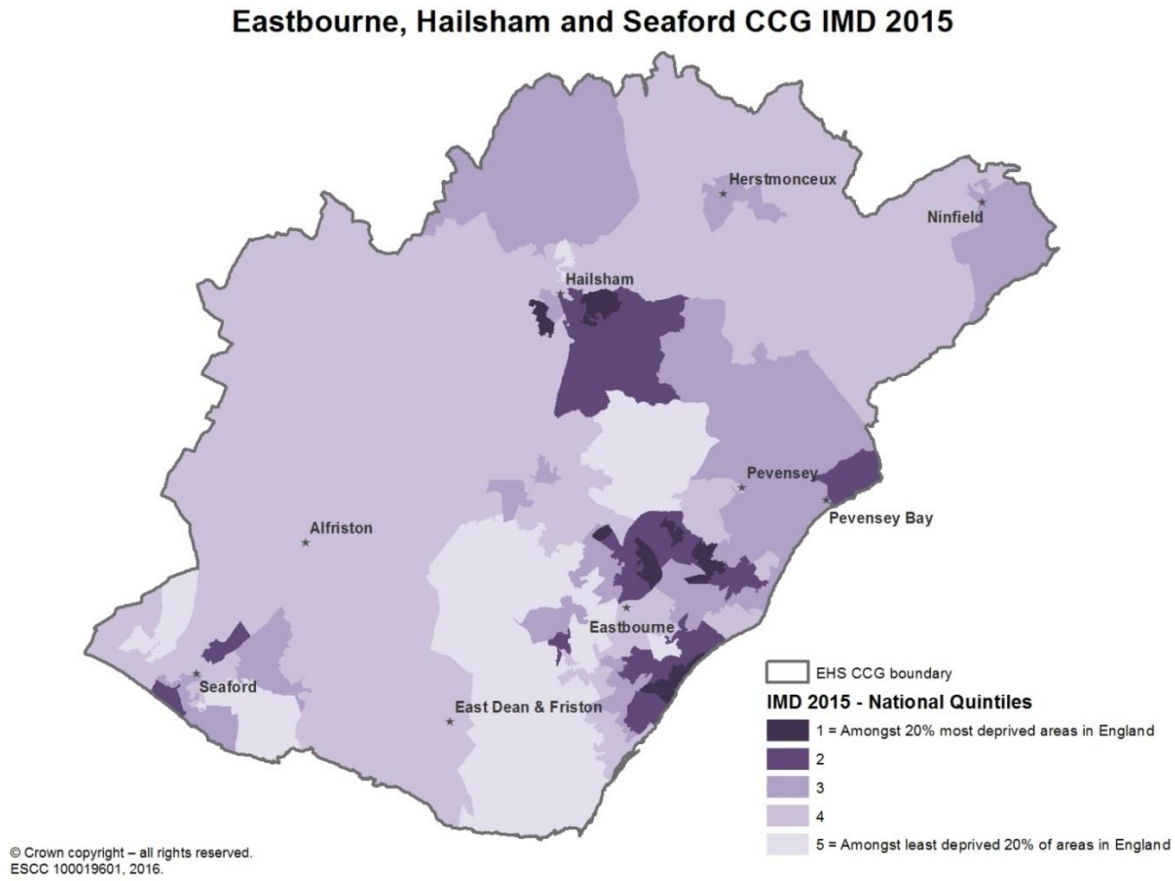
Wider Determinants of Health EHS CCG

Index of Multiple Deprivation

Eastbourne, Hailsham and Seaford CCG [EHS CCG] has a similar deprivation score to East Sussex using the Index of Multiple Deprivation (IMD) score. The Index of Multiple Deprivation (IMD) for 2015 by Lower Super Output Area (LSOA) is shown in Fig 7.

Eastbourne locality is the third most deprived locality in East Sussex using the IMD score and the most deprived within the CCG.

Figure 7: Eastbourne, Hailsham and Seaford IMD 2015



Economy and income

Table 9 shows the percentages of income-deprived persons, children, and older people in East Sussex, EHS CCG and its localities. The data were modelled from the Indices of Deprivation published in 2015.

Table 9: Income-deprived persons, children, and older people in East Sussex

	EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
Income Deprivation	13%	14%	12%	10%	13%
IDACI1	17%	19%	15%	12%	17%
IDAOPI2	15%	16%	13%	10%	15%

Source: JSNAA

Seaford is the second *least* deprived locality of all East Sussex localities for income deprivation affecting all people, and Eastbourne is the third *most* deprived for income deprivation affecting younger people [IDACI1] and second most deprived for income deprivation affecting older people [IDAOP2].

IN EHS CCG there is a significantly higher percentage of *households* on low income than East Sussex. Eastbourne, and Hailsham and Polegate localities have higher proportions than East Sussex.

There is a significantly *lower* percentage than East Sussex of *households* living in fuel poverty for both the CCG and all its localities (Hailsham and Polegate, and Seaford being the lowest of all East Sussex localities). Seaford has a significantly lower percentage than East Sussex (and the second lowest of all East Sussex localities) of children living in low-income families.

There are 23% of pupils receiving the pupil premium, similar to East Sussex. Eastbourne is significantly higher than East Sussex, and Hailsham and Polegate, and Seaford are significantly lower.

There is a similar percentage to East Sussex of working age people claiming Job Seekers Allowance (1.4%), and claiming Employment and Support Allowance (6.3%). Eastbourne locality is significantly higher, and Seaford locality is significantly lower, than East Sussex for both the percentage of working age people claiming Job Seekers Allowance, and the percentage claiming Employment and Support Allowance.

There are 9% of working age people claiming Disability Living Allowance, significantly higher than East Sussex. Eastbourne, and Hailsham and Polegate localities are significantly higher than East Sussex.

Transport

There are 24% of households with no cars or vans, significantly higher than East Sussex. Eastbourne locality (27%) has a significantly higher percentage than East Sussex and the second highest percentage of all East Sussex localities. Both Hailsham and Polegate (18%), and Seaford (20%) are significantly lower than East Sussex.

There are 99% of households without a car that can access a GP practice within 15minutes using public transport/walking, and 90% of households without a car can access a hospital within 30 minutes using public transport/walking. Both are significantly higher than East Sussex and the highest of all East Sussex CCGs. Eastbourne is significantly higher than East Sussex and the second highest of all East Sussex localities. However, only 13% of

people in Seaford without a car can access a hospital within 30 minutes using public transport.

Overall health status
The CCG has significantly lower mortality from causes considered preventable when compared to England. Eastbourne LA has a significantly higher percentage than the national average for their population who report their general health as bad, or very bad, and who report having a long-term limited illness or disability. Wealden LA has significantly higher life expectancy at birth and age 65 for males and females compared to England.

Disease and poor health

This CCG has similar to expected all-age all-cause mortality, premature mortality, and preventable mortality compared to East Sussex. Compared to East Sussex, Seaford locality has significantly lower than expected all age, all-cause mortality and premature mortality.

Health Improvement in Eastbourne, Hailsham, Seaford CCG

Child and maternal health
The CCG has a significantly *lower* percentage of women who have an antenatal assessment before 13 weeks compared to England [as with all ESx CCGs].

Women known to be smokers at the time of delivery is significantly *higher* compared to England in Eastbourne LA and significantly lower in Wealden LA.
Breastfeeding initiation is significantly higher and a significantly higher proportion than England are still feeding at 6-8 weeks after birth across the CCG.

79% of mothers initiated breastfeeding and 50% of babies are breastfed at 6-8 weeks in the CCG.
Seaford has a significantly higher percentage of mothers initiating breastfeeding than East Sussex and the highest percentage of all East Sussex localities.

Physical activity

• The percentage of adults achieving at least 150 minutes of physical activity per week is:
o 59% in Eastbourne Borough
o 60% in Lewes District and
o 62% in Wealden District.

Obesity

• 21% of Year R pupils and 31% of Year 6 pupils are classified as overweight (including obese). Seaford has a significantly lower prevalence than East Sussex.
• In Eastbourne Borough 65% of adults are estimated to be overweight or obese, in Lewes District it is 69% and in Wealden 63%.

Wealden is generally significantly better than England for indicators around obesity, fruit and vegetable consumption and physically active adults. Eastbourne is similar to the national average.

Smoking

Mothers smoking at time of delivery is significantly higher than England in Eastbourne LA and significantly lower in Wealden LA. Smoking-attributable hospital admissions are

significantly lower than the national average, and also smoking-attributable mortality in Wealden. In Eastbourne LA the age-standardised rate of smoking attributable deaths in those over 35 is higher than in East Sussex but similar to England. The key indicators are summarised in Table 10.

Table 10: Smoking prevalence in EHS CCG

	EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
GP reported smoking prevalence of persons 15 years and over (as at 31st March 2015)	17%	18%	16%	14%	18%
Smoking quit rates per 100,000 population 16 years and over (2014/15)	679	731	581	633	692
Percentage of mothers known to be smoking at the time of delivery (2014/15)	13%	15%	12%	6%	14%
Percentage of mothers who are current smokers at their baby's 6-8 week check (2013/14)	10%	10%	12%	8%	12%
Percentage of fathers who are current smokers at their baby's 6-8 week check (2013/14)	23%	23%	26%	20%	25%

Source: JSNAA

Hailsham and Polegate, and Seaford localities have significantly lower adult smoking prevalences compared to East Sussex, and Seaford also has a significantly lower percentage of mothers known to be smoking at the time of delivery.

• The age-standardised rate of smoking attributable deaths amongst people aged 35 years and over is:

- o 292 per 1,000 population (an estimated 222 smoking attributable deaths per year) in Eastbourne Borough
- o 242 per 100,000 population (an estimated 179 smoking attributable deaths per year) in Lewes District and
- o 220 per 100,000 population (an estimated 248 smoking attributable deaths per year) in Wealden District, the lowest rate of all East Sussex districts and boroughs.

Alcohol and drugs

Alcohol –Twenty-six percent of adults who drink alcohol are engaging in high risk drinking; Eastbourne has a significantly higher rate of benefit claimants due to alcoholism compared to England; and Wealden has a significantly higher rate of alcohol-related road traffic accidents compared to England. Alcohol-related hospital admissions are generally significantly better compared to England in Wealden and are similar to England in Eastbourne LA, when narrowly defined. Age standardised mortality from alcohol is similar for the CCG compared to England

• The percentage of adults estimated to be engaging in increasing or higher risk drinking (of those who drink alcohol) is:

o 26% in Eastbourne Borough and

o 27% in both Lewes District and Wealden District.

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In Eastbourne Hailsham and Seaford CCG, the age-standardised rate of alcohol-related hospital admissions (narrow measure) is 597 per 100,000 population in 14/15 higher than East Sussex [571 per 100,000) but lower than England].
• In Eastbourne, Hailsham and Seaford CCG the age-standardised rate of alcohol-related mortality is 40 per 100,000 population similar to East Sussex [46 per 100,000].

Drugs – East Sussex has a significantly higher percentage than England of 15 year-olds who have tried cannabis or taken cannabis over the last month. Successful treatment of opiate users is significantly worse in East Sussex compared to England although for non-opiate users is similar. There is a lower percentage than England of people in contact with mental health services when they access drug misuse services. Eastbourne locality has the second highest rate of adults in drug treatment.

Health Checks
• 22% of eligible patients received an NHS Health Check over the two-year period to March 2015. Compared to East Sussex, Hailsham and Polegate locality (20%) has a significantly lower percentage and Seaford (26%) has a significantly higher percentage, Table 11.

Table 11: Uptake of screening programmes in EHS CCG

NHS Screening Programme	EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
% eligible women (25-49 years old) screened for cervical cancer in last 3.5 years	80%	79%	82%	83%	80%
% eligible women (50-64 years old) screened for cervical cancer in last 5 years	76%	74%	78%	76%	76%
% eligible women (50-70 years old) screened for breast cancer in last 3 years	73%	71%	75%	78%	74%
% people (60-74 years old) screened for bowel cancer	60%	57%	61%	64%	60%

Source: JSNAA

Compared to East Sussex, Eastbourne locality has significantly lower uptakes across all screening indicators and Seaford has significantly higher uptake of screening (except cervical screening for women aged 50-64 years which is the same as East Sussex).

Immunisation

East Sussex has a significantly lower uptake of immunisation than England for DTaP/IPV/Hib vaccine by age 2, and MMR vaccine by age 2 and at age 5. EHS CCG has a significantly higher uptake of DTaP/IPV/Hib vaccine *by age 1* compared to East Sussex and the highest of the three CCGs. Seasonal flu and PPV vaccine uptake by persons aged 65 years and over is also significantly worse compared to England, as is seasonal flu uptake by at risk individuals.
The incidence of TB is significantly lower compared to the national average.

Eastbourne and Seaford localities have significantly higher uptakes than East Sussex.
• 73% of persons aged 65 years and over received a seasonal flu vaccination, a significantly higher percentage than East Sussex. All localities have a significantly higher percentage than East Sussex.

• 68% of persons aged 65 years and over have ever received a pneumococcal vaccination. Hailsham and Polegate, and Seaford localities have significantly lower percentages than East Sussex and Eastbourne a significantly higher percentage.

Life expectancy and mortality

• Life expectancy at birth is 82.5 years. Values range from 82.1 years in Eastbourne locality to 83.8 in Seaford locality.
• Life expectancy at age 75 is a further 13.1 years. Values range from a further 12.8 years in Eastbourne locality to 13.9 in Seaford locality.

This CCG has similar to expected all-age all-cause mortality, premature mortality, and preventable mortality compared to East Sussex. Compared to East Sussex, Seaford locality has significantly lower than expected all-cause mortality and premature mortality, Table 12.

Table 12: Mortality indicators EHS CCG

Annual deaths and age and sex standardised mortality ratios		EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
All-cause mortality (all ages) 2012 to 2014	Annual average	2,362	1,388	589	384	6,129
	Ratio	99	103	96	89	100
All-cause mortality (0-74 year olds) 2012 to 2014	Annual average	548	328	143	77	1,559
	Ratio	102	107	102	84	100
Preventable mortality (all ages) 2011 to 2014	Annual average	326	190	86	50	930
	Ratio	100	102	102	90	100

Source: JSNAA

Place of death

Most people approaching the end of life would prefer to be cared for at home, as long as high quality care can be assured and as long as they do not place too great a burden on their families and carers.

Compared to England, the CCG has a significantly lower percentage of deaths in hospital for persons aged 65-74, and 85 years and over. Deaths at home are significantly lower for persons aged 75 years or over when compared to England. The percentages of deaths that occur in care homes are significantly higher than for England.

Mental health

East Sussex has a significantly higher rate of child mental health admissions compared to England. The CCG has a significantly higher (QoF) incidence and prevalence of depression compared to England. Respondents to the GP survey who reported a long-term mental health problem, or feeling moderately or extremely anxious, or depressed were significantly higher for the CCG, compared to the national average. The rates of people being referred to, entering and completing psychological [IAPT] treatment are significantly lower compared to

the England rates. Eastbourne LA has a significantly higher rate of admissions due to intentional self-harm compared to England.

Compared to England, the CCG has a significantly higher GP reported prevalence of people with severe mental illness, a significantly higher rate of people on the Care Programme Approach and a significantly higher rate of people receiving assertive outreach services. The rate of people being treated by early intervention teams or who are subject to Mental Health Act supervision is significantly *lower* than for England.

The incidence of depression was 95 per 1,000 population aged 18 years and over. Within the CCG the incidence was highest in Eastbourne (99 per 1,000) and lowest in Seaford (83 per 1,000).

Table 13 shows the GP reported prevalence of mental health disorders (the number and the rate per 1,000 registered population) and emergency hospital admissions for mental and behavioural disorders, and for people with schizophrenia, bipolar affective disorder and other psychoses (the number, and the age and sex standardised ratio, where East Sussex ratio is 100). This CCG has similar ratio for admissions due to a psychosis to East Sussex. In each case all three indicators for Eastbourne locality are higher than those for Hailsham and Polegate locality, and for Seaford locality.

Table 13: Prevalence of mental health disorders and emergency admissions EHS CCG

		EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
GP reported prevalence of mental health disorders (2014/15)	Number	2,034	1,291	444	299	5,654
	Rate	11	11	9	11	10
Emergency admissions due to mental and behavioural disorders (2013/14 to 2014/15)	Number	358	224	83	51	942
	Ratio	106	111	98	98	100
Emergency admissions for persons with schizophrenia, bipolar affective disorder and other psychoses (2013/14 to 2014/15)	Number	297	198	68	31	848
	Ratio	99	111	91	68	100

Source: JSNAA

The CCG has a significantly higher recorded (QoF) prevalence of dementia [all ages and over 65s] compared to England but a lower percentage of their dementia patients who have had a care review in the previous 12 months. Admissions for persons aged 65 years and over with Alzheimer's disease, vascular dementia and unspecified dementia are significantly lower compared to England but short stay admissions for people with dementia are significantly higher compared to England.

The GP reported prevalence of dementia is 4.82% in people aged 65 and over, higher than England [4.31%] and the highest of the three East Sussex CCGs as at Sept 2016.

This CCG has a Child and Adolescent Mental Health Services (CAMHS) caseload rate of 19 per 1,000 population aged under 19 years, which is similar to the overall East Sussex rate.

Cardiovascular health:

The CCG has significantly higher prevalence rates than England across circulatory disease groups (although prevalence rates are not age-standardised). Good blood pressure control is significantly worse compared to England for patients with hypertension and patients with CHD. Compared to England, premature mortality is significantly *lower* from cardiovascular diseases considered preventable and CHD. Deaths from stroke in persons aged 75 years or over are significantly *lower* than the national average.

Seaford, and Hailsham and Polegate localities have significantly higher prevalence rates compared to East Sussex for hypertension, CHD, stroke, atrial fibrillation and heart failure (nb prevalence rates are not standardised for age), Table 14.

Table 14: Prevalence of CHD and emergency admissions EHS CCG

		EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
GP reported prevalence of CHD 2014/15	Number	8,087	4,425	2,237	1,425	20,905
	Rate	42	38	47	52	38
Emergency admissions due to CHD 2013/14 to 2014/15	Ratio	106	111	102	93	100
Emergency admissions due to CHD (per 100 patients on a GP CHD register) 2014/15	Rate	7	7	6	6	6

Source: JSNAA

Eastbourne locality has higher rates of admission due to CHD and per 100 patients on a GP register than East Sussex, Table 25. GP reported prevalence of stroke is similar for the CCG compared with East Sussex. There are higher rates of admission due to stroke from Eastbourne locality, Table 15.

Stroke and TIA

Table 15: Stroke and TIA EHS CCG

		EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
GP reported prevalence of stroke or TIA 2014/15	Number	4,848	2,722	1,261	865	12,786
	Rate	25	24	27	31	24
Emergency hospital admissions due to stroke 2013/14 to 2014/15	Ratio	101	111	89	89	100
Mortality from stroke for all persons 2010 to 2013	Ratio	93	92	100	88	100

Source: JSNAA

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Cancers:

Eastbourne Borough has significantly lower screening uptake for breast and bowel cancers compared to England. For all screening indicators Eastbourne locality has a significantly lower uptake, Table 16.

Table 16: Uptake of screening EHS CCG

NHS Screening Programme	EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
% eligible women (25-49 years old) screened for cervical cancer in last 3.5 years	80%	79%	82%	83%	80%
% eligible women (50-64 years old) screened for cervical cancer in last 5 years	76%	74%	78%	76%	76%
% eligible women (50-70 years old) screened for breast cancer in last 3 years	73%	71%	75%	78%	74%
% people (60-74 years old) screened for bowel cancer	60%	57%	61%	64%	60%

The CCG has significantly lower percentages of cancers with a valid stage recorded, and diagnosed at stage 1 or 2, compared to the national average. Survival at 1 year is significantly lower than for England. Incidence of all cancers, as well as for prostate and lung is significantly lower than for England. Deaths from lung cancer for all ages and under 75s is significantly lower compared to England.

Eastbourne, Hailsham and Seaford CCG has the highest incidence of colorectal cancer of the three CCGs, but the lowest mortality rate from colorectal cancer. The CCG has the lowest mortality rate from breast cancer of the three CCGs.

Table 17 shows Eastbourne, Hailsham and Seaford CCG has the highest incidence of colorectal cancer of the three CCGs, but the lowest mortality rate from colorectal cancer. The CCG has the lowest mortality rate from breast cancer of the three CCGs.

Table 17: Incidence and mortality from cancers East Sussex CCGs

	H&R CCG	EHS CCG	HWLH CCG	East Sussex
Incidence of all cancers for all persons, directly age and sex standardised rate, 2011-2013	557	564	580	566
Mortality from all cancers for all persons, directly age and sex standardised rate, 2011-2013	290	271	266	276
Incidence of lung cancer for all persons, directly age and sex standardised rate, 2011-2013	63	61	57	61
Mortality from lung cancer for all persons, directly age and sex standardised rate, 2011-2013	58	51	45	51
Incidence of colorectal cancer for all persons, directly age and sex standardised rate, 2011-2013	73	75	69	73
Mortality from colorectal cancer for all persons, directly age and sex standardised rate, 2011-2013	32	28	30	30
Incidence of breast cancer for females, directly age standardised rate, 2011-2013	159	163	183	168
Mortality from breast cancer for females, directly age standardised rate, 2011-2013	41	34	39	38

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Incidence of prostate cancer for males, directly age standardised rate, 2011-2013	147	155	203	167
Mortality from prostate cancer for males, directly age standardised rate, 2011-2013	47	41	50	45

Source: JSNAA

Respiratory disease (asthma and COPD)

The CCG has a significantly higher (QoF) prevalence of asthma and COPD when compared to England. The percentage of patients on the asthma register who in the last 12 months had a review, or have a smoking status recorded, was significantly worse than for England.

The CCG has the highest prevalence of asthma of the three CCGs and a significantly higher rate than East Sussex. Hailsham and Polegate, and Seaford localities have significantly higher prevalences than East Sussex. Hailsham and Polegate locality has a significantly higher asthma prevalence than East Sussex.

The proportion of COPD patients who have had a flu immunisation was significantly better compared to England. Wealden district has a significantly lower premature mortality rate from respiratory diseases and from respiratory diseases considered preventable, compared to England.

The CCG has the highest asthma prevalence of the three CCGs and a significantly higher rate than East Sussex. Hailsham and Polegate, and Seaford localities have significantly higher prevalences than East Sussex.

• Hailsham and Polegate has a significantly higher COPD prevalence than East Sussex.
• Seaford has significantly lower than expected (age and sex standardised) emergency admissions and mortality from COPD compared to East Sussex. [Data not shown]

Preventable hospital admissions

Compared to East Sussex, emergency admissions for children and young people aged under 19 years are significantly higher than expected in Seaford for lower respiratory tract infections, and in Eastbourne locality for people with diabetes, epilepsy or asthma.

Table 18: Ambulatory care sensitive emergency admissions EHS CCG

		EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
Chronic	Number	3,190	1,893	857	440	8,593
	Ratio	101	104	105	83	100
Acute	Number	3,450	2,159	825	466	8,308
	Ratio	112	120	106	95	100
Other and vaccine preventable	Number	783	461	204	118	2,475
	Ratio	84	87	85	73	100

Source: JSNAA

Ambulatory care sensitive condition admissions for acute conditions are significantly higher than expected for EHS CCG when compared to East Sussex (age and sex standardised),

particularly in Eastbourne locality. Admissions are significantly lower for the other and vaccine preventable category of conditions, Table 18.

Seaford locality has significantly lower ratios compared to East Sussex for chronic, and for the other and vaccine preventable categories of ambulatory care sensitive condition admissions.

Eastbourne locality has a significantly higher ratio compared to East Sussex for acute conditions and significantly lower ratio for other and vaccine preventable category of ambulatory care sensitive condition admissions.

Diabetes
The CCG has a similar diabetes prevalence to England with significantly better good cholesterol control in diabetics compared to England but significantly worse performance in terms of those who have had a foot check. The adult diabetes prevalence rate is similar to East Sussex.

Within the CCG, Eastbourne locality has the lowest prevalence rate per 1,000, and a significantly lower prevalence rate compared to East Sussex, and Hailsham and Polegate has the highest prevalence and a significantly higher rate compared to East Sussex.

• Emergency admissions due to diabetes per 1,000 patients aged 17 years and over on diabetes registers ranges from 9 per 1,000 in Hailsham and Polegate to 16 per 1,000 in Eastbourne localities.
• Seaford locality has significantly higher (age and sex standardised) emergency admissions due to diabetes than expected compared to East Sussex.

Kidney disease
• The CCG has a significantly higher rate than East Sussex for persons aged 18 years and over with chronic kidney disease. Hailsham and Polegate has the highest rate of all East Sussex localities.
• The rate of persons aged 18 years and over on GP learning disabilities registers is lower in Seaford than in East Sussex.
• Eastbourne locality has the highest GP reported prevalence of palliative care needs of all East Sussex localities.

Liver Disease – East Sussex has significantly lower admissions due to liver disease compared to England. Wealden LA has significantly lower premature mortality from liver disease compare to the national average.

Accidents and injuries

Injuries due to falls are significantly higher for persons aged 80 years and over in Wealden LA compared to England. Eastbourne LA has a significantly lower rate of hip fractures in older people aged 65 and over compared to the national average.

The CCG has a significantly higher rate than England for people killed or seriously injured on roads. East Sussex has a significantly higher rate than the national average for children killed or seriously injured in road accidents.

• The rate of emergency admissions due to unintentional and deliberate injuries for children aged 0-4 years is similar to East Sussex and significantly lower for children aged 5-14 years

compared with East Sussex. The CCG overall has a similar rate of admissions for 0-14 year olds compared to England for unintentional or deliberate injuries.

• The CCG has higher emergency admissions due to falls injuries for persons aged 65 years and over (age and sex standardised) than expected compared to East Sussex (but not significantly higher). Eastbourne locality has significantly higher admissions than expected compared to East Sussex due to falls.
• Eastbourne Borough has the lowest rate of people killed or seriously injured on their roads of all East Sussex districts/boroughs and a significantly lower rate compared to East Sussex. Wealden has a significantly higher rate than East Sussex and Lewes District a similar rate to East Sussex.

Hospital attendances and admissions:
Eastbourne has significantly lower than expected (age and sex standardised) first outpatient attendances compared to East Sussex.

• Compared to East Sussex, Seaford locality has significantly fewer (age and sex standardised) A&E attendances for all ages and also significantly lower attendances for persons aged 65 years and over.

Eastbourne has significantly higher (age and sex standardised) A&E attendances for all ages and also significantly higher attendances for persons aged 65 years and over than expected compared to East Sussex, Table 19.

Table 19: **Hospital attendances and admissions 2014/15**

Hospital attendances		EHS CCG	Eastbourne Locality	Hailsham and Polegate Locality	Seaford Locality	East Sussex
First outpatient attendances (2014/15)	Annual average	69,473	40,024	18,333	11,116	203,256
	Ratio	97	94	100	100	100
A&E attendances (2014/15)	Annual average	47,227	29,596	11,315	6,316	129,031
	Ratio	103	108	98	92	100
All elective hospital admissions (2013/14 to 2014/15)	Annual average	31,638	18,350	8,431	4,858	82,458
	Ratio	108	108	111	101	100
All emergency hospital admissions (2013/14 to 2014/15)	Annual average	19,208	11,727	4,784	2,697	52,113
	Ratio	101	105	98	87	100

Source: JSNAA

• The rates of A&E attendances for children aged under 5 years and for persons aged 85 years and over are similar to East Sussex.
• Eastbourne locality, and Hailsham and Polegate locality have significantly higher than expected (age and sex standardised) elective admissions compared to East Sussex.

• Hailsham and Polegate locality has significantly higher rates than East Sussex for elective admissions for persons aged 65 years and over and 85 years and over, with the highest rate of all East Sussex localities for persons aged 85 years and over.
• Eastbourne locality has significantly higher rates than East Sussex of both elective and emergency admissions for persons aged 65 years and over.

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Hastings and Rother CCG:

The following Table 20 summarises H&R CCG and locality performance indicators compared to East Sussex average

Table 20 H&R CCG and locality performance indicators compared to East Sussex average

A selection of performance indicators at locality and CCG level is shown below. A comprehensive list of all 220 indicators can be found at:

http://www.eastsussexjsna.org.uk/scorecards/NHS-View-2016/2016NHS-AreaSummaries

Statistically significantly better CCG or locality performance than the East Sussex average

The difference in performance is not statistically significant

Statistically significantly worse CCG or locality performance than the East Sussex average

	Indicator	Locality			H&R CCG	ESCC average	Year/ Period
		Hastings & St. Leonards	Bexhill	Rural Rother			
Index of Multiple Deprivation, 2015	**Indices of deprivation**						
	IMD 2015 score	32.46	20.79	17.04	26.2	19.18	2015
	Economy and income						
	Income Deprivation Domain score	0.22	0.15	0.11	0.18	0.13	2015
	Income Deprivation Affecting Children Index (IDACI) score	0.27	0.20	0.15	0.23	0.17	2015
	Income Deprivation Affecting Older People Index (IDAOPI) score	0.23	0.15	0.12	0.18	0.15	2015
	Employment Deprivation Domain	0.18	0.14	0.09	0.15	0.11	2015
	Percentage of working age people claiming Job Seekers Allowance	2.4	1.6	0.7	1.8	1.4	Jun 2015
	Percentage of working age people claiming Employment and Support Allowance	9.8	7.4	4.5	8.1	6.1	Feb 2015
	Percentage of working age people claiming Disability Living Allowance	11	11	8	10	8	Feb 2015
	% Households on Low Income	34	36	26	33	29	2015

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	Indicator	Locality			H&R CCG	ESCC average	Year/ Period
		Hastings & St. Leonards	Bexhill	Rural Rother			
	(under 60% of national median income)						
	Estimated % households in fuel poverty	12	8	10	10	9	2013
	Percentage of households without a car who *can* access a GP practice *within15 minutes* using public transport/walking	99	100	95	99	98	2013
	Percentage of households without a car who *can* access a Hospital *within 30 minutes* using public transport/walking	84	99	56	87	88	2013
	Child and maternal health						
	Percentage of babies of low birth weight	6	8	6	7	6	2014
	Percentage of babies aged 6-8 weeks [of known breastfeeding status] that were fully or partially breastfed	41	44	54	44	50	2013/14
						Obesity	
	Percentage of *reception year* children classified as overweight or obese	25	21	20	**23**	21	2011/12 to 2013/14
	Percentage of *year 6 children* classified as overweight or obese	34	34	30	**33**	30	2011/12 to 2013/14
	GP reported prevalence of obesity, rate per 1,000 population aged 16 years and over	99	81	85	91	80	2014/15
	Smoking						
	GP reported prevalence of smoking, percentage of persons aged 15 years and over	26	17	16	21	18	Mar 2015
	Percentage of mothers known to be smoking at the time of delivery	24	18	12	21	14	2014/15
	Alcohol and substance misuse						
	Adults aged 19 and over in alcohol treatment, rate per 10,000 persons	21	10	8	15	11	Sept 14 to Aug 15
	Adults aged 19 and over in drug treatment, rate per 10,000 persons	28	10	11	19	16	Sept 14 to Aug 15

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	Indicator	Locality			H&R CCG	ESCC average	Year/ Period
		Hastings & St. Leonards	Bexhill	Rural Rother			
Burden of Ill Health – Mortality/Morbidity	**Health status**						
	Percentage of people reporting that they have a limiting long-term problem	22	27	20	23	20	2011
	Life expectancy and mortality						
	Life expectancy (in years) at birth	80.2	81.6	83.8	81.4	82.5	2012 to 2014
	Life expectancy (in years) at age 75	11.9	12.6	13.7	12.5	13.0	2012 to 2014
	All-age, all-cause mortality, age-standardised ratio	120	107	89	108	100	2012 to 2014
	Mortality from causes considered preventable, age-sex standardised ratio	131	106	83	113	100	2011-14
	Mental health						
	GP reported *incidence* of depression, rate per 1,000 population aged 18 years and over 2014/15	94	95	72	90	90	2014/15
	GP reported prevalence of mental health disorders, rate per 1,000 population	14	12	7	12	10	2014/15
	GP reported prevalence of dementia, rate per 1,000 population 2014/15	8	17	7	10	10	2014/15
	Mortality from suicide and injury of undetermined intent, age standardised ratio	148	59	61	106	100	2011 to 2014
	Cardio-vascular health, cancers and respiratory health						

	Indicator	Locality			H&R CCG	ESCC average	Year/ Period
		Hastings & St. Leonards	Bexhill	Rural Rother			
	GP reported prevalence of hypertension, rate per 1,000 population	148	218	185	174	166	2014/15
	GP reported prevalence of coronary heart disease, rate per 1,000 population	34	56	39	41	38	2014/15
	GP reported prevalence of stroke/TIA, rate per 1,000 population	20	34	24	25	24	2014/15
	Mortality from stroke for all persons, age-standardised ratio	117	97	105	106	100	2011 to 2014
	Mortality from *all circulatory diseases* for persons aged 0-74 years, age standardised ratio	132	111	94	117	100	2011 to 2014
	Mortality from *all cancers* for persons aged 0-74 years, age and sex-standardised ratio	118	108	86	107	100	2011 to 2014
	GP reported prevalence of asthma, rate per 1,000 population	57	67	63	61	62	2014/15
	GP reported prevalence of COPD, rate per 1,000 population	25	26	19	24	21	2014/15
	Mortality from chronic obstructive pulmonary disease (COPD) for all persons, age-sex standardised ratio	140	96	96	114	100	2011 to 2014
Service Utilisation	**Preventable hospital admissions**						
	Emergency Hospital Admissions for diabetes, epilepsy or asthma in under 19s	102	110	87	100	100	2013/14 to 2014/2015
	Emergency hospital admissions for chronic ambulatory care sensitive conditions age and sex standardised ratio	137	104	88	116	100	2013/14 to 2014/2015
							Diabetes
	GP reported prevalence of diabetes, rate per 1,000 population	63	74	63	66	61	2014/2015
	Emergency Hospital admissions due to diabetes for persons aged 17 or over, rate per 1,000 patients aged 17 or over on a GP diabetes register	14	8	9	11	11	2014/2015
	Epilepsy						
	GP reported prevalence of epilepsy, rate per 1,000	10	10	7	9	8	2014/2015

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	Indicator	Locality			H&R CCG	ESCC average	Year/ Period
		Hastings & St. Leonards	Bexhill	Rural Rother			
	population aged 18 and over						
	Learning disability						
	GP reported prevalence of learning disabilities, rate per 1,000 population aged 18 and over	6	6	5	6	5	2014/2015
	Hospital Attendances and admissions						
	A&E attendances for persons aged 0-4 years, rate per 1,000 population	433	349	322	395	372	2014/15
	A&E attendances for persons aged 65 years and over, rate per 1,000 population	340	299	227	299	298	2014/15
	A&E attendances, age and sex standardised ratio	122	97	85	108	100	2014/15
	All emergency hospital admissions, age-standardised ratio	126	106	92	112	100	2013/14 to 2014/15
	Emergency hospital admissions due to coronary heart disease age and sex standardised ratio	111	113	89	107	100	2013/14 to 2014/15
	Emergency hospital admissions due to stroke Age,sex standardised ratio	107	100	93	101	100	2013/14 to 2014/15
	Emergency hospital admissions due to asthma Age,sex standardised ratio	127	121	71	114	100	2013/14 to 2014/15
	Emergency hospital admissions due to COPD Age,sex standardised ratio	162	113	95	130	100	2013/14 to 2014/15
	Emergency hospital admissions for persons with schizophrenia, bipolar affective disorder and other psychoses, Age Sex Standardised Ratio	140	130	58	120	100	2013/14 to 2014/15
	Emergency hospital admissions for persons with dementia Age Sex Standardised Ratio	129	107	68	107	100	2013/14 to 2014/15
	Emergency hospital admissions due to mental and behavioural disorders, age and sex-standardised ratio,	130	120	82	117	100	2013/14 and 2014/15
	Primary care utilisation						

	Indicator	Locality			H&R CCG	ESCC average	Year/ Period
		Hastings & St. Leonards	Bexhill	Rural Rother			
	Percentage of patients satisfied with GP Practice opening hours	75	78	80	77	77	
	Immunisation and screening						
	Percentage of children who have been immunised for Diphtheria, Tetanus, polio, pertussis, and HiB by age 1	92	94	94	93	93	2014/15
	Percentage of children receiving first dose of MMR vaccination by age 2	91	94	89	91	92	2014/15
	Percentage of persons aged 65 years and over receiving seasonal flu vaccination	70	77	72	73	72	2014/15
	Percentage of eligible population aged 40-74 who received an NHS Health Check	27	31	19	26	22	April13 to Mar 15
	Percentage of people aged 60 -74 taking up bowel cancer screening	54	61	61	58	60	2014/15

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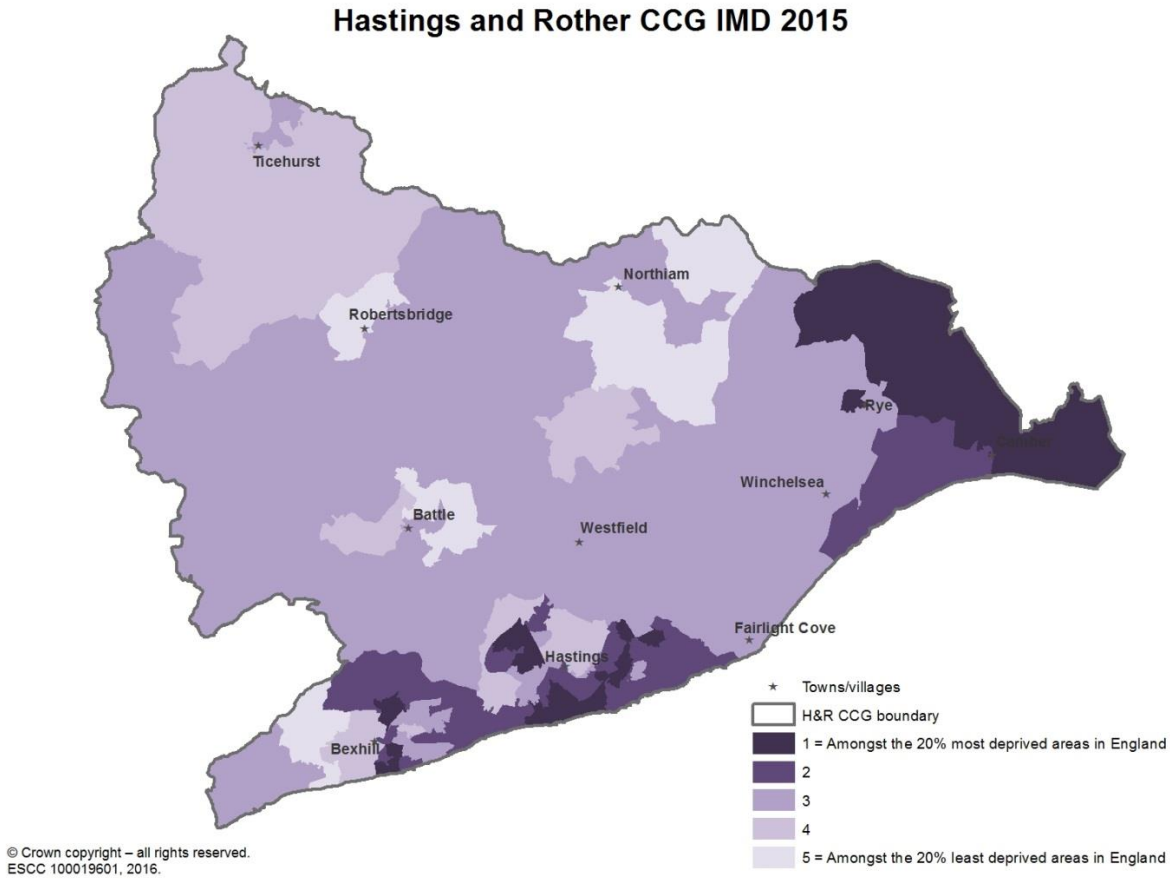
Wider determinants of health and wellbeing H&R CCG

Index of Multiple Deprivation

Hastings and Rother CCG [H&R CCG] is the most deprived of the CCGs in East Sussex using the Index of Multiple Deprivation (IMD) score.

The Index of Multiple Deprivation (IMD) for 2015 mapped by Lower Super Output Area (LSOA) is shown below, Figure 8.

Figure 8: Hastings & Rother CCG IMD 2015



Economy and income:

Table 21 shows the percentages of income-deprived persons, children, and older people in East Sussex, the CCG and its localities. The data were modelled from the Indices of Deprivation published in 2015.

Table 21: Income deprivation H&R CCG

	H&R CCG	Hastings and St Leonards Locality	Bexhill Locality	Rural Rother Locality	East Sussex
Income Deprivation	18%	22%	15%	11%	13%
IDACI1	23%	27%	20%	15%	17%
IDAOPI2	18%	23%	15%	12%	15%

Source: JSNAA

H&R CCG is the most deprived of all East Sussex CCGs for income deprivation. Hastings and St Leonards and Bexhill are the two most income-deprived localities (for all persons and for children [IDACI1]) in East Sussex, and Hastings and St Leonards also has the most income deprivation affecting older people [IDAOPI2] of all East Sussex localities.

There is a significantly higher percentage than East Sussex of households on low income. Hastings and St Leonards and Bexhill are significantly higher than East Sussex (and the highest percentages of all East Sussex localities) and Rural Rother is significantly lower (and the third lowest of all East Sussex localities).

H&R CCG has the highest percentage of households living in fuel poverty of all East Sussex CCGs. Both Hastings and St Leonards and Rural Rother localities have significantly higher percentages than East Sussex (and the highest percentages of all East Sussex localities) and Bexhill is significantly lower.

H&R CCG is significantly higher than East Sussex (and the highest of all East Sussex CCGs) for:
o the percentage of children living in low-income families (23%)
o the percentage of households with dependent children and no adults in employment (17%)
o the percentage of pupils receiving the pupil premium (30%). Hastings and St Leonards and Bexhill have significantly higher percentages than East Sussex (and the highest of all East Sussex localities) and Rural Rother significantly lower percentages than East Sussex.

H&R CCG has a significantly higher percentage than East Sussex of working age people claiming:
o Job Seeker Allowance (1.8%)
o Employment and Support Allowance (8.1%)
o Disability Living Allowance (10%).

Hastings and St Leonards locality, and Bexhill locality have significantly higher percentages than East Sussex, and Rural Rother locality has significantly lower percentages than East Sussex of people claiming these allowances.

Transport
There are 26% of households with no cars or vans, significantly higher than East Sussex. Hastings and St Leonards, and Bexhill localities have significantly higher percentages than East Sussex (and amongst the highest of all East Sussex localities) and Rural Rother significantly lower percentages than East Sussex (the second lowest of all East Sussex localities).

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Overall in H&R CCG a significantly higher percentage than East Sussex of households without a car *can* access a GP practice within 15 minutes (using public transport and walking) while a significantly lower percentage can access a hospital within 30 minutes (using public transport and walking).

Notably Bexhill locality was significantly *higher* (and the highest of all East Sussex localities) and Rural Rother locality was significantly *lower* (and the second lowest of all East Sussex localities) than East Sussex for the percentage of households without a car who can access a GP practice within 15 minutes (using public transport and walking) and the percentage who can access a hospital within 30 minutes (using public transport and walking).

Overall health status

Hastings Borough has significantly poorer overall health than England in terms of life expectancy, general health status, limiting long term illness or disability and mortality from causes considered preventable.

Rother District has a significantly higher percentage of its population reporting bad or very bad general health and reporting a limiting long-term illness or disability but has significantly higher life expectancy compared to England and significantly lower mortality from causes considered preventable.

• 7% of people self-report that their health is bad or very bad, the highest percentage of the three East Sussex CCGs.

Bexhill (8%) has a significantly higher percentage compared to East Sussex and Rural Rother (5%) a significantly lower percentage.

• 23% of the population self-report having a limiting long-term health problem or disability, significantly higher than East Sussex and the highest of the three East Sussex CCGs.

Bexhill (27%) has a significantly higher percentage compared to East Sussex and the highest of all East Sussex localities.

Health improvement H&R CCG:

Child and maternal health

The CCG has a significantly lower percentage of women who have an antenatal assessment before 13 weeks compared to England. There were lower proportions of mothers initiating breast feeding and maintaining this at 6 weeks after delivery. Hastings and St.Leonards has the lowest percentage of all localities. Women known to be smokers at the time of delivery is significantly higher compared to England and Hastings has significantly lower breastfeeding rates compared to the national average.

There is a higher proportion of low birth weight babies though this is not significant.
• 73% of mothers were initiating breastfeeding and 44% of babies were breastfed at 6-8 weeks, significantly lower percentages compared to East Sussex and the lowest of the three CCGs. Hastings and St Leonards locality has the lowest percentages of all East Sussex localities.

Obesity

• 23% of Year R pupils and 33% of Year 6 pupils are classified as overweight (including obese), significantly higher than East Sussex. Hastings and St Leonards locality has the highest percentage of all East Sussex localities for Year R pupils and along with Bexhill, the highest percentages for Year 6.

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• In Hastings Borough 65% of adults, and in Rother District 64% of adults, are estimated to be overweight or obese.

Physical activity

• In Hastings Borough 55% of adults, and in Rother District 58% of adults, are achieving at least 150 minutes of physical activity per week.

The CCG is generally similar to the England average on indicators around obesity, fruit and vegetable consumption and physically activity with Rother having a significantly higher proportion of their population meeting the recommended '5-a-day' compared to England.

Smoking

East Sussex has a significantly higher smoking prevalence in 15 year-olds compared to England. The CCG is significantly worse than England for mothers smoking at time of delivery. Smoking-attributable hospital admissions and smoking-attributable mortality is significantly higher than England in Hastings, and significantly lower in Rother.

Table 22 shows the prevalence of smoking and the smoking quit rates (through the NHS Stop Smoking Service) in East Sussex.

Table 22: Smoking prevalence and quit rates H&R CCG and localities

	H&R CCG	Hastings and St Leonards Locality	Bexhill Locality	Rural Rother Locality	East Sussex
GP reported smoking prevalence of persons 15 years and over (as at 31st March 2015)	21%	26%	17%	16%	18%
Smoking quit rates per 100,000 population 16 years and over (2014/15)	766	1000	520	509	692
Percentage of mothers known to be smoking at the time of delivery (2014/15)	21%	24%	18%	12%	14%
Percentage of mothers who are current smokers at their baby's 6-8 week check (2013/14)	18%	21%	14%	10%	12%
Percentage of fathers who are current smokers at their baby's 6-8 week check (2013/14)	32%	35%	31%	17%	25%

Source: JSNAA

The CCG has a significantly higher adult smoking prevalence compared to East Sussex and the highest of the three CCGs. Hastings and St Leonards has the highest prevalence of all East Sussex localities and a significantly higher percentage than East Sussex, whereas Bexhill and Rural Rother have significantly lower smoking prevalence.

• Compared to East Sussex the prevalence of parental smoking is significantly higher and the highest of the three CCGs, except smoking at the 6 week baby check in Rother locality.

Hastings and St Leonards has the highest smoking prevalence of all East Sussex localities and significantly higher percentages compared to East Sussex.

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• In Hastings Borough the age-standardised rate of smoking attributable deaths amongst people aged 35 years and over is 365 per 100,000 population (an estimated 189 smoking attributable deaths per year). This is significantly higher than the East Sussex rate and the highest rate of all East Sussex districts and boroughs. In Rother District the rate is 236 per 100,000 population (an estimated 203 smoking attributable deaths per year).

Alcohol and drugs

Alcohol – Hastings is significantly worse compared to England across a range of alcohol indicators including admissions for under 18s and people of working age, claimants of benefits due to alcoholism and alcohol-specific mortality.

• In both Hastings Borough and Rother District 26% of adults are estimated to be engaging in increasing or higher risk drinking (of those who drink alcohol).

In Hastings and Rother CCG the age-standardised rate of alcohol-related hospital admissions (narrow measure) is 671 per 100,000 population, the highest rate of the three East Sussex CCGs.
• Compared to East Sussex, Hastings and St Leonards locality has a significantly higher rate per 10,000 of adults in alcohol treatment than East Sussex.
• In Hastings and Rother CCG the age-standardised rate of alcohol-related mortality is 50 per 100,000 population, the highest rate of the three CCGs.
• The CCG has significantly higher rates of adults in alcohol or drug treatment and is the highest of all three East Sussex CCGs for both.

Rother is significantly better or similar to England across a range of alcohol indicators except for alcohol-related road traffic accidents where it has a significantly higher rate than the national average.

Drugs – East Sussex has a significantly higher percentage than England of 15 year-olds who have tried cannabis or taken cannabis over the last month. Successful treatment of opiate users is significantly worse in East Sussex compared to England. There is a significantly lower percentage than England of people in contact with mental health services when they access drug misuse services.

NHS Health Checks

• 26% of eligible patients received an NHS Health Check over the two-year period to March 2015, a significantly higher percentage than East Sussex.

Hastings and St Leonards, and Bexhill localities have significantly higher percentages than East Sussex (and the highest of all localities), and Rural Rother a significantly lower percentage.

Screening

H&R CCG has lower uptakes of breast and bowel cancer screening compared to East Sussex.

Across all screening indicators Hastings and St. Leonards locality has significantly lower uptakes compared to East Sussex. There is a notably lower uptake of bowel cancer screening in Hastings & St. Leonards locality.

Table 23 shows the percentages of eligible people screened as part of the NHS Screening Programmes for cervical cancer, breast cancer and bowel cancer.

Table 23: Uptake of screening H&R CCG and localities

NHS Screening Programme	H&R CCG	Hastings and St Leonards Locality	Bexhill Locality	Rural Rother Locality	East Sussex
% eligible women (25-49 years old) screened for cervical cancer in last 3.5 years	80%	79%	80%	82%	80%
% eligible women (50-64 years old) screened for cervical cancer in last 5 years	75%	74%	77%	76%	76%
% eligible women (50-70 years old) screened for breast cancer in last 3 years	72%	70%	75%	73%	74%
% people (60-74 years old) screened for bowel cancer	58%	54%	61%	61%	60%

Source: JSNAA

Immunisation

Health protection

East Sussex has a significantly lower uptake of immunisation than England for DTaP/IPV/Hib vaccine by age 2 and MMR by age 2 and at age 5. Seasonal flu and PPV vaccine uptake by persons aged 65 years and over is also significantly worse compared to England as is seasonal flu uptake by individuals in at risk groups . Rother has a significantly lower incidence of TB compared to England and a significantly lower mortality rate from communicable disease.

• 73% of persons aged 65 years and over received a seasonal flu vaccination. Compared to East Sussex, Hastings and St Leonards locality had a significantly lower uptake and Bexhill a significantly higher uptake.

• 72% of persons aged 65 years and over have ever received a pneumococcal vaccination, significantly higher compared to East Sussex and the highest of the three East Sussex CCGs. Rural Rother locality has a significantly lower uptake with the other two localities significantly higher uptakes than East Sussex.

Life expectancy and mortality

• Life expectancy at birth is 81.4 years, the lowest of the three East Sussex CCGs and significantly lower than East Sussex. Hastings and St Leonards and Bexhill localities have the lowest life expectancies of all East Sussex localities.
• Life expectancy at age 75 is a further 12.5 years, the lowest of the three East Sussex CCGs. Hastings and St Leonards and Bexhill localities have the lowest life expectancies at age 75 of all East Sussex localities and in Hastings and St Leonards locality it is significantly lower than in East Sussex.
• Table 24 shows the average number of deaths per year and the age and sex standardised mortality ratios (East Sussex = 100) for all-cause, premature and preventable mortality.

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Table 24: Life expectancy and mortality H&R CCG and localities

Annual deaths and age and sex standardised mortality ratios		H&R CCG	Hastings and St Leonards Locality	Bexhill Locality	Rural Rother Locality	East Sussex
All-cause mortality (all ages) 2012 to 2014	Annual average	2,260	1,010	841	409	6,129
	Ratio	108	120	107	89	100
All-cause mortality (0-74 year olds) 2012 to 2014	Annual average	614	343	164	108	1,559
	Ratio	114	132	109	83	100
Preventable mortality (all ages) 2011 to 2014	Annual average	362	200	99	63	930
	Ratio	113	131	106	83	100

Source: JSNAA

This CCG has the highest all-age, all-cause mortality, premature mortality, and preventable mortality, ratios of all East Sussex localities. In each case Hastings and St Leonards, and Bexhill localities have the highest and second highest mortality ratios of all East Sussex localities, and Hastings and St Leonards locality has substantially and significantly higher values than expected compared to East Sussex. Rural Rother has the second lowest mortality ratios, and significantly lower values than expected compared to East Sussex.

Place of death

Compared to England the CCG has significantly fewer deaths that occur in hospital and significantly higher percentages that occur in hospices.

Mental health

East Sussex has a significantly higher rate of child mental health admissions compared to England. The CCG has a significantly higher (QoF) incidence and prevalence of depression compared to England. The proportion of respondents to the GP survey who reported a long-term mental health problem, or feeling moderately or extremely anxious or depressed, was significantly higher for the CCG compared to the national average. The rate of people being referred to and completing IAPT treatment is significantly lower compared to England. The CCG has significantly higher rates of admissions due to intentional self-harm compared to England.

Compared to England the CCG has a significantly higher GP reported prevalence of people with severe mental illness, and a significantly higher rate of people receiving the care programme approach as well as a significantly higher rate of people receiving assertive outreach services. The rate of people who are subject to the Mental Health Act is significantly lower than for England. Hastings has a significantly higher rate of suicide compared to England.

• In 2014/15, the incidence of depression (90 per 1,000 population aged 18 years and over) was very similar to that for East Sussex. Incidence rates varied from 72 per 1,000 in Rural Rother to 95 per 1,000 in Bexhill locality.

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• Table 25shows the GP reported prevalence of mental health disorders (the number and the rate per 1,000 registered population) and emergency hospital admissions for mental and behavioural disorders and for people with schizophrenia, bipolar affective disorder and other psychoses (the number, and the age and sex standardised ratio, where East Sussex ratio is 100).

Table 25: Prevalence of mental health disorders and emergency admissions H&R CCG and localities

		H&R CCG	Hastings and St Leonards Locality	Bexhill Locality	Rural Rother Locality	East Sussex
GP reported prevalence of mental health disorders (2014/15)	Number	2,213	1,360	581	272	5,654
	Rate	12	14	12	7	10
Emergency admissions due to mental and behavioural disorders (2013/14 to 2014/15)	Number	374	209	108	57	942
	Ratio	117	130	120	82	100
Emergency admissions for persons with schizophrenia, bipolar affective disorder and other psychoses (2013/14 to 2014/15)	Number	346	209	101	37	848
	Ratio	120	140	130	58	100

Source: JSNAA

This CCG has a significantly higher GP reported prevalence of mental health disorders than East Sussex, and the highest values for these three indicators of all the East Sussex CCGs.
• This CCG has the highest (age and sex standardised) ratio for emergency admissions relating to self-harm of all the East Sussex localities, and admissions are 16% higher than expected compared to East Sussex.

The CCG has a significantly higher recorded (QoF) prevalence of dementia for all ages compared to England but a significantly lower recorded prevalence for persons aged 65 years and over. Admissions for persons aged 65 years and over with Alzheimer's disease or vascular dementia are significantly lower compared to England but short stay admissions for people with dementia are significantly higher compared to England.

• The GP reported prevalence of dementia 4.24% in people aged 65 and over is similar to England 4.31% [Sept 16].

• This CCG has the highest (age and sex standardised) emergency admissions ratio for people with dementia of the three East Sussex CCGs. Admissions vary from 29% higher than expected compared to East Sussex in Hastings & St Leonards locality (the highest value of all East Sussex localities) to 32% lower than expected in Rural Rother (the lowest value of all East Sussex localities).

• The Child and Adolescent Mental Health Services (CAMHS) caseload rate is 21 per 1,000 population aged under 19 years.

There are 3 per 1,000 population aged 14-17 young offenders with a mental health disorder, the highest rate of all East Sussex CCGs.
• This CCG has the highest rate of working age people claiming Employment and Support Allowance due to mental health problems of the three East Sussex CCGs and a significantly higher rate than East Sussex. Rates vary from 46 per 1,000 in Hastings & St Leonards locality to 18 per 1,000 in Rural Rother.

Cardiovascular health:

The CCG has significantly higher prevalence rates than England across circulatory disease groups (although prevalence rates are not age-standardised). Good blood pressure control is significantly better compared to England for patients with hypertension and with CHD. The CCG has significantly lower CHD admissions and premature deaths compared to England and admissions due to stroke are also significantly lower. Hastings Borough has significantly more premature deaths from all cardiovascular diseases.

• Table 26 shows GP reported prevalence (number and rate per 1,000 registered population) of coronary heart disease (CHD), the age and sex standardised ratio of CHD emergency admissions compared to East Sussex (where the East Sussex ratio is 100) and the rate of CHD emergency admissions (per 100 patients on CHD register).

Table 26: Prevalence of CHD and emergency admissions H&R CCG and localities

		H&R CCG	Hastings and St Leonards Locality	Bexhill Locality	Rural Rother Locality	East Sussex
GP reported prevalence of CHD 2014/15	Number	7,524	3,359	2,603	1,562	20,905
	Rate	41	34	56	39	38
Emergency admissions due to CHD 2013/14 to 2014/15	Ratio	107	111	113	89	100
Emergency admissions due to CHD (per 100 patients on a GP CHD register) 2014/15	Rate	6	6	6	6	6

Source: JSNAA

Elective admissions for CHD are significantly higher than expected compared to East Sussex (age and sex standardised) for Hastings and St Leonards locality [data not shown in table].

There is a higher rate of emergency admissions in Hastings & St.Leonards and Bexhill locality compared to East Sussex

• Table 27 shows GP reported prevalence (number and rate per 1,000 registered population) of stroke or transient ischaemic attacks (TIA), the age and sex standardised ratio of emergency admissions due to stroke, and mortality due to stroke. Ratios are compared to East Sussex (where the East Sussex ratio is 100). Hastings & St.Leonards locality has higher emergency admissions and mortality ratios from stroke.

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Table 27: Prevalence of stroke, emergency admissions, and mortality H&R CCG and localities

		H&R CCG	Hastings and St Leonards Locality	Bexhill Locality	Rural Rother Locality	East Sussex
GP reported prevalence of stroke or TIA 2014/15	Number	4,541	2,018	1,591	932	12,786
	Rate	25	20	34	24	24
Emergency hospital admissions due to stroke 2013/14 to 2014/15	Ratio	101	107	100	93	100
Mortality from stroke for all persons 2010 to 2013	Ratio	106	117	97	105	100

Source: JSNAA

Mortality from all circulatory diseases for persons aged 0-74 years (age and sex standardised) is significantly higher than expected compared to East Sussex. Hastings and St Leonards has a significantly higher ratio than expected, compared to East Sussex and the highest of all East Sussex localities.

Cancers:
Cancers – Rother District has significantly higher uptake than England of screening for breast, cervical and bowel cancers. Hastings has significantly poorer screening uptake for breast and bowel cancers. The CCG has significantly lower percentages of cancers with a valid stage recorded and diagnosed at stage 1 or 2 compared to the national average. The incidence of all cancers is significantly lower compared to England, for prostate cancer the incidence is significantly lower in Hastings and for lung cancer significantly lower in Rother. Survival at 1 year is significantly lower than for England for all cancers, as well as for breast, lung and colorectal cancers. Hastings Borough has significantly higher premature mortality from cancer and those considered preventable, and also significantly higher premature mortality from lung cancer, when compared to England.

Table 28 shows the incidence and mortality rates (per 100,000 population) of specific cancer groups 2011-2013.

Table 28: Incidence and mortality rates H&R CCG of specific cancer groups

	Hastings & Rother CCG		East Sussex	
	Incidence	Mortality	Incidence	Mortality
All cancers - all persons (directly age and sex standardised rate)	557	290	566	276
Lung cancer - all persons (directly age and sex standardised rate)	63	58	61	51
Colorectal cancer - all persons (directly age and sex standardised rate)	73	32	73	30
Breast cancer - females (directly age standardised rate)	159	41	168	38
Prostate cancer - males (directly age standardised rate)	147	47	167	45

Source: JSNAA

Of the three East Sussex CCGs, Hastings and Rother has the lowest incidence rate of all cancers, but the highest mortality rate of all cancers.

• The CCG has the highest incidence and mortality rate for lung cancer of the three East Sussex CCGs.
• The CCG has the lowest incidence of breast cancer of the three East Sussex CCGs, but the highest rate for mortality from breast cancer.

Hastings and Rother CCG has the lowest incidence of prostate cancer of the three CCGs.
• Mortality from all cancers for persons aged under 75 years is significantly (18%) higher than expected compared to East Sussex in Hastings and St Leonards locality (age and sex standardised), and the highest of all East Sussex localities.

Respiratory disease [Asthma; COPD; pneumonia]

Respiratory – the CCG has a significantly higher (QoF) prevalence of COPD compared to England. Indicators around the management of patients with COPD in primary care are either similar to England or significantly better. Hastings has significantly higher premature mortality from all respiratory diseases and from those considered preventable, compared to England.

Bexhill has a significantly higher prevalence rate of asthma than East Sussex.
• Compared to East Sussex, Hastings and St Leonards locality has significantly higher than expected emergency admissions due to asthma, and per 100 patients on asthma registers.

• There is a significantly higher prevalence rate of people on COPD registers compared to East Sussex. Hasting and St Leonards, and Bexhill localities have significantly higher COPD prevalences compared to East Sussex.
• Bexhill locality has significantly higher than expected emergency COPD admissions per 100 patients on COPD registers.
• Compared to East Sussex, Hastings and St Leonards has significantly higher than expected (age and sex standardised) emergency admissions and mortality from COPD.

• Compared to East Sussex, (age and sex standardised) emergency admissions due to pneumonia for [persons aged 65 and over are significantly higher than expected in Hastings and St Leonards, and significantly lower than expected in Bexhill and Rural Rother.
• Hastings and St Leonards has significantly higher than expected (age and sex standardised) mortality from respiratory diseases for persons aged 0-74 years compared to East Sussex.

Preventable hospital admissions
• Compared to East Sussex, Bexhill has significantly lower than expected emergency admissions for children and young people aged under 19 years due to lower respiratory tract infections.

Ambulatory care sensitive condition admissions for chronic, and the category other and vaccine preventable conditions are significantly higher than expected for the CCG when compared to East Sussex (age and sex standardised), Table 29.

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Table 29: Ambulatory Care Sensitive emergency admissions H&R CCG and localities

Ambulatory Care Sensitive emergency admissions due to		H&R CCG	Hastings and St Leonards Locality	Bexhill Locality	Rural Rother Locality	East Sussex
Chronic conditions	Number	3,388	1,848	962	578	8,593
	Ratio	116	137	104	88	100
Acute conditions	Number	2,955	1,636	856	463	8,308
	Ratio	105	121	99	77	100
Other and vaccine preventable conditions	Number	959	513	278	168	2,475
	Ratio	114	139	98	89	100

Source: JSNAA

Hastings and St Leonards locality has significantly higher ratios compared to East Sussex for all the categories of ambulatory care sensitive conditions. Rural Rother locality has significantly lower ratios compared to East Sussex.

Diabetes

Diabetes-the CCG has a significantly higher diabetes prevalence compared to England with significantly better good blood pressure and good cholesterol control in their diabetic patients as well as significantly better for patients who have had their foot check, when compared to England.

• The adult diabetes prevalence rate is significantly higher compared to East Sussex and is the highest of the three CCGs. Bexhill has a significantly higher adult diabetes prevalence compared to East Sussex and the highest of all East Sussex localities.

• The rate of emergency admissions due to diabetes per 1,000 patients on diabetes registers (aged 17 years and over) ranges from 8 per 1,000 in Bexhill to 14 per 1,000 in Hastings and St Leonards localities.

Other key health issues

Liver Disease – East Sussex has significantly lower admissions due to liver disease compared to England. Hastings has significantly higher premature mortality from liver disease compare to the national average.

Hastings and St Leonards has significantly higher mortality from liver disease (age and sex standardised) for persons aged 0-74 years than expected compared to East Sussex.

• Hastings and St Leonards and Bexhill localities have significantly higher rates than East Sussex of persons aged 18 years and over on GP epilepsy registers.

Accidents and injuries

Accidents and Injuries – the CCG has a significantly higher rate than England for people killed or seriously injured on roads. East Sussex has a significantly higher rate than nationally for children killed or seriously injured in road accidents. Admissions to hospital caused by unintentional and deliberate injuries for children and young people are significantly higher than England.

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• The rate of A&E attendances and emergency admissions for children aged 0-4 years due to accidents and injuries is significantly higher than for East Sussex and the highest of the three CCGs. Hastings and St Leonards locality has the highest rate of all East Sussex localities.
• The CCG has 5% fewer emergency admissions due to falls injuries for persons aged 65 years and over (age and sex standardised) than expected compared to East Sussex (not significantly different). Rural Rother has significantly fewer admissions than expected compared to East Sussex. Rother has a significantly lower rate of hip fractures in older people compared to the national average.

• Rother District has the highest rate of people killed or seriously injured on roads of all East Sussex local authorities and a significantly higher rate compared to East Sussex. Hastings Borough has a significantly lower rate of compared to East Sussex.

Hospital attendances and admissions
• Table 30 shows the average number and ratio (age and sex standardised) of hospital attendances in East Sussex. The ratio is compared to East Sussex (where the East Sussex ratio is 100).

Table 30: Hospital attendances and admissions H&R CCG and localities

Hospital attendances		H&R CCG	Hastings and St Leonards Locality	Bexhill Locality	Rural Rother Locality	East Sussex
First outpatient attendances (2014/15)	Annual average	71,714	39,005	18,949	13,760	203,256
	Ratio	104	112	100	90	100
A&E attendances (2014/15)	Annual average	46,950	27,585	11,386	7,979	129,031
	Ratio	108	122	97	85	100
All elective hospital admissions (2013/14 to 2014/15)	Annual average	28,129	14,021	8,127	5,981	82,458
	Ratio	100	103	100	92	100
All emergency hospital admissions (2013/14 to 2014/15)	Annual average	19,941	10,639	5,725	3,577	52,113
	Ratio	112	126	106	92	100

Source: JSNAA

Compared to East Sussex, Hastings and St Leonards locality has significantly higher (age and sex standardised) first outpatient attendances than expected and Rural Rother significantly fewer.
• 9% of patients did not attend their outpatient appointment. In Hastings and St.Leonards it is 10% (the highest value of all East Sussex localities) and in the rest of the CCG it is 7%.

• Across all age groups Rural Rother has significantly fewer A&E attendances compared to East Sussex, and Hastings and St Leonards has significantly higher (and generally the highest rates across all East Sussex localities).
• Rural Rother has a significantly higher rate than East Sussex of elective admissions for *persons aged 85 years and over.*

• The CCG has significantly higher than expected (age and sex standardised) emergency admissions compared to East Sussex and the highest ratio of the three East Sussex CCGs. Hastings and St Leonards locality has significantly higher than expected (age and sex standardised) emergency admissions compared to East Sussex across all ages and also significantly higher emergency admissions for persons aged 65 years and over, and 85 years and over. It has the highest rates of all East Sussex localities. Rural Rother has significantly lower rates compared to East Sussex.

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HWLH CCG and locality performance indicators compared to East Sussex average

The following section summarises key performance indicators in High Weald Lewes Havens CCG, Table 31.

Table 31: HWLH CCG and locality performance indicators compared to East Sussex average
A selection of performance indicators at locality and CCG level is shown below. A comprehensive list of all 220 indicators can be found at: http://www.eastsussexjsna.org.uk/scorecards/NHS-View-2016/2016NHS-AreaSummaries

Statistically significantly better CCG or locality performance than the East Sussex average
The difference in performance is not statistically significant
Statistically significantly worse CCG or locality performance than the East Sussex average

	Indicator	Locality		HWLH CCG	ESCC average	Year/ Period
		High Weald	Lewes Havens			
Index of Multiple Deprivation, 2015	**Indices of deprivation**					
	IMD 2015 score	9.31	16.49	12.38	19.18	2015
	Economy and income					
	Income Deprivation Domain score	0.06	0.12	0.09	0.13	2015
	Income Deprivation Affecting Children Index (IDACI) score	0.08	0.16	0.11	0.17	2015
	Income Deprivation Affecting Older People Index (IDAOPI) score	0.09	0.13	0.10	0.15	2015
	Employment Deprivation Domain	0.06	0.10	0.07	0.11	2015
	Percentage of working age people claiming Job Seekers Allowance	0.4%	1.3%	0.8%	1.4%	Jun 2015
	Percentage of working age people claiming Employment and Support Allowance	3.0%	4.9%	3.8%	6.1%	Feb 2015
	Percentage of working age people claiming Disability Living Allowance	5%	7%	6%	8%	Feb 2015
	% Households on Low Income (under 60% of national median income)	18%	26%	22%	29%	2015
	Estimated % households in fuel poverty	8%	8%	8%	9%	2013
	Percentage of households without a car who *can* access a GP practice *within15 minutes* using public transport/walking	84%	96%	91%	98%	2013
	Percentage of households without a car who	87%	89%	88%	88%	2013

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	can access a Hospital *within 30 minutes* using public transport/walking					
	Child and maternal health					
Lifestyles and Risk Factors	Percentage of babies of low birth weight <2,500g	5%	7%	6%	6%	2014
	Percentage of babies aged 6-8 weeks [of known breastfeeding status] that were fully or partially breastfed	61%	60%	61%	50%	2013/14
	Obesity					
	Percentage of *reception year* children classified as overweight or obese	17%	21%	19%	21%	2011/12 to 2013/14
	Percentage of *year 6 children* classified as overweight or obese	25%	27%	26%	30%	2011/12 to 2013/14
	GP reported prevalence of obesity, rate per 1,000 population aged 16 years and over	60	76	67	80	2014/15
	Smoking					
	GP reported prevalence of smoking, percentage of persons aged 15 years and over	14%	18%	16%	18%	Mar 2015
	Percentage of mothers known to be smoking at the time of delivery	5%	8%	6%	14%	2014/15
	Alcohol and substance misuse					
	Adults aged 19 and over in alcohol treatment, rate per 10,000 persons	7	7	7	11	Sept 14 to Aug 15
	Adults aged 19 and over in drug treatment, rate per 10,000 persons	7	11	9	16	Sept 14 to Aug 15
Burden of Ill Health – Mortality/Morbidity						**Health status**
	Percentage of people reporting that they have a limiting long-term problem	15%	18%	16%	20%	2011
	Life expectancy and mortality					
	Life expectancy (in years) at birth	83.6	84.0	83.7	82.5	2012 to 2014

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	Life expectancy (in years) at age 75	12.9	14.3	13.4	13.0	2012 to 2014
	All-age, all-cause mortality, age-standardised ratio	95	86	91	100	2012 to 2014
	Mortality from causes considered preventable, age-sex standardised ratio	79	95	86	100	2011-14
	Mental health					
	GP reported *incidence* of depression, rate per 1,000 population aged 18 years and over 2014/15	80	88	83	90	2014/15
	GP reported prevalence of mental health disorders, rate per 1,000 population	7	10	8	10	2014/15
	GP reported prevalence of dementia, rate per 1,000 population 2014/15	9	8	8	10	2014/15
	Mortality from suicide and injury of undetermined intent, age standardised ratio	84	85	85	100	2011 to 2014
	Cardio-vascular health, cancers and respiratory health					
	GP reported prevalence of hypertension, rate per 1,000 population	150	144	148	166	2014/15
	GP reported prevalence of coronary heart disease, rate per 1,000 population	30	33	32	38	2014/15
	GP reported prevalence of stroke/TIA, rate per 1,000 population	21	20	20	24	2014/15
	Mortality from stroke for all persons, age-standardised ratio	107	94	102	100	2011 to 2014
	Mortality from *all circulatory diseases* for persons aged 0-74 years, age standardised ratio	68	95	79	100	2011 to 2014
	Mortality from *all cancers* for persons aged 0-74	88	101	93	100	2011 to

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	years, age and sex-standardised ratio					2014
	GP reported prevalence of asthma, rate per 1,000 population	57	63	60	62	2014/15
	GP reported prevalence of COPD, rate per 1,000 population	15	17	16	21	2014/15
	Mortality from chronic obstructive pulmonary disease (COPD) for all persons, age-sex standardised ratio	86	101	92	100	2011 to 2014
Service Utilisation	**Preventable hospital admissions**					
	Emergency Hospital Admissions for diabetes, epilepsy or asthma in under 19s	70	68	69	100	2013/14 to 2014/2015
	Emergency hospital admissions for chronic ambulatory care sensitive conditions age and sex standardised ratio	70	95	80	100	2013/14 to 2014/2015
	Diabetes					
	GP reported prevalence of diabetes, rate per 1,000 population	50	59	54	61	2014/2015
	Emergency Hospital admissions due to diabetes for persons aged 17 or over rate per 1,000 patients on GP register	8	11	9	11	2014/2015
	Epilepsy					
	GP reported prevalence of epilepsy, rate per 1,000 population aged 18 and over	7	7	7	8	2014/2015
	Learning disability					
	GP reported prevalence of learning disabilities, rate per 1,000 population aged 18 and over	5	4	4	5	2014/2015
	Hospital Attendances and admissions					
	A&E attendances for persons aged 0-4 years, rate per 1,000 population	287	445	360	372	2014/15
	A&E attendances for persons aged 65 years and over, rate per 1,000 population	255	324	283	298	2014/15
	A&E attendances, age and sex standardised ratio	80	100	88	100	2014/15

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	All emergency hospital admissions, age-sexstandardised ratio	80	92	85	100	2013/14 to 2014/15
	Emergency hospital admissions due to coronary heart disease age and sex standardised ratio	70	107	85	100	2013/14 to 2014/15
	Emergency hospital admissions due to stroke Age,sex standardised ratio	89	107	97	100	2013/14 to 2014/15
	Emergency hospital admissions due to asthma Age,sex standardised ratio	60	78	68	100	2013/14 to 2014/15
	Emergency hospital admissions due to COPD Age,sex standardised ratio	72	93	81	100	2013/14 to 2014/15
	Emergency hospital admissions for persons with schizophrenia, bipolar affective disorder and other psychoses, Age Sex Standardised Ratio	52	116	79	100	2013/14 to 2014/15
	Emergency hospital admissions for persons with dementia Age Sex Standardised Ratio	87	89	88	100	2013/14 to 2014/15
	Emergency hospital admissions due to mental and behavioural disorders, age and sex-standardised ratio,	63	89	74	100	2013/14 and 2014/15
	Primary care utilisation					
	Percentage of patients satisfied with GP Practice opening hours				77%	
	Immunisation and screening					
	Percentage of children who have been immunised for Diphtheria, Tetanus, polio, pertussis, and HiB by age 1	90%	93%	92%	93%	2014/15
	Percentage of children receiving first dose of MMR vaccination by age 2	90%	90%	90%	92%	2014/15
	Percentage of persons aged 65 years and over receiving seasonal flu vaccination	68%	71%	69%	72%	2014/15
	Percentage of eligible population aged 40-74 who received an NHS Health Check	20%	16%	18%	22%	April13 to Mar 15
	Percentage of people aged 60 -74 taking up bowel cancer screening	62%	61%	62%	60%	2014/15

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Wider determinants of health and wellbeing HWLH CCG

The CCG is significantly better than England for indicators around deprivation, child poverty, long-term unemployment, violent crime, statutory homelessness and fuel poverty.

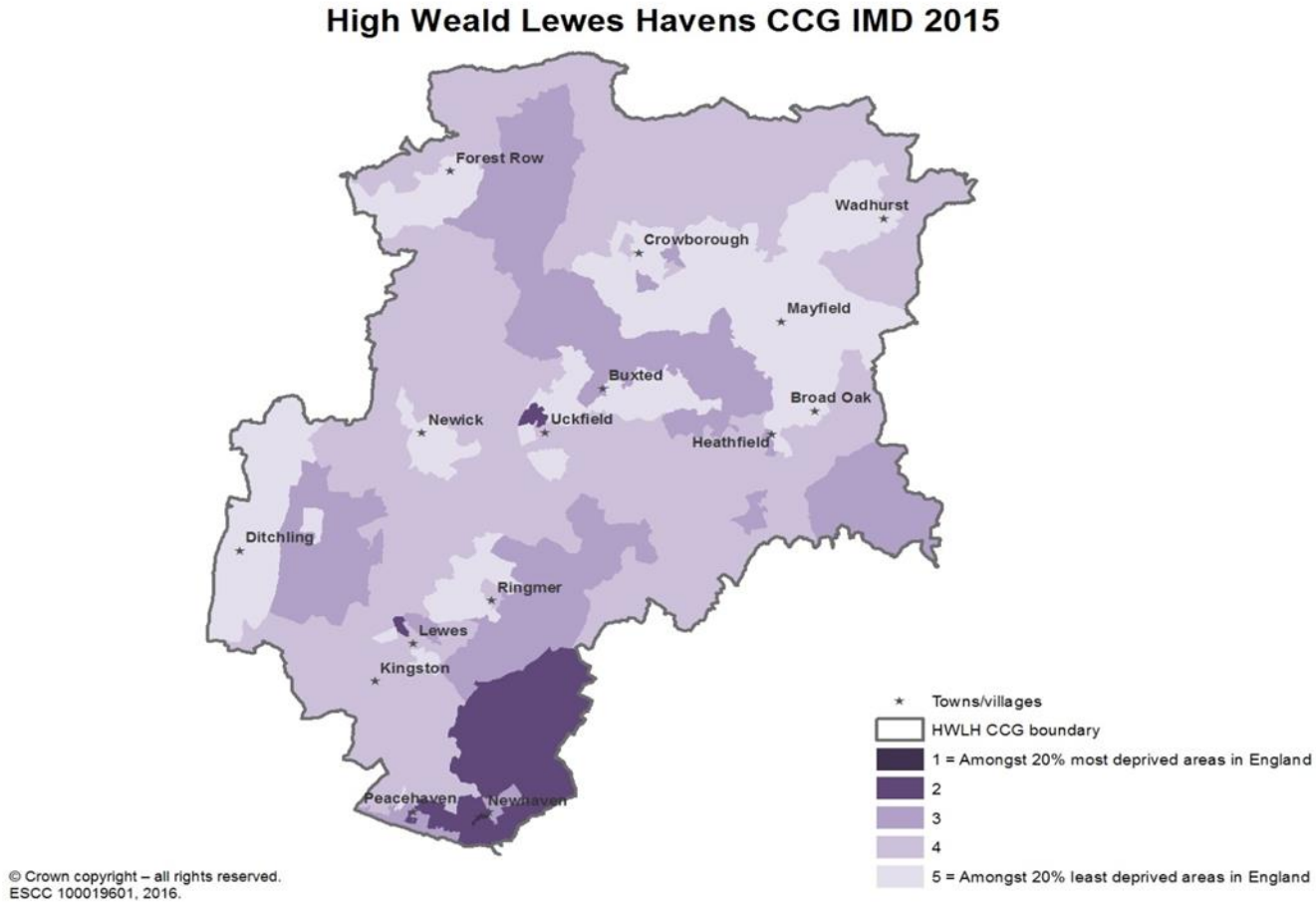
Deprivation

HWLH CCG is the least deprived CCG in East Sussex. However, the proportion of households without a car "who can access a GP practice within 15 minutes or a Hospital within 30 minutes using public transport/walking" is below the ESCC average.

Index of Multiple Deprivation

HWLH is the least deprived of the CCGs in East Sussex using the Index of Multiple Deprivation (IMD) score, shown by Lower Super Output Area (LSOA) below, Figure 9.

Figure 9: High Weald Havens CCG IMD 2015



Economy and income

Table 43 shows the percentages of income-deprived persons, children, and older people in East Sussex, the CCG and its localities. The data were modelled from the Indices of Deprivation published in 2015.

Table 32: Income deprivation indices HWLH CCG

	High Weald Lewes Havens CCG	Lewes and Havens Locality	High Weald Locality	East Sussex
Income Deprivation	9%	12%	6%	13%
IDACI1	11%	16%	8%	17%
IDAOPI2	10%	13%	9%	15%

Source: JSNAA

HWLH CCG is the least deprived of all East Sussex CCGs for income deprivation. High Weald is the least income-deprived locality in East Sussex.
High Weald, and Lewes and Havens localities have the lowest percentage of households on low income of all East Sussex localities.

It has the lowest percentage of households living in fuel poverty of all East Sussex CCGs, 8%.

Overall 10% of children under 16 are living in low-income families, a significantly lower percentage than East Sussex and the lowest of all East Sussex CCGs. Both High Weald (7%) and Lewes and Havens (15%) localities are significantly lower than East Sussex (17%).

There is a significantly lower percentage (9%) of households with dependent children and no adults in employment than East Sussex (13%).

A significantly lower percentage than in East Sussex, 16% of pupils, receive the pupil premium, and the lowest of all East Sussex CCGs. Both localities have significantly lower percentages than East Sussex, and High Weald (11%) has the lowest percentages of all East Sussex localities.

There is a significantly lower percentage than East Sussex of working age people claiming Job Seeker Allowance (0.8%), and claiming Employment and Support Allowance (3.8%). High Weald locality is significantly lower than East Sussex and has the lowest percentages of all East Sussex localities.

In HWLH CCG 6% of working age people are claiming Disability Living Allowance, significantly lower than East Sussex (8%). Both localities have significantly lower percentages than East Sussex and are the lowest percentages of all East Sussex localities.

Transport
There are15% of households with no cars or vans, significantly lower than East Sussex. High Weald locality (10%) has a significantly lower percentage than East Sussex and the lowest percentage of all East Sussex localities.

Notably, 91% of households without a car can access a GP practice within 15 minutes using public transport and walking, significantly lower than East Sussex and the lowest of all East Sussex CCGs. Both localities have significantly lower percentages than East Sussex and High Weald (84%) has the lowest percentages of all East Sussex localities.

Overall health status
The CCG has significantly higher life expectancy compared to England and significantly lower mortality from causes considered preventable. Lewes District has a significantly higher

percentage of the population reporting a limiting long term illness of disability when compared to the national average.

Healthy lifestyles

Pregnancy and Infancy - the CCG has a significantly lower percentage of women who have an antenatal assessment before 13 weeks compared to England. The proportion of women known to be smokers at the time of delivery is significantly lower compared to England and breastfeeding is significantly higher.

• High Weald locality has one of the lowest percentages of low birth weight babies of all East Sussex localities.
• Where breastfeeding status was known, 85% of mothers were initiating breastfeeding in HWLH CCG and 61% of babies were breastfed at 6-8 weeks in 2014/15. These are significantly higher percentages compared to East Sussex and the highest of the three CCGs. Both localities have significantly higher percentages compared to East Sussex and for babies breastfed at 6-8 weeks, the highest locality values in East Sussex.

Physical activity
Physical Activity, Healthy Weight and Healthy Eating – the CCG is significantly better than England for indicators around child obesity and recommended '5-a-day'. Wealden has a significantly higher percentage of adults who are physically active compared to England.

• The percentage of adults achieving at least 150 minutes of physical activity per week is 60% in Lewes District and 62% in Wealden District.

Obesity
• 19% of Year R pupils and 26% of Year 6 pupils are classified as overweight. These are, significantly lower prevalence rates compared to East Sussex and the lowest of the three CCGs.

High Weald locality has the lowest percentages of all East Sussex localities.

• In Lewes District 69% of adults are estimated to be overweight or obese and in Wealden District it is 63%.

Smoking – East Sussex has a significantly higher smoking prevalence in 15 year-olds compared to England. The CCG is significantly better than England for mothers smoking at time of delivery, smoking-attributable hospital admissions and smoking-attributable mortality.

Compared to East Sussex the prevalence of parental smoking is significantly lower and the lowest of the three CCGs, Table 33

• In Wealden District the (age-standardised) rate of smoking attributable deaths amongst people aged 35 years and over is 220 per 100,000 population (an estimated 248 smoking attributable deaths per year). This is significantly lower than East Sussex and the lowest rate of all East Sussex districts and boroughs.

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Table 33: Smoking HWLH CCG

	HWLH CCG	Lewes and Havens Locality	High Weald Locality	East Sussex
GP reported smoking prevalence of persons 15 years and over (as at 31st March 2015)	16%	18%	14%	18%
Smoking quit rates per 100,000 population 16 years and over (2014/15)	625	823	473	692
Percentage of mothers known to be smoking at the time of delivery (2014/15)	6%	8%	5%	14%
Percentage of mothers who are current smokers at their baby's 6-8 week check (2013/14)	8%	9%	8%	12%
Percentage of fathers who are current smokers at their baby's 6-8 week check (2013/14)	19%	20%	18%	25%

Source: JSNAA

Alcohol – the CCG is generally significantly better than England across a range of alcohol-related hospital admission indicators. For admissions for under 18s Lewes District has a significantly higher rate compared to England and in Wealden alcohol-related road traffic accidents are significantly higher than the national average.

• In both Lewes and Wealden districts, 27% of adults are estimated to be engaging in increasing or higher risk drinking (of those who drink alcohol).
• In High Weald Lewes Havens CCG the age-standardised rate of alcohol-related hospital admissions is 435 per 100,000 population, the lowest rate of the three CCGs.
• The CCG has significantly lower rates of adults in drug or alcohol treatment compared to East Sussex.
• In High Weald Lewes Havens CCG the age-standardised rate of alcohol-related mortality is 37 per 100,000 population, the lowest rate of the three CCGs.

Accidents and Injuries – the CCG has a significantly higher rate than England for people killed or seriously injured on roads. East Sussex has a significantly higher rate than the national average for children killed or seriously injured in road accidents.

Health improvement at locality level HWLH CCG:

Health checks
• 18% of eligible patients received an NHS Health Check over the two-year period to March 2015, significantly lower compared to East Sussex. Lewes and Havens (16%) and High Weald (20%) both have significantly lower percentages compared to East Sussex.

Screening:

Compared to East Sussex, the CCG has significantly higher uptakes of breast and bowel cancer screening and the highest of the three CCGs. Lewes and Havens has significantly higher uptake of cervical cancer screening for women aged 25-49 years and for breast cancer screening compared to East Sussex. High Weald locality has significantly higher uptake of bowel cancer screening compared to East Sussex, Table 34.

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Table 34: Screening uptake HWLH CCG

NHS Screening Programme	High Weald Lewes Havens CCG	Lewes and Havens Locality	High Weald Locality	East Sussex
% eligible women (25-49 years old) screened for cervical cancer in last 3.5 years	81%	83%	80%	80%
% eligible women (50-64 years old) screened for cervical cancer in last 5 years	76%	77%	76%	76%
% eligible women (50-70 years old) screened for breast cancer in last 3 years	76%	78%	74%	74%
% people (60-74 years old) screened for bowel cancer	62%	61%	62%	60%

Source: JSNAA

Health protection

Immunisation:

East Sussex has a similar uptake of immunisation compared to England for primary immunisation with DTaP/IPV/Hib vaccine by ages 1 and 2, and uptake of MMR one dose by age 2 and at age 5, although lower for the second dose of MMR.

Seasonal 'flu vaccine uptake by persons aged 65 years and over is also significantly worse compared to England, as is seasonal flu uptake by at risk individuals and preschool children. Pneumococcal [PPV] vaccination uptake by persons aged 65 and over is similar to England.

Across all childhood immunisations, High Weald Lewes Havens CCG has the lowest uptake of the three CCGs. High Weald locality has a lower uptake of DTaP/IPV/Hib by age 1 compared to East Sussex and of the second dose of MMR vaccine.

The incidence of TB is significantly lower compared to the national average. Mortality from communicable diseases is significantly lower in Lewes compared to England.

Disease and poor health

Respiratory – the CCG has a significantly lower (QoF) prevalence of COPD compared to England. The CCG is significantly worse than England for their asthma patients who have had a review in the last 12 months and their COPD patients who have a record of lung function [FEV1] in the last 12 months. The CCG has significantly lower premature mortality under 75 years from respiratory diseases compared to England and in Wealden LA also from preventable respiratory disease.

Liver Disease – East Sussex has significantly lower admissions due to liver disease compared to England. The CCG has significantly lower premature mortality from liver disease compare to the national average.

Diabetes – the CCG has a significantly lower diabetes prevalence compared to England. The CCG is significantly better for the proportion of diabetics with good blood sugar control but significantly worse for diabetics with good blood pressure control and those who have had a foot check.

Cancers

The CCG has a significantly lower percentage of cancers diagnosed early at stage 1 or 2 compared to the national average. The incidence of breast and prostate cancer is

significantly higher compared to England but for lung cancer incidence and mortality is significantly lower. Survival at 1 year after diagnosis is significantly lower than for England for all cancers, as well as for lung cancer. Premature mortality from cancer as well as those considered preventable is significantly lower than for England.

Circulatory diseases
The CCG has significantly higher prevalence rates *than England* for hypertension, atrial fibrillation and stroke (prevalence rates are not age-standardised). There is a similar prevalence of CHD and heart failure. The proportion with good blood pressure control is significantly worse compared to England for patients with hypertension or CHD.

Admissions due to CHD, heart failure and stroke are significantly lower than nationally. Compared to England, premature mortality is significantly lower for all cardiovascular diseases and those considered preventable, CHD and stroke.

Table 35: CHD indicators HWLH CCG

		HWLH CCG	Lewes and Havens Locality	High Weald Locality	East Sussex
GP reported prevalence of CHD 2014/15	Number	5,294	2,393	2,901	20,905
	Rate	32	33	30	38
Emergency admissions due to CHD 2013/14 to 2014/15	Ratio	85	107	70	100
Emergency admissions due to CHD (per 100 patients on a GP CHD register) 2014/15	Rate	6	7	5	6

Source: JSNAA

GP reported prevalence of hypertension: HWLH CCG and both Lewes Havens and High Weald localities have significantly lower GP reported prevalence of hypertension, expressed as a rate per 1,000 population, compared to East Sussex.

GP reported prevalence of CHD: compared to East Sussex, the CCG and both localities have significantly lower prevalence rates per 1,000 population, Table 35.

GP reported prevalence of heart failure: Compared to East Sussex, the CCG and both localities have significantly lower prevalence rates per 1,000 population.

High Weald locality has significantly lower emergency CHD admissions , as does HWLH CCG compared to E.Sussex. These differences are not significant when expressed as a rate per 100 patients on a GP register.

Compared to East Sussex, the CCG has significantly lower reported prevalence of stroke or TIA, expressed as a rate per 1,000 population, as do both localities, Table 36 This is also the case for the GP reported prevalence of atrial fibrillation at CCG and locality level.

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Table 36: Stroke and TIA HWLH CCG

		HWLH CCG	Lewes and Havens Locality	High Weald Locality	East Sussex
GP reported prevalence of stroke or TIA 2014/15	Number	3,397	1,413	1,984	12,786
	Rate	20	20	21	24
Emergency hospital admissions due to stroke 2013/14 to 2014/15	Ratio	97	107	89	100
Mortality from stroke for all persons 2010 to 2013	Ratio	102	94	107	100

Source: JSNAA

Compared to East Sussex, mortality from circulatory diseases for persons aged 0-74 is significantly lower for the CCG and High Weald locality.

Mental health

The CCG has a significantly higher (QoF) prevalence of people known to have depression compared to England and a significantly higher rate of people on the Care Programme Approach. The rates of people being referred to, entering and completing psychological IAPT treatment is significantly lower compared to England, as is the rate of people receiving assertive outreach services. Wealden LA has a significantly lower rate of admissions due to intentional self-harm compared to the national average.

This CCG has the lowest rate/ratios for: GP reported prevalence of mental health disorders (the number and the rate per 1,000 registered population), emergency hospital admissions for mental and behavioural disorders, and for people with schizophrenia, bipolar affective disorder and other psychoses of all the East Sussex CCGs and significantly lower values than for East Sussex. In each case the values for High Weald locality are lower than for Lewes and Havens locality, Table 37.

Table 37: Mental health indicators HWLH CCG

		HWLH CCG	Lewes and Havens Locality	High Weald Locality	East Sussex
GP reported prevalence of mental health disorders (2014/15)	Number	1,407	687	720	5,654
	Rate	8	10	7	10
Emergency admissions due to mental and behavioural disorders (2013/14 to 2014/15)	Number	211	107	104	942
	Ratio	74	89	63	100
Emergency admissions for persons with schizophrenia, bipolar affective disorder and other psychoses (2013/14 to 2014/15)	Number	205	127	79	848
	Ratio	79	116	52	100

Source: JSNAA

There is a similar proportion of people with serious mental illness and long-term mental health problems compared to England in the CCG.

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The incidence of depression (83 per 1,000 population aged 18 years and over) was the lowest of the three East Sussex CCGs.

This CCG has the lowest (age and sex standardised) ratio for emergency admissions relating to self-harm of all the East Sussex CCGs. In Lewes and Havens locality admissions are significantly (23%) higher than expected compared to East Sussex (the second highest ratio of all East Sussex localities), whereas in High Weald locality they are 33% lower than expected (the lowest ratio of all localities).

The CCG has a significantly higher recorded (QoF) prevalence of dementia for all ages compared to England but a significantly lower recorded prevalence for persons aged 65 years and over. Admissions for persons aged 65 years and over with known Alzheimer's disease, vascular dementia or unspecified dementia are significantly lower compared to England but short stay admissions for people with dementia are significantly higher.

• The GP reported prevalence of dementia in people aged 65 and over (3.96%) is the lowest of the three East Sussex CCGs and lower than England [4.31%] as at Sept 16.

This CCG has the lowest (age and sex standardised) emergency admissions ratio for people with dementia of the three East Sussex CCGs, with admissions 12% lower than expected compared to East Sussex.

• This CCG has the lowest Child and Adolescent Mental Health Services (CAMHS) caseload rate (17 per 1,000 population aged under 19 years) of the three CCGs. In High Weald locality (15 per 1,000) the rate is significantly lower than in East Sussex and lower than in any other locality.
• There are 1 per 100,000 population aged 14-17 young offenders with a mental health disorder, the lowest rate of all East Sussex CCGs.
• This CCG has the lowest rate of working age people claiming Employment and Support Allowance due to mental health problems of the three East Sussex CCGs and a significantly lower rate than East Sussex. The 10% of practices with the lowest rates are all in this CCG, and all but one are in High Weald.

Older People
Injuries due to falls are significantly *lower* for older people in Lewes District, and significantly *higher* for persons aged 80 years or over in Wealden, compared to England.

Life expectancy and mortality
• Life expectancy at birth is 83.7 years, the highest of the three East Sussex CCGs. Lewes and Havens locality has the highest life expectancy of all East Sussex localities (and significantly higher than in East Sussex overall).

• Life expectancy at age 75 is a further 13.4 years. Lewes and Havens locality has the highest life expectancy at age 75 of all East Sussex localities (significantly higher than in East Sussex overall), whereas the value for High Weald value is very similar to East Sussex.

All cause and preventable mortality are summarised in Table 38.

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Table 38: Mortality HWLH CCG

Annual deaths and age and sex standardised mortality ratios		HWLH CCG	Lewes and Havens Locality	High Weald Locality	East Sussex
All-cause mortality (all ages) 2012 to 2014	Annual average	1,507	580	927	6,129
	Ratio	91	86	95	100
All-cause mortality (0-74 year olds) 2012 to 2014	Annual average	397	175	222	1,559
	Ratio	83	90	78	100
Preventable mortality (all ages) 2011 to 2014	Annual average	241	109	133	930
	Ratio	86	95	79	100

Source: JSNAA

Place of death

Compared to England the CCG has significantly *lower* percentages of deaths in hospital for persons aged 75 years and over and a significantly higher percentage of deaths in care homes for persons aged 85 years and over.

Cancers

The *incidence* [age standardised rate] of all cancers for High Weald Lewes Havens CCG is the highest rate of the three CCGs. However the rate of *mortality* for all cancers is the lowest for this CCG, Table 39.

Table 39: Incidence and mortality of lung, colorectal and breast cancer HWLH CCG

	High Weald Lewes Havens CCG		East Sussex	
	Incidence	Mortality	Incidence	Mortality
All cancers - all persons (directly age and sex standardised rate)	580	266	566	276
Lung cancer - all persons (directly age and sex standardised rate)	57	45	61	51
Colorectal cancer - all persons (directly age and sex standardised rate)	69	30	73	30
Breast cancer - females (directly age standardised rate)	183	39	168	38
Prostate cancer - males (directly age standardised rate)	203	50	167	45

Source: JSNAA

• The CCG has the lowest incidence and mortality [age-standardised rates] for lung cancer of the three CCGs.
• High Weald Lewes Havens has the lowest incidence [age-standardised rates] of colorectal cancer of the three CCGs.
• The CCG has the highest incidence of breast cancer [age standardised rate] of the three CCGs.

• High Weald Lewes Havens has the highest incidence [age standardised rate] of prostate cancer of the three CCGs and a significantly higher rate compared to East Sussex. The rate of mortality from prostate cancer is the highest of three CCGs.

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Respiratory disease

High Weald locality has a significantly lower asthma prevalence [rate per 1,000] compared to East Sussex as does the CCG.

• Compared to East Sussex, High Weald Lewes Havens CCG has significantly lower than expected (age and sex standardised rate) emergency admissions due to asthma as does High Weald locality. HWLH CCG has a significantly lower admissions rate per 100 patients on asthma registers as does Lewes Havens locality.

The CCG prevalence rate of COPD is significantly lower compared to East Sussex, as are rates in both localities. Emergency hospital admissions are significantly lower for COPD for the CCG and High Weald locality.

• Compared to East Sussex, Lewes and Havens locality has significantly higher than expected (age and sex standardised) emergency pneumonia admissions rate for persons aged 65 years and over, while High Weald locality has a significantly lower rate.

• The CCG has significantly lower than expected (age and sex standardised) mortality from all respiratory diseases for persons aged 0-74 years compared to East Sussex. This is also the case for High Weald locality.

Preventable hospital admissions

• Compared to East Sussex, High Weald locality has significantly *fewer* than expected (age and sex standardised) emergency admissions for children and young people aged under 19 years due to lower respiratory tract infections and those due to asthma, diabetes or epilepsy.

• Compared to East Sussex, Lewes and Havens locality has significantly *higher* than expected (age and sex standardised) emergency admissions for children and young people aged under 19 years due to lower respiratory tract infections but significantly *fewer* than expected emergency admissions due to asthma, diabetes or epilepsy.

• Ambulatory care sensitive condition admissions for chronic and acute conditions are significantly lower than expected for the CCG when compared to East Sussex (age and sex standardised rates, Table 40.

Table 40: Ambulatory care sensitive emergency admissions HWLH CCG

Ambulatory Care Sensitive emergency admissions due to		HWLH CCG	Lewes and Havens Locality	High Weald Locality	East Sussex
Chronic conditions	Number	2,015	990	1,025	8,593
	Ratio	80	95	70	100
Acute conditions	Number	1,903	910	993	8,308
	Ratio	79	89	71	100
Other and vaccine preventable conditions	Number	733	381	352	2,475
	Ratio	104	131	85	100

Source: JSNAA

• High Weald locality has significantly lower ratios compared to East Sussex for *all* [chronic, acute and other] ambulatory care sensitive conditions.

Lewes and Havens locality has a significantly *lower* ratio for acute ambulatory care sensitive condition admissions compared to East Sussex, and a significantly *higher* ratio for the category of other and vaccine preventable emergency admissions.

Diabetes
The adult diabetes [aged 17 and over] prevalence rate for HWLH CCG is significantly lower compared to East Sussex and the lowest of the three CCGs.

High Weald has a significantly lower adult diabetes prevalence compared to East Sussex and the lowest of all East Sussex localities.

• Lewes and Havens locality had 11 emergency admissions due to diabetes expressed as a rate per 1,000 patients on GP diabetes registers (persons aged 17 years and over) and High Weald had 8 per 1,000. These rates were not significantly different from East Sussex admission rates in 2014/15. When expressed as a rate for all persons for the period 2013-15, High Weald locality has a significantly lower admission rate compared to East Sussex

Accidents and injuries

A&E attendances for persons aged 0-4 years was not significant at HWLH CCG level but was significantly higher for Lewes Havens locality and lower for High Weald locality in 2014/15. A&E attendances for 5-19 year olds were lower for the CCG and both localities.

The rate of A&E attendances for people aged 65 and over was significantly lower for the CCG overall compared to East Sussex. The rate for Lewes Havens locality is significantly higher and for High Weald locality is lower.

The rate of A&E attendances in persons aged 85 and over was not significant at CCG level, but was higher for Lewes Havens locality.

The rate of *attendances* due to *injuries* in 0-4 year olds in 2014/15 was significantly lower in HWLH CCG and in both localities.

The rate of emergency *admissions* caused by unintended or deliberate injuries in children aged 0-4 years was significantly lower for the CCG and for both localities for the period 2012-2015.The rates were not significant for the age group 5 to 14 years or 15 to 24 year olds for the same period.

For the period 2013-15 emergency *admissions* due to hip fractures were lower for HWLH CCG but not significantly, while the rate for admissions was significantly lower in Lewes Havens locality.

Emergency hospital admissions due to falls for the period 2013-15 was not significantly different compared to E.Sussex for the CCG but at locality level, Lewes Havens had a lower rate and High Weald a higher rate.

• Wealden District has the second highest rate of people killed or seriously injured on their roads of all East Sussex local authorities and a significantly higher rate compared to East Sussex. Lewes District has a similar rate to East Sussex.

Hospital attendances and admissions

• Compared to East Sussex overall for the period 2013-15 the CCG has significantly fewer than expected (age and sex standardised) emergency and elective admissions, and the lowest of the three CCGs. This is also the case for both localities, Table 41.

Table 41: Hospital attendances HWLH CCG

Hospital attendances		HWLH CCG	Lewes and Havens Locality	High Weald Locality	East Sussex
First outpatient attendances (2014/15)	Annual average	62,069	27,056	35,013	203,256
	Ratio	100	103	97	100
A&E attendances (2014/15)	Annual average	34,854	16,873	17,981	129,031
	Ratio	88	100	80	100
All elective hospital admissions (2013/14 to 2014/15)	Annual average	22,692	9,742	12,950	82,458
	Ratio	91	94	88	100
All emergency hospital admissions (2013/14 to 2014/15)	Annual average	12,965	5,882	7,083	52,113
	Ratio	85	92	80	100

Source: JSNAA

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Sexual health[iii]

The following is a summary from the Public Health England, sexual and reproductive health profile 2016.[iv]

According to the 2015 sexual health data set the following sexual health indicators are worse than the national average, Table 42:

- Chlamydia diagnosis rate for those within the national chlamydia screening programme age range of 15-24 years old [proportion of 15 to 24 year olds screened 20.8%, England 22.5%].
- HIV testing coverage

Further to this:

- Gonorrhoea rates in all areas demonstrate a continuing rise in diagnoses
- STI rates tend to be rising to levels similar to the national rates
- Rates of chlamydia positive tests are not as high as would be expected
- Positive indicators include that LARC uptake rates are higher than national rates following a number of commissioned projects ensuring local training is supported and available locally.

The highest population density areas are on the coast. This is linked to a possible lack of accessibility to testing for those who do not live in the main coastal urban areas. This could explain the poor chlamydia screening coverage and thus poor test positivity seen in 15-24 year olds in rural East Sussex.

HIV test coverage, whilst being reported as low, may be partly due to differences in the way in which this measure is collected nationally. The apparently low figure should be treated with caution.

There is a continuing increase in gonorrhoea diagnoses in general. Gonorrhoea cases rose sharply following the introduction of nucleic acid amplification testing and its wider use across the county in previous years potentially exposing previously undiagnosed asymptomatic infection. Whilst the initial rise in cases was to be expected there now appears to indicate a genuine continued rise in diagnosed cases. Gonorrhoea has previously been used as a measure of a society's sexual health.

As recognised in the previous sexual health needs assessment (2014),[v] there is a paucity of service access in the majority of the rural areas of the county. This may be related to public health focus generally being in high population density areas which tend to report higher sexual health needs and also the difficulty of finding cost-effective methods of service delivery for smaller disparate populations.

In 2015 a new sexual health commissioning plan was developed including developing new technologies and ways of offering services in the more rural areas and for those who would be unlikely to attend face to face health services, such as those who work long hours, who commute, men (who do not access health care as often as women) and those who live further away from the service.

East Sussex Local authority commissioning plans hold pharmacies as an important element within this whole sexual health system approach.

Currently pharmacies are commissioned to provide the following free to those aged under 25

- Pregnancy tests

- EHC
- Chlamydia screening postal kits

Table 42: East Sussex County sexual health dataset 2015

Recent trends: (in development) – Could not be calculated; Increasing / Getting worse; Increasing / Getting better; Decreasing / Getting worse; Decreasing / Getting better; No signficant change; Increasing; Decreasing

Compared with benchmark Better Similar Worse; Lower Similar Higher; Not Compared

Benchmark Value: Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

Indicator	Period	East Sussex			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2015	↑	18	3.3	6.1	9.3	140.5		0.4
Gonorrhoea diagnostic rate / 100,000	2015	↑	163	30.2	41.8	70.7	731.6		10.5
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2015	–	934	1,616	1527	1887	1,054		5,434
Chlamydia proportion aged 15-24 screened	2015	–	12,033	20.8%	20.5%	22.5%	13.0%		65.8%
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2015	–	1,924	600	649	815	3,263		287
HIV testing coverage, total (%)	2015	↓	7,684	54.5%	71.2%	67.3%	24.4%		86.0%
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2013 - 15	–	25	37.3%	43.6%	40.3%	75.0%		12.5%
New HIV diagnosis rate / 100,000 aged 15+	2015	→	23	5.0	6.9	12.1	62.9		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2015	→	479	1.67	1.77	2.26	14.60		0.35
Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old) (PHOF indicator 3.03xii) <80% 80% to 90% ≥90%	2014/15	–	2,117	73.6%	88.9%	89.4%	67.6%		99.5%
Under 25s repeat abortions (%)	2015	–	152	25.8%	25.0%	26.5%	37.3%		11.1%
Abortions under 10 weeks (%)	2015	–	1,061	79.3%	80.6%	80.3%	67.5%		88.0%
Total prescribed LARC excluding injections rate / 1,000	2014	–	4,997	57.7	54.9	50.2	13.3		85.7
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2014	↓	188	20.0	18.8	22.8	42.4		8.4
Under 18s conceptions leading to abortion (%)	2014	↑	104	55.3%	53.2%	51.1%	31.0%		80.8%
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	↑	875	1.6	1.7	1.7	0.9		3.5

Source: PHE

Whilst we have attempted to extrapolate the public health England reports report to fit with Clinical Commissioning Groups (CCG) level, some boroughs and district cross CCG boundaries. For example Wealden district includes Hailsham which is part of Eastbourne Hailsham, and Seaford (EHS) CGG.

High Weald Lewes and Havens (HWLH) CCG

Wealden District

Wealden is one of the rural areas with a potential poor access to sexual health services and under promotion of services that are on offer. The district borders Kent, West Sussex, and a small border with Surrey.

In addition to GP services, sexual health services supplied in this area consist of spoke specialist sexual health services in Crowborough and Uckfield, and those pharmacies commissioned to provide free pregnancy testing, EHC and condoms to under 25s under a

public health contract. There is also the new web based testing facility. The sexual health indices for Wealden are summarised in Table 43.

Table 43: Wealden District 2015 sexual health dataset

Compared with benchmark: Better, Similar, Worse; Lower, Similar, Higher; Not Compared — * a note is attached to the value, hover over to see more details

Recent trends (in development): – Could not be calculated; Increasing / Getting worse; Increasing / Getting better; Decreasing / Getting worse; Decreasing / Getting better; No signficant change; Increasing; Decreasing

Benchmark Value: Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

Export table as image

Indicator	Period	Wealden			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2015	→	7	4.5	6.1	9.3	140.5		0.0
Gonorrhoea diagnostic rate / 100,000	2015	↑	33	21.3	41.8	70.7	731.6		7.1
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2015	–	214	1,368	1527	1887	579		6,198
Chlamydia proportion aged 15-24 screened	2015	–	2,727	17.4%	20.5%	22.5%	9.7%		65.8%
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2015	–	385	422	649	815	3,263		191
HIV testing coverage, total (%)	2015	↑	1,618	58.2%	71.2%	67.3%	24.4%		91.8%
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2013 - 15	–	8	50.0%	43.6%	40.3%	87.5%		10.0%
New HIV diagnosis rate / 100,000 aged 15+	2015	→	3	2.3	6.9	12.1	62.9		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2015	→	71	0.87	1.77	2.26	14.60		0.33
Total prescribed LARC excluding injections rate / 1,000	2014	–	1,401	59.0	54.9	50.2	13.3		92.1
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2014	↓	40	14.3	18.8	22.8	43.0		5.2
Under 18s conceptions leading to abortion (%)	2014	↑	28	70.0%	53.2%	51.1%	26.5%		82.1%
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	↑	184	1.2	1.7	1.7	0.7		3.7

Source: PHE

Syphilis rates are within normal English range (4.5 English 9.3)
Under 18 conceptions are low compared to English measure (14.3/1000 vs England 22.8/1000)
There is a high translation of conception to abortion at 70/1000 (England 51.1)
Chlamydia: the proportion of 15-24 age group screened is low 17.4 compared to England [22.8]
Chlamydia detection rate is low 1,368 (England 1,887)
HIV test coverage is poor at 58.2 (England 67.3)
HIV prevalence is reported to be lower than the national high prevalence of 2.00 per 1000 head of population aged 15-59, and much lower than the England overall rate of 2.27; however, this may account for the following indicator:
HIV late diagnosis proportion 50% is higher than the England (40.3%).

Lewes District
Sexual health services provided in this district in addition to GP practices consist of two Young person's specialist clinics in Peacehaven and Lewes, and those pharmacies commissioned to provide free pregnancy testing, EHC and condoms to under 25s under a public health contract. There is also the new web based testing facility. Promotion of all these services is seen as required

The sexual health indices for Lewes are summarised in Table 44.

Table 44: Lewes and the Havens District 2015 sexual health dataset

Recent trends: (in development) – Could not be calculated; Increasing / Getting worse; Increasing / Getting better; Decreasing / Getting worse; Decreasing / Getting better; No signficant change; Increasing; Decreasing

Compared with benchmark: Better, Similar, Worse; Lower, Similar, Higher; Not Compared

Benchmark Value: Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

Indicator	Period	Lewes			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2015	→	4	4.0	6.1	9.3	140.5		0.0
Gonorrhoea diagnostic rate / 100,000	2015	↑	51	50.9	41.8	70.7	731.6		7.1
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2015	–	142	1,389	1527	1887	579		6,198
Chlamydia proportion aged 15-24 screened	2015	–	2,414	23.6%	20.5%	22.5%	9.7%		65.8%
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2015	–	370	621	649	815	3,263		191
HIV testing coverage, total (%)	2015	↑	1,204	71.2%	71.2%	67.3%	24.4%		91.8%
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2013 - 15	–	-	*	43.6%	40.3%	87.5%		10.0%
New HIV diagnosis rate / 100,000 aged 15+	2015	→	3	3.6	6.9	12.1	62.9		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2015	→	115	2.17	1.77	2.26	14.60		0.33
Total prescribed LARC excluding injections rate / 1,000	2014	–	1,026	65.1	54.9	50.2	13.3		92.1
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2014	↓	29	17.3	18.8	22.8	43.0		5.2
Under 18s conceptions leading to abortion (%)	2014	↑	18	62.1%	53.2%	51.1%	26.5%		82.1%
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	↑	123	1.2	1.7	1.7	0.7		3.7

Source: PHE

Syphilis and STI rates are within normal English range (Syphilis 6.1 English 9.3, Gonorrhoea rate 50 England 70.9. New STIs 71.2 England 67.3)
Chlamydia detection rate is low 1389 (England 1887)
But the proportion screened within the required age range 23.6% is slightly higher than England (22.5%)
HIV test coverage is good at 71.2% (England 67.3%).
HIV prevalence at 2.17 is reported to be higher than the national high prevalence indicator of 2.00 per 1000 people aged 15-59. It this is lower than the England overall rate of 2.27.

Eastbourne, Hailsham and Seaford (EHS) CCG

Eastbourne borough is the only complete borough in the CCG boundary. Hailsham is part of Wealden district and Seaford is part of Lewes district (the latter two areas are covered in the previous CCG section).

Eastbourne, Hailsham and Seaford are three significant population areas. Sexual health service provision is from a specialist sexual health service in Eastbourne borough, as the hub, and with spoke specialist sexual health services in Hailsham, together with pharmacies commissioned to provide free pregnancy testing, EHC and condoms to under 25s under a public health contract. There is also the new web based testing facility. Promotion of all these services is seen as required.

Eastbourne Borough

Eastbourne is served by a long standing drop in six day a week specialist sexual health service near to the main station and town centre.

The sexual health indices for Eastbourne are summarised in Table 45.

Table 45: Eastbourne Borough 2015 sexual health dataset

Recent trends: (in development) – Could not be calculated; Increasing / Getting worse; Increasing / Getting better; Decreasing / Getting worse; Decreasing / Getting better; No signficant change; Increasing; Decreasing

Export table as image

Benchmark Value: Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

Indicator	Period	Eastbourne			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2015	→	3	3.0	6.1	9.3	140.5		0.0
Gonorrhoea diagnostic rate / 100,000	2015	↑	36	35.5	41.8	70.7	731.6		7.1
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2015	–	220	1,826	1527	1887	579		6,198
Chlamydia proportion aged 15-24 screened	2015	–	2,831	23.5%	20.5%	22.5%	9.7%		65.8%
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2015	–	461	755	649	815	3,263		191
HIV testing coverage, total (%)	2015	↑	1,935	56.5%	71.2%	67.3%	24.4%		91.8%
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2013 - 15	–	7	46.7%	43.6%	40.3%	87.5%		10.0%
New HIV diagnosis rate / 100,000 aged 15+	2015	→	6	7.0	6.9	12.1	62.9		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2015	→	121	2.19	1.77	2.26	14.60		0.33
Total prescribed LARC excluding injections rate / 1,000	2014	–	1,070	59.9	54.9	50.2	13.3		92.1
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2014	↓	37	21.2	18.8	22.8	43.0		5.2
Under 18s conceptions leading to abortion (%)	2014	→	14	37.8%	53.2%	51.1%	26.5%		82.1%
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	↑	191	1.9	1.7	1.7	0.7		3.7

Source: PHE

STI rates in Eastbourne are similar to the nationally reported rates. They are the highest rates in East Sussex but this may be due to the high availability and use of the testing services rather than a greater burden of infection.
Chlamydia detection rate in Eastbourne borough is reported as low but similar to the English norm and higher than the previous CCG area, at 1826 compared to England (1887)
The proportion of the eligible population screened is better than the national norm at 23.5% (England (22.5%) which may be a reflection of higher access to testing facilities.
HIV testing coverage is reported as low. HIV prevalence at 2.19 is reported to be higher than the national high prevalence indicator of 2.00 per 1000 people aged 15-59. This is lower than the England overall rate of 2.27.

Hastings and Rother (HR) CCG

The sexual health needs assessment published in 2014, recognised the lack of service availability in much of the rural area of Rother and the national datasets may well demonstrate this continued lack of access (and thus testing) which is particular to areas that are largely rural.

Whilst sexual health services in Hastings are very accessible hosting a specialist sexual health services six day a week hub, the provision in the remainder of the county is restricted to pharmacy, and primary care provision.

Hastings Borough
Hastings borough is served with a very accessible drop in specialist services based at the Hastings train station plaza premises. The indices for Hastings are shown in Table 46

Table 46: Hastings Borough 2015 sexual health dataset

Compared with benchmark: Better, Similar, Worse | Lower, Similar, Higher | Not Compared | * a note is attached to the value, hover over to see more details

Recent trends: (in development) – Could not be calculated | Increasing / Getting worse | Increasing / Getting better | Decreasing / Getting worse | Decreasing / Getting better | No signficant change | Increasing | Decreasing

Export table as image

Benchmark Value: Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Indicator	Period	Hastings			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2015	→	2	2.2	6.1	9.3	140.5		0.0
Gonorrhoea diagnostic rate / 100,000	2015	↑	26	28.5	41.8	70.7	731.6		7.1
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2015	–	217	1,973	1527	1887	579		6,198
Chlamydia proportion aged 15-24 screened	2015	–	2,388	21.7%	20.5%	22.5%	9.7%		65.8%
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2015	–	461	795	649	815	3,263		191
HIV testing coverage, total (%)	2015	↓	1,967	45.4%	71.2%	67.3%	24.4%		91.8%
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2013 - 15	–	2	11.8%	43.6%	40.3%	87.5%		10.0%
New HIV diagnosis rate / 100,000 aged 15+	2015	→	9	11.9	6.9	12.1	62.9		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2015	→	119	2.26	1.77	2.26	14.60		0.33
Total prescribed LARC excluding injections rate / 1,000	2014	–	924	54.8	54.9	50.2	13.3		92.1
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2014	↓	53	32.3	18.8	22.8	43.0		5.2
Under 18s conceptions leading to abortion (%)	2014	↑	26	49.1%	53.2%	51.1%	26.5%		82.1%
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	↑	233	2.6	1.7	1.7	0.7		3.7

Source: PHE

STI rates in Hastings are similar to the nationally reported rates. They are the highest rates in East Sussex but this may be due to the high availability and use of the testing services rather than a greater burden of infection.
Chlamydia screening in Hastings at a rate of 1973 is greater than the English rate of 1887 per 100,000, Table 57.
Correspondingly the PHE sexual and reproductive health dataset also reports a similar proportion of the eligible population being screened for chlamydia, 21.7% to the English norm (England 22.5%).

HIV testing coverage is reported as low at 45.4%. HIV prevalence at 2.26 is higher than the national high prevalence indicator of 2.00 per 1000 head of population aged 15-59, though this is the same as the England overall rate of 2.27.

HIV late diagnosis is low in Hastings borough at 11.8% compared to England (40.3%)
Pregnancy in those aged under 18 is significantly higher than any other area in the county at 32.3/1000 compared to the English norm of 22.8 per 1,000.

The sexual health indices for Rother are summarised in Table 47.

Table 47: Rother District 2015 sexual health dataset

Recent trends: (in development) – Could not be calculated; Increasing / Getting worse; Increasing / Getting better; Decreasing / Getting worse; Decreasing / Getting better; No signficant change; Increasing; Decreasing

Compared with benchmark Better Similar Worse; Lower Similar Higher; Not Compared

Benchmark Value: Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

Indicator	Period	Rother			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2015	→	2	2.2	6.1	9.3	140.5		0.0
Gonorrhoea diagnostic rate / 100,000	2015	↑	17	18.5	41.8	70.7	731.6		7.1
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2015	–	141	1,584	1527	1887	579		6,198
Chlamydia proportion aged 15-24 screened	2015	–	1,673	18.8%	20.5%	22.5%	9.7%		65.8%
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2015	–	247	486	649	815	3,263		191
HIV testing coverage, total (%)	2015	↓	960	51.4%	71.2%	67.3%	24.4%		91.8%
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2013 - 15	–	-	*	43.6%	40.3%	87.5%		10.0%
New HIV diagnosis rate / 100,000 aged 15+	2015	→	2	2.5	6.9	12.1	62.9		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2015	→	53	1.20	1.77	2.26	14.60		0.33
Total prescribed LARC excluding injections rate / 1,000	2014	–	576	46.6	54.9	50.2	13.3		92.1
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2014	↓	29	18.7	18.8	22.8	43.0		5.2
Under 18s conceptions leading to abortion (%)	2014	↑	18	62.1%	53.2%	51.1%	26.5%		82.1%
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	↑	144	1.6	1.7	1.7	0.7		3.7

Source: PHE

There is a lower proportion of 15-24 year olds screened for chlamydia [18.8%, England [22.5%]

Pharmacy importance in relation to sexual health

Pharmacies represent strategically an important part of the wider sexual health system, offering emergency hormonal contraception, pregnancy tests condoms and chlamydia tests for under 25s. They are open at times when other service providers may not be and often are geographically more accessible to members of the community they are located in.

Action post pharmacy needs assessment 2014

Promotion of pharmacies as a sexual health service provider has been historically poor. The new website www.eastsussexsexualhealth.co.uk will direct people to pharmacies as a local provider of pregnancy testing, chlamydia screening, EHC, condoms.
The website is via the following link: www.eastsussexsexualhealth.co.uk

This website is promoted continuously through social media and a launch poster campaign. and promotes local pharmacy provision. Pharmacies will often be the first geographical point of access for EHC, pregnancy testing and condoms provision.

Pharmacies providing EHC must be accredited via the training provider CPPE. EHC training was commissioned through CPPE and continues with one course per year, with additional courses being arranged at the request from pharmacists.

The chlamydia tests available in many pharmacies are dependent upon the customer requesting one. A small number actively encourage access to test kits by placing them in

baskets. This model may need to be extended and the outcomes of these tests, compared to number of kits provided, examined further for cost effectiveness.

Training could be offered to encourage effective face to face communication relating to offering the test kits to young people through the existing training provider CPPE.

An indication of the workload undertaken within pharmacies can be seen in Table 48

Table 48**: Sexual Health Services. Pharmacy activity 2015/16 and 2016/17.**

Period	2015-16			2016-17*		
Quarter and total	Q1	Q2	Total	Q1	Q2	Total
Emergency Hormonal Contraception Service	81	124	205	135	127	262
Chlamydia Screening Service	11	12	23	30	30	60
C-Card Services	722	536	1258	442	554	996
Total	814	672	1486	607	711	1318

Source: ESCC PH department

In conclusion:
There is scope to examine with selected pharmacies the potential of providing chlamydia treatment and ongoing contraceptive provision in the future, subject to need and cost effectiveness.

We shall review the pharmacy activity and contractual arrangements and this will be fitted to the development of healthy living pharmacy model where applicable. In light of this a more targeted approach to providing the service may be preferable.

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Appendix 2: Consultation list

Pharmacy

- East Sussex Community Pharmacies
- East Sussex Local Pharmaceutical Committee

NHS England

- NHS England-South (South East)

Health Education England

Trusts

- East Sussex Healthcare NHS Trust
- Brighton and Sussex University Hospitals NHS Trust
- Maidstone & Tunbridge Wells NHS Trust
- Sussex Community NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- South East Coast Ambulance Service

General practice

- East Sussex Local Medical Committee (LMC)
- East Sussex GPs

Clinical Commissioning Groups in East Sussex

- Eastbourne, Hailsham & Seaford CCG
- Hastings & Rother CCG
- High Weald Lewes Havens CCG

Neighbouring Health and Wellbeing Boards

- Brighton and Hove HWB
- West Sussex HWB
- Kent HWB
- Surrey HWB

Patients & Public

- East Sussex Healthwatch
- General Population in East Sussex County

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Appendix 3 Summary public health indicators at ESCC, district and borough level

Smoking:

	GP reported prevalence of smoking in people aged 15 and over, at 31 March 2015		Smoking quitters (NHS Stop Smoking Services) per 100,000 population aged 16 +, 2014/15		% of mothers known to be smokers at the time of delivery, 2014/15		% of mothers who are current smokers at their baby's 6-8 week check, 2013/14		% of fathers who are current smokers at their baby's 6-8 week check, 2013/14		Estimated deaths attributable to smoking, directly age-standardised rate per 100,000 population, aged 35 +, 2011-2013	
	%	Rank	Rate	Rank	%	Rank	%	Rank	%	Rank	Rate	Rank
East Sussex	18		685		14		13		25		260	
Hastings	26	1	1,035	1	24	1	22	1	35	1	365	1
Eastbourne	18	2	787	2	15	3	11	3	24	2	292	2
Rother	17	4	488	4	16	2	13	2	26	4	236	4
Lewes	17	3	755	3	7	4	11	4	20	3	242	3
Wealden	15	5	484	5	7	5	10	5	20	5	220	5

Source: JSNAA

Cancer screening:

	% eligible women aged 25-49 years screened for cervical cancer in the last 3.5 years, *as* at 31st March 2015		% eligible women aged 50-64 years screened for cervical cancer in the last 5 years, as at 31st March 2015		% eligible women aged 50-70 years screened for breast cancer in the last 3 years, as at 31st March 2015		% people aged 60-74 taking up bowel cancer screening, 2014/15	
	%	Rank	%	Rank	%	Rank	%	Rank
East Sussex	80		76		74		60	
H&R CCG	80		75		72		58	
Hastings and St Leonards	79	8	74	7	70	8	54	8
Bexhill	80	6	77	3	75	4	61	3
Rural Rother	82	3	76	4	73	6	61	6
EHS CCG	80		76		73		60	
Eastbourne	79	7	74	8	71	7	57	7
Hailsham and Polegate	82	4	78	1	75	3	61	4
Seaford	83	2	76	5	78	1	64	1
HWLH CCG	81		76		76		62	
Lewes and Havens	83	1	77	2	78	2	61	5
High Weald	80	5	76	6	74	5	62	2

Source: JSNAA

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Childhood immunisations:

	% of children immunised in 2014/15 for:				
	DTaP/IPV/Hib by age 1	PCV by age 2	Hib/MenC by age 2	MMR by age 2	MMR by age 5
East Sussex	93	93	92	92	89
H&R CCG	93	93	91	91	90
Hastings and St Leonards	92	93	90	91	88
Bexhill	94	95	94	94	93
Rural Rother	94	91	91	89	90
EHS CCG	96	94	93	93	90
Eastbourne	96	94	93	93	89
Hailsham and Polegate	94	93	92	91	92
Seaford	98	96	96	95	92
HWLH CCG	92	91	90	90	88
Lewes and Havens	93	91	90	90	89
High Weald	90	92	91	90	87

Source: JSNAA

Mental health:

	GP reported prevalence of mental health disorders, 2014/15		Emergency hospital admissions due to mental and behavioural disorders, 2013/14 and 2014/15		Emergency hospital admissions for persons with schizophrenia, bipolar affective disorder and other psychoses, 2013/14 and 2014/15		Emergency hospital admissions relating to self-harm, 2013/14 and 2014/15	
	Rate	Rank	Ratio	Rank	Ratio	Rank	Ratio	Rank
East Sussex	10		100		100		100	
H&R CCG	12		117		120		116	
Hastings and St Leonards	14	1	130	1	140	1	126	1
Bexhill	12	2	120	2	130	2	116	3
Rural Rother	7	8	82	7	58	7	89	5
EHS CCG	11		106		99		92	
Eastbourne	11	3	111	3	111	4	97	4
Hailsham and Polegate	9	6	98	5	91	5	86	6
Seaford	11	4	98	4	68	6	83	7
HWLH CCG	8		74		79		91	
Lewes and Havens	10	5	89	6	116	3	123	2
High Weald	7	7	63	8	52	8	67	8

Source: JSNAA

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Cancer incidence and mortality

		Lung cancer all persons		Colorectal cancer all persons		Breast cancer females		Prostate cancer males		All cancers all persons	
		Incidence	Mortality	Incidence	Mortality	Incidence	Mortality	Incidence	Mortality	Incidence	Mortality
Resident	East Sussex	61	51	73	30	168	38	167	45	566	276
	Hastings	74	69	68	30	158	47	126	44	563	316
	Eastbourne	65	56	78	27	159	34	158	40	588	284
	Rother	55	50	75	33	161	37	161	49	552	273
	Lewes	61	51	72	28	169	31	187	47	590	275
	Wealden	55	41	71	32	183	41	182	47	548	256
Registered	East Sussex	61	51	73	30	168	38	167	45	566	276
	H&R CCG	63	58	73	32	159	41	147	47	557	290
	EHS CCG	61	51	75	28	163	34	155	41	564	271
	HWLH CCG	57	45	69	30	183	39	203	50	580	266

Source: JSNAA

Emergency admissions for ambulatory care sensitive conditions:

		Chronic ACS conditions		Acute ACS conditions		Other and vaccine preventable ACS conditions	
		Annual number	Ratio	Annual number	Ratio	Annual number	Ratio
Resident	East Sussex	4,403	100	4,296	100	1,267	100
	Hastings	924	143	828	123	245	139
	Eastbourne	898	108	1,024	122	217	89
	Rother	825	96	709	89	240	94
	Lewes	739	90	725	90	273	115
	Wealden	1,019	82	1,011	85	292	82
Registered	East Sussex	4,297	100	4,154	100	1,238	100
	H&R CCG	1,694	116	1,478	105	480	114
	Hastings and St Leonards	924	137	818	121	257	139
	Bexhill	481	104	428	99	139	98
	Rural Rother	289	88	232	77	84	89
	EHS CCG	1,595	101	1,725	112	392	84
	Eastbourne	947	104	1,080	120	231	87
	Hailsham and Polegate	429	105	413	106	102	85
	Seaford	220	83	233	95	59	73
	HWLH CCG	1,008	80	952	79	367	104
	Lewes and Havens	495	95	455	89	191	131
	High Weald	513	70	497	71	176	85

Source: JSNAA

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Hospital admissions and attendances:

		First outpatient attendances, 2014/15		A&E attendances, 2014/15		All elective hospital admissions, 2013/14 to 2014/15		All emergency hospital admissions, 2013/14 to 2014/15	
		Annual number	Ratio	Annual number	Ratio	Annual number	Ratio	Annual number	Ratio
Resident	East Sussex	210,034	100	135,035	100	84,573	100	53,805	100
	Hastings	38,206	112	28,443	125	13,357	103	10,596	128
	Eastbourne	37,076	94	28,577	109	16,739	108	11,074	107
	Rother	36,234	96	21,167	91	15,245	96	9,988	99
	Lewes	39,899	101	24,431	97	15,249	97	9,024	90
	Wealden	58,619	99	32,417	87	23,984	98	13,124	87
Registered	East Sussex	203,256	100	129,031	100	82,458	100	52,113	100
	H&R CCG	71,714	104	46,950	108	28,129	100	19,941	112
	Hastings and St Leonards	39,005	112	27,585	122	14,021	103	10,639	126
	Bexhill	18,949	100	11,386	97	8,127	100	5,725	106
	Rural Rother	13,760	90	7,979	85	5,981	92	3,577	92
	EHS CCG	69,473	97	47,227	103	31,638	108	19,208	101
	Eastbourne	40,024	94	29,596	108	18,350	108	11,727	105
	Hailsham and Polegate	18,333	100	11,315	98	8,431	111	4,784	98
	Seaford	11,116	100	6,316	92	4,858	101	2,697	87
	HWLH CCG	62,069	100	34,854	88	22,692	91	12,965	85
	Lewes and Havens	27,056	103	16,873	100	9,742	94	5,882	92
	High Weald	35,013	97	17,981	80	12,950	88	7,083	80

Source: JSNAA

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Appendix 4: List of pharmacies in Eastbourne, Hailsham & Seaford CCG

PPA CODE	TRADING NAME	PHARMACY NAME	POSTCODE
FC448	Grand Pharmacy	A E Pharma Ltd	BN21 4EJ
FCD10	Cavendish Place Pharmacy	Miss P Thakrar	BN21 3TZ
FD412	Seaforth Pharmacy	S G Court Ltd	BN24 5NP
FEH23	Boots the Chemists	Boots UK Ltd	BN27 1BG
FEP23	Dane Pharmacy	AS Shillam	BN25 1LL
FEX32	Your Local Boots Pharmacy	Boots UK Ltd	BN22 7PG
FFE25	Newman Pharmacy	A & S Shillam Ltd	BN22 7QP
FHJ23	Paydens Pharmacy	Paydens Ltd	BN27 1AN
FJ416	Kamsons Pharmacy	Waremoss Ltd	BN27 1NL
FJA86	Kamsons Pharmacy	Waremoss Ltd	BN21 1SD
FJK61	Asda Store Pharmacy	Asda Stores Ltd	BN23 6JH
FLA61	Kamsons Pharmacy	Waremoss Ltd	BN21 3JU
FP325	Lloydspharmacy	Lloyds Pharmacy Ltd	BN26 5AB
FPA95	Boots the Chemists	Boots UK Ltd	BN23 6JH
FQV61	Tesco Instore Pharmacy	Tesco Stores Ltd	BN22 9NG
FRN35	Procter Health Care Pharmacy	A Procter & Son Ltd	BN26 6AH
FRV87	Your Local Boots Pharmacy	Boots UK Ltd	BN24 6ET
FX679	Cameron L & Sons Ltd	Cameron L & Sons Ltd	BN25 1ND
FX749	Kamsons Pharmacy	Waremoss Ltd	BN24 5DZ
FXM83	Kamsons Pharmacy	Waremoss Ltd	BN20 9PL
FQG58	Lloydspharmacy	Lloyds Pharmacy Ltd	BN22 9PQ
FG057	Tesco Instore Pharmacy	Tesco Stores Ltd	BN23 6QD
FWC07	Doorstop Dispensary	Doorstep Dispensaree	BN24 5NP
FVH64	Lloydspharmacy	Lloyds Pharmacy Ltd	BN22 9PW
FCM48	Kamsons Pharmacy	Waremoss Ltd	BN20 8QJ
FG160	Your Local Boots Pharmacy	Boots UK Ltd	BN21 1BJ
FQ395	Boots the Chemists	Boots UK Ltd	BN21 1HR
FLG35	Day Lewis Peels Pharmacy	Day Lewis plc	BN22 0PS
FMX79	Boots the Chemists	Boots UK Ltd	BN23 7RT
FX478	Morrisons Pharmacy	Wm Morrisons Supermarkets plc	BN25 1DL
FYH55	A & S Shillam Ltd/PB Pharmacy	Seaford Pharmacy	BN25 1LL
FQG85	Warwick and Radcliffe Pharmacy	Warwick Radcliffe Healthcare Ltd	BN27 4JX
FEM37	Kamsons Pharmacy	Waremoss Ltd	BN20 7RG
FTQ44	Boots the Chemists	Boots UK Ltd	BN21 3NL
FD420	Day Lewis Harmers Pharmacy	Day Lewis plc	BN21 4EY
FG630	Your Local Boots Pharmacy	Boots UK Ltd	BN21 4TX
FWD96	Kamsons Pharmacy	Waremoss Ltd	BN23 8ED
FQY87	Boots the Chemists	Boots UK Ltd	BN25 1LS
FD341	Seaforth Pharmacy	S G Court Ltd	BN27 1BH
FVM25	Arlington Road Pharmacy	Arlington Road Healthcare LLP	BN21 1DH

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Appendix 5: List of pharmacies in Hastings and Rother CCG

PPA CODE	TRADING NAME	PHARMACY NAME	POSTCODE
FD127	Ore Village Pharmacy	Mrs Susan Jane Hicks	TN35 5BG
FDL07	Day Lewis Pharmacy	Day Lewis plc	TN31 7JF
FDL61	Clarity Pharmacy	Clarity Pharmacy Limited	TN37 6DU
FF054	J Andersen's Pharmacy	J Andersen Ltd	TN35 5LT
FH752	Tesco Instore Pharmacy	Tesco Stores Ltd	TN38 9RB
FJL76	Your Local Boots Pharmacy	Boots UK Ltd	TN32 5AE
FJQ76	Lloydspharmacy	Lloyds Pharmacy Ltd	TN39 5HE
FKV77	Laycocks Chemists	Radpharm Ltd	TN35 5BL
FMJ93	West St Leonards Pharmacy	Soudyrah Ltd	TN38 0AH
FN068	Lloydspharmacy	Lloyds Pharmacy Ltd	TN37 7AN
FRH13	Boots the Chemists	Boots UK Ltd	TN37 6AJ
FTG15	Your Local Boots Pharmacy	Boots UK Ltd	TN39 3PU
FWD95	Day Lewis Pharmacy	Day Lewis plc	TN33 0EN
FWL19	Ticehurst Pharmacy	Mr Nigel Howard	TN5 7AA
FY677	Tesco Instore Pharmacy	Tesco Stores Ltd	TN40 2JS
FYN83	Laycock Chemists	Radpharm Ltd	TN37 7LS
FMG75	Morrisons Pharmacy	Wm Morrison Supermarkets plc	TN34 1RG
FDN08	J Andersen's Pharmacy	J Andersen Ltd	TN35 5NH
FPQ97	Lloydspharmacy	Lloyds Pharmacy Ltd	TN40 2HG
FMJ50	Pebsham Pharmacy	Pebsham Limited	TN40 2SW
FF388	Lloydspharmacy	Lloyds Pharmacy Ltd	TN37 7SQ
FEM25	Boots the Chemists	Boots UK Ltd	TN31 7JF
FPV58	Your Local Boots Pharmacy	Boots UK Ltd	TN33 0AE
FK995	Warrior Pharmacy	Paydens Ltd	TN34 1EU
FQ270	Lloydspharmacy	Lloyds Pharmacy Ltd	TN34 3EY
FYN91	Day Lewis Porter Pharmacy	Day Lewis plc	TN34 3SB
FAN63	Blooms Pharmacy	Paydens Ltd	TN37 6RE
FV545	Marsh Pharmacy	Seaford Pharmacy	TN40 1HT
FH594	Pharmacy @ Station Plaza	South East Health Plus Ltd	TN34 1BA
FE574	Jempsons Pharmacy	Jempsons Limited	TN31 6YD
FPM78	Kamsons Pharmacy	Waremoss Ltd	TN34 1NN
FVY65	Boots the Chemists	Boots UK Ltd	TN34 1PH
FN280	Day Lewis Hirst Pharmacy	Day Lewis plc	TN34 2PS
FD402	Lloydspharmacy	Lloyds Pharmacy Ltd	TN37 7DA
FCM81	Little Common Pharmacy	Canterbury Pharmacies Ltd	TN39 4SL
FRV64	Boots the Chemists	Boots UK Ltd	TN40 1AS
FRA20	L J Collis & Co (Collis Chemist)	Paydens Ltd	TN40 1HJ
FFC93	Boots the Chemists	Boots UK Ltd	TN40 2JS
FV050	Asda Store Pharmacy	Asda Stores Ltd	TN37 7AA
FV157	Trackside Pharmacy	Pharma Alert 24 Limited	TN40 1EA

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Appendix 6: List of pharmacies in High Weald, Lewes and Havens CCG

PPA CODE	TRADING NAME	PHARMACY NAME	POSTCODE
FAF25	Lloydspharmacy	Lloyds Pharmacy Ltd	BN8 5QN
FC177	Procter Health Care Pharmacy	A Procter & Son Ltd	TN21 8HU
FCV62	Ashdown Pharmacy	Ashdown Medical Services Ltd	RH18 5AT
FDR00	HA Baker	Baker HA (Lewes) Ltd	BN7 2DD
FE086	Lloydspharmacy	Lloyds Pharmacy Ltd	RH18 5ES
FH358	Morrisons Pharmacy	Wm Morrison Supermarkets plc	TN6 2NQ
FH723	Tesco Instore Pharmacy	Tesco Stores Ltd	TN22 1BA
FLQ27	St Annes Pharmacy	Ms K Smillie & Ms D Baker	BN7 1RP
FPC61	Wadhurst Pharmacy	Paydens Ltd	TN5 6AP
FPD84	Boots the Chemists	Boots UK Ltd	BN9 9PD
FQ577	Kamsons Pharmacy	Waremoss Ltd	BN10 8LD
FQP33	Boots the Chemists	Boots UK Ltd	TN22 1AG
FYE94	Well	Bestway National Chemists Ltd	BN10 8NF
FYX43	Newhaven Pharmacies Ltd	Newhaven Pharmacies Ltd	BN9 9QD
FKW32	Ditchling Pharmacy	Mr V Andrews	BN6 8UQ
FEJ06	Wyborns Pharmacy	Andrews Healthcare Ltd	BN7 2JU
FG055	Lloydspharmacy	Lloyds Pharmacy Ltd	BN8 4LA
FEJ10	Manor Pharmacy	Aspenvale Ltd	TN21 0EH
FQV53	Kamsons Pharmacy	Waremoss Ltd	TN22 5AW
FXA84	Medication Delivery Services Ltd	Medication Delivery Services Ltd	BN10 8LN
FGW00	Lloydspharmacy	Lloyds Pharmacy Ltd	BN9 0AG
FQC51	Boots the Chemists	Boots UK Ltd	BN7 2LP
FE587	St Dunstans Pharmacy	Remas & Sons Ltd	TN20 6AB
FP421	Procter Health Care Pharmacy	A Procter & Son Ltd	TN21 8LD
FP954	Boots the Chemists	Boots UK Ltd	TN6 1AH
FCQ39	Chappells Pharmacy	Remas & Sons Ltd	TN6 1DL
FJJ23	St Denys Pharmacy	Remas & Sons Ltd	TN6 2EG
FEC49	St Denys Pharmacy	Remas & Sons Ltd	TN6 3LJ
FW734	Kamsons Pharmacy	Waremoss Ltd	BN10 7LX
FRG34	Newhaven Pharmacies Ltd	Newhaven Pharmacies Ltd	BN9 9PD
FGA19	Kamsons Pharmacy	Waremoss Ltd	TN22 1BA
FC417	Buxted Pharmacy	Buxted Medical Services Ltd	TN22 5FD

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Appendix 7: List of dispensing Doctors' surgeries in East Sussex

H&R CCG

	Name	CCG
G81052	Fairfield Surgery	H&R
G81087b	Broad Oak Surgery	H&R
G81087	Northiam Surgery	H&R
G81085	Ferry Road Health Centre	H&R
G81051	Rye Medical Centre	H&R
G81082	Oldwood Surgery	H&R
G81082b	Battle Health Centre	H&R
G81057	Sedlescombe Surgery	H&R
G81057b	Westfield Surgery	H&R
G81031	Harold Road Surgery	H&R

HWLH CCG

	Name	CCG
G81102b	East Hoathly Medical Centre	HWLH
G81024	Ashdown Forest Health Centre	HWLH
G81088b	The Firs Surgery	HWLH
G81088	Heathfield Surgery	HWLH
G81102	Buxted Medical Centre	HWLH
G81030b	Frant Surgery	HWLH
G81614b	Groombridge Surgery	HWLH
G81614	Hartfield Surgery	HWLH

EHS CCG

	Name	CCG
G81099b	Alfriston Surgery	EHS
G81077b	Ninfield (Collington)	EHS

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Appendix 8: Travel times

Wards where more than 25% of residents cannot access a pharmacy on a weekday using public transport

	<15 minutes	15-30 minutes	30-60 minutes	60-120 minutes	no access	% with no access
Heathfield East	250	1,215	191		866	34.3%
Hartfield	767	821	244		808	30.6%
Danehill/Fletching/ Nutley	154	2,322	1,261		1,609	30.1%
Chiddingly and East Hoathly	599	1,316	385		920	28.6%
Alfriston	55	1,247	392	10	618	26.6%
Ewhurst and Sedlescombe	835	745	335		691	26.5%
Crowhurst	333	1,338	323		691	25.7%
Frant/Withyham	1,720	1,918	293		1,343	25.5%
Barcombe and Hamsey	83	1,026	473		522	24.8%
Framfield	691	1,080	290		680	24.8%

10 Wards with worst evening access to a pharmacy using public transport (where more than 60% of residents have no access)

	<15 minutes	15-30 minutes	30-60 minutes	60-120 minutes	No access	% with no access
Plumpton					2,276	100.0%
Ewhurst and Sedlescombe					2,606	100.0%
Barcombe and Hamsey		58	79		1,968	93.5%
Heathfield East	35	121	88		2,279	90.3%
Darwell	107	173	282	48	4,610	88.3%
Ninfield and Hooe with Wartling	28	156	187		2,081	84.8%
Brede Valley	69	465	380	10	3,791	80.4%
Framfield	64	274	274		2,129	77.7%
Alfriston	8	72	594		1,648	71.0%
Crowhurst	143	683	225		1,636	60.9%

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10 Wards with worst Saturday afternoon access to a pharmacy using public transport (where more than 27% of residents have no access)

	<15 minutes	15-30 minutes	30-60 minutes	60-120 minutes	No access	% with no access
Plumpton		33	162		2,080	91.4%
Heathfield East	63	274	62		2,124	84.2%
Buxted and Maresfield	328	1,924	576		2,706	48.9%
Darwell	153	2,054	855		2,159	41.4%
Chiddingly and East Hoathly	6	1,076	1,028	2	1,108	34.4%
Crowhurst	141	1,156	480		910	33.9%
Ewhurst and Sedlescombe	36	1,091	679		800	30.7%
Alfriston	12	791	809	6	703	30.3%
Herstmonceux		1,556	518		778	27.3%
Wadhurst	2,315	1,180	274	3	1,408	27.2%

10 Wards with worst Sunday access to a pharmacy using public transport (where more than 84% of residents have no access)

	<15 minutes	15-30 minutes	30-60 minutes	60-120 minutes	No access	Total
Herstmonceux					2,852	100.0%
Plumpton					2,276	100.0%
Ewhurst and Sedlescombe					2,606	100.0%
Darwell			25	34	5,161	98.9%
Rother Levels		60	169		4,417	95.1%
Barcombe and Hamsey		29	108		1,968	93.5%
Heathfield East			27	218	2,279	90.3%
Ninfield and Hooe with Wartling		74	185	5	2,189	89.2%
Ticehurst and Etchingham		7	618	58	3,996	85.4%
Danehill/Fletching/ Nutley	17	487	341		4,501	84.2%

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Appendix 9: What is a Healthy Living Pharmacy?

PHE is providing the strategic lead for developing HLPs across the country.

To become a HLP, a pharmacy must have a qualified Health Champion satisfying the Royal Society for Public Health Level 2 award, 'Understanding health improvement' qualification and demonstrate that it meets a set of quality criteria.

In addition, the pharmacist or pharmacy manager is required to complete a leadership course; the premises must be fit to facilitate health promoting interventions, with a dedicated health promotion zone, and there must be local stakeholder engagement. The culture and ethos within a HLP is focused on promoting health improvement interventions at every opportunity, making every contact count [MECC].

Plans are in hand to enable profession led self-assessment for those pharmacies that wish to become Level 1 HLPs, with a self-assessment process and an underpinning quality assurance system. Commissioned services will no longer be a requirement for Level 1 HLPs. The quality criteria for attaining Level 1 HLP status are underpinned by the Royal Pharmaceutical Society professional standards.

The quality assurance programme is currently being developed. Level 2 and 3 HLP status will still be commissioner-led, with relevant public health services being commissioned by Local Authority commissioners. Health champions in HLPs are pro-actively reaching out to their communities both within the pharmacy setting and in the local community, promoting healthier lifestyles and making a significant contribution to improving health and wellbeing of the local population.

Appendix 10: What is Making Every Contact Count (MECC)

MECC is an approach to improving health and reducing health inequalities developed by the NHS and local government. One route to MECC is to support pharmacies, as well as other providers, in taking a holistic, personalised approach to individuals' needs.

For example, someone taking medicines for high blood pressure might also be a smoker. As well as dispensing their medicines their local pharmacy could give them advice and support to stop smoking if commissioned to provide smoking cessation services by the council. Similarly, people with diabetes could receive healthy eating and weight management services at the pharmacy.

Pharmacy staff, especially in Healthy Living Pharmacies, can use every interaction in the pharmacy setting as an opportunity for making a health promoting intervention, making every contact count [MECC].

On a practical level, the co-location of pharmacy with other services can provide individuals with access to a number of services in one place, a particularly important factor in disadvantaged communities and where transport may be poor or unavailable. Co-location also has the potential to improve signposting between services and to enable a more holistic approach to individuals, by bringing together a range of professional staff and ensuring the ongoing viability of key community services in sparsely populated communities.

Community pharmacy teams see people in every state of health and are ideally placed to play a central role in the prevention of ill health. Examples of services currently offered that could be developed further include prevention, early detection and management of high blood pressure, NHS Health Checks, as well as signposting potential service users to different council and other public services including leisure services for people who may need to increase physical activity.

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Appendix 11: Quality payments scheme for community pharmacy

Quality payments scheme
To qualify for payments, pharmacies will have to meet four gateway criteria:
• provision of at least one specified advanced service; and
• NHS Choices entry up to date; and
• ability for staff to send and receive NHS mail; and
• ongoing utilisation of the Electronic Prescription Service.
Passing the gateway criteria will not, in and of itself, earn a quality payment for the pharmacy. Quality payments will depend on how many of the quality criteria the pharmacy meets.

Pharmacies passing the gateway will receive a quality payment if they meet one or more of the criteria listed in the table below. The criteria have been weighted based on an assessment of the difficulty of achieving them and the benefit to patients from doing so, with each criterion being designated a number of points.

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Domain	Criteria	Number of review points at which it can be claimed	Points at any one review point	Total points over the two reviews points
Patient Safety	Production of a written report that demonstrates evidence of analysis, learning and action taken in response to near misses and patient safety incidents, including implementation of national patient safety alerts and having shared learning	One	20	20
Patient Safety	80% of registered pharmacy professionals have achieved level 2 safeguarding status for children and vulnerable adults within the last two years	Two	5	10
Patient Experience	Results of patient experience survey from the last 12 months published on the pharmacy's NHS Choices page	One	5	5
Public health	Healthy Living Pharmacy level 1(self-assessment)	One	20	20
Digital	Demonstration of having accessed the summary care record and increase in access since the last review point	Two	5	10
Digital	NHS111 Directory of Services entry up to date at review point	Two	2.5	5
Clinical Effectiveness	Asthma patients dispensed more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler within a 6 month period are referred to an appropriate health care professional for an asthma review.	Two	10	20
Workforce	80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'	Two	5	10
			Total number of points	100

[1] PHE LA Health profiles September 2016
[2] PHE LA Health profiles September 2016
[iii] https://fingertips.phe.org.uk/profile/sexualhealth
[iv]http://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000008/ati/102/are/E10000014/iid/90637/age/1/sex/4)
[v] http://www.eastsussexjsna.org.uk/comprehensive