



Lewes District Needs and assets profile 2017

East Sussex
Joint Strategic Needs & Assets Assessment

eastsussexjsna.org.uk



East Sussex
County Council



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Introduction

This profile should be used to inform decisions and plans and to identify priorities to improve local people's health and reduce health inequalities in Lewes District.

The profile identifies needs (which may also be referred to or seen as deficits) as well as assets (which may also be referred to or seen as strengths) from key indicators that have been benchmarked against the England average. Causes of premature mortality and inequalities in life expectancy are also presented.

This profile forms part of the East Sussex Joint Strategic Needs and Assets Assessment (JSNAA) and draws together data and analysis from East Sussex public health reports and various health profiles produced by Public Health England. It brings together existing data and analysis, from a variety of sources, at CCG, district/borough council and East Sussex levels.

Key findings

Within any population there are potentially a large number of needs (or deficits) and assets (or strengths) that can be identified which impact on the health of that population. Needs or deficits have been identified where key indicators are significantly worse when compared to England and assets or strengths when indicators are significantly better.

Population

Lewes has an older age profile compared to England. Compared to England the district has significantly lower percentages of its population who are non-White British and 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 however lone parent households are significantly lower.

Wider determinants of health

The district is significantly better than the England average for indicators around deprivation and child poverty, long-term unemployment, violent crime, statutory homelessness and fuel poverty. Pupil absence is significantly higher when compared to England.

Overall health status

Lewes has a significantly higher percentage of its population who report having a limiting long-term illness or disability compared to England. Life expectancy is significantly higher than for England and mortality from causes considered preventable is significantly lower.

Healthy lifestyles

Many deaths and illnesses can be avoided by building on existing community assets and enabling communities to have more control over their lifestyle choices, improving health and wellbeing.

Pregnancy and Infancy – High Weald Lewes Havens CCG and Eastbourne, Hailsham and Seaford CCG have significantly lower percentages of women who have an antenatal assessment before 13 weeks compared to England. Lewes is significantly better than England for women smoking at time of delivery and breastfeeding.

Smoking – East Sussex has a significantly higher smoking prevalence in 15 year olds compared to England. The district is significantly better than England for smoking at time of delivery and potential years of life lost due to smoking-related illness.

Alcohol – Lewes is either similar to or significantly better than England across a range of alcohol indicators including hospital admissions and mortality however admissions due to intentional self-poisoning are significantly higher. Compared to England East Sussex has a significantly higher percentage of 15 year olds who had been drunk in the last 4 weeks.

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 non-opiate users is significantly worse in East Sussex compared to England. There is a significantly higher percentage than England of people in contact with mental health services when they access drug misuse services.

Sexual Health – The district has a significantly higher rate of total LARC prescriptions (excluding injections) compared to England. Lewes has significantly lower diagnosis rates of all new STIs, gonorrhoea and HIV. Chlamydia screening for persons aged 15-24 years is significantly better than the national average.

Physical Activity, Healthy Weight and Healthy Eating – The district is significantly better than England for recommended ‘5-a-day’ and excess weight in adults. It is similar to the national average for child obesity.

Accidents and Injuries – Lewes is similar to England for admissions due to unintentional and deliberate harm for children and young people but has a significantly higher rate than England for people killed or seriously injured on roads. East Sussex is significantly worse than England for admissions for under 5s due to falls from furniture and for 15-24 year olds killed or seriously injured as motorcyclists or car occupants in road traffic accidents.

Health protection

The incidence of TB and mortality from communicable disease is significantly lower compared to the national average. High Weald Lewes Havens CCG has a significantly lower uptake of first dose MMR by age 5 compared to England. Eastbourne, Hailsham and Seaford CCG has significantly higher uptake than England for child immunisation by age 1, DTAP/IPV/Hib by age 2 and second dose MMR by age 5. East Sussex is significantly worse than England for HPV vaccination, and for persons aged 65 years and over, PPV and seasonal flu.

Disease and poor health

Note that any disease prevalences discussed are not age-standardised and therefore will be influenced by the age profile of the area.

Respiratory – High Weald Lewes Havens has a significantly lower COPD prevalence than nationally and Eastbourne Hailsham and Seaford CCG has a significantly higher prevalence of asthma and COPD when compared to England. In both CCGs the percentage of patients on asthma registers who in the last 12 months have had a review is significantly worse than for England. High Weald Lewes CCG is either similar to or significantly worse than England for indicators around the management of COPD and in Eastbourne, Hailsham and Seaford CCG COPD patients who have had a flu immunisation

is significantly better compared to England. Lewes has significantly lower premature mortality from respiratory diseases compared to England.

Diabetes – High Weald Lewes Havens CCG has a significantly lower diabetes prevalence than nationally. Diabetes patients of both High Weald Lewes Havens CCG and Eastbourne, Hailsham and Seaford CCG are significantly better than England for good blood sugar control but significantly worse for annual foot checks. Compared to the national average, type 2 diabetics are significantly worse for good blood pressure control. Type 2 diabetics in Eastbourne, Hailsham and Seaford CCG are significantly better for good cholesterol control compared to nationally.

Liver Disease – East Sussex has significantly higher admissions and premature mortality from hep C related end-stage liver disease/hepatocellular carcinoma compared to England.

Circulatory diseases – High Weald Lewes Havens CCG has significantly higher prevalences of hypertension, atrial fibrillation and stroke when compared to England. Eastbourne, Hailsham and Seaford CCG has significantly higher prevalences than England across all circulatory disease groups. For both CCGs good blood pressure control is significantly worse compared to England for patients with hypertension and patients with CHD. Admissions due to CHD, heart failure or stroke are significantly lower than for England. Premature mortality from CHD is significantly lower than England and in High Weald Lewes Havens CCG premature mortality from stroke is significantly lower and stroke mortality is significantly lower in over 75s in Eastbourne, Hailsham and Seaford CCG. Lewes has significantly lower premature mortality from cardiovascular diseases and those considered preventable, when compared to the national average.

Cancer – Lewes has significantly better screening uptake for breast, cervical and bowel cancer compared to England. Across a number of indicators relating to cancer incidence, survival and mortality Lewes District and High Weald Lewes Havens and Eastbourne, Hailsham and Seaford CCGs are

either similar to the national average or significantly better. Eastbourne, Hailsham and Seaford CCG has significantly lower percentages of cancers with a valid stage recorded when compared to England.

Learning Disabilities – compared to England East Sussex has significantly lower eligible adults with learning disabilities having a GP health check, receiving community services or living in stable and appropriate accommodation. East Sussex has a significantly higher percentage of supported adults with learning disabilities who are in paid employment compared to the national average.

Mental health

East Sussex is significantly lower for (self-reported) high anxiety scores compared to England. High Weald Lewes Havens CCG and Eastbourne Hailsham and Seaford CCG have significantly higher incidence and prevalence of depression compared to England. High Weald Lewes Havens CCG is significantly lower for respondents to the GP survey reporting that they feel moderately or extremely anxious or depressed. The rates of people being referred to and entering IAPT treatment is significantly lower compared to England and for High Weald Lewes Havens CCG also significantly lower for persons completing IAPT treatment.

Lewes District has significantly higher admissions for self-harm compared to the national average. Compared to England Eastbourne Hailsham and Seaford CCG has a significantly higher GP reported prevalence of people with severe mental illness and persons receiving assertive outreach services and is significantly lower for people being treated by early intervention teams. Both Eastbourne Hailsham and Seaford CCG and High Weald Lewes Havens CCG have significantly higher adults in contact with specialist mental health services, significantly lower rates of people on Care Programme Approach and people subject to the Mental Health Act. High Weald Lewes Havens CCG has a significantly lower rate than nationally for persons receiving assertive outreach services.

Older people

East Sussex has significantly higher rates of preventable sight loss when compared to England. Both High Weald Lewes Havens CCG and Eastbourne, Hailsham and Seaford CCG have significantly higher recorded (QoF) prevalence of dementia compared to England but significantly lower percentages of their dementia patients who have had a care review in the previous 12 months. Admissions for persons aged 65 years and over with 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. Admissions are also significantly lower than nationally in Eastbourne, Hailsham and Seaford CCG for persons aged 65 years or over with Alzheimer's.

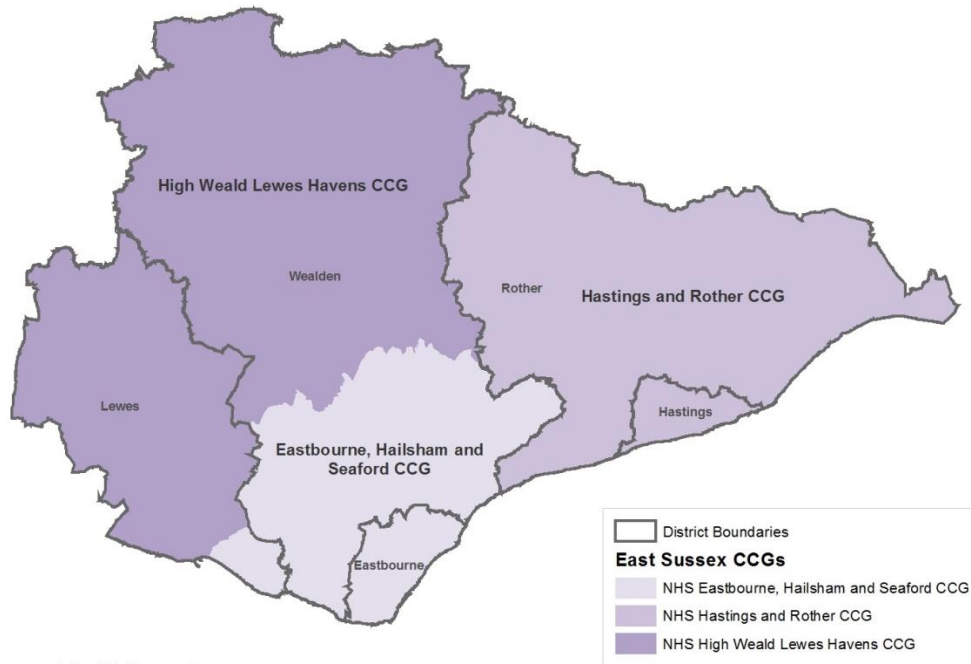
Place of death

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. For persons aged 85 years and over deaths in hospital and home are significantly lower than England with deaths in care homes significantly higher. Deaths in hospices for persons aged 65-84 years are significantly higher compared to England.

Demography

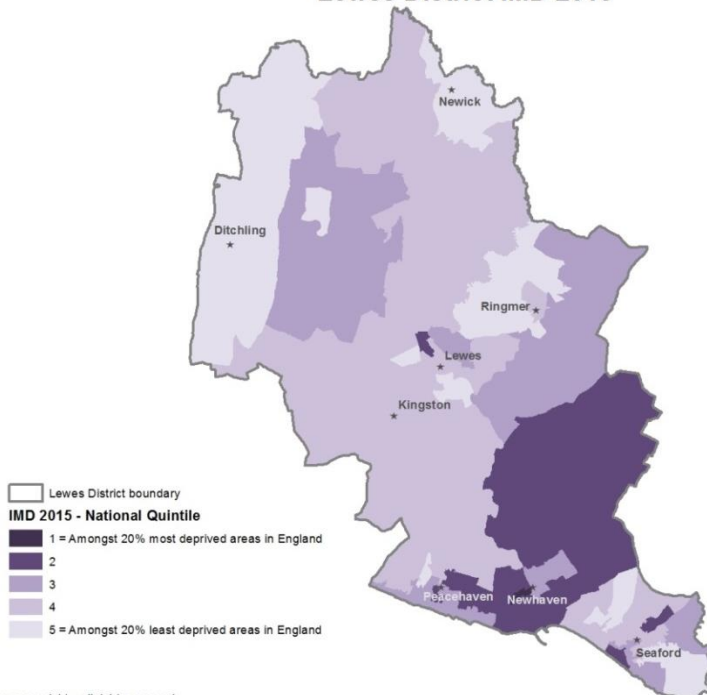
The map below shows Lewes District in relation to the East Sussex Clinical Commissioning Group (CCG) boundaries.

East Sussex CCGs and districts and boroughs

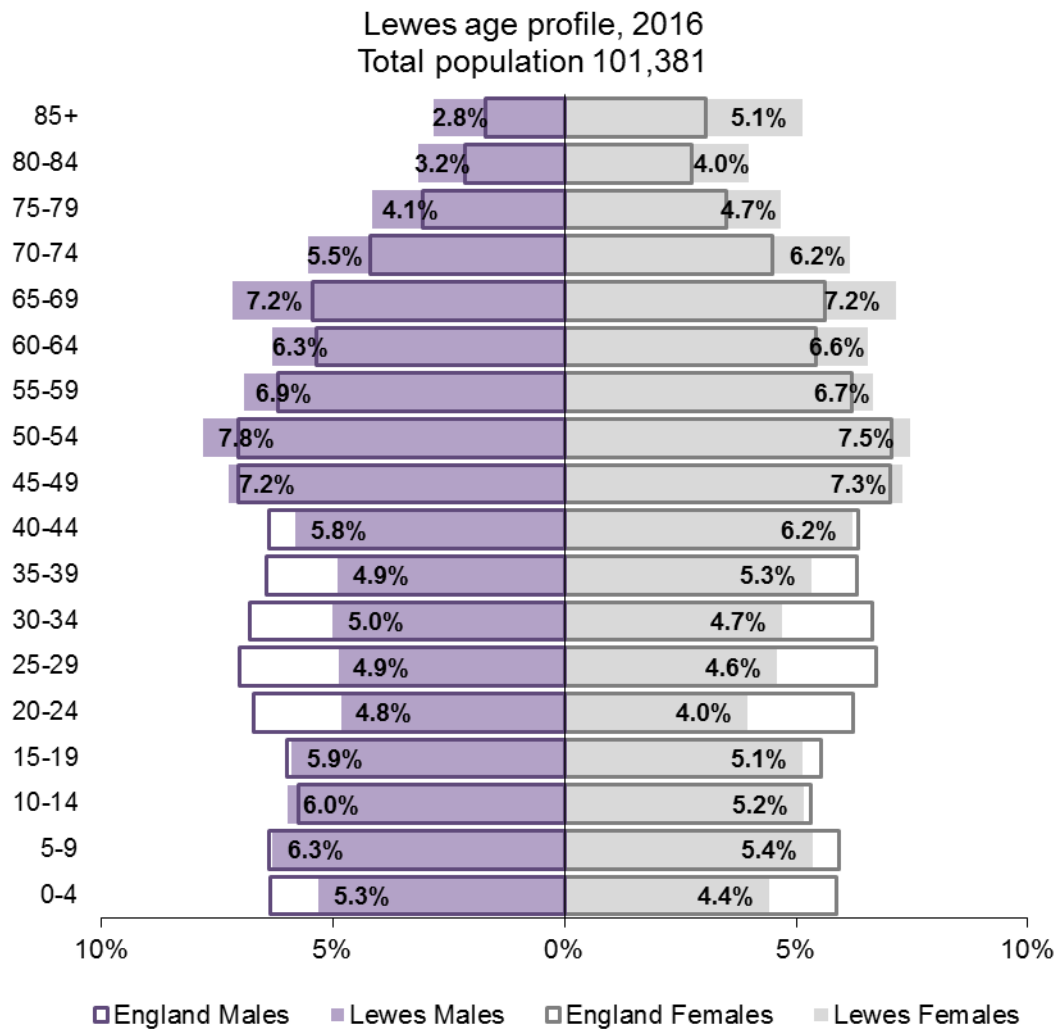


The Index of Multiple Deprivation (IMD) for 2015 by Lower Super Output Area (LSOA) for Lewes District is shown below.

Lewes District IMD 2015



Lewes District has an older population structure compared to England, with 5.1% of females aged 85 years or over compared to 3.0% for England. It also has a lower percentage of 20 to 44 year olds (both males and females) than England.



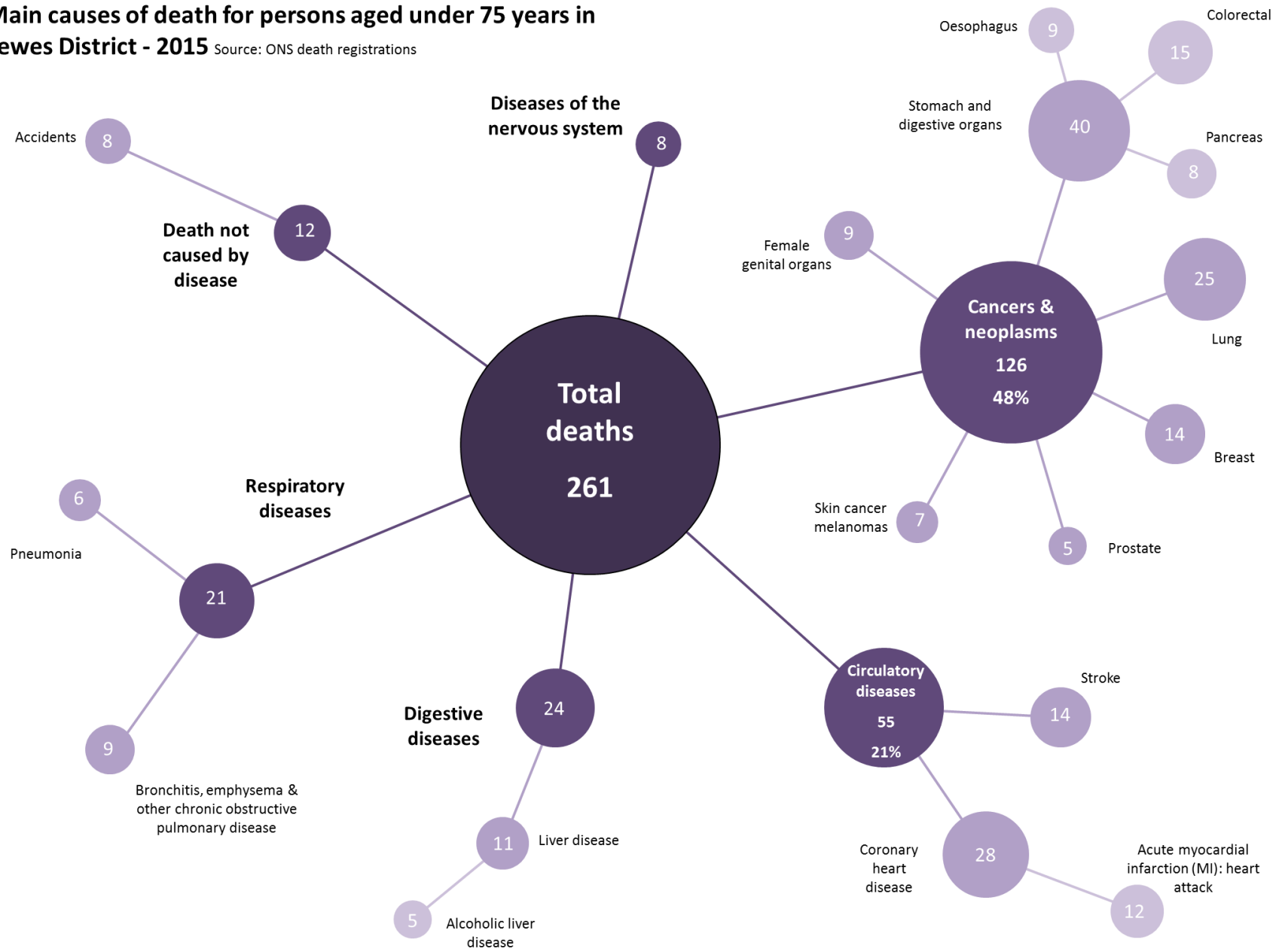
Source: NHS Digital April 2017

Premature mortality - causes of death

There were 261 deaths of residents aged 0-74 years in the district in 2015. The figure overleaf shows the causes of death for those residents (the bigger the size of the circle the greater the number of deaths from that cause). Around half of premature deaths are caused by cancer (48%) and circulatory diseases are the cause of around 1 in 5 premature deaths (21%).

Main causes of death for persons aged under 75 years in Lewes District - 2015

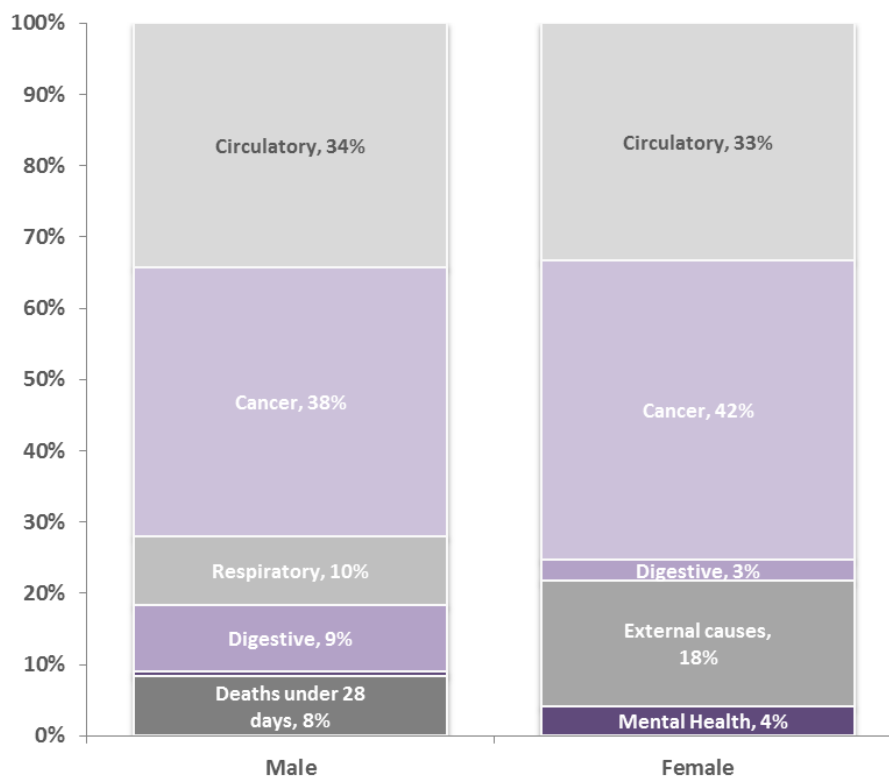
Source: ONS death registrations



Causes of inequalities in life expectancy

Lewes

In 2012–2014, the absolute gap in life expectancy between the most and least deprived quintiles in Lewes was 4.3 years for males (83.7 years in the least deprived quintile and 79.4 years in the most deprived quintile) and 4.5 years for females (89.0 years in the least deprived quintile and 84.5 years in the most deprived quintile). Cancer is the main contributor to the gap in life expectancy in both males (38%) and females (42%) followed by circulatory diseases which contribute to around a third of the gap (34% for males and 33% for females).



Health profiles summary

The indicators presented here have been taken from a variety of health profiles that have been published by Public Health England (see Appendix 2).

Where possible, the local value has been benchmarked against the England value, with **green** representing significantly better than England, **red** significantly worse, and **yellow** no significant difference. Blue represents significantly different from the England value, where **light blue** is significantly less than England and **dark blue** is significantly higher than England, but without an indication of whether this is better or worse (e.g. a significantly higher percentage of older people would be coloured 'dark blue' as it is not better or worse but just significantly higher). White indicates no significance testing for that indicator.

Key indicators have been presented by topic area with information and links to where further and more detailed data can be found.

Within the tables indicators that are part of the **Public Health Outcomes Framework (PHOF)** have been identified and numbered accordingly. The PHOF has overarching outcomes around life expectancy, inequalities and gaps in life expectancies, with further indicators organised into four domains: improving the wider determinants of health, health improvement, health protection and healthcare public health and preventing premature mortality. PHOF indicators are updated every quarter so for the most-up-to-date view please access them at <http://www.phoutcomes.info/>

Locality level data is not presented within this profile but can be found on the East Sussex JSNAA website under '[scorecards](#)' where the needs and assets of localities, communities of practice, GP practices and wards are presented in an East Sussex context. <http://www.eastsussexjsna.org.uk/scorecards>

POPULATION											
PHOF	Population indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	Total population, mid-2015 for local authorities, April 2017 for CCGs		102,465	91,497	100,693	92,908	156,501	544,064	194,814	187,825	169,816
	Number of live births, 2015	664,399	1,070	1,099	877	677	1,323	5,046			
	Fertility rate (live births per 1,000 females 15-44 yrs), 2015	63	61	66	56	55	56	59			
	Non-White British population (%), 2011	20	13	11	7	6	6	8	9	8	7
	English language skills: % of people who cannot speak English / speak it well, 2011	1.7	1.0	0.7	0.3	0.2	0.2	0.5	0.6	0.5	0.3
	Lone parents households: % of households that have lone parents with dependent children, 2011	7.1	6.9	8.3	6.0	5.1	5.1	6.2	6.1	6.8	5.7
	Nursing home patients (% GP registered population), 2014/15	0.5							1.1	1.1	0.6
	Pensioners living alone (%), 2011	32	35	35	31	31	28	31	32	33	29
	Relationship breakup: % of adults whose current marital status is separated or divorced, 2011	12	14	17	13	13	12	13	13	15	12
	Provision of 50 hours or more unpaid care per week (%), 2011	2.4	2.6	2.7	2.4	3.0	2.1	2.5	2.6	2.8	2.0
	GP patient survey: % reporting caring responsibility, 2015/16	18							20	21	19
Further data/more detail on the age profile of EHS available in the population pyramid on page 11 Error! Reference source not found.											

WIDER DETERMINANTS OF HEALTH											
PHOF	Wider determinants of health indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	Deprivation (% people living in 20% most deprived areas in England (IMD 2015)), 2014	20	13	39	1	11	2	12			
1.01i	Children in poverty (all dependent children under 20) (%), 2014	20	21	28	15	19	11	18			
1.01ii	Children in poverty (under 16s) (%), 2014	20	21	29	16	19	11	19			
	Older People in Deprivation (IDAOPI) (%), 2015	16	15	22	11	12	10	13	13	16	10
1.02i	Children achieving good level of development at end of Year R (%), 2015/16	69						76			
1.02i	Children with free school meal status achieving good level of development at end of Year R (%), 2015/16	54						59			
1.02ii	Year 1 pupils achieving expected level in phonics screening (%), 2015/16	81						81			
1.02ii	Year 1 pupils with free school meal status achieving expected level in phonics screening (%), 2015/16	69						64			
	GCSE achieved (5A*-C inc. Eng & Maths) (%), 2015/16	58	58	50	60	59	65	59			
1.03	Pupil absence (% half days missed), 2014/15	4.6	5.0	5.6	5.2	4.9	4.9	5.1			
1.04	First time entrants to the youth justice system (aged 10-17) (per 100,000), 2015	369						320			
1.05	16-18 year olds not in education employment or training (%), 2015	4						5			
	Long term unemployment (per 1,000 16-64 years), 2015	5	6	7	3	3	1	4			
1.11	Domestic abuse-related incidents and crime (per 1,000 aged 16+), 2015/16	22						17			
1.12i	Violent crime - hospital admissions for violence (DSR per 100,000), 2013/14-2015/16	45	33	56	35	24	17	32			
1.12ii	Violent crime - violence offences per 1,000 population, 2015/16	17	21	26	14	12	9	15			
1.12iii	Violent crime - rate of sexual offences per 1,000 population, 2015/16	1.7	1.9	2.6	1.2	1.6	1.2	1.6			
1.13i	Re-offending levels - offenders who re-offend (%), 2014	25	26	25	24	22	17	23			
1.13ii	Re-offending levels - average number of re-offences per offender, 2014	0.8	0.9	0.8	0.9	0.7	0.5	0.8			
1.15i	Statutory homelessness - eligible homelessness people not in priority need (per 1,000 households), 2015/16	0.9		2.4	0.4	0.4	0.6				
1.15ii	Statutory homelessness - households in temporary accommodation (per 1,000 households), 2015/16	3.1	0.7	1.2	1.3	0.5	0.5	0.8			
1.17	Fuel poverty (% households), 2014	11	9	12	8	9	8	9			

OVERALL HEALTH STATUS											
PHOF	Overall health status indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
0.1i	Healthy life expectancy at birth - female (yrs), 2013-15	64						64			
0.1i	Healthy life expectancy at birth- male (yrs), 2013-15	63						62			
0.1ii	Life expectancy at 65- female (yrs), 2013-15	21	22	21	23	22	22	22			
0.1ii	Life expectancy at 65 - male (yrs), 2013-15	19	19	18	20	19	20	19			
0.1ii	Life expectancy at birth- female (yrs), 2013-15	83	83	82	85	84	85	84			
0.1ii	Life expectancy at birth - male (yrs), 2013-15	79	80	77	81	80	82	80			
0.2iv	Gap in life expectancy at birth compared to England - female (yrs), 2013-15		0.0	-0.9	2.3	0.7	1.7	0.9			
0.2iv	Gap in life expectancy at birth compared to England - male (yrs), 2013-15		0.7	-2.2	1.5	0.2	2.1	0.7			
	General Health - bad or very bad (%), 2011	6	6	7	5	6	5	6	6	7	4
	Limiting long term illness or disability (%), 2011	18	21	22	20	23	18	20	21	23	17
1.09i	Sickness absence - employees who had at least one day off in the previous week (%), 2012-14	2.4	3.6	2.0	2.3	1.2	2.1	2.3			
1.09ii	Sickness absence - working days lost due to sickness absence (%), 2012-14	1.5	1.1	1.6	1.5	0.3	1.4	1.2			
4.03	Mortality rate from causes considered preventable (DSR per 100,000), 2013-15	184	165	228	144	165	135	161			

PREGNANCY AND INFANCY											
PHOF	Pregnancy and infancy indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	Antenatal assessment before 13 weeks (%), Q3 2014/15	96							61	35	88
2.03	Smoking status at time of delivery (%), 2016/17	11	13	18	7	13	9	12	13	16	7
2.01	Low birth weight of term babies (%), 2015	3	3	3	2	2	2	2			
2.02i	Breastfeeding initiation (% of all maternities), 2016/17	73	81	76	82	75	83	80	80	75	84
2.02ii	Breastfeeding at 6-8 weeks after birth (% of all eligible infants), 2016/17 (Eng Q1-Q3 only)	44	46	38	50	42	55	47	49	40	54
4.01	Infant mortality (per 1,000 live births), 2013-15	4	4	5	2	4	2	3	3	4	2

Further data/more detail on pregnancy and infancy in East Sussex available:

Child and Maternal Health profiles <http://fingertips.phe.org.uk/profile-group/child-health>

Breastfeeding at 6-8 weeks in East Sussex <http://www.eastsussexjsna.org.uk/briefings>

Postpartum smoking in East Sussex <http://www.eastsussexjsna.org.uk/briefings>

For childhood immunisation please see health protection section on page 20

VULNERABLE CHILDREN AND YOUNG PEOPLE											
PHOF	Vulnerable children and young people indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	Family homelessness (per 1,000 households), 2015/16	1.9						1.6			
	Homeless young people aged 16-24 yrs (per 1,000 households), 2015/16	0.6						0.6			
	Children in care (per 10,000 under 18 yrs pop), 2016	60						51			
	Children with Moderate Learning Difficulties known to schools (per 1,000 pupils), 2014	29						17			
	Children with Severe Learning Difficulties known to schools (per 1,000 pupils), 2014	4						3			
	Children with Autism known to schools (per 1,000 pupils), 2014	11						11			
	Children with learning disabilities known to schools (per 1,000 pupils), 2014	34						20			
Further data/more detail on vulnerable children and young people in East Sussex available:											
<p>Children and young people with Special Educational Needs (SEN) or Disabilities (comprehensive needs assessment) http://www.eastsussexjsna.org.uk/comprehensive Children's and Young People's Mental Health and Wellbeing Profiles http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh Child and Adolescence Mental Health Services (CAMHS) (comprehensive needs assessment) http://www.eastsussexjsna.org.uk/comprehensive Lansdowne Secure Children's Home (comprehensive needs assessment) http://www.eastsussexjsna.org.uk/comprehensive Children with diabetes, epilepsy and complex health needs (comprehensive needs assessment) http://www.eastsussexjsna.org.uk/comprehensive Child and maternal health profiles (vulnerable children and young people theme) http://fingertips.phe.org.uk/profile-group/child-health Learning Disability profiles http://fingertips.phe.org.uk/profile/learning-disabilities</p>											

SMOKING											
PHOF	Smoking indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
2.09i	Smoking prevalence at age 15 - current smokers (%), 2014/15	8						13			
2.09ii	Smoking prevalence at age 15 - regular smokers (%), 2014/15	5						7			
2.09iii	Smoking prevalence at age 15 - occasional smokers (%), 2014/15	3						6			
2.14	Smoking prevalence 18+ yrs (%), 2015	17	19	26	18	16	14	18			
2.14	Smoking prevalence - routine & manual 18+ yrs (%), 2015	27	31	39	39	32	33	35			
	Successful quitters at 4 weeks (per 100,000 smokers 16+ yrs), 2015/16	2,598						2,521			
2.03	Smoking status at time of delivery (%), 2016/17	11	13	18	7	13	9	12	13	16	7
	Smoking attributable hospital admissions (DSR per 100,000 aged 35+), 2015/16	1,726						1,406			
	Smoking attributable mortality (DSR per 100,000 aged 35+), 2013-2015	283						252			
	Smoking attributable deaths from heart disease (DSR per 100,000 aged 35+), 2012-2014	29						22			
	Smoking attributable deaths from stroke (DSR per 100,000 aged 35+), 2012-2014	9						7			
	Potential years of life lost due to smoking related illness (DSR per 100,000 35-74 yrs), 2013-2015	1,399	1,330	1,686	1,135	1,281	868	1,359			
Further data/more detail on smoking in East Sussex available:											
<p>Local Tobacco Control Profiles http://www.tobaccoprofiles.info/ Smoking in East Sussex (data briefing) http://www.eastsussexjsna.org.uk/briefings Postpartum smoking in East Sussex http://www.eastsussexjsna.org.uk/briefings</p>											

ALCOHOL											
PHOF	Alcohol indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	15 year olds who had been drunk in the last 4 weeks, (%), 2014/15	15						20			
2.18	Admission episodes for alcohol-related conditions (Narrow) (DSR per 100,000), 2015/16	647	662	735	492	596	511	588			
	Admission episodes for alcohol-related conditions (Broad) (DSR per 100,000), 2015/16	2,179	1,994	2,276	1,588	1,683	1,585	1,790			
	Admission episodes for alcohol-specific conditions (DSR per 100,000), 2015/16	583	539	705	412	339	379	462			
	Admission episodes for alcohol-specific conditions - Under 18s (per 100,000), 13/14-15/16	37	46	121	51	45	32	56			
	Admission episodes for alcohol-related conditions (Narrow) - Under 40s (DSR per 100,000), 2015/16	314	314	371	274	291	237	294			
	Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs (DSR per 100,000), 2015/16	904	916	1075	634	833	670	802			
	Admission episodes for alcohol-related conditions (Narrow) - Over 65's (DSR per 100,000), 2015/16	1,006	1,065	1,031	773	925	896	929			
	Admission episodes intentional self-poisoning by exposure to alc (Narrow) (DSR per 100,000), 2015/16	51	67	72	72	37	35	55			
	Admission episodes for alcohol-related unintentional injuries (Narrow) (DSR per 100,000), 2015/16	140	131	145	130	122	125	130			
	Admission episodes for mental & behavioural disorders due to alc (Narrow) (DSR per 100,000), 2015/16	80	82	92	49	42	41	59			
	Admission episodes for mental & behavioural disorders due to alc (Broad) (DSR per 100,000), 2015/16	385	327	463	269	237	252	301			
	Admission episodes for alcohol-related cardiovascular disease (Broad) (DSR per 100,000), 2015/16	1,107	934	1,015	824	839	812	872			
	Admission episodes for alcoholic liver disease condition (Broad) (DSR per 100,000), 2014/15	114	116	129	46	42	72	79			
	Claimants of benefits due to alcoholism (per 100,000 working age pop), 2016	133	155	289	71	63	46	118			
	Alcohol Related Road Traffic Accidents (per 1,000 accidents, 17+ yrs), 2013-15	26	23	29	34	35	36	32	27	32	38
	Alcohol-specific mortality (DSR per 100,000), 2013-15	11	11	18	8	11	8	11			
	Alcohol-related mortality (DSR per 100,000), 2015	46	51	58	37	50	36	45			
	People in contact with mental health services when they access alcohol misuse services (%), 2015/16	21						50			
Further data/more detail on alcohol in East Sussex available:											
Local Alcohol Profiles http://fingertips.phe.org.uk/profile/local-alcohol-profiles											
Alcohol related health harm http://www.eastsussexjsna.org.uk/briefings											
Alcohol comprehensive needs assessment http://www.eastsussexjsna.org.uk/comprehensive											
Alcohol Licensing Framework http://www.eastsussexjsna.org.uk/briefings											
There is also a liver disease section on page 22											

DRUGS											
PHOF	Drug indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	15 year olds who have ever tried cannabis (%), 2014/15	11						16			
	15 year olds who had taken cannabis in the last month (%), 2014/15	5						7			
	15 year olds who have taken drugs (excluding cannabis) in the last month (%), 2014/15	0.9						1.2			
2.15i	Successful completion of drug treatment - opiate users (%), 2015	7						7			
2.15ii	Successful completion of drug treatment - non-opiate users (%), 2015	37						31			
	People in contact with mental health services when they access drug misuse services (%), 2015/16	22						47			
Further data/more detail on drugs in East Sussex available:											
Co-occurring substance misuse and mental health issues http://fingertips.phe.org.uk/profile-group/mental-health/profile/drugsandmentalhealth											

SEXUAL HEALTH											
PHOF	Sexual Health indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	Syphilis diagnosis rate (per 100,000), 2016	11	5	3	7	3	3	4			
	Gonorrhoea diagnosis rate (per 100,000), 2016	65	29	31	33	18	16	24			
3.02	Chlamydia detection rate (per 100,000 15-24 yrs), 2016	1,882	1,843	1,904	1,887	1,393	1,320	1,651			
	Chlamydia proportion aged 15-24 screened (%), 2016	21	24	24	24	19	17	21			
	All new STI diagnoses (exc Chlamydia aged <25) (per 100,000 15-64 yrs), 2016	795	743	810	591	476	429	595			
	HIV testing coverage (%), 2016	68	61	60	69	63	61	62			
3.04	HIV late diagnosis (%), 2013-15	40	40	12			50	36			
	New HIV diagnosis rate (per 100,000 aged 15+ yrs), 2015	12	7	12	4	3	2	5			
	HIV diagnosed prevalence rate (per 1,000 aged 15-59 yrs), 2015	2	2	2	2	1	1	2			
2.04	Under 18s conception rate (per 1,000 females 15-17), 2015	21	22	30	18	24	10	19			
	Under 18s conceptions leading to abortion (%), 2015	51	47	47	69	51	59	53			
	Under 25s repeat abortions (%), 2015	27						26			
	Abortions under 10 weeks (%), 2015	80						79			
	Total prescribed LARC excluding injections rate (per 1,000 females 15-44 yrs), 2015	48	56	61	63	46	55	57			
Further data/more detail on sexual health in East Sussex available: Sexual and Reproductive Health Profiles http://fingertips.phe.org.uk/profile/sexualhealth Sexual Health comprehensive needs assessment http://www.eastsussexjsna.org.uk/comprehensive											

PHYSICAL ACTIVITY, HEALTHY WEIGHT, HEALTHY EATING											
PHOF	Physical activity, healthy weight and healthy eating indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
2.06i	Excess weight in 4-5 year olds (%), 2015/16	22	22	25	21	23	22	23			
2.06ii	Excess weight in 10-11 year olds (%), 2015/16	34	37	34	31	32	28	32			
2.11i	Proportion of the population meeting the recommended '5-a-day' (%), 2015	52	53	53	60	60	60	58			
2.11ii	Average number of portions of fruit consumed daily (av number), 2015	2.5	2.4	2.4	2.7	2.6	2.8	2.6			
2.11iii	Average number of portions of vegetables consumed daily (av number), 2015	2.3	2.4	2.4	2.5	2.6	2.7	2.5			
2.12	Excess weight in Adults (%), 2013-15	65	63	65	60	65	63	63			
2.13i	Physically active adults (%), 2015	57	56	55	58	60	63	59			
2.13ii	Physically inactive adults (%), 2015	29	29	31	25	27	23	27			
Further data/more detail on physical activity, healthy weight and healthy eating in East Sussex available: NCMP Local Authority Profiles http://fingertips.phe.org.uk/profile/national-child-measurement-programme There is also a liver disease section on page 22											

ACCIDENTS AND INJURIES											
PHOF	Accident and injury indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
2.07i	Admissions caused by unintentional & deliberate injuries, 0-4 years (per 10,000), 2015/16	130	158	176	105	170	135	148	154	180	117
2.07i	Admissions caused by unintentional & deliberate injuries, 0-14 years (per 10,000), 2015/16	104	118	130	97	115	96	109			
2.07ii	Admissions caused by unintentional & deliberate injuries, 15-24 years (per 10,000), 2015/16	134	101	176	146	126	109	129			
	Emergency admissions due to falls from furniture, 0-4 years (per 100,000), 2011/12 - 2015/16	144						230			
	Children killed or seriously injured in road traffic accidents (per 100,000 0-15 yrs), 2013-15	17						21	22	26	16
	Motorcyclists killed or seriously injured in road traffic accidents, 15-24 years (per 100,000), 2011-2015	23						47			
	Car occupants killed or seriously injured in road traffic accidents, 15-24 years (per 100,000), 2011-2015	29						54			
1.10	Killed and seriously injured on roads (per 100,000 pop), 2013-2015	39	42	51	66	85	81	67			

For falls and fall injuries in older people please see older people section on page 27

Further data/more detail on accidents and injuries in East Sussex available:

Accidents and injuries in children and young people, East Sussex (data briefing) <http://www.eastsussexjsna.org.uk/briefings>
 Killed or Seriously Injured (KSI) on East Sussex roads (public health briefing) <http://www.eastsussexjsna.org.uk/briefings>
 Child and Maternal Health Profiles (unintentional injuries theme) <http://fingertips.phe.org.uk/profile-group/child-health>

HEALTH PROTECTION											
PHOF	Health protection indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
3.03iii	Childhood immunisation - Dtap / IPV / Hib - 1 year (%), 2015/16	94						94	96	93	93
3.03iii	Childhood immunisation - Dtap / IPV / Hib - 2 years (%), 2015/16	95						95	96		
3.03v	Childhood immunisation - PCV - 1 year (%), 2015/16	94						94	96	93	93
3.03vi	Childhood immunisation - Hib / MenC booster - 2 years (%), 2015/16	92						92			
3.03vi	Childhood immunisation - Hib / Men C booster - 5 years (%), 2015/16	93						92	94	92	92
3.03vii	Childhood immunisation - PCV booster - 2 years (%), 2015/16	92						92			
3.03viii	Childhood immunisation - MMR for one dose - 2 years (%), 2015/16	92						92	92	93	91
3.03ix	Childhood immunisation - MMR for one dose - 5 years (%), 2015/16	95						94	95	93	92
3.03x	Childhood immunisation - MMR for two doses - 5 years (%), 2015/16	88						88	91	87	89
3.03xii	HPV vaccination coverage for one dose - females 12-13 years old (%), 2015/16	87						78			
3.03xvi	HPV vaccination coverage for two doses - females 13-14 years old (%), 2015/16	85						60			
3.03xiii	Population vaccination coverage - PPV - aged 65+ (%), 2015/16	70						69			
3.03xiv	Population vaccination coverage - Flu - aged 65+ (%), 2015/16	71						70			
3.03xv	Population vaccination coverage - Flu - at risk individuals (%), 2015/16	45						45			
3.03xvii	Shingles vaccination coverage - 70 years old (%), 2015/16	55						57			
3.05i	Treatment completion for TB (%), 2014	84						87			
3.05ii	Incidence of TB (per 100,000), 2013-15	12	6	7	3	4	2	4	4	6	3
4.08	Mortality from communicable diseases (DSR per 100,000), 2013-15	10	7		7		9	7			

Further data/more detail on health protection in East Sussex available:

Health Protection Profiles <http://fingertips.phe.org.uk/profile/health-protection>

For data on STIs and HIV please see sexual health section on page 19

RESPIRATORY											
PHOF	Respiratory indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	Asthma: QOF prevalence (%), 2015/16	5.9							6.6	6.3	5.9
	AST002: with measures of variability/reversibility (8+), den. incl. exc. (%), 2015/16	85							81	81	85
	AST003: review in last 12 mths (incl. assess using the 3 RCP questions), den. incl. exc. (%), 2015/16	70							67	68	66
	AST004: smoking recorded in last 12 mths (14-19y w asthma), den. incl. exc. (%), 2015/16	83							79	84	80
	COPD: QOF prevalence (%), 2015/16	1.9							2.3	2.6	1.7
	COPD002: Diagnosis conf. by spirometry (den. incl. exc.) (%), 2015/16	81							80	79	80
	COPD003: assessed using MRC dyspnoea score last 12mths (den. incl. exc.) (%), 2015/16	79							78	81	74
	COPD004: Record of FEV1 in last 12mths (den. incl. exc.) (%), 2015/16	72							73	71	68
	COPD005: MRC dyspnoea score >=3 w.oxygen saturation value (last 12mths) (den.incl.exc.) (%), 2015/16	95							94	94	94
	COPD007: Influenza immunisation given 1 Aug - 31 Mar (den. incl. exc.) (%), 2015/16	80							83	79	78
4.07i	Under 75 mortality rate from respiratory disease (DSR per 100,000), 2013-15	33	31	48	23	28	20	28			
4.07ii	Under 75 mortality rate from respiratory disease considered preventable (DSR per 100,000), 2013-15	18	19	26	13	14	12	16			

Further data/more detail on respiratory conditions in East Sussex available:
 INHALE – Interactive Health Atlas for Lung conditions in England <http://fingertips.phe.org.uk/profile/inhale>
 For smoking prevalence please see smoking section on page 17

DIABETES											
PHOF	Diabetes indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
2.17	Diabetes: QOF prevalence (17+) (%), 2015/16	7						6	6	7	5
	People with type 1 diabetes who achieved a blood glucose level of less than 58 mmol/mol (%), 2015/16	30						33	38	28	34
	People with type 2 diabetes who achieved a blood glucose level of less than 58 mmol/mol (%), 2015/16	66						68	69	68	68
	People with type 1 diabetes who achieved a blood pressure less or equal to 140/80 (%), 2015/16	76						76	73	80	75
	People with type 2 diabetes who achieved a blood pressure less or equal to 140/80 (%), 2015/16	74						73	72	76	70
	People with type 1 diabetes who achieved a cholesterol value of 5mmol/l or less (%), 2015/16	71						73	73	73	74
	People with type 2 diabetes who achieved a cholesterol value of 5mmol/l or less (%), 2015/16	77						79	79	80	78
	People with type 1 diabetes who have received an annual foot check (%), 2015/16	74						70	68	76	66
	People with type 2 diabetes who have received an annual foot check (%), 2015/16	87						86	86	88	84

For obesity prevalence data please see physical activity, healthy weight and health eating section on page 19

Further data/more detail on diabetes in East Sussex available:
 Diabetes profiles <http://fingertips.phe.org.uk/diabetes>
 Cardiovascular Disease Profiles <http://fingertips.phe.org.uk/profile/cardiovascular>
 National General Practice Profiles <http://fingertips.phe.org.uk/profile/general-practice>
 National Diabetes Audit <http://content.digital.nhs.uk/nda>

KIDNEY DISEASE											
PHOF	Kidney diseases indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	CKD: QOF prevalence (18+) (%), 2015/16	4						5	6	4	5
	CKD002: Last BP reading measured in last 12mths is <=140/85 (den. incl. exc.) (%), 2014/15	74							75	78	71
	CKD003: Hypertension treated with ACE inhibitor/ARB (den. incl. exc.) (%), 2014/15	76							78	81	74
	CKD004: Urine albumin:creatinine ratio test last 12 mths (den. incl. exc.) (%), 2014/15	75							75	80	73
	Number of people receiving RRT, 2014	49,842						437	160	150	127
	New dialysis patients with haemoglobin above recommended levels (%), 2014	53							59	38	27
	The percentage of all people receiving RRT: Home dialysis (%), 2014	8							14	13	7
	The percentage of all people receiving RRT: Hospital dialysis (%), 2014	39							43	39	36

Further data/more detail on kidney disease in East Sussex available:
Cardiovascular Disease Profiles <http://fingertips.phe.org.uk/profile/cardiovascular>

LIVER DISEASE											
PHOF	Liver disease indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	Admissions due to liver disease (DSR per 100,000), 2014/15	119	127	95	130	71	63	94			
	Admissions for alcoholic liver disease (DSR per 100,000), 2014/15	35						27			
	Under 75 mortality from liver disease (DSR per 100,000), 2013-15	18	14	30	14	13	12	16			
	Under 75 mortality from alcoholic liver disease (DSR per 100,000), 2013-15	9						8			
	Admissions for hep C related end-stage liver disease/hepatocellular carcinoma (per 100,000), 2012/13 - 14/15	2						4			
	Under 75 mortality from hep C related end-stage liver disease/hepatocellular carcinoma (per 100,000), 2013-15	0.7						1.2			
	Under 75 mortality from hep B related end-stage liver disease/hepatocellular carcinoma (per 100,000), 2013-15	0.1						0.0			
	Admissions for non-alcoholic fatty liver disease (NAFLD) (per 100,000), 2012/13- 14/15	3.0						2.6			
	Under 75 mortality rate from non alcoholic liver disease (NAFLD) (per 100,000), 2013-15	0.6						0.2			

Further data/more detail on liver disease in East Sussex available:

Liver Disease Profiles <http://fingertips.phe.org.uk/profile/liver-disease>

For data on alcohol please see alcohol section on page 18 and for obesity data please see physical activity, healthy weight and health eating section on page 19

CIRCULATORY DISEASES											
PHOF	Circulatory disease indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
4.04i	Under 75 mortality rate from all cardiovascular diseases (DSR per 100,000), 2013-15	75	62	90	58	58	43	59			
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable (DSR per 100,000), 2013-15	48	34	59	32	36	25	35			
Hypertension indicators											
	Hypertension: QOF prevalence (all ages) (%), 2015/16	14							17	18	15
	New hypertension patients, 30-74 yrs, CV risk assessment >=20% treated w. statins (den.incl.exc.), 2015/16	66							55	64	62
	HYP006: Blood pressure <= 150/90 mmHg in people with hypertension (%), 2015/16	80							77	80	75
Coronary heart disease indicators											
	CHD: QOF prevalence (all ages) (%), 2015/16	3							4	4	3
	CHD002: Last BP reading in last 12mths is <=150/90 (den.incl.exc.) (%), 2015/16	88							87	90	86
	CHD all age admissions (DSR per 100,000), 2015/16	528							417	473	414
	Coronary heart disease mortality rates, under 75 years (DSR per 100,000), 2013-15	41							26	38	21
Heart failure indicators											
	Heart Failure: QOF prevalence (all ages) (%), 2015/16	0.8							1.1	1.1	0.7
	Heart failure admissions (all ages) (DSR per 100,000), 2015/16	154							119	146	99
Atrial fibrillation indicators											
	Atrial fibrillation: QOF prevalence (%), 2015/16	1.7							3.0	2.7	2.3
	Estimated prevalence of Atrial Fibrillation (%), 2015/16	2.4							3.6	3.5	3.1
	AF005: treated w anti-coag./platelet therapy (if CHADS2 =1) (den.incl.exc.) (%), 2015/16	78							78	78	78
Stroke indicators											
	Stroke: QOF prevalence (all ages) (%), 2015/16	1.7							2.5	2.6	2.0
	STIA003: Last BP reading is =150/90 (den. incl. exc.) (%), 2015/16	84							83	85	82
	Stroke all age admissions (DSR per 100,000), 2015/16	173							124	124	120
	Stroke mortality rates, under 75 years (DSR per 100,000), 2013-15	14							13	14	8
	Stroke mortality rates, over 75 years (DSR per 100,000), 2013-15	595							517	563	558
Further data/more detail on circulatory diseases in East Sussex available: Cardiovascular disease profiles http://fingertips.phe.org.uk/profile/cardiovascular National General Practice Profiles http://fingertips.phe.org.uk/profile/general-practice											

CANCER											
PHOF	Cancer indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
2.20i	Cancer screening coverage - breast cancer (%), 2016	76	73	72	79	78	79	76			
2.20ii	Cancer screening coverage - cervical cancer (%), 2016	73	73	72	77	76	76	75			
2.20iii	Cancer screening coverage - bowel cancer (%), 2016	58	58	54	61	62	63	60			
2.19	Cancer diagnosed at early stage (%), 2015	52	39	44	48	53	52	48			
	All cancers diagnosed at stage 1 or 2 (%), FY2014-Q4	51							38	43	49
	All cancers diagnosed through emergency presentation (%), FY2016-Q1	20							19	22	19
	All cancers with valid stage recorded (%), 2013	71							61	67	69
	Patients seen within two weeks (%), national standard = 93%, Nov 2016	95							100	100	95
	Patients treated within 31 days (%), national standard = 96%, Nov 2016	97							98	98	98
	Patients treated within 62 days (%), national standard = 85%, Nov 2016	82							85	69	66
	Patients felt general practice staff did all they could to support them whilst treated (%), 2016	62							68	63	54
	Patients' average rating of overall NHS care - very poor to very good (0 to 10), 2016	8.7							8.7	8.7	8.6
	Incidence, all cancers (DSR per100,000), 2012-2014	615	586	602	595	590	568	584	576	593	587
	Incidence, breast cancer (DSR per 100,000), 2012-2014	170	156	179	167	169	187	172	162	172	184
	Incidence, prostate cancer (DSR per 100,000), 2012-2014	182	174	151	187	184	182	178	170	171	196
	Incidence, lung cancer (DSR per 100,000), 2012-2014	80	63	83	61	65	57	64	61	73	57
	Incidence, colorectal cancer (DSR per 100,000), 2012-2014	73	72	72	70	74	69	71	69	73	71
	One year survival, all cancers (%), 2013	70							69	66	69
	One year survival, lung, breast or colorectal cancer (%), 2014	72							71	68	71
	One year survival, breast cancer (%), 2013	96							96	96	97
	One year survival, lung cancer (%), 2013	36							36	29	34
	One year survival, colorectal cancer (%), 2013	77							78	73	78
	Mortality rate from cancer (DSR per100,000), 2012-2014	285	281	296	261	269	262	271	274	280	259
4.05i	Under 75 mortality rate from cancer (DSR per 100,000), 2013-2015	139	139	158	121	135	119	131			
4.05ii	Under 75 mortality rate from cancer considered preventable (DSR per 100,000), 2013-2015	81	78	92	68	83	66	75			
	Mortality rate from breast cancer (DSR per 100,000), 2012-2014	35	38	43	34	41	42	40	37	42	40
	Under 75 mortality rate from breast cancer (DSR per 100,000 females), 2012-14	22	26	30	20	28	24	25	22	29	25
	Mortality rate from prostate cancer (DSR per 100,000), 2012-2014	48	43	38	52	49	43	46	44	45	48
	Under 75 mortality rate from prostate cancer (DSR per 100,000), 2012-2014	11	9	11	11	12	12	11	11	12	10
	Mortality rate from lung cancer (DSR per 100,000), 2012-2014	61	51	66	48	52	45	51	49	57	45
	Under 75 mortality rate from lung cancer (DSR per 100,000),2012-2014	34	29	42	27	27	22	28	26	33	24
	Mortality rate from colorectal cancer (DSR per 100,000), 2012-2014	28	26	32	26	28	30	28	26	29	30
	Under 75 mortality rate from colorectal cancer (DSR per 100,000), 2012-14	12	13	15	9	13	12	12	11	14	12

Further data/more detail on cancer in East Sussex available:
National Cancer Registration and Analysis Service http://www.ncin.org.uk/cancer_information_tools/

LEARNING DISABILITIES (ADULTS)											
PHOF	Learning disabilities indicators (adults)	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	Learning disability: QOF prevalence (All ages) (%), 2015/16	0.5						0.5	0.5	0.6	0.5
	Eligible adults with a learning disability having a GP health check (%), 2013/14	44						6			
	Adults with LD receiving community services (per 1,000 receiving long-term support), 2014/15	766						696			
	Adults (18 to 64) with LD getting long term support from Local Authorities (per 1,000 18-64 yrs), 2014/15	4						3			
	Supported adults with LD (age 18-64) receiving direct payments (%), 2014/15	17						12			
1.06i	Adults with a learning disability who live in stable and appropriate accommodation (%), 2015/16	75						68			
	Supported adults living in unsettled accommodation (%), 2014/15	27						31			
	Rate of referral of people with learning disability for adult safeguarding, 2014/15	62						33			
	Supported adults with learning disability in paid employment (%), 2014/15	6						8			
1.08ii	Gap in employment rate between those with LD & overall employment rate (% point), 2015/16	68						67			
<p>For children with learning disabilities please see vulnerable children and young people section on page 17</p> <p>Further data/more detail on learning disabilities in East Sussex available: http://fingertips.phe.org.uk/profile/learning-disabilities</p>											

MENTAL HEALTH AND WELLBEING											
PHOF	Mental health and wellbeing indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
2.23i	Self-reported wellbeing - people with a low satisfaction score (%), 2015/16	5						4			
2.23ii	Self-reported wellbeing - people with a low worthwhile score (%), 2015/16	4						4			
2.23iii	Self-reported wellbeing - people with a low happiness score (%), 2015/16	9						10			
2.23iv	Self-reported wellbeing - people with a high anxiety score (%), 2015/16	19						16			
	Adults with depression known to GPs (% registered patients), 2015/16	8						11	11	11	9
	New cases of depression (% registered patients), 2015/16	1.4						1.7	1.7	2.0	1.5
	GP survey: respondents reporting they feel moderately, severely or extremely anxious or depressed (%), 2015/16	13						13	14	15	11
	GP survey: respondents reporting long term mental health problem (%), 2015/16	5						5	5	5	5
	IAPT referrals (per 100,000 18+ yrs), Q2 2016/17	768						588	593	671	491
	Entering IAPT treatment (per 100,000 18+ yrs), Q2 2016/17	540						432	446	487	359
	Completion of IAPT treatment (per 100,000 18+ yrs), Q2 2016/17	345						319	337	342	275
	People who have completed IAPT treatment who achieved "reliable improvement" (%), Q2 2016/17	65						66	67	65	67
	Emergency admissions due to intentional self-harm aged 10-24 years (DSR per 100,000), 2015/16	431						457			
	Emergency admissions due to intentional self-harm (DSR per 100,000), 2015/16	197	244	317	264	187	140	223			
	People with severe mental illness known to GPs (% registered patients), 2015/16	0.9						1.1	1.1	1.3	0.9
	Adults in contact with specialist mental health services (per 100,000 18+ yrs), Q2 2016/17	2,465						3,599	3,676	3,802	3,291
1.06ii	Adults in contact with secondary MH services living in stable & appropriate accommodation (%), 2015/16	59						30			
1.08iii	Gap in employment rate for those in contact with secondary MH services & overall employment rate (% point), 2015/16	67						70			
	People on Care Programme Approach (per 100,000 18+ yrs), Q2 2016/17	392						241	301	245	168
	Rate of people being treated by Early Intervention teams (per 100,000 18+ yrs), Q2 2015/16	40							27	44	29
	Rate of people receiving assertive outreach services (per 100,000 18+ yrs), Q2 2015/16	20							40	37	7
	People subject to Mental Health Act (per 100,000 18+ yrs), Q2 2016/17	38						17	23	20	7
4.09	Excess under 75 mortality rate in adults with serious mental illness (indirectly standardised ratio), 2014/15	370						328			
4.10	Suicide rate (DSR per 100,000 10+ years), 2013-15	10	13	14	12	12	12	12			

For dementia please see older people section on page 27 and for co-existing substance misuse and mental health issues please see drugs section on page 18
Further data/more detail on mental health and wellbeing East Sussex available:

Children's and Young People's Mental Health and Wellbeing profiles <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>
Common Mental Health Disorders profiles <http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders>
Severe Mental Illness profiles <http://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness>
Suicide Prevention profile <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>
Suicides in East Sussex (Public Health briefing) <http://www.eastsussexjsna.org.uk/briefings>
Child and Adolescent Mental Health Services (CAMHS) (comprehensive needs assessment) <http://www.eastsussexjsna.org.uk/comprehensive>

OLDER PEOPLE											
PHOF	Older people indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
4.12i	Preventable sight loss - age related macular degeneration - 65+ yrs (per 100,000), 2014/15	118						149			
4.12ii	Preventable sight loss - glaucoma - 40+ yrs (per 100,000), 2014/15	13						22			
4.12iii	Preventable sight loss - diabetic eye disease - 12+ yrs (per 100,000), 2014/15	3						3			
4.12iv	Preventable sight loss - sight loss certifications (per 100,000), 2014/15	42						67			
2.24i	Injuries due to falls in people aged 65 and over (age-sex standardised per 100,000), 2015/16	2,169	2,324	2,350	2,027	1,975	2,154	2,148			
2.24ii	Injuries due to falls in people aged 65-79 (age-sex standardised per 100,000), 2015/16	1,012	1,110	1,288	974	891	968	1,018			
2.24iii	Injuries due to falls in people aged 80+ (age-sex standardised per 100,000), 2015/16	5,526	5,845	5,432	5,080	5,119	5,595	5,425			
4.14i	Hip fractures in people aged 65 and over (age-sex standardised per 100,000), 2015/16	589	506	584	568	494	527	529			
4.14ii	Hip fractures in people aged 65-79 (age-sex standardised per 100,000), 2015/16	244	236	244	204	192	200	211			
4.14iii	Hip fractures in people aged 80+ (age-sex standardised per 100,000), 2015/16	1,591	1,289	1,569	1,622	1,370	1,477	1,452			
	Dementia: Recorded prevalence (%), 2015/16	0.8						1.1	1.2	1.1	0.9
	Dementia: Recorded prevalence - aged 65+ (%), September 2016	4.3						4.4	4.8	4.2	4.0
	DEMO02: Dementia care has been reviewed last 12 months (den.incl.exc.) (%), 2015/16	78						75	75	76	75
	Alzheimer's disease: inpatient admissions - aged 65+ (DSR per 100,000), 2015/16	617						485	411	525	578
	Dementia: Short stay emergency admissions - aged 65+ (% of emergency admissions), 2015/16	28						36	39	38	31
	Dementia: emergency admissions - aged 65+ (DSR per 100,000), 2015/16	3387						2,426	2,576	2,488	2,221
	Vascular dementia: inpatient admissions - aged 65+ (DSR per 100,000), 2015/16	505						276	287	259	279
	Unspecified dementia: inpatient admissions - aged 65+ (DSR per 100,000), 2015/16	1308						1,018	1,099	1,084	864
4.15i	Excess winter deaths index (single year, all ages), Aug 14 - July 15	28	39	33	40	23	20	29			
4.15ii	Excess winter deaths index (single year, age 85+), Aug 14 - July 15	40	54	44	50	31	30	40			
4.15iii	Excess winter deaths index (3 years, all ages), Aug 12- July 15	20	22	16	19	17	16	18			
4.15iv	Excess winter deaths index (3 years, age 85+), Aug 12- July 15	28	36	14	29	20	23	25			
Further data/more detail on older people in East Sussex available:											
Older People's Health and Wellbeing Profiles http://fingertips.phe.org.uk/profile/older-people-health											
Dementia Profile http://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia											
Dementia Needs Assessment http://www.eastsussexjsna.org.uk/comprehensive											

END OF LIFE CARE											
PHOF	End of life care indicators	England	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	EHS CCG	H&R CCG	HWLH CCG
	Hospital deaths, Persons, Aged 65-74 (%), 2015	49	47	40	44	38	44	43	47	39	42
	Hospital deaths, Persons, Aged 75-84 (%), 2015	50	47	41	46	46	44	45	46	44	45
	Hospital deaths, Persons, Aged 85+ (%), 2015	44	39	34	38	36	36	37	38	35	37
	Home deaths, Persons, Aged 65-74 (%), 2015	31	25	29	28	33	28	28	24	31	31
	Home deaths, Persons, Aged 75-84 (%), 2015	23	17	20	21	18	19	19	18	19	21
	Home deaths, Persons, Aged 85+ (%), 2015	16	12	11	12	14	15	13	12	13	14
	Care home deaths, Persons, Aged 65-74 (%), 2015	8	12	16	7	12	14	13	13	14	9
	Care home deaths, Persons, Aged 75-84 (%), 2015	19	29	27	22	28	31	28	30	28	25
	Care home deaths, Persons, Aged 85+ (%), 2015	38	47	51	43	47	47	47	47	48	44
	Hospice deaths, Persons, Aged 65-74 (%), 2015	10	15	10	19	16	13	14	15	13	16
	Hospice deaths, Persons, Aged 75-84 (%), 2015	6	5	9	9	7	4	7	4	8	8
	Hospice deaths, Persons, Aged 85+ (%), 2015	2	2	2	3	2	2	2	2	2	3

Further data/more detail on end of life care in East Sussex available:
End of life care profiles <http://fingertips.phe.org.uk/profile/end-of-life>

Appendix 1: Acronyms and abbreviations

ACE	Angiotensin-Converting Enzyme
AF	Atrial Fibrillation
ARB	Angiotensin Receptor Blocker
BP	Blood Pressure
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CV	Cardiovascular
DEM	Dementia (QoF clinical domain)
DSR	Directly Standardised Rate
DTaP/IPV/Hib	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (also known as the 5 in 1 vaccine)
FEV1	Forced Expiratory Volume in 1 Second
FY	Financial year
Hib	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IAPT	Improving Access to Psychological Therapies
IDAOP1	Income Deprivation Affecting Older People Index
IMD	Index of Multiple Deprivation
JSNAA	Joint Strategic Needs Assets Assessment
LARC	Long-acting reversible contraception
LD	Learning Disability
LSOA	Lower Super Output Area
MenC	Meningococcal C conjugate
MH	Mental Health
MMR	Measles, mumps and rubella
MRC	Medical Research Council
NAFLD	Non-alcoholic fatty liver disease
PCV	Pneumococcal conjugate vaccine
PHOF	Public Health Outcomes Framework
PPV	Pneumococcal polysaccharide vaccine
QOF	Quality and Outcomes Framework
RCP	Royal College of Physicians
RRT	Renal Replacement Therapy
SEN	Special Educational Needs
STIA	Stroke and transient ischaemic attack (QoF clinical domain)
STIs	Sexually Transmitted Infections
TB	Tuberculosis

Appendix 2: Information sources

Public Health England profiles and tools (data extracted June/July 2017 and available via: <http://datagateway.phe.org.uk/> and <http://fingertips.phe.org.uk/>)

Local Alcohol Profiles for England

Cancer Dashboard

Cancer Patient Experience Survey 2015

CancerStats – National Cancer Intelligence Network

Cardiovascular Disease Profiles

Child and Maternal Health Profiles

Children and Young People's Mental Health and Wellbeing (CYPMHW)

Common Mental Health Disorders

Co-occurring substance misuse and mental health issues

Dementia Profiles

Diabetes Profiles

End of Life Care Profiles

General Practice Profiles

INHALE - INteractive Health Atlas of Lung conditions in England

Learning Disability Profiles

Liver Disease Profiles

Local Tobacco Control Profiles for England

Public Health Outcomes Framework (PHOF)

Severe Mental Illness

Sexual and Reproductive Health Profiles

Wider Determinants of Health

NHS Digital:

NHS Immunisation Statistics

Numbers of patients registered at a GP practice

Smoking Status at Time of Delivery Collection

Quality and Outcomes Framework

NHS England:

Maternity and Breastfeeding Statistics

Office for National Statistics (ONS):

Cancer Survival in England

Census 2011

Population Estimates

Vital Statistics

Department for Communities and Local Government

English Indices of Deprivation 2015