

Director of Public Health
Annual Report 2010/11



Reducing Health Inequalities in East Sussex

Rother District Summary



East Sussex Downs & Weald PCT

Hastings & Rother PCT



Introduction

This document provides an abstract of the data available for Rother district from the Director of Public Health Annual Report 2010/11 – Reducing Health Inequalities in East Sussex. These quick reference summaries are designed to provide information about health inequalities in these areas, for use by those working in, and commissioning for, these specific districts and boroughs. However, the main report should be accessed at:

<http://www.esdw.nhs.uk/>

<http://www.hastingsandrother.nhs.uk/>

to explain the information contained in this document. The figure numbering in this document is taken from the main report, to enable you to easily relate back to the main report for further information and commentary on any particular figure. Throughout the main report, the districts and boroughs are colour coded in the same colours, to enable the local information to be easily spotted.

Table 1: *Life Expectancy and disability-free life expectancy among males at birth, 2001*

	Index of Multiple Deprivation 2007 Score	Life expectancy (yrs)	Disability-free life expectancy (yrs)	Difference (yrs)
Eastbourne	23.36	75.3	61.2	14.1
Hastings	32.21	74.2	58.3	15.9
Lewes	14.79	78.7	65.1	13.6
Rother	17.85	77.4	63.5	13.9
Wealden	10.86	78.3	66.0	12.3

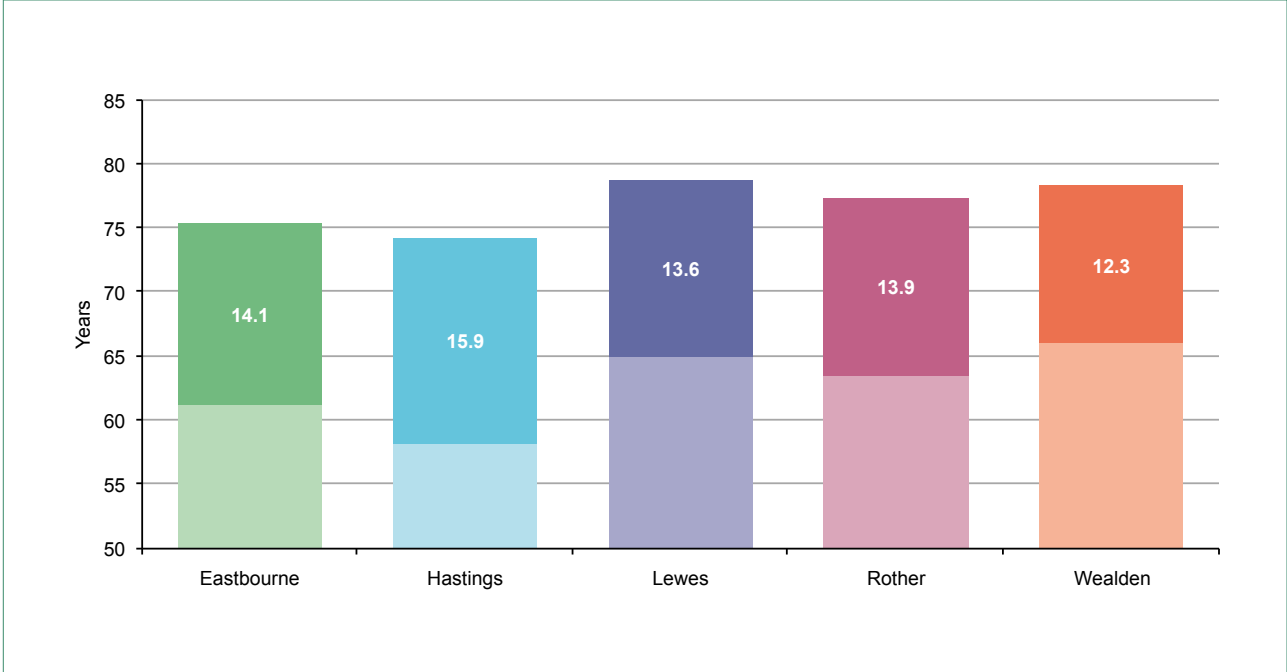
Note: The higher the Index of Multiple Deprivation Score the more deprived.

Table 2: *Life Expectancy and disability-free life expectancy among females at birth, 2001*

	Index of Multiple Deprivation 2007 Score	Life expectancy (yrs)	Disability-free life expectancy (yrs)	Difference (yrs)
Eastbourne	23.36	81.7	65.2	16.5
Hastings	32.21	79.6	62.2	17.4
Lewes	14.79	82.3	66.8	15.5
Rother	17.85	81.4	66.3	15.1
Wealden	10.86	83.1	68.5	14.6

Note: The higher the Index of Multiple Deprivation Score the more deprived.

Figure 2: Difference between life expectancy and disability-free life expectancy among males at birth, East Sussex districts and boroughs, 2001



Source: 2001 Census and ONS mortality data

Figure 3: Difference between life expectancy and disability-free life expectancy among females at birth, East Sussex districts and boroughs, 2001

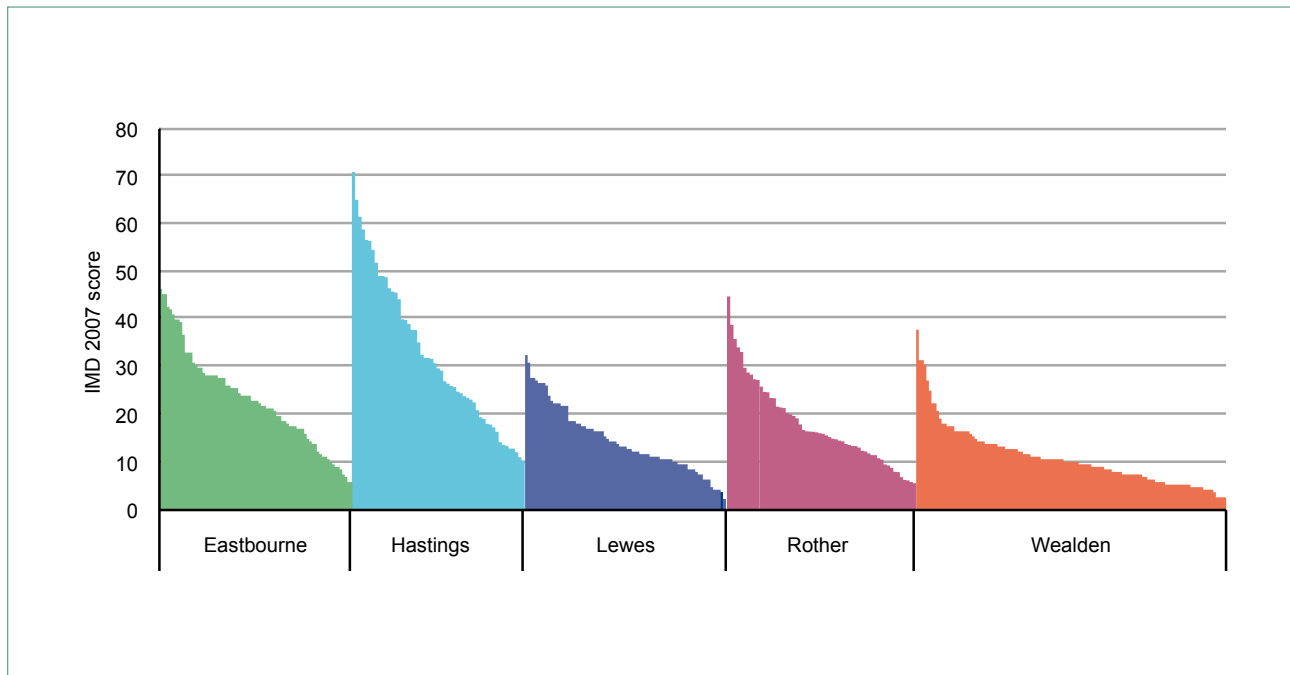


Source: 2001 Census and ONS mortality data

Table 4: IMD 2007 score and rank for districts and boroughs in East Sussex

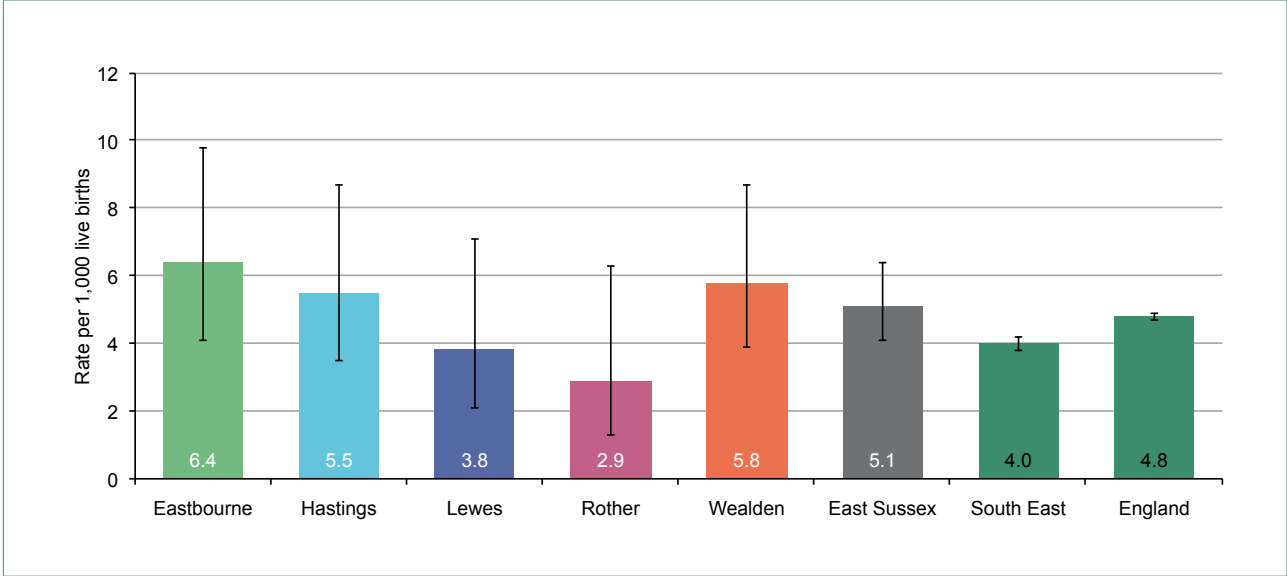
Local authority	Average score across LSOAs within local authority	National rank of average score (1 = most deprived 354 = least deprived)	Number of LSOAs	Minimum LSOA score	Maximum LSOA score
Eastbourne	23.4	104	59	5.8	46.2
Hastings	32.2	31	53	10.3	71.0
Lewes	14.8	218	62	2.0	32.5
Rother	17.9	166	58	5.6	44.8
Wealden	10.9	284	95	1.6	37.8

Figure 4: Index of Multiple Deprivation 2007 scores by LSOA grouped by East Sussex districts and boroughs



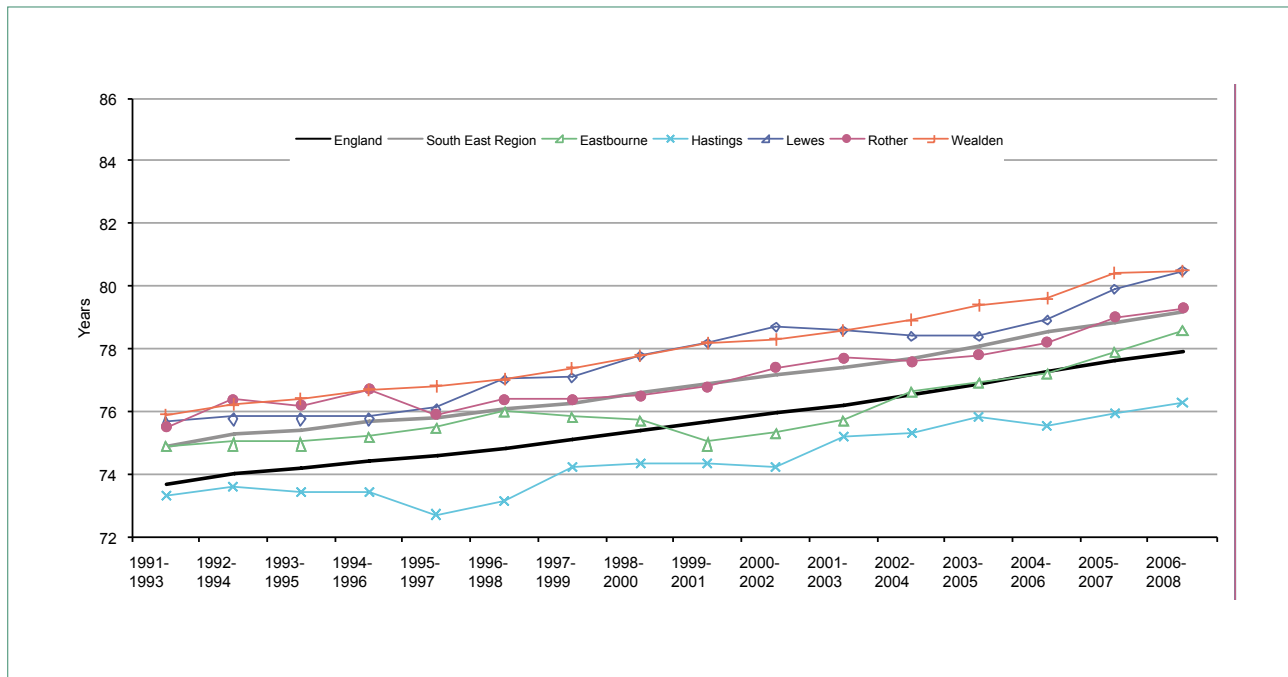
Source: Index of Multiple Deprivation 2007

Figure 6: Infant mortality rate with 95% confidence intervals, East Sussex districts and boroughs, 2006–2008



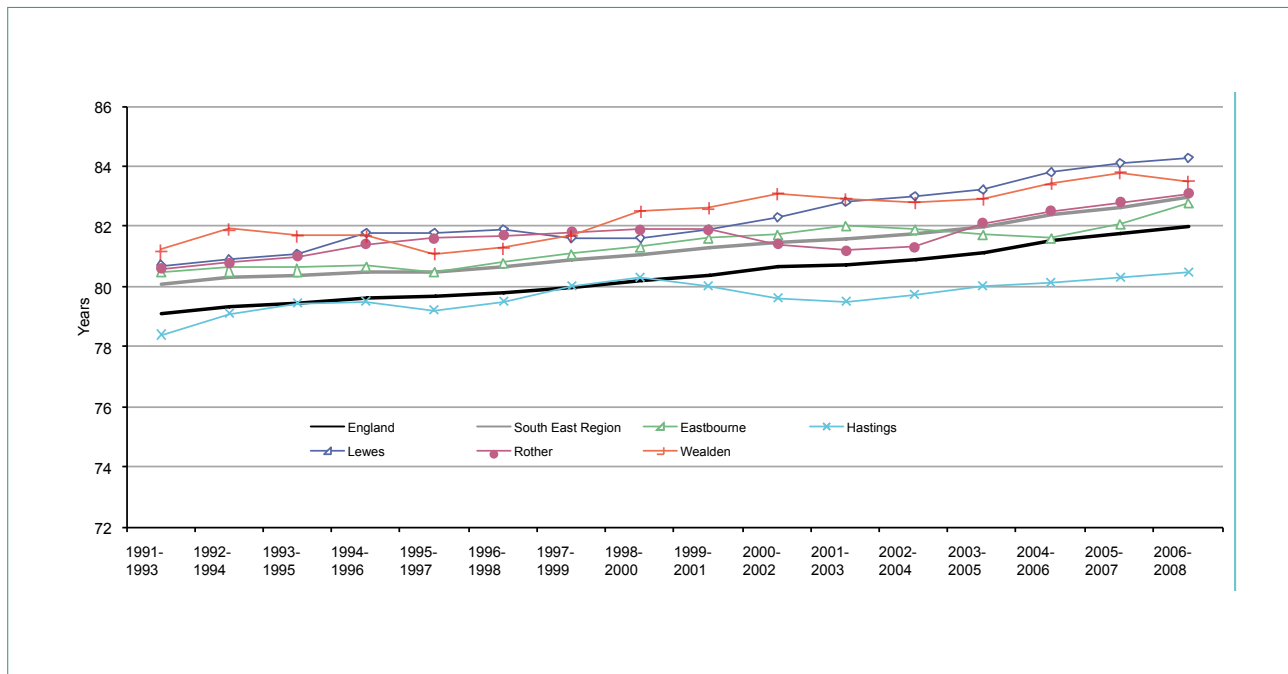
Source: Index of Multiple Deprivation 2007

Figure 8: Male life expectancy, East Sussex districts and boroughs, 1991–1993 to 2006–2008



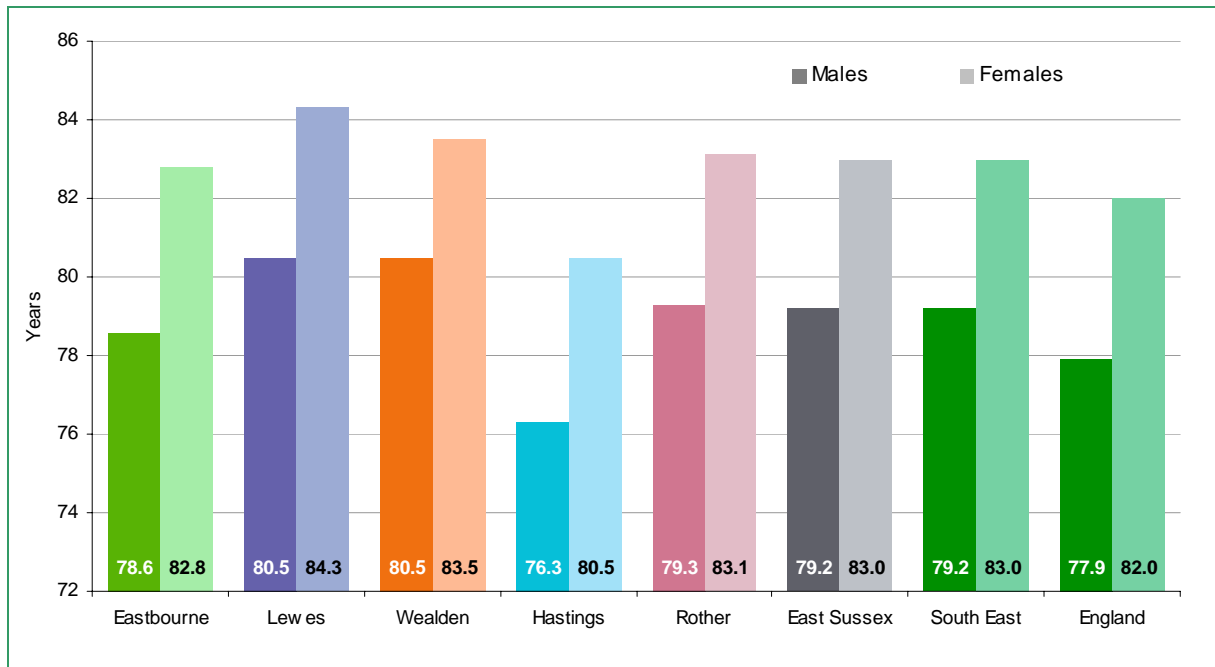
Source: Compendium of Clinical and Health Indicators

Figure 9: Female life expectancy, East Sussex districts and boroughs, 1991–1993 to 2006–2008



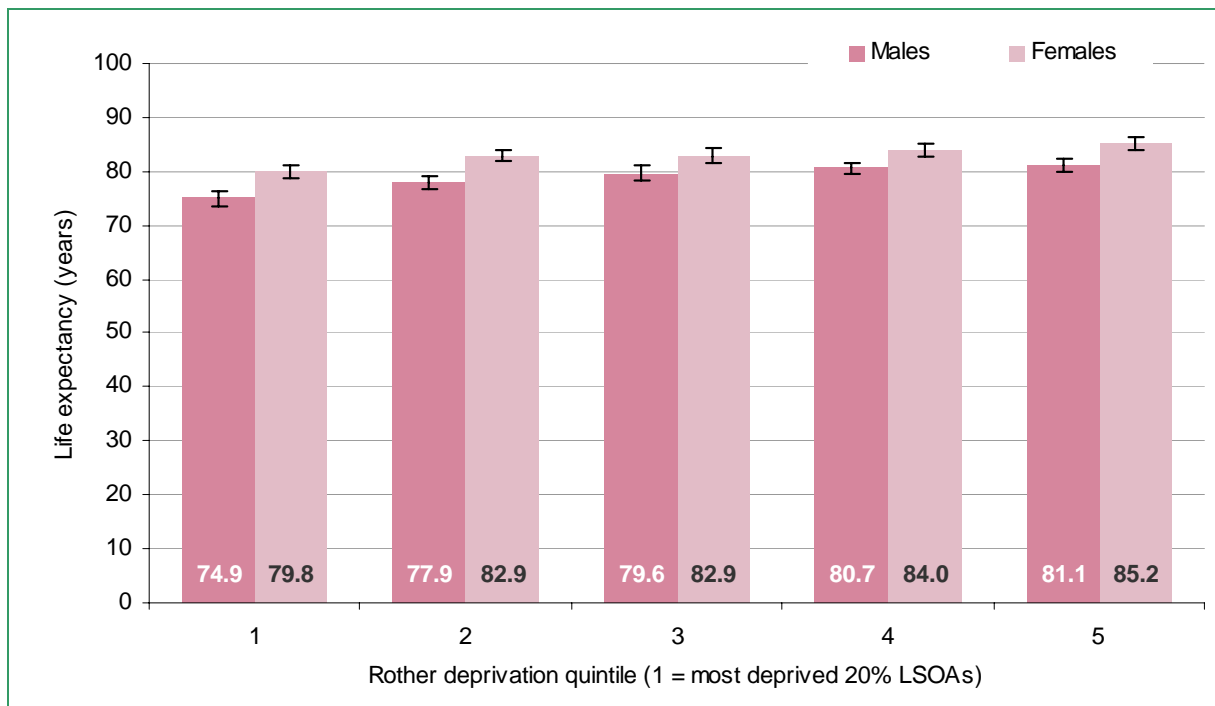
Source: Compendium of Clinical and Health Indicators

Figure 10: Life expectancy at birth, East Sussex districts and boroughs, 2006–2008



Source: Compendium of Clinical and Health Indicators

Figure 15: Life expectancy at birth by deprivation quintile with 95% confidence intervals, Rother, 2004–2008



Source: APHO health profiles

Main Contributors to the Life Expectancy Gap

For 2001–2005 there is a gap in life expectancy between the most and least income-deprived in Rother of 5.3 years in males and 1.9 years in females. Circulatory diseases are the largest contributor to the gap in life expectancy in males in Rother (33%), as well as in females (30%). Cancers only make up 4% of the gap in males but 28% of the gap in females (Figure 39).

Breaking down the gap in life expectancy further shows that, if males from the most deprived areas in Rother experienced the same mortality rates for CHD and deaths within 28 days of birth as those in the least deprived, there could be a gain in life expectancy of 1.41 and 0.88 years, respectively (note that the data on deaths within 28 days of birth will be based on very small numbers). In females, the largest potential gain is for ‘other cardiovascular diseases’ (excluding CHD, heart failure or stroke), with a potential gain of 0.52 years, see Figure 40.

Figure 39: Breakdown of life expectancy gap between the most deprived and least deprived quintile in Rother by cause of death, 2001–2005

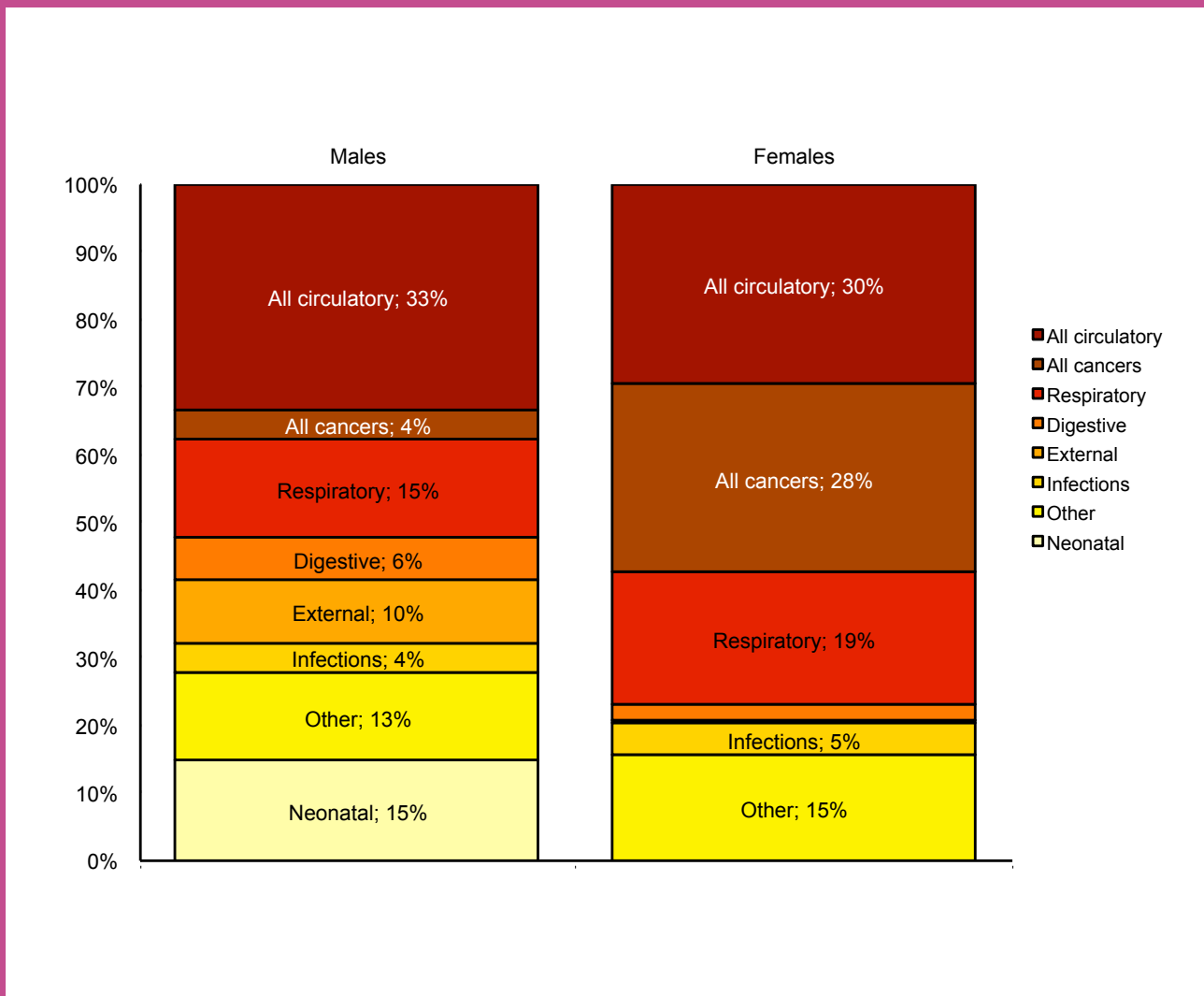
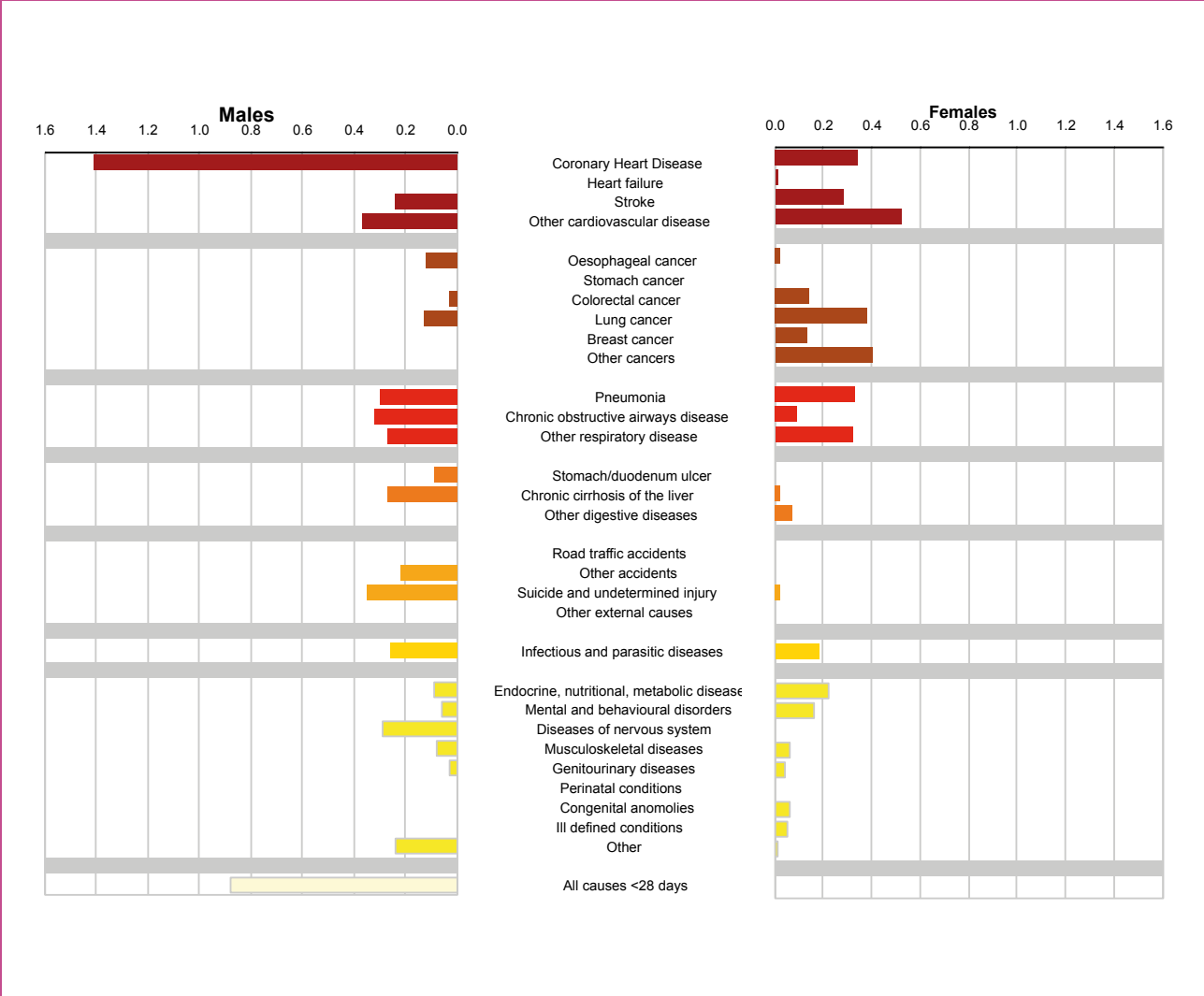


Figure 40: Possible gain in life expectancy in Rother (in years)



Source: London Health Observatory

Table 11 shows the age groups in which there are significant differences in mortality rates for circulatory, cancer and respiratory conditions between the most and least deprived areas of Rother.

Mortality from circulatory diseases is higher across all ages in the most deprived areas of Rother compared to the least deprived, with significant differences in those aged 65–74 years. Significant differences can be seen in mortality rates from CHD in those aged 65–69 years, at 14 deaths in the most deprived areas compared to less than five in the least deprived areas during 2004–2008.

Table 11: Significant differences in mortality rates in Rother

	Circulatory			Cancer			Respiratory		
	All circulatory	CHD	Stroke	All cancer	Lung	Breast	All respiratory	Pneumonia	Bronchitis, emphysema & COPD
Rother	65-74	65-69		60-64					

Those aged 60–64 years in the most deprived areas of Rother have a significantly higher rate of mortality from all cancers compared to those from the least deprived areas (over a five year period, there were 31 deaths in the most deprived areas compared to 15 in the least). Mortality rates from lung cancer are higher across all ages in the most deprived areas, but not significantly.

Across all ages, there are higher mortality rates in the most deprived areas from all respiratory conditions, as well as specifically from bronchitis, emphysema and COPD, but not significantly.

Joint Strategic Needs Assessment Profile

Demography

- Rother is the second smallest populated district in the county, with an estimated 88,813 people.
- The highest fertility rate in Rother is found in Bexhill Central ward, at 88 per 1000 population, with Bexhill Sidley close behind, at 86 per 1000 population. The lowest is found in Bexhill Collington, at just 27 per 1000 population.
- Salehurst, Darwell and Ticehurst and Etchingham have the highest percentage of total population aged 5–14 years in Rother (14.9% and 14.1%, respectively), both in the top decile for the county. This contrasts with Bexhill Sackville and Bexhill Collington, which are in the bottom decile in the county (4.7% and 6.3%, respectively).
- In Rother, 28.1% of total population is aged 65 years and over, the highest proportion in the county. The ward with the highest percentage is Bexhill Sackville, at 44.8% (the highest in East Sussex), followed by Bexhill Collington (43.6%), Bexhill Kewhurst (38.1%) and Bexhill St Marks (35%) (all in the top decile for the county). This compares to the East Sussex average of 22.6%.
- The Rother district projected percentage increase in population from the 2008 baseline follows the East Sussex average, at 2.1% by 2011 and 3.4% by 2013 (2.1% and 3.5%, respectively for the East Sussex average). Rother closely follows the East Sussex projected changes across all age ranges. There is expected to be minimal changes among those aged 0–64 years, with an increase of just 0.7% by 2011 and a decrease of 0.7% by 2013. For those aged 65 years and over, there is projected a change of 5.6% by 2011 and 12.4% (16.1% among males and 9.7% among females) by 2013.
- The county has less diversity in terms of ethnicity and religion compared to England's average. In East Sussex, only 2.3% of people are of non-White ethnicity and 1.3% belong to a main religion other than Christianity, compared to 5.5% and 8.7%, respectively, for England. In Rother, the figures are 1.9% and 1.1%, respectively.

Social/environmental context

- Rother is the third most deprived district in East Sussex. The most deprived ward is Bexhill Sidley, which is in the top decile in East Sussex, at a score of 34.37, compared with the county average of 18.78. Bexhill Central, Eastern Rother, Bexhill Sackville, Rye and Bexhill St Michaels wards are all in the top quartile (most deprived 75–100%) for the county. It should be noted that the Index of Multiple Deprivation is calculated nationally for LSOAs, which are smaller than wards. Thus, Bexhill Sidley ward is made up of four LSOAs, two of which are in the top 20% ranked nationally and one in the top 30% most deprived nationally. Bexhill Central has three LSOAs, one in the top 20% and two in the top 30%. Eastern Rother has two LSOAs in the top 30%, while Bexhill Sackville and Rye have one LSOA in the top 30% deprived LSOAs nationally. The least deprived ward is Bexhill St Marks, with a score of just 7.70.
- One in four (25.8%) households are on a low income, which is defined as less than 60% of the national median income.
- One in eight (12.5%) of the Rother population claim out-of-work benefits. In Bexhill Sidley, this rises to one in four (25.9%), with Bexhill Central just behind at 23.8%.
- The percentage of working age people claiming incapacity benefit or severe disablement allowance is 7%. This figure increases in the more deprived wards.
- The 2001 Census showed that 45% of Rother households owned their home outright. This is the highest proportion in East Sussex and compares with the county average of 38%. Bexhill Collington, Bexhill St Marks, Bexhill Kewhurst and Marsham have some of the highest home ownership rates in the county, ranging from 66% to 59%. Rother has a very low percentage of households rented from council/local authority, at only 1.9% versus the county average of 5.4%. The exception is Bexhill Sidley, at 8%. Rother has the highest proportion of households rented from a housing association/registered social landlord versus the other districts, at 8.7%. Bexhill Sidley, at 24.7%, has by far the largest rate in Rother, followed by Rye, at 15.1%. In Bexhill

Central, 29% of households are rented from a private landlord, while 8.1% of households Eastern Rother are rented from Other (the largest in the county).

- Only 4.2% of people live in overcrowded households (11.5% in Bexhill Central), with 8% of under-18s living in overcrowded homes. (Census 2001)
- One in five households (20.8%) have no access to a car or van, rising to 44.9% in Bexhill Central ward. (Census 2001)
- One in three (32%) older people aged 65 years and over live alone. This rises to one in two (49%) in Bexhill Central.
- Three in four primary school children travel to school by car/van or taxi in Marsham and Bexhill Collington wards, compared to one in two children in Rother. Two in five secondary school pupils travel to school by car/van or taxi in Bexhill Collington and Bexhill St Marks, compared to one in five for the district as a whole.

Lifestyle and risk factors

- 77% of mothers in Rother start breastfeeding, but this falls to 48% at six- to eight-weeks-of-age. In Eastern Rother, Bexhill Sidley and Rye only 55% and 59% of mothers, respectively, start breastfeeding. In Bexhill St Marks, 96% of mothers start breastfeeding, although this drops to 59% at six to eight weeks. In Rye, only 22% of mothers are breastfeeding at six to eight weeks, and the percentage is only 25% in Bexhill Sidley.
16% of Reception Year children are classified as overweight or obese, compared to 20% for the county. Marsham, Bexhill Collington and Eastern Rother have much higher rates, with 33% of Year 6 children overweight or obese (East Sussex average, 28%). Rye ward has the highest rate, at 45%, followed closely by Rother Levels, Marsham, Bexhill Kewhurst and Battle Town. 21% of adults are estimated to be obese and only one in five (20%) adults participate in sport and active recreation.
- One in five mothers (19%) are known to smoke at the time of delivery. In Bexhill Sidley, this figure is 42%. 18% of adults smoke in Rother, which is relatively low compared to the East Sussex average of 23%. There is quite a range for Rother wards from 13–28%.

- Teenage pregnancies (35 per 1000 population of 15–17-year-olds) are lower than the county average (37 per 1000 population). However, this is much higher in Bexhill Sidley with 81 per 1000 population.

Burden of ill-health

- In Bexhill Sidley, 11% of births were classified as low birthweight (under 2,500 grams). This is the highest in the county.
- Rother has a Mental Illness Needs Index (2000) of 0.79, which suggest 21% lower rates of illness compared to the country as a whole. However, there are high indices for some areas. Bexhill Central has an index of 2.08, which suggest 108% more illnesses severe enough to need hospital treatment from time to time among people aged 16–59 years. Bexhill Sidley and Bexhill Sackville have an index of 1.37 and 1.36, respectively, (or 37% and 36% more illness severe enough to need hospital treatment from time to time).
- The Index of Common Mental Illness identifies 11.4% of the population in Rother aged 16–64 years as suffering from a range of neurotic symptoms. This is a little lower than the county average of 12.8%. One ward, Bexhill Central, has rate of 15.4% (top decile in the county). This same ward also has 8% of people aged 16–64 years suffering symptoms of depression, compared with 6.4% for Rother.

Burden of ill-health – mortality

- Life expectancy at birth in Rother, at 82 (range, 79–85 years), exceeds the East Sussex average.
- All age, all cause, age-standardised mortality is 2% above the East Sussex average. In Darwell, the rate is 40% above the county average. Old Town (Bexhill), Ewhurst and Sedlescombe, and Crowhurst are all in the top quartile for the county, ranging from 21% to 29% above the average.
- Mortality from causes ‘amenable to health-care’ is 75% higher in Bexhill Central, and 62% higher in Bexhill Sidley compared to East Sussex as a whole.
- Among people aged 1–19 years, mortality in Rother Levels is double, and Ticehurst and Etchingam triple, the county average.

- Among under-75s, deaths from circulatory diseases are 75% higher in Bexhill Central, and 70% higher in Bexhill Sidley, than in the county as a whole.
- Age-standardised stroke mortality is high for Darwell and Bexhill Sidley (62% and 53% above the East Sussex average).
- COPD mortality in Darwell is 46% greater than in East Sussex as a whole.
- Bexhill Sidley and Bexhill Central have the highest rates in Rother, at 62% and 75% above the county average for mortality from causes considered amenable to healthcare.
- Mortality rates from suicide in Bexhill Old Town and Sackville are double the county average.

Burden of ill-health – primary care

- Rother is above the 75th percentile for GP-reported cancer, at 17% compared to the county average of 14%. Bexhill St Marks has the highest recorded prevalence in East Sussex (21 per 1000 population).
- There is a similar pattern of GP reported prevalence for atrial fibrillation, CHD, dementia, heart failure and stroke. The prevalence for Rother is above the 75th percentile (in the 90th percentile or above for heart failure). Bexhill Sidley, Bexhill Central, Bexhill Sackville, Bexhill St Michaels, Old Town (Bexhill), Bexhill St Stephens and the three least deprived wards – Bexhill Collington, Bexhill Kewhurst and Bexhill St Marks – are all in the top decile (exceed the 90th percentile) for the county.
- Bexhill St Marks ward has the highest reported dementia prevalence in East Sussex, at 13 per 1000 population. However, this is still 60% less than the predicted prevalence.
- Reported prevalence of heart failure in Rother is 13 per 1000 population, compared to 9 per 1000 population in East Sussex as a whole.

Burden of ill-health – hospital care

- The rate of A&E attendances in under-fours is 151 per 1000 population. The rate is above 200 per 1000 population in Bexhill St Michaels and Bexhill St Stephens. The rate is only 73 per 1000 population from the Rother Levels.

- There are 6% fewer A&E attendances (age-standardised) in Rother than the average across East Sussex. Bexhill Sidley attendances are 26% higher than the average.
- Ewhurst and Sedlescombe has the highest rate of emergency admissions among children aged 5–9 years in the county: 155 per 1000 population. This compares to the average of 47 per 1000 population).
- Bexhill Sackville, Bexhill St Stephens, Bexhill Sidley, Marsham, Bexhill St Michaels and Crowhurst are all in the top decile for the county for the rate of emergency hospital admissions for persons aged 10–19 years (between 91 per 1000 population and 72 per 1000 population).
- Old Town (Bexhill), Eastern Rother, Bexhill Sackville, Bexhill St Michaels and Bexhill Sidley are all in the top decile in East Sussex for emergency hospital admissions due to infections for person aged 0–4 years.
- Admissions in childhood (under 18) due to injuries (unintentional and deliberate) are the highest in Rother compared to the other districts, at 221 per 10,000 population, compared to the county average of 166 per 10,000 population. Marsham, Bexhill Sidley and Bexhill St Stephens are all almost twice the county level.
- Emergency (age-standardised) admissions for circulatory diseases are 15% above the county average, but vary from 42% below in Salehurst to 68% above in Ewhurst and Sedlescombe.
- Emergency CHD admissions are 63% above the county average in Bexhill Sidley and 41% above the average in Kewhurst. Rother is 15% above that of the county.
- Total cancer admissions in Rother are 20% greater than the county average. In Bexhill Sidley emergency admissions due to cancer are 80% above the county average (the highest in East Sussex).
- Emergency stroke admissions in the East Rother ward are the highest in East Sussex, at 87% above the average.
- Rother average emergency COPD admissions are 11% below the county average. However, Bexhill Sidley has admissions 93% above East Sussex average.
- Emergency admissions due to diabetes are three and half times the county average in Ewhurst and Sedlescombe.

- Emergency admissions due to mental illness are 5% below the average for East Sussex. In Bexhill Central, the rate is almost three times and in Bexhill Sackville double this level. Eastern Rother has 121% more hip replacements than the county average.

Services – social care

- Referrals to adult social care are 43 per 1000 population, rising to 66 per 1000 population at Bexhill Sackville, 59 per 1000 population at Old Town (Bexhill) and 58 per 1000 population at Bexhill St Marks.
- 19 per 1000 persons aged 18–64 years are supported to live independently through social services, just above the county average of 18 per 1000 population. The rate is significantly higher for Bexhill Sidley and Bexhill Central, at 42 per 1000 population and 36 per 1000 population. For those aged over 65 years, the rate is high in Bexhill Sidley, at 122 per 1000 population, compared to 79 per 1000 population for Rother.
- There are high rates for persons aged 18–64 years with physical disability, frailty and sensory impairment supported to live independently through social services in Bexhill Sidley, at 21 per 1000 population (the highest in the county). The rates are also high among those aged 65 years and over again in Bexhill Sidley, at 109 per 1000 population, compared with 78 per 1000 population for Rother.

Services – health

- Only 88% of two-year-olds, and 75% of five-year-olds have received the MMR immunisation. The rate is particularly low for two-year-olds in East Rother, at 76% and Ticehurst and Etchingham, at 75%. Uptake is very low among five-year-olds in Ticehurst and Etchingham, at 40% (lowest in the county), Salehurst (47%), Darwell (63%) and Bexhill St Marks (68%).
- The immunisation rate among children aged five years against Diphtheria, Tetanus, Polio, Pertussis is 78%; the lowest uptake amongst the districts. Particularly low are Ticehurst and Etchingham, at 44% (the lowest in the county), Salehurst (51%), Darwell (63%) and Bexhill St Marks (76%).

- There are high rates of young people aged 0–18 years in drug or alcohol treatment in Old Town (Bexhill), Bexhill Central and Bexhill St Michaels. The rates remain high among adult clients aged 19 years and over in drug treatment in Old Town (Bexhill) with 83 per 10,000 population.

Services – children’s services

- In Rother, 11.2% of pupils receive free school meals. The rate is higher in the most deprived wards, at 28.9% in Bexhill Sidley, 17% in Bexhill Central and 14.5% in Eastern Rother.
- Bexhill Sackville has the highest rate (107.5 per 1000 population) of pupils who have English as an additional language, compared with the county average of just 21.9 per 1000 population.
- Marsham had the lowest assessments for the Foundation Stage, with only 52.6% achieving at least 78 points compared to the district average of 78.7%. Bexhill St Michaels, Bexhill Sidley and Bexhill Sackville were also below 70%. Only 32% and 36.8% of children at Bexhill Sackville and Marsham, respectively, achieved at least 78 points overall and 6+ points in all Personal, Social and Emotional Development and Communication, Language and Literacy assessments in the foundation stage.
- The highest rate of children with an allocated social worker for Rother is in Bexhill Sidley, at 43 per 1000 population.

User perspectives on services

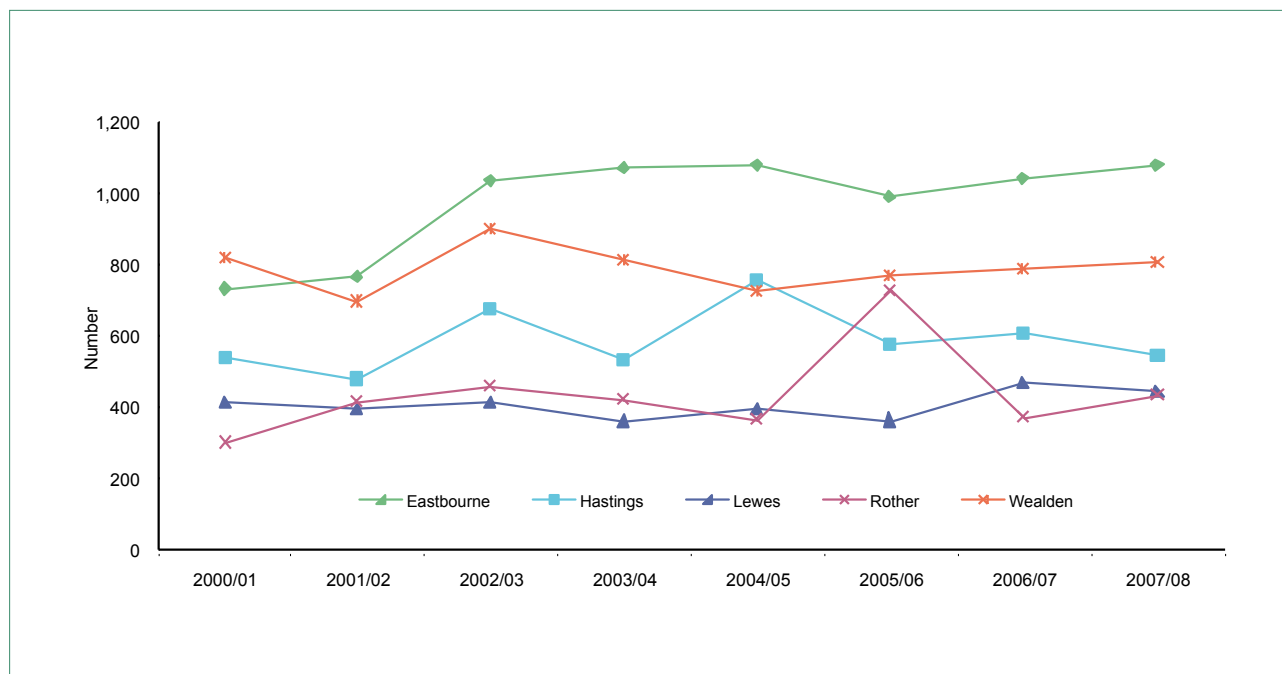
- In Rother, 77% of respondents were satisfied with telephone access to their GP surgery but only 63% were satisfied in Ewhurst and Sedlescombe and 67% in Brede Valley.
- 34% of older people said they received the support they need to live independently at home in Rother (2% above the county average). In Crowhurst, only 16% said they got the support they needed. This contrasts with Bexhill Sidley, where 53% were satisfied, the highest percentage in East Sussex.

Table 13: Numbers and percentages of the black and minority ethnic populations by local authority, 2001 and 2007, ONS

Ethnic groups	2001				2007			
	BME		BME inc White Irish and White other		BME		BME inc White Irish and White other	
	Number	%	Number	%	Number	%	Number	%
Hastings	2,500	2.9	5,100	6.0	5,200	5.0	9,600	10.0
Rother	1,600	1.9	3,900	4.6	3,500	4.0	6,400	7.3
Eastbourne	2,900	3.2	6,700	7.5	5,900	6.2	9,900	10.4
Lewes	1,900	2.1	4,400	4.8	4,600	4.9	8,100	8.6
Wealden	2,300	1.6	5,700	4.8	6,100	4.2	11,500	8.0
East Sussex	12,000	2.4	27,600	5.6	26,500	5.2	45,700	9.0
South East	400,200	5.0	707,400	8.8	661,200	8.0	1,062,300	12.8
England	4,552,800	9.2	6,523,900	13.2	6,009,100	11.8	8,355,900	16.4

Source: Office of National Statistics

Figure 45: International in-migrant GP registrations, East Sussex districts and boroughs, 2000/01–2007/08



Source: ONS

Table 15: *The 20 wards with the lowest life expectancy in East Sussex, 2003–2005*

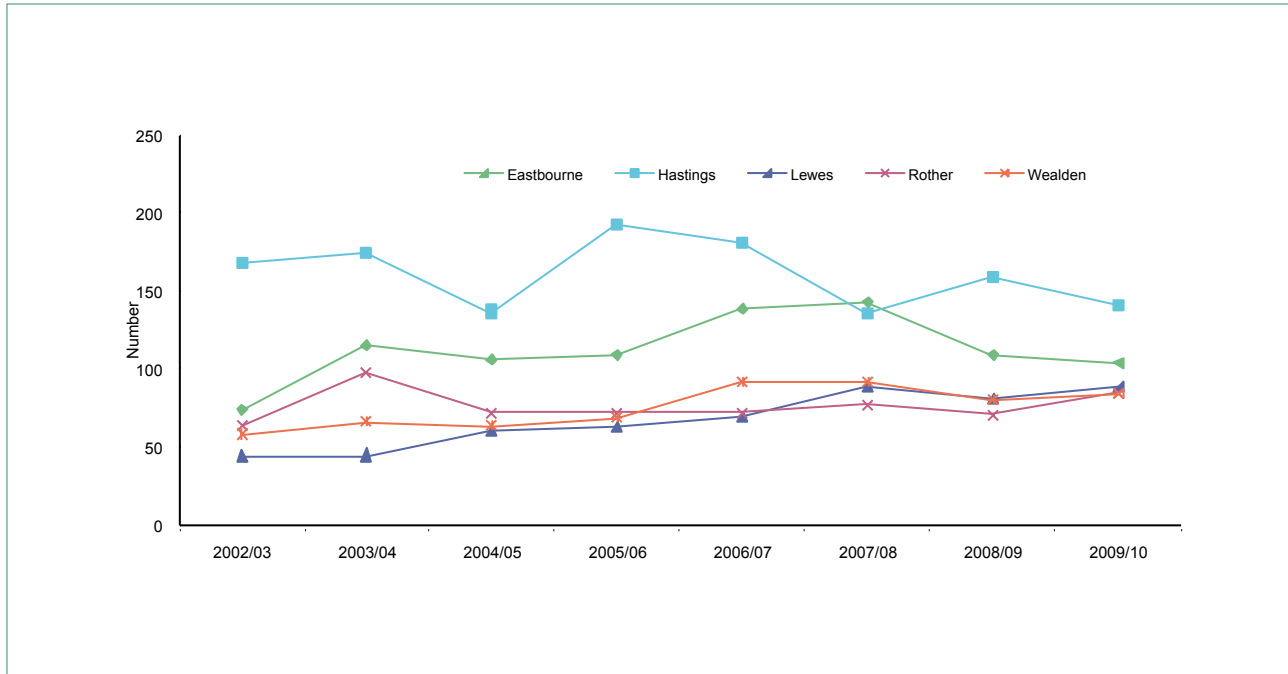
Ranked wards in order of increasing life expectancy (2003/05)	Local authority area	Life expectancy (persons, yrs)
Central St Leonards	Hastings	72.1
Sackville	Rother	74.9
Maze Hill	Hastings	75.5
Gensing	Hastings	75.7
St Michaels	Rother	75.9
Sidley	Rother	76.2
Devonshire	Eastbourne	77.0
Hailsham East	Wealden	77.3
Peacehaven East	Lewes	77.4
Wishing tree	Hastings	77.4
Hampden Park	Eastbourne	77.7
Ore	Hastings	77.8
Braybrooke	Hastings	78.1
Seaford Central	Lewes	78.2
Old Town (Bexhill)	Rother	78.2
Uckfield New Town	Wealden	78.4
Peacehaven West	Lewes	78.6
Upperton	Eastbourne	78.6
Hellingly	Wealden	78.7
Hollington	Hastings	78.9
East Sussex (excluding the 20% of wards with the lowest life expectancy)		81.1

Source: Deaths occurring in the 3 years 2003, 2004 and 2005.

Table 17: Deprivation category for the LSOAs within the Investing in Life wards

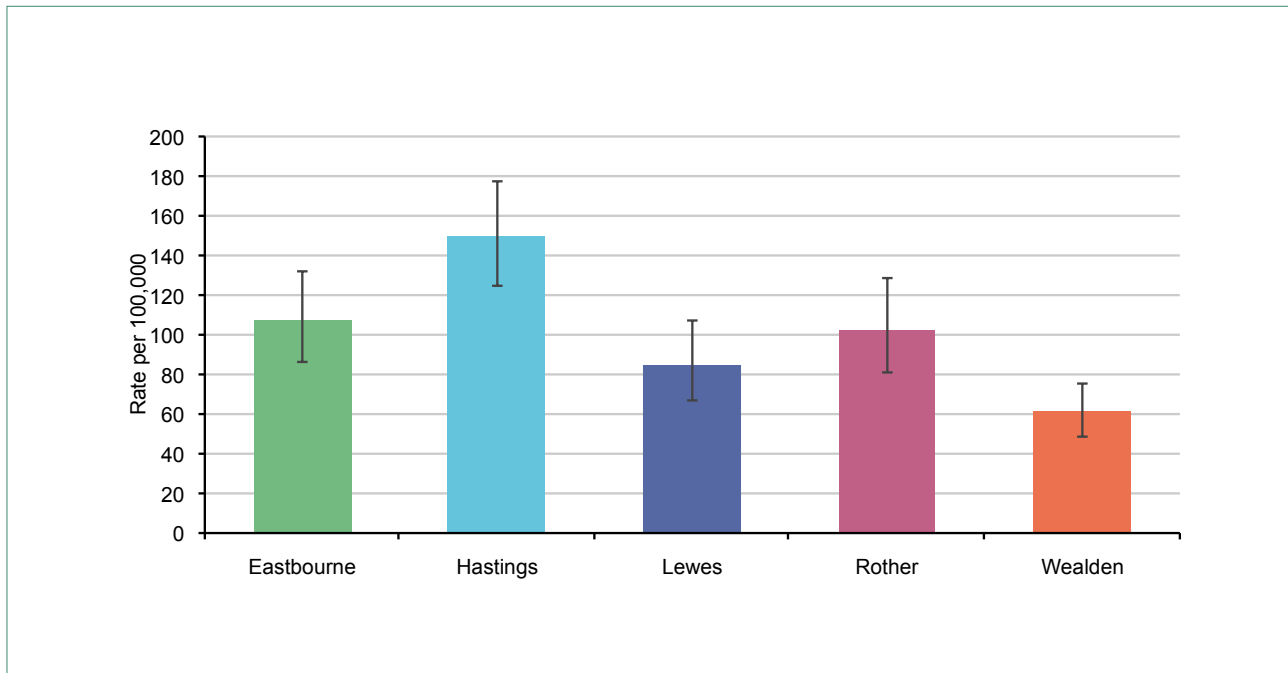
Investing in Life wards		Deprivation quintile for LSOAs within each ward			Grand total
District / borough	Ward name	Bottom	Neither	Top	
Eastbourne	Devonshire	5	2		7
	Hampden Park	4	3		7
	Upperton	2	4		6
Hastings	Braybrooke	2	1		3
	Central St Leonards	4			4
	Gensing	3	1		4
	Hollington	4			4
	Maze Hill	1	2		3
	Ore	1	2		3
	Wishing Tree	2	1		3
Lewes	Peacehaven East		3		3
	Peacehaven West		3		3
	Seaford Central		2	1	3
Rother	Bexhill Old Town		3		3
	Sackville	1	2		3
	Sidley	3	1		4
	St Michaels		3		3
Wealden	Hailsham East	2			2
	Hellingly		3		3
	Uckfield New Town		1	1	2
Grand total		34	37	2	73
		47%	51%	3%	100%

Figure 48: Number of directly attributable hospital admissions, East Sussex districts and boroughs, 2002/03–2009/10



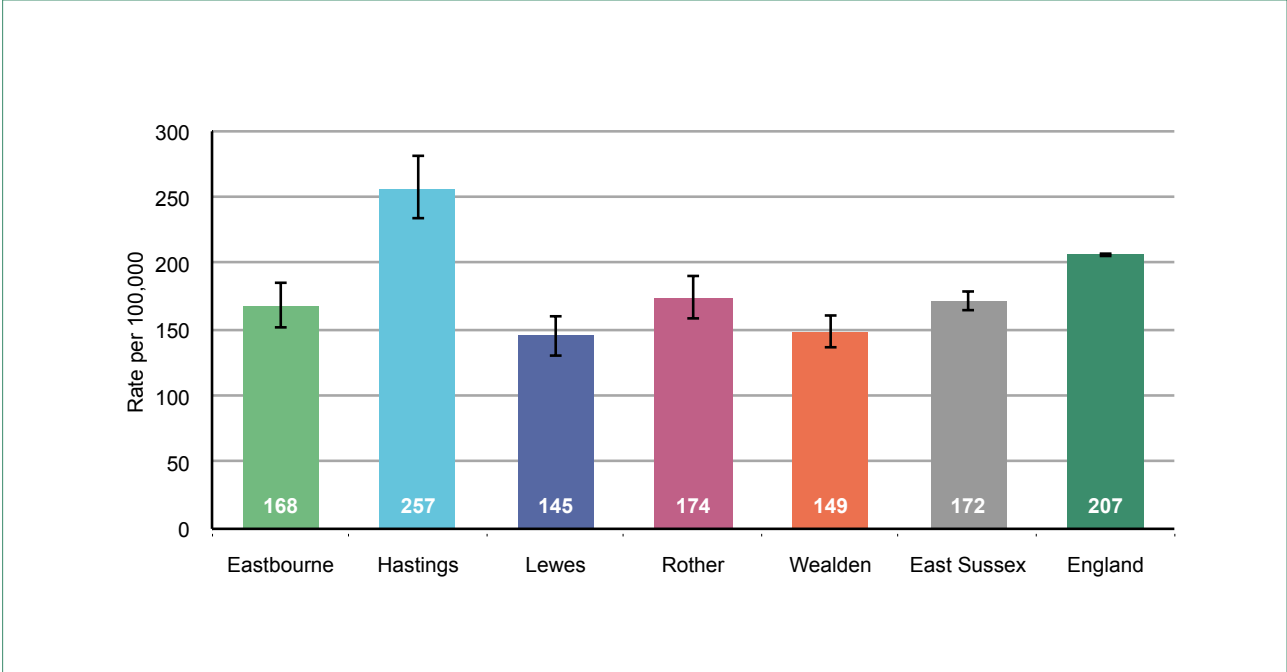
Source: SUS hospital episode extracts

Figure 49: Hospital admissions due to alcohol-specific conditions for persons aged under 18 years with 95% confidence intervals, 2005/06–2007/08 (rate per 100,000 population)



Source: North West Public Health Observatory

Figure 50: Deaths from smoking for people aged 35 years and over with 95% confidence intervals, East Sussex districts and boroughs, 2006–2008 (rate per 100,000 population)



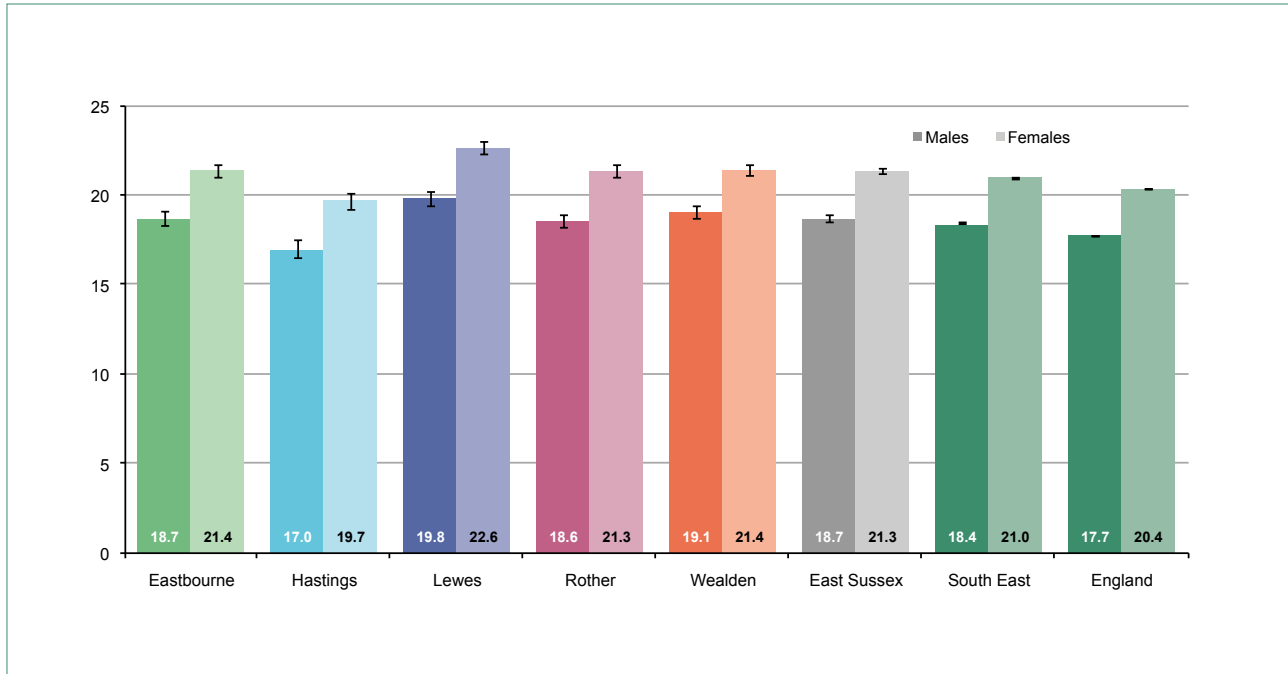
Source: APHO Health Profiles

Table 19: Estimated prevalence of obesity for adults aged 16 years and over, 2003–2005

Area	Count	%
East Sussex	98,932	22.2
Eastbourne	18,405	21.6
Hastings	18,083	24.2
Lewes	17,983	21.9
Rother	16,608	21.4
Wealden	26,265	20.9

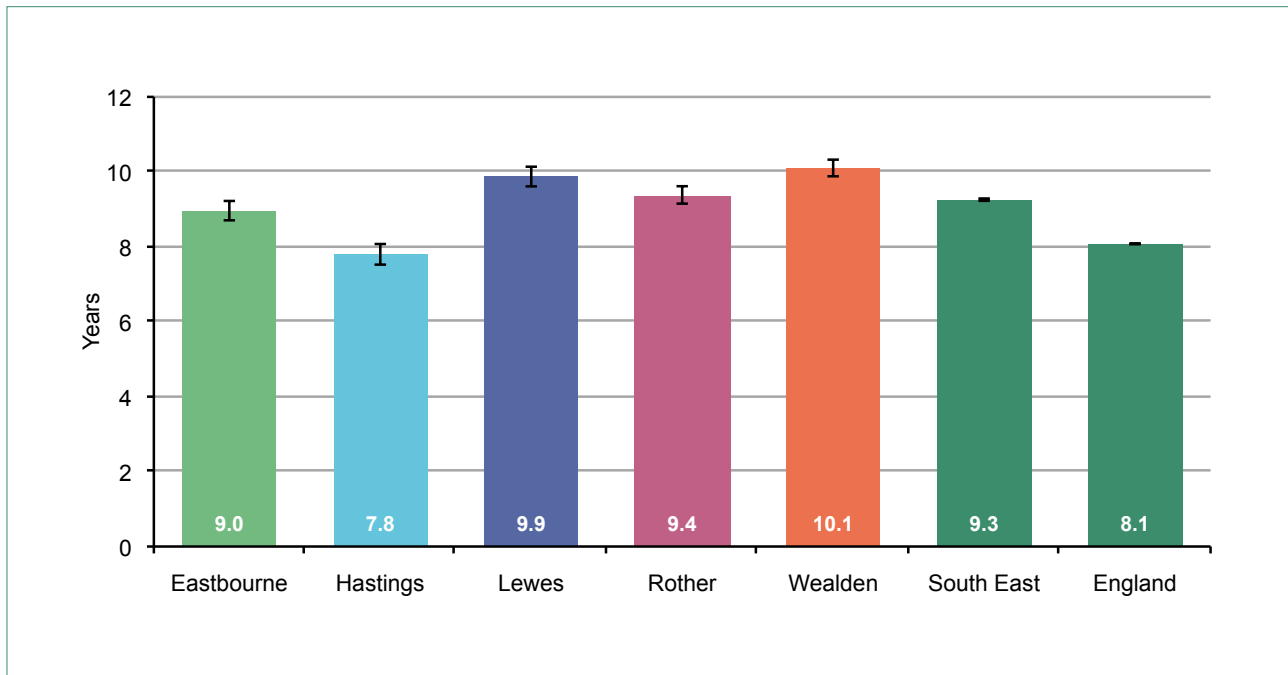
Source: Information Centre

Figure 68: Life expectancy at age 65 years with 95% confidence intervals, East Sussex districts and boroughs, 2006–2008



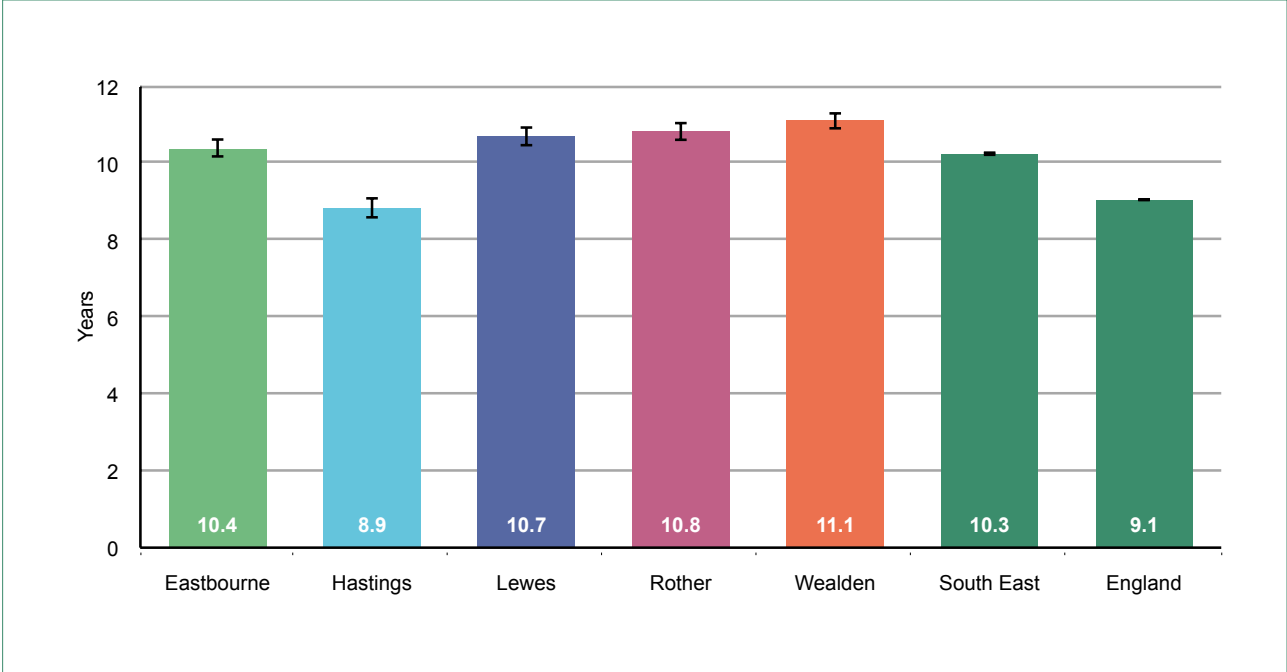
Source: Compendium of Clinical and Health Indicators

Figure 69: Disability-free life expectancy at age 65 years with 95% confidence intervals, males, East Sussex districts and boroughs, 1999–2003



Source: ONS

Figure 70: Disability-free life expectancy at age 65 years with 95% confidence intervals, females, East Sussex districts and boroughs, 1999–2003



Source: ONS

