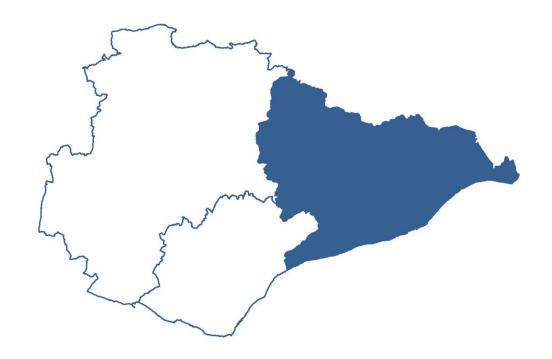




Hastings and Rother Clinical Commissioning Group

JSNAA Scorecards 2017
East Sussex Public Health





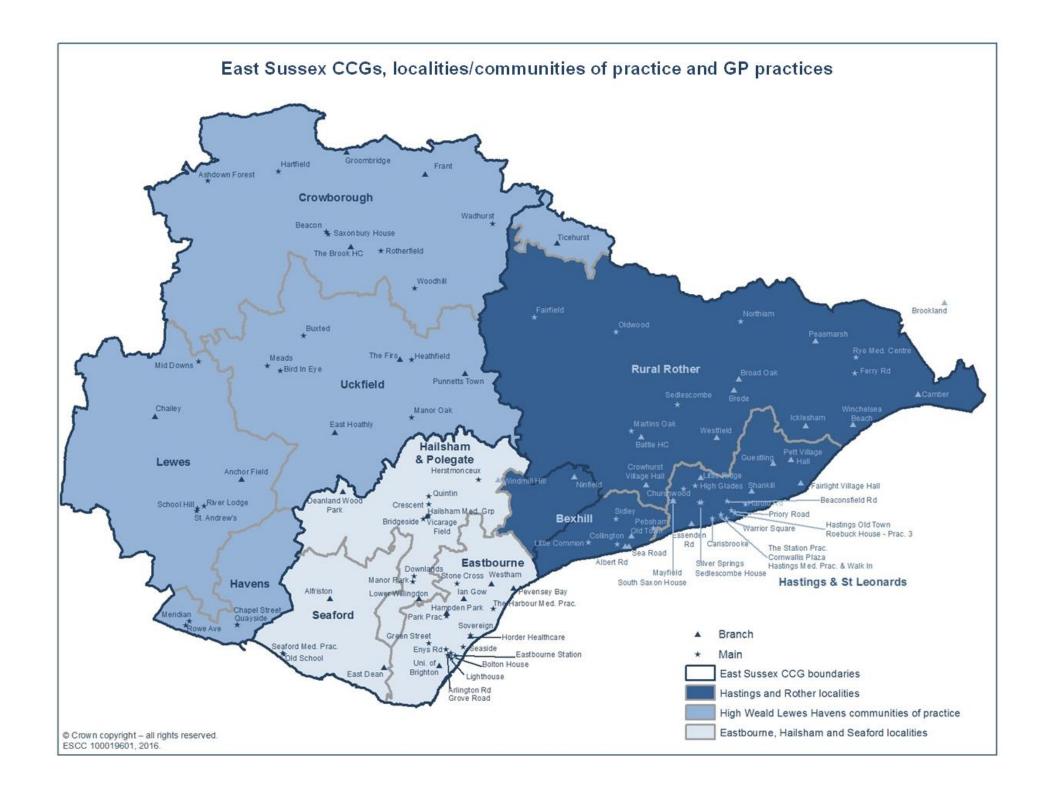


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Key statistics

	Key Statistics for Hastings and Rother CCG		
Ref	Indicator	Number per year	Value
1.01	GP registered population (count), Oct 2015	186,117	
1.02	GP registered population aged 0-19 yrs (%), Oct 2015	38,986	21
1.03	GP registered population aged 20-64 yrs (%), Oct 2015	101,446	55
1.04	GP registered population aged 65+ yrs (%), Oct 2015	45,685	25
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-15	1,770	61
2.02	Income Deprivation (as a percentage), from ID 2015 (M)		18
2.04	Children in low-income families (%), Aug 2014 (M)	7,331	25
3.06	Excess weight in 10-11 year olds (%), 2012/13-2014/15 (M)	476	33
3.09	GP reported prevalence of smoking aged 15+ (%), 2015/16	32,888	21
4.04	Life expectancy at birth (yrs), 2013-15		81.3
4.05	Life expectancy at age 75 (yrs), 2013-15		12.5
4.06	All-cause mortality (SMR), 2013-15	2,295	107
4.08	Mortality from causes considered preventable (SMR), 2014-15	381	117
4.15	GP reported prevalence of dementia (%), 2015/16	1,939	1.0
4.23	GP reported prevalence of hypertension (%), 2015/16	32,656	17.5
4.26	GP reported prevalence of CHD (%), 2015/16	7,498	4.0
4.29	GP reported prevalence of stroke or TIA (%), 2015/16	4,552	2.4
4.32	GP reported prevalence of atrial fibrillation (%), 2015/16	4,902	2.6
4.34	GP reported prevalence of heart failure (%), 2015/16	1,879	1.0
4.49	GP reported prevalence of asthma (%), 2015/16	11,173	6.0
4.52	GP reported prevalence of COPD (%), 2015/16	4,588	2.5
4.57	GP reported prevalence of diabetes aged 17+ (%), 2015/16	10,627	6.9
4.60	GP reported prevalence of epilepsy aged 18+ (%), 2015/16	1,390	0.9
4.62	GP reported prevalence of CKD aged 18+ (%), 2015/16	6,357	4.2
4.65	GP reported prevalence of learning disabilities aged 18+ (%), 2015/16	1,115	0.6
4.72	First outpatient attendances (SAR), 2015/16	74,530	103
4.74	All MIU and A&E attendances (SAR), 2015/16	49,528	95
4.78	All elective admissions (SAR), 2014/15 to 2015/16	28,931	99
4.80	All emergency admissions (SAR), 2014/15 to 2015/16	20,085	111
6.01	People providing one hour or more of unpaid care per week (%), 2011 (M)	20,339	11.5

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

Introduction

This narrative describes Hastings & Rother CCG in the East Sussex context. It is based on 2017 JSNAA scorecard data, presented in the form of indicator tables (Appendix 1) in which East Sussex localities/communities of practice and CCGs are RAG-rated against East Sussex. Further tables and charts summarise key statistics and specific topics (such as hospital admission and attendance rates) for this CCG.

For ease of reference, throughout the rest of this area summary the term 'localities' is used to refer to the 4 HWLH CCG communities of practice as well as the 3 localities in EHS CCG and the 3 localities in HR CCG.

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

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

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

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

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

NHS and view JSNAA scorecards and area summaries can be downloaded from www.eastsussexjsna.org.uk/scorecards.

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

GP Practice Profiles and Locality/Community of Practice Profiles

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

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

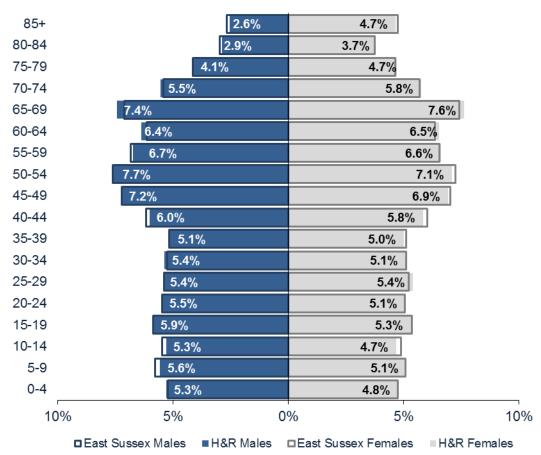
Local Needs and Assets Profiles

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

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

Population





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

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

Overall the CCG has similar levels of non-white British people and children who speak English as an additional language to East Sussex. But within the CCG Hastings & St

Leonards has significantly higher levels, and higher than most other East Sussex localities, whereas Bexhill has similar levels to East Sussex and Rural Rother has the lowest of all localities.

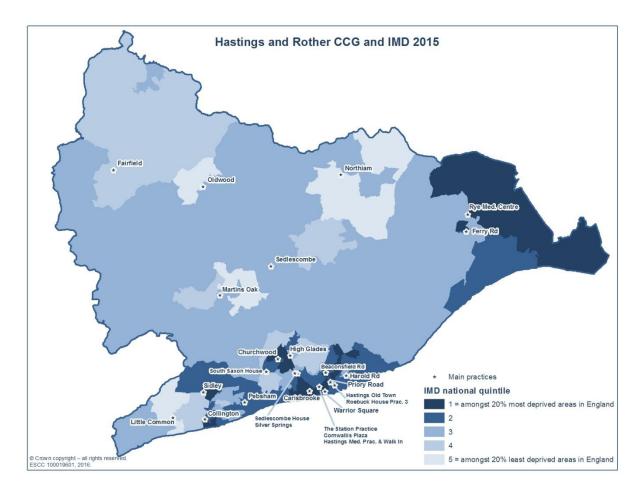
The CCG has similar birth rates to East Sussex. However Hastings & St Leonards has the highest birth rate for teenage mothers and Rural Rother has one of the lowest. The CCG has a significantly higher percentage of lone parent households than East Sussex, with Hastings & St Leonards having the highest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

Table 1 shows the estimated population changes between 2015 and 2021 for specific age groups as well as all ages. Using projections modelled from East Sussex districts and boroughs, the table shows that over the next 6 years some age groups are projected to increase in size whilst others will decrease in size. The net effect is that the population of the CCG is estimated to increase, with the largest estimated increase in those aged 65 years and over.

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

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

Wider determinants



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

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

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

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

Overall health status

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

Healthy lifestyles

Pregnancy and infancy

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

Physical activity and excess weight

Hastings & St Leonards and Bexhill have the highest levels of all localities of overweight or obese reception year and year 6 children, respectively, so this CCG ranks worst for these

indicators. Hastings Borough has the lowest level of adults achieving 150 minutes physical activity per week, and Rother District has the highest percentage of overweight or obese adults, of all districts/boroughs.

Smoking

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

Alcohol and drug misuse

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

Sexual health

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

Accidents and injuries

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

roads than East Sussex, but Rother District has a significantly higher rate and the highest of all the districts and boroughs.

Health protection

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

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

Disease and poor health

Mental health and wellbeing

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

significantly higher and the highest of all localities in Hastings & St Leonards, but significantly lower and the lowest of all in Rural Rother. Across most mental health indicators Hastings & St Leonards has the highest rates of all localities.

Circulatory

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

Cancer

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

Respiratory

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

diseases are all significantly higher and the highest of all localities (or second highest in the case mortality from COPD).

Diabetes

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

Other chronic conditions

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

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

Avoidable admissions

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

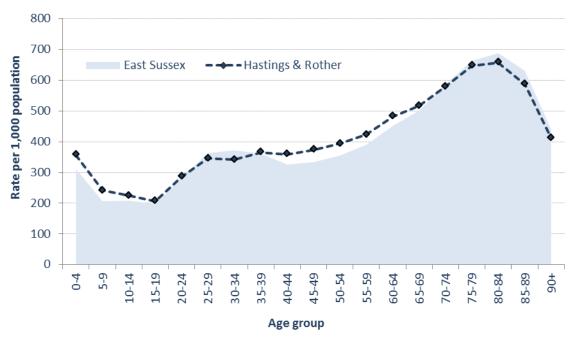
Hospital admissions and attendances

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

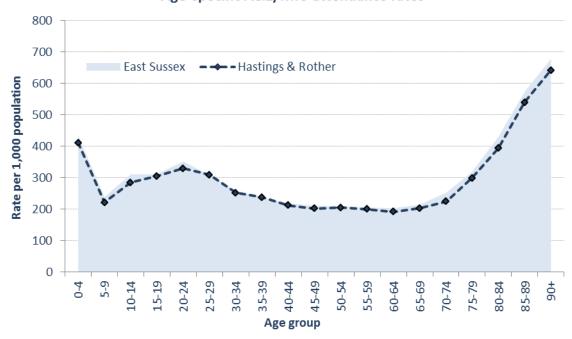
Rural Rother has significantly lower rates than East Sussex for almost all these hospital admissions and attendances indicators.

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

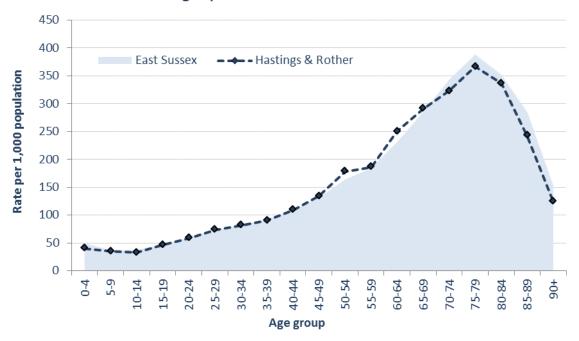




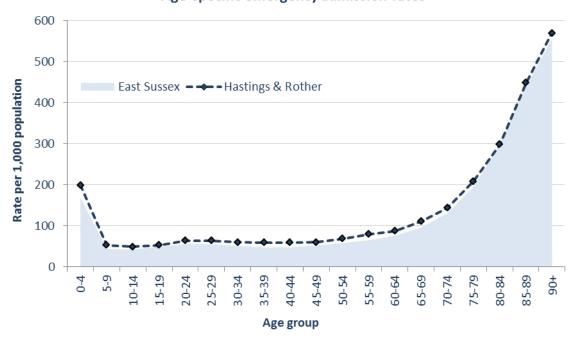
Age-specific A&E/MIU attendance rates



Age-specific elective admission rates



Age-specific emergency admission rates



Social care

Children's services

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

Carers

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

Adult social care

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

NHS dental services

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

GP patient survey

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

Appendix 1: Scorecard Summary Tables

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

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

	Wider	determina	ants - Ec	onomy,	income a	ınd transp	ort								
							Hailsham			Hastings					
		East	EHS	H&R	HWLH		&			& St	Rural				
Ref	Indicator	Sussex	CCG	CCG	CCG	Eastbn.	Polegate	Seaford	Bexhill	Leonards	Rother	Crowbr.	Havens	Lewes	Uckfield
2.02	Income Deprivation (as a percentage), from ID 2015 (M)	13	13	18	9	14	12	10	15	22	11	6	15	9	7
2.04	Children in low-income families (%), Aug 2014 (M)	19	19	25	12	20	19	14	23	28	16	9	21	12	9
2.05	Income Deprivation Affecting Older People Index (IDAOPI) (as a percentage), from ID 2015 (M)	15	15	18	10	16	13	10	15	23	12	8	16	10	9
2.06	Households in fuel poverty (%), 2014 (M)	9	8	10	9	8	7	7	8	12	11	9	7	11	8
2.07	Pupils receiving the pupil premium (%), Jan 2016 (M)	21	20	27	14	22	19	17	24	30	19	9	24	14	11
2.08	Households with dependent children and no adults in employment (%), 2011 (M)	13	12	17	9	13	11	10	16	20	10	6	14	9	7
2.09	Employment Deprivation (as a percentage), from ID 2015 (M)	11	12	15	7	13	10	9	14	18	9	5	12	7	6
2.10	Working age people claiming JSA and Universal Credit (%), Aug 2016 (M)	1.4	1.4	1.8	0.8	1.6	1.1	1.0	1.6	2.2	0.8	0.4	1.5	8.0	0.5
2.11	Working age people claiming ESA (%), Aug 2016 (M)	6.2	6.3	8.3	3.9	6.9	5.5	5.1	7.6	9.8	4.7	2.6	6.6	3.7	3.4
2.12	Households with no cars or vans (%), 2011 (M)	22	24	26	15	27	18	20	24	32	14	9	22	18	11
2.13	Households able to access a GP practice in 15 min by public transport/walking (%), 2014 (M)	78	81	86	65	84	84	66	91	90	69	60	83	67	53

		Wide	r detern	ninants -	- Educati	on									
Ref	Indicator	East Sussex	EHS CCG	H&R CCG	HWLH CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother	Crowbr.	Havens	Lewes	Uckfield
2.16	Pupils (at age 5) reaching a good level of development in the EYFS (%), Jun 2016 (M)	75	75	75	76	74	77	77	75	75	74	74	69	80	80
2.17	Pupils (at age 11) achieving the expected standard at Key Stage 2, Jun 2016 (M)	50	52	49	49	51	51	58	47	50	46	49	54	48	48
2.18	Average GCSE Attainment 8 score for pupils (at age 16) at Key Stage 4, Jun 2016 (M)	49	49	47	52	49	48	52	47	46	50	54	47	53	53
2.19	Working age population with no or low qualifications (%), 2011 (M)	30	30	34	27	30	32	29	33	36	30	23	36	23	27
2.20	Pupils with special educational needs (SEN) on SEN Support (per 100,000), Jan 2016 (M)	90	82	98	88	82	86	77	96	103	87	73	109	100	76
2.21	Pupils with a statement of SEN or an EHCP (per 100,000), Jan 2016 (M)	36	34	40	33	34	34	37	40	41	36	28	39	31	34
2.22	Young people aged 16-18 yrs NEET (monthly rate per 1,000), Nov 2015 to Jan 2016 (M)	32	35	35	24	40	32	22	23	42	30	16	48	20	22

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Diseas	e and po	oor heal	th - Diabe	etes									
		East	EHS	ПõD	HWLH		Hailsham			Hastings & St	Rural				
Re	Indicator	Sussex			CCG	Eastbn.	α Polegate	Seaford	Bexhill	Leonards		Crowbr.	Havens	Lewes	Uckfield
4.5	GP reported prevalence of diabetes aged 17+ (%), 2015/16	6.3	6.4	6.9	5.5	6.1	7.0	6.7	7.8	6.6	6.5	5.0	7.4	4.6	5.2
4.5	Emergency admissions for diabetes (SAR), 2014/15 to 2015/16	100	115	101	81	120	85	145	82	122	75	57	113	105	67
4.5	Emergency admissions for diabetes per 1,000 on GP diabetes registers, 2015/16	13	16	11	13	17	13	17	9	15	6	8	16	19	9

	D	isease an	nd poor l	nealth - 0	Other co	nditions									
			=				Hailsham			Hastings					
		East	EHS		HWLH		&			& St	Rural				
Ref	Indicator	Sussex	CCG	CCG	CCG	Eastbn.	Polegate	Seaford	Bexhill	Leonards	Rother	Crowbr.	Havens	Lewes	Uckfield
4.60	GP reported prevalence of epilepsy aged 18+ (%), 2015/16	0.8	0.8	0.9	0.7	0.8	0.8	0.7	1.0	1.0	0.7	0.7	0.8	0.7	0.7
4.61	Premature mortality from liver disease (SMR), 2012-15	100	88	130	79	79	101	99	111	170	67	53	153	33	102
4.62	GP reported prevalence of CKD aged 18+ (%), 2015/16	5.1	6.4	4.2	4.6	5.9	7.1	7.2	5.2	3.6	4.4	4.2	5.9	4.4	4.1
4.65	GP reported prevalence of learning disabilities aged 18+ (%), 2015/16	0.5	0.5	0.6	0.5	0.5	0.4	0.4	0.6	0.7	0.5	0.4	0.4	0.3	0.6

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

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

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

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

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

			NHS de	ntal ser	vices										
Ref	Indicator	East Sussex	EHS		HWLH CCG	Fasthn	Hailsham & Polegate	Seaford	Revhill	Hastings & St Leonards	Rural	Crowbr.	Havens	Lawas	Uckfield
	Residents aged 0-17 accessing East Sussex NHS general dental services (%), 2015/16 (M)	76	78	75	76	76	79	83	74	75	77	61	76	83	87
	Residents aged 18-64 accessing East SussexNHS general dental services (%), 2015/16 (M)	53	52	58	48	51	57	52	59	61	52	36	51	52	55
	Residents aged 65+ accessing East Sussex NHS general dental services (%), 2015/16 (M)	53	51	60	47	48	58	51	61	62	55	39	50	49	54

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

Appendix 2: Acronyms and abbreviations

A&E Accident and Emergency
ACS Ambulatory Care Sensitive

AF Atrial Fibrillation
ASC Adult Social Care
BP Blood Pressure

CAMHS Child and Adolescent Mental Health Services

CCG Clinical Commissioning Group
CHD Coronary Heart Disease
CKD Chronic Kidney Disease

COPD Chronic Obstructive Pulmonary Disease

CV Cardiovascular

CVD Cardiovascular Disease

DM Diabetes Mellitus (used for diabetes QOF clinical domain)

DNA Did Not Attend

DSR Directly Standardised Rate

DTaP/IPV/Hib Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae

type b (also known as the 5 in 1 vaccine)

EHCP Education, Health and Care Plan
EHS Eastbourne, Hailsham and Seaford
ESA Employment and Support Allowance

EYFS Early Years Foundation Stage
Hib Haemophilus influenzae type b
HIV Human Immunodeficiency Virus

HR Hastings and Rother

HWLH High Weald Lewes Havens

ID Income Deprivation

ID 2015 Indices of Deprivation, 2015

IDACI Income Deprivation Affecting Children Index IDAOPI Income Deprivation Affecting Older People Index

IMD Index of Multiple Deprivation
JSA Job Seekers Allowance

LD Learning Disability

LRTI Lower Respiratory Tract Infection

LSOA Lower Super Output Area
MenC Meningococcal C conjugate

MH Mental Health
MIU Minor Injury Unit

MMR Measles, mumps and rubella MRC Medical Research Council

NEET Not in Education, Employment or Training

PAD Peripheral Arterial Disease

PCV Pneumococcal conjugate vaccine
PHOF Public Health Outcomes Framework

PPV Pneumococcal polysaccharide vaccine
QOF Quality and Outcomes Framework

RAG Red Amber Green

RCP Royal College of Physicians

SAR Standardised Attendance Ratio/ Standardised Admissions Ratio

SEN Special Educational Needs
SMR Standardised Mortality Ratio
STIs Sexually Transmitted Infections

UC Universal Credit