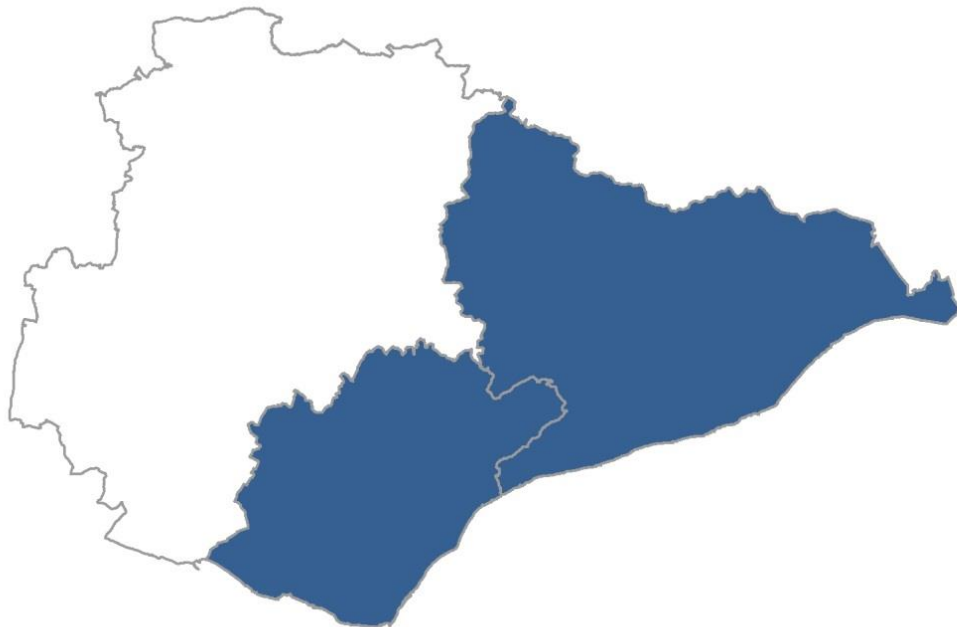




East Sussex Better Together Area Summary



Based on the NHS view of the JSNAA Scorecards 2018

Produced by East Sussex Public Health



East Sussex CCGs and districts and boroughs

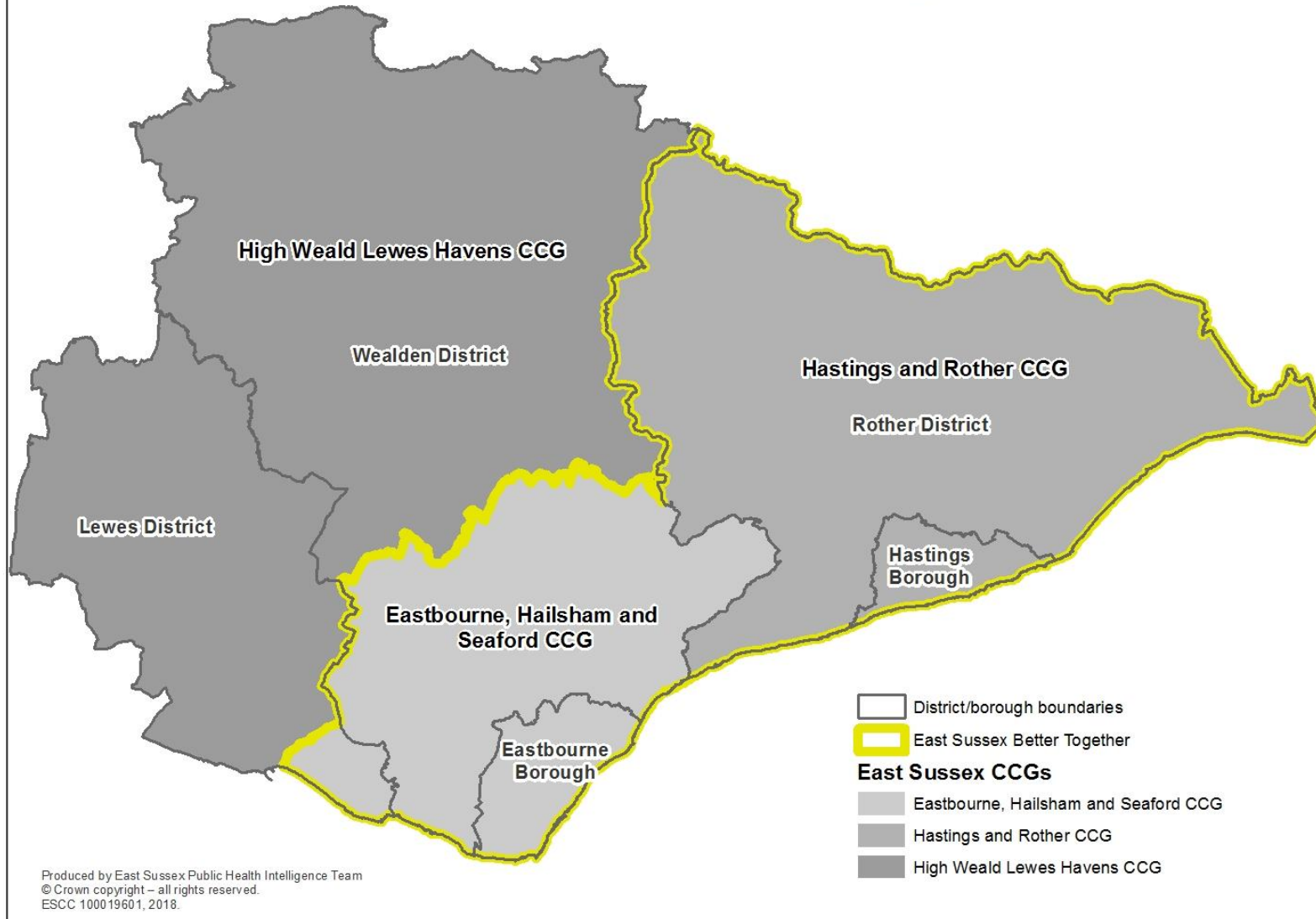


Table of Contents

Key statistics	5
Introduction	6
Population.....	8
Wider determinants.....	10
Overall health status	11
Pregnancy and infancy.....	12
Physical activity and excess weight.....	12
Smoking.....	12
Alcohol and drug misuse	13
Sexual health	13
Accidents and injuries	13
Health protection.....	13
Disease and poor health.....	14
Mental health and wellbeing	14
Circulatory.....	14
Cancer	15
Respiratory.....	15
Diabetes.....	15
Other chronic conditions.....	16
Avoidable admissions	16
Hospital admissions and attendances	16
Social care	19
Children's services	19
Carers.....	19

Adult social care.....	19
NHS dental services.....	19
GP patient survey.....	20
Appendix 1: Scorecard summary tables.....	21
Appendix 2: Acronyms and abbreviations	34

Key statistics

Key Statistics for East Sussex Better Together			
Ref	Indicator	Number per year	Value
1.01	GP registered population (count), April 2017	382,611	
1.02	GP registered population aged 0-19 yrs (%), April 2017	78,992	21
1.03	GP registered population aged 20-64 yrs (%), April 2017	206,523	54
1.04	GP registered population aged 65+ yrs (%), April 2017	97,096	25
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-16	3,643	62
2.02	Income Deprivation (as a percentage), from ID 2015 (M)		15
2.04	Children in low-income families (%), Aug 2014 (M)	12,852	22
3.06	Excess weight in 10-11 year olds (%), 2013/14 to 2015/16 (M)	960	32
3.09	GP reported prevalence of smoking aged 15+ (%), 2016/17	54,775	18
4.04	Life expectancy at birth (yrs), 2014-16		81.7
4.05	Life expectancy at age 75 (yrs), 2014-16		12.7
4.06a	All-cause mortality (SMR), 2014-16	4,813	100
4.08a	Mortality from causes considered preventable (SMR), 2014-16	737	100
4.15	GP reported prevalence of dementia (%), 2016/17	4,581	1.2
4.22	GP reported prevalence of hypertension (%), 2016/17	67,329	17.6
4.25	GP reported prevalence of CHD (%), 2016/17	15,396	4.0
4.28	GP reported prevalence of stroke or TIA (%), 2016/17	9,423	2.5
4.31	GP reported prevalence of atrial fibrillation (%), 2016/17	11,641	3.0
4.33	GP reported prevalence of heart failure (%), 2016/17	4,155	1.1
4.48	GP reported prevalence of asthma (%), 2016/17	24,155	6.3
4.51	GP reported prevalence of COPD (%), 2016/17	9,101	2.4
4.56	GP reported prevalence of diabetes aged 17+ (%), 2016/17	21,766	6.9
4.59	GP reported prevalence of epilepsy aged 18+ (%), 2016/17	2,661	0.9
4.61	GP reported prevalence of CKD aged 18+ (%), 2016/17	16,507	5.3
4.64	GP reported prevalence of learning disabilities aged 18+ (%), 2016/17	2,073	0.7
4.65	GP reported prevalence of palliative care needs (%), 2016/17	1,873	0.5
4.71a	First outpatient attendances (SAR), 2016/17	160,200	100
4.73a	A&E (type 1) attendances (SAR), 2016/17	102,655	100
4.74	MIU attendances (per 1,000), 2016/17	2,617	7
4.78a	All elective admissions (SAR), 2015/16 to 2016/17	64,006	100
4.80a	All emergency admissions (SAR), 2015/16 to 2016/17	38,992	100
6.02	Unpaid carers providing 20 hours or more care per week (%), 2011 (M)	14,414	36
6.04	Carers known to adult social care (per 1,000 population) 2016/17 (M)	5,896	20
6.07	Referrals to children's social care (per 1,000 aged under 18 yrs), 2016/17 (M)	2,822	41
6.17	65+ admitted to perm council supported resid or nursing care (per 100K), 2016/17 (M)	514	539

Introduction

East Sussex Better Together (ESBT) is the area covered by Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Clinical Commissioning Group (HR CCG). ESBT contains six localities, three within EHS CCG and three within HR CCG. Hastings Borough, Rother District and Eastbourne Borough local authority areas are all within ESBT, with the southern part of Wealden District and a small part of Lewes District also included.

This narrative is based on 2018 JSNAA scorecard data for geographies in the ESBT area. A tabulated summary of 187 JSNAA indicators of health and wellbeing, showing localities and CCGs RAG-rated against ESBT, is included (Appendix 1). Individual JSNAA scorecards are referenced in the tables, and titles are flagged with (M) if indicator data has been modelled from LA to NHS geographies.

To best appreciate how localities and CCGs compare to ESBT it is important to read this commentary alongside the JSNAA indicator scorecards. The scorecards also compare GP practices to ESBT.

For indicators where locality or CCG data is not available, values for relevant District and Boroughs (based on the LA view JSNAA scorecards) are discussed.

JSNAA scorecards and area summaries can be downloaded from

www.eastsussexjsna.org.uk/

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

- **GP Practice Profiles and Locality Profiles** - Spine charts are used to compare the GP practice or locality for all available JSNAA indicators.
- **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.

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

In Appendix 1 indicator values are given and statistically significant differences between locality and CCG values and ESBT are flagged in red/green or dark blue/light blue. But it is important to bear in mind that:

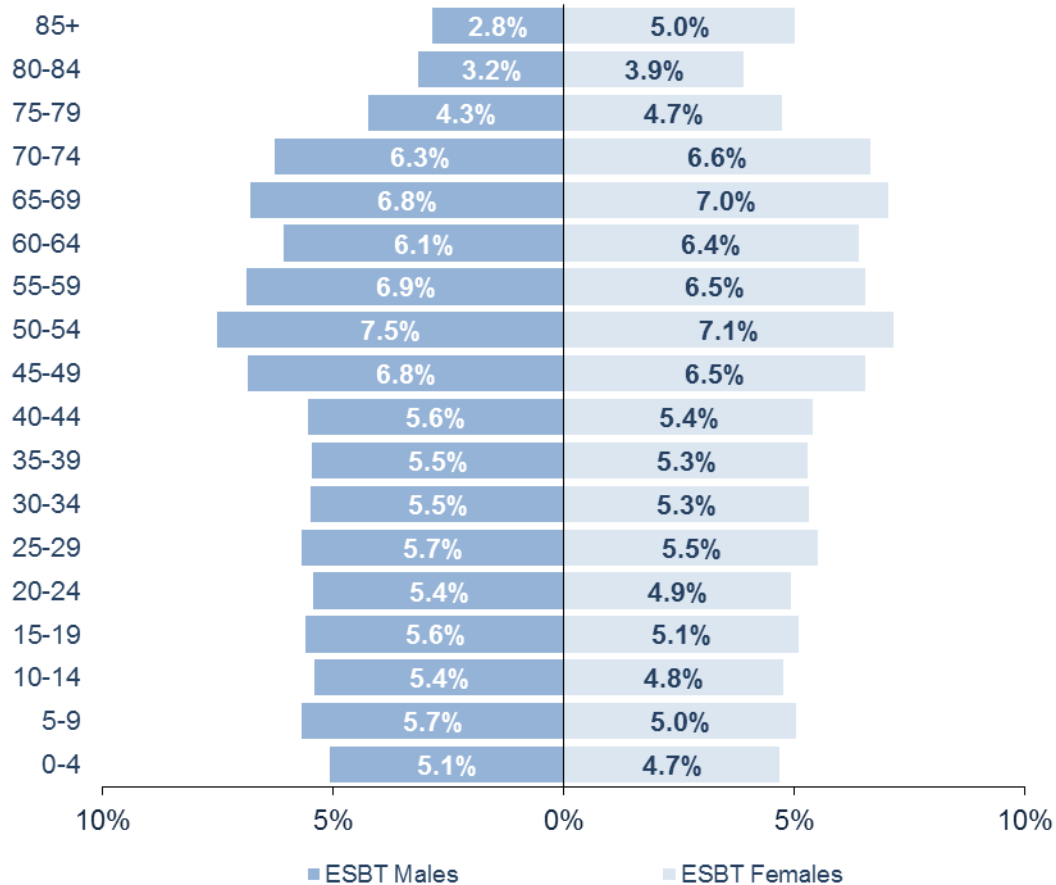
- where values are based on high counts, even small, possibly unimportant, differences may be statistically significant, and
- where values are based on low counts, even large, possibly important differences may not be statistically significant.

Some rates (for example, the GP-reported prevalence of diabetes) are not age-standardised. If crude rates are reported and the condition mainly affects older people it is important to also take into account the age profile of the population.

Standardised mortality ratios (SMRs) and hospital admission or attendance ratios (SARs) do take into account the age profile of the area. However, they can only be used to compare the locality (or CCG or GP practice) to ESBT, NOT to other localities (or CCGs or GP practices). So even where a locality has the highest SMR (or SAR) of all localities, it does not necessarily follow that the mortality (or hospital admission/attendance) rate is higher than in the other localities.

Population

ESBT age profile, 2017
Total registered population 382,611



Seaford Locality has the smallest population of all ESBT localities and Eastbourne has the largest. Hastings & St Leonards has the highest percentage of people aged under 20 and the lowest percentage of older people, whereas Bexhill (which is adjacent to Hastings & St Leonards) and Seaford have the lowest percentages of people aged under 20 and the highest percentages of older people. The contrasting age profiles of these localities are reflected in the dependency ratios (of non-working age people compared to working age people) and the percentages of lone older person households, which are highest in Bexhill and Seaford localities and lowest in Hastings & St Leonards. The urban localities of Eastbourne and Hastings & St Leonards have the largest proportions of non-white British people and pupils with English as an additional language whereas Rural Rother has the lowest. The rates of pupils with English as an additional language in Eastbourne and Hastings & St Leonards are more than three times the rate in Rural Rother.

Hailsham & Polegate has the highest overall birth rate (significantly higher than ESBT), but rates for teenage and older women are similar to ESBT, whereas Seaford has the lowest, including the lowest rate for teenagers (both significantly lower than ESBT). Hastings & St Leonards has the highest teenage birth rate in ESBT and more than double the rates in Seaford and Rural Rother. Rural Rother has a significantly lower teenage birth rate than ESBT (the second lowest of all ESBT localities) and the highest birth rate for older women (though not significantly different to ESBT).

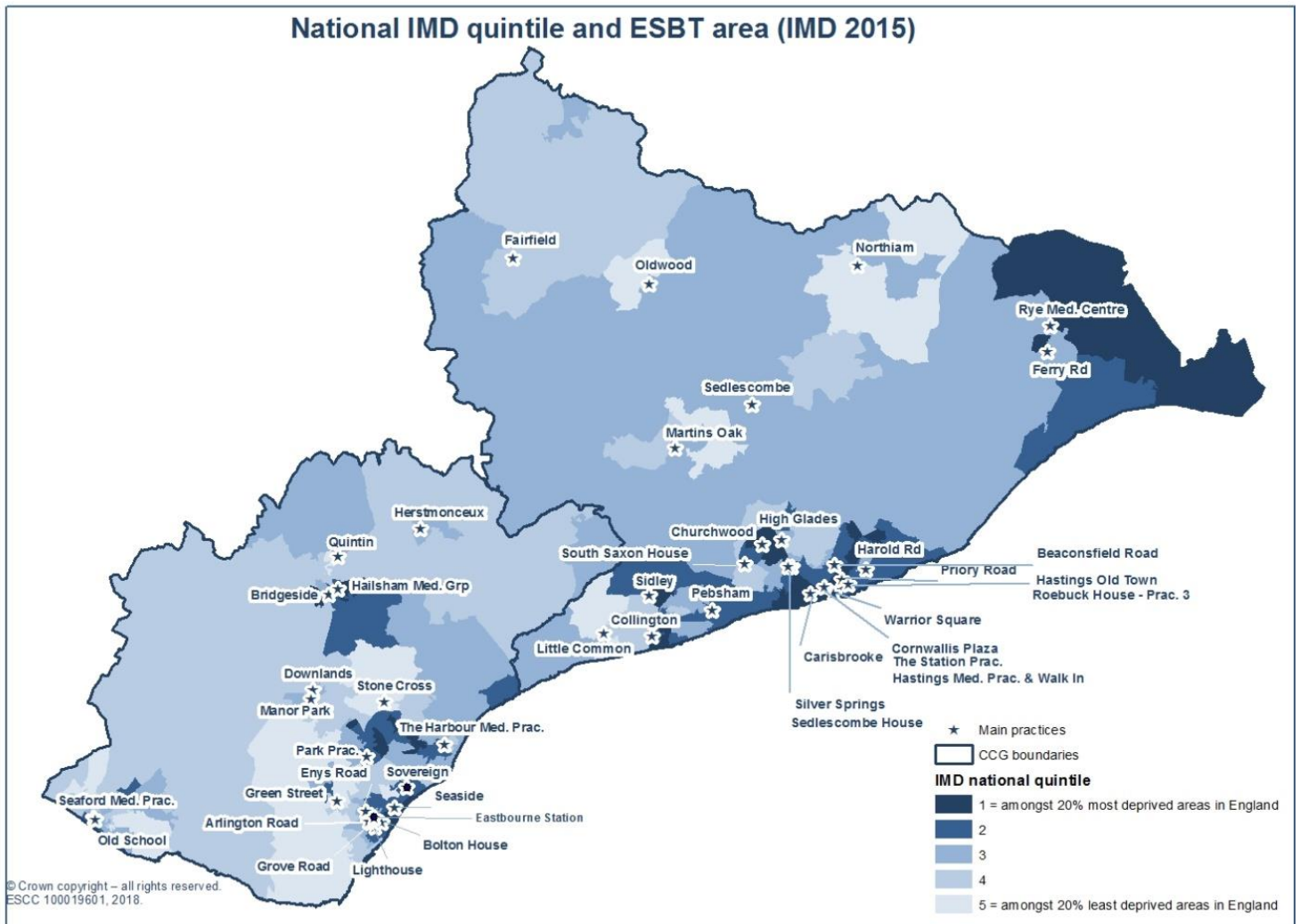
Table 1 shows the estimated population changes between 2016 and 2022 for children and young people, working age adults and older adults. Using projections produced by East Sussex County Council, the table shows that over the next 6 years some age groups are projected to increase in size whilst others will decrease in size. The net effect is that the population of ESBT is estimated to increase, with the largest estimated increase in those aged 85 years and over.

Table 1: Population projections for all persons (number and percentage change) showing the increase (positive) or decrease (negative) from 2016 to 2022 (modelled)

Population projections from 2016 to 2022						
Population Change	ESBT		EHS CCG		HR CCG	
	Number	%	Number	%	Number	%
0-19 years	1,050	1.3	1,050	2.6	0	0.0
20-64 years	-2,450	-1.2	-650	-0.6	-1,800	-1.7
65+ years	11,100	11.4	5,100	10.1	6,100	12.9
85+ years	3,100	20.1	1,700	20.1	1,400	20.0
All Ages	10,300	2.7	5,800	3.0	4,500	2.4

Note: Numbers may not add up due to rounding

Wider determinants



HR CCG has significantly higher income and employment deprivation than ESBT and higher than EHS CCG for the entire range of economy and income indicators shown. This is mainly because Hastings & St Leonards has the worst rates of all ESBT localities and significantly worse rates than ESBT. Bexhill and Eastbourne are the next most deprived localities, whereas Seaford and Rural Rother are the least income and employment deprived localities in ESBT. Hastings & St Leonards has twice the proportion of people living in income and employment deprivation as Seaford, including, for example, the percentage of children living in low-income families, households with dependent children and no adults in employment and working age people claiming ESA.

Rural Rother has the lowest percentage of households with no cars or vans (Census 2011) and significantly lower than ESBT, whilst localities within larger urban areas (Eastbourne and Hastings & St Leonards) have the highest percentages (significantly higher). The percentage of households able to access a GP practice in 15 minutes by public transport/walking is lowest in Seaford and Rural Rother and highest in Hastings & St Leonards.

Bexhill and Rural Rother localities have the highest educational attainment in ESBT for pupils at ages 5 and 11 (significantly higher than ESBT at age 11), whereas Hastings & St Leonards (at age 5) and Eastbourne (at age 11) have the lowest (though neither is significantly different to ESBT). Note that it is not possible to determine whether statistically significant differences exist between different areas' GCSE attainment scores (pupils at age 16). Hastings & St Leonards has the highest rates of pupils with SEN on SEN support, young people who are NEET and working age adults with no or low qualifications (all significantly higher than ESBT) whereas Seaford has the lowest.

The percentages of overcrowded households and households without central heating (Census 2011) are highest in Hastings & St Leonards and Eastbourne and lowest in Rural Rother (for overcrowded households) and Seaford (for no central heating). Seaford and Hailsham & Polegate have the highest percentages of owner-occupied households, whereas Hastings & St Leonards has the lowest (Census 2011). Conversely, Seaford and Hailsham & Polegate have the lowest levels of renting and Hastings & St Leonards has the highest. Bexhill has the highest percentage of people living in care homes and Rural Rother has the lowest (Census 2011).

Rates of recorded crimes and incidents of anti-social behaviour are highest in Hastings & St Leonards and Eastbourne (significantly higher than ESBT) and lowest in Seaford and Rural Rother (significantly lower than ESBT). A&E attendances for assault are highest in Eastbourne and emergency admissions for violence are highest in Hastings & St Leonards (substantially and significantly higher than in ESBT).

Overall health status

Across ESBT levels of self-reported ill-health (not age-standardised) are highest in Bexhill and lowest in Rural Rother. The percentages of people reporting a LLTI or disability (not age-standardised) are broadly similar for all localities except Bexhill, which has the highest percentage (significantly higher than ESBT). Life expectancy at birth and age 75 is lowest in Hastings & St Leonards and highest in Rural Rother and Seaford. The gap in life expectancy

between the best and worst localities is 3.8 years at birth and 1.8 years at age 75. Hastings & St Leonards Locality has the worst rates of overall, premature and preventable mortality in ESBT (significantly higher than ESBT) whereas Rural Rother and Seaford have the best (significantly higher than ESBT).

Pregnancy and infancy

Although all localities in ESBT have quite similar percentages of low birth weight babies, Hailsham & Polegate has the lowest. Bexhill and Hastings & St Leonards have the worst rates of breastfeeding initiation and breastfeeding at 6-8 weeks of all ESBT localities, while Seaford has the best. In Seaford over 70% of mothers who initiate breastfeeding are still breastfeeding at 6-8 weeks, compared with only 55% in Hastings & St Leonards. Rother District has similar infant mortality to East Sussex. Eastbourne Borough has the highest infant mortality rate of all the districts and boroughs in East Sussex, but this rate is not significantly different to the East Sussex rate.

Physical activity and excess weight

Percentages of overweight or obese reception year children are highest (significantly higher than ESBT) in Hastings & St Leonards and lowest (significantly lower) in Seaford. Seaford also has the lowest percentage of overweight or obese children in year 6 (though not significantly different to ESBT). Eastbourne Borough has the lowest percentage of adults achieving 150+ minutes of physical activity per week of all the districts and boroughs in East Sussex (and significantly lower than East Sussex).

Smoking

Hastings & St Leonards Locality has the highest rates in ESBT of smoking prevalence, smoking quitters and mothers who are known to be smokers at time of delivery (all significantly higher than ESBT). Seaford has the lowest rates of smoking prevalence and mothers who are known to be smokers at time of delivery (both significantly lower than ESBT). Hastings Borough has the highest smoking attributable mortality of all the districts and boroughs in East Sussex, and significantly higher than East Sussex.

Alcohol and drug misuse

The rates of both adults and young people in drug and/or alcohol treatment are highest in Hastings & St Leonards Locality and lowest in Rural Rother. For adults the rates in Hastings & St Leonards are significantly and substantially higher than in ESBT. Eastbourne also has a significantly higher rate of adults in drug treatment than ESBT. Hastings and Eastbourne boroughs have the highest rates of alcohol-related admissions (significantly higher than East Sussex) and mortality (not significantly higher) of all the districts and boroughs.

Sexual health

Hastings Borough has the highest under 18s conception rate, and chlamydia detection rate in 15-24 year olds, of all districts and boroughs (though not significantly different to East Sussex), whereas Wealden District has the lowest. Chlamydia diagnosis rates in people aged 25+ are highest in Eastbourne and Hastings boroughs and lowest in Rother and Wealden districts.

Accidents and injuries

Hastings & St Leonards Locality has one of the highest rates of MIU/A&E attendances for accidents and injuries in 0-4 year olds (though not significantly different to ESBT) and the highest rates of emergency admissions for accidents and injuries in 0-4, 5 -14 and 15-24 year olds (significantly higher than ESBT for 15-24 year olds). Eastbourne has the lowest rate of emergency admissions for accidents and injuries in 15-24 year olds (significantly lower than ESBT). Rural Rother Locality has the lowest rates of MIU/A&E attendances for accidents and injuries in 0-4 year olds and emergency admissions for falls injuries in people aged 65+ (both significantly lower than ESBT). Rother District has a significantly higher rate of people killed or seriously injured on the roads than East Sussex and the highest rate of all the districts and boroughs.

Health protection

Rural Rother and Hailsham & Polegate have the lowest percentages of eligible people receiving an NHS Health Check of all ESBT localities (both significantly lower than ESBT) while Bexhill has the highest. Uptake of cancer screening is lowest in Hastings & St Leonards and Eastbourne (both significantly lower than ESBT). Uptake of childhood

immunisations by age 1 is best in Eastbourne (significantly higher than ESBT) and worst in Hastings & St Leonards (significantly lower). Uptake by age 2 is best in Seaford (though not significantly different to ESBT). Hastings & St Leonards has the lowest uptake of immunisations by age 5 (significantly and substantially lower than ESBT). A 95% target for vaccination coverage is required nationally to ensure control of vaccine preventable diseases (herd immunity) within the UK routine childhood vaccination programmes. Hailsham & Polegate and Hastings & St Leonards localities have amongst the lowest uptake of all ESBT localities of seasonal flu and pneumococcal vaccination in people aged 65+ (all significantly lower than ESBT).

Disease and poor health

Mental health and wellbeing

Hastings & St Leonards Locality has the highest rates of all ESBT localities for: the prevalence of severe mental illness, working age people claiming ESA for mental health problems, and emergency admissions for mental and behavioural disorders, self-harm and for persons with severe mental illness (all significantly higher than ESBT). Rural Rother has the lowest rates in ESBT of all the above (all significantly lower than ESBT), except in the case of emergency admissions for mental and behavioural disorders, which is lowest for Hailsham & Polegate. Rural Rother also has the lowest CAMHS caseload rate (and significantly lower than ESBT). Bexhill and Seaford have the highest prevalences of dementia (not age-standardised), but Hastings & St Leonards and Hailsham & Polegate have the highest rates of emergency admissions for people with dementia (and significantly higher than ESBT). Admissions rates for people with dementia are lowest of all in Rural Rother (substantially and significantly lower for emergency and elective admissions).

Circulatory

Within ESBT the prevalences of most circulatory diseases (not age-standardised) are highest in Bexhill and Seaford, and lowest in Hastings & St Leonards and Eastbourne (lowest of all in Hastings & St Leonards). However the ratios of reported versus expected prevalence of hypertension and atrial fibrillation are significantly lower for Hastings & St Leonards than for ESBT, suggesting poorer identification of patients with these conditions in Hastings & St Leonards than ESBT. Similarly, identification of patients with hypertension may also be poorer in Eastbourne Locality, but better in Bexhill and Seaford, than in ESBT.

Although Hastings & St Leonards has one of the lowest GP-reported prevalences of CHD, it has the highest rate of emergency admissions for CHD (and per 1,000 patients on GP CHD registers). Emergency admissions and mortality due to stroke are higher in Seaford, Bexhill and Hastings & St Leonards localities than ESBT (though not significantly different to ESBT). Hastings & St Leonards is the only locality with higher premature mortality from circulatory diseases than ESBT and the rate is substantially and significantly higher than for ESBT. Rural Rother has the lowest premature mortality from circulatory diseases (though not significantly different to ESBT).

Cancer

Premature mortality from cancer is higher in Hastings & St Leonards than the other ESBT localities (though not significantly different to ESBT), and lowest (significantly lower than ESBT) in Seaford. Hastings Borough has the highest mortality from lung and colorectal cancer and overall mortality from cancer of all the districts and boroughs (though not significantly different to East Sussex). But it also has the lowest mortality from prostate cancer (significantly lower than East Sussex). Wealden District has the highest mortality from breast cancer (though not significantly different to East Sussex).

Respiratory

For the majority of these respiratory disease indicators HR CCG has significantly higher rates than ESBT, and amongst the highest of all ESBT localities, whereas Rural Rother has significantly lower rates, and the lowest of all localities. Hastings & St Leonards has the highest emergency admissions rate for asthma (albeit the lowest prevalence in ESBT). It also has one of the highest prevalences of COPD (not age-standardised) and the highest mortality from COPD (both significantly higher than ESBT). Hastings & St Leonards has the highest premature mortality from respiratory diseases (substantially and significantly higher than ESBT) whereas Rural Rother has the lowest (substantially and significantly lower than ESBT).

Diabetes

Bexhill Locality has the highest prevalence of diabetes (not age-standardised) in ESBT and significantly higher than ESBT. Hastings & St Leonards Locality has the highest emergency admissions rate for diabetes (though not significantly higher than ESBT) whereas Rural Rother has the lowest (and significantly lower than ESBT).

Other chronic conditions

Hastings & St Leonards has the highest premature mortality from liver disease of all ESBT localities (substantially and significantly higher than ESBT) whereas Rural Rother has the lowest (substantially but not significantly lower than ESBT). The prevalences (not age-standardised) of CKD are highest in Seaford and Hailsham & Polegate localities. Hastings Borough has the highest fraction of all-cause mortality attributable to manmade particulate air pollution (PM_{2.5}) of all the districts/boroughs.

Avoidable admissions

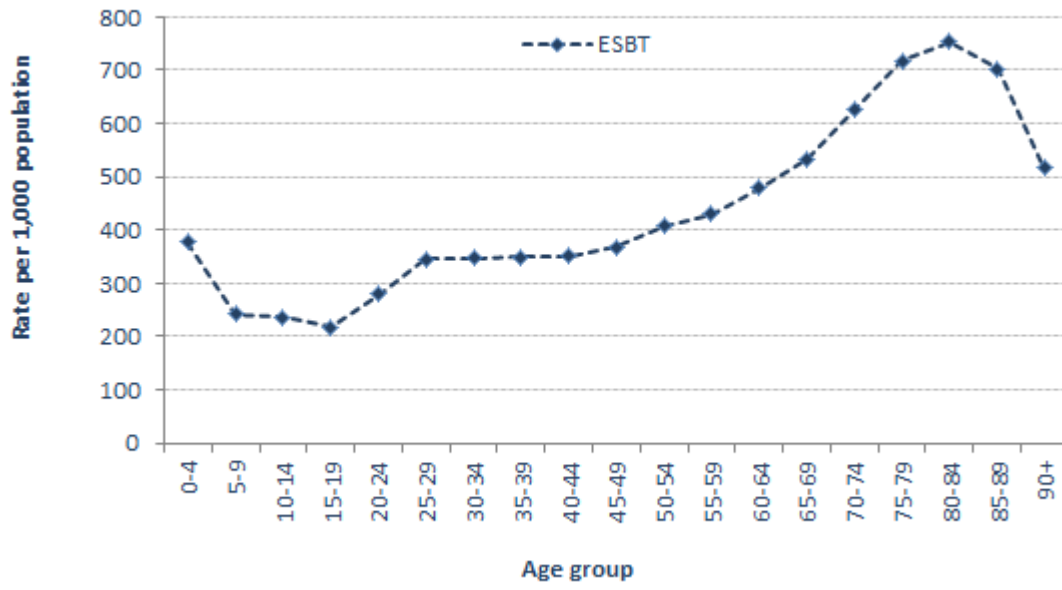
All ESBT localities have similar or lower rates of avoidable admissions to ESBT, except Hastings & St Leonards, which has significantly higher rates than ESBT for chronic and other & vaccine preventable ACS conditions, and Eastbourne, which has a significantly higher rate for acute ACS conditions. Rural Rother has amongst the lowest rates of all these types of avoidable admissions.

Hospital admissions and attendances

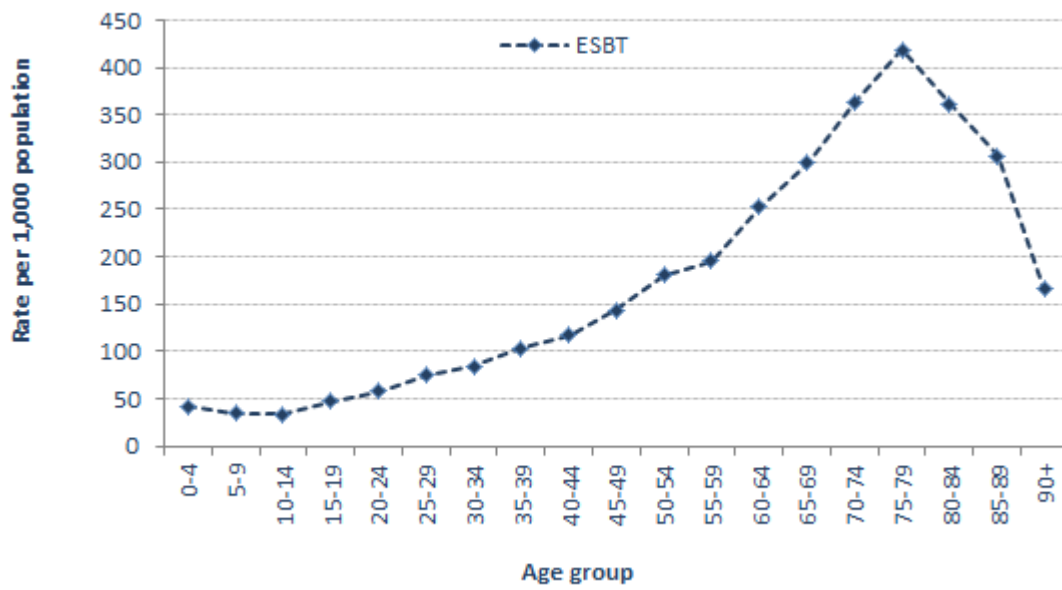
Hastings & St Leonards has the highest rate of outpatient attendances, and DNAs, of all localities in ESBT (both significantly higher than ESBT). Seaford and Hailsham & Polegate localities have the highest rates of MIU attendances. A&E attendances for 0-4 and 15-29 year olds are highest in Hastings & St Leonards (significantly higher than ESBT) and lowest in Rural Rother (significantly lower than ESBT), but for people aged 70+ they are highest in Hailsham & Polegate and Eastbourne (significantly higher) and lowest in Rural Rother (significantly lower). Eastbourne also has the highest rate of elective admissions for people aged 65+ (significantly higher than ESBT) whereas Hastings & St Leonards has the lowest (significantly lower than ESBT). Hastings & St Leonards is the only locality in ESBT with a significantly higher rate of emergency admissions (including for people aged 70-84 years) than ESBT, whereas only Hailsham & Polegate Locality has a significantly higher rate of emergency admissions for people aged 85+ than ESBT.

The following graphs present the age-specific overall attendance and admission rates for ESBT.

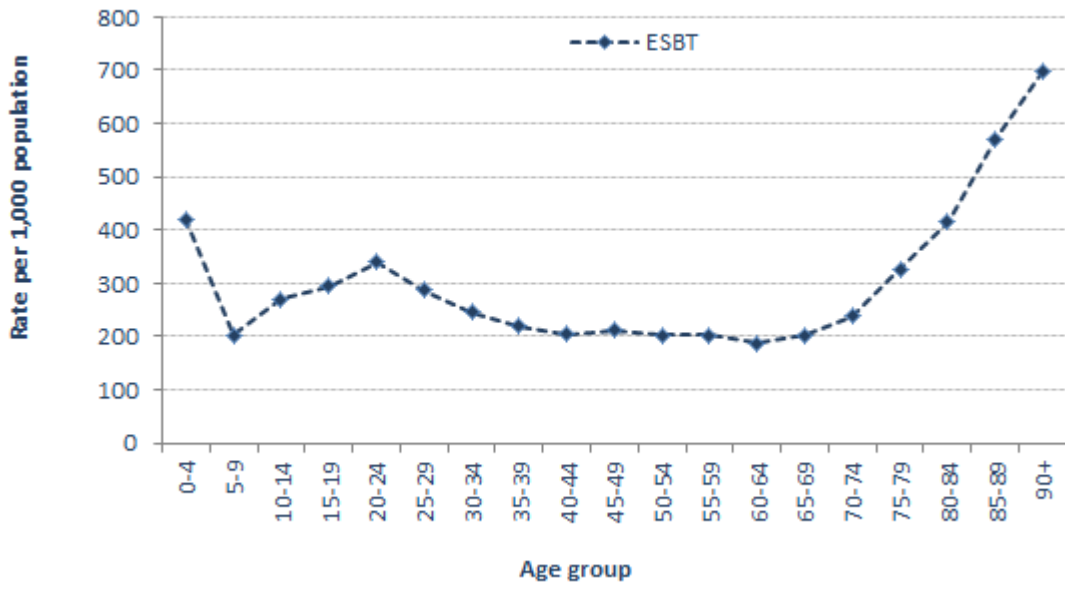
Age-specific outpatients attendance rates



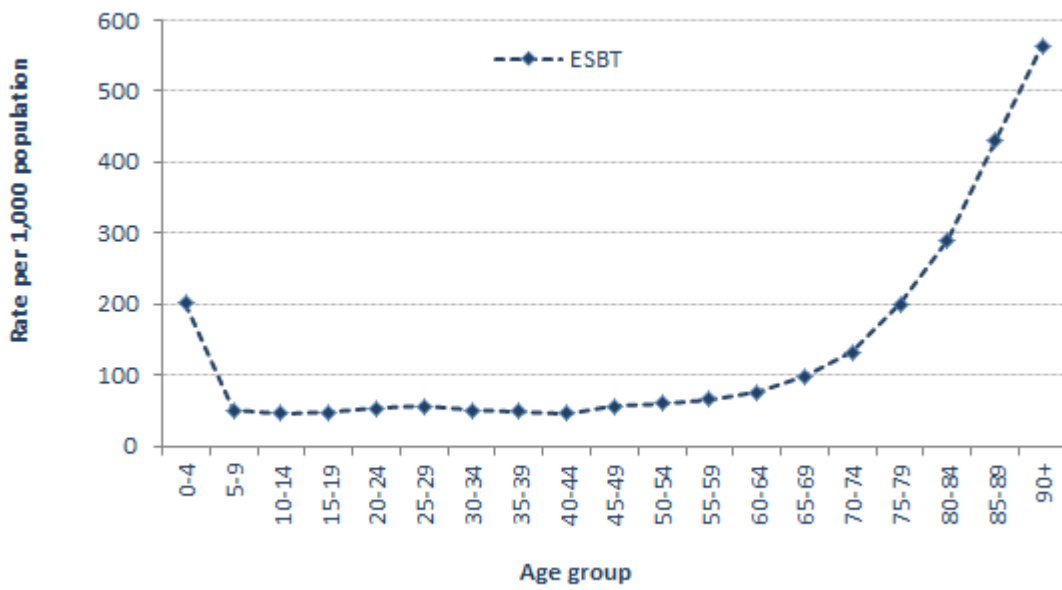
Age-specific elective admission rates



Age-specific A&E attendance rates



Age-specific emergency admission rates



Social care

Children's services

Hastings & St Leonards is the only locality in ESBT with significantly higher rates of referrals to children's social care, and children on child protection plans, than ESBT and the rate of children on child protection plans is substantially higher than for any other ESBT locality. Hastings & St Leonards also has the highest rate of looked after children (though not significantly different to ESBT). For all three indicators Rural Rother Locality has the lowest rates in ESBT.

Carers

Hastings & St Leonards and Bexhill have the highest rates of all ESBT localities of: unpaid carers providing 20+ hours care per week, working age people claiming Carers Allowance, carers known to adult social care, carers receiving a service and carers receiving self-directed support.

Adult social care

Hastings & St Leonards and Bexhill have significantly higher rates of adults receiving self-directed support than ESBT, and the highest of all ESBT localities, whereas Rural Rother and Seaford have significantly lower rates, and the lowest of all. Hastings & St Leonards and Bexhill also have the highest rates of adults receiving Long Term Support whereas Rural Rother has the lowest. Rural Rother also has the lowest rates of learning disabled adults aged 18-64 in settled accommodation. Bexhill and Hailsham & Polegate have the highest rates of adults receiving community equipment and social care funded lifeline or telecare (significantly higher than ESBT) whereas Rural Rother has the lowest (significantly lower than ESBT). Hailsham & Polegate also has the highest rate (significantly higher than ESBT) of over 65s admitted to permanent council supported residential or nursing care whereas Rural Rother has the lowest (significantly lower than ESBT).

NHS dental services

Hailsham & Polegate and Seaford have the highest percentages of children and young people accessing East Sussex NHS general dental services whereas Bexhill has the lowest.

Hastings & St Leonards has the highest percentages of working age and older adults accessing these services, whereas Eastbourne and Seaford have the lowest.

GP patient survey

Rural Rother and Seaford localities have the highest response rates of all ESBT localities to the GP Patient Survey, whereas Hastings & St Leonards Locality has the lowest. Two-thirds or more of ESBT respondents generally rated the different aspects of their GP surgery/services well, but for most indicators the proportions were lowest (significantly lower than in ESBT) in Hastings & St Leonards Locality, and highest (significantly higher) in Rural Rother.

Appendix 1: Scorecard summary tables

Significantly worse than ESBT	Significantly better than ESBT	Significantly higher than ESBT	Significantly lower than ESBT	Not significantly different to ESBT	Significance not tested
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Population										
Significance compared to ESBT										
Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
1.01	GP registered population (count), April 2017	382,611	194,800	187,811	118,076	48,931	27,793	47,460	99,674	40,677
1.02	GP registered population aged 0-19 yrs (%), April 2017	21	21	21	21	21	17	17	23	20
1.03	GP registered population aged 20-64 yrs (%), April 2017	54	54	54	55	51	50	49	58	52
1.04	GP registered population aged 65+ yrs (%), April 2017	25	26	25	24	27	33	34	19	28
1.05	GP registered population aged 85+ yrs (%), April 2017	4.0	4.3	3.6	3.9	4.5	5.6	6.0	2.4	3.6
1.11	Dependency ratio, April 2017	0.71	0.73	0.70	0.67	0.79	0.88	0.90	0.60	0.77
1.12	Lone older person (aged 65+) households (%), 2011 (M)	17	18	16	17	17	20	22	13	17
1.13	Lone parent households (%), 2011 (M)	6	6	7	7	6	5	5	8	5
1.14	Non-White British population (%), 2011 (M)	9	9	8	12	6	6	6	10	5
1.15	Non-White British pupils (%), 2017 (M)	15	16	14	20	11	11	11	16	9
1.16	Pupils with English as an additional language (per 1,000), 2017 (M)	69	80	57	110	35	35	47	72	23
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-16	62	61	62	60	69	54	58	65	58
1.19	Live births per 1,000 women aged 15-19 yrs, 2014-16	16	15	18	17	13	7	15	22	8
1.20	Live births per 1,000 women aged 35-44 yrs, 2014-16	34	34	35	34	33	35	30	35	40

Wider determinants - Economy, income and transport

Significance compared to ESBT

Ref	Indicator	Significance compared to ESBT								
		ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
2.02	Income Deprivation (as a percentage), from ID 2015 (M)	15	13	18	14	12	10	15	22	11
2.04	Children in low-income families (%), Aug 2014 (M)	22	19	25	20	19	14	23	28	16
2.05	Income Deprivation Affecting Older People Index (IDAOPI) (as a percentage), from ID 2015 (M)	17	15	18	16	13	10	15	23	12
2.06	Households in fuel poverty (%), 2015 (M)	10	9	10	9	9	8	9	11	10
2.07	Pupils receiving the pupil premium (%), Jan 2017 (M)	23	20	26	21	18	16	23	30	19
2.08	Households with dependent children and no adults in employment (%), 2011 (M)	15	12	17	13	11	10	16	20	10
2.09	Employment Deprivation (as a percentage), from ID 2015 (M)	13	12	15	13	10	9	14	18	9
2.10	Working age people claiming JSA and Universal Credit (%), Aug 2017 (M)	2.0	1.4	2.6	1.6	1.0	1.0	1.6	3.6	1.3
2.11	Working age people claiming ESA (%), Feb 2017 (M)	7	6	8	7	6	5	8	10	5
2.12	Households with no cars or vans (%), 2011 (M)	25	24	26	27	18	20	24	32	14
2.13	Households able to access a GP practice in 15 min by public transport/walking (%), 2014 (M)	84	81	86	84	84	66	91	90	69

Wider determinants - Education

Significance compared to ESBT

Ref	Indicator	Significance compared to ESBT								
		ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
2.15	Pupils (at age 5) reaching a good level of development in the EYFS (%), Jun 2017 (M)	76	77	76	77	77	77	80	73	78
2.16	Pupils (at age 11) achieving the expected standard at Key Stage 2, Jun 2017 (M)	55	51	58	50	52	57	61	54	66
2.17	Average GCSE Attainment 8 score for pupils (at age 16) at Key Stage 4, Jun 2017 (M)	44	45	43	44	46	46	43	42	46
2.18	Working age population with no or low qualifications (%), 2011 (M)	32	30	34	30	32	29	33	36	30
2.19	Pupils with special educational needs (SEN) on SEN Support (per 1,000), Jan 2017 (M)	93	86	99	85	91	79	97	105	84
2.20	Pupils with a statement of SEN or an EHCP (per 1,000), Jan 2017 (M)	36	34	38	33	34	39	38	38	35
2.21	Young people aged 16-18 yrs NEET (monthly rate per 1,000), Nov 2016 to Jan 2017 (M)	56	49	63	58	36	34	40	81	42

Wider determinants - Housing

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
2.25	Households that are overcrowded (%), 2011 (M)	7	8	7	9	5	5	6	9	4
2.26	Households with no central heating (%), 2011 (M)	3.1	2.5	3.7	2.8	2.1	1.8	2.4	4.5	3.4
2.27	Households owned outright or with a mortgage/loan (%), 2011 (M)	67	69	64	64	77	78	72	57	74
2.28	Socially rented households (%), 2011 (M)	12	11	12	12	10	7	9	14	12
2.29	Privately rented households (%), 2011 (M)	20	18	22	22	11	13	17	28	12
2.30	Persons living in care homes with nursing (%), 2011 (M)	0.5	0.5	0.6	0.4	0.5	0.6	1.1	0.4	0.3
2.31	Persons living in care homes without nursing (%), 2011 (M)	0.9	0.9	1.0	0.9	0.8	1.0	1.3	1.0	0.8

Wider determinants - Crime

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
2.33	Recorded crimes (per 1,000 population), 2016/17 (M)	64	57	70	68	44	37	52	91	39
2.34	Recorded incidents of Anti-Social Behaviour (per 1,000 population), 2016/17 (M)	27	25	29	30	17	18	24	38	15
2.35	A&E attendances by 15-59 yr olds for assaults, 8pm-4am (per 1,000), 2014/15 to 2016/17	1.6	1.7	1.5	2.0	1.3	1.1	1.3	1.7	1.0
2.36a	Emergency admissions for violence (SAR), 2014/15 to 2016/17	100	76	124	86	56	65	80	161	68

Overall health status

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
4.01	People reporting that their health is bad or very bad (%), 2011 (M)	6	6	7	6	6	6	8	7	5
4.02	People reporting a limiting long-term health problem or disability (%), 2011 (M)	22	21	23	21	21	23	27	22	20
4.04	Life expectancy at birth (yrs), 2014-16	81.7	82.3	81.1	82.3	81.8	83.4	81.4	79.7	83.5
4.05	Life expectancy at age 75 (yrs), 2014-16	12.7	12.9	12.4	13.0	12.7	13.3	12.7	11.7	13.5
4.06a	All-cause mortality (SMR), 2014-16	100	96	105	96	100	90	101	119	85
4.07a	Premature all-cause mortality (SMR), 2014-16	100	95	105	97	102	76	98	125	74
4.08a	Mortality from causes considered preventable (SMR), 2014-16	100	94	106	93	108	73	98	127	75

Healthy Lifestyles - Pregnancy and infancy

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
3.01	Low birth weight (%), 2014-16	6	6	7	7	4	5	7	7	5
3.02	Breastfeeding initiation (%), 2016/17	80	83	78	84	80	85	74	78	81
3.03	Breastfeeding prevalence at 6-8 weeks after birth (%), 2016/17 (M)	49	53	45	52	53	61	44	43	53
4.09	Infant mortality (per 1,000 live births), 2014-16	3.6	3.6	3.5	4.9				4.2	

Healthy Lifestyles - Physical activity and excess weight

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
3.04	Adults achieving 150+ minutes physical activity per week (%), 2015/16									
3.05	Excess weight in 4-5 year olds (%), 2013/14 to 2015/16 (M)	22	21	23	22	21	17	23	24	21
3.06	Excess weight in 10-11 year olds (%), 2013/14 to 2015/16 (M)	32	32	32	34	31	28	33	33	29
3.07	Excess weight in adults (%), 2013-2015									

Healthy Lifestyles - Smoking

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
3.09	GP reported prevalence of smoking aged 15+ (%), 2016/17	18	16	20	17	14	13	17	24	15
3.10	Smoking quitters at 4 weeks (per 100,000 aged 16+yrs), 2016/17 (M)	323	287	361	321	173	336	390	403	222
3.11	Mothers known to be smokers at the time of delivery (%), 2016/17	14	12	16	13	14	6	14	18	11
3.12	Smoking-attributable deaths in persons aged 35+ yrs (DSR per 100,000), 2012-2014									

Healthy Lifestyles - Alcohol and drug misuse

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
3.13	Young people in drug or alcohol treatment (per 10,000 aged 0-18 yrs), Sep 16 to Aug 17 (M)	21	18	23	19	16	21	20	27	16
3.14	Adults aged 19+ in alcohol treatment (per 10,000), 2016/17 (M)	19	18	20	20	12	15	14	28	10
3.15	Alcohol-related admissions (DSR per 100,000), 2015/16		634	665						
3.16	Alcohol-related mortality (DSR per 100,000), 2015									
3.17	Adults aged 19+ in drug treatment (per 10,000), 2016/17 (M)	45	42	49	55	23	24	24	75	16

Healthy Lifestyles - Sexual health

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
3.30	Under 18s conceptions (per 1,000 females aged 15-17), 2015									
3.31	Chlamydia detection rate in persons aged 15-24 (per 100,000), 2016	1,622	1,580	1,664						
3.32	Chlamydia diagnostic rate in persons aged 25+ (per 100,000), 2016	117	121	113						
3.33	Gonorrhoea diagnostic rate (per 100,000), 2016	26	27	24						

Healthy Lifestyles - Accidents and injuries

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
3.34	MIU and A&E attendances for accidents & injuries in 0-4 yr olds (per 10,000), 2016/17	1,616	1,605	1,628	1,656	1,596	1,348	1,704	1,688	1,326
3.35	Emergency admissions for accidents & injuries in 0-4 yr olds (per 10,000), 2014/15 to 2016/17	178	156	201	159	145	158	201	204	191
3.36	Emergency admissions for accidents & injuries in 5-14 yr olds (per 10,000), 2014/15 to 2016/17	91	81	100	84	81	68	99	102	94
3.37	Emergency admissions for accidents and injuries in 15-24 yr olds (per 10,000), 2014/15 to 2016/17	122	101	145	92	105	141	123	157	135
3.38a	Emergency admissions for falls injuries for people aged 65+ (SAR), 2015/16 to 2016/17	100	103	97	104	105	96	96	104	86
3.39	People killed or seriously injured on East Sussex roads (per 100,000), 2013 to 2015									

Health protection - Health checks and screening

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
3.18	Eligible people aged 40-74 who received an NHS Health Check (%), Apr 2013 to Mar 2017	45	45	46	47	37	49	55	46	34
3.19	Eligible women aged 25-64 screened for cervical cancer (%), at Mar 2016	75	75	74	74	78	77	75	73	78
3.20	Eligible women aged 50-70 screened for breast cancer (%), at Mar 2016	72	73	72	70	76	77	76	68	75
3.21	Eligible people aged 60-69 screened for bowel cancer (%), at Mar 2016	60	60	60	58	62	65	64	55	63

Health protection - Immunisation

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
3.22	Children immunised for DTaP/IPV/Hib by age 1 (%), 2016/17	94	96	92	96	94	95	93	91	96
3.23	Children immunised for pneumococcal infection by age 2 (%), 2016/17	95	96	94	96	94	97	93	95	93
3.24	Children immunised for Hib/MenC by age 2 (%), 2016/17	94	95	93	95	93	97	93	93	94
3.25	Children immunised for measles, mumps and rubella (MMR) by age 2 (%), 2016/17	93	94	92	94	90	96	91	92	91
3.26	Children immunised for DTaP/IPV by age 5 (%), 2016/17	91	92	90	92	93	94	93	88	93
3.27	Children immunised for measles, mumps and rubella (MMR) by age 5 (%), 2016/17	91	92	90	92	93	92	92	88	92
3.28	People aged 65+ receiving seasonal flu vaccination (%), Sep 2016 to Jan 2017	71	71	71	72	68	75	75	68	69
3.29	People aged 65+ ever receiving a pneumococcal vaccination (%), at 31 Mar 2017	70	68	71	68	65	69	76	68	69

Disease and poor health - Mental health

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
4.10	GP reported incidence of depression in persons aged 18+ (%), 2016/17	12.4	13.1	11.6	13.1	14.1	11.5	11.8	12.7	8.8
4.11	GP reported prevalence of severe mental illness (%), 2016/17	1.2	1.1	1.3	1.2	0.9	1.1	1.3	1.5	0.7
4.12a	Emergency admissions for mental and behavioural disorders (SAR), 2015/16 to 2016/17	100	89	111	101	69	76	91	140	71
4.13a	Emergency admissions, people with severe mental illness (SAR), 2015/16 to 2016/17	100	88	113	85	97	83	98	145	57
4.14a	Emergency admissions relating to self-harm (SAR), 2015/16 to 2016/17	100	90	110	86	88	116	99	131	66
4.15	GP reported prevalence of dementia (%), 2016/17	1.2	1.3	1.1	1.2	1.2	1.5	1.7	0.9	0.9
4.16	GP reported versus expected prevalence of dementia at age 65+ (ratio), 31 Jan 17	63	64	61						
4.17a	Elective admissions, people 30+ with dementia (SAR), 2015/16 to 2016/17	100	112	86	105	145	89	87	99	61
4.18a	Emergency admissions, people 30+ with dementia (SAR), 2015/16 & 2016/17	100	103	96	102	110	97	94	116	67
4.19	CAMHS caseload (per 1,000 aged 0-18 yrs), Mar 2017	23	25	22	24	26	26	23	23	18
4.20	Working age people claiming ESA for mental health problems (per 1,000), Feb 2017 (M)	35	31	40	34	24	25	38	48	20
4.21a	Mortality from suicide (SMR), 2013-16	100	99	102	90	127	85	88	125	60

Disease and poor health - Circulatory

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
4.22	GP reported prevalence of hypertension (%), 2016/17	17.6	17.5	17.7	16.1	18.8	21.3	22.4	15.1	18.7
4.23	GP reported versus expected prevalence of hypertension (ratio), 2014/15	61	62	61	60	63	64	65	59	61
4.24	GP reported prevalence of high blood pressure without established CVD (%), 2016/17	1.4	1.3	1.5	1.2	1.5	1.5	1.8	1.3	1.7
4.25	GP reported prevalence of CHD (%), 2016/17	4.0	4.0	4.0	3.7	4.4	4.9	5.5	3.4	3.8
4.26a	Emergency admissions for CHD (SAR), 2015/16 to 2016/17	100	88	113	89	88	85	106	127	94
4.27	Emergency admissions for CHD per 1,000 on GP CHD registers, 2016/17	58	50	66	55	46	41	58	75	62
4.28	GP reported prevalence of stroke or TIA (%), 2016/17	2.5	2.5	2.4	2.3	2.6	3.2	3.3	2.1	2.3
4.29a	Emergency admissions for stroke (SAR), 2015/16 to 2016/17	100	102	98	95	111	111	91	108	89
4.30a	Mortality from stroke (SMR), 2013-16	100	100	100	91	115	106	97	109	91
4.31	GP reported prevalence of atrial fibrillation (%), 2016/17	3.0	3.2	2.8	3.0	3.4	4.1	4.0	2.1	3.2
4.32	GP reported versus expected prevalence of atrial fibrillation (ratio), 2014/15	74	78	70	77	78	80	74	64	72
4.33	GP reported prevalence of heart failure (%), 2016/17	1.1	1.1	1.1	1.0	1.3	1.3	1.5	0.9	0.9
4.34	GP reported prevalence of PAD (%), 2016/17	0.8	0.8	0.8	0.7	0.8	1.1	1.0	0.7	0.7
4.35a	Premature mortality from circulatory diseases (SMR), 2013-16	100	91	109	88	99	88	90	136	77

Disease and poor health - Cancer

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
4.36	Incidence of lung cancer (DSR per 100,000), 2013-2015	69	67	71						
4.37	Mortality from lung cancer (DSR per 100,000), 2013-15	51	48	54						
4.38	Incidence of colorectal cancer (DSR per 100,000), 2013-2015	70	69	72						
4.39	Mortality from colorectal cancer (DSR per 100,000), 2013-15	28	25	31						
4.40	Incidence of breast cancer (DSR per 100,000 women), 2013-2015	170	163	176						
4.41	Mortality from breast cancer (DSR per 100,000 women), 2013-15	40	40	40						
4.42	Incidence of prostate cancer (DSR per 100,000 men), 2013-2015	184	181	187						
4.43	Mortality from prostate cancer (DSR per 100,000 men), 2013-15	46	47	45						
4.44	Incidence of all cancers (DSR per 100,000), 2013-2015	595	591	601						
4.46	Mortality from all cancers (DSR per 100,000), 2013-15	274	268	280						
4.47a	Premature mortality from cancer (SMR), 2013-16	100	98	102	103	98	80	103	110	87

Disease and poor health - Respiratory

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
4.48	GP reported prevalence of asthma (%), 2016/17	6.3	6.6	6.0	6.4	7.0	7.0	6.7	5.6	6.1
4.49a	Emergency admissions for asthma (SAR), 2015/16 to 2016/17	100	91	109	100	79	72	114	122	70
4.50	Emergency admissions for asthma per 1,000 on GP asthma registers, 2016/17	15	13	17	15	12	10	17	19	13
4.51	GP reported prevalence of COPD (%), 2016/17	2.4	2.3	2.5	2.1	2.5	2.4	2.8	2.6	1.9
4.52a	Emergency admissions for COPD (SAR), 2015/16 to 2016/17	100	88	113	84	100	82	104	152	53
4.53	Emergency admissions for COPD per 1,000 on GP COPD registers, 2016/17	88	85	91	82	85	96	98	98	60
4.54a	Mortality from COPD (SMR), 2013-16	100	87	115	89	91	74	100	141	92
4.55a	Premature mortality from respiratory diseases (SMR), 2013-16	100	86	114	92	88	65	102	146	67

Disease and poor health - Diabetes

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
4.56	GP reported prevalence of diabetes aged 17+ (%), 2016/17	6.9	6.7	7.1	6.4	7.1	7.0	8.2	6.8	6.7
4.57a	Emergency admissions for diabetes (SAR), 2015/16 to 2016/17	100	106	94	109	98	108	82	117	56
4.58	Emergency admissions for diabetes per 1,000 on GP diabetes registers, 2016/17	16	17	15	18	15	16	13	18	10

Disease and poor health - Other conditions

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
4.59	GP reported prevalence of epilepsy aged 18+ (%), 2016/17	0.9	0.8	0.9	0.8	0.8	0.7	1.0	1.0	0.6
4.60a	Premature mortality from liver disease (SMR), 2013-16	100	82	118	81	79	91	98	154	61
4.61	GP reported prevalence of CKD aged 18+ (%), 2016/17	5.3	6.2	4.3	5.6	7.1	7.2	5.3	3.8	4.4
4.64	GP reported prevalence of learning disabilities aged 18+ (%), 2016/17	0.7	0.6	0.8	0.6	0.5	0.4	0.7	0.8	0.6
4.65	GP reported prevalence of palliative care needs (%), 2016/17	0.5	0.6	0.4	0.6	0.5	0.6	0.5	0.4	0.4
2.24	Mortality attributable to manmade particulate air pollution (%) in adults aged 30+, 2015									

Disease and poor health - Avoidable admissions

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
4.66a	Emergency admissions for LRTIs in under 20s (SAR), 2015/16 to 2016/17	100	106	94	106	103	109	87	103	71
4.67a	Emergency admissions for diabetes, epilepsy, asthma in under 20s (SAR), 2015/16 to 2016/17	100	92	109	108	60	72	117	120	67
4.68a	Emergency admissions for chronic ACS conditions (SAR), 2015/16 to 2016/17	100	90	111	91	89	87	103	134	74
4.69a	Emergency admissions for acute ACS conditions (SAR), 2015/16 to 2016/17	100	103	96	111	100	82	91	106	80
4.70a	Emergency admissions for other & vaccine preventable ACS conditions (SAR), 2015/16 to 2016/17	100	100	99	101	103	95	85	122	76

Disease and poor health - Hospital attendances and admissions

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
4.71a	First outpatient attendances (SAR), 2016/17	100	97	103	96	97	104	104	106	94
4.72	Outpatient appointments where the patient did not attend (%), 2016/17	8.0	7.4	8.6	7.8	7.2	6.2	7.2	9.9	7.0
4.73a	A&E (type 1) attendances (SAR), 2016/17	100	100	100	103	98	89	96	111	79
4.74	MIU attendances (per 1,000), 2016/17	7	10	3	4	14	31	3	3	6
4.75	A&E (type 1) attendances for 0-4 yr olds (per 1,000), 2016/17	421	419	424	430	389	428	420	451	333
4.76	A&E (type 1) attendances for persons aged 15-29 (per 1,000), 2016/17	307	306	308	310	299	296	296	335	240
4.77	A&E (type 1) attendances for persons aged 70+ (per 1,000), 2016/17	379	398	358	406	412	357	367	392	287
4.78a	All elective admissions (SAR), 2015/16 to 2016/17	100	105	94	105	109	100	99	94	90
4.79	Elective admissions for persons aged 65+ (per 1,000), 2015/16 to 2016/17	336	361	310	364	359	354	323	298	313
4.80a	All emergency admissions (SAR), 2015/16 to 2016/17	100	95	106	97	95	86	101	117	86
4.81	Emergency admissions for persons aged 70-84 yrs (per 1,000), 2015/16 to 2016/17	194	191	197	196	193	175	191	228	155
4.82	Emergency admissions for persons aged 85+ (per 1,000), 2015/16 to 2016/17	483	490	475	486	521	458	480	484	448

Children's services

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
6.07	Referrals to children's social care (per 1,000 aged under 18 yrs), 2016/17 (M)	41	35	47	37	32	29	41	57	25
6.08	Children on a child protection plan (per 1,000 aged under 18 yrs), 31 March 2017 (M)	6	3	8	3	5	2	6	12	1
6.09	Looked after children (per 1,000 aged under 18 yrs), 31 March 2017 (M)	6.1	5.3	6.9	4.9	5.7	6.1	6.8	7.8	4.8

Carers

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
6.01	People providing one hour or more of unpaid care per week (%), 2011 (M)	11.4	11.3	11.5	10.9	11.6	12.5	12.7	10.7	12.0
6.02	Unpaid carers providing 20 hours or more care per week (%), 2011 (M)	36	35	37	36	35	29	38	39	32
6.03	Working age people claiming Carers Allowance (%), Feb 2017 (M)	1.8	1.7	2.0	1.7	1.7	1.3	2.0	2.1	1.7
6.04	Carers known to adult social care (per 1,000 population) 2016/17 (M)	20	18	21	18	20	17	24	21	18
6.05	Carers (known to adult social care) receiving a service (%), 2016/17 (M)	93	91	94	90	91	91	95	95	93
6.06	Carers receiving self-directed support (per 1,000 aged 18+), 2016/17 (M)	8	7	9	6	7	6	10	9	7

Adult social care

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
6.10	Adults receiving direct payments (per 1,000), at 31st July 2017 (M)	4	3	5	3	4	2	4	5	4
6.11	Adults receiving self-directed support (per 1,000), 31st July 2017 (M)	12	12	13	12	13	10	14	14	9
6.12	Working age people receiving Long Term Support (per 1,000), 2016/17 (M)	9	8	11	8	8	6	12	12	6
6.13	People aged 65+ receiving Long Term Support (per 1,000), 2016/17 (M)	30	30	30	30	34	24	27	35	25
6.14	Learning disabled aged 18-64 in settled accommodation (%), Aug 2016 to July 2017 (M)	74	78	71	74	84	82	80	74	46
6.15	Adults receiving community equipment (per 1,000), 2016/17 (M)	15	16	15	15	17	15	17	14	13
6.16	Adults receiving adult social care funded lifeline or telecare (per 1,000), 2016/17 (M)	20	21	19	20	23	21	23	17	16
6.17	65+ admitted to perm council supported resid or nursing care (per 100K), 2016/17 (M)	539	546	531	503	743	405	583	693	160
6.18	New ASC clients receiving services, not asking for more ongoing (%), 2016/17 (M)	100	100	99	100	100	100	99	99	99

NHS dental services

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
3.40	Residents aged 0-17 accessing East Sussex NHS general dental services (%), 2016/17 (M)	75	76	74	74	80	80	71	75	74
3.41	Residents aged 18-64 accessing East Sussex NHS general dental services (%), 2016/17 (M)	51	48	54	47	54	47	53	57	48
3.42	Residents aged 65+ accessing East Sussex NHS general dental services (%), 2016/17 (M)	54	50	58	47	57	48	58	62	54

GP patient survey

Significance compared to ESBT

Ref	Indicator	ESBT	EHS CCG	HR CCG	Eastbn.	Hailsham & Polegate	Seaford	Bexhill	Hastings & St Leonards	Rural Rother
5.01	Patients responding to the GP Patient Survey (%), 2016/17	46	47	45	43	54	56	51	40	56
5.02	Patients whose experience of their GP surgery was good (%), 2016/17	87	89	85	88	86	94	88	79	95
5.03	Patients whose experience of making appointments was good (%), 2016/17	76	77	76	77	72	83	76	69	92
5.04	Patients satisfied with GP surgery's opening hours (%), 2016/17	79	80	77	80	79	81	76	75	84
5.05	Patients who said the GP was good at involving them in decisions on care (%), 2016/17	75	77	73	76	76	83	77	68	81
5.06	Patients who said the nurse was good at involving them in decisions on care (%), 2016/17	67	68	67	69	65	69	66	67	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
ESBT	East Sussex Better Together
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
LLTI	Limiting Long-Term Illness
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
PM _{2.5}	The mass (in micrograms) per cubic metre of air of individual particles with an aerodynamic diameter generally less than 2.5 micrometers.
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