INTRODUCTION

The East Sussex Joint Strategic Needs and Assets Assessment (JSNAA) scorecards present data on over 200 indicators of health and wellbeing. The NHS view JSNAA scorecards present the data for East Sussex Clinical Commissioning Groups (CCGs), localities/communities of practice, and GP practices.

This year there are 206 indicators presented in the following sections:
- Population
- Wider determinants of health and wellbeing
- Healthy lifestyles
- Disease and poor health
- GP patient survey
- Social care

In addition to the NHS view, a set of scorecards is presented at Local Authority view (county, districts/boroughs, wards).

How to read the scorecards

In each scorecard:

1. The title provides a brief description of the indicator.

2. Information on the East Sussex CCGs is presented at the top of the page. Then individual CCGs, localities/communities of practice, and GP practices, are ordered according to their Index of Multiple Deprivation (IMD) 2015 scores (descending) (see scorecard 2.01 for IMD 2015 scores).
   - Hastings & Rother CCG is shown first (top left) because (according to IMD scores) it is the most deprived of the three East Sussex CCGs. Hastings & St Leonards is shown first in Hastings & Rother CCG because it is the most deprived locality in the CCG. Warrior Square Surgery is shown first in Hastings and St Leonards because it is the most deprived GP practice in the locality.
   - Beacon Surgery is bottom of the whole list (bottom right) because it is the least deprived GP practice in the least deprived community of practice (Crowborough) in the least deprived CCG (High Weald Lewes Havens CCG).

3. For each area the count (left hand column headed ‘Count’) and value (right hand column headed ‘Value’) is given. In the example, on the next page, there are 502 looked after children in the East Sussex CCGs, and the rate of looked after children is 5 per 1,000 population aged under 18 years.

4. Upward or downward pointing triangles indicate values that are (statistically) significantly higher or lower than the overall value for the East Sussex CCGs at a 95% confidence level. (Note that it is not possible to perform this test for all indicators.)
   - In this example the rate of looked after children in Warrior Square Surgery (13 per 1,000 population aged under 18 years) is significantly higher, at the 95% confidence level, than the overall rate for the East Sussex CCGs.
5. Values (thick black lines) are plotted on the spine charts to the right of the data. Each chart summarises the range of scores for all the GP practices in the East Sussex CCGs.

- The schematic at the bottom left of the scorecard provides an annotated version of the spine chart, showing the minimum, median and maximum values, and the values for the 10th, 25th, 75th and 90th percentiles.
- The scorecard spine chart gives a visual presentation of how the GP practice (and locality/community of practice, and CCG) values compare to one another and to the East Sussex CCGs overall. In this example several GP practices rank in the 10% of East Sussex GP practices with the highest rates of looked after children, and Warrior Square Surgery has the highest rate of all East Sussex GP practices.

Looked after children (LAC), rate per 1,000 population aged under 18 years, 31 March 2016 (Modelled)

<table>
<thead>
<tr>
<th>Count</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>502</td>
<td>5</td>
</tr>
<tr>
<td>232</td>
<td>7 ▲</td>
</tr>
<tr>
<td>186</td>
<td>9 ▲</td>
</tr>
<tr>
<td>13</td>
<td>▲</td>
</tr>
<tr>
<td>12</td>
<td>▲</td>
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<tr>
<td>10</td>
<td>▲</td>
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<td>11</td>
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<td>11</td>
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<tr>
<td>9 ▲</td>
<td></td>
</tr>
</tbody>
</table>

6. For some areas no counts/values are shown. There are various reasons for this. Counts/values for an area are suppressed if counts are less than 5, and for some areas data may simply not be available. For indicators where counts/values are modelled from ward to GP practice (as in the example above), the two walk-in centres in East Sussex are excluded from the modelling.

7. The 'How to interpret' box at the bottom of the scorecard provides an explanation of how to read the scorecard and further information about the indicator.
Confidence intervals and statistical significance

It is important to take into account the extent to which natural variation, inherent in the world around us, impacts on JSNAA indicator scores. (An example of the effect of natural variation is the variation in mortality rates that is seen from year to year within any area.)

For many of the JSNAA indicators it is possible to assess the precision of the indicator values by determining appropriate confidence intervals. If the confidence interval for a GP practice (or locality/community of practice or CCG) does not overlap with the confidence interval for the East Sussex CCGs overall, its value is flagged as significantly different (▲ denotes significantly higher and ▼ denotes significantly lower) to the value for the East Sussex CCGs. With a 95% confidence interval, as used here, the probability of the true value falling outside the limits of the interval is 1 in 20.

Modelled data

The counts and values for some indicators are derived from modelled data and this is always indicated at the end of the scorecard’s title, by (Modelled). Scorecards containing modelled data are listed below, together with a brief explanation of how the modelling was performed.

Scorecards 1.06-1.10
Counts are calculated by applying East Sussex County Council population projections at district/borough level to population estimates at ward level. These are then modelled to localities/communities of practice within CCGs.

Scorecards 2.01-2.03, 2.05, 2.09, 2.15, 2.23-2.24, 2.32 & 4.03
Index of Multiple Deprivation 2015 (IMD 2015) scores, and scores for each domain of the Indices of Deprivation 2015, have been modelled from Lower Super Output Areas (LSOAs) to GP practices. This was done by identifying the LSOAs in which patients live and allocating the population weighted average of the combined LSOA scores to each GP practice.

Scorecards 1.12-1.17, 2.04-2.08, 2.10-2.14, 2.16-2.22, 2.25-2.31, 2.33-2.34, 3.03, 3.05-3.06, 3.13-3.14, 3.17, 3.40-3.42, 4.01-4.02, 4.20, 6.01-6.20
Counts and values were modelled from ward to GP practice level by identifying the wards in which patients live and allocating the population weighted average of the combined ward counts to each GP practice. In most cases only the value, not the count, is shown.