

Lewes District Area Summary



**Based on the LA view of the JSNAA Scorecards 2018
Produced by East Sussex Public Health**



Lewes District and wards

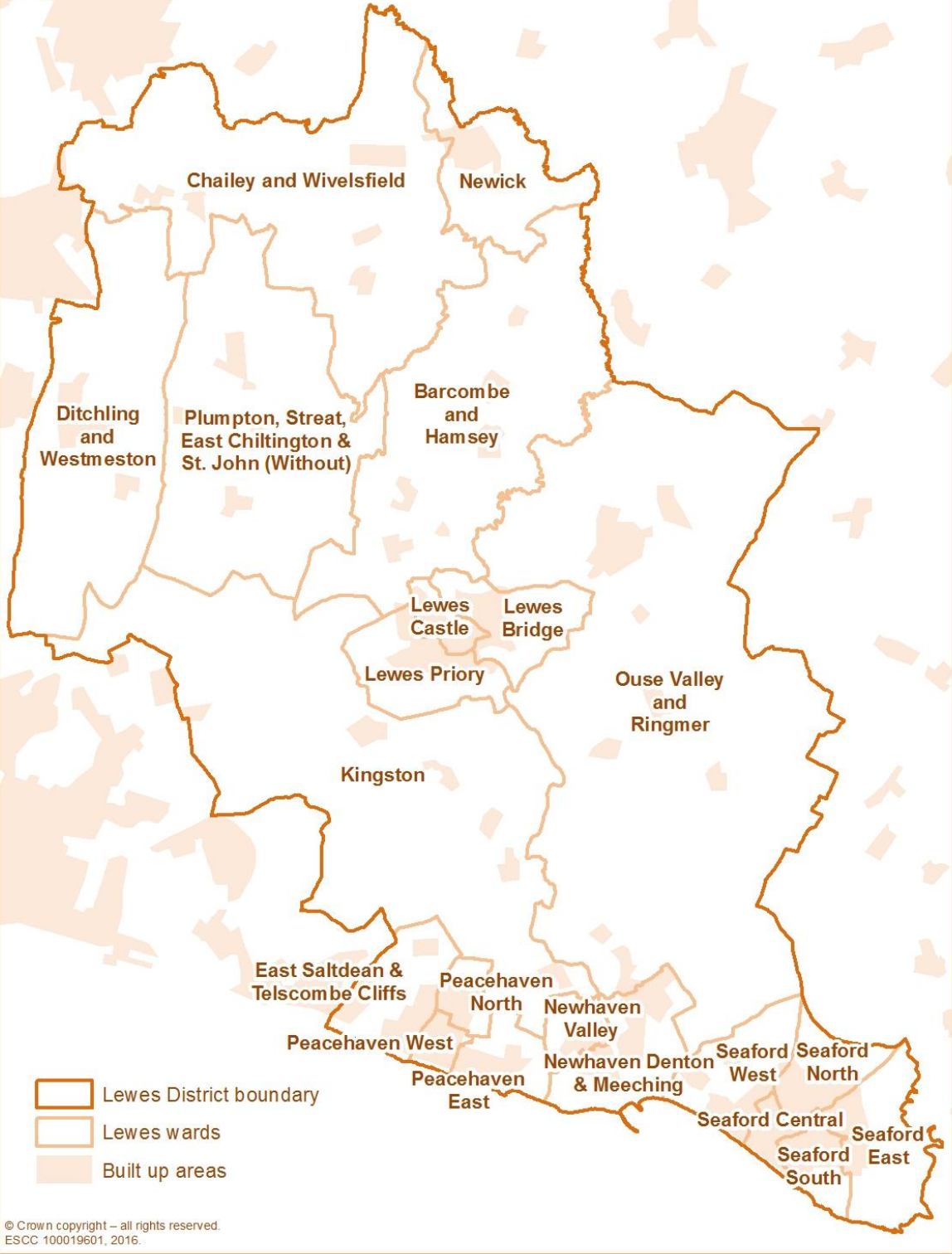


Table of Contents

Key statistics	5
Introduction	6
Population.....	7
Wider determinants.....	9
Overall health status.....	10
Healthy lifestyles	10
Pregnancy and infancy.....	10
Physical activity and excess weight.....	11
Smoking.....	11
Alcohol and drug misuse	11
Sexual health	11
Accidents and injuries	11
Health protection.....	12
Disease and poor health.....	12
Mental health and wellbeing.....	12
Circulatory.....	12
Cancer	12
Respiratory.....	13
Diabetes.....	13
Other chronic conditions.....	13
Avoidable admissions	13
Hospital admissions and attendances	13
Social care	15
Children's services	15

Carers.....	16
Adult social care.....	16
NHS dental services.....	16
GP patient survey.....	16
Appendix 1: Scorecard summary tables.....	17
Appendix 2: Acronyms and abbreviations	28

Key statistics

Key Statistics for Lewes			
Ref	Indicator	Number per year	Value
1.01	Population (count), Jun 2015	100,693	
1.02	Population aged 0-19 yrs (%), Jun 2015	21,928	22
1.03	Population aged 20-64 yrs (%), Jun 2015	53,818	53
1.04	Population aged 65+ yrs (%), Jun 2015	24,947	25
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-16	891	57
2.02	Income Deprivation (as a percentage), from ID 2015	10,894	11
2.04	Children in low-income families (%), Aug 2014	2,565	16
3.06	Excess weight in 10-11 year olds (%), 2013/14 to 2015/16	254	29
3.09	GP reported prevalence of smoking aged 15+ (%), 2016/17 (M)	13,580	16
4.04	Life expectancy at birth (yrs), 2014-16		83.4
4.05	Life expectancy at age 75 (yrs), 2014-16		13.6
4.06	All-cause mortality (SMR), 2014-16	1,076	90
4.08	Mortality from causes considered preventable (SMR), 2014-16	159	88
4.15	GP reported prevalence of dementia (%), 2016/17 (M)	1,073	1.1
4.22	GP reported prevalence of hypertension (%), 2016/17 (M)	16,384	16.3
4.25	GP reported prevalence of CHD (%), 2016/17 (M)	3,726	3.7
4.28	GP reported prevalence of stroke or TIA (%), 2016/17 (M)	2,339	2.3
4.31	GP reported prevalence of atrial fibrillation (%), 2016/17 (M)	2,815	2.8
4.33	GP reported prevalence of heart failure (%), 2016/17 (M)	915	0.9
4.48	GP reported prevalence of asthma (%), 2016/17 (M)	6,574	6.5
4.51	GP reported prevalence of COPD (%), 2016/17 (M)	1,977	2.0
4.56	GP reported prevalence of diabetes aged 17+ (%), 2016/17 (M)	5,140	6.2
4.59	GP reported prevalence of epilepsy aged 18+ (%), 2016/17 (M)	603	0.7
4.61	GP reported prevalence of CKD aged 18+ (%), 2016/17 (M)	4,585	5.6
4.64	GP reported prevalence of learning disabilities aged 18+ (%), 2016/17 (M)	399	0.5
4.65	GP reported prevalence of palliative care needs (%), 2016/17 (M)	408	0.4
4.71	First outpatient attendances (SAR), 2016/17	43,141	101
4.73	A&E (type 1) attendances (SAR), 2016/17	26,145	99
4.74	MIU attendances (per 1,000), 2016/17	6,542	65
4.78	All elective admissions (SAR), 2015/16 to 2016/17	16,781	100
4.80	All emergency admissions (SAR), 2015/16 to 2016/17	9,625	96
6.02	Unpaid carers providing 20 hours or more care per week (%), 2011	3,501	30
6.04	Carers known to adult social care (per 1,000 population), 2016/17	1,280	16
6.07	Referrals to children's social care (per 1,000 aged under 18 yrs), 2016/17	538	27
6.17	65+ admitted to perm council supported resid or nursing care (per 100K), 2016/17	97	389

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 Lewes District in the East Sussex context. It is based on 2018 JSNAA scorecard data, presented in the form of indicator tables (Appendix 1) in which East Sussex districts and boroughs 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 district.

The RAG-rated tables highlight statistically significant differences between Lewes District and East Sussex. Individual JSNAA scorecards are referenced alongside the indicator titles; if data has been modelled from NHS to Local Authority geographies indicator titles are flagged with (M).

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

In the tables (Appendix 1) statistically significant differences between this district and East Sussex are flagged in red/green and dark blue/light blue and the indicator values are given. 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 district/borough (or ward) to East Sussex, NOT to other districts/boroughs (or wards). So even where a district/borough has the highest SMR (or SAR) of all districts/boroughs, it does not necessarily follow that the mortality (or hospital admission/attendance) rate is higher than in the other districts/boroughs.

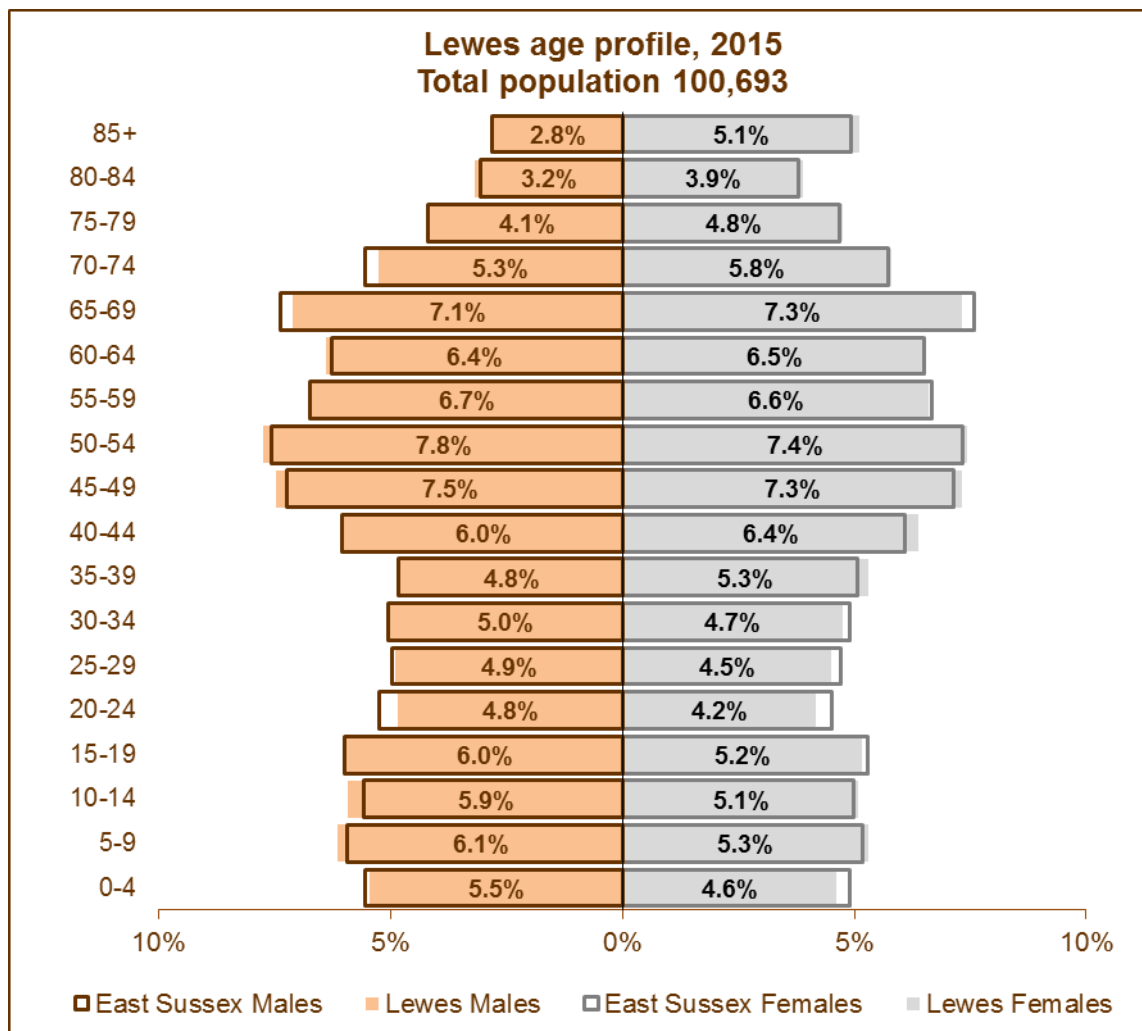
For more in-depth information on how wards, as well as districts/boroughs, compare to East Sussex, this report should be read alongside the LA view JSNAA indicator scorecards.

LA and NHS view 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.

Population



Lewes District has a very similar age profile to East Sussex.

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 all age groups are projected to increase in size, with the largest estimated percentage 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	East Sussex		Lewes	
	Number	%	Number	%
0-19 years	1,300	1.1	900	4.1
20-64 years	-2,700	-0.9	800	1.5
65+ years	17,800	12.8	3,300	12.8
85+ years	4,700	21.5	900	22.0
All Ages	16,300	3.0	5,000	4.9

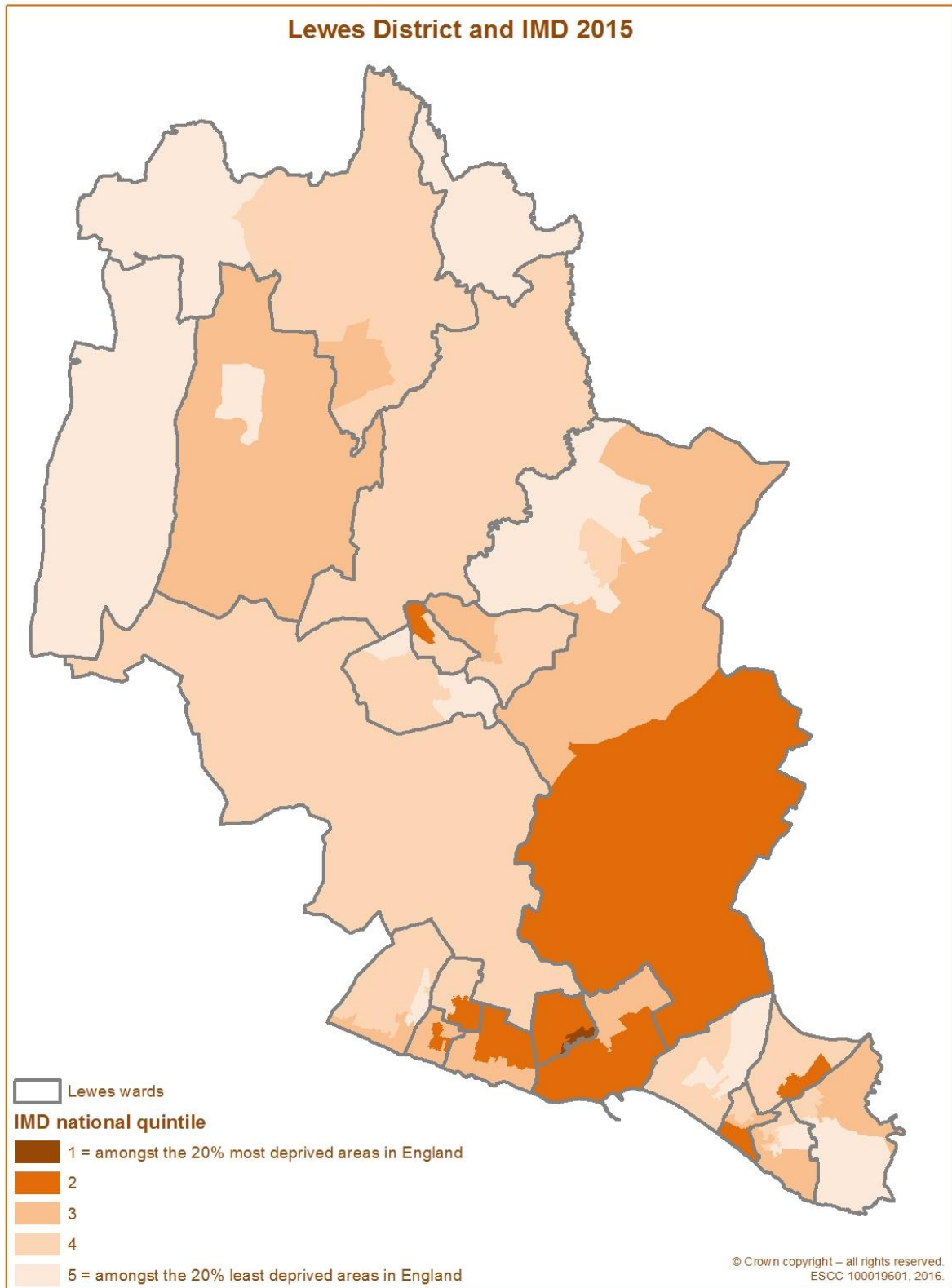
Note: Numbers may not add up due to rounding

The dependency ratio (of non-working age people compared to working age people) for the district is similar to East Sussex. The percentages of lone parent households and households with older people living alone are also similar.

Lewes District has a significantly lower percentage of pupils with English as an additional language than East Sussex.

The birth rate for teenage mothers is significantly lower than for East Sussex, whereas the overall birth rate and rate for women aged 35 years and over is similar to East Sussex.

Wider determinants



Lewes has significantly lower income and employment deprivation than East Sussex, including the percentage of older people affected by income deprivation and children in low income families and pupils receiving the pupil premium, rates of working age people claiming ESA, JSA and UC, households with dependent children and no adults in employment (Census 2011) and households in fuel poverty.

Compared to East Sussex a significantly lower percentage of households are able to access a GP practice in 15 minutes by public transport or walking.

Levels of educational achievement for pupils at age 5, 11 and 16 are similar to East Sussex. Lewes has the highest rate of children with SEN on SEN Support of all the districts/boroughs and a significantly higher rate than East Sussex. But the rate of pupils with a statement of SEN or an EHCP is similar to East Sussex. The rates of young people who are NEET and of working age people with no or low qualifications (Census 2011) are similar to East Sussex.

Compared to East Sussex, Lewes has a significantly higher percentage of owner-occupied households (Census 2011) and a significantly lower percentage of households that are privately rented (Census 2011). It has a similar percentage of overcrowded households (Census 2011) and households with no central heating (Census 2011). It has a significantly lower percentage of people living in care homes.

Lewes has a significantly lower rate of recorded crimes than East Sussex but similar rates of A&E attendances for assaults and emergency admissions for violence.

Overall health status

This district has significantly higher life expectancy at birth and at age 75 than East Sussex and the highest of all the districts/boroughs. It also has significantly better all age, premature and preventable mortality than East Sussex. Levels of people self-reporting bad health and LLTI or disability are similar to East Sussex.

Healthy lifestyles

Pregnancy and infancy

The percentages of low birth weight babies and of mothers initiating breastfeeding are similar to East Sussex, but the percentage breastfeeding at 6-8 weeks is significantly higher.

Infant mortality is the lowest of all districts and boroughs (though not significantly lower than East Sussex).

Physical activity and excess weight

A similar percentage of adults achieve 150 minutes physical activity per week as in East Sussex but the district has the lowest percentage of overweight or obese adults (and significantly lower than East Sussex). Levels of overweight or obese reception and year 6 children are similar to East Sussex.

Smoking

Lewes has a significantly lower adult smoking prevalence and percentage of mothers known to be smokers at the time of delivery (the lowest of all districts and boroughs), and similar rates of smoking quitters and smoking-attributable mortality, to East Sussex.

Alcohol and drug misuse

The rates of young people in drug or alcohol treatment and alcohol-related mortality are similar to East Sussex. The district has a significantly lower rate of alcohol-related admissions (the lowest of all East Sussex districts/borough) and of adults in drug treatment than East Sussex.

Sexual health

Under 18s conceptions and chlamydia detection/diagnosis rates are similar to East Sussex. But the gonorrhoea diagnostic rate is the highest of all district and boroughs (though not significantly different to East Sussex).

Accidents and injuries

MIU/A&E attendances, and emergency admissions, for accidents and injuries in 0-4 year olds are the lowest of all districts and boroughs and significantly lower than for East Sussex, but emergency admissions for accidents and injuries in older children and young people are similar to East Sussex. Emergency admissions for falls injuries in older people are significantly lower and the lowest of all the districts/boroughs. The rate of people killed or seriously injured on the roads is similar to East Sussex.

Health protection

Lewes has a significantly lower percentage of eligible people receiving an NHS health check than East Sussex, and the lowest of all the districts/boroughs. Uptake of screening for breast, cervical and bowel cancer is similar to East Sussex. Across childhood immunisations uptake is generally similar to East Sussex. 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. Uptake of seasonal flu vaccination by people aged 65+ is significantly higher than for East Sussex.

Disease and poor health

Mental health and wellbeing

Lewes District has a similar incidence of depression and prevalence of severe mental illness to East Sussex, but it has significantly higher rates of emergency admissions for people with severe mental illness and for self-harm. The prevalence of dementia (not age-standardised), and emergency and elective admissions for people with dementia, the CAMHS caseload and the suicide rate are all similar to East Sussex.

Circulatory

Lewes generally has similar prevalences of circulatory conditions (not age-standardised) to East Sussex. Emergency admissions for CHD, emergency admissions and mortality due to stroke, and premature mortality from circulatory diseases are similar to East Sussex.

Cancer

Lewes has the lowest all-age and premature mortality from cancers of all the districts/boroughs (though not significantly lower than East Sussex). For common cancers (lung, colorectal, breast and prostate cancers) incidence and mortality is not significantly different to East Sussex, though it has the lowest mortality from breast cancer, and highest from prostate cancer, of all districts and boroughs.

Respiratory

Lewes has significantly higher asthma prevalence (not age-standardised) than East Sussex, but significantly lower emergency admissions for asthma. The prevalence of COPD (not age-standardised) is significantly lower. Compared to East Sussex emergency admissions and mortality from COPD and premature mortality from respiratory diseases are lower (though not significantly).

Diabetes

The diabetes prevalence (not age-standardised) and emergency admissions for diabetes are similar to East Sussex.

Other chronic conditions

Lewes has a significantly higher CKD prevalence (not-age standardised) than East Sussex. It has the lowest fraction of all-cause mortality attributable to manmade particulate air pollution (PM_{2.5}) of all the districts/boroughs.

Avoidable admissions

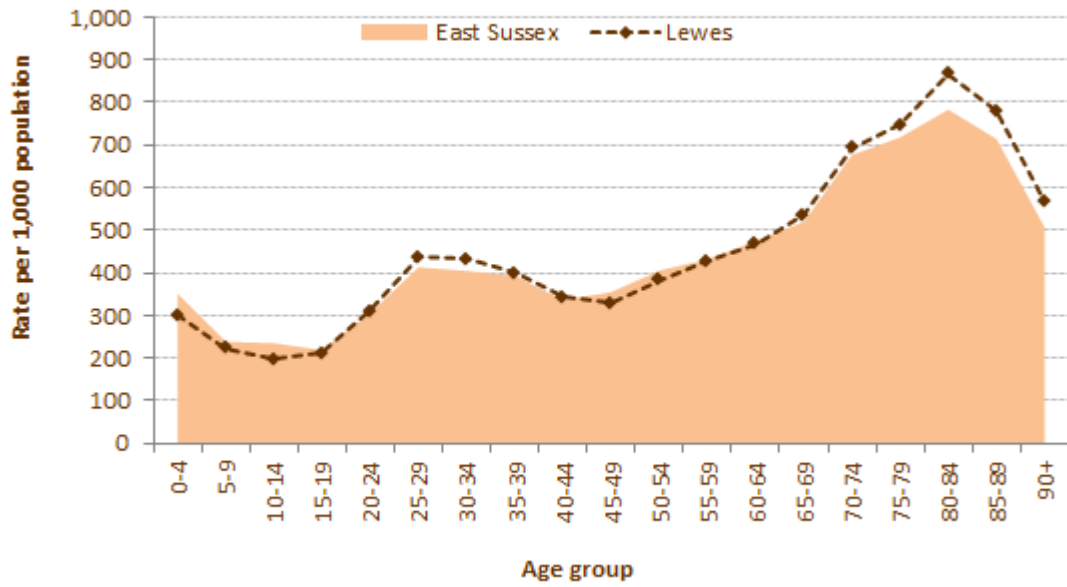
Lewes has the highest rate of all district and boroughs for emergency admissions for LRTIs in under 20s (though not significantly different to East Sussex). It has significantly lower emergency admissions for diabetes/epilepsy/asthma in under 20s and for acute ACS conditions than East Sussex.

Hospital admissions and attendances

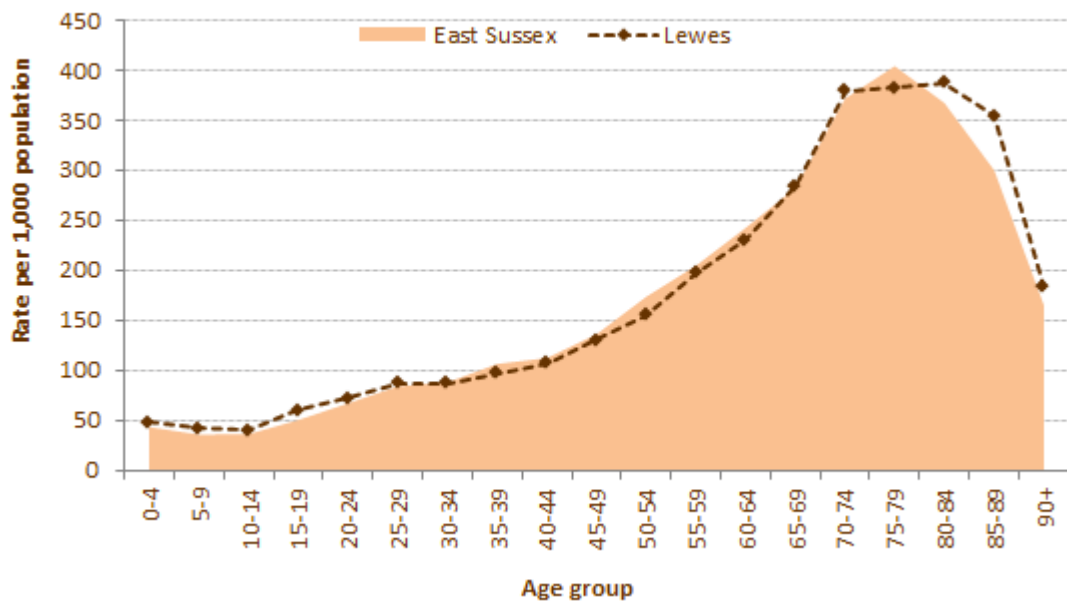
Compared to East Sussex, Lewes has significantly higher MIU attendances, and A&E attendances for 0-4 year olds and for people aged 70+. Overall elective and emergency admissions are similar to East Sussex.

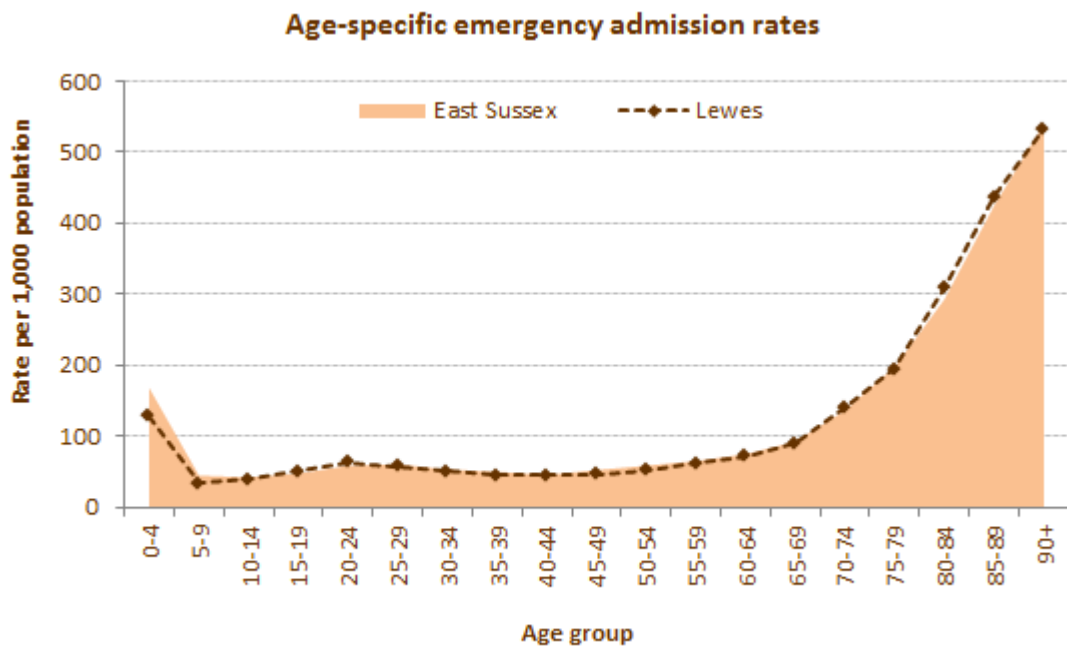
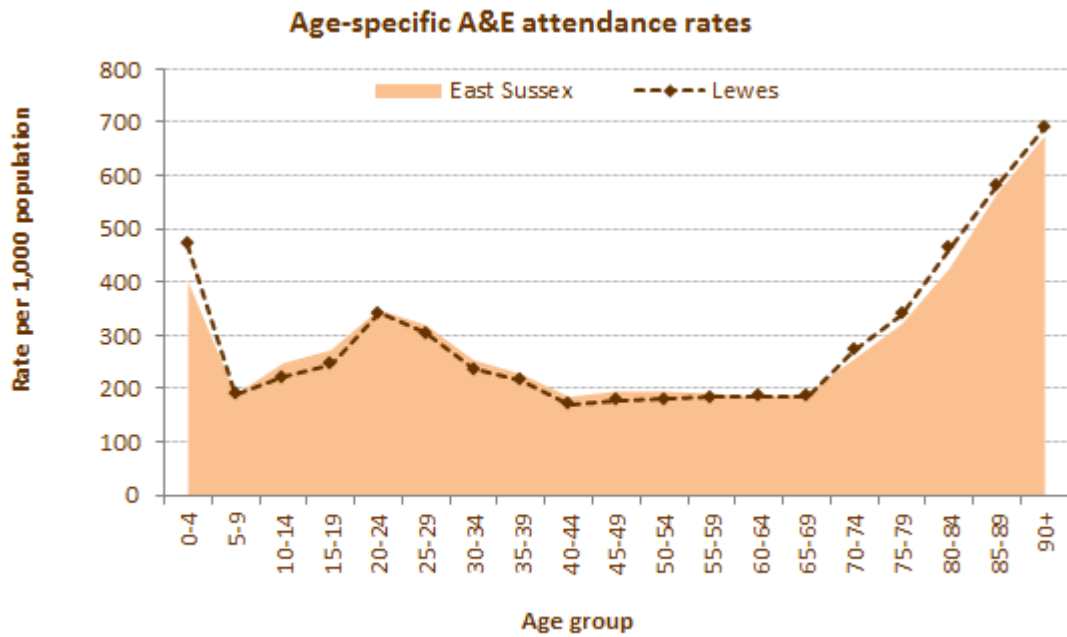
The following graphs present the age-specific overall attendance and admission rates for the district compared to East Sussex.

Age-specific outpatient attendance rates



Age-specific elective admission rates





Social care

Children's services

Lewes has significantly lower rates of referrals to children's social care, children on child protection plans and looked after children, than East Sussex.

Carers

Compared to East Sussex Lewes has a slightly higher percentage of people providing one hour or more of unpaid care per week, but a lower percentage of unpaid carers providing 20 hours or more care per week, working age people claiming Carers Allowance, carers known to adult social care and carers receiving self-direct support.

Adult social care

Lewes District has amongst the lowest rates of adults receiving self-directed support and working age people receiving Long Term Support. It has the highest percentage (significantly higher than East Sussex) of working age learning disabled adults aged 18-64 years in settled accommodation. Rates of people aged 65+ receiving Long Term Support, receiving community equipment and social care funded lifeline or telecare are similar to East Sussex. The rate of people aged 65+ admitted to council supported residential or nursing care, is somewhat (though not significantly) lower than in East Sussex. Lewes has the lowest percentage of new ASC clients receiving short-term services who are not asking for more ongoing support.

NHS dental services

A significantly higher percentage of children, a similar percentage of working age people and a lower percentage of older people access East Sussex NHS general dental services than in East Sussex.

GP patient survey

The percentage of patients responding to the GP Patient Survey is similar to East Sussex. Percentages of patients reporting a good experience of their surgery, of making appointments, and of GPs and nurses involving them in decisions on care, and satisfaction with opening hours, are similar to East Sussex.

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
--------------------------------------	---------------------------------------	---------------------------------------	--------------------------------------	--	-------------------------

		Population					
Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
1.01	Population (count), Jun 2015	544,064	102,465	91,497	100,693	92,908	156,501
1.02	Population aged 0-19 yrs (%), Jun 2015	22	22	23	22	19	22
1.03	Population aged 20-64 yrs (%), Jun 2015	53	54	57	53	49	53
1.04	Population aged 65+ yrs (%), Jun 2015	25	24	19	25	31	25
1.05	Population aged 85+ yrs (%), Jun 2015	3.9	4.4	2.7	4.0	5.0	3.6
1.11	Dependency ratio, Jun 2015	0.73	0.71	0.60	0.73	0.86	0.74
1.12	Lone older person (aged 65+) households (%), 2011	16	17	13	16	20	15
1.13	Lone parent households (%), 2011	6	7	8	6	5	5
1.14	Non-White British population (%), 2011	8	13	11	7	6	6
1.15	Non-White British pupils (%), 2017	14	21	16	12	10	9
1.16	Pupils with English as an additional language (per 1,000), 2017	57	119	74	38	35	26
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-16	60	61	66	57	57	58
1.19	Live births per 1,000 women aged 15-19 yrs, 2014-16	13	18	23	8	12	8
1.20	Live births per 1,000 women aged 35-44 yrs, 2014-16	35	34	35	37	35	35

Wider determinants - Economy, income and transport

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
2.02	Income Deprivation (as a percentage), from ID 2015	13	15	22	11	13	8
2.04	Children in low-income families (%), Aug 2014	19	21	29	16	19	11
2.05	Income Deprivation Affecting Older People Index (IDAOPI) (as a percentage), from ID 2015	13	15	22	11	12	10
2.06	Households in fuel poverty (%), 2015	9	10	11	8	9	9
2.07	Pupils receiving the pupil premium (%), Jan 2017	20	22	30	18	21	12
2.08	Households with dependent children and no adults in employment (%), 2011	13	14	21	11	13	8
2.09	Employment Deprivation (as a percentage), from ID 2015	12	13	19	10	12	7
2.10	Working age people claiming JSA and Universal Credit (%), Aug 2017	1.6	1.7	3.7	1.2	1.4	0.7
2.11	Working age people claiming ESA (%), Feb 2017	6	7	10	5	6	4
2.12	Households with no cars or vans (%), 2011	22	29	33	20	19	12
2.13	Households able to access a GP practice in 15 min by public transport/walking (%), 2014	78	82	90	72	79	69

Wider determinants - Education

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
2.15	Pupils (age 5) reaching a good level of development in the EYFS (%), Jun 2017	76	76	73	75	78	79
2.16	Pupils (at age 11) achieving the expected standard at Key Stage 2, Jun 2017	57	48	53	57	63	61
2.17	Average GCSE Attainment 8 score for pupils (at age 16) at Key Stage 4, Jun 2017	45	43	41	45	44	49
2.18	Working age population with no or low qualifications (%), 2011	30	30	36	29	31	27
2.19	Pupils with special educational needs (SEN) on SEN Support (per 1,000), Jan 2017	92	89	106	109	91	75
2.20	Pupils with a statement of SEN or an EHCP (per 1,000), Jan 2017	34	34	39	33	36	31
2.21	Young people aged 16-18 yrs NEET (monthly rate per 1,000), Nov 2016 to Jan 2017	49	64	83	43	42	26

Wider determinants - Housing

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
2.25	Households that are overcrowded (%), 2011	7	10	9	6	5	4
2.26	Households with no central heating (%), 2011	2.8	2.9	4.5	2.3	2.8	2.0
2.27	Households owned outright or with a mortgage/loan (%), 2011	69	62	55	73	74	79
2.28	Socially rented households (%), 2011	11	13	15	11	10	8
2.29	Privately rented households (%), 2011	18	23	29	14	14	11
2.30	Persons living in care homes with nursing (%), 2011	0.5	0.5	0.5	0.3	0.7	0.4
2.31	Persons living in care homes without nursing (%), 2011	0.8	0.9	1.0	0.6	1.0	0.7

Wider determinants - Crime

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
2.33	Recorded crimes (per 1,000 population), 2016/17	55	73	94	46	45	34
2.34	Recorded incidents of Anti-Social Behaviour (per 1,000 population), 2016/17	23	32	39	20	19	12
2.35	A&E attendances by 15-59 yr olds for assaults, 8pm-4am (per 1,000), 2014/15 to 2016/17	1.5	2.3	2.1	1.3	1.1	0.9
2.36	Emergency admissions for violence (SAR), 2014/15 to 2016/17	100	85	173	125	74	60

Overall health status

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
4.01	People reporting that their health is bad or very bad (%), 2011	6	6	7	5	6	4
4.02	People reporting a limiting long-term health problem or disability (%), 2011	20	21	22	20	23	18
4.04	Life expectancy at birth (yrs), 2014-16	82.2	81.7	79.3	83.4	82.2	83.2
4.05	Life expectancy at age 75 (yrs), 2014-16	13.0	13.1	11.9	13.6	12.9	13.0
4.06	All-cause mortality (SMR), 2014-16	100	101	124	90	100	95
4.07	Premature all-cause mortality (SMR), 2014-16	100	113	143	86	94	83
4.08	Mortality from causes considered preventable (SMR), 2014-16	100	107	144	88	96	84

Healthy Lifestyles - Pregnancy and infancy

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
3.01	Low birth weight (%), 2014-16	6	7	7	6	6	5
3.02	Breastfeeding initiation (%), 2016/17	82	83	78	83	77	87
3.03	Breastfeeding prevalence at 6-8 weeks after birth (%), 2016/17	52	52	42	57	49	60
4.09	Infant mortality (per 1,000 live births), 2014-16	3.4	5.0	4.2	2.2	2.3	2.7

Healthy Lifestyles - Physical activity and excess weight

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
3.04	Adults achieving 150+ minutes physical activity per week (%), 2015/16	68	55	71	70	65	74
3.05	Excess weight in 4-5 year olds (%), 2013/14 to 2015/16	21	22	25	20	22	20
3.06	Excess weight in 10-11 year olds (%), 2013/14 to 2015/16	31	35	33	29	31	27
3.07	Excess weight in adults (%), 2013-2015	63.4	63.0	65.1	60.5	65.1	63.5

Healthy Lifestyles - Smoking

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
3.09	GP reported prevalence of smoking aged 15+ (%), 2016/17 (M)	17	17	24	16	16	14
3.10	Smoking quitters at 4 weeks (per 100,000 aged 16+ yrs), 2016/17	299	336	412	330	298	189
3.11	Mothers known to be smokers at the time of delivery (%), 2016/17	12	13	18	7	13	9
3.12	Smoking-attributable deaths in persons aged 35+ yrs (DSR per 100,000), 2012-2014	246	260	335	228	244	212

Healthy Lifestyles - Alcohol and drug misuse

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
3.13	Young people in drug or alcohol treatment (per 10,000 aged 0-18 yrs), Sep 16 to Aug 17	17	20	27	19	18	9
3.14	Adults aged 19+ in alcohol treatment (per 10,000), 2016/17	17	22	29	17	12	10
3.15	Alcohol-related admissions (DSR per 100,000), 2015/16	588	662	735	492	596	511
3.16	Alcohol-related mortality (DSR per 100,000), 2015	45	51	58	37	50	36
3.17	Adults aged 19+ in drug treatment (per 10,000), 2016/17	36	60	78	25	20	13

Healthy Lifestyles - Sexual health

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
3.30	Under 18s conceptions (per 1,000 females aged 15-17), 2015	19	22	30	18	24	10
3.31	Chlamydia detection rate in persons aged 15-24 (per 100,000), 2016	1,651	1,843	1,904	1,887	1,393	1,320
3.32	Chlamydia diagnostic rate in persons aged 25+ (per 100,000), 2016	114	174	162	105	69	82
3.33	Gonorrhoea diagnostic rate (per 100,000), 2016	24	29	31	33	18	16

Healthy Lifestyles - Accidents and injuries

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
3.34	MIU and A&E attendances for accidents & injuries in 0-4 yr olds (per 10,000), 2016/17	1,448	1,574	1,622	1,283	1,422	1,342
3.35	Emerg'y admiss'ns for accidents & injuries in 0-4 yr olds (per 10,000), 2014/15 to 2016/17	154	156	198	106	190	130
3.36	Emerg'y admiss'ns for accidents & injuries in 5-14 yr olds (per 10,000), 2014/15 to 2016/17	94	91	112	99	94	81
3.37	Emerg'y admiss'ns for accidents and injuries in 15-24 yr olds (per 10,000), 2014/15 to 2016/17	133	103	166	143	143	120
3.38	Emergency admissions for falls injuries for people aged 65+ (SAR), 2015/16 to 2016/17	100	108	105	90	95	103
3.39	People killed or seriously injured on East Sussex roads (per 100,000), 2013 to 2015	67	42	51	66	85	81

Health protection - Health checks and screening

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
3.18	Eligible people aged 40-74 who received an NHS Health Check (%), Apr 2013 to Mar 2017 (M)	42	47	45	36	46	40
3.19	Eligible women aged 25-64 screened for cervical cancer (%), at Mar 2016 (M)	75	73	73	77	77	76
3.20	Eligible women aged 50-70 screened for breast cancer (%), at Mar 2016 (M)	74	69	68	75	75	76
3.21	Eligible people aged 60-69 screened for bowel cancer (%), at Mar 2016 (M)	61	58	54	62	63	62

Health protection - Immunisation							
Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
3.22	Children immunised for DTaP/IPV/Hib by age 1 (%), 2016/17 (M)	94	96	91	94	94	95
3.23	Children immunised for pneumococcal infection by age 2 (%), 2016/17 (M)	94	96	94	94	93	94
3.24	Children immunised for Hib/MenC by age 2 (%), 2016/17 (M)	94	95	93	93	94	94
3.25	Children immunised for measles, mumps and rubella (MMR) by age 2 (%), 2016/17 (M)	92	95	92	92	91	91
3.26	Children immunised for DTaP/IPV by age 5 (%), 2016/17 (M)	91	92	88	92	92	91
3.27	Children immunised for measles, mumps and rubella (MMR) by age 5 (%), 2016/17 (M)	91	92	88	91	92	90
3.28	People aged 65+ receiving seasonal flu vaccination (%), Sep 2016 to Jan 2017 (M)	70	72	68	72	73	67
3.29	People aged 65+ ever receiving a pneumococcal vaccination (%), at 31 Mar 2017 (M)	68	68	68	68	73	64

Disease and poor health - Mental health							
Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
4.10	GP reported incidence of depression in persons aged 18+ (%), 2016/17 (M)	11.6	12.9	12.8	11.0	10.4	11.2
4.11	GP reported prevalence of severe mental illness (%), 2016/17 (M)	1.1	1.2	1.5	1.0	1.0	0.9
4.12	Emergency admissions for mental and behavioural disorders (SAR), 2015/16 to 2016/17	100	117	154	103	91	62
4.13	Emergency admissions, people with severe mental illness (SAR), 2015/16 to 2016/17	100	99	160	118	88	63
4.14	Emergency admissions relating to self-harm (SAR), 2015/16 to 2016/17	100	98	136	129	85	68
4.15	GP reported prevalence of dementia (%), 2016/17 (M)	1.1	1.2	0.9	1.1	1.3	1.1
4.16	GP reported versus expected prevalence of dementia at age 65+ (ratio), 31 Jan 17 (M)	62					
4.17	Elective admissions, people 30+ with dementia (SAR), 2015/16 to 2016/17	100	144	108	91	80	88
4.18	Emergency admissions, people 30+ with dementia (SAR), 2015/16 & 2016/17	100	108	122	100	87	95
4.19	CAMHS caseload (per 1,000 aged 0-18 yrs), Mar 2017	22	26	24	24	19	19
4.20	Working age people claiming ESA for mental health problems (per 1,000), Feb 2017	30	37	49	25	28	17
4.21	Mortality from suicide (SMR), 2013-16	100	113	112	92	89	95

Disease and poor health - Circulatory							
Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
4.22	GP reported prevalence of hypertension (%), 2016/17 (M)	16.8	16.0	15.0	16.3	20.1	16.8
4.23	GP reported versus expected prevalence of hypertension (ratio), 2014/15 (M)	61	60	59	60	63	61
4.24	GP reported prevalence of high blood pressure without established CVD (%), 2016/17 (M)	1.5	1.3	1.2	1.4	1.7	1.5
4.25	GP reported prevalence of CHD (%), 2016/17 (M)	3.7	3.7	3.4	3.7	4.6	3.5
4.26	Emergency admissions for CHD (SAR), 2015/16 to 2016/17	100	92	136	111	105	77
4.27	Emergency admissions for CHD per 1,000 on GP CHD registers, 2016/17 (M)	58	55	74	62	61	46
4.28	GP reported prevalence of stroke or TIA (%), 2016/17 (M)	2.3	2.3	2.1	2.3	2.8	2.3
4.29	Emergency admissions for stroke (SAR), 2015/16 to 2016/17	100	96	111	102	96	100
4.30	Mortality from stroke (SMR), 2013-16	100	100	106	105	99	95
4.31	GP reported prevalence of atrial fibrillation (%), 2016/17 (M)	2.9	3.0	2.1	2.8	3.5	3.0
4.32	GP reported versus expected prevalence of atrial fibrillation (ratio), 2014/15 (M)	72	76	64	71	73	73
4.33	GP reported prevalence of heart failure (%), 2016/17 (M)	1.0	1.0	0.9	0.9	1.2	0.9
4.34	GP reported prevalence of PAD (%), 2016/17 (M)	0.7	0.7	0.7	0.8	0.8	0.6
4.35	Premature mortality from circulatory diseases (SMR), 2013-16	100	107	160	96	92	75

Disease and poor health - Cancer							
Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
4.36	Incidence of lung cancer (DSR per 100,000), 2013-2015	64	69	81	58	65	56
4.37	Mortality from lung cancer (DSR per 100,000), 2013-15	49	50	62	48	49	43
4.38	Incidence of colorectal cancer (DSR per 100,000), 2013-2015	70	67	63	73	77	67
4.39	Mortality from colorectal cancer (DSR per 100,000), 2013-15	28	27	33	26	30	26
4.40	Incidence of breast cancer (DSR per 100,000 women), 2013-2015	174	153	183	161	174	194
4.41	Mortality from breast cancer (DSR per 100,000 women), 2013-15	39	38	38	33	41	44
4.42	Incidence of prostate cancer (DSR per 100,000 men), 2013-2015	190	171	168	196	200	201
4.43	Mortality from prostate cancer (DSR per 100,000 men), 2013-15	48	40	29	59	53	51
4.44	Incidence of all cancers (DSR per 100,000), 2013-2015	591	582	596	590	608	587
4.46	Mortality from all cancers (DSR per 100,000), 2013-15	267	269	288	255	274	259
4.47	Premature mortality from cancer (SMR), 2013-16	100	109	122	89	99	92

Disease and poor health - Respiratory

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
4.48	GP reported prevalence of asthma (%), 2016/17 (M)	6.2	6.4	5.7	6.5	6.4	6.2
4.49	Emergency admissions for asthma (SAR), 2015/16 to 2016/17	100	114	148	77	105	73
4.50	Emergency admissions for asthma per 1,000 on GP asthma registers, 2016/17 (M)	13	14	21	10	14	11
4.51	GP reported prevalence of COPD (%), 2016/17 (M)	2.2	2.1	2.6	2.0	2.4	1.9
4.52	Emergency admissions for COPD (SAR), 2015/16 to 2016/17	100	99	183	92	91	73
4.53	Emergency admissions for COPD per 1,000 on GP COPD registers, 2016/17 (M)	85	87	101	85	84	72
4.54	Mortality from COPD (SMR), 2013-16	100	96	159	94	100	80
4.55	Premature mortality from respiratory diseases (SMR), 2013-16	100	114	180	83	94	68

Disease and poor health - Diabetes

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
4.56	GP reported prevalence of diabetes aged 17+ (%), 2016/17 (M)	6.5	6.3	6.8	6.2	7.3	6.0
4.57	Emergency admissions for diabetes (SAR), 2015/16 to 2016/17	100	119	124	114	72	82
4.58	Emergency admissions for diabetes per 1,000 on GP diabetes registers, 2016/17 (M)	16	20	19	18	11	15

Disease and poor health - Other conditions

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
4.59	GP reported prevalence of epilepsy aged 18+ (%), 2016/17 (M)	0.8	0.8	1.0	0.7	0.8	0.8
4.60	Premature mortality from liver disease (SMR), 2013-16	100	100	186	77	89	76
4.61	GP reported prevalence of CKD aged 18+ (%), 2016/17 (M)	5.1	5.5	3.8	5.6	4.8	5.3
4.64	GP reported prevalence of learning disabilities aged 18+ (%), 2016/17 (M)	0.6	0.7	0.8	0.5	0.7	0.6
4.65	GP reported prevalence of palliative care needs (%), 2016/17 (M)	0.4	0.6	0.4	0.4	0.5	0.4
2.24	Mortality attributable to manmade particulate air pollution (%) in adults aged 30+, 2015	4.3	4.4	5.3	3.9	4.2	4.0

Disease and poor health - Avoidable admissions

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
4.66	Emergency admissions for LRTIs in under 20s (SAR), 2015/16 to 2016/17	100	105	105	122	83	87
4.67	Emergency admissions for diabetes, epilepsy, asthma in under 20s (SAR), 2015/16 to 2016/17	100	132	147	68	110	63
4.68	Emergency admissions for chronic ACS conditions (SAR), 2015/16 to 2016/17	100	101	149	96	103	76
4.69	Emergency admissions for acute ACS conditions (SAR), 2015/16 to 2016/17	100	121	115	89	93	89
4.70	Emergency admissions for other & vaccine preventable ACS conditions (SAR), 2015/16 to 2016/17	100	108	133	105	86	85

Disease and poor health - Hospital attendances and admissions

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
4.71	First outpatient attendances (SAR), 2016/17	100	97	108	101	101	97
4.72	Outpatient appointments where the patient did not attend (%), 2016/17	7.6	8.1	10.2	7.6	6.9	6.0
4.73	A&E (type 1) attendances (SAR), 2016/17	100	113	119	99	93	85
4.74	MIU attendances (per 1,000), 2016/17	38	4	3	65	6	83
4.75	A&E (type 1) attendances for 0-4 yr olds (per 1,000), 2016/17	401	408	438	472	358	342
4.76	A&E (type 1) attendances for persons aged 15-29 (per 1,000), 2016/17	311	356	361	294	295	260
4.77	A&E (type 1) attendances for persons aged 70+ (per 1,000), 2016/17	385	416	416	409	351	363
4.78	All elective admissions (SAR), 2015/16 to 2016/17	100	108	97	100	97	99
4.79	Elective admissions for persons aged 65+ (per 1,000), 2015/16 to 2016/17	330	357	300	338	319	330
4.80	All emergency admissions (SAR), 2015/16 to 2016/17	100	103	124	96	99	89
4.81	Emergency admissions for persons aged 70-84 yrs (per 1,000), 2015/16 to 2016/17	196	200	242	203	184	180
4.82	Emergency admissions for persons aged 85+ (per 1,000), 2015/16 to 2016/17	470	469	450	475	461	485

Children's services

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
6.07	Referrals to children's social care (per 1,000 aged under 18 yrs), 2016/17	34	39	58	27	32	20
6.08	Children on a child protection plan (per 1,000 aged under 18 yrs), 31 March 2017	4	3	12	2	4	2
6.09	Looked after children (per 1,000 aged under 18 yrs), 31 March 2017	4.8	5.1	7.6	3.1	5.7	3.2

Carers

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
6.01	People providing one hour or more of unpaid care per week (%), 2011	11.3	10.6	10.5	11.8	12.4	11.2
6.02	Unpaid carers providing 20 hours or more care per week (%), 2011	33	37	40	30	35	29
6.03	Working age people claiming Carers Allowance (%), Feb 2017	1.6	1.8	2.1	1.3	1.8	1.2
6.04	Carers known to adult social care (per 1,000 population), 2016/17	18	18	21	16	21	14
6.05	Carers (known to adult social care) receiving a service (%), 2016/17	93	90	95	94	94	92
6.06	Carers receiving self-directed support (per 1,000 aged 18+), 2016/17	7	6	9	6	9	5

Adult social care

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
6.10	Adults receiving direct payments (per 1,000), at 31st July 2017	3	3	5	3	4	3
6.11	Adults receiving self-directed support (per 1,000), 31st July 2017	11	12	14	9	12	9
6.12	Working age people receiving Long Term Support (per 1,000), 2016/17	8	8	12	5	9	5
6.13	People aged 65+ receiving Long Term Support (per 1,000), 2016/17	27	30	36	25	26	23
6.14	Learning disabled aged 18-64 in settled accommodation (%), Aug 2016 to July 2017	74	73	77	84	63	74
6.15	Adults receiving community equipment (per 1,000), 2016/17	14	16	14	13	15	12
6.16	Adults receiving adult social care funded lifeline or telecare (per 1,000), 2016/17	18	20	17	18	19	15
6.17	65+ admitted to perm council supported resid or nursing care (per 100K), 2016/17	487	531	763	389	387	473
6.18	New ASC clients receiving services, not asking for more ongoing (%), 2016/17	98	100	99	93	99	96

NHS dental services

Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
3.40	Residents aged 0-17 accessing East Sussex NHS general dental services (%), 2016/17	75	74	75	78	71	75
3.41	Residents aged 18-64 accessing East Sussex NHS general dental services (%), 2016/17	49	46	57	49	50	46
3.42	Residents aged 65+ accessing East Sussex NHS general dental services (%), 2016/17	51	46	62	47	56	49

		GP patient survey					
Ref	Indicator	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
5.01	Patients responding to the GP Patient Survey (%), 2016/17 (M)	47	43	39	48	53	52
5.02	Patients whose experience of their GP surgery was good (%), 2016/17 (M)	87	88	79	90	91	88
5.03	Patients whose experience of making appointments was good (%), 2016/17 (M)	75	77	69	76	83	73
5.04	Patients satisfied with GP surgery's opening hours (%), 2016/17 (M)	78	80	75	76	80	77
5.05	Patients who said the GP was good at involving them in decisions on care (%), 2016/17 (M)	77	77	68	79	79	79
5.06	Patients who said the nurse was good at involving them in decisions on care (%), 2016/17 (M)	67	68	67	67	66	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
IDAOP1	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