

Rother District Area Summary



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

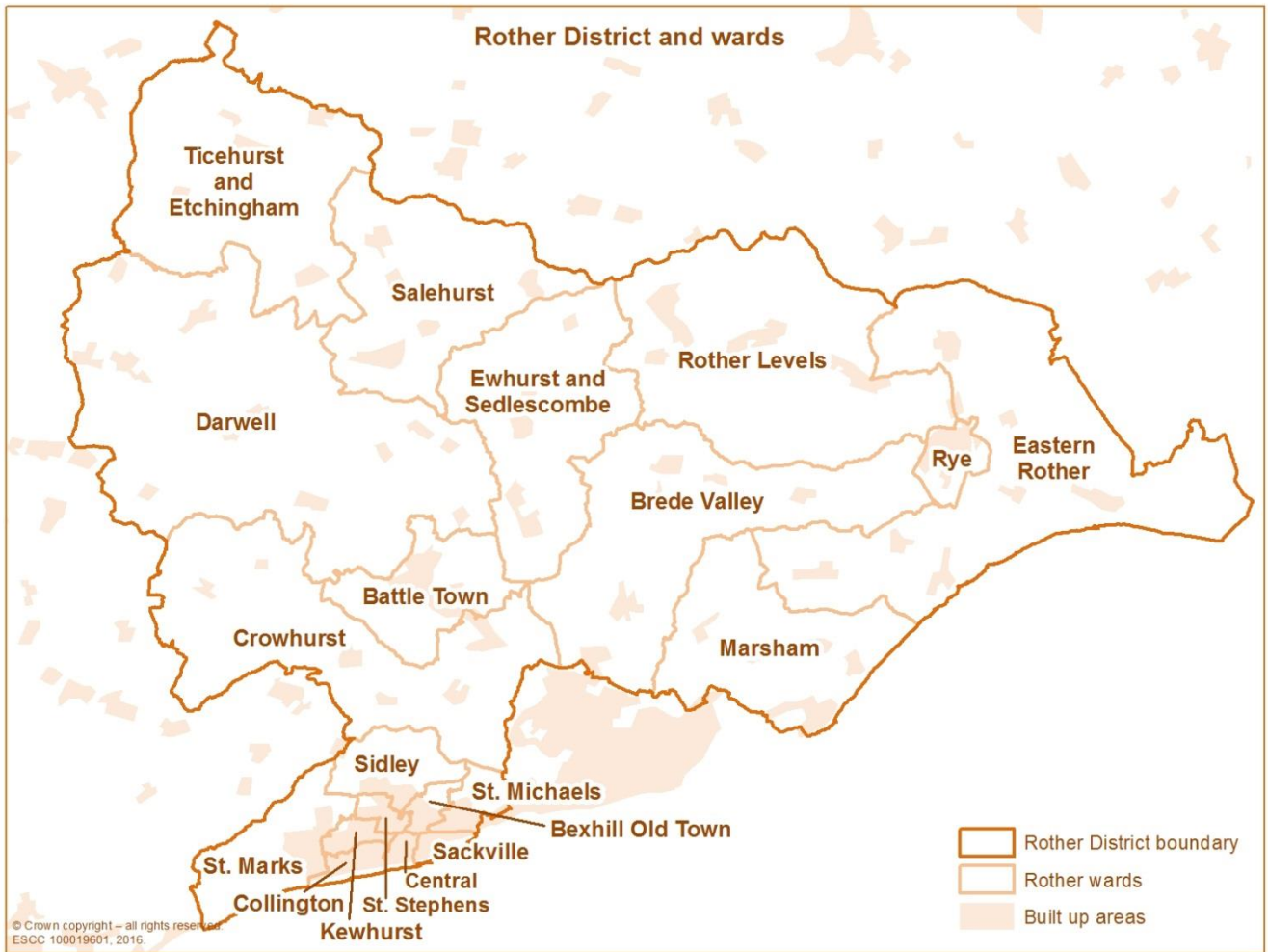


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Key statistics

Key Statistics for Rother			
Ref	Indicator	Number per year	Value
1.01	Population (count), Jun 2015	92,908	
1.02	Population aged 0-19 yrs (%), Jun 2015	18,099	19
1.03	Population aged 20-64 yrs (%), Jun 2015	45,893	49
1.04	Population aged 65+ yrs (%), Jun 2015	28,916	31
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-16	711	57
2.02	Income Deprivation (as a percentage), from ID 2015	11,624	13
2.04	Children in low-income families (%), Aug 2014	2,530	19
3.06	Excess weight in 10-11 year olds (%), 2013/14 to 2015/16	210	31
3.09	GP reported prevalence of smoking aged 15+ (%), 2016/17 (M)	13,050	16
4.04	Life expectancy at birth (yrs), 2014-16		82.2
4.05	Life expectancy at age 75 (yrs), 2014-16		12.9
4.06	All-cause mortality (SMR), 2014-16	1,350	100
4.08	Mortality from causes considered preventable (SMR), 2014-16	183	96
4.15	GP reported prevalence of dementia (%), 2016/17 (M)	1,214	1.3
4.22	GP reported prevalence of hypertension (%), 2016/17 (M)	19,350	20.1
4.25	GP reported prevalence of CHD (%), 2016/17 (M)	4,390	4.6
4.28	GP reported prevalence of stroke or TIA (%), 2016/17 (M)	2,679	2.8
4.31	GP reported prevalence of atrial fibrillation (%), 2016/17 (M)	3,380	3.5
4.33	GP reported prevalence of heart failure (%), 2016/17 (M)	1,121	1.2
4.48	GP reported prevalence of asthma (%), 2016/17 (M)	6,126	6.4
4.51	GP reported prevalence of COPD (%), 2016/17 (M)	2,297	2.4
4.56	GP reported prevalence of diabetes aged 17+ (%), 2016/17 (M)	5,932	7.3
4.59	GP reported prevalence of epilepsy aged 18+ (%), 2016/17 (M)	645	0.8
4.61	GP reported prevalence of CKD aged 18+ (%), 2016/17 (M)	3,835	4.8
4.64	GP reported prevalence of learning disabilities aged 18+ (%), 2016/17 (M)	521	0.7
4.65	GP reported prevalence of palliative care needs (%), 2016/17 (M)	457	0.5
4.71	First outpatient attendances (SAR), 2016/17	41,841	101
4.73	A&E (type 1) attendances (SAR), 2016/17	23,018	93
4.74	MIU attendances (per 1,000), 2016/17	598	6
4.78	All elective admissions (SAR), 2015/16 to 2016/17	16,529	97
4.80	All emergency admissions (SAR), 2015/16 to 2016/17	9,989	99
6.02	Unpaid carers providing 20 hours or more care per week (%), 2011	3,982	35
6.04	Carers known to adult social care (per 1,000 population), 2016/17	1,616	21
6.07	Referrals to children's social care (per 1,000 aged under 18 yrs), 2016/17	492	32
6.17	65+ admitted to perm council supported resid or nursing care (per 100K), 2016/17	112	387

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 Rother 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 Rother 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.

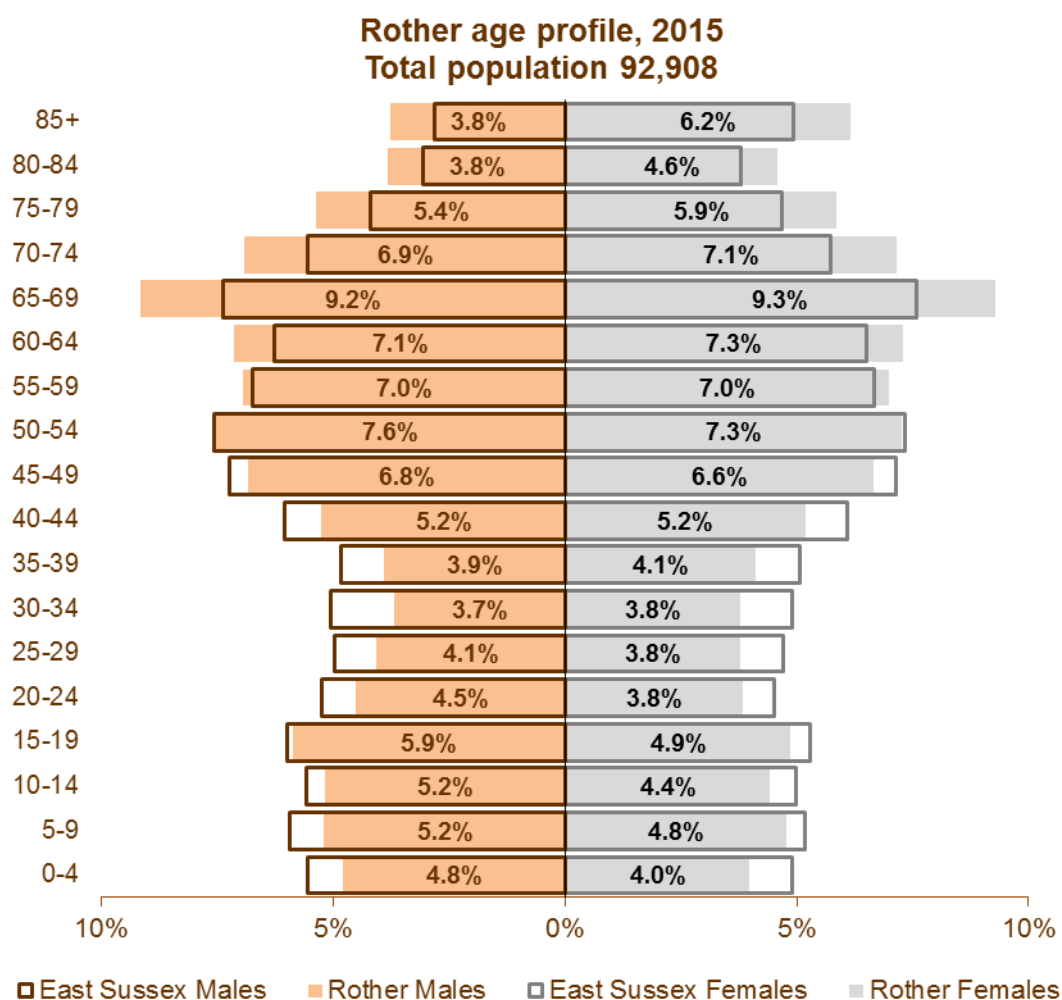
For more in-depth information on how wards, as well as districts/boroughs, compare to East Sussex, this report should be read alongside the LA view JSNAA indicator scorecards.

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



Rother has one of the smallest populations of all East Sussex districts/boroughs. It has the smallest percentage of people aged 0-19 years and 20-64 year olds, but the highest

percentage of people aged 65 years and over, of all East Sussex districts/boroughs. Compared to East Sussex Rother has a higher percentage of people in every (5 year) age group above 54-59.

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

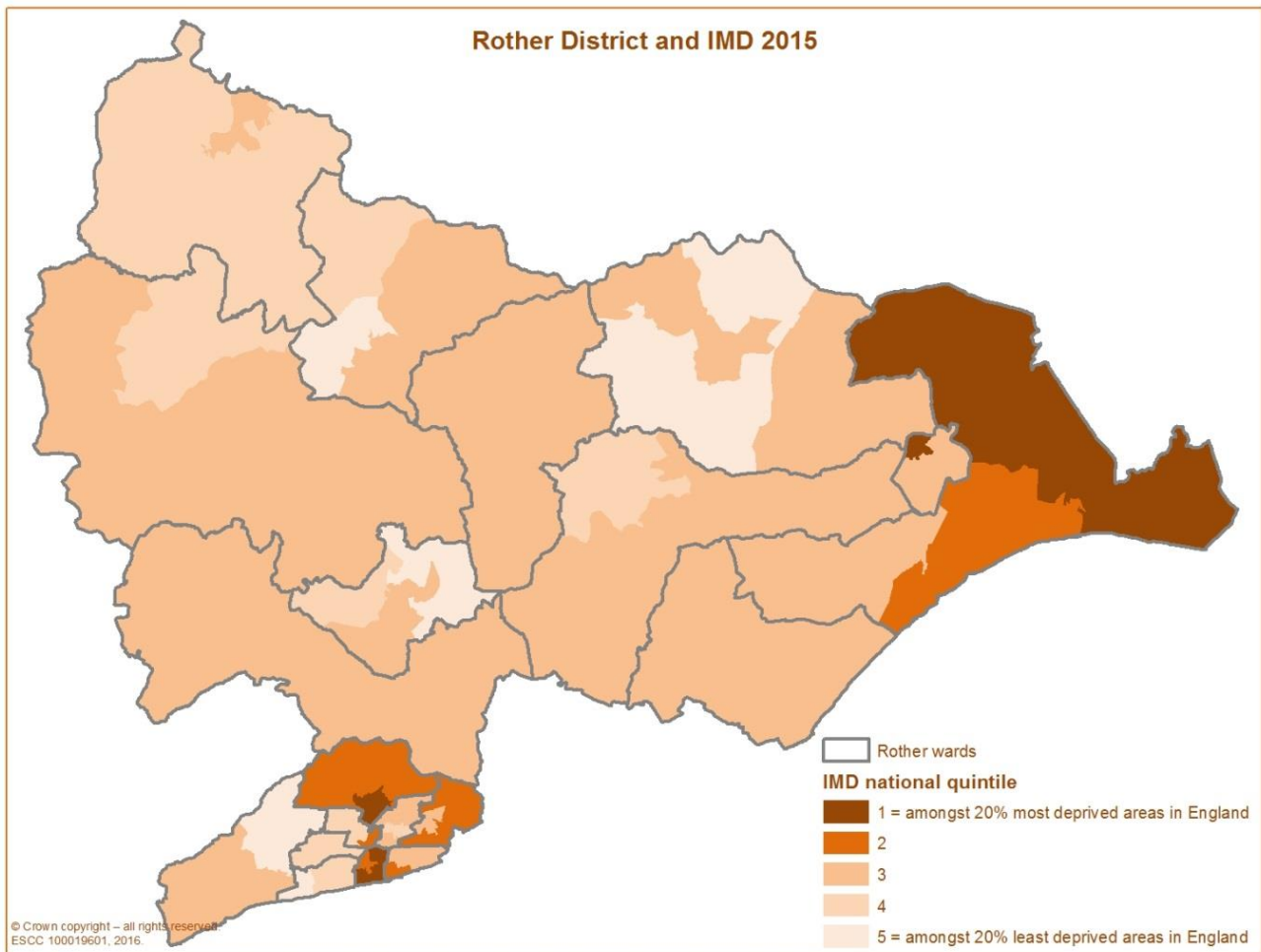
Table 1: Population projections for all persons (number and percentage change) showing the increase (positive) or decrease (negative) from 2016 to 2022 (modelled)

Population projections from 2016 to 2022				
Population Change	East Sussex		Rother	
	Number	%	Number	%
0-19 years	1,300	1.1	-100	-0.7
20-64 years	-2,700	-0.9	-1,100	-2.5
65+ years	17,800	12.8	3,600	12.2
85+ years	4,700	21.5	1,000	20.3
All Ages	16,300	3.0	2,300	2.5

Note: Numbers may not add up due to rounding

The dependency ratio (of non-working age people compared to working age people) is significantly higher than for East Sussex, and the highest of all East Sussex districts/boroughs, as is the percentage of lone older person households. This district has a significantly lower percentage than East Sussex of lone parent households, non-white British people and children who speak English as an additional language. Birth rates in the district are similar to East Sussex.

Wider determinants



Rother has similar income and employment deprivation to East Sussex, including the percentage of older people affected by income deprivation and children in low income families, 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 similar percentage of households have no cars or vans (Census 2011) and are able to access a GP practice in 15 minutes by public transport or walking.

Rother has similar levels of educational achievement to East Sussex for pupils at age 5 and 16, but significantly higher (the highest of all districts/boroughs) at age 11. The rates of pupils with SEN on SEN support, with a statement of SEN or an EHCP and young people NEET are similar to East Sussex. The percentages of children receiving the pupil premium

(Census 2011), and of working age people with no or low qualifications (Census 2011), are similar to East Sussex.

The district has significantly higher levels of owner-occupied households (Census 2011) and lower levels of privately rented households (Census 2011) than East Sussex and a significantly lower percentage of households are overcrowded (Census 2011). A higher percentage of people live in care homes (Census 2011).

Rother has significantly lower rates than East Sussex of recorded crimes, incidents of anti-social behaviour and A&E attendances due to assaults.

Overall health status

This district has amongst the highest levels of self-reported bad health and LLTI or disability of all the districts/boroughs. Life expectancy at birth and age 75, and all-age, premature and preventable mortality are similar to East Sussex.

Healthy lifestyles

Pregnancy and infancy

Compared to East Sussex a significantly lower percentage of mothers initiate breastfeeding, but a similar percentage are breastfeeding at 6-8 weeks. Infant mortality levels and the proportion of low birth weight babies are similar to East Sussex.

Physical activity and excess weight

A similar percentage of adults achieve 150 minutes physical activity per week, and are overweight, as in East Sussex. Levels of overweight or obese reception year and year 6 children are similar to East Sussex.

Smoking

Values for smoking indicators are similar to East Sussex.

Alcohol and drug misuse

Compared to East Sussex Rother has similar rates of young people, but lower rates of adults, in drug/alcohol treatment. Alcohol-related hospital admissions and mortality are similar to East Sussex.

Sexual health

In Rother District the under 18s conception rate and chlamydia detection rate in 15-24 year olds are not significantly different to the East Sussex rates. In over 25s the chlamydia diagnostic rate is significantly lower than in East Sussex.

Accidents and injuries

MIU and A&E attendances for accidents and injuries in 0-4 year olds, emergency admissions for accidents and injuries in children and young people aged 5-24, and falls injuries in older people are all similar to the East Sussex rates. However emergency admissions for accidents and injuries in 0-4 year olds are significantly higher than in East Sussex. Rother also has a significantly higher rate of people killed or seriously injured on the roads and the highest rate of all the districts/boroughs.

Health protection

Rother District has a significantly higher percentage of eligible people receiving an NHS health check, and better uptake of cervical and bowel cancer screening than East Sussex. Uptake of child immunisations is 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. Rother has the highest uptake (significantly higher than East Sussex) of immunisations by persons aged 65 years or over.

Disease and poor health

Mental health and wellbeing

Rother district has the lowest GP reported incidence of depression, a similar prevalence of severe mental illness, and similar rates of emergency admissions for mental and behavioural disorders and for people with severe mental illness. The CAMHS caseload is significantly lower than for East Sussex. Compared to East Sussex it has the highest prevalence of dementia, but significantly lower (the lowest of all) emergency and elective admissions for people with dementia. It has the lowest mortality from suicide (though not significantly different to East Sussex).

Circulatory

The prevalence of most circulatory conditions (not age-standardised), including hypertension, CHD, heart failure and stroke, are significantly higher than for East Sussex and generally the highest of all the districts/boroughs. Emergency admissions for CHD and stroke and premature mortality from circulatory diseases are similar to East Sussex.

Cancer

Compared to East Sussex Rother has broadly similar incidence and mortality from common cancers, except it has the highest incidence of colorectal cancer (though not significantly different to East Sussex). All-age and premature mortality from cancer is also similar to East Sussex.

Respiratory

Asthma prevalence (not age-standardised) and emergency admissions due to asthma are similar to East Sussex. The prevalence of COPD (not age-standardised) and emergency admissions and mortality due to COPD are similar to East Sussex. Premature mortality from respiratory diseases is also similar to East Sussex.

Diabetes

Rother has a significantly higher prevalence (not age-standardised) of diabetes than East Sussex, but significantly lower emergency admissions for diabetes (including emergency admissions per 1,000 patients on diabetes registers).

Other chronic conditions

Rother generally has similar prevalences of other conditions, and premature mortality from liver disease, to East Sussex.

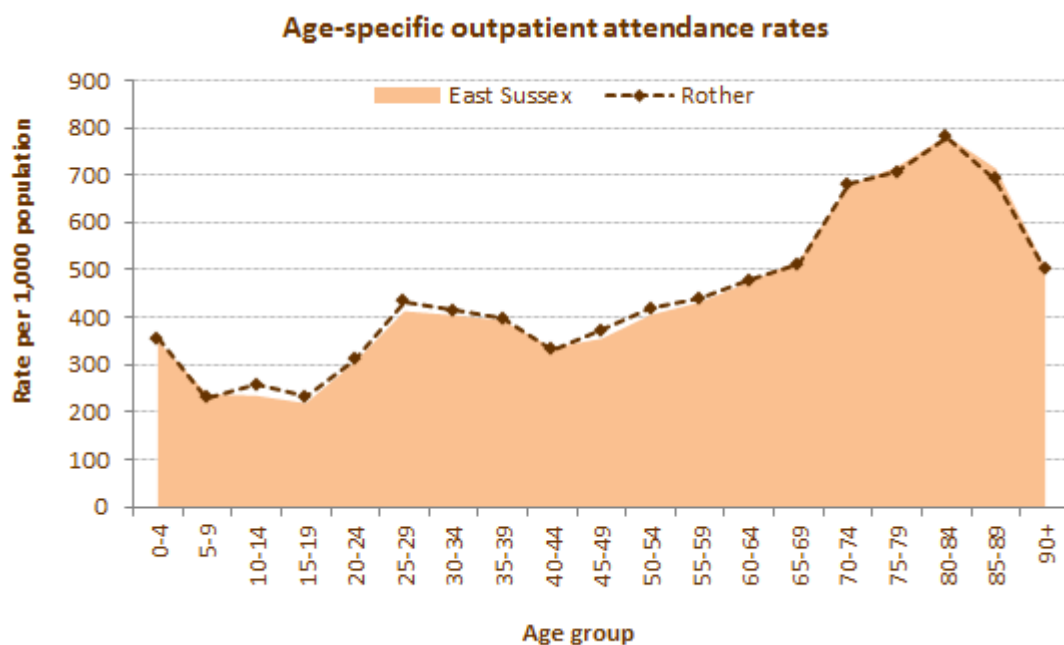
Avoidable admissions

Rother has amongst the lowest rates of emergency admissions for other/vaccine preventable ACS conditions (significantly lower than East Sussex), and emergency admissions for LRTIs in under 20s, of all the districts/boroughs.

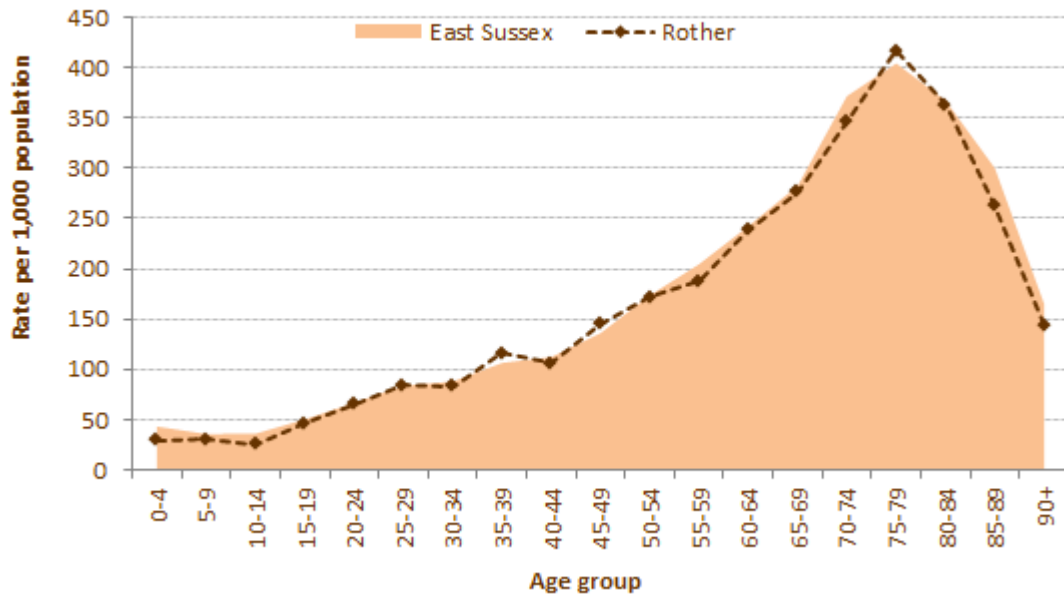
Hospital admissions and attendances

Rother has significantly lower rates of outpatient DNAs and MIU attendances than East Sussex. It has the lowest rate of A&E attendances for people aged 70+ (significantly lower than East Sussex), but emergency admission rates (all ages) are similar to East Sussex.

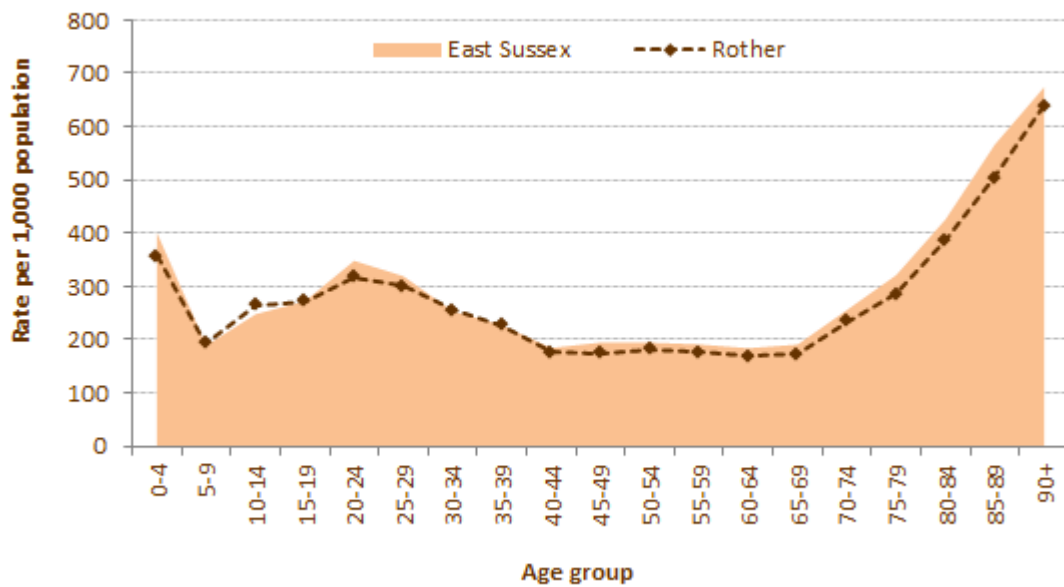
The following graphs present the age-specific overall attendance and admission rates for the district compared to East Sussex.

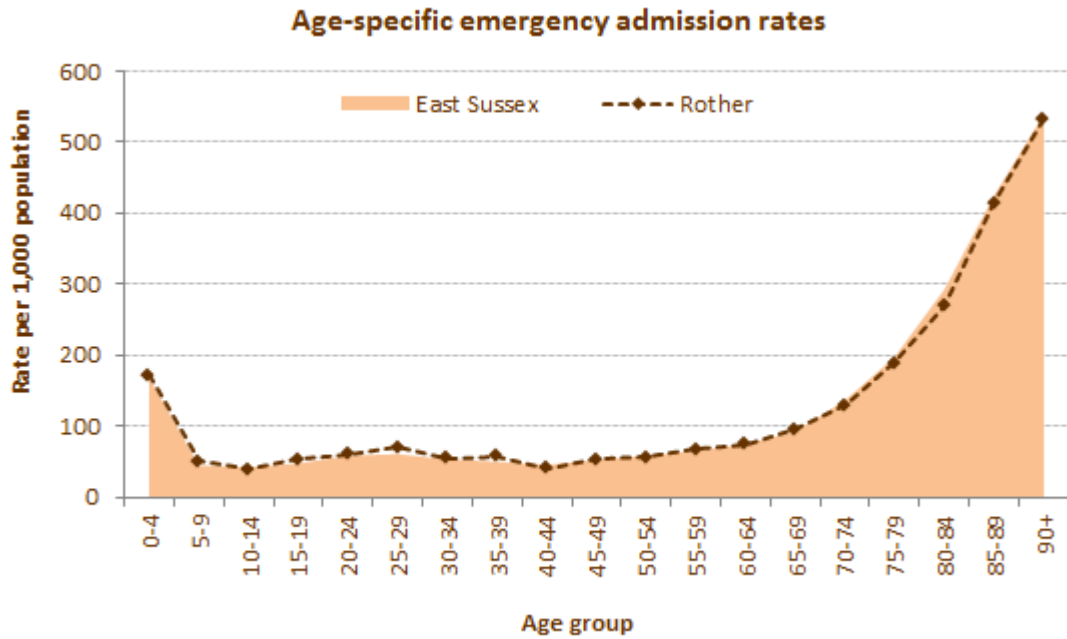


Age-specific elective admission rates



Age-specific A&E attendance rates





Social care

Children’s services

Rother has similar rates of referrals to children’s social care, looked after children and children on a protection plan to East Sussex.

Carers

Rother has the highest percentage of people providing one or more hours of unpaid care per week and amongst the highest rates of carers known to adult social care and carers receiving self-directed support.

Adult social care

Rother has similar rates of working age and older adults receiving Long Term Support to East Sussex. It has the lowest rates of learning disabled adults aged 18-64 in settled accommodation and of people aged 65+ admitted to council supported residential or nursing care (not significantly different to East Sussex) of all the districts/boroughs.

NHS dental services

Compared to East Sussex, a lower percentage of children, a similar percentage of working age people and higher percentage of older people, access East Sussex NHS general dental services.

GP patient survey

Rother had the highest response rate to the GP Patient Survey and significantly higher than in East Sussex. It had the highest percentage of patients reporting a good experience of their surgery and of making appointments and significantly higher than in East Sussex. Satisfaction with opening hours and with GPs and nurses involving patients in decisions on care was 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
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		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
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
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