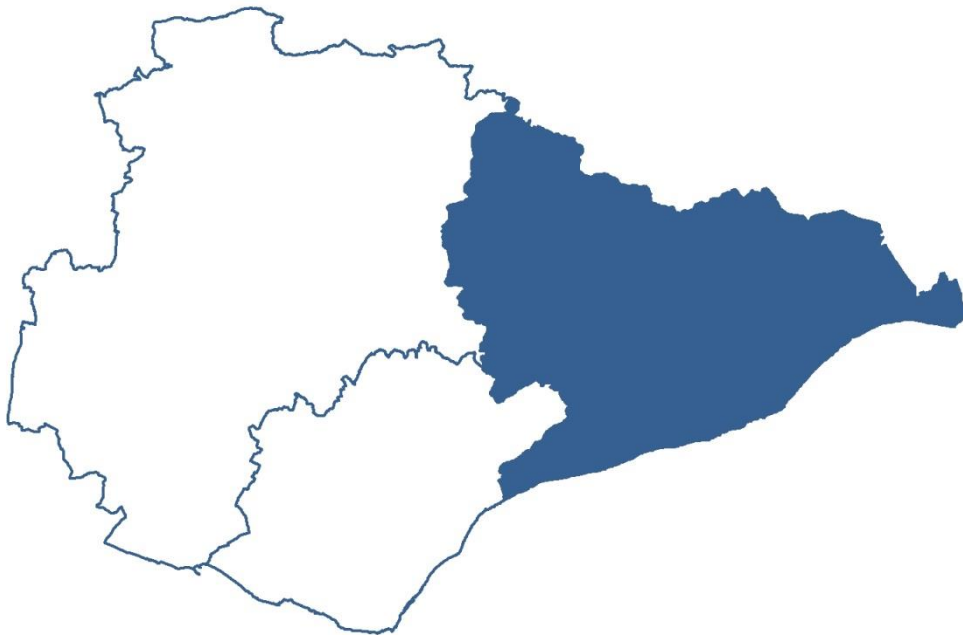




Hastings and Rother Clinical Commissioning Group Area Summary



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



East Sussex CCGs, localities/communities of practice and GP practices

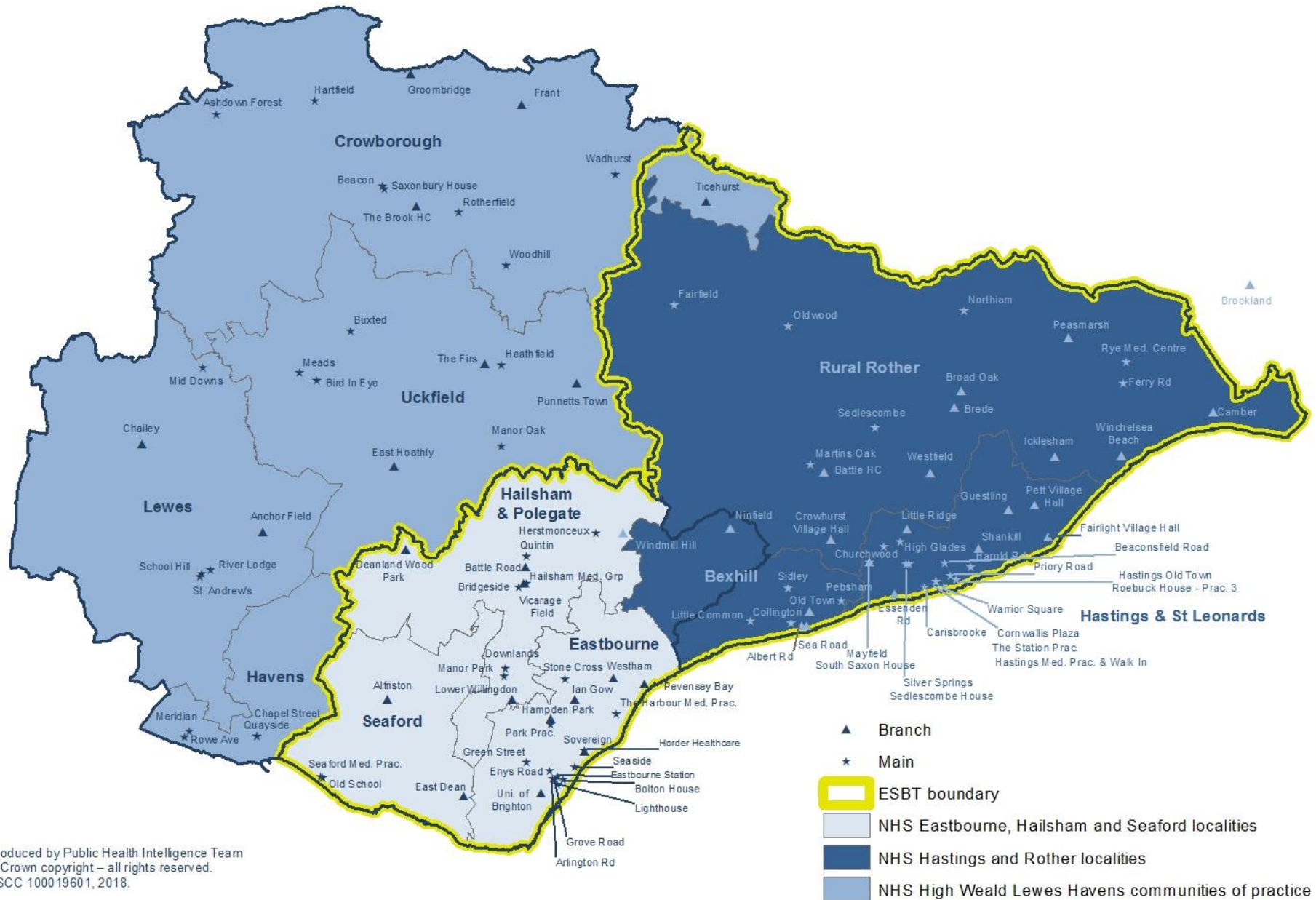


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Key statistics

Key Statistics for Hastings and Rother CCG			
Ref	Indicator	Number per year	Value
1.01	GP registered population (count), April 2017	187,811	
1.02	GP registered population aged 0-19 yrs (%), April 2017	38,902	21
1.03	GP registered population aged 20-64 yrs (%), April 2017	102,211	54
1.04	GP registered population aged 65+ yrs (%), April 2017	46,698	25
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-16	1,810	62
2.02	Income Deprivation (as a percentage), from ID 2015 (M)		18
2.04	Children in low-income families (%), Aug 2014 (M)	7,330	25
3.06	Excess weight in 10-11 year olds (%), 2013/14 to 2015/16 (M)	489	32
3.09	GP reported prevalence of smoking aged 15+ (%), 2016/17	28,254	20
4.04	Life expectancy at birth (yrs), 2014-16		81.1
4.05	Life expectancy at age 75 (yrs), 2014-16		12.4
4.06a	All-cause mortality (SMR), 2014-16	2,341	105
4.08a	Mortality from causes considered preventable (SMR), 2014-16	390	106
4.15	GP reported prevalence of dementia (%), 2016/17	2,094	1.1
4.22	GP reported prevalence of hypertension (%), 2016/17	33,220	17.7
4.25	GP reported prevalence of CHD (%), 2016/17	7,527	4.0
4.28	GP reported prevalence of stroke or TIA (%), 2016/17	4,577	2.4
4.31	GP reported prevalence of atrial fibrillation (%), 2016/17	5,313	2.8
4.33	GP reported prevalence of heart failure (%), 2016/17	1,979	1.1
4.48	GP reported prevalence of asthma (%), 2016/17	11,279	6.0
4.51	GP reported prevalence of COPD (%), 2016/17	4,712	2.5
4.56	GP reported prevalence of diabetes aged 17+ (%), 2016/17	11,038	7.1
4.59	GP reported prevalence of epilepsy aged 18+ (%), 2016/17	1,403	0.9
4.61	GP reported prevalence of CKD aged 18+ (%), 2016/17	6,607	4.3
4.64	GP reported prevalence of learning disabilities aged 18+ (%), 2016/17	1,146	0.8
4.65	GP reported prevalence of palliative care needs (%), 2016/17	793	0.4
4.71a	First outpatient attendances (SAR), 2016/17	80,455	103
4.73a	A&E (type 1) attendances (SAR), 2016/17	49,990	100
4.74	MIU attendances (per 1,000), 2016/17	628	3
4.78a	All elective admissions (SAR), 2015/16 to 2016/17	29,606	94
4.80a	All emergency admissions (SAR), 2015/16 to 2016/17	19,804	106
6.02	Unpaid carers providing 20 hours or more care per week (%), 2011 (M)	7,471	37
6.04	Carers known to adult social care (per 1,000 population) 2016/17 (M)	3,096	21
6.07	Referrals to children's social care (per 1,000 aged under 18 yrs), 2016/17 (M)	1,591	47
6.17	65+ admitted to perm council supported resid or nursing care (per 100K), 2016/17 (M)	242	531

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

Introduction

Hastings and Rother Clinical Commissioning Group (HR CCG) is one of two CCGs in the East Sussex Better Together (ESBT) area. This narrative, based on 2018 JSNAA scorecard data, describes HR CCG in the ESBT context. 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 Hastings Borough and Rother District (based on the LA view JSNAA scorecards) are discussed.

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.

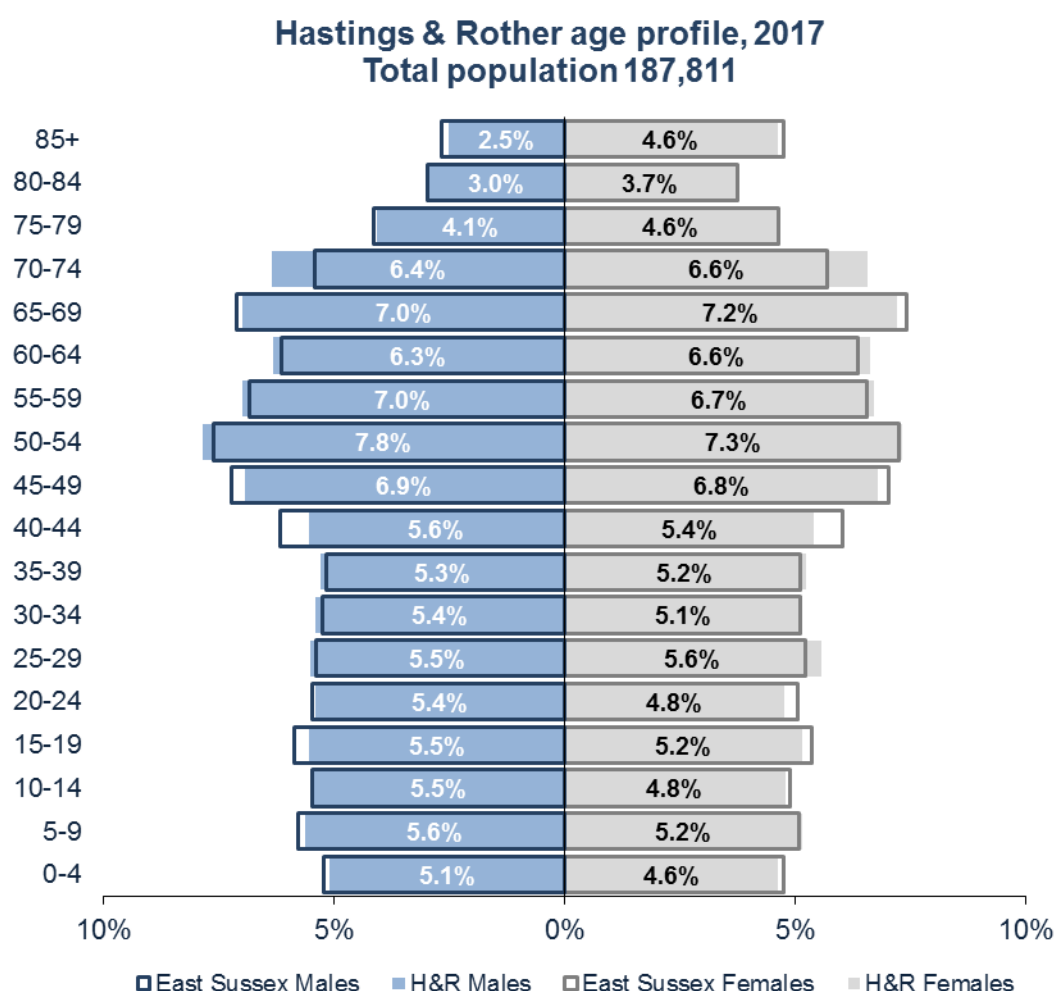
JSNAA scorecards and area summaries can be downloaded from

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



Within the CCG Hastings & St Leonards Locality has the largest population and Rural Rother Locality has the smallest. HR CCG has an overall population age profile similar to ESBT, but

Hastings & St Leonards has the highest percentage of working age people of all ESBT localities, and the lowest percentage of people aged 65+ and 85+, whereas Bexhill has the lowest percentage of working age people and the highest percentage of people aged 65+ and 85+, of all ESBT localities.

HR CCG has a similar dependency ratio (of non-working age people compared to working age people) to ESBT. But Hastings & St Leonards has the lowest dependency ratio of all ESBT localities and Bexhill has the highest. Likewise, Hastings & St Leonards has the lowest percentage of lone older person households and Bexhill has the highest. Hastings & St Leonards also has the highest proportion of lone parent households of all ESBT localities, whereas Rural Rother has one of the lowest.

HR CCG has similar levels of non-white British people to ESBT but significantly lower levels of pupils with English as an additional language; whereas Hastings & St Leonards Locality has similar levels to ESBT, Bexhill and Rural Rother have significantly lower levels.

The CCG has similar birth rates to ESBT. However Hastings & St Leonards has the highest teenage birth rate of all ESBT localities (significantly higher than ESBT) whereas Rural Rother has one of the lowest (significantly lower than ESBT).

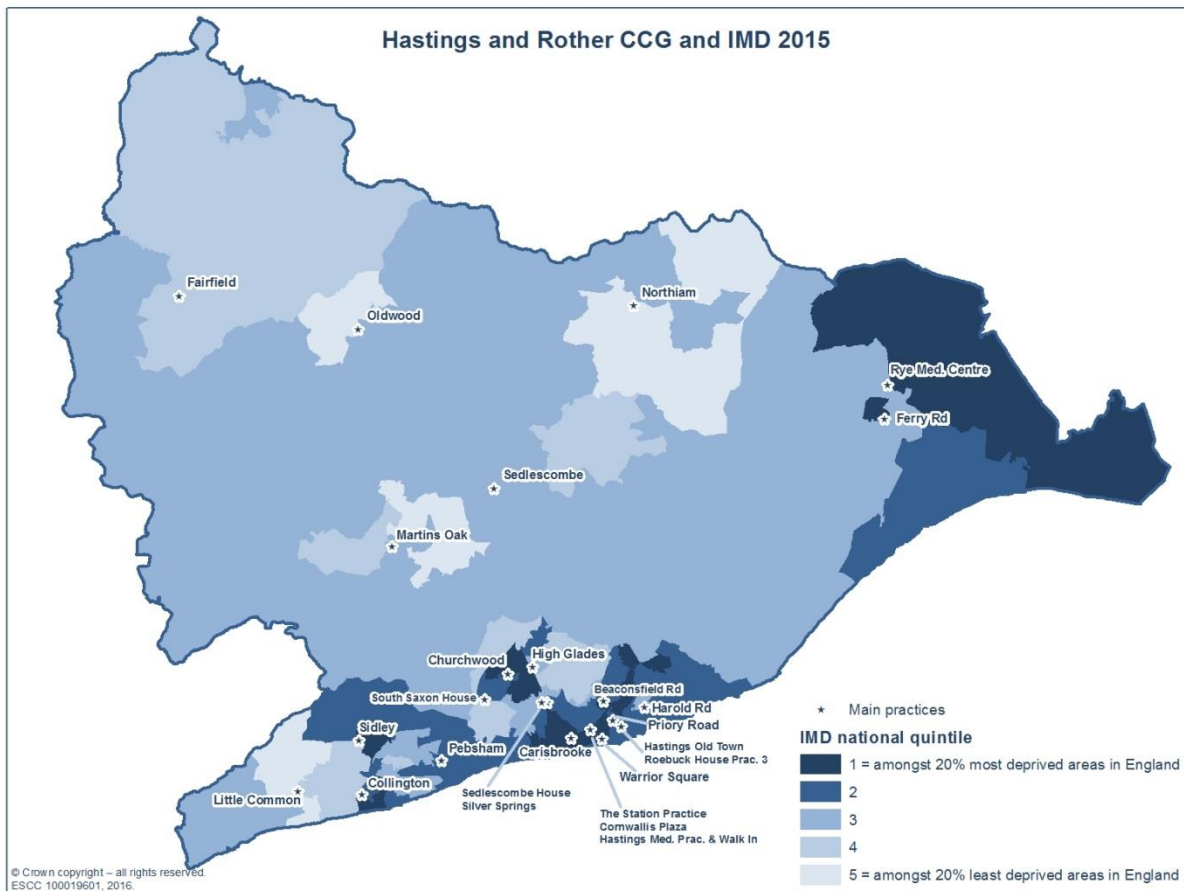
Table 1 shows the estimated population changes between 2016 and 2022 for children and young people, working age adults and older adults. Using projections produced by East Sussex County Council, the table shows that over the next 6 years some age groups are projected to increase in size whilst others will decrease in size. The net effect is that the population of the CCG 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		HR CCG	
	Number	%	Number	%
0-19 years	1,050	1.3	0	0.0
20-64 years	-2,450	-1.2	-1,800	-1.7
65+ years	11,100	11.4	6,100	12.9
85+ years	3,100	20.1	1,400	20.0
All Ages	10,300	2.7	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. For the entire range of economy and income indicators shown Hastings & St Leonards has the worst values of all ESBT localities and significantly worse than ESBT, whereas Rural Rother generally has amongst the best and significantly better than ESBT. The percentages of people living in income or employment deprivation, households with dependent children and no adults in employment, working age people claiming JSA, UC and ESA, are mostly about twice as high in Hastings & St Leonards as in Rural Rother.

Hastings & St Leonards has the highest percentage of households with no cars or vans of all ESBT localities (Census 2011) and Rural Rother has the lowest. However Hastings & St Leonards also has one of the highest percentages of all ESBT localities of households able to access a GP practice in 15 minutes using public transport or walking whereas Rural Rother has one of the lowest.

In HR CCG pupil attainment at ages 5 and 16 is similar to ESBT but Hastings & St Leonards has the lowest values in the CCG. In contrast, Rural Rother and Bexhill have the highest

values for pupil attainment at ages 5 and 11 of all ESBT localities (significantly higher than ESBT for attainment at age 11). Note that it is not possible to determine whether statistically significant differences exist between different areas' GCSE attainment scores (pupils at age 16). HR CCG has a significantly higher percentage of working age people with no or low qualifications (Census 2011). This is because Hastings & St Leonards and Bexhill have the highest percentages of all ESBT localities. The CCG has similar rates to ESBT of pupils with SEN on SEN support, and with a statement of SEN or an EHCP. However, Hastings & St Leonards has the highest rates in ESBT of pupils with SEN on SEN support and young people who are NEET (both significantly higher than ESBT).

In HR CCG a significantly lower percentage of households are owner-occupied (Census 2011) and a significantly higher percentage have no central heating (Census 2011) than in ESBT. Hastings & St Leonards has the highest percentage of households with no central heating and the second highest percentage of overcrowded households (Census 2011) of all ESBT localities. It also has the lowest percentage of owner-occupied households, and the highest percentage of privately and socially-rented households (Census 2011) in ESBT. Values for these indicators are significantly worse in Hastings & St Leonards than in ESBT, but are generally significantly better in Bexhill and Rural Rother. The CCG has a similar percentage of people living in care homes (Census 2011) to ESBT but Bexhill has a significantly higher percentage (the highest in ESBT) whereas Rural Rother has a significantly lower percentage (the lowest in ESBT).

The CCG has significantly higher rates of recorded crimes and incidents of anti-social behaviour than ESBT and higher (though not significantly) emergency admissions for violence. For all three of these indicators Hastings & St Leonards has the highest rates of all ESBT localities, and significantly higher than ESBT, whereas Bexhill and Rural Rother have significantly lower rates of recorded crimes and incidents of anti-social behaviour than ESBT.

Overall health status

Life expectancy at birth and all-cause mortality are significantly worse in HR CCG than in ESBT. Hastings & St Leonards ranks worst of all ESBT localities (and significantly worse than ESBT) for all life expectancy and mortality indicators; in contrast Rural Rother is the best/amongst the best of all ESBT localities (and significantly better than ESBT). Bexhill has the highest self-reported levels of ill health and LLTI or disability (not age-standardised) in ESBT, and significantly higher than ESBT.

Healthy lifestyles

Pregnancy and infancy

This CCG has similar levels of mothers initiating breastfeeding, low birth weight babies and infant mortality compared to ESBT. However Hastings & St Leonards and Bexhill have the worst rates of breastfeeding at 6-8 weeks of all ESBT localities.

Physical activity and excess weight

Hastings & St Leonards and Bexhill have the highest levels of overweight or obese reception year children in ESBT (significantly higher than ESBT in the case of Hastings & St Leonards). In Hastings Borough and Rother District similar proportions of adults achieve 150 minutes physical activity per week, and have excess weight, as in East Sussex.

Smoking

This CCG has the highest GP-reported smoking prevalence, and significantly higher than ESBT. Hastings & St Leonards has the highest rates in ESBT of: adult smokers, mothers known to be smokers at the time of delivery, and smoking quitters (all significantly higher than ESBT). Hastings Borough has the highest smoking-attributable mortality (significantly higher than East Sussex) of all the districts and boroughs, whereas Rother District has a similar rate to East Sussex.

Alcohol and drug misuse

This CCG has worse rates of young people and adults in alcohol and/or drug treatment than ESBT (though not significantly different). Hastings & St Leonards has the worst rates of all ESBT localities (and significantly higher than ESBT for adults), and is despite Rural Rother having the best rates. Hastings Borough has the worst rates of alcohol-related hospital admissions (significantly higher than East Sussex) and alcohol-related mortality of all the districts and boroughs.

Sexual health

In this CCG the chlamydia and gonorrhoea detection/diagnosis rates are similar to the ESBT rates. Hastings Borough has the highest under 18s conception rate, and Rother District has

the second highest, of all East Sussex districts and boroughs (though neither is significantly higher than East Sussex). Hastings Borough has the highest chlamydia detection rate in 15-24 year olds (though not significantly higher than East Sussex). Rother District has the lowest chlamydia diagnostic rate for people aged 25 and over (significantly lower than East Sussex) whereas the rate in Hastings Borough is significantly higher.

Accidents and injuries

This CCG has the higher emergency admissions rates for accidents and injuries in children and young people of the two CCGs, though only significantly higher than ESBT in the case of 15-24 year olds. For each age group Hastings & St Leonards has the highest emergency admissions rate for accidents and injuries of all ESBT localities. HR CCG has the lower emergency admissions rate of the two CCGs for falls injuries in older people: Rural Rother has the lowest rate of all ESBT localities (and significantly lower than ESBT) and Bexhill has one of the lowest rates. Hastings Borough has a significantly lower rate of people killed or seriously injured on the roads than East Sussex, whereas Rother District has a significantly higher rate, and the highest of all the districts and boroughs.

Health protection

In HR CCG a similar proportion of eligible people receive an NHS Health Check as in ESBT, but whereas Bexhill has the highest uptake of all ESBT localities (significantly higher than ESBT) Rural Rother has the lowest (significantly lower). Hastings & St Leonards has significantly worse uptake of cervical, breast and bowel cancer screening than ESBT (for bowel cancer screening the lowest uptake of all ESBT localities). But the other two localities in the CCG generally have significantly better uptake of cancer screening than ESBT.

In this CCG child immunisation rates are similar to ESBT, but Hastings & St Leonards has the worst rates of immunisation by age 1 and 5 (significantly worse 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. The CCG also has similar seasonal flu and pneumococcal vaccination uptake by persons aged 65+ to ESBT, but whereas uptake is significantly higher in Bexhill (amongst the highest of all ESBT localities), it is significantly lower in Hastings & St Leonards (amongst the lowest of all ESBT localities) and Rural Rother (in the case of seasonal flu).

Disease and poor health

Mental health and wellbeing

For these mental health and wellbeing indicators there are few significant differences between HR CCG and ESBT. However for most indicators Hastings & St Leonards has the worst rates, and Rural Rother has the best, of all ESBT localities. HR CCG has a significantly lower incidence of depression than ESBT, with Bexhill and Rural Rother having significantly lower rates than ESBT, and Bexhill having the lowest rate in ESBT. It also has a significantly higher rate of working age people claiming ESA for mental health problems: Hastings & St Leonards has the highest rate in ESBT and this is more than double the rate in Rural Rother (the lowest rate in ESBT). Hastings & St Leonards has the highest prevalence of severe mental illness and the highest rates of emergency admissions for mental and behavioural disorders and self-harm, and for persons with severe mental illness, of all ESBT localities and these are significantly higher than the ESBT rates. In contrast, Rural Rother has significantly lower rates and the lowest/amongst the lowest in ESBT. Bexhill has the highest prevalence of dementia (not age-standardised) in ESBT and significantly higher than ESBT, whereas Hastings & St Leonards and Rural Rother have the lowest (and significantly lower than ESBT). Rural Rother also has the lowest elective and emergency admissions for people with dementia of all ESBT localities (and significantly lower than ESBT), but Hastings & St Leonards has the highest rate of emergency admissions for people with dementia (and significantly higher than ESBT). Rural Rother has a significantly lower CAMHS caseload rate than ESBT and the lowest of all ESBT localities. Hastings & St Leonards has the highest suicide rate (though not significantly different to ESBT).

Circulatory

For these circulatory disease indicators there are few significant differences between HR CCG and ESBT. Bexhill has significantly higher prevalences (not age-standardised) of most circulatory conditions than ESBT, but emergency admissions for CHD and stroke, and mortality from stroke and premature mortality from circulatory diseases are not significantly different to ESBT. Hastings & St Leonards has significantly lower prevalences of most circulatory conditions than ESBT. In the case of hypertension and atrial fibrillation the ratios of reported versus expected prevalence are significantly lower than for ESBT (and the lowest of all ESBT localities), suggesting poorer identification of patients with these conditions in

Hastings & St Leonards than in ESBT. Additionally, despite having the lowest prevalence of CHD in ESBT, Hastings & St Leonards has the highest rate of emergency admissions for CHD (and per 1,000 patients on CHD registers), and significantly higher than ESBT. It also has the highest premature mortality from circulatory diseases in ESBT, and this SMR is significantly and substantially higher than for ESBT.

Cancer

HR CCG has a higher incidence of each of the common cancers than ESBT and higher mortality for lung and colorectal cancers, as well as all-age and premature mortality from all cancers, though these differences are not significant. Hastings & St Leonards Locality has the highest premature mortality from cancer of all ESBT localities (though not significantly higher than ESBT). Hastings Borough has a significantly higher incidence of lung cancer, and significantly higher premature mortality from cancer, than East Sussex (both are the highest rates of all districts and boroughs). It also has significantly lower mortality from prostate cancer than East Sussex (and the lowest rate of all the district and boroughs).

Respiratory

For most of these respiratory disease indicators HR CCG has higher rates than ESBT, but rates are only significantly higher for the prevalence of COPD and emergency admissions for COPD. Bexhill and Hastings & St Leonards have the worst COPD prevalences (not age-standardised) in ESBT (both significantly higher than ESBT) whereas Rural Rother has the best (and significantly lower than ESBT). Hastings & St Leonards has the highest emergency admissions and mortality due to COPD of all ESBT localities, and both are significantly and substantially higher than for ESBT, whereas Rural Rother has the lowest emergency admissions for COPD, and significantly lower than for ESBT. Hastings & St Leonards has the lowest prevalence of asthma (not age-standardised) of all ESBT localities (significantly lower than ESBT), but the highest rate of emergency admissions for asthma (significantly higher than ESBT). It has the highest premature mortality from respiratory diseases of all ESBT localities, and substantially and significantly higher than ESBT, whereas Rural Rother has the lowest, and substantially and significantly lower than ESBT.

Diabetes

This CCG has a similar higher prevalence of diabetes (not age-standardised) to ESBT. Bexhill has the highest prevalence of all ESBT localities and significantly higher than ESBT.

Hastings & St Leonards has the highest emergency admissions for diabetes of all ESBT localities (though not significantly higher than ESBT), whereas Rural Rother has the lowest (significantly lower than ESBT).

Other chronic conditions

HR CCG has higher premature mortality due to liver disease than ESBT, though not significantly higher. This reflects the substantially and significantly higher premature mortality due to liver disease in Hastings & St Leonards (the highest of all ESBT localities), and is despite Rural Rother having the lowest rate of all ESBT localities. The GP reported prevalence of CKD and palliative care needs is significantly lower in HR CCG than in ESBT, reflecting the fact that Hastings & St Leonards and Rural Rother have the lowest rates of all ESBT localities, and significantly lower than ESBT. Hastings Borough has the highest fraction of all-cause mortality attributable to manmade particulate air pollution (PM_{2.5}) of all the districts/boroughs.

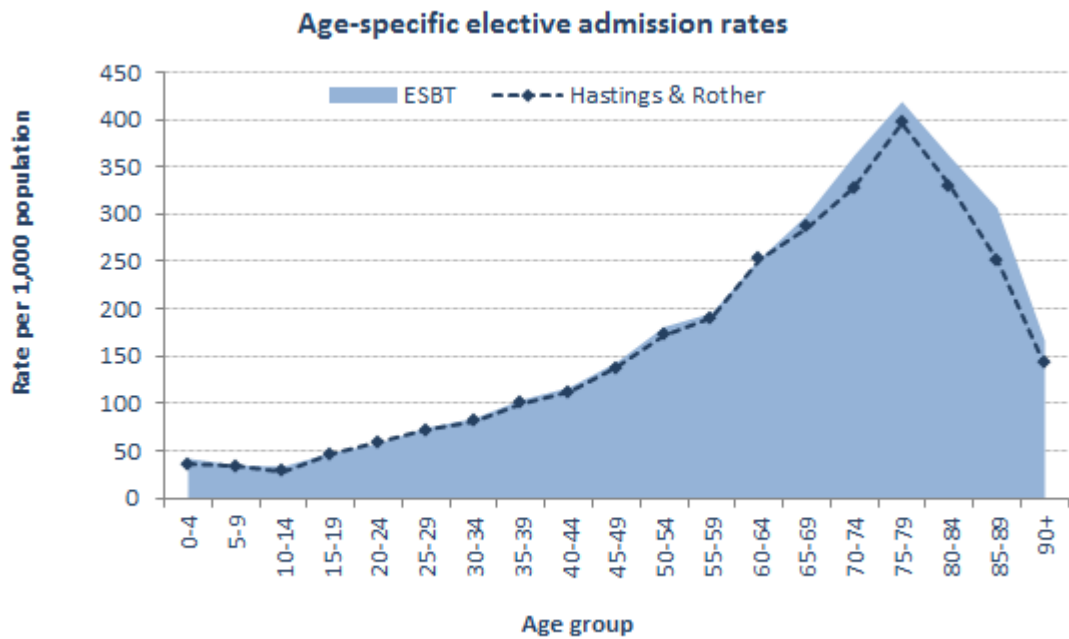
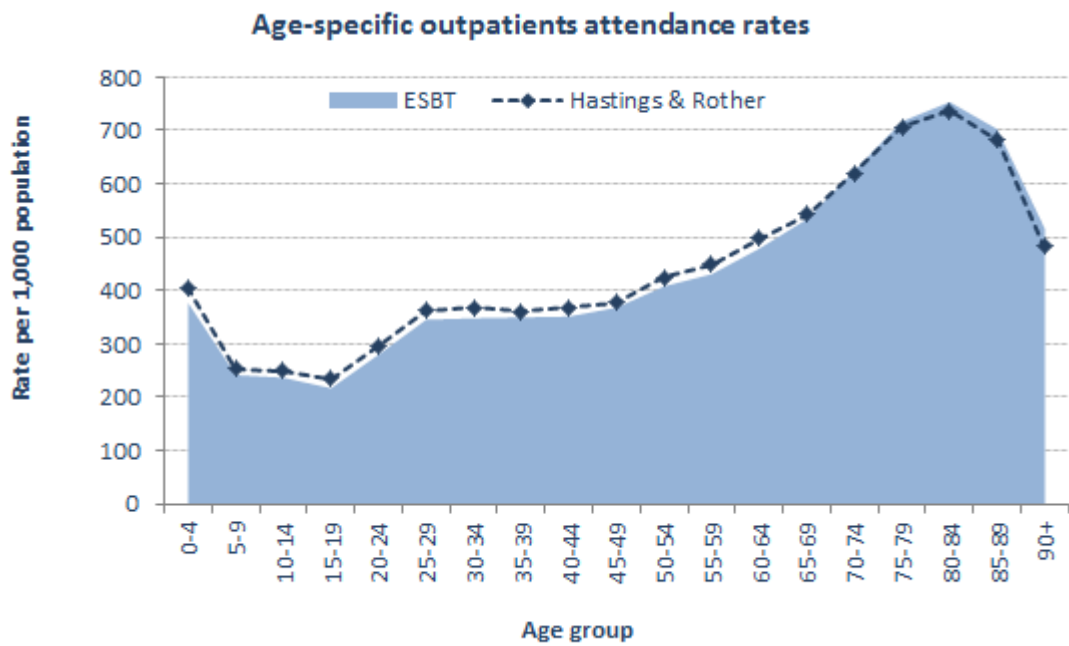
Avoidable admissions

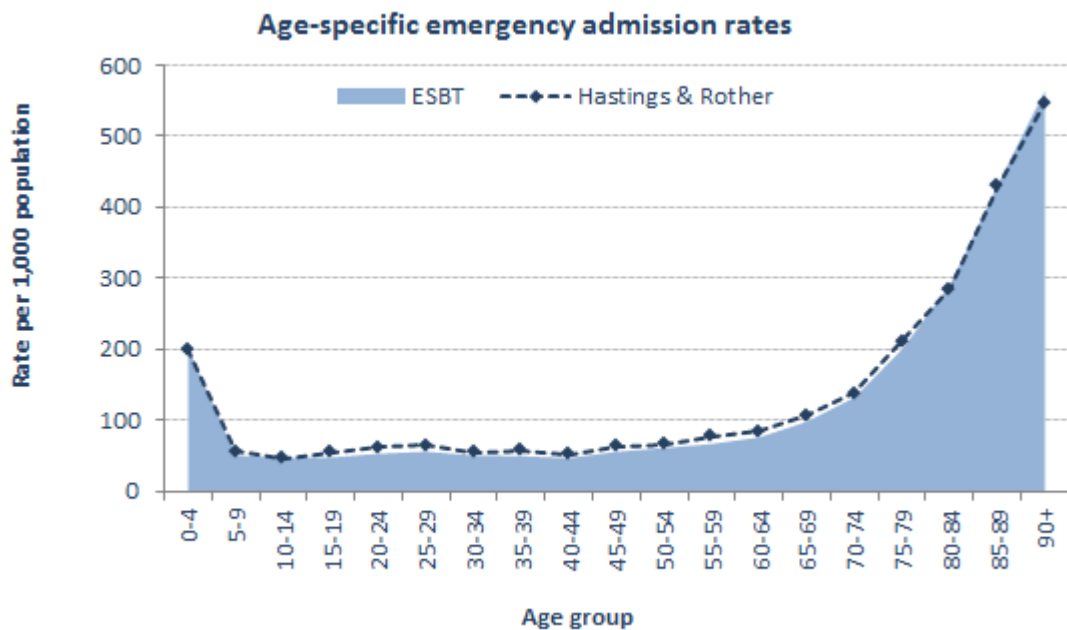
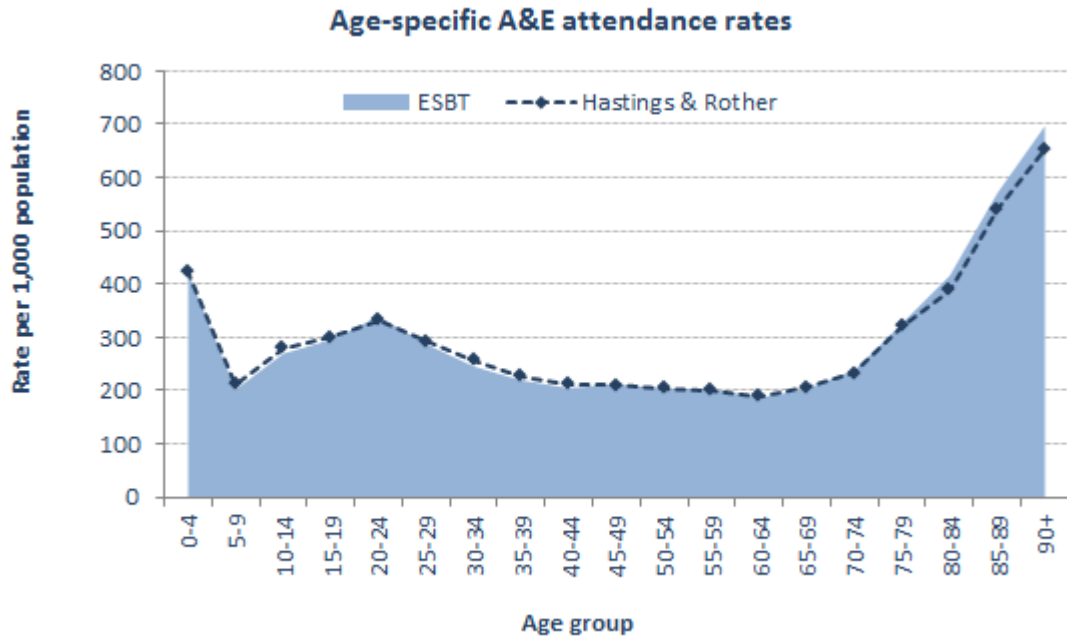
This CCG has broadly similar levels of avoidable emergency admissions to ESBT except in the case of chronic ACS conditions where it has a significantly higher rate. However, Rural Rother has the lowest rate of all ESBT localities for most types of avoidable admissions and significantly lower rates than ESBT, whereas Hastings & St Leonards has the highest/amongst the highest rates for most, and significantly higher in the case of chronic and other/vaccine preventable ACS conditions.

Hospital admissions and attendances

For the majority of these hospital admission and attendance indicators Rural Rother has significantly lower rates than ESBT (often the lowest rate of all ESBT localities), Hastings & St Leonards has significantly higher rates (often the highest of all), and Bexhill rates are not significantly different to ESBT. In these cases, the CCG has similar rates to ESBT for some indicators (for example, for A&E attendances for 0-4 and 15-29 year olds, and emergency admissions for 70-84 year olds) and significantly higher rates for others (for example for outpatient DNAs and all emergency admissions). For all localities in the CCG the rates of MIU attendances, all elective admissions, elective admissions for older people, and emergency admissions for people aged 85+ are generally lower than for ESBT (often significantly lower).

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





Social care

Children's services

The CCG has significantly higher rates than ESBT of referrals to children's social care and children on child protection plans, reflecting the significantly higher rates in Hastings & St

Leonards (the highest of all ESBT localities) and relatively high rates in Bexhill (the second highest of all ESBT localities). These two localities also have the highest rates of looked after children in ESBT (though not significantly higher than ESBT).

Carers

The percentages of unpaid carers providing 20+ hours of care per week and working age people claiming Carers Allowance are significantly higher in HR CCG than ESBT. This is also true for the rates of carers known to adult social care, carers receiving a service and carers receiving self-directed support. For all of these indicators Hastings & St Leonards and Bexhill have the highest values of all localities in ESBT, whereas Rural Rother has similar or lower values than ESBT.

Adult social care

HR CCG has similar values to ESBT for most adult social care indicators, but the values for localities within the CCG are often quite different. For example, Hastings & St Leonards and Bexhill have significantly higher rates of adults receiving self-directed support than ESBT, and the highest values of all ESBT localities, whereas Rural Rother has significantly lower, and the lowest of all ESBT localities. Rural Rother also has the lowest rates of learning disabled adults aged 18-64 in settled accommodation and older people admitted to permanent council supported residential or nursing care, of all ESBT localities. Hastings & St Leonards and Bexhill have the highest rates of working age people receiving Long Term Support in ESBT, and Hastings & St Leonards has the highest rate of older people receiving Long Term Support.

NHS dental services

In HR CCG significantly higher percentages of working age and older people access East Sussex NHS general dental services than in ESBT. Within the CCG Hastings & St Leonards and Bexhill localities have significantly higher values than ESBT and Hastings & St Leonards has the highest values of all ESBT localities.

GP patient survey

In HR CCG the GP Patient Survey response rate is similar to the ESBT response rate. However, the response rates in Bexhill and Rural Rother localities are significantly higher, but in Hastings & St Leonards significantly lower (and the lowest of all ESBT localities). Similar percentages of patients in HR CCG rated different aspects of their GP surgery/services well as in ESBT, but within the CCG significantly lower percentages of patients in Hastings & St Leonards Locality, and significantly higher percentages in Rural Rother Locality, rated their GP surgery/services well.

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