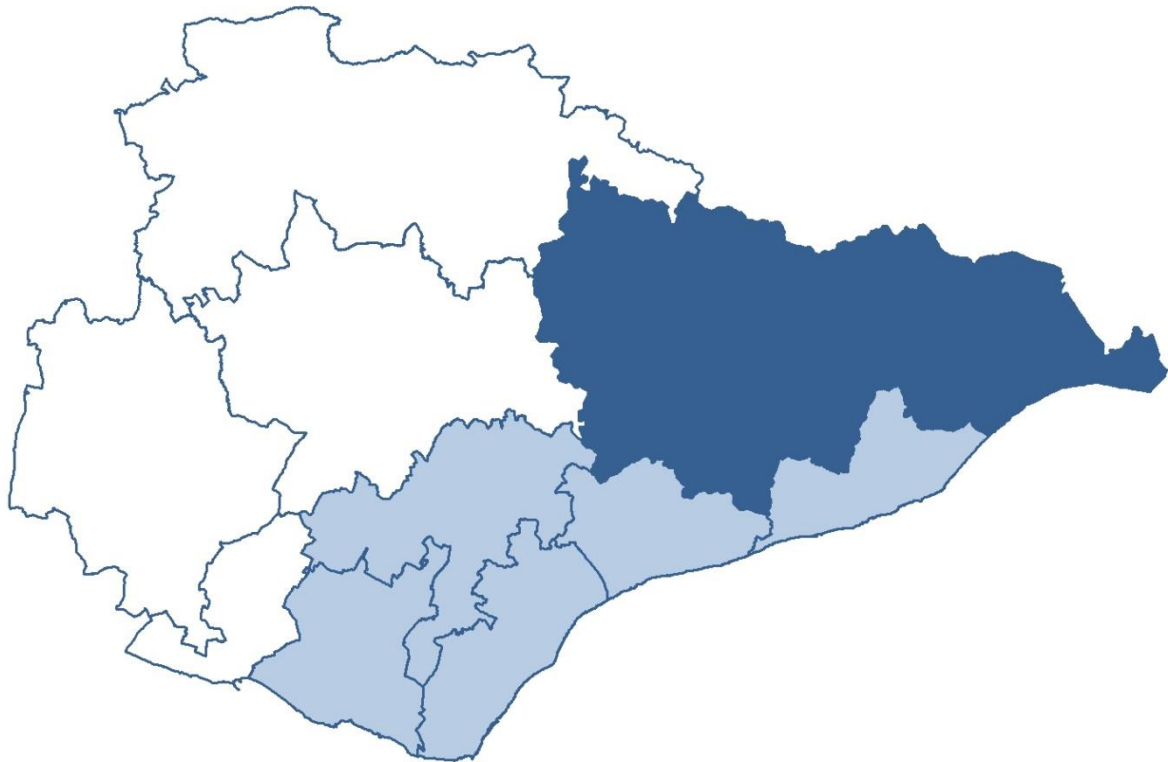




Rural Rother Locality Area Summary



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



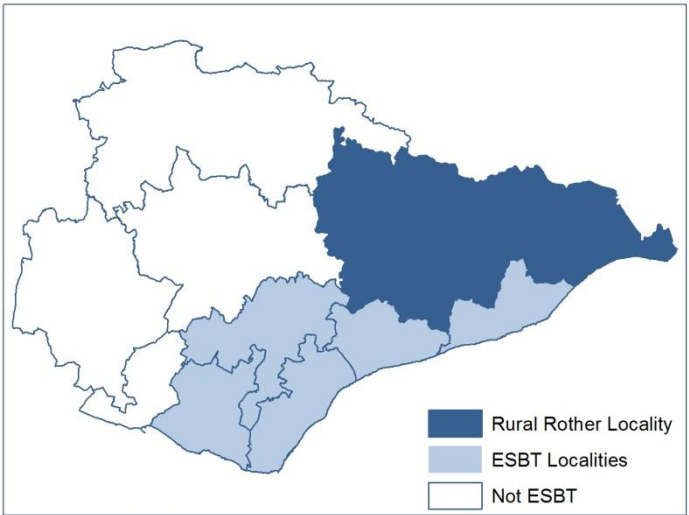
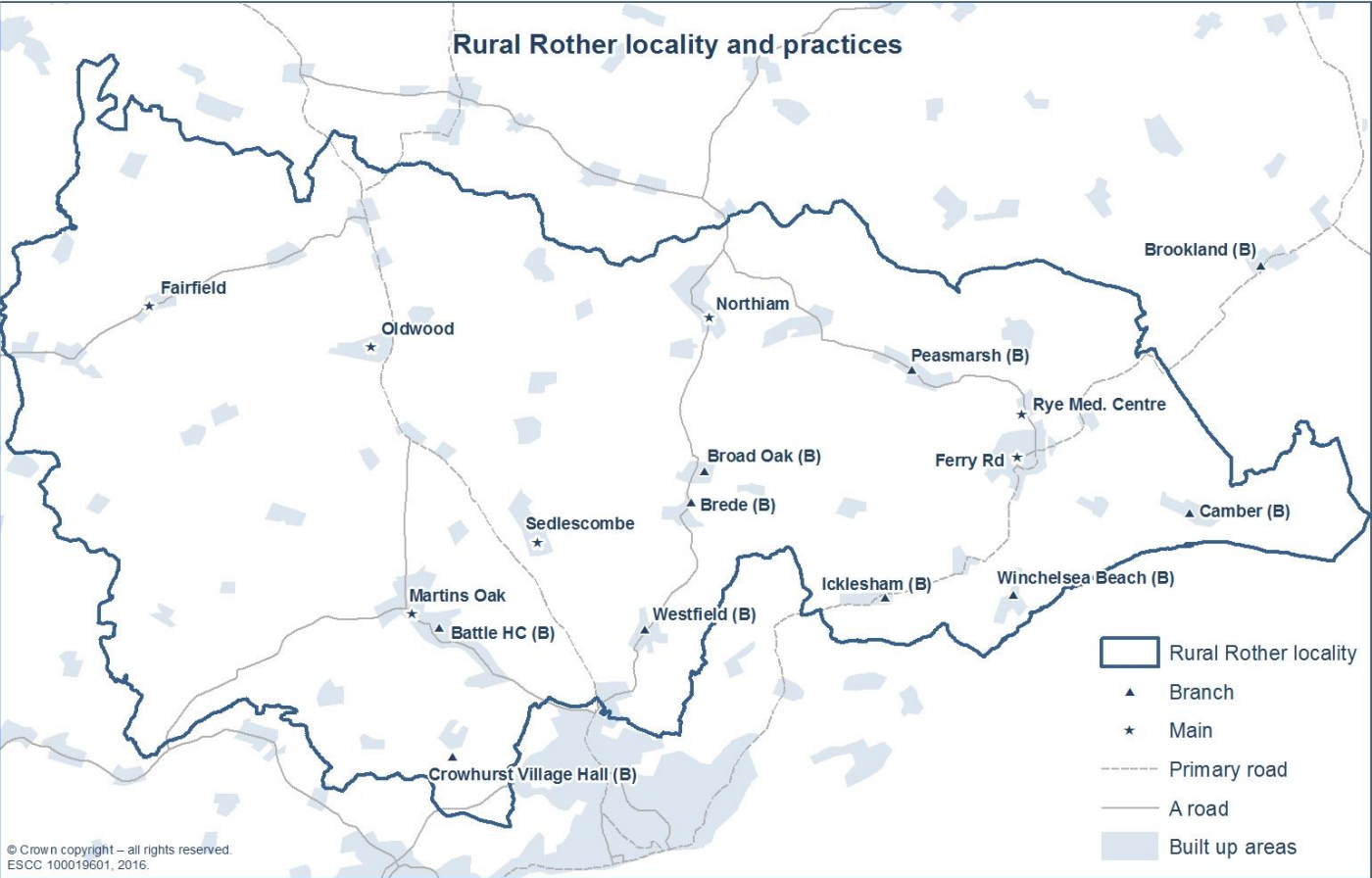


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Key statistics

Key Statistics for Rural Rother Locality			
Ref	Indicator	Number per year	Value
1.01	GP registered population (count), April 2017	40,677	
1.02	GP registered population aged 0-19 yrs (%), April 2017	8,176	20
1.03	GP registered population aged 20-64 yrs (%), April 2017	21,185	52
1.04	GP registered population aged 65+ yrs (%), April 2017	11,316	28
1.18	Live births per 1,000 women aged 15-44 yrs, 2014-16	319	58
2.02	Income Deprivation (as a percentage), from ID 2015 (M)		11
2.04	Children in low-income families (%), Aug 2014 (M)	942	16
3.06	Excess weight in 10-11 year olds (%), 2013/14 to 2015/16 (M)	84	29
3.09	GP reported prevalence of smoking aged 15+ (%), 2016/17	5,046	15
4.04	Life expectancy at birth (yrs), 2014-16		83.5
4.05	Life expectancy at age 75 (yrs), 2014-16		13.5
4.06a	All-cause mortality (SMR), 2014-16	419	85
4.08a	Mortality from causes considered preventable (SMR), 2014-16	65	75
4.15	GP reported prevalence of dementia (%), 2016/17	361	0.9
4.22	GP reported prevalence of hypertension (%), 2016/17	7,601	18.7
4.25	GP reported prevalence of CHD (%), 2016/17	1,564	3.8
4.28	GP reported prevalence of stroke or TIA (%), 2016/17	951	2.3
4.31	GP reported prevalence of atrial fibrillation (%), 2016/17	1,305	3.2
4.33	GP reported prevalence of heart failure (%), 2016/17	376	0.9
4.48	GP reported prevalence of asthma (%), 2016/17	2,476	6.1
4.51	GP reported prevalence of COPD (%), 2016/17	785	1.9
4.56	GP reported prevalence of diabetes aged 17+ (%), 2016/17	2,263	6.7
4.59	GP reported prevalence of epilepsy aged 18+ (%), 2016/17	211	0.6
4.61	GP reported prevalence of CKD aged 18+ (%), 2016/17	1,466	4.4
4.64	GP reported prevalence of learning disabilities aged 18+ (%), 2016/17	213	0.6
4.65	GP reported prevalence of palliative care needs (%), 2016/17	157	0.4
4.71a	First outpatient attendances (SAR), 2016/17	16,189	94
4.73a	A&E (type 1) attendances (SAR), 2016/17	8,371	79
4.74	MIU attendances (per 1,000), 2016/17	238	6
4.78a	All elective admissions (SAR), 2015/16 to 2016/17	6,470	90
4.80a	All emergency admissions (SAR), 2015/16 to 2016/17	3,524	86
6.02	Unpaid carers providing 20 hours or more care per week (%), 2011 (M)	1,435	32
6.04	Carers known to adult social care (per 1,000 population) 2016/17 (M)	556	18
6.07	Referrals to children's social care (per 1,000 aged under 18 yrs), 2016/17 (M)	176	25
6.17	65+ admitted to perm council supported resid or nursing care (per 100K), 2016/17 (M)	17	160

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

Rural Rother Locality is one of six localities in the East Sussex Better Together (ESBT) area. This narrative, based on 2018 JSNAA scorecard data, describes Rural Rother 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 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.

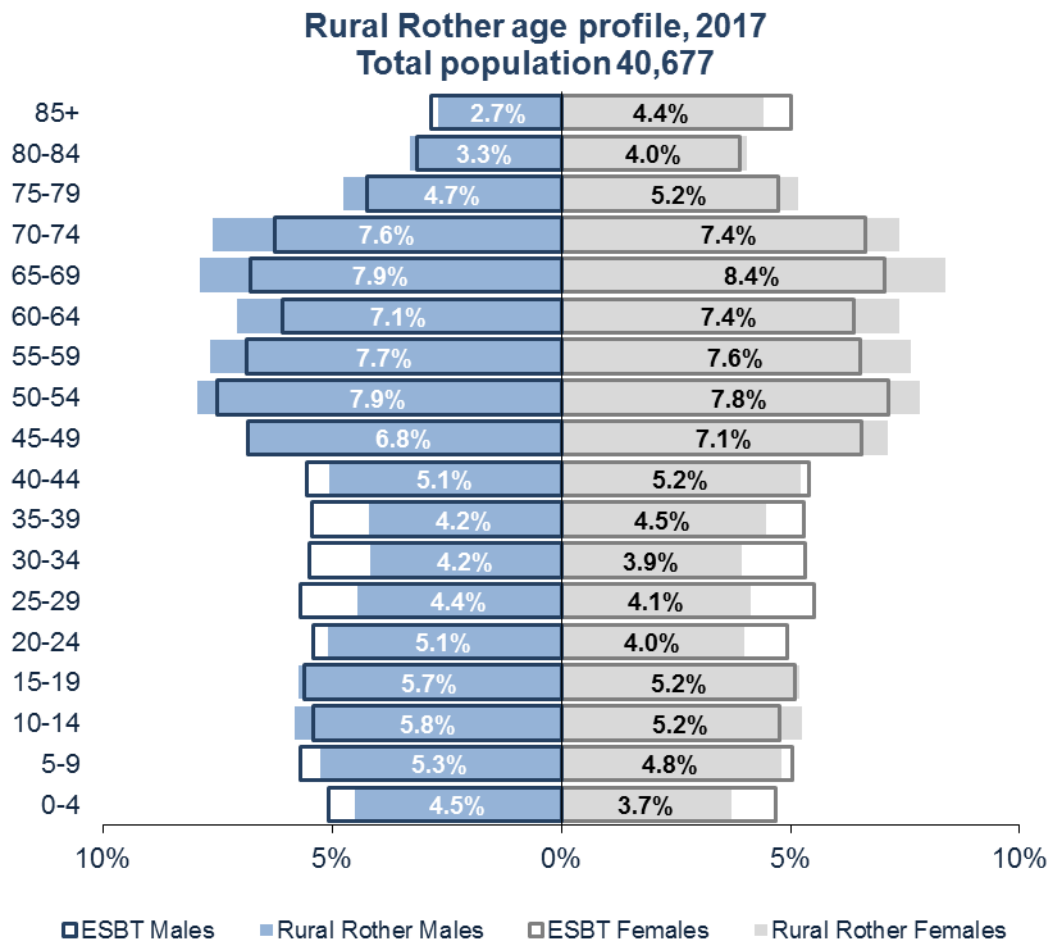
JSNAA scorecards and area summaries can be downloaded from

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



Rural Rother Locality has one of the smaller populations amongst ESBT localities. It has a significantly lower percentage of under 65 year olds and a significantly higher percentage of 65 year olds and over than ESBT. The percentages of younger working age adults and children under 10 years old are particularly low. The dependency ratio (of non-working age people compared to working age people) is significantly higher than for ESBT. It has the lowest percentage of all ESBT localities of non-white British people and pupils with English as an additional language (both significantly lower than ESBT).

It has a similar overall birth rate to ESBT but one of the lowest of all localities for teenagers. It has similar percentages of lone pensioner and lone parent households to ESBT.

Table 1 shows the estimated population changes between 2016 and 2022 for children and young people, working age adults and older adults. Using projections produced by East

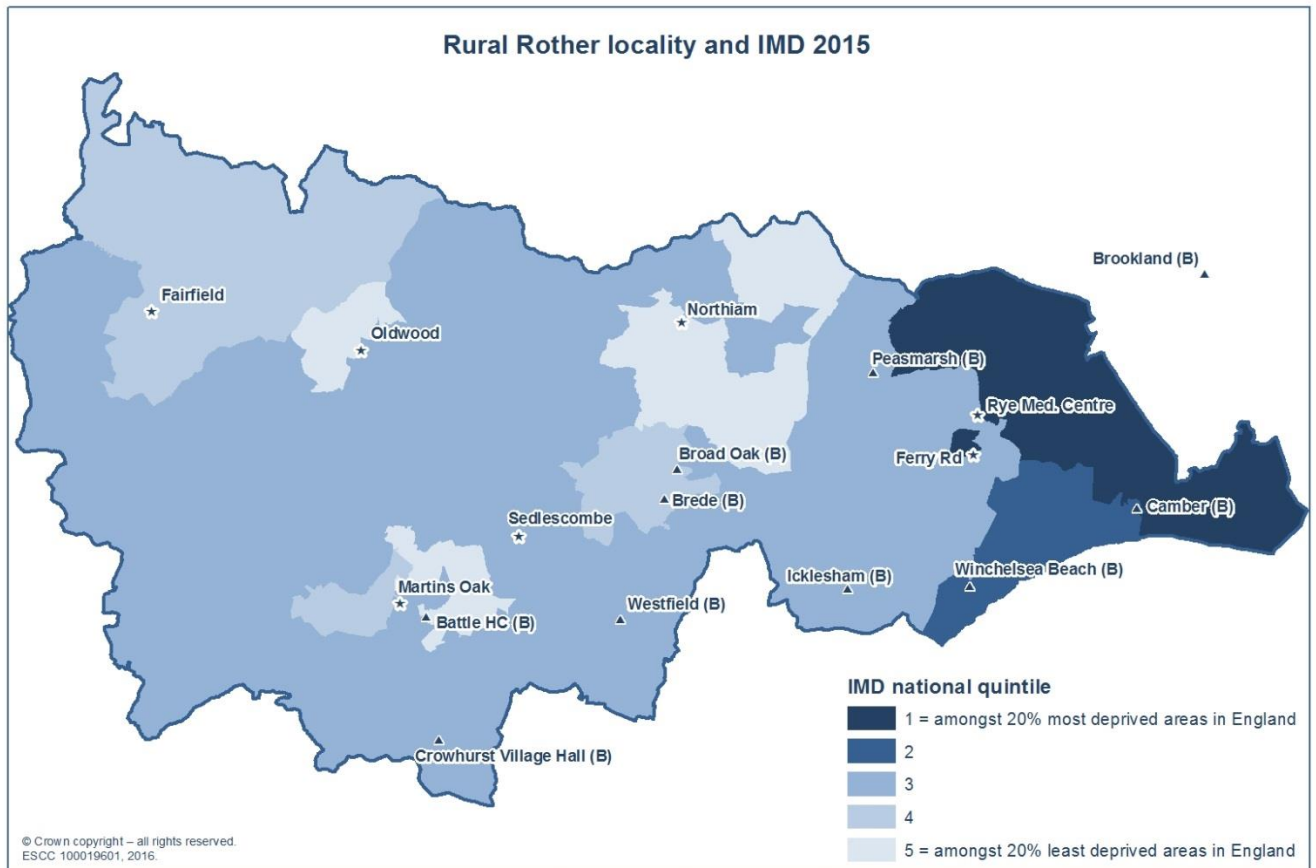
Sussex County Council, the table shows that over the next 6 years some age groups are projected to increase in size whilst others will decrease in size. The net effect is that the population of Rural Rother is estimated to decrease, with the largest estimated percentage decrease in 0-19 year olds.

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		H&R CCG		Rural Rother Locality	
	Number	%	Number	%	Number	%
0-19 years	1,050	1.3	0	0.0	-550	-6.8
20-64 years	-2,450	-1.2	-1,800	-1.7	-1,300	-6.0
65+ years	11,100	11.4	6,100	12.9	1,700	15.1
85+ years	3,100	20.1	1,400	20.0	400	29.8
All Ages	10,300	2.7	4,500	2.4	-100	-0.2

Note: Numbers may not add up due to rounding

Wider determinants



Compared to ESBT Rural Rother has significantly lower income and employment deprivation, including levels of children living in low income families, pupils receiving the pupil premium, households with dependent children and no adults in employment, income-deprived older people, and working age people claiming ESA, JSA and UC. The percentage of households in fuel poverty is similar to ESBT.

Rural Rother has the lowest percentage of households with no cars or vans, but also one of the lowest percentages of households able to access a GP within 15 minutes by public transport/walking of all ESBT localities.

The locality has similar educational attainment to ESBT for pupils at ages 5 and 16 but significantly higher (the highest of all localities) 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). Rural Rother has a significantly lower proportion of

adults with no or low qualifications (Census 2011). Rates of pupils with SEN on SEN support, and with a statement of SEN or EHCP, and young people who are NEET are similar to ESBT.

Compared to ESBT it has significantly lower levels (the lowest of all localities) of overcrowded households (Census 2011). It has a significantly higher percentage of owner-occupied households (Census 2011) and a significantly lower percentage of privately rented households (Census 2011) than ESBT. A significantly lower percentage of people live in care homes (Census 2011).

It has amongst the lowest levels of recorded crimes, incidents of anti-social behaviour and A&E attendances due to assaults of all ESBT localities (all significantly lower than ESBT).

Overall health status

Levels of self-reported ill-health and LLTI or disability are similar to those for ESBT. Life expectancy at birth and age 75 is significantly higher (the highest of all ESBT localities), and all-age, premature and preventable mortality is the lowest/amongst the lowest of all localities and significantly lower than ESBT.

Healthy lifestyles

Pregnancy and infancy

This locality has similar levels to ESBT of low birth weight babies, breastfeeding initiation and breastfeeding at 6-8 weeks. Rother District has similar infant mortality to East Sussex.

Physical activity and excess weight

It has similar levels of overweight or obese reception year and year 6 children to ESBT. Rother District has similar levels to East Sussex of overweight or obese adults and adults achieving 150+ minutes physical activity per week.

Smoking

Rural Rother has similar levels of adult smokers and mothers who are current smokers at the time of delivery but a lower rate of smoking quitters to ESBT. Rother District has similar smoking-attributable mortality to East Sussex.

Alcohol and drug misuse

Rates of adults in drug and in alcohol treatment are the lowest of all ESBT localities and significantly lower than for ESBT. The rate of young people in drug or alcohol treatment is also amongst the lowest of all ESBT localities (though not significantly different to ESBT). Rother District has similar alcohol-related hospital admissions and mortality 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

The rate of MIU/A&E attendances for accidents and injuries in 0-4 year olds is significantly lower than for ESBT and the lowest of all ESBT localities, but rates of emergency admissions for accidents and injuries in 0-4 year olds and in older children and young people are not significantly different. Rural Rother has the lowest rate of admissions for falls injuries in people aged 65+ and significantly lower than ESBT. Rother District has a significantly higher rate of people killed or seriously injured on the roads than East Sussex and the highest rate of all the districts and boroughs.

Health protection

Rural Rother has the lowest percentage of eligible people receiving an NHS Health Check of all ESBT localities and uptake is significantly lower than for ESBT. Uptake of cervical, breast and bowel cancer screening is significantly higher (and amongst the highest of all localities in the case of cervical cancer screening). Uptake of childhood immunisations, and seasonal flu and PPV vaccination in people aged 65+, is similar to 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.

Disease and poor health

Mental health and wellbeing

Rural Rother has a significantly lower incidence of depression, prevalence of severe mental illness and rate of working age people claiming ESA for mental health problems than ESBT, and the lowest rates of all ESBT localities. Emergency admissions for mental and behavioural disorders, self-harm and for people with severe mental illness are also significantly lower (and the lowest/amongst the lowest of all localities). The prevalence of dementia (not age-standardised) and elective and emergency admissions for persons with dementia are significantly lower than for ESBT and the lowest of all localities. The CAMHS caseload and the suicide rate are both lower than in the other localities (though the suicide rate is not significantly different to ESBT).

Circulatory

Rural Rother has similar prevalences (not age-standardised) to ESBT of most circulatory conditions. Emergency admissions for CHD (and per 1,000 on GP CHD registers) are similar to ESBT. Emergency admissions and mortality from stroke are lower than in all/most other ESBT localities, though not significantly different to ESBT. Rural Rother also has the lowest premature mortality from circulatory diseases (though not significantly different to ESBT).

Cancer

Premature mortality from cancer is amongst the lowest of all ESBT localities, though not significantly different to ESBT. Rother District has broadly similar incidence and mortality from common cancers to East Sussex, except it has the highest incidence of colorectal cancer (though not significantly different to East Sussex). All-age mortality from cancer is also similar to East Sussex.

Respiratory

Rural Rother has a similar prevalence of asthma to ESBT, but the lowest emergency admissions rate for asthma of all localities and significantly lower than ESBT. It has the

lowest COPD prevalence (not age-standardised) and emergency admissions for COPD of all localities and both are significantly lower than ESBT. The rate of premature mortality from respiratory conditions is also significantly lower and amongst the lowest of all ESBT localities.

Diabetes

Rural Rother has a similar prevalence of diabetes (not age-standardised) to ESBT, but the lowest emergency admissions rate for diabetes (and per 1,000 patients on GP diabetes registers) of all localities.

Other chronic conditions

Rural Rother has a significantly lower prevalence of epilepsy (not age-standardised) than ESBT and the lowest of all localities. It also has the lowest premature mortality from liver disease (though not significantly different to ESBT).

Avoidable admissions

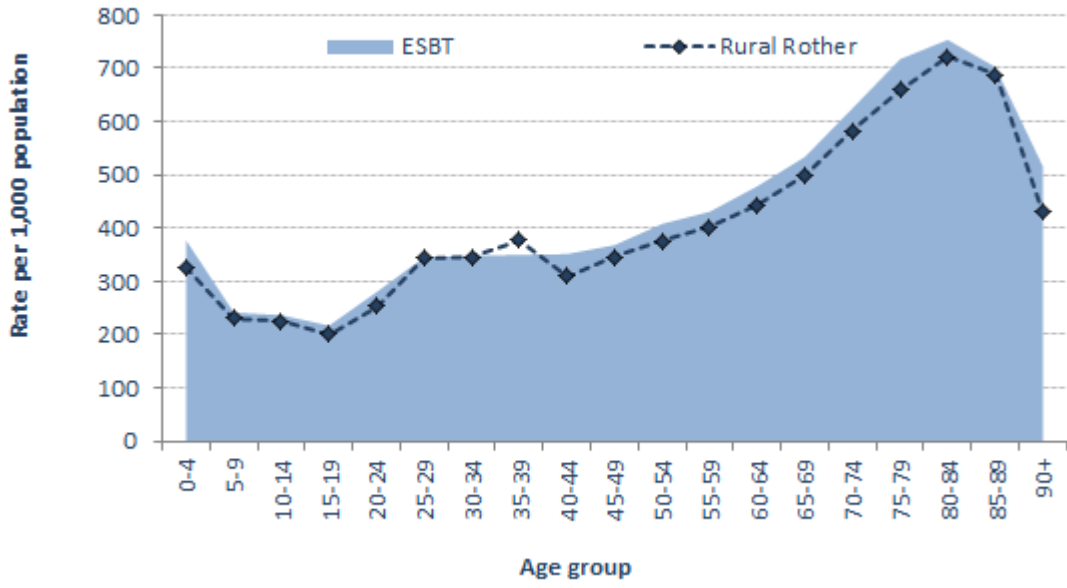
It has the lowest/amongst the lowest rates of avoidable admissions of all localities and in most cases they are significantly lower than the ESBT rates.

Hospital admissions and attendances

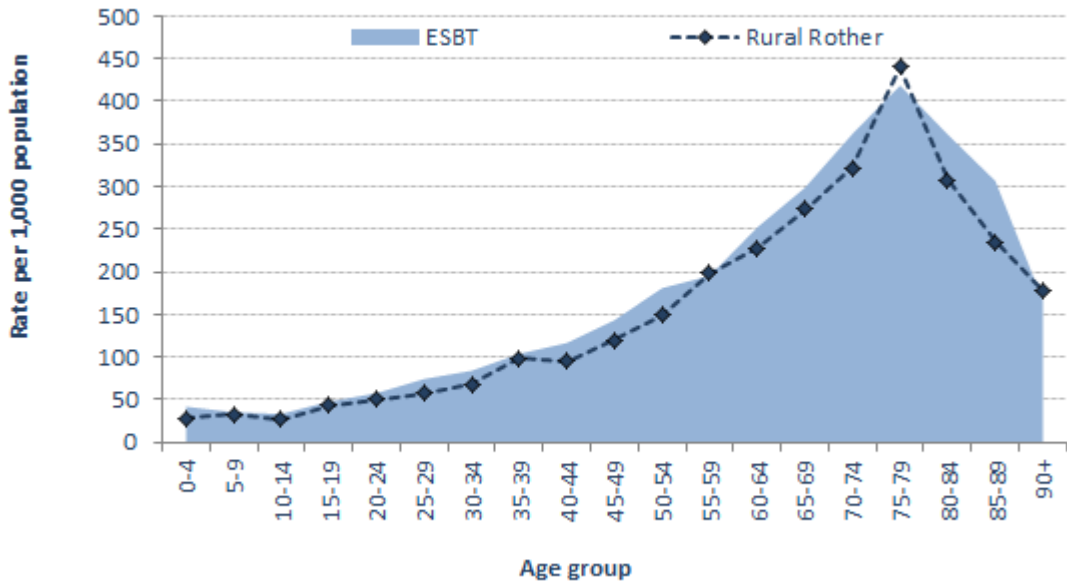
Rural Rother has significantly lower rates of almost all these hospital admissions and attendances indicators than ESBT, and it typically has lower rates than all other localities. The only exception is MIU attendances which are at a similar level to ESBT.

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

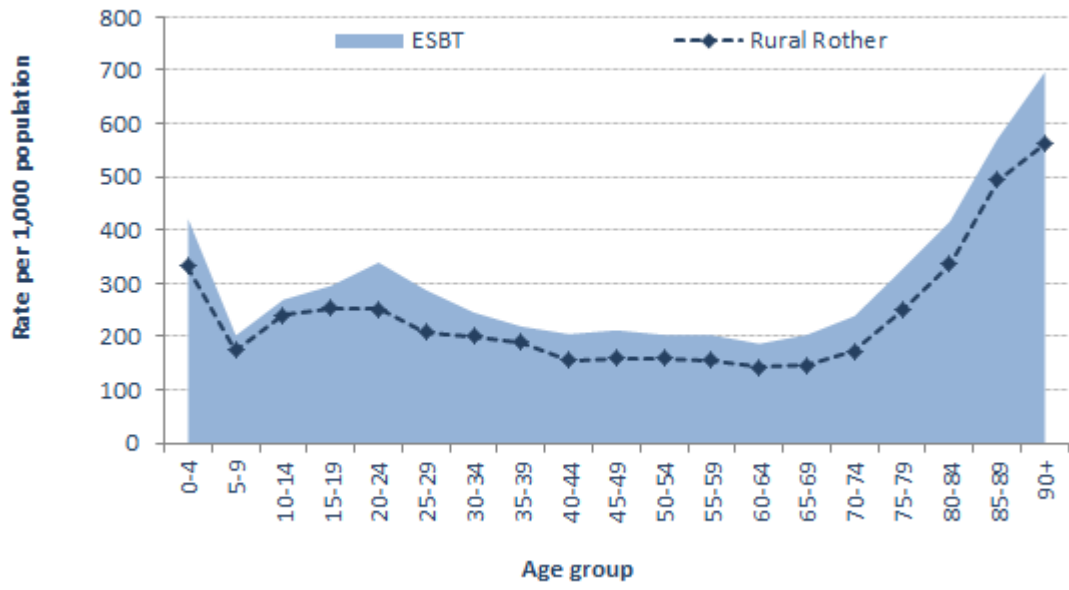
Age-specific outpatients attendance rates



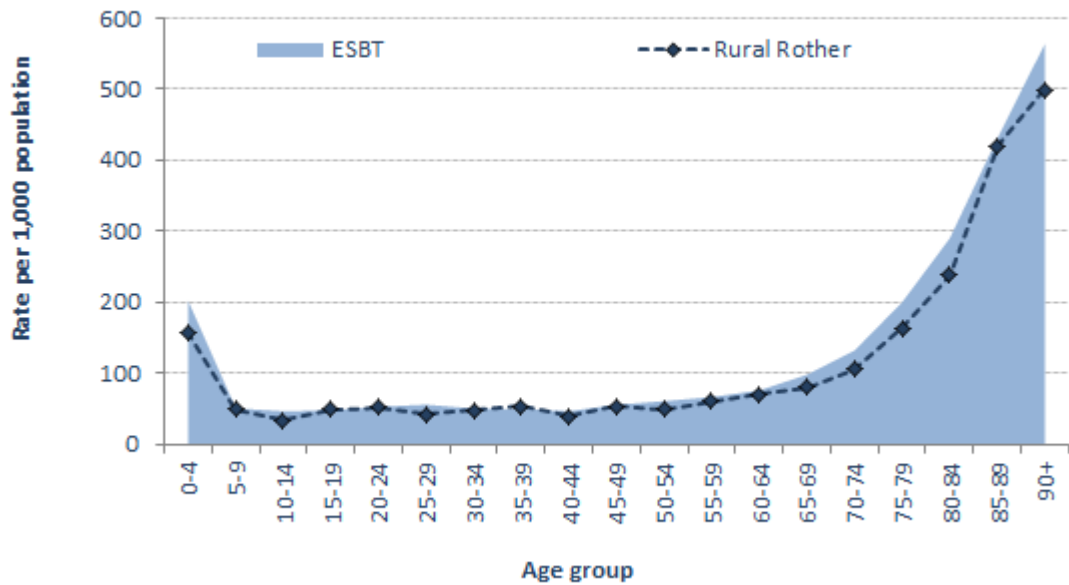
Age-specific elective admission rates



Age-specific A&E attendance rates



Age-specific emergency admission rates



Social care

Children's services

Rural Rother has the lowest rates of referrals to children's social care, children on child protection plans and looked after children of all ESBT localities. Rates of referral and children on child protection plans are significantly lower than for ESBT.

Carers

Rural Rother has a significantly lower rate than ESBT of unpaid carers providing 20 hours or more per week, but similar rates of working age people claiming Carers Allowance, carers known to adult social care, and carers receiving a service or self-directed support.

Adult social care

This locality has a similar rate to ESBT of adults receiving direct payments but a significantly lower rate receiving self-directed support. It has significantly lower rates than ESBT (often the lowest of all localities) for: working age and older people receiving Long Term Support, working age people with learning disabilities in settled accommodation, adults receiving community equipment and ASC funded lifeline or telecare, and older people admitted to permanent council supported residential or nursing care.

NHS dental services

Compared to ESBT, similar percentages of children, working age and older people access East Sussex NHS general dental services.

GP patient survey

The percentages of patients responding to the GP Patient Survey, reporting a good experience of their surgery and of making appointments, satisfied with the opening hours, and reporting that the GP was good at involving them in decisions on care, are significantly higher than for ESBT and often the highest/amongst the highest of all localities.

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	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 - Economy, income and transport

Significance compared to ESBT

Ref	Indicator	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
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