

## INTRODUCTION

The East Sussex Joint Strategic Needs and Assets Assessment (JSNAA) scorecards present data on over 200 indicators of health and wellbeing. The Local Authority (LA) view JSNAA scorecards present the data for the wards and districts/boroughs in the county of East Sussex.

This year there are 204 indicators presented in the following sections:

- Population
- Wider determinants of health and wellbeing
- Healthy lifestyles
- Disease and poor health
- GP patient survey
- Social care

In addition to the LA view, a set of scorecards is presented at NHS view (GP practices, localities/communities of practice and Clinical Commissioning Groups [CCGs]).

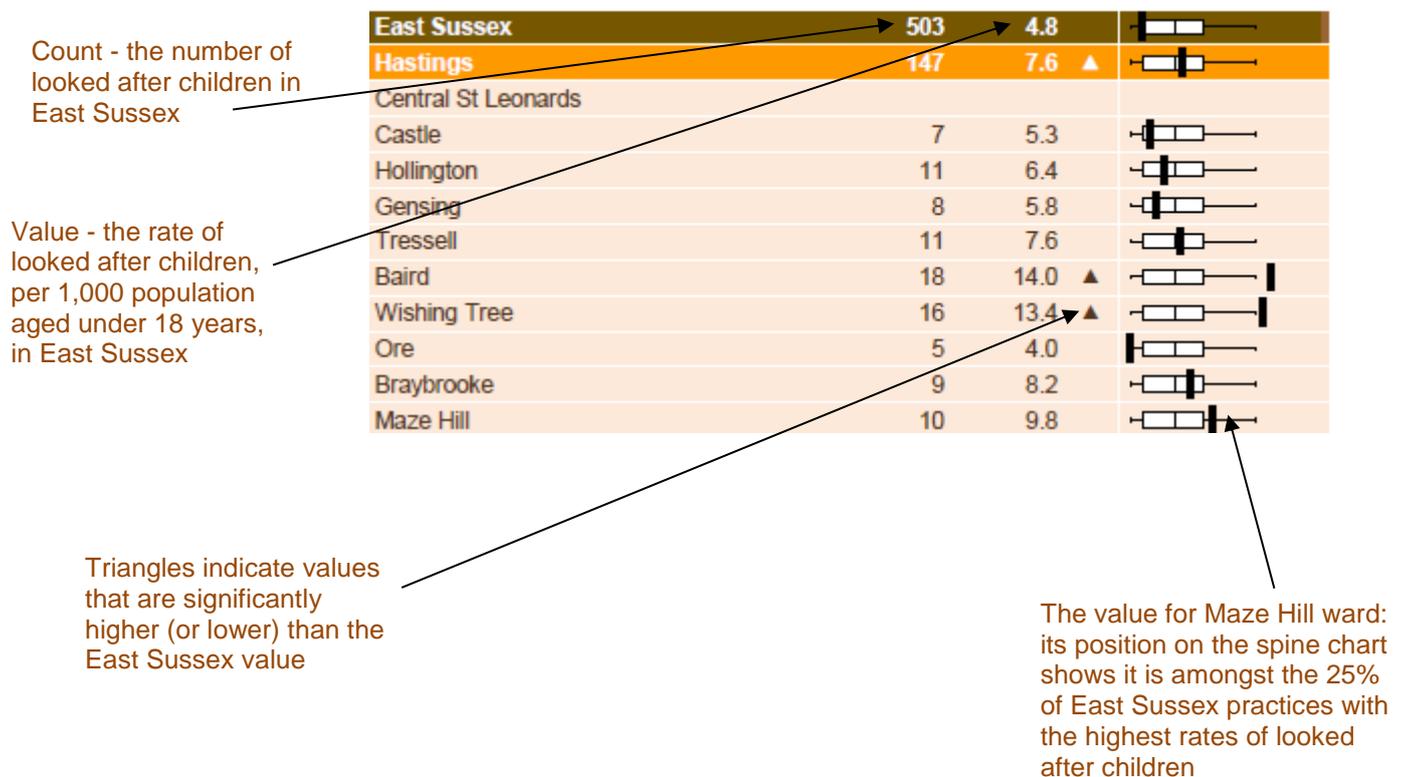
### How to read the scorecards

In each scorecard:

1. The title provides a brief description of the indicator.
2. Information on the county of East Sussex is presented at the top of the page. Then individual districts and boroughs, and their wards, are ordered according to their Index of Multiple Deprivation (IMD) 2015 scores (descending) (see scorecard 2.01 for IMD 2015 scores).
  - Hastings is shown first (top left) because (according to IMD scores) it is the most deprived of the five districts and boroughs in East Sussex. Central St Leonards is shown first in Hastings because it is the most deprived ward in the borough.
  - Crowborough St Johns is bottom of the whole list (bottom right) because it is the least deprived ward in the least deprived district/borough (Wealden) in the county.
3. For each area the counts (left hand column headed 'Count') and value (right hand column headed 'Value') are given. In the example, on the next page, there are 503 looked after children in East Sussex, and the rate of looked after children is 4.8 per 1,000 population aged under 18 years.
4. Upward or downward pointing triangles indicate values that are (statistically) significantly higher or lower than the overall value for East Sussex at a 95% confidence level. (Note that it is not possible to perform this test for all indicators.)
  - In this example the rate of looked after children in Wishing Tree ward (13.4 per 1,000 population aged under 18 years) is significantly higher, at the 95% confidence level, than the overall rate for East Sussex.

- Values (thick black lines) are plotted on the spine charts to the right of the data. Each chart summarises the range of scores for all the wards in the county.
  - The schematic at the bottom left of the scorecard provides an annotated version of the spine chart, showing the minimum, median and maximum values, and the values for the 10<sup>th</sup>, 25<sup>th</sup>, 75<sup>th</sup> and 90<sup>th</sup> percentiles.
  - The scorecard spine chart gives a visual presentation of how the ward (and district/borough) values compare to one another and to East Sussex. In this example Baird and Wishing Tree wards rank in the 10% of East Sussex wards with the highest rates of looked after children.

## Looked after children (LAC), rate per 1,000 population aged under 18 years, 31 March 2017



- For some areas no counts/values are shown. There are various reasons for this. Counts/values for an area are suppressed if counts are less than 5 (as in Central St Leonards ward in the example shown above), and for some areas data may simply not be available.
- The **'How to interpret'** box at the bottom of the scorecard provides an explanation of how to read the scorecard and further information about the indicator.

## Confidence intervals and statistical significance

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

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

## Age and sex standardisation

Some rates (for example, the GP-reported prevalence of dementia) 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 ward (or district/borough) to East Sussex, NOT to other wards (or districts/boroughs). So even where a ward has the highest SMR (or SAR) of all wards, it does not necessarily follow that the mortality (or hospital admission/attendance) rate is higher than in the other wards.

Directly standardised rates (DSRs) also take into account the age profile of each area, but unlike SMRs and SARs, DSRs for different areas can be compared to each other.

## Modelled data

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

### **Scorecards 2.01-2.03, 2.05, 2.09, 2.14, 2.22-2.23, 2.32 & 4.03**

Index of Multiple Deprivation 2015 (IMD 2015) scores, and scores for each domain of the Indices of Deprivation 2015, have been modelled from Lower Super Output Areas (LSOAs). This was done by allocating the population weighted average of the combined LSOA scores to wards, districts and boroughs, and to East Sussex.

### **Scorecards 3.08-3.09, 3.18-3.29, 4.10-4.11, 4.15, 4.22, 4.24-4.25, 4.27-4.28, 4.31, 4.33-4.34, 4.45, 4.48, 4.50-4.51, 4.53, 4.56, 4.58-4.59, 4.61-4.65, & 5.01-5.06**

Counts and values were modelled from GP practice to ward level by identifying the wards in which patients live and allocating the population weighted average of the combined practice counts to each ward. Data for patients resident in East Sussex but attending practices outside East Sussex are included where available.

### **Scorecards 4.16, 4.23 & 4.32**

GP reported prevalence data, and expected prevalences derived from national research, have been modelled from GP practice level to ward level by identifying the wards in which patients live and allocating the weighted average of the combined practice counts to each ward. Data for patients resident in East Sussex but attending practices outside East Sussex are included.

# East Sussex district/boroughs and wards

