INTRODUCTION

The East Sussex Joint Strategic Needs and Assets Assessment (JSNAA) scorecards present data on over 200 indicators of health and wellbeing. The NHS view JSNAA scorecards present the data for East Sussex Clinical Commissioning Groups (CCGs), localities/communitys of practice, and GP practices. For the first time data is also presented for the East Sussex Better Together (ESBT) area.

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 NHS view, a set of scorecards is presented at Local Authority view (county, districts/boroughs, wards).

How to read the scorecards

In each scorecard:

1. The title provides a brief description of the indicator.

2. Information on the East Sussex CCGs and ESBT is presented at the top of the page. Then individual CCGs, localities/communitys of practice, and GP practices, are ordered according to their Index of Multiple Deprivation (IMD) 2015 scores (descending) (see scorecard 2.01 for IMD 2015 scores).
   - Hastings & Rother CCG is shown first (top left) because (according to IMD scores) it is the most deprived of the three East Sussex CCGs. Hastings & St Leonards is shown first in Hastings & Rother CCG because it is the most deprived locality in the CCG. Warrior Square Surgery is shown first in Hastings and St Leonards because it is the most deprived GP practice in the locality.
   - Beacon Surgery is bottom of the whole list (bottom right) because it is the least deprived GP practice in the least deprived community of practice (Crowborough) in the least deprived CCG (High Weald Lewes Havens CCG).

3. For each area the count (left hand column headed ‘Count’) and value (right hand column headed ‘Value’) is given. In the example, on the next page, there are 29,512 GP registered patients aged 17 years and over with diabetes in the East Sussex CCGs, and the percentage of GP registered patients aged 17 years and over with diabetes is 6.5%.

4. Upward or downward pointing triangles, to the left of the spine chart, indicate values that are (statistically) significantly higher or lower than the overall value for the East Sussex CCGs at a 95% confidence level. (Note that it is not possible to perform this test for all indicators.)
   - In this example the percentage of GP registered patients with diabetes in Churchwood Medical Practice (8.4% GP registered patients aged 17
years and over) is significantly higher, at the 95% confidence level, than the overall rate for the East Sussex CCGs.

5. Upward or downward pointing arrowheads, to the right of the spine chart, indicate values that are (statistically) significantly higher or lower than the overall value for ESBT at a 95% confidence level. (Note that it is not possible to perform this test for all indicators.)

- In this example the percentage of GP registered patients with diabetes in Cornwallis Plaza (6.2% GP registered patients aged 17 years and over) is significantly lower, at the 95% confidence level, than the overall rate for ESBT.

6. Values (thick black lines) are plotted on the spine charts. Each chart summarises the range of scores for all the GP practices.

- 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 10th, 25th, 75th and 90th percentiles.
- The scorecard spine chart gives a visual presentation of how the GP practice (and locality/community of practice, and CCG) values compare to one another and to the East Sussex CCGs overall. In this example Churchwood Medical Practice ranks in the 10% of East Sussex GP practices with the highest percentage of GP registered patients with diabetes.

### GP reported prevalence of diabetes, percentage of patients aged 17 years and over, 2016/17

<table>
<thead>
<tr>
<th>GP Practice</th>
<th>Count</th>
<th>Value</th>
<th>ESx</th>
<th>ESBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Sussex CCGs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Sussex Better Together</td>
<td>29,512</td>
<td>6.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hastings &amp; Rother CCG</td>
<td>21,766</td>
<td>6.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hastings &amp; St Leonards</td>
<td>11,038</td>
<td>7.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warrior Square Surgery</td>
<td>5,467</td>
<td>6.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hastings Medical Practice &amp; Walk In</td>
<td>404</td>
<td>6.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priory Road Surgery</td>
<td>115</td>
<td>4.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carisbrooke Surgery</td>
<td>145</td>
<td>6.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Station Practice</td>
<td>462</td>
<td>7.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Churchwood Medical Practice</td>
<td>398</td>
<td>7.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cornwallis Plaza*</td>
<td>885</td>
<td>6.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hastings Old Town Surgery</td>
<td>459</td>
<td>6.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Glades Medical Centre</td>
<td>448</td>
<td>8.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Count - the number of GP registered patients aged 17 years and over with diabetes in the East Sussex CCGs.

Value - the percentage of GP registered patients aged 17 years and over with diabetes, in the East Sussex CCGs.

Triangles indicate values that are significantly higher (or lower) than the overall value for the East Sussex CCGs.

The value for Churchwood Medical Practice: its position on the spine chart shows it is amongst the 10% of East Sussex GP practices with the highest rates of looked after children.

Arrowheads indicate values that are significantly higher (or lower) than the overall value for ESBT.
7. 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, and for some areas data may simply not be available. For indicators where counts/values are modelled from ward to GP practice, the two walk-in centres in East Sussex are excluded from the modelling.

8. 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 GP practice (or locality/community of practice or CCG) does not overlap with the confidence interval for the East Sussex CCGs overall, its value is flagged as significantly different (▲ denotes significantly higher and ▼ denotes significantly lower) to the value for the East Sussex CCGs.

- If the confidence interval for a GP practice (or locality or CCG) does not overlap with the confidence interval for ESBT, its value is flagged as significantly different (▲ denotes significantly higher and ▼ denotes significantly lower) to the value for the ESBT.

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 GP practice (or locality/community of practice) to the benchmark (East Sussex CCGs or ESBT), NOT to other GP practices (or localities/communities of practice). So even where a GP practice has the highest SMR (or SAR) of all practices, it does not necessarily follow that the mortality (or hospital admission/attendance) rate is higher than in the other practices.

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 1.06-1.10
Population projections were produced by East Sussex County Council in April 2017. Further details can be found at http://tinyurl.com/qcslbdc.

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) to GP practices. This was done by identifying the LSOAs in which patients live and allocating the population weighted average of the combined LSOA scores to each GP practice.
Counts and values were modelled from ward to GP practice level by identifying the wards in which patients live and allocating the population weighted average of the combined ward counts to each GP practice. In most cases only the value, not the count, is shown.

**SMRs and SARs for ESBT**

Scorecards 2.36a, 3.38a, 4.06a-4.08a, 4.12a-4.14a, 4.17a-4.18a, 4.21a, 4.26a, 4.29a-4.30a, 4.35a, 4.47a, 4.49a, 4.52a, 4.54a-4.55a, 4.57a, 4.60a, 4.66a-4.71a, 4.73a, 4.78a & 4.80a

SMRs and SARs have also been separately calculated where ESBT has been used as the standard population to compare against. Only ESBT GP practices and localities are shown in these scorecards and these scorecards are denoted by the suffix ‘a’ e.g. 2.36a.