



HASTINGS BOROUGH NEEDS PROFILE

**East Sussex Public Health Directorate
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East Sussex
Joint Strategic Needs Assessment
eastsussexjsna.org.uk



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Hastings Borough Needs Profile

Introduction

This needs profile should be used to inform decisions and plans and to identify priorities to improve local people's health and reduce health inequalities in Hastings Borough.

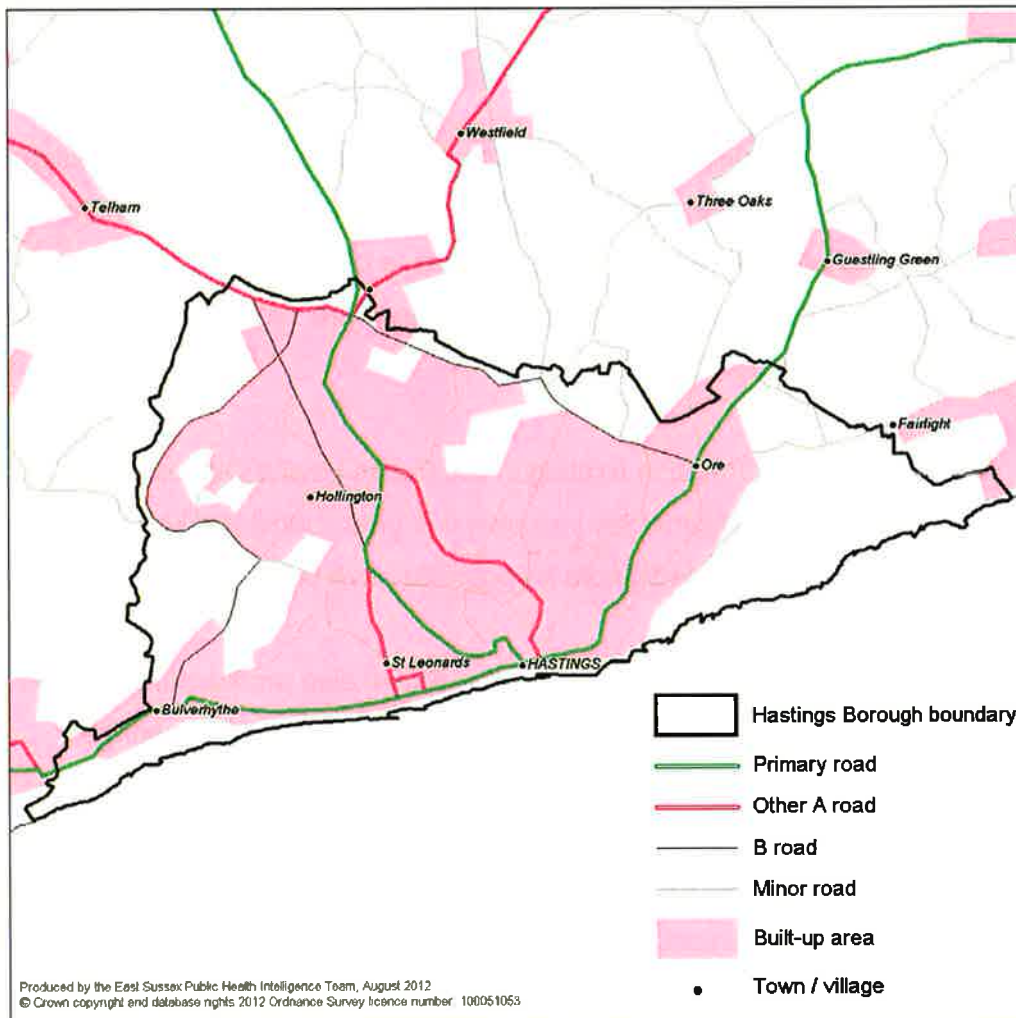
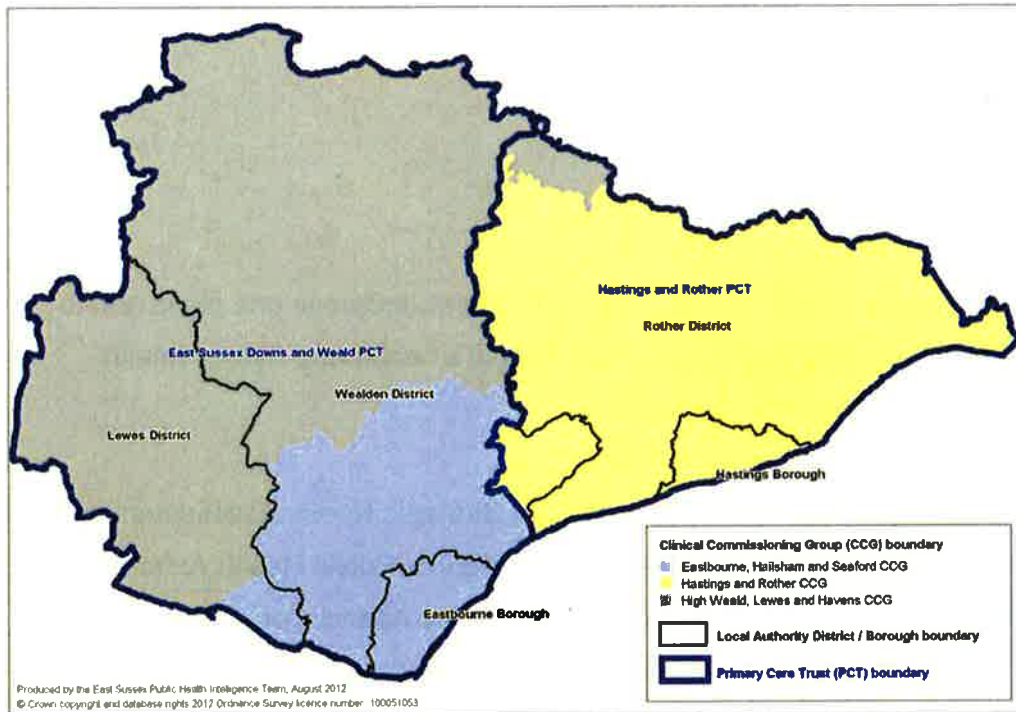
It forms part of the East Sussex Joint Strategic Needs Assessment and draws together data and analysis from East Sussex Public Health Annual Reports and various Health Profiles produced by the Association of Public Health Observatories and Health Intelligence Networks. It brings together existing data and analysis, from a variety of sources, at district/borough, Primary Care Trust and East Sussex levels.

Importantly, it provides benchmarked indicators as it presents key indicators that show how the area compares to the national average. The benchmarked data is mostly available either at administrative geographies (districts/boroughs/county councils) or Primary Care Trusts, and have been presented accordingly.

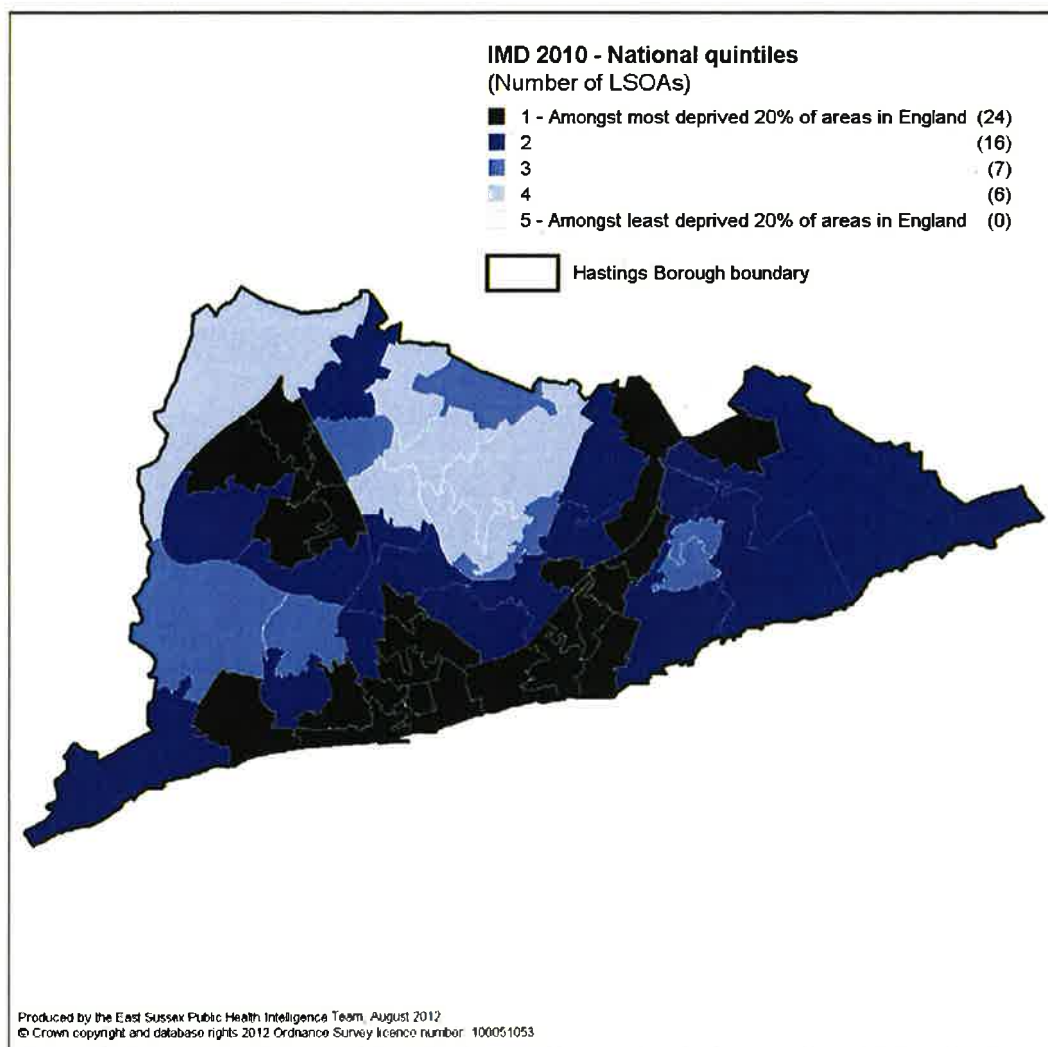
The inclusion of information relating to the Public Health Outcomes Framework is a significant new inclusion this year. Benchmarked information against as many of the indicators as possible have been included.

Whilst identifying a number of issues, the profile also provides information to support the identification of a limited number of overall health priorities.

The two maps overleaf show Hastings Borough in relation to the Primary Care Trust boundaries, Clinical Commissioning Groups and also the specific geography of the borough itself.

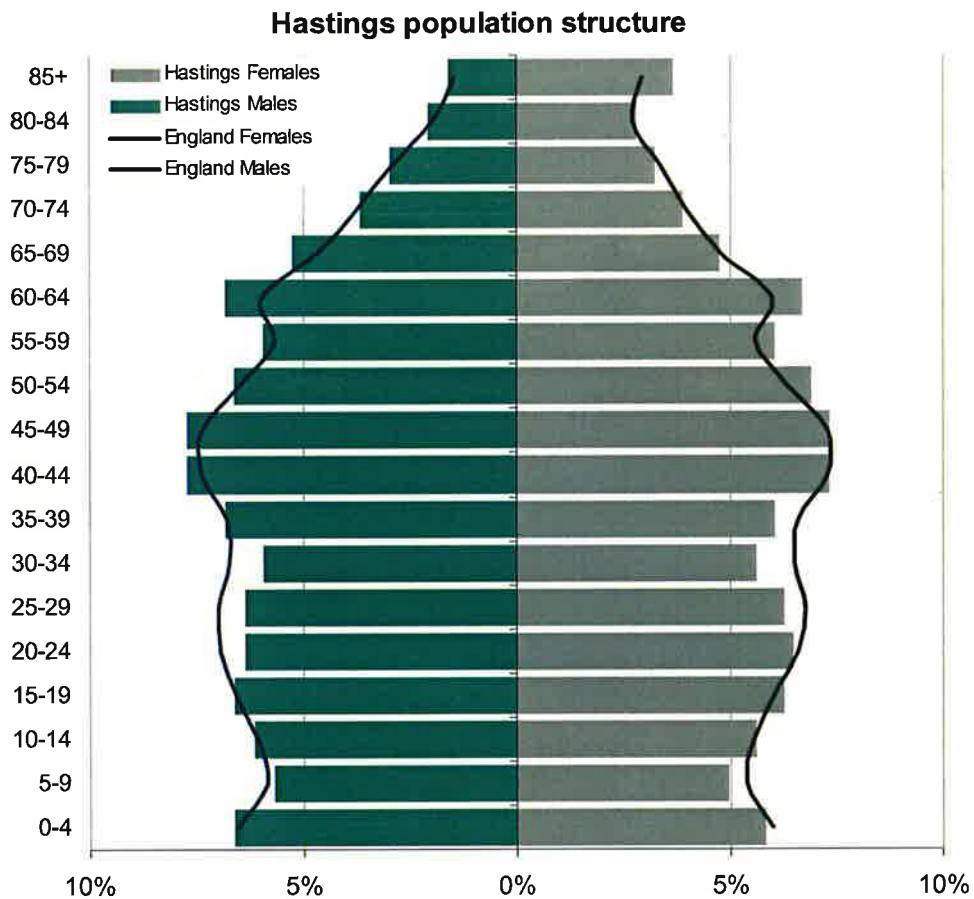


The map below shows the Index of Multiple Deprivation 2010 (IMD 2010) by Lower Super Output Area (LSOA) for Hastings Borough. It identifies the LSOAs by national quintiles and shows that 24 LSOAs (45% of all LSOAs in the Borough) are amongst the most deprived 20% of areas in England.



Demography

Hastings has a population more similar to England than any of the other local authorities in East Sussex, however, it still has an older population structure compared to England.



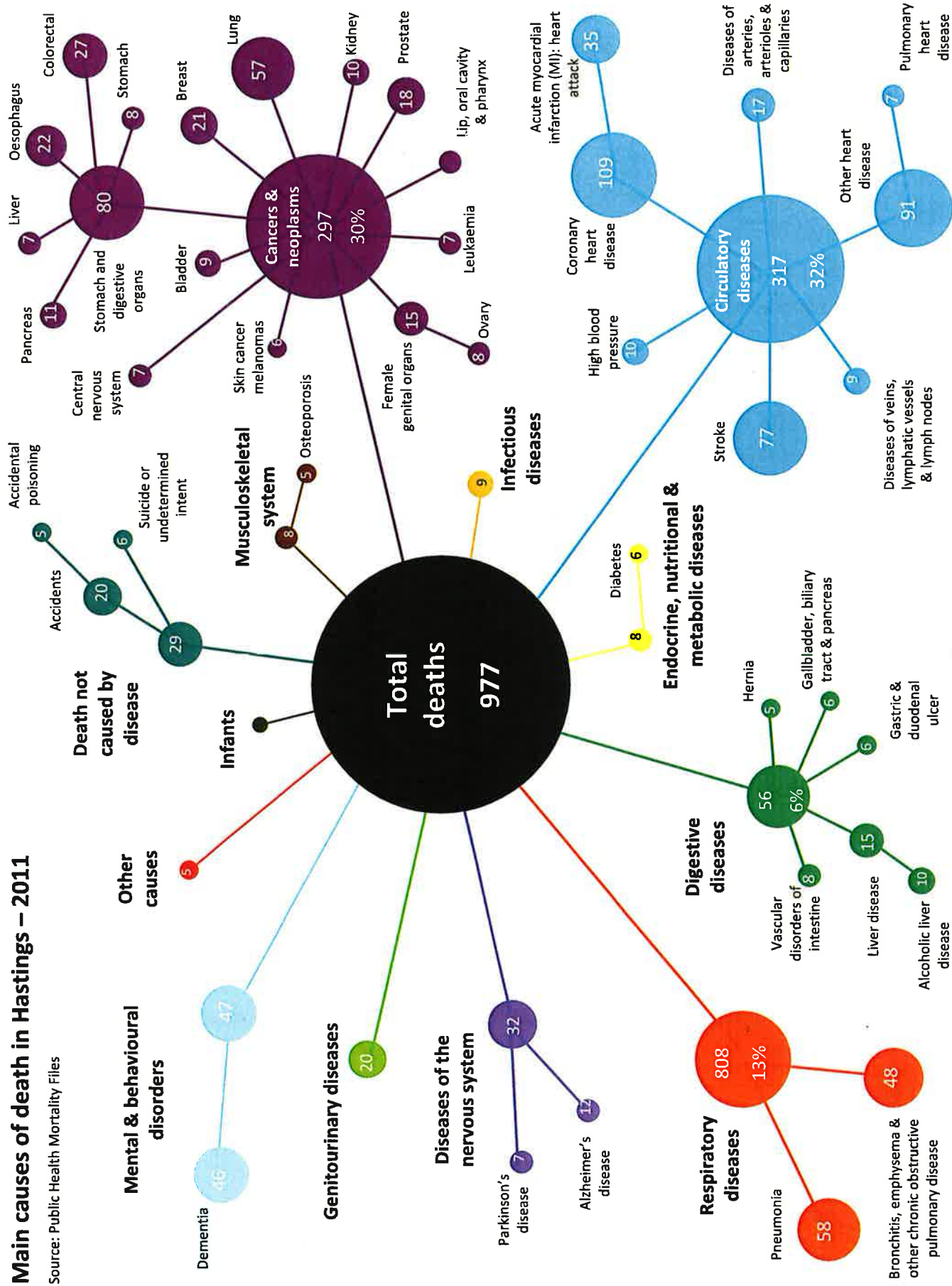
Source: Census 2011

Causes of death

There were 977 deaths of residents of all ages in the Hastings Borough in 2011. The figure overleaf shows the causes of death for those residents. The bigger the size of the circle the greater the number of deaths from that cause. Nearly a third of deaths (32%) are due to circulatory diseases and 30% were due to cancers.

Main causes of death in Hastings – 2011

Source: Public Health Mortality Files



As well as looking at the causes of all deaths in the population. It is important to look at the contribution of various causes of death to the life expectancy gap between the most and least income-deprived within the area.

The 2011 Needs Profile included a section on causes of inequalities in life expectancy (available at <http://www.eastsussexjsna.org.uk/>). There is no updated information available, but the summary for Hastings Borough is provided below.

Hastings

In 2001–2005, the gap in life expectancy in males was 5.5 years and in females 2.3 years between the most and least income deprived in Hastings. The main contributors to the life expectancy gap in males are external causes (22%), circulatory diseases (20%) and cancers (19%). In females a large part of the life expectancy gap is due to cancers (43%).

Joint Strategic Needs Assessment Scorecards

The JSNA scorecards benchmark indicators to geographies within East Sussex. In the Health Profiles Summary section of this profile (next section), much of the scorecard information is picked up and benchmarked against England, so the local benchmarking has not been reproduced here (JSNA scorecards available at <http://www.eastsussexjsna.org.uk/>). The JSNA scorecard narrative for Hastings Borough has been included in Appendix 1.

Health Profiles Summary

The indicators presented here have been taken from a variety of health profiles that have been published by the Association of Public Health Observatories and Health Intelligence Networks (see Appendix 3).

Where possible, the local value has been benchmarked against the England value, with **green** representing significantly better than England, **red** significantly worse, and **yellow** no significant difference. Blue represents significantly different from the England value, where **light blue** is significantly less than England and **dark blue** is significantly higher than England, but without an indication of whether this is better or worse (egg. a significantly higher percentage of older people would be coloured 'dark blue' as it is not better or worse but just significantly higher). White indicates no significance testing for that indicator.

The indicators have been grouped around five domains, in line with Health Profiles produced by the Department of Health:

- **Our communities** (e.g. socio-economic factors, demography)
- **Children's and young people's health** (e.g. breastfeeding, teenage pregnancy)
- **Adults' health and lifestyle** (e.g. smoking prevalence, alcohol consumption)
- **Disease and poor health** (e.g. hospital admissions, QoF disease indicators)
- **Life expectancy and causes of death** (e.g. mortality rates, place of death)

	Indicator	Hastings	East Sussex	H&R PCT/CCG
OUR COMMUNITIES				
Socioeconomic	Deprivation - average IMD 2010 score	34	20	27
	Deprivation - % pop in 20% most deprived areas in Eng, 2010	44	13	
	Population aged 15 to 29 years living in the most deprived area (%), 2007	7		
	Children living in poverty (aged under 16 years) (%), 2009	30	19	
	Percentage of children living in income deprived households, IDACI 2010	22	18	24
	Percentage of older people living in income deprived households, IDAOPI 2010	16	14	20
	Child Wellbeing Index, 2009	221	138	148
	Overcrowded households (%), 2001	7	6	5
	Rate of family homelessness (per 1,000 households), 2008		1.4	
	Statutory homelessness (per 1,000 households), 2011/12	1.7	1.5	
Demography	Uptake of free school meals (%), 2011	24	14	20
	People in households in receipt of selected means-tested benefits (%), 2008		13	
	Inequality in percentage receiving means-tested benefits (% points), 2008		26	
	Number of births, per year, 2010	1147	5364	1915
	Fertility rate (per 1,000 females aged 15-44) (MSOA based), 2006-10			64
	% aged 0-4 years, 2011	6	5	5
	% aged 65 years and over - all persons, 2011	17	23	23
	% aged 65 years and over - males, 2011	15	21	20
	% aged 65 years and over - females, 2011	18	25	25
	% aged 85 years and over - all persons, 2011	3	4	4
% aged 85 years and over - males, 2011	2	3	3	
% aged 85 years and over - females, 2011	4	5	5	
Dependency ratio, 2011	0.6	0.7	0.6	
Education & Employment	BME population (%), 2007			9
	Children achieving a good level of development at age 5 (%), 2011		52	
	GCSE achievement (5 A*-C inc. English & Maths) (%), 2010/11	46	58	
	Working age adults who are unemployed (per 1,000 pop), 2009/10		58	
	Long term unemployment (per 1,000 pop 16-64yrs), 2011	12	5	
	Long term unemployment (MSOA based), 2010/11			10
	Alcohol-attributable recorded crimes (per 1,000 pop), 2011/12	8		5
	Alcohol-attributable violent crimes (per 1,000 pop), 2011/12	6		4
	Alcohol-attributable sexual offences (per 1,000 pop), 2011/12	0.2		0.2
	Violent crime (per 1,000 pop), 2010/11	19	12	
Violence & Crime	Sexual offences (per 1,000 pop), 2010/11	1.4		
	Rate police recorded rape in women (per 100,000 females), 2010/11			60
	Warm front grants (referrals per 1,000 pop), 2009/10			4
	% satisfied with phone access, 2010/11			77
	% able to see a doctor within 2 days, 2010/11			86
	% able to book appointment >= 2d ahead, 2010/11			73
	% satisfied with opening hours, 2010/11			79
	% able to see preferred GP, 2010/11			82
	% would recommend practice, 2010/11			85
	Other			

	Indicator	Hastings	East Sussex	H&R PCT/CCG
CHILDREN'S AND YOUNG PEOPLE'S HEALTH				
Pregnancy & Infancy	Antenatal booking before 12 weeks (%), 2009/10			85
	Screening for infectious disease during pregnancy - Hep B (%), 2008/09			
	Smoking in pregnancy (%), 2010/11	23	17	21
	Caesarean section rate (%), 2009/10			19
	Breast feeding initiation (%), 2010/11	76	81	77
	Totally or partially breastfed at age 6/8 weeks (%), 2011/12	45	50	45
	Baby ever put to breast (%), 2007			87
	Low birthweight (<2500g) (%), 2009	7	6	7
	Newborn hearing screening (%), 2009/10			96
	DTaP/IPV/Hib immunisation (by age 1 year) (%), 2010/11	96	94	94
Immunisation	MenC immunisation (by age 1 year) (%), 2010/11		94	93
	PCV immunisation (by age 1 year) (%), 2010/11		93	94
	MMR immunisation (by age 2 years) (%), 2010/11	92	88	88
	DTaP/IPV/Hib immunisation (by age 2 years) (%), 2010/11		96	94
	MenC immunisation (by age 2 years) (%), 2010/11		95	93
	DTaP/IPV immunisation (by age 5 years) (%), 2010/11	87	86	85
	MMR 1st dose immunisation (by age 5 years) (%), 2010/11		93	93
	MMR 2nd dose immunisation (by age 5 years) (%), 2010/11	86	83	83
	Children in care immunisations (%), 2011		90	
	Participation in at least 3 hours of sport/PE (%), 2009/10	53	47	
Obesity	Percentage of pupils participating in physical activity 5-16 year olds, 2009/10		91	
	Overweight children age 4-5 years (%), 2010/11	14	13	13
	Overweight children age 10-11 years (%), 2010/11	14	14	14
	Obese children age 4-5 years (%), 2010/11	8	8	8
	Obese children age 10-11 years (%), 2010/11	21	17	20
	Overweight or obese children age 4-5 years (%), 2010/11	22	20	21
	Overweight or obese children age 10-11 years (%), 2010/11	35	31	34
	Rate of under 16 conceptions (per 1,000 females 13-15yrs), 2008-2010	10	7	
	Rate age under 16 abortions (per 1,000 females 13-15yrs), 2006-2008			5
	% age under 16 abortions less than 10 weeks, 2006-08			54
Sexual Health	Rate of under 18 conceptions (per 1,000 females 15-17yrs), 2010	45	31	
	% age under 18 conceptions resulting in abortion, 2010	46	53	
	Rate age under 18 abortions (per 1,000 females 15-17yrs), 2010	21	18	16
	Percentage under 19 repeat abortions, 2010 (value suppressed due to small numbers)			
	% age under 18 abortions less than 10 weeks, 2010			70
	Deliveries to teenage mothers (aged <18 years) (%), 2010/11		1	
	Deliveries to teenage mothers (aged <20 years) (%), 2009/10			
	% aged 12-15 years indicate need better information & advice on sex & relationships, 2008		38	13

	Indicator	Hastings	East Sussex	H&R PCT/CCG
CHILDREN'S AND YOUNG PEOPLE'S HEALTH				
Substance misuse	Children and young people smoking (%), 2009		4	
	Children and young people using alcohol (%), 2009		18	
	Children and young people using drugs (%), 2009		5	
	% age 10-15 years indicate that they engage in frequent substance misuse, 2008		11	
Crime	First time entrants to the Youth Justice System (rate per 100,000 pop 10-17), 2009/10		1570	
	Tooth decay in children aged 12 years (average number of teeth), 2008/09	0.8	0.6	
Other	% uptake of all 3 doses of Human Papillomavirus vaccine by girls aged 12-13 years, 2009/10			80
	Pupils who say that they have been bullied (%), 2009		24	
	Children who have someone to talk to (%), 2009		63	
	Children in care (per 10,000 pop 0-17), 2011		57	
	Not in education, employment or training (%) (age 16-18 years), 2010		7	
	% age 16-19 mothers in education, employment or training where known to Connexions, Dec 2009		32	
	Participation in positive activities (%)		69	
	Children with autistic spectrum known to schools (per 1,000 pupils), Jan 2011		10	
	Children with moderate learning difficulties known to schools (per 1,000 pupils), Jan 2011		15	
	Children with severe learning difficulties known to schools (per 1,000 pupils), Jan 2011		3	
	Children with profound & multiple learning difficulties known to schools (per 1,000 pupils), Jan 2011		2	
	Children with learning difficulties known to schools (per 1,000 pupils), Jan 2011		19	

	Indicator	Hastings	East Sussex	H&R PCT/CCG
ADULT'S HEALTH AND LIFESTYLE				
Smoking	18+ smoking prevalence (%), Oct 10 - Sept 11	24	21	
	18+ smoking prevalence routine and manual (%), Oct 10 - Sept 11	33	30	
	Successful quitters at 4 weeks (per 100,000 smoking pop 16+), 2010/11			4887
	Successful quitters at 4 weeks (CO validated) (per 100,000 smoking pop 16+), 2010/11			4103
	Completeness of NS-SEC recording of Stop Smoking Services (%), 2010/11			90
	Prescribed NRT, Varenicline and Bupropion (per 100,000 pop), 2009/10			6660
	% of long term conditions who smoke, 2010/11			18
	Exception rate for smoking indicators (%), 2010/11			0.6
	Smoking 3 (QoF): status recorded in last 15mths (certain conditions) (%), 2010/11			95
	Smoking 4 (QoF): cessation advice/referral offered (certain conditions) (%), 2010/11			92
Alcohol	Abstainers from alcohol (%), 2009	16		
	Lower risk drinking (%), 2009	74		
	Increasing risk drinking (%), 2009	19		
	Higher risk drinking (%), 2009	7		
	Binge drinking (synthetic estimate) (%), 2007-2008	21		16
	Employees in bars - % of all employees, 2010	2		3
	Physically active adults (%), Oct10 - Oct11	11	12	
	Healthy eating adults (%), 2006-2008	26	31	
	Healthy eating adults (MSOA based), 2006-2008			30
	Obese adults (%), 2006-2008	27	25	25
Obesity	Obesity: QoF prevalence (16+) (%), 2010/11			12
	Percentage GUM clinic clients offered an appointment within 2 working days, 2010			99
	Percentage GUM clinic clients seen after 10 working days, 2010			2
	Percentage GUM clinic clients who missed a first appointment, 2010			5
	Percentage uptake of HIV testing in GUM clinics, 2011	65	71	
	% age 15-24 screened for Chlamydia in non-GUM settings, 2010/11			34
	Rate of GP prescribed long-acting reversible contraception (LARC) (per 1000 females 15-44yrs), 2010/11			51
	Rate of GP prescribed IUD & IUS, 2010/11			9
	IUD & IUS % of total GP prescribed LARC, 2010/11			17
	Rate of GP prescribed DMPA (per 1000 females 15-44yrs), 2010/11			29
Sexual Health	DMPA % of total GP prescribed LARC, 2010/11			56
	Rate of GP prescribed implant (per 1000 females 15-44yrs), 2010/11			13
	Implant % of total GP prescribed LARC, 2010/11			26
	Rate all abortions (per 1000 females 15-44yrs), 2010			21
	% age under 25 repeat abortions, 2010			27
	% of all NHS funded abortions less than 10 weeks, 2010			77
	Deliveries of older mothers (aged 35+ years) (%), 2009/10			18

	Indicator	Hastings	East Sussex	H&R PCT/CCG
DISEASE AND POOR HEALTH				
Children	Children under 18 hospital admissions due to injury cause (per 10,000 pop), 2010/11	197	132	1985
	Children's admissions for injury (per 100,000 0-17) (MSOA based), 2006/07 - 2010/11			
	Children under 5 hospital admissions due to injury cause (per 10,000 pop), 2010/11	269	176	
	Children 5-17 hospital admissions due to injury cause (per 10,000 pop), 2010/11	167	117	
	Children (under 16) injured on the road (per 100,000 pop), 2010	126	191	
	Hospital admissions due to substance misuse (age 15-24 years) (per 100,000), 2006/07-2010/11		54	
	Hospital admissions for mental health conditions (rate per 100,000 pop 0-17 years), 2010/11		111	
	Hospital admissions for self-harm (per 100,000 pop 0-17 years), 2010/11		160	
	Admission rate for gastroenteritis (age <1 year) (per 10,000 pop), 2009/10			400
	Admission rate for gastroenteritis (age 1 year) (per 10,000 pop), 2009/10			373
	Admission rate for gastroenteritis (age 2-4 years) (per 10,000 pop), 2009/10			97
	Admission rate for gastroenteritis (age 0-4 years) (per 10,000 pop), 2009/10			214
	Admission rate for respiratory tract infections (age <1 year) (per 10,000 pop), 2009/10			426
	Admission rate for respiratory tract infections (age 1 year) (per 10,000 pop), 2009/10			71
Admission rate for respiratory tract infections (age 2-4 years) (per 10,000 pop), 2009/10			11	
Admission rate for respiratory tract infections (0-4 years) (per 10,000 pop), 2009/10			109	
Smoking attributable hospital admissions (per 100,000 35+), 2009/10	2017		1564	
Alcohol	Alcohol-specific hospital admission rate - under 18s (per 100,000 pop), 2008/09-2010/11	97		81
	Alcohol-specific hospital admission - males (per 100,000 pop), 2010/11	744		539
	Alcohol-specific hospital admission - females (per 100,000 pop), 2010/11	353		278
	Alcohol-attributable hospital admission - males (per 100,000 pop), 2010/11	1843		1542
	Alcohol-attributable hospital admission - females (per 100,000 pop), 2010/11	1026		904
	Admissions for alcohol related harm (per 100,000 pop), 2010/11	2259	1614	1903
	Standardised admission ratio for alcohol attributable harm (MSOA based, England=100), 2006/07-2010/11			94
	Hospital admissions for alcohol-attributable injuries (per 100,000 pop), 2010/11	385	278	
	Alcohol treatment: Prevalence age 18-75, crude rate per 1000 population, 2010/11	250		4
	Claimants of incapacity benefits - working age (per 100,000 pop), 2011	1016	600	163
Sexual Health	Acute sexually transmitted infections (rate per 100,000 pop), 2011	2859	2047	
	Rate age 15-24 diagnoses of Chlamydia in all settings (per 100,000 pop), 2011	16	10	
	Rate of diagnosis of gonorrhoea in GUM clinics (rate per 100,000 pop), 2011		1	
	Rate of diagnosis of syphilis in GUM clinics (rate per 100,000 pop) (values suppressed due to small numbers), 2011			
	Prevalence of diagnosed HIV among persons aged 15 to 59 years (rate per 1,000 pop), 2009			1.4
	Percentage HIV diagnoses with CD4 cell count < 350mm3 at time of diagnoses, 2008-2010	55	63	69
Rate Age under 30 Pelvic Inflammatory Disease Hospital Admissions (per 100,000 pop), 2009/10			98	

	Indicator	Hastings	East Sussex	H&R PCT/CCG
DISEASE AND POOR HEALTH				
Accidents and Injuries	Hospital admissions due to unintentional injury cause (per 100,000 pop), 2010/11	1316	1021	
	Hospital admissions due to unintentional injury (injury recorded) (per 100,000 pop), 2010/11	1100	993	
	Serious' unintentional injuries likely to require hospital admission (per 100,000 pop), 2010/11	232	154	
	Hospital admissions due to motor vehicle traffic injury (per 100,000 pop), 2010/11	77	72	
	Hospital admissions due to land transport injury (per 100,000 pop), 2010/11	124	122	
	Hospital admissions due to fall injuries (per 100,000 pop), 2010/11	673	525	
	Hospital admissions due to serious head injury (per 100,000 pop), 2008/09 to 2010/11	92	61	
	Hospital admissions due to burn injuries (per 100,000 pop), 2008/09-2010/11	40	32	
	Hospital admissions due to exposure to smoke, fire and flames injuries (per 100,000 pop), 2008/09-2010/11	9	6	
	Hospital admissions due to drowning or submersion (per 100,000 pop), 2006/07-2010/11	2	1	
	Hospital admissions due to poisoning injuries (per 100,000), 2010/11	305	239	
	Hospital admissions due to unintentional poisoning injuries (per 100,000), 2010/11	68	44	
	Hospital admissions due to violence (per 100,000 pop), 2008/09 -2010/11	86	51	
	All road casualties (per 100,000 pop), 2010	267	412	
	Pedestrian casualties (per 100,000 pop), 2010	57	43	
	Drug misuse (estimated rate per 1,000 15-64 pop), 2009/10	15	7	
	Numbers of people (aged 18-75) in drug treatment (per 1,000 pop), 2010/11		4	
	New cases of tuberculosis (rate per 100,000 pop), 2008-2010	1	4	
	Three year average of the number of confirmed cases of measles per 100,000 population, 2007-2009			0
	Number of notifications of food poisonings per 100,000 population, 2009	76		
Number of lab confirmed cases of gastrointestinal disease per 100,000 population, 2009	243		237	
Hepatitis B immunisation in prisoners (% uptake), 2009/10				
Immunisation - flu, 65 years and over (%), 2010/11		71	73	
% uptake of the pneumococcal vaccine in persons aged 65+, up to 31/03/2011		71	75	
Respiratory disease admissions per 1,000 2009/10			19	
Asthma: QOF prevalence (all ages) (%), 2010/11			6	
Exception rate for asthma indicators (%), 2010/11			8	
Asthma 8: with measures of variability/reversibility (8+) (%), 2010/11			88	
Asthma 3: smoking recorded in last 15 mths (14-19y w asthma) (%), 2010/11			89	
Asthma 6: review in the last 15mths (%), 2010/11			78	
Number of hospital admissions due to asthma per 100,000 population, 2008			141	
Estimated prevalence of COPD (%), 2011			3	
COPD: QOF prevalence (all ages) (%), 2010/11			7	
Ratio of recorded vs expected COPD prevalence, 2010/11			0.6	
Exception rate for COPD indicators (%), 2010/11			13	
COPD 12: Diagnosis conf. by spirometry in last 15mths (%), 2010/11			90	
COPD 10: Record of FeV1 in last 15mths (%), 2010/11			91	
COPD 13: assessed using MRC dyspnoea score last 15mths (%), 2010/11			92	
COPD 8: Influenza immunisation given 1 Sep - 31 Mar (%), 2010/11			94	
COPD admissions per 1,000 on register, 2009/10			3	
COPD emergency standardised admission ratio (MSOA based, England=100), 2006/07-2010/11			89	
Vacc & imm				
Respiratory				

	Indicator	Hastings	East Sussex	H&R PCT/CCG	
Cancer	DISEASE AND POOR HEALTH				
	Screening coverage (Breast < 3 years aged 53-70) (%), 2010/11		76	75	
	Screening coverage (Cervical < 5 years aged 25-64) (%), 2010/11		90	30	
	New Cancer Cases (Crude incidence rate: new cases / 100,000 population), 2009			737	490
	Age Standardised Incidence rate, 2009				93
	Incidence of all cancers (MSOA based, England=100), 2005-09				
	Incidence of all cancers - males under 75 (per 100,000), 2007-2009		297	271	287
	Incidence of all cancers - females under 75 (per 100,000), 2007-2009		296	271	295
	Incidence of all cancers - under 75 (per 100,000), 2007-2009		295	270	290
	Incidence of lung cancers - males under 75 (per 100,000), 2007-2009		52	32	37
	Incidence of lung cancers - females under 75 (per 100,000), 2007-2009		33	20	28
	Incidence of lung cancers - under 75 (per 100,000), 2007-2009		42	25	33
	Lung cancer registrations (per 100,000), 2006-08		56		47
	Incidence of colorectal cancers - males under 75 (per 100,000), 2007-2009		32	31	35
	Incidence of colorectal cancers - females under 75 (per 100,000), 2007-2009		31	28	27
	Incidence of colorectal cancers - under 75 (per 100,000), 2007-2009		32	29	31
	Incidence of prostate cancer - males under 75 (per 100,000), 2007-2009		76	71	76
	Incidence of breast cancer - females under 75 (per 100,000), 2007-2009		111	105	113
	Incidence of malignant melanoma (per 100,000 pop U75), 2007-09		14	17	16
	Oral cancer registrations (per 100,000), 2006-08		9		9
	Cancer: QOF prevalence (all ages) (%), 2010/11				2
	Exception rate for cancer indicators (%), 2010/11				1
	Cancer 3: review within 6mths of diagnosis (%), 2010/11				94
	Cancer admissions per 1,000 on register, 2009/10				37
	1 Year Relative Survival Rate (Breast) (%), 2007-2009				98
	1 Year Relative Survival Rate (Lower GI) (%), 2007-2009				69
	1 Year Relative Survival Rate (Lung) (%), 2007-2009				24
	5 Year Relative Survival Rate (Breast) (%), 2003-2005				86
	5 Year Relative Survival Rate (Lower GI) (%), 2003-2005				46
	5 Year Relative Survival Rate (Lung) (%), 2003-2005				6
	Two week wait exhibited (non-cancer) breast symptoms performance (%), Q4 2011/12				90
	Number of two week wait referral (TWR) with cancer diagnosis (%), Q4 2011/12				11
Percentage of new cancer cases treated which were not TWW referrals (%), Q4 2011/12				47	
Two week wait performance (%), Q4 2011/12				96	
31 day standard performance (first treatment) (%), Q4 2011/12				98	
31 day standard performance (subsequent treatment) (%), Q4 2011/12				99	
62 day standard performance (first treatment) (%), Q4 2011/12				85	
62 day standard performance (screening) (%), Q4 2011/12				93	
62 day standard performance (upgrade) (%), Q4 2011/12				96	

	Indicator	Hastings	East Sussex	H&R PCT/CCG
DISEASE AND POOR HEALTH				
Diabetes	Diabetes: QOF prevalence (17+) (%), at 31/03/2011	5	5	6
	Ratio of recorded vs expected diabetes prevalence, 2008/09			0.8
	Exception rate for diabetes indicators (%), 2010/11			6
	DM 2: Record of BMI in the last 15mths (%), 2010/11			95
	DM 5: Record of HbA1c/equivalent last 15mths (%), 2010/11			98
	DM 23: Last HbA1c is <=7 in last 15mths (%), 2010/11			56
	DM 24: Last HbA1c is <=8 in last 15mths (%), 2010/11			79
	DM 25: Last HbA1c is <=9 in last 15mths (%), 2010/11			89
	DM 21: Retinal screening in last 15mths (%), 2010/11			93
	DM 9: Record of peripheral pulses last 15mths (%), 2010/11			93
	DM 10: Record of neuropathy test last 15mths (%), 2010/11			93
	DM 11: Record of BP in last 15mths (%), 2010/11			99
	DM 12: Last BP is <=145/85 (%), 2010/11			81
	DM 13: Record of micro-albuminuria test last 15mths (%), 2010/11			92
	DM 22: eGRF or serum creatinin testing in last 15mths (%), 2010/11			98
	DM 15: Proteinuria/micro-album. treated w inhibitors (%), 2010/11			87
	DM 16: Record of total cholesterol last 15mths (%), 2010/11			97
	DM 17: Measured total chol (last 15mths) <=5mmol/l (%), 2010/11			86
	DM 18: Influenza immunisation given 1 Sep - 31 Mar (%), 2010/11			93
	Diabetes admissions per 1,000 on register, 2009/10			1.0
	Episodes of care in hospital for diabetic foot disease per 1,000 people aged 17+ with diabetes, 2008/09-2010/11			20
	Amputations per 1,000 people aged 17+ with diabetes, 2008/09-2010/11			3
	Major amputations per 1,000 people aged 17+ with diabetes, 2008/09-2010/11			1
Minor amputations per 1,000 people aged 17+ with diabetes, 2008/09-2010/11			2	
Diabetic amputation - persons (65+) (per 100,000 pop), 2008/09	16			
Diabetic amputation - males (65+) (per 100,000 pop), 2008/09	10			
Diabetic amputation - females (65+) (per 100,000 pop), 2008/09	23			
Estimated prevalence of hypertension (%), 2011			31	
Hypertension: QOF prevalence (all ages) (%), 2010/11			17	
Ratio of recorded vs expected hypertension prevalence, 2010/11			0.6	
Exception rate for hypertension indicators (%), 2010/11			2	
BP 4: Record of BP in last 9mths (%), 2010/11			93	
BP 5: Last (9mths) blood pressure <=150/90 (%), 2010/11			80	
PP 1: CV risk assessment for new hypertension cases (%), 2010/11			76	
PP 2: life style advice for new hypertension cases (%), 2010/11			79	
Hypertension				

	Indicator	Hastings	East Sussex	H&R PCT/CCG
DISEASE AND POOR HEALTH				
	Estimated prevalence of cardiovascular disease (incl heart disease & stroke) (%), 2011			12
	Estimated prevalence of CHD (%), 2011			7
	CHD: QOF prevalence (all ages) (%), 2010/11			4
	Ratio of recorded vs expected CHD prevalence, 2010/11			0.6
	Exception rate for CHD indicators (%), 2010/11			7
	CHD 2: Angina referred for exercise testing &/or assessm. (%), 2010/11			95
	CHD 5: Record of BP in the previous 15mths (%), 2010/11			98
	CHD 6: Last BP reading in last 15mths is <=150/90 (%), 2010/11			91
	CHD 7: Record of total cholesterol in last 15mths (%), 2010/11			94
	CHD 8: Last total cholesterol is <=5mmol/l (%), 2010/11			85
	CHD 9: Record that aspirin, APT or ACT is taken (%), 2010/11			94
	CHD 10: Currently treated with beta blocker (%), 2010/11			70
	CHD 11: History of MI: treated with ACE-I (%), 2010/11			88
	CHD 12: CHD patients given flu immunisation 1 Sep - 31 Mar (%), 2010/11			94
	CHD total admissions per 1,000 2009/10			7
	CHD emergency admissions (per 100,000), 2010/11			203
	CHD emergency standardised admission ratio (MSOA based, England=100), 2006/07-2010/11			98
	CHD elective standardised admission ratio (MSOA based, England=100), 2006/07-2010/11			130
	CHD emergency admissions per 1000 on register, 2009/10			4
	CHD elective admissions per 1000 on register, 2009/10			4
	Angiography rates (per 100,000), 2010/11			316
	Revascularisation rates (per 100,000), 2010/11			160
	Coronary Artery Bypass Graft (CABG) - persons (per 100,000 65+ pop), 2008/09	158	227	
	Coronary Artery Bypass Graft (CABG) - males (per 100,000 65+ pop), 2008/09	278	356	
	Coronary Artery Bypass Graft (CABG) - females (per 100,000 65+ pop), 2008/09	39	97	
	Percutaneous Transluminal Coronary Angioplasty (PTCA) - persons (per 100,000 65+ pop), 2008/09	409	376	
	Percutaneous Transluminal Coronary Angioplasty (PTCA) - males (per 100,000 65+ pop), 2008/09	580	549	
	Percutaneous Transluminal Coronary Angioplasty (PTCA) - females (per 100,000 65+ pop), 2008/09	238	203	
	Heart failure: QOF prevalence (all ages) (%), 2010/11			1.0
	Heart failure w LVD: QOF prevalence (%), 2010/11			0.5
	Exception rate for heart failure indicators (%), 2010/11			13
	HF 2: Diagnosis conf. by ECG/specialist assessm. (%), 2010/11			96
	HF 3: HF w LVD: treated with ACE-I or ARB (%), 2010/11			88
	HF 4: Heart failure w LVD: treatment w ACE inh. or ARB, and beta-blocker (%), 2010/11			76
	Atrial fibrillation: QOF prevalence (%), 2010/11			2
	Exception rate for atrial fibrillation indicators (%), 2010/11			3
	AF 4: diagnosed with ECG or by specialist (%), 2010/11			96
	AF 3: treated w anti-coag./platelet therapy (%), 2010/11			93
Heart Failure & Atrial Fibrillation				
Coronary Heart Disease				

	Indicator	Hastings	East Sussex	H&R PCT/CCG	
DISEASE AND POOR HEALTH					
Stroke	Estimated prevalence of stroke (%), 2011			3	
	Stroke: QOF prevalence (all ages) (%), 2010/11			2	
	Ratio of recorded vs expected stroke prevalence, 2010/11			0.8	
	Exception rate for stroke indicators (%), 2010/11			7	
	Stroke 13: New patients referred for further investigation (%), 2010/11			91	
	Stroke 5: BP recorded in last 15mths (%), 2010/11			97	
	Stroke 6: Last BP reading is 150/90 or less (%), 2010/11			89	
	Stroke 7: Total cholesterol recorded in last 15mths (%), 2010/11			93	
	Stroke 8: Last measured total cholesterol <=5mmol/l (%), 2010/11			79	
	Stroke 12: Record of aspirin, APT or ACT taken (%), 2010/11			95	
	Stroke 10: Influenza immunisation given 1 Sep-31 Mar (%), 2010/11			91	
	Stroke emergency admissions (per 100,000), 2010/11			90	
	Stroke emergency standardised admission ratio (MSOA based, England=100), 2006/07-2010/11			120	
	% stroke discharged to usual residence (U75s), 2010/11			72	
	All stroke admissions - persons (per 100,000 65+ pop), 2008/09		921	765	
	All stroke admissions - males (per 100,000 65+ pop), 2008/09		981	831	
	All stroke admissions - females (per 100,000 65+ pop), 2008/09		361	699	
	Returning to usual place of residence following hospital treatment for stroke - persons (per 100,000 65+ pop), 2008/09		386	273	
	Returning to usual place of residence following hospital treatment for stroke - males (per 100,000 65+ pop), 2008/09		443	327	
	Returning to usual place of residence following hospital treatment for stroke - females (per 100,000 65+ pop), 2008/09		329	220	
Learning disability: QOF prevalence (18+) (%), 2010/11			0.5	0.5	
Adults (18 to 64) with learning disability known to Local Authorities (per 1,000), 2010/11			5		
Learning disabilities comparison of LA and QOF prevalence estimates (18+ years) (difference as % of LA estimate), 2009/10			9		
Proportion of eligible adults with a learning disability having a GP health check (%), 2010/11			39		
Median age at death (persons with learning disability), 2006-2010			59		
Emergency hospital admissions as % of total (persons with learning disability), 2008/09			63		
Admission rate for psychiatric ambulatory care sensitive conditions in people with LD (per 1,000), 2005/06-2008/09			2		
Admission rate for non-psychiatric ambulatory care sensitive conditions in people with LD (per 1,000), 2005/06-2008/09			23		
Persons admitted psychiatric specialty for challenging behaviour (adults with LD) (per 1,000), 2005/06-2008/09			0		
Living in settled accommodation (persons 18-64 with LD) (%), 2010/11			56		
Living in non-settled accommodation (persons 18-64 with LD) (%), 2010/11			36		
Accommodation status unknown to LA (persons 18-64 with LD) (%), 2010/11			8		
Adults with LD (age 18-64) using day services (rate per 1,000), 2010/11			336		
Adults with LD (age 18-64) receiving community services (rate per 1,000), 2010/11			702		
Adults with learning disability in paid employment (%), 2010/11			6		
Adults (age 18-64) receiving direct payments (persons with LD) (%), 2010/11			12		
Rates of referral for abuse of vulnerable person (with LD) (rate per 1,000 16-64 years), 2010/11			193		
Learning Disability					

	Indicator	Hastings	East Sussex	H&R PCT/CCG	
DISEASE AND POOR HEALTH	Depression: QOF prevalence (18+) (%), 2010/11			14	
	Exception rate for depression indicators (%), 2010/11			5	
	Dep 1: Depression case finding in CHD and/or diabetes patients (%), 2010/11			91	
	Dep 2: Depression cases with severity assessment (%), 2010/11			92	
	Dep 3: second severity assessment for new depression cases (%), 2010/11			71	
	Psychoses: QOF prevalence (all ages) (%), 2010/11			10	
	Exception rate for patients with psychoses indicators (%), 2010/11			12	
	MH 9: full review in last 15mths (%), 2010/11			91	
	MH 4: Li-therapy: record of s.creat. & TSH last 15mths (%), 2010/11			99	
	MH 5: Lithium therapy: record of Li-levels last 6mths (%), 2010/11			93	
	MH 6: with comprehensive care plan (%), 2010/11			87	
	MH 7: Psychoses patients who DNA review: followed up < 14 d (%), 2010/11			99	
	Dementia: QOF prevalence (all ages) (%), 2010/11			0.9	
	Exception rate for dementia indicators (%), 2010/11			6	
	Dem 2: Dementia care has been reviewed last 15mths (%), 2010/11			78	
	Directly standardised rate (DSR) for emergency hospital admissions for mental health (per 100,000 pop), 2008/09-2010/11		206		
	Hospital admissions for self-harm (per 100,000 pop), 2010/11		254	213	
	DSR for emergency hosp. admissions for unipolar depressive disorders (per 100,000 pop), 2008/09-2010/11		45		
	DSR for emergency hosp. admissions for Alzheimer's and other related dementia (per 100,000 pop), 2008/09-2010/11		89		
	DSR for emergency hosp. admissions for schizophrenia, schizotypal & delusional disorders (per 100,000 pop), 2008/09-2010/11		40		
	Numbers of people using adult & elderly NHS secondary mental health services (per 1,000 pop), 2010/11		3		
	Numbers of people on a Care Programme Approach (per 1,000 pop), 2010/11		6		
	In year bed days for mental health (per 1,000 pop), 2010/11		197		
	Number of contacts with Community Psychiatric Nurse (CPN) (per 1,000 pop), 2010/11		227		
	Number of total contacts with mental health services (per 1,000 pop), 2010/11		308		
	Percentage of the population with a limiting long term illness (based on 2001 census data)		18		
	Limiting long-term illness (MSOA based), 2009				20
CKD: QOF prevalence (18+) (%), 2010/11				4	
Exception rate for CKD indicators (%), 2010/11				3	
CKD 2: Record of BP in last 15mths (%), 2010/11				98	
CKD 3: Last BP reading measured in last 15mths is <=140/85 (%), 2010/11				75	
CKD 5: Hypertension treated with ACE inhibitor/ARB (%), 2010/11				90	
CKD 6: Urine albumin : creatinine ratio test last 15mths (%), 2010/11				84	
Epilepsy: QOF prevalence (18+) (%), 2010/11				0.9	
Exception rate for epilepsy indicators (%), 2010/11				5	
Epilepsy 6: Record of seizure frequency (%), 2010/11				95	
Epilepsy 7: Medication review w patient/carer last 15mths (%), 2010/11				95	
Epilepsy 8: Seizure free for last 12mths (%), 2010/11				71	
Hypothyroidism: QOF prevalence (all ages) (%), 2010/11				4	
Exception rate for hypothyroidism indicators (%), 2010/11				0	
Thyroid 2: function test recorded last 15mths (%), 2010/11				96	
Palliative/supportive care: QOF prevalence (all ages) (%), 2010/11				0.2	

DISEASE AND POOR HEALTH	Indicator	Hastings	East Sussex	H&R PCT/CCG
Secondary care use	Total admission rate (per 1,000), 2009/10			255
	Elective admissions per 1,000 2009/10			138
	Emergency admissions per 1,000 2009/10			105
	A&E attendances (per 1,000), 2009/10			250
	A&E admissions per 1,000 2009/10			15
	All cause elective standardised admission ratio (MSOA based, England=100), 2006/07 - 2010/11			96
	All cause emergency standardised admission ratio (MSOA based, England=100), 2006/07-2010/11			107
	All outpatient attendances (per 1,000), 2009/10			793
	Admissions for ambulatory care sensitive conditions per 1,000 2009/10			16
	Emergency readmissions within 28d of discharge (%), 2009/10			8
	All admissions - persons (per 100,000 65+ pop), 2008/09	54223	51385	
	All admissions - males (per 100,000 65+ pop), 2008/09	60139	57597	
	All admissions - females (per 100,000 65+ pop), 2008/09	48306	45914	
	Emergency admissions - persons (per 100,000 65+ pop), 2008/09	23004	18600	
	Emergency admissions - males (per 100,000 65+ pop), 2008/09	24601	20187	
	Emergency admissions - females (per 100,000 65+ pop), 2008/09	21405	17013	
	GP referrals to outpatients - 1st attendance (per 1,000), 2009/10			215
	Dermatology, GP referrals - 1st attendance (per 1,000), 2009/10			15
	General Medicine, GP referrals - 1st attendance (per 1,000), 2009/10			7
	General Surgery, GP referrals - 1st attendance (per 1,000) 2009/10			24
General Surgery - return ratio, 2009/10			1.5	
Gynaecology, GP referrals - 1st attendance (per 1,000), 2009/10			14	
Gynaecology - return ratio, 2009/10			1.7	
Orthopaedics, GP referrals - 1st attendance (per 1,000), 2009/10			45	
Orthopaedics - return ratio, 2009/10			1.7	
Paediatrics, GP referrals - 1st attendance (per 1,000), 2009/10			6	
Urology, GP Referrals - 1st attendance (per 1,000), 2009/10			12	
Urology - return ratio, 2009/10			1.6	
Older People	Older people (75s and over) hospital admissions due to injury (per 10,000 pop), 2010/11	526	521	
	65s and over hospital admissions due to falls (per 100,000 pop), 2010/11	2895	2399	
	65s and over hospital admissions due to fall injuries (injury recorded) (per 100,000 pop), 2010/11	1784	1582	
	Hip fracture in over-65s (per 100,000), 2010/11	551	431	
	Returning to usual place of residence following hospital treatment for hip fracture - persons (per 100,000 65+ pop), 2008/09	213	273	
	Returning to usual place of residence following hospital treatment for hip fracture - males (per 100,000 65+ pop), 2008/09	137	327	
	Returning to usual place of residence following hospital treatment for hip fracture - females (per 100,000 65+ pop), 2008/09	299	220	
	Primary knee replacement operations - persons (per 100,000 65+ pop), 2008/09	464	382	
	Primary knee replacement operations - males (per 100,000 65+ pop), 2008/09	461	367	
	Primary knee replacement operations - females (per 100,000 65+ pop), 2008/09	468	396	
	Primary total hip replacement - persons (per 100,000 65+ pop), 2008/09	616	389	
	Primary total hip replacement - males (per 100,000 65+ pop), 2008/09	531	325	
	Primary total hip replacement - females (per 100,000 65+ pop), 2008/09	701	453	
	Revision hip replacement - persons (per 100,000 65+ pop), 2008/09	114	147	
	Revision hip replacement - males (per 100,000 65+ pop), 2008/09	88	116	
	Revision hip replacement - females (per 100,000 65+ pop), 2008/09	140	176	
	Cataract operations - persons (per 100,000 65+ pop), 2008/09	2655	2613	
	Cataract operations - males (per 100,000 65+ pop), 2008/09	2349	2337	
	Cataract operations - females (per 100,000 65+ pop), 2008/09	2962	2889	
	Number of care homes per 1,000 population aged 75+ , 2011			8
Number of care home beds per 1,000 population aged 75+ , 2010/11			167	

	Indicator	Hastings	East Sussex	H&R PCT/CCG
LIFE EXPECTANCY AND CAUSES OF DEATH				
Life Expectancy	Excess winter deaths (1/8/07-31/7/10)	11	19	
	Life expectancy – male, 2006-2010	77.3	79.4	
	Life expectancy – female, 2006-2010	80.8	83.5	
	Inequality in life expectancy at birth (years), Males, 2006-2010	10	8	10
	Inequality in life expectancy at birth (years), Females, 2006-2010	9	6	9
	Healthy life expectancy at 65 - males, 2001	12.2		
	Healthy life expectancy at 65 - females, 2001	14.2		
	Disability free life expectancy at 65 - males, 2001	7.8		
	Disability free life expectancy at 65 - female, 2001	8.9		
	Inequality in disability-free life expectancy at birth (years), Males, 1999-2003			11
	Inequality in disability-free life expectancy at birth (years), Females, 1999-2003			9
	Men life expectancy at 65: 2006-08	17.0	18.7	
	Women life expectancy at 65: 2006-08	19.7	21.3	
	Infant mortality rate (per 1,000 live births), 2008-2010	6	5	6
	Child mortality rate (age 1-17 years) (per 100,000), 2002-2010		16	
	All cause - all deaths - persons 65+ (per 100,000), 2008	3956	3448	
	All cause - all deaths - males 65+ (per 100,000), 2008	4341	3942	
All cause - all deaths - females 65+ (per 100,000), 2008	3571	2954		
Smoking attributable deaths (per 100,000 35+), 2008-2010	261	185		
Smoking attributable deaths from heart disease (per 100,000 35+), 2007-2009	39		31	
Smoking attributable deaths from stroke (per 100,000 35+), 2007-2009	15		12	
Alcohol-attributable months of life lost (u75s) - males, 2008-2010	15		10	
Alcohol-attributable months of life lost (u75s) - females, 2008-2010	4		4	
Alcohol-specific mortality - males (per 100,000), 2008-2010	18		12	
Alcohol-specific mortality - females (per 100,000), 2008-2010	5		3	
Alcohol-attributable mortality - males (per 100,000), 2010	74		51	
Alcohol-attributable mortality - females (per 100,000), 2010	16		13	
Mortality from chronic liver disease - males (per 100,000), 2008-2010	21		13	
Mortality from chronic liver disease - females (per 100,000), 2008-2010	7		5	
Children killed/seriously injured in road traffic accidents (rate per 100,000 pop 0-15 years), 2008-2010			41	
Mortality from land transport accidents (per 100,000), 2008-2010	1		2	
Road injuries and deaths (per 100,000), 2008-2010	53	71		
Deaths from unintentional injury (per 100,000 pop), 2008-2010	16	16		
Years of life lost due to unintentional injury (per 10,000 pop), 2008-2010	40	41		
Deaths from land transport injury (per 100,000 pop), 2008-2010	4	6		
Years of life lost due to land transport injuries (per 10,000 pop), 2008-2010	14	24		
Deaths from unintentional fall (per 100,000), 2008-2010	5	4		

	Indicator	Hastings	East Sussex	H&R PCT/CCG
LIFE EXPECTANCY AND CAUSES OF DEATH				
Hospital care	Percentage of terminal admissions that are emergencies, 2010/11			93
	Percentage of terminal admissions aged 85+, 2010/11			44
	Percentage of terminal admissions that are 8 days or longer, 2010/11			49
	Average number of bed days per admission ending in death, 2010/11			14
Suicide	Mortality from suicide and injury undetermined - males (per 100,000), 2008-10	18	14	13
	Mortality from suicide and injury undetermined - females (per 100,000), 2008-10	6	5	4
	Mortality from suicide and injury undetermined - persons (per 100,000), 2008-10	12	9	8
	Years of life lost due to suicide or injury undetermined, 2008-2010	43	30	
	Number of Cancer Deaths (Crude incidence rate: deaths / 100,000 population), 2010			353
	5 year rolling age standardised mortality rate, 2006-2010			184
	Cancer % all deaths: persons all ages, 2008-2010	27	27	29
	Early deaths: cancer (U75s) (per 100,000), 2008-2010	132	104	116
	Cancer standardised mortality age <75 (MSOA based, England=100), 2006-10			71
	All cancer mortality - males under 75 (per 100,000), 2008-2010	138	115	125
	All cancer mortality - females under 75 (per 100,000), 2008-2010	126	94	109
	All cancers mortality - persons 65+ (per 100,000), 2008	1226	1011	
	All cancers mortality - males 65+ (per 100,000), 2008	1362	1231	
	All cancers mortality - females 65+ (per 100,000), 2008	1090	791	
	Males 0-64: % cancer deaths, 2008-2010	31		
	Males 65-84: % cancer deaths, 2008-2010	37		
	Males 85+: % cancer deaths, 2008-2010	15		
	Females 0-64: % cancer deaths, 2008-2010	49		
	Females 65-84: % cancer deaths, 2008-2010	34		
	Females 85+: % cancer deaths, 2008-2010	13		
	Persons 0-64: % cancer deaths, 2008-2010	38		
	Persons 65-84: % cancer deaths, 2008-2010	36		
	Persons 85+: % cancer deaths, 2008-2010	13		
	Deaths from lung cancer (per 100,000), 2008-10	46	31	36
	Lung cancer mortality under 75 (per 100,000), 2008-2010	36	22	26
	Lung cancer mortality - males under 75 (per 100,000), 2008-2010	40	26	29
	Lung cancer mortality - females under 75 (per 100,000), 2008-2010	32	18	23
	Prostate cancer mortality - males under 75 (per 100,000), 2008-2010	10	7	8
	Breast cancer mortality - females under 75 (per 100,000), 2008-2010	22	19	23
	Colorectal cancer mortality - under 75 (per 100,000), 2008-2010	16	11	15
	Colorectal cancer mortality - males under 75 (per 100,000), 2008-2010	19	14	20
	Colorectal cancer mortality - females under 75 (per 100,000), 2008-2010	13	8	9

Cancer

	Indicator	Hastings	East Sussex	H&R PCT/CCG
Circulatory	LIFE EXPECTANCY AND CAUSES OF DEATH			
	Cardiovascular % all deaths: persons all ages, 2008-2010	33	35	33
	Early deaths: heart disease & stroke (U75s) (per 100,000), 2008-2010	77	54	66
	All circulatory mortality - persons 65+ (per 100,000 65+ pop), 2008	1428	1316	
	All circulatory mortality - males 65+ (per 100,000 65+ pop), 2008	1681	1467	
	All circulatory mortality - females 65+ (per 100,000 65+ pop), 2008	1176	1165	
	Males 0-64: % cardiovascular deaths, 2008-2010	24		
	Males 65-84: % cardiovascular deaths, 2008-2010	29		
	Males 85+: % cardiovascular deaths, 2008-2010	42		
	Females 0-64: % cardiovascular deaths, 2008-2010	11		
	Females 65-84: % cardiovascular deaths, 2008-2010	25		
	Females 85+: % cardiovascular deaths, 2008-2010	47		
	Persons 0-64: % cardiovascular deaths, 2008-2010	19		
	Persons 65-84: % cardiovascular deaths, 2008-2010	27		
	Persons 85+: % cardiovascular deaths, 2008-2010	40		
	Coronary Heart Disease (CHD) mortality - persons 65+ (per 100,000 65+ pop), 2008	561	476	
	Coronary Heart Disease (CHD) mortality - males 65+ (per 100,000 65+ pop), 2008	785	624	
	Coronary Heart Disease (CHD) mortality - females 65+ (per 100,000 65+ pop), 2008	337	328	
	Stroke mortality (per 100,000), 2010	52	35	42
	Stroke mortality - persons 65+ (per 100,000 65+ pop), 2008	324	315	
	Stroke mortality - males 65+ (per 100,000 65+ pop), 2008	310	319	
	Stroke mortality - females 65+ (per 100,000 65+ pop), 2008	339	310	
	30 day mortality in STEMI (%), 2010			15
	% HF who die at usual place residence, 2010			31
	Respiratory % all deaths: persons all ages, 2008-2010	13	13	12
	Respiratory mortality - persons 65+ (per 100,000 65+ pop), 2008	495	484	
	Respiratory mortality - males 65+ (per 100,000 65+ pop), 2008	545	563	
	Respiratory mortality - females 65+ (per 100,000 65+ pop), 2008	445	404	
	Males 0-64: % respiratory deaths, 2008-2010	4		
	Males 65-84: % respiratory deaths, 2008-2010	14		
	Males 85+: % respiratory deaths, 2008-2010	17		
	Females 0-64: % respiratory deaths, 2008-2010	6		
	Females 65-84: % respiratory deaths, 2008-2010	12		
Females 85+: % respiratory deaths, 2008-2010	15			
Persons 0-64: % respiratory deaths, 2008-2010	5			
Persons 65-84: % respiratory deaths, 2008-2010	13			
Persons 85+: % respiratory deaths, 2008-2010	15			
Deaths from COPD (per 100,000), 2007-09	31		21	
Chronic Obstructive Pulmonary Disease (COPD) mortality - persons 65+ (per 100,000 65+ pop), 2008	210	162		
Chronic Obstructive Pulmonary Disease (COPD) mortality - males 65+ (per 100,000 65+ pop), 2008	243	204		
Chronic Obstructive Pulmonary Disease (COPD) mortality - females 65+ (per 100,000 65+ pop), 2008	177	119		

	Indicator	Hastings	East Sussex	H&R PCT/CCG
Place of death	LIFE EXPECTANCY AND CAUSES OF DEATH			
	Hospital % deaths: persons, 2008-2010	47		50
	Own residence % deaths: persons, 2008-2010	17		17
	Care home % deaths: persons, 2008-2010	21		21
	Hospice % deaths: persons, 2008-2010	11		10
	Other place of death % deaths: persons, 2008-2010	3		
	Males 0-64: % deaths in hospital, 2008-2010	45		
	Males 65-84: % deaths in hospital, 2008-2010	51		
	Males 85+: % deaths in hospital, 2008-2010	53		
	Females 0-64: % deaths in hospital, 2008-2010	45		
	Females 65-84: % deaths in hospital, 2008-2010	49		
	Females 85+: % deaths in hospital, 2008-2010	42		
	Persons 0-64: % deaths in hospital, 2008-2010	45		
	Persons 65-84: % deaths in hospital, 2008-2010	50		
	Persons 85+: % deaths in hospital, 2008-2010	45		
	Males 0-64: % deaths own residence, 2008-2010	34		
	Males 65-84: % deaths own residence, 2008-2010	20		
	Males 85+: % deaths own residence, 2008-2010	10		
	Females 0-64: % deaths own residence, 2008-2010	30		
	Females 65-84: % deaths own residence, 2008-2010	15		
	Females 85+: % deaths own residence, 2008-2010	7		
	Persons 0-64: % deaths own residence, 2008-2010	33		
	Persons 65-84: % deaths own residence, 2008-2010	18		
	Persons 85+: % deaths own residence, 2008-2010	8		
	Males 0-64: % deaths care home, 2008-2010	2		
	Males 65-84: % deaths care home, 2008-2010	10		
	Males 85+: % deaths care home, 2008-2010	27		
	Females 0-64: % deaths care home, 2008-2010	1		
	Females 65-84: % deaths care home, 2008-2010	18		
	Females 85+: % deaths care home, 2008-2010	4		
	Persons 0-64: % deaths care home, 2008-2010	2		
	Persons 65-84: % deaths care home, 2008-2010	14		
	Persons 85+: % deaths care home, 2008-2010	39		
	Males 0-64: % deaths hospice, 2008-2010	12		
	Males 65-84: % deaths hospice, 2008-2010	17		
	Males 85+: % deaths hospice, 2008-2010	8		
	Females 0-64: % deaths hospice, 2008-2010	20		
	Females 65-84: % deaths hospice, 2008-2010	10		
	Females 85+: % deaths hospice, 2008-2010	5		
	Persons 0-64: % deaths hospice, 2008-2010	17		
	Persons 65-84: % deaths hospice, 2008-2010	14		
	Persons 85+: % deaths hospice, 2008-2010	5		
	Males 0-64: % deaths other place, 2008-2010	6		
	Males 65-84: % deaths other place, 2008-2010	2		
	Males 85+: % deaths other place, 2008-2010	2		
Females 0-64: % deaths other place, 2008-2010	4			
Females 65-84: % deaths other place, 2008-2010	2			
Females 85+: % deaths other place, 2008-2010	2			
Persons 0-64: % deaths other place, 2008-2010	5			
Persons 65-84: % deaths other place, 2008-2010	2			
Persons 85+: % deaths other place, 2008-2010	3			

Public Health Outcomes Framework

The aim of the Public Health Outcomes Framework (PHOF) is to improve and protect the nation's health and wellbeing and to improve the health of the poorest fastest. The PHOF comprises a number of indicators against which Public Health delivery partners (this includes local authorities, clinical commissioning groups, other statutory and non-statutory organisations including voluntary and community organisations) will need to demonstrate improvement.

The Public Health Outcomes Framework has overarching outcomes around life expectancy and inequalities in life expectancies, with further indicators organised into four domains, corresponding to the public health domains.

Domain 1: Improving the wider determinants of health

Domain 2: Health Improvement

Domain 3: Health Protection

Domain 4: Healthcare public health and preventing premature mortality

The Department of Health have not yet published definitions and baselines for all the indicators. The next six pages presents benchmarked information for those PHOF indicators where there is a definition and data available. Also included are proxy indicators for those PHOF indicators without that information. The proxy indicators are indicators which do not have the same definition as the PHOF indicators but are closely related and where we have data which we can benchmark.

Those indicators that are shaded grey and in bold are the PHOF indicators and all other indicators are closely related proxy indicators.

	Indicator	Hastings	East Sussex	H&R PCT/CCG
	OVERARCHING OUTCOMES			
	Life expectancy – male, 2008-2010	77.3	79.4	
	Life expectancy – female, 2008-2010	80.8	83.5	
0.2	Inequality in life expectancy at birth (years), Males, 2006-2010	10	8	10
0.2	Inequality in life expectancy at birth (years), Females, 2006-2010	9	6	9
0.1	Healthy life expectancy at 65 - males, 2001	12.2		
0.1	Healthy life expectancy at 65 - females, 2001	14.2		
0.1	Disability free life expectancy at 65 - males, 2001	7.8		
0.1	Disability free life expectancy at 65 - female, 2001	8.9		
0.2	Inequality in disability-free life expectancy at birth (years), Males, 1999-2003		11	
0.2	Inequality in disability-free life expectancy at birth (years), Females, 1999-2003		9	
	Men life expectancy at 65: 2006-08	17.0	18.7	
	Women life expectancy at 65: 2006-08	19.7	21.3	

	Indicator	Hastings	East Sussex	H&R PCT/CCG
	IMPROVING THE WIDER DETERMINANTS OF HEALTH			
1.1	Children living in poverty (aged under 16 years) (%), 2009	30	19	
1.2	School readiness			
1.2	Children achieving a good level of development at age 5 (%), 2011		52	
1.3	Pupil absence (% half days missed), 2010/11		6	
1.4	First time entrants to the Youth Justice System (rate per 100,000 pop 10-17), 2009/10		1570	
1.5	Not in education, employment or training (%) (age 16-18 years), 2010		7	
1.6i	Living in settled accommodation (persons 18-64 with LD) (%), 2010/11		56	
1.6ii	Adults receiving secondary mental health services in settled accommodation (%)			
1.7	Proportion of people in prison with mental illness (%)			
1.8i	Employment of those with long-term health condition - gap			
1.8ii	Employment of those with learning disability - gap			
1.8iii	Employment of those with mental illness - gap			
1.9i	Sickness absence			
1.9ii	Sickness absence (days)			
1.9iii	Rate of fit notes issued			
1.10	Road injuries and deaths (per 100,000), 2008-2010	53	71	
1.11	Domestic abuse			
1.12	Violent crime (including sexual violence)			
1.12	Alcohol-attributable recorded crimes (per 1,000 pop), 2011/12	8		5
1.12	Alcohol-attributable violent crimes (per 1,000 pop), 2011/12	6		4
1.12	Alcohol-attributable sexual offences (per 1,000 pop), 2011/12	0.2		0.2
1.12	Violent crime (per 1,000 pop), 2010/11	19	12	
1.12	Sexual offences (per 1,000 pop), 2010/11	1.4		
1.12	Rate police recorded rape in women (per 100,000 females), 2010/11			60
1.13i	Proportion of offenders who re-offend (%), Oct 09 - Sept 10		25	
1.13ii	Average number of re-offences committed per offender, Oct 09 - Sept 10		3	
1.14i	Noise pollution - complaints			
1.14ii	Noise pollution - exposure to transport noise			
1.15i	Statutory homelessness (per 1,000 households), 2011/12	1.7	1.5	
1.15ii	Temporary accommodation (per 1,000 households), 2011/12	0.7	0.8	
1.16	Utilisation of green space for exercise/health reasons			
1.17	Fuel poverty (% households), 2010	15	14	
1.18	Social connectedness			
1.19	Older people's perception of community safety			

	Indicator	Hastings	East Sussex	H&R PCT/CCG
	HEALTH IMPROVEMENT			
2.1	Low birth weight of term babies			
2.1	Low birthweight (<2500g) (%), 2009	7	6	7
2.2i	Breast feeding initiation (%), 2010/11	76	81	77
2.2ii	Totally or partially breastfed at age 6/8 weeks (%), 2011/12	45	50	45
2.3	Smoking in pregnancy (%), 2010/11	23	17	21
2.4	Rate of under 18 conceptions (per 1,000 females 15-17yrs), 2010	45	31	
2.5	Child development at 2-2.5 years			
2.6i	Overweight or obese children age 4-5 years (%), 2010/11	22	20	21
2.6ii	Overweight or obese children age 10-11 years (%), 2010/11	35	31	34
2.7	Children under 18 hospital admissions due to injury cause (per 10,000 pop), 2010/11	197	132	
2.7	Children under 5 hospital admissions due to injury cause (per 10,000 pop), 2010/11	269	176	
2.7	Children 5-17 hospital admissions due to injury cause (per 10,000 pop), 2010/11	167	117	
2.8	Emotional wellbeing of looked after children			
2.9	Smoking prevalence - 15 year olds			
2.10	Hospital admissions for self-harm (per 100,000 pop), 2010/11	264	213	
2.11	Diet: comparison with national dietary targets and guidelines			
2.11	Healthy eating adults (%), 2006-2008	26	31	
2.12	Proportion of adults classified as overweight or obese			
2.12	Obese adults (%), 2006-2008	27	25	25
2.12	Obesity: QOF prevalence (16+) (%), 2010/11			12

	Indicator	Hastings	East Sussex	H&R PCT/CCG
	HEALTH IMPROVEMENT			
2.13i	Adults achieving at least 150mins of physical activity per week			
2.13i	Physically active adults (%), Oct10 - Oct11	11	12	
2.13ii	Proportion of adults classified as 'inactive'			
2.13ii	Inactive adults (%), Oct 09 - Oct 11	54	48	
2.14	18+ smoking prevalence (%), Oct 10 - Sept 11	24	21	
2.15	Successful completion of drug treatment			
2.16	Prison substance dependency			
2.17	Diabetes: QOF prevalence (17+) (%), at 31/03/2011	5	5	6
2.18	Admissions for alcohol related harm (per 100,000 pop), 2010/11	2259	1614	1903
2.19	Cancer diagnosed at stage 1 and 2			
2.20i	Screening coverage (Breast < 3 years aged 53-70) (%), 2010/11		76	75
2.20ii	Screening coverage (Cervical < 5 years aged 25-64) (%), 2010/11		80	80
2.21i	Antenatal HIV screening			
2.21ii	Antenatal syphilis, hepatitis B and susceptibility to rubella			
2.21iii	Antenatal sickle cell and thalassaemia screening			
2.21iv	Newborn blood spot screening			
2.21v	Newborn hearing screening			
2.21v	Newborn hearing screening (%), 2009/10			96
2.21vi	Newborn physical examination			
2.21vii	Proportion of those offered screening for diabetic retinopathy who attend digital screening			
2.21vii	DM 21: Retinal screening in last 15mths (%), 2010/11			93
2.22	NHS Health checks (%), 2011/12			6
2.23	Self-reported wellbeing			
2.24	65s and over hospital admissions due to falls (per 100,000 pop), 2010/11	2936	2399	
2.24	65s+ hospital admissions due to fall injuries (injury recorded) (per 100,000 pop), 2010/11	1784	1582	

	Indicator	Hastings	East Sussex	H&R PCT/CCG
HEALTH PROTECTION				
3.1	Air pollution			
3.2	Rate age 15-24 diagnoses of Chlamydia in all settings (per 100,000 pop), 2011	2859	2047	
3.3i	Hepatitis B vaccination coverage (1 and 2 years)			
3.3ii	BCG vaccination coverage (1-16 years)			
3.3iii	DTaP/IPV/Hib immunisation (by age 1 year) (%), 2010/11	96	94	94
3.3iii	DTaP/IPV/Hib immunisation (by age 2 years) (%), 2010/11		96	94
3.3iii	DTaP/IPV immunisation (by age 5 years) (%), 2010/11	87	86	85
3.3iv	MenC immunisation (by age 1 year) (%), 2010/11		94	93
3.3iv	MenC immunisation (by age 2 years) (%), 2010/11		95	93
3.3iv	MenC immunisation (by age 5 years) (%)			
3.3v	PCV immunisation (by age 1 year) (%), 2010/11		93	94
3.3v	PCV immunisation (by age 2 year) (%)			
3.3v	PCV immunisation (by age 5 year) (%)			
3.3vi	Hib/MenC booster vaccination coverage (2 and 5 years)			
3.3viii	MMR immunisation (by age 2 years) (%), 2010/11	92	88	88
3.3ix	MMR 1st dose immunisation (by age 5 years) (%), 2010/11		93	93
3.3x	MMR 2nd dose immunisation (by age 5 years) (%), 2010/11	86	83	83
3.3xi	Td/IPV booster vaccination coverage (13-18 years)			
3.3xii	HPV vaccination coverage (females 12-17 years)			
3.3xiii	PPV vaccination coverage (over 65s)			
3.3xiv	Immunisation - flu, 65 years and over (%), 2010/11		71	73
3.3xv	Flu vaccination coverage (at risk individuals aged over 6 months)			
3.4	Percentage HIV diagnoses with CD4 cell count < 350mm ³ at time of diagnoses, 2008-2010	55	63	69
3.5	Treatment completion for tuberculosis			
3.6	Public sector organisations with board-approved sustainable development management plan			
3.7	Comprehensive, agreed inter-agency plans for responding to public health incidents			

	Indicator	Hastings	East Sussex	H&R PCT/CCG
	HEALTHCARE PUBLIC HEALTH AND PREVENTING PREMATURE MORTALITY			
4.1	Infant mortality rate (per 1,000 live births), 2008-2010	6	5	6
4.2	Tooth decay in children aged 5 years (average number of teeth)			
4.2	Tooth decay in children aged 5 years (av number of teeth decayed, missing or filled), 2007/08	1.3		1.2
4.3	Mortality from causes considered preventable			
4.4i	Early deaths: heart disease & stroke (U75s) (per 100,000), 2008-2010	77	54	66
4.4ii	Early deaths considered preventable: heart disease & stroke (U75s)			
4.5i	Early deaths: cancer (U75s) (per 100,000), 2008-2010	132	104	116
4.5ii	Early deaths considered preventable: cancer (U75s)			
4.6i	Early deaths: liver disease (U75s) (per 100,000), 2010	32	14	21
4.6ii	Early deaths considered preventable: liver disease (U75s)			
4.7i	Early deaths: respiratory (U75s) (per 100,000), 2010			
4.7ii	Early deaths considered preventable: respiratory (U75s)	28	17	22
4.8	Mortality from communicable diseases			
4.9	Excess under 75 mortality in adults with serious mental illness			
4.10	Mortality from suicide and injury undetermined - persons (per 100,000), 2008-10	12	9	8
4.11	Emergency readmissions within 30 days of discharge from hospital (%), 2010/11			12
4.12	Preventable sight loss			
4.13	Health-related quality of life for older people			
4.14	Hip fracture in over-65s (per 100,000), 2010/11	551	431	
4.15	Excess winter deaths (1/8/07-31/7/10)	11	19	
4.16	Dementia and its impacts			

Key Findings

Within any population, there is potentially a huge number of issues that can be tackled to improve health and reduce inequalities.

This profile has pulled together information from a variety of sources to identify health conditions and determinant factors affecting the population of Hastings Borough to inform decisions and plans to improve local people's health and reduce health inequalities.

Whilst identifying a number of issues, the profile also provides information to support identification of a limited number of overall health priorities. These priorities follow and they have been identified because they have a significant impact in terms of severity and size and through a process of triangulation where information from a range of sources has shown similar results or themes. Little has changed since the 2011 Needs Profile was published and the overall priorities identified from it. The 2012 Needs Profile, although includes updated information, reiterates those priorities identified in 2011 and provides some new additional information to support them which has since been published.

These overall health priorities are:

Population

Hastings has a population more similar to England than any of the other local authorities in East Sussex, however, it still has an older population structure compared to England. Population projections show that the proportion of older people will continue to increase. Services that support the health, wellbeing and independence of older people is therefore a priority.

Life Expectancy is significantly worse for males and females at birth and at age 65 years compared to England. There is also significantly worse disability free life expectancy for males and females compared to England.

Wider Determinants of Health

The wider determinants of health are significantly worse in Hastings compared to England for a range of indicators including: the percentage of the total population living in the 20% most deprived areas nationally, the percentage of 15-29 year olds living in deprived areas, the percentage of children living in poverty, the percentage uptake of free school meals, the percentage of young people achieving 5 GCSE A*- C GCSE (inc English and Maths), the rate of long term unemployment, the rate of violent crime and the rate of sexual offences.

Healthy Lifestyles

Many deaths and illnesses can be avoided by improving and protecting health by encouraging healthy lifestyles. The profile clearly shows that there are issues around:

Smoking – significantly worse than England for the percentage of women smoking in pregnancy, percentage of people with a long term condition smoking, general practice recording of smoking status of patients, smoking attributable hospital admissions and smoking attributable deaths.

Alcohol – significantly worse than England for alcohol attributable mortality for males, alcohol specific and alcohol attributable hospital admissions and alcohol related harm admissions, the prevalence of 18-75 yrs in alcohol treatment, alcohol attributable crime and violent crime and significantly worse than England for the percentage of children using alcohol in East Sussex .

Drugs – significantly worse than England for the rate of drug misuse in people 15-64 years and significantly worse than England for the percentage of children using drugs in East Sussex.

Obesity – significantly worse than England for the percentage of babies totally or partially breastfed at age 6/8 weeks, children and young people

participating in at least 3 hours of sport/PE and the percentage of obese adults.

Sexual Health – significantly worse than England for a range of indicators including: Rate of abortions; rate of acute sexually transmitted infections; percentage of GUM clinic clients offered an appointment within 2 working days and the percentage seen within 10 working days; percentage uptake of HIV testing in GUM clinics; rate of GP prescribed IUD and IUS.

Vaccination and immunisation – significantly worse than England for some specific childhood immunisations.

Chronic Diseases

The profile shows that there is a need to improve the identification and treatment of people with chronic diseases, particularly circulatory and respiratory diseases. This will have a beneficial impact on life expectancy, particularly in the most deprived areas, and on health and social care services. The prevalence of COPD, diabetes, CHD, heart failure, stroke, and hypertension are all significantly higher than England. There are significantly worse hospital admissions rates for respiratory diseases, COPD, CHD and also stroke. The percentage of cardiovascular deaths is significantly higher than England and the rate of early deaths from heart disease and stroke is significantly worse than England.

Cancer

Cancer is one of the main contributors to the inequalities in life expectancy. Cancer prevalence and the incidence rate of new cancer cases are significantly higher than England and the colorectal cancer mortality rate for those under 75 is significantly worse than England. The rate of deaths from cancer and early deaths from cancer, lung cancer incidence and the death rate from lung cancer are also significantly worse than England.

Improvements can be achieved by lifestyle changes, improved access to screening and earlier diagnosis to increase the scope for successful treatment.

Mental Health

The prevalence of depression, psychoses, and dementia are all significantly higher than England and a range of QOF clinical management indicators are significantly worse than England. There is also a significantly worse rate of hospital admission for self-harm.

Accidents, Injuries and Falls

Accidents, injuries and falls are highlighted in the profile. The rate of road injuries and deaths and the rate of children and young people aged under 18 years admitted to hospital due to injuries are both significantly worse than England. There are also significantly worse hospital admission rates for a substantial range of different injuries (egg. violence, burns, motor vehicle, land transport, unintentional) and also admissions to people 65 years and over due to falls.

Place of Death

Most people approaching the end of life would prefer to be cared for at home, as long as high quality care can be assured and as long as they do not place too great a burden on their families and carers. The profile shows that the percentage of deaths at a persons own residence is significantly worse than England. It also shows that the percentage of terminal admissions to hospital that are emergency admissions is significantly higher than England.

Appendix 1: JSNA Scorecard Narratives

<http://www.eastsussexjsna.org.uk/>

DEMOGRAPHY

- Hastings has an estimated population of 86,979. It is the smallest district/borough in East Sussex. Silverhill (4,614) is the smallest ward in Hastings and Central St Leonards (6,784) is the largest.
- Hastings has the youngest age profile of East Sussex districts/boroughs. About 1 in 4 (24%) people are aged 0-19 years. Hollington (35%) has the highest percentage of persons aged 0-19 of all East Sussex wards.
- 18% of persons are aged 65 years and over and 3% are aged 85 years and over.
- The population of Hastings is estimated to increase by 2% by 2014 and 3% by 2016. The largest estimated increase is in those aged 65 years and over, with a 10% increase by 2014 and a 15% increase by 2016 (2,300 more persons aged 65 years and over).
- Hastings has the lowest number of dependents (persons aged under 16 years and aged 65 years and over) to working age people (persons aged 16-64 years) of all East Sussex districts/boroughs. Its dependency ratio of 0.58 is significantly (99.8% CI) lower than that for East Sussex (0.70).
- Live births are 79 per 1,000 women aged 15-44 years. Castle (123 per 1,000), Baird (105 per 1,000) and Ore (111 per 1,000) have some of the highest rates of all the wards in East Sussex.
- It is estimated that 9% of residents are of non-White ethnicity.

SOCIAL/ENVIRONMENTAL CONTEXT

- Hastings is the most deprived district/borough in East Sussex with an IMD score of 34.49. Central St Leonards (58.14) is the most deprived ward in East Sussex and about half of the wards in Hastings are amongst the 10% most deprived in East Sussex.
- Hastings is the most deprived district/borough in East Sussex for all domains of the ID except for the barriers to housing and services domain, where it is the least deprived.
- 30% of children and 23% of older people are affected by income deprivation. In Central St Leonards 46% of children and 36% of older people are income deprived.
- 1 in 5 (20%) working age people are claiming out-of-work benefits. In Central St Leonards (34%), Gensing (29%) and Castle (30%) the proportion of working age people claiming out-of-work benefits is closer to 1 in 3.
- About 1 in 3 households (32%) are on low income (less than 60% of national median income).

- Most of the East Sussex wards with the highest percentages of working age people claiming income support, incapacity benefit or severe disablement allowance and working age lone parents claiming income support are in Hastings.

LIFESTYLES AND RISK FACTORS

- In Hastings 45% of babies were breastfed at 6-8 weeks. Hollington (33%), Baird (32%) and Wishing Tree (30%) are amongst the wards in East Sussex with the lowest prevalences of breastfeeding and they have significantly lower rates than East Sussex (50%).
- About 1 in 5 (21%) reception year children are overweight or obese and about 1 in 3 (32%) year 6 children are overweight or obese.
- About 1 in 4 (27%) adults are estimated to be obese.
- About 1 in 4 adults (23%) are estimated to be engaging in increasing risk drinking (of those who drink alcohol).
- Hastings has 1,751 alcohol-related hospital admissions (age standardised) per 100,000 population.
- Central St Leonards has the highest rate of all East Sussex wards for A&E attendances between 8pm and 7am due to assault for persons aged 15-59 years (107 per 1,000 population). This is significantly (99.8% CI) higher than the East Sussex rate (37 per 1,000). Just over half of the wards in Hastings have significantly higher rates than East Sussex.
- It is estimated that 29% of adults in Hastings smoke.
- About 1 in 4 (23%) mothers are known to be smoking at time of delivery.
- In Hastings 22% of mothers and 36% of fathers are current smokers at the time of their baby's 6-8 week check. These are significantly (99.8% CI) higher percentages than in East Sussex (16% and 28% respectively). Tressell has the highest rates of all the wards in Hastings, with 33% of mothers and 52% of fathers being current smokers at the time of their baby's 6-8 week check.
- Hastings has a significantly (99.8% CI) higher rate of smoking quitters per 100,000 population aged 16 years and over (NHS Stop Smoking Services) (1,258 per 100,000) than East Sussex (730 per 100,000). West St Leonards (1,868 per 100,000) and Ore (1,851 per 100,000) have the highest rates in East Sussex.
- The under 18 conception rate is 58 per 1,000 females aged 15-44 years. This is a significantly (95% CI) higher rate than in East Sussex (38 per 1,000). Central St Leonards (133 per 100,000) has the highest rate of all East Sussex wards.
- Hastings has a Chlamydia incidence rate of 2,295 per 100,000 population aged 15-24 years.
- Hastings has an acute sexually transmitted infections (Chlamydia, gonorrhoea, syphilis, herpes or warts) incidence rate of 785 per 100,000 population.

BURDEN OF ILL-HEALTH

- Life expectancy at birth is 79.5 years. This is significantly (95% CI) lower than for East Sussex (82.6). Gensing (75.1) and Baird (75.1) have the lowest life expectancies of all East Sussex wards.
- Life expectancy at age 65 is an additional 19.7 years. Gensing (15.8) has the lowest life expectancy at age 65 of all East Sussex wards.
- Hastings has significantly (99.8% CI) (17%) higher mortality (age standardised) than expected compared to East Sussex. Maze Hill (180) has the highest mortality ratio of all East Sussex wards with 80% more mortality than expected compared to East Sussex.
- Central St Leonards (174), Gensing (193), Hollington (199) and Baird (219) are amongst the wards in East Sussex with the highest ratios of mortality (age standardised) from circulatory diseases (for persons aged 0-74 years).
- Gensing (264) has the highest mortality ratio for stroke of all East Sussex wards with 164% higher mortality (age standardised) than expected compared to East Sussex and Maze Hill (232) has the second highest ratio.
- Most of the East Sussex wards with the highest ratios of mortality (age standardised) from cancer (for persons aged 0-74 years) are in Hastings.
- Hollington (270) has the highest mortality ratio for COPD of all East Sussex wards with 170% higher mortality (age standardised) than expected compared to East Sussex. Gensing (191), Wishing Tree (199), Ore (200), Maze Hill (249) and Silverhill (197) are also amongst the wards in East Sussex with the highest COPD mortality ratios.
- Central St Leonards (163), Gensing (212), Castle (155), Hollington (161), Baird (232) and Ore (149) are amongst the wards in East Sussex with the highest mortality ratios for causes considered amenable to healthcare.

BURDEN OF ILL-HEALTH – PRIMARY CARE

GP reported prevalences are crude rates (not adjusted to reflect the age profile of the practice) derived from Quality and Outcomes Framework (QOF) disease registers. Expected prevalences are derived from modelling of relevant research/survey data and take into account the age and sex profile of the population. Some practices report significantly higher or lower percentages of their expected prevalence than East Sussex.

- Hastings has 1,400 patients on cancer registers and a reported cancer prevalence of 16 per 1,000 population, which is significantly (99.8% CI) lower than for East Sussex (21 per 1,000).
- The GP reported prevalence of COPD is 21 per 1,000 population. This is a significantly higher prevalence than in East Sussex (18 per 1,000). Hastings reports 62% of the expected COPD prevalence.

- There are 3,200 patients on CHD registers, and this is 53% of the expected number of CHD patients for Hastings.
- There are 600 patients on dementia registers in Hastings and this is 46% of the expected number of dementia patients for Hastings.
- 4,000 patients in Hastings are registered as having diabetes. This is 80% of the expected number of patients with diabetes for Hastings.
- There are 13,400 patients in Hastings with recorded hypertension. This is 53% of the expected number of patients with hypertension.
- Hastings has a reported stroke prevalence of 19 per 1,000 population (around 1,800 persons).

BURDEN OF ILL-HEALTH – HOSPITAL CARE

- Hastings has the highest rate of A&E attendances of all the districts/boroughs in East Sussex for those aged 0-4 years, 5-19 years and 65 years and over. It has significantly (99.8% CI) (24%) higher A&E attendances (age standardised) than expected compared to East Sussex.
- Castle (126), Hollington (124), Baird (121), West St Leonards (117) and Ashdown (117) are amongst the wards in East Sussex with the highest first outpatient attendance ratios (age standardised).
- Hastings patients did not attend 1 in 10 (10%) outpatient appointments. In Central St Leonards they did not attend 14% of outpatient appointments and in Castle they did not attend 13%.
- Hastings has 252 emergency hospital admissions for persons aged 65 years and over per 1,000 population. This is the highest rate for an East Sussex district/borough.
- Hollington has the highest rate of all wards in East Sussex for emergency hospital admissions for persons aged 85 years and over (816 per 1,000). This is significantly higher than the East Sussex rate (486 per 1,000).
- Tressell has the highest rate of all wards in East Sussex for emergency hospital admissions due to unintentional and deliberate injuries for those aged under 18 years (414 per 10,000 population). This is significantly (99.8% CI) higher than the rate for East Sussex (140 per 10,000).
- Hastings has significantly (99.8% CI) (26%) higher emergency hospital admissions (age standardised) than expected compared to East Sussex. Most of the wards with the highest emergency hospital admission ratios in East Sussex are in Hastings.
- Hastings has significantly (99.8% CI) higher emergency hospital admissions for CHD (age standardised) than expected compared to East Sussex. Hollington (175), Tressell (163), Wishing Tree (142), Ore (186), West St Leonards (157) and Ashdown (204) are amongst the wards in East Sussex with the highest emergency hospital admission ratios for CHD.

- Hollington (222), Baird (163), Silverhill (174), Ashdown (192) and Conquest (185) are amongst the wards in East Sussex with the highest emergency hospital admission ratios for stroke.
- Ore has significantly (99.8% CI) (106%) higher emergency hospital admissions for pneumonia than expected compared to East Sussex, and the highest ratio of all East Sussex wards.
- Central St Leonards (282), Hollington (423), Baird (255), Wishing Tree (255), Braybrooke (245) and Silverhill (231) are amongst the wards in East Sussex with the highest emergency hospital admission ratios for COPD.
- Ore has significantly (99.8% CI) (218%) more emergency hospital admissions than expected compared to East Sussex for asthma and the highest ratio of all East Sussex wards.
- Gensing has significantly (99.8% CI) more emergency and elective hospital admissions than expected compared to East Sussex for mental and behavioural disorders and it has the highest ratio of all East Sussex wards.

SERVICES – SOCIAL CARE

- The rate of persons aged 18 years and over, and carers, who received direct payments and/or personal budgets from social services is 25 per 1,000 population. This is significantly higher than for East Sussex (21 per 1,000). Within the borough it ranges from 16 per 1,000 in Conquest to 33 per 1,000 in Wishing Tree.
- Hastings has a significantly (99.8% CI) higher rate of persons currently supported to live independently through social services than East Sussex. Gensing has the highest ward rate in East Sussex for those aged 18-64 years supported to live independently and Tressell has the highest ward rate in East Sussex for those aged 65 years and over supported to live independently. Hastings also has significantly higher rates for those with mental health needs currently supported to live independently, with the highest ward rate in all of East Sussex in Gensing.
- There are 10 carers (known to social care) per 1,000 population. Within the borough it ranges from 5 per 1,000 in Old Hastings to 16 per 1,000 in Ashdown.
- There are 31 referrals to adult social care per 1,000 population aged 18 years and over.
- Maze Hill has the highest ward rate in East Sussex for persons aged 18 years and over supported in permanent council-supported residential or nursing care (5,365 per 100,000 population). This is significantly (99.8% CI) higher than for East Sussex (848 per 100,000).

SERVICES – HEALTH

- In Tressell 88% of children are immunised for DTaP/IPV/Hib by age 1. This is a significantly (95% CI) lower percentage than in East Sussex (95%).
- 86% of children are immunised for MMR by age 5. This is a significantly (95% CI) higher percentage than in East Sussex (83%).
- Hastings has a significantly higher percentage of residents accessing East Sussex NHS general dental services than East Sussex.
- Central St Leonards (74%), Gensing (76%) and Castle (78%) have significantly lower uptake of cervical screening than East Sussex (80%).
- Hastings (66%) has significantly lower uptake of breast screening than East Sussex (70%).
- 70% of persons aged 65 years and over received seasonal flu vaccination and 71% have ever received a pneumococcal vaccination.

SERVICES – CHILDREN'S SERVICES

- About 1 in 4 (24%) children receive free school meals. Most of the wards in East Sussex with the highest percentage of children receiving free school meals are in Hastings. Central St Leonards (39%) has the highest percentage, and Hollington (38%) the second highest, of all East Sussex wards.
- Hastings has a higher rate of pupils with a statement of Special Educational Needs, and of pupils on School Action and School Action Plus, than all other boroughs/districts in East Sussex.
- Central St Leonards (218 per 1,000 pupils) and Gensing (128 per 1,000) are amongst the wards in East Sussex with the highest rate of pupils with English as an additional language. Both have significantly (99.8% CI) higher rates than East Sussex (41 per 1,000).
- 78% of pupils score at least 78 points overall in Early Years Foundation Stage. Within the borough the percentages range from 67% in Central St Leonards and Tressell to 94% in Silverhill and Conquest wards.
- 47% of pupils at Key Stage 4 achieved 5 or more GCSE passes at A*-C including Maths and English. The percentages range from 33% in Hollington to 64% in Braybrooke and Conquest wards.
- There are 220 referrals to children's social care per 1,000 population aged under 20 years. Central St Leonards has the highest rate of all East Sussex wards with 468 referrals per 1,000. This is significantly (99.8% CI) higher than the East Sussex rate (126 per 1,000).
- Hastings has a higher rate of children on a child protection plan and looked after children than the other districts/boroughs in East Sussex.
- The Child and Adolescent Mental Health Services (CAMHS) caseload rate is 20 per 1,000 population aged 0-18 years. This is significantly (95% CI) higher than the rate for East Sussex (16 per 1,000).

USER PERSPECTIVES ON SERVICES

- Hastings has a response rate of 40% to the GP satisfaction survey.
- 90% of respondents are satisfied with the care received at their surgery.
- 66% of respondents are satisfied with telephone access.
- 43% of respondents were able to book ahead to see a doctor in the previous 6 months. This is significantly (99.8% CI) lower than in East Sussex (48%).
- 79% of respondents are satisfied with opening hours.

Appendix 2: Acronyms and abbreviations

ACE-I	Angiotensin-converting-enzyme inhibitor
ACT	Anti-coagulant
AF	Atrial Fibrillation
APT	Anti-platelet therapy
ARB	Angiotensin Receptor Blocker
BME	Black and minority ethnic groups
BMI	Body Mass Index
BP	Blood pressure
CD4	Cluster of differentiation 4
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
CO (validated)	Carbon monoxide
COPD	Chronic obstructive pulmonary disease
CV	Cardiovascular
DMPA	depot medroxyprogesterone acetate
DNA	Did Not Attend
DSR	Directly standardised rate
DTaP/IPV	Diphtheria, tetanus, pertussis (whooping cough) and polio (also known as the pre-school booster)
DTaP/IPV/Hib	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (also known as the 5 in 1 vaccine)
ECG	Electrocardiogram
eGRF	Estimated glomerular filtration rate
FeV1	Forced expiratory volume in 1 second
GUM	Genitourinary medicine
HbA1c	Glycated haemoglobin
Hep B	Hepatitis B
HF	Heart Failure
HIV	Human immunodeficiency virus
IDACI	Income Deprivation Affecting Children Index
IDAOPi	Income Deprivation Affecting Older People Index

IMD	Index of Multiple Deprivation
IUD	Intrauterine device
IUS	Intrauterine system
LA	Local Authority
LARC	Long-acting reversible contraception
LD	Learning Disability
LVD	Left Ventricular Dysfunction
MenC	Meningococcal C conjugate
MH	Mental Health
MI	Myocardial Infarction
MMR	Measles, mumps and rubella
MRC	Medical Research Council
MSOA	Middle Super Output Area
NRT	Nicotine Replacement Therapy
NS-SEC	National Statistics Socio-economic Classification
PCV	Pneumococcal conjugate vaccine
QOF	Quality and outcomes framework
STEMI	ST Elevation. Myocardial Infarction
TWW	Two week wait

Appendix 3: Information Sources

Joint Strategic Needs Assessment Scorecards, January 2012

Data extracted from all the following profiles/sources July-August 2012:

APHO General Practice Profiles Produced by APHO

Breastfeeding Profile Produced by ChiMat

Cancer Profiles Produced by National Cancer Intelligence Network

Cardiovascular Disease Profiles Produced by SEPHO

Child Health Profile Produced by ChiMat

Community Mental Health Profiles Produced by NEPHO

Compendium of Population Health Indicators Produced by The Information Centre for Health and Social Care

Diabetes Footcare Activity Profiles Produced by YHPHO

End of Life Care Profiles Produced by SWPHO on behalf of the End of Life Care Intelligence Network

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Health Protection Profiles Produced by the Health Protection Agency

Healthy Schools Profile Produced by ChiMat

Infant Mortality Profiles Produced by ChiMat

Injury Profiles Produced by SWPHO

Learning Disability Profiles Produced by Learning Disabilities Observatory

Local Alcohol Profiles for England Produced by NWPHO

Local Tobacco Control Profiles Produced by the London Health Observatory on behalf of the Public Health Observatories in England.

Marmot Indicators Produced by the London Health Observatory

Older People Profiles Produced by WMPHO

Prevention Profile 2010 Produced by SEPHO

Sexual Health Balanced Scorecard Produced by SWPHO

Violence Indicator Profiles for the English Regions Produced by the Centre for Public Health Liverpool St John Moore's University