East Sussex
County Council

WELLBEING & RESILIENCE IN EAST SUSSEX

Annual Report of the Director of Public Health
2016/17

Foreword

Demands on the system mean that improvements need to be made in population health and wellbeing and to the quality of care and the capacity of health and social care provision, in parallel with a reduction in costs. In considering how best to develop an effective system that delivers improved health outcomes, quality care and value for money, and one that is able to meet future demand, the role that the general public and patients play has become ever more important. It is essential that the general public and patients become more engaged with adopting positive health behaviours as the influence of their behaviour on health outcomes can be seen in everything from preventing illness in the first place through to the management of long-term health conditions.

The 2016/17 Annual Public Health Report of the Director of Public Health focuses on wellbeing and resilience. This is the third report in what can be seen as a series of Director of Public Health Annual Reports with a focus on resilience. Why such a focus on resilience? Resilience is vital for us as individuals and for our communities. We need to enable and support individuals and communities to become stronger and more independent.

We can get caught up in complex academic definitions of 'resilience' but it is the result of individuals and communities being able to interact with their environment and services that either promote wellbeing or protect them against adversity or risk. A community can come together and build community resilience through forming local clubs, support groups and social networks. Individuals can strengthen their personal resilience through a range of things, for example from taking up the offer of vaccination to protect themselves against a disease or being physically active to help stay healthy, to accessing a befriending scheme to help them solve their feelings of loneliness and isolation. For example, by building on the resources and strengths in individuals and in our communities, we can deliver better outcomes whist encouraging people to take greater ownership of their own health and wellbeing, be more resilient, increasingly independent, self-sufficient and resourceful, thus better able to help themselves.

This report is available in hard copy and also at www.eastsussexjsna.org.uk together with the associated Wellbeing and Resilience Measure (WARM) maps at electoral ward and GP practice level and a technical addendum to the Community Survey referred to in the report.

Cynthia Lyons,
Acting Director of Public Health

Acknowledgements My thanks to everyone who contributed to this report, both those who provided content and those who helped directly in the production.

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Introduction

1. Introduction

East Sussex Better Together

East Sussex Better Together (ESBT) is our ambitious 150-week programme to transform health and social care services. The programme started in August 2014 and is led by East Sussex County Council, Eastbourne, Hailsham and Seaford Clinical Commissioning Group, Hastings and Rother Clinical Commissioning Group, East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust. It's about making sure we use our combined annual budgets to achieve the best possible services for local people.

Our shared vision is that by 2018 there will be a fully integrated health and social care economy that makes sure people receive proactive, joined up care, supporting them to live as independently as possible.

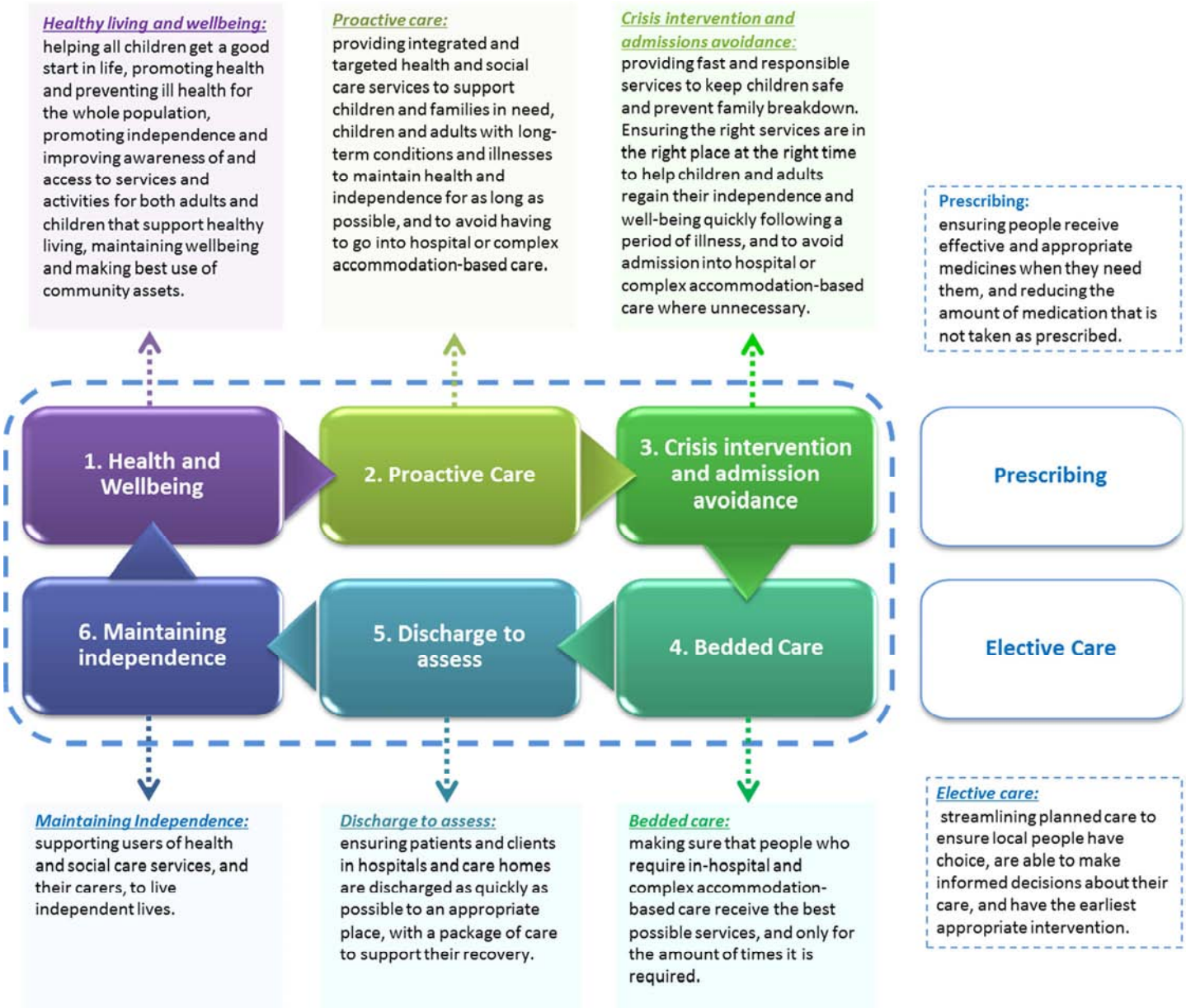
To achieve this we have developed a framework known as the '6+2 box model of care' (Figure 1). The six boxes describe all the services and support needed. Two further boxes – prescribing and elective care – are additional areas where we want to improve the quality and affordability of services.

The 6+2 box pathway allows us to look at investment across the whole health and social care economy and maximise the effectiveness of the resource we have available at a local level. At present we have a lot invested in bedded care: acute beds; and residential care. We are moving investment out of these settings to ensure that, where appropriate, people are able to receive the services they need in the community. There are a number of key steps that we need to take to move towards an accountable care model and a more integrated economy and decision making process with the resources we have available to us.

Furthermore, the current system of health and social care provision is predominantly based on a reactive model of care, with patients and clients receiving intervention from professionals working in relative isolation on a condition or presenting need basis. We are therefore working towards a holistic, more proactive model of care, utilising an inter-disciplinary approach, shared assessments and a self-care and self-management approach where appropriate.

The role of non-traditional sources of community services and support, groups and organisations is seen as complementary to care and support provided by formal public sector services. Work with communities is an important way of facilitating wellbeing and prevention for patients and clients with health and social care needs and their carers, as well as increasing personalisation and inclusion, and lessening social isolation.

Figure 1: 6+2 Model of Care



Building community resilience and supporting and strengthening personal resilience are key programmes in the overall ESBT programme. By recognising the strengths or assets that everyone has we can design a system which enables people to make the best of their own strengths, support others in their community to achieve their maximum potential, and working with communities to ensure we have the right combination of formal and informal support. This includes new ways of working that ensure front line staff work proactively with the strengths and assets of local people such as family, friends and local informal and formal support networks. Harnessing our joint efforts to achieve the shared goal of creating more resilient people and communities is essential in a climate of reducing resources and rising demand.

Through the ESBT building community resilience work stream, we are working towards achieving the following by 2018:

* **A coherent and co-ordinated system** which maintains and improves health and wellbeing and links people with a care and support need or increased risk of health inequalities to community interventions and support;
* A programme of **evidence based community led interventions**.

Building upon the progress that has already been achieved through the ESBT programme, Connecting 4 You (C4Y) is a new transformation programme that is being created in partnership by High Weald Lewes Havens Clinical Commissioning Group and East Sussex County Council. This programme is being developed in order to address the specific population needs, geographical challenges, arrangement of services and patient flows of the High Weald Lewes Havens area. At present, C4Y is at an early stage of development.

Five Year Forward View

The NHS Five Year Forward View (5YFV), published in October 2014, sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health. It argues that **sustainability is dependent on a radical upgrade in prevention and public health** and that new partnerships with local communities are required as **we have not fully harnessed the renewable energy represented by patients and communities**.

It asserts the need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services and the need to commit to further actions to build on the energy and compassion that exists in communities across England. These further actions include better support for carers; creating new options for health-related volunteering; and designing easier ways for voluntary organisations to work alongside the NHS.

However, it also acknowledges that none of these initiatives and commitments by themselves will be the difference between success and failure over the next five years. But collectively and cumulatively they and others like them will help shift power to patients and citizens, strengthen communities, improve health and wellbeing, and as a by-product, help moderate rising demands on the NHS. It maintains that rather than these being seen as the 'nice to haves' and the 'discretionary extras', these sorts of partnerships and initiatives are in fact precisely the sort of 'slow burn, high impact' actions that are now essential.

Background to this Report

The Director of Public Health Annual Report 2014/15, ***Growing Community Resilience in East Sussex,*** focused on community members coming together to identify and use community resources and strengths, e.g. voluntary groups, local businesses, parks, buildings etc. to help influence change in their community, e.g. to remedy the impact of a problem, gain more control over their wellbeing and manage their health and care support needs. It also included a relatively new way to measure the wellbeing and resilience of communities. It described a tool – Wellbeing and Resilience Measure (WARM) – that was designed to support local agencies and communities

to better understand, plan and act. WARM provides a way of understanding and identifying an area's strengths, such as levels of social capital, confidence amongst residents, the quality of local services or proximity to employment; as well as vulnerabilities such as isolation, high crime, low savings and unemployment. In this report WARM was calculated for East Sussex at ward, district and borough level and also modelled at clinical commissioning group and GP practice level.

The Director of Public Health Annual Report 2015/16, ***Strengthening Personal Resilience in East Sussex*** built upon *Growing Community Resilience in East Sussex,* by focussing on the need to develop and strengthen personal resilience to underpin and support growing community resilience. It outlined some of the ways in which we are supporting building personal resilience through preventative services and self-care and self-management approaches. Preventative services include activities and services for the general population to support independence, good health and promote wellbeing and more targeted activities and services for those with a known problem or condition to halt or slow down deterioration or to minimize disability. Self-care enables people to better manage their individual care and health needs and access information and self-management enable peoples with multiple illnesses and long term conditions to be proactively involved in their care through a partnership with patients/clients, carers, GPs and other health and social care professionals.

This Report

This report, ***Wellbeing and Resilience in East Sussex***, builds on both of the previous annual reports, and highlights the importance of the association between wellbeing and resilience as they are inextricably linked. Resilient behaviours impact on wellbeing, and positive feelings of wellbeing can lead to higher levels of resilience. The community matters too, as most people's individual wellbeing is influenced by the wellbeing of the community in which they live.

It is important that we are able to monitor progress and measure success at a population level as part of our community resilience and supporting and strengthening personal resilience programmes in the overall ESBT programme and this report is about that too.

This report is organised into two distinct sections:

* The first section presents the rich information on personal and community resilience generated by a Community Survey for East Sussex. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a measure of mental wellbeing. The questions to generate WEMWBS scores were included in the survey so it can be used as a proxy measure of personal resilience, as wellbeing and resilience are constituents of positive mental health, and to develop a baseline to measure against over the next few years.

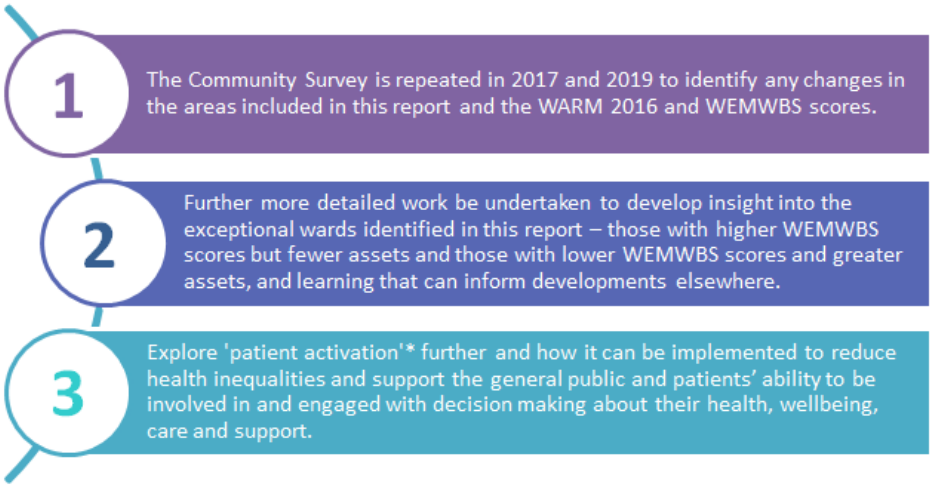
* The second section uses the results from the Community Survey and the latest information from other sources to update and recalculate WARM (hereon referenced as WARM 2016). When the original WARM (hereon referenced as WARM 2014) was calculated for East Sussex for the 2014/15 Annual Public Health Report, the most up-to-date information was used but it did rely on including the findings of the 2008 Place Survey as there was no more recent information covering this important topic area that could be included. (The original Place Survey was a national statutory general population survey that was carried out by most local authorities across the country in 2008.) As alternative data sources have been developed,

WARM 2016 will be used to measure wellbeing and community resilience and to develop a baseline to measure against over the next few years.

Because of the complexity in measuring outcomes and outputs in personal and community resilience initiatives and programmes a range of evaluation approaches are required to capture the effectiveness at different points in time. Each initiative and programme will utilise an evaluation method appropriate for the activity being undertaken. However, in addition, at a population level, overall programme evaluation will be undertaken through measurement of, and changes in, the WARM 2016 indicators and the WEMWBS scores. WARM 2016 and WEMWBS scores will be used as a baseline to measure against in 2017 and 2019. This systematic regular collection, analysis, interpretation and dissemination of data will detect changes to inform decision-making and action-taking. It will help individuals and communities to make informed choices with respect to their health, by providing information on the health status of their local area as well as guidance on how to make positive changes. It will also inform decision-making and action-taking by professionals, staff working in partner organisations, and policy makers.

Recommendations

To inform our delivery programmes and partnership working to support and strengthen personal and community resilience in East Sussex there are three recommendations in this report:



* 'Patient activation' is a concept that describes the knowledge, skills and confidence a person has in managing their own health and health care.

A Community Survey for East Sussex

2. A Community Survey for East Sussex

Between November 2015 and February 2016, a community survey questionnaire sent out, by Ipsos MORI on behalf of Public Health, to 42,316 addresses across the County, achieved a very positive response rate of 36%. Further information on the survey is included in a separate Technical Addendum found alongside this report at www.eastsussexjsna.org.uk

This chapter summarises some of the key findings from the survey. Where applicable, the results from this Community Survey are compared with the findings from the 2008 Place Survey to show how things have changed. Unless otherwise stated, any comparisons made in this report between the East Sussex results and any comparative data, *or* between sub-groups in East Sussex, are all based on *statistically significant* differences.

Living in East Sussex

Satisfaction with Local Area

Most residents (86%) are satisfied with their local area as a place to live, compared with only a very few (6%) who are dissatisfied with it. Satisfaction levels are broadly in line with 2008 Place Survey Findings.

By district, Rother and Wealden residents are most likely to be satisfied with their local area (both 88% satisfied). In contrast, levels of satisfaction are below average in Hastings (at 79%), and residents of this district are more likely to be dissatisfied (9% compared with 6% overall). There is a correlation between satisfaction with local area and deprivation so it is not surprising that Hasting's residents are somewhat more negative given Hasting's relatively higher levels of deprivation.

The following table (Table 1) shows how district results compare to the 2008 survey. Hastings has had a statistically significant positive shift over this time period (highlighted green) – significantly more people in Hastings are very/fairly satisfied with their local area in 2015 compared to 2008.

Table 1: Satisfaction with the local area as a place to live by district

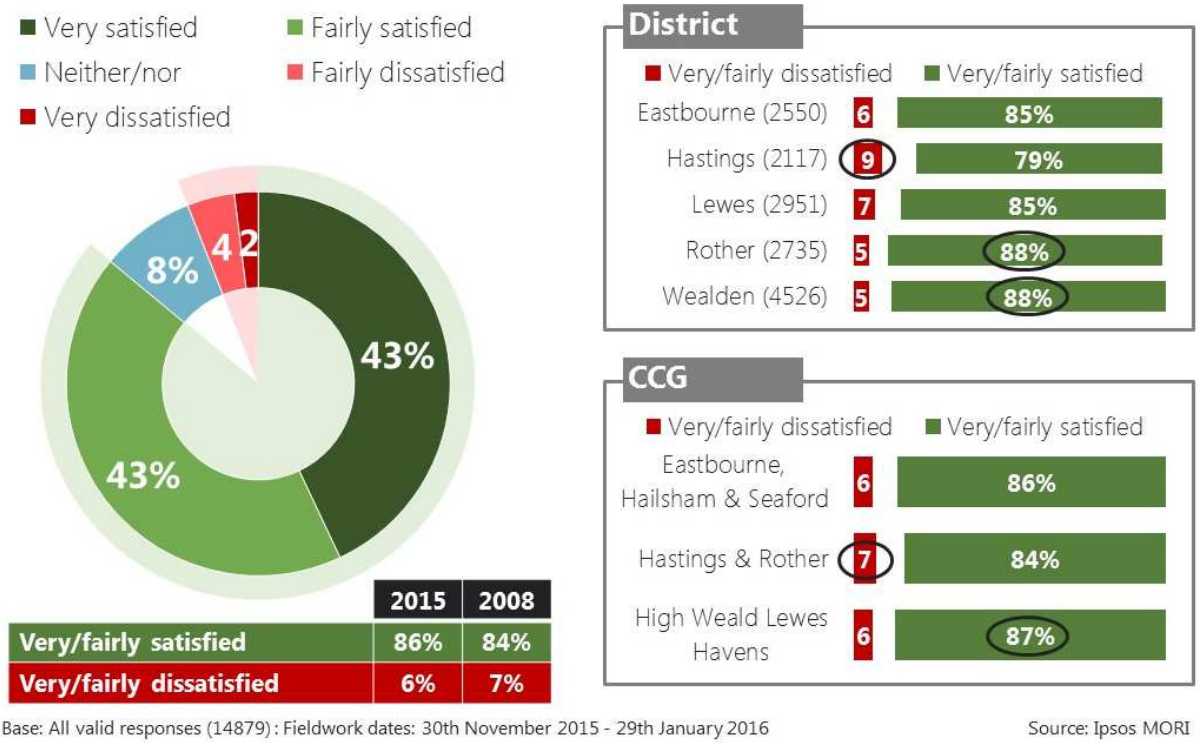
Satisfied with local area as a place to live (% very/fairly strongly)				
2008	85%	Eastbourne	85%	2015
	75%	Hastings	79% ↑	
	84%	Lewes	85% ↑	
	86%	Rother	88% ↑	
	87%	Wealden	88% ↑	

At clinical commissioning group level, those in High Weald Lewes Havens are more likely than average to be satisfied (87% vs. 86% overall), while those in Hastings and Rother are more likely than average to be *dissatisfied* (7% vs. 6% overall).

Please note, on the following chart (and all subsequent charts), a circled result indicates a finding that is statistically significant compared to the overall average.

Figure 2: Satisfaction with the local area as a place to live

Q2. How satisfied or dissatisfied are you with your local area as a place to live?



Base: All valid responses (14879) : Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

Please note, on the above chart a circled result indicates a finding that is statistically significant compared to the overall average.

Satisfaction with local area increases with age (88% of those aged 65+ compared with 82% of those aged 18-34). Satisfaction is also higher among residents from a less deprived socio-economic background such as owner occupiers (88% compared with 78% of social tenants) and those qualified to NVQ Levels 4 or 5 (89% compared with 84% of those with no qualifications). These differences by tenure and qualifications may explain much of the variance in results across districts, because Wealden has the highest proportion of sample respondents who are owner occupiers or well-qualified and it is where area satisfaction is greatest. Conversely, Hastings has the highest proportion of respondents in social housing and without qualifications, and is also where area satisfaction is lowest. Dissatisfaction with the area is also higher among lone parents (12% compared with six per cent overall) and this also reflects demographic trends by district because Hastings has the highest proportion of lone parents in the sample (24% vs. 16% overall).

Across other groups of residents, those with health problems are more likely to be dissatisfied with their local area. This is the case among disabled residents (9% compared 5% of those who are not disabled) and especially those who say their health is bad (13% compared with 5% of those with good self-assessed health). Workless residents[1] are similarly more dissatisfied than average with the area (12% compared with 6% overall).

Dissatisfaction with local area is also greater among long-term residents who have lived locally more than 10 years (7% compared with 4% of those who moved in within the last two years). Figure 3 maps very/fairly satisfied with the local area and Table 2 shows the wards more likely than average to be very/fairly satisfied or very/fairly dissatisfied with their local area.

Table 2: Satisfaction with the local area as a place to live by ward

Wards with higher than average proportion of residents who are very/fairly satisfied with their local area (vs. 86% overall)		
Newick (98%) (L)		St Marks (94%) (R)
Brede Valley (96%) (R)		Uckfield Central (94%) (W)
Ditchling and Westmeston (96%) (L)		Crowborough West (93%) (W)
Mayfield (96%) (W)		Heathfield North and Central (93%) (W)
Alfriston (94%) (W)		Seaford East (93%) (L)
Kingston (94%) (L)		Ticehurst and Etchingham (93%) (R)
Old Town (Eastbourne) (94%) (E)		Crowborough North (92%) (W)
Old Town (Rother) (94%) (R)		Danehill/Fletching/Nutley (92%) (W)
Sackville (94%) (R)		Meads (92%) (E)
Seaford Central (94%) (L)		Ratton (92%) (E)
Seaford North (94%) (L)		Sovereign (92%) (E)

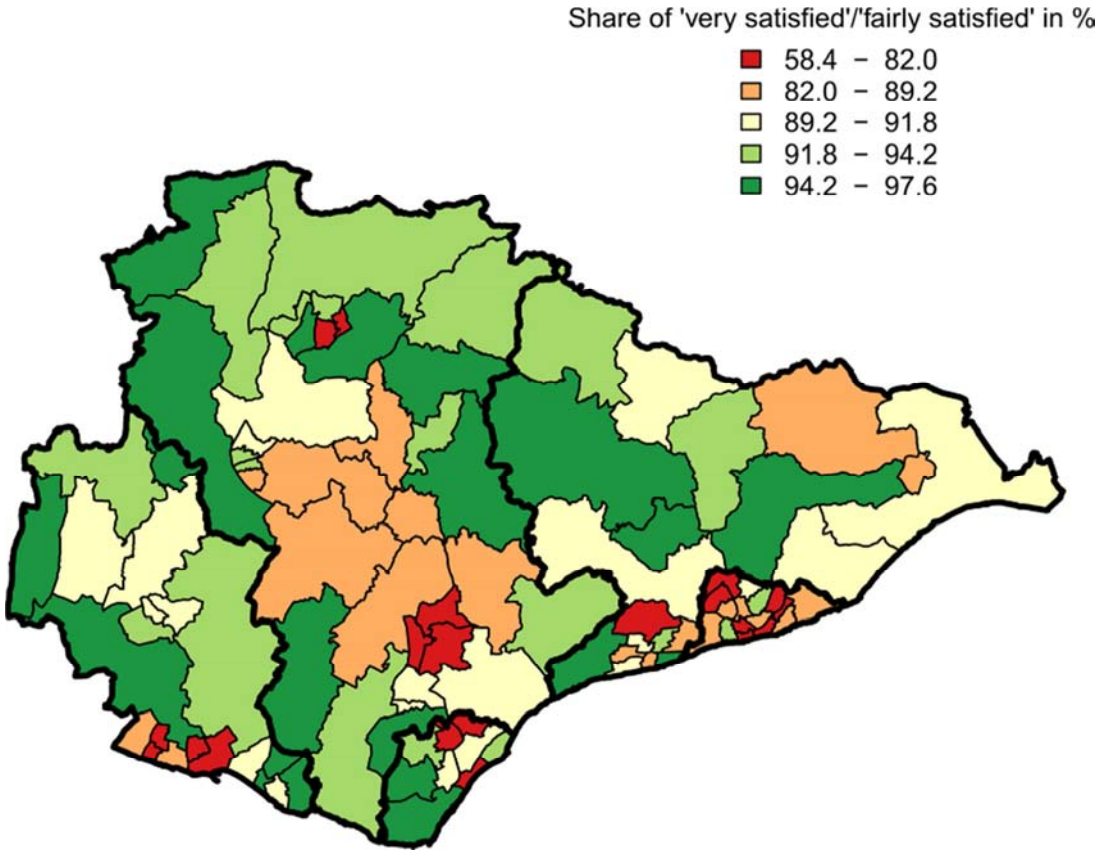
KEY: (E) Eastbourne (H) Hastings (L) Lewes (R) Rother (W) Wealden

[1] 'Workless residents' are defined as those who are permanently sick or disabled, and those who are unemployed and available for work.

Wards with a higher than average proportion of residents who are very/fairly dissatisfied with their local area (vs. 6% overall)		
Tressell (24%) (H)		Peacehaven East (14%) (L)
Newhaven Denton and Meeching (23%) (L)		Baird (12%) (H)
Newhaven Valley (23%) (L)		Hampden Park (12%) (E)
Central St Leonards (21%) (H)		Langney (12%) (E)
Sidley (15%) (R)		

KEY: (E) Eastbourne (H) Hastings (L) Lewes (R) Rother (W) Wealden

Figure 3: Very/fairly satisfied with the local area (%)



Belonging

To gain insight into residents' feelings of attachment to their local area, participants were asked a series of questions including how long they have lived in the area, and how strongly they feel they belong to their immediate neighbourhood. Firstly residents were asked how long they have lived in the local area, which was defined as 15-20 minutes walking distance from their home. Figure 4 shows that almost six in ten residents (58%) have lived in the area for over ten years, while three in ten (29%) have lived there between two and ten years. The remaining 13% have lived in the local area for less than two years. This is mapped in Figure 5.

Figure 4: Length of time living in the area

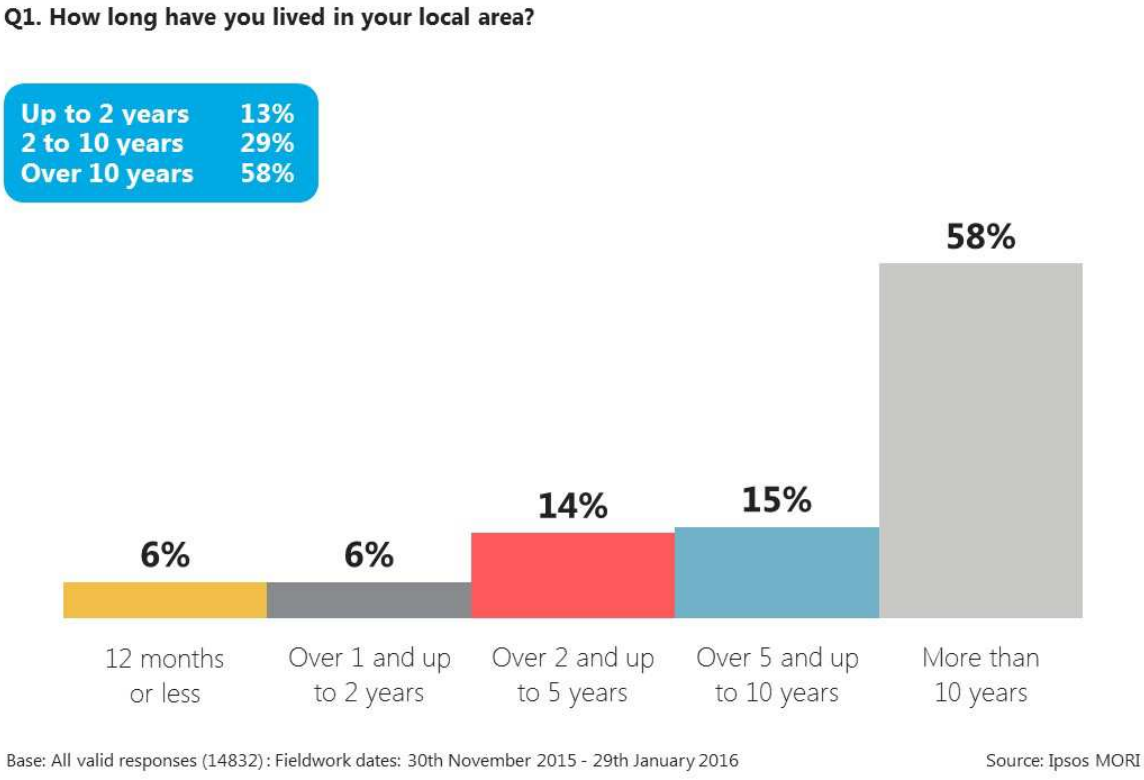
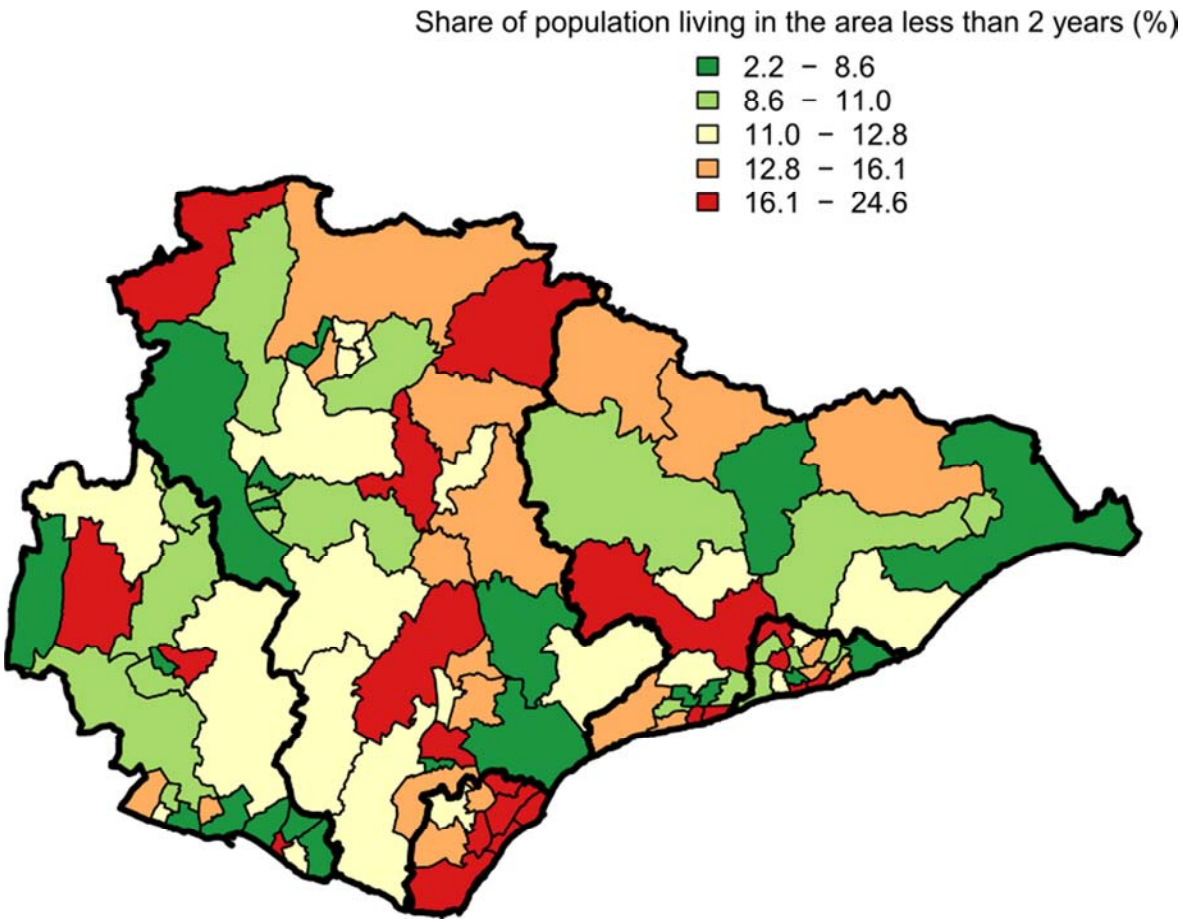


Figure 5: Living in the area less than 2 years (%)



In terms of differences by district, Eastbourne appears to have a less established population than average – 17% have lived in their local area less than two years (vs. 13% overall). Residents in Wealden are more likely than average to have been living in the area for ten years or more (60% vs. 58% overall).

Residents who are relatively new to their local area (i.e. less than two years) are more prominent amongst certain demographic groups, including those 18-34 (30%), those in education or training (26%), private renters (27%) and BME residents (22% vs. 13% overall). Those who are more likely than average to have lived in the area for ten years or more include those aged 65+ (74%), owner occupiers (63%), white residents (59%) and those with a disability (64% vs. 58% overall).

The following table shows wards with the most and least established communities across the county.

Table 3: Length of time living in the area by ward

'Newer communities' – wards with a higher than average proportion living in the area for less than 2 years (vs. 13% overall)		
Meads (25%) (E)	NEWER COMMUNITIES	Wadhurst (22%) (W)
Devonshire (24%) (E)		Central (21%) (R)
Hellingly (24%) (W)		Wishing Tree (21%) (H)
Seaford Central (23%) (L)		Central St Leonards (19%) (H)
Forest Row (22%) (W)		
Lewes Bridge (22%) (L)		Sovereign (18%) (E)

'Established communities' – wards with a higher than average proportion living in the area for 10+ years (vs. 58% overall)		
Danehill/Fletching/Nutley (76%) (W)	ESTABLISHED COMMUNITIES	Heathfield East (72%) (W)
St Stephens (74%) (R)		Conquest (69%) (H)
Newhaven Denton and Meeching (73%) (L)		Kewhurst (68%) (R)
Peacehaven North (73%) (L)		Seaford West (67%) (L)
Uckfield North (73%) (W)		

KEY: (E) Eastbourne (H) Hastings (L) Lewes (R) Rother (W) Wealden

As well as the length of time living in the area, residents were also asked how strongly they belong to their immediate neighbourhood. Seven in ten (69%) feel a strong sense of belonging to the neighbourhood, 22% very strongly. Three in ten (31%) say they feel either not very, or not at all, strongly.

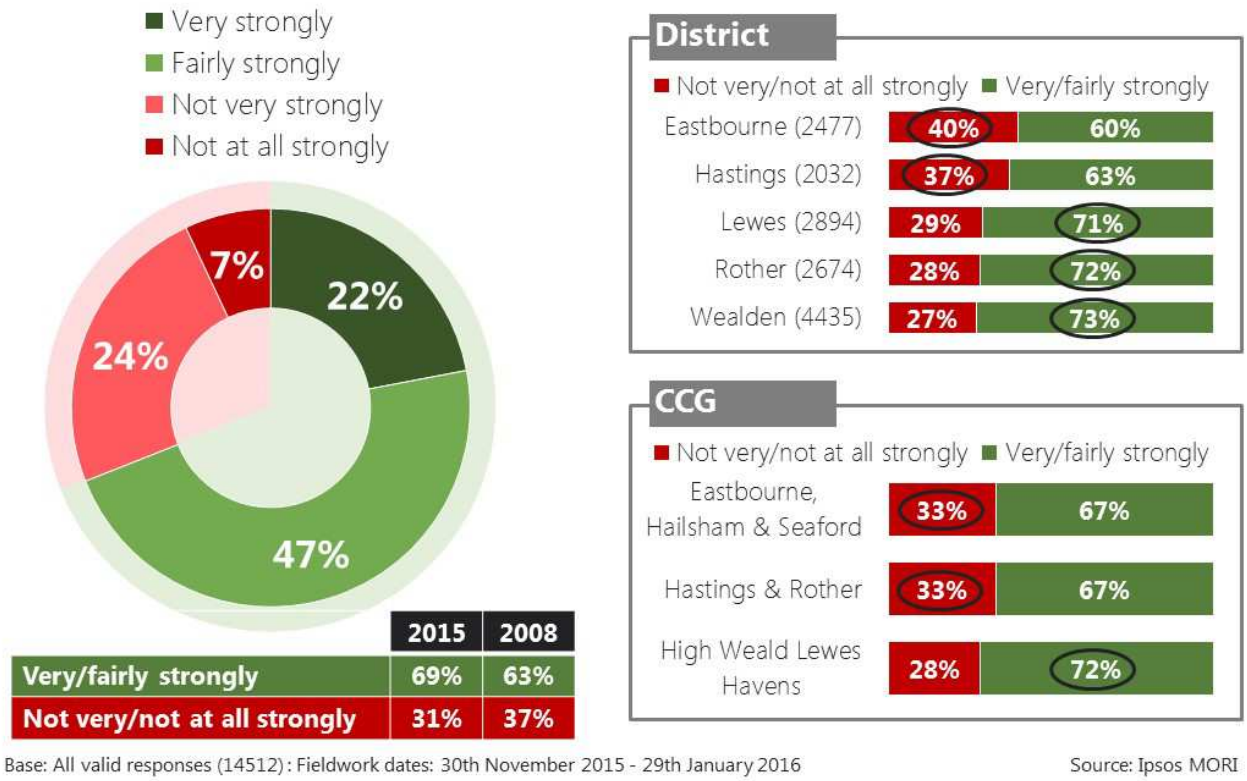
Encouragingly, the proportion feeling a strong sense of belonging is significantly higher than in 2008 (69% vs. 63%). Table 4 shows how district results compare to the 2008 survey (green shading indicates a statistically significant positive shift over this time period). All the districts have seen a significant increase in the percentage of people feeling a strong sense of belonging in 2015 compared to 2008.

Table 4: Strength of belonging to the neighbourhood by district

Strength of belonging (% very/fairly strongly)				
2008	56%	**Eastbourne**	60% ↑	2015
	57%	**Hastings**	63% ↑	
	66%	**Lewes**	71% ↑	
	66%	**Rother**	72% ↑	
	67%	**Wealden**	73% ↑	

Figure 6: Strength of belonging to the neighbourhood

Q3. How strongly do you feel you belong to your immediate neighbourhood?



	2015	2008
Very/fairly strongly	69%	63%
Not very/not at all strongly	31%	37%

Base: All valid responses (14512) : Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

Please note, on the above chart a circled result indicates a finding that is statistically significant compared to the overall average.

At district Level, those in Lewes (71%), Rother (72%) and Wealden (73%) are more likely than average to have a strong sense of belonging, while those in Eastbourne (60%) and Hastings (63%) are less likely (Figure 6).

At CCG level, those in High Weald Lewes Havens are more likely than the 2015 average to have a strong sense of belonging to their neighbourhood (72% vs. 69% overall), while those in Hastings and Rother, and Eastbourne, Hailsham and Seaford are more likely to feel not very or not at all strongly (both 33% vs. 31% overall).

Demographic groups **more likely to have a strong sense of belonging** include:

- **Women** (70% vs. 67% of men);
- Those **aged 65+** (76% vs. 55% of those aged 18-34);
- **Owner occupiers** (72% vs. 61% of social tenants and 57% of private renters);
- **White residents** (69% vs. 56% of BME residents);
- **Formal volunteers** (77%) and **informal volunteers** (74% vs. 69% overall); and
- Those who have **lived in the area for 10+ years** (74% vs. 62% of those who have lived there for up to 2 years).

Other groups who are *less* likely than average to feel a sense of belonging to the area include those in work (67%), those with a disability (65%), single person households (68%) and single parents (58%).

Attitudes to the area are also a significant factor here. Those who are satisfied with their local area are more likely to feel a strong sense of belonging (75%), as are those who feel they can influence decisions affecting the area (85%), and those who think anti-social behaviour has improved over the last three years (79% vs. 69% overall).

Table 5: Strength of belonging to the neighbourhood by ward

Wards with a higher than average sense of belonging (vs. 69% overall)		
Barcombe and Hamsey (89%) L		Wadhurst (81%) W
Ditchling and Westmeston (89%) L		Ticehurst and Etchingham (80%) R
Newick (86%) L		Lewes Priory (79%) L
Forest Row (82%) W		Old Town (Eastbourne) (79%) E
Horam (82%) W		Seaford West (79%) L
Kingston (82%) L		Danehill/Fletching/Nutley (77%) W
Seaford East (81%) L		

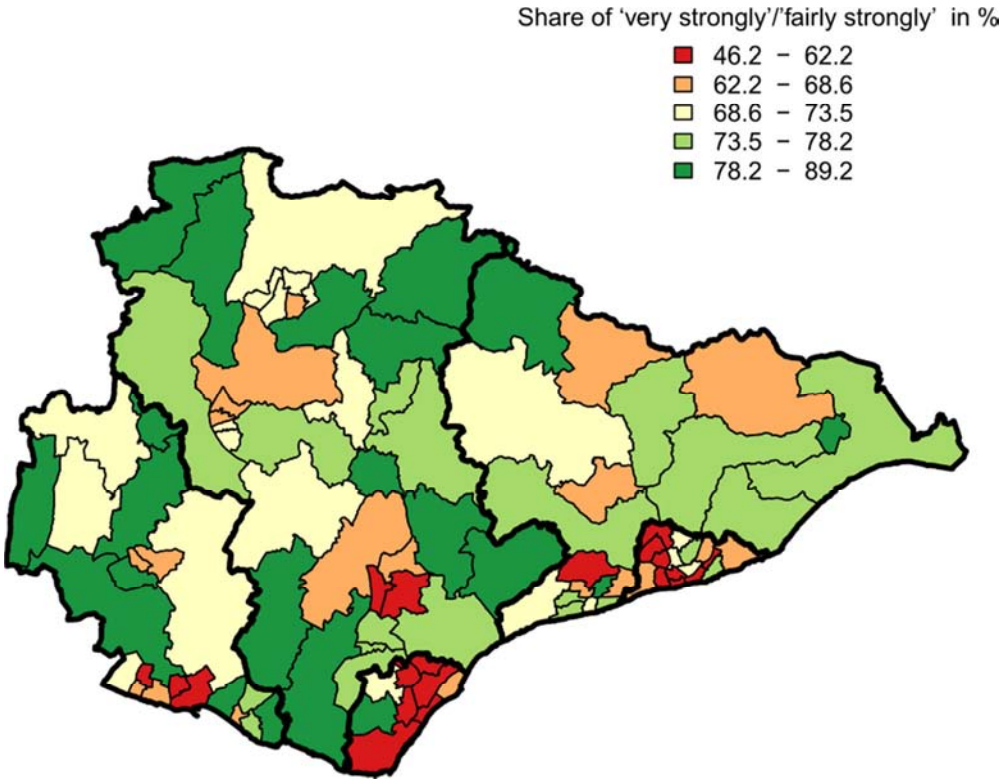
Wards with a lower than average sense of belonging (vs. 69% overall)		
St Anthony's (61%) E		Gensing (53%) H
Meads (59%) E		Central St Leonards (50%) H
Hampden Park (58%) E		Langney (50%) E
Newhaven Denton and Meeching (58%) L		Peacehaven North (49%) L
Hailsham South and West (56%) W		Upperton (49%) E
Newhaven Valley (56%) L		Devonshire (47%) E
Castle (55%) H		Tressell (46%) H
Hollington (54%) H		

KEY: E Eastbourne H Hastings L Lewes R Rother W Wealden

Figure 7 maps strong sense of belonging to neighbourhood and the following table shows the wards more or less likely than average to feel a strong sense of belonging to their immediate neighbourhood.

Reflecting the findings at district level, the wards with the strongest sense of belonging tend to be located in Lewes and Wealden in particular, while those wards with lower levels of belonging are found in Eastbourne and Hastings.

Figure 7: Strong sense of belonging to neighbourhood (%)



Social Connectedness

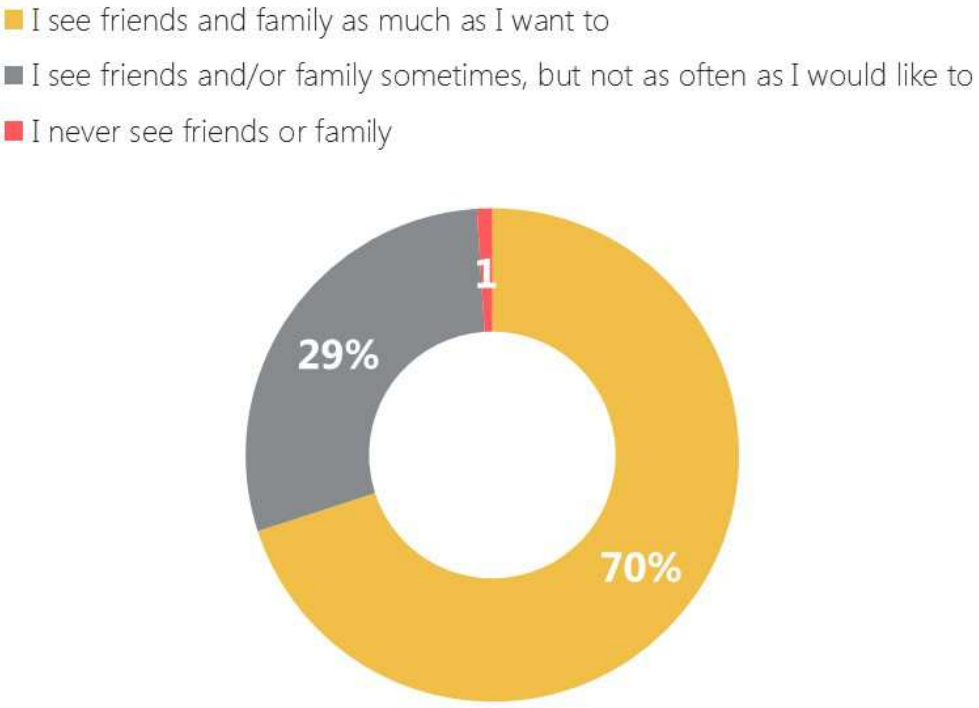
One of the objectives of the survey is to understand how residents feel about their social lives, particularly in the sense of understanding whether residents feel there are any barriers to their social lives.

Residents were asked about how much time they have to spend with friends and family. The majority of residents asked (70%) feel they see their friends and families as much as they want to, with three in ten (29%) stating that they do not see them as often as they would like to (Figure 8).

Young people (18-34) are more likely to say they do not see friends and family as often as they would like to (35% vs. 29% overall), as are the oldest age group, those over 75 (31%). Those who are workless (46%), with a disability (41%) or in bad health (48%) are also more likely to feel that they do not see friends and family as often as they would like to.

Figure 8: Time spent with family and friends

Q8. Which one of these statements best describes your social life? That is, the time you spend with your friends and family.

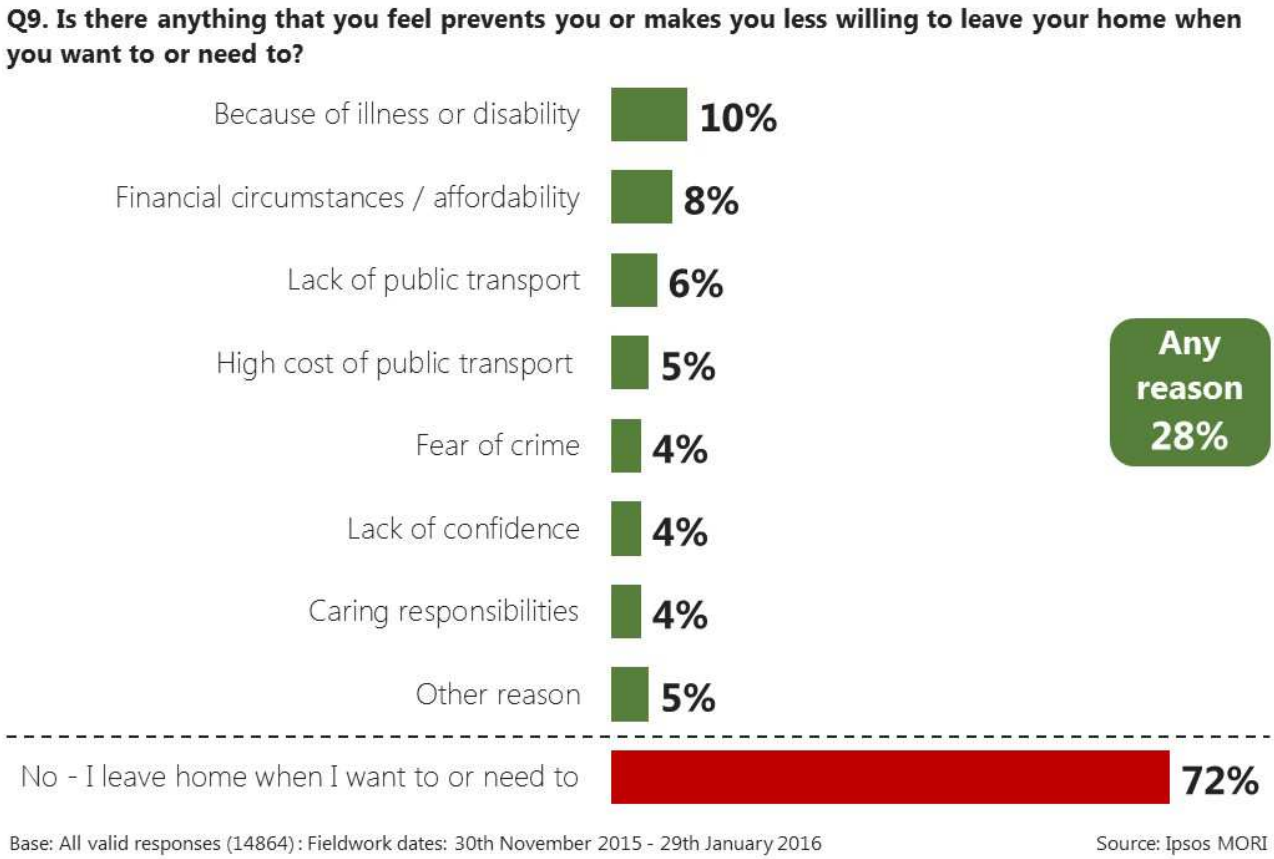


Base: All valid responses (14836) : Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

Participants were asked if there was anything that prevented them or made them feel less willing to leave their home when they wanted or needed to (Figure 9). The majority (72%) answered no, whilst 28% feel that there is an issue, with the most frequently cited reason being because of an illness or disability (10%).

Figure 9: Barriers to leaving the home



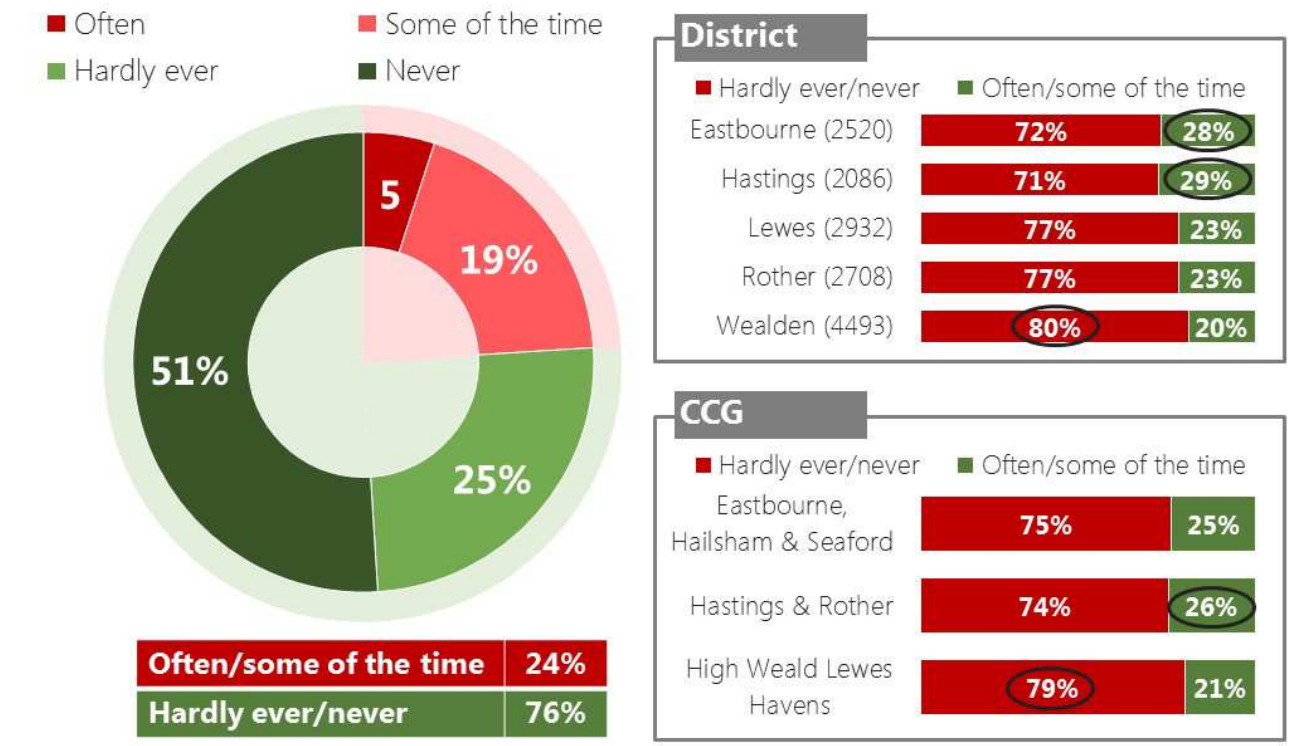
Eastbourne and Hastings residents are more likely to say that something prevents them or makes them less willing to leave the home (31% and 35% respectively). Fear of crime is a reason that is significantly higher in these Districts (Eastbourne 6%, Hastings 8%), as is lack of confidence (five per cent, six per cent), cost of public transport (six per cent, seven per cent), financial circumstances (10%, 12%) and illness or disability (both 13%).

Women (31%) and those aged between 18-24 (48%) are more likely to state that something prevents them or makes them less willing to leave the home, with fear of crime being particularly high amongst the 18-24 age group (18% vs. 4% overall). Workless residents (67%), homemakers/others (40%), British Minority Ethnic (BME) residents (38%) and Lesbian, Gay, Bisexual and Transgender (LGBT) groups (37%) are also more likely to say there is an issue preventing or making them less willing to leave the home.

In order to measure the extent to which residents feel socially isolated, residents were asked how often they feel lonely living in their local area. Figure 10 shows that three-quarters (76%) feel this way hardly ever or never, but almost a quarter of residents say they feel lonely often or some of the time (24%).

Figure 10: Feeling lonely

Q7. Do you ever feel lonely living in your local area?



Base: All valid responses (14739) : Fieldwork dates: 30th November 2015 - 29th January 2016 Source: Ipsos MORI

Please note, on the above chart a circled result indicates a finding that is statistically significant compared to the overall average.

At district level, those in Eastbourne (28%) and Hastings (29%) are more likely than average to feel lonely often or some of the time (vs. 24% overall), while those in Wealden (20%) are less likely.

Sub-groups **more likely than average to feel lonely** with this regularity include:

- **Women** (26% vs. 21% of men);
- **18-34 year olds** (29% vs. 22% of 35-64 year olds);
- **75+ year olds** (29% vs. 20% of 65-74 year olds)
- **Workless** residents (56% vs. 18% of those in work);
- **Homemakers**/others[2] (32% vs. 24% overall);
- **Social renters** (47%) and **private renters** (34% vs. 18% of owner occupiers);
- **BME** residents (36% vs. 23% of white residents);
- **LGBT** residents (39% vs. 22% of heterosexual residents);
- Those **with a disability** (43% vs. 18% of those without);
- Those in **poor health** (54% vs. 17% of those in good health); and
- **Single person households** (37%) and **single parents** (44% vs. 24% overall).

[2] 'Others' refer to those whose working status is 'Doing something else'.

Table 6 shows the wards with a higher and lower than average feelings of loneliness:

Table 6: Feeling lonely by ward

Wards with a lower than average proportion of residents feeling lonely often or some of the time (vs. 24%)		
Pevensey and Westham (17%) W		Frant/Withyham (12%) W
Danehill/Fletching/Nutley (13%) W		Hartfield (11%) W
East Dean (13%) W		Mayfield (11%) W

Wards with a higher than average proportion of residents feeling lonely often or some of the time (vs. 24%)		
Devonshire (40%) E		Hampden Park (37%) E
Central St Leonards (39%) H		Castle (36%) H
Hailsham East (38%) W		Kewhurst (35%) R
Hollington (38%) H		Central (34%) R
Sidley (38%) R		Braybrooke (32%) H

KEY: E Eastbourne H Hastings L Lewes R Rother W Wealden

Community Involvement and Volunteering

Involvement in Decision Making

As a measure of involvement in their communities, residents were also asked about the extent to which they feel they can influence local decision-making. Overall, two in five (38%) agree they can influence decisions affecting their local area. This figure is higher than the equivalent figure from 2008 (27%).

The following table shows how district results compare to the 2008 survey (green shading indicates a statistically significant positive shift over this time period). For all districts a

significantly higher proportion of residents said that they strongly agreed that they could influence local decision making in 2015 compared to 2008.

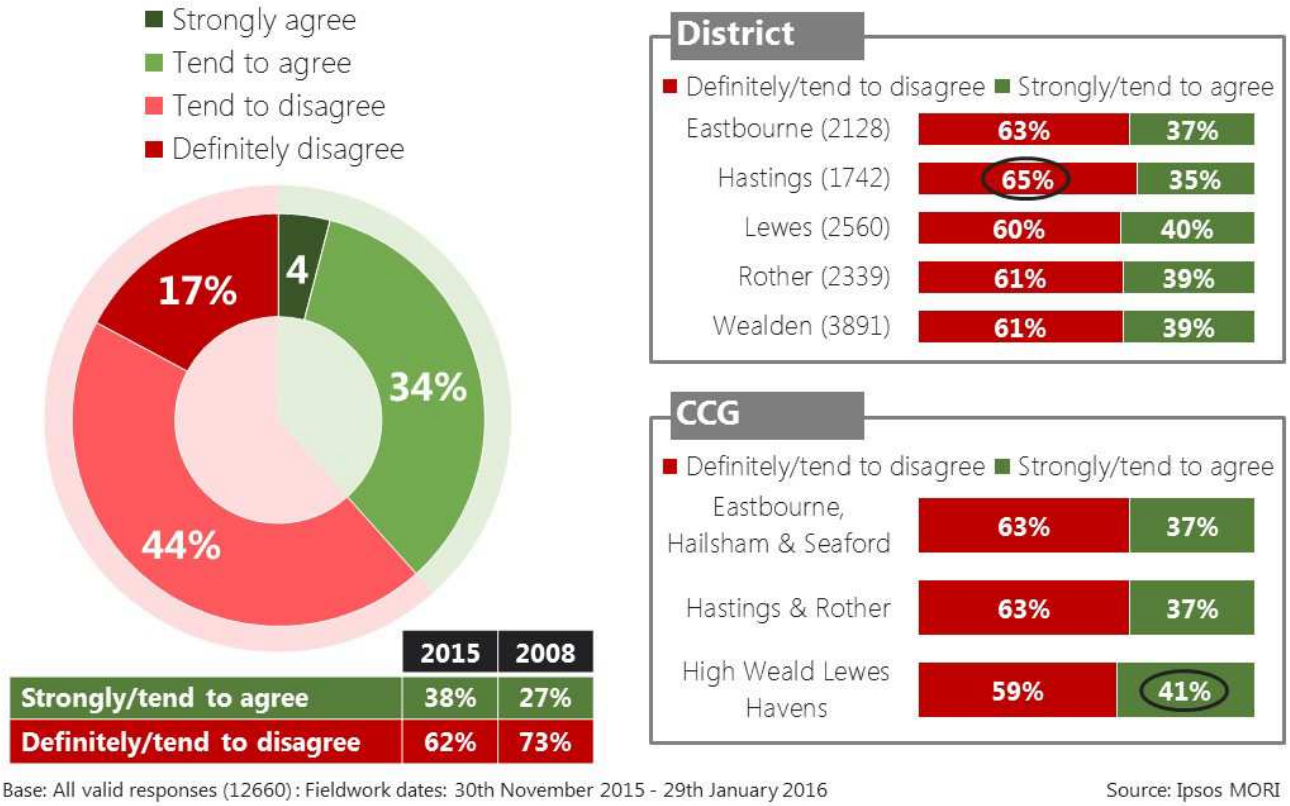
Table 7: Influencing local decision-making by district

Influencing local decision-making (% strongly/tend to agree)				
2008	28%	Eastbourne	37% ↑	2015
	25%	Hastings	35% ↑	
	28%	Lewes	40% ↑	
	28%	Rother	39% ↑	
	28%	Wealden	39% ↑	

Figure 11 shows that at district level, residents in Hastings are significantly less likely than average (35% vs. 38% overall) to agree they can influence decisions affecting their local area. At CCG level, those in High Weald Lewes Havens are more likely than the 2015 average to agree they can influence decisions (41% vs. 38% overall).

Figure 11: Influencing local decision-making

Q4. Do you agree or disagree that you can influence decisions affecting your local area?



Base: All valid responses (12660) : Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

Please note, on the above chart a circled result indicates a finding that is statistically significant compared to the overall average.

Groups who are **more likely to agree they can influence decisions** include:

- **Women** (41% vs. 35% of men);
- **Those aged 65+** (45% vs. 37% of those aged 35-64, and 30% of those aged 18-34);
- **Homemakers/others** (45% vs. 35% of those in work, and 33% of workless residents);
- **Social renters** (43% vs. 33% of private renters);
- **Those with higher levels of education** (41% of those with Levels 4/5 vs. 34% of those with Levels 1-3);
- **BME residents** (51% vs. 38% overall);
- **Carers** (40% vs. 38% overall); and
- **Formal and informal volunteers** (44% and 43%).

Those in poor health (31%) and those with a disability (36%) are *less* likely than average to agree they can influence decisions.

Table 8: Influencing local decision-making by ward

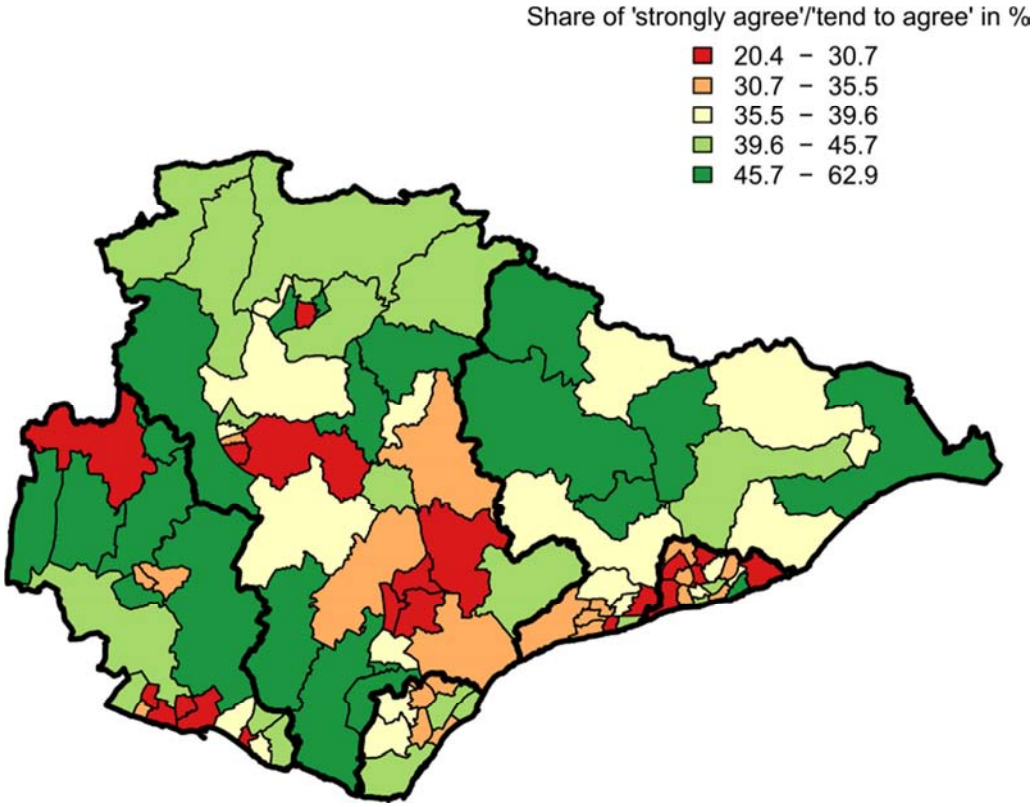
Wards more likely to agree they can influence decisions (vs. 38% overall)		
Alfriston (63%) W		Danehill/Fletching/Nutley (53%) W
Newick (63%) L		Ewhurst and Sedlescombe (53%) R
Barcombe and Hamsey (62%) L		Mayfield (53%) W
Ditchling and Westmeston (62%) L		Cross in Hand/Five Ashes (52%) W
Ouse Valley and Ringmer (58%) L		Lewes Priory (49%) L
Old Hastings (54%) H		

Wards less likely to agree they can influence decisions (vs. 38% overall)		
West St Leonards (27%) H		St Michaels (26%) R
Hailsham Central and North (26%) W		Newhaven Valley (23%) L
Hailsham South and West (26%) W		Crowborough East (22%) W
Newhaven Denton and Meeching (26%) L		Herstmonceux (20%) W

KEY: E Eastbourne H Hastings L Lewes R Rother W Wealden

Figure 12 maps where residents strongly agree/tend to agree that they can influence decisions affecting their local area and the following table shows the wards in which residents are more or less likely than average to agree that they can influence decisions affecting their local area.

Figure 12: Agree can influence decisions affecting the local area (%)



To put this question into context, residents were asked a follow-up question about whether they would *want* to be more involved in decision-making. Three in ten (30%) say they would like to be more involved, but the majority (59%) say it depends on the issue. One in nine (11%) say they would not like to be more involved.

The proportion who would like to be more involved is higher than the figure from the 2008 Place Survey (27%). Table 9 shows how district results compare to the 2008 survey (green shading indicates a statistically significant positive shift over this time period).

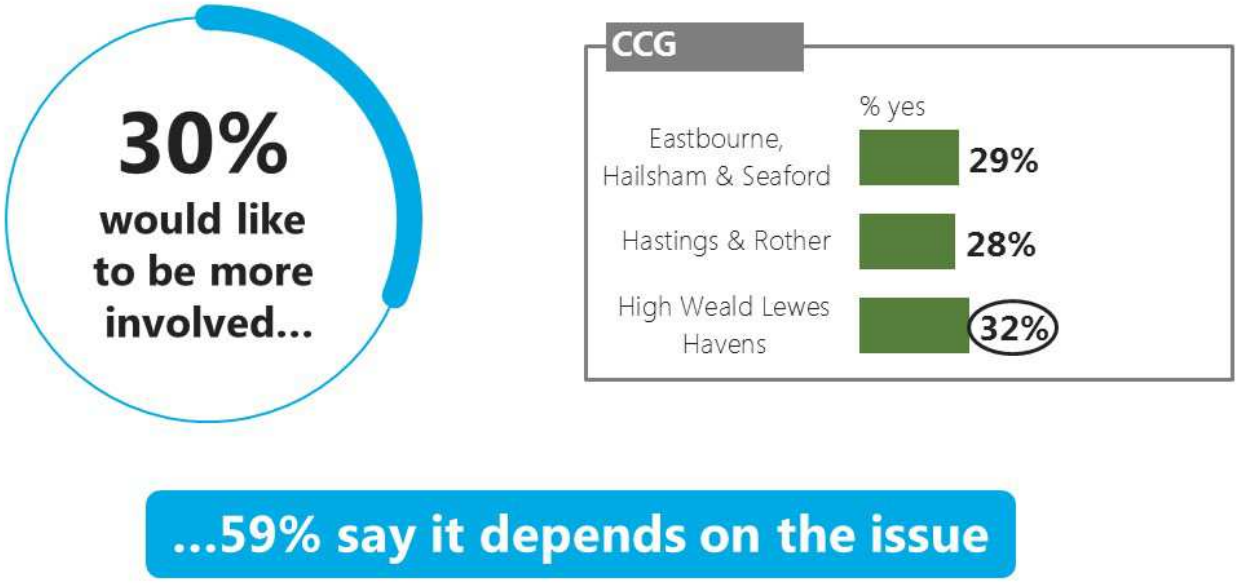
Table 9: Interest in local decision-making by district

Interested in local decision-making (% strongly/tend to agree)				
2008	27%	**Eastbourne**	29% ↑	2015
	29%	**Hastings**	29% ↑	
	27%	**Lewes**	33% ↑	
	27%	**Rother**	28% ↑	
	26%	**Wealden**	30% ↑	

At district level, residents in Lewes (33%) are more likely than average to say they would like to increase their involvement, while those in Rother (28%) are less likely. Figure 13 shows that at CCG level, those in High Weald Lewes Havens are more likely than average to want to be more involved in local decisions (32% vs. 30% overall).

Figure 13: Interest in local decision-making

Q5. Generally speaking, would you like to be more involved in the decisions affecting your local area?



Base: All valid responses (14551): Fieldwork dates: 30th November 2015 - 29th January 2016 Source: Ipsos MORI

Please note, on the above chart a circled result indicates a finding that is statistically significant compared to the overall average.

Other groups who are **more likely to want to be involved in local decision-making** include:

* **Men** (34% vs. 26% of women);
* **Those aged 35-64** (34% vs. 24% of those aged 65+);
* **Working residents** (34% vs. 26% of retired residents);
* **Owner occupiers** (32% vs. 19% of social tenants and 25% of private renters);
* **Those with higher levels of education** (37% of those with Level 3+ vs. 25% of those with Level 1/2 or below);
* **LGBT residents** (40% vs. 30% overall);
* **Carer**s (34%), along with formal and informal volunteers (37% and 35% respectively); and
* **Those who have lived in the area for less than two years** (34% vs. 29% of those who have lived there for 10+ years).

Wards with a higher than average proportion of residents who want to increase their involvement in decision-making include Hellingly (47%), Lewes Priory (43%), Meads (39%), Old Hastings (41%), Peacehaven East (45%), Uckfield Ridgewood (47%) and West St Leonards (40%).

Volunteering

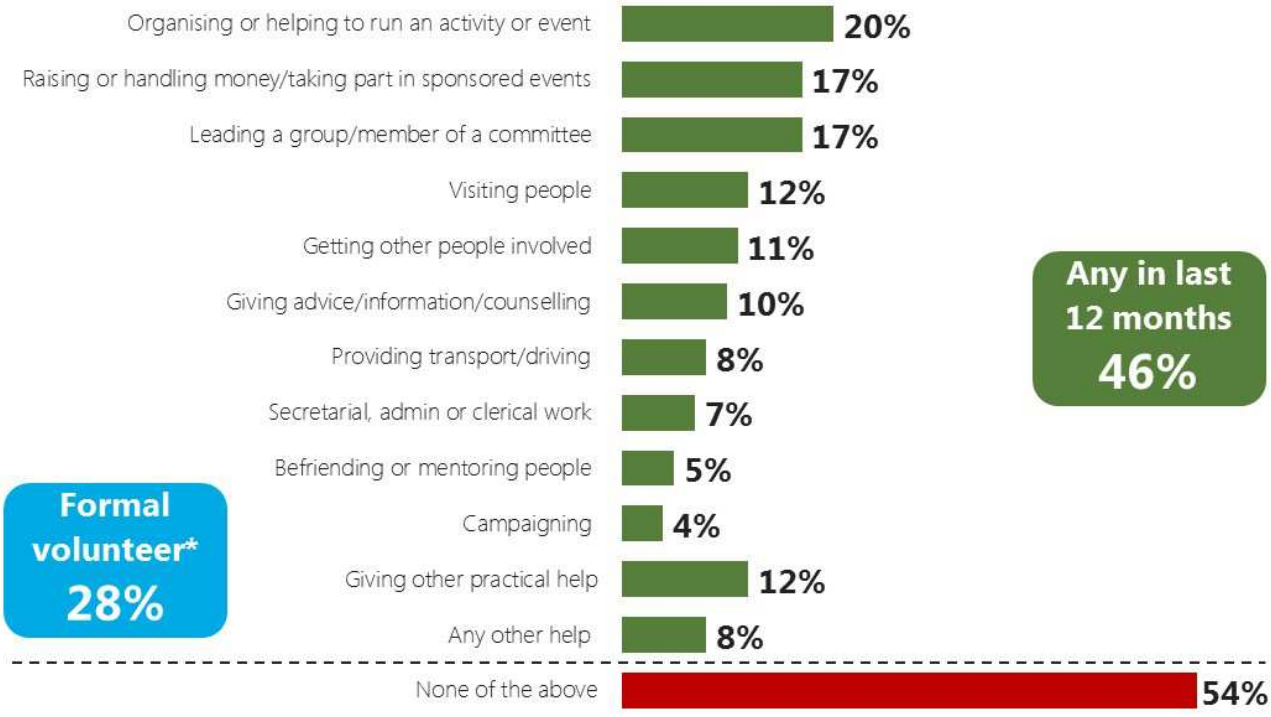
Residents were asked a series of questions about volunteering – whether they give any help, either formally or informally, how often they provide this help, and what they consider to be the main motivators and barriers to volunteering.

Firstly, residents were asked whether they have given any formal help – unpaid – to a group, club or organisation. Almost half (46%) of residents have done some kind of formal volunteering (Figure 14). This is most likely to be helping to organise or run an activity or event (20%), raising money or taking part in sponsored events (17%) or being a leader/member of a committee (17%).

Those who gave any unpaid help over the last 12 months were asked a supplementary question about the regularity with which they give this help. Almost four in ten (36%) do so at least once a week, and seven in ten (69%) do so at least once a month. Taking into account those who don't do *any* formal volunteering, this translates to 28% of residents across the county who volunteer formally at least once a month.

Figure 14: Formal volunteering

Q17. In the last 12 months, have you given unpaid help to a group, club or organisation, in any of the following ways? Please exclude giving money and anything that was a requirement of your job.



Base: All valid responses (14181) : Fieldwork dates: 30th November 2015 - 29th January 2016 Source: Ipsos MORI

*** At least once a month**

At district level, those in Lewes (48%) and Wealden (49%) are more likely to have undertaken formal volunteering in the last 12 months, while those in Eastbourne (39%) and Hastings (39%) are less likely.

Other groups **more likely to have done formal volunteering in the last 12 months** include:

- **Those aged 35+** (48% vs. 33% of those aged 18-34);
- **Owner occupiers** (49% vs. 28% of social tenants and 38% of private renters);
- **Those with higher levels of education** (54% of those with Level 3+vs. 39% of those with Level 1/2 or below);
- **Carers** (58% vs. 41% of those without caring responsibilities);
- **Those with children in the household** (50% vs. 44% of those without children);
- **Those who have lived in the area for 10+ years** (48% vs. 36% of those who have lived in the area for less than two years); and
- **Those who are comfortable/doing alright financially** (47% vs. 39% of those who are finding it difficult).

Groups who are *less* likely to have undertaken formal volunteering include workless residents (31%), those with a disability (36%), those in bad health (25%) and single person households (43%

vs. 46% overall). Table 10 shows the wards in which residents are more or less likely than average to have volunteered to help a group, club or organisation over the last 12 months.

Table 10: Formal volunteering by ward

Wards more likely than average to have volunteered formally in last year (vs. 46% overall)		
Barcombe and Hamsey (69%) L		Wadhurst (60%) W
Danehill/Fletching/Nutley (66%) W		Cross in Hands/Five Ashes (59%) W
Ditchling and Westmeston (65%) L		Eastern Rother (59%) R
Frant/Withyham (65%) W		Horam (59%) W
Hartfield (64%) W		Mayfield (59%) W
Crowborough West (63%) W		Crowborough North (57%) W
Buxted and Marsefield (61%) W		Lewes Priory (57%) L
Plumpton Streat, East Chiltington and St John (61%) L		Marsham (56%) R
Newick (60%) L		Wadhurst (60%) W

Wards less likely than average to have volunteered formally in last year (vs. 46% overall)		
Sovereign (38%) E		Tressell (28%) H
Hampden Park (33%) E		Devonshire (26%) E
Central St Leonards (32%) H		Hollington (25%) H
Ore (29%) H		Hailsham East (22%) W

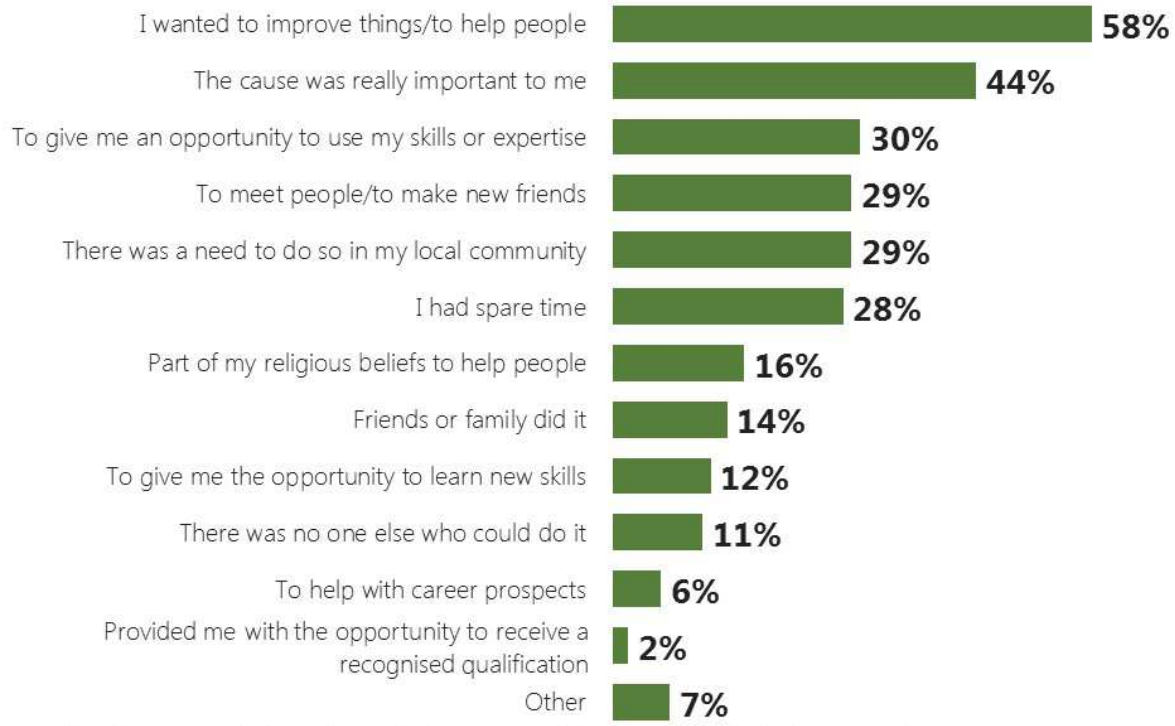
KEY: E Eastbourne H Hastings L Lewes R Rother W Wealden

The wards most likely to volunteer in a formal capacity tend to be in Lewes and Wealden, while those less likely to volunteer tend to be situated in Eastbourne and Hastings.

Residents who have volunteered for a group, club or organisation were also asked what motivates them to give their time unpaid to help a group, club or community organisation (Figure 15). The most common reason cited is simply wanting to improve things or help people (58%), followed by the cause being personally important (44%). Other important reasons include having a chance to use skills or experience (30%), having the opportunity to meet people and make new friends (29%) and responding to a specific need in the local community (29%).

Figure 15: Motivating factors for volunteers

Q19. What, if anything, motivated you to volunteer your time free of charge to help out local group(s), club(s) and/or community organisations within the past 12 months?



Base: All valid responses who have given any help to a group, club or organisation in the last 12 months (5790): Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

At district level, those in Hastings are more likely than average to say they volunteer because the cause is important to them (48% vs. 44% overall), having an opportunity to learn new skills (16% vs. 12%), helping with career prospects (11% vs. 6%), or providing an opportunity to receive a recognised qualification (5% vs. 2%). Those in Eastbourne are also more likely than average to cite helping their career prospects as a motivator for volunteering (9% vs. 6%).

Lewes residents are more likely than average to mention a specific need in their community (33% vs. 29% overall) or that there was no-one else who can do the work (13% vs. 11% overall). Rother residents are more likely to mention meeting people/making new friends (32% vs. 29% overall).

Women are more likely to say they give their time unpaid because the cause is very important to them (46% vs. 41% of men) or because they want to meet people and make new friends (31% vs. 29% overall). Men are more likely to mention having the opportunity to use their skills or expertise (33% vs. 30% overall).

Younger volunteers (aged 18-34) are more likely to mention factors to do with personal development – having the opportunity to learn new skills (18% vs. 12% overall), helping with career prospects (17% vs. 6% overall) and providing the opportunity to receive a recognised qualification (6% vs. 2% overall).

Older volunteers (aged 65+) are more likely to cite having an opportunity to use skills and expertise (34% vs. 30% overall), meeting people and making new friends (35% vs. 29% overall),

responding to a specific need in their community (33% vs. 29% overall), having spare time (40% vs. 28% overall) or because of religious beliefs to help people (24% vs. 16% overall).

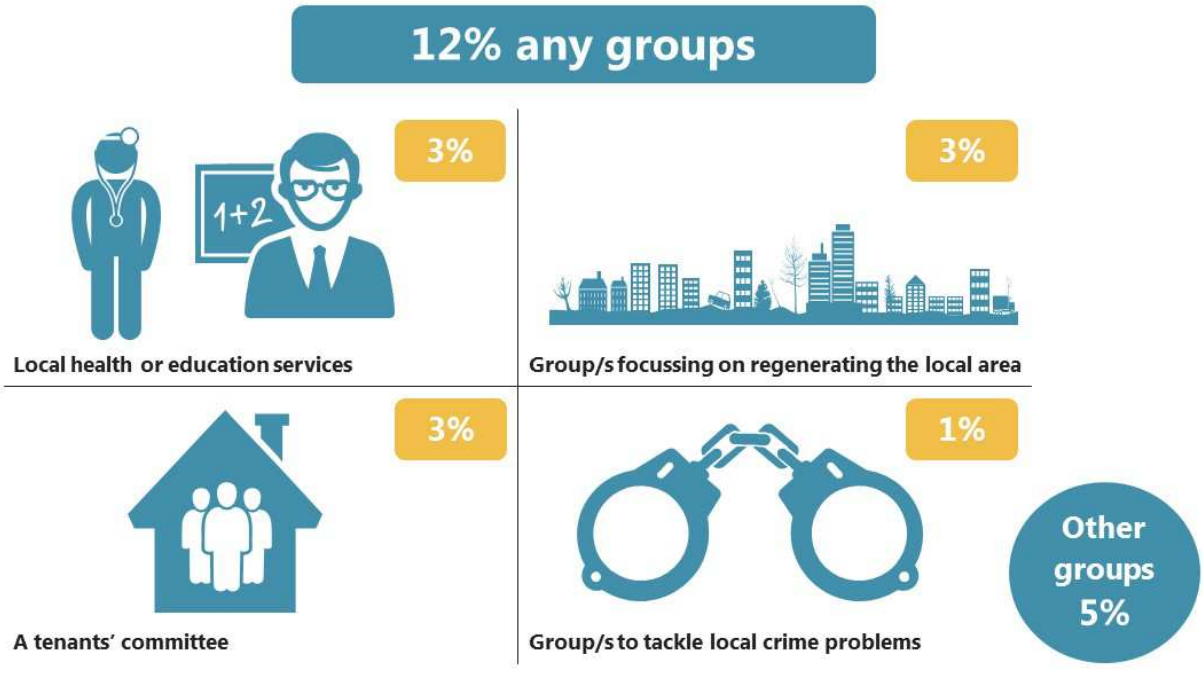
BME residents are also more likely to mention religious beliefs (30% vs. 16% overall), as well as the opportunity to learn new skills (26% vs. 12% overall) and help with career prospects (20% vs. 6% overall). LGBT residents are more likely to mention wanting to improve things and help people (75% vs. 58% overall), as well as meeting people and making new friends (42% vs. 29% overall).

Workless residents are more likely to mention having spare time (46% vs. 28% overall), using skills or expertise (42% vs. 30% overall), and other factors relating to personal development – career prospects, gaining qualifications etc.

Residents were also asked whether they have been a member of any decision-making groups in the past 12 months (Figure 16). 12% have done so, including 3% for groups focussing on regenerating the local area, 3% for tenants' committees, and 3% for local health or education services. Just 1% of residents have been a member of groups set up to tackle crime problems, while 5% say they have been a member of 'other' decision-making groups.

Figure 16: Membership of decision-making groups

Q20. In the past 12 months, have you been a member of any of these decision-making groups, not as part of your work?



Base: All valid responses (13763): Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

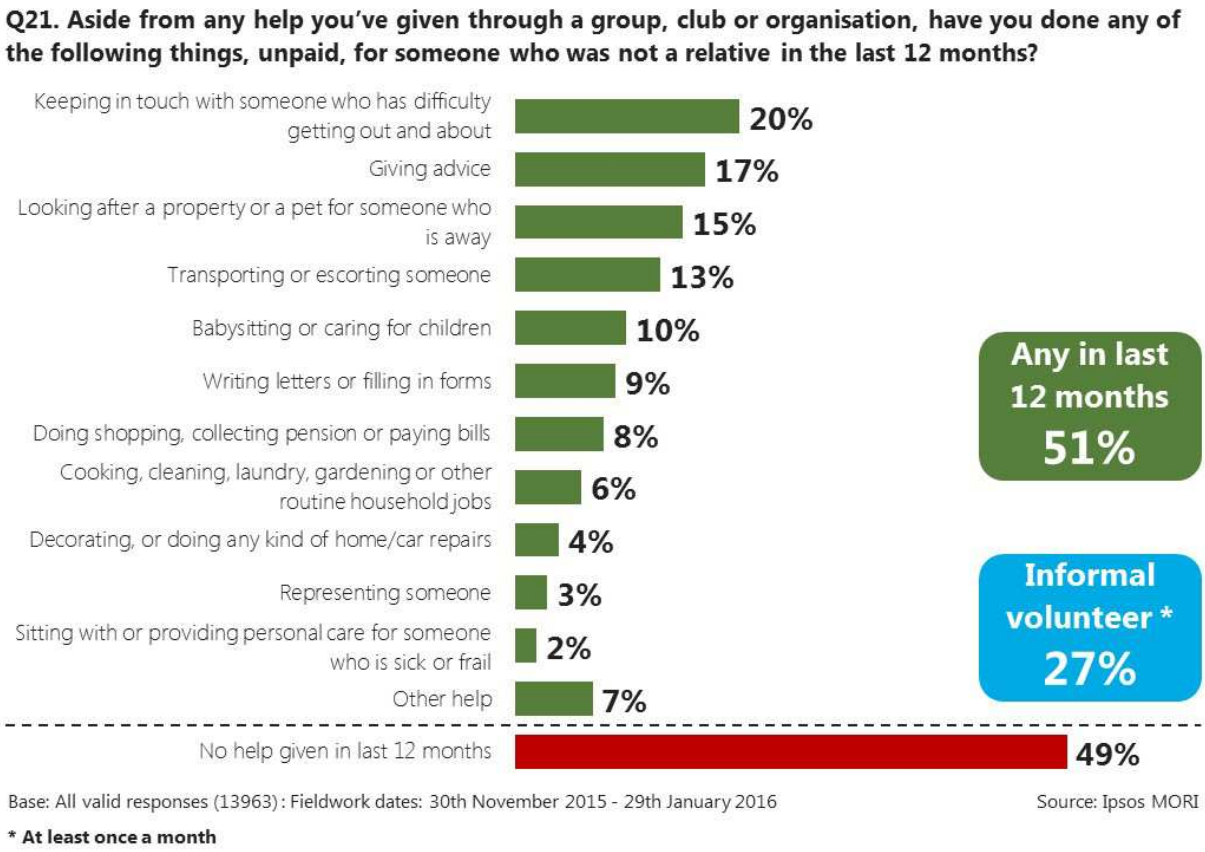
At District level, those in Hastings are less likely than average to be a member of any decision-making groups (11% vs. 12% overall). Those in Eastbourne are more likely than average to be a member of a tenants' committee (4% vs. 3% overall), while those in Lewes are more likely to be a member of a group focussing on local regeneration (4% vs. 3% overall).

Older residents are more likely to be a member of these decision-making groups (16% vs. 12% overall), as are owner occupiers (13%), those with higher level of education (17% of those with Levels 4/5), those with caring responsibilities (17%) and long-term residents (13% of those who have lived in the area for 10+ years).

Aside from any formal volunteering undertaken in the last 12 months, residents were also asked whether they have given any more informal help, unpaid, for someone who is not a relative (Figure 17). Half of residents (51%) have done so over this time period, with the most common forms of informal volunteering being keeping in touch with someone who has difficulty getting out and about (20%), giving advice (17%), looking after a property or a pet for someone who is away (15%) and transporting or escorting someone (13%).

Again, residents who have volunteered informally were asked a supplementary question about the regularity with which they give this help. 24% do so at least once a week, and 58% do so at least once a month. Taking into account those who don't do *any* informal volunteering, this translates to 27% of residents across the County who volunteer informally at least once a month.

Figure 17: Informal volunteering



At district level, residents in Lewes are more likely than average to have undertaken any informal volunteering in the last 12 months (55% vs. 51% overall), while those in Eastbourne and Hastings are again less likely (both 48%).
Other groups more likely to have given informal help to someone who is not a relative over the last 12 months include:

- **Women** (53% vs. 48% of men);
- **Older people aged 65+** (56% vs. 45% of those aged 18-34, and 50% of those aged 35-64);
- **Owner occupiers** (53% vs. 42% of social tenants and 47% of private renters);
- **Those with higher levels of education** (56% of those with Level 3+ vs. 40% of those with no formal qualifications);
- **Carers** (66% vs. 45% of those without caring responsibilities);
- **Those without children in the household** (52% vs. 49% of those *with* children) – notably, this is the opposite of the case with *formal* volunteering;
- **Those who have lived in the area for 10+ years** (53% vs. 48% of those who have lived in the area for less than 10 years); and
- **Those who are comfortable or doing alright financially** (52% vs. 49% of those who are finding it difficult).

The following table shows the wards in which residents are more or less likely than average to have volunteered informally to help to someone who is not a relative over the last 12 months.

Table 11: Informal volunteering by ward

Wards more likely than average to have volunteered informally in last year (vs. 51% overall)		
Ouse Valley and Ringmer (67%) L		Frant/Withyham (62%) W
Horam (65%) W		Crowborough North (61%) W
Rotherfield (64%) W		

Wards less likely than average to have volunteered informally in last year (vs. 51% overall)		
Sovereign (42%) E		Hollington (38%) H
Hampden Park (41%) E		Polegate North (38%) W
Baird (38%) H		Tressell (37%) H

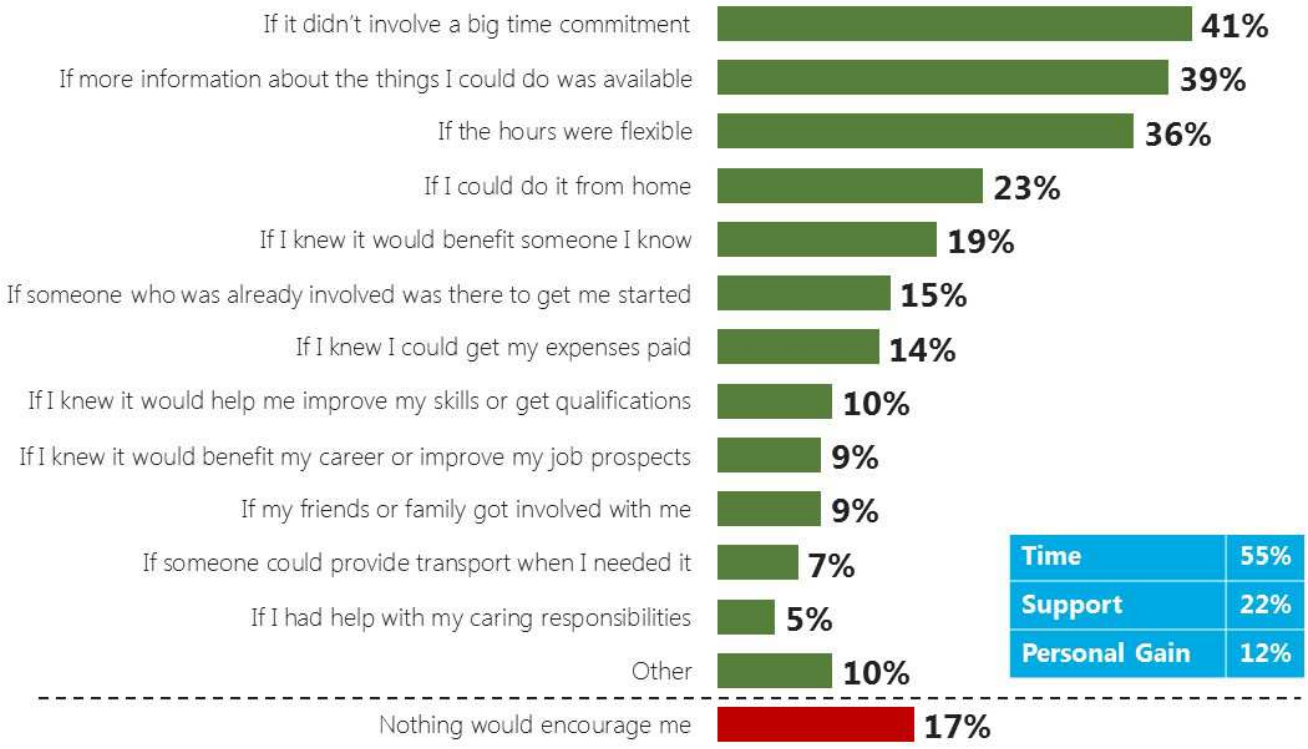
KEY: E Eastbourne H Hastings L Lewes R Rother W Wealden

Reflecting the picture in terms of formal volunteering, the wards more likely to volunteer *informally* tend to be focussed in Wealden, while those less likely to volunteer tend to be situated in Eastbourne and Hastings.

Residents were asked a question about what would encourage them to volunteer and get involved more in their local community (Figure 18). The most common reasons would be if volunteering didn't involve a big time commitment (41%), if more information was available (39%) and if the hours were flexible (36%). Options can be combined into common themes, including time (55%), support (22%) and personal gain (12%). Around one in six residents (17%) say nothing would encourage them to take part.

Figure 18: Factors encouraging increased involvement in the local community

Q23. Which, if any, of these would encourage you to get involved or more involved in the future?



Base: All valid responses (11488) : Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

At district level, residents in Wealden are more likely to cite factors to do with time (57% vs. 55% overall) – e.g. if volunteering didn't involve a big time commitment and the hours were flexible. Those in Eastbourne and Hastings are more likely to mention factors to do with personal gain (17% and 19% respectively vs. 12% overall) – e.g. if volunteering improved skills, helped them to get qualifications or improved their careers prospects. Hastings residents are more likely to mention factors around having more support (25% vs. 22% overall) – e.g. if someone could help show them the ropes, provide transport or help with other caring responsibilities.

Women are more likely to mention a wide range of factors that could encourage them to volunteer – e.g. time, information, support and personal gain. Men are more likely to say that nothing would encourage them (21% vs. 17% overall).

Similarly, younger and working age residents (aged 18-64) are more likely to mention a wide range of factors that would encourage them to get more involved in their communities, while older residents (aged 65+) are more likely to say that nothing would encourage them (30% vs. 17% overall).

Other notable sub-groups differences include:

* **Workless residents** are more likely than average to mention the need for support (34% vs. 22% overall), as well as factors concerning personal gain (26% vs. 12% overall);
* **BME residents** are more likely to mention factors relating to information (54% vs. 39% overall), support (39% vs. 22% overall) and personal gain (25% vs. 12% overall);
* **Residents who have caring responsibilities** are more likely to cite the need for support (26% vs. 22% overall) or if the volunteering would benefit someone they know (23% vs. 19% overall); and
* **Social tenants** are more likely to say that nothing would encourage them to get more involved in their communities (26%), as are **single person households** (23%) and those with **no formal educational qualifications** (42% vs. 17% overall).

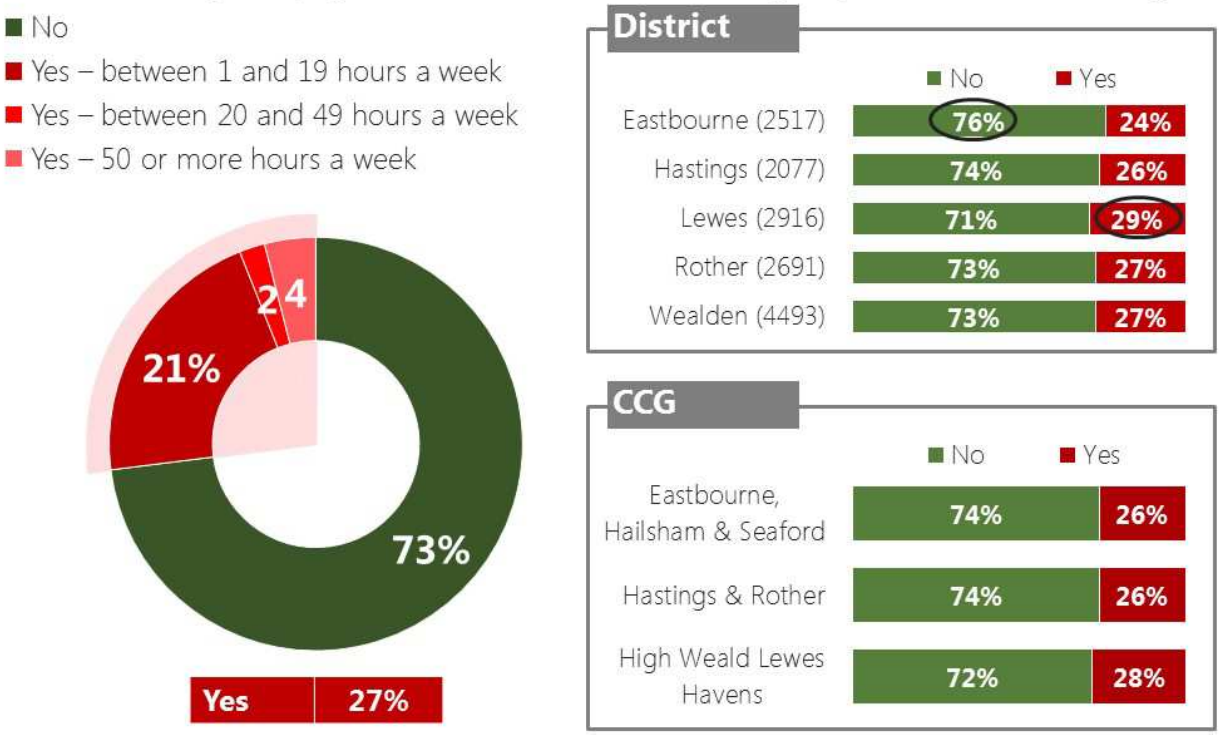
Caring

Residents were also asked whether they have any caring responsibilities in terms of giving support to family members, friends, neighbours or others (Figure 19). This could be due to ill-health, disability or problems relating to old age.

Just over a quarter of residents (27%) provide some kind of care assistance. For most, this takes up 1-19 hours a week (21%), but for a minority of residents, caring takes up more of their time. Two per cent provide care for between 20 and 49 hours per week, while four per cent of residents provide care for 50 or more hours per week.

Figure 19: Caring responsibilities

Q13. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?



Base: All valid responses (14694) : Fieldwork dates: 30th November 2015 - 29th January 2016 Source: Ipsos MORI

Please note, on the above chart a circled result indicates a finding that is statistically significant compared to the overall average.

At district level, those in Lewes are more likely than average to be carers (29% vs. 27% overall), while those in Eastbourne are less likely (24%). There are no significant differences at CCG level.

Groups more likely to be carers include women (28%), owner occupiers (28%), those aged 45-74 (32%), those with a disability themselves (30%), those without children in the household (28%), and those who are finding things difficult financially (31%).

In terms of ward differences, the proportion of residents with caring responsibilities is higher than average in Ewhurst and Sedlescombe (43%), Hartfield (41%), Newhaven Denton and Meeching (36%) and Polegate South (43% vs. 27% overall)

Health and Wellbeing

Self-Assessed Quality of Health

Seven in ten residents (69%) rate their health as good, compared with only a small proportion (7%) who say they have bad health. One in four (24%) consider their health to be fair. Residents in East Sussex are less likely than the latest national average to be in good health (69% compared with 76% across England), although this comparison can only be indicative because of the differing methodologies for data collection.[3] This may be a reflection of the older age profile of East Sussex compared to the national average.

Across the county, self-assessed good health is most common in Wealden (74% compared with 69% overall). It is lowest in Eastbourne (64%) and Hastings (63%) where the proportion in bad health is also greatest (9% in Eastbourne and 10% in Hastings).

Significantly fewer East Sussex residents than in 2008 rate their health as good (down eight percentage points). The following table shows how district results compare to the 2008 survey (red shading indicates a statistically significant negative shift over this time period).

[3] The national data comes from the 2013 Health Survey for England, conducted through a random probability face-to-face method.

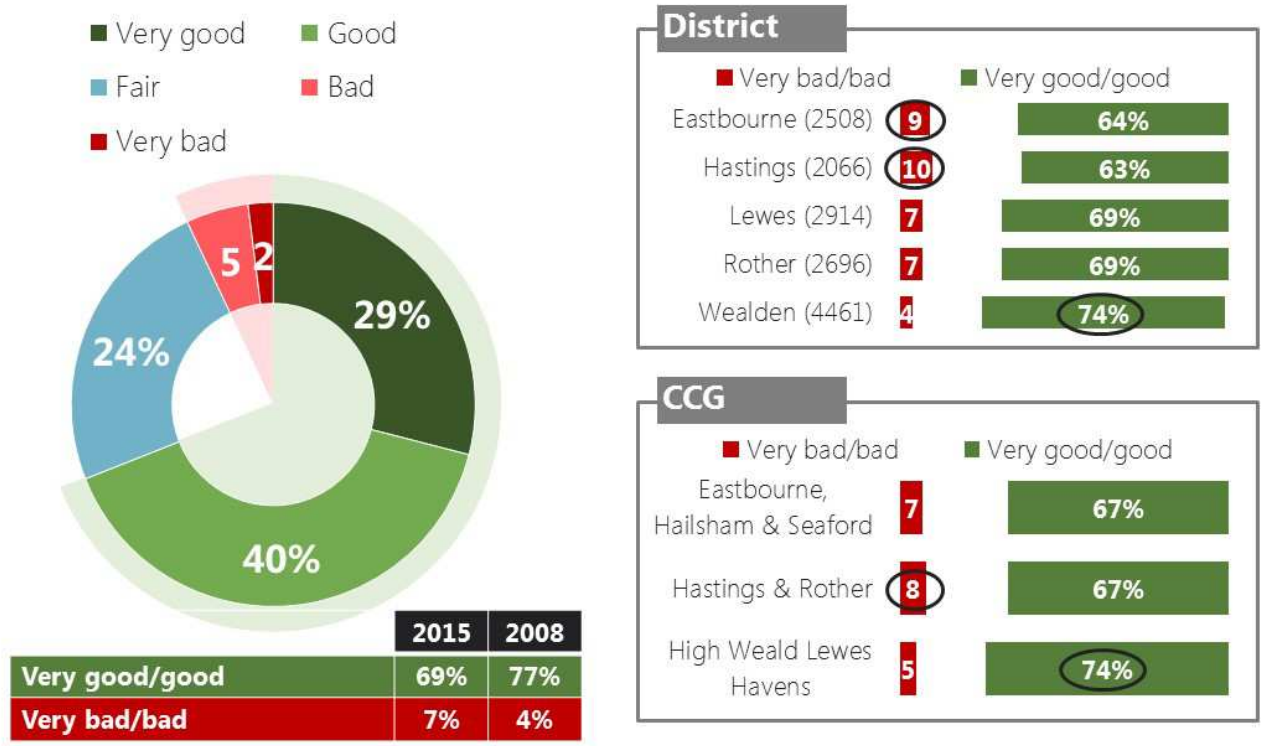
Table 12 Self-assessed quality of health by district

Self -assessed quality of health (% very good/good)				
2008	78%	Eastbourne	64% ↓	2015
	75%	Hastings	63% ↓	
	78%	Lewes	69% ↓	
	73%	Rother	69% ↓	
	79%	Wealden	74% ↓	

At CCG level, those in High Weald Lewes Havens are more likely than the 2015 average to be in good health (74% vs. 69% overall), while those in Hastings and Rother are more likely to be in bad health (8% vs. 7% overall).

Figure 20: Self-assessed quality of health

Q10. How is your health in general? Would you say it is...?



Base: All valid responses (14645) : Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

Please note, on the above chart a circled result indicates a finding that is statistically significant compared to the overall average.

As might be expected, self-reported health declines with age, with those aged 65+ much less likely to rate their health as good (54% compared with 83% of those aged 18-34). The proportion in bad health is also greater among more deprived groups of residents who tend to be older such as social tenants (23% compared with only four per cent of owner occupiers) and those without qualifications (14% compared with three per cent of those qualified to Levels 4 or 5).

Across other groups of residents, workless residents are particularly likely to report bad health (42% compared with two per cent of those in work), and the proportion is also greater among those who live alone (10% compared with seven per cent overall).

Quality of health also correlates markedly with attitudes towards the local area, social life and personal wellbeing. For example, those in good health are more often satisfied with their local area (89% compared with 75% of those with bad health) and have a higher wellbeing score (mean score of 52.4 compared with only 37.2 for those in bad health). They are also more likely than those in bad health to see friends and family as much as they want to (75% compared with 47%).

The following table shows the wards where residents are more likely than average to be in good or poor health.

Table 13: Self-assessed quality of health by ward

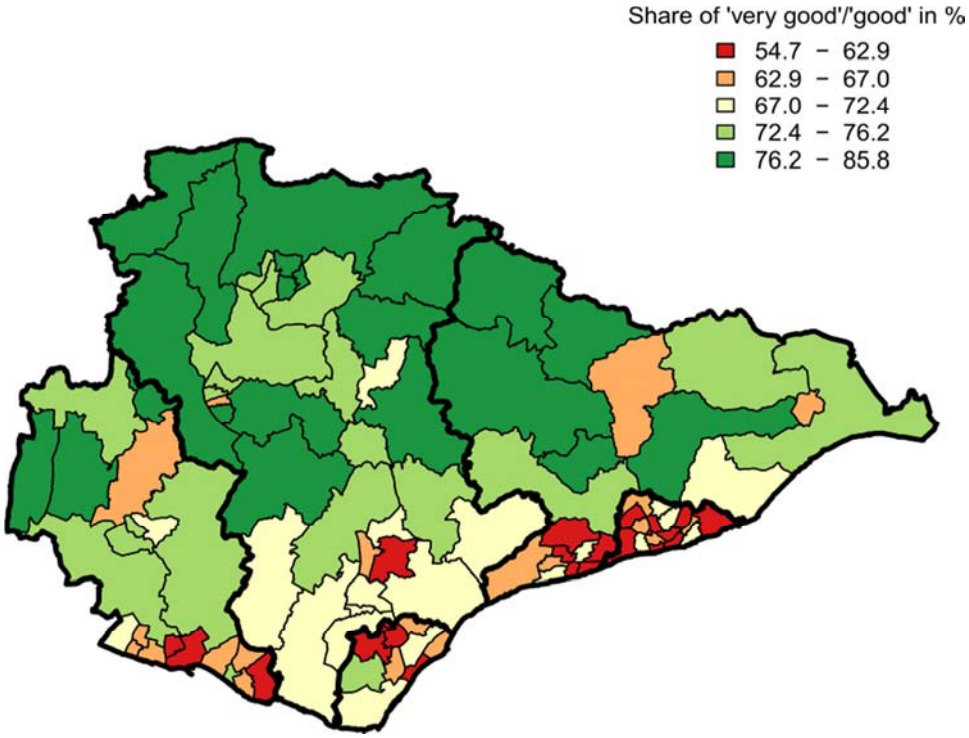
Wards with higher than average proportion of residents who are in very good / good health (vs. 69% overall)		
Danehill/Fletching/Nutley (86%) W		Ticehurst and Etchingham (82%) R
Chiddingly and East Hoathly (85%) W		Frant/Withyham (81%) W
Mayfield (84%) W		Battle Town (80%) R
Salehurst (84%) R		Crowborough North (78%) W
Darwell (82%) R		

Wards with higher than average proportion of residents who are in bad / very bad health (vs. 7% overall)		
Hailsham East (18%) W		Barcombe and Hamsey (14%) L
Central St Leonards (17%) H		Newhaven Valley (14%) L
Hampden Park (17%) E		Silverhill (14%) H
Hollington (17%) H		West St Leonards (14%) H
Sidley (16%) R		Sovereign (11%) E

KEY: E Eastbourne H Hastings L Lewes R Rother W Wealden

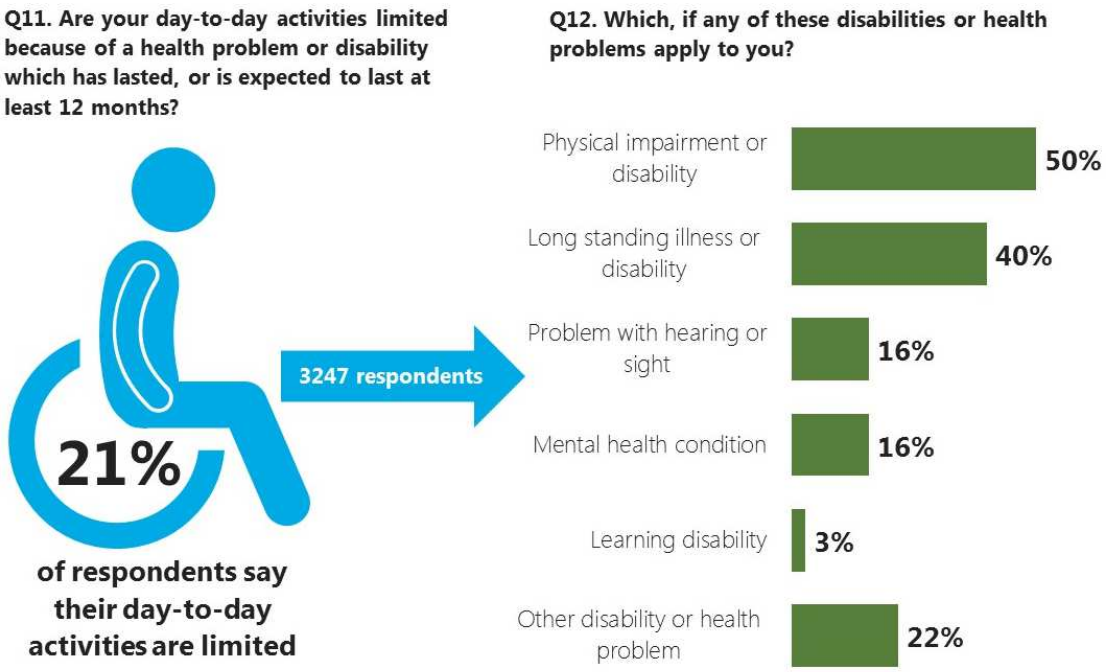
Figure 21 maps very good/good self-rated health. Reflecting the findings at district level, the wards with more residents than average in good health tend to be located in Wealden and Rother, while those with more than average in bad health are focussed in Hastings.

Figure 21: Very good and good self-rated health (%)



One in five residents (21%) are limited in their day-to-day activities by a health problem or disability of some kind, as shown in the Figure 22 below. Among those who have such a problem or disability, the most common type is a physical impairment or disability (50%), followed by a long-standing illness or disability (40%). One in six has a problem with their sight or hearing (16%), or a mental health problem (16%).

Figure 22: Health problems and disabilities



Base: Q11. All valid responses (14043); Q12. All valid responses who have a health problem/disability which is expected to last at least 12 months (3247) : Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

Likelihood of having a limiting condition or disability is much greater among groups with worse self-assessed health. So for example, residents are more likely to have limiting conditions or disabilities if they are aged 65+ (33% compared with 10% of those aged 18-34). The figure is also much higher among social tenants (48% compared with 17% of owner occupiers and 21% of private renters), and those with no qualifications (38% compared with only 12% of those qualified to Levels 4 or 5). Other groups who are likely to have a limiting condition or disability are workless residents (75% compared with eight per cent of those in work) and those who live alone (31% compared with 21% overall). The proportion is also greater among those who are carers for someone else (22% compared with 19% of non-carers).

As with self-assessed bad health, those who have a limiting condition or disability are more negative towards several aspects of day-to-day life. For example, they are less satisfied with their local area (80% compared with 88% of those without a disability or health condition). They similarly have a lower mental wellbeing score (a mean of 43.3 compared with 50.0 overall).

The following table shows the wards more likely to say they have a health problem or disability which has lasted, or is expected to last at least 12 months.

Table 14: Health problems and disabilities by ward

Wards with higher than average proportion of residents who have a health problem or disability (vs. 21% overall)		
Hailsham East (46%) W		Hampden Park (33%) E
Sidley (43%) R		Kewhurst (31%) R
Central (33%) R		Hollington (30%) H
Central St Leonards (33%) H		Ratton (28%) E

KEY: E Eastbourne H Hastings L Lewes R Rother W Wealden

Mental Wellbeing

There are relatively few measures of personal resilience, however wellbeing and resilience are constituents of positive mental health. Mental wellbeing is not the absence of mental illness but is a state of health, happiness and prospering. It is about having control and influence, a sense of meaning, belonging and connection and the capability to manage problems and change. Positive mental wellbeing is a fundamental part of being a healthy and resilient individual and we can measure that.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a measure of mental wellbeing that focuses solely on the positive aspects of mental health. It encompasses positive affect (feelings of optimism, cheerfulness and relaxation), satisfying interpersonal relationships and positive functioning (energy, clear thinking, self-acceptance, personal development, competence and autonomy). WEMWBS is a validated measure of mental wellbeing and the questions to generate the WEMWBS scores were included in the survey. WEMWBS scores can be used to establish whether a specific population has low, average or high mental wellbeing. They can also be used to measure changes over time or differences to other population groups.

WEMWBS will be used as a proxy measure of personal resilience. A higher WEMWBS score reflects higher levels of personal resilience.

The survey found that when asked about their mental wellbeing in recent weeks[4], East Sussex residents are most likely to say they have often or always been able to make up their mind about things (71%), have felt loved (71%) and have been thinking clearly (70%).

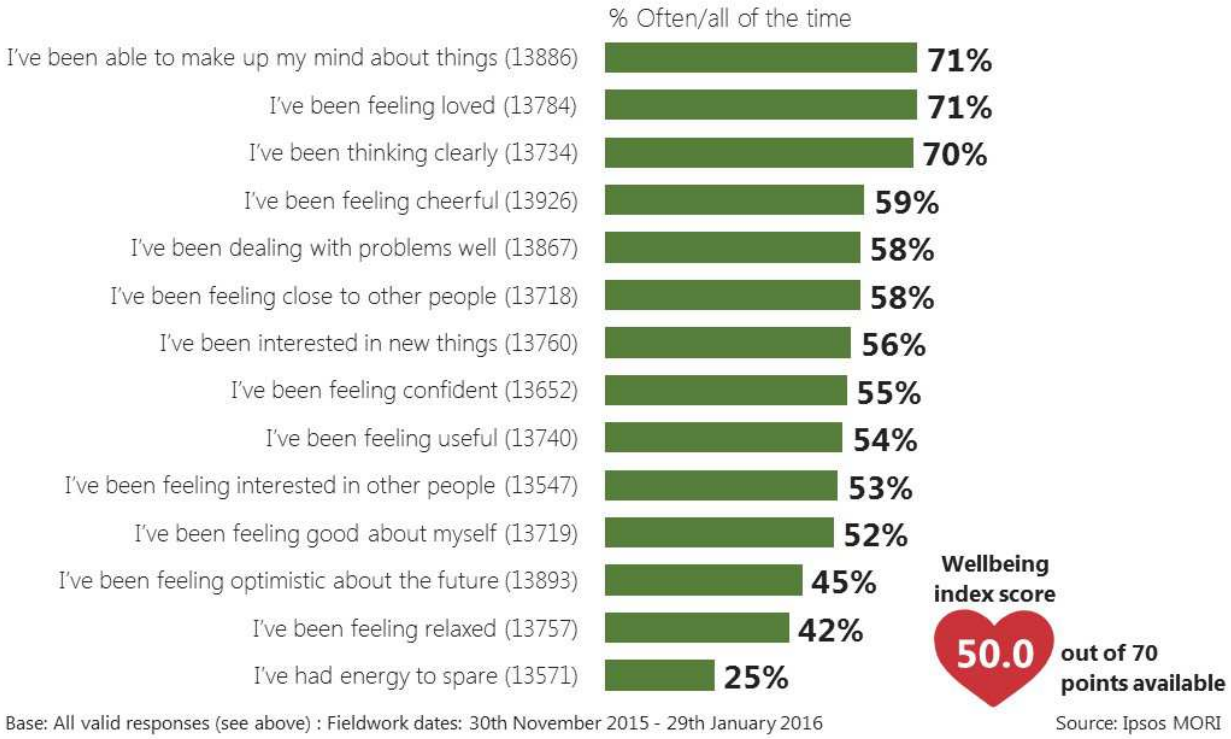
As shown in Figure 23 below, three in five residents have often or always felt cheerful (59%), have been dealing with problems well (58%) and have been feeling close to other people (58%).

[4] These are the 14 questions that are used in the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

However, less than half of them have often or always felt optimistic about the future (45%), felt relaxed (42%), and only one in four have often or always had energy to spare (25%).

Figure 23: Recent mental wellbeing

Q14. Below are some statements about feelings, thoughts and general wellbeing. For each statement, please tick the box that best describes your experience over the last two weeks.



Base: All valid responses (see above) : Fieldwork dates: 30th November 2015 - 29th January 2016

Source: Ipsos MORI

The aggregated results from these questions can be combined to form a mean WEMWBS score on a scale that runs from 14 (the lowest level of mental wellbeing) to 70 (the highest level). For East Sussex, the mean WEMWBS score across all respondents is 50.0, which is closely in line with the latest national data for England overall.[5] The level of mental wellbeing varies in several respects between residents.

- The mean WEMWBS score is highest in the Wealden district (51.0) and lowest in Eastbourne (48.9) and Hastings (48.5);
- The mean WEMWBS score increases with age, and rises from only 47.5 among those aged 18-24 to 51.5 among those aged 65-74. It then falls to 48.8 among the oldest residents aged 75+;
- **Owner occupiers** have a significantly higher mean WEMWBS score (51.2) than private renters (47.9) and social tenants (only 43.7);
- The mean WEMWBS score **increases with qualifications**, rising from 46.7 for those with no qualifications to 52.2 for those qualified to Levels 4 or 5;
- **Disabled residents have a lower** mean WEMWBS score than those who are not disabled (43.3 compared with 51.7), so do those with self-assessed bad health (37.2 compared with 52.4 for those who rate their health as good);

[5] The Health Survey for England 2014 had a mean WEMWBS score of 50.8 (on the scale between 14 and 70) http://www.hscic.gov.uk/catalogue/PUB19297/HSE2014-Trend-commentary.pdf

* The mean WEMWBS score is **lower among lone parents** (46.2) and those who **live alone** (47.6) than average across all residents (50.0).

Mental wellbeing also correlates with a more positive outlook on the local area. For example, those who are satisfied with the local area have a higher mean WEMWBS score (50.7 compared with 45.6 for those dissatisfied with it), as are those who feel they can influence local decisions (52.4 compared with 48.5 for those who disagree) and those who feel safe after dark (51.7 compared with 45.0 among residents who feel unsafe).

The following table shows the wards with higher or lower than average WEMWBS score and the figures show the WEMWBS score for all wards and GP practices.

Table 15: Recent WEMWBS scores by ward

Wards with a higher than average WEMWBS score (vs. 50.0 overall)		
Ditchling and Westmeston (54.7) L		Ticehurst and Etchingham (52.4) R
Crowborough St Johns (53.6) W		Wadhurst (52.3) W
Horam (53.1) W		Ouse Valley and Ringmer (52.0) L
Hartfield (53.0) W		Old Town (Eastbourne) (51.7) E
Frant/Withyham (52.7) W		

Wards with a lower than average WEMWBS score (vs. 50.0 overall)		
Newhaven Denton and Meeching (48.0) L		Devonshire (47.0) E
Gensing (47.7) H		Sidley (46.8) R
West St Leonards (47.6) H		Kewhurst (46.6) R
Castle (47.5) H		Hollington (45.9) H
Ratton (47.3) E		Hampden Park (45.8) E
Central St Leonards (47.2) H		Tressell (45.6) H

KEY: E Eastbourne H Hastings L Lewes R Rother W Wealden

As with the findings at District level, the wards with higher than average WEMWBS score tend to be located in Wealden, while those with lower than average scores tend to be in Hastings and Eastbourne.

Figures 24-26 provide further detail. Figure 22 maps the WEMWBS scores. Figure 23 shows the WEMWBS scores for all the wards in ascending/descending order and Figure 26 does the same but for GP practices.

Figure 24: Ward map of WEMWBS scores

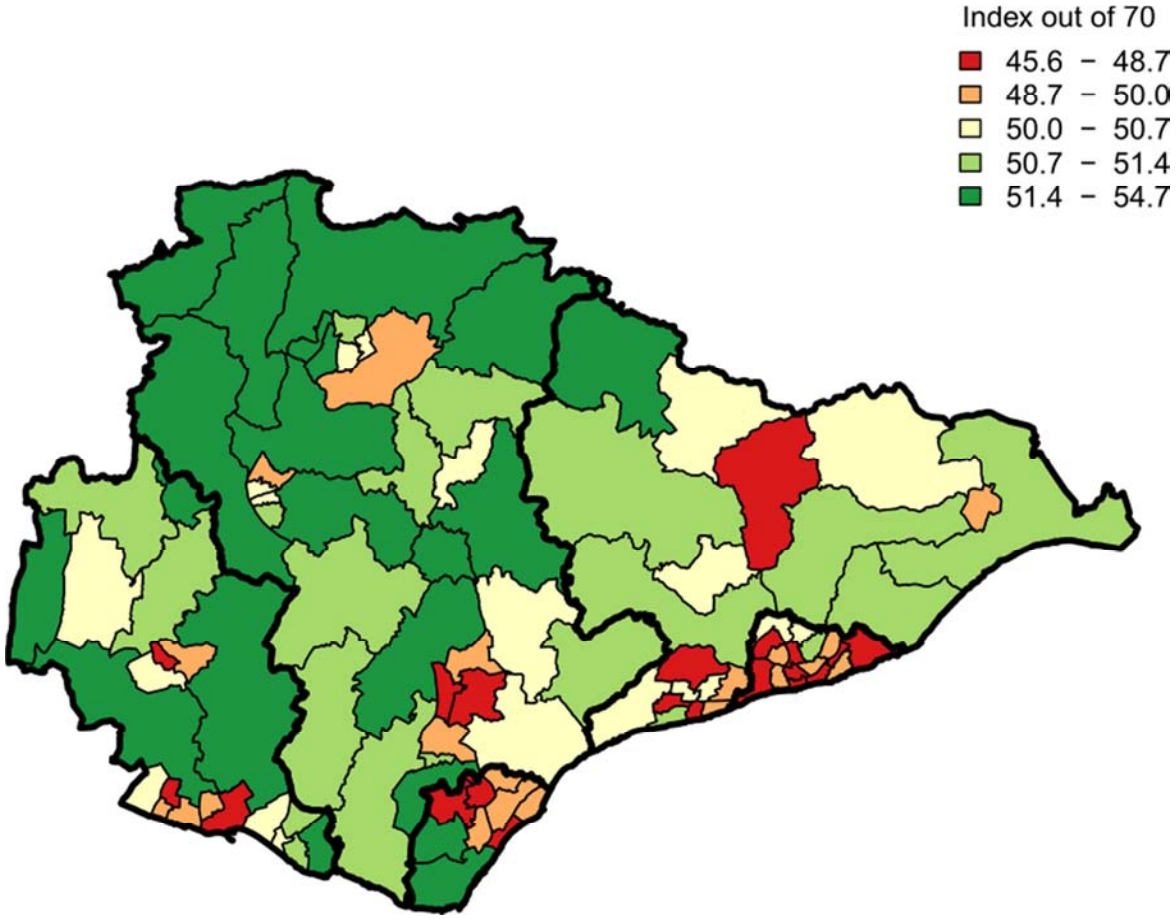


Figure 25: WEMWBS scores by ward

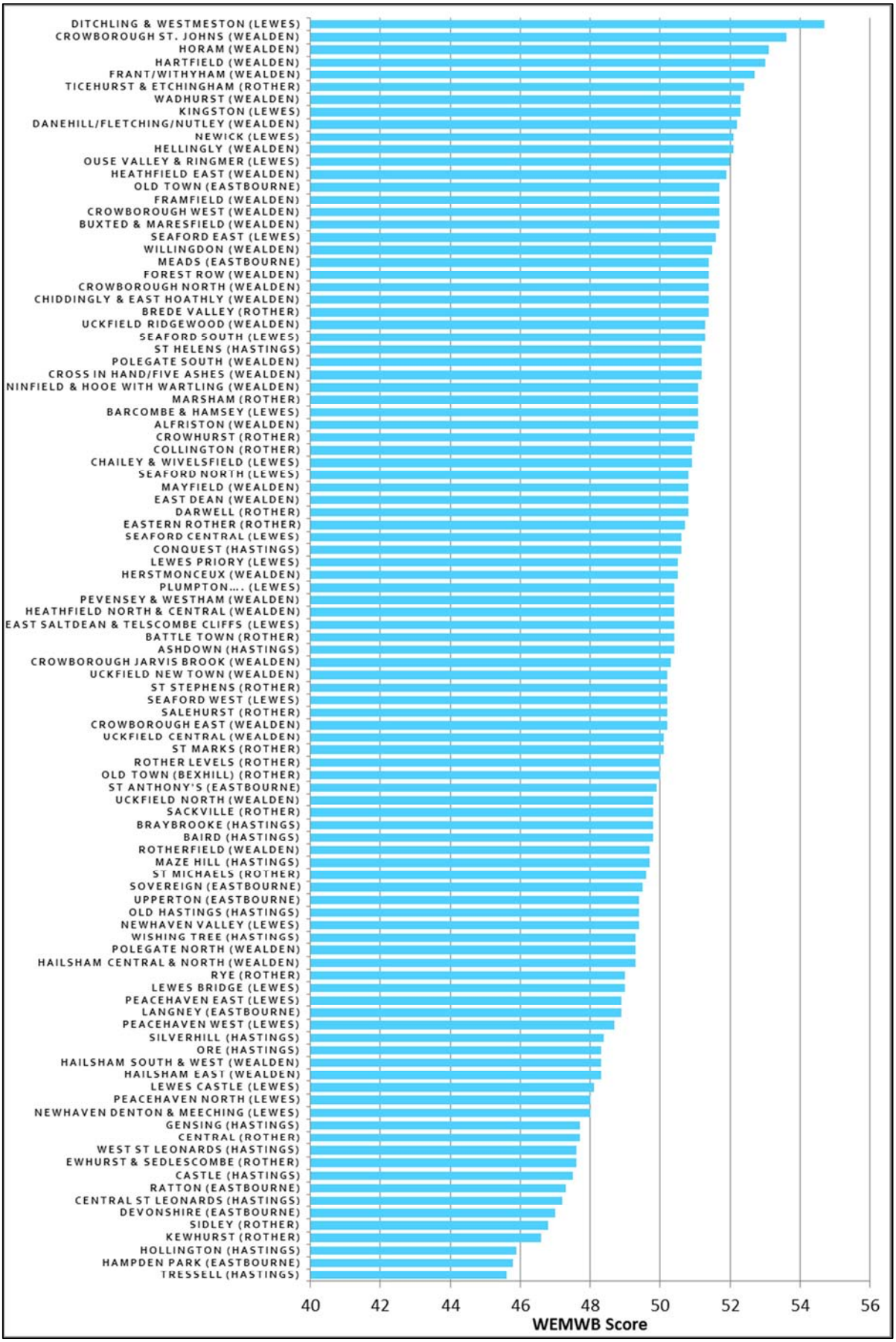
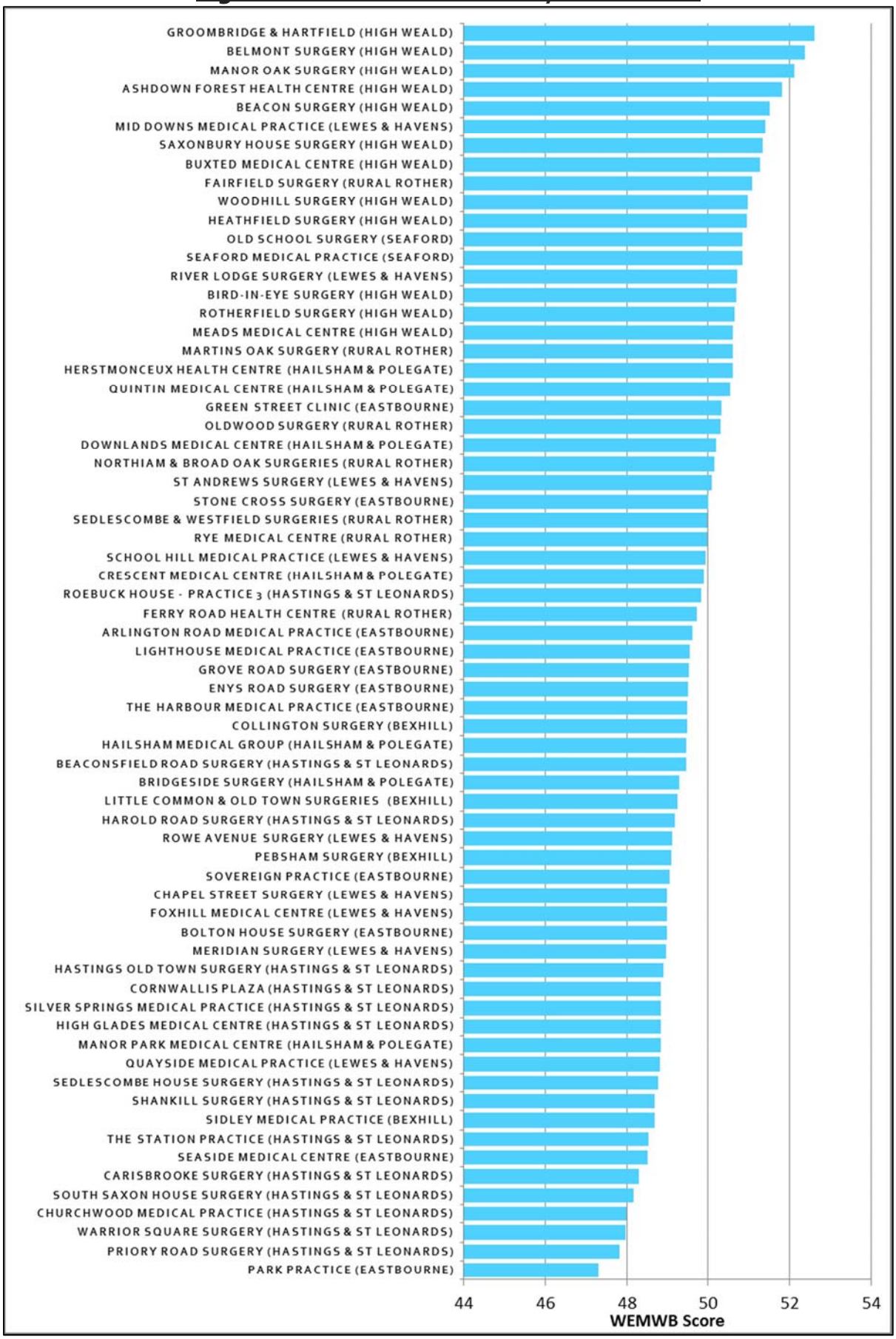


Figure 26: WEMWBS scores by GP Practice



Summary of Community Survey Key Findings

The Community Survey was designed, in part, to be an alternative data source to update the 2008 Place Survey information used in the calculation of WARM 2014. However, it also generated important information that can be used to provide further detail to complement the WARM 2016 scores.

The following is a summary of some of the key findings form the survey.

Living in East Sussex

- Most residents continue to be satisfied with their local area as a place to live (86% are satisfied). Few (just 6%) are dissatisfied. Satisfaction with Hastings as a place to live has significantly increased since 2008.
- Across all the local authorities, the strength of belonging to the neighbourhood has significantly increased since 2008. Around six in ten residents (58%) have lived in their local area for over 10 years. Most (69%) have a strong sense of belonging to their local area or neighbourhood – this has increased from 63% in 2008.
- Most residents (76%) say they hardly ever or never feel lonely, while a quarter feel lonely at least some of the time or often. There are some key subgroup differences including that women are more likely than men to feel lonely (26% vs 21%); BME residents are more likely than white residents to feel lonely (36% vs 23%); and notably, 44% of single parents report feeling lonely which is almost twice as high as the county average of 24%.
- Most residents (70%) say they see their friends and family as much as they want to.

Community Involvement and Volunteering

- Across all the local authorities, influencing local decision-making has significantly increased since 2008. Around two-fifths of residents (38%) agree they can influence local decision-making in their area – this has increased from just over a quarter of residents (27%) in 2008. Women are more likely than men to agree they can influence decisions (41% vs 35%). BME residents are more likely than their white counterparts to agree (51% and 38% respectively).
- Around one in eight residents (12%) say they have been a member of a decision-making group within the last 12 months. This includes groups focusing on regenerating the local area, serving on tenants' committees, and for local health or education services
- Three in ten residents (30%) would like to be more involved in local decisions that affect their area – up from 27% in 2008. For most (55%) it would depend on this issue, and one in nine (11%) would not like to be more involved.

- Residents were asked a series of questions about volunteering within the last 12 months, whether they give any help formally or informally, how often they provide such help if provided, and what they consider to be the main motivators and barriers to volunteering. Just under half (46%) of residents report undertaking some form of formal volunteering, with most frequently cited activities being organising or helping to run an activity or event (20%), raising money or taking part in sponsored events (17%), and being a leader or member of a committee (17%).
- Those who have volunteered to help a group, club, or organisation within the last 12 months were asked about what motivates them to give their time unpaid. A main reason (cited by 58%) is because of a desire to improve things and/or to help people. Other key reasons include: because the cause is really important (44%); that it is an opportunity to utilise skills (30%); to meet people and make new friends (29%); and because of a perceived need in the local community (29%).
- Asked what would encourage them to get involved, or more involved in the future, the most commonly cited reasons include if it didn't involve a large time commitment (41%), if more information about opportunities was available (39%), and if there were flexible hours (36%).
- Around a quarter of residents (27%) say they look after, or give help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health, disability, or problems relating to old age. Most of those who provide such assistance say it takes between 1 and 19 hours per week. One in fifty residents (2%) say it takes between 20 and 49 hours per week; and one in twenty-five (4%) say it takes 50 or more hours per week.
- In addition to formal help, residents were asked if they had given any informal help, unpaid for someone who is not a relative within the last 12 months. Half (51%) report having given such help, with the most common forms being keeping in touch with someone who has difficulty getting out and about (20%), giving advice (17%), and looking after pets or property for someone who was away (15%).

Health and Wellbeing

- Across all the local authorities, self-reported quality of health has significantly decreased since 2008. Seven in ten residents (69%) report their health as being good or very good. In 2008, over three-quarters of residents (77%) reported their health as good or very good, which is significantly higher than in 2015/16.

In terms of mental wellbeing, residents are more likely to be positive about being able to make up their own mind: thinking clearly, and feeling loved (seven in ten residents say they feel this way all or most of the time). However, fewer say they are optimistic about the future (45%) or feel relaxed (42%) often or all of the time. The average mental wellbeing score of 50.0 is closely in line with the national average for England. And in terms of material wellbeing, most (81%) say they live comfortably or are doing alright at present. Around one in five residents report financial difficulties (19%).

Wellbeing and resilience Measure (WARM)

3. Wellbeing and Resilience Measure (WARM)

The Wellbeing and Resilience Measure (WARM), published in 2010,[6] measures wellbeing and resilience at community level. It provides a way of understanding and identifying an area's strengths (or assets), such as levels of social capital, confidence amongst residents, the quality of local services or proximity to employment; as well as vulnerabilities (or deficits) such as isolation, high crime, low savings and unemployment. WARM shifts focus away from a purely deficit model and directs attention towards what assets exist, and how they can be amplified to absorb risk. A focus on resilience sharpens attention on what a community can do to meet its own needs and on what assets are available.

The structure of WARM falls into three overarching domains: **Self** (the way people feel about their own lives); **Supports** (the quality of social supports and networks within the community); and **Structure & Systems** (the strength of the infrastructure and environment to support people to achieve their aspirations and live a good life). The components of these three domains are presented in Table 16, each component being made up of a number of indicators. The full indicator definitions are contained in Appendix 1.

Table 16: Domains of the WARM Tool and their Components

Domain	Components
SELF	Life satisfaction
	Education
	Health
	Material wellbeing
SUPPORT	Strong & stable families
	Belonging
SYSTEMS AND STRUCTURES	Local economy
	Public service
	Crime and anti-social behaviour
	Infrastructure

Constructing WARM 2016 for East Sussex

In the Director of Public Health Annual Report 2014/15, ***Growing Community Resilience in East Sussex***, WARM 2014 was calculated for East Sussex using the most up-to-date information but it did rely on including the findings of the 2008 Place Survey as there was no more recent information covering this important topic area that could be included.

For this report we have updated WARM 2014, and WARM 2016 includes the latest information and the results from the new Community Survey. Sixty two indicators across the three domains (Self; Supports; Systems and Structures) and ten components (Life Satisfaction; Education; Health; Material Wellbeing; Strong and Stable families; Belonging; Local Economy; Public Services; Crime and Anti-Social Behaviour; Infrastructure) have been recalculated at electoral

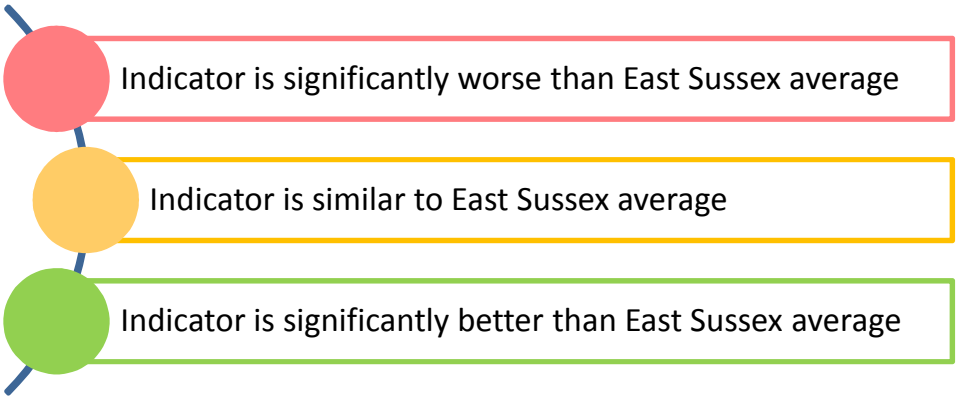
[6] Mguni N and Bacon N (2010) Taking the temperature of local communities: the Wellbeing and Resilience Measure (WARM). The Young Foundation

ward level and also modelled at general practice level. Indicators were modelled from ward to GP practice level by identifying wards in which patients live and allocating the population weighted average of the combined ward scores to each practice. The indicators are detailed in Appendix 1 of this report.

WARM for Local Authorities and Wards, Clinical Commissioning Groups and GP Practices

Every indicator is given a Red/Amber/Green (RAG) rating based upon the following classification:

Figure 27: RAG rating classification



Indicators are RAG rated based on 95% Confidence Intervals (CI) or, where this information is not available, they are ranked using top and bottom quartiles. From these, community assets and deficits have been identified to build a picture of community resilience across the county. 'Red indicators' are identified as deficits and 'Green indicators' as assets.

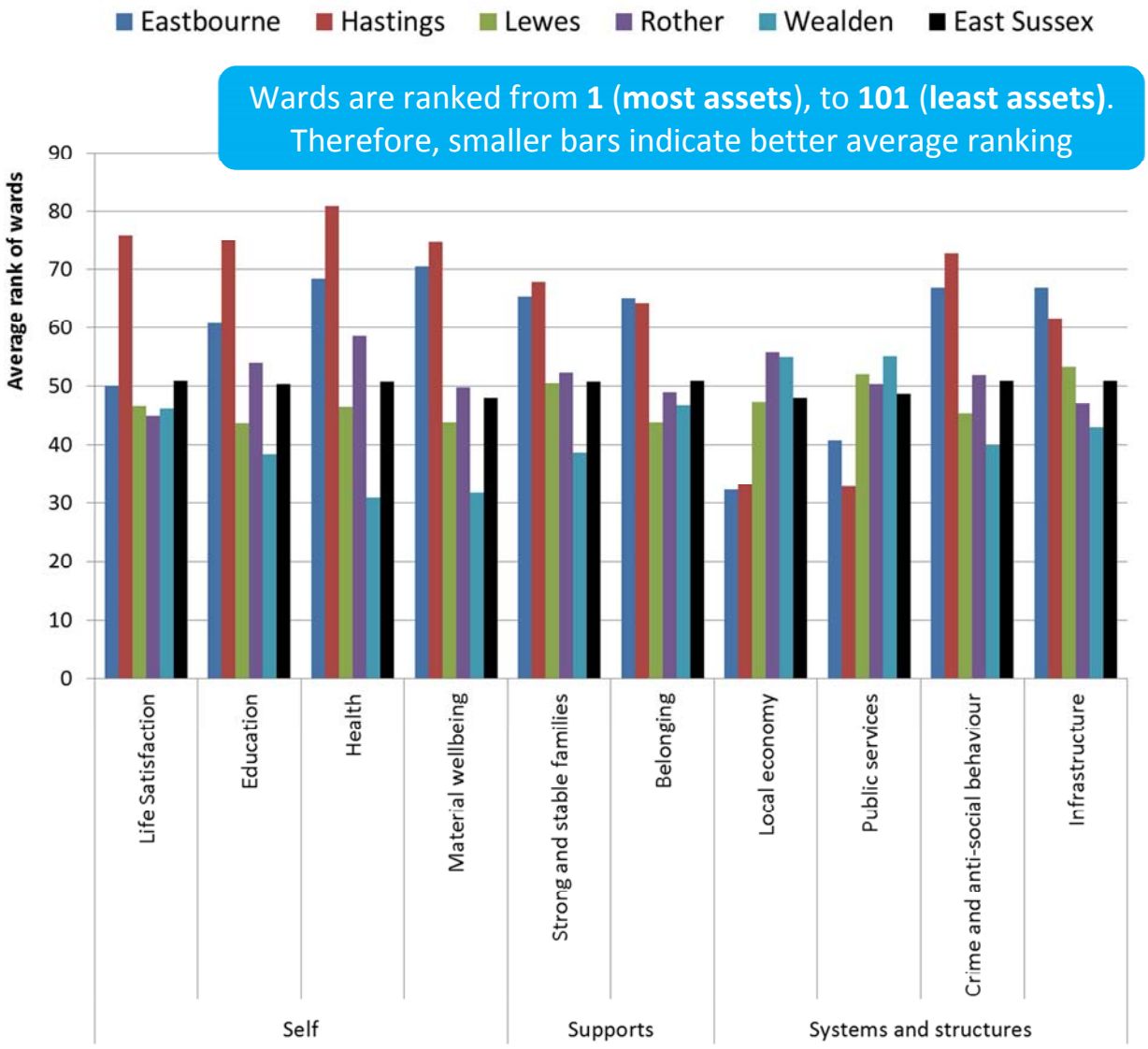
An overall RAG rating is also calculated for each component based on the number of red, amber and green indicators that constitute the component. (These scores have been weighted so that weak indicators carry half the weight of strong indicators.) 'Red components' are where the majority of indicators are identified as deficits and 'Green components' are where the majority of indicators are identified as assets.

Figure 28 shows how each of the district and borough local authorities score for each of the ten WARM components. Wards are ranked from 1 (most assets) to 101 (Least assets) as benchmarked against East Sussex. The average ranking for the wards within each District or Borough is shown as well as the East Sussex average. The better average ranks are those areas with the smaller bars in the bar chart. Figure 29 presents the same process for each CCG by ranking the 67 GP practices in the county from most assets (1) to least assets (67).

For the Life Satisfaction, Education, Health, Material Wellbeing, Strong and Stable Families and Crime and Antisocial Behaviour components, Wealden and then Lewes have the best ranked wards, and Hastings followed by Eastbourne and Rother have the worst ranked wards. The Infrastructure component is very different with Eastbourne, then Rother then Hastings having the best ranked wards and Lewes and Wealden both having the worst ranked wards. This is similar for Public Services and Local Economy, with Eastbourne having the best ranked wards followed

by Hastings, in part due to several major indicators being around proximity to services. For the Belonging component the average ranks are very similar across all areas but Rother and then Lewes have the best ranked wards.

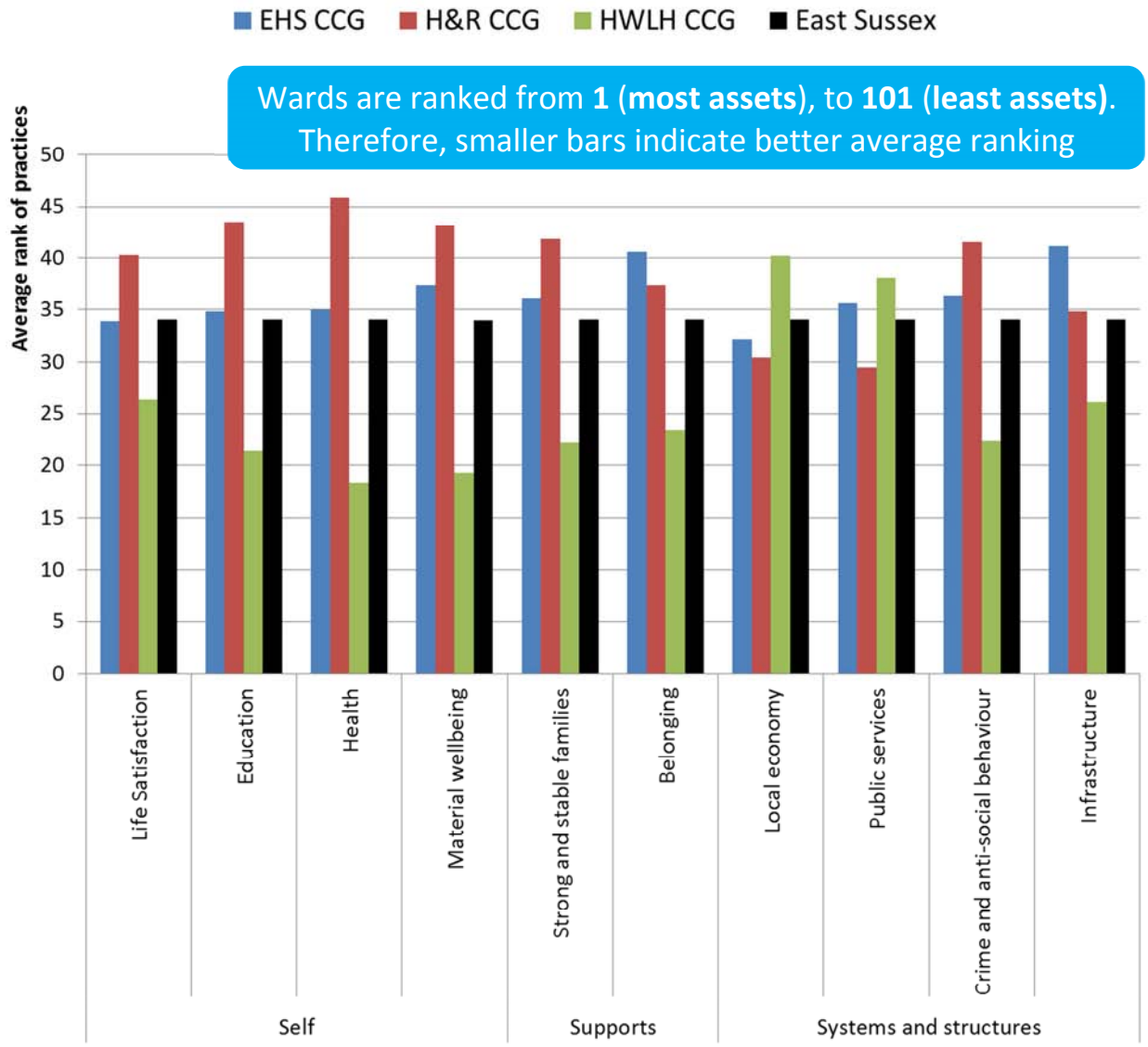
Figure 28: WARM 2016 components for East Sussex, districts/boroughs



Looking at the district and borough council areas in East Sussex (Figure 28), Hastings has the worst average ranking for six out of ten components. However it has the best average ranking for Public Services. Wealden has the best average ranking for six out of ten components. However it has the worst average ranking for Public Services.

Looking at the CCGs in East Sussex (Figure 29), Hastings and Rother has the worst average ranking for six out of ten components. It has the best average ranking for Public Services and Local Economy. High Weald Lewes Havens has the best average rankings for all except Public Services (worst) and Local Economy (worst). Eastbourne, Hailsham and Seaford shares similar average rankings to East Sussex overall, with the exception of Infrastructure and Belonging where East Sussex ranks better.

Figure 29: WARM 2016 components for East Sussex and each CCG



As would be expected, there is significant variation in RAG ratings at ward and GP practice level. This variation is shown in the following tables. For each district/borough local authority the RAG rated components at ward level are presented in Tables 17-21. For each clinical commissioning group the RAG rated components at GP practice level are presented in Tables 22-24. Appendix 2 contains an East Sussex ward map with all the wards named. Appendix 3 contains a map showing the location of main GP surgeries.

Within components, at indicator level, there is also significant variation, therefore for each ward and GP practice a separate detailed report has been developed. These contain a description of all indicators within the ward or practice and identify if they are significantly better or worse than East Sussex overall. Their ranking is also shown to give further context to where the ward/practice lies on an East Sussex scale. These are available alongside this report at www.eastsussexjsna.org.uk

Table 17: WARM 2016 component ratings for wards in Eastbourne Borough

Ward	Self				Support		Systems and Structures			
	Life Satisfaction	Education	Health	Material Wellbeing	Strong & Stable Families	Belonging	Local Economy	Public Services	Crime & Antisocial Behaviour	Infrastructure
Devonshire	R	A	R	R	R	A	G	G	R	R
Hampden Park	R	R	R	R	R	A	G	A	R	R
Langney	A	R	R	R	R	A	A	A	A	R
Meads	G	G	A	A	A	A	G	A	R	A
Old Town	G	G	A	A	A	A	A	A	A	A
Ratton	G	A	A	A	A	A	A	A	A	A
Sovereign	G	A	A	A	A	A	A	A	G	A
St Anthony's	A	A	A	A	A	A	A	A	A	A
Upperton	A	A	R	A	A	A	G	G	A	A

Table 18: WARM 2016 component ratings for wards in Hastings Borough

Ward	Self				Support		Systems and Structures			
	Life Satisfaction	Education	Health	Material Wellbeing	Strong & Stable Families	Belonging	Local Economy	Public Services	Crime & Antisocial Behaviour	Infrastructure
Ashdown	R	A	A	A	G	A	G	A	A	A
Baird	R	A	R	R	R	A	A	A	R	A
Braybrooke	A	A	A	R	R	A	A	A	A	A
Castle	R	R	R	R	R	A	G	G	R	A
Central St Leonards	R	R	R	R	R	A	G	A	R	A
Conquest	A	A	A	A	G	A	G	A	A	A
Gensing	R	A	R	R	R	A	G	A	R	A
Hollington	A	R	R	R	R	A	G	A	R	A
Maze Hill	A	A	R	R	A	A	A	A	A	A
Old Hastings	A	A	A	A	R	A	G	A	A	A
Ore	A	R	R	R	R	A	G	A	R	A
Silverhill	A	A	A	A	A	A	A	A	A	R
St Helens	A	A	A	A	G	A	A	G	A	A
Tressell	R	R	R	R	R	A	A	A	A	A
West St Leonards	A	A	R	A	A	A	A	A	R	A
Wishing Tree	A	R	R	R	R	A	A	A	A	A

Table 19: WARM 2016 component ratings for wards in Lewes District

Ward	Self				Support		Systems and Structures			
	Life Satisfaction	Education	Health	Material Wellbeing	Strong & Stable Families	Belonging	Local Economy	Public Services	Crime & Antisocial Behaviour	Infrastructure
Barcombe & Hamsey	A	A	G	G	G	A	R	A	G	G
Chailey & Wivelsfield	A	A	G	G	G	A	A	A	A	G
Ditchling & Westmeston	G	G	G	G	G	A	A	A	G	A
East Saltdean & Telscombe Cliffs	A	A	A	A	A	A	A	A	G	R
Kingston	G	G	A	G	G	A	A	A	A	G
Lewes Bridge	A	G	A	A	A	A	G	A	A	A
Lewes Castle	A	A	A	A	A	A	A	A	A	A
Lewes Priory	A	G	A	A	A	A	G	A	A	A
Newhaven Denton & Meeching	R	R	A	A	R	A	A	A	A	R
Newhaven Valley	R	R	A	R	R	A	A	A	R	A
Newick	G	A	A	G	G	A	R	A	G	A
Ouse Valley & Ringmer	A	A	A	A	A	A	A	A	G	A
Peacehaven East	A	R	R	A	A	A	A	A	A	A
Peacehaven North	R	A	A	A	A	A	A	A	G	A
Peacehaven West	A	A	A	A	R	A	G	A	A	A
Plumpton, Streat, East Chiltington & St John	A	G	G	G	G	A	R	A	G	G
Seaford Central	G	A	A	A	R	A	G	A	A	A
Seaford East	G	A	A	A	A	A	A	A	A	A
Seaford North	G	A	A	A	A	A	A	A	G	A
Seaford South	A	A	A	A	A	A	A	A	A	A
Seaford West	A	A	A	G	G	A	A	A	G	G

Table 20: WARM 2016 component ratings for wards in Rother District

	Self				Support		Systems and Structures			
Ward	Life Satisfaction	Education	Health	Material Wellbeing	Strong & Stable Families	Belonging	Local Economy	Public Services	Crime & Antisocial Behaviour	Infrastructure
Battle Town	A	A	A	A	A	A	A	A	G	A
Brede Valley	G	A	A	A	G	A	R	A	A	A
Central (Bexhill)	A	A	R	R	R	A	G	A	R	A
Collington (Bexhill)	A	A	A	G	G	A	A	A	G	A
Crowhurst	A	A	A	A	G	A	R	A	A	G
Darwell	A	G	A	G	G	A	R	R	G	G
Eastern Rother	A	A	A	A	A	A	R	A	R	G
Ewhurst & Sedlescombe	A	A	A	A	A	A	R	A	A	A
Kewhurst (Bexhill)	A	A	A	A	G	A	A	A	A	R
Marsham	A	A	A	A	A	A	A	A	G	A
Old Town (Bexhill)	G	A	A	A	A	A	G	A	A	A
Rother Levels	A	A	A	A	G	A	R	A	A	A
Rye	A	R	A	A	A	A	G	A	R	A
Sackville (Bexhill)	G	A	R	R	R	A	G	A	A	A
Salehurst	A	A	G	G	G	A	A	A	A	A
Sidley (Bexhill)	R	R	R	R	A	A	R	A	R	R
St Marks (Bexhill)	G	A	A	G	G	A	A	A	G	A
St Michaels (Bexhill)	A	A	R	A	A	A	A	A	G	A
St Stephens (Bexhill)	A	A	A	A	R	A	A	A	A	A
Ticehurst & Etchingham	G	A	G	G	G	A	R	R	G	G

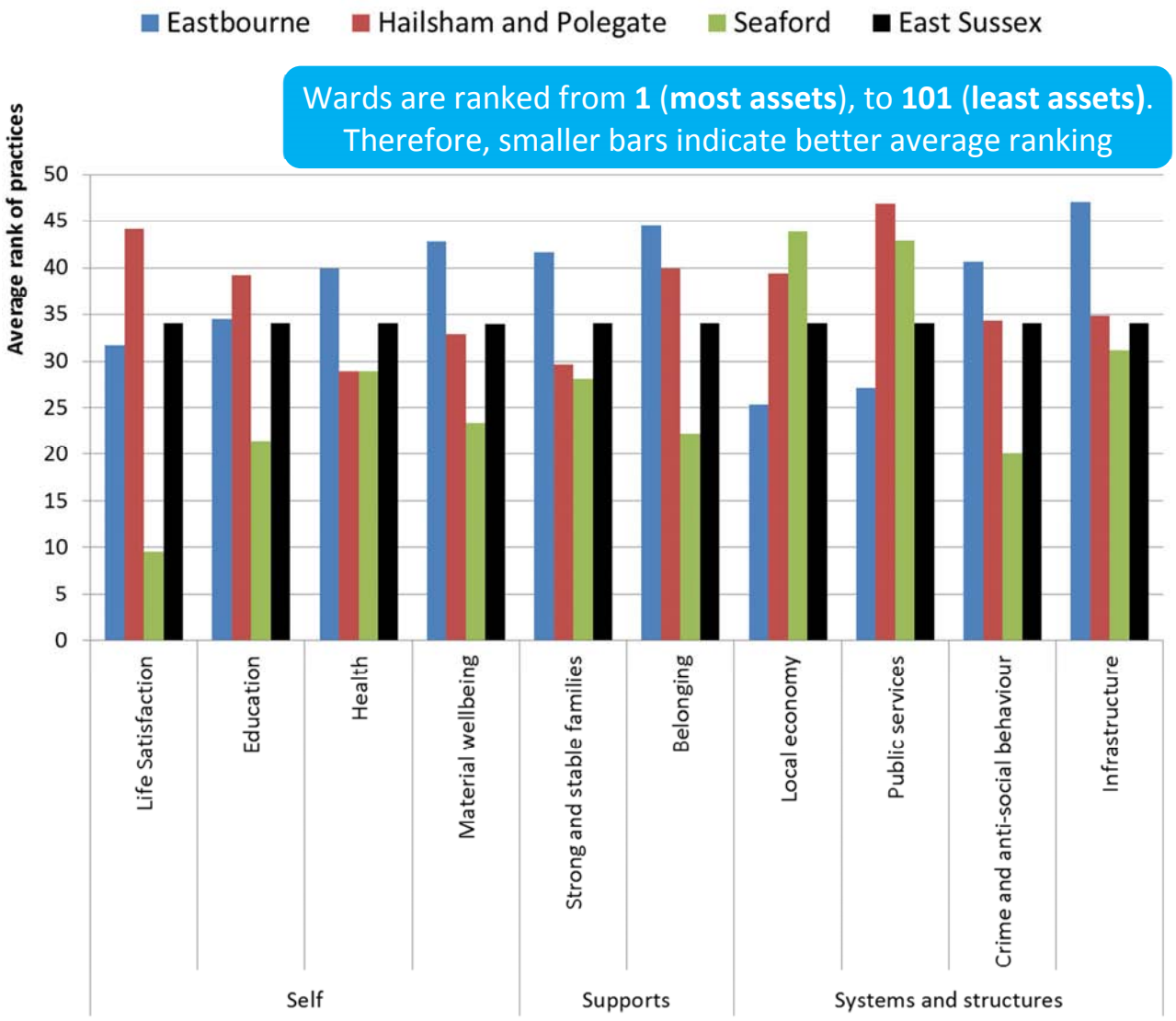
Table 21: WARM 2016 component ratings for wards in Wealden District

Ward	Self				Support		Systems and Structures			
	Life Satisfaction	Education	Health	Material Wellbeing	Strong & Stable Families	Belonging	Local Economy	Public Services	Crime & Antisocial Behaviour	Infrastructure
Alfriston	G	A	A	G	A	A	R	A	G	A
Buxted & Maresfield	A	A	G	G	G	A	A	A	G	G
Chiddingly & East Hoathly	A	A	G	G	G	A	A	R	A	G
Cross in Hand/Five Ashes	A	A	G	G	G	A	A	A	A	G
Crowborough East	A	A	G	A	G	A	G	A	G	A
Crowborough Jarvis Brook	A	A	A	A	A	A	G	A	A	A
Crowborough North	G	G	G	G	G	A	G	A	G	R
Crowborough St Johns	A	A	G	G	G	A	A	A	G	A
Crowborough West	G	A	A	G	G	A	A	A	G	A
Danehill/Fletching/Nutley	G	G	G	G	G	G	R	A	G	G
East Dean	A	A	A	G	G	A	R	A	A	A
Forest Row	A	G	G	G	A	A	A	A	G	A
Framfield	A	G	G	G	G	A	R	A	A	G
Frant & Withyham	A	A	G	G	G	A	A	A	G	G
Hailsham Central & North	R	A	A	A	G	A	G	A	A	A
Hailsham East	R	R	A	R	R	A	A	A	A	A
Hailsham South & West	R	A	A	A	A	A	G	A	G	R
Hartfield	A	G	G	G	G	A	A	A	G	G
Heathfield East	A	A	G	G	G	A	R	A	G	G
Heathfield North & Central	G	A	G	A	A	A	A	A	G	A
Hellingly	A	A	A	A	G	A	A	A	A	A
Herstmonceux	A	A	A	A	A	A	R	A	A	A
Horam	A	A	A	A	A	A	A	A	G	A
Mayfield	G	A	G	G	A	A	R	A	G	A
Ninfield & Hooe with Wartling	A	A	A	A	A	A	R	A	G	G
Pevensey & Westham	A	A	A	A	G	A	A	A	G	A
Polegate North	A	A	A	A	A	A	G	A	A	A
Polegate South	A	A	A	A	A	A	A	A	A	A
Rotherfield	A	A	G	G	G	A	A	A	G	A
Uckfield Central	G	A	A	A	A	A	G	A	A	A
Uckfield New Town	A	A	A	G	A	A	A	A	A	A
Uckfield North	A	A	A	A	A	A	G	A	A	A
Uckfield Ridgewood	A	A	G	G	G	A	A	A	G	R
Wadhurst	A	G	G	G	G	A	R	A	G	G
Willingdon	A	A	A	A	G	A	A	A	A	A

Figures 30, 31 and 32 show how each of the clinical commissioning group localities fare for each of the ten components benchmarked against East Sussex. For these charts the average ranking of GP practices within each clinical commissioning group locality for each of the WARM 2016 components is plotted as well as the East Sussex average. GP practices are ranked from 1 (the best) to 67 (the worst) across the whole of East Sussex.

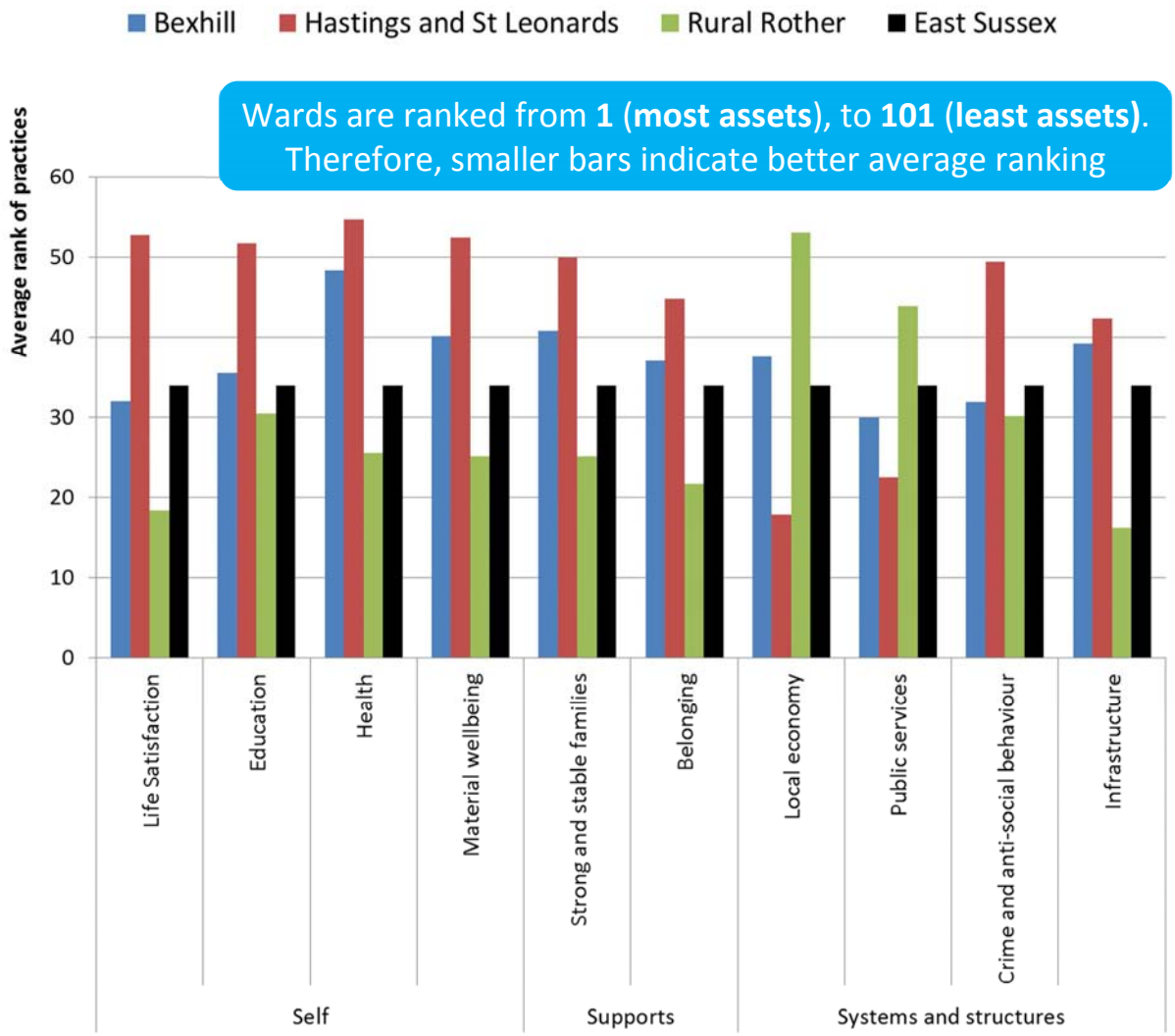
Within Eastbourne, Hailsham and Seaford CCG (Figure 30), Eastbourne locality has the worst average ranks for Health, Material Wellbeing, Strong and Stable Families, Belonging, Crime and Antisocial Behaviour and Infrastructure; however it has the best average ranks for Public Services and Local Economy. Hailsham and Polegate has the worst average ranks for Life Satisfaction, Education and Public Services. Seaford has the best average ranks for Life Satisfaction, Education, Material Wellbeing, Strong and Stable Families, Belonging, Crime and Antisocial Behaviour and Infrastructure.

Figure 30: WARM 2016 components for Eastbourne, Hailsham and Seaford CCG



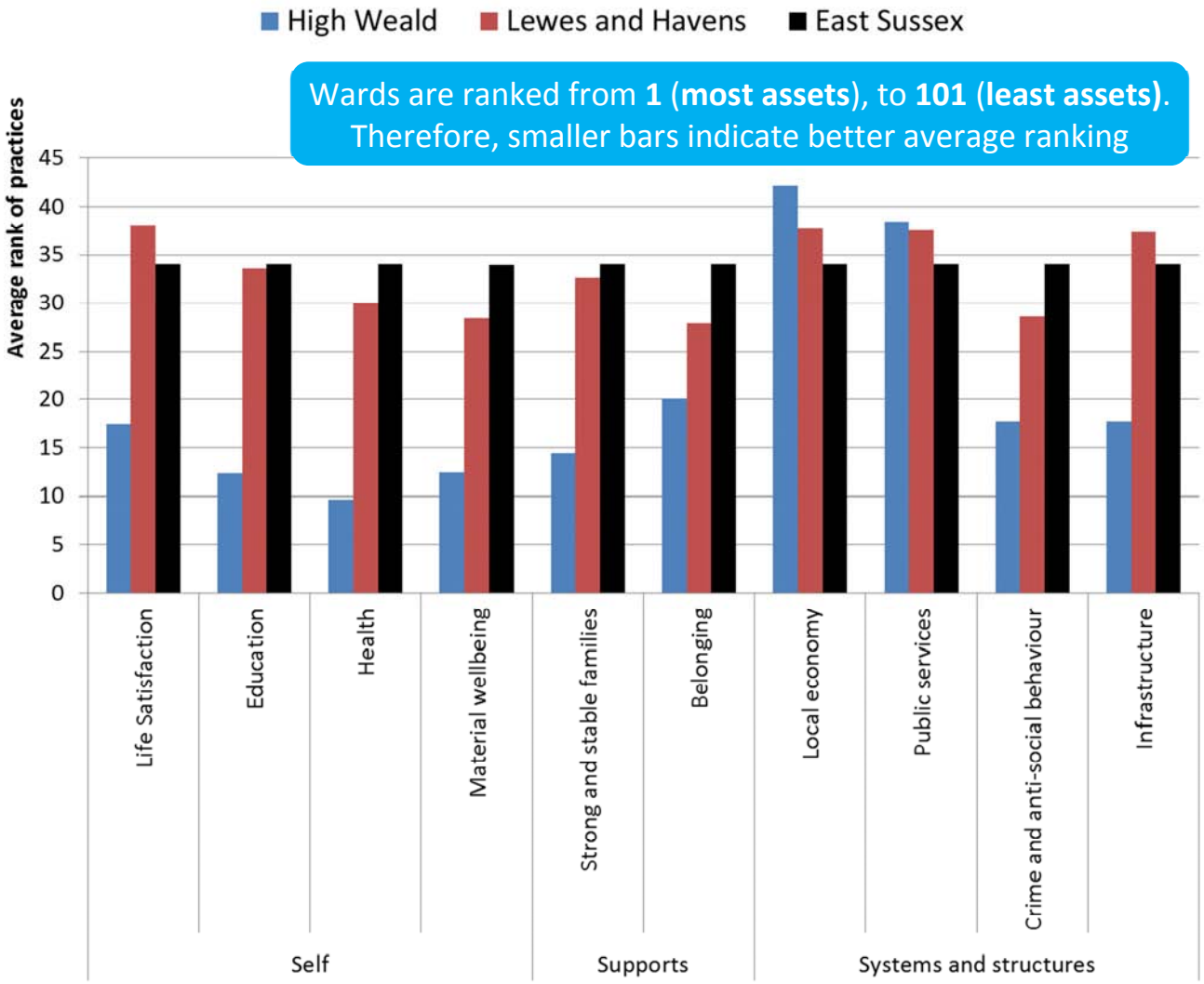
Within Hastings and Rother CCG (Figure 31), Hastings and St Leonards locality has the worst average ranks for all components except Local Economy and Public Services. For Local Economy and Public Services it is Rural Rother that has the worst average ranks, although it has the best average ranks in all of the rest.

Figure 31: WARM 2016 components for Hastings and Rother CCG



Within High Weald Lewes Havens CCG (Figure 32), the difference between High Weald locality and Lewes and Havens locality is considerable. With the exception of Public Services and Local Economy, where average ranks are similar, High Weald experiences far better average rankings than Lewes and Havens.

Figure 32: WARM 2016 components for High Weald Lewes Havens CCG



Tables 22-24 present the RAG rated components at GP practice level for each clinical commissioning group.

Table 22: WARM 2016 component ratings for Eastbourne, Hailsham and Seaford CCG

		Self				Support		Systems and Structures			
Locality	**Practice**	Life Satisfaction	Education	Health	Material Wellbeing	Strong & Stable Families	Belonging	Local Economy	Public Services	Crime & Antisocial Behaviour	Infrastructure
Eastbourne	Arlington Road Medical Practice	A	A	A	A	A	A	G	A	A	A
	Bolton House Surgery	A	A	A	A	A	A	G	A	A	A
	Enys Road Surgery	A	A	A	A	A	A	G	A	A	A
	Green Street Clinic	A	A	A	A	A	A	A	A	A	A
	Grove Road Surgery	A	A	A	A	A	A	G	A	A	A
	Lighthouse Medical Practice	A	A	A	A	R	A	A	A	R	A
	Park Practice	A	A	R	R	R	A	A	A	R	A
	Seaside Medical Centre	A	A	A	R	R	A	G	G	R	R
	Sovereign Practice	A	A	A	A	A	A	G	A	R	A
	Stone Cross Surgery	A	A	A	A	A	A	A	A	G	A
	The Harbour Medical Practice	A	A	A	A	A	A	A	A	A	A
Hailsham & Polegate	Bridgeside Surgery	R	A	A	A	A	A	G	A	A	A
	Crescent Medical Centre	A	A	A	A	A	A	A	A	A	A
	Downlands Medical Centre	A	A	A	A	A	A	A	A	G	R
	Hailsham Medical Group	R	R	A	A	A	A	G	A	A	R
	Herstmonceux Health Centre	A	A	G	A	A	A	R	A	A	A
	Manor Park Medical Centre	A	A	A	A	A	A	A	A	A	R
	Quintin Medical Centre	A	A	A	A	G	A	A	A	A	A
Seaford	Old School Surgery	G	A	A	G	A	A	R	A	G	A
	Seaford Medical Practice	G	A	A	A	A	A	A	A	G	A

Table 23: WARM 2016 component ratings for Hastings and Rother CCG

		Self				Support		Systems and Structures			
Locality	**Practice**	Life Satisfaction	Education	Health	Material Wellbeing	Strong & Stable Families	Belonging	Local Economy	Public Services	Crime & Antisocial Behaviour	Infrastructure
Bexhill	Collington Surgery	A	A	A	A	A	A	R	A	A	A
	Little Common & Old Town Surgeries	A	A	A	A	A	A	A	A	A	A
	Pebsham Surgery	A	A	R	A	R	A	G	A	A	A
	Sidley Medical Practice	A	A	R	R	R	A	A	A	A	A
Hastings & St Leonards	Beaconsfield Road Surgery	A	A	R	R	R	A	A	A	R	A
	Carisbrooke Surgery	R	A	R	R	R	A	G	A	R	A
	Churchwood Medical Practice	R	A	R	R	R	A	G	G	R	A
	Cornwallis Plaza	R	A	R	R	R	A	A	A	R	A
	Harold Road Surgery	A	A	A	R	R	A	A	A	R	A
	Hastings Old Town Surgery	R	A	A	R	R	A	G	A	R	A
	High Glades Medical Centre	R	A	R	R	A	A	G	A	R	A
	Priory Road Surgery	R	A	R	R	R	A	A	A	R	A
	Roebuck House - Practice 3	A	A	A	A	A	A	A	A	R	A
	Sedlescombe House Surgery	A	A	R	R	R	A	G	A	R	A
	Shankill Surgery	A	A	R	R	A	A	A	A	R	A
	Silver Springs Medical Practice	A	A	R	R	R	A	G	G	R	A
	South Saxon House Surgery	A	A	R	A	A	A	A	A	R	A
	The Station Practice	R	A	R	R	R	A	A	A	R	A
	Warrior Square Surgery	R	A	R	R	R	A	G	A	R	A
Rural Rother	Fairfield Surgery	A	A	G	G	G	A	R	R	G	G
	Ferry Road Health Centre	A	A	A	A	A	A	A	A	A	A
	Martins Oak Surgery	A	G	A	A	A	A	R	R	G	G
	Northiam & Broad Oak Surgeries	A	A	A	A	G	A	R	A	A	G
	Oldwood Surgery	A	A	G	A	G	A	R	R	A	A
	Rye Medical Centre	A	R	A	A	A	A	R	A	A	A
	Sedlescombe & Westfield Surgeries	G	A	A	A	A	A	R	A	A	G

Table 24: WARM 2016 component ratings for High Weald Lewes Havens CCG

		Self				Support		Systems and Structures			
Locality	**Practice**	Life Satisfaction	Education	Health	Material Wellbeing	Strong & Stable Families	Belonging	Local Economy	Public Services	Crime & Antisocial Behaviour	Infrastructure
High Weald	Ashdown Forest Health Centre	G	G	G	G	G	G	R	R	G	G
	Beacon Surgery	A	G	G	G	G	A	A	A	G	A
	Belmont Surgery	G	G	G	G	G	A	R	R	G	G
	Bird-In-Eye Surgery	A	A	G	G	G	A	A	A	G	A
	Buxted Medical Centre	A	G	G	G	G	A	A	A	G	G
	Groombridge & Hartfield	A	A	G	G	G	A	A	A	G	G
	Heathfield Surgery	A	A	G	G	G	A	R	A	G	G
	Manor Oak Surgery	A	A	G	G	A	A	A	A	G	G
	Meads Medical Centre	G	A	G	G	G	A	A	A	G	A
	Rotherfield Surgery	A	A	G	G	G	A	A	A	G	A
	Saxonbury House Surgery	A	G	G	G	G	A	G	A	G	A
	Woodhill Surgery	G	A	G	G	A	A	R	A	G	G
Lewes & Havens	Chapel Street Surgery	R	R	A	A	A	A	A	A	A	R
	Foxhill Medical Centre	A	A	A	A	A	A	A	A	A	R
	Meridian Surgery	R	R	A	A	A	A	A	A	G	R
	Mid Downs Medical Practice	G	G	G	G	G	G	R	R	G	G
	Quayside Medical Practice	R	R	A	A	R	A	A	A	A	R
	River Lodge Surgery	G	A	G	G	A	A	A	A	G	A
	Rowe Avenue Surgery	R	A	A	A	A	A	A	A	G	R
	School Hill Medical Practice	G	A	G	A	A	A	A	A	A	A
	St Andrews Surgery	G	A	G	G	A	A	A	A	A	A

WARM 2016 Mapping

This section focuses on the WARM 2016 domains and their components and maps the assets at ward level. In all the maps, the darkest coloured wards are the wards with the greatest number of assets. (Appendix 2 of this report has an East Sussex ward map with all wards identified by name.)

Self Domain

The Way People Feel About Their Own Lives

The Self domain is made up of four components: life satisfaction, education, health and material wellbeing. There are a total of 25 potential assets in the self domain.

Figure 33: Ward map - number of assets for the self domain

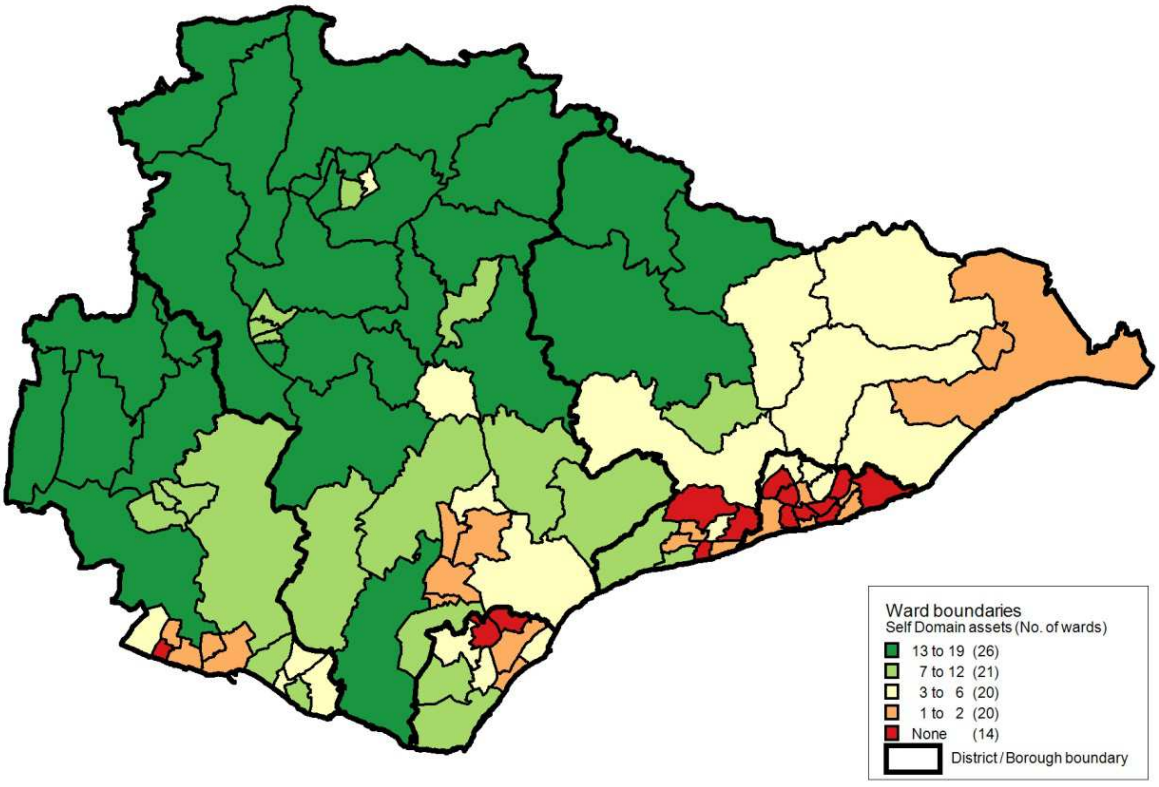


Figure 33 maps the total number of self assets. This shows that the greatest number of assets are in Lewes and Wealden districts.

Figure 34: Ward map - number of assets for the life satisfaction component

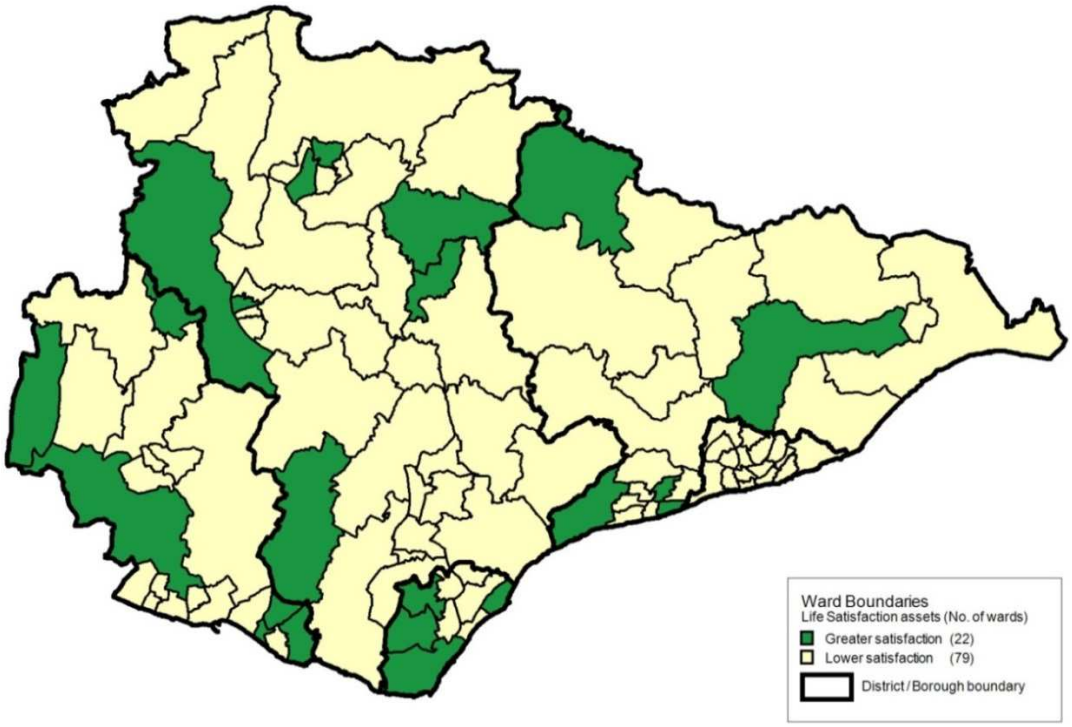


Figure 34 maps the Life Satisfaction component. This shows that all districts and boroughs have wards with a greater life satisfaction than East Sussex overall except Hastings borough where there are none. Figure 35 maps the education component which has a potential total of six assets. Areas with the lowest numbers of assets include Hastings, Bexhill, Eastern Rother, Eastbourne, Hailsham and the Havens.

Figure 35: Ward map - number of assets for the education component

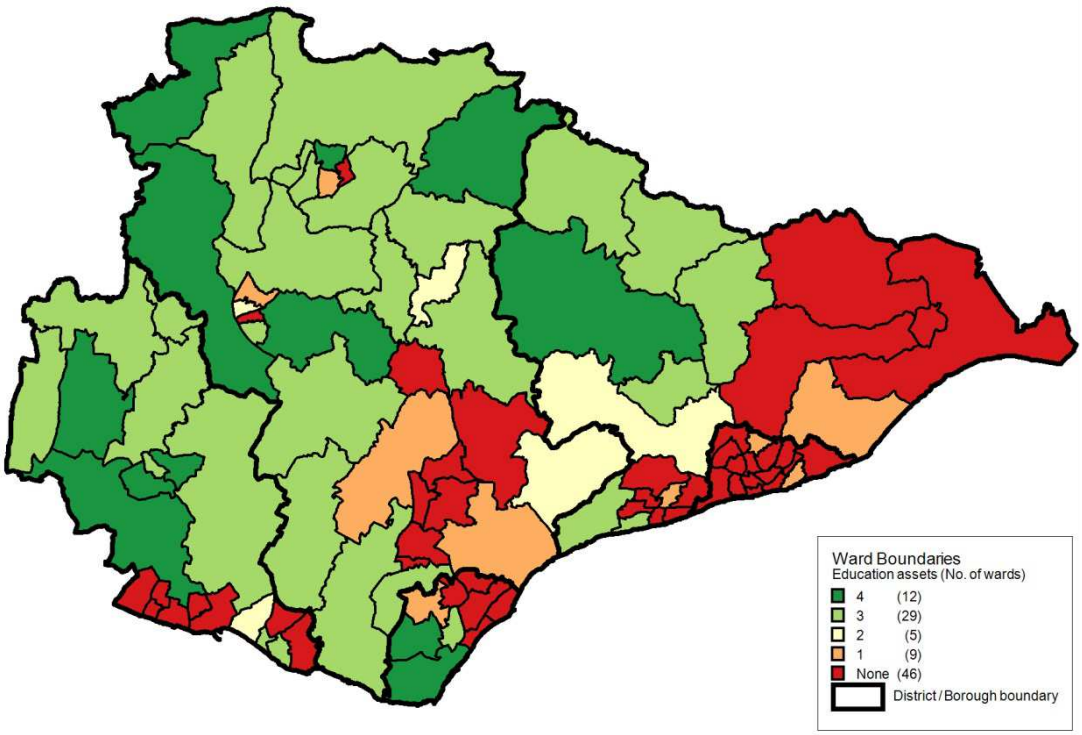


Figure 36: Ward map - number of assets for the health component

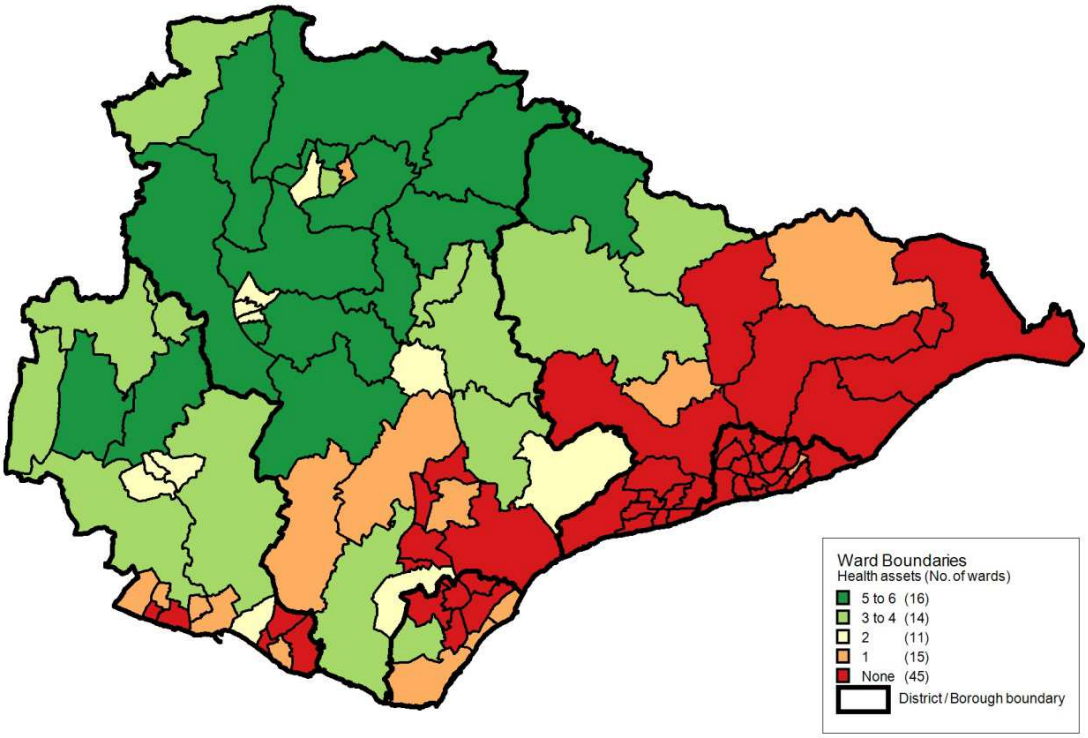
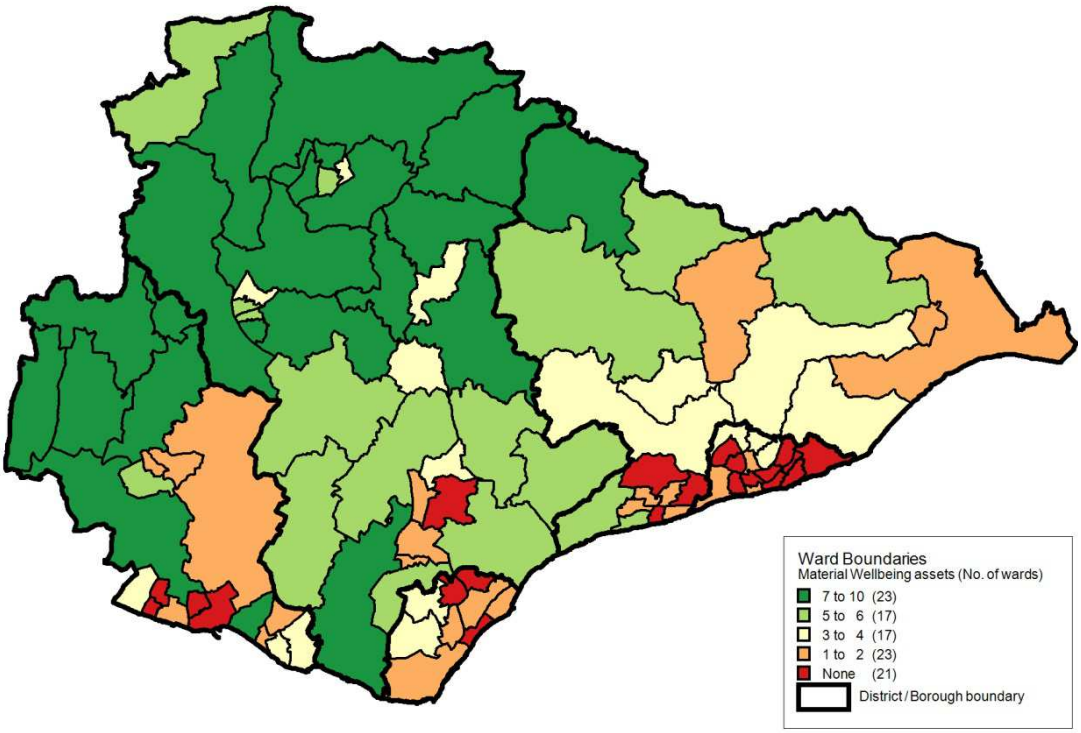


Figure 36 maps the Health component which has a potential seven assets. Wards in north of the county have the greatest number of assets and those on the coast and to the east of the county have the lowest number of assets. Figure 37 maps the material wellbeing component. There are a potential 11 assets in this component. Wards in Lewes and Wealden districts have the greatest number of assets.

Figure 37: Ward map - number of assets for the material wellbeing component



Support Domain

The Quality of Social Support and Networks Within their Community

The Support domain is made up of two components: strong and stable families and belonging. There are a total of 15 potential assets in the support domain.

Figure 38: Ward map - number of assets for the support domain

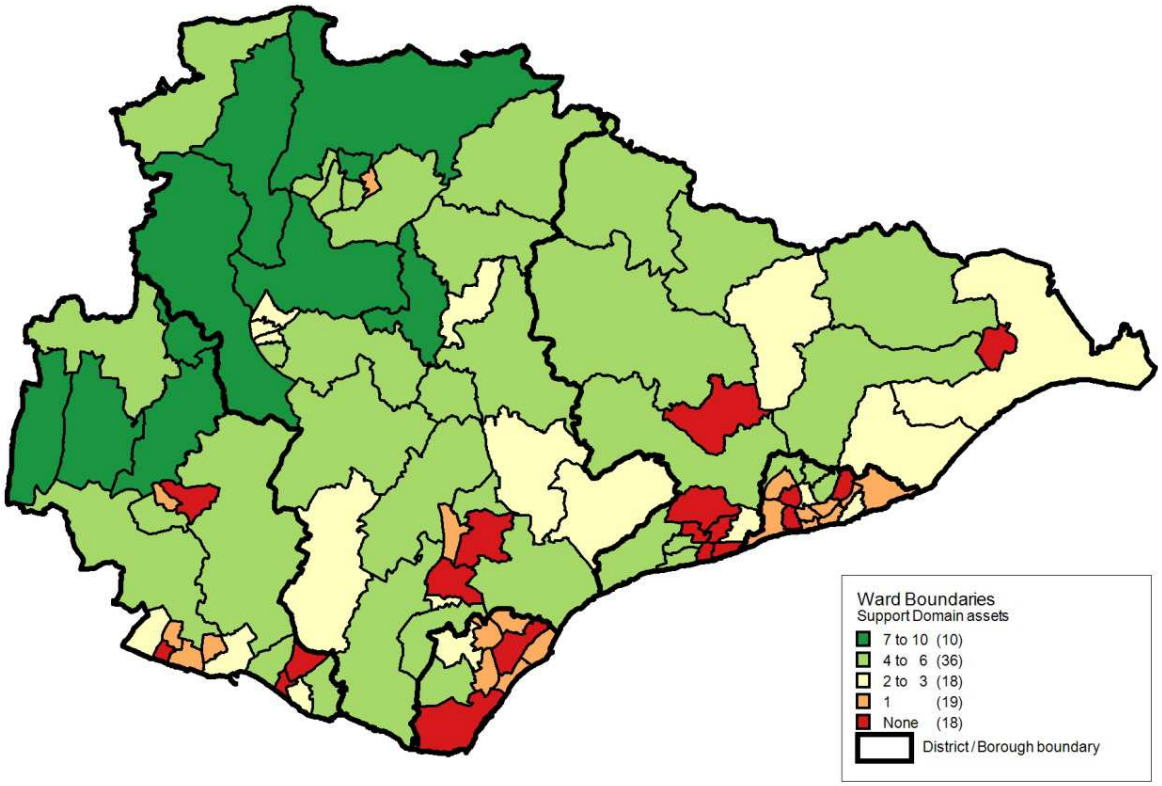


Figure 38 maps the total number of support assets. This shows that the greatest number of support assets are in Lewes district. Eastbourne borough has the fewest support assets.

Figure 39: Ward map - number of assets for the strong and stable families component

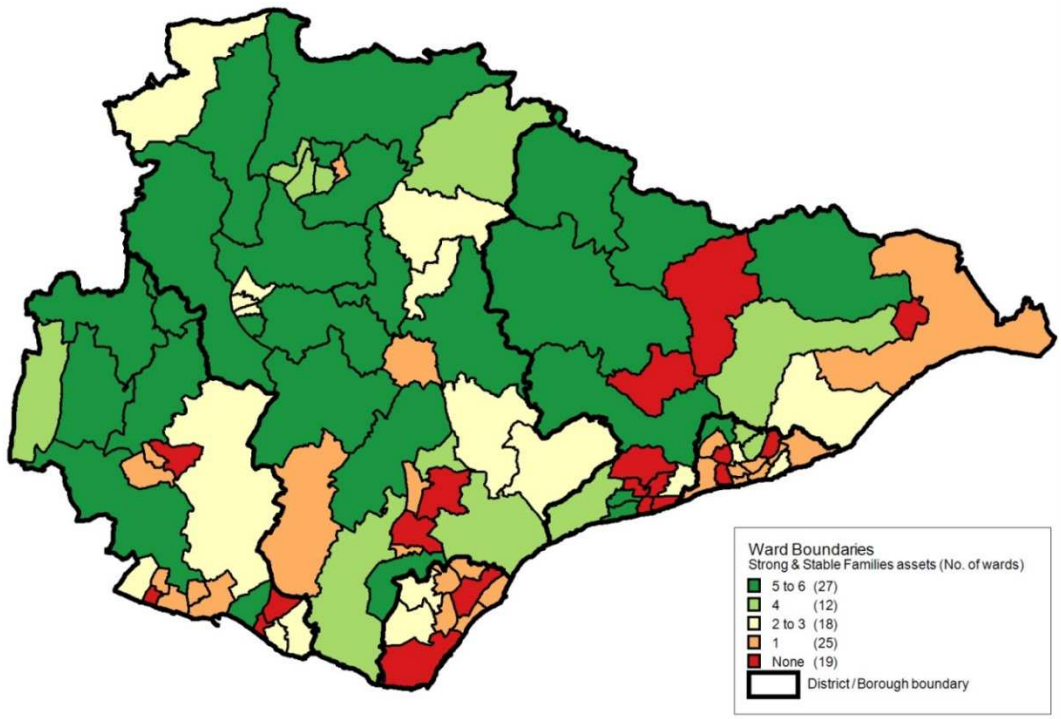
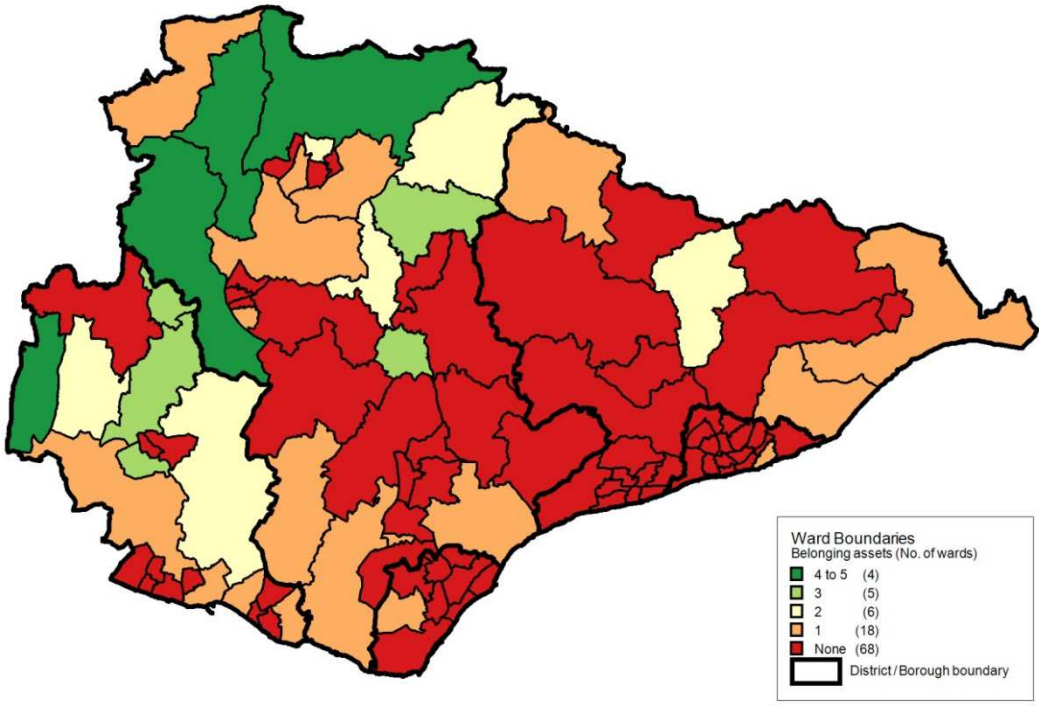


Figure 39 maps the Strong and Stable Families component which has a total of seven assets. Five wards: Buxted & Maresfield, Chailey & Wivelsfield, Cross in Hand/Five Ashes, Heathfield East and Willingdon have six assets and Eastbourne and Hastings boroughs have the lowest number. Figure 40 maps the Belonging component which has a potential total of eight assets. This shows that North Wealden has the greatest number of assets.

Figure 40: Ward map - number of assets for the belonging component



Systems & Structures Domain

The Strengths of the Infrastructure and Environment to Support People to Achieve their Aspirations and Live a Good Life

The Systems and Structures domain is made up of four components: local economy, public service, crime and anti-social behaviour and infrastructure. There are a total of 21 potential assets in the Systems and Structures domain.

Figure 41: Ward map - number of assets for the systems and structures domain

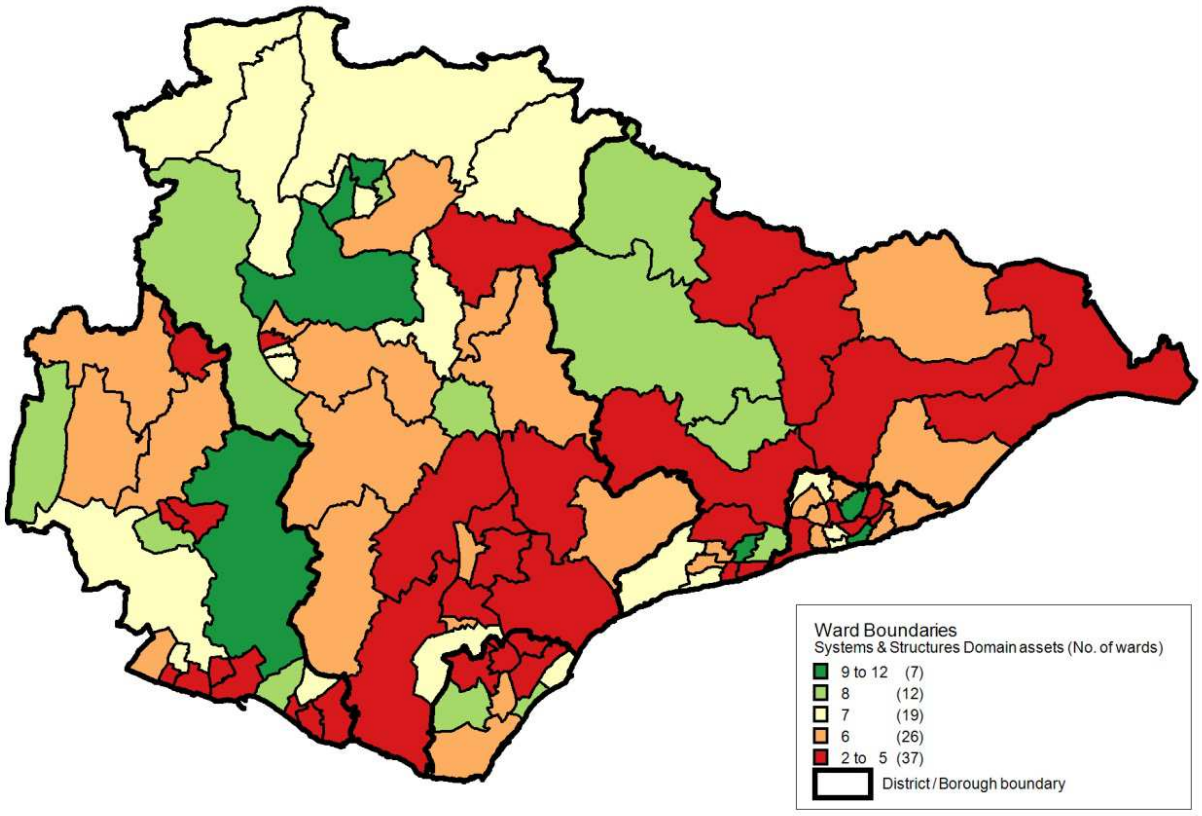


Figure 41 maps the total number of systems and support assets and shows a mixed picture with wards with the greatest number of assets being distributed across the county.

Figure 42: Ward map - number of assets for the local economy component

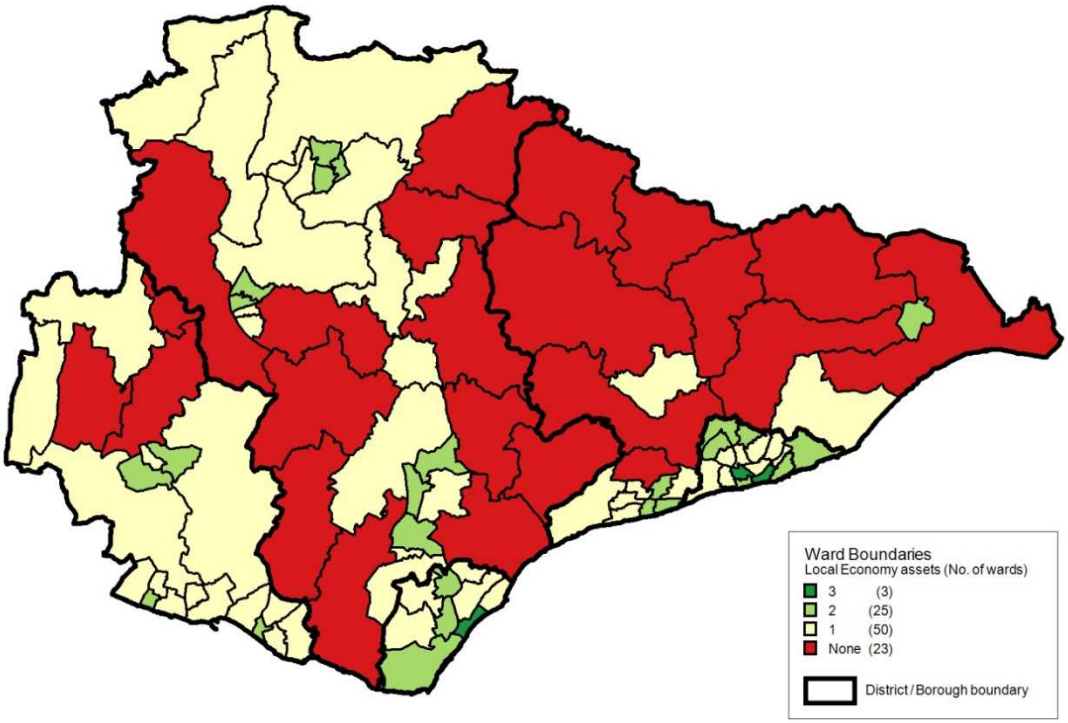


Figure 42 maps the local economy component which has a potential of three assets. This shows that Eastbourne and Hastings have the greatest assets. Figure 43 maps the public service component. There are a potential total of eight assets in this component. Eastbourne and Hastings have the greatest assets.

Figure 43: Ward map - number of assets for the public service component

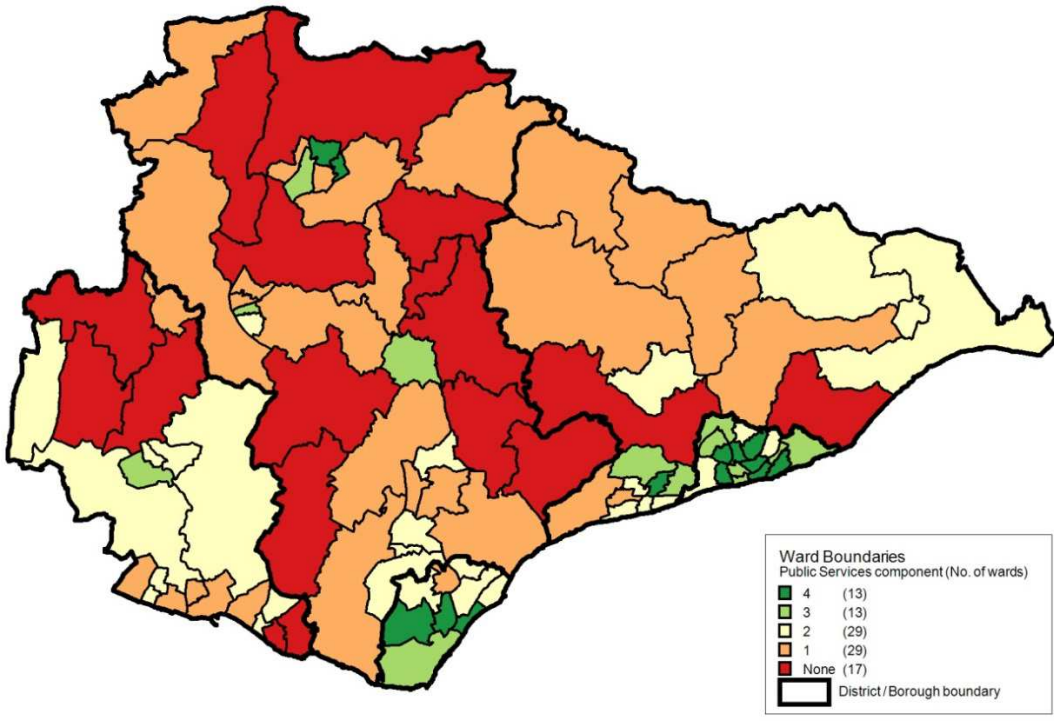


Figure 44: Ward map - number of assets for the crime and antisocial behaviour component

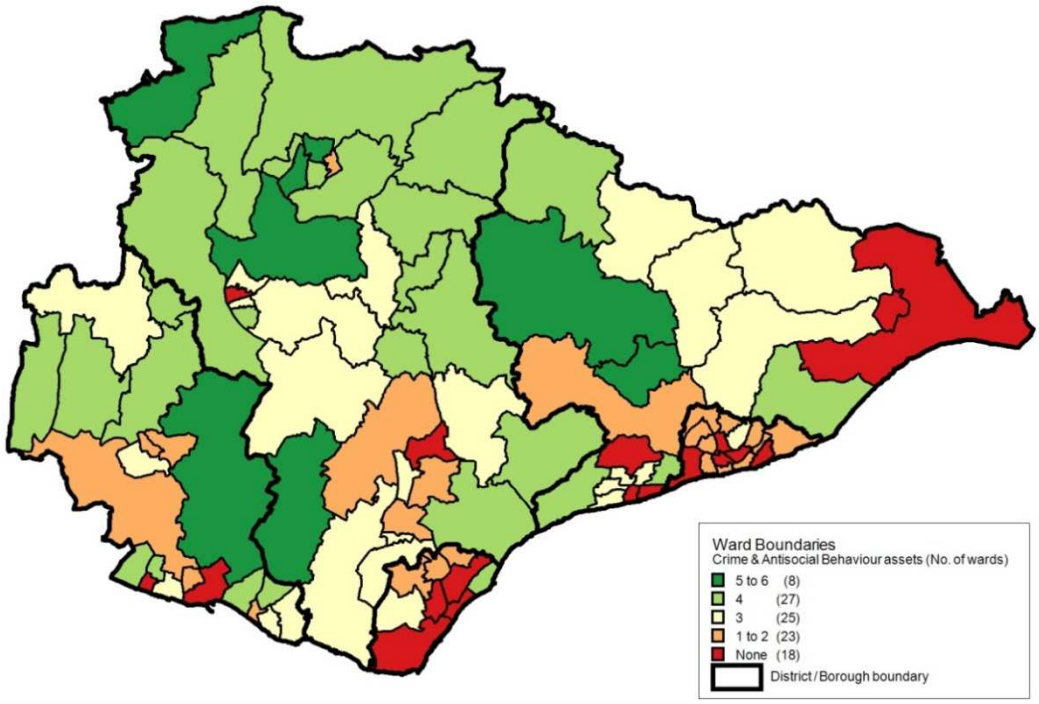
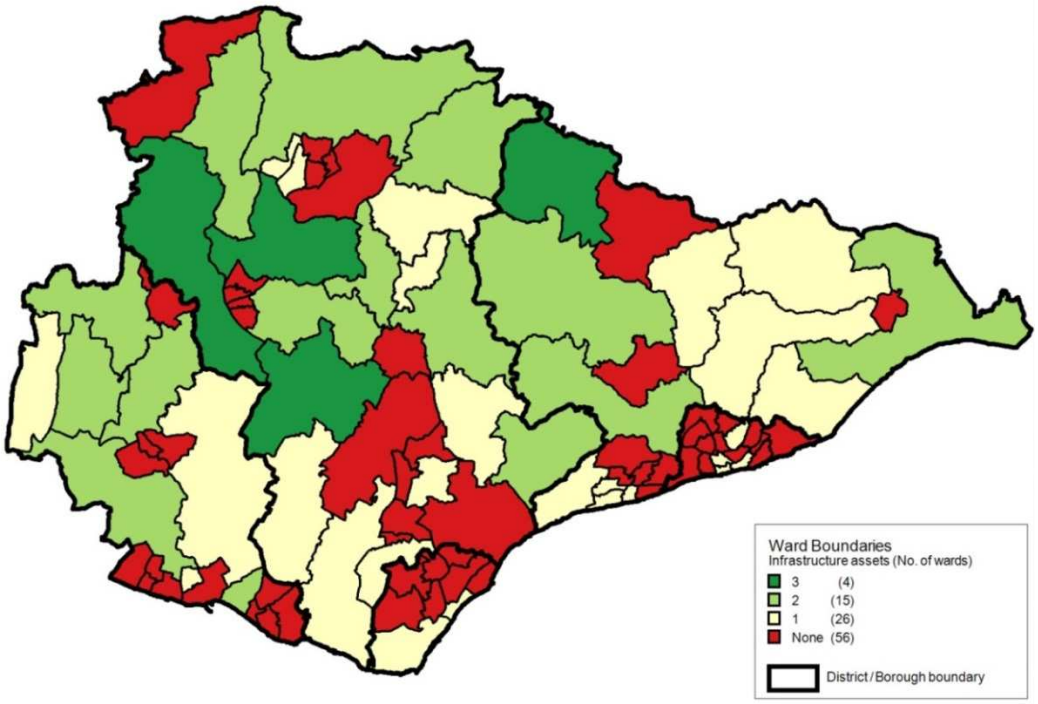


Figure 44 maps the crime and anti-social behaviour component. There are a potential total of seven assets in this component. Eastbourne and Hastings borough have the lowest number of assets. Figure 45 maps the infrastructure component which has a potential total of three assets. Four wards, Buxted & Maresfield, Danehill/Fletching/Utley, Chiddingly & East Hoathly and Ticehurst &Etchingham have the greatest number of infrastructure assets.

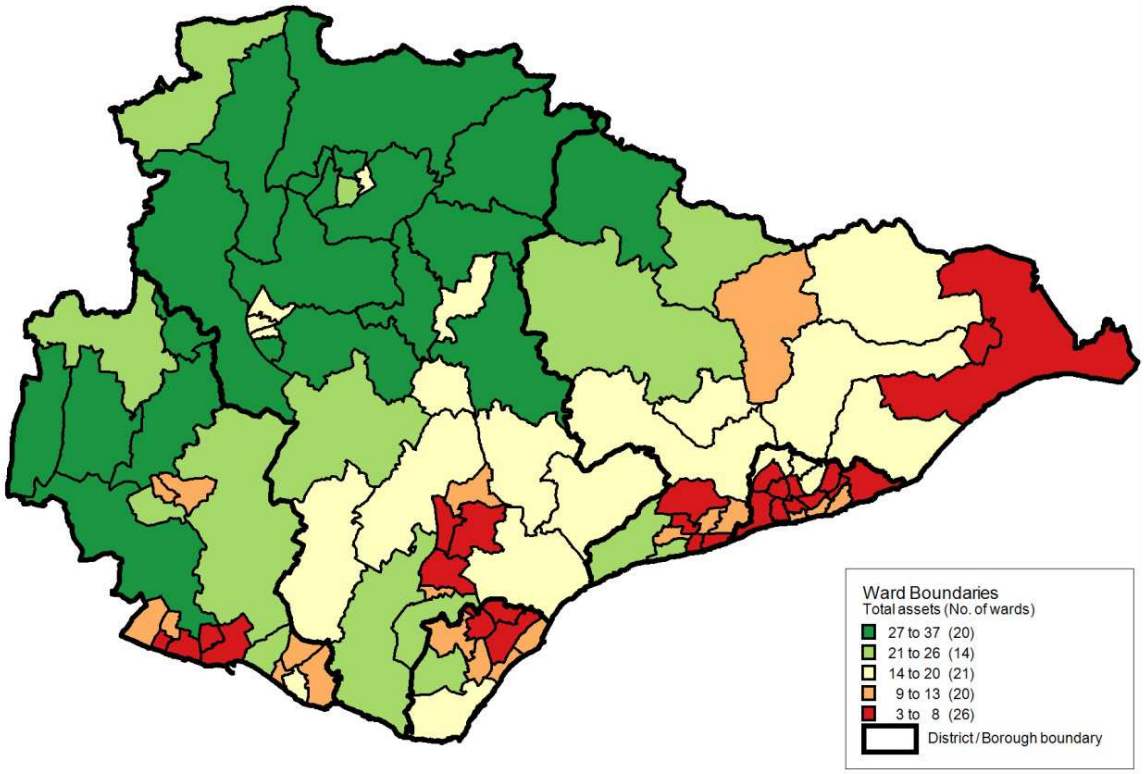
Figure 45: Ward map - number of assets for the infrastructure component



All Domains and All Assets

Figure 46 shows the total number of assets based on all WARM 2016 indicators in each domain and their components.

Figure 46: Ward map showing assets across all the WARM 2016 domains and their components



There are a potential total of 61 assets. There are no wards with no assets. Fewer assets are generally along the coast and in eastern parts of the county.

Figures 47 and 48 map the number of assets and deficits for each ward and GP practice. Figure 47 shows the number of assets for each ward (green bars) as positive values and deficits (red bars) as negative values. The data are ordered by number of assets. Danehill/Fletching/Nutley and Crowborough North have the greatest number of assets and Sidley the fewest.

Figure 48 shows the number of assets (green bars) as positive values and deficits (red bars) at GP practice level. This demonstrates that Mid Downs Medical Practice has the greatest number of assets and Crescent Medical Centre the fewest assets.

Figure 47: The total number of assets and deficits by ward

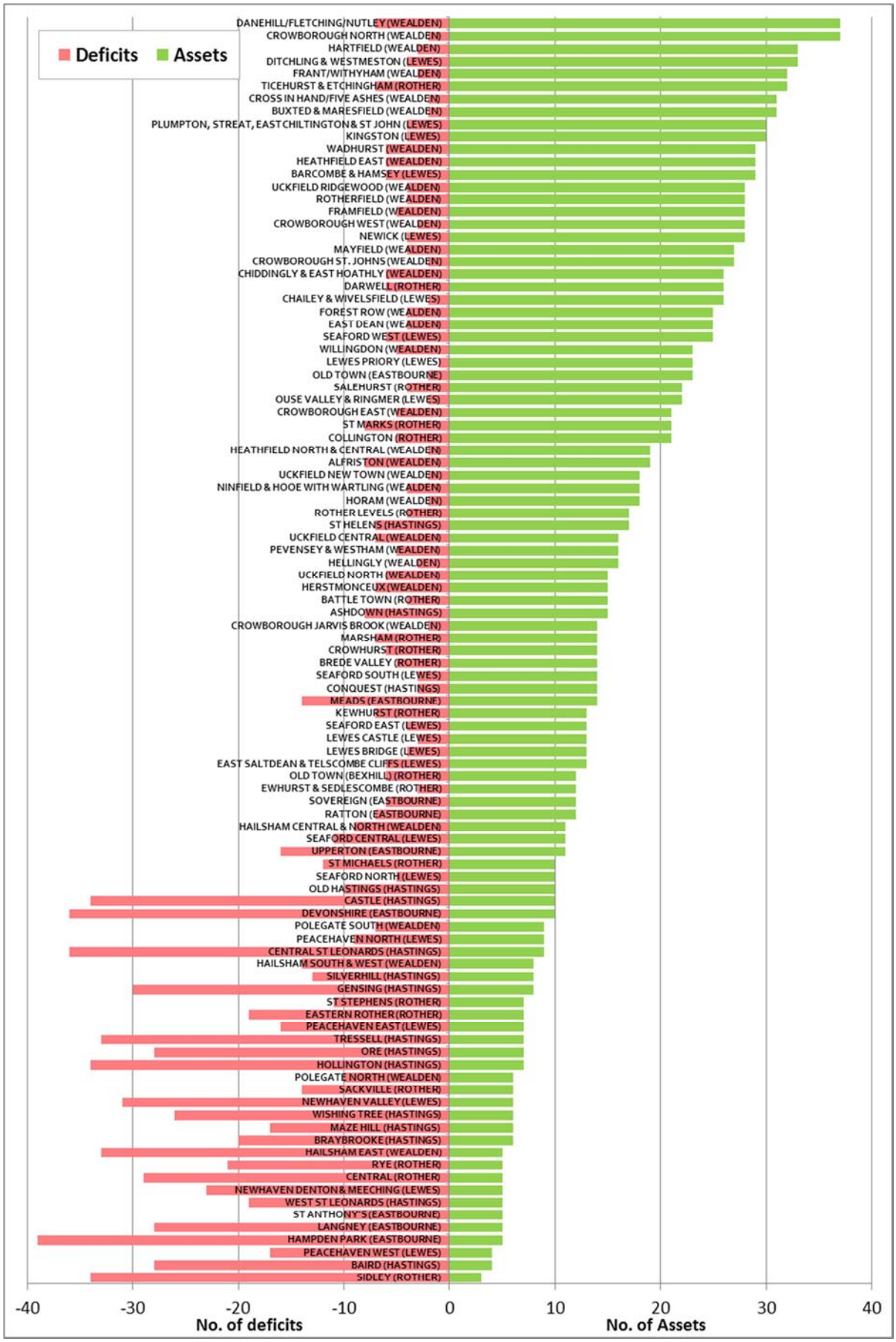
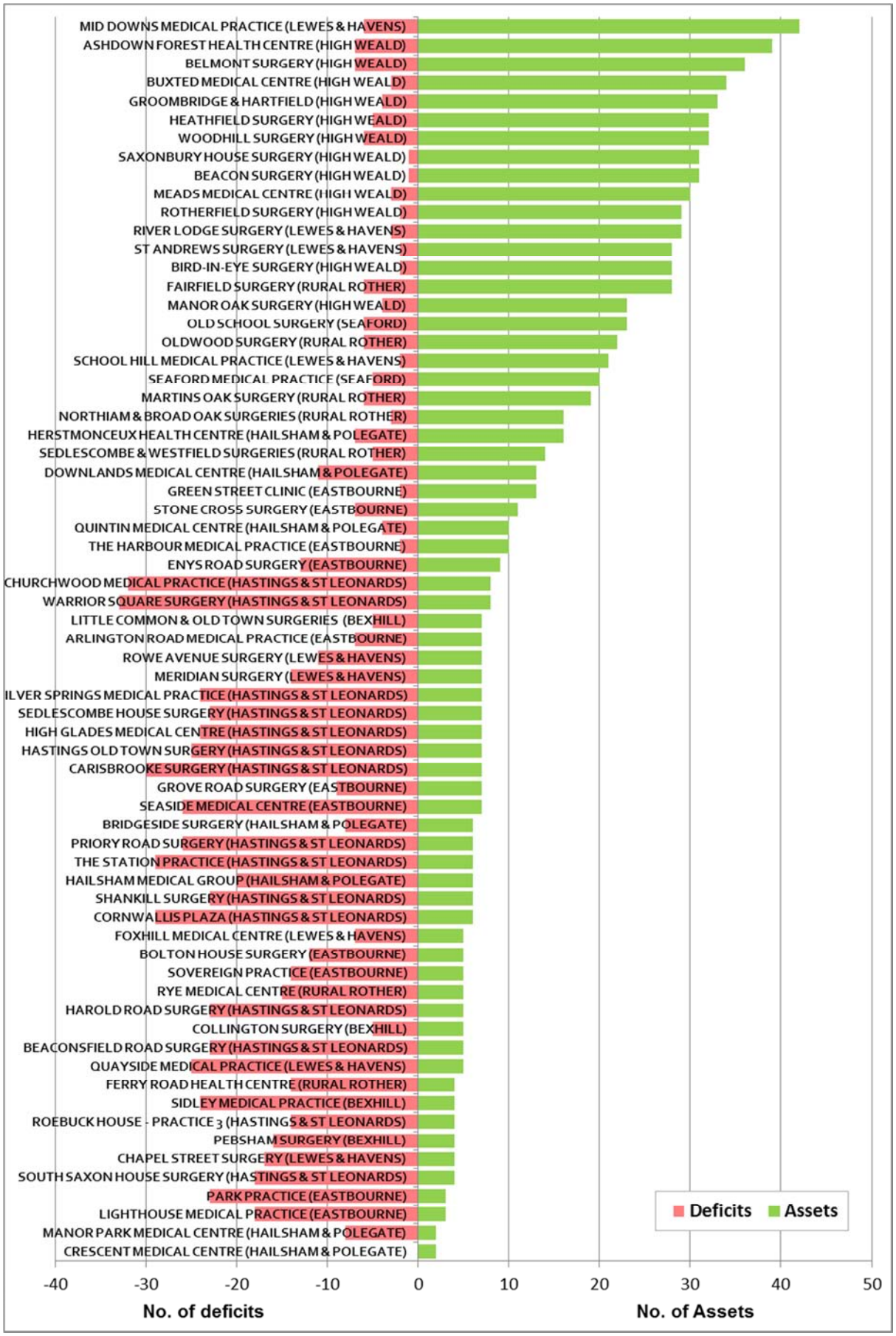


Figure 48: The total number of assets and deficits by GP practice



Figures 49 and 50 map the assets and deficits found in Danehill, Fletchling and Nutley ward and Mid Downs Medical Practice, the ward and GP practice with the most assets. Each block represents one of the indicators within each of the WARM 2016 components. Green represents indicators which are significantly better than the East Sussex average, yellow are similar to the average and red indicators are those which are significantly worse. Their ranking is also shown to give further context to where the ward/practice lies on an East Sussex scale.

The WARM 2016 analysis below has been undertaken for each ward and GP practice. These are available alongside this report at www.eastsussexjsna.org.uk

Figure 49: Assets and Deficit Indicators in Danehill, Fletchling and Nutley (Wealden)

Danehill/Fletching/Nutley **Wealden District**

SELF

LIFE SATISFACTION	RANK
Local area satisfaction	24

EDUCATION	RANK
5 A-C GCSEs	1
aged 25-54 with low or no qualifications	3
aged 16-18 not in employment education or training	37
Qualified adults	15
Further qualified adults	10
Educational attainment for 11 year olds	18

HEALTH	RANK
Long term health problem or disability	23
Years of potential life lost	12
0-19 year olds hospital admissions + attendances	6
Self reported good health	1
Average adult mental wellbeing score	9
Comparative illness and disability	13
Adult mood and anxiety disorders	4

MATERIAL WELLBEING	RANK
Income support	35
Incapacity benefits or ESA	18
JSA claimaints for under 12 months	1
Income deprivation	9
JSA/UC claimants	8
JSA claimants aged 50+	1
JSA claimants aged 18-24	97
Children aged under 16 years in deprivation	3
Older people in deprivation	13
Managing well financially	47
Average income	11

SUPPORT

STRONG AND STABLE FAMILIES	RANK
Divorce rate	8
Unemployed parents	10
Elderly living alone	17
Married or cohabiting parents	4
Lone parents	7
Lone parent claimants	34
Carer claimants	63

BELONGING	RANK
Sense of neighbourhood belonging	25
Adults not feeling lonely	5
Unpaid carers	32
Membership of local decision making group	1
Feel can influence local decisions	7
Want more involvement in local decisions	10
Formal volunteering	2
Informal volunteering	70

SYSTEMS AND STRUCTURES

LOCAL ECONOMY	RANK
Travel time to employment centre	92
Population close to employment centre	91
Distance to work	49

PUBLIC SERVICE	RANK
Satisfaction with local police	53
Satisfaction with local fire and rescue	48
Satisfaction with GP surgery	53
Satisfaction with local hospital	15
Travel time to local GP	100
Households close to GP surgery	99
Further education provision	68
Primary school provision	82

CRIME AND ANTISOCIAL BEHAVIOUR	RANK
Perceived improvement in local crime	84
Feeling safe in the day	37
Feeling safe at night	10
All crime	36
Burglary	86
Antisocial behaviour	20
Violent crime	16

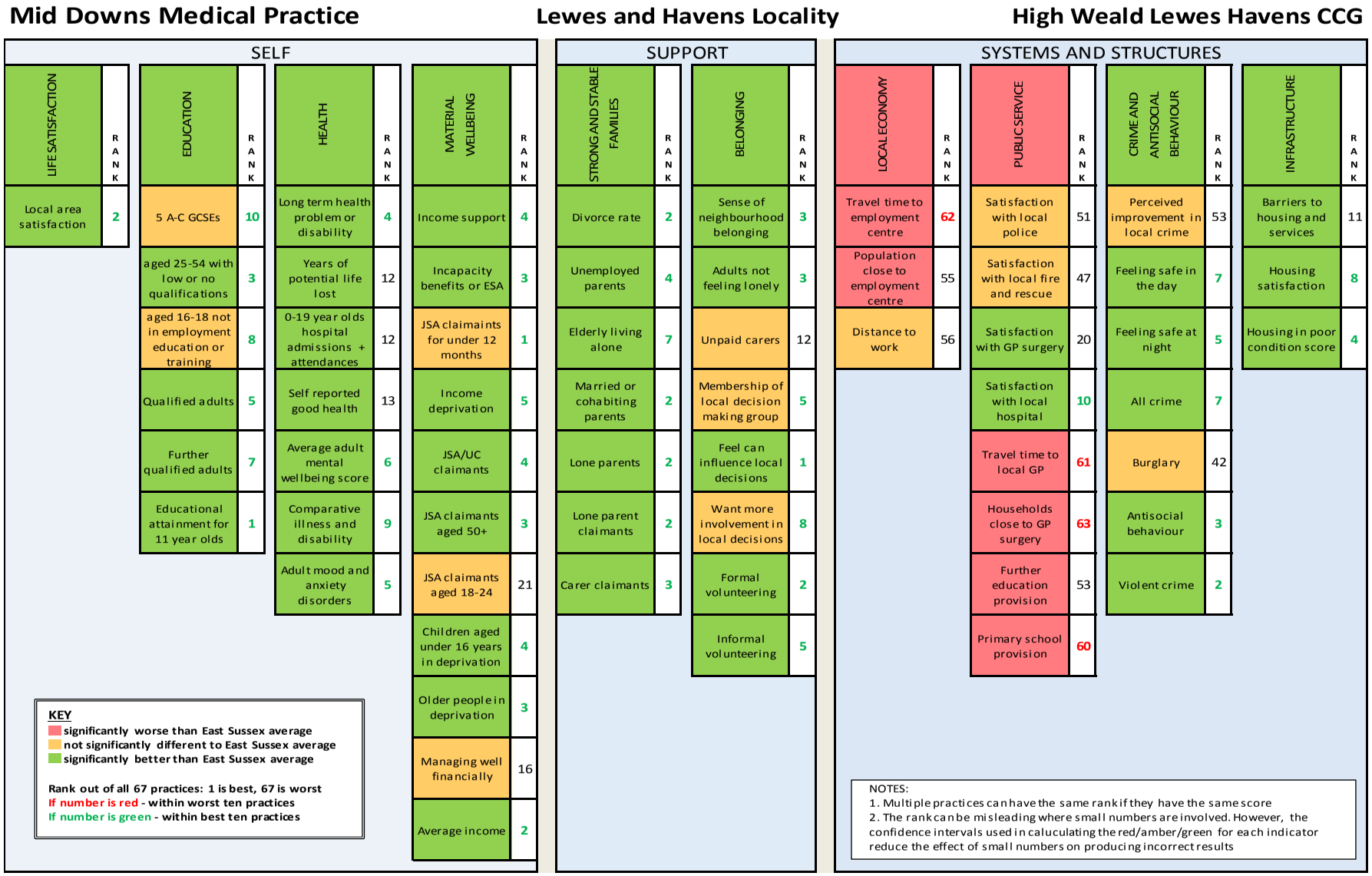
INFRASTRUCTURE	RANK
Barriers to housing and services	5
Housing satisfaction	18
Housing in poor condition score	5

KEY
- significantly worse than East Sussex average
- not significantly different to East Sussex average
- significantly better than East Sussex average

Rank out of all 101 wards: 1 is best, 101 is worst
If number is red - within worst ten wards
If number is green - within best ten wards

NOTES:
1. Multiple wards can have the same rank if they have the same score
2. Wards with no JSA claimants have been ranked as 1 for the indicator capturing JSA claimants for under 12 months
3. RAG scores and ranks are not shown where data are not available for a limited number of wards
4. The rank can be misleading where small numbers are involved but the confidence intervals used in the RAG scores reduce the effect of small numbers on producing incorrect results

Figure 50: Assets and Deficit Indicators for Mid Downs Medical Practice (HWLH CCG)



Summary of WARM 2016 Key Findings

WARM 2016 is a tool to identify, measure and compare levels of wellbeing and resilience in geographical areas.

The WARM 2016 analysis undertaken provides a description of which geographical areas have particular wellbeing and resilience characteristics and these can be used to inform priorities for action to reinforce assets and tackle deficits.

The WARM mapping in this report shows that:

- **even in wards and GP practices with higher numbers of deficits there are still assets;**
- **there are no wards and no GP practices with no assets;**
- **all wards and GP practices have assets upon which to build**

Wellbeing and resilience in East Sussex

4. Wellbeing and Resilience in East Sussex

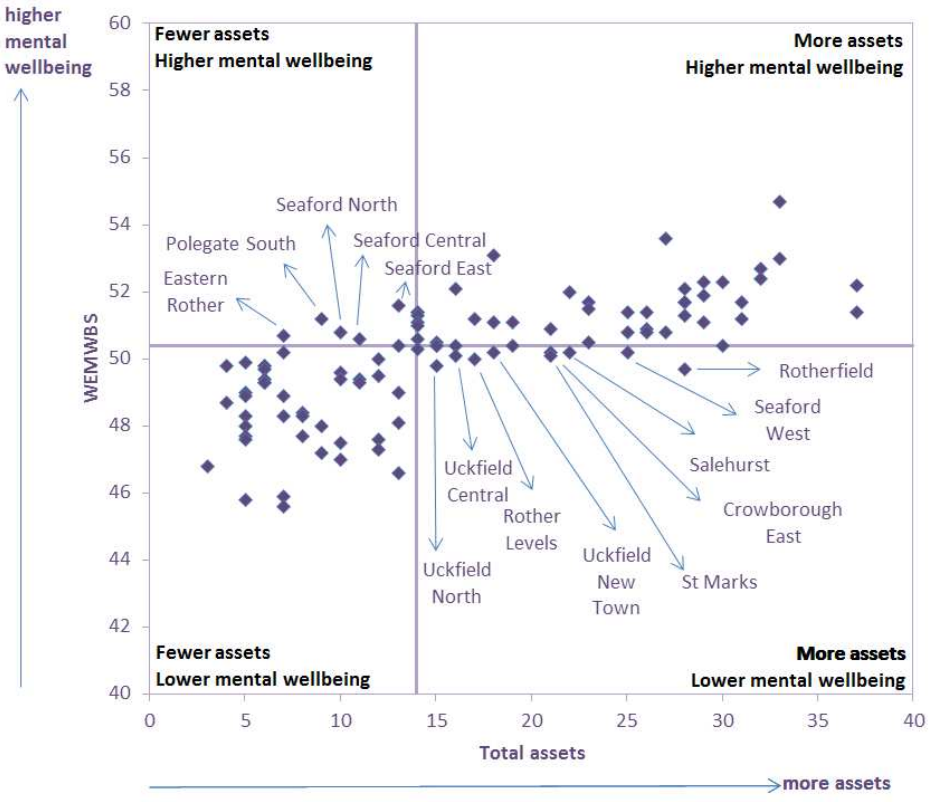
Wellbeing and resilience are inextricably linked. Resilient behaviours impact on wellbeing and positive feelings of wellbeing can lead to higher levels of resilience.

Personal and community resilience are intertwined because support networks are stronger when made up of resilient individuals, and forming meaningful relationships takes confidence and other personal capabilities. Having a broad and diverse set of networks and relationships is good for individual wellbeing and life chances but is also good for the community as a whole.

In this report we have used WEMWBS as a proxy for personal resilience and WARM 2016 to measure community wellbeing and resilience. We have analysed and mapped both at local authority, electoral ward, clinical commissioning group and GP practice level and the picture that emerges helps in our understanding of the current situation and will inform what we do together in the future.

The chart below contains each ward in East Sussex with their total number of WARM 2016 assets plotted against the WEMWBS score for the ward. The horizontal and vertical lines are the median values for East Sussex overall. It shows the clear association between personal and community resilience and that there are a greater number of assets in wards with a higher WEMWBS score (upper right quadrant) and fewer assets in wards with a lower WEMWBS score (lower left quadrant).

Figure 51: Scatter plot of WEMWBS (high is good) vs Total asset score across all sub domains (high is good)



Importantly, it also shows that there are some exceptions.

- Eastern Rother, Polegate South, Seaford North, Seaford Central and Seaford East have **higher WEMWBS scores but have fewer assets.**

- Uckfield New Town, St Marks, Crowborough East, Salehurst, Seaford West and Rotherfield have **lower WEMWBS scores but have greater assets**

This type of mapping is very useful and can help inform developments at a local level but it can only give a partial picture. More detailed work is necessary to try to understand why these wards are exceptions and what can be learnt and applied elsewhere.

Part of the reason may be 'patient activation'. Patient activation' is a widely recognised concept that describes the knowledge, skills and confidence a person has in managing their own health and health care. People who have low levels of activation are less likely to play an active role in staying healthy, helping themselves, and at managing their health.

In any geographical area or population group there is a full range of people – from those who with high levels of activation to those who have low levels of activation. Even among those who are burdened by multiple conditions the full range of individuals from highly activated to less activated has been observed.

Importantly, patient activation is changeable, and targeted interventions have been shown to increase it. A number of programmes have demonstrated the ability to raise activation scores. These typically focus on the patient gaining new skills or mastery and encouraging a sense of ownership of their health, often using peer support, changes in the patient's social environment, health coaching and educational classes. One important thing to note, however, is that not all interventions to engage patients are effective for everyone. Less activated patients are less interested in their health and more passive about health issues, meaning that they are unlikely to take advantage of any programmes on offer. Effective interventions are often those that are tailored to an individual's level of activation.

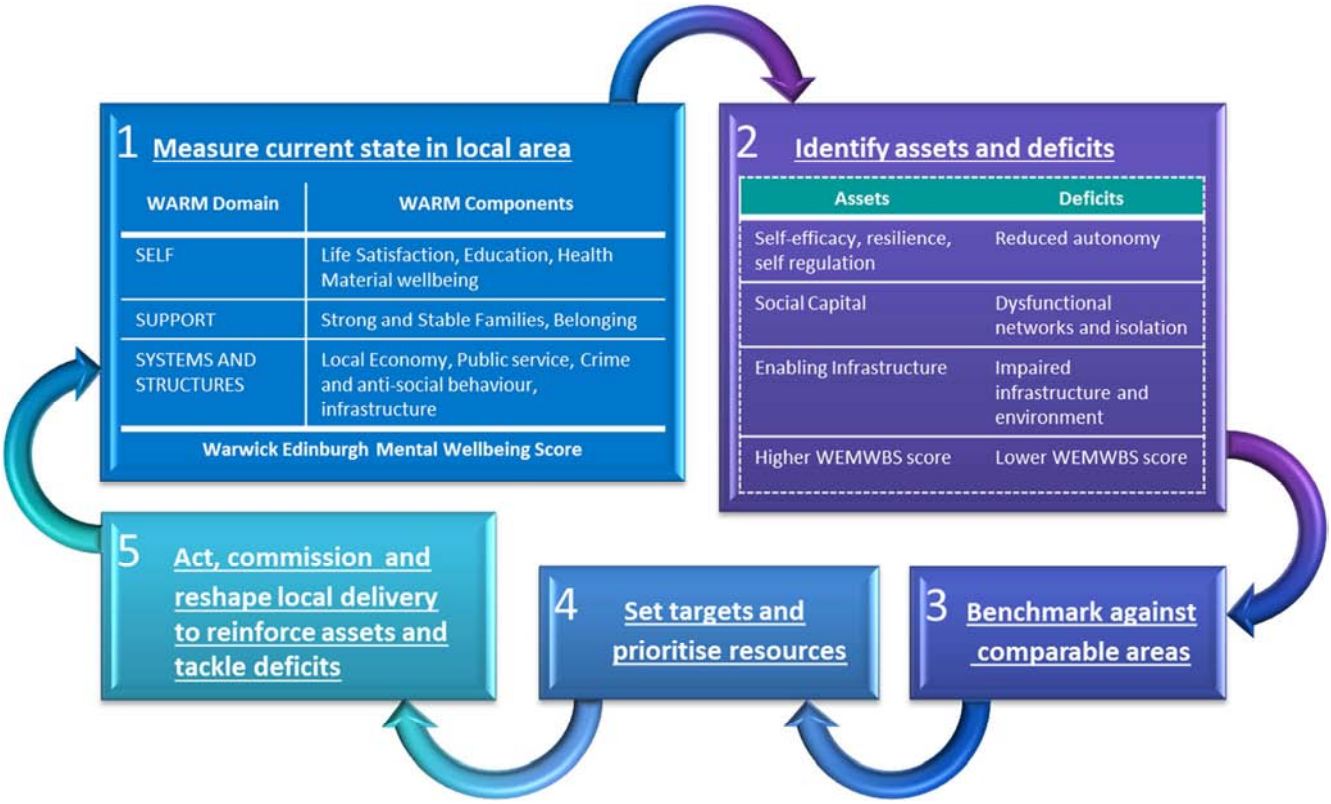
The relationship between patient activation and health outcomes has been demonstrated across a range of different populations and health conditions. Measuring patient activation supports clinicians and organisations to help patients adopt positive health behaviours, improve their health and wellbeing and increase their self-management of their conditions.

On a larger scale, the measurement of patient activation can complement and enhance existing methods of assessing risk, acting as a mechanism to highlight health inequalities and to target resources.

Cyclical process of building wellbeing and resilience

The WARM tool has a five stage cyclical process in which the stages and domains interrelate to continuously inform and refine local decision making processes and priorities for action as communities themselves evolve. This is presented below with the inclusion of WEMWBS (Figure 52)

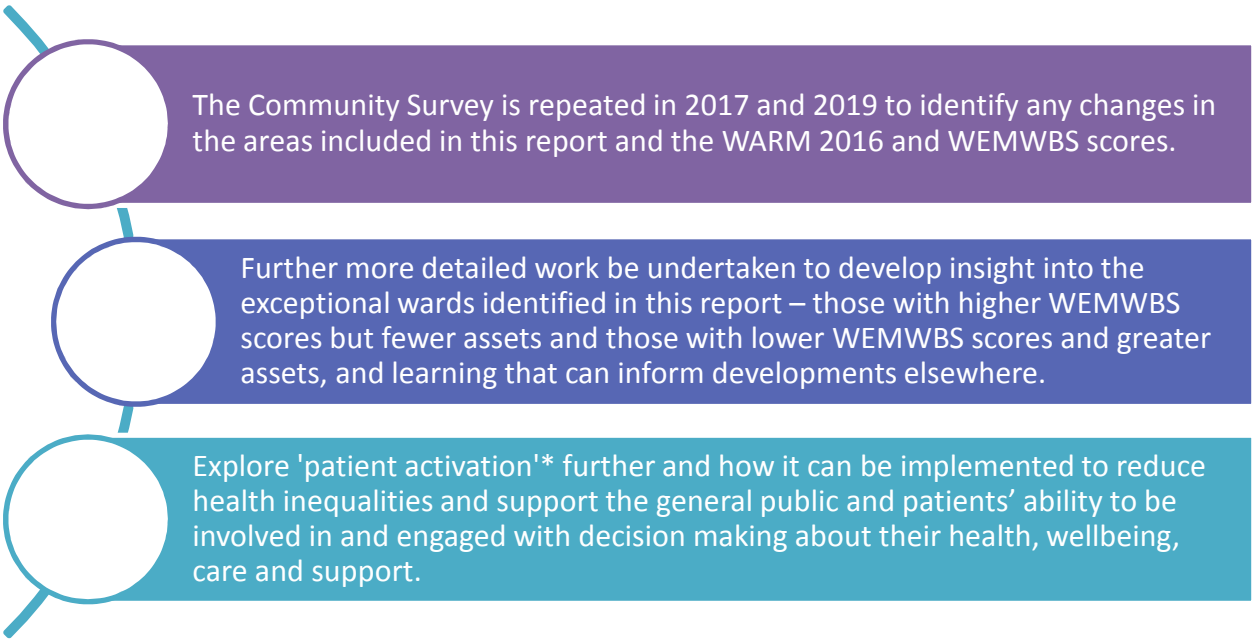
Figure 52: WARM and WEMWBS cyclical process



Following this process will help individuals and communities to make informed choices with respect to their health, by providing information on the health status of their local area as well as guidance on how to make positive changes. It will also inform decision-making and action-taking by professionals, staff working in partner organisations, and policy makers.

Recommendations

To inform our delivery programmes and partnership working to support and strengthen personal and community resilience in East Sussex there are three recommendations in this report:



*Patient activation' is a widely recognised concept that describes the knowledge, skills and confidence a person has in managing their own health and health care

Appendices

APPENDICES

5. Appendices

Appendix 1: Indicator definitions for WARM tool

SELF

Component	Indicator number and Short name	Indicator and source	Definition
Life satisfaction	1. Local area satisfaction	Residents who are very/fairly satisfied with their local area as a place to live (%, 2015/16, East Sussex Community Survey)	Question 2 in 2015/16 survey. Percentage of respondents who responded "Very or fairly satisfied" to the question "How satisfied or dissatisfied are you with your local area as a place to live?"
Education	2. 5 A-C GCSEs	Five GCSEs A*-C grades including English and maths (%, June 2015, JSNAA Scorecard 2.21)	Percentage of pupils at Key Stage 4 (end of year 11 for pupils aged 16) achieving 5 or more GCSE passes at A*-C, including English and Maths, resident-based, June 2015
	3. aged 25-54 with low or no qualifications	25-54 year olds with no or low qualifications (%, 2011 Census)	The percentage of adults aged 25–54 with no academic or professional qualifications or only level 1 qualifications: 1-4 O Levels/CSE/GCSEs (any grades), Entry Level, Foundation Diploma, NVQ level 1, Foundation GNVQ, Basic/Essential Skills
	4. NEET	16-18 year olds Not in Employment Education or Training (NEET) (%, 2014/15, JSNAA scorecard 2.26)	Young people aged 16 to 18 years who are not in education, employment or training (NEET), monthly average rate per 1,000, November 2014 to January 2015
	5. Qualified adults	18-64 year olds qualified to at least level 2 or higher (%, 2011 Census)	Working age population qualified to at least level 2 or higher. People are counted as being qualified to level 2 and above if they have achieved at least either 5+ O Level (Passes)/CSEs (Grade 1)/GCSEs (Grades A*-C), School Certificate, 1 A Level/ 2-3 AS Levels/VCEs, Intermediate/Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma
	6. Further qualified adults	18-64 year olds qualified to at least level 4 or higher (%, 2011 Census)	Working age population qualified to at least level 4 or higher. People are counted as being qualified to level 4 and above if they have achieved at least either Degree (for example BA, BSc), Higher Degree (for example MA, PhD, PGCE), NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Foundation degree (NI), Professional qualifications (for example teaching, nursing, accountancy)
	7. Educational attainment for 11 year olds	Educational attainment for pupils aged 11 (%, June 2015, JSNAA scorecard 2.19)	Percentage of pupils at Key Stage 2 (end of year 6 for pupils aged 11) achieving at least level 4 in Reading, Writing and Maths, resident based, June 2015
Health	8. Long term health problem or disability	Persons with a limiting long-term health problem or disability (%, 2015/16, East Sussex Community Survey)	Question 11 in 2015/16 survey. A long-term health problem or disability limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months.
	9. Years potential life lost	Years of potential life lost indicator (YLL, 2008-2012, Indices of Deprivation 2015)	The years of potential life lost indicator measures 'premature death', defined as death before the age of 75 from any cause (the commonly used measure of premature death). It is an age-sex standardised measure. A higher score for the indicator represents a higher level of deprivation.

Component	Indicator number and Short name	Indicator and source	Definition
	10. 0-19 year olds hospital admissions + attendances	Children aged 0–19 admitted to hospital in an emergency and children aged 0–19 attending hospital as outpatients (%, 2014/15, East Sussex Public Health Team)	% of children aged 0–19 admitted to hospital in an emergency and % of children aged 0–19 attending hospital as outpatients
	11. Self reported good health	People who reported being in good/very good health (%, 2015/16, East Sussex Community Survey)	Question 10 in survey. People who responded "Good" or "Very Good" to the question "How is your health in general?"
	12. Average adult mental wellbeing score	Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score for adults aged 16+ (Score, 2015/16, East Sussex Community Survey	Compiled from question 14 in survey which contained 14 statements relating to experiences over the previous two weeks. 14 responses are given on a scale of 1-5 (where 1 is 'none of the time' and 5 is 'all of the time'). Responses to the 14 items are summed to give a score in the range 14 to 70 where a higher score corresponds to a higher level of well-being. For a given population the average can then be calculated.
	13. Comparative illness and disability	Comparative illness and disability ratio (Ratio, 2013, Indices of Deprivation 2015)	The comparative illness and disability ratio is an indicator of work limiting morbidity and disability, based on those receiving benefits due to inability to work through ill health. It is an age-sex standardised measure. A higher score for the indicator represents a higher level of deprivation.
	14. Adult mood and anxiety disorders	Measures of adults suffering from mood or anxiety disorders (Score, 2008 to 2012, Indices of Deprivation 2015)	The mood and anxiety disorders indicator is a broad measure of levels of mental ill health in the local population. The definition used for this indicator includes mood (affective), neurotic, stress-related and somatoform disorders. A higher score for the indicator represents a higher level of deprivation.
Material wellbeing	15. Income support	Working age adults claiming income support (%, August 2015, NOMIS)	Adults aged 16-59 claiming income support. Department for Work and Pensions data obtained from NOMIS.
	16. Incapacity benefits or ESA	Working age adults claiming incapacity benefit or employment support allowance (%, Nov 2015, East Sussex in Figures)	Adults aged 16-64 claiming incapacity benefit or employment support allowance. Department for Work and Pensions data obtained from East Sussex in Figures.
	17. JSA claimants for under 12 months	Job Seekers Allowance - Claimants for less than 12 months (%, Oct 2013, NOMIS)	Percentage of Job Seeker's Allowance (JSA) claimants claiming for less than 12 months. Department for Work and Pensions data obtained from NOMIS.
	18. Income deprivation	Income deprivation (%, Indices of Deprivation 2015)	This domain aims to capture the proportion of the population experiencing income deprivation. The indicators that make up this domain include: • Adults and children in Income Support families • Adults and children in income-based Jobseeker's Allowance families • Adults and children in income-based Employment and Support Allowance families • Adults and children in Pension Credit (Guarantee) families • Adults and children in Working Tax Credit and Child Tax Credit families not already counted • Asylum seekers in England in receipt of subsistence support, accommodation support, or both
	19. JSA/UC claimants	Claimant Count, including JSA and Universal Credit, for working age adults (%, Apr 2016, East Sussex in Figures)	Adults aged 16-64 claiming Job Seeker's Allowance (JSA) or Universal Credit due to unemployment. Department for Work and Pensions data obtained from East Sussex in Figures.

Component	Indicator number and Short name	Indicator and source	Definition
	20. JSA claimants aged 50+	JSA and Universal Credit claimants who are aged 50 years or over (%, Apr 2016, East Sussex in Figures)	Percentage of claimants of Job Seeker's Allowance (JSA) or Universal Credit due to unemployment who are aged 50 years or more. Department for Work and Pensions data obtained from East Sussex in Figures.
	21. JSA claimants aged 18-24	JSA and Universal Credit claimants who are aged 18-24 years (%, Apr 2016, East Sussex in Figures)	Percentage of claimants of Job Seeker's Allowance (JSA) or Universal Credit due to unemployment who are aged 18-24 years. Department for Work and Pensions data obtained from East Sussex in Figures.
	22. Children aged under 16 years in deprivation	Children aged under 16 years living in low-income families (%, August 2013, JSNAA scorecard 2.07)	Percentage of children aged under 16 years living in low-income families. These are families in receipt of Child Tax Credits whose reported income is less than 60 per cent of the median income or in receipt of Income Support or (Income-Based) Job Seeker's Allowance.
	23. Older people in deprivation	Income deprivation affecting older people index (IDAOPI) (%, Indices of Deprivation 2015)	Percentage of all those aged 60 or over who experience income deprivation. This includes adults aged 60 or over receiving Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee).
	24. Managing well financially	Residents who are managing well financially (%, 2015/16, East Sussex Community Survey	Question 15 in survey. Percentage of residents who answered "I am living comfortably" or "I am doing alright" to "Which one of these statements best describes how you are managing financially these days?"
	25. Average income	Average (median) household income (£, 2013, East Sussex in Figures)	This data is modelled using a variety of Government data sources combined with data from lifestyle surveys. Household income includes gross income before tax from: wages, investments, income support and other welfare benefits such as tax credits and pensions. Household income is the combined income of all household members. The median household income is determined by ranking all household incomes in ascending order. The median is the mid-point of this ranking with 50% of households having an income below the median and 50% above. Data from CACI obtained from East Sussex in Figures.

SUPPORT

Component	Indicator number and Short name	Indicator and source	Definition
Strong & stable families	26. Divorce rate	People aged 16 and over living in households whose marital status is divorced (%, 2011 Census)	
	27. Unemployed parents	Households with no adults in employment with dependent children (%, 2011 Census)	
	28. Elderly living alone	Elderly living alone (%, 2011 Census)	Persons aged 65 years or over who live alone.
	29. Married or cohabiting parents	Households with dependent children containing married/cohabiting couples (%, 2011 Census)	
	30. Lone parents	Households with dependent children containing lone parents (%, 2011 Census)	
	31. Lone parent claimants	Claimants who are lone parents (%, Nov 2015, NOMIS)	Working Age Benefit Claimants is derived from the Work and Pensions Longitudinal Study (WPLS). Benefit claimants categorised by their statistical group (main reason for interacting with the benefit system). In the case of lone parents it is Income Support claimants with a child under 16 and no partner. This dataset does not double count claimants who receive multiple benefits. Department for Work and Pensions data obtained from NOMIS.
	32. Carer claimants	Claimants who are carers (%, Nov 2015, NOMIS)	Working Age Benefit Claimants is derived from the Work and Pensions Longitudinal Study (WPLS). Benefit claimants categorised by their statistical group (their main reason for interacting with the benefit system). In the case of lone parents it is Carers' Allowance claimants. This dataset does not double count claimants who receive multiple benefits. Department for Work and Pensions data obtained from NOMIS.
Belonging	33. Sense of neighbourhood belonging	% of residents who feel they belong to their neighbourhood (%, 2015/16, East Sussex Community Survey)	Question 3 in 2015/16 survey. Residents who answered "Very strongly" or "fairly strongly" to the question "How strongly do you feel you belong to your immediate neighbourhood?"
	34. Adults not feeling lonely	% of residents who hardly ever/never feel lonely (%, 2015/16, East Sussex Community Survey)	Question 7 in 2015/16 survey. Residents who answered "Hardly ever" or "never" to the question "Do you ever feel lonely living in your local area?"
	35. Unpaid carers	% who have given unpaid help at least 1 hour per week (%, 2015/16, East Sussex Community Survey)	Question 13 in 2015/16 survey. Residents who answered "yes" to the question "do you look after, or give any support to, family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age (do not count anything you do as part of your paid employment)
	36. Membership of local decision making group	Members of local decision making groups (%, 2015/16, East Sussex Community Survey)	Question 20 in the 2015/16 survey. Residents were asked if in the last 12 months they have been a member of any of these decision-making groups, not as part of their work: 'Local Health or education services', Group/s focussing on regenerating the local area, group/s to tackle local crime problems, a tenants committee or Other

Component	Indicator number and Short name	Indicator and source	Definition
	37. Feel can influence local decisions	Influencing decisions in local area (%, 2015/16, East Sussex Community Survey)	Question 4 in the 2015/16 survey. Residents who strongly agreed/tended to agree that they could influence decisions affecting their local area.
	38. Want more involvement in local decisions	Would like to be more involved in decisions affecting local area (%, 2015/16, East Sussex Community Survey)	Question 5 in the 2015/16 survey. Residents who responded "yes" or "depends on the issue" to the question "would you like to be more involved in the decisions affecting your local area"
	39. Formal volunteering	Formal volunteering (%, 2015/16, East Sussex Community Survey)	Question 17 in 2015/16 survey. Those who in the last 12 months have given unpaid help to a group, club or organisation.
	40. Informal volunteering	Informal volunteering (%, 2015/16, East Sussex Community Survey)	Question 21 in 2015/16 survey. Those who in the last 12 months have given unpaid help to someone who was not a relative.

SYSTEMS AND STRUCTURES

Component	Indicator number and Short name	Indicator and source	Definition
Local economy	41. Travel time to employment centre	Travel time to nearest employment centre by walking/public transport (minutes, 2013, Department for Transport)	Average minimum travel time (minutes) to reach an employment centre by Public Transport / Walking.
	42 .Population close to employment centre	Working age population within 20 minutes of an employment centre by walking/public transport or cycling (%, 2013, Department for Transport)	
	43. Distance to work	Residents who live within 15-20 minutes walk (approx. 1 mile) of their normal place of work (%, 2015/16, East Sussex Community Survey)	Question 36 in 2015/16 survey. Percentage of residents who stated that they were employed (employee or self-employed) and lived within 15 to 20 minutes walk (approx. 1 mile) of their normal place of work
Public service	44. Satisfaction with local police	Satisfaction (very or fairly satisfied) with local police (%, 2015/16, East Sussex Community Survey)	Question 24 in 2015/16 survey.
	45. Satisfaction with local fire and rescue	Satisfaction (very or fairly satisfied) with local fire and rescue (%, 2015/16, East Sussex Community Survey)	Question 24 in 2015/16 survey.
	46. Satisfaction with GP surgery	Patients experience of their GP surgery (fairly/very good) (%, 2015/16, East Sussex Community Survey)	Question 24 in 2015/16 survey.
	47. Satisfaction with local hospital	Satisfaction (very or fairly satisfied) with your local hospital (%, 2015/16, East Sussex Community Survey)	Question 24 in 2015/16 survey.
	48. Travel time to local GP	Travel time to nearest GP by walking/public transport(minutes, 2013, Department for Transport)	Average minimum travel time (minutes) to reach a GP by Public Transport / Walking.
	49. Households close to GP surgery	% of target population weighted by the access to GPs by walking/public transport (%, 2013, Department for Transport)	
	50. Further education provision	Number of further education institutions within 30 minutes by walking/public transport (Number, 2013, Department for Transport)	
	51. Primary school provision	Number of primary schools within 15 minutes by walking/public transport (Number, 2013, Department for Transport)	
Crime and anti-social behaviour	52. Perceived improvement in local crime	Residents who thought crime had got better over the last three years (%, 2015/16, East Sussex Community Survey)	Question 27 in 2015/16 survey. Percentage of residents who answered "A lot better" or "Somewhat better" to the question "Thinking about your local area, would you say that crime and anti-social behaviour has got worse, got better, or has not changed much over the past three years?"

Component	Indicator number and Short name	Indicator and source	Definition
	53. Feeling safe in the day	People who feel safe when outside in their local area during the day (%, 2015/16, East Sussex Community Survey)	Question 25 in 2015/16 survey. People who feel very/fairly safe when outside in their local area during the day.
	54. Feeling safe at night	People who feel safe when outside in their local area after dark (%, 2015/16, East Sussex Community Survey)	Question 26 in 2015/16 survey. People who feel very/fairly safe when outside in their local area after dark.
	55. All crime	Recorded crimes (rate per 1,000 population, 2014/15, JSNAA Scorecard 2.38)	Total number of recorded crimes per 1,000 population. Police incidents data provided by Safer communities team.
	56. Burglary	Recorded burglary offences (rate per 1,000 population, 2014/15, Safer Communities Team)	Total number of recorded burglary offences per 1,000 population. Police incidents data provided by Safer communities team.
	57. Antisocial behaviour	Recorded anti-social behaviour offences (rate per 1,000 population, 2014/15, JSNAA Scorecard 2.39)	Total number of recorded anti-social behaviour offences per 1,000 population. Police incidents data provided by Safer communities team.
	58. Violent crime	Recorded violent crime offences (rate per 1,000 population, 2014/15, Safer Communities Team)	Total number of recorded violent crime offences per 1,000 population. Police incidents data provided by Safer communities team.
Infrastructure	59. Barriers to housing and services	Barriers to housing and service (score, Indices of Deprivation 2015)	The Barriers to Housing and Services Domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability. A higher score for the indicator represents a higher level of deprivation.
	60. Housing satisfaction	Housing satisfaction (%, 2015/16, East Sussex Community Survey)	Question 16 in 2015/16 survey. Percentage of residents who answered "very satisfied" or "fairly satisfied" to "how satisfied or dissatisfied are you with the quality of your housing?"
	61. Housing in poor condition score	Housing in poor condition (score, 2011, Indices of Deprivation 2015)	The housing in poor condition indicator is a modelled estimate of the proportion of social and private homes that fail to meet the Decent Homes standard. A higher score for the indicator represents a higher level of deprivation.

Appendix 2: Map of electoral wards in East Sussex

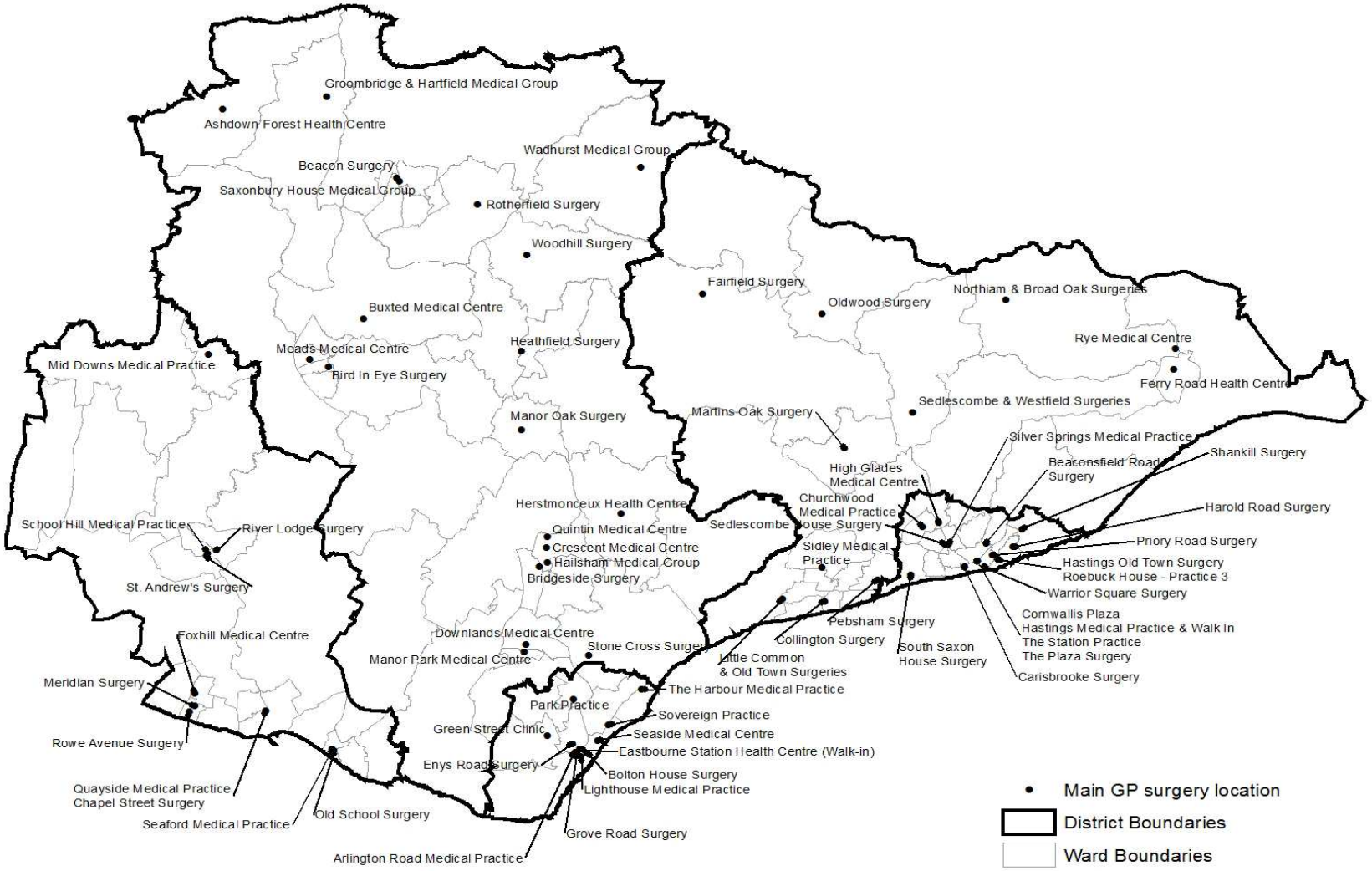
Produced by the East Sussex Public Health Intelligence Team, September 2014

The following is a list of wards in East Sussex where the boundary area on the map is too small to display full name.

Ward Name	Ward Code	Short Name
Eastbourne wards		
Devonshire	E05003920	EW1
Hampden Park	E05003921	EW2
Langney	E05003922	EW3
Meads	E05003923	EW4
Old Town Eastbourne	E05003924	EW5
Ratton	E05003925	EW6
St Anthony's	E05003926	EW7
Sovereign	E05003927	EW8
Upperton	E05003928	EW9
Lewes wards		
Lewes Bridge	E05003950	LW1
Lewes Castle	E05003951	LW2
Lewes Priory	E05003952	LW3
East Saltdean and Telscombe Cliffs	E05003948	LW4
Peacehaven East	E05003957	LW5
Peacehaven North	E05003958	LW6
Peacehaven West	E05003959	LW7
Newhaven Denton and Meeching	E05003953	LW8
Newhaven Valley	E05003954	LW9
Seaford Central	E05003961	LW10
Seaford East	E05003962	LW11
Seaford North	E05003963	LW12
Seaford South	E05003964	LW13
Seaford West	E05003965	LW14
Rother wards		
Central	E05003968	RW1
Collington	E05003969	RW2
Kewhurst	E05003974	RW3
Old Town Bexhill	E05003976	RW4
Sackville	E05003979	RW5
St Marks	E05003980	RW6
St Michaels	E05003981	RW7
St Stephens	E05003982	RW8
Sidley	E05003984	RW9

Ward Name	Ward Code	Short Name
Hastings Ward		
Ashdown	E05003929	HW1
Baird	E05003930	HW2
Braybrooke	E05003931	HW3
Castle	E05003932	HW4
Central St Leonards	E05003933	HW5
Conquest	E05003934	HW6
Gensing	E05003935	HW7
Hollington	E05003936	**HW8**
Maze Hill	E05003937	HW9
Old Hastings	E05003938	HW10
Ore	E05003939	HW11
St Helens	E05003940	HW12
Silverhill	E05003941	HW13
Tressell	E05003942	HW14
West St Leonards	E05003943	HW15
Wishing Tree	E05003944	HW16
Wealden wards		
Crowborough East	E05003990	WW1
Crowborough Jarvis Brook	E05003991	WW2
Crowborough North	E05003992	WW3
Crowborough St. Johns	E05003993	WW4
Crowborough West	E05003994	WW5
Rotherfield	E05004014	WW6
Hailsham Central and North	E05004000	WW7
Hailsham East	E05004001	WW8
Hailsham South and West	E05004002	WW9
Heathfield East	E05004004	WW10
Heathfield North and Central	E05004005	WW11
Polegate North	E05004012	WW12
Polegate South	E05004013	WW13
Uckfield Central	E05004015	WW14
Uckfield New Town	E05004016	WW15
Uckfield North	E05004017	WW16
Uckfield Ridgewood	E05004018	WW17

Appendix 3: Map of main GP surgery locations in East Sussex



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PUBLISHED NOVEMBER 2016