

Public Health Data Briefing: Cardiovascular Disease

East Sussex County Council
Public Health

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About this briefing

Purpose

This briefing provides an overview of cardiovascular disease (CVD) in East Sussex, including mortality, clinical risk factors, behavioural risk factors, and health inequalities. It aims to support understanding of the local burden of CVD and inform prevention, commissioning, and service planning activities.

The briefing is intended as a high-level summary of key indicators and trends relating to cardiovascular disease. It does not provide a comprehensive analysis of all aspects of cardiovascular disease, associated risk factors, or service activity. Readers should therefore interpret the findings alongside other relevant evidence and intelligence where appropriate.

Target Audience

This briefing is intended for public health professionals, healthcare providers, commissioners, local authority officers, and system partners involved in improving cardiovascular health and reducing health inequalities in East Sussex.

What is included

This briefing includes:

- Mortality from cardiovascular disease, coronary heart disease, and stroke.
- Premature and preventable cardiovascular mortality.
- Clinical risk factors including hypertension, atrial fibrillation, chronic kidney disease, and heart failure.
- Behavioural risk factors including smoking, alcohol-related harm, physical inactivity, and excess weight.
- Analysis of cardiovascular health inequalities across East Sussex.

What is not included

This briefing does not provide a comprehensive assessment of all cardiovascular conditions, healthcare activity, service performance, or treatment pathways. It focuses on selected indicators that provide insight into the burden of cardiovascular disease and associated risk factors within East Sussex.

Time Period

The briefing primarily uses the most recent data available at the time of production. Data periods vary by indicator and generally cover the period from 2022 to 2025. The relevant reporting period is stated alongside each figure and table.

Data Sources

Data presented within this briefing have been obtained from:

- Office for Health Improvement and Disparities (OHID) Fingertips.
- CVD Prevent.
- NHS England.
- East Sussex Joint Strategic Needs Assessment (JSNA).
- Other national datasets and publications where relevant.

All sources are referenced throughout the document and in the bibliography.

What is Cardiovascular Disease

Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels (NHS England, 2026). CVD is one of the leading causes of death and disability in England, although many cases are preventable through effective prevention, early diagnosis, and management of risk factors. The term encompasses a range of cardiovascular conditions and associated risk factors, including but not limited to:

- Atrial fibrillation
- Coronary heart disease

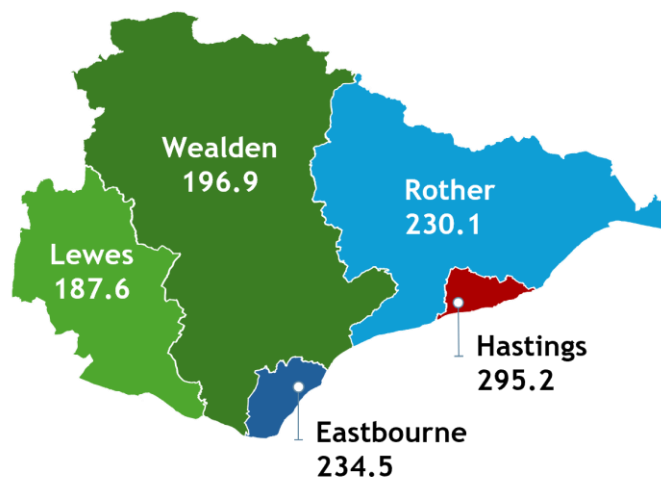
- Hypercholesterolaemia
- Hypertension
- Peripheral arterial disease
- Stroke
- Vascular dementia
- Chronic kidney disease (CKD)

The picture across East Sussex

CVD is the biggest driver of health inequality in East Sussex

Key Messages

-  Circulatory diseases are the single largest contributor to the life expectancy gap between the most and least deprived communities in East Sussex
-  CVD mortality varies significantly across East Sussex, with some communities experiencing much higher rates than others
-  Many CVD deaths occur before the age of 75 and are considered preventable.



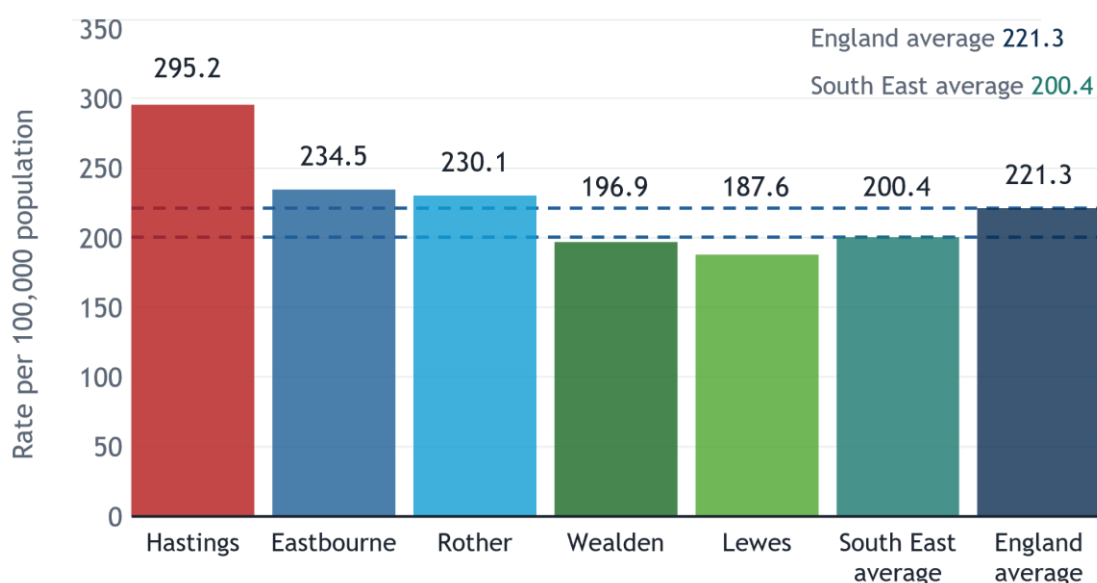
CVD mortality rates per 100,000 population, all ages, 2023-25. Source: OHID Fingertips

Rate per 100,000 population:



CVD mortality varies significantly across the county

All-ages CVD mortality rate per 100,000 population, 2023-25



Hastings has the highest CVD mortality rate in the entire South East.



CVD remains a leading cause of death, but many cases could be prevented through earlier support, healthier lives and better management of risk factors.

Understanding CVD risk in East Sussex

Cardiovascular disease develops over time, shaped by age, existing conditions, lifestyle and circumstance. Many of these factors can be reduced or managed through prevention and earlier support.



The Biggest Driver

26.6% of East Sussex residents are aged 65+, likely contributing to a higher prevalence of cardiovascular disease.

England average
18.7%
Median age
locally: 48 vs ~40

Clinical risk factors (CVD Prevent, to September 2025)



High blood pressure

18.4%

England: 15.2%

Most prevalent clinical factor locally



Irregular heartbeat (AF)

4.03%

England: 2.24%



Chronic kidney disease

6.59%

1 in 3 adults 80+



Heart failure

1.51%

1 in 13 adults 80+

Modifiable risk factors OHID Fingertips, 2022-25



Smoking

7.4%-15.9

England: 10.9%



Alcohol related admissions

405-623

per 100K
England: 504



Physical inactivity

16.4-23.4%

England 21.8%



Overweight or obesity

64%

England 64.6%

Near national levels affecting most adults

Largest share



CVD is the single largest contributor to health inequalities in East Sussex. Earlier identification, prevention and equitable access to care offer the greatest opportunity for improvement.

Key Messages

- CVD is the single largest contributor to health inequalities accounting for over a quarter of the life expectancy gap between the most and least deprived communities.
- CVD outcomes vary markedly across the county. Hastings consistently records among the worst outcomes in the Southeast, and Eastbourne performs poorly across several indicators, particularly preventable premature mortality.
- A substantial proportion of CVD deaths before age 75 are preventable, representing a significant opportunity to reduce avoidable mortality through prevention, earlier diagnosis, and better risk factor management.
- Stroke mortality is elevated across several districts, with Hastings recording the third highest rate in the Southeast. Eastbourne and Rother also exceed both national and regional averages.
- East Sussex has higher prevalence of hypertension (18.4%) and atrial fibrillation (4.03%) than England (15.2% and 2.24% respectively), largely reflecting the county's older age profile and representing priority areas for early identification and management.
- The burden of key CVD conditions increases markedly with age, placing significant and growing demand on health and care services given East Sussex's older-than-average population.
- Modifiable risk factors — including smoking, harmful alcohol use, physical inactivity, and excess weight remain prevalent and are key targets for prevention, particularly in more deprived areas.
- The relationship between deprivation and CVD is complex. Mortality follows a clear social gradient, but clinical prevalence data do not always reflect expected deprivation patterns, underscoring the importance of accounting for age structure when interpreting local data.

Overview of Cardiovascular Disease in East Sussex

Cardiovascular Disease: Mortality All Ages

Figure 1: Cardiovascular Disease Mortality, All Ages, 2023-25 (per 100,000) (Office for Health Improvement and Disparities, 2026)

Area ▲▼	Value ▲▼	
England	221.3*	
East Sussex	221.2*	
Hastings	295.2*	
Eastbourne	234.5*	
Rother	230.1*	
Wealden	196.9*	
Lewes	187.6*	

Hastings has the highest cardiovascular disease mortality rate in the Southeast, at 295.2 deaths per 100,000 population, higher than both the England average (221.3) and the Southeast average (200.4). Eastbourne (234.5) and Rother (230.1) also have mortality rates above both the England and Southeast averages and rank among the highest local authority districts in the region. In contrast, Wealden (196.9) and Lewes (187.6) have mortality rates below both the England and Southeast averages.

Figure 2: Mortality rates from cardiovascular disease, all ages (Male, 3-year range) 2023-25 (per 100,000) (Office for Health Improvement and Disparities, 2026)

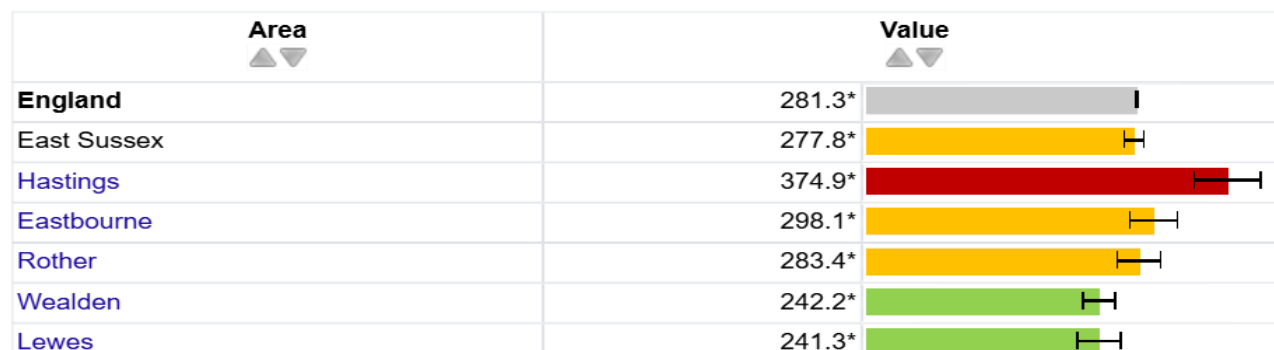
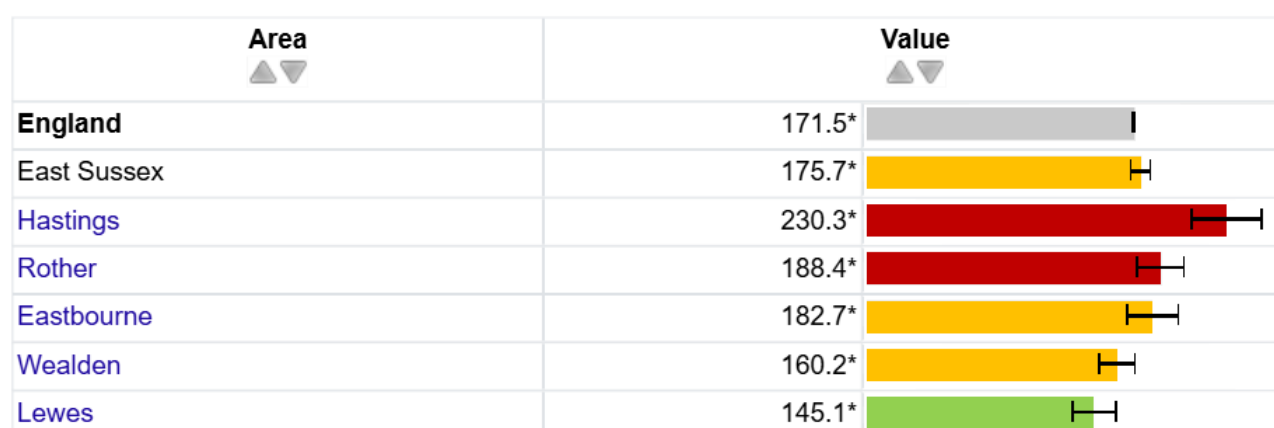


Figure 3: Mortality rates from cardiovascular disease, all ages (Female, 3-year range) 2023-25 (per 100,000) (Office for Health Improvement and Disparities, 2026)



Figures 2 and 3 demonstrate that the geographical pattern of cardiovascular mortality is consistent for both males and females across East Sussex. Hastings records the highest mortality rates in the Southeast for both men (374.9 deaths) and women (230.3), exceeding both the England averages (281.3 and 171.5) and the Southeast averages (255.0 and 155.9). Eastbourne and Rother also have mortality rates above the regional average for both sexes, ranking among the highest local authority districts in the Southeast.

In contrast, Wealden and Lewes consistently experience the lowest cardiovascular mortality rates within East Sussex. Lewes has male and female mortality rates below both the England and Southeast averages, while Wealden also performs comparatively well, particularly among males.

Under 75

Figure 4: Under 75 mortality rates from cardiovascular disease (Persons, 3-year range) 2023-25 (per 100,000) (Office for Health Improvement and Disparities, 2026)

Area ▲▼	Value ▲▼
England	74.4*
East Sussex	63.9*
Hastings	95.9*
Eastbourne	85.0*
Rother	60.6*
Lewes	55.2*
Wealden	43.4*

Hastings has the second highest under-75 cardiovascular disease mortality rate in the Southeast, at 95.9 deaths, higher than both the England average (74.4) and the Southeast average (60.9). Eastbourne also experiences a markedly elevated rate (85.0), ranking among the highest local authority districts in the region. Rother (60.6) is similar to the Southeast average, while Lewes (55.2) and Wealden (43.4) have substantially lower rates, both well below the Southeast average and among the better-performing districts in the region.

Figure 5: Under 75 mortality rates from cardiovascular disease (Male, 3-year range) 2023-25 (per 100,000) (Office for Health Improvement and Disparities, 2026)

Area ▲▼	Value ▲▼
England	105.4*
East Sussex	92.5*
Hastings	141.3*
Eastbourne	123.2*
Lewes	84.8*
Rother	79.8*
Wealden	62.6*

Figure 6: Under 75 mortality rates from cardiovascular disease (Female, 3-year range) 2023-25 (per 100,000) (Office for Health Improvement and Disparities, 2026)

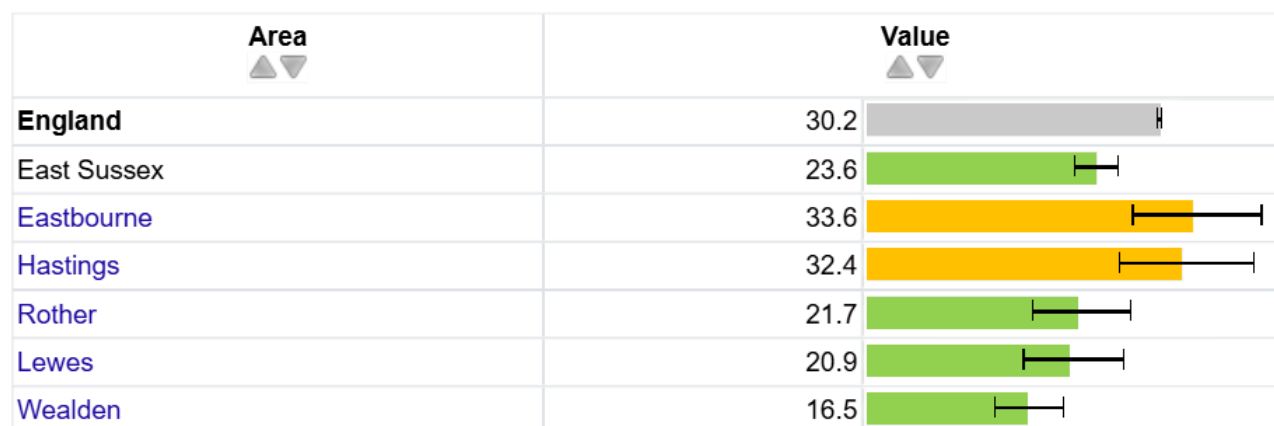
Area	Value	
England	45.2*	
East Sussex	38.1*	
Hastings	52.9*	
Eastbourne	50.5*	
Rother	43.6*	
Lewes	28.3*	
Wealden	26.0*	

Figures 5 and 6 show that the pattern of premature cardiovascular mortality is similar for both males and females, with Hastings experiencing the highest burden in East Sussex. Among males, Hastings has the highest under-75 cardiovascular mortality rate in the Southeast, at 141.3 deaths, above both the England average (105.4) and the Southeast average (87.4). Eastbourne (123.2) also has elevated rate and ranks among the highest local authority districts in the region. In contrast, Rother (79.8 per 100,000), Wealden (62.6), and Lewes (84.8) all have lower male premature mortality rates than the England average.

The same geographical pattern is evident among females. Hastings records the highest under-75 female cardiovascular mortality rate in East Sussex (52.9), considerably higher than both the England average (45.2) and the Southeast average (36.1). Eastbourne (50.5) and Rother (43.6) also have relatively high mortality rates, while Wealden (26.0) and Lewes (28.3) have substantially lower rates and are among the best-performing districts in the Southeast.

Premature Mortality

Figure 7: Under 75 mortality rates from cardiovascular disease considered preventable (Persons) 2022-24 (per 100,000) (Office for Health Improvement and Disparities, 2026)



Premature mortality from cardiovascular disease considered preventable remains a significant challenge in parts of East Sussex. Between 2022 and 2024, Eastbourne recorded the fourth highest rate in the Southeast (33.6 deaths), while Hastings ranked seventh (32.4). Both areas were above the England average (30.2) and substantially above the Southeast average (23.5). In contrast, Rother (21.7), Lewes (20.9), and Wealden (16.5) had lower rates and performed better than the national average.

Figure 8: Under 75 mortality rates from cardiovascular disease considered preventable (Male) 2022-24 (per 100,000) (Office for Health Improvement and Disparities, 2026)

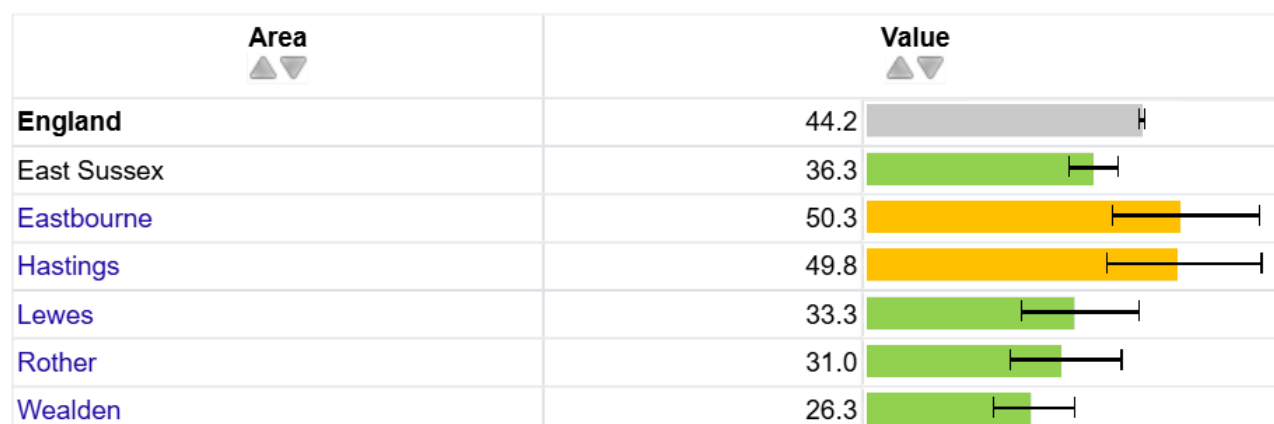


Figure 9: Under 75 mortality rates from cardiovascular disease considered preventable (Female) 2022-24 (per 100,000) (Office for Health Improvement and Disparities, 2026)

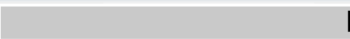
Area	Value	
England	17.1	
East Sussex	12.2	
Eastbourne	18.5	
Hastings	16.1	
Rother	13.4	
Lewes	9.6	
Wealden	7.6	

Figures 8 and 9 demonstrate that preventable premature cardiovascular mortality is higher among males than females and varies considerably across the Southeast. Among males, Eastbourne (50.3 deaths) and Hastings (49.8) have the highest preventable cardiovascular mortality rates in East Sussex, both exceeding the England average (44.2) and the Southeast average (34.7). In contrast, Rother (31.0), Lewes (33.3), and Wealden (26.3) all have substantially lower rates than the national average, with Wealden ranking among the lowest local authority districts in the Southeast.

A similar, although less pronounced pattern is observed among females. Eastbourne records the highest preventable premature cardiovascular mortality rate in East Sussex (18.5), followed by Hastings (16.1), both above the Southeast average (13.1). Hastings remains below the England average (17.1), while Rother (13.4) is broadly comparable with the regional average. Lewes (9.6) and Wealden (7.6) have the lowest rates in the county and perform substantially better than both the England and Southeast averages.

Coronary Heart Disease

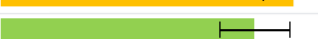
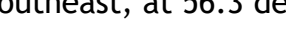
Figure 10: Mortality from coronary heart disease 2019-23 (per 100,000) (Office for Health Improvement and Disparities, 2026)

Area	Value	
England	100.0	
East Sussex	79.6	
Hastings	103.8	
Rother	82.0	
Eastbourne	81.9	
Lewes	72.9	
Wealden	70.3	

Coronary heart disease (CHD) mortality varies across East Sussex. Hastings has the highest CHD mortality ratio in the county, with an indirectly standardised ratio of 103.8, indicating around 4% more deaths than expected based on the England average (100). However, this difference is not statistically significant, meaning mortality in Hastings is similar to the national average. In contrast, Eastbourne (81.9), Rother (82.0), Lewes (72.9), and Wealden (70.3) all have lower mortality ratios than England, with Lewes and Wealden performing particularly well.

Stroke

Figure 11: Mortality rate from stroke, all ages (Persons) 2022-24 (per 100,000) (Office for Health Improvement and Disparities, 2026)

Area	Value	
England	48.4	
East Sussex	48.9	
Hastings	56.3	
Eastbourne	51.2	
Rother	49.1	
Wealden	48.4	
Lewes	41.8	

Hastings has the third highest stroke mortality rate in the Southeast, at 56.3 deaths, above

both the England average (48.4) and the Southeast average (44.7). Eastbourne (51.2) and Rother (49.1) also have mortality rates above both the regional and national averages, ranking among the higher local authority districts in the Southeast. In contrast, Lewes (41.8) has a lower stroke mortality rate than both England and the Southeast while Wealden (48.4) is similar to the England average but remains above regional average.

Figure 12: Mortality rate from stroke, all ages (Male) 2022-24 (per 100,000) (Office for Health Improvement and Disparities, 2026)

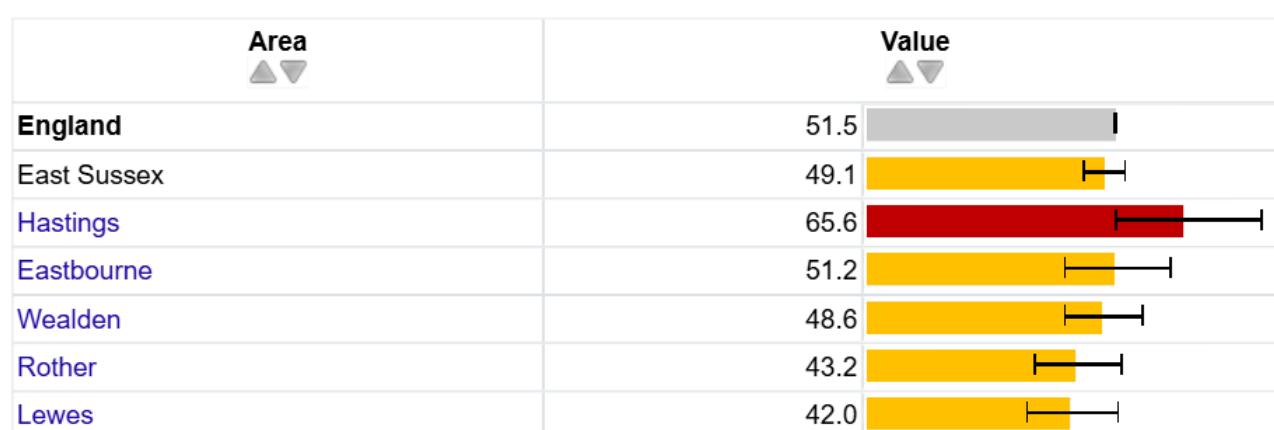
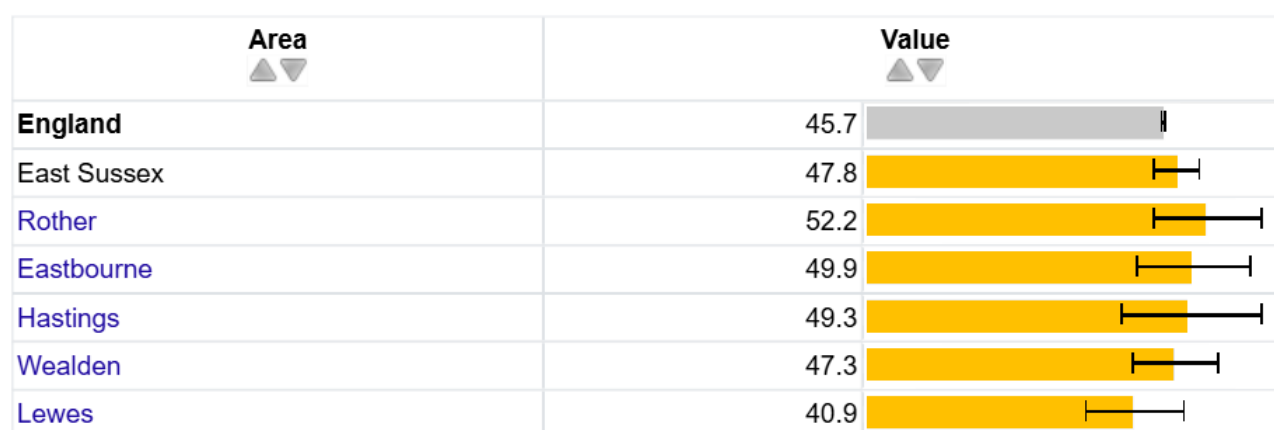


Figure 13: Mortality rate from stroke, all ages (Female) 2022-24 (per 100,000) (Office for Health Improvement and Disparities, 2026)



Figures 12 and 13 show that stroke mortality is higher among males than females, although the geographical pattern across East Sussex is broadly similar for both sexes. Among males, Hastings records the highest stroke mortality rate in the county (65.6), above both the England average (51.5) and the Southeast average (47.2). Eastbourne (51.2) also has a higher-than-average mortality rate, while Rother (43.2), Lewes (42.0), and Wealden (48.6)

all perform more favourably, with Rother and Lewes below both the England and Southeast averages.

Among females, stroke mortality is more evenly distributed across East Sussex but remains elevated in several districts. Rother records the highest female stroke mortality rate in the county (52.2), followed by Eastbourne (49.9) and Hastings (49.3), all exceeding the England average (45.7) and the Southeast average (42.4). In contrast, Lewes (40.9) has a lower mortality rate than both England and the Southeast, while Wealden (47.3) remains above the regional average but below Rother, Eastbourne, and Hastings.

Clinical Risk Factors

The following data for clinical risk factors and behavioural risk factors has been taken from CVD Prevent and Public Health Fingertips.

Note: CVD Prevent Data encompasses all available data up to the end of September 2025.

Hypertension

Hypertension is a risk factor for cardiovascular disease often developing without noticeable symptoms and can remain undetected for many years, making early identification and management essential. Hypertension is strongly associated with increasing age and is a significant contributor to ill health, reduced quality of life, and premature mortality. Preventing and managing hypertension is therefore a key priority for improving cardiovascular health and supporting healthy ageing in East Sussex.

Hypertension QOF Prevalence (CVD Prevent)

Hypertension prevalence in East Sussex is higher than both regional and national averages, reflecting the older age profile of the local population. (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Table 1: Hypertension QOF Prevalence

Area	Prevalence (%)
East Sussex	18.4%
Southeast	15.4%
England	15.2%

Hypertension by Age (CVD Prevent)

Hypertension prevalence increases markedly with age, rising from 1.35% among adults aged 18-39 years to 57.46% among those aged 80 years and over (Table 2). As the prevalence of hypertension increases substantially with age, East Sussex's older population profile contributes significantly to the overall burden of hypertension. East Sussex has an older population than both the Southeast and England, with 26.6% of residents aged 65 years and over, compared with 19.8% across the Southeast and 18.7% nationally (Table 3). The county also has a greater proportion of residents aged 85 years and over (4.0% compared with 2.9% in the Southeast and 2.5% in England).

Table 2: East Sussex Hypertension by Age

Age Group	Prevalence (%)
18-39	1.35%
40-59	12.95%
60-79	36.97%
80+	57.46%

This demographic profile is likely to contribute to East Sussex's higher overall prevalence of hypertension, although age-specific comparisons with regional and national populations would be required to determine whether hypertension prevalence within each age group also differs. These findings reinforce the importance of identifying and managing hypertension from mid-life onwards to reduce cardiovascular risk and support healthy ageing. (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Table 3: Population Age Profiles

Population characteristic	East Sussex	Southeast	England
Population aged 65+	26.6%	19.8%	18.7%

Population aged 85+	4.0%	2.9%	2.5%
Median age	48 years	41 years	~40 years

Hypertension by Sex (CVD Prevent)

Nationally, hypertension prevalence is higher among men than women (34% vs. 27%) (NHS England, 2023). In comparison, the prevalence observed was lower for both males (21.92% vs. 34%) and females (20.81% vs. 27%) in East Sussex (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026). Furthermore, the difference between males and females locally is substantially smaller (1.11 percentage points compared with 7 percentage points nationally).

Table 4: Hypertension by Sex

Sex	Local Prevalence (%)	National Prevalence (%)
Male	21.92%	34%
Female	20.81%	27%

Studies have found that, although men generally have a higher prevalence of hypertension during early and middle adulthood, blood pressure increases more rapidly in women with advancing age, particularly following menopause (Graham, et al., 2025). This means that the difference in hypertension prevalence between men and women becomes progressively smaller in older age groups. As East Sussex has an older population profile, with a higher proportion of residents in these older age groups, it would be expected that the gap in hypertension prevalence between males and females would be relatively small. The data is therefore consistent with the published evidence.

Hypertension by Deprivation (CVD Prevent)

Hypertension prevalence varied across deprivation quintiles locally, ranging from 17.62% in the most deprived areas to 22.97% in quintile 4 before decreasing slightly in the least deprived areas (21.50%) (Table 5) (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026). This pattern contrasts with national

evidence. The Health Survey for England reported that age-standardised hypertension prevalence increased with deprivation, ranging from 23% in the least deprived quintile to 40% in the most deprived quintile (NHS England, 2023)

Table 5: Hypertension by Deprivation

Deprivation Quintile	Prevalence (%)
Most deprived	17.62%
2	20.75%
3	22.27%
4	22.97%
Least deprived	21.50%

One possible explanation for this difference is variation in the age profile across deprivation groups. National population estimates demonstrate that the proportion of adults aged 65 years and over increases from 13.0% in the most deprived decile to 22.9% in the least deprived decile, indicating that less deprived communities have substantially older populations (Office for National Statistics, 2021).

As hypertension prevalence increases markedly with age, prevalence may appear higher in less deprived areas because they contain a greater proportion of older adults. These findings highlight the importance of considering both age and deprivation when interpreting hypertension prevalence and planning targeted prevention activity.

Hypertension Management (CVD Prevent)

Quality and Outcomes Framework (QOF) data provides insight into how effectively hypertension is managed in primary care by measuring the proportion of patients with diagnosed hypertension whose blood pressure is controlled to nationally recommended clinical thresholds.

For adults aged 79 years and under, the target is $\leq 140/90$ mmHg (HYP008), while for adults aged 80 years and over the target is $\leq 150/90$ mmHg (HYP009). Although QOF indicators

include achievement thresholds used to determine practice payments, these thresholds are designed for financial incentives rather than benchmarking clinical performance. Therefore, comparison with England achievement rates provides a more meaningful assessment of hypertension management.

Table 6: Hypertension Blood Pressure Control – Sussex Compared to National Targets

Indicator	Blood Pressure Target	East Sussex Achievement (%)	England Achievement (%)	Difference
HYP008 Patients aged ≤79 years	≤140/90 mmHg	75.31	77.00	-1.69 pp
HYP009 Patients aged ≥80 years	≤150/90 mmHg	83.96	85.71	-1.75 pp

East Sussex performed slightly below the England average for both indicators. For HYP008, 75.31% of patients aged 79 years and under, achieved the blood pressure target compared with 77.00% nationally, a difference of 1.69 percentage points. Similarly, for HYP009, 83.96% of patients aged 80 years (and over) achieved the target compared with 85.71% nationally, a difference of 1.75 percentage points. Although East Sussex achieved marginally lower rates of blood pressure control than England, the differences were less than two percentage points for both indicators, suggesting that hypertension management in East Sussex is largely comparable with national performance (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026; NHS England, 2025).

Atrial Fibrillation (CVD Prevent)

Atrial fibrillation (AF) is a common cardiac arrhythmia and a major risk factor for stroke, heart failure, and premature mortality. In East Sussex, 4.03% of the population have a recorded diagnosis of AF, which is higher than the England prevalence of 2.24% (NHS England, 2024). This difference is likely to reflect East Sussex's older population profile, as AF prevalence increases markedly with age.

Age (CVD Prevent)

AF prevalence increased markedly with age (Table 8). Among the overall population, prevalence rose from 0.09% in adults aged 18-39 years to 0.85% in those aged 40-59 years, increasing further to 5.91% among adults aged 60-79 years and 20.08% among those aged 80 years and over. (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026)

Table 7: Atrial Fibrillation by Age

Category	Value
Male: 18-39	0.14
Female: 18-39	0.04
Persons: 18-39	0.09
Male: 40-59	1.25
Female: 40-59	0.46
Persons: 40-59	0.85
Male: 60-79	7.74
Female: 60-79	4.23
Persons: 60-79	5.91
Male: 80+	23.76
Female: 80+	17.47
Persons: 80+	20.08

Sex (CVD Prevent)

Overall, AF prevalence was higher among males (4.74%) than females (3.36%). This pattern is consistent with national evidence demonstrating that AF is more common in males, although prevalence increases substantially with advancing age in both sexes (Westerman & Wenger, 2019).

Table 8: Atrial Fibrillation by Sex

Category	Value
Persons	4.03
Female	3.36
Male	4.74

Deprivation (CVD Prevent)

AF prevalence varied modestly across deprivation quintiles, increasing from 2.65% in the most deprived areas to 4.56% in quintile 4 before decreasing slightly in the least deprived areas (4.43%) (Table 9). This is consistent with national evidence that advancing age is a determinant of AF prevalence. As less deprived areas generally have older populations, variation in age structure is likely to have a greater influence on recorded AF prevalence than deprivation alone (British Heart Foundation, 2025; Public Health England, 2019). Nevertheless, AF remains an important contributor to stroke risk and cardiovascular morbidity across all communities (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026; NHS England, 2024).

Table 9: Atrial Fibrillation by Deprivation

Category	Value
1 - most deprived	2.65
2	3.71

3	4.3
4	4.56
5 - least deprived	4.43

Chronic Kidney Disease (CVD Prevent)

In East Sussex, 6.59% of the population have a recorded diagnosis of CKD. The prevalence of CKD is influenced by age, with prevalence increasing from 0.09% among adults aged 18-39 years to 35.12% among those aged 80 years and over. Overall, CKD is also more common among females (7.32%) than males (5.82%) (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Sex (CVD Prevent)

Overall, CKD prevalence was higher among females (7.32%) than males (5.82%) (Table 10). This pattern is consistent across all age groups, although the differences between males and females are relatively modest compared with the substantial increase in prevalence associated with advancing age (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Table 10: Chronic Kidney Disease by Sex

Category	Value
Persons	6.59
Female	7.32
Male	5.82

Age (CVD Prevent)

CKD prevalence increases with age (Table 11). Among the overall population, prevalence rose from 0.09% in adults aged 18-39 years to 1.07% among those aged 40-59 years,

increasing to 9.35% in adults aged 60-79 years and 35.12% among those aged 80 years and over. This demonstrates that age is a key determinant of CKD prevalence, with more than one in three adults aged 80 years and over, having a recorded diagnosis (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Table 11: Chronic Kidney Disease by Age

Category	Value
Male: 18-39	0.08
Female: 18-39	0.09
Persons: 18-39	0.09
Male: 40-59	0.91
Female: 40-59	1.23
Persons: 40-59	1.07
Male: 60-79	8.95
Female: 60-79	9.72
Persons: 60-79	9.35
Male: 80+	33.96
Female: 80+	35.94
Persons: 80+	35.12

Deprivation (CVD Prevent)

CKD prevalence varied across deprivation quintiles, increasing from 4.70% in the most deprived areas to 7.46% in quintile 4 before decreasing slightly in the least deprived areas (6.42%) (Table 12). One possible explanation is variation in the age structure across deprivation groups. National population estimates demonstrate that less deprived

communities contain a greater proportion of older adults, and because CKD prevalence increases substantially with age, differences in age distribution are likely to influence recorded prevalence. Furthermore, the prevalence presented here has not been age-standardised, meaning comparisons across deprivation groups should be interpreted with caution (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Table 12: Chronic Kidney Disease by Deprivation

Category	Value
1 - most deprived	4.7
2	6.37
3	7.11
4	7.46
5 - least deprived	6.42

Heart Failure (CVD Prevent)

Heart failure is a chronic condition associated with significant morbidity, reduced quality of life and increased risk of hospital admission. In East Sussex, 1.51% of the population have a recorded diagnosis of heart failure. Overall prevalence is higher among males (1.79%) than females (1.26%) and increases with age, rising from 0.06% among adults aged 18-39 years to 7.71% among those aged 80 years and over (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Sex (CVD Prevent)

Overall, heart failure prevalence was higher among males (1.79%) than females (1.26%) (Table 13). This difference was observed across all age groups, reflecting the greater burden of heart failure among males (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Table 13: Heart Failure by Sex

Category	Value
Persons	1.51
Female	1.26
Male	1.79

Age (CVD Prevent)

Heart failure prevalence increased with age (Table 14). Among the overall population, prevalence rose from 0.06% in adults aged 18-39 years to 0.40% among those aged 40-59 years, increasing further to 2.08% in adults aged 60-79 years and 7.71% among those aged 80 years and over. These findings demonstrate that advancing age is a key determinant of heart failure prevalence in East Sussex (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Table 14: Heart Failure by Age

Category	Value
Male: 18-39	0.07
Female: 18-39	0.05
Persons: 18-39	0.06
Male: 40-59	0.54
Female: 40-59	0.25
Persons: 40-59	0.4
Male: 60-79	2.82
Female: 60-79	1.4

Persons: 60-79	2.08
Male: 80+	9.03
Female: 80+	6.77
Persons: 80+	7.71

Deprivation (CVD Prevent)

Heart failure prevalence varied across deprivation quintiles, ranging from 1.31% in the most deprived areas to 1.59% in quintile 3 before decreasing slightly to 1.42% in the least deprived areas (Table 15) (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026). This differs from national evidence, which generally reports higher rates of heart failure in more deprived populations due to a greater burden of cardiovascular risk factors and earlier onset of cardiovascular disease (NHS England, 2026; NHS England, 2024). As mentioned before with other indicators, one possible explanation is variation in the age structure across deprivation groups. National population estimates demonstrate that less deprived communities contain a higher proportion of older adults, and because heart failure prevalence increases with age, differences in age distribution are likely to influence recorded prevalence (NHS Arden and Greater East Midlands Commissioning Support unit and the NHS benchmarking unit, 2026).

Table 15: Heart Failure by Deprivation

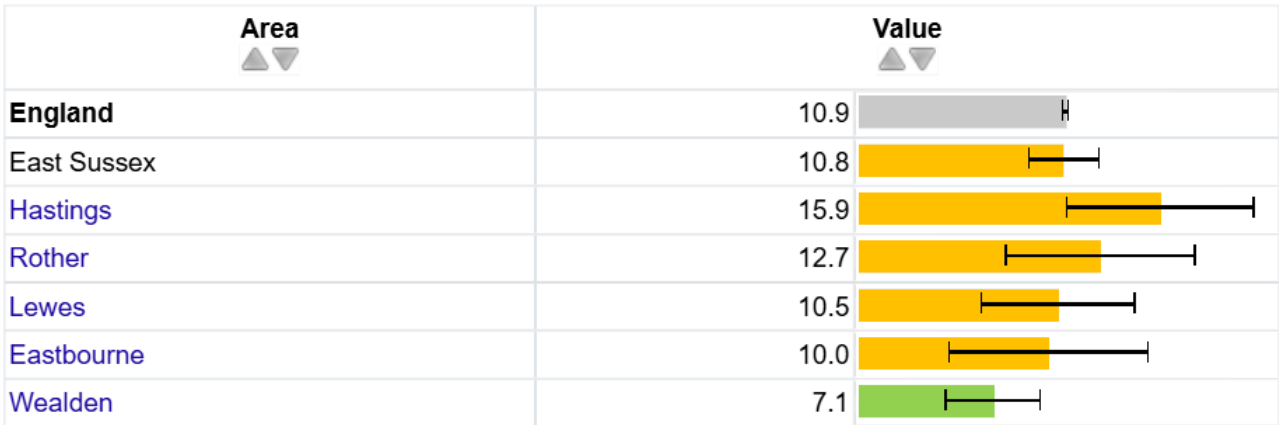
Category	Value
1 - most deprived	1.31
2	1.58
3	1.59
4	1.57
5 - least deprived	1.42

Behavioural Risk Factors

Smoking

Smoking is one of the leading modifiable risk factors for cardiovascular disease, increasing the risk of coronary heart disease, stroke, peripheral arterial disease, and premature mortality. Smoking prevalence across East Sussex is generally lower than the England average (10.9%) and broadly comparable with the Southeast (9.9%). However, substantial variation exists between boroughs and districts. Hastings has the highest smoking prevalence (15.9%), considerably exceeding both the England and Southeast averages, indicating a significantly greater burden of tobacco use. Rother (12.7%) and Eastbourne (10.0%) also report relatively high prevalence, whereas Lewes (10.5%) and Wealden (7.4%) have substantially lower smoking rates. These findings highlight marked inequalities in smoking prevalence across East Sussex and support the continued prioritisation of tobacco control interventions in areas with the greatest burden, particularly Hastings.

Figure 14: Smoking prevalence in adults (aged 18 and over) - current smokers (APS) (3 Year Range) (2022/24) (Office for Health Improvement and Disparities, 2026).



Alcohol

Alcohol consumption is a major modifiable risk factor for cardiovascular disease, contributing to hypertension, atrial fibrillation, stroke, and cardiomyopathy, as well as liver disease and many types of cancer. Alcohol-related hospital admission rates vary considerably across East Sussex. In 2023/24, Hastings recorded 623 admissions per 100,000 population and Eastbourne 573 per 100,000, both significantly higher than the England

average (504 per 100,000) and the Southeast average (429 per 100,000). Rother also had a higher admission rate (552 per 100,000), while Wealden (417 per 100,000) and Lewes (405 per 100,000) recorded rates below both the England and Southeast averages. These findings demonstrate substantial geographical inequalities in alcohol-related harm across East Sussex and suggest that the burden of alcohol-related cardiovascular disease is likely to be greatest in Hastings, Eastbourne, and Rother. This supports the continued targeting of alcohol prevention, identification and brief advice, and specialist treatment services in areas experiencing the highest levels of alcohol-related harm.

Figure 15: Admission episodes for Alcohol-related conditions (narrow) (persons) 2023/24 (Office for Health Improvement and Disparities, 2026)

Area	Value	
England	504	
East Sussex	499	
Hastings	623	
Eastbourne	573	
Rother	552	
Wealden	417	
Lewes	405	

Physical Inactivity

Physical inactivity is a major modifiable risk factor for cardiovascular disease, contributing to obesity, hypertension, type 2 diabetes and an increased risk of heart attack and stroke. Figure 16 shows that the prevalence of physical inactivity varies across East Sussex. Wealden recorded the highest prevalence (23.4%), exceeding both the England (21.8%) and Southeast (19.0%) averages, while Hastings recorded one of the lowest rates (16.4%).

This pattern differs from that observed for many other cardiovascular risk factors, where more deprived areas such as Hastings generally experience the greatest burden. One possible explanation is the differing age profile across the county. Wealden has a substantially older population than Hastings, and physical activity generally declines with advancing age.

As this indicator is based on self-reported survey data, differences in population characteristics and reporting behaviour may also influence the findings and should therefore be interpreted cautiously. These results highlight the importance of considering both age and deprivation when interpreting physical inactivity and planning interventions to reduce cardiovascular risk.

Figure 16: Percentage of physically inactive adults (19+ yrs) 2024-25 (Office for Health Improvement and Disparities, 2026).

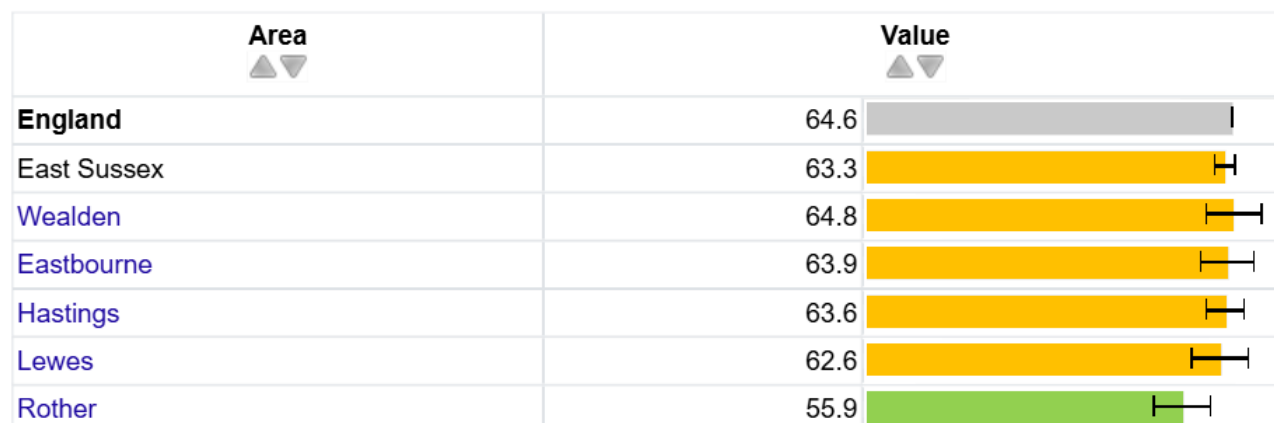
Area	Value	
England	21.8	
East Sussex	20.5	
Wealden	23.4	
Lewes	21.6	
Eastbourne	19.7	
Rother	18.8	
Hastings	16.4	

Weight

Excess weight is a major modifiable risk factor for cardiovascular disease, increasing the risk of hypertension, type 2 diabetes, coronary heart disease, and stroke. Figure 17 shows that the prevalence of adults who are overweight or living with obesity in East Sussex is broadly comparable with the England average (64.6%) and slightly higher than the Southeast average (63.0%). Wealden recorded the highest prevalence within East Sussex (64.8%), closely followed by Eastbourne (63.9%) and Hastings (63.6%), while Rother recorded the lowest prevalence (55.9%). Unlike other cardiovascular risk factors, excess weight does not demonstrate a clear deprivation gradient across East Sussex.

As these estimates are derived from adjusted self-reported height and weight, they should be interpreted with caution, as self-reported measures may underestimate the true prevalence of overweight and obesity despite statistical adjustment.

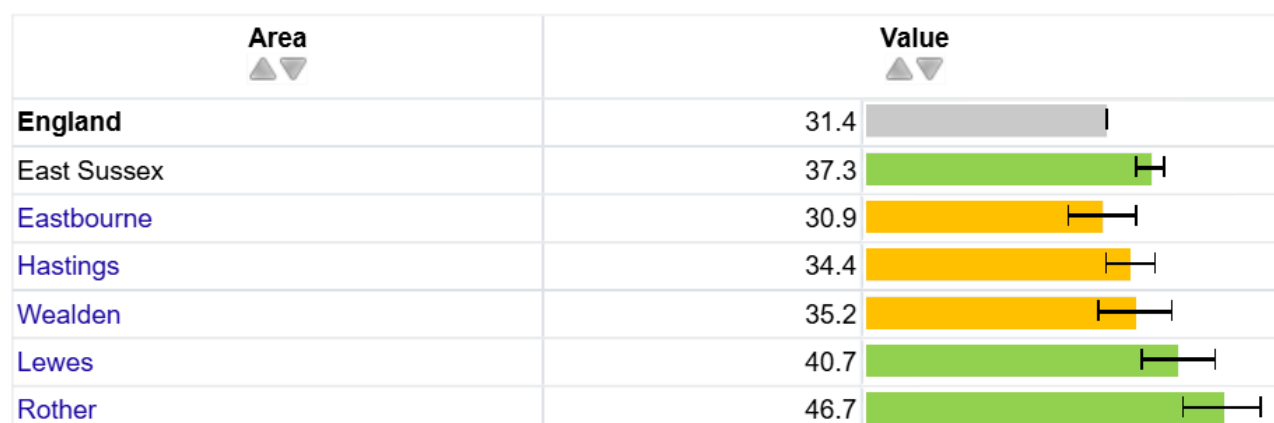
Figure 17: Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (18+ yrs) 2024-25 (Office for Health Improvement and Disparities, 2026).



Diet

In 2024/25, 31.4% of adults in England met the recommended '5-a-day' fruit and vegetable intake, compared with 35.0% across the Southeast. Within East Sussex, Rother recorded the highest proportion of adults meeting the recommendation (46.7%), followed by Lewes (40.7%) and Wealden (35.2%), all exceeding both the England and Southeast averages. Hastings (34.4%) also performed above the England average, although slightly below the Southeast average. In contrast, Eastbourne recorded the lowest prevalence in the county (30.9%), below both the England and Southeast averages.

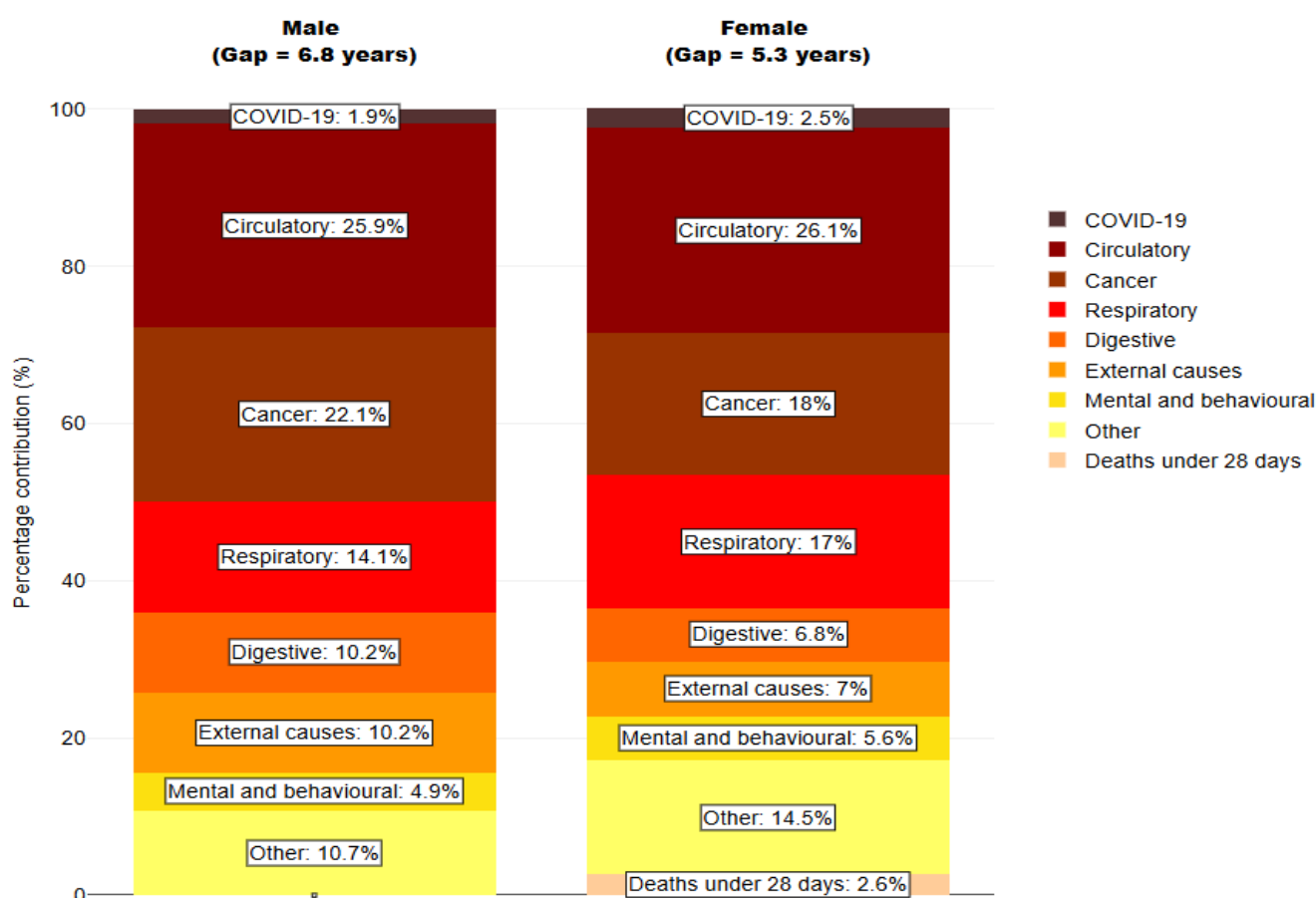
Figure 18: Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (new method) (2024/25)



Inequalities

Health inequalities remain one of the most significant public health challenges in East Sussex. People living in the most deprived communities experience substantially shorter life expectancy than those living in the least deprived areas. Analysis of the life expectancy gap shows that circulatory diseases are the single largest contributor to this inequality, accounting for 25.9% of the gap in males and 26.1% in females (Figure 18). This means that reducing cardiovascular disease would make the greatest contribution to narrowing the life expectancy gap across the county.

Figure 19: Breakdown of the life expectancy gap between the most and least deprived quintiles of East Sussex by cause of death, 2022 to 2023 (Office for Health improvement and Disparities, 2023)



Source: Office for Health Improvement and Disparities based on ONS death registration data and provisional mid year population estimates for the relevant years, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2019.

The evidence presented throughout this briefing demonstrates that the burden of cardiovascular disease is not evenly distributed across East Sussex. As shown in Figures 1-3, Hastings consistently records the highest cardiovascular mortality rates in the county for both males and females, with Eastbourne and Rother also experiencing higher mortality than regional averages. Similarly, Figures 4-9 show that premature and preventable cardiovascular mortality disproportionately affects Hastings and Eastbourne, while Lewes and Wealden consistently experience the lowest mortality rates. Stroke mortality follows a similar pattern (Figures 11-13), with Hastings recording the highest overall mortality rate and Eastbourne and Rother also experiencing comparatively poor outcomes. Together, these findings demonstrate persistent geographical inequalities in cardiovascular outcomes across East Sussex.

These inequalities are underpinned by differences in exposure to behavioural and clinical risk factors. As described earlier in this briefing, cardiovascular risk factors such as smoking, excess weight, physical inactivity, hypertension, atrial fibrillation, chronic kidney disease, and diabetes are not evenly distributed across the population and contribute to the unequal burden of disease. East Sussex's older population increases the overall prevalence of cardiovascular conditions; however, deprivation compounds this risk through greater exposure to modifiable risk factors and poorer cardiovascular outcomes. As a result, communities experiencing the greatest socioeconomic disadvantage also experience the greatest burden of cardiovascular disease.

Importantly, many of the deaths described throughout this briefing occur before the age of 75 and are considered preventable (Figures 4-9). This highlights significant opportunities to reduce inequalities through primary prevention, earlier identification of cardiovascular risk, equitable access to NHS Health Checks, optimisation of evidence-based treatment and improved management of long-term conditions. Targeting interventions towards the communities experiencing the greatest burden of disease, particularly Hastings and Eastbourne, has the potential to reduce avoidable cardiovascular mortality and narrow the life expectancy gap across East Sussex.

The findings presented throughout this briefing demonstrate how these inequalities are reflected in cardiovascular outcomes across East Sussex. Geographical differences mirror wider patterns of socioeconomic deprivation and unequal exposure to the behavioural,

environmental, and clinical risk factors that drive cardiovascular disease (Gollins-Perronne & Müller, Joint Strategic Needs Assessment, 2025).

Reducing cardiovascular inequalities therefore requires more than improving treatment alone. Action is needed across the prevention pathway, including reducing exposure to modifiable risk factors, improving early identification and diagnosis of cardiovascular conditions, ensuring equitable access to NHS Health Checks and evidence-based treatment, and targeting prevention efforts towards the communities experiencing the greatest burden of disease. This aligns with national evidence, which identifies cardiovascular disease as responsible for approximately one in four premature deaths in England and a major contributor to avoidable demand on health and care services (Raleigh, Jefferies, & Wellings, 2022).

Useful Documents and Links

East Sussex Cardiovascular Disease (CVD) Prevention Action Plan

The East Sussex Cardiovascular Disease (CVD) Prevention Action Plan sets out a coordinated, system-wide approach to reducing the impact of cardiovascular disease across the county. Developed in partnership with local organisations, services, the plan focuses on prevention, early identification, reducing health inequalities, improving long-term condition management, and strengthening integrated care pathways. The action plan supports delivery of National and East Sussex priorities while recognising the financial, workforce and organisational challenges currently facing the health and care system.

[East Sussex in Figures - Data Observatory - JSNA - JSNA: East Sussex Cardiovascular Disease \(CVD\) Prevention Action Plan](#) (Gollins-Perronne, Kochhar, & Douglas, Cardiovascular Disease Prevention 4 Year Plan, 2026)

Fit for the future

Sets out the government's 10 Year Health Plan for England.

[10 Year Health Plan for England: fit for the future - GOV.UK](#)

Department of Health and Social Care, Public health Fingertips

These profiles provide collections of indicators covering a range of public health topics. They have been developed to show local area data alongside relevant comparators. Health trends in England summarises key information about the health of people in England and how it has changed over time. It is intended to provide an overview for the public in an accessible way.

[Fingertips | Department of Health and Social care](#) (National Health Service, 2025)

East Sussex Joint Strategic needs Assessment

Our Joint Strategic Needs Assessment (JSNA) identifies the current and future health and wellbeing needs and strengths of local communities. These resources help to inform decisions and plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex.

[East Sussex in Figures - Data Observatory - JSNA](#) (Office for Health Improvement and Disparities, 2026)

Cardiovascular disease (CVD) modern service framework (MSF): a cardiovascular-kidney-metabolic approach

The Cardiovascular Disease (CVD) Modern Service Framework is a national strategic framework published by the Department of Health and Social Care and NHS England that sets out a 10-year vision for reducing premature deaths from cardiovascular disease in England. It provides a delivery model for transforming cardiovascular care through a cardiovascular-kidney-metabolic (CKM) approach, with a strong emphasis on preventing disease, identifying risk earlier, improving diagnosis and treatment, reducing health inequalities, and shifting more care into community and primary care settings. The framework establishes 12 national priorities to guide NHS organisations, local authorities, and wider partners in delivering integrated, evidence-based cardiovascular prevention and care over the next decade.

[Cardiovascular disease \(CVD\) modern service framework \(MSF\): a cardiovascular-kidney-metabolic approach - the strategic vision and delivery model](#) (DSHC, 2026)

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