

# West Sussex Joint Strategic Needs Assessment

## Executive Summary 2008



West Sussex  
Primary Care Trust



This document provides “the big picture” of the initial work undertaken for the Joint Strategic Needs Assessment of health and well-being.

It should be noted that the needs assessment is an on going process and there are gaps in the work undertaken so far; detailed, on-going work is being undertaken with commissioners of services, including PCT and County Council programme leads, and also working with local partners including District Councils and the voluntary sector.

These key messages are being carried forward into those detailed pieces of work.

The needs assessment in West Sussex is being developed under three strands:-

- dissemination of key data and the development of a database of health and well-being information
- reports and briefings including specific work directly with Practice Based Commissioning groups,
- a “service” bringing together staff from the County Council and the PCT to jointly work with commissioners on specific and detailed needs assessments.

This summary outlines the key points or “commissioning challenges” identified under six themes:-

- ❖ health inequalities;
- ❖ healthy living;
- ❖ children and young people;
- ❖ working age, employment and health;
- ❖ later life, cause of death and ill health;
- ❖ and healthy and sustainable communities;

The full report from which this summary is, in the main, derived, is available on the PCT website – [www.westsussexpct.nhs.uk](http://www.westsussexpct.nhs.uk)

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**HEALTH INEQUALITIES**

**COMMISSIONING CHALLENGES**

Overall people in West Sussex have a long life expectancy and enjoy good health, but this masks the considerable differences within the county.

Differences in life expectancy are higher in West Sussex than in other parts of the South East Coast SHA region.

There is evidence which suggests that differences (in relation to the wider determinants of health) are increasing.

There are increasing numbers of people in West Sussex living longer with disabilities, learning difficulties and limiting long term illness.

*Key Evidence*

**Overall the life expectancy in West Sussex is high** (although in 2004-6 life expectancy in Worthing was slightly below England for men and women).

2004-6 Life Expectancy – Men and Women

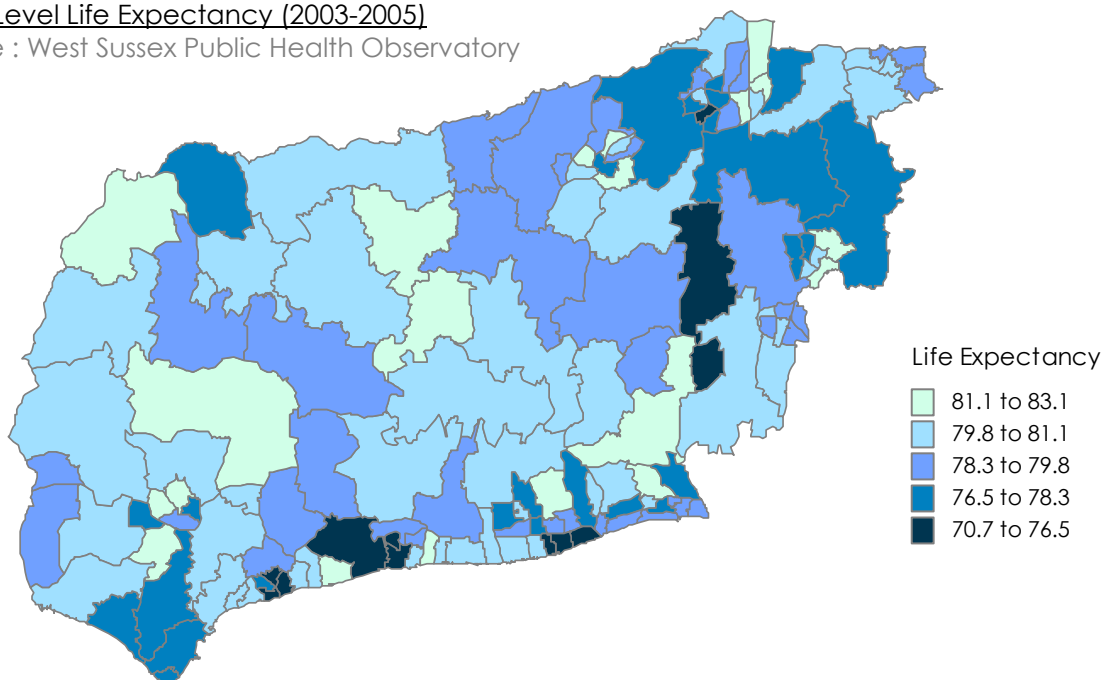
Source : NCHOD

|            | Men  | Women |
|------------|------|-------|
| Adur       | 78.3 | 81.3  |
| Arun       | 78.0 | 82.2  |
| Chichester | 79.1 | 82.9  |
| Crawley    | 80.0 | 82.2  |
| Horsham    | 80.1 | 83.5  |
| Mid Sussex | 79.6 | 82.1  |
| Worthing   | 77.1 | 81.2  |
| ENGLAND    | 77.3 | 81.6  |

**However there are considerable differences in life expectancy within West Sussex** - individual ward differences in 2003-5 ranged from 70.8 years in River ward (Littlehampton) to 83.0 years in Bramber ward (Horsham).

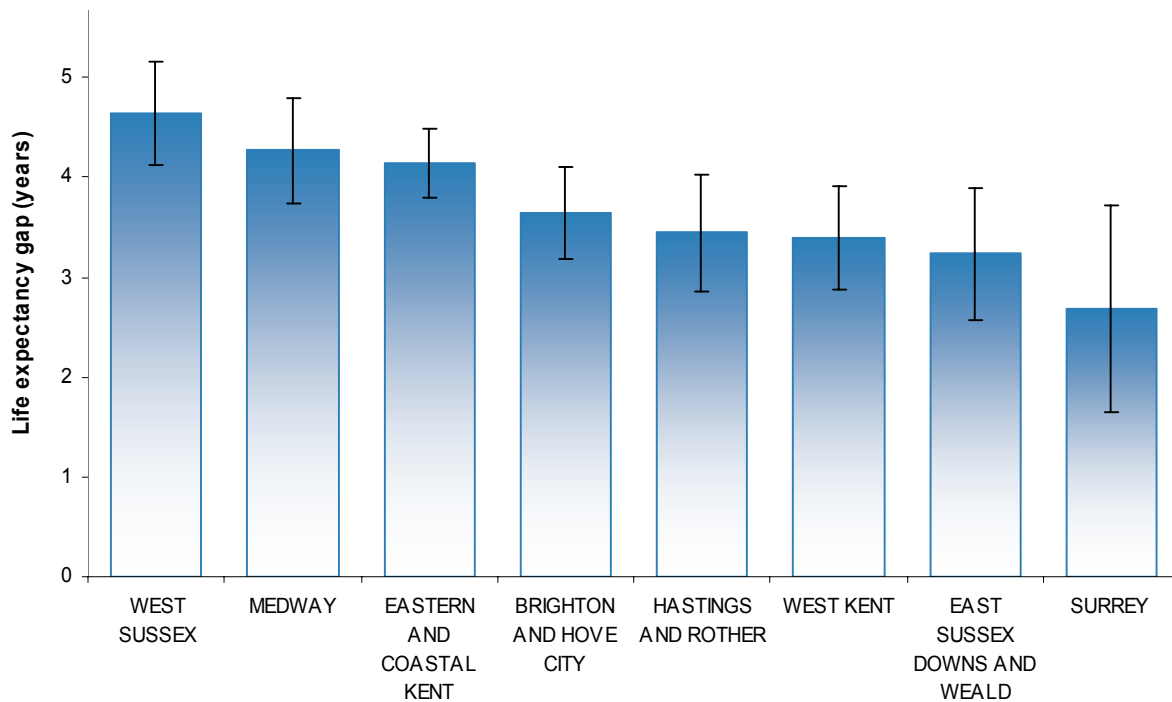
Ward Level Life Expectancy (2003-2005)

Source : West Sussex Public Health Observatory



**This difference in life expectancy within West Sussex** is greater than any other area of the SHA.

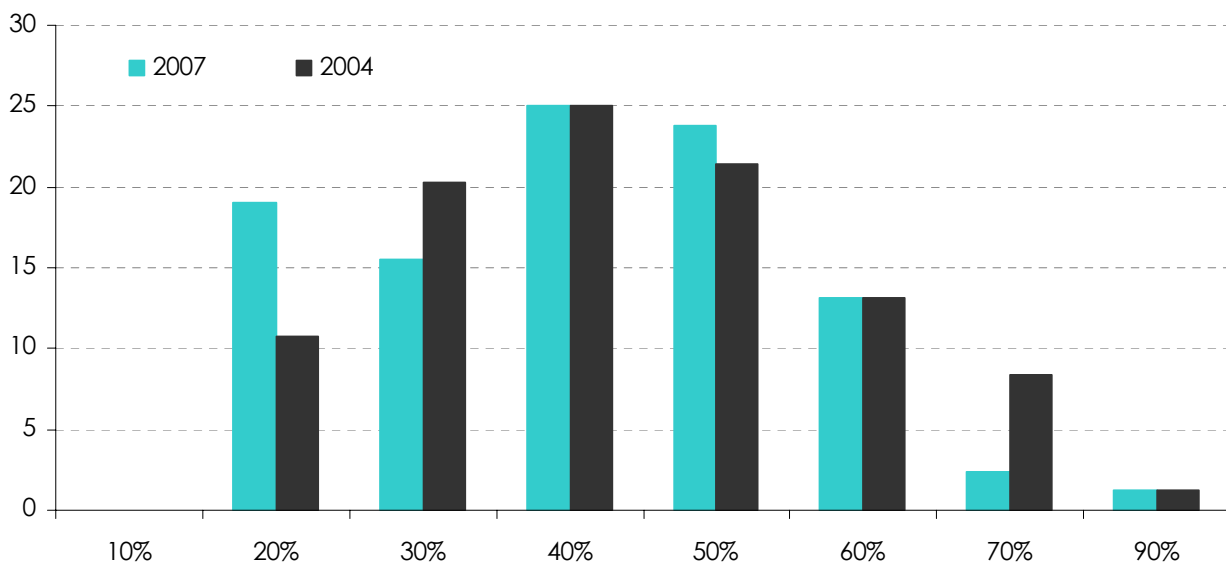
Gap in Life Expectancy Between the SHA Bottom Quintile and the Rest of the SHA, by PCT (2003-2005, with 95% confidence limits).



**Evidence indicates inequality is increasing** - The Index of Deprivation 2007 showed that the poorest areas of West Sussex were becoming *relatively* more deprived. The graph below shows how the most deprived areas of West Sussex (designated as the *Local Neighbourhood Improvement Area (LNIA)*) ranked in relation to deprivation across England. In 2004 only a small proportion (10%) of LNIAs ranked within the most 20% deprived of areas in England, in 2007 this had almost doubled to 19%.

Percentage of Super Output Areas in LNIAs within Each Decile Grouping of the Index of Deprivation

Source : DCLG ID 2004 and 2007





## PROMOTING HEALTHY LIVING

### COMMISSIONING CHALLENGES

Alcohol misuse has been identified as the dominant lifestyle issue in West Sussex, with levels of high risk drinking amongst younger people and alcohol-related admissions to hospital being growing concerns.

Although smoking rates overall are lower than national averages, estimates vary considerably between areas and between specific groups.

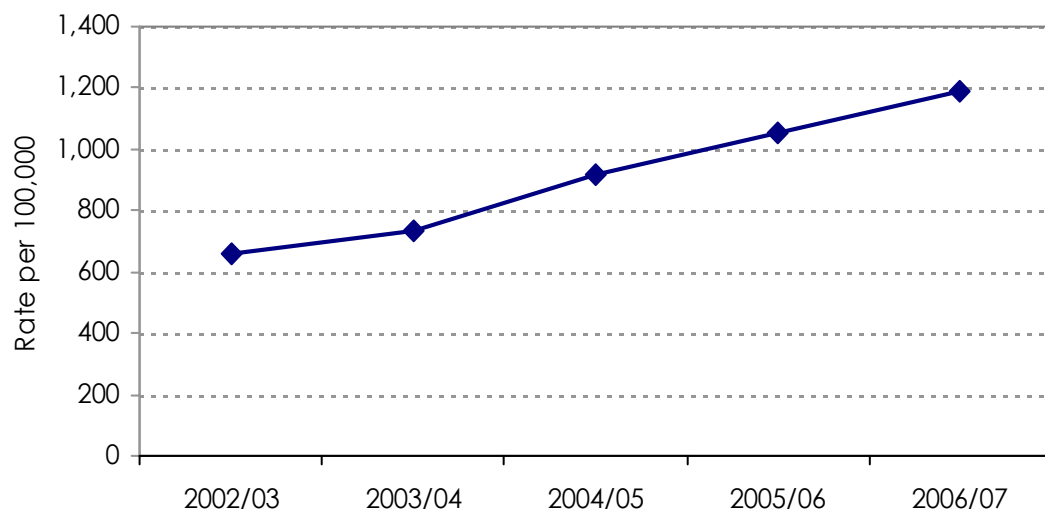
In relation to obesity in adulthood estimates vary considerably across the county, and are in line with low physical activity rates in parts of the county.

#### Key evidence

**The rate of admissions for alcohol-related harm** has almost doubled over the last five years, from 657 per 100,000 in 2002/03 to 1,189 per 100,000 in 2006/07, reflecting the national trend. Although the increase may be partly due to improved data collection and raised awareness, it is nevertheless a matter of concern.

#### Trend In Hospital Admissions For Alcohol-Related Harm

West Sussex 2002/3 – 2006/7



Source: Department of Health

**Smoking rates differ across West Sussex**, estimated at over 27% of adults in Crawley to 18% in Horsham. Higher smoking rates are correlated with greater deprivation.

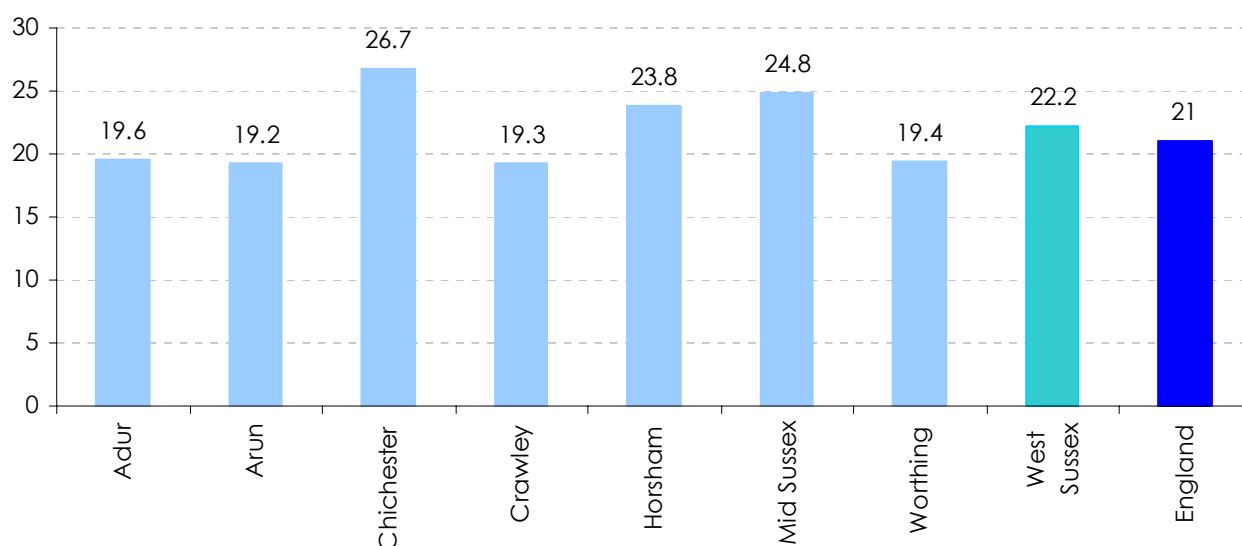
Number of Adult Smokers

| Local Authority | Population | % adult smokers | Number of smokers |
|-----------------|------------|-----------------|-------------------|
| Adur            | 60,400     | 25.7            | 15,523            |
| Arun            | 145,700    | 24.2            | 35,260            |
| Chichester      | 108,800    | 20.6            | 22,413            |
| Crawley         | 99,800     | 27.4            | 27,345            |
| Horsham         | 128,200    | 18.0            | 23,076            |
| Mid Sussex      | 129,100    | 18.2            | 23,496            |
| Worthing        | 98,600     | 25.4            | 25,044            |
| West Sussex     |            |                 | 172,157           |

(Estimates from West Sussex Public Health Observatory)

**Physical activity rates are low in some parts of West Sussex and 68,000 men and 76,000 women are estimated to be obese.** The Sport England Active People survey (2007) found that 21% of people nationally regularly participated in sport and recreation - defined as taking part on at least 3 days a week in moderate intensity sport and active recreation for at least 30 minutes continuously in any one session. In West Sussex this varied from only 19.2% in Arun to 26.7% in Chichester. Arun, Crawley and Worthing all ranked in the bottom quartile of local authorities in terms of adult participation.

Percentage of Adults Regularly Participating in Sport and Recreation.



Source : Sport England

## CHILDREN AND YOUNG PEOPLE

### COMMISSIONING CHALLENGES

Local lifestyle surveys of children and young people identified a number of key issues:

- large numbers of young people adopting high risk or “binge style” drinking behaviour
- higher rates of smoking amongst Year 10 girls and young women.
- concerns reflected by young people in relation to bullying, safety and mental health.

The number of children living in low income households in West Sussex has increased in recent years. There are identified gaps in provision of high quality registered childcare within some of the most deprived neighbourhoods in the county.

In 2007, over 20% of Reception Class pupils and over 28% of Year 6 pupils were overweight or obese in West Sussex.

The health and well being needs for specific groups of “vulnerable children and young people” including in public care and children with complex needs remain a high priority, including health needs and access to services, accommodation issues and support to maintain employment and education.

#### Key Evidence

**Alcohol misuse** - 12% of Year 10 boys (14/15 year olds) and 13% of Year 10 girls are regularly drinking to get drunk. This high risk drinking was evident across West Sussex.

| YEAR 10         | Boys   |     | Girls  |     | All    |     |
|-----------------|--------|-----|--------|-----|--------|-----|
|                 | Number | %   | Number | %   | Number | %   |
| Never or rarely | 781    | 32  | 804    | 31  | 1585   | 31  |
| Occasionally    | 1357   | 55  | 1457   | 56  | 2814   | 55  |
| Regularly       | 338    | 14  | 350    | 13  | 688    | 14  |
| Total           | 2476   | 100 | 2611   | 100 | 5087   | 100 |

A local survey of 16-24 years olds attending HE and FE Colleges found that 30% of boys and 19% of girls stated they were regularly binge drinking.

| 16-24 YEAR OLDS | Boys   |      | Girls  |      | All    |      |
|-----------------|--------|------|--------|------|--------|------|
|                 | Number | %    | Number | %    | Number | %    |
| Never or rarely | 364    | 25.2 | 303    | 29.5 | 667    | 27.0 |
| Occasionally    | 649    | 44.9 | 531    | 51.7 | 1180   | 47.8 |
| Regularly       | 431    | 29.8 | 193    | 18.8 | 624    | 25.3 |
| Total           | 1444   | 100  | 1027   | 100  | 2471   | 100  |

**Smoking** rates in 14/15 year olds girls were considerably higher than the boys – 30% of girls saying they occasionally or regularly smoked compared to 20% of boys

**Bullying** – was reported as a key concern by 14/15 year olds - 19% of boys and 22% of girls have been victims of bullying in the past year. 24% of boys and 15% of girls have bullied someone in the past year. Early findings from the survey of 16-24 year old college students found that bullying continued to be a problem at an older age.

**Safety** – Almost a quarter of 14/15 year old pupils think that the safety of the area in which they live is bad after dark, and safety was a particular concern in the most deprived areas.

**Child poverty** – Although below national figures - all areas of West Sussex had increases in the percentage of children living in low income households. According to the Index of Deprivation 2007 almost 19% of children in Crawley lived in low income households.

Children in Low Income Households

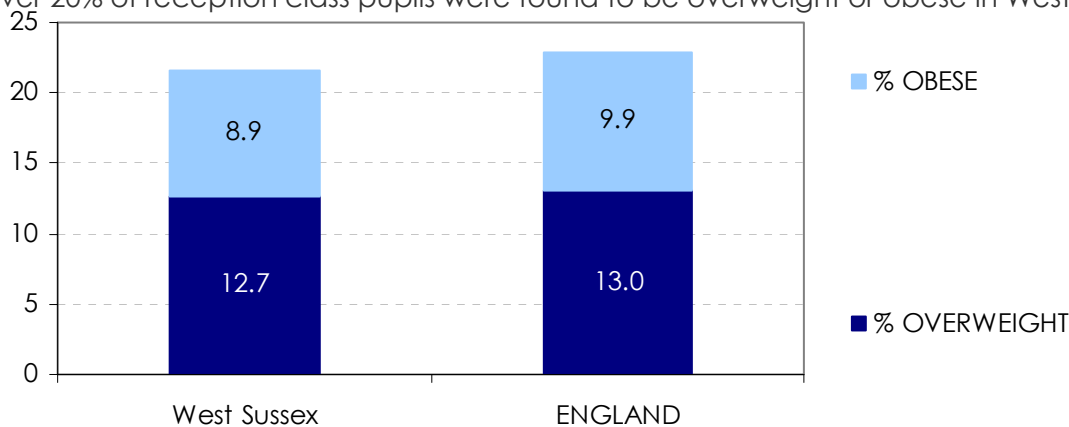
Source : data from the Indices of Deprivation 2004 and 2007

| % of children in income deprived households |             |             |
|---------------------------------------------|-------------|-------------|
| Area                                        | 2004        | 2007        |
| Adur                                        | 16.8        | 17.6        |
| Arun                                        | 16.0        | 17.1        |
| Chichester                                  | 11.9        | 12.4        |
| Crawley                                     | 15.8        | 18.7        |
| Horsham                                     | 7.8         | 8.9         |
| Mid Sussex                                  | 7.7         | 8.8         |
| Worthing                                    | 15.6        | 16.0        |
| <b>West Sussex</b>                          | <b>12.5</b> | <b>13.6</b> |
| England                                     | 21.3        | 22.4        |

**Reducing childhood obesity** has been identified as a priority in West Sussex, although lower than national levels, high levels of childhood obesity were identified in reception age and Year 6 pupils in primary schools in 2007.

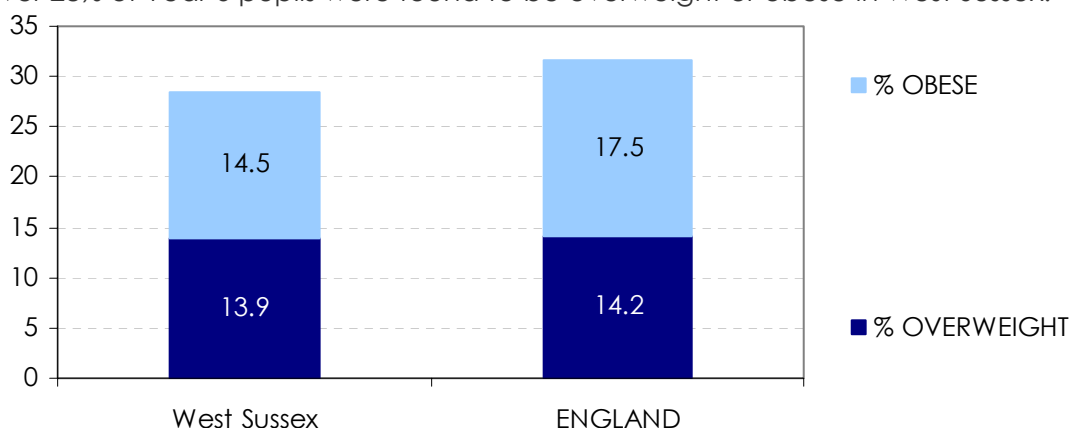
RECEPTION Class Pupils 2007

Over 20% of reception class pupils were found to be overweight or obese in West Sussex.



YEAR 6 Pupils 2007

Over 28% of Year 6 pupils were found to be overweight or obese in West Sussex.





## WORKING AGE, EMPLOYMENT AND HEALTH

### COMMISSIONING CHALLENGES

Although unemployment is relatively low, the number of people of working age on ill health benefits is over 25,000. Mental health problems are the most stated reason for being on sickness benefits.

The percentage of the working age on benefits varies considerably across West Sussex.

An ageing population means that age dependency ratios are increasing; there will be fewer people of working age. A healthy workforce with reduced rates of sickness absence is, and will become, increasingly important.

Increasing numbers of people are providing unpaid care – for partners, spouses, parents and for children (and for their children into adulthood). There are increasing numbers of people giving up work to become full time carers. The number of people in receipt of carers allowance is increasing across West Sussex.

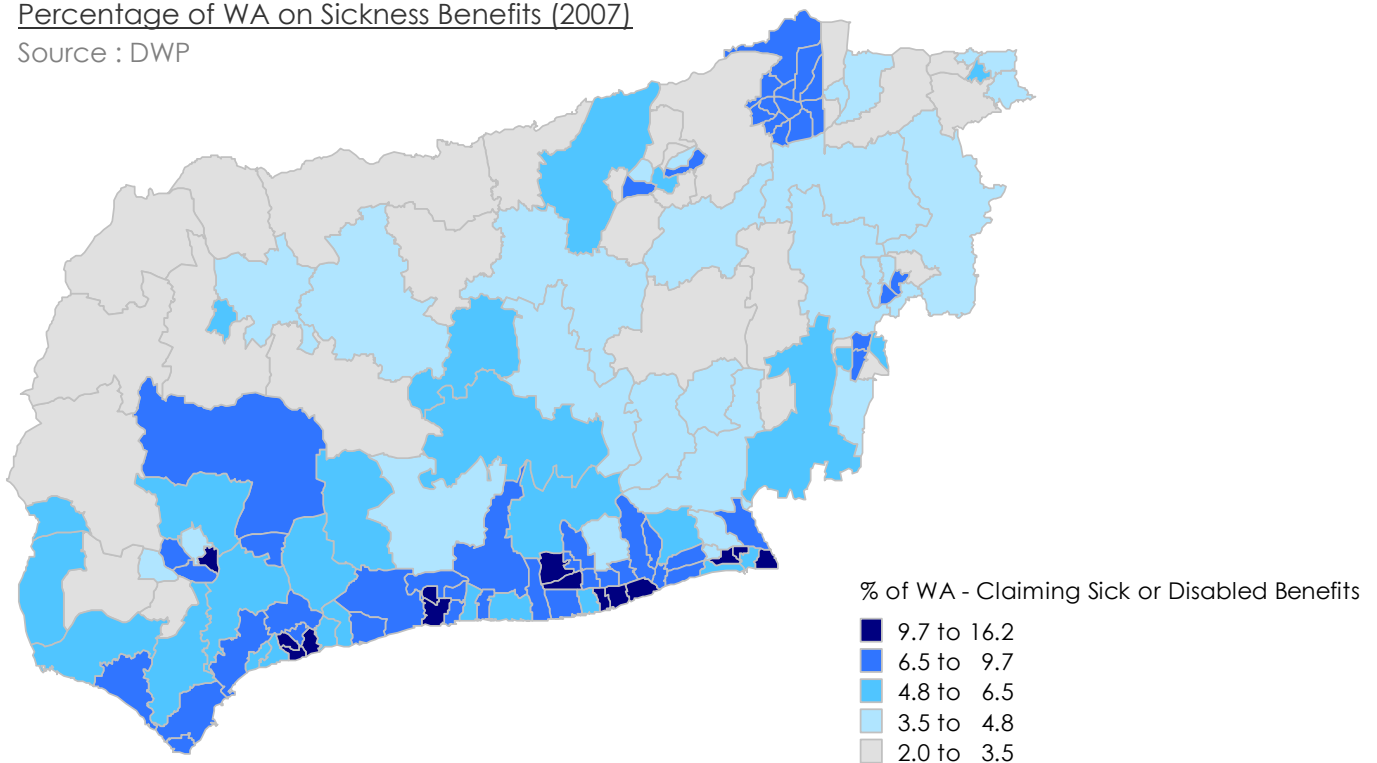
Key working age social care client groups are increasing, including working age adults with learning difficulties, physical and sensory impairment and mental health problems.

### Key Evidence

**People on sickness benefits** – Using small area data - in May 2007 there were over 22,000 people in West Sussex in receipt of Incapacity Benefit or Severe Disablement Allowance. The percentage of the working age on sick / disabled benefits ranged from 2% in Forest ward (Horsham) to 16.2% in Littlehampton River ward (Arun)

### Percentage of WA on Sickness Benefits (2007)

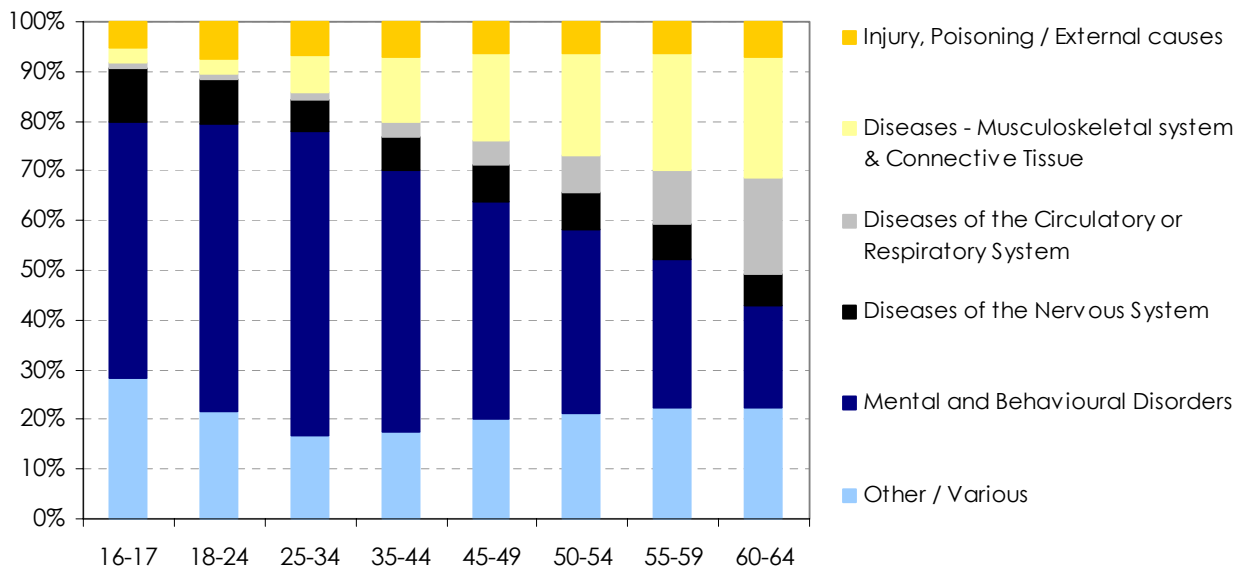
Source : DWP



Using ICD summary codes data from the Department for Work and Pensions shows that reasons for claiming sickness benefits differ according to age groups, with mental health and behavioural problems dominating the younger age groups.

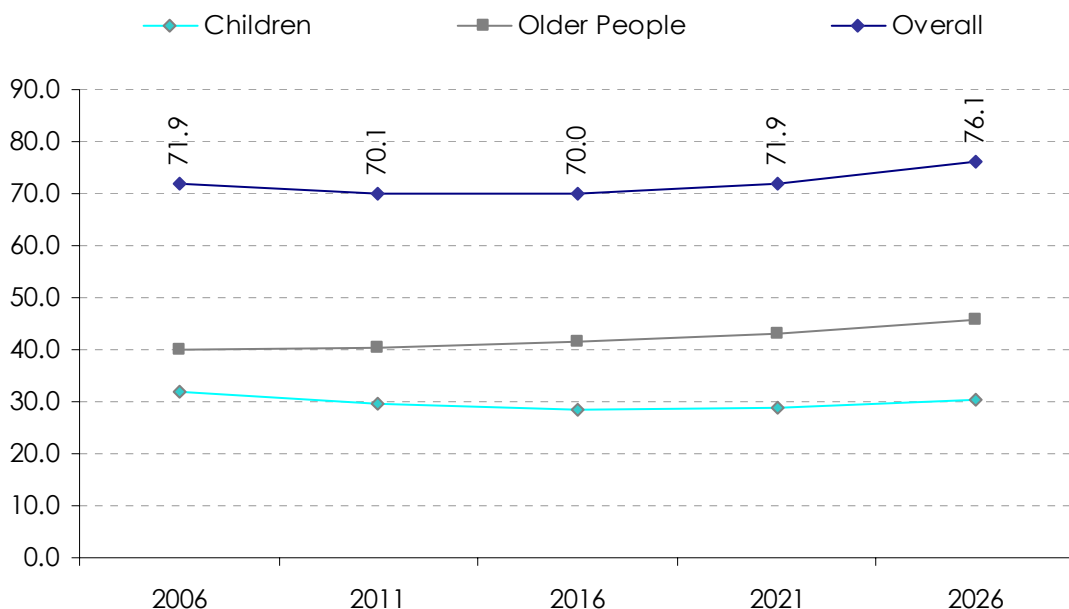
**People Claiming Incapacity Benefit by ICD Code Group (SE Region Claimants February 2008)**

Source: DWP



**Age dependency ratios** – West Sussex already has an older age structure compared to England as a whole. In 2006 there were almost 72 people for each 100 working age adults, this broke down to 32 children and 40 people of pension age. This ratio, and notably the number of *older people* per 100 working adults, is set to increase.

Age Dependency Ratios – Current and Projected to 2026.



**Carers** - The Census 2001 asked for the first time about unpaid care. Over 70,000 people stated they provided unpaid care for a partner, family member or friend, over 12,500 people provided 50 or more hours of unpaid care per week and approximately 7,500 people of working age in 2001 were providing full time unpaid care. In recent years the people in receipt of carers allowance has been one of the largest rising claimant groups in West Sussex.

## LATER LIFE, CAUSES OF ILL HEALTH AND MORTALITY

### COMMISSIONING CHALLENGES

The population of West Sussex is ageing. Although this has a considerable impact on health and social care provision, the implications require a far broader, community response; including the provision and access to services and local facilities and how the wider well being (including mental and emotional well being) of older people is promoted and maintained. Services designed need to take into account the key findings and recommendations from “*Our Health, Our Care, Our Say*”

As the population ages there will be increasing numbers of people with long term conditions and disabilities, including dementia, physical, mobility and sensory impairments and general problems with carrying out daily activities. Increasing numbers of older people recognise their role as unpaid carers.

Inequalities persist in older age, with women more likely to be in pensioner poverty, and older people more likely to suffer from fuel poverty and may experience reduced access to services.

Mental and emotional health and well-being in older age is a priority. The South East Health Strategy (2008) highlighted that the South East has the second highest hospital admission rate for depression among women aged 65 and over in the country and that nationally depression amongst older people is under-diagnosed.

Although overall mortality statistics show the main causes of all deaths, a clearer understanding of *premature* mortality (using Years of Potential Life Lost (YPLL) as a measure) shows that :-

- *For women*, breast cancer is the biggest cause of premature mortality in West Sussex, as it is nationally, although there are considerable differences between West Sussex and England in the other main causes of premature mortality – with accidents, suicides and colorectal cancer accounting for more premature deaths in women in West Sussex compared to national figures.
- *For men*, Coronary Heart Disease (CHD) is the biggest cause of premature mortality in West Sussex (as it is nationally), and the main causes of premature death broadly reflect the national picture – although accidents, undetermined injury and suicide again have a greater impact on premature deaths in West Sussex compared to England as a whole.

### Key Evidence

#### **Current and projected population over 65** - Source : WSCC Population Projections(June 2008)

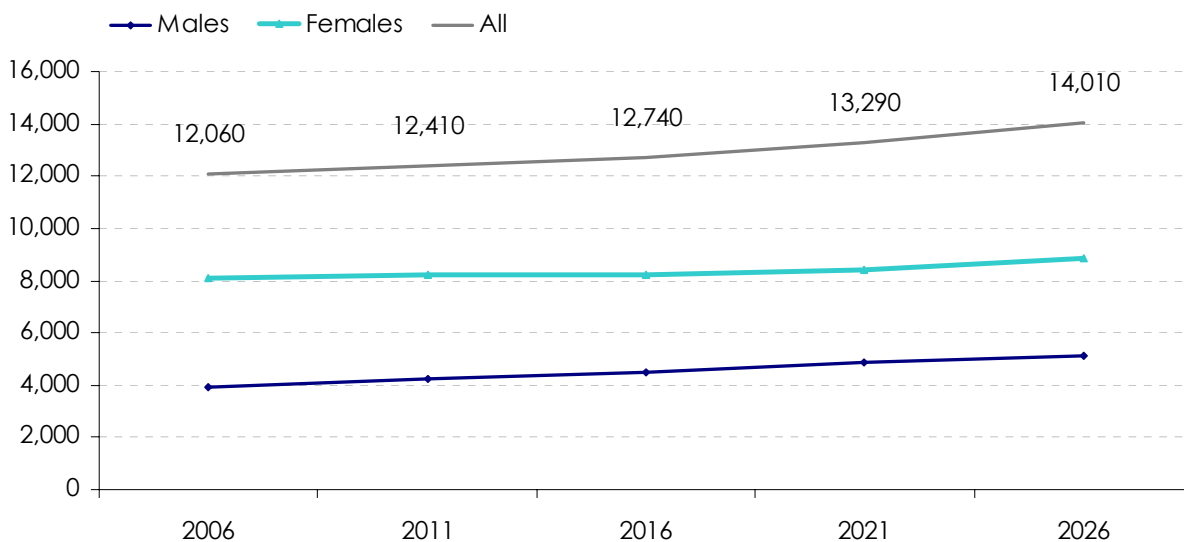
The current population of people over 65 is approx 155,800 this is projected to rise to approximately 189,000 within 20 years, accounting for over 22% of the local population.

|                          | 2006           | 2011           | 2016           | 2021           | 2026           |
|--------------------------|----------------|----------------|----------------|----------------|----------------|
| 65-84                    | 131,400        | 135,500        | 146,300        | 152,800        | 161,100        |
| 85+                      | 24,400         | 26,400         | 27,400         | 28,100         | 28,200         |
| <b>Total</b>             | <b>155,800</b> | <b>161,900</b> | <b>173,700</b> | <b>180,900</b> | <b>189,300</b> |
| % of population over 65+ | 20.2%          | 20.4%          | 21.4%          | 21.8%          | 22.4%          |
| % of population over 85+ | 3.2%           | 3.3%           | 3.4%           | 3.4%           | 3.3%           |

**People living with dementia aged 65 years or over** - The numbers of people (aged 65 years or over) who have dementia is projected to increase by almost 2,000 within 20 years.

People (Aged 65 Years and Over Projected to Have Dementia

Source: Prevalence Assumptions from Dementia UK, applied to WSCC Population Projections.



**Older People as Carers** - The West Sussex 2005 Lifestyle Survey of Older People repeated the Census 2001 question relating to the provision of unpaid care and found a far higher percentage of people stated that they provided unpaid care to a spouse, relative or friend.

Percentage of Older People Providing Unpaid Care

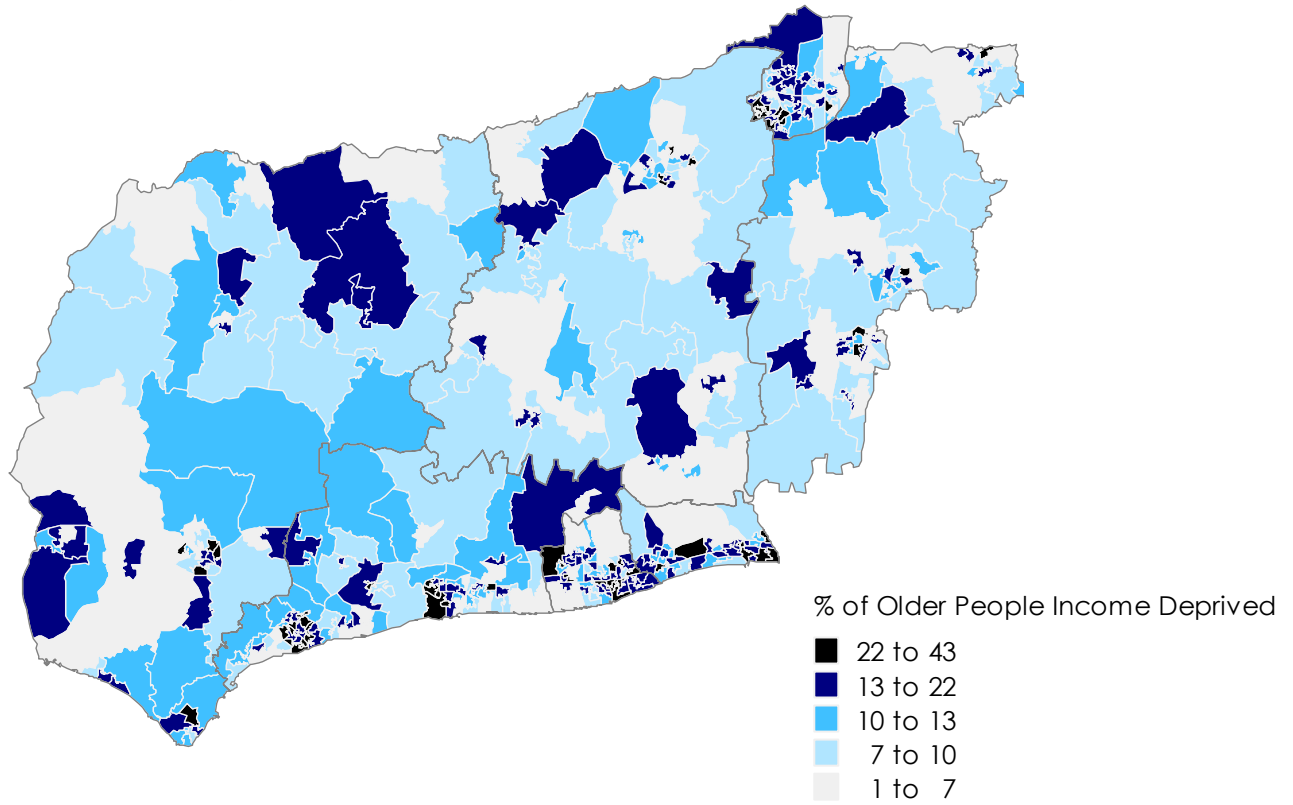
Source: Census and West Sussex Lifestyle Survey of Older People 2005

| Age Group | Census 2001 |     | West Sussex Lifestyle Survey |     |
|-----------|-------------|-----|------------------------------|-----|
|           | Women       | Men | Women                        | Men |
| 65-74     | 14          | 14  | 25                           | 21  |
| 75-84     | 9           | 13  | 19                           | 21  |
| 85+       | 4           | 10  | 9                            | 20  |

**The number of older people living in low income households** in West Sussex increased between 2004 and 2007 and there are considerable differences across the county, including areas where 1 in 4 (and at the highest 43%) of older people live in pensioner poverty.

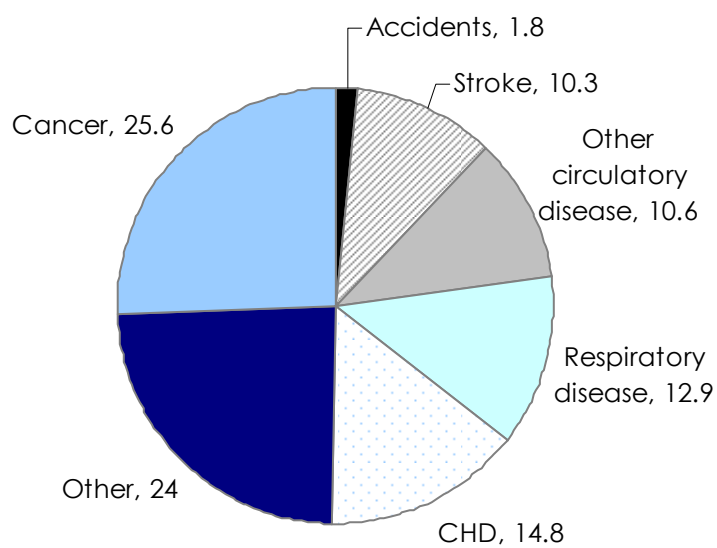
Percentage of People Aged 60 Years or Over in Low Income Households

Source : Index of Deprivation 2007



Main Causes of Death (2006) – West Sussex

Source : Vital Statistics, Office for National Statistics





## Premature Mortality – Using Years Of Life Lost

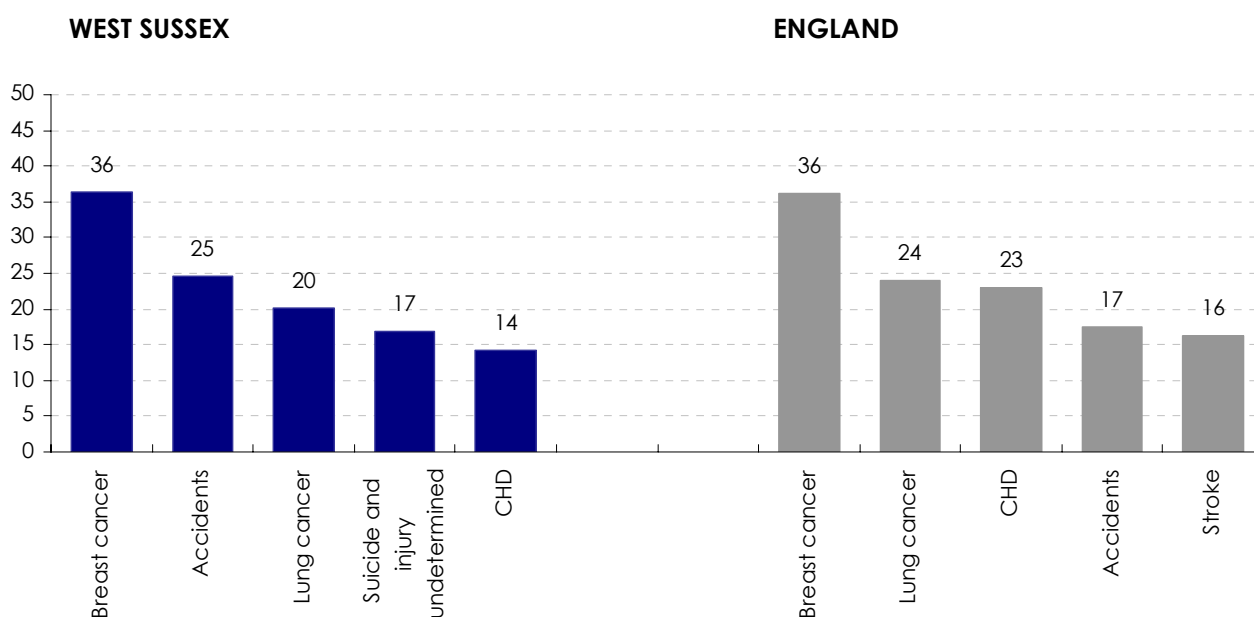
Years of Potential Life Lost (YPLL) is a measure of premature mortality. It estimates the number of years a person would be expected to live had they not died prematurely, identifying the main causes of premature deaths within a defined population. A high number of YPLL may be due to a commonly occurring condition causing very few years of life to be lost, or a less common condition causing increased number of years lost in the young.

### Females 2004-2006

With the exception of breast cancer the pattern of premature deaths in West Sussex differs from the national picture, as shown in the graph below. In West Sussex, accidents contribute a greater number of YLL (25 years per 10,000 population) than the England average (17 years per 10,000 population) and are the second largest cause of YLL in the county. The number of years lost due to suicides and injury undetermined and colorectal cancer is also higher in West Sussex than nationally (ranked fourth and seventh respectively). By contrast, lung cancer, CHD, stroke, and chronic liver disease account for a smaller proportion of YLL than is seen in England. In relation to the top ten causes unlike the national picture, Chronic Obstructive Pulmonary Disease (COPD) does not feature in the West Sussex top ten causes of premature death for women, although by contrast, leukaemia is ranked ninth in West Sussex but does not appear in the England top ten causes.

### Top 5 causes of premature mortality in Females 2004-06.

Cause of death ranked by age standardised years of life lost (DSR) expressed per 10,000 standard European population.



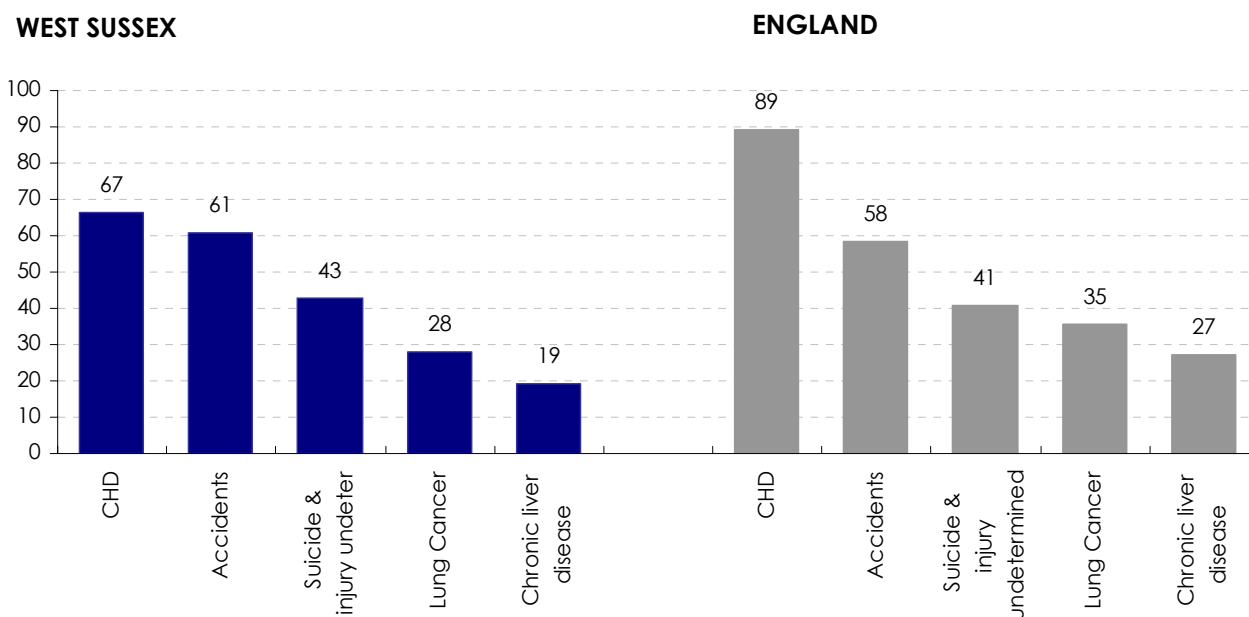
Source: West Sussex Public Health Observatory

Males 2004-2006

With the exception of Chronic Obstructive Pulmonary Disease (COPD) and oesophageal cancer, the pattern of premature mortality for West Sussex males reflects the national distribution, although it is interesting to note that although all other causes of death result in lower rates of YLL than for England, deaths caused by accidents (61 per 10,000 standard population) and suicides and injury undetermined (43 per 10,000 standard population) in West Sussex account for higher numbers of YLL than the national averages (58 and 41 years per 10,000 standard population respectively).

Top 5 causes of premature mortality in Males 2004-06.

Cause of death ranked by age standardised years of life lost (DSR) expressed per 10,000 standard European population.



Source: West Sussex Public Health Observatory

## HEALTHY AND SUSTAINABLE COMMUNITIES

There are issues which impact on health and well-being which cannot be readily evidenced by specific targets or indicators including many issues relating to the capacity and resilience of families and wider communities to support and sustain health and well-being.

For example the need to support parenting, strong social capital and cohesion, and the promotion of choice, independence and control. All are recognised as being important to health and well being and should be included as commissioning challenges in making decisions.

### COMMISSIONING CHALLENGES

The nature of communities will change as population age structure changes. Rural services and communities have and will maintain an older age structure.

The wider role of "communities" - health and social care tend to focus on identifying problems and then dealing with them – will need greater emphasis on prevention and "protection" ; – identifying risks and reducing them and building capacity and resilience into communities.

A move towards "progressive universalism" – services available to all but proactively (and explicitly) targeting a higher level of service to those most at risk.

A huge range of services across West Sussex are important if we are to build in resilience including:-

- Universal services such as education, primary care and community care especially health visiting;
- Many services provided by the third sector;
- Leisure services including physical activity and culture;
- Community development and community planning services;
- Community Partnership Teams and Neighbourhood Alliances;
- Services that support economic development and regeneration;
- Skills development;
- Healthy Living Centres.

Building capacity and resilience requires strong partnership working.