

Health and wellbeing of West Sussex coastal communities: A framework for action to reduce coastal health inequalities

Framework document



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Introduction

Nationally and locally, our coastal communities live with poorer health than their non-coastal neighbours. Coastal areas in West Sussex have older populations, and a higher proportion of the population live in deprived areas. Our coastal towns each have a unique history and character, and their own strengths and assets which are resources for improving health and wellbeing.

This framework aims to provide an insight into health and wellbeing and its wider determinants in our coastal West Sussex towns: Bognor Regis, East Wittering, Littlehampton, Selsey, Shoreham-by-Sea (including Lancing), Southwick and Worthing. The framework presents intelligence on physical and mental health outcomes across the life course, and the building blocks of health such as economic activity and housing.

We propose a collaborative, place-based public health approach to reducing health inequalities in coastal West Sussex, building on the assets of local people, communities and the wider system. We highlight four areas of focus for future work:

1. Develop and deliver a system-wide approach to improving Healthy Life Expectancy (HLE) and reducing the HLE gap;
2. Reduce barriers to education and learning for children and young people living in poverty;
3. Create healthy coastal environments to support healthier lives;
4. Ensure our coastal communities are a good place to grow old.

The framework offers a foundation for working collaboratively with stakeholders and partners, including coastal communities,

to take action to reduce coastal health inequalities. The aim is to inform system partners and guide their future service priorities and commissioning plans.

The framework is a working document which will be updated to reflect additional data analysis, insight and learning and the changing needs of our coastal population. There are inevitably gaps in the scope of the current work due to time and resource constraints which will be addressed over time, for example alcohol and substance misuse in coastal communities.

Stakeholder engagement around the coastal health inequalities framework will form part of the development of the new Joint Local Health and Wellbeing Strategy in 2024.

Background and context

Local priorities

Local system strategies set out the vision and ambition for improving health and wellbeing outcomes and reducing health inequalities in West Sussex, including the [Joint Health and Wellbeing Strategy 2019-24](#), [Improving Lives Together](#) (Sussex Health and Care strategy), and [Our Council Plan](#) (West Sussex County Council). These strategies respond to the health and wellbeing needs of the West Sussex population as described in the [West Sussex Joint Strategic Needs Assessment \(JSNA\)](#). A number of shared priorities are identified for adults and children, such as improving children and young people’s mental health, growing up and living in a healthy home environment, living in supportive, connected communities and places that support health and wellbeing, reducing loneliness and social isolation, and enabling people to be independent.

Health inequalities

Taking action to reduce health inequalities is a shared goal which cuts across these life course priorities, and the importance of the wider determinants of health (such as housing, employment, and the environment) in achieving this is highlighted. Health inequalities are avoidable, unfair and systematic differences in health between different groups of people¹. Health inequalities can be seen between different population groups across a

¹ The King’s Fund. *What are health inequalities?* June 2022. Available from: <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>.

number of dimensions, including socio-economic groups and deprivation, geography, protected characteristics under the Equality Act, and socially excluded groups such as people experiencing homelessness.

The Government White Paper, *Levelling up the United Kingdom*, sets out the Government’s approach to ending geographical inequality so that opportunity is spread more equally across the country². Coastal communities are identified as having experienced negative social and economic impacts in recent years, with associated impacts on health and wellbeing. The White Paper identifies 12 levelling up missions, including:

Health	By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.
Wellbeing	By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.

The Covid pandemic and recent significant increases in the cost of living have highlighted and exacerbated health inequalities in the UK. Some population groups, including low income households, children and women, unemployed people, people living with disabilities and long-term conditions, and people from minority ethnic groups are particularly vulnerable to the physical

² UK Government. *Levelling up the United Kingdom*. February 2022. Available from: <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom>.

and mental health impacts of the increased cost of living over the short and long term³.

Professor Sir Michael Marmot has identified eight policy objectives which provide an evidence-based strategy to address the social determinants of health and reduce inequalities⁴. These are key to shaping our approach to reducing coastal inequalities:

1.	Give every child the best start in life
2.	Enable all children, young people and adults to maximise their capabilities and have control over their lives
3.	Create fair employment and good work for all
4.	Ensure a healthy standard of living for all
5.	Create and develop healthy and sustainable communities
6.	Strengthen the role and impact of ill-health prevention
7.	Tackle racism, discrimination and their outcomes
8.	Pursue environmental sustainability and health equity together

³ Broadbent P. Thomson R. Kopasker D. McCartney G. Meier P. Richiardi M. McKee M. and Katikireddi SV. The public health implications of the cost-of-living crisis: outlining mechanisms and modelling consequences. *The Lancet Regional Health – Europe*. 2023;27: 100585. Available from: [https://www.thelancet.com/journals/lanep/article/PIIS2666-7762\(23\)00003-0/fulltext](https://www.thelancet.com/journals/lanep/article/PIIS2666-7762(23)00003-0/fulltext)

⁴ Marmot M. et al. Reducing health inequalities in Luton: A Marmot town. Institute of Health Equity, 2022. Available from: <https://www.instituteoftheequity.org/resources-reports/Reducing-Health-Inequalities-in-Luton-a-Marmot-Town>

Coastal health inequalities

The focus of this framework is on health inequalities experienced by people living in coastal communities. However coastal health inequalities are associated with, and driven by, other inequalities, particularly socio-economic factors, deprivation, and demographics including an older population. Recognising intersectionality across the drivers of health inequalities is important in reflecting the complexity of the social, economic, and structural factors which impact on people’s health and wellbeing⁵.

The Chief Medical Officer’s 2021 Annual report, Health in coastal communities, identified some commonly occurring main drivers for poor health outcomes in coastal communities⁶. These include higher numbers of older, retired citizens, an oversupply of guest housing becoming Houses of Multiple Occupation (HMOs) with associated deprivation and poor health, the sea as a barrier to attracting health and care staff, limiting transport and job opportunities, and a decline in coastal industries such as tourism and fishing. The central message of the report is that coastal communities experience serious health challenges, and that their

⁵ Holman D, Salway S, Bell A, Beach B, Adebajo A, Ali N, and Butt J. Can intersectionality help with understanding and tackling health inequalities? Perspectives of professional stakeholders. *Health Research Policy and Systems*. 2021;19:97. Available from: <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-021-00742-w>.

⁶ Whitty CJM. *Chief Medical Officer’s Annual Report 2021: Health in Coastal Communities*. July 2021. Available from: <https://www.gov.uk/government/news/chief-medical-officer-annual-report-2021>.

drivers are more similar to other coastal communities than their nearest inland neighbours.

Developing a West Sussex framework

This framework for action to reduce coastal inequalities in West Sussex picks up many of the themes from the CMO report and looks at health outcomes and the wider determinants of health in our coastal towns in West Sussex, alongside the strengths and assets which support people's health and wellbeing in our coastal communities. As recognised in the CMO report, there is a lack of health data available for the geography of coastal towns, with poorer health outcomes in coastal areas often masked by better health in neighbouring non-coastal areas, leading to gaps in our understanding of the issues and their impact.

We have focused on a core set of indicators where data is available for coastal communities, and which between them cover both physical and mental health, include measures for adults and children, collectively measure mortality and morbidity, and include social and behavioural indicators associated with health outcomes⁷. The scope of analysis was limited by time constraints and further data analysis and research is planned. The full analysis is presented in the data pack available on the [West Sussex JSNA website](#).

The local analysis shared here starts to fill and describe the gaps in our understanding of coastal communities and begins to identify questions for future research. It sets out a public health view and is informed by insights from colleagues working with coastal communities and local organisations. We will further develop the framework with input and engagement from our partners.

While there are commonalities with the CMO's findings about coastal inequalities nationally, each of our towns is unique and the framework takes a place-based approach to demonstrate the diversity in experiences across our coastal communities, the important role of the wider determinants of health in each place, and the need for local approaches to reducing inequalities to be developed with coastal communities.

⁷ The approach to indicator selection was based on an approach set out by The Health Foundation and adapted to use locally available indicators: The Health Foundation *Targeting health inequalities: realising the potential of targets in addressing health inequalities*. September 2023. Available from: <https://www.health.org.uk/publications/reports/targeting-health-inequalities-realising-the-potential-of-targets-in-addressing-health-inequalities>.

West Sussex coastal communities

Overview and map

In developing the geographical scope for this work, three different definitions of a coastal community were considered. The Office for National Statistics' (ONS) coastal towns definition⁸ was chosen as it better reflects coastal communities themselves, rather than the physical geography of the coastline.

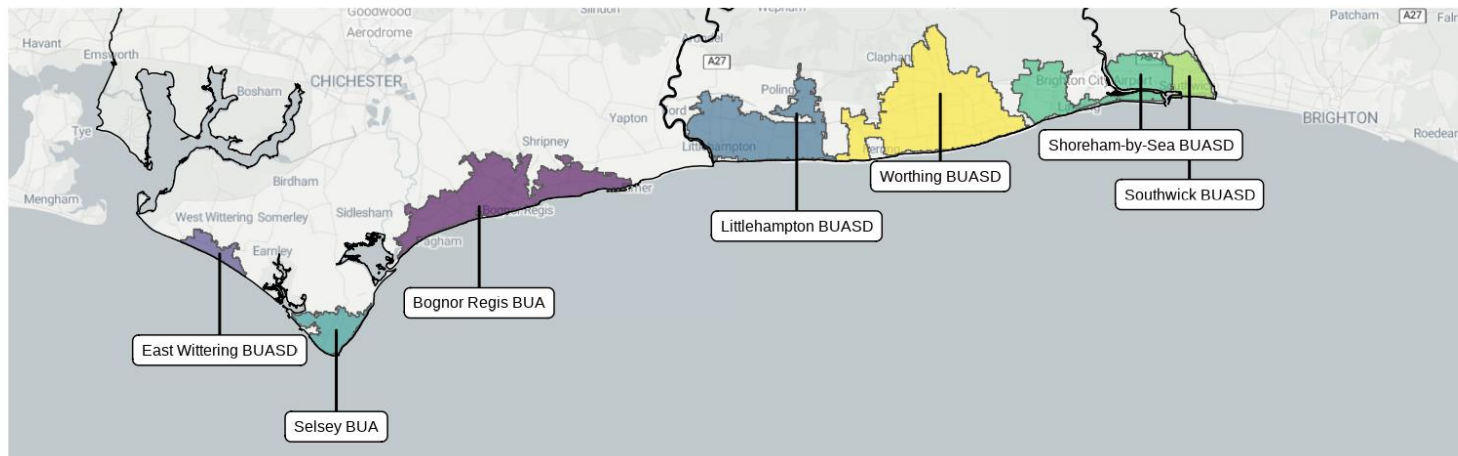
This definition classifies built-up urban areas (BUAs) and built-up urban area sub-divisions (BUASDs) as coastal towns if they have populations between 5,000 and 225,000 and a direct coastal boundary.

Using the ONS definition, there are seven coastal towns in West Sussex, four of which are categorised as larger seaside towns (Bognor Regis, Littlehampton, Shoreham-by-Sea and Worthing) and three as smaller seaside towns (East Wittering, Selsey and Southwick). The coastal town of Shoreham-by-Sea as defined by the ONS includes Lancing⁹.

In the coastal town profiles below, data is contextualised with background information based on local knowledge.

Figure 1. Coastal towns in West Sussex

Definition of coastal towns from the ONS publication: 'Coastal towns in England and Wales: October 2020'



Sources: ONS, Stadia maps

⁸ Office for National Statistics. *Coastal towns in England and Wales: October 2020*. 2020. Available from: <https://www.ons.gov.uk/businessindustryandtrade/tourismindustry/articles/coastaltownsineEnglandandWales/2020-10-06>.

⁹ The Built Up Area defined by ONS covers both Lancing and Shoreham-by-Sea, but locally we would acknowledge them as two separate areas and we have produced background context for both to reflect their character as two separate places.

Population

Over a third of the usual resident population of West Sussex live in a coastal town. Coastal areas generally have higher proportions of older residents and fewer working age adults and children.

In 2021, 882,700 people were estimated to be resident in West Sussex, including 331,800 people in our coastal towns (Table 1). This equates to 37.6% of the usual population of West Sussex. In England, 8.4% of the population reside in a coastal town. Coastal communities in West Sussex vary in size from around 7,000 in East Wittering to over 115,000 in Worthing.

Coastal areas are generally older, with higher proportions of residents aged 60+ compared with England (Figure 2). In Selsey and East Wittering nearly a fifth of residents are aged 75+ (18.6% and 17.9%). In contrast, the age structure of non-coastal towns in West Sussex more closely resembles England.

Besides Southwick, all West Sussex coastal towns have a smaller proportion of resident children and young people than non-coastal areas of the county.

The old age dependency ratio¹⁰ in coastal West Sussex is 449 (per 1,000 16-64 year olds) - higher than non-coastal towns locally (315) and nationally (292). All coastal towns in West Sussex have a higher old-age dependency ratio than the average for non-coastal towns, ranging from 727 per 1,000 16-64 year olds in Selsey to 332 in Southwick.

Conversely, the youth dependency ratio¹¹ is slightly lower in coastal West Sussex at 283 per 1,000 16-64 year olds, compared to non-coastal towns locally (304) and England (294). Selsey (242) and Bognor Regis (265) have the smallest youth dependency ratios of coastal West Sussex towns.

This indicates that coastal towns in West Sussex generally comprise older, not younger dependent populations.

¹⁰ This is a ratio of the number of people of pensionable age and over (aged 65+) per 1,000 working age people aged 16 to 64. For more information see [Living longer and old-age dependency – what does the future hold? - Office for National Statistics \(ons.gov.uk\)](#)

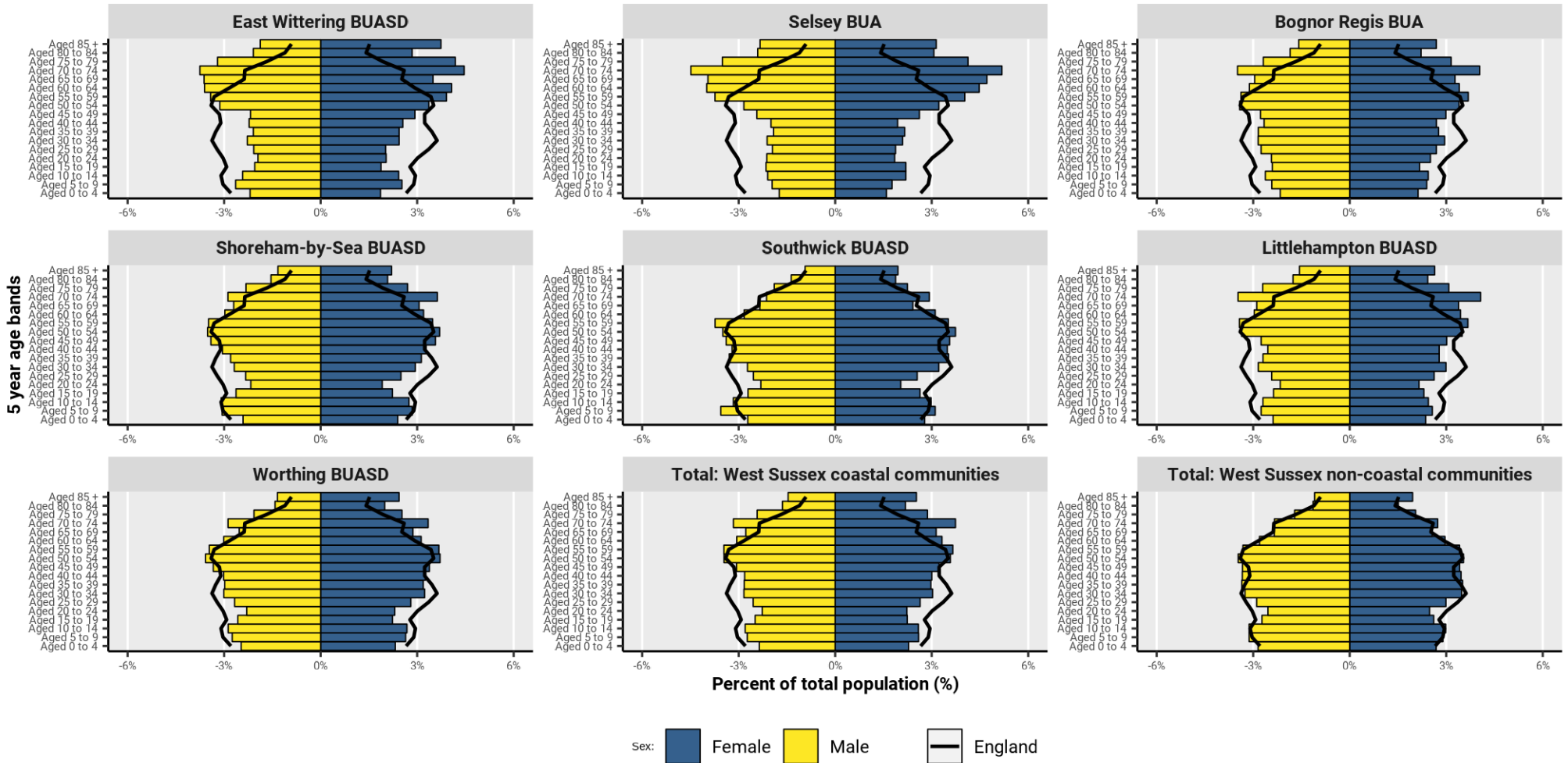
¹¹ The ratio of children (aged 0-15) per 1,000 working age people aged 16 to 64.

Table 1. 2021 census population in West Sussex coastal towns

Area	Total population	0 to 15 years		16 to 64 years		65 to 74 years		75 years +	
		N	%	N	%	N	%	N	%
Bognor Regis	70930	10700	15.1%	40420	57.0%	9760	13.8%	10060	14.2%
East Wittering	6930	1040	15.1%	3580	51.7%	1060	15.3%	1240	17.9%
Littlehampton	62280	10090	16.2%	34770	55.8%	8600	13.8%	8830	14.2%
Selsey	10920	1340	12.3%	5550	50.8%	2000	18.3%	2030	18.6%
Shoreham-by-Sea	52050	9170	17.6%	30150	57.9%	6390	12.3%	6340	12.2%
Southwick	12510	2430	19.4%	7570	60.5%	1230	9.8%	1290	10.3%
Worthing	116180	19440	16.7%	69550	59.9%	13500	11.6%	13700	11.8%
West Sussex coastal community	331810	54210	16.3%	191580	57.7%	42540	12.8%	43480	13.1%
West Sussex non-coastal community	381240	71640	18.8%	235500	61.8%	38050	10.0%	36050	9.5%
West Sussex	882670	155500	17.6%	525780	59.6%	102300	11.6%	99080	11.2%
English coastal community	4758650	803480	16.9%	2813760	59.1%	594720	12.5%	546690	11.5%
English non-coastal community (excluding London)	26685760	5068210	19.0%	16631980	62.3%	2645200	9.9%	2340370	8.8%
England	56490040	10483230	18.6%	35606150	63.0%	5563800	9.8%	4836870	8.6%

Figure 2. Population pyramids of West Sussex coastal towns, 2021 census population

Note: Lower super output area population estimates best-fit to coastal and non-coastal towns



ONS 2021 Census (accessed via NOMISr)

Population change in coastal West Sussex

Population growth in coastal West Sussex is largely driven by increases in the 65+ age group.

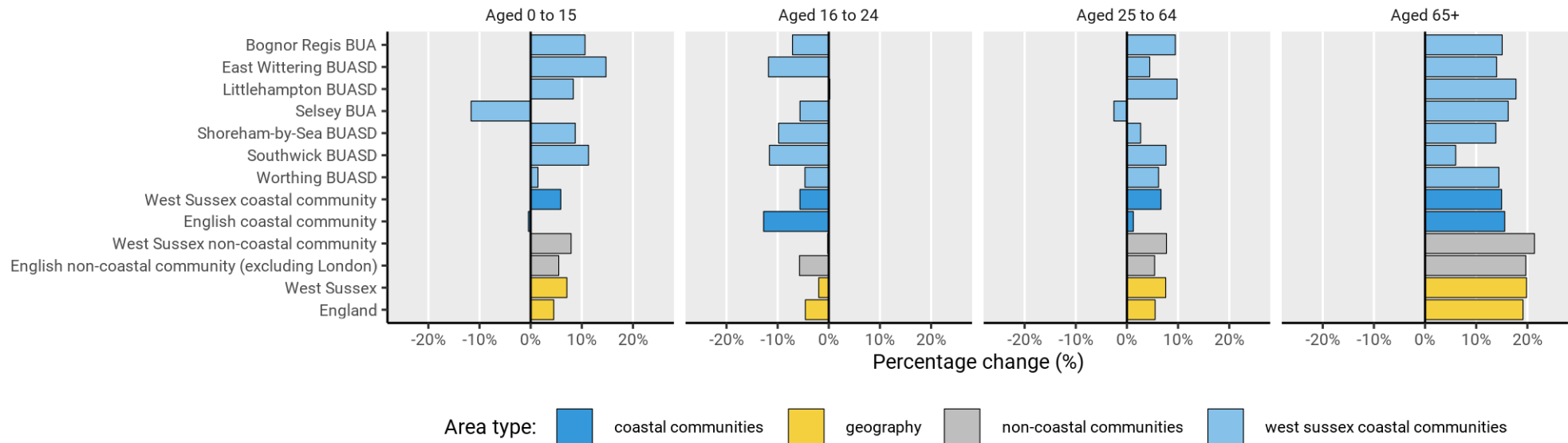
Between 2011 and 2021, the coastal population of West Sussex grew by 7.4% (non-coastal West Sussex = +9.3%). Nationally, coastal populations also grew, although to a small extent (+2.5%).

The child population (aged 0 to 15) increased in all coastal towns in West Sussex besides Selsey, which saw an 11.6% decrease (Figure 3). Older populations (aged 65+) also increased in all coastal areas (+15% overall), with the largest growth in Littlehampton (+17.8%) and Selsey (+16.3%).

Among working age adults, younger populations (aged 16 to 24) decreased or changed little in West Sussex coastal towns (-5.6%), whereas older populations (aged 25 to 64) grew in most areas (+6.7%). Between 2011 and 2021, the population of Selsey only grew in the 65+ age group.

West Sussex coastal towns continue to have a higher share of residents aged 65+ (25.9%) than non-coastal towns locally (18.7%) and nationally (19.4%).

Figure 3. Population growth by age groups in coastal West Sussex, 2011 to 2021 censuses



Ethnicity in coastal West Sussex

12.5% of the West Sussex coastal population identify as a minority ethnicity, a slightly smaller proportion than non-coastal areas of the county (excluding Crawley, 13.3%).

In 2021, 12.5% of the West Sussex coastal population identify as a minority ethnicity¹² (Figure 4).

Of West Sussex coastal towns, Worthing is the most ethnically diverse area with 14.6% of the population from a minority ethnic group, followed by Southwick (14.2%) and Bognor Regis (13.8%). East Wittering is the least ethnically diverse (6.3%).

Coastal areas are generally less ethnically diverse than the county (15.8%) average, although marginally **more** diverse when Crawley is excluded (12.3%).

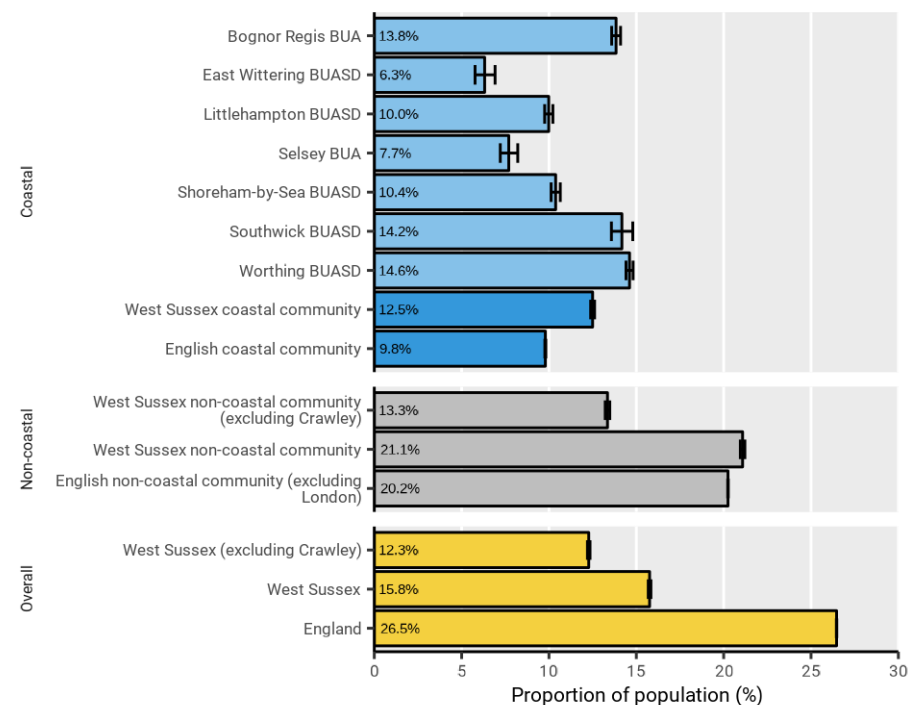
Coastal areas in West Sussex are less ethnically diverse than England (26.5%), but more so than English coastal towns on average (9.8%).

Across the whole of West Sussex, 15.8% of the population identified as a minority ethnicity in the 2021 census. This figure does not give a clear picture of ethnic diversity within West Sussex due to substantial local variation, with far greater diversity in Crawley. To mitigate this, the figure also provides estimates with Crawley excluded¹³.

¹² Defined as any ethnicity other than White British.

Figure 4. Proportion of usual residents from a minority ethnic group

Note. minority ethnic group is defined as any ethnicity other than White British



¹³ Crawley is by far the most ethnically diverse local authority within West Sussex, where 38.2% of the population identified as a minority ethnicity. The proportion of the population from a minority ethnicity ranges from 9.9% in Chichester to 15.0% in Worthing. As the ethnic profile differs substantially in Crawley, we also include a county estimate with Crawley excluded.

Ethnicity in coastal West Sussex (continued)

Variation exists within coastal West Sussex. Bognor Regis has a greater proportion of residents who identify as a White minority ethnicity, whereas Shoreham-by-Sea, Southwick and Worthing have more diversity within their minority ethnic populations.

Variation in ethnicity exists within West Sussex coastal towns (Figure 5). A greater proportion of the minority ethnic population in Bognor Regis and Selsey identify as a White minority ethnicity¹⁴. By far the largest minority ethnicity in West Sussex coastal towns is Other White ethnicity (5.5%), equivalent to around 18,175 people. Bognor Regis has the largest Other White population (8.9%).

More than a quarter of the minority ethnic population in Worthing identify as *Asian, Asian British or Asian Welsh*.

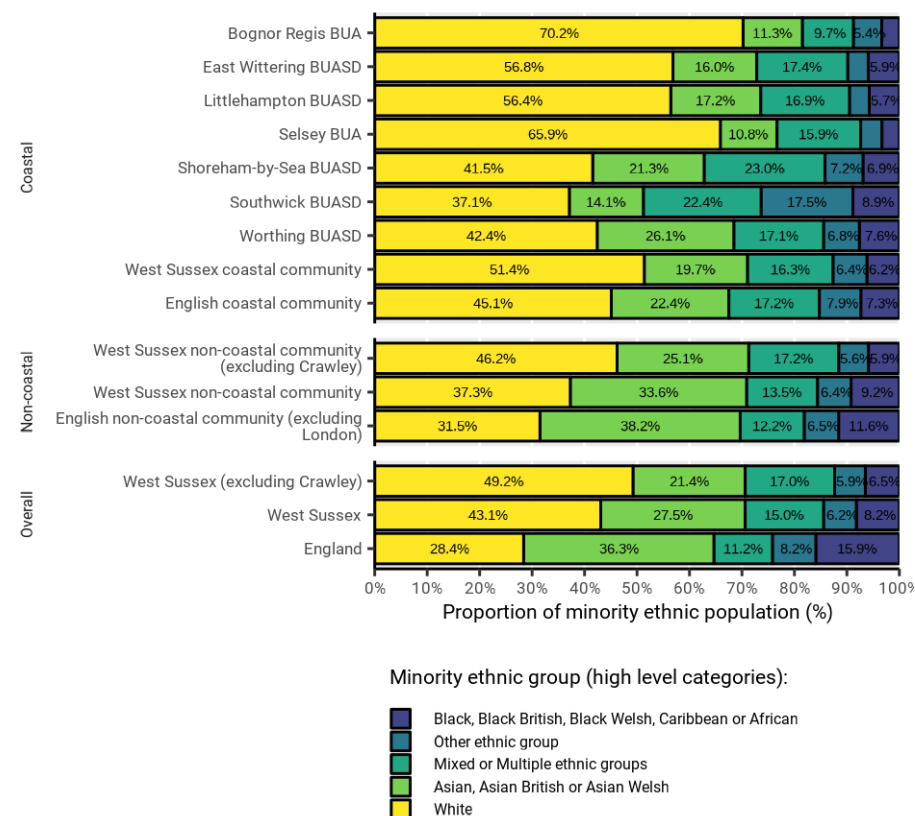
Southwick and Shoreham-by-Sea have higher proportions of the minority ethnic population from *Mixed or Multiple ethnic groups*.

Southwick also has the highest proportion of the minority ethnic population from *Black, Black British, Black Welsh, Caribbean, or African* ethnicity.

In absolute terms, Worthing has the largest total minority ethnic population of 16,980 people.

Figure 5. Ethnic group (high level categories) as a proportion of the total minority ethnic population, 2021 census

Notes. minority ethnic group is defined as any ethnicity other than White British. Labels less than 5% are not shown.



¹⁴ White minority ethnic groups include: Gypsy and Irish Traveller, Irish, Other White and Roma.

Unpaid carers

People living in coastal towns in West Sussex are more likely to be unpaid carers and care for more hours than people in non-coastal towns.

Around 29,600 people in coastal West Sussex provided some unpaid care at census 2021. The age-standardised proportion of people who provided unpaid care was 8.7% in coastal West Sussex (Figure 6).

Across coastal towns, this ranged from 8.3% in Bognor Regis to 9.3% in Selsey. The proportion of people who provided any level of unpaid care in non-coastal towns in West Sussex was 7.8% (around 29,250 people).

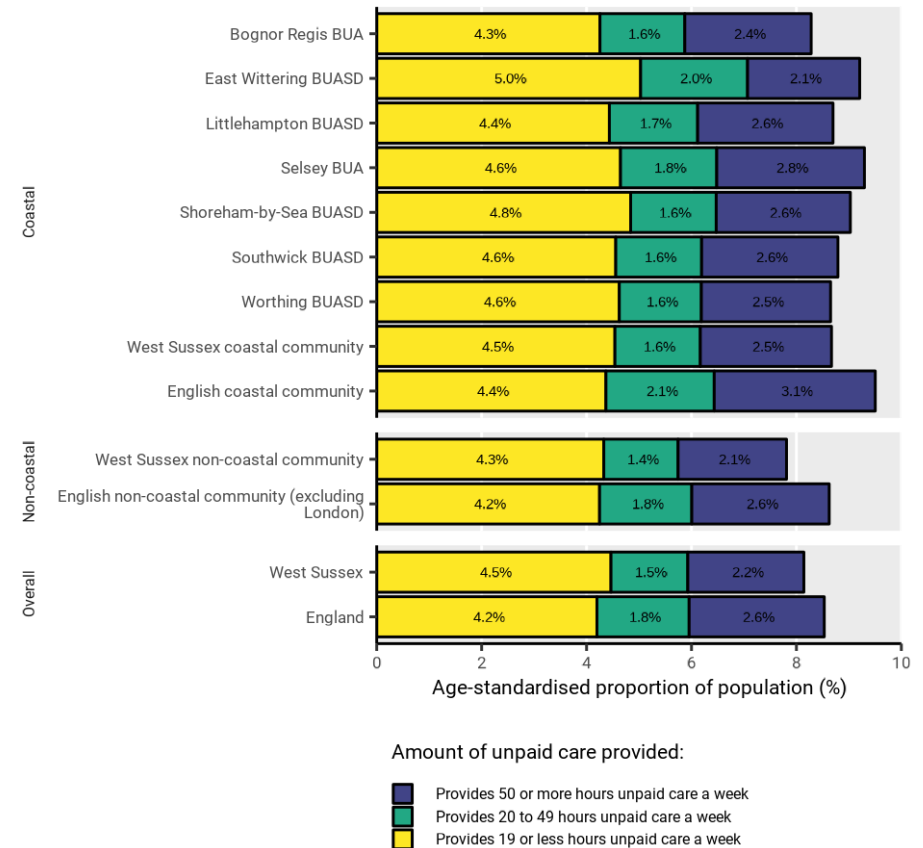
Selsey had the highest proportion of people who provided 50 or more hours of unpaid care a week (2.8%).

In the 2021 census, people were asked "Do you look after, or give help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems relating to old age?"¹.

Health and age are closely related, with older populations far more likely to be in poorer health. The proportions presented here have been age-standardised to account for differences in the age structure of coastal and non-coastal populations.

Figure 6. Unpaid care: Age standardised proportions in coastal West Sussex, 2021 census

Note. these proportions have been age standardised to take into account differences in age structure. Broad age groups (7 groups) have been used.



Bognor Regis

Background

Bognor was an 18th century fishing village in Arun district that has grown into a large coastal town receiving royal consent in 1930 to become Bognor Regis. In the 1960s Butlins launched their branded holiday camp that still plays a key role in the local tourism industry (Figure 7). In 2021 there were over 11,000 tourist beds available in Bognor¹⁵.

Bognor has seen some decline over the years, with footfall in the town centre in 2023 down by 10% from the previous year¹⁶. A high proportion of people experience poverty which has been exacerbated by the pandemic and cost of living pressures. Two small areas within Bognor Regis (falling within Marine and Bersted wards) are among the most deprived areas in the country.

A large number of small community groups across the area provide vital support to the most vulnerable residents. There is a programme of infrastructure and public realm improvements, including the [Alexandra Theatre redesign](#) funded by the government’s Levelling Up fund. The town still has a significant beach area and pier.

Bognor has seen a rise in its East European population over recent years, partly to meet the needs of the local produce industries.

¹⁵ Hotel Solutions/Tourism South East. Tourism hospitality visitor economy study. 2022. Available from: <https://www.arun.gov.uk/leisure-recreation-culture-planning-policy>.

[West Sussex Libraries: Explore the history and community of Bognor Regis](#)



Figure 7. Butlin’s holiday camp, Bognor Regis, 1959-60

The holiday camp opened in 1960 and at one point employed 1,300 staff; it is still a major local employer.

Image from the Gerard Young Collection reproduced with kind permission of the University of Chichester and West Sussex Record Office.

¹⁶ Bognor Regis Business Improvement District. *Footfall report for Bognor Regis Town Centre*. Nov 2023. Available from: https://www.bruid.org/files/ugd/3ed15b_c2b8f4be37634c589d9fb5ca17e94d41.pdf

Bognor Regis

Demographics

Bognor Regis has a population of around 70,000 residents. Compared to England, Bognor Regis has an older age structure, with a greater proportion of residents aged 65 and over, and fewer children and young people (Figure 8).

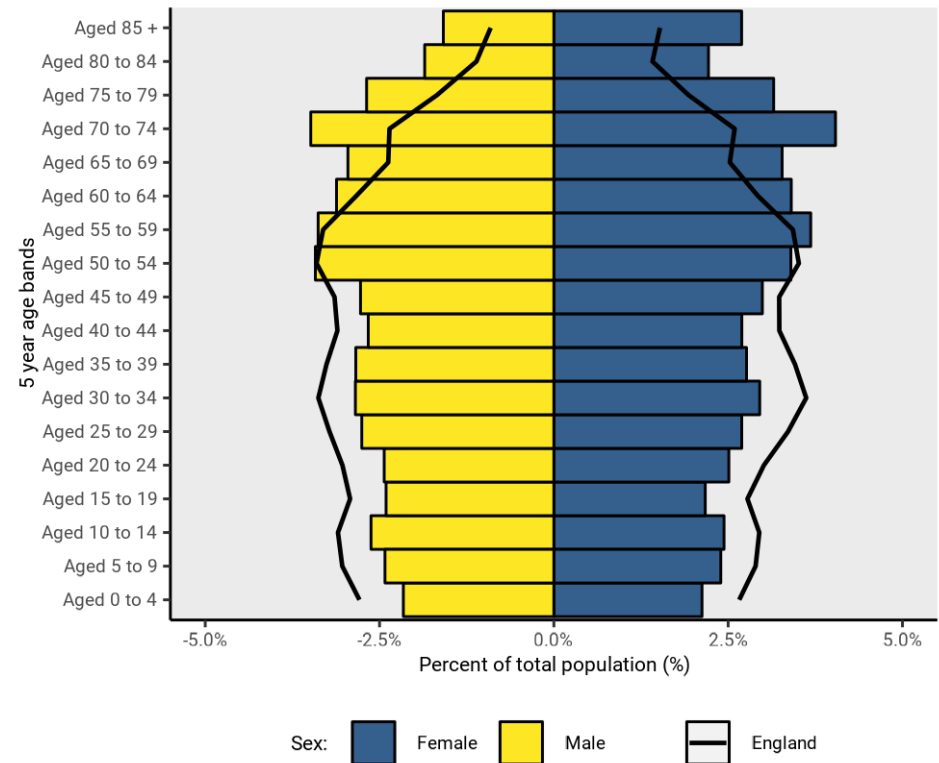
In the past 10 years, the population of Bognor Regis has grown in all age groups besides young people aged 16-24, with the most growth in the 65+ age group.

Bognor Regis is more ethnically diverse than the county average¹⁷, with a large White minority ethnic population (9% of the total population and 70% of the minority ethnic population in Bognor Regis).

Deprivation

Of the five small areas in West Sussex that are among the 10% most deprived areas in the county, two fall within Bognor Regis (Bersted and Marine wards). Two fifths of the population of Bognor Regis live in areas among the 30% most deprived nationally.

Figure 8. 2021 census population in Bognor Regis BUA



ONS 2021 Census (accessed via NOMISr)

¹⁷ When Crawley is excluded.
19/02/2024 Version 1.0

Bognor Regis

Health and wellbeing

Self-reported general health is poorer in coastal than non-coastal areas of West Sussex. In Bognor Regis, 18% of residents reported that they were not in good health, a higher proportion than non-coastal West Sussex.

Potential years of life lost is an estimate of the number of years a person may have lived had they not died prematurely. Of coastal towns in West Sussex, Bognor Regis has the highest rate of potential years of life lost to 'all cause' mortality besides Selsey, equating to more than 15,000 potential years of life lost over a 5-year period. Rates of potential years of life lost from all causes and from causes considered amenable to healthcare in Bognor Regis significantly exceed the non-coastal West Sussex rates.

Of coastal areas, Bognor Regis has the lowest prevalence of 10-11 year old children who were a healthy weight. Sixty-two percent of 10-11 year olds were a healthy weight in Bognor Regis, a lower proportion than non-coastal West Sussex. Prevalence of obesity was also higher, with 22% percent of 10-11 year olds measured as obese compared to 17% in non-coastal areas of the county.

Bognor Regis has one of the highest rates of self-harm admissions of coastal West Sussex areas. During a 5-year period there were 270 admissions for self-harm per 100,000 people in Bognor Regis, a significantly higher rate than the coastal and non-coastal rates for West Sussex.



Figure 9. Aerial view of Bognor Regis beach

East Wittering Background

East Wittering is a small coastal village on the Manhood Peninsula of Chichester District that has limited transport links to the city of Chichester and is adjacent to West Wittering which is more affluent and has one of the most popular beaches on the south coast (Figure 10).

It has a tourism economy made up largely of camping and mobile homes and had a medium sized holiday park (Pontins) based there which closed down several years ago. The roads are regularly busy during the summer months with visitors looking to access West Wittering Beach.

The Parish Council are looking at local infrastructure improvements through a Vision document to improve the area. There are local car parks to enable access to the beach and both areas have limited local shopping facilities.

Certain areas along the coastline have a higher proportion of holiday homes and the area has had significant housing expansion built or approved relative to the size of the village.

[West Sussex Libraries: explore the history and community of the Witterings](#)



Figure 10. Sunset and groynes on East Wittering shoreline

East Wittering Demographics

The population of East Wittering is around 7,000 residents. East Wittering has an older age structure than England, and non-coastal West Sussex, with a third of the population over the age of 65 (Figure 11). The working age population is also smaller than average, at 52% of the total population.

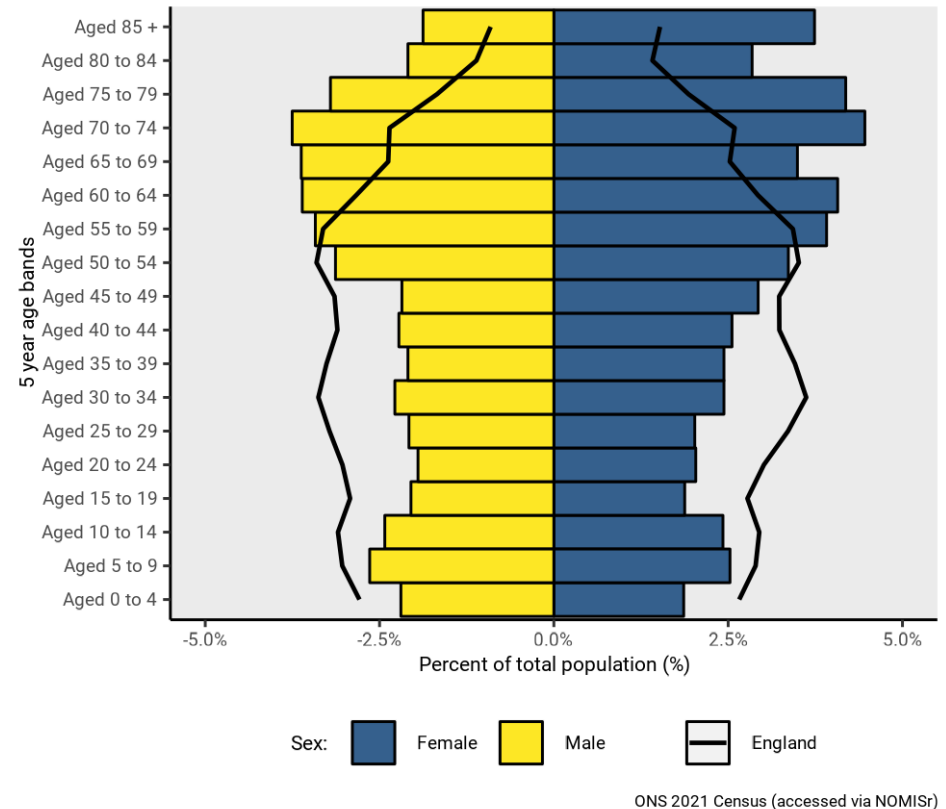
In the past 10 years, the population of East Wittering has grown in all age groups except 16-24 year olds, with similar growth among children and young people (0-15) and older adults (65+).

Of coastal towns in West Sussex, East Wittering is the least ethnically diverse, with 94% of the population identifying as White British, compared to 88% across all coastal West Sussex towns.

Deprivation

There are no small areas within East Wittering among the 30% most deprived neighbourhoods on the Index of Multiple Deprivation.

Figure 11. 2021 census population in East Wittering BUASD



East Wittering Health and wellbeing

East Wittering has the highest proportion of self-reported good health (83%) of coastal towns in the county and is similar to non-coastal West Sussex (85%).

Potential years of life lost is an estimate of the number of years a person may have lived had they not died prematurely. East Wittering has a significantly higher rate of potential years of life lost to 'all cause' mortality than non-coastal West Sussex at 4,760 per 100,000 population. This is also true for potential years of life lost due to mortality from causes considered amenable to healthcare, although counts were small.

Over a five-year period, East Wittering had the highest prevalence of obesity among 10-11 year olds of coastal towns in the county. Twenty-three percent of 10-11 year olds were measured as very overweight in East Wittering, although as above counts were small. This significantly exceeds the proportion in non-coastal areas of West Sussex (17%).



Figure 12. Sea bathing and tourist cars at East Wittering beach, 1930

Image reproduced with kind permission of West Sussex Record Office.

Littlehampton

Background

Littlehampton is a seaside resort town in the District of Arun bordering Bognor Regis. A small harbour town with a good proportion of beachfront, Littlehampton relies on its tourism industry. Although this has declined to some extent, in 2021 there were over 3,000 tourist beds in Littlehampton¹⁸.

The town has similar issues to Bognor with two small areas (both within Courtwick with Toddington ward) among the most deprived areas nationally. Littlehampton has sizeable eastern European and Portuguese populations. The town has a declining local infrastructure, although the harbour area has been improved greatly over recent years and there is an ongoing infrastructure improvement plan in place, including [seafront redesign](#) funded by the government's Levelling Up fund.

Littlehampton is home to the worldwide base of the Bodyshop PLC which is a major local employer. The leisure and arts facilities are good with a range of activities available to suit most tastes. There are a number of small community groups working for the benefit of the vulnerable residents of the town where poverty is an even greater key issue in recent times. The town has also seen a significant rise in new housing in recent years expanding the size of the population.

[West Sussex Libraries: Explore the history and community of Littlehampton](#)



Figure 13. Community performance space 'Stage by the Sea' by the beach in Littlehampton

¹⁸ Hotel Solutions/Tourism South East. Tourism hospitality visitor economy study. 2022. Available from: <https://www.arun.gov.uk/leisure-recreation-culture-planning-policy>.

Littlehampton

Demographics

The population of Littlehampton is around 62,000 people. Littlehampton has an older age structure than England, with around 28% of the population aged 65+ and smaller proportions of resident children and working aged people (Figure 14).

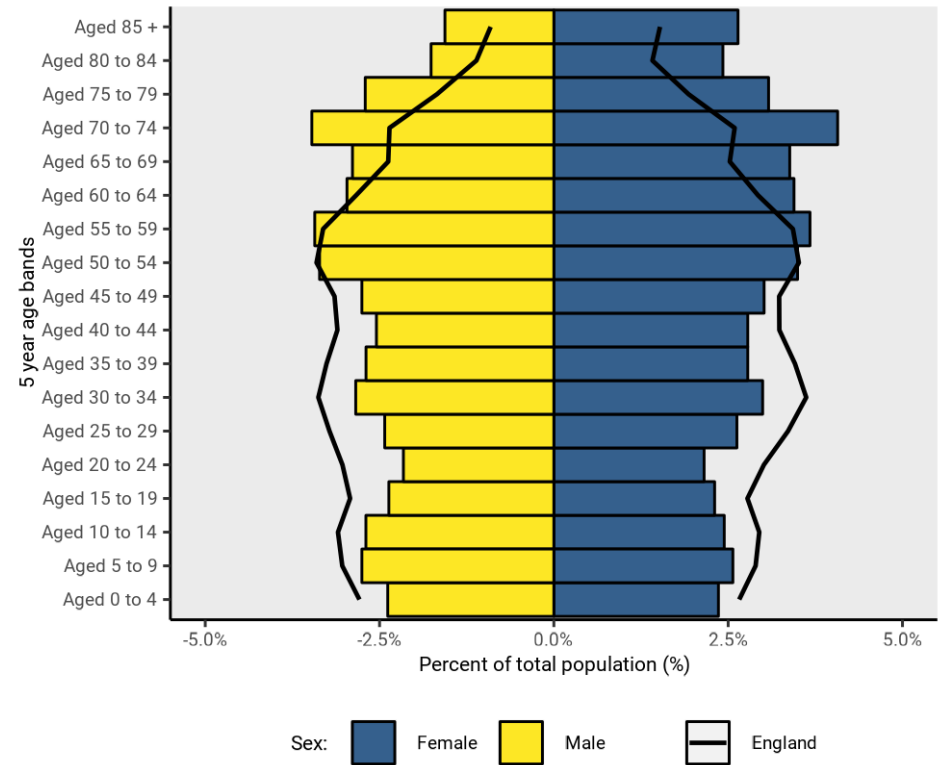
In the past 10 years, the population of Littlehampton has stayed the same or increased in all age groups, with the biggest growth among older people aged 65+.

Around 1 in 10 residents in Littlehampton identify as a minority ethnicity, a smaller proportion than England and West Sussex non-coastal areas. People from minority White ethnicities were the largest minority ethnic group.

Deprivation

More than a quarter of the population of Littlehampton live in small areas among the 30% most deprived neighbourhoods nationally. Two small areas within Littlehampton are among the 10% most deprived neighbourhoods in the country (both in Courtwick with Toddington ward).

Figure 14. 2021 census population in Littlehampton BUASD



ONS 2021 Census (accessed via NOMISr)

Littlehampton Health and wellbeing

In Littlehampton, 18% of residents reported that they were not in good health, a higher proportion than non-coastal West Sussex (15%).

The rate of potential years of life lost due to mortality from 'all causes' is higher in Littlehampton than non-coastal West Sussex. Over a five-year period, there were nearly 13,000 potential years of life lost to premature mortality in Littlehampton. The rate of potential years of life lost due to mortality from causes considered amenable to healthcare is also higher in Littlehampton than non-coastal areas of the county.

Across a five-year period, more than a third of 10-11 year old children in Littlehampton were not a healthy weight, a greater proportion than non-coastal West Sussex. Littlehampton has a higher prevalence of childhood obesity than non-coastal areas, with 22% of 10-11 year olds measured as very overweight.

Littlehampton has a significantly higher rate of emergency hospital admissions for self-harm than non-coastal West Sussex. Across a five-year period, there were 266 admissions for self-harm per 100,000 people in Littlehampton, equating to nearly 700 admissions.

Case study: Arun Community Engagement Project – Chilgrove House

Chilgrove House Community Hub was opened in April 2022 in Kimberry, Wick, by Arun District Council. The hub aims to address health inequalities, support healthier lifestyles and increase community resilience. The hub is run by an engagement worker and local volunteers, and offers services and activities such as Citizens Advice, community fridge, kids' club, wellbeing support and bingo.

Interviews undertaken by Public Health in 2022 found that although people were experiencing social, economic and environmental challenges, they loved living in Wick and felt supported by their community. Chilgrove House embodied this, and was seen as a force for good transforming lives for the better. Interviewees felt that the Chilgrove House community positively impacted on their health and quality of life. They described improvements in their physical and mental health, including healthy eating, more exercise, stronger social connections, better self-esteem, and a sense of meaning and purpose.

"And starting the exercise class here. [...] When E said they were doing stuff here, oh ideal! So I started that on Tuesday, it was brilliant."

Chilgrove House participant

Selsey

Background

Selsey is a small coastal town on the Manhood Peninsula in Chichester District, historically known for its local fishing industry which has declined over the years, although the fishing industry is still important to the local community. The recent [Sea's the Day](#) project captured the history of the fishing industry and considered the current fishing industry in the context of a changing economic scene and changing climate.

Selsey has a strong local community infrastructure that supports the most vulnerable and offers activities for all residents. An active Town Council and Local Community Forum promote the natural coastal attraction Selsey offers and works to maintain and improve the local infrastructure.

Selsey has a one road in and out infrastructure which means that transport from Selsey to other nearby towns can be an issue and it can have a sense of isolation similar to the Witterings area. There is a tourism industry based around one of Europe's largest static caravan holiday parks but the local economy is potentially suffering economic pressures similar to other small coastal towns.

The town has a varied range of shopping and leisure facilities enabling it to be self-sufficient, and a good local produce industry.

The town has had a number of new developments over recent years both adding value to the infrastructure but also adding to the pressures on the local transport network.

[West Sussex Libraries: Explore the history and community of Selsey](#)

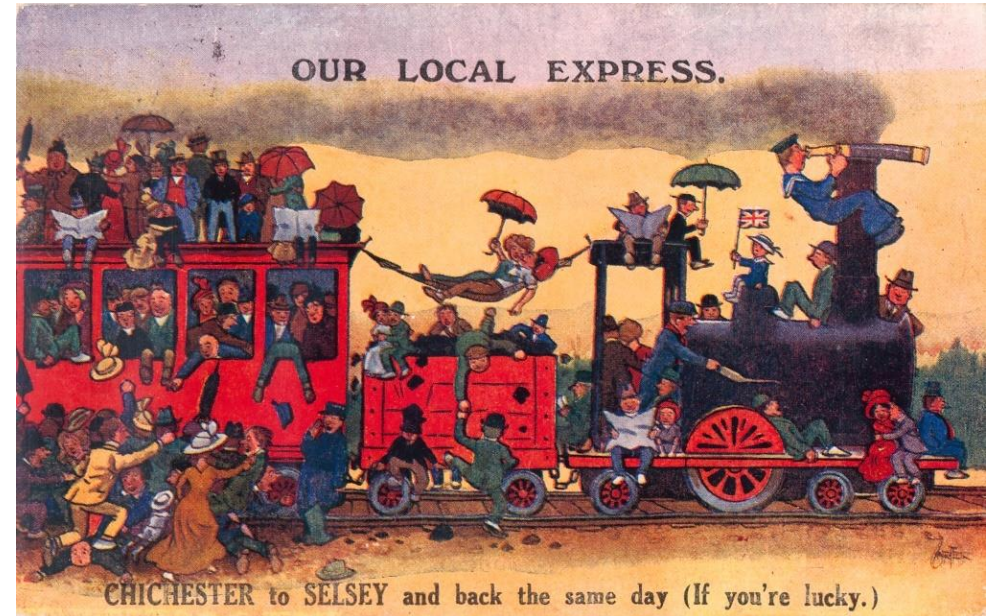


Figure 15. The Selsey Tram – Our local express

The [Selsey Tramway](#) ran from Chichester to Selsey and back from 1897-1935. It closed as a result of competition from buses in the 1920s which led to a decline in customer numbers.

Image reproduced with kind permission of West Sussex Record Office.

Selsey

Demographics

The population of Selsey is around 11,000 people. Selsey has an older and ageing population (Figure 16), with 37% of the resident population aged 65+ and all growth in the past 10 years within this age group. Selsey was the only coastal town in West Sussex to decrease in the 25 to 64 group in the past 10 years.

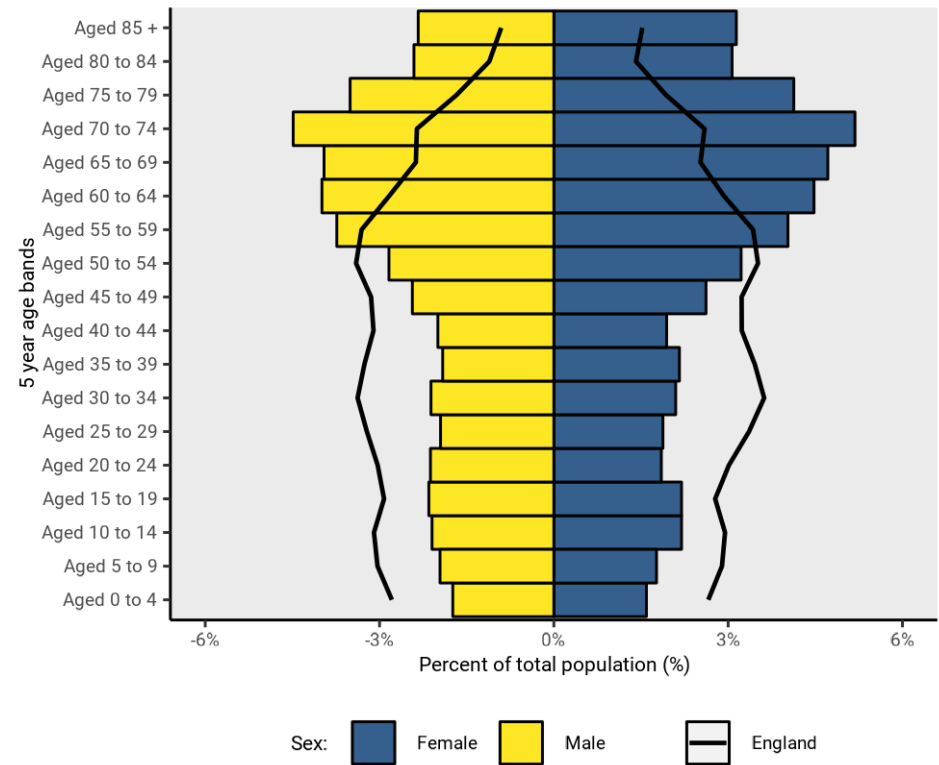
Selsey has a high old age dependent population (expressed as a ratio of older adults aged 65+ per 1,000 working age adults aged 16-64) at 727. This compares to 449 per 1,000 16-64yr olds across coastal West Sussex as a whole, and 292 in England.

Most residents in Selsey are White British (92%).

Deprivation

There are no small areas within Selsey that are among the 30% most deprived neighbourhoods nationally on the Index of Multiple Deprivation.

Figure 16. 2021 census population in Selsey BUA



ONS 2021 Census (accessed via NOMISr)

Selsey

Health and wellbeing

In Selsey, 18% of residents reported that they were not in good health, a higher proportion than non-coastal West Sussex (15%).

Of coastal towns in West Sussex, Selsey has the highest rate of potential years of life lost due to mortality from all causes, and causes considered amenable to healthcare. In both cases, the rate significantly exceeds that for non-coastal West Sussex.

Of coastal towns in the county, only Bognor Regis has a lower proportion of 10-11 year olds measured a healthy weight than Selsey (data pooled over 5-years), although counts are small. Lower prevalence of healthy weight in Selsey is driven by children measured as overweight rather than obese¹⁹, as Selsey has the lowest prevalence of obesity of coastal West Sussex towns. A smaller proportion of 10-11 year olds are a healthy weight in Selsey than non-coastal West Sussex.

Selsey has the highest rate of emergency hospital admissions for self-harm of coastal towns in West Sussex, equating to over 100 admissions in a five-year period.

Case study: Selsey Community Forum

Selsey Community Forum was established 13 years ago and works with over 200 volunteers to support over 1500 people in the local community. Selsey Care Shop is a one-stop-shop on the High Street providing access to the community groups and services run by Selsey Community Forum. The shop works with other local community groups, churches, Selsey Medical Practice, charities, businesses and statutory organisations to coordinate and deliver a wide range of support for the local community.

Community activities include befriending, 'good morning call' which provides a daily phone call to people who are vulnerable or housebound, carer support, buddy support, wellbeing services, money support, employment support and an inter-generational gardening project. Selsey Dementia Action Alliance seeks to make Selsey a dementia-friendly community.

Selsey Community Forum has been awarded The King's Award for Voluntary Service.

"As a carer, I feel a weight has been lifted off my shoulders. Knowing I have a port of call when I have any concerns for my father's well-being."

Selsey carer

<https://www.selseycommunityforum.uk/>

¹⁹ Prevalence of underweight was similar in Selsey.
19/02/2024 Version 1.0

Shoreham-by-Sea (including Lancing)

Shoreham-by-Sea background

Shoreham-by-Sea is a coastal town and port in West Sussex, England. The town is bordered to its north by the South Downs

The rapid growth of the neighbouring towns of Brighton, Hove and Worthing – and in particular the arrival of the railway in 1840 – prepared the way for Shoreham's rise as a Victorian sea port, with several shipyards and an active coasting trade. Shoreham Harbour remains in commercial operation today (Figure 17).

There have been many new housing developments in recent years including some social housing – attracting younger couples and families. This has supported a town centre with plenty of eateries and independent shops.

Shoreham Port has been instrumental in linking with the wider community and has embraced its social responsibility by establishing the first café in Adur to be recognised by the Alzheimer's Society with Dementia friendly status.

[West Sussex Libraries: Explore the history and community of Shoreham](#)



Figure 17. Shoreham harbour, 19th century

Shoreham was in use as a port from at least the 17th century, and developed global trade as well as roles in naval warfare and shipbuilding. It remains a thriving international port today.

For more on the history of Shoreham harbour, see the West Sussex Record Office blog: [West Sussex Unwrapped II Month 7 – Shoreham Harbour, the Liverpool of the South](#)

Image reproduced with kind permission of West Sussex Record Office.

Lancing background

Lancing is a large coastal village and civil parish in Adur district, on the western edge of the Adur Valley. It occupies part of the narrow central section of the Sussex coastal plain between smaller Sompting to the west and larger Shoreham-by-Sea to the east.

The Lancing area is a mix of private and social housing, and is characterised by mid-rise coastal urban homes, farmland, and wildlife reserves of the northern chalk downs and River Adur estuary. Recent developments include the housing development on the A27, providing 600 new homes.

The village was a popular seaside resort in the mid-19th century. Summer tourist hallmarks are the traditional guesthouses on the A259 coast road, as well as a caravan/campsite in Old Salts Farm Road.

Lancing Ring is a local nature reserve in the South Downs National Park north of Lancing. Also nearby is Brighton City Airport (formerly known as Shoreham Airport), the world's oldest continually operated airport, which was an RAF base in World War 2.

[West Sussex Libraries: Explore the history and community of Lancing](#)

Lancing: Now and into the future

In 2022/23 Adur District Council and Lancing Parish Council worked with local organisations to explore how Lancing could be made better for the benefit of the whole community. They held community events to hear what people who live in, work in and visit Lancing wanted to see improved about the village. They shared information about Lancing's people, economy and environment in community conversations with different groups, and in a public survey.

The community engagement process was captured in eight community stories about Lancing, and identified five [Lancing aspirations](#):

- Lancing is a place where local people can stay and enjoy and others want to visit;
- Lancing is a place where everyone can feel safe, whichever community space they are in and however they travel;
- Lancing's local economy connects and invests in our youth and grows future adults and citizens;
- Lancing has an improved high street that connects to our centres of excellence and natural strengths;
- Lancing has well connected, influential communities that are served by and use local resources (healthcare, transport, education, homes, energy).

<https://www.adur-worthing.gov.uk/lancing-now-and-into-the-future/>

Shoreham-by-Sea (including Lancing) Demographics

The population of Shoreham-by-Sea (including Lancing) is around 52,000 people. Shoreham-by-Sea has a relatively similar age-structure to coastal areas of England, and an older population than the national average (Figure 18). Around a quarter of the population of Shoreham-by-Sea are over the age of 65 (18% nationally).

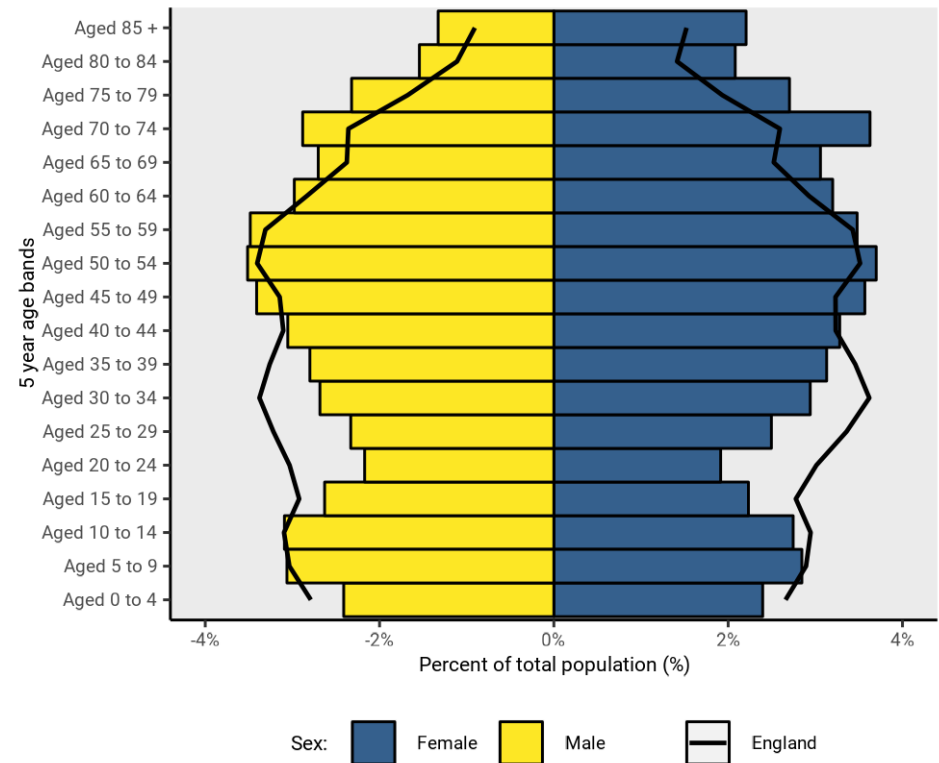
In the past 10 years, the population of Shoreham-by-Sea has grown in all age groups except young people aged 16-24. As with most coastal areas within West Sussex, the greatest growth was in the 65+ age group.

Around 1 in 10 people in Shoreham-by-Sea identify as a minority ethnicity, a smaller proportion than the coastal West Sussex average. Within the minority ethnic population of Shoreham-by-Sea there is more diversity in ethnic background. Whilst White minority ethnicities account for the largest proportion (42%), Asian and Mixed or Multiple minority ethnicities both account for more than 20% of the minority ethnic population of Shoreham-by-Sea.

Deprivation

Twenty percent of people in Shoreham-by-Sea live in areas among the 30% most deprived neighbours nationally, a similar proportion to coastal West Sussex but larger proportion than the non-coastal and county average.

Figure 18. 2021 census population in Shoreham-by-Sea BUASD



ONS 2021 Census (accessed via NOMISr)

Shoreham-by-Sea (including Lancing) Health and wellbeing

Eighteen percent of residents reported that they were not in good health in Shoreham-by-Sea, a higher proportion than non-coastal West Sussex (15%).

Shoreham-by-Sea has a similar rate of potential years of life lost from 'all cause' mortality to non-coastal West Sussex. Of the coastal towns in the county, only Southwick has a lower rate.

For premature mortality from causes considered amenable to healthcare, again only Southwick has a lower rate than Shoreham-by-Sea. The rate did not differ significantly from non-coastal West Sussex.

Shoreham-by-Sea has a similar prevalence of healthy weight among 10-11 year olds than non-coastal West Sussex, and has the highest prevalence of coastal towns in the county.

Case study: Shoreham Port

Shoreham Port covers 110 acres, with 175 businesses ranging from small and medium-sized enterprises to major multinational industries. In 2022 the Port handled over 1.57 million tonnes of cargo. It is the third largest port in England for fish landings, with a total value of fish landed of £15million in 2022.

The Port has an established role in the local community, with approaches such as staff volunteering and partnerships with community organisation including schools, charities and community groups. The Port café, Port Kitchen, is a community focal point and has achieved Alzheimer's Society Dementia Friendly status and a Green Tourism gold accreditation.

As an employer Shoreham Port prioritises staff wellbeing, and has worked with Grassroots Suicide Prevention to deliver mental health awareness training to staff, signed the Pregnancy Loss Pledge to support colleagues through miscarriage. The Port is a signatory of the Brighton and Hove Living Wage Campaign and is committed to improving the gender pay gap, with the mean hourly pay gap currently - 4.24% in favour of women.

Shoreham Port is certified as an Eco-Port and has a strong commitment to sustainability, with initiatives including wind turbines, an electric vehicle fleet, waste wood recycling project, and modernisation of fishing infrastructure including net and line recycling.

<https://www.shoreham-port.co.uk/>

Southwick Background

The town of Southwick grew as the coast became a popular holiday destination, many of the properties being tourist accommodation. The railway arrived in the town on 12 May 1840 which supported the development of the tourist industry.

There are areas of deprivation in Southwick and access to good quality social housing remains an issue. There is a good community support network provided by The Gateway Hub which developed during Covid.

The town's open-air shopping centre, Southwick Square, is home to many traditional and local businesses as well as some larger chains, and is central to the village since its expansion north of the Old Shoreham Road in the middle of the twentieth century.

Southwick has good transport links with buses across the south of the town and services to Brighton to the east and Worthing and Littlehampton to the west.

Unusually for a town of its size, Southwick has a strong theatrical scene thanks to the Barn Theatre, an 18th-century barn building converted into a theatre in 1951 and thoroughly revamped in 1998.

[West Sussex Libraries: Explore the history and community of Southwick](#)



Figure 19. Seaview estate, Southwick, early 20th century

Aerial photograph showing the construction of the Seaview Estate Taken between 1912 1932.

Image reproduced with kind permission of West Sussex Record Office.

Southwick

Demographics

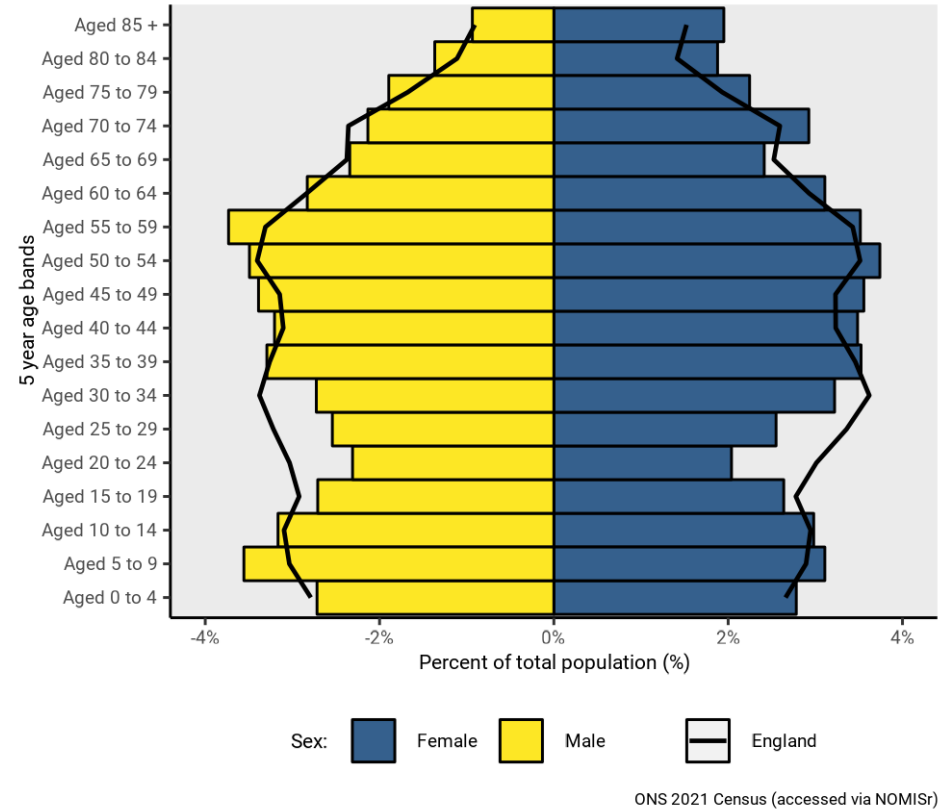
The population of Southwick is around 12,000 people. Of coastal West Sussex, Southwick is the most similar in age structure to England, although with a smaller proportion of young adults (Figure 20). Eighty percent of the population of Southwick are under the age of 65. Southwick has the largest proportion of resident children among coastal West Sussex areas, at nearly 20%.

Fourteen percent of the population of Southwick are from a minority ethnic group. Within the minority ethnic population, Southwick has greater diversity in ethnic group than other coastal areas. White minority groups make up a smaller proportion of the minority ethnic population in Southwick than in other coastal areas (37%). Southwick has higher proportions of the minority population from mixed or multiple ethnicities, and other minority ethnicities.

Deprivation

Of coastal areas within West Sussex, Southwick has the greatest proportion of residents living in areas of deprivation. Nearly 40% of people in Southwick reside in areas among the 30% most deprived neighbourhoods in England.

Figure 20. 2021 census population in Southwick BUASD



Southwick

Health and wellbeing

Of coastal towns in West Sussex, Southwick had the lowest level of self-reported good health. Nineteen percent of residents reported that they were not in good health in Southwick, a higher proportion than non-coastal areas of the county.

Southwick has the lowest rate of potential years of life lost from 'all cause' mortality of the coastal towns in the county. This is also true for premature mortality from causes considered amenable to healthcare. Southwick has a lower rate of potential years of life lost due to mortality from all causes, and a similar rate due to mortality from causes amenable to healthcare than non-coastal West Sussex.

Prevalence of obesity among 10-11 year olds was significantly higher in Southwick than non-coastal West Sussex. In a five-year period, one in five 10-11 year olds were measured as obese in Southwick.



Figure 21. Yachts moored in Southwick

Worthing Background

For many centuries Worthing was a small mackerel fishing hamlet until the late 18th century when it developed into an elegant Georgian seaside resort. In the 19th and 20th centuries the area was one of Britain's chief market gardening centres.

Worthing is fast becoming a popular location for people to call home. Once thought of as a sleepy enclave for retirees, it is now becoming popular with commuters and locals looking for affordability and lifestyle.

Worthing is a very well-connected town with Brighton and London both easily accessible. In 2018, Worthing was named in the top ten commuter towns when taking into account house prices and commuting costs.

The South Downs National Park is just a short distance from Worthing. Holidaymakers and Worthing residents for generations have enjoyed visiting Worthing Pier which was named UK Pier of the Year in 2019.

[West Sussex Libraries: Explore the history and community of Worthing](#)

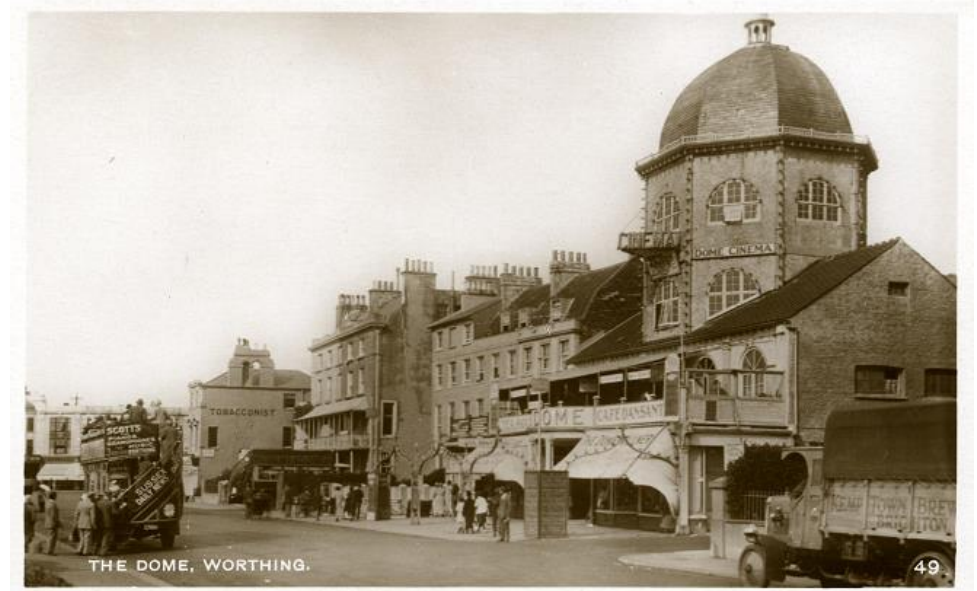


Figure 22. The Dome cinema, Worthing, post 1918

The Dome cinema opened in 1911 as the Kursaal, and is one of the oldest working cinemas in England. The cinema reopened in 2007 after major restoration work and runs as a successful independent cinema.

For more on the history of Worthing, see the West Sussex Record Office blog [Spring – wishing you were here at Worthing!](#)

Image reproduced with kind permission of West Sussex Record Office.

Worthing

Demographics

Worthing is the largest coastal area within West Sussex, with a population of around 115,000 people. The age structure of Worthing is similar to the English coast, but older than the national average with fewer young adults (Figure 23).

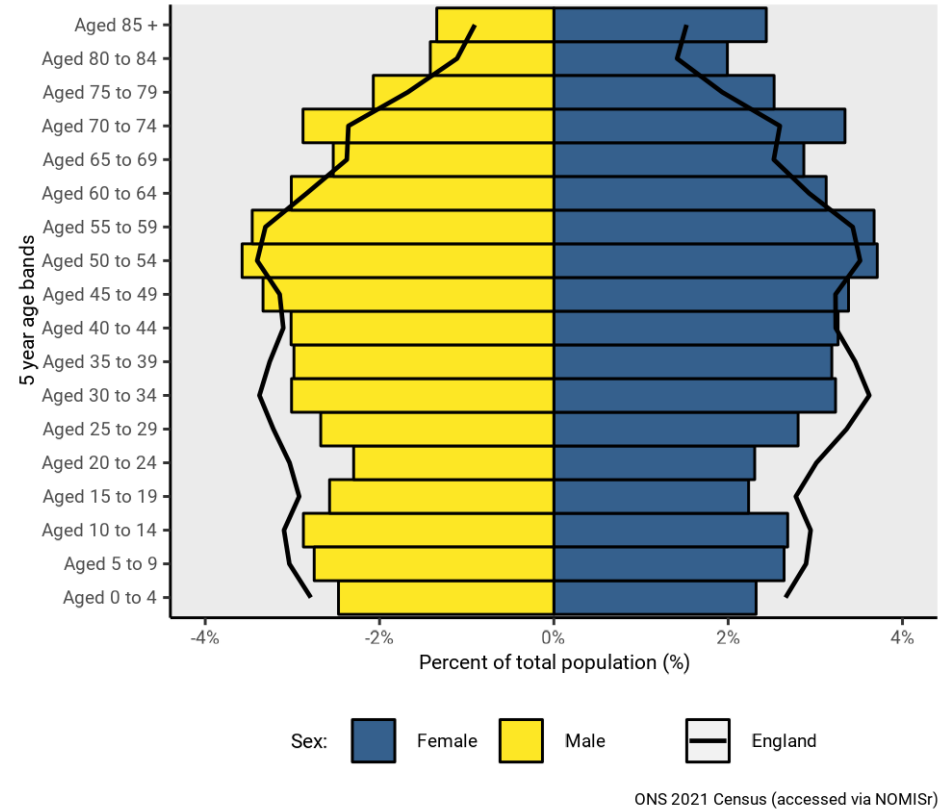
In the past 10 years, the population of Worthing has grown in all age groups except young adults aged 16 to 24.

Worthing is the most ethnically diverse area of coastal West Sussex, with around 15% of the population from a minority ethnic group. Similarly to other Eastern areas of West Sussex, there is greater diversity within the minority ethnic population of Worthing, with White minority ethnicities accounting for about 42% of the BME population.

Deprivation

Around 16% of the population of Worthing reside in areas among the 30% most deprived neighbourhoods nationally on the Index of Multiple Deprivation.

Figure 23. 2021 census population in Worthing BUASD



Worthing

Health and wellbeing

In Worthing, 18% of residents reported that they were not in good health in the 2021 census, a higher proportion than non-coastal West Sussex (15%).

The rate of potential years of life lost due to 'all cause' mortality was significantly higher in Worthing than non-coastal West Sussex. Over a five-year period, this equates to more than 22,000 potential years of life lost due to premature mortality in Worthing. Worthing also has a higher rate of potential years of life lost due to causes amenable to healthcare than non-coastal West Sussex.

Sixty-five percent of 10-11 year olds are a healthy weight in Worthing, a lower proportion than non-coastal West Sussex (68%). Prevalence of obesity among 10-11 year olds is also higher in Worthing (19%) than non-coastal areas (17%).

In a five year period, there were 1,200 emergency hospital admissions for self-harm in Worthing, equating to a rate of 228 admissions per 100,000 population. This is significantly higher than the non-coastal rate.



Figure 24. Worthing Pride parade on the seafront

Wider determinants of health and wellbeing

The building blocks of health

As Professor Sir Michael Marmot described, health inequalities arise from social inequalities – the conditions in which people are born, grow, live, work, and age²⁰. The building blocks of health – such as good jobs, quality homes, transport, education and affordable food – are fundamental to reducing health inequalities in our coastal communities.

The social and economic context of coastal communities have a major impact on people's health and wellbeing. The CMO's 2021 Annual report highlights the role of the economy, employment, education and housing. Employment in coastal areas is affected by changes to the local economy, for example the decline of the tourism industry and traditional industries such as fishing.

Research has identified features of 'leading' and 'lagging' seaside towns which impact on economic performance²¹. The number of resident people in employment and the percentage of jobs in banking, finance and insurance is significantly higher in 'leading' seaside towns, and overall age is higher.

This chapter presents West Sussex data for a core set of indicators of the wider determinants of health in our coastal towns which include higher levels of deprivation overall, and in seven out of nine domains of the Index of Multiple Deprivation.

²⁰ Marmot M. Goldblatt P. Allen J. et al. *Fair society, health lives (The Marmot review)*. 2010. Available from: <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>.

²¹ Agarwal S. et al. Economic performance among English seaside towns. *Current issues in tourism*. 2023. Available from: 19/02/2024 Version 1.0

The included indicators listed below were selected based on data availability and to reflect a spread across the wider determinants of health:

1. Deprivation
2. Economic activity and inactivity
3. Free School Meals eligibility
4. WSCC community hub support
5. Housing tenure
6. Accommodation type
7. Care home and nursing home beds

ONS analysis of workplace and residential characteristics of coastal towns has categorised West Sussex coastal towns according to their levels of income deprivation and job density²². Job density levels are: working towns (high job density); residential towns (low job density) or mixed (medium-level job density). Towns are categorised according to levels of income deprivation among residents as: lower deprivation towns; mid-deprivation towns; and higher deprivation towns.

West Sussex coastal towns are categorised as follows:

- Bognor Regis – Mid-deprivation residential
- East Wittering – Mid-deprivation residential
- Littlehampton – Mid-deprivation mixed

<https://www.tandfonline.com/doi/full/10.1080/13683500.2023.2234070>.

²² Office for National Statistics. *Coastal towns in England and Wales: October 2020*. 2020. Available from: <https://www.ons.gov.uk/businessindustryandtrade/tourismindustry/articles/coastaltownsinealandandwales/2020-10-06>.

- Selsey – Mid-deprivation mixed
- Shoreham-by-Sea – Mid-deprivation mixed
- Southwick – Higher deprivation residential
- Worthing – Mid-deprivation working

While there is availability of more detailed data and insight on the economy of coastal West Sussex towns, this was not included in this phase due to time constraints in developing the framework.

Further data analysis will be undertaken to expand the range of indicators included in the framework, including providing additional insight into the economy of West Sussex coastal communities. This could include for example: benefit claimants; diversity of employment; infrastructure; and workforce labour market, including health and care.



Figure 25. The beach at Bognor

Deprivation in coastal West Sussex

Coastal towns in West Sussex have a higher proportion of their population living in the most deprived areas than non-coastal towns.

The **Index of Multiple Deprivation (IMD)** is a measure of relative deprivation at small areas in England. The 'overall' IMD 2019 combines data across seven different domains: income, employment, education, health, crime, barriers to housing and services, and living environment deprivation.

This data is used to create an overall deprivation 'score' for each small area in England, which is used to rank from most to least deprived. To aid interpretation, these are divided into 10 equal groups, known as deciles, where areas in the first decile are among the 10% most deprived areas nationally.

Two supplementary domains are also available for income deprivation affecting children and older people.

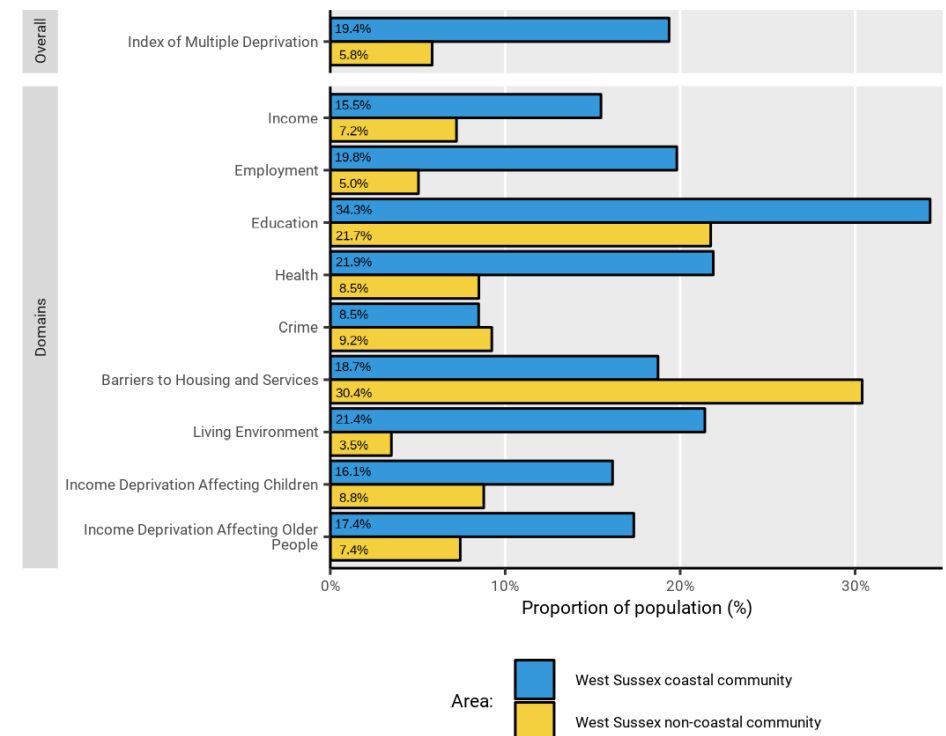
Coastal areas of West Sussex have a higher proportion of their population living in the 30% most deprived areas (19.4%) when compared to non-coastal areas (5.8%, Figure 26).

Coastal areas also have a higher proportion of their population living in the most deprived areas across all Index of Multiple Deprivation domains except crime and housing. The housing domain measures physical and financial accessibility of housing and local services, whilst the crime domain measures the risk of personal and material victimisation.

The biggest difference between coastal and non-coastal areas was in the living environment domain. This domain measures the quality of the local environment in two areas – indoors (quality of housing) and outdoors (air quality and road traffic accidents). For this domain, 21.4% of the population in coastal West Sussex were living in the 30% most deprived areas, compared with 3.5% in non-coastal areas.

Figure 26. Proportion of the coastal and non-coastal population living in areas among the 30% most deprived

Notes: Uses the Index of Multiple Deprivation 2019 and ONS mid-year population 2020



Sources: Indices of Deprivation 2019 (Ministry of Housing, Communities & Local Government); Mid-year population estimates (2020)

Deprivation in coastal towns

Thirty-eight percent of the coastal town of Southwick live in areas among the 30% most deprived nationally, whereas none of the population of Selsey or East Wittering live in the most deprived neighbourhoods.

Variation exists across coastal towns, with none of the population of Selsey or East Wittering living in the 30% most deprived areas, compared to 38% of Southwick (Figure 27). Whilst Southwick has the highest proportion of the population living in deprived neighbourhoods, these areas are wholly among the 20 to 30% most deprived.

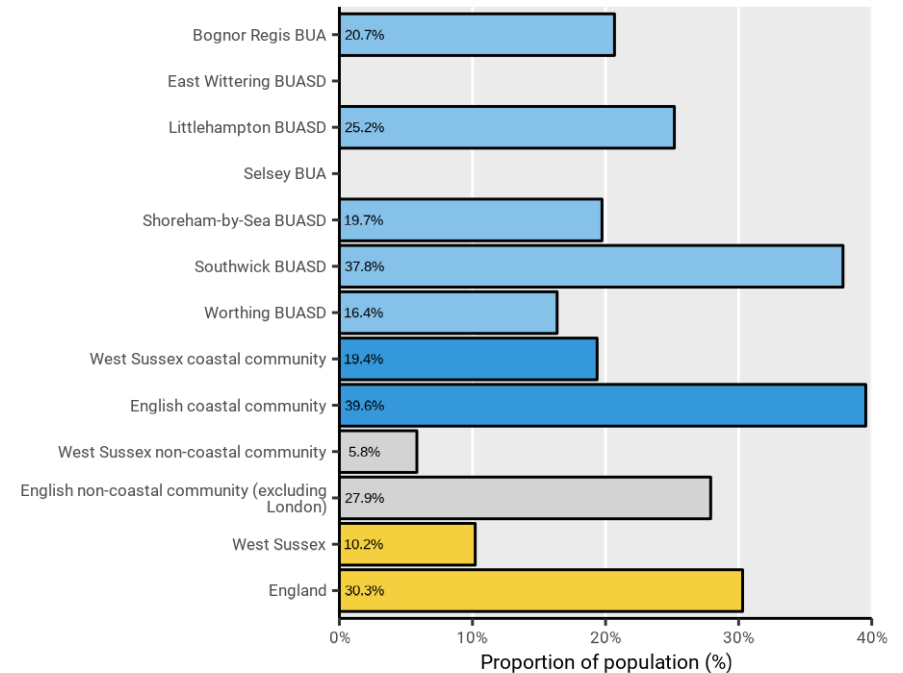
The coastal town of Bognor Regis and Littlehampton have more than 10% of their populations living in areas among the 20% most deprived (15% and 12% respectively).

Of the five neighbourhoods in West Sussex that are among the 10% most deprived areas nationally, four are within coastal towns (two in Bognor Regis, and two in Littlehampton).

Coastal areas with older populations tend to have lower levels of deprivation.

Figure 27. Proportion of the coastal West Sussex population living in areas among the 30% most deprived areas nationally

Notes: Uses the Index of Multiple Deprivation 2019 and ONS mid-year population 2020



Indices of Deprivation 2019 (Ministry of Housing, Communities & Local Government); Mid-year population estimates (2020)

Economic activity in coastal West Sussex

At the 2021 census, coastal West Sussex towns had lower levels of employment than non-coastal towns. This is most likely due to the older age profile of coastal towns, which had a higher proportion of retired residents, rather than due to unemployment.

At the time of the 2021 census, levels of economic activity²³ were lower in West Sussex coastal towns (57.3%) than non-coastal towns (63.7%)

54.6% of the population (aged 16+) were in employment in West Sussex coastal towns, compared with 60.6% in non-coastal towns (Figure 28).

2.8% were unemployed in West Sussex coastal towns (3.3% in non-coastal towns).

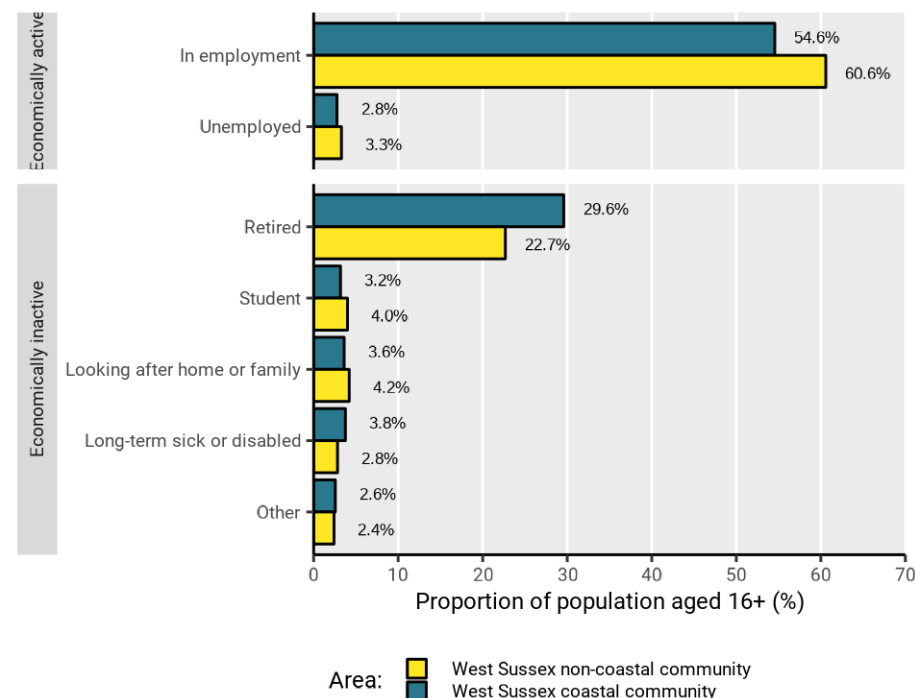
Economic inactivity in coastal towns was largely due to being retired (29.6%). This is consistent with the older age structure seen in many coastal areas of West Sussex.

Definition: People aged 16 years and over²⁴ are economically active if, at census, they were either in employment, or unemployed²⁵.

²³ Because of the impact of the pandemic on the labour market, the number of people who were economically inactive may be higher than anticipated. It is possible that some people on furlough may have identified as economically inactive, instead of temporarily away from work.

Figure 28. Economic activity status in West Sussex coastal towns, 2021 census

Notes. Economically active categories includes full-time students who are employed or actively seeking employment.



Census 2021 took place during the COVID-19 pandemic; the national lockdown, associated guidance and furlough measures will have affected these statistics.

²⁴ This includes students who are working, or looking for employment.

²⁵ Unemployment includes people who were looking for work and could start within two weeks, or waiting to start a job that had been offered and accepted.

Economic inactivity in coastal towns

Variation exists in levels of economic activity within coastal towns. Areas with older populations generally have lower economic activity due to retirement, rather than unemployment.

Economically active (of the 16+ population):

- **Employed:**

Across coastal towns in West Sussex, levels of employment ranged from 45.8% in Selsey to 57.8% in Southwick (Table 2).

Selsey and East Wittering had less than half of their population in employment.

- **Unemployed:**

Levels of unemployment ranged from 2.3% in East Wittering to 2.9% in Worthing.

Economically inactive (of the 16+ population):

- **Retired:**

The most common reason for economic inactivity is retirement. In coastal towns, around half the population aged 16+ in Selsey and East Wittering were retired.

- **Long-term sick or disabled:**

3.8% of the population in coastal West Sussex were long-term sick or disabled. This is slightly higher than non-coastal towns (2.8%). Nationally, 4.1% of the population were long-term sick or disabled.

Across coastal towns, Southwick had the highest proportion of 16+ residents who were long-term sick or disabled (4.0%) and East Wittering had the lowest (2.7%).

- **Looking after home or family:**

English coastal and non-coastal towns did not differ in the proportion of residents looking after home or family (4.4% and 4.5% respectively).

Within West Sussex, the proportion of the population looking after home or family differed slightly, with a smaller proportion in coastal towns (3.6%) than non-coastal towns (4.2%).

Across coastal towns, Southwick had the highest proportion at 4.6%, and Selsey had the lowest proportion (3.0%).

Economic inactivity in coastal towns

Table 2. Levels of economic activity in coastal West Sussex towns, 2021 census

Area	Total population (aged 16+)	Economically active				Economically inactive	
		In employment		Unemployed		Number	%
		Number	%	Number	%		
Bognor Regis BUA	60,233	31,767	52.7	1,537	2.6	26,929	44.7
East Wittering BUASD	5,894	2,833	48.1	134	2.3	2,927	49.7
Littlehampton BUASD	52,184	27,348	52.4	1,471	2.8	23,365	44.8
Selsey BUA	9,588	4,387	45.8	251	2.6	4,950	51.6
Shoreham-by-Sea BUASD	42,872	24,002	56.0	1,165	2.7	17,705	41.3
Southwick BUASD	10,087	5,833	57.8	281	2.8	3,973	39.4
Worthing BUASD	96,804	55,300	57.1	2,829	2.9	38,675	40.0
West Sussex coastal community	277,662	151,470	54.6	7,668	2.8	118,524	42.7
English coastal community	3,955,366	2,064,181	52.2	128,818	3.3	1,762,367	44.6
West Sussex non-coastal community	309,482	187,508	60.6	10,174	3.3	111,800	36.1
English non-coastal community (excluding London)	21,617,570	12,591,753	58.2	684,116	3.2	8,341,701	38.6
West Sussex	727,125	420,640	57.8	21,025	2.9	285,460	39.3
England	46,007,505	26,405,594	57.4	1,596,131	3.5	18,005,780	39.1

Free School Meals eligibility

The proportion of pupils eligible for free school meals is higher in coastal towns than non-coastal towns.

The proportion of pupils eligible for free school meals is higher in coastal West Sussex (17.4%) when compared with non-coastal areas of the county (14.7%,

Figure 29).

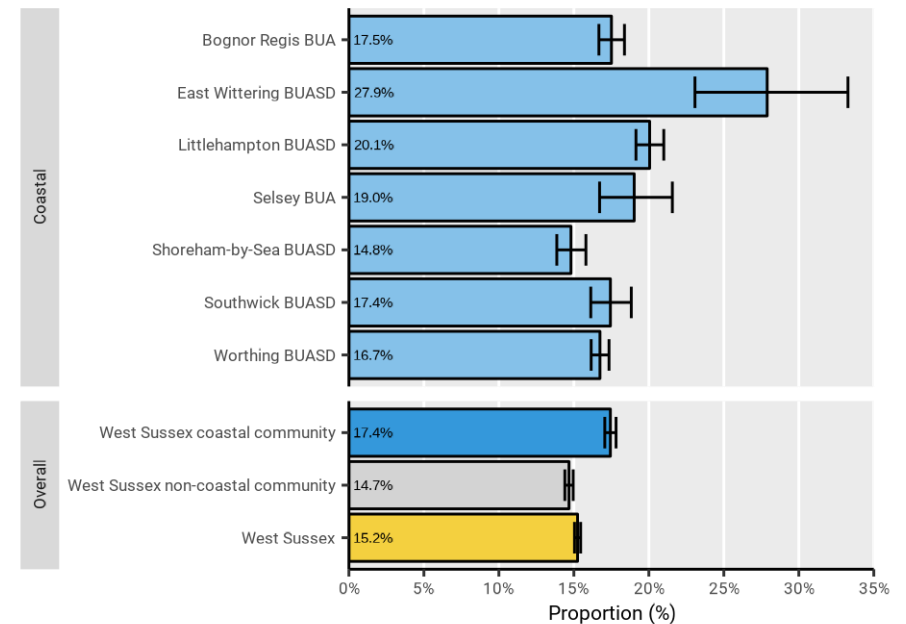
East Wittering has the highest proportion of pupils eligible for free school meals, at 27.9%, however- this estimate is based on a single school setting and at one time point so should be viewed with caution²⁶.

Children in state-funded schools in England are entitled to receive free school meals if a parent or carer is in receipt of certain benefits (such as income support or universal credit).

Nationally, the proportion of pupils eligible for free school meals is far higher (23.8%) than the county average (15.2%), although there are pockets of greater need locally.

Figure 29. Proportion of pupils attending a coastal West Sussex school known to be eligible for Free School Meals, 2022/23

Note. these proportions are based on the location of the school rather than residence of the child. Estimates for areas with fewer schools are likely to be less robust. Data is sourced from 2022/23 school census data released by DfE.



Source: DfE - 'Schools, pupils and their characteristics 2022/23'

²⁶ Further work is planned to explore FSM data by residence of the child and over a number of years to produce more reliable estimates.

Free School Meals eligibility

Whilst a consistently higher proportion of pupils are eligible for free school meals in coastal areas of West Sussex, this has increased at a similar pace to non-coastal areas.

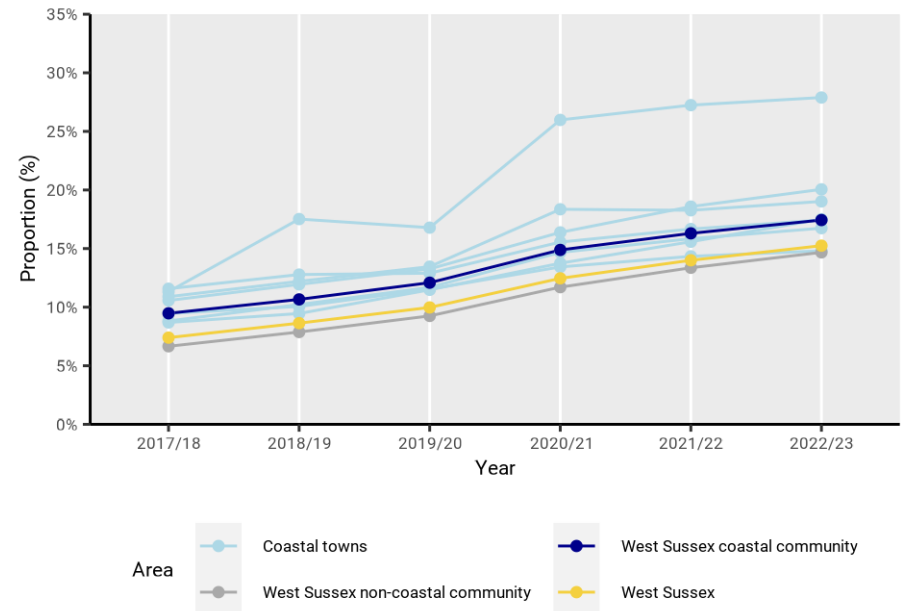
The proportion of pupils eligible for free school meals has increased over time in West Sussex, rising from 7.4% in 2017/18 to 15.2% in 2022/23 (nationally 13.6% rising to 23.8%, Figure 30).

Whilst a consistently higher proportion of pupils are eligible for free school meals in coastal areas of West Sussex, this has increased at a similar pace in coastal and non-coastal areas.

Since April 2018, transitional protections have been in place during the roll out of Universal Credit. This has meant that pupils eligible for FSM since April 2018 retain FSM eligibility even if their circumstances change. Prior to the pandemic, this has been the main driver in the increase in the proportion of pupils eligible for FSM as pupils continue to become eligible but fewer pupils stop being eligible.

Figure 30. Proportion of pupils attending coastal West Sussex schools known to be eligible for Free School Meals, 2017/18 to 2022/23

Note: these proportions are based on the location of the school rather than residence of the child. Estimates for areas with fewer schools are likely to be less robust. Data is sourced from school census data released by DfE.



Source: DfE - 'Schools, pupils and their characteristics'

Cost of Living: Household support fund

Coastal households received a greater share of supermarket vouchers than non-coastal areas.

More supermarket vouchers were distributed to coastal than non-coastal households in the county, particularly in round 4.

In either period, nearly half the supermarket vouchers in West Sussex were distributed to coastal households.

Households in Littlehampton received the greatest number of supermarket vouchers compared with any other coastal town in the county.

Table 3. Percentage of supermarket vouchers distributed via the Household Support Fund in rounds 3 and 4 (to 22 December 2023) in West Sussex coastal and non-coastal areas²⁷

Area	% of supermarket vouchers distributed in West Sussex	
	HSF-3	HSF-4
West Sussex coastal community	46.8%	49.0%
West Sussex non-coastal community	40.3%	40.6%

Source: WSCC community hub data

²⁷ Percentages are of the West Sussex total. Coastal and non-coastal areas will not add up to 100% as these include built-up areas only.
19/02/2024 Version 1.0

Funding has been allocated to local authorities by the Department for Work and Pensions to support residents in need across the county. The expectation is that The Fund should be used to support households in the most need; particularly those who may not be eligible for the other support the government has recently made available but who are nevertheless in need and who require crisis support.

The Household Support Fund provides support to help meet daily needs such as the cost of food, energy, water and other essential items. Local authorities are able to deliver the scheme in a variety of ways, such as issuing grants to third parties, providing vouchers to households or direct provision and there is an expectation that authorities offer an application-based support throughout the duration of the fund.

The data presented here includes the percentage of supermarket vouchers distributed by West Sussex County Council Community Hub via the application-based element of the scheme during:

- Household Support Fund 3 (1st October 2022 to 31st March 2023)
- Household Support Fund 4 (1st April 2023 to 22nd December 2023)

Percentages are not directly comparable across the two time periods due to different durations. The fund is finite, it is possible that more households need financial support than the fund can support.

Priority Places for Food Index

Nine small coastal areas are among the 30% most deprived neighbourhoods in the country on the Priority Places for Food Index.

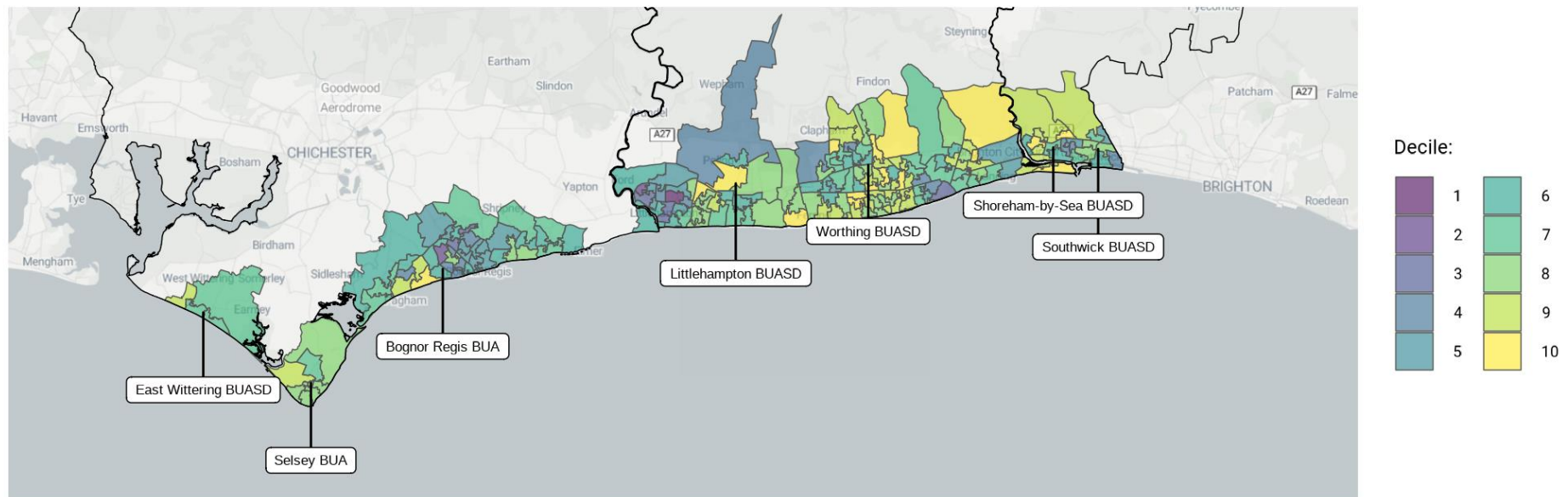
There are nine small areas on the West Sussex coast that are among the 30% most deprived neighbourhoods in the country on the Priority Places for Food index (Figure 31).

Five of these areas fall within Littlehampton, three in Bognor Regis and one in Worthing.

The [Priority Places for Food Index](#) is a composite index formed of data compiled across seven dimensions relating to food insecurity. The goal of the index is to identify small areas that are most vulnerable to increases in the cost of living, and which have a lack of accessibility to cheap, healthy, sustainable sources of food.

Figure 31. Priority places for food index deciles; Lower super output areas in coastal West Sussex

1 - most deprived, 10 - least deprived.



Sources: CDRC, Priority Places for Food Index (<https://priorityplaces.cdrc.ac.uk/>)

Housing tenure

Coastal West Sussex generally has a higher proportion of home ownership and privately rented accommodation, and a lower proportion of households in the social rented sector when compared to non-coastal areas of the county.

Home ownership:

- The proportion of households owning their own property²⁸ is higher in coastal than non-coastal areas of West Sussex, although there is considerable variation within coastal towns (Table 4).

Social rented:

- One in ten households are in the social rented sector in coastal areas, a smaller proportion than non-coastal areas (15.7%).
- Southwick has a higher proportion of households renting from the local council compared to other coastal towns. Very few households in Selsey and East Wittering rent from the council.
- There may be variation in social housing stock in different local authority areas.

Private rented:

- A higher proportion of households rent their accommodation privately in coastal than non-coastal areas of West Sussex (19.1% compared to 17.1%).
- More than a fifth of households are renting privately in Worthing, the highest proportion of coastal towns in the county.
- Southwick has the lowest proportion of households privately renting at 13.8%, and a greater proportion of social rented housing.

²⁸ Home ownership includes households who own their property outright, or with a mortgage, loan or shared ownership.

Table 4. Number and proportion of households in West Sussex coastal areas, census 2021

Area	Total households	Owned			Social rented			Private rented	
		Owns outright	Owns with a mortgage or loan	Shared ownership	Rents from council or Local Authority	Other social rented	Private landlord or letting agency	Other private rented	
Bognor Regis BUA	31,282	13,636 43.6%	8,030 25.7%	277 0.9%	1,288 4.1%	1,565 5.0%	5,855 18.7%	605 1.9%	
East Wittering BUASD	3,158	1,539 48.7%	697 22.1%	39 1.2%	27 0.9%	314 9.9%	458 14.5%	84 2.7%	
Littlehampton BUASD	27,739	11,950 43.1%	7,498 27.0%	418 1.5%	1,345 4.8%	1,534 5.5%	4,450 16.0%	527 1.9%	
Selsey BUA	5,076	2,748 54.1%	1,083 21.3%	38 0.7%	38 0.7%	406 8.0%	645 12.7%	118 2.3%	
Shoreham-by-Sea BUASD	22,619	9,254 40.9%	7,156 31.6%	157 0.7%	1,745 7.7%	887 3.9%	2,942 13.0%	453 2.0%	
Southwick BUASD	5,054	1,846 36.5%	1,676 33.2%	25 0.5%	689 13.6%	116 2.3%	600 11.9%	99 2.0%	
Worthing BUASD	51,892	19,563 37.7%	15,913 30.7%	329 0.6%	1,079 2.1%	3,817 7.4%	10,225 19.7%	951 1.8%	
West Sussex coastal	146,820	60,536 41.2%	42,053 28.6%	1,283 0.9%	6,211 4.2%	8,639 5.9%	25,175 17.1%	2,837 1.9%	
English coastal community	2,141,013	796,022 37.2%	565,905 26.4%	14,358 0.7%	124,302 5.8%	175,303 8.2%	415,092 19.4%	48,419 2.3%	
West Sussex non-coastal	228,361	82,201 36.0%	72,163 31.6%	3,235 1.4%	10,739 4.7%	22,005 9.6%	32,985 14.4%	4,836 2.1%	
English non-coastal*	11,187,204	3,729,818 33.3%	3,429,225 30.7%	109,843 1.0%	897,235 8.0%	968,218 8.7%	1,814,817 16.2%	224,142 2.0%	
West Sussex	375,181	142,737 38.0%	114,216 30.4%	4,518 1.2%	16,950 4.5%	30,644 8.2%	58,160 15.5%	7,673 2.0%	
England	23,436,382	7,624,703 32.5%	6,744,450 28.8%	236,093 1.0%	1,945,074 8.3%	2,060,431 8.8%	4,273,838 18.2%	521,319 2.2%	

*excluding London

Tenure: home ownership

Overall home ownership is higher in coastal than non-coastal areas of West Sussex, although fewer households own their homes outright in eastern coastal areas.

Overall home ownership²⁹ is higher in coastal than non-coastal West Sussex at 70% (

Figure 32). Home ownership ranged from 68.4% in Worthing to 75.5% in Selsey.

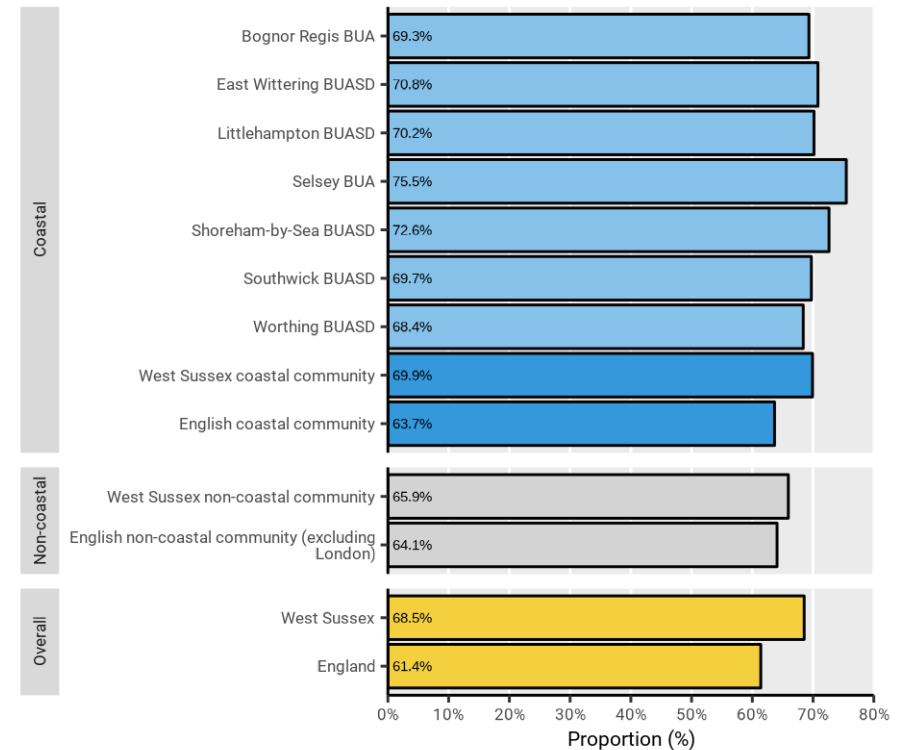
Levels of home ownership are generally higher in West Sussex than England.

Variation exists within coastal areas, with higher levels of outright home ownership in areas with predominantly older populations.

Across coastal West Sussex towns, outright home ownership was highest in Selsey (54.1%) and lowest in Southwick (36.5%).

Figure 32. Proportion of home ownership, census 2021

Home ownership includes: owned outright or with a mortgage, loan or shared ownership



Source: Census 2021

²⁹ Home ownership includes households who own their property outright, or with a mortgage, loan or shared ownership.

Accommodation type

In Coastal West Sussex, a greater proportion of households live in part of a converted or shared house (including bedsits) or in a temporary structure (such as a caravan) than in non-coastal areas of the county.

A larger proportion of households live in a house or bungalow (detached, semi-detached, terraced) in non-coastal West Sussex (76.8%) than coastal West Sussex (72.8%) – this is largely due to a greater proportion of households living in terraced houses in non-coastal areas (Table 5).

Greater proportions of households live in part of a converted or shared house, or in caravans, or other mobile or temporary structure in coastal rather than non-coastal areas.

Variation exists within coastal West Sussex:

- The proportion of households living in detached properties ranges from 16.7% in Southwick to 47.4% in East Wittering.
- A smaller proportion of households live in purpose-built flats in Selsey and East Wittering (10-13%), with the highest proportion in Worthing (23.1%).

Table 5. Proportion of households in West Sussex coastal areas by accommodation type, census 2021

Area	Total households	Detached	Semi-detached	Terraced	In a flat	In a converted or shared house	In another converted building	In a commercial building	A caravan, mobile or temporary structure
Bognor Regis BUA	31,274	34.0%	24.1%	15.7%	18.8%	4.7%	0.8%	1.0%	1.0%
East Wittering BUASD	3,162	47.4%	25.9%	10.6%	13.1%	0.8%	0.3%	1.2%	0.8%
Littlehampton BUASD	27,751	27.6%	25.2%	24.5%	16.8%	3.6%	0.5%	0.9%	1.0%
Selsey BUA	5,082	40.5%	32.9%	11.9%	10.0%	1.4%	0.6%	0.9%	1.7%
Shoreham-by-Sea BUASD	22,624	18.5%	37.3%	21.2%	18.3%	2.0%	0.5%	1.1%	1.0%
Southwick BUASD	5,053	16.7%	42.1%	19.1%	16.8%	3.7%	0.4%	1.1%	0.1%
Worthing BUASD	51,914	23.5%	23.3%	19.0%	23.1%	8.6%	0.9%	1.5%	0.1%
West Sussex coastal community	146,860	26.6%	27.0%	19.2%	19.4%	5.2%	0.7%	1.2%	0.7%
English coastal community	2,141,044	22.6%	31.0%	22.5%	16.0%	5.3%	0.9%	1.2%	0.4%
West Sussex non-coastal community	158,098	26.4%	26.5%	23.9%	19.8%	1.5%	0.8%	0.8%	0.3%
English non-coastal community*	11,186,910	23.7%	35.1%	24.2%	13.7%	1.5%	0.7%	0.7%	0.3%
West Sussex	375,224	29.4%	27.2%	20.6%	17.5%	2.9%	0.8%	0.9%	0.7%
England	23,436,230	22.9%	31.5%	23.0%	17.1%	3.5%	0.8%	0.8%	0.4%

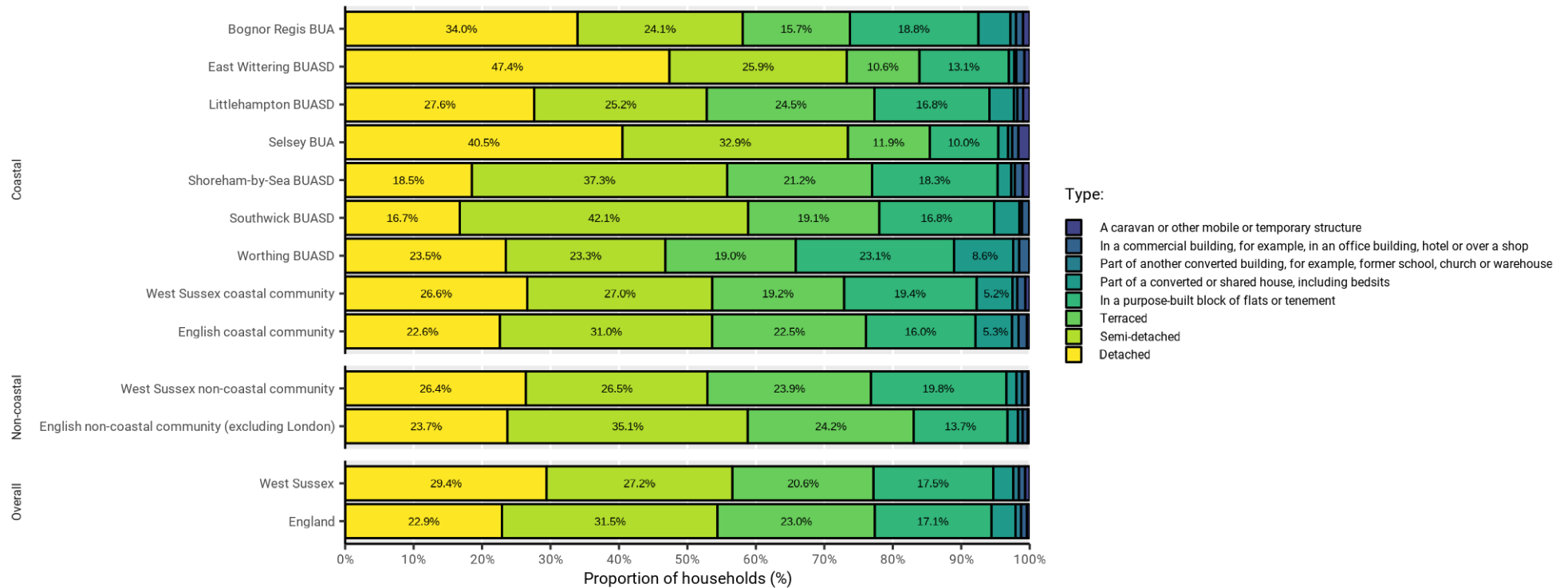
*excluding London

Accommodation type

Within coastal areas, variation exists in the most common types of accommodation.

East Wittering and Selsey have higher proportions of households living in detached properties, whereas Worthing has a greater proportion of households living in flats (Figure 33).

Figure 33. Accommodation type: proportion of households, 2021 census



Care home beds

In coastal areas, the availability of care home beds has fallen from 2016, despite older and ageing populations in these areas.

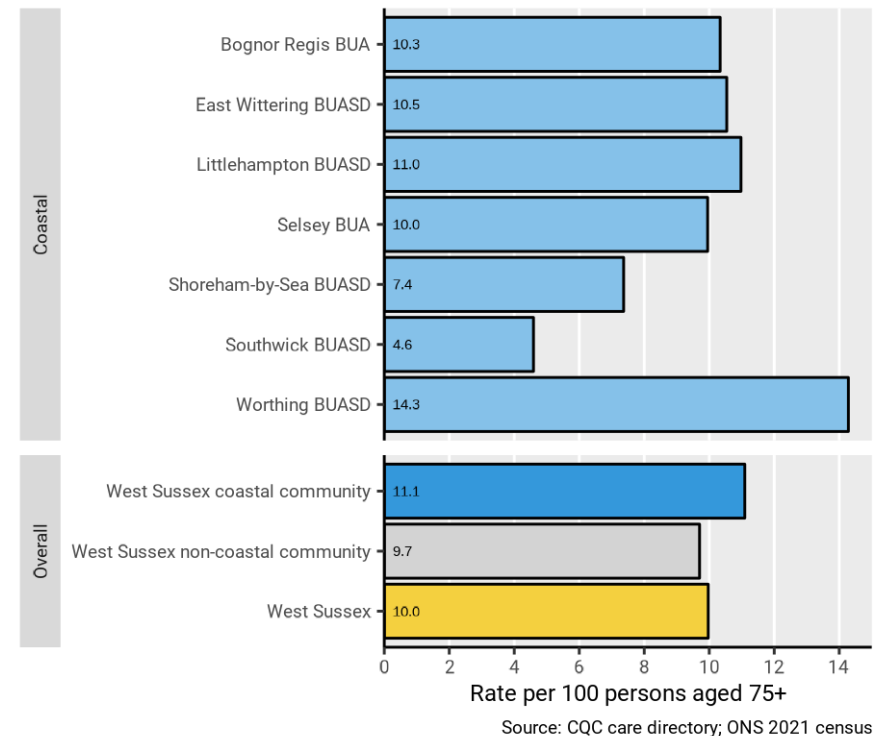
Variation exists in the availability of care home beds across West Sussex coastal areas (Figure 34).

Between 2016 and 2023, the total number of beds in both nursing and residential care homes declined from 13 to 11 per 100 people aged 75+ in coastal West Sussex, equating to a drop of around 500 beds (-10%).

In non-coastal areas, there has been little change in the rate of care home beds, with a small increase in absolute terms (+ around 200 beds), although fewer beds were available per 100 people aged 75+ from the outset.

In the absence of reliable data on the number of people receiving care at home, it is difficult to measure changes in service provision, however this may indicate a decrease in social care provision for older people in coastal areas despite older, and ageing, populations.

Figure 34. Crude rate of care home beds per 100 people aged 75+, as at March 31 2023



Whilst this data is expressed as a rate per 100 persons aged 75+, care home beds can also be accessed by people under the age of 75. This data does not consider variation in the health needs of different populations.

This data only captures provision in care homes (nursing and residential). There is no reliable data source on the number of people receiving care at home. Rates for small areas may be based on a single setting.

Nursing home beds

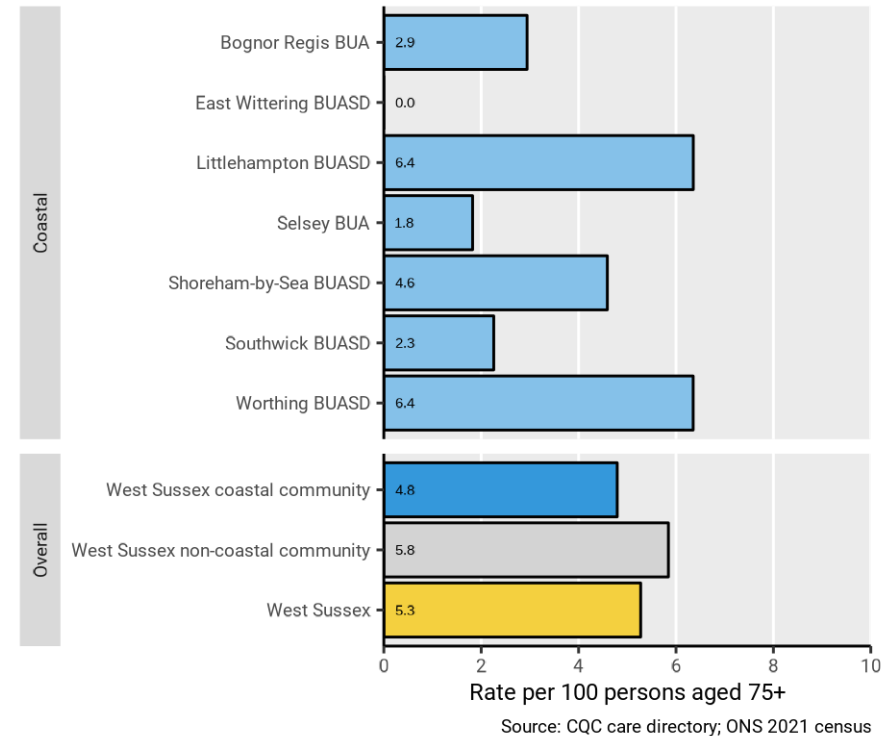
Coastal areas have fewer nursing home beds per 100 people aged 75+ than non-coastal areas of the county.

The rate of nursing home beds in coastal areas of West Sussex is lower than in non-coastal areas of the county (Figure 35).

Since 2016, the rate of nursing home beds per 100 people aged 75+ has fallen from 5.5 to 4.8 per 100 people aged 75+, a decrease of around 150 beds in absolute terms.

In non-coastal areas, there has been little change in the rate of nursing home beds, with a small increase in absolute terms (+ around 100 beds).

Figure 35. Crude rate of nursing home beds per 100 people aged 75+, as at March 31 2023



Whilst this data is expressed as a rate per 100 persons aged 75+, care home beds can also be accessed by people under the age of 75. This data does not consider variation in the health needs of different populations.

This data only captures provision in care homes (nursing and residential). There is no reliable data source on the number of people receiving care at home. Rates for small areas may be based on a single setting.

Physical and mental health and wellbeing

Health and ill-health

The Chief Medical Officer's 2021 Annual report, Health in coastal communities, has shown that coastal areas have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases³⁰. The report found high rates of preventable ill-health and a 'coastal excess' across many health conditions and risk factors.

However the health inequalities experienced by coastal communities have often been masked by better health outcomes in neighbouring inland areas due to the lack of data available for smaller geographies. In West Sussex, where our coastal towns (with the exception of Worthing) are part of larger local authority districts, this has also been the case.

This chapter presents West Sussex data for a core set of indicators which demonstrate that, for the included indicators, health outcomes in coastal towns are worse than in non-coastal towns.

Coastal West Sussex communities also have higher proportions of older residents and, in most coastal towns, a higher proportion of people living in more deprived areas. Both age and deprivation have a significant influence on health outcomes, and poorer health and more disability would be expected in an older population. Where possible age-standardised data is used to enable comparison with areas with a different age structure. However in line with the CMO's findings, a coastal effect

³⁰ Whitty CJM. *Chief Medical Officer's Annual Report 2021: Health in Coastal Communities*. July 2021. Available from: <https://www.gov.uk/government/news/chief-medical-officer-annual-report-2021>.

remains, as seen in the higher proportion of coastal populations living in 'not good health'.

The included indicators listed below were selected based on data availability and to reflect the breadth of physical and mental health and ill-health across the life course:

1. General health
2. Potential years of life lost
3. Excess burden of ill-health (GP disease registers)
4. Healthy weight and overweight among 10-11 year olds
5. Emergency hospital admissions for self-harm (all ages and 10-24 years)

Further data analysis will be undertaken to expand the range of indicators included and provide additional insight into health and ill-health in West Sussex coastal communities, including for example emergency hospital admissions for alcohol-attributable conditions in coastal towns, building on the West Sussex Health Equity Audit work programme³¹.

³¹ West Sussex County Council West Sussex Health Equity Audit Series 2023. Available from: <https://jsna.westsussex.gov.uk/alcohol-health-equity-audit-series/>.

General health

A larger proportion of people living in coastal towns in West Sussex are not in good health compared to non-coastal towns.

At the 2021 census, 18.1% of people living in West Sussex coastal towns reported that they were not in good health; this is a significantly higher proportion than people living in non-coastal towns in the county (15.5%, Figure 36).

Nationally, around a fifth of people living in coastal towns reported that they were not in good health. Across West Sussex coastal towns, the proportion of people not in good health ranged from 16.5% in East Wittering to 18.7% in Southwick.

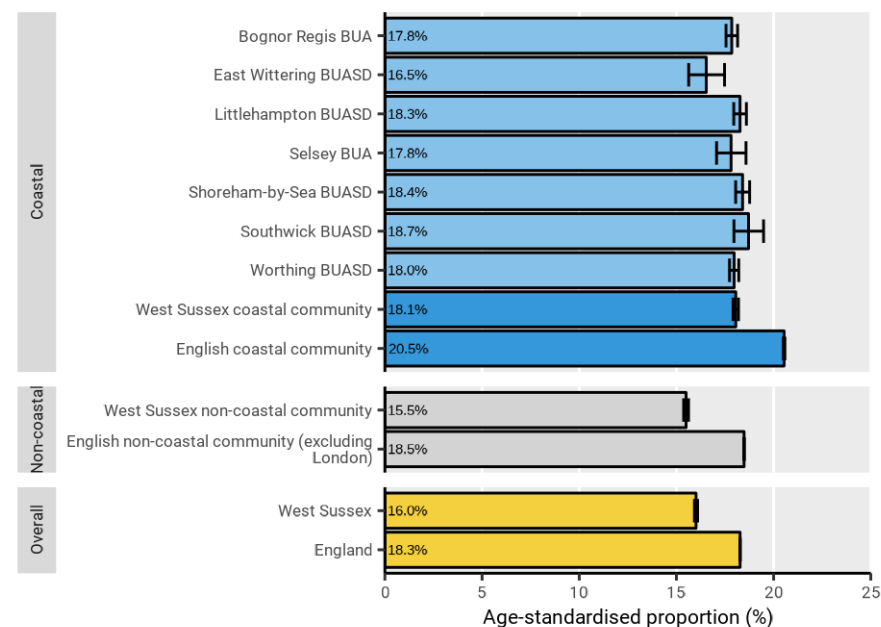
Across England and Wales in the 2021 census, there was an increase in the proportion of people reporting being in 'very good health' and a decrease in the proportion of people reporting being in 'not good health', compared with the 2011 Census³².

In the 2021 census, respondents were asked to assess their general health on a five-point scale: 'Very good', 'Good', 'Fair', 'Bad', or 'Very bad'. Respondents were considered to be in 'not good health' if they responded 'Fair', 'Bad' or 'Very bad'.

Health and age are closely related, with older populations far more likely to be in poorer health. The proportions presented here have been age-standardised to account for differences in the age structure of coastal and non-coastal populations.

Figure 36. Age standardised proportions of coastal populations living in 'not good health', 2021 census

Note: these proportions have been age standardised to take into account differences in age structure. Broad age groups have been used. 'Not good health' includes 'fair', 'bad' and 'very bad' self-reported health



Source: Census 2021

³² Office for National Statistics. *General health, England and Wales: Census 2021*. January 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/generalhealthenglandandwales/census2021>.

Potential Years of Life Lost: all causes

During 2018 to 2022, over 5,400 premature deaths (under 75 years) were registered in Coastal West Sussex communities, equating to more than 66,000 potential years of life lost (PYLL). The rate of premature mortality was significantly higher in coastal than non-coastal towns.

Across coastal West Sussex towns, over 5,400 premature deaths were registered during 2018 to 2022. This equates to around 66,000 years of life lost to premature mortality from all causes.

The rate of PYLL in coastal towns was significantly higher than non-coastal towns in West Sussex, at 4,399 compared to 3,923 (per 100,000, 6). Selsey had the highest rate at 5,062 per 100,000 aged under 75.

Five of the seven coastal towns in West Sussex had a significantly higher rate of PYLL than non-coastal towns in West Sussex. Southwick had the lowest rate, which was significantly below non-coastal West Sussex.

For both sexes, the biggest causes of premature mortality were broadly similar in coastal and non-coastal areas of the county. Leading causes of premature mortality, such as heart and lung diseases and cancers, were identified as well as causes associated with smoking, alcohol use and self-harm.

Potential years of life lost (PYLL) is a measure of premature mortality. PYLL is an estimate of the length of time a person would have lived had they not died prematurely (under 75 years of age). The analysis weights deaths at younger ages more heavily than those at older ages.

Table 6. Potential years of life lost due to mortality from all causes: directly age standardised rate (DSR) per 100,000 population aged 28 days to 74 years (inclusive), 5-years pooled (2018 to 2022); coastal West Sussex towns

Area	N deaths (all ages)	N deaths (< 75yrs)	Sum PYLL	DSR per 100,000			Versus non-coastal West Sussex	Versus West Sussex
				DSR	LCI	UCI		
Bognor Regis BUA	5050	1280	15480	4829.7	4752.7	4907.5	Significantly higher	Significantly higher
East Wittering BUASD	610	100	1351	4759.5	4495.9	5033.8	Significantly higher	Significantly higher
Littlehampton BUASD	4320	1080	12973	4763.4	4680.3	4847.5	Significantly higher	Significantly higher
Selsey BUA	1050	270	2636	5062.2	4853.2	5277.4	Significantly higher	Significantly higher
Shoreham-by-Sea BUASD	2990	780	9105	3835.2	3756.2	3915.5	Similar	Significantly lower
Southwick BUASD	600	160	1857	3348.4	3197.2	3504.9	Significantly lower	Significantly lower
Worthing BUASD	7420	1770	22622	4295.1	4239.0	4351.7	Significantly higher	Significantly higher
West Sussex coastal community	22060	5440	66024	4398.9	4365.1	4432.9	Significantly higher	Significantly higher
West Sussex non-coastal community	17820	4720	65919	3922.7	3892.8	3952.8	Not compared	Similar
West Sussex	48240	12200	156447	3947.6	3928.0	3967.4	Similar	Not compared

Potential Years of Life Lost: Causes amenable to healthcare

During 2018 to 2022, premature deaths due to causes considered amenable to healthcare accounted for more than 21,000 potential years of life lost in coastal West Sussex. The rate of PYLL was significantly higher in coastal than non-coastal areas of the county.

During 2018 to 2022, 1,730 premature deaths with an underlying cause considered amenable to healthcare were registered in coastal West Sussex towns. This equates to over 21,000 potential years of life lost due to amenable causes.

The rate of PYLL in coastal areas of West Sussex was significantly higher than in non-coastal areas (Table 7). Rates

Table 7. Potential years of life lost due to causes considered amenable to healthcare: directly age standardised rate per 100,000 population aged 0 to 74 (inclusive): 5 years pooled (2018 to 2022), coastal West Sussex towns

Area	N deaths (<75yrs)	Sum PYLL	DSR per 100,000			Versus non-coastal West Sussex	Versus West Sussex
			DSR	LCI	UCI		
Bognor Regis BUA	400	4848	1483.0	1441.0	1525.9	Significantly higher	Significantly higher
East Wittering BUASD	30	454	1500.0	1360.1	1650.0	Significantly higher	Significantly higher
Littlehampton BUASD	360	4238	1522.0	1475.9	1569.2	Significantly higher	Significantly higher
Selsey BUA	80	918	1765.6	1644.7	1892.4	Significantly higher	Significantly higher
Shoreham-by-Sea BUASD	250	3005	1240.7	1196.5	1286.1	Similar	Similar
Southwick BUASD	50	648	1141.4	1055.0	1233.0	Similar	Similar
Worthing BUASD	550	6961	1308.0	1277.3	1339.2	Significantly higher	Significantly higher
West Sussex coastal community	1730	21072	1383.1	1364.3	1402.0	Significantly higher	Significantly higher
West Sussex non-coastal community	1470	20748	1221.2	1204.6	1237.9	Not compared	Similar
West Sussex	3830	49254	1224.1	1213.3	1235.0	Similar	Not compared

also significantly exceeded non-coastal towns in Bognor Regis, East Wittering, Littlehampton, Selsey and Worthing. Selsey had the highest rate at 1,766 per 100,000, whilst Southwick had the lowest rate (1,141 per 100,000).

By sex, the rate of PYLL among males in coastal towns significantly exceeded non-coastal towns in the county. There was no significant difference in the rate of PYLL for females. There was little difference in the top causes of PYLL across coastal and non-coastal areas.

This analysis explores premature deaths due to causes considered amenable to healthcare. PYLL captures the number of additional years a person might have been expected to live in the presence of timely and effective healthcare.

Excess burden of ill-health in coastal areas

Coastal West Sussex has a higher burden of disease than non-coastal areas. The estimated prevalence of major conditions is higher in coastal than non-coastal areas, and also exceeds the county and national averages.

Coastal areas in West Sussex have poorer health outcomes, with higher rates of many major, long-term health conditions than non-coastal areas (Table 8). For all the major conditions shown, a higher proportion of patients in coastal towns were on disease registers, compared to non-coastal areas in West Sussex, the county and England.

The table shows the difference between the proportion of practice patients that were on each disease register in coastal areas, compared to non-coastal areas, the county and national average.

Chronic obstructive pulmonary disease (COPD) had the greatest coastal effect, with estimated prevalence over 50% higher than non-coastal towns in West Sussex. COPD rates are known to be higher in areas of deprivation and areas with higher smoking rates in England³³.

Dementia has the next highest coastal effect at 45%, followed by mental health conditions (+37%) and coronary heart disease (+34%). Asthma had the lowest coastal effect at 13%.

³³ UK Parliament House of Commons Library. *What is Chronic Obstructive Pulmonary Disease and who does it affect?* 2018. Available from: <https://commonslibrary.parliament.uk/what-is-chronic-obstructive-pulmonary-disease-and-who-does-it-affect/>.

Table 8. Unadjusted coastal effect on proportion of patients in West Sussex coastal communities on QOF disease registers (2022/23)

QOF condition	Unadjusted coastal effect (%)		
	Versus non-coastal towns in West Sussex	Compared to West Sussex	Compared to England
Asthma	12.5%	7.0%	19.0%
Coronary Heart Disease	33.7%	16.0%	35.9%
COPD	50.5%	25.3%	20.0%
Dementia	44.9%	19.5%	61.4%
Depression	23.3%	14.9%	17.7%
Diabetes	24.1%	14.7%	15.8%
Hypertension	23.1%	11.2%	25.5%
Mental health	37.0%	21.5%	18.7%
Obesity	15.4%	9.6%	0.7%

The expected number of patients on disease registers in coastal and non-coastal areas was estimated using GP practice disease prevalence data from the Quality and Outcomes Framework (QOF)³⁴. The difference between the proportion of practice patients on each register in coastal towns in West Sussex was compared to non-coastal towns and England. This is given as an 'unadjusted coastal effect' as it does not consider differences in age or sex of each area. Comparisons across areas should be made with caution, as age and sex are strongly associated to health.

³⁴ Prevalence data for each GP practice was applied to the number of patients living in each lower-super output area. This process produced an estimated population for each condition at lower-super output area, which were best-fit to coastal and non-coastal towns.

Healthy weight and obesity among Y6 children

Prevalence of healthy weight among 10-11 year olds is lower in coastal West Sussex towns compared with non-coastal towns.

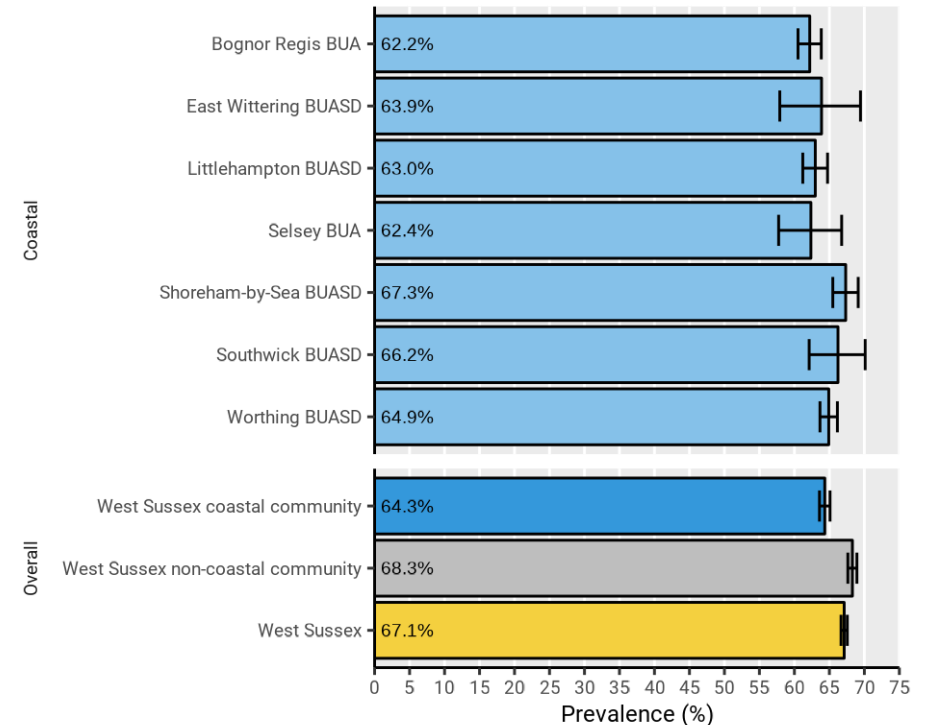
During 2018/19 to 2022/23, 64.3% of Year 6 children measured were a healthy weight in West Sussex coastal towns (Figure 37). This is significantly lower than the estimated prevalence of healthy weight in West Sussex non-coastal towns (68.3%) and the county average (67.1%).

Prevalence estimates in West Sussex coastal towns ranged from 62.2% in Bognor Regis to 67.3% in Shoreham-by-Sea.

The National Child Measurement Programme (NCMP) is an annual record of height and weight measurements of children in reception and year 6 (attending state-maintained schools). Data collection for 2019/20 and 2020/21 NCMP was impacted by school closures during the COVID-19 pandemic. Fewer children in reception were measured in West Sussex than in a 'typical' year so small area estimates cannot be produced for this age group.

Figure 37. Prevalence of Year 6 pupils measured as a healthy weight, 2018/19 to 2022/23

Notes. Includes resident pupils who attend a West Sussex school. Prevalence estimates are based on postcode of residence. Estimates are suppressed when counts are less than 10.



One in five 10-11 year olds were very overweight in coastal West Sussex towns, significantly exceeding non-coastal areas. The gap in prevalence of obesity (among 10-11 year olds) between coastal and non-coastal West Sussex has increased over time.

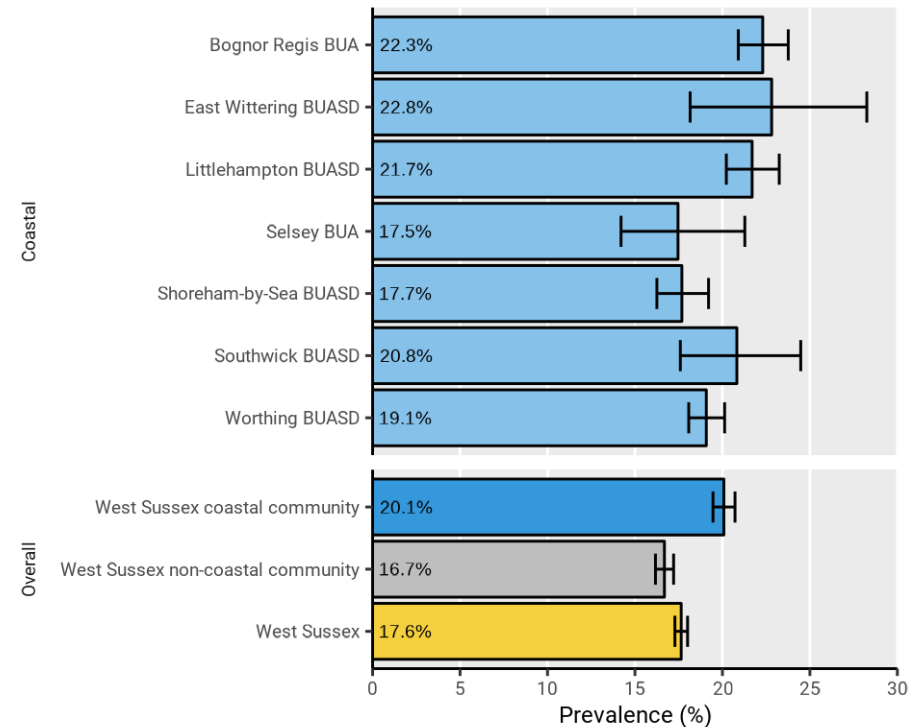
During 2018/19 to 2022/23, a fifth of year 6 children measured in West Sussex coastal towns were very overweight (20.1%, Figure 38). This is significantly higher than the estimated prevalence of obesity in West Sussex non-coastal towns (16.7%) and the county average (17.6%).

In West Sussex coastal towns, the proportion of year 6 children measured as overweight ranged from 17.5% in Selsey to 22.8% in East Wittering. Besides Selsey and Shoreham-by-Sea, all coastal towns in West Sussex had significantly greater proportions of year 6 children who were measured as very overweight than non-coastal areas.

Over time, the gap in prevalence of healthy weight has increased between coastal and non-coastal West Sussex. In 2007/08, the gap between coastal and non-coastal West Sussex was +1.7 percentage points. This has risen to +4.9 percentage points by 2022/23. This appears to be due to increases in prevalence of obesity, rather than overweight.

Figure 38. Prevalence of Year 6 pupils measured as very overweight, 2018/19 to 2022/23

Notes. Includes resident pupils who attend a West Sussex school. Prevalence estimates are based on postcode of residence. Estimates are suppressed when counts are less than 10.



Emergency hospital admissions for self-harm (all ages)

Rates of emergency hospital admissions for self-harm are significantly higher in coastal towns in West Sussex than non-coastal towns.

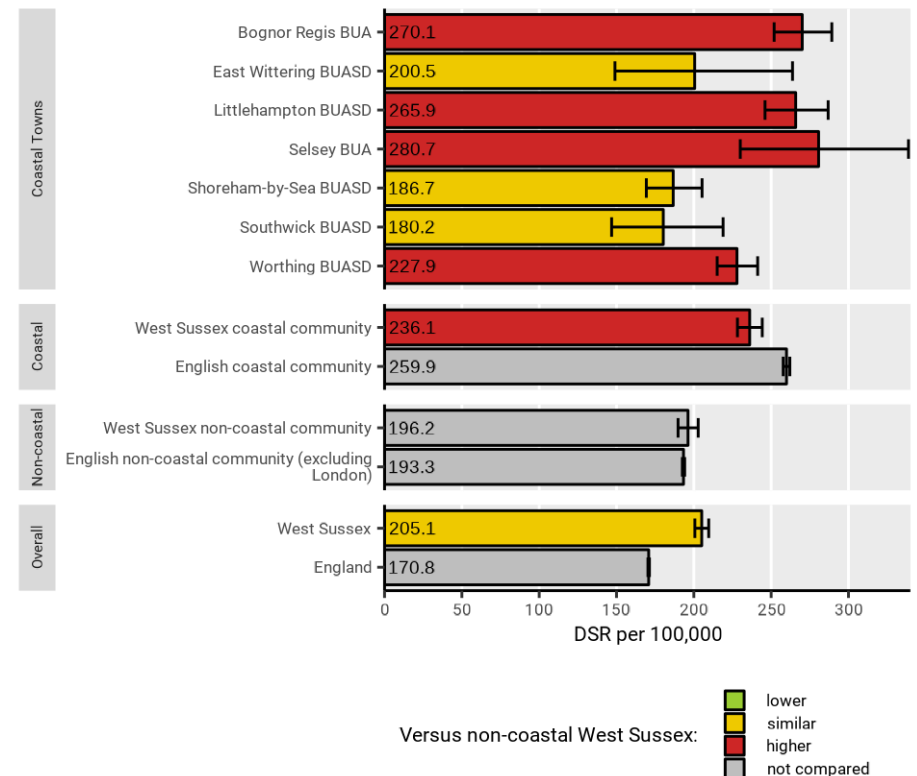
During 2018/19 to 2022/23, there were 3,425 emergency hospital admissions for self-harm in West Sussex coastal towns; this equates to a directly age standardised rate of 236.1 per 100,000 population (Figure 39).

The rate of self-harm admissions in West Sussex coastal towns was significantly higher than non-coastal towns in the county (196.2 per 100,000). The West Sussex coastal rate also exceeded the total for West Sussex (205.1 per 100,000) and England (170.8 per 100,000).

Four of the seven coastal towns in West Sussex (Bognor Regis, Littlehampton, Selsey and Worthing) significantly exceeded the rate for non-coastal towns. Selsey had the highest rate of emergency self-harm admissions (280.7 per 100,000) and Southwick had the lowest rate (180.2 per 100,000).

Figure 39. Directly age standardised rate (per 100,000) of emergency hospital admissions for self-harm (all ages) in coastal West Sussex (2018/19 to 2022/23 pooled)

Notes. rates are based on counts of 10 or more. Data aggregated across 5 years. Denominators combine mid-year estimate for 2018 to 2020, and census 2021 (x2)



Emergency hospital admissions for self-harm (10-24 year olds)

The rate of hospital admissions for self-harm among children and young people aged 10-24 is significantly higher in coastal towns in West Sussex than non-coastal towns.

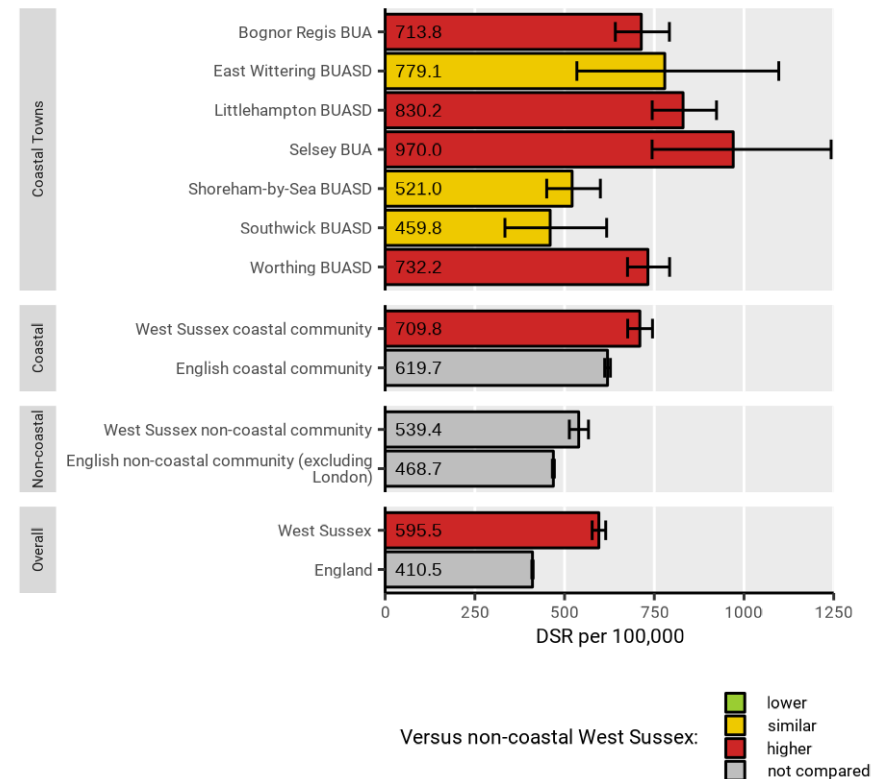
During 2018/19 to 2022/23, there were 1,655 hospital admissions for self-harm among children and young people in West Sussex coastal towns. This equates to a directly age standardised rate of 709.8 per 100,000 population aged 10-24 years (Figure 40).

The rate of self-harm admissions in West Sussex coastal towns was significantly higher than non-coastal towns in the county (539.4 per 100,000). The West Sussex coastal rate also exceeded the total for West Sussex and England.

Four of the seven coastal towns in West Sussex (Bognor Regis, Littlehampton, Selsey and Worthing) significantly exceeded the rate for non-coastal towns. Selsey had the highest rate of self-harm admissions among children and young people (970.0 per 100,000 aged 10-24) and Southwick had the lowest rate (459.8 per 100,000 aged 10-24).

Figure 40. Directly age standardised rate (per 100,000) of hospital admissions for self-harm among children and young people (aged 10-24) in coastal West Sussex (2019/20 to 2022/23 pooled)

Notes. rates are based on counts of 10 or more. Data aggregated across 5 years. Denominators combine mid-year estimate for 2018 to 2020, and census 2021 (x2)



A Public Health approach to reducing health inequalities in West Sussex coastal communities

A Public Health approach

The Public Health approach to improving health and wellbeing and reducing inequalities in our coastal communities is system-wide, collaborative and reflective of our unique coastal places. The starting point for our approach is to recognise and build on the strengths and assets within our coastal areas, with strong communities and a sense of place at its centre. Asset-based approaches place the emphasis on the assets of individuals, communities and the wider system, and focus on what makes us healthy and improves wellbeing and quality of life³⁵.

The following commitments will enable us to build on strengths and assets across coastal West Sussex and work with communities themselves to achieve our shared objectives:

1. Support and strengthen place-based working, including with communities

Our data analysis has shown that coastal communities in West Sussex experience inequalities in health and the wider determinants of health when compared with non-coastal areas in West Sussex. However each of our coastal towns has its own unique character and profile, with differences in population size and demographics, community and culture, and social and economic factors which influence health. For example, although all West Sussex coastal towns have an older age profile than

non-coastal areas, the proportion of people aged over 75 years ranges from 18.6% in Selsey to 10.3% in Southwick.

Coastal West Sussex communities have a strong sense of place which is reflected in what matters to them. For example recent community engagement work in Lancing has captured the community's aspirations for the future of their village, including having well connected, influential communities that are served by and use local resources (see p. 30). In Kimberry, Wick, people have talked about their strong sense of community, the generosity of their neighbours and their love for the place they live – all of which has contributed to the success of their thriving community centre, Chilgrove House (see p. 25).

We will engage with coastal communities to better understand their strengths and assets and what matters to them, in line with the Sussex Health and Care *Working with people and communities strategy*³⁶, and working closely with our Communities directorate and local organisations.

The West Sussex health system has established Local Community Networks (LCNs) which support collaborative working for health at District and Borough level with membership including health, local government and the voluntary and community sector. LCN sub-groups, for example the Angmering Coppice Fitzalan PCN health inequalities sub-group, are a good example of local partnership working in a coastal area of

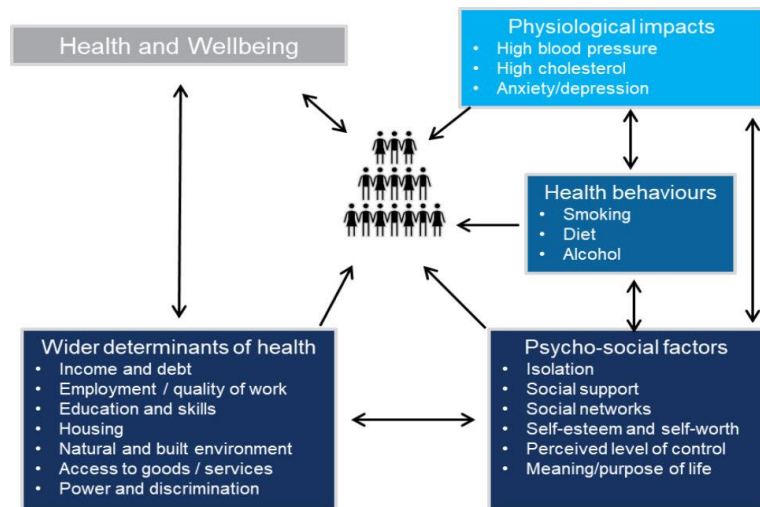
³⁵ Rippon S. and Hopkins T. *Head, hands and heart: asset-based approaches in health care*. 2015. The Health Foundation. Available from: <https://www.health.org.uk/sites/default/files/HeadHandsAndHeartAssetBasedApproachesInHealthCare.pdf>.

³⁶ Sussex Health and Care. *Working with people and communities strategy*. 2022. Available from: [https://www.sussex.ics.nhs.uk/wp-content/uploads/sites/9/2022/10/Working-with-people-and-communities-strategy-FINAL-for-publication .pdf](https://www.sussex.ics.nhs.uk/wp-content/uploads/sites/9/2022/10/Working-with-people-and-communities-strategy-FINAL-for-publication.pdf).

deprivation. Our place-based priorities will reflect what matters to local communities and organisations, including LCN priorities.

Research evidence has shown that place-based interventions can be effective at improving physical health, health behaviours and social determinants of health outcomes³⁷. Public Health England’s guidance *Place-based approaches for reducing health inequalities* provides a framework which reflects the complex mix of environmental and social factors which play out in a local area (Figure 41)³⁸.

Figure 41. PHE’s system map of the causes of health inequalities (adapted from Labonte model)

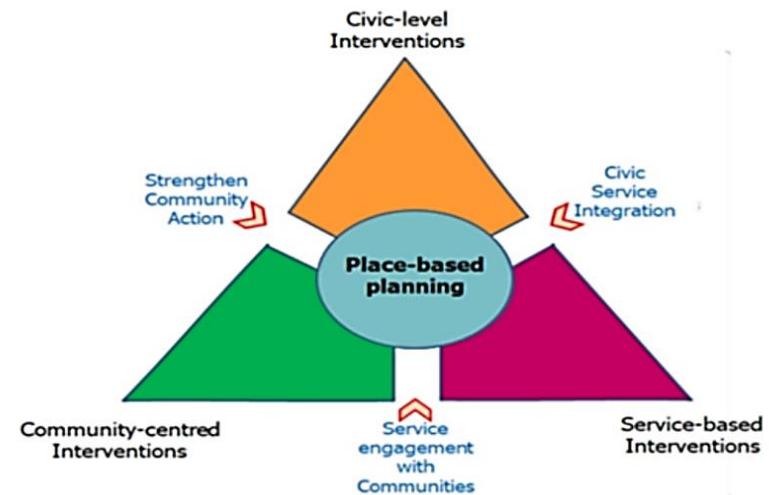


³⁷ McGowan VJ, Buckner S, Mead R, McGill E, Ronzi S, Beyer F, Bamba C. Examining the effectiveness of place-based interventions to improve public health and reduce health inequalities: an umbrella review. *BMC Public Health*. 2021;21:1888. Available from: <https://bmcpubhealth.biomedcentral.com/articles/10.1186/s12889-021-11852-z>

The framework demonstrates the need for a joined-up approach to reducing inequalities in a place, and provides a suite of tools to support action on health inequalities at a local level. The Population Intervention Triangle model (Figure 42) sets out areas for intervention and action for system stakeholders which together can have an impact at local community level.

Figure 42. The Population Intervention Triangle model

Components of the Population Intervention Triangle



³⁸ Public Health England. *Place-based approaches for reducing health inequalities: main report*. 2021. Available from: <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>.

WSCC Public Health will work with partner organisations and communities in coastal West Sussex to plan and deliver place-based action to reduce health inequalities.

2. Harness the power of local anchor institutions to improve the social determinants of health in coastal communities

Anchor institutions are defined as large organisations which are unlikely to relocate, that can have a significant impact on their local populations and economy through various roles including employment, procurement and the use of capital and buildings/estates³⁹. They are particularly important in coastal communities which are likely to have experienced changes in employment sectors over the years, as they are a source of stability. They are often public sector organisations but can also be private and voluntary sector organisations. The NHS and local authorities are major employers in coastal West Sussex and can use their role to improve the social determinants of health in their local communities.

The Chief Medical Officer's 2021 report *Health in coastal communities* included a recommendation for joint working to maximise economic opportunities for coastal communities,

³⁹ SQW. *Evaluation of the Health Anchors Learning Network*. June 2023. Available from: <https://haln.org.uk/haln-evaluation>.

⁴⁰ The Kings Fund. *Anchor institutions and how they can affect people's health*. 2021. Available from: <https://www.kingsfund.org.uk/publications/anchor-institutions-and-peoples-health>.

⁴¹ West Sussex County Council. *Social Value Framework*. 2022. Available from: <https://www.westsussex.gov.uk/business-and-consumers/supplying-wscc-with-goods-or-services/social-value-framework/>.

including maintaining the current focus on the role of the NHS as an anchor institution. Our approach goes beyond the NHS to include local authorities and other large organisations, including businesses. Anchor institutions can have a positive impact on local communities in two main areas – the local economy and the environment, both of which can improve the health of people and communities⁴⁰.

West Sussex County Council is developing its role as an anchor institution, including through a social value framework for procurement and contract management which aims to strengthen and enhance opportunities in delivering social benefit to local communities⁴¹. The social value generated can bring benefits such as employment opportunities for long-term unemployed people or making facilities available to groups who would otherwise struggle to access them. WSCC has also prioritised addressing the barriers faced by people with learning disabilities when they seek employment and is creating jobs for people with a learning disability or autism within the workforce as well as commissioning a supported employment service⁴².

Work has a significant impact on health – healthy workplaces are good for the economy and being in a good job has a positive impact on health⁴³. Good jobs give us an income, social contact, a role, and a purpose in life, although low-paid, stressful work is

⁴² Supported employment West Sussex. <https://www.supportedemploymentwestsussex.org/>.

⁴³ West Sussex County Council. *Good jobs for good health - Annual Public Health Report 2019/20. 2020*. Available from: <https://jsna.westsussex.gov.uk/reports/annual-public-health-report-2019/>.

associated with poor health. The case study of Shoreham Port (see p. 32) is one example of the positive impact a community-focused local organisation can have on the health and wellbeing of their staff through prioritising wellbeing, supportive policies and fair pay, as well as a wider impact on the community and local environment.

3. Work in partnership with the voluntary and community sector and other partners to deliver our shared objectives

The voluntary and community sector (VCS) is a significant asset for improving health and wellbeing in West Sussex. VCS organisations work collaboratively with other partners across the system, including through LCNs in coastal areas, delivering commissioned services and on shared priorities. Public sector organisations and businesses also play a key role in reducing health inequalities, including as anchor institutions, providers of good work, through their products and services and the influence in local communities⁴⁴

The VCS has played a key role in responding to the Covid pandemic and increases in the cost of living. Our analysis has shown that coastal households in West Sussex have received a

relatively greater share of emergency support supermarket vouchers than non-coastal areas since October 2022. Potential health impacts of the increased cost of living include short term impacts such as malnutrition, cold-related mortality, and mental ill-health, as well as longer term negative impacts on health⁴⁵.

The work of both health and non-health charities has a significant impact on reducing health inequalities. VCS organisations are often well-situated to influence social determinants of health, specifically because of the kind of services they deliver and their proximity to the communities they engage with⁴⁶.

The VCS is an essential partner in delivering the NHS social prescribing model which enables primary care to support people with wider social needs, improve their health and wellbeing and reduce health inequalities. Social prescribing links patients with physical or mental health conditions, or people who may be lonely, isolated, or experiencing stress for example, to community-based activities which in many cases are delivered by the VCS⁴⁷. Supporting resilience and ensuring the future sustainability of VCS organisations in coastal West Sussex essential to the effectiveness of social prescribing locally.

⁴⁴ Institute of Health Equity. The business of health equity: the Marmot review for industry. 2022. Available from:

<https://www.instituteofhealthequity.org/resources-reports/the-business-of-health-equity-the-marmot-review-for-industry/read-report.pdf>.

⁴⁵ Broadbent, P. et al. The public health implications of the cost-of-living crisis: outlining mechanisms and modelling consequences. *The Lancet*. 27: 100585. 2023. Available from:

[https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762\(23\)00003-0/fulltext](https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762(23)00003-0/fulltext).

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⁴⁶ UCL Institute of Health Equity. *Voluntary sector action on the social determinants of health*. 2017. Available from:

<https://www.instituteofhealthequity.org/resources-reports/voluntary-sector-action-on-the-social-determinants-of-health/voluntary-sector-action-on-the-sdoh-evidence-review.pdf>.

⁴⁷ Community Fund. *Connecting communities and healthcare: making social prescribing work for everyone*. 2019. Available from:

https://www.tnlcommunityfund.org.uk/media/social_prescribing_connecting_communities_healthcare.pdf?mtime=20190715141932&focal=none.

Sussex Community Foundation has reported the challenges currently being experienced by VCS organisations across Sussex. These are driven largely by the increased cost of living which has led to:

- greater demand for services;
- increased complexity in people’s situations;
- staff and volunteer fatigue and recruitment challenges;
- reconnecting communities after the pandemic;
- and the impact of cost of living increases on their operating costs⁴⁸.

Supporting and working in partnership with the VCS in this context is vital. WSCC and local authority partners provide funding to the voluntary sector support organisations in coastal West Sussex, [Voluntary Action Arun and Chichester](#) and [Community Works](#).

In 2021/22 and 2022/23, West Sussex County Council provided small grant funding to the VCS to support them with ongoing challenges as a result of the Covid pandemic and increased cost of living. The grants process was administered by Sussex Community Foundation and a diverse range of projects were funded. Key benefits reported by VCS organisations were improved mental health and wellbeing, connecting people and communities, health equity and economic security, organisational capacity and development, equality, diversity and inclusion and stronger partnerships⁴⁹.



Figure 43. People at Littlehampton beach

⁴⁸ Sussex Community Foundation. *Winter support and recovery fund: impact and learning report*. 2023.
19/02/2024 Version 1.0

⁴⁹ Sussex Community Foundation. *Winter Support and Recovery Fund: Impact and Learning Report*. 2023.

4. Recognise the impact of creativity and the arts on health and wellbeing, and support creative and cultural activities in our coastal communities

Our West Sussex coastal communities have a thriving arts and culture scene which has been important in the development of the tourism industry and is a significant asset for health and wellbeing. Cinemas such as the Picturedrome in Bognor (a cinema since 1918) and the Dome in Worthing (opened in 1911), the Connaught Theatre in Worthing (1916), museums such as the Marlipins in Shoreham and Littlehampton Museum are the public face of the arts. But creativity, arts and culture go far beyond this and include a diverse network of people and organisations bringing creativity into their lives and communities, as described in the definition below.

Creative Health Review: our definition of creative health

We define creative health as creative approaches and activities which have benefits for our health and wellbeing. Activities can include visual and performing arts, crafts, film, literature, cooking and creative activities in nature, such as gardening; approaches may involve creative and innovative ways to approach health and care services, co-production, education and workforce development.

⁵⁰ APPG on Arts, Health and Wellbeing and the National Centre for Creative Health. [Creative health review: how policy can embrace creative health](https://ncch.org.uk/creative-health-review). 2023. Available from: <https://ncch.org.uk/creative-health-review>.

Creative health can be applied in homes, communities, cultural institutions and heritage sites, and healthcare settings. Creative health can contribute to the prevention of ill health, promotion of healthy behaviours, management of long term conditions, and treatment and recovery across the life course⁵⁰.

There is a growing body of evidence on the benefits of creativity for health and wellbeing. A WHO review found evidence under two themes:

- Within prevention and promotion, the arts can:
 - affect the social determinants of health;
 - support child development;
 - encourage health-promoting behaviours;
 - help to prevent ill health;
 - support caregiving;
- Within management and treatment, the arts can:
 - help people experiencing mental illness;
 - support care for people with acute conditions
 - help to support people with neurodevelopmental and neurological disorders;
 - assist with the management of non-communicable diseases; and
 - support end-of-life care⁵¹.

The All Party Parliamentary Group on Arts, Health and Wellbeing highlight the impact of the Covid pandemic and increased cost of living on people's physical and mental health, as well as on the

⁵¹ Fancourt D. and Finn S. WHO Health Evidence Synthesis Report 67: What is the evidence on the role of the arts in improving health and well-being? A scoping review. 2019. Available from: <https://www.who.int/europe/publications/i/item/9789289054553>.

health and care system. They position creative health as an integral part of community and place-based approaches to reducing health inequalities, and its impact on the social determinants of health as part of a collaborative approach involving communities, VCS, local authorities and health systems. People and communities should be the starting point for creative health initiatives to reduce health inequalities, recognising existing creative, cultural and community assets. Community-led approaches to engaging with creativity can empower people, improve wellbeing, build skills and confidence and develop agency.

In coastal West Sussex, WSCC and partners are working together to support creative health initiatives, with a key role for District and Borough councils. Arun District Council has secured Levelling Up funding for the regeneration of the Regis Centre and Alexandra Theatre in Bognor Regis to transform it into a fit for purpose, state of the art venue, as part of a renewed cultural vision for Bognor. In June 2023, Worthing Borough Council launched the Worthing Festival, a multi-arts festival responding to community conversations asking for more visibility for Worthing's wealth of cultural talent. Supporting cultural activity in coastal West Sussex is a priority for WSCC, with a focus on supporting the creative and cultural industries, community resilience and place-making.

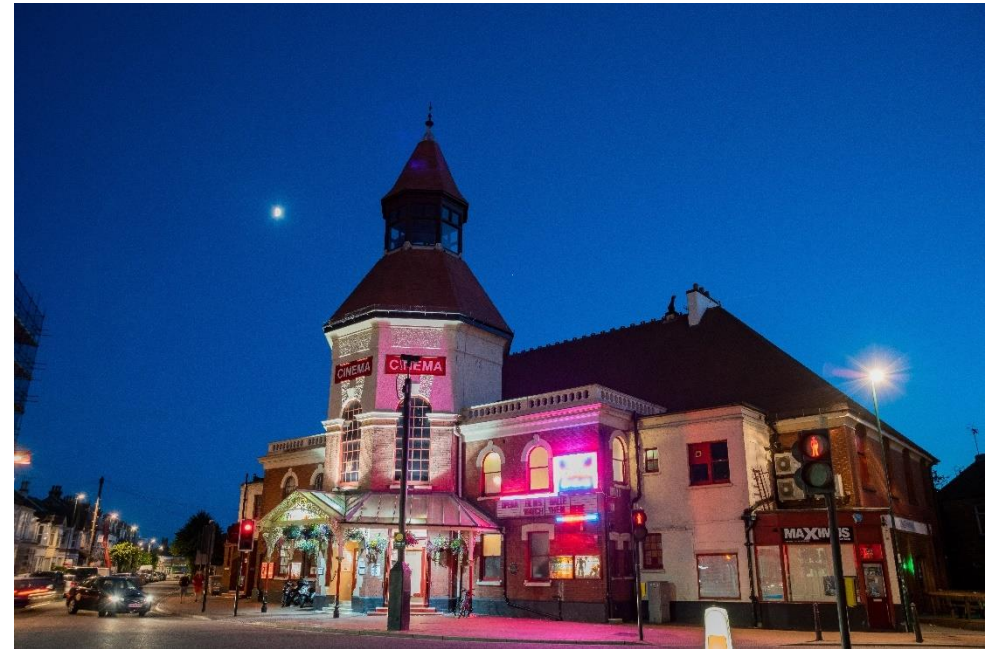


Figure 44. Bognor Picturedrome

Case study: Arts Dream Selsey

Arts Dream Selsey is a voluntary sector organisation which received 12 months' funding from West Sussex County Council and Sussex Community Foundation for the 'Sing your heart out' project in 2021/22. This funded a daytime singing group for people with physical and mental health problems, most of whom were aged 60 years and over.

The group provided a supportive and caring environment for a gentle and engaging activity for people to sing together, make friends and relax through singing. In addition to developing musical knowledge and skills, 'Sing your heart out' provided exercise and stimulation, whilst reducing depression and anxiety through group participation. The group performed a summer concert for friends and family.

"The sessions restored my confidence and self-esteem, and also helped with my asthma. They have brought the other folks and I to bond – it is wonderful for the community."

'Sing your heart out' participant

WSCC libraries are a huge asset for creative and cultural activity in coastal West Sussex, with associated positive benefits for health and wellbeing. There are 16 libraries in our coastal towns, including the smaller towns of Selsey and East Wittering. The

⁵² University of East Anglia, Creative UEA and Health Economics Consulting. *Libraries for living, and for living better*. June 2023. Available from: <https://www.librariesconnected.org.uk/sites/default/files/Libraries%20for%20Living%2C%20and%20for%20Living%20Better.pdf>.

libraries offer a wide range of creative activities for people of all ages, including [Rhymetime](#) for under-5s, [knit and natter](#), [Melody for the mind](#) dementia-friendly singing groups, and the Read on project to help adults in West Sussex learn to read. Library services in England are estimated to generate social benefits to their communities of around £1million for a typical library⁵². Social value benefits include digital inclusion, health and wellbeing, independent living, reducing isolation, and children's literacy and associated outcomes. Libraries are a largely free resource embedded in their communities, and can be seen as being a place of 'sanctuary', giving them a key role in supporting creative health and reducing health inequalities.

East Sussex County Council recently published their creative health position paper setting out the evidence for the benefits of the arts and creativity for improving health and wellbeing, reducing inequalities in participation in creative activities, and the role of the arts in social determinants of health⁵³. The paper outlines their approach and delivery action plan, including an intention to work with partners across the system. East Sussex leadership of this work provides an opportunity to work collaboratively across Sussex on the arts and creative health.

⁵³ Salami-Oru, T. and Devitt, D. *Position paper: creative healthier lives – arts in public health*. 2023. Available from: <https://www.eastsussexjsna.org.uk/resources/the-east-sussex-creative-health-position-paper-september-2023/>.

5. Undertake data analysis, research and community engagement which supports a better understanding of our coastal communities, including health outcomes and the determinants of health

Research exploring the specific health needs of coastal communities is hindered by a lack of sufficiently granular data. The Chief Medical Officer's 2021 report Health in coastal communities includes a recommendation for local authorities, the ONS and NHSE/I to improve on the availability of small area data to enable new research aimed at improving coastal health. Many sources of health data routinely use administrative or health geographies to present their findings. However, this is insufficiently granular to unpick diversity within these areas, which have different challenges and assets.

The core set of indicators we selected aimed to capture aspects of physical and mental health as well as some associated socioeconomic, environmental, and behavioural factors. Whilst the indicators we used set a good foundation for exploring the health needs of our coastal communities, their inclusion was largely influenced by the availability of data. Updated coastal classifications from the ONS are anticipated in early 2024 and will include descriptive analyses exploring differences between coastal and non-coastal communities using demographic data from the 2021 census. However, to fully understand the health gap within coastal areas, we need access to good quality, granular data from a wider range of sources and over time. Record level data for example, would provide opportunities to

examine the interactions between health outcomes and the factors that shape them across coastal and non-coastal areas.

We also recognise that there are gaps in our analyses. For example, we have yet to explore whether issues exist in coastal economies, such as the labour market, examine the quality and availability of educational and healthcare settings, or consider the impact of climate change. Not all coastal areas are the same, and their needs should be examined and addressed differently in local plans and policies.

Research on health inequalities experienced by coastal communities has been prioritised since the publication of the Chief Medical Officer's 2021 report. Locally the NIHR Applied Research Collaboration Kent, Surrey and Sussex and others are supporting research in this area – for example the University of Sussex and partners have recently developed and launched a [digital platform to support mental health in schools and colleges](#).

Public Health will collaborate with internal and external partners to continue to build a shared understanding of health and its determinants in coastal communities through further analysis. This could include capturing coastal geographies in needs assessments, and exploring opportunities for research on coastal health inequalities through academic collaborations such as the [Brighton and Sussex Health Research Partnership and NIHR Applied Research Collaboration Kent, Surrey and Sussex](#). The next phase of development of this framework will be taken forward through engagement and consultation with stakeholders, including joint discussion of the data.

Areas of focus

1. Develop and deliver a system-wide approach to improving Healthy Life Expectancy and reducing the gap in HLE

Improving Healthy Life Expectancy (HLE)⁵⁴, or the number of years a person can expect to live in good health, is prioritised as a strategic goal at national and local level. The Levelling Up white paper identifies improving HLE and reducing the HLE gap as its health mission:

“By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.”⁵⁵

WSCC’s Our Council Plan prioritises improving HLE through the tackling inequalities outcome as part of helping people and communities to fulfil their potential. Healthy life expectancy in West Sussex is comparable to England. In 2017-19, male HLE was 66.0 years and female HLE was 64.8 years. However, for females in West Sussex HLE has dropped since 2011-13, and

⁵⁴ Healthy Life Expectancy definition: a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. From Office for Health Improvement and Disparities. *Understanding the drivers of healthy life expectancy: report*. 2023.

⁵⁵ UK Government. *Levelling up the United Kingdom*. February 2022. Available from: <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom>.

⁵⁶ West Sussex County Council. *Joint Strategic Needs Assessment summary 2021-22*. 2023. Available from: <https://jsna.westsussex.gov.uk/reports/jsna-reports/>.

West Sussex has dropped from 2nd to 10th in a list of comparable local authorities⁵⁶.

HLE data is not available for our coastal geographies. However, there are 2 components which determine HLE: the prevalence of self-reported good health in the population, and mortality rates. Of these, changes in self-reported good health prevalence have a larger impact on HLE than changes in mortality rates⁵⁷.

Our analysis of census data on general health⁵⁸ found that a larger proportion of people living in coastal towns in West Sussex reported that they are not in good health (18.1%) compared to non-coastal towns (15.5%)⁵⁹. This is likely to have an impact on HLE in coastal West Sussex due to the role of self-reported good health in measuring HLE.

Coastal West Sussex has a higher burden of disease than non-coastal areas; the estimated prevalence of major conditions such as COPD and dementia is higher in coastal than non-coastal areas. The rate of premature mortality was also significantly higher in coastal than non-coastal towns.

This significant inequality between the health of people in coastal and non-coastal communities in West Sussex suggests a gap in

⁵⁷ Office for Health Improvement and Disparities. *Understanding the drivers of Healthy Life Expectancy: report*. 2023. Available from: <https://www.gov.uk/government/publications/understanding-the-drivers-of-healthy-life-expectancy/understanding-the-drivers-of-healthy-life-expectancy-report>.

⁵⁸ Respondents were asked to assess their general health on a five-point scale: "Very good", "Good", "Fair", "Bad", or "Very bad".

⁵⁹ Although older populations are more likely to be in poor health, the proportions were age-standardised to account for differences in the age structure of coastal and non-coastal populations.

HLE which should be addressed to reduce health inequalities and improve HLE in West Sussex overall. As well as the inherent unfairness that people living in coastal communities experience a greater burden of poor health with a likely impact on their quality of life, there are associated implications for the capacity of the health and care system to deliver the care needed, impact on employment and economic inactivity, and financial impact at an individual level of living in poor health.

The Chief Medical Officer's annual report 2023 prioritises improving quality of life and reducing the time people spend in poor health, rather than extending life expectancy⁶⁰. The report highlights the inequalities in life expectancy and HLE which mean that people living in the most deprived areas can expect to spend 51.9 years in good health (66.3% of their life) compared to 70.7 years in good health (81.9%) for people in the least deprived areas. Socioeconomic status and educational attainment both have an association with self-reported health⁶¹.

The drivers of HLE, including self-reported good health, are complex, and there is a lack of evidence to inform a strategic, system-wide approach to improving HLE and reducing the HLE gap. Researchers and policy-makers have proposed

⁶⁰ Whitty CJM. *Chief Medical Officer's Annual report 2023: Health in an ageing society*. 2023. Available from:

<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society>.

⁶¹ Office for Health Improvement and Disparities. *Understanding the drivers of Healthy Life Expectancy: report*. 2023. Available from:

<https://www.gov.uk/government/publications/understanding-the-drivers-of-healthy-life-expectancy/understanding-the-drivers-of-healthy-life-expectancy-report>.

⁶² Marteau TM, et al. Increasing healthy life expectancy equitably in England by 5 years by 2035: could it be achieved? *The Lancet*. 2019. 393:2571-3.

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environmental change incorporating fiscal and economic measures, marketing interventions and modifying availability to impact on tobacco, alcohol, food and physical activity⁶². It is important to consider that the factors influencing HLE and associated inequalities are different from those impacting on life expectancy, reflecting the different causes of morbidity and mortality. However, health risk behaviours including smoking, overweight and obesity, and physical inactivity have an impact on both.

Analysis of data for West Sussex from the Global Burden of Disease shows that musculoskeletal (MSK) disorders and mental disorders are the top two causes of Years Lived with Disability in West Sussex⁶³. These conditions are significant causes of morbidity and impose a substantial burden of disability and poor health on the population. Both conditions are also associated with socioeconomic inequalities and deprivation^{64,65}. People with MSK conditions are more likely to have multiple long-term conditions, including poor mental health, and experience other issues such as overweight and physical inactivity. OHID report that poor recent wellbeing and mental ill-health are identified in

Available from: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2931510-7>.

⁶³ WSCC Public Health and Social Research Unit. *Global Burden of Disease in West Sussex*. Available from: <https://wsx-qbd-2019.netlify.app/>.

⁶⁴ Mental Health Foundation. *Tackling social inequalities to reduce mental health problems*. 2020. Available from: <https://www.mentalhealth.org.uk/explore-mental-health/publications/tackling-social-inequalities-reduce-mental-health-problems>.

⁶⁵ Versus Arthritis. *The state of musculoskeletal health 2023*. 2023. Available from: <https://www.versusarthritis.org/media/25650/versus-arthritis-state-msk-musculoskeletal-health-2023-accessible.docx>.

numerous studies as being associated with self-reported poor health.

A recent OHID review found that chronic health conditions and multimorbidity are the clearest drivers of self-reported poor health⁶⁶. The review found a strong association between self-reported poor health and adverse health events, health care utilisation and all-cause mortality, in addition to behavioural and socioeconomic risk factors. Having a long-term condition can affect quality of life. The average quality of life score⁶⁷ for adults who live with a self-reported long-term condition in 2016-17 was lowest for people with a mental health condition (0.49) and second lowest for people with an MSK condition (0.58) compared to people with no long-term health condition (0.92)⁶⁸.

A system-wide approach to improving HLE and reducing the HLE gap in our coastal communities should include a specific focus on MSK conditions, mental health and physical activity, building on local assets such as the [West Sussex Wellbeing hubs](#) and addressing the wider determinants which impact on HLE.



Figure 45. River Adur, 5k swim

⁶⁶ Office for Health Improvement and Disparities. *Understanding the drivers of Healthy Life Expectancy: report*. 2023. Available from: <https://www.gov.uk/government/publications/understanding-the-drivers-of-healthy-life-expectancy/understanding-the-drivers-of-healthy-life-expectancy-report>.

⁶⁷ Measured using the EQ-5D score, a standardised instrument for measuring health status <https://www.gov.uk/government/publications/health-profile-for-england-2018/methods-data-and-definitions#quality-of-life-score-eq-5d>.

⁶⁸ Public Health England. *Health profile for England*. 2018. Available from: <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-3-trends-in-morbidity-and-risk-factors#trends-in-morbidity-by-disease-group>.

Musculoskeletal conditions

As mentioned above, data analysis for West Sussex from the Global Burden of Disease shows that musculoskeletal (MSK) disorders are the top cause of Years Lived with Disability in West Sussex. MSK conditions were estimated to be responsible for almost one in four years of life lived with disability (27,820, 22% of YLDs) in West Sussex in 2019⁶⁹.

The OHID report highlights MSK conditions as a priority in improving self-reported health due to the large, estimated population prevalence of MSK conditions (17.2%), and evidence that people with chronic MSK conditions have over 3 times the odds of reporting poor health than those without.

At an individual level, MSK conditions have an impact on ability to work and earn money, leading to increased risk of poverty. MSK conditions impact on productivity and employers - only 59.4% of people of working age with an MSK condition are in work, and in 2017, MSK conditions were the second biggest cause of sickness absence⁷⁰.

MSK disorders are one of six groups of major health conditions prioritised in the DHSC Major conditions strategy framework⁷¹.

⁶⁹ WSCC Public Health and Social Research Unit. *Global Burden of Disease in West Sussex*. Available from: <https://wsx-gbd-2019.netlify.app/>.

⁷⁰ Department of Health and Social Care. *Musculoskeletal health: a 5 year strategic framework for prevention across the life course*. 2019. Available from: https://assets.publishing.service.gov.uk/media/5d0b44eded915d0939f84803/Musculoskeletal_Health_5_year_strategy.pdf.

Mental ill-health

Mental ill-health is one of the leading causes of Years Lived with Disability in West Sussex and our analysis of QOF data on disease prevalence in coastal towns found mental health to have the second highest coastal effect (37%, page 63).

Our data analysis shows that emergency hospital admissions for self-harm for all ages and for children and young people aged between 10 and 24 are significantly higher in West Sussex coastal towns than non-coastal towns (pages 66-67). West Sussex Public Health is currently undertaking a public mental health needs assessment to review the mental health needs of the local population across the lifespan in response to the high levels of mental health need in the local population, which has been exacerbated by the impact of the COVID-19 pandemic and other challenges including cost of living, climate change and workforce. Public Health is developing a suicide prevention framework and action plan for West Sussex, and commissions the pan-Sussex Self Harm Learning Network which offers training, learning and peer support.

Mental health disorders are one of six groups of major health conditions prioritised in the DHSC Major conditions strategy framework, and severe mental illness is one of the clinical

⁷¹ Department for Health and Social Care. *Major conditions strategy: case for change and our strategic framework*. 2023. Available from:

<https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2>.

priorities in the NHS Core20PLUS5 framework for reducing inequalities⁷².

Physical activity

While the OHID report found evidence of associations between self-reported poor health and smoking, overweight and obesity, the most consistent finding is related to physical activity – where increased physical activity significantly reduces the odds of self-reporting poor health. Supporting regular physical activity can have a positive impact on health and wellbeing, and for people with MSK conditions reduces pain and disability, and helps with other long-term conditions. Exploring small area estimates of physical activity within coastal areas⁷³ is an area for further research

2. Reduce barriers to education and learning for children and young people living in poverty

Our analysis identified that the proportion of pupils eligible for free school meals (FSM) is higher in coastal West Sussex (17.4%) when compared with non-coastal areas of the county

⁷² NHS England. *Core20PLUS5 – an approach to reducing healthcare inequalities*. Available from: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>.

⁷³ Such as Active Sussex inactivity estimates, available from <https://www.activesussex.org/insight-and-funding/inactivity-maps/>

⁷⁴ Department for Education. *Academic year 2022/23 – Schools, pupils and their characteristics*. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>.

(14.7%, page 47). The proportion of children eligible for FSM is particularly high in East Wittering at 27.9%, although this is based on a single school. The proportion of children eligible for FSM has been increasing nationally and in 2023 was 23.8%, up from 22.5% in 2022⁷⁴. However, changes to eligibility⁷⁵ mean it is hard to quantify the extent to which this reflects increasing numbers of children living in low income families.

The prevalence of healthy weight among 10-11 year olds is lower in coastal West Sussex towns compared with non-coastal towns, and our analysis showed that one in five 10-11 year olds were very overweight in coastal West Sussex towns, significantly exceeding non-coastal areas (page 65). Nationally 31.3% of Y6 children are living with obesity in the most deprived areas, compared with just 13.5% in the least deprived areas⁷⁶.

The 2022 National Dental Survey suggested children living in the most deprived areas of the country were almost three times as likely to have experience of dental decay as those living in the least deprived areas⁷⁷.

The drivers of poverty for families are low-paid, insecure jobs, being out of work, high costs and insufficient benefits; high

⁷⁵ Transitional protection arrangements relating to the introduction of Universal Credit mean that all students receiving free meals from 1 April 2018 will continue to receive free meals until March 2025.

⁷⁶ NHS Digital. *National Child Measurement Programme 21-22. 2022*. Available from: <https://digital.nhs.uk/news/2022/national-child-measurement-programme-21-22>.

⁷⁷ OHID. *National Dental Epidemiology Programme for England: oral health survey of 5 year old children 2022. 2023*. Available from: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022/national-dental-epidemiology-programme-ndep-for-england-oral-health-survey-of-5-year-old-children-2022>.

housing and childcare costs also have an impact on families⁷⁸. Recent increases in the cost of living have had a disproportionate impact on families living on a low income who spend a higher proportion of their budget on food and energy costs, both of which have seen high inflation.

Child poverty has a serious impact on child health, and children from the most deprived backgrounds experience much worse health compared with the most affluent. Children living in poverty are more likely to have poorer health outcomes including low birth weight, poor physical health including acute and long-term illness, and mental health problems⁷⁹. The day to day impacts of poverty for children can include less healthy food, living in a cold home, lack of access to hygiene products, greater risk of adverse childhood experiences, poor housing, not going on school trips or to clubs and being bullied.

The health impact of growing up in poverty continues throughout adult life. Professor Sir Michael Marmot prioritised two policy objectives focused on children and young people, 'Give every child the best start in life' and 'Enable all children, young people and adults to maximise their capabilities and have control over their lives', and gave the highest priority to reducing child health inequalities due to their impact across the life course⁸⁰.

⁷⁸ Child Poverty Action Group. *The causes of poverty*. Available from: <https://cpag.org.uk/child-poverty/causes-poverty>.

⁷⁹ Royal College of Paediatrics and Child Health. *Child health inequalities driven by poverty in the UK: our position statement*. 2022. Available from: <https://www.rcpch.ac.uk/resources/child-health-inequalities-position-statement>.

⁸⁰ Marmot M. Goldblatt P. Allen J. et al. *Fair society, health lives (The Marmot review)*. 2010. Available from: <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>.

Education and the acquisition of skills are strongly associated with positive long-term outcomes including better employment, income, and physical and mental health.

West Sussex organisations have come together to improve outcomes for children and young people through the Children First Partnership, which includes local government, health services, education providers, VCS organisations and children, young people and families. The Children First Partnership have set out their priorities for West Sussex in the Children and Young People's Plan, including providing the earliest possible support to families on low incomes to minimise the impact this has on their lives, and closing the disadvantage gap for children and young people across all key stages⁸¹. There is a significant amount of work going on across the system to deliver the plan. In addition Sussex Health and Care is leading work to reduce health inequalities for children and young people in line with the NHS England Core20PLUS5 framework⁸².

The Sussex Perinatal Equalities and Equity Plan will improve equity for pregnant and birthing people from at-risk groups, including black, Asian and minority ethnic groups, those living in the most deprived areas, and those of young maternal age, and improve the equality of experience for maternity & neonatal staff

⁸¹ Children and young people's plan: 2022-25. 2022. Available from: https://www.westsussex.gov.uk/media/18428/children_young_people_plan_22_25.pdf.

⁸² NHS England. *Reducing health inequalities for children and young people*. Available from: <https://www.england.nhs.uk/publication/core20plus5-infographic-children-and-young-people/>

from BAME groups. West Sussex County Council and the Integrated Care Board are developing the West Sussex Early Years and Childcare Strategy, which will support closer partnership working to improve outcomes for children and families and to close the gap between our least advantaged children and their peers. There are [significant changes to childcare entitlement](#) coming in from April 2024 through to September 2025. Access to the digitised [Healthy Start Scheme](#), which supports low income families to buy healthy food and milk, is a national and local area of focus.

Although school readiness was not included in our data analysis, West Sussex compares poorly or similarly to England across the different school readiness measures, and performs significantly worse for children with FSM status⁸³. The Marmot Report recommended supporting families to develop children’s skills and highlighted the importance of positive attachment between a young child and their primary care-giver⁸⁴.



Figure 46. Canoeing, Shoreham-by-Sea

⁸³ West Sussex County Council. *Joint Strategic Needs Assessment 21/22*. 2023. Available from: https://jsna.westsussex.gov.uk/assets/pdf/west_sussex_jsna_summary_2122.pdf.

⁸⁴ Marmot M. Goldblatt P. Allen J. et al. *Fair society, health lives (The Marmot review)*. 2010. Available from: <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>.

Priorities for future data analysis and research include educational attainment, children and young people's aspirations, social mobility, and outcomes for young people not in education, employment or training – all of which have an impact on health. A current relevant research study led by UCL is exploring the ways in which growing up in a coastal town can impact on young people's life chances - their likelihood of having good outcomes in adulthood in terms of education, work, housing, and health and wellbeing⁸⁵.

Trauma-informed approaches

Childhood poverty is strongly associated with an increased odds of a child reporting adverse childhood experiences (ACEs) such as being sexually abused, coping with parental separation, or their parents experiencing issues with mental health, drug or alcohol abuse⁸⁶. There is growing awareness of the potentially damaging effects of ACEs and the role of trauma-informed practice in the early years and childhood, and in health and education settings⁸⁷. Resources available to support trauma-informed schools are available from organisations such as [Young Minds](#).

Whole school approaches to mental health and wellbeing are supported in West Sussex through collaborative working between Public Health and Education. Public Health data analysis mapping

FSM and deprivation across the county has informed an approach to mental health support which targets areas of greatest need, including within coastal West Sussex. A whole-school approach should also be used to develop life-long healthy eating and physical activity practices.

The cost of the school day

Since the Covid pandemic the proportion of pupils being 'persistently absent' from school or college has doubled nationally, and children eligible for FSM are more than twice as likely as their peers to be persistently absent⁸⁸. Insight from families has shown that costs associated with going to school and stretched family finances are affecting children's attendance. The cost of going to school in the UK is £18.69 a week for primary school and £39.01 for secondary school, which creates a real barrier for children from low-income families.

National work from the Child Poverty Action Group on the cost of the school day has focused on mitigating the impact of poverty for low-income families and children, including barriers to accessing and participating fully in school, and addressing issues

⁸⁵ UCL Global Youth. New ESRC funded project: The impact of coastal towns on young people's life chances across the lifecourse. Available from: <https://blogs.ucl.ac.uk/global-youth/2022/09/29/new-esrc-funded-project-the-impact-of-coastal-towns-on-young-peoples-life-chances-across-the-lifecourse/>.

⁸⁶ University College London. *Children in poverty at greater risk of childhood traumas*. 2020. Available from: <https://www.ucl.ac.uk/news/2020/jul/children-poverty-greater-risk-childhood-traumas>.

⁸⁷ National Lottery Community Fund. Trauma-informed practice in early child development. 2021. Available from: <https://www.tnlcommunityfund.org.uk/media/insights/documents/ABS-Insight-4-Trauma-Informed-Practice-FINAL.pdf>

⁸⁸ Child Poverty Action Group. *How school costs make it harder to go to school*. 2023. Available from: <https://cpag.org.uk/news-blogs/news-listings/how-school-costs-make-it-harder-go-school>.

such as stigma, shame, discrimination and bullying^{89,90}. Resources such as the [Turning the page on poverty toolkit](#) can support action to reduce the impact of poverty on children and young people in school.

3. Create healthy coastal environments to support healthier lives

As outlined above, the prevalence of healthy weight among 10-11 year olds is lower in coastal West Sussex towns compared with non-coastal towns, and one in five 10-11 year olds in coastal West Sussex towns were very overweight (page 65). A consistently higher proportion of pupils are eligible for free school meals in coastal areas of West Sussex, and coastal households have received a greater share of supermarket vouchers than non-coastal areas from the WSCC community hub.

Unhealthy behaviours such as smoking, physical inactivity, unhealthy diet and alcohol consumption are risk factors for ill-health. However, these behaviours are influenced by socioeconomic conditions and shaped by environmental factors. Everyone does not have the same opportunity to be healthy –

wider determinants of health and the context in which we live play a major role. We can address the wider determinants of health behaviours through creating environments which are good for our health, for example better access to affordable, healthy food, and physical environments which enable people to be active and improve mental health.

The increase in cost of living is having an impact on people's health through limiting the ability of people living on a low income to be able to afford the essentials for a healthy life, including food, rent, heating and transport. This is likely to have wide-ranging negative impacts on mental and physical health and well-being in the short and longer term, including through health behaviours, material and psychosocial impacts⁹¹. Participants in the Lancing community engagement process talked about the impact of the cost of living on their finances and mental health, the use of food banks and the need for better access to healthy food⁹².

The built and natural environments can be barriers or enablers to healthy behaviours in neighbourhoods and communities. This encompasses the environment in which people live, work and play, including schools, workplaces, homes, communities, and green and blue spaces. For example, the dominance of fast food

⁸⁹ McKinney, S. The relationship of child poverty to school education. *Improving schools*. 2014, 17:3. Available from:

<https://journals.sagepub.com/doi/abs/10.1177/1365480214553742>.

⁹⁰ Child Poverty Action Group. *Cost of the school day: breaking down the financial barriers to education*. Available from: <https://cpag.org.uk/cost-of-the-school-day>.

⁹¹ Broadbent P. et al. The public health implications of the cost-of-living crisis: outlining mechanisms and modelling consequences. *The Lancet*. 27:1000585. April 2023. Available from:

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[https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(23\)00003-0/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(23)00003-0/fulltext).

⁹² Adur District Council and Lancing Parish Council. *Lancing - now and into the future*. 2023. Available from: <https://www.adur-worthing.gov.uk/lancing-now-and-into-the-future/>

outlets locally rather than shops selling affordable fresh food limits people's choices.

Evidence shows that five key components of the environment can impact on health behaviours: neighbourhood design, housing, healthier food, natural and sustainable environment, and transport⁹³. Taking evidence-based action in these areas can impact positively on the social, economic and environmental circumstances that determine health and wellbeing.

The West Sussex approach to neighbourhood design and planning for health and wellbeing is set out in the *Creating healthy and sustainable places* framework⁹⁴. The framework highlights the impact of climate change on health and wellbeing, including extreme weather events such as heatwaves and flooding (see below).

There are commonalities between the actions needed to mitigate the impact of climate change and the increased cost of living, for example energy efficiency and home insulation, using resources more efficiently and active travel. The WSCC Climate Change Strategy commitment to supporting and growing the local green economy, including tourism and skills development, provide opportunities for coastal communities in addressing the social and economic determinants of health.

⁹³ Public Health England. *Spatial planning for health: an evidence resource for planning and designing healthier places*. 2017. Available from: <https://www.gov.uk/government/publications/spatial-planning-for-health-evidence-review>.

⁹⁴ West Sussex County Council. *Creating healthy and sustainable places: a public health and sustainability framework for West Sussex*. 2021. Available from:

Coastal West Sussex has many assets in relation to the environment, including the benefit of blue space through its proximity to the sea and beaches, and the green space of [South Downs National Park](#). However evidence shows that there are inequalities in access to green and blue space, including in relation to ethnicity, deprivation, income and disability^{95,96}.

https://www.westsussex.gov.uk/media/15845/creating_healthy_and_sustainable_places_ws.pdf.

⁹⁵ Friends of the Earth. *England's green space gap*. 2020. Available from: <https://policy.friendsoftheearth.uk/insight/englands-green-space-gap>.

⁹⁶ Scottish Government. *Inequalities in access to blue space*. 2023. Available from: <https://www.gov.scot/publications/inequalities-access-blue-coastal-space-scotland-research-report/pages/5/>.



Figure 47. Littlehampton Waterfront Festival

Housing

The CMO report on health in coastal communities highlights poor quality housing as a significant challenge in coastal areas⁹⁷. Private rental accommodation, Houses of Multiple Occupation (HMOs) and static caravan parks are more common in some coastal areas and present health challenges.

Coastal West Sussex generally has a higher proportion of home ownership and privately rented accommodation, and a lower proportion of households in the social rented sector when compared to non-coastal areas of the county (page 52). A greater proportion of households live in part of a converted or shared house, including bedsits, or in a temporary structure, such as a static caravan, in coastal towns than non-coastal towns (page 54). 5.2% of households in coastal West Sussex live in part of a converted or shared house, including bedsits, compared to 1.5% in non-coastal areas. In Worthing the proportion is 8.6%. In coastal West Sussex there are around over 900 households living in a caravan or other mobile/temporary structure, 0.7% of coastal households compared to 0.3% of non-coastal households.

Fitzalan Medical Practice in Littlehampton recently undertook a project to engage with people living in two local static caravan communities to understand their health needs, develop personal care and support plans, and increase uptake of preventive services. 75% of residents were aged 50 and over and 67% said that they had a long-term health condition. Barriers to accessing healthcare included housing problems and lack of transport;

⁹⁷ Whitty CJM. *Chief Medical Officer's Annual Report 2021: Health in Coastal Communities*. July 2021. Available from: 19/02/2024 Version 1.0

<https://www.gov.uk/government/news/chief-medical-officer-annual-report-2021>.

social prescribing played a key role in supporting people to access primary care.

People living in privately rented homes are more likely to live in non-decent housing⁹⁸ than those in owner-occupied or social rented housing⁹⁹. Almost a quarter of private rented homes (23%) were non-decent in 2020, compared with 11% of social rented homes. Non-decent housing is associated with a range of health problems, including hazards that can cause injury and the health impact of cold, damp homes. The number of people aged 50 and over living in privately rented homes has doubled since 2001¹⁰⁰. More than one in three people of pension age in the private rented sector are living in relative poverty, making it difficult for them to improve their home.

The number of households living in temporary accommodation has risen by 89% over the last 10 years, with associated high costs to local authorities¹⁰¹. A shortage of social housing and the increase in cost of living, including rent, have contributed to increasing homelessness and led to councils housing people in private temporary accommodation. Local Housing Allowance rates were restored to the 30th percentile of local rents in the Autumn Statement 2023 which is likely to improve low income households' ability to afford private rent.

Access to affordable, healthy food

⁹⁸ A non-decent home is one with a hazard or immediate threat to a person's health, not in a reasonable state of repair, lacking modern facilities or not effectively insulated or heated.

⁹⁹ The Health Foundation. *Proportion of households living in non-decent homes by tenure*. 2023. Available from: <https://www.health.org.uk/evidence-hub/housing/housing-quality/trends-in-non-decent-homes-by-tenure>.

¹⁰⁰ Centre for Ageing Better. *The State of Ageing 2023-24*. 2023. Available from: <https://ageing-better.org.uk/homes-state-ageing-2023-4>.

The findings above in relation to the higher proportion of pupils eligible for FSM, lower prevalence of healthy weight among 10-11 year olds, and greater share of emergency supermarket vouchers distributed in coastal West Sussex towns suggest that improving access to affordable, healthy food should be a priority in coastal West Sussex. Nine small coastal areas are among the 30% most deprived neighbourhoods in the country on the [Priority Places for Food Index](#); five of these areas are in Littlehampton, three in Bognor Regis and one in Worthing.

The food we eat has a significant impact on disease prevention, living well with long term conditions and our wider health and wellbeing. However, our food system and environment make it more difficult and expensive for people to access healthy food than unhealthy food. The most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the Eatwell Guide, the Government recommended healthy diet, and more healthy foods are over twice as expensive per calorie as less healthy foods¹⁰².

Coastal West Sussex has the significant asset of two food partnerships:

- [Arun & Chichester Food Partnership](#) which aims to make good food accessible to all across Arun and Chichester

¹⁰¹ Local Government Association. *£1.74 billion spent supporting 104,000 households in temporary accommodation*. October 2023. Available from: <https://www.local.gov.uk/about/news/ps174-billion-spent-supporting-104000-households-temporary-accommodation>.

¹⁰² The Food Foundation. *The broken plate 2023*. Available from: <https://foodfoundation.org.uk/publication/broken-plate-2023>.

through delivering their Good Food Strategy priorities, including food that is good for our health.

- [Adur & Worthing Food Partnership](#) which works towards a healthy, sustainable and equitable food system in Adur and Worthing.

In 2024 West Sussex Public Health will lead the development of a strategic whole systems approach to food and nutrition for all ages across West Sussex to improve the health of the local population and reduce inequalities, which will include a focus on coastal communities and build on the work of the coastal food partnerships. The approach will be informed by a food and nutrition needs assessment, including analysis of data for coastal geographies.

Flooding

Coastal areas are exposed to more risk from the impact of climate change due to flooding, and deprived coastal communities experience significant inequalities for high and medium likelihood of flooding¹⁰³. Coastal communities may be more vulnerable to the impacts because of socio-economic issues such as older and transient populations, low employment levels and seasonality of work, physical isolation and poor transport links¹⁰⁴. Experiencing flooding has an adverse impact on mental

health, with an increase in mental health problems which persists for 3 years¹⁰⁵.

WSCC's Local Flood Risk Management Strategy includes supporting communities to help them to become more resilient to future flood risk as one of its objectives¹⁰⁶. Community resilience and social cohesion are recognised as protective factors against some of the mental health impacts of flooding¹⁰⁷.

Alcohol use and substance misuse in West Sussex

Our data analysis has not yet included data on alcohol use and substance misuse in coastal West Sussex and we have identified this as a priority for future work. However West Sussex county and district and borough level analysis provides broader context relevant to our coastal towns, and a detailed analysis on understanding drug demand in Bognor Regis was undertaken in 2021.

West Sussex Health Equity Audit

The [West Sussex Alcohol Health Equity Audit Series](#) is an ongoing programme of work to understand the picture of people drinking alcohol at hazardous, harmful or probable dependent levels across the county with a particular focus on how fairly resources, opportunities and access are distributed according to the needs of different groups of people. The HEA series is intended to provide local evidence to support

¹⁰³ Environment Agency. Social deprivation and the likelihood of flooding Chief Scientist's Group report. 2022. Available from: https://assets.publishing.service.gov.uk/media/6270fe448fa8f57a3cdbbeb9/Social_deprivation_and_the_likelihood_of_flooding_-_report_2.1.pdf.

¹⁰⁴ Joseph Rowntree Foundation. *Impacts of climate change on disadvantaged UK communities*. 2020. <https://www.jrf.org.uk/impacts-of-climate-change-on-disadvantaged-uk-coastal-communities>.

¹⁰⁵ Public Health England. *The English National Study of Flooding and Health: summary of the evidence generated to date*. 2020. Available from:

https://assets.publishing.service.gov.uk/media/5e6bb75fd3bf7f2695546ba8/Summary_of_findings_NSFH_January_2020_Final_for_DsPH_3.pdf.

¹⁰⁶ West Sussex County Council. *Draft Local Flood Risk Management Strategy*. 2021. Available from:

https://www.westsussex.gov.uk/media/18047/draft_lfrms_2021to2026.pdf.

¹⁰⁷ UK Health Security Agency. How to prepare for flooding. 2023. Available from: <https://www.gov.uk/government/publications/flooding-and-health-advice-for-frontline-responders/how-to-prepare-for-flooding>.

4. Ensure our coastal communities are a good place to grow old

West Sussex coastal towns generally have an older age profile than non-coastal towns, with higher proportions of older residents and fewer working age adults and children (page 11). This is demonstrated by old age dependency ratios¹⁰⁸ which are higher than the average for West Sussex non-coastal towns. The old age dependency ratio in Selsey is 727 per 1,000 working age adults, compared to 332 in Southwick and a non-coastal average of 315.

The higher prevalence of major conditions in coastal West Sussex is impacted by the older age of residents, as people often experience more ill-health as they get older. The high unadjusted coastal effect seen in coastal West Sussex for conditions such as COPD and dementia are related to ageing to an extent.

People living in coastal towns in West Sussex provide more unpaid care than people in non-coastal towns, even after adjusting for age (page 16). The highest proportion of unpaid carers is in Selsey (9.3%), which also has the oldest age profile of our coastal towns. In England there is a higher percentage of people providing unpaid care in the most deprived areas, and older age groups provide the highest hours of unpaid care per week¹⁰⁹.

[releases/higher-proportion-of-unpaid-carers-in-the-most-deprived-areas-of-england-and-wales/](#).

equitable access to treatment and outcomes, whilst underpinning the development of a strategic approach to alcohol in West Sussex.

A Short Read summary report is available now which provides an overview of the findings and recommendations with further detailed reports published in time.

Based on an estimated population of 726,900 residents (aged 16 and over) and a national prevalence assumption of increasing or higher risk drinking (AUDIT score 8 and over) we estimated that approximately 133,600 people in West Sussex are consuming alcohol at levels risky to their health and may benefit from support. This includes more than 8,000 residents drinking at probable dependence levels.

Understanding and reducing drug demand: Bognor Regis analysis 2021

Following a Home Office locality review into Bognor Regis communities, a recommendation was made to increase Public Health approaches to address high levels of substance misuse and related community impacts. A multiagency working group developed a framework for understanding individual and community-level vulnerabilities and resilience, to target partnership activity and improve local outcomes. This [pilot approach](#) has been incorporated into the West Sussex Combatting Drugs Partnership plan and local profiles are being developed for all district and borough localities.

¹⁰⁸ Old-age dependency ratio is the ratio of the population who are aged 65+, relative to the size of the population aged 16 to 64 years.

¹⁰⁹ Carers UK. *Higher proportion of unpaid carers in the most deprived areas of England and Wales*. 2023. Available from: <https://www.carersuk.org/press-19/02/2024> Version 1.0

Unpaid caring is a social determinant of health; carers experience poor physical and mental health, and have unmet care and support needs themselves¹¹⁰. [Carers Support West Sussex](#) provide support to family and friend carers in coastal communities, including support with the increased cost of living which has had a disproportionate impact on carers. The [West Sussex Joint commitment to family and friend carers](#) sets out six priorities for carer support locally.

In coastal areas of West Sussex, our data analysis shows that the availability of care home beds has fallen from 2016, despite older and ageing populations in these areas. Coastal areas also have fewer nursing home beds per 100 people aged 75+ than non-coastal areas of the county (page 57). This is in line with the national picture which has seen the number of both care home beds and nursing home beds per 100 people aged 75+ fall since 2012¹¹¹. The strategy for adult social care in West Sussex identifies five priorities including building relationships and connections, empowerment, home, addressing gaps, and inclusion and tackling inequalities¹¹².

The older age profile of populations in coastal West Sussex towns is in line with the national picture outlined in the Chief Medical Officer's Annual report 2023, which finds that people are moving out of cities and large towns before old age to coastal,

semi-rural or peripheral areas¹¹³. While people living longer is a success story for public health, there is a need nationally and locally to understand the implications of increasingly older populations in coastal areas, and to plan for it to ensure our coastal communities are a good place to grow old. This includes recognising that many older people experience good quality of life, and that the contribution of older people to our communities is significant, for example through working, caring, volunteering, supporting social connections and sharing knowledge and skills.

The focus of the CMO report is on improving quality of life for as long as possible, rather than longevity – and the report recommends that the aim of public health and medicine should be delaying disease to the greatest possible extent. There are significant inequalities nationally in life expectancy and healthy life expectancy linked to deprivation. Females living in the 10% most deprived areas of England have a shorter life expectancy and spend around a third of their life in poorer health, whereas females in the most affluent areas spend less than a fifth of their life living in poorer health (Figure 48).

¹¹⁰ Public Health England. *Caring as a social determinant of health*. 2021. Available from: https://assets.publishing.service.gov.uk/media/60547266d3bf7f2f14694965/Caring_as_a_social_determinant_report.pdf.

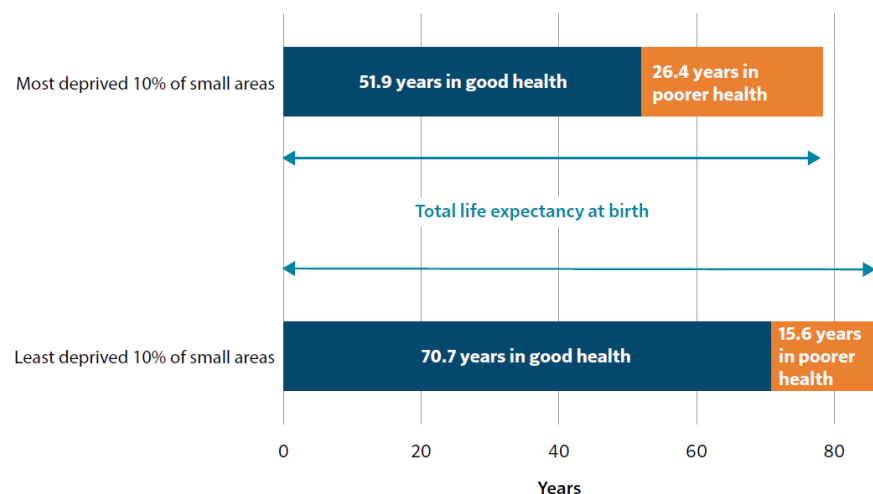
¹¹¹ The Nuffield Trust. *Care home bed availability*. 2023. Available from: <https://www.nuffieldtrust.org.uk/resource/care-home-bed-availability>.

¹¹² West Sussex County Council. *Adult Social Care Strategy*. 2022. Available from: <https://www.westsussex.gov.uk/social-care-and-health/publications-19/02/2024> Version 1.0

[policies-and-reports/social-care-and-health-policy-and-reports/adult-social-care-strategy/](#).

¹¹³ Whitty CJM. *Chief Medical Officer's Annual report 2023: Health in an ageing society*. 2023. Available from: <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society>.

Figure 48. Inequality in life expectancy and healthy life expectancy at birth for females in the most and least deprived areas of England, 2018 to 2020



From: Whitty CJM. *Chief Medical Officer’s Annual report 2023: Health in an ageing society*. 2023.

In our analysis, similar health inequalities are demonstrated in the significantly higher rate of premature mortality in West Sussex coastal towns compared to non-coastal towns, and the larger proportion of people in coastal towns in West Sussex living in not good health compared to non-coastal towns (page 60-61).

¹¹⁴ PHE. Health inequalities in ageing in rural and coastal communities. 2019. Available from: <https://www.gov.uk/government/publications/health-inequalities-in-ageing-in-rural-and-coastal-areas>.

The CMO report identifies two broad approaches to improving quality of life and maintaining independence: action to reduce disability and ill health; and action to adapt the environment to allow an individual with a disability to live as independent and enjoyable a life as possible. The first approach is addressed in our first area of focus, to develop and deliver a system-wide approach to improving Healthy Life Expectancy and reducing the gap in HLE (see page 78).

A recent PHE evidence review looking at health inequalities in older populations in coastal areas recommended interventions for people at risk of social isolation or exclusion, increased physical activity, improving accessibility of services, and community and asset-based approaches¹¹⁴.

Physical environments for ageing well

Physical environments that promote independence include a built environment that promotes active travel, has accessible public transport, feels safe, and makes social and cultural activities accessible. Suitable, good quality housing plays a significant role – affordable, warm, safe, with appropriate modifications, and meeting the minimum standard for accessible housing¹¹⁵. WSCC offers various services to support people to live independently in their home, for example Public Health funds the Fire & Rescue Service to undertake [safe and well visits](#) to people at home, which include advice on wellbeing and reducing the risk of falls.

¹¹⁵ DLUHC/MHCLG. Raising accessibility standards for new homes: summary of consultation responses and government response. 2022. Available from: <https://www.gov.uk/government/consultations/raising-accessibility-standards-for-new-homes/outcome/raising-accessibility-standards-for-new-homes-summary-of-consultation-responses-and-government-response>.

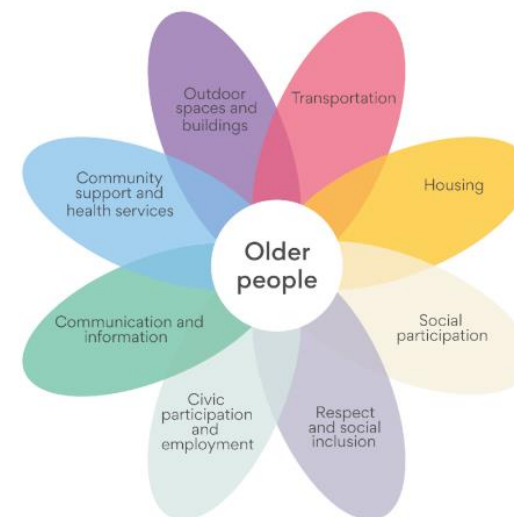
The West Sussex *Creating healthy and sustainable places framework* provides public health guidance to decision makers about creating healthy and sustainable places and communities, including the importance of meeting housing needs for older and disabled people and designing age-friendly public spaces¹¹⁶.

People living in deprivation are more likely to live in poor quality housing and have fewer options to improve their home, meaning improvements should be targeted at older people living on a low income. The number of people aged 50 and over living in privately rented homes nationally doubled between 2001 and 2021, with associated greater likelihood of financial insecurity and of living in a non-decent home¹¹⁷.

Age-friendly communities

Age-friendly communities provide a framework through which the determinants of healthy ageing could be improved in coastal West Sussex. An Age-friendly community is a place that enables people to age well and live a good later life, supporting people to live independently and contribute to their communities. The Age-friendly communities framework includes eight domains that places can address to improve their structures and services to meet older people's needs (Figure 49). The framework includes aspects of the physical environment such as housing, outdoor spaces and buildings and transport, as well as recognising the importance of being able to participate in the community¹¹⁸.

Figure 49. Eight domains of Age-friendly Communities



Centre for Ageing Better <https://ageing-better.org.uk/age-friendly-communities/eight-domains>

District, borough and county councils can become age-friendly by making a political commitment, and establishing priorities for improving their structures and services, improving each domain over time. Engaging with older people and local stakeholders provides a basis for developing action on one or more of the age-friendly domains.

¹¹⁶ West Sussex County Council. *Creating healthy and sustainable places*. Available from: https://www.westsussex.gov.uk/media/15845/creating_healthy_and_sustainable_places_ws.pdf.

¹¹⁷ Centre for Ageing Better. *The State of Ageing 2023-24*. 2023. Available from: <https://ageing-better.org.uk/homes-state-ageing-2023-4>.

¹¹⁸ Centre for Ageing Better. What's an age-friendly community? Available from: <https://ageing-better.org.uk/age-friendly-communities/eight-domains>.

Next steps

This framework for action to reduce health inequalities in coastal West Sussex is the starting point for a longer term focus on understanding the causes of poorer health and wellbeing in our coastal communities and how we can work collaboratively and build on our strengths to reduce these health inequalities.

We intend to build on the data analysis which informs the framework through further analysis, insight and learning as part of the West Sussex Joint Strategic Needs Assessment and the wider Public Health intelligence function. This data and intelligence will be shared with partner organisations to guide and inform their future service priorities and commissioning plans. The framework will be updated to reflect new insight into the needs of our coastal population as it develops.

Our Public Health approach and areas of focus will be reflected in the commissioning and delivery of Public Health activities in coastal West Sussex. Our ambition is that individuals, organisations, and partners will join us in acting on those priorities that are relevant to improving health and reducing inequalities through their own activities or services.

The new West Sussex Joint Local Health and Wellbeing Strategy will be developed in 2024 by West Sussex Health and Wellbeing Board. The framework analysis, Public Health approach and areas of focus will inform the development of the Strategy. Stakeholder engagement around the coastal health inequalities framework will form part of the development of the Strategy in 2024.



Figure 50. Worthing beach and pier