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## West Sussex Joint Strategic Needs Assessment **Summary 2018**



# Health and Wellbeing Board



# West Sussex Joint Strategic Needs Assessment

## Summary 2018

The West Sussex JSNA is not a single document or piece of analysis but encompasses a huge range of work, including detailed needs assessments relating to specific subjects or communities, evaluations of new local programmes or activities, local surveys and a range of briefings and ad hoc analyses.

The volume of data, the frequency information is refreshed and the breadth of subjects covered can make the process of identifying issues and priorities a considerable challenge. Therefore to support the development of the West Sussex Health and Wellbeing Strategy and to, hopefully, provide a clear summary of population-level health, we have moved to producing a set of smaller “bite-sized” products.

### Contacts and Further Information

This report was drafted by the West Sussex Public Health and Social Research Team, based in West Sussex County Council.

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- This summary is a brief run through of the health and wellbeing issues at county level. It will be updated annually.
- Infographics at county and District and Borough level relating to needs and assets.
- A summary of “voice”. This will provide a brief overview of the main public, patient and service user engagement exercises over the last year. This will be jointly produced with Healthwatch, and again will be annual.
- Datasets relating to children and young people and older people.

Throughout this summary there are indicators that are part of different outcome frameworks.

- Public Health Outcomes Framework (PHOF)
- Adult Social Care Outcomes Framework (ASCOF)
- NHS England Outcomes Framework (NHS OF)
- CCG Outcome Indicator Set (CCGOIS)

These indicators change frequently, so **footnotes** provide background detail, the outcome reference etc. We have also noted measures which are targets in the County Council's West Sussex Plan (2017-2022).

This summary is split into four sections:-

- an overall section on environment, population, assets and wealth/poverty
- a section on each broad lifestage:- childhood (start well), working age (living well) and older age (ageing well).

# West Sussex People and Places

**Residents**  
**852,400**

There has been a 10% increase in the last 10 years, due, in the main to net inward migration from elsewhere in the UK.



**Births**  
**8,630**



**Deaths**  
**9,375**



## Best Quartile

West Sussex is amongst the best 25% of all LAs on a range of measures, known to have an impact on longer term health and wellbeing including.....



## Employment Rate (16-64 years)

79.5% of working age adults are in employment, 5% higher than England

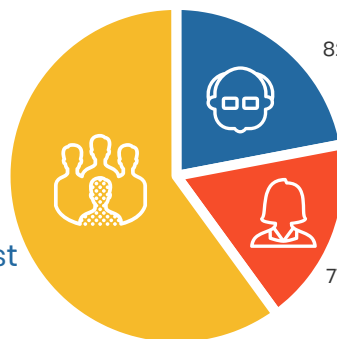


## First Time Entrants to the Youth Justice System

This has been falling over the last 5 years and at 167.5 per 100,000 is well below the national rate (292.5 per 100,000)

## Age Structure

The county has an older age structure compared with SE and England, 22% of residents are 65+ years compared with 19% in South East and 18% in England)



## Getting Better All The Time

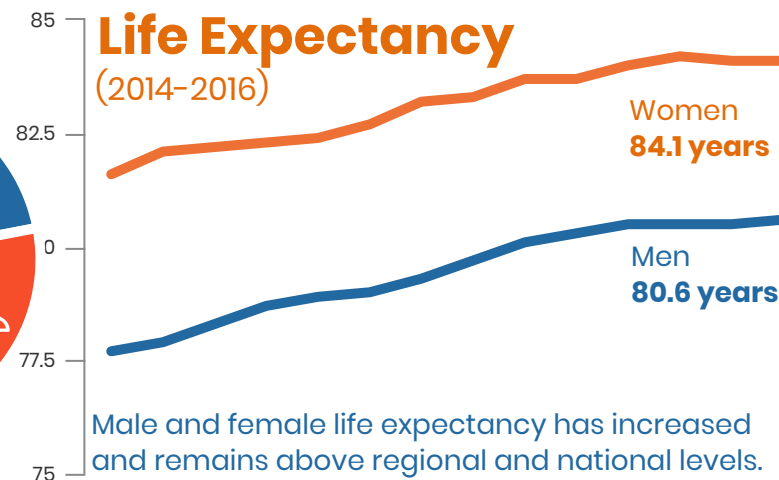


Teenage Pregnancy has more than halved over the last 10 years, from 31.3 per 1,000 15-17 yr olds in 2005 to 12.2 per 1,000 in 2016



Deaths (under 75 years) from cardiovascular disease (including heart disease and stroke) have fallen dramatically over the last 10 years from 88.6 per 100,000 in 2004-2006 to 62.7 in 2014-2016.

## Life Expectancy (2014-2016)



## Top Places to Live, Work & Retire

Towns in West Sussex are frequently featured in national surveys and rated as top places people chose to live, retire or work..... and the county has some of the sunniest places in the UK!



*Greetings from...*

## A county rich in natural, cultural and historical assets.....

Seaside resorts, market towns, villages, theatres, festivals, historic houses, castles, South Downs National Park, woodland and coastal paths and cycle ways.....



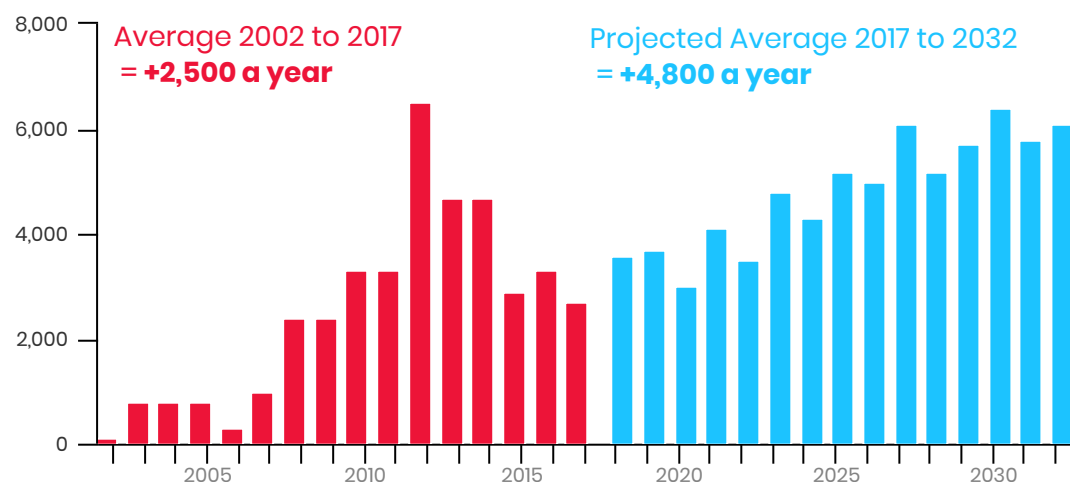
# West Sussex – Challenges

## Ageing Population and....pressures on the working age population

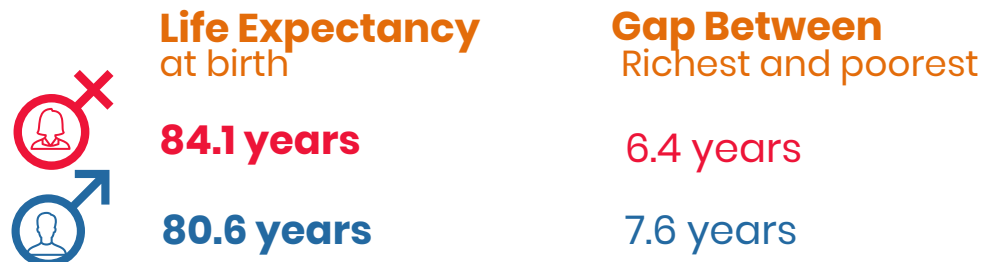
### 192,900 people aged 65+ and rising

We have already experienced increases in the older age groups, for the past 15 years we have had, on average 2,500 more people aged 65 years each year. The pace of change is set to increase....

#### Year-on-year Change in 65+ Population

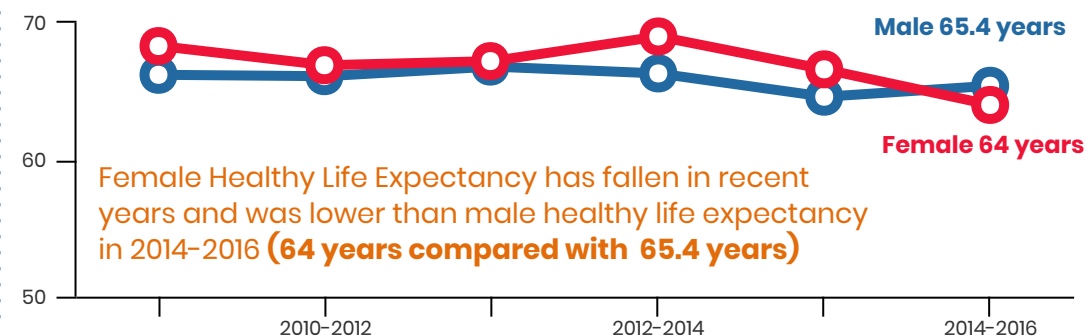


## Life expectancy has increased but considerable inequalities persist



Life expectancy is considerably lower for people with mental health problems and people with learning disabilities.

## ....and Healthy Life Expectancy may be stalling



## Need to reduce harms & threats to health



### Immunisation rates have fallen

We need to sustain efforts to ensure uptake of childhood vaccinations



### Screening rates

Overall West Sussex has relatively good take up...., but there is lower take up in some areas, such as Crawley.



### Road safety

West Sussex has a high rate of people killed or seriously injured in road accidents.



### Flooding

Many areas of West Sussex are susceptible to flooding, need to ensure risks to health mitigated

## Maximise prevention opportunities

### Obese or overweight



60% Adults, 29% 10/11 yr olds are overweight (including obese)

### Alcohol



23.7% of adults drink above the lower risk limits 7,000 adults with an alcohol dependency.

### Smoking rates



Still more than 1 in 10 adults smoke and approx 1 in 4 routine and manual workers



### Physical Activity



In 2016/17 in West Sussex 68.3% of adults estimated to be physically active, 19.3% physically inactive.

## West Sussex – NATURAL, BUILT AND HUMAN ASSETS

### Environmental Assets

West Sussex is a large and diverse county, covering over 750 square miles and home to **over 850,000 people**.

The **West Sussex environment, natural and built, is a great asset**; with historic coastal resorts, seaside attractions, beautiful countryside and lively market towns and villages. Places in West Sussex frequently feature in the national press as highly desirable places to live, work or retire.

The natural environment has a big impact on our physical and mental wellbeing, so maximising health benefits of the West Sussex environment is important.

However when surveyed, **only 20% of West Sussex residents said that, in the previous week, they had utilised the outdoors for health reasons** [1] and we know that people in poorer health, people with a disability and people from more deprived communities are less likely to utilise the outdoors for recreational and health purposes.

Nationally, walking, in terms of frequency and distance, is declining, with some increase in the level of cycling.

Wherever possible, incorporating exercise into the daily routine, including walking or cycling as part of the journey to work, is a good way to maintain physical activity levels. In West Sussex **15.4% of adults walk at least 5 times a week** [2] for “travel purposes” [3] such as walking to work, but this ranges from 20% of adults in Mid Sussex down to 12% in Chichester and Crawley, 68% of adults walk for leisure at least once a month.

**There has been an upward trend in the number of people killed or seriously injured (KSI)** [4] on roads in West Sussex and it has one of the highest KSI rates (per 100,000 population) in the country. Between 2014 and 2016 1,424 people were killed or seriously injured on roads in West Sussex. This is significantly and persistently higher than the national rate.

At present **there are ten Air Quality Management Areas (AQMA) in West Sussex**. This includes three separate AQMAs within the city of Chichester. All relate to annual exceedance of NO<sub>2</sub>, and all cite road transport as the source of pollution. Arun is the only district within West Sussex without an AQMA (as of Oct 2018).

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[1] PHOF reference 1.16. Information is obtained from a survey conducted by Natural England, Monitor of Engagement with the Natural Environment (MENE).

[2] Data collected as part of the National Travel Survey (NTS) 2016 and the Active Lives Survey (ALS) mid-Nov 2015 to mid-Nov 2016. Statistics from the ALS will refer to those aged 16+. Data relate to information from table CW0303.

[3] Travel purposes include going to work, but also shopping, visiting friends, going to a health facility, college etc, and is a useful distinction as it relates to building in walking to everyday needs/functions as opposed to rambling, hiking for leisure.

[4] PHOF reference 1.10.

## HUMAN, ORGANISATIONAL AND CULTURAL ASSETS

**The population of West Sussex is over 850,000, and has increased by 8.9% % over the last 10 years.** This is in line with increases seen at a national and regional level, with the largest increase, of over 22%, in the 65+ age group.

**The population in West Sussex is projected [5] to increase by a further 8+% from 2015 to 2025** with larger increases projected in the 65+ age group (20%+) and notably in the 85+ age group (30%+%), in the same 10 year period.

**There are over 325 schools; 83 GP practices; 160 community pharmacies;** hospitals with A&E departments at Chichester and Worthing and additional NHS hospital sites across the county; 36 libraries; numerous museums, galleries, theatres and historic properties.

**West Sussex has a large number, and variety, of organisations, groups and associations,** fundamental in the delivery of services that support health and wellbeing; supporting individuals, families and communities, enhancing the vibrancy and quality of life in the county.

### West Sussex as Home

**Although home ownership rates are high,** West Sussex is an increasingly costly place to live. The ratio of lower quartile [6] house prices to lower quartile earnings stands at 12.2:1, in Horsham and Adur the ratio was over 14:1 (2017).

**Rents have also been increasing with median rents above £925 per month** across West Sussex overall, based on a summary of rents between April 2017 and March 2018. In relation to one-bedroom properties, for the same period, mean rents across the county was £701, and this ranged from £598 in Arun to £827 in Crawley.

In 2017 there were **almost 8,000 households are on council waiting lists** in West Sussex.

In relation to homelessness, figures fluctuate [7] and official statistics may hide many people in more precarious housing situations, including people who are “sofa surfing”.

The following provide an indication of scale across West Sussex:-

- In 2017 (Q4) – **164 households were accepted as homeless and in priority need** across West Sussex. Crawley and Arun accounted for almost 60% of households.
- In 2017 (Q4) – **92 households with one or more dependent children were accepted as homeless and in priority need** (subset of the above).
- In 2017 (Q4) – **57 households were recognised as homeless but not in priority need [8].**
- In 2017 (Q4) – **594 households [9] and 724 children were in temporary accommodation**, over 250 of these were in Crawley, and in recent years there have been increasing numbers in Worthing (119 in 2017 Q4).

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[5] Note: ONS publish sub-national population projections annually, WSCC also produce a local set of projections which is able to incorporate more up-to-date knowledge relating to residential development. There are some differences between these sets. For the purposes of this document we have used ONS projections to provide an indication of the overall scale of change, but for more detailed, or localised, work we would advise contacting WSCC for locally calculated projections.

[6] Lower quartile ratios rather than average ratios provide a better understanding of entry to the housing market.

[7] Homelessness data are available from the Ministry of Housing, Communities and Local Government <https://www.gov.uk/government/collections/homelessness-statistics#live-tables> alternatively Shelter have a very useful, easy-to-use tool which brings together a range of housing data [http://england.shelter.org.uk/professional\\_resources/housing\\_databank](http://england.shelter.org.uk/professional_resources/housing_databank)

[8] The rate of households who are homeless, eligible but NOT in priority need is a measure on the Public Health Outcomes Framework – reference 1.15i.

[9] The rate of households in temporary accommodation (per 1,000 households) is a measure on the Public Health Outcomes Framework – reference 1.15ii.

## West Sussex as Home continued

Estimates of the number of people who are rough sleeping need to be treated with some caution, rough sleeping is notoriously difficult to count and numbers fluctuate. **As a broad estimate in Autumn 2017 there were 100 rough sleepers in West Sussex**, with 35 of this estimate in Worthing.

## Wealth, Poverty and Social Mobility

**West Sussex remains one of the least deprived areas in the country**, in relation to the Index of Deprivation (2015) the county ranks 131st of 152 upper tier authorities (1 being most deprived, 152 being least deprived).

**However there are areas in Arun which rank in the poorest 10% of neighbourhoods in England** and the issue of coastal deprivation has persisted in West Sussex, as in other areas of England.

Although it is important to note that not everyone who lives in a deprived area is poor, and there are deprived people, and communities, right across the county including in rural areas.

We know that people from lower income groups are more likely to be in poorer health, more likely to have a limiting long term illness and lower life expectancy.

## Employment and Income

**While employment rates are high**, earnings in some areas [10] are relatively low compared with regional and national levels. **Of note Adur has a relatively low full time wage rate (£478.2 in 2017)**, although it should be noted that as a relatively small authority sample size for the earnings survey can mean the data are volatile.

**11% of children live in low income families** (2015 data), but again there are considerable differences within the county. Areas along the Coastal strip, and west Crawley, have higher rates and **some neighbourhoods in Littlehampton and Bognor a third of children live in poverty**.

## Social Mobility

**The issue of social mobility** has increased in prominence in recent years. In 2016 the Social Mobility Commission published data and ranked local authorities in terms of social mobility. The commission used a life stage approach looking at measures in the early years, school days, youth and adulthood. All 324 lower tier and unitary authorities were ranked, the top 20% performing areas where social mobility opportunities were judged to be good referred to as “hot spots” and the bottom 20% of authorities where opportunities are judged to be poor “cold spots”.

**In West Sussex there were no “hot spot” authorities, but Arun (ranked 271 of 324) and Crawley (ranked 309 of 324) were noted as “cold spots”**, They were 2 of only 5 areas in the whole of the South East identified as cold spots, and within the worst performing 20% of all England local authority areas.

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[10] This is a target in the West Sussex Plan 2017–2022. Up-to-date information is available on the WSCC website.

[11] **Adulthood measures:** Median weekly salary of employees who live in the local area; Average house prices compared to median annual salary of employees who live in the local area; % of people that live in the local area who are in managerial and professional occupations (SOC 1 and 2); % of jobs that are paid less than the applicable Living Wage Foundation living wage and % of families with children who own their home.

[12] **School measures:** % of children eligible for FSM attending a primary school rated 'outstanding' or 'good' by Ofsted; % of children eligible for FSM attending a secondary school rated 'outstanding' or 'good' by Ofsted; % of children eligible for FSM achieving at least a level 4 in reading, writing and maths at the end of Key Stage 2 and % of children eligible for FSM achieving 5 good GCSEs including English and maths.

The early years of life lay foundations for lifelong physical, emotional and mental health wellbeing and resilience. In tackling inequalities, action taken in the early years of life will reap the most, and lifelong benefits. **Overall measures of infant and maternal health in West Sussex are good**, inequalities are apparent across the county and in relation to specific groups.

**Some of the outcomes relating to the wider determinants of health are lower than comparable authorities.** West Sussex has experienced a growth in the number of children referred to social services, child subject to a Child Protection Plan and children Looked After in recent years.

Mental health remains a concern through the life stages. In relation to children and young people West Sussex has a high rate of hospital admissions for self harm.

**In 2017 there were 190,400 residents aged 0–19 years**, there has been a 5.5% rise in this age group in the last 10 years, although this increase is accounted for by a considerable rise in the younger age groups (0–4 years and 5–9 years) and a small increase in the 10–14 and a decline in the 15–19 age groups).

**In 2017 there were 8,630 births**, births have fallen slightly in recent years, there were 9,207 births in 2012. **The infant mortality rate [13] (2014–2016) was 3.1 per 1,000 live births**, in line with the national rate of 3.2 per 1,000.

**2.4% of term babies weighed less than 2500g [14]**, this is better than the England rate. 7.4% of all babies were of low birth weight, in line with the national rate.

**In 2016/17 29.8% of births were by caesarean section**, this is the highest rate in the CIPFA statistical neighbour grouping. The percentage is significantly higher compared with England and has been increasing in the last 3 years. There is some difference within the West Sussex CCGs, with NHS Horsham and Mid Sussex CCG having the 15th highest caesarean rate in the country.

**The percentage of women smoking at the time of delivery [15] in 2016/2017 was 8.4%** (approximately 680 maternities), lower than the national rate and lower than many comparable authorities.

**The multiple birth rate (maternities where the outcome is a multiple birth expressed as a rate per 1,000 total maternities) in 2016 was 17.9** (155 multiple births) for West Sussex as a whole, NHS Horsham and Mid Sussex CCG had a high rate (23.8), the highest in England.

Given data quality concerns, information for West Sussex was not released for 2016/17. In 2015/16 **the breastfeeding initiation rate [16], that is mothers who breastfeed their babies in the first 48hrs after delivery, was 80.8%** significantly higher than the England rate (4).

In 2016/17, data quality was not sufficient for publication in respect of **breastfeeding (wholly or partly) at 6–8 weeks [17]**, nationally the figure was 44%.

[13] Rate of deaths in infants aged under 1 year per 1,000 live births, this is a measure in the Public Health Outcomes Framework reference 4.01

[14] Low birthweight (of full time babies) is a measure in the Public Health Outcomes Framework reference 2.01.

[15] Smoking at the Time of Delivery is a measure in the Public Health Outcomes Framework reference 2.03. Note that the method used to calculate this outcome was changed in April 2017, excluding women with unknown smoking status from the denominator when calculating the proportion of women smoking at the time of delivery.

[16] Breastfeeding initiation is a measure in the Public Health Outcomes Framework reference 2.02i.

[17] Breastfeeding at 6–8 weeks is a measure in the Public Health Outcomes Framework reference 2.02ii.

In relation to **maternal mental health**, it is estimated that **between 10% and 20% of women will be affected by mental health problems, either during their pregnancy or in the first year post delivery**. Local data are scarce but using synthetic estimates provided by Public Health England, the number of mothers with specific problems are shown below, some women will be affected by one or more problems:-

- Postpartum psychosis: 20
- Chronic Severe Mental Illness: 20
- Severe depressive illness: 250
- Mild-moderate depressive illness and anxiety 830 (lower estimate) to 1,245 (upper limit)
- PTSD: 250
- Adjustment disorders and distress 1,245 (lower estimate) to 2,485 (upper estimate).

Childhood **immunisations** take-up varies, but generally better than England:-

- **MMR vaccine** – in 2017/18, the percentage of take-up of one dose, on or after the 1st birthday and up to the 2nd birthday, was 94.7%, above the England take-up of 91.2%
- The **coverage for children who have received two doses of MMR** vaccine on or after their 1st birthday and at any time up to their 5th birthday was 90% (England, 87.2%)
- The **percentage of children who received 3 doses of Dtap / IPV / Hib vaccine** was 95.9% (England, 95.1%)

Data from the 2016/17 survey found that **84.9% of 5 year olds are free from dental decay** [18], this is significantly higher than the England rate (76.7%) and compares well with statistical neighbours. It is the 8th best of upper tier or unitary authorities in the country.

### Child Disability

**Overall Disability Assumption** – The term “disability” is frequently used but often poorly defined, and estimating the prevalence and type of disability within a population is difficult. The purpose of definition, for example for educational support, eligibility for welfare benefits, as oppose to a “formal diagnosis” mean that different sources can often provide very different pictures of the local population.

The Family Resources Survey (FRS) is a national, continuous household survey that collects data on a wide range of information including disability [19], caring, tenure and income. One of the main functions of the survey is to inform the Department of Work and Pensions (DWP) of the living conditions and economic circumstances of different households, Small sample size means that data are not published below regional level.

Using the results from the latest national survey and applying the prevalence to the local population provides a local estimate of disability by age groups. Given that West Sussex overall has a relatively healthy and wealthy population, these estimates may be higher than expected and should be treated as possibly high estimates.

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[18] % of 5 year olds are free from dental decay is a measure on the Public Health Outcomes Framework – reference 4.02. The data for this outcomes is collected from a survey, a total of 533 children in West Sussex were included in 2017.

[19] **The definition of “disability” in the Family Resource Survey** is used to describe people who identify themselves or have been identified as having any physical or mental health condition or illness that lasts or is expected to last 12 months or more, and acts to limit the ability to carry out day-to-day activities. While this will capture most people under the definition used in the Equality Act 2010 it should be noted that there will be some people under the 2010 Act who are classified as disabled (and having rights under the Act) who have a long-standing illness or disability which is not currently affecting their day-to-day activities for example some people who have a diagnosis of cancer will not be included.

## FRS Disability Prevalence (average of years 2013/14 to 2016/17) Applied to West Sussex Population

Age Group	Estimate of Disability	West Sussex Population (2017) rounded to nearest 100	Estimate
All people	21%	852,400	179,000
0-4	3%	47,200	1,400
5-9	8%	51,900	4,200
10-14	9%	47,200	4,200
15-19	11%	44,100	4,900
20-24	11%	39,400	4,300
25-29	12%	44,700	5,400
30-34	12%	47,200	5,700
35-39	14%	52,900	7,400
40-44	18%	52,700	9,500
45-49	20%	61,200	12,200
50-54	23%	63,400	14,600
55-59	30%	57,200	17,200
60-64	32%	50,400	16,100
65-69	35%	51,700	18,100
70-74	41%	49,900	20,500
75-79	49%	34,400	16,900
80+	61%	56,900	34,700

**Autism** – There are a number of problems estimating the number of people who have autism:-

- There is no single source or register, and setting one up would be difficult to maintain.
- Not all people will have been diagnosed and some people may have been misdiagnosed.
- There are inconsistencies in how agencies record autism.
- Much of the existing work on prevalence has been undertaken in relation to children, there may be enduring problems of childhood misdiagnosis or some people only being diagnosed in adulthood.
- There is some evidence of poor identification of adults with autism compared with children.

Prevalence studies of autism indicate that 1.1% of the population may be on the autism spectrum. **This would equate to approximately 2,100 people aged 0-19 years having autism in West Sussex.**

**Special Educational Needs** – In January 2018 **there were 3,907 pupils with a statement or Education, Health and Care (EHC) plan**, attending a West Sussex school. This represents 3.1% of all pupils and is higher than the national percentage of 2.9%.

There were **3,218 children with a moderate learning difficulty** known to schools (2018) and **348 with a severe learning disability**.

**Hospital admissions for Long Term Health Condition and Complex Needs**, in 2016/17, for children and young people under 19 years, there were:-

- **227 hospital admissions for asthma**, the rate better than the England rate.
- **118 hospital admissions for diabetes**, the rate comparable to the England rate.
- **88 hospital admissions for epilepsy**, the rate better than the England rate.

## Mental Health

Unfortunately, there is a lack of current and regular data on the prevalence of mental health disorders among children and young people.

In 2004 ONS conducted a national survey of approx. 8,000 families in order to estimate the prevalence of mental disorders in children. This initial survey was then followed up three years later to determine the persistence of mental disorder. This study remains the largest study undertaken in the UK and is widely used as the source for prevalence assumptions.

### Prevalence rates based on the ICD-10 Classification of Mental and Behavioural Disorders

Aged 5-10 Years Old	Girls	Boys	All
Less common disorders	120	700	800
Hyperkinetic disorders	120	860	990
Emotional disorders	750	700	1,480
Conduct disorders	840	2200	3,030
Any disorder	1,520	3,250	4,760
Aged 11-15 Years Old	Girls	Boys	All
Less common disorders	240	380	640
Hyperkinetic disorders	90	570	640
Emotional disorders	1,350	950	2,300
Conduct disorders	1,130	1,930	3,040
Any disorder	2,290	3,000	5,290

**Less common disorders** include autistic spectrum, eating disorders

**Hyperkinetic disorders** include Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD)

**Emotional disorders** include separation anxiety, specific/social phobia, generalised anxiety disorder and depression.

**Conduct disorders** include oppositional defiant disorder, socialised and unsocialised conduct disorder

**Prevalence assumptions by “Tier” of Service Provision** – Services are often described in terms of “tiers”, where services become more specialised the further up the tier, from emotional wellbeing services at Tier 1 to highly specialist outpatient teams and inpatient provision at Tier 4. Two prevalence estimates are shown below and provide an estimate of young people who, at any one time, may need a service response or

- 1) Based on findings published in “Treating Children Well” in 1996.
- 2) Based on recommendations published by the Joint Commissioning Panel for Mental Health (JCPMH) in 2013.

### Prevalence assumptions are applied to the 2017 West Sussex 0-17 years Population (rounded to nearest 10)

		(1)		(2)	
		%	Number.	%	Number.
TIER 4	Highly specialised including inpatient care	0.075%	130	0.47%	810
TIER 3	Specialist multidisciplinary outpatient CAMH teams	1.85%	3,210	3%	5,200
TIER 2	Combination of some specialist CAMH & some community based provision incl primary mental health workers	7%	12,130	7%	12,130
TIER 1	Universal services including all primary care agencies – GPs, school nursing, health visiting & schools	15%	26,000	10%	17,330

## Mental Health continued

The **rate of emergency admissions for intentional self-harm [20]** in West Sussex is far higher than the national rate. **220.3 per 100,000** in 2016/17 (England 185.3) 1,713 admissions. Although this relates to all ages, self-harming is high amongst young women aged 15–24 years. Provisional data for 2017/18 suggests no change locally.

The **rate of emergency admissions for intentional self-harm for 10–24 year olds was 499.9 per 100,000** (637 admissions), again this was significantly higher than the England rate.

**In relation to the emotional and mental wellbeing of children in care**, a higher percentage (45.8%) of children in West Sussex scored 17 or above on the Strengths and Difficulty [21] questionnaire. This was the third highest in the set of CIPFA comparator neighbours and significantly higher than England (31.8%). This is a new reported measure in the Public Health Outcomes Framework and no trend is available. The survey includes questions on a range of issues relating to emotional and mental wellbeing.

## Early Years Provision, Education, NEET & Progression to Higher Education

**Note** unless stated data for this section, have been taken from the Department for Education Local authority interactive tool (LAIT). This is an interactive online tool. <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

**75% of children in West Sussex benefitted from funded early years (2 year olds)** in 2018. This was decrease from 2017 (79%), it is higher than the England rate (72%) but lower than statistical neighbours (81.6%). 96% of 3 and 4 year olds benefitted from some free early education, similar to England and statistical neighbours.

**At some ages, School attainment** in West Sussex lags behind other comparable areas and, at stages, lower than England; attainment is notably low at Key Stage 2 (children aged 10/11 years).

- **Foundation stage – in 2017, 70.6% of children were assessed as having a good level of development** across the Foundation Stage profile, this was similar to the national rate but lower than comparable authorities. Only 50% of children eligible for a free school meal achieved a good level, this was significantly lower than England but broadly comparable to statistical neighbours.
- **Key Stage 2 – in 2017, 55% of pupils achieved the expected standard in reading, writing and maths;** significantly lower than England and comparable authorities. This is in the lowest 10 local authorities in the country and only 5% of pupils attained the higher standard compared with 9% nationally. Provisional 2018 data suggests improvement to 61%. 32% of children on free school meals achieved the expected standard, again significantly lower than England and comparable authorities.
- **GCSE – At Key Stage 4 attainment is above England overall** (on the average P8 score measure) and in line with comparable authorities.

Although the percentage of 16–17 year olds estimated to be not in education, employment or training (NEET) [22] is low (1.4%), **the percentage of young people where the status is not known is high (7.6%)**, the highest amongst West Sussex statistical neighbours.

[20] This is a West Sussex Plan outcome and also a measure on the PHOF – reference 2.10ii.

[21] Strengths and Difficulties Questionnaire (SDQ) scores come from the SDQ questionnaire, a survey required to be completed by for each child looked after aged 4 to 16 years. It has five sections (emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; and positive behaviour) plus an “impact supplement” to assist in the prediction of emotional health problems. The questionnaire is completed by the child’s main carer. A score of 0 to 13 is considered normal, 14 to 16 borderline, and 17 to 40 is a cause for concern. This is a measure on the Public Health Outcomes Framework reference 2.08i.

[22] This is a West Sussex Plan priority. Refer the WSCC website for the latest data and commentary.

**Progression to Higher Education (HE) – West Sussex level estimate of pupils on free school meals progressing to Higher Education is relatively low** (14% in 2014–15, compared with 24% England and 15.3% stat neighbours).

Data from the Office for Students shows some areas in West Sussex (including Littlehampton) are ranked in the lowest national quintile for progression to HE [23].

### Starting Well – HEALTHY LIFESTYLES

**Weight – 20.5% of reception pupils and 28.8% of Year 6 pupils were measured as overweight or obese** [24] in 2016/17. For both reception and Year 6 cohorts, rates are higher in the most deprived districts (Adur, Arun, Crawley and Worthing).

**There is a strong social gradient in relation to child weight.** At reception age, children in the most deprived areas are more likely to be overweight or obese compared with children from the least deprived areas, and this gap widens by Year 6.

Outside of the National Child Measurement Programme, robust data relating to lifestyle behaviours for children and young people is scarce. The national What About Youth Survey (WAY) has provided some information relating to 15 year olds, but little local information has been available for younger children, particularly children at the crucial transition point of primary to secondary school. For this reason the West Sussex Public Health and Social Research Unit, working with local schools, conducted a survey of Year 6 pupils in 2017/18. This will be published later in 2018, but we have included some of the headline data from this survey in this summary.

### Headline results from the WEST SUSSEX HEALTH AND HAPPINESS SURVEY OF YEAR 6 PUPILS 2018 [25]

**Diet – 31.5% reported eating at least five portions of fruit and vegetables** per day (the recommended level).

**Alcohol – 43.5% of pupils said they had tried an alcoholic drink** (excluding communion wine).

**Physical Activity** – It is recommended that children should aim to be physically active for at least 60 minutes every day of the week. **10.5% met the recommendation every day of the week**; 49.9% on three days or fewer each week, 4.5% said they were not physically active on any day of the week.

**Life satisfaction** – The Cantril Ladder is a subjective wellbeing measure that asks pupils to rate their current wellbeing on a ladder from 0 (the worst possible life) to 10 (the best possible life). The average score among Year 6 pupils in West Sussex was 7.8. The Cantril Ladder can also be categorised into three distinct groups: 'suffering' (0 to 4), 'struggling' (5 or 6) and 'thriving' (7 and above). **Nearly eight out of ten Year 6 pupils in West Sussex are thriving.**

**Bullying – A half of Year 6 pupils (49.7%) said that they had been bullied in the last year.** Of the pupils who said they had been bullied in the past year, 13% of pupils said that someone put something hurtful online or in a text message about them (cyber bullying) and 38% of pupils reported that someone said something hurtful to them (verbal bullying). Finally, 78% of pupils reported that someone hit or pushed them (physical bullying). Some pupils experienced more than one type of bullying.

**Loneliness – 13.5% of children said they often felt lonely**, 16.1% said they often felt sad. 25.5% of pupils said they did not ever talk to their parents or teachers if they had problems or worries.

[23] Office for Students. POLAR – Participation of Local Areas. 2017.

[24] PHOF references 2.06i and 2.06ii.

[25] Contact [tim.martin@westsussex.gov.uk](mailto:tim.martin@westsussex.gov.uk) or [robert.whitehead@westsussex.gov.uk](mailto:robert.whitehead@westsussex.gov.uk) for further details

### HEALTH-RELATED BEHAVIOUR OF 15 YEAR OLDS

Using the data from the national What About Youth (WAY) survey **10.6% of 15 year olds in West Sussex stated that they were current smokers.**<sup>[26]</sup> This is higher than England (8.2%) and high amongst comparable authorities, although some caution is needed given the lack of trend data and small sample sizes.

**The rate (per 100,000) of hospital admissions for alcohol-specific conditions (of under 18s) has been falling**, locally and nationally.

Between 2014/15 and 2016/17 there were 166 admissions, the West Sussex rate of 32.5 comparable to the national rate.

The **chlamydia detection rate** <sup>[27]</sup> **fell in back to below the England rate** in 2016 and 2017, also lower than the benchmark.

**West Sussex has a low teenage pregnancy rate** <sup>[28]</sup>, in 2016 a rate of 12.2 conception per 1,000 15-17 year olds was the 4th lowest amongst comparator neighbours. Horsham and Mid Sussex now have some of the lowest rates in the country with rates well below 10. The **number of births to teenage mothers has halved in 6 years** from over 103 in 2011/2012 to 45 in 2016.

### Starting Well – SOCIAL CARE AND CRIMINAL JUSTICE

**Note** unless stated data for this section, have been taken from the Department for Education Local authority interactive tool (LAIT). This is an interactive online tool. <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

**The Children in Need (CiN)**<sup>[29]</sup> **rate (per 10,000) increased in 2017 to 279.6**, this is lower than England but broadly in line with comparable authorities. As at March 2017 there were 4,802 children in need, although DfE note that data supplied by West Sussex is likely to have contained some duplicate cases.

**The rate (per 10,000) of referrals to social services has increased year on year from 2014.** In 2017 the rate was 508 per 10,000. This is higher than comparable local authorities, lower than England.

**Section 47 enquires** <sup>[30]</sup> **(started within year) increased in 2017, to 126.3 per 10,000.** This is similar to comparable authorities, lower than England.

**Children subject to a Child Protection Plan (CPP) increased in 2017**, a rate per 10,000 of 32, lower than England and comparable authorities.

**The percentage of children who became subject to a CPP for a second time held steady at approximately 22.7%.** This is in line with comparable authorities but higher than England (18.7%).

**As at 31 March there were 665 children looked after, the rate has increased slightly to 39 per 10,000 in 2017 from 37 per 10,000 in 2016.** The rate in West Sussex remains lower than comparable authorities and England. There was an increase in the number of unaccompanied asylum seeking children, 75 (as at March 2017), compared with 65 in 2016.

**First time entrants to criminal justice system declined in the county, down to 168 per 1,000 10-17 year olds in 2017**, this is now amongst the lowest of CIPFA comparable local authorities.

[26] PHOF reference 2.09i.

[27] PHOF reference 3.02.

[28] PHOF reference 2.04.

[29] Data presented relate to at 31 March 2017.

[30] This relates to enquiries where there is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm. Local authorities carry out an assessment under section 47 of the Children Act 1989 to determine if steps are needed to safeguard the child. Where concerns are substantiated, and the child is judged to be at continuing risk, an initial child protection conference should be convened within 15 working days.

### TRANSITION TO ADULTHOOD

Some young people, including those in care, and young people with health needs and disabilities require additional support as they enter adulthood, many young people will have on-going services and this can be a time of considerable anxiety.

(From national research) Disabled young people aged 16–24 are less satisfied with their lives than their peers and there is a tendency for support to fall away at key transition points as young people move from child to adult services.

Following transition from a residential school, young people may experience good access to frontline health and social services, but also very few opportunities to enter employment or further education; no additional improvements in communication, self-care, or behaviours that challenge; a reduction in good support for behaviours that challenge and increased reliance on restrictive practices; limited access to specialist services; and living at distance from the family home.

Using data from the 2016 Disability Needs Assessment – **15,000 people aged 0–24 years are estimated to have a disability** in West Sussex and of relevance to planning the transition to adulthood, the data indicate that in 2015, there were:-

- over 3,540 young people aged 10–14;
  - over 3,170 young people aged 15 to 19;
  - and over 3,580 young people aged 20–24
- across the county with a disability.

**The number of young people aged 10–19 with a disability is projected to increase significantly between 2015 and 2035** in West Sussex which will have implications for the pathway to adulthood.

### STARTING WELL – Further information

This is a summary document, more detailed local analyses (alongside a whole host of national profiles!) are available, including the needs assessment and briefings highlighted below. If you have specific information requests please contact the team.



Contacts in the West Sussex Public Health and Social Research Team for Starting Well

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In the past 10 years the UK has experienced a considerable increase in people aged 65 years and over. There are greater increases to come, as the sustained baby-boom of the late 1950s to mid-1960s starts to enter older age groups in the next 10–20 years.

Nationally, ONS projects that the year-on-year increases in post 65 age group, currently in the region of 175,000 to 190,000 will reach almost 300,000 a year between 2028 and 2031 before reducing. **Using ONS projections for West Sussex this equates to moving from a position of yearly increase in the region of 3,000 – 4,000 a year to 6,000 a year by the end of the next decade**, at a time when the immediate post-war baby boom enters the 85+ age group.

This means that services need to plan now for considerable expansion in older people. **Action to improve mid-life, so that people enter older age healthier, becomes increasingly important.** This is not just to reduce pressure on health and social care services but to sustain the ability to work, as the age-dependency ratio increases.

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### A HEALTH IMPROVEMENT CHALLENGE

**Improvements in health can secure considerable benefits, for example NHS Choices details the benefits of regular activity.** For adults aged over 18 years, 150 minutes of moderate activity or 75 minutes intense activity per week is recommended. Ideal moderate activity is brisk walking and cycling, which could be incorporated into active travel.

It is estimated that people who do regular physical activity have:

- up to a 35% lower risk of coronary heart disease and stroke
- up to a 50% lower risk of type 2 diabetes
- up to a 50% lower risk of colon cancer
- up to a 20% lower risk of breast cancer
- a 30% lower risk of early death
- up to an 83% lower risk of osteoarthritis
- up to a 68% lower risk of hip fracture
- a 30% lower risk of falls (among older adults)
- up to a 30% lower risk of depression
- up to a 30% lower risk of dementia

**For West Sussex, if all adults were physically active, this would translate to:-**

- 10,000 fewer people on coronary heart disease GP register
- 23,000 fewer people on diabetes GP register
- 20,000 fewer people on depression GP register
- 2,500 fewer people on dementia GP register
- 175 fewer cases of breast cancer per year
- 210 fewer cases of colon cancer per year
- 845 fewer emergency admissions for hip fracture in those aged 65 and over

LIVING WELL – HEALTH-RELATED BEHAVIOURS

Overall, in terms of the key lifestyle risk factors: smoking; diet; physical activity; and alcohol and other substance misuse.

**West Sussex is relatively healthy with lower levels of “riskier behaviour”.** However this masks considerable differences between areas, and groups within the county.

We know that **there is a clustering of behaviours**, so people who smoke are more likely to drink above recommended levels, have lower physical activity rates etc. This means that there is polarisation taking place, with people who take on key health messages and take steps to lead healthier lives and those who do not. This acts to re-inforce and increase existing inequalities.

Smoking

The following data have been taken from the **PHE Local Tobacco Control Profiles**. These profiles bring together the range of measures which examine the effects and wider impact of smoking including prevalence rates, smoking quits and attributable mortality.  
<https://fingertips.phe.org.uk/profile/tobacco-control>

Smoking the remains biggest cause of premature deaths in West Sussex and smoking attributable mortality. **There were over 4,000 deaths over the 3 year period between 2014 and 2016** (reference from the Local Tobacco Control Profile).

The **overall adult smoking rate in the county has continued to fall and now lies around 13–16%**, in 2017 the rate was estimated at 12.8% (CI 11% to 15%)[31].

**Declines in the smoking rates of people from routine and manual occupations has been smaller.** The most recent survey estimated the rate amongst West Sussex routine and manual workers at 23.4% (CIs 17% to 30%).

**In terms of smoking cessation, there was a considerable fall in the rate of people setting a quit date per 100,000 smokers in West Sussex in 2016/17** compared with 2015/16, 2,791 in 2016/17 compared with over 5,000 in the previous year. Similarly there was **a fall in the rate of successful quitters** (after 4 weeks) falling from 2,617 per 100,000 smokers in 2015/6 to 1,488 per 100,000 in 2016/17.

	2016/17	2015/16
People setting a quit date / 100,000 smokers	2,791	8,000
Rate of successful quitters (4 weeks)	1,488	2,617

Physical Activity and Obesity

- **An estimated 68.3% of adults were classed as physically active** [32]. This is similar to England and statistical neighbours.
- **19.3% of adults are physically inactive** [33] with rates in Crawley, Arun and Worthing at or above 20%, compared with 16% in Mid Sussex.
- **The proportion of the adult population meeting the recommended ‘5-a-day’ portions of fruit and vegetables on a ‘usual day’** [34] in West Sussex was 60%. This is higher than the England rate.
- **60.1% of adults are overweight or obese** [35] in West Sussex, this is similar to comparable authorities.

[31] PHOF reference 2.14.  
[32] Adults (aged 19+) who meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week). PHOF reference 2.13i  
[33] Adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week). This is a measure on the PHOF reference 2.13ii.  
[34] PHOF reference 2.11i.  
[35] PHOF reference 2.12.

## Substance Misuse – Alcohol and Drugs

Some of the following data have been taken from the **PHE Local Alcohol Profiles for England**. These profiles bring together the range of measures which examine the effects and wider impact of alcohol, including alcohol related admissions to hospital, attributable mortality and road accidents.

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

### Hospital Admissions

- **Admissions for alcohol-related conditions (Narrow)**, all ages, directly age standardised rate per 100,000 population. West Sussex rate of 577 per 100,000 lower than England (636) and low in comparison to most other statistical neighbours. The number of such admissions in West Sussex was 4,940.<sup>[36]</sup>
- **Admissions for alcohol-related conditions (Broad)**, all ages, directly age standardised rate per 100,000 population. West Sussex rate of 1,833 per 100,000 lower than England (2,185) and low in comparison to most other statistical neighbours. The number of such admissions in West Sussex was 16,304.<sup>[37]</sup>
- **Admissions for alcohol-related conditions (Specific)**, all ages, directly age standardised rate per 100,000 population. West Sussex rate of 477 per 100,000 lower than England (563) and low in comparison to (most other) statistical neighbours. The number of such admissions in West Sussex was 3,933.<sup>[38]</sup>

- **Admissions for alcohol-related conditions (Specific), under 18**, directly age standardised rate per 100,000 population 2014/15 to 2016/17 pooled data. West Sussex rate of 32.5 per 100,000 lower than England (563) and low in comparison to most other statistical neighbours. The number of such admissions in West Sussex was 166.

**Mortality** – Measures of mortality related to alcohol do not differ from England rates, except for mortality from chronic liver disease, which is significantly better than England. **Between 2014/15 and 2016/17 there were 400 deaths from alcohol-specific conditions, 243 deaths from chronic liver disease.**

**Drug related deaths** – In the period 2015–2017 there were 124 drug related deaths in West Sussex, of these 84 were classified as drug misuse deaths. Although the rate of drug related deaths in West Sussex remains lower than the England rate (5.1 per 100,000 compared with a rate of 6.4 nationally) the numbers has been rising in recent years.<sup>[39]</sup>

**Other impacts** – Between 2014 and 2016 there were 236 alcohol related road traffic accidents in which at least one driver failed a breath test. This represents a rate of 31 per 1,000 accidents, this is higher than the England rate (26.5) but in line with other comparable local authorities.<sup>[40]</sup>

[36] A “narrow” definition refers to admissions where the primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause.

[37] PHE note that: “A “broad” definition refers to admissions where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code. Children aged less than 16 years were only included for alcohol-specific conditions and for low birth weight”

[38] A “specific” definition refers to an admissions where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition

[39] ONS state “The definition of a drug poisoning death is based on the International Classification of Diseases (ICD) code assigned as the underlying cause of death. The definition of a drug misuse death is one where either the underlying cause is drug abuse or drug dependence, or the underlying cause is drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved.” Contact the Research Unit if you require specific ICD codes used.

[40] This measure includes all reported road accidents, of all severities.

## Substance Misuse – Treatment Outcomes

West Sussex continues to have a lower completion rate in relation to treatment for of alcohol and drug misuse. **Note there is a time lag on these measures and numbers are low – notably for opiate drug users.**

- **Alcohol – 29.8% of alcohol users that left treatment successfully did not re-present to treatment within 6 months** (England rate 38.7%). This is the second lowest amongst CIPFA neighbours.
- **Non-opiate drug use – 27.4 % of non-opiate drug users who left treatment successfully did not re-present to treatment within 6 months** (England rate 37.1%). This is the second lowest amongst CIPFA neighbours.
- **Opiate drug use – 5.7 % of opiate drug users who left treatment successfully did not re-present to treatment within 6 months** (England rate 6.7%). This is the third lowest amongst CIPFA neighbours.

## REPRODUCTIVE AND SEXUAL HEALTH

**Note** The following data have been taken from the Sexual and Reproductive Health Profiles. These profiles bring together a range of measures including surveillance and treatment of sexually transmitted illness, teenage pregnancy and reproductive health. <https://fingertips.phe.org.uk/profile/SEXUALHEALTH>

### Diagnostic rates

- **Rate of syphilis diagnoses per 100,000 population, 8.9 per 100,000** (75 cases) lower than England, higher than statistical neighbours. Note that small number of cases mean that the confidence interval on this rate is wide.

- **Gonorrhoea diagnoses 48.6 per 100,000(412 cases)** lower than England, highest rate amongst statistical neighbours, of note is the increase in West Sussex in 2016 there were 260 cases diagnosed this rose to 412 in 2017. Increasing trend is noted across all comparable authorities.
- **Rate of chlamydia detection per 100,000 young people aged 15 to 24 [41].** (Note Public Health England (PHE) recommend that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15–24). **In 2017 the detection rate in West Sussex had fallen to 1,414 per 100,000** (from 1,899 per 100,000 in 2016). The detection rate in West Sussex in 2017 was well below the national rate, and middling in comparison with statistical neighbours.
- **Coverage of HIV testing measured in specialist sexual health services[41]–** a percentage of 77.1% in West Sussex in 2017 compared well with the England rate (65.7%) and CIPFA neighbours).
- **HIV late diagnosis (%) [42] –** Fewer people in West Sussex are receiving a late HIV diagnosis, **of those newly diagnosed in 2017, 39.7% had a CD4 count less than 350 cells per mm**, this is slightly lower than the England rate.

### Abortion

**The percentage of abortions undertaken before 10 weeks** was significantly lower than the England rate in 2017 (73.4% in West Sussex, England 76.6%) and is lower than many comparable local authorities..

**There has been a fall in the repeat abortion rate** (amongst under 25 year olds) in the county in 2017, back down to 23.7% from a higher figure in 2016 of 28.6%, comparable to England.

[41] PHOF reference 3.02

[42] This is a new measure and PHE state that this calculates the proportion of 'Eligible new attendees' in whom a HIV test was accepted. An Eligible new attendee' is defined as a patient attending a specialist sexual health service (SHS) at least once during a calendar year. Patients known to be HIV positive, or for whom a HIV test was not appropriate, or for whom the attendance was related to Sexual and Reproductive Health (SRH) care only are excluded.

[43] PHOF reference 3.04. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection.

**Hospital admissions for pelvic inflammatory disease (PID)** increased in 2016. This measure is now showing as significantly higher than the England rate, and is the 2nd highest of CIPFA neighbours. There were 462 admissions in 2016/17 compared with 351 in 2015/16.

### FLU JABS AND SCREENING PROGRAMMES

**The uptake of the flu vaccine for people aged 65 years or over [44] was 72.8%** in 2017/18, this was the first increase in 4 years. **There was also an increase in the flu vaccination of at risk groups[45] (48.0%)** but this remains significantly below the England rate and is the 4th lowest amongst CIPFA neighbours.

Overall, at a county level, **the take-up rates of screening programmes is good**, comparing favourable with England and in line with rates in statistical neighbours. However but again there is variation with notably low rates in Crawley

- The screening rate for **breast cancer is 77.4%** (Crawley, 71.3%) [46]
- The screening rate for **cervical cancer is 74.2%** (Crawley, 69.2%) [47]
- The screening rate for **bowel cancer is 62.6%** (Crawley, 54.8%) [48]
- The screening rate for **abdominal aortic aneurysm is 83.2%** (Crawley, 80%) [49]

### NHS Health Checks

For NHS Health Checks, West Sussex continues to perform poorly compared with England on all outcome measures [50]:-

- The **cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check** in the five year period 2013/14 - 2017/18 was 69.9%.

- The cumulative percentage of eligible population aged 40-74 **offered an NHS Health Check who received an NHS Health Check** in the five year period 2013/14 - 2017/18 was 42.9%.
- **Cumulative percentage of eligible population aged 40-74 who received** an NHS Health Check in the five year period 2013/14 - 2017/18 was 30%

### COMMUNITY SAFETY

**Violence** – Violent crime (as measured by the rate of recorded violent crime including sexual offences per 1,000 population) [51] has been increasing in West Sussex, and nationally in recent years. In 2016/17 there were **a total of 13,537 recorded offences compared with 9,740 in 2014/15.[51]**.

**The rate in West Sussex (16.2 per 1,000 population) remains lower than England and most comparable authorities.** The rate is far higher in Crawley (26.7 per 1,000) and Worthing (20.1 per 1,000).

**Road accidents** – **The rate of people killed or seriously injured on the roads** (the KSI rate)[52] remains high in West Sussex, the rate for 2014-16 of 56.8 per 100,000 is significantly higher than England (39.7) and the 4th highest amongst comparable authorities. Of note the rate has been rising in recent years, while the England rate has decreased.

[44] PHOF reference 3.03xiv

[45] PHOF reference 3.03xv. These are individuals from age six months to under 65 years, excluding otherwise 'healthy' pregnant women and carers.

[46] PHOF reference 2.20i [47] PHOF reference 2.20ii [48] PHOF reference 2.20iii [49] PHOF reference 2.20iv

[50] PHOF references 2.22iii, 2.22iv and 2.2v

[51] PHOF reference 1.12ii.

[52] PHOF reference 1.10. It is also a target in the West Sussex Plan. Up-to-date information and a commentary is available on the WSCC website.

## MENTAL HEALTH

- Nationally, 1 in 6 adults (17.0%) were identified with a common mental health disorder (CMD) in the week prior to interview.
- By applying this prevalence estimate to West Sussex, it is estimated that 117,400 adults (aged 16+) are likely to have a common mental health problem
- Women were more likely to have a common mental health disorder than men
- Nationally, 1 in 6 adults (17.0%) were identified with a common mental health
- 64.4% of adults who were identified as having a common mental health disorder in the survey had been diagnosed by a professional
- Around a third (35.6%) of adults identified as currently with CMD by the survey have never been diagnosed. This may reflect unmet need, or demonstrate how perceptions of mental health varies.

### Estimates of Prevalence of **Common Mental Health Disorders in West Sussex** (Adult Psychiatric Morbidity Survey 2014)

	16-24	25-34	35-44	45-54	55-64	65-74	75+	All Ages
Generalised anxiety disorder	4,780	5,540	7,250	9,050	6,700	3,990	2,260	40,750
Depressive episode	1,750	3,180	4,310	5,580	4,500	2,090	1,180	22,800
Phobias	2,510	3,000	3,150	3,350	2,410	600	450	16,580
Obsessive compulsive disorder	1,370	1,270	1,680	1,980	1,570	300	270	8,980
Panic disorder	910	450	320	620	520	700	540	4,140
CMD-NOS (not otherwise specified)	6,380	8,270	8,610	10,790	8,480	5,190	4,430	53,880
Any CMD	14,350	17,270	20,270	23,690	18,850	11,470	7,950	117,430

**Severe Mental Illness** – Recorded prevalence of severe mental health problems.

**The mental health register** is a count of the total number of people with schizophrenia, bipolar disorder and other psychoses. In 2016/17, the recorded disease prevalence for mental health ranged from 0.71% in Horsham and Mid Sussex CCG to 0.93% in Coastal West Sussex CCG.

### Recorded disease prevalence for mental health conditions (schizophrenia, bipolar disorder and psychoses) (2016/17)

	List Size	Register	Prevalence (%)
Coastal West Sussex CCG	510,467	4,737	0.93
Crawley CCG	131,395	1,005	0.76
Horsham and Mid Sussex CCG	238,077	1,685	0.71
West Sussex	879,939	7,427	0.84
England	58,029,147	534,431	0.92

**Learning Disability** – There are an estimated **16,500 people aged 15+ years** living with a learning disability in West Sussex

- 3,400 people with a **moderate to severe** learning disability,
- 4,500 people on GP practice **Learning disability registers**
- 300 people with **Down's syndrome**

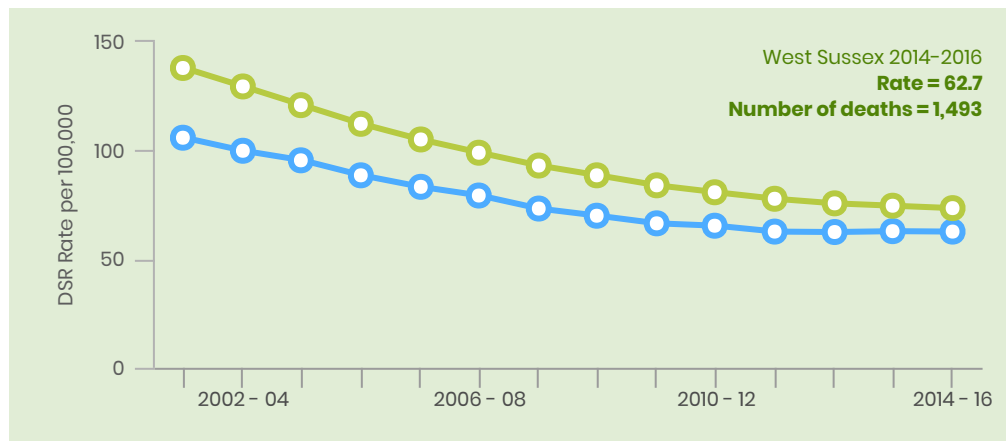
**Autism** – in relation to adults (18+ years) it is estimated that there are 1,100 adults in West Sussex living with autism.

## PREMATURE MORTALITY

Age-standardised rate mortality rate (under 75 years)  
**Cardiovascular diseases**

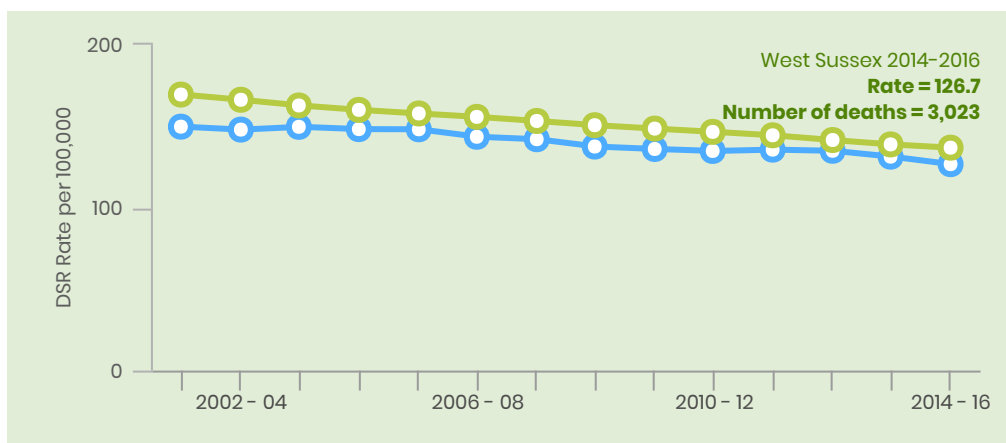
For all graphs (note SCALES VARY)

West Sussex = ●  
England = ○



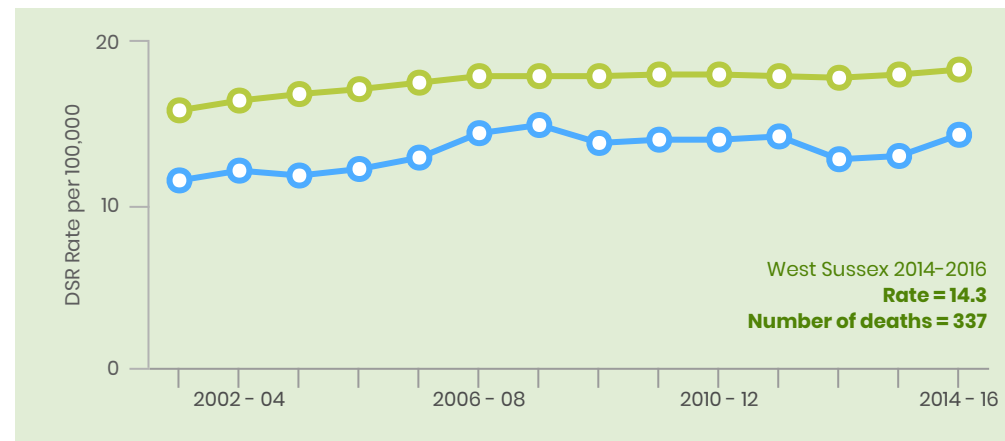
Cardiovascular disease (CVD) remains a major cause of premature mortality. The rate has reduced greatly over the last 20 years, due to lifestyle improvement and treatment. The mortality rate in West Sussex is significantly better than the England rate, above CIPFA neighbours of Oxfordshire and Hampshire..

Age-standardised rate mortality rate (under 75 years)  
**Cancer**



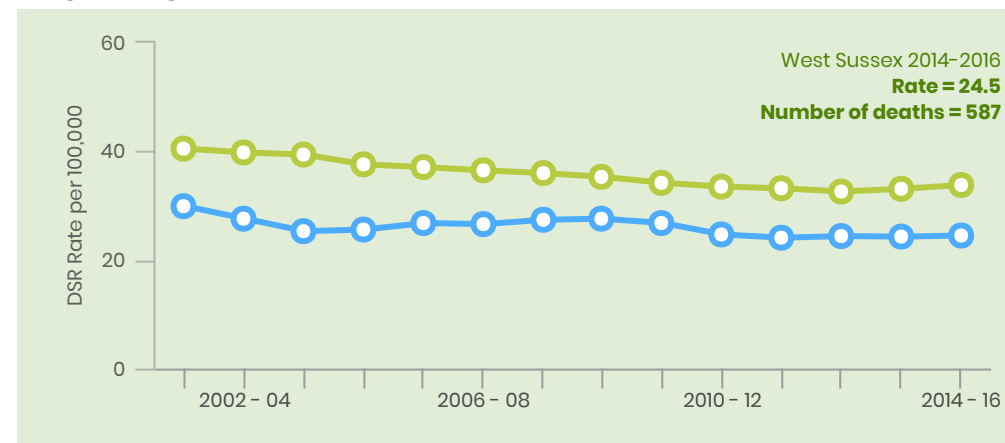
Cancer remains the biggest cause of death for people under 75. A continued reduction will require sustained effort on prevention, early diagnosis and treatment. The rate in West Sussex is significantly better than the England rate.

Age-standardised rate mortality rate (under 75 years)  
**Liver Disease**



Liver disease is a major cause of premature death, most liver disease is preventable and alcohol consumption and obesity underlying factors, both amenable to public health interventions. Of the major causes, the rate of mortality is not reducing. Locally the rate is below England

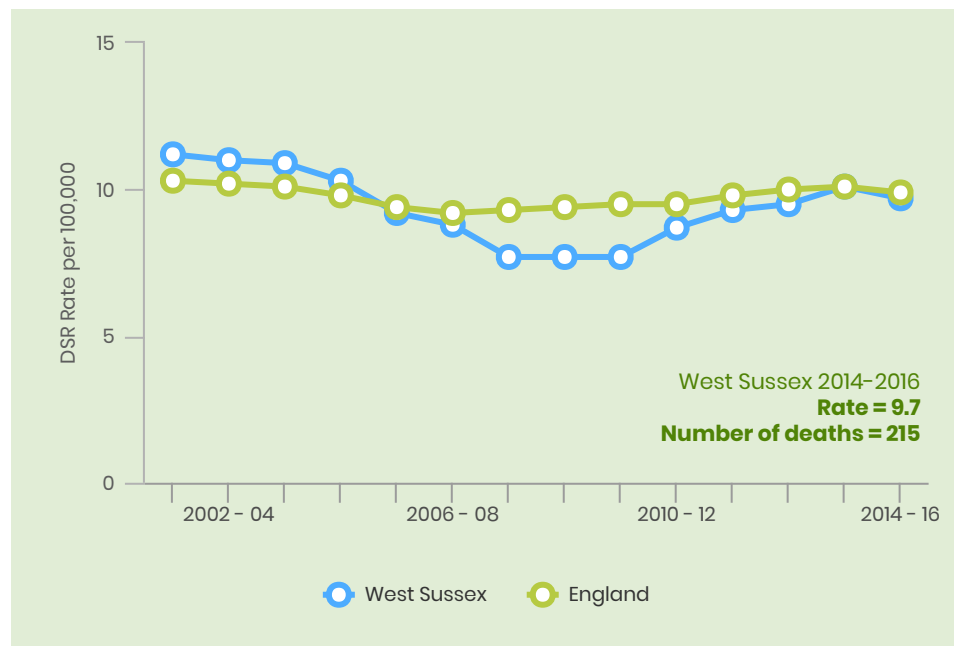
Age-standardised rate mortality rate (under 75 years)  
**Respiratory Disease**



Respiratory disease is a major cause of premature mortality. For chronic obstructive pulmonary disease (COPD), one of the main respiratory diseases, smoking is a major cause. The West Sussex rate is below England's.

## SUICIDE

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (All ages) [53]



The rate in West Sussex is similar to that of England. Between 2014-2016 there were 215 deaths.

**The West Sussex Public Health and Social Research Unit carry out a Suicide Audit in 2017.** This audit covered suicides in the years 2013 to 2015. The audit provided detailed background context and circumstances and was undertaken to inform the local Suicide prevention Strategy.

The panel opposite details some of the background observations, for more detailed analysis please refer to the report or contact [robert.whitehead@westsussex.gov.uk](mailto:robert.whitehead@westsussex.gov.uk)

### Suicide – Demographic Information from the West Sussex Suicides Audit 2013–2015

For the years 2013-15 inclusive, there were 190 confirmed suicides and 23 open verdicts likely to be suicides.

- Combined, there were 52 females and 161 males included in the audit.
- Seasonal variations show a higher prevalence in summer months, though it is possible that this is random error found in low sample numbers.
- Nearly a third of male deaths and female deaths occurred between the ages of 45 and 54. Roughly half of female deaths and a fifth of male deaths occurred in those aged 65 and over.
- One in three individuals lived alone at the time of death and one in four lived with their spouse or partner.
- The most common means of suicide was by hanging or strangulation (43%); next to this was self-poisoning (20%), more popular in older females, and impacts with a train (10%), more popular with younger males.
- Rail crossings are as common for suicide as rail stations (together accounting for 10% of deaths).
- Over half of suicides occur in the home or elsewhere on the premises.
- Nearly one in three deaths occurred after consuming some level of alcohol. One in seven had taken illicit or non-prescribed drugs.

## LIVING WELL - Further information

This is a summary document, more detailed local analyses (alongside a whole host of national profiles!) are available, including the needs assessment and briefings highlighted below. If you have specific information requests please contact the team.



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West Sussex is home to 192,900 people aged 65 years or over. **Overall older people in the county are relatively healthy and the county is a great place to live.** More people are continuing in paid employment well past the "traditional" retirement age, and older people provide considerable caring support to their families and friends, and the wider community.

But we know that with age comes physical frailty and many people are living with one or more chronic long term health condition. In terms of mental wellbeing, although, and understandably, there is a considerable focus on dementia and the increased support people with dementia need, large numbers of older people suffer from depression. **We know that tackling issues such as social isolation and loneliness amongst older people not only improve the quality of life** but acts to reduce health service pressures and demands.

**Over 72,500 older people in West Sussex live alone.** This is expected to increase to over 100,000 within the next 20 years.

**Approximately 7,500 live in a residential or nursing homes,** and although this number would be expected to also increase, the propensity of older people to live in care homes has been declining in the UK [54], so simply projecting forward a number based on population growth can be misleading.

As people age general health declines and the likelihood of having one or more long term health condition or disability increases. It should be recognised that most care in a society is "informal"; self-care, or care by others in a family or group of friends.

**Data on the total number of people providing unpaid care is scarce.** Information has been collected as part of the national census since 2001, but it should be recognised that many people would not necessarily classify themselves as a carer, and research has found that caring responsibilities amongst children and young people is often under reported. Using the data from the census, **overall 11% of the population provided unpaid care, and this rose to 1 in 5 of the 50–64 years population and was higher still for women in this age bracket, with almost 1 in 4 women providing care.**

It should be recognised that older people are an important part of the local health and social care workforce. An estimated **27,000 older people in West Sussex provide unpaid care** to a family member, friend or neighbour, with a third providing 50 hours or more of unpaid care a week, this includes over 1,300 people aged 85 year or over.

In terms of **self-care and self-management** of long term conditions, there is increasing emphasis and work helping people manage their own long term condition. **As part of the GP Patient Survey, data are collected as to whether people feel supported to manage their long-term conditions,** based on responses to one question from the GP Patient Survey [54].

- For the period January 2018 – March 2018 (latest data available as of August 2018), nationally 64% said they felt supported to manage their long term condition, in West Sussex this ranged **from 68% in relation to patients surveyed from NHS Horsham and Mid Sussex GP practices, 58% in relation to NHS Coastal West Sussex CCG** (a drop of over 5% from the previous survey) and **58% in relation to NHS Crawley CCG.**

[54] Data from the 2001 and 2011 census show that the number of older people living in communal establishment rose by 0.3% between 2001 and 2011. This was considerably lower than the overall 65+ age population increase in the same period (11.0%).

[55] This is a measure on the CCG Outcome Indicator Set – reference 2.2.

## OLDER PEOPLE WITH LONG TERM CONDITIONS

Estimates of the number of older people living with a long term condition are based on prevalence assumptions from national research [56]. *Note these are broad rounded estimates*

- People aged 65+ predicted to have **diabetes – approx. 24,000**
- People aged 65+ estimated to have **dementia – 14,300**
- People aged 65+ predicted to have **depression – 16,650**
- People aged 65+ predicted to have **severe depression – 5,300**
- People aged 75+ predicted to have **registrable eye conditions – 5,800**
- People aged 65+ predicted to have **severe hearing loss – 15,600**
- People aged 65+ predicted to have a **longstanding health condition caused by bronchitis and emphysema – 3,200**
- People aged 65+ predicted to have a **longstanding health condition caused by a stroke – 4,500**
- People aged 65+ predicted to have **a bladder problem at least once a week – 31,900**
- People aged 65+ predicted to have **a fall – 52,200**
- People aged 65+ predicted to be **admitted to hospital as a result of a fall – 4,100**

In relation to **recorded prevalence, approximately 9,148 people in West Sussex are on GP dementia registers**, the majority (over 5,700) in the Coastal West Sussex CCG area.

## MULTI-MORBIDITY – Public Health Estimates

As we age we are likely to have or develop one or more long term health condition, this is called **co-morbidity**.

In 2018 Public Health England published estimates of the number of people with multi-morbidities in each lower tier authority in England.

In doing this PHE noted some challenges in how multi-morbidity is described, including how many and which conditions are included (physical and/or mental health conditions). **These estimates are shown overleaf**

## Physical Conditions included in the PHE Estimates

Hypertension	Heart failure
Painful condition	Prostate disorders
Asthma (currently treated)	Glaucoma
Coronary heart disease	Epilepsy (currently treated)
Treated dyspepsia	Psoriasis or eczema
Diabetes	Inflammatory bowel disease
Thyroid disorders	Migraine
Rheumatoid arthritis, other inflammatory polyarthropathies & systematic connective tissue disorders	Blindness & low vision
Hearing loss	Chronic sinusitis
Chronic obstructive pulmonary disease	Bronchiectasis
Irritable bowel syndrome	Parkinson's disease
New diagnosis of cancer in last 5 years	Multiple sclerosis
Treated constipation	Viral Hepatitis
Stroke & transient Ischaemic attack	Chronic liver disease
Chronic kidney disease	
Diverticular disease of intestine	
Atrial fibrillation	
Peripheral vascular disease	

## Mental Health Conditions included in the PHE Estimates

Depression
Anxiety & other neurotic, stress related & somatoform disorders
Alcohol problems
Dementia
Schizophrenia (and related non-organic psychosis) or bipolar disorder
Learning disability
Anorexia or bulimia

[56] The POPPI website from IPC has been used for the estimates.

**Multi-morbidity** Estimates – West Sussex  
Prevalence of **2 or more chronic conditions**

	Estimated Number	Prevalence
0-24 years	3,820	1.7%
25-44 years	22,150	11.1%
45-64 years	64,290	29.5%
65-84 years	90,560	64.2%
85+ years	21,910	81.4%

Prevalence of **3 or more chronic conditions**  
by age

	Estimated Number	Prevalence
0-24 years	740	0.3%
25-44 years	8,470	4.2%
45-64 years	33,230	15.3%
65-84 years	62,250	44.1%
85+ years	17,380	64.6%

Prevalence of **Physical and Mental health comorbidity** by age

	Estimated Number	Prevalence
0-24 years	1,020	0.5%
25-44 years	10,940	5.5%
45-64 years	25,230	11.6%
65-84 years	23,580	16.7%
85+ years	8,130	30.2%

**Sensory impairment, hearing and sight**, can act to severely reduce independence, and increase social isolation, in later life.

**Sight loss due to age related macular degeneration (AMD) in 65+ has increased in West Sussex** in the last three years. In 2017 the rate was 96.8 per 100,000 and having been lower than England, the West Sussex rate is now similar to the national rate and in line with comparable authorities.

**FALLS IN LATER LIFE** are one of the key triggers for entry into residential care. The rate of emergency admission as a result of a fall is relatively high in West Sussex, and of particular concern is the higher rate amongst the 80+ years age group, for 2017 the rates (per 100,000) are:-

**People aged 65+ years** - 2,176 per 100,000 (4,495 falls) (England rate, 2,114) [57]

- **People aged 65-79 years** - 980 per 100,000 (1,274 falls) (England rate, 993) [58]
- **People aged 80+ years**, 5,644 per 100,000 (3,221 falls) (England rate, 5,363) [59]

**HIP FRACTURES** – And of note hip fractures are of particular concern as PHE state that one in three older people who have a hip fracture return to their former levels of independence, with one in three ends moving into to long-term residential or nursing care

**People aged 65+ years** – 595 per 100,000 (1,240 hip fractures) (England rate, 2,114) [60]

- **People aged 65-79 years** -229 per 100,000 (294 hip fractures) (England rate, 241) [61]
- **People aged 80+ years**, 1,658 per 100,000 (964hip fractures) (England rate, 1,545) [62]

[57] PHOF reference 2.24i, [58] PHOF reference 2.24ii [59] PHOF reference 2.24iii  
[60] PHOF reference 4.14i [61] PHOF refenec 4.14ii [62] PHOF reference 4.14iii

## SOCIAL CARE NEED

There are number of ways of estimating social care needs of the older population, the West Sussex Public Health and Social Care Unit explored options [63] for segmenting the older population using data relating to long term limiting illnesses and chronic health conditions, using estimates of the needs for help with daily living activities and data from the census on the general health of the population.

## SOCIAL CARE DEMAND 2016/17

**Note:** Comparative data are available for 2016/17, national data for 2017/18 are due to be published at the end of October 2018.

In 2016/17 (figures rounded):-

- The number of clients accessing Long Term support during the year per 100,000 adults, was
  - 18-64 years** 725 per 100,000 (England, 865)
  - 65+ years** 3,365 per 100,000 (England, 5,845)
- There were **14,630 new requests for support**. Of these 3,825 related to people aged 18-64 years, 10,805 to people aged 65+ years.
- Of people aged 18-64 years** 85 people went onto long term care, and a further 635 ongoing low level support.
- Of people aged 65+** 800 people went into long term residential or nursing care, and a further 1,700 ongoing low level support.
- The rate of permanent admission into residential and nursing care for adults aged 65+** was 651.2 per 100,000 population, this was higher than England and CIPFA neighbours (note local data shows a fall in the rate, to 504.5 in 2017/18)

Segment Groups based on Activities of Daily Living (ADL)	% of 65+ Population	West Sussex
Group 0: no dependency	70.4%	133,900
Group 1: no core ADL difficulties (but possibly non-core ADL difficulties), only IADL difficulties such as shopping and cleaning	11.2%	21,300
Group 2: as group 1 and also difficulty in performing one or more core ADLs	6.7%	12,700
Group 3: people who are unable to perform (without help) one core ADL	4.7%	8,900
Group 4: people who are unable to perform two or more core ADLs	7.0%	13,300

## Requests for Social Care Support (Adults) 2017/18 LOCAL DATA

Although national data for 2017/18 are yet to be published (as of August 2018), local information [64] shows that new requests for support have increased in West Sussex:-

- Increase in requests** from approx 14,600 in 2016/17 to over 22,200 in 2017/18 (over 19,000 individuals)
- The majority of new requests coming from the community **but also a large increase (over 15%) of requests via discharge from hospital** (from approximately 1,800 to over 3,300)
- In terms of outcomes there** has been a corresponding increase in the number of people with long-term support and re-ablement

[63] Estimation of the need and social care demand management (2015) WSCC

[64] **This approach is based on the work of the Wanless Review** (Securing Good Health for Older People Review for the King's Fund with the Personal Social Services Research Unit (PSSRU) at The London School of Economics (2006)). This review grouped data from national surveys into 5 groups, according to whether a person had difficulty or could not perform core activities of daily living: transfer, get in and out of bed (or chair); using the toilet; getting dressed and undressed and feeding self. The review also used the ability to undertake "instrumental" activities of daily living (IADL) including activities such as shopping, housework, laundry, cooking and preparing meals, managing personal affairs etc. This has the advantage of being a more detailed consideration as to the nature of daily living activities than provided by the Census, but has a disadvantage in that survey data are not available at county level, so national assumptions from surveys, some undertaken in the mid-2000s, are being applied to local 2017 population figures.

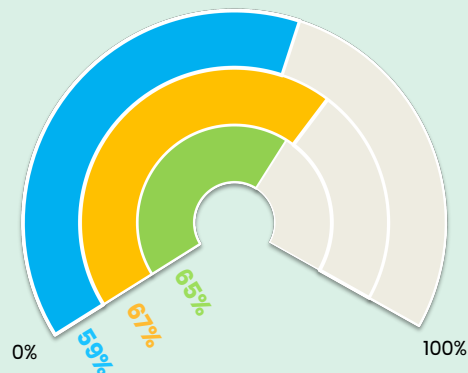
## ADULT SOCIAL CARE SURVEY 2017-18

Each year a sample of people in receipt of support funded, or managed, by social services are surveyed. The survey asks a range of questions, including questions about how satisfied people are with the support provided and how the support affects their lives. The survey has a range of questions, here we are just showing results for four, relating to overall satisfaction, social contact, overall quality of life and access to information. For all West Sussex outcomes are poorer when compared with England and comparable local authorities

For each question results for West Sussex are **SHADED BLUE**, CIPFA comparator authorities **SHADED ORANGE** and England **SHADED GREEN**.

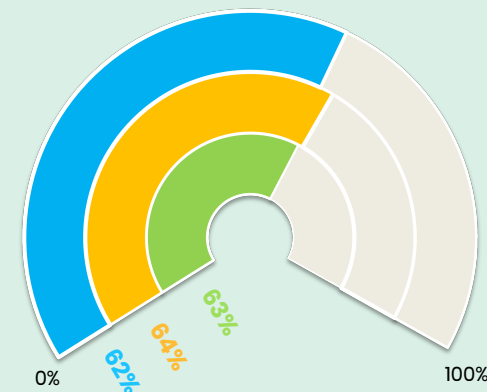
### Question 1 – OVERALL SATISFACTION WITH CARE AND SUPPORT RECEIVED

**59% of respondents in West Sussex said they were extremely or very satisfied with care and support they received.** This is the lowest of comparator neighbours, and below England.



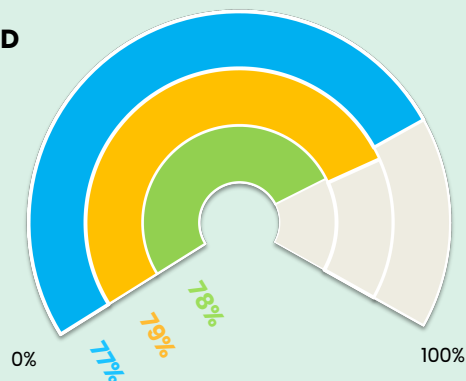
### Question 2 – QUALITY OF LIFE

**62% of respondents rated their quality of life as good, very good or "could not be better".** This was lower than comparable authorities and England.



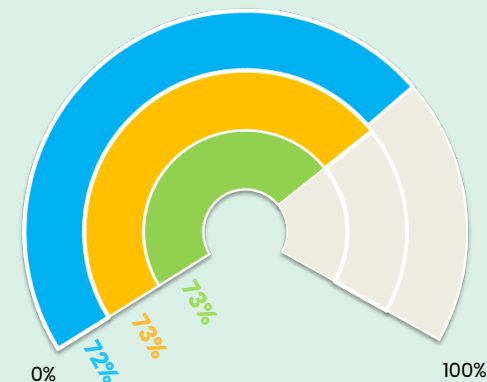
### Question 8a – SOCIAL CONTACT AND FEELING ISOLATED

**77% of respondents said they had as much contact as they wanted, or adequate contact,** slightly below England and comparator authorities. **7% said that they had little social contact with people and felt socially isolated**



### Question 12 – INFORMATION AND ADVICE ABOUT SUPPORT, SERVICES OR BENEFITS

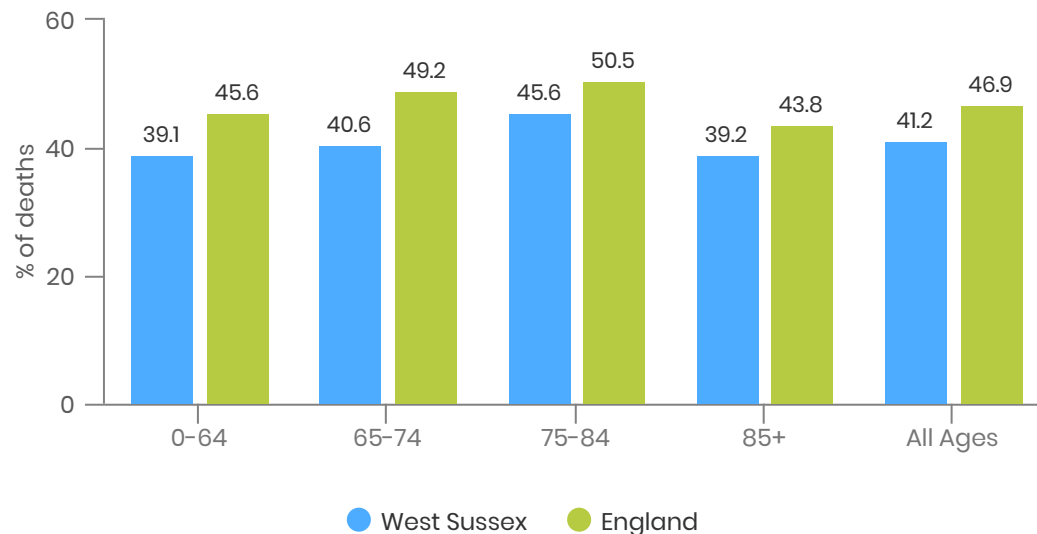
**72% of respondents said they found information very easy or fairly easy to find.** This was similar to comparator authorities and England.



## END OF LIFE CARE

**The place of death of people** in older age groups is shown below.

In the absence of other measures the place of death is often used as a proxy for the quality of end of life care. This reflects the fact that when asked many people express a preference to die in their own home surroundings, or supported in a hospice, rather than a hospital setting.



For all age groups the percentage of deaths in hospital is lower in West Sussex when compare with England, however within West Sussex there are notably difference, with Crawley having a higher percentage of deaths in hospital.

## AGEING WELL – Further information

This is a summary document, more detailed local analyses (alongside a whole host of national profiles!) are available, including the needs assessment and briefings highlighted below. If you have specific information requests please contact the team.



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