


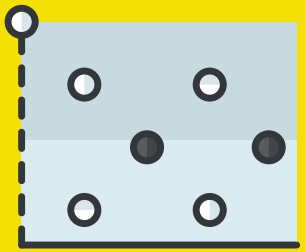


West Sussex Joint Strategic Needs Assessment
Summary 2019/20

Drafted by the West Sussex Public Health and Social Research Unit
February 2020

Health and Wellbeing Board

West Sussex Joint Strategic Needs Assessment - Background Notes

Contacts and Further Information

This report was drafted by the West Sussex Public Health and Social Research Team with support from colleagues from across the council and local organisations.

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Specific analysts for individual life stages are provided at the end of each section.

JSNA Website

We place full reports, information and links on the West Sussex JSNA website. **https://jsna.westsussex.gov.uk/**

Posters available

We are keen to disseminate the information from the JSNA. For some subjects we have drafted posters which can be downloaded from the website.

West Sussex Life

https://www.westsussex.gov.uk/campaigns/west-sussex-life/

Scale, Direction and Significance

Being presented with a lot of facts and figures can be overwhelming. We recommend keeping three simple elements in mind when looking at quantitative data:

Develop a clear understanding of the **SCALE** of an issue in understanding population level needs. *For example, in West Sussex there are approximately 160-200 teenage pregnancies a year.*

Look at the trend or the **DIRECTION** - if you have a good time-series of data, look at the short-, medium- and long-term. Get a good idea of whether there is a desired direction of travel. *For example, in relation to teenage pregnancy, there is a long downward trend, locally and nationally.*

Finally look at **SIGNIFICANCE** - is one year different to the next, or one place compared with another? In this summary we use the term significant to mean *statistically* significant (meaning a difference isn't due to random chance). *For example, locally there was a rise in teenage pregnancy between 2016 and 2017 but this was small and not significant.*

CIPFA Neighbours

Data in this summary are compared in a number of ways: over time, between different groups in the population, or by area. We frequently compare information with England and with "comparable local authorities". The Chartered Institute of Public Finance and Accounting (CIPFA) group local authorities by looking at population characteristics (such as population, socioeconomic indicators, household and mortality characteristics).

For West Sussex our current (January 2020) comparable authorities are:

Cambridgeshire	Hampshire	Somerset
Devon	Kent	Staffordshire
East Sussex	North Yorkshire	Suffolk
Essex	Northamptonshire	Warwickshire
Gloucestershire	Oxfordshire	Worcestershire

West Sussex Joint Strategic Needs Assessment 2019/20 **Introduction**

What is a JSNA?

The West Sussex Joint Strategic Needs Assessment (JSNA) sets out the health and wellbeing needs of the population of West Sussex. It is not a single document or piece of analysis but encompasses a range of work, including detailed needs assessments relating to specific subjects or communities, evaluations of new programmes or activities, local surveys, and a range of briefings and ad hoc analyses. **This summary is a brief run-through of the data available.**

One of the key functions of the JSNA is to inform the local Health and Wellbeing Strategy. The previous JSNA summary informed the **West Sussex Health and Wellbeing Strategy 2019-2024.** The Strategy adopts a lifecourse approach. Following consultation and wider engagement, the West Sussex Health and Wellbeing Board board identified priorities across three themes - Starting Well, Living and Working Well and Ageing well.

Contact Aloisia Katsande (aloisia.katsande@westsussex.gov.uk) for further information.

West Sussex Health and Wellbeing Strategy Priorities 2019-2024

Start Well Priorities

- Improved mother and baby health and wellbeing, especially for those in most need
- Children growing in a safe & healthy home environment with supporting and nurturing parents and carers
- Good mental health for all children
- Children and young people leaving care are healthy and independent

Live Well Priorities

- Individuals, families, friends and communities are connected
- People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living
- People are able to look after their own health
- People live, work and play in environments that promote health and wellbeing

Age Well Priorities

- Fewer older people feel lonely or socially isolated
- There is a reduction in the number of older people having falls
- Older adults stay healthier, happier and independent for longer
- People receive good quality end of life care and have a good death

Partly in response to the priorities set out in the strategy, we have undertaken some focussed and more detailed analysis including detailing social mobility and multiple deprivation, mental health and wellbeing, emergency admissions, falls, self-care and self-management

Contents

Residents
859,000

The population has increased by 9% over the last 10 years and is projected to increase by a further 8% by 2028

Births
8,540

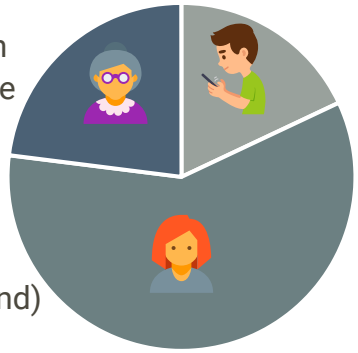
Deaths
9,223

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)
80% of working age adults are in employment, 4.5% higher than England

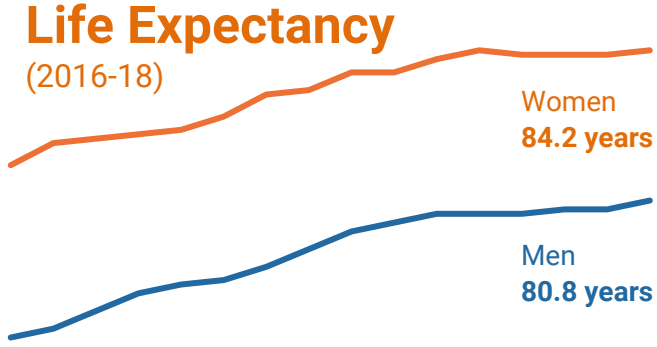
First Time Entrants to the Youth Justice System
This has been falling over the last 5 years and, at 99.7 per 100,000 (74 young people), is the fifth lowest in the country

Age Structure
The county has an older age structure compared with England. 23% of residents are 65+ years (compared with 18% in England)



0-15 year olds | 16-64 year olds | 65 and over years

Life Expectancy
(2016-18)



Male and female life expectancy has increased and remains above regional and national levels.

Getting Better
Teenage Pregnancy has more than halved over the last 10 years, from 29.8 per 1,000 15-17 yr olds in 2007 to 13.7 per 1,000 in 2017

The percentage of **children in reception who are overweight** (incl. obese) has fallen in West Sussex (19% in 2017/18 compared with 22% in 2007/8)

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.....






Health inequalities persist

- 7.6 years
fewer years in life expectancy for men in deprived areas

- 6.0 years
fewer years in life expectancy for women in deprived areas

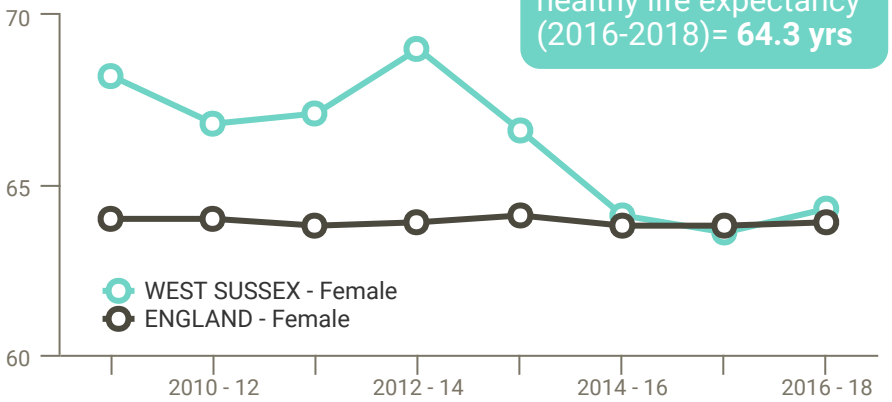
- People living in the most deprived areas live **shorter lives and have longer periods in ill health.**
- Some neighbourhoods in the county are within the **most 10% deprived areas of England**

Wider determinants remain challenging

- **House prices across the county** are putting home ownership out of reach for many first time buyers
- **Rents** are also expensive and increasing

Over 70,000 people are **living in poverty,** including nearly 17,000 children

Healthy life expectancy has stalled...and is falling for women



Female healthy life expectancy at birth in West Sussex is below male healthy life expectancy (64.6 yrs). Having been higher than the national figure, it is now in line with England (63.9 yrs).

Need to improve emotional and mental wellbeing across the lifecourse

- A local survey found 14% of Year 6 pupils were "struggling" on the self-reported wellbeing scale, with a further 6% falling into the "suffering" category.
- West Sussex also has a high rate of hospital admission for self-harm.

Need to reduce harms & threats to health

Improve childhood immunisation rates - There were 45 cases of measles in 2018.

Acting earlier - Overall West Sussex has a relatively good take up of screening programmes ....but lower take up in some areas, such as Crawley.

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

There are 10 **Air Quality Management Areas** across the county - all cite road traffic as the source of pollution

Many areas of West Sussex are susceptible to flooding; we need to ensure risks to health are mitigated.

Maximise prevention opportunities

These remain key drivers for health and wellbeing, and physical, emotional and mental health:

Obese or overweight

60% of adults are **overweight (including obese)**

Alcohol

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

Smoking rates

Still over 1 in 10 **adults smoke** and approx 1 in 4 routine and manual workers

Physical Activity

In 2017/18 in West Sussex 68.3% of adults were estimated to be **physically active** and 19.4% **physically inactive**.

The population of West Sussex is approx 859,000 and has increased by 8.6% over the last 10 years. This is broadly in line with increases seen at a national and regional level, with the largest increase, of over 23%, in the 65+ age group.

The population in West Sussex is projected [1] to increase by a further 8% from 2018 to 2028 with larger increases projected in the 65+ age group (23%+) and notably in the 85+ age group (28%), in the same 10 year period.

There are over 325 schools; 83 GP practices grouped into 19 Primary Care Networks (PCN); 160 community pharmacies; hospitals with A&E departments at Chichester and Worthing, and additional NHS hospital sites across the county; 36 libraries; and numerous museums, galleries, theatres and historic properties.

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

Overall, in West Sussex, people enjoy a good quality of life, and have a longer life expectancy when compared with England; life expectancy for men is 80.8 years and 84.2 years for women (2016-18). However the "average" in West Sussex masks considerable inequality, and differences between areas and between different groups within the population. Some neighbourhoods in Arun and Crawley now rank amongst the poorest 10% of all areas in England, and there remain considerable differences between the life expectancy of the wider population and people with mental health problems and those with disabilities, including learning disabilities.

West Sussex as Home

Although home ownership rates are high, West Sussex is an increasingly costly place to live. The ratio of lower quartile [2] house prices to lower quartile earnings stands at 11:1 in Worthing, and over 14:1 in Chichester (2018).

Rents have also been increasing, with median rent at £895 per month across West Sussex overall (Q1, 2019), and ranging from £775 in Worthing to £975 in Horsham and Crawley.

In 2018 there were almost 7,400 households on council waiting lists in West Sussex.

In relation to homelessness, figures fluctuate [3] 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 of homelessness across West Sussex, in Q1 2019:

- **86 households were accepted as homeless and in priority need.**
- **53 households with one or more dependent children** were accepted as homeless and in priority need (subset of the above).
- **61 households were recognised as homeless but not in priority need** [4].
- **410 households** [5] **and 753 children were in temporary accommodation.** 242 of these were in Crawley and 161 in Arun.
- **Over 36,000 households claimed Housing Benefit**, a third of which were in private rented accommodation.

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 2018 there were an estimated 98 rough sleepers in West Sussex [6].

[1] Note: ONS publish sub-national population projections annually and WSCC also produce a local set of projections which are 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.
[2] Lower quartile ratios rather than average ratios provide a better understanding of entry to the housing market.
[3] 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).
[4] This PHOF indicator was replaced in 2019 (by 1. Number of households owed a duty under the Homelessness Reduction Act and 2. Number of Rough Sleepers), although remains a relevant measure.
[5] PHOF reference B15c (the rate of households in temporary accommodation, per 1,000 households is the PHOF indicator).
[6] PHOF reference B15b.

The table below shows the population estimates by age group for West Sussex from 2008 and 2018. These are the ONS Mid-Year Estimates, which are published every year (usually in June). On the same table we have included the ONS Sub-National Population projections for the years 2019 to 2028.

Note: WSCC also produce population projections which incorporate local information on housing development. The ONS projections have been used to provide a strategic level summary of population change. *All data are rounded to the nearest 100.*

	Population Estimates (ONS Mid Year Estimates)					Population Projections (ONS Sub-national projections)				
Age	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
TOTAL	830,500	838,400	846,900	852,400	858,700	867,300	874,400	881,500	888,300	895,000
0 - 4 years	48,000	48,000	47,800	47,200	46,800	46,800	46,600	46,400	46,500	46,500
5 - 9 years	47,800	49,400	50,700	51,900	52,200	52,200	52,100	51,900	51,000	50,800
10 - 14 years	44,700	44,900	45,800	47,200	48,800	50,300	51,900	53,100	54,300	54,400
15 - 19 years	46,000	45,900	45,300	44,100	43,500	43,800	44,100	45,100	46,600	48,100
20 - 24 years	40,500	40,400	40,000	39,400	39,400	38,800	38,200	37,400	36,600	36,200
25 - 29 years	43,800	44,200	44,700	44,700	44,500	44,500	44,300	43,900	43,700	43,300
30 - 34 years	48,000	47,800	47,600	47,200	47,800	48,200	48,400	48,800	48,900	48,700
35 - 39 years	48,500	49,700	51,400	52,900	53,400	53,100	52,900	52,500	52,200	52,600
40 - 44 years	56,600	55,700	54,200	52,700	52,300	52,600	53,600	55,100	56,500	57,200
45 - 49 years	62,400	61,700	61,800	61,200	60,300	59,300	58,400	56,600	55,200	54,600
50 - 54 years	59,400	61,400	62,400	63,400	63,800	63,900	63,200	63,200	62,600	61,800
55 - 59 years	52,100	53,600	55,400	57,200	58,800	60,600	62,500	63,700	64,700	65,100
60 - 64 years	48,700	48,800	49,600	50,400	51,600	53,300	54,800	56,700	58,600	60,300
65 - 69 years	54,300	54,800	54,700	51,700	50,200	49,700	49,800	50,500	51,500	52,900
70 - 74 years	40,500	42,200	45,100	49,900	52,000	53,300	53,900	53,800	51,000	49,600
75 - 79 years	33,800	34,200	34,000	34,400	35,800	37,700	39,500	42,100	46,600	48,800
80 - 84 years	26,800	26,700	26,700	27,100	27,800	28,600	29,100	29,000	29,500	30,900
85 and over	28,600	29,000	29,700	29,800	29,700	30,600	31,100	31,700	32,300	33,200

Protected Characteristics

The Equality Act 2010 consolidated and replaced previous legislation in a Single Act. Public bodies must have due regard to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

There are nine **protected characteristics**; it is against the law to discriminate against someone because of a protected characteristic.

A high level description of protected characteristics in West Sussex is shown, with the key source used.

Data are collected from a wide range of surveys and services. The ONS undertake regular audits of data sources for different purposes (for example work, health, education etc). This looks at data on protected characteristics and some of the vulnerable groups listed below.

https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/inequalitiesdataaudit

Other vulnerable groups in the population

Although not covered by the Equality Act, it is important to recognise that there are other **groups in the population which are at known higher risk of poorer health and wellbeing** outcomes. These include:

- Carers (notably those caring for 50+ hours a week)
- People living in poverty
- Homeless people
- Children in care or leaving care
- Military veterans (notably younger veterans leaving service early)
- Gypsy, traveller and show people
- Refugees, asylum seekers or undocumented, forced, smuggled or trafficked migrants
- People in detention

Protected Characteristics in West Sussex

Age

Overall, West Sussex has an older population compared with England. **In 2018, 23% of the population (195,500 people) were aged 65 years or over,** compared with 18% nationally. A notable exception below county level is Crawley, where less than 14% of the population is 65+ years and 22% are aged 0-15 years.

Sources: ONS Mid Year Estimates, and small area estimates. Estimates are updated annually.

Sex

51% of the West Sussex population is female, reflecting the longer life expectancy of women. In the older age groups the gap is greater, with 55% of 65+ year-olds and 63% of 85+ year-olds being female.

Sources: ONS Mid Year Estimates, and small area estimates. Estimates are updated annually.

Disability

Under the Act, a person has a disability if they have physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. There is a strong relationship with age. **Using data from a national survey, this equates to 21%of the total population, ranging from 3% of 0-4 year-olds to 60% of people aged 80+ years.**

Sources: Nationally - Family Resources Survey (FRS). Locally refer to the West Sussex JSNA for more detailed information.

Race

includes ethnic or national origins, colour or nationality

Data are collected across organisations and services, although completion is often poor. Population level data are available from the Census. In 2011, **89% of the county population were White British, higher than England (80%).** Crawley is, again, notably different from the rest of the county, with 72% White British and 5.2% and 4.3% from Indian and Pakistani backgrounds respectively.

Sources: Various at service provision level. ONS / Census for population level data

Religion and belief

includes lack of belief

Data on religion are collected infrequently and the census (where the question was voluntary) remains the most comprehensive source. **66% of people stated they had a religious belief in West Sussex** (lower than England - 68%). Crawley had a higher percentage of people who stated their religion as Hindu (5%) or Muslim (7.5%)

Sources: Census, infrequent collection mainly via national surveys

Sexual Orientation

Data are collected infrequently, usually as part of national surveys such as the Annual Population Survey. Nationally (in 2016) ONS estimated that **2.5% of the UK population aged 16 or above identified as lesbian, gay, bisexual or 'other'.** Using this assumption, this represents **17,500 people aged 6+ in West Sussex**

Sources: Assumptions from Annual Population Survey, national research

Gender re-assignment

There is an absence of reliable data at a national or local level relating to the number of people who have/are seeking gender re-assignment or identify with a different gender than they were assigned at birth. **Nationally the Government have stated a *tentative* estimate of 200,000 to 500,000 people broadly described as transgender.**

Sources: National research

Marriage

and civil partnerships

Data are published regularly by the ONS, using data collected from Registrars, but this information is not broken down into sub-national areas. The Census 2011 described the marital/civil partnership status of residents. In West Sussex, **51% of people aged 16+ were married or in civil relationships, 29% single, 10% divorced, 8% widowed, and 2% separated.**

Sources: Registration data. Census for sub national information

Maternity

Various data are available but often at NHS maternity system level, NHS provider level, or relating to births as opposed to mothers or maternities. **In West Sussex, in 2018, there were 8,540 births, 38 of which were to mothers aged 18 years or under.**

Sources: Maternity Services Data Set, ONS Births data

West Sussex is a large and diverse county, covering over 750 square miles.

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. A large part of the county is within the South Downs National Park.

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]. We also 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, 16.6% of adults walk at least 5 times a week** [2] for "travel purposes" [3] such as walking to work, but this ranges from 19% of adults in Mid Sussex and Worthing, down to 14% in Arun. 68% of adults walk for leisure at least once a month.

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 NO2 and all cite road transport as the source of pollution. Arun is the only district within West Sussex without an AQMA (as of December 2019). In 2018, 5.4% of all mortality in West Sussex was estimated to be attributable to anthropogenic particulate air pollution [4].

Healthy Environments - The Access to Health and Hazards Index

The environments in which we live, work, shop and travel etc. impact our health; they can act to promote good health or can adversely affect our health and restrict the choices we make.

Providing a summary measure of how healthy an environment is is challenging; areas may have positive attributes alongside negative ones. Rural areas, for example, may provide good access to green spaces but have poorer access to health services. Providing a summary value at a local authority level is also problematic, as we experience environments at a localised/neighbourhood level.

The 'Access to Healthy Assets and Hazards' (AHAH) is an index which ranks neighbourhoods (at Lower Super Output Area) on four domains:

1. **access to retail services** (fast food outlets, gambling outlets, pubs/bars/nightclubs, off licences, tobacconists),
2. **access to health services** (GP surgeries, A&E hospitals, pharmacies, dentists and leisure centres),
3. **the physical environment** (Blue Space, Green Space - Active, Green Space - Passive)
4. **and air pollution** (NO2 level, PM10 level, SO2 level).

Consumer Data Research Centre

The Consumer Data Research Centre have produced very accessible outputs at neighbourhood level.

Data are freely accessible in map form http://maps.cdrc.ac.uk/. AHAH and data behind the maps can be downloaded from the same website.

[1] PHOF reference B16. 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) and the Active Lives Survey (ALS) mid-Nov 2017 to mid-Nov 2018. 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. This is a useful distinction, as it relates to building walking into everyday needs/functions as opposed to specifically walking activities, such as rambling and hiking for leisure.
[4] PHOF reference D01. Air pollution measured as fine particulate matter (PM2.5).

The Government publishes information relating to deprivation, ranking local authorities, CCGs and small areas or neighbourhoods according to how deprived they are. The publication is referred to as the "**Index of Deprivation**" and examines different aspects of deprivation, including low income, lack of employment, education, health etc.*

It is important to note that the Index of Deprivation 2019 (IoD2019) measures relative deprivation, i.e. how deprived one area is compared with another; it doesn't measure absolute deprivation, i.e. how deprived an area is compared with how deprived it was a year ago.

Data, alongside easy-read guidance and background information are published by the Ministry of Housing, Communities & Local Government (MHCLG): https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019.

A summary is shown over the next two pages; the full briefing is available on the JSNA website. Contact Ryan Walkley (ryan.walkley@westsussex.gov.uk) for further information.

Key Points

West Sussex ranked 129th of 151 upper tier authorities (1 being most deprived, 151 being least deprived). The county remains one of the least deprived areas in the country (Blackpool remains the most deprived local authority). Compared to neighbouring authorities, West Sussex is relatively less deprived than East Sussex (ranked 93rd) and Brighton and Hove (ranked 87th), although is more deprived than Hampshire (ranked 136th) and Surrey (ranked 145th).

Of the West Sussex Districts and Boroughs, **Crawley now ranks as the most deprived (overall) in West Sussex**, followed by Arun, Adur and Worthing. Mid Sussex remains the least deprived area in West Sussex.

Ranking values for Clinical Commissioning Group areas were also published. Of the 191 CCGs nationally, Coastal West Sussex CCG ranked 139th, Crawley CCG 95th and Horsham and Mid Sussex CCG ranked 189th.

In relation to "neighbourhood level" deprivation, areas within **three wards in Arun and one ward in Crawley fall within the 10% most deprived areas in England.** These wards are Courtwick with Toddington, Marine and Bersted in Arun, and Broadfield South In Crawley.

The 2019 indices were the fifth in the series to release data at small area level (called Lower Super Output Areas or LSOAs). There have been some changes to LSOA boundaries, nationally and within West Sussex, so comparison over time can be difficult but it is possible to look at the spread of small areas according to their national decile grouping. **West Sussex is showing signs of increasing polarisation** - the proportion of LSOAs in the 20% most deprived has steadily increased each release since 2004. The proportion of LSOAs in the 20% least deprived deciles is also at its highest level since 2004.

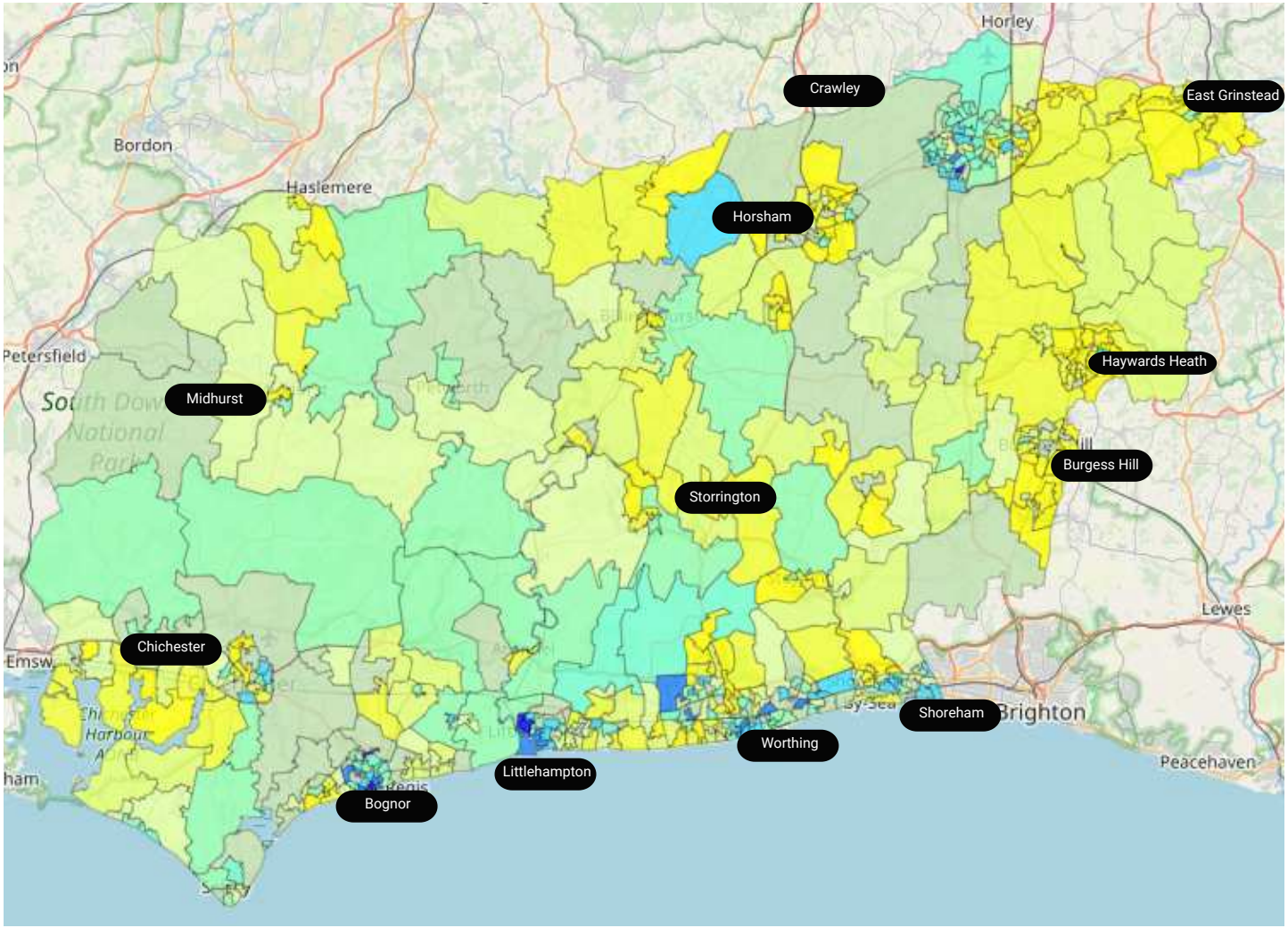
It is important to note that not everyone who lives in a deprived area is poor. There are deprived people and communities right across the county, including in rural areas.

*There are seven main domains, some of which are further sub-divided (subdomains). Income poverty, for example, is also detailed separately for children and older people.

Overall Deprivation 2019
West Sussex LSOAs

This map shades each small area within West Sussex, called Lower Super Output Areas (LSOAs), according to their decile of deprivation.

Areas shaded **dark blue are amongst some of the most deprived** neighbourhoods in the country and areas shaded **dark yellow amongst the least deprived.**



Leaflet | © OpenStreetMap
Contains National Statistics data © Crown copyright and database right (2019)
Produced by Public Health and Social Research Team, WSCC, JSNA@Westsussex.gov.uk

This is a snapshot of an interactive map which shows all the domains of deprivation.
https://jsna.westsussex.gov.uk/assets/maps/2019_imd_west_sussex

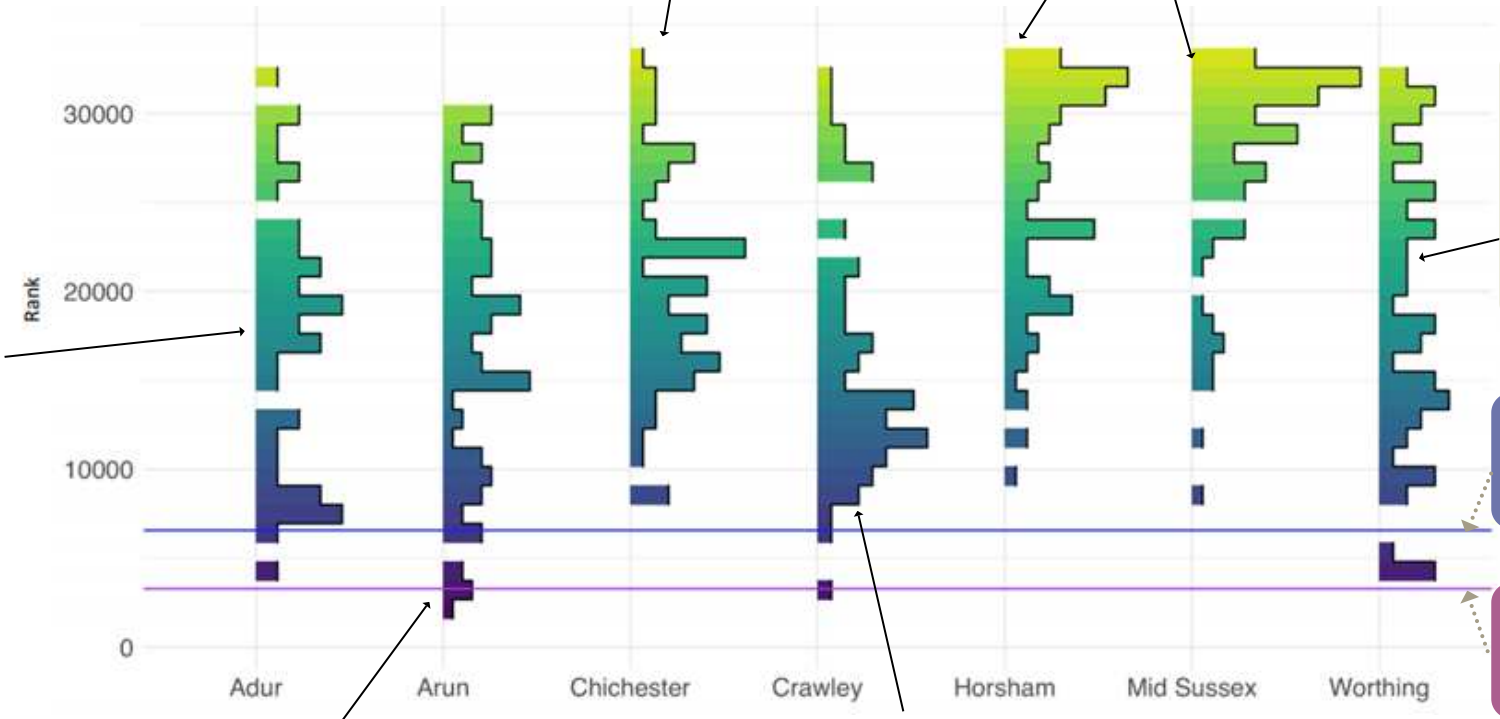
Understanding the spread of deprivation within lower tier authorities

Histogram of number of LSOAs, by deprivation rank, by district (low rank = most deprived)
The graph below shows the relative spread of deprivation across each of the districts.

For Chichester the graph shows a more compressed pattern, with no area within the most deprived national decile groupings (10/20%) but also fewer areas within the least deprived areas.

Large peaks in **Horsham and Mid Sussex** around the 30,000 rank show a clustering of LSOAs within the least deprived deciles with little variation across the districts.

In Adur, no area is ranked within the most 10% deprived. However, the shape of the histogram shows peaks within the 20% and 30% most deprived deciles, and a 2nd peak in the middle 40-60 decile grouping.



In **Worthing,** the spread is more even, showing that, although a small district, there are LSOAs spread across 9 of the deprivation deciles. Some LSOAs are in the most deprived 20%.

Below this line areas are within the most **20% deprived neighbourhoods** in England

Below this line areas are within the most **10% deprived neighbourhoods** in England

In Arun, there are small areas within the most 10% deprived neighbourhoods in the country and fewer neighbourhoods in the least deprived deciles.

The skewed nature of Crawley suggests that while the majority of the population live in LSOAs within deprivation deciles 3 and 4, there are also communities living in the least deprived national deciles.

Poverty and Poor Health

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

On average in West Sussex, men in the most deprived areas die almost 8 years earlier than men in the least deprived areas; women in the most deprived areas die 6 years earlier than their least deprived counterparts [1].

The relationship between poverty and poor health is a complex one. Being in poor health, having a disability or being a carer can affect your ability to get or maintain a job.

People in poorer health or who have a disability may also face higher living costs, such as higher transports costs, heating costs or costs to access specialist provision e.g. specialist child care or equipment.

Income Deprivation in West Sussex

Calculated from data published in the Index of Deprivation 2019*

The proportion of the **TOTAL POPULATION** experiencing deprivation relating to low income

	Number	Percentage
Adur	6,800	10.8
Arun	16,100	10.4
Chichester	9,300	7.9
Crawley	12,200	11.0
Horsham	7,600	5.6
Mid Sussex	7,800	5.3
Worthing	10,900	10.1
West Sussex	70,700	8.4

England rate = 12.9%

The proportion of all **CHILDREN AGED 0 - 15 YEARS** in income deprived families.

	Number	Percentage
Adur	1,600	14.3
Arun	3,400	13.6
Chichester	2,100	10.7
Crawley	3,700	15.6
Horsham	1,700	6.6
Mid Sussex	1,800	6.5
Worthing	2,400	12.5
West Sussex	16,700	11.0

England rate = 17.1%

The proportion of all those **AGED 60 YEARS OR OVER** who experience income deprivation.

	Number	Percentage
Adur	2,200	11.8
Arun	5,800	10.8
Chichester	3,200	8.2
Crawley	2,700	13.7
Horsham	2,500	6.6
Mid Sussex	2,600	6.8
Worthing	3,400	11.5
West Sussex	22,400	9.5

England rate = 14.5%

[1] PHOF reference A02a

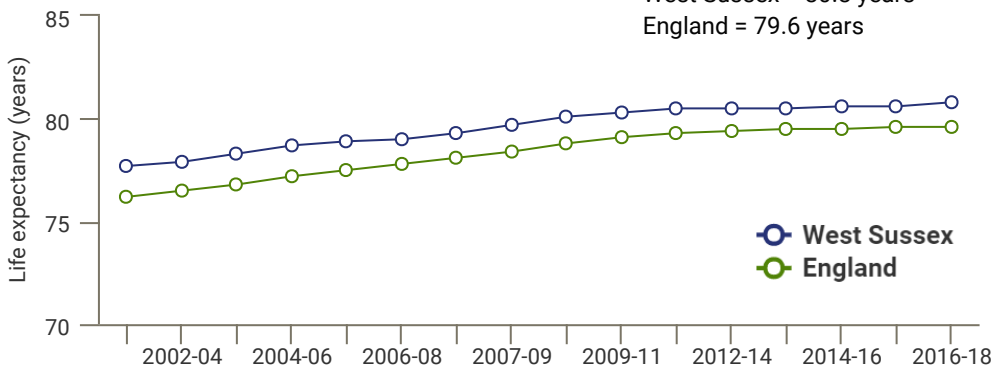
*The IoD2019 measures low income for people who are out-of-work and those in work but on low earnings (and who satisfy the respective means tests). The total of individuals is derived from the total of 7 non-overlapping welfare benefits. For background information refer to the technical and research reports
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833947/IoD2019_Research_Report.pdf

Inequality in Life Expectancy

Overall, life expectancy has increased in West Sussex and remains higher for both men and women compared to the life expectancy in England. However, there remain considerable differences in life expectancy between males and females [1] and between people from the most deprived and least deprived areas [2].

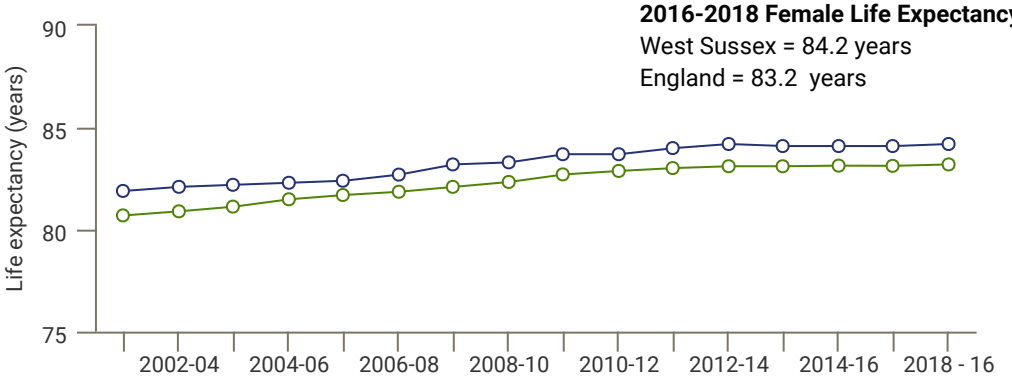
Male life expectancy at birth over time

2016-2018 Male Life Expectancy
West Sussex = 80.8 years
England = 79.6 years



Female life expectancy at birth over time

2016-2018 Female Life Expectancy
West Sussex = 84.2 years
England = 83.2 years



Difference in years of life expectancy between the least deprived and most deprived areas in West Sussex (2016-2018):

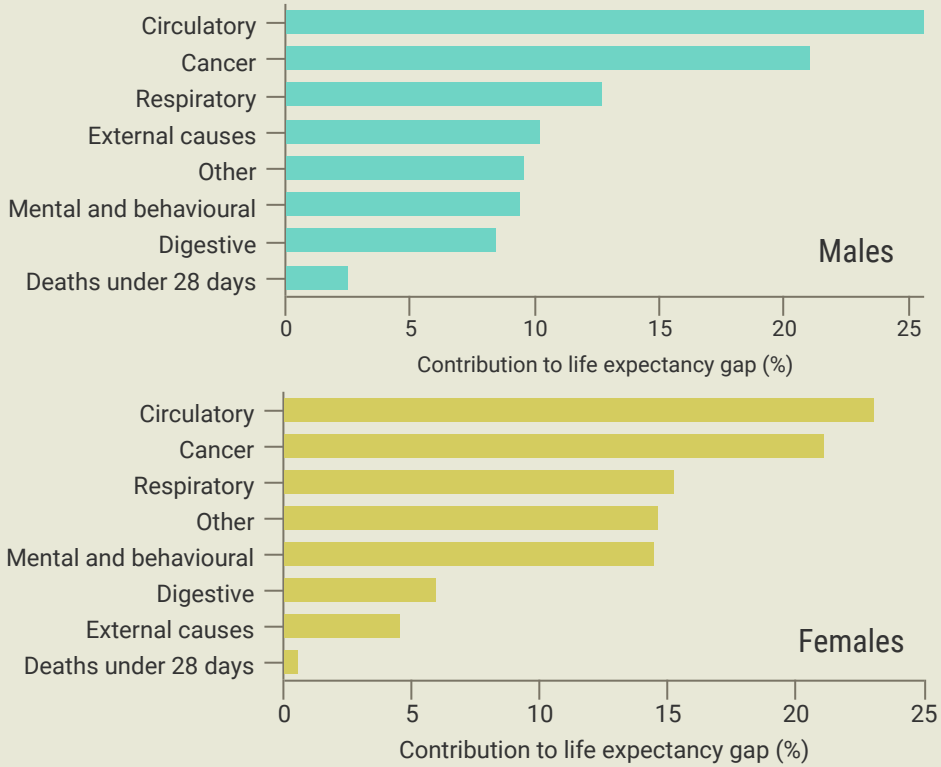
- **Males** from the most deprived area live on average **7.2 years fewer** than males from the least deprived areas.
- **Females** from the most deprived areas live on average **6.0 years fewer** than females from the least deprived areas.

[1] PHOF reference A01b [2] PHOF reference A02a

Inequality in Life Expectancy - What Accounts for the Difference?

(Note data below relate to 2015-2017)

The life expectancy gap between the most deprived and least deprived quintiles in West Sussex can be broken down by broad cause of death and split between males and females.



For both men and women, circulatory causes (including stroke and heart disease) account for approximately a quarter of the difference, with cancers a further fifth of the difference.

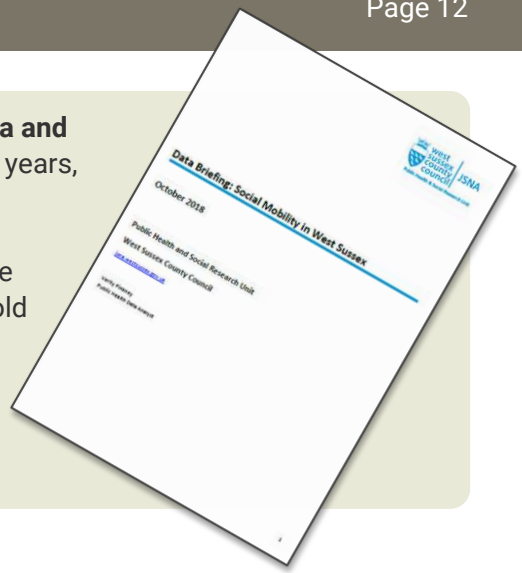
Note from PHE: Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic obstructive respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease. Percentages may not sum to 100 due to rounding.

PHE publish a segmentation tool to examine differences in life expectancy.
Data are available at lower tier LA level
https://connect.healthdatainsight.org.uk/health_inequalities/segment_tool/

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, with 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, as “cold spots”.

A summary is shown over the next two pages; the full briefing is available on the JSNA website. Contact Dr Verity Pinkney (verity.pinkney@westsussex.gov.uk) for further information.



Key Points

Social mobility is about ensuring that young people have the same opportunities to succeed in life regardless of who they are or where they live.

The social mobility index published by the Government*looked at 16 key performance indicators which span our early years through to our working lives. This overall aim of the report was to answer the question:

> *“What are the differences between local areas in the chances that a child from a disadvantaged socioeconomic background has of doing well as an adult?”*

There is a stark divide between London and the rest of the country, with nearly two-thirds of social mobility hotspots found in the capital.

- **Arun, Chichester and Crawley were identified as social mobility cold spots** on the overall index.
- **Crawley was among the bottom 10%** of areas in England.
- **Mid Sussex was the highest performer in West Sussex** and was ranked 75th of the 324 local authorities in England.

Younger people

Whilst the South East was the top performing region for early years, **none of the local authorities in West Sussex were hotspots for this early age group** and **Chichester was a cold spot.**

Four local authorities in West Sussex were cold spots on the school age index.

Crawley was the seventh worst in the country for school age. Of English local authorities, Crawley had the lowest proportion of children eligible for Free School Meals attending primary schools rated “good” or “outstanding” by OFSTED.

Crawley was also identified as a cold spot for the youth index.

Adults

Horsham and Mid Sussex were hotspots on the adulthood index; this was due to high home ownership and fewer unskilled, low-paid jobs.

Arun was the only local authority in West Sussex that was identified as a cold spot for adulthood.

***Note:** This index was published in 2017 and some indicators will have changed since. The full report further explains the indicators behind the index. https://www.gov.uk/government/publications/state-of-the-nation-2017

Overall SOCIAL MOBILITY SCORE AND RANKS

Local authority	Overall Score	Ranking
Adur	-10.01	205
Arun	-30.58	267
Chichester	-38.53	287
Crawley	-48.72	304
Horsham	8.6	139
Mid Sussex	26.63	75
Worthing	1.85	159

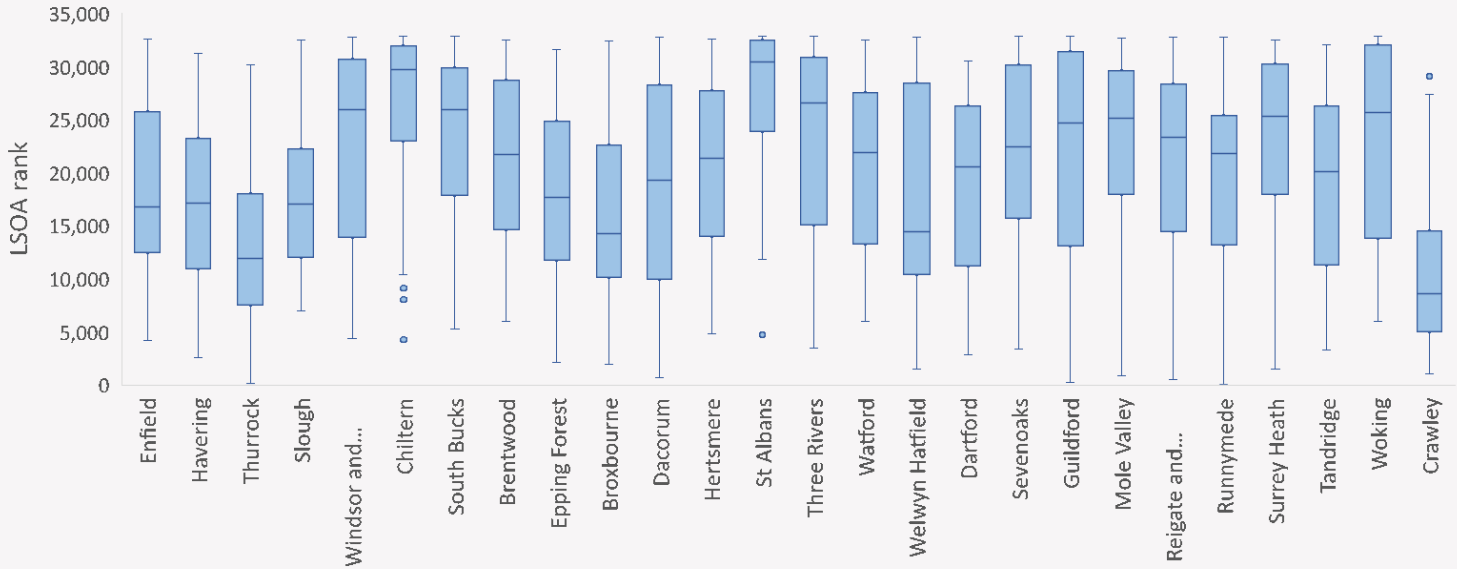
	Early Years		School Age		Youth		Adulthood	
Local authority	Score	Rank	Score	Rank	Score	Rank	Score	Rank
Adur	-5.67	226	2.43	135	0.21	154	-6.98	245
Arun	-0.32	175	-18.22	285	4.05	122	-16.09	298
Chichester	-14.62	275	-19.34	288	0.11	155	-4.68	221
Crawley	5.73	109	-36.39	318	-17.62	298	-0.44	165
Horsham	0.78	161	-2.06	179	-1.6	170	11.48	60
Mid Sussex	-5.08	216	9.8	79	6.93	104	14.98	32
Worthing	4.55	124	-17.48	283	14.04	66	0.74	153

Rated as COLD SPOTS (poor for social mobility)

Rated as HOT SPOTS (good for social mobility)

Crawley in Geographical Context - comparing Crawley with authorities bordering the M25

Crawley has a lot of assets, high employment and is close to London, yet it ranks low in terms of social mobility and now has areas ranked within the most deprived in the country.To understand Crawley in a wider geographic context, instead of comparing Crawley with the other West Sussex areas, we have looked at Crawley in context with 25 local authorities just outside the M25 (as a proxy for commuter belt areas), and deprivation relation to education and skills.



This boxplot shows the ranks of small areas (LSOAs) within Crawley and 25 local authorities close to the M25, relating to **education (KS2, KS4 and progression to higher education)**. A low rank means deprived, high rank means less deprived.

In terms of education, Crawley is more deprived than the other authorities, with few areas within the town ranking in the less deprived deciles of the index of deprivation.

Primary Care Networks are centred on GP practices, where local organisations (including social care, mental and community health providers, pharmacists and local community and voluntary sector) work together to support the health and care needs of the local population.

As of January 2020, there are 19 Primary Care Networks in West Sussex

Coastal West Sussex

ARUN
- Neighbourhood One – West
- FITZALAN MEDICAL GROUP
- PARK SURGERY
- WESTCOURT MEDICAL CENTRE
- Neighbourhood Two - East
- COPPICE SURGERY
- WILLOW GREEN SURGERY

CENTRAL WORTHING PRACTICES
- BROADWATER MEDICAL CENTRE
- ST. LAWRENCE SURGERY
- VICTORIA ROAD SURGERY
- COPPICE SURGERY

CHANCTONBURY
- BILLINGSHURST SURGERY
- GLEBE SURGERY
- HENFIELD MEDICAL CENTRE
- STEYNING HEALTH CENTRE

CISSBURY INTEGRATED CARE
- CORNERWAYS SURGERY
- SELDEN MEDICAL CENTRE
- STRAND MEDICAL GROUP
- WORTHING MEDICAL GROUP

CHICHESTER ALLIANCE OF MEDICAL PRACTICES (CHAMP)
- CATHEDRAL MEDICAL GROUP
- LANGLEY HOUSE SURGERY
- LAVANT ROAD SURGERY
- PARKLANDS SURGERY
- SELSEY MEDICAL PRACTICE
- SOUTHBOURNE SURGERY
- TANGMERE MEDICAL CENTRE
- WITTERINGS MEDICAL CENTRE

COASTAL & SOUTH DOWNS CARE PARTNERSHIP
- BARN SURGERY
- LIME TREE SURGERY
- PHOENIX MEDICAL GROUP
- WORTHING MEDICAL GROUP

LANCING AND SOMPTING
- BALL TREE SURGERY
- NEW POND ROW SURGERY
- THE ORCHARD SURGERY

RURAL NORTH CHICHESTER PCN
- LOXWOOD SURGERY
- PULBOROUGH MEDICAL GROUP
- RIVERBANK MEDICAL CENTRE
- THE PETWORTH SURGERY

REGIS HEALTHCARE PCN
- Neighbourhood One – Central Regis
- MAYWOOD HEALTH CARE CENTRE
- WEST MEADS SURGERY
- GROVE HOUSE SURGERY
- BOGNOR MEDICAL CENTRE
- BERSTED GREEN SURGERY
- Neighbourhood Two – Rural Regis
- THE CROFT SURGERY
- ARUNDEL SURGERY
- AVISFORD MEDICAL GROUP
- FLANSHAM PARK HEALTH CENTRE

SHOREHAM AND SOUTHWICK PCN
- HARBOUR VIEW HEALTHCARE
- NORTHBOURNE MEDICAL CENTRE
- THE MANOR PRACTICE

Crawley

CRAWLEY CARE COLLABORATIVE PCN
- BRIDGE MEDICAL CENTRE
- LANGLEY CORNER SURGERY
- LEACROFT MEDICAL PRACTICE
- SOUTHGATE MEDICAL GROUP

HEALTHY CRAWLEY PCN
- FURNACE GREEN SURGERY
- IFIELD MEDICAL PRACTICE
- POUND HILL MEDICAL GROUP
- WOODLANDS & CLERKLANDS

SOUTH CRAWLEY PCN
- BEWBUSH MEDICAL CENTRE
- COACHMANS MEDICAL PRACTICE
- GOSSOPS GREEN MEDICAL CTR
- SAXONBROOK MEDICAL CENTRE

Horsham and Mid Sussex

BURGESS HILL & VILLAGES PCN
- BROW MEDICAL CENTRE
- MEADOWS SURGERY
- MID SUSSEX HEALTH CARE
- PARK VIEW HEALTH PARTNERSHIP
- SILVERDALE PRACTICE

EAST GRINSTEAD PCN
- CRAWLEY DOWN HEALTH CENTRE
- JUDGES CLOSE SURGERY
- MOATFIELD SURGERY
- SHIP STREET SURGERY
- SILVERDALE PRACTICE

HAYWARDS HEATH CENTRAL PCN
- DOLPHINS PRACTICE
- NEWTONS PRACTICE
- NORTHLANDS WOOD SURGERY

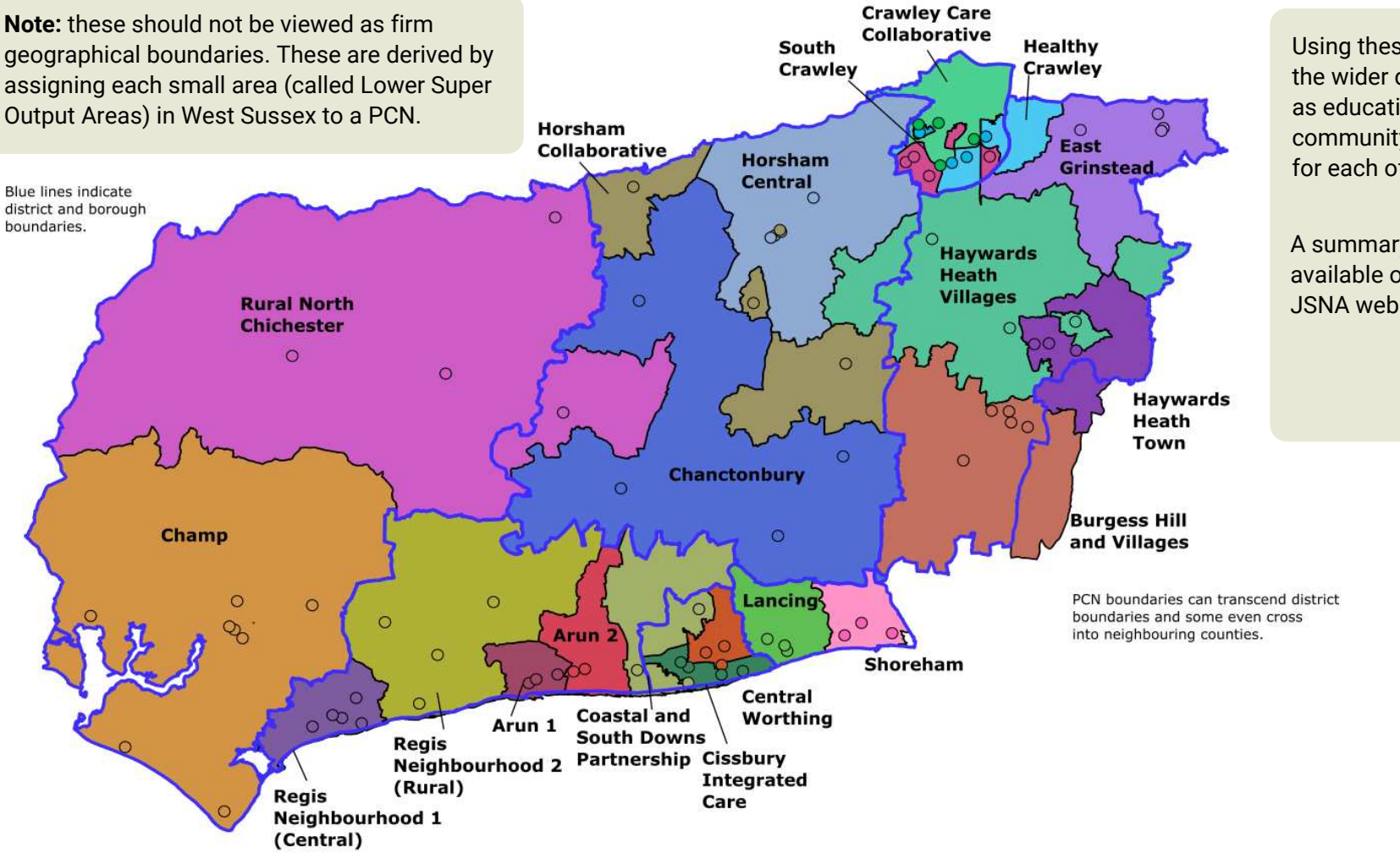
HAYWARDS HEATH VILLAGES PCN
- CUCKFIELD MEDICAL CENTRE
- LINDFIELD MEDICAL CENTRE
- OUSE VALLEY PRACTICE

HORSHAM CENTRAL PCN
- HOLBROOK SURGERY
- ORCHARD SURGERY
- PARK SURGERY
- RIVERSIDE SURGERY

HORSHAM COLLABORATIVE PCN
- COWFOLD SURGERY
- RUDGWICK MEDICAL CENTRE
- THE COURTYARD SURGERY
- VILLAGE SURGERY

We have looked at each small area of the county to see which PCN accounts for the most patients in that area.
In doing this it is important to recognise that not everyone in the LSOA will be registered to the PCN and some patients registered to the PCN will live in other LSOAs.

Note: these should not be viewed as firm geographical boundaries. These are derived by assigning each small area (called Lower Super Output Areas) in West Sussex to a PCN.



Using these footprints, data on some of the wider determinants of health - such as education, employment and community safety - have been estimated for each of the PCNs.

A summary of is available on the JSNA website.

Summary

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 can have lifelong benefit, with many interventions being highly cost-effective.

There are 191,300 children and young people aged 0-19 years in West Sussex, with approximately 8,000 - 9,000 births a year. Across the county overall, 22% of the population are 0-19 years, which is lower compared with England (24%). Within the county, Crawley has a much younger population, with 26% of residents aged 0-19 years.

Overall measures of infant and maternal health in West Sussex are good, but inequalities are apparent across the county and in relation to specific groups.

- The infant mortality rate remains well below the national rate (3.0 per 1,000 live births compared with 3.9 nationally), we have fewer low birth weight babies, a lower percentage of women who smoke at the time of delivery, a higher rate of breastfeeding, and a higher proportion of children who are assessed as having a good level of development at their two year check.

However there remain challenges in the early years of life.

- Many immunisation rates, whilst higher than national levels, remain below target levels. In 2018, there were 45 laboratory confirmed cases of measles in the county.
- Measures relating to child readiness for school have improved in recent years but remain lower than many comparable authorities and for children eligible for a free school meal. For example, in 2018/19, approximately 72% of children achieved a good level of development at the end of Reception whilst only 51% were assessed as having a good level of development, the third lowest of comparable authorities.

We continue to observe a strong social gradient across many indicators and outcomes. Children living in poverty and from deprived areas are more likely to be overweight or obese; less likely to attain the expected level of attainment across educational key stages; more likely to admitted to hospital for self-harm; more likely to become pregnant as a teenager; and more likely to grow up in a household where someone smokes.

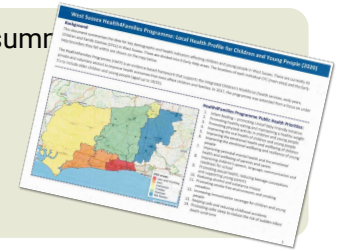
In West Sussex, almost 17,000 children live in poverty. Children in poverty are more likely to come from single parent/carer families, be disabled or live in a household with an adult who is disabled. Poverty can transmit across generations and there are specific concerns about low social mobility in some parts of the county.

It is also important to recognise that, on average, children who are in care or are care leavers have significantly poorer health and educational outcomes than their peers.

Emotional and mental health are instrinically linked to physical wellbeing and longer term outcomes. Children who are happier and more emotionally resilient tend to have better physical health. Local survey data has highlighted the importance of cognitive reappriasal (reframing problems in a positive way) and expressive suppression (burying negative feelings/avoidance) in predicting life satisfaction and overall happiness.

Key demographic information and health indicators are summ
in the West Sussex Local Health Profiles for Children
and Young People 2020, available on the JSNA website.

For more information contact Dr Verity Pinkney
(verity.pinkney@westsussex.gov.uk)



Infant and Maternal Health

In 2018 there were 8,540 births, the lowest number in West Sussex since 2006. The infant mortality rate [1] in 2016-2018 was 3.0 per 1,000 live births (77 babies), lower than the national rate of 3.9 per 1,000, although a slight increase on the 2015-2017 rate.

2.1% of term babies weighed less than 2500g [2] (aggregated data for the period 2011-2015), a lower figure than the England rate (2.8%).

In 2017, 7.3% of all babies (live and still births) with birthweights under 2500 grams(were of low birth weight, in line with the national rate, whilst 1.3% of all babies were of a very low birthweight (<1500g), again similar to the national rate (1.1%)

The multiple birth rate (the number of maternities with multiple births per 1,000 total maternities) in 2017 was 17.9 (**152 multiple births**), similar to the England rate of 15.9.

In 2016/17, 29.8% of births were by caesarean section in West Sussex, the highest rate amongst CIPFA statistical neighbours. This 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 [3] **in 2018/19 was 9.1% (approximately 724 maternities**), lower than the national rate and the third lowest of comparable authorities.

In 2018/19, 56.7% of women breastfed (wholly or partly) at 6-8 weeks [4]. Nationally, the figure was 46%.

In 2018/19, 87.3% of New Birth Visits (NBVs) [5] were completed within 14 days; this is below the England rate (88.8%) and the fifth lowest of comparable local authorities.

86.5% of children assessed achieved a good level of development at 2-2½ years [6]**, comparing well with England (84.1%),** and making West Sussex the fifth highest amongst comparable local authorities.

Uptake of the flu vaccine in 2-3 year-olds [7] **has increased in recent years** and is higher than England (44.9%), but, at 48.9% in 2018/19, remains significantly below the ≥65% benchmark.

In 2018, there were 45 laboratory confirmed cases of measles in West Sussex, representing a rate of 5.3 per 100,000 population, the highest amongst comparable authorities and the 16th highest in England.

Maternal Mental Health

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 (note 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 estimate)**
- **PTSD: 250**
- **Adjustment disorders and distress 1,245 (lower estimate) to 2,485 (upper estimate).**

[1] PHOF reference E01, defined as the number of deaths in infants aged under 1 year per 1,000 live births.
[2] PHOF reference C04.
[3] PHOF reference C06. Note: 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.
[4] PHOF reference C05b.
[5] PHOF reference C07. All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth, as part of the Healthy Child Programme and to ensure continuing support following midwife visits, which usually end at day 10. This new PHOF indicator is designed to measure the proportion of infants receiving a timely NBV.
[6] PHOF reference C08a.
[7] PHOF reference D03I.

Immunisation [1]	Detail	Year	% coverage	Lower CI	Upper CI
Rotavirus	% of children who have received the rotavirus vaccine by 6 months of age	2018/19	92.4	91.8	92.9
Hepatitis B	% of children at age 12 months who have received the complete course (3 doses) of hepatitis B vaccine.	2018/19	100		
DTaP / IPV / Hib	% of children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their first birthday.	2018/19	94.9	94.4	95.3
MenB	% of children who received the MenB vaccine at any time before their first birthday	2018/19	94.9	94.5	95.4
PCV	% of children who received two doses of PCV at any time before their first birthday.	2018/19	95.4	94.9	95.8
MenC	% of children who received 2 doses of MenC vaccine at any time by their first birthday.	2015/16	94.3	93.8	94.7
Hib / MenC booster	% of children who received a booster dose of Hib/MenC at any time before 2nd birthday.	2018/19	93.8	93.3	94.3
MMR one dose	% of children who received one dose of MMR on or after their first birthday and at any time before their 2nd birthday.	2018/19	93.9	93.4	94.4
Hepatitis B	%r of children at age 24 months who have received the complete course (4 doses) of hepatitis B vaccine.	2018/19	100		
DTaP / IPV / Hib	% of children who received 3 doses of DTaP/IPV/Hib at any time before their 2nd birthday	2018/19	95.7	95.3	96.1
PCV booster	% of children who received a booster dose of PCV at any time before their 2nd birthday	2018/19	93.7	93.2	94.2
MenB booster	% of children who received a booster dose of MenB at any time before their 2nd birthday	2018/19	92.0	91.5	92.6
Flu	% children aged 2-3 years old, who received the flu vaccination (1st Sept to the end of Feb) in a primary care setting	2018/19	48.9	48.2	49.6
DTaP / IPV	% of children who received a booster dose of DTaP/IPV at any time before their fifth birthday	2018/19	88.8	88.1	89.4
MMR for one dose	% of children who received one dose of MMR on or after their first birthday and at any time before their fifth birthday.	2018/19	95.4	95.0	95.8
MMR for two doses	% of children who received two doses of MMR on or after their first birthday and at any time before their fifth birthday.	2018/19	90.5	89.9	91.1
Hib / Men C booster	% of children who received a booster dose of Hib/MenC at any time before their fifth birthday.	2017/18	92.6	92.1	93.1
HPV - one dose	% of females in school year 8 (aged 12-13) who have received the first dose of HPV vaccine	2018/19	88.5	87.6	89.4
HPV - two doses	% of females in school year 8/9 (aged 13-14) who have received the second (completing) dose of HPV vaccine	2018/19	82.7	81.5	83.7

Hospital admissions

In 2016/17, West Sussex had the highest **emergency hospital admission** rates when compared with similar local authorities, although rates were similar or lower than national rates:

- **0-4 year olds - 6,817 admissions**, a rate of 142.5 per 1,000 population
- **5-9 year olds - 2,123 admissions**, a rate of 41.9 per 1,000 population.
- **10-14 year olds - 1,782 admissions,** a rate of 38.9 per 1,000 population.

Admissions to hospital - 0-19 year olds

- **Asthma - 236 admissions (2017/18),** a rate of 129.3 per 100,000 population, lower than England and comparable authorities.
- **Diabetes - 118 admissions (2016/17)**, a rate of 65.0 per 100,000 similar to England and comparable authorities.
- **Epilepsy - 88 admissions (2016/17),** a rate of 48.5 per 100,000, similar to England and comparable authorities.

[1] PHOF references (all, except Hib/Men C booster in under-5s are PHOF indicators) D03b to D03f; D03h to D03m; D04a to D04c; D04e; D04f; CI.2.

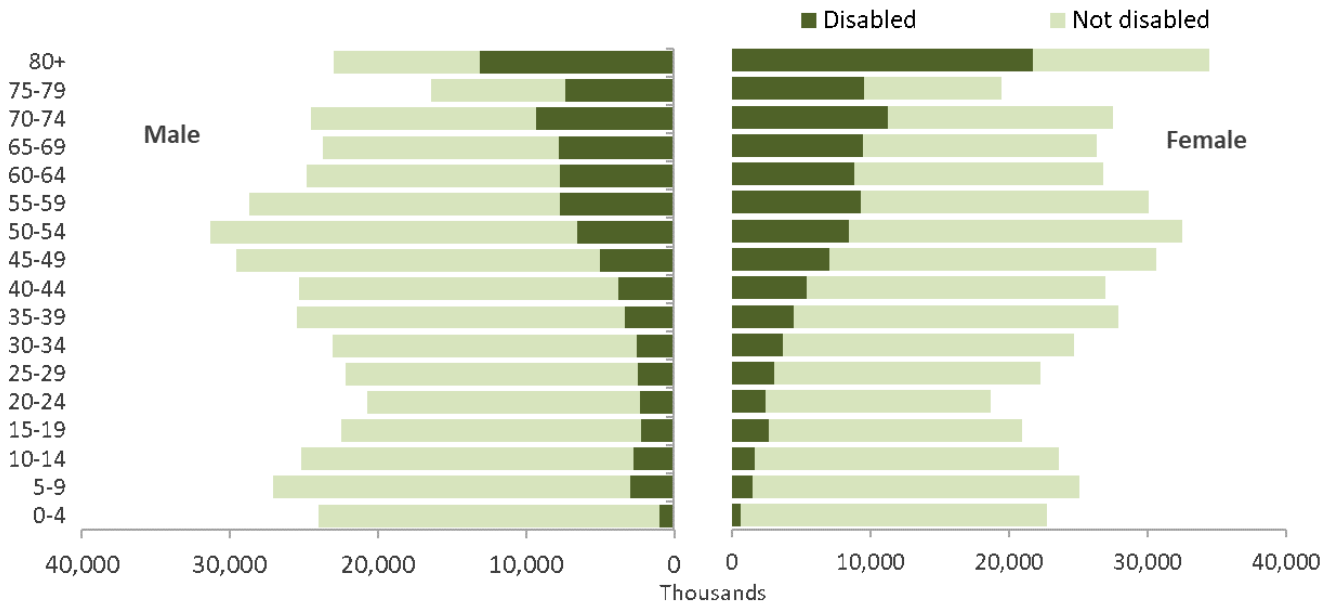
Disability - through the life course

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 a definition (for example, for deciding educational support vs. eligibility for welfare benefits), as opposed to a "formal diagnosis" can 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 [1], 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.

Disability by age group and gender



FRS Disability Prevalence (average of years 2014/15 to 2017/18) Applied to 2018 West Sussex Population

Age Group	Disability Prevalence (%)	2018 Population	Disability Prevalence
All people	21	858,700	180,330
0-4	3	46,800	1,400
5-9	8	52,200	4,180
10-14	9	48,800	4,390
15-19	11	43,500	4,790
20-24	12	39,400	4,730
25-29	13	44,500	5,790
30-34	13	47,800	6,210
35-39	15	53,400	8,010
40-44	17	52,300	8,890
45-49	20	60,300	12,060
50-54	23	63,800	14,670
55-59	29	58,800	17,050
60-64	32	51,600	16,510
65-69	34	50,200	17,070
70-74	40	52,000	20,800
75-79	47	35,800	16,830
80+	61	57,500	35,080

[1] 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 e.g. some people who have a diagnosis of cancer will not be included.

Disability - through the life course continued

FRS Type of Impairment - Of people who described themselves as being disabled, data were also collected on the nature of their impairment. As people are able to state multiple impairments, figures do not sum 100.

Nationally it is noted that FRS respondents who reported a mental health impairment has been rising in recent years, from 22% in 2015/16 to 25% in 2017/18.

Note again that, given 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.

Impairment type (%)	All Disabled People	Children	Working-age	State Pension
Mobility	49	19	41	67
Stamina/breathing/fatigue	37	24	32	46
Dexterity	26	11	23	34
Mental health	25	23	38	9
Memory	16	11	16	17
Hearing	14	8	8	23
Vision	12	9	9	18
Learning	13	36	14	8
Social/behavioural	9	43	10	2
Other	17	18	18	15

Mental Health - Children and Young People (CYP)

Major national surveys remain the best source of evidence on the prevalence of mental health disorders among children and young people

In 2004, ONS conducted a national survey to estimate the prevalence of mental health conditions in children aged 5-16 [1]. Public Health England has applied the survey results to local populations taking into account age, sex and socio-economic classification [2]. In 2015, 8.4% of children and young people aged 5-16 were estimated to have a mental health condition in West Sussex. This equates to around 9,500 children. Since there is evidence to suggest that prevalence of mental health conditions among children and young people has increased, it is possible that this represents an underestimate.

Estimates from the 2004 Survey Applied to the 2015 Population

Type of disorder	Estimated prevalence among CYP	Estimated 2015 number of CYP
Mental health:	8.4%	9,490
Emotional:	3.2%	3,655
Conduct:	5.0%	5,635
Hyperkinetic:	1.3%	1,515

The 2004 survey has now been updated with a new series of data collection completed in 2017 [3]. NHS Digital released the findings from this survey in 2019.

This goes beyond the 2004 survey, providing estimates of the prevalence of mental health disorder in 2 to 4 year olds, and spans the transition into adulthood covered by 17 to 19 year olds.

The main findings from the 2017 survey are shown overleaf

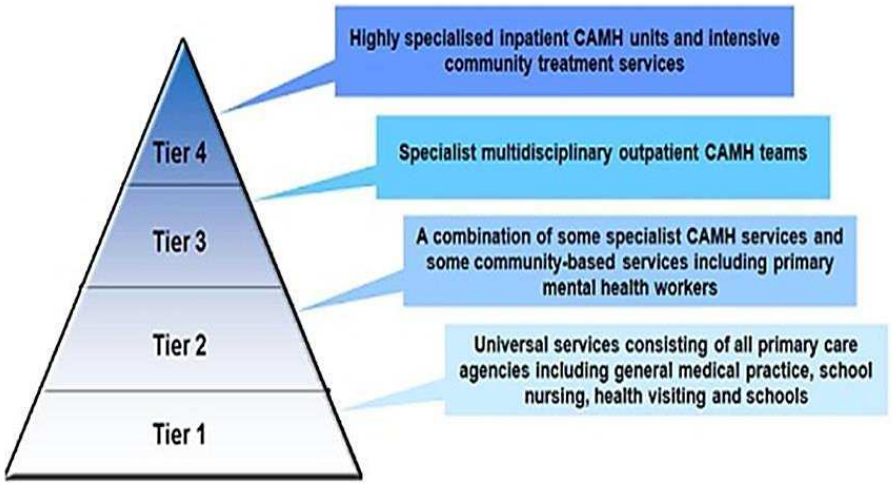
[1] NHS Digital: Mental health of children and young people in Great Britain (2004)
[2] As part of the PHE CYP mental health and wellbeing profile (Fingertips)
[3] NHS Digital: Mental Health of Children and Young People in England (2017)

The main findings from the 2017 survey include:

- **One in eight (12.8%) 5 to 19 year olds and one in eighteen (5.5%) preschool children assessed had at least one mental health disorder**
- **Rates of mental health disorders increased with age.** Young people aged 17 to 19 were three times more likely to have a mental health disorder (16.9%) than preschool children aged 2 to 4 (5.5%), although data collection methods varied by age
- **Young women were identified as a high risk group in relation to mental health,** with nearly one in four (23.9%) 17 to 19 year old girls identified as having a mental disorder
- **Prevalence of mental disorders also varied by ethnicity** (higher in White British children) and by socioeconomic status (higher among children living in lower income households)
- **Emotional disorders were the most prevalent type of disorder experienced** by 5 to 19 year olds in 2017 (8.1%)
- **Behavioural disorders were the most prevalent (2.5%) for preschool children**
- **Trend analyses revealed a slight increase over time in the prevalence of mental disorder** in 5 to 15 year olds
- **Emotional disorders have become more common in 5 to 15 year-olds**, whilst prevalence of other mental health disorders have remained similar over time
- **Most children with a disorder who had used professional services tended to view them as helpful.** Primary care was the service most likely to be rated as unhelpful; 17.0% of 5 to 19 year olds with a disorder who had contact with a primary care professional due to worries about mental health described the contact as unhelpful or very unhelpful.

Estimated prevalence by CAMHS "Tier" in West Sussex

Mental health services are often described in terms of tiers, where services become more specialised, from emotional wellbeing services at Tier 1 to highly specialist outpatient teams and inpatient provision at Tier 4. Prevalence estimates (population aged 17 and under) based on findings published in “Treating Children Well” [1] are shown below against each of the tiers. These provide an estimate of West Sussex CYP who may at any one time, need a service response or support.



Tier - service provision	Prevalence assumption	Estimated number of children
Tier 4	0.075%	130
Tier 3	1.85%	3,230
Tier 2	7.00%	12,225
Tier 1	15.00%	26,200

[1] Kurtz, Z. (1996) Treating children well: a guide to using the evidence base in commissioning and managing services for the mental health of children and young people. London. Mental Health Foundation.

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.

In the 2019 school census, there were 1,317 school pupils with special educational needs who had a primary need of autism spectrum conditions in West Sussex. A major survey [1] of the mental health of children and young people identified autism spectrum conditions in 1.2% of 5 to 19 year olds. Due to the small number of cases identified in this sample and the sampling method used (such as self-report only for 17-19 year olds), it is possible that this reflects an underestimate. **Applying this prevalence estimate to the local population of 5 to 19 year olds in West Sussex suggests that there are around 1,700 autistic children and young people in the county.**

Statement from the West Sussex Autism Partnership Board

In collating and publishing data for the JSNA summary it is important to acknowledge that for some health issues and conditions there is a lack of robust local and/or national data; this can have implications in terms of accessing services and receiving appropriate support. A statement from the West Sussex Autism Partnership Board is included below:

'The Autism Partnership Board acknowledges that there is a lack of accurate data about the actual numbers of autistic adults and our concern is that if there is under-reporting this will result in not enough support services being commissioned to meet need. The Board felt that the method of researching prevalence exacerbates the issue of underreporting and potentially discriminates against autistic individuals and others with communication differences.

Autistic adults face many challenges. Often, they also have co-occurring conditions such as a learning disability or mental health problems. For some they feel they have a 'hidden' condition which is not easily recognised or understood by professionals or the public. Locally, two of the key issues for autistic adults are the 20 month waiting time for a diagnosis and the risk of falling into the gap between learning disability and mental health services so that people could struggle to get the help they need. The Neurodevelopmental services report that receiving a diagnosis can be transformation for many individuals who experience mental health problems as a result of their needs in relation to autism not being understood. A diagnosis can have a preventative function in this regard in addition to leading to reasonable adjustments that improve mental health outcomes.

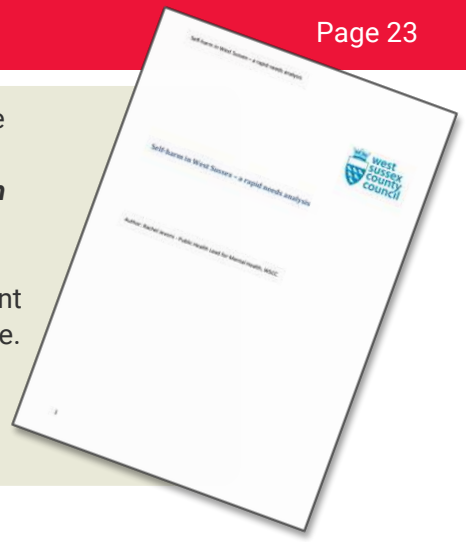
Commissioners require a more robust understanding of the numbers of autistic people - for example those registered with a GP - and an understanding of how well people's needs, of all ages, are being met and what outcomes are being achieved, for example in employment and housing, and in Public Health data on higher mortality rates and poorer physical health outcomes'.

[1] NHS Digital: The Mental Health of Children and Young People in England, 2017 survey

Note: On the next few pages we focus on the **prevalence of self-harm and hospital admissions**. This is a relatively limited view of the problem, and self-harm that results in a hospital admission may be different in nature than self-harm that doesn't. We have used this measure as there is a lack of robust local data outside of hospital statistics. ***Self-harm affects all ages; as behaviour in childhood can often persists into adulthood, information on self-harm in all age groups has been placed in the Starting Well section.***

A rapid needs analysis was undertaken in 2019, which provides more detail and context including how self-harm is defined*, the extent of self-harm in West Sussex, who is most at risk, what can be done, and what is being done locally. This report is on the JSNA website.

For further information contact Rachel Jevons (Public Health lead for mental health) rachel.jevons@westsussex.gov.uk
or Verity Pinkney (who provided the analysis) verity.pinkney@westsussex.gov.uk



Overall

- **In 2018/19 there were 1,845 emergency admissions for self-harm in West Sussex** [1]; as a rate per 100,000 this is significantly higher than the England average. Looking over a six year period from 2013/14 to 2018/19, there were 11,099 emergency hospital admissions for self-harm in West Sussex, with an age standardised rate of 235.9 per 100,000 persons.
- Figures suggest that every admission for self-harm through self-poisoning costs £806, with self-injury costing £753. Based on these costs, **the current burden for West Sussex is in the order of £1.3m to £1.4m**. When the broader costs to society (economic, educational, unpaid care etc) are taken into account this rises to £6.2m - £6.6m per annum.

*Self-harm definition

As outlined in the West Sussex Rapid Needs Analysis:
There are a number of definitions of self-harm.....We will follow the example from our neighbours in Brighton & Hove Council and Brighton & Hove Clinical Commissioning Group (CCG) and take a pragmatic approach, using the more inclusive definition provided by the National Self-Harm Network: "**Self-harm can take many different forms and as an individual act is hard to define**. However, in general, self-harm (also known as self-injury or self-mutilation) is **the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations, and/or self-neglect.**

Inequalities

- Across West Sussex, rates of self-harm vary; Adur, Arun and Worthing have exceeded the national rate since 2010/11, whilst Horsham and Mid Sussex tend to be more comparable to the England average (although Mid Sussex has seen a significant rise from 2016/17 to 2018/19). **There are marked inequalities in self-harm, with higher rates among areas with greater deprivation.**
- In 2017/18, **young people aged 15-19 accounted for a fifth of all emergency hospital admissions for self-harm** in West Sussex, at around 350 admissions. The proportion of emergency admissions for self-harm is highest among young people and generally decreases with age thereafter. **In total, young people aged 10-24 account for 39% of all admissions for self-harm in West Sussex.**
- **Some people had multiple admissions;** around 50 individuals (2% of total number of people) accounted for 370 self-harm admissions that occurred in 2016/17 to 2017/18 (11% of total number of admissions). These persons were admitted for self-harm 5 or more times during the 2 year period.

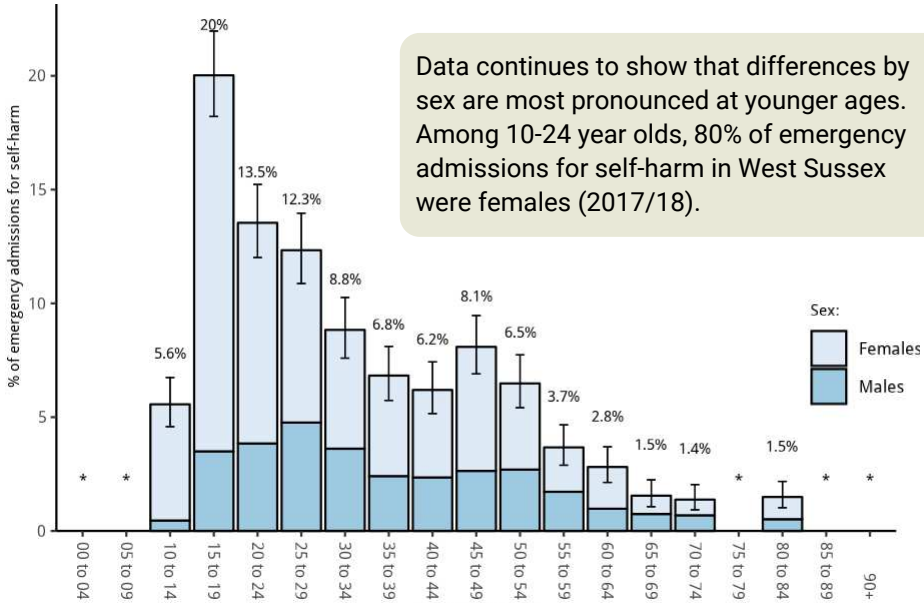
Forms of Self-Harm

- In the five years from 2013/14 to 2017/18, **88% of admissions were due to self-poisoning and the majority of those were from widely available over the counter medicines**, such as paracetamol. Self-harm through use of sharp objects accounted for some 9% of all admissions for this period.
- While **self-poisoning was associated the majority of *admissions*** in West Sussex, **national data suggests that self-cutting is the most common form of self-harm overall.**

[1] PHOF reference C14b. This is also an outcome on the West Sussex Plan.

Self-harm in tables and charts....

Proportion of emergency admissions for self-harm by age and sex (2017/18)



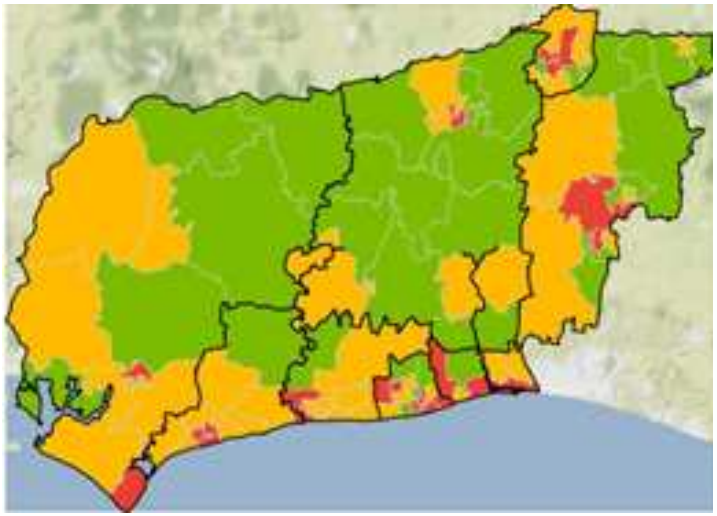
Data continues to show that differences by sex are most pronounced at younger ages. Among 10-24 year olds, 80% of emergency admissions for self-harm in West Sussex were females (2017/18).

West Sussex emergency hospital admissions for intentional self-harm [1] - number and rate per 100,000 population (all ages) from 2013/14 to 2017/18

Year	Number	Rate	Lower CI	Upper CI	ENGLAND
2013/2014	1,936	247.6	236.6	258.9	205.9
2014/2015	1,810	230.6	219.8	241.2	193.2
2015/2016	2,051	261.5	250.3	273.1	196.5
2016/2017	1,714	218.8	208.5	229.5	185.3
2017/2018	1,743	222.2	211.8	232.9	185.5

Over the five year period from 2013/14 to 2017/18, while emergency admissions in the county are consistently higher than for England, they do not show a significant increase or decrease. The numbers of admissions for 2016/17 and 2017/18 are lower than those for the previous three years.

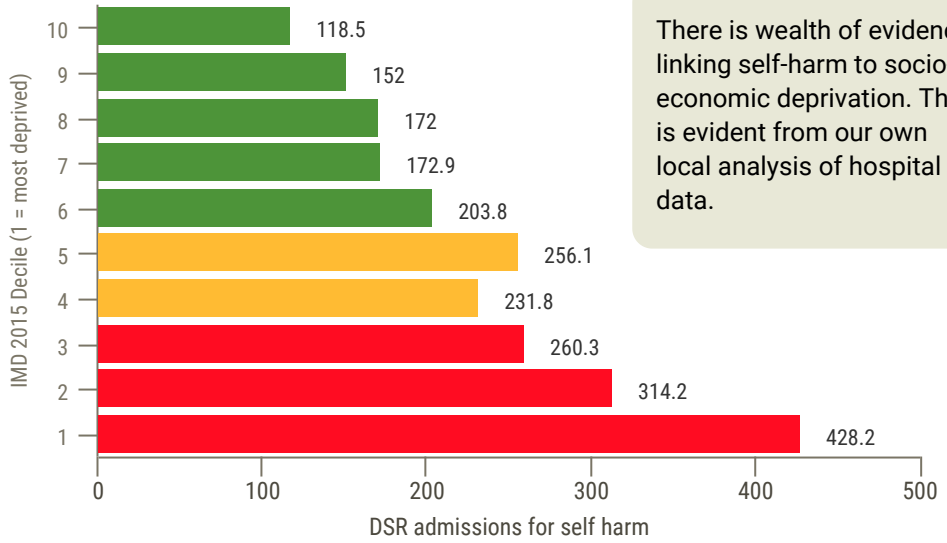
Directly age-standardised rate of emergency hospital admissions for self-harm (2013/14 to 2017/18 data aggregated)



The estimated rate of admissions for self-harm was highest in an MSOA in Worthing, at 481.5 per 100,000 . Across West Sussex, rates vary; Adur, Arun and Worthing have exceeded the national rate since 2010/11 (to 2017/18), whilst Horsham and Mid Sussex tend to be more comparable to the England average.

Colours reflect comparison with West Sussex. Areas in **red** are significantly higher, **green** are significantly lower and **yellow** are similar to West Sussex.

Directly age-standardised rate of emergency admissions for self-harm (aggregated 2013/14 to 2017/18) in West Sussex by Indices of Multiple Deprivation 2015 countywide deciles



There is wealth of evidence linking self-harm to socio-economic deprivation. This is evident from our own local analysis of hospital data.

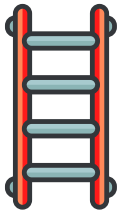
[1] PHOF reference C14b Note: data on this page come from the 2019 Self Harm Needs Assessment undertaken before new data were published; 2018/19 figures are available on the Local Authority Health Profile on PHE Fingertips.

In 2018, the West Sussex Public Health and Social Research Unit, working with colleagues in Public Health and with local schools, conducted a survey of Year 6 Pupils (children aged 10/11 years). The survey was conducted to inform plans, policies, programmes and commissioning intentions. 1,200 pupils took part. **This was called the Health and Happiness Survey.**

The full report of the survey is available on the JSNA website. A supplementary report examining emotional regulation strategies as predictors of wellbeing in children and young people is also available. A summary of the findings in terms of emotional wellbeing are summarised below.

For further information contact Tim Martin (tim.martin@westsussex.gov.uk), Robert Whitehead (robert.white@westsussex.gov.uk) or Graeme Potter (graeme.potter@westsussex.gov.uk).

Emotional wellbeing....measured by the Cantril Ladder



The survey included various aspects and measurement of emotional wellbeing and resilience: **the Cantril Ladder, emotional regulation, life satisfaction and happiness.**

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 lowest score was 1 and the highest score was 10.** Scores can be grouped into children who are '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.**

We know that...

- **14% of West Sussex children fall into the 'struggling' category** on the self-reported wellbeing scale. A further 6% fall into the 'suffering' category.
- **Poor diet, inactivity and being overweight were more prevalent among those in the 'suffering' group. Meanwhile, being sad, lonely and bullied were also common** features in the children of this group.
- **12% of children in West Sussex said they 'rarely' or 'never' do anything which gives them a sense of achievement.**
- **Different emotional regulation strategies (**cognitive reappraisal and emotional suppression) can lead to either increases or decreases in emotional wellbeing.
- **Boys and girls both scored differently on certain sub-scales**, though happiness with 'the way you look' scored lowest for all children combined. Even so, overall happiness was the same for both boys and girls.

Key Findings on Emotional Regulation

The data from the survey was used to look at two measures of emotion regulation: **cognitive reappraisal** (reframing problems in a positive way) and **expressive suppression** (burying negative feelings/avoidance).

Predictive models demonstrated that an increase in:

- Cognitive reappraisal contributed to a rise in Life Satisfaction and overall Happiness scores

- Expressive suppression contributed to a lowering of Life Satisfaction and overall Happiness scores.

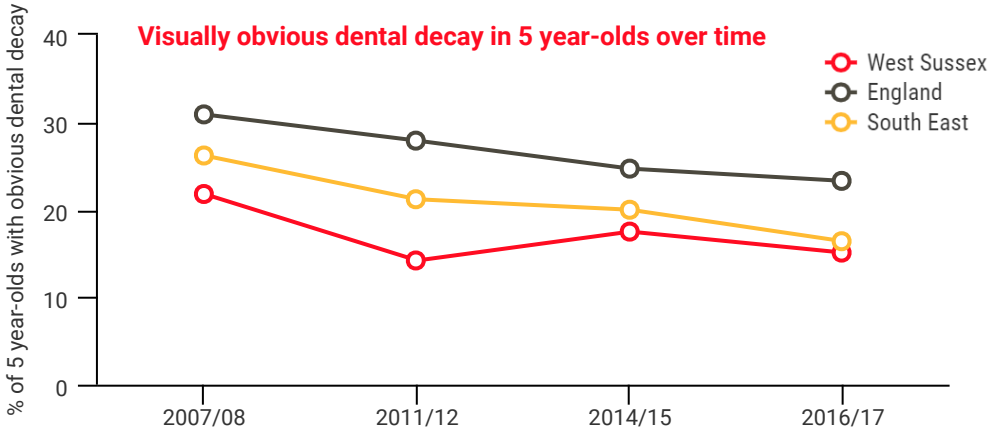
In 2018, the West Sussex Public Health and Social Research Unit produced a needs assessment of the oral health of children and young people in West Sussex. National dental surveys, conducted by Public Health England (PHE), are used to estimate the standard of oral health in children.

The full report of the survey is available on the JSNA website. A summary of the key findings is shown below.

Prevalence of oral health issues in West Sussex

Based on the last four oral health surveys of 5 year-olds, **dental decay decreased between 2007/08 and 2016/17**, with West Sussex comparing favourably with England and the South East region.

However, **the mean number of teeth with obvious, untreated dental decay in West Sussex increased between 2011/12 and 2014/15** [1]. Lower tier local authority data suggested that all the district and boroughs had worsened during this period.



In 2016/17, dental services activity was greater overall than England, with the highest activity in Mid Sussex and the lowest in Chichester and Worthing.

West Sussex children have a **greater rate of "examinations" and "scale and polish" than nationally** and **lower rates of "permanent fillings and sealant restorations"** in primary care, implying more check-ups help to prevent invasive treatments.

Aside from using private dentistry, the **most common reasons for not seeking a dental appointment in the last two years** were residents not thinking they could get an NHS dentist and the belief they didn't need to see a dentist.

Provision of dental services

In 2017/18, there were **146 dental contracts within West Sussex**, covering general dentistry, community dental services and emergency access clinics. The required **travelling distance is 10 miles or more for children living in some areas of Chichester district.**

More children had seen a dentist (71%, not including private dentists) than nationally in the 24 months prior to 2016/17.

Access rates were slightly better than England overall:

- **6-12 year-olds had the highest rates**, at 84.1%
- The **0-2 age group had the lowest rates**, at 19.0% vs. 21.7% nationally.

None of the districts in West Sussex fulfilled their NHS-contracted quota in 2016/17. Chichester, Arun, Mid Sussex and Worthing districts significantly underperformed.

Risk factors

More deprived local authorities have higher rates of dental decay (with the exception of Worthing), in line with the national pattern.

Compared to England, **West Sussex has a higher proportion of Special Educational Needs (SEN) children, who tend to have greater anxieties around seeing a dentist** so are more at risk of poor oral health. **Fewer SEN children had dental decay than nationally**, although a higher percentage had substantial plaque compared to the South East region.

"Looked after" children are less likely to visit a dentist regularly and tend to have more dental disease and oral care neglect than those not in care. **In West Sussex, a greater percentage of looked after children had seen the dentist than nationally** (92.9% vs. 84.4%).

[1] PHOF reference E02

Health-related behaviour of young people

Using the data from the 2014/15 national What About Youth (WAY) survey, **10.6% of 15 year-olds in West Sussex stated that they were current smokers** [1]. 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 2015/16 and 2017/18 there were 166 admissions. The West Sussex rate of 32.2 is comparable to the national rate.

The chlamydia detection rate [2] **remains below the England rate.** In 2018 the rate was 1,478 per 100,000 15-24 year-olds and low compared with similar authorities.

West Sussex has a low teenage pregnancy rate [3], **at 13.7 per 1,000 15-17 year-olds (179 conceptions) in 2017.** This rate was slightly higher than in 2016 but remains low compared with England (rate of 17.8). Adur (rate of 14.8), Arun (18.9), Worthing (19.1) and Crawley (22.8) have rates similar to England.

The number of births to teenage mothers has more than halved in 7 years from over 103 in 2011/2012 to 38 in 2017/18. 0.5% of all births are by women in their teenage years.

46.7% of children aged 5-16 met the recommendations for physical activity in 2018/19 [4], in line with England and national benchmark. Chichester district was significantly lower, at only 38.7% of children.

Healthy Weight - Reception and Year 6 Pupils

In England in 2018/19, over a fifth of reception children were overweight or obese, increasing to over a third in Year 6. **In West Sussex, the prevalence of obesity was lower than national levels,** with 19.3% of reception age children (4-5 years old) and 28.3% of Year 6 children (10-11 years old) measured as overweight or obese [5].

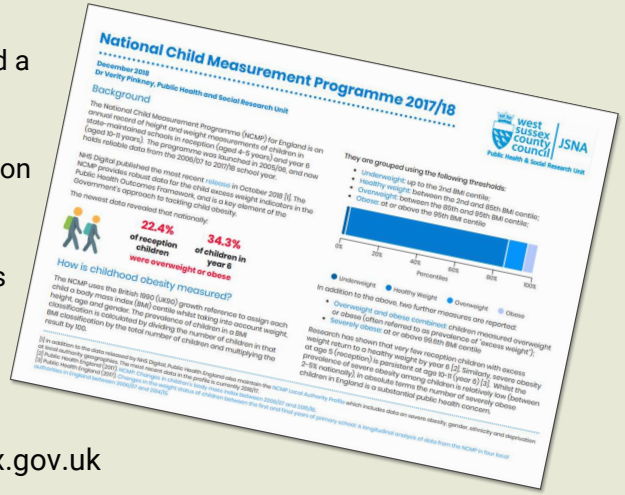
Within local authorities, the prevalence of overweight and obesity is varied. **Arun, Worthing and Chichester had the highest prevalence of overweight and obesity among reception children** (21.6,% 21.5% and 21.2%, respectively) and **Worthing had the highest prevalence among Year 6 children (32.3%)**

Inequalities in childhood obesity persist. For both school year groups, prevalence of excess weight among children living in the most deprived areas of West Sussex is greater than those living in the least deprived areas.

The Research Unit has drafted a briefing on data from the National Child Measurement Programme. This is available on the JSNA website.

For further information on this subject contact:

Dr Verity Pinkney
verity.pinkney@westsussex.gov.uk


National Child Measurement Programme 2017/18

December 2018
Dr Verity Pinkney, Public Health and Social Research Unit

Background

How is childhood obesity measured?

22.4% of reception children were overweight or obese

34.3% of children in year 6

They are grouped using the following thresholds:

[1] The WAY survey data has been replaced by NHS Digital: Smoking, Drinking and Drug Use (SDD) in England as a PHOF indicator (previously 2.09i). However, lack of local data in the SDD means the WAY survey remains the most recent estimate of smoking in young people in West Sussex.
[2] PHOF reference D02a.
[3] PHOF reference C02a.
[4] PHOF reference C10. The recommended physical activity is an average of at least 60 minutes moderate-vigorous intensity activity per day across the week.
[5] PHOF references C09a and C09b.

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

77% of 2 year-olds in West Sussex benefited from funded early years (2 year-olds) in 2019. This is higher than the England rate and that of comparable authorities.

53% of 2, 3 and 4 year-olds are in funded early provision with staff who have graduate status, similar to the England rate.

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 in 2018, and 348 with a severe learning disability.

16-17 year-olds not in education, employment or training (NEET)

Compared to statistical neighbours, **West Sussex has the highest proportion of 16-17 year-olds not in education, employment or training, at 9.1% in 2018** (England 5.5%, CIPFA neighbour average 5.5%) [1]. This represents 1490 young people in West Sussex.

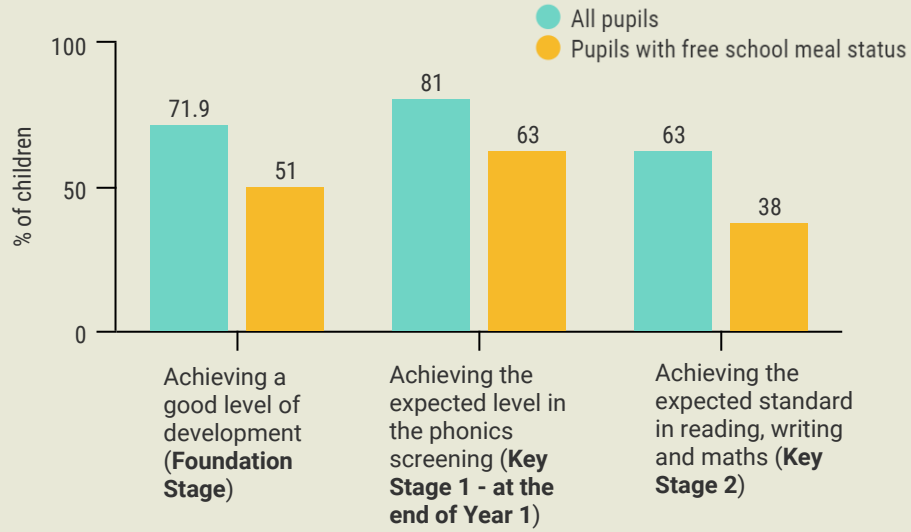
Broken down, **the majority of this group has unknown status** (6.7% of the total 16-17 year-old population). However, this portion of 16-17 year-olds has decreased, relative to 2016 figures, whilst the portion of NEET 16-17 year-olds with known status has increased (rising from 1.4% to 2.4% of the total 16-17 year-old population).

School readiness

Overall, **West Sussex compares poorly or similarly to the England level for school readiness measures** [2], and performs **significantly worse for children with free school meal status**. West Sussex has been improving in recent years for these measures, however, and remains broadly comparable to statistical neighbours.

At Key Stage 2 (children aged 10-11 years), attainment is notably low, with 63% of pupils achieving the expected standard in reading, writing and maths in 2019, and only 7% of pupils attaining the higher standard (compared with 11% nationally).

School readiness in West Sussex (2019)



At Key Stage 4 (GCSE level), attainment is above England overall (on the average P8 score measure) and in line with comparable authorities.

Progression to Higher Education (HE)

38% of all pupils progressed to higher education by age 19 in 2017/18, lower than England (42%) and statistical neighbours (39.7%). **Significantly fewer pupils on free school meals progressed to HE, at 16%** (England 26%, statistical neighbours 17.1%).

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** [3].

[1] This is a West Sussex Plan priority. Refer the WSCC website for the latest data and commentary. The combined known and unknown status of NEET 16-17 year-olds is a PHOF indicator (B05).
[2] PHOF indicators B02a and B02b
[3] Office for Students. POLAR – Participation of Local Areas. 2017.

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

As at 31 March 2019 there were **704 children looked after, a rate of 40 per 10,000.** The rate in West Sussex remains lower than England. 72 children were unaccompanied asylum seeking children.

Outcomes for Children Looked After and Children Leaving Care

In 2018, **there was a 2% unauthorised absence rate of children looked after (**who have been continuously looked after for 12 months). This was higher than England and the highest amongst comparable authorities. 12% of children looked after are noted as "persistent absentees".

In relation to the emotional and mental wellbeing of children in care, in 2018/19, a higher percentage (50.2%) of children in West Sussex were children with a 'cause for concern' [1] (whereby they scored 17 or above on the Strengths and Difficulty questionnaire, which asks questions on a range of issues relating to emotional and mental wellbeing). This was the second highest compared to CIPFA neighbours and significantly higher than England (38.6%).

Criminal Justice

First time entrants to the criminal justice system declined in the county, down to 99 per 1,000 10-17 year-olds in 2017, making West Sussex now amongst the lowest of CIPFA comparable local authorities.

Children in Need (CiN)

The Children in Need rate, as at 31 March 2019, was 269.0 per 10,000. This is lower than England but broadly in line with comparable authorities. As at March 2019, there were 4,699 children in need.

5.4% of Children in Need had a recorded disability. This is much lower than the England rate of 12.4%.

The rate (per 10,000) of referrals to social services increased year on year between 2014 and 2018, although it declined slightly in 2019 to 543.3. This rate is similar to England but higher than comparable local authorities. In total there were 8,872 referrals.

Section 47 enquires [2] **(started within year) remain fairly steady, at 165.7 per 10,000**. This was similar to England and higher than comparable authorities.

Children subject to a Child Protection Plan (CPP)

In 2019, the rate of children subject to a CPP was 35.6 per 10,000, lower than England and broadly similar to comparable authorities.

The percentage of children who became subject to a CPP held steady at approximately 22.5%. This is in line with comparable authorities but slightly higher than England.

[1] PHOF reference C12. Strengths and Difficulties Questionnaire (SDQ) scores come from the SDQ questionnaire, a survey required to be completed by for each child looked after aged 5 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.

[2] 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.

National research shows disabled young people aged 16-24 are less satisfied with their lives than their peers. 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.

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:

Jacqueline Clay - jacqueline.clay@westsussex.gov.uk

Dr Verity Pinkney - verity.pinkney@westsussex.gov.uk

Summary

Foundations and behaviours established in childhood and the wider determinants of health (such as education, housing, income and the natural and built environment) impact health and wellbeing in adulthood. In the past 10 years, the UK has experienced a considerable increase in people aged 65 years and over and can expect 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.

Action to improve mid-life, so that people enter older age healthier and happier, becomes increasingly important. This is not just to reduce pressure on health and social care services, but to sustain the ability to work and overall economic productivity, as the age-dependency ratio increases.

Having a good job has been found to be good for physical and mental wellbeing. West Sussex has a high employment rate, with over 80% of 16-64 year-olds in employment, 4% higher than the England rate. However, wage rates in part of the county are relatively low, when compared with regional and national rates. Large gaps also remain in the employment rates for people with health problems or long-term conditions and the wider population. In 2018/19 the employment gaps were:

- 14.3% between those with a long-term health condition and the overall employment rate, the second largest gap amongst comparable authorities
- 78.1% between adults with a learning disability and the overall employment rates, again the second largest amongst comparable authorities
- 69.1% between those in contact with secondary mental health services and the overall employment rate.

Having access to good quality, affordable housing is also crucial to health. In West Sussex, as in many parts of the UK, there is increased pressure on housing and costs have risen. Although data are limited, there is evidence of an increase in the number of people sleeping rough.

In recent years, improvements in healthy life expectancy have stalled, particularly in women, where healthy life expectancy was lower in the period of 2016-18 compared with 2009-2011. There are likely to be many, complex and inter-related reasons for this.

Four behaviours (tobacco smoking, alcohol consumption, diet and physical activity) continue to have a considerable impact on physical and mental health. Increased clustering of these behaviours, notably amongst people from the most deprived communities, are acting to increase health inequalities. Tackling these behaviours requires a whole system approach, working at population, community and individual level.

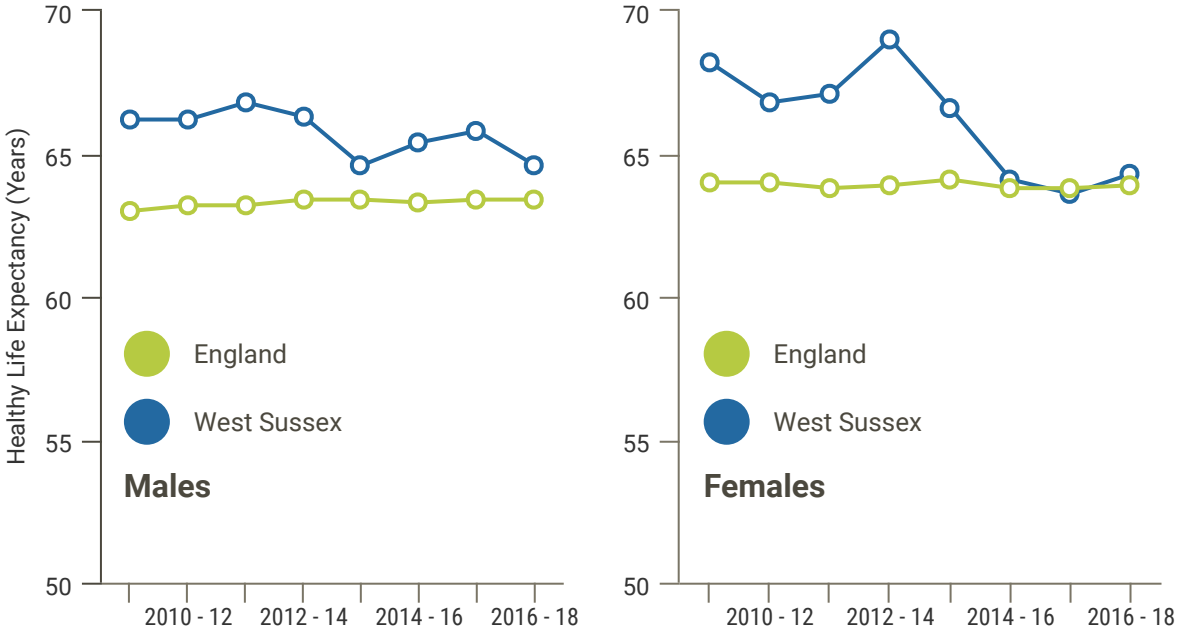
- The overall smoking rate in West Sussex is 12.5%. People in lower socio-economic groups are 3 times more likely to smoke, however.
- The rate of hospital admissions for alcohol-related conditions for women under 40 is significantly higher than England, with over 500 admission in 2018/19.
- Over 60% of adults are estimated to be overweight or obese.
- An estimated 19% of adults are physically inactive, engaging in less than 30 minutes of physical activity per week.

Emotional and mental wellbeing is as important, and intrinsically linked, to physical wellbeing. 14% of adults in West Sussex are estimated to have common mental health problems, such as anxiety or depression. Over 7,500 people in the county have a recorded severe mental illness such as schizophrenia, bipolar affective disorder and other psychoses.

Healthy Life Expectancy at birth

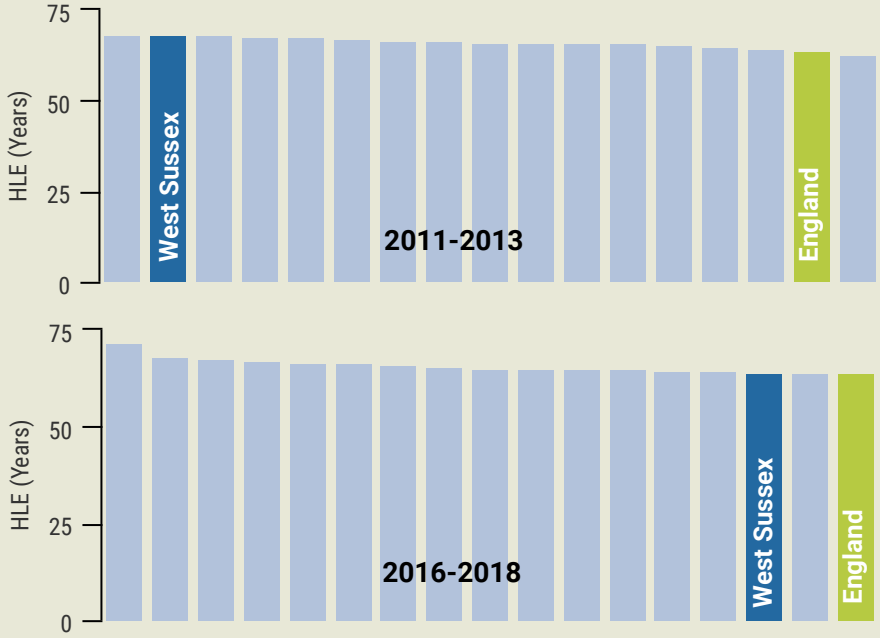
Healthy life expectancy is the number of years a person can expect to live in good health (i.e without a disability and not in poor health) [1].

Healthy life expectancies in West Sussex are comparable to England. In 2016-18, the male healthy life expectancy was 64.6 years and the female healthy life expectancy 64.3 years.



Female Life Expectancy - Changes between 2011-13 and 2016-18

Female healthy life expectancy has fallen considerably in recent years. In 2011-2013, West Sussex ranked 2nd amongst CIPFA comparators but is now (2016-18 data) the second lowest amongst comparable local authorities.



A Health Improvement Challenge

Improvements in health can secure considerable benefits.

As an 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
- 50% lower risk of type 2 diabetes
- 50% lower risk of colon cancer
- 20% lower risk of breast cancer
- 30% lower risk of early death
- 83% lower risk of osteoarthritis
- 68% lower risk of hip fracture
- 30% lower risk of falls (among older adults)
- 30% lower risk of depression
- 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

[1] PHOF reference A01a

Years of Potential Life Lost (YPLL) is a measure of premature mortality.

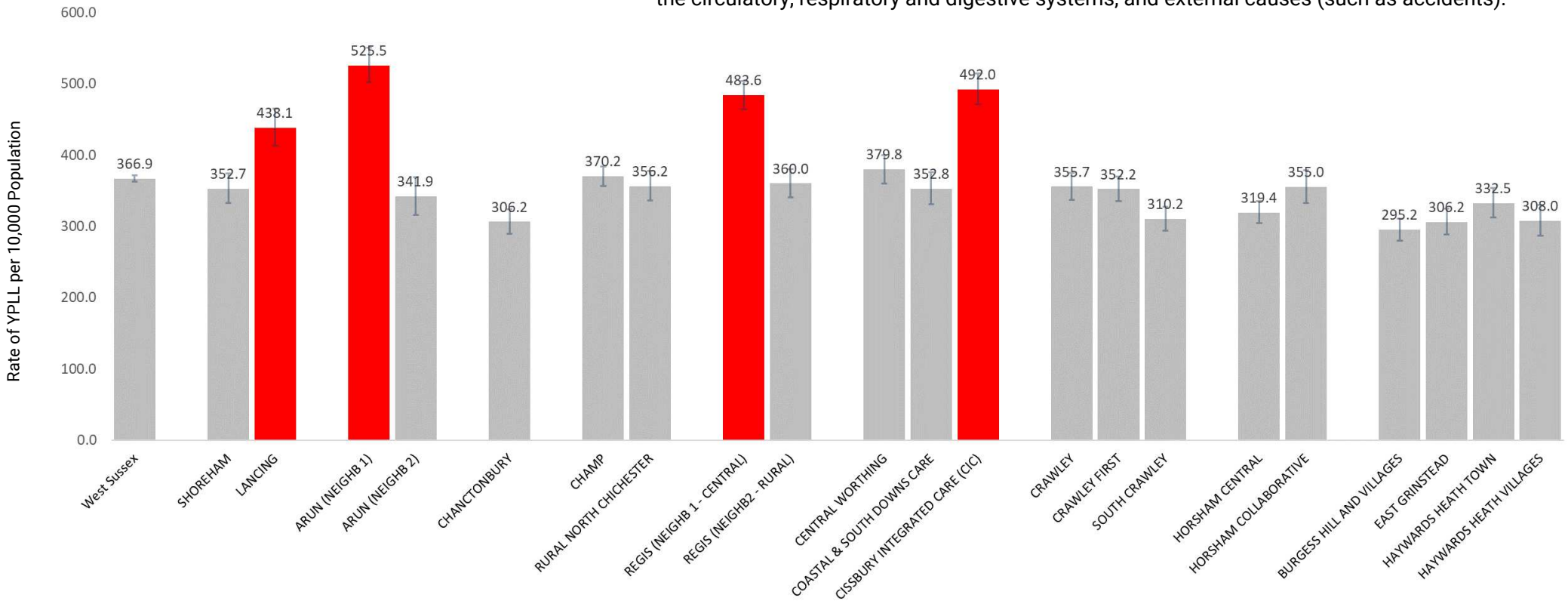
If the average life expectancy in an area is 80 years and a death occurs at 50 we can describe the 30 year difference as "potential life years" lost to the population. By summing all the life years lost of people who have died prematurely we can calculate a summary for an area/group. People who die at a younger age contribute greater number of years; for example, a young person who dies at 20 in a car accident will have 60 years of life lost, whereas someone who dies at 72 would have 8 years of life lost. In using this measure, we look at the overall level of premature mortality (as a rate per 10,000 population) and at the cause of premature mortality so that we can identify the key causes of premature mortality.

In relation to the new Primary Care Networks in West Sussex, we have summed the total years of life lost for deaths between 2014 and 2018 (5 years of data), calculated as a rate per PCN population aged under 75 years.
Contact Thye Leow for further information, thye.leow@westsussex.gov.uk

Years of Potential Life Lost Rate per 10,000 Population (U75)
Pooled Data of Deaths Registered Between 2014 and 2018

Four PCNs have rates significantly higher compared with the West Sussex overall rate. These are Lancing, Arun (Neighbourhood 1), Regis (Neighbourhood 1 - Central Regis) and Cissbury.

The top 5 causes of years of potential life lost are common across all the PCNs: cancer, diseases of the circulatory, respiratory and digestive systems, and external causes (such as accidents).



Economic Inactivity

In West Sussex 81,600 people aged 16-64 years are estimated to be economically inactive (October 2018 to September 2019). Of these, over 60,000 are not seeking a job; with 19,000 people with long term sickness, 19,000 looking after the home or family, and 17,000 retired.

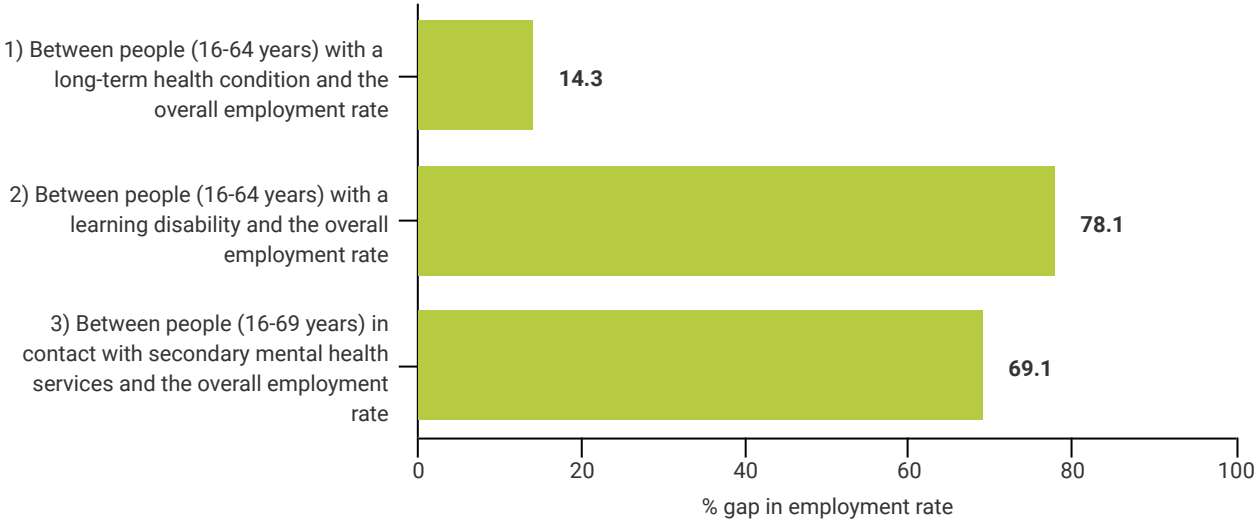
Long-term claimants of Jobseeker's Allowance

The rate per 1,000 **16-64 year-olds claiming Jobseeker's Allowance long-term (i.e. for more than 12 months) has improved in West Sussex** in recent years, decreasing from 4.9 per 1,000 in 2012 to 1.8 per 1,000 in 2018 (a decrease of 1,455 people in this time period). The West Sussex rate is in line with CIPFA neighbours and below England (3.8 per 1,000 in 2018).

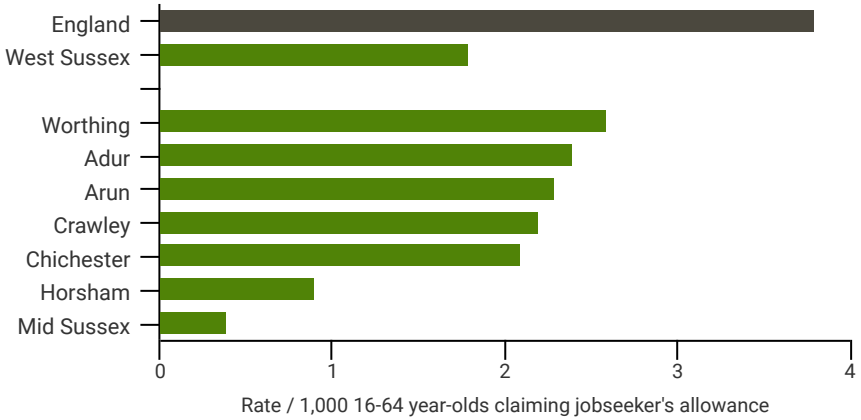
Employment Rate Gap of Vulnerable Groups

The employment rate gap looks at the **difference in the percentage of people who are part of a vulnerable group who are employed,** compared to the percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64).

In 2018/19, for both **people with a long-term health condition, and people with a learning disability,** the employment rate gaps were significantly greater in West Sussex compared with the overall rate across England. The rate gap for **people in contact with mental health services** has improved, however, decreasing from 76.9% in 2017/18 to 69.1% in 2018/19, similar to the England rate (67.6%) [1].



Long-term claimants of Jobseeker's Allowance by West Sussex Local Authorities



Employment Deprived

As part of the Index of Deprivation 2019, the employment domain provides information on **the proportion of the working age population in an area that are involuntarily excluded from the labour market.** These are people who would like to work but are unable to, including those unemployed, ill, disabled or who have caring responsibilities.

	Number	Percentage
Adur	3,100	8.9
Arun	7,000	9.0
Chichester	3,900	6.4
Crawley	5,200	7.7
Horsham	3,800	5.1
Mid Sussex	3,700	4.6
Worthing	5,400	9.0
West Sussex	32,100	7.0

England rate = 9.9%

[1] PHOF references B08a, B08b and B08c.

Primary Care Staffing by West Sussex Clinical Commissioning Groups (CCGs)

Data are estimated provided as of September 2019 - NHS Digital

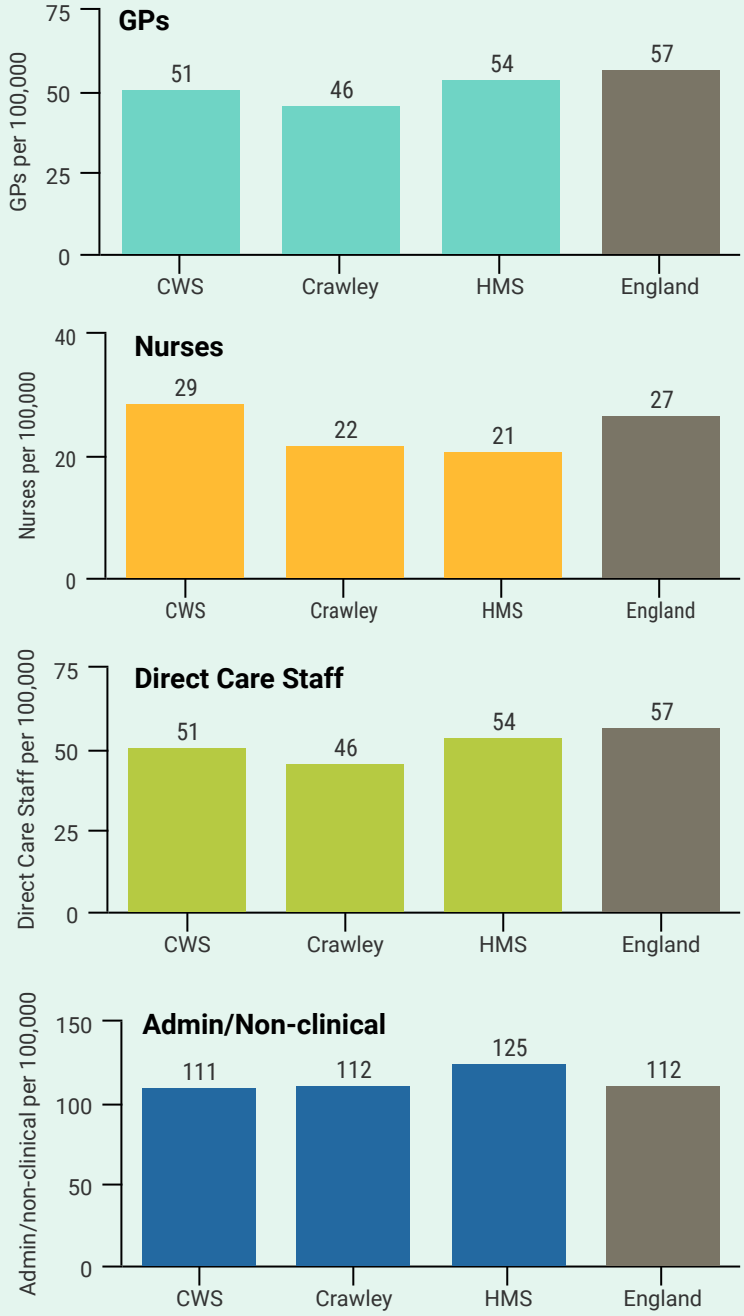
	WSx	CWS	Craw	HMS
All GPs - FTE	708	415	92	201
All GPs - Headcount	454	262	64	128
Fully qualified GPs (excludes Registrars) - Headcount	671	399	85	187
Fully qualified GPs (excludes Registrars) - FTE	420	247	59	114
Qualified permanent GPs (excludes Registrars and Locums) - Headcount	575	330	79	166
Qualified permanent GPs (excludes Registrars and Locums) - FTE	405	239	57	109
Nurses - Headcount	365	238	44	83
Nurses - FTE	230	149	30	51
Direct patient care staff *- Headcount	333	206	35	92
Direct patient care staff - FTE	215	138	24	53
Admin / non-clinical staff - Headcount	1554	851	213	490
Admin / non-clinical staff - FTE	1033	575	148	310

*includes therapists, health care assistant, social prescribing link workers etc
CWS = Coastal West Sussex CCG, Craw = Crawley CCG, HMS = Horsham and Mid Sussex CCG
FTE = Full Time Equivalent

Percentage of GPs Aged 55 or Over by West Sussex CCGs

	CWS	Crawley	HMS	England
% GPs Over 55	17.9%	25.3%	16.1%	19.5%

Staffing (FTE) per 100,000 Population

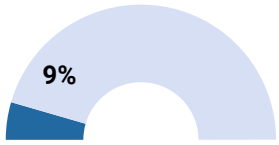


Data from **Skills for Care**
- Adult Social Care Workforce Data Set (ASC-WDS) (as at September 2018)
- Independent sector employees as at March 2019

https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/Home.aspx

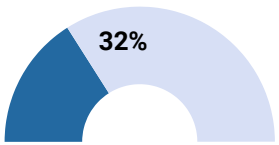
Vacancy rate

The vacancy rate in 2018/19 equated to 2,100 jobs

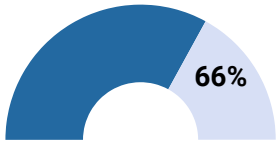


Turnover Rate

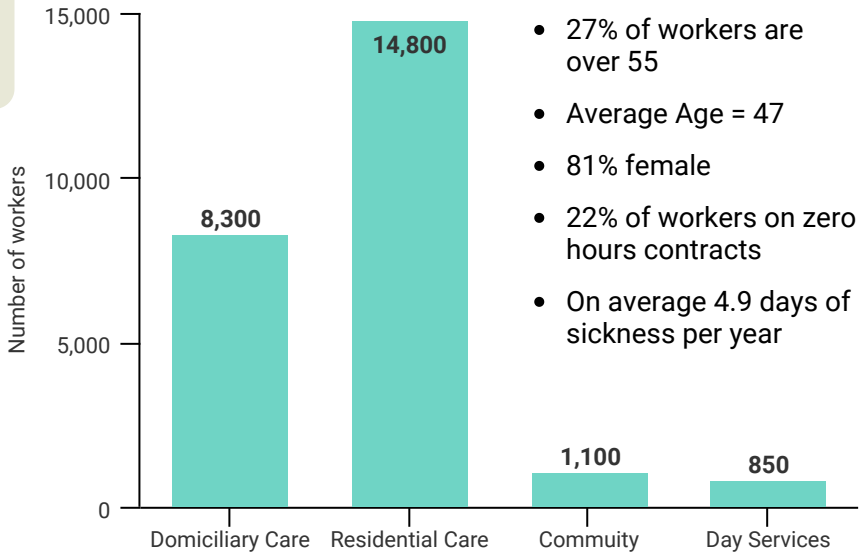
The rate in 2018/19 equated to 6,900 leavers



Percentage of staff remaining in same sector



Estimated Number of Social Care Staff (all sectors)



- 27% of workers are over 55
- Average Age = 47
- 81% female
- 22% of workers on zero hours contracts
- On average 4.9 days of sickness per year

Attendance Allowance - May 2019 (Rounded to nearest 10)

Attendance Allowance (AA) is non-means tested contribution towards additional costs incurred by people who have a disability and are aged 65 years or over. To qualify, people need to require help with personal care for at least 6 months. Payments are made at two rates: **the lower rate** (for people who need frequent help or constant supervision during the day, or supervision at night) and **the higher rate** (for people who need help or supervision throughout both day and night, or who are terminally ill).

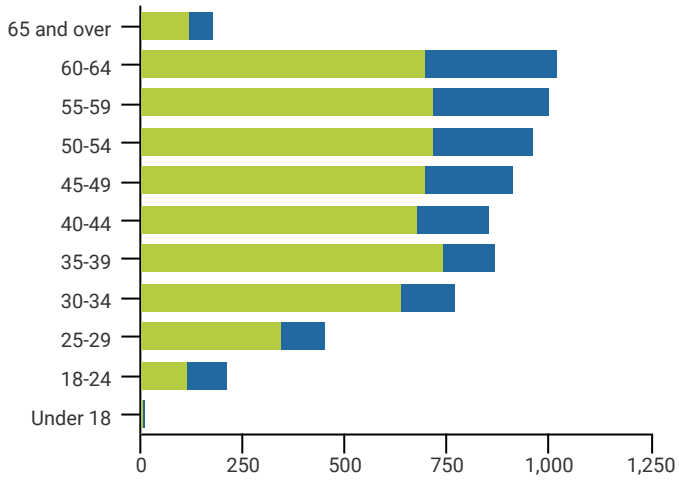
	Total (People)	On Lower Rate	On Higher Rate
Adur	1,770	730	1,040
Arun	5,510	2,090	3,420
Chichester	3,370	1,300	2,070
Crawley	1,970	870	1,100
Horsham	3,220	1,320	1,900
Mid Sussex	3,100	1,340	1,760
Worthing	3,040	1,220	1,820
Total	21,970	8,870	13,100

Carers Allowance - May 2019 (Rounded to nearest 10)

This is paid to people (aged 16 or over) who look after a severely disabled person for at least 35 hours a week and who are not employed (i.e. not earning more than £95 per week after certain deductions) and not in full-time education. The disabled person must be receiving specific benefits relating to their disability. The mean amount paid is £65.90 per week.

	Total
Adur	700
Arun	1,520
Chichester	960
Crawley	1,240
Horsham	910
Mid Sussex	890
Worthing	1,050
Total	7,280

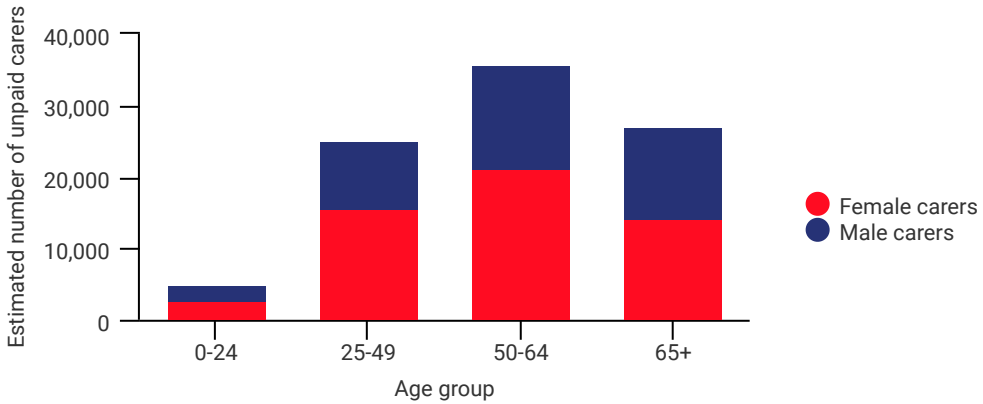
Carers Allowance - May 2019
Age and Gender of Claimants



Unpaid Care

There are an **estimated 93,145 unpaid carers** of all ages in West Sussex, representing 10.8% of the total population (similar to the England proportion).

Women tend to take on more caring responsibilities than men, with an **estimated 53,961 female carers compared to 39,184 male carers.**



Those of **working age (ages 25-64) account for 65%** of unpaid care, whilst **over-65s account for 29%**.

Arun has the greatest number of unpaid carers of all ages, at 18,369, followed by Horsham (15,422) and Mid-Sussex (15,488). **Adur has the fewest number of unpaid carers**, at 7,366.

50 or more unpaid care hours per week

Of the total number of carers in West Sussex, approximately **a fifth are estimated to do 50 or more hours of unpaid care a week** (slightly below the England proportion). This burden of care again falls more heavily on female carers (**over 11,000 female carers, compared to nearly 7,500 male carers, do >50 hours per week**).

Over 65s make up the majority of carers doing >50 hours per week; 37.5% of female carers and 51.6% of male carers doing >50 hours are in this age-group.

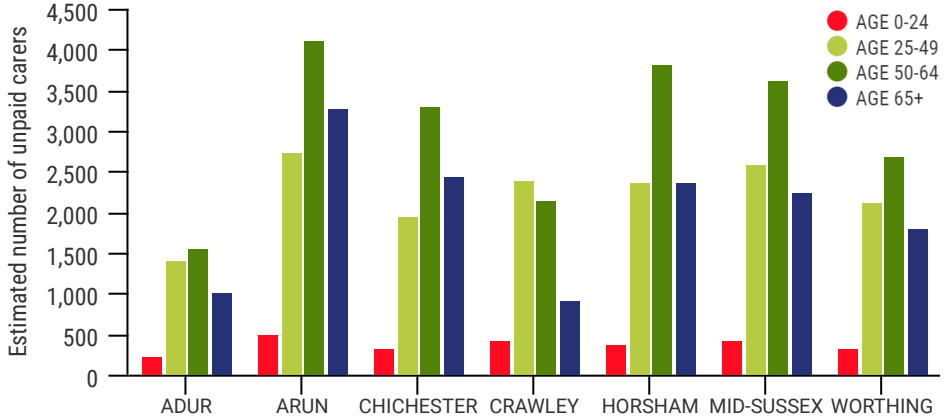
Adur has the greatest proportion of unpaid carers doing >50 hours per week, followed by Arun.

How do we estimate the numbers of unpaid carers?

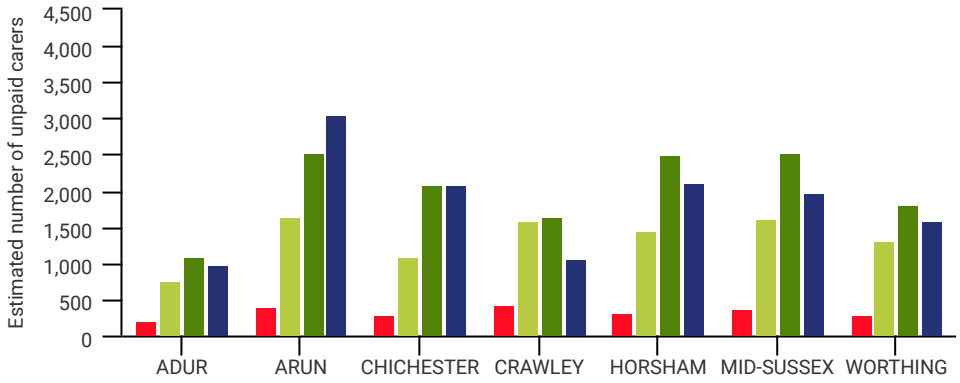
The Carers Trust defines a carer as anyone who cares, unpaid, for a friend or family member who due to illness, disability, mental health problems or an addiction cannot cope without their support.

The current number of unpaid carers in West Sussex can be estimated by applying the percentage of unpaid carers in the population, as recorded in the most recent census (2011), to the latest population estimates (2018).

Estimated number of FEMALE CARERS by West Sussex Local Authorities



Estimated number of MALE CARERS by West Sussex Local Authorities

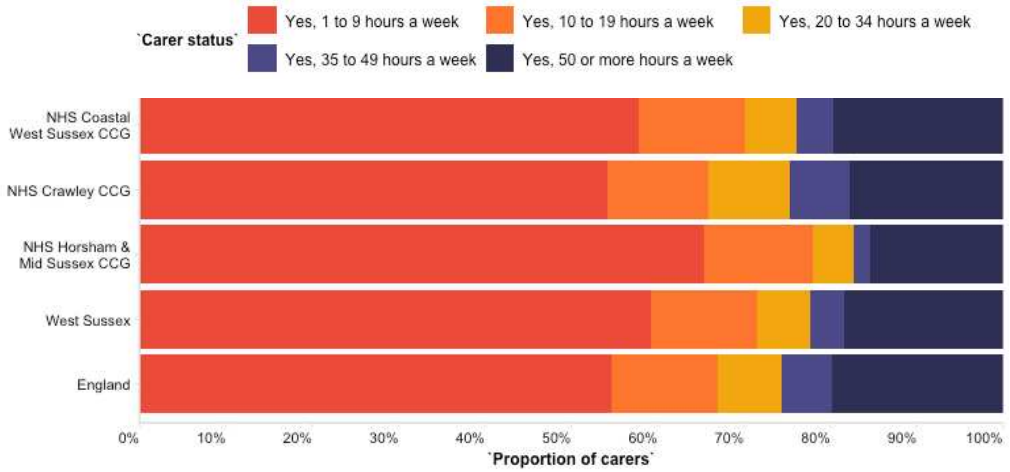


GP Patient Survey - analysis of the experience and health of West Sussex carers

Results from the GP Patient Survey 2019 are shown at West Sussex Clinical Commissioning Group and West Sussex level and compare the experiences of carers and non-carers. **Note:** these data relate to people registered with a GP Practice who responded to the survey.
Contact Dr Richard Tyler (richard.tyler@westsussex.gov.uk) for further information.

- As a proportion of patients, **West Sussex has significantly more carers compared to England** (18% vs. 16.9% of patients), particularly in the Coastal West Sussex CCG (19.3%).
- The **highest proportion of carers was amongst the middle-age groups (45-54 and 55-64 years)**, with roughly one in four patients in these age-groups providing some care. Compared to England, the proportion of carers aged 55-64 years is higher in West Sussex, and the proportion of 16-24 and 25-34 year olds lower.
- In each West Sussex CCG, **over half of carers said they provided support for 1 to 9 hours per week**, whilst around one in five carers provided 50 or more hours per week, similar to England.

Proportion of carers by number of hours of care provided per week



Working status

- **Carers were significantly less likely to be in full-time paid employment** compared to non-carers (all ages) in all areas except NHS Horsham and Mid Sussex CCG.
- **More carers were looking after the family or home or in part-time paid work** than non-carers. However, compared to carers in England, carers in West Sussex were significantly less likely to be in full-time education, looking after the family home, permanently sick or disabled, or unemployed.

Long-term conditions

- Significantly more carers report having a long-term condition (LTC), disability or illness in West Sussex, at **62.5% of carers compared to around 50% of non-carers.** This proportion is significantly higher, at 65.1%, in the Coastal West Sussex CCG.
- In West Sussex and England, more carers reported **musculoskeletal conditions** (arthritis or ongoing problems with back and joints) and **long-term mental health issues.**
- There was no significant difference in **current smoking prevalence** between carers and non-carers, and prevalence in West Sussex was significantly lower than England.

Making Appointments

- Fewer carers reported an **overall good experience of making an appointment** compared to non-carers (63.3% compared to 69.2%; similar to England).
- The proportion of patients **satisfied with the type of appointment offered** was significantly lower amongst carers compared to non-carers, at 71.6% compared to 76.6% (similar to England).
- In all areas except the Crawley CCG, a significantly higher proportion of carers had **attempted to access an NHS service when their GP practice was closed**, either for themselves or someone else, compared to non-carers.
- A significantly higher proportion of carers had a **preferred GP** compared to non-carers in all areas (58.1% vs. 48.8%), except the Crawley CCG, although fewer carers reported **seeing their preferred GP always or almost always**, at 19.1% vs. 24.3% of non-carers. This proportion of carers seeing their preferred GP was also significantly lower in West Sussex compared to England (22%).

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 between groups within the county.

We know that there is a **clustering of behaviours;** people who smoke are more likely to drink above recommended levels and have lower physical activity rates and so on. 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 reinforce 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 3,815 deaths attributed to smoking over the 3 year period between 2016 and 2018.**

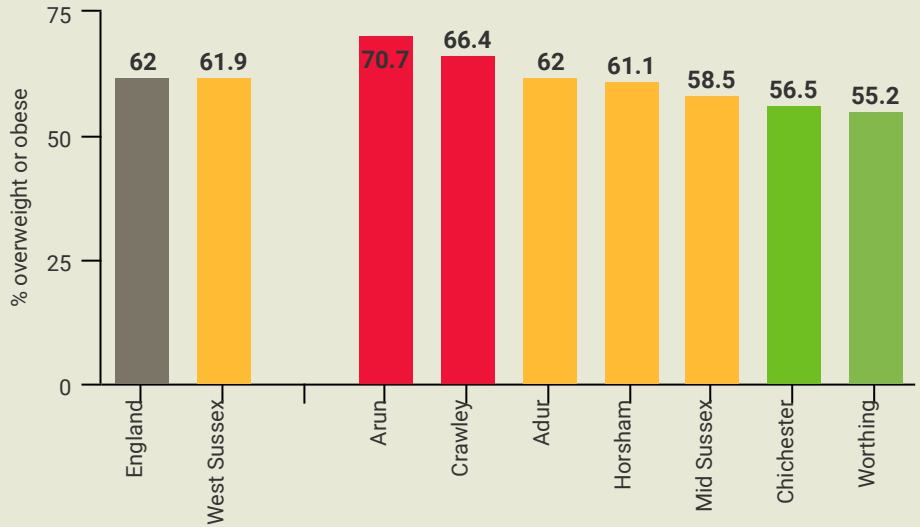
The overall adult smoking rate in the county has continued to fall. **In 2018 the rate was estimated at 12.5% (CI 11.9% to 13.2%)[1] - meaning almost 90,000 people in the county still smoke.**

Declines in the smoking rates of people from routine and manual occupations has been smaller. The most recent survey (2018) estimated the rate amongst West Sussex routine and manual workers at 27.6% (CIs 20% to 35%).

Physical Activity and Obesity

- **An estimated 68.3% of adults were classed as physically active** [2]. This is similar to England and statistical neighbours. Rates are highest in Chichester and Mid Sussex, and lowest in Arun (2017/18 survey data).
- **19.4% of adults were physically inactive** [3], with higher rates in Worthing and Arun.
- **The proportion of the adult population meeting the recommended '5-a-day' portions of fruit and vegetables on a 'usual day' [4] in West Sussex was 58%.** This is higher than the England rate. Within West Sussex, only Crawley had a rate significantly lower than England, with just less than 50% of adults having 5 portions of fruit and veg a day.
- **62% of adults were overweight or obese** [5] in West Sussex, similar to comparable authorities and England. In Arun and Crawley, rates were higher than England whilst Chichester and Worthing were lower.

Percentage of overweight or obese adults - West Sussex Local Authorities



[1] PHOF reference C18
[2] PHOF reference C17a. These are adults (aged 19+) who meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week).
[3] PHOF reference C17b. These are adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week).
[4] PHOF reference C15
[5] PHOF reference C16

West Sussex Tobacco Control Strategy 2019-2022

Smoking remains the single biggest preventable cause of death and ill health in England. Any differences in smoking prevalence across the population inevitably translate into health inequalities.

The **Smokefree West Sussex Partnership** is a group of organisations across West Sussex working in partnership to provide strategic direction and leadership on the tobacco control agenda in West Sussex. **The West Sussex Tobacco Control Strategy 2019-2022** contributes to realising the Public Health vision for West Sussex and meeting the national objectives through the co-ordinated effort of a wide range of partners. The strategy builds on national plans which establish tobacco control as a comprehensive and coordinated effort to **reduce demand, prevent uptake, and support cessation** rather than a sole focus on the delivery of smoking cessation services.

The details of the full strategy document and action plan can be found on the JSNA website. This provides an interactive version of the strategy to support partners in understanding what actions can be taken, and by who in the short-, medium- and longer- term.

https://sfws-action-plan.netlify.com/
Contact Dr Richard Tyler (richard.tyler@westsussex.gov.uk) for further information

Substance Misuse - Alcohol and Drugs

Prevalence Estimates

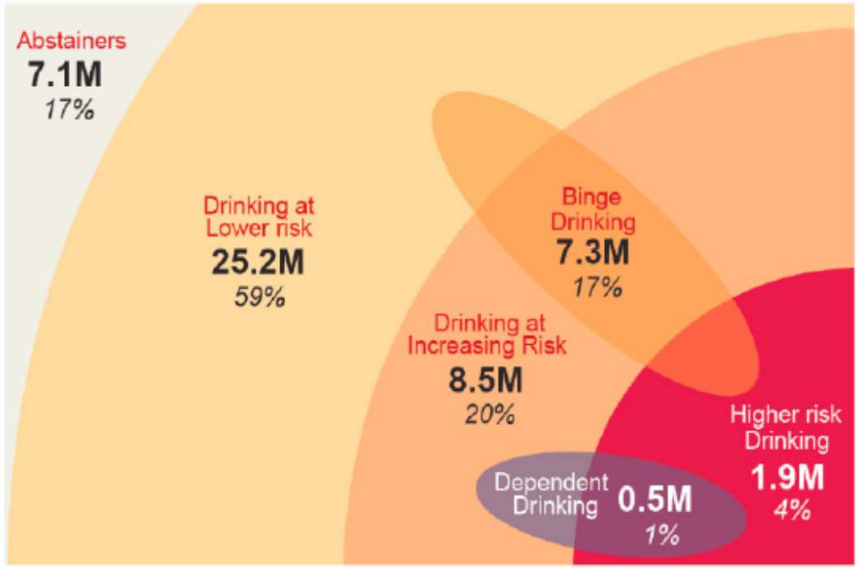
Alcohol-related harm is affected by the amount of alcohol that is consumed and how it is consumed (frequency and intensity of use). Describing patterns of use is therefore complicated. This diagram sets out the various terms and estimates (at a national level).

- **Abstainers**
- **Lower Risk Drinking** - drinking less than 14 units per week
- **Increasing Risk Drinking** - drinking 14 to 50 units a week
- **Higher Risk Drinking** - 50+ units for men a week / 35+ units for women a week
- **Binge drinking -** drinking of 8+ units (men) / 6+ units (women) on heaviest drinking day in previous week
- **Dependent Drinkers -** this is derived from data collected as part of the Adult Psychiatric Morbidity Survey (APMS), a national survey of 16+ year-olds. Alcohol dependency is assessed by the Alcohol Use Disorders Indentification Test (AUDIT) and the Severity of Alcohol Dependence Questionnaire (SADQ).

At **West Sussex level** using data from the Health Survey for England (2011 to 2014):

- **9.6%** of the 18+ population are estimated to be **abstainers**
- **14.5%** of the 18+ population are estimated to be **binge drinkers**
- **23.7%** of the 18+ population are estimated to be **drinking 14+ units a week**

Using the APMS, it is estimated that there are **5,500 to 9,300 people in West Sussex with a dependency on alcohol** and potentially in need of specialist treatment.



Source: Public Health England, The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review, 2016

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

PHE also publish annual estimates of the **prevalence of opiate use and/or crack cocaine use**. Data are available at county level and for specific age groups: https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

Alcohol-Related Hospital Admissions (2018/19 data)

Each rate is for all ages, directly age standardised and measured per 100,000 population. West Sussex compares favourably with England for each rate and is lower than most statistical neighbours.

- There were **583 admissions for alcohol-related conditions (Narrow) [1] per 100,000** (England 664 per 100,000). The number of such admissions in West Sussex was 5,116.
- There were **1,887 admissions for alcohol-related conditions (Broad) per 100,000** (England 2,367 per 100,000). The number of such admissions in West Sussex was 17,301.
- There were **507 admissions for alcohol-related conditions (Specific) per 100,000** (England 626 per 100,000). The number of such admissions in West Sussex was 4,368.

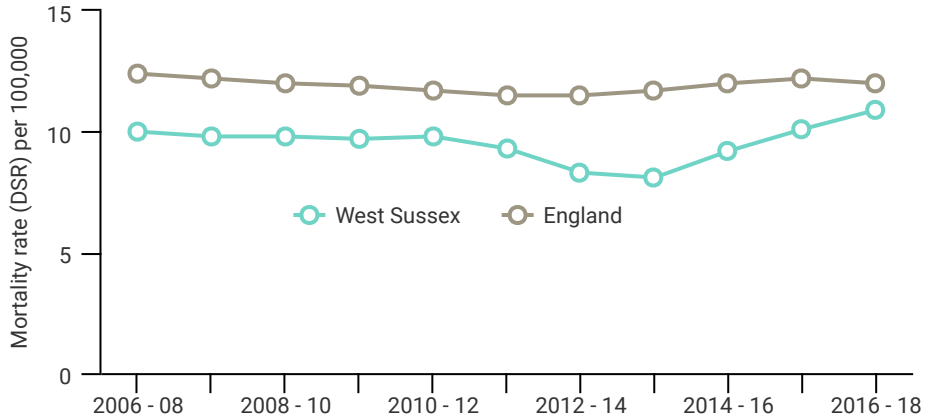
Other alcohol-related impacts

Between 2014 and 2016 there were **206 alcohol-related road traffic accidents** in which at least one driver failed a breath test. This represents a rate of 33.8 per 1,000 accidents and is higher than the England rate (26.4) but in line with other comparable local authorities.

Mortality from chronic liver disease

Mortality from chronic liver disease [2], which is strongly associated with alcohol consumption and obesity, has risen in West Sussex. In the past, mortality rates for men and women were significantly lower than the England rate but this is no longer the case, with rates now comparable to England. There were **40 extra deaths in women and 44 extra deaths in men due to chronic liver disease between 2012-14 and 2016-18.** Nationally there is evidence that deaths from liver disease are occurring at younger ages.

Mortality from **chronic** liver disease per 100,000



Drug misuse

It is estimated that between **1,400 and 4,100 people (aged 16-64 years) use opiates and/or crack in West Sussex**, 70% of which are 35 years or older.

In 2015-2017, there were **123 drug related deaths in West Sussex, 84 of which were classified as drug misuse deaths [3]**. Although the rate of drug related deaths in West Sussex remains lower than the England rate (5.1 per 100,000 compared to 6.4 nationally) the numbers have been rising in recent years (see overleaf).

[1] PHOF reference C21
[2] PHOF reference E06b
[3] PHOF reference C19d

Substance Misuse - Treatment Outcomes (2018)

There have been improvements in recent years in the successful completion rates of treatment in West Sussex. *Note there is a time lag on these measures and numbers are low – notably for opiate drug users.*

- 35.6% of **alcohol users** that left treatment successfully [1] did not re-present to treatment within 6 months (England rate 37.6%). This is similar to other comparable local authorities.
- 31.0% of **non-opiate drug users** who left treatment successfully [2] did not re-present to treatment within 6 months (England rate 34.4%). Although this has improved (from 28.1% in 2017), the rate remains significantly lower than England and comparable local authorities.
- 7.7% of **opiate drug users** who left treatment successfully [3] did not re-present to treatment within 6 months (England rate 5.8%). This has improved to be significantly better than England and comparable local authorities, after previously being similar.

People NOT in Receipt of Treatment (2018/19)

Using prevalence estimates and data from treatment services (from the National Drug Treatment Management System (NDTMS)), we can estimate the percentage of people with an alcohol dependency and users of opiates and/or crack cocaine (OCU) who are not in receipt of treatment.

- The estimated proportion of the West Sussex OCU users in 2018/19 who were **not in contact with drug treatment services for an OCU problem was 52%** (approximately 1,350 people).
- The estimated proportion of the West Sussex dependent drinkers in need of specialist alcohol treatment who were **not in contact with treatment services for alcohol only or alcohol and non-opiate use was 82%** (approximately 5,500 people).

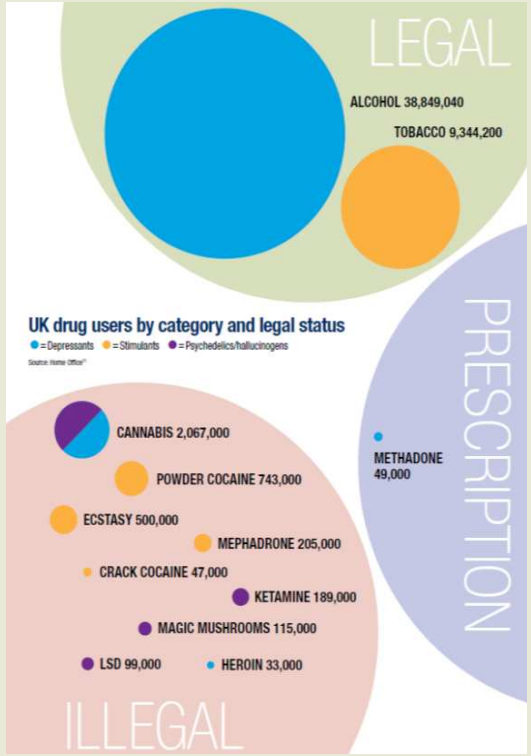
Drug Use

The Royal Society for Public Health report 'Taking a New Line on Drugs' (2016) sets out the challenge of reducing drug-related harm.

It notes that:

- Many substances that cause harm are legal and socially embedded, including alcohol, tobacco and prescription drugs.
- Harm is multi-faceted, including harm to individuals, others and the wider society.
- The relationship between drugs and mental health is complex. People may use drugs for a psychological effect and use can result in feelings of anxiousness, depression etc.
- Some people are at a higher risk of drug use and harm than others. People with pre-existing mental health conditions, including anxiety and depression, are particularly at risk.
- Drug harm can affect all ages and communities, but it is known that harm disproportionately affects people from more deprived communities.

Source: RSPH Taking a New Line in Drugs https://www.rsph.org.uk/our-work/campaigns/taking-a-new-line-on-drugs.html



[1] PHOF reference C19c [2] PHOF reference C19b [3] PHOF reference C19a

West Sussex Drug Related Deaths Audit (2015-2017)

Background to the audit:

In 2016, Public Health England released a report into the **sharp rise of Drug Related Deaths (DRDs) seen between 2013 and 2015**, which reached the highest national levels yet seen in 2015 [1]. This included a 21% increase in 2013 and a 17% increase in 2014. ONS figures also indicated a 64% increase in heroin-related death registrations from 2013 to 2015.

The subsequent 2017 West Sussex Suicide Audit, which examined deaths between 2013 and 2015, revealed **42 individuals had taken their own lives by self -poisoning** (20% of all suicides in the three-year period).

West Sussex Drug Related Deaths:

The newly designed West Sussex Drug Related Deaths Audit covered the period between 1st January 2015 to 31st December 2017 and reviewed 123 deaths. Although Public Health teams and Commissioning managers **collect data on those who have died whilst connected to community services**, which are essential to preventing early death, this alone **does not provide insight into the wider population or the individuals identified in this audit who were not involved with services** at any point. Examining the **barriers and facilitators to service engagement** can help in refocusing efforts to engage with more residents.

The full report of the audit is available on the JSNA website. Contact Robert Whitehead (robert.whitehead@westsussex.gov.uk) for more information.

Key Points

There were 123 deaths from drug poisonings in the three-year period the audit examined. Over a quarter of these were suicides and more than half were accidental overdoses. Roughly half of all deaths were classed as **drug misuse.**

Males accounted for two thirds of all deaths. Half of these involved controlled substances and males accounted for 86% of all drug misuse deaths, particularly focused between ages of 25 and 44 years.

Female deaths were spread more evenly among older age groups and were explained by a higher proportion of accidental overdoses and suicides involving prescribed medications. Drug misuse was ascribed to 24% of female deaths.

Eight males had been in prison or involved with probation services in the past year (9% of male deaths).

Ten males were known to be homeless or of no fixed abode (16% of all drug misuse deaths).

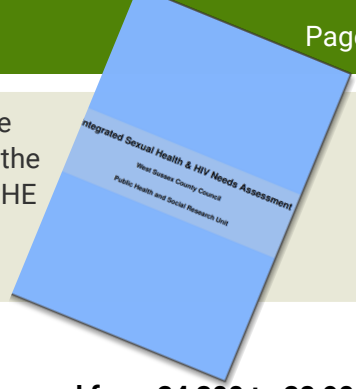
Four in every five deaths occurred in the home or the home of another. Only 9% of deaths occurred in a public area.

There was an increase in overdoses on Saturdays and suicides on Sundays.

Evidence around Naloxone intervention and resuscitation attempts were not sufficiently documented to report on in this audit.

[1] PHE (2016). Understanding and preventing drug-related deaths: The report of a national expert working group to investigate drug-related deaths in England

To inform the re-procurement of local sexual health services, a detailed needs assessment was undertaken in 2019. This is available on the JSNA website. On the next few pages are a selected number of metrics from the needs assessment, many of which are from the Public Health Outcomes Framework. The latest published data are available in the local Sexual and Reproductive Health Profile on PHE Fingertips.
For further information contact Dr Matthew Dorey (matthew.dorey@westsussex.gov.uk).



Key Points

In 2018, there were a total of 4,597 new STI diagnoses (all STIs), a rate of 539 per 100,000 population. This is a very slight increase on 2017, which had the lowest rate of new diagnoses in West Sussex in the previous 5 years, and below the national rate (784 per 100,000), although similar to other comparable local authorities.

STI	Number of new diagnoses (2018)
Chlamydia	2058
Genital warts	711
Genital herpes	472
Gonorrhoea	463
Syphilis	69

Rates of new STI diagnoses for Chlamydia, Gonorrhoea, Syphilis, Genital Herpes and Genital Warts are consistently below the England rate. However, the rates of the former three have been increasing over the past ten years, at a similar rate of increase to England. Compared to similar authorities, diagnosis rates for Gonorrhoea, Herpes and Syphilis in West Sussex are amongst the highest.

The overall testing rate, a metric strongly associated with the level of diagnoses, was 14,792 per 100,000 in 2018, remaining significantly lower than the England rate (18,053 per 100,000) and 5th highest amongst CIPFA neighbours.

The proportion of late HIV diagnoses (i.e. where the CD4 cell count is less than 350 per mm3)[1] has remained fairly stable in recent years, at approximately 42%, although the latest figures show an increase to 45% in 2016 - 2018. This is similar to England (42.5%) and equates to 50 late HIV diagnoses in West Sussex between 2016 - 2018.

Overall attendances at sexual health venues increased from 24,300 to 28,900 between 2013 and 2017. The proportion of people receiving a sexual health screen on first attendance increased from 68% to 79% over the same time period.

In 2017, there were 179 conceptions in under-18 year-olds [2], a slight increase on 2016. The rate of 13.7 per 1,000 15-17 year-olds is similar to comparable local authorities. 53% of teenage conceptions ended in abortion in West Sussex (England, 52%).

In 2018, the rate of abortions per 1,000 females aged 15-44 in West Sussex was 15.4, in line with comparable authorities and below the England rate (18.1/1,000), although higher than the previous 6 years. The **percentage of abortions undertaken under 10 weeks in West Sussex is, at 77.2%, significantly lower than England** (80.3%) and 5th lowest amongst comparable authorities. Of the abortions to women aged under 25 years, 24.7% (207 abortions) were repeat abortions i.e. to women who had had previous abortions.

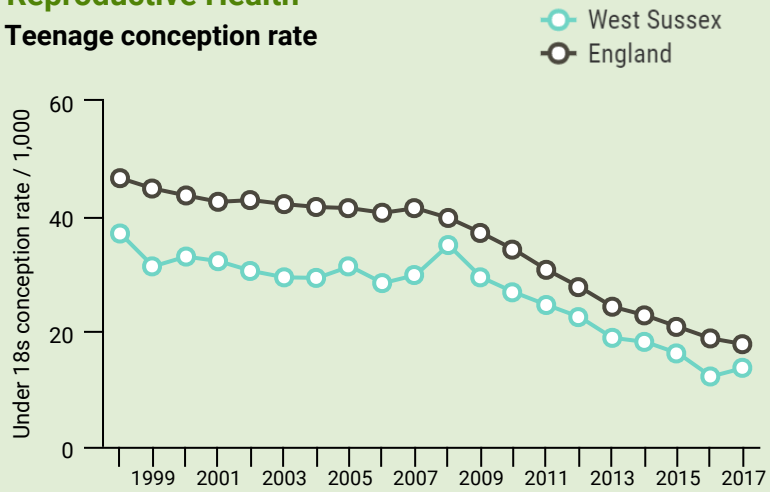
The use of long acting reversible contraception [3] in West Sussex is relatively high (66.2 per 1,000 female population aged 15-44 years in 2018) compared with similar authorities and England (49.5/1,000). 2017 saw an improvement in this measure from 2016, although 2018 has remained similar.

The hospital admission rate for Pelvic Inflammatory Disease (PID) admissions was unusually high in 2016/17. There were 462 admissions, over 100 more than in 2015/16. The higher number of admissions in 2016/17 meant that the rate per 100,000, at 326.1, was significantly higher than the England rate (242.4/100,000) and was the second highest amongst comparable authorities. Admissions should be monitored to evaluate whether admissions fall back to previous levels, PHE note that PID should be monitored alongside chlamydia screening coverage.

[1] PHOF reference D07. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection.
[2] PHOF reference CO2a.
[3] PHOF reference C01. This measure excludes LARC injections.

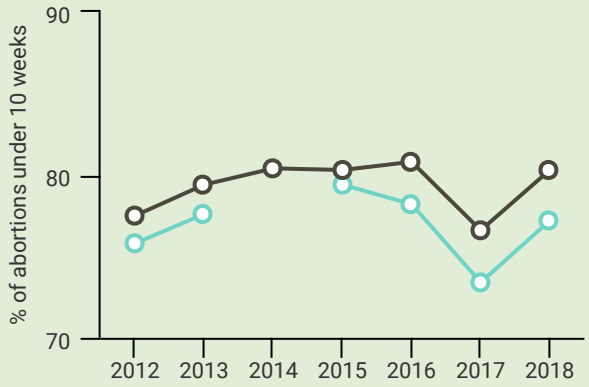
Reproductive Health

Teenage conception rate



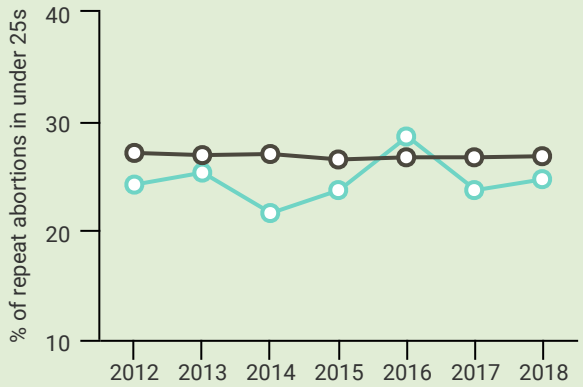
Teenage conceptions have steadily declined in the last 20 years, although 2017 saw a small increase, rising from 162 conceptions per 1,000 15-17 year-olds in 2016 to 179 per 1,000.

Abortions under 10 weeks



The **percentage of abortions undertaken in under 10 weeks has declined in recent years**; after a steep fall in 2017, the percentage has risen again, although remains below England and worse than 2015 levels.

Repeat abortions in under-25s

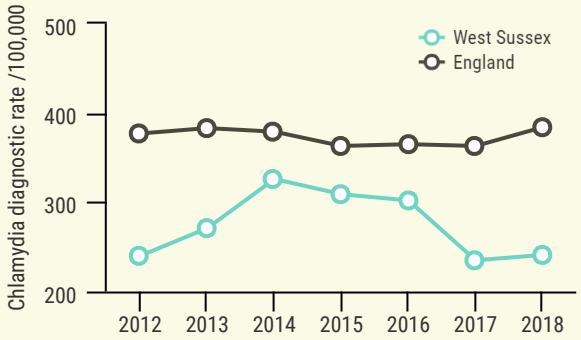


After peaking in 2016, the **percentage of repeat abortions in under-25s has fallen** to the average level of previous years (~24%).

A focus on chlamydia

Chlamydia is the most common bacterial sexually transmitted infection in England and causes avoidable sexual and reproductive ill-health. **Chlamydia rates are substantially higher in young adults** (<25 years) than any other age group, although >25s are also at risk.

West Sussex Chlamydia diagnosis rate per 100,000

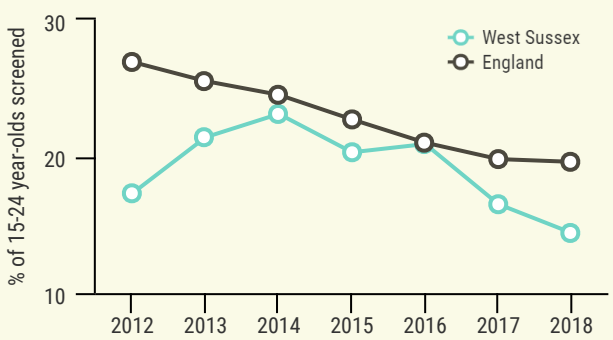


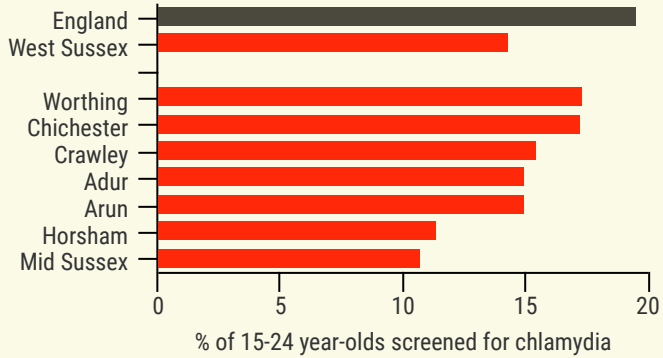
Screening in 15-24 year-olds

Chlamydia screening in 15-24 year-olds allows diagnosis and prompt treatment of asymptomatic chlamydia infections. In addition to reducing the time in which the infection can be passed on and thus the spread of chlamydia, screening reduces the chances of an infected individual developing complications.

Screening has declined in West Sussex since 2014 and remains significantly below England in each district, ranging from 17.4% of the 15-24 year-old population in Worthing to 10.8% in Mid-Sussex (England 19.6%).

Percentage chlamydia screening over time and in West Sussex Local Authorities





The West Sussex Health Protection Annual Report 2018/19 details the state of efforts to prevent and reduce ill-health in West Sussex, many of which are measures in the Public Health Outcomes Framework.

This report is available on the JSNA website.

For further information, contact Lobat Salehi (lobat.salehi@westsussex.gov.uk).

Outbreaks

There were 246 outbreak situations or incidents in 2018/2019. Specific cases and outbreaks of note include:

- **a number of complex TB cases and incidents requiring place-based screening of contacts**, including exposures in hospitals, schools and immigration removal centres.
- **outbreaks of seasonal flu in hospitals and care homes**. GP Influenza-like illness (ILI) consultation rates peaked later in the 2018/19 season in West Sussex, at 23.4 per 100,000, than the South East and England and were lower than in the 2017/18 season.
- **a large *Cryptosporidium* outbreak relating to visits to an open farm in West Sussex during lambing season** (one of four *Cryptosporidium* outbreaks related to open farms during lambing season across the South East in 2018/19), with a multi-agency response to investigate and manage the public health risk. 203 cases with a known link to the farm were recorded (119 confirmed, 82 probable and 2 possible).
- **a measles outbreak in school pupils in the Chichester area**, with 29 reported cases (22 confirmed, 4 probable, 3 possible). Additional MMR vaccination catch-up clinics were offered for unvaccinated children in the area.

Key challenges outlined in the 2018/19 annual report

In West Sussex, key challenges around infectious diseases are:

- **the large numbers of care homes, settings which are at risk of flu and norovirus outbreaks.** Alongside the consequential impacts on the wider health economy and individuals within the care system from these outbreaks, care homes are often noted to have no or poorly effective occupational health services, resulting in low flu vaccination uptake rates for their staff
- **prison and detention settings tend to out-source occupational health provision**, which can often lead to delays in provision of public health measures on-site for staff, thus impacting on rapid responses to contain outbreaks
- **the on-going resourcing pressures on environmental health teams** who enforce health protection legislation and implement controls during outbreaks, causing potential delays to managing gastro-intestinal cases and outbreaks
- **uptake of the two MMR vaccines by 5 years olds not reaching the 95% target required to provide adequate herd immunity [1]**, increasing the risk of widespread measles outbreaks
- **increasing numbers of open farms providing open days to the public during lambing season.** Awareness of the required standards documented in the Industry Code of Practice is needed to reduce the risk of the spread of gastrointestinal illness
- **higher rates of TB in the Crawley area compared with the South-East and England rates.**

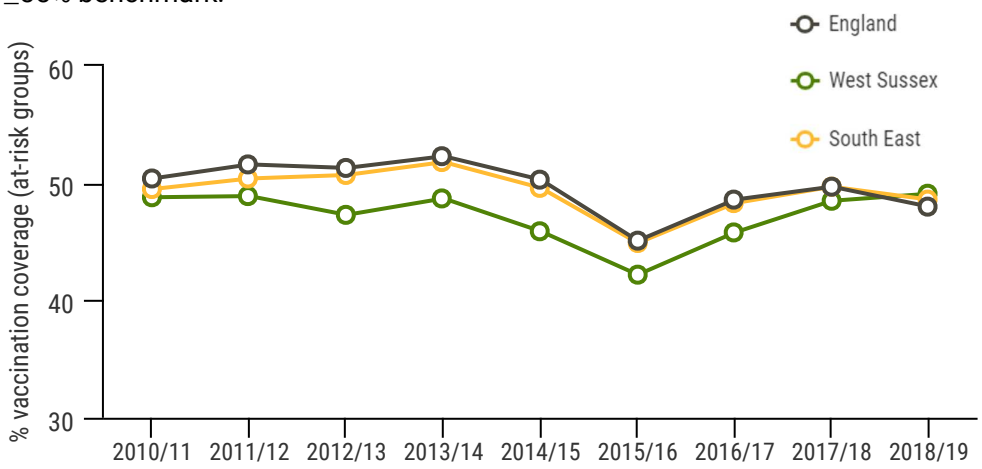
TB Rates (per 100,000 population)

	Crawley	South East	England
2017	12.5	6.2	9.1
2016	20.6	6.5	10.1

[1] PHOF reference D04c

Flu jabs - for at risk groups

Coverage of flu vaccinations for at-risk groups [1] was 49.1% in 2018/19. Coverage has been increasing year on year since 2015/16 and is above the England rate for the first time in 8 years, but this figure remains below the ≥55% benchmark.



Flu vaccinations for frontline healthcare workers *involved in direct patient care increased nationally from 2017/18 to 2018/19, although there is variation above and below the 75% target between the NHS Foundation Trusts serving the population of West Sussex.*

NHS Health Checks

For NHS Health Checks, West Sussex continues to perform poorly compared with England on all outcome measures [2]:

- **The cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check** in the five year period 2014/15 - 2018/19 was 72.6%.
- **The cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check** in the five year period 2014/15 - 2018/19 was 41.0%, a decrease on the previous five year period.
- **The cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check** in the five year period 2014/15 - 2018/19 was 29.7%.

Non-Cancer Screening

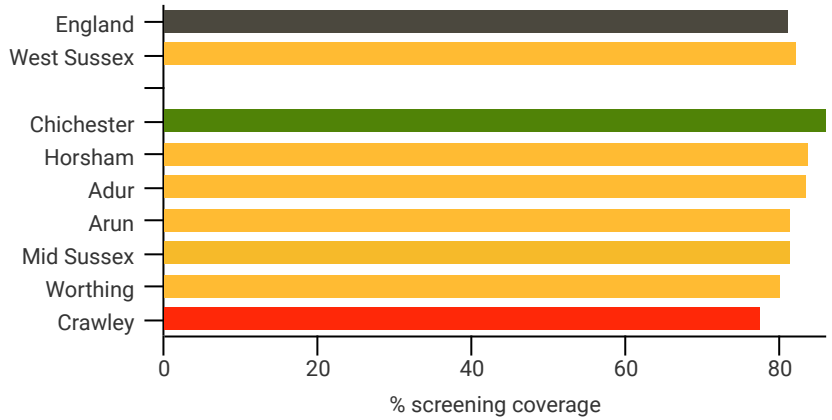
Diabetic Eye screening uptake

- The **uptake of routine digital screening events for diabetic eye** [3] in West Sussex was 87.5% in 2018/19, comparing favourably to the England rate.

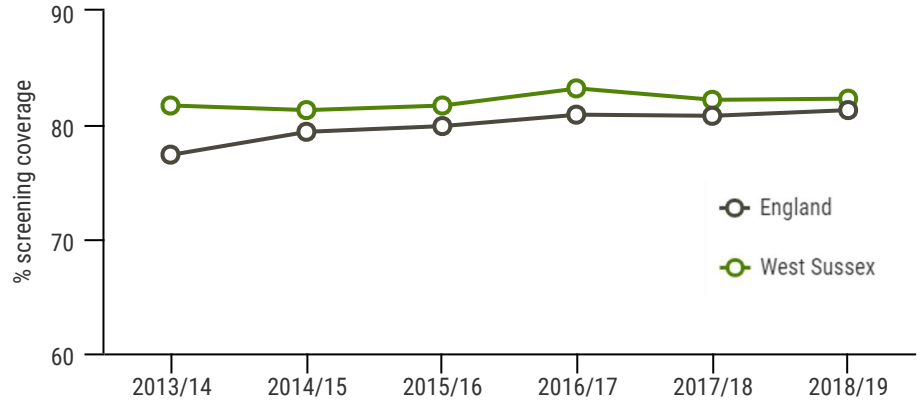
Abdominal Aortic Aneurysm screening coverage

- The **screening coverage rate at county-level for abdominal aortic aneurysm** [4] was 82.3% in 2018/19.

Abdominal Aortic Aneurysm screening coverage 2018/19 - West Sussex Local Authorities



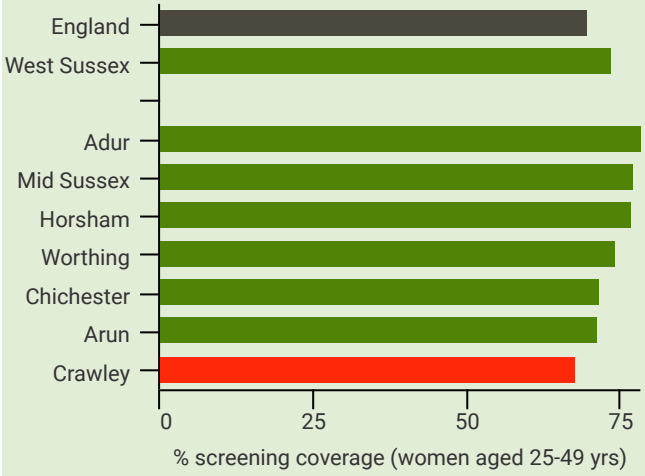
Abdominal Aortic Aneurysm screening coverage - West Sussex over time

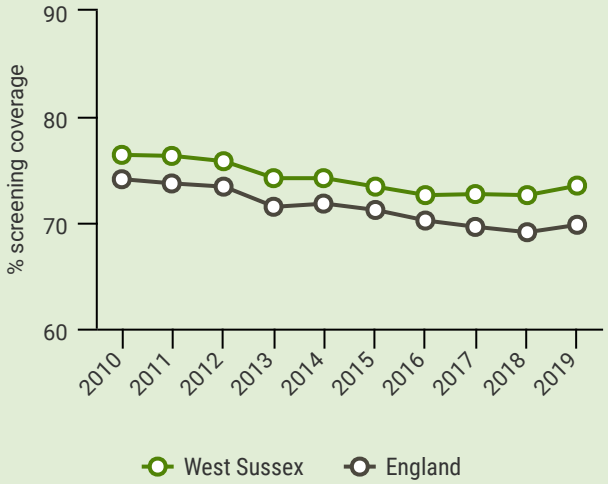


[1] PHOF reference D05. These are individuals from age six months to under 65 years, excluding otherwise 'healthy' pregnant women and carers.
[2] PHOF references C26a, C26b and C26c
[3] PHOF reference C25b
[4] PHOF reference C25a

At county-level, overall **take-up rates of screening programmes are good**, comparing favourably with England and in line with rates in statistical neighbours. However, there is variation between the West Sussex local authorities, with notably low rates in Crawley. **All relate to 2019**

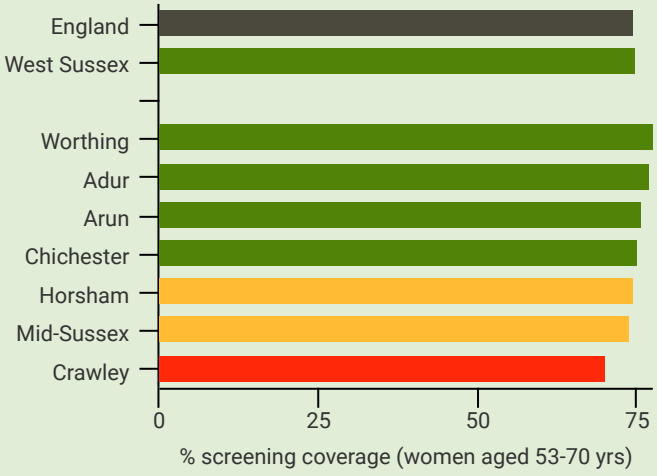
Cervical

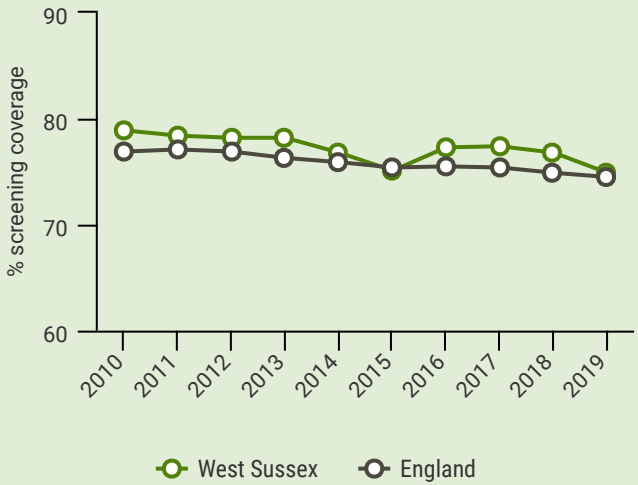




The screening rate at county-level for **cervical cancer (in women aged 25-49 years) is 73.5%** (Crawley, 67.6%) [1]. Uptake has been at a 20-year low, although two recent promotional campaigns may have contributed to increase coverage in 2019.

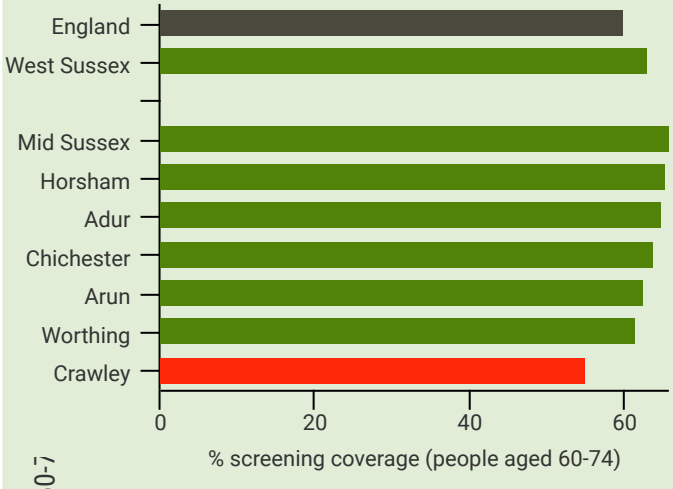
Breast





The screening rate at county-level for **breast cancer is 74.9%** (Crawley, 70.3%) [2]. Recent issues with the West Sussex breast programme's round length may explain the decline in screening coverage.

Bowel



The screening rate at county-level for **bowel cancer is 63.1%** (Crawley, 55%) [3].

[1] PHOF reference C24b [2] PHOF reference C24a [3] PHOF reference C24d

Many of the prevalence assumptions for adult mental health conditions are derived from national surveys and research. Of particular note is the **Adult Psychiatric Morbidity Survey (APMS).** The APMS provides data on the prevalence of treated and untreated psychiatric disorders among adults (aged 16+) in households in England. The most recent survey was conducted in 2014 (McManus, Bebbington, Jenkins, & Brugha, 2016) and is the forth in the series (previous survey years include: 1993, 2000 and 2007).

Key Findings

- Nationally, 1 in 6 adults (17.0%) were identified with a common mental health disorder (CMD) in the week prior to being interviewed APMS. 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.**
- 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 vary.

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

	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
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.**

Wellbeing

People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health. As a key health issue, ONS has developed new measures to estimate national wellbeing. Four questions included in the Integrated Household Survey are used to measure individual (and therefore subjective) wellbeing. These ask, on a scale of 0-10, overall:

- how **satisfied are you with your life** nowadays?
- how **happy did you feel yesterday**?
- how **anxious did you feel yesterday**?
- to what extent do you feel **the things you do in your life are worthwhile**?

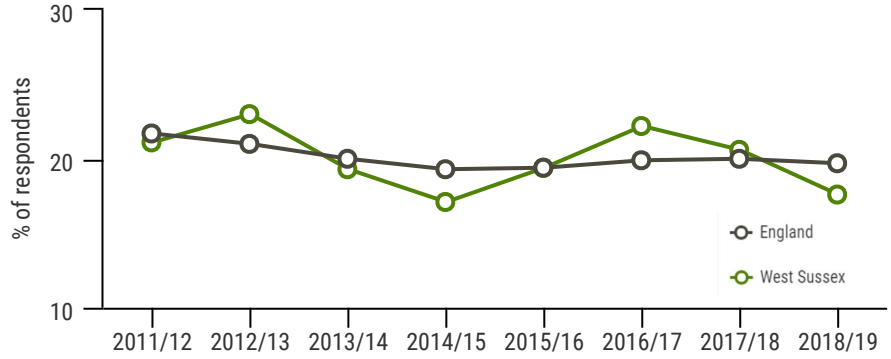
Note: these measures are estimates, based on a sample of the population from each area. Some years may lack data due to too small sample sizes or have wide confidence intervals (i.e. the range in which the true estimate could lie).

People with a low worthwhile score

3.5% of people gave a low worthwhile score [2] (those scoring 0-6/10; confidence intervals 2.1-4.8%) in 2017/18, similar to the England score (3.6%) in this period. Trend data is not available for this measure, as the sample size of the most recent and previous years is too small.

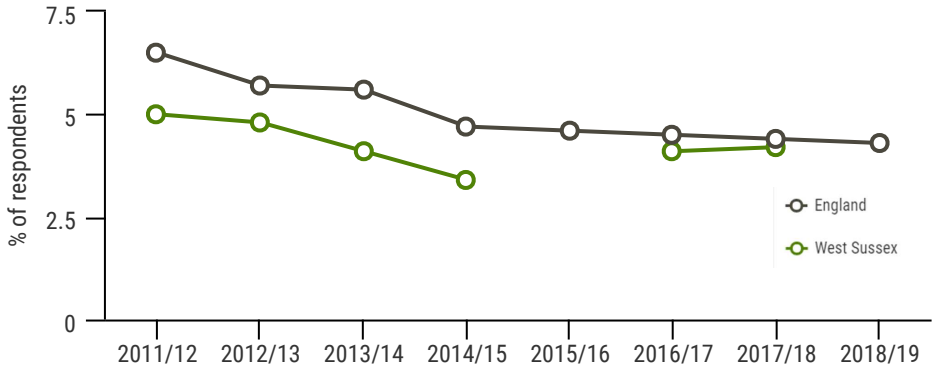
People with a high anxiety score

17.6% of people gave a high anxiety score [3] (those scoring 6-10/10; confidence intervals 14.7-20.5%) in 2018/19. This is lower than the England score (19.7%) and the fourth lowest score amongst CIPFA neighbours.



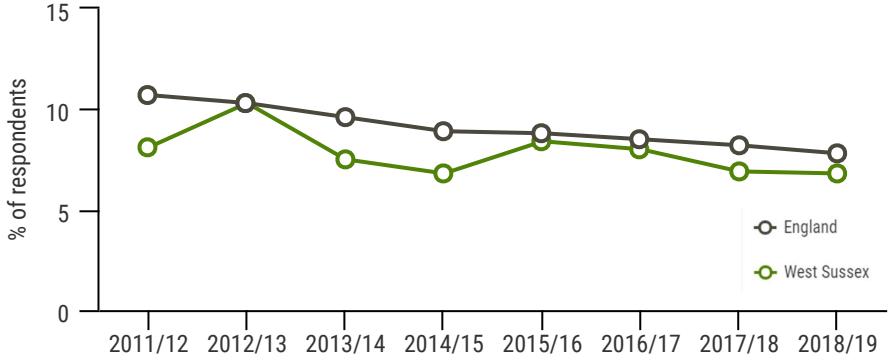
People with a low satisfaction score

4.2% of people gave a low life satisfaction score [1] (those scoring 0-4/10; confidence intervals 2.8-5.6%) in 2017/18, similar to the England score in this period (4.4%).



People with a low happiness score

6.8% of people gave a low life happiness score [4] (those scoring 0-4/10) in 2018/19. This is slightly lower than the England score (7.8%), although not significantly different (confidence intervals 4.8-8.8%) and of middling position compared to CIPFA neighbours.



[1] PHOF reference C28a
[2] PHOF reference C28b
[3] PHOF reference C28d
[4] PHOF reference C28c

There is not a single measure of health, wellbeing or happiness: different tools focus on different things. Six commonly used tools/instruments are summarised on this page.

- Some tools concentrate on one domain/theme, such as health-related quality of life (HRQoL) e.g. the EQ-5D tool.
- Some look at subjective wellbeing (SWB), such as the ONS Wellbeing survey.
- Others consider what outcomes different policy-makers are seeking answers to, such as the ability of people to undertake personal care tasks or the ability to manage a condition (e.g. self-efficacy in the Patient Activation Measure, or undertaking daily activities in adult social care surveys).
- Some questions focus on the frequency a feeling/experience occurs, whilst others ask about intensity (e.g. WEMWBS asks about frequency whilst ONS Wellbeing asks about intensity).

To improve the understanding of tools available we have drafted a briefing of the main options available, which is on the JSNA website.
For further information please contact Clare Toon (clare.toon@westsussex.gov.uk) or Jacqueline Clay (jacqueline.clay@westsussex.gov.uk).

ONS Subjective Wellbeing

Subjective wellbeing, designed as an adjunct to GDP measurement at a national level. Questions include evaluation, eudemonic and experience approaches.

Pros - Short, used widely. Nationally developed measure can be applied across programmes
Cons - Not specifically centred on health, but broader subjective wellbeing. May not be sensitive to short term change

WEMWBS / Warwick Edinburgh

Warwick Edinburgh Mental Wellbeing Measure, focuses on mental health and wellbeing and has a long and short version.

Pros - Widely used, long and short versions. Sums to provide a composite score, which can be useful in dissemination
Cons - Centred on individual, using only positive statements. Scale relatively short, may not pick up small movement. In a recent local evaluation there were some problems reported in using with the very elderly (85+ years)

Outcomes Stars (wide range)

Concentrates on using a specific format (spider diagram) and a wide range of measures for different groups and contexts within the population (e.g. young people, family, carers, homelessness)

Pros - Wide range of tools may be more suitable for specific conditions and circumstances, although less suitable for overall strategic reporting. Good visual format, easy to undertake
Cons - To use this tool an annual fee is paid (this is not prohibitive – approx. £350)

Patient Activation Measure (PAM)

Self-efficacy, willingness and ability to take on role of managing own health and health conditions. Describes activation in 4 levels (low activation to having the skills to self-manage)

Pros - Measures the ability of self-efficacy; the value is in understanding a patient's ability and starting point. Can be used across programmes
Cons - Does not focus on issues of wider wellbeing. Fluctuates with deterioration, not necessarily linear assumption and not designed to be a high level performance measure. Costs (but not prohibitive)

EQ-5D

Developed by the EuroQol Group as a measure of health-related quality of life. Widely used, has some overlap with ASCOF. Measure of intensity. Has a 3 level range version and a 5 level version

Pros - Widely used in health, wide application possible Easy, simple questions. Used for economic evaluation
Cons - Narrow view of health-related quality of life does not cover more subjective aspects of wellbeing. Requires registration but cost minimal.

ASCOF

Measures social-care related quality of life – developed to assess whether a person's social care needs and wants are being met.

Pros - Validated and used annually by council (only with people in receipt of services). Would be expected to decline with increased aged and frailty, if population frame altered (i.e. fewer, frailer people accessing care). Useful range of tools for format (self-complete/proxy), easy read
Cons - Narrow focus. Designed for a specific function/policy area

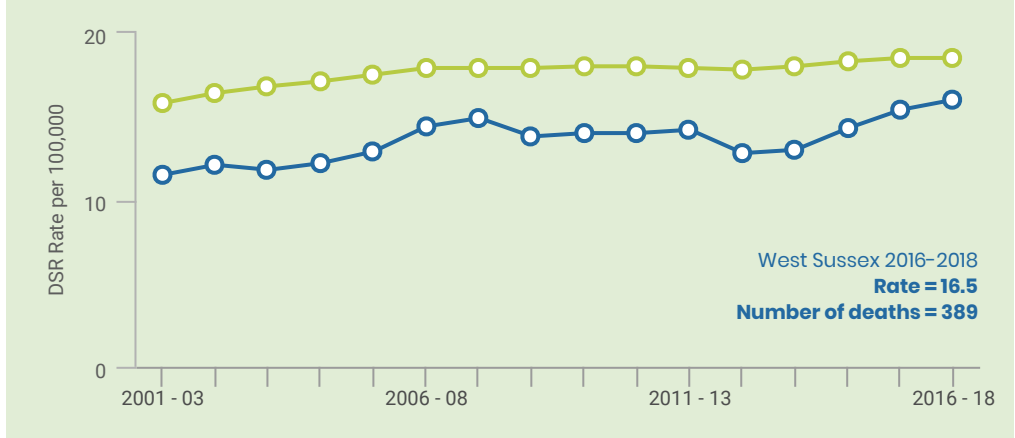
PREMATURE MORTALITY

For all graphs (note SCALES VARY)
West Sussex =
England =

Age-standardised mortality rate (under 75 years)
Cardiovascular diseases [1]

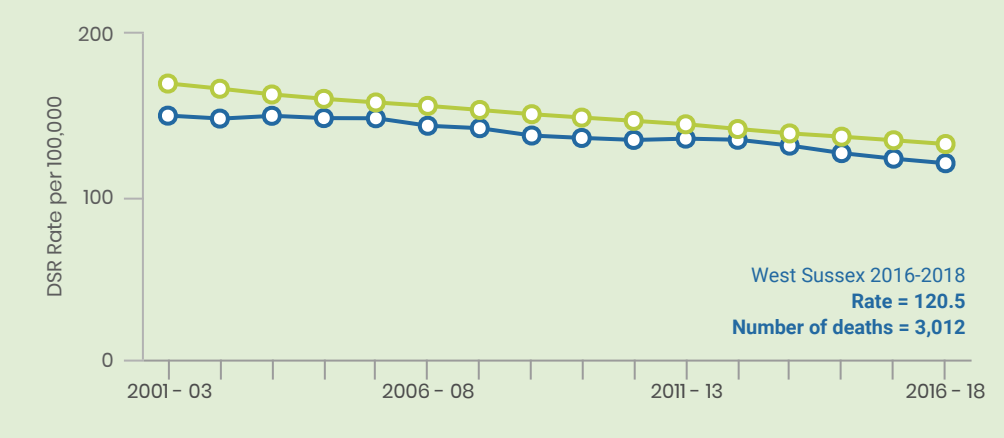
Cardiovascular disease (CVD) remains a major cause of premature mortality. The rate has reduced greatly over the last 20 years, due to lifestyle improvement and treatment. The mortality rate in West Sussex is significantly better than the England rate.

Age-standardised mortality rate (under 75 years)
Liver Disease [3]



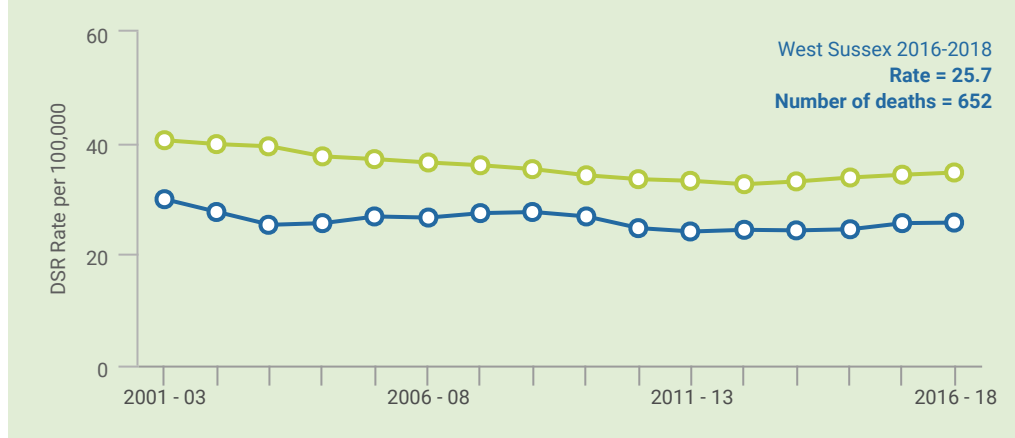
Liver disease is a major cause of premature death. Most liver disease is preventable; both alcohol consumption and obesity are underlying factors, amenable to public health interventions. Of the major causes, the rate of mortality is not reducing. Locally the rate is below England.

Age-standardised mortality rate (under 75 years)
Cancer [2]



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 mortality rate (under 75 years)
Respiratory Disease [4]



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 that of England.

[1] PHOF reference E04a
[2] PHOF reference E05a
[3] PHOF reference E06a
[4] PHOF reference E07a

Suicide

The West Sussex Public Health and Social Research Unit carried out a Suicide Audit in 2017, covering 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 (robert.whitehead@westsussex.gov.uk).

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (all ages) over time [1]

Demographic Information from the West Sussex Suicide Audit 2013-15

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

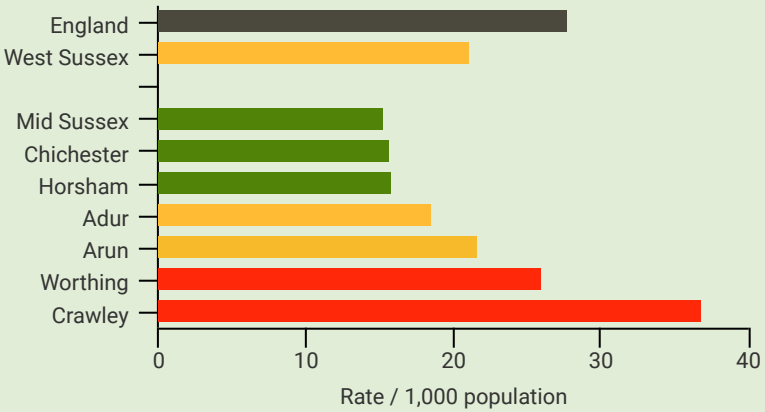
- Combined, there were **52 females and 161 males included in the audit.**
- Seasonal variations show a **higher prevalence in summer months**, though it is possible that this is random error found in low sample numbers.
- **Nearly a third of male deaths and female deaths occurred between the ages of 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%)**. Following this was self-poisoning (20%), more frequent in older females, then impacts with a train (10%), more frequent 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.**

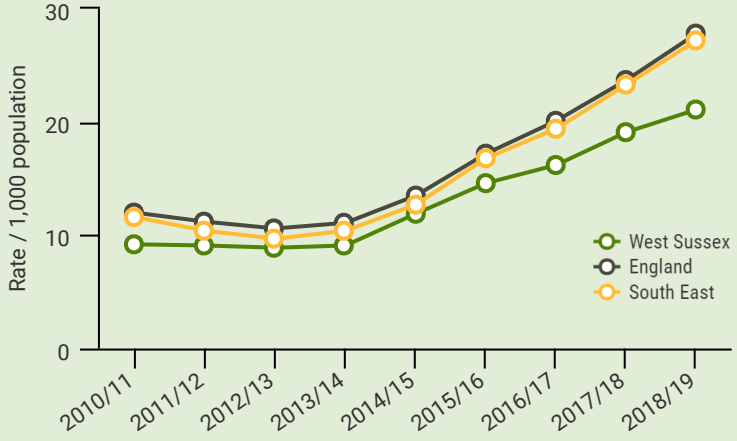
[1] PHOF reference E10

Violent offences

Violent offences (measured per 1,000 population) [1] have more than doubled in West Sussex over the last six years, in line with national rises. In 2018/19, there were 17,977 recorded offences, compared with 7,448 in 2013/14.

The rate in West Sussex (21.1 per 1,000 population) remains lower than England (27.8 per 1,000) and most comparable authorities. However, the **Crawley rate (36.9 per 1,000) exceeds both West Sussex and England,** whilst Worthing (26 per 1,000) is comparable with England.

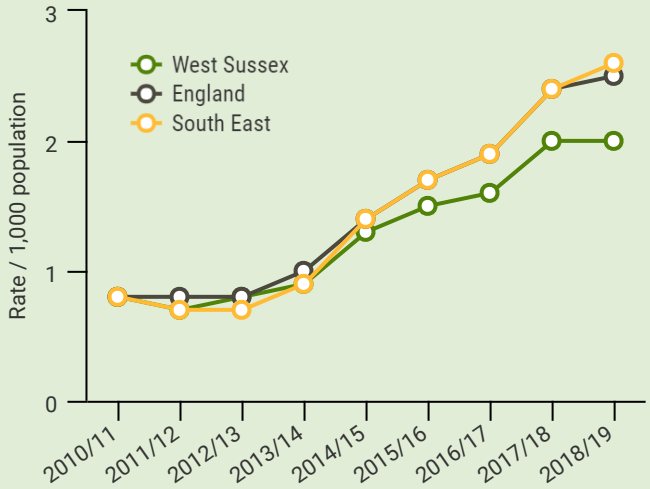




Sexual offences

Sexual offences (measured per 1,000 population) [2] have also more than doubled in West Sussex over the last six years, in line with national rises. In 2018/19, there were 1,724 recorded sexual offences, compared with 697 in 2013/14.

The rate in West Sussex (2 per 1,000 population) remains lower than England (2.5 per 1,000) and is the second lowest amongst CIPFA neighbours. **Crawley and Worthing, however, exceed the national and West Sussex rates,** at 3.4 per 1,000 and 2.6 per 1,000, respectively.

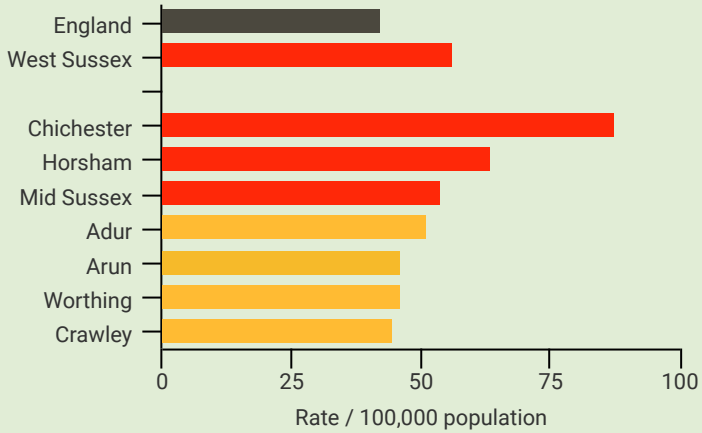


Domestic abuse

In 2018/19, **the rate of domestic abuse-related incidents and crime [3] was 19.3 per 1,000 in West Sussex, significantly below the national rate** of 27.4 per 1,000 and one of the lowest amongst CIPFA neighbours.

Road accidents

Whilst the national number of **people killed or seriously injured (KSI) on roads [4]** has remained stable in recent years, **there has been an upward trend in West Sussex.** At 56.5 per 100,000 (equal to 1,445 people between 2016 - 2018), **West Sussex has one of the highest KSI rates in the country** (England 42.6 per 100,000).



[1] PHOF reference B12b [2] PHOF reference B12c [3] PHOF reference B11 [4] PHOF reference B10

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.

In addition to the contacts shown in the summary, overall for overall queries for Living Well in the West Sussex Public Health and Social Research Team contact

Jacqueline Clay - jacqueline.clay@westsussex.gov.uk
Ryan Walkley - ryan.walkley@westsussex.gov.uk

Summary

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 good 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.

The number of older people is projected to increase and to do so at a greater rate than the overall population increase. It will be increasingly important that services, communities and families work together to support older people and their families to remain healthy, happy and at home in the community. To have a healthy older population it is important that the wider determinants of health (housing, planning, income, education etc) are conducive to better ageing, and that organisations and communities work together to promote good health in mid-life, prevent the onset of long-term conditions, and support self-care of health and self-management of conditions.

Overall, health and wellbeing outcomes are good for all lifestages in West Sussex, including later life. However, as with the earlier lifestages, the average hides the considerable inequalities in the county.

Life expectancy overall has continued to increase but with *healthy* life expectancy stalling, this means that more of life is being spent in poor health or with a disability. Male life expectancy still lags behind female life expectancy (80.8 years compared with 84.2 years) and is far lower amongst people from the most deprived and disadvantaged groups, including older people living in poverty and people with a learning disability and/or mental health condition.

The importance of the quality of life lived, not just the length of life, is central to the priorities identified in the West Sussex Health and Wellbeing Strategy 2019-24. Loneliness and social isolation in later life have been identified, through national and local surveys, as impacting the quality of life and are linked to physical health outcomes. Although it should be stressed that the impact of loneliness is not restricted to this age group, it is a life stage when mobility and the opportunity for social contact can decline.

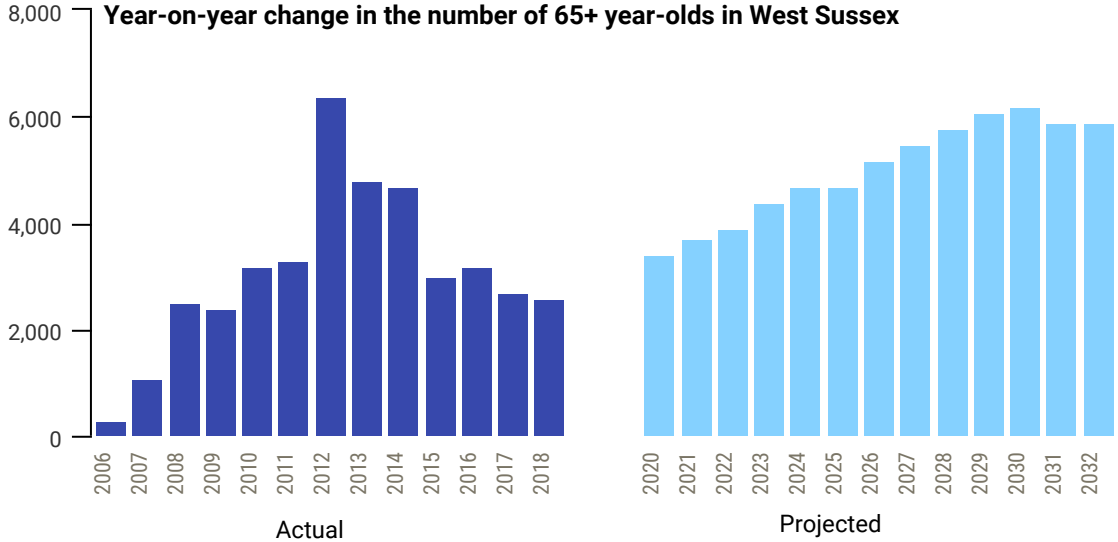
Locally, outcomes relating to falls have fluctuated and often have been poorer compared with comparable authorities; in 2018/19 there were over 5,000 emergency hospital admissions due to falls. At 2,416 per 100,000, this rate is significantly higher than England and the second highest amongst comparable authorities. Of specific concern were the 840 hip fractures in residents aged 80+ years, as, for many older people, such an injury may result in moving into residential care.

Most care is self-care. To self-care and self-manage long-term conditions, people of all ages need access to good advice and may need additional support. Data from the GP Patient Survey found that, across West Sussex, 85% of people said that they were 'fairly' or 'very' confident in managing their conditions but there is variation across the county and confidence tends to decline with age. In terms of support from local organisations and services, compared to working age adults with a health condition, older people were more likely to say they had enough support.

Just as the quality of birth is valued at the start of life, support for the end of life was identified as a priority by the West Sussex Health and Wellbeing Board. There is again considerable variation across the county; notably, the percentage of people dying at home remains low in Crawley, when compared with the rest of the county and England overall.

Population aged 65 years or over

In 2018, there were an estimated 195,500 people aged 65 years or over in West Sussex, compared with 159,200 in 2008. In 2028, ONS project that there will be 241,300 people in this age group in West Sussex, with the average year-on-year change increasing from 3,600 in the last 10 years to over 4,700 in the next 10 years.



- Over 30% of people aged 65 years or over **live alone,** representing over 52,000 people and 15% of all households in West Sussex.
- Over 7,700 people aged 65 years or over **live in residential or nursing care.**
- Over 27,500 people aged 65 years or over are **providing unpaid care** for a family member, friend and/or neighbour, with over 9,000 providing unpaid care for 50+ hours a week (and of these, 1,300 are estimated to be aged 85 years or over).
- West Sussex has a **high rate of home ownership**, with over 80% of older people being home owners.
- **It is estimated that over 38,000 older people (~20%) in the county have mobility problems** (such as going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed).

Loneliness - identifying risks at a neighbourhood level

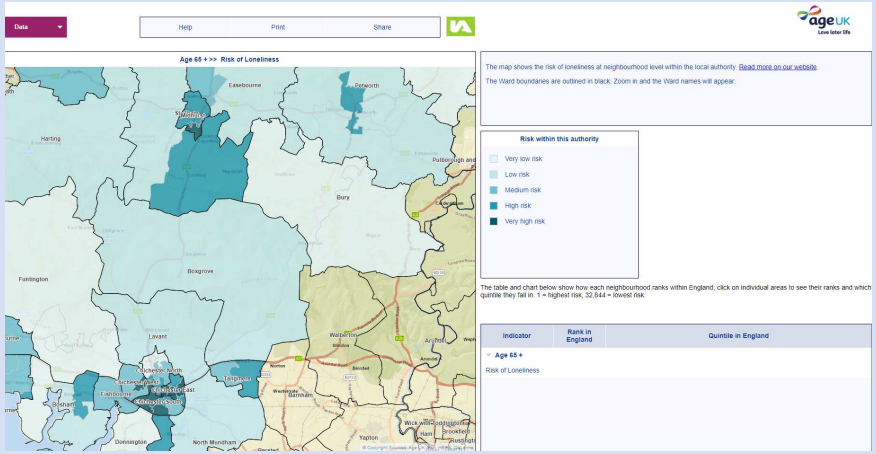
- **Loneliness –** subjective feeling, gap between someone's desired and actual social contact. Linked to quality of contacts. Loneliness is not desired by the person experiencing it.
- **Social isolation –** objective measure of contact with others, usually measured in quantitative terms. Some people may choose to have few contacts.

Age UK have produced maps of areas where people may be at greater risk of loneliness. The maps reflect four underlying indicators taken from the 2011 Census:

- marital status
- self-reported health status
- age
- household size

Age UK state that the four factors predicted around 20% of the loneliness observed amongst people aged 65+. This was established by work undertaken as part of the English Longitudinal Study of Ageing (ELSA). Age UK state that their map should be used alongside local knowledge and understanding of the local population.

https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/



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 [1]. **Note:** these are broad rounded estimates

- People aged 65+ predicted to have **diabetes – 24,000**
- People aged 65+ estimated to have **dementia – 14,300** [2]
- People aged 65+ predicted to have **depression –16,650**
- People aged 65+ predicted to have **severe depression – 5,300**
- 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**
- People aged 65+ predicted to have **severe hearing loss – 15,600**
- People aged 75+ predicted to have **registrable eye conditions – 6,200**

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.

Musculoskeletal problems (MSK)

In 2018/19, **16% of people aged 18+ reported a long-term Musculoskeletal (MSK) problem** [3], such as a long-term back pain or joint pain, representing over 110,000 people in West Sussex.

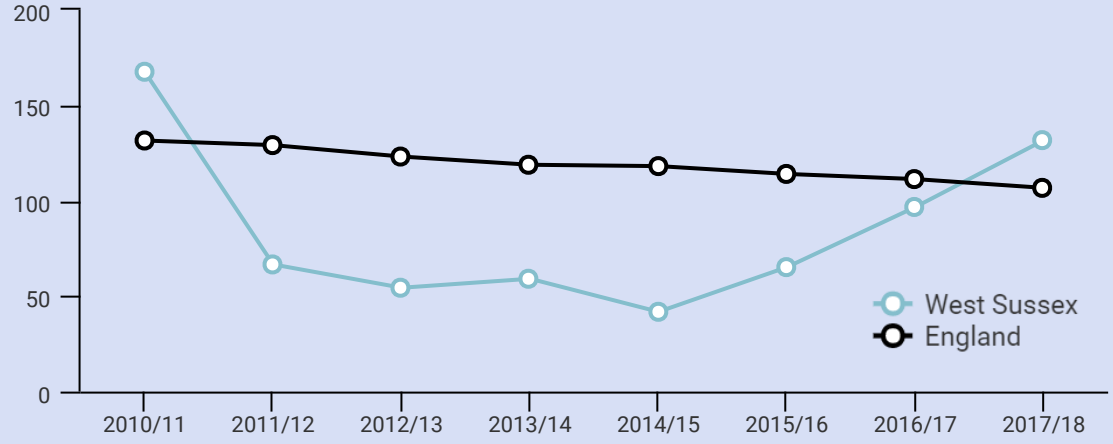
[1] The POPPI website from IPC has been used for the estimates.
[2] The estimated dementia diagnosis rate in over-65s is a PHOF indicator (E15)
[3] PHOF reference C27

Sensory impairment

Independence in later life can be severely impacted by hearing and sight loss. Sensory impairment can act to increase loneliness and social isolation and hearing loss is a risk factor for dementia at older ages.

- Around 18,000 people aged 65 years or over are estimated to have a **moderate to severe* visual impairment.** Of those over 75 years, approximately half are estimated to have "correctable sight loss", with conditions such as cataracts.
- 6,200 people aged 75 years or over are estimated to have a **registrable eye condition.**
- 17,000 people aged 65 years or over are estimated to have **severe hearing loss**.**
- **Sight loss due to age-related macular degeneration (AMD) in 65+ year-olds has increased in West Sussex in the last three years**. In 2017/18, the rate in West Sussex was 131.7 per 100,000 and, having previously been lower than England, now exceeds the national rate and is the second highest amongst comparable local authorities. In 2017/18, there were 254 new Certifications of Visual Impairment (CVI), 70 more than 2016/17.

Preventable sight loss - age related macular degeneration (AMD)
Rate of new Certifications of Visual Impairment per 100,000 over-65s



***Visual acuity (VA)** of less than 6/18 (moderate or severe) is largely used as the point which approximates to the statutory threshold for qualifying as registered severely sight impaired (blind) or registered sight impaired (partially sighted).
****Hearing loss** is measured by assessing the quietest sounds someone can hear using tones with different frequencies. In hearing tests, a person is asked to indicate when they can hear a tone; the level is then adjusted to find their threshold, when they can just hear it. Thresholds are measured in units called dBHL: dB stands for 'decibels' and HL stands for 'hearing level'. The greater the threshold level in dBHL, the worse the hearing loss. People with thresholds between 0 and 20 dBHL across all the frequencies are considered to have 'normal' hearing. The threshold of 25 dBHL indicates some hearing loss; the threshold of 65 dBHL indicates severe hearing loss. *(adapted from POPPI Source: IPC)*

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).

Physical Conditions included in the PHE Estimates

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

Mental Health Conditions included in the PHE Estimates

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

Multi-morbidity estimates by age - West Sussex

Prevalence of **2 or more chronic conditions**

	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**

	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%

Physical & Mental health co-morbidity prevalence

	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%

Age of Patient and Number of Long Term Conditions

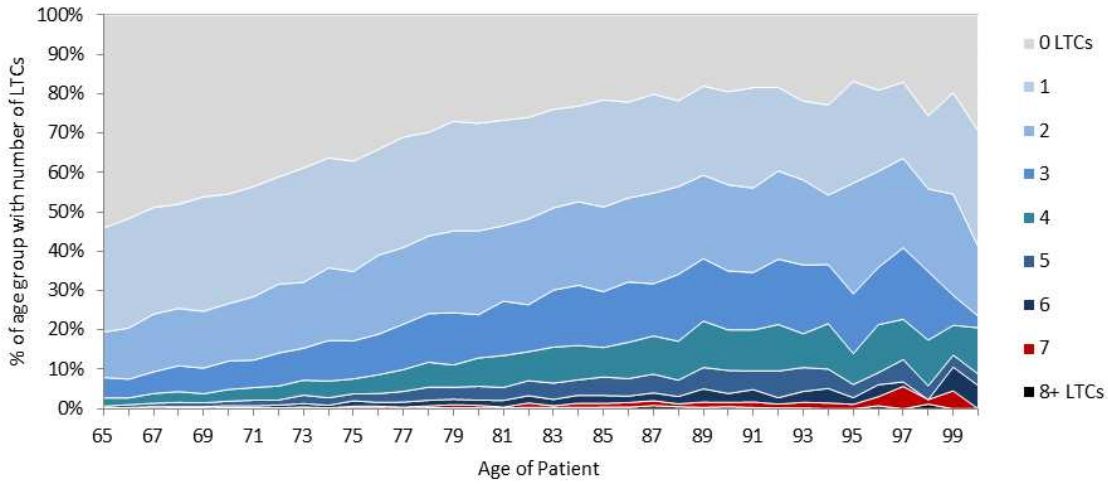
Registered patient data provide details of age, sex, long-term conditions (nature of condition and number), and may include some data on health care activity and cost. Public Health has some, but limited, access to the data. We have been able analyse anonymised data to provide a population level view of health and to segment the 65+ population. The intelligence provided by the sample of records (approximately 30% of the West Sussex 65+ population).

The graph shows that 54% of patients at age 65 had no long term health condition but this fell to 21% by the age of 85 years. Using sample data (all patients registered with Crawley, Horsham and Mid Sussex CCG GPs in 2015 excluding people identified as living in a care homes (2.2% of the sample)) of the population aged 65 years and over:

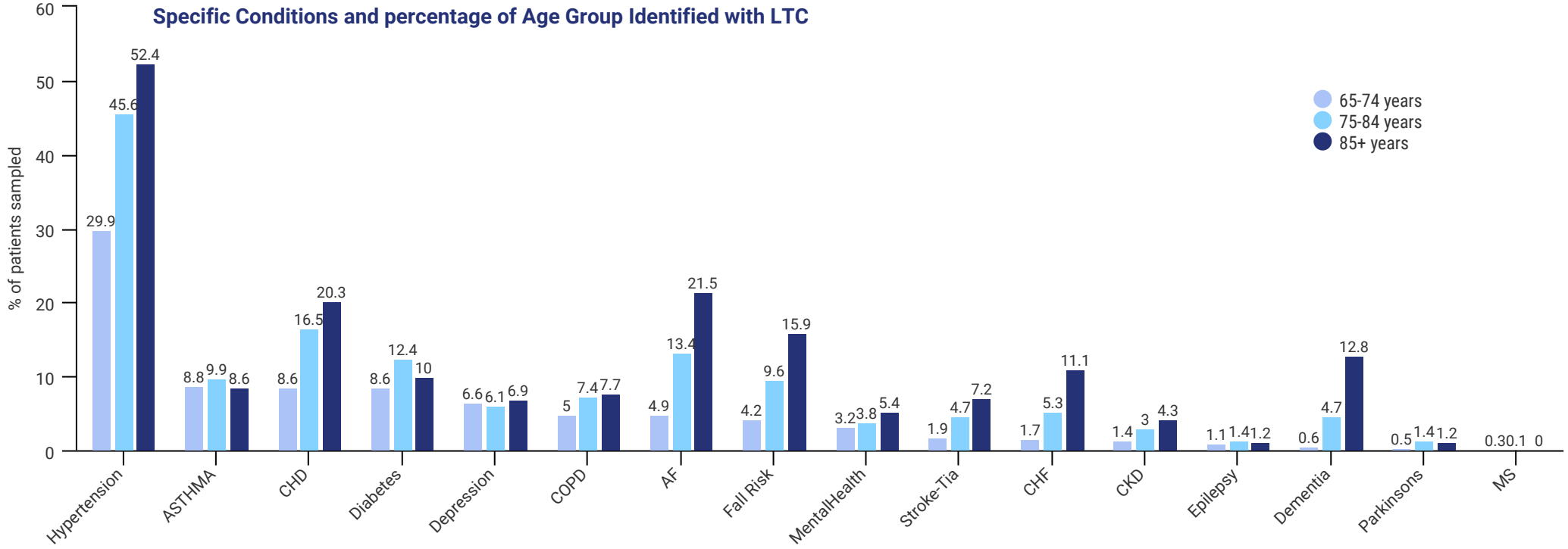
- 62.7% had no or 1 long term condition (hypertension was the most common)
- 26.6% had 2 or 3 conditions
- 8.5% had 4 or more conditions

Age and the Number of Long Term Conditions (LTCs)

(Based on data from Crawley, Horsham and Mid Sussex)



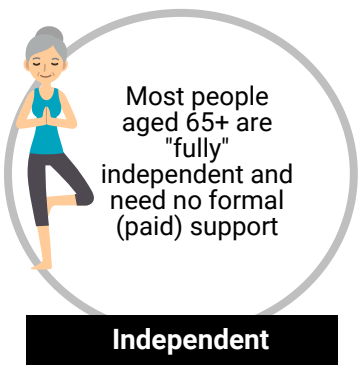
Specific Conditions and percentage of Age Group Identified with LTC

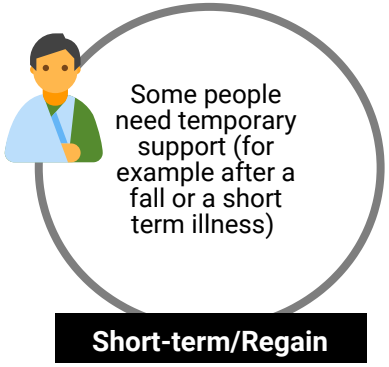


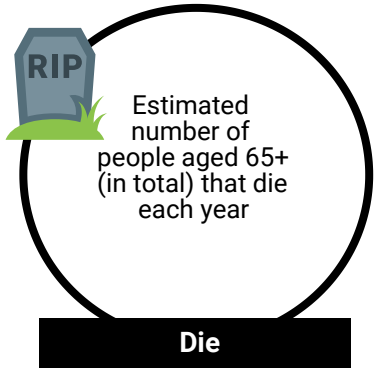
Poster also available on the JSNA website

In 2018, there were an estimated 195,500 residents in West Sussex aged 65 years or over. To help plan services for older people, different approaches can be used to estimate how many older people (in any year) may need help to maintain or regain independence, and how many may need on-going support from others. To do this, we segment the 195,500 residents into distinct groups. There are various ways to estimate these groups. Using different datasets, three methods are set out in our briefing document available on the JSNA website and summarised below. For further information contact jacqueline.clay@westsussex.gov.uk.

In any one year, residents may fall into one of four scenarios/segments...



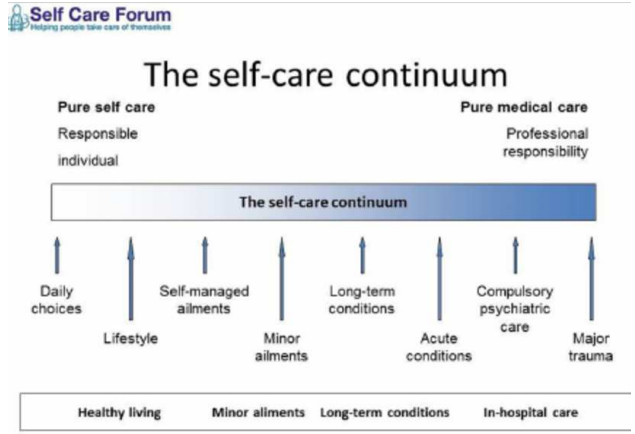




METHOD 1 Segmentation based on **population health data** from the census	**114,900**	**33,200**	**33,200**	**8,100**
METHOD 2 Segmentation based on **assumptions about the need for support to undertake activities for daily living**	**131,900**	**33,500**	**21,900**	**8,100**
METHOD 3 Segmentation based on the **prevalence of people with long-term health conditions**	**117,500**	**49,800**	**20,100**	**8,100**

Self-care

The Self Care Forum *(http://www.selfcareforum.org/)* provides a range of resources relating to self-care and have conceptualised self-care as a continuum from decisions made everyday to managing long term conditions.



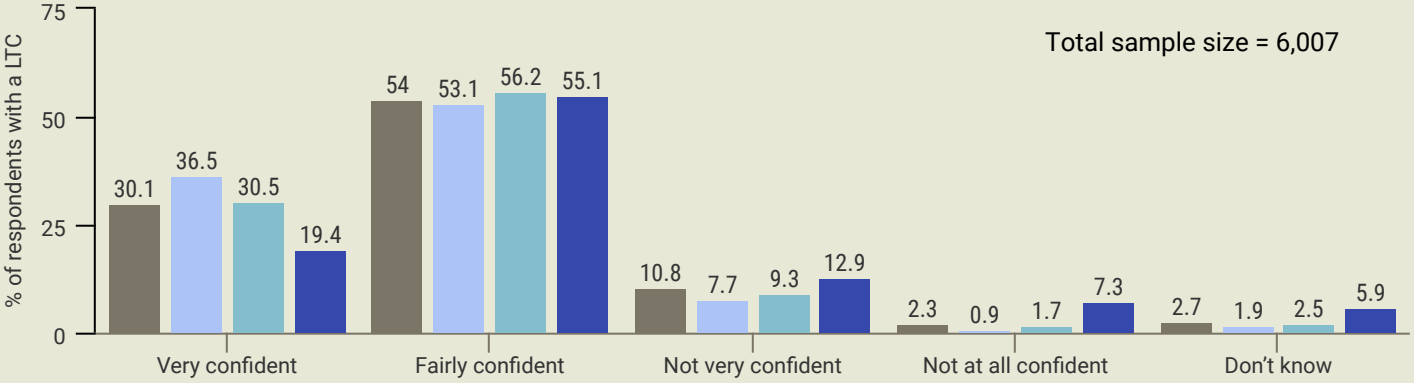
As people age, general health declines and the likelihood of having one or more long-term health condition or disability increases. **It should be recognised that most care in a society is "informal": self-care, or care provided by others in a family or group of friends and neighbours.** One source of self-care data is the GP Patient Survey, which includes the following questions:

- How confident are you that you can manage any issues arising from your condition (or conditions)?
- In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Data for West Sussex overall for 2019 are shown below.
GP Patient Survey data are available at CCG and individual practice level, although care should be taken with small sample sizes (*https://gp-patient.co.uk/*).

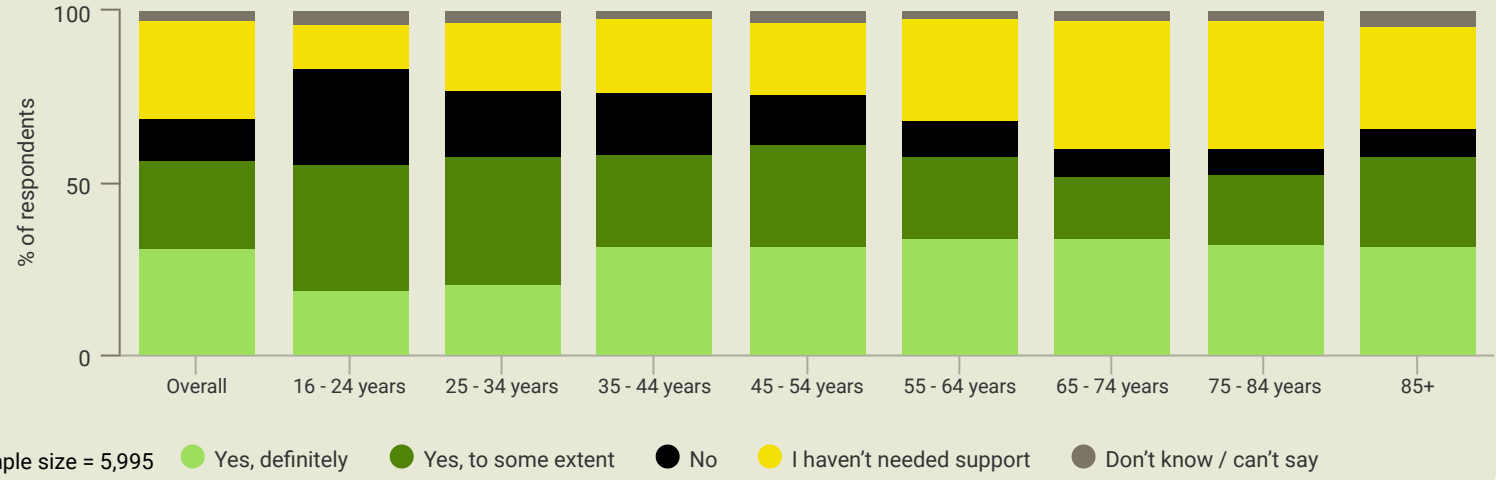
Confidence in managing condition(s)

- Almost 85% of people overall said they were fairly or very confident in managing their health condition. This declines with age; within the 85+ years respondent group, 1 in 5 said their were not very or not at all confident.



Enough support from local services and organisations to help manage condition(s)

- A higher percentage of people with a long-term condition who said they have not had enough support were of the working age-groups, compared to the older age-groups.
- 1 in 4 respondents aged 16-24 years with a long term health condition said they have not had enough support from local services and organisations.



Social Care - Expressed Demand

Most people who have care needs do not seek or obtain support from statutory organisations. On the next three pages, published comparable data are shown in relation to people who request and/or are in receipt of support from West Sussex County Council.

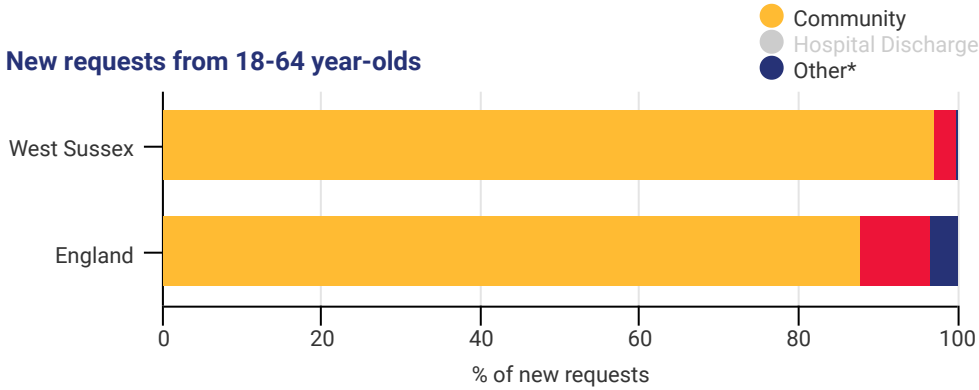
A wide range of data are available, and published by NHS Digital *https://digital.nhs.uk/data-and-information/areas-of-interest/social-care*

In interpreting this information some care should be taken, especially where there are large year-on-year fluctuations. These may reflect changes in definition (or interpretation of definitions) or underlying issues of data collection.

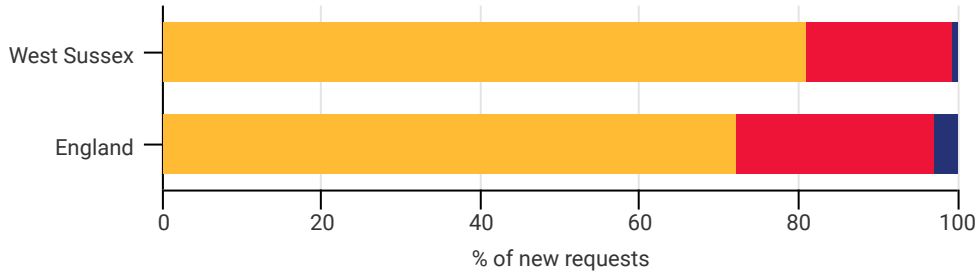
Route of Access - New Clients (Excluding Repeat Requests)

- 97% of new requests from 18-64 year-olds and 81% of requests from 65+ year-olds came from the **community,** which is higher than the national percentages.
- For 65+ year-olds, 18% came from **hospital discharge** in 2018/19.
- For 18 - 64 year-olds, very few requests into adult social care are recorded as planned transitions.

New requests from 18-64 year-olds

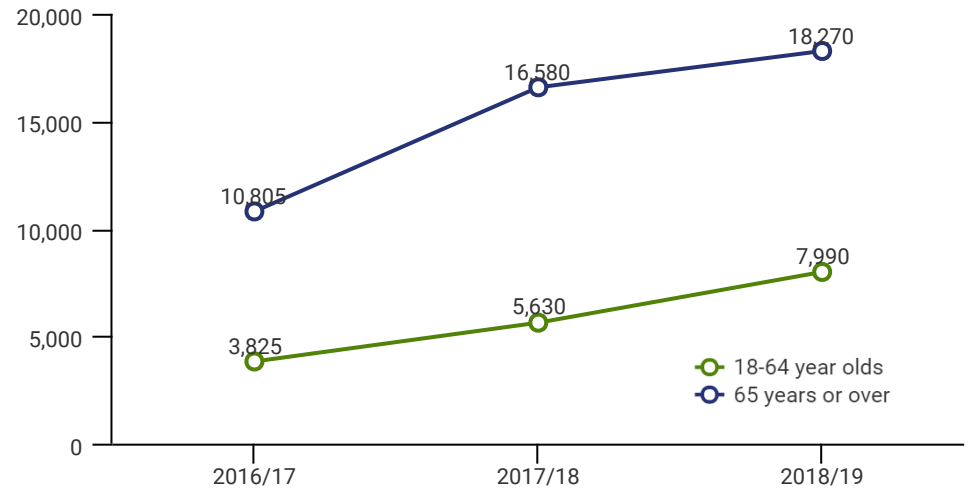


New requests from 65+ year-olds



*other includes capital depleters, hospital diversions, prison and planned (transition)

Number of requests to social care by age group



Data returns from WSCC to NHS Digital show a **large recorded increase of requests to social care** between 2016/17 and 2018/19:

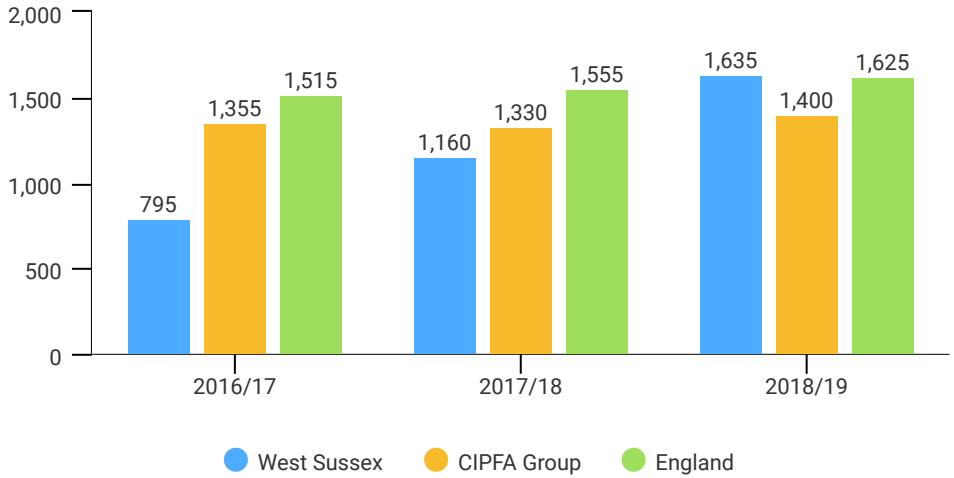
- Recorded requests rose from 3,825 to 7,990 in people aged 18-64 years.
- In the 65+ years group, the rise was from 10,805 to 18,270.

The rate of requests, per 100,000 18-64 year-olds, is in line with the national rate, but the rate for 65+ remains below that of England and comparable authorities.

Number of requests per 100,000 population 2016/17 to 2018/19

People aged 18-64 years

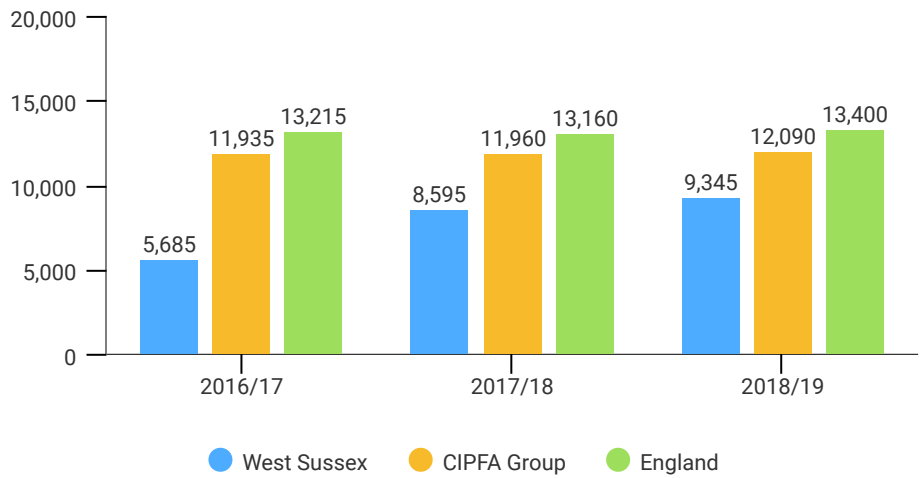
- The rate of new requests per 100,000 in West Sussex has increased and is now recorded as being higher than comparable authorities and England overall



Number of requests per 100,000 population 2016/17 to 2018/19

People aged 65 years or over

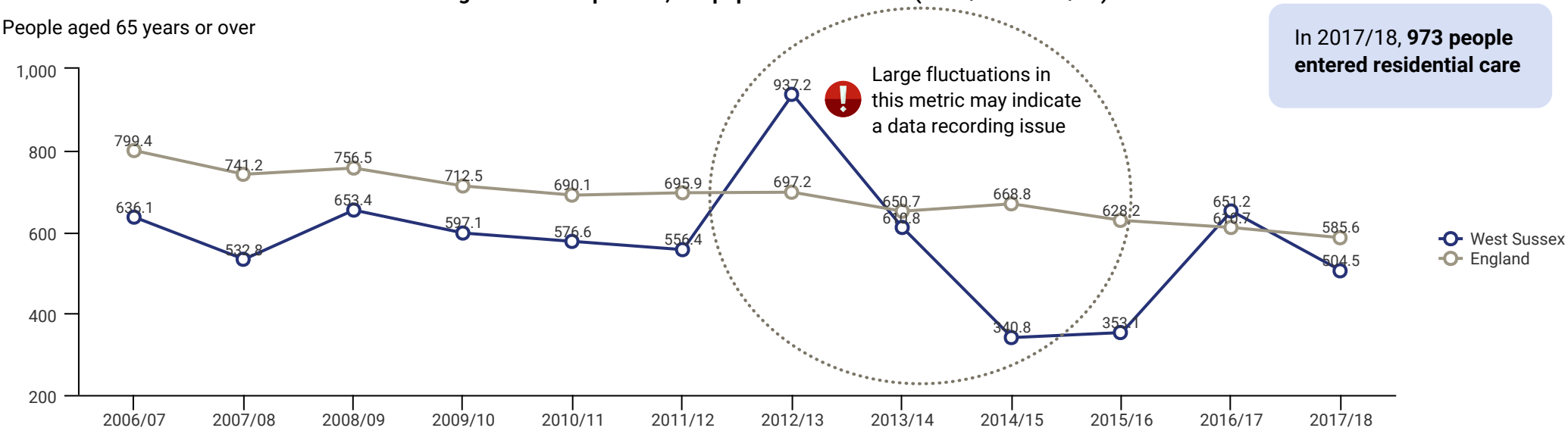
- Although the rate of new requests has increased for 65+ age group, it remains below comparable authorities and England



Permanent admissions to residential and nursing care homes per 100,000 population over time (2006/7 to 2017/18)

People aged 65 years or over

In 2017/18, **973 people entered residential care**



PHE note that: People counted as a permanent admission include: Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met; Supported residents in Local Authority-staffed care homes for residential care independent sector care homes for residential care and registered care homes for nursing care. Residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date. For people classified as permanent residents, the care home would be regarded as their normal place of residence.

NHS Digital state that there are three broad categories to group the outcomes for requests for support: **short-term care to maximise independence (ST-Max)**, **long-term care**, and **other support**. These are shown for working age adults and older adults in this diagram.

This diagram reflects how outcomes are classified and recorded in West Sussex. Differences from the national picture may reflect differences in interpretation.

All new requests

Note NHS Digital State:
"These outcomes to a request for support can sometimes be difficult to interpret and should not be seen as reflecting negatively on a local authority, but more as a statement about the nature of request for support that was made."

People aged 18-64 years

Clients aged 18-64 yrs
7,990
(28% of new requests)

Short-term Support (to max independence (ST-Max))
65 (1% of requests)
England 6.4%

Fewer outcomes in West Sussex are classified as ST-Max, and there is also a lower percentage of long term support.

Of the "other" subdivision, West Sussex also has a lower percentage receiving no services, with a far higher proportion being signposted to universal or other services.

35 requests not progressed due to death of client

Figures may not sum due to rounding

Long-term Support
275 (3% of requests)
England 6.1%

- Nursing Care: **20 requests**
- Residential Care: **40 requests**
- Community: **215 requests**
- Prison: **0**

Other
7,610 (95% of requests)
England 87.5%

- 100% NHS Funded Care: **0**
- End of Life Care: **0**
- On-going low level support: **135 requests**
- Other short-term support: **330 requests**
- Universal Services / Signposted to other services: **5,495 requests**
- No services provided - any reasons: **1,650 requests**

People aged 65 and over

Clients aged 65 years or over
18,270

Short term-Support (to max independence (ST-Max))
995 (5% of requests)
England 15.1%

As with the working age group, fewer outcomes of ST-Max are being recorded. A similar percentage are going onto long term support. A higher percentage of requests are recorded as being signposted to universal or other services.

It is noted that no outcomes are recorded as being NHS-funded care or end of life care.

295 requests not progressed due to death of client

Figures may not sum due to rounding

Long-term Support
1,845 (10% of requests)
England 9.5%

- Nursing Care: **355 requests**
- Residential Care: **400 requests**
- Community: **1,090 requests**
- Prison: **0**

Other
15,125 (83% of requests)
England 75.5%

- 100% NHS Funded Care: **0**
- End of Life Care: **0**
- On-going low level support: **260 requests**
- Other short-term support: **1,840 requests**
- Universal Services / Signposted to other services: **8,640 requests**
- No services provided - any reasons: **4,385 requests**

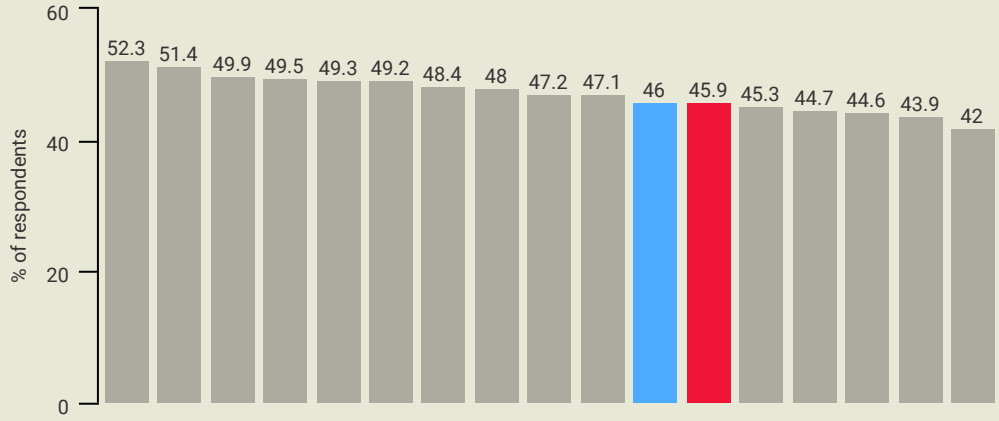
Based on the diagram from https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19/2.-requests-for-support

Adult Social Care Survey 2018-19

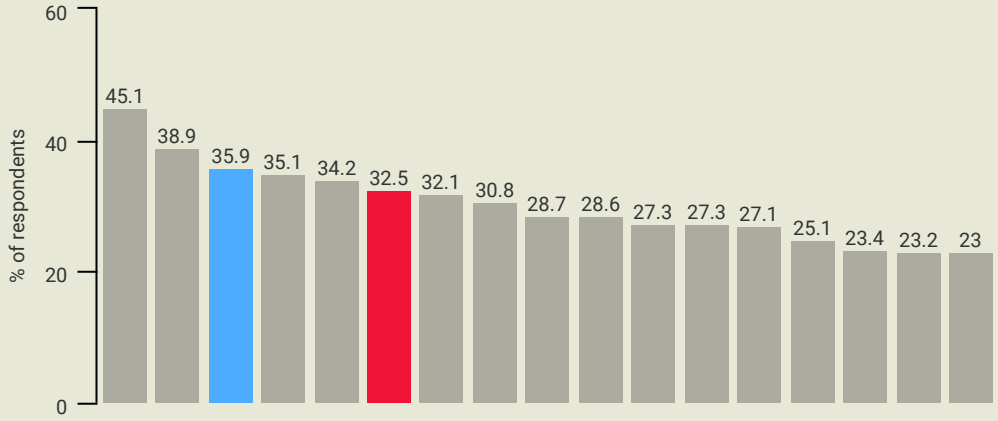
Each year a sample of people in receipt of support that is funded or managed by social services are surveyed. The survey asks a range of questions, such as how satisfied people are with the support provided and how the support affects their lives. The survey has a variety of questions but here we only show results relating to overall satisfaction, social contact and access to information.

For each question, West Sussex is SHADED BLUE, CIPFA comparator authorities SHADED GREY and England SHADED RED

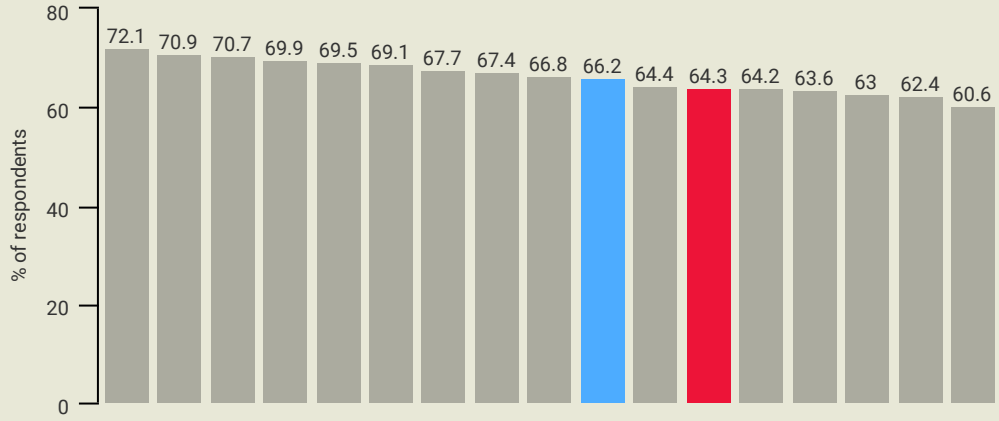
Percentage of PEOPLE WHO USE SERVICES who reported that they had as much social contact as they would like [1]



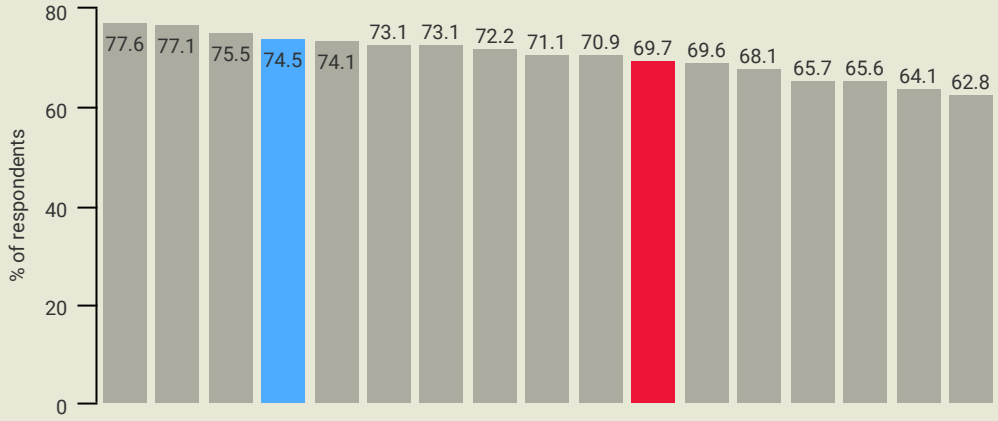
Percentage of CARERS who reported that they had as much social contact as they would like [2]



Percentage of people satisfied with their care and support (Ref 3A)



Percentage of people who use services who find it easy to find information about support (Ref 3D)



[1] PHOF reference B18a
[2] PHOF reference B18b (the % of CARERS who reported that they had as much social contact as they would like is derived from the Adult Carers Survey).

Falls - People Aged 65 years or over

Falls in later life are one of the key triggers for entry into residential care. The rate of emergency hospital admissions 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. In 2018/19, the rates were:

People aged 65+ years [1] - 2,416 per 100,000 (5,085 falls) (England rate, 2,198). Broken down:

- **People aged 65-79 years -** 1,145 per 100,000 (1,570 falls) (England rate, 1,044)
- **People aged 80+ years -** 6,103 per 100,000 (3,520 falls) (England rate, 5,470)

Hip Fractures - People Aged 65 years or over

Hip fractures are of particular concern. Public Health England state that one in three older people who have a hip fracture return to their former levels of independence but one in three ends up moving into long-term residential or nursing care. In 2018/19, the rates were:

People aged 65+ years [2] - 560 per 100,000 (1,185 hip fractures) (England rate, 558). Broken down:

- **People aged 65-79 years -** 252 per 100,000 (345 hip fractures) (England, 237)
- **People aged 80+ years -** 1,455 per 100,000 (840 hip fractures) (England, 1,489)

Odds ratio* (Falls v Not Falls) of non-elective admissions of 65 years and over West Sussex CCG responsibility 2013/14 to 2017/18 (5 years pooled data)

Description	ICD Coding**	Number with Falls	Odds Ratio	LCI	UCI
Eye disorders	ICD-10 H00 - H58	3,862	1.4	1.4	1.5
Vestibular disorders***	ICD-10 H81	147	1.2	1	1.4
Hearing loss	ICD-10 H90 - H91	1,745	1.9	1.8	2
Dementia	ICD-10 F00 to F03, G30	7,489	2.2	2.2	2.3

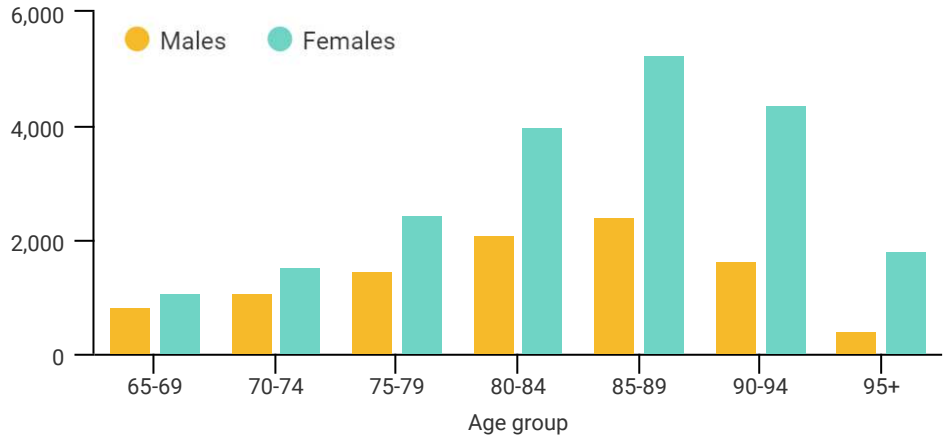
*An odds ratio gives the odds that an outcome (e.g. falls) will happen with a particular factor (e.g. sensory disorders) compared to the odds of it happening in the absence of the factor.
**ICD = International Classification of Disease
***This relates to the parts of the inner ear and brain that help control balance and eye movements, and includes symptoms such as vertigo, dizziness, visual disturbances etc

Key risk factors

- Age and sex
- Older people with dementia and sensory impairment

Emergency Admissions for Falls - Age and Sex Profile

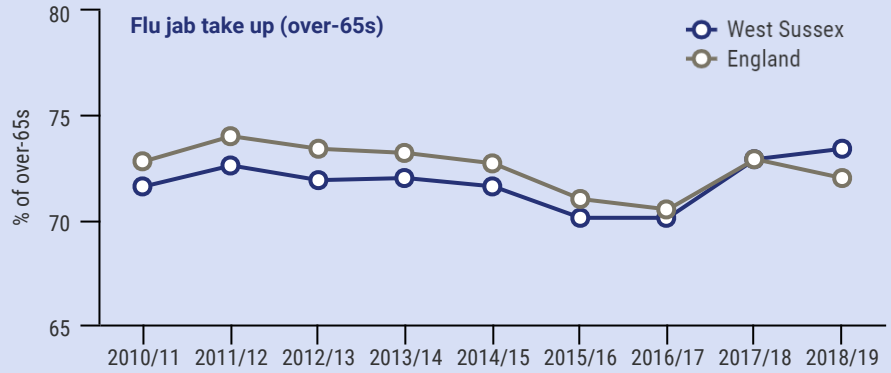
The graph below has combined 5 YEARS OF HOSPITAL DATA (2013/13 to 2017/18), showing emergency admissions of people aged 65 years or over by age group and sex



Vaccination coverage in over-65s

The coverage of the **PPV vaccination in over-65s** [3] **was 69.3% in 2018/19**, in line with England and CIPFA neighbours.

The coverage of the **flu vaccine for people aged 65 years and over** [4] **was 73.4% in 2018/19. This is below the 75% benchmark**, although higher than the England coverage (72%) and in line with CIPFA neighbours.



[1] PHOF reference C29 [2] PHOF reference E13 [3] PHOF reference D06b [4] PHOF reference D06a

In 2018, the National Audit Office published the report "Reducing Hospital Admissions"[1] which took a whole system approach to action aimed at reducing the impact of emergency admissions on acute hospitals. Part one of this report focused on national trends in emergency admission.

The Public Health and Social Research Unit now has access to Hospital Episode Statistics and so has, where possible, recreated and updated this analysis for the registered population of the three CCGs in West Sussex. This analysis looked at 5 years of data.

A summary is shown over the next 3 pages; the full briefing is available on the JSNA website. Contact Dr Lesley Wilkes (lesley.wilkes@westsussex.gov.uk) for further information.

Note: Analysis is based on the *registered p*opulation, i.e. people who are registered with a West Sussex GP.

Key Points

Emergency admissions increased each year between 2013/14 and 2017/18. In 2013/14, there were 81,200 admissions, rising to 94,000 admissions in 2017/18, which represents an increase of 16% over this period. In 2017/18, **17.6% of admissions of West Sussex residents were considered to be avoidable.**

A large proportion (62%) of the growth in emergency admissions (completed spells) from 2013/14 to 2017/18 was accounted for by **people who did not stay overnight.**

In 2017/18, nearly half of admissions (49%) resulted in stays of two or more nights. 31% of people admitted did not stay overnight.

Older people (65 years and over) made up 60% of the growth in emergency admissions between 2013/14 and 2017/18. Some of this is due to demographic changes: between 2013/14 and 2017/18 the number of people aged 65 and over in the registered population of West Sussex grew by 12,850, an increase of 7%. Over the same period, the number of emergency admissions to those aged 65+ grew by 7,700, an increase of 19%.

Number and rate of emergency admissions
All ages, West Sussex, 2013/14 to 2017/18.

Year	Number	Rate per 1,000*
2013/2014	81,186	95.72
2014/2015	82,660	96.24
2015/2016	87,624	101.05
2016/2017	91,825	104.63
2017/2018	94,003	106.15

* registered population

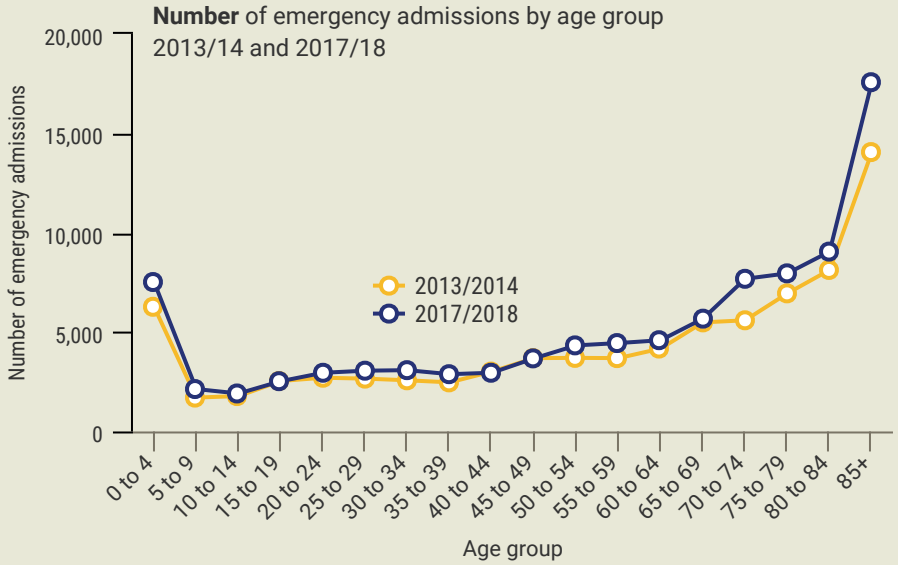
The number of bed days decreased between 2013/14 and 2017/18, from 566,150 to 505,050, a decrease of 11%. Whilst the number of emergency admissions resulting in 0, 1, or 2+ days has increased, the average length of stay of those admitted for 2 or more nights has decreased, from 12.2 days in 2013/14 to 10.1 days in 2017/18.

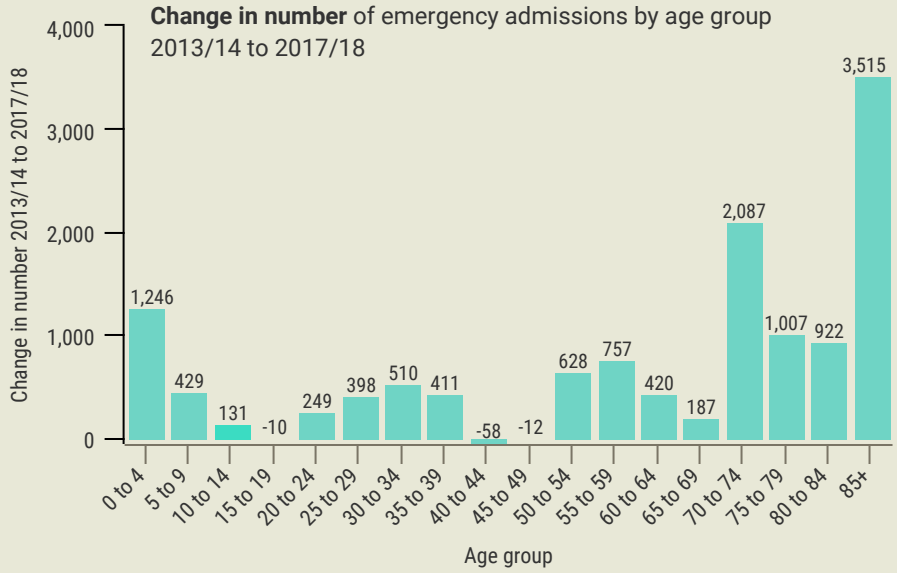
The number of available beds increased between 2013/14 and 2017/18 for each of the three main trusts that serve West Sussex. The number of occupied beds also increased in all three trusts.

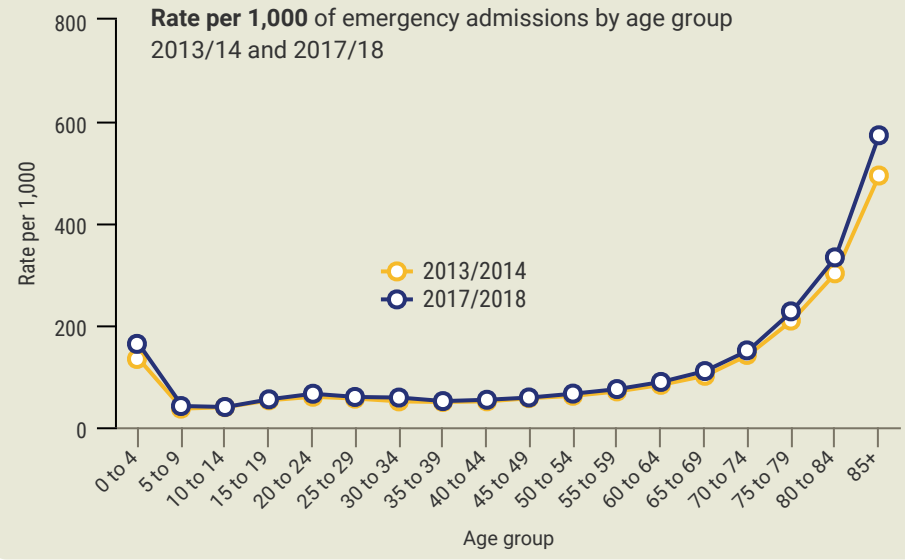
[1] https://www.nao.org.uk/report/reducing-emergency-admissions/

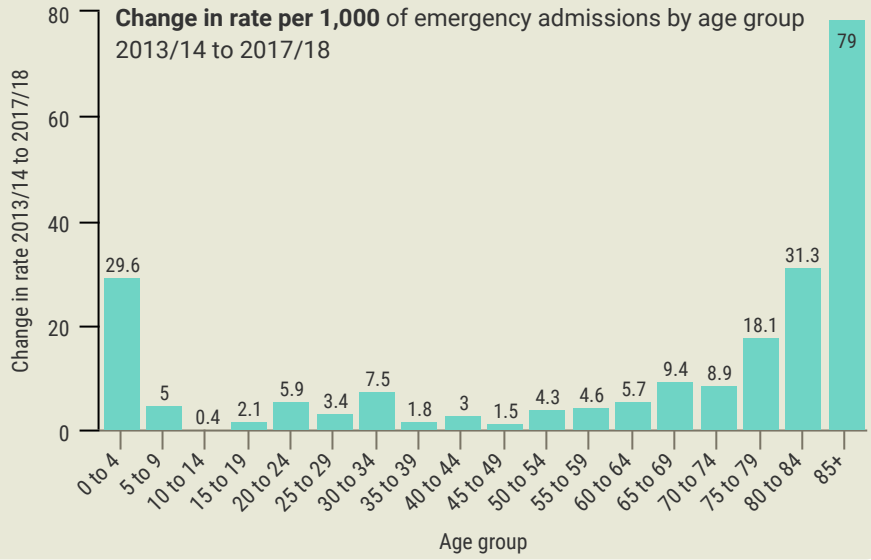
The Story in Tables and Charts....Number and rate of emergency admissions in West Sussex, 2013/14 to 2017/18

Overall, emergency admissions of West Sussex residents have increased year-on-year. In 2013/14, there were 81,200 non-elective admissions (all ages); by 2017/18 this had risen to 94,000, representing a 15.8% increase (12,800 more admissions). Over this period the population of West Sussex has also increased, by 4.4%; when expressed as a rate per 1,000, emergency admissions still demonstrated an increase, but of a lower percentage, at 10.9%.









The largest increases in the **number of emergency admissions** are amongst the very young (0-4 years) and the older population (70+ years), especially the very old (85+).

Note: the large increase in the **number of admissions for the 70-74 years** group reflects the underlying demographic increase in this age group.

The largest increases in the **rate of emergency admissions** are also in the very young (0-4 years) and elderly population (80+).

Bed days

While the number of **completed spells** has increased over the period 2013/14 to 2017/18, reflecting the increase in the number of emergency admissions, **the number of bed days has decreased, from 566,150 to 505,100 (a decrease of 11%)**.

There was a large drop in the number of bed days between 2013/14 and 2014/15, and maintenance of this lower level to 2017/18.

A **completed spell** is the total period a person spends in hospital from admission to discharge. Not everyone admitted will spend a day in hospital, as they may be discharged within the day.

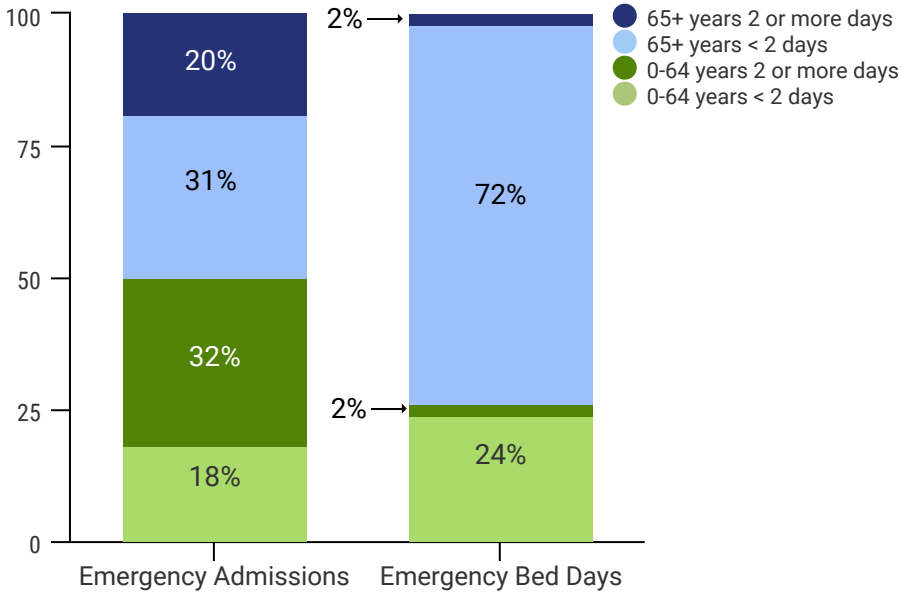
Completed spells, Length of Stay (LoS), and Average Length of Stay (2013/14 to 2017/18)

	2013/14	2014/15	2015/16	2016/17	2017/18
Number of completed spells	85,500	85,350	91,500	96,150	98,650
Total bed days	566,150	509,900	513,950	512,200	505,100
Stays of 0 Days	22,050	22,200	24,850	28,150	30,200
Stays of 1 Day	18,550	18,950	20,500	20,350	20,400
Stays of 2+ Days	44,900	44,200	46,150	47,650	48,000
Total no. bed days with 2+ days LoS	547,600	490,950	493,450	491,850	484,700
Average stay of long stays (2+ days)	12.2	11.1	10.7	10.3	10.1

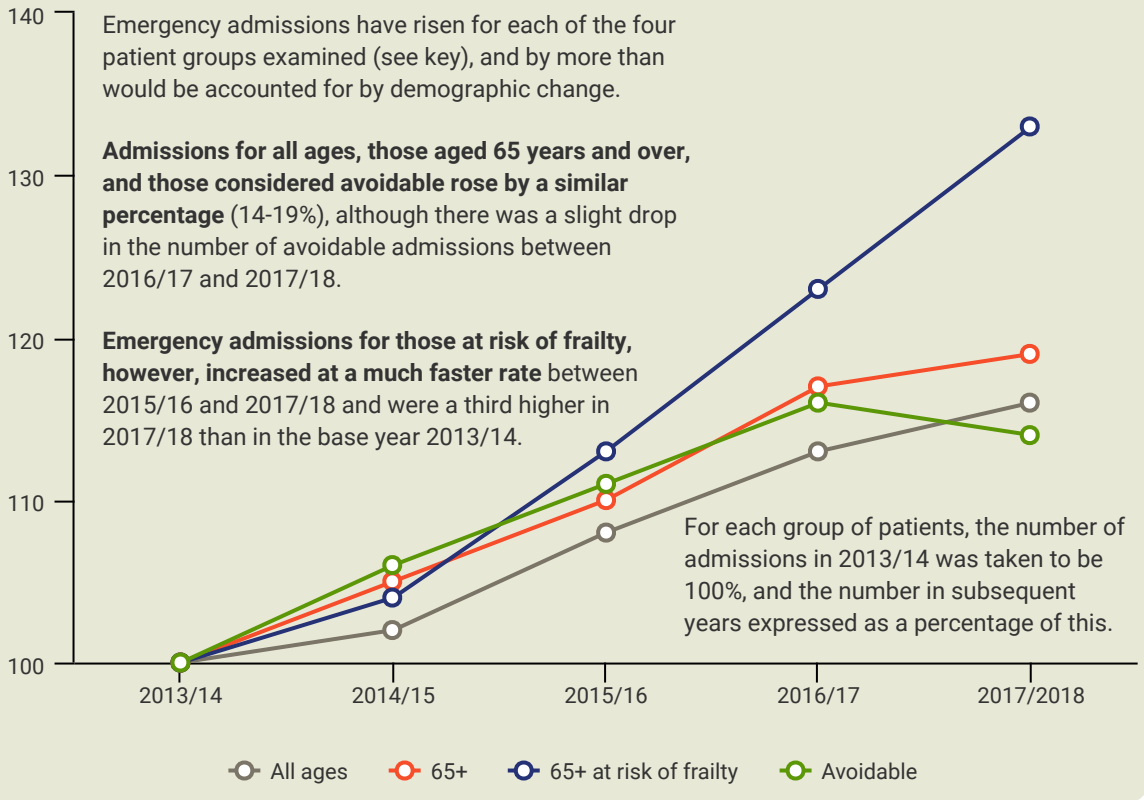
Bed usage differs with age...

People **65+ years accounted for about 50% of the finished emergency spells** in 2017/18, despite comprising only 22% of the registered population.

Over-65s also use a greater proportion of the bed days (74% of bed days).

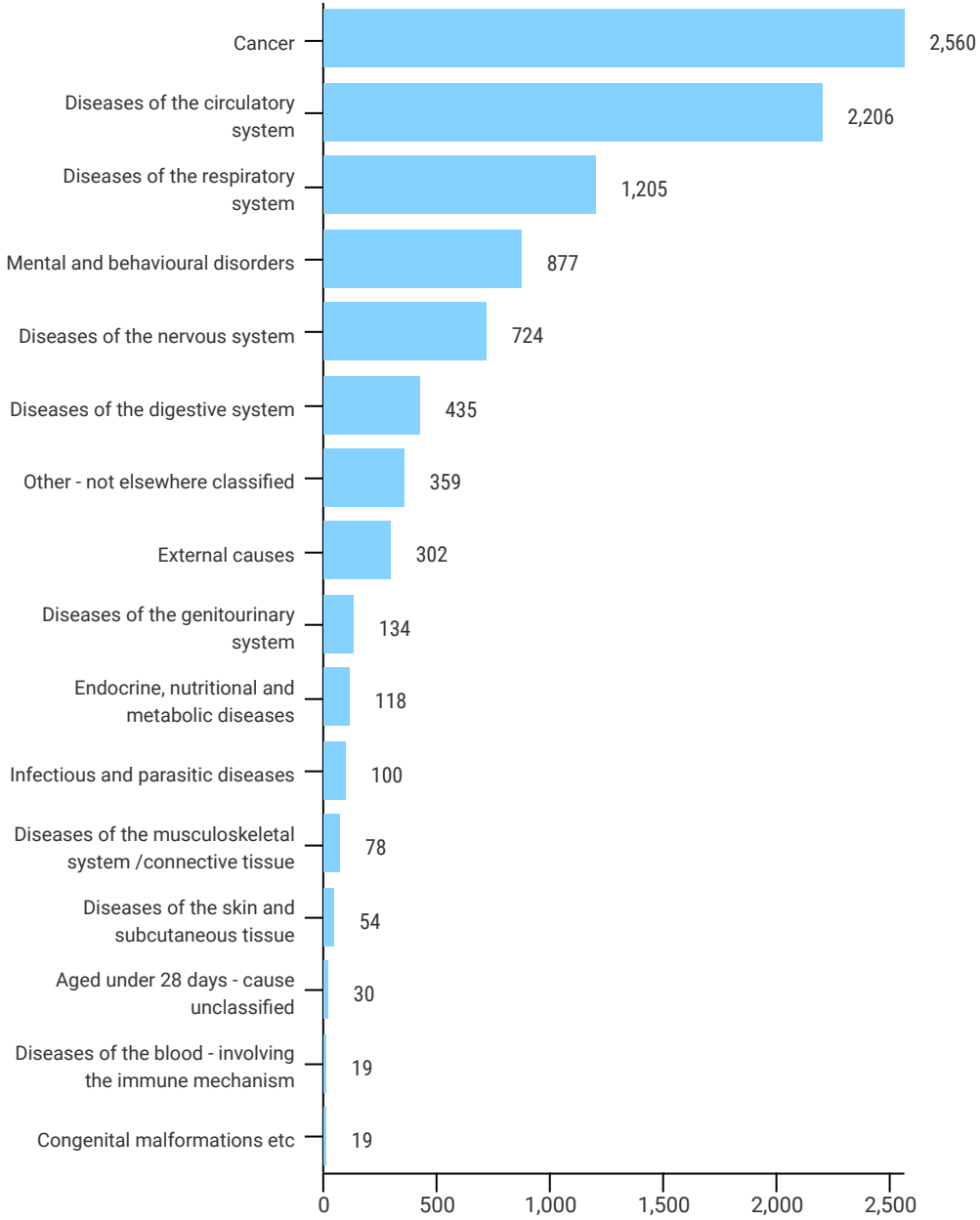


Change in Emergency Admissions by Type of Patient (2013/14 to 2017/18)



Underlying Cause of Death

In 2018, there were approximately 9,220 deaths. Cancer and diseases of the circulatory and respiratory systems account for 65% of all deaths.

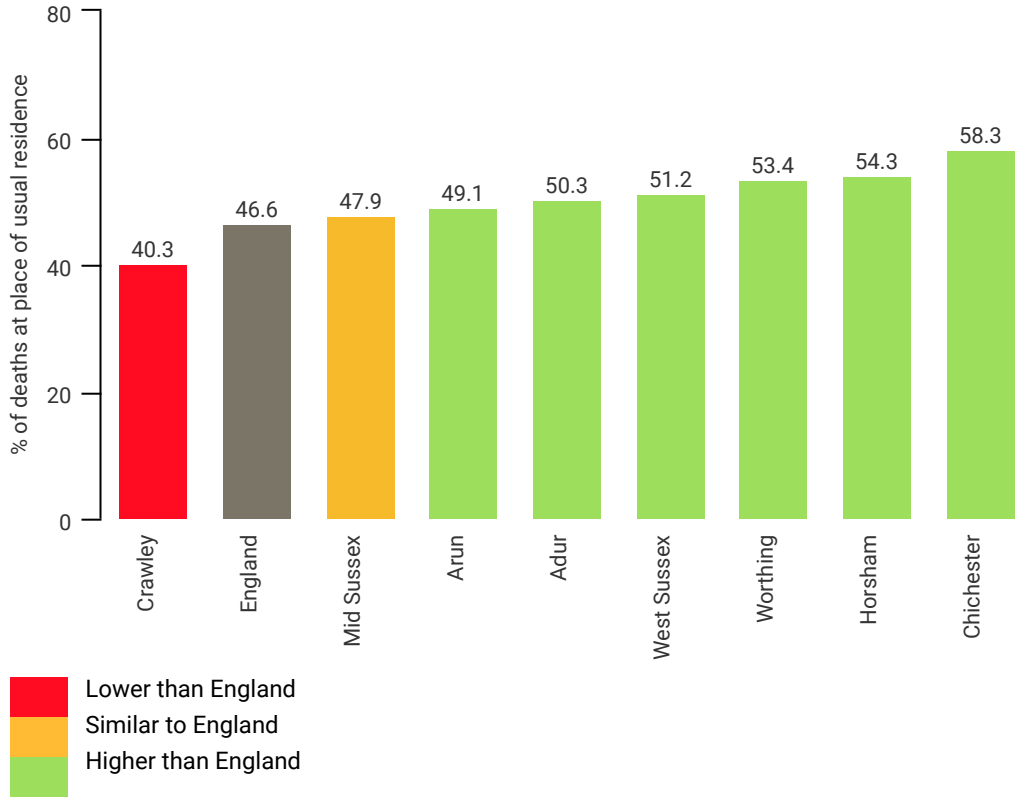


Death deaths in usual place of residence (DiUPR)

PHE produce annual Palliative and End of Life Care Profiles

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.

Percentage of Registered Deaths at Place of Usual Residence (2017)

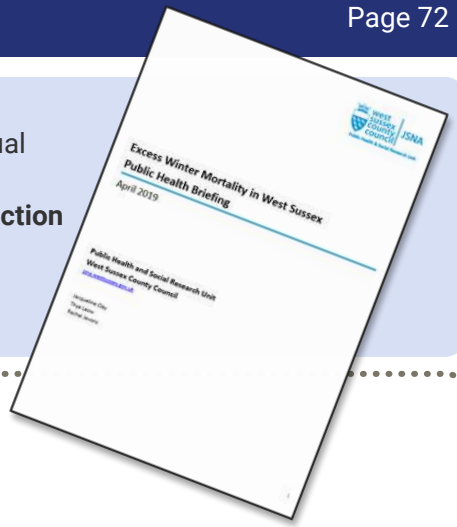


In West Sussex, there is a considerable difference between local authorities. In Crawley, 40.3% of people died at their usual place of residence, which was the lowest percentage in the South East region, whilst Chichester had the highest percentage in the region, at 58.3%.

Working with colleagues in Public Health and the local fuel poverty lead, a briefing has been drafted to:

- **provide a detailed understanding of the excess winter death indicator,** as published by Public Health England in annual health profiles, and provide additional data relating to the Districts and Boroughs in West Sussex.
- **outline the national evidence and research into excess winter mortality and identify specific recommendations for action** at a local level.

The briefing and Powerpoint slides of the briefing are available on the JSNA website.
Contact Thye Leow (thye.leow@westsussex.gov.uk) for further information.



West Sussex Excess Winter Deaths [1]

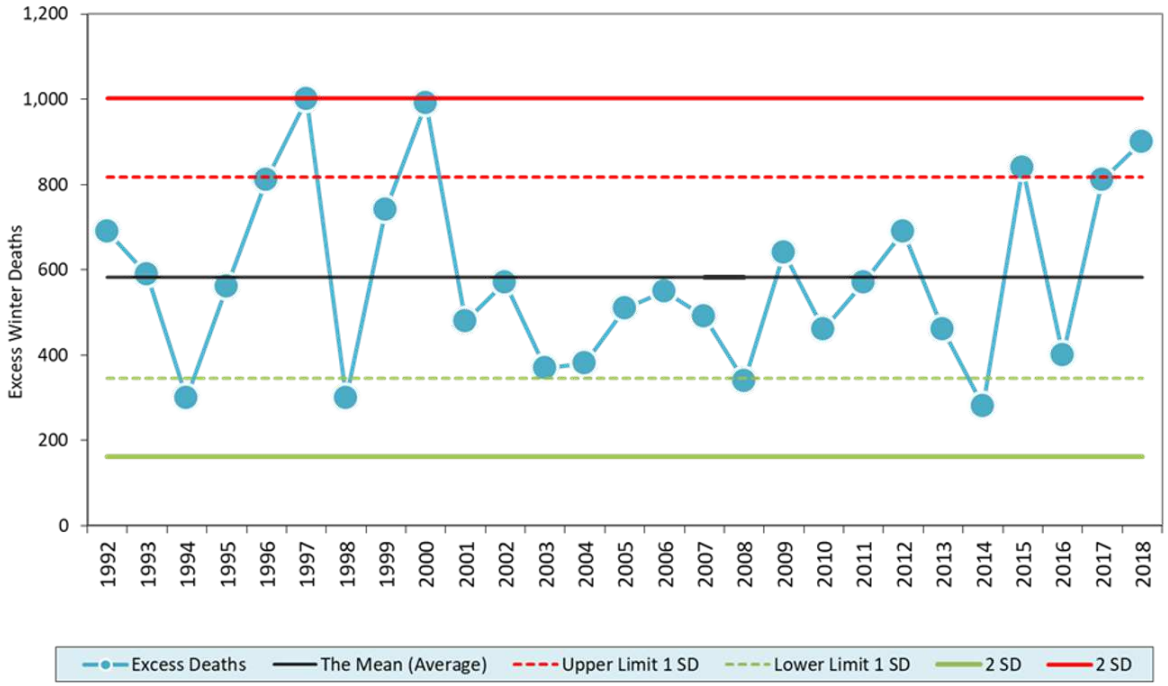
	Excess ratio	Number
Aug 2001 - Jul 2002	19.2	568
Aug 2002 - Jul 2003	12.8	376
Aug 2003 - Jul 2004	13.5	392
Aug 2004 - Jul 2005	17.6	499
Aug 2005 - Jul 2006	20.0	556
Aug 2006 - Jul 2007	17.6	487
Aug 2007 - Jul 2008	12.2	342
Aug 2008 - Jul 2009	23.7	644
Aug 2009 - Jul 2010	17.0	457
Aug 2010 - Jul 2011	21.7	570
Aug 2011 - Jul 2012	26.0	688
Aug 2012 - Jul 2013	17.2	473
Aug 2013 - Jul 2014	10.6	284
Aug 2014 - Jul 2015	29.8	843
Aug 2015 - Jul 2016	14.3	409
Aug 2016 - Jul 2017	28.9	815
Aug 2017 - Jul 2018	35.4	997

when significantly higher than England

Excess Winter Deaths - West Sussex 1992 to 2018* - Single Year All Ages

(*Data for 2018 on this graph were provisional)

Looking at a longer period of time at a county level, we can see that the mean number of excess winter deaths in West Sussex is 582. In some years, deaths have been as high as 1,000 (in 1997) and as low as 280 (2014).



This graph shows the number of excess deaths in each year since 1992. The black line shows the long term mean. The red lines represent the upper limits to the data (the dotted line being 1 standard deviation (SD) from the mean, and the solid red line being 2 SDs). The green lines show the lower limits.

In 1997 and 2000, the number of excess deaths were unusually high.

[1] PHOF reference E14. The Excess Winter Deaths Index (EWD Index) is the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.

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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Health and Wellbeing Board