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Health and Wellbeing

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Focus of the briefing

This briefing presents an overview of data on the health and wellbeing of children and young people aged 11 to 18 years in West Sussex, focusing on areas such as mental health and wellbeing, physical activity and sexual health, amongst others. Wherever possible, data is presented specifically for this age group. However, if data for 11-18-year-olds is not available, data for the closest available age range is presented instead.

Good to know

Alongside this briefing, a pilot survey called “The School Health Check” was conducted in Spring 2025 to understand the health and wellbeing needs of children and young people aged 8 to 18 in West Sussex. For further information, read the [School Health Check summary report in the JSNA site](#).

Mental Health and Wellbeing

A public mental health needs assessment has recently been conducted in West Sussex, which provides a comprehensive understanding of mental health needs across the life course and recommendations for change. The needs assessment provides specific focus on the mental health needs of children aged 5 to 16 and young people aged 16 to 25.

A section of this needs assessment focused on data relating to mental health conditions and wellbeing of children and young people. A summary of key points is provided below:

National surveys found that an increasing number of children and young people have a probable mental health condition, and it is estimated that 1 in 5 children and young people aged 8 to 25 years have a mental health condition. The most recent follow up surveys are suggesting rates may have stabilised. There is good evidence and understanding of higher risk groups.

Applying these findings to the local population, approximately 20,420 children and young people in West Sussex are estimated to have a probable mental health condition.

National surveys have identified some common characteristics of groups more likely to have mental health problems:

- Children and young people from poorer economic backgrounds are more likely to have a mental health condition.
- Young people who identified as non-heterosexual (lesbian, gay, bisexual or with another non-heterosexual sexual identity) were more likely to have a mental health condition compared with young people who identified as heterosexual.
- Rates of mental health conditions were found to be higher in the White British group, lower in Asian/Asian British and Black/Black British.
- Home environment - The home environment and experience of children and young people was found to be different for those with a mental health condition. Rates of mental health conditions were higher where a child lived with a parent who had a mental health problem, or where a parent was in receipt of a disability related income.
- Children who had experienced adverse events were also found to have higher rates of mental conditions, in the national survey examples given included parental separation and a home financial crisis.
- Social support and participation – the national survey found higher rates of mental health conditions where children and young people had small social networks and support and did not take part, or had lower participation in clubs or activities, in and out of school.

Read the [West Sussex Public Mental Health Needs Assessment in full on the JSNA site](#).

Self-harm admissions

In 2022/23, there were 185 episodes of admissions for self-harm amongst 10–14-year-olds in West Sussex. This equates to a rate of 347.3 per 100,000 population which is significantly higher than England (251.2 per 100,000). The rate of admissions amongst this population has been increasing over time, particularly between the periods of 2020/21 and 2021/22.

Amongst 15-19 year olds, there were 370 episodes of admissions for self-harm in West Sussex in 2022/23. This equates to a crude rate of 794.2 per 100,000 population, significantly worse than England (468.2 per 100,000).

Trend data suggests that hospital admissions for self-harm are decreasing in West Sussex, however anecdotal evidence suggests levels of self-harm in the community are not following this trajectory.

Bullying

In 2014, a lifestyle survey of 14- and 15-year-olds in West Sussex was conducted, which provided insight into the attitudes and wellbeing of young people (Public Health Research Unit, 2015). Data from the West Sussex Lifestyle survey (2015) showed that among 14- to 15-year-olds in West Sussex, 28% of girls and 23% of boys said they had been bullied in the past year.

The same question was asked in the West Sussex Health and Happiness survey (2018) of 10- to 11-year-olds. Findings from this survey showed that half of pupils had been bullied in the past year, with girls more likely to report being bullied (53%) than boys (46%). Of those Year 6 pupils who reported being bullied in the past year, 78% reported experiencing verbal bullying, 38% experienced physical bullying and 13% experienced cyber-bullying. Some pupils reported experiencing more than one type of bullying (Public Health and Social Research Unit, 2019).

Physical Activity

Regular physical activity has been associated with numerous mental and physical health benefits amongst children and young people (WHO, 2024), such as higher levels of academic attainment and self-esteem (Youth Sport Trust, 2022).

The UK Chief Medical Officer (CMO) recommends that across the week, children and young people aged 5-18 years should engage in an average of 60-plus minutes of at least moderate intensity activity a day. This can include all forms of activity such as physical education (PE) classes, active travel (walking, wheeling, and cycling) and after school activities (Active Essex, 2021).

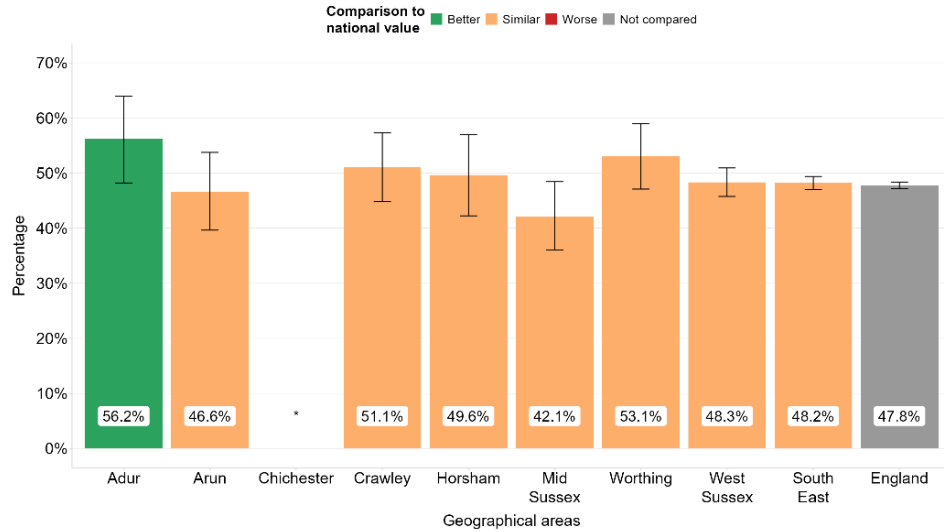
Data on physical activity amongst children and young people is taken from Sport England's Active Lives Children and Young People's Survey. This survey measures children and young peoples' attitudes to sport and physical activity and how many meet the Chief Medical Officer's (CMO) weekly recommendations of engaging in at least 60 minutes of 'moderate' activity per day.

For the 2023/24 academic year, 48.3% of children and young people (5-16 years) in West Sussex reported meeting recommendations (see Figure 1). This is similar to the national average (47.8%).

Across the county, Adur had a significantly higher percentage of children and young people meeting recommendations (56.2%) compared to England (47.8%). Data for Chichester was missing due to small sample size.

Figure 1: Proportion of physically active children and young people (aged 5 to 16 yrs) in West Sussex, 2023/24

Areas coloured according to comparison with national rate.

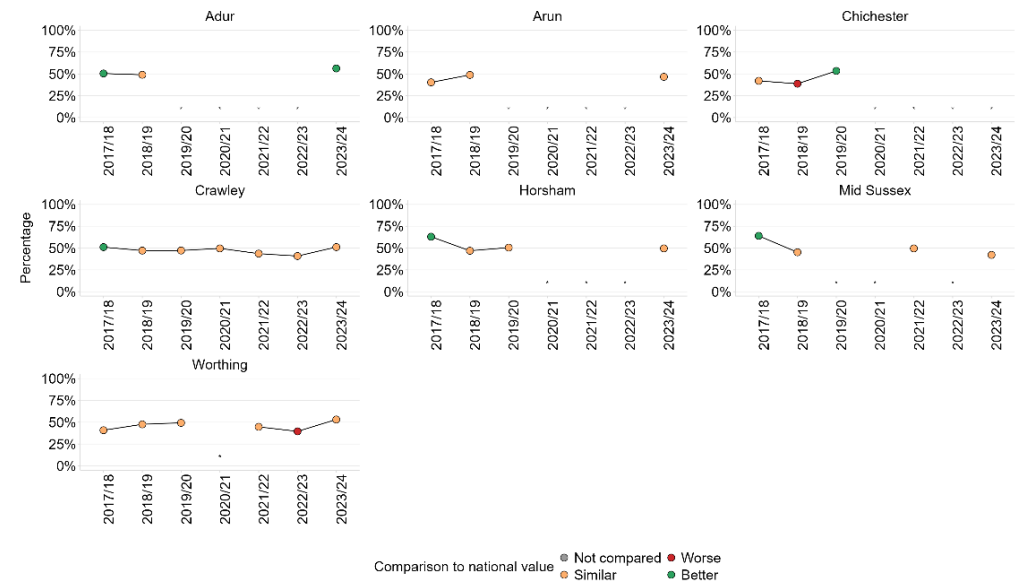


* indicates missing data due to small counts. Error bars represent 95% confidence intervals. Source: OHID, based on Sport England data.

Trends

Between 2017/18 and 2023/24, the majority of district and boroughs across the county reported physical activity levels among children and young people that were broadly in line with the national average (see Figure 2). However, there are data quality issues which impact our ability to interpret trends, particularly for areas outside of Worthing and Crawley, which may have been affected by the pandemic.

Figure 2: Proportion of physically active children and young people (aged 5 to 16 yrs) in West Sussex, 2017/18 to 2023/24



Comparison to national value: ● Not compared ● Worse ● Better

* indicates missing data due to small counts. Source: OHID, based on Sport England data.

Activity levels can be broken further into different school year groups. Over time, the percentage of physically active young people in school years 7-9 has decreased from 54% (academic year 19/20) to 46% (academic year 2023/24). However, activity levels have increased amongst those in school years 9-11 from 41.3% (academic year 20/21) to 49.6% (academic year 2023/24).

During vs outside school hours

Government guidelines, as stated in the [Childhood Obesity Plan](#), recommend that children should get 30 minutes of their daily activity through the school day and 30 minutes outside of school. 'At school' refers to activities between the morning and afternoon school bells or equivalent (e.g., activities in PE lessons and break times) and 'outside school' refers to any activity before getting to or after school (Sport England, 2025).

There is a difference in the amount of sport and physical activity taking place inside and outside of secondary schools in West Sussex. Based on the latest

Active Lives Survey for the 2023/24 academic year, 43.3% of secondary school pupils (aged 11-16) engaged in an average of 30 minutes or more a day of activity during school hours and 56.7% outside of school hours. This percentage of children aged 11-16 participating activity outside of school hours is the same as the South East (56.8%) and slightly higher than England (55.3%).

Inequalities

In 2024, Sport England launched their Inequalities Matrix, a tool which identifies the key characteristics that have the most impact on the activity levels of adults and children (Fraser, 2025). The matrix identified certain characteristics which have the most impact on children and young peoples' minutes of activity, such as:

- Gender: Girls or other gender (secondary age)
- Low affluence
- Asian and Black children
- Lack of access to a park, field, or outdoor sports space (secondary age)

Nationally, secondary school children (years 7-11) with two or more characteristics of inequality were the least likely to be active, with 39.6% meeting recommendations — compared to 49.8% of those with one characteristic and 53.6% with no characteristics of inequality. In West Sussex, data was available for secondary school children with one characteristic or no characteristics of inequality. Secondary school children with one characteristic of inequality were less likely to be active (46.1% vs 50.4%).

For further information on the tool, view [the Inequalities Matrix information page on Sport England](#).

Healthy Weight

Overweight and obesity in childhood have been associated with an increased risk of overweight and obesity in later life and earlier onset of

noncommunicable diseases, such as type 2 diabetes and cardiovascular disease (NHS Digital, 2024). In addition, childhood and adolescent obesity can have adverse psychosocial consequences, affecting individuals' academic performance and quality of life (Creese et al, 2021; World Health Organization, 2025).

The National Child Measurement Programme (NCMP) was launched in 2005/06 (NHS Digital, 2023), as part of the government's strategy to reduce childhood obesity (NHS Digital, 2025). This programme provides an annual record of height and weight measurements of children in Reception (4-5 years) and Year 6 (10-11 years) attending state-maintained schools in England.

The BMI classifications (taking into account weight, height, age and gender) used are:

- Underweight: Up to the 2nd BMI centile
- Healthy weight: between the 2nd and 85th centile
- Overweight: between the 85th and 95th centile
- Obese: at or above the 95th BMI centile
- Overweight or obese combined: children measured overweight or obese (often referred to as prevalence of 'excess weight')
- Severely obese: at or above 99.6th BMI centile

In 2024 to 2025, just over a third of year 6 children in West Sussex (31.8%) were measured as being overweight or obese (having excess weight), equating to around 2,805 10–11-year-olds. This percentage was significantly lower than England (36.2%). Despite the prevalence of excess weight amongst year 6 children in West Sussex remaining significantly lower than England since 2007/08, it has been increasing over the past five years (data for the academic year 2020/21 was not presented).

Further analysis on NCMP data for West Sussex is currently being undertaken by the Public Health and Social Research Unit and will be published on the JSNA website in due course. In the meantime, a data pack which contains analysis of 2023/24 NCMP data for West Sussex, with breakdowns by age,

sex, area (based on postcode of the child), deprivation and ethnicity can be accessed via this link: [Excess Weight in Childhood - National Child Measurement Programme 2023/24](#).

Oral health

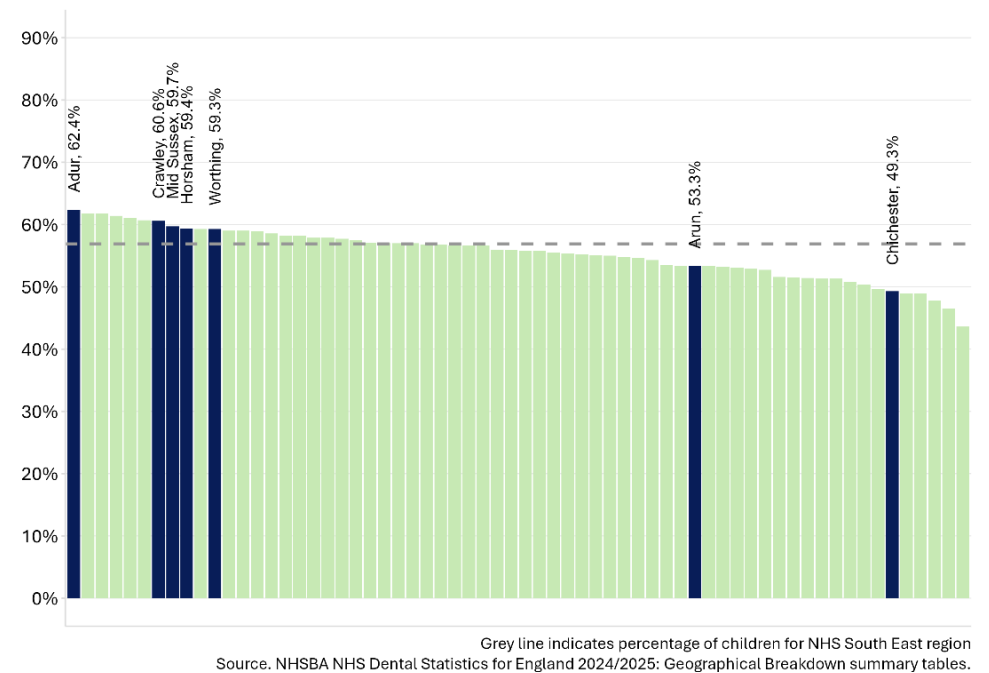
Children and young people are entitled to free NHS dental care until they turn 18 years old or 19 years old if they are in full-time education (NHS, 2024). According to NICE guidance, children and young people should receive a dental check-up at least once a year (RCS, 2019). NHS Dental Services, as part of the NHS Business Services Authority (NHSBSA), provide information on the number of children and young people (under 18) who received NHS dental care in the previous 12 months and where their last course of treatment started within the past 12 months.

In 2024/25, 57.6% of children and young people (under 18) in West Sussex were seen by an NHS dentist, slightly higher than the South East (56.9%). The percentage of children seen by an NHS dentist in West Sussex was at its lowest level in June 2021, decreasing from 56.6% (2020) to 40.3%. Whilst this percentage has since increased, it remains lower than before the pandemic (63.1%).

Across the districts and boroughs, the percentage of children seen by NHS Dentists in the previous 12 months ranged from 63.6% (Adur) to 49.3% (Chichester). Adur had the highest percentage of children seen by NHS Dentists amongst local authorities in the South East.

When interpreting this analysis, it is important to note that this data does not include children who have been seen privately (NHS Digital, 2023).

Figure 3: Percentage of children seen by NHS Dentists in the previous 12 months among local authorities in the South East region; 2024/25



Alcohol and substance use

Alcohol misuse is a major risk factor for early death in England and contributes to many health conditions that can lead to illness and disability. However, the prevalence of risky drinking and the harms connected with alcohol consumption are not spread evenly across society. West Sussex County Council Public Health have recently conducted a [Health Equity Audit](#) (HEA) series to explore how fairly resources, opportunities and access are distributed according to the needs of different groups of people. It sought to understand the picture of people drinking at hazardous, harmful, or probable dependent levels in West Sussex and to identify potential inequality in access and outcomes from alcohol services.

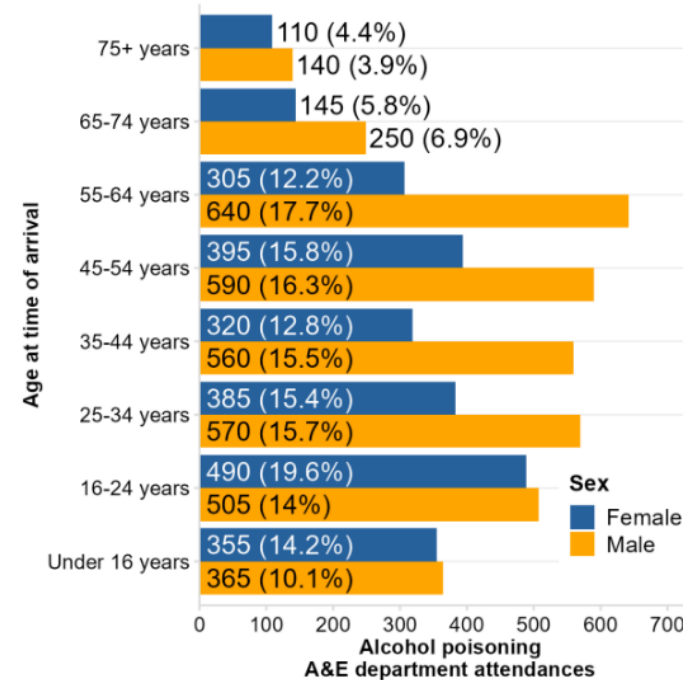
The following data summarises findings from the HEA series that are relevant to young people.

Accident and Emergency department attendances (HEA)

Access to A&E data ceased in 2021. As such, the most recent data available covers the period 2018/19 to 2020/21. This time period spans the COVID-19 pandemic, which may impact on alcohol consumption and likely hospital use due to intoxication. This data may not capture the full extent of A&E attendances resulting from alcohol use. For example, injuries due to intoxication may not be captured fully.

- Between 2018/19 and 2020/21, there were 6,125 alcohol poisoning A&E attendances in West Sussex. These were distributed among 4,555 patients. More than half (56%) of patients were male.
- One in four alcohol poisoning attendances were among those aged under 25. The age profile of attendances differed between males and females, with 33.8% of female attendances in the under 25s, compared to 25.1% in male attendances.
- Comparing the confidence intervals of the proportions of people in each age group shows that there were statistically significantly more females compared to males, as a proportion, in under 16s and 16-24 year olds. This differs to older age groups (35-44 and 55-64) where there were significantly more males than females.
- Young people (aged 16 to 24) were less likely to be admitted following an A&E attendance for alcohol poisoning, and more likely to be discharged with no follow-up.
- Across all ages, the rate (per 100,000) of alcohol poisoning A&E attendances is significantly higher in each subsequently more deprived quintile in West Sussex.

Figure 4 Number of alcohol poisoning A&E attendances by age and sex, West Sussex; 2018/19 to 2020/21



Alcohol specific inpatient admissions (HEA)

Alcohol-related hospital admissions are estimated by applying alcohol-attributable fractions (AAFs) to hospital admissions data based on the age and sex of the patient at the start of the admission episode. The data described below includes analysis of hospital admissions where the primary diagnosis or any secondary diagnoses are an alcohol-specific (wholly attributable) condition (AAF = 1) which means 100% of cases are attributable to alcohol.

Admissions data reflects the number of admissions rather than the number of people admitted - it is possible for the same person to be admitted more than once in the specified time period.

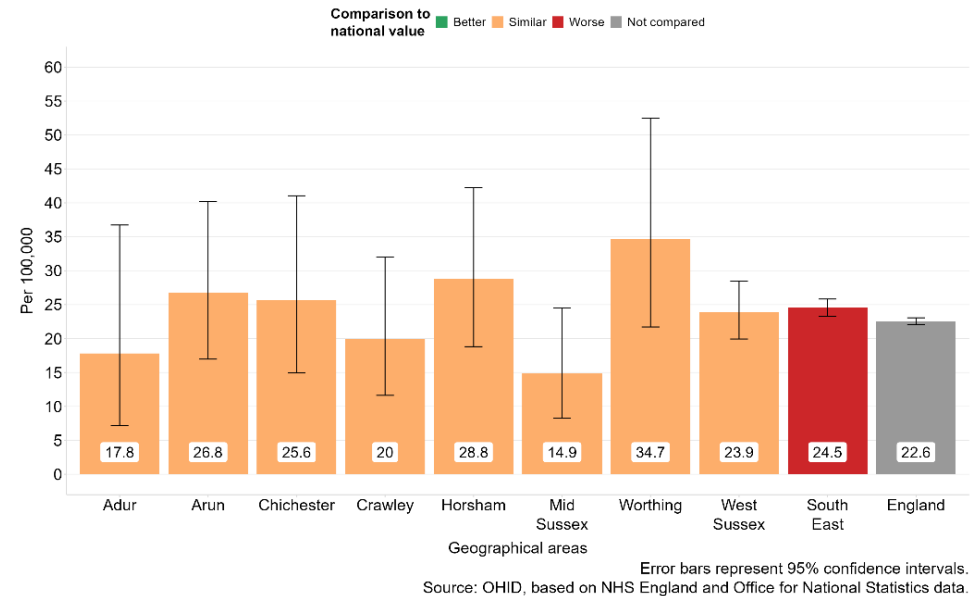
- In the three-year pooled period 2021/22 to 2023/24, there were 12,800 alcohol specific admissions among 6,660 West Sussex residents. The majority of these (four out of every five alcohol-specific hospital admissions) were unplanned (also called emergency admissions).
- Whereas one quarter of A&E attendances for alcohol poisoning were among under 25s, just 3.8% (490 admissions) were among those aged under 25. There were some differences by sex, with 6% of females and 2.8% of males with an alcohol specific admission under 25.
- The proportion of females among under 16s and 16- to 24-year-olds was significantly higher than the proportion of males.
- Across all ages, there is a clear gradient of inequality in admissions with those in the most deprived quintile having significantly higher rates of admissions than less deprived quintiles.
- Alcohol poisoning admissions comprised around a third of admissions for under 25s (a larger proportion than among older adults).

Alcohol specific admissions among under 18s (Fingertips)

The Office for Health Improvement and Disparities (OHID) provide data on hospital admissions for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. This is described as a rate of admission episodes for alcohol-specific conditions amongst under 18s per 100,000 resident population. Given the relatively small number of admissions at county level, data for under 18s is pooled for three-year periods (WSCC, 2024).

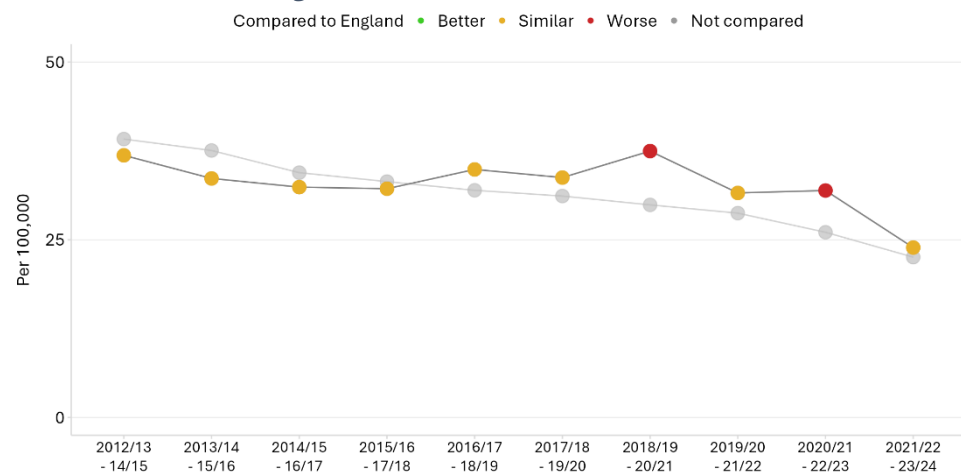
Over a three-year period from 2021/22 to 2023/24, the rate of 23.9 admission episodes for alcohol-specific conditions per 100,000 population which was not significantly different to the national average (22.6 per 100,000).

Figure 5: Admission episodes for alcohol specific conditions among under 18s in West Sussex, the South East and England; 2021/22 to 2023/24



The rate of admissions has fallen from 31.9 per 100,000 population over the three-year period 2020/21 to 2022/23. Overtime, the rate of hospital admissions for alcohol specific conditions amongst under 18s has remained statistically similar or worse than the national average (see figure 18).

Figure 6 Admission episodes for alcohol specific conditions among under 18s in West Sussex and England; 2012/13-14/15 to 2021/22 to 23/24

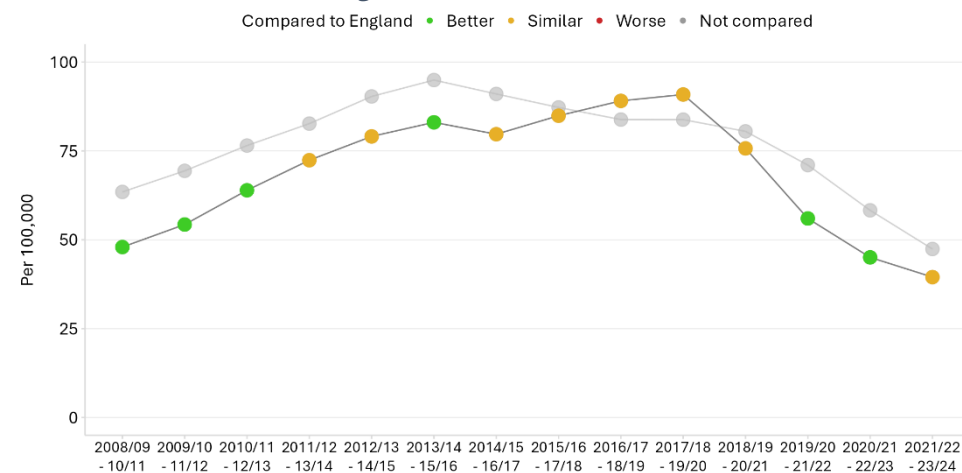


Note. Rate for England shown in grey.
Source: OHID, based on NHS England and Office for National Statistics data

Hospital admissions due to substance misuse amongst 15–24-year-olds (Fingertips)

Over a three-year period from 2021/22 to 2023/24 there were 105 admission episodes due to substance misuse amongst 15–24-year-olds in West Sussex. This equates to a rate of 39.5 per 100,000 which was not significantly different than the England average (47.4 per 100,000).

Figure 7 Admission episodes due to substance misuse amongst 15-24 year olds in West Sussex and England; from 2008/9-10/11 to 2021/22 to 23/24



Note. Rate for England shown in grey.
Source: OHID, based on NHS England and Office for National Statistics data

West Sussex Young People, Alcohol & Substance Use Briefing

In 2025, the West Sussex Public Health team produced a briefing which provided an overview of substance use trends among young people, the impact of drugs and alcohol on their health, and evidence of strategies for harm reduction. A summary of findings from this briefing are provided below:

Drug use

NHS Digital’s Smoking, Drinking and Drug Use amongst Young People in England survey (2024) takes place in secondary schools across England and collects information on areas such as the prevalence of smoking, drinking and drug taking among young people aged 11-15 (further information in the section on smoking). This survey reported a decrease in the prevalence of drug use amongst young people in 2023 (13%) compared to 2021 (18%). In addition, this survey indicated that cannabis was the most commonly used drug among pupils aged 11-15 in England in 2023, with 6% of students reporting use (same proportion as 2021) (NHS Digital, 2024).

Alongside national data, this briefing summarised findings from an online survey of 11 to 18-year-olds in West Sussex on behalf of the West Sussex Violence Reduction Partnership (VRP). 2% of respondents reported using illegal drugs in the past year and amongst these, 40% had used drugs at least once a month, and 20% used them daily or almost daily. Most young people who tried illicit drugs in the last year began between the ages of 12 and 14. Additionally, young Black individuals were more likely to report using cannabis and other illegal substances compared to other groups.

Alcohol use

The NHS Digital survey showed a slight increase in the percentage of young people aged 11-15 years having ever had an alcoholic drink in England from 2021 (37%) to 2023 (40%). However, this difference is not considered to be statistically significant.

There is limited local data on the prevalence of alcohol use amongst young people. The survey for the West Sussex VRP showed that 23% of young people surveyed reported past alcohol consumption, with older youth being more likely to have drunk alcohol. Typically, those who consumed alcohol had their first experience between ages 12 and 15.

Treatment for drug and alcohol

Each year, the Office for Health Improvement and Disparities (OHID) publish statistics on alcohol and drug misuse and treatment amongst children and young people (aged under 18) from the National Drug Treatment Monitoring System (NDTMS). Between April 2022 and March 2023, 12,418 children and young people (under 18) in England were in treatment for drugs and alcohol. Almost two-thirds were male (62%) and the median age was nearly 16 years old for both boys and girls. 10% of children and young people in treatment were under 14.

When children and young people enter structured treatment, they can report up to 3 substances they have a problem with. Most children and young people

in treatment reported having a problem with cannabis (87%) and nearly 2 in 5 (39%) reported a problem with alcohol.

In 2022/23, there were 55 young people (under 18) in structured treatment for drugs and alcohol in West Sussex (35 new presentations), with numbers declining since 2009/10. This included 35 males and 20 females, with an equal split between 14–15-year-olds and 16-17-year-olds. Most children and young people in treatment reported having a problem with cannabis and alcohol, similar to the national picture.

Children living in families with alcohol or substance use issues

The Children's Commissioner for England estimated that in West Sussex, approximately 6,035 children and young people aged 0-17 live in households with a parent struggling with alcohol or drug dependency, translating to a rate of 34.6 per 1,000 (Children's Commissioner for England., 2019).

Alongside this briefing, several recent reports provide further information about alcohol use in West Sussex including:

- [A Health Equity Audit \(HEA\) series \(2024\)](#), examining how fairly resources, opportunities and access are distributed according to the needs of different people
- [A local evaluation \(2022\)](#) of four workstreams funded by a PHE Innovation Fund which aimed to improve outcomes of children of alcohol dependent parents/carers
- Local data on health behaviours among young people is available from the [2014 What About YOUth? Survey](#), which includes data on alcohol and drugs.

Smoking

The Smoking, Drinking and Drug Use amongst Young People in England survey takes place in secondary schools across England and collects information on areas such as the prevalence of smoking, use of e-cigarettes and frequency of smoking amongst young people aged 11-15. In 2023, the survey reported

that 11% of 11–15-year-olds had ever smoked (this includes having tried smoking), 3% were current smokers and 1% were regular smokers.

There is limited local data on the nature and extent of young people's smoking. The What about YOUth? (WAY) survey, a national youth survey conducted in 2014, reported that:

- 7.1% of 15-year-olds in West Sussex classed themselves as a regular smoker (smoking one or more cigarettes per week), significantly higher than England (5.5%).
- 10.6% of 15-year-olds in West Sussex classed themselves as current smokers
- 3.5% of 15-year-olds classed themselves as occasional smokers.

Alongside the WAY survey, a Health and Happiness Survey was conducted in 2018 to collect information about the parental influences on Year 6 pupils' (10–11-year-olds) lifestyle and wellbeing in West Sussex (Public Health and Social Research Unit, 2019). Just under a quarter of children said at least one of their parents smoked, which is a predictor of children taking up smoking themselves (ASH, 2024)

Vaping

The ASH smokefree GP Youth Survey collects data on smoking and vaping behaviours among young people aged 11 to 18 years. ASH have produced a factsheet summarising the results from the latest survey (March 2024) on behaviours and attitudes to vapes (e-cigarettes) among young people under the legal vaping age (11- to 17-year-olds). Key findings were:

- Rates of vaping among young people appear to have stabilised after a period of increase
- 18% of young people had ever vaped (not significantly different from the previous year)

- Current vaping among 11-to-17-year-olds was estimated at 7.2% and those experimenting with vaping (trying once or twice) was 9.5%
- 72% of young people who were aware of vapes reported they had been exposed to some sort of vape promotion, the main sources being in shops (55%) and online (29%).

The Smoking, Drinking and Drug Use among Young People in England survey 2023 reported current vape use among 11- to 15-year-olds at 9% (similar to 2021), with 1 in 4 pupils having ever tried vaping.

Further information is also available for England in parliamentary research briefing on Youth Vaping in England, which is accessible via this [link](#).

Sexual health

A sexual health needs assessment has recently been conducted in West Sussex which considers issues arising in sexual health after the COVID-19 pandemic, issues concerning the integration of services, and an update on the incidence and prevalence of STIs and HIV in West Sussex. This is following considerable change to the landscape of local sexual health service provision and variation in diagnosis and detection rates, in part due to the COVID-19 pandemic, since the last needs assessment was conducted in 2019.

Provisional key findings from the needs assessment specific to young people are described below. For further detail and analysis, the assessment is accessible via this [link](#).

Sexual Health Service provision among young people in West Sussex

Activities occur within attendances and are linked to tariffs¹. From 2019/20 to 2024/25, there has been a decrease in the proportion of activity by individuals aged 16– to 24-year-olds. In contrast, activity among older adults aged 35-44 has increased.

¹ An individual may be responsible for more than one activity within a single attendance (e.g. if an individual is tested or examined for multiple conditions at one appointment, they may be recorded as individual activities).

Service delivery and access:

From 2020, when the Covid-19 pandemic contributed to a shift in how local sexual health services were delivered, digital activity has remained high, now contributing between 30% and 40% of the total activity across all ages. There are differences by age, with highest online activity in those aged between 20 and 24, with rates of use also high in individuals aged 16-19 and in those aged 25-34.

Focus group with WSCC colleagues working in Children Young People and Learning services:

Focus groups were held with 11 practitioners who provide support services to young people. Participants were asked what they thought about the current provision of sexual and reproductive health support and services for young people in West Sussex. Some key findings included:

- Participants highlighted the emotional barriers young people experience in accessing sexual health support, such as anxiety, shame and stigma.
- Some practitioners reported having relationships with clinic staff where they could arrange fast track appointments for their service users and reported that this worked well; it was suggested that these pathways should be formalised.
- Digital access was welcomed; however, it was felt that more could be done to promote this
- Ideas for improving access were suggested including better utilization of wider services (including and beyond educational settings) which young people are in contact with which could offer education, signposting and condom provision.
- Participants described a very mixed information and advice landscape for young people, with good information and support in further and higher education, but gaps in awareness among younger people.
- It was felt young people generally prefer to get information online or through chat and messaging services.

- Concerns were raised about how social media can influence young people's knowledge, attitudes and beliefs about sexual health, gender and relationships.

Sexually transmitted infections (STIs)

Chlamydia

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group (OHID, 2025). West Sussex performs poorly on nationally defined indicators relating to chlamydia:

- In 2024, the proportion of females (aged 15-24) screened for chlamydia in West Sussex was 15.9%, significantly below the national average of 18%. The proportion of females screened in West Sussex has remained significantly below the national average since 2021.
- The UK Health Security Agency (UKHSA) recommends that local authorities should work towards achieving a detection rate of at least 3,250 per 100,000 female population aged 15 to 24. In West Sussex, the chlamydia detection rate in females aged 15 to 24 years olds in 2023 was 1,540 per 100,000. This is significantly below the national detection rate of 1,962 per 100,000 and well below the UKHSA target. Few local authorities meet the target detection rate.

Healthwatch survey

Healthwatch West Sussex performed engagement work in 2024 to explore low uptake of chlamydia self-testing online among young people. This engagement consisted of a survey and 1:1 interviews. The findings were that the most frequently reported barriers to young people accessing online testing included a lack of information around testing, stigma around STIs, a lack of knowledge around evidence for chlamydia screening, and embarrassment fear and guilt (each comprising 43-50% of respondents reporting these items).

Contraception

The National Institute for Health and Clinical Excellence (NICE) clinical guidelines advise that long-acting reversible contraceptive (LARC) methods, such as implants and intrauterine devices (IUD), are highly effective as they rely less on user intervention (unlike daily pills or weekly patches) and are more cost effective. In West Sussex, 33% of women under 25 who are in contact with Sexual and Reproductive Health Services chose long acting reversible contraceptives (LARC) as their main method of contraception (excluding injections).

Conceptions

In 2022, 152 young women aged under 18 years in West Sussex conceived, which is a rate of 10.5 per 1,000 population. This rate is significantly lower than England (13.9 per 1,000).

In 2022, Adur had the highest rate of conceptions among under 18s (17.4 per 1,000) and Horsham had the smallest rate (6 per 1,000). However, figures for Adur should be interpreted with caution due to small counts (as their reliability as a measure may be affected by the small number of events).

HPV vaccination coverage

The national human papillomavirus (HPV) vaccination programme was introduced in 2008 to protect adolescent females against cervical cancer. Until recently, this was delivered as a two-dose schedule, usually offered in year 8 (aged 12 to 13) and year 9 (aged 13 to 14). In September 2023, the adolescent HPV vaccination programme moved to a one-dose schedule.

From September 2019, 12- to 13-year-old males became eligible for HPV immunisation.

Table 1 Conception indicators from fingertips for West Sussex and England

Indicator	Year	West Sussex			Versus England	
		Number	Value	Trend	Rate	Significance
Abortion rate (15 to 17 yrs)	2021	62	4.6	No significant change	6.5	Lower
Births (under 18s)	2023	20	1.3	No significant change	3.0	Better
Chlamydia detection rate (15 to 24s)	2024	273	605.2	Increasing	837.2	Not compared
Chlamydia detection rate (15 to 24s)	2024	827	948.7	Increasing	1,249.8	Not compared
Chlamydia detection rate (15 to 24s, females)	2024	550	1,307.6	No significant change	1,589.4	Worse
Conception rate (15 to 17 yrs)	2022	152	10.5	Decreasing and getting better	13.9	Better
Conception rate (under 16s)	2022	26	1.7	No significant change	2.2	Similar
Individuals aged under 25 attending specialist contraceptive services rate (under 25s, males)	2023	175	3.9	No significant change	14.2	Lower
Individuals aged under 25 attending specialist contraceptive services rate/1000 (under 25s, females)	2023	4,620	109.8	Decreasing	103.0	Higher
Long Acting Reversible Contraception (LARC) (under 25s) Individuals aged under 25 attending specialist contraceptive services rate/1000 (under 25s, females)	2023	950	33.0	Increasing	35.0	Lower

Core 20Plus 5

In November 2022, the NHS launched the Core20PLUS5 for Children and Young People approach, adapted from the original Core20PLUS5 framework, to support with the reduction of health inequalities in child health (NHS England, n.d.). The 'Core 20' refers to the most deprived 20% of the national population, as identified by the IMD, 'plus' refers to locally identified population groups who experience poorer than average access, experience or outcomes from healthcare and not captured by the 'Core20' and '5' refers to the five clinical focus areas of the approach: asthma, diabetes, epilepsy, oral health and mental health.

Key points

- West Sussex had a **significantly lower** rate of hospital admissions for asthma amongst under 19s (100.7 per 100,000) compared to England (148.6 per 100,000).
- West Sussex had a **significantly lower** rate of hospital admissions for mental health conditions amongst under 18s (61.4 per 100,000) compared to England (80.2 per 100,000)
- West Sussex had a **similar** rate of hospital admissions for diabetes amongst under 19s (45 per 100,000) compared to England (49.8 per 100,000).
- West Sussex had a **similar** rate of hospital admissions for epilepsy amongst under 19s (90.1 per 100,000) compared to England (79.3 per 100,000).

Health behaviours in 15 year olds

The What About YOUth? 2014 survey was designed to collect local authority level data on a range of health behaviours among 15-year-olds (NHS Digital, 2015). Data was collected on general health, diet, use of free time, physical activity, smoking, drinking, emotional wellbeing, drugs and bullying. In West Sussex, around 1,100 15-year-olds completed the survey. This represented a

response rate of 46% of the eligible sample (2,362 young people) in West Sussex.

When compared to England:

- A lower proportion of young people in West Sussex reported excellent general health
- Higher proportions of young people reported being a current or regular smoker
- Higher proportions of young people reported having ever had an alcoholic drink or been drunk in the last 4 weeks
- Higher proportions of young people had ever tried cannabis, or taken cannabis in the last month
- A similar proportion of young people engaged in three or more risky behaviours

For further information on the What About YOUth survey, read the accompanying [technical report](#).

Figure 8 Main findings from the What About YOUth? 2014 survey for West Sussex, the South East and England

Indicator	Period	W Sussex		South East	England			Best
		Count	Value	Value	Value	Worst	Range	
Percentage reporting general health as excellent at age 15	2014/15	-	25.6%	29.4%	29.5%	24.1%		37.7%
Percentage who eat 5 portions or more of fruit and veg per day at age 15	2014/15	-	55.2%	54.4%	52.4%	39.9%		67.6%
Percentage with a mean daily sedentary time in the last week over 7 hours per day at age 15	2014/15	-	70.3%	67.8%	70.1%	81.0%		58.7%
Percentage physically active for at least one hour per day seven days a week at age 15	2014/15	-	15.1%	14.8%	13.9%	8.3%		18.8%
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	-	10.6%	9.0%	8.2%	14.9%		3.4%
Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	-	7.1%	5.8%	5.5%	11.1%		1.3%
Smoking prevalence at age 15 - occasional smokers (WAY survey)	2014/15	-	3.5%	3.2%	2.7%	7.6%		0.6%
Percentage who have tried e-cigarettes at age 15	2014/15	-	17.7%	16.7%	18.4%	33.9%		7.2%
Percentage who have tried other tobacco products at age 15	2014/15	-	15.1%	16.1%	15.2%	28.8%		5.5%
Percentage who have ever had an alcoholic drink at age 15	2014/15	-	69.0%	66.7%	62.4%	77.6%		14.6%
Percentage who have been drunk in the last 4 weeks at age 15	2014/15	-	19.7%	15.9%	14.6%	27.0%		2.6%
Percentage who have ever tried cannabis at age 15	2014/15	-	13.6%	11.7%	10.7%	24.2%		4.9%
Percentage who have taken cannabis in the last month at age 15	2014/15	-	6.2%	5.5%	4.6%	14.4%		1.6%
Percentage who think they're the right size at age 15	2014/15	-	51.0%	52.7%	52.4%	46.5%		57.1%
Percentage reporting low life satisfaction at age 15	2014/15	-	15.1%	13.6%	13.7%	19.1%		9.5%
Percentage who had bullied others in the past couple of months at age 15	2014/15	-	9.9%	10.5%	10.1%	14.1%		5.5%

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