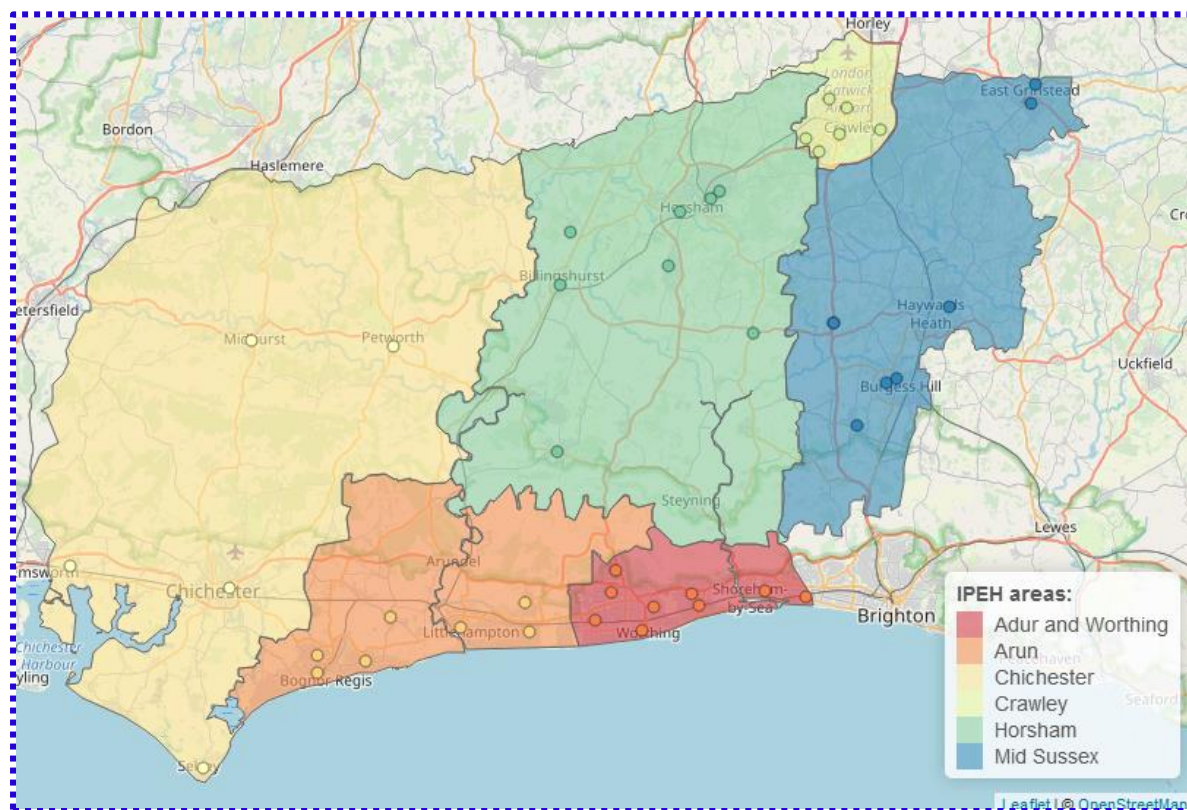


West Sussex Health4Families Programme: Local Health Profile for Children and Young People (2020)

Background

This document summarises the data for key demographic and health indicators affecting children and young people in West Sussex. There are currently 43 Children and Family Centres (CFCs) in West Sussex. These are divided into 6 Early Help areas. The locations of each individual CFC (main sites) and the Early Help boundary they fall within are shown on the map below.

The Health4Families Programme (H4FP) is an evidence-based framework that supports the integrated Children's Workforce (health services, early years, private and voluntary sector) to improve health outcomes that most affect children and families. In 2017, the programme was extended from a focus on under 5's to include older children and young people (aged up to 19/25).



Health4Families Programme Public Health Priorities:

1. Infant feeding – promoting Unicef Baby Friendly Initiative
2. Promoting healthy eating and maintaining a healthy weight
3. Promoting physical activity in children and young people
4. Improving the oral health of children and young people
5. Improving the emotional health and wellbeing of children
6. Improving the emotional wellbeing and resilience of young people
7. Improving perinatal mental health and the emotional health and wellbeing of parents and carers
8. Improving children's speech, language, communication and readiness for school
9. Promoting sexual health, reducing teenage conceptions and supporting young parents
10. Reducing alcohol and substance misuse
11. Promoting smoke free environments and smoking cessation
12. Increasing immunisation coverage for children and young people
13. Keeping safe and reducing childhood accidents
14. Promoting safer sleep to reduce the risk of sudden infant death syndrome

Interpretation

Because there is often a delay between data collection and release, the data in this profile is intended to provide context and monitor health and wellbeing rather than provide a measure of performance.

This data aims to provide an indication of:



Scale: how many children and/or families are affected? 10's? 100's? or 1,000's?



Direction: has there been an increase, decrease or no change?



Significance: is the data significantly higher or lower than a comparison area? Or is it above or below a target level?

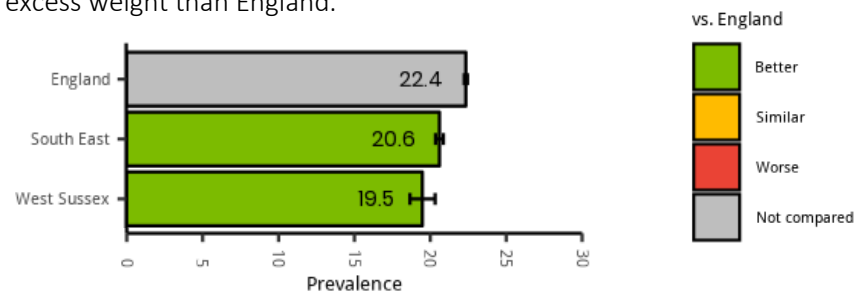
Confidence intervals:

95% confidence intervals (lower confidence interval – LCI, upper confidence interval – UCI) are shown where possible and should be used when making comparisons.

Where confidence intervals overlap, it is **not possible** to say that a difference is statistically significant.

For the majority of this profile, significance relates to whether an area is significantly different in comparison to **England averages** unless stated otherwise.

For example: in this figure, confidence intervals for the South East and West Sussex do not overlap, and fall below the intervals for England. This suggests that the South East and West Sussex had a **significantly lower** prevalence of excess weight than England.



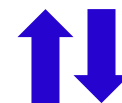
Using the data in this pack:

The following sections provide detailed data on each of the public health priorities in the Health4Families programme.

It is not unusual for the same data to be analysed in different ways and come from different sources. This pack provides the best data available to the Public Health and Social research Unit at the time of writing. Other sources may differ (in terms of quality, coverage, reliability etc.) and you should use the caveats provided to judge the reliability of the information you are exploring.

To help with the interpretation of the data described in this report, a brief narrative is provided for each indicator. A summary page (with accompanying coloured arrows) is also provided. For the majority of arrows, significance relates to comparisons with England or West Sussex. The descriptions of the data will help you check the comparison that is being made.

Blue arrows are shown on the summary page if at least one of the following two scenarios is fulfilled:



1. Where the statistical significance of an indicator cannot be determined, and/or
2. When a value judgement should not be inferred. **Blue arrows may** indicate the general nature of change (e.g. increasing, decreasing or staying the same) but do not give judgement, i.e. they do not say if an area is better or worse.



Green text or arrows indicate that an area is significantly better than another area or a target level. For example if breastfeeding rates are significantly higher than England.



Yellow text or arrows indicate that an area does not differ significantly from a comparator area, or target level



Red text or arrows indicate that an area is significantly worse than another area or target. For example, if immunisation coverage is below the 95% benchmark set by the World Health Organisation.

Summary – West Sussex

Population: There are approximately 191,300 children and young people aged 0-19 in West Sussex ([ONS 2018 mid-year estimate](#)). This has increased from an estimated 182,100 in 2011. Each year approximately 8-9,000 babies are born in the county.

Deprivation: West Sussex county ranked 129th of 151 upper tier local authorities (1 being the most deprived, 152 being the least deprived) on the [Index of Multiple Deprivation 2019](#). West Sussex is among the 15% least deprived upper tier local authorities in England. However, pockets of deprivation exist at neighbourhood level. Four small areas in Arun and one in Crawley are among the 10% most deprived areas in England.

Social mobility: 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 2017](#) ranked local authorities on the prospects of disadvantaged people in their areas.

In West Sussex, Arun, Chichester and Crawley were identified as social mobility “cold spots” – falling among the 20% lower ranked local authorities in England. By age group, Chichester was a cold spot for early years, whilst Crawley was 7th worst in the country for school-age children. For national analyses and recommendations see the [State of the Nation](#) (2018/19) report.

Breastfeeding: In 2018/19, the proportion of infants breastfed (exclusively or partially) in West Sussex was 56.7% ([PHE – experimental statistic](#)). This is higher than the aggregate total for England (46.2%).

Childhood obesity: The prevalence of excess weight (overweight and obese) among children in West Sussex is lower than England. In 2018/19, 19.3% of reception children and 28.3% of year 6 children were classified as overweight or obese ([NHS Digital: NCMP 18/19](#)).

Physical activity: 15.1% of young people aged 15 (who responded to the [What About Youth? Survey 2014](#)) said they were physically active for at least 1 hour per day, 7 days per week. This does not differ from England (13.9% of respondents aged 15).

A [health and happiness survey](#) conducted on a sample of year 6 pupils in West Sussex found that 10.5% of pupils met the recommended level of physical activity.

Oral health: In 2016/17, 84.9% of 5-year old children examined as part of the [Oral Health Survey](#) were free from dental decay in West Sussex. In 2018/19, there were approx. 505 hospital admissions of 0-19 yr olds for extract of one or more teeth, 37% of which were caries-related (local analysis of Hospital Episode Statistics).

Emotional health and wellbeing: Annually, there are between 600-800 emergency admissions of children and young people (aged 10-24) for self-harm in West Sussex. The rate of admissions for self-harm in West Sussex was significantly higher than England in 2017/18, at 535.9 per 100,000 young people aged 10-24 ([PHE Child Health Profile](#)).

Maternal mental health: In West Sussex, it is estimated that approx. 200 women will experience severe depressive illness and 600 to 700 will experience mild to moderate depressive illness and anxiety in the perinatal period (national estimates applied to number of maternal episodes locally; [Perinatal Mental Health Profile, PHE](#)).

Readiness for school: In 2018/19, 72.0% of children in West Sussex (based on the residence of the child) had achieved a good level of development at the end of the foundation stage (age 5). This does not differ from national estimates (71.8% with a good level of development; [DfE Early Years Foundation Stage data release](#)).

Teenage conceptions: The rate of teenage conceptions has fallen locally and nationally. In 2017, there were approx. 179 conceptions to women aged 15-17 in the county ([ONS, Conceptions in England and Wales](#)). This equates to a rate of 13.7 per 1,000 women aged 15-17, significantly lower than the national rate (17.8 per 1,000 women aged 15-17). In 2017, 53.1% of under 18 conceptions led to an abortion in West Sussex.

Admissions due to alcohol or substance misuse: The rate of emergency hospital admissions for alcohol specific conditions among under 18's is similar in West Sussex when compared with England (2015/16 to 2017/18 – [PHE Local Alcohol Profile for England](#)). In 2015/16 to 2017/18, there were approx. 220 admissions for substance misuse among young people aged 15-24 in West Sussex; a rate of 88.7 per 100,000 15-24 yr olds - similar to England.

Maternal smoking: In 2018/19, approx. 9.1% of women were known to be smokers at time of delivery ([NHS Digital, Smoking at Time of Delivery Statistics](#)).

Immunisations: Immunisation coverage in West Sussex tends to be at, or near to the 95% benchmark set by the WHO for most vaccinations (NHS Digital, [Childhood Vaccination Coverage Statistics](#)). Coverage tends to be lower for older children, and particularly for the second dose of MMR.

Childhood accidents and injuries: Each year, there are around 2,500-3,000 emergency hospital admissions among children and young people (aged <25 yrs) for unintentional and deliberate injuries in West Sussex (PHE, [Unintentional Injuries Profile](#)).

Unexplained infant deaths: In 2017, there were 183 unexplained infant deaths in England and Wales ([ONS, Unexplained deaths in Infancy](#)).

Local Population

Population Estimates

The Office for National Statistics (ONS) produces annual estimates of the size of the resident population of English local authorities (and small area estimates). The most recent are the 2018 mid-year population estimates.

In 2018, 191,300 children and young people (aged 0-19) were estimated to be resident in West Sussex. Children and young people aged 0-19 account for approximately 22.3% of the total population of West Sussex; a slightly smaller proportion than England (23.7% population aged 0-19).

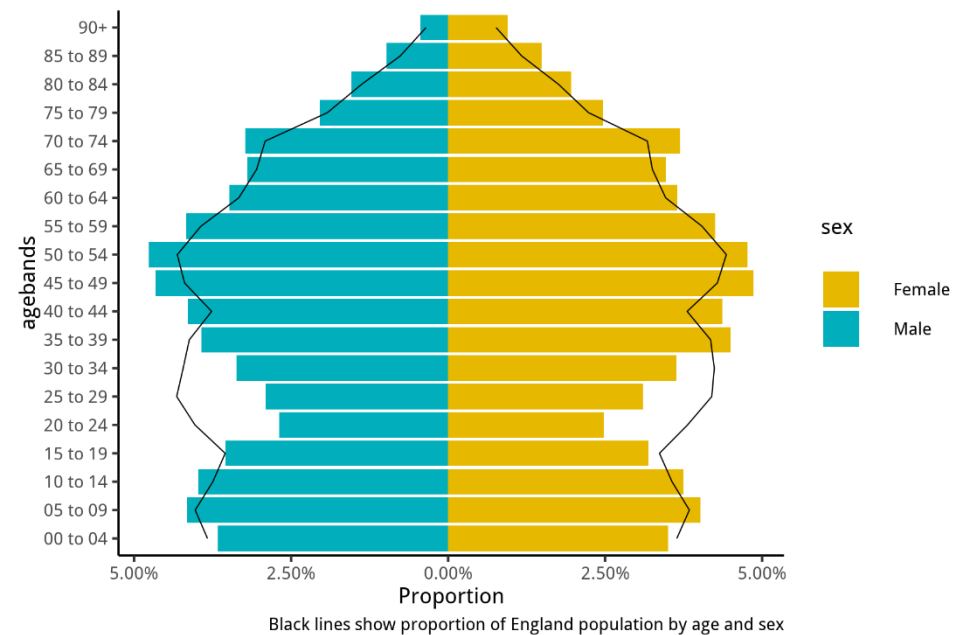
Across the Early Help areas, the proportion of the resident population accounted for by children and young people (aged 0-19) ranges from less than a fifth in Arun (19.7%) to more than a quarter in Crawley (26.2%). The population pyramid demonstrates the age structure of Mid Sussex. Each bar shows the proportion of the total population for that age and sex group. Where the bar exceeds the line (England), a greater proportion of residents in Mid Sussex are that age and sex than the national average. In 2018, 23.8% of residents in Mid Sussex were aged 0-19, a similar proportion to England (23.7%).

Estimated size of the 0-19 population

Area	All ages	0 to 4	5 to 9	10 to 14	15 to 19	Aged 0-19	Proportion aged 0 to 19
Adur and Worthing	173,890	9,460	10,450	9,630	8,480	38,010	21.9
Arun	159,830	7,730	8,700	7,820	7,210	31,460	19.7
Chichester	120,750	5,710	6,630	6,400	6,040	24,770	20.5
Crawley	112,450	8,010	8,290	7,120	5,990	29,410	26.2
Horsham	142,220	7,340	8,320	8,590	7,730	31,970	22.5
Mid Sussex	149,720	8,580	9,790	9,260	8,060	35,690	23.8
West Sussex	858,850	46,820	52,170	48,800	43,520	191,320	22.3
South East	9,133,630	527,250	579,840	547,100	513,030	2,167,220	23.7
England	55,977,180	3,346,730	3,523,870	3,274,120	3,096,580	13,241,290	23.7

Source: ONS- Small Area Population Estimates (MYE 2018)

Population pyramid for Mid Sussex (2018 mid-year estimate)



Index of Multiple Deprivation

Deprivation deciles

The map below shows the national deprivation deciles (10% most deprived (**blue**) to 10% least deprived (**yellow**)) of small areas in West Sussex from the Index of Multiple Deprivation (2019).

The IMD is a relative measure of deprivation at small geographies (called lower super output areas - LSOAs) across England. The IMD scores of each area are based on data spanning 7 domains. These include:

- 1) Income Deprivation
- 2) Employment Deprivation
- 3) Education, Skills and Training Deprivation
- 4) Health Deprivation and Disability
- 5) Crime
- 6) Barriers to Housing and Services
- 7) Living Environment Deprivation

There are 5 small areas in West Sussex that fall among the 10% most deprived nationally. Four of these areas are in Arun (within the Bersted, Courtwick with Toddington and Marine wards) and one in Crawley (within Broadfield ward).

Like other areas in the South East, West Sussex contains very few LSOAs that are among the 10% most deprived deciles nationally (**dark blue areas**). Because the county is relatively less deprived than other areas in England, considerable variation in deprivation within the county is masked. Therefore to explore deprivation **within** the county, the LSOAs in West Sussex have also been ranked and divided into deciles (ten equal groups).

The table below shows the proportion of LSOAs in each Early Help area that fall among the 10% most deprived nationally and locally.

Of the local authorities in West Sussex, only Arun and Crawley contain areas that are among the 10% most deprived areas in the country.

The proportion of LSOAs in each Early Help area of West Sussex that are among the 10% most deprived in England and West Sussex on the Index of Multiple Deprivation overall measure (2019)

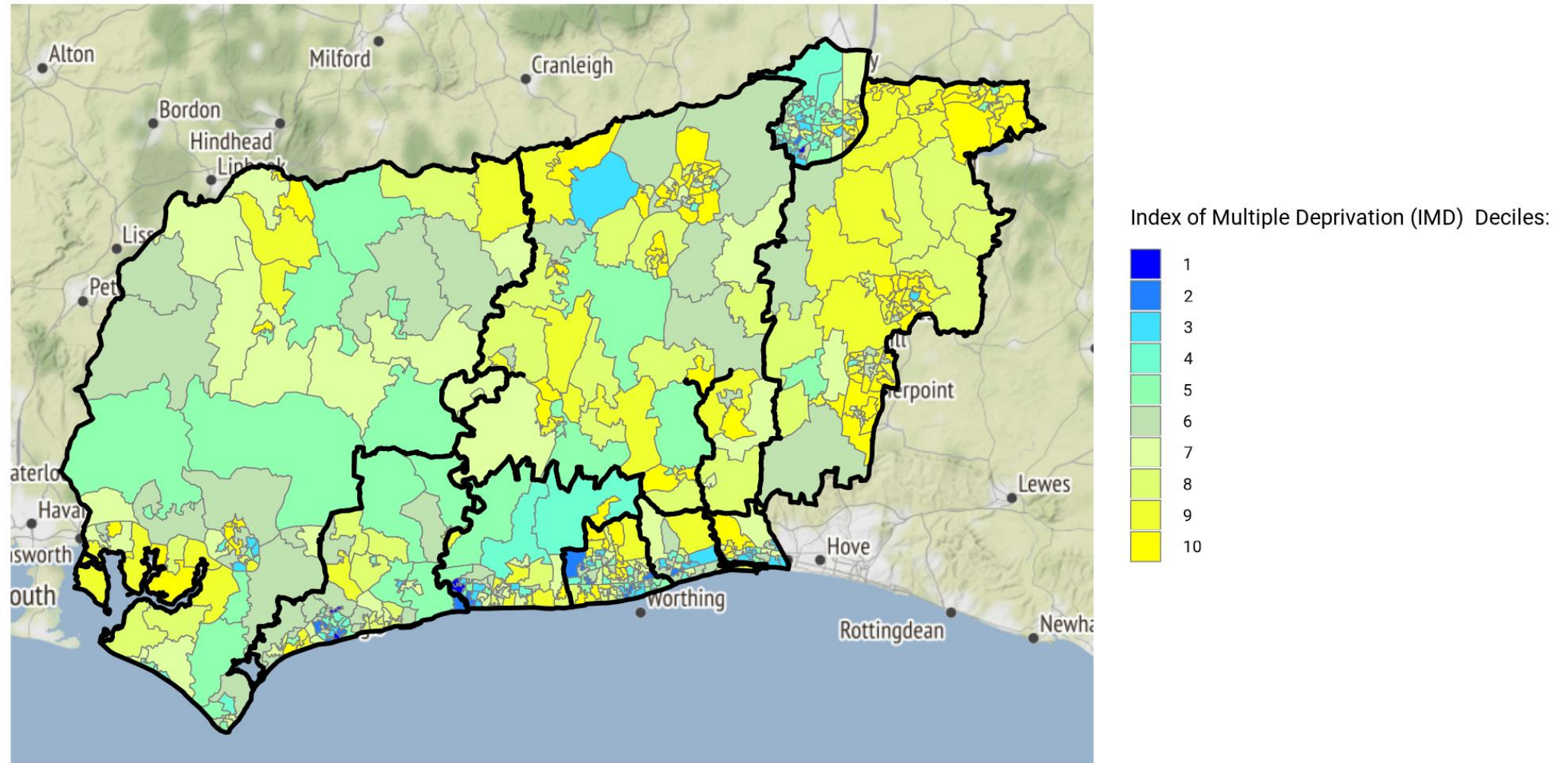
Area	% of LSOAs in 10% most deprived in England	% of LSOAs in 10% most deprived in West Sussex
Adur and Worthing	0.0%	18.7%
Arun	4.3%	19.1%
Chichester	0.0%	4.2%
Crawley	1.5%	12.1%
Horsham	0.0%	1.2%
Mid Sussex	0.0%	1.2%
West Sussex	1.0%	10.1%

Index of Multiple Deprivation

Indices of multiple deprivation (IMD 2019) national deciles for small areas (LSOAs) in West Sussex

Black borders represent local authority boundaries in West Sussex.

Notes. Deciles: 1 = most deprived (blue), 10 = least deprived (yellow)



ONS: OpenGeography; MHCLG: Indices of Multiple Deprivation (2019)

Health Visitor Service Delivery Metrics (experimental statistics)

The health visiting service leads on the delivery of the Healthy Child Programme (HCP) which was set up to improve the health and wellbeing of children aged 0-5 years. This is achieved through health and development reviews, health promotion, parenting support and screening and immunisation programmes.

These [delivery metrics](#) currently cover the antenatal contact, new birth visit, the 6-8 week review, the 12 month review and the 2-2 ½ year review. In addition, further data on child development outcomes are available from [supplementary metrics](#) for the number of health visitor reviews completed at 2-2 ½ years using the Ages and Stages Questionnaire (data available to view on [PHE Child Health Profiles](#)). Please see links provided for more information on data collection method, reporting and quality.

Caveats: Figures should be treated with caution. Where totals are presented for England, these are aggregate totals of the areas that submitted information and passed initial validation. Data for regions may include constituent areas where annual data is scaled up from three quarters. Health visiting information has been obtained via the interim reporting system and is submitted on a voluntary basis. These data are experimental statistics as there has been significant change in data collection and reporting methods.

Proportion of New Birth Visits (NBVs) completed within 14 days (2018/19)

Area Name	Count	Denominator	% of NBV within 14 days		
			Value	95% CIs	
				LCI	UCI
West Sussex	7,486	8,575	87.3	86.6	88.0
South East region	80,697	92,217	87.5	87.3	87.7
England	540,610	608,847	88.8	88.7	88.9

Proportion of infants receiving a 6 to 8 week review (2018/19)

Area Name	Count	Denominator	% receiving 6-8 week check		
			Value	95% CIs	
				LCI	UCI
West Sussex	7,117	8,600	82.8	81.9	83.5
South East region	81,427	94,221	86.4	86.2	86.6
England	529,715	620,247	85.4	85.3	85.5

Proportion of children receiving a 12-month review (2018/19)

Area Name	Count	Denominator	% receiving 12 month review		
			Value	95% CIs	
				LCI	UCI
West Sussex	7,763	8,763	88.6	87.9	89.2
South East region	76,799	96,431	79.6	79.4	79.9
England	525,083	637,806	82.3	82.2	82.4

Proportion of children who received a 2-2½ year review (2018/19)

Area Name	Count	Denominator	% receiving 2-2 1/2 year review		
			Value	95% CIs	
				LCI	UCI
West Sussex	7,350	9,382	78.3	77.5	79.2
South East region	75,795	99,809	75.9	75.7	76.2
England	521,528	672,241	77.6	77.5	77.7

Proportion of children who received Ages and Stages Questionnaire as part of the HCP or integrated review (2018/19)

Area Name	Count	Denominator	% receiving ASQ		
			Value	95% CIs	
				LCI	UCI
West Sussex	7,929	7,929	100.0	100.0	100.0
South East region	68,357	70,158	97.4	97.3	97.5
England	479,887	531,436	90.3	90.2	90.4

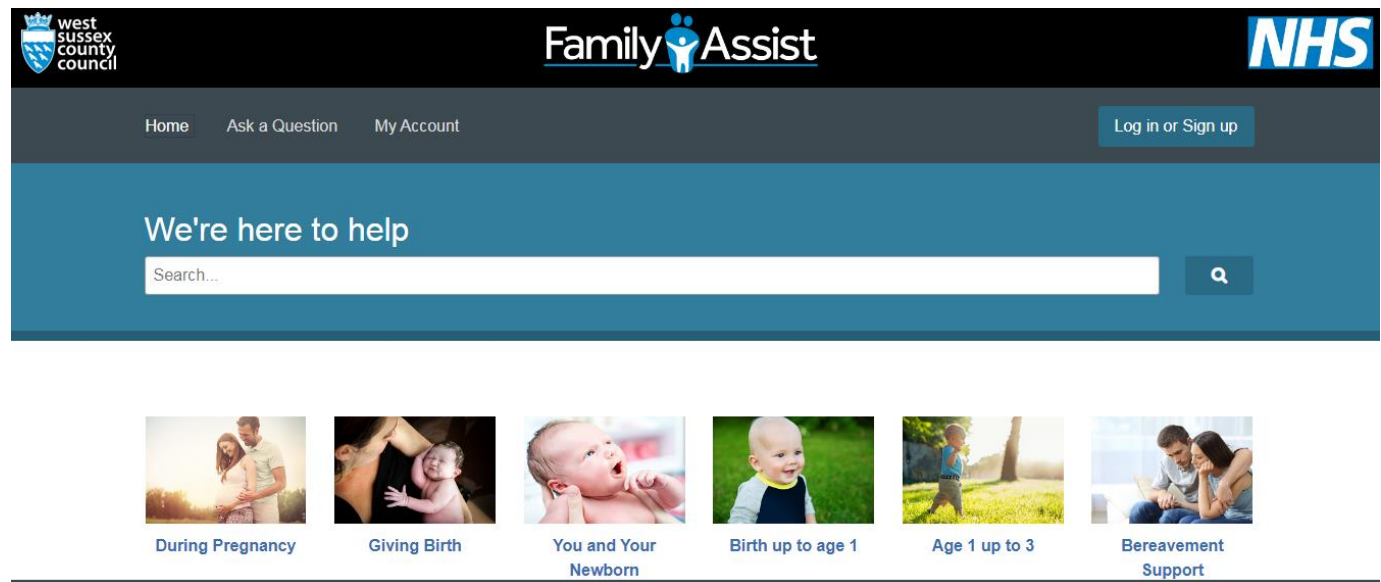
PHE have also produced local summaries of data relating to the High Impact Areas for [early years](#) and [school aged years](#), which form part of the [4-5-6 approach](#) for health visiting and school nursing.

What is Family Assist?

Family Assist is an online resource of trusted information about pregnancy and early years that is tailored to families in West Sussex. Expectant mothers receiving care at Western Sussex Hospitals NHS Foundation Trust, or anyone living in West Sussex with a child under the age of 3 can register for Family Assist. Registered users will then receive regular advice and information specific to their stage of pregnancy or child's development via email.

In October 2019, the top ten viewed answers on Family Assist were:

1. Early Labour: the latent phase (12,510 views)
2. Anomaly scan (18-21 weeks) (2,450 views)
3. Breastfeeding (880 views)
4. Collecting colostrum (860 views)
5. Bonding and attachment (280 views)
6. Packing my bag: what do I take with me to the hospital? (270 views)
7. Induction of labour (260 views)
8. Antenatal education (parentcraft) (200 views)
9. Advice of 3rd and 4th degree tears (190 views)
10. Health eating (160 views)



* number of views rounded to nearest 10.

Standard 1: Infant feeding – promoting Unicef Baby Friendly Initiative

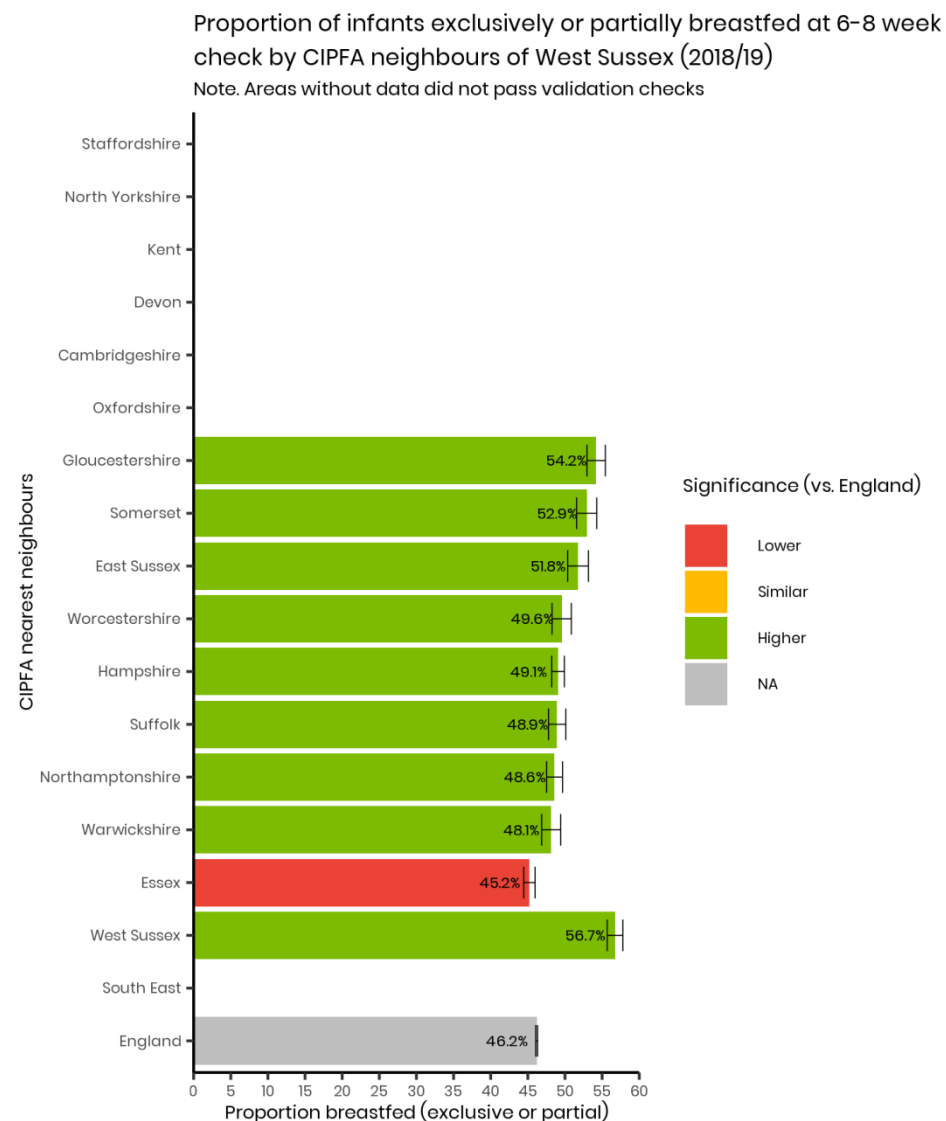
Breastfeeding data (PHE)

Public Health England have established an [interim data collection](#) to obtain health visiting activity at a local authority resident level. This data is submitted to PHE on a voluntary basis and covers quarters 1 to 4 of 2018/19.

Caveats: These data are experimental statistics and should be treated with caution. Totals for England are aggregated from the local authorities that submitted information and passed initial validation. Therefore, this total does not include all areas as coverage varies.

The figure (right) shows the proportion of infants exclusively or partially breastfed at 6-8 weeks among statistically similar neighbours (based on characteristics such as age/sex population structure and deprivation) of West Sussex.

In 2018/19, the proportion of infants breastfed (exclusively or partially) in West Sussex was 56.7%. This is **higher** than the aggregate total for England (46.2%). West Sussex has a higher proportion of infants breastfed (exclusively or partially) than our statistical neighbours who passed data validation checks.



Source: PHE - breastfeeding at 6-8 weeks after birth: annual data

Standard 1: Infant feeding – promoting Unicef Baby Friendly Initiative

Breastfeeding data Systm1 (April 2018 to March 2019)

This data is sourced directly from Systm1.

Caveats: There are data quality concerns regarding the recording of breastfeeding status. It is possible for the same child to have more than one record of breastfeeding entered at different points on Systm1 and it is not always possible to tell when this data was recorded. Children are recorded as exclusively breastfed if they only have a record of “exclusive”. Children are recorded as not breastfed if they only have a record of “bottle-fed”. Children are recorded as partially breastfed if they have any combination of “exclusive”, “supplement” or “bottle-fed” codes. This is a different method to that used in 2017/18; figures are not comparable over time.

Eighteen lower super output areas in West Sussex had fewer than 5 resident children in 2018/19. The data for these LSOAs were suppressed and are not included in the following tables. The impact of removing these children on final figures is likely to be small (n = 83 children removed from analyses due to small counts including LSOAs outside of West Sussex). Postcodes for 125 records in Systm1 could not be matched to an LSOA. Data for these children are included in the total for West Sussex (although it is possible that some may be resident outside the county) and are shown as “unknown” in the following tables.

The table below shows the proportion of child records in the 6-8 week cohort that have a record of breastfeeding status at 6-8 week check.

Proportion of infants in the 6-8 week check cohort that have breastfeeding status recorded:

Geography	Total children in cohort	Number of children in cohort		Proportion of children reviewed
		No record of a 6-8 week check	Known to have received a 6-8 week check	
Adur	642	74	568	88.5
Arun	1,425	42	1,383	97.1
Chichester	983	114	869	88.4
Crawley	1,534	138	1,396	91.0
Horsham	1,293	116	1,177	91.0
Mid Sussex	1,464	118	1,346	91.9
Worthing	1,127	30	1,097	97.3
Unknown	125	17	108	86.4
West Sussex	8,593	649	7,944	92.4

Standard 1: Infant feeding – promoting Unicef Baby Friendly Initiative

The following data is **NOT** comparable with the data for last year. Whilst confidence intervals are shown here, caution should be taken when comparing different geographies due to a relatively high level of missing data.

- In Mid Sussex, the proportion of infants exclusively breastfed was 52.5% in 2018/19 – this is **higher than West Sussex**.
- 67.2% of infants were exclusively or partially breastfed in Mid Sussex – a **higher proportion** than West Sussex.

Proportion of infants who received a 6-8 week check by breastfeeding status (2018/19)

Geography	Total infants checked	Exclusive				Partial				Exclusive or partially breastfed			
		Count	%	LCI	UCI	Count	%	LCI	UCI	Count	%	LCI	UCI
Adur and Worthing	1,665	698	41.9%	39.6%	44.3%	258	15.5%	13.8%	17.3%	956	57.4%	55.0%	59.8%
Arun	1,383	463	33.5%	31.0%	36.0%	186	13.4%	11.8%	15.3%	649	46.9%	44.3%	49.6%
Chichester	869	360	41.4%	38.2%	44.7%	127	14.6%	12.4%	17.1%	487	56.0%	52.7%	59.3%
Crawley	1,396	556	39.8%	37.3%	42.4%	284	20.3%	18.3%	22.5%	840	60.2%	57.6%	62.7%
Horsham	1,177	535	45.5%	42.6%	48.3%	190	16.1%	14.2%	18.4%	725	61.6%	58.8%	64.3%
Mid Sussex	1,346	707	52.5%	49.9%	55.2%	197	14.6%	12.8%	16.6%	904	67.2%	64.6%	69.6%
Unknown	108	47	43.5%	34.6%	52.9%	19	17.6%	11.6%	25.8%	66	61.1%	51.7%	69.8%
West Sussex	7,944	3,366	42.4%	41.3%	43.5%	1,261	15.9%	15.1%	16.7%	4,627	58.2%	57.2%	59.3%

Note. Total count includes infants not breastfed (approx. 3,300 records) and infants checked but no breastfeeding status recorded (approx. 20 records).

Standard 2: Promoting healthy eating and maintaining a healthy weight

National Child Measurement Programme 2018/19

The National Child Measurement Programme (NCMP) for England is an annual record of height and weight measurements of children attending state maintained schools. Measurements are taken when children are in Reception (4-5 years) and Year 6 (10-11 years). The programme was launched in 2005/06, and now holds reliable data from the 2006/07 to the 2018/19 school year.

The NCMP uses the British 1990 (UK90) growth reference to assign each child a body mass index (BMI) centile whilst taking into account weight, height, age and gender. The prevalence of children in a BMI classification is calculated by dividing the number of children in that BMI classification by the total number of children measured and multiplying the result by 100.

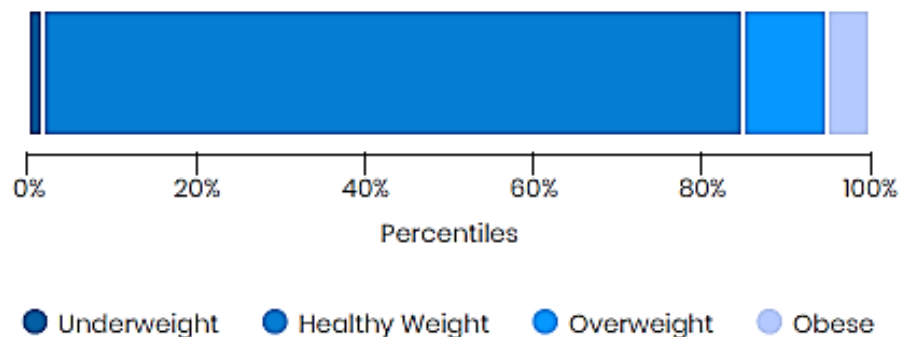
Children are grouped using the following thresholds:

- **Underweight:** up to the 2nd BMI centile;
- **Healthy weight:** between the 2nd and 85th BMI centile;
- **Overweight:** between the 85th and 95th BMI centile;
- **Obese:** at or above the 95th BMI centile.

In addition to the four classifications above, two further measures are reported:

- **Overweight and obese combined:** children measured as overweight or obese (often referred to as prevalence of “excess weight”);
- **Severely obese:** at or above the 99.6th BMI centile.

Population classifications used in the NCMP:



Participation rates in 2018/19

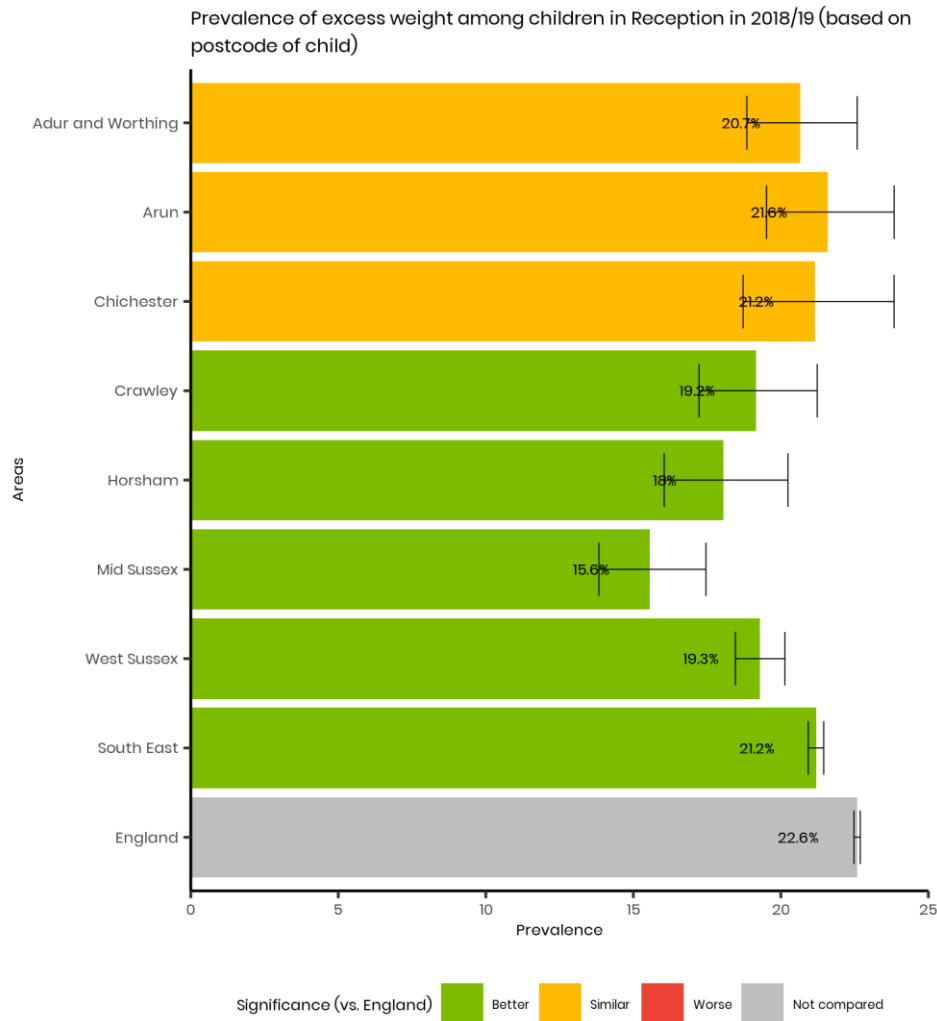
In 2018/19, participation rates were 94.1% of reception children and 90.4% of Year 6 children in West Sussex.

Standard 2: Promoting healthy eating and maintaining a healthy weight

Prevalence of Overweight and Obesity (excess weight)

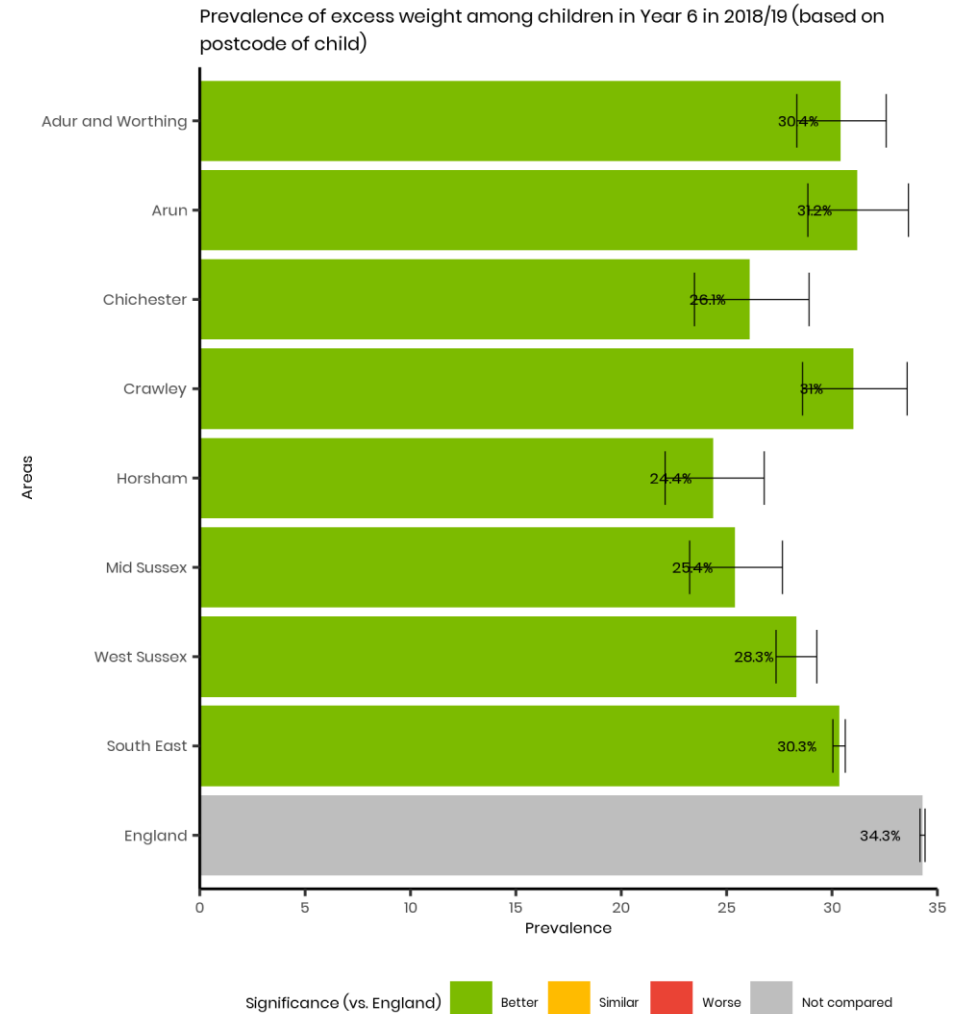
Reception:

In 2018/19, 15.6% of reception children in Mid Sussex were classified as overweight or obese. This is **lower than** England (22.6%).



Year 6:

For children in year 6, 25.4% were classified as overweight or obese in Mid Sussex. This is **lower than** England (34.3%).

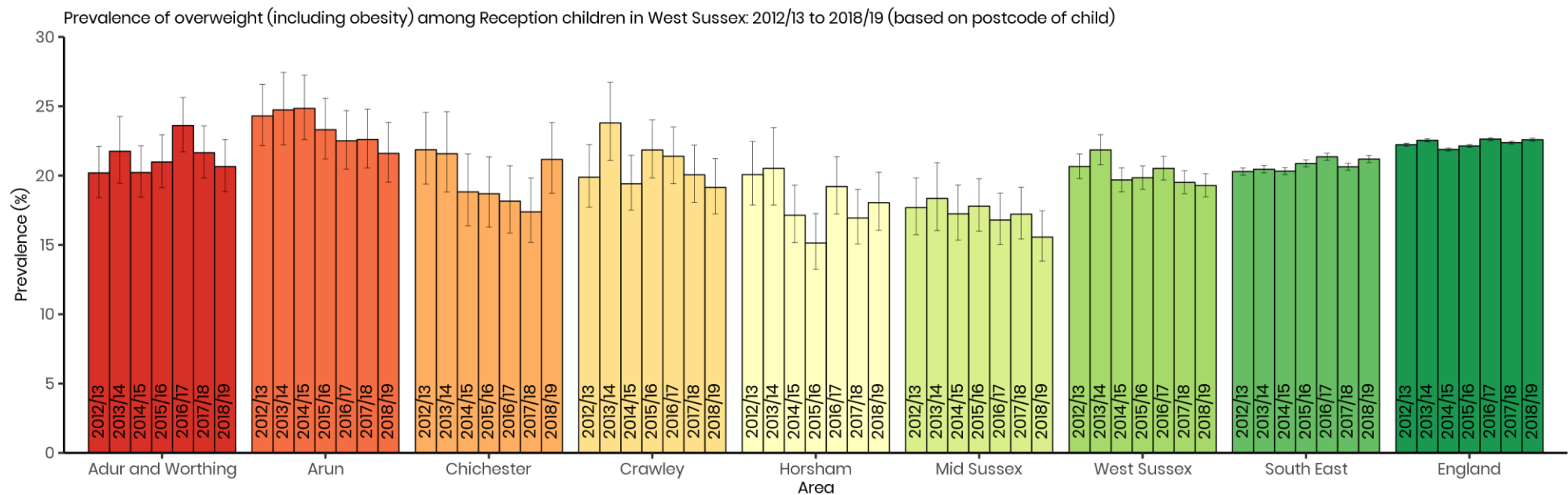


Standard 2: Promoting healthy eating and maintaining a healthy weight

Reception: Prevalence of Excess Weight and Obesity

In Mid Sussex, prevalence of excess weight among reception children has **not changed hugely** over time.

Geography	Total measured	Excess weight (overweight including obese)					Obese only				
		Count	%	LCI	UCI	Sig. vs England	Count	%	LCI	UCI	Sig. vs England
Adur and Worthing	1,801	372	20.7	18.8	22.6	Similar	148	8.2	7.0	9.6	Better
Arun	1,389	300	21.6	19.5	23.8	Similar	128	9.2	7.8	10.9	Similar
Chichester	978	207	21.2	18.7	23.8	Similar	78	8.0	6.4	9.8	Similar
Crawley	1,483	284	19.2	17.2	21.2	Better	121	8.2	6.9	9.7	Similar
Horsham	1,291	233	18.0	16.0	20.2	Better	77	6.0	4.8	7.4	Better
Mid Sussex	1,536	239	15.6	13.8	17.5	Better	89	5.8	4.7	7.1	Better
West Sussex	8,478	1,635	19.3	18.5	20.1	Better	641	7.6	7.0	8.1	Better
South East	94,129	19,946	21.2	20.9	21.5	Better	8,030	8.5	8.4	8.7	Better
England	597,812	135,020	22.6	22.5	22.7	Not compared	57,869	9.7	9.6	9.8	Not compared

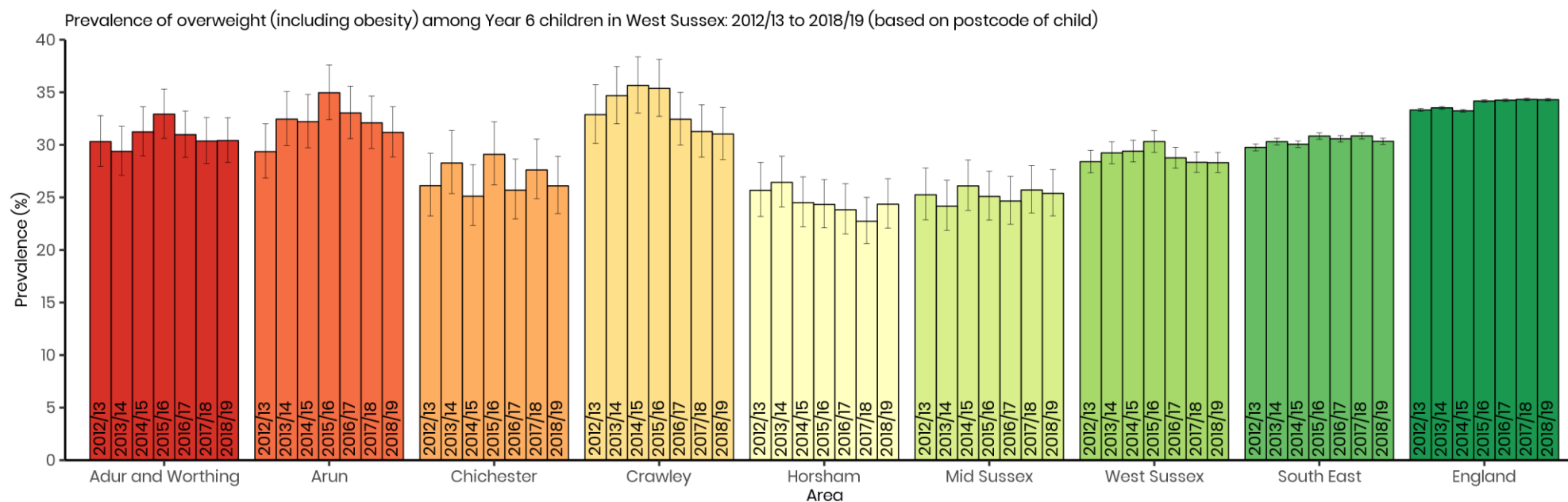


Standard 2: Promoting healthy eating and maintaining a healthy weight

Year 6: Prevalence of Excess Weight and Obesity

In Mid Sussex, prevalence of excess weight among year 6 children has **not changed** over time.

Geography	Total measured	Excess weight (overweight including obese)					Obese only				
		Count	%	LCI	UCI	Sig. vs England	Count	%	LCI	UCI	Sig. vs England
Adur and Worthing	1,802	548	30.4	28.3	32.6	Better	292	16.2	14.6	18.0	Better
Arun	1,446	451	31.2	28.9	33.6	Better	252	17.4	15.6	19.5	Better
Chichester	1,000	261	26.1	23.5	28.9	Better	127	12.7	10.8	14.9	Better
Crawley	1,331	413	31.0	28.6	33.6	Better	221	16.6	14.7	18.7	Better
Horsham	1,277	311	24.4	22.1	26.8	Better	134	10.5	8.9	12.3	Better
Mid Sussex	1,497	380	25.4	23.2	27.6	Better	187	12.5	10.9	14.3	Better
West Sussex	8,353	2,364	28.3	27.3	29.3	Better	1,213	14.5	13.8	15.3	Better
South East	94,174	28,568	30.3	30.0	30.6	Better	15,833	16.8	16.6	17.1	Better
England	600,449	205,923	34.3	34.2	34.4	Not compared	121,409	20.2	20.1	20.3	Not compared



Standard 3: Promoting physical activity in children and young people

There is limited information about levels of physical activity among children, with most data drawn from national or local surveys.

West Sussex Health and Happiness Survey 2017/18

A Health and Happiness Survey of year 6 pupils was conducted by the Public Health and Social Research Unit (West Sussex County Council) in 2017/18*. The survey aimed to find out about various aspects of children's lives such as their health, happiness, strengths and emotional wellbeing.

Around 1,200 year 6 pupils from schools across West Sussex took part in the survey. The full report can be found [here](#).

Physical Activity

Approximately 10% of year 6 pupils responding to questions on exercise met the recommended level of at least 60 minutes of physical activity every day of the week.

The vast majority of pupils thought that they were moderately (48.4%) or very active (49.4%). Boys were more likely to consider themselves to be "very active" (55%) than girls (45%).

**Note that this is a different survey from the year 5 survey delivered as part of the Healthy Child Programme.*

What About YOUth Survey 2014

The What About YOUth Survey is a national survey that collects data at local authority level on the health behaviours of 15 year olds. The survey includes topics such as information on general health and wellbeing, physical activity, smoking, drinking and bullying. The first survey was completed in 2014.

In West Sussex, 15.1% of 15-year olds who responded to the survey said that they were physically active for a total of at least 60 minutes every day in the past 7 days. This is **similar** to England (13.9%).

For more information and data from the What About YOUth survey, visit the [Child Health Profiles](#) on the [Public Health England Fingertips](#) website.

Standard 4: Improving the oral health of children and young people

The Oral Health Survey

The Oral Health Survey aims to measure the prevalence and severity of dental caries among children and young people within each lower-tier local authority. A number of surveys have been completed with children of varying ages, the most recent of which are:

- 3-year olds in 2012/13
- 5-year olds in 2016/17
- 12-year olds in 2008/09

A sample of children was examined within each local authority in England, and the number of decayed missing, or filled teeth (DMFT) were assessed. These surveys provide an indication of oral health in West Sussex.

3-year olds

The most recent Oral Health Survey of 3-year old children was carried out in 2012/13. The sampling method was primary through local authorities, creating a sample of children from a range of different childcare institutions. The dental examination required parental consent, and the samples collected represented 8% of the population of that age group.

At a national level, 12% of children surveyed had obvious decay; however this figure varied across regions. In West Sussex, the number of children surveyed was less than 1% of the population and the data collected was from Arun, Chichester and Worthing only. The eventual figure for West Sussex of 3.5% of children with early childhood caries is relatively low. However, the very small sample size of the data collected from West Sussex was not comprehensive enough to give a truly accurate figure of the prevalence of dental decay in children aged 3.

5-year olds

For more information on the 2016/17 Oral Health Survey of 5-year olds see the [report](#) produced by PHE.

In Mid Sussex, 89.4% of 5-year old children surveyed were free from obvious dental decay; this is **higher** than England. In West Sussex, 85.0% of 5-year old children surveyed were free from decay, a **higher** proportion than England.

The proportion of 5-year old children in England who were free from visually obvious dental decay was 76.7%. Children living in the most deprived 20% of areas in England had higher levels of decay (33.7% with decay experience) than those from the least deprived 20% (13.6%).

Proportion of 5-year old children surveyed free from obvious dental decay, and mean number of decayed, missing, or filled teeth (dmft) by local authorities in West Sussex (2016/17)

Area	Number examined	Free from decay			Decayed, missing or filled teeth (DMFT)		
		%	LCI	UCI	Average	LCI	UCI
Adur	51	75.1%	61.8%	85.0%	0.36	0.20	0.52
Arun	127	79.5%	71.7%	85.6%	0.62	0.35	0.90
Chichester	31	76.7%	59.4%	88.1%	1.35	0.00	2.72
Crawley	130	82.0%	74.5%	87.6%	0.60	0.29	0.91
Horsham	48	95.6%	85.7%	98.7%	0.15	0.00	0.40
Mid Sussex	110	89.4%	82.3%	93.9%	0.23	0.08	0.39
Worthing	134	86.6%	79.8%	91.3%	0.30	0.15	0.46
West Sussex	631	85.0%	82.0%	87.5%	0.44	0.32	0.55
South East	12,997	83.6%	83.0%	84.2%	0.53	0.50	0.56
England	96,005	76.7%	76.4%	77.0%	0.78	0.77	0.79

Standard 4: Improving the oral health of children and young people

12-year olds

For children aged 12, the most recent oral health survey was conducted back in 2008/09.

In England, two-thirds of 12-year old children surveyed were free from obvious dental decay.

In Mid Sussex, the proportion of 12-year old children free from dental decay was **significantly higher** than England. 84.0% of 12-year olds surveyed in Mid Sussex were free from obvious dental decay.

Proportion of 12-year old children surveyed free from obvious dental decay, and mean number of decayed, missing, or filled teeth (dmft) by local authorities in West Sussex (2008/09)

Area	Number examined	Free from decay			Decayed, missing or filled teeth (DMFT)		
		%	LCI	UCI	Average	LCI	UCI
Adur	71	63.3%	52.2%	74.4%	0.56	0.34	0.79
Arun	136	75.1%	67.9%	82.4%	0.64	0.35	0.93
Chichester	123	75.1%	67.5%	82.8%	0.58	0.34	0.81
Crawley	138	67.9%	60.0%	75.9%	0.55	0.38	0.73
Horsham	154	73.9%	67.0%	80.9%	0.45	0.31	0.59
Mid Sussex	99	84.0%	76.9%	91.2%	0.26	0.12	0.39
Worthing	91	66.2%	56.9%	75.6%	0.60	0.39	0.81
West Sussex	812	73.3%	70.3%	76.3%	0.50	0.43	0.57
South East	15,170	72.6%	71.9%	73.3%	0.56	0.54	0.57
England	89,442	66.4%	66.1%	66.7%	0.74	0.73	0.75

Standard 4: Improving the oral health of children and young people

Hospital admissions for tooth extractions

The data here shows the number of hospital admissions of children and young people for extraction of one or more primary or permanent teeth. The data are taken from the Hospital Episode Statistics (HES) dataset which records inpatient care from NHS hospitals across England. The majority of these extractions could have been avoided with better dental care and dentist interventions.

Note. These figures are likely to underestimate the true number of tooth extractions carried out in some areas of West Sussex as this does not include extractions that take place at the Community Dental Service (despite being co-located on hospital premises).

In Mid Sussex – counts are small among specific age groups (particularly under 5s) which prevents reporting of total extractions for all children aged 0-19 (due to disclosure through differencing). In 2018/19, 31% of extractions admissions in Mid Sussex were caries-related extractions.

Number of admissions for tooth extractions among children and young people aged 0-19, and proportion of 0-19 population (2016/17 to 2018/19)

Area	2016/17				2017/18				2018/19			
	0 to 19 MYE	Number of admissions	Proportion of population	% caries-related	0 to 19 MYE	Number of admissions	Proportion of population	% caries-related	0 to 19 MYE	Number of admissions	Proportion of population	% caries-related
Adur and Worthing	37,911	-	-	40%	37,936	-	-	43%	38,013	-	-	56%
Arun	31,100	-	-	28%	31,266	-	-	28%	31,462	-	-	29%
Chichester	24,715	-	-	29%	24,953	-	-	33%	24,769	-	-	31%
Crawley	28,955	88	0.30	44%	29,131	87	0.30	43%	29,407	102	0.35	44%
Horsham	31,635	88	0.28	24%	31,614	-	-	16%	31,974	-	-	21%
Mid Sussex	35,294	114	0.32	29%	35,490	125	0.35	37%	35,691	-	-	31%
West Sussex	189,610	563	0.30	33%	190,390	516	0.27	34%	191,316	505	0.26	37%
South East	2,148,531	7,753	0.36	45%	2,156,649	7,133	0.33	40%	2,167,219	Data unavailable		
England	13,106,976	61,301	0.47	64%	13,169,095	59,314	0.45	65%	13,241,287			

*Note - Revised mid-year estimates used here. As a result, estimates may differ slightly from published data. Primary diagnosis code of K021, K025, K028, K029, K040, K045, K046 and K047 used to identify caries-related extractions.

Counts/proportions are not provided where counts are small for specific age groups. This follows the disclosure rules for small counts used in the national release.

Source: 2018/19 data is sourced from local analysis of hospital episode statistics and is preliminary. Prior years are sourced from [PHE](#).

Standard 5 + 6: Improving the emotional health, wellbeing and resilience of children and young people

Hospital admissions for mental health disorders per 100,000 population aged 0-17

This data presents the crude inpatient admission rate for mental health disorders per 100,000 population aged 0-17. This is defined as first finished episodes for persons aged 0-17 years with a primary diagnosis of mental and behavioural disorders (in the International Classification of Disease (ICD 10). This data has been pooled over 3 years (2016/17 to 2018/19) due to small annual counts.

Caveats: Data refer to episodes of admissions rather than persons. The same person may be admitted to hospital for mental health disorders multiple times in one year. These will be recorded as separate admissions. Data is not available for England or the South East as these geographies have not been extracted from HES.

For all areas, the crude rate of hospital admissions for children and young people for mental health disorders **does not differ significantly** from West Sussex. Confidence intervals are wide for this indicator due to small counts at these geographies.

Hospital admissions for children and young people aged 0-17 for mental health conditions in Early Help areas of West Sussex (pooled data for 2016/17 to 2018/19)

Area	Population aged under 18 (2016 to 2018 MYE)	Number of admissions (2016/17 to 2018/19)	Crude rate per 100,000	95% LCI	95% UCI
Adur and Worthing	103,705	90	85.8	68.9	105.6
Arun	85,060	75	87.0	68.3	109.2
Chichester	65,950	50	78.8	58.9	103.4
Crawley	80,800	45	56.9	41.7	75.9
Horsham	86,800	55	64.5	48.7	83.8
Mid Sussex	97,620	80	79.9	63.2	99.7
West Sussex	519,940	395	76.0	68.7	83.8

Note. Mid-year estimates for 2016 to 2018 were used for the 0-17 population

Source: local analysis of Hospital Episode Statistics. Counts rounded to nearest 5 (rates are based on unrounded counts)

Standard 5 + 6: Improving the emotional health, wellbeing and resilience of children and young people

Emergency hospital admissions for self-harm among children and young people aged 10-24 years

The following data relates to emergency hospital admissions for self-harm. This is defined as: emergency hospital admissions for intentional self-harm identified by external cause codes (ICD10 codes X60 to X84). This is a count of first finished consultant episodes (FCEs) with an external cause of intentional self-harm and an emergency admission method. The number of emergency admissions for self-harm among children and young people (aged 10-24) is given in the table below. Rates are directly age standardised (DSR) using the European Standard Population 2013. This allows for comparisons across areas with different age structures.

Caveats: Data refer to episodes of admissions rather than the number of persons admitted. This is because the same individual may be admitted multiple times in one year, with each admission counted separately. Indicators based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence. This does not include presentations to A&E that do not result in admission. Data has not yet been released for 2018/19 by PHE at regional or national level so comparisons with these geographies cannot currently be made.

This data does not show the full extent of self-harm in West Sussex, as many instances do not require (or seek) medical attention. Instead, this data represents those self-harm events that are severe enough to require hospital admission. This is the tip of the iceberg of the true burden of self-harm.

The rate of self-harm admissions among young people in West Sussex has **significantly exceeded England** for a number of years.

In Mid Sussex, the directly age standardised rate of emergency hospital admissions for self-harm among children and young people (aged 10-24) was **similar** to West Sussex in 2018/19.

Number and directly standardised rate (per 100,000 10-24 year olds) of emergency hospital admissions for self-harm among children and young people (aged 10-24) by early help area in West Sussex (2018/19)

Areas	Self-harm admissions	Mid-year population (10-24s) 2018	DSR per 100,000	95% confidence levels	
				Lower CI	Upper CI
Adur and Worthing	150	25,765	596.0	503.9	699.9
Arun	195	22,200	906.0	783.7	1042.0
Chichester	120	18,990	646.1	536.1	772.0
Crawley	75	18,925	394.7	309.4	496.2
Horsham	85	22,335	405.4	322.8	502.3
Mid Sussex	170	23,505	774.3	659.6	903.0
West Sussex	795	131,715	625.4	582.5	670.7

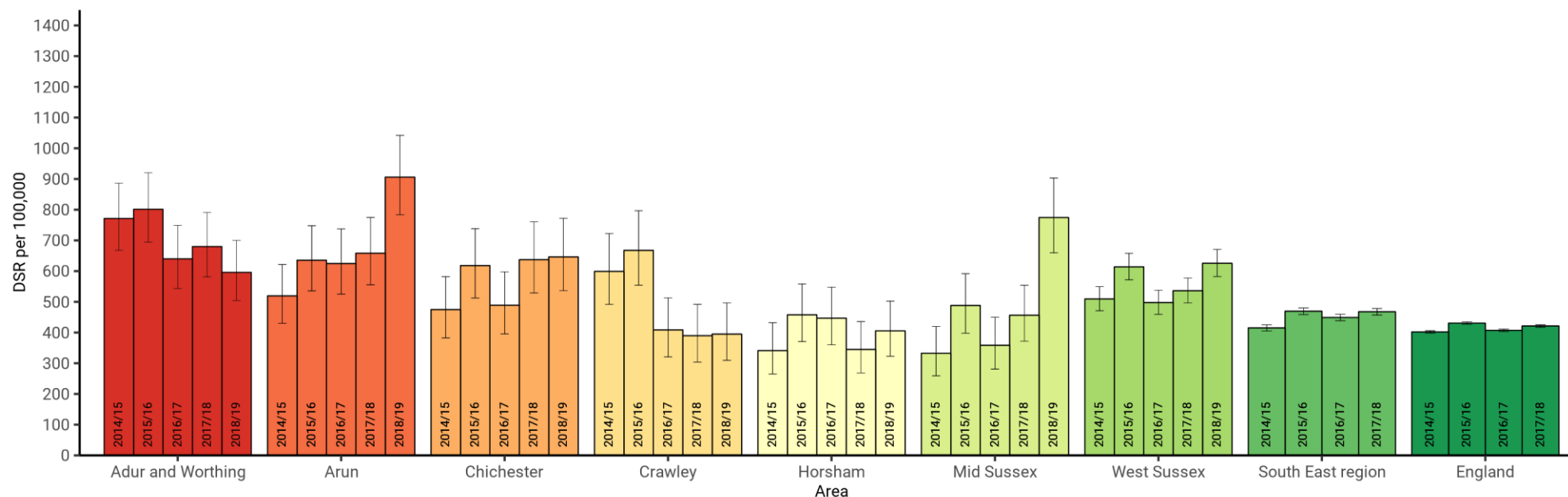
Source: Local level analysis of Hospital Episode Statistics (NHS Digital)

Note. Data for 2018/19 is preliminary. Colours show comparison with West Sussex. Data for West Sussex will be published by PHE as part of the Public Health Outcomes Framework. Counts may vary slightly due to differences in extraction from HES database. Counts rounded to nearest 5. Rates are based on unrounded counts.

Standard 5 + 6: Improving the emotional health, wellbeing and resilience of children and young people

In Mid Sussex, the rate of emergency hospital admissions for self-harm in 2018/19 was **significantly higher** than in previous years.

Directly age standardised rate (DSR) of emergency hospital admissions for self-harm among young people aged 10-24 in West Sussex (per 100,000 aged 10-24); 2014/15 to 2018/19



Source: Local analysis of Hospital Episode Statistics (NHS Digital). Variation in rates from published data may reflect differences in extraction method from HES and the base population used.

Standard 5 + 6: Improving the emotional health, wellbeing and resilience of children and young people

What About YOUth Survey 2014

The What About YOUth Survey is a national survey that collects data at local authority level on the health behaviours of 15-year olds. The survey includes topics such as information on general health and wellbeing, physical activity, smoking, drinking and bullying. The first survey was completed in 2014.

The impact emotional health and wellbeing can have on other aspects of life is well acknowledged. Wellbeing can influence learning and development as well as physical, social and emotional health among young people.

In West Sussex:

- 59.0% of 15-year olds who responded to the survey said that they had been bullied in the past couple of months, a **significantly higher** proportion than England (55.0%).
- 9.9% of 15-year olds in West Sussex said that they had bullied others in the past couple of months, **similar** to the national estimate (10.1%)
- The average score on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was **significantly lower** than the national average (46.8 in West Sussex compared with 47.6 nationally). WEMWBS is a validated measure of mental wellbeing in the general population.

For more information and data from the What About YOUth survey, please visit the [Child Health Profiles](#) on the [Public Health England Fingertips](#) website.

West Sussex Health and Happiness Survey 2017/18

A Health and Happiness Survey of year 6 pupils was conducted by the Public Health and Social Research Unit (West Sussex County Council) in 2017/18*. The survey aimed to find out about various aspects of children's lives such as their health, happiness, strengths and emotional wellbeing.

Around 1,200 year 6 pupils from schools across West Sussex took part in the survey. The full report can be found [here](#).

Wellbeing


- Fourteen percent of West Sussex children completing the survey fell into the category "struggling" on the Cantril ladder, a self-reported wellbeing scale. A further 6% were in the category "suffering". Poor diet, inactivity and being overweight were more prevalent among those in the "suffering" group.
- Twelve percent of children said they "rarely" or "never" do anything which gives them a sense of achievement.

**Note that this is a different survey from the year 5 survey delivered as part of the Healthy Child Programme.*

Your life

Here is a picture of a ladder. The top step of the ladder is 10 and is the best possible life for you. The bottom step of the ladder is 0 and is the worst possible life for you. In general, which step on the ladder do you feel you are standing on at the moment?

Please circle one number.



Standard 7: Improving perinatal mental health and emotional health of parents and carers

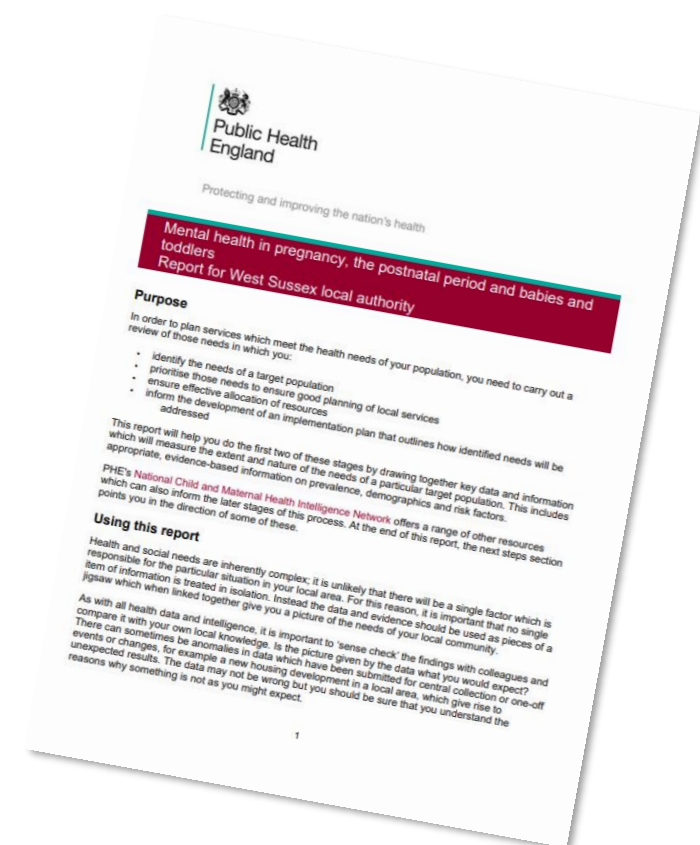
SystmOne

The data recorded on maternal mental health in SystmOne is limited. Currently, data states whether a maternal mood assessment has been carried out, but does not provide information on the outcome of the review (i.e. was a mother identified as at risk? what follow up was provided?). Ways to improve how data on maternal mental health is recorded is being explored.

Perinatal Mental Health Profile

Public Health England maintains a profile on perinatal mental health. This includes local authority level data on risk factors for mental health problems during the perinatal period, as well as prevalence estimates based on a national survey. For example, it was estimated that 600-700 women in West Sussex may have mild-moderate depressive illness and anxiety in the perinatal period (national survey data applied to local maternal episodes for 2017/18).

For more information see the [Perinatal Mental Health Profile](#) on the Fingertips website.



Standard 8: Improving children's speech, language, communication and readiness for school

Early years foundation stage profile 2018/19

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which the child turns 5 (the early years foundation stage). The EYFS comprises three prime areas of development:

1. Communication and language
2. Physical development
3. Personal, social and emotional development

It also comprises 4 specific areas of learning:

1. Literacy development
2. Mathematics
3. Understanding the world
4. Expressive arts and design.

Within the prime and specific areas, there are 17 early learning goals.

Teacher assessments summarise each child's achievement against the 17 early learning goals as emerging, expected or exceeding. The data (right) presents the proportion of children achieving a good level of development (considered "ready for school"). A good level of development is defined as achieving at least the expected level in the prime areas of learning and in the specific areas of literacy and mathematics.

Results:

In Mid Sussex, the proportion of pupils achieving a good level of development in 2018/19 was **similar** to England.

Number and proportion of children with a Good Level of Development (GLD) on the Early Years Foundation Stage Profile (EYFSP): 2018/19

Area	Number of eligible pupils	Good level of development			
		Number	%	95% confidence levels	
				lower	upper
Adur and Worthing	1,901	1,375	72.3	70.3	74.3
Arun	1,476	1,037	70.3	67.9	72.5
Chichester	1,111	817	73.5	70.9	76.0
Crawley	1,556	1,078	69.3	66.9	71.5
Horsham	1,456	1,072	73.6	71.3	75.8
Mid Sussex	1,698	1,240	73.0	70.9	75.1
West Sussex	9,198	6,619	72.0	71.0	72.9
South East	102,309	76,339	74.6	74.3	74.9
England	638,946	458,815	71.8	71.7	71.9

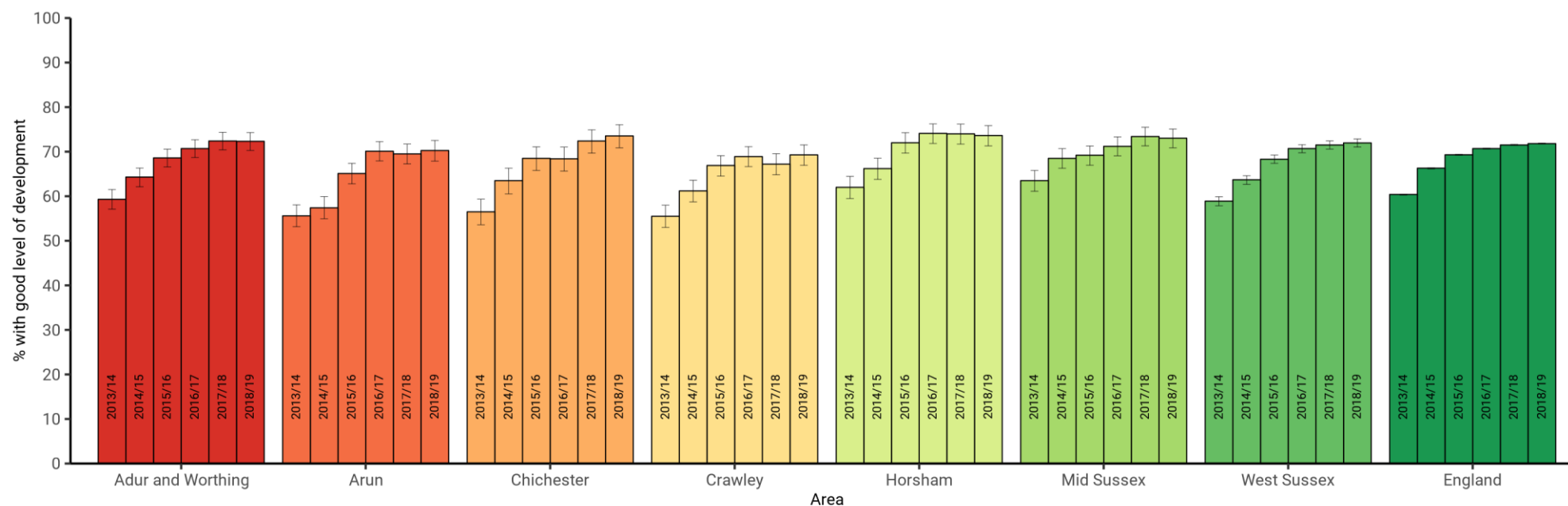
Note. Based on pupil residence not local authority of submission (may differ from alternative publications as a result). Confidence intervals calculated using Wilson score method.

Source: [DfE Early Years Foundation Stage Profile results: 2018 to 2019](#) – EYFSP pupil characteristics 2019 additional tables: underlying data

Standard 8: Improving children's speech, language, communication and readiness for school

The proportion of pupils with a good level of development at the end of the Early Years Foundation Stage has improved in all areas of West Sussex, although the rate of improvement has been slower in recent years.

Proportion of children with a good level of development (GLD) on the Early Years Foundation Stage Profile (EYFSP) in West Sussex (2013/14 to 2018/19) – based on residence of the pupil

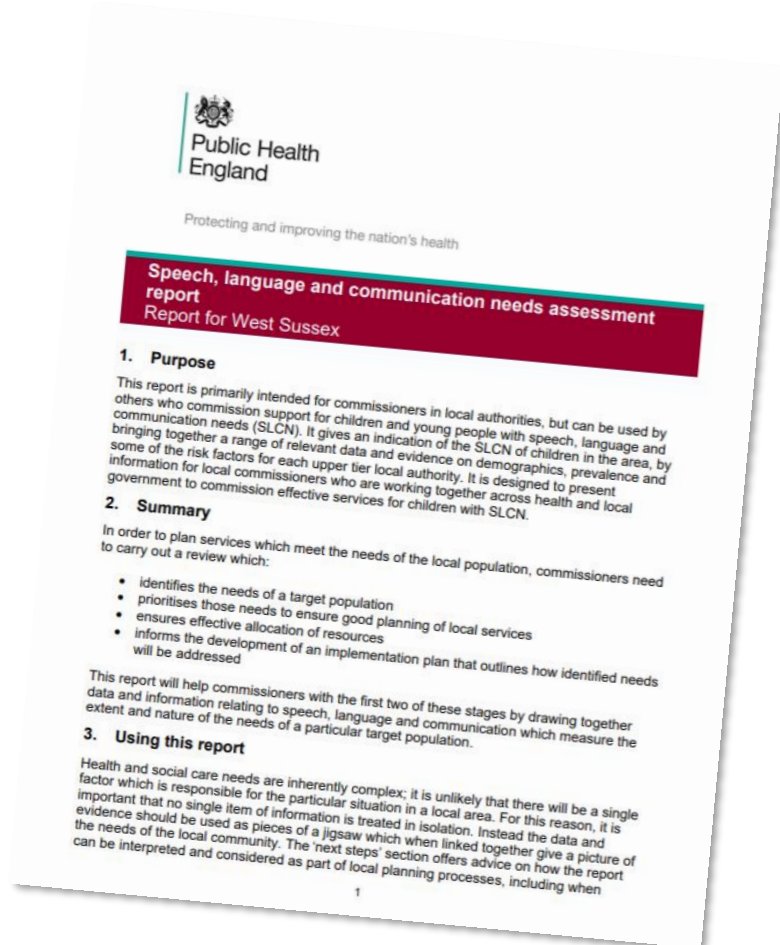


Standard 8: Improving children's speech, language, communication and readiness for school

Speech, Language and Communication

PHE have produced speech, language and communication needs assessment reports for local authorities in England. These bring together data on demographics, prevalence and risk factors to give an indication of SLCN of children in West Sussex.

For more information see the [report](#) on the PHE Child Health Profile.



Special Educational Needs

The [Department for Education](#) releases local statistics annually on special educational needs using the school census. This also includes the primary type of need that pupils with SEN have.

In January 2019:

- Speech, language and communication needs was the **most common** primary type of need among primary school pupils with SEN in West Sussex (32.9%)
- 16.0% of secondary school pupils had SLCN as a primary need in West Sussex. This was the third most common primary need after specific or moderate learning difficulties
- 15.7% of pupils at special schools had SLCN as a primary need in West Sussex

Number of pupils with SEN (SEN support or EHC plan) in West Sussex and number and proportion with Speech, Language and Communications needs (SLCN) as a primary need (January 2019)

January 2019	Pupils with an EHC Plan or SEN support		SEN pupils with SLCN as a primary need	
	Number	% of all pupils	Number	% of pupils with SEN
State-funded primary	9,653	14.8%	3,178	32.9%
State-funded secondary	7,574	16.2%	1,209	16.0%
Special schools	1,865	100.0%	292	15.7%

Source: DfE: [Special Educational Needs in England: January 2019](#)

Standard 9: Promoting sexual health, reducing teenage conceptions and supporting young parents

Uptake of long-acting reversible contraception among women aged <25 who are using sexual and reproductive health (SRH) services

Long-acting reversible contraceptives (LARC) are effective and do not require daily compliance as with the pill and are less costly than condoms. This data presents the proportion of women aged under 25 in contact with sexual and reproductive health services who choose LARC (excluding injections) as their main method of contraception.

Judgments (red-amber-green arrows/statements) have not been applied to this indicator as the intention is to encourage choice rather than to promote LARC at the expense of other contraceptive methods.

Number and proportion of women (aged under 25) attending sexual and reproductive health services choosing LARC (excluding injections) as main method of contraception: 2018

Area	Number of women < 25 choosing LARC	Number of women with a recorded main method of contraception	% of < 25s choosing LARC	95% confidence level	
				Lower	Upper
Adur and Worthing	278	1,469	18.9	17.0	21.0
Arun	218	1,156	18.9	16.7	21.2
Chichester	182	1,069	17.0	14.9	19.4
Crawley	189	944	20.0	17.6	22.7
Horsham	175	792	22.1	19.3	25.1
Mid Sussex	110	497	22.1	18.7	26.0
West Sussex	1,152	5,927	19.4	18.4	20.5
South East region	13,231	53,261	24.8	24.5	25.2
England	94,041	373,453	25.2	25.0	25.3

Source: PHE, [Sexual and Reproductive Health Profiles](#)

The West Sussex Public Health and Social Research Unit conducted a [sexual health needs assessment](#) in 2018/19. Key recommendations relating to young people include:

- Increased detection for chlamydia to meet recommended PHE target
- Ensure that clinic hours continue to meet the needs of young people
- Maintain outreach efforts that promote and normalise the service so that young people in need of treatment and advice know where to access this
- Monitor the effectiveness of the pilot fast-track pathway for Children Looked After

Standard 9: Promoting sexual health, reducing teenage conceptions and supporting young parents

Chlamydia Detection Rates

Chlamydia is the most commonly diagnosed sexually transmitted infection in England. Chlamydia detection rates are a measure of chlamydia control activity aimed at reducing reproductive sequelae of chlamydia infection and transmission.

An increased detection rate indicates increased control activity, and is not a measure of morbidity.

Public Health England recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. As such, values are benchmarked against this goal:

- **High detection rate:** $\geq 2,300$ per 100,000
- **Mid-range detection rate:** between 1,900 and 2,300 per 100,000
- **Low detection rate:** $< 1,900$ per 100,000

In Arun, chlamydia detection rate was **low** ($< 1,900$ per 100,000) for males, females and persons and in 2018.

Rate of chlamydia detection per 100,000 young people aged 15-24 in West Sussex local authorities, by sex (2018)

Area	Females aged 15-24					Males aged 15-24					Persons aged 15-24				
	Count	N	Value	LCI	UCI	Count	N	Value	LCI	UCI	Count	N	Value	LCI	UCI
Adur and Worthing	173	7,849	2204.1	1887.9	2558.1	107	8,560	1250.0	1024.4	1510.5	280	16,409	1706.4	1512.3	1918.4
Arun	163	7,075	2303.9	1963.8	2686.0	86	7,556	1138.2	910.4	1405.6	249	14,631	1701.9	1497.0	1926.9
Chichester	155	6,199	2500.4	2122.3	2926.5	72	6,737	1068.7	836.2	1345.9	227	12,936	1754.8	1533.9	1998.5
Crawley	126	5,512	2285.9	1904.2	2721.7	75	6,225	1204.8	947.7	1510.3	201	11,737	1712.5	1484.0	1966.4
Horsham	98	6,726	1457.0	1182.9	1775.7	52	7,003	742.5	554.6	973.7	151	13,729	1099.9	931.4	1289.9
Mid Sussex	83	6,697	1239.4	987.1	1536.4	44	7,428	592.4	430.4	795.2	127	14,125	899.1	749.6	1069.8
West Sussex	798	40,058	1992.1	1856.3	2135.3	436	43,509	1002.1	910.2	1100.7	1,235	83,567	1477.9	1396.6	1562.6
South East	10,998	511,999	2148.1	2108.1	2188.6	5,642	546,769	1031.9	1005.1	1059.2	17,098	1,058,768	1614.9	1590.8	1639.3
England	84,745	3,234,800	2619.8	2602.2	2637.5	45,577	3,412,071	1335.8	1323.5	1348.1	131,269	6,646,871	1974.9	1964.2	1985.6

Source: PHE, [Sexual and Reproductive Health Profiles](#)

Standard 9: Promoting sexual health, reducing teenage conceptions and supporting young parents

Teenage conceptions

West Sussex is an area of low and falling teenage conceptions. For all local authorities in West Sussex, the under-18 conception rate has fallen over time. The table below provides data on the number and rate of teenage conceptions to women aged 15-17. The data indicates the rate of conceptions per 1,000 women aged 15-17 years, **not** the number of births. This data is published annually in spring by the ONS, and there is a delay between recording and release.

In 2017, the rate of teenage conceptions in Mid Sussex is **lower** than the England rate.

Crude rate of conceptions to women aged under 18 (per 1,000 population aged 15-17)

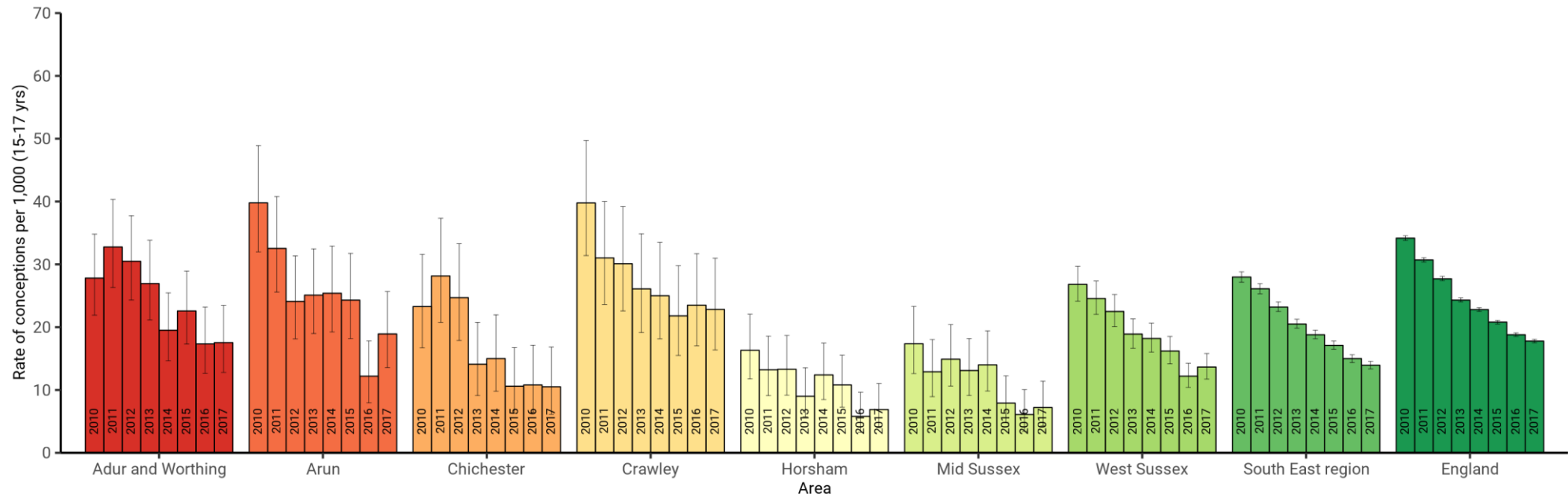
Timeperiod	Mid Sussex						West Sussex						England				
	Count	Denominator	Rate	LCI	UCI	Vs.England	Count	Denominator	Rate	LCI	UCI	Vs.England	Count	Denominator	Rate	LCI	UCI
1998	46	2,328	19.8	26.4	14.5	Lower	464	12,543	37.0	40.5	33.7	Lower	41,089	880,906	46.6	47.1	46.2
1999	58	2,331	24.9	32.2	18.9	Lower	392	12,544	31.3	34.5	28.2	Lower	39,247	877,023	44.8	45.2	44.3
2000	33	2,302	14.3	20.1	9.9	Lower	411	12,469	33.0	36.3	29.9	Lower	38,700	886,839	43.6	44.1	43.2
2001	64	2,358	27.1	34.7	20.9	Lower	407	12,623	32.2	35.5	29.2	Lower	38,461	905,419	42.5	42.9	42.1
2002	56	2,362	23.7	30.8	17.9	Lower	393	12,881	30.5	33.7	27.6	Lower	39,350	920,242	42.8	43.2	42.3
2003	48	2,430	19.8	26.2	14.6	Lower	396	13,466	29.4	32.5	26.6	Lower	39,553	939,091	42.1	42.5	41.7
2004	49	2,467	19.9	26.3	14.7	Lower	405	13,809	29.3	32.3	26.5	Lower	39,593	951,851	41.6	42.0	41.2
2005	65	2,561	25.4	32.3	19.6	Lower	446	14,264	31.3	34.3	28.4	Lower	39,804	960,839	41.4	41.8	41.0
2006	47	2,543	18.5	24.6	13.6	Lower	408	14,343	28.4	31.3	25.8	Lower	39,170	965,101	40.6	41.0	40.2
2007	52	2,569	20.2	26.5	15.1	Lower	430	14,432	29.8	32.7	27.0	Lower	40,366	975,471	41.4	41.8	41.0
2008	64	2,473	25.9	33.0	19.9	Lower	499	14,271	35.0	38.2	32.0	Lower	38,783	977,696	39.7	40.1	39.3
2009	63	2,554	24.7	31.6	19.0	Lower	412	13,997	29.4	32.4	26.7	Lower	35,966	969,078	37.1	37.5	36.7
2010	44	2,535	17.4	23.3	12.6	Lower	370	13,801	26.8	29.7	24.1	Lower	32,552	952,587	34.2	34.5	33.8
2011	34	2,635	12.9	18.0	8.9	Lower	338	13,760	24.6	27.3	22.0	Lower	29,166	949,915	30.7	31.1	30.4
2012	39	2,612	14.9	20.4	10.6	Lower	308	13,668	22.5	25.2	20.1	Lower	26,157	942,717	27.7	28.1	27.4
2013	35	2,677	13.1	18.2	9.1	Lower	260	13,783	18.9	21.3	16.6	Lower	22,830	937,727	24.3	24.7	24.0
2014	36	2,568	14.0	19.4	9.8	Lower	249	13,661	18.2	20.6	16.0	Lower	21,282	933,238	22.8	23.1	22.5
2015	20	2,521	7.9	12.3	4.8	Lower	221	13,619	16.2	18.5	14.2	Lower	19,080	918,011	20.8	21.1	20.5
2016	15	2,460	6.1	10.1	3.4	Lower	162	13,250	12.2	14.3	10.4	Lower	17,014	904,643	18.8	19.1	18.5
2017	18	2,497	7.2	11.4	4.3	Lower	179	13,111	13.7	15.8	11.7	Lower	15,748	885,526	17.8	18.1	17.5

Source: ONS Conceptions Statistics (reproduced from PHE Fingertips website)

Standard 9: Promoting sexual health, reducing teenage conceptions and supporting young parents

The figure below demonstrates a consistent decrease in the rate of conceptions among women under the age of 18 both locally and nationally.

Crude rate of conceptions among women aged under 18 (per 1,000 women aged 15-17 years) in areas of West Sussex (2010 to 2017)



Standard 10: Reducing alcohol and substance misuse

Admissions due to alcohol specific conditions

The data below shows the crude rate of admissions episodes for alcohol specific conditions among people aged under 18. This includes cases where the primary or any of the secondary diagnoses are an alcohol specific code. Alcohol specific conditions include those where alcohol is causally implicated in all cases of the condition, for example, alcohol-induced behavioural disorders or alcohol-related liver cirrhosis.

Caveats: This data is based on admission episodes to hospital for alcohol specific conditions. This counts the number of times that a person has been admitted to hospital in a year with an alcohol specific condition, and not the person themselves. This data does not include those occasions where persons have attended A&E but do not require admission.

In Mid Sussex, the crude rate of admission episodes for alcohol specific conditions (among people under the age of 18) was **not significantly different** from England in 2015/16 to 2017/18.

Crude rate (per 100,000) of hospital admissions for alcohol specific (wholly attributable) conditions among under 18s in Early Help areas of West Sussex (2015/16 to 2017/18)

Area	Female						Male						Persons					
	Count	Denom	Rate	LCI	UCI	Vs England	Count	Denom	Rate	LCI	UCI	Vs England	Count	Denom	Rate	LCI	UCI	Vs England
Adur and Worthing	32	49,759	64.3	44.0	90.8	Higher	13	53,566	24.3	12.9	41.5	Similar	45	103,325	43.6	31.8	58.3	Similar
Arun	16	40,786	39.2	22.4	63.7	Similar	10	43,296	23.1	11.1	42.5	Similar	26	84,082	30.9	20.2	45.3	Similar
Chichester	9	31,489	28.6	13.1	54.3	Similar	11	33,986	32.4	16.1	57.9	Similar	20	65,475	30.5	18.7	47.2	Similar
Crawley	-	37,997	-	-	-	-	-	41,916	-	-	-	-	20	79,913	25.0	15.3	38.7	Similar
Horsham	-	41,923	-	-	-	-	-	44,366	-	-	-	-	28	86,289	32.4	21.6	46.9	Similar
Mid Sussex	17	46,954	36.2	21.1	58.0	Similar	10	49,771	20.1	9.6	37.0	Similar	27	96,725	27.9	18.4	40.6	Similar
West Sussex	114	248,908	45.8	37.8	55.0	Similar	52	266,901	19.5	14.5	25.5	Lower	166	515,809	32.2	27.5	37.5	Similar
South East region	1,135	2,821,515	40.2	37.9	42.6	Similar	739	2,975,312	24.8	23.1	26.7	Similar	1,874	5,796,827	32.3	30.9	33.8	Similar
England	6,828	17,227,900	39.6	38.7	40.6	-	4,782	18,102,190	26.4	25.7	27.2	-	11,610	35,330,090	32.9	32.3	33.5	-

Source: Public Health England, [Local Alcohol Profiles](#) for England. Note “-” denotes small counts.

Admissions due to substance misuse (15-24 years)

Data on hospital admissions for substance misuse is sourced from PHE Fingertips. These include a primary diagnosis of mental and behavioural disorders due to the use of substances (such as opioids, tobacco, cannabinoids etc. – ICD10 codes F11-F19) and poisoning or toxic effect of substances (such as solvents).

In 2015/16-2017/18, there were 221 hospital admissions due to substance misuse in West Sussex; a directly age-standardised rate of 88.7 per 100,000. This does **not differ significantly** from England (87.9 per 100,000).

Standard 11: Promoting smoke free environments and smoking cessation

Smoking during pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.

Smoking at time of delivery

This data relates to 2018/19. The number of mothers who were known to be smokers at the time of delivery is shown as a proportion of all maternities.

Caveats: Counts for local authorities are estimated from counts for CCGs. Counts for CCGs include women resident in the CCG boundary. No further breakdown of residence within each CCG area is available. Therefore, local authorities that are wholly contained within one CCG will have the same prevalence of smoking at time of delivery. For West Sussex, Coastal West Sussex CCG contains Adur, Worthing, Arun and Chichester local authorities, and so the prevalence for these areas is the same. Horsham includes part of Coastal West Sussex CCG and Horsham and Mid Sussex CCG, which is reflected in the different prevalence estimate.

In 2018/19, the proportion of women estimated to be smoking in Mid Sussex was 4.2% (estimated from the prevalence for Horsham and Mid Sussex CCG). This is **significantly lower** than England.

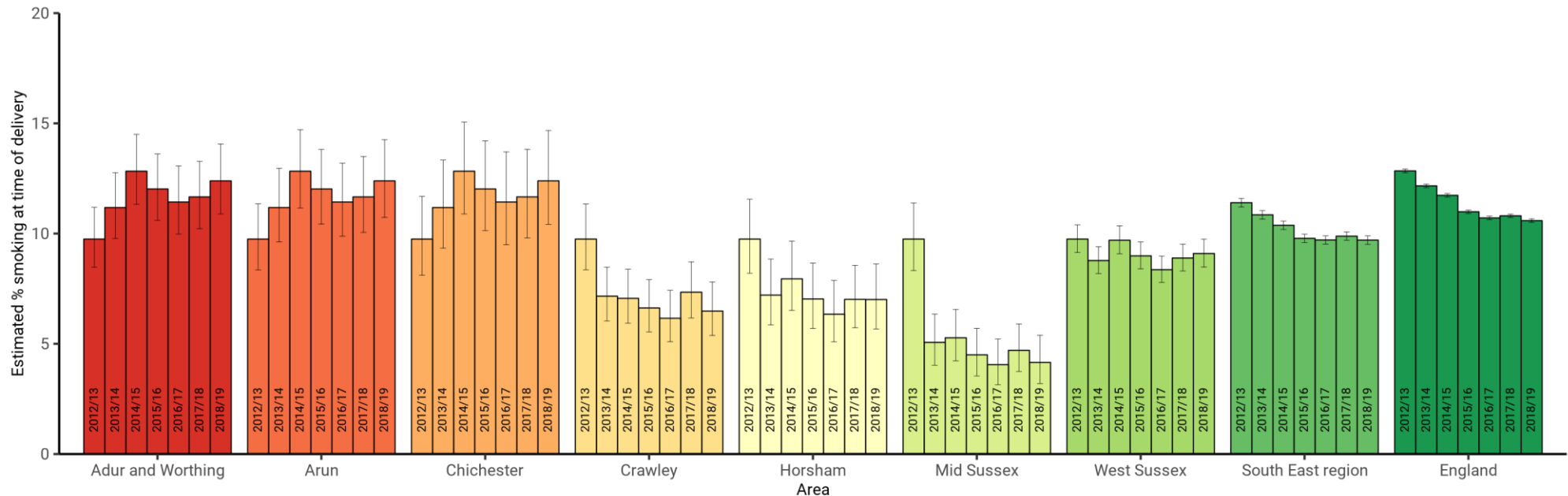
The Number and proportion of women smoking at time of delivery in West Sussex local authorities (2018/19)

Area	Estimated number of women smoking at delivery	Number of maternities	%	95% confidence levels		Vs. England
				Lower	Upper	
Adur and Worthing	206	1,661	12.4	10.9	14.1	Higher
Arun	166	1,342	12.4	10.7	14.3	Higher
Chichester	114	921	12.4	10.4	14.7	Similar
Crawley	103	1,588	6.5	5.4	7.8	Lower
Horsham	81	1,160	7.0	5.7	8.6	Lower
Mid Sussex	54	1,288	4.2	3.2	5.4	Lower
West Sussex	724	7,960	9.1	8.5	9.7	Lower
South East region	8,744	90,121	9.7	9.5	9.9	Lower
England	61,399	579,995	10.6	10.5	10.7	Not compared

Source: Public Health England, [Local Tobacco Control Profiles](#)/PHOF

Standard 11: Promoting smoke free environments and smoking cessation

The proportion of women smoking at time of delivery (derived from CCG estimates): 2012/13 to 2018/19



Smoking among 15 year olds

The What About YOUth? Survey (2014/15) collected data at local authority level on the health behaviours of 15 year olds. The survey includes topics such as general health and wellbeing, physical activity, smoking and drinking and bullying.

In West Sussex, 7.1% of 15 year olds who responded to the survey said that they were regular smokers (i.e. smoking one or more cigarette a week). This **exceeds** the England estimate (5.5%). 10.6% of 15-year olds in West Sussex reported that they were current smokers (i.e. smoke regularly, or sometimes smoke but not as many as one a week), **exceeding** the national estimate (8.2%).

SystemOne

Data from Health Visitors regarding smoking is recorded in SystemOne, although smoking fields are not robustly coded to provide this data at this time.

Standard 11: Promoting smoke free environments and smoking cessation

Smoking prevalence among adults (APS)

Smoking prevalence is a major important cause of preventable ill health and premature mortality. The Annual Population Survey (APS) is a combined survey of households in Great Britain. Its purpose is to provide information on key social and socioeconomic variables between the censuses. Due to sample size limitations, the APS is not available below local authority level. The APS is a national statistic and provides a consistent time series of data.

Participants in the APS were asked two smoking related questions:

1. Have you ever smoked cigarettes regularly? (Yes/No)
2. And do you smoke cigarettes at all nowadays? (Yes/No)

These were used to derive smoking status as “current”, “ex-smoker” or “non-smoker”.

Caveats: self-reported smoking may be prone to respondent bias. The numerator and denominator are based on a sample of the population (completing the APS) and are not true counts. Questions relating to smoking in the APS were changed in 2016. Previously, these questions were: “Have you ever smoked a cigarette, cigar or pipe?”; “Do you smoke cigarettes at all nowadays?” This change has had an impact on the calculation of ex-smokers, which may have been overestimated previously, and has a corresponding impact on “never smoked”. Trends for “ex-smoker” and “never smoked” (not reported here) should be observed with caution.

The rate of current smokers among adults (18+) in West Sussex continues to fall, with an estimated prevalence of 12.5% in 2018. This does **not differ** from the national value (14.4%). Declines in the prevalence of smoking among people in routine and manual occupations have been smaller. The 2018 survey estimates the rate of current smokers in routine and manual occupations at 27.6%. This does **not differ** from England.

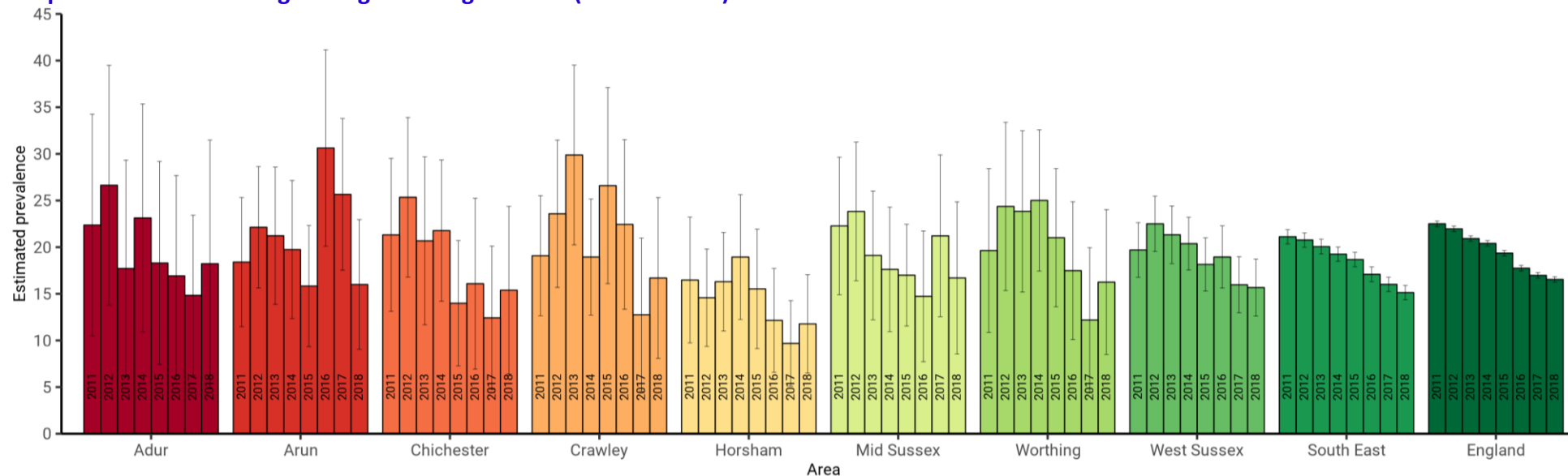
Estimated prevalence of current smokers aged 18+, aged 18-64, and aged 18-64 in routine and manual occupations (2018)

Area	Current smokers (APS) aged 18+			Current smokers (APS) aged 18-64			Current smokers in routine and manual occupations (18-64 yrs)		
	Prevalence	95% CIs		Prevalence	95% CIs		Prevalence	95% CIs	
		LCI	UCI		LCI	UCI		LCI	UCI
Adur	17.7	7.3	28.1	18.2	5.0	31.5	29.8	2.3	57.4
Arun	12.9	8.0	17.8	16.0	9.0	23.0	26.8	12.0	41.6
Chichester	10.8	4.6	17.0	15.4	6.4	24.4	24.1	7.4	40.8
Crawley	14.0	6.6	21.4	16.7	8.1	25.3	29.9	9.4	50.4
Horsham	9.4	5.4	13.5	11.8	6.5	17.0	31.1	14.0	48.3
Mid Sussex	12.6	6.9	18.3	16.7	8.5	24.9	35.9	14.8	57.1
Worthing	13.1	6.9	19.2	16.2	8.5	24.0	15.8	0.4	31.2
West Sussex	12.5	10.3	14.8	15.7	12.6	18.7	27.6	20.5	34.7
South East	12.9	12.3	13.5	15.1	14.4	15.9	25.0	23.1	26.8
England	14.4	14.2	14.7	16.5	16.2	16.8	25.4	24.8	26.0

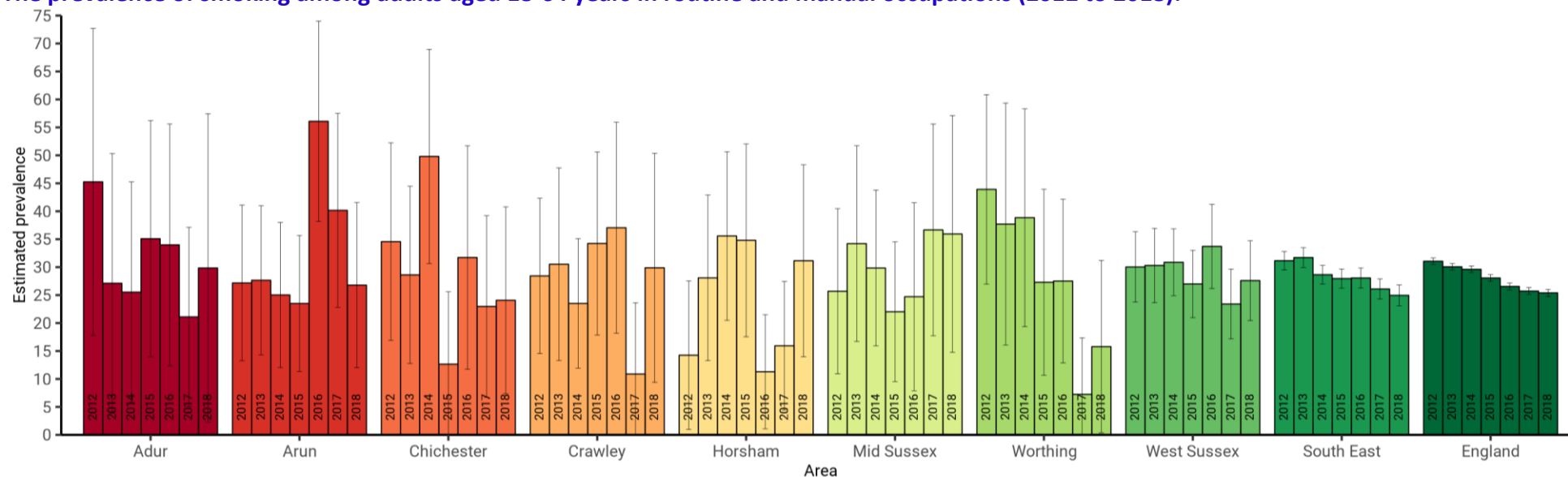
Source: PHE Fingertips; Annual Population Survey

Standard 11: Promoting smoke free environments and smoking cessation

The prevalence of smoking among adults aged 18-64 (2011 to 2018):



The prevalence of smoking among adults aged 18-64 years in routine and manual occupations (2012 to 2018):



Standard 12: Increasing immunisation coverage for children and young people

Immunisations aggregated from GPs

The European Region of the World Health Organisation recommends that on a national basis that at least 95% of children are immunised against diseases preventable by immunisation .

The data for immunisations is split into cohorts: children aged 1, 2 and 5. The following tables show the coverage of childhood vaccinations by cohort (12 months, 24 months and age 5). Proportions are evaluated against the 95% benchmark set by the World Health Organisation.

For more information, see the [complete immunisation schedule](#).

Caveats: This data was aggregated from GPs. The NHS publish immunisation coverage by GP practice annually irrespective of data quality concerns. Q4 of 2018/19 was collected jointly with PHE COVER as part of a pilot. Data quality checks highlighted that some Child Health Information Service (CHIS) providers had children moving in to the area with incomplete vaccination records. This affects reporting of MMR vaccination coverage at age 5 – see the Notes in the data [here](#). It is not known if this had an impact locally.

Where the number of children eligible was less than or equal to two in this release, counts are suppressed in all fields. Counts are also suppressed if the number of children vaccinated is 0 or 1. In both cases, these children will not be included in the following tables.

The coverage for GP practices within each early help area (using postcode of GP surgery) have been combined. Therefore, this relates to the population of the GP practices within each area rather than the residence of the patient. Counts for West Sussex include children whose GP code is unknown (V81999) but CCG is within West Sussex. This equates to fewer than 20 eligible children at 12 months, fewer than 40 eligible children at 24 months, and approx. 110 children at 5 years.

Standard 12: Increasing immunisation coverage for children and young people

12 months: Coverage of childhood immunisations at 12 months by Early Help area (aggregated from GPs) – 2018/19

By 12 months:

- DTaP/IPV/Hib/Hep B (6-in-1 vaccine) – Diphtheria, tetanus, pertussis, polio, disease caused by Haemophilus Influenza type B, hepatitis B*
- Men B – Meningococcal group B
- PCV - Pneumococcal disease
- Rotavirus - Rotavirus gastroenteritis**

Area	DTaP/IPV/Hib/Hep B				Men B			
	N	N eligible	Proportion	Vs. benchmark	N	N eligible	Proportion	Vs. benchmark
Adur and Worthing	1,671	1,765	94.7	Below	1,678	1,765	95.1	Above
Arun	1,382	1,449	95.4	Above	1,385	1,449	95.6	Above
Chichester	880	929	94.7	Below	882	929	94.9	Below
Crawley	1,525	1,618	94.3	Below	1,527	1,618	94.4	Below
Horsham	1,276	1,328	96.1	Above	1,273	1,328	95.9	Above
Mid Sussex	1,515	1,585	95.6	Above	1,520	1,585	95.9	Above
West Sussex (including unmatched)*	8,256	8,695	95.0	Below	8,273	8,695	95.1	Above

Area	PCV				Rotavirus			
	N	N eligible	Proportion	Vs. benchmark	N	N eligible	Proportion	Vs. benchmark
Adur and Worthing	1,680	1,765	95.2	Above	1,632	1,765	92.5	Below
Arun	1,389	1,449	95.9	Above	1,334	1,449	92.1	Below
Chichester	887	929	95.5	Above	859	929	92.5	Below
Crawley	1,534	1,618	94.8	Below	1,461	1,618	90.3	Below
Horsham	1,279	1,328	96.3	Above	1,257	1,328	94.7	Below
Mid Sussex	1,519	1,585	95.8	Above	1,480	1,585	93.4	Below
West Sussex (including unmatched)*	8,295	8,695	95.4	Above	8,029	8,695	92.3	Below

* From autumn 2017, all babies born on or after 1 August 2017 have been eligible for a hexavalent vaccine which protect against six diseases. Hepatitis B is the additional disease that is now also protected against. In 2018/19, children in the 12 month cohort are the first age cohort affected by this change. They will have received either the pentavalent or hexavalent vaccine depending on the date they were vaccinated.

** Unlike other vaccines offered in the primary schedule, opportunities for children to catch up missed doses are limited as it cannot be given beyond six months of age and coverage at 12 month is likely to be lower than other vaccines offered at the same time.

Standard 12: Increasing immunisation coverage for children and young people

24 months: Coverage of childhood immunisations at 24 months by early help area (aggregated from GPs) – 2018/19

By 24 months:

- DTaP/IPV/Hib (5-in-1 vaccine) – Diptheria, tetanus, pertussis, polio and diseases caused by Haemophilus Influenza type B
- Hib/Men C booster – Haemophilus Influenza type B booster and meningococcal group C primary dose
- PCV booster – Pneumococcal disease
- MMR – Measles, mumps and rubella (first dose)

Area	DTaP/IPV/Hib				Hib booster/Men C			
	N	N eligible	Proportion	Vs. benchmark	N	N eligible	Proportion	Vs. benchmark
Adur and Worthing	1,710	1,776	96.3	Above	1,694	1,776	95.4	Above
Arun	1,446	1,514	95.5	Above	1,420	1,514	93.8	Below
Chichester	883	926	95.4	Above	867	926	93.6	Below
Crawley	1,579	1,652	95.6	Above	1,557	1,652	94.2	Below
Horsham	1,376	1,422	96.8	Above	1,364	1,422	95.9	Above
Mid Sussex	1,674	1,758	95.2	Above	1,661	1,758	94.5	Below
West Sussex (including unmatched)*	8,693	9,083	95.7	Above	8,572	9,083	94.4	Below

Area	MMR				PCV booster			
	N	N eligible	Proportion	Vs. benchmark	N	N eligible	Proportion	Vs. benchmark
Adur and Worthing	1,692	1,776	95.3	Above	1,682	1,776	94.7	Below
Arun	1,414	1,514	93.4	Below	1,407	1,514	92.9	Below
Chichester	866	926	93.5	Below	862	926	93.1	Below
Crawley	1,548	1,652	93.7	Below	1,551	1,652	93.9	Below
Horsham	1,360	1,422	95.6	Above	1,362	1,422	95.8	Above
Mid Sussex	1,658	1,758	94.3	Below	1,650	1,758	93.9	Below
West Sussex (including unmatched)*	8,548	9,083	94.1	Below	8,523	9,083	93.8	Below

Standard 12: Increasing immunisation coverage for children and young people

5 years: Coverage of childhood immunisations at 5 years by early help area (aggregated from GPs) – 2018/19

By 5 years:

- DTaP/IPV/Hib (5-in-1 vaccine) – Diphtheria, tetanus, pertussis, polio and diseases caused by Haemophilus Influenza type B
- DTaP/IPV booster (pre-school booster) – Diphtheria, tetanus, pertussis and polio (given to children who have received 3 dose course of 5-in-1 vaccine)
- Hib/Men C – Meningococcal group C
- MMR – Measles, mumps and rubella (dose 1 and dose 2)

Area	DTaP/IPV/Hib				DTaP/IPV booster				Hib booster/Men C			
	N	N eligible	Proportion	Vs. benchmark	N	N eligible	Proportion	Vs. benchmark	N	N eligible	Proportion	Vs. benchmark
Adur and Worthing	1,845	1,955	94.4	Below	1,727	1,955	88.3	Below	1,764	1,955	90.2	Below
Arun	1,430	1,511	94.6	Below	1,328	1,511	87.9	Below	1,387	1,511	91.8	Below
Chichester	961	993	96.8	Above	900	993	90.6	Below	929	993	93.6	Below
Crawley	1,686	1,773	95.1	Above	1,558	1,773	87.9	Below	1,637	1,773	92.3	Below
Horsham	1,459	1,489	98.0	Above	1,399	1,489	94.0	Below	1,420	1,489	95.4	Above
Mid Sussex	1,789	1,882	95.1	Above	1,703	1,882	90.5	Below	1,677	1,882	89.1	Below
West Sussex (including unmatched)*	9,226	9,715	95.0	Below	8,648	9,715	89.0	Below	8,873	9,715	91.3	Below

Area	MMR dose 1				MMR dose 2			
	N	N eligible	Proportion	Vs. benchmark	N	N eligible	Proportion	Vs. benchmark
Adur and Worthing	1,879	1,955	96.1	Above	1,812	1,955	92.7	Below
Arun	1,437	1,511	95.1	Above	1,348	1,511	89.2	Below
Chichester	958	993	96.5	Above	906	993	91.2	Below
Crawley	1,701	1,773	95.9	Above	1,587	1,773	89.5	Below
Horsham	1,445	1,489	97.0	Above	1,406	1,489	94.4	Below
Mid Sussex	1,801	1,882	95.7	Above	1,735	1,882	92.2	Below
West Sussex (including unmatched)*	9,283	9,715	95.6	Above	8,808	9,715	90.7	Below

Standard 12: Increasing immunisation coverage for children and young people

Immunisation coverage in West Sussex

Public Health England report annual statistics on coverage of childhood vaccinations from the Cover of Vaccination Evaluated Rapidly (COVER) dataset at Upper Tier Local Authority Level. This data is reported in the [Child and Maternal Health Profile](#) produced by PHE, and also in an [interactive dashboard](#) produced by NHS Digital - the most recent of which can be explored on the [NHS Digital webpage for childhood vaccinations](#).

This data undergoes more stringent validation checks than the data derived from GP practices reported in the previous tables. The values for West Sussex shown in the figure are therefore different to those shown in the tables. For most vaccinations, the level of coverage (below or above 95%) was very similar between the two sources of data in 2018-19.

For the 12 months and 24 months cohorts, coverage of childhood vaccinations has generally been at, or near to the WHO 95% benchmark in West Sussex. Coverage is generally lower for children aged 5 years. County level trend data can be fully explored on the dashboard produced by NHS Digital.

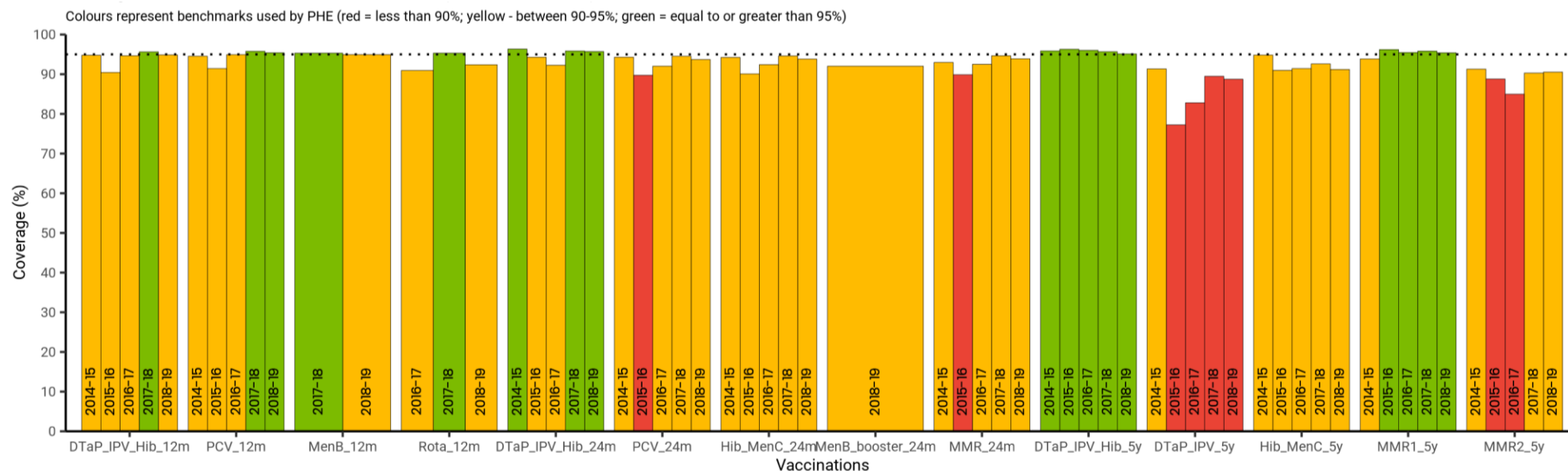
Immunisation coverage in West Sussex from Childhood Vaccination Coverage Statistics (2018/19) – NHS Digital

Age	Vaccination	Value	Benchmark
12 months	DTap/IPV/Hib	94.9	between 90% and 95%
	PCV	95.4	equal to or greater than 95%
	Men B	94.9	between 90% and 95%
	Rotavirus	92.4	between 90% and 95%
24 months	DTap/IPV/Hib	95.7	equal to or greater than 95%
	PCV	93.7	between 90% and 95%
	Hib/Men C	93.8	between 90% and 95%
	Men B booster	92.0	between 90% and 95%
	MMR	93.9	between 90% and 95%
5 years	DTap/IPV/Hib	95.1	equal to or greater than 95%
	DTaP/IPV booster	88.8	less than 90%
	Hib/Men C	91.2	between 90% and 95%
	MMR dose 1	95.4	equal to or greater than 95%
	MMR dose 2	90.5	between 90% and 95%

Source: [NHS Digital Childhood Vaccination Coverage Statistics – England 2018-19](#)

Standard 12: Increasing immunisation coverage for children and young people

Coverage of childhood vaccinations in West Sussex (2014/15 to 2018/19)



HPV immunisation coverage in West Sussex

PHE report annual [human papillomavirus \(HPV\) vaccine coverage](#). The national HPV immunisation programme was introduced in 2008 for secondary school year 8 females to protect them against the main causes of cervical cancer.

Caveats: Whilst initially a three dose schedule, from September 2014 it was recommended that the first (priming) HPV vaccine dose was offered to females in Year 8 (aged 12 to 13 years) and the second dose 12 months later in Year 9 (aged 13 to 14 years). It should be noted that girls continue to have the opportunity to be caught up through school when they move up to Year 9 or through their GP which may not be included in the data returns. Trends are not reported due to changes in data quality reported by some providers which will affect national, and some local estimates. It is unclear if these caveats affect local data for West Sussex. For more information see the [statistical commentary](#) by PHE.

In 2017/18:

- HPV vaccination coverage for one dose (females 12-13 years old) was 85.1% in West Sussex. This is **lower** than the national coverage (86.9%).
- HPV vaccination coverage for two doses (females 13-14 years old) was 84.1% in West Sussex. This is **similar** to national coverage (83.9%).

Standard 13: Keeping safe and reducing childhood accidents

Unintentional injury is a leading cause of death and illness among children and causes more children to be admitted to hospital than any other reason. Each year in the UK, unintentional injury results in approximately 2 million children visiting accident and emergency departments. Children from the poorest UK families are 13 times more likely to die in an accident and are also more likely to be admitted to hospital with accidental injuries.

Emergency admissions for unintentional and deliberate injury

The data in the table below shows the number and crude rate of emergency hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 and 15-24 per 10,000 resident population of the same age groups. For further breakdown of admissions by age, please see the West Sussex Child Health Profile, or the [Unintentional Injuries Profile](#) by PHE.

In 2017/18:

- In Mid Sussex, the rate of emergency hospital admissions for unintentional and deliberate injury in children aged under 5 is **significantly lower** than England
- For children aged 0-14, the rate of emergency hospital admissions for unintentional and deliberate injury is **similar** to England.
- For young people aged 15-24, the emergency admission rate for unintentional and deliberate injury is **significantly higher** than the rate for England

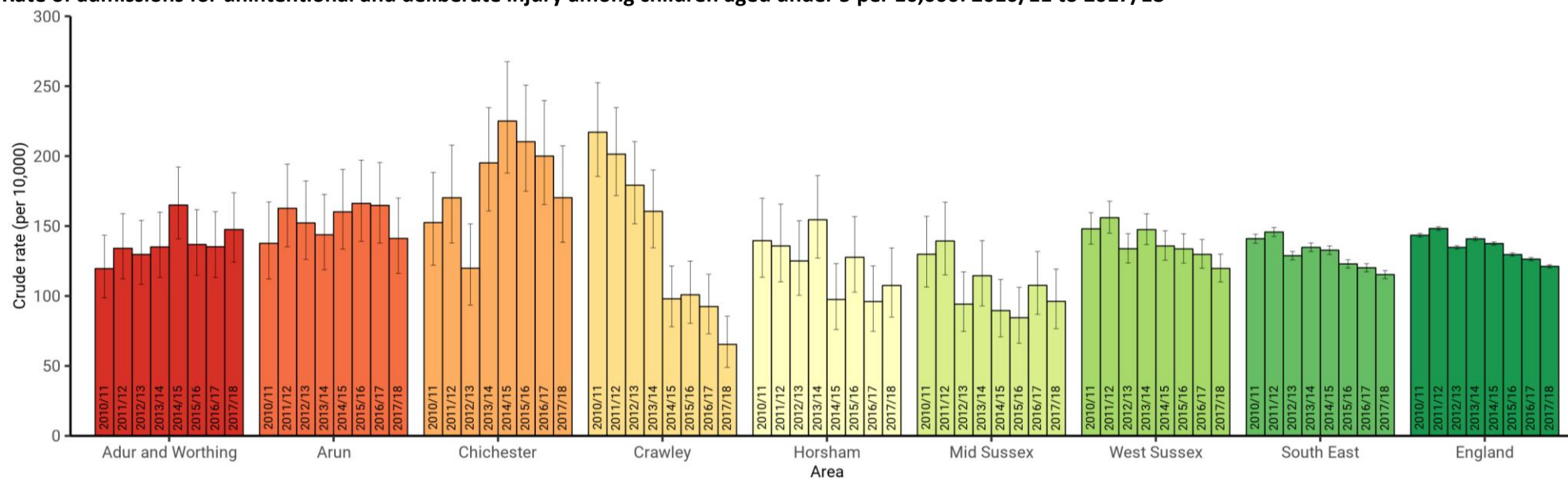
Crude rate (per 10,000) of hospital admissions for unintentional and deliberate injuries in children aged under 5, 0-14 and 15 to 24 (2017/18)

Area	0 to 4				0 to 14				15 to 24			
	Count	value	LCI	UCI	Count	value	LCI	UCI	Count	value	LCI	UCI
Adur and Worthing	142	147.5	124.3	173.9	357	122.2	109.8	135.5	296	180.4	160.4	202.2
Arun	111	141.1	116.1	170.0	290	121.1	107.6	135.9	274	187.3	165.8	210.8
Chichester	99	170.3	138.4	207.3	234	125.5	109.9	142.6	230	177.8	155.6	202.3
Crawley	53	65.4	49.0	85.6	164	70.7	60.3	82.4	136	115.9	97.2	137.1
Horsham	77	107.5	84.9	134.4	211	88.5	76.9	101.2	182	132.6	114.0	153.3
Mid Sussex	83	96.2	76.6	119.2	247	90.1	79.2	102.1	226	160.0	139.8	182.3
West Sussex	565	119.7	110.0	130.0	1,503	102.8	97.6	108.1	1,344	160.8	152.3	169.7
South East region	6,148	115.3	112.4	118.2	15,213	92.8	91.4	94.3	14,916	140.9	138.6	143.2
England	41,025	121.2	120.0	122.4	96,910	96.4	95.8	97.1	88,181	132.7	131.8	133.5

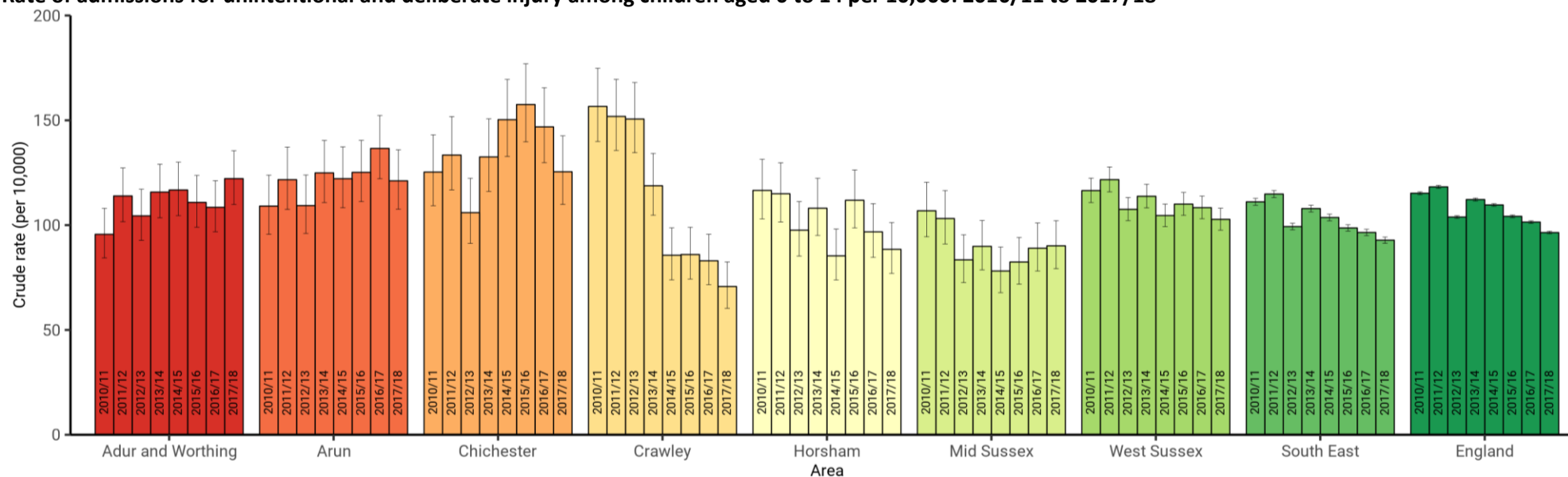
Source: Public Health England, analysis using Hospital Episode Statistics.

Standard 13: Keeping safe and reducing childhood accidents

Rate of admissions for unintentional and deliberate injury among children aged under 5 per 10,000: 2010/11 to 2017/18

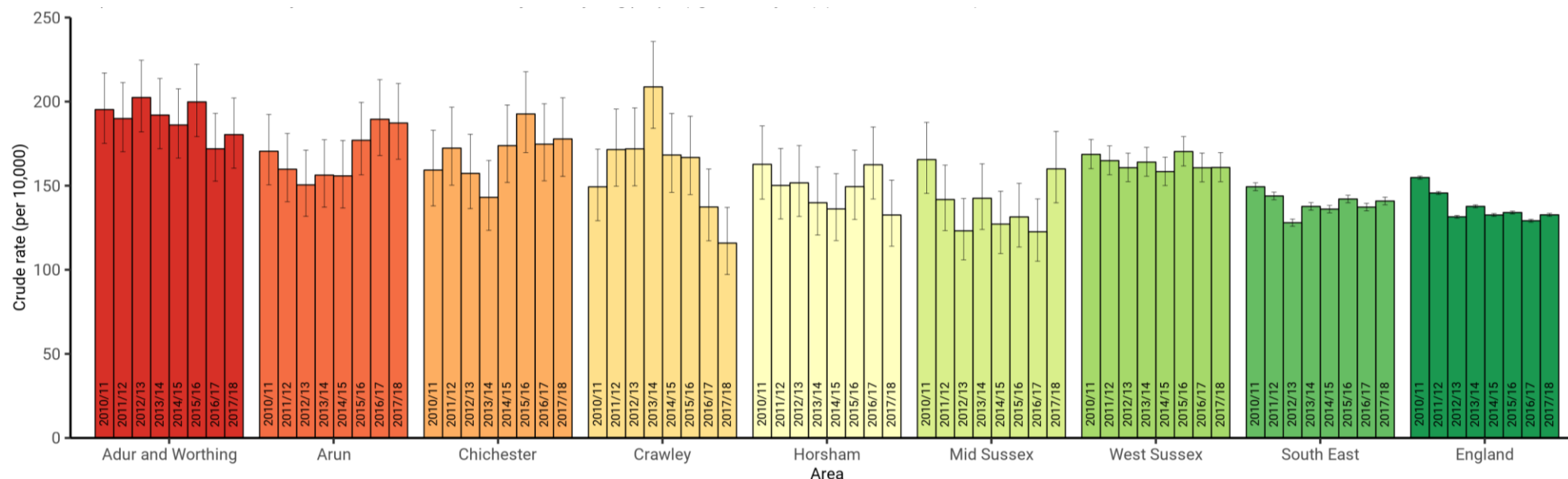


Rate of admissions for unintentional and deliberate injury among children aged 0 to 14 per 10,000: 2010/11 to 2017/18



Standard 13: Keeping safe and reducing childhood accidents

Rate of admissions for unintentional and deliberate injury among young people aged 15 to 24 per 10,000: 2010/11 to 2017/18



Road traffic accidents

This data presents the number and crude rate (per 100,000) children aged 0-15 that were killed or seriously injured in road traffic collisions. Data is collected as part of the [Department for Transport: Road Accidents and Safety Statistics](#) and is presented at county level only.

In West Sussex, the crude rate of children aged 0-15 killed or seriously injured on the road **does not differ significantly** from England.

Crude rate of children aged 0-15 killed or seriously injured (KSI) in road accidents in West Sussex, the South East and England (2015-17)

Area	Number of children killed or seriously injured in road accidents	Mid-year population estimates (0-15 years)	Children killed or seriously injured in road accidents		
			Crude rate per 100,000 0-15 yr olds	95% LCI	95% UCI
West Sussex	80	459,718	17.4	13.8	21.7
South East region	849	5,165,867	16.4	15.3	17.6
England	5,490	31,572,185	17.4	16.9	17.9

Source: [PHE Child and Maternal Health Profile](#)

Standard 14: Promoting safer sleep to reduce the risk of sudden infant death syndrome

Sudden Infant Death Syndrome

Sudden infant death syndrome (SIDS) – previously known as cot death – is the sudden, unexpected and unexplained death of an apparently healthy baby. Around 150-300 sudden infant deaths occur in England and Wales each year. The main risk factors for unexplained infant death include: the baby's sex, birthweight, maternal age, parental marital status and socio-economic classification. In addition, other risk factors include sleeping position and sleep environments, not breastfeeding, temperature and tobacco smoke exposure. See the ONS statistical bulletin on [Unexplained Deaths in Infancy](#) for more information.

The ONS summarises regional and local data on the number and rate of unexplained infant deaths under the age of 1 year. Figures for unexpected and unexplained infant deaths were produced according to the Lullaby Trust's definition of unexplained infant deaths that were unexpected (i.e. referred to a coroner). Unexplained infant deaths include deaths recorded on the death certificate as sudden infant deaths (ICD10 code R95) and unascertained deaths (ICD10 code R99); the latter are infant deaths where no medical cause was recorded.

This is presented as a crude rate of unexplained deaths per 1,000 live births.

Caveats: The number of unexplained deaths is very small so it is not possible to calculate rates at geographies smaller than local authorities. Due to the small number of counts, data are pooled across ten years at local authority level. These rates should be viewed with a high degree of caution and are intended to be for information only.

Crude rate of unexplained infant (aged under 1 year) deaths per 1,000 live births (2007-16 and 2008-17 (provisional figures))

	Unexplained infant deaths per 1,000 live births	
	2007-2016	2008-2017 (provisional)
Adur	0.57*	0.43*
Arun	0.46*	0.46*
Chichester	*	*
Crawley	0.25*	0.18*
Horsham	*	*
Mid Sussex	0.19*	*
Worthing	0.34*	0.34*
West Sussex	0.27	0.24
South East	0.28	0.27
England	0.34	0.33

Source: Unexplained infant deaths in England and Wales dataset (table 7)

Note. Where no rate is calculated, * denotes fewer than 3 deaths. Rates based on counts between 3 and 19 are denoted with * to indicate low reliability.

Summary for Mid Sussex:

1) Infant Feeding – promoting Unicef Baby Friendly Initiative			
--	52.5%	The proportion of infants exclusively breastfed in Mid Sussex was 52.5%. This is higher than West Sussex (42.4%).	Data quality concerns affect the reliability of this data.
--	67.2%	The proportion of infants exclusively or partially breastfed in Mid Sussex was 67.2% - again, a higher proportion than West Sussex (58.2%).	
2) Promoting healthy eating and maintaining healthy weight			
↓	15.6%	In 2018/19, 15.6% of reception children were classified as overweight or obese in Mid Sussex. This is significantly lower than England (22.6%).	Prevalence based on the postcode of the child
↓	25.4%	In 2018/19, 25.4% of year 6 children were classified as overweight or obese in Mid Sussex. This is significantly lower than England (34.3%).	
3) Promoting physical activity in children and young people			
--	10.5%	In 2017/18, 10.5% of year 6 pupils said that they met the recommended level of at least 60 minutes of physical activity every day of the week.	Survey data based on a sample of the population. Self-reported data may be more prone to response bias.
↔	15.1%	In West Sussex, 15.1% of 15-year olds who responded to the What About YOUth? Survey said they were physically active for at least 60 minutes every day in the past 7 days	
4) Improving the oral health of children and young people			
↑	89.4%	In Mid Sussex, 89.4% of 5-year olds were free from obvious decay in 2016/17; a higher proportion than England.	Survey data based on a small sample. Data may be affected by sample bias.
5-6) Improving the emotional health, wellbeing and resilience of children and young people			
↔	79.9 per 100,000	The crude rate of hospital admissions of children and young people (aged under 18) in Mid Sussex does not differ significantly from West Sussex (76.0 per 100,000) in 2016/17 to 2018/19.	Data aggregated over 3 years to improve reliability. Rates based on small counts.
↔	774.3 per 100,000	The directly age-standardised rate of admissions for self-harm among children and young people (aged 10-24) in Mid Sussex does not differ significantly from West Sussex (2018/19).	Number of admissions not persons. Does not include A&E attendance.
↓	46.8	The average score on a validated measure of wellbeing among 15-year olds was significantly lower in West Sussex (46.8) than England (47.6) in 2014/15.	Survey data based on a sample from the general population. Self-reported data may be more prone to response bias.

7) Improving perinatal mental health and the emotional health and wellbeing of parents and carers			
--	600 to 700 women	It was estimated that between 600 and 700 women in West Sussex may have mild to moderate depressive illness and anxiety in the perinatal period (2017/18).	Estimated data. National prevalence applied to local population.
8) Improving children's speech, language, communication and readiness for school			
↔	73.0%	In 2018/19, 73.0% of children had a good level of development in Mid Sussex. This is similar to England (71.8%).	Teacher assessments. Based on pupil residence.
9) Promoting sexual health, reducing teenage conceptions and supporting young parents			
↓	7.2 per 1,000	In 2017, the rate of teenage conceptions in Mid Sussex is significantly lower than England (17.8 per 1,000 aged 15-17).	Conceptions among women aged 15-17. Not births.
10) Reducing alcohol and substance misuse			
↔	27.9 per 100,000	In 2015/16 to 2017/18, the crude rate of admissions for alcohol specific conditions among persons aged under 18 in Mid Sussex was not significantly different from England (32.9 per 100,000 aged < 18yrs)	Data aggregated over 3-years to improve reliability. Rates based on small counts
11) Promoting smoke free environments and smoking cessation			
↓	4.2%	In 2018/19, 4.2% of women were estimated to be smoking at time of delivery in Mid Sussex. This is significantly lower than England (10.6%).	CCG data used to estimate local authority (LA) counts. Variation at LA level not accounted for.
12) Increasing immunisation coverage for children and young people			
At or near to 95%		Coverage of routine immunisations for children aged 0-5 in Mid Sussex is generally at or near to the 95% benchmark for most immunisations. Coverage tends to be lower for children aged 5.	Aggregated from GP coverage. Does not undergo validation checks.
13) Keeping safe and reducing childhood accidents			
↓↔↑	--	The crude rate of emergency hospital admissions for unintentional and deliberate injuries was lower than England for young children (aged 0 to 4), similar for children aged 0 to 14, and higher for young people aged 15 to 24 in Mid Sussex.	Number of admissions not persons. Does not include A&E attendance.