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West Sussex Joint Strategic Needs Assessment

Summary Document 2024/5

October 2024



Introduction

Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

It is a statutory requirement for Local Authorities and their partners (under both the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007 s116 and s116A).

The JSNA informs and underpins the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents. This is a summary document, and as such includes high level information.

Accompanying this document is a set of slides summarising data at a county and at District and Borough level. Given the frequency data change, slides will be updated and can be found on the [West Sussex JSNA website](#).

On the website you will also find additional reports, analyses, and briefings on different subjects.

If you have any queries about the JSNA or information on the website, please contact:

Matthew.dorey@westsussex.gov.uk

Jacqueline.clay@westsussex.gov.uk

New in 2024/25

- Additional data from the 2021 census.
- Information from the 2021 Global Burden of Disease Study.
- Provisional information from the Your Health Matters Community Health Survey, undertaken in West Sussex in 2024.
- The summary incorporates information from detailed needs assessments and briefings undertaken since the last summary document.
- Additional information has been included relating to:
 - housing
 - sexual health indicators
 - premature mortality.

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Key Points

Life expectancy and healthy life expectancy

- Over the last 20 years life expectancy has increased, although the rate of improvement started stalling in the early 2010s.
- In the most recent years small decreases in life expectancy have been observed, in part due to the COVID-19 pandemic.
- Healthy life expectancy has not increased, it has fallen for men and women. This means that the period of life spent in poor health has increased. This has implications for the individual, community, wider economy and demand for health and care services.
- People in the least deprived areas of West Sussex live, on average, 6 years longer than those living in the most deprived areas.

Causes of ill health, premature mortality, and health inequalities

- To inform action to improve population health, it is important to understand the leading causes and risk factors contributing to poorer health, disability, and premature mortality.
- To improve life expectancy, healthy life expectancy, and reduce inequalities:
 - We need to tackle the major behavioural risk factors of tobacco, poor diet, lack of physical activity, alcohol, and drug misuse.
 - Diabetes is a rising concern.
 - Action to tackle cardiovascular disease, including controlling blood pressure is key and has a considerable population level impact.
 - With an ageing population, cancer is a major and growing cause of ill health and premature mortality and highlights the importance of health behaviours and population screening.

- In addition, for healthy life expectancy, and to tackle health inequalities, action should focus on causes such as poorer mental health, sensory impairment, musculoskeletal conditions, and pain management.

Population change

- Over the last ten years, population growth in West Sussex has outstripped growth in England and other Sussex local authorities. Between 2013 and 2023, the population in West Sussex increased by 9.2% compared with 1.5% in Brighton and Hove and 4.2% in East Sussex. West Sussex accounts for 52% of the Sussex ICS resident population.
- Except for Crawley, where there are consistently more births than deaths, growth is driven by inward migration. The fertility rate continues to decline, with fewer than 8,000 births in 2023.
- Except for Crawley areas have an older age profile compared with England. We expect further growth in the older age groups.

Groups at Higher Risk of Poorer Health

- To tackle inequalities, it is important to understand who is at higher risk of poorer health. Groups at risk include people with severe mental illness, children in care and care leavers, people who are experiencing homelessness and those with multiple complex needs. Risk can also increase in response to a specific event or trauma.

Wider Determinants

- Wider, social determinants including education, employment, environment, housing, have a huge impact on health.

- Data on the wider determinants show increased pressures relating to income and housing.
- While there are common issues across the county, there are heightened pressures in some areas, such as the use of temporary accommodation in Crawley and Worthing, working age adults on out of work benefits or higher rates of child poverty in specific neighbourhoods.

Inequalities

- There is a six-year gap in life expectancy between the most deprived and least deprived areas of the county. Cardiovascular disease remains the biggest cause of the gap, followed by cancer.
- Initial analysis of the local health survey (Your Health Matters) shows a strong social gradient, including in general health, smoking and mental health. Smoking rates in the most deprived areas were found to be four times the rate in the least deprived areas. We know inequalities can persist across generations. Children and young people raised in a home with a smoker are far more likely to become smokers themselves as adults.

Children and Young People

- The mental health of children and young people, nationally, and locally has worsened, the decline started before the COVID-19 pandemic and continued. It is estimated that 20,420 children and young people in West Sussex have a mental health condition.
- Transition from childhood to young adulthood is a particular concern.
- Promotion of good health and development, at an early age, is important across the social gradient. The proportion of children eligible for a free school meal and assessed as being

“ready for school” is lower in West Sussex compared with England.

- Data highlight the importance of supporting the wider determinants of health (such as education, housing), health promoting behaviours (such as a good diet, physical activity) and key universal services and health care (such as immunisation, health visiting, oral health, child care).

Working Age

- We need to improve mid-life health, for individuals, families, communities, and the wider economy. Healthy life expectancy is not keeping pace with increases in the State Pension Age. Women’s health is a particular concern, healthy life expectancy has fallen for women, nationally and locally.
- Primary and secondary prevention is vital. Some services and outcomes are yet to recover to pre pandemic levels, including some cancer screening programmes, and pre pandemic levels of blood pressure management.
- We are continuing to see long term increases in diagnoses of some sexually transmitted infections, including gonorrhoea and syphilis.
- Unlike other major causes of premature mortality, there has been a long-term increase in deaths from liver disease. This is evident locally and nationally.
- Current population projections show little growth in the 16-64 age group in West Sussex between 2025 and 2040. Social care demand in the 18-64 age group will be driven by increased prevalence of disability and/or an increased life expectancy of younger people born with or who have acquired a disability at a younger age, and not population growth.

Later Life

- **Carers gap / older carers.** Demographic change means there will be fewer working-age family members to provide unpaid care to older relatives. In part this gap will be filled by a greater number of spousal carers; many of these carers will also have long-term conditions.
- Consideration will need to be given as to how combinations of long-term conditions can be managed by individuals, their carers, and professionals. This will require greater coordination between the NHS and social care, and specialisms within the NHS. Special attention should be paid to supporting women to maintain their independence, given projections of more than double the number of women than men with dependency needs by 2035.
- Given the large growth in the number of older people, while there will be increased demand for social care and health care. It is also important to recognise that most residents between the ages of 65-85 years will remain independent, living in their own homes, so we need to promote the wider quality of life for all.

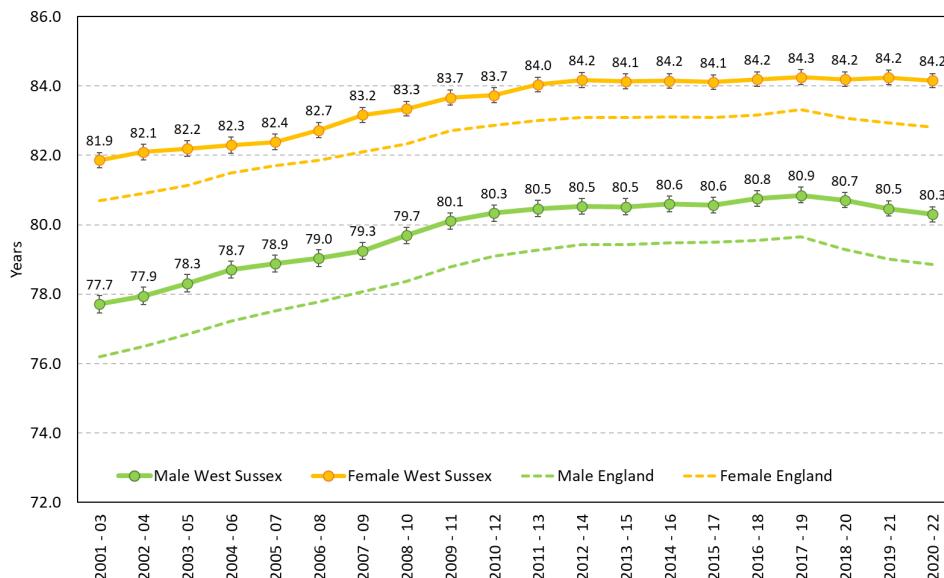
Overarching Measures of Ill Health and Mortality

Life Expectancy

The life expectancy in West Sussex, for men and for women, compares well with England. In the period 2020-2022 life expectancy was 80.3 years for men (England = 78.9 years) and 84.2 years for women (England = 82.8 years).

Over the last 20-year period, life expectancy has increased, locally and nationally, although improvement has stalled since the early 2010s. The 2019-21 and 2020-22 period saw a decrease in part related to the COVID-19 pandemic.

Figure 1 Life Expectancy - West Sussex and England 2022-2003 to 2020-2022



Source: OHID Fingertips

Healthy Life Expectancy

Healthy life expectancy relates to the period of life lived in relatively good health. In West Sussex, over the last 10 to 15 years, healthy life expectancy has fallen, from over 68 years for women in 2009-2011 and over 66 years for men, to healthy life expectancy below 64 years for both men and women in 2018-2020.

The proportion of life spent in poor health has increased in West Sussex, when comparing 2009-2011 with 2018-2020 men are spending 3 more years in poor health, and women 4.8 more years in poor health.

Figure 2 Healthy Life Expectancy - West Sussex and England 2009-2011 to 2018-2020

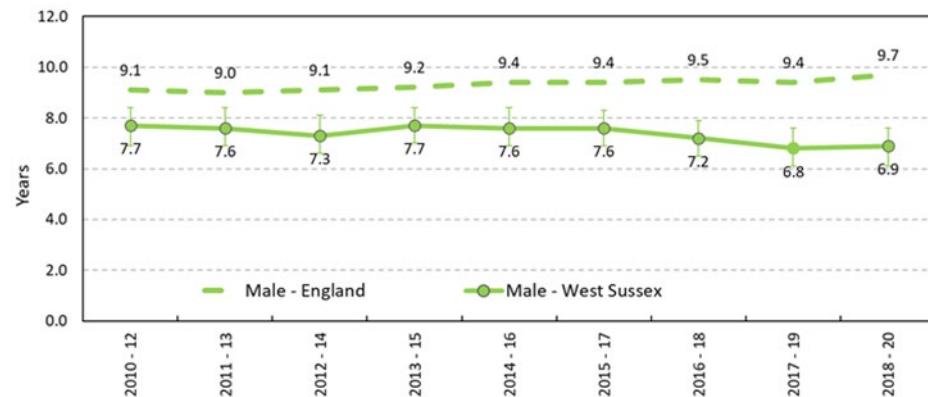


Source: OHID Fingertips (fewer time periods are available for this measure)

Inequality in Life Expectancy at Birth

Using pooled data for 2018-2020 the difference in life expectancy between the most deprived areas of West Sussex with the least deprived was 5.8 years for females, and 6.9 years for males, both lower than the England gaps. At a national level these differences have been growing.

Figure 3 Inequality in Life Expectancy at Birth (Male)



Source: OHID Fingertips

What is causing poorer health, death, and premature mortality?

The Global Burden of Disease (GBD) study looks at the causes of disability and mortality worldwide. Data are available down to upper tier local authority level in England. Using data from the GBD we can identify the

leading causes of death, premature death, and ill health within West Sussex. The GBD provides information on four measures:

Deaths

Years of Life Lost (YLL)

- YLL is a measure of premature mortality. YLLs are calculated by starting with the life expectancy of a given age group in a given year, then subtracting the age at which a person in that age group dies. Greater emphasis is placed on deaths of younger people.

Years Lived with Disability (YLD)

- YLD is a measure of the amount of time lived with a disability. This is calculated by multiplying the severity of a disability by its duration. Severe, short-term illness can therefore have the same number of YLDs as a chronic but mild health condition.

Disability-adjusted life years (DALY)

- DALY is a measure of overall disease burden. This aims to quantify premature mortality (YLL) and years lived in less than full health (YLD) to produce a metric of years lost due to ill-health, disability, or premature death. Ranking the causes of DALYs in a population helps to identify health problems that have the biggest negative impact on society.

The study also identifies major risk factors. Some risk factors are modifiable at the level of the individual (e.g., smoking, dietary intake), others are modifiable at wider environmental levels (e.g., air pollution).

To improve population level health, interventions need to have an impact on the major causes and risk factors.

Table 1 Causes of Deaths, Premature Mortality and Disability, Number in Brackets

Rank	Deaths	Years of Life Lost (YLLs)	Years Lived with a Disability (YLDs)	Disability-adjusted life years lost (DALYs)
1	Neoplasms (2,892)	Neoplasms (50,765)	Musculoskeletal disorders (27,454)	Neoplasms (53,800)
2	Cardiovascular diseases (2,427)	Cardiovascular diseases (33,791)	Mental disorders (21,766)	Cardiovascular diseases (38,756)
3	Respiratory infections and tuberculosis (1,866)	Respiratory infections and tuberculosis (24,871)	Neurological disorders (11,032)	Musculoskeletal disorders (28,297)
4	Neurological disorders (909)	Neurological disorders (11,846)	Other non-communicable diseases (9,819)	Respiratory infections and tuberculosis (26,648)
5	Chronic respiratory diseases (670)	Chronic respiratory diseases (9,660)	Sense organ diseases (9,145)	Neurological disorders (22,878)
6	Digestive diseases (451)	Digestive diseases (7,855)	Diabetes and kidney diseases (8,398)	Mental disorders (21,772)
7	Diabetes and kidney diseases (216)	Other non-communicable diseases (3,226)	Unintentional injuries (7,954)	Chronic respiratory diseases (15,602)
8	Unintentional injuries (186)	Self-harm and interpersonal violence (3,172)	Chronic respiratory diseases (5,942)	Other non-communicable diseases (13,045)
9	Other non-communicable diseases (165)	Diabetes and kidney diseases (2,905)	Cardiovascular diseases (4,964)	Diabetes and kidney diseases (11,303)
10	Self-harm and interpersonal violence (79)	Unintentional injuries (2,874)	Skin and subcutaneous diseases (4,789)	Unintentional injuries (10,828)

Source: Global Burden of Disease 2021, University of Washington 2024

Risk Factors

In the Global Burden of Disease Study, a risk factor is defined as an attribute, behaviour, or exposure, causally associated with an increased (or decreased) probability of a disease or injury.

Looking specifically at disability adjusted life years (DALYs), a measure which incorporates both time spent in ill health, and death, tobacco remains the biggest risk factor for poor health in West Sussex, as it is in the South East and England. Risk factors relating to diet, obesity, cardiovascular health then follow.¹

Figure 4 Top Ten Risk Factors for Poor Health and Death

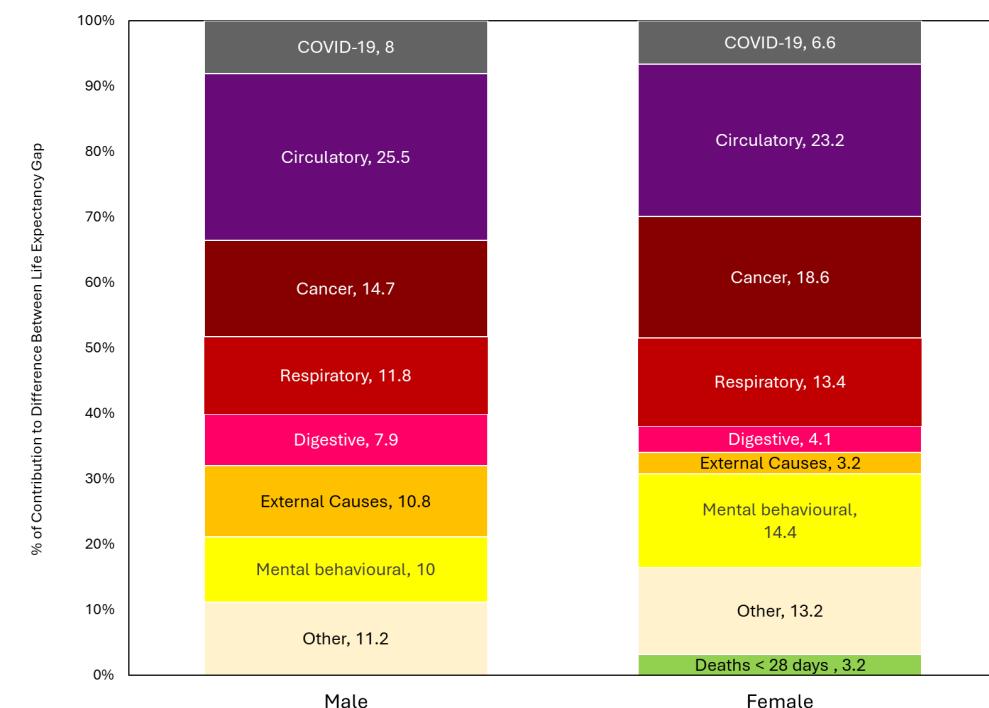
Rank	WEST SUSSEX	SOUTHEAST
1	Tobacco	Tobacco
2	High body-mass index	High body-mass index
3	Dietary risks	Dietary risks
4	High fasting plasma glucose	High fasting plasma glucose
5	High systolic blood pressure	High systolic blood pressure
6	Alcohol use	Alcohol use
7	Occupational risks	Occupational risks
8	High LDL cholesterol	High LDL cholesterol
9	Kidney dysfunction	Kidney dysfunction
10	Air pollution	Drug use

Source: Global Burden of Disease Study 2021, University of Washington 2024

Causes of Health Inequalities

There is a gap in life expectancy between people living in the most deprived areas in West Sussex compared to those living in the least deprived. In 2020-2021 the gap was 6.1 years for men, and 6.0 years for woman. Circulatory disease accounts for the largest proportion of the gap followed by cancer.

Figure 5 Breakdown of the life expectancy gap in West Sussex by cause of death, 2020 to 2021.



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 MYE, and Department for Levelling Up, Housing and Communities IMD 2019

¹ Dietary risks include high salt intake, diets low in fibre, low intake of fruit and vegetables.

People and Wider Determinants of Health

Resident Population

900,900 people live in West Sussex (2023).

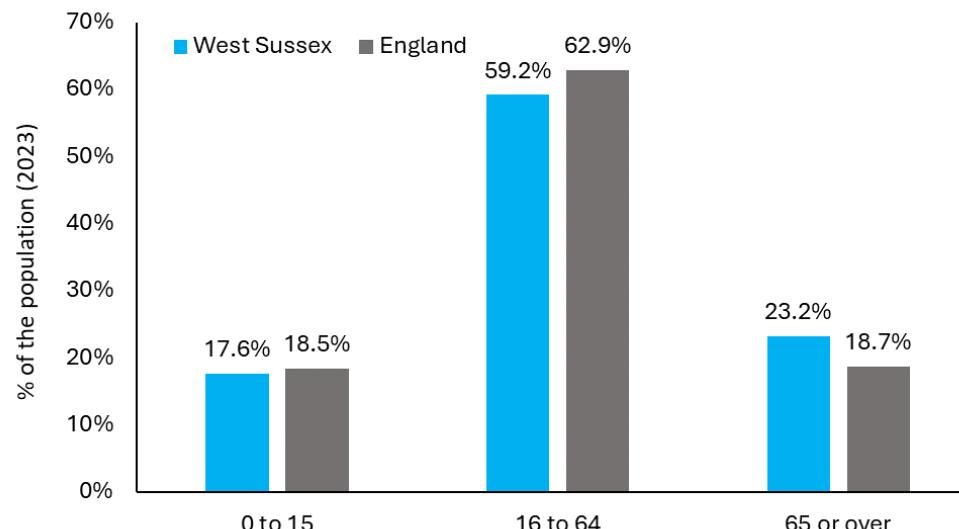
Over a ten-year period, the population has increased by 9.2% across West Sussex overall, this is higher than the South East and England with increases of 7.6% and 7.0% respectively.

The highest increase has been in Horsham (12.6%) the lowest in Adur (2.9%).

West Sussex has experienced higher growth than the other local authorities in the Sussex Integrated Care System (ICS) area.

A higher percentage of the population in West Sussex is aged 65 years or over compared with England.

Figure 6 Percentage of Population by Age Group (2023)



Source: ONS Mid-Year Estimates of Population 2023

Crawley has a young age profile compared to the rest of West Sussex. The median age of the population (according to the 2021 Census) varies from 37 years in Crawley to 49 years in Arun (median age in England and Wales overall is 40 years).

Most residents live in households, but over 14,000 people live in communal establishments including care homes and boarding schools (2021 data).

Table 2 Residents Living in Communal Establishments (2021)

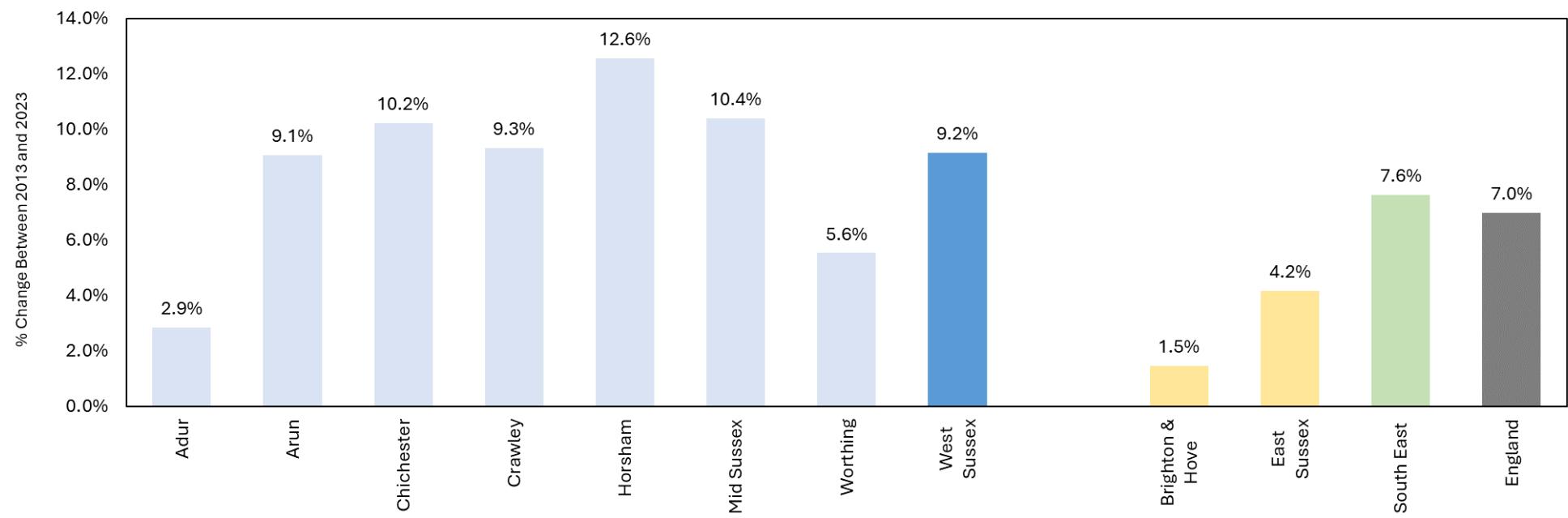
Medical and Care Establishment Residents	Number
Hospitals (including secure units)	195
Children's homes (including secure units)	75
Care Homes	7,410
Other medical or care establishment	235
Other Establishment Residents	Number
Defence	945
Prison, probation, or detention centres	515
Education	3,965
Travel or other temporary accommodation	230
Hostel or temporary shelter for the homeless	185
Religious	95
Staff or worker accommodation or Other	560

Source: Census 2021

Table 3 Resident Population 2013 to 2023

Area	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Adur	62,900	63,500	63,800	63,900	64,100	64,200	64,600	64,600	64,600	64,700	64,700
Arun	154,000	156,000	157,500	159,400	161,300	162,600	163,300	163,700	165,200	166,400	168,000
Chichester	116,100	116,900	118,400	119,700	121,400	122,200	122,800	123,000	124,500	126,100	128,000
Crawley	110,200	111,500	113,000	114,200	115,100	116,500	117,100	117,800	118,600	119,500	120,500
Horsham	132,800	134,200	135,800	138,300	139,900	141,500	142,900	144,400	147,500	148,700	149,500
Mid Sussex	143,000	144,600	145,700	147,000	147,700	149,000	150,000	150,900	152,900	154,900	157,900
Worthing	106,300	107,300	108,300	109,300	110,000	110,300	110,900	111,100	111,700	112,000	112,200
West Sussex	825,300	834,000	842,500	851,900	859,500	866,200	871,700	875,400	885,000	892,300	900,900
South East	8,809,400	8,893,900	8,969,600	9,053,000	9,105,100	9,150,200	9,193,800	9,225,300	9,295,800	9,379,800	9,482,500
England	53,918,700	54,370,300	54,808,700	55,289,000	55,619,500	55,924,500	56,230,100	56,326,000	56,554,900	57,106,400	57,690,300

Figure 7 Percentage Change in Population Between 2013 and 2023



Source: ONS Mid-Year Estimates of Population

Components of Population Change

Births

In 2023 there were 7,768 births in West Sussex, the lowest number in the last ten years.

In 2022, 22.4% of deliveries in West Sussex were to women born outside of the UK, this was lower than England overall (30%) and Brighton and Hove (32.7%), higher than East Sussex (14.2%).

Deaths

In 2023 there were 9,972 deaths, fewer than in 2020 and 2021 but there has been an upward trend in deaths over the last 10 years.

Migration

Given there are more deaths than births across West Sussex as a whole, population growth in the county over the last 10 years has been driven by net inward migration, that is people moving into the county from elsewhere in the UK and internationally.

Between 2021 and 2022 the ONS estimate the components of population change in West Sussex as being a natural change, with a loss of 2,497 residents, and a net gain from rest of the UK of approximately 5,372 people, and net gain from outside of the UK of approximately 5,115 people.

The picture is different across the county. In 2023, Crawley and Mid Sussex experienced both positive natural change (that is more births than deaths) and net inward migration, whereas population increases in all other areas in the county were accounted for solely by net inward migration.

Figure 8 Births West Sussex 2014 to 2023

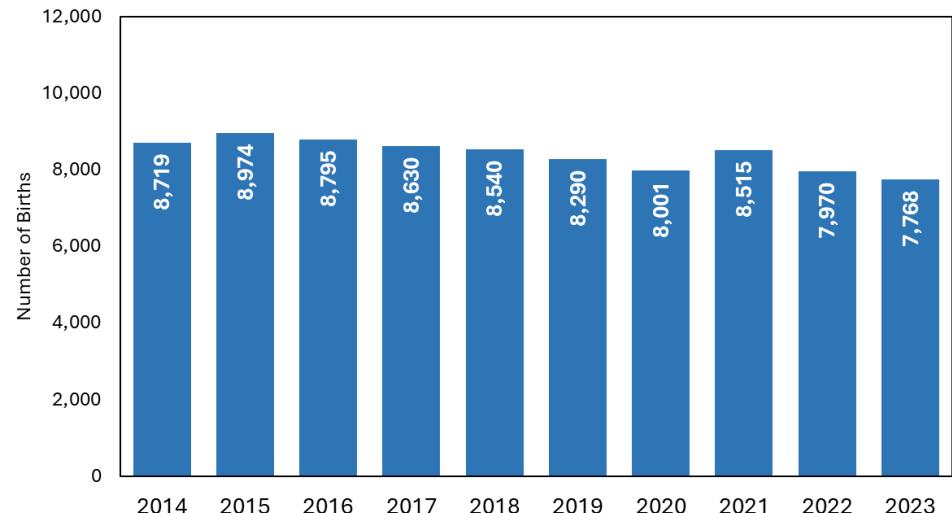
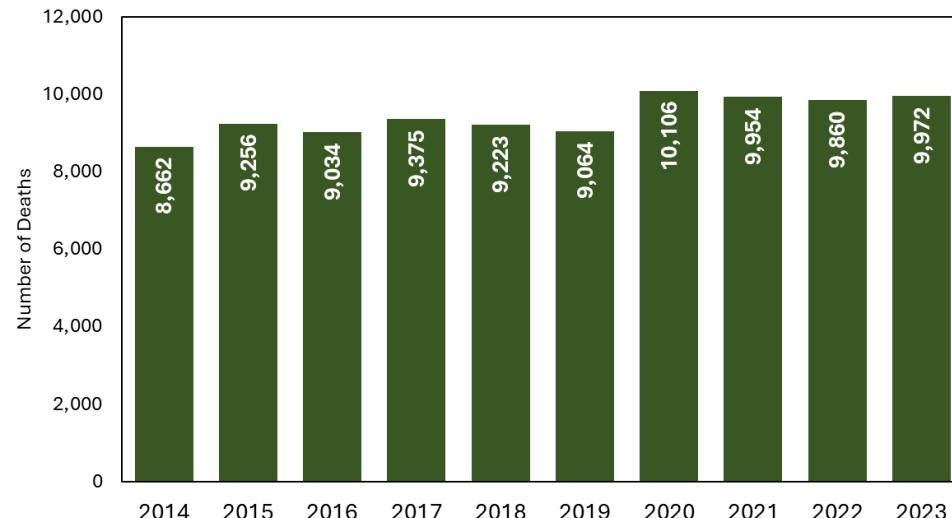


Figure 9 Deaths - West Sussex Residents 2014 to 2023



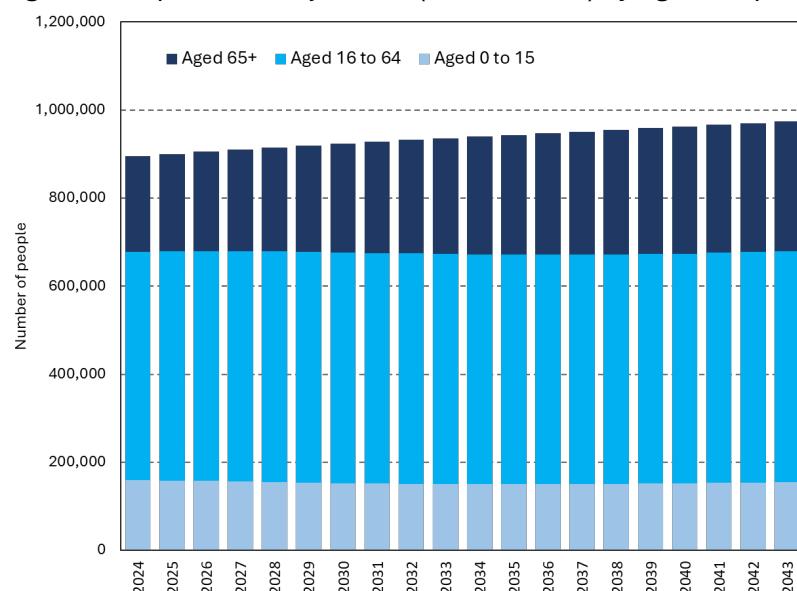
Source: ONS birth and mortality statistics, accessed via nomisweb.co.uk.

Population Projections

Note: The ONS and West Sussex County Council have yet (as of October 2024) to recalculate population projections using data based on the 2021 Census. This means that current projections are based on 2018 population estimates and should be treated with some caution.

Using existing population projections, the West Sussex population is projected to increase by a further 47,000 people within the next ten years. Within that change, the child population (0-15 years) is projected to fall by approximately 6% whereas the older age group, people aged 65+ years, is projected to increase by 23%.

Figure 10 Population Projections (West Sussex) by Age Group



Source: ONS Sub National Population Projections (2018 Based)

Protected Characteristics

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

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

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

Table 4 Equality and Human Rights Commission Descriptions of Protected Characteristics

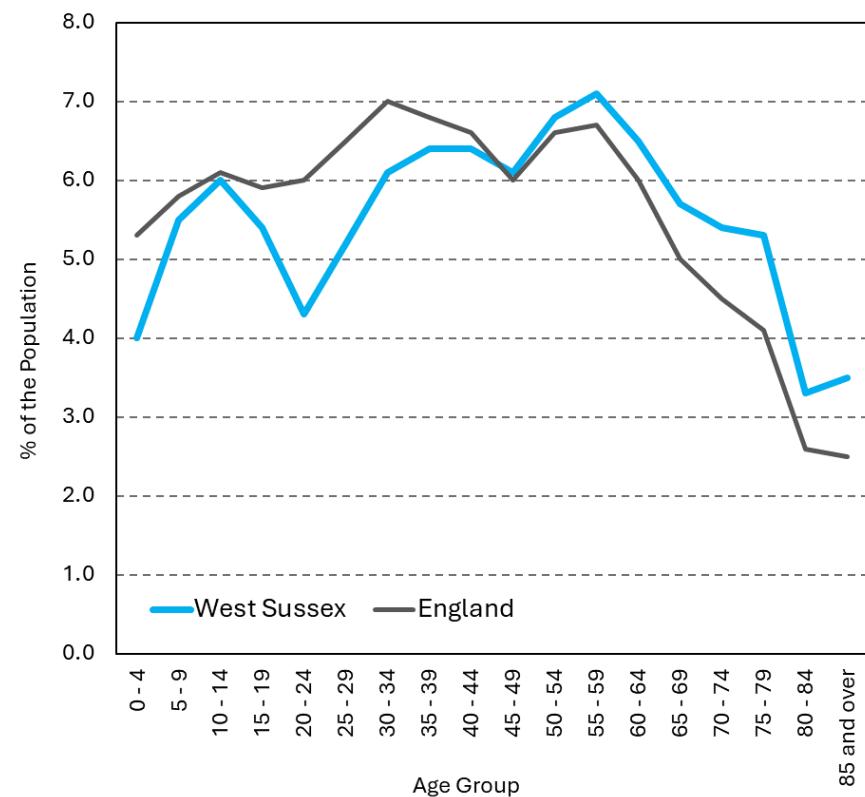
Characteristic	Description
Age	A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18 to 30-year-olds).
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Gender reassignment	The process of transitioning from one sex to another.
Marriage and civil partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act)

Characteristic	Description
Pregnancy and maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Race	Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Religion or belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Sex	A man or a woman.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Age

West Sussex has an older age structure compared with England. There is a lower percentage of early working age residents (aged 19 to 44 years) and then higher percentages of people in the 50+ age groups.

Figure 11 Age Structure of West Sussex Compared with England (2023 Population)



Source: ONS Mid-Year Estimates 2023.

Disability

The term "disability" is frequently used but, often, poorly defined.

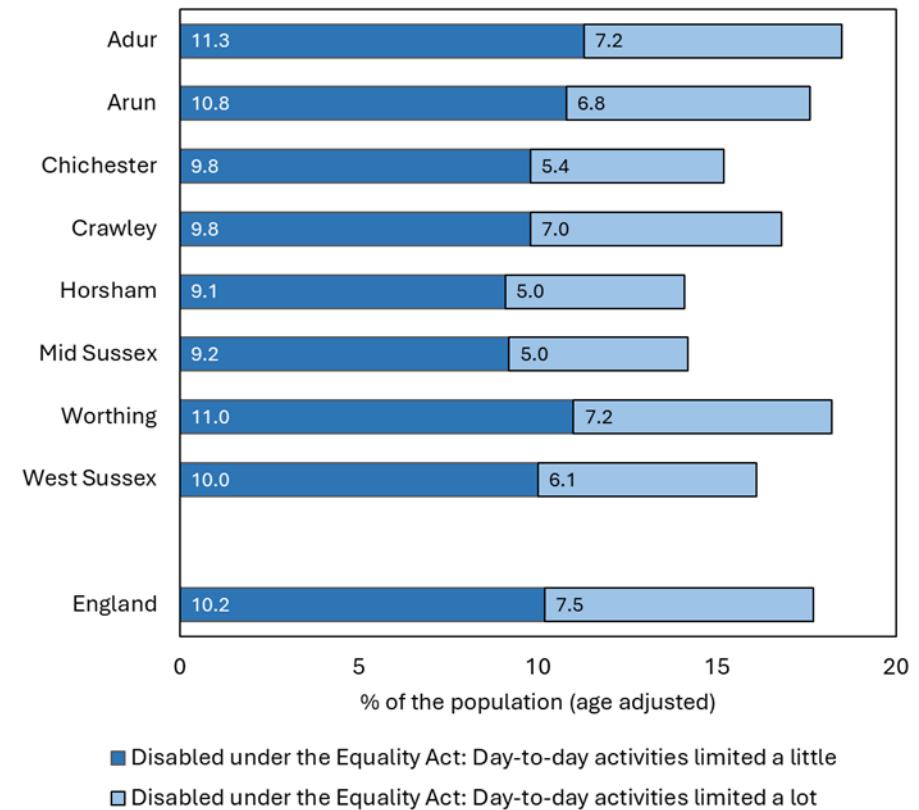
Estimating the prevalence and type of disability within a population can be complex. The purpose of a definition, for example for deciding educational support versus eligibility for welfare benefits, as opposed to a "formal diagnosis" can mean that different sources can provide very different pictures of the local population.

The Equality Act 2010 (EA2010) defines an individual as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities.

The Census uses two questions, if people answer yes to the first question, "*Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?*" a further question is used, "*Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?*" to provide an estimate.

It should be noted that the 2021 Census was conducted in March 2021 during the COVID-19 pandemic and this may have impacted both the health status and the perception of health of respondents.

Figure 12 Percentage of the Population Disabled under the Equality Act definition (Age Adjusted)



Source: Census 2021

Table 5 Disability in West Sussex (Not aged adjusted)

Area	Disabled (number)	Disabled (%)	Day-to-day activities limited a lot (number)	Day-to-day activities limited a lot (%)	Day-to-day activities limited a little (number)	Day-to-day activities limited a little (%)
Adur	12,600	19.5	5,050	7.8	7,550	11.7
Arun	32,500	19.7	13,150	8.0	19,350	11.7
Chichester	21,000	16.9	7,900	6.4	13,100	10.5
Crawley	17,700	14.9	7,200	6.1	10,500	8.8
Horsham	21,800	14.9	7,900	5.4	13,900	9.5
Mid Sussex	22,050	14.5	7,900	5.2	14,200	9.3
Worthing	21,300	19.1	8,700	7.8	12,600	11.3
West Sussex	148,900	16.9	57,750	6.5	91,150	10.3
South East	1,496,350	16.1	581,050	6.3	915,300	9.9
England	9,774,500	17.3	4,140,350	7.3	5,634,150	10.0

Source: Census 2021, numbers rounded to nearest 50.

Table 6 Number of people who are disabled by age in West Sussex

Area	Aged 15 years and under	Aged 16 to 24 years	Aged 25 to 34 years	Aged 35 to 49 years	Aged 50 to 64 years	Aged 65 years and over	Total
Adur	780	800	930	1,870	2,880	5,320	12,580
Arun	1,640	1,910	2,410	4,030	6,920	15,580	32,480
Chichester	1,030	1,660	1,630	2,430	4,270	9,970	20,980
Crawley	1,560	1,350	1,820	3,280	4,110	5,580	17,700
Horsham	1,380	1,480	1,760	2,940	4,640	9,600	21,800
Mid Sussex	1,540	1,480	1,880	3,260	4,510	9,400	22,060
Worthing	1,260	1,400	1,920	3,150	4,780	8,800	21,300
West Sussex	9,180	10,070	12,340	20,960	32,100	64,240	148,900

Source: Census 2021, numbers rounded to nearest 10.

Disability from the 2021 Census Compared with 2011 Census

The following information has been taken from a detailed briefing relating to disability data on the 2021 census and is available on the West Sussex JSNA website.

Changes in disability prevalence from 2011 to 2021 may relate to several factors, including:

- The disability question in the 2021 Census was changed to include a new reference to mental health and to remove the prompt to “include problems related to old age”. The reference to mental health may have contributed to the increase in disability in younger age groups, whilst the removed old age prompt may have contributed to the fall in older people regarding themselves as disabled.
- The 2021 Census was conducted in March 2021, during the COVID-19 pandemic. A range of restrictions were in place at this time, including restrictions on social gatherings, travel, recreation, workplaces, and schools. There is evidence that this affected health, including mental health. The pandemic may also have affected how people viewed and reported their conditions or illnesses.

Key Points

By age, disability prevalence steadily increased from around age 30 onwards, with steeper increases in age groups above 70 years.

- At younger ages, males had a higher prevalence of disability, but from age 15 onwards, females began to overtake males. This gap in disability status between sexes widened in the older age groups.
- Disability status by deprivation showed a clear social gradient, for both sexes, which was steepest for those who were limited a lot by their disability (e.g., 13.6% of people living in the most deprived areas in England were limited a lot, compared to 4.2% in the least deprived

areas). A greater percentage of people were disabled at younger ages in the most deprived areas compared to the least deprived areas.

- Compared to the 2011 Census, disability prevalence was slightly lower in West Sussex overall in the 2021 Census. However, when split by disability status, there was a decrease in those limited a lot by their disability and an increase in those limited a little by their disability.
- Younger people, particularly females, accounted for the rise in those who were limited a little from 2011 to 2021 – there was a notable bump in disability prevalence in the teenage and early adulthood years. In contrast, the proportion of older people (aged 70+) who were limited a little fell substantially, as did the proportion of older people who were limited a lot, for both sexes.

Ethnicity

For a more detailed review of data relating to ethnicity, language, and religion, refer to the briefing on the West Sussex JSNA website.

The Census provides the most comprehensive picture of ethnicity in the UK. Outside of the Census, data are often poorly collected. Again, there are considerable differences within the county, 15.8% of the population in West Sussex is from an ethnic group², this rises to over 38% in Crawley.

There are also differences by age, the working age group in West Sussex has the highest percentage of people from ethnic minority backgrounds.

² Note this relates to all groups minus White: English, Welsh, Scottish, Northern Irish or British

Figure 13 Ethnic Minority Population – Percentage in Each Age Group, West Sussex

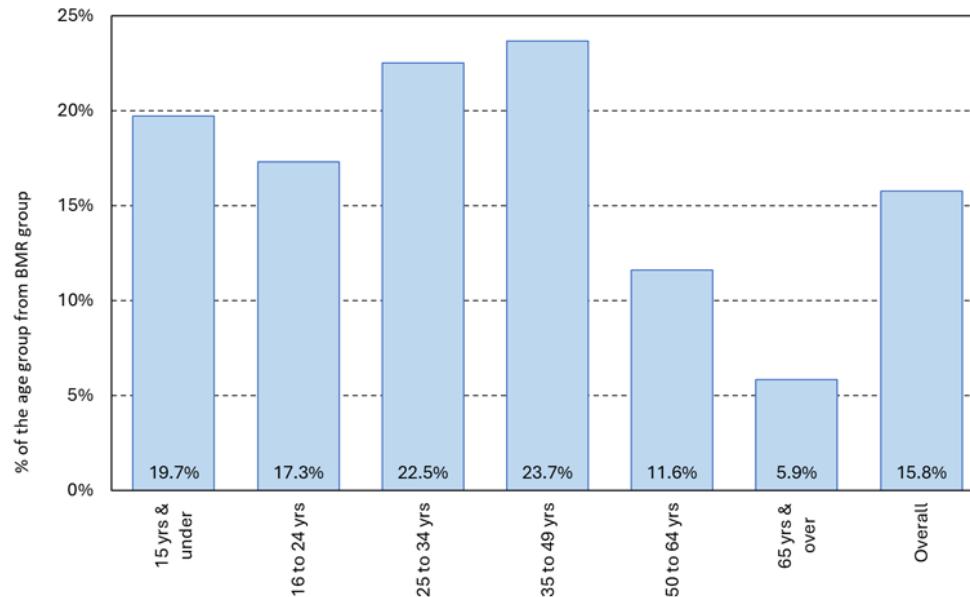


Table 7 Detailed Breakdown of Ethnic Background (2021 Census Data)

	West Sussex Number	West Sussex %	England %
Total: All usual residents	882,670	100	100
Asian, Asian British or Asian Welsh	38,288	4.3	9.6
Asian, Asian British or Asian Welsh: Bangladeshi	3,283	0.4	1.1
Asian, Asian British or Asian Welsh: Chinese	3,471	0.4	0.8
Asian, Asian British or Asian Welsh: Indian	13,989	1.6	3.3
Asian, Asian British or Asian Welsh: Pakistani	7,328	0.8	2.8
Asian, Asian British or Asian Welsh: Other Asian	10,217	1.2	1.7
Black, Black British, Black Welsh, Caribbean or African	11,429	1.3	4.2
Black, Black British, Black Welsh, Caribbean or African: African	7,266	0.8	2.6
Black, Black British, Black Welsh, Caribbean or African: Caribbean	2,047	0.2	1.1
Black, Black British, Black Welsh, Caribbean or African: Other Black	2,116	0.2	0.5
Mixed or Multiple ethnic groups	20,811	2.4	3
Mixed or Multiple ethnic groups: White and Asian	7,070	0.8	0.8
Mixed or Multiple ethnic groups: White and Black African	3,518	0.4	0.4
Mixed or Multiple ethnic groups: White and Black Caribbean	4,172	0.5	0.9
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic	6,051	0.7	0.8
White	803,516	91	81
White: English, Welsh, Scottish, Northern Irish or British	743,568	84.2	73.5
White: Irish	6,761	0.8	0.9
White: Gypsy or Irish Traveller	1,208	0.1	0.1
White: Roma	1,086	0.1	0.2
White: Other White	50,893	5.8	6.3
Other ethnic group	8,626	1	2.2
Other ethnic group: Arab	1,815	0.2	0.6
Other ethnic group: Any other ethnic group	6,811	0.8	1.6

Source: ONS Census 2021

Gender re-assignment

A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing, or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

The Equality and Human Rights Commission further clarify that to be protected from gender reassignment discrimination, you do not need to have undergone any specific treatment or surgery to change from your birth sex to your preferred gender. This is because changing your physiological or other gender attributes is a personal process rather than a medical one. You can be at any stage in the transition process – from proposing to reassign your gender, to undergoing a process to reassign your gender, or having completed it.

In West Sussex approximately 2,700 people stated that their gender identity was different to their sex registered at birth.

Table 8 Gender Identity in West Sussex

Area	Different from sex at birth	Same as sex at birth	No reply	Grand Total
Adur	120	50,315	2,480	52,915
Arun	515	131,450	7,595	139,560
Chichester	350	99,140	5,210	104,700
Crawley	580	87,405	5,580	93,565
Horsham	320	114,850	5,470	120,640
Mid Sussex	390	117,140	5,765	123,295
Worthing	410	86,945	5,005	92,360
West Sussex	2,685	687,245	37,105	727,035

Further detail was provided on how people identified. In West Sussex, a relatively similar number of people identified as a trans man or a trans woman, with a slightly smaller number of people who said they were non-binary.

Table 9 Detailed Gender Identity

Identity	Number
All other gender identities	220
Gender identity different from sex registered at birth but no specific identity given	1,095
Gender identity the same as sex registered at birth	687,255
Non-binary	360
Not answered	37,115
Trans man	565
Trans woman	525

Source: ONS Census 2021

Marital Status / Relationship Status

The Census 2021 collects information on marital / relationship status by the following groupings:

- Never married and never registered a civil partnership.
- Married: Opposite sex.
- Married: Same sex.
- In a registered civil partnership: Opposite sex
- In a registered civil partnership: Same sex
- Separated, but still married.
- Separated, but still in a registered civil partnership.
- Divorced.
- Formerly in a civil partnership now legally dissolved.
- Widowed.
- Surviving partner from civil partnership.

West Sussex has a lower percentage of people who have never been married compared with the South East and England, 32% of people in West Sussex compared with almost 35% in South East and 38% in England overall.

Table 10 Legal Partnership Status - % of adults (16+) by Status

Area	Never married / civil partner.	Married or / civil partner.	Separated, - still legally married /in a civil partner	Divorced or partnership dissolved	Widowed surviving civil partner
Adur	33.5	45.6	2.3	11.0	7.6
Arun	30.6	47.5	2.2	11.3	8.4
Chichester	30.8	49.2	2.1	10.1	7.8
Crawley	38.4	44.8	2.4	9.4	5.0
Horsham	29.6	52.5	1.9	9.4	6.6
Mid Sussex	30.6	51.9	2.0	9.2	6.3
Worthing	34.8	44.0	2.4	11.6	7.2
West Sussex	32.2	48.4	2.2	10.2	7.0
South East	34.8	47.6	2.1	9.3	6.1
England	37.9	44.7	2.2	9.1	6.1

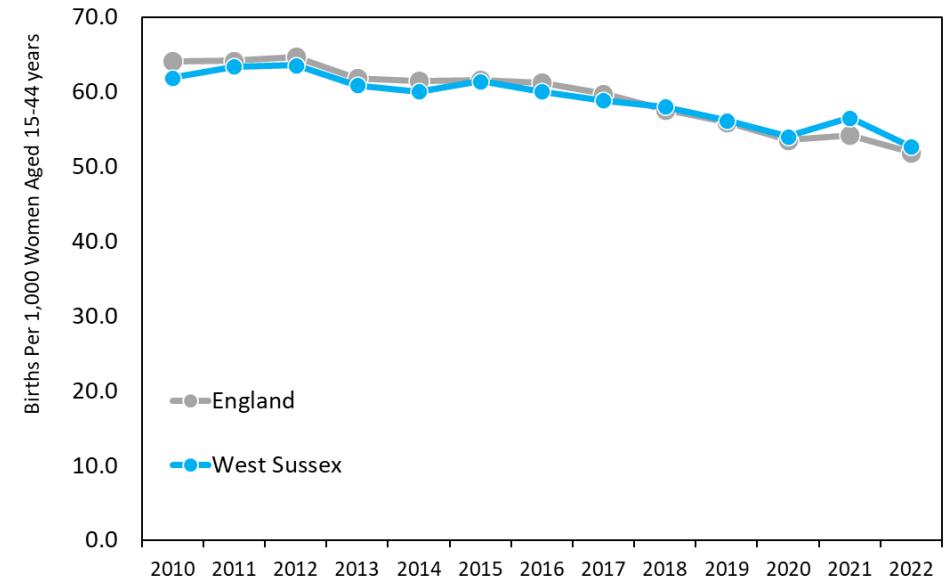
Source: Census 2021 Table TS002

Pregnancy and maternity

There are approximately 151,000 women aged between 15-44 years in the county.

The fertility rate of an area can provide a good indication of future population growth, or decline. Over the last 10 years the West Sussex rate has aligned with the national rate. There is a long-term decline in fertility rates, locally and nationally.

Figure 14 General Fertility Rate 2010 to 2022, West Sussex Compared with England



Source: ONS

Religion

Religious belief was collected as part of the Census 2021. It remains a voluntary question.

A higher percentage of people in West Sussex said they were Christians (48%) compared with the South East and England overall, and a slightly higher percentage said they had no religion (41%).

Table 11 Religious Belief - Census 2021

Religion or Belief	West Sussex number	West Sussex %	South East %	England %
Total	882,700	100%	100%	100%
No religion	363,050	41.1%	40.2%	36.7%
Christian	424,500	48.1%	46.5%	46.3%
Buddhist	3,800	0.4%	0.6%	0.5%
Hindu	10,150	1.1%	1.7%	1.8%
Jewish	1,700	0.2%	0.2%	0.5%
Muslim	19,250	2.2%	3.3%	6.7%
Sikh	1,400	0.2%	0.8%	0.9%
Other religion	5,100	0.6%	0.6%	0.6%
Not answered	53,800	6.1%	6.1%	6.0%

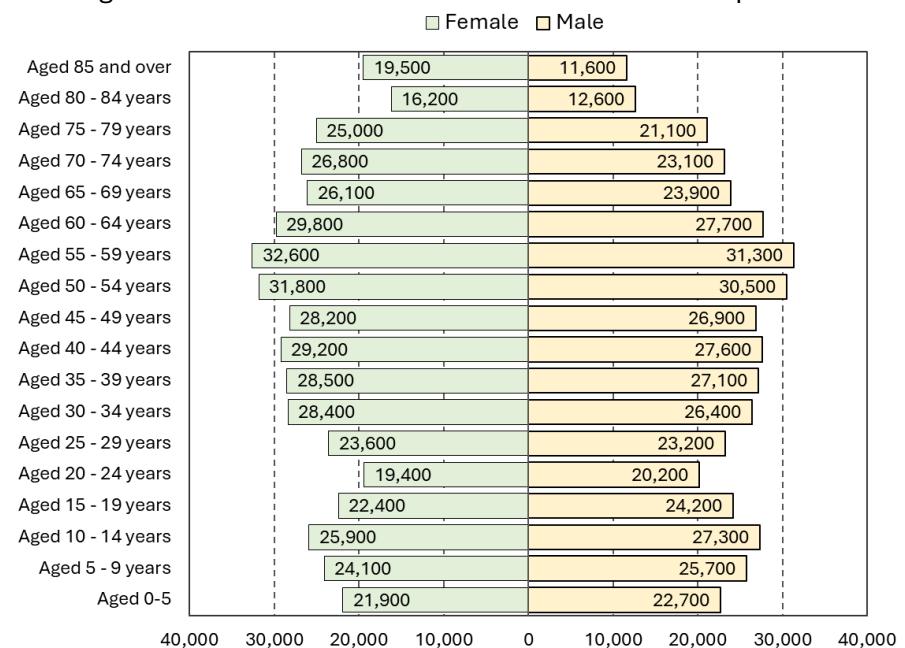
Source: Census 2021

Sex

Given the longer life expectancy of women, overall, there are more women than men in the population, with approximately 494,400 female residents, compared with 433,100 male residents.

The difference is greater in the older age groups, with 19,500 women aged 85 years or over compared with 11,600 men.

Figure 15 Age and Sex Breakdown of the 2022 West Sussex Population



Source: ONS Mid-Year Estimates 2022

Sexual Orientation

For clarification definition in the Equality Act 2010 is as follows:

- Sexual Orientation means a person's sexual orientation towards (a) persons of the same sex, (b) persons of the opposite sex, or (c) persons of either sex.

Data on sexual orientation is used to meet equality legislation, monitor inequalities, and address public health needs. These data may differ, depending on how questions about sexuality are framed, in terms of sexual identity, attraction or behaviour.

As with gender identity, the question relating to sexual orientation was for people aged 16 years or over and was voluntary on the 2021 census.

In West Sussex, 2.9% of residents were recorded as having a sexual orientation other than heterosexual, with 1.5% recorded as either gay or lesbian, 1.3% as bisexual, 0.2% as pansexual, and 0.1% as asexual. These are similar to England averages, and roughly similar across the county.

Table 12 Sexual Orientation in West Sussex

Sexual Orientation	All persons	Female	Male
Straight or Heterosexual	656,910	340,620	316,290
Lesbian, Gay, Bisexual, or Other (LGB+)	21,210	11,790	9,420
Not answered	49,010	25,950	23,060

Source: Census 2021 Table RM122

Other Population Groups at Risk of Poorer Health

Older People Living in Residential or Nursing Homes

At the time of the 2021 Census there were 6,545 people aged 65 years or over living in a residential or nursing home.

Table 13 People (65 years or over) living in Residential and Nursing Homes

Area	Total 65+	Total 85+
Adur	365	225
Arun	1,730	1005
Chichester	1,075	625
Crawley	250	155
Horsham	935	610
Mid Sussex	965	625
Worthing	1,225	670
West Sussex	6,545	3,915

Source: Census 2021

While the Census provides the most detailed information about people living in residential care, the census was undertaken in March 2021, during

the COVID-19 pandemic. Outside of the Census the ONS produce annual estimates of people living in communal care. For the period March 2022 to February 2023, ONS estimate that there were approximately 8,025 people aged 65 or over resident in care homes.

Children in Care and Care Leavers

Table 14 Children Looked After West Sussex

Children Looked After	2019	2020	2021	2022	2023
Non-unaccompanied asylum-seeking children	633	728	811	754	799
Unaccompanied asylum-seeking children	72	78	80	107	88
Total (as at 31 March)	705	806	891	861	887

Source: DfE

In West Sussex there were approximately 630 care leavers aged 17 to 21 years in 2023, with a further 500 young people aged 22 to 25 years still in contact with the local authority.

Students

According to the 2021 census, there were approximately 38,000 full time students aged 16 years or over in West Sussex, approximately 5.2% of the 16+ population, a lower percentage than England (7.7%) and the South East (7.0%).

The University of Chichester has approximately 6,000 students.

Military Veterans and Armed Forces Personnel

In West Sussex there is a military base is at Thorney Island, near Chichester, where regiments from the Royal Artillery reside, with a resident population of approximately 1,800.

In terms of military veterans, data from the Census 2021 show that almost 24,500 people have served in the armed forces.

Table 15 Military Veterans as Recorded on the Census 2021 - West Sussex

Area	Served (number)	Served (%)
West Sussex	24,374	3.4%
Adur	1,819	3.4%
Arun	5,930	4.2%
Chichester	4,551	4.3%
Crawley	1,957	2.1%
Horsham	3,815	3.2%
Mid Sussex	3,365	2.7%
Worthing	2,937	3.2%

Source: Census 2021

People Providing Unpaid Care

The 2021 census collected data on residents, aged 5 years and over, by the number of hours of unpaid care provided. Over 72,800 people in West Sussex stated they provided some level of unpaid care each week, with over 20,300 providing 50 hours or more of care.

Table 16 Provision of Unpaid Care by Age and Hours - West Sussex 2021

Age	Total	No unpaid care	19 or less	20 - 49 hours	50+ hours
Total	838,150	765,335	39,640	12,850	20,325
15 years and under	111,030	109,790	975	145	125
16 to 24 years	76,345	73,175	1,975	850	345
25 to 34 years	101,880	96,125	2,820	1,495	1,440
35 to 49 years	166,680	151,545	7,715	3,130	4,290
50 to 64 years	180,820	153,005	17,700	4,500	5,620
65 years +	201,390	181,695	8,455	2,730	8,505

Source: Census 2021 Table RM113

Young Carers – School Census Data

In Spring 2023 a category for young carers was added to the annual school census for state schools. Across England overall 0.5% of primary school pupils and 0.9% of secondary school pupils were identified as carers. In West Sussex, the percentage is slightly higher for both phases, with 0.7% of primary school pupils and 1.1% of secondary school pupils.

Table 17 Young carers by School Phase 2023/24

School Phase	Young carer	Total Pupils	% of Pupils
State-funded primary	471	64,491	0.7%
State-funded secondary	539	51,313	1.1%

Source: DfE

Refugees and Asylum Seekers

Note on definition Asylum is protection given by a country to someone fleeing from persecution in their own country. An asylum seeker is someone who has applied for asylum and is awaiting a decision on whether they will be granted refugee status. An asylum applicant who does not qualify for refugee status may still be granted leave to remain in the UK for humanitarian or other reasons. An asylum seeker whose application is refused at initial decision may appeal the decision through an appeal process and, if successful, may be granted leave to remain.

(Taken from Asylum Statistics, Research Briefing House of Commons Library March 2022)

Data at a local authority level relating to people seeking or granted refugee status are published by the Home Office. The impact of the situations in Syria, Afghanistan and latterly Ukraine means numbers are volatile.

Table 18 Asylum seekers in receipt of support by Local Authority, 2021 Q3 to 2024 Q2

Area	30 Sep 2021	31 Dec 2021	31 Mar 2022	30 Jun 2022	30 Sep 2022	31 Dec 2022	31 Mar 2023	30 Jun 2023	30 Sep 2023	31 Dec 2023	31 Mar 2024	30 Jun 2024
Adur	1	1	1	1	0	0	0	0	0	0	0	0
Arun	2	2	0	0	0	0	1	0	2	0	0	0
Chichester	21	10	10	11	15	20	22	26	135	223	141	174
Crawley	3	145	41	39	62	572	587	526	533	604	376	322
Horsham	1	1	0	1	1	1	112	168	165	155	98	145
Mid Sussex	1	151	63	39	46	421	414	388	368	311	195	317
Worthing	1	1	1	1	1	1	1	8	6	11	12	13
West Sussex	30	311	116	92	125	1,015	1,137	1,116	1,209	1,304	822	971

Source: Home Office Asy_D11

Table 19 Immigration groups, as at June 2024

Scheme	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing	West Sussex
Homes for Ukraine - not including super sponsors (arrivals)	107	334	624	255	512	524	149	2,505
Afghan Resettlement Programme	4	96	121	180	52	68	22	543
<i>of which, Afghan Resettlement Programme - transitional</i>	0	0	0	119	0	0	4	123
<i>of which, Afghan Resettlement Programme - settled in LA housing</i>	4	77	107	34	49	61	18	350
<i>of which, Afghan Resettlement Programme - settled in PRS housing</i>	0	19	14	27	3	7	0	70
Supported Asylum	0	0	174	322	145	317	13	971
<i>of which, Supported Asylum - Initial Accommodation (population)</i>	0	0	0	0	0	0	0	0
<i>of which, Supported Asylum - Dispersal Accommodation (population)</i>	0	0	27	7	0	4	13	51
<i>of which, Supported Asylum - Contingency Accommodation (population)</i>	0	0	147	315	145	313	0	920
<i>of which, Supported Asylum - Other Accommodation (population)</i>	0	0	0	0	0	0	0	0
<i>of which, Subsistence only (population)</i>	0	0	0	0	0	0	0	0
All 3 pathways (total)	111	430	919	757	709	909	184	4,019
% of population	0.2%	0.3%	0.7%	0.6%	0.5%	0.6%	0.2%	0.4%

Source: Home Office Statistics Table Reg_01

Wider Determinants

Housing and Households

Household Types as Defined on Census 2021

A '**household**' is defined as either one person living alone, or a group of people living at the same address and sharing both cooking facilities and a living room or dining area.

'Families' can be:

- Married, civil partnered, or cohabiting couples, with or without children.
- A lone parent with children.
- Grandparents living with their grandchildren if the grandchildren's parents are not present.

'Dependent children' are those who are either aged 0-15 years or aged 16-18 and in full-time education while living with family. If a 16-18-year-old has a spouse, partner or child living in the household then they are not counted as dependent children.

'Non-dependent children' are people living with their parents, and are either aged 19 or over, or aged 16-18 and not in full-time education. 16-18-year-olds with a spouse, partner or child in the household are also counted as non-dependent.

'Multi-family households' category includes individual people who aren't a family but are living together as a household. A group of students in shared private accommodation would count as a multi-family household, for example.

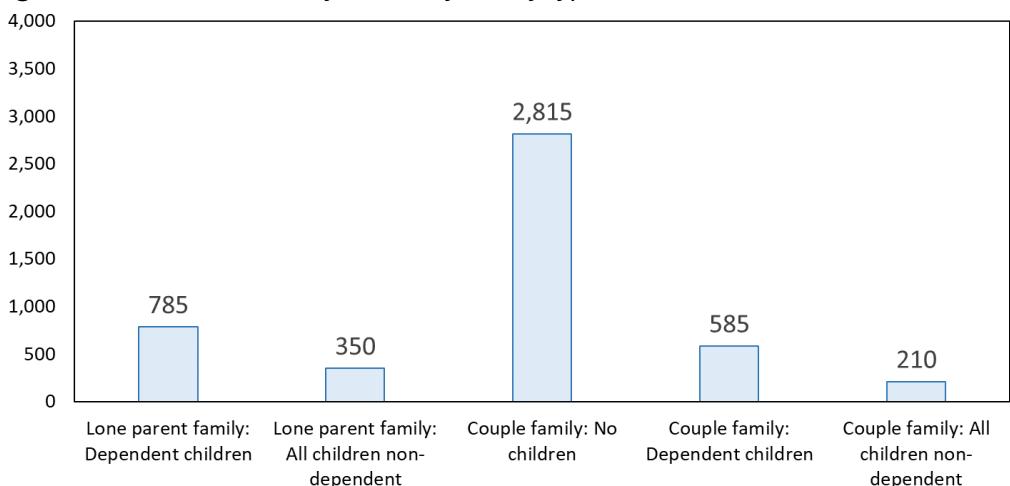
At the time of the 2021 census there were approximately 375,200 households in West Sussex, 30% of them contained one person, 27% contained at least one dependent child.

Between 2011 and 2021 the number of households had grown by 29,600, an increase of 8.6%.

Single pensioner households and households with dependent children have grown by approximately 10%. The average household size in West Sussex is 2.4 people per household, the same as England overall. Crawley has a higher average size (2.6), Worthing the lowest (2.2).

The census also provides information on "concealed families" for example a couple or a lone parent family living in a multi-family household³. In 2021 there were 4,750 concealed families in West Sussex, 22% of these were in Crawley.

Figure 16 Concealed family status by family type - West Sussex



Source: Census 2021 Table RM009

³ In census terms this means that the "family reference person" (FRP) for a concealed family, is not the census household reference person (FRP), a person used as a reference point to determine other statistics including socio-economic status.

Table 20 Household Composition

Household composition	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing	West Sussex	South East	England
One-person household	30.4%	31.3%	31.1%	25.3%	28.1%	27.5%	33.8%	29.7%	28.4%	30.1%
Aged 66 years and over	17.0%	18.3%	17.5%	10.1%	14.3%	13.6%	15.8%	15.3%	13.2%	12.8%
One-person household: Other	13.4%	13.0%	13.6%	15.2%	13.8%	13.9%	18.0%	14.4%	15.2%	17.3%
Families with Dependent Children	27.0%	22.9%	23.0%	34.6%	26.9%	29.8%	25.8%	27.0%	29.2%	28.5%
Married, civil part/ cohabiting couple	19.1%	15.6%	16.6%	22.7%	20.8%	23.2%	17.9%	19.4%	20.7%	18.9%
Lone parent family	5.7%	5.2%	4.9%	7.8%	4.6%	4.9%	5.9%	5.5%	6.0%	6.9%
Other household types	2.2%	2.1%	1.5%	4.1%	1.5%	1.7%	2.0%	2.1%	2.5%	2.7%
Other Single-Family Households	38.7%	42.0%	41.9%	34.3%	42.0%	39.6%	36.7%	39.8%	38.4%	37.2%
Couple: No children	15.8%	16.8%	17.9%	15.6%	19.4%	18.0%	16.6%	17.4%	17.4%	16.7%
Couple: All children non-depend.	6.6%	6.2%	5.8%	7.0%	6.5%	6.5%	5.4%	6.3%	6.5%	6.3%
Lone parent family: children non-depend.	4.3%	3.7%	3.5%	4.6%	3.1%	3.4%	3.8%	3.7%	3.7%	4.2%
All aged 66 years and over	11.5%	14.8%	14.2%	6.1%	12.6%	11.3%	10.3%	11.9%	10.2%	9.2%
Other family composition	0.5%	0.5%	0.5%	1.0%	0.4%	0.4%	0.6%	0.5%	0.6%	0.8%
Other multi-family households	3.9%	3.6%	3.9%	5.8%	2.9%	3.0%	3.6%	3.7%	4.2%	4.2%

Source: Census 2021 (Table TS003)

Table 21 Tenure and Tenure of Households with and without Dependent Children

Area	All Households Owned	All Households Social rented	All Households Private rented	Households without Children Owned	Households without Children Social rented	Households without Children Private rented	Households with Children - Owned	Households with Children - Social rented	Households with Children- Private rented
Adur	72.7%	12.4%	14.9%	75.8%	11.6%	12.5%	64.2%	14.5%	21.3%
Arun	72.4%	9.3%	18.3%	76.3%	8.0%	15.8%	59.5%	13.9%	26.6%
Chichester	66.8%	15.1%	18.2%	69.9%	12.9%	17.2%	56.2%	22.4%	21.3%
Crawley	57.0%	22.9%	20.1%	61.3%	20.6%	18.1%	48.7%	27.3%	23.9%
Horsham	74.0%	11.5%	14.6%	75.3%	10.4%	14.2%	70.2%	14.4%	15.4%
Mid Sussex	73.9%	10.8%	15.3%	75.1%	10.1%	14.8%	71.1%	12.3%	16.6%
Worthing	68.2%	9.8%	22.1%	69.9%	9.2%	20.8%	63.1%	11.3%	25.6%
West Sussex	69.7%	12.7%	17.6%	72.5%	11.3%	16.3%	62.2%	16.6%	21.3%
South East	67.1%	13.6%	19.3%	69.4%	12.6%	18.0%	61.4%	16.1%	22.4%
England	62.3%	17.1%	20.6%	64.8%	15.9%	19.3%	56.2%	20.0%	23.8%

Source: Census 2021, Private Rented group includes a small number of households who rent for free.

Tenure

Approximately 70% of households in West Sussex are owned (with or without a mortgage), this is higher than the home ownership rate across England (62.3%) and the South East (67.1%).

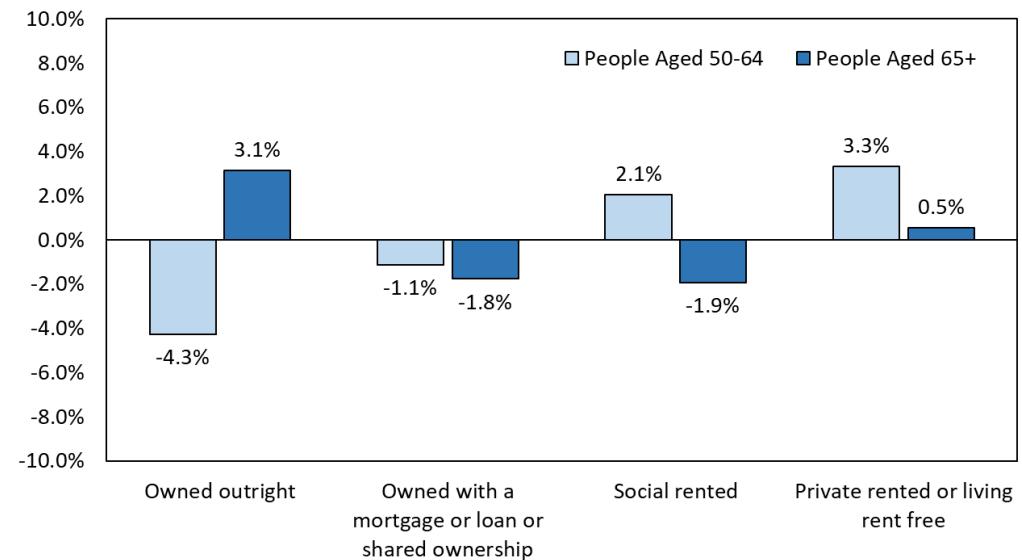
Rates of home ownership in West Sussex range from 57% in Crawley to 74% in Horsham.

Home ownership varies with age and household type. Crawley was developed as a New Town in the 1950s and 1960s and has a high proportion of homes which are socially rented, 23% compared with 17% nationally.

Households with dependent children are more likely to live in rented homes. In Crawley the majority of households with dependent children live in rented accommodation. But this is also true in areas of high home ownership overall, of note in Chichester 22.4% of households with dependent children live in socially rented homes, this is higher than England overall (20%).

Tenure in the 50-64 years age groups has shown a movement towards renting. Between 2011 and 2021 there was a fall in outright ownership of 4.3% and increase in private renting by 3.3%.

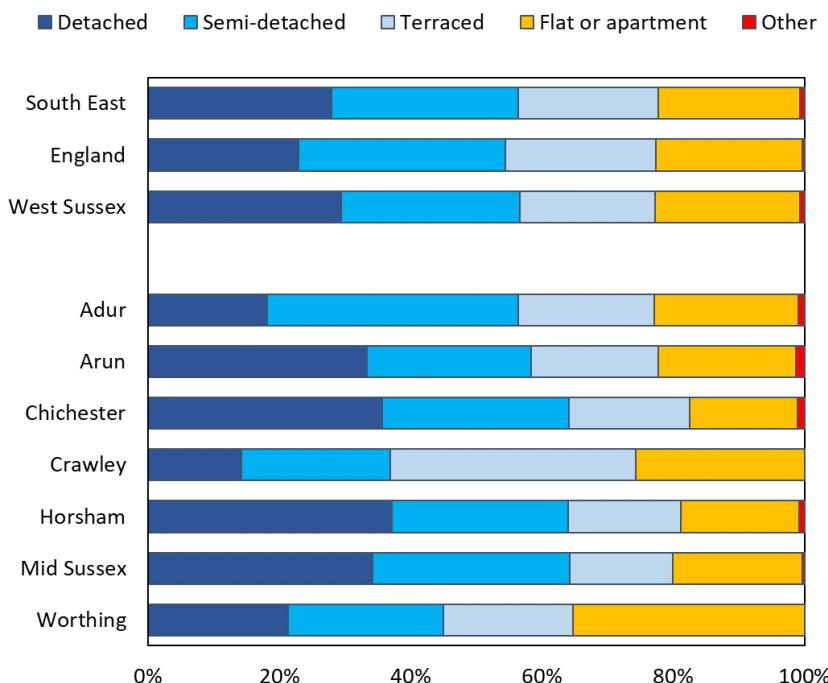
Figure 17 Change in Tenure (older Age Groups) 2011 and 2021- West Sussex



Accommodation Type

West Sussex has a similar proportion of houses (whether detached, semi-detached, or terraced) compared with the South East. In Worthing 35.3% of households are flats, apartments or maisonettes, a far higher percentage than the county, or England.

Figure 18 Accommodation Type



Source: Census 2021

Occupancy Rating

Definition: The occupancy rating of a household uses an assumption called the Bedroom Standard, under this standard specific people are assumed to require one room, such as an adult couple, two children under 9 years regardless of sex, etc. A rating of -1 or less implies that a household's accommodation has fewer bedrooms than required (overcrowded), +1 or more implies that a household's accommodation has more bedrooms than required (under-occupied) and a rating of 0 suggests that a household has an ideal number of bedrooms.

Crawley has a higher percentage of homes rated as overcrowded compared with West Sussex and England, with almost 3,000 household estimated to have fewer bedrooms than required.

In Chichester, Horsham, and Mid Sussex 40%+ of households are estimated to underoccupy with a rating of 2+.

Table 22 Occupancy Rating (Bedroom) (*excludes homes with rating of 0*)

Area	+2 or more	+2 or more (%)	+1	+1 (%)	-1	-1 (%)	-2 or less	-2 or less (%)
Adur	8,701	31.4	10,679	38.6	742	2.7	91	0.3
Arun	25,931	35.7	26,586	36.6	1,944	2.7	224	0.3
Chichester	23,398	43.2	17,479	32.3	912	1.7	96	0.2
Crawley	13,446	29.6	13,492	29.7	2,630	5.8	442	1.0
Horsham	27,749	44.5	19,743	31.7	936	1.5	83	0.1
Mid Sussex	27,709	43.7	19,898	31.4	1,204	1.9	129	0.2
Worthing	14,596	29.5	17,688	35.7	1,511	3.1	134	0.3
West Sussex	141,530	37.7	125,565	33.5	9,879	2.6	1,203	0.3

Source: Census 2021

Central Heating

Overall, there are 4,720 households (1.3% of households) without any form of central heating, slightly lower than England (1.5%). Of note, some areas of the county, not connected to mainstream gas, have higher rates of people dependent on oil fired central heating, with 10% of households in Chichester using oil fired central heating and 7.7% in Horsham. In Chichester 2.9% of households use tanked or bottled gas.

Unoccupied Dwellings

Definition: The ONS define unoccupied dwellings as “units of accommodation that have no usual residents. Some may be used by short-term residents or visitors as second homes, while some are truly vacant, that is, have no indication of being used as a second home and are not inhabited by short-term residents.” “Truly” vacant buildings are those where there are no usual residents living in these dwellings and there was no indication of these being used by short-term residents or visitors.

Information from the census is used alongside a range of administrative data to provide an estimate of truly vacant dwellings and second homes⁴. In 2021 there were an estimated 16,151 vacant dwellings.

Table 23 Vacant Dwelling and Second Homes - West Sussex 2021 (ONS)

Area	Vacant dwellings	Second homes (with no usual residents)
Adur	950	90
Arun	3,485	590
Chichester	3,900	1,675
Crawley	1,155	55
Horsham	2,320	175
Mid Sussex	2,640	110
Worthing	2,065	240
West Sussex	16,515	2,935

Housing Supply

In 2022/23 there were 3,884 additional dwellings⁵ in West Sussex., this is down from a peak in 2020/21 of almost 6,000 homes.

Table 24 Net Additional Dwellings 2012/12 to 2022/23 – West Sussex

Year	Adur	Arun	Chich.	Craw	Hors	Mid Sussex	Worthing	West Sussex
2012/13	147	512	398	32	450	488	187	2,214
2013/14	88	397	329	120	792	581	260	2,567
2014/15	93	642	561	168	820	566	366	3,216
2015/16	27	935	680	509	1,178	829	493	4,651
2016/17	60	648	664	549	762	944	362	3,989
2017/18	110	743	790	322	1,098	558	497	4,118
2018/19	109	639	735	465	1,358	609	307	4,222
2019/20	9	542	642	405	921	902	411	3,832
2020/21	2,205	721	630	521	737	1,042	122	5,978
2021/22	98	662	701	358	664	1,122	246	3,851
2022/23	105	929	916	190	414	1,062	269	3,885

Source: Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government

Affordable Housing

In 2022/23 there are an additional 1,319 affordable homes built or acquired in West Sussex, of these 406 were for home ownership schemes. Looking at data over a longer period it is evident that the majority of affordable housing is for affordable rent.

⁴ For the process taken to identify vacant homes refer to the [ONS website](#).

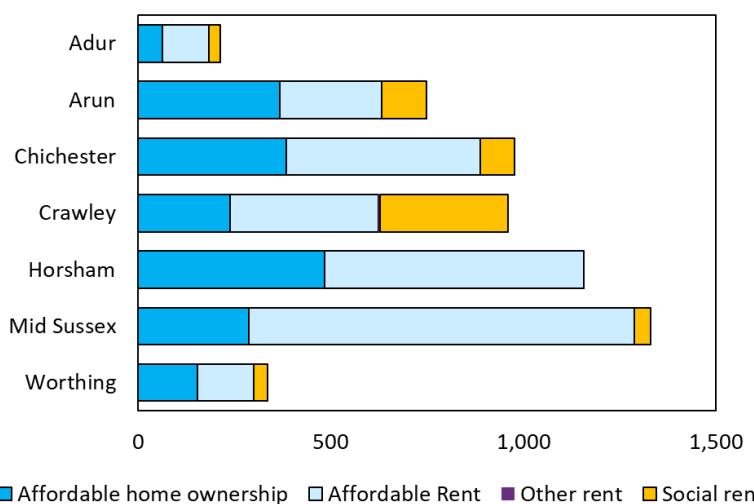
⁵ Net additional includes new builds, change of use, conversions and takes account of loss of dwellings for example from demolition.

Table 25 New Affordable Housing

Year	Adur	Arun	Chich.	Craw	Hors.	Mid Sussex	Worth.	Total
2012/13	27	164	80	49	103	108	54	585
2013/14	1	110	127	81	292	138	11	760
2014/15	35	330	297	106	159	229	72	1,228
2015/16	5	48	98	112	167	79	12	521
2016/17	0	103	135	249	120	82	56	745
2017/18	36	183	154	172	378	178	27	1,128
2018/19	100	98	137	172	553	73	105	1,238
2019/20	30	107	179	200	274	139	141	1,070
2020/21	24	204	113	172	233	197	25	968
2021/22	50	131	159	292	87	398	11	1,128
2022/23	10	208	390	125	9	524	53	1,319

Figure 19 Type of Additional Affordable Housing (5 Years Combined Data)

2018/19 to 2022/23)



Source: DLUHC, Live Tables 1006C 1006aC 1007C 1008C

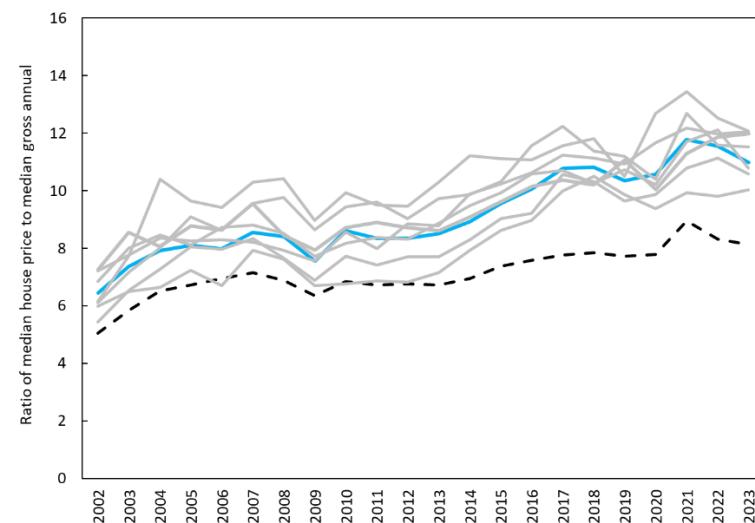
Housing Affordability

Buying

The median house price in West Sussex for year ending September 2023 was £390,000. The ratio of median house price to median (gross) income was 11:1. In today's market to purchase a property of £390,000 is likely to require a deposit of between £58,000 and £78,000, and monthly mortgage repayments, depending on term and interest rates, between £1,500 and £1,800 a month.

House price to earnings ratios across West Sussex are higher than the England and Wales average and over the last 20 years the gap between West Sussex and the England and Wales ratios has widened.

Figure 20 Ratio of Median House Prices to Median (Gross) Earnings 2002 to 2023, West Sussex (blue line) E&W black line, Districts and Boroughs – grey lines



Source: ONS

Renting

Data on rental prices are broken down by size, providing information from studios through to three-bedroom properties.

Table 26 Average Private Rents West Sussex District and Boroughs (Feb 2024)

Area Name	One Bedroom	Two Bedrooms	Three Bedrooms	Four or more Bedrooms	All categories
Adur	£914	£1,193	£1,480	£1,951	£1,297
Arun	£737	£1,000	£1,227	£1,791	£1,081
Chichester	£846	£1,101	£1,366	£1,962	£1,208
Crawley	£926	£1,212	£1,436	£2,031	£1,305
Horsham	£890	£1,185	£1,496	£2,188	£1,295
Mid Sussex	£883	£1,139	£1,432	£1,997	£1,258
Worthing	£833	£1,117	£1,353	£1,874	£1,228

Housing Quality

'Poor housing' is defined as 'a dwelling that fails to meet the statutory minimum standard of housing in England', i.e., a dwelling that contains one or more Category 1 Housing Health and Safety Rating System (HHSRS) hazards.

The **Housing Health and Safety Rating System (HHSRS)** is a risk-based assessment that identifies hazards in dwellings and evaluates their potential effects on the health and safety of occupants and their visitors, particularly vulnerable people. The most serious hazards are called Category 1 hazards and where these exist in a home, it fails to meet the statutory minimum standard for housing in England. In using this risk-based assessment tool Environmental Health Officers ((EHOs) consider the likelihood and severity of a risk (irrespective of tenure).

Category 1 means that a risk is serious and immediate, less serious risks are Category 2.

Source: ONS

Table 27 Summary of the Category 1 Hazards

Number	Hazard	Health Effects
1	Damp and mould growth - Health threats due to dust mites, mould or fungal including mental and social wellbeing health threats associated with damp, humid and mouldy conditions	Allergies, asthma, effects of toxins from mould and fungal infections
2	Excess cold - Threats to health from cold indoor temperatures. A healthy indoor temperature is 18°C to 21°C	Respiratory conditions: flu, pneumonia, and bronchitis Cardiovascular conditions: heart attacks and strokes
3	Excess heat -Threats due to high indoor temperatures	Dehydration, trauma, stroke, cardiovascular and respiratory
4	Asbestos and MMF - Exposure to asbestos fibres and Manufactured Mineral Fibres (MMF)	Asbestos: Damage to lungs MMF: Damage to skin, eyes, and lungs
5	Biocides - Threats to health from chemicals used to treat timber and mould growth	Risk from breathing in, skin contact and swallowing of the chemical
6	Carbon Monoxide and fuel combustion products -Excess levels of carbon monoxide, nitrogen dioxide, sulphur dioxide and smoke	Dizziness, nausea, headaches, disorientation, unconsciousness, and breathing problems
7	Lead - Threats to health from lead ingestion from paint, water pipes, soil, and fumes from leaded petrol	Lead poisoning causing nervous disorders, mental health, and blood production issues
8	Radiation -Health threats from radon gas and its daughters, primarily airborne but also radon dissolved in water	Lung cancer caused by exposure, which increases amount and length of exposure
9	Uncombusted fuel gas -Threat from fuel gas escaping into the atmosphere within a property	Suffocation
10	Volatile organic compounds - Threat to health from a diverse group of organic chemicals including formaldehyde that are gaseous at room temperature and can be found in a wide variety of materials in the home	Allergies, irritation to the eyes, nose and skin, headaches, nausea, dizziness, and drowsiness
11	Crowding and space -Hazards associated with lack of space for living, sleeping and normal household or family life	Psychological distress and mental disorders, increased risk of hygiene issues, accidents and personal space and privacy compromised
12	Entry by intruders - Problems keeping a property secure against unauthorised entry and maintaining defensible space	Fear of burglary occurring, stress and anguish caused by burglary and injuries caused by the intruder
13	Lighting -Threats to physical and mental health associated with inadequate natural or artificial light, including the psychological effects associated with the view from the property through glazing	Depression and psychological effects due to lack of natural light. Eye strain from glare and inadequate light
14	Noise - Threats to physical and mental health due to exposure to noise within the property or within its curtilage	Psychological and physiological changes resulting from lack of sleep, poor concentration, headaches, and anxiety
15	Domestic hygiene, pests, and refuse - Health hazards due to poor design, layout and construction making it hard to keep clean and hygienic, attracting pests and inadequate and unhygienic provision for storing household waste	Stomach and intestinal disease, infection, asthma, allergies, disease from rats and physical hazards

Number	Hazard	Health Effects
16	Food safety - Threats of infection from poor provision and facilities to store, prepare and cook food	Stomach and intestinal disease, diarrhoea, vomiting, stomach upset and dehydration
17	Personal hygiene, sanitation, and drainage - Threats of infections and threat to mental health associated with personal hygiene, including personal and clothes washing facilities, sanitation, and drainage	Stomach and intestinal disease, skin infections and depression
18	Water supply -Threats to health from contamination by bacteria, parasites, viruses, and chemical pollutants due to the quality of water supply for drinking household use such as cooking, washing and sanitation	Dehydration, fatigue, headaches, dry skin, bladder infections and legionnaires disease
19	Falls associated with baths - Falls associated with a bath, shower, or similar facility	Physical injuries: cuts, lacerations, swellings, and bruising.
20	Falls on the level surfaces - Falls on any level surface such as floor, yards, and paths, including falls associated with trip steps, thresholds, or ramps where the change in level is less than 300mm	Physical injuries: bruising, fractures, head, brain, and spinal injuries
21	Falls associated with stairs and steps -Falls associated with stairs and ramps where the change in level is greater than 300mm. It includes internal stairs or ramps within a property, external steps or ramps associated with the property, access to the property and to shared facilities or means of escape from fire and falls over stairs, ramp, or step guarding	Physical injuries: bruising, fractures, head, brain, and spinal injuries
22	Falls between levels - Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Including falls from balconies, landings or out of windows	Physical injuries
23	Electrical hazards - Hazards from electric shock and electricity burns	Electric shock and burns
24	Fire - Threats to health from exposure to uncontrolled fire and associated smoke. It includes injuries from clothing catching fire, a common injuring when trying to put a fire out.	Burns, being overcome by smoke or death
25	Flames, hot surfaces, and materials - Burns or injuries caused by contact with a hot flame or fire, hot objects, and non-water-based liquids. Scalds caused by contact with hot liquids and vapours.	Burns, scalds, permanent scarring, and death.
26	Collision and entrapment -Risks of physical injuries from trapping body parts in architectural features such as trapping fingers in doors and windows and colliding with objects such as windows, doors, and low ceilings	Physical injuries such as cuts and bruising to the body
27	Explosions -Threats from the blast of an explosion, from debris generated by the blast and from partial or total collapse of a building because of the explosion	Physical injuries, crushing, bruising, puncture, fractures, head, brain, and spinal injuries.
28	Ergonomics - Threats of physical strain associated with functional space and other features at the dwelling	Strain and sprain injuries
29	Structural collapse and falling elements The threat of the dwelling collapsing, or part of the fabric being displaced or falling due to inadequate fixing or disrepair or as a result of adverse weather conditions.	Physical injuries

Source: reproduced from by summary drafted by Stafford Borough Council

The '[Cost of Poor Housing in England](#)' a report by the Building Research Establishment (BRE) has provided estimates of the cost burden to the NHS caused by Category 1 hazards and ranked burdens in order. The report also estimated the years it would take to achieve a return on investment following mitigation/treatment of risk.

Table 28 Category 1 Hazards and Cost of Mitigation

Category 1' Hazard	Number recorded	Annual cost to NHS	Total cost to mitigate hazard	Pay back (yrs)	Annual savings to society if hazard mitigated
Excess cold	836,000	£857m	£6bn	7	£15.3bn
Falls on stairs	1,048,000	£219m	£1.3bn	6	£1.7bn
Falls on level	410,000	£104m	£350m	3	£258m
Falls between stairs	181,000	£51m	£229m	4	£280m
Dampness	75,000	£38m	£269m	7	£96m

Decent Home Standard

A decent home must:

- meet the statutory minimum standard for housing (the Housing Health and Safety Rating System) any home with a Category 1 hazard under the HHSRS are non-decent.
- provide a reasonable degree of thermal comfort.
- be in a reasonable state of repair.
- have reasonably modern facilities and services.

ONS Data - Housing Standards at a Local Authority Level

Data have been published by the ONS providing estimates, at local authority level, of the number of homes that are deemed to be non-decent (as defined by the Decent Homes Standard) and also the number of homes deemed unsafe due to having a category 1 hazard.

Data have also been broken down by tenure and dwelling type, with most dwellings estimated to be non-decent standard or with a Cat 1 hazard being owner occupied.

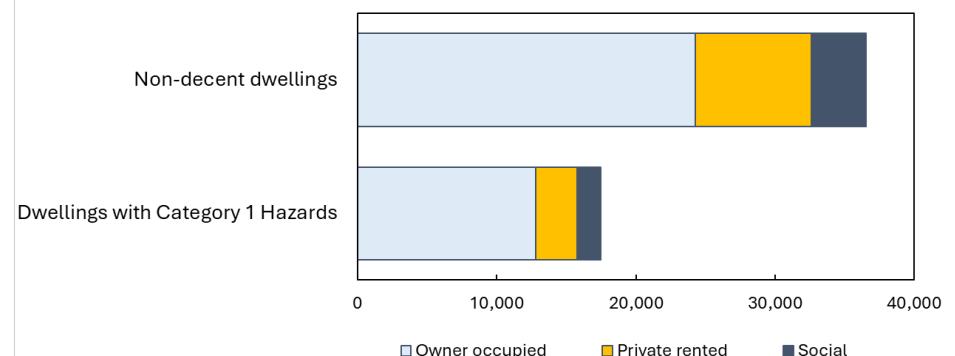
It is important to note that data are modelled, and the ONS classify the dataset as experimental. Vacant homes are excluded from the modelling.

Table 29 English Housing Survey: housing stock condition modelling, 2020 for West Sussex

Area	Estimate of non-decent standard dwellings	Estimate of dwellings with a Cat 1 Hazard
Adur	2,300	950
Arun	7,100	3,000
Chichester	6,850	4,050
Crawley	2,950	1,050
Horsham	6,100	3,350
Mid Sussex	5,300	2,750
Worthing	5,950	2,300
West Sussex	36,550	17,450

Source: ONS

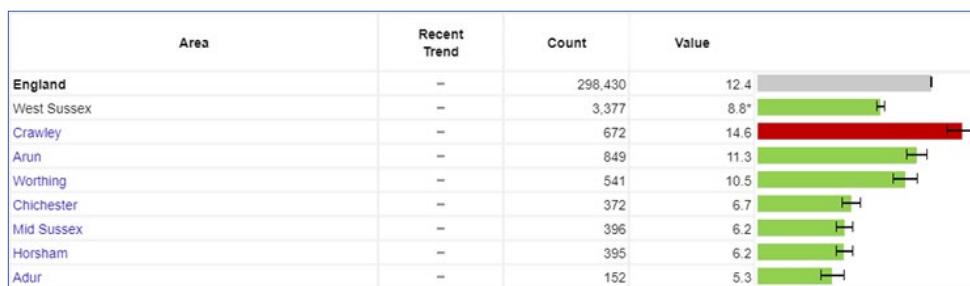
Figure 21 Estimated Condition by Tenure (2020 modelled Estimates)



Homelessness

In 2022/23 3,377 households across West Sussex were assessed as being owed a duty under the Homelessness Reduction Act. Crawley had the highest rate of households (per 1,000 households) owed a duty. The rate in Crawley was significantly higher than England.

Figure 22 Households owed a duty under the Homelessness Reduction Act, Rate per 1,000 Households 2022/23



Source: OHID Fingertips screenshot, data from Ministry of Housing, Communities & Local Government

Reasons for Homelessness

In the period October to December 2023 the end of private rented Assured Shorthold Tenancy (AST) was the most common reason for households being owed a prevention duty⁶ (43%). For households owed a relief duty, family, or friends no longer willing or able to accommodate was the most common reason for homelessness.

Table 30 Reasons for Homelessness, Oct 2023 to December 2023 West Sussex

	Prevention Duty (number)	Prevention Duty (%)	Duty of Relief (number)	Duty of Relief (%)
Total	419	100%	485	100%
End of assured shorthold (AST) private rented tenancy	181	43.2%	64	13.2%
End of non-AST private rented tenancy	27	6.4%	22	4.5%
Family or friends no longer willing or able to accommodate	93	22.2%	114	23.5%
Non-violent relationship breakdown with partner	14	3.3%	39	8.0%
Total Domestic abuse	14	3.3%	78	16.1%
Other violence or harassment	10	2.4%	17	3.5%
Total end of social rented tenancy	23	5.5%	8	1.6%
Total evicted from supported housing	19	4.5%	31	6.4%
Total Departure from institution	6	1.4%	26	5.4%
Required to leave accomm. provided by Home Office as asylum support	3	0.7%	56	11.5%
Home no longer suitable - disability / ill health	6	1.4%	5	1.0%
Other reasons / not known	23	5.5%	25	5.2%

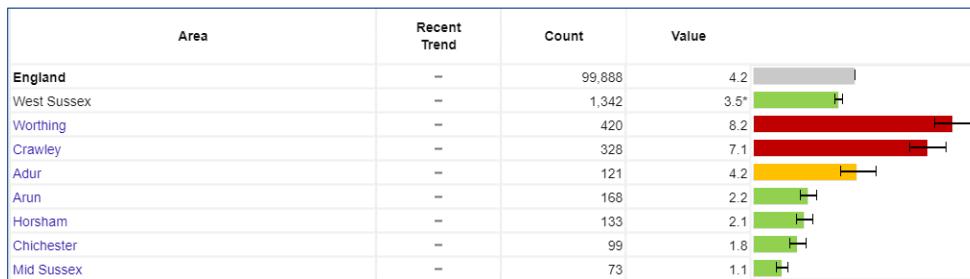
Source: Ministry of Housing, Communities & Local Government

Households in Temporary Accommodation (TA)

In 2022/23 across West Sussex there were 1,342 households in temporary accommodation. Worthing and Crawley had the highest rates, both significantly higher than England.

⁶ Prevention duties include activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duties are owed to households that are already homeless and require help to secure settled accommodation.

Figure 23 Households in temporary accommodation, crude rate per 1,000 estimated total households.



Source: OHID Fingertips, data from Ministry of Housing, Communities & Local Government

Over the last 4 years Adur and Worthing have seen the largest percentage increases in households in temporary accommodation followed by Crawley.

Table 31 Number of households in temporary accommodation.

Area	2019/20	2020/21	2021/22	2022/23	Change- 2019/20 to 2022/23	% Change
Adur	46	81	115	121	75	163%
Arun	132	114	151	168	36	27%
Chichester				99	99	Not available
Crawley	175	241	276	328	153	87%
Horsham	108	100	113	133	25	23%
Mid Sussex	71	96	112	73	2	3%
Worthing	142	256	331	420	278	196%

Source: OHID Fingertips

Of the 1,463 households in temporary accommodation in West Sussex between October and December 2023, 690 households had children and a total of 1,390 children were in temporary accommodation.

Table 32 Households in Temporary Accommodation - West Sussex October to December 2023

Area	Total number - households in TA	Households in TA per (000s)	Households in TA with children	Total number of children in TA
England	112,660	4.7	71,280	145,800
Adur	135	4.7	55	96
Arun	200	2.7	122	241
Chichester	73	1.3	10	24
Crawley	458	9.9	256	534
Horsham	139	2.2	89	185
Mid Sussex	69	1.1	34	74
Worthing	389	7.6	124	236
West Sussex	1,463	3.8	690	1,390

Source: Department of Levelling Up Housing and Local Government

Rough Sleeping

The autumn 2023 snapshot⁷ of rough sleepers provided an estimate of 55 rough sleepers in West Sussex, with 17 in Worthing and 16 in Crawley.

⁷ Refer to DLUHLG for background definitions and methodology

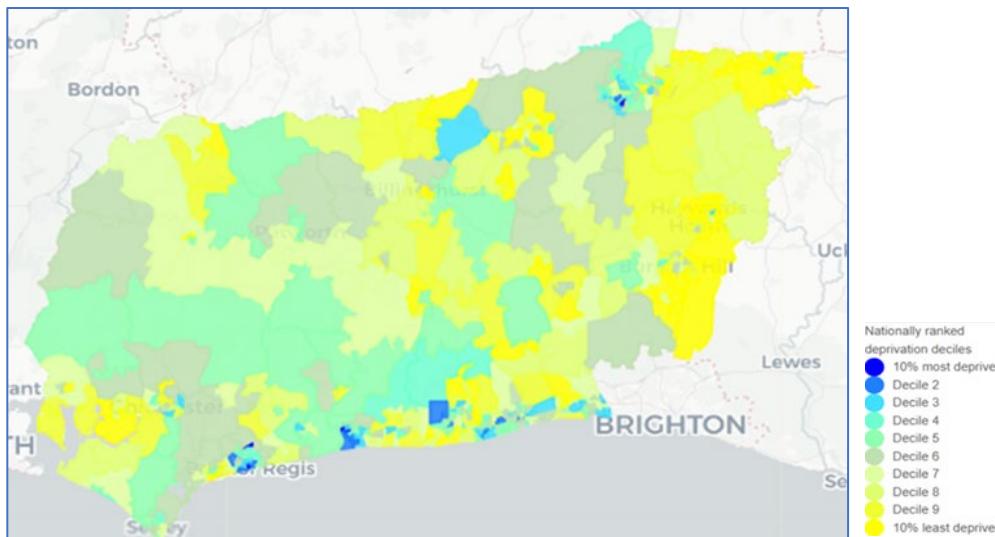
<https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2023/rough-sleeping-snapshot-in-england-autumn-2023>

Poverty and Deprivation

Index of Deprivation 2019

The Index of Deprivation 2019 (ID2019) measures relative deprivation, i.e., how deprived one area is compared with another; it doesn't measure absolute deprivation, i.e., how deprived an area is compared with how deprived it was a year ago. The index uses seven domains of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. Overall, the county is one of the least deprived areas in the country, but some neighbourhoods in Arun and Crawley rank amongst the poorest 10% of all areas in England. The map below shades areas of the county according to their relative position on the ID2019. Areas shaded dark blue are within the most deprived 10% of all neighbourhoods in the country and, areas shaded dark yellow are within the least deprived.

Figure 24 Deprivation 2019 - West Sussex



Census 2021 – Dimensions of Deprivation

The ONS use census data to classify households in relation to different “dimensions” of deprivation, based on four selected household characteristics:

- **Education:** Classified as deprived in the education dimension if no one has at least level 2 education and no one aged 16 to 18 years is a full-time student.
- **Employment:** Classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or long-term sick.
- **Health:** Classified as deprived in the health dimension if any member is disabled.
- **Housing:** Classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

In West Sussex there are approximately 375,000 households, of these 191,150 were not deprived (51%); 810 households were deprived in all four dimensions (0.2%). Crawley has the highest percentage of deprived households, with 4% deprived in at least three dimensions.

Table 33 Number of Deprived Households – West Sussex

Area	Not deprived in any dimension	Deprived in one dimension	Deprived in two dimensions	Deprived in three dimensions	Deprived in four dimensions
Adur	12,585	9,870	4,195	935	90
Arun	33,370	26,510	10,515	2,075	195
Chichester	28,935	18,010	5,915	1,185	70
Crawley	20,935	15,810	6,930	1,710	120
Horsham	35,370	19,800	6,035	1,070	90
Mid Sussex	36,300	19,835	6,080	1,070	70
Worthing	23,655	17,225	6,875	1,600	185
West Sussex	191,150	127,070	46,545	9,640	810

Core20Plus5

In 2021 the NHS introduced the Core20PLUS5 approach to tackle health inequalities. The “Core 20” – refers to the most deprived 20% of the national population as identified by the Index of Multiple Deprivation (IMD).

The “Plus” refers to locally identified groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the ‘Core20’ alone.

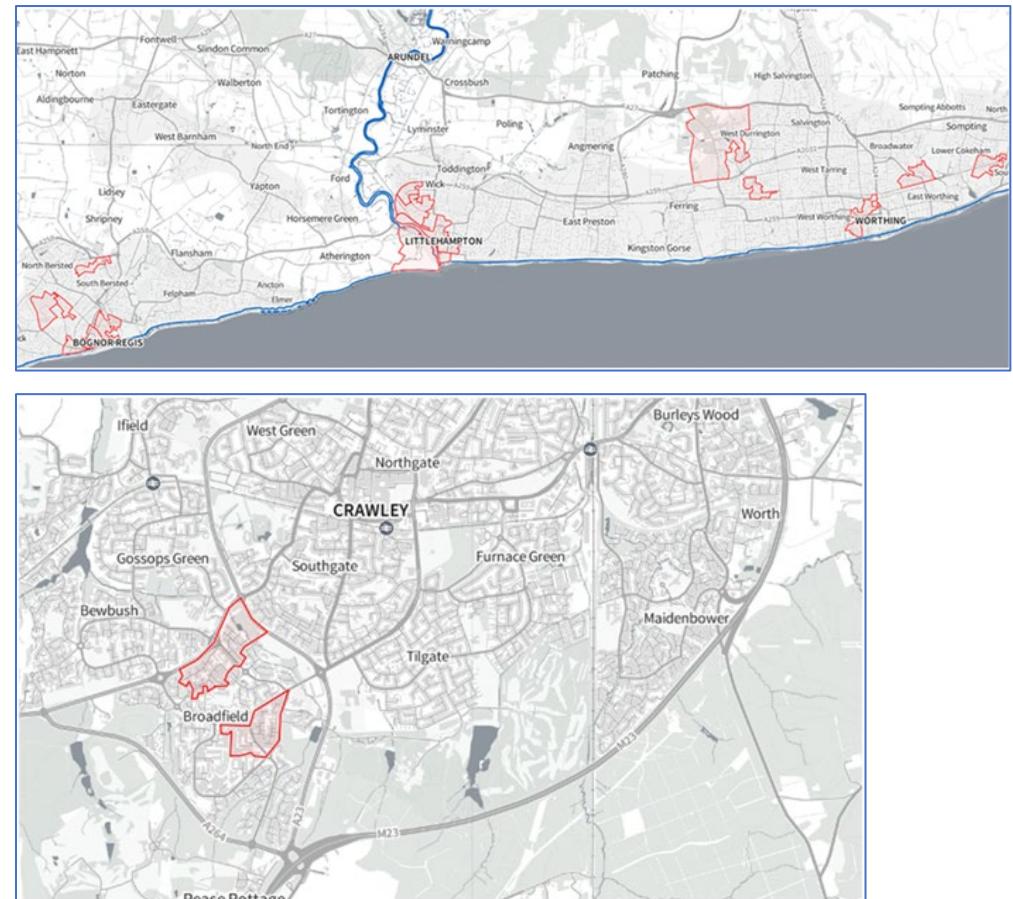
The “5” refers to five clinical areas of focus (maternity, severe mental illness (SMI), chronic respiratory disease, early cancer diagnosis, hypertension case-finding), each having specific indicators.

Figure 25 NHS Core20Plus5



For this NHS approach there are areas in the south west of Crawley and within Littlehampton, Bognor, Durrington and Worthing that fall into the “Core20”. These are shown on the maps opposite.

Figure 26 Most Deprived Areas – Coastal West Sussex and Crawley



Source: Maps taken from the OHID Shape Tool.

Child Poverty

The rate of child poverty, at county level, is lower compared with the Southeast and England. In West Sussex using DWP data (for children under 16 years) in 2022/2023 there were:

- 20,290 children in relative⁸ low-income families.
- 16,10 children in absolute⁹ low-income families.

Child poverty rates differ across the county and fluctuate from year to year. In some areas the rate of child poverty has remained relatively stable, in others it has increased considerably. Of note Crawley where the child poverty rate had been below that of the South East and UK overall has seen a rise in child poverty from 15.5% in 2017 to almost 19% in 2023.

Table 34 Children Living in Low Income Households 2017 to 2023

Area	2017	2018	2019	2020	2021	2022	2023
Adur	14.6%	14.8%	15.3%	15.2%	16.9%	16.5%	13.3%
Arun	15.0%	15.5%	16.3%	17.0%	17.6%	18.9%	16.0%
Chichester	11.7%	12.1%	13.0%	13.4%	14.3%	15.6%	13.3%
Crawley	15.5%	16.7%	17.4%	19.1%	21.0%	22.0%	18.8%
Horsham	8.8%	8.5%	9.1%	9.3%	10.7%	10.6%	9.2%
Mid Sussex	7.6%	7.7%	7.7%	8.2%	9.3%	9.0%	7.6%
Worthing	13.4%	14.1%	14.4%	14.4%	15.8%	15.7%	13.4%
South East	12.7%	13.2%	13.7%	13.9%	14.8%	15.1%	13.1%
UK	16.9%	18.0%	18.2%	19.3%	18.7%	20.1%	20.1%

Source: Department of Work and Pensions, Children in Low Income Households, [data are available at lower geographies](#).

Older Person Poverty

Less frequent data are available at local authority relating to pensioner poverty. In 2019 22,360 people aged 60+ years in West Sussex were estimated to be living in poverty.

Table 35 Older people in poverty, income deprivation affecting older people Index (IDAOP1)

Area	Number	Percentage
Adur	2,170	11.8%
Arun	5,820	10.8%
Chichester	3,190	8.2%
Crawley	2,690	13.7%
Horsham	2,510	6.6%
Mid Sussex	2,550	6.8%
Worthing	3,440	11.5%
West Sussex	22,360	9.5%
England (2019)		14.5%

Source: OHID, derived from the Index of Deprivation 2019

Nationally in 2022/23 the DWP estimate that 16% of pensioners in the UK had incomes, after housing costs, of less than 60% median household income.

It should be noted that unlike children and working age poverty as a higher proportion of older people own their own home, housing costs tend to be lower, therefore poverty rates are higher before taking housing costs into consideration. Groups at higher risk of being in poverty are those who are tenants, in very older age groups, older people in ethnic minority groups, women and notably single women.

⁸ Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year.

⁹ Absolute low income is a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010/11. A family must have claimed one or more of Universal Credit, Tax

Credits or Housing Benefit at any point in the year to be classed as low income in these statistics. Children are dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education.

Pension Credit

Pension Credit is the main means tested benefit for older people, of its two elements¹⁰ the Guarantee Element is used to bring an older person up to a minimum income level. In West Sussex, in November 2023, approximately 15,200 older people in West Sussex were in receipt of the Guarantee Element of Pension Credit.

Table 36 People in Receipt of the Guarantee Element of Pension Credit (November 2023)

Area	Number in receipt of Guarantee Element	Mean weekly award (£)
Adur	1,400	£67.09
Arun	3,860	£67.13
Chichester	2,220	£66.36
Crawley	1,740	£93.31
Horsham	1,850	£68.53
Mid Sussex	1,780	£72.30
Worthing	2,310	£66.48
West Sussex	15,160	£70.70

Source: DWP (via StatExplore)

Pre-Retirement Poverty

The State Pension Age (SPA) has increased in the UK to the age of 67 years, in part as a response to the ageing population, and workforce shortages. At the same time analysis by the Fabian Society¹¹ has identified that while some people are entering retirement with relatively good incomes a quarter of people aged 60 to 65-year-olds are living in poverty, which is the highest poverty rate of any adult age group, and income disparities in this age group are becoming increasingly large.

This period of life is important for physical, mental, and economic health, at both individual and population level. There are known risk factors for

poverty for people in the “working age” 60s, and these are similar to risk factors at other age groups, including being a renter, being from an ethnic minority, being female and being single.

Out of Work Benefits

In May 2024, there were 14,130 people aged 16-64 years in West Sussex on out of work benefits, an estimated 2.7% of the 16-64 years population. This is lower than the overall England rate of 4.0%. Across West Sussex all areas except for Crawley have rates below the England rate.

Table 37 People Aged 16-64 Years on Out of Work Benefits (May 2024)

Area	Count	As % of residents aged 16-64
Adur	960	2.5%
Arun	3,090	3.3%
Chichester	2,105	3.0%
Crawley	3,115	4.0%
Horsham	1,660	1.9%
Mid Sussex	1,620	1.8%
Worthing	1,820	2.7%
West Sussex	14,370	2.7%

Source: DWP data accessed via nomwisweb.co.uk

People on Out of Work Benefits – by Age and Over Time

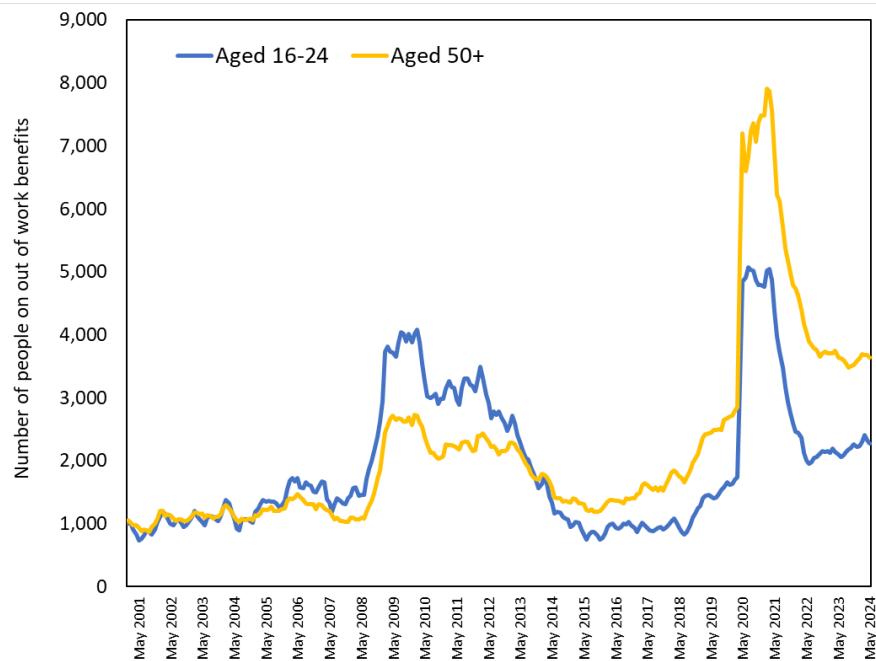
In May 2024, of the 14,310 people on out of work benefits the majority were aged between 25-49 years (8,385, 58.6%).

Looking at younger people entering the workforce, and those at older age (50–64-year-olds), data for May 2024 show numbers of both remaining higher than the pre-COVID pandemic.

¹⁰ The Savings Credit element is an extra amount for people aged 65 or over, who have made some provision for their retirement (such as savings, or a second pension).

¹¹ Fabian Society report ‘When I’m 64. A strategy to tackle poverty before state pension age: summary report”, April 2024.

Figure 27 Number of Younger People (16–24-year-olds) and Mid Life/Older People (50+) on Out of Work Benefits



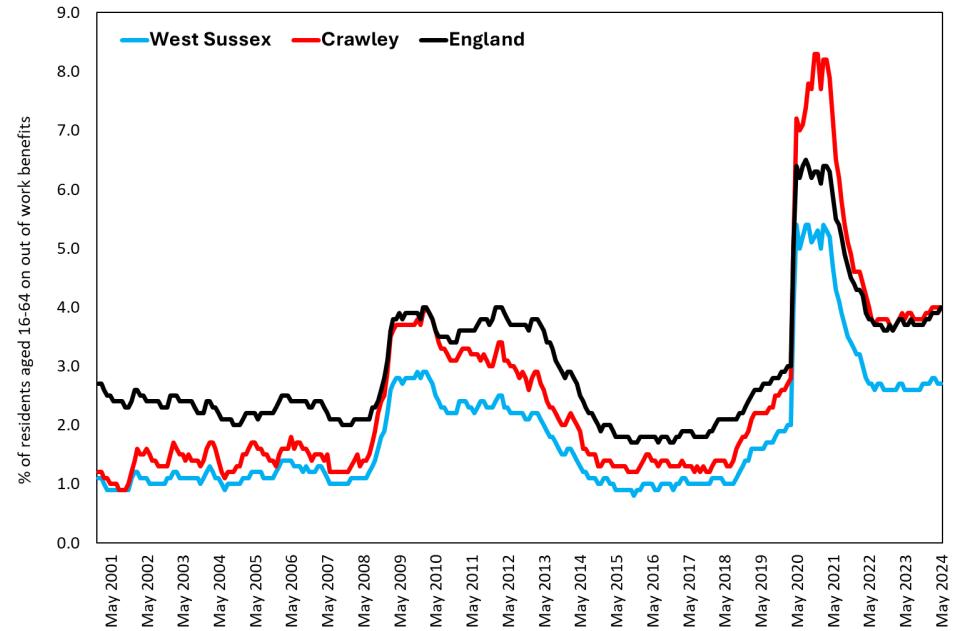
Source: DWP data accessed via nomwisweb.co.uk

Crawley

Looking over a longer time period the position of Crawley is of note. In 2008, during the financial crash, the rate of people on out of work benefits rose to the England rate but subsequently recovered.

In 2020, because of the COVID-19 pandemic, over 8% of adults aged 16–64 were on out of work benefits, while this has subsequently reduced, the rate (May 2024) remains at the England level of 4.0%. The dramatic rise in the claimant rate in Crawley between March 2020 and November 2020 was the 9th highest in the UK.

Figure 28 Percentage of 16-64 Year Olds on Out of Work Benefits Jan 2001 to May 2024



Source: DWP data accessed via nomwisweb.co.uk

Fuel Poverty

In West Sussex 9.3% of all households (35,850 households) are estimated to be living in fuel poverty compared with 13.1% in England. This measure is where a property has an energy efficiency rating of band D or below, and after householders spend the required amount to heat their home, they are left with a residual income below the official poverty line.

Education and Employment

Note data relating to readiness for school, school attainment and participation in further education are in the Starting Well section of this summary.

Qualifications – Census 2021

Overall West Sussex has a higher percentage of people with no qualifications compared with the South East but lower than England. Across the county the area with the highest percentage of adults with no qualifications is Arun, the lowest Mid Sussex.

Table 38 Highest Level of Qualification

Qualification Level	West Sussex Count	West Sussex Rate	SE	England
No qualifications	114,600	15.8%	15.4%	18.1%
Apprenticeship	39,250	5.4%	5.1%	5.3%
Other qualifications	20,800	2.9%	2.7%	2.8%
Level 1	76,650	10.5%	9.8%	9.7%
Level 2	110,250	15.2%	13.9%	13.3%
Level 3 qualifications	127,550	17.5%	17.4%	16.9%
Level 4/5 (degree +)	238,000	32.7%	35.8%	33.9%

Table 39 Qualifications

Area	No qual	% No qual	Level 4 & above	% with Level 4 qual
Adur	10,350	19.5%	14,800	28.0%
Arun	27,550	19.7%	36,850	26.4%
Chichester	15,550	14.9%	39,000	37.2%
Crawley	16,700	17.9%	25,750	27.5%
Horsham	15,050	12.5%	44,600	37.0%
Mid Sussex	14,450	11.7%	47,700	38.7%
Worthing	15,000	16.2%	29,300	31.7%
West Sussex	114,600	15.8%	238,000	32.7%
England	8,317,800	18.1%	15,606,450	33.9%

Source: Census 2021 Table RM055

Employment, Economic Activity, and Inactivity

Employment Rate - In 2023 77.5% of adults aged 16-64 years living in West Sussex were in employment. Note the relatively low rate in Chichester may in part relate to a relatively large number of students.

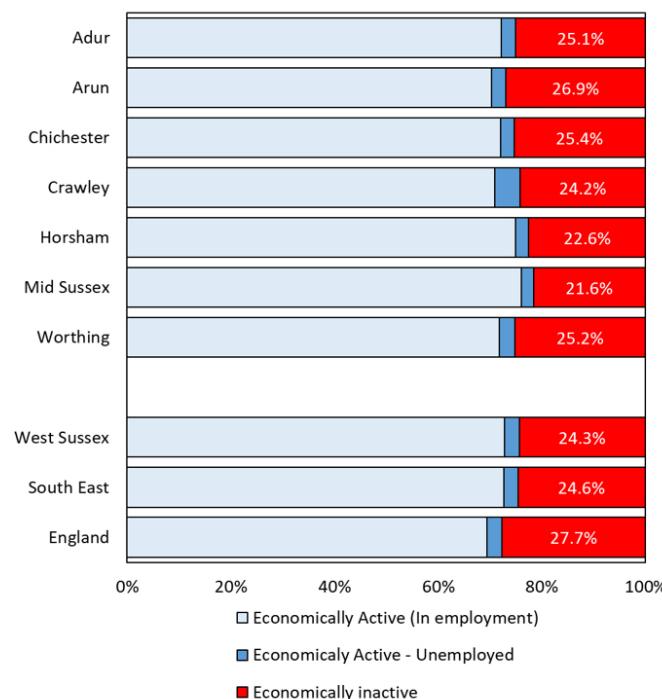
Table 40 Employment Rate 16-64 Year Olds

	2019	2020	2021	2022	2023
Adur	90.4	83.7	82.7	77.5	77.6
Arun	75.9	77.7	79.6	81.8	81.2
Chichester	85.2	73.1	71.2	63.1	65.5
Crawley	79.8	81.8	84.9	79.5	78.6
Horsham	82.4	78.3	74.3	90.1	78.0
Mid Sussex	84.0	79.8	82.3	82.7	78.7
Worthing	80.9	79.9	76.1	76.5	82.3
West Sussex	82.0	78.9	78.6	79.4	77.5
South East	79.5	78.2	77.7	78.1	79.3
England	76.0	75.6	75.1	75.8	76.0

Source: ONS

Economic inactivity of people aged 50-64 years in West Sussex overall is lower at 24.3% compared with 27.7% in England. There are differences within the county, with Arun having the highest inactivity rate at 26.9%. At an electoral ward level in Aldwick East (Arun District) approximately 33% of adults (and 40% of women) aged 50 to 64 years are economically inactive compared with 17% in Ashurst Wood (Mid Sussex District).

Figure 29 Economic Activity of 50–64-year-olds.



any direct benefits. Crawley had the lowest level of gross disposable household income at £18,927, below both the South East and England level.

Table 41 Average weekly pay (residence based), 2023.

Area	Gross median weekly pay
Adur	£525.70
Arun	£494.00
Chichester	£502.00
Crawley	£577.30
Horsham	£630.40
Mid Sussex	£675.30
Worthing	£575.00
West Sussex	£571.00
South East	£609.00
England	£577.00

Source: ONS

Table 42 Gross disposable household income (2021)

Area name	2021
Adur	£20,552
Arun	£21,849
Chichester	£26,683
Crawley	£18,927
Horsham	£27,234
Mid Sussex	£25,983
Worthing	£21,774
South East	£24,623
England	£22,213

Source: ONS

Income

Gross median weekly pay – based on the where people live, is highest in Horsham and Mid Sussex, and lowest in Arun (2023 data).

Gross disposable household income - The ONS publish, at lower tier local authority level, an estimate of the amount of money each individual within a household has available for spending, or for saving, after tax and receipt of

Industry

In West Sussex, at the time of the last census, 29% of people were employed in public administration, health, or education, rising to over a third in Worthing.

Table 43 Industry Employed In - Residents Aged 16+ Years.

Area	Total	A, B, D, E Agriculture, energy, and water	C Manufact. F Construction	G, I Distribution, hotels, and restaurants	H, J Transport, and communication	K, L, M, N Financial, real estate, professional admin. activities	O, P, Q Public administration, education, and health	R, S, T, U Other
Adur	29,824	2.3%	5.9%	11.4%	18.9%	8.7%	17.1%	30.6%
Arun	73,191	2.8%	8.1%	9.8%	22.6%	7.2%	15.1%	29.4%
Chichester	56,367	2.8%	6.6%	8.7%	19.0%	7.2%	18.6%	31.3%
Crawley	58,906	1.7%	5.5%	7.7%	22.3%	17.2%	17.7%	24.1%
Horsham	72,168	2.6%	6.2%	8.7%	17.0%	11.4%	21.8%	26.9%
Mid Sussex	76,576	1.9%	4.9%	8.7%	16.1%	10.8%	22.7%	29.7%
Worthing	53,558	2.3%	6.5%	8.5%	18.4%	8.1%	16.8%	34.3%
West Sussex	420,582	2.3%	6.2%	8.9%	19.1%	10.2%	18.8%	29.3%
South East	4,471,777	2.1%	6.0%	9.0%	18.4%	11.1%	18.6%	30.1%
England	26,405,215	2.3%	7.3%	8.7%	19.9%	9.8%	17.4%	30.2%
								4.6%

Source: Census 2021

Table 44 Employed in Health and Social Care Activities

Source: Census 202

Area	Human health activities		Residential care activities		Social work activities (without accommodation)	
	number	%	number	%	number	%
Adur	2,520	8.5	590	2	1,610	5.4
Arun	5,900	8.1	2,120	2.9	3,920	5.4
Chichester	5,170	9.2	1,060	1.9	2,300	4.1
Crawley	4,430	7.5	950	1.6	2,400	4.1
Horsham	4,720	6.5	1,090	1.5	2,780	3.9
Mid Sussex	6,630	8.7	1,370	1.8	3,120	4.1
Worthing	5,990	11.2	1,490	2.8	2,970	5.5
West Sussex	35,350	8.4	8,660	2.1	19,100	4.5
South East	369,760	8.3	71,030	1.6	181,080	4.0
England	2,343,840	8.9	405,650	1.5	1,107,160	4.2

Health and Social Care Workforce

Social Care

Skills for Care provide an analysis of information collected from the Adult Social Care Workforce Data Set (ASC-WDS) and provide estimates for the size and characteristics of the social care workforce. The following are a summary of statistics published by Skills for Care for the year 2022/23.

As at March 2023, West Sussex had 539 CQC-regulated services; 338 were residential and 201 were non-residential services.

Overall, there were an estimated 28,000 jobs, with approximately 15,000 in residential and nursing care. There was a vacancy rate (overall) of 11.3% (England 9.7%) and a turnover rate of 33.9% (England 29.1%).

Table 45 Social Care Workforce - Posts and Vacancies

Social care workforce	Posts	Vacant Posts
All Posts	28,000	2,700
Care Home – with Nursing	7,500	850
Care Home	6,800	450
Non residential	7,600	850

In total in 2022/23 there were an estimated 25,000 jobs in social care (filled posts), 84% of these were in the independent sector, 4% employed by local authorities, 7% working for direct payment recipients and 5% other sectors. 78% of workers are female, 30% aged 55 years or over.

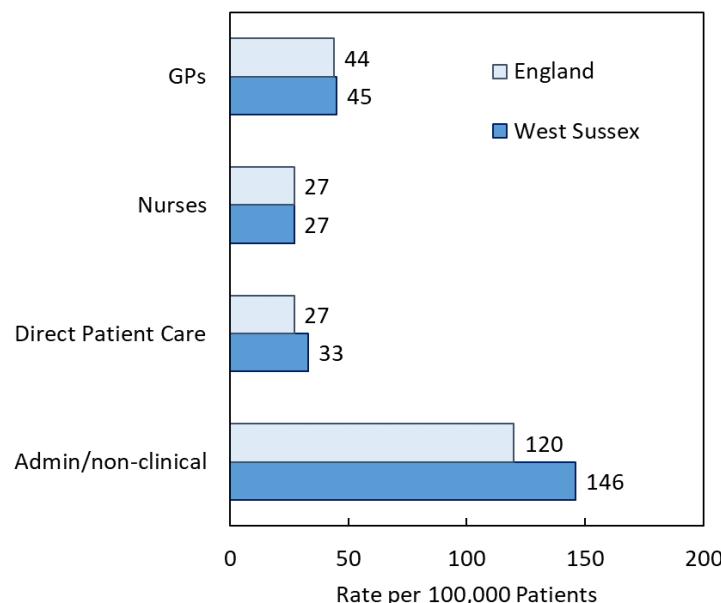
Primary Care Workforce (as of May 2024)

[NHS Digital publish information relating to staffing in primary care.](#)

Table 46 Primary Care Practice Staff

Role	Full Time Equivalent	Headcount
GPs	534	720
Nurses	256	370
Direct Patient Care	314	446
Admin/non-clinical	1,372	1,926

Figure 30 Staff Role per 100,000 Patients West Sussex (Compared with England)

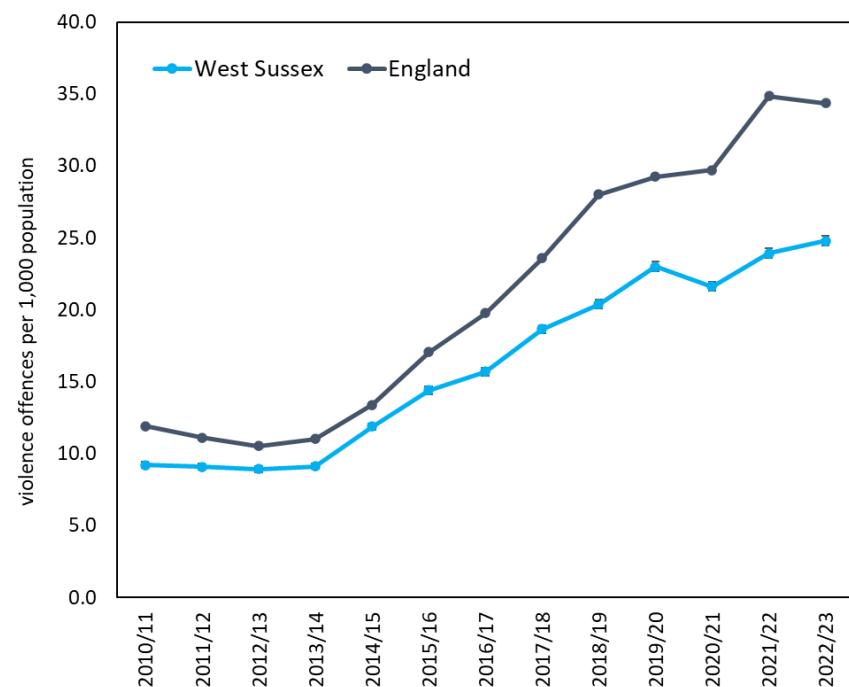


Community Safety

There were 101,956 total crime offences in West Sussex County between Mar-2023 to Feb-2024, with the overall crime rate being 114.3 per 1,000 population. This is lower than the South East (121.1) and England (131.3).

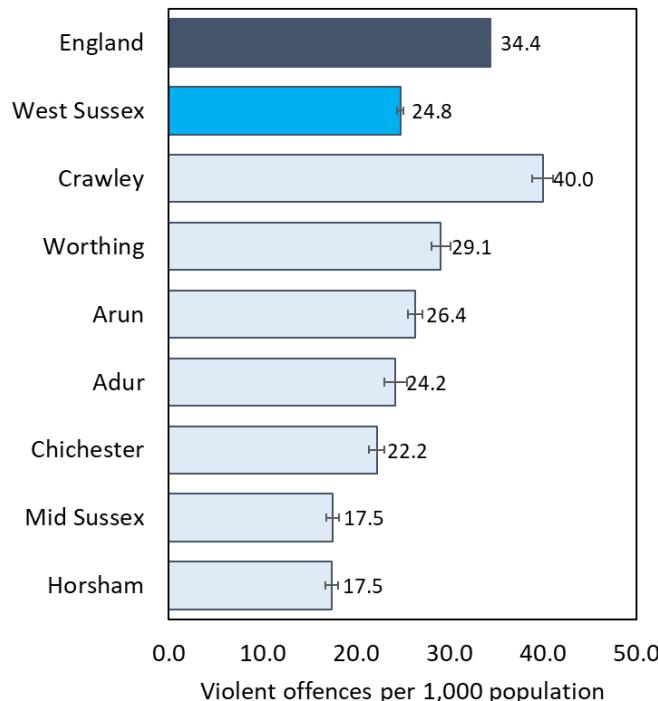
In terms of violent crime (violence against the person) the rate in West Sussex is lower than England, but, as with England, the rate has increased over the last 10 years. In 2022/23 there were approximately 21,950 offences in West Sussex

Figure 31 Violence offences per 1,000 population.



Source: OHID Fingertips

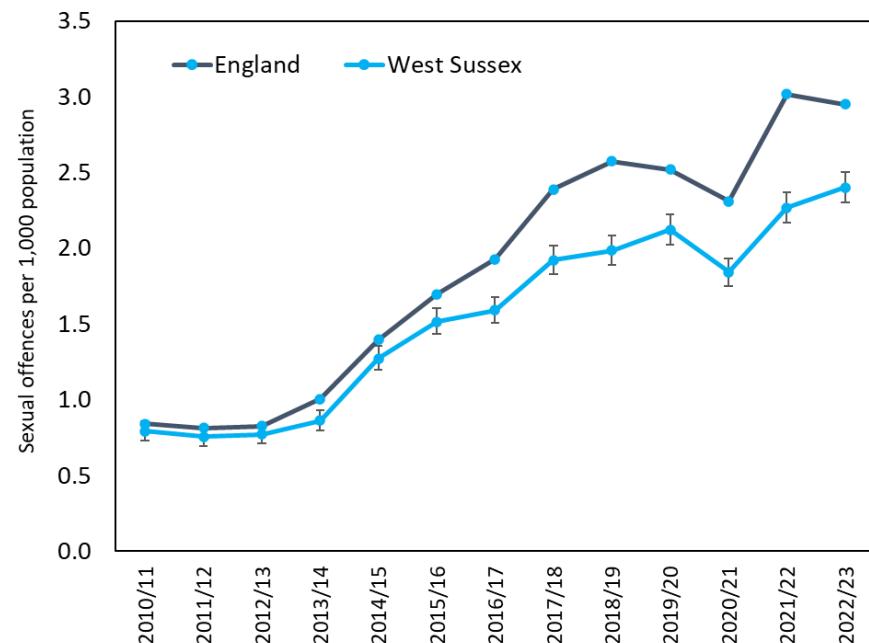
Figure 32 Violent Crime Rate within West Sussex (2022/23)



Source: OHID Fingertips. Note that OHID state that it is not appropriate to RAG rate this indicator as it is difficult to determine whether high or low levels of violence offences are due high or low prevalence, or high or low levels of recording.

Sexual offences are not included in the violent crime rate, data are published separately. In 2022/23 there were 2,215 sexual offences in West Sussex this was a rate of 2.4 per 1,000 population.

Figure 33 Sexual Offences per 1,000 Population



Source: OHID Fingertips

Killed and Seriously Injured on the Road

The Department for Transport provide data on the number of people reported killed or seriously injured (KSI) on the roads, this is calculated as a rate per 1 billion vehicle miles travelled. In 2022 there were 545 casualties, a

rate of 129.1 per billion vehicle miles, significantly higher than the England rate (94.5).

Environment

The natural environment has a big impact on our physical and mental wellbeing, so maximising health benefits of the West Sussex environment is important. The West Sussex environment, natural and built, is a great asset, with historic coastal resorts, seaside attractions, beautiful countryside and lively market towns and villages. A large part of the county is within the South Downs National Park.

Air Quality

Poor air quality is a significant public health issue. Having a single measure that captures and enables comparison of air quality between different areas and over time is challenging. OHID provide a measure of air quality based on a modelled assumption of the concentration of fine particles and adjusted to consider population exposure.

In West Sussex fine particulate concentration is estimated at 6.3 micrograms per cubic metre ($\mu\text{g}/\text{m}^3$) compared to 7.3 nationally.

Access to Public Spaces

In 2020 the ONS, using Ordnance Survey data, released information relating to the access to public spaces and gardens. This relates to public spaces, in addition to any private gardens people may have access to.¹² In West Sussex the most densely populated local authority area is Worthing and the average distance to a playfield or public garden is lower (at 553m) than the England average.

¹² Care is needed in using this data as rural areas, with access to the countryside, may have further distances to public gardens, or playing fields but will have good access to open green spaces.

Walking and Cycling

Sport England collect data on walking and cycling using the Active Lives Survey. Sport England use the following definitions:

- Walking is defined as any continuous walk of at least 10 minutes.** It includes walking for leisure, for travel, rambling and, or Nordic walking, and for wheelchair use. It excludes hiking, mountain and, or hill walking, and walking around shops.
- Walking for leisure** is for the purpose of recreation, health, competition, or training.
- Walking for travel** is to get to place-to-place, for example, commuting, visiting a friend, or going to the supermarket.
- Cycling is defined as any cycle rides of any length for leisure, or for travel.** Includes some recreational types of cycling such as mountain biking, track cycling, and cyclo-cross. Excludes exercise bikes and cycling indoors.

Table 47 Percentage of Adults Walking at Least Once a Week

Area	2016	2022	2023	Change from 2016	Change 2022 to 2023
Adur	69.4	74.2	68.9	No change	No change
Arun	71.3	69.1	72.5	No change	No change
Chichester	73.2	73.1	74.1	No change	No change
Crawley	69.2	61.4	67.2	No change	No change
Horsham	70.1	72.8	72.2	No change	No change
Mid Sussex	73.4	78.6	73.0	No change	No change
Worthing	73.5	76.4	74.1	No change	No change
West Sussex	71.6	72.3	72.1	No change	No change
England	68.0	69.1	69.2	Higher	No change

Source: Active Lives Survey (Table CW308)

Table 48 Percentage of Adults Cycling at Least Once a Week

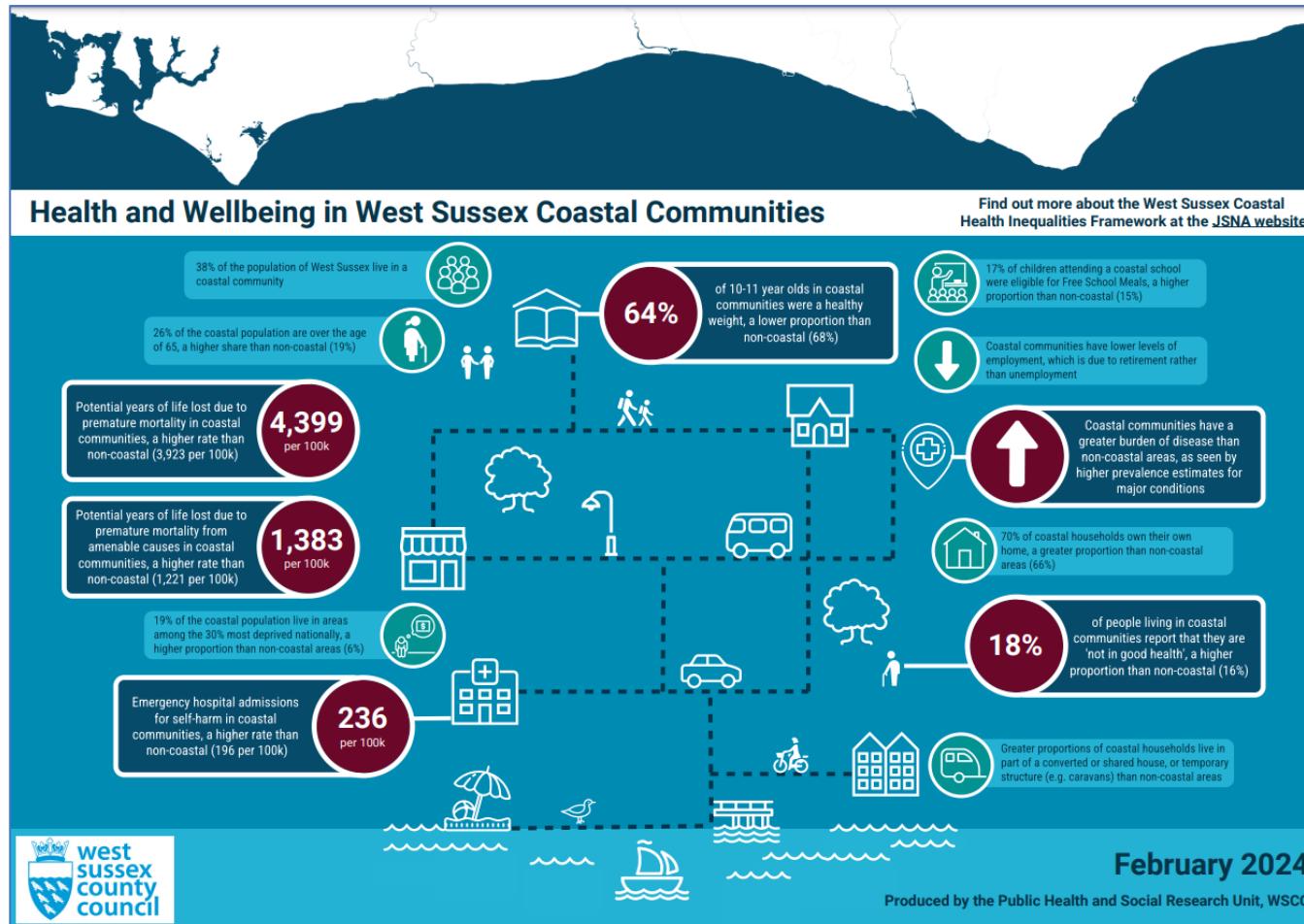
Area	2016	2022	2023	Change from 2016	Change 2022 to 2023
Adur	15.6	13.4	11.5	No change	No change
Arun	15.0	10.7	10.7	No change	No change
Chichester	20.4	13.1	14.8	No change	No change
Crawley	15.0	10.1	7.7	Lower	No change
Horsham	13.7	8.7	11.0	No change	No change
Mid Sussex	14.0	7.8	9.2	No change	No change
Worthing	15.0	10.8	15.5	No change	No change
West Sussex	15.4	10.3	11.4	Lower	No change
England	11.9	9.3	10.1	Lower	Higher

Source: Active Lives Survey (Table CW308)

Between 2016 and 2023 West Sussex overall and Crawley have seen a decrease in the percentage of adults who said they cycle at least once a week.

Coastal Inequalities

West Sussex County Council's Public Health team have developed a framework for action to tackle coastal inequalities. This is based on analyses shared in a [data pack](#). The data pack shows how people who live in our coastal areas have poorer health outcomes than those in non-coastal areas. Both the data pack and the framework are intended to guide actions to reduce health inequalities on the coast. The infographic below summarises some of the key differences between coastal and non-coastal areas in West Sussex.



Your Health Matters – West Sussex Health Survey 2024

This is high level summary of some key results. y.

Background

West Sussex is a relatively affluent county, where the overall level of health and wellbeing, including life expectancy, are good. However, there are considerable differences within the county and the COVID-19 pandemic, locally and nationally, highlighted the issue of health inequalities.

Following the COVID-19 pandemic there is an on-going effort across services to reset and/or recover, but it is also important to understand changes in the population health status and health behaviours (such as smoking, drinking, exercise, mental health) to inform assumptions used in the planning and delivery of public health programmes and interventions. A household survey (called *Your Health Matters*) was undertaken between February and March 2024, with the following aims:

- To gather detailed information on the health behaviours (such as smoking, drinking, exercise) following the COVID-19 pandemic.
- To understand health amongst different groups in the population, and of specific interest to gain a better insight into health inequalities in the county.
- To make the best use of resources a key aim was to use the survey to add and not duplicate knowledge, for this reason we adopted deprivation as the key sampling criteria not administrative boundaries.

These aims were in line with the funding stream used, the Contain Outbreak Management Fund (COMF)¹³, we were required to use this funding by April 2024, the survey was undertaken at latest period possible to ensure no pandemic restrictions remained in place.

Methodology

A household survey was designed, to gather information about adults (16+), using (in the main) nationally validated questions about health. An external market research company was contracted to deliver the field work. Mixed methods were used (postal, online and face to face surveying). Addresses in the county were split into five groups, according to deprivation (as defined by the Index of Deprivation 2019). This was done to gain a better understanding of health inequalities. We sought equal samples by deprivation quintile (i.e. at least 1,000 responses from the most deprived areas, alongside similar samples from less deprived areas).

Addresses were randomly selected and sent a postal questionnaire. Recipients could choose to post back the survey or undertake the survey online. A further 250 face-to-face surveys were undertaken to address lower response rate from young males. A financial incentive was offered, a prize draw with three prizes of £750, £150, and £100.

Caveats

We recognised that not everyone who lives in a deprived area is deprived (or vice versa). Data have been largely analysed by deprivation quintile.

¹³ The survey was funded via Contain Outbreak Management Fund (COMF); funding provided to local authorities in England to help reduce the spread of coronavirus and support local public health.

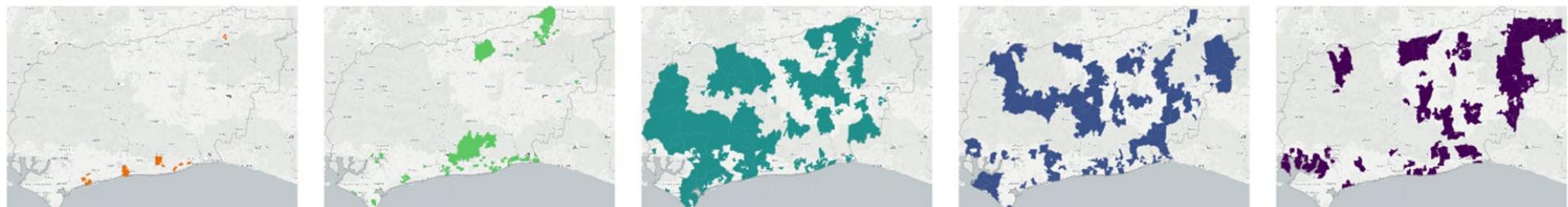
Figure 34 West Sussex Neighbourhoods by Deprivation Quintile

- All small areas (neighbourhoods) of England are ranked according to a measure of deprivation using the IMD 2019.
- These maps show the neighbourhoods in West Sussex designated to each deprivation quintile, with the estimated number of residents in each quintile given.
- There are almost nine times the number of West Sussex residents aged 16+ estimated to live in the least deprived neighbourhoods (232,100) compared to the most deprived neighbourhoods (26,700).

West Sussex resident population; neighbourhoods by deprivation quintile;

Based on the English Index of Multiple Deprivation 2019 (IMD 2019);

Deprivation quintile █ Quintile 1 (most deprived 20%) █ Quintile 2 █ Quintile 3 █ Quintile 4 █ Quintile 5 (least deprived 20%)



LSOA (2011) based boundaries. © Stadia Maps; © OpenStreetMap contributors

Responses

There were 6,447 responses, with at least 1,000 from each of the deprivation quintiles. Most people completed and returned in the post.

Table 49 Responses by Method and Deprivation Quintile

Area	Face to Face	Panel	Postal Returned	Postal-Online	Total
Most deprived	55	14	961	193	1,223
Quintile 2	49	71	789	165	1,074
Quintile 3	83	118	927	175	1,303
Quintile 4	39	90	1,023	200	1,352
Least deprived	28	108	1,099	253	1,488
Not known	3	1	3	0	7
Total	257	402	4,802	986	6,447

Source: WSCC Public Health and Social Research Unit

High Level Findings - Your Health Matters Survey

Data are provisional. Tables and graphs exclude people who did not respond or stated don't know to specific questions.

General Health

In the most deprived areas 56% of respondents described their health as “good” or “very good”, this increases to almost 69.5% of respondents from the least deprived areas.

Table 50 General Health by IMD Quintile – West Sussex

Respondent Location	Very good	Good	Fair	Bad	Very Bad
Most Deprived Area	16.3%	39.7%	30.7%	10.7%	2.6%
Quintile 2	17.2%	38.6%	32.1%	9.6%	2.5%
Quintile 3	20.2%	44.7%	28.4%	5.5%	1.2%
Quintile 4	20.6%	45.5%	27.0%	5.6%	1.3%
Least Deprived Area	23.0%	46.5%	23.7%	5.5%	1.2%

Smoking and Vaping

A range of questions were asked on smoking and vaping.

There is a clear social gradient in relation to smoking, smoking rates increased with deprivation, with 16.4% of people in the most deprived area, smoking compared with 4.3% in the least deprived.

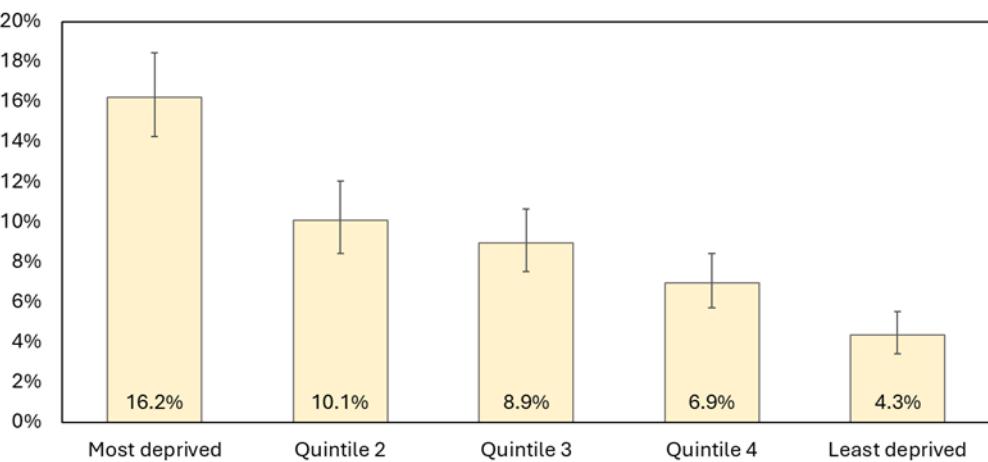
Fewer people said they currently vaped, ranging from 11% in most deprived area to 4.5% in least deprived.

Table 51 Smoking Rates by Deprivation Quintile – Community Survey

Respondent Location	Smoking Rate	Confidence interval
Most Deprived Area	16.2%	14.3% - 18.4%
Quintile 2	10.1%	8.4% - 12.0%
Quintile 3	8.9%	7.5% - 10.6%
Quintile 4	6.9%	5.7% - 8.4%
Least Deprived Area	4.3%	3.4% - 5.5%

Source: WSCC Public Health and Social Research Unit, *this excludes people who answered preferred not to say*.

Figure 35 Smoking Rates by Deprivation Quintile



Source: WSCC Public Health and Social Research Unit

Table 52 Figure 11 Vaping Rates by Deprivation Quintile

Respondent Location	Smoking Rate	Confidence interval
Most Deprived Area	11.1%	9.4% - 13.0%
Quintile 2	8.9%	7.3% - 10.7%
Quintile 3	7.1%	5.8% - 8.7%
Quintile 4	5.7%	4.6% - 7.1%
Least Deprived Area	4.5%	3.5% - 5.6%

Source: WSCC Public Health and Social Research Unit,

Approximately 1 in 4 households in the poorest areas had at least one smoker, compared with 1 in 10 in the least deprived, with noticeable differences between households with at least one child aged 0-4 years.

Figure 36 Households with at Least One Smoker, Households with and Without Children Aged 0-4 Years

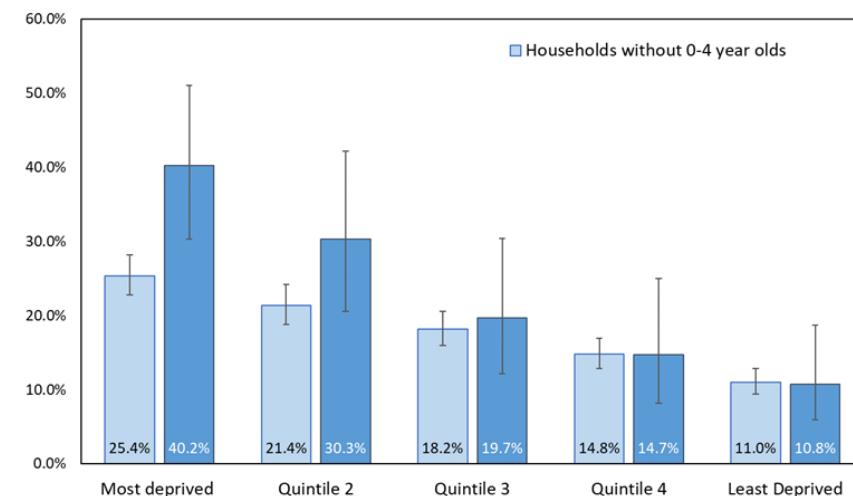
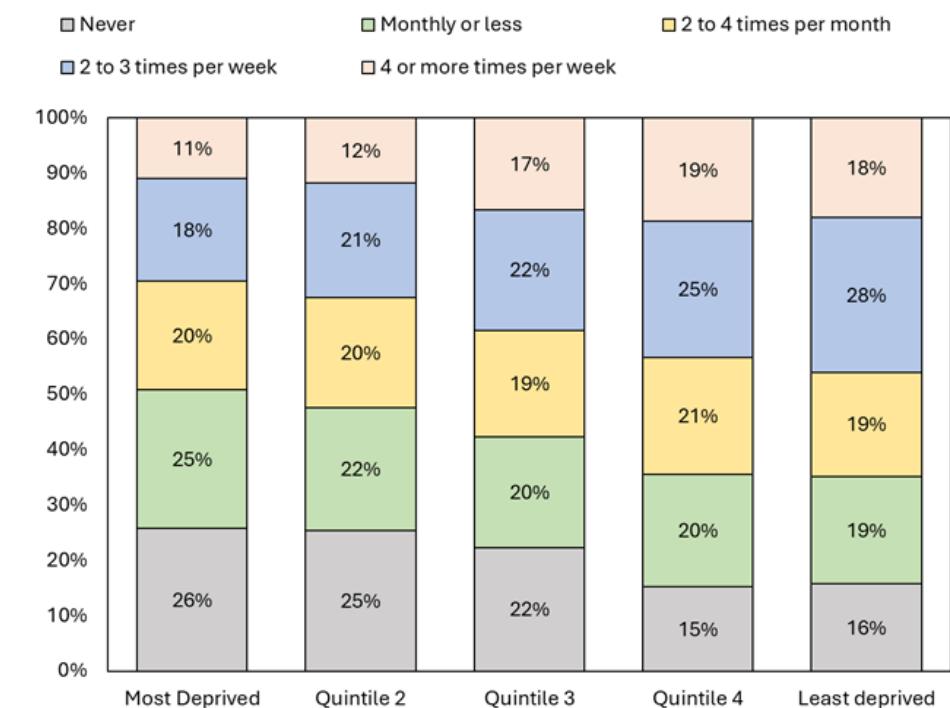


Table 53 Percentage of Respondents Drinking 4 or More Times a Week

Respondent Location	% 4 or more times a week	Confidence interval
Most Deprived Area	11.0%	9.3% - 12.9%
Quintile 2	11.7%	9.9% - 13.8%
Quintile 3	16.6%	14.6% - 18.7%
Quintile 4	18.7%	16.7% - 20.8%
Least Deprived Area	18.0%	16.1% - 20.0%

Figure 37 Drinking Frequency by Deprivation Decile



Drinking

There is a more complex picture when looking at drinking behaviours.

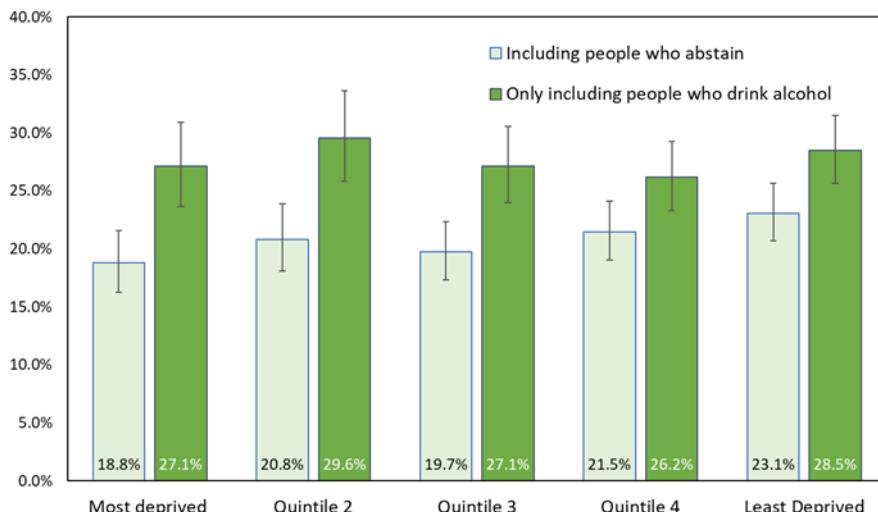
A higher proportion of people in the most deprived areas said they did not drink at all. People in less deprived areas report drinking more frequently, with over 18% of respondents saying they had alcohol 4 times or more a week.

Drinking More than 14 Units a Week

Excluding people who did not reply or preferred not to say.

When excluding people who said they did not drink at all, a higher proportion of people in the least deprived areas drank 14 units or more a week, 23.1% in the least deprived areas compared with 18.8% in the most deprived, when excluding people who abstain the difference is less pronounced (28.5% v 27.1%).

Figure 38 Drinking More than 14 units a week.



There are clear differences between male and female drinking levels across the quintiles, with almost double the number of men drinking above 14 units a week compared with women.

Mental Health - Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)¹⁴

This scale enables monitoring of mental wellbeing in the general population and can also be used in evaluation of interventions which aim to improve mental wellbeing. It is comprised of seven questions.

- I've been feeling optimistic about the future.
- I've been feeling useful.
- I've been feeling relaxed.
- I've been dealing with problems well.
- I've been thinking clearly.
- I've been feeling close to other people.
- I've been able to make up my own mind about things.

In the UK SWEMWBS has a mean score of 23.5 (standard deviation of 3.9 in UK general population samples). SWEMWBS has been benchmarked on PHQ-9 and GAD7, and using the cut points of PHQ-9 = 5 and PHQ-9 = 10 this analysis suggests that

- a score of >18-20 is indicative of possible mild depression.
- a score of 18 or less is indicative of probable clinical depression.

Scores above 28 would be within top 15% of scores.

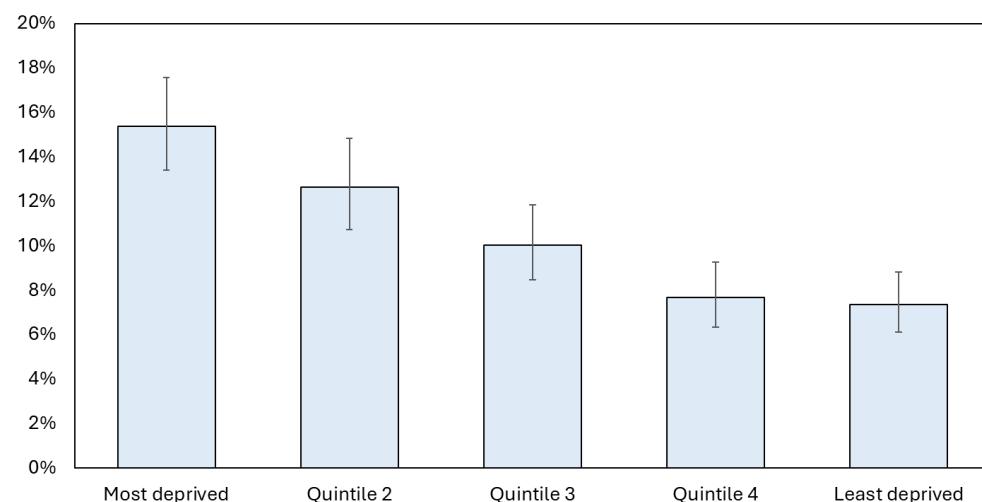
Provisional results from the community survey show a social gradient, notably on the low scores of the SWEMWEB, with 15% of respondents from the most deprived neighbourhoods having scores below 18, compared to 7% in the least deprived areas.

¹⁴ Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

Table 54 Summary of Warwick Edinburgh by Deprivation Quintile

Respondent Location	Mean Score	% at 28 or above	Scores > 18-20	Score 18 <
Most Deprived Area	22.94	15.5%	16.4%	15.4%
Quintile 2	23.07	14.2%	16.1%	12.6%
Quintile 3	23.93	19.8%	12.5%	10.0%
Quintile 4	24.14	18.8%	14.0%	7.7%
Least Deprived Area	24.12	20.4%	14.3%	7.3%

Figure 39 % of Respondents with Scores of <18 SWEMWBS.



Loneliness

The six-item De Jong Gierveld Scale is used to measure emotional and social loneliness. It is comprised of the following statements, three negatively framed, three positively:

- I experience a general sense of emptiness.
- I miss having people around.
- I often feel rejected.
- There are plenty of people I can rely on when I have problems.
- There are many people I can trust completely.
- There are enough people I feel close to.

Responses to these questions are combined to produce a scale from 0 to 6, where 0 is least lonely and 6 is most lonely. For this provisional analysis we have used a score of 6 to signify loneliness.

Table 55 Percentage of respondents identified as lonely using the De Gierveld Scale

Most deprived quintile	Quintile 2	Quintile 3	Quintile 4	Least Deprived Quintile
% lonely	10.6%	10.5%	7.2%	6.7%

Children and Young People

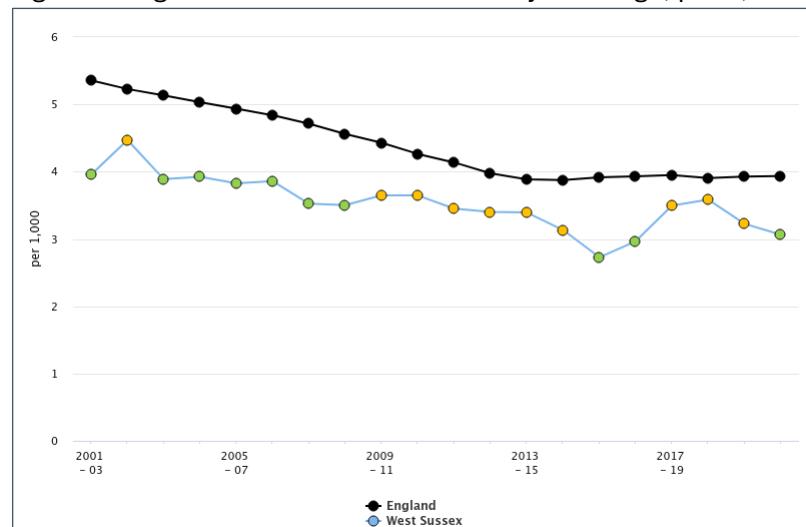
Infant and Maternal Health

The key data source in this section is the Office for Health Improvement and Disparities (OHID) unless otherwise stated.

There were **7,920 births** in 2022, this was the lowest in ten years and reflects a declining fertility rate in the county. This is in line with a declining national fertility rate (Source: ONS).

The **infant mortality rate** in West Sussex is below that of England and has, in line with the national trend been declining over the last 10 years. In the years 2020-2022 there were 75 deaths of infants under 1 years in West Sussex.

Figure 40 Figure 40 Infant deaths under 1 year of age, per 1,000 live births.



Source: OHID Fingertips

In 2019-2021 there were **77.4 premature births** (less than 37 weeks gestation) per 1,000 live births and still births. The rate is line with the national rate of 77.9 per 1,000.

The **percentage of term babies with low birth weight** (less than 2500g), at 2.4% in 2022, was significantly lower than England (2.9%).

The **multiple birth rate** (the number of maternities with multiple births per 1,000 total maternities) in 2021 was 12.4 (1,057 multiple births), similar to the national rate of 13.7.

In 2022/23, 38.4% of births were by **caesarean section** in West Sussex. This proportion has been increasing over the last 5 years, in 2022/23 the rate was comparable to England (37.8%).

The percentage of **women smoking at the time of delivery** remained low in 2022/23 at 7.9% (approximately 611 maternities), lower than the national rate (8.8%) and the third lowest of comparable authorities.

In 2020/21, for 68.5% of babies in West Sussex their **first milk was breastmilk** significantly lower than the England percentage of 71.7%.

Note no data were published on breastfeeding at 6-8 weeks in West Sussex due to data quality issues.

The following table relates to childhood immunisations and vaccines. Following the table, trend graphs are show for measures where coverage was rated as significantly lower than England or below coverage threshold in 2022/23.

Childhood Immunisations

Table 56 West Sussex Childhood Vaccine and Immunisation Coverage Rates

Immunisation	Detail	Year	% Coverage	Lower CI	Upper CI
Hepatitis B	% of children at age 12 months who have received the complete course (3 doses) of hepatitis B vaccine	2022/23	90.0%	59.6%	98.2%
DTaP / IPV / Hib	% of children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their first birthday	2022/23	92.0%	91.5%	92.6%
MenB	% of children who received the MenB vaccine at any time before their first birthday	2022/23	92.0%	91.4%	92.5%
Rotavirus	% of children who have received the rotavirus vaccine by 6 months of age	2022/23	89.1%	88.4%	89.7%
PCV	% of children who received two doses of PCV at any time before their first birthday	2022/23	93.4%	92.8%	93.9%
Hepatitis B	% of children at age 24 months who have received the complete course (4 doses) of hepatitis B vaccine	2022/23	50.0%	21.5%	78.5%
DTaP / IPV / Hib	% of children who received 3 doses of DTaP/IPV/Hib at any time before their 2nd birthday	2022/23	95.4%	94.9%	95.8%
MenB Booster	% of children who received a booster dose of MenB at any time before their 2nd birthday	2022/23	90.8%	90.2%	91.4%
MMR one dose	% of children who received one dose of MMR on or after their first birthday and at any time before their 2nd birthday	2022/23	91.5%	90.9%	92.0%
PCV Booster	% of children who received a booster dose of PCV at any time before their 2nd birthday	2022/23	91.3%	90.6%	91.8%
Flu	% of children aged 2-3 years old, who received the Flu vaccination (1st Sept to the end of Feb) in a primary care setting	2022/23	54.6%	53.9%	55.3%
Hib / Men C Booster	% of children who received a booster dose of Hib/MenC at any time before their second birthday	2022/23	91.1%	90.5%	91.7%
DTaP / IPV	% of children who received a booster dose of DTaP/IPV at any time before their fifth birthday	2022/23	87.7%	87.0%	88.3%
MMR one dose	% of children who received one dose of MMR on or after their first birthday and at any time before their fifth birthday	2022/23	94.7%	94.2%	95.1%
MMR for two doses	% of children who received two doses of MMR on or after their first birthday and at any time before their fifth birthday	2022/23	89.5%	88.9%	90.1%
Flu	% of primary school aged children from reception to year 6 age receiving the flu vaccine	2022/23	55.3%	54.9%	55.7%
HPV – one dose	% of females in school year 8 (aged 12-13) who have received the first dose of HPV vaccine	2022/23	77.1%	76.0%	78.3%
HPV – one dose	% of males in school year 8 (aged 12-13) who have received the first dose of HPV vaccine	2022/23	65.0%	63.7%	66.2%
HPV – two doses	% of females in school year 8/9 (aged 13-14) who have received the second (completing) dose of HPV vaccine	2022/23	68.0%	66.7%	60.3%
HPV – two doses	% of males in school year 8/9 (aged 13-14) who have received the second (completing) dose of HPV vaccine	2022/23	59.0%	57.7%	85.2%
Men ACWY	% of 14-15-year-olds (Year 9/10) receiving the Meningococcal ACWY conjugate vaccine	2022/23	84.5%	83.8%	

Trend Data for Immunisations Rated “Red”

Figure 41 DTaP / IPV

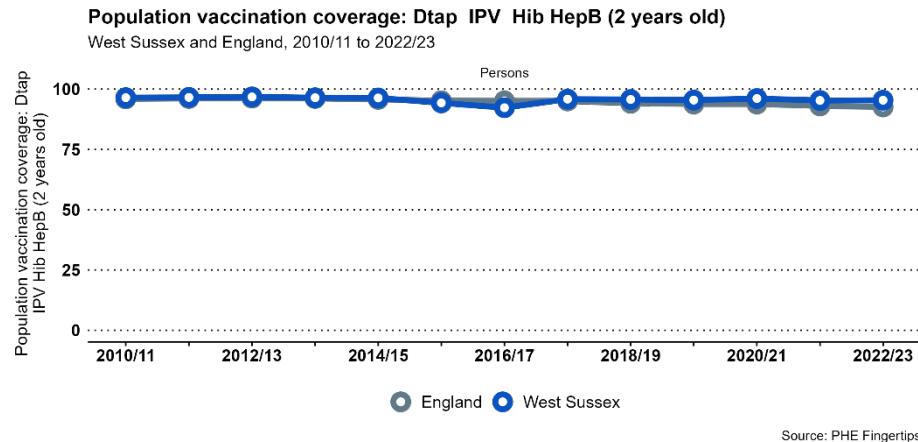


Figure 42 MMR 2 Doses (5 years old)

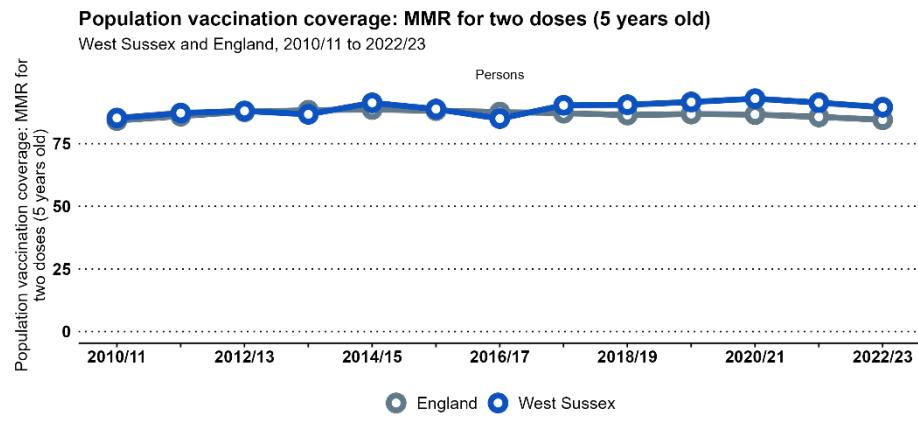


Figure 43 Flu jab coverage (primary school)

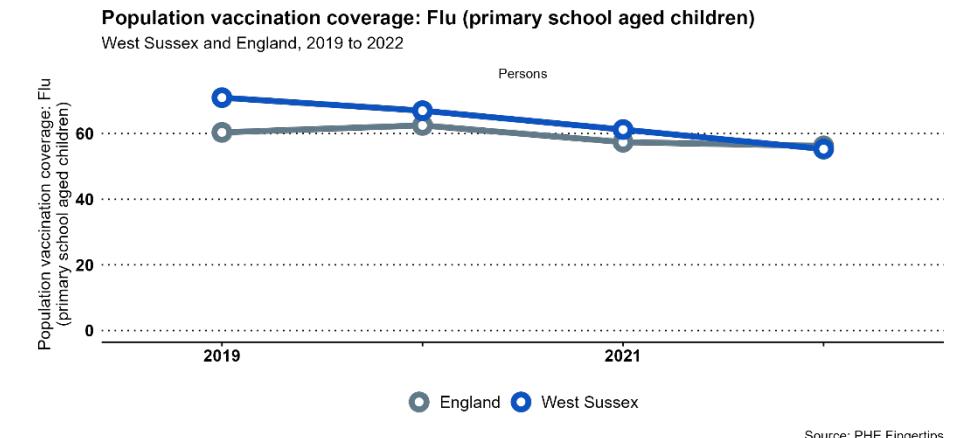


Figure 44 HPV – two doses.

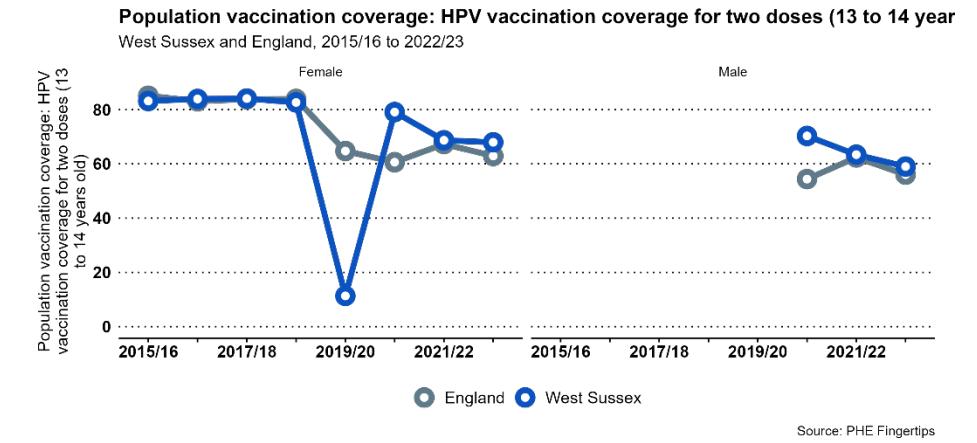
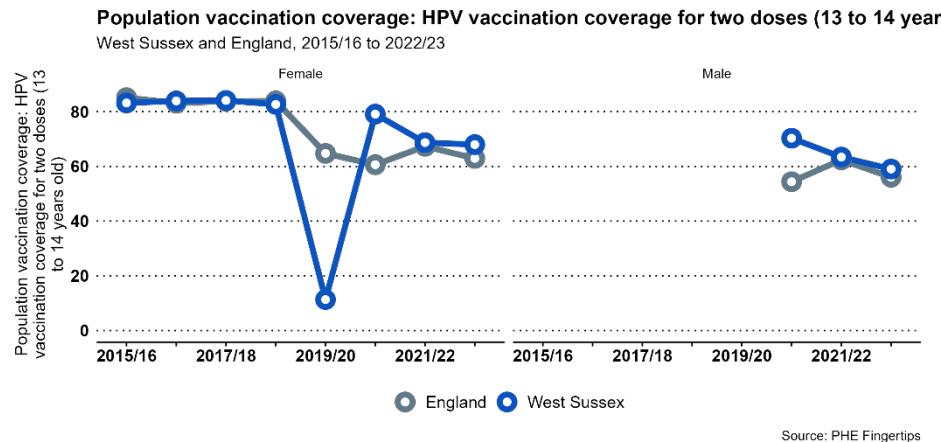


Figure 45 HPV – two doses.



Health Visiting

Table 57 Health Visiting Statistics - West Sussex

Measure	2022/23 Annual Data
% infants receiving a new birth visit (NBV) by a Health Visitor within 14 days (two weeks) of birth.	In 2022/23 88.4% of infants had a NBV within 14 days (England 79.9%)
Proportion of infants receiving a 6-to-8-week review	86.8% of infants had a 6–8-week review in 2022/23 (England 79.6%)
Proportion of children receiving a 12-month review	90.4% of children had a 12-month review in 2022/23 (England 82.6%)

Source: NHS Digital Health Visiting Statistics

Maternal Mental Health

Between 10% and 20% of women are affected by mental health problems at some point during pregnancy or in the first year after childbirth. The Office for Health Improvement and Disparities (OHID) provide estimates of the prevalence of perinatal mental illness. These estimates use national evidence and apply rates to the local population. Some caution is required in using estimates derived from national studies, these assumptions do not take into account demographic differences, for example in relation to deprivation or ethnicity.

The most common disorders are adjustment disorders (unhealthy or excessive emotional or behavioural reactions to a stressful event or change), estimated to affect between 985 and 1,965 women a year in West Sussex, with far lower numbers affected by postpartum psychosis or chronic serious mental health.

There is less research on the mental health of fathers and non-birthing partners. A study relating to the mental health of father and co-parents estimated that 10% of fathers experienced perinatal depression and 5% to 15% perinatal anxiety.

Table 58 Estimated Prevalence – Specific Mental health Issues in the Perinatal Period

Mental Health Issue/Condition	National prevalence estimate	Estimate for West Sussex*
Mild-moderate depressive illness and anxiety states (low / high estimates)	100 – 150 per 1,000	655 - 985
Severe depressive illness	30 per 1,000	195
Chronic serious mental illness	2 in 1,000	15
Adjustment disorders and distress (lower and upper estimates)	150 – 300 in 1,000	985 – 1,965
Post traumatic stress disorder in perinatal period	30 in 1,000	195
Postpartum psychosis	2 on 1,000	15

Source: Source: OHID, Assumptions are taken from Joint Commissioning Panel for Mental Health, Guidance for Commissioners of Perinatal Mental Health Services (Volume 2 Table 1)

There has been an increase in referrals to the specialist service. In December 2023 there were 87 referrals, the average number of monthly referrals has increased from below 80 in 2022.

In West Sussex (in 2023/24) the national access standard is being met (in terms of reaching approximately 10% of 2016 births).

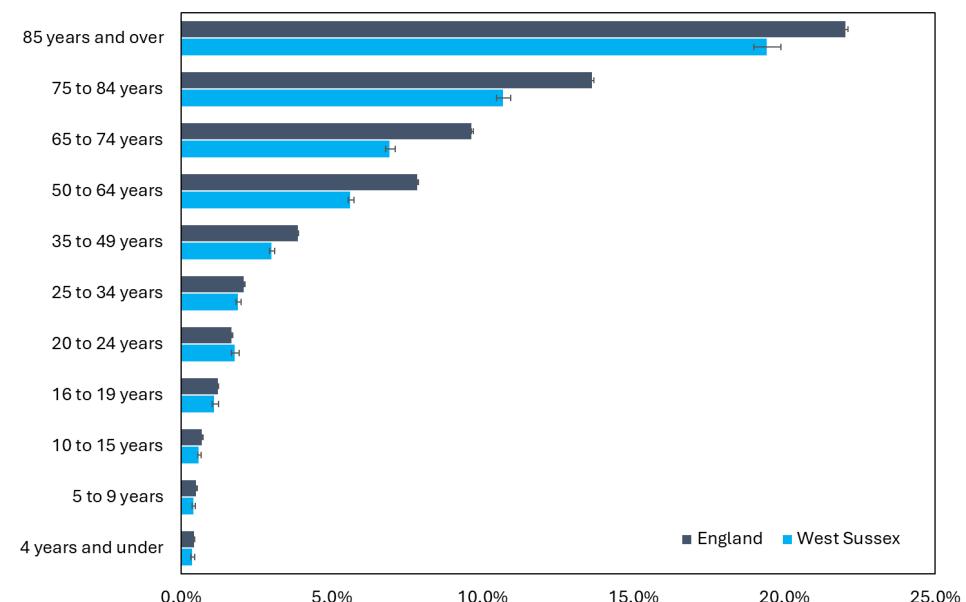
Childhood Disability and Ill Health

Some long-term conditions develop in childhood and continue into adulthood. Children with long term physical health conditions are also more likely to have mental health conditions. Data from the census are relatively limited and self-reported by households.

General Health – Census 2021

Comparing West Sussex with England, at younger age groups there was no difference in the percentage of children and young people who were reported as having bad or very bad health.

Figure 46 Percentage of Age Group Reported to be in Bad or Very Bad Health, West Sussex, and England



Source: Census 2021

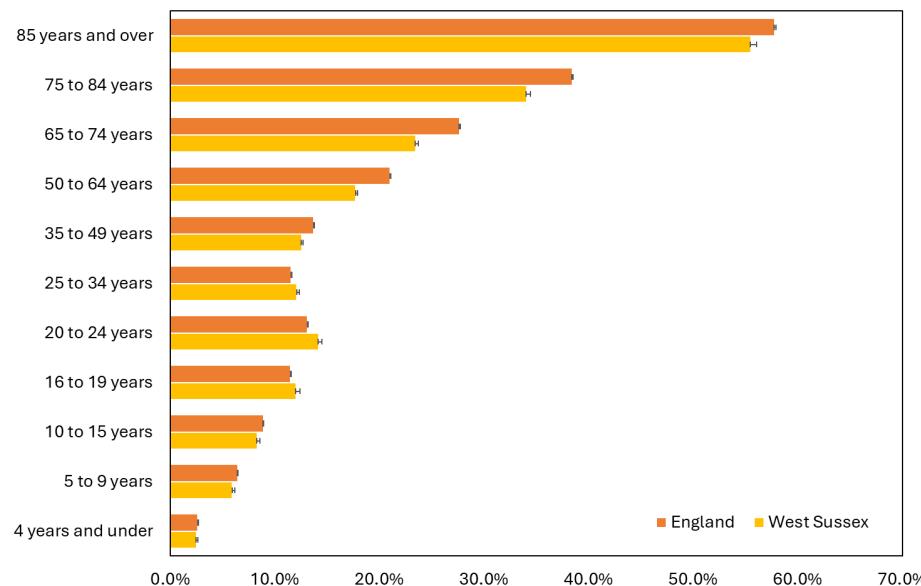
In adult age groups, a lower proportion of the West Sussex population report their health as bad or very bad.

In terms of numbers, in 2021 1,150 children and young people aged 0-19 years were reported to be in bad health.

Disability

At the time of the last census 13,400 children and young people aged 0-19 years were reported as being disabled.

Figure 47 Percentage of Age Group Self-reported as Disabled West Sussex and England.



Source: Census 2021

Asthma is the most common long-term medical condition in children in the UK, with an estimated 1 in 11 children and young people living with asthma. In West Sussex there is a relatively low rate of hospital admissions amongst children and young people aged 0-19 years due to asthma, 170 admissions in 2022/23 a rate of 91.1 per 100,000, significantly lower than the England rate of 122.2 per 100,000.

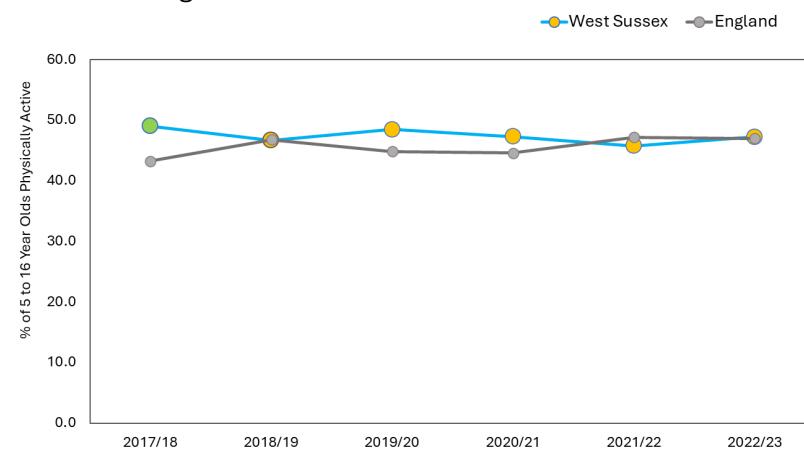
Epilepsy - There were 125 emergency admissions for epilepsy in West Sussex in 2022/23, a rate of a rate of 67.0 per 100,000, similar to the England rate of 74.1 per 100,000.

Health Behaviours

Physical Activity

The Chief Medical Officer recommendation is that children and young people (5 to 18 years) are physically active for an average of at least 60 minutes per day across the week. Data are collected by Sport England via the Active Lives Children and Young People Survey (ALCYPs). In 2022/23 47.3% of children and young people (aged 5 to 16 years) in West Sussex were physically active. This is in line with England (47.0%) but lower than 2017/18 when 49.3% were physically active.

Figure 48 Percentage of physically active children and young people, West Sussex and England 2017/18 to 2022/23



Childhood Obesity

Childhood obesity can have lifelong impact on health. In childhood this can include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, and exacerbation of conditions such as asthma. There can also be psychological problems such as low self-esteem, teasing and bullying.

In 2022/23 7.0% of reception pupils and 18.5% of Year 6 pupils in West Sussex were measured as obese, both significantly lower percentage compared with England overall and benchmarking favourable with comparable local authorities.

Table 59 Reception (4/5-year-olds) National Child Measurement Programme 2022/23

Reception Weight Classification	West Sussex	England
Underweight	0.6%	1.2%
Healthy weight	79.6%	77.5%
Overweight	12.9%	12.3%
Overweight (including obesity)	19.8%	21.3%
Obesity (including severe obesity)	7.0%	9.2%
Severe obesity	1.6%	2.5%

Table 60 Year 6 (10/11-year-olds) National Child Measurement Programme 2022/23

Year 6 Weight Classification	West Sussex	England
Underweight	1.2%	1.6%
Healthy weight	66.4%	61.9%
Overweight	13.9%	13.9%
Overweight (including obesity)	32.4%	36.6%
Obesity (including severe obesity)	18.5%	22.7%
Severe obesity	4.0%	5.7%

Source: NCMP Data published by OHID

The percentage of children measured as obese in reception and Year 6 is significantly lower in West Sussex compared with England overall. The trend in reception has been fairly stable, there is an upward trend in relation to Year 6 obesity.

Figure 49 Reception prevalence of obesity (including severe obesity) (4/5 years) 2006/7 to 2022/23.

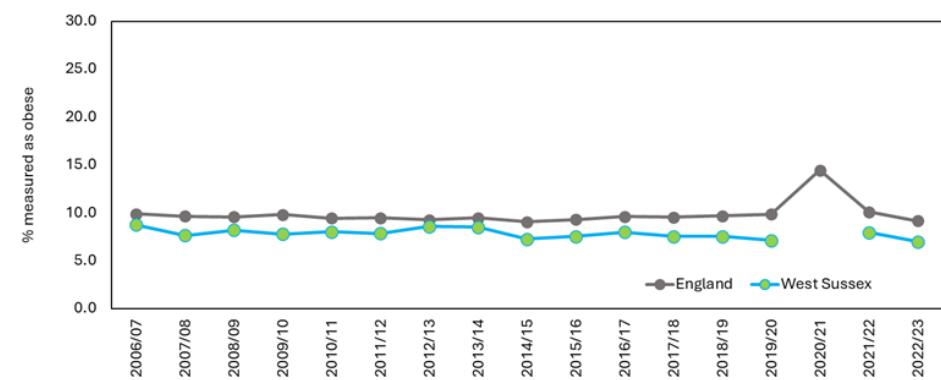
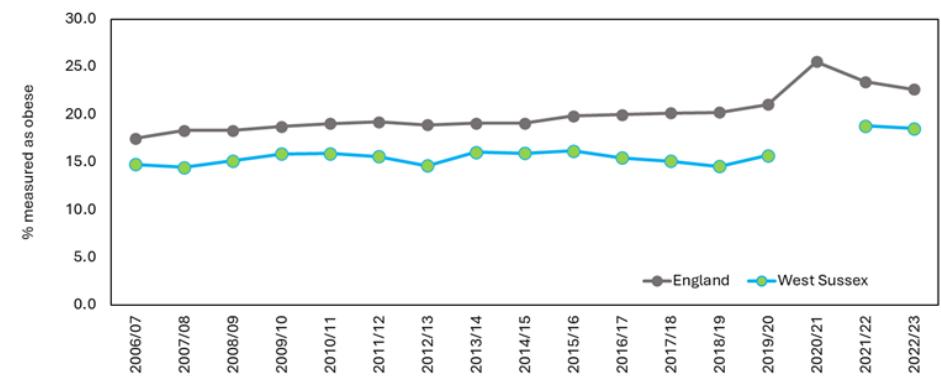


Figure 50 Year 6 prevalence of obesity (including severe obesity) (10-11 years) 2006/7 to 2022/23.



Source: NCMP Data from OHID Fingertips

Mental Health and Well Being

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

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

Risk Factors for Poorer Mental Health in Childhood

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

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

Table 61 Estimate of Children and Young People with a Mental Health Disorder in West Sussex

All Children	2 to 4 years	5 to 10 years	11 to 16 years	17 to 19 years
Adur	110	450	640	310
Arun	250	940	1,410	780
Chichester	180	710	1,120	680
Crawley	250	920	1,300	630
Horsham	260	930	1,550	740
Mid Sussex	290	1,080	1,640	780
Worthing	190	700	1,050	550
West Sussex	1,530	5,720	8,710	4,460

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2021. Figures rounded to nearest 10.

Specific Prevalence Assumptions

In relation to **autism spectrum disorder** NHS Digital note that due to self-reporting amongst 17 to 19 years prevalence is likely to be underestimated in this age group.

Table 62 Prevalence of Less Common Disorders, West Sussex Estimates, 5- to 19-year-olds

Area	Autism	Tics and Other Less Common Conditions
West Sussex	1,760	665

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2021. Figures rounded to nearest 10.

Table 63 Hyperactivity Disorders - West Sussex Estimates

Area	5 to 10 years	11 to 16 years	17 to 19 years	All
Adur	80	90	10	180
Arun	170	200	40	410
Chichester	130	160	30	320
Crawley	170	180	30	380
Horsham	170	210	30	410
Mid Sussex	190	230	40	460
Worthing	130	150	30	310
West Sussex	1,030	1,210	210	2,450

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2021. Figures rounded to nearest 10.

Clinically Impairing Eating Disorders

In relation to eating disorders NHS Digital note research finding underestimation of eating disorders through surveys, and a tendency to conceal conditions and avoid seeking help.

In the national survey young people who screened positive for a possible eating disorder, had further data collected to identify those with an eating disorder in line with International Classification of Disease version 10 (ICD-10), disorders such as bulimia, restrictive diets, or anorexia.

In 2023 in England an estimated 2.6% of 11 to 16 years olds, 12.5% of 17 to 19 years olds and 5.9% of 20 to 25 years were estimated to have a clinically impairing eating disorder.

Table 64 Estimated Prevalence of Children and Young People with a Clinically Impairing Eating Disorder, West Sussex

Area	11 to 16 years	17 to 19 years	20 to 25 years
Adur	120	230	190
Arun	250	570	530
Chichester	200	500	460
Crawley	230	470	480
Horsham	280	550	460
Mid Sussex	300	580	460
Worthing	190	400	380
West Sussex	1,580	3,300	2,960

Note detailed prevalence and outcomes data are provided in the West Sussex Mental Health Needs Assessment 2024.

Hospital admissions – Children and Young People

In 2022/23 West Sussex had a lower rate of emergency admission to hospital for children and young people compared with England, this was true for all child age groups in 2022/23.

For several conditions and causes there remains a higher rate of hospital admission in West Sussex compared with England, including for self-harm, alcohol specific conditions, and unintentional and deliberate injuries.

In relation to self-harm and unintentional and deliberate injuries, these are causes where the West Sussex admission rate has been consistently higher than England.

Figure 51 Admissions for Self-Harm (10–24-year-olds) – West Sussex compared with England (Source: OHID)

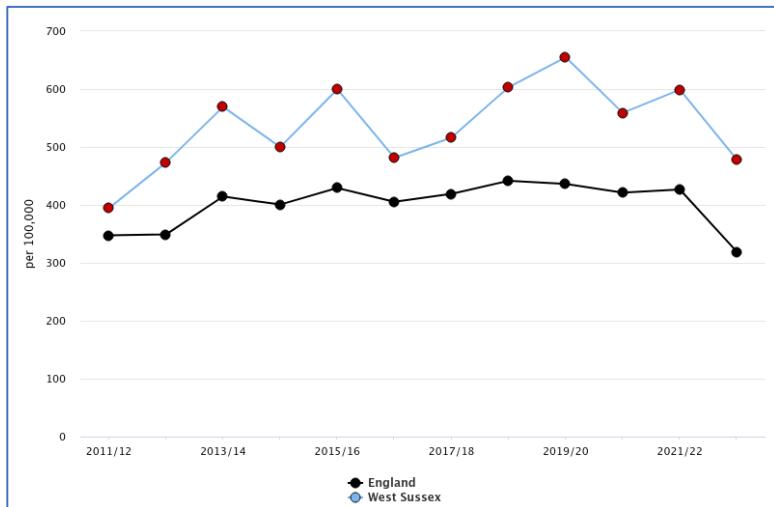


Figure 52 Admissions for Unintentional and Deliberate Injuries (0-14 year olds) – West Sussex compared with England (Source: OHID)

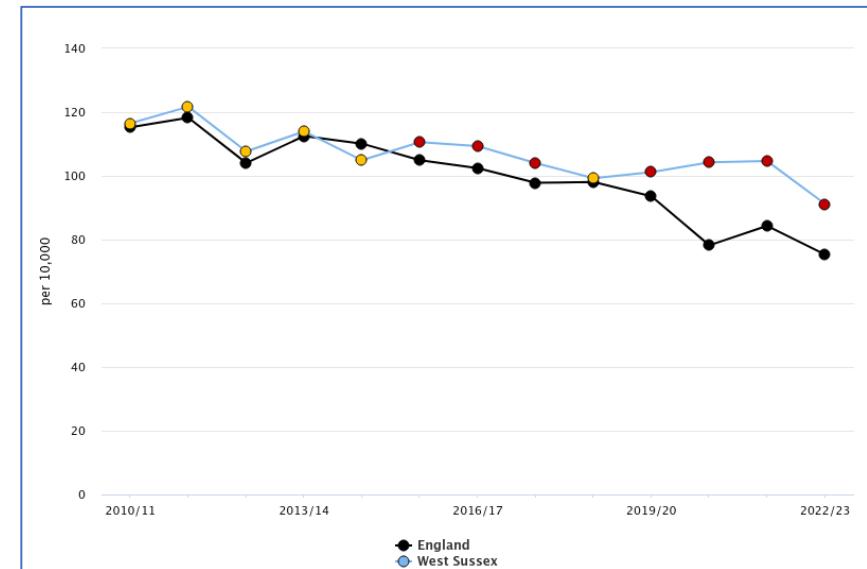


Table 65 West Sussex Hospital Admissions of Children and Young People – RAG Rated Comparison with England

Detail	Year	Number	Rate	<i>Lower CI</i>	<i>Upper CI</i>	England Rate
Emergency Admissions – Children Under 1 Years, Crude Rate per 1,000	2022/23	2,905	343.1	330.7	355.7	375.4
Emergency Admissions – Children Under 0-4 Years, Crude Rate per 1,000	2022/23	6,440	144.6	141.1	148.2	158.0
Emergency Admissions – Children and Young People Under 18s, Crude Rate per 1,000	2022/23	1,1895	67.1	65.9	68.4	70.2
Admissions of babies under 14 days	2022/23	605	79.8	73.3	86.1	84.8
Hospital admissions for asthma (under 19 years)	2022/23	170	91.1	76.9	104.7	122.2
Admissions for epilepsy (under 19 years)	2022/23	125	67.0	56.7	80.9	74.1
Admissions for diabetes (under 19 years)	2022/23	90	48.2	38.8	59.3	52.4
Hospital admissions as a result of self-harm (10-24 years)	2022/23	680	478.0	442.4	515.7	319.0
Hospital admissions due to substance misuse (15 to 24 years)	2020/21 - 22/23	120	45.1	37.3	53.9	58.3
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	170	32.3	27.3	37.2	26.0
Hospital admissions caused by unintentional and deliberate injuries (0 to 4 years)	2022/23	495	111.1	102.0	121.8	92.0
Hospital admissions caused by unintentional & deliberate injuries (0 to 14 years)	2022/23	1,345	91.1	86.2	96.0	75.3
Hospital admissions caused by unintentional & deliberate injuries (15 to 24 years)	2022/23	1,095	127.1	119.4	134.6	94.1
Hospital admissions for mental health conditions	2022/23	160	90.3	76.8	105.4	80.8
Hospital admissions for dental caries (0 to 5 years)	2020/21 - 22/23	110	67.7	54.5	80.3	178.8
A&E attendances (under 18 years)	2022/23	88,350	498.6	495.3	501.9	467.5

Source: OHID Fingertips

Wider Determinants - Education

Pupil Numbers

Table 66 Pupils numbers – West Sussex 2015/16 to 2023/24

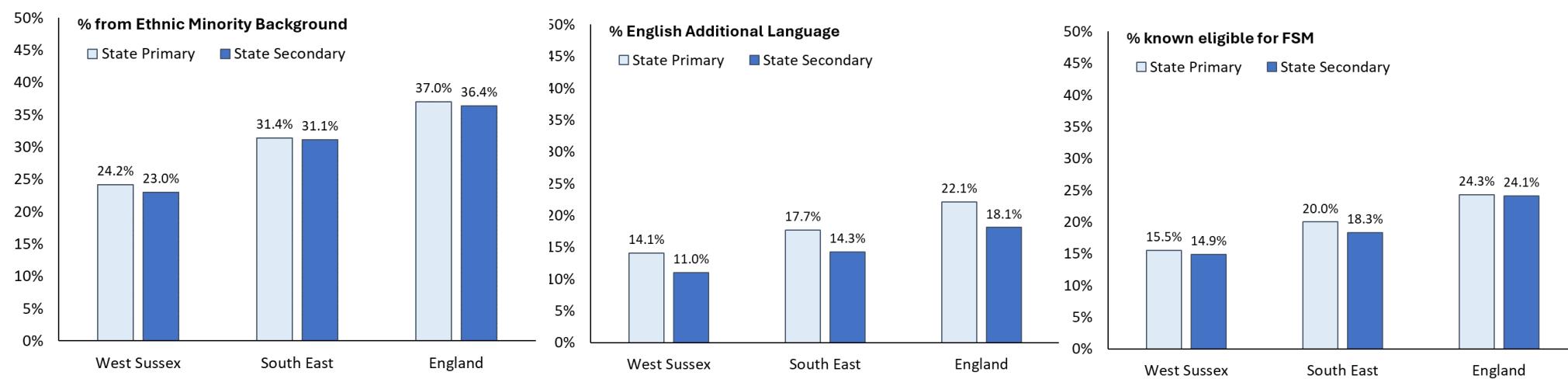
Type	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
State-funded primary	62,620	64,004	64,831	65,138	65,060	64,943	64,933	65,080	64,491
State-funded secondary	45,298	45,492	45,727	46,619	47,667	48,821	49,715	50,771	51,313
State-funded special school	1,592	1,645	1,709	1,743	1,855	1,900	1,973	2,047	2,088
State-funded nursery	534	511	486	477	480	456	477	526	501
State-funded alternative provision school	187	180	182	187	186	135	124	142	202
Non-maintained special school	140	148	116	122	128	144	146	181	183
Independent school	11,509	11,442	11,401	11,335	11,450	11,401	11,707	12,116	12,317

Source: Department for Education, Annual School Census Data

Characteristics Compared with South East and England 2023/24

Figure 53 % Ethnic Background, English as Additional Lang. & FSM

(Excludes not knowns)



Pupils Eligible for a Free School Meal

In England, free school meals (FSM) are a statutory entitlement available to eligible pupils. On average, pupils eligible for FSMs achieve lower GCSE attainment than other pupils.

Some caution should be used in using eligibility as a marker. Transitional protections during the roll out of Universal Credit means that pupils eligible for FSMs on or after 1 April 2018 retain their eligibility even if their circumstances change.

Prior to the pandemic, this had been the main driver in the increase in the proportion of pupils eligible for FSMs as pupils continue to become eligible but fewer pupils stop being eligible.

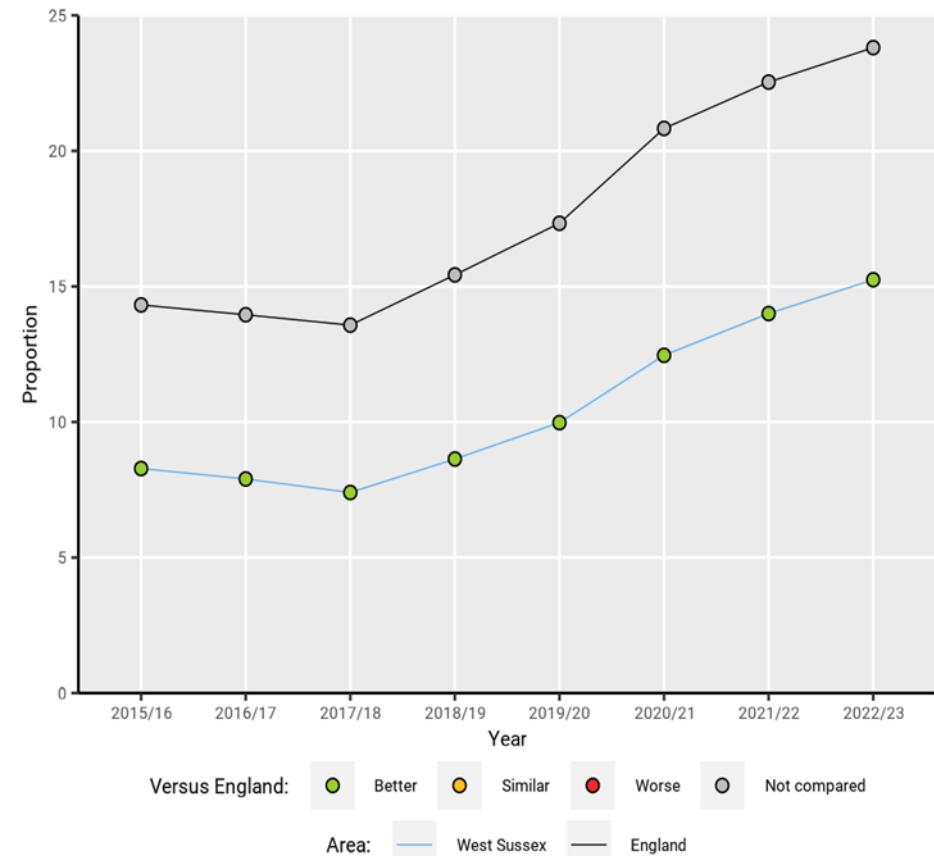
In 2022/23, 15.2% of pupils were known to be eligible for free school meals in West Sussex, a lower proportion than England. The proportion of pupils eligible for FSMs is increasing locally and nationally.

Table 67 Proportion of pupils known to be eligible for free school meals in West Sussex schools; 2022/23

Area	Number Eligible	% Eligible	Lower CI	Upper CI	Versus England
West Sussex	18,106	15.2	15.0	15.5	Better
South East	252,343	18.8	18.7	18.8	Better
England	2,019,509	23.8	23.8	23.8	Not compared

Source: DfE

Figure 54 Eligibility for Free School Meals 2015/16 to 2022/23, West Sussex Compared with England



Development and Attainment

Readiness for School

In West Sussex, a similar percentage of children overall are assessed as having a good level of development at the end of Reception compared with England (67.5% compared with 67.2% in England), but a significantly lower percentage of children who are eligible for a free school meal are ready for school (42.3% compared with 51.6% across England and 49.9% in the South East).

Within West Sussex a third of children eligible for a free school meal in Adur and Mid Sussex were assessed as having a good level of development in 2022/23. Although some caution is needed given small numbers.

Table 68 Percentage of children assessed as having a good level of development (2022/23)

Area	All Pupils	Eligible for FSM	Not Eligible for FSM
Adur	68.6%	33.3%	72.6%
Arun	67.1%	48.1%	70.4%
Chichester	68.2%	46.9%	71.9%
Crawley	61.4%	40.2%	66.5%
Horsham	69.4%	44.3%	71.7%
Mid Sussex	69.0%	33.1%	72.2%
Worthing	69.8%	44.2%	74.2%
West Sussex	67.5%	42.3%	71.2%
South East	69.6%	49.9%	73.5%
England	67.2%	51.6%	71.5%

Source: Department for Education. FSM = Free School Meal

The percentage of Year 1 pupils achieving the expected level in the phonics screening check is also significantly lower in West Sussex (77.7%) compared with England (78.9%).

Key Stage 2

In relation to reading, writing and maths (combined), 56% of pupils met the expected standard, compared with 60% in England overall.

	Total		Boys		Girls	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
West Sussex	56%	56%	51%	53%	60%	59%
South East	59%	60%	55%	56%	63%	63%
England	59%	60%	55%	57%	63%	63%

Source: Department for Education.

Attainment 8

The average Attainment 8 score of all pupils in West Sussex in 2022/23 was 46.4, the same as the England overall score. Locally and nationally there has been a fall in the Attainment 8 score between 2021/22 and 2022/23.

Locally, as nationally, girls achieve a higher score than boys.

Table 69 Average Attainment 8 score 2021/22 and 2022/23

Area	Total	Total	Boys	Boys	Girls	Girls
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
West Sussex	49.1	46.4	46.7	44.4	51.7	48.6
South East	50.1	47.4	47.8	45.4	52.5	49.6
England	48.9	46.4	46.4	44.2	51.5	48.7

Source: Department for Education.

Table 70 Average Attainment 8 score 2021/22 and 2022/23 by Eligibility for Free School Meals

Area	All Pupils		Eligible for FSM		Not Eligible for FSM	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
West Sussex	49.1	46.4	33.5	31.8	51.2	48.8
South East	50.1	47.4	34.2	32.1	53.0	50.5
England	48.9	46.4	37	34.9	52.0	49.8

Source: Department for Education.

Participation in Higher Education (TUNDRA data)

The Office for Students publish data tracking pupils from state funded mainstream schools to higher education. Estimated participation rates are then published at small area levels¹⁵. Data for West Sussex shows that some areas, notably although not exclusively along the coast are classified as Quintile 1 (within the 20% of areas nationally with the lowest participation rates).

Given the lower participation rates a number of wards in West Sussex are included in the Office for Students Uni Connect programme which aims to increase HE participation in areas under represented.

Figure 55 Participation in Higher Education by Pupils from Mainstream State Schools

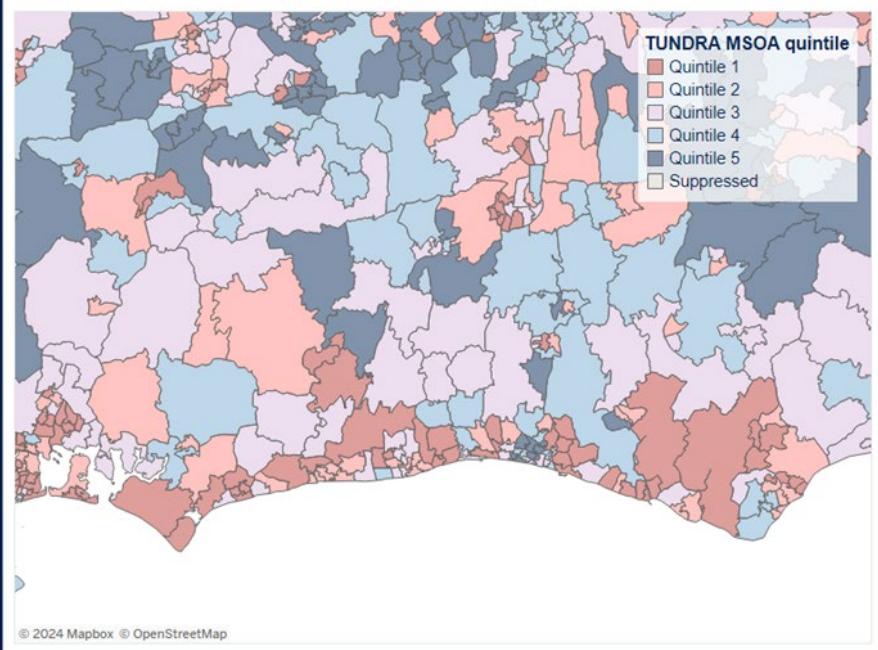
TUNDRA MSOA map

TUNDRA MSOA assigns a quintile to an area based on the proportion of a specific group of 16-year-old state-funded mainstream pupils from that area who were on a higher education course aged 18 or 19:

- quintile one shows the lowest rates of participation
- quintile five shows the highest rates.

How are areas defined

TUNDRA MSOA uses Middle Layer Super Output Areas (MSOAs) and shows participation in England.



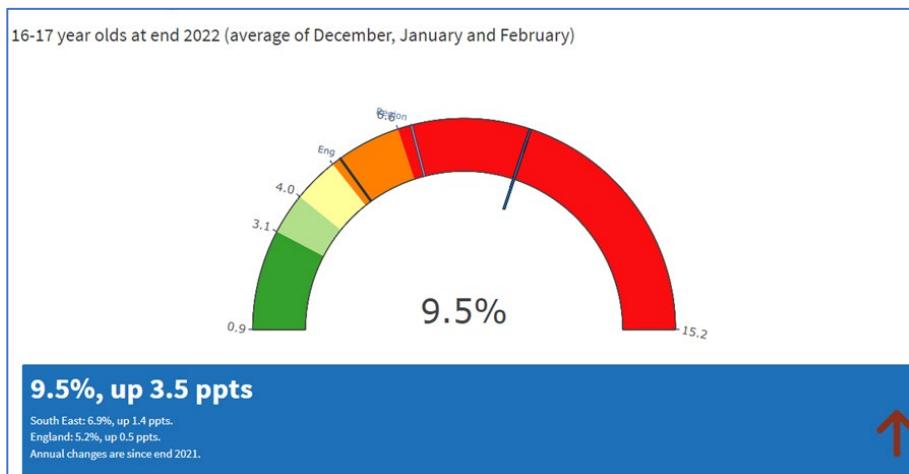
¹⁵ Data are published at Lower Super Output Areas (LSOAs) and Middle Super Output Areas (MSOAs). LSOA contain populations of approximately 1,500-1,750 people, MSOAs between 2,000 and 6,000.

Not in Education, Employment and Training (NEET)

The Department for Education (DfE) publish data relating to young people and whether they are in education, employment, or training. Data are also released for where the status of young people is not known.

Overall West Sussex has a higher percentage of young people aged 16-17 years who are NEET or where their status is known (9.5% compared with 6.9% in the South East and 5.2% nationally).

Figure 56 16- to 17-year-olds not in education, employment, or training (NEET) or whose activity is not known.



Source: The [DfE publish a dashboard](#), and the graphic is a screenshot from that dashboard.

Participation of Care Leavers

Note due to small numbers participation rates should be treated with some caution. In 2023 participation rates relate to 141 young people aged between 17-18 years and 266 young people aged 19-21 years.

Nationally 28% of care leavers aged 17-18 years were not in education, employment, or training and 38% of 19-21-year-olds. In West Sussex the figures were lower at 21% and 37% respectively.

Table 71 % of care leavers not in education, employment or training

Care Leavers - NEET	2019	2020	2021	2022	2023
West Sussex	Aged 17 to 18	27%	20%	32%	21%
	Aged 19 to 21	26%	33%	42%	37%

Source: DfE

Participation of 16-17 Year Olds and SEN Status

Nationally, 87.2% of 16/17-year-olds with SEN/EHC statement are in education or training, this is similar to the West Sussex rate. For pupils in receipt of SEN support 85.9% are in education or training, compared with 84.9% in West Sussex.

Table 72 Participation in education or training by SEN Status

	2020	2021	2022	2023
SEN EHC/statement - Total	727	686	660	663
- in Education or Training	627	634	611	581
% in Education or Training	86.2	92.4	92.6	87.6
SEN Support - Total	1,370	2,297	2,144	2,233
- Participation in Education or Training	1,201	1,956	1,889	1,896
% in Education or Training	87.7	85.2	88.1	84.9

Source: DfE

Special Educational Needs

In West Sussex, in 2022/23 4.1% of pupils had an Education Health and Care (EHC) plan, this compares with 4.3% nationally.

The number of children with Education, Health and Care (EHC) plans has continued to increase year on year (1,453 more pupils with EHC plans in 2022/23 compared with 2017/18).

Table 73 Pupils with SEN and EHC Plans

Type of Plan	England	West Sussex
Pupils with EHC Plans	389,171	5,360
% of pupils with EHC plans	4.3%	4.1%
SEN support/SEN without an EHC plan	1,183,384	19,914
% of pupils SEN support/SEN without an EHC Plan	13.0%	15.2%

Table 74 Primary Needs - Pupils with EHC

With EHC	England %	West Sussex Number	West Sussex %
Autistic Spectrum Disorder	32.2%	1,065	21.9%
Hearing Impairment	1.7%	71	1.5%
Moderate Learning Difficulty	9.1%	425	8.7%
Multi-Sensory Impairment	0.3%	20	0.4%
Other Difficulty/Disability	2.4%	156	3.2%
Physical Disability	4.0%	227	4.7%
Profound & Multiple Learning Difficulty	2.8%	79	1.6%
Severe Learning Difficulty	8.7%	430	8.9%
Social, Emotional and Mental Health	15.2%	812	16.7%
Specific Learning Difficulty	4.1%	218	4.5%
Speech, Language & Communications needs	18.4%	1,311	27.0%
Visual Impairment	1.0%	44	0.9%

Source: DfE

Table 75 Primary Needs - Pupils without EHC

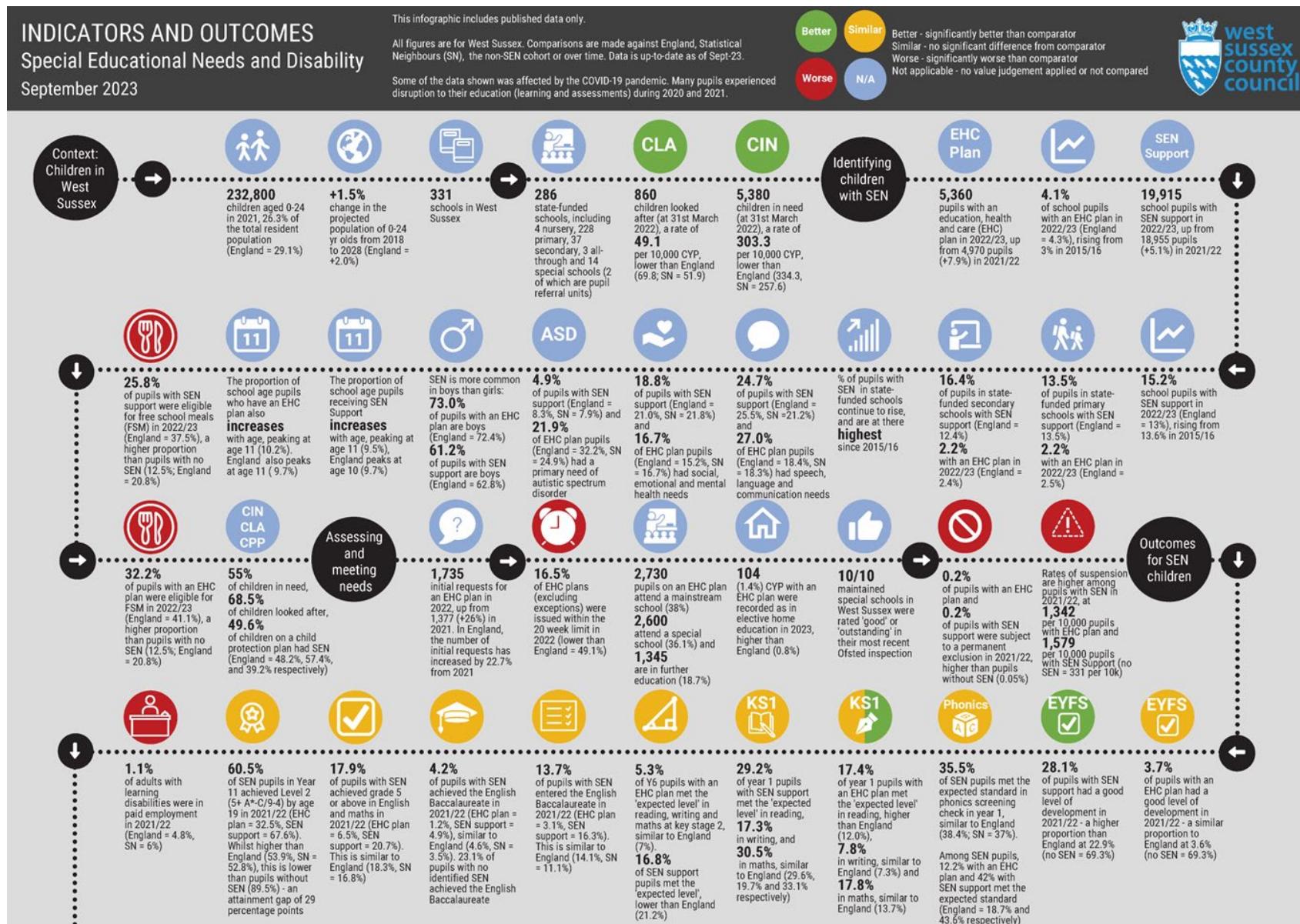
Without EHC	England %	West Sussex Number	West Sussex %
Autistic Spectrum Disorder	8.7%	851	5.2%
Hearing Impairment	1.6%	192	1.2%
Moderate Learning Difficulty	18.2%	2,596	15.8%
Multi-Sensory Impairment	0.3%	42	0.3%
Other Difficulty/Disability	4.2%	1,041	6.3%
Physical Disability	2.2%	361	2.2%
Profound & Multiple Learning Difficulty	0.1%	8	0.0%
Severe Learning Difficulty	0.2%	23	0.1%
Social, Emotional and Mental Health	22.0%	3,258	19.8%
Specific Learning Difficulty	14.9%	3,657	22.3%
Speech, Language and Communications needs	26.7%	4,288	26.1%
Visual Impairment	1.0%	116	0.7%

Source: DfE

Special Education Needs and Disability - Data from Need to Outcomes

A part of the JSNA an infographic was drafted to detail SEND data and outcomes in West Sussex. This provides an overview of data from assumed needs in the population, to identification, assessment and outcomes, and this shows that difference between West Sussex and England.

Figure 55 SEND Outcomes Infographic (drafted by the West Sussex Public Health and Social Research Unit)



Children in Need

Definition by the Department for Education

Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children on child in need plans, children on child protection plans, children looked after by local authorities, care leavers and disabled children.

Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children's services, and unborn children.

As at March 31 2023 there were 5,555 children classed as being in need in West Sussex. This is slightly higher than 2022. Numbers fluctuate from year to year, but the long term trend has been upward. At a national level, the rate has been fairly stable.

Figure 57 Children in Need per 10,000 U18s - West Sussex and England 2013 to 2023 (Source: DfE)



In West Sussex, 13.8% of children in need (767 of the 5,555 children and young people) had a disability recorded, compared with 12.8% at a

national level. The dominant primary need recorded, locally and nationally is abuse or neglect.

Table 76 Disability Recorded - West Sussex 2023

Number of children in need at 31 March with a disability recorded	767
Autism/Asperger Syndrome	61.1%
Behaviour	2.2%
Communication	14.9%
Consciousness	2.2%
Hand Function	13.8%
Hearing	3.7%
Incontinence	6.3%
Learning	45.1%
Mobility	3.5%
Personal Care	2.1%
Vision	6.3%

Source: DfE Numbers exceed 100% as children may have multiple needs

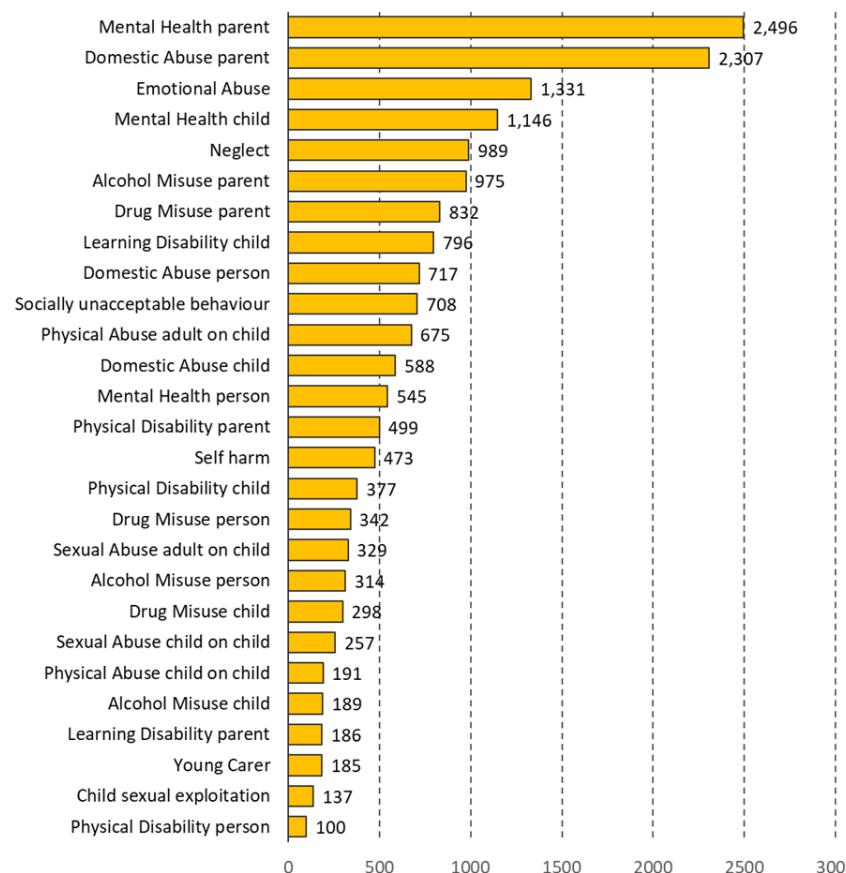
Table 77 Primary Need Children in Need 2023

Primary Need	England	West Sussex
N0 - Not stated	9,830	549
N1 - Abuse or neglect	231,500	3,021
N2 - Child's disability or illness	32,790	513
N3 - Parent's disability or illness	8,540	244
N4 - Family in acute stress	35,540	587
N5 - Family dysfunction	51,160	287
N6 - Socially unacceptable behaviour	8,040	77
N7 - Low income	1,190	*
N8 - Absent parenting	20,970	225
N9 - Cases other than children in need	3,520	*
Number of children in need at 31 March	403,090	5,555

Source: DfE. * = data suppressed for confidentiality

Mental health of a parent is the most frequently cited factor identified at the end of assessment, identified in 2,500 assessments in 2022/23.

Figure 58 Factors identified at the end of assessment 2022

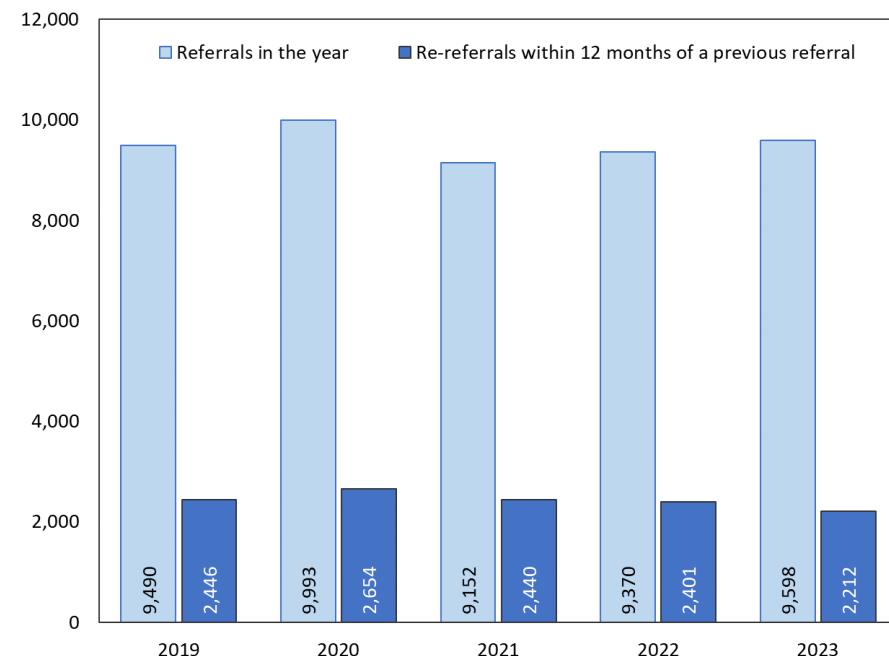


Source: DfE. Note only those factors with incidence of 100 or more included on this graph

Referrals and Re-referrals to Children's Social Care Services

In 2023 there were approximately 9,600 referrals to children's social care, 23% of referrals were re-referrals within 12 months of a previous referral, this is similar to the England level of 22.4%. The percentage of re-referrals has declined over the medium term, from 26.6% in 2019.

Figure 59 Referrals and Re-referrals to Children's Social Care Services – West Sussex 2019 to 2023

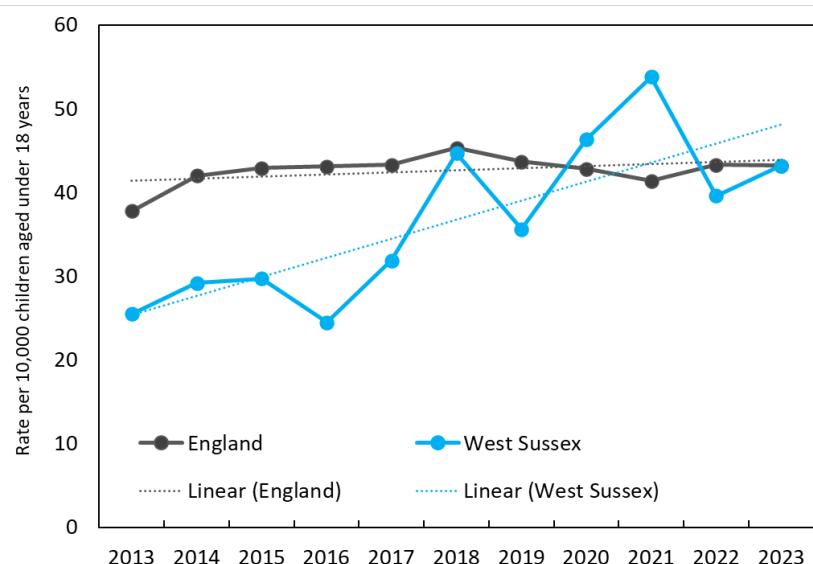


Source: DfE

Child Protection Plans

As at 31 March 2023 there were 755 child protection plans in place in West Sussex, this fluctuates from year to year but over the last 10 years there has been an upward trend in the rate of children and young people on child protection plans. The upward trend in West Sussex is greater than England.

Figure 60 Child Protection Plans per 10,000 U18s - West Sussex and England 2013 to 2023



Source: DfE

Children Looked After

Table 78 Children Looked After - West Sussex

Source: DfE

Description	2019	2020	2021	2022	2023
Number of children looked after	705	806	891	861	887
Rate per 10 000 children <18 years	41	46	51	49	50
England Rate	66	68	69	70	71

Care Leavers

In West Sussex there were approximately 630 care leavers aged 17 to 21 years in 2023, with a further 500 young people aged 22 to 25 years still in contact with the local authority. In 2023 75% of care leavers aged 17-18 years, and 60% aged 19-21 years are in education, training, or employment (England rates of 66% and 56% respectively).

Table 79 Activity of Care Leavers Aged 17 years to 21 years

Age Group and Activity	2019	2020	2021	2022	2023
Total 17-18 Year Olds	129	142	130	184	188
- in education, employment, or training	90	109	87	142	141
- in education, employment, or training (%)	70%	77%	67%	77%	75%
- information not known	4	5	1	4	8
- information not known (%)	3%	4%	1%	2%	4%
Total 19-21 Year Olds	363	369	384	384	441
- in education, employment, or training	239	219	207	218	266
- in education, employment, or training (%)	66%	59%	54%	57%	60%
- information not known	29	30	15	12	10
- information not known (%)	8%	8%	4%	3%	2%

Source: DfE

Working Age

Prevalence Estimates – Specific Conditions

Not everyone with a specific disease or condition will have had a diagnosis, therefore many estimates are based on research findings, with rates then applied to the local population. The Institute of Public Care (IPC) at Oxford Brookes University with supporting funding from Partners in Care and Health have produced prevalence estimates for a range of conditions at upper and lower tier local authority level. Data are provided by working age and older age groups.

pansi.org.uk

Table 80 Prevalence Estimates (rounded to nearest 5)

CONDITION	Estimate
Learning Disability (18-64 years)	
Learning disability – baseline	12,030
Learning disability – moderate or severe	2,750
Learning disability – severe	715
Learning disability – living with a parent	940
Down's syndrome	310
Learning disability - predicted to display challenging behaviour,	225
Physical Disability (18-64 years)	
Impaired mobility	30,360
Personal care – moderate needs	21,560
Personal care – severe needs	4,660
Stroke	1,690
Diabetes	18,120
Visual Impairment	325
Hearing Impairment – some degree of loss	55,705
Hearing Impairment – severe hearing loss	3,310

Source: IPC

Recorded Prevalence of Specific Conditions from QOF

The Quality and Outcomes Framework (QOF) was introduced as part of the General Medical Services (GMS) contract in 2004. QOF is an incentive payment scheme which aims to improve patient care by rewarding practices for the quality of care they provide. As part of the QOF GPs hold specific condition registers (such as registers for people with a severe mental illness, asthma etc). Data are not broken down by specific ages.

Table 81 QOF Prevalence 2023/24

Condition	% of registered patients (England % in brackets)	Number rounded to nearest 10
Atrial fibrillation	2.9% (2.2%)	27,350
Coronary heart disease	3.5% (3.0%)	32,870
Heart failure	1.1% (1.1%)	10,110
Hypertension	16.7% (14.8%)	156,520
Peripheral arterial disease	0.6% (0.6%)	5,280
Stroke and transient ischaemic attack	2.2% (1.9%)	20,800
Asthma (6+)	7.3% (6.5%)	64,730
Chronic obstructive pulmonary disease	1.8% (1.9%)	17,070
Obesity (18+)	11.6% (12.8%)	88,370
Cancer	4.6% (3.6%)	43,250
Chronic kidney disease (18+)	5.1% (4.4%)	38,420
Diabetes mellitus (17+)	7.8% (7.7%)	59,770
Non-diabetic hyperglycaemia (18+)	9.8% (8.2%)	74,690
Palliative care	0.6% (0.6%)	5,420
Dementia	1.0% (0.8%)	9,460
Epilepsy (18+)	0.8% (0.8%)	6,060
Learning disabilities	0.6% (0.6%)	5,690
Mental health	1.0% (1.0%)	8,920
Osteoporosis (50+)	1.2% (1.1%)	4,980
Rheumatoid arthritis (16+)	0.9% (0.8%)	6,760
New diagnoses of depression (new indicator for 2023/24)		9,710

Source: NHS England

Mental Health – Prevalence

National surveys relating to the mental health of adults are relatively old (2014); data from the 2023 national survey are due to be published in 2025. Applying 2014 national assumptions to the West Sussex population 17.0% of adults (approximately 119,890 people) are estimated to have a common mental health disorder.

Table 82 Mental Health Disorders (Adults) Estimates for West Sussex

Group	Subgroup	Prevalence Assumption (based on national survey)	Findings applied to West Sussex population 2021 (rounded)
Common Mental Health Disorder (CMD)	Any CMD	17.0%	119,890
Common Mental Health Disorder (CMD)	Generalised anxiety disorder	5.9%	41,550
Common Mental Health Disorder (CMD)	Depressive episode	3.3%	23,770
Common Mental Health Disorder (CMD)	Phobias	2.4%	16,270
Common Mental Health Disorder (CMD)	Obsessive compulsive disorder	1.3%	8,870
Common Mental Health Disorder (CMD)	Panic disorder	0.6%	4,280
Common Mental Health Disorder (CMD)	CMD-Non specified	7.8%	55,000
Severity of CMD	CIS-R Score of 18 or more	8.1%	56,680
Severity of CMD	CIS-R Score of 12 or more	15.7%	110,880
Trauma	PTSD screen positive	4.4%	28,840
Trauma	Trauma experienced (lifetime)	31.4%	184,050
Personality Disorder	Any Personality Disorder	13.7%	99,550
Personality Disorder	Antisocial personality	3.3%	16,890
Personality Disorder	Borderline personality	2.4%	12,580
Neurodevelopmental condition	ASC	0.7%	4,780
Neurodevelopmental condition	ADHD	9.7%	71,070
Dependence	Alcohol Dependence	1.2%	9,480
Dependence	Drug Dependence	3.1%	22,420
Self-Harm and Suicide	Self-Harm	7.3%	53,500
Self-Harm and Suicide	Suicidal thoughts	20.6%	150,060
Self-Harm and Suicide	Suicide attempts	6.7%	49,200
Severe Mental Illness	Bipolar disorder	1.8%	13,130
Severe Mental Illness	Psychotic disorder	0.7%	3,710

Source: The Adults Psychiatric Morbidity Survey (APMS) prevalence applied to ONS population data.

Early Onset Dementia

The number of people developing early-onset dementia is projected to remain stable over time, 61 people aged 30-64 predicted to have early onset dementia 2025 and 2030.

Table 83 Estimates of People with Early Onset Dementia

Sex and Age of onset	2025	2030
Male 30-39	4	4
Male 40-49	11	11
Male 50-59	75	71
Male 60-64	61	64
Male Total aged 30-64	151	150
Female 30-39	5	5
Female 40-49	14	14
Female 50-59	49	47
Female 60-64	39	40
Female Total aged 30-64	107	106

Source: poppi.org.uk

Table 84 Estimates of People with Down's Syndrome Projected to Have Dementia by 2030

Age of onset	2025	2030
45-54	4	4
55-64	11	11
65+	75	71

Source: pansi.org.uk

Alcohol Related Brain Damage (ARBD)

There are a number of challenges in estimating ARBD prevalence nationally and locally including:

- The absence of a standard diagnostic tool for ARBD
- Problems in underdiagnosis and mixed coding
- A lack of professional knowledge of ARBD among professionals
- Under-diagnosis of ARBD is an acknowledged issue not only within clinical settings, but also in the community. Failure to present at services, for reasons including stigma is common.

Previous research found that around 35% of dependent drinkers have some form of ARBD. Applying this rate to the estimated number of adults with probable dependent drinking in West Sussex Alcohol Health Equity Audit provides a provisional estimate of 2,739 residents with possible ARBD. 12% of people with ARBD have been found to have Wernick-Korsakoff syndrome, an estimated 329 residents in West Sussex.

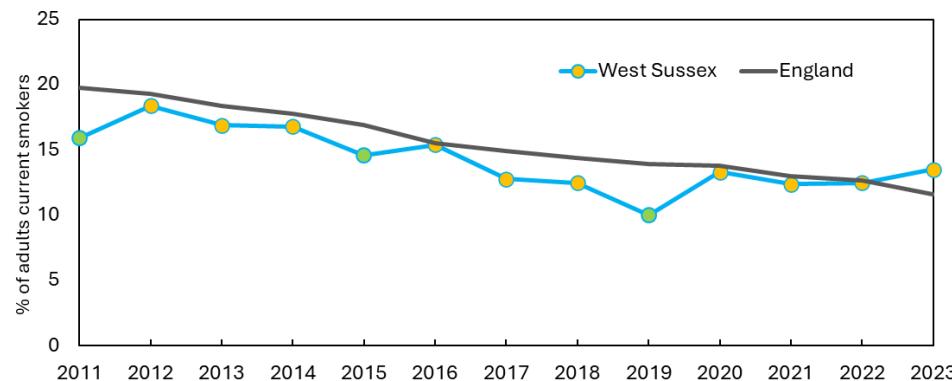
Health Related Behaviours

For many risk factors we know that West Sussex overall is relatively healthy, with lower levels of riskier behaviours compared with England. However, as we have seen from the local community health survey there are considerable differences between areas and groups within the county.

Smoking

Smoking remains the biggest cause of premature death in West Sussex. There were 3,049 deaths attributed to smoking over the 3-year period between 2017 and 2019. The overall adult smoking rate in the county has fallen over the last 10 years. In 2023 the rate was estimated at 13.5% (CI 10.2% to 16.8%). This means that over 90,000 people in the county still smoke. Declines in the smoking rates of people from routine and manual occupations have been smaller. The most recent survey (2023) estimated that 21.7% of routine and manual workers aged 18-64 smoked in West Sussex (CI 11.8% to 31.7%).

Figure 61 Smoking Rate 18+ West Sussex 2011 to 2023



Source: OHID Fingertips

Physical Activity and Obesity

An estimated 70.4% of adults were classed as physically active. This is higher than England and the average of statistical neighbours (2022/2023). survey data). 19% of adults were physically inactive.

Figure 62 Percentage of 19+ Population Physically Active 2022/23

Area	Recent Trend	Count	Value
England	-	-	67.1
West Sussex	-	-	70.4
Chichester	-	-	73.8
Horsham	-	-	72.8
Mid Sussex	-	-	72.6
Worthing	-	-	70.5
Arun	-	-	68.6
Adur	-	-	67.8
Crawley	-	-	64.7

Figure 63 Percentage of 19+ Population Physically Inactive 2022/23

Area	Recent Trend	Count	Value
England	-	-	22.6
West Sussex	-	-	19.1
Horsham	-	-	15.7
Mid Sussex	-	-	16.5
Arun	-	-	19.6
Chichester	-	-	19.6
Worthing	-	-	20.1
Adur	-	-	20.3
Crawley	-	-	24.3

Source: OHID Fingertips

Obesity

Prevalence in relation to adult obesity is collected via the Sport England Active Lives Survey. Two figures in relation to obesity are published:

- **Obesity** - adults classified as obese where BMI greater than or equal to $30\text{kg}/\text{m}^2$
- **Overweight including obesity** - adults classified as overweight or obese where BMI greater than or equal to $25\text{kg}/\text{m}^2$.

Figure 64 Percentage of adults classified as obese (2022/23)

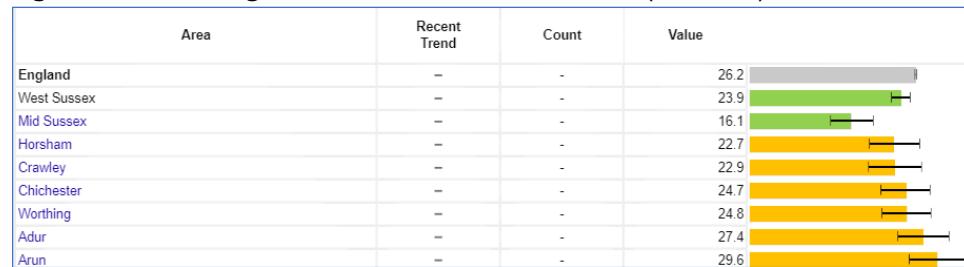
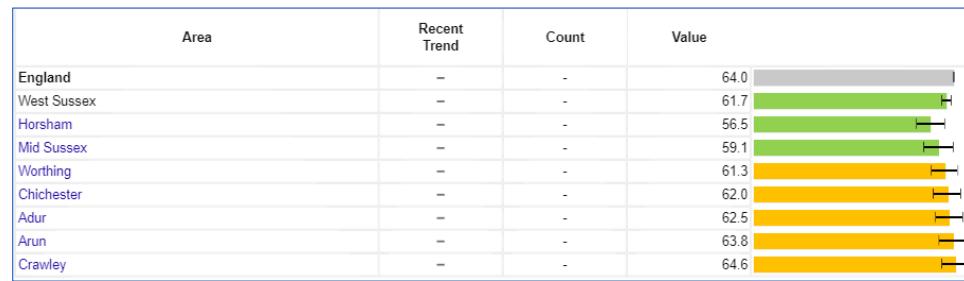


Figure 65 Percentage of adults classified as overweight (including obese) (2022/23)



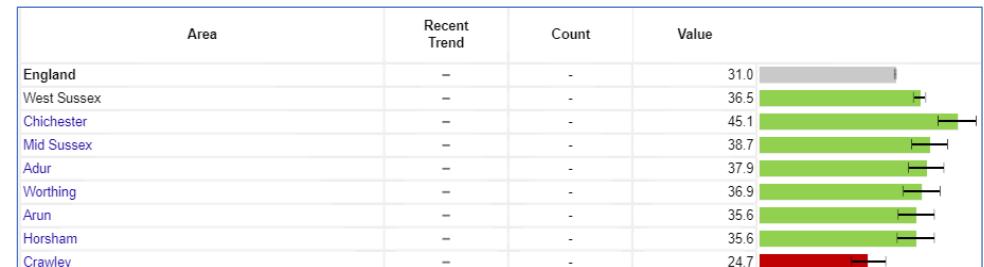
Source: OHID Fingertips

Eating Fruit and Vegetables

Data on the consumption of fruit and vegetables is collected via the Sport England's Active Lives Adult Survey (ALAS). The consumption of fruit and vegetables, having previously been collected in two separate questions is now collected from a single question on the survey *How many portions of fruit and vegetables did you eat yesterday?*

In West Sussex, in all areas except for Crawley, there was a higher percentage of adults who said they consumed 5 or more portions of fruit and vegetables a day compared with England, although note this remains a minority of adults. The highest percentage was in Chichester (45.1%), the lowest in Crawley (24.7%). Crawley had a significantly lower percentage of adults eating fruit and vegetables compared with England.

Figure 66 Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (2022/23)



Source: OHID Fingertips

Substance Misuse - Alcohol and Drugs

Alcohol - Estimates from the Health Survey for England are relatively old. For the period 2015 to 2018 it was estimated that one in four adults in West Sussex drank more than 14 units of alcohol per week. This was higher than the national rate of 22.8%.

Drug misuse - Based on 2019-20 data, in West Sussex, there were estimated to be approx. 3,000 opiate or crack users, with around 1,000 using both opiates and crack. These rates are believed to be significantly lower than the England averages and vary by age. Using data from treatment services regarding those known to be in treatment, OHID calculate that roughly 55% of those with an opiate and/or crack-use treatment need are in the community and not accessing treatment services (as of December 2023).

Hospital Admissions Related to Alcohol

OHID publish several indicators relating to hospital admissions related to alcohol, whether admissions are specific to alcohol, related (in a narrow or broad sense) and of those of people aged under 18 years (for specific alcohol conditions).

Table 85 Hospital Admissions, Alcohol Specific and Alcohol Related Causes

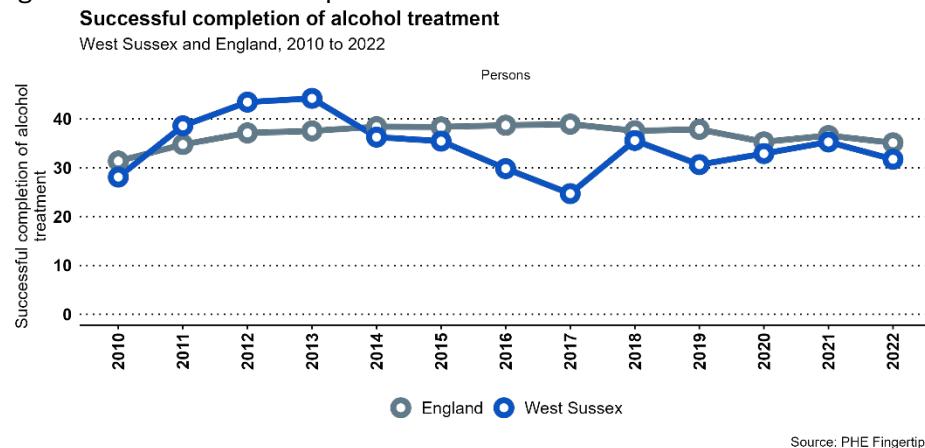
Title	Description	Period	Number	Rate	England Rate	Comparison over time and with England
Admission episodes for alcohol- specific conditions	Where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition.	2022/23	3,952 admissions	432 per 100,000	581 per 100,000	Decreasing trend (getting better), significantly lower than England
Admission episodes for alcohol- related conditions (Narrow)	A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition.	2022/23	3,657 admissions	391 per 100,000	475 per 100,000	Decreasing trend (getting better), significantly lower than England
Admission episodes for alcohol- related conditions (Broad)	A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition	2022/23	12,929 admissions	1,323 per 100,000	1,705 per 100,000	Decreasing trend (getting better), significantly lower than England
Admission episodes for alcohol- specific conditions - Under 18s	Hospital admission episodes for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition code only. Given the relatively small number of these at county level, data for under 18s is pooled for 3-year periods.	2020/21 - 22/23	170 admissions	32.3 per 100,000	26.0 per 100,000	No recent trend identified; West Sussex (in latest period) significantly higher than England

Treatment Outcomes / Other Impact

Successful Treatment - Note there is a time lag on these measures as they examine people who leave treatment who do not then represent within a 6-month period. Numbers are low - notably for opiate drug users.

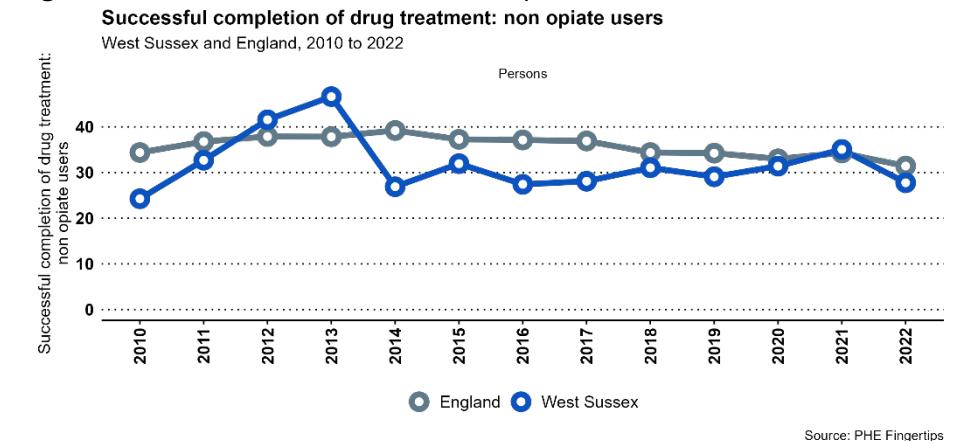
In 2022 31.7% of alcohol users who left structured treatment (free of alcohol dependence) who did not represent for treatment six months after completion. This was lower than England (35.7%) and relatively low compared with comparable authorities. West Sussex has a very low proportion of people waiting more than 3 weeks for treatment¹⁶ (0.7%).

Figure 67 Successful Completion of Alcohol Treatment 2010 to 2022



Data relating to treatment for drug misuse data are provided for treatment for opiates and non-opiates. In West Sussex in 2022, 27.8% of users on non-opiates left drug treatment successfully (free of drug(s) of dependence) This was lower than England (31.4%) and relatively low compared with comparable authorities.

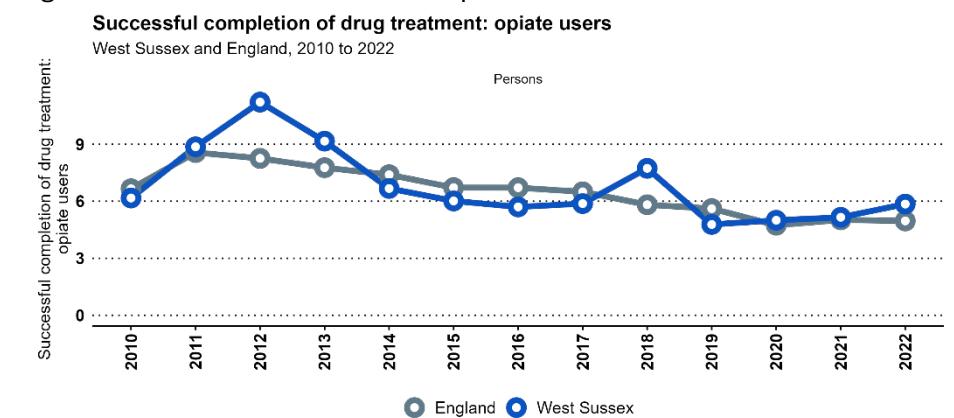
Figure 68 Successful Treatment - Non-Opiate Users



Source: PHE Fingertips

In West Sussex in 2022, 5.9% of **users on opiates left drug treatment successfully** (free of drug(s) of dependence) This was similar compared with England (5.0%) and comparable authorities. The proportion of people waiting more than 3 weeks to start treatment is very small (0.1%).

Figure 69 Successful Treatment - Opiate Users



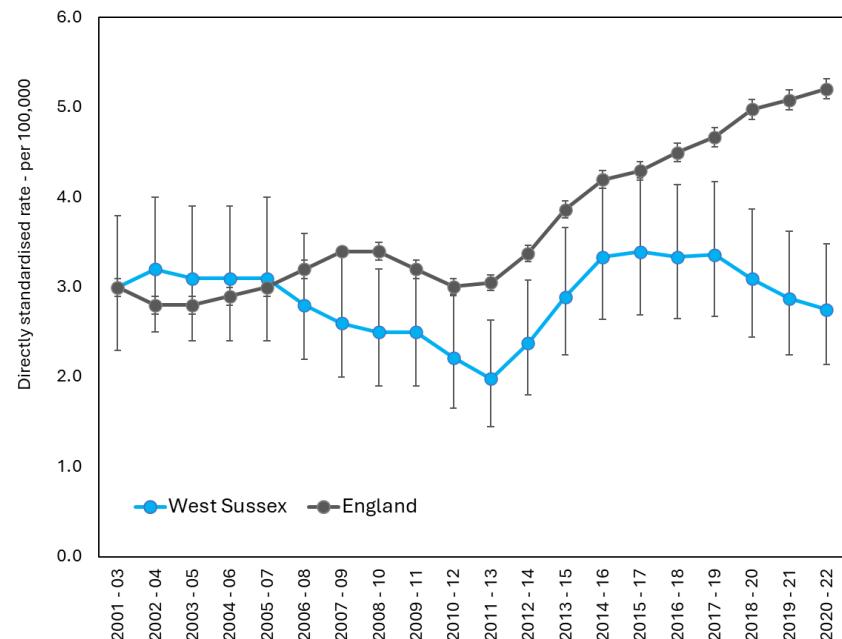
Source: PHE Fingertips

¹⁶ Number of first alcohol treatment interventions in the period where the person waited over 3 weeks to commence treatment.

Drug Misuse Deaths

Deaths from drug misuse¹⁷ have been increasing nationally, notably for men. This trend is not observed in West Sussex. For the period 2020-2022 the rate per 100,000 in West Sussex was 2.8 per 100,000 (70 deaths) compared with 5.2 per 100,000 nationally. The West Sussex rate was also significantly lower than neighbouring Sussex authorities, East Sussex and Brighton and Hove.

Figure 70 Deaths from Drug Misuse 2001-03 to 2020-22 – All



Source: OHID Fingertips

¹⁷ This excludes deaths from tobacco, alcohol or volatile solvents, for a detailed definitions refer to [ONS](#).

Figure 71 Deaths from Drug Misuse 2001-03 to 2020-22 – Male

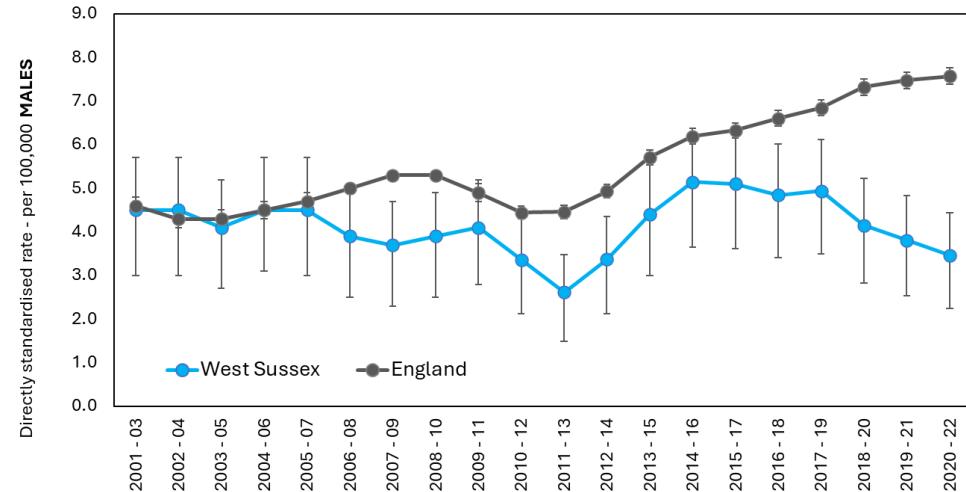
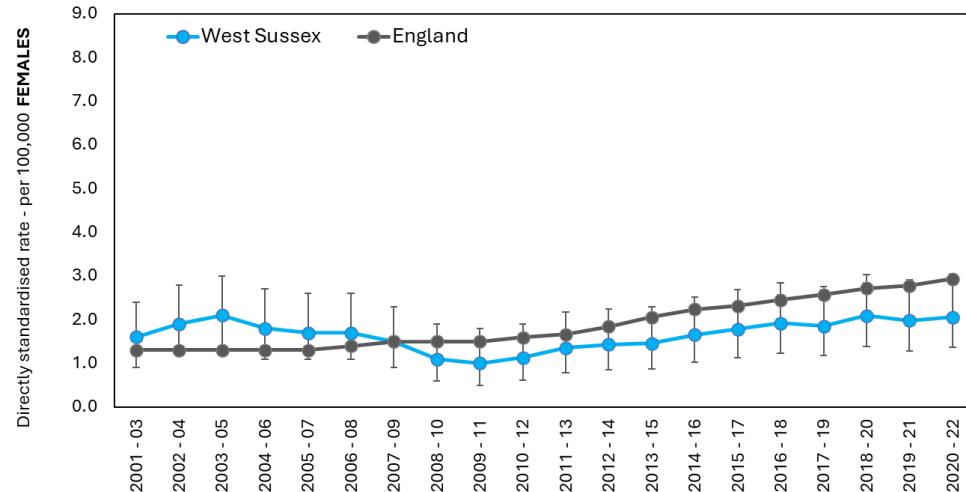


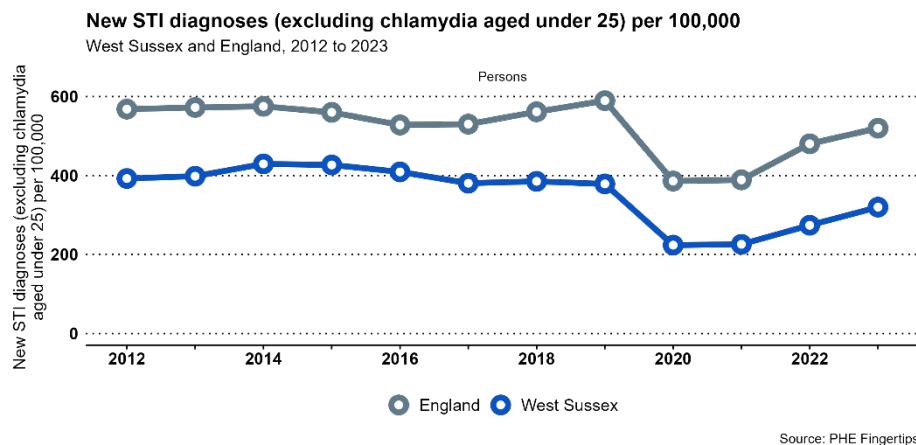
Figure 72 Deaths from Drug Misuse 2001-03 to 2020-22 – Female



Sexual and Reproductive Health

Key Points In 2023 there were a total of 2,855 new STI diagnoses, a rate of 320 per 100,000 population. This is a small increase on 2022 and remains below the national rate (520 per 100,000). The trend in recent years has been increasing, towards the pre-pandemic level.

Figure 73 New Diagnosis of Sexually Transmitted Illnesses (per 100,000)



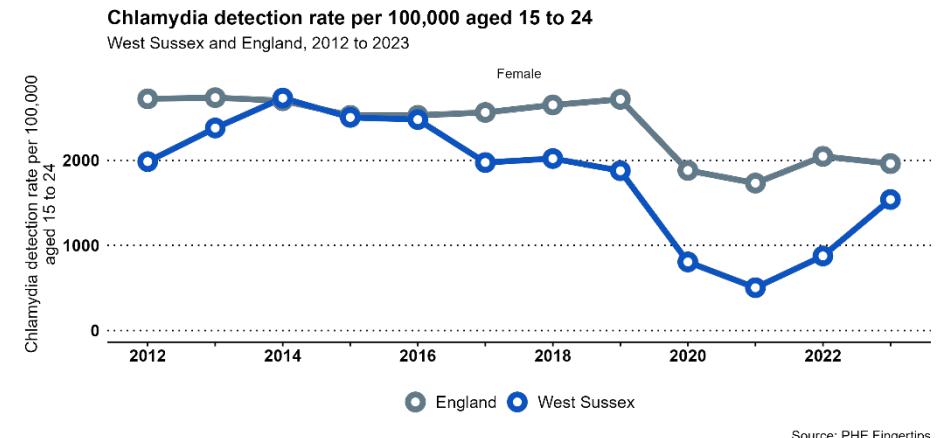
Rates of new STI diagnoses for chlamydia, gonorrhoea, syphilis, genital herpes, and genital Warts remain, or similar or below the England rate.

Table 86 New Diagnoses of STIs, 2022/23.

	Number of diagnoses	West Sussex (per 100,000)	England Rate
Chlamydia	1,757	197.0	341.0
Genital warts	408	45.7	45.8
Genital herpes	420	47.1	47.6
Gonorrhoea	688	77.0	149.0
Syphilis	67	7.5	16.7

Source: OHID Fingertips

Figure 74 Chlamydia Diagnosis Rate (Per 100,000) 2012 to 2023



The period of the pandemic is associated with a lower diagnosis rate of STIs. Looking at longer term trends it is evident that the diagnosis rates of gonorrhoea and syphilis have increased over the last ten years.

Figure 75 Gonorrhoea Diagnosis Rate (Per 100,000) 2012 to 2023

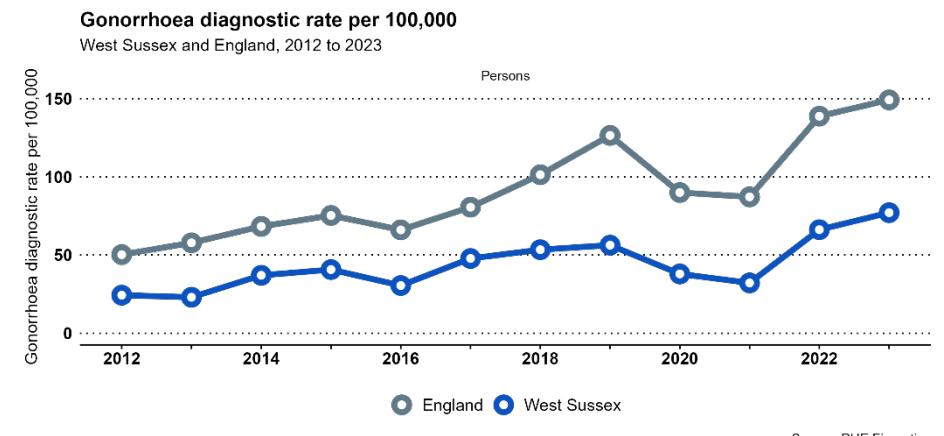
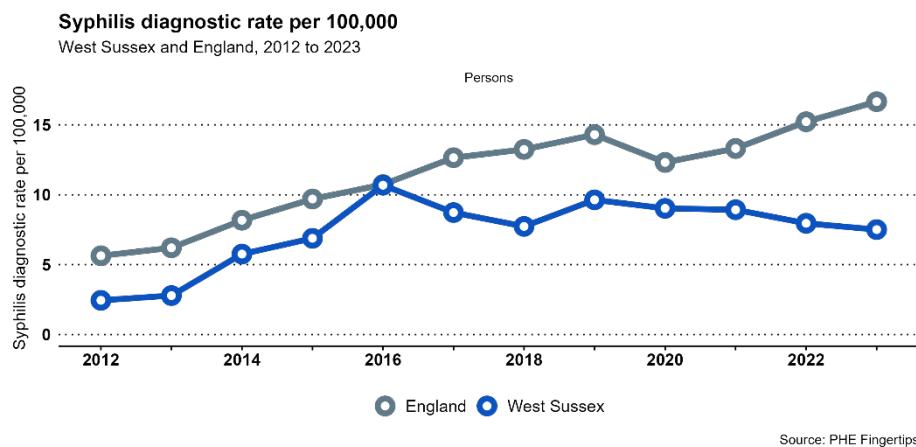


Figure 76 Syphilis Diagnosis Rate (Per 100,000) 2012 to 2023



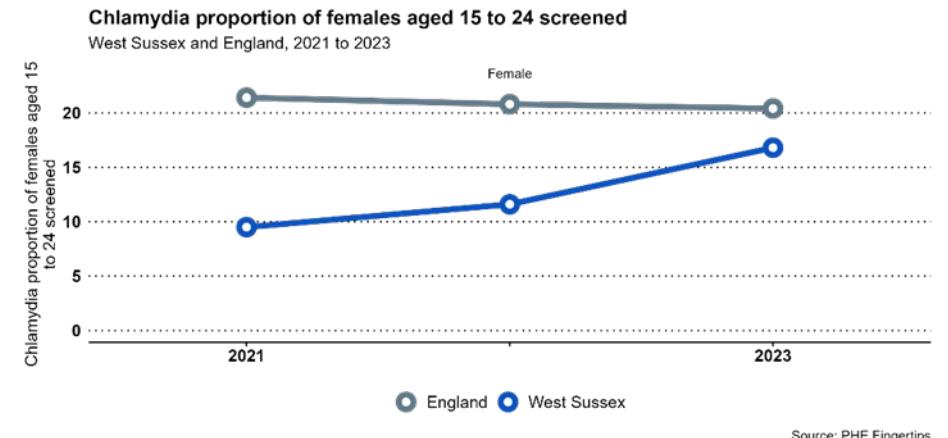
Testing Rates - Chlamydia

Chlamydia is the most common bacterial sexually transmitted infection in England and causes avoidable sexual and reproductive ill-health.

Chlamydia rates are substantially higher in young adults (<25 years) than any other age group, although >25s are also at risk. Chlamydia screening in 15–24-year-olds allows diagnosis and prompt treatment of symptomatic chlamydia infections. In addition to reducing the time in which the infection can be passed on and thus the spread of chlamydia, screening reduces the chances of an infected individual developing complications.

The overall testing rate (excluding for Chlamydia in under 25s), a metric strongly associated with the level of diagnoses. The screening coverage (%) among 15- to 25-year-old females in 2023 was 16.8%, significantly lower than England (20.4%) and the 6th lowest amongst comparable neighbours, although the screening percentage has increased in the last two years.

Figure 77 Chlamydia Screening Rate 15–24-Year-Old Females



Pelvic inflammatory disease (PID)

PID is a clinical syndrome referring to infection and inflammation of the upper female genital tract which may lead to serious complications such as ectopic pregnancy, tubal factor infertility and chronic pelvic pain.

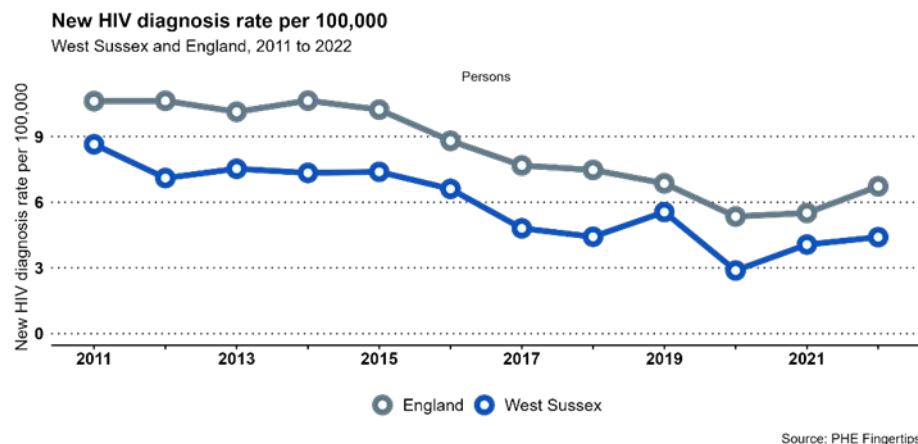
OHID state this the admissions rate for PID should be considered alongside the chlamydia screening and chlamydia diagnoses indicators as it is anticipated that high chlamydia screening coverage should lead to increased chlamydia diagnoses which, assuming successfully treated, should lead to a decrease in PID.

In 2022/23 there were 445 admissions for PID, the rate of 293.8 per 100,000 population (women aged 15-44 years) is significantly higher than England (rate 226.7 per 100,000) and the highest amongst comparable authorities.

HIV

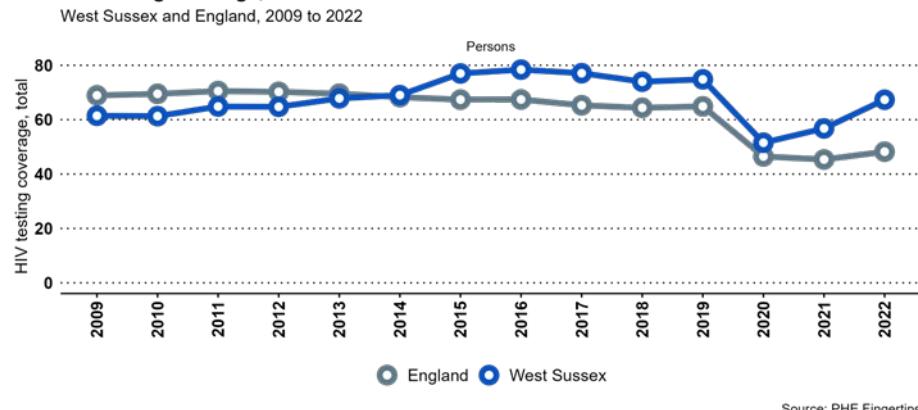
The new diagnosis rate of HIV locally and nationally has declined over the last 10 years, including all reports of HIV diagnoses made in the UK, regardless of country of first HIV positive test (i.e. including people who were previously diagnosed with HIV abroad). Although the rate in the last three years has increased.

Figure 65 New HIV Diagnosis Rate (Per 100,000) 2012 to 2023



- The testing coverage¹⁸ in West Sussex has increased since 2020 to almost pre-pandemic levels and remains above the England rate.

Figure 78 HIV Coverage Rate 2009 to 2022, West Sussex, and England
HIV testing coverage, total



¹⁸ Testing coverage relates to the number of persons tested for HIV (and not the number of tests reported) out of those people considered eligible for a HIV test when attending specialist sexual health services. HIV testing is integral to the treatment and management of HIV infection.

Late Diagnosis of HIV.

OHID State that “Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Among those diagnosed in England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis¹ compared to those diagnosed promptly, and this indicator is essential to evaluate the success of expanded HIV testing”.

Late diagnosis relates to adults (aged 15 years or more) newly diagnosed with HIV with a CD4 count less than 350 cells per mm³ within 91 days of diagnosis¹⁹.

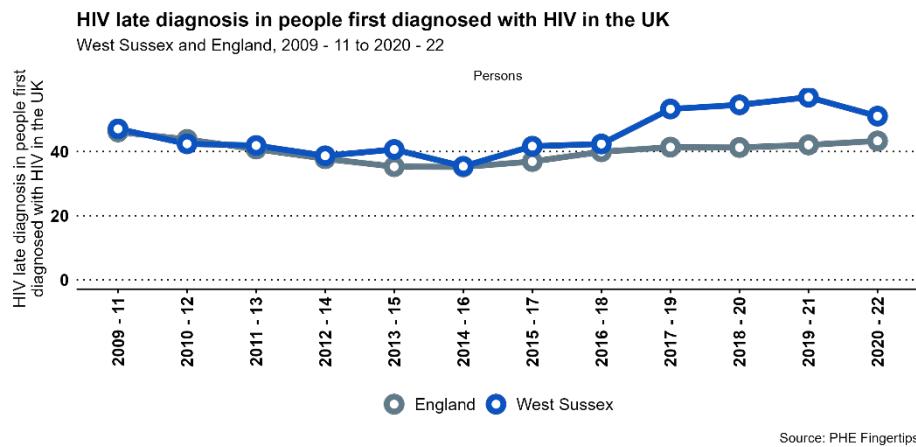
These include only reports of HIV diagnoses first made in the UK.

In West Sussex late diagnosis rate has increased in the last 8 years and remains higher than the England rate. In the period 2020-2022 25 people were diagnosed late, this was 51% of new diagnoses.

Local authorities with a late diagnosis rate of 50% or more are rated red, those with a late diagnosis rate of between 25 and 49% rated amber, those below 25% rated green. West Sussex has been red rated since the period 2017-2019.

¹⁹ There are a few exclusions to this measure, for more detail refer to [OHID Fingertips background notes](#) for more detailed information.

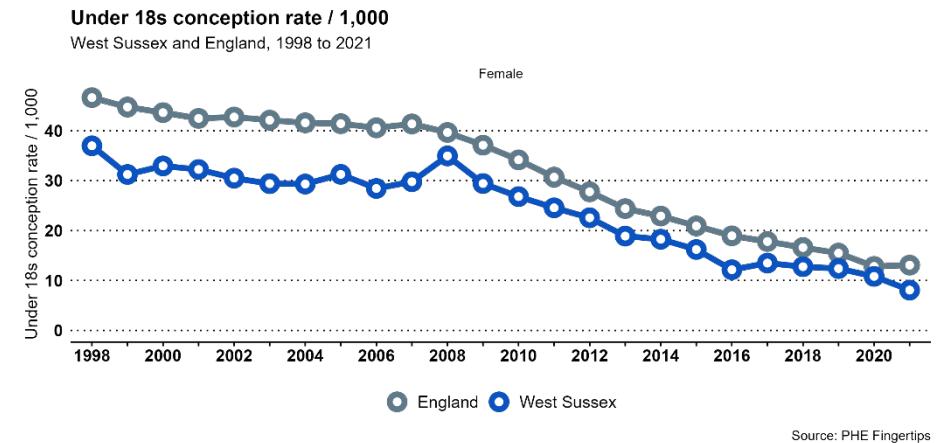
Figure 79 Late Diagnosis Rate - HIV



Teenage Pregnancy

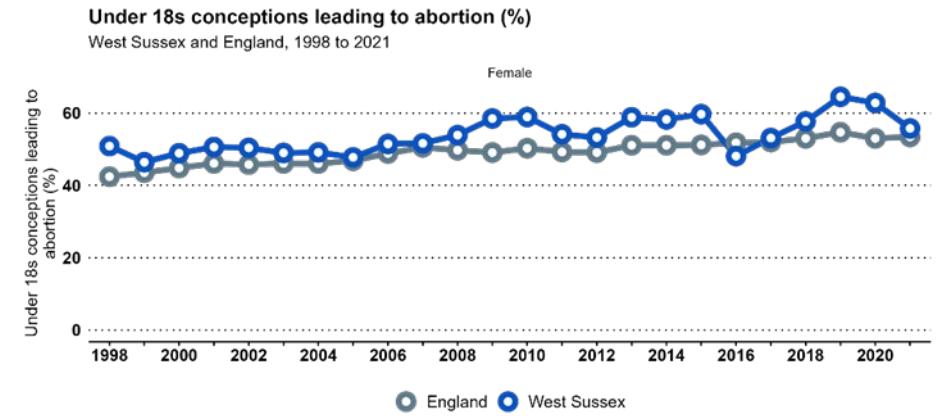
Teenage conceptions have steadily declined in the last 20 years, and West Sussex has a rate below that of England. In 2021 there were 113 conceptions amongst females aged 15-17 years. The West Sussex rate was 8.1 per 1,000 females aged 15-17 years, compared with 13.1 per 1,000 nationally. Ten years earlier in 2011, there were 338 conceptions amongst 15-17-year-olds.

Figure 80 U18 Conceptions Rate 1998 to 2021, West Sussex, and England



In 2021 58% of under 18 conceptions ended in abortion compared with 53% nationally.

Figure 81 U18 Conceptions Ending in Abortion



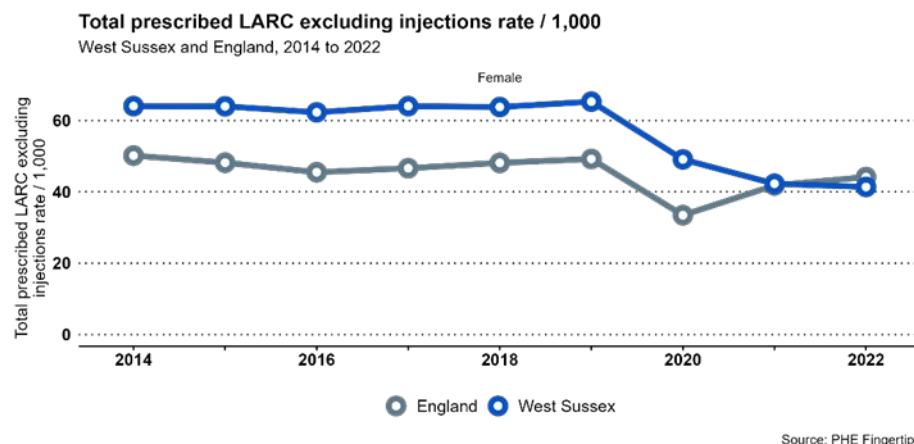
In terms of conceptions amongst females aged under 16 nationally and locally there has been a long term downward trend. In 2021 there were 10 conceptions in women aged under 16 (aged 13-15 years), this was a rate of 0.7 per 1,000, approximately half the national rate (1.3 per 1,000).

Long-Acting Reversible Contraception (LARC)

Prior to the COVID-19 pandemic the use of long-acting reversible contraception (excluding injections) in West Sussex was relatively high (51.6 per 1,000 female population aged 15-44 years in 2020, compared with 34.6 nationally).

The use of LARC has fallen. In 2022 the rate in West Sussex was 41.4 compared with 44.1 nationally.

Figure 82 Total prescribed LARC excluding injections rate / 1,000

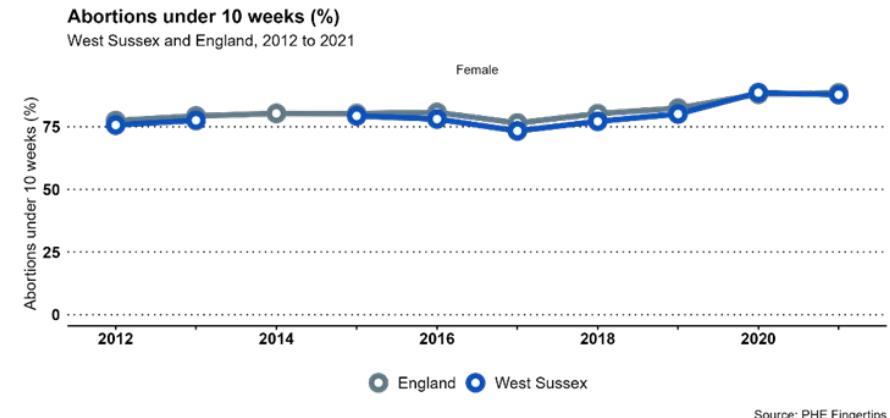


Abortion

In 2021, the rate of abortions per 1,000 females aged 15-44 in West Sussex was 16.1 (2,273 abortions). The West Sussex rate is significantly below the national rate (19.2 per 1,000 females aged 15-44 years) and, in 2021, 6th lowest amongst comparable authorities. The abortion rate has increased locally, and nationally over the last 10 years, in 2012 the rate in West Sussex was 13.9 per 1,000.

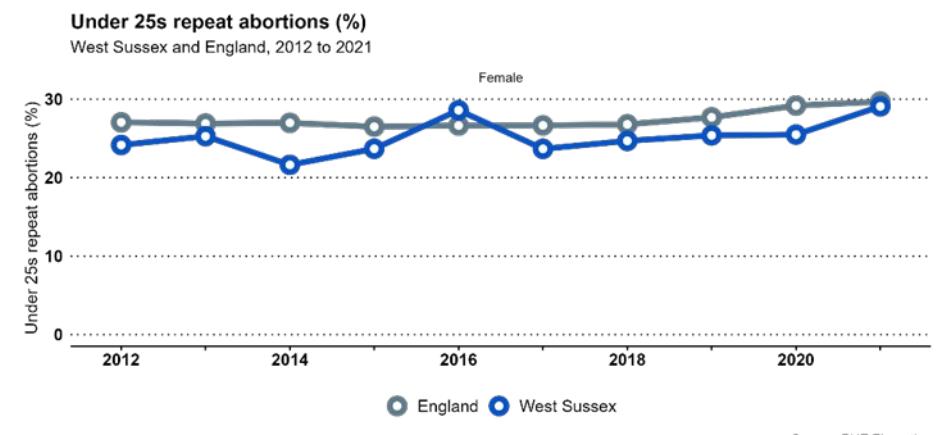
The percentage of abortions undertaken under 10 weeks in West Sussex is, at 87.9%, similar to England (88.6%)

Figure 83 Percentage of Abortions Under 10 Weeks 2012 to 2021



Of the abortions to women aged under 25 years, 29.1% (225 abortions) were repeat abortions i.e. to women who had had previous abortions. This is similar to the England percentage of 29.7%.

Figure 84 Repeat Abortions to Women Under 25 (%)



Flu Jabs, NHS Health Checks and Screening

Flu Jabs

Coverage of flu vaccinations for at-risk groups was 53.8% in 2022/23 but this has subsequently fallen back to 45.1% in 2023/24.

Figure 85 Flu Jab Take Up - At Risk Individuals

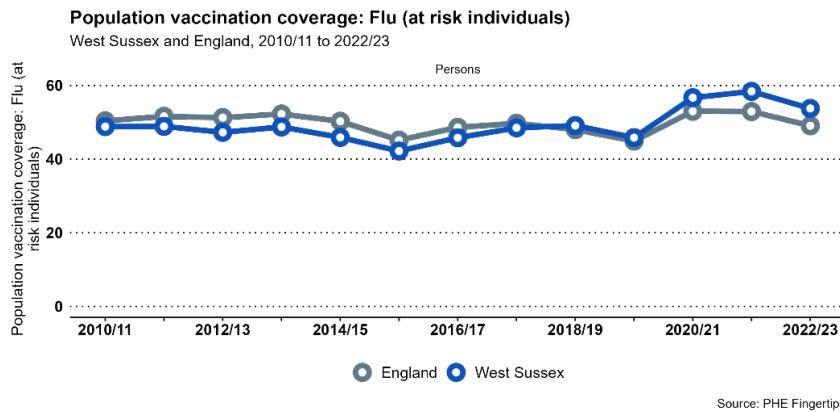
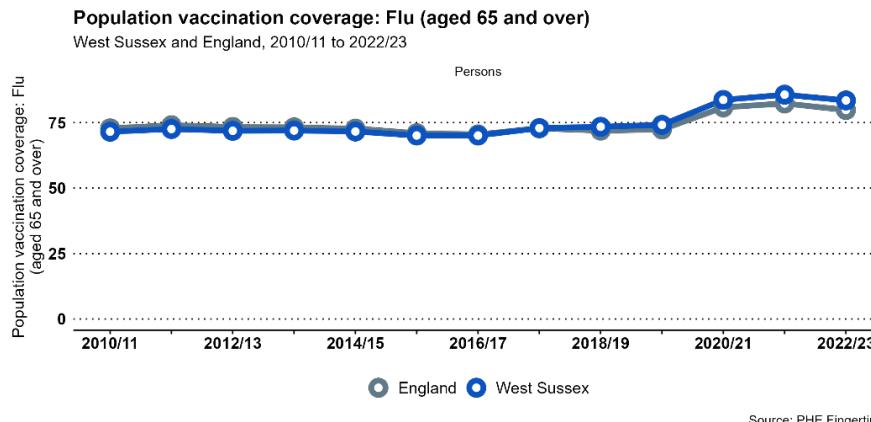


Figure 86 Flu Jab Take Up - 65+ Adults



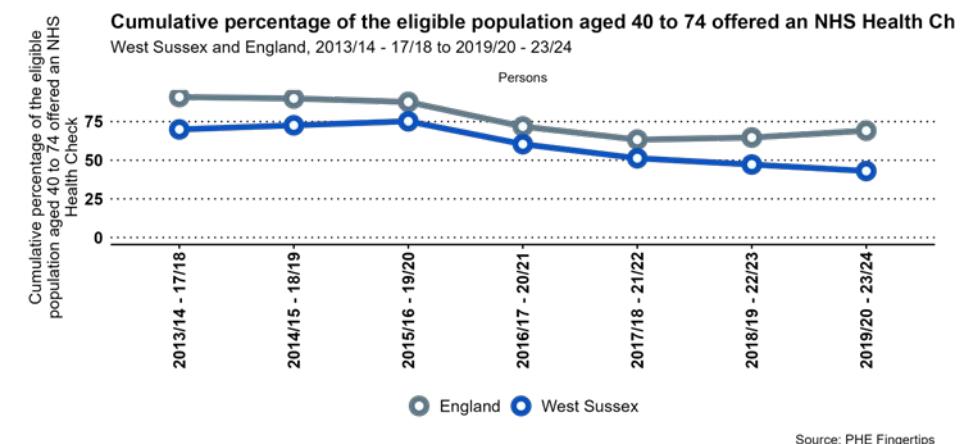
Take up amongst adults aged 65 years or over remains above the 75% threshold in West Sussex. The take up for 65+ age group remains high, at 81.4% in 2023/24.

NHS Health Checks

For NHS Health Checks, there are several indicators published on the offering and take up of checks, on a quarterly and annual basis.

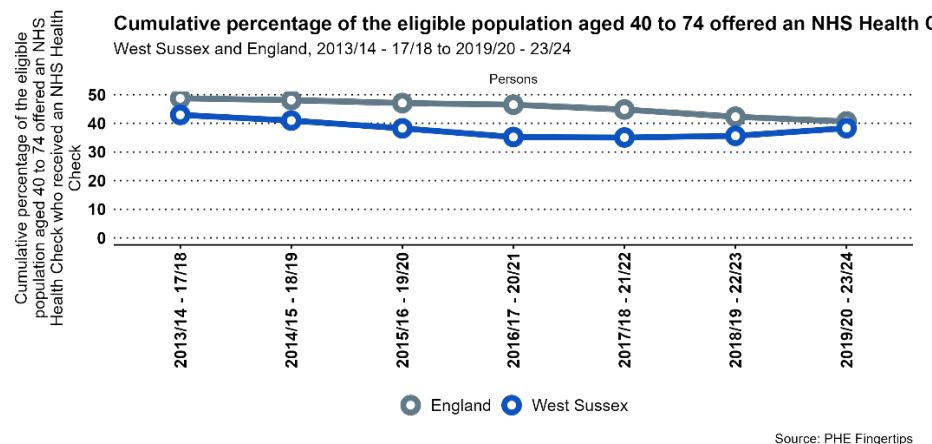
In West Sussex for the period 2019/20 to 2023/24 43% of adults eligible had been offered an NHS Health Check. This is lower than the national percentage of 69.1%.

Figure 87 Rolling 5-year cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check



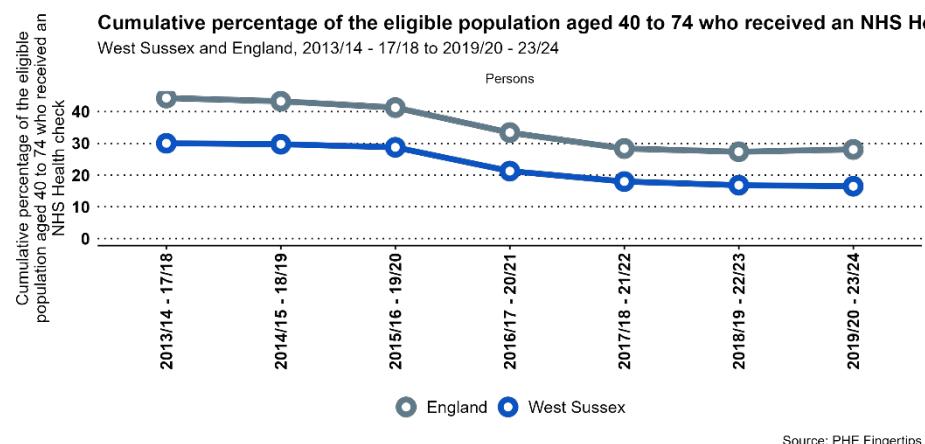
In West Sussex for the period 2019/20 to 2023/24 38.3% of adults offered an NHS Health Check had received a check. This is lower than the national percentage of 40.6%.

Figure 88 Rolling 5-year cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check, who received a health check.



In West Sussex for the period 2019/20 to 2023/24 16.5% of the eligible adult population had received an NHS Health Check. This is lower than the national percentage of 28.1%.

Figure 89 Rolling 5-year cumulative percentage of the eligible population who received a health check

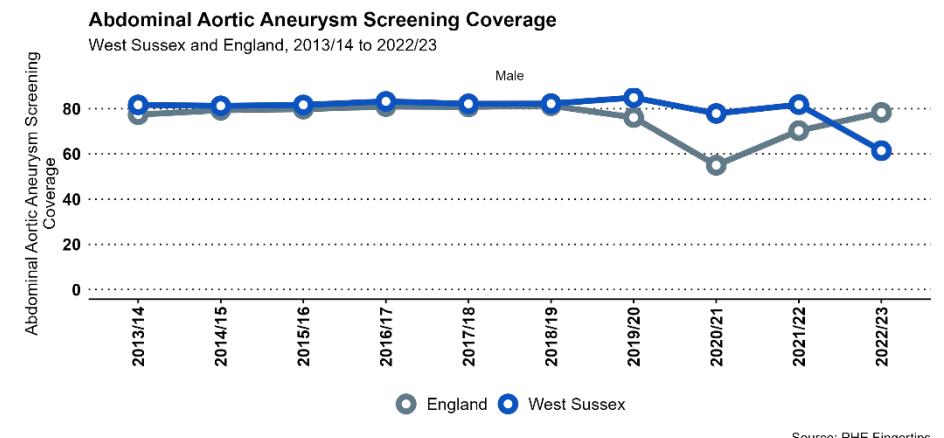


Abdominal Aortic Aneurysm screening coverage

Abdominal aortic aneurysm (AAA) screening aims to reduce AAA related mortality among men aged 65 to 74. Improvements in coverage would mean more AAAs are detected in a timely manner.

The screening coverage rate at county-level for abdominal aortic aneurysm was 61.4% in 2022/23, compared to 78.3% in England overall. Coverage in West Sussex has yet to recover to pre pandemic levels.

Figure 90 Abdominal Aortic Aneurysm Screening Rate



Cancer Screening

The next section looks at the trends of screening at a county level, and the latest annual data at the lower tier local authority level.

Cervical Cancer

Cervical screening rates have fallen over the last 10 years. In 2023 70.5% of women aged 25-49 years and 75.1% of women aged 50 to 64 years, were screened, both are higher than the comparable national rates (65.8% and 74.4% respectively).

Figure 91 Cervical Screening Coverage (25- to 49-year-olds)

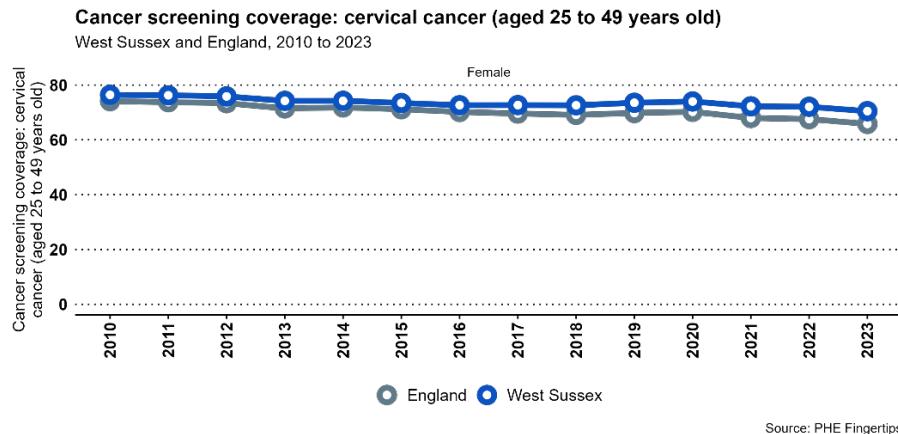
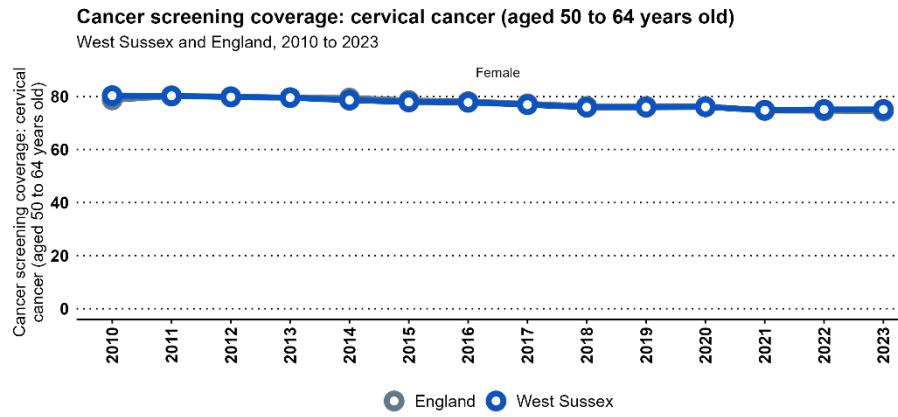


Figure 92 Cervical Screening Coverage (50- to 64-year-olds)



Screening at Lower Tier Local Authority Level

Crawley has the lowest screening rate for the younger age group, Arun the lowest for 50- to 64-year-olds.

Figure 93 Cervical Screening (2023) 25-to-49-year olds

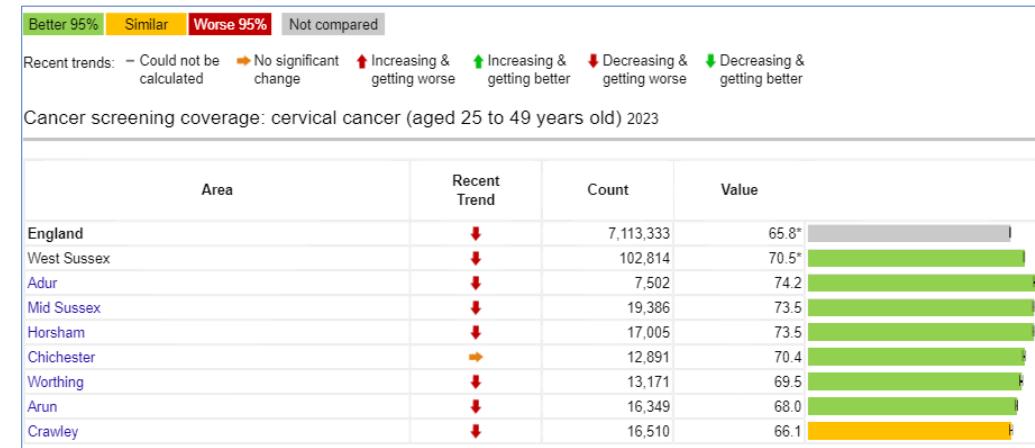
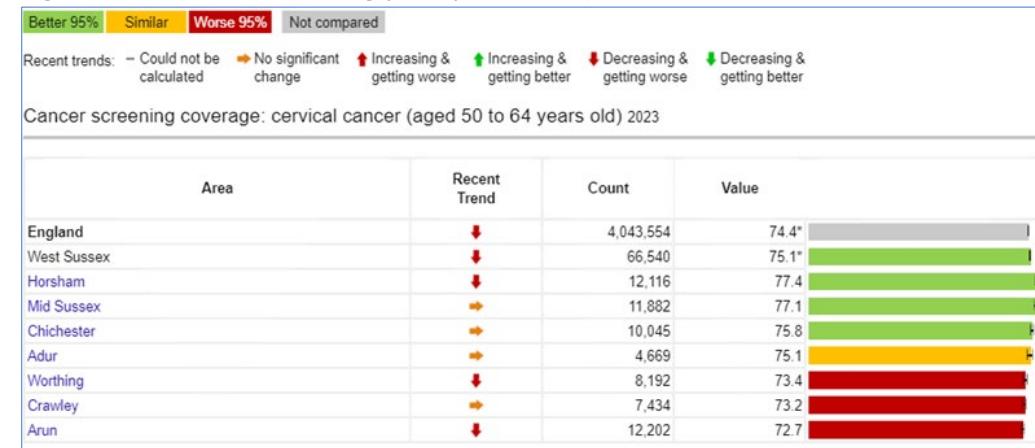


Figure 94 Cervical Screening (2023) 50-to-64-year olds



Bowel Screening

In 2023 75.8% of people eligible, were screened for bowel cancer. This was higher than England (72%). There has been a long-term increase in the take up of bowel screening and this was not impacted by the COVID-19 pandemic. In 2023 Crawley had the lowest screening coverage at 69.1%.

Figure 95 Bowel Screening Coverage

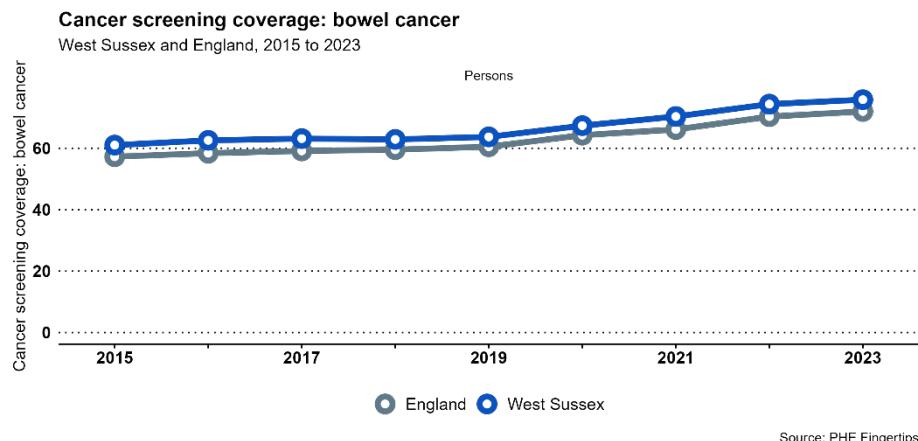
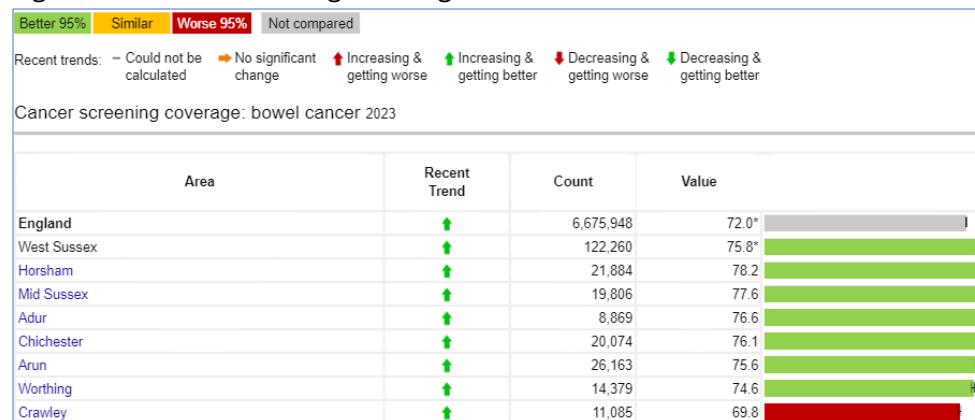


Figure 96 Bowel Screening Coverage 2023 - Lower Tier Local Authorities



Breast Screening

In 2023 70.1% of those eligible, were screened for breast cancer. This was higher than England (66.2%). There has been a long-term decrease in the take up of breast screening and this was further impacted by the COVID-19 pandemic. In 2023 Crawley had the lowest screening coverage at 61.7%.

Figure 97 Breast Screening Coverage

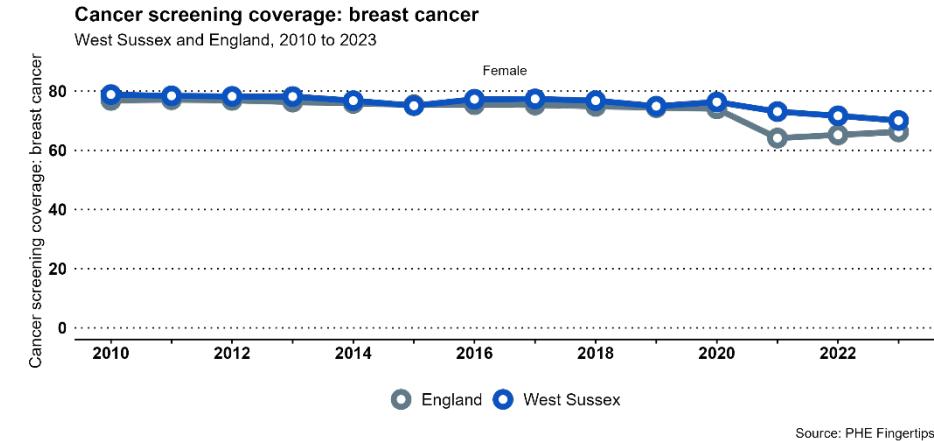
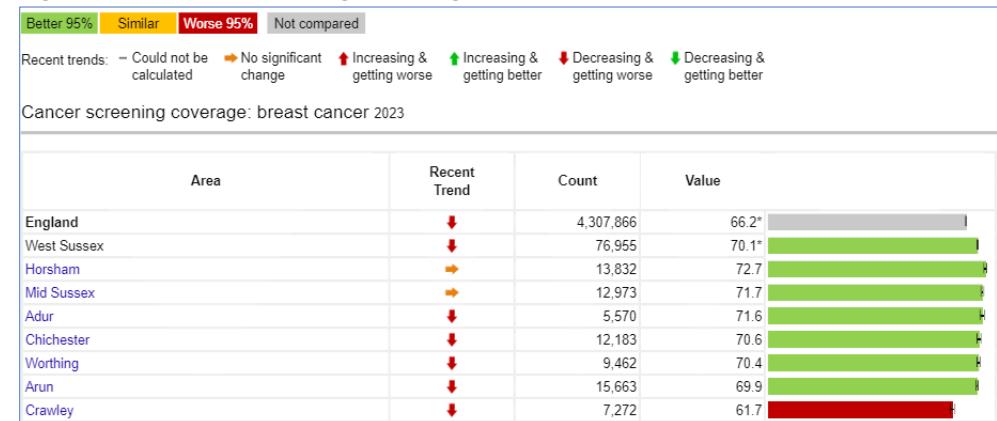


Figure 98 Breast Screening Coverage 2023 - Lower Tier Local Authorities



Annual Reviews for People with Serious Mental Illness

Overall, people with severe mental illness have poorer physical health and lower life expectancy. One of the key challenges is access and use of healthcare, to enable early diagnosis of physical illness and conditions, support and maintain treatment and reduce crisis presentation.

Research into the efficacy of annual reviews found that annual reviews were associated with:

- A lower rate of A&E attendance (20% reduction)
- Reduced rate of serious mental illness admission (25% reduction)
- Reduced ambulatory care sensitive condition admission (24% reduction)
- and lower overall health-care costs

There are six core checks: alcohol consumption status; blood glucose or HbA1c test (as clinically appropriate); blood pressure; body mass index; lipid profile; and smoking status.

Physical health checks can be delivered in either primary or secondary care and can be undertaken more frequently depending on clinical need.

Overall, nationally, and locally there has been an increase in the percentage of people on SMI registers having an annual review (complete review). **In Q4 2023/24 50.7% of people in West Sussex, 68.5% people nationally had an annual review in the previous 12 months.**

NHS Digital also publish the number of people who form the denominator for the take up rate of annual reviews compared with the overall SMI register. Each year there will be people who, for various reasons, do not have a review, but this number has fallen considerably in West Sussex. In Q4 2023/24 there were 9,106 people on the register and 8,415 people in the review take up denominator (the denominator was 92.4% of the “expected” QOF denominator.

Blood pressure having been the test with the lowest completion in 2021/22 now has the highest completion rate of 73.2%. The lowest completion in Q4 2023/24 was alcohol consumption with 62.0%.

Figure 99 Percentage of People on SMI Register having had a Complete Review in the Previous 12-month period.

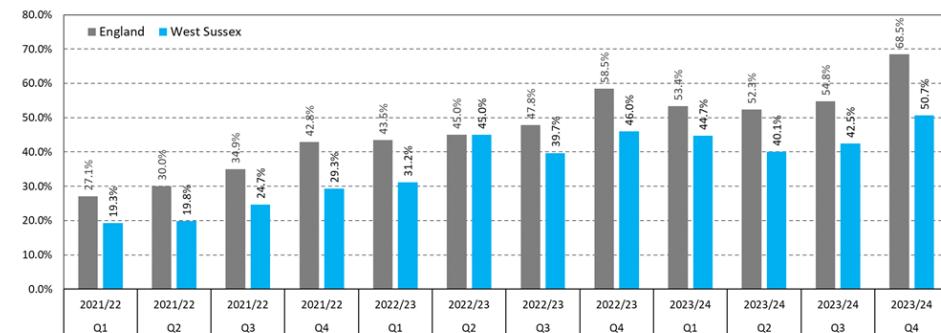
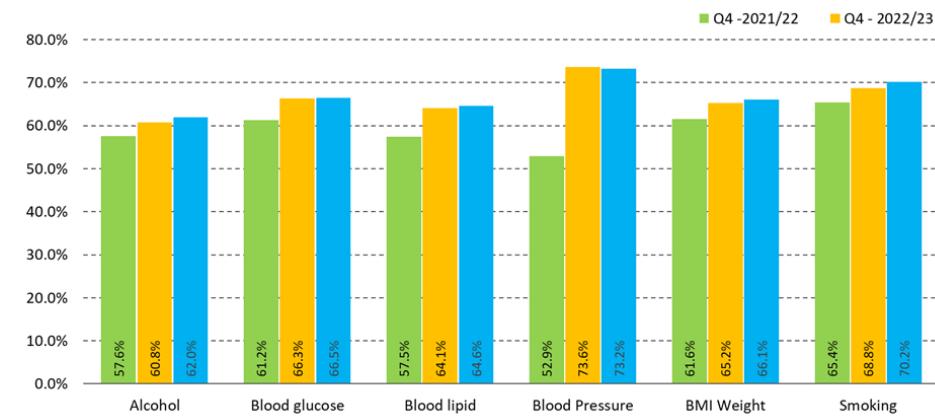


Figure 100 Percentage of Patients Who Have Had Each of the 6-core physical assessments – West Sussex Quarter 4 in 2021/22, 2022/3 and 2023/4



Learning Disability – Annual Health Checks

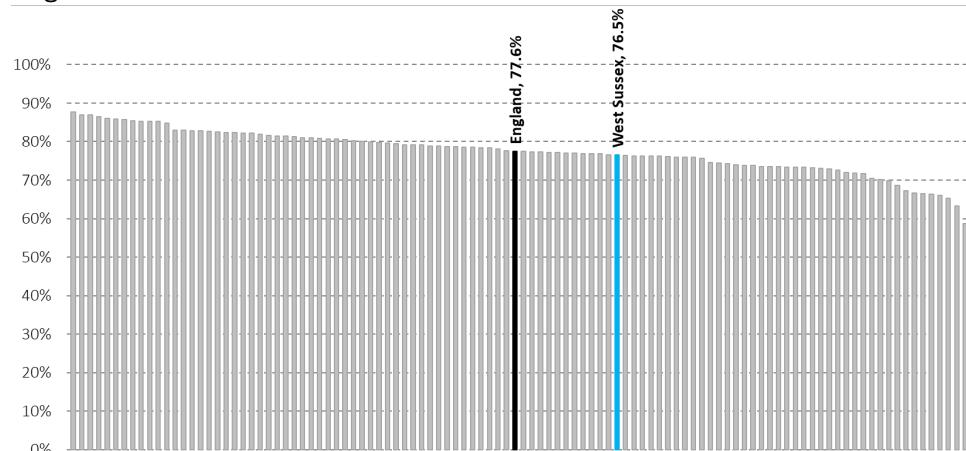
GPs undertake annual health checks for people with a learning disability who meet the eligibility criteria: that is for people aged 14 years or over, and on the GP Practice learning disability health checks register.

Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks	Completed Health Action Plans	% Completed Health Action Plans
5,131	3,926	379	826	76.5%	3,834	74.7%

Source: NHS Digital

76.5% of people aged 14+ on the GP Learning Disability registers in West Sussex had a health check, this is slightly lower (not significant) than the England overall value of 77.6%.

Figure 101 Percentage of Patients on Learning Disability Register – Completed Health Check (as of March 31 2024), All Sub ICB Areas in England



Source: NHS Digital

Overall Mental Health and Wellbeing

The Office for National Statistics (ONS) measure individual or subjective wellbeing based on four questions:

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

Life satisfaction - In West Sussex, 4.6% of adults surveyed in 2022/23 had a low satisfaction score, this was an improvement on the previous 2 years. It is similar to the overall England percentage (5.6%).

Happiness - In West Sussex, 11.3% of adults surveyed in 2022/23 had a low happiness score, this has been worsening in the last few years. It is similar to the overall England percentage (8.9%).

Anxiety - In West Sussex, the percentage of people with a high anxiety score has been increasing since 2019/20. In 2022/23, 24.5% of those surveyed had a high anxiety score, similar to the overall England percentage (23.3%).

Worthwhile - In West Sussex, 4.6% of adults surveyed in 2022/23 had a low worthwhile score, similar to the overall England percentage (4.4%).

Figure 102 Self-reported wellbeing: people with a low satisfaction score

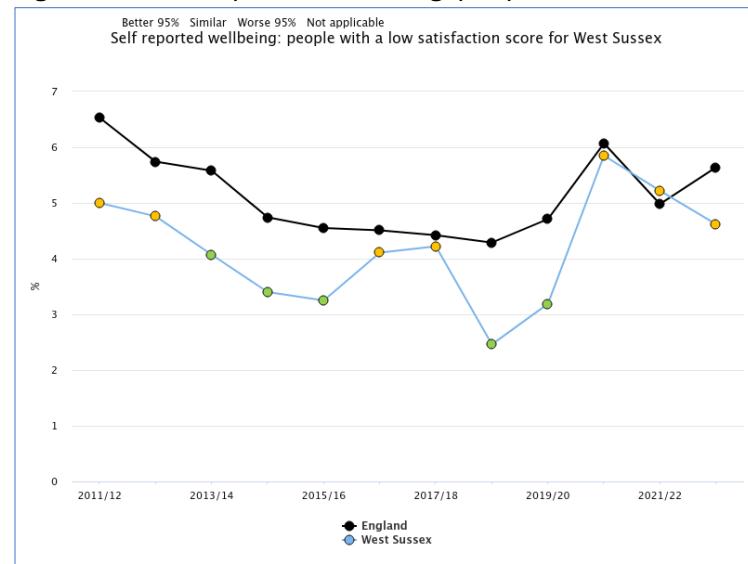


Figure 103 Self-reported wellbeing: people with a low happiness score

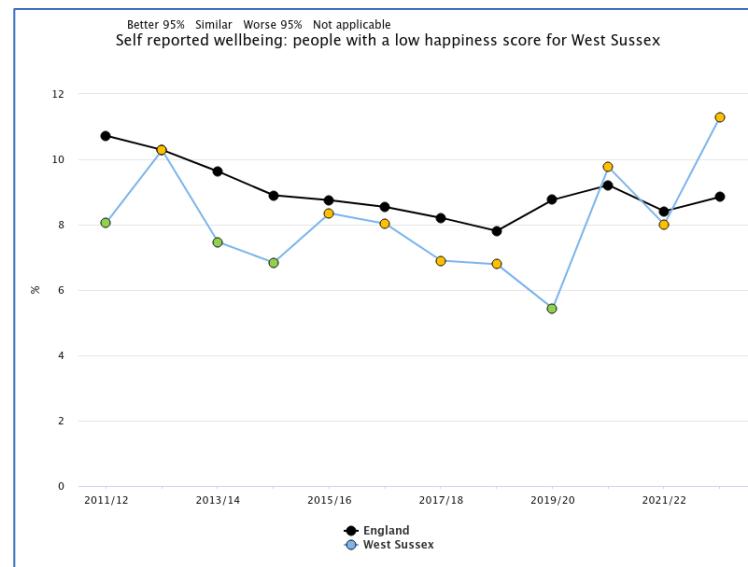


Figure 104 Self-reported wellbeing: people with a high anxiety score

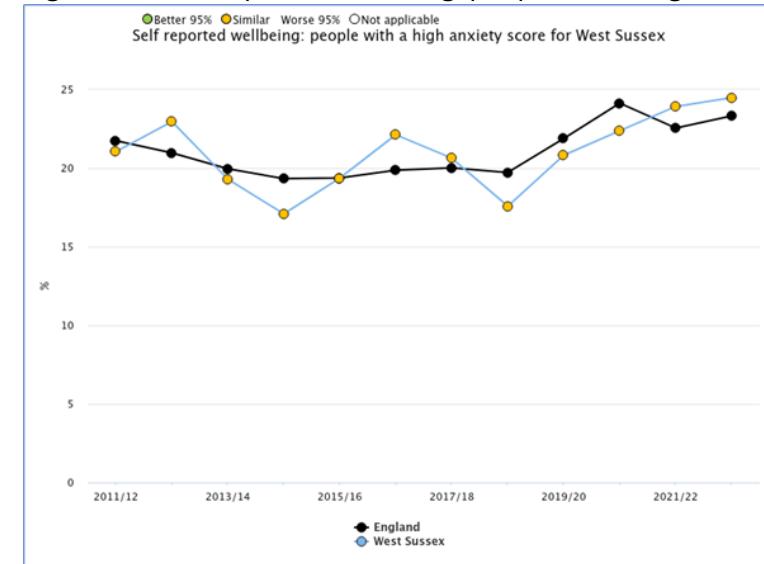
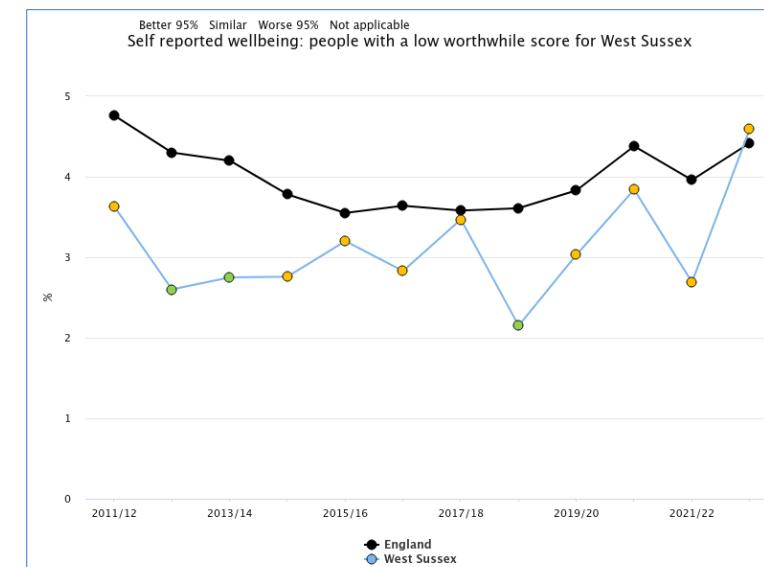


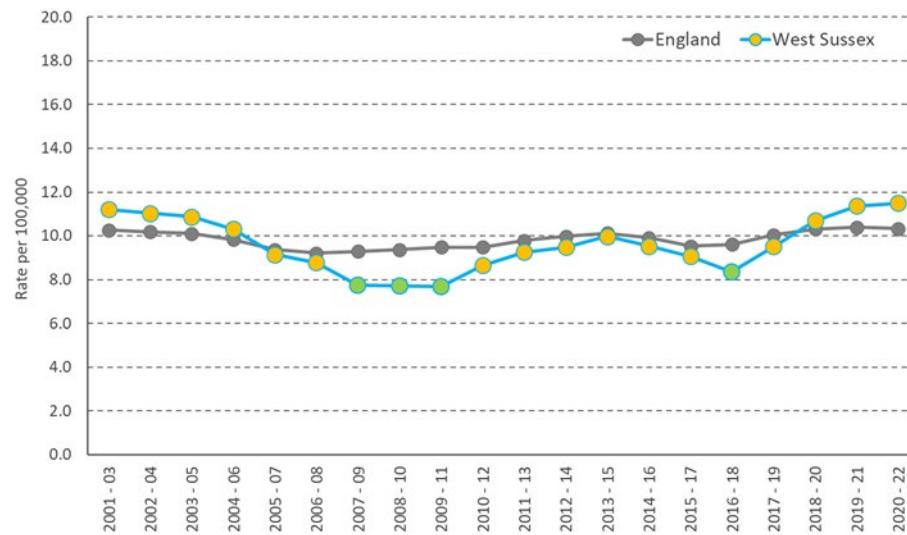
Figure 105 Self-reported wellbeing: people with a low worthwhile score



Suicide

The mortality rate for suicide and injury undetermined has tended to be similar to England overall, in some years it has been significantly below the national rate (shown by markers shaded green in graphs below). In the 3 years of 2020-2022 there were 270 deaths.

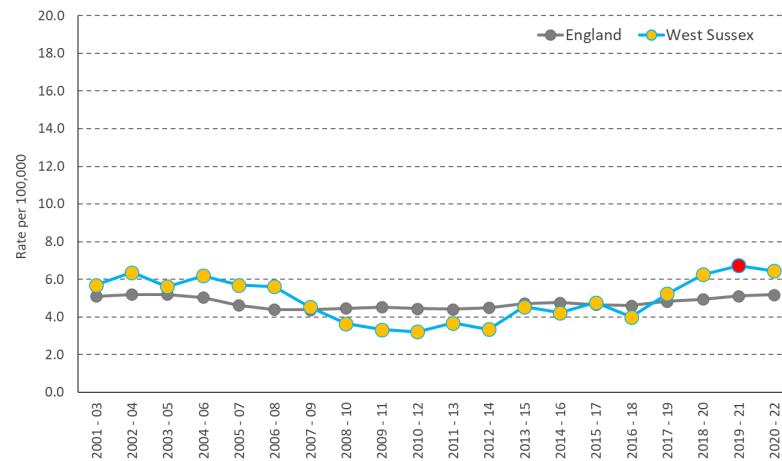
Figure 106 - Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population pooled years 2001-2003 to 2020-2022 (All People)



Source: OHID Fingertips Suicide Profile

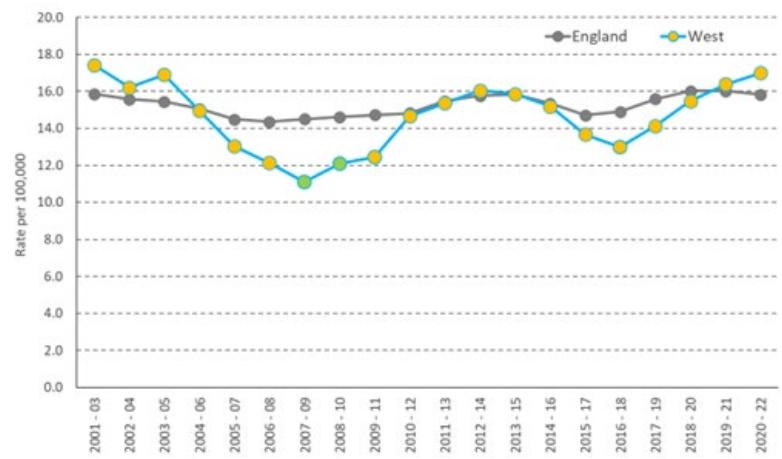
The male suicide rate locally and nationally is higher than that of women.

Figure 107 - Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population pooled years 2001-2003 to 2020-2022 (Female)



Source: OHID Fingertips Suicide Profile

Figure 108 - Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population pooled years 2001-2003 to 2020-2022 (Male)



Estimating the Social Care Needs of 18 to 64 Year Olds

Note the following uses the approach adopted to examine current and future needs used in the Health Foundation Report [Social Care for Adults aged 18–64 \(April 2020\)](#). Estimation of needs relating to older people are detailed in the next section of this summary. Not all data are available at sub-national level.

The percentage of older people who self-report a disability has remained fairly stable in the UK over the last 10 years, the percentage of younger (working age) people who self-report as having a disability has increased.

Figure 109 Self-reported disability in the UK, by age group, % of the population, 2012/13 to 2022/23.

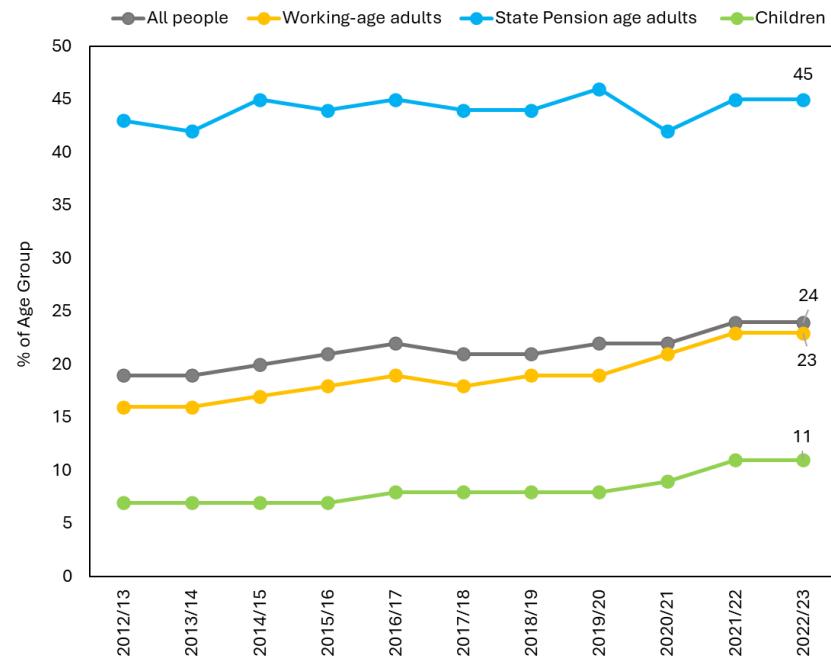
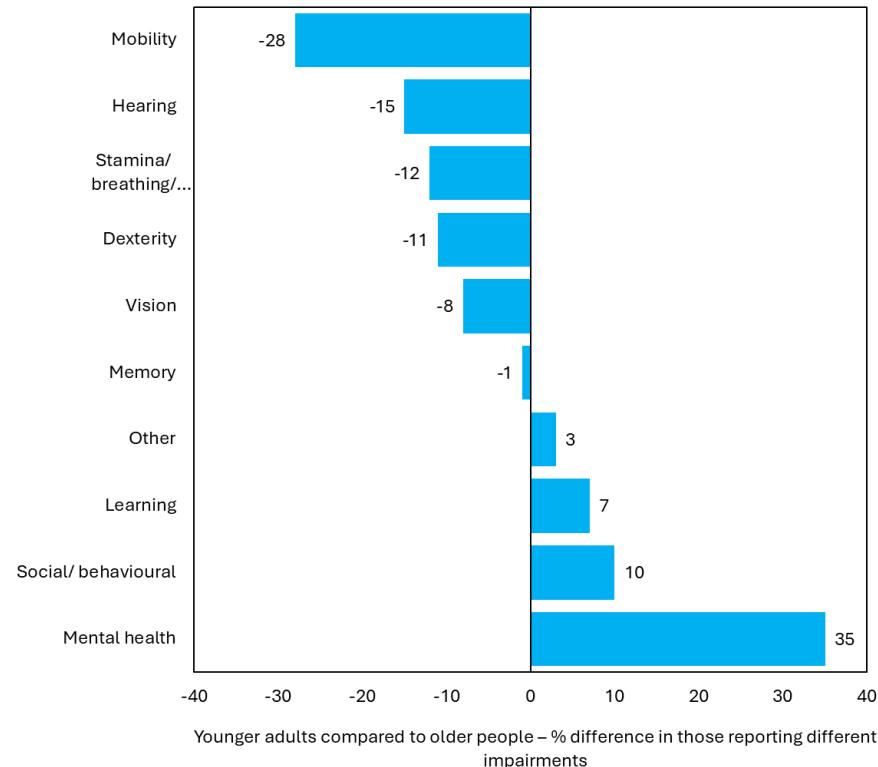


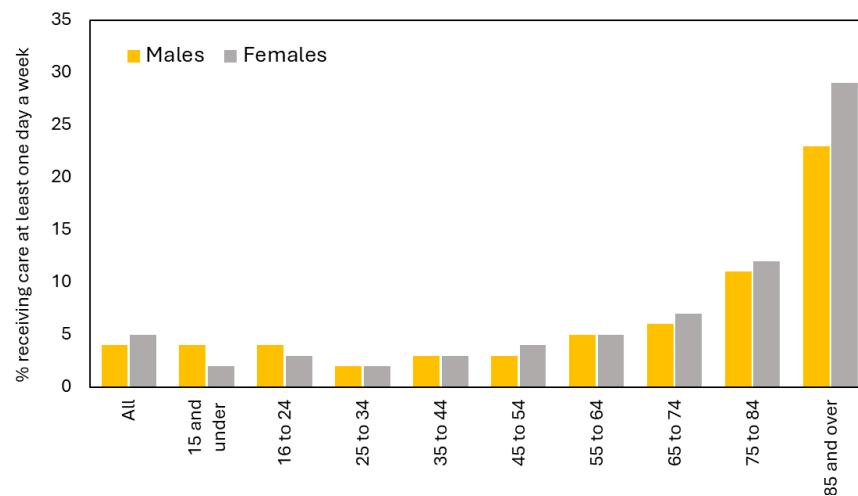
Figure 110 Younger adults and older people in England – percentage point difference between type of self-reported disability, 2022/23 (England)



Of those people who self-reported they were disabled on the 2022/23 survey, younger adults have different care needs, less likely to be based on physical frailty and mobility and more related to mental health and social/behavioural needs.

The national Family Resources Survey (FRS) 2022/23 found that while the percentage of younger people in receipt of care was lower, whether formal or informal care or a mixture of both, for those who received care, it was more likely to be intensive (frequently needed). In the younger age groups, there is also less of a difference between men and women in terms of the prevalence of care support.

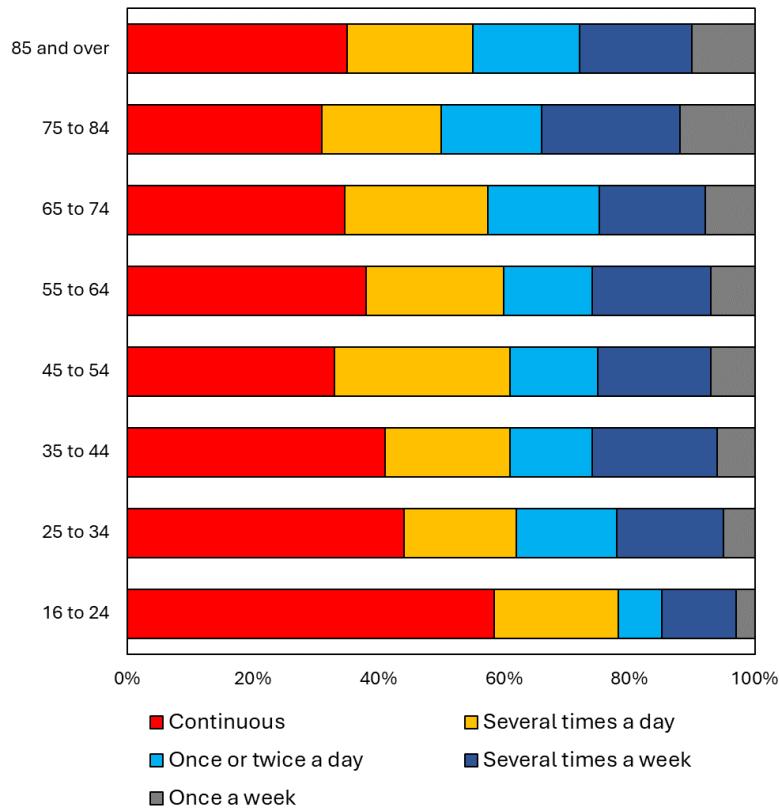
Figure 111 People receiving care at least once a week in the UK, by age and sex



Source: ONS Family Resources Survey 2022/23

Of those who were in receipt of care at least once a week, 60% of those aged 16-24 receive continuous support, and 86% at least once a day. So although population growth is projected to be higher in the older age groups in West Sussex, increases in the prevalence of disability and the intensity of support will have a disproportionate impact on demand for care, whether informal or formal.

Figure 112 Of People in Receipt of Care – Frequency of Care by Age in the UK, 2022/23



Source: ONS Family Resources Survey 2022/23

Applying FRS Assumptions to the West Sussex Population

Caveat: *The West Sussex population is, in general, healthier than the overall UK population so applying national assumptions to the local population is likely to overestimate demand.*

Using FRS assumptions 41,600 people aged 16+ are in receipt of some form of care at least once a week at home, 18,600 of them being aged between 16-64 years.

Table 87 Estimate of People (16+) receiving care at least once a week in West Sussex

Age Group	% in receipt of care at least once a week	Number
16 to 24	3%	2,300
25 to 34	2%	2,050
35 to 44	3%	3,450
45 to 54	4%	4,650
55 to 64	5%	6,150
65 to 74	6%	5,950
75 to 84	11%	8,550
85 and over	27%	8,500

Source: FRS (assumptions) applied to ONS MYE 2023

Population growth alone would not be expected to increase the need or use of care for the under 65 age group. Little growth is projected for the 16-64 age group in West Sussex between 2025 and 2040 (0.1%), compared with a projected 30%+ growth in the 65+ age group.

Increasing need and demand for social care is likely to be derived by increased prevalence of disability and/or an increased life expectancy of younger people born or who have acquired a disability at younger age.

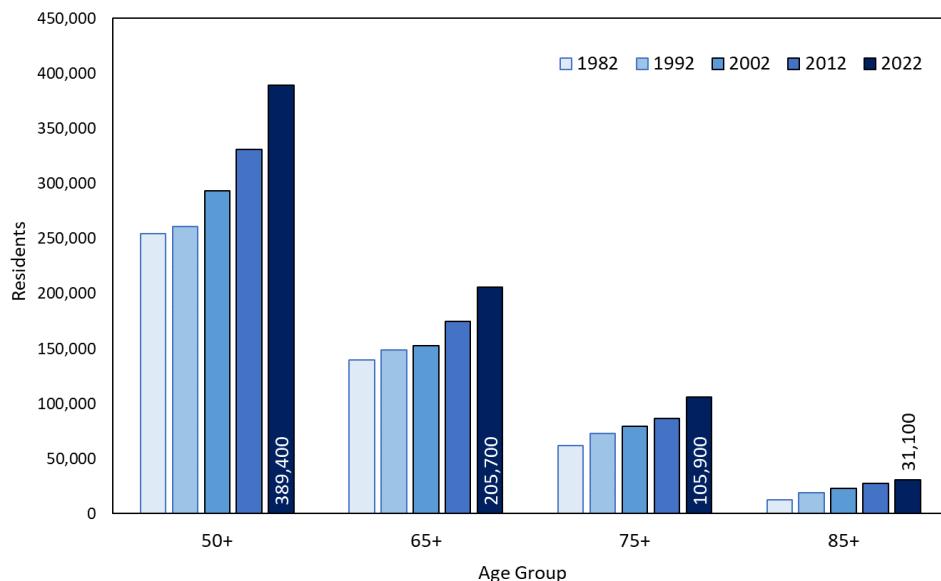
Later Life

Number of Older people

The number of older people has grown ahead of overall population growth in West Sussex. Between 1982 and 2022 the population has increased overall by 32%, but the increases in older age groups have been far higher from 47% if looking at the overall 65+ population to 143% increase in the 85+ population.

In 2022, there were 205,700 residents aged 65+ years, 31,100 aged 85+ years.

Table 88 Numbers of Residents by Age Group 1982, 1992, 2002, 2012 and 2022 – West Sussex

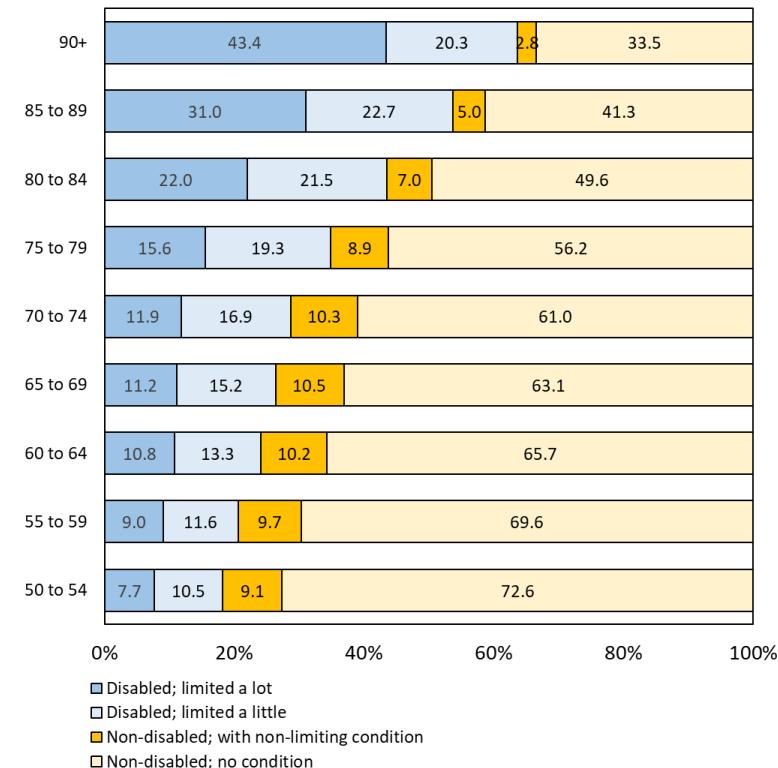


Source: ONS MYE

Disability Status - 50+ Age Group

The percentage of people who are disabled increases with age. Using data from the 2021 Census, by the age of 85 the majority of people have a health condition or disability which impacts their daily life, either a little or a lot.

Figure 113 Disability status of people aged 50 and over, by age, West Sussex 2021



Carers – in Older Age Groups

The census collects data on caring in two stages:

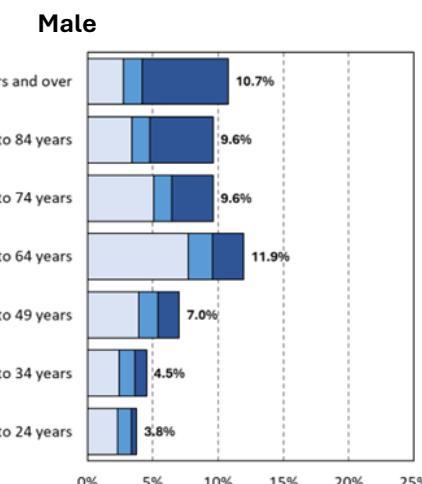
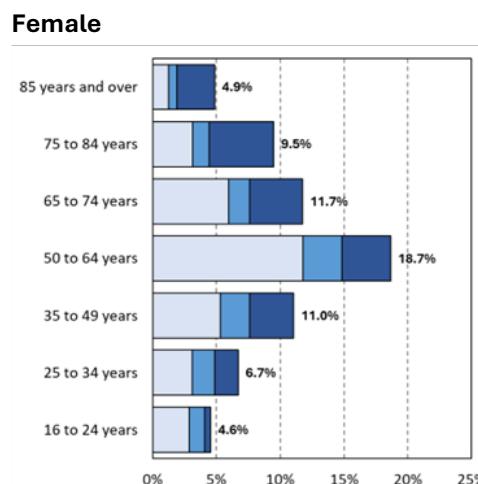
"Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?"

And if the answer is yes, people are asked to specify how many hours of unpaid care they provide.

Overall, over 72,000 people in West Sussex provide some unpaid care, with over 19,000 being aged 65 years or over.

The age profile of caring is different for men and women, women aged 50 to 64 years being the most likely age group to be a carer, and a lower proportion of women compared with men in the older age groups (75+ age groups) being carers.

Figure 114 Carers - By Sex, Age and Hours of Unpaid Care, West Sussex 2021



□ Provides 19 or less hours unpaid care a week

■ Provides 20 to 49 hours unpaid care a week

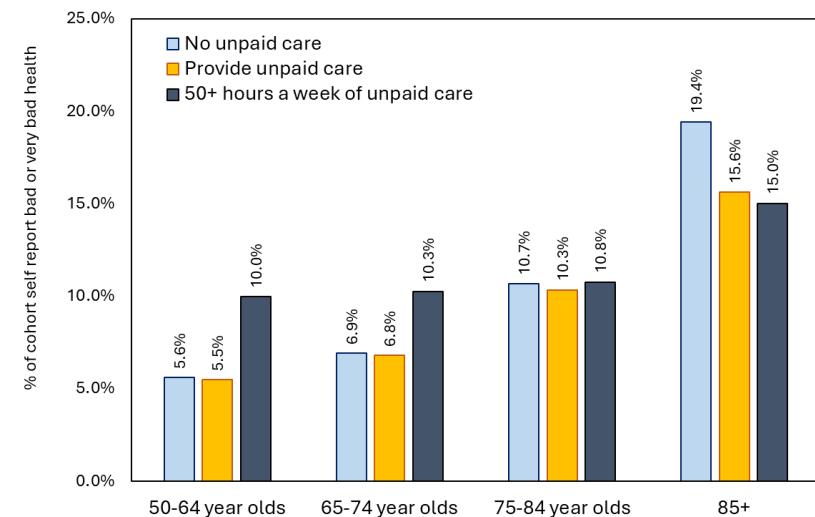
■ Provides 50 or more hours unpaid care a week

The majority of carers aged 75 years or over provide care for 50 hours a week or more, 10.7% of men aged 85 years or over are carers, and the majority of these (60%) care for 50+ hours.

Health Status of Older Carers v Non-Carers

In the age groups 50-64 years and 65-74 years, there is little difference in the percentage of people who report their health as bad or very bad when according to their caring status. However, carers in these age groups who provide 50+ hours of unpaid care report significantly poorer health.

Figure 115 Self-Reported Health as Bad or Very Bad by Caring Status and Age, West Sussex



Source: Census 2021

Prevalence Estimates – Older People

Specific Conditions

Not everyone with a specific disease or condition will have had a diagnosis, therefore many estimates are based on research findings, with rates then applied to the local population. The Institute of Public Care (IPC) at Oxford Brookes University with supporting funding from Partners in Care and Health have produced prevalence estimates for a range of conditions at upper and lower tier local authority level.

<https://www.poppi.org.uk/>

Table 89 Prevalence Estimates for Health Conditions

Condition	Estimate
Cardiovascular disease (65+ years)	68,500
Diabetes (65+ years)	26,300
Obesity – (65+ with a BMI of 30 or more)	64,000
Rheumatoid Arthritis: QOF prevalence (16+ years)	6,600
Osteoporosis: QOF prevalence (50+ years)	4,600
Hip fractures in people aged 65 and over	1,170
Mental Health – Common Mental Health Problem	20,800
Dementia	14,800
Sight impairment - Moderate or severe visual impairment (65+)	19,500
Sight impairment –registerable eye conditions (75+)	7,100
Hearing Impairment - 65+ residents with severe hearing loss	17,500
Mobility – unable to manage at least one activity (going out of doors and walking down the road; getting up and down stairs; getting around the house; getting to the toilet; getting in or out of bed)	45,500
Incontinence (estimated of people to have a least one bladder problem at least once a week – 65+)	35,500

Main Disabling Condition - Attendance Allowance Claimants

Of the 23,265 people in receipt of Attendance Allowance, the main disabling conditions (as recorded on claims) relate to musculoskeletal conditions (such as arthritis, lower back pain) and dementia.

Table 90 Main Disabling Condition of Attendance Allowance Claimants in West Sussex (November 2023)

Condition identified on Attendance Allowance claim	Number
Arthritis	5,537
Dementia	3,119
Unknown	1,949
Heart Disease	1,635
Disease Of the Muscles, Bones or Joints	1,184
Respiratory Disorders and Diseases	1,129
Cerebrovascular Disease	1,100
Back Pain - Other / Precise Diagnosis not Specified	972
Visual Disorders and Diseases	942
Terminally Ill	870
Parkinson's Disease	809
Malignant Disease	669
Neurological Diseases	594
Cognitive disorder - other / precise diagnosis not specified	353
Trauma to Limbs	327
Diabetes Mellitus	276
Spondylosis	240
Renal Disorders	234
Psychosis	197
Multi System Disorders	130
Hearing Disorders	126
Psychoneurosis	126

Source: DWP (only conditions with more than 100 claimants included)

Prevalence of Common Mental Health Disorders 65+ Year Olds

Table 91 Common Mental Health Disorders, Estimates in 65+ Population.

Disorder	65-74 years	West Sussex estimate	75+ year	West Sussex estimate
Generalised anxiety disorder	4.0%	3,990	2.5%	2,650
Depressive episode	2.1%	2,095	1.3%	1,375
Phobias	0.6%	600	0.5%	530
Obsessive compulsive disorder	0.3%	300	0.3%	320
Panic disorder	0.7%	700	0.6%	635
CMD-not specified	5.2%	5,190	4.9%	5,190
Any CMD	11.5%	11,475	8.8%	9,320

Source: APMS 2014 applied to MYE 2022

Older People with a Learning Disability

- There are an estimated 4,290 people aged 65 years and over in West Sussex who have a learning disability.
- In West Sussex an estimated 90 residents with Down's Syndrome are estimated to have dementia, the majority aged 65+ years. This is projected to remain stable over the next 20 years.

Table 92 Estimate of People with a Learning Disability 65+ Years.

Age Group	Estimate of People with a Learning Disability
65 - 69	1,010
70 - 74	1,160
75 - 79	960
80+	1,160
Total	4,290

Source: IPC, poppi.org.uk

Dementia

The number of people living with dementia in West Sussex is increasing due to longer life expectancies and a demographic bulge of people moving into old age groups. A national study found that age-specific dementia incidence was declining 2002-10 but increased again in 2010-19.

There are an estimated 14,800 people living with dementia in West Sussex, of these 1,840 are estimated to have severe dementia.

GP Dementia Register - As of January 2024 there were 9,365 West Sussex residents with a dementia diagnosis on GP registers:

- 4,845 recorded as Alzheimer's.
- 320 mixed type of dementia
- 3,415 other dementia type
- 815 vascular dementia

The majority were women, over the age of 80 years.

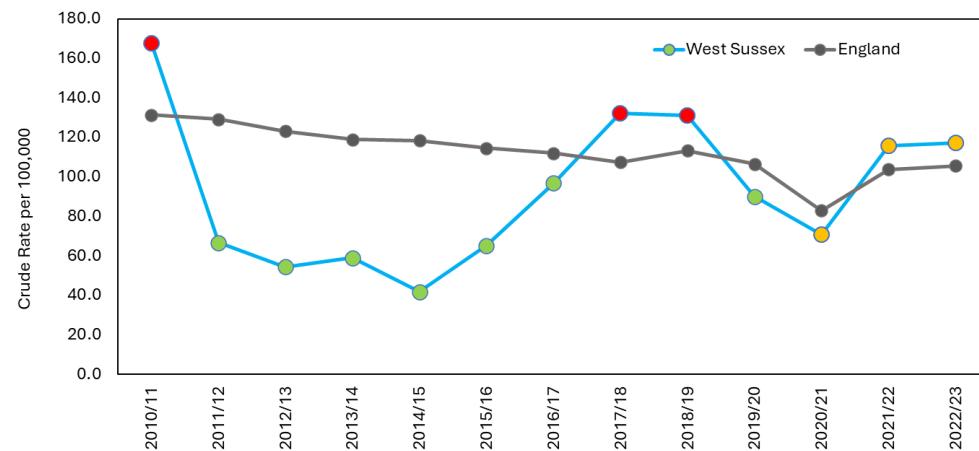
Sensory and Communication Related Conditions

OHID state “research by the Royal National Institute for Blind People (RNIB) suggests that 50 percent of cases of blindness and serious sight loss could be prevented”. In West Sussex there are higher rates of preventable sight loss for macular degeneration and glaucoma compared with England, significantly higher for glaucoma.

Age Related Macular Degeneration

In 2022/23 there were 241 registrations of sight loss due to AMD as the main cause or if no main cause as a contributory cause. This is a crude rate of 117.1 per 100,000, higher (although not significantly so) than the England rate of 105.6 per 100,000.

Figure 116 Preventable Sight Loss - Registrations of AMD Per 100,000

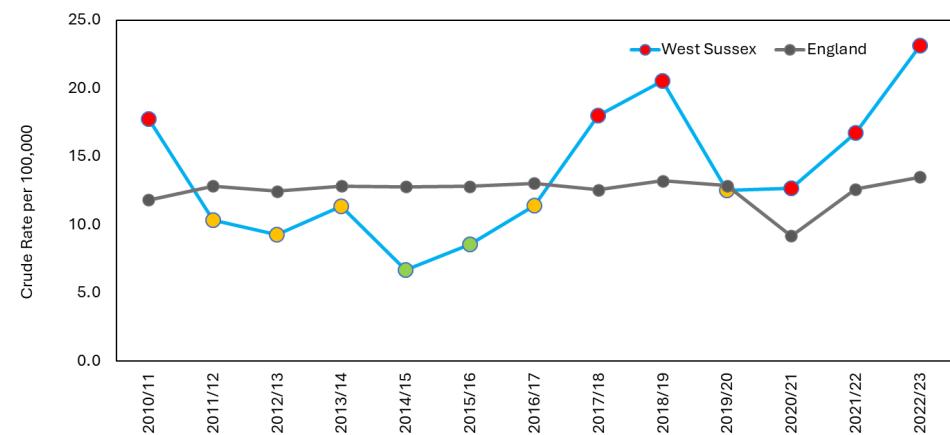


Source: OHID Fingertips

Glaucoma

In relation to glaucoma, in 2022/23 there were 116 registrations of sight loss due to glaucoma as the main cause or if no main cause as a contributory cause. This is a crude rate of 23.1 per 100,000, significantly higher than the England rate of 13.5 per 100,000 and the highest amongst comparable local authorities.

Figure 117 Preventable Sight Loss - Registrations of Glaucoma Per 100,000



Source: OHID Fingertips

Dental Appointment in the Last 2 Years

OHID publish data from the GP Patient Survey relating to access to services. Included on the survey is the question, "Were you successful in getting an NHS dental appointment in the last 2 years?".

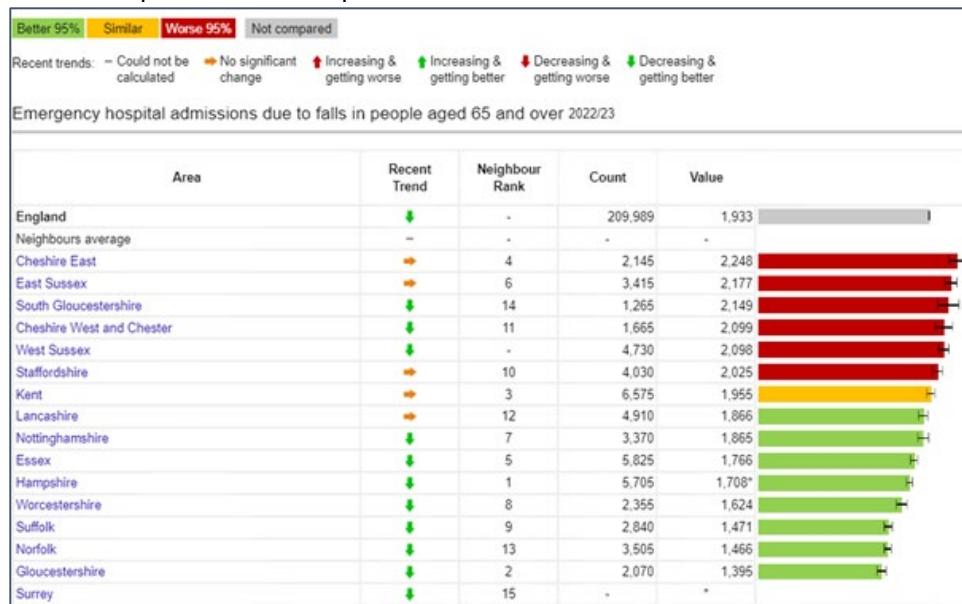
Prior to the pandemic in 2019/20 92.6% of respondents in West Sussex said they were able to obtain an appointment, this had fallen to 77% in the first year of the pandemic 2020/21.

Falls

Falls in later life are one of the key triggers for entry into residential care. Key risk factors are age and sex. Older people with dementia and sensory impairment are more likely to experience a fall.

OHID publish data on emergency admissions due to a fall for people aged 65 years or over. For 65+ overall, and for the 80+ age group, the rate of admission in West Sussex has fallen in recent years, however in 2022/23 the rate remained significantly higher than England, and high amongst comparable authorities.

Figure 118 Emergency Admissions Due to a Fall (65+ Year Olds), 2022/23.
West Compared with Comparable Local Authorities



Source: OHID Fingertips

Figure 119 Admissions for People 65 Years or Over

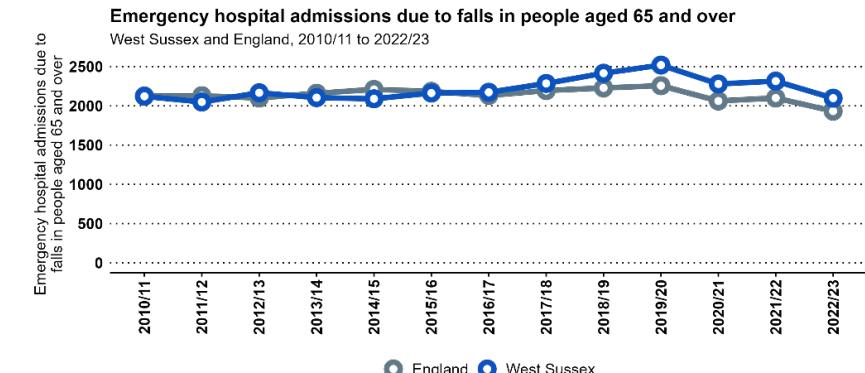


Figure 120 Admissions for People 65 Years to 79 Years

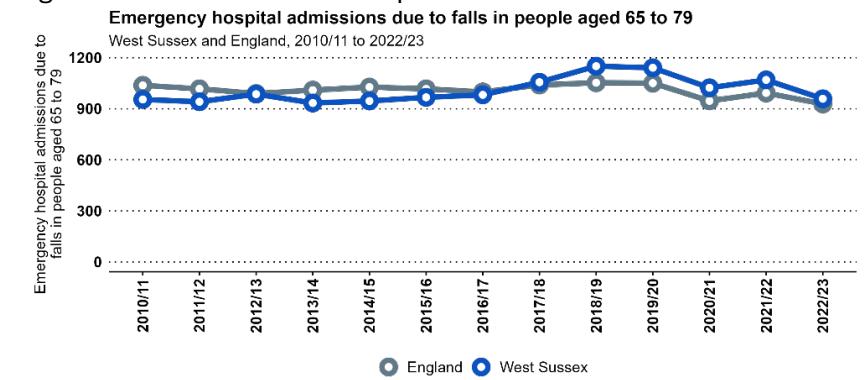
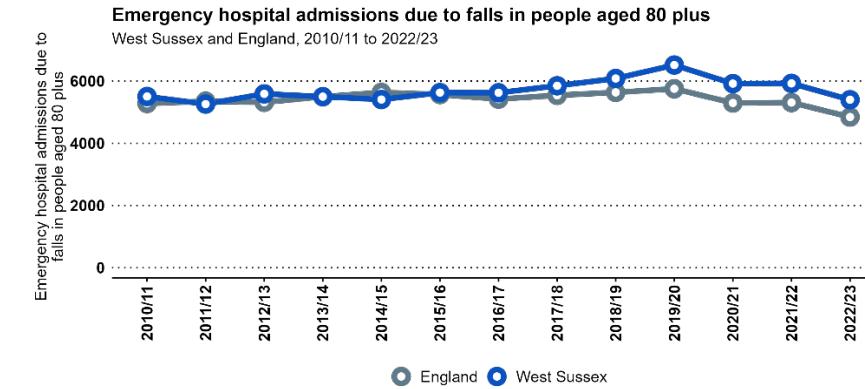


Figure 121 Admissions for People 80 Year or Over

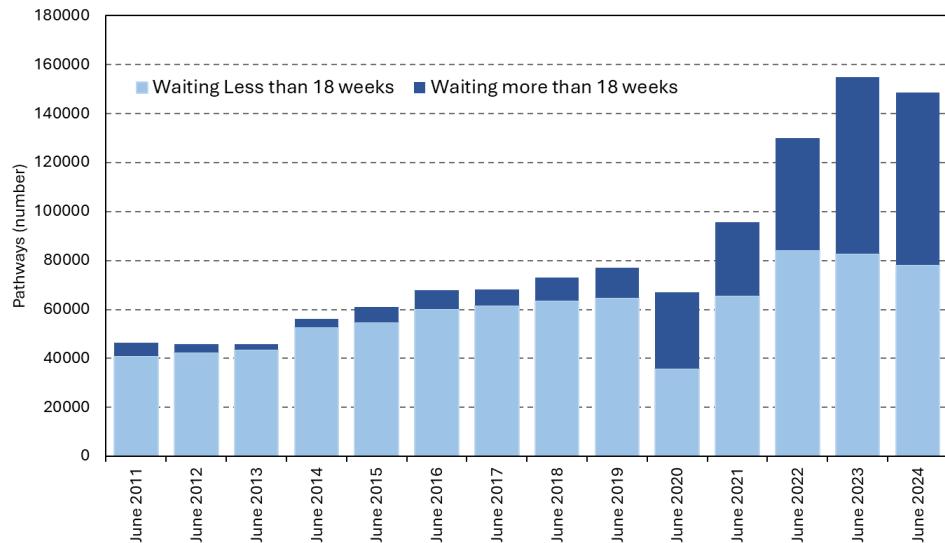


NHS Waiting Lists - Waiting Time for Elective Care

The NHS waiting list for elective treatment had been increasing prior to the pandemic, as had the percentage of referrals where the waiting time was more than 18 weeks, but the impact of the pandemic is evident.

The scale of the waiting list in June 2024 is three times higher than June 2011, with over 148,000 incomplete pathways. The number of incomplete pathways in June 2024 was lower than the same month in 2023.

Figure 122 Referral to Treatment Waiting Times Data – West Sussex 2011 to 2024 (June data shown)



Source: NHS England – data relate to commissioner data series and relate to referrals from West Sussex.

Social Care

Adults in Receipt of Support from West Sussex County Council

Adults in Receipt of Long-Term Support

Table 93 Number and rate per 100,000 of younger adults and older people receiving long-term support 2019/20 to 2023/24.

Number	2019/20	2020/21	2021/22	2022/23	2023/24
18 – 64 years	3,720	3,820	3,860	4,660	4,060
65+ years	7,320	7,115	6,985	7,085	7,150
Rate per 100,000	2019/20	2020/21	2021/22	2022/23	2023/24
18 – 64 years	760	780	790	920	790
65+ years	3,685	3,540	3,475	3,495	3,420

Source: NHS Digital SALT Collections LTS001a

In 2023/24 there were 4,060 people aged 18–64 years in receipt of long-term support from West Sussex, and 7,150 people aged 65+ years.

As a rate per 100,000 population, and in comparison, with peer local authorities, West Sussex has a lower rate of long-term support for 18–64-year-olds and for 65+ year olds.

Figure 123 Rate of Long-Term Support of People 18-64 years, West Sussex Compared with Peer Group Authorities (2023/24)

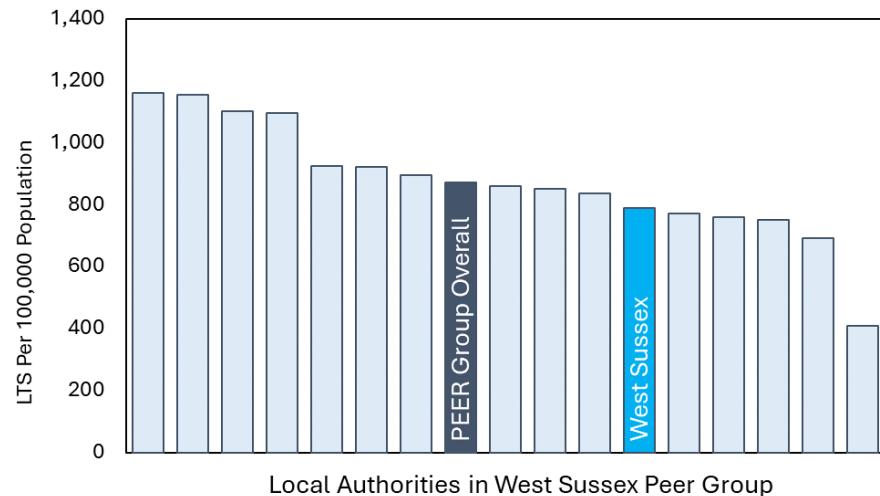
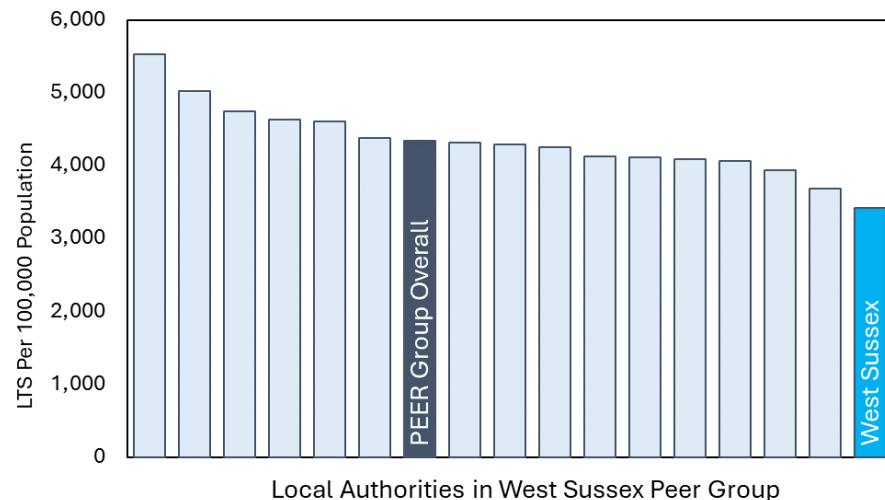


Figure 124 Rate of Long-Term Support of People 65+ years, West Sussex Compared with Peer Group Authorities (2023/24)



New Requests by Age Group

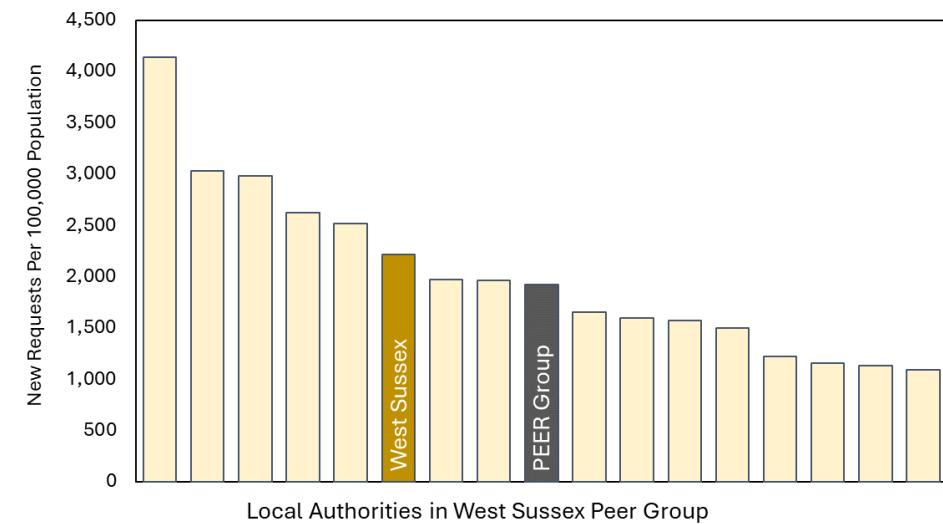
Table 94 New Requests to Adult Social Care

Number	2019/20	2020/21	2021/22	2022/23	2023/24
18 – 64 years	9,125	5,965	6,190	11,365	11,370
65+ years	25,050	17,075	17,720	30,155	23,575
Rate per 100,000	2019/20	2020/21	2021/22	2022/23	2023/24
18 – 64 years	1,865	1,220	1,265	2,240	2,215
65+ years	12,605	8,495	8,820	14,875	11,280

Source: Adult Social Care Activity and Finance Report 2023/24, NHS Digital

There were 11,370 new requests by people aged 18-64 years and 23,575 requests from people aged 65+. As a rate per 100,000 and in comparison, with peer authorities, West Sussex had a higher rate of new requests from 18-64 year olds, lower for 65+ year olds.

Figure 125 New Requests, Rate per 100,000 18-64-Year-olds (2023/24)



Source: Adult Social Care Activity and Finance Report, England 2022/23, NHS

Figure 126 New Requests, Rate per 100,000 65+Year olds (2023/24)

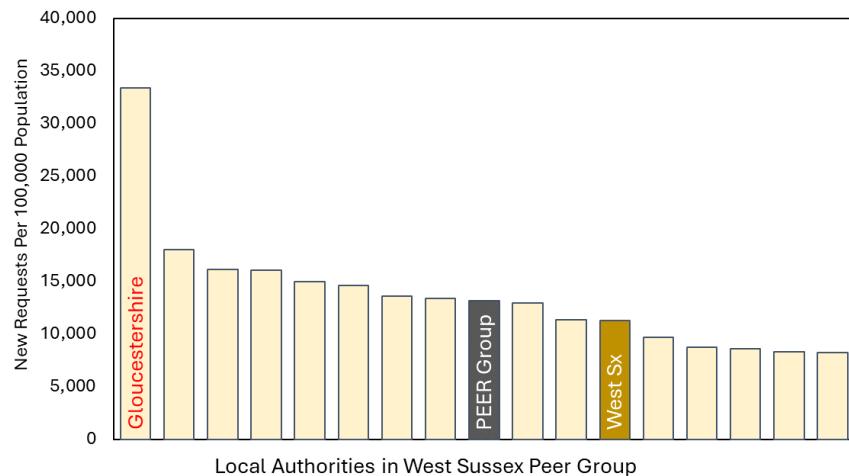
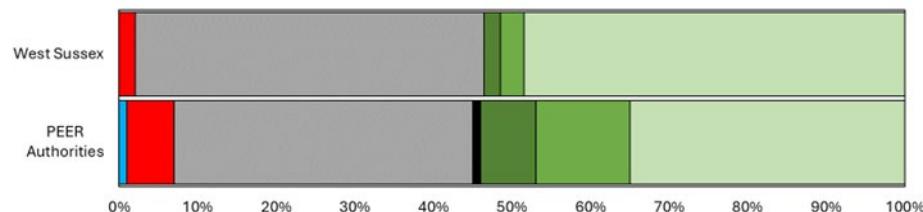
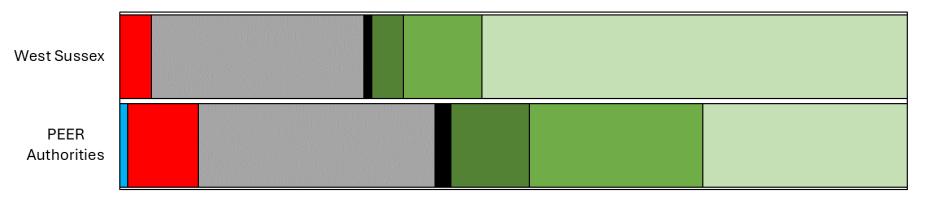


Figure 127 New requests for support by what happened next, 2023-24.
People Aged 18-64 Years



People Aged 65+



- 100% NHS Funded
- No Services Provided
- On going low level support
- Universal Services
- Long Term care
- No serviced provided - deceased
- Short Term Care

Care homes - estimating the self-funding population.

The ONS provide estimates for the use of social care by people who pay for their own services (self-funders) and those who are state funded.

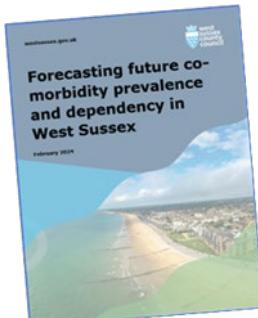
ONS estimate that there are approximately 8,030 residents in care homes in West Sussex, with 50.6% paying for their own care. The proportion of self-funders in West Sussex is estimated to be significantly higher than England (37%) but similar to the South East region.

Table 95 Care Home Residents - Estimated Split of Self and State Funders 2022/23

Area and Funding	Percentage	Lower 95% CI	Upper 95% CI
West Sussex			
Self-funded residents	50.6%	44.6	56.5
State-funded residents	49.4%	43.5	55.4
South East			
Self-funded residents	47.5%	44.3	50.8
State-funded residents	52.5%	49.2	55.7
England			
Self-funded residents	37.0%	34.9	39.0
State-funded residents	63.0%	61.0	65.1

Source: ONS

Social Care – Estimating Future Demand - Older People



The following information is from a detailed analyses estimating the future dependency needs of the older population.

[This is available on the JSNA website.](#)

This report used the Population and Care Simulation Study ([PACSim](#)).

Dependency was considered at four levels.

- **Independent:** supervision or help for any activity is not essential.
- **Low:** care is less than daily but needs help with at least one of washing or bathing; cutting toenails; shopping or doing housework.
- **Medium:** care at regular times each day to prepare a meal or put on socks and shoes.
- **High:** 24-hour care, including at least one of getting to or using the toilet; getting out of a bed or chair; feeding; dressing. Individuals with this level of dependency are often incontinent and have severe cognitive impairments.

Findings from the Report

In 2035 most residents between the ages of 65-85 are expected to remain independent with 28% projected to have dependency needs.

Growth in the number of people with dependency could be greatest among women and the oldest age groups.

Four out of five residents aged 85 and above could have at least some dependency needs. As an increasingly ageing local authority, a larger population in these groups will increase total numbers in each category of dependency even if the proportion of those with dependency remains stable.

The number of people with low dependency needs will increase by 16,700 by 2035, an increase of 31% on 2022.

Number with medium or high dependency (substantial) needs will increase by 3,700 by 2035, up 14% from 2022.

By 2035 there could be an increase of 5,700 people living with dementia and at least two other long-term health conditions, an increase of 71% on 2022. It will be less common than now for dementia to be the only condition that residents have. This will increase the complexity of care required. There will be an increase of 2,200 residents with substantial dependency and 3+ long-term health conditions, excluding dementia.

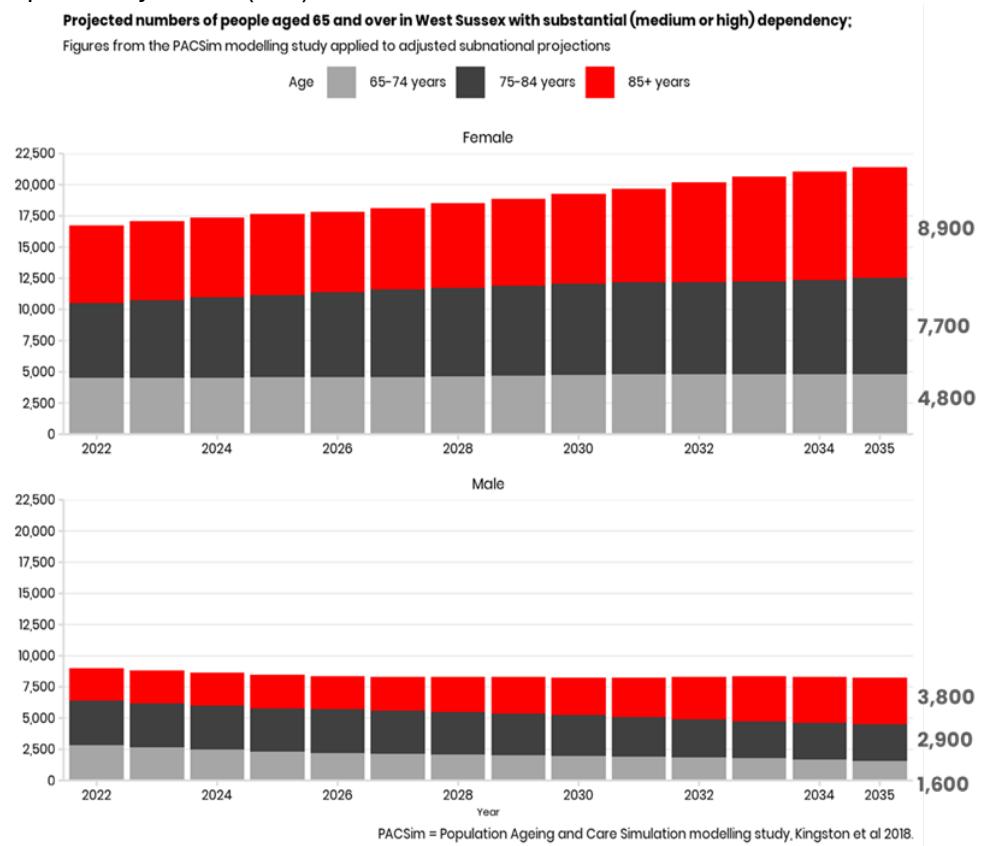
Table 96 Projected numbers of people by dependency aged 65 and over 2022-2035.

Level of Dependency	2022	2025	2030	2035
Independent	125,300	136,300	153,000	166,100
Low dependency	65,700	55,800	62,900	71,400
Medium dependency	9,800	9,600	9,700	10,100
High dependency	16,000	16,500	17,800	19,500

Source: WSCC Local Analysis

Women continue to have a longer life expectancy than men. This means that when looking at people who are likely to have moderate or high dependency needs the analysis shows that (in numbers) many more women than people are likely to require support.

Figure 128 Projected Number of People with Medium or Higher Dependency Needs (65+)



Source: WSCC Local Analysis, applying PACSim findings to local population estimates and projections.

Key points for strategic planning and commissioning

1. Changes in the population structure imply that there will be fewer working-age friends and family members to provide unpaid care to older relatives, and challenges in health and care workforce recruitment.
2. These changes will in part need to be filled by a greater number of ageing carers who will in many cases also have long-term conditions. Support for unpaid carers will need to adapt further to support people to co-care with chronic conditions.
3. This change in the availability of unpaid carers and the health and care workforce may be most acute in Chichester and Arun which have the highest proportions of older residents as a ratio of working-age adults.
4. There will be an increase in residents with low and high dependency needs, but not in those with medium dependency.
5. Consideration will need to be given as to how combinations of long-term conditions can be managed by individuals, their carers, and professionals. Dementia care will have to increasingly incorporate care of long-term conditions. This will require greater coordination between the NHS and social care, and different specialisms within the NHS.
6. Particular attention should be paid to supporting women to maintain their independence, given that there are projected to be more than double the number of women than men with dependency needs by 2035.

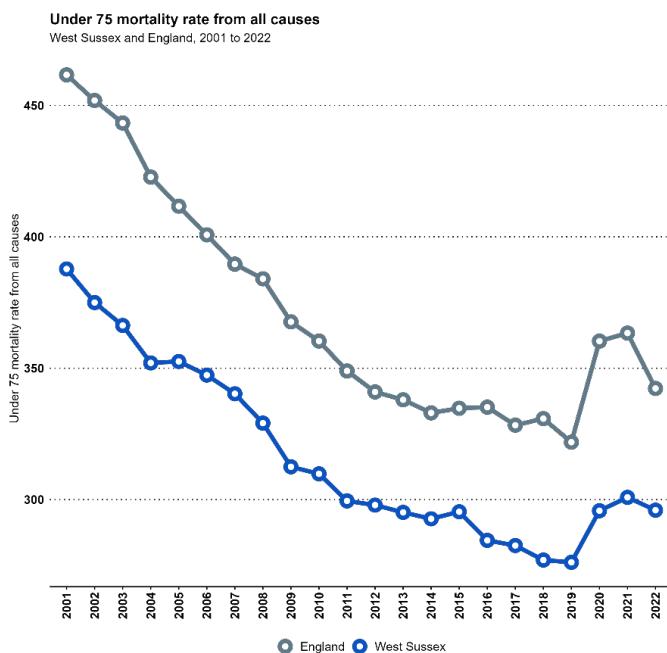
Under 75 Mortality - Overall

The next series of graphs looks at deaths of people under the age of 75 years. Most deaths are of people aged 75 years or over. In West Sussex in 2022 of the 9,860 deaths, 2,510 (25%) were of residents aged under 75 years old. This proportion has remained stable.

U75 mortality has increased over the period of the pandemic, although there was a fall, nationally and locally, between 2021 and 2022.

Note the following graphs have different scales and the y-axis is not set at zero, the key aspects we are examining is the long-term trend and position compared with England. The rates are age standardised. The all causes graph shows deaths for a single year, for specific causes we have pooled data for 3-year periods, as the numbers are smaller.

Figure 129 Under 75 Mortality Rate (All Causes) Rate per 100,000



U75 Specific Causes

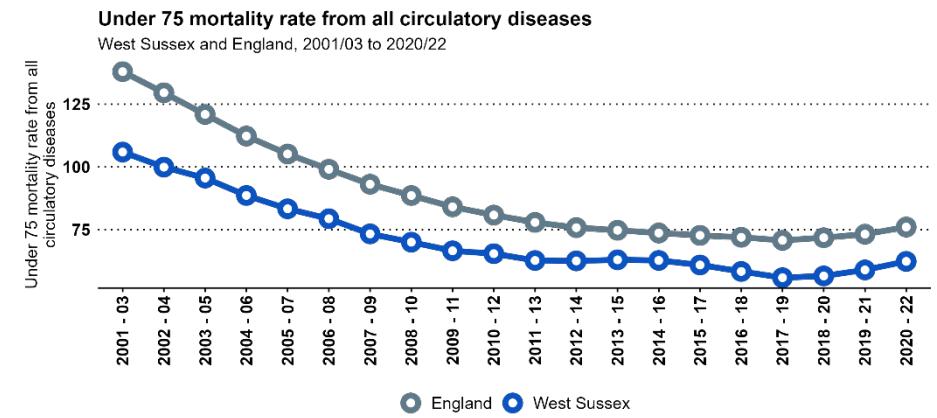
Circulatory Disease

Over the last 25 years there have been considerable improvements in treatment for circulatory disease, such as the management of high blood pressure, and also improvements in health behaviours, such as smoking. This has led to a fall in the rate of premature mortality from circulatory disease, in West Sussex and England.

Improvement had slowed prior to the pandemic and from 2020 premature mortality from circulatory disease increased.

In the 3-year period 2020-2022, in relation to West Sussex residents, there were 1,609 premature deaths caused by circulatory disease, a rate of 62.3 per 100,000. This was significantly lower than England and benchmarked favourably with comparable local authorities.

Figure 130 U75 Mortality Rate - Circulatory Disease



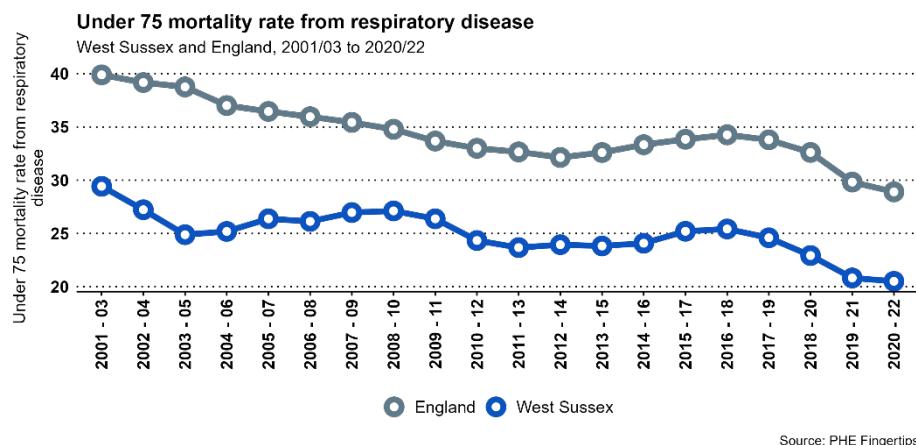
Source: PHE Fingertips

Respiratory Disease

As with circulatory disease, there has been an overall long term downward trend in premature deaths from respiratory disease, although this has fluctuated.

In the 3-year period 2020-2022, in relation to West Sussex residents, there were 540 premature deaths caused by respiratory disease, a rate of 20.5 per 100,000. This was significantly lower than England and benchmarked favourably with comparable local authorities.

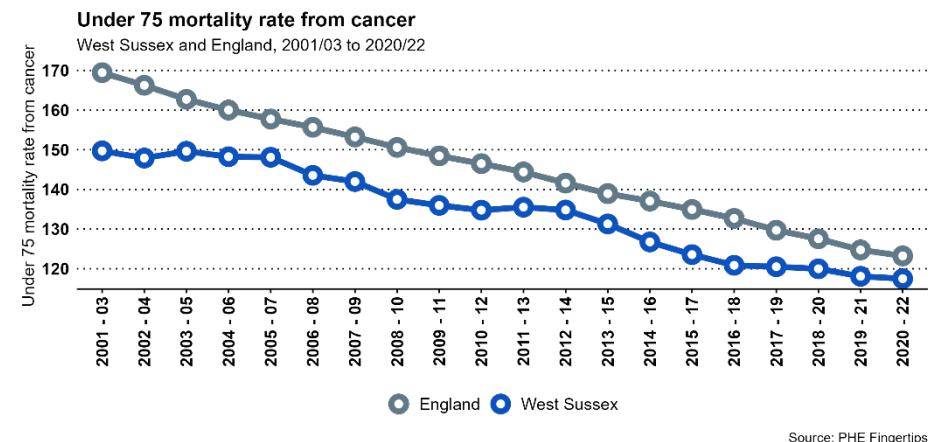
Figure 131 U75 Mortality Respiratory Disease



Cancer

Cancer is the highest cause of death in people aged under 75 in England. In the 3-year period 2020-2022, there were 3,035 premature deaths of West Sussex residents caused by cancer, a rate of 117.5 per 100,000. This was significantly lower than England and benchmarked favourably with comparable local authorities.

Figure 132 U75 Mortality – Cancer



Although we use the single term cancer, there are many types of cancer and different risk factors. Age remains the biggest overall risk factor but there are modifiable risk factors such as smoking, eating healthily, alcohol and physical activity.

The following are the top five causes of premature death in West Sussex in the period 2020-2022:

- Lung cancer (506 deaths)
- Colorectal (328 deaths)
- Breast (281 deaths)
- Pancreas (247 deaths)
- Lymphoid, haematopoietic, and related tissue (215 deaths)

Source: Data taken from nomisweb.co.uk and is subject to revisions as deaths are registered.

Breast Cancer

Of note the premature mortality rate from breast cancer is higher in West Sussex compared with England and the second highest amongst comparable local authorities.

Figure 133 U75 Mortality – Breast Cancer

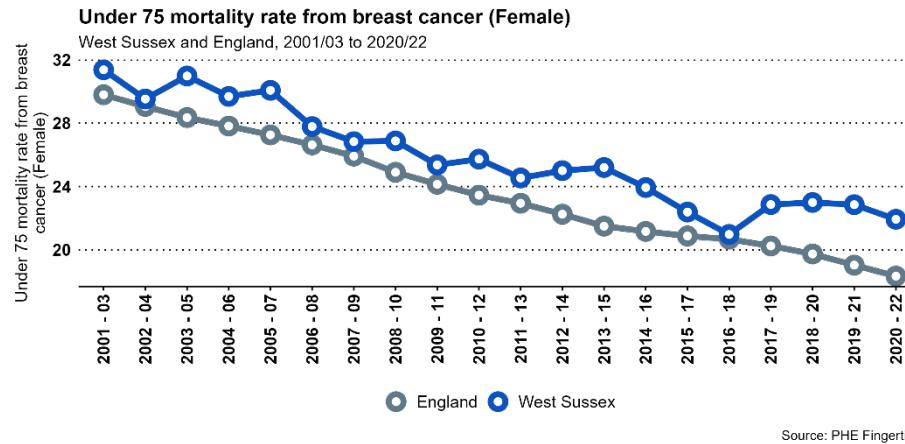
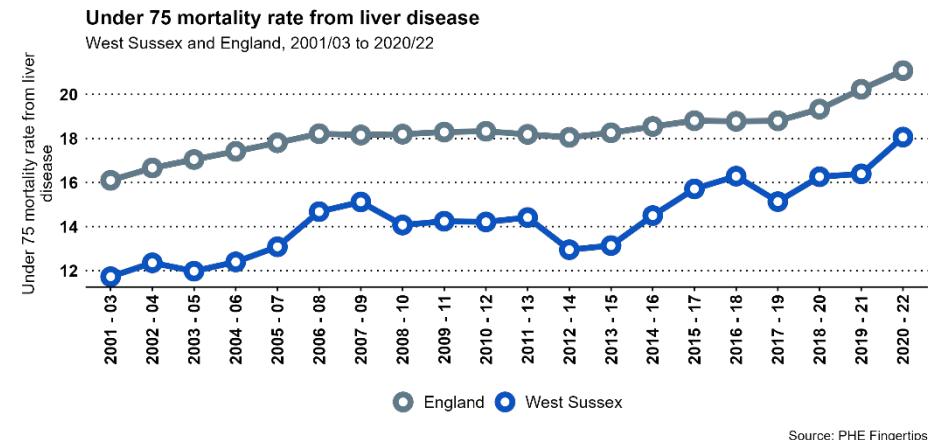


Figure 134 U75 Mortality - Liver Disease



Source: PHE Fingertips

Liver Disease

Unlike other major causes of premature mortality, the trend for deaths from liver disease has shown a long-term increase. This is evident locally and nationally.

In the 3-year period 2020-2022, there were 450 premature deaths of West Sussex residents caused by liver disease, a rate of 18.1 per 100,000. This was significantly higher than the rate in West Sussex in 2010-2012, 14.2 per 100,000.

The major causes of liver disease are alcohol consumption and obesity, both amenable to public health interventions.

