West Sussex Joint Strategic Needs Assessment

Public Health Data Profile 2024/25 Chichester



Life stages Outcomes

Links - Priorities, programmes and contacts

West Sussex?

What causes ill health and premature mortality in

Population Demographics

Profile background, purpose & context

Background, purpose & context

- This is a data profile of the health and wellbeing of the population of West Sussex.
- It forms part of the West Sussex Joint Strategic Needs Assessment
- It also details the causes of premature mortality and ill health using information from the Global Burden of Disease study and sets out some of the key challenges and priorities arising from the information available.
- This is a summary profile. It includes information from a range of sources, but as a summary it does not include all issues, or health conditions. It brings together data in the public domain, we have focused on quantitative data that can be benchmarked).
- Profiles have been drafted for West Sussex overall and for the District and Borough areas, not all data are available at all levels
- Given the frequency of data released and refreshed, it is a live document, meaning the information will be updated and reviewed. This version was produced in September 2024 by the West Sussex Public Health and Social Research Unit



What causes ill health and premature mortality in West Sussex?

Using the Global Burden of Disease Study

The Global Burden of Disease (GBD) study aims to explore both the burden of mortality and morbidity on the population. While mortality statistics are regularly published by national and local bodies (e.g. the Office for National Statistics) the scale of morbidity often goes unreported. The project brings together data on premature death and disability for many diseases and injuries worldwide. This allows for meaningful comparisons to be made between countries and can be explored from 1990 to the present. Within the UK, county level analyses were made available for the first time in 2016. Information in this profile relates to the 2021 study.

Four measures are used to describe the burden of disease.

Deaths

Years of Life Lost (YLL)

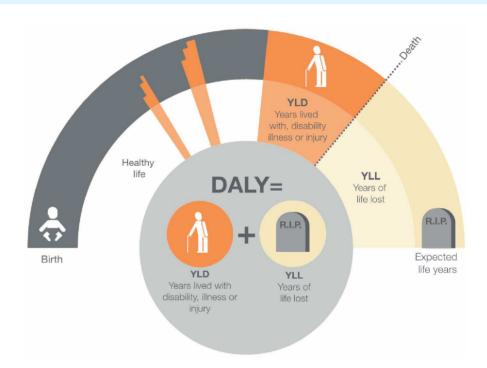
YLL is a measure of premature mortality within a group of people. YLLs are calculated by starting with the life expectancy of a given age group in a given year, then subtracting the age at which a person in that age group dies. Greater emphasis is placed on deaths of younger people.

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 Top Tens - West Sussex

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...What Drives Ill Health & Mortality?

A risk factor is defined as an attribute, behaviour, or exposure, causally associated with an increased (or decreased) probability of a disease or injury. Risk factors can overlap. 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). We don't know all risk factors, but we need to use the best available evidence to inform actions.

If we want to improve population health we need to understand what the risk factors are for the West Sussex population and whether, and how, we can modify them.

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	Alcoholuse	
7	Occupational risks	Occupational risks	
8	High LDL cholesterol	High LDL cholesterol	
9	Kidney dysfunction	Kidney dysfunction	
10	Air pollution	Drug use	



Summary

To improve life expectancy and extend healthy life expectancy, to reduce health inequalities, reduce health care demand and sustain economic activity rates in the future....

For Life Expectancy, Health Life Expectancy, Inequalities in LE and HLE

- Tackle major behavioural risks tobacco, diet, exercise, alcohol
- Diabetes is a rising concern
- CVD Reduction including controlling blood pressure key and has considerable population impact
- Cancer major cause ill health, importance of behaviours and screening,

For Healthy Life Expectancy, Inequalities in HLE tackle

- MSK (and pain management)
- Mental Health
- Sensory impairment

Research also identifies specific groups who have far lower life and healthy life expectancies (such as people with learning disability, people with mental health problems, people who are homeless or have insecure housing).

This does not include the causes of the causes – wider determinants of health (education, employment, housing, social capital etc).

Chichester - Population



Population (2023)

128,000

Change from 2013

10.2% overall



5.9% under 15 years



8.1% 16-64 years



17.8% 65 years or over



Births (2023)

Fertility rate of 1.34



Deaths (2023)

1,686

of which 377 deaths of people aged under 75

Population Age Structure (2023)

% of Population in Different Age Groups

48.7 80 vears 62.9 57.1 60 % of population (England 40.4) 27.4 18.7 18.5 15.5 0 0-15 years 16-64 years 65 years or over

England

Chichester

Median Age

households with at least one resident in West Sussex

- 16,850 people live alone including including 9,500 people aged 66 years or over
- 2,650 lone parent households (with dependent children)



3,920

Households (Census 2021)

54,100

people live in communal establishments



Chichester - Protected Characteristics*

Age

Chichester has a far older age profile compared with England. In Chichester there are over 16,400 people aged 65 years or over (over 2,200 people aged 85+) 25,900 aged under 16 years.

Disability

Chichester (England)

- · Disabled under the Equality Act 16.9% (17.3%)
- · Not disabled under the Equality Act 83.1% (82.7%)

Ethnicity

Chichester (England)

- Asian, Asian British or Asian Welsh **1.7%** (9.6%)
- Black, Black British, Black Welsh, Caribbean or African 0.6% (4.2%)
- Mixed or Multiple ethnic groups **1.6%** (3.0%)
- White 95.4% (81.0%)

Chichester (2021)

• U18 Conceptions - 14

• Births - 1,032

Other ethnic group 0.5% (2.2%)

Pregnancy and maternity

Other Groups



10,475 people provide unpaid care, 2,865 for 50+ hours a week, and 255 aged under 18 years



English - 2nd Language

Of the 4,010 who have English as a second language, 2,005 do not speak it well, and 1,350 do not speak it at all

Children Looked After

As at March 31 2023 there were 887 children looked after in West Sussex, of these 88 were unaccompanied asylum-seeking children (Data for West Sussex overall) Source: DfE

4,550 people stated on the 2021 Census that they had previously serviced in the armed forces.

*The Equality Act 2010 consolidated and replaced previous legislation in a Single Act. There are nine protected characteristics; it is against the law to discriminate against someone because of a protected characteristic.

Gender Reassignment

Chichester

- Same as sex registered at birth -99,145
- Different from sex registered no specific identity given - 118
- Trans woman 55
- Trans man 90
- Non-binary 57
- All other gender identities 31
- Not answered 5.214

Marriage/Civil Partnership

Chichester (England)

- Never married / civil partnership 30.8% (37.9%)
- Married / civil partnership 49.2% (44.7%)
- Separated 2.1% (2.2%)
- Divorced / civil partnership dissolved 10.1% (9.1%)
- · Widowed / surviving civil partnership partner 7.7% (6.1%)

Sex

Chichester (England)

Female 52.0% (51.0%)

Male 48.0% (49.0%)

Chichester has an older age

population is female, and this

increases in older age groups.

structure. As women, on average,

live longer a greater proportion of the

Sexual Orientation

Chichester (England) - % of 16+

- Straight/Heterosexual 90.6% (89.4%)
- **Gay or Lesbian 1.4%** (1.5%)
- Bisexual 1.2% (1.3%)
- All other sexual orientations 0.2% (0.3%)
- Not answered 6.6% (7.5%)

Religion

Chichester (England)

- No religion 38.7% (36.7%)
- Christian 53.1% (46.3%)
- Buddhist 0.5% (0.5%)
- Hindu 0.3% (1.8%)
- Jewish 0.2% (0.5%)
- Muslim 0.6% (6.7%)
- Sikh 0.0% (0.9%)
- Other religion 0.5% (0.6%)
- Not answered 6.2% (6.0%)

Data source Census 2021 unless stated

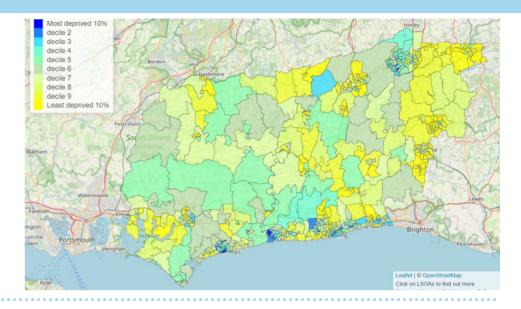
Deprivation

Index of Deprivation 2019

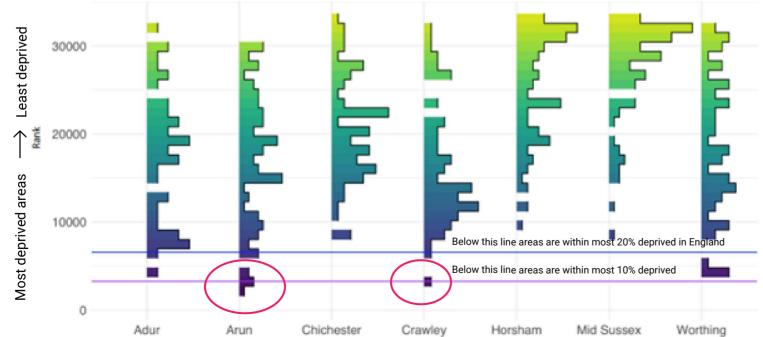
The ID2019 measures relative deprivation, i.e. how deprived one area is compared with another; it doesn't measure absolute deprivation, i.e. how deprived an area is compared with how deprived it was a year ago.

In 2019, West Sussex was ranked as the 129th least deprived upper tier local authority (out of 151) in England, this puts it in the least deprived 20% of the country overall.

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



District Deprivation Profiling



The histogram profiles each lower tier local authority. This helps understand the depth and spread of deprivation in each D&B.

Each small area within a local authority is ranked, the lower the rank the more deprived.

In West Sussex, Worthing has fairly even spread. Horsham and Mid Sussex.

In Arun and in Crawley there are some areas within the most 10% deprived neighbourhoods in England (circled red).



Chichester - Poverty



2,605

children under 16 live in low income households (13.3%, 2022/23)



2,400

people of working age on out of work benefits (3.4% of 16-64 year old population) (Sept 2024)



2,210

older people in receipt of Pension Credit (Feb 2024)



1,130

people are in receipt of Carer's Allowance (Feb 2024)



Over 3,760

households on prepayment electricity meters (in 2017)



6,000

households (10.8% of households) in fuel poverty (2022)



372

households owed a duty under the Homelessness Reduction Act (2021/22)



99

households in temporary accommodation (2022/23)



672

households have no central heating (Census 2021)



£435,000

Median house price (year ending Sept 2023)

£1,106

Average monthly private sector rent for a 2 bedroom property (2022/23)

Sources:

- OHID Fingertips (child poverty, homelessness, fuel poverty)
- DWP Statexplore (Pension Credit, Carers Allowance)
- Department for Business, Energy & Industrial Strategy (Prepayment Meters)
- Census 2021 (Central heating)
- Nomisweb (working age long term sick)
- Land Registry (House Prices)
- LGA (Private Rental data)



CHICHESTER

Note: At Lower Tier Authority Level some outcomes are based on small numbers / sample sizes.

Some issues affect people of all ages, outcomes have been placed in the life stage where the impact may be greatest.

Data are shown for Adur and are compared with ENGLAND. For some measures (e.g. violent crime) difference may relate to recording/reporting so are not RAG rated









Pre-Birth to Early **Years**



births

Rate of deaths in

infants aged under 1

year per 1,000 live

births (2020-2022,

Eng = 3.9 per 1,000)

5.1 per 1,000 24 (2.7%)



6.0% mothers SMOKING at the time of delivery (2023/24, Eng = 7.4%)

of children under 16 live in LOW INCOME households (2022/23 Note: This is West Eng = 19.8%) Sussex level data



68.2% of children assessed as having a GOOD LEVEL OF DEVELOPMENT at the end of reception (2022/23 Eng = 67.2%).





18.9%

of reception aged pupils (4/5 years) measured as overweight (including obese) (2023/24,Eng = 22.1%)



of Year 6 pupils

(including obese)

(2023/24 Eng =

(10/11 years)

measured as

overweight

35.8%)

29.2%

28.4%

6 KS2

pupils known to be eligible for Free School Meals attaining the expected levels at KEY STAGE 2 for Reading. Writing and Maths (2022/23,Eng = 43.6%





Homelessness: 99 households in temporary accommodation (2022/23, England





13.3%



2.9% (275)

18-24 year olds) on out-of-work benefits (GB = 5.2%, South East = 4.0% Data as of July 2024)



School

Years





Key Stage 4 - average ATTAINMENT 8 score per pupil (2022/23, England average score = 46.4)



7.7 per 1,000

14 young women under 18 became pregnant in 2021 (England rate = 13.1).



132.9 per

100,000

Emergency

Admissions (160

admissions) for

Intentional Self-

Harm (2022/23,

Eng = 126.3)

Hospital



111.9 per 10,000

Hospital admissions

(205 admissions) -

unintentional and

vears) (2022/23.

Eng = 75.3

deliberate injuries in

children (aged 0 to 14

12.1 per 100,000

41 suicides (2021 2023, England rate = 10.7 per 100,000)

1.8 per 1,00 households

babies born

Eng = 2.9%

BIRTHWEIGHT

(< 2500g) (2022,

in 2022 had a LOW

rate = 4.2)

6.7 per 1,00 households Homelessness: 372

households owed a duty under the Homelessness Reduction Act (2022/23, England rate = 12.4)

2.1% (950 people)

of people aged 16-49 years who said their health was bad or very bad on Census 2021(Eng = 2.8%)



Young people (aged







% of people eligible

SCREENING who

(2023, England =

were screened





22.2 per 1,000

Violence against the person (recorded crime data) rate per 1,000 population -2,768 offences (2022/23, Eng rate = 34.4)



403 per 100,000

Admission episodes for alcohol related admissions (narrow definition) - 572 admissions (2022/23, England rate = 475)



73.8%

Physically active adults - at least 150 minutes of physical activity per week (2022/23, Eng = 67.1%)



19.6% Physically inactive adults - less than 30 "equivalent" mins least moderate physical activity per week (2022/23, Eng = 22.6%)





Adult smoking prevalence (2022, England rate = 12.7%)

62.0%

Excess weight in adults (2022/23, England = 64.0%)

70.6%%

BREAST SCREENING % of eligible women screened within the previous 3 years (2023, England = 66.2%)



76.1%

for BOWEL

72.0%)

70.4%

CERVICAL SCREENING - % of Cancer screening coverage - women aged 25 to 49 years old (2023, Eng = 65.8%)



80.0 years



84.2 years

MALE life FEMALE life expectancy expectancy (2020-2022, (2020-2022) Eng = 79.8 yrs) Eng = 82.8 yrs)

3.5 years Inequality in life expectancy at birth (Slope Index of Inequality) (2018-2020, Eng = 9.7 yrs

4.4 years

Inequality in life expectancy at birth (Slope Index of Inequality) (2018-2020, Eng = 7.9 yrs)



469 per 100,000

HIP FRACTURES in those aged 65+, 180 admissions (2022/23, England rate = 558)



10.8%

households experience fuel poverty (low income, low energy efficiency methodology, (2022, England = 13.1%))

9.0% (3,010 people)

of people aged 65+ years who said their health was bad or very bad on Census 2021(Eng = 12.6%)



Retirement to older age



119.5 per 100,000

U75 mortality from ALL CANCERS in (2023, Eng rate = 120.8)



59.1 per 100,000

U75 mortality all CARDIOVASCULAR DISEASES (incl heart disease & stroke) (2023, Eng rate = 77.4)

4.9% 1,295 people) of people aged 50-

64 years who said their health was bad or very bad on Census 2021(Eng = 7.9%)



