

West Sussex Joint Strategic Needs Assessment Clinical Commissioning Group Data Pack 2012

CRAWLEY

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Data packs have been drafted for the West Sussex CCGs; these form part of the work of the West Sussex Joint Strategic Needs Assessment. The information collated comes from various sources, and various geographies; wherever possible information has been provided for specific CCG geographies and where this has not been possible local authority or county level information has been provided.

Further information will be added as, and when, data become available.

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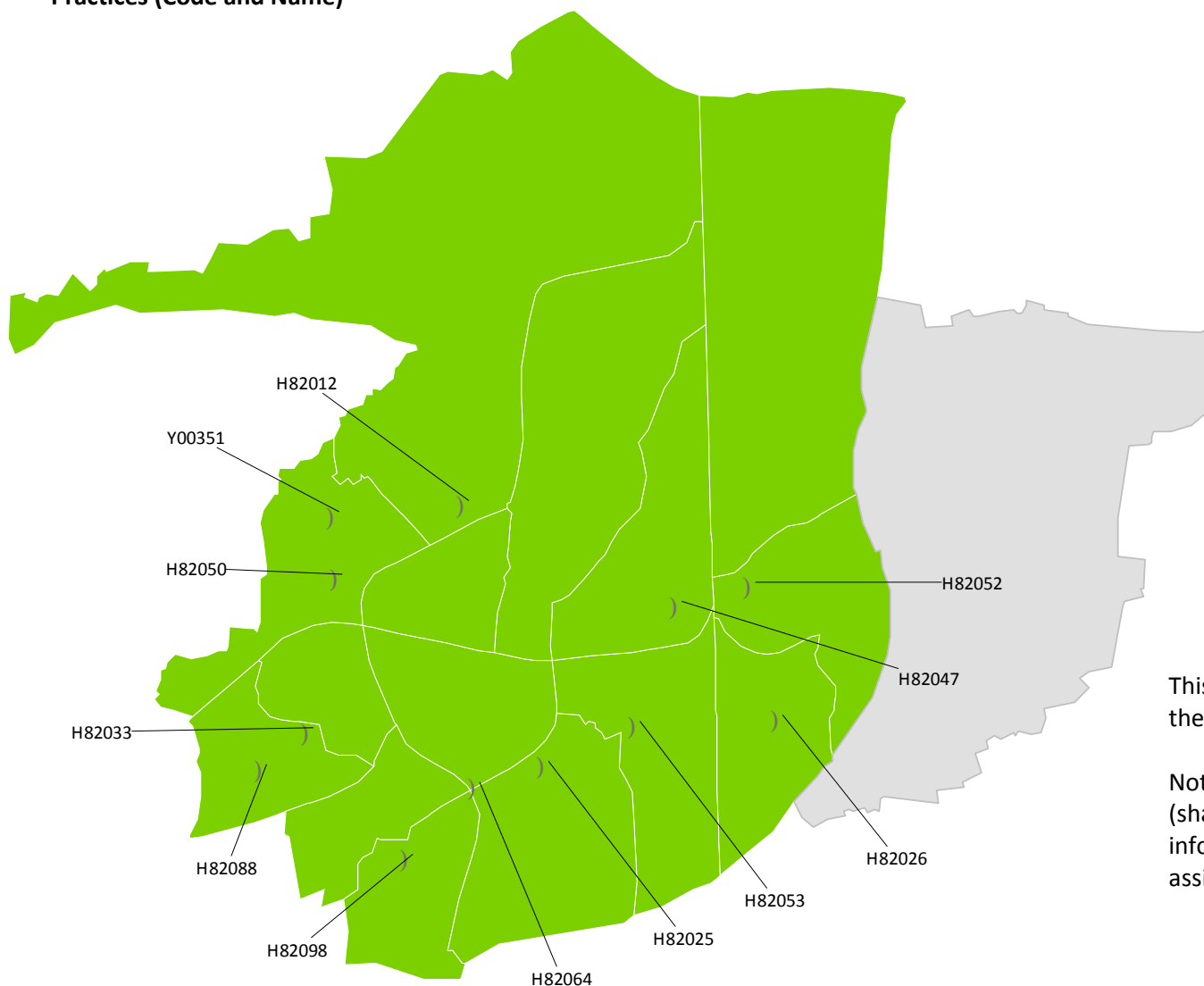
If you have any queries relating to this pack, or require further information, please email: jsna@westsussex.gov.uk

Section 1 CONTEXT

Populations and Areas Covered

The information in this profile has been grouped either by GP registered population, or, where this has not been possible, grouped by geographical area covered – as shown in the map below.

Practices (Code and Name)



Practice Code	Practice Name
H82012	Leacroft Practice
H82025	Woodlands Clerklands Practice
H82026	Saxonbrook Medical Centre
H82033	Gossops Green Medical Centre
H82047	Bridge Medical Centre
H82050	Ifield Drive Practice
H82052	Pound Hill Surgery
H82053	The Glade Practice (Furnace Green)
H82064	Southgate Medical Group
H82088	Bewbush Medical Centre
H82098	Coachmans Medical Practice
Y00351	Langley Corner Surgery
Y02531*	Crawley Health Centre

* walk-in health centre operated by Health4Crawley Ltd

This map shows electoral ward boundaries. A map of the wards and names is attached in Appendix 1.

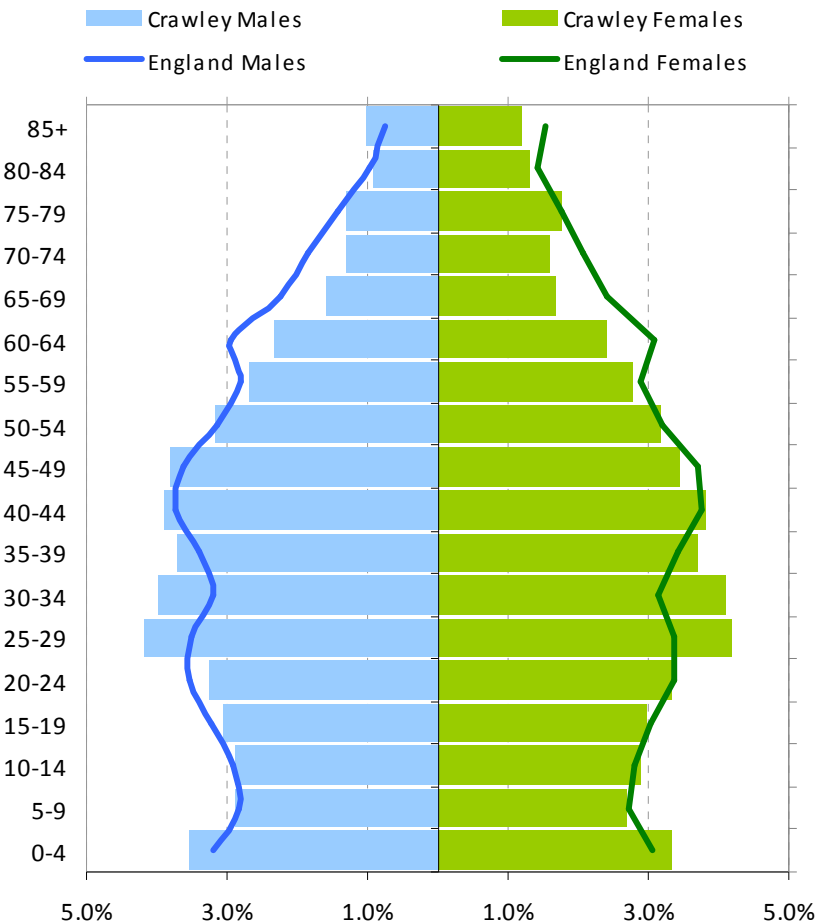
Note that data relating to Copthorne and Worth ward (shaded grey on this map) are not included in the information provided in the data pack and have been assigned to the Horsham and Mid Sussex CCG.

POPULATION

- The GP registered population (June 2011) is 123,900.
- The resident population of Crawley in 2010 is 107,600 (Source: 2010 ONS Mid Year Estimates)

Crawley CCG Compared to England

The age-sex pyramid below shows the age structure of the Crawley CCG registered population compared with England. The Crawley CCG area, unlike other areas of West Sussex, has fewer people in the 60 – 74 age groups, and more younger working age (25-34 years) people than England overall.



The broad age structure of the GP registered population is similar to the resident population.
(Figures rounded to nearest 5)

Age Group	GP Registered Population (Exeter Data June 2011)		2010 ONS Local Authority Mid Year Estimate (Resident Population)	
	Number	% of Population	Number	% of Population
0-4	8,580	6.9%	7,500	7.0%
5-14	14,840	11.9%	12,300	11.4%
15-44	54,935	44.1%	47,700	44.3%
45-64	30,150	24.2%	25,400	23.6%
65-74	7,730	6.2%	6,600	6.1%
75-84	5,980	4.8%	5,800	5.4%
85+	2,380	1.9%	2,400	2.2%
Total	124,595	100.0%	107,700	100.0%

CENSUS 2011 – POPULATION ESTIMATES

Information from the first release

The ONS have published the first release of data from the 2011 Census. At this stage (July 2012), only population and household estimates at Local Authority level have been released.

In relation to population the information is divided into three parts:-

1. **Usual resident population** - provided in 5 year age groups, for all people, and for males and females separately.
2. Figures for **non-UK short term migrants** (who stated on their census form an intention to stay for a period of 3 – 12 months) have also been included in the release. Short term migrants are not included in estimates of “usual residents”.
3. **Residents in communal establishments** (subset of usual resident)

Census Population Estimates for West Sussex (figures are rounded to nearest 100)

	Usual resident population				Short Term Migrants	People Living in Communal Establishments
	Total usual resident Population	0-19 years	65+ years	75+ years		
Adur	61,300	13,300	13,500	6,700	100	800
Arun	149,200	29,700	39,200	20,100	200	3,800
Chichester	113,700	23,900	27,800	14,100	400	3,000
Crawley	106,800	27,000	13,500	7,200	300	700
Horsham	131,600	30,900	25,600	12,400	200	2,700
Mid Sussex	139,800	33,500	25,300	12,500	200	2,600
Worthing	104,600	23,300	21,700	11,800	100	1,900
West Sussex	806,900	181,400	166,500	84,600	1,400	15,300

More detailed information will be released from November 2012 onward.

EQUALITY ACT 2010 PROTECTED CHARACTERISTICS

The Equality Act 2010 introduced nine “protected characteristics”; these are similar to the previous six equality strands. The Act relates to people defined (or perceived to be defined), by the following protected characteristics:

- Age
- Sex
- Disability
- Race
- Religion and belief
- Gender re-assignment
- Marriage and civil partnership
- Sexual orientation
- Pregnancy and maternity

Under the Equality Act people are not allowed to *discriminate*, *harass* or *victimise* another person because they have any of the protected characteristics. The Act also requires public sector bodies to have “due regard to the need to”:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations between different groups

The term “due regard” means that the body is required to consciously consider these aims when making decisions about policy or practice which would affect people; including:

- how a public authority acts as an employer
- how it develops policies
- how it designs and delivers services
- how it procures services.

The majority of the Act came into force on 1 October 2010; the new public sector Equality Duty for public authorities on 5 April 2011.

Given that a considerable amount of information detailing protected characteristics is provided via the decennial census, a summary of each CCG will be produced following the release of the detailed census data

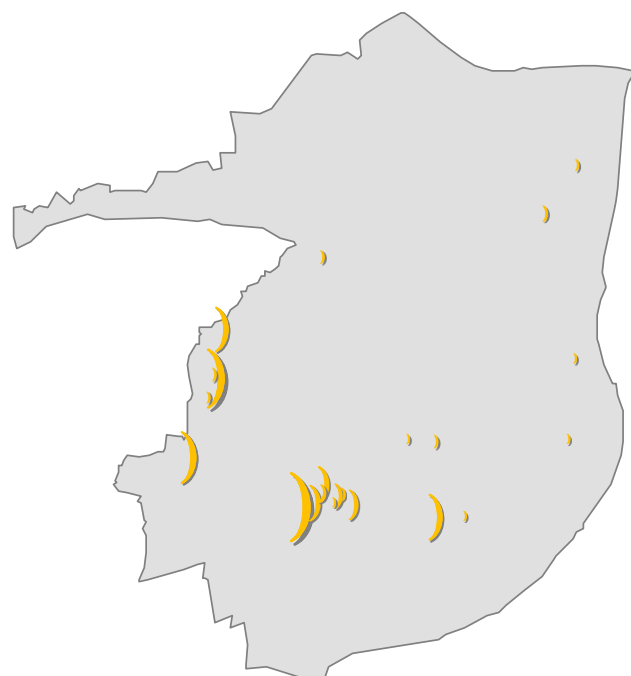
More detailed information will be available with the release of the 2011 Census data in November 2012.

POPULATION – RESIDENTIAL AND NURSING HOME RESIDENTS

September 2010 Data – Source : Exeter – DoH Information Centre (Figures rounded to nearest 10)			
Area	Nursing Home Patients	Total Registered List	Percentage of Nursing Home patients
Crawley	390	122,470	0.3%
WEST SUSSEX	6,840	825,240	0.8%
ENGLAND	283,560	55,019,180	0.5%

Residential Care Establishments (June 2011 snapshot)

Source: WSCC



Using a snapshot of information from June 2011, there were 22 homes based within the Crawley CCG area, with approximately 600 beds. Of the 22 homes, 5 were registered as care with nursing.

Of the 22 homes, 13 were small homes (10 beds or fewer) for people with learning difficulties.

Note this is a snapshot, information relates to June 2011.

Care Homes - Graduated by Size



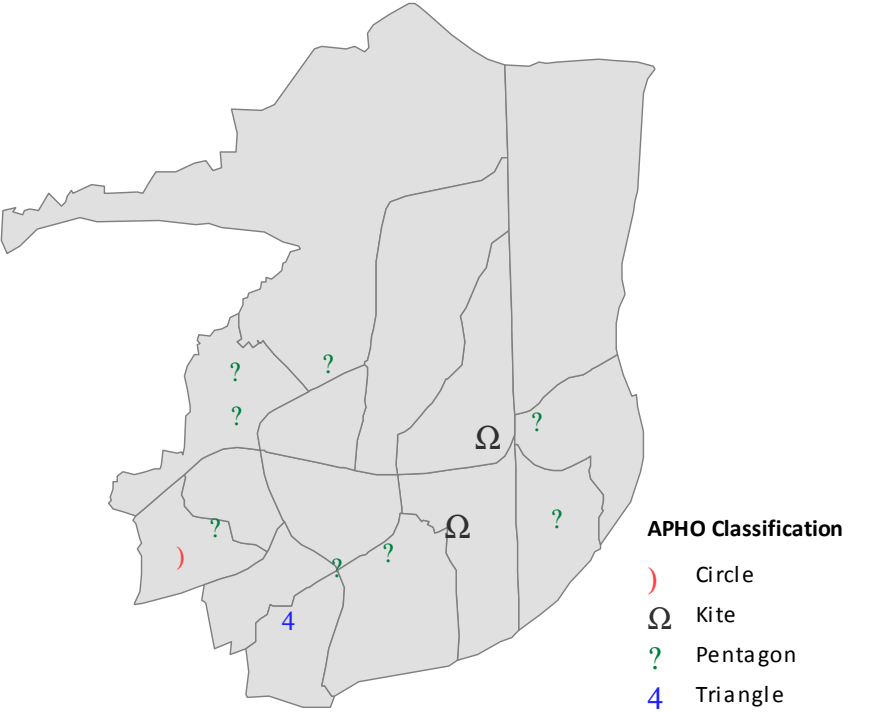
APHO PRACTICE CLASSIFICATION

The Association of Public Health Observatories (APHO) have classified GP practices in England into 10 groups, using data relating to the population age structure, ethnic background, deprivation and whether a practice is based in a rural or urban area.

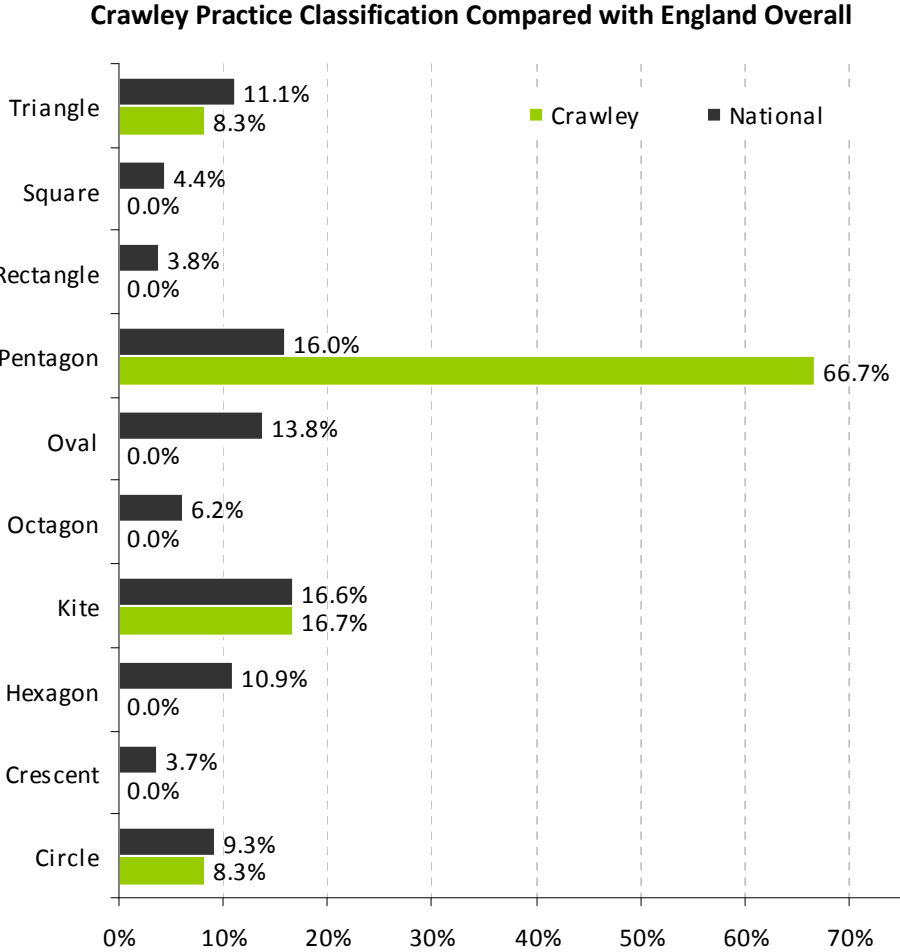
The classifications have been devised to enable practices of similar characteristics to be grouped to support benchmarking and comparison. There are 10 classified groups, detailed below.

Circle	High percentage under 15 years old. Very high percentage of black population, higher than average Asian population and high deprivation
Crescent	Located in villages, hamlets and isolated settlements with a small average list size and a higher proportion of the population aged 65 years and older. Few people from Asian and Black ethnic groups and low levels of deprivation.
Hexagon	Located in towns or urban fringe settlements with low deprivation and few people from Asian and Black ethnic groups.
Kite	Practices with large average list sizes, an average proportion of the population under 15 years old, a higher proportion aged 65 years and older and low levels of deprivation.
Octagon	Practices with a high percentage of the population aged 65 years and older and low levels of deprivation.
Oval	Practices with a higher percentage of older people (aged 65 years and older) with slightly higher levels of deprivation.
Pentagon	Practices with an average proportion of the population in younger and older age groups and generally low deprivation.
Rectangle	Practices with a very low percentage of people under 15 years old and a lower proportion of older people (65 years and older) and an above average proportion of the population from Asian and Black ethnic groups.
Square	Practices with a smaller than average list size, a high percentage of the population aged under 15 years old and fewer aged 65 years or older. A very high proportion of the population from Asian ethnic groups and a higher than average proportion from Black and Ethnic Minority
Triangle	Practices with a high percentage of children (under 15 years old) and very high levels of deprivation.

In Crawley, practices are categorised into just 4 of the groups (circle, kite, pentagon and triangle) with the majority of practices in Crawley CCG classified as pentagon having “an average proportion of the population in younger and older age groups and generally low deprivation”



Circle	High percentage under 15 years old. Very high percentage of black population, higher than average Asian population and high deprivation
Kite	Practices with large average list sizes, an average proportion of the population under 15 years old, a higher proportion aged 65 years and older and low levels of deprivation.
Pentagon	Practices with an average proportion of the population in younger and older age groups and generally low deprivation.
Triangle	Practices with a high percentage of children (under 15 years old) and very high levels of deprivation.



COMPONENTS OF POPULATION CHANGE

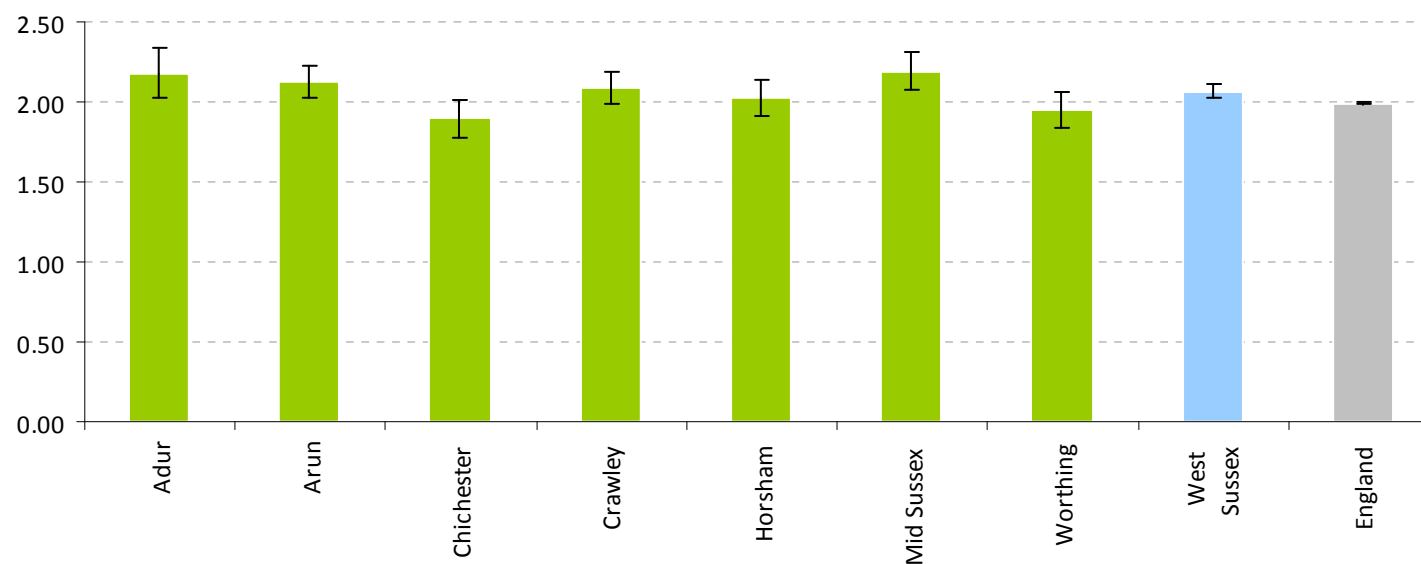
Total Period Fertility Rate

The information shown below relates to local authorities and is based on residents not registered patients

Local Authority Areas	2008	2009	2010
Adur	1.96	2.08	2.18
Arun	2.26	2.02	2.13
Chichester	2.04	2.02	1.90
Crawley	2.03	1.95	2.09
Horsham	1.85	2.08	2.03
Mid Sussex	2.13	2.09	2.19
Worthing	2.05	2.05	1.95
West Sussex	2.06	2.04	2.06
England	1.97	1.96	2.00

Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year.

Source : NCHOD



TEENAGE CONCEPTION RATE 2005-2007 to 2008-2010 (BASED ON RESIDENT POPULATION)

This information is only available at local authority level – data relating to local authorities within the CCG area are shown below.

- Rate Number of Conceptions Per 1,000 Women aged 15-17 Years
- LCL 95% Confidence Interval – Lower Confidence Limit
- UCL 95% Confidence Interval –Upper Confidence Limit

	2005-2007				2006-2008				2007-2009				2008-2010			
	Number	Rate	LCL	UCL	Number	Rate	LCL	UCL	Number	Rate	LCL	UCL	Number	Rate	LCL	UCL
Adur	133	37.3	31.2	44.2	119	33.1	27.4	39.6	119	32.9	27.6	39.2	107	29.9	24.8	36.0
Arun	251	34.8	30.6	39.4	275	38.7	34.3	43.6	259	37.0	32.9	41.7	267	38.7	34.4	43.5
Chichester	157	27.5	23.4	32.2	161	27.9	23.8	32.6	164	28.8	24.8	33.5	147	26.3	22.5	30.9
Crawley	232	39.4	34.5	44.8	255	43.5	38.3	49.2	262	44.3	39.3	49.8	261	44.1	39.2	49.7
Horsham	147	19.3	16.4	22.6	160	20.1	17.1	23.5	155	19.1	16.3	22.3	154	18.8	16.1	22.0
Mid Sussex	164	22.4	19.1	26.1	163	22.2	18.9	25.9	179	24.2	20.9	28.0	171	23.3	20.1	27.0
Worthing	200	38.4	33.3	44.1	204	39.3	34.1	45.1	203	39.8	34.7	45.5	174	34.8	30.1	40.3
West Sussex	1,284	30.2	28.6	31.9	1,337	31.2	29.6	32.9	1,341	31.3	29.7	33.0	1,281	30.1	28.5	31.8
ENGLAND	119,272	41.2	41.0	41.4	118,319	41.0	40.7	41.2	115,115	40.2	39.9	40.4	107,301	38.1	37.8	38.3

Teenage Conceptions % Leading to Abortion (July 2012 - data are yet to be published for 2008-2010)

	2005-2007	2006-2008	2007-2009
Adur	44%	47%	46%
Arun	47%	51%	53%
Chichester	57%	53%	55%
Crawley	49%	55%	56%
Horsham	62%	64%	66%
Mid Sussex	57%	61%	62%
Worthing	41%	39%	44%
West Sussex	50%	52%	55%
ENGLAND	49%	50%	50%

Source : Teenage Pregnancy Unit

BIRTHS (REGISTERED POPULATION)

In 2010 there were approximately 1,730 births to mothers registered to Crawley GP practices, of these 4% are to women under the age of 20. Young mothers (first time mothers under the age of 20) are a target group for the work of Family Nurse Partnerships. Not all hospital maternity records used a "flag" for first time mothers, therefore the information provided relates to all mothers under the age of 20; the majority of these mothers will be first time mothers.

CCG Group	Births 2008	Births 2009	Births 2010	Births to Mothers Aged U20 2008	Births to Mothers Aged U20 2009	Births to Mothers Aged U20 2010
Horsham and Mid Sussex	2,369	2,311	2,327	68	84	69
- Horsham	758	810	764	27	25	22
- Mid Sussex	1,611	1,501	1,563	41	59	47
Crawley	1,529	1,579	1,727	82	76	75
WEST SUSSEX OVERALL	8,532	8,572	8,731	432	449	392

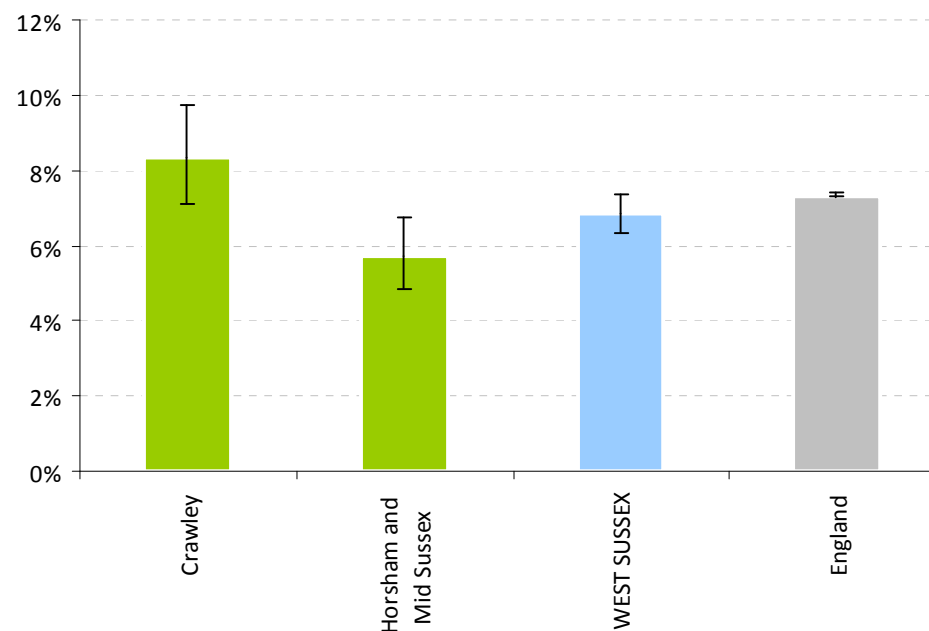
Source: West Sussex Research Unit. Data from Birth Notification. This information relates to births grouped by GP registered population.

Low Birth Weight

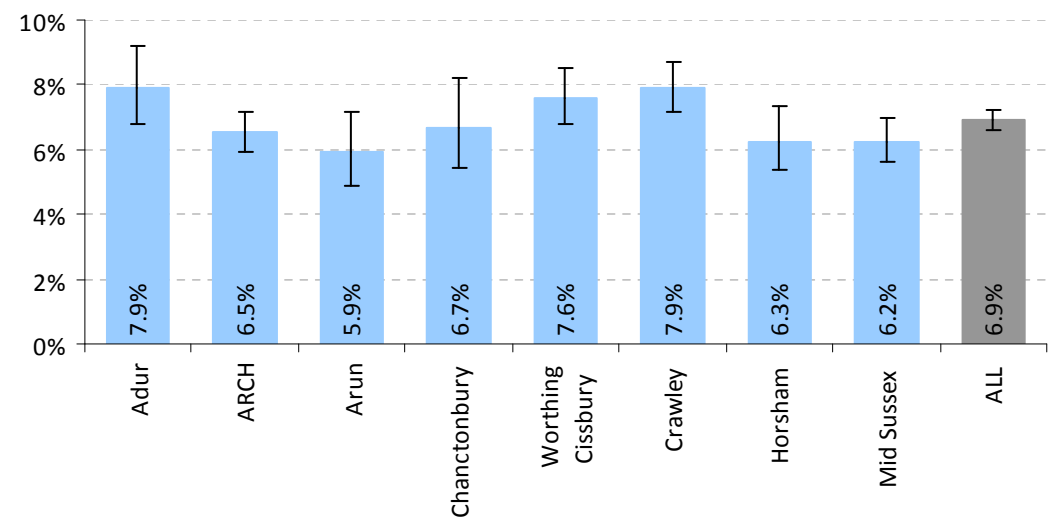
In 2010, 144 live births were low birth weight (less than 2500g). This represented 8.3% of all births; this is not significantly different to West Sussex or England, but in 2010 was significantly higher than the Horsham and Mid Sussex CCG area.

CCG Group	Births - Live Births <2500g - 2008	Births - Live Births <2500g - 2009	Births - Live Births <2500g - 2010
Horsham & Mid Sussex	6.5%	6.5%	5.7%
- Horsham	7.5%	5.8%	5.5%
- Mid Sussex	6.0%	6.9%	5.8%
Crawley	8.1%	7.2%	8.3%
West Sussex	7.1%	6.9%	6.8%

% of Live Births < 2500g (2010)



LOW BIRTH WEIGHT - % of 3 Year Pooled Data 2008-2010 Births (Registered Population)



Source: West Sussex Research Unit. Data from Birth Notification data
This information relates to births grouped by GP registered population.

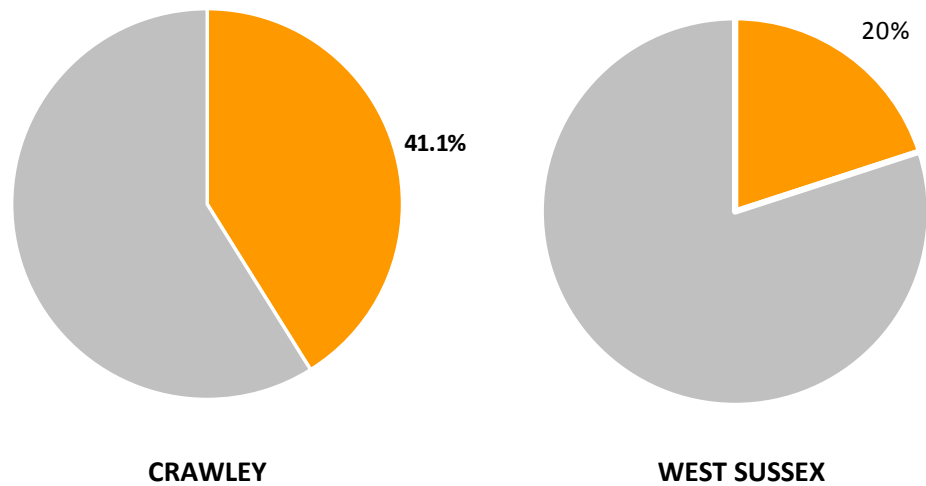
The data shown on this graph relate to the registered population.

Given the small numbers each year, data have been pooled for the period 2008-2010.

Only Crawley has a significantly higher percentage of low birth weight babies.

Black and Minority Ethnic (BME)* BIRTHS (POOLED DATA 2008 – 2010)

% of Births to BME Mothers (This data relate to births to the *resident* population). Of the period, 2008-2010 over 40% of babies born to mothers resident in Crawley were of black and minority ethnic backgrounds.

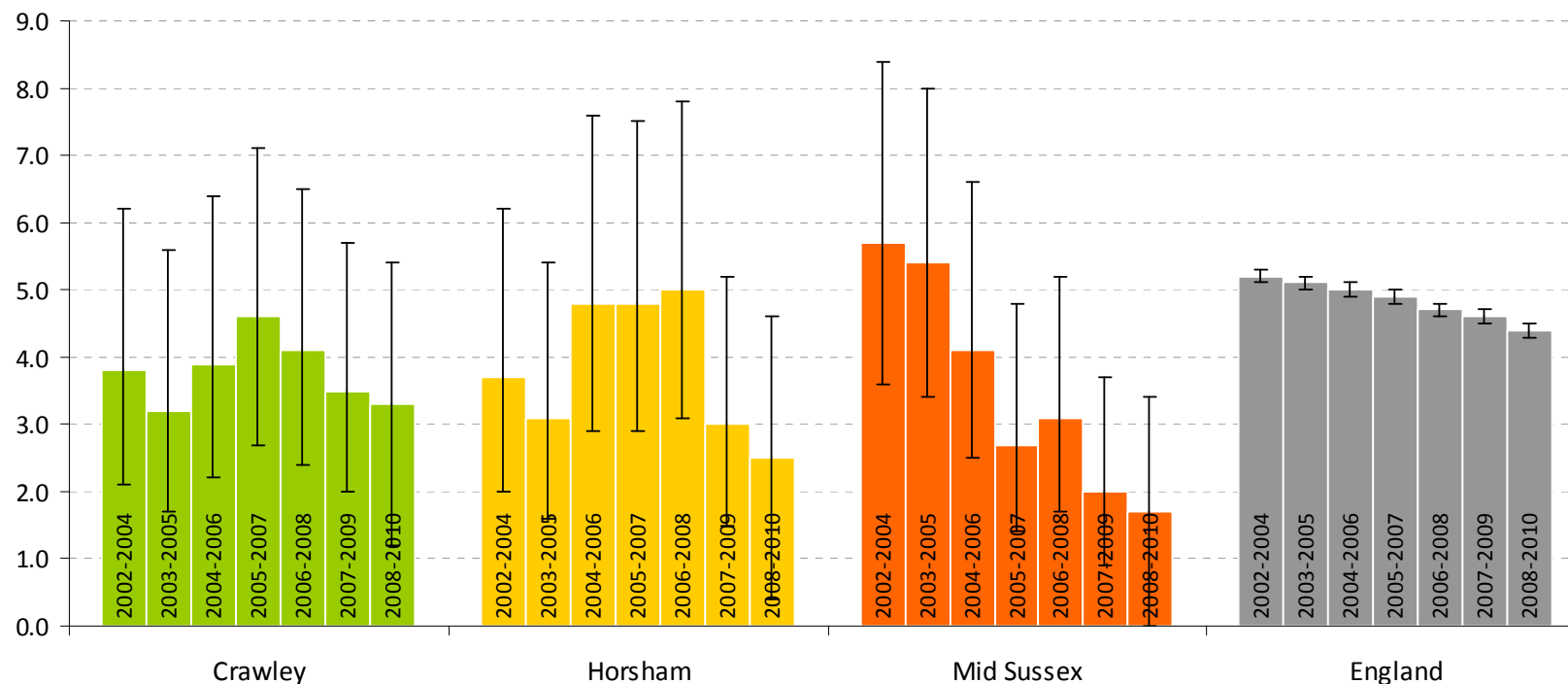


* the term BME includes White Other and White Irish.

Infant Mortality

- The number of deaths of infants aged under 1 year per 1,000 live births.

3 Years Pooled Data 2002-2004 to 2008-2010



In 2010, there were 12 deaths of infants under 1 to residents of Crawley, Horsham and Mid Sussex.

Nationally the infant mortality rate in 2010 was 4.2 per 1,000 live births; this was the lowest on record. Higher rates were recorded for specific groups of women / births:-

- Rates were high among babies of mothers aged under 20 years, and also for mothers aged 40 years and over at 5.6 and 5.8 deaths per 1,000 live births respectively
- Rates were far higher in relation to very low birth weight babies (under 1,500 grams) with an infant mortality rate of 164.7 per 1,000 live births and a perinatal mortality rate* of 250.9 deaths per 1,000 live births.

**Babies born dead after 24 weeks gestation, and babies born alive but who then die within 7 days of birth*

MALE Life Expectancy at Birth (1991-3 to 2008-10) (Based on Resident Population)

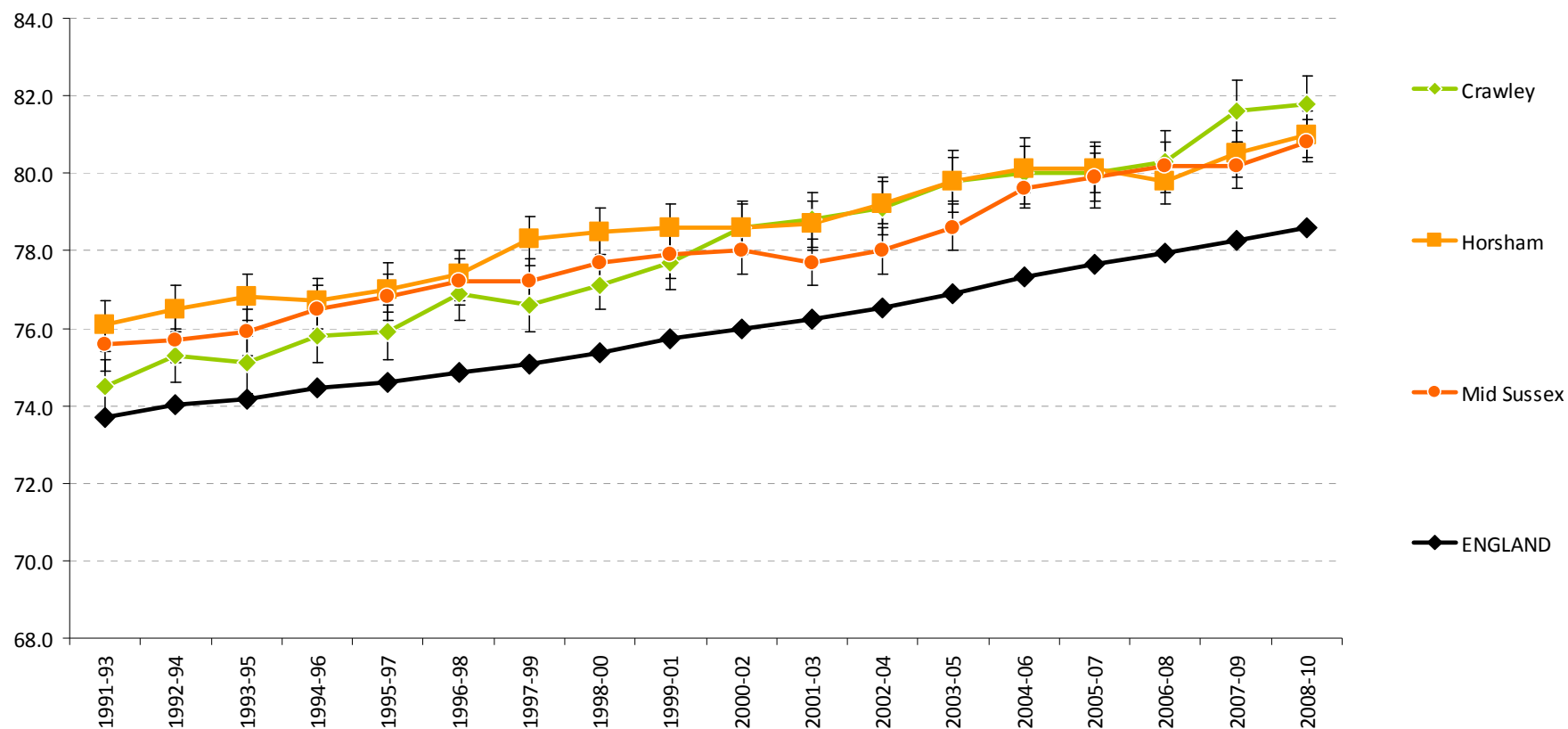
(Source : NCHOD)

	2008-10	LCL	UCL
Crawley	81.8	81.0	82.5
Horsham	81.0	80.4	81.6
Mid Sussex	80.8	80.3	81.4
West Sussex	79.9	79.7	80.2
ENGLAND	78.58	78.55	78.61

LCL 95% Confidence Interval – Lower Confidence Limit

UCL 95% Confidence Interval –Upper Confidence Limit

Male Life Expectancy Pooled Years 1991-1993 to 2008-2010



FEMALE Life Expectancy at Birth (1991-3 to 2008-10) (Based on Resident Population)

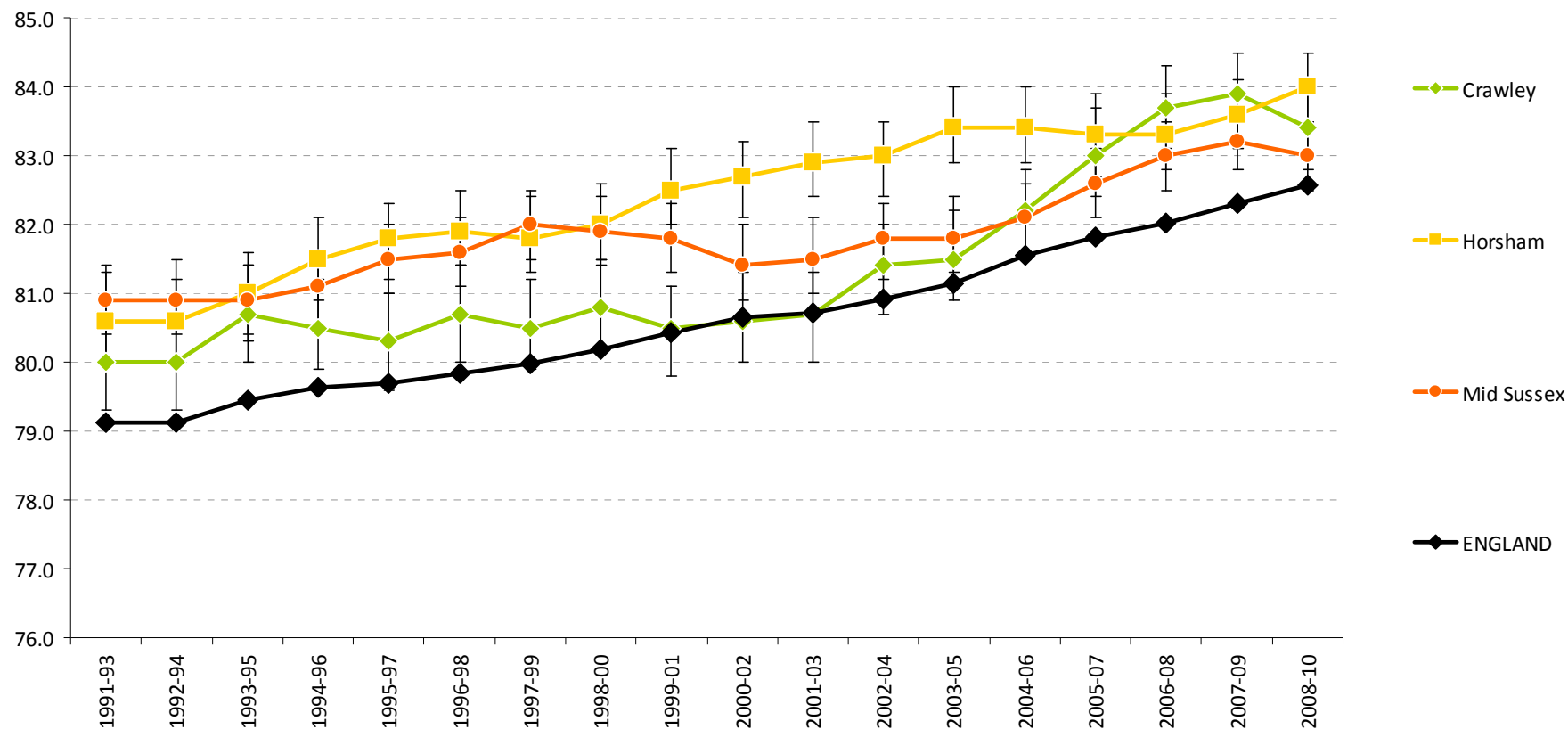
(Source : NCHOD)

	2008-10	LCL	UCL
Crawley	83.4	82.8	84.1
Horsham	84.0	83.5	84.5
Mid Sussex	83.0	82.5	83.5
West Sussex	83.5	83.3	83.7
ENGLAND	82.57	82.54	82.60

LCL 95% Confidence Interval – Lower Confidence Limit

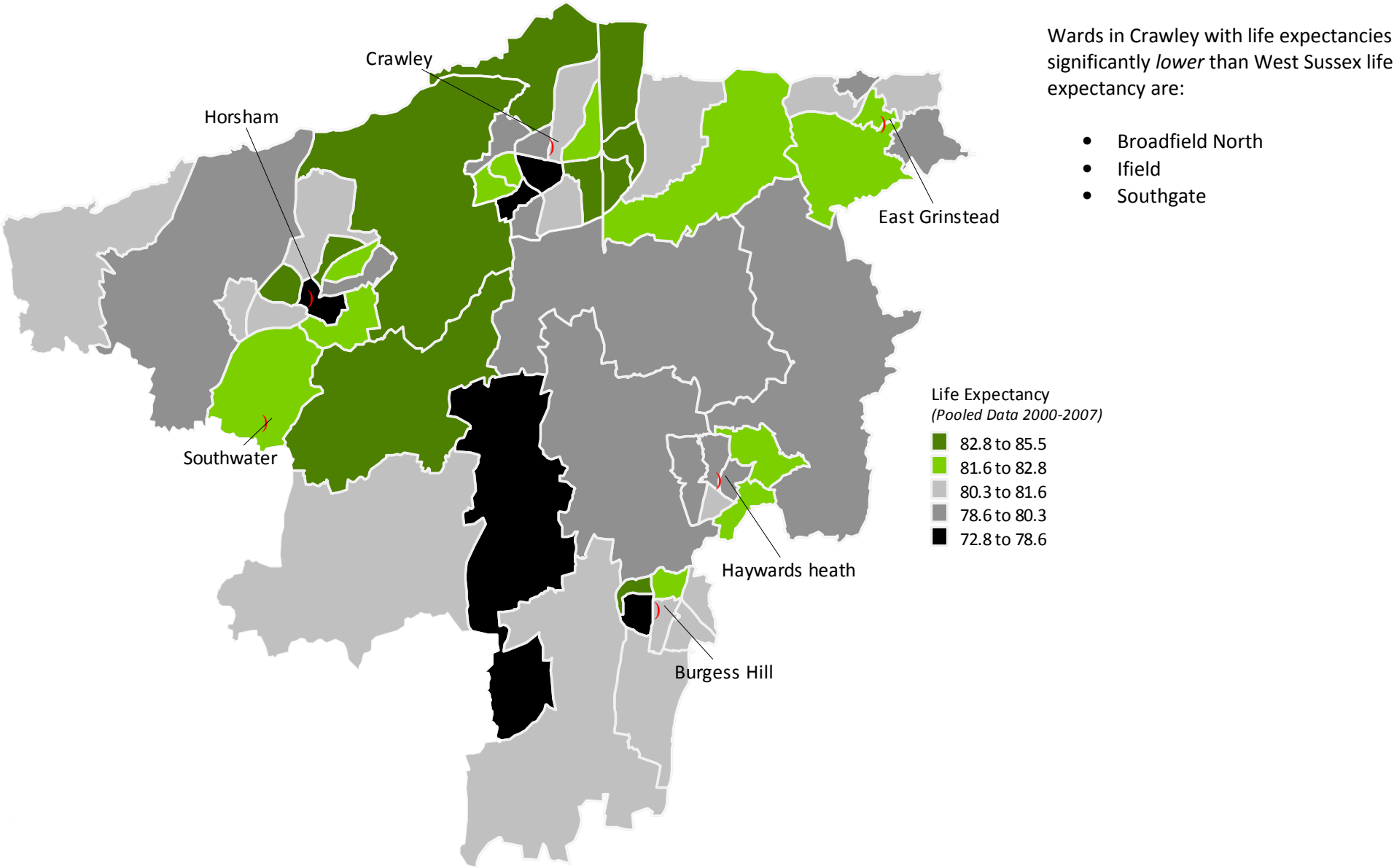
UCL 95% Confidence Interval –Upper Confidence Limit

Female Life Expectancy Pooled Years 1991-1993 to 2008-2010



SMALL AREA Life Expectancy

There are considerable differences in life expectancy across West Sussex. Given small numbers within some wards, pooled years data are used to ensure calculations are robust. The map below shows at ward level life expectancy for the period of 2000-2007.

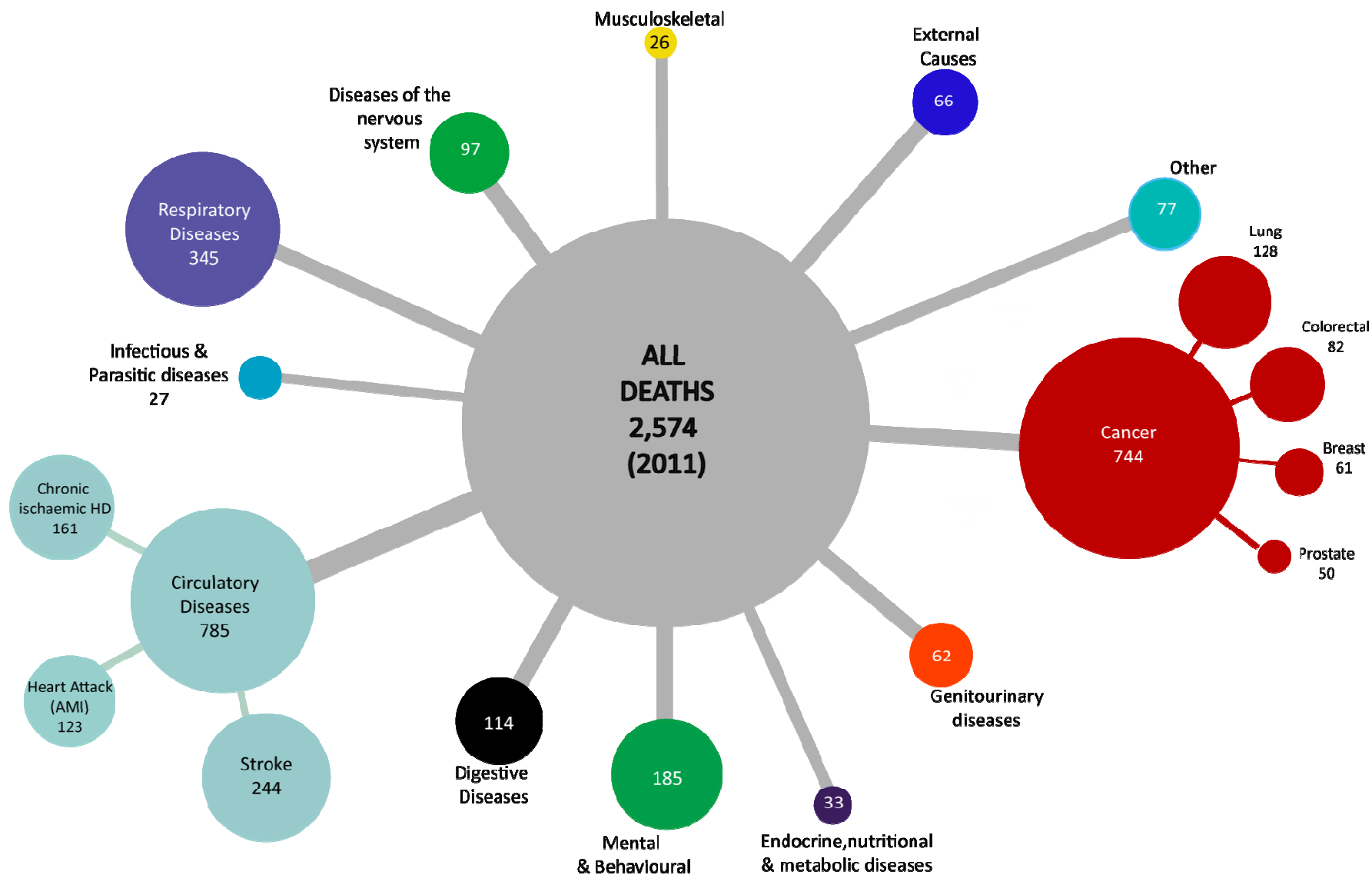


CAUSE OF DEATH - ALL DEATHS 2011

– CRAWLEY AND HORSHAM & MID SUSSEX

This graph shows the number of births by postcode (within the CCG area) and are based on *date* of death.

Note : There are a small number of missing / unknown causes

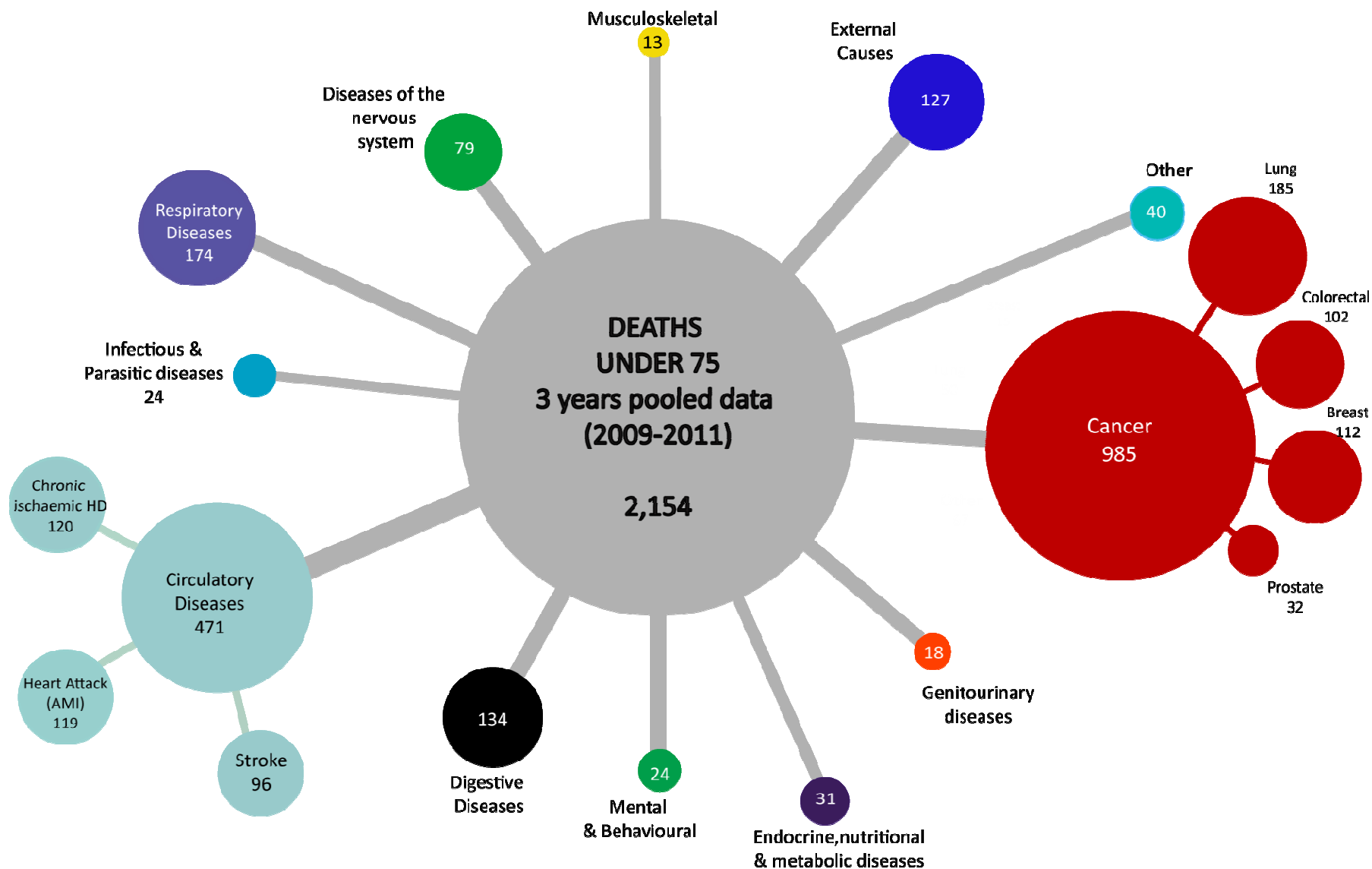


CAUSE OF DEATH U75 (POOLED YEARS DATA 2009-2011)

– CRAWLEY AND HORSHAM & MID SUSSEX

This graph shows the number of births by postcode (within the CCG area) and are based on date of death.

Note : There are a small number of missing / unknown causes.



POPULATION PROJECTIONS

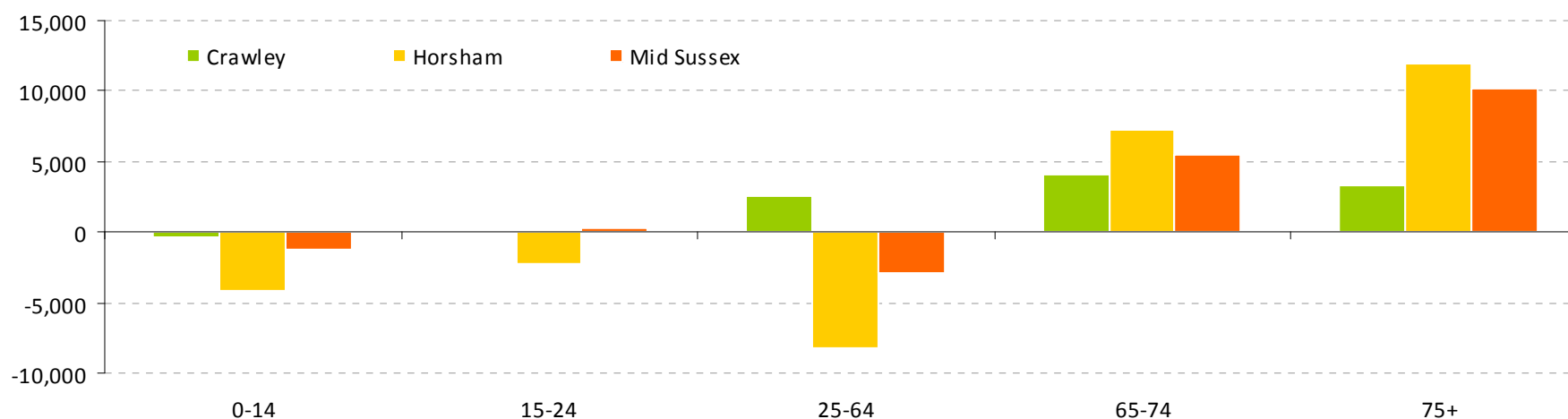
West Sussex County Council use a model called POPGROUP to produce projections of the local resident population.

These projections are calculated at Local Authority level. The projections take into account the main components of population change: births, deaths, migration and local housing development. Projections are regularly reviewed with updated information on fertility rates, deaths etc.

All projections should be treated with caution. The figures provided below are the most recent WSCC projections and use the 2010 population data; projections will be refreshed later this year in light of the 2011 Census information.

	Crawley		Horsham		Mid Sussex	
	2010 MYE	2031 Projected	2010 MYE	2031 Projected	2010 MYE	2031 Projected
0-14	19,780	19,390	23,610	19,450	25,090	23,900
15-24	13,570	13,530	13,420	11,220	13,590	13,870
25-64	59,530	62,120	69,090	60,920	69,780	66,860
65-74	6,550	10,600	12,640	19,900	12,260	17,730
75+	8,150	11,530	12,070	24,050	11,740	21,930
Total	107,580	117,170	130,830	135,540	132,460	144,290

Projected Changes (Numbers) in Local Authority Areas Between 2010 and 2031



OVERALL DEPRIVATION

- Information from the Indices of Deprivation 2010 (ID2010)

The Indices of Deprivation measures relative levels of deprivation in small areas (Lower Super Output Areas [LSOAs]) containing approximately 1,500 people. The latest available indices were published in 2010 and in the main they relate to data collated in 2008. The Indices are published by the Department for Communities and Local Government every 3-4 years and are widely used, notably in funding allocations and targeting. ID2010 is made up of seven domain indices. Although each domain is not given equal weighting, from these an overall ranking of small area deprivation is calculated.

The seven domains are:

- Income
- Employment
- Health deprivation and Disability
- Education, skills and training
- Barriers to Housing, and Services
- Living Environment
- Crime

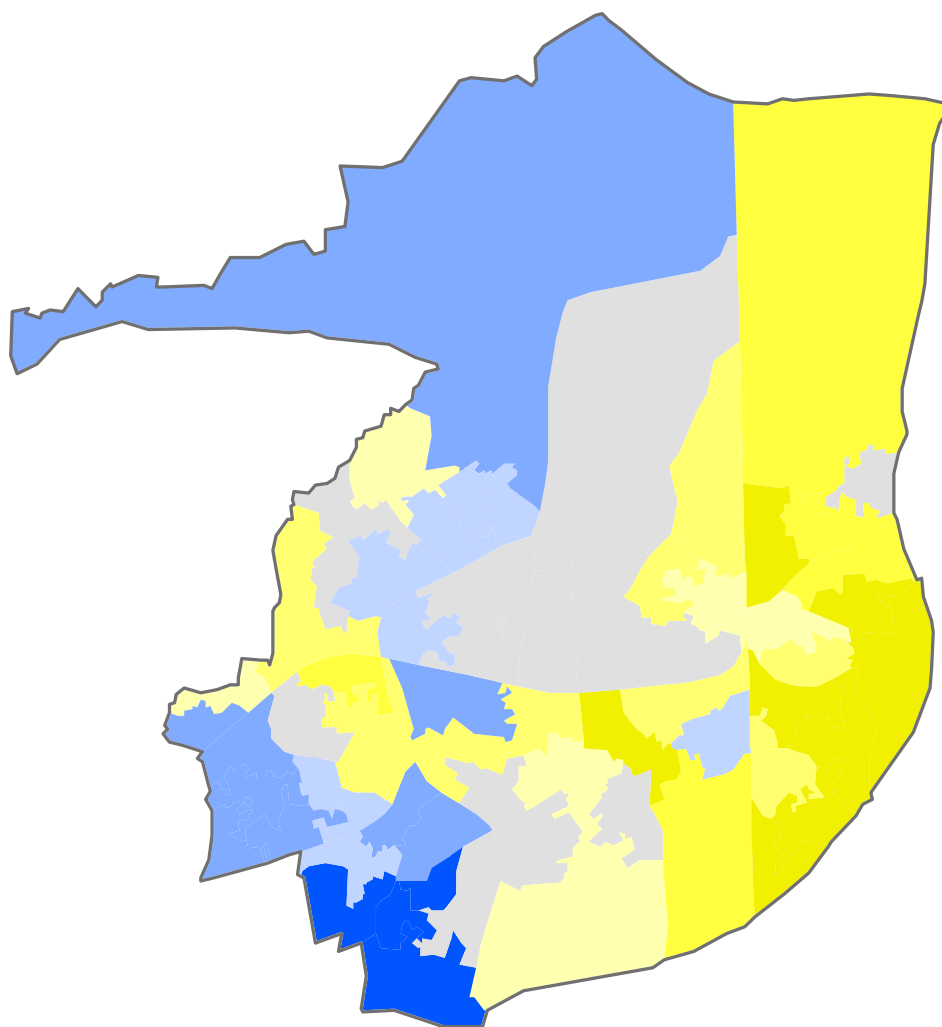
Note : This is an *area* based measure of deprivation; not all people living in a deprived area are deprived, equally there are deprived people living in less deprived areas.

Summary of Use of ID2010

What can you use the indices for?	What can't the Indices of Deprivation 2010 be used for?
<ul style="list-style-type: none">○ Compare different areas in England (or within different geographies , South East, West Sussex etc)○ Identify the most deprived areas○ Look at differences between the domains of deprivation○ Calculate how many <u>people</u> are income or employment deprived (these are the only part of the index where <i>numbers</i> of people can be estimated)○ Look at deprivation across larger areas	<ul style="list-style-type: none">○ To show how deprived a place is○ Measuring <i>absolute</i> change over time – this is a <i>relative</i> measure of deprivation – so areas may become relatively more deprived when compared to others but may in <i>absolute terms</i> be better off over time○ Say how affluent a place is – this is a measure of deprivation not affluence – so it is possible to say which areas are the least deprived, this does not necessarily translate into the most affluent.○ Identify deprived people – numbers only available from the income and employment domains○ Make comparisons with different countries

ID2010 - OVERALL DEPRIVATION

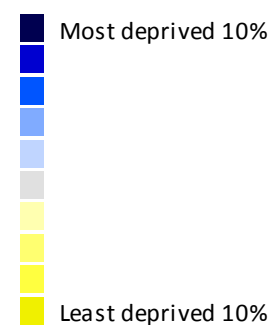
- This map shades LSOAs according to their *relative* deprivation ranking.
- The most deprived areas are shaded dark blue, and the least deprived shaded dark yellow.
- The darkest blue shading represents areas within the most deprived 10% in England.



Broadfield South ward contains the most deprived area within Crawley – this falls within the most deprived 20% of areas in England.

ID2010 clearly shows the east / west split in Crawley with relative more deprived areas to the west.

2010 Decile Groupings (based on national rankings)



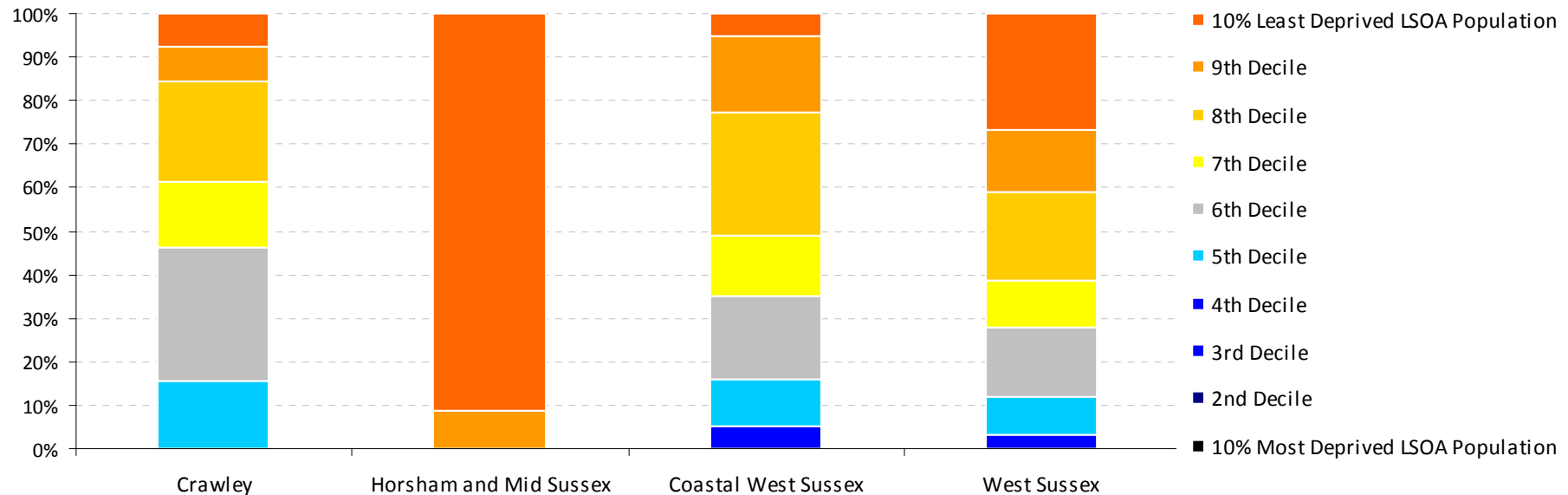
DEPRIVATION – ESTIMATES OF INDICES OF MULTIPLE DEPRIVATION 2010 FOR GP PRACTICES

Source : DoH Information Centre

Note : The GP Practice IMD is estimated by taking a weighted average of the IMD scores for each LSOA (Lower Super Output Area) in which a given practice has registrations. The weights are the % of the practice's registrations in each LSOA.

The graph below has shaded CCG practices by their national decile group (practices shaded dark blue are estimated to have the most deprived populations in England, dark orange the least deprived). In Crawley there are no practices ranked in the most deprived 40% in England

	Crawley
10% Most Deprived LSOA Population	0
- 2 nd decile group	0
- 3 rd decile group	0
- 4 th decile group	0
- 5 th decile group	2
- 6 th decile group	4
- 7 th decile group	2
- 8 th decile group	3
- 9 th decile group	1
- 10% Least Deprived LSOA Population	1



CHILD POVERTY

There is strong evidence linking childhood poverty to poorer outcomes throughout childhood and later life, including lower educational attainment, poorer job prospects, lower earnings and lower life expectancy.

At a national level four key measures of child poverty are published:

- (i) **relative** low income – children living in households whose income is 60% or below median income (adjusting for household type and size).
- (ii) **combined** low income and material deprivation – a combination of the level of income and also material aspects including whether children have been able to go on school trips, can swim once a month etc.
- (iii) **absolute** low income and persistent low income – this measures income compared to a fixed baseline year.
- (iv) **persistent** low income – where relative low income persists for 3 out of the last 4 years.

At a county level, and below, only data on (i), relative low income, are available. Information is provided for children under 16 and also for all children (where young people under the age of 20 are living at home either in full time education or unemployed). Nationally, targets have been adopted for each of the four measures. For the *relative low income* measure, the national target is that less than 10% of children will live in low income households by the year 2020.

In 2009 14.3% of children aged up to 16 years old in West Sussex lived in low income households and in Crawley, the figure was 19.5%.

However there are considerable differences within the county and within the CCG area; when examining child poverty it is important to do so at small area level.

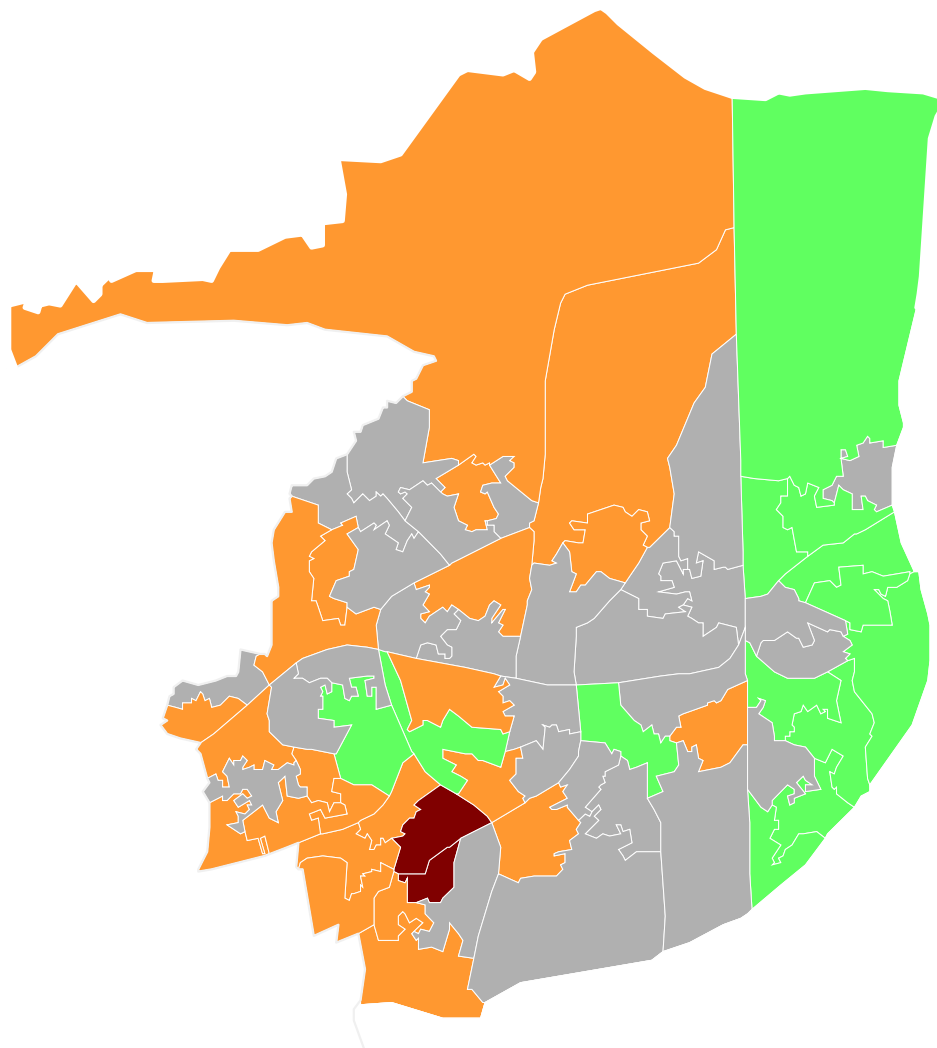
% of Children Living in Low Income Households (U16)

(Source : HMRC)

	2006		2007		2008		2009	
Children Under 16	Number	%	Number	%	Number	%	Number	%
Crawley (Local Authority)	3,620	18.1%	3,775	19.0%	3,775	18.7%	4,090	19.5%
Horsham (Local Authority)	2,070	8.8%	2,155	9.2%	2,065	8.9%	2,275	9.8%
Mid Sussex (Local Authority)	2,090	8.5%	2,145	8.7%	2,025	8.2%	2,235	8.9%
West Sussex	18,535	13.4%	19,140	13.9%	18,490	13.4%	19,950	14.3%
South East	234,015	15.3%	238,745	15.6%	233,325	15.2%	249,690	16.0%
ENGLAND	2,089,585	21.8%	2,141,690	22.4%	2,068,970	21.6%	2,131,350	21.9%

The map overleaf shades small areas of the Crawley area (LSOAs) according to child poverty figures – areas shaded green have child poverty figures already within the 2020 national target.

SMALL AREA CHILD POVERTY 2009
% of Children (U16) Living in Low Income Households



This map shows the considerable differences in child poverty across Crawley. The data are shown at small neighbourhood (LSOA) level and shows that, in some areas, 1 in 3 children are living in poverty.

The areas shaded green on this map have child poverty levels below 10%.

The highest rates of child poverty in Crawley are within Broadfield South – with almost 42% of children living in poverty, and within Broadfield North (33%).

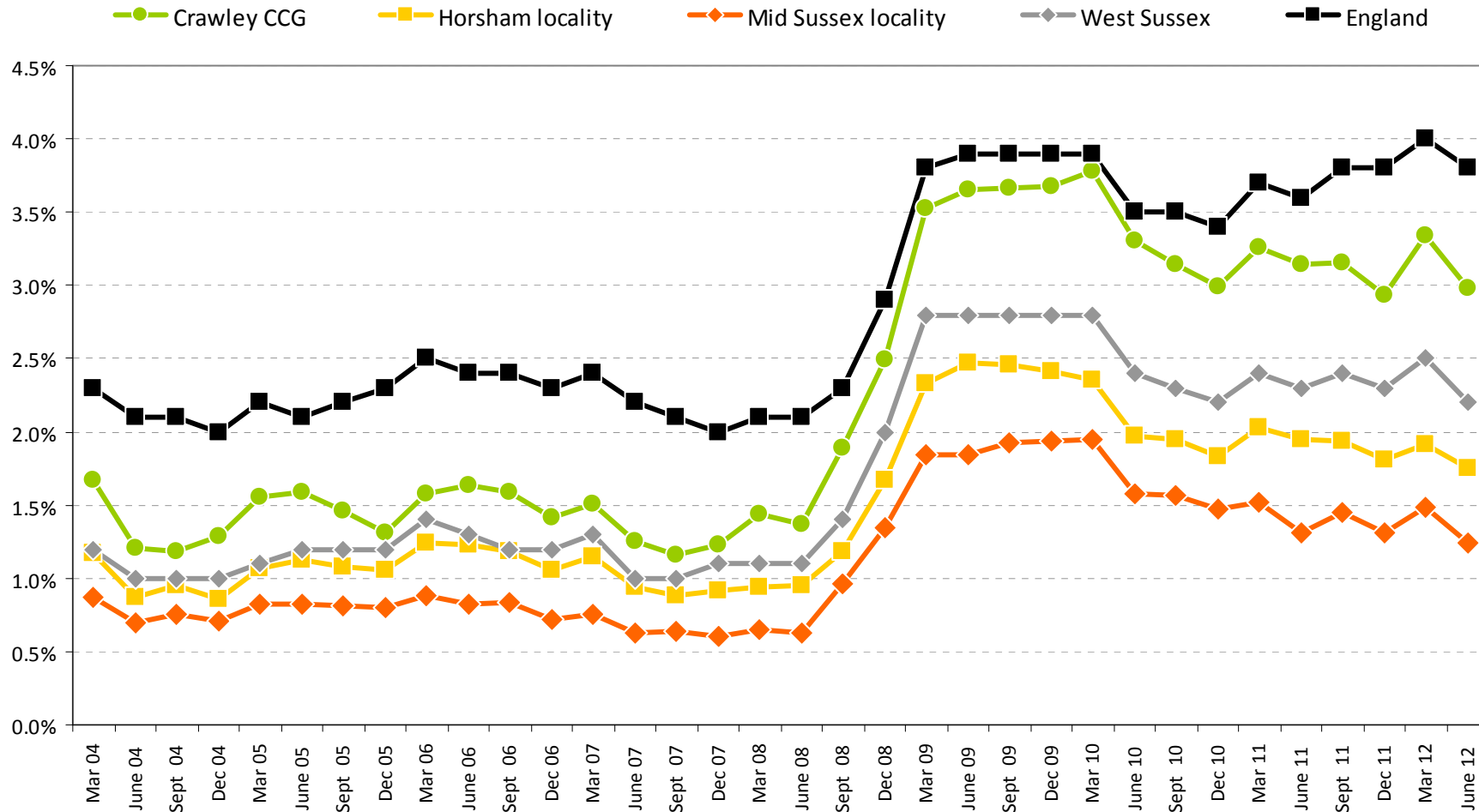
Child Poverty 2009

- 33%+
- 22% to 33%
- 10% to 22%
- Less than 10%

JOB SEEKERS ALLOWANCE Claimant Rate March 2004 to June 2012

The graph below shows the percentage of working age adults (16-64 years) who were claiming Job Seekers Allowance. The impact of the recession can be clearly seen from June 2008. Crawley CCG area has the highest JSA claimant rate in West Sussex, although this remains below the England claimant rate.

% of the Working Age Claiming Job Seekers Allowance



WELFARE BENEFITS

The following data have been collated from ward level information published by the DWP.

Disability Living Allowance

Disability Living Allowance (DLA) is paid to disabled children and adults (in the main to people aged under 65 years) who require help with extra costs due to their disability. Note that from 2013 DLA is being replaced by Personal Independence Payment.

<i>Nov 2011 Data</i>	Disability Living Allowance	Under 16	16-24	25-49	50-59	60-69	70 and over
Adur	3,040	390	230	800	555	680	385
ARCH	7,655	850	615	1,925	1,325	1,865	1,075
Arun	2,615	290	220	690	460	585	370
Cissbury	5,120	565	420	1,470	900	1,150	615
Chanctonbury	1,255	180	115	330	185	285	160
Crawley	4,190	590	375	1,255	795	800	375
Horsham	2,225	350	220	690	390	385	190
Mid Sussex	4,005	670	340	1,155	650	795	395
WEST SUSSEX	30,105	3,885	2,535	8,315	5,260	6,545	3,565

Attendance Allowance

Attendance Allowance is available for people (aged 65 or over) who need help with personal care because of a physical or mental disability. It is paid in two rates, a lower and a higher rate depending on level of support required.

<i>Nov 2011 Data</i>	Attendance Allowance	Lower Rate	Higher Rate
Adur	2,235	1,100	1,135
ARCH	7,435	3,245	4,190
Arun	2,325	990	1,335
Cissbury	4,280	1,770	2,510
Chanctonbury	1,260	600	660
Crawley	2,330	1,075	1,255
Horsham	1,690	825	865
Mid Sussex	3,675	1,705	1,970
West Sussex	25,230	11,310	13,920

Pension Credit

Pension Credit is designed to bring people up to a minimum income level. Pension Credit comes in two parts – a guarantee credit which tops up pensioners' income to a guaranteed level and savings credit (to support people to come up to an income who may have modest savings).

<i>Nov 2011 Data</i>	Pension Credit	Guarantee Element Only	Saving Element Only	Guarantee and Saving Credit
Adur	2,875	835	695	1,345
ARCH	8,920	2,725	2,220	3,975
Arun	2,790	835	705	1,250
Cissbury	4,695	1,540	1,035	2,120
Chanctonbury	1,295	385	315	595
Crawley	3,320	1,225	735	1,360
Horsham	1,690	540	430	720
Mid Sussex	3,630	1,120	890	1,620
West Sussex	29,215	9,205	7,025	12,985

CARERS

Overall in West Sussex according to the 2001 census there are approximately 74,000 carers, with 12,700 caring for 50 or more hours a week. Further information relating to carers will be provided by the 2011 Census data, this should be available from November 2012 onwards.

Data from 2001 Census

Number of People Providing Unpaid Care

Local Authority Boundaries	All People Providing Unpaid Care	1 – 19 hours a week	20 - 49 hours a week	50+ hours a week
Adur	6,169	4,384	586	1,199
Arun	14,787	10,410	1,320	3,057
Chichester	10,728	8,125	897	1,706
Crawley	8,846	6,238	937	1,671
Horsham	11,641	9,209	880	1,552
Mid Sussex	12,116	9,651	829	1,636
Worthing	9,524	6,835	837	1,852
West Sussex	73,811	54,852	6,286	12,673
South East	737,751	541,905	65,693	130,153
England	4,877,060	3,347,531	560,797	998,732

HOMELESSNESS

Accepted as Homeless and in Priority Need

Total Number of HOUSEHOLDS Accepted As Being Homeless And In Priority Need	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Adur	130	113	141	153	98	71	68	71	90
Arun	178	183	148	112	105	59	87	52	79
Chichester	128	36	62	82	81	53	65	44	47
Crawley	282	184	250	163	82	105	67	83	130
Horsham	171	140	130	92	72	57	81	91	125
Mid Sussex	264	120	89	58	65	40	26	32	46
Worthing	170	121	110	124	101	72	32	17	20
West Sussex	1,323	897	930	784	604	457	426	390	537
South East	14,630	15,290	12,420	9,330	6,660	5,510	4,730	3,870	4,520
England	129,700	137,000	120,860	93,980	73,360	63,170	53,430	40,020	44,160

Source: Department for Communities and Local Government (DCLG)(P1E Form)

Rough Sleeper Count

The Autumn 2011 rough sleeping counts and estimates were carried out between 1 October and 30 November 2011	Total street count	Total estimate	Total of street counts and estimates
Adur	-	0	0
Arun	10	-	10
Chichester	-	15	15
Crawley	-	11	11
Horsham	-	2	2
Mid Sussex	-	5	5
Worthing	-	7	7
West Sussex	10	40	50

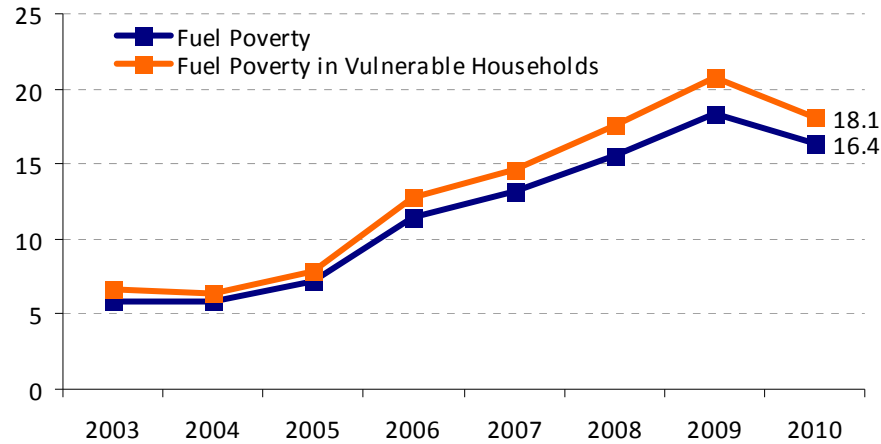
Note from DCLG :

“Rough sleeping counts and estimates are single night snapshots of the number of people sleeping rough in local authority areas. Local authorities decide whether to carry out a count or an estimate based upon their assessment of whether the local rough sleeping problem justifies counting. They are encouraged to gain intelligence for street counts and estimates from local agencies such as outreach workers, the police, the voluntary sector and members of the public who have contact with rough sleepers on the street.”

FUEL POVERTY

Definition : A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain a satisfactory heating regime (usually 21 degrees for the main living area, and 18 degrees for other occupied rooms)

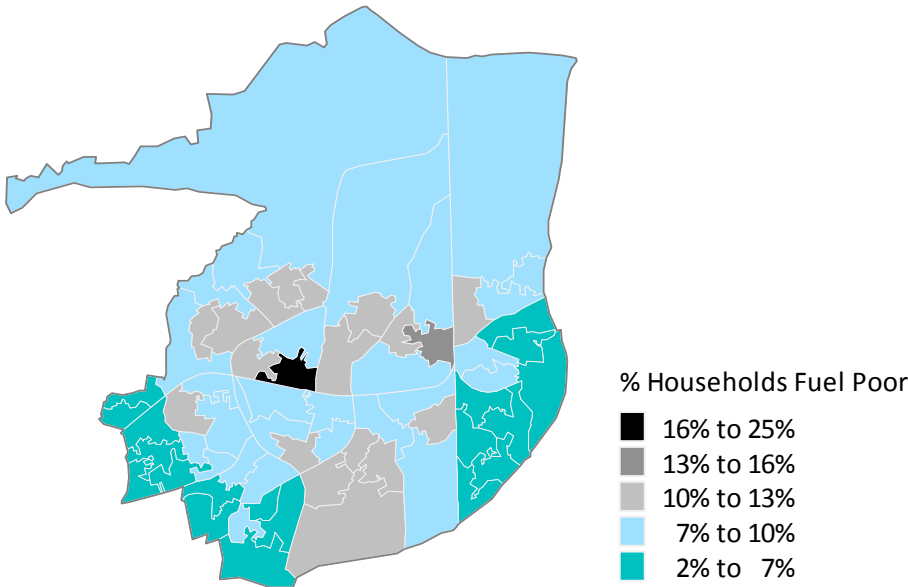
% of Households in Fuel Poverty – England



Fuel poverty statistics are produced annually by the Department of Energy and Climate Change (DECC). Figures are published for all households and also ‘vulnerable’ households (defined as households that contain an older person, a child or someone who is disabled or has a long term illness).

In England in 2010 16.4% of all households were estimated to be in fuel poverty, and 18.1% of vulnerable households. DECC have stated that the fall between 2009 and 2010 is likely to have been reversed in the last 2 years, in the main due to rising fuel prices.

% of Households in Fuel Poverty (2010)



In the Crawley CCG area, 8.4% of all households in 2010 were estimated to be in fuel poverty. There are no 2010 sub-national estimates for vulnerable households. There is considerable variation across the area.

The highest estimate of fuel poverty in the area is within West Green ward where almost 17% of households are estimated to be in fuel poverty.

Section 2 RISK FACTORS

This section collates data relating to a number of risk factors which act to cause, or increase the risk for, disease and injury.

The planning of health services, and promotion of wider preventative measures, requires an understanding of the risk factors and their relative importance, although risks clearly differ in their causal certainty and factors co-exist and interact. The World Health Organisation (WHO) have published information attributing deaths and ill health to various risk factors. The table below is a summary of mortality and disability adjusted life years (DALYs) for higher income areas of Europe.

Attributable Mortality and Attributable DALYs by Risk Factor (Top 10) in High Income Europe (Population 407 Million), Estimates For 2004

Risk factor	Mortality	Risk factor	DALYs
	Total deaths (thousands)		Total DALYs (thousands)
High blood pressure	740	Tobacco use	5,526
Tobacco use	595	High blood pressure	3,807
Overweight & obesity	318	Alcohol use	3,165
Physical inactivity	301	Overweight & obesity	3,132
High blood glucose	258	High blood glucose	2,308
High cholesterol	242	Physical inactivity	2,189
Low fruit & vegetable intake	77	High cholesterol	1,859
Urban outdoor air pollution	76	Illicit drug use	937
Alcohol use	25	Low fruit & vegetable intake	547
Airborne particulates	11	Unsafe sex	384

Source: WHO 2009

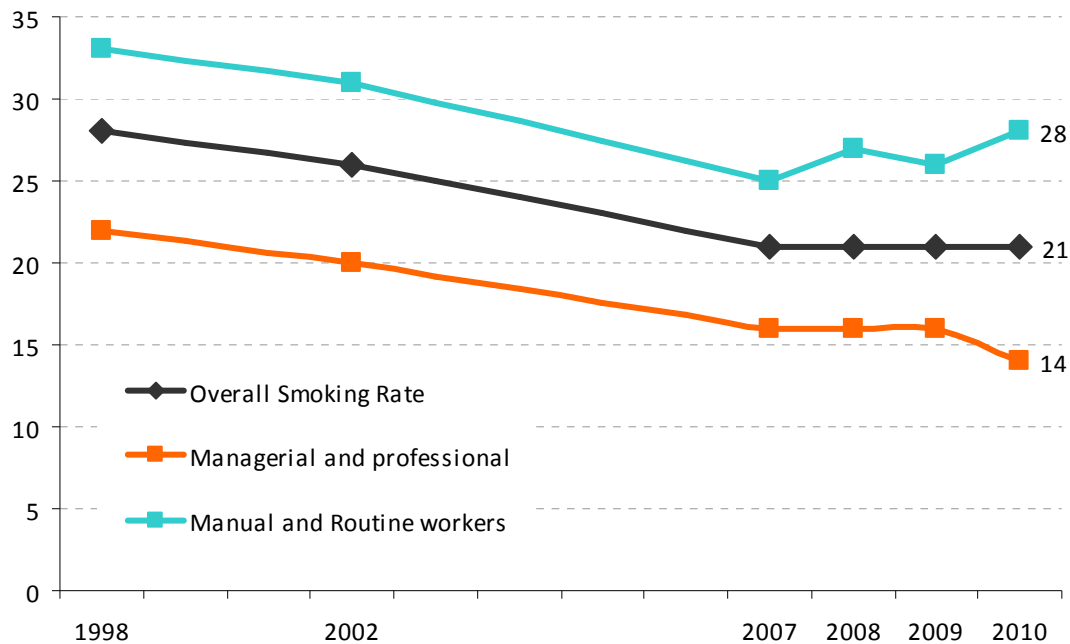
SMOKING

Smoking is the single greatest cause of preventable illness and premature death in the UK and is a major cause of health inequality.

The health impact of smoking extends beyond smokers: there are health effects of second-hand smoking (SHS). Smoking in pregnancy increases the risk of low weight babies and premature birth, and children exposed to smoke in their homes are not only at greater risk of developing illnesses, including respiratory conditions, but are far more likely to become smokers themselves in later life.

% 16+ Population Who Smoke

A range of surveys are used to estimate the smoking rate at national, and at local level. .



At an England level approximately 21% of adults (16+) are current smokers. This has fallen from 28% in 1998. There remains a considerable difference between smoking rates between socio-economic groups: the smoking rate for managerial and professional workers is estimated at 14% compared to 28% for manual and routine workers.

In recent years, the rate of decline has slowed and for manual and routine workers there was a slight increase.

Smoking rates remain higher for men (22%) than women (20%) but the gap between men and women has narrowed. Rates are also higher for some ethnic groups, including Bangladeshi and Irish men.

Amongst children and younger adults, smoking rates are higher amongst girls and young women, with girls more likely than boys to be regular smokers at age 15 years.

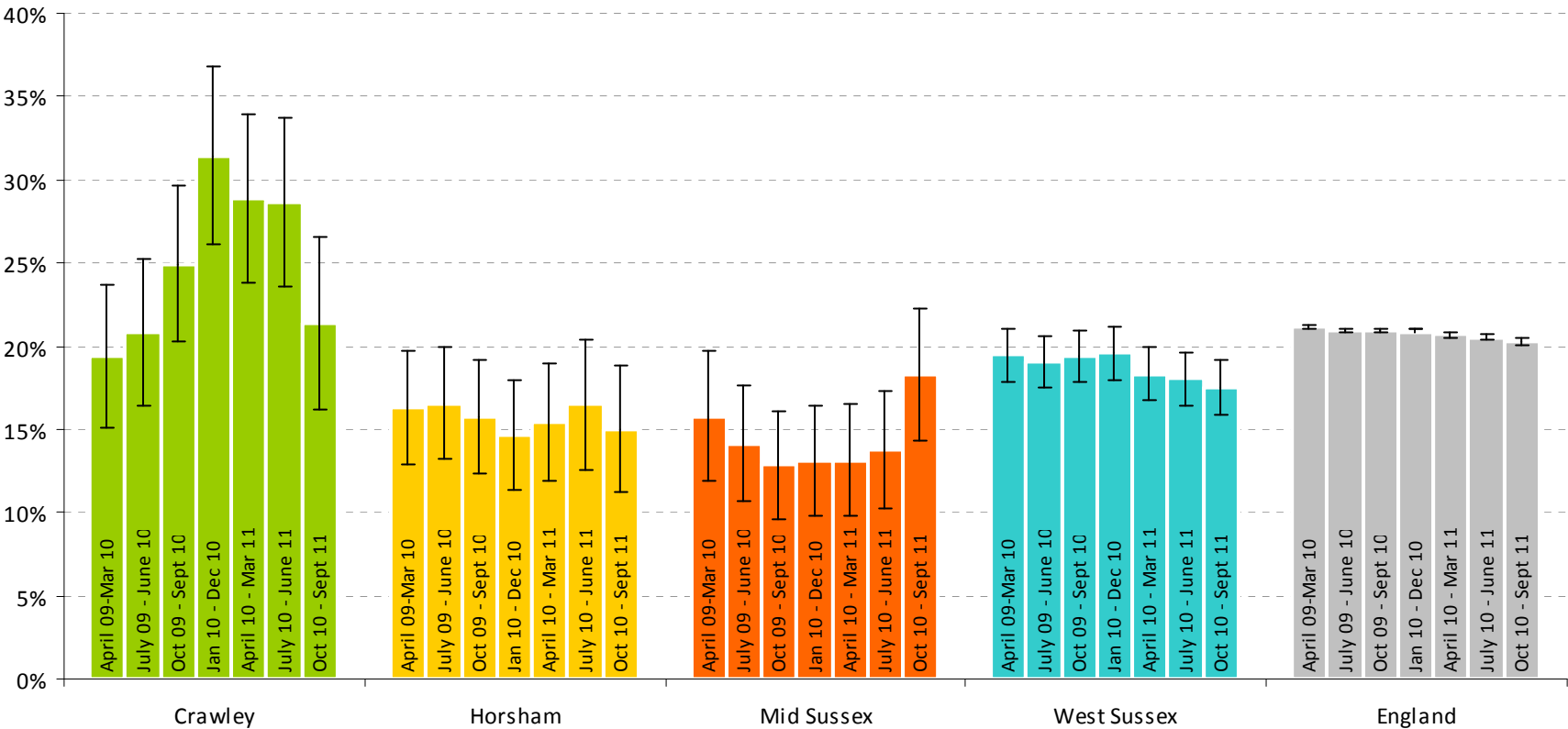
SMOKING RATES IN WEST SUSSEX

Survey Data - Information relating to smoking rates is collected via the *Integrated Household Survey (IHS)*; this is a composite survey combining questions asked in a number of official social surveys, including the Labour Force Survey, Life Opportunities Survey and General Lifestyle Survey. Each of these surveys includes a common core set and then individual survey specific questions.

Since 2010, IHS data relating to smoking have been released at local authority level, although it should be noted that at local level, the sample size from national surveys can be small, and this acts to increase the volatility of rates estimated.

As the sample size at local authority level is small (for example, in Crawley, 238 people were surveyed during Oct 10 to Sept 11), figures are volatile. The graph below shows the smoking prevalence at Local Authority level from the IHS. For West Sussex as a whole, smoking rates below 20% (and significantly below the England rate) have been measured in recent surveys. From IHS survey data, Crawley has, in the main, shown higher smoking rates than other CCG areas.

% of Population (18+ Years)



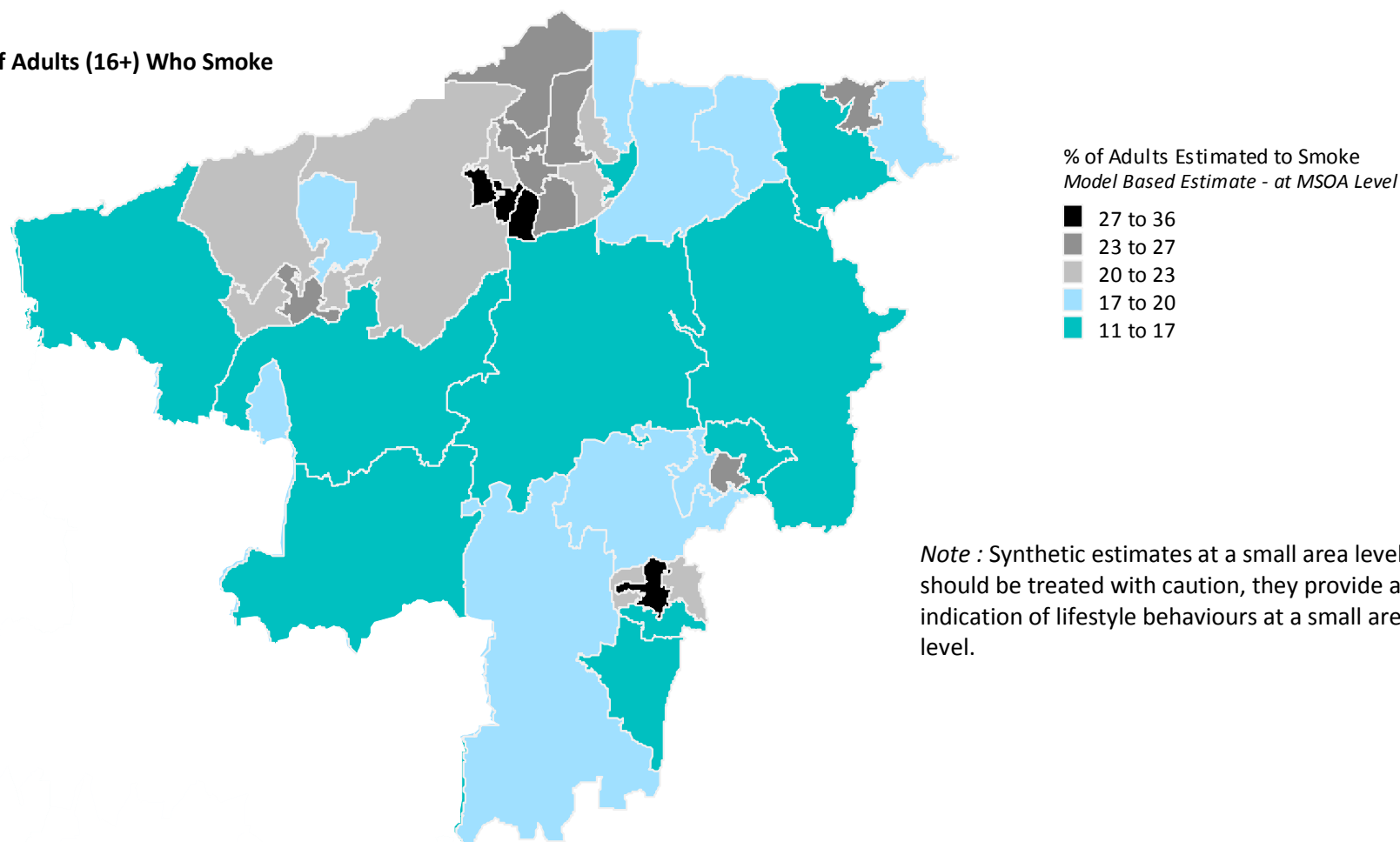
Source: Integrated Household Survey ONS (experimental statistics)

LOCAL SMOKING RATES – MODELLED RATES

In addition to information from national surveys, smoking rates have been *modelled* at small area level; models incorporate national assumptions on smoking rates with other local population data.

The map below shows information modelled below LA geographies, at Middle Super Output Area (MSOA) level. Data relate to the period 2003-2005. Note this information relates to the 16+ population not the 18+ population.

% of Adults (16+) Who Smoke



Note : Synthetic estimates at a small area level should be treated with caution, they provide an indication of lifestyle behaviours at a small area level.

Source : Association of Public Health Observatories - Estimates of Adults' Health and Lifestyles

LOCAL DATA

School Based Lifestyle Survey of 14/15 Year Olds

Most of the national prevalence rates and surveys which include smoking questions exclude children or young adults.

West Sussex Public Health Observatory, working with the local authority and participating schools, have undertaken lifestyle surveys of 14/15 year olds. The last available survey was conducted in 2010; this included questions on smoking status and whether their parents or guardians smoked.

The 2010 survey found a local smoking rate for 14/15 year olds at 9.0% (CI 8.1% - 10.0%), this was slightly lower than the previous survey in 2007.

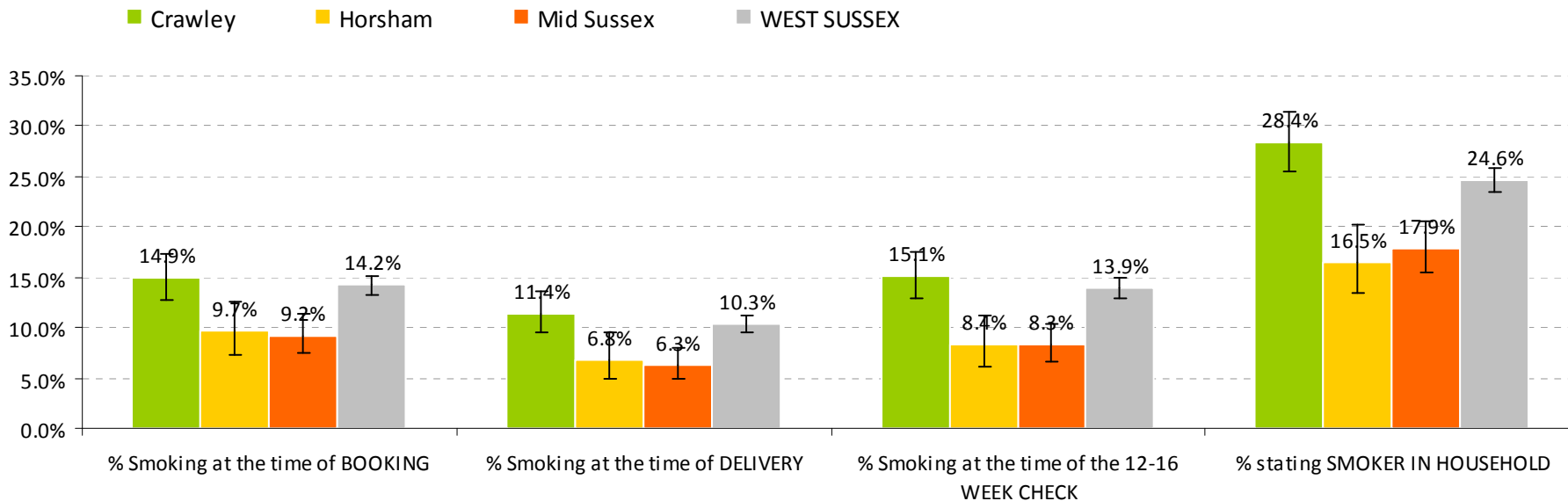
	% 14 /15 Year Olds - Regular Smoker	LCL	UCL
Girls	10.1%	8.8%	11.7%
Boys	7.8%	6.6%	9.2%
Total	9.0%	8.1%	10.0%

	Numbers			%		
	Girls	Boys	Total	Girls	Boys	Total
Never	1,119	1,224	2,353	65.5%	73.1%	69.3%
Occasionally	287	216	503	16.8%	12.9%	14.8%
Given up	129	103	232	7.6%	6.2%	6.8%
Regularly	173	131	306	10.1%	7.8%	9.0%
Total	1,708	1,674	3,394	100.0%	100.0%	100.0%

SMOKING DURING PREGNANCY

- The following information relates to smoking status among new mothers collected at the 12-16 week check by health visitors and relates to Q3 and Q4 from 2010/11, and Q1 and Q2 2011/12.
- We have only included "yes" / "no" responses; non responses or "don't knows" have been excluded from the calculations, this means that the total number of responses to each of the questions is different.
- Information relates to the home postcode of mothers. Information has been aggregated to CCG wards.
- Women are asked four questions to ascertain whether they were :-
 - Smoking at the Time of Booking
 - Smoking at the Time of Delivery
 - Smoking at the Health Visitor 12-16 week check
 - Whether anyone in the household smokes

The graph below shows that within the North, Crawley has a significantly higher level of smoking at the 12-16 week check and within the households than Mid Sussex and Horsham



PHYSICAL ACTIVITY RATES - ADULTS

The current age specific NHS guidelines on physical activity levels are:

<i>Information from NHS Choices</i>	
EARLY CHILDHOOD (UNDER 5)	<p>Babies should be encouraged to be active from birth. Before your baby begins to crawl, encourage them to be physically active by reaching and grasping, pulling and pushing, moving their head, body and limbs during daily routines, and during supervised floor play, including tummy time. Once babies can move around, encourage them to be as active as possible in a safe, supervised and nurturing play environment.</p> <p>Toddlers - Children who can walk on their own should be physically active every day for at least 180 minutes (3 hours). This should be spread throughout the day, indoors or outside.</p> <p>All children under 5 should not be inactive for long periods, except when they're asleep.</p>
CHILDREN AGED 5-18	<p>At least 60 minutes (1 hour) of physical activity every day, which should be a mix of moderate-intensity aerobic activity, such as fast walking, and vigorous-intensity aerobic activity, such as running. On three days a week, these activities should involve muscle-strengthening activities, such as push-ups, and bone-strengthening activities, such running.</p>
ADULTS 19-64	<p>At least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week, and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).</p> <p>OR</p> <p>75 minutes (1 hour and 15 minutes) of vigorous-intensity aerobic activity such as running or a game of singles tennis every week, and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).</p> <p>OR</p> <p>An equivalent mix of moderate- and vigorous-intensity aerobic activity every week (for example 2 30-minute runs plus 30 minutes of fast walking), and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).</p>
ADULTS 65+	<p>At least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week, and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).</p> <p>OR</p> <p>75 minutes (1 hour and 15 minutes) of vigorous-intensity aerobic activity such as running or a game of singles tennis every week, and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).</p> <p>OR</p> <p>An equivalent mix of moderate and vigorous-intensity aerobic activity every week (for example two 30-minute runs plus 30 minutes of fast walking), and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).</p>

LOCAL PHYSICAL ACTIVITY RATES

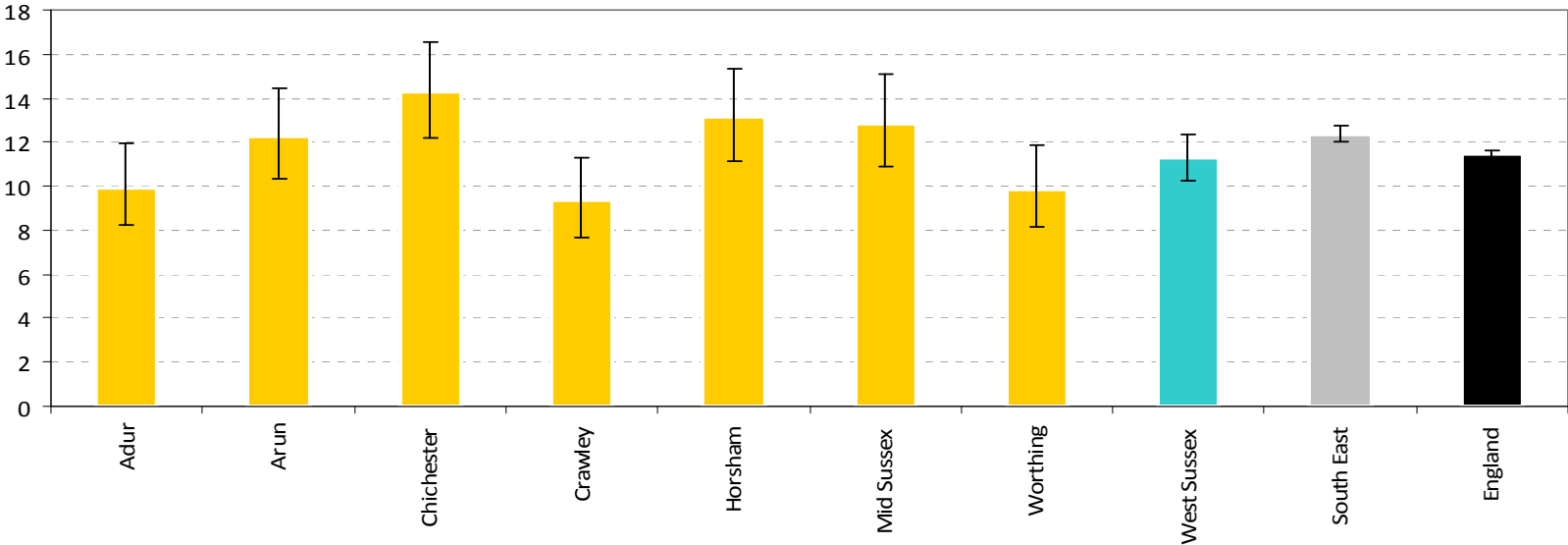
Note : A number of surveys collect information on physical activity levels, although surveys may not use a consistent set of questions and/or be aligned to the latest NHS guidelines.

The information shown below is collected via the Active People Survey; a survey commissioned by Sport England. This is the largest national survey into physical activity levels and sports participation.

Data are published at local authority level and Sport England have, in the past pooled years of data together to model small area activity levels. The information shown relates to the percentage of adults (age 16 and over) who have participated in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks previous to the survey (equivalent to 30 minutes on 3 or more days a week). While this provides a broad estimate of activity levels, it does not include walking/cycling to work (as opposed to walking / cycling *for* activity) and exercise such as housework/gardening is excluded from this measure.

Using this measure Crawley has an activity rate *significantly* below the county and national levels, Horsham and Mid Sussex has higher, but not significantly higher, activity rates.

% of Physically Active Adults (16+)
(Pooled Data 2008-10).



Source : SEPHO - APS3 and APS4 datasets provided by Sport England 21/01/2011

OBESITY – CHILDHOOD OBESITY

Overweight and obese children are more likely to become obese adults and have a higher risk of mortality, disability and morbidity in adulthood. Metabolic changes such as raised blood pressure and cholesterol may be seen in obese children and teenagers. Childhood obesity is linked to psychological problems such as low self-esteem, anxiety and depression which are often seen by children themselves as the most serious effects.

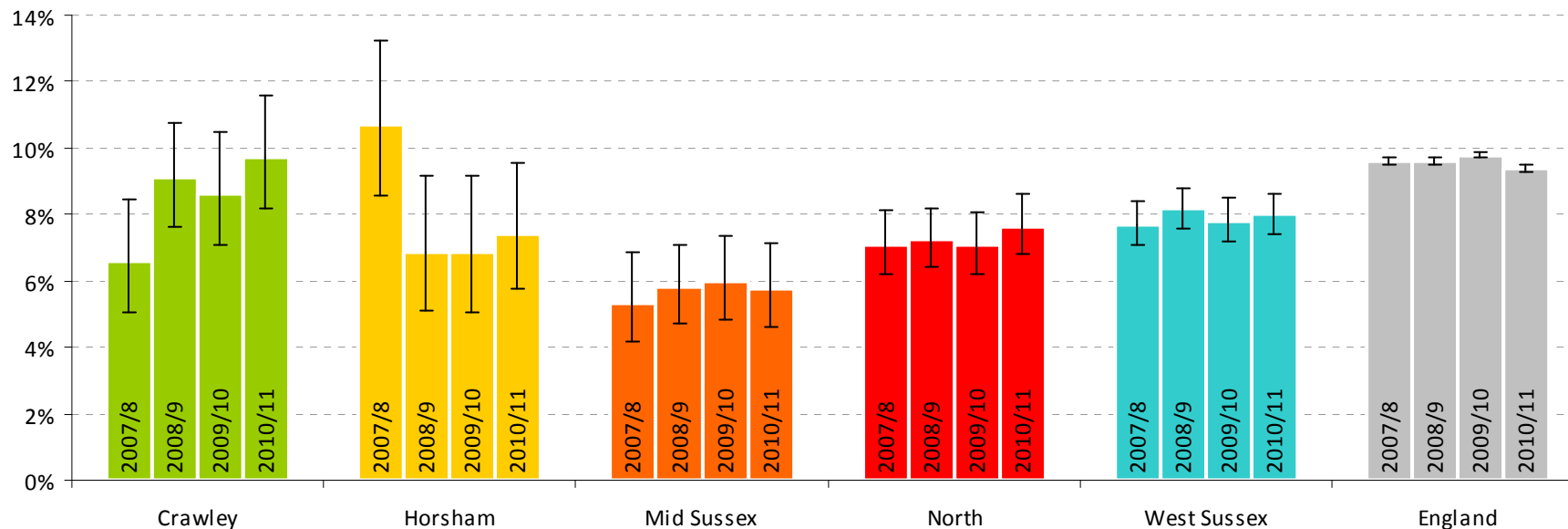
Data are collected through the National Childhood Measurement Programme, with reception class pupils and Year 6 pupils (10/11) measured.

The National Child Measurement Programme remains voluntary but coverage rates in West Sussex are good. In 2010/11 95.6% of all reception class pupils in West Sussex were measured and 89.7% of Year 6 pupils. Across England 93.4% of reception class pupils and 91.8% of Year 6 pupils were measured.

Information on children has been aggregated to various geographies, including CCG area. Information relates to the home postcode of the pupil; children who attend private schools or schools located in neighbouring authorities are not included.

% of RECEPTION CLASS Pupils Measured as Obese

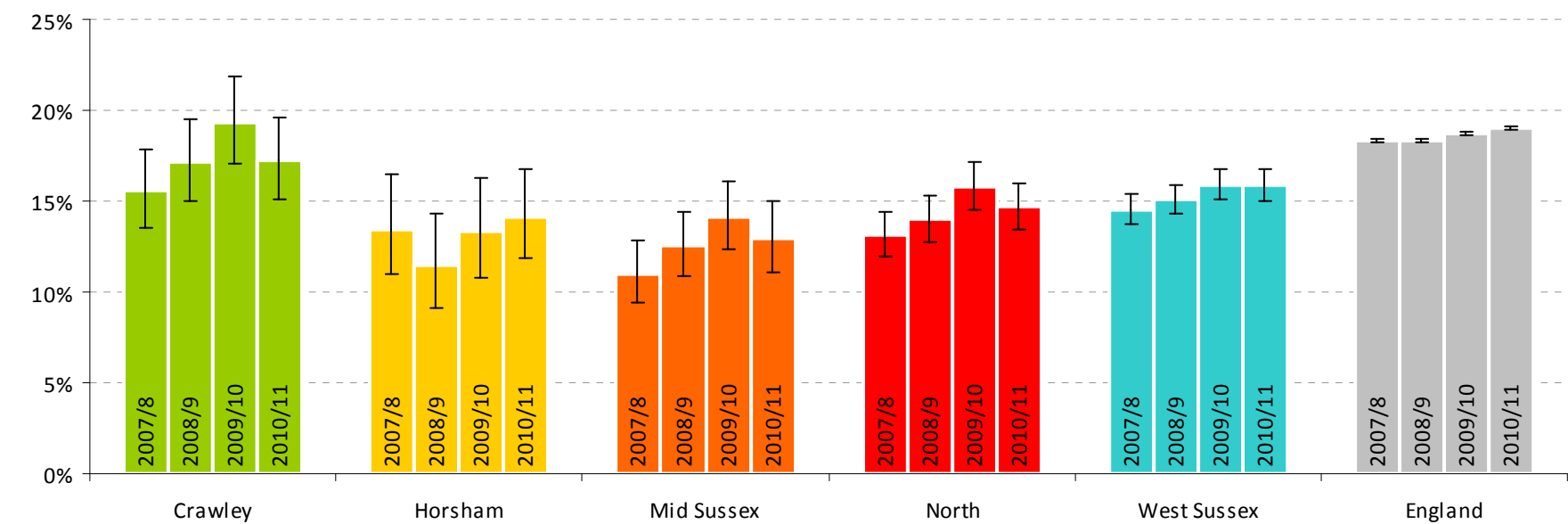
At Reception Class level no area has a significantly higher number of pupils measured as obese.



Source : NCMP Data - West Sussex Public Health Research Unit

% of YEAR 6 Pupils Measured as Obese

A higher percentage of pupils in the Crawley area were measured as obese compared with Mid Sussex and Horsham areas, although the difference is not statistically significant. Horsham and Mid Sussex have rates significantly below the national level.



ADULT OBESITY LEVELS

Obesity in adults is associated with increased risks of morbidity and a reduced life expectancy.

Estimated increased risk for the obese of developing associated diseases

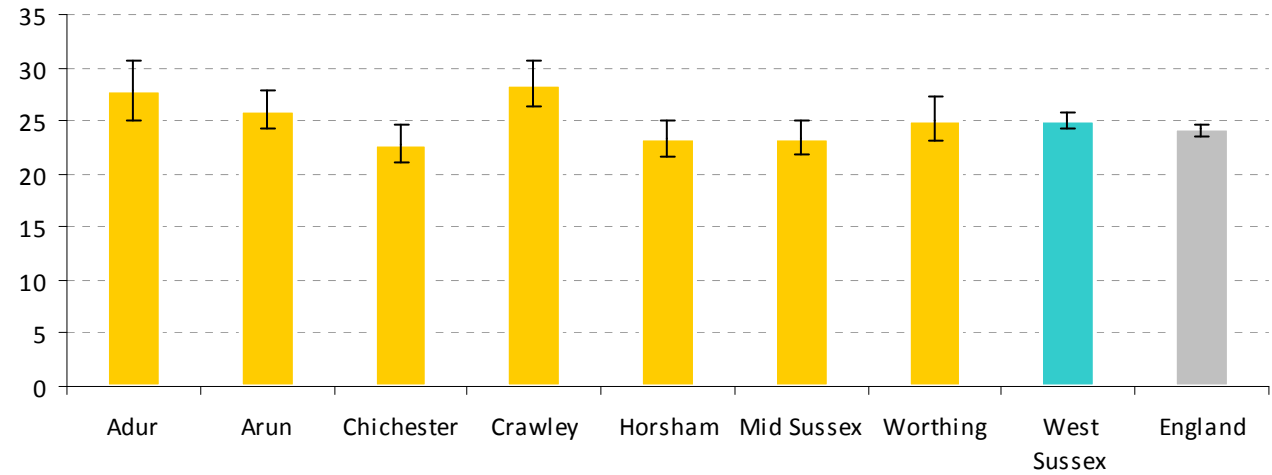
	Relative risk - Women	Relative risk - Men
Type II diabetes	12.7	5.2
Hypertension	4.2	2.6
Myocardial infarction	3.2	1.5
Colon cancer	2.7	3
Angina	1.8	1.8
Gall bladder diseases	1.8	1.8
Ovarian cancer	1.7	-
Osteoarthritis	1.4	1.9
Stroke	1.3	1.3

Source : NAO Tackling Obesity in England (2001)

In 2001 the National Audit Office provided estimates of the increased risks for specific conditions.

Estimated Percentage of the Population Aged 16+ With Obesity

(Pooled data from 2006-2008)

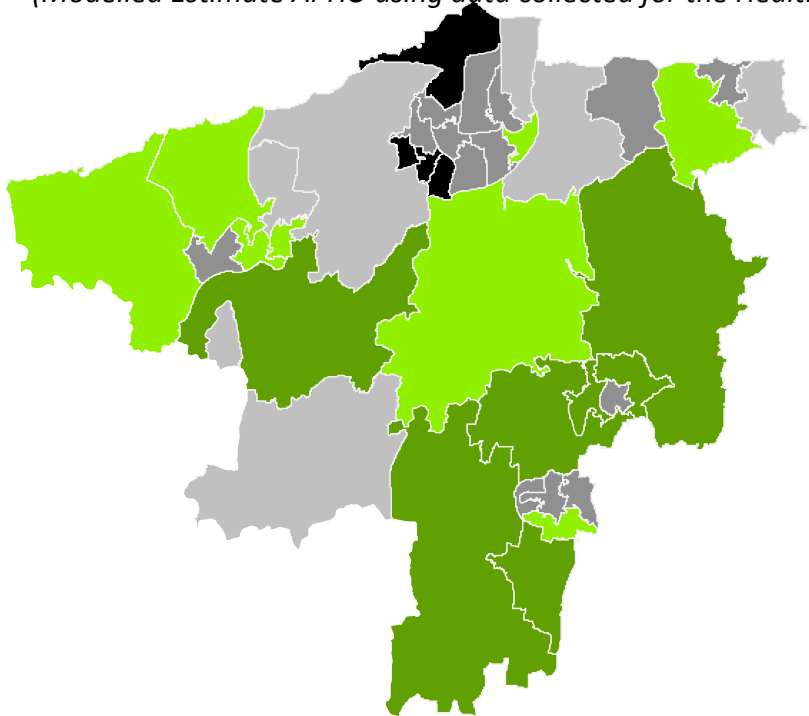


For adults, population level estimates of obesity are calculated from the Health Survey for England. As part of the survey height and weight measurements are taken by a nurse.

Obesity in adults is defined for epidemiological purposes as body mass index (BMI) > 30 kg/m².

Estimated Percentage of the Population Aged 16+ With Obesity

(Modelled Estimate APHO using data collected for the Health Survey for England 2006-2008)



At MSOA level rates of obesity are estimated to be higher in the poorest neighbourhoods of Crawley, including Bewbush, Broadfield South and North and Langley Green.

% of Adults Obese
(16+ year olds)

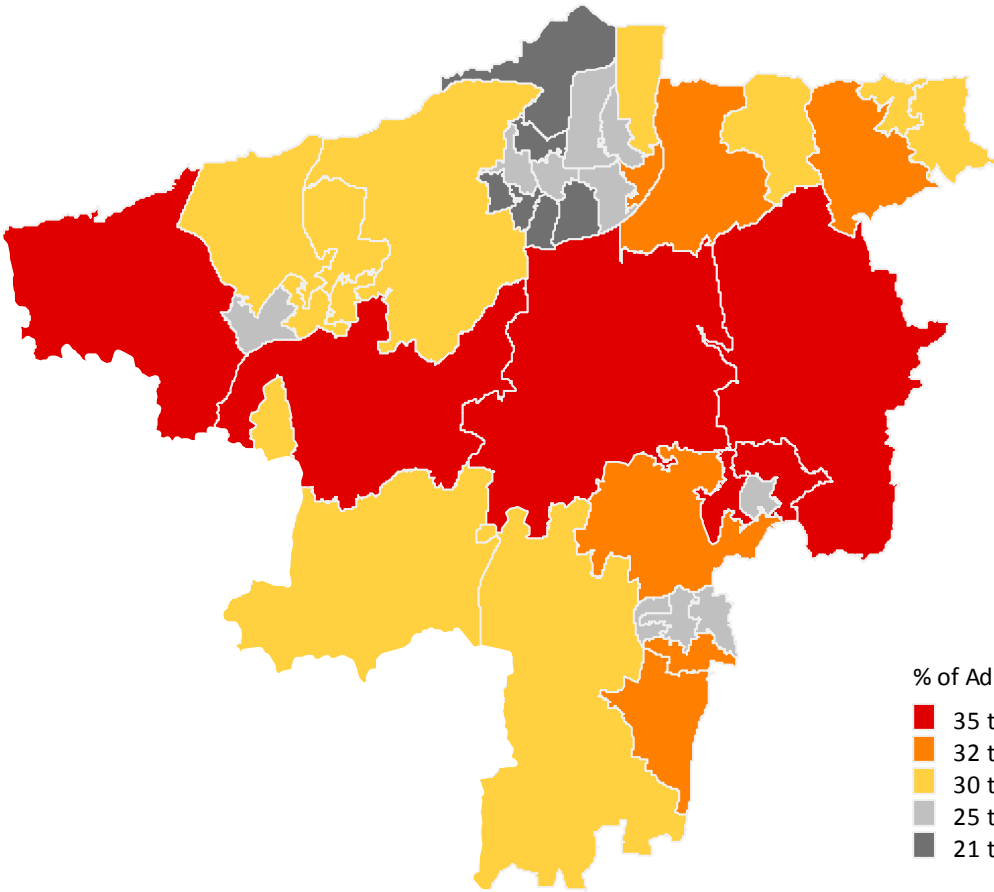
- 29 to 35
- 25 to 29
- 24 to 25
- 22 to 24
- 18 to 22

HEALTHY EATING

The **5 A DAY** message from the NHS is based on WHO recommendations, using evidence that populations consuming at least 400g of fruit and vegetables per day can reduce the risk of deaths from chronic diseases such as heart disease, stroke, and some cancers.

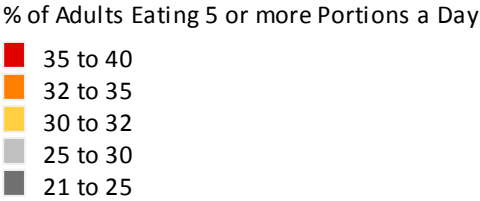
This is based on people eating at least 5 portions (400g) of a variety of fruit and vegetables each day. At Local Authority level, 1 in 5 in Crawley are estimated to eat the recommended number of portions of fruit and vegetables.

Model Based Estimate for Consumption of Fruit and Vegetables
(Modelled Estimate APHO using data collected for the Health Survey for England 2006-2008)



% of Adults Estimated to Eat at Least 5 Portions of Fruit and Vegetables – Local Authority Level Information

Area Name	% Eating 5 or More Portions	LCL	UCL
Adur	26.0%	21.1%	31.5%
Arun	28.5%	25.0%	32.3%
Chichester	33.5%	29.1%	38.2%
Crawley	26.1%	22.2%	30.4%
Horsham	32.6%	28.6%	37.0%
Mid Sussex	32.3%	28.3%	36.5%
Worthing	28.8%	24.6%	33.3%
West Sussex	30.1%	28.5%	31.7%
England	28.7%	28.0%	29.3%



ALCOHOL

There are wide ranging implications for individuals, families and communities of harmful drinking: from alcohol-related diseases to crime (including domestic violence, assault and drink driving) and employment.

CONSUMPTION

The current advice from the Chief Medical Officer is that:

- women should not regularly drink more than 2-3 units a day; and
- men should not regularly drink more than 3-4 units a day.

An increasing number of datasets and models are published at national and local levels, which estimate alcohol consumption and drinking behaviours. Numerous terms are used:

Harmful and *Hazardous* Drinking

These terms are used within the context of the Adult Psychiatric Morbidity Survey (APMS), the Alcohol Use Disorders Identification Test (AUDIT) is used within the survey.

- *Hazardous* drinking is a pattern of drinking which brings about the risk of physical or psychological harm.
- *Harmful drinking* is a pattern of drinking which is likely to cause physical or psychological harm (and as such is a subset of hazardous drinking)

Nationally 24% of adults (16+) are estimated to be hazardous drinkers, 6% of men and 2% of women estimated to be harmful drinkers (2007 APMS).

Binge Drinking

The term binge drinking is defined as:-

- Men consuming 8 or more units of alcohol on their heaviest drinking day in the last week.
- Women consuming 6 or more units of alcohol on their heaviest drinking day in the last week.

Nationally 20% of men and 13% of women reported this level of drinking (2009 GLS).

Lower Risk, Increasing Risk and *Higher Risk* drinkers

- *Lower risk* - Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day. Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman.
- *Increasing risk* - Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day. Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a women
- *Higher risk* - Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week.

The North West Public Health Observatory working with Liverpool John Moores University have produced modelled estimates of these groups. 24% of adults (16+) are estimated to be increasing or higher risk drinkers.

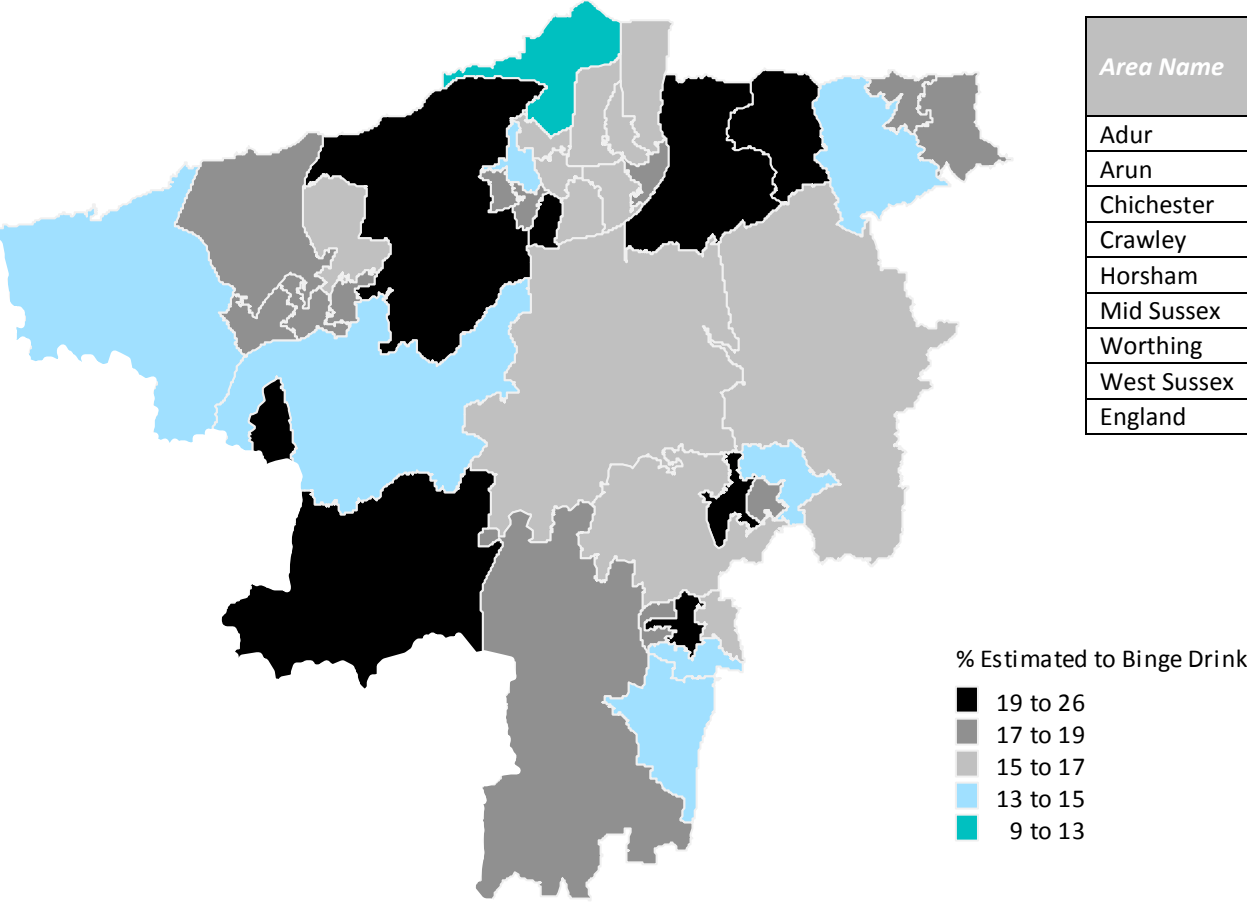
Local Estimates
BINGE DRINKING

These are synthetic estimates of the percentage of adults who binge drink. The estimates were modelled by the APHO on behalf of Department of Health (2010). As modelled synthetic estimates they should be treated with caution. As binge drinking is higher amongst younger adults, the estimates broadly reflect the age structure of the local population.

% of Adults (16+) Estimated to Binge Drink

Local Authority Data

Area Name	% of Adults Estimated to Binge Drink	LCL	UCL
Adur	16.1	12.9	19.9
Arun	15.1	13.1	17.5
Chichester	16.2	13.7	19.0
Crawley	16.0	13.5	18.8
Horsham	17.3	14.9	20.1
Mid Sussex	17.1	14.7	19.7
Worthing	18.8	15.9	22.1
West Sussex	16.6	15.6	17.7
England	20.1	19.4	20.8



Source : APHO 2010

INCREASING RISK AND HIGHER RISK DRINKING

The North West Public Health Observatory working with Liverpool John Moores University have produced modelled estimates of drinking behaviour at local authority level based on lifestyle survey data, hospital admissions, mortality data and population characteristics.

Estimates for four groups were calculated: abstainers, lower risk drinkers, increasing risk drinkers and higher risk drinkers, aligned to national definitions.

Figures are provided in two sets, one for the total population including abstainers and one for drinkers only, estimating the breakdown of drinkers into lower, increasing and higher risk.

Synthetic estimates should be treated with caution

Population

	Population Aged 16+											
	Abstain	LCL	UCL	Lower Risk	LCL	UCL	Increasing Risk	LCL	UCL	Higher Risk	LCL	UCL
Crawley	11.5%	7.7%	16.5%	62.1%	38.1%	79.0%	22.0%	7.4%	48.6%	4.3%	1.3%	14.2%
Horsham	8.8%	4.9%	14.0%	60.7%	30.7%	80.4%	23.9%	7.2%	54.1%	6.6%	1.8%	22.1%
Mid Sussex	10.7%	6.1%	16.5%	58.3%	29.5%	78.0%	22.9%	6.9%	51.9%	8.2%	2.3%	25.6%
South East	12.1%	7.3%	18.1%	63.7%	36.7%	80.3%	18.3%	5.7%	44.1%	5.9%	1.8%	18.8%

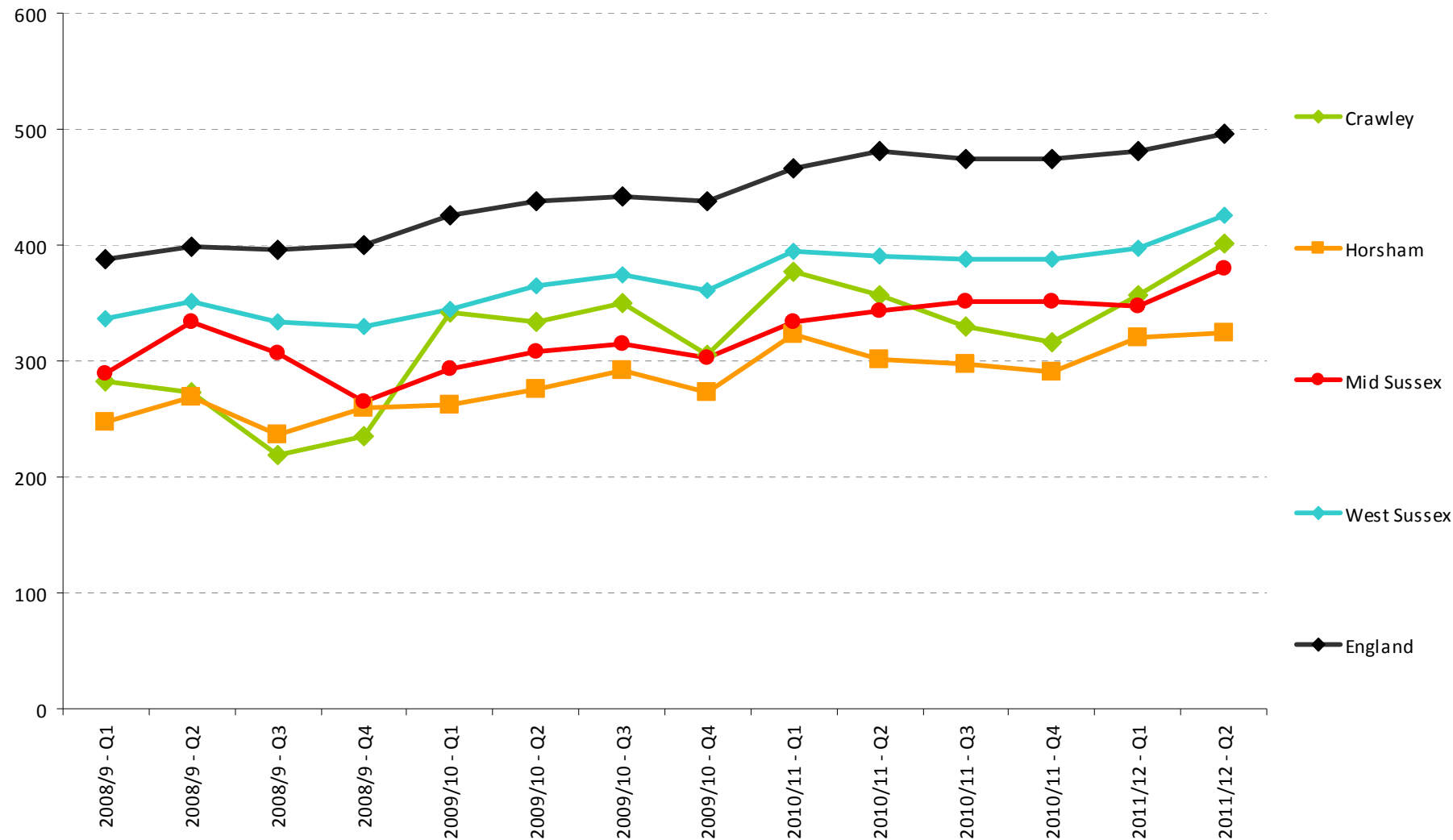
Drinkers Only

	Population Aged 16+											
	Abstain	LCL	UCL	Lower Risk	LCL	UCL	Increasing Risk	LCL	UCL	Higher Risk	LCL	UCL
Crawley				70.2%	39.7%	87.3%	24.9%	8.2%	54.4%	4.9%	1.5%	16.3%
Horsham				66.5%	33.6%	86.2%	26.2%	7.8%	58.7%	7.2%	1.9%	24.5%
Mid Sussex				65.2%	33.2%	85.1%	25.6%	7.7%	57.3%	9.1%	2.5%	28.9%
South East				72.5%	41.7%	91.3%	20.8%	6.4%	50.1%	6.7%	2.0%	21.4%

Source : Topography of Drinking Behaviours in England NWPHO / Liverpool JMU 2011

ADMISSION FOR ALCOHOL-ATTRIBUTABLE CONDITIONS

Rate of Alcohol-Related Admissions per 100,000 Population – Based on home postcode of patient (LOCAL AUTHORITY Boundaries)



Rate of hospital admissions for alcohol-related harm for every 100,000 members of the population. The rates have been standardised using the European age profile. They are derived from the Hospital Episode Statistics (HES)

Source : NWPHO

LOCAL ANALYSIS - EMERGENCY ADMISSIONS TO HOSPITAL WITH A DIRECT LINK TO ALCOHOL CCG and Practice Level

The West Sussex Public Health Research Unit has undertaken analysis of emergency admissions, look at the number of admissions, rate of admission per 1,000 population and total cost of admissions at GP practice and CCG level.

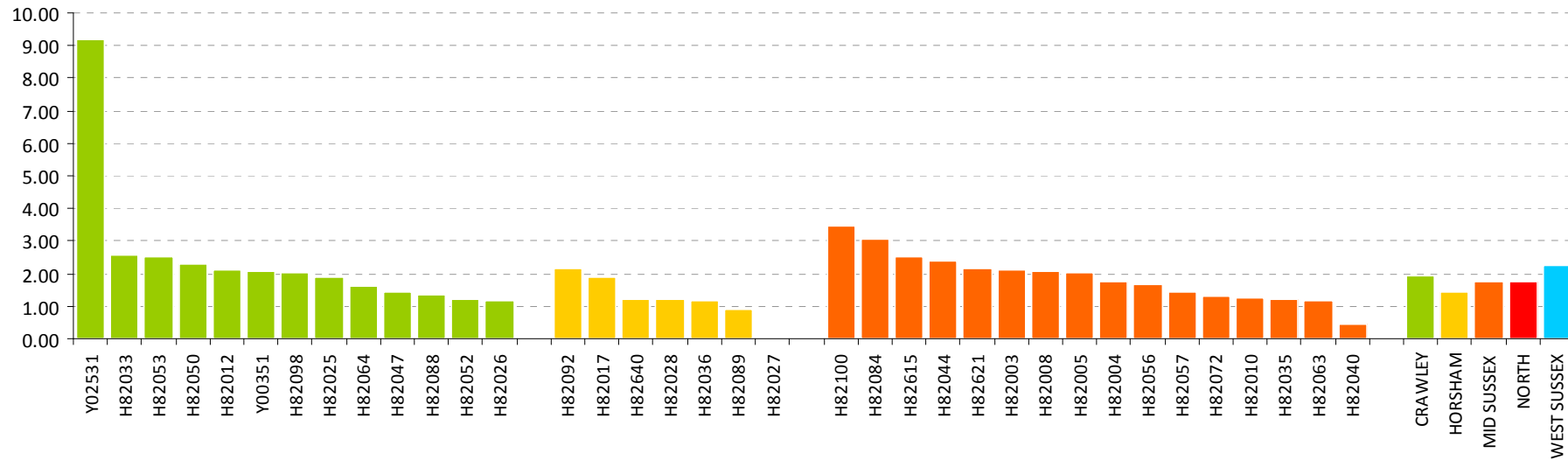
This analysis uses the following data sources / information:

- 1) Admissions data (SUS 2011-12)
- 2) Admissions included:
 - a) primary diagnosis of F10, T51 or X45
 - b) secondary diagnosis of F10, T51 or X45 **and** a primary diagnosis in ICD Chapter S-Z
- 3) GP Practice population (Exeter March 2012)

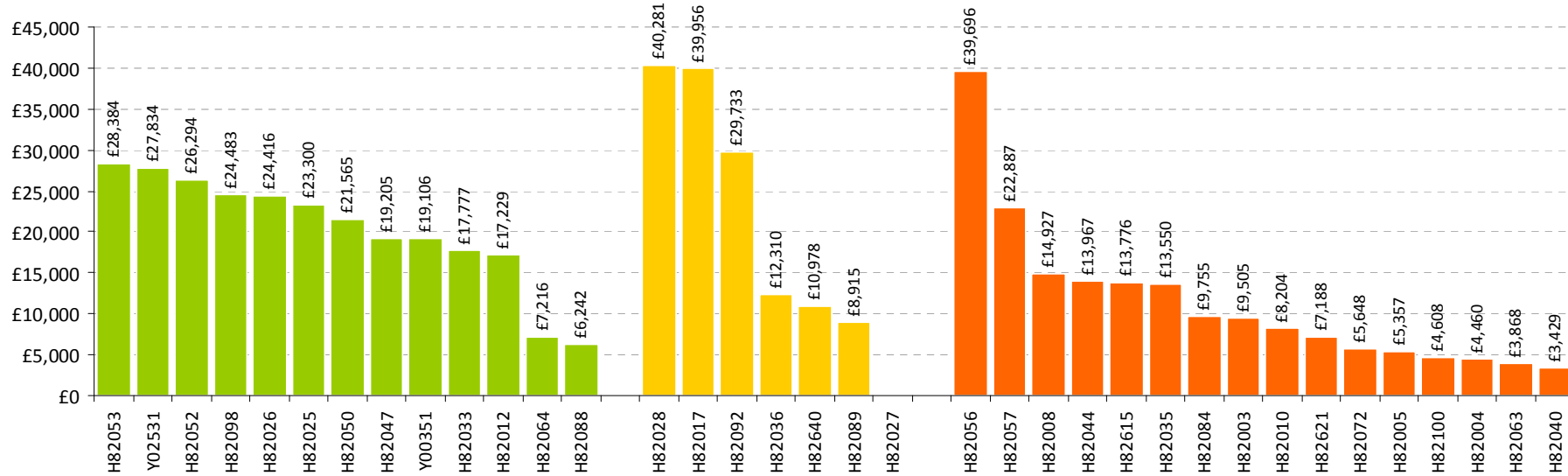
Emergency Admissions Per 1,000 Population (2011/12)

	Number	Total Cost	Rate of admission per 1,000 population (registered)	Cost (£) per 1,000 population
CRAWLEY	211	£263,051	1.92	£2,397
HORSHAM	93	£142,173	1.43	£2,180
MID SUSSEX	236	£180,825	1.77	£1,353
NORTH	540	£586,048	1.75	£1,899
WEST SUSSEX	1,686	£2,039,581	2.26	£2,737

Emergency Admissions per 1,000 Population (2011/12) – Attributed to Alcohol



Total Cost of Emergency Admissions Linked to Alcohol (2011/12 Data)



Source : West Sussex Public Research Unit

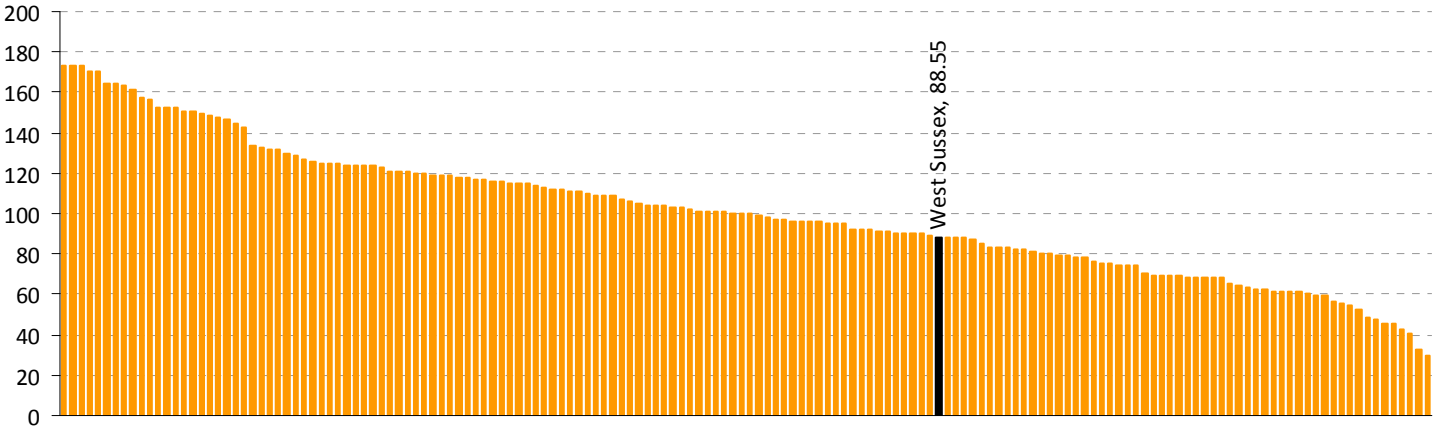
MENTAL HEALTH

Further work will be undertaken to examine mental health issues and data at a local level.

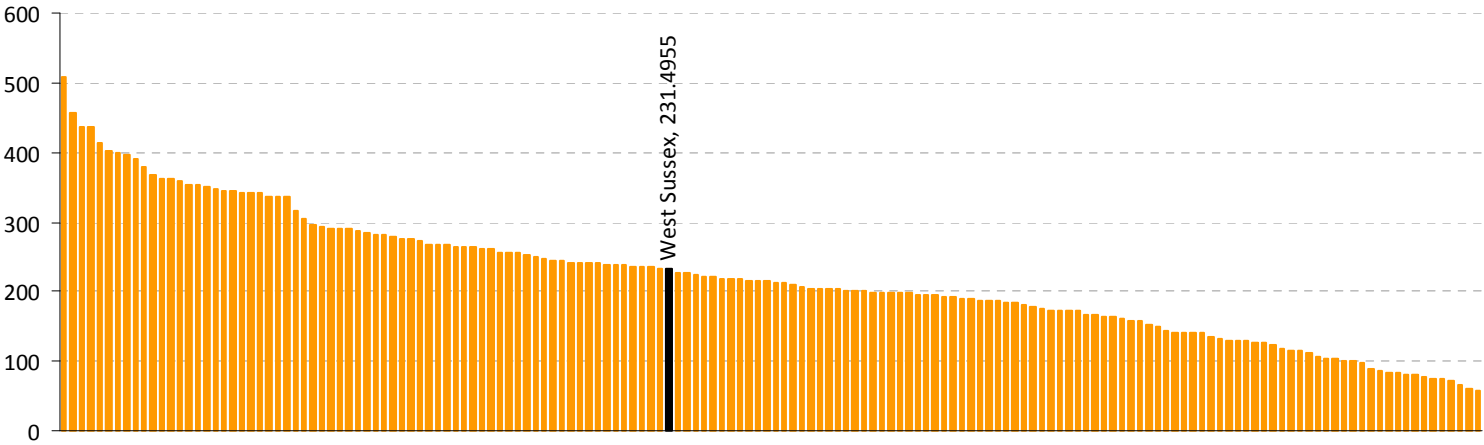
The North East Public Health Observatory publishes mental health profiles of local authority areas (upper tier authorities). The profiles examine information on risk factors, treatments, prevalence assumptions and outcomes. At present this information is not available at lower geographies. The profiles use two headline outcome measures on mental health, suicide rate (not significantly different to England) and self harm emergency admissions (significantly worse than the England average).

Indirectly standardised mortality rate for suicide and undetermined injury (2010/11)

West Sussex compared with all other Upper Tier Local Authorities



Directly standardised rate for emergency hospital admissions for self harm (2010/11)



GP Registers – Observed v Modelled Prevalence

The following data compare numbers of people on GP registers (as reported to QMAS 02/04/12) compared to the modelled estimates for the condition.

Comparing the registered with the predicted prevalence provides an estimate of an unmet or undiagnosed need within the local population. It should be noted that prevalence figures are produced by applying nationally researched assumption to each GP practice's population and as such, should be treated with some caution.

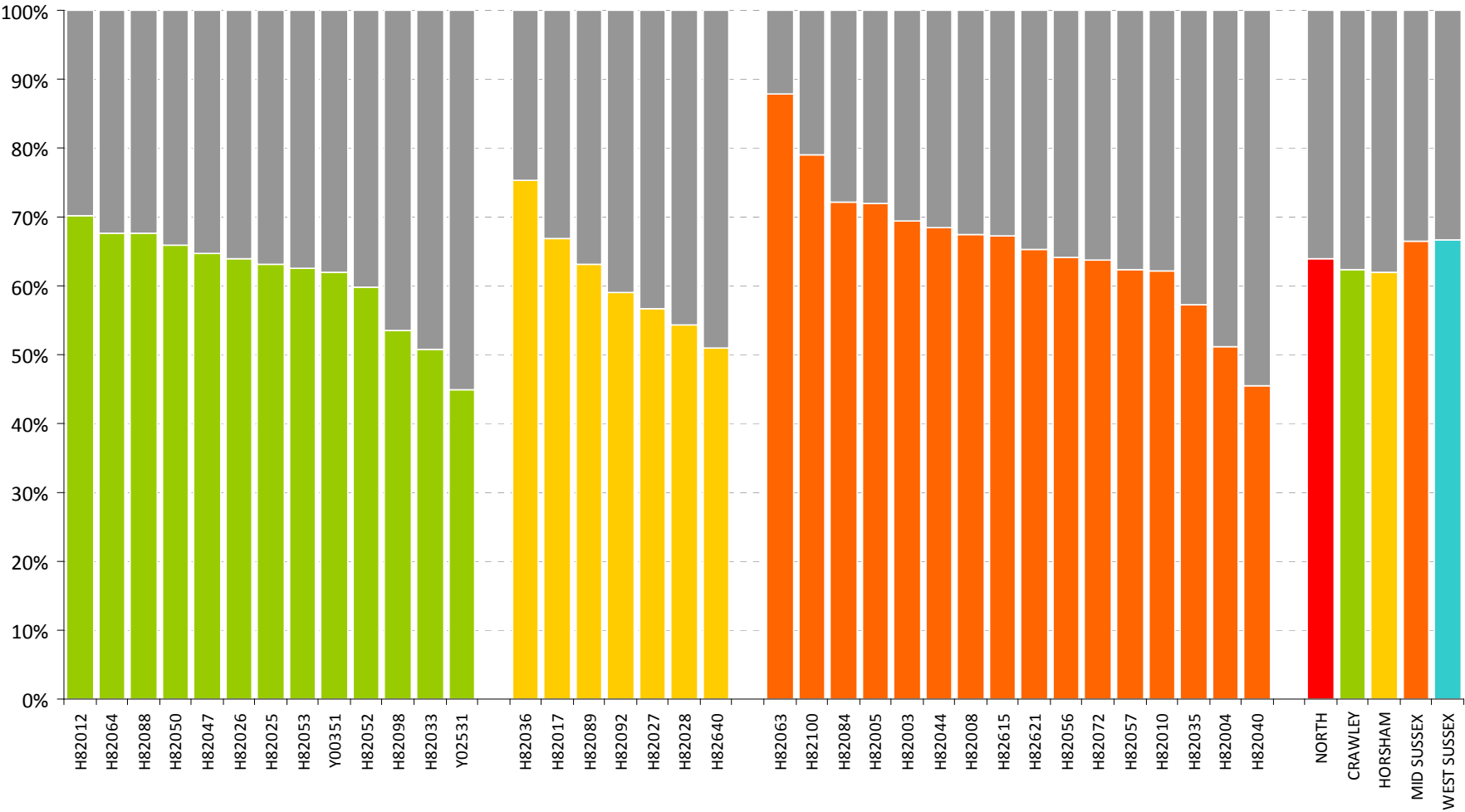
The following registers have been compared with modelled prevalence:-

- Asthma
- Coronary Heart Disease
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Epilepsy
- Heart Failure
- Hypertension
- Stroke
- Dementia

ASTHMA - QOF Prevalence as Percentage of Modelled Prevalence – by Practices
Crawley and Horsham and Mid Sussex CCGs

Sources

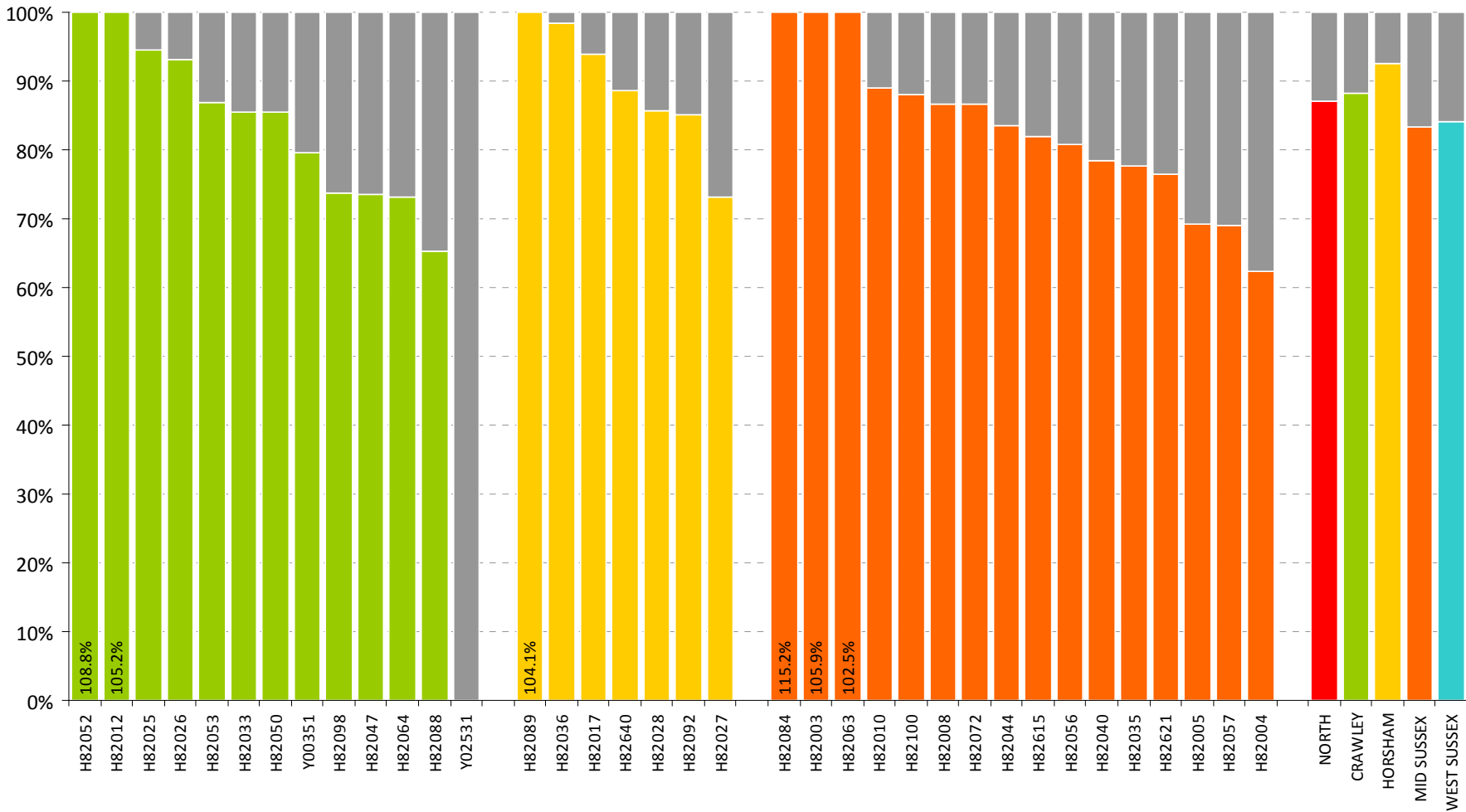
QOF : QOF – June 2012 (sourced from QMAS)
Practice Population: GP Practice Population (Exeter - March 2012)
Prevalence model: General Practice Research Database (1998)



CORONARY HEART DISEASE - QOF Prevalence as Percentage of Modelled Prevalence

Sources

QOF : QOF - June 2012 (sourced from QMAS)
Practice Population: GP Practice Population (Exeter - March 2012)
Prevalence model: Based on model developed by Eastern Region PHO

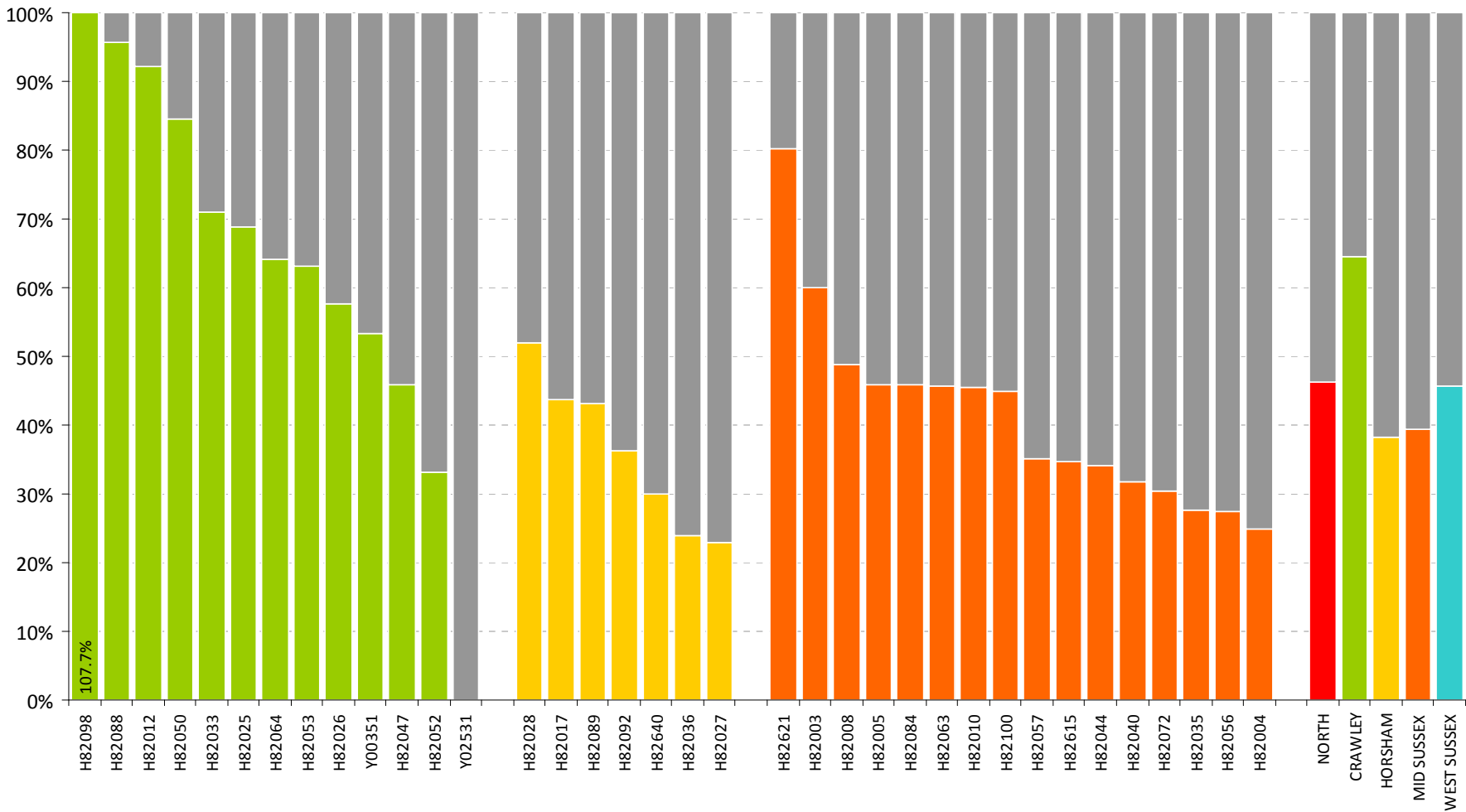


Note Practice Y02531 – no data.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE - QOF Prevalence as Percentage of Modelled Prevalence

Sources

QOF : QOF - June2012 (sourced from QMAS)
Practice Population: GP Practice Population (Exeter - March 2012)
Prevalence model: Based on model developed by Eastern Region PHO



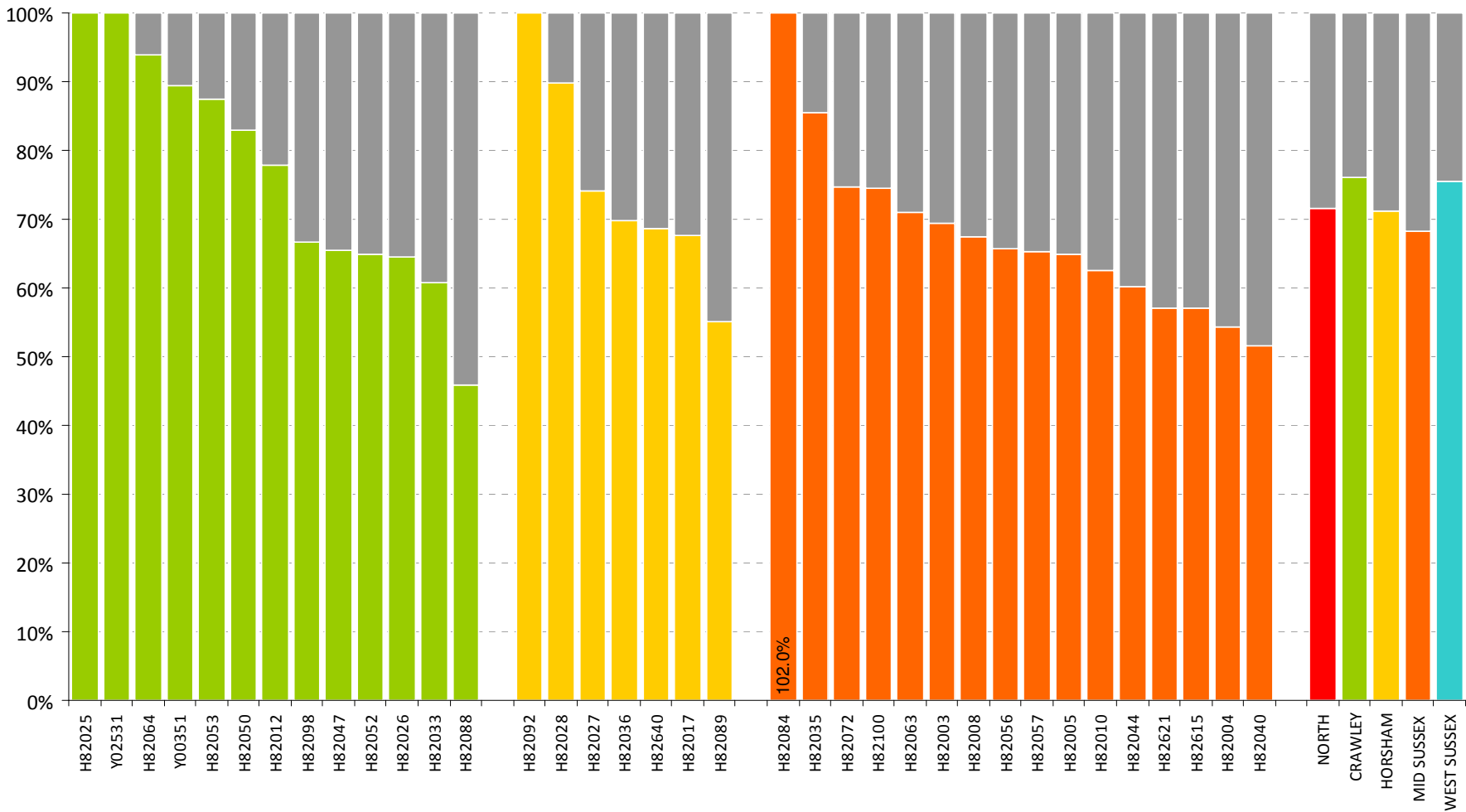
Note Practice Y02531 no data

EPILEPSY - QOF Prevalence as Percentage of Modelled Prevalence

Sources

QOF :
Practice Population:
Prevalence model:

QOF - June 2012 (sourced from QMAS)
GP Practice Population (Exeter - March 2012)
Epilepsy – ONS (Purcell et al)/General Practice Research Database (1998)

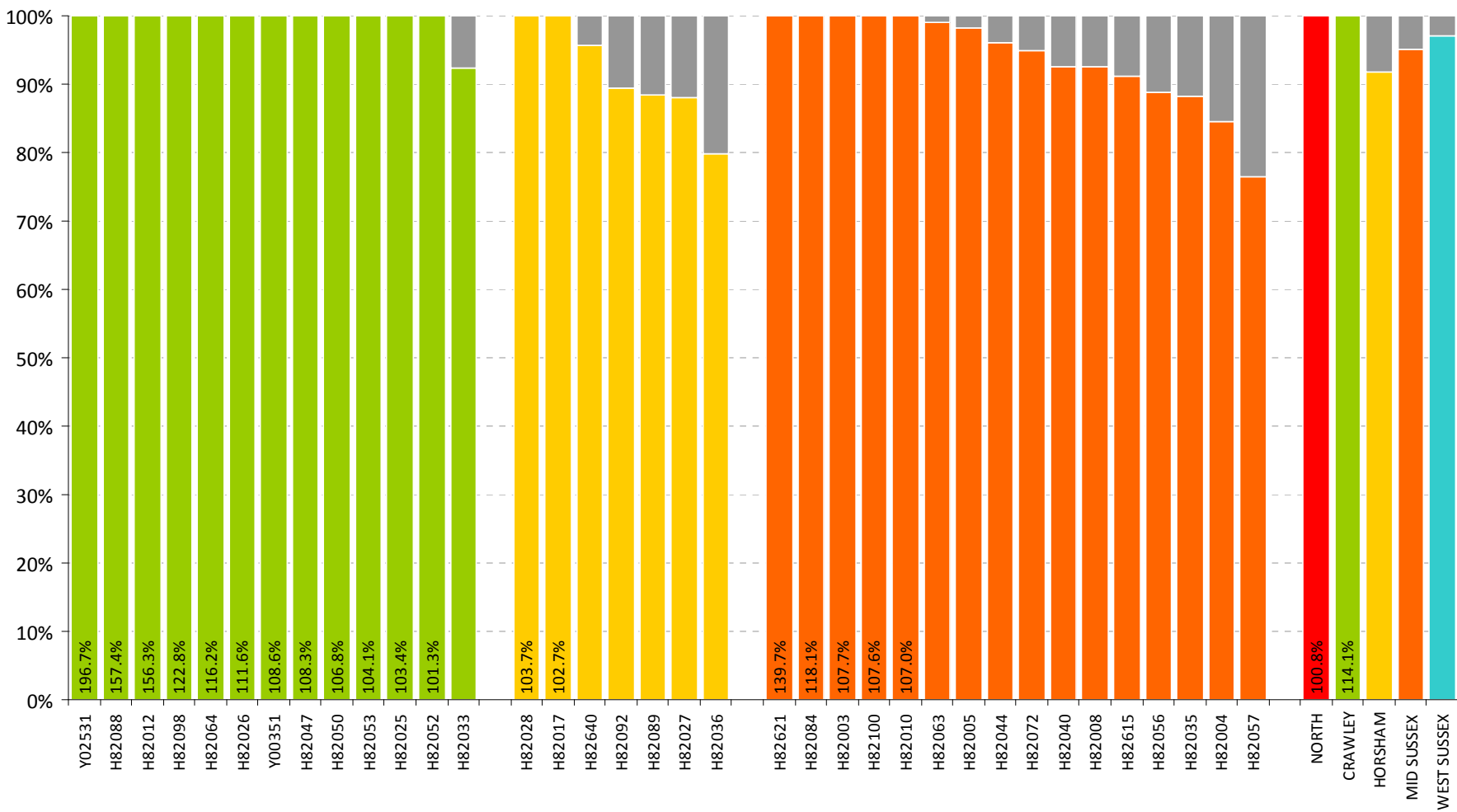


DIABETES - QOF Prevalence as Percentage of Modelled Prevalence

Sources

QOF :
Practice Population:
Prevalence model:

QOF - June 2012 (sourced from QMAS)
GP Practice Population (Exeter - March 2012)
Yorkshire & Humber PHO – PBS model phase 3

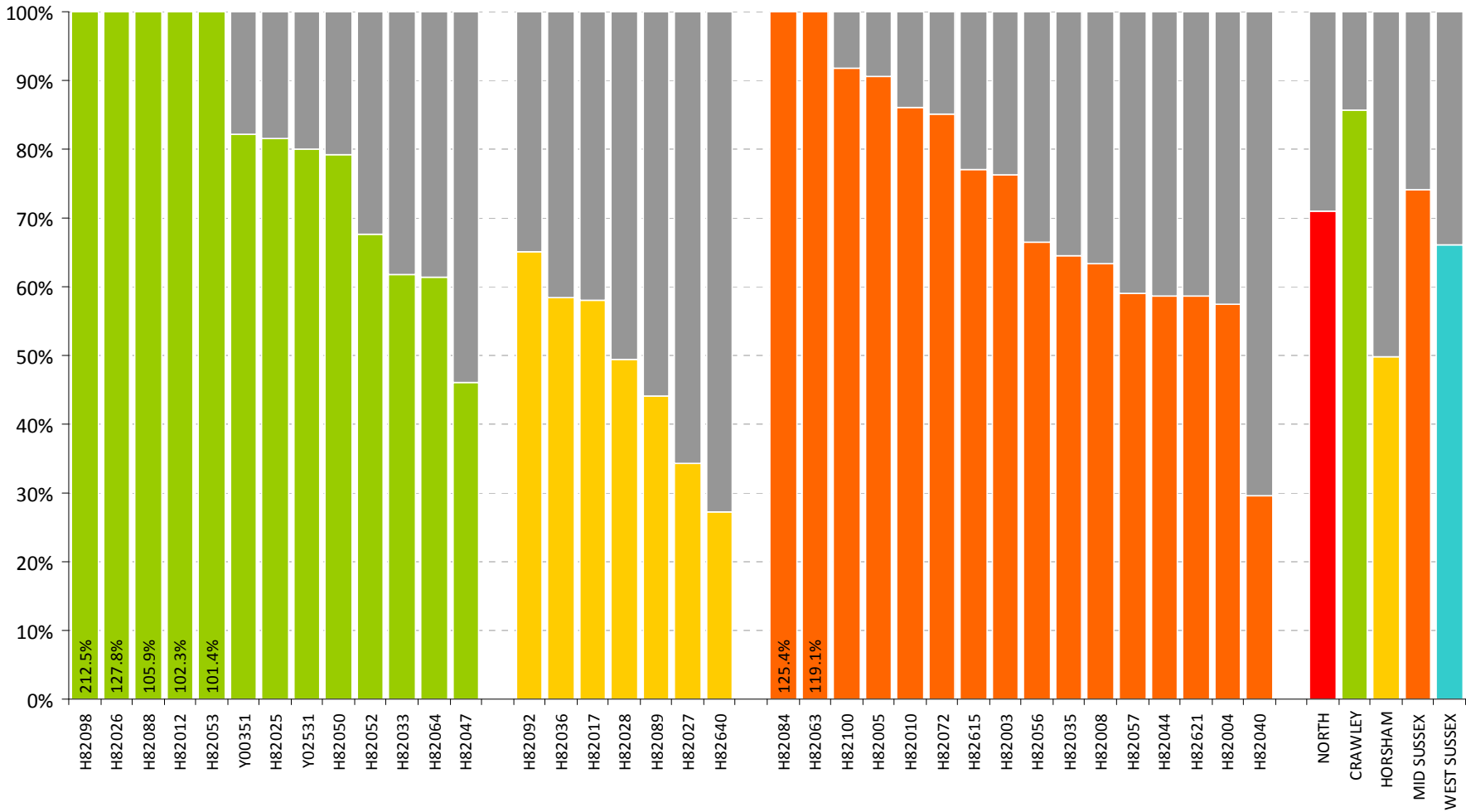


HEART FAILURE - QOF Prevalence as Percentage of Modelled Prevalence

Sources

QOF :
Practice Population:
Prevalence model:

QOF - June 2012 (sourced from QMAS)
GP Practice Population (Exeter - March 2012)
Kent, Surrey & Sussex 2002/3 (Majeed et al)

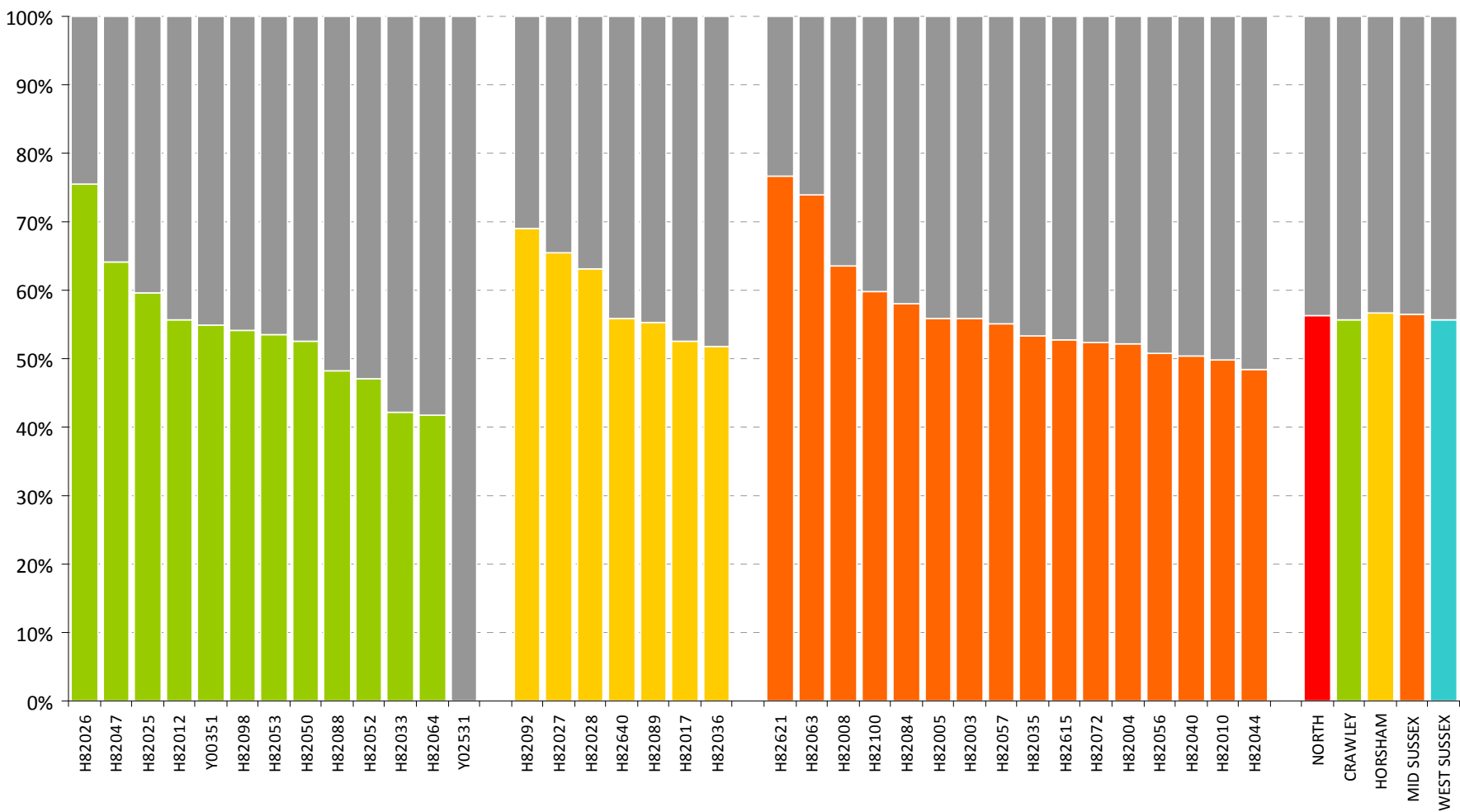


HYPERTENSION - QOF Prevalence as Percentage of Modelled Prevalence

Sources

QOF :
Practice Population:
Prevalence model:

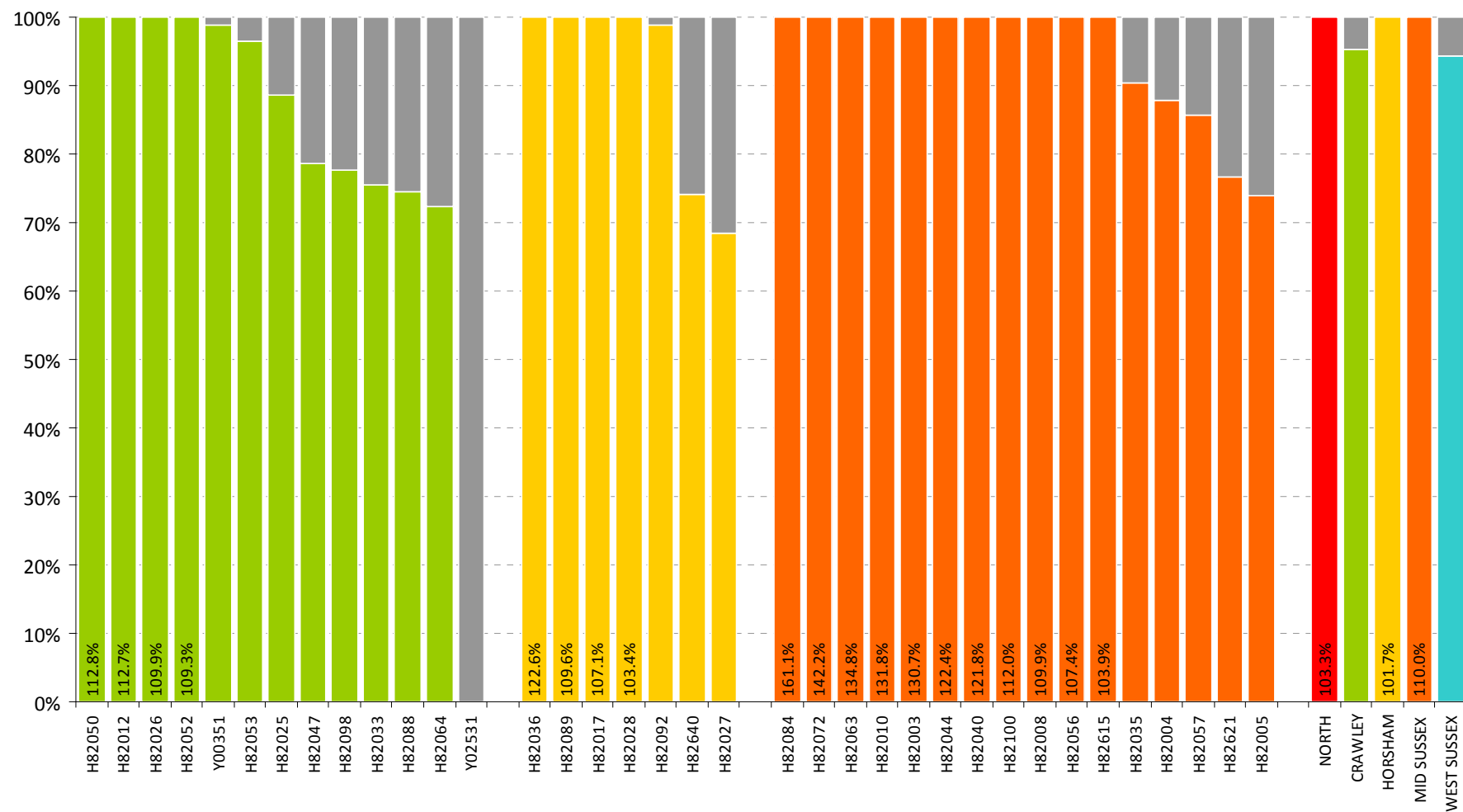
QOF – June 2012 (sourced from QMAS)
GP Practice Population (Exeter - March 2012)
Based on model developed by Eastern Region PHO)



STROKE - QOF Prevalence as Percentage of Modelled Prevalence

Sources

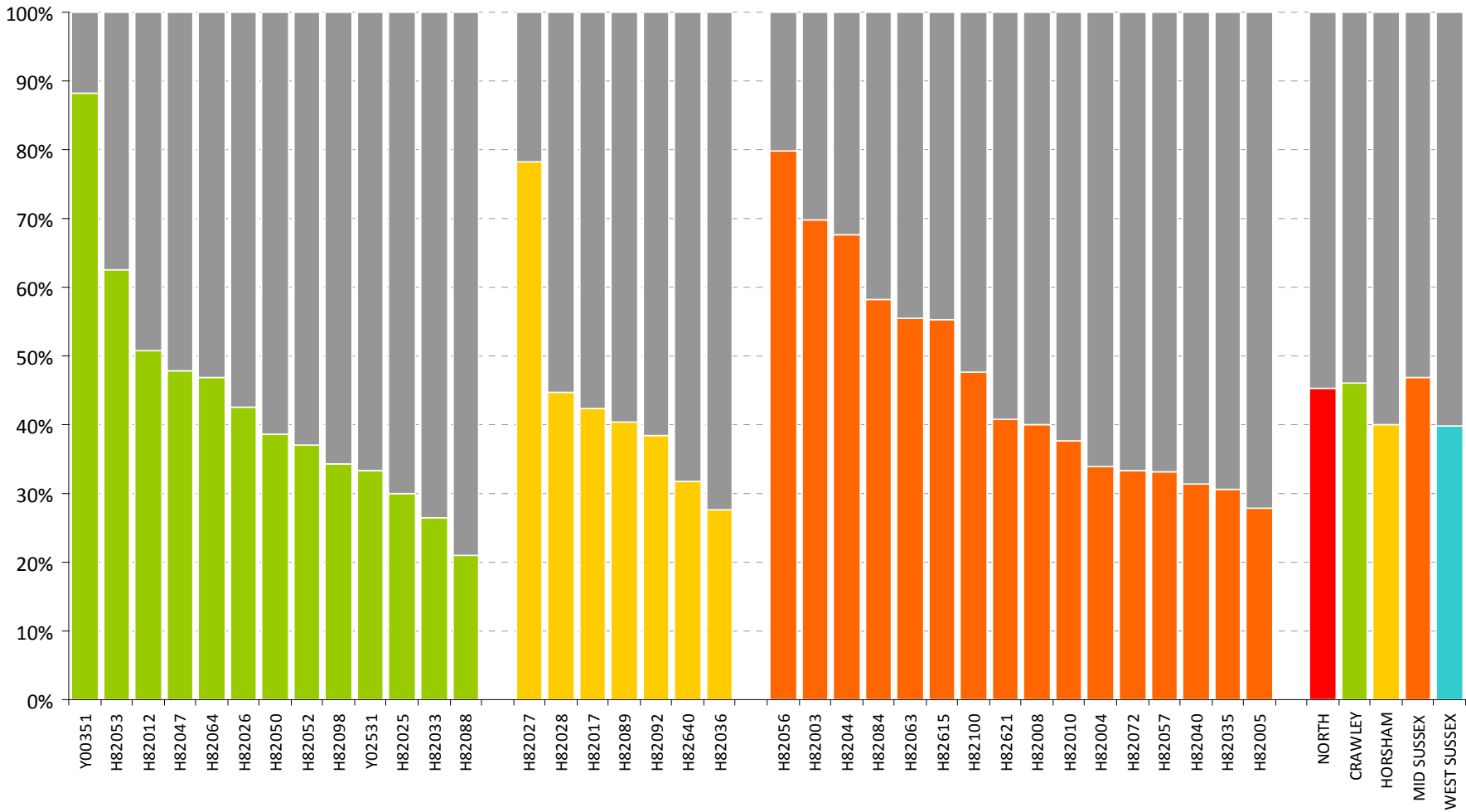
QOF : QOF - June 2012 (sourced from QMAS)
 Practice Population: GP Practice Population (Exeter - March 2012)
 Prevalence model: Based on model developed by Eastern Region PHO



DEMENTIA - QOF Prevalence as Percentage of Modelled Prevalence

Sources

QOF : QOF - June 2012 (sourced from QMAS)
Practice Population: GP Practice Population (Exeter - March 2012)
Prevalence model: Expert Delphi Consensus



EMERGENCY ADMISSIONS - Rate per 1,000 QOF Registered Patients

The West Sussex Research Unit has undertaken an analysis of emergency admissions in relation to long term conditions recorded on QOF registers.

The primary and secondary diagnosis code of emergency admissions were analysed and attributed to conditions, this was done by examining:-

- admissions where the primary diagnosis code explicitly related to the condition
- OR where the condition was noted as the secondary diagnosis code with a primary code with a very strong link to the condition.

A rate has been calculated of the number of emergency admissions per 1,000 registered patients. Data have been analysed at West Sussex, CCG and practice level.

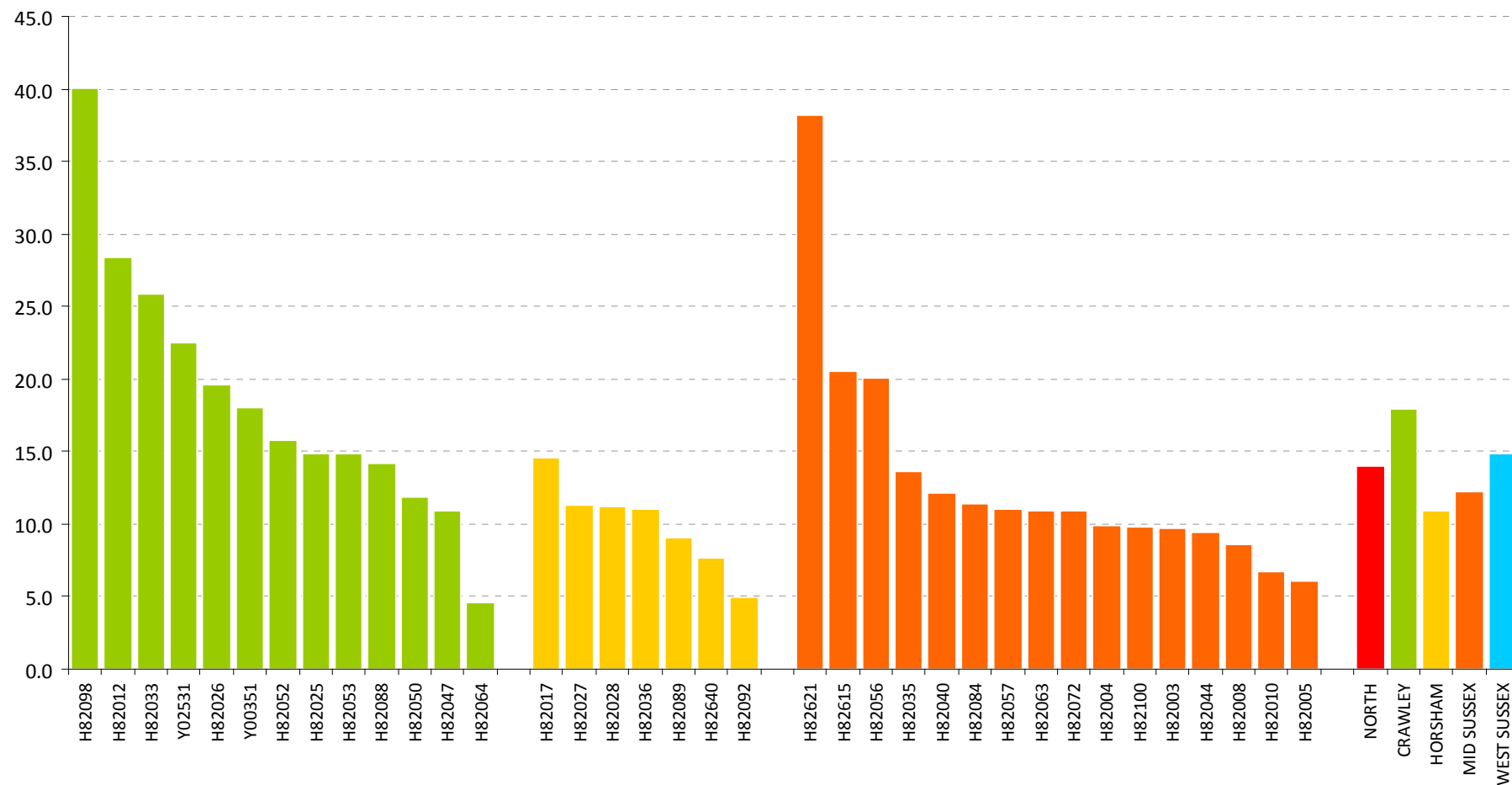
Information analysed related to and emergency admission data in 2011-2012.

CRAWLEY COMBINED PRACTICES	Emergency Admissions	Rate per 1,000 Registered Patients	West Sussex Rate per 1,000 Registered Patients
Asthma	128	18.0	14.9
CHD	342	92.9	96.5
COPD	149	80.5	102.0
Diabetes	88	15.6	17.0
Epilepsy	89	124.5	103.0
Heart Failure	95	121.6	170.8
Hypertension	99	18.7	15.3
Stroke	168	91.4	95.5

Source : QOF registers as of June 2012 (accessed via QMAS)
Emergency Admissions data (SUS 2011-12)

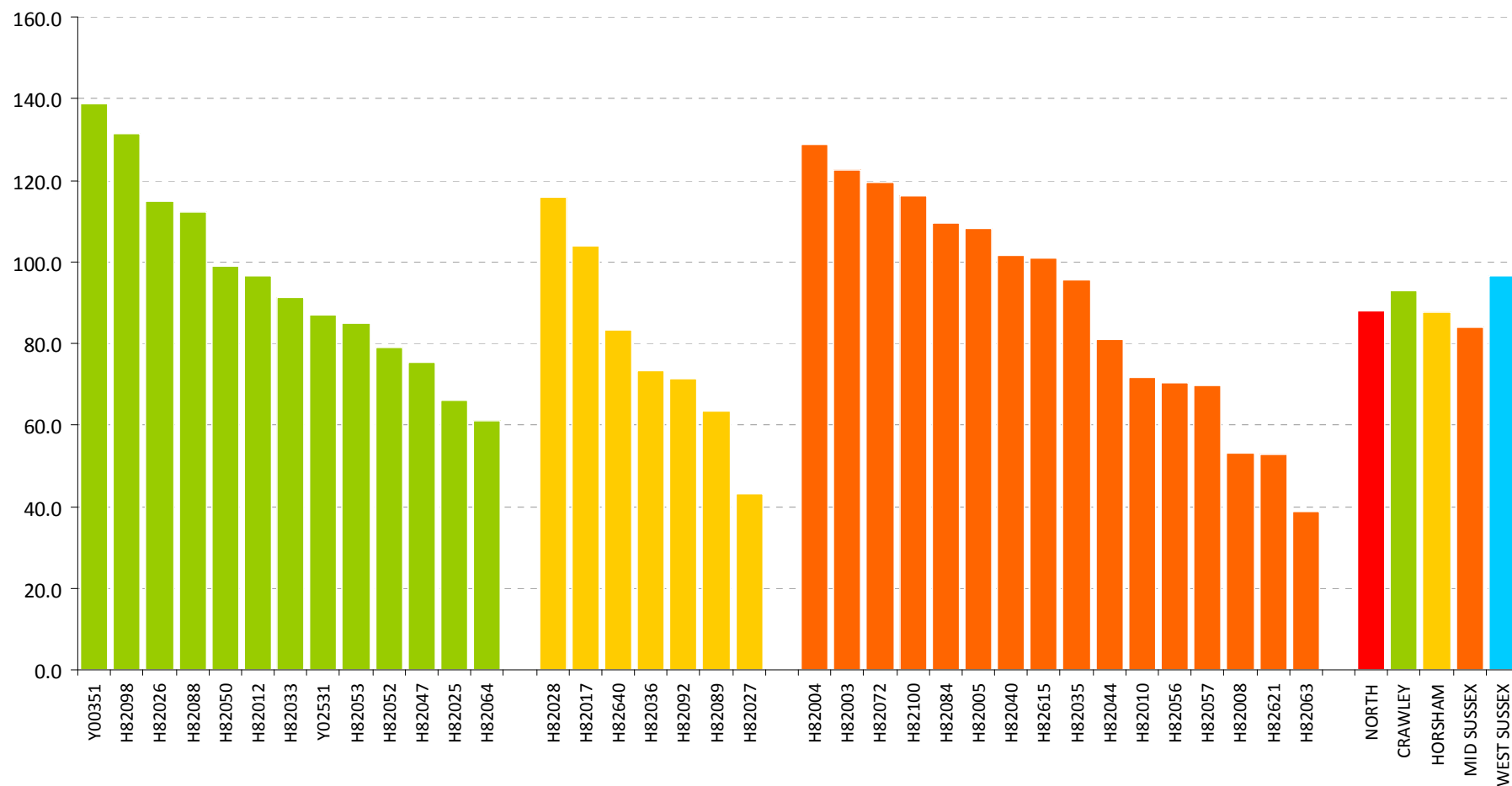
ASTHMA

EMERGENCY ADMISSIONS - Rate per 1,000 QOF Registered Patients



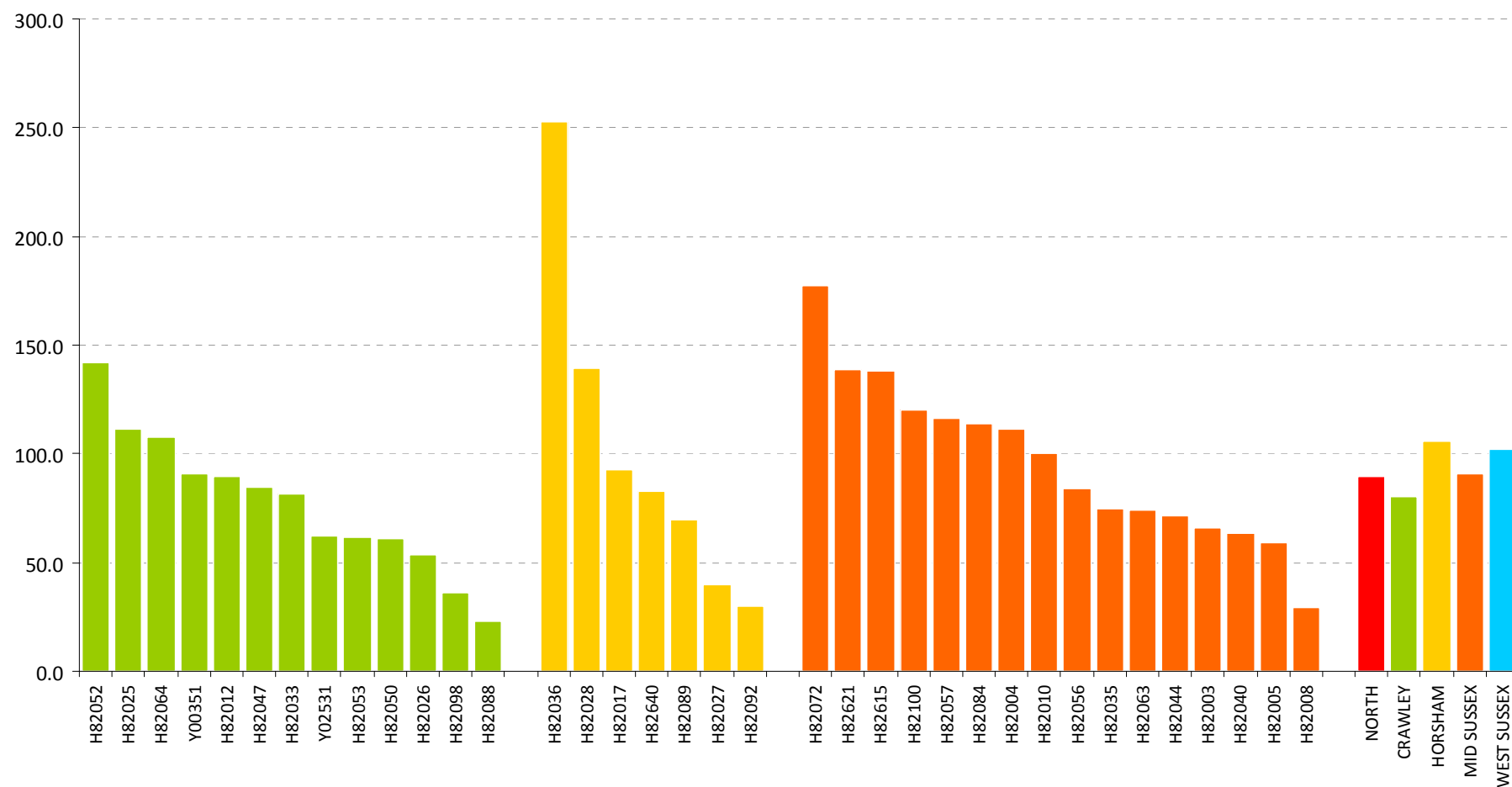
Source : QOF registers as of June 2012 (accessed via QMAS)
Emergency Admissions data (SUS 2011-12)

CHD
EMERGENCY ADMISSIONS - Rate per 1,000 QOF Registered Patients



Source : QOF registers as of June 2012 (accessed via QMAS)
 Emergency Admissions data (SUS 2011-12)

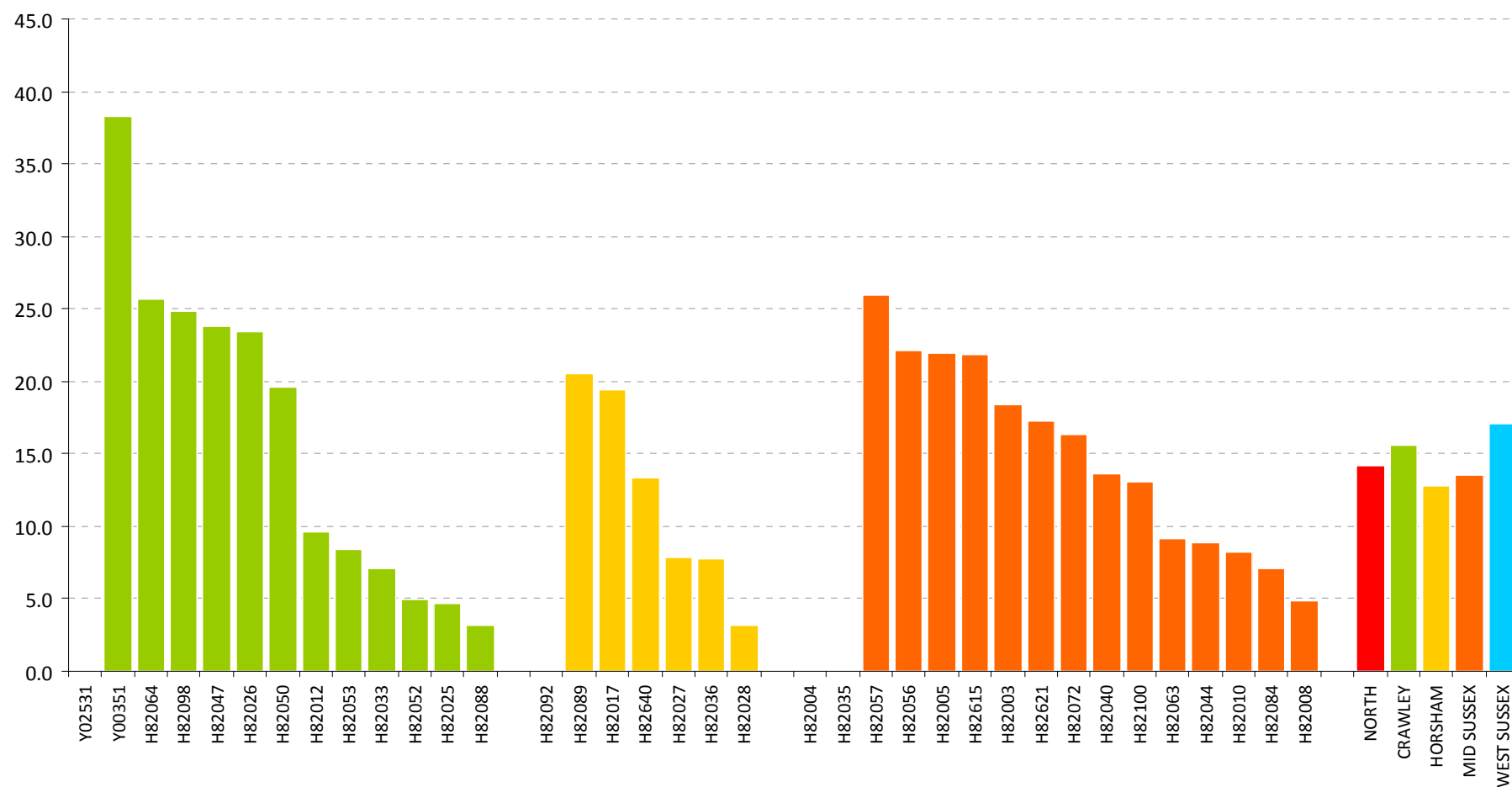
COPD
EMERGENCY ADMISSIONS - Rate per 1,000 QOF Registered Patients



Source : QOF registers as of June2012 (accessed via QMAS)
 Emergency Admissions data (SUS 2011-12)

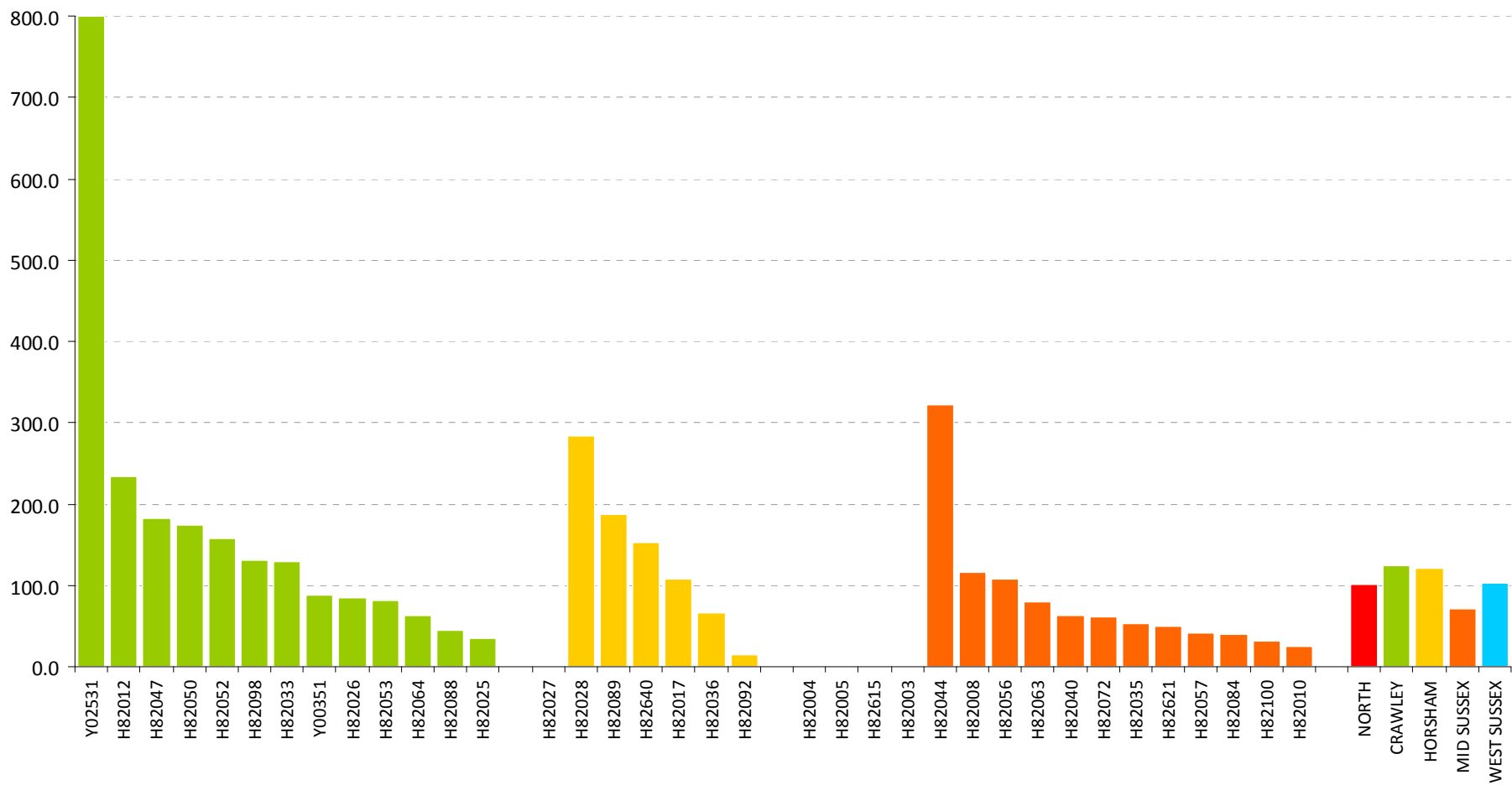
DIABETES

EMERGENCY ADMISSIONS - Rate per 1,000 QOF Registered Patients



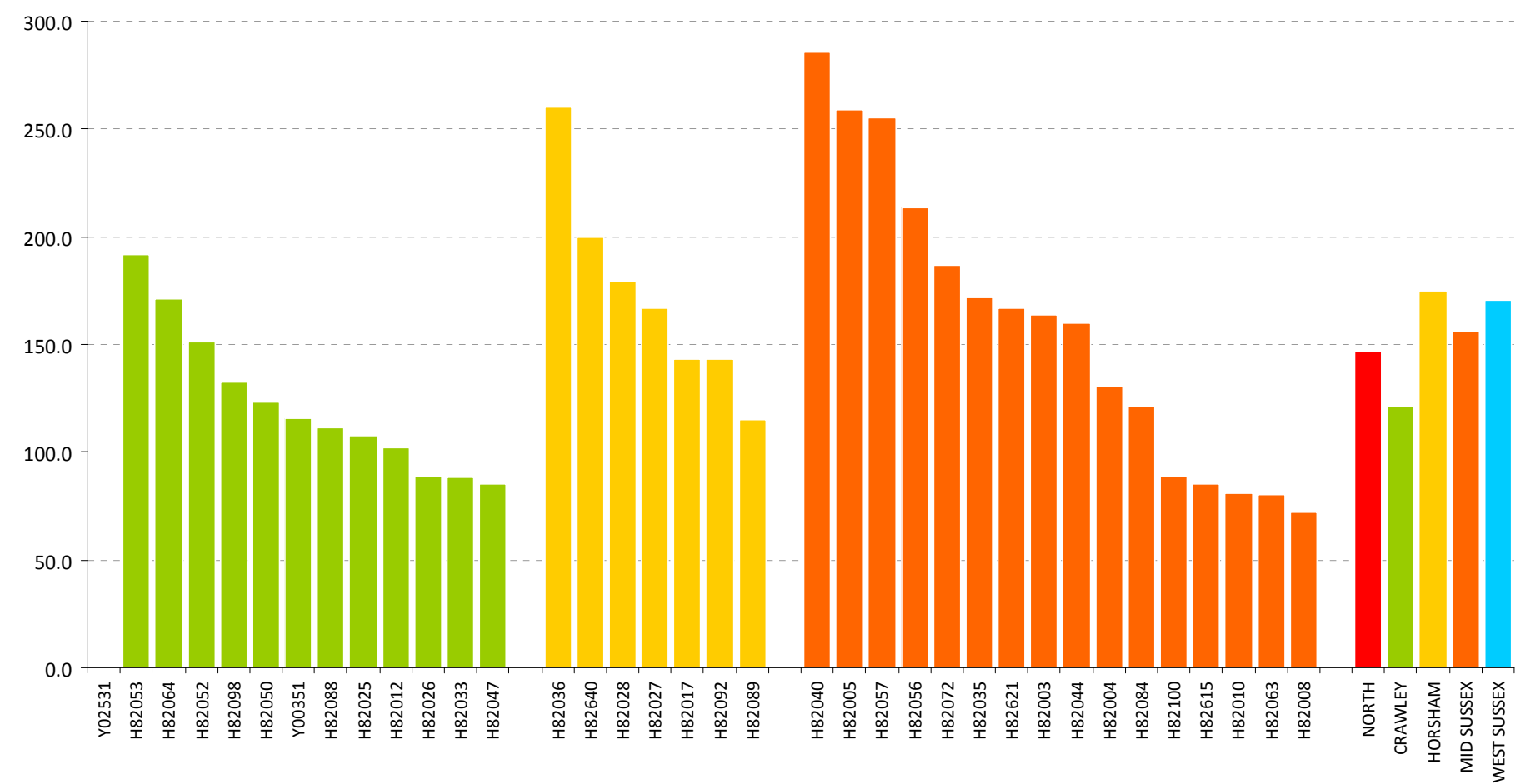
Source : QOF registers as of June 2012 (accessed via QMAS)
Emergency Admissions data (SUS 2011-12)

EPILEPSY
EMERGENCY ADMISSIONS - Rate per 1,000 QOF Registered Patients



Source : QOF registers as of June 2012 (accessed via QMAS)
 Emergency Admissions data (SUS 2011-12)

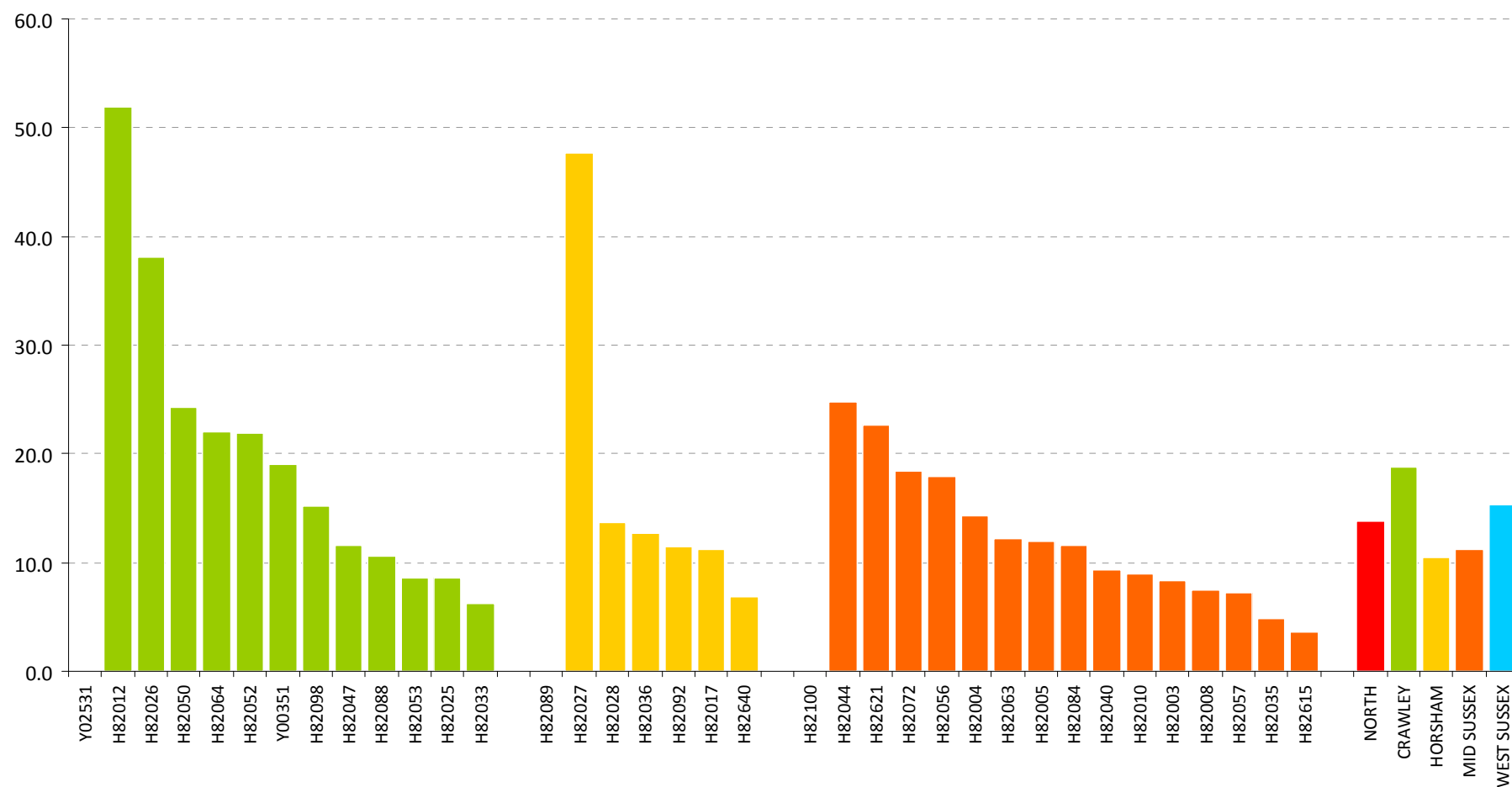
**HEART FAILURE
EMERGENCY ADMISSIONS - Rate per 1,000 QOF Registered Patients**



Source : QOF registers as of June 2012 (accessed via QMAS)
Emergency Admissions data (SUS 2011-12)

HYPERTENSION

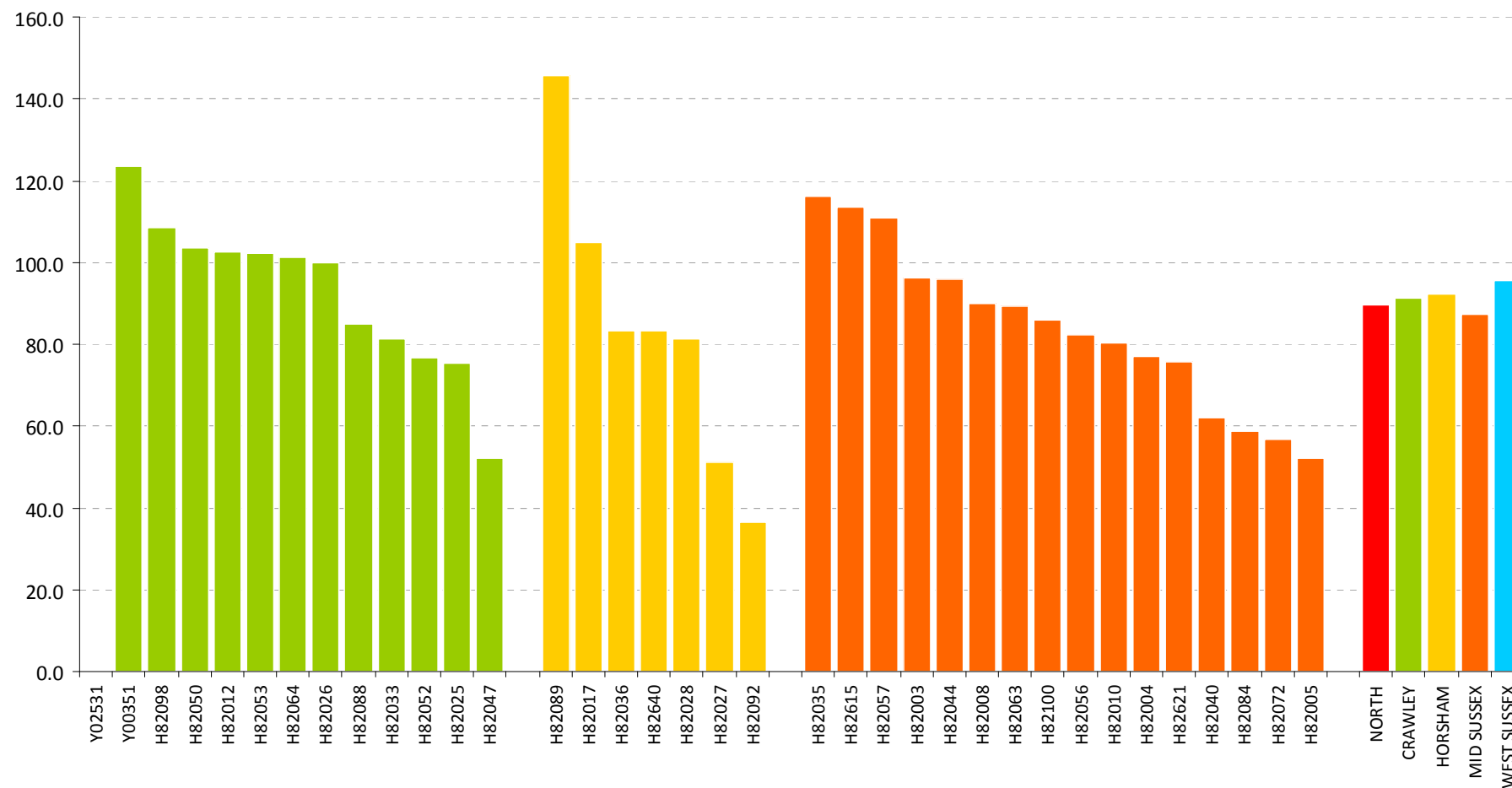
EMERGENCY ADMISSIONS - Rate per 1,000 QOF Registered Patients



Source : QOF registers as of June 2012 (accessed via QMAS)
Emergency Admissions data (SUS 2011-12)

STROKE

EMERGENCY ADMISSIONS - Rate per 1,000 QOF Registered Patients



Source : QOF registers as of June 2012 (accessed via QMAS)
Emergency Admissions data (SUS 2011-12)

SCREENING AND IMMUNISATION DATA

Childhood Immunisations

The table below relates to Qtr 3 2011/12.

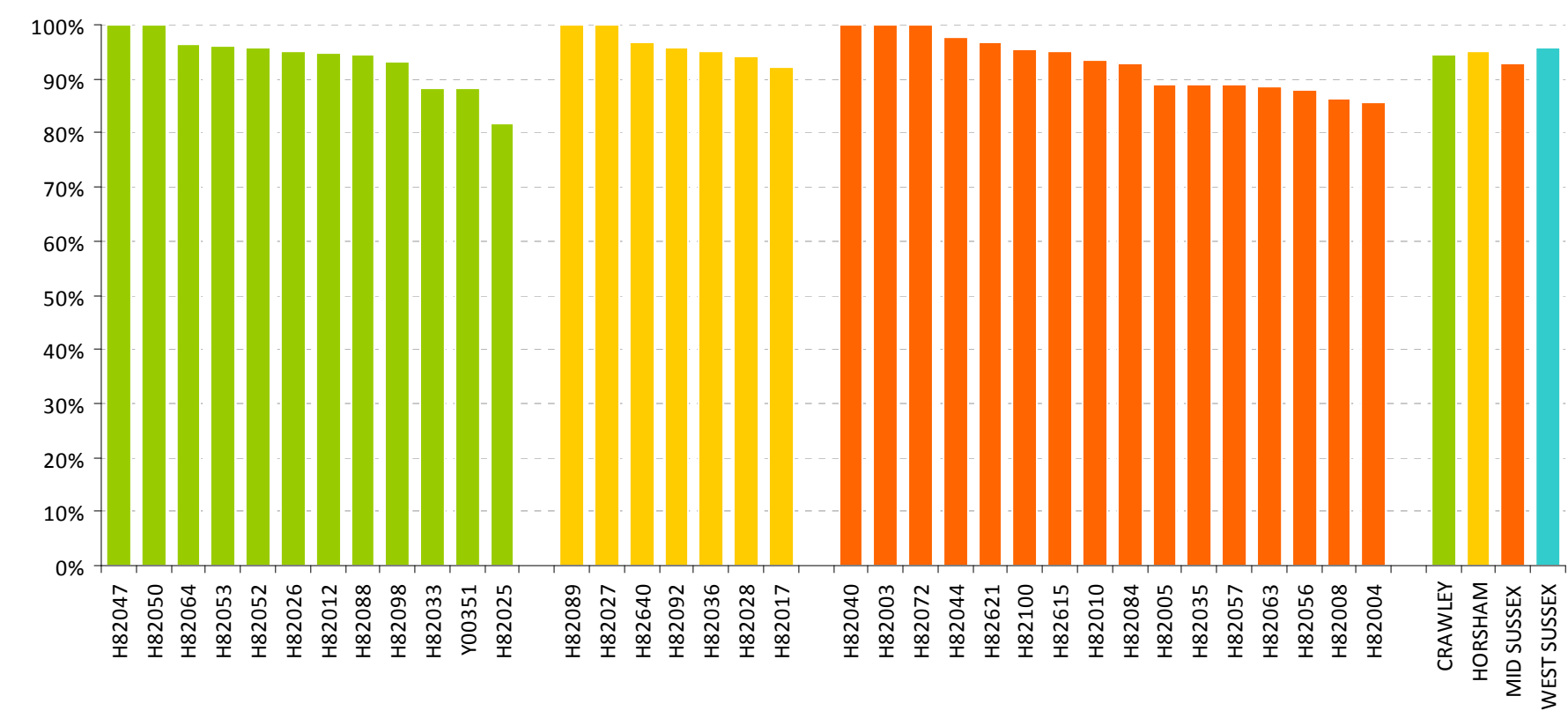
Locality	Age 1 DTP	Age 2 Pneumo Booster	Age 2 MenC Booster	Age 2 MMR1	Age 5 Pre-school Booster	Age 5 MMR2
Crawley Locality	94.40%	95.80%	95.20%	95.60%	92.10%	91.10%
Horsham Locality	95.10%	91.20%	96.10%	93.70%	92.60%	89.90%
Mid-Sussex Locality	92.90%	92.00%	94.30%	91.50%	90.80%	85.70%
All Localities	95.90%	92.70%	94.30%	93.20%	91.30%	89.20%
Target	95%	95%	96%	95%	96.20%	95%

Source : Public Health and Wellbeing Directorate NHS Sussex

Difference from Target Coverage (Qtr 3 2011/12)

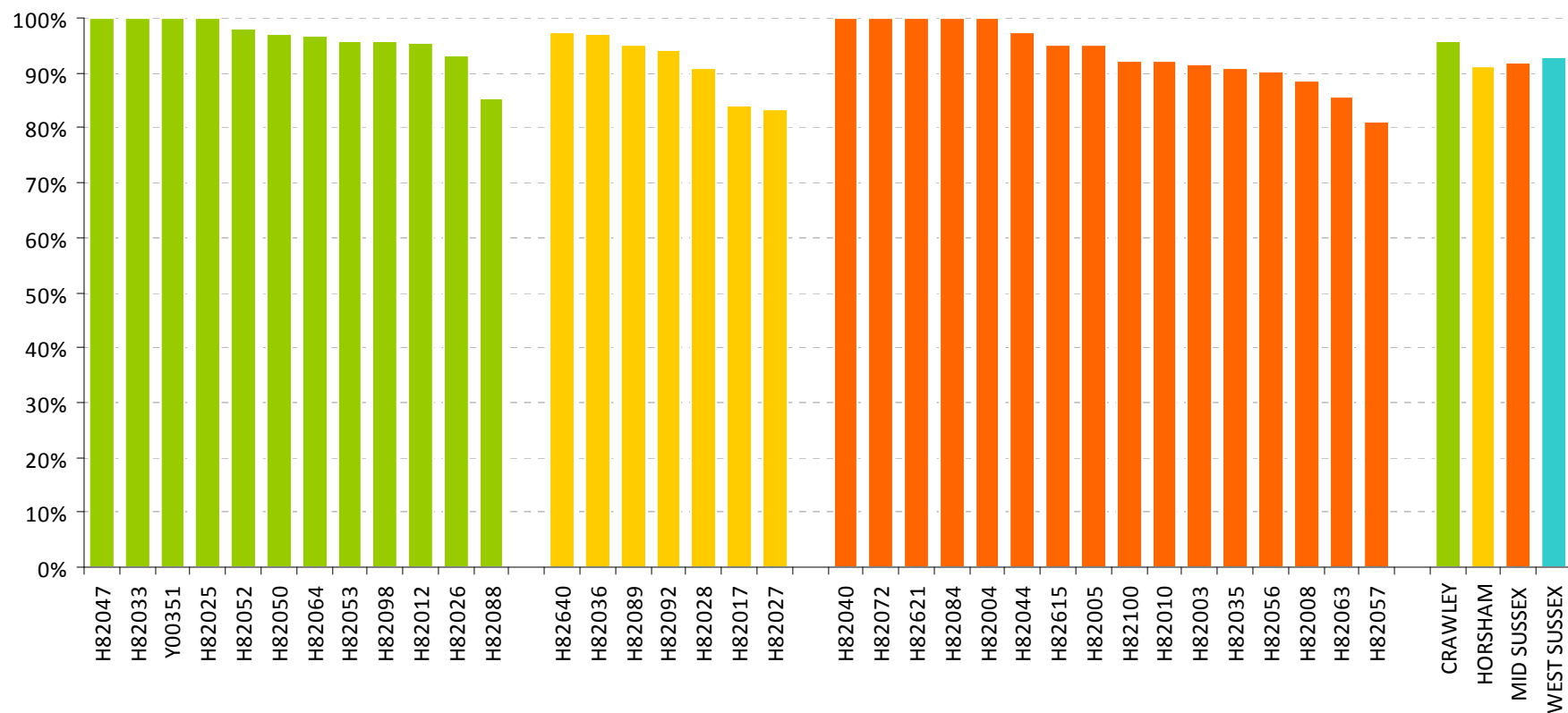


Practice Level Immunisations
AGE 1 DTP
Qtr 3 2011/12.



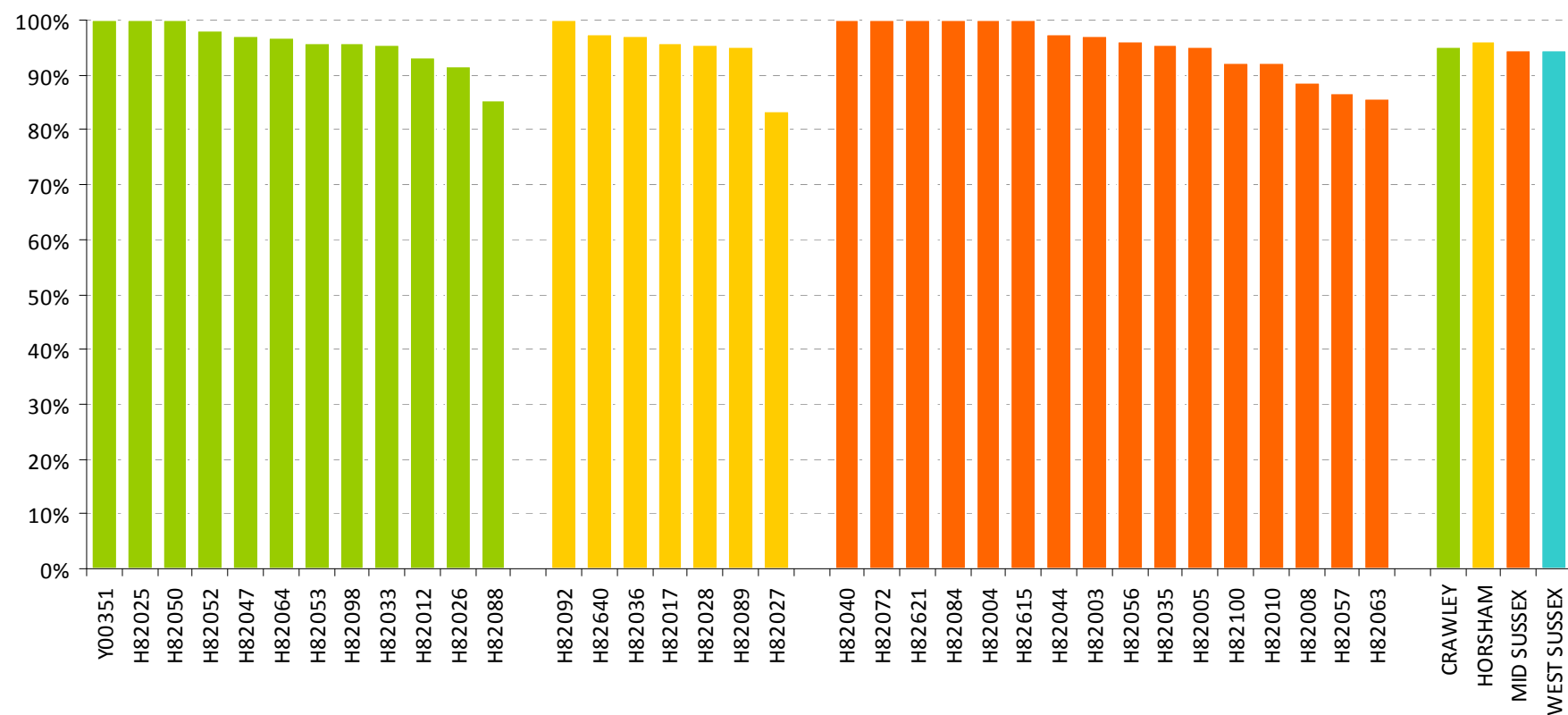
Source : Public Health and Wellbeing Directorate NHS Sussex

Practice Level Immunisations
AGE 2 PNEU
Qtr 3 2011/12.



Source : Public Health and Wellbeing Directorate NHS Sussex

Practice Level Immunisations
AGE 2 HIB MEN C
Qtr 3 2011/12.

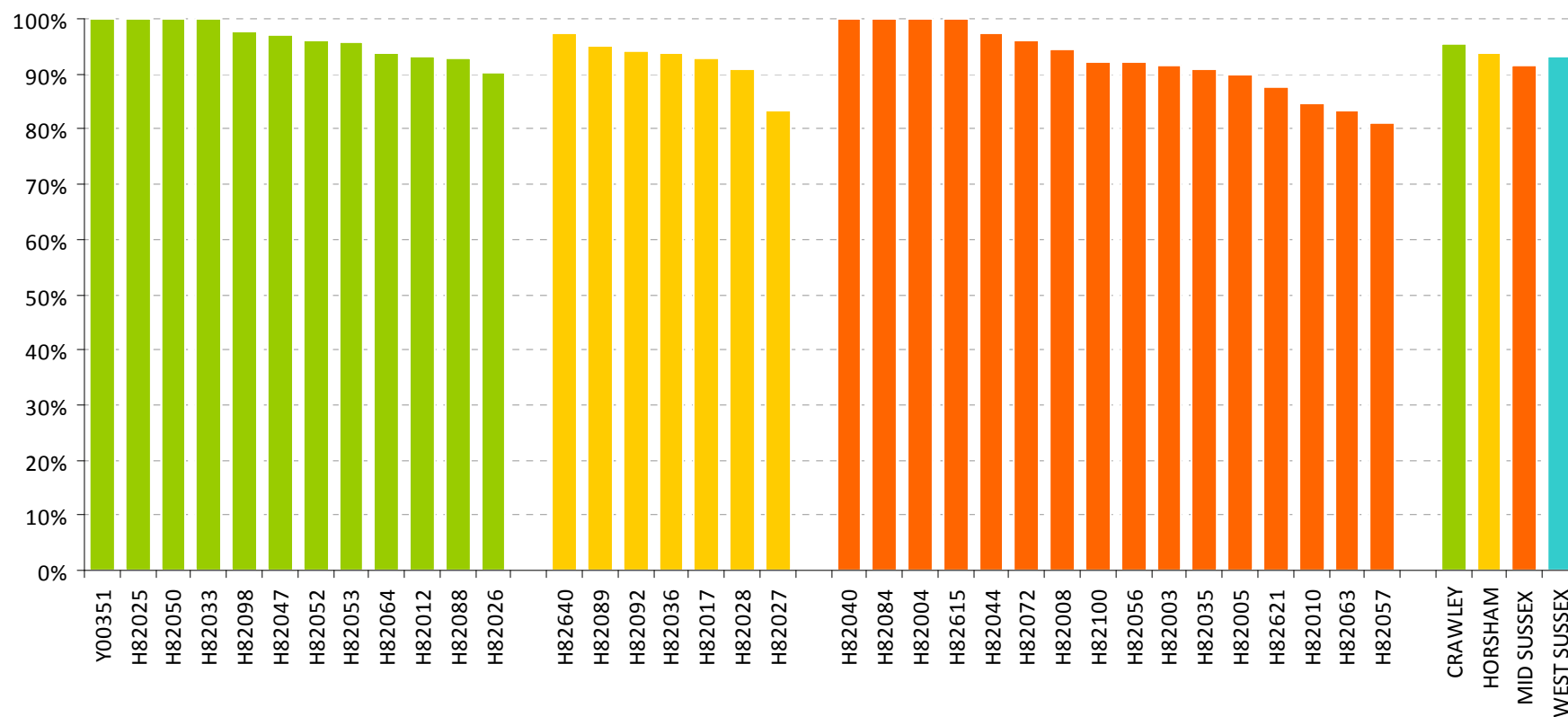


Source : Public Health and Wellbeing Directorate NHS Sussex

Practice Level Immunisations

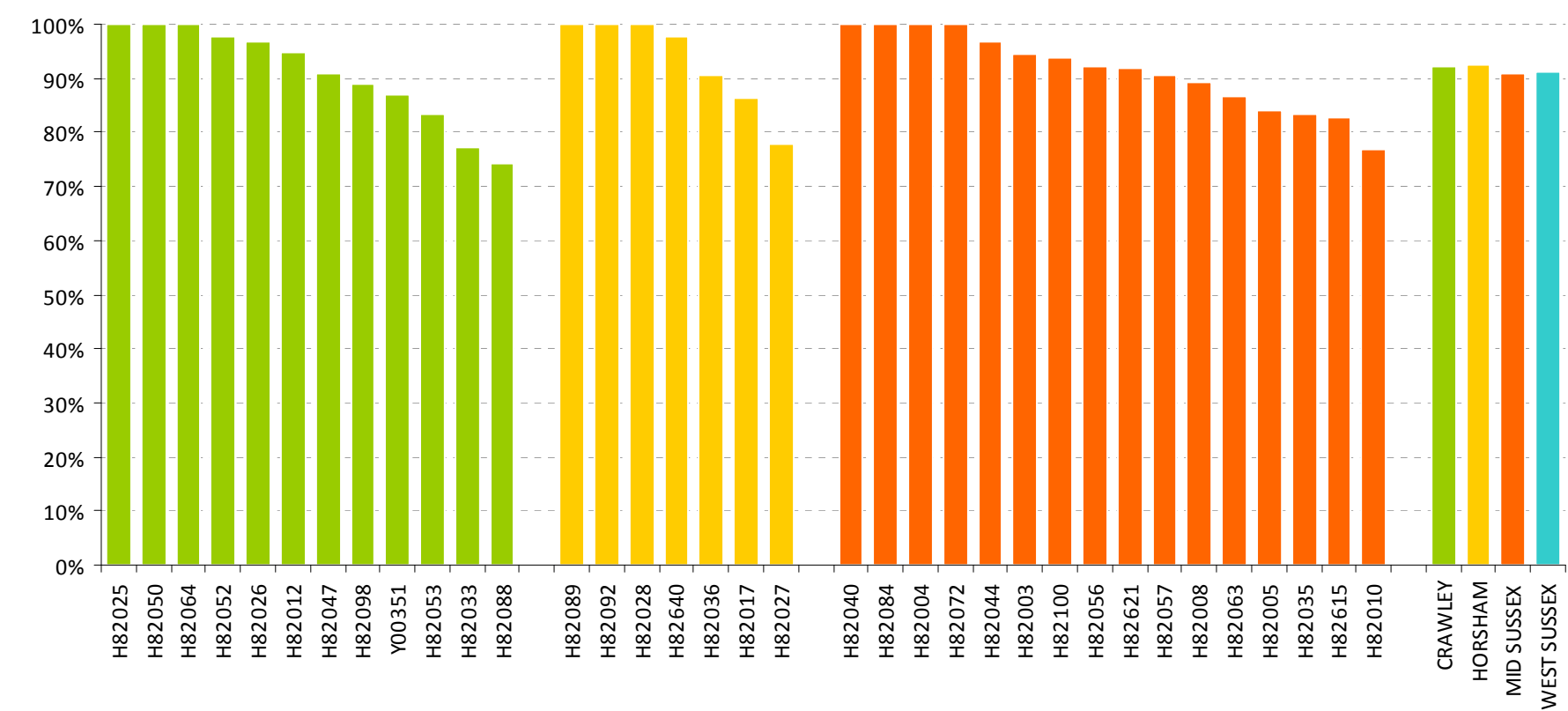
Age 2 MMR

Qtr 3 2011/12.



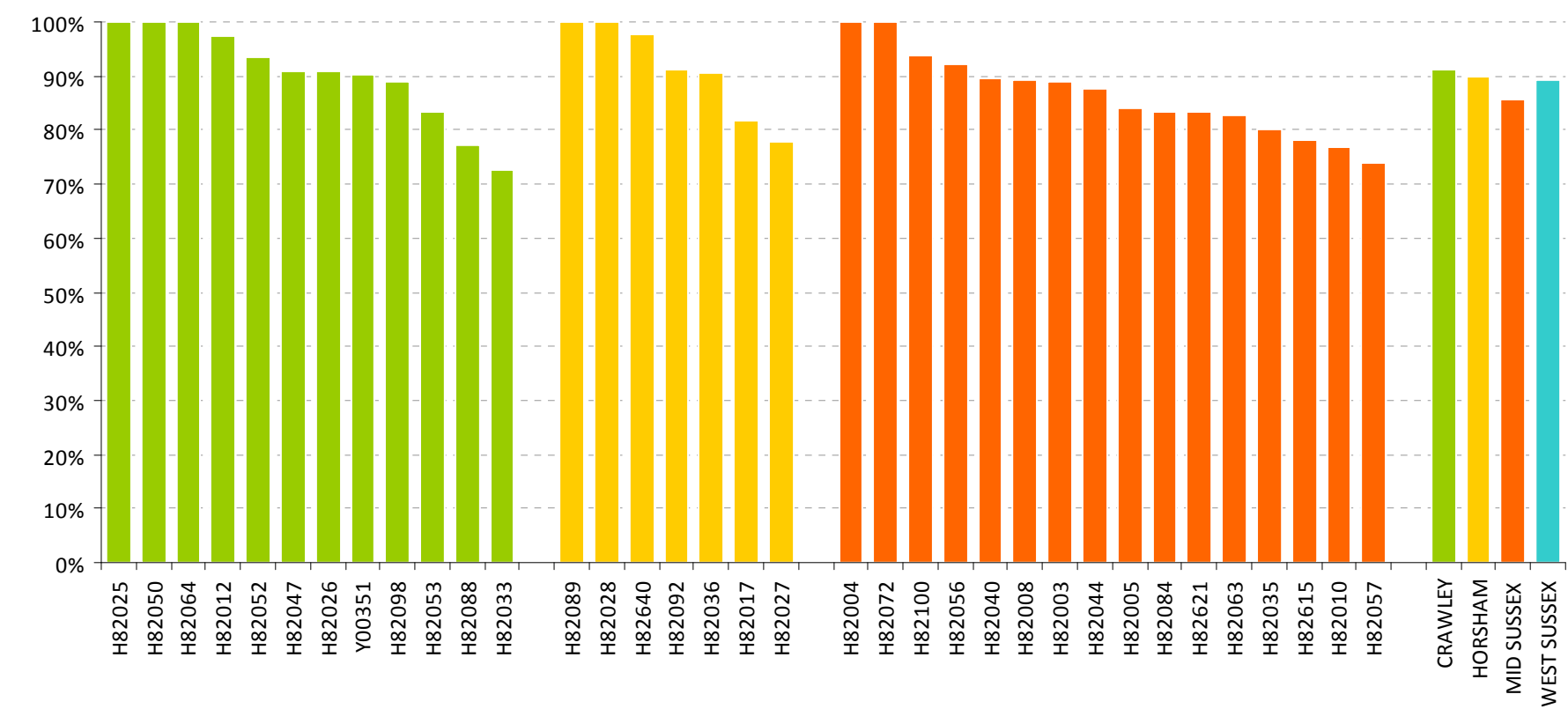
Source : Public Health and Wellbeing Directorate NHS Sussex

Practice Level Immunisations
Age 5 DTP
Qtr 3 2011/12.



Source : Public Health and Wellbeing Directorate NHS Sussex

Practice Level Immunisations
 Age 5 MMR
 Qtr 3 2011/12.



Source : Public Health and Wellbeing Directorate NHS Sussex

SCREENING

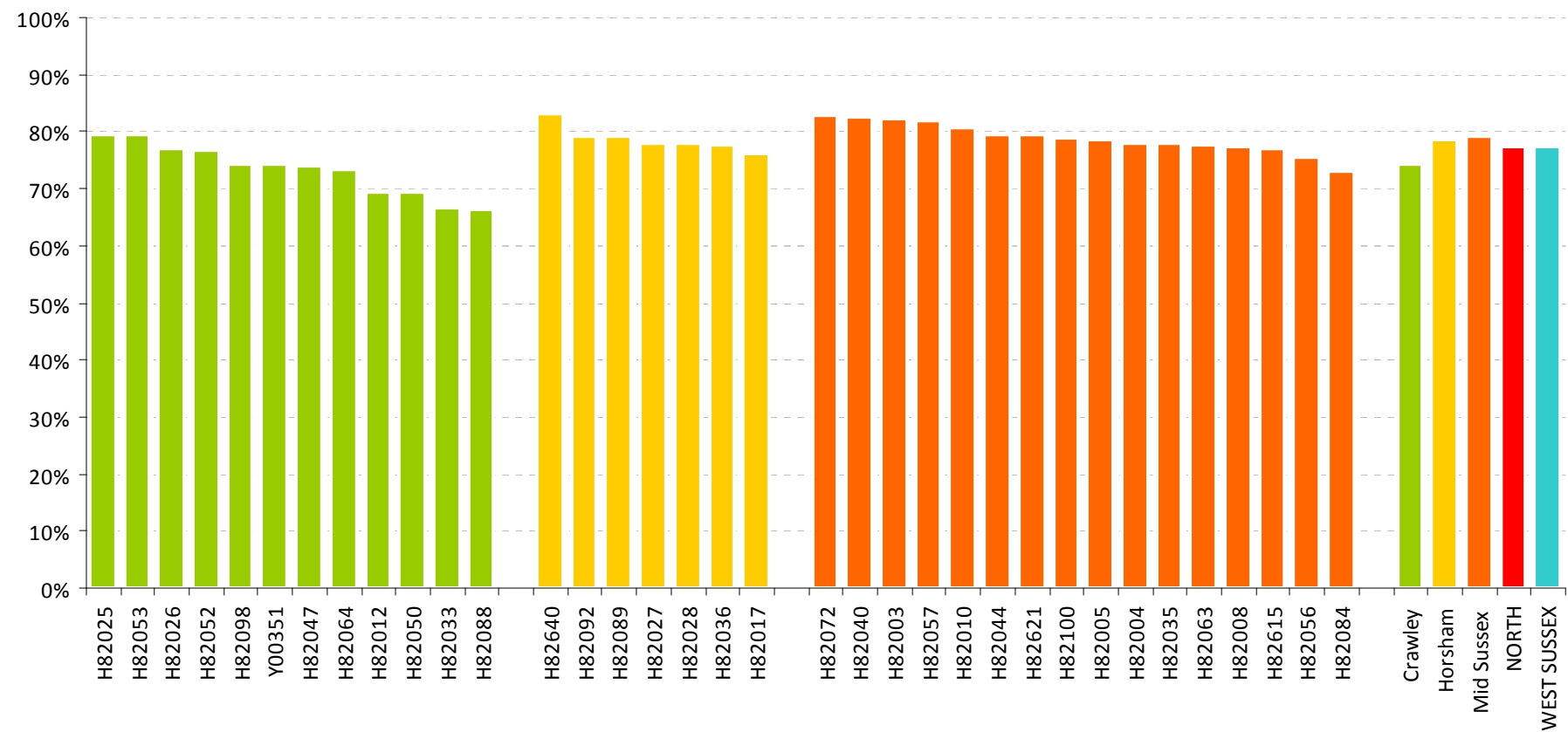
The following pages relate to data collected for the National Cancer General Practice Profiles. These are published by the National Cancer Intelligence Network on behalf of the NHS. Comparative data from these profiles are provided for benchmarking and reviewing variations at a General Practice level, not for performance management purposes but to support discussion on clinical practice and service delivery, notably in early detection and diagnosis.

Note : Up to date screening data are available via NHS Sussex.

CERVICAL SCREENING

Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) (% of those registered)

Data relate to 2010/2011

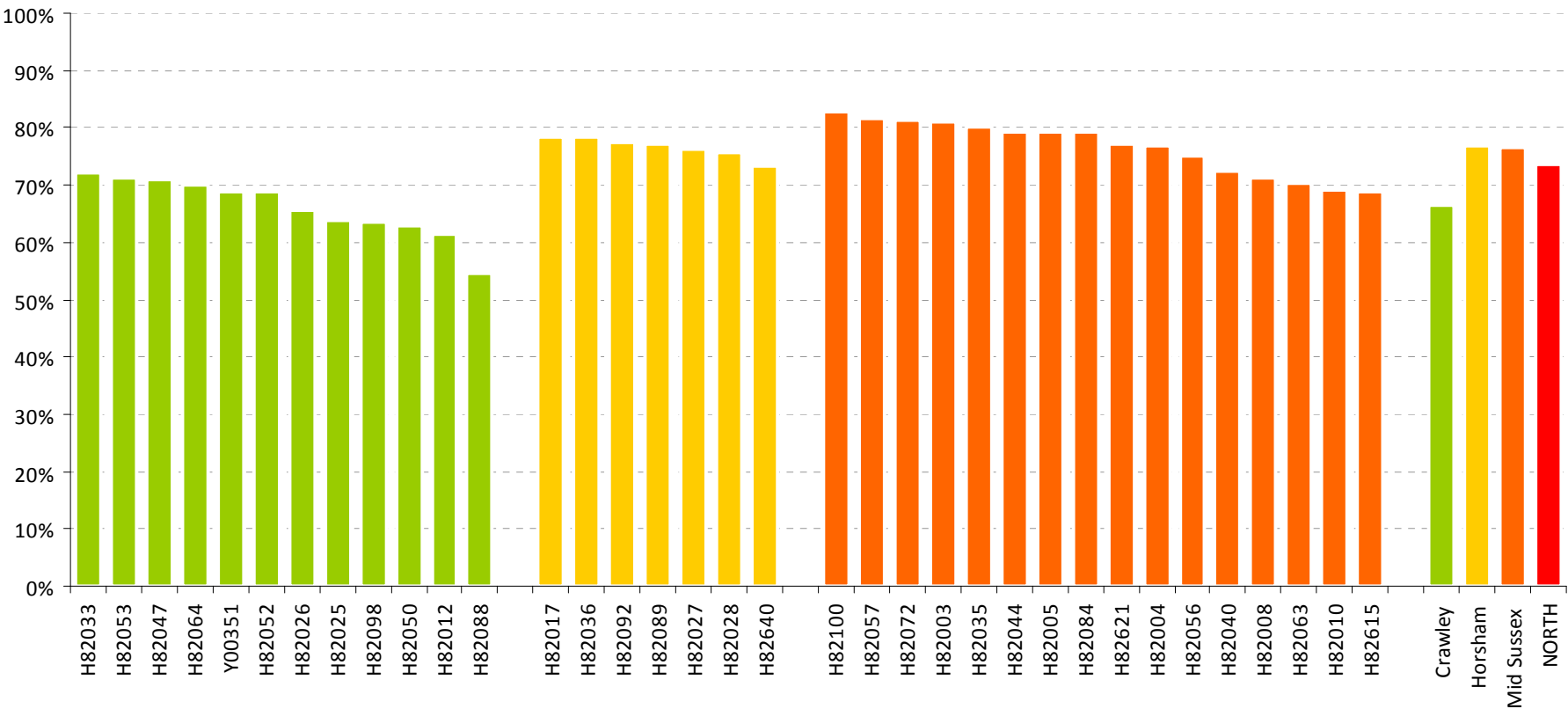


Source : National Cancer Intelligence Network

BREAST SCREENING

Females aged 50-70 screened for breast cancer in last 36 months (% of those registered)

Data relate to 2010/2011

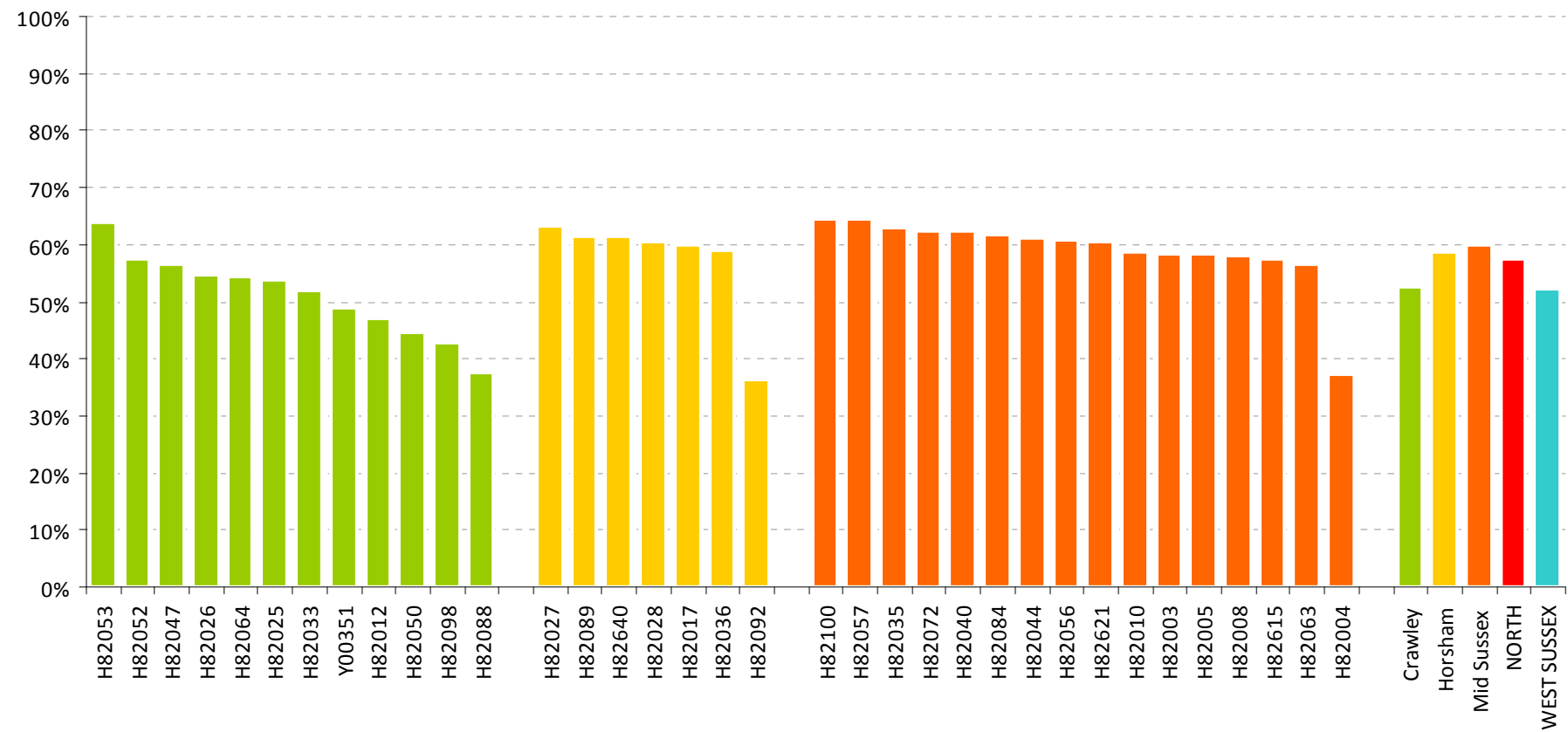


Source : National Cancer Intelligence Network

BOWEL SCREENING

Persons aged 60-69 screened for bowel cancer in last 30 months (% of those registered)

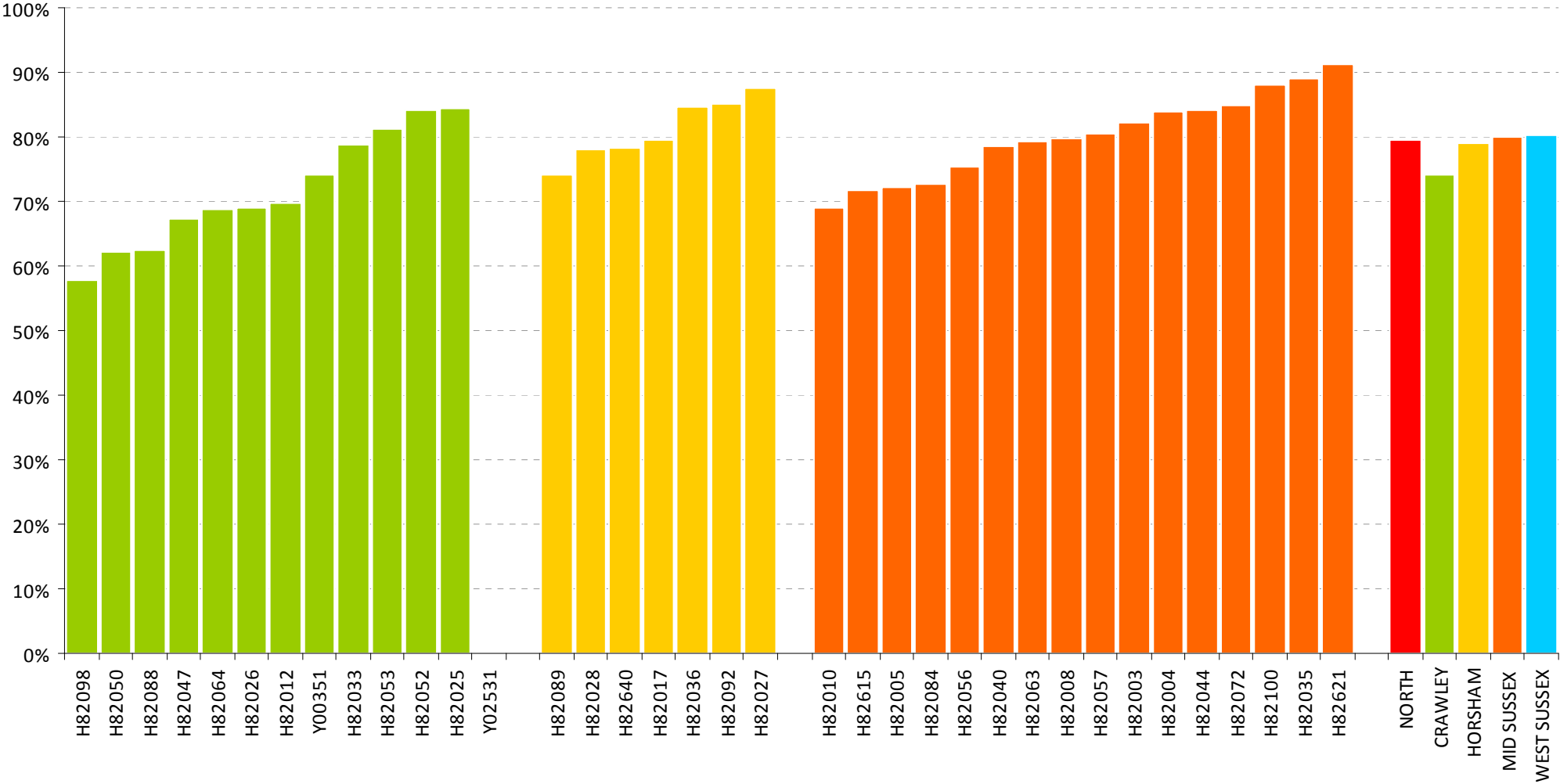
Data relate to 2010/2011



Source : National Cancer Intelligence Network

ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING

(% of those invited)
Data relate to 2010/2011



Section 4 CONDITIONS MANAGED IN SECONDARY CARE

EMERGENCY HOSPITAL ADMISSIONS FOR FRACTURES (65+ POPULATION)

	Femur	Foot(Not Ankle)	Forearm	Head/Facial	Lower Leg/Ankle	Lumbar Spine & Pelvis	Neck	Rib, Sternum & Thoracic Spine	Shoulder & Upper Arm	Wrist & Hand	TOTAL	65+ pop	Admission rate per 1,000 pop (65+)
Adur	121	2	20	4	17	20	4	14	30	2	234	13,665	17.12
Arun	133	1	27	3	24	25	8	9	39	9	278	15,495	17.94
Chanctonbury	66	1	24	1	11	14	2	8	19	2	148	10,258	14.43
Chichester	230	3	44	8	26	50	5	21	47	10	444	28,818	15.41
Crawley	121	2	26	2	17	24	0	11	28	8	239	16,467	14.51
Horsham	80	1	28	6	8	13		10	19	3	168	12,344	13.61
Mid Sussex	201	1	37	10	32	53	9	26	48	7	424	28,736	14.76
Regis	195	3	52	6	30	47	9	18	41	3	404	22,983	17.58
Worthing	204	7	49	4	34	46	5	19	57	3	428	25,155	17.01
COASTAL	949	17	216	26	142	202	33	89	233	29	1,936	116,374	16.64
CRAWLEY	121	2	26	2	17	24	0	11	28	8	239	16,467	14.51
MID SUSSEX & HORSHAM	281	2	65	16	40	66	9	36	67	10	592	41,080	14.41
WEST SUSSEX	1,351	21	307	44	199	292	42	136	328	47	2,767	173,921	15.91

Source : West Sussex Public Health Research Unit

Note

Admission data (SUS 2011-12)

Locality population (Exeter March 2012)

READMISSIONS WITHIN 7 DAYS AND 28 DAYS OF DISCHARGE

Non Condition Specific Re-Admissions to Hospital

	Readmissions		Live Discharges	Readmission rate per 100 discharges	
	28 days	7 days		28 days	7 days
Adur	1,395	710	15,595	8.95	4.55
Arun	1,295	649	15,882	8.15	4.09
Chancetonbury	681	356	9,496	7.17	3.75
Chichester	2,230	1,186	26,930	8.28	4.40
Crawley	2,312	1,233	26,264	8.80	4.69
Horsham	1,111	615	14,685	7.57	4.19
Mid Sussex	2,015	990	29,771	6.77	3.33
Regis	2,007	1,026	23,297	8.61	4.40
Worthing	2,466	1,254	28,040	8.79	4.47
COASTAL	10,074	5,181	119,240	8.45	4.35
CRAWLEY	2,312	1,233	26,264	8.80	4.69
MID SUSSEX & HORSHAM	3,126	1,605	44,456	7.03	3.61
WEST SUSSEX	15,512	8,019	189,960	8.17	4.22



CCG - higher than West Sussex average



Locality - higher than CCG and West Sussex averages



Locality - higher than CCG average but lower than West Sussex average



Locality - lower than CCG average but higher than West Sussex average

READMISSIONS WITHIN 28 DAYS OF DISCHARGE

Condition Specific Re-Admissions to Hospital

	Readmission rate per 100 discharges							
	Asthma	CHD	COPD	Diabetes	Epilepsy	Heart Failure	Hypertension	Stroke
Adur	8.57	5.63	13.86	10.13	7.32	6.74	6.52	2.61
Arun	5.00	3.94	5.74	3.49	2.50	2.70	12.50	1.18
Chancetonbury	6.25	4.38	10.64	3.57	13.33	2.44	4.55	1.25
Chichester	10.77	4.57	11.79	4.67	2.29	6.16	5.56	0.56
Crawley	8.33	4.27	8.03	8.16	9.18	7.29	5.26	3.43
Horsham	4.35	2.94	8.54	5.26	10.91	1.64	3.03	2.97
Mid Sussex	6.56	3.31	11.32	5.10	18.18	5.03	0.00	3.20
Regis	2.25	3.44	13.94	7.86	1.28	4.97	8.11	1.67
Worthing	3.76	5.59	13.64	3.05	6.90	8.11	4.65	3.35
COASTAL	6.23	4.66	12.05	5.54	4.59	5.77	6.73	1.51
CRAWLEY	8.33	4.27	8.03	8.16	9.18	7.29	5.26	3.43
MID SUSSEX & HORSHAM	5.95	3.19	10.37	5.15	14.88	4.17	1.22	3.14
WEST SUSSEX	6.54	4.33	11.30	5.78	7.18	5.53	5.19	1.97



CCG - higher than West Sussex average



Locality - higher than CCG and West Sussex averages



Locality - higher than CCG average but lower than West Sussex average



Locality - lower than CCG average but higher than West Sussex average

READMISSIONS WITHIN 7 DAYS OF DISCHARGE

Condition Specific Re-Admissions to Hospital

	Readmission rate per 100 discharges							
	Asthma	CHD	COPD	Diabetes	Epilepsy	Heart Failure	Hypertension	Stroke
Adur	4.29	3.22	7.92	2.53	0.00	3.37	6.52	0.00
Arun	3.33	1.58	0.82	1.16	2.50	1.35	12.50	1.18
Chancetonbury	0.00	1.82	6.38	0.00	10.00	0.00	4.55	1.25
Chichester	4.62	2.15	4.72	2.00	1.53	3.42	2.78	0.19
Crawley	3.47	1.88	5.84	3.06	3.06	2.08	3.95	2.29
Horsham	4.35	2.35	2.44	2.63	5.45	1.64	3.03	1.98
Mid Sussex	5.74	2.11	3.14	5.10	12.12	3.35	0.00	2.14
Regis	0.00	1.50	4.81	2.86	0.00	2.48	5.41	1.43
Worthing	0.75	3.08	5.05	2.29	6.03	3.38	0.00	2.39
COASTAL	2.33	2.30	4.73	2.12	2.98	2.73	4.81	0.98
CRAWLEY	3.47	1.88	5.84	3.06	3.06	2.08	3.95	2.29
MID SUSSEX & HORSHAM	5.36	2.19	2.90	4.41	9.09	2.92	1.22	2.09
WEST SUSSEX	3.15	2.23	4.50	2.59	4.12	2.71	3.83	1.30



CCG - higher than West Sussex average



Locality - higher than CCG and West Sussex averages



Locality - higher than CCG average but lower than West Sussex average



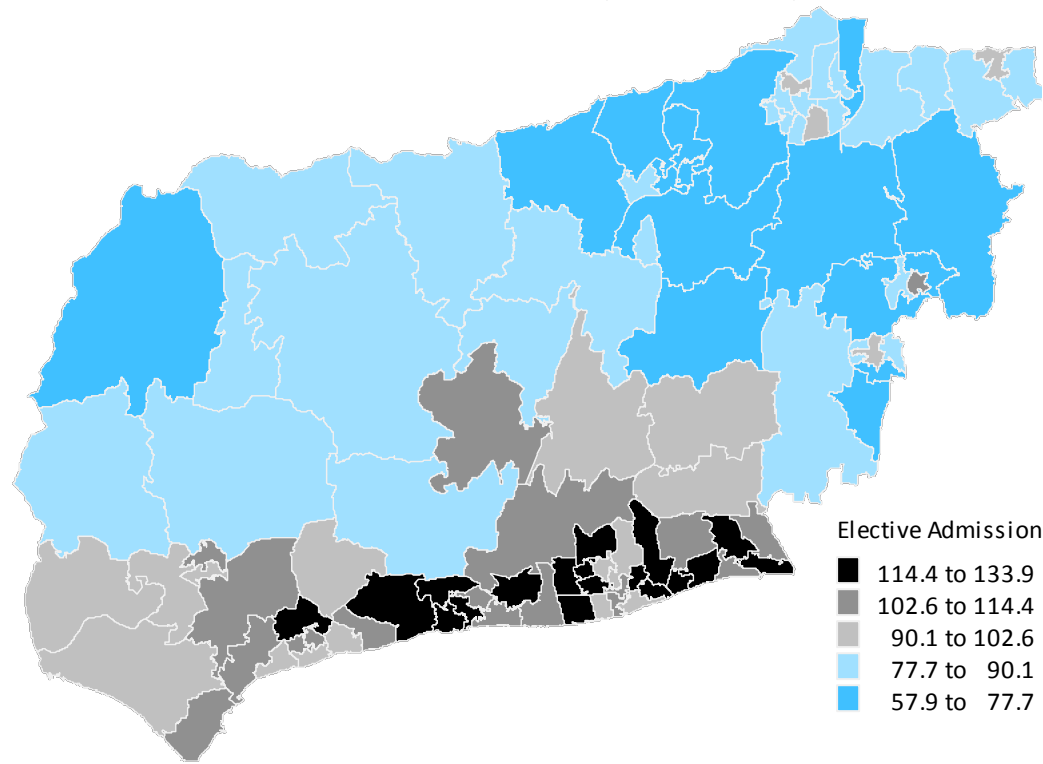
Locality - lower than CCG average but higher than West Sussex average

ELECTIVE ADMISSIONS

All Cause - Elective Admissions (2003-2007) – Standardised Ratios (England = 100)



All Cause Elective Admissions - Small Area Ratios (At MSOA Level)



This map shows elective admission ratios at MSOA level.

There are 100 MSOAs in West Sussex with a population of between 5,500 and 12,000 people.

MSOAs shaded grey or black have ratios significantly higher than 100.

- Elective Admission Ratios 2003-2007
- 114.4 to 133.9
 - 102.6 to 114.4
 - 90.1 to 102.6
 - 77.7 to 90.1
 - 57.9 to 77.7

GP PATIENT SURVEY (2011-2012)

A revised patient survey was introduced in July 2011. Revisions were made to the content and methodology. The survey asks patients about their experience of their own GP practice and has now been extended to include information on a wider range of local services including dentistry and out of hours provision. The survey also collects information for indicators in the new NHS Outcomes Framework and includes questions on the patient's own health – these questions are being used to assess the health of the population over time.

In terms of methodology, previously surveys were sent out every quarter; surveys are now being sent out twice a year and weightings have been refined to take into account the age and deprivation levels of the local community. Given the changes in methodology, it is not possible to compare the results of the revised survey with previous years. The survey is administered by Ipsos MORI on behalf of the Department of Health (DH). Background reports and individual practice results are published and freely available online.

Graphs on the following pages provide CCG, locality practice results for a sample of the questions from the key areas of the 2011 – 2012 survey.

The Patient Survey is being used to collect information on a number of the NHS Outcomes -

Ensuring people feel supported to manage their condition

2.1 Proportion of people feeling supported to manage their condition

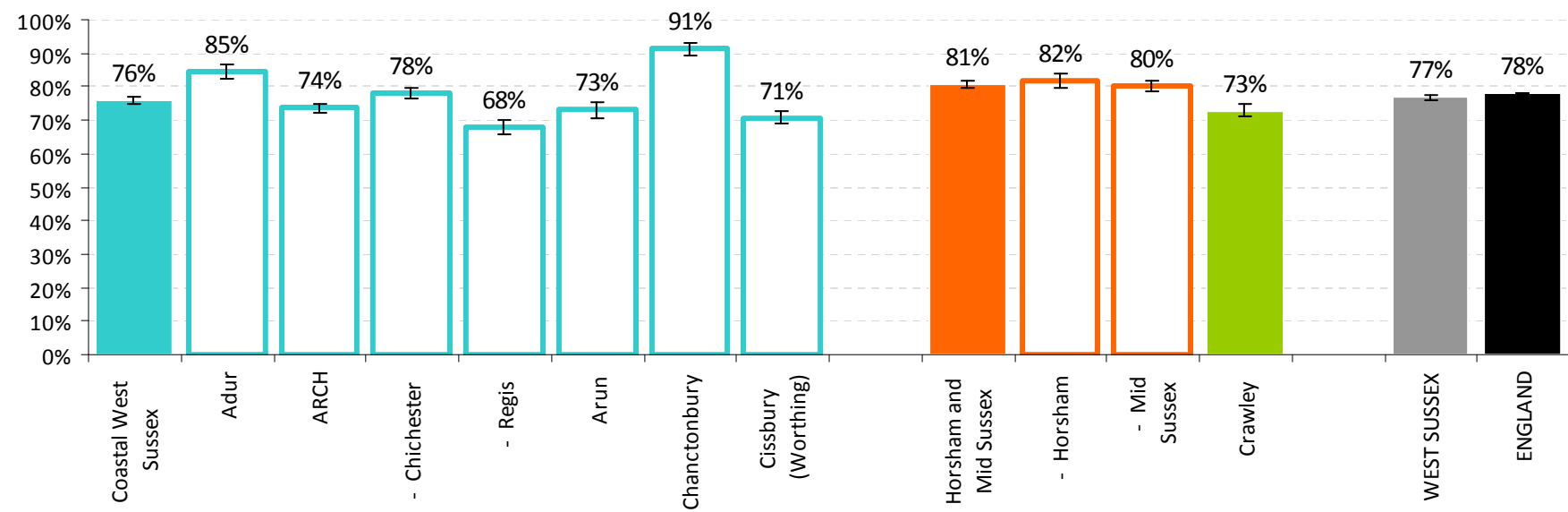
Improving access to primary care services

4.4 Access to (i) GP services and (ii) dental services

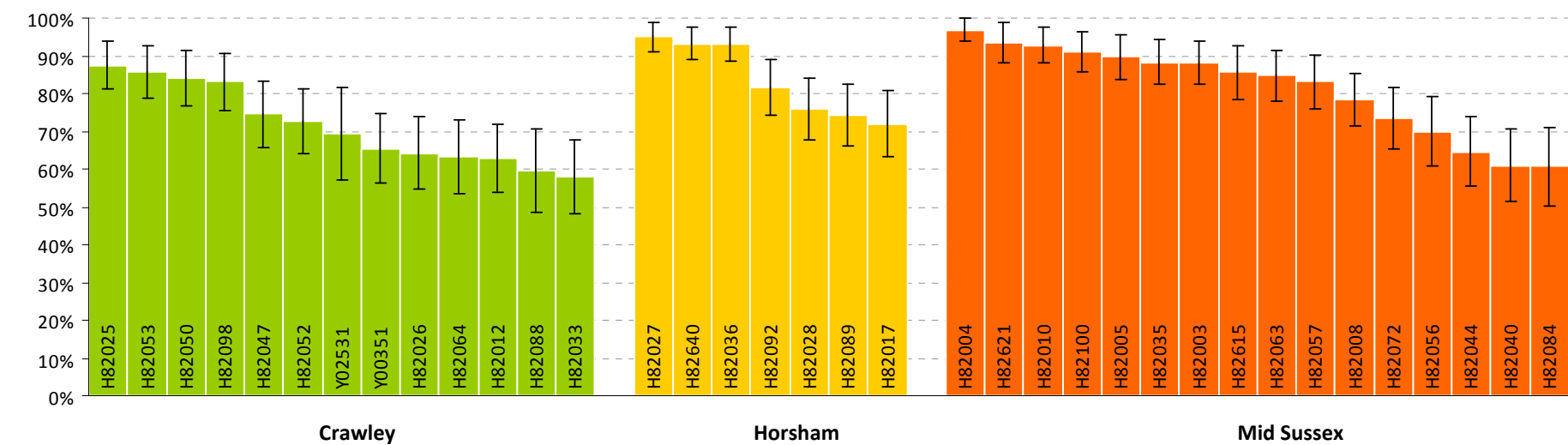
The GP Patient Survey is also being developed to include further questions relating to carers.

QUESTION - Generally, how easy is it to get through to someone at your GP surgery on the phone?
% OF PEOPLE WHO SAY IT IS EASY TO GET THROUGH TO SOMEONE AT GP SURGERY ON THE PHONE

CCG and Locality Level

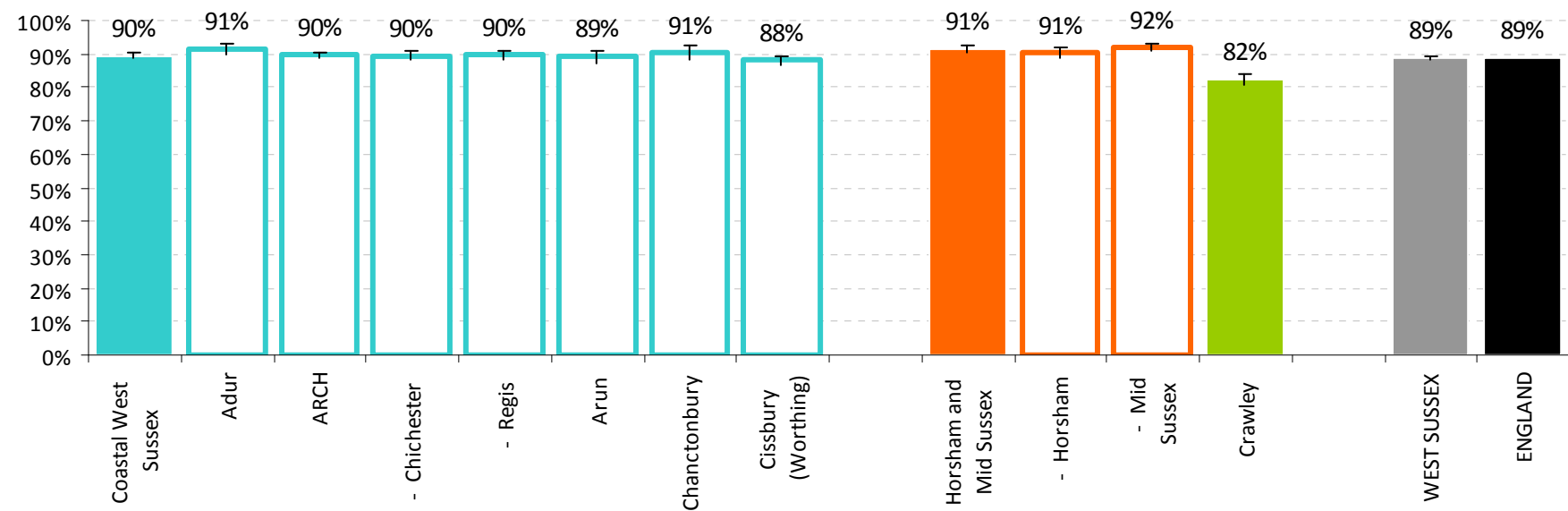


Practice Level Information (Crawley and Horsham & Mid Sussex)

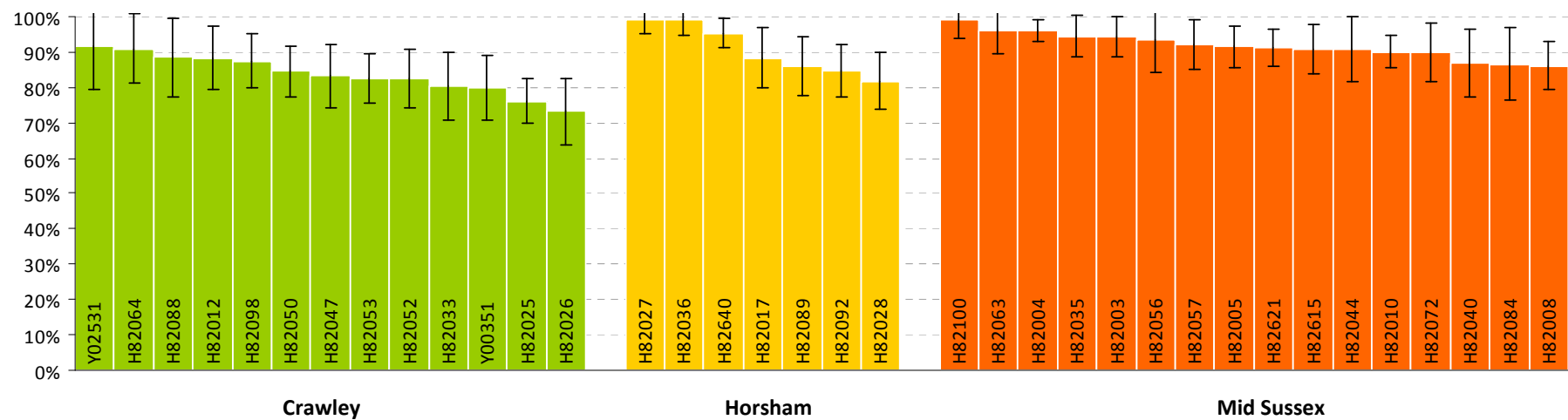


QUESTION - How helpful do you find the receptionists at your GP surgery?
% WHO FIND RECEPTIONISTS AT GP SURGERY HELPFUL

CCG and Locality Level Results



Practice Level Results (Crawley and Horsham & Mid Sussex)

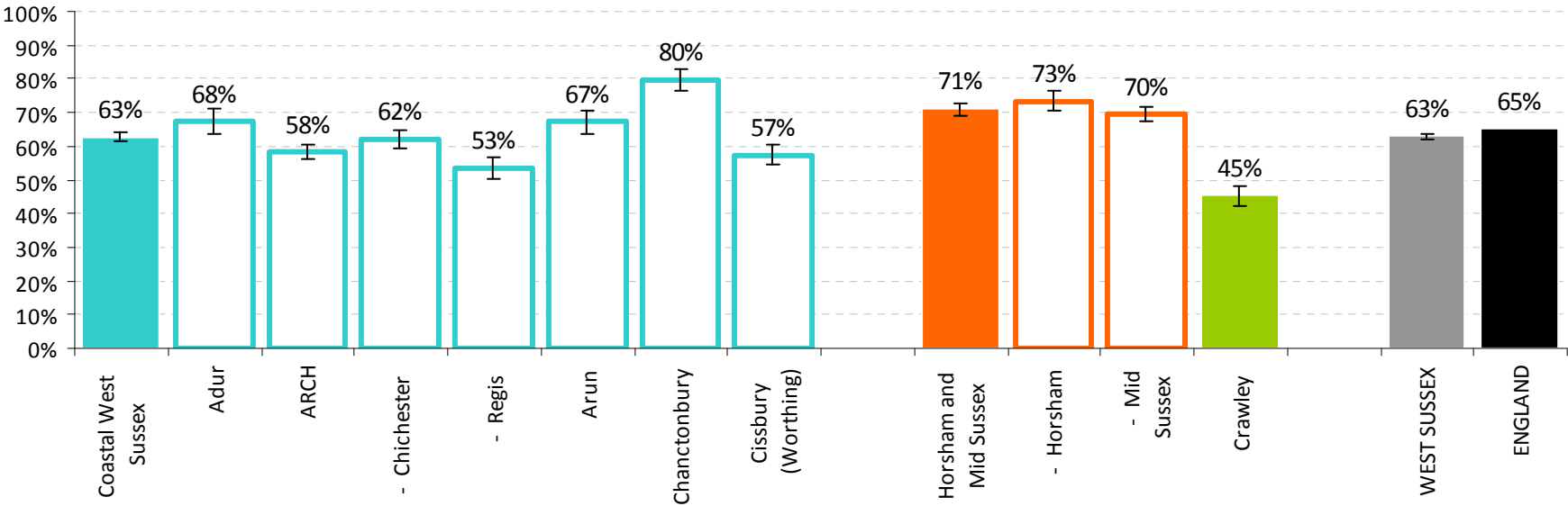


QUESTION - How often do you see or speak to the GP you prefer?

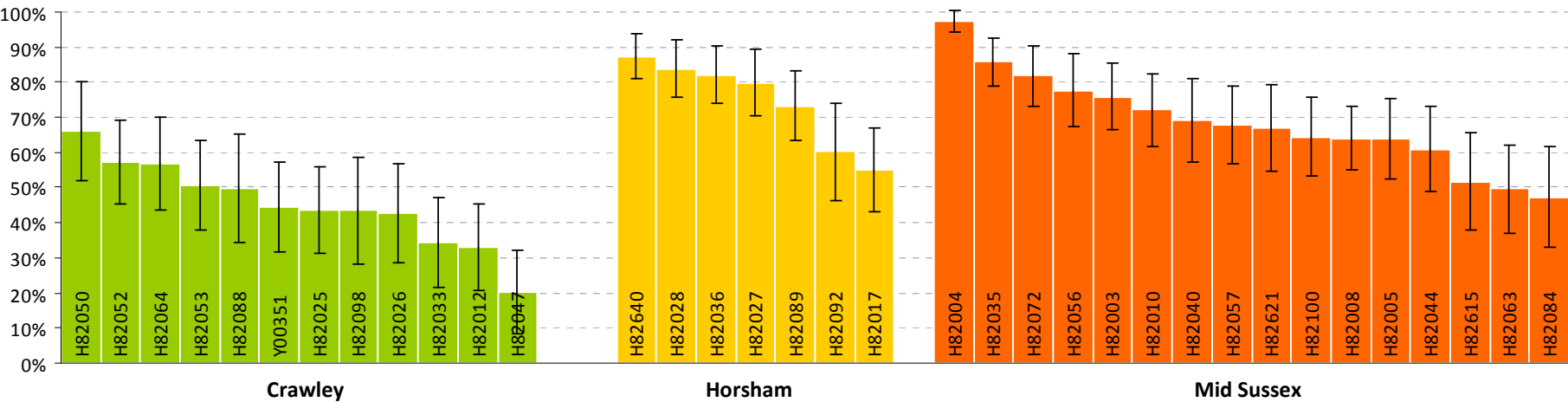
Base for this question : All patients who have a doctor they prefer to see at their surgery and who answered question

% WHO SEE THEIR PREFERRED GP ALWAYS, ALMOST ALWAYS OR A LOT OF THE TIME

CCG and Locality Level



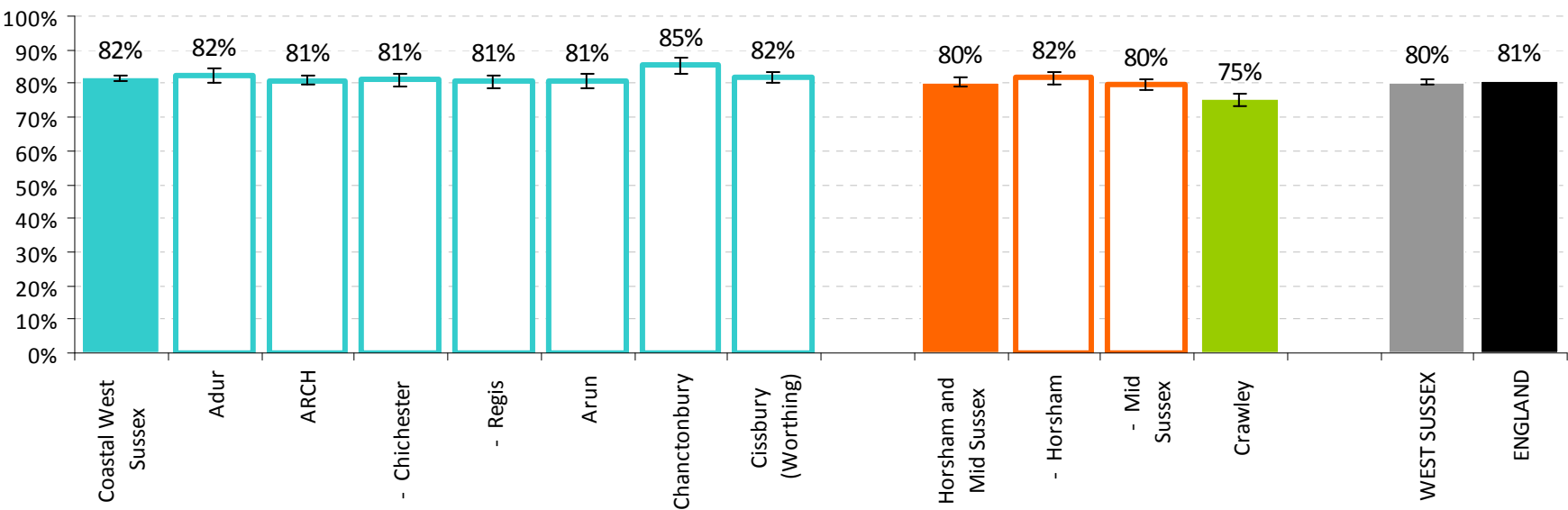
Practice Level Information (Crawley and Horsham & Mid Sussex)



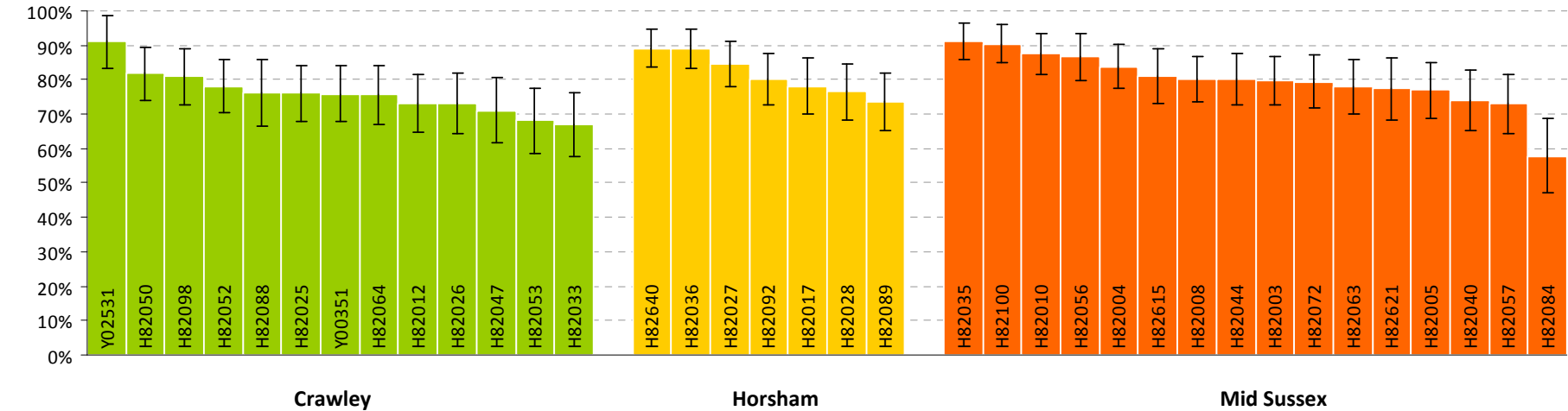
How satisfied are you with the hours that your GP surgery is open?
QUESTION – How satisfied are you with the hours that your GP surgery is open?

% WHO ARE SATISFIED WITH OPENING HOURS

CCG and Locality Level



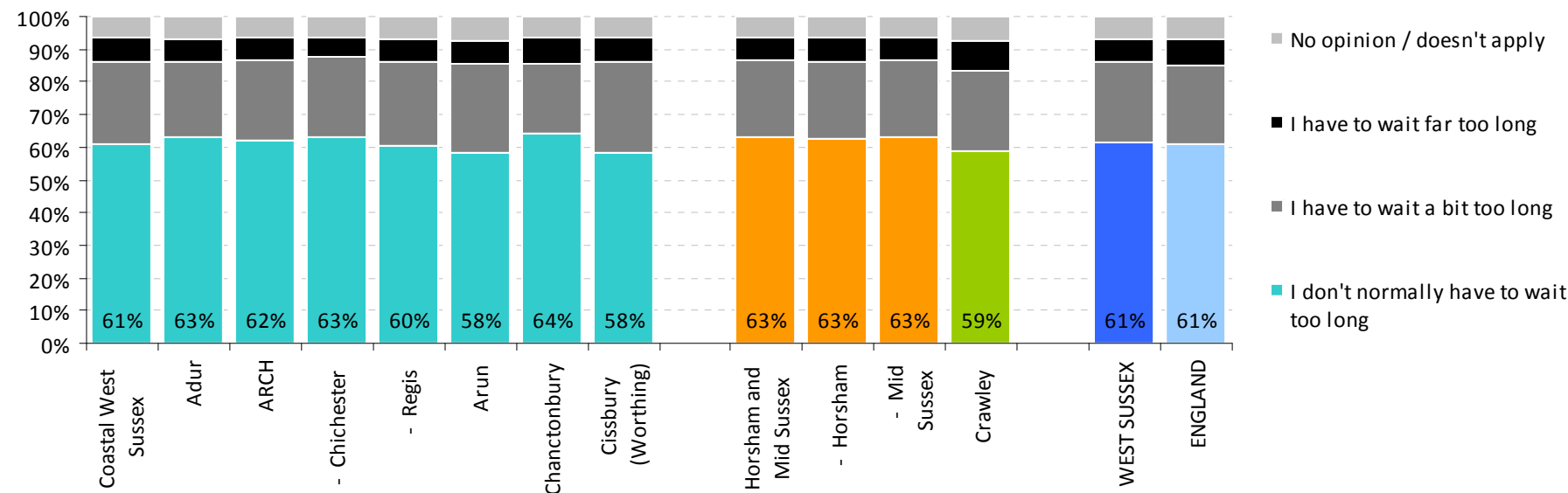
Practice Level Information (Crawley and Horsham & Mid Sussex)



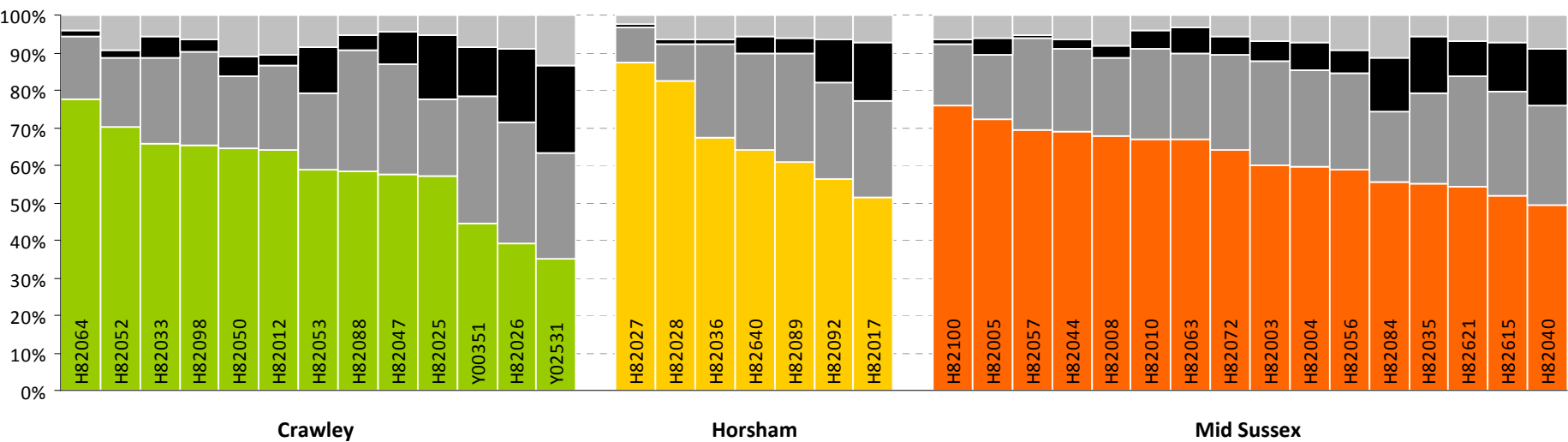
QUESTION - How do you feel about how long you normally have to wait?

IMPRESSION OF WAITING TIME AT SURGERY

CCG and Locality Level



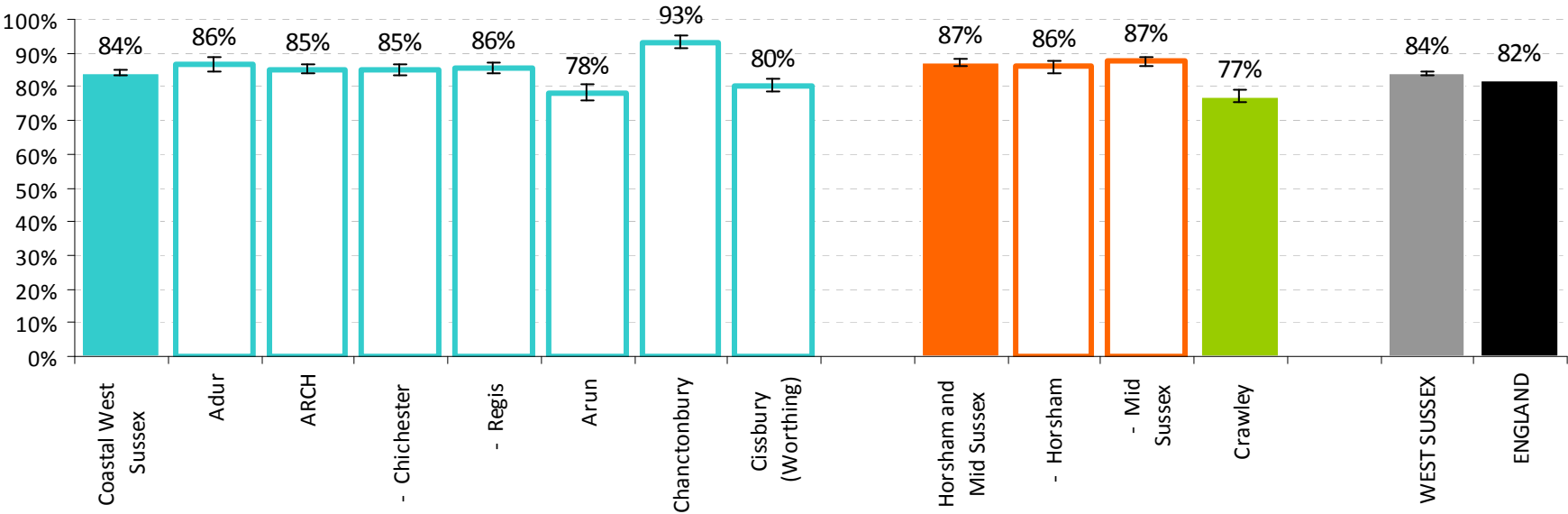
Practice Level Information (Crawley and Horsham & Mid Sussex)



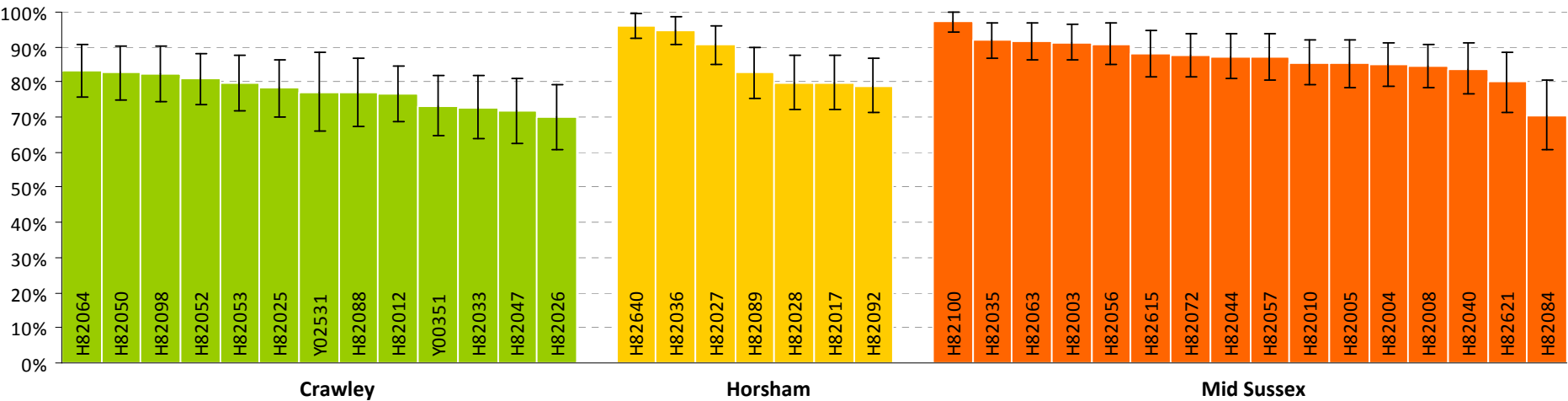
QUESTION - Who would recommend GP surgery to someone who has just moved to local area?

% WHO WOULD RECOMMEND GP SURGERY TO SOMEONE WHO HAS JUST MOVED TO LOCAL AREA

CCG and Locality Level



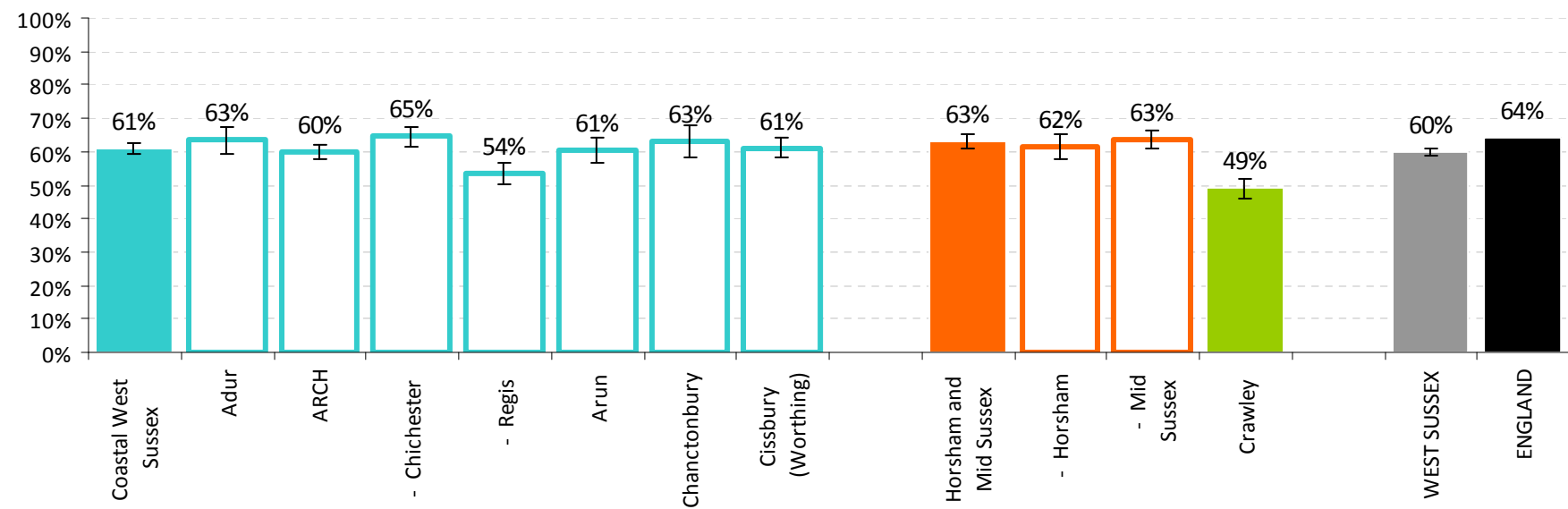
Practice Level Information (Crawley and Horsham & Mid Sussex)



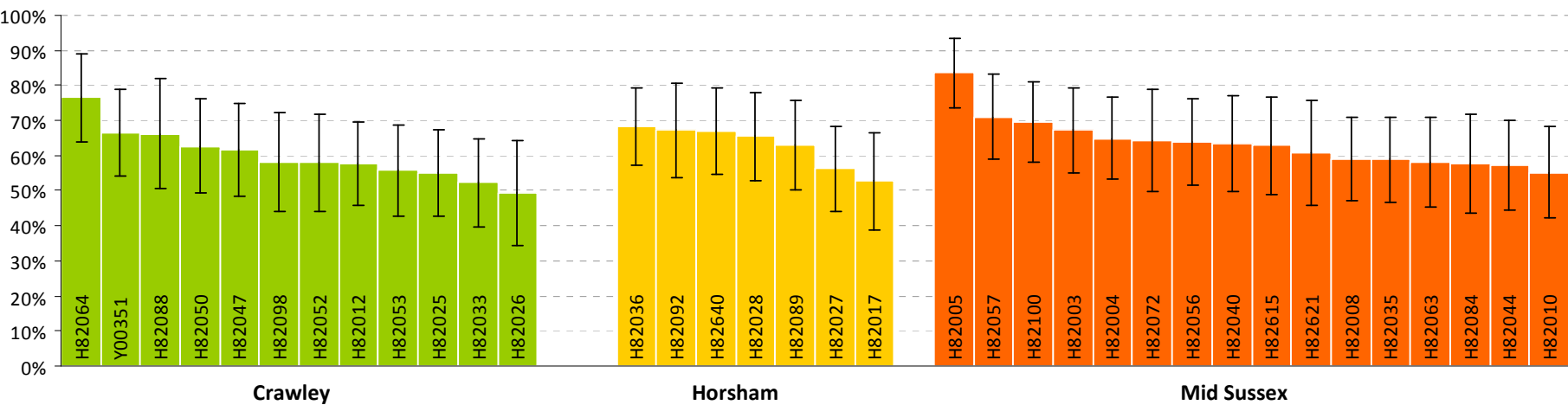
QUESTION - In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term health condition(s)?
Include all services and organisations, not just health services

% WHO SAY THEY HAVE HAD ENOUGH SUPPORT FROM LOCAL SERVICES OR ORGANISATIONS TO HELP MANAGE LONG-TERM HEALTH CONDITION(S)

CCG and Locality Level



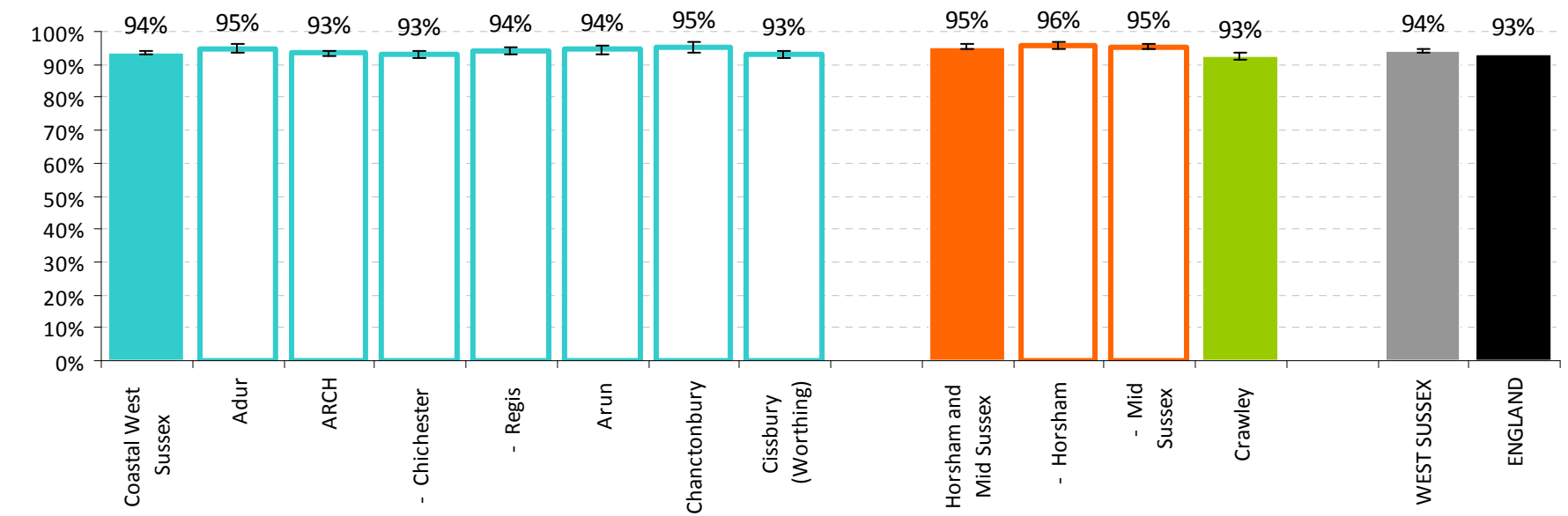
Practice Level Information (Crawley and Horsham & Mid Sussex)



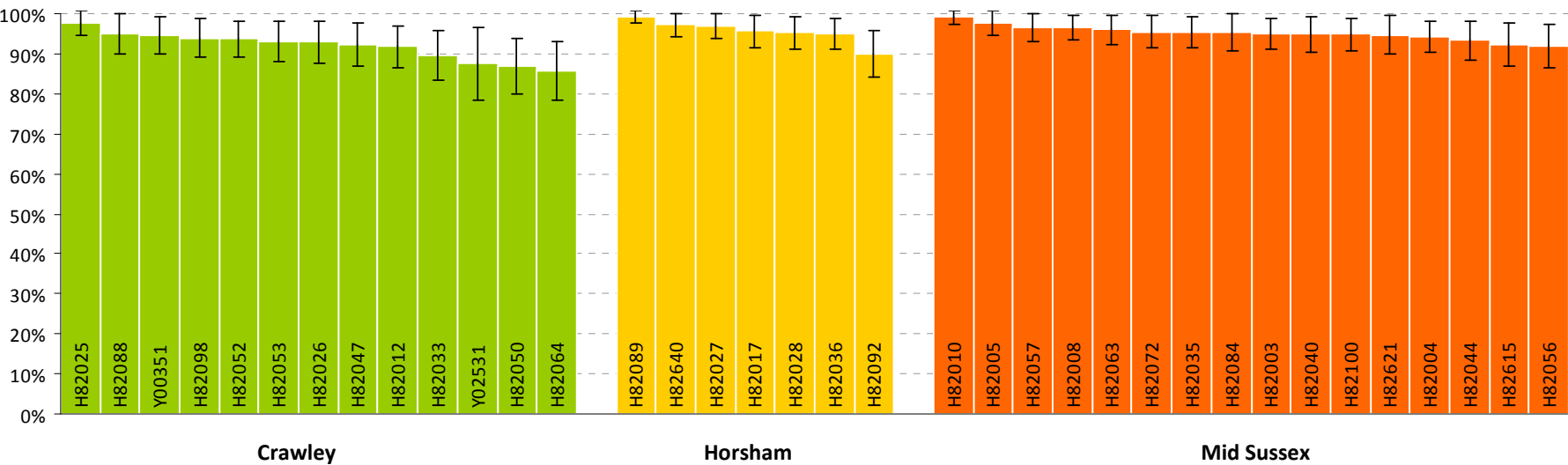
QUESTION - How confident are you that you can manage your own health?

% WHO SAY THEY ARE CONFIDENT IN MANAGING OWN HEALTH

CCG and Locality Level



Practice Level Information (Crawley and Horsham & Mid Sussex)



APPENDIX 1 CRAWLEY CCG - WARDS

