

Lifestyles of

older people

in West Sussex

2006



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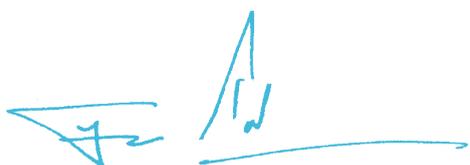
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Foreword

The national demographic shift to an older population, with the number of children and young people falling, is likely to be even more pronounced in West Sussex given the county's existing high number of older people. The implications of this demographic change for those delivering health and social caring services is vast. In coming years, older people are projected to have larger disposable incomes than many in younger age groups and will be increasingly important to the local economy. However, some older people are in poor health, feel vulnerable or are socially isolated. It is hoped that this survey and report will provide useful local information for planning and delivering services to older people.

This survey is a good example of partnership working between Public Health, West Sussex County Council Older People's department, Community Safety and others to look at the health and well-being, lifestyle and vulnerability of older people in West Sussex. The West Sussex Public Health Observatory and West Sussex County Council's Shared Intelligence Manager worked together to lead this survey of almost 50,000 people in West Sussex aged 65 years or over. The recent appointment of the joint Director of Public Health and Well-being, working across the newly formed West Sussex Primary Care Trust (PCT) and West Sussex County Council, confirm the commitment of partners to work together and build further on existing robust partnership arrangements to meet needs and aspirations of local people.

The report includes sections on smoking and alcohol, carers, contact with health services, home, anti-social behaviour and vulnerability. We hope that this report will be widely read, by policy makers and all those involved in delivering services to older people in West Sussex, and that it provides an informative and interesting summary of the results of the survey.



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With thanks to EAGA Partnership Ltd for their support with this survey.

West Sussex has an ageing population. The county's population age structure is older than the South East region and England as a whole and presents challenges in relation to the demand for and provision of services, but also in the way that older people are perceived and included in the wider community,

Aims of the survey

Routine sources of information provide a good indication of mortality and morbidity in the local population. However, there is a lack of robust local information on lifestyle factors which impact upon people's health and well-being. The two main aims of this survey were 1. to gather information on common lifestyle factors of older people and 2. to fill gaps in knowledge in order to aid health and social caring services in meeting the specific needs of the older population in West Sussex.

Methods

Questionnaire

The questionnaire was developed by the West Sussex Public Health Observatory and West Sussex County Council Shared Intelligence Project in consultation with the Public Health departments of the five Primary Care Trusts (PCTs) in West Sussex - which combined to become one West Sussex PCT on 1st October 2006. It was designed to collect information on demographics, social and health factors and vulnerability of older people in West Sussex. Individual names were not collected on questionnaires in order to ensure confidentiality. Postcodes were recorded in order to map to areas but it was made clear to respondents that all individual information would be treated confidentially and only used in an aggregated form.

Study population

All people aged 65 years or over who were registered with a general practice in West Sussex, as identified through the West Sussex Exeter system, were sent a questionnaire along with a reminder letter for flu immunisation (residents of nursing homes are not sent flu immunisation letters). The flu letter is sent to all patients annually thus ensuring complete coverage and reducing the costs of the survey. From the 165,000 questionnaires sent out, 49,697 responses were received. Of these, 48,020 were able to be included in the analysis according to the age inclusion criteria.

Totals in tables may differ as they are based upon the people who responded to the question, unless otherwise stated.

Data

The data were analysed by the West Sussex Public Health Observatory and West Sussex County Council Shared Intelligence using Excel, Access and SPSS computer packages. This report outlines the main results of the survey. Anyone wishing to obtain further information or copies of this report should contact:

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Maps

All maps presented in the report were produced using MapInfo and use natural breaks in the data to split wards. The range breaks are determined using an algorithm that sets out to minimise the internal variation of the numbers, whilst maximising the variation between the ranges. A map showing ward and district boundaries and names is on page 62 of the report.

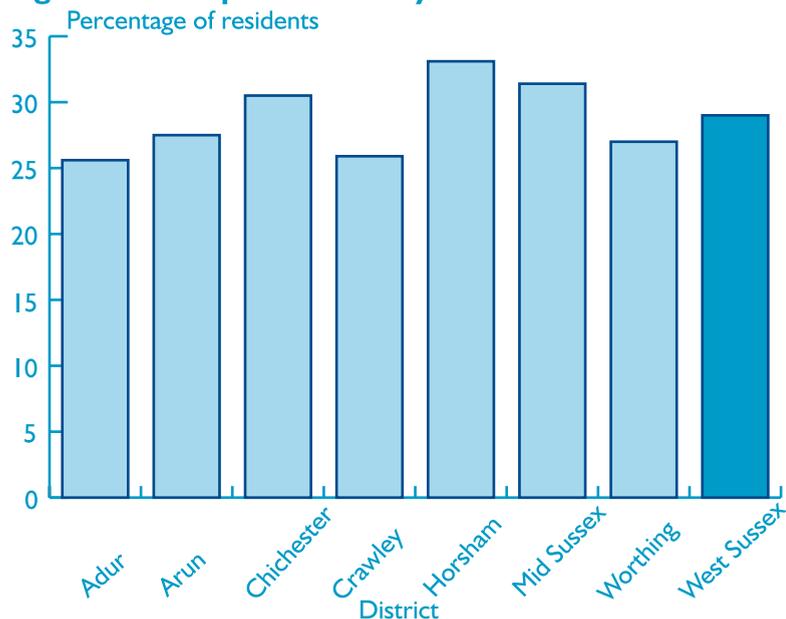
Response rates

1

From the 165,000 questionnaires sent out across West Sussex, 49,697 responses were received. Of these 48,020 were able to be included in the analysis according to the age inclusion criteria and resulting in a response rate for the survey of 29% of the West Sussex registered population (65 years or over). Residents of nursing homes are not sent influenza immunisation letters which meant that in areas with high numbers of nursing homes, the response rate would have been higher than presented here as nursing home residents are included in the resident population used for the denominator.

Response rates by district

Figure 1.1: Response rates by district



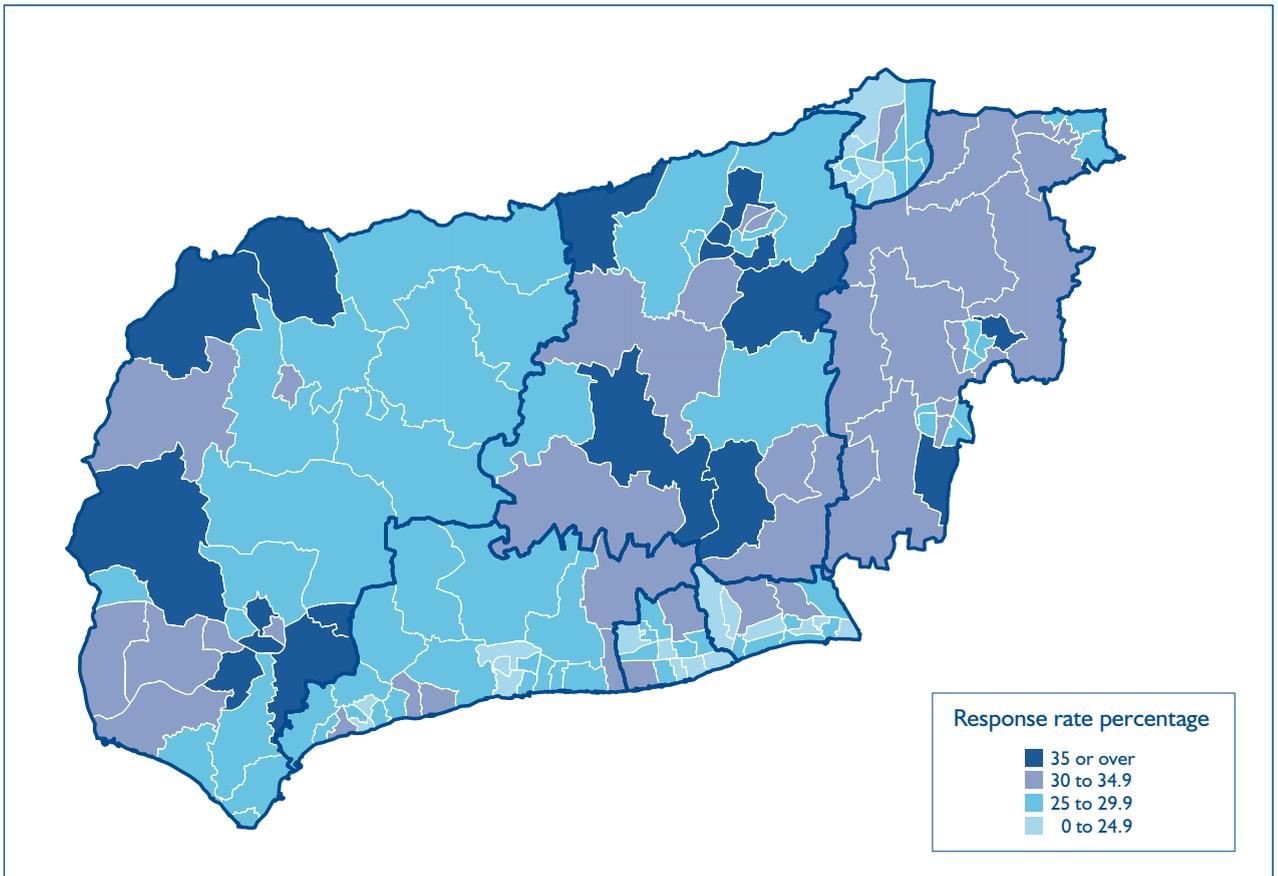
The response rate varied by district, ranging from 26% in Adur and Crawley to 33% in Horsham. Response rates by district can be seen in Figure 1.1.

Response rates by ward

There was more variation in response rates at electoral ward level and this is mapped in Figure 1.2. Langley Green in Crawley had a response rate of just 20% compared with 40% in Nuthurst, Horsham.

Response rates at the West Sussex border, particularly with Hampshire may appear high in Figure 1.2 but as the survey was sent to those who are registered with a West Sussex general practice and many of the residents in these areas are registered with practices outside the county, results in these wards can be skewed as the number of respondents is small. Appendix 2 shows the number of respondents and response rates by ward. Any ward level results shown in this report should be considered with this limitation in mind. A map showing ward and district boundaries and names is on page 62 of the report.

Figure I.2: Electoral ward response rates of people aged 65 years or over



Note - Some of the wards on the West Sussex boundary have small numbers of respondents and therefore results for these wards should be treated cautiously. Please refer to Appendix 2 for ward response numbers.

Response rates and deprivation

The lowest response rates appeared to be in areas with the greatest deprivation and the highest response rates in the more affluent areas of West Sussex.

Figure I.3: Correlation between IMD 2004 weighted ward score and ward response rate

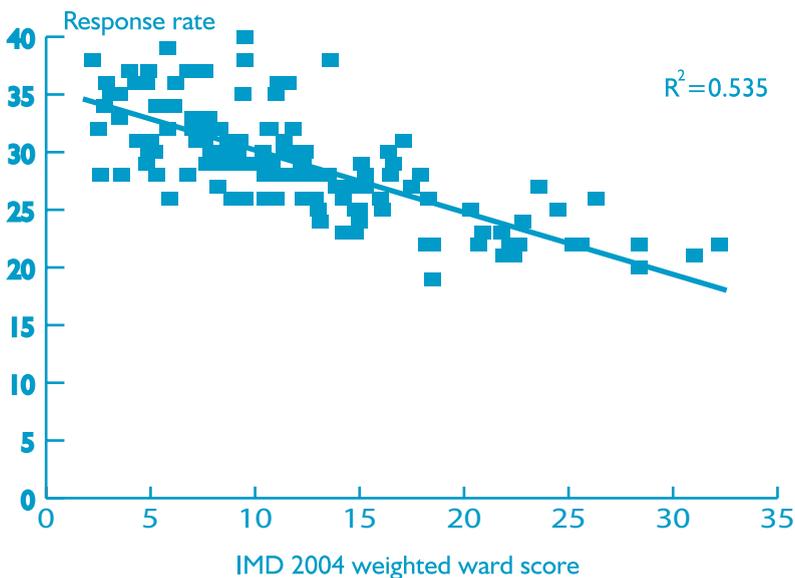


Figure I.3 shows the correlation between response rates and deprivation at ward level, using weighted Index of Multiple Deprivation (IMD) 2004 scores. With a correlation coefficient of -0.731 and R^2 value of 0.535 , there is a strong negative relationship between deprivation scores and response rates; the more deprived an area, the lower its response rate.

Socio-demographic profile

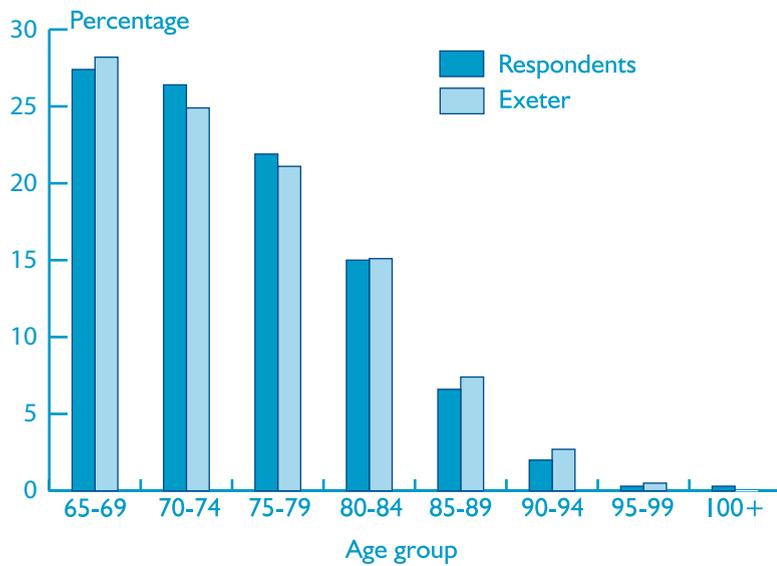
2

Age and sex composition

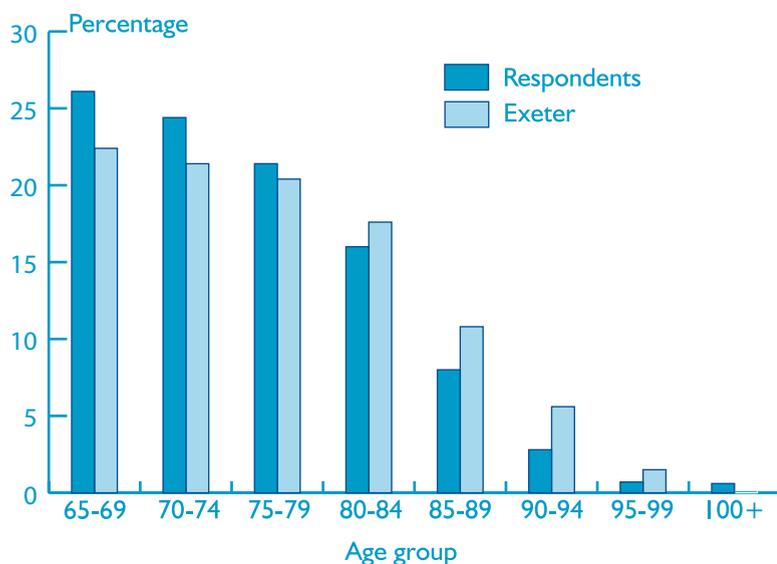
The age and sex composition of the study population was reasonably representative of the registered population. Figure 2.1 shows the age structure of the study population compared with the age structure of West Sussex residents in the same month as the questionnaire was sent out, taken from Exeter.

Figure 2.1: Age composition of respondents and registered population

Males



Females



The age distribution of males was particularly similar to the resident population. Female respondents showed only very slight over-representation in the 65-69 years and 70-74 years age groups and so no adjustments were made to the results for this.

The majority of people who participated in the survey were aged 65-74 years (52%) with 10% aged 85 years or over. Over half of the study population were female (56%). The age and sex breakdown of the survey population is shown in Table 2.1 for West Sussex; district level tables are shown in Appendix 3.

Table 2.1: Age and sex composition of respondents

Age group	Males		Females		All people	
	N	%	N	%	N	%
65-74	11,322	54	13,612	51	24,934	52
75-84	7,777	37	10,093	38	17,870	37
85+	1,894	9	3,098	12	4,992	10
Total	20,993	100	26,803	100	47,796	100

Figures may not sum to 100 due to rounding

Ethnic group

According to the 2001 Census, 96% of the population of West Sussex aged 65 years or over were White British. This is the same as the percentage in the study population. For the remaining ethnic groups, the respondents also represent closely the ethnic group breakdown given by the 2001 Census. A breakdown of ethnic groups from the Census and from the survey is shown in Table 2.2.

The White Irish population forms a slightly smaller percentage of the respondents to the West Sussex survey than to the 2001 Census estimate. This population has an older age structure than most BME groups in West Sussex which may account for the change in the past five years - although numbers are relatively small.

Table 2.2: Ethnic group aged 65 years or over

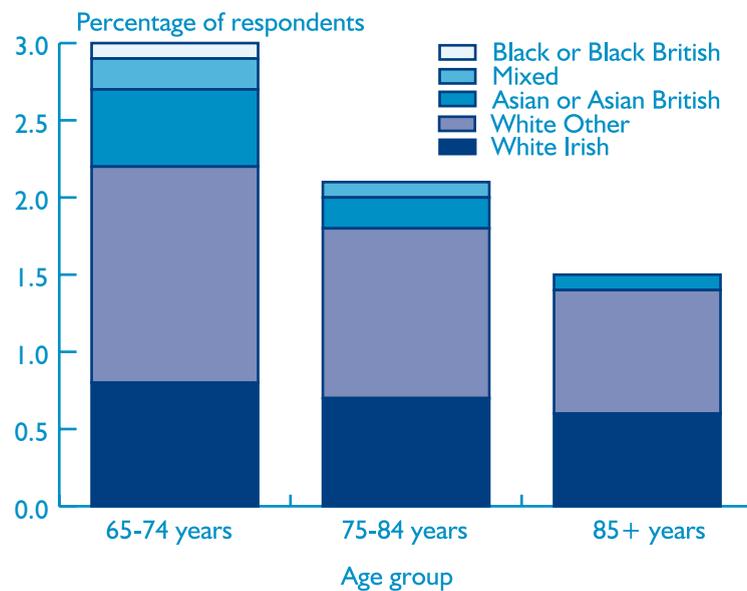
Ethnic group	Census 2001		Survey 2005	
	N	%	N	%
White British	147,093	96.2	47,602	95.9
White Irish	2,036	1.3	372	0.7
White Other	2,390	1.6	626	1.3
Asian or Asian British	707	0.5	176	0.4
Mixed	305	0.2	63	0.1
Black or Black British	156	0.1	45	0.1
Chinese or other	157	0.1	15	0.0
Unknown	-	-	748	1.5
Total	152,844	100	49,647	100

Results by ethnic group have been considered wherever possible within this report. However in some cases this was not possible or groups had to be combined because of small numbers of respondents in some ethnic groups.

Ethnicity by age group

The non-White British population ranges from 3% of the population (65-69 years) to 2% (85 years or over) as shown in Figure 2.2. The largest Black and Minority Ethnic (BME) group is White Other (that is not White British or White Irish).

Figure 2.2: Breakdown of non-White British population by age group



BME communities by local authority

The distribution of Black and Minority Ethnic communities differed by area: 6% of respondents aged 65 years or over in Crawley came from a BME community. This was much higher than in any other local authority.

Rising levels of obesity over the past three decades have led to obesity being identified as a priority in the *Choosing Health* White paper. There are significant inequalities in the prevalence of obesity with manual groups having much higher prevalence than professional groups.

Body mass index

Body mass index, often referred to as BMI, is currently the standard measure used to identify if a person is the correct weight for their height. **BMI is calculated by:**

$$\text{Weight (in kg)} / \text{Height (in metres)}^2$$

There are a number of differing classifications about at what BMI score a person is considered to be underweight, normal weight, overweight,

obese or very obese. The categories used in this report are given in Table 3.1. There is currently a great deal of debate about the use and interpretation of BMI and about the classification cut offs. This section needs to be read with those reservations in mind. Heights and weights were self-reported which may also have affected the results.

Table 3.1: BMI categories

Categorisation	BMI score range
Underweight	< 18.5
Normal weight	18.5 - 24.9
Overweight	25 - 29.9
Obese	30 - 40
Very Obese	> 40

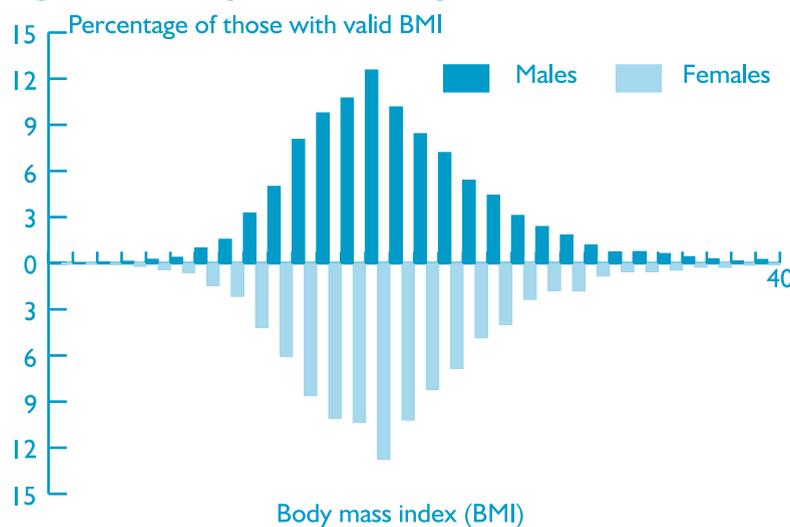
Distribution of BMIs

Figure 3.1 shows the distribution of BMIs for male and female respondents to the survey. The two distributions for males and females

are very similar, with a mean BMI for both males and females of 25 (standard deviation for males 3.4 and for females of 4.0). BMIs of both males and females appear normally distributed within the study population and the variation is similar within both groups.

Although inclusion criteria were used for heights and weights, when the BMI score was calculated there were some extreme BMI values, particularly higher values, which were therefore excluded.

Figure 3.1: Body mass index by sex

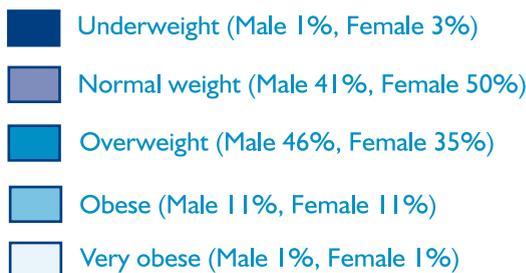
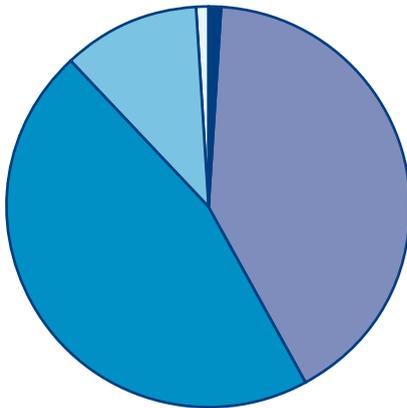


BMI breakdown by sex

Within the study population, 45% of females and 42% of males had neither or only one of their height or weight measurements recorded so a BMI score could not be calculated (these included those who gave heights or weights outside of the inclusion criteria). It is assumed here that the findings can be related to the general population as there is no evidence to suggest there is a systematic difference between those who gave their height and weight measurements in the survey and those who did not.

Figure 3.2: BMI breakdown by sex

Males



Females

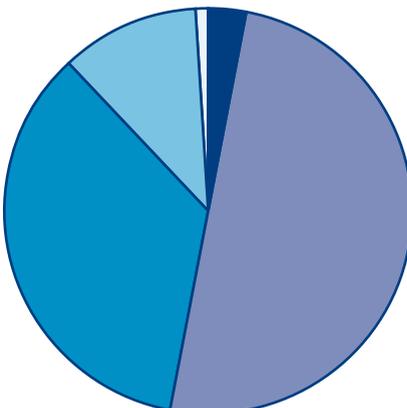


Figure 3.2 gives the breakdown of valid BMI categories (excluding unknown) for males and females. Half of females were normal weight compared with 41% of males. In the survey, men are more likely than females to be overweight with 46% of males overweight and a further 12% obese or very obese. The equivalent figures for females were 35% and 12% respectively. The percentage of people who are underweight is 1% for both males and females.

Mean BMI

BMI decreases with age (Table 3.2) falling from 25 in women aged 65-74 years to 23 in women aged 85 years or over. The equivalent fall in BMI for men is from 26 to 24. However correlations between BMI and age showed no relationship (R^2 of only 0.02 for both sexes).

For both males and females, the 2004 Health Survey for England gave higher mean BMIs of 28 for those aged 65-74 years and 27 for those aged 75 years or over.

Table 3.2: Mean BMI by sex and age group

Age group	Mean BMI		Number	
	Female	Male	Female	Male
65-74 years	25	26	8,191	6,810
75-84 years	25	25	5,257	4,409
85+ years	23	24	1,303	956

4

To provide an indication of the general health of the survey group, the following question from the 2001 Census was asked.

In the last twelve months would you say your health has been on the whole:

Good

Fairly good

Not good

This question looks at self-perception of health and this is an important element of an individual's health and well-being. Questions were also asked on contact with health services. The relationship between self-perceived health and contact with services will be explored in section 9 of the report.

Of those who answered this question, just under half (47%) the respondents said that their health was "good" in the last twelve months, a further 41% stated that it was "fairly good" and 12% said their health was "not good" in the last twelve months. The 2001 Census for West Sussex residents aged 65 years or over recorded these as 43%, 41% and 17% respectively so the study population reported better general health than the Census estimates. This may be explained because the response rate was higher in more affluent where general health tends to be better.

The percentage of people who stated their general health was "not good" increased with age for both males and females (Figure 4.1), however males had a lower percentage in all age groups. The percentage of people whose health was "not good" in the last year more than doubles, for both males and females, from the 65-69 years age group to those aged 90 years or over.

Figure 4.1: Not good health by age and sex

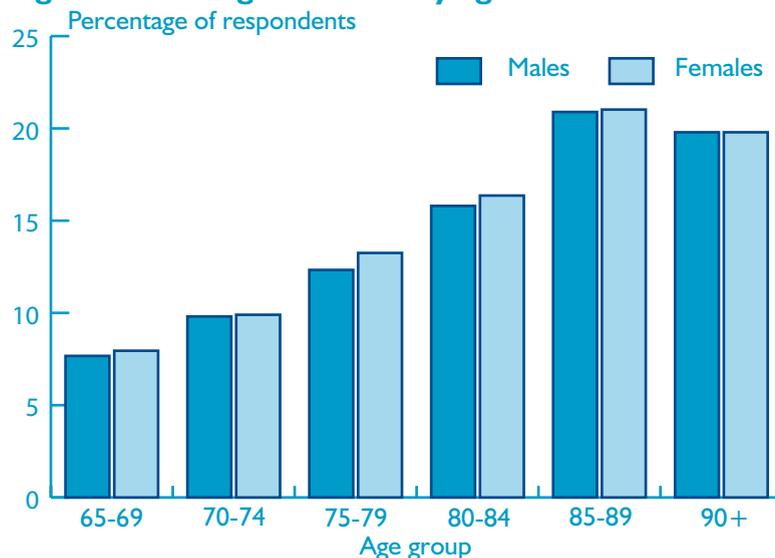
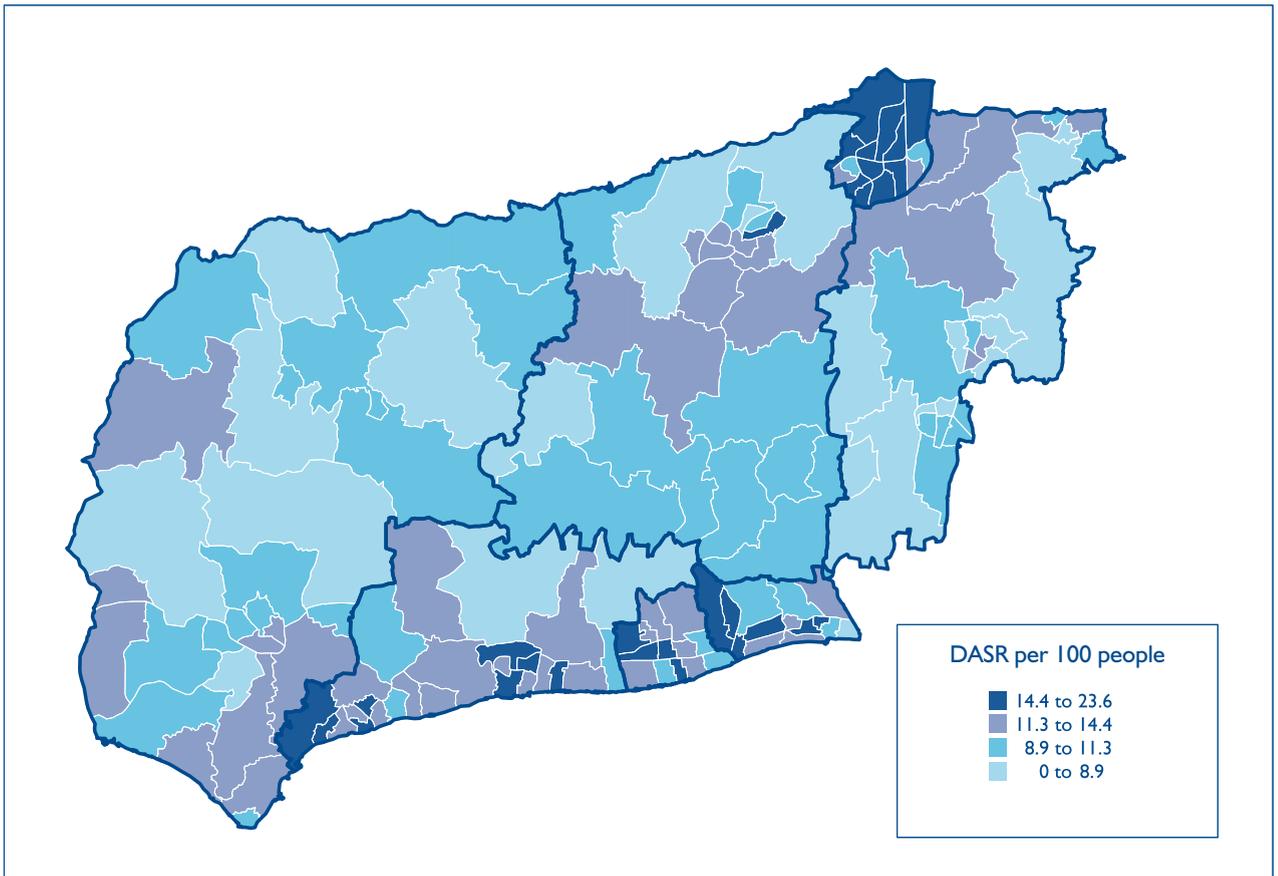


Figure 4.2: Directly age standardised rate (DASR) per 100 people whose health was not good in the last year by electoral ward



Note - Some of the wards on the West Sussex boundary have small numbers of respondents and therefore results for these wards should be treated cautiously. Please refer to Appendix 2 for ward response numbers.

“Keeping healthy - plenty of exercise, fresh air, good healthy food i.e. fresh vegetables, fish meat, butter, milk, good bread, eggs, home made pickles, jams and honey.

Keeping mind exercised - i.e. reading, writing, gardening, plenty of friends, pets. Good hobbies, needlecraft, rug making, flower arranging, poultry keeping and showing.”

As health deteriorates with age, directly age standardised rates (DASRs) of not good health at ward level are shown in Figure 4.2. Direct age-standardisation allows comparison between areas by adjusting for the age-structure of a ward. The urban centres along the coastal strip and Crawley contain the wards with the highest rates of people in not good health. These wards correlate well with the most deprived wards in

“Gradually slowing down but only to be expected after 80 I suppose.”

“Having completed the questionnaire I feel I am too jolly healthy for my own good.”

West Sussex according to the Index of Multiple Deprivation (IMD) 2004.

5

Smoking prevalence

It is known that smoking prevalence reduces with age. According to the Health Survey for England, 37% of males aged 25-34 years smoke and this percentage falls in each subsequent age group. The highest smoking prevalence for females is in the 16-24 years age group and again this figure declines with age.

Smoking prevalence in the study population was 6%. Table 5.1 shows the comparison of smoking prevalence by age group and sex of the

Table 5.1: Smoking prevalence West Sussex survey and national Health Survey for England 2004

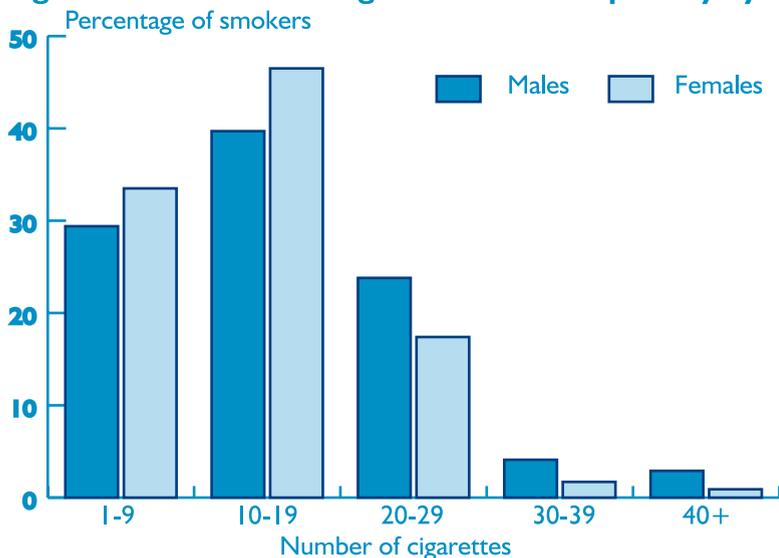
Age group	Health Survey for England 2004		West Sussex older people's survey	
	Male	Female	Male	Female
65-74 years	10	14	8	6
75+ years	7	9	5	4

study population with the national prevalence from the Health Survey for England 2004. Prevalence amongst males is higher than amongst females in the West Sussex study population but not in the Health Survey for England. There is a decline in smoking prevalence from 6% to 4% for females and from 8% to 5% for males as the age group increases.

Number of cigarettes, cigars or tobacco smoked

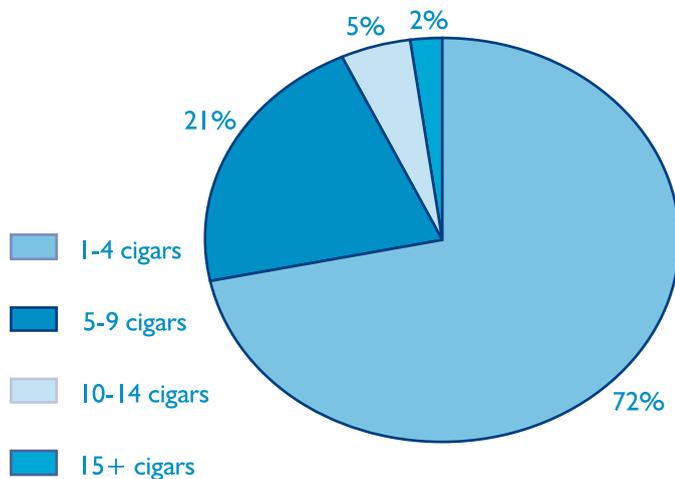
Some respondents who said that they were smokers did not specify whether they smoke cigarettes, cigars or tobacco. As only a few respondents stated that they smoke more than one of these, each group of smokers was looked at separately (as though mutually exclusive). This may be different from other age groups where smoking prevalence is higher.

Figure 5.1: Number of cigarettes smoked per day by sex



In the survey there is a higher prevalence of smoking amongst males, however females are more likely to smoke cigarettes; 91% of female smokers smoke cigarettes compared with just 48% of males. The number of cigarettes smoked per day by sex is shown in Figure 5.1. Female cigarette smokers in the study population smoke fewer cigarettes than males, with 80% of females smoking less than twenty cigarettes per day compared with 69% of males.

Figure 5.2: Number of cigars smoked per day by males



Only 1% of females smokers who responded to the survey smoke cigars regularly. Cigar smoking is much more common amongst males with 16% of male smokers regularly smoking cigars. The vast majority of male cigar smokers (72%) smoke between 1 and 4 cigars per day. The breakdown of the number of cigars smoked by males is shown in Figure 5.2. The breakdown is not shown for females as the number of female cigar smokers in the study population is too small.

Of those people who smoked, 5% of females and 31% of males smoked tobacco (not cigarettes or pipes), this could include hand rolled cigarettes or pipes.

Impact of smoking on general health

No link was found in the survey between smoking status and general health; smoking prevalence is 5-6% for people who said their health was “good”, “fairly good” and “not good” in the last twelve months. As only current smoking status was ascertained from the survey, general health could not be considered against previous smoking behaviour. This may be an important distinction since smoking prevalence falls with age. According to the 2004 Health Survey for England, 56% of males (65-74 years) and 61% of males (75 years or over) were ex-regular smokers. The equivalent figures for female ex-smokers are much lower at 30% of 65-74 year olds and 34% of those aged 75 years or over. Differences in general health are likely to be seen by distinguishing between previous smoking habits.

Ethnicity and smoking

The numbers were too small to consider smoking status by individual ethnic group, however smoking prevalence in BME groups (non-White British) is significantly higher, at 7%, than the prevalence in the White British population of 5%. According to the Health Survey for England 2004, the highest smoking prevalence is among Bangladeshi and Irish men and Irish and Black Caribbean women.

6

Average weekly consumption

Respondents were asked to state their average weekly alcohol consumption (in units). Regular drinking is much less common for females than males: 43% of females do not drink any alcohol in an average week compared with just under a quarter of males (Table 6.1). Men are also more likely to drink a higher number of units in an average week than women.

Table 6.1: Number of alcohol units drunk in an average week by sex

Units	Males		Females	
	Number	Percent	Number	Percent
None	4,961	24	11,652	43
1-14	11,034	52	12,463	47
15-21	2,493	12	1,382	5
22-28	1,457	7	359	1
29+	712	3	96	0
Unknown	393	2	1,018	4
Total	21,050	100	26,970	100

Consumption above recommended weekly limits

Table 6.2: Alcohol consumption above recommended weekly limits

Age group	Health Survey for England 2004		West Sussex older people's survey	
	Female	Male	Female	Male
65-74 years	8	20	8	12
75+ years	9	15	4	4

The West Sussex survey did not use the same question on alcohol as the Health Survey for England, however results can be compared for those drinking above the recommended weekly alcohol consumption limits of 14 units for females and 21 units for males. The West Sussex survey showed that its males are much less likely to drink above the

recommended weekly limit than nationally, as are females aged 75 years or over, but the percentage was the same for females aged 65-74 years (Table 6.2).

No link was found from the survey between alcohol consumption and smoking prevalence. However, this may be due to the reduction in smoking prevalence by age as discussed in section 5.

Alcohol consumption by district

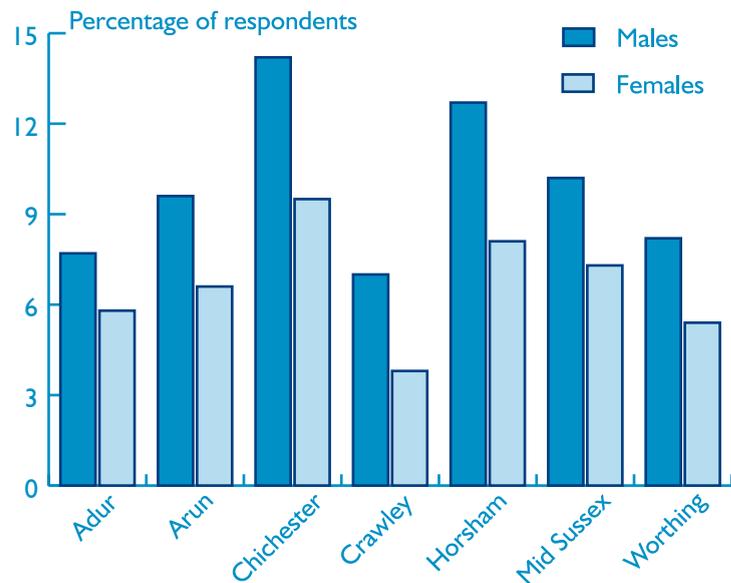
“I am neither drink dependent nor tee-total. If I want a drink (usually wine or beer) I have one. Days or even weeks can go by without.”

“I do enjoy an occasional glass of sherry.”

There is a great deal of variation in drinking habits across the county. The highest percentage of both males and females drinking above recommended weekly limits is in Chichester at 14% of males and 10% of females, double the rates in Crawley where the equivalent figures are 7% of males and 4% of females (Figure 6.1). In Crawley, 44% of all respondents did not drink any alcohol in an average week compared with a third of respondents across West Sussex.

The low alcohol use in Crawley compared with the rest of the county may be partly attributable to its higher percentage of BME communities - Pakistani and Bangladeshi communities are the groups most likely to be non-drinkers (Health Survey for England 2004). All BME groups, with the exception of White Irish, are more likely to be non-drinkers than the White British population.

Figure 6.1: Alcohol consumption above recommended levels by sex and district



There were a number of comments on alcohol, with many people stating that they drink alcohol very rarely or just on special occasions.

“Do drink alcohol very occasionally in moderation.”

Standard 8 of The National Service Framework (NSF) for Older People stresses the importance of increasing physical activity among older people. The current Department of Health recommendation for all adults is:

30 minutes of moderate physical activity on at least five occasions a week

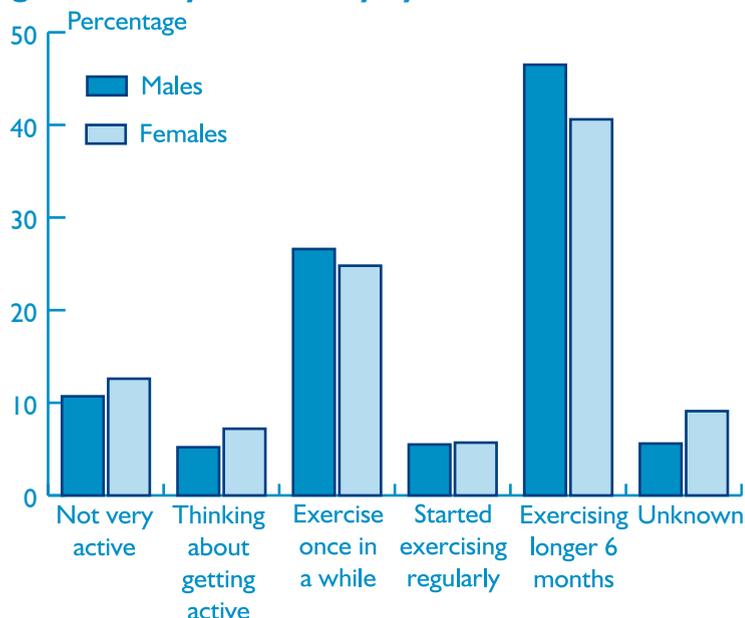
Activities such as brisk walking, cycling, swimming, dancing and gardening are included in this. The recommended level is not reduced for older people, many of whom will be frailer and less able to participate in physical activity than younger people. There is increasing evidence of the benefits of physical activity for older people (for healthy older people as well as the frail and very old), including psychosocial benefits, disease prevention and management and independence (British Heart Foundation). Even small amounts of physical activity will bring about some benefit.

Actual activity level in West Sussex

As this survey only included those aged 65 years or over it was felt that asking whether a person met the Department of Health recommendation was less appropriate. Rather, the aim of this question

was to discover whether older people in the county were engaged in any level of physical activity. 46% of females and 52% of males exercise regularly, with the majority of these having done so for more than six months (Figure 7.1). One in five women and 16% of men described themselves as not very active.

Figure 7.1: Physical activity by sex



“I do not exercise, but I am on the go with gardening and working around the house and going for walks.”

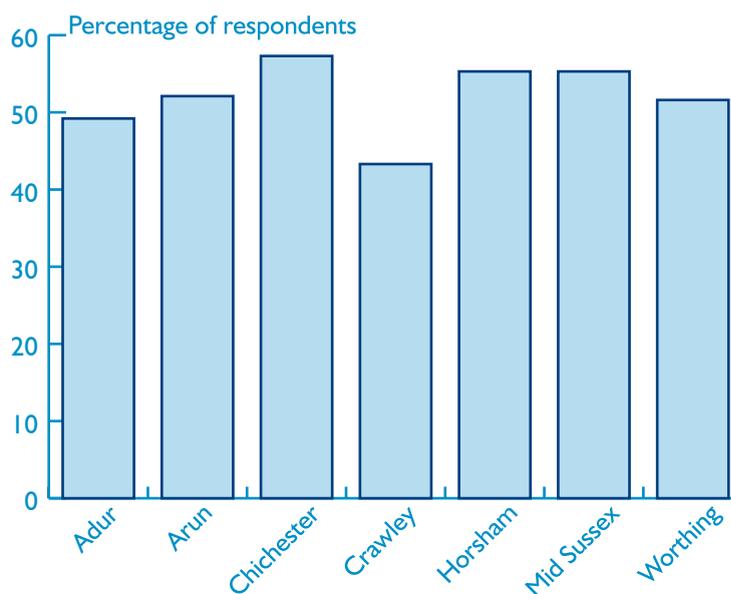
“We do yoga on most days, walk and swim at least once a week.”

From the survey comments it was clear that although many people did gardening, walking or other similar activities, they did not consider this exercise. Due to this perception, results may show an underestimate of the activity that older people do undertake. There were also comments on the barriers to exercise.

Crawley had the lowest percentage of older people who exercise regularly (either have just started or have done so for more than 6 months). The Health Survey for England 2004 reported that Asian men and women were less likely to reach the recommended physical activity levels which may explain some of this difference.

There was no strong relationship between ward IMD scores and the level of physical activity at ward level, with an R^2 of only 0.15.

Figure 7.2: Exercise regularly by district



“I lead an active life gardening, walking, cycling but do not participate in organised exercise. I feel I have enough exercise in my every day life.”

“The failure to level the shingle after winter storms has greatly reduced the ability to include sea bathing in maintaining a healthy life style. The beach is very steep and really quite dangerous.”

As West Sussex has an elderly population, the role of carers is important. The 2001 Census asked, for the first time, about the amount of unpaid care regularly given to relatives or friends. The same question was used in the West Sussex survey. The question does not identify the intensity of care given and responses will be influenced by the subjective view of respondents. Many people do not consider the

care they give to a spouse or child as unpaid care whilst others may consider care as time spent visiting a friend. This needs to be considered when looking at the results. From the Census, 13% of people were carers in West Sussex (65 or over) compared with 21% in the West Sussex survey.

Table 8.1: Percentage of older people giving unpaid care each week

Age group	Census 2001 West Sussex		West Sussex older people's survey	
	Female	Male	Female	Male
65-74 years	14	14	25	21
75-84 years	9	13	19	21
85+ years	4	10	9	20

Table 8.2: Number and percentage of people giving care to others (hours per week) by age and sex

	Age group	Male			Female		
		65-74	75-84	85+	65-74	75-84	85+
Number	1-4 hours	1,340	734	110	1,774	1,008	121
	5-19 hours	552	298	55	762	282	41
	20-49 hours	171	150	59	264	146	27
	50+ hours	345	415	146	634	492	84
	Unknown	358	388	125	768	838	308
	No	8,556	5,792	1,399	9,410	7,327	217
	Total	11,322	7,777	1,894	13,612	10,093	3,098
Percent	1-4 hours	12	9	6	13	10	4
	5-19 hours	5	4	3	6	3	1
	20-49 hours	2	2	3	2	1	1
	50+ hours	3	5	8	5	5	3
	Unknown	3	5	7	6	8	10
	No	76	74	74	69	73	81
	Total	100	100	100	100	100	100

“There was no category for the mutual support between the married elderly - this can increase with age - one is not necessarily a ‘carer’ in the accepted sense but the aid given is essential to maintain our independence and reduce the need for external help.”

As the West Sussex survey had a health and lifestyle focus, it may be that those who responded represent those with a greater interest in health, which might include carers. Increased awareness of carers over the past few years may also have had an impact on the number of people who consider themselves to be carers.

The percentage of respondents in the West Sussex survey giving unpaid care each week varied considerably by age for females but not for males: 25% of females aged 65-74 years are regular carers, 19% aged 75-84 years and 9% of those aged 85 years or over. The equivalent percentages for males were 21%, 21% and 20% respectively (Table 8.1). Many older people are caring for their spouse and as females have a longer life expectancy than males older males are more likely to have a living spouse, hence the higher percentage of males giving care at older ages.

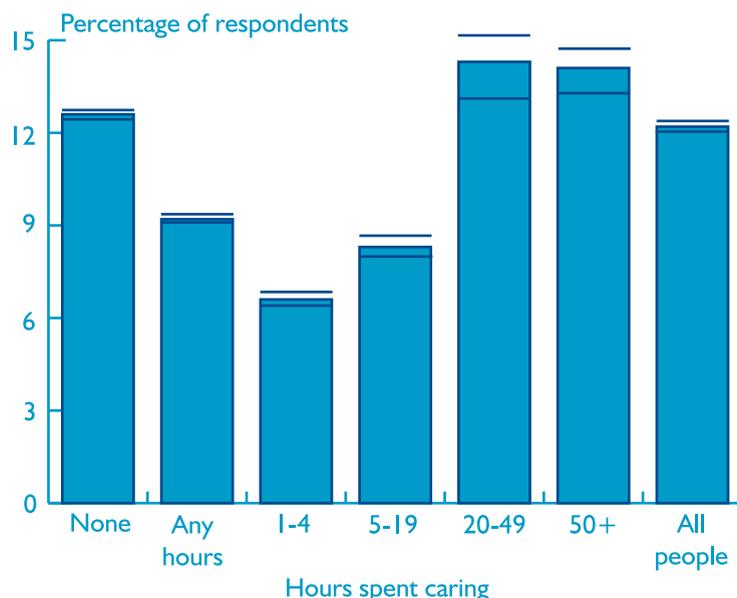
“I have to look after a grandchild aged 8 very regularly many grandparents do the same - but no one ever takes this into account. It is done for love, of course, but it is quite tiring.”

Table 8.2 shows the breakdown of hours spent caring by age group and sex. The West Sussex survey provided a more detailed breakdown of the number of hours per week spent caring, splitting the

Census 5-49 hours into 5-19 hours and 20-49 hours per week to gather more local information on this important issue.

Health of carers

Figure 8.1: Percentage of people in not good health by hours spent caring with 95% confidence limits



It is important to consider the health of people who are giving care to others. As shown in Figure 8.1 13% of people who do not spend time giving unpaid care stated their health was “not good” compared to just 9% of those people who are carers. However a statistically significant higher percentage of people who spend the greatest number of hours caring each week are in “not good” health; 14% of people giving both 20-49 hours and 50+ hours per week of care are in “not good” health.

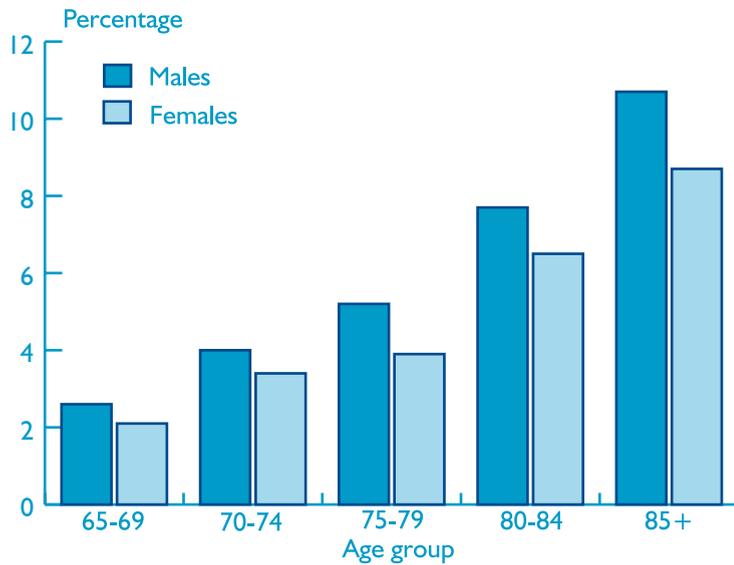
Contact with health services

9

The survey asked questions on contact with health care services, including emergency admissions to hospital, treatment from a doctor following a fall and contact with a family doctor.

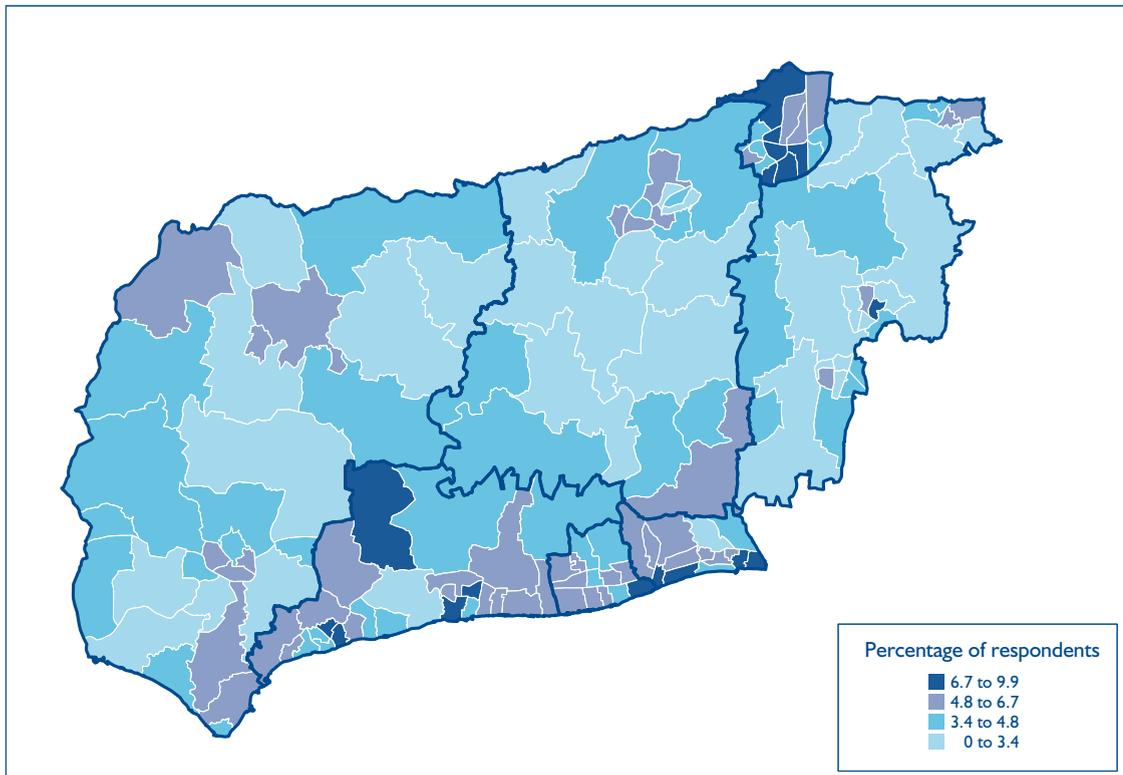
Emergency admissions

Figure 9.1: Percentage of respondents who had two or more emergency admissions by age group and sex



As person ages, illness, including serious illnesses requiring hospital admission, become more common. This is an important consideration for the provision of health and social caring services.

Figure 9.2: Percentage of respondents who had two or more emergency admissions to hospital in the last year by electoral ward



Note - Some of the wards on the West Sussex boundary have small numbers of respondents and therefore results for these wards should be treated cautiously. Please refer to Appendix 2 for ward response numbers.

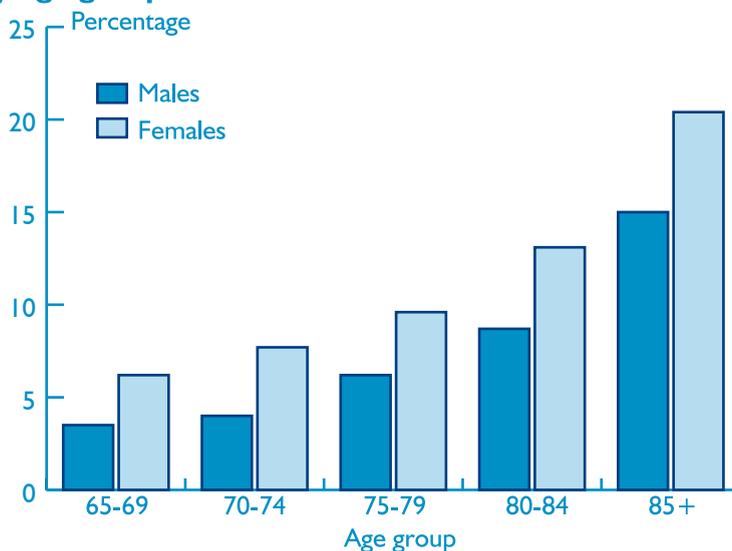
In each age group, men are more likely to have had two or more emergency admissions to hospital in the last year than women (Figure 9.1). One in ten males aged 85 years or over had been admitted to hospital at least twice as an emergency in the last year compared with one in 20 males aged 65-69 years.

Electoral ward level emergency admissions show that the areas with the highest percentages of emergency admissions for people aged 65 years or over lie along the coastal strip and in Crawley, in the areas of highest deprivation (Figure 9.2).

Falls

Data on hospital inpatient admissions gives some information on serious falls, however coding difficulties make some analysis problematic. The survey asked respondents whether they had had a fall in the past year requiring treatment from a doctor. It was felt that this would be a memorable event and would add to the information currently available.

Figure 9.3: Percentage of respondents who had treatment from a doctor following a fall in the last year by age group and sex

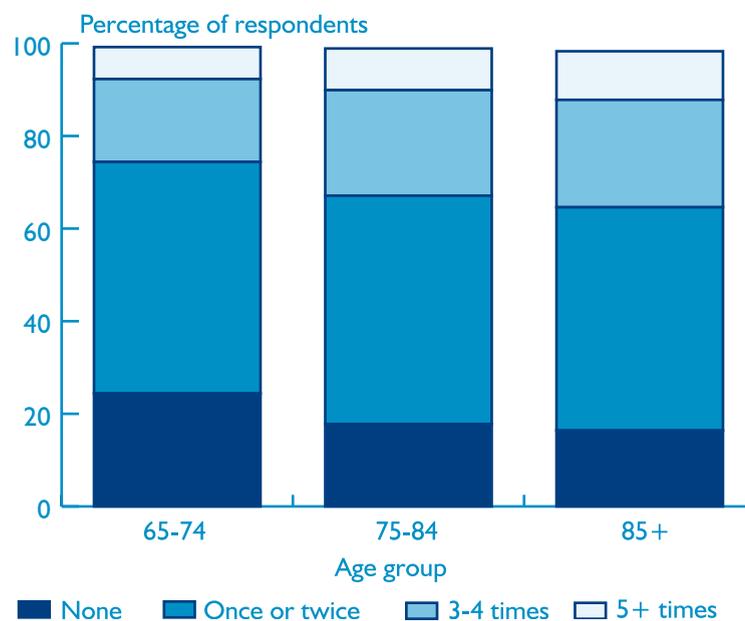


The percentage of people who saw a doctor following a fall in the last year increases with age (Figure 9.3). Falls are approximately three times more common amongst people aged 85 years or over than amongst those aged 65-69 years. Across all age groups females are more likely than males to have had a fall requiring treatment from a doctor in the last year. One in five female respondents aged 85 years or over had received treatment for a fall from a doctor in the past year compared with 15% of males of the same age.

Visits to a family doctor

It is difficult to get routine local information on how frequently people visit their GP practice. Lifestyle surveys offer an opportunity to add to the currently available evidence and knowledge from routine data. This provides a deeper insight into the health of the local population and their needs for health and social services. The final question on contact with health services was about the number of visits to a family doctor in the past six months. Figure 9.4 shows the breakdown of the number of visits to a family doctor by age group.

Figure 9.4: Visits to a family doctor in the last six months by age group



General health and contact with health services

Table 9.1 shows general health by the three types of contact with health services. Whilst only 5% of all respondents had two or more emergency admissions to hospital in the last year, one in five of those who said that their health was “not good” in the last twelve months had two or more admissions compared with 1% of those in good health.

For all people, treatment from a doctor following a fall in the last year, with 8% of all respondents, was more common than emergency admissions to hospital. Again, falls were much more common for those who said that their health was “not good”, with one in five people who said their health was “not good” having been treated by a doctor for a fall compared with only 4% of those in good health. Obviously, the fall or emergency admissions may be the reason that the person felt their health was not good.

Table 9.1: General health and contact with health services

General health in last year	Two or more emergency admissions in last year			Treatment from a doctor following a fall in last year			Three or more visits to family doctor in the last six months		
	Yes	No	All people	Yes	No	All people	Yes	No	All people
Good	1	99	100	4	96	100	11	89	100
Fairly good	4	96	100	9	91	100	36	64	100
Not good	21	79	100	20	80	100	67	33	100
All people	5	95	100	8	92	100	28	72	100

All people = 49,076

In order to investigate general health and visits to a family doctor it was considered that three or more visits in six months would indicate that there may be a health problem. Of all respondents, 28% had been to see their family doctor at least three times in the last six months, however this figure was 11% of those in “good” health, 36% of those in “fairly good” health and 67% of those in “not good” health.

Contact with health service score

In order to get a better picture of those who had most contact with health services, arguably the most vulnerable, the three questions on health service contact were combined to produce a score out of three with one point for each of the following:

two or more emergency admissions in the last year

a fall treated by a doctor in the last year

three or more visits to a family doctor in the last six months

Just over a third of all respondents had one or more of the above contacts with health services but this fell to 7% of all respondents who had two or more of the above contacts. Percentages were similar for males and females for both of the combined scores.

The directly age-standardised rate for two or more types of contact with health services for West Sussex was 65 per 1,000 population aged 65 years or over.

Special equipment

10

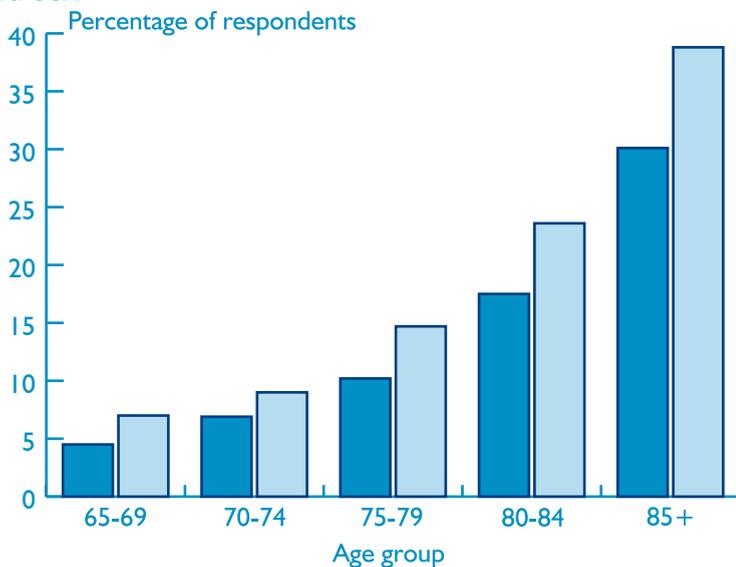
As people age their health worsens, they become frailer and many people require special equipment or adaptations to their home to make carrying out daily tasks easier. Overall, 13% of respondents have special equipment or adaptations to their home (Table 10.1). This ranged from 11% in Horsham and Mid Sussex to 15% in Adur.

Table 10.1: Number and percentage of older people with special equipment / adaptations in their home

Area	Number			Percentage	
	Yes	No	Total	Yes	No
Adur	466	2,654	3,120	15	85
Arun	1,374	8,707	10,081	14	86
Chichester	956	5,956	6,912	14	86
Crawley	605	2,926	3,531	17	83
Horsham	836	6,442	7,278	11	89
Mid Sussex	847	6,113	6,960	12	88
Worthing	796	4,953	5,749	14	86
West Sussex	5,880	37,751	43,631	13	87

Men are less likely than women at all ages to have special equipment or adaptations to their home (Figure 10.1). Males aged 85 years or over are seven times more likely to have special equipment than males aged 65-69 years. Females aged 85 or over are six times as likely as those aged 65-69 years.

Figure 10.1: Percentage of people with special equipment or adaptations to their home by age group and sex



As noted in a recent Adur, Arun and Worthing tPCT and South East Public Health Observatory (SEPHO) publication *Excess winter mortality rates in the South East*, mortality in England and Wales is consistently above average in the winter months of December to March compared with the rest of the year. The 1998 Acheson report *An Independent Inquiry into Inequalities in Health* put indoor temperature and fuel poverty firmly on the agenda.

It is particularly important for older people to keep warm in winter but older people can also be amongst those who are the most fuel poor. A fuel poor household is defined as 'one that needs to spend in excess of 10% of their income in order to maintain an adequate standard of warmth'.

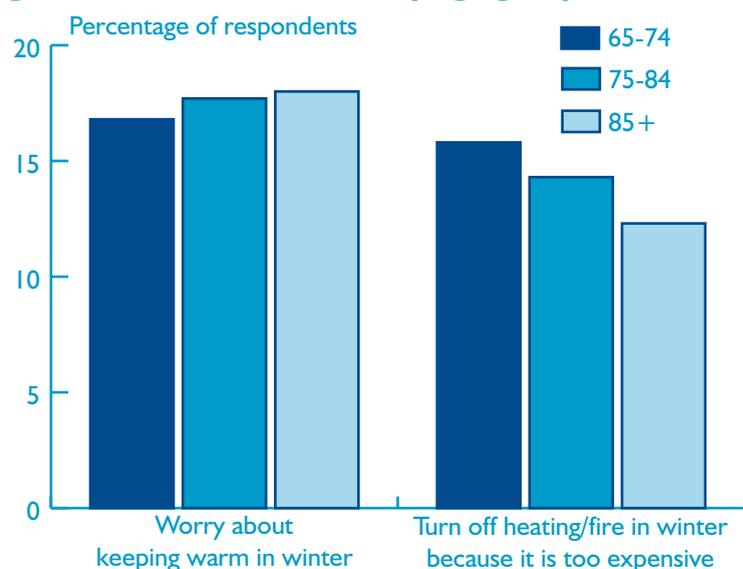
The West Sussex older people's survey asked respondents two questions on winter warmth:

Do you worry about keeping warm in your home in winter?

Do you ever turn off your heating/fire in winter because it is too expensive?

The results in Figure 11.1 show that whilst the percentage of people who worry about keeping warm in winter increases slightly with age from 17% of 65-74 year olds to 18% of those aged 85 years or over, the percentage of people who turn off their heating/fire falls with age from 16% of 65-69 year olds to 12% of those aged 85 years or over. These are still significant percentages of potentially vulnerable older people who are turning off their heating/fire in winter due to the expense.

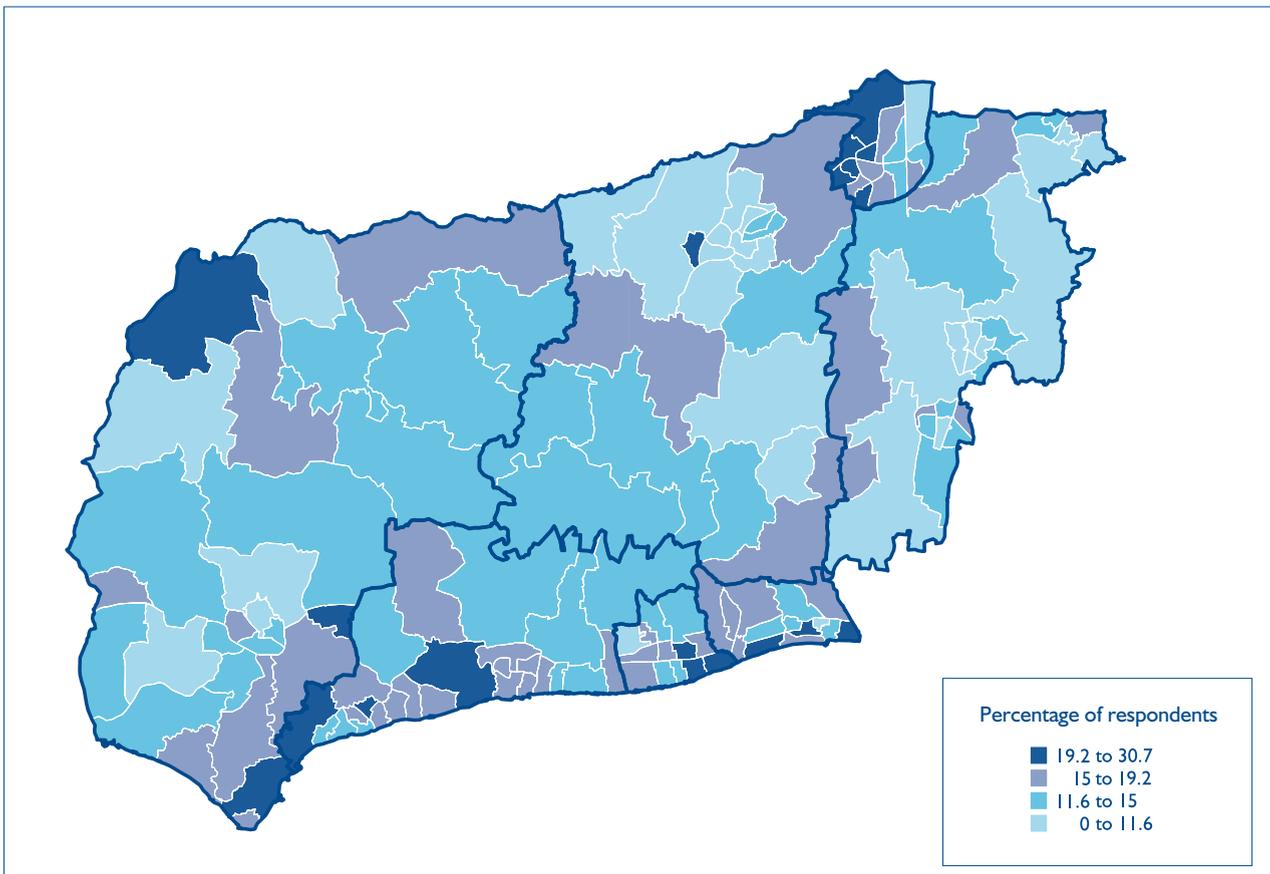
Figure 11.1: Winter warmth by age group



Winter warmth at district and ward level

Across West Sussex 15% of all respondents turn off their heating/fire in winter due to the expense. This ranges from 12% of respondents in Mid Sussex to 18% in Crawley. The picture at ward level shows that the overall figure masks a great deal of variation. In wards along the coastal strip and in Crawley, the percentage of older people turning their heating/fire off in winter due to the expense is particularly high (Figure 11.2). There is a fairly strong relationship between the Index of Multiple Deprivation (IMD 2004) and the percentage of people who turn off their heating/fire in winter due to the expense, with a correlation coefficient of 0.56 and an R^2 value of 0.31 indicating that 31% of the variation in the percentage of people who turn their heating/fire off can be explained by deprivation.

Figure 11.2: Percentage of respondents who stated that they turn off their heating/fire due to the expense by electoral ward



Note - Some of the wards on the West Sussex boundary have small numbers of respondents and therefore results for these wards should be treated cautiously. Please refer to Appendix 2 for ward response numbers.

Turning off heating and general health

Turning off heating in winter highlights a pronounced inequality in terms of health, with those in the worst health being almost twice as likely as those in good health to turn off their heating in the winter due to the expense (Table 11.1).

“It’s difficult to keep warm, as the gas heating is very expensive.”

Table 11.1: Turning off heating and general health with 95% confidence intervals

	Turns off heating (%)	Lower limit	Upper limit
Good health	11.8	11.3	12.2
Fairly good health	17.4	16.9	17.9
Not good health	20.7	19.7	21.8
All people	15.2	14.9	15.5

“My home has been insulated under the ‘warm front’ scheme. I noticed the difference last winter.”

“The warm front grant application is of no use for us who have provided or tried to provide for our old age, with savings and pensions etc. it’s very obvious the more you spend with no saving incentive before retirement the more benefits you can receive after retirement.”

Smoke alarms are extremely effective, relatively cheap devices for reducing the risk of injury or death from a house fire. According to the West Sussex Fire and Rescue

Service nine people died in dwelling fires (accidental and deliberate) in West Sussex during 2004/05. In seven of those fires there was no smoke alarm or the smoke alarm did not work because the battery was either flat or had been taken out.

Smoke alarm ownership in England was 36% in 1991 (English House Condition Survey), 72% in 1996 (ONS Omnibus Survey) and 77% in 1999 (British Crime Survey 2000).

However, over a fifth of homes still do not own a smoke alarm and fire and rescue service statistics for 1999 show that 65% of all fires in the home occurred where there was no smoke alarm installed.

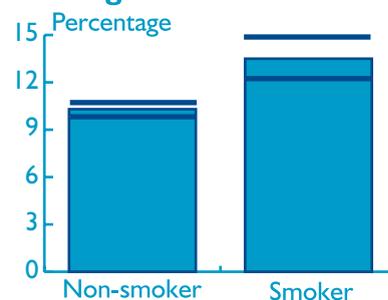
The West Sussex survey revealed that one in ten people aged 65 or over do not have a smoke alarm; over five thousand respondents.

Results from the 2000 British Crime Survey indicate that adults living alone, households with smokers and ethnic minority households are less likely than average to own a smoke alarm.

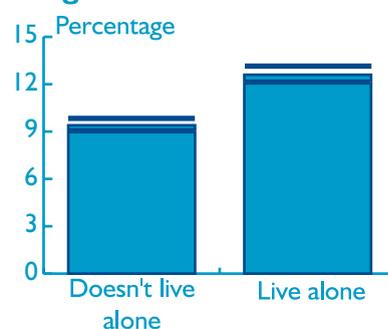
Older person households were not identified as a group where smoke alarm ownership was particularly low and the 10% figure for West Sussex older people is below the national 20% of all households without a smoke alarm.

Figure 12.1: Percentage of respondents without a smoke alarm with 95% confidence limits by:

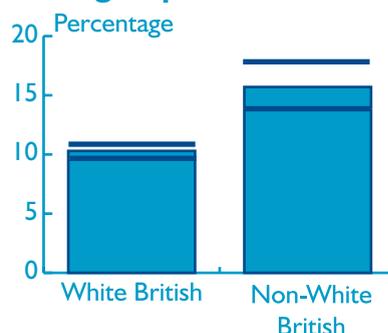
Smoking status



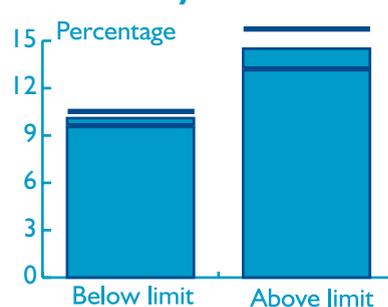
Living alone



Ethnic group



Above weekly alcohol limit



However, amongst older people in West Sussex, smokers, those who live alone, individuals from BME communities and people who drink above recommended weekly alcohol limits were all significantly less likely to have a smoke alarm (Figure 12.1). Smoking and drinking heavily are both risk factors for fire deaths.

Contact with other services

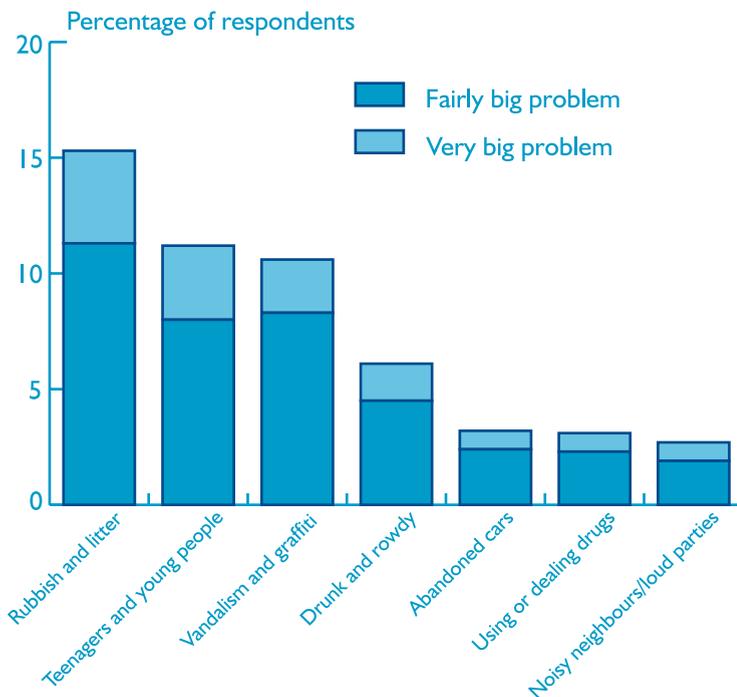
The results show that a sizeable percentage of people without smoke alarms may have come into contact with local services; 31% of people without a smoke alarm had some contact with health services in the last year. Others without smoke alarms reported risk factors such as limited mobility (19% of people without a smoke alarm use a stick, frame or wheelchair) or memory problems (25% of people without a smoke alarm). It is therefore imperative to continue the encouragement of close working practices and referrals across agencies.

Anti-social behaviour includes a wide spectrum of selfish and unacceptable activity that can blight the quality of community life. It covers a broad range of conduct including dropping rubbish and litter, graffiti, groups of youths behaving aggressively, and neighbours who do not clean up after their dogs.

It impacts on individuals, families and communities; it can prevent a peaceful community life and degrade the environment. Anti-social behaviour does not just make life unpleasant, it holds back the regeneration of disadvantaged areas and creates an environment where more serious crime can take hold.

One of the main impacts of anti-social behaviour and perceived anti-social behaviour is the effect on fear of crime. For older people in particular, this can be a real problem, possibly leading to a fear of going out and increased isolation.

Figure 13.1: Respondents who thought the following were problems where they live



Encouragingly, in West Sussex when older people were asked about a list of potential issues where they live, most were not perceived as a problem by the majority of respondents to the survey. The greatest perceived problems were rubbish and litter; teenagers and young people hanging around; and vandalism and graffiti (Figure 13.1).

However, there was variation between districts. For example, 33% of residents in Crawley reported rubbish and litter as a fairly or very big problem, compared with 16% for the county as a whole. In Adur, 18% of respondents reported vandalism and graffiti as a “fairly or very big problem” compared with 12% for

the county (Table 13.1).

Teenagers and young people hanging around was reported as a “fairly or very big problem” by 11% of respondents overall, but by more than 17% in Adur. However teenagers and young people hanging around is a particularly subjective area, as one person’s perception of high spirits may be another person’s perception of “loutish” behaviour.

“The area where I live is peaceful. I would not go into town after dark as I think it is 'noisier'.”

It is important that anti-social behaviour is not seen primarily as acts carried out by young people. A significant amount of actions are perpetrated by adults. Moreover, young people are more likely to be the victims of crime than the perpetrators.

Table 13.1: Percentage of respondents who thought the following were a fairly or very big problem where they live

	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Rubbish and litter	16	16	15	33	13	13	17
Vandalism and graffiti	18	12	10	15	9	10	12
People being drunk and rowdy	7	7	6	10	6	7	7
Abandoned cars	5	4	2	8	3	3	4
People using or dealing drugs	4	4	3	6	3	3	3
Teenagers and young people hanging around	18	12	11	18	11	11	9
Noisy neighbours and loud parties	3	3	3	6	3	3	3

“People being drunk and rowdy and young people, often in large groups, is particularly intimidating on Friday evenings in the town. So much so I avoid going out or travelling back home after 20.00hrs whenever possible.”

A survey by Age Concern in 2002 recommended that in order to develop suitable approaches for reducing fear amongst older people, crime prevention agencies and their partners should recognise the impact of aging; how physical and mental frailty reduce confidence; and how a reduced ability for self defence can heighten fear.

Table 13.2 identifies the top ten wards in West Sussex for each element of anti-social behaviour.

“No active action being taken to deal with people allowing their dogs to regularly foul footpaths and open spaces used by other users including children.”

“The impending extensions of opening hours of public houses and other places dealing in alcoholic products will undoubtedly cause deterioration in local people's lifestyle.”

Many older people commented that they did not go out at night. Another concern was over extended opening hours of public houses.

Table 13.2: Top ten wards in West Sussex for problems in the area

Rubbish and litter	Vandalism and graffiti	People being drunk and rowdy	Abandoned cars	People using or dealing drugs	Teenagers and young people hanging around	Noisy neighbours and loud parties
Broadfield North (Crawley)	Northbrook (Worthing)	Central (Worthing)	Bewbush (Crawley)	Broadfield North (Crawley)	Bewbush (Crawley)	Broadfield North (Crawley)
Broadfield South (Crawley)	Broadfield North (Crawley)	Broadfield North (Crawley)	Broadfield South (Crawley)	Bewbush (Crawley)	Broadfield North (Crawley)	Northbrook (Worthing)
Bewbush (Crawley)	Bewbush (Crawley)	River (Arun)	Langley Green (Crawley)	Ham (Arun)	Broadbridge Heath	Bewbush (Crawley)
Northbrook (Worthing)	Broadfield South (Crawley)	Ham (Arun)	Broadfield North (Crawley)	Broadfield South (Crawley)	Broadfield South (Crawley)	Central (Worthing)
West Green (Crawley)	Ham (Arun)	Bewbush (Crawley)	Orchard (Arun)	Langley Green (Crawley)	Northbrook (Worthing)	Broadfield South (Crawley)
Tilgate (Crawley)	St Mary's (Adur)	Marine (Arun)	Ham (Arun)	Central (Worthing)	Ham (Arun)	St Mary's (Adur)
Langley Green (Crawley)	Eastbrook (Adur)	West Green (Crawley)	River (Arun)	Northbrook (Worthing)	Mash Barn (Adur)	River (Arun)
Ham (Arun)	Central (Worthing)	Broadfield South (Crawley)	Northbrook (Worthing)	Marine (Arun)	Churchill (Adur)	Burgess Hill Dunstall (Mid Sussex)
Central (Worthing)	Churchill (Adur)	Chichester South (Chichester)	East Grinstead Ashplats (Mid Sussex)	Haywards Heath Bentswood (Mid Sussex)	Selsey North (Chichester)	Langley Green (Crawley)
Northgate (Crawley)	Southwick Green (Adur)	East Grinstead Town	Southwick Green (Adur)	Eastbrook (Adur)	Selsey South (Chichester)	Haywards Heath Bentswood (Mid Sussex)

Whilst many older people live active and healthy lives, others can be vulnerable through social isolation or frailty. A validated tool used to assess this vulnerability, the Sherbrooke Score, was included in the survey and included the following six questions:

Do you live alone?

Do you take more than three medications every day?

Do you use a stick, a frame or a wheelchair to move about?

Do you see well?

Do you hear well?

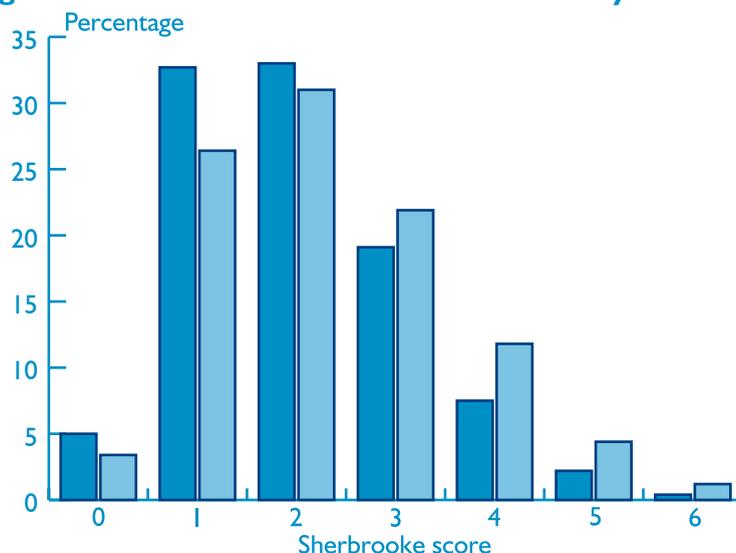
Do you have problems with your memory?

Various studies have used the Sherbrooke Score but have determined different cut off points for people considered to be vulnerable, some with a cut off score of just one or more. The distribution of scores is shown in Figure 14.1, with females scoring higher than males. If a score of at least one were used then only 3% of females and 5% of males in West Sussex would be considered not to be vulnerable. Therefore a cut off score of one or more is too narrow to be used on a generally healthy older population.

Since the population of West Sussex is old, many people are widowed and live alone. However older people in West Sussex have better health than in England as a whole and it was felt that living alone does not necessarily equate with social isolation and being vulnerable.

Likewise, the questions on sight, hearing and memory attracted a high number of comments from respondents. Many people felt that this was just a part of the ageing process and may mean they wear glasses or use a hearing aid but that this did not affect their day to day lives. The question on memory was particularly commented upon.

Figure 14.1: Sherbrooke score distribution by sex

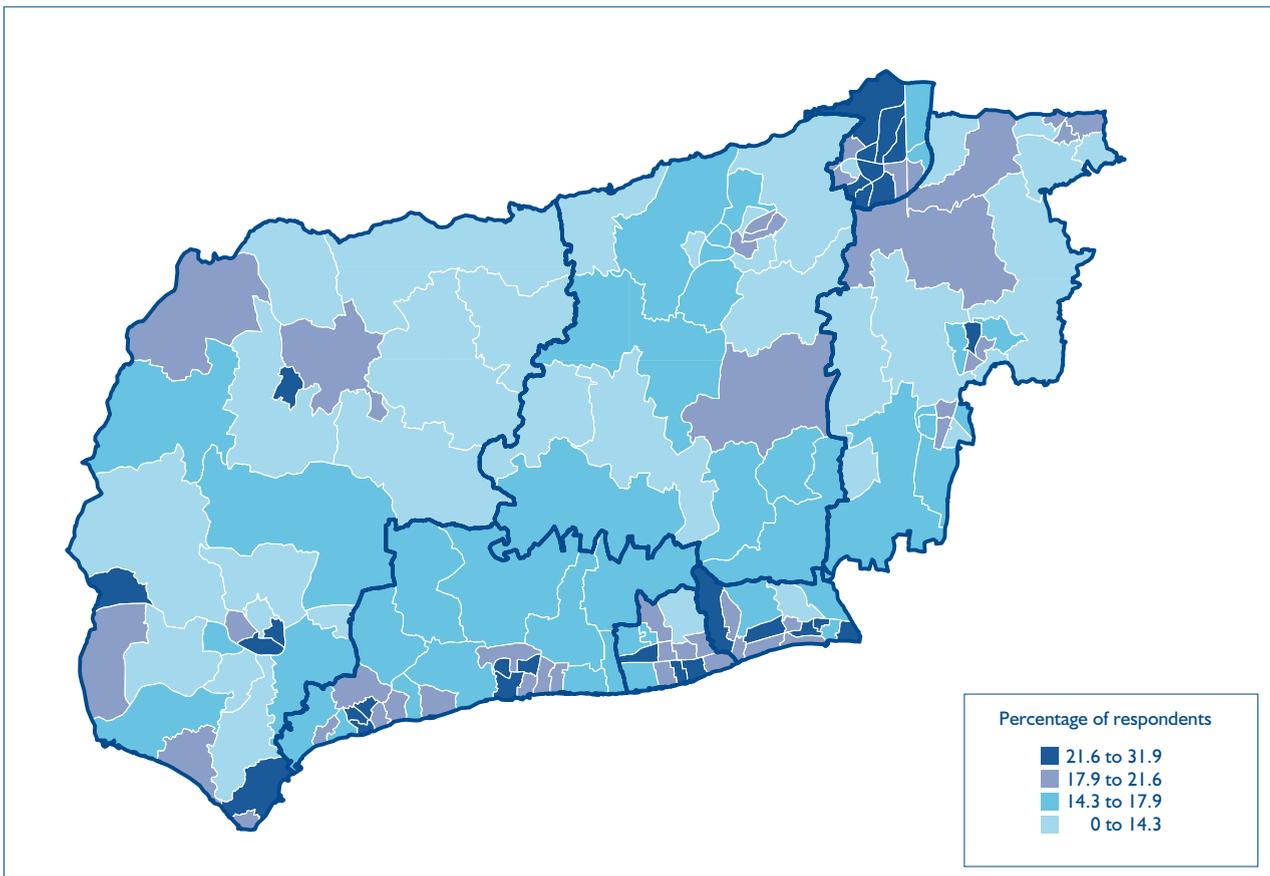


“The question of my memory is not great but I speak to my friends and we all agree we can go to the cupboard and forget what we've gone for!”

It was therefore decided to look at those people who had a score of three or more which included those taking more than three medications every day. Using this cut off, 18% of respondents are considered vulnerable and there was a significant difference between the sexes with 19% of females being considered vulnerable according to the scale compared to 16% of males.

Figure 14.2 maps, at electoral ward level, the percentage of people who would be considered vulnerable according to a Sherbrooke Score of three or more (including taking three or more medications daily). Crawley and the coastal urban centres tend to have the highest percentages.

Figure 14.2: Percentage of respondents with a Sherbrooke score of three or more, including taking more than three medications daily, by electoral ward



Note - Some of the wards on the West Sussex boundary have small numbers of respondents and therefore results for these wards should be treated cautiously. Please refer to Appendix 2 for ward response numbers.

“See well with spectacles. Hear well with hearing aids, pretty fair without. Memory slight problems.”

There was a significantly higher percentage of people who had a Sherbrooke Score of three or more (including taking three or more medications daily) who were in not good health in the last twelve months (34%) than those with a lower Sherbrooke Score (15%).

“Sight, hearing, memory - obviously these are not as good as they were 10 years ago! Not a real problem as yet!”

Older people who are more vulnerable have higher contacts with health services. Using the combined score of two or more for emergency admissions, falls and contacts with general practice, 17% of people who scored three or more on the Sherbrooke Score (again including medications) scored two or more on the contact with health services score compared with just 8% of people who scored less than three on the Sherbrooke Score.

“The memory problem is one suffered by many friends my age - one can see the face but cannot conjure up the name! Most annoying when trying to hold a conversation.”

Views on anti-social behaviour were considered in relation to the Sherbrooke Score for vulnerability to check if those older people who were more vulnerable assessed anti-social behaviour as a greater problem than the less vulnerable. The results showed that the opposite was generally the case and that it was the least vulnerable who tended to think anti-social behaviour was a bigger problem. Views on anti-social behaviour were also looked at in relation to whether a person lived alone but no differences were found in the percentage of people who viewed anti-social behaviour as a “fairly or very big” problem.

Respondents were given space on the questionnaire to add comments. Over 8,000 people did so. Where there were a significant number of comments relating to the subjects covered in the survey, they have been discussed in the relevant section of this report. In addition there were four main groups of comments which are considered here.

Closure of local hospital services / travelling to Redhill

The closure of local hospital services and Crawley and Horsham patients having to travel to Redhill hospital for treatment received the greatest number of comments. There was a great deal of concern over the distance people, particularly older people who didn't have access to transport, had to travel for both treatment and to visit friends and relatives.

“(I) worry if need to go to a hospital in an emergency. Distance and traffic congestion to Redhill is a deep concern. Closeness of hospital for treatment has been eroded for years. Facilities at Horsham and now Crawley have been closed necessitating the need to use Redhill.”

“Great concern with the down grading and transfer of Crawley's hospital and facilities, especially as the town has a rapid growth of population . Health of the individual seems to be linked with money, not the need of individuals.”

Not being able to arrange a GP appointment until the day and difficulty of then getting an appointment

A large number of respondents were concerned with the appointment system at GP practices and not being able to get an appointment in advance but also the difficulty in getting an appointment on the day.

“The local doctor's surgery will only give you an appointment on the day. They will not book a return appointment even if requested by the doctor. Thus it becomes difficult to plan ahead especially when I have other hospital appointments etc, and also to book transport on the day.”

“I would appreciate being able to make an appointment with a doctor more easily, if I telephone at 8.30 a.m. the phone is engaged, moments later the appointment list is full! This is most frustrating but more importantly I'm virtually risking my health through no longer trying to make an appointment when needed. To me this is a considerable concern.”

Isolation and concerns about the future.

With many older people having been widowed or having become frailer, isolation and concerns about the future came out strongly in a large number of comments.

“My husband has died (3 years ago) and I miss him so much life is very dull and I get very lonely just me and the goldfish.”

“My big worry is having to move into a nursing home, which in this area costs £650 per week. I worry about having to sell my flat. I live alone and have no near relatives.”

“I am extremely fearful of my old age, dealing as I do with the elderly of today and seeing how the world perceives that they are "neither use nor ornament". The conditions of care in homes where we are terrified at the thought of being "put away" lead us to believe it would be better to go now and save everyone the bother of keeping us alive. The doctor no longer comes to you, nursing and other care needs to have forms filled in try that for "happy old age".”

Treatment received

A large batch of comments was from respondents wishing to praise or thank local services for the treatment that they had received.

“I would like to record my sincere thanks to the NHS. I have always received prompt, courteous and reliable help at all times.”

“I must say my NHS treatment since I've retired down here, has been excellent. (I) like to think I'm giving something back by helping in the pantry and tea bar..”

“We have a lovely helpful health centre and never have had any problems..”

“I have not had to call on the NHS very often. When I have, I have been treated well.”

Appendix I: Questionnaire

The West Sussex Lifestyle Survey

Age in years **Sex** Male Female

Postcode

Ethnic group

White White Irish White Other

Asian or Asian British Black or Black British Chinese

Mixed

How tall are you?

(Feet and inches or centimetres)

How much do you weigh?

(Stones and pounds or kilograms)

Your lifestyle

1. In the last 12 months would you say your health has been on the whole:

Good Fairly Good Not Good

2. Do you smoke tobacco? Yes No

If you smoke, how many cigarettes, cigars or ounces of tobacco do you smoke per day?

cigarettes cigars ounces of tobacco

3. How many units of alcohol do you consume in an average week?

(1 unit of alcohol = half a pint of beer/cider or 1 measure of spirits or 1 small glass of wine)

None 1-14 units
15-21 units 22-28 units 29 units +

4. Please indicate the statement that is most appropriate to you

I am not very active, I don't exercise and I don't intend to start.

I have been thinking about getting more active but just can't get started.

I do exercise once in a while but I could do more.

I have started exercising regularly but it's tough to keep it up.

I have been exercising regularly and for longer than six months.

Caring

5. Do you look after or give any help or support to family members, friends, neighbours or others, because of long term physical or mental ill health or disability or problems related to old age?

No Yes, 20-49 hours a week

Yes, 1- 4 hours a week Yes, 50+ hours a week

Yes, 5-19 hours a week

Appendix 2: Ward response rates

Response rates by electoral ward

This appendix gives response rates of the registered population at ward level for each district in West Sussex.

Number of respondents and response rates for wards in A dur

Ward name of residence	Ward code of residence	Respondents 65+	Registered population 65+	65+ response rate (%)
Buckingham	45UBFQ	233	727	32
Churchill	45UBFR	308	1,208	25
Cokeham	45UBFS	194	864	22
Eastbrook	45UBFT	117	539	22
Hillside	45UBFU	198	776	26
Manor	45UBFW	254	828	31
Marine	45UBFX	182	707	26
Mash Barn	45UBFY	160	767	21
Peverel	45UBFZ	202	927	22
St. Mary's	45UBGA	163	738	22
St. Nicolas	45UBGB	271	929	29
Southlands	45UBGC	189	845	22
Southwick Green	45UBGD	249	860	29
Widewater	45UBGE	446	1,652	27

Number of respondents and response rates for wards in Arun

Ward name of residence	Ward code of residence	Respondents 65+	Registered population 65+	65+ response rate (%)
Aldwick East	45UCGE	570	1,844	31
Aldwick West	45UCGF	505	1,766	29
Angmering	45UCGG	461	1,586	29
Arundel	45UCGH	278	1,051	26
Barnham	45UCGJ	464	1,568	30
Littlehampton Beach	45UCGK	357	1,311	27
Bersted	45UCGL	456	1,654	28
Brookfield	45UCGM	203	744	27
East Preston and Kingston	45UCGN	672	2,421	28
Felpham East	45UCGP	386	1,253	31
Felpham West	45UCGQ	416	1,468	28
Ferring	45UCGR	597	1,927	31
Findon	45UCGS	210	665	32
Littlehampton Ham	45UCGT	189	932	20
Hotham	45UCGU	303	1,193	25
Marine	45UCGW	310	1,426	22
Middleton-on-Sea	45UCGX	460	1,527	30
Orchard	45UCGY	206	961	21
Pagham and Rose Green	45UCGZ	643	2,431	26
Pevensey	45UCHA	285	1,070	27
Littlehampton River	45UCHB	259	1,184	22
Rustington East	45UCHC	534	1,944	27
Rustington West	45UCHD	750	2,579	29
Walberton	45UCHE	194	657	30
Wick with Toddington	45UCHF	236	977	24
Yapton	45UCHG	280	1,018	28

Number of respondents and response rates for wards in Chichester

Ward name of residence	Ward code of residence	Respondents 65+	Registered population 65+	65+ response rate (%)
Bosham	45UDGM	307	919	33
Boxgrove	45UDGN	135	537	25
Bury	45UDGP	128	489	26
Chichester East	45UDGQ	351	1,148	31
Chichester North	45UDGR	615	1,587	39
Chichester South	45UDGS	586	1,667	35
Chichester West	45UDGT	405	1,364	30
Donnington	45UDGU	173	475	36
Easebourne	45UDGW	149	536	28
East Wittering	45UDGX	323	1,278	25
Fernhurst	45UDGY	9	23	39
Fishbourne	45UDGZ	176	553	32
Funtington	45UDHA	117	327	36
Harting	45UDHB	87	268	32
Lavant	45UDHC	109	421	26
Midhurst	45UDHD	433	1,344	32
North Mundham	45UDHE	162	455	36
Petworth	45UDHF	295	1,067	28
Plaistow	45UDHG	190	653	29
Rogate	45UDHH	57	152	38
Selsey North	45UDHJ	476	1,895	25
Selsey South	45UDHK	339	1,325	26
Sidlesham	45UDHL	125	448	28
Southbourne	45UDHM	322	1,065	30
Stedham	45UDHN	151	530	28
Tangmere	45UDHP	98	256	38
West Wittering	45UDHQ	528	1648	32
Westbourne	45UDHR	29	97	30
Wisborough Green	45UDHS	139	473	29

Number of respondents and response rates for wards in Crawley

Ward name of residence	Ward code of residence	Respondents 65+	Registered population 65+	65+ response rate (%)
Bewbush	45UEFP	100	435	23
Broadfield North	45UEFQ	88	368	24
Broadfield South	45UEFR	93	352	26
Furnace Green	45UEFS	349	1,197	29
Gossops Green	45UEFT	262	1,003	26
Ifield	45UEFU	364	1,475	25
Langley Green	45UEFW	219	1,144	19
Maidenbower	45UEFX	116	393	30
Northgate	45UEFY	235	781	30
Pound Hill North	45UEFZ	291	981	30
Pound Hill South and Worth	45UEGA	300	1,036	29
Southgate	45UEGB	341	1,497	23
Three Bridges	45UEGC	310	1,075	29
Tilgate	45UEGD	285	1,214	23
West Green	45UEGE	217	830	26

Number of respondents and response rates for wards in Horsham

Ward name of residence	Ward code of residence	Respondents 65+	Registered population 65+	65+ response rate (%)
Billingshurst and Shipley	45UFGC	427	1,404	30
Bramber	45UFGD	313	1,003	31
Broadbridge Heath	45UFG E	92	330	28
Chanctonbury	45UFGF	595	1,609	37
Chantry	45UFGG	814	2,455	33
Cowfold	45UFGH	237	832	28
Denne	45UFGJ	378	1,024	37
Forest	45UFGK	268	701	38
Henfield	45UFG L	419	1,218	34
Holbrook East	45UFGM	151	468	32
Holbrook West	45UFGN	275	773	36
Horsham Park	45UFGP	397	1,450	27
Itchingfield	45UFGQ	263	897	29
Nuthurst	45UFG R	196	495	40
Pulborough and Coldwatham	45UFGS	349	1,182	30
Roffey North	45UFGT	384	1,135	34
Roffey South	45UFGU	233	790	29
Rudgwick	45UFGW	144	401	36
Rusper and Colgate	45UFGX	69	247	28
Southwater	45UFGY	351	1,030	34
Steyning	45UFGZ	529	1,485	36
Trafalgar	45UFHA	479	1,291	37

Number of respondents and response rates for wards in Mid Sussex

Ward name of residence	Ward code of residence	Respondents 65+	Registered population 65+	65+ response rate (%)
Ardingly and Balcombe	45UGGH	300	982	31
Ashurst Wood	45UGGJ	88	306	29
Bolney	45UGGK	139	435	32
Burgess Hill Dunstall	45UGGL	106	356	30
Burgess Hill Franklands	45UGGM	284	1,007	28
Burgess Hill Leylands	45UGGN	246	809	30
Burgess Hill Meeds	45UGGP	289	909	32
Burgess Hill St Andrews	45UGGQ	196	757	26
Burgess Hill Victoria	45UGGR	187	625	30
Copthorne and Worth	45UGGS	232	705	33
Crawley Down and Turners Hill	45UGGT	339	1,109	31
Cuckfield	45UGGU	264	802	33
East Grinstead Ashplats	45UGGW	207	720	29
East Grinstead Baldwins	45UGGX	193	744	26
East Grinstead Herontye	45UGGY	242	695	35
East Grinstead Imberhorne	45UGGZ	275	814	34
East Grinstead Town	45UGHA	263	851	31
Hassocks	45UGHB	699	1,910	37
Haywards Heath Ashenground	45UGHC	197	668	29
Haywards Heath Bentswood	45UGHD	226	864	26
Haywards Heath Franklands	45UGHE	172	556	31
Haywards Heath Heath	45UGHF	276	970	28
Haywards Heath Lucastes	45UGHG	276	887	31
High Weald	45UGHH	239	754	32
Hurstpierpoint and Downs	45UGHJ	473	1,367	35
Lindfield	45UGHK	610	1,742	35

Number of respondents and response rates for wards in Worthing

Ward name of residence	Ward code of residence	Respondents 65+	Registered population 65+	65+ response rate (%)
Broadwater	45UHFN	317	1,216	26
Castle	45UHFP	485	1,683	29
Central	45UHfq	354	1,650	21
Durrington	45UHFR	359	1,300	28
Gaisford	45UHFS	373	1,384	27
Goring	45UHFT	849	2,741	31
Heene	45UHFU	510	2,277	22
Marine	45UHFW	615	2,150	29
Northbrook	45UHFX	78	332	23
Offington	45UHfY	639	1,883	34
Salvington	45UHfZ	584	2,087	28
Selden	45UHGA	328	1,497	22
Tarring	45UHGB	331	1,397	24

Appendix 3: District tables

The first table in this section includes only those people with ages given whilst the remaining tables include people with missing ages so totals may differ in individual tables. Other tables may also exclude missing values so totals from tables should not be compared.

Age of respondents by district

District	Number				Percentage			
	65-74	75-84	85+	Total	65-74	75-84	85+	Total
Adur	1,656	1,150	328	3,134	52.8	36.7	10.5	100
Arun	5,158	3,809	1,145	10,112	51.0	37.7	11.3	100
Chichester	3,597	2,578	729	6,904	52.1	37.3	10.6	100
Crawley	1,785	1,464	294	3,543	50.4	41.3	8.3	100
Horsham	4,067	2,543	657	7,267	56.0	35.0	9.0	100
Mid Sussex	3,694	2,574	660	6,928	53.3	37.2	9.5	100
Worthing	2,746	2,271	764	5,781	47.5	39.3	13.2	100
Total	22,703	16,389	4,577	43,669	52.0	37.5	10.5	100

General health of respondents by district

District	Number				Percentage			
	Good	Fairly good	Not good	Total	Good	Fairly good	Not good	Total
Adur	1,315	1,350	430	3,095	42.5	43.6	13.9	100
Arun	4,510	4,179	1,316	10,005	45.1	41.8	13.2	100
Chichester	3,461	2,648	729	6,838	50.6	38.7	10.7	100
Crawley	1,359	1,590	560	3,509	38.7	45.3	16.0	100
Horsham	3,605	2,840	761	7,206	50.0	39.4	10.6	100
Mid Sussex	3,465	2,707	683	6,855	50.5	39.5	10.0	100
Worthing	2,518	2,466	744	5,728	44.0	43.1	13.0	100
Total	20,233	17,780	5,223	43,236	46.8	41.1	12.1	100

Current smoking status of respondents by district

District	Number			Percentage		
	Yes	No	Total	Yes	No	Total
Adur	184	2,919	3,103	5.9	94.1	100
Arun	570	9,450	10,020	5.7	94.3	100
Chichester	373	6,477	6,850	5.4	94.6	100
Crawley	232	3,279	3,511	6.6	93.4	100
Horsham	342	6,880	7,222	4.7	95.3	100
Mid Sussex	341	6,542	6,883	5.0	95.0	100
Worthing	329	5,399	5,728	5.7	94.3	100
Total	2,371	40,946	43,317	5.5	94.5	100

Average weekly alcohol consumption of respondents by district

District	Number			Percentage		
	Above recommended level	Below recommended level	Total	Above recommended level	Below recommended level	Total
Adur	196	2,789	2,985	6.6	93.4	100
Arun	769	8,908	9,677	7.9	92.1	100
Chichester	772	5,875	6,647	11.6	88.4	100
Crawley	175	3,186	3,361	5.2	94.8	100
Horsham	711	6,278	6,989	10.2	89.8	100
Mid Sussex	573	6,064	6,637	8.6	91.4	100
Worthing	363	5,153	5,516	6.6	93.4	100
Total	3,559	38,253	41,812	8.5	91.5	100

Physical activity of respondents by district

	District	Not very active	Thinking about getting active	Do exercise once in a while	Started exercising regularly	Exercised regularly for longer than 6 months	Total (valid)
N	Adur	466	229	781	164	1,252	2,892
	Arun	1,200	654	2,641	544	4,394	9,433
	Chichester	727	347	1,660	361	3,322	6,417
	Crawley	585	284	960	209	1,205	3,243
	Horsham	758	368	1,919	396	3,346	6,787
	Mid Sussex	701	388	1,803	344	3,243	6,479
	Worthing	715	399	1,444	339	2,385	5,282
	Total	5,152	2,669	11,208	2,357	19,147	40,533
%	Adur	16.1	7.9	27.0	5.7	43.3	100
	Arun	12.7	6.9	28.0	5.8	46.6	100
	Chichester	11.3	5.4	25.9	5.6	51.8	100
	Crawley	18.0	8.8	29.6	6.4	37.2	100
	Horsham	11.2	5.4	28.3	5.8	49.3	100
	Mid Sussex	10.8	6.0	27.8	5.3	50.1	100
	Worthing	13.5	7.6	27.3	6.4	45.2	100
	Total	12.7	6.6	27.7	5.8	47.2	100

Carers by district

District		No	Yes	1-4 hours	5-19 hours	20-49 hours	50+ hours	Total
N	Adur	2,296	634	306	107	68	153	2,930
	Arun	7,305	2,205	1,073	439	174	519	9,510
	Chichester	5,045	1,479	797	298	109	275	6,524
	Crawley	2,588	721	314	151	70	186	3,309
	Horsham	5,453	1,472	787	270	125	290	6,925
	Mid Sussex	5,169	1,386	721	297	102	266	6,555
	Worthing	4,183	1,243	636	257	105	245	5,426
	Total	32,039	9,140	4,634	1,819	753	1,934	41,179
%	Adur	78.4	21.6	10.4	3.7	2.3	5.2	100
	Arun	76.8	23.2	11.3	4.6	1.8	5.5	100
	Chichester	77.3	22.7	12.2	4.6	1.7	4.2	100
	Crawley	78.2	21.8	9.5	4.6	2.1	5.6	100
	Horsham	78.7	21.3	11.4	3.9	1.8	4.2	100
	Mid Sussex	78.9	21.1	11.0	4.5	1.6	4.1	100
	Worthing	77.1	22.9	11.7	4.7	1.9	4.5	100
	Total	77.8	22.2	11.3	4.4	1.8	4.7	100

Contact with health services by district

	District	Number			Percentage		
		Yes	No	Total	Yes	No	Total
2 or more emergency admissions in last year	Adur	183	2,903	3,086	5.9	94.1	100
	Arun	532	9,422	9,954	5.3	94.7	100
	Chichester	288	6,520	6,808	4.2	95.8	100
	Crawley	217	3,279	3,496	6.2	93.8	100
	Horsham	277	6,921	7,198	3.8	96.2	100
	Mid Sussex	252	6,615	6,867	3.7	96.3	100
	Worthing	280	5,408	5,688	4.9	95.1	100
	Total	2,029	41,068	43,097	4.7	95.3	100
Treatment from a doctor following a fall in last year	Adur	260	2,809	3,069	8.5	91.5	100
	Arun	888	9,062	9,950	8.9	91.1	100
	Chichester	554	6,250	6,804	8.1	91.9	100
	Crawley	309	3,178	3,487	8.9	91.1	100
	Horsham	534	6,642	7,176	7.4	92.6	100
	Mid Sussex	468	6,378	6,846	6.8	93.2	100
	Worthing	561	5,128	5,689	9.9	90.1	100
	Total	3,574	39,447	43,021	8.3	91.7	100

Number of visits to family doctor in last six months by district

District	Number					Percentage				
	None	1-2	3-4	5+	Total	None	1-2	3-4	5+	Total
Adur	641	1,542	652	261	3,096	20.7	49.8	21.1	8.4	100
Arun	2,246	4,895	2,078	790	10,009	22.4	48.9	20.8	7.9	100
Chichester	1,472	3,555	1,292	519	6,838	21.5	52.0	18.9	7.6	100
Crawley	604	1,712	813	385	3,514	17.2	48.7	23.1	11.0	100
Horsham	1,565	3,666	1,443	535	7,209	21.7	50.9	20.0	7.4	100
Mid Sussex	1,446	3,505	1,380	520	6,851	21.1	51.2	20.1	7.6	100
Worthing	1,256	2,778	1,184	494	5,712	22.0	48.6	20.7	8.6	100
Total	9,230	21,653	8,842	3,504	43,229	21.4	50.1	20.5	8.1	100

Special equipment in home by district

District	Number			Percentage		
	Yes	No	Total	Yes	No	Total
Adur	464	2,607	3,071	15.1	84.9	100
Arun	1,368	8,562	9,930	13.8	86.2	100
Chichester	953	5,853	6,806	14.0	86.0	100
Crawley	603	2,874	3,477	17.3	82.7	100
Horsham	829	6,326	7,155	11.6	88.4	100
Mid Sussex	840	6,000	6,840	12.3	87.7	100
Worthing	793	4,880	5,673	14.0	86.0	100
Total	5,850	37,102	42,952	13.6	86.4	100

Winter warmth by district

District	Number			Percentage		
	Yes	No	Total	Yes	No	Total
Adur	680	2,377	3,057	22.2	77.8	100
Arun	1,874	8,005	9,879	19.0	81.0	100
Chichester	1,067	5,673	6,740	15.8	84.2	100
Crawley	827	2,640	3,467	23.9	76.1	100
Horsham	1,045	6,085	7,130	14.7	85.3	100
Mid Sussex	947	5,837	6,784	14.0	86.0	100
Worthing	1,033	4,597	5,630	18.3	81.7	100
Total	7,473	35,214	42,687	17.5	82.5	100
Adur	524	2,552	3,076	17.0	83.0	100
Arun	1,619	8,277	9,896	16.4	83.6	100
Chichester	948	5,836	6,784	14.0	86.0	100
Crawley	634	2,833	3,467	18.3	81.7	100
Horsham	904	6,237	7,141	12.7	87.3	100
Mid Sussex	847	5,965	6,812	12.4	87.6	100
Worthing	911	4,762	5,673	16.1	83.9	100
Total	6,387	36,462	42,849	14.9	85.1	100

Smoke alarms by district

District	Number			Percentage		
	Yes	No	Total	Yes	No	Total
Adur	2,821	299	3,120	90.4	9.6	100
Arun	9,059	987	10,046	90.2	9.8	100
Chichester	6,138	726	6,864	89.4	10.6	100
Crawley	3,127	385	3,512	89.0	11.0	100
Horsham	6,530	715	7,245	90.1	9.9	100
Mid Sussex	6,075	806	6,881	88.3	11.7	100
Worthing	5,139	610	5,749	89.4	10.6	100
Total	38,889	4,528	43,417	89.6	10.4	100

Live alone by district

District	Number			Percentage		
	Yes	No	Total	Yes	No	Total
Adur	1,094	2,015	3,109	35.2	64.8	100
Arun	3,322	6,713	10,035	33.1	66.9	100
Chichester	2,177	4,660	6,837	31.8	68.2	100
Crawley	1,183	2,333	3,516	33.6	66.4	100
Horsham	2,092	5,109	7,201	29.1	70.9	100
Mid Sussex	2,115	4,775	6,890	30.7	69.3	100
Worthing	2,201	3,530	5,731	38.4	61.6	100
Total	14,184	29,135	43,319	32.7	67.3	100

Three or more medications daily by district

District	Number			Percentage		
	No	Yes	Total	No	Yes	Total
Adur	1,699	1,404	3,103	54.8	45.2	100
Arun	5,656	4,337	9,993	56.6	43.4	100
Chichester	4,072	2,761	6,833	59.6	40.4	100
Crawley	1,852	1,648	3,500	52.9	47.1	100
Horsham	4,326	2,872	7,198	60.1	39.9	100
Mid Sussex	4,132	2,728	6,860	60.2	39.8	100
Worthing	3,162	2,552	5,714	55.3	44.7	100
Total	24,899	18,302	43,201	57.6	42.4	100

Use of a stick, a frame or a wheelchair by district

District	Number			Percentage		
	No	Yes	Total	No	Yes	Total
Adur	2,366	721	3,087	76.6	23.4	100
Arun	7,873	2,049	9,922	79.3	20.7	100
Chichester	5,439	1,361	6,800	80.0	20.0	100
Crawley	2,674	787	3,461	77.3	22.7	100
Horsham	5,883	1,287	7,170	82.1	17.9	100
Mid Sussex	5,578	1,261	6,839	81.6	18.4	100
Worthing	4,443	1,250	5,693	78.0	22.0	100
Total	34,256	8,716	42,972	79.7	20.3	100

Problems with sight, hearing and memory by district

	District	Number			Percentage		
		Yes	No	Total	Yes	No	Total
Do you see well?	Adur	2,568	511	3,079	83.4	16.6	100
	Arun	8,427	1,511	9,938	84.8	15.2	100
	Chichester	5,814	960	6,774	85.8	14.2	100
	Crawley	2,917	568	3,485	83.7	16.3	100
	Horsham	6,241	929	7,170	87.0	13.0	100
	Mid Sussex	5,942	875	6,817	87.2	12.8	100
	Worthing	4,774	896	5,670	84.2	15.8	100
	Total	36,683	6,250	42,933	85.4	14.6	100
Do you hear well?	Adur	2,230	861	3,091	72.1	27.9	100
	Arun	7,257	2,682	9,939	73.0	27.0	100
	Chichester	5,036	1,730	6,766	74.4	25.6	100
	Crawley	2,502	977	3,479	71.9	28.1	100
	Horsham	5,363	1,792	7,155	75.0	25.0	100
	Mid Sussex	5,098	1,707	6,805	74.9	25.1	100
	Worthing	4,153	1,527	5,680	73.1	26.9	100
	Total	31,639	11,276	42,915	73.7	26.3	100
Do you have problems with your memory?	Adur	769	2,267	3,036	25.3	74.7	100
	Arun	2,480	7,288	9,768	25.4	74.6	100
	Chichester	1,689	4,959	6,648	25.4	74.6	100
	Crawley	876	2,558	3,434	25.5	74.5	100
	Horsham	1,742	5,292	7,034	24.8	75.2	100
	Mid Sussex	1,685	5,019	6,704	25.1	74.9	100
	Worthing	1,382	4,225	5,607	24.6	75.4	100
	Total	10,623	31,608	42,231	25.2	74.8	100

WEST SUSSEX WARDS

WARDS IN CHICHESTER

- 41 Bosham
- 42 Boxgrove
- 43 Bury
- 44 Chichester East
- 45 Chichester North
- 46 Chichester South
- 47 Chichester West
- 48 Donnington
- 49 Easebourne
- 50 East Wittering
- 51 Fernhurst
- 52 Fishbourne
- 53 Funtington
- 54 Harting
- 55 Lavant
- 56 Midhurst
- 57 North Mundham
- 58 Petworth
- 59 Plaisow
- 60 Rogate
- 61 Selsey North
- 62 Selsey South
- 63 Stilesham
- 64 Southbourne
- 65 Steadham
- 66 Tangmere
- 67 West Wittering
- 68 Westbourne
- 69 Wisborough Green

WARDS IN HORSHAM

- 85 Billingshurst and Shipley
- 86 Bramber, Upper Bleeding & Woodmanco
- 87 Broadbridge Heath
- 88 Chancery
- 89 Chantry
- 90 Cowfold, Stermansbury & West Grinstead
- 91 Denne
- 92 Forest
- 93 Henfield
- 94 Holbrook East
- 95 Holbrook West
- 96 Horsham Park
- 97 Itchingfield

WARDS IN CRAWLEY

- 70 Bewbush
- 71 Broadfield North
- 72 Broadfield South
- 73 Furnace Green
- 74 Gosops Green
- 75 Ifield
- 76 Langley Green
- 77 Maidenbower
- 78 Northgate
- 79 Pound Hill North
- 80 Pound Hill South and Worth
- 81 Southgate
- 82 Three Bridges
- 83 Tilgate
- 84 West Green

WARDS IN CRAWLEY

- 98 Nuthurst
- 99 Pulborough and Coldwaltham
- 100 Rolley North
- 101 Rolley South
- 102 Ruedivick
- 103 Ruper and Colgate
- 104 Southwater
- 105 Steyning
- 106 Trafalgar

WARDS IN MID SUSSEX

- 107 Ardingly and Balcombe
- 108 Ashurst Wood
- 109 Bolney
- 110 Burgess Hill Dunstall
- 111 Burgess Hill Frankslands
- 112 Burgess Hill Leylands
- 113 Burgess Hill Meads
- 114 Burgess Hill St. Andrews
- 115 Burgess Hill Victoria
- 116 Copthorne and Worth
- 117 Crawley Down and Turners Hill
- 118 Cuckfield
- 119 East Grinstead Ashplatts
- 120 East Grinstead Baldwins
- 121 East Grinstead Heronrye
- 122 East Grinstead Imberhome
- 123 East Grinstead Town
- 124 Hassocks
- 125 Haywards Heath Ashenground
- 126 Haywards Heath Bentswood
- 127 Haywards Heath Frankslands
- 128 Haywards Heath Heath
- 129 Haywards Heath Lucastes
- 130 High Weald
- 131 Hursley and Downs
- 132 Lindfield

WARDS IN ADUR

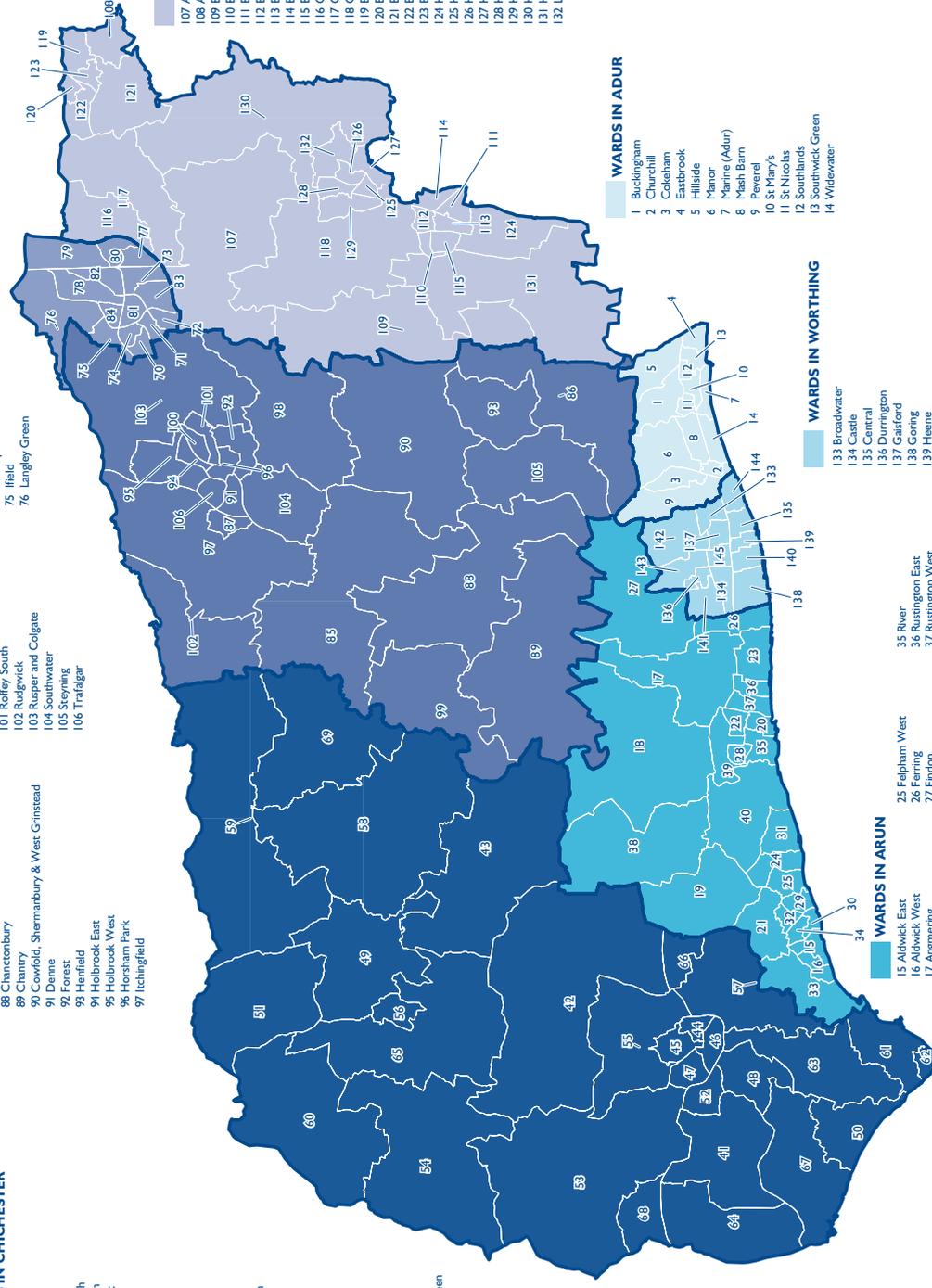
- 1 Buckingham
- 2 Churchhill
- 3 Colchester
- 4 Eastbrook
- 5 Hillside
- 6 Manor
- 7 Marine (Adur)
- 8 Main Barn
- 9 Peperal
- 10 St. Mary's
- 11 St. Nicolas
- 12 Southlands
- 13 Southwick Green
- 14 Widewater

WARDS IN WORTHING

- 133 Broadwater
- 134 Castle
- 135 Central
- 136 Durrington
- 137 Garsford
- 138 Goring
- 139 Heene
- 140 Marine (Worthing)
- 141 Northbrook
- 142 Offington
- 143 Salvington
- 144 Sealden
- 145 Tarring

WARDS IN ARUN

- 15 Aldwick East
- 16 Aldwick West
- 17 Arvington
- 18 Arundel
- 19 Barnham
- 20 Beach
- 21 Bersted
- 22 Brookfield
- 23 East Preston with Kingston
- 24 Felpham East
- 25 Felpham West
- 26 Ferring
- 27 Findon
- 28 Ham
- 29 Hothing
- 30 Marine (Arun)
- 31 Middleton-on-Sea
- 32 Orchard
- 33 Pagham and Roses Green
- 34 Pevensey
- 35 River
- 36 Rustington East
- 37 Rustington West
- 38 Walberton
- 39 Wick with Toddington
- 40 Yapton



The implications of the demographic change to an older population for those delivering health and social caring services is vast. In coming years, older people are projected to have larger disposable incomes than many in younger age groups and will be increasingly important to the local economy. However, some older people are in poor health, feel vulnerable or are socially isolated. It is hoped that this survey and report will provide useful local information for planning and delivering services to older people.

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