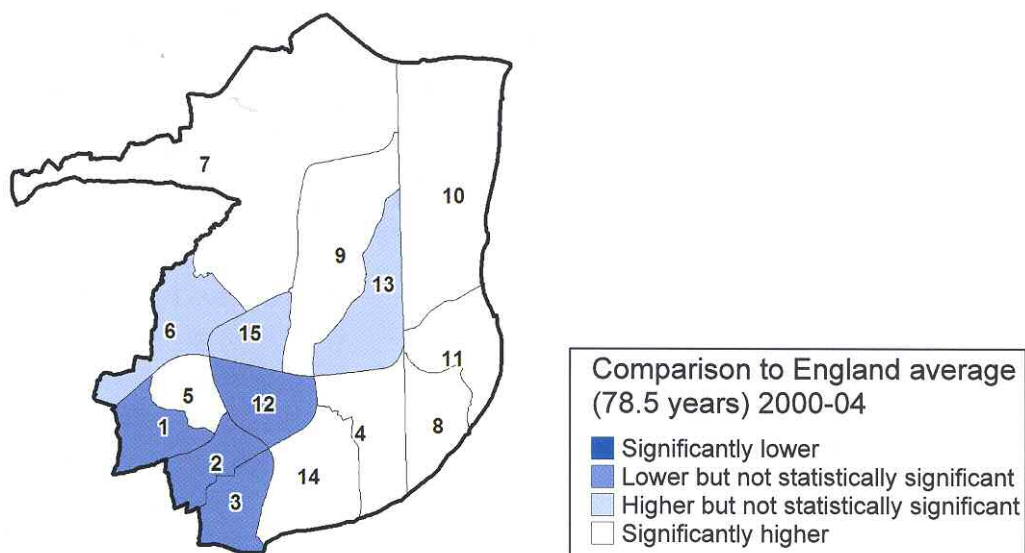


Health and Social Care

Life Expectancy

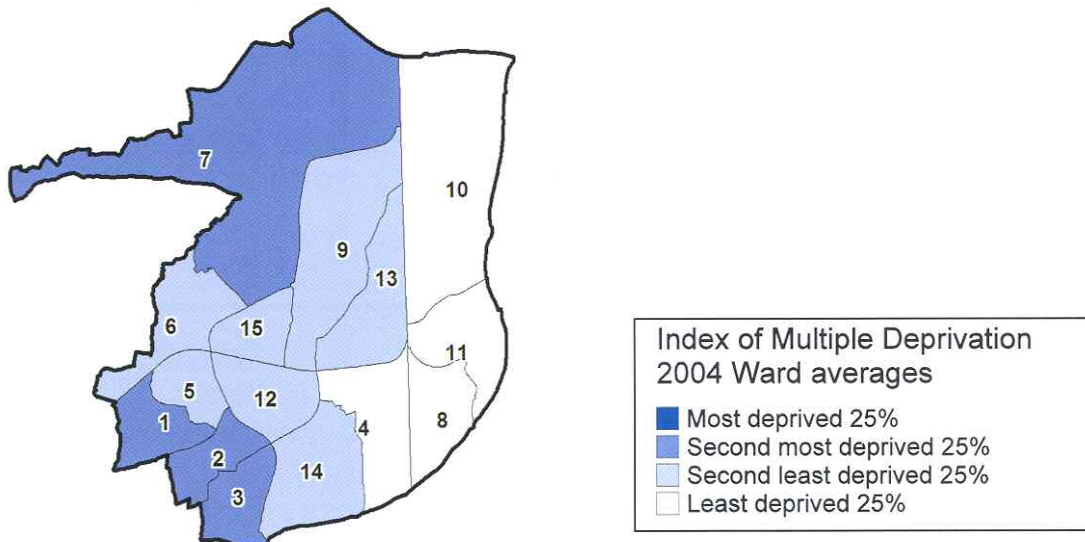
People in most wards in Crawley have a higher life expectancy than average for England but there are significant inequalities: life expectancy in the lowest fifth of wards is 77.6 years compared with 82.7 years in the highest fifth. The following map shows life expectancy at birth for males and females combined:



Ward Legend

1. Bewbush; 2. Broadfield North; 3. Broadfield South; 4. Furnace Green; 5. Gossops Green; 6. Ifield; 7. Langley Green; 8. Maidenbower; 9. Northgate; 10. Pound Hill North; 11. Pound Hill South and Worth; 12. Southgate; 13. Three Bridges; 14. Tilgate; 15.

Life expectancy for males and females in Crawley by Ward. Source: APHO/Department of Health © Crown Copyright 2006.



Deprivation by ward. Source: Source: APHO/Department of Health © Crown Copyright 2006.

The two maps show that there is a close correlation between deprivation and life expectancy in Crawley with the exception of Langley Green Ward, where although the ward is in the 25% most deprived wards, residents have a significantly higher life expectancy than average.

The following chart shows trends in life expectancy for males and females in Crawley in comparison with English averages.

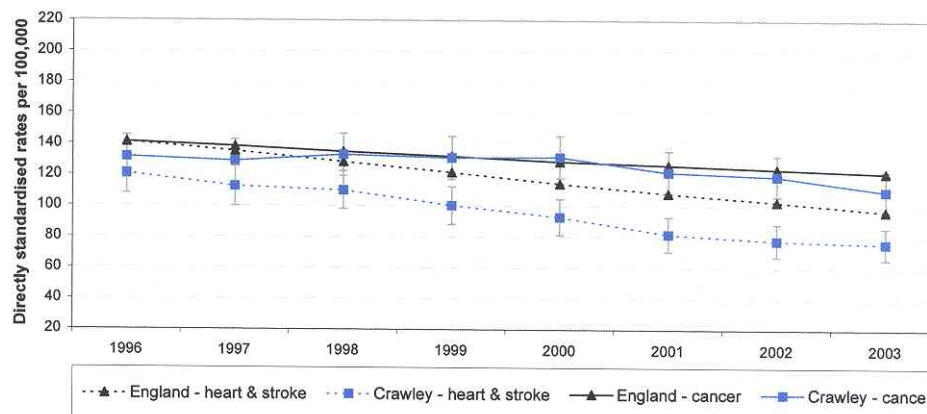


Male and Female Life Expectancy 1996-2003. Source: APHO/Department of Health © Crown Copyright 2006.

The graph shows that female life expectancy has remained static for the last few years, close to the English average. However, male life expectancy has consistently been above average and has improved more than the average.

Major Causes of Early Deaths

The following chart shows trends in deaths from heart disease and cancer in Crawley in comparison with the English averages.



Deaths from Heart Disease/Stroke and Cancer. Source: APHO/Department of Health. Crown Copyright 2006

Since 1996, Crawley has had a consistently lower rate of death due to heart disease and stroke than the average for England. Deaths due to cancer are not significantly different to the English average.

Smoking is the single greatest preventable cause of illness and early death. In 1995, 121,700 deaths in the UK were estimated to be attributable to smoking, most of these due to cancers (particularly lung cancer), chronic obstructive pulmonary disease and circulatory diseases¹. Estimated prevalence of smoking in Crawley, based on the National Shoppers Survey² was just over the South East average of 21%. However, there are consistent differences in smoking rates between different socioeconomic groups: the proportion of current smokers is over 40% higher in manual groups compared to non-manual groups. It therefore follows that there is likely to be a greater prevalence of smoking in the more deprived wards of Crawley, and more smoking-related diseases in these areas.

Smokers in manual groups are also more likely to smoke more cigarettes and ingest higher levels of tar than non-manual groups.³ The graph overleaf shows synthetic estimates of smoking prevalence in Crawley wards, with confidence intervals, based on a model-based method that combined individual-level data from the Health Survey for England (HSfE) with area-level measures from the 2001 Census and from administrative datasets (Source: ONS). The model suggests a higher prevalence in

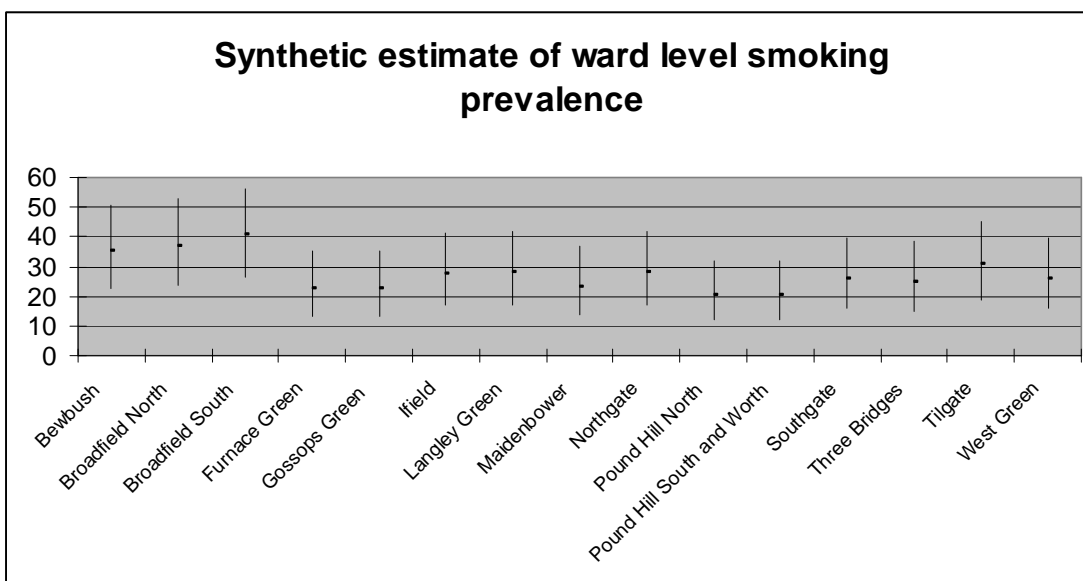
¹ Source: Crawley PCT, Annual Report from the Director of Public Health 2003.

² *National Shoppers Survey*, January 2003, cited in *Choosing Health in the South East: Smoking*. South East Public Observatory, 2005.

³ *Ibid.* P12-17.

Bewbush and the Broadfield wards than elsewhere in the town. Overall, Crawley's death rate due to smoking is significantly better than the English average⁴.

Smoking rates amongst BME groups tend to show marked differences between the sexes. Although smoking rates for South Asian men are close to those of the general population, rates are much lower for South Asian women.



There are significantly more road injuries and deaths in Crawley than the average for England.⁵

Limiting Long Term Illness and Carers

A significant number of Crawley residents (14.6%) suffer from limiting long term illnesses, including 10.2% of the working age population⁶. However, this is less than the average for England, probably because of Crawley's relatively young population. Although most people describe their health as 'good' or 'fairly good', 7.1% describe their health as 'not good', but again this is below the national average.

There are 8,846 Crawley residents who provide unpaid care and 18.9% of those (1,671) provide more than 50 hours a week (see overleaf).

⁴ Source: APHO/Department of Health © Crown Copyright 2006. Directly age standardised rate = 108.2.

⁵ Source: APHO/Department of Health © Crown Copyright 2006.

⁶ Source: Census 2001, Crown Copyright.

Long term illness, self-reported health status and provision of unpaid care

	England	Crawley
All people (number)	49,138,831	99,744
Percentage of people with limiting long-term illness	17.93	14.58
Percentage of people of working age population with limiting long-term illness	13.29	10.25
Percentage of people whose health was: Good	68.76	71.21
Percentage of people whose health was: Fairly good	22.21	21.63
Percentage of people whose health was: Not good	9.03	7.15
All people who provide unpaid care (number)	4,877,060	8,846
Percentage of people who provide unpaid care 1 - 19 hours a week	68.64	70.52
Percentage of people who provide unpaid care 20 - 49 hours a week	10.88	10.59
Percentage of people who provide unpaid care 50 or more hours a week	20.48	18.89

Source: Census 2001, Crown copyright

Maternal and child health

Teenage pregnancy is associated with social deprivation and the relationship goes both ways: socially disadvantaged teenage women are more likely to become pregnant and teenage pregnancy makes them more deprived. Teenage conception and birth rates in Crawley are the highest in West Sussex and are also higher than the national average, which is, in turn, the highest in Europe.

Births to teenage mothers are also associated with higher levels of prenatal mortality and morbidity, the rate of stillbirths is higher and there is a strong link with Sudden Infant Death Syndrome ('cot deaths'), as well as adverse economic outcomes for the parent and child. Children born to teenage mothers are also more likely to become teenage mothers themselves. Teenage parents are more likely to give birth to low birth weight babies; low birth weights are associated with a wide range of serious negative health outcomes, some of which, such as an increased risk of developing diabetes, last well into adulthood. However, teenage pregnancy is not the only cause of low birth weight: maternal smoking is also a leading factor. The following tables show the rate of under-18 conceptions for Crawley in comparison with other regions, and the rate of low birth weight births.

Under-18 Conceptions 2002-04

Area of usual residence	Number	Number	Rate	% leading to abortion
England and Wales	127,496	126,263	42.2	45.5
ENGLAND	119,036	118,448	42.0	46.0
SOUTH EAST	15,527	15,048	33.6	48.1
West Sussex	1,267	1,195	30.1	49.5
Adur	112	111	34.4	48.6
Arun	256	213	31.8	45.5
Chichester	139	119	22.7	49.6
Crawley	267	250	44.2	47.6
Horsham	140	141	20.4	59.6
Mid Sussex	137	153	21.4	47.1
Worthing	216	208	43.5	51.0

Sources: Office for National Statistics and Teenage Pregnancy Unit

Low Birth Weight Births in West Sussex 2004

	Live births		
	Total	Crude birth rate	Percentage under 2,500 gm*
West Sussex	8218	10.8	7.1
Adur	624	10.5	8.7
Arun	1337	9.3	7.7
Chichester	1015	9.3	6.4
Crawley	1372	13.9	9.6
Horsham	1300	10.4	6.8
Mid Sussex	1459	11.4	5.9
Worthing	1111	11.3	5.1

* Number of live births under 2,500 grams as a percentage of all live births for which the birth weight is known.

Source: ONS. Vital statistics, births and maternities (Series VS no 31 PP1. no 27) Revised

Crawley has the highest birth rate in West Sussex and also the highest proportion of low birth weight births with nearly one in ten under 2,500 grams.

Sexual Health

Increases in rates of infection of sexually transmitted diseases are a growing problem nationally and in the Region. For example, the rate of male infections of syphilis in the South East Region increased by 1,200% between 1996 and 2005 and the rate of Chlamydia infection for the same period increased by 266% for males (females 246%).⁷

Mental Health

Crawley has significantly more people with severe mental health problems than the average for England.⁸

Health Needs of the Black and Minority Ethnic Population

Inequalities in health have been identified in some ethnic minority populations. South Asian communities are known to have high rates of diabetes than the general population. The 2001 Census included questions about limiting long term illness (LLTI) and general health ('general health' refers to health over the twelve months prior to Census day). It can be seen from the following table that Asian/Asian British Crawley residents reported more long term illness and 'Not Good Health' than White British and Other White populations in all age groups. Higher rates were also found in the White Irish population, particularly those over 65 years of age.

⁷ Diagnosis of selected STIs by region, sex and age group. United Kingdom 2005. Health Protection Agency.

⁸ Source: APHO/Department of Health © Crown Copyright 2006. Rate = 0.4 per 1000 of the population (prevalence rate of patients on practice register of people with severe long-term mental health problems who require and have agreed to regular follow-up.)

Crawley: General Health and Limiting Long Term Illness

	ALL PEOP- LE	White: British	Irish	Other White	Asian or Asian Indian	British: Pakis- tani	Bangla- deshi	Other Asian
ALL PEOPLE	99,737	84,285	1,305	2,718	4,391	2,994	144	765
% People aged 16-49 with LLTI*	7.6%	7.7%	10.3%	3.9%	8.2%	9.5%	7.7%	6.0%
% People aged 16-49 with LLTI and Not Good Health	2.9%	2.9%	4.7%	1.3%	3.3%	4.9%	-	2.5%
% All people aged 50-64 years with LLTI	22.0%	20.8%	26.4%	19.8%	37.1%	43.6%	42.9%	27.0%
% All people aged 50-64 years with LLTI and Not Good Health	9.7%	9.1%	10.7%	8.6%	16.5%	24.1%	-	12.2%
% People aged 65+ with LLTI	46.5%	46.1%	50.7%	48.9%	61.0%	52.2%	-	46.7%
% People aged 65+ with LLTI and Not Good Health	19.3%	19.1%	16.5%	21.4%	31.4%	20.9%	-	10.0%

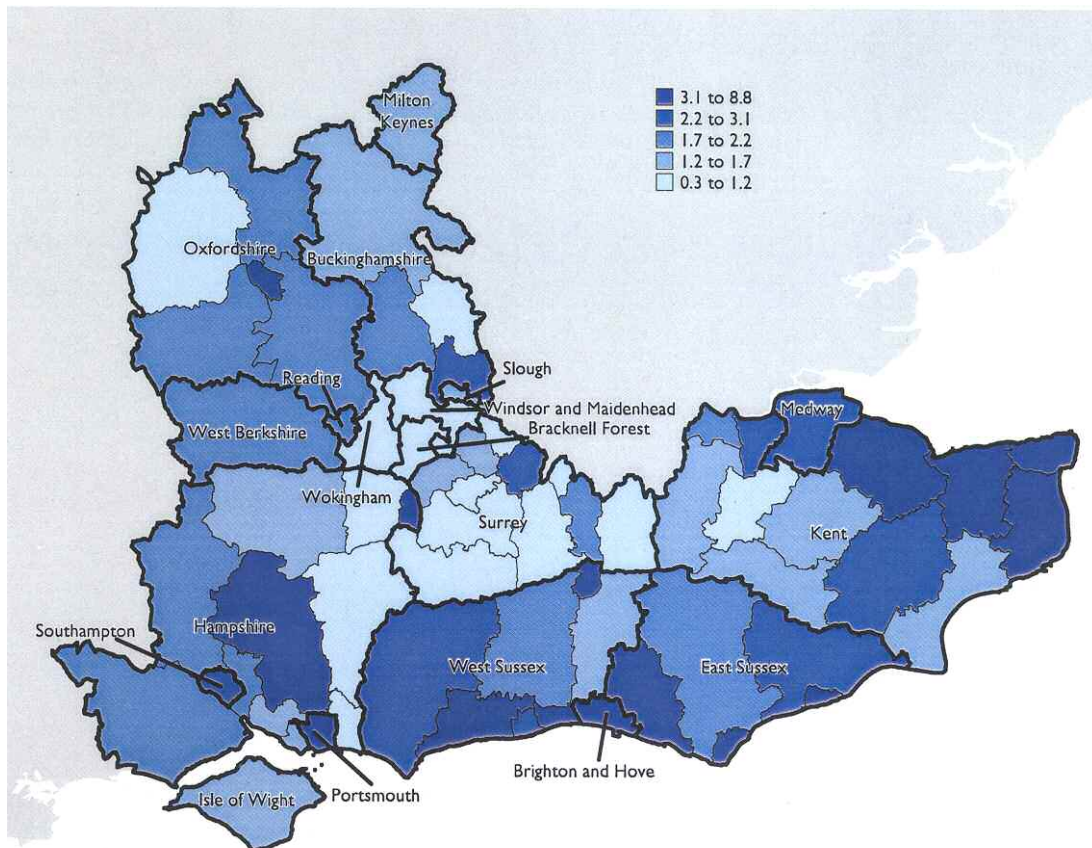
*Limiting Long Tem Illness

Source: Census 2001, Crown copyright

Drug and Alcohol Misuse

The data available about misuse of drugs and alcohol presents a mixed picture, which probably suggests that there are wide disparities between neighbourhoods and socioeconomic groups. The rate of alcohol related hospital stays is significantly better than the English average, as is the number of people in drug misuse treatment.⁹ However, the number of drug-related deaths in Crawley was higher than neighbouring districts, as the map overleaf shows.

⁹ Source: APHO/Department of Health © Crown Copyright 2006. For alcohol related hospital stays the Directly Age Standardised Rate/100,000 population = 102.2 (1998-03) and for drug misuse treatment the Crude Rate/100,000 resident population aged 15-44 = 308.5 (2004/05).



Drug-related deaths in the South East 2002-04 (rates per 100,000 of the population)¹⁰

¹⁰ Source: Choosing Health in the South East: Problem Drug Use. South East Public Health Observatory. July 2006.