

Rampion 2 Wind Farm

Category 6:

Environmental Statement

Volume 4, Appendix 28.1: Human

health baseline





Document revisions

Revision	Date	Status/reason for issue	Author	Checked by	Approved by
Α	04/08/2023	Final for DCO Application	Savills	RED	RED



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Appendix 28.1: Human Health Baseline

Introduction

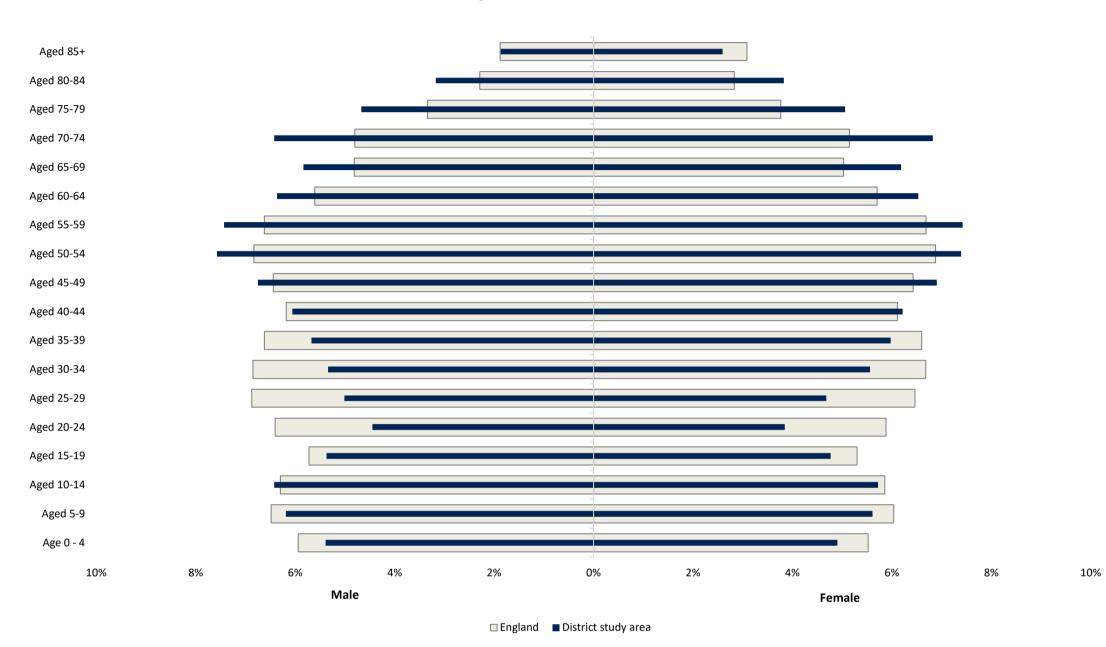
Communities have varying susceptibilities to health impacts and/or benefits as a result of differing demographic structure, physical and mental health, lifestyle and behavioural risk factors and socio-economic circumstances.

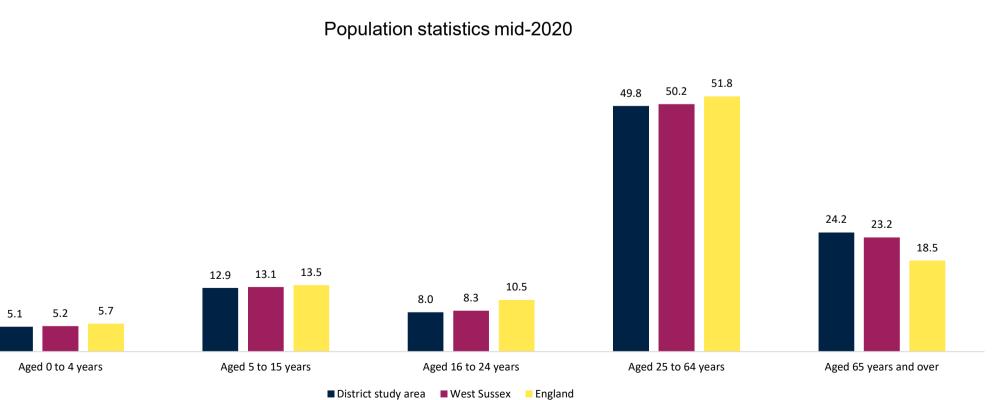
The aim of this health baseline is to put into context the local health and socio-economic circumstance of the communities surrounding the on-shore element of Rampion 2. The study area comprises the districts of Arun, Horsham and Mid Sussex. Available data for regional (West Sussex) and national (England) has been used as relevant comparators.

Population

60

Age Structure - mid-2020





Source: Office for National Statistics (ONS) Small area population estimates, England and Wales: mid 2020

	District study area	England
Total population	452,512	56,550,138

2015	2020	Change (%)
155,798	161,123	3.4%
136,258	145,474	6.8%
145,969	152,142	4.2%
		4.7%
438,025	458,739	
54,786,300	56,550,138	3.2%
	155,798 136,258 145,969 438,025	155,798 161,123 136,258 145,474 145,969 152,142 438,025 458,739

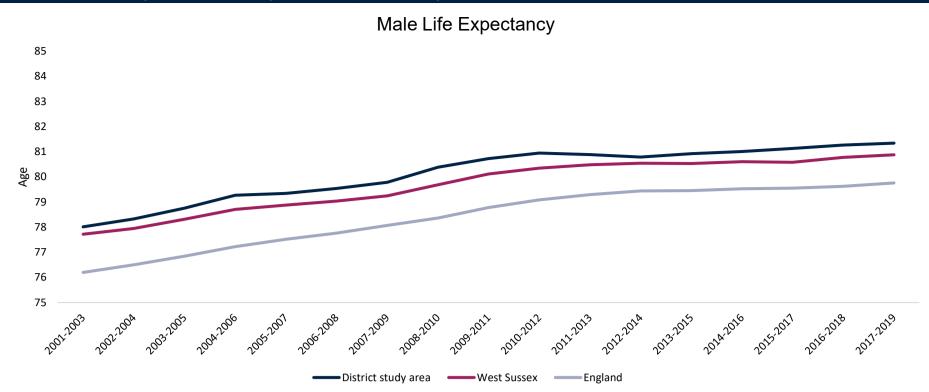
The district study area has a total population of 438,025 people. The table above details the population change in the three districts which make up the "district study area" compared to the change nationally between 2015 and 2020. The increase in population in Horsham is more than double that of the national average. While Arun and Mid Sussex have a lower population increase than Horsham, these increases remain greater than the national average.

The age structure diagram to the left breaks down the demography of the district study area into age and gender categories, comparing this to the national average age and gender structure.

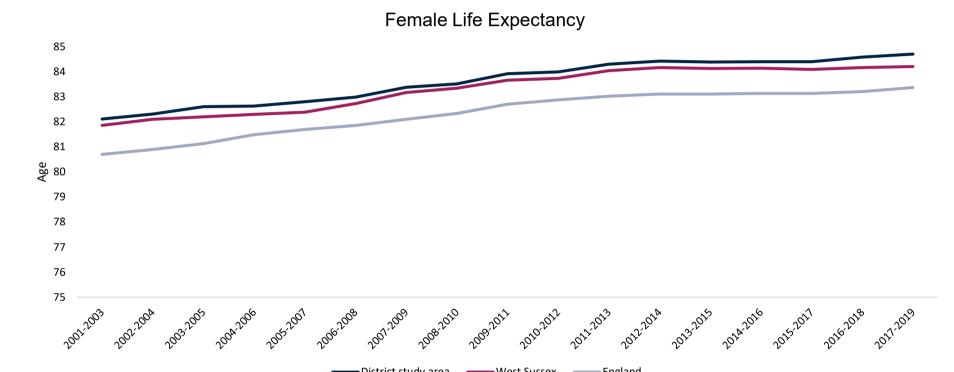
Overall, the population living within the study area is generally more elderly than the national average, with higher proportions of 55-84 year olds. While this is the case, there is a lower proportion of the population aged 85+ living within the study area compared to the national average. Conversely, the study area has a lower proportion of the population aged 0-9 and 20-44 years old compared to the national average.

The bar graph to the left summarises the same data by grouping into larger age categories. Similar to the age structure diagram, the only age grouping whereby the population in the district study area exceeds the county and national averages is aged 65+, suggesting a population which is more elderly than average.

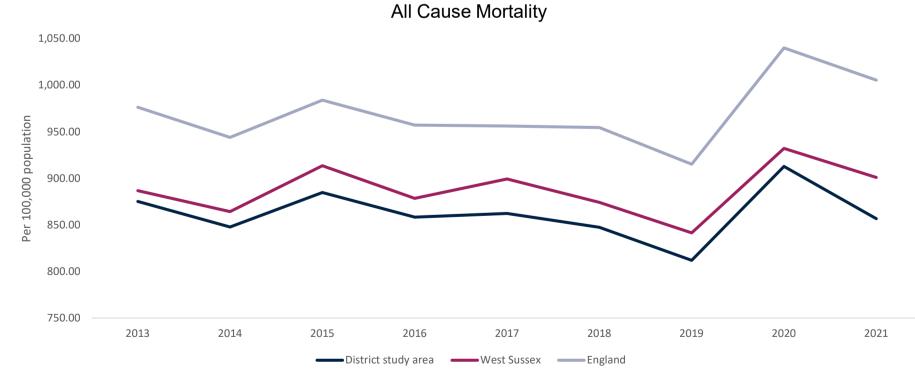
Life expectancy and Healthy Life Expectancy



Source: ONS Life expectancy estimates all ages UK



Source: ONS Life expectancy estimates all ages UK

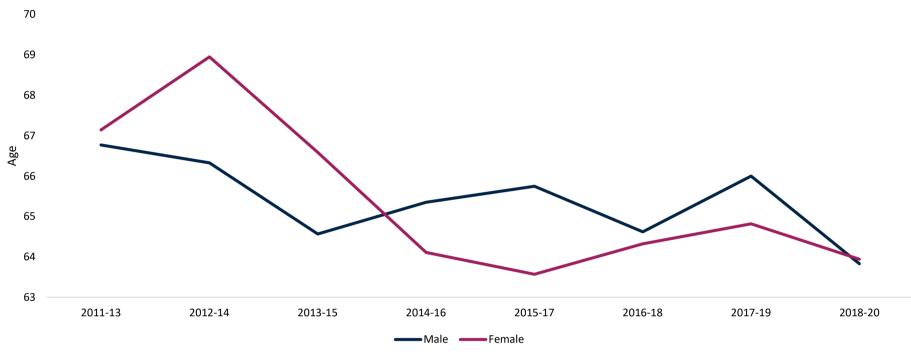


Source: Office for National Statistics (ONS) Mortality statistics, All causes, aged 28 days and over statistics

Male and female life expectancy in the study area has gradually increased over the years and is consistently higher than the county and national averages.

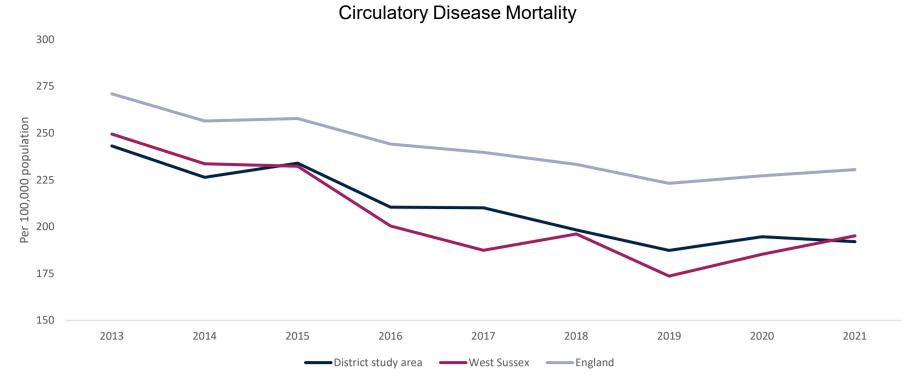
Healthy life expectancy in West Sussex has decreased for both males and females between 2011-13 to 2018-20. Most notably, there was a significant drop in female healthy life expectancy between 2012-14 to 2015-17, from 68.95 to 63.57.

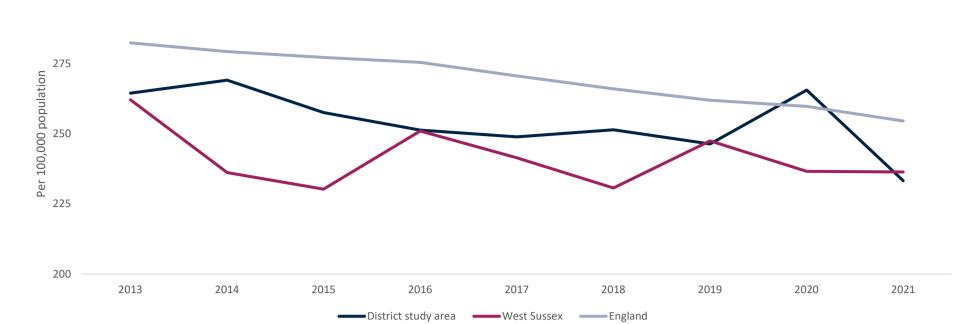
Healthy Life Expectancy in West Sussex



Source: ONS Proportion of life spent in "good health" (%)

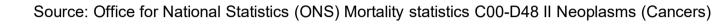
Standardised all-cause mortality rate within the district study area has remained similar between 2013 and 2021, with some fluctuation year-on-year. Overall, all-cause mortality rate within the district study area is consistently lower than the national and county averages.

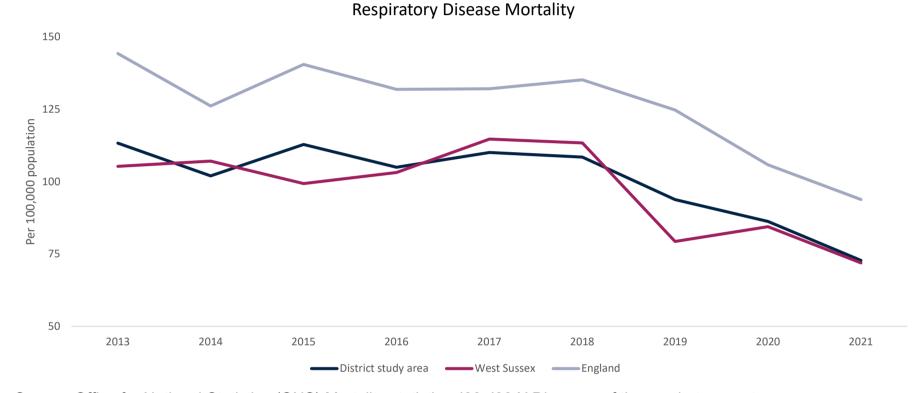




Cancer Mortality

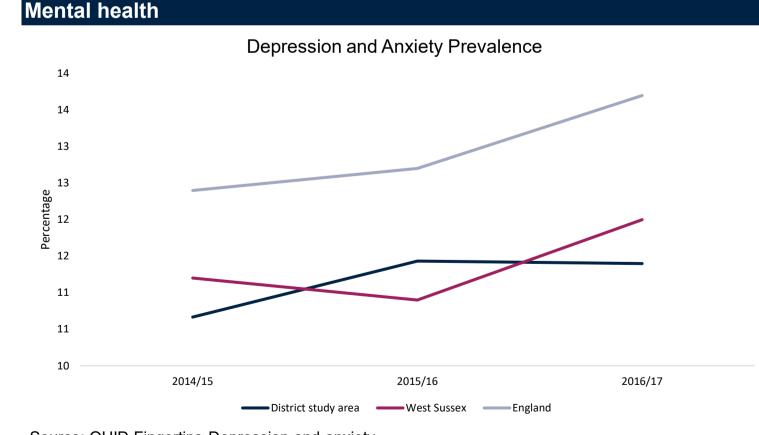
Source: Office for National Statistics (ONS) Mortality statistics I00-I99 IX Diseases of the circulatory system

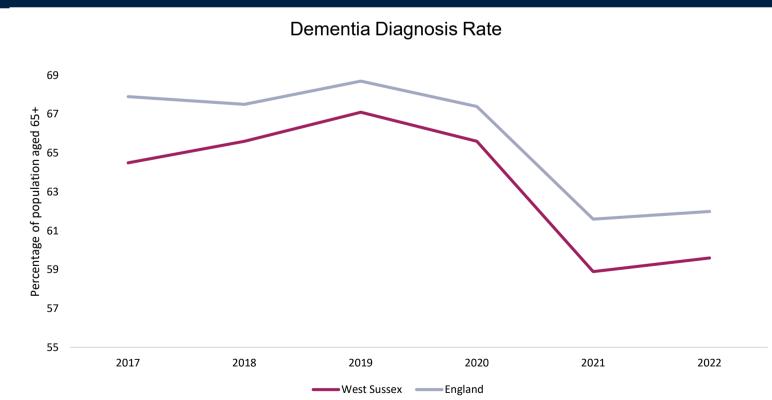




When analysing specific causes of mortality (cardiovascular disease, respiratory disease and cancer), all show a general decrease from between 2013 and 2021. Most recent statistics for circulatory diseases and cancer show that mortality rate in the district study area is lower than all relevant comparators. Most recent statistics for respiratory diseases is similar to the county average.

Source: Office for National Statistics (ONS) Mortality statistics J00-J99 X Diseases of the respiratory system





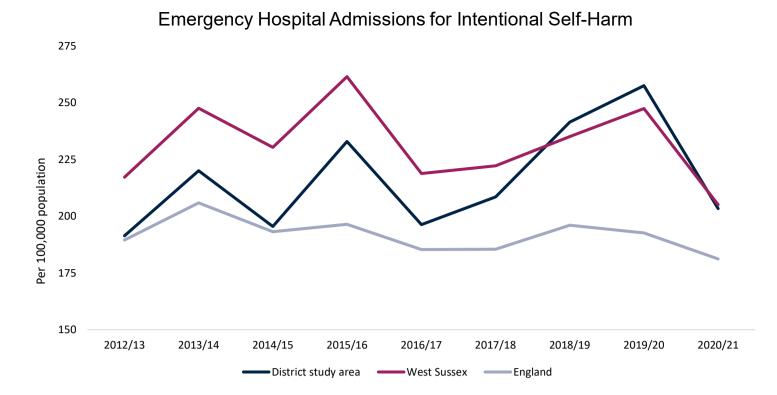
From 2014/15 to 2016/17 there was an increase in percentage of the district study area population reporting depression/anxiety.

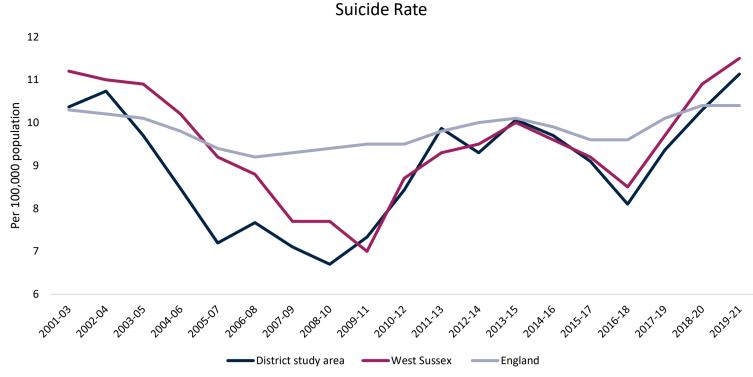
The percentage of the population reporting depression/anxiety in the district study area is similar to the county average and consistently lower than the national average.

There has been a decrease in dementia diagnosis rates (in those aged 65+) in West Sussex from 2017 to 2022. Diagnosis rate in West Sussex has been consistently lower than the national

Source: ONS Estimated dementia diagnosis rate (aged 65 and over)

300





Emergency hospital admissions for intentional self-harm in the district study area show no obvious upwards or downwards trend, fluctuating above and below the county average.

Suicide registrations in the study area has also fluctuated over the years, decreasing to a low point in 2008-10 before increasing again.

Source: OHID Fingertips Emergency Hospital Admissions for Intentional Self-Harm

Source: OHID Fingertips Suicude rate (persons)

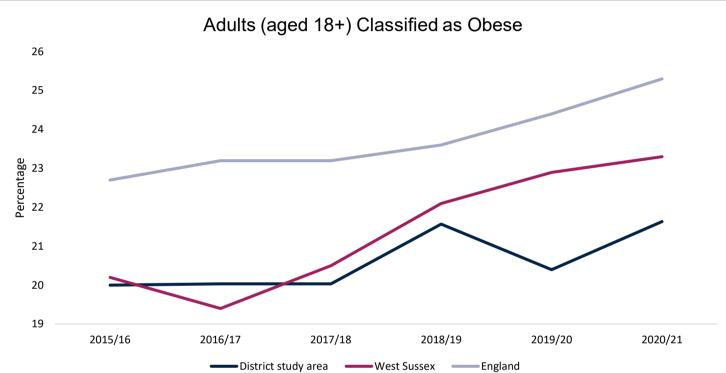
Lifestyle and behavioural risk factors

Lifestyle factors play a large role in preventing or intensifying physical health risks.

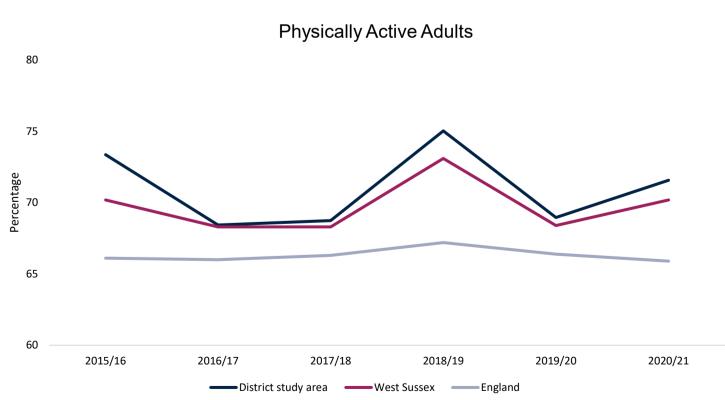
The prevalence of children (year 6) who are overweight or obese in the district study area is consistently lower than the national average. In general, the prevalence of children who are overweight or obese in the study area has remained relatively static over the years.

The percentage of adults in the district study area who are classified as obese has been lower than all relevant comparators since 2017/18. There is a clear positive trend over time, showing that adult obesity is becoming more prevalent.

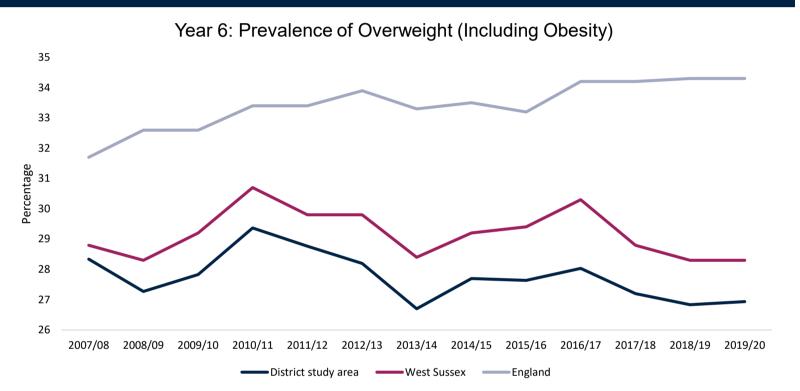
The district study area has a consistently higher proportion of adults who are physically active and a lower proportion of adults who are physically inactive when compared to the West Sussex and national averages.



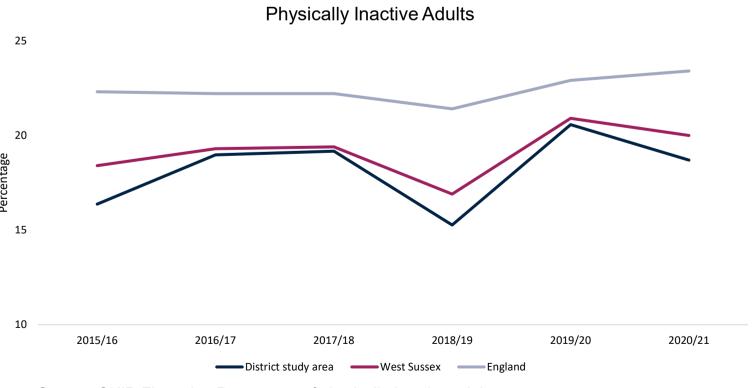
Source: OHID Fingertips: Percentage of adults (aged 18+) classified as obese



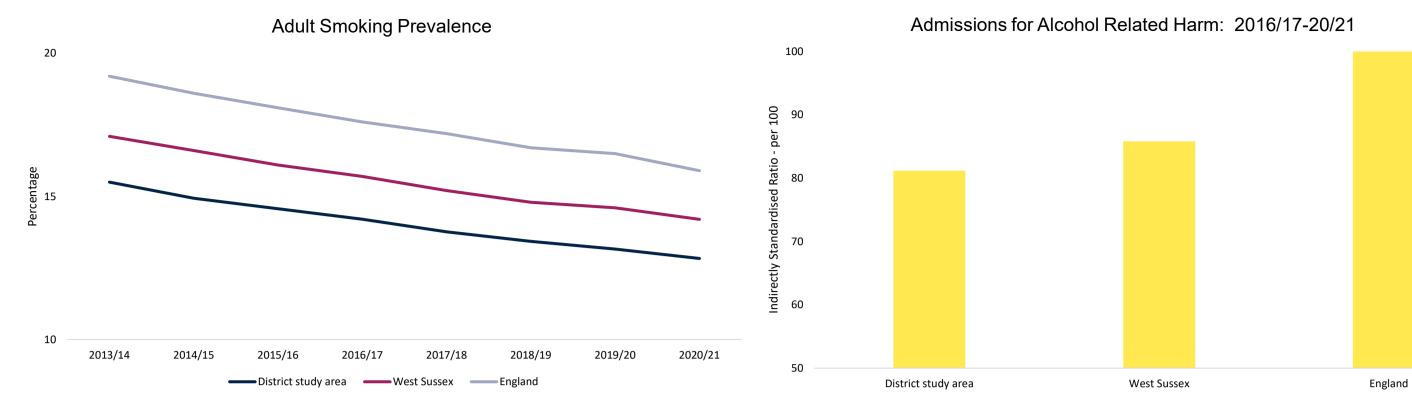
Source: OHID Fingertips Percentage of physically



Source: OHID Fingertips Year 6: Prevalence of Overweight (Including Obesity)



Source: OHID Fingertips Percentage of physically inactive adults



Adult smoking prevalence shows that the percentage of the adult population who are cigarette smokers in the district study area has been consistently lower than the West Sussex and national comparators since 2013/14.

From 2016/17-20/21, there was a lower rate of hospital admissions for alcohol related harm in the district study area compared to the West Sussex and national

Source: OHID Fingertips Smoking prevalence in adults (15+) current smokers (QOF)

Source: OHID Fingertips Hospital admissions for alcohol related harm

Deprivation and socio-economic circumstance

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. The maps below show that levels of deprivation are higher by the urban coastline areas within Arun and reduce in the more rural areas of Horsham and Mid Sussex. This is supported by analysis of the modal and mean values for IMD across the district study area (refer to the table below).

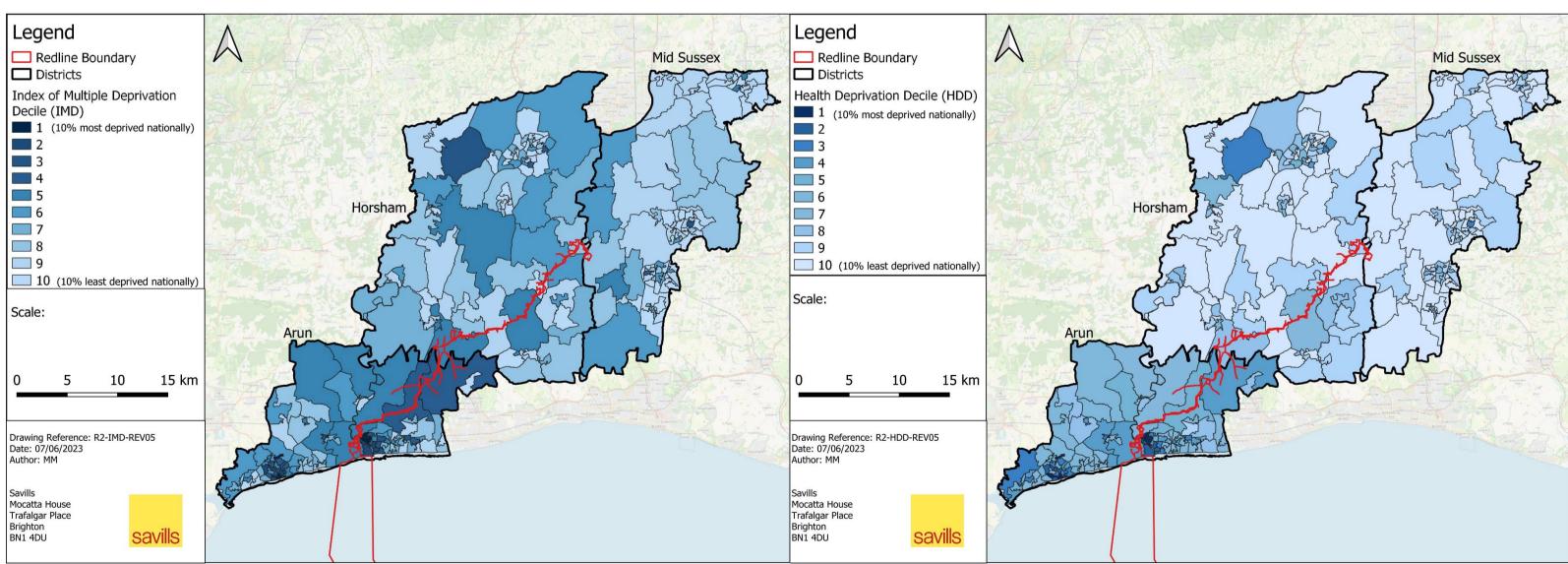
Specifically, the majority of LSOAs (i.e. modal value) within Arun are categorised within decile 6 (i.e. within the least deprived 50% of areas nationally) for both overall deprivation and the health domain. The majority of LSOAs in Horsham and Mid Sussex are within decile 10 (i.e. within the least deprived 10% of areas nationally) for both overall deprivation and the health deprivation are categorised in decile 10 for both overall deprivation and the health deprivation domain.

	Arun	Horsham	Mid Sussex	Study area average
Index of Multiple Deprivation - Mode	6	10	10	9
Health Domain - Mode	6	10	10	9
Index of Multiple Deprivation - Mean	6	8	9	7
Health Domain - Mean	5	9	9	8

Source: Ministry of Housing, Communities and Local Government, English indices of deprivation 2019

When looking at average (mean) values for overall deprivation, LSOAs within Arun are categorised within the decile 6, LSOAs within Horsham are categorised within decile 8, and LSOAs within Mid Sussex are categorised within decile 9. Across the study area as a whole, average overall deprivation is categorised within decile 7.

When looking at average (mean) values for the health deprivation domain, LSOAs within Arun are categorised within the decile 5, and LSOAs within both Horsham and Mid Sussex are categorised within decile 9. Across the study area as a whole, average overall deprivation is categorised within decile 8.



Source: Ministry of Housing, Communities and Local Government: Indices of Multiple Deprivation (IMD) 2019

Equalities Ethnicity Religion Sexual Orientation 100% 60.0% 100% 90% 90% 50.0% 80% 80% 70% 70% 40.0% 60% 50% 30.0% 50% 40% 40% 20.0% 30% 30% 20% 10.0% 20% 10% 0% 2% 2% 3% 1% 1% 0% 0% 1% 0.0% All other Straight or Gay or Lesbian Bisexual Pansexual Asexual Not answered Hindu Sikh Buddhist Christian Muslim Other Not Jewish No religion Heterosexual sexual Black Mixed White Other religion Asian answered orientations

■ District study area ■ West Sussex ■ England

Source: Office for National Statistics (ONS) Population in England and Wales by religious group

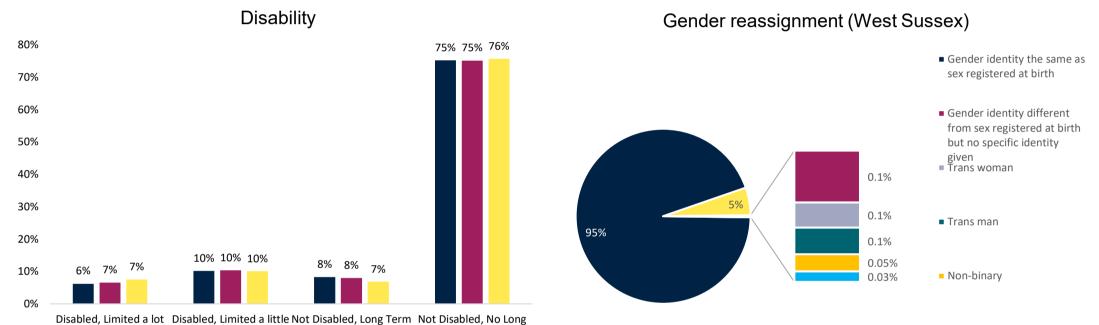
■ District study area ■ West Sussex ■ England

Source: Office for National Statistics (ONS) Sexual orientation

Christianity is the most prevalent religion across the district study area, whereby 50% of the population are Christian. The second most prevalent religion within the district study area is "no religion". Both are consistent with the county and national average, whereby the majority of the population are Christian, followed by "no religion". There is a lower proportion of the population in the district study area who are

■ District study area ■ West Sussex ■ England

Source: Office for National Statistics (ONS) Proportion of people in each ethnic



In terms of sexual orientation, the majority of the district study area population are heterosexual. There is a lower proportion of the population living within the district study area who identify as gay/lesbian or bisexual compared to the county and national averages.

Hindu, Muslim and Sikh, compared to the county and national averages.

Regarding ethnicity, the majority of the district study area population is white, consistent with the county and national averages. An equal amount of the district study area population are asian or mixed ethnicities. The proportion of the district study area population who are asian, black or other ethnicities is lower than the county and national averages.

The majority of the district study area population reported no disability or long term condition. The proportion of the population in the district study area who are disabled (limited a little) is equal to the county and national averages; the proportion of the population in the district study area who are disabled (limited a lot) is lower than the county and national averages; and the proportion of the population in the district study area who are not disabled but reported a long term condition which does not limit them is equal to the county average and higher than the national average.

The majority of people within West Sussex state that their gender identity is the same as sex registered at birth, whilst 5% chose not to answer. All other gender categories (e.g. transexual, non-binary individuals) comprised <1% of the population each.

Source: Office for National Statistics (ONS) Disability census 2021

■ District study area ■ West Sussex ■ England

Conditon but Not Limited

Source: Office for National Statistics (ONS) Gender identity

Conclusion

Overall, statistics analysed as part of this population and human health baseline show mostly positive trends which are better than the national average. On this basis, it can be concluded that there is good health and socio-economic circumstance relative to the national average.

All other gender identities

As a result, individuals living in these communities are not considered to be particularly sensitive to environmental changes associated with the construction and operation of the Proposed Development. These communities may still benefit from socio-economic opportunities provided during construction, which as a wider determinant of health could contribute to further improvement to health and socio-economic circumstance.

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