

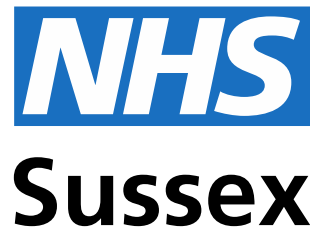
Horsham

Integrated Community Team

Population Profile Pack - **DRAFT**



November 2023



Better health and care for all

Introduction

16 geographically based Integrated Community Teams (ICTs) across Brighton and Hove, West and East Sussex have now been agreed.

The ICT Programme Team have since implemented an ICT Data Group, enabling ICB, Public Health, Local Authority, VCSE and wider stakeholders to meet and collaborate regularly in the development and design Sussex ICT data core profiles.

The Sussex ICT model, will be driven by data and reflective of population needs. To do this effectively we need to access a variety data sets that enable us to understand each of the ICTs' local demographics, health needs, social determinants and wider determinants of health.

Different data sources complimented by Local Knowledge and Community Insight will be key in highlighting specific needs and challenges faced by each ICTs population. This will allow us to construct the core offer that will be delivered by ICT delivery teams, design how these teams need to be configured and what might need further local tailoring due to marked differences in population need.

These opening ICT data packs are intended to set the scene for the ICTs. Whilst they alone will not provide the final answer, they are designed to help stimulate the questions which will. After initial release in December, the packs will develop further in response to feedback to help support the ICTs in their development.

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Headline Findings 1

- **Population Size and Change** – Horsham has 146,800 residents. Since 2011 the population has grown by 12%, almost double the England growth level (6.6%). Over the 10 years there have been a similar number of births and deaths. Growth is, in the main, driven by net inward migration.
- **Diversity** – population is less ethnically diverse and older compared with England.
- **Core20** - No area within Horsham is ranked amongst the most 20% deprived neighbourhoods in England.
- **Life Expectancy** - The Horsham compares favourably with Sussex and England on many public health outcome measures. Overall, residents enjoy a long life (the highest life expectancy amongst all Sussex ICTs). Although there are differences between life expectancy between the most and least deprived neighbourhoods, the difference is less marked in this area than others, particularly for women.
- **Wider Determinants of Health** – Horsham compares well with England and has lower levels of child and pensioner poverty. Horsham has one of the lowest percentages of working aged people on benefits in Sussex. As with other parts of Sussex, many people cannot afford to buy their own home, the ratio of house prices to earnings is high.
- **Population Health** – Horsham compares favourably with England and many parts of Sussex on a range of outcomes including a lower rate of alcohol related admissions, lower percentage of obese adults, higher levels of physical activity, the lowest smoking prevalence amongst all Sussex ICTs (5.6%) and the highest percentage of Year 6 children measured at a healthy weight. Horsham also has higher rates of cancer screening, lower rates of hospital admission for COPD, and lower premature mortality rates for the major causes (CVD, respiratory diseases and cancer).

Headline Findings 2 Health Care

- **Primary Care** – Within Horsham ICT there are 3 PCNs with 12 GP Practices with very varying levels of population, 2 Practices (Park, Holbrook) have >15k registered patients. 2 GP practices (Cowfold & Rudgwick) have <5k registered patients. In terms of CQC rating 1 practice is rated as Inadequate, 1 rated as Requiring Improvement, the remainder are rated as Good.
- **In Horsham** – Flu vaccinations for 65+ are higher than the Sussex average, the percentage of people having dementia annual care plans lower than the Sussex average. Patient COPD reviews within the last 12 months and Coronary Heart Disease (CHD) blood pressure management (≤ 79 BP reading 140/90mmHg or less) worse than the Sussex average.
- **Long Term Conditions*** - The prevalence of cancer and hypertension in Horsham ICT is higher than the Sussex average, obesity and depression lower than the Sussex average.
- **Community Care** - UTC attendances (per 100) by Horsham ICT patients is higher than the Sussex average. The number of community nursing contacts per 100 population is lower than the Sussex average, as is the 2-hour referrals and standard referrals to the Urgent Community Response (UCR)
- **Planned Care Alternatives and Cancer Care** – For Horsham ICT higher than the Sussex average are: Lower GI suspected cancer referrals; the rate of new cancer cases per 100k population; 2-week waits and the diagnosis rates for 2-week referrals.
- **Acute Planned Care** – The percentage of Horsham ICT patients waiting 52+ or 65+ weeks for treatment at PRH is higher than the Sussex average, new outpatient appointments is lower than the Sussex average whilst follow up outpatient appointments are higher.
- **Urgent and Emergency Care** – All of the measures relating to 111, 999 and A&E rates are lower for Horsham ICT than the Sussex average. The volume of 111 calls per 1,000 population is in the lowest quartile for Sussex. Emergency admission rate for Horsham ICT patients is lower than the Sussex rate per 100 population.
- **Care Homes: Urgent Healthcare Use** – Horsham ICT emergency admissions in the past year were higher than the Sussex average, as are emergency respiratory admissions and admissions following a fall.

BETTER HEALTH AND CARE FOR ALL

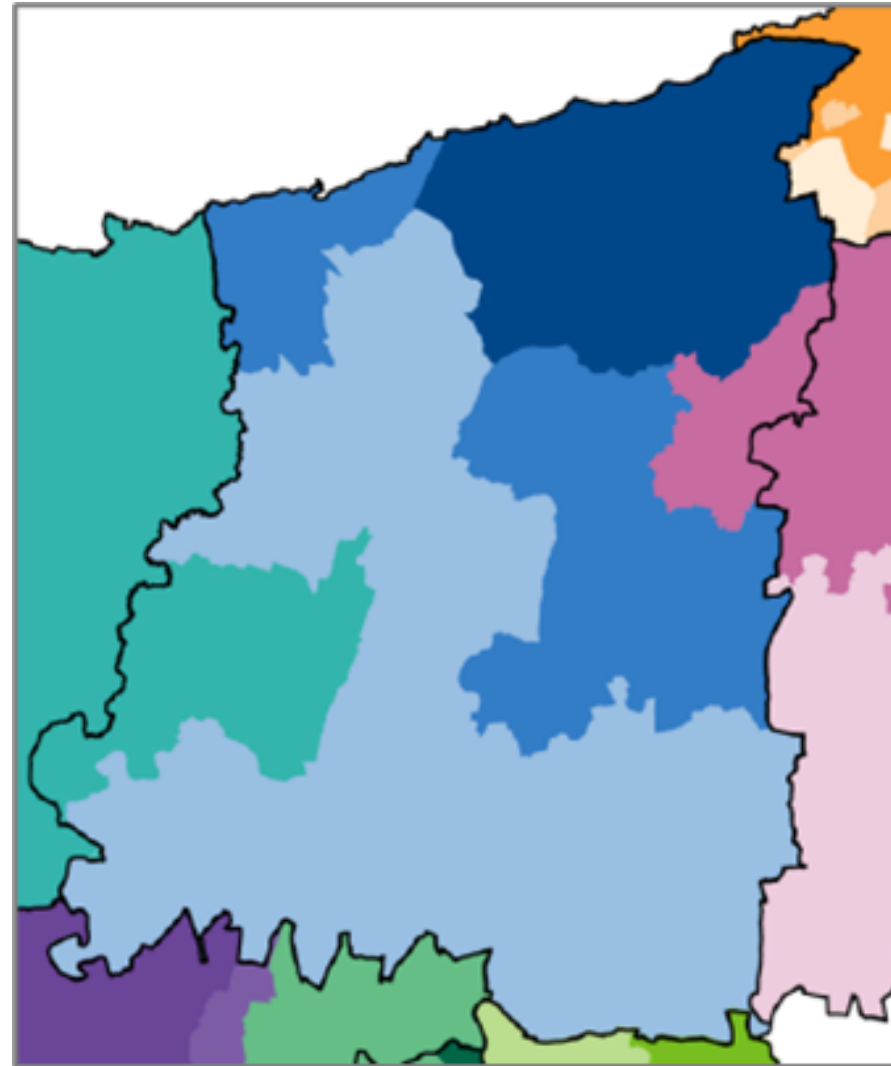
*This relates to QOF prevalence, this is recorded prevalence on GP registers and as such may reflect a higher (or lower) prevalence amongst the local population and/or better (or worse) detection and recording by practices.

Horsham ICT Geography

The geography of the ICT is not an exact match between Local Authority District and NHS practice/PCN catchment.

By general rule the slides on the health of the population will be split by District and those slides on use of healthcare services split by GP/PCN registered population.

Where slides deviate from this it is noted



Key/Legend

- U26939 Horsham Central PCN
- U96386 Horsham Collaborative PCN
- U57981 Chanctonbury PCN
- U04748 Angmering Coppice Fitzalan (ACF) PCN
- U21339 Arun Integrated Care (AIC) PCN
- U33593 Rural North Chichester PCN
- U13952 Central Worthing Practices PCN
- U01092 Cissbury Integrated Care PCN
- U49536 Coastal and South Downs PCN
- U37037 Shoreham and Southwick PCN
- U87478 Lancing and Sompting PCN
- U03364 Haywards Heath Villages PCN
- U06871 Burgess Hill & Villages PCN
- LA District Boundaries

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Summary Contents 1

Section	Slide	Contents
Who lives here	Who lives in the ICT	Population, increases, reductions, broad age band %s
	Key Demographics	Key demographic groups within the ICT
	Population change	Age-sex profile and expected increase, including households
	Population Projections	An ageing population
Building blocks of health	Introduction	What do we mean by the building blocks of health
	Deprivation	IMD, Core20, Child poverty, Benefits, Poverty, Earnings
	Building blocks of health	Housing, Education, Employment, Crime
What services are within the ICT	Map of services	Location of services within the ICT geography

Summary Contents 2

Section	Slide	Contents
The Health of the Population	Health and Wellbeing across the life course	Headline summary of key indicators which are covered in more detail in the next 4 slides
	Main Causes of ill health, life expectancy and inequalities	Life expectancy, mortality and inequality
	Main Causes contributing to the gap in life expectancy	Causes of inequality in life expectancy
	Key risk factors for main causes of death	Risk factors are behind the main causes of death
	Starting Well	Outcomes and factors affecting them at the start of life
	Living Well	Outcomes and factors affecting them during Adult life
	Ageing Well	Outcomes and factors affecting them in older age
	Dying well	Palliative Care and deaths

Summary Contents 3

Section	Slide	Contents
Healthcare services - Primary Care	Primary Care services	Size and number of GP Practices, Enhanced Services
	Long Term Conditions (Disease Burden)	Disease Registers and QOF
	Other Primary care in the ICT	Dental Activity, vaccination levels and medicines use
Healthcare services – MHLDA	Mental Health and Learning Difficulties	Dementia Diagnosis Rate, Learning Disabilities AHC, Talking therapies,
Healthcare services - Community	Community Health Services	Community Nursing, Community Beds, Community Services
Healthcare services - Non Urgent Care	Planned Care alternatives and Cancer	Advice and Guidance, DNA rates, PIFU, Cancer waiting times, FIT testing
	Planned Care	New Outpatients, Follow Up Outpatients, Outpatients with Procedures, Daycase and Elective Inpatients, OPProc:DC:EL ratio
Healthcare Services - UEC	Urgent and Emergency Care	111 calls, 999 calls, Ambulance Mobilisations
	Acute Urgent Care	Emergency Inpatients, Long stay patients
	Care Homes: Urgent Healthcare use	Carehome numbers, 999 call rates, A&E and emergency admission rates
Adult Social Care	Adult Social Care	Contacts, patients receiving Long Term Support, Reported Quality of Life, Safeguarding concerns
Appendix	Links to useful sites	For more detail on the headlines in this pack

Who lives in Horsham ICT

Around 146,800 people live in Horsham (2021 Census)
An increase of 12% since 2011

Between 2011 and 2020 there have been

- 11,586 Births
- 11,748 Deaths
- 11,750 estimated increase from internal UK migration
- 2,280 estimated increase from international migration

Census 2021 data:

- 22% of the population is under 20, compared to 23% for England
- 23% of the population is 65 or over, compared to 18% for England
- 3.3% of the population is 85 or over, compared to 2.4% for England

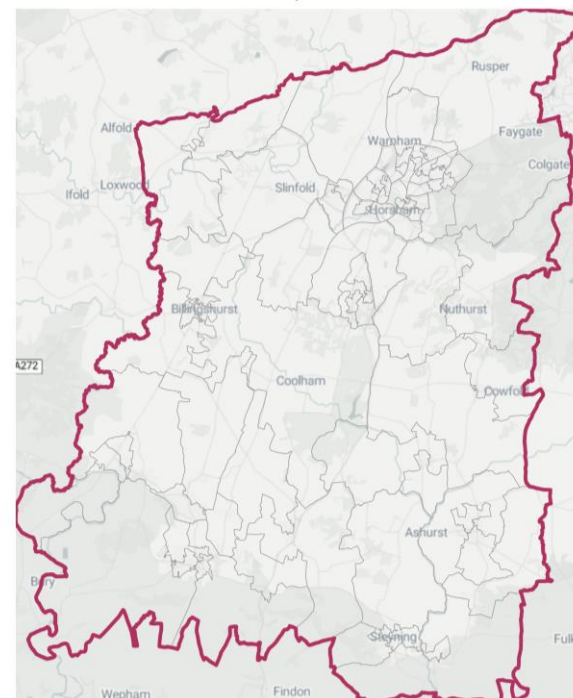
905 residents aged 65+ live in a care home (with or without nursing)

Horsham Integrated Community Team



LSOA (2021) based ICT boundaries.
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Horsham ICT Core20 areas;



LSOA (2011) based boundaries.
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Horsham ICT comprises of 81 neighbourhoods (2011 based LSOAs). There are **no Core20 neighbourhoods** (representing the most deprived 20% of neighbourhoods nationally) in this ICT.

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Key Demographic Groups within Horsham ICT

Horsham ICT population groups

Compared with England

- Horsham has an older age structure compared with England
- Horsham is less ethnically diverse compared with England

<h4>Age</h4> <p>Horsham has an older age structure than England:</p> <ul style="list-style-type: none"> • 21.8% of people are aged under 20 (23%) • 55.4% aged 20-64 (58%) • 22.8% aged 65+ (18%) 	<h4>Ethnicity</h4> <p>11.9% of people are Black or racially minoritised* (27%):</p> <ul style="list-style-type: none"> • 2.7% Asian or Asian British (10%) • 0.9% Black or Black British (4%) • 2.1% Mixed or multiple ethnic group (3%) • 0.1% Arab (0.6%) • 5.6% White Irish or White other (8%) 	<h4>Religion</h4> <p>42.1% of people have no religion or belief (37%):</p> <ul style="list-style-type: none"> • 49.3% Christian (46%) • 0.9% Muslim (6.7%) • 0.2% Jewish (0.5%) • 0.4% Buddhist (0.5%) • 0.6% Hindu (1.8%) • 0.1% Sikh (0.9%) • 0.4% Other religion (0.6%) 	<h4>Pregnancy & maternity</h4> <p>There were 1,444 live births in 2021²</p> <hr/> <h4>Sex</h4> <p>Female 51.2% (51%) Male 48.8% (49%)</p>
<h4>Gender identity</h4> <p>0.3% of adults aged 16+ identified as Trans in the 2021 Census (0.5%)</p>	<h4>Sexual orientation</h4> <p>2.5% of those aged 16+ identified as LGB+ (gay or lesbian, bisexual or other minority sexual orientation) (3%)</p>	<h4>Language</h4> <p>For 3.4% of people, English is not their main language (9%) 0.3% do not speak English well (1.6%)</p>	<h4>Disability</h4> <p>14.9% of residents are disabled under the Equality Act (17%)</p>
<h4>Children in care</h4> <p>At the end of March 2022, there were 860 children aged 0-17, 49 per 10,000, living in care in West Sussex (England 70 per 10,000)¹ UTLA</p>	<h4>Veterans</h4> <p>4.3% of people aged 16+ stated on the 2021 Census that they had previously served in the armed forces (3.8%)</p>	<h4>Marriage / civil partnership</h4> <p>52.5% of people aged 16+ are married or in a civil partnership (45%)</p> <ul style="list-style-type: none"> 29.6% Never married/civil partnership (38%) 1.9% Separated (2%) 9.4% divorced/civil partnership dissolved (9%) 6.6% widowed / surviving civil partnership partner (6%) 	<h4>Carers</h4> <p>8.3% of people provide unpaid care (9%)</p> <p>England figure in brackets Source: Census 2021 unless otherwise stated ¹ Department for Education, ² ONS * Non White UK/British UTLA: Only available at UTLA level</p>

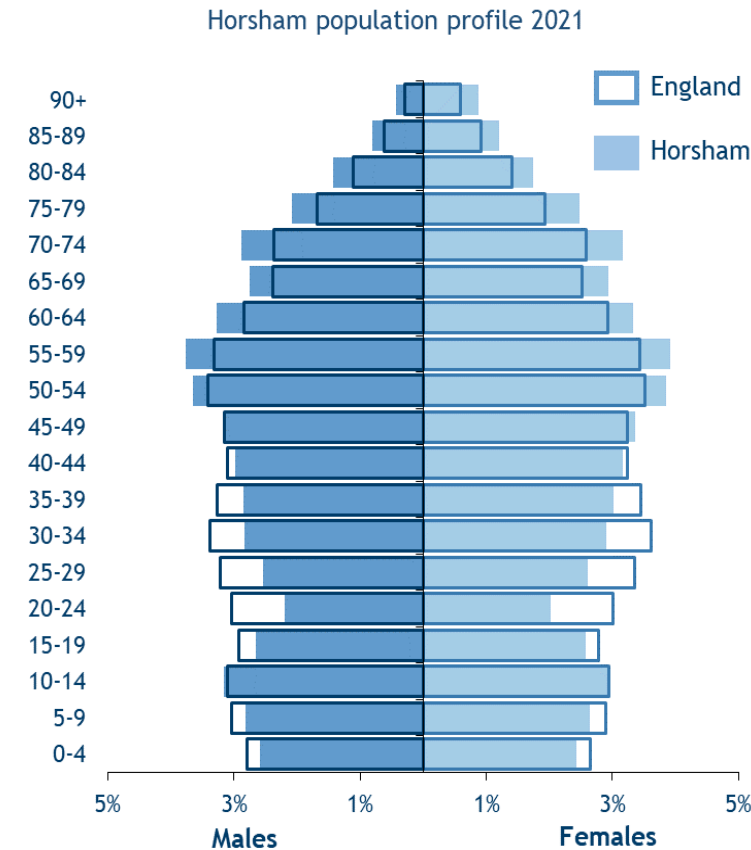
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Current population & change over the last 10 years

In Horsham, between 2011 and 2021

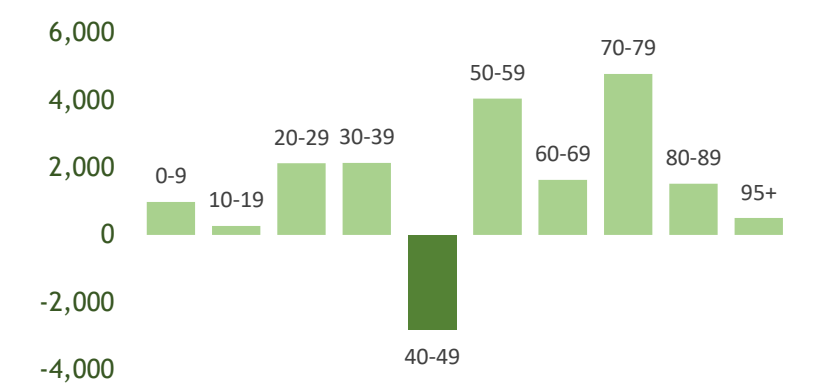
- The total population has increased by 11.5% which was higher than England (6.6%)
- The largest % increase was in the 70–79-year-olds, which has increased by 4,781 (44.3%) since 2011.

Total population 146,783



Increase in population 15,183

Horsham change in population between 2011 and 2021 Census, in 10 year age groups



	2021	2011	Horsham change	Horsham %	England %
0-19	32,045	30,800	1,245	4.0%	2.7%
20-64	81,297	75,200	6,097	8.1%	4.4%
65+	33,441	25,600	7,841	30.6%	20.1%
All ages	146,783	131,600	15,183	11.5%	6.6%

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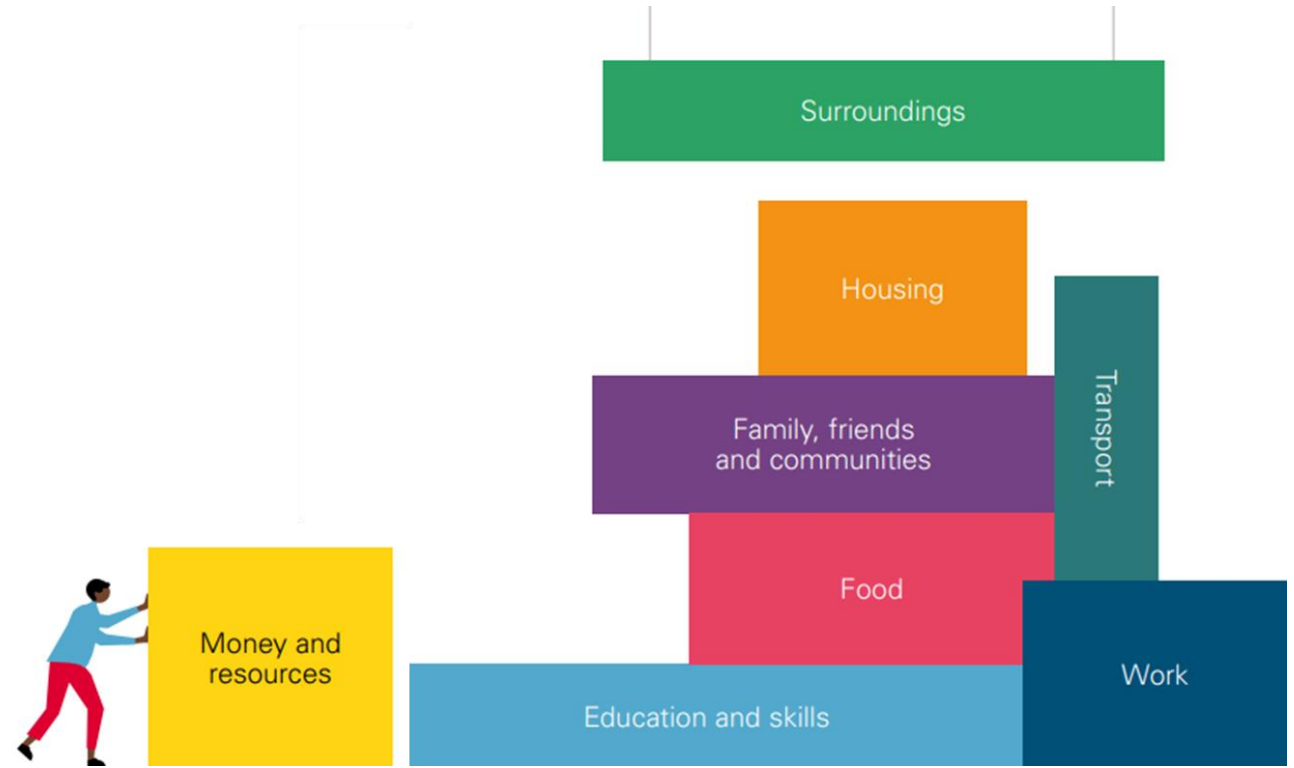
How is the population expected to change over the next ten years?

PLACEHOLDER SLIDE

Please note – population projects rebased for 2021 Census will not be published until early 2024

The building blocks of Health

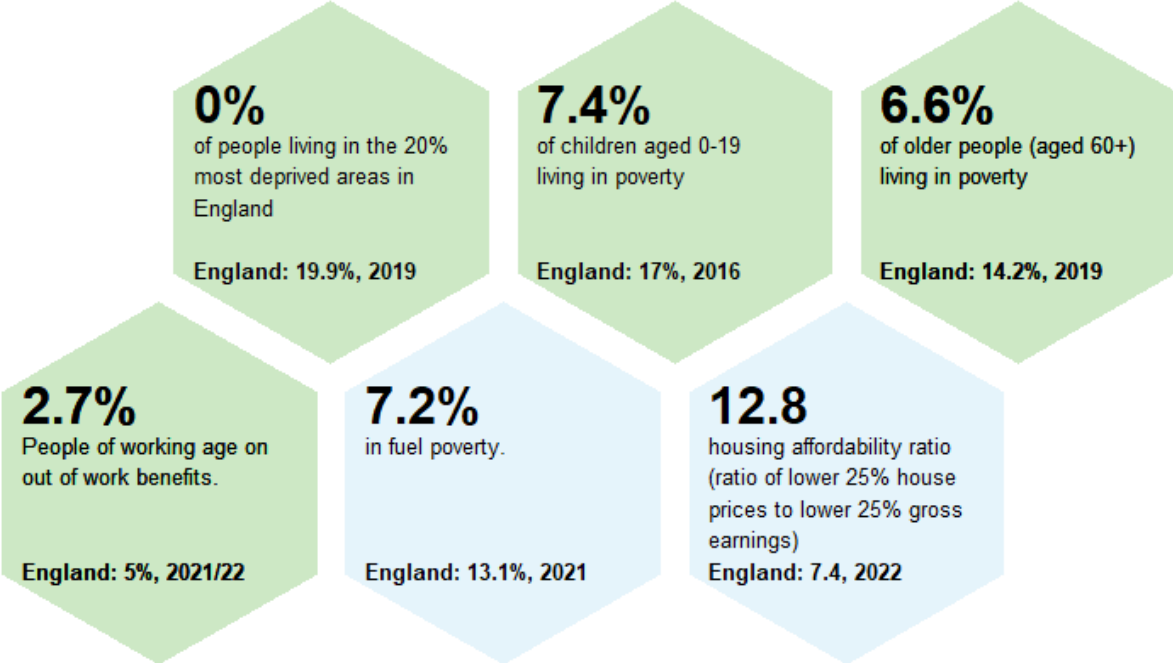
- When we don't have the things we need, like warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on our physical and mental health. This results in poorer physical and mental health, earlier onset of conditions and earlier death.
- Almost every aspect of our lives impacts our health and ultimately how long we will live – our jobs and homes, access to education and public transport and whether we experience poverty or discrimination. These are the building blocks of health.
- To create a county where everybody can thrive, we need all of the right building blocks in place:



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Building blocks of health in Horsham ICT

- Horsham compares well with England and has lower levels of child and pensioner poverty.
- Horsham has one of the lowest percentages of working age people on benefits.
- As with other parts of Sussex, many people cannot afford to buy their own home, the ratio of house prices to earnings is high.



Horsham ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

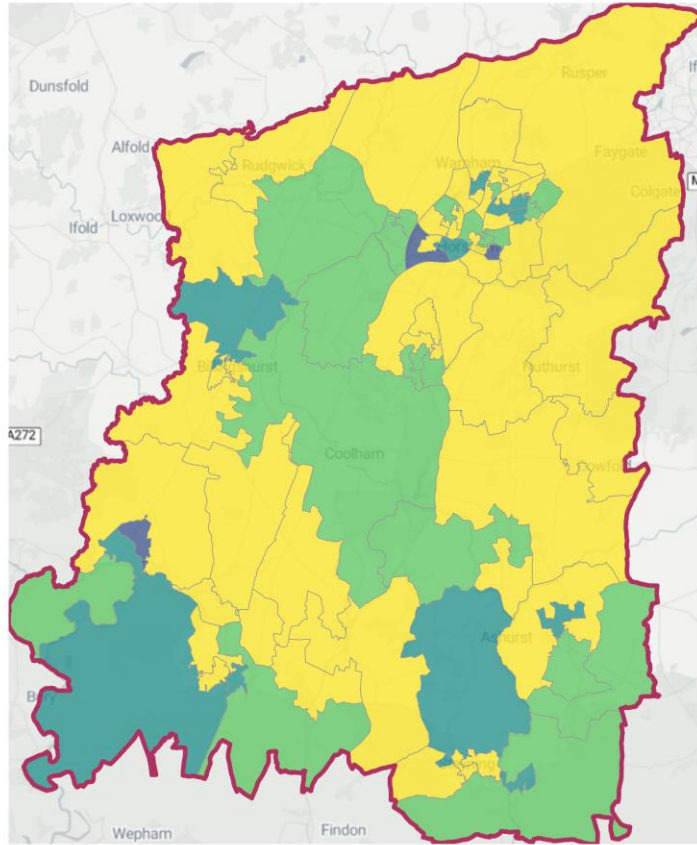
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Building blocks in Horsham ICT

Income deprivation is defined as receiving Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or Universal Credit (in the 'Searching for work', 'No work requirements', 'Planning for work', 'Working – with requirements' and 'Preparing for work' conditionality groups) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs

Income Deprivation Affecting Children Index (IDACI)



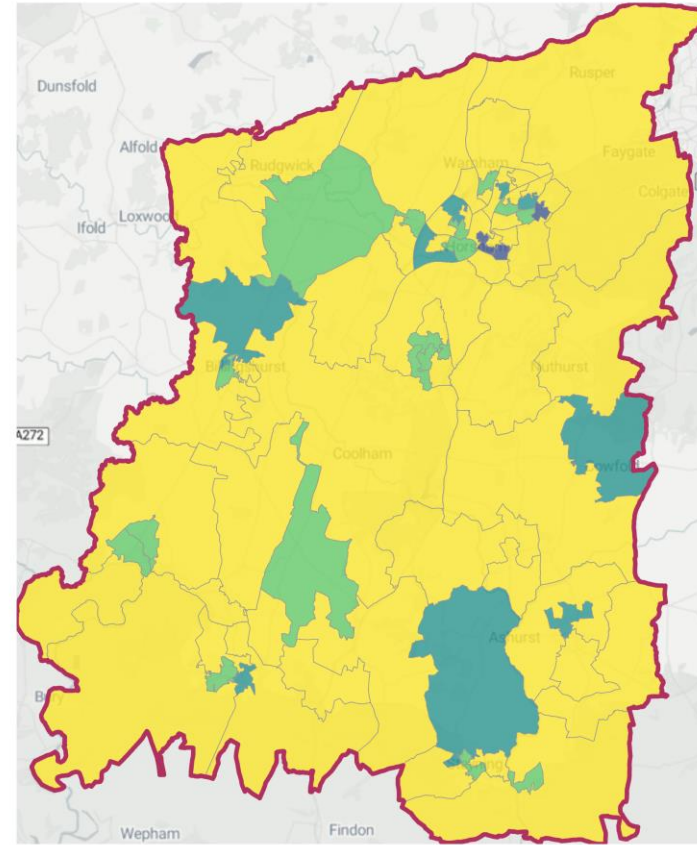
LSOA (2011) based boundaries.
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IDACI score (national rankings)

- Most deprived 20%
- Quintile 2
- Quintile 3
- Quintile 4
- Least deprived 20%

In Horsham ICT, none of its 81 neighbourhoods had an IDACI score (proportion of 0-15s living in income deprived families) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 19.1% or one in five children experiencing income deprivation.

Income Deprivation Affecting Older People Index (IDAOPI)



LSOA (2011) based boundaries.
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IDAOPI score (national rankings)

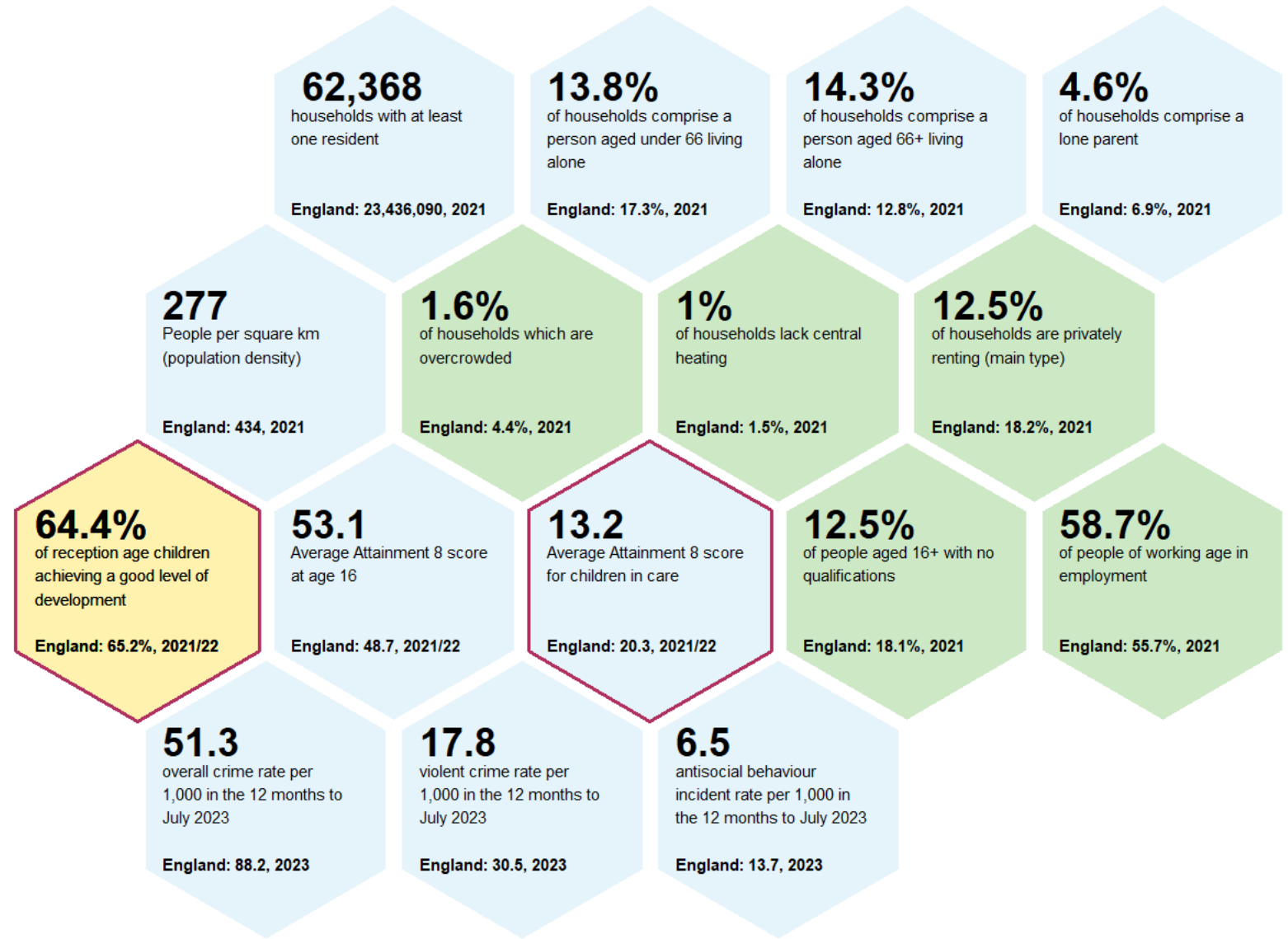
- Most deprived 20%
- Quintile 2
- Quintile 3
- Quintile 4
- Least deprived 20%

There were no neighbourhoods in Horsham ICT with an IDAOPI score (proportion of 60+ year olds living experiencing income deprivation) in the top 20% most deprived neighbourhoods in the country. The highest score in a neighbourhood locally was 24.6% or one in four older people.

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Building blocks of health in Horsham ICT

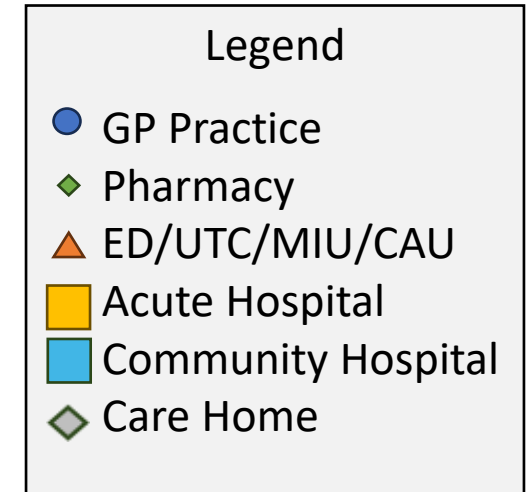
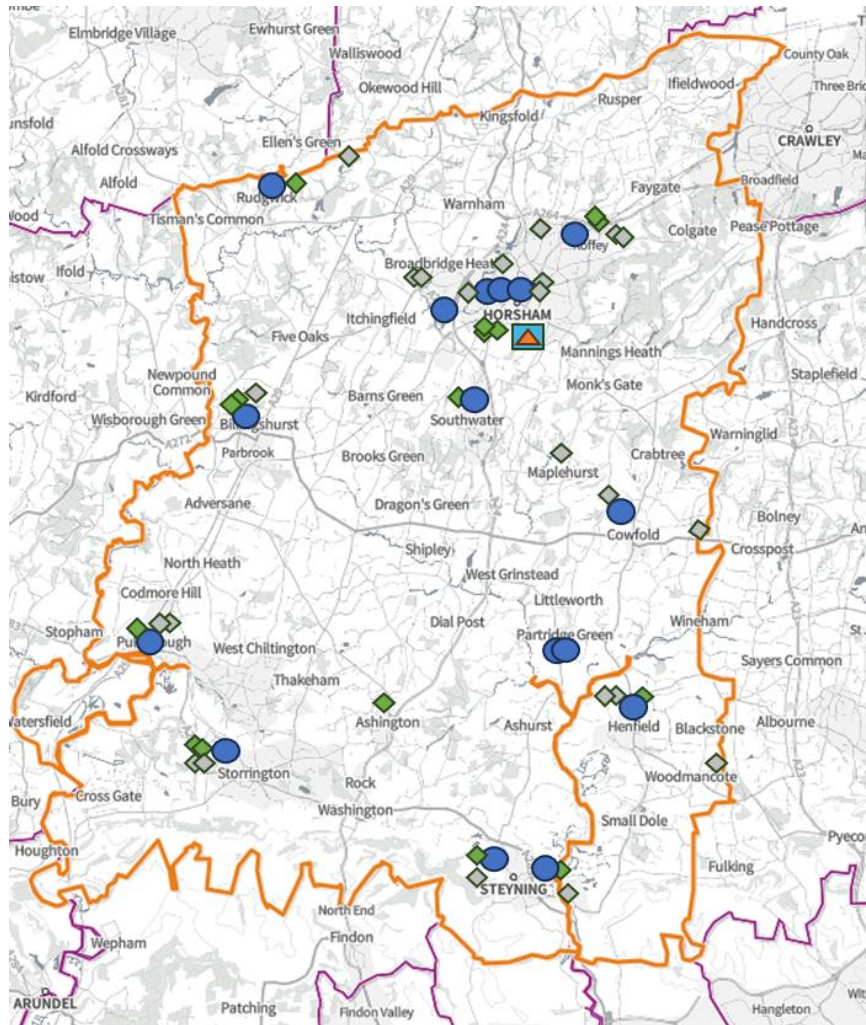
- Population density overall is lower than England (with 277 people per square km) reflecting the mix of population based in markets towns, villages and also in rural areas.
- Horsham compares favourable on most measures, including people in employment, school attainment and lower crime rates.



Horsham ICT Compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

 Available at a higher geography (West Sussex local authority) only

Services within Horsham ICT



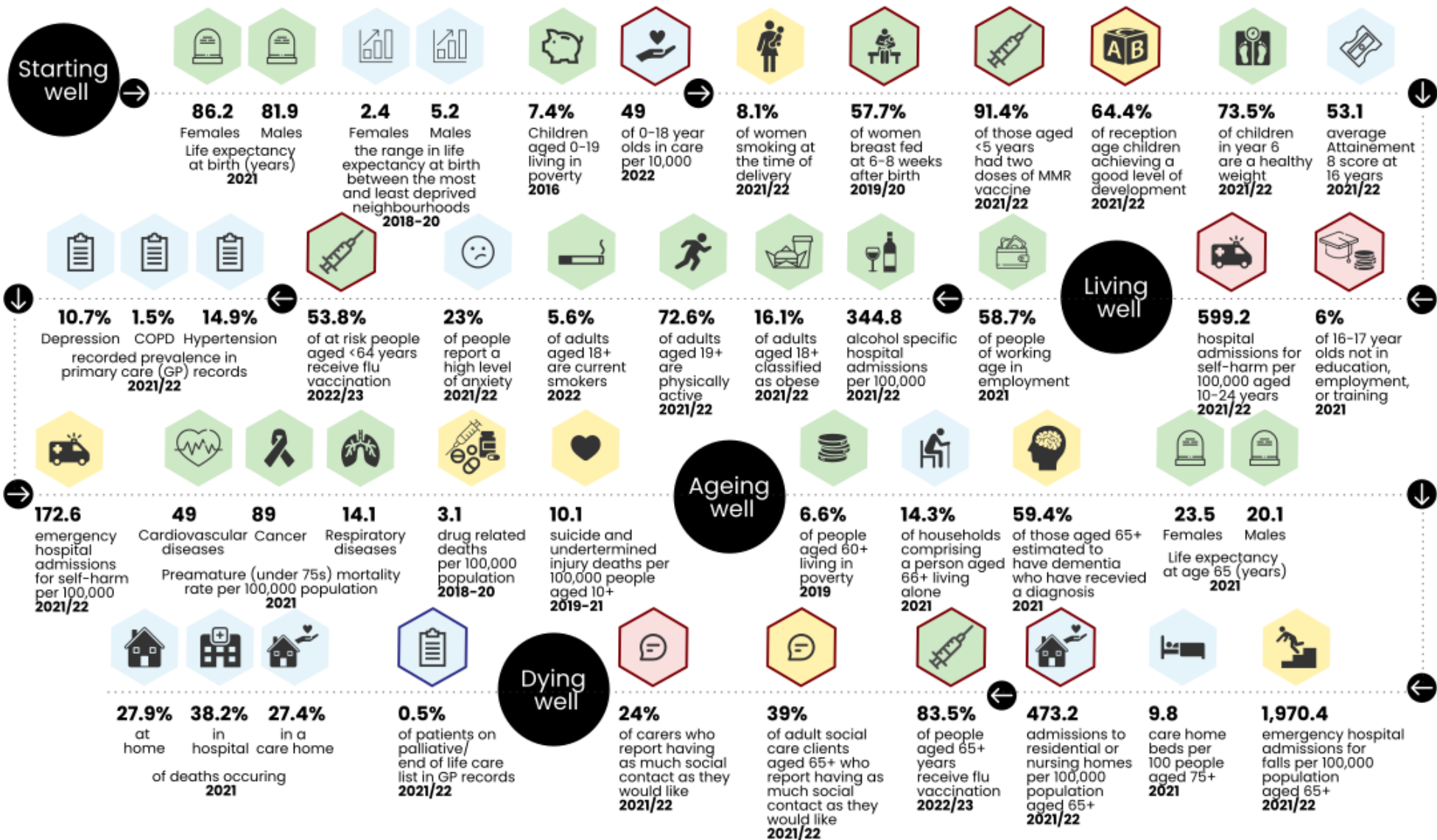
More detailed mapping of services is available at:

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Horsham Integrated Community Team

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

Data are shown for Horsham ICT and are compared with England

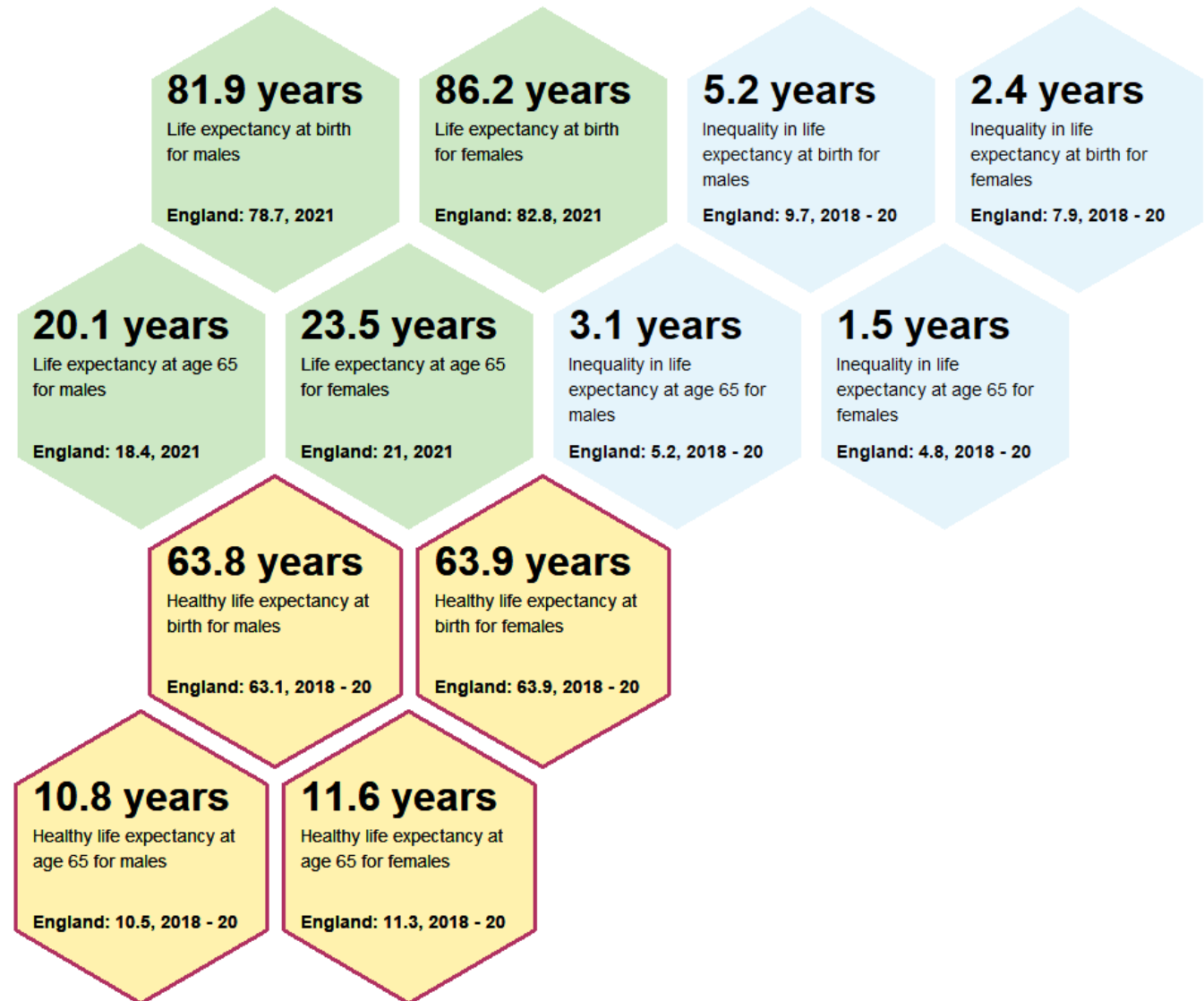


Available only at a higher geography (West Sussex local authority)

Available only for registered population (e.g. CCG or Sub-ICB geography)

Main causes of ill health, life expectancy and inequalities – Horsham ICT

- Horsham has the highest life expectancy of all the Sussex ICTs both for men, at 81.9 years, and for women, at 86.2 years.
- There are differences between life expectancy in the poorest and wealthiest areas, there is a higher difference for men at 5.2 years compared with women at 2.4 years.
- Healthy life expectancy here is provided at West Sussex level. For men and women healthy life expectancy is well below the current State Pension Age.



Horsham ICT compared to England



Better



Similar



Worse



Not applicable



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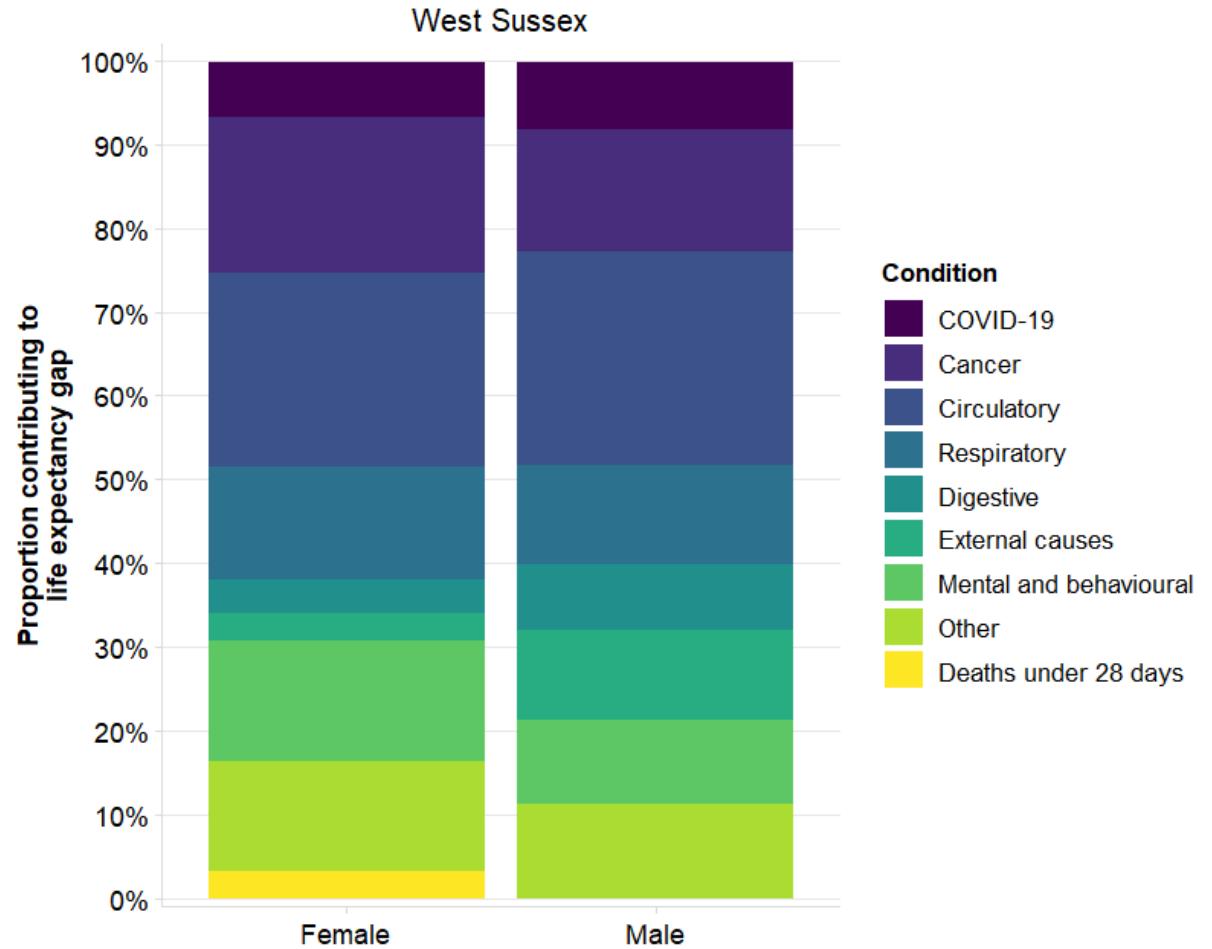
Main causes contributing to the gap in life expectancy – West Sussex

- For males - circulatory, external causes (injury, poisoning and suicide) and cancer
- For females - cancer, external causes, circulatory and respiratory diseases
- The contribution of external causes and digestives diseases (includes alcohol-related conditions, chronic liver disease, cirrhosis) **is greater in Brighton & Hove** than across England

Source: [Segment Tool \(phe.gov.uk\)](https://phe.gov.uk)

Causes of death contributing most to inequalities in life expectancy between the most and least deprived quintiles (20%) of each area.

West Sussex; data for 2020 and 2021 combined.



Data for lower tier local authorities has been included for 2014 to 2016 and 2017 to 2019, but have not been included for 2020 to 2021 as the breakdowns based on 2 years of data are not robust due to small numbers.

Key risk factors for main causes of death – West Sussex

Only available at UTLA level

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

Top 20 causes of the greatest burden of ill health

1 Ischemic heart disease
2 Low back pain
3 COPD
4 Stroke
5 Lung cancer
6 Diabetes
7 Alzheimer’s disease
8 Depressive disorders
9 Lower respiratory infect
10 Falls
11 Colorectal cancer
12 Headache disorders
13 Age-related hearing loss
14 Breast cancer
15 Neck pain
16 Other musculoskeletal
17 Osteoarthritis
18 Endo/metab/blood/immune
19 Prostate cancer
20 Asthma

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries

Top 20 risk factors

1 Smoking
2 High fasting plasma glucose
3 High body-mass index
4 High blood pressure
5 Alcohol use
6 High LDL
7 Low temperature
8 Low whole grains
9 Kidney dysfunction
10 Particulate matter
11 Occupational carcinogens
12 Drug use
13 Low physical activity
14 Low bone mineral density
15 High processed meat
16 High red meat
17 Low fruit
18 Secondhand smoke
19 Low nuts and seeds
20 Low legumes

- Metabolic risks
- Environmental/occupational risks
- Behavioral risks

To improve life expectancy, healthy life expectancy, inequalities in both life expectancy and healthy life expectancy:

- Tackle major behavioural risks – tobacco, diet, exercise, alcohol and drugs
- Diabetes is a rising concern
- CVD reduction – including controlling blood pressure key and has considerable population impact
- Cancer major cause of ill health, importance of behaviours and screening
- Mental health
- Immunisation
- Air quality and cold homes

In addition, for healthy life expectancy and inequalities in healthy life expectancy tackle:

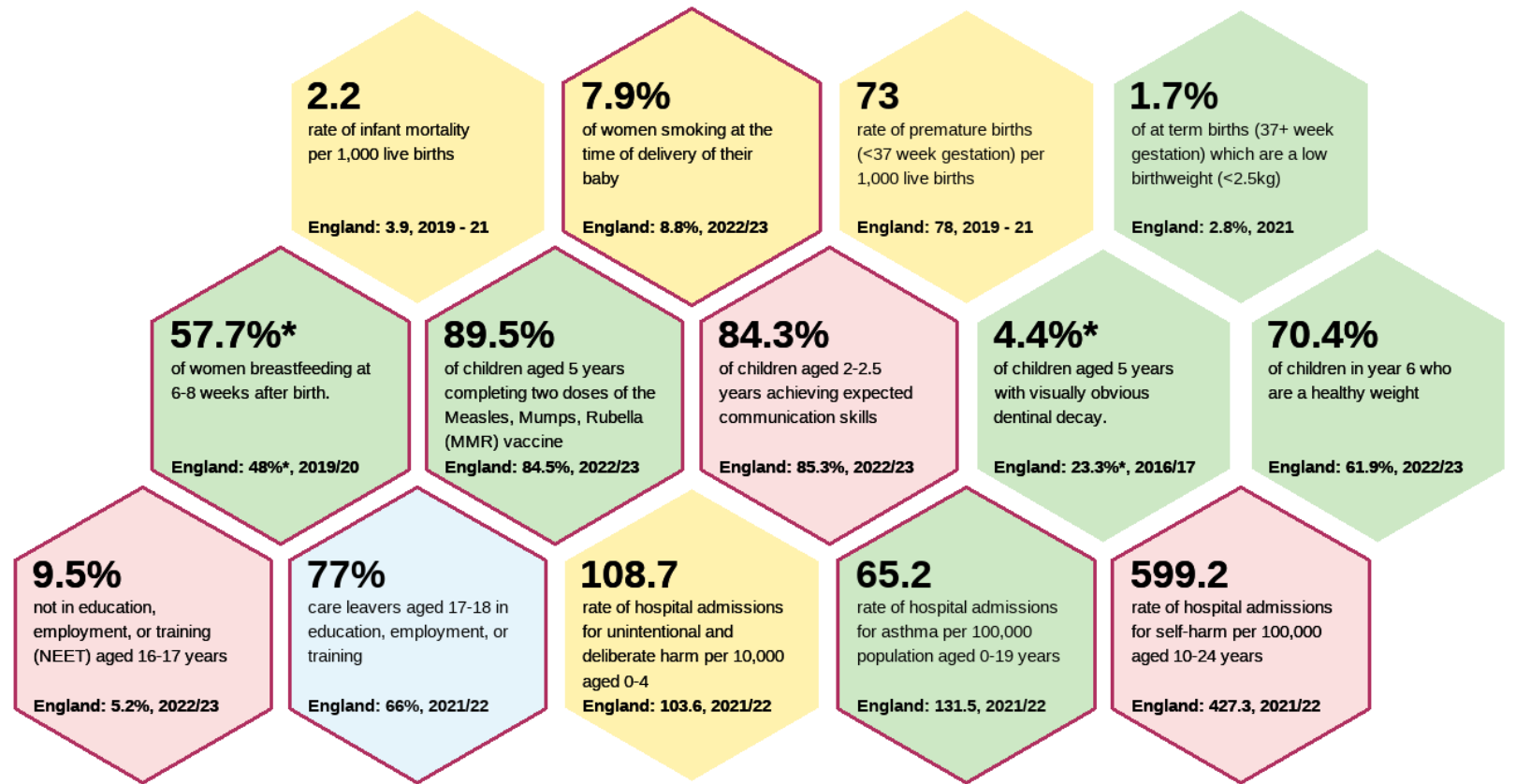
- MSK and pain management
- Sensory impairment

Source: [Global Burden of Disease Visualisations: Compare \(thelancet.com\)](https://viz.thelancet.com)

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Starting well in life in Horsham ICT

- Infant, maternal and child outcomes in Horsham are similar to, or better than, England. Across Sussex ICTs Horsham has the highest percentage of Year 6 children measured at a healthy weight.
- At West Sussex level, compared with England:
 - A higher percentage of young people are not in education, employment, or training (or their status is not known)
 - A lower percentage of young children (2 to 2.5 years) assessed as achieving expected communication skills
 - There is a higher level of breastfeeding and MMR take up
 - There is a higher rate of hospital admissions for young people self-harming
 - There is a lower rate of hospital admissions for asthma for 0–19-year-olds.



Horsham ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

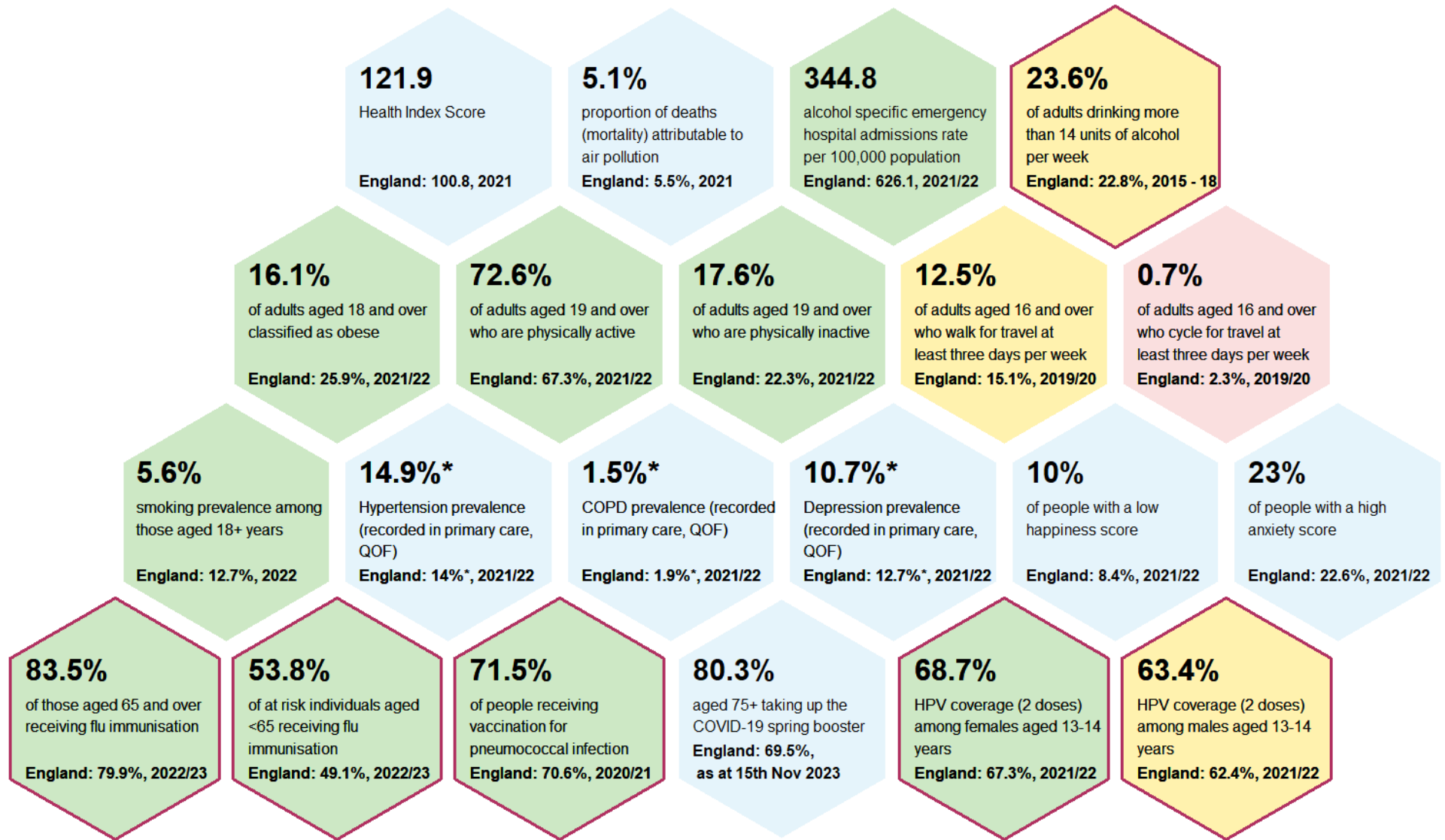
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* Note: due to data quality issues for these indicators in recent years, data are shown for an older time period than is currently available for higher geographies (e.g. regionally and nationally)

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Living well in Horsham ICT

- Horsham compares favourably with England and many part of Sussex on a range of outcomes including a lower rate of alcohol related admissions, lower percentage of obese adults, higher levels of physical activity and the lowest smoking prevalence amongst all Sussex ICTs (5.6%).
- A lower percentage of adults reported cycling three times a week for travel.



Horsham ICT compared to England

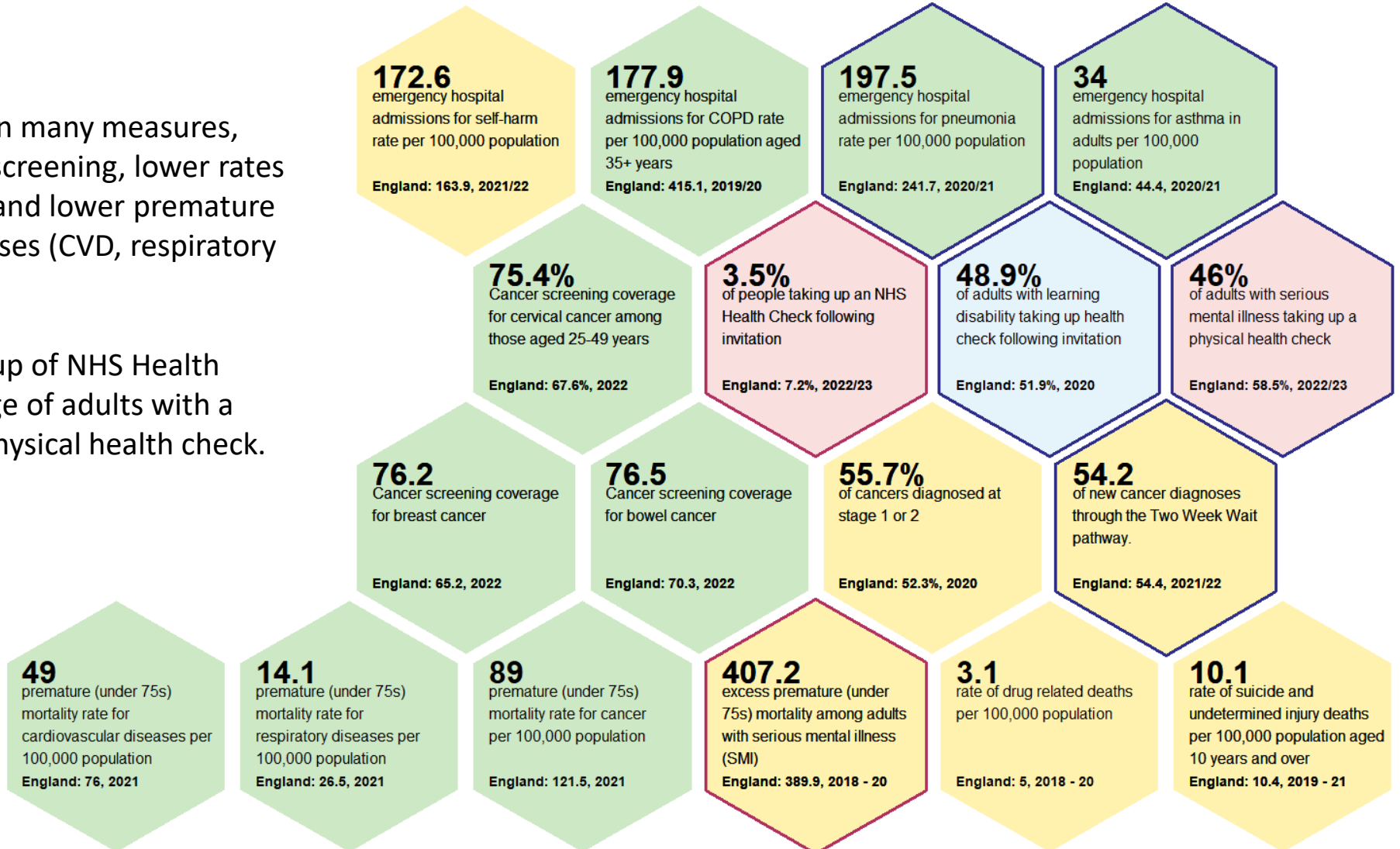
- Better
- Similar
- Worse
- Not applicable

Available at a higher geography (West Sussex local authority) only

* Note: due to data quality and availability for these indicators in recent years, data are shown for an older time period than is currently available for higher geographies (e.g. regionally and nationally)

Living well in Horsham ICT

- Horsham compares favourably on many measures, including higher rates of cancer screening, lower rates of hospital admission for COPD, and lower premature mortality rates for the major causes (CVD, respiratory diseases and cancer).
- At a West Sussex level, the take up of NHS Health Checks is low, as is the percentage of adults with a serious mental illness having a physical health check.



Horsham ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

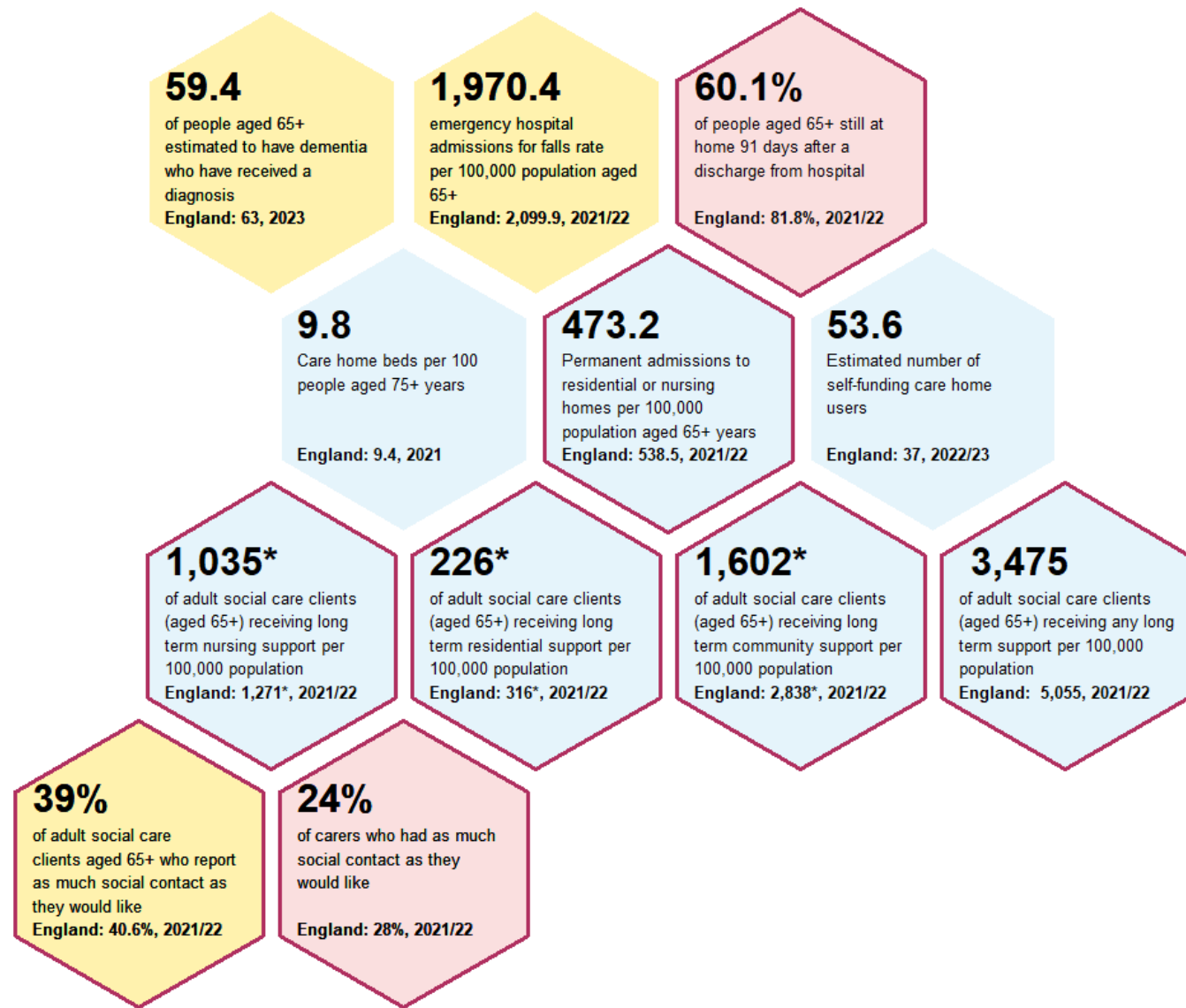
⬡ Available at a higher geography (West Sussex local authority) only
⬡ Indicators are published at primary care or other organisation level (NHS West Sussex CCG and Sussex ICB - 70F) representing registered patients rather than residents

Ageing well – Horsham ICT

Many of these measures are not available at ICT level and for some measures there is no directional assumption (i.e. whether high or low is better or worse). At Horsham level, outcomes in relation to dementia diagnosis and falls are similar to England.

At West Sussex level (compared with England) in 2021/22 they were:

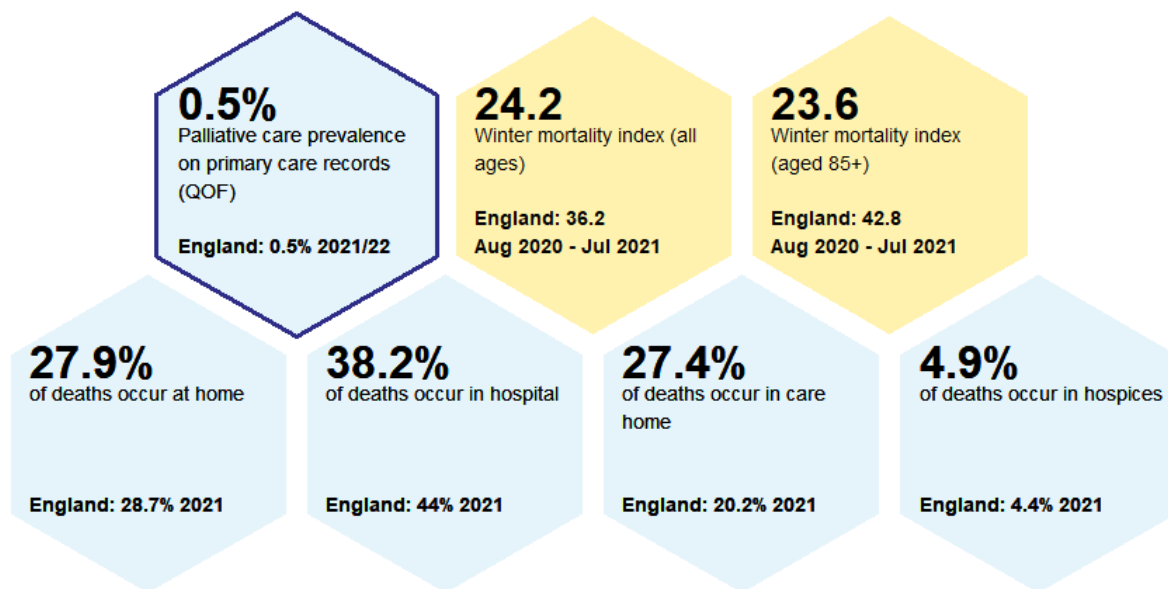
- fewer adults (per 100,000 population) receiving long term residential or nursing home support,
- fewer permanent admissions to a care home per 100,000 population,
- Fewer adults (per 100,000) receiving long term support in the community.
- A lower percentage of carers said they had as much social contact as they would like.
- There was a lower percentage of people, aged 65 years or over, who were still at home 91 days after hospital discharge



Horsham ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

 Available at a higher geography (West Sussex local authority) only

* Note: rates have been calculated on rounded values and may not match outputs published elsewhere exactly.



Horsham ICT compared to England ■ Better ■ Similar ■ Worse ■ Not applicable

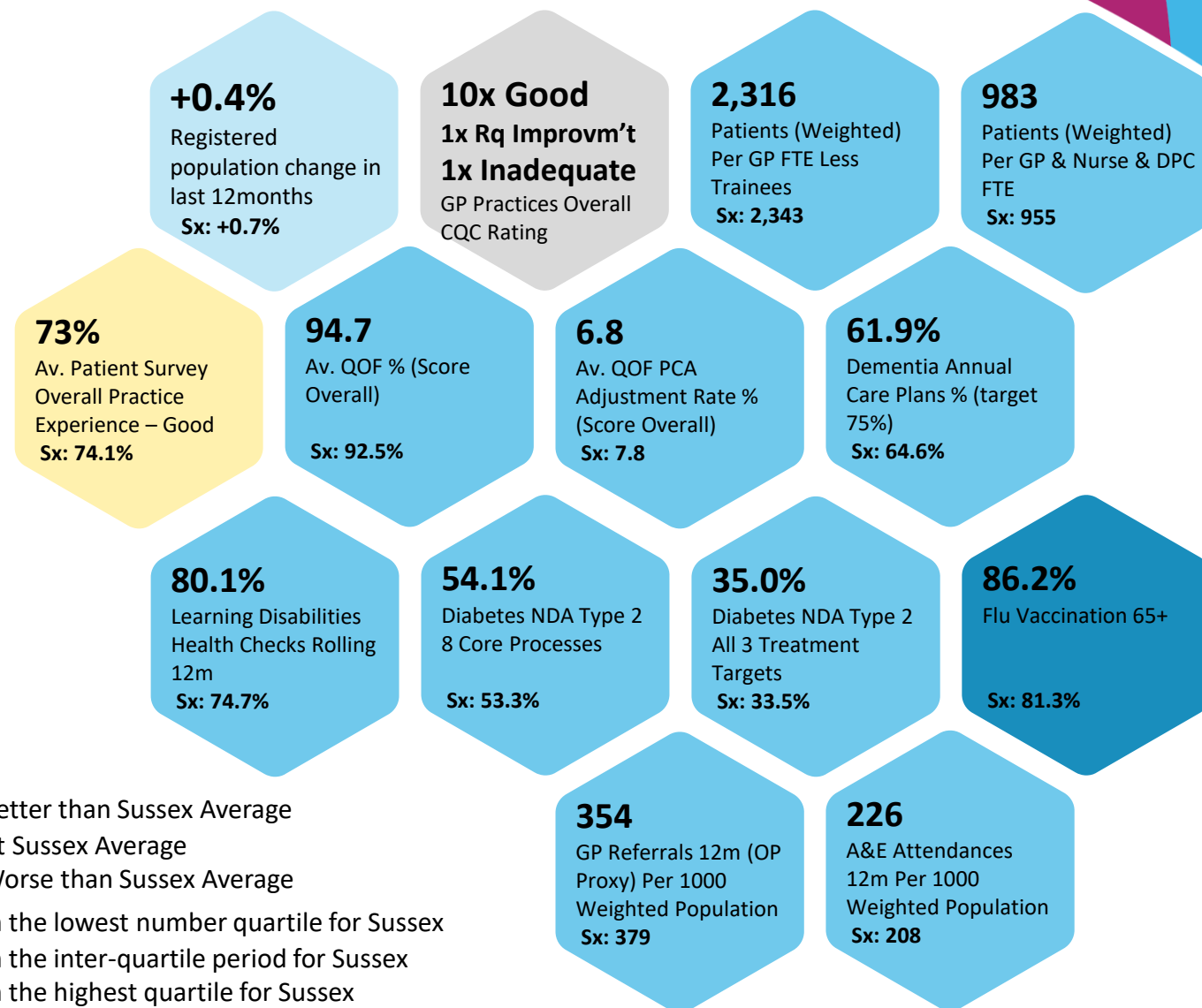
⬡ Available at a higher geography (West Sussex local authority) only
⬡ Indicators are published at primary care or other organisation level (NHS West Sussex CCG and Sussex ICB - 70F) representing registered patients rather than residents

There are a limited set of indicators available around dying well.

- In relation to Horsham residents, a similar percentage of people die at home and within care homes, 27.9% and 27.4% respectively.
- A lower percentage of Horsham residents die in hospital compared with England, 38% of deaths compared with 44% of deaths nationally.

GP Primary Care in Horsham ICT

- Within Horsham ICT there are 3 PCNs with 12 GP Practices with very varying levels of population
 - 2 Practices(Park, Holbrook) have >15k registered patients.
 - 2 GP practices (Cowfold & Rudgwick) have <5k registered patients.
- Flu vaccinations for 65+ are higher than the Sussex average.
- The registered population change in Horsham ICT is lower than the Sussex average.
- CQC ratings, show there are 2 GP Practices in Horsham which require improvement or rated inadequate.
- The number of Dementia annual care plans are lower than the Sussex average.



Key

- Better than Sussex Average
- At Sussex Average
- Worse than Sussex Average
- In the lowest number quartile for Sussex
- In the inter-quartile period for Sussex
- In the highest quartile for Sussex
- No comparison made

(lowest or highest quartile does not mean good or bad)

Better health and care for all

Long term Conditions : QOF registers – Horsham ICT

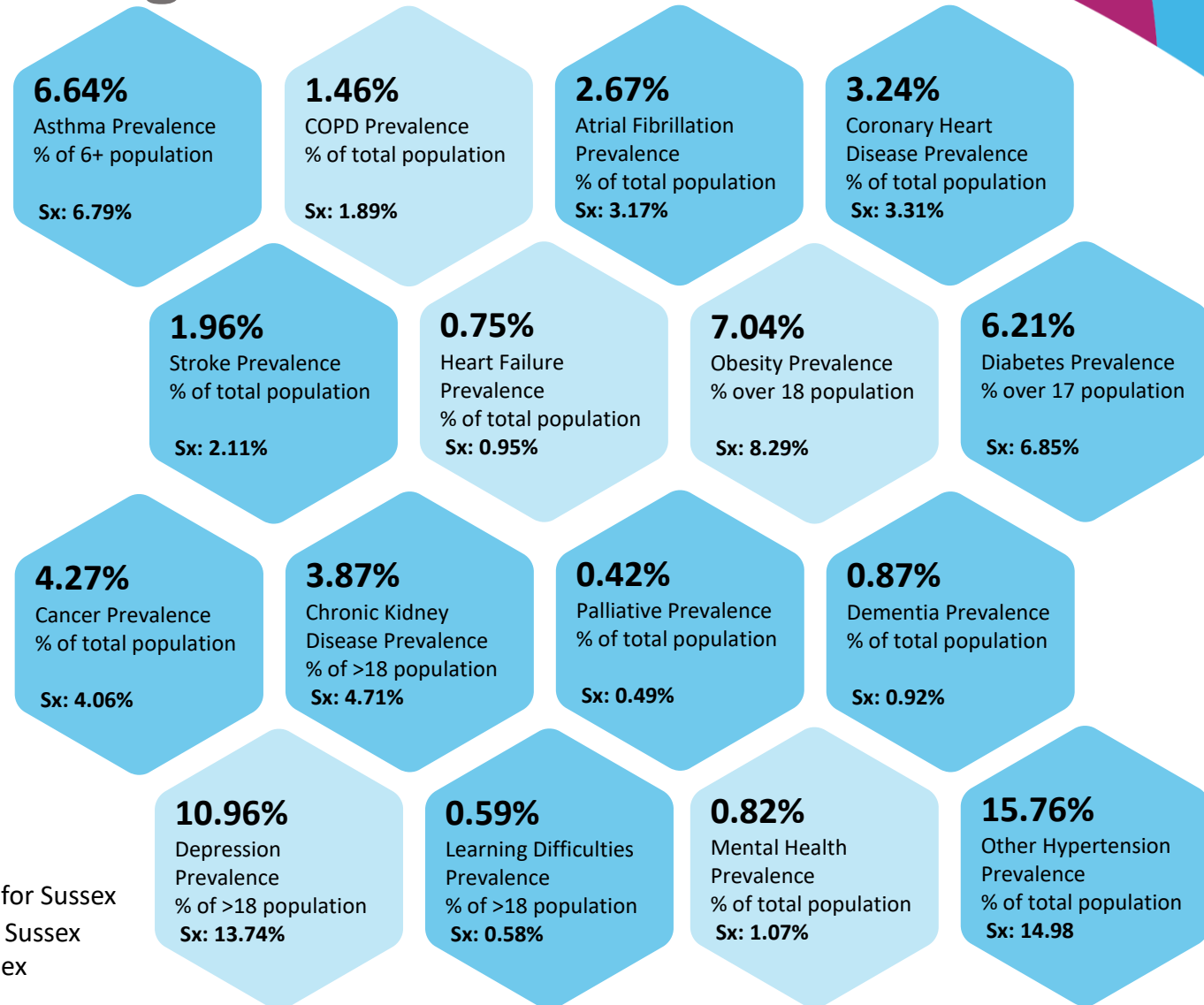
This slide looks at the prevalence of long-term conditions. This is recorded prevalence on GP registers and as such may reflect a higher (or lower) prevalence amongst the local population and/or better (or worse) detection and recording by practices.

- The prevalence of Cancer in Horsham ICT is higher than the Sussex average
- Obesity prevalence is 1.25% lower than the Sussex average
- The prevalence of depression in Horsham ICT is lower than the Sussex average
- Hypertension prevalence is higher than the Sussex average

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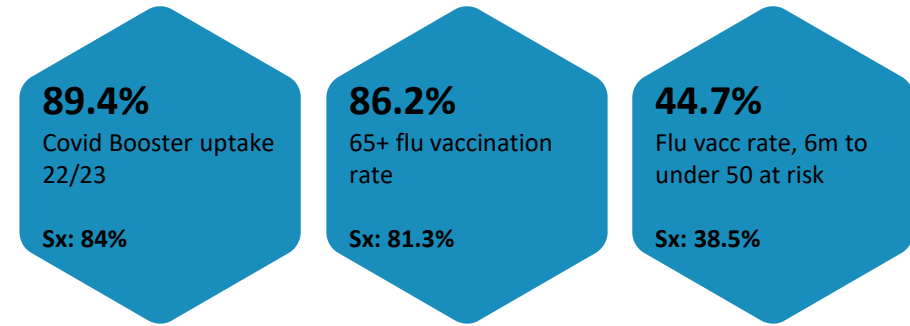
(lowest or highest quartile does not mean good or bad)



Better health and care for all

Primary Care 2 – Horsham ICT

- COVID booster uptake in Horsham ICT was in the highest quartile for Sussex.
- Flu vaccination rate for 65+ is above the Sussex average in Horsham.



Key

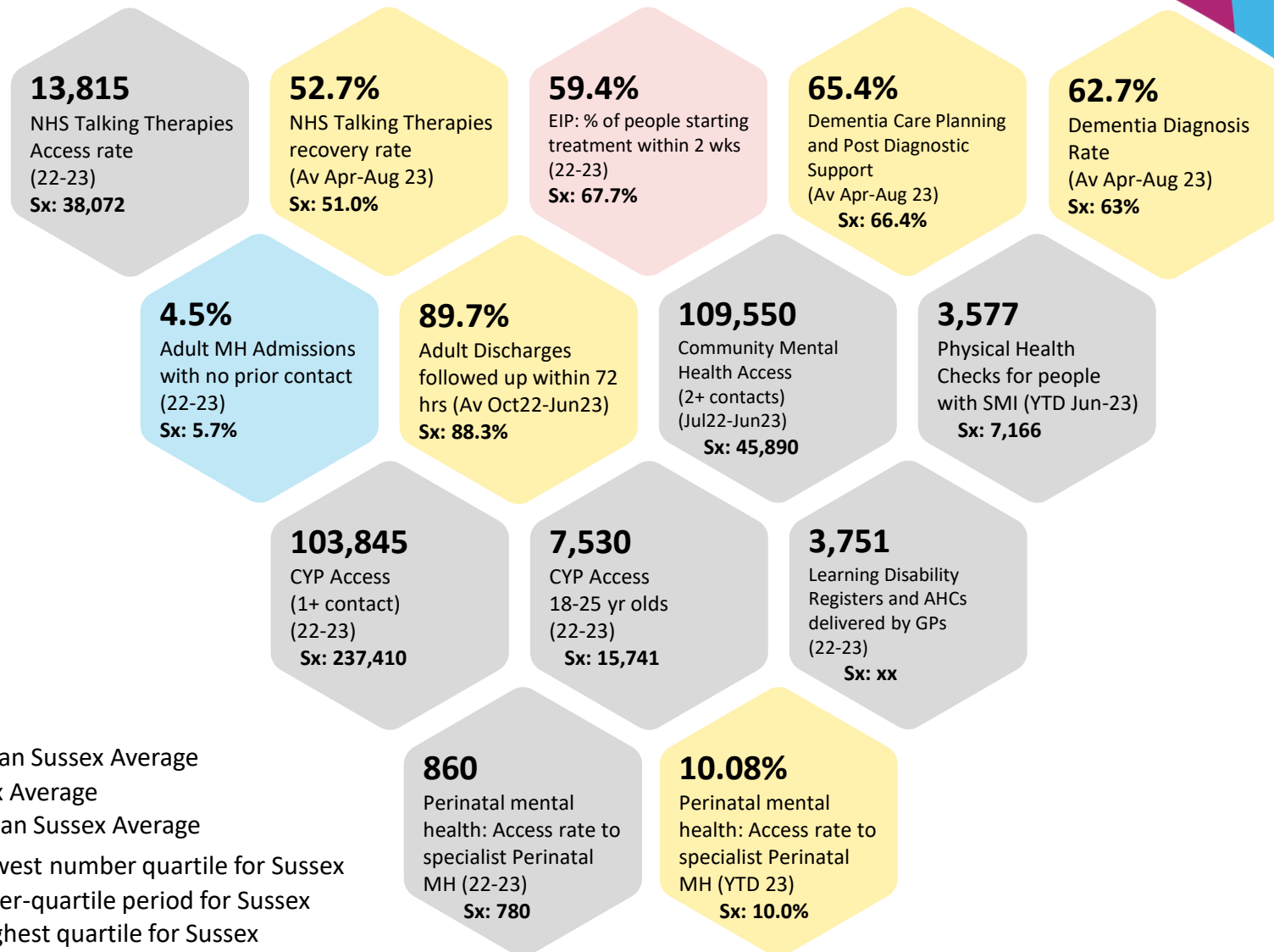
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Better health and care for all

Mental Health – West Sussex

- The proportion of patients starting Early Intervention in Psychosis services within 2week is lower than the Sussex Average.
- The proportion of Adult MH Admissions in which there was no prior contact with services is lower than the Sussex Average.

Figures are only available at East Sussex, West Sussex and Brighton Areas



Key

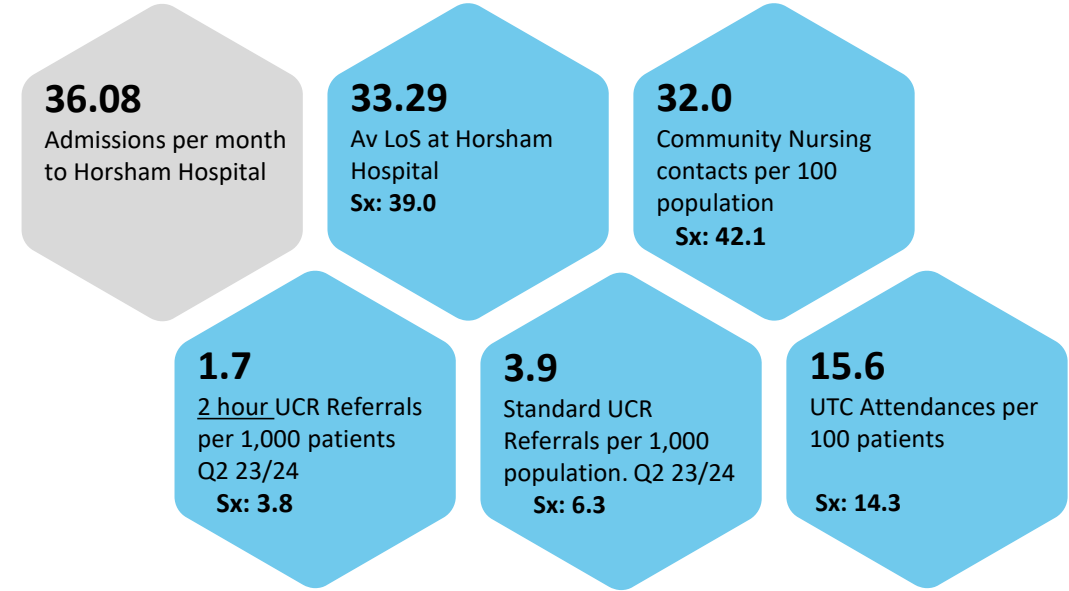
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Better health and care for all

Community Health Services – Horsham ICT

- UTC attendances (per 100) by Horsham ICT patients is higher than the Sussex average.
- The average length of stay of patients in Horsham ICT Community beds is lower than the Sussex average.
- The number of Community nursing contacts per 100 population is lower than the Sussex average
- Urgent Community Response (UCR) – both 2-hour referrals and standard referrals are lower than the Sussex average.



Figures above are for the full year 22/23 unless stated otherwise

Key

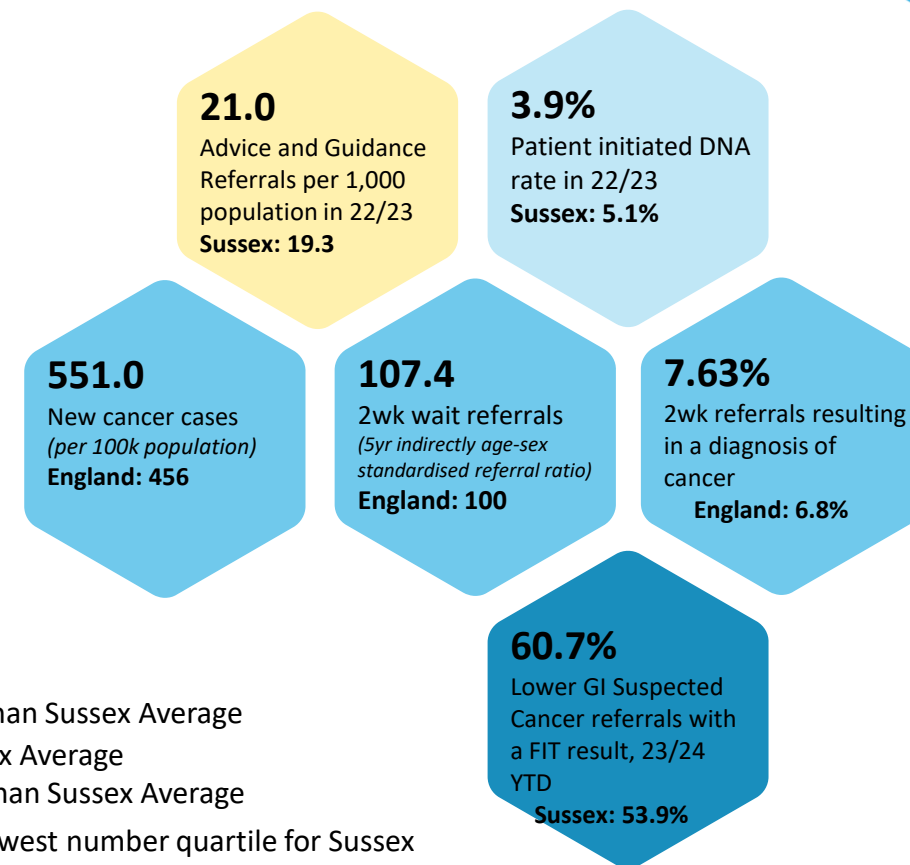
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Better health and care for all

Planned Care Alternatives and Cancer Care – Horsham ICT

- Lower GI suspected cancer referrals for Horsham ICT patients are higher than the Sussex average.
- The rate of new cancer cases, per 100k population, are higher for Horsham ICT than England rates.
- Cancer 2-week waits are higher than England rates.
- The diagnosis rates for 2-week referrals is a higher than the England average.



Key

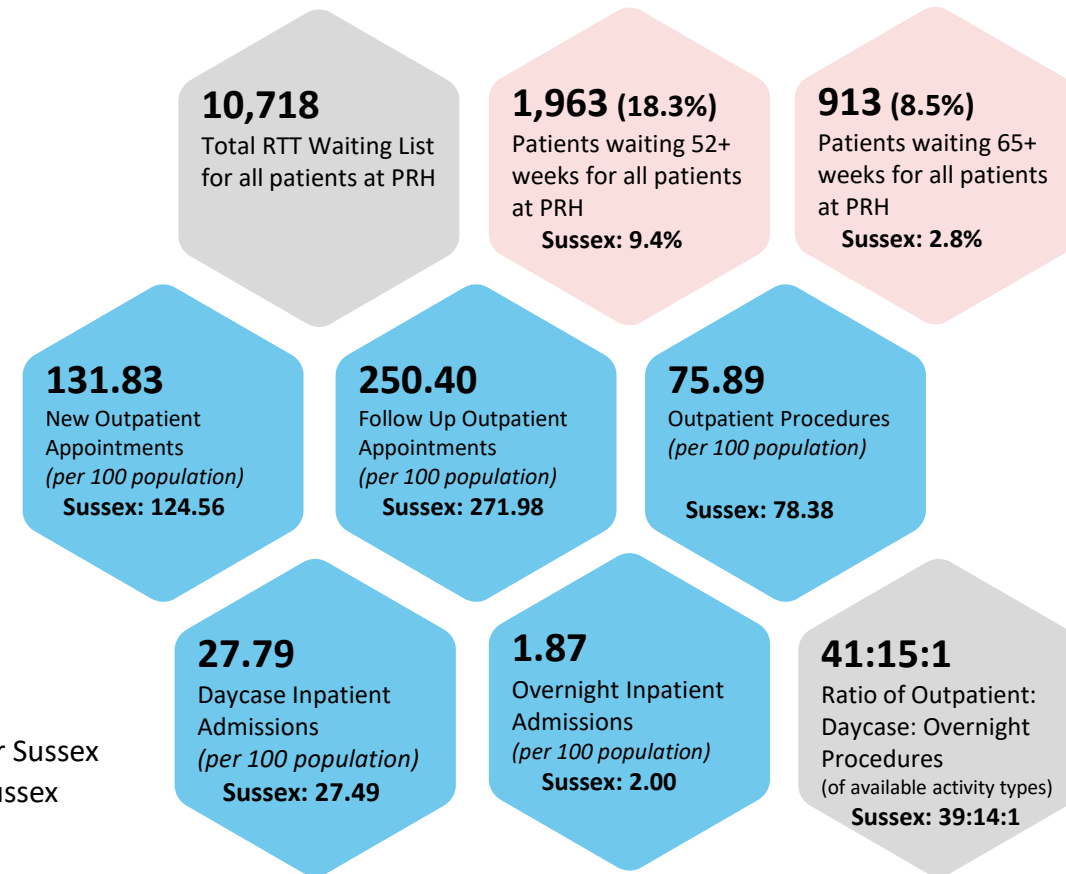
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Better health and care for all

Acute Planned Care – Horsham ICT

- The percentage of Horsham ICT patients waiting 52+ or 65+ weeks for treatment at PRH is higher than the Sussex average.
- New outpatient appointments is lower than the Sussex average whilst follow up outpatient appointments are higher.



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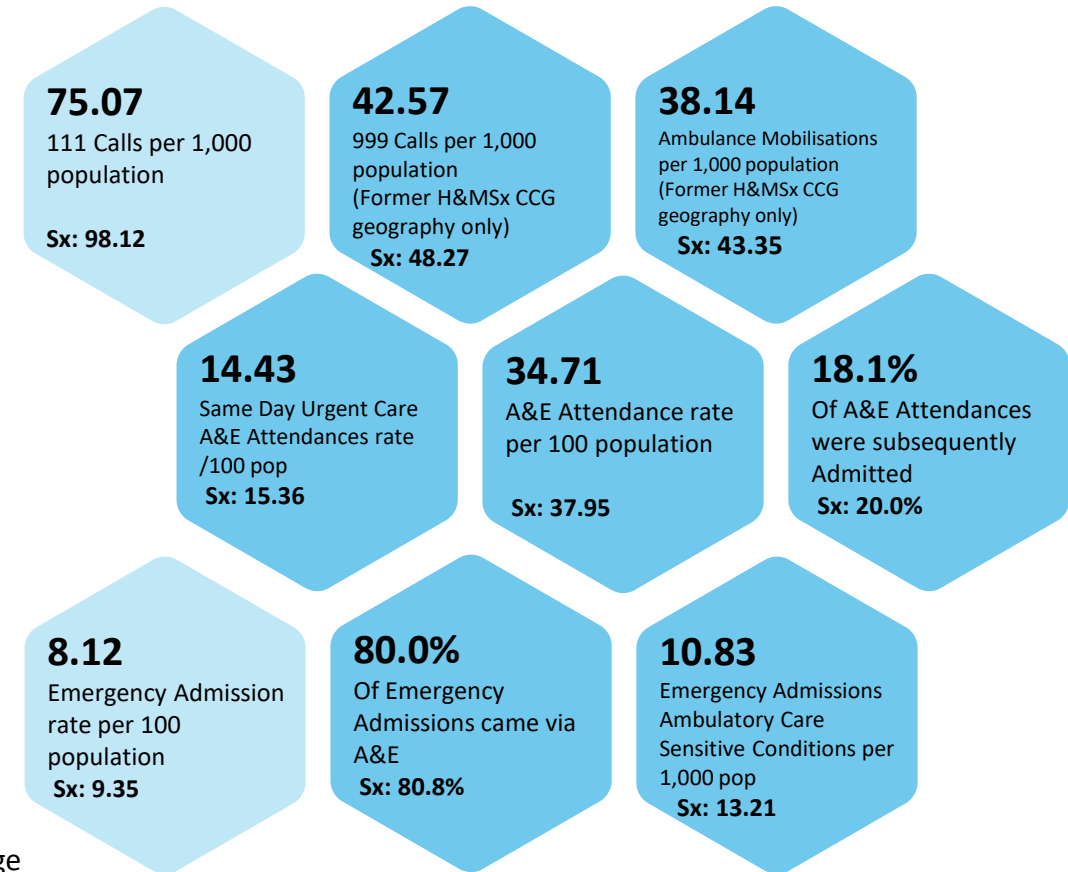
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Figures above are for the full year 22/23 unless stated otherwise

Better health and care for all

Urgent and Emergency Care 1 – Horsham ICT

- All of these 111, 999 and A&E rates are lower than the Sussex average.
- The volume of 111 calls per 1,000 population is in the lowest quartile for Sussex.
- Emergency admission rate for Horsham ICT patients is lower than the Sussex rate per 100 population.



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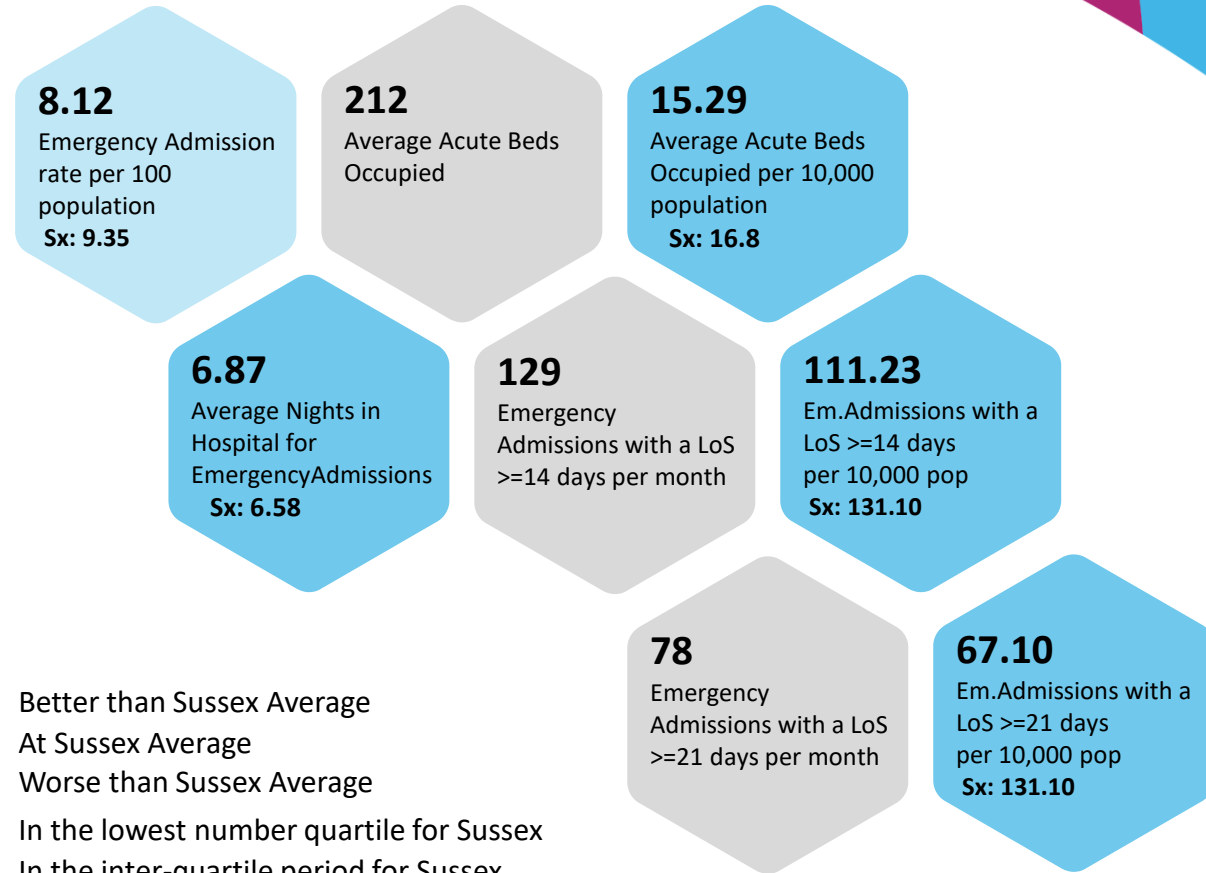
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Figures above are for the full year 22/23

Better health and care for all

Acute Inpatient Emergency Care – Horsham ICT

- The rate of Emergency admissions for Horsham ICT patients are lower than the Sussex average
- The Length of stay of Horsham ICT Emergency admissions are lower than the Sussex average for patients staying over 14 days and over 21 days



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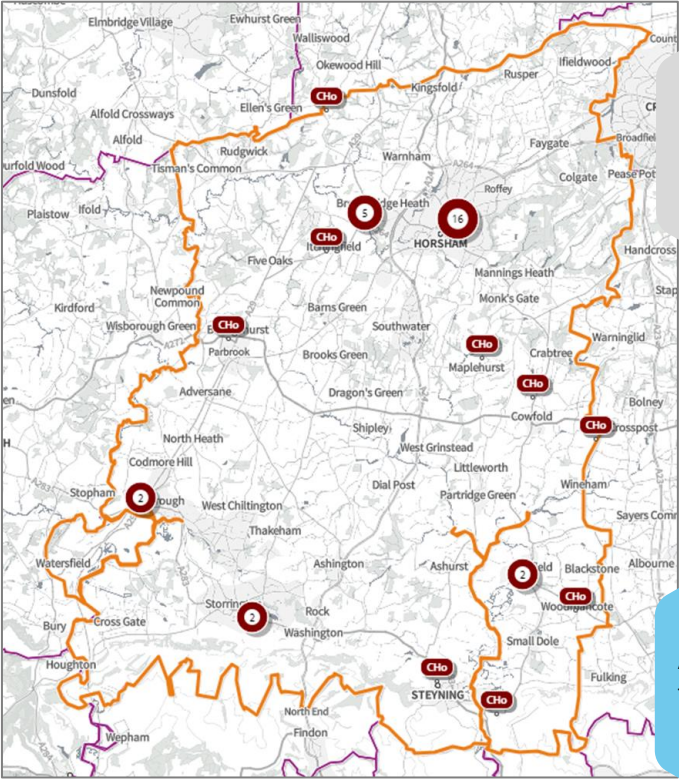
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Figures above are for the full year 22/23 unless stated otherwise

Better health and care for all

Care Homes: Urgent Healthcare use – Horsham ICT

- Horsham ICT emergency admissions in the past year per 100 beds were higher than the Sussex average.
- Emergency respiratory admissions for Horsham ICT are higher than the Sussex average.
- Emergency admissions following a fall are higher than the Sussex average.



36
Registered Care Homes

1,219
Care Home Beds

738
999 Calls from Care Homes in last 12 months

8.9%
of 999 calls were Hear & Treat
Sussex: 8.0%

40.0%
of 999 calls were See and Treat
Sussex: 38.6%

51.1%
of 999 calls were See & Convey
Sussex: 53.4%

59.56
A&E Attendances in the last 12months per 100 beds
Sussex: 53.60

61.4%
of A&E Attendances were subsequently admitted to an Inpatient bed
Sussex: 54.8%

46.84
Emergency Admissions in the last 12months per 100 beds
Sussex: 36.08

18.87
Emergency Admissions for Respiratory in the last 12months per 100 beds
Sussex: 13.01

7.79
Emergency Admissions for Injuries following Falls in the last 12months per 100 beds
Sussex: 5.20

1.97
Emergency Admissions for Non Injurious Falls in the last 12months per 100 beds
Sussex: 1.63

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Better health and care for all

Adult Social Care – Horsham ICT

Note no social care data have been broken down to ICT level for West Sussex.

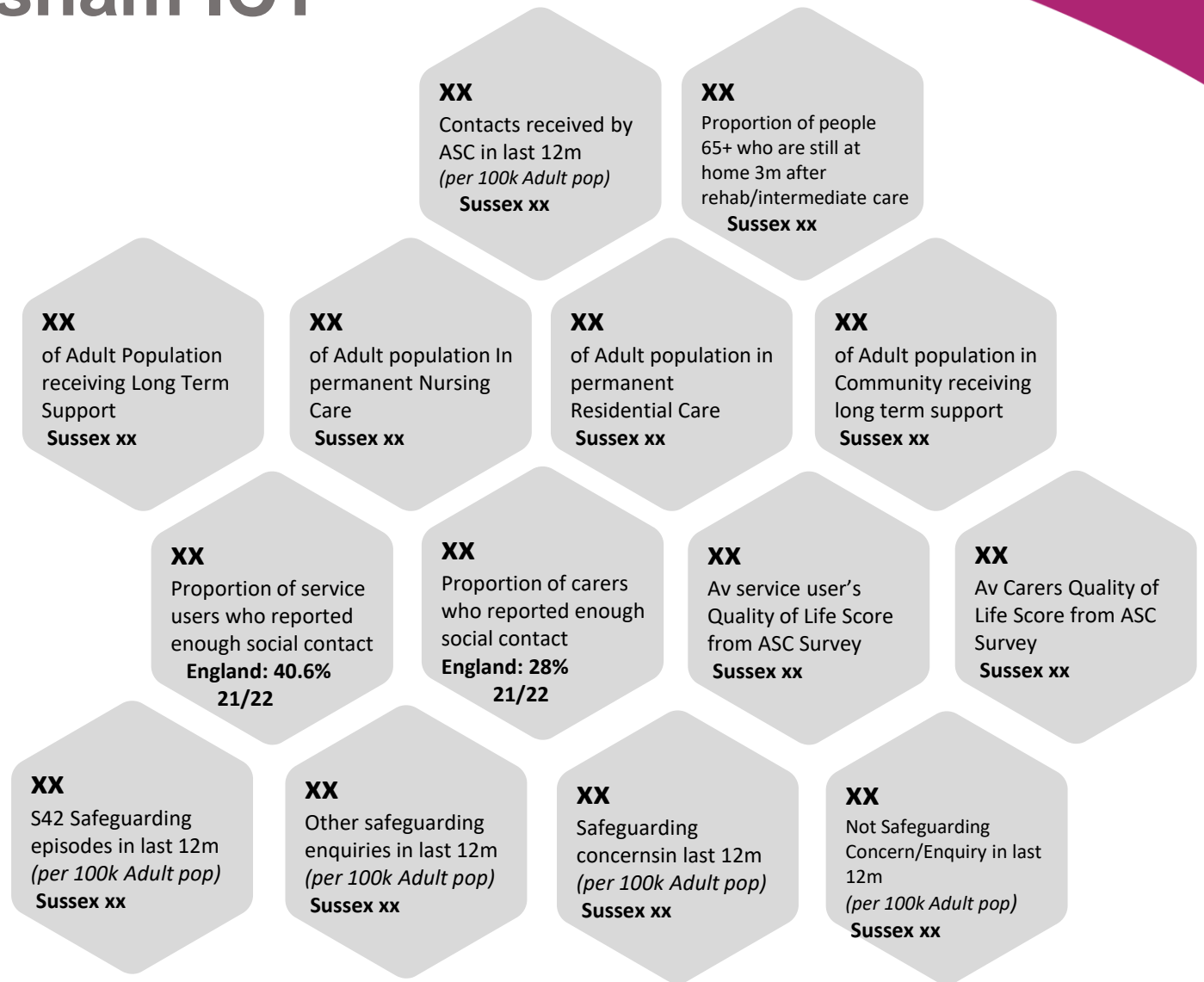
Data have been divided in East Sussex and Brighton and Hove.

This information is illustrative.

Key

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Better health and care for all

Links to key resources

Local mappings sites

- Community insight – Brighton & Hove [Local Insight \(communityinsight.org\)](https://communityinsight.org)
- East Sussex in figures [Welcome to ESiF \(eastsussexinfigures.org.uk\)](https://eastsussexinfigures.org.uk)

JSNAs

- Brighton & Hove [Joint Strategic Needs Assessment \(JSNA\) \(brighton-hove.gov.uk\)](https://brighton-hove.gov.uk)
- East Sussex [East Sussex Joint Strategic Needs Assessment | \(eastsussexjsna.org.uk\)](https://eastsussexjsna.org.uk)
- West Sussex [Welcome to the West Sussex JSNA - West Sussex JSNA Website](https://www.westsussexjsna.org.uk)

National tools with local area data

- SHAPE tool [SHAPE - Shape \(shapeatlas.net\)](https://shapeatlas.net) (registration required)
- Fingertips Public Health Profiles [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)
- Census area profile builder [Build a custom area profile - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/profile-builder)

NHS Sussex ICB

- Sussex Insight bank <https://int.sussex.ics.nhs.uk/nhs-sussex/tools-for-your-work/insight-bank/>
- [ICB Information Station](https://www.sussex.nhs.uk/ics/information-station)