Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Overview of the health needs of HWE

Autumn 2023

ICB Population Health Management team

Previous version (August 2022)

Working together
for a healthier future

How will this support delivery of improved outcomes

Integrated Care Strategy as detailed in the Joint Forward Plan

Priority 1: give every child the best start in life
Priority 2: support our communities and places to be healthy and sustainable
Priority 3: support our residents to maintain healthy lifestyles
Priority 4: enable our residents to age well and support people living with dementia
Priority 5: improve support to people living with life-long conditions, long-term health conditions, physical disabilities, and their families
Priority 6: improve our residents' mental health and outcomes for those with learning disabilities and autism

ICP Core Principles

- Integration of health, care, and wellbeing services
- Priority towards prevention and early intervention
- Targeted work to reduce health inequalities
- Involving our residents and our workforce

4 Aims of the ICB

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

ICB 5 Year Ambitions

- Increase healthy life expectancy and reduce inequality.
- Give every child the best start in life.
- Improve access to health and care services.
- Increase the numbers of citizens taking steps to improve their wellbeing.
- Achieve a balanced financial position annually.

ICB Programmes

- Children and Young people
- long-term Conditions and Prevention
- Mental Health & Learning Disabilities
- Planned Care & Cancer
- Urgent and Emergency Care including Frailty & End of Life

East & North Herts HCP

- Improve the health and wellbeing of our population
- Transform health, care, and wellbeing services to meet needs and enable people to live as independently as possible
- Establish an efficient, effective, and sustainable partnership

South West Herts HCP

- Promote good health
- Proactively support people's health and wellbeing
- Respond to people's acute health needs

West Essex HCP

- Improving same day access
- Supporting UEC recovery
- Early prevention & intervention
- Development of Integrated Care Models
- Addressing Health Inequalities
- Improve opportunities for employment

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Executive Summary

This summary describes the demographic features of the Herts & West Essex population and provides an overview of health against the high level needs analysis published in 2022. The aim is to understand whether the opportunities remain the same to deliver the greatest health outcomes.

By building our outcomes framework into our data platform we will be able to measure impact towards national and local ambition and identify the cohorts and individuals who would most benefit from interventions that will result in improved outcomes.

- Compared to the national average:
    - A lower proportion of the population are living in the most deprived 20% nationally. However, within the ICS, there are still a number of areas of relatively higher deprivation and approximately 26,000 people are living in areas that are in the 20% most deprived nationally.
    - A higher proportion of the population is aged over 85 years
    - A higher proportion of the population are of white or mixed ethnicity
- Population projection
    - There is a forecasted sharp incline in the number of people aged over 85 years after 2030 as ‘baby boomers’ age.

- High level population health outcomes show that:
    - The average life expectancy is approximately 81 years of age for males and 84 years for females. Healthy life expectancy for males is 65.4 years and 65.7 years for females. The 2021 update for one year life expectancy shows an improved position for females in Harlow.
    - The life expectancy gap between the least deprived and most deprived populations is 6.4 years for males and 5.2 years for females in HWE. **The latest data shows a widening of the gap similar to national and regional trends.** The gap remains smaller in HWE compared with the regional and national. The National Ambition is to Improve Healthy Life Expectancy by 5 years by 2035. The government’s levelling up target also includes narrowing the gap between the 10% most healthy and 10% least healthy upper tier local authorities.
    - Data shows that Circulatory Disease and Cancer contribute the most to the life expectancy gap between the most and least deprived. These areas are identified within our clinical and strategic priorities of the ICB.
    - Variation exists between and within our communities, with people living in higher levels of deprivation experiencing higher levels of disability, disease, frailty and poorer health outcomes.

Application of the High Level Needs Analysis (HLNA) – Clinical Priorities

The 2022 HLNA was used to develop a shared understanding of the health needs of the HWE population. This was also used to shape the ICB Clinical Priorities signed off by Board in March 23.

The development of the Outcomes Framework for the ICB will allow greater depth and surveillance of health needs and enable the ICB to fulfil its duty to improve outcomes for its population (please see the next two slides for higher tier ICB outcomes).

The expectation is that the 2024 HLNA will be available via the data platform and will be able to be viewed by geography, age, population segments and other cohorts, supporting for example inequalities work through Core20plus5.

The latest data on the right show direction of travel nationally and locally for the priorities.

PCN packs provide more granular insights for HCPs and the latest versions will be available in February. PHM Website.

Area	Clinical Priority	Desired Direction of Travel	England Trend	HWE Trend	Page
CYP	• Improved Readiness for school in children eligible for FSM • Reduce rates of Childhood Obesity • Reduced unnecessary A&E attendances and admissions	↑ ↓ ↓	↓ ↔ ↑	↓ ↔ ↑	P21 P25 P20
Prevention and Health Inequalities	• Reduce premature mortality rate for CVD	↓	↑	↔	P14
LTC & Frailty	• Reduce attendance and admissions for falls, people with frailty and people in last year of life • Development of more proactive, preventative care models for management of LTC and Frailty	↓	↓*	↓*	P37
Mental Health	• Reducing suicide rates and attendances/admission rates for self-harm • Reducing rates of A&E attendances involving substance misuse and violence	↓ ↓	↔ ↓	↓ ↔	P17 P28
Maternity	• National recommendations to be implemented and linked quality issues with local providers requiring ICB clinical transformation support. • Neonatal urgent care pathways	Reporting to be established locally			

National reporting tools have not updated direction of travel statistical significance due to realigning latest data with refreshed census populations. This is due shortly and this will be updated accordingly.

** Latest data covers the pandemic period*

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Application of the HLNA – Overarching ICS Outcomes Baselines

	Outcome	2022	2023
OF	Improve life expectancy	Female 84.2 Male 80.9 (data 2017-19)	Female 84.1 Male 80.6 (data 2018-20)
OF	Improve healthy life expectancy	Female 65.4 Male 65.7 (data 2016-18) *levelling up ambition to increase by 5 years by 2035	*Healthy life expectancy data update is expected later this year.* *However current data shows people living healthy for longer within the ICB than the national and regional.*
OF	Reduce the proportion of people living with advanced disease and complexity	10.5% (Optum data 1 Jan 21- 31 Dec 21)	*As the segmentation model is refreshed this will be used to monitor impact.*
OF	Reduce the rate of ambulatory care sensitive emergency hospital admissions	3 Districts highlighted as above England and Regional: Harlow, Watford and Three Rivers	*Since the merger of NHE/D this indicator isn't currently reported nationally* *This will be monitored quarterly as the data platform is implemented.*
OF	Reduce the overall spend on emergency hospital admissions	*This will be monitored quarterly as the data platform is implemented.*	*This will be monitored quarterly as the data platform is implemented.*

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Hertfordshire and West Essex data

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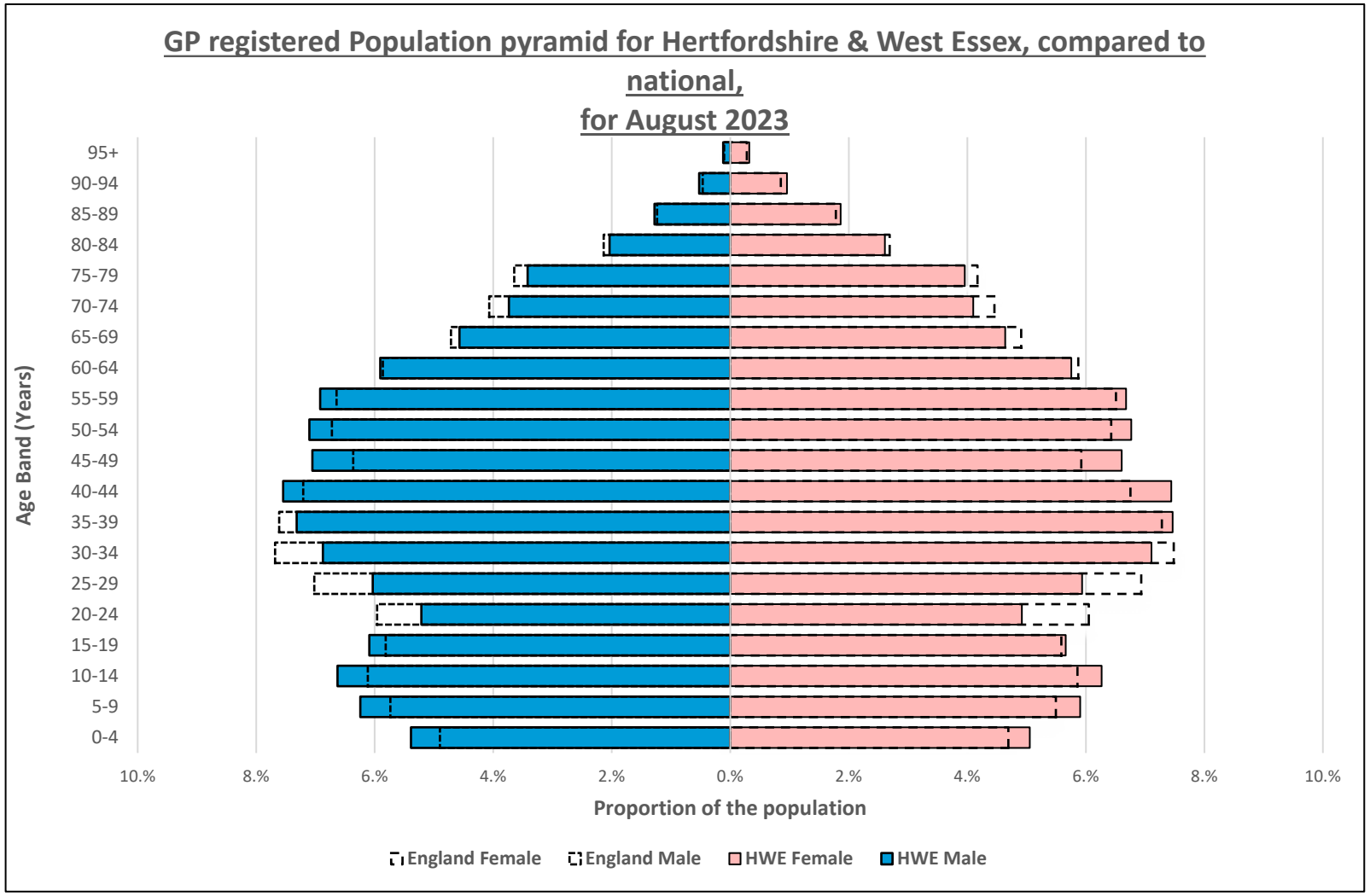
Demographic Profile and Segmentation

- Compared to the national average, the HWE ICS has a higher proportion of the population aged over 85 years, and a higher proportion aged under 20 years.
- Younger adults (20-34 years) make up a smaller proportion of the population, whilst older working age adults make up a greater proportion of the population.
- The registered population in HWE ICS has increased by 1.33% in the last 12 months, compared to a 1.35% increase nationally.

Source: Patients registered at a GP Practice Dashboard - August 2023



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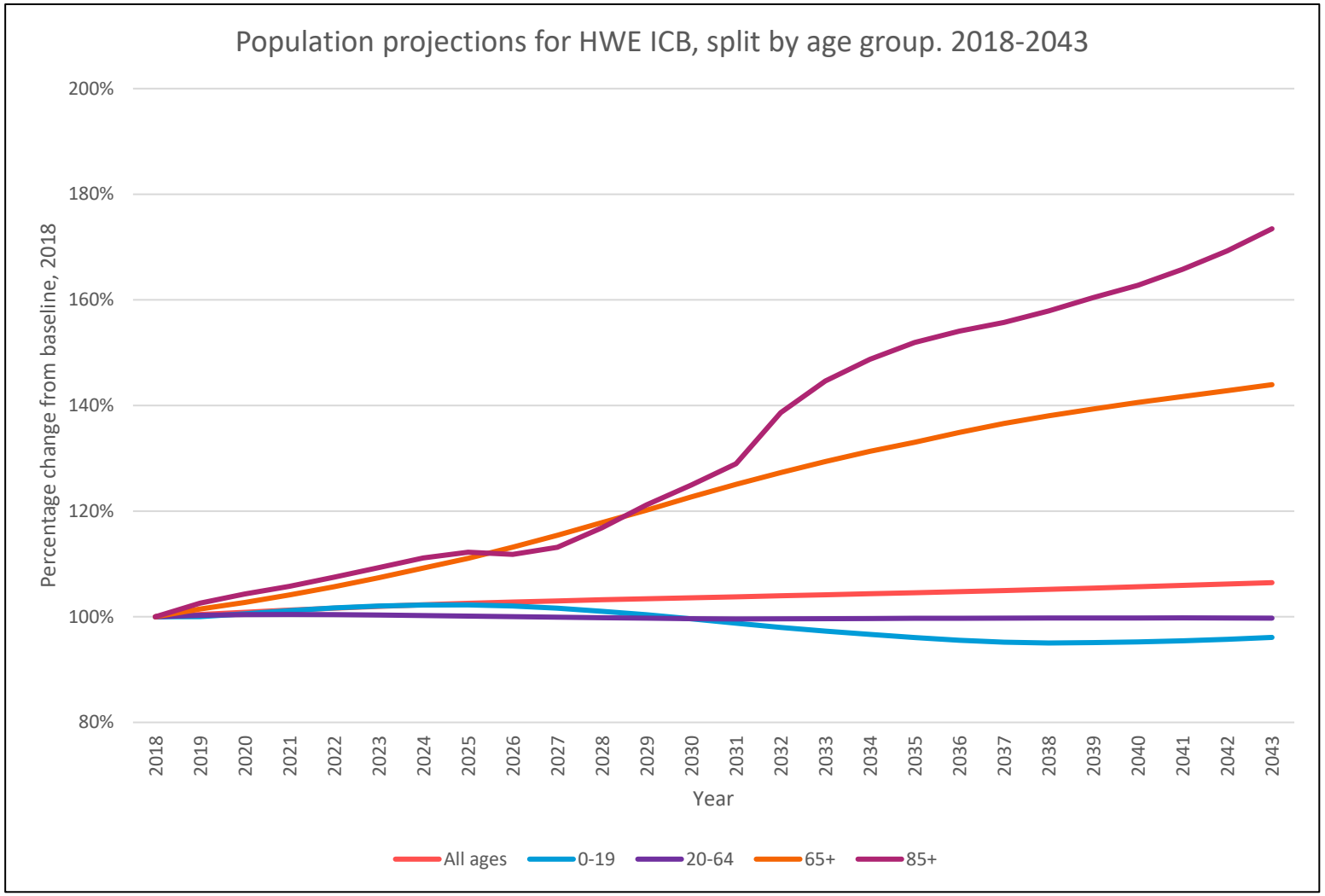
Demographic Profile and Segmentation

- The population of the HWE ICB is expected to increase by 6% overall between 2018 and 2043.
- There will be significant differences in growth across age bands.
- Whilst there will be limited growth (or reductions) in children and working age adults, there will be significant growth in over 65 year olds and very significant growth in over 85 year olds.
- There is a sharp incline in the number of people aged over 85 years after 2030 as ‘baby boomers’ age.



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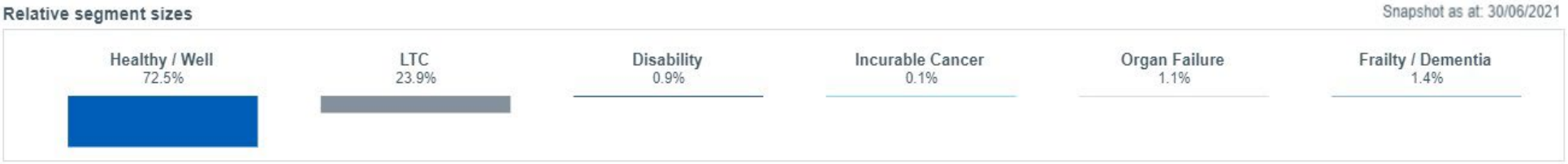
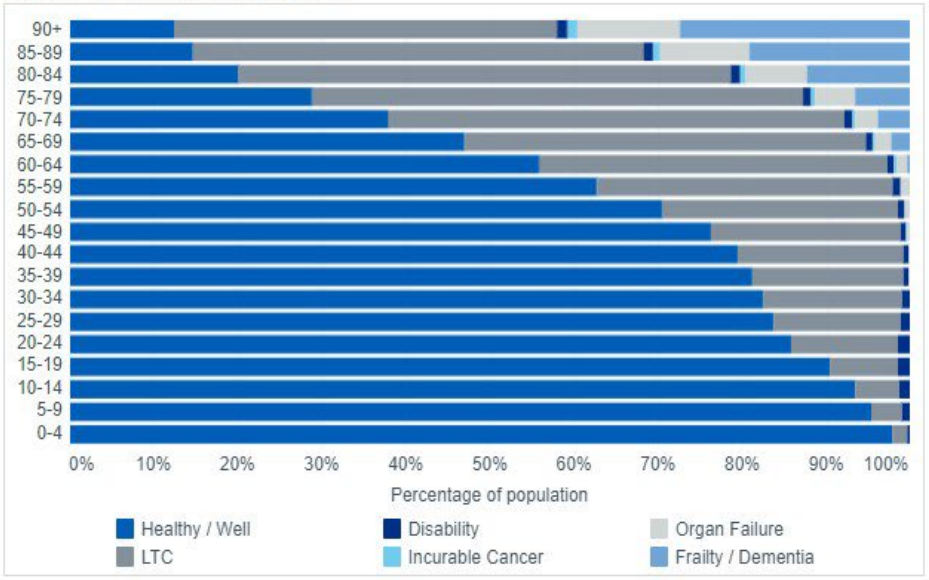
Demographic Profile and Segmentation – National View

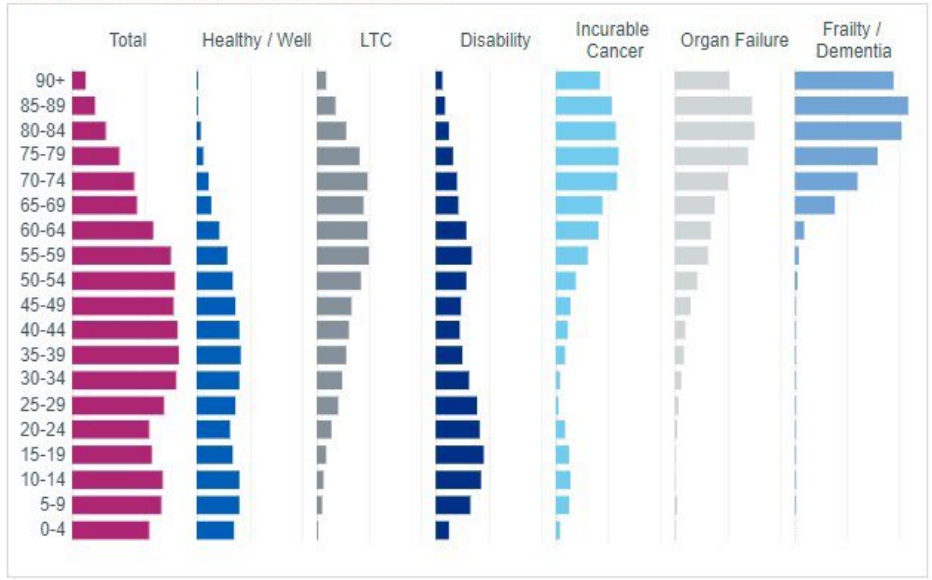
The illustration on the right shows the HWE position using the national tool. This tool is built from linked data and does not contain primary care data.

This view shows that 72.5% of the population within the healthy well segment. This compares to 71.2% for England.

Our locally developed segmentation model including primary care data have disaggregated to those living well with illness within the healthy/well category.







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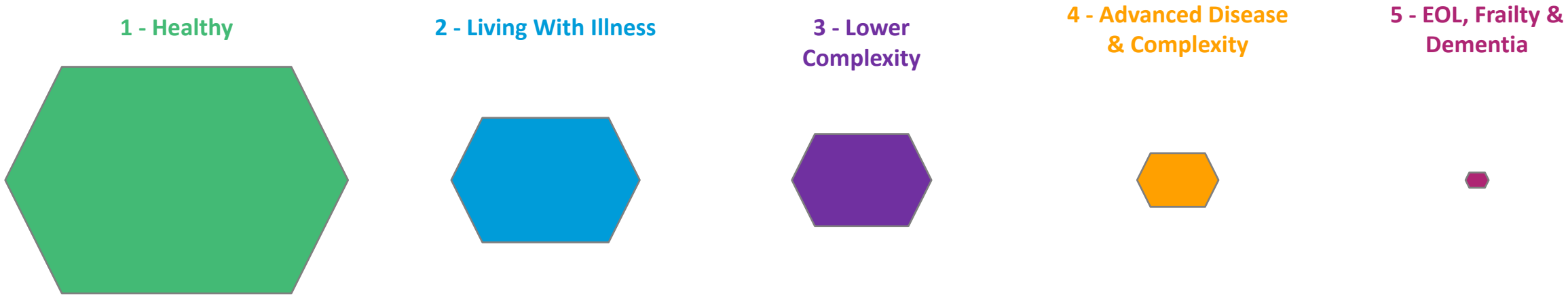
Hertfordshire and West Essex Segmentation Model

HWE ICB Population based on PHM Health Segmentation Model



Population segmentation is a core component of Population Health Management. Segmentation supports the ICB to group people with similar health and care needs. Data on people in each segment can then be used to describe the needs and the health and care profile which supports the development of services and organise care.

This visualisation of the Herts and West Essex population shows the baseline proportion of people within each segment.

Reducing the proportion of people living with Advanced Disease & Complexity is one of the high level ICB outcomes. The data platform will enable us to monitor this outcome.

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Data Source: HWE Segmentation Model 2021

Life expectancy

Indicator Name	Date	Unit	Value	Change	National	Regional	Lowest STP value	Range	Highest STP value
Healthy life expectancy at birth (Females)	2016 - 18	Years	65.38	-0.28%	63.88	64.69	58.25		71.19
Healthy life expectancy at birth (Males)	2016 - 18	Years	65.67	+0.07%	63.36	63.99	58.08		68.58
Life expectancy at birth (Females)	2016 - 18	Years	84.44	-0.14%	83.21	83.89	81.53		85.40
Life expectancy at birth (Males)	2016 - 18	Years	81.01	+0.00%	79.63	80.32	77.69		81.85

- Life expectancy across the ICS for females and males is statistically significantly better than the national average.
- Similar to trends nationally, there has been a plateau or decrease in the life expectancy and healthy life expectancy in HWE.
- On average females spend 19 years of life lived in ill health. Males on average live for 15 years in ill health.

- It is expected that the Healthy Life Expectancy data will be updated later in the year for our ICB population. The latest Life Expectancy Data can be found in the following pages.

Life expectancy

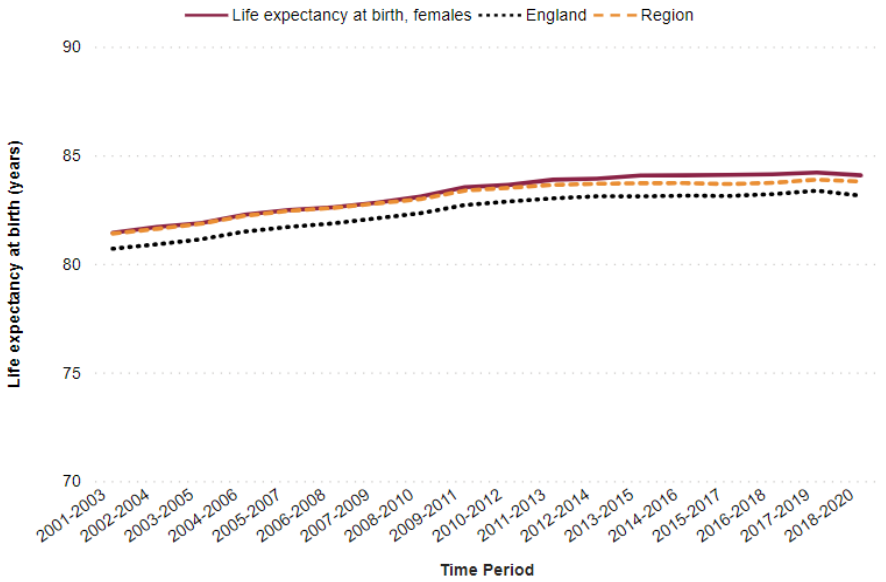
- Life expectancy across the ICS for females and males is statistically better than the national average.
- The following slide shows how this outcome differs across the geography of the ICB.
- Similar to trends nationally, there has been a plateau or decrease in life expectancy and healthy life expectancy in HWE pre-pandemic.
- On average females spend 19 years of life lived with disability. Males on average live with disability for 15 years.

Life expectancy at birth in NHS Hertfordshire and West Essex Integrated Care Board

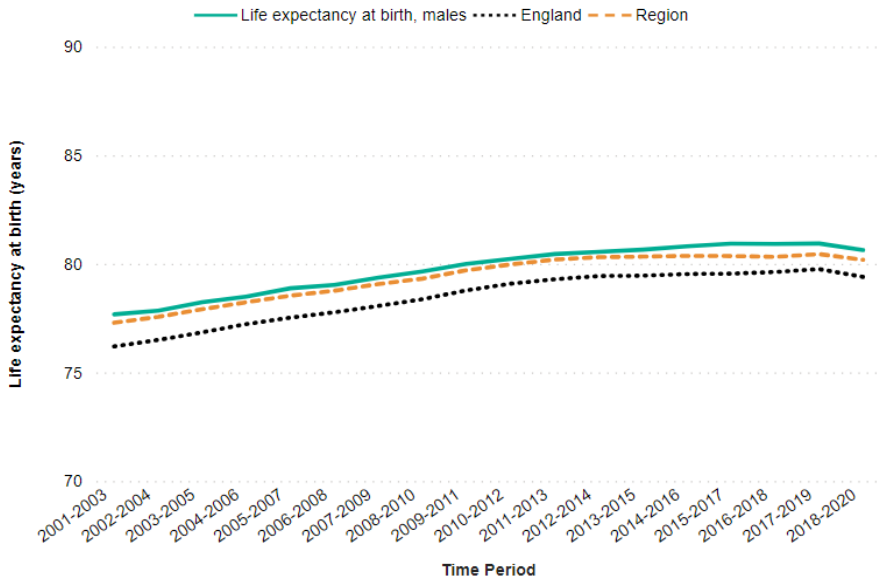
Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if they experienced the age-specific mortality rates for that area and time period throughout their lives.

Data for local authorities is sourced from the OHID Fingertips tools. Data for Integrated Care Boards has been calculated using the same methodology and data sources.

Trend in female life expectancy at birth in NHS Hertfordshire and West Essex Integrated Care Board and for England and the East of England Region, 2001-03 to 2018-20



Trend in male life expectancy at birth in NHS Hertfordshire and West Essex Integrated Care Boa and for England and the East of England Region, 2001-03 to 2018-20



Note: Life expectancy at birth trend data is currently unavailable for North Northamptonshire or West Northamptonshire in Fingertips as these were new Unitary Authority boundaries in 2021.

Source: OHID Life Expectancy

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Life Expectancy – Variation at local level

Better 95% Similar Worse 95%

	Indicator Name	Time period	England	East of England	HWE ICB	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
OF	**Life expectancy at birth - (Male, 3 year range)**	2018/20	**79.4**	**80.2**	**80.6**	79.6	81.1	81.6	80.4	78.6	79.5	81.1	81.8	79.5	81.2	82.6	79.3	80.6
OF	**Life expectancy at birth - (Female, 3 year range)**	2018/20	**83.1**	**83.8**	**84.1**	84.0	84.0	85.0	84.0	82.5	84.0	84.2	85.4	82.8	84.3	85.4	82.7	83.8
OF	**Life expectancy at birth - (Male, 1 year range)**	2021	**78.7**			79.5	80.5	80.8	80.1	78.4	81.3	80.9	82.1	80.2	81.2	83.6	78.7	80.3
OF	**Life expectancy at birth - (Female, 1 year range)**	2021	**82.8**			83.8	84.4	84.6	84.1	81.9	83.9	83.2	85.8	82.0	84.9	85.7	83.4	83.8

- Overall life expectancy and healthy life expectancy for the ICS masks variation within communities and HWE.
- HWE overall Life Expectancy is higher than regional and England. Urban areas experience lower average life expectancy for both males and females, with residents in Harlow experiencing the lowest average life expectancy for both males and females.
- The 2021 update for one year life expectancy shows an improved position for females in Harlow. This was previously categorised as significantly worse than the England value, however the latest data shows similar to England.

** Absolute trends will be updated later in the year as Fingertips methodology is updated to reflect the latest census*

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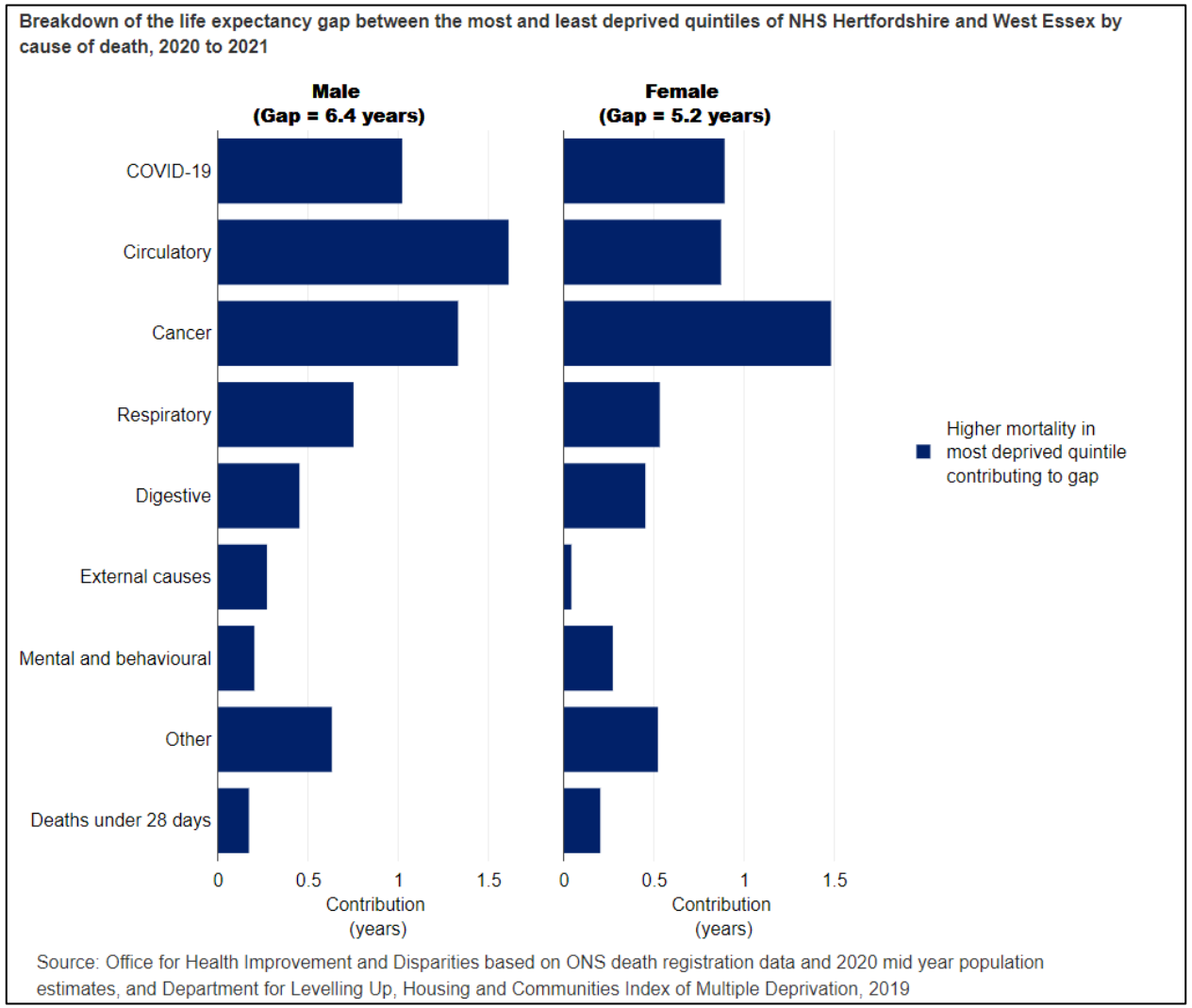
Life Expectancy Gap Between the Most and Least Deprived

OF	Life Expectancy Gap between most and least deprived			
	Male		Female	
	2017-19	2020/21	2017-19	2020/21
HWE	6.2	6.4	4.5	5.2
East of England	6.7	7.2	5	5.8
England	7.8	8.6	6.3	7.1

- The life expectancy gap between the least deprived and most deprived populations is 6.4 years for males and 5.2 years for females in HWE. The latest data shows an increase in the gap in line with what has been seen nationally and regionally. The gap remains smaller in HWE compared with the regional and national.
- This illustration on the right shows the breakdown of the causes that contribute to the life expectancy gap between people living in the most and least deprived areas of Hertfordshire and West Essex.
- This particular update shows the impact of Covid during 2020 to 2021.
- Data shows that Circulatory Disease and Cancer contribute the most to the life expectancy gap between the most and least deprived. These areas are identified within our clinical and strategic priorities of the ICB.

Segment Tool (phe.gov.uk)



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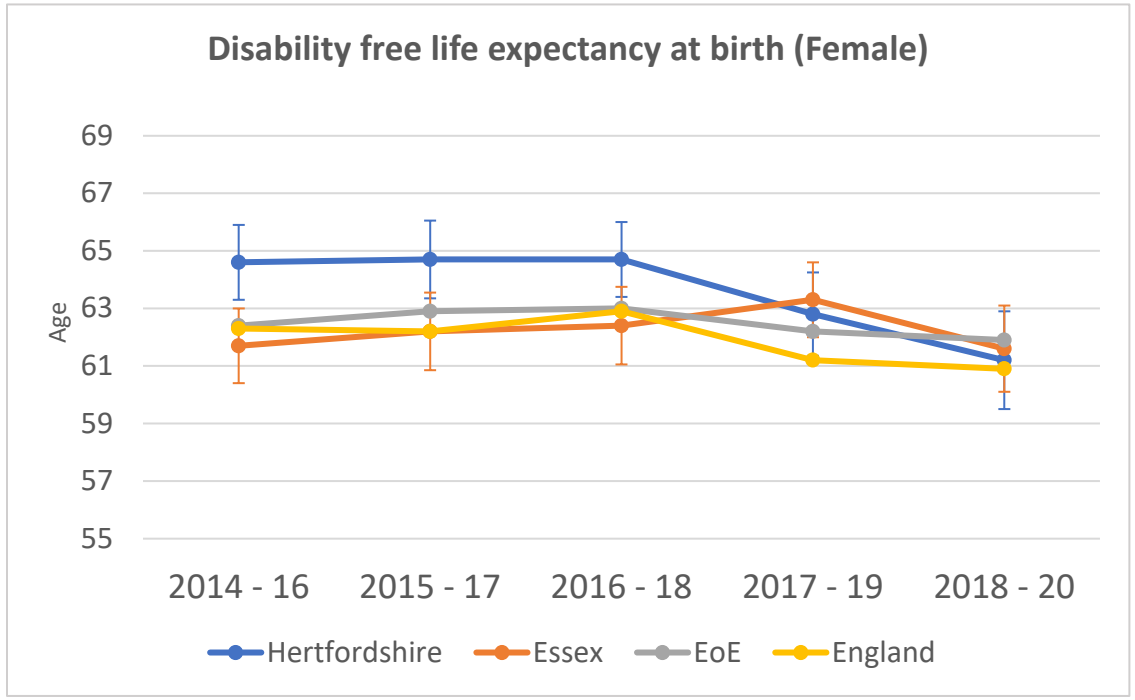
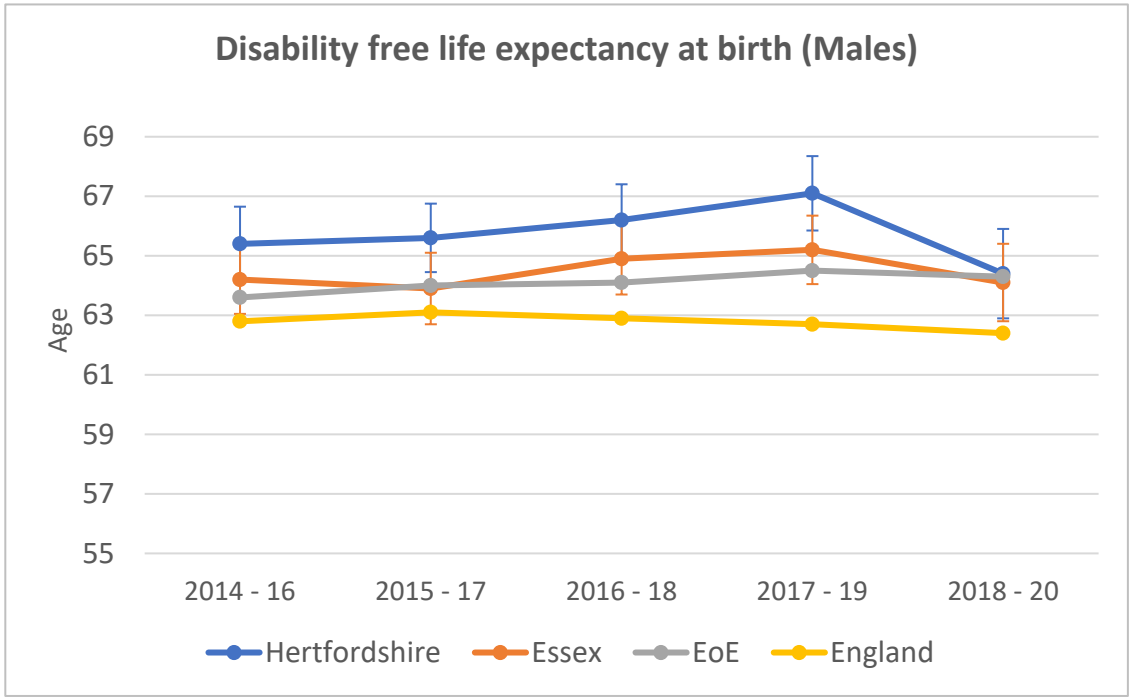
Disability Free Life Expectancy

- The data shows Disability free life expectancy for Hertfordshire and Essex has been decreasing, with Hertfordshire data showing a steeper decline than England and the region.
- Previous data has shown that having a disability is more common in areas of higher deprivation and occurs at younger age in areas of higher deprivation.





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Public Health Outcomes Framework - Data - OHID (phe.org.uk)

Healthcare and premature mortality

* value suppressed for disclosure control due to small denominator

Better 95% | Similar | Worse 95%

	Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
	E01 - Infant mortality rate	2019 - 21	**3.9**	4.7	2.8	3.2	1.9	2.2	2.5	2.6	2.4	4.6	4.2	1.9	4.5	2.7
OF	E02 - Percentage of 5 year olds with experience of visually obvious dentinal decay	2021/22	**23.7**	24.6	11.4	9.2	23.2	28.6	14.9	7.2	10.2	11.6	11.0	*	16.6	17.4
OF	E03 - Under 75 mortality rate from causes considered preventable	2021	**183.2**	170.5	146.3	119.4	161.7	208.8	134.7	138.7	122.2	168.6	129.6	102.3	179.0	158.0
OF	E04a - Under 75 mortality rate from all cardiovascular diseases	2021	**76.0**	57.5	63.5	65.0	62.4	89.5	57.8	67.0	48.4	59.4	40.3	44.4	64.2	56.2
OF	E04b - Under 75 mortality rate from cardiovascular diseases considered preventable	2021	**30.2**	24.4	23.6	24.8	23.5	36.0	20.0	27.6	19.5	26.1	15.9	16.6	24.9	20.9
	E05a - Under 75 mortality rate from cancer	2021	**121.5**	126.9	108.7	98.4	103.3	133.5	112.3	103.9	81.8	115.6	87.1	87.2	121.2	108.5
	E05b - Under 75 mortality rate from cancer considered preventable	2021	**50.1**	45.7	42.5	28.1	45.3	54.5	46.2	31.6	35.7	47.9	35.0	33.4	52.5	52.7

- Premature mortality by different conditions for the ICS remains similar or better than the England position.
- Cardiovascular premature mortality trend is marginally worse for England but has remained similar for Hertfordshire and West Essex.
- Areas with higher levels of deprivation in general experience poorer outcomes within the ICS. As previously observed Broxbourne, Harlow, Stevenage, Watford and Welwyn Hatfield have similar outcomes and are similar in terms of demographic features.

Healthcare and premature mortality

* value suppressed for disclosure control due to small denominator

Better 95% | Similar | Worse 95%

Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
E06a - Under 75 mortality rate from liver disease	2021	**21.2**	13.1	14.0	12.5	9.8	19.1	11.6	16.0	11.4	20.8	23.0	*	16.4	21.2
E06b - Under 75 mortality rate from liver disease considered preventable	2021	**18.9**	*	11.9	10.4	8.2	*	*	11.9	10.0	18.1	21.7	*	14.0	15.1
OF **E07a - Under 75 mortality rate from respiratory disease**	2021	**26.5**	24.6	19.4	13.7	16.5	*	22.1	19.6	14.7	27.8	20.2	*	21.6	29.8
OF **E07b - Under 75 mortality rate from respiratory disease considered preventable**	2021	**15.6**	12.6	11.8	10.1	8.2	*	13.1	11.9	9.3	20.0	*	*	*	17.2
E08 - Mortality rate from a range of specified communicable diseases, including influenza	2021	**9.4**	*	13.1	7.9	7.1	*	10.9	9.0	6.4	*	13.6	*	*	11.5
E10 - Suicide rate	2019 - 21	**10.4**	6.1	8.4	8.8	8.7	10.0	11.5	6.5	8.3	9.0	6.9	10.3	4.4	7.7

- Further indicators for Premature mortality by different conditions shows the ICS is similar or better than the England position.
- Latest suicide data shows an improvement in rates in Harlow.

Healthcare and premature mortality

* value suppressed for disclosure control due to small denominator

Better 95% | Similar | Worse 95%

	Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
OF	E11 - Emergency readmissions within 30 days of discharge from hospital	2020/21	**15.5**	13.9	14.1	14.8	15.7	15.9	13.4	15.2	13.2	15.8	13.8	13.8	13.7	14.0
OF	E13 - Hip fractures in people aged 65 and over	2021/22	**551.2**	488	505	559	555	540	551	555	510	638	533	567	557	536
OF	E13 - Hip fractures in people aged 65 to 79	2021/22	**235.7**	191	229	217	184	208	276	183	217	216	246	196	250	241
OF	E13 - Hip fractures in people aged 80 and over	2021/22	**1466**	1349	1307	1550	1631	1503	1348	1636	1360	1863	1365	1645	1449	1389
	E14 - Winter mortality index	Aug 2020 - Jul 2021	**36.2**	47.8	31.6	22.8	62.2	53.4	35.0	69.1	52.5	53.0	48.9	49.2	52.7	65.6
	E14 - Winter mortality index (age 85 plus)	Aug 2020 - Jul 2021	**42.8**	45.9	39.1	35.2	59.8	52.0	34.4	89.8	50.9	71.8	52.7	36.8	72.8	81.3
	E15 - Estimated dementia diagnosis rate (aged 65 and over)	2022	**62**	50.8	56.4	51.5	78.3	52.3	66.4	65.5	55.8	73.7	55.1	61.0	75.8	56.3
	E15 - Estimated dementia diagnosis rate (aged 65 and over)	2023	**63.0**	54.6	60.0	52.2	80.6	55.1	67.2	67.5	56.6	74.6	52.3	62.4	76.3	57.7

- In general the majority of indicators are similar or better than the England rate.
- A small number of indicators are statistically worse than the national average in some districts within the ICS for Winter Mortality.
- Post covid the estimated dementia diagnosis rate has opportunity for improvement in 7 districts within the ICS.
- The latest % Winter mortality index covers the period of the Covid pandemic. The data shows Epping Forest, North Hertfordshire and Welwyn Hatfield with significantly higher number of deaths than the national.

Pregnancy, birth and early years

- Women and children experience better outcomes within HWE compared to the national average, with generally lower prevalence of risk factors and better access to services compared to the national average.
- There are pockets where poorer outcomes are experienced within the ICS
  - Rates of emergency department attendance in children aged under 1 remain higher in WE.
  - Rates of emergency admission in children under 5 years remains higher in ENH compared to the national average, driven by higher rates of admission
    - in the neonatal period (<14 days),
    - for respiratory causes, injuries and gastroenteritis
    - this is likely to reflect local practice, rather than an underlying difference in need

Aggregated from all known lower geography values

* No data due to incompleteness

Better 95%	Similar	Worse 95%	Not Compared

Indicator Name	Time period	England	Hertfordshire and West Essex #	East And North Hertfordshire	South West Hertfordshire	West Essex
Obesity in early pregnancy	2018/19	**22.1%** ▫	▫	20.9% ▫	18.2% ▫	* ▫
Smoking in early pregnancy	2018/19	**12.8%** ▫	▫	8.9% ▫	6.7% ▫	10.3% ▫
Smoking status at time of delivery	2021/22	**9.1%** ↓	▫	7.0% →	5.1% →	8.7% →
Early access to maternity care (Female)	2018/19	**57.8%** ▫	60.1 ▫	64.1% ▫	63.0% ▫	46.5% ▫
Low birth weight of all babies (Persons, 0 years)	2020	**6.9%** ↓	6.2 ▫	6.0% →	6.6% →	5.7% →
Very low birth weight of all babies (Persons, 0 years)	2020	**1.0%** ↓	0.7 ▫	0.6% ▫	1.0% ▫	0.4% ▫
Admissions of babies under 14 days - CCG (Persons)	2020/21	**75.5** ↑	▫	90.7 ↑	76.0 ↑	72.1 ↑

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better

Hertfordshire and West Essex Integrated Care System

Pregnancy, birth and early years

- Latest data covering the Covid pandemic shows that similar to England, HWE have seen a reduction in the number of emergency admissions for Children aged 0-4. The data shows that East and North Herts admissions remains higher compared to South and West Herts and West Essex.

Aggregated from all known lower geography values

* No data due to incompleteness

Better 95%	Similar	Worse 95%	Not Compared

	Indicator Name	Time period	England	Hertfordshire and West Essex #	East And North Hertfordshire	South West Hertfordshire	West Essex
OF	Emergency admissions (0 to 4 years) - CCG (Persons)	2020/21	**93.0** →	77.2 ▫	101.4 →	65.1 →	59.0 →
OF	Emergency admissions (0 to 4 years) - CCG	2019/20 - 21/22	**140.3** ▫	118.9 ▫	140.6 ▫	118.0 ▫	82.1 ▫
OF	Stillbirth rate (Persons, 0 years)	2018 - 20	**3.9** ▫	3.0 ▫	2.7 ▫	3.5 ▫	2.7 ▫
OF	Infant mortality rate (Persons, < 1 year)	2018 - 20	**3.9** ▫	▫	3.4 ▫	3.4 ▫	2.7 ▫
OF	A&E attendances (0 to 4 years) (previous method) - CCG (Persons)	2019/20	**674.4** ↑	634.1 ▫	659.4 ↑	612.5 ↑	633.3 ↑
OF	A&E attendances (under 1 year) (previous method) - CCG (Persons)	2019/20	**959.2** ↑	▫	932.3 ↑	887.5 ↑	1039.4 ↑
OF	Hospital admissions for asthma (under 19 years) - CCG (Persons)	2020/21	**73.1** ↓	40.3 ▫	29.7 ↓	45.8 ↓	48.3 ↓
OF	Hospital admissions for asthma (under 19 years) - CCG (Persons, 3 year range)	2019/20 - 21/22	**120.0** ▫	97.1 ▫	89.8 ▫	100.1 ▫	96.5 ▫
OF	Admissions for diabetes (under 19 years) - CCG (Persons)	2020/21	**47.5** ↓	▫	48.2 →	42.6 →	48.3 →
	Child mortality rate (1-17 years, Persons)	2018 - 20	**10.3** ▫	▫	8.0 ▫	10.7 ▫	8.1 ▫

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better

Hertfordshire and West Essex Integrated Care System

School aged children

Better 95% | Similar | Worse 95%

	Indicator Name	Time period	England	East of England region	Hertfordshire	Essex	Bedford	Cambridgeshire	Central Bedfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
OF	School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 years)	2021/22	**65.2** ▫	64.6 ▫	64.7 ▫	66.8 ▫	63.8 ▫	65.8 ▫	65.5 ▫	56.6 ▫	64.4 ▫	60.7 ▫	65.9 ▫	62.3 ▫	68.1 ▫
OF	School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (Persons, 5 years)	2021/22	**49.1** ▫	46.5 ▫	41.5 ▫	48.1 ▫	46.9 ▫	43.0 ▫	41.0 ▫	48.8 ▫	48.0 ▫	50.7 ▫	47.9 ▫	45.8 ▫	53.1 ▫
OF	School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Persons, School age)	2021/22	**3.0** ↑	3.1 ↑	3.3 ↑	2.9 ↑	2.4 →	3.0 ↑	3.8 ↑	2.4 →	3.8 ↑	2.3 ↑	2.7 ↑	2.6 ↑	2.9 ↑

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better

- Similar to England, Hertfordshire and Essex have seen a reduction in the proportion of Children achieving a good level of development at the End of Reception. However Essex has a higher proportion of children achieving a good level of development in comparison to Hertfordshire
- Similar to England, Hertfordshire and Essex have also seen a reduction in the proportion of Children with free school meal status who are achieving a good level of development at the end of reception. There has been a deterioration in both Hertfordshire and Essex.
- School readiness has been identified within the ICS clinical priorities due to its impact on outcomes achieved through an individual's life.
- The proportion of school pupils with social, emotional and mental health needs has increased in both Hertfordshire and Essex, similar to the national average.

School aged children

Better 95% | Similar | Worse 95%

	Indicator Name	Time period	England	East of England region	Hertfordshire	Essex	Bedford	Cambridgeshire	Central Bedfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
OF	**% Children with one or more decayed, missing or filled teeth (Persons, 5 years)**	2016/17	**23.3**	18.0	15.4	14.5	31.3	12.9	17.7	37.6	15.4	32.4	19.6	17.0	20.5
OF	**Hospital admissions for asthma (under 19 years, Persons))**	2021/22	**131.5**	110.1	72.7	89.5	149.2	70.7	89.3	275.5	107.5	142.5	100.4	180.5	119.3
OF	**Hospital admissions for mental health conditions (Persons, <18 years)**	2021/22	**99.8**	84.2	85.7	73.3	120.5	59.8	124.8	85.1	110.5	65.1	118.4	85.0	34.0
OF	**Admissions for diabetes (under 19 years, Persons)**	2021/22	**58.0**	54.3	49.7	54.6	34.4	53.0	67.0	56.7	62.2	53.4	37.7	61.3	43.4
	Child mortality rate (1-17 years, Persons)	2018 - 20	**10.3**	10.0	9.4	9.9	11.3	10.2	9.1	16.9	8.2	12.1	12.7	7.9	14.6

- The data shows that Hertfordshire and Essex remain statistically better than the national average for tooth decay and admissions for asthma and mental health conditions.
- Hertfordshire and Essex are statistically similar to the national average for admissions for diabetes and child mortality.
- Similar to England, the proportion of CYP being admitted to Hospital for asthma has increased in both Hertfordshire and Essex, with Essex showing a higher proportion of admissions.
- Similar to England, the proportion of CYP being admitted to Hospital for mental health conditions has increased in both Hertfordshire and Essex, with Hertfordshire showing a higher proportion of admissions.
- Similar to England, the proportion of CYP being admitted to Hospital for diabetes has increased in both Hertfordshire and Essex, with Essex showing a higher proportion of admissions.

Healthy lives

- Across Hertfordshire and West Essex, smoking prevalence is similar to, or lower than the national average. Higher rates of smoking are seen in urban and more deprived areas.
- The latest data shows a decrease in the percentage of smokers in East & North whilst there is no significant change for South West Herts and West Essex.

Lower	Similar	Higher

→	No significant change
↑	Increasing
↓	Decreasing

	Indicator Name	Time period	England	Hertfordshire and West Essex	East and North Hertfordshire	South West Hertfordshire	West Essex
OF	% active smokers (GPPS) (Persons, 16+ years)	2022	13.8 ↓	12.1 ▫	11.7 ↓	12.1 →	12.6 →
OF	% Smoking: QOF prevalence (Persons, 15+ years)	2022/23	14.7 ↓	13.1 ↓	13.6 ↓	12.1 ↓	14.4 ↓
OF	% Smoking Prevalence in adults (Persons, 18+ years) - current smokers (APS)	2021	13.0 ▫	▫	11.9 ▫	11.4 ▫	14.3 ▫

Healthy lives

Better 95% | Similar | Worse 95%

	Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
OF	% Smoking Prevalence in adults (Persons, 18+) - current smokers (APS)	2022	**12.7**	17.9	11.2	10.9	11.9	14.6	12.0	8.4	6.6	13.9	7.8	10.1	13.9	15.6
OF	Admission episodes for alcohol-specific conditions (Persons, All ages)	2021/22	**626**	340	409	311	326	490	453	388	378	506	417	356	614	507
OF	Alcohol-related mortality (Persons, All ages)	2021	**38.5**	28.2	32.0	30.2	27.4	34.5	23.3	24.5	21.5	37.9	32.6	22.7	31.4	28.3
OF	Percentage of physically active adults (Persons, 19+)	2021/22	**67.3**	65.7	70.8	73.5	67.9	60.5	64.8	74.2	72.5	66.7	70.2	74.5	63.3	69.2
OF	Percentage of physically inactive adults (Persons, 19+)	2021/22	**22.3**	23.8	16.8	14.7	23.2	29.6	20.0	12.9	18.7	22.1	18.5	17.6	25.9	18.6

- Lifestyle factors have a significant impact on health outcomes, with socio-economic and behavioural factors considered to account for 40% and 30% of health outcomes respectively.
- Physical Inactivity is highlighted as worse than England for Harlow and Watford.
- The data shows a similar picture to previous updates when looking at smoking prevalence in adults (current smokers) across districts.
- Admission episodes for alcohol-specific conditions have increased nationally and this is replicated locally. Previous data showed Watford better than the England, however this latest data shows similar to England.
- Previous data for Alcohol-related mortality showed North Hertfordshire better than the England, latest data shows that Epping Forest, Hertsmere, St Albans and Uttlesford show better than England position.
- Broxbourne, Watford and Welwyn Hatfield data shows the districts similar to England where previous data benchmarked worse than the national position.
- The proportion of physically inactive persons for Harlow and Watford shows a worse position than the national.

Healthy lives - Children

		Better 95%	Similar	Worse 95%	Not Compared	Lower	Similar	Higher

	Indicator Name	Time period	England	NHS Hertfordshire and West Essex Integrated Care Board	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
OF	Reception: % Prevalence of healthy weight (Persons, 4-5 years)	2022/23	**77.5** →	80.6 →	78.3 →	77.8 →	83.6 →	81.8 →	76.9 →	79.1 →	82.1 →	83.3 →	81.4 →	80.1 →	84.3 →	81.1 →	77.2 →
OF	Reception: % Prevalence of overweight (Persons, 4-5 years)	2022/23	**12.2** ↓	11.0 →	11.7 →	12.2 →	9.6 →	10.7 →	12.6 →	11.8 →	10.3 →	10.3 →	10.0 →	11.9 →	10.3 →	9.1 →	12.8 →
OF	Reception: % Prevalence of obesity (including severe obesity) (Persons, 4-5 years)	2022/23	**9.2** →	7.2 →	8.8 →	9.1 →	6.2 →	6.7 →	8.9 →	7.6 →	6.9 →	5.5 →	7.7 →	6.3 →	4.4 →	6.6 →	8.8 →

- Whilst across the ICS the proportion of children in reception and year 6 who are a healthy weight, overweight or obese are better than the national average, there is variation by districts. The trend show the position remains similar to previous data.
- Areas with higher levels of deprivation (including Harlow, Broxbourne, Watford and Stevenage) have the highest rates of childhood obesity.

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better

Hertfordshire and West Essex Integrated Care System

Healthy lives - Children

		Better 95%	Similar	Worse 95%	Not Compared	Lower	Similar	Higher

	Indicator Name	Time period	England	NHS Hertfordshire and West Essex Integrated Care Board	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
OF	Year 6: % Prevalence of healthy weight (Persons, 10-11 years)	2022/23	**61.9** ↓	66.6 ↓	59.0 ↓	65.8 →	72.9 →	66.0 →	60.9 →	65.0 ↓	70.4 →	74.1 →	61.5 →	67.3 →	69.8 →	61.3 ↓	64.8 →
OF	Year 6: % Prevalence of overweight (Persons, 10-11 years)	2022/23	**13.9** →	13.4 →	16.0 →	13.8 →	12.4 →	12.6 →	13.7 →	12.9 →	12.3 →	11.6 →	13.1 →	14.1 →	13.1 →	15.3 →	14.6 →
OF	Year 6: % Prevalence of obesity (including severe obesity) (Persons, 10-11 years)	2022/23	**22.7** ↑	18.5 ↑	24.1 →	18.7 →	13.1 →	20.2 →	23.8 →	19.8 ↑	15.5 →	12.7 →	23.5 ↑	16.6 →	15.6 →	21.8 ↑	19.8 ↑

- Whilst across the ICS the proportion of children in reception and year 6 who are a healthy weight, overweight or obese are better than the national average, there is variation by districts.
- Areas with higher levels of deprivation (including Harlow, Broxbourne, Watford and Stevenage) have the highest rates of childhood obesity.
- Previous rates of obesity at year 6 in Harlow were statistically significantly higher than the national average, the latest data shows an improved position.

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better
↑	Increasing
↓	Decreasing

Hertfordshire and West Essex Integrated Care System

Mental Health

- Diagnosis rates of mental health conditions (depression, serious mental illness) are lower than the national average. This may be a reflection of recording rather than need.
- Outcomes for people with mental health issues show a mixed picture, with a lower rate of emergency admission for self-harm and lower rates of inpatient admissions with mental health services, but a similar suicide rate, when compared to the national average.
- Compared to the rate of premature mortality nationally for people with a serious mental illness the rate in Hertfordshire is significantly lower for all conditions. In Essex, the rate of premature mortality is similar for cancer, cardiovascular disease and respiratory illnesses.

Aggregated from all known lower geography values

Better 95% Lower	Similar	Worse 95% Higher	Not Compared

	Indicator Name	Time period	England	Hertfordshire and West Essex #	East And North Hertfordshire	South West Hertfordshire	West Essex
	Depression: % QOF incidence (18+ yrs, Persons) - new diagnosis	2022/23	1.4 ↓	1.1 ↓	1.1 ↓	1.2 ↓	1.0 ↓
OF	Mental Health: % QOF prevalence (all ages, Persons)	2022/23	1.0 ↑	0.86 →	0.88 →	0.88 →	0.80 →
OF	Learning disability: % QOF prevalence (all ages, Persons)	2022/23	0.6 ↑	0.5 →	0.5 →	0.5 →	0.4 ↑
	Dementia: % QOF prevalence (all ages, Persons)	2022/23	0.7 ↓	0.7 →	0.7 →	0.7 →	0.9 →
	Inpatient stays in secondary mental health services, per 100,000	2021/22	241 ▫	▫	172 ▫	213 ▫	205 ▫

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better
↑	Increasing
↓	Decreasing

Hertfordshire and West Essex Integrated Care System

Mental Health

		Better 95%	Similar	Worse 95%											
	Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
OF	Emergency Hospital Admissions for Intentional Self-Harm (Persons, all ages)	2021/22	**163.9**	81.8	148.5	96.6	75.6	125.5	108.9	87.5	137.7	144.9	100.6	106.1	127.2	113.2
	Suicide rate (Persons, 10+ years)	2019 - 21	**10.4**	6.1	8.4	8.8	8.7	10.0	11.5	6.5	8.3	9.0	6.9	10.3	4.4	7.7

- Emergency Hospital admissions for intentional Self-harm is lower in England compared to last year. Most districts are better than the England apart from Dacorum where admissions have increased, and Stevenage although there is a decreased compared to last year.
- The proportion of Suicide rates in England have stayed the same. Rates of Suicide throughout the ICS have decreased in certain districts, especially Hertsmere who had the highest rates last year. Rates in Broxbourne, North Hertfordshire and Watford are significantly better.

Cancer

- Variation in cancer incidence follows demographic patterns, with areas of higher deprivation experiencing higher incidence. Epping Forest also has a higher cancer incidence.
- Cancer prevalence is similar to the national average, likely to reflect an older demographic and is increasing both nationally and locally.
- Early diagnosis improves outcomes and survival and HWE is statistically significantly higher compared to the national average, however, there is variation by district. This variation approximately following the social gradient.
- Emergency admissions for cancer have decreased for England and East & North Herts but remain similar for South West Herts and West Essex.

Aggregated from all known lower geography values

* There is a data quality issue with this indicator's values

Lower	Similar	Higher

▫	Could not be calculated
→	No significant change
↑	Increasing
↓	Decreasing

Indicator Name	Time period	England	Hertfordshire and West Essex #	East and North Hertfordshire	South West Hertfordshire	West Essex
New cancer cases (Crude incidence rate: new cases per 100,000 population) (Persons, all ages)	2020/21	**456** →	432 ▫	457 →	398 →	455 ↓
Number of emergency admissions with cancer (Number per 100,000 population) (Persons, all ages) *	2021/22	**514** ↓	486 ▫	453 ↓	515 →	486 →
Cancer: % QOF prevalence (Persons, all ages)	2022/23	**3.5** ↑	3.5 ↑	3.5 ↑	3.6 ↑	3.4 ↑

Hertfordshire and West Essex Integrated Care System

Cancer

Better 95% | Similar | Worse 95% | Not Compared

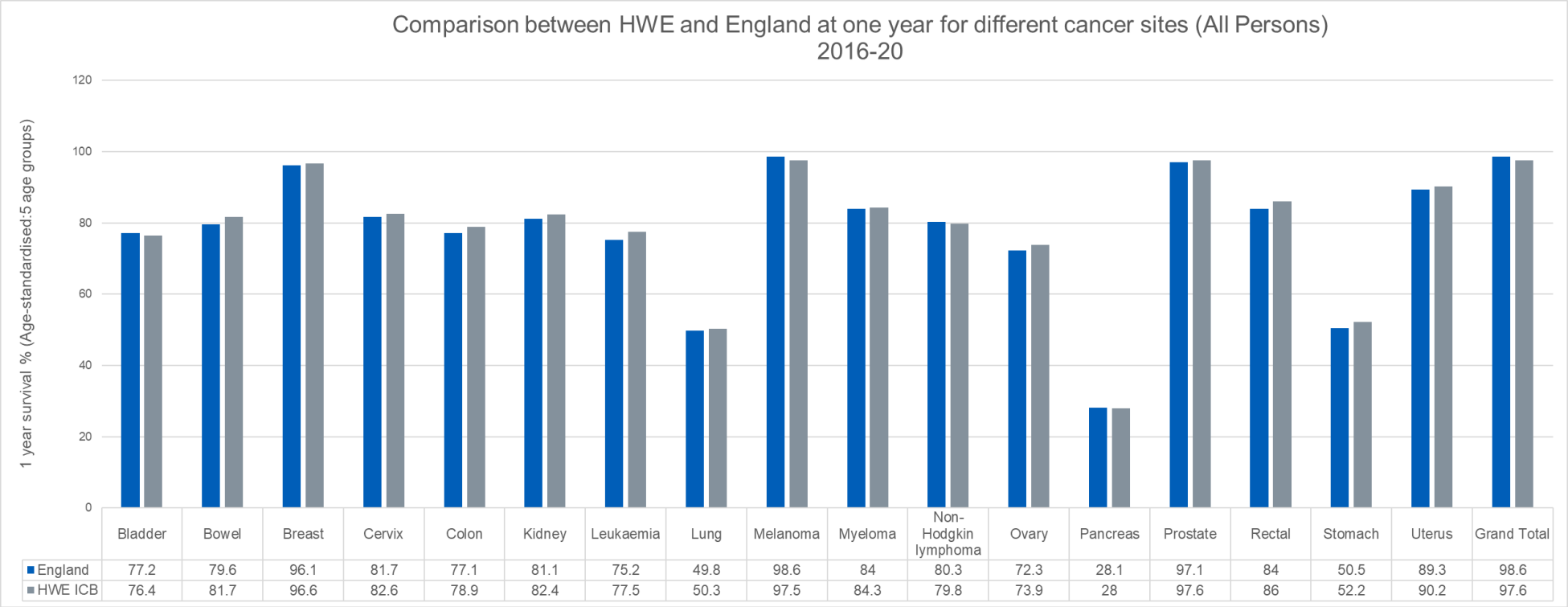
Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
Incidence of all cancers, standardised incidence ratio (Persons, all ages)	2015 - 19	**100.0** ▫	106.8 ▫	94.7 ▫	98.7 ▫	100.8 ▫	107.9 ▫	95.0 ▫	97.8 ▫	92.6 ▫	104.6 ▫	94.2 ▫	95.1 ▫	96.5 ▫	97.1 ▫
Percentage of cancers diagnosed at stages 1 and 2 (Persons, all ages)	2020	**52.3** →	53.7 →	54.8 →	55.9 →	52.1 →	51.0 →	56.4 →	58.5 →	52.1 →	52.0 →	52.0 →	56.7 →	46.4 →	54.8 →
Under 75 mortality rate from cancer (Pesrons, DS rate per 100 000)	2021	**121.5** ▫	126.9 ▫	108.7 ▫	98.4 ▫	103.3 ▫	133.5 ▫	112.3 ▫	103.9 ▫	81.8 ▫	115.6 ▫	87.1 ▫	87.2 ▫	121.2 ▫	108.5 ▫
Under 75 mortality rate from cancer considered preventable (Persons, DS rate per 100 000)	2021	**50.1** ▫	45.7 ▫	42.5 ▫	28.1 ▫	45.3 ▫	54.5 ▫	46.2 ▫	31.6 ▫	35.7 ▫	47.9 ▫	35.0 ▫	33.4 ▫	52.5 ▫	52.7 ▫

- Variation in cancer incidence follows demographic patterns, with areas of higher deprivation experiencing higher incidence. Broxbourne, Harlow and Stevenage are worse than the national average, as was the case in the previous data. Epping Forest are now similar to the national average where they were previously worse than England.
- % of cancer diagnosed at stages 1 & 2 remain similar the national position and previous data except North Hertfordshire where the latest data shows a better than England position.
- Under 75 mortality rate from cancer is similar position to previous data with all districts similar or better than the England position.
- Under 75 mortality rate from cancer also shows a similar position to previous data with all districts similar or better than the England position.

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better

Hertfordshire and West Essex Integrated Care System

Cancer Survival

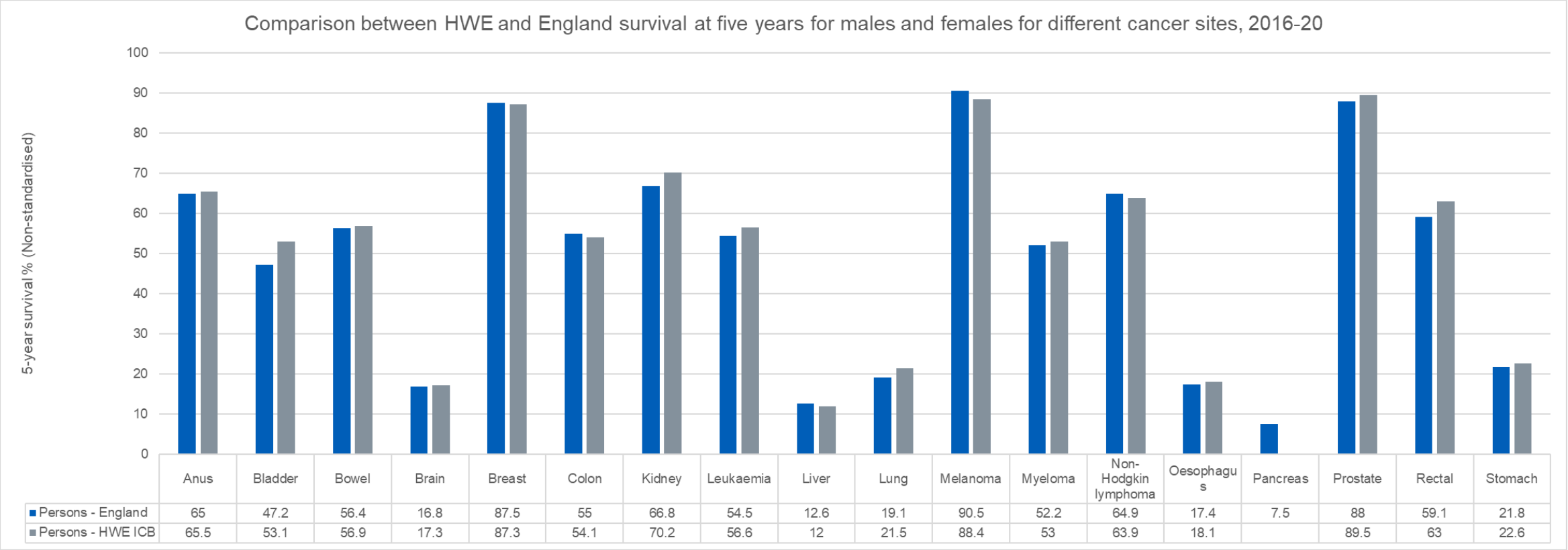


	Bladder	Bowel	Breast	Cervix	Colon	Kidney	Leukaemia	Lung	Melanoma	Myeloma	Non-Hodgkin lymphoma	Ovary	Pancreas	Prostate	Rectal	Stomach	Uterus	Grand Total
England	77.2	79.6	96.1	81.7	77.1	81.1	75.2	49.8	98.6	84	80.3	72.3	28.1	97.1	84	50.5	89.3	98.6
HWE ICB	76.4	81.7	96.6	82.6	78.9	82.4	77.5	50.3	97.5	84.3	79.8	73.9	28	97.6	86	52.2	90.2	97.6

- Survival rates at 1 and 5-years are shown for persons aged 15 years and over across different cancer sites. Survival data for children is not available at the ICS level due to small numbers.
- Cancer sites with lower 1 and 5 year survival include pancreas, lung and stomach nationally and within HWE.
- Trends in 1 and 5 year survival in HWE are generally improving, in particular for lung and stomach cancer sites. No cancer site has seen a statistically significant decline in cancer survival.
- Compared to the national average, 1 and 5 year age-standardised survival in HWE is similar to the national average.

Hertfordshire and West Essex Integrated Care System

Cancer Survival



	Anus	Bladder	Bowel	Brain	Breast	Colon	Kidney	Leukaemia	Liver	Lung	Melanoma	Myeloma	Non-Hodgkin lymphoma	Oesophagus	Pancreas	Prostate	Rectal	Stomach
Persons - England	65	47.2	56.4	16.8	87.5	55	66.8	54.5	12.6	19.1	90.5	52.2	64.9	17.4	7.5	88	59.1	21.8
Persons - HWE ICB	65.5	53.1	56.9	17.3	87.3	54.1	70.2	56.6	12	21.5	88.4	53	63.9	18.1		89.5	63	22.6

- Figures for ICS survival at 5 years are only available for completeness as non-age standardised data.
- Data for 5-year survival show the cancers with lower survival rates are the same nationally and locally.

Hertfordshire and West Essex Integrated Care System

Long-Term Conditions – Prevention Linked Disease Areas - Prevalence

The Long-Term Conditions (LTC) Programme is prioritising prevention and early intervention focus within the LTC Programme's Disease Sub-Groups.

This is being taken as part of the broader strategic view by the Integrated Care Partnership (ICP) through an Integrated Care Strategy, by supporting people living with lifelong conditions, and by considering those with a long-term health conditions that could be managed with a more prevention related approach, and by focusing on and helping these patients and their families, we will aim for them to take more control of their health and live a good quality of life.

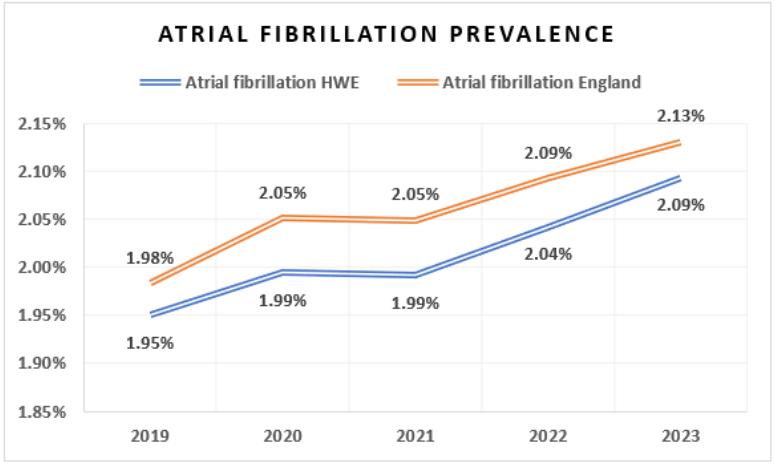
Please find the ICB's LTC Care Strategy found here.

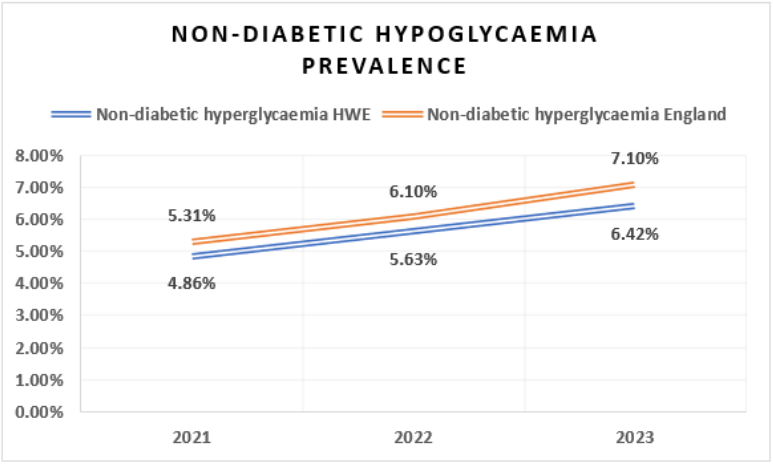
The LTC disease sub-groups are intrinsically linked to Prevention within these disease areas:

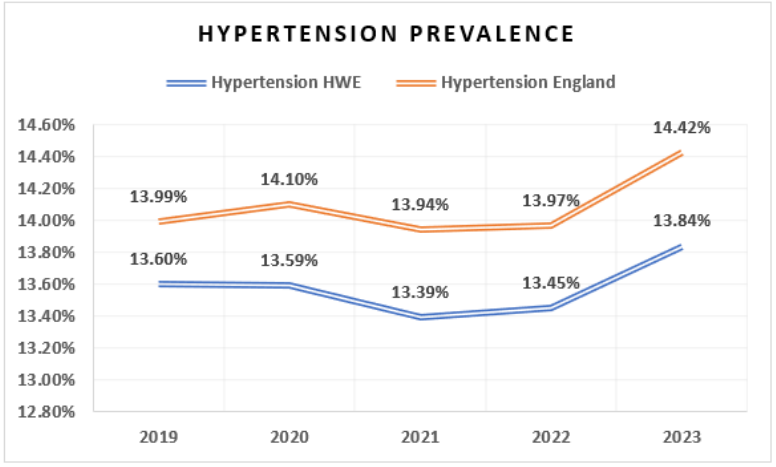
- Non-Diabetic Hyperglycaemia
- Atrial Fibrillation
- Hypertension

In these charts we can see prevalence trends over time for Hertfordshire & West Essex shown against the English National average; all areas are below the National average, but only one area is showing a decline in prevalence.

Alongside these areas of focus for Prevention work, the PHM & Public Health Teams are looking into the further forecast of key LTC areas through estimated prevalence against those observed prevalences.







Source: NHS Digital Quality and Outcomes Frameworks multiple years - Link

Hertfordshire and West Essex Integrated Care System

Long-Term Conditions – Other Disease Prevalence

Additional LTC disease areas that Prevalence will need to be scrutinised are within this slide.

Each chart again gives the HWE position against the English National average, and with a trendline.

Disease areas where there has been an increasing trend are:

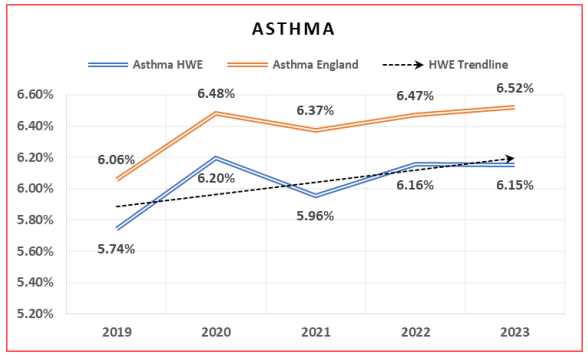
- Asthma
- Chronic Kidney Disease
- Diabetes Mellitus
- Stroke & TIA

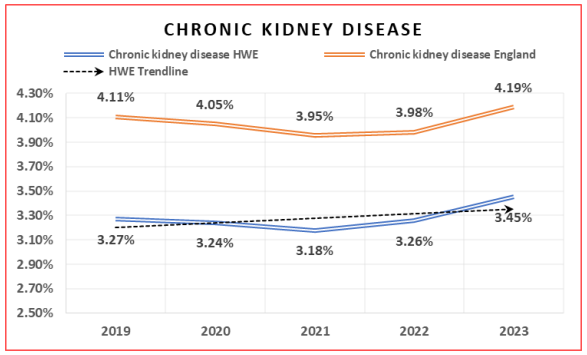
Disease areas where there has been little or no change in the prevalence trend are:

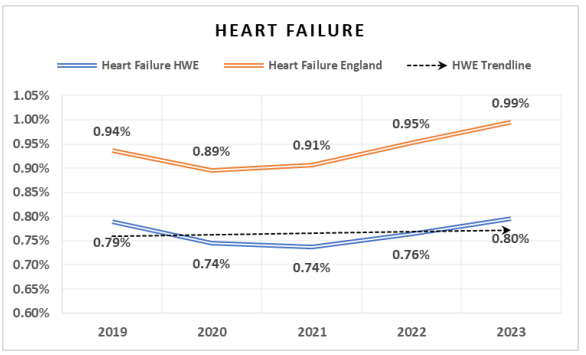
- Heart Failure
- Epilepsy

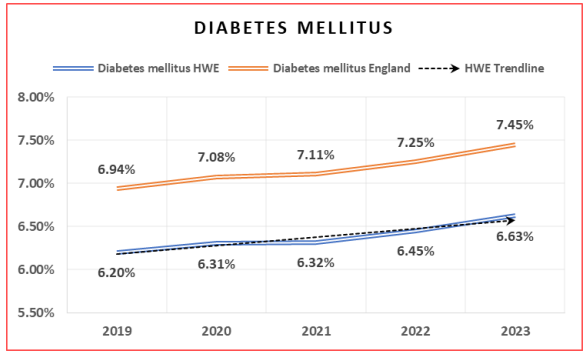
And importantly, those disease areas where there has been a decrease are:

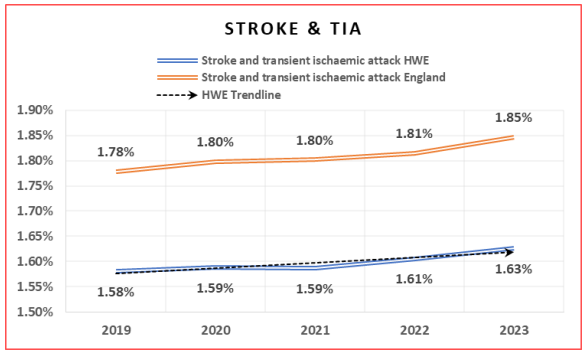
- Chronic Obstructive Pulmonary Disorder
- Peripheral Arterial Disease
- Coronary Heart Disease

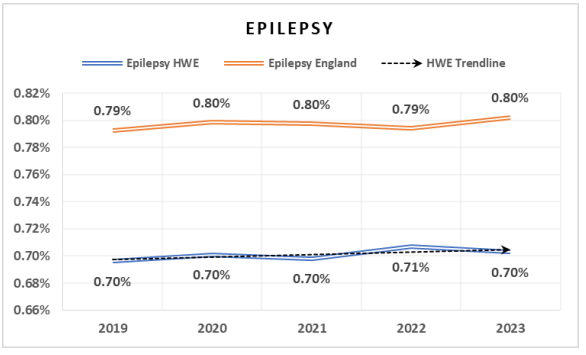


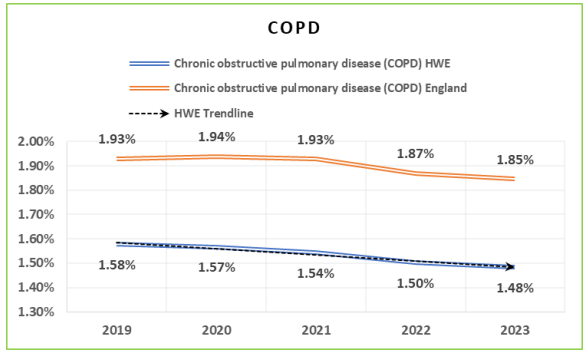


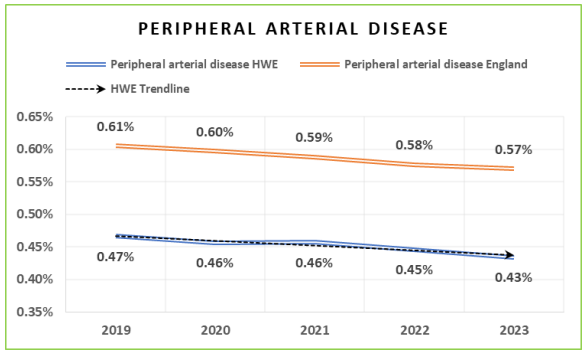


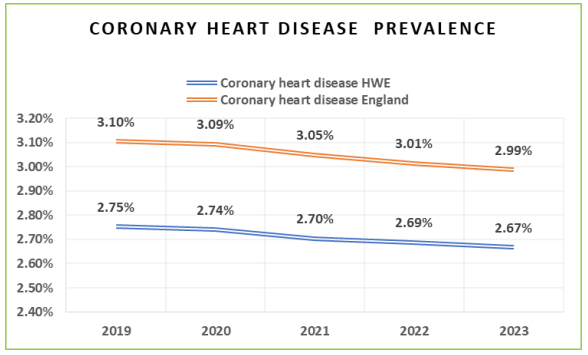












Hertfordshire and West Essex Integrated Care System

Long-Term Conditions

*Value cannot be calculated as number of cases is to small

Better 95% | Similar | Worse 95%

	Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
OF	**Under 75 mortality rate from respiratory disease (Persons)**	2021	**26.5**	24.6	19.4	13.7	16.5	*	22.1	19.6	14.7	27.8	20.2	*	21.6	29.8
OF	**Under 75 mortality rate from respiratory disease considered preventable (Persons)**	2021	**15.6**	12.6	11.8	10.1	8.2	*	13.1	11.9	9.3	20.0	*	*	*	17.2
OF	**Under 75 mortality rate from all cardiovascular diseases (Persons)**	2021	**76.0**	57.5	63.5	65.0	62.4	89.5	57.8	67.0	48.4	59.4	40.3	44.4	64.2	56.2
OF	**Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)**	2021	**30.2**	24.4	23.6	24.8	23.5	36.0	20.0	27.6	19.5	26.1	15.9	16.6	24.9	20.9

- Outcomes for people living with a long-term condition are generally better than the national average; however, LTCs have generally increased over the previous year.
- As part of an active Prevention direction for increasing levels of long-term conditions, we must be aware of that the Under 75 mortality rates are key indicators for LTCs and show us a significant area for focus on preventable deaths, as indicated above.
- Premature mortality rates for people living with a long term condition are broadly similar or better than the national average, and it is important to note that there are no districts getting worse; however, the difference in rates of premature mortality across different districts is wide with the highest rate of premature mortality from CVD in Harlow (89.5) more than double that of Three Rivers (40.3 per 100,000).
- Outcomes are worse, relative to the ICS average, in areas with higher levels of deprivation (Broxbourne, Dacorum, Harlow, Stevenage, Watford and Welwyn Hatfield).

Long-Term Conditions – Cardiology

- Cardiovascular diseases are a priority area for the LTC Programme. In total, cardiovascular disease (CVD) contributes to a quarter of all deaths in the UK (Source: NHSE)
- Under 75 mortality as a key indicator for CHD, and CVD in the previous slide, here indicates a national increase, but against a HWE and PLACE area specific decrease; however, WE has had a 1% increase in year.
- Hypertension is a key risk factor for CVD and affects 1 in 4 adults. However, half of people with hypertension are not aware that they have it and a third of people with a hypertension diagnosis are not controlled. The trend in both diagnosis and control in HWE is improving. The ICS is looking to meet the national target of **77%** of people with hypertension treated to target by March 2024. (Source: NHSE)

	Indicator Name	Time Period	England		NHS Hertfordshire and West Essex Integrated Care Board		E&NH		SWH		West Essex	
OF	Under 75 mortality (DSR) - Coronary heart disease mortality rate per 100,000	2020	39.06	↑	29.69	↓	30.67	↓	26.11	↓	34.45	↑
OF	Percentage of patients on a CVD register in whom their most recent blood cholesterol level is in target range	To June 2023	28.68%	↑	29.22%	↑	31.13%	↑	31.46%	↑	21.22%	↑
OF	Percentage of patients with GP recorded Hypertension, in whom the last BP reading was in target range (77% is National Target)	To June 2023	66.72%	↑	66.93%	↑	67.09%	↑	67.48%	↑	65.54%	↑
OF	Percentage of patients on a CVD regestier, who are currently treated with lipid lowering therapy.	To June 2023	82.35%	↑	82.69%	↑	83.06%	↑	82.60%	↑	82.22%	↑
OF	Percentage of patients NOT on a CVD registger but with a QRISK score of 10% or more, on lipid lowering therapy	To June 2023	50.40%	↑	51.70%	↑	52.24%	↑	52.17%	↑	49.71%	↑
OF	Prevalence of GP recorded cardiovascular disease (wide definition) in patients aged 18 and over	To June 2023	6.06	→	5.3	→	5.08	↓	5.34	↑	5.62	→

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better

- An LTC Programme objective for Cardiology is the review and support for clinical services relating to lipid management, by utilising the above indicators surrounding lipid lowering therapies, the LTC Programme Leads are looking into wide reaching considerations for both secondary & primary care lipid management, and the creation of integrated lipid management clinics.
- The prevalence of CVD is an important milestone for the LTC programme to benchmark against, the static “no changes” and increase in prevalence for SWH is noticeable against an overall backdrop of increased prevalence across the indicated LTC conditions see in the previous slides.

Older People

	Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
		Better 95%	Similar	Worse 95%												
	% Older people in poverty: Income deprivation affecting older people Index (IDAOPI) (Persons, 60+ years)	2019	**14.2**	12.3	9.4	8.0	11.2	15.0	11.3	9.2	7.3	13.5	8.7	7.7	13.0	10.3
OF	Emergency hospital admissions due to falls in people aged 65 and over (Persons)	2021/22	**2100**	1981	2416	2120	2183	2756	2539	1833	2302	1660	2568	1875	2905	1880
OF	Hip fractures in people aged 65 and over (Persons)	2021/22	**551**	488	505	559	555	540	551	555	510	638	533	567	557	536
	% Winter mortality index (Pesons, all ages)	Aug 2020 - Jul 2021	**36.2**	47.8	31.6	22.8	62.2	53.4	35.0	69.1	52.5	53.0	48.9	49.2	52.7	65.6
	% Winter mortality index (age 85 plus) (Persons)	Aug 2020 - Jul 2021	**42.8**	45.9	39.1	35.2	59.8	52.0	34.4	89.8	50.9	71.8	52.7	36.8	72.8	81.3

- Indicators are not available for people based on frailty. Information is presented on the older population.
- Rates of emergency admission for falls has been identified as a clinical priority. The latest data suggests that this remains a priority with 6 districts highlighted as red compared to England, this compares to 4 districts in previous data. Dacorum and St Albans are the districts that were previously similar to England.
- Associated to the rate of admission with falls is the rate of emergency admission with hip fracture. The latest data shows the position remains similar to national average .
- The latest % Winter mortality index (previously excess winter deaths) covers the period of the Covid pandemic. The data shows Epping Forest, North Hertfordshire and Welwyn Hatfield with significantly higher number of deaths than the national.

End of Life

- The proportion of people with three or more emergency admissions in the last three months of life is similar to the national average. The trend for England is decreasing whilst it remains similar across the ICB.
- Trend for Palliative prevalence shows a decrease for ENH whilst West Essex is increasing. The national trend remains similar to previous.
- Dementia diagnosis rates continue to increase following the pandemic. West Essex are over performing (69.9%) against the national standard of 66.7% of people with dementia having a diagnosis.
- Across the ICS, a lower proportion of the population die in their usual place of residence. ENH have the highest proportion of people achieving death in their usual place of residence. This indicator is often used as a proxy measure of preferred place of death and reflect a positive experience at the end of life.
- Compared to the national average, there are similar numbers of care home beds per 100 people aged 75+. Data for Hertfordshire and Essex councils show that the rate of permanent admission to a residential or care is significantly lower than the national average.

OF

Aggregated from all known lower geography values

Better 95%	Similar	Worse 95%
Lower	Similar	Higher

Indicator Name	Time period	England	Hertfordshire and West Essex #	East And North Hertfordshire	South West Hertfordshire	West Essex
Palliative/supportive care: % QOF prevalence (Persons, all ages) #	2022/23	**0.5** →	0.4 →	0.5 ↓	0.3 →	0.5 ↑
Care home beds per 100 people 75+ (Persons)	2021	**9.4** →	9.6 ▫	9.4 →	10.2 →	8.8 →
Percentage of deaths with three or more emergency admissions in the last three months of life (Persons, all ages)	2021	**7.1** ↓	7.1 ▫	6.7 →	7.4 →	7.4 →
% Estimated dementia diagnosis rate (Persons, aged 65 and over)	2023	**63.0** →	▫	60.5 →	61.4 →	69.9 →

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better
↑	Increasing
↓	Decreasing

Hertfordshire and West Essex Integrated Care System

End of Life

- Trend for percentage of deaths that occur at home is increasing nationally and for all places within the ICB.
- Rates of emergency admission for people with dementia are also significantly higher in WE.
- SWH has the lowest rates of emergency admission for people with dementia and the lowest proportion of people who have multiple admissions in the last year of life.
- Across the ICS, a lower proportion of the population die in their usual place of residence. ENH have the highest proportion of people achieving death in their usual place of residence. This indicator is often used as a proxy measure of preferred place of death and reflect a positive experience at the end of life.
- Compared to the national average, there are similar numbers of care home beds per 100 people aged 75+. Data for Hertfordshire and Essex councils show that the rate of permanent admission to a residential or care is significantly lower than the national average.

Aggregated from all known lower geography values

Better 95%	Similar	Worse 95%
Lower	Similar	Higher

Indicator Name	Time period	England	Hertfordshire and West Essex #	East And North Hertfordshire	South West Hertfordshire	West Essex
Dementia: Direct standardised rate of emergency admissions (Persons, aged 65 years and over) - CCG responsibility	2019/20	**3517** ▫	▫	3572 ▫	3369 ▫	3825 ▫
Direct standardised rate of mortality: People with dementia (Persons, aged 65 years and over)	2019	**849** ▫	▫	798 ▫	886 ▫	912 ▫
Percentage of deaths that occur at home (Persons, all ages)	2021	**28.7** ↑	26.1 ▫	26.7 ↑	24.4 ↑	28.0 ↑
Percentage of deaths that occur in 'other places' (Persons, all ages)	2021	**2.7** ↑	2.3 ▫	2.6 →	1.8 →	2.6 →
Percentage of deaths that occur in care homes (Persons, all ages)	2021	**20.2** ↑	21.5 ▫	23.4 →	20.1 →	20.7 →
Percentage of deaths that occur in hospice (Persons, all ages)	2021	**4.4** ↓	5.0 ▫	4.6 →	5.4 ↓	5.0 →
Percentage of deaths that occur in hospital (Persons, all ages)	2021	**44.0** ↓	45.1 ▫	42.9 ↓	48.3 →	43.6 ↓

▫	Could not be calculated
→	No significant change
↑	Increasing & getting worse
↑	Increasing & getting better
↓	Decreasing & getting worse
↓	Decreasing & getting better
↑	Increasing
↓	Decreasing

Hertfordshire and West Essex Integrated Care System

Premature Mortality

	Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
				Better 95%	Similar	Worse 95%										
OF	**Under 75 mortality rate from all causes (Persons, 1 year range)**	2021	**363.4**	335.7	301.7	280.1	309.3	392.5	288.3	307.7	227.4	328.5	251.6	218.0	347.2	304.1
OF	**Under 75 mortality rate from all causes (Persons, 3 year range)**	2018 - 20	**336.5**	312.1	283.6	239.3	296.3	365.2	310.2	261.2	248.1	339.5	276.1	227.4	331.9	316.5
OF	**Under 75 mortality rate from causes considered preventable (Persons, 1 year range)**	2021	**183.2**	170.5	146.3	119.4	161.7	208.8	134.7	138.7	122.2	168.6	129.6	102.3	179.0	158.0
OF	**Under 75 mortality rate from causes considered preventable (Persons, 3 year range)**	2017 - 19	**142.2**	126.8	120.8	93.0	115.8	151.9	124.8	104.2	98.9	142.4	112.9	93.0	139.8	129.1

- Whilst summary statistics are not available for the ICS, mortality profiles for the districts within HWE show that, premature mortality is generally lower than the national average but with variation that is closely linked to relative deprivation.
- Under 75 mortality rate from all causes (1 year range) shows the same position as previous data. Broxbourne, Harlow, Stevenage and Watford were all statistically similar to the national whilst other districts data showed better than England.
- Under 75 mortality rate for cause considered preventable (1 year range) data shows Broxbourne, Epping Forest, Harlow, Stevenage, Watford and Welwyn Hatfield are similar when compared to the national data. Epping Forest was better than the national average in previous data.

Information sources & Acknowledgements

Information Sources

- Information is presented using routine, nationally available data. This allows for benchmarking to regional and national averages where available and for comparison within the ICS.
- Not all indicators are available for Hertfordshire and West Essex. Where data are not available, information is provided at the most appropriate level. For some indicators, the best available data is at the County Council level and therefore information is provided for Hertfordshire and Essex Councils.
- *Some national reporting tools have not updated direction of travel statistical significance due to realigning latest data with refreshed census populations. This is due shortly and data will be updated accordingly.*
- Data has been sourced from:
    - Office for Health Improvement & Disparities, including Fingertips
    - HWE Segmentation Model
    - NHS Population & Person Insights
    - NHS Digital

HWE PHM Team

- Hannes Van Merwe – PHM Champion
- Stefania Mistretta – PHM Champion
- Jaron Inward - Senior PHM Champion
- Delyth Ford – Senior Head of PHM Delivery
- Dr Bashak Onal – PHM Programme Manager
- Charlotte Mullins – Strategic Programme Manager
- Dr Sam Williamson – Associate Medical Director

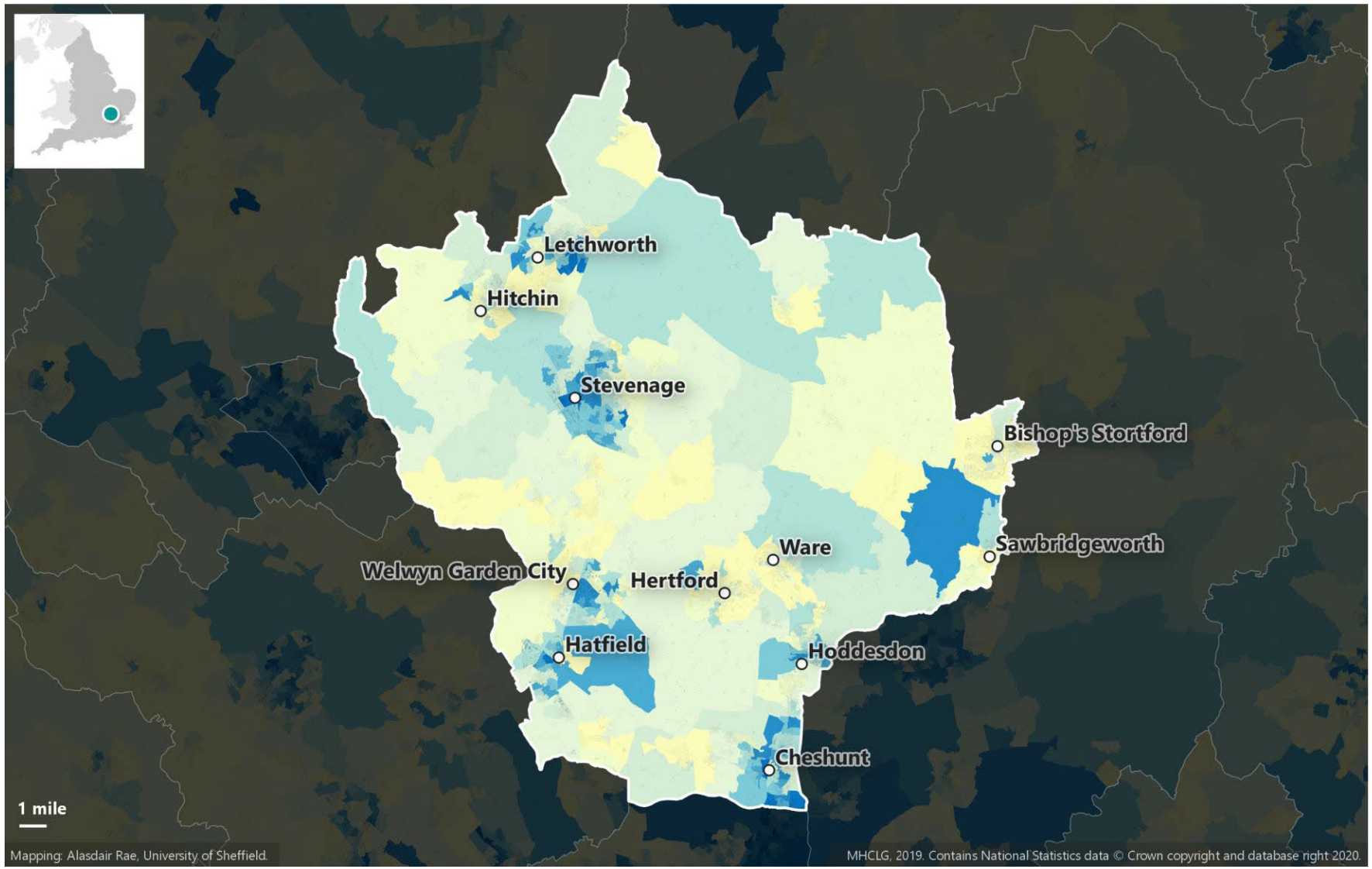
Hertfordshire and West Essex Integrated Care System

Index of Multiple Deprivation 2019

EAST AND NORTH HERTFORDSHIRE

Clinical commissioning group (CCG)

Ministry of Housing, Communities & Local Government



CCG profile

% of LSOAs in each national deprivation decile

MORE DEPRIVED

1	0.0%
2	2.4%
3	6.1%
4	10.3%
5	8.8%
6	16.7%
7	11.2%
8	9.4%
9	14.2%
10	20.9%

LESS DEPRIVED

What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for **NHS East and North Hertfordshire CCG**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

More deprived — **Less deprived**

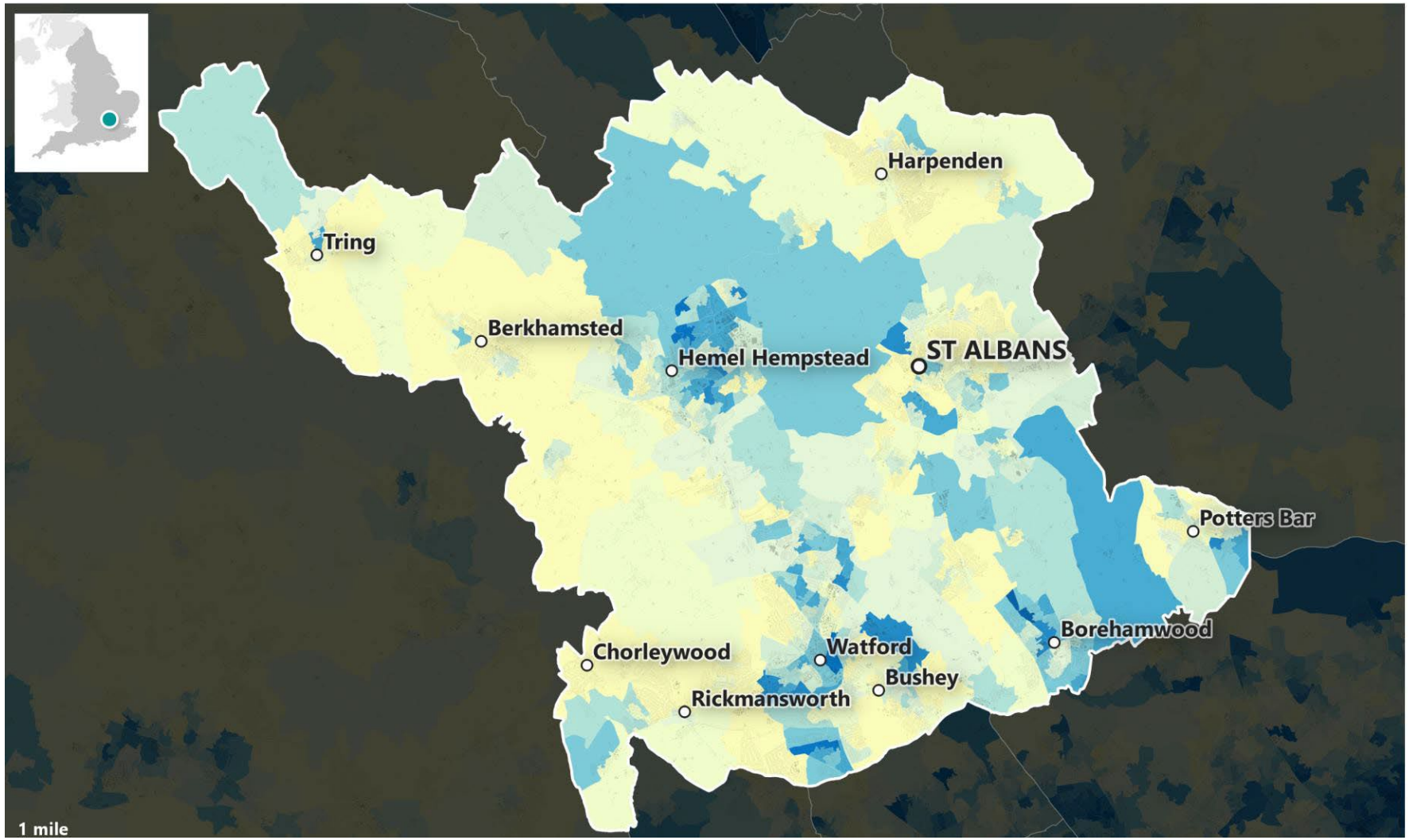
Relative level of deprivation

Index of Multiple Deprivation 2019

HERTS VALLEYS

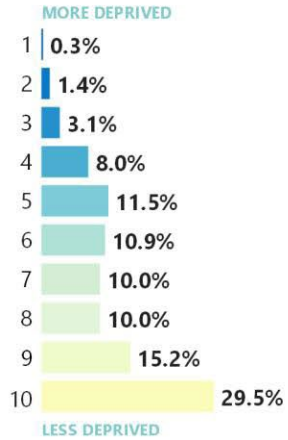
Clinical commissioning group (CCG)

Ministry of Housing, Communities & Local Government



CCG profile

% of LSOAs in each national deprivation decile



What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for **NHS Herts Valleys CCG**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

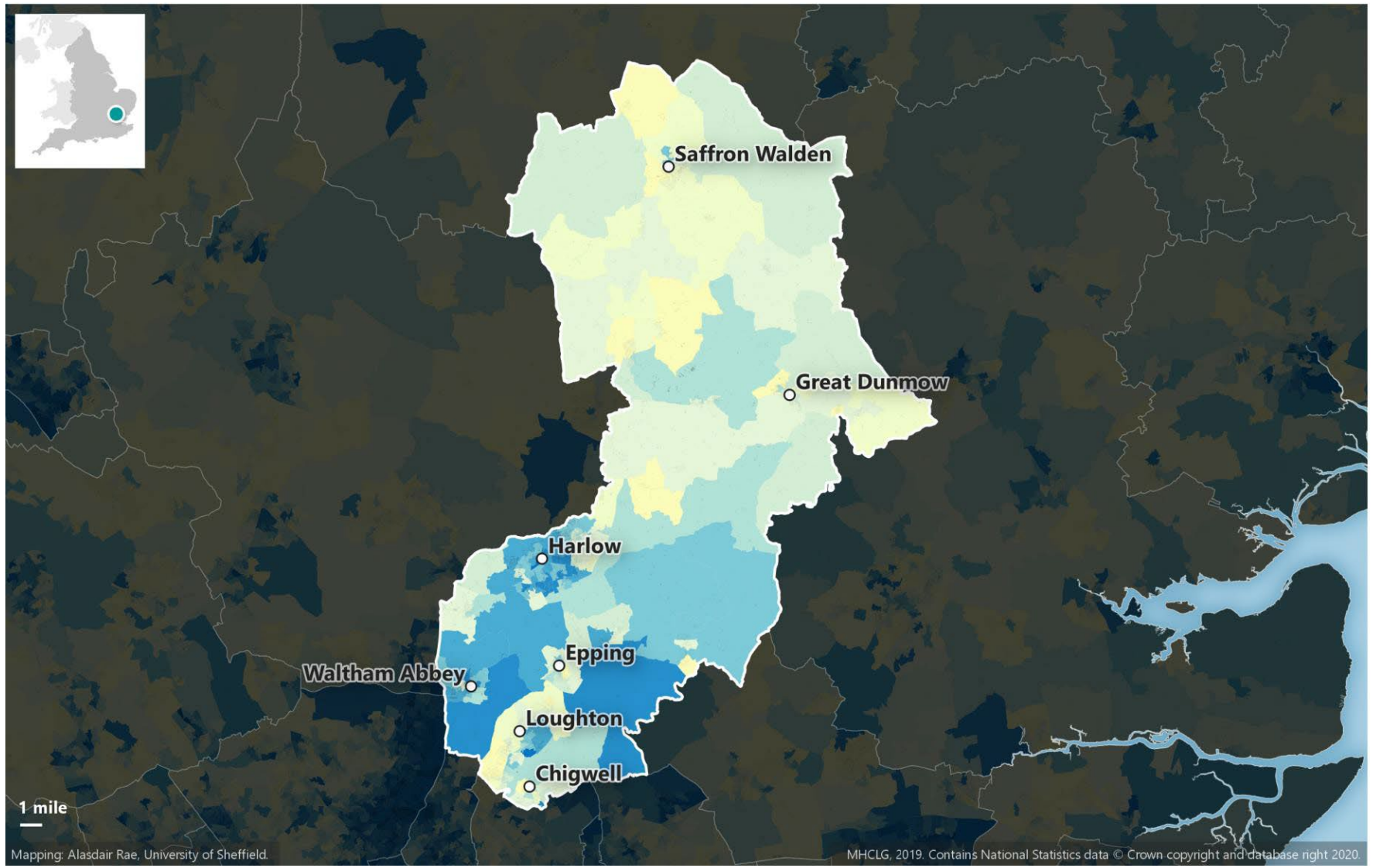
More deprived **Less deprived**

Index of Multiple Deprivation 2019

WEST ESSEX

Clinical commissioning group (CCG)

Ministry of Housing, Communities & Local Government



CCG profile

% of LSOAs in each national deprivation decile

MORE DEPRIVED

1	0.0%
2	1.1%
3	9.6%
4	14.0%
5	15.7%
6	8.4%
7	10.7%
8	17.4%
9	13.5%
10	9.6%

LESS DEPRIVED

What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for **NHS West Essex CCG**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

More deprived — **Less deprived**

Relative level of deprivation