



Primary Care Networks Overview Pack

HARLOW NORTH PCN

Pack produced - January 2023 - NHS Hertfordshire & West Essex ICB

Produced by Hertfordshire & West Essex ICB's - Population Health Management & Public Health Teams



Working together for a healthier future

Population Health Management





Population Health Management (PHM) is a partnership approach across the NHS and other public services including councils, the public, schools, fire service, voluntary sector, housing associations, social services and police. All have a role to play in addressing the interdependent issues that affect people's health and wellbeing.

The coronavirus (COVID-19) pandemic has further highlighted the known link between poorer health outcomes, ethnicity and deprivation. Integrated care systems, working with the local authority and the voluntary sector, have used PHM to identify people who need more support and those with the most complex needs within their localities, so that efforts can be targeted to protect certain populations through personalised care models, public health advice, testing and vaccination programmes.

For the public, it should mean that health and care services are more proactive in helping people to manage their health and wellbeing, provide more personalised care when it's needed and that local services are working together to offer a wider range of support closer to people's homes.

For doctors, nurses, social care, therapists and other frontline staff, this should mean greater support and insight from integrated care systems to enable care and support to be designed and proactively delivered to meet individual needs – it should mean less duplication and a reduction in workload pressures as it ensures the right care is given at the right time by the right person.

For local councils, health care managers and clinicians who commission services – greater understanding of the local population will ensure they can better predict what residents need. PCNs are key to this, as health and care providers work together and take collective responsibility for the care and support offered to improve outcomes, they can use their resources to keep people healthier.

Key Messages



Harlow North can be seen with a younger population profile than England. The majority of people live within the 5 most deprived deciles (1-5).

24.5% population have at least 1 Long Term Condition. 6.5% have more than 5 LTCs compared to 5.6% for the ICB.

A higher proportion of people within younger age groups are living with long term conditions compared with the England profile suggesting people develop LTCs at a younger age within Harlow North PCN.

Wider determinants analysis from Public Health Evidence and Intelligence shows Harlow North is amongst the most deprived PCNs within the ICB across all indicators apart from environment.

Expected population growth for Harlow adjusted for the Local Authority forecasts shows continued increase between 2023 through to 2034 which will bring additional demands for healthcare. Projections show an expected increase in the number of people over 65 from ~16k to ~20k.

When analysing the underlying Segmentation Model data the conditions with highest prevalence that are highlighted for Harlow North are COPD, Asthma, Cancer, Hypertension, Stroke, Heart Disease and Heart Failure. The presence of Mental Health recorded in Harlow North is the Highest within the ICB.

2022/23 has seen the highest Harlow North rates per 1,000 population which is above the WE rate.

When comparing the rates per 1,000 population between places, the West Essex place has a slightly lower rate than the ICB. Within West Essex Place, Harlow North has the second highest rates per 1,000 population.

When looking at the ACS conditions for Harlow North the highest volume and cost is within the End of Life, Severe Frailty and Dementia in the over 65 age group and the highest volume is within the same age in the Advanced Disease and Complexity segment. ACSs of note for people aged over 65 with advanced disease and complexity within this analysis are Heart Failure, AF & Flutter and COPD. For those within the End of Life, Frailty & Dementia Heart Failure is the ACS with the highest volume and cost.

14.8% of the general population in HWE ICB live within the 4 most deprived deciles, whilst 16.1% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles. In Harlow North 32% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles.

As we would expect the average number of acute and chronic conditions is significantly higher within this segment that the general population as are all activity measures. The average number of Chronic Conditions for people within Harlow North PCN is higher than the ICB, and the data shows higher usage of acute and GP services.

The presence of Chronic Cardiac Disease being highlighted by the data chimes with the reason for admission within analysis for ACS conditions.

Demographics, Conditions & Segment Overview



National Tool View and Population Demographics and Projections

The following slides represent screen shots from the Nationally Available Tools provided via NHSE.

The information within these tools is used by NHSE to measure and monitor progress and helps build a story of opportunities and challenges. There is some valuable information available within these tools, however the value of the tools are realised when the information within them is synthesised with local data and intelligence.

Wider Determinants

These provide context for understanding the wider population need, so as Integrated Neighbourhood Teams develop you have a shared understanding of the health and care needs of your population to inform the development of interventions for different patient groups.



PCN Demographics - NHS England



Total Population HARLOW NORTH PCN

Registered population	
% of total	100.0%
% of annual change	1.2%

Demogra	Demographics												
% White	69.0%	% IMD top	4.6%										
% BAME	15.1%	% IMD bottom	9.5%										



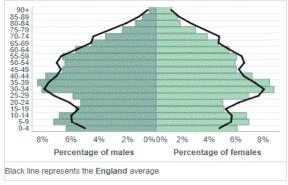
Acute utilisation	
% of annual activity (total 169,982)	100.0%
% of annual cost (total £32M)	100.0%



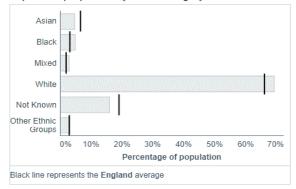
Snapshot as at: 30/06/2021

Population demographics - Snapshot as at: 30/06/2021

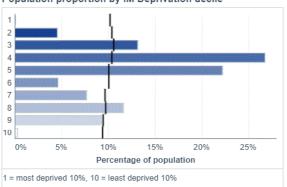








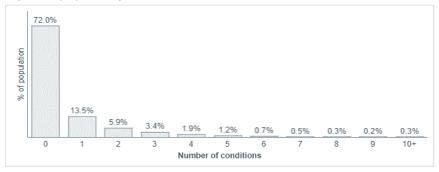
Population proportion by IM Deprivation decile



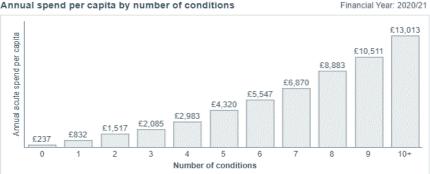
Choose benchmark: England

Prevalence - Snapshot as at: 30/06/2021

Population proportion by number of conditions



Annual spend per capita by number of conditions



The Population & Person Insights (PAPI) dashboard provides summary metrics on the PCN's total population, here we have benchmarked views on standardised demographics, such as deprivation deciles, and proportion of the PCN population by number of conditions.

Harlow North can be seen with a younger population profile than England. The majority of people live within the 5 most deprived deciles (1-5).

Source: NHS Digital (2022) https://apps.model.nhs.uk/report/PaPi

PCN Demographics - NHS England



LTC HARLOW NORTH PCN

Registered population 24.5% 4.6% % of annual change

Demogra	aphics		
% White	84.6%	% IMD top	3.7%
% BAME	12.4%	% IMD bottom	8.7%



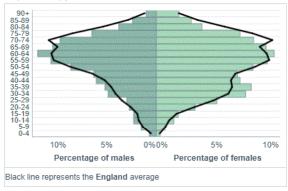
Acute utilisation	
% of annual activity (total 81,000)	47.7%
% of annual cost (total £15M)	47.8%



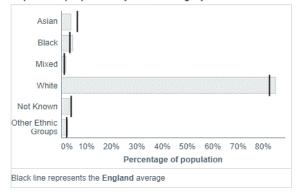
Snapshot as at: 30/06/2021

Population demographics - Snapshot as at: 30/06/2021

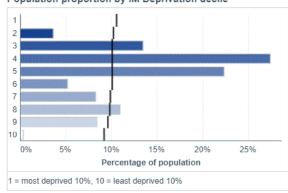




Population proportion by ethnic category



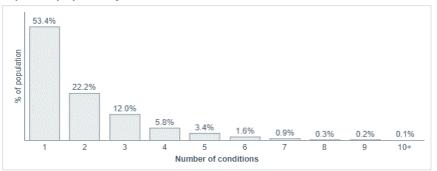
Population proportion by IM Deprivation decile



Choose benchmark: England

Prevalence - Snapshot as at: 30/06/2021

Population proportion by number of conditions



Annual spend per capita by number of conditions



When compared with the overall PCN demographics on the previous page, those in the PCN whom have an LTC as defined by NHS England, are benchmarked against the English averages, the view for the PCN shows us that 24.5% population have at least 1 Long Term Condition. 6.5% have more than 5 LTCs compared to 5.6% for the ICB. The population pyramid shows a higher proportion of people within younger ages living with long term conditions compared with the England profile.

Practice Indicators - Triggers and Levels

actice Indicators for														Integrated Care Bo		
	HARLOW NORTH PCN	ADDISON HOUSE - HAQUE PRACTICE		CHURCH LANGLEY MEDICAL PRACTICE		NUFFIELD HOUSE HEALTH CENTRE			OLD HAI	RLOW HEALTH	CENTRE	SYDENHAM HOUSE SURGERY				
Clinical Domain	Indicator Name	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level
Clinical Diagnosis	Detection rate Cancer	0.375	2020/21	Level 1	0.489	2020/21	No Trigger	0.444	2020/21	No Trigger	0.566	2020/21	No Trigger	0.353	2020/21	No Trigger
Coronary heart disease	% AF anticoagulation therapy CHADS2-VASc score >1	83	2020/21	Positive	92.9	2020/21	Positive	94.4	2020/21	Positive	93.5	2020/21	Positive	95.2	2020/21	Positive
	% CHD aged <=79 BP reading 140/90mmHg or less	31.7	2020/21	Level 2	80.5	2020/21	No Trigger	84.7	2020/21	No Trigger	48.5	2020/21	Level 1	28.3	2020/21	Level 2
	% CHD cholesterol 5 mmol/l or less	52.8	2019/20	No Trigger	60.6	2021/22	No Trigger	75.4	2021/22	No Trigger	66.3	2021/22	No Trigger	31.5	2021/22	Level 2
	% hypertension aged <=79 BP reading 140/90mmHg or less	25.5	2020/21	Level 2	63.5	2020/21	Level 1	79.4	2020/21	No Trigger	37.1	2020/21	Level 2	24.5	2020/21	Level 2
Diabetes	% Diabetes aged >=40 years no CVD history without moderate or severe frailty treated with statin	60.7	2020/21	Level 2	66.1	2020/21	Level 1	91.9	2020/21	No Trigger	63.7	2020/21	Level 2	73.3	2020/21	Level 1
	% Diabetes without moderate or severe frailty BP 140/80 mmHg or less	23.6	2020/21	Level 2	41.7	2020/21	Level 1	83.4	2020/21	No Trigger	42	2020/21	Level 1	18.1	2020/21	Level 2
	% diabetes without moderate or severe frailty IFCC-HbA1c is 58 mmol/mol or less	33	2020/21	Level 2	35.7	2020/21	Level 2	76.9	2020/21	No Trigger	50.8	2020/21	Level 1	21.4	2020/21	Level 2
xception Rating	Overall Personalised Care Adjustment Rate	0.066	2020/21	No Trigger	0.04	2020/21	No Trigger	0.089	2020/21	No Trigger	0.037	2020/21	No Trigger	0.068	2020/21	No Trigge
Medicines Management	% antibiotics Co-amoxiclav, Cephalosporins, Quinolones	9.1	2021/22 Q4	No Trigger	4.7	2021/22 Q4	Positive	4.7	2021/22 Q4	Positive	11.2	2021/22 Q4	Level 1	9.7	2021/22 Q4	No Trigge
	% Naproxen and Ibuprofen	87.1	2021/22 Q4	No Trigger	85.6	2021/22 Q4	No Trigger	88.1	2021/22 Q4	No Trigger	82	2021/22 Q4	No Trigger	74.7	2021/22 Q4	No Trigge
	Antibacterial Items/Star Pu	1.085	2021/22 Q4	Positive	1.01	2021/22 Q4	Positive	0.899	2021/22 Q4	Positive	1.12	2021/22 Q4	No Trigger	0.742	2021/22 Q4	Positive
	Hypnotics ADQ/Star Pu	0.606	2021/22 Q4	No Trigger	0.195	2021/22 Q4	Positive	0.753	2021/22 Q4	No Trigger	0.218	2021/22 Q4	Positive	0.58	2021/22 Q4	No Trigge
	Oral NSAIDS ADQs/STAR-PU	2.85	2021/22 Q4	No Trigger	3.09	2021/22 Q4	No Trigger	3.935	2021/22 Q4	No Trigger	3.298	2021/22 Q4	No Trigger	2.325	2021/22 Q4	No Trigge
lental Health	% first choice generic SSRIs	70.9	2021/22 Q4	No Trigger	78.6	2021/22 Q4	Positive	77.3	2021/22 Q4	Positive	71.5	2021/22 Q4	No Trigger	85.5	2021/22 Q4	Positive
	% MH comprehensive care plan	40.4	2020/21	Level 1	55.2	2020/21	Level 1	81.5	2020/21	Level 1	24.6	2020/21	Level 1	38.5	2020/21	Level 1
	% SMI alcohol record	60.5	2019/20	Level 1	7.6	2020/21	Level 2	56.7	2020/21	Level 1	26.9	2020/21	Level 2	95.5	2019/20	No Trigge
	% SMI BP record	38.6	2020/21	Level 2	48.5	2020/21	Level 1	85.4	2020/21	Level 1	45.9	2020/21	Level 1	46.2	2020/21	Level 1
	Dementia Face to Face review	31.2	2020/21	Level 1	73.3	2020/21	No Trigger	76.7	2020/21	No Trigger	37.3	2020/21	Level 1	64.3	2020/21	Level 1
	Select antidepressants ADQs/STARPU	1.555	2021/22 Q4	No Trigger	1.688	2021/22 Q4	No Trigger	2.011	2021/22 Q4	No Trigger	1.604	2021/22 Q4	No Trigger	1.728	2021/22 Q4	No Trigge
atient Experience	Confidence and trust in healthcare professional	86.8	2020/21	Level 1	91.2	2020/21	No Trigger	83	2020/21	Level 2	96.5	2020/21	No Trigger	95	2020/21	No Trigge
	Frequency seeing preferred GP	13.4	2020/21	Level 1	19.6	2020/21	No Trigger	14	2020/21	Level 1	53.4	2020/21	No Trigger	62.7	2020/21	No Trigge
	Healthcare professional treating with care and concern	74.5	2020/21	Level 1	76.7	2020/21	Level 1	77.4	2020/21	Level 1	94	2020/21	No Trigger	79.6	2020/21	No Trigge
	Overall experience of your GP practice	69.2	2020/21	No Trigger	60.8	2020/21	Level 1	75.7	2020/21	No Trigger	96.8	2020/21	Positive	81.8	2020/21	No Trigge
	Satisfaction with appointment times	51.5	2020/21	No Trigger	40.2	2020/21	Level 1	61.2	2020/21	No Trigger	80.4	2020/21	No Trigger	72.7	2020/21	No Trigge
ublic Health	% Child Imms DTaP/IPV/Hib/HepB (age 1 year)	91.5	2020/21	Level 1	90.7	2020/21	Level 1	92.9	2020/21	Level 1	96.6	2020/21	No Trigger	95.6	2020/21	No Trigge
	% Child Imms Hib/MenC booster	89	2020/21	Level 1	93.8	2020/21	Level 1	87.5	2020/21	Level 1	96	2020/21	No Trigger	94.1	2020/21	Level 1
	% Child Imms MMR (Age 2 yrs)	90	2020/21	Level 1	93.2	2020/21	Level 1	87.5	2020/21	Level 1	96	2020/21	No Trigger	92.2	2020/21	Level 1
	% Child Imms PCV Booster	90	2020/21	Level 1	93.2	2020/21	Level 1	91.4	2020/21	Level 1	96	2020/21	No Trigger	92.2	2020/21	Level 1
	Cervical Screening	58.7	2021/22 Q4	Level 2	74.9	2021/22 Q4	Level 1	80.9	2021/22 Q4	No Trigger	79.4	2021/22 Q4	Level 1	68	2021/22 Q4	Level 1
espiratory	% Asthma review in last 6 mths	24.9	2020/21	Level 1	14.8	2020/21	Level 1	93.5	2020/21	No Trigger	2.7	2020/21	Level 2	70.7	2020/21	No Trigge
	% Asthma spirometry and one other objective test	3.8	2020/21	Level 2	0	2020/21	Level 2	0	2020/21	Level 2	0	2020/21	Level 2	0	2020/21	Level 2
	% COPD with review in last 12 mths	11.4	2020/21	Level 2	79.3	2020/21	Level 1	94.6	2020/21	No Trigger	29.9	2020/21	Level 1	89.5	2020/21	Level 1
	% LTC patients who smoke	19.3	2020/21	No Trigger	11.9	2020/21	No Trigger	17.3	2020/21	No Trigger	11.3	2020/21	No Trigger	16.8	2020/21	No Trigge
	% LTC Smoker offer support	37.9	2020/21	Level 1	97.9	2020/21	No Trigger	98.8	2020/21	No Trigger	50.2	2020/21	Level 1	59.4	2020/21	Level 1
	% Smoking patients over 15 recorded	74.3	2019/20	No Trigger	71.5	2021/22	No Trigger	69.9	2021/22	No Trigger	80.6	2021/22	Positive	69	2021/22	No Trigge
	% Smoking status recorded	82	2020/21	Level 1	90.7	2020/21	No Trigger	95.4	2020/21	No Trigger	88.4	2020/21	Level 1	89	2020/21	Level 1
	% w. MRC dyspnoea score >=3 w. offer of referral to pulm. rehab. Clinic	52.9	2020/21	Level 1	90	2020/21	No Trigger	97.4	2020/21	No Trigger	86.7	2020/21	Level 1	66.7	2020/21	Level 1

The above shows Primary Care clinical domain indicators produced by NHS England. This is a consolidation of data sets with Trigger Levels against each indicator. It has been designed to provide an overview of areas of opportunity to support quality assurance and improvement.

The Practices have opportunities for every Level 1 indicated metric; however, Level 2 indicator has further opportunity.

Guidance on this data set can be found in the below link, and for more up-to-date data, please log into your Ardens Manager (https://app.ardensmanager.com/).

Source: NHSE&I - https://www.primarycareindicators.nhs.uk/

https://www.primarycareindicators.nhs.uk/wp-content/uploads/2022/02/GPI-Tech-Guidance-v5.pdf

Public Health - PCN Wider Determinants





Wider Determinants



In Harlow North PCN an estimated:

- 17.3% of children live in poverty.
- 15.1% of older people live in poverty.
- 13.1% of households live in fuel poverty.
- 9.8% of households are overcrowded.
- 34.3% of people aged 65 and over live alone.
- 1.1% of people cannot speak English well.
- 6% of working age people are claiming out of work benefits.
- 21.8% of children aged 4-5 and 38.7% of children aged 10-11 are overweight.

PH.Intelligence@hertfordshire.gov.uk





The above provides a summary of the wider determinants of health for Harlow North.

Harlow North is amongst the most deprived PCN within the ICB across all indicators apart from the Environment determinant.

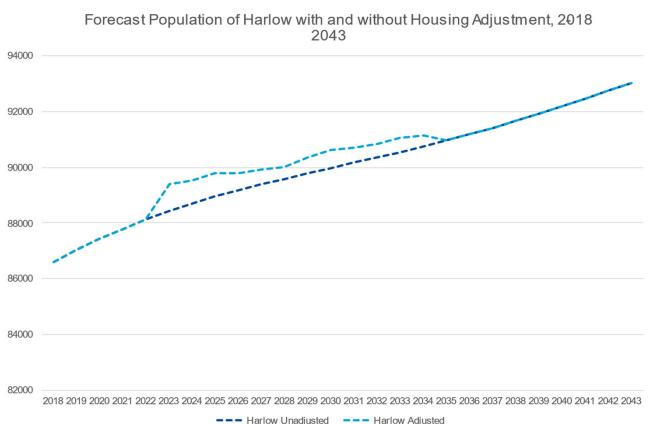
Population Adjustments



HARLOW POPULATION ADJUSTMENTS



HARLOW IS LIKELY TO SEE A RAPID POPULATION INCREASE IN 2022/202WITH MORE MODEST GROWTH AFTER



Year Harlow Unadjusted Harlow Adjusted Harlow Difference 2018 86,594 86,594 0 2019 87,030 87,030 0 2020 87,425 87,425 0 2021 87,778 87,778 0 2022 88,122 88,122 0 2023 88,423 89,398 975 2024 88,704 89,516 812 2025 88,958 89,775 817 2026 89,184 89,780 596 2027 89,391 89,911 520 2028 89,595 90,014 420 2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 <				
2019 87,030 87,030 0 2020 87,425 87,425 0 2021 87,778 87,778 0 2022 88,122 88,122 0 2023 88,423 89,398 975 2024 88,704 89,516 812 2025 88,958 89,775 817 2026 89,184 89,780 596 2027 89,391 89,911 520 2028 89,595 90,014 420 2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 <td>Year</td> <td></td> <td></td> <td></td>	Year			
2020 87,425 87,425 0 2021 87,778 87,778 0 2022 88,122 88,122 0 2023 88,423 89,398 975 2024 88,704 89,516 812 2025 88,958 89,775 817 2026 89,184 89,780 596 2027 89,391 89,911 520 2028 89,595 90,014 420 2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 <td>2018</td> <td>86,594</td> <td>86,594</td> <td>0</td>	2018	86,594	86,594	0
2021 87,778 87,778 0 2022 88,122 88,122 0 2023 88,423 89,398 975 2024 88,704 89,516 812 2025 88,958 89,775 817 2026 89,184 89,780 596 2027 89,391 89,911 520 2028 89,595 90,014 420 2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0	2019	87,030	87,030	0
2022 88,122 88,122 0 2023 88,423 89,398 975 2024 88,704 89,516 812 2025 88,958 89,775 817 2026 89,184 89,780 596 2027 89,391 89,911 520 2028 89,595 90,014 420 2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0	2020	87,425	87,425	0
2023 88,423 89,398 975 2024 88,704 89,516 812 2025 88,958 89,775 817 2026 89,184 89,780 596 2027 89,391 89,911 520 2028 89,595 90,014 420 2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2021	87,778	87,778	0
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2026 89,184 89,780 596 2027 89,391 89,911 520 2028 89,595 90,014 420 2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2024	88,704	89,516	812
2027 89,391 89,911 520 2028 89,595 90,014 420 2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2025	88,958	89,775	817
2028 89,595 90,014 420 2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2026	89,184	89,780	596
2029 89,795 90,353 558 2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2027	89,391	89,911	520
2030 89,990 90,623 633 2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2028	89,595	90,014	420
2031 90,174 90,724 550 2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2029	89,795	90,353	558
2032 90,351 90,860 508 2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2030	89,990	90,623	633
2033 90,541 91,050 509 2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2031	90,174	90,724	550
2034 90,742 91,164 422 2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2032	90,351	90,860	508
2035 90,959 90,959 0 2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2033	90,541	91,050	509
2036 91,185 91,185 0 2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2034	90,742	91,164	422
2037 91,428 91,428 0 2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2035	90,959	90,959	0
2038 91,685 91,685 0 2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2036	91,185	91,185	0
2039 91,950 91,950 0 2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2037	91,428	91,428	0
2040 92,217 92,217 0 2041 92,484 92,484 0 2042 92,752 92,752 0	2038	91,685	91,685	0
2041 92,484 92,484 0 2042 92,752 92,752 0	2039	91,950	91,950	0
2042 92,752 92,752 0	2040	92,217	92,217	0
	2041	92,484	92,484	0
2043 93,018 93,018 0	2042	92,752	92,752	0
	2043	93,018	93,018	0

Note: Unadjusted forecast refers to ONS local authority forecasts whilst adjusted refers to the ONS LA forecasts after they've been adjusted by ECC to account for housing developments listed in local plans

The above shows the expected population growth for Harlow adjusted for the Local Authority forecasts taking into account of building.

It shows continued increase between 2023 through to 2034 which will bring additional demands for healthcare.

Source: HWE PHM Team, NHS Digital (2022)

Spread of Patients

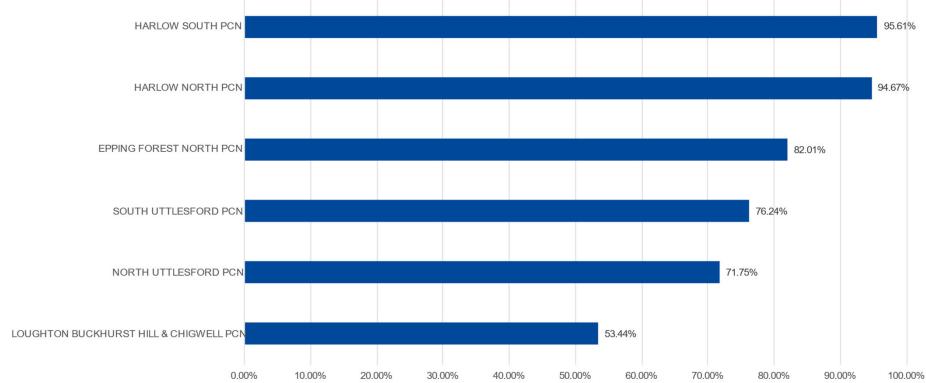


Correct as of July 2022

Source: NHS Digital (2022)

SPREAD OF PATIENTS ACROSS ENGLAND CONT.





95% of the Harlow North registered population live within the ICB boundaries and are accessing local services within.

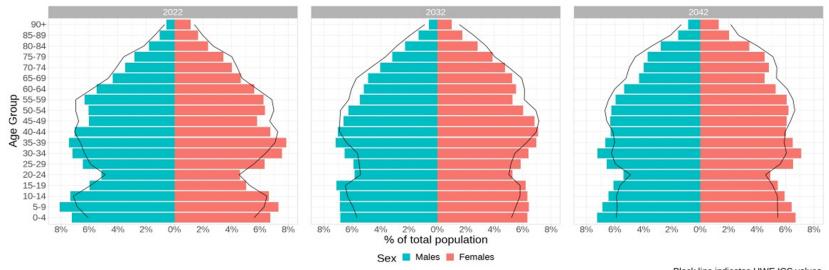
Source:

Public Health - Population Projections





Projection Pyramids



Black line indicates HWE ICS values.

Population pyramids and table shown for Harlow district.

District shown is based on the largest majority of the PCN's registered population.

Age Band	2022 Projection	2032 Projection	2042 Projection
Under 5	6,150	5,936	6,472
Under 24	28,213	28,912	28,524
24-64	46,060	45,218	46,609
65+	13,849	16,221	17,619
85+	1,956	2,130	2,684

PH.Intelligence@hertfordshire.gov.uk





The above projection pyramids show the growth in population expected for Harlow North. These projections show an expected increase in the number of people over 65 from ~14k to ~18k.

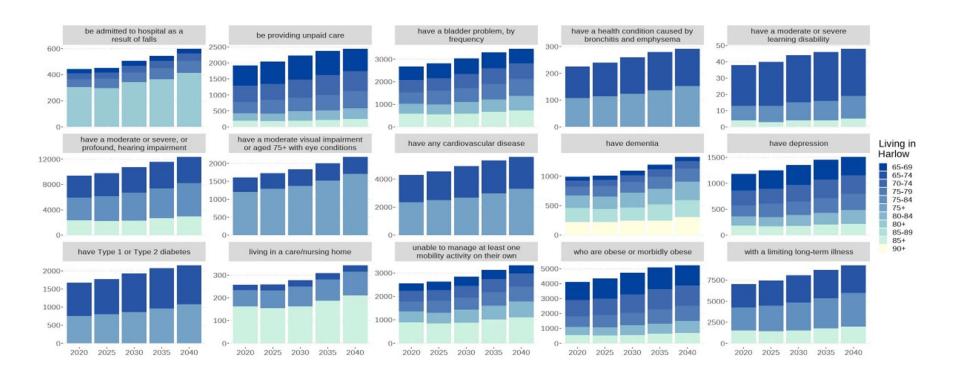
Source: Public Health Team

Public Health - Projections on Conditions





People aged 65+ projected to...



PH.Intelligence@hertfordshire.gov.uk





The above shows the impact on health due to the expected increase in the number of people over 65.

Source: Public Health Team

Segmentation within the ICB



Optum

HWE

Segment & Outcomes Framework Documentation Cermisaion Trom Optum.

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PHM Segmentation Model - Overview

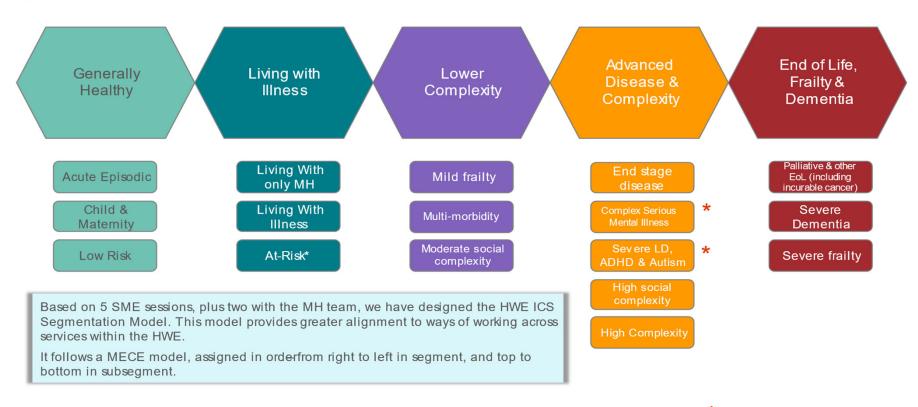


The ICB has worked in partnership with Optum to develop a Health Segmentation model using linked data covering 1.2m of our ICS population. As part of the process representation from different care settings and internal ICB teams were engaged.

Our core PHM and Population Segmentation model combines primary and acute care data with wider determinants and community, mental health and social care data where available. The model has been built with a view to include additional data sets as they become available. The segmentation model provides the foundations for advanced population health management analytics that goes beyond patient level risk stratification.

The below demonstrates the 5 high level segments and the sub segments beneath within the model.

Segmentation model – third iteration



* awaiting finalisation of methodology

Optum

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2

PHM Segmentation Model - Overview

· REDUCE emergency attendances due to alcohol-related harm.



The logic behind the ICB Health Segmentation model has been developed to allow the ICB to consider its whole population and the different interventions required to improve the outcomes of different groups of people with similar characteristics.

Alongside the segmentation logic an outcomes framework was developed.

Whole Population Outcomes

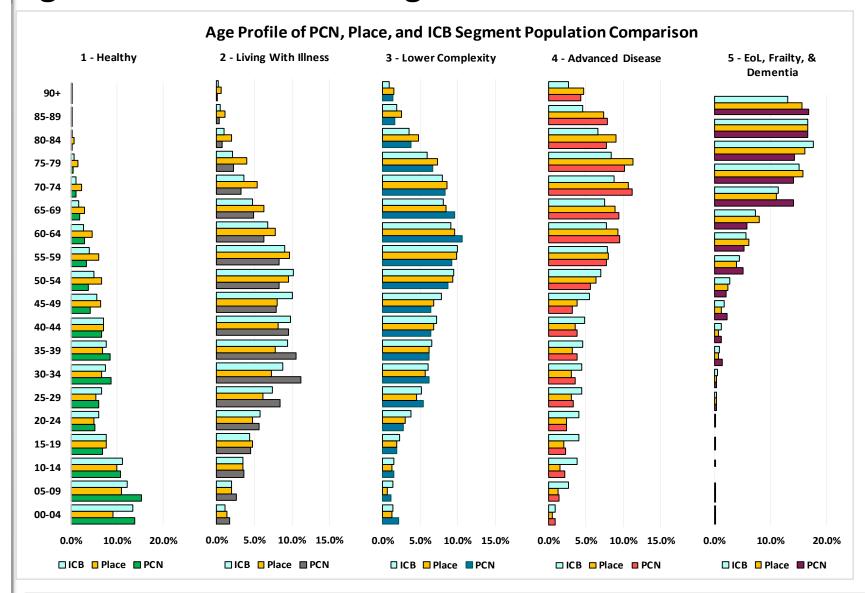
- INCREASE life expectancy / INCREASE average age at death in adults.
- REDUCE gap in age at death between most and least deprived deciles.
- INCREASE disease-free life expectancy
- REDUCE rates of suicide

REDUCE proportion of population who are digitally excluded either by lack of equipment, connectivity, skills, cost, or coeffide to be able to access clinical services. **Living with Illness** "Generally healthy" **Lower Complexity** Advanced Disease & End of Life, Frailty Complexity & Dementia Who is in this group? Advanced disease and Children and adults in the • Includes people with single · End of Life, frailty and dementia is the Includes people with moderate illnesses (including MH), that are general population who are not first segment in the logic and is the levels of morbidity and currently controlled or able to of people with one or more first set of criteria on which people complexity. This is either as a self-manage and will receive are assessed. The segment includes: result of: Multi-morbidity (24 on their day to do functioning as most of their care in a planned people who are identified as being in long term conditions), Mild frailty well as people with significant due to accidents and injuries or way through primary care. their last year of life, or on the and/or Social complexity. linked to maternity and CYP Includes people with social or palliative disease register as well as behavioural risk factors for more people with incurable cancer. This No diagnosed conditions. advanced disease. segment also includes those with severe frailty and/or severe dementia. Social & Clinical Outcomes Social & Clinical Outcomes Social & Clinical Outcomes Social & Clinical Outcomes **Social & Clinical Outcomes** INCREASE five year survival from INCREASE proportion of patients who INCREASE proportion of patients REDUCE dependency for emergency feel able to self-manage their IMPROVE experience of Maternity who feel able to self-manage their care services e.g A&E attendances condition. REDUCE rate of emergency condition. and emergency admissions. REDUCE prevalence of behavioural risk admissions in people with advanced REDUCE rates of childhood obesity in REDUCE rate of emergency • INCREASE proportion of people who factors for more advanced diseases. reception and year 6. admissions for people with lower die in their preferred place of death. including: obesity, smoking status and REDUCE rate of infant mortality. INCREASE identification of frail and drug abuse. INCREASE proportion of patients complex patients, including those REDUCE episodes of ill -health diagnosed with low mood and/or offered personalised care and with dementia or at end of life. requiring emergency admissions for support planning. REDUCE proportion of days long term condition. REDUCE proportion of whole REDUCE prevalence of behavioural disrupted by emergency care in last INCREASE percentage of people with population who are living with risk factors for more advanced year of life. mental health problems in diseases, including: obesity, smoking • INCREASE number of days spent at employment. status and drug abuse. home in last year of life. INCREASE proportion of people who • INCREASE proportion of people are able to maintain life routines supported at home instead of in considered important to the residential care. individual, e.g work, ...

Source: Optum & HWE PHM Team - 14th Oct 2022

Age Profile and Health Segment



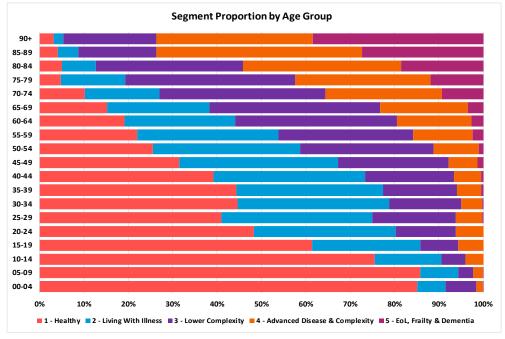


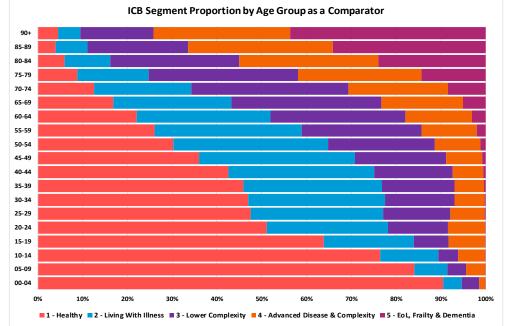
Each registered person is assigned to a segment and this can be cut by age group and also geographically by Place or PCN. The above looks at the breakdown by age of people within each segment. It provides the PCN value against the Place and ICB value.

For Harlow North we can see the profile within segments reconciles with the national data that showed the younger profile of Harlow North and the earlier onset of living with illness.

Demographic Breakdowns - Segment & Deprivation Quintiles





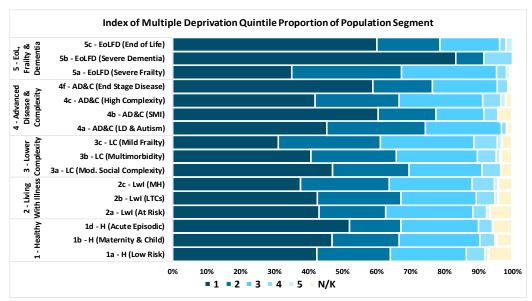


The ICB Health Segments here are broken down by total population and 5 year age groups; as expected with age the proportion of people within the healthy segment decreases.

The illustration on the left represents the PCN breakdown whilst the one on the rights shows the ICB breakdown.

In general Harlow North have fewer people within the Healthy segment compared with the ICB population.

The illustration bottom right shows the Sub-Segments by Deprivation Quintile, here we can see the levels of deprivation illustrated within the earlier wider determinants slide demonstrated within this breakdown.



Major Conditions Comparison - Per 1,000 Registered



	/		//	///	/ /		/ /å	sa _{llities} /			956936	/	/			//	/ /	/ /////////////////////////////////////	884
PCN NAME	QQ	Visso, O	Asthma	Diabetes	Dementia	Suce.	Comingo Disoh.	Woerension	e de la companya de l	Gronic Kighey.	Heart Disease	Heart Fallune	Atrialfile	Chronic Gardise.	Depression	Hun.	Ankien	Seriors Memeral	Altheimers
ABBEY HEALTH	16.94	91.79	134.57	138.01	16.06	35.32	15.82	119.23	33.72	10.05	35.88	10.65	11.77	57.71	121.19	171.41	86.11	25.15	10.73
ALBAN HEALTHCARE	16.78	79.37	154.97	90.13	16.99	53.76	14.22	149.53	34.73	24.16	39.98	10.97	17.65	50.69	127.50	205.23	111.71	23.36	13.08
ALLIANCE	19.90	114.36	123.67	105.84	15.86	29.28	17.82	155.51	31.61	9.04	39.00	10.29	9.50	62.66	114.55	160.93	87.83	25.81	10.21
ALPHA	16.29	121.01	139.73	97.63	14.00	55.48	10.91	161.78	34.67	18.36	42.29	11.02	21.77	53.43	153.71	233.41	120.24	17.12	9.22
ATTENBOROUGH	18.14	113.20	126.85	105.43	15.54	36.21	11.81	130.54	33.07	15.51	42.51	11.91	11.43	50.85	118.02	176.61	95.74	19.13	8.70
BROXBOURNE ALLIANCE	20.30	160.08	122.01	81.19	7.50	61.16	6.46	171.90	29.87	23.09	49.05	11.84	19.50	68.57	135.43	191.17	116.76	7.91	4.09
CENTRAL WATFORD	17.17	97.89	108.55	152.70	20.12	25.21	13.25	123.19	30.90	8.01	34.88	10.09	16.32	46.23	98.31	132.67	62.41	20.54	8.28
DACORUM BETA	24.98	156.71	132.83	158.17	30.23	40.07	18.80	156.86	44.28	19.23	50.10	16.42	26.50	78.15	176.09	245.43	132.71	31.47	14.12
DANAIS	22.41	131.50	138.52	116.70	19.56	36.00	19.66	181.38	45.29	7.84	44.34	12.86	11.35	57.63	137.60	185.74	82.50	28.26	11.88
DELTA	16.90	150.87	135.59	125.22	17.35	45.07	13.06	152.28	34.37	21.60	42.61	10.85	19.87	55.43	142.21	222.46	128.07	22.98	10.97
HALO	18.22	93.22	137.55	112.78	20.85	47.83	20.12	137.28	37.23	16.03	41.35	11.68	16.94	85.83	149.64	217.88	111.29	29.96	14.75
HARLOW NORTH	32.17	113.01	160.55	104.04	9.63	65.83	5.80	185.36	41.56	27.03	59.02	17.64	18.36	73.07	152.95	249.04	129.75	8.61	4.78
HARLOW SOUTH	30.09	197.29	169.79	120.15	9.20	57.49	8.17	162.96	38.98	37.02	62.04	19.34	19.54	83.34	174.03	246.72	118.60	11.48	4.96
HARPENDEN HEALTH	21.78	81.60	149.03	107.08	23.86	69.52	12.79	172.72	49.21	21.85	55.34	17.04	25.35	73.71	145.13	230.18	127.83	21.83	14.49
HATFIELD	16.88	58.23	77.11	65.91	7.71	28.28	6.46	107.06	21.36	5.41	34.69	8.47	14.84	42.95	91.34	131.15	87.53	7.83	2.94
HERTFORD AND RURALS	16.86	116.98	126.99	67.48	7.52	54.51	5.99	147.29	25.97	13.35	42.51	10.83	20.25	52.05	138.84	203.98	117.47	7.46	3.97
HERTS FIVE	18.05	119.79	133.62	149.84	32.47	49.57	15.73	175.39	37.47	28.64	46.04	11.72	28.70	67.86	143.18	211.93	115.95	24.53	12.18
HITCHIN AND WHITWELL	21.11	126.63	141.53	80.38	10.25	64.91	5.36	160.97	32.99	22.56	48.88	11.81	23.23	63.10	146.25	217.69	134.47	9.83	6.42
HODDESDON & BROXBOURNE	22.63	163.45	129.18	88.31	9.82	69.33	6.52	182.13	32.80	23.48	54.65	14.88	26.00	65.08	128.92	211.87	124.10	7.19	5.53
ICKNIELD	20.58	132.39	147.83	85.32	11.91	60.97	6.57	164.18	31.52	35.00	51.59	12.61	22.87	68.86	140.93	220.11	121.08	8.97	7.19
LEA VALLEY HEALTH	23.93	166.87	126.46	86.47	6.11	51.75	9.26	172.10	28.22	18.66	48.18	13.17	18.01	57.90	154.32	231.01	165.70	10.89	5.53
LOUGHTON BUCKHURST HILL & CHIGWELL	15.51	82.36	108.00	75.16	9.75	48.63	3.25	126.39	27.64	12.08	48.45	12.73	24.57	58.16	115.48	166.39	109.95	7.20	4.74
MVPS	20.48	132.18	129.05	118.23	17.10	37.36	15.43	141.83	33.00	29.68	40.10	11.91	12.32	50.34	135.02	189.04	100.76	22.35	10.35
NORTH UTTLESFORD	15.67	23.10	103.62	50.30	8.89	35.46	3.02	82.42	26.01	0.19	40.66	8.29	27.47	50.49	94.73	129.90	109.54	4.31	4.09
NORTH WATFORD	21.96	115.98	140.15	136.45	18.26	39.04	14.64	168.63	39.54	20.47	47.73	15.48	20.13	64.24	142.44	194.02	96.65	24.51	9.80
POTTERS BAR	22.98	140.98	142.22	136.58	24.74	53.46	12.70	148.52	37.34	84.75	44.43	12.35	20.80	65.37	132.36	187.18	88.62	20.73	11.56
RICKMANSWORTH & CHORLEYWOOD	17.43	111.90	132.75	112.05	18.36	44.50	13.90	188.27	41.26	6.88	45.98	15.23	20.02	59.08	127.24	185.97	93.22	19.48	8.82
SOUTH UTTLESFORD	15.28	43.19	113.74	57.46	8.33	38.05	2.34	96.24	24.00	4.96	39.00	9.02	20.59	48.74	99.33	142.19	108.67	4.65	3.60
STEVENAGE NORTH	24.27	273.76	124.18	170.45	10.46	46.58	8.92	155.20	29.48	9.51	46.26	11.84	14.55	64.91	136.82	194.88	111.38	8.02	6.11
STEVENAGE SOUTH	23.31	128.57	101.25	75.88	9.99	44.87	6.69	144.52	30.88	15.08	46.63	12.90	13.69	62.56	105.37	151.85	76.49	7.45	6.03
STORT VALLEY & VILLAGES	17.85	122.87	132.49	65.60	7.18	53.86	6.92	144.16	26.39	19.45	44.05	13.41	19.82	60.97	120.51	203.15	127.69	6.34	3.43
THE GRAND UNION	17.43	143.73	135.30	134.24	19.14	42.21	12.89	149.94	36.78	28.86	46.99	12.45	19.10	62.75	138.79	195.84	95.98	20.23	9.53
WARE AND RURALS	18.09	163.30	165.40	77.77	7.63	58.28	5.79	154.35	27.24	22.49	47.89	12.74	20.82	60.01	132.46	198.85	108.67	6.62	4.13
WELWYN GARDEN CITY A	19.05	104.74	104.65	68.93	6.62	41.07	6.99	132.35	23.08	10.49	38.53	10.24	17.72	48.93	117.64	178.45	109.12	7.12	3.14

The data from the ICB model has been collated and the above provides a rate per 1,000 population with a recording of each condition. The darker the blue the higher the presence of the condition within the PCN's population.

Further information and tools that monitor identification and management of people with conditions are available in Ardens Manager rolled out to support the ICB's ECF. Searches available via Ardens can support with case finding and identifying people with management indicators that are due.

Conditions that are highlighted for Harlow North are COPD, Asthma, Cancer, Hypertension, Stroke, Heart Disease and Heart Failure. The presence of Mental Health recorded in Harlow North is the Highest within the ICB.

Continued

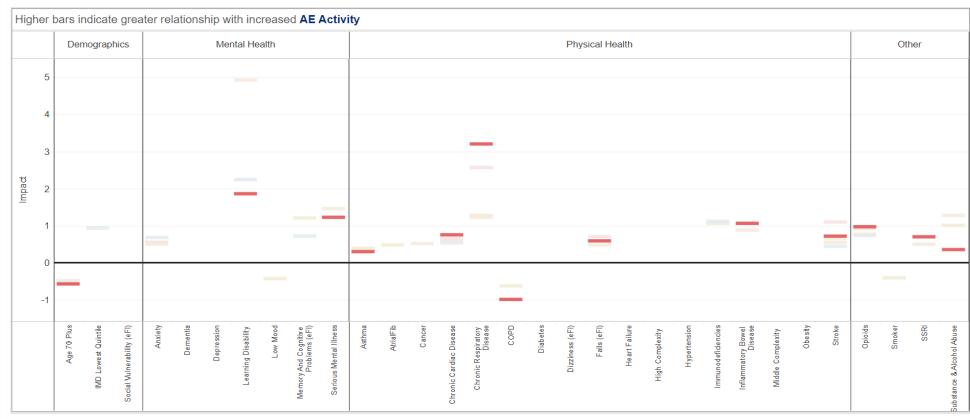


PCN NAME	\sqrt{8}	Goreh al Pale	Gronic Resp.	Ostic fanosic	Humingtons	ses A Nate Willed	Kidney Transplass	Werdstatic Canca	William Society State of State	Muscular Oystron,	Wysthenis Gay.	Sista Odosis	Other Neurologic.	Pakinsons Dises	theumatoid Arth	Silum (375) snany	Siche Cell Disease	Solio O'Ban Trans	1490s 08 48,
ABBEY HEALTH	14.98	1.20	20.95	0.40	0.04	9.37	2.04	2.48	1.56	0.52	0.28	14.46	1.20	2.08	7.53	0.92	0.44	1.48	25.51
ALBAN HEALTHCARE	13.61	1.20	20.93	0.40	0.04	11.13	2.30	3.02	1.73	0.32	0.28	24.28	1.10	2.08	8.39	1.43	0.28	1.34	31.80
ALLIANCE	17.30	1.66	25.28	1.73	0.04	10.85	2.45	3.01	1.13	0.19	0.15	10.55	1.06	2.60	9.01	1.24	1.70	1.09	30.03
ALPHA	11.10	0.64	21.64	0.66	0.13	10.83	2.67	2.41	2.46	0.36	0.30	20.86	1.30	3.14	9.41	1.22	0.17	1.39	35.30
ATTENBOROUGH	11.10	0.96	22.70	1.41	0.13	10.43	2.57	2.70	1.80	0.42	0.30	17.75	1.12	1.99	7.64	1.25	0.55	1.44	42.89
BROXBOURNE ALLIANCE	8.71	1.08	27.27	0.55	0.02	13.59	2.21	3.15	2.09	0.32	0.23	24.44	1.56	1.95	9.86	1.43	0.78	1.45	87.88
CENTRAL WATFORD	10.69	1.11	20.87	0.33	0.02	7.62	2.32	2.65	1.20	0.32	0.34	11.29	1.30	2.44	7.53	1.45	0.78	1.43	29.37
DACORUM BETA	17.95	1.11	29.89	1.09	0.15	11.68	2.62	4.19	2.11	0.53	0.10	17.54	1.16	3.61	9.52	1.33	0.75	1.60	36.87
DANAIS	16.34	1.18	26.91	0.79	0.26	10.93	2.13	3.22	1.77	0.39	0.30	8.73	1.31	2.92	10.14	1.21	0.89	1.71	39.02
DELTA	13.39	1.02	21.36	0.96	0.27	11.99	2.31	3.60	2.28	0.42	0.24	18.70	0.96	2.97	8.99	1.14	0.51	1.20	37.04
HALO	20.38	1.52	23.45	0.73	0.18	11.68	2.31	3.56	1.90	0.23	0.20	20.47	1.40	3.88	8.70	1.34	0.41	0.99	31.92
HARLOW NORTH	7.53	1.38		1.26	0.06	13.93	3.47	3.41	2.51	0.30	0.36	29.48	2.45	2.39	13.51	1.49	0.60	2.21	69.06
HARLOW SOUTH	11.58	2.48	42.29	0.93	0.10	13.55	2.38	4.24	1.65	0.52	0.52	40.02	2.27	2.38	13.55	2.48	0.31	1.86	95.65
HARPENDEN HEALTH	12.54	1.06	28.25	0.66	0.12	10.84	2.47	5.89	2.22	0.39	0.48	29.04	1.89	4.68	9.54	1.18	0.39	1.41	28.50
HATFIELD	6.55	0.76	21.97	0.47	0.06	10.21	2.74	1.89	0.90	0.32	0.23	19.79	1.43	1.51	6.72	1.25	0.84	1.54	71.96
HERTFORD AND RURALS	8.19	0.81	24.68	0.69	0.12	15.00	2.38	2.24	2.26	0.44	0.30	27.37	1.37	2.38	7.72	0.89	0.10	1.53	90.91
HERTS FIVE	13.79	1.39	23.04	0.77	0.13	12.86	2.98	2.86	2.45	0.25	0.36	22.67	1.69	3.63	17.88	1.26	0.62	1.66	34.03
HITCHIN AND WHITWELL	9.93	1.49	30.11	0.50	0.00	15.61	2.87	3.41	2.41	0.32	0.32	34.83	1.42	2.52	8.34	1.63	0.14	1.60	92.26
HODDESDON & BROXBOURNE	9.14	0.96	31.53	0.58	0.27	14.77	2.84	3.29	2.38	0.43	0.23	33.55	1.73	2.33	9.37	1.35	0.22	1.73	96.87
ICKNIELD	10.67	1.08	29.47	0.62	0.08	16.17	2.69	2.91	3.58	0.43	0.32	27.18	1.29	2.67	8.51	1.27	0.05	2.02	82.47
LEA VALLEY HEALTH	10.05	1.27	31.63	0.59	0.10	12.74	2.37	2.80	1.53	0.36	0.46	22.43	1.89	1.72	10.47	1.63	1.11	1.98	97.79
LOUGHTON BUCKHURST HILL & CHIGWELL	4.13	0.84	22.95	0.79	0.14	14.26	2.42	3.62	1.77	0.46	0.33	38.42	1.90	2.04	8.87	1.53	0.19	1.35	65.68
MVPS	14.28	1.17	34.30	10.11	0.07	11.35	2.43	3.60	2.06	0.30	0.15	15.86	1.17	2.47	8.53	1.69	0.59	1.30	32.96
NORTH UTTLESFORD	2.34	0.78	21.65	0.73	0.05	11.09	1.18	2.48	1.13	0.48	0.11	23.32	1.16	1.27	10.04	1.29	0.03	1.72	26.93
NORTH WATFORD	12.70	1.07	27.72	2.17	0.11	12.20	2.44	3.36	2.40	0.42	0.31	16.47	1.53	2.63	9.42	1.45	0.34	0.92	37.13
POTTERS BAR	12.98	0.76	27.06	0.62	0.17	8.31	1.90	2.70	2.01	0.38	0.48	21.07	1.49	3.25	7.96	1.07	0.42	1.28	33.70
RICKMANSWORTH & CHORLEYWOOD	11.74	1.12	23.30	2.02	0.25	9.40	2.45	3.20	1.33	0.54	0.18	15.52	0.97	2.88	7.38	0.97	0.11	1.51	32.44
SOUTH UTTLESFORD	3.05	1.02	21.93	0.53	0.02	10.61	1.97	2.44	1.89	0.28	0.22	29.23	1.34	1.71	10.30	1.48	0.08	2.01	24.13
STEVENAGE NORTH	12.22	1.43	32.98	0.27	0.05	16.52	3.40	2.92	2.23	0.64	0.27	15.67	1.81	2.71	7.06	1.27	0.48	1.54	94.81
STEVENAGE SOUTH	10.81	1.57	31.16	0.88	0.06	13.08	2.69	4.03	2.09	0.27	0.33	14.90	1.57	2.09	5.81	1.12	0.39	1.73	75.58
STORT VALLEY & VILLAGES	10.22	1.05	25.19	0.51	0.00	12.73	1.89	3.26	1.95	0.41	0.36	41.69	1.69	2.08	9.13	1.63	0.13	1.39	76.18
THE GRAND UNION	13.30	1.32	22.90	1.36	0.18	11.75	2.22	3.19	2.19	0.25	0.25	26.69	1.27	2.29	9.07	1.53	0.53	1.68	74.02
WARE AND RURALS	7.25	1.01	25.52	0.77	0.09	14.85	2.67	2.64	1.81	0.18	0.27	26.11	1.63	2.58	7.58	1.22	0.03	1.75	86.12
WELWYN GARDEN CITY A	9.18	0.77	25.87	0.71	0.05	13.17	2.65	2.13	1.92	0.46	0.20	20.42	1.30	1.37	7.02	1.11	0.38	1.55	89.89

On this page of conditions, we can see that the PCN has higher prevalence of Chronic Respiratory Disease, Rheumatoid Arthritis, and the highest rate of Kidney & Solid Organ Transplant.

PCN Benchmarking - A&E Activity





The charts in the next two pages show activity for the PCN compared against all other PCNs at the Place level.

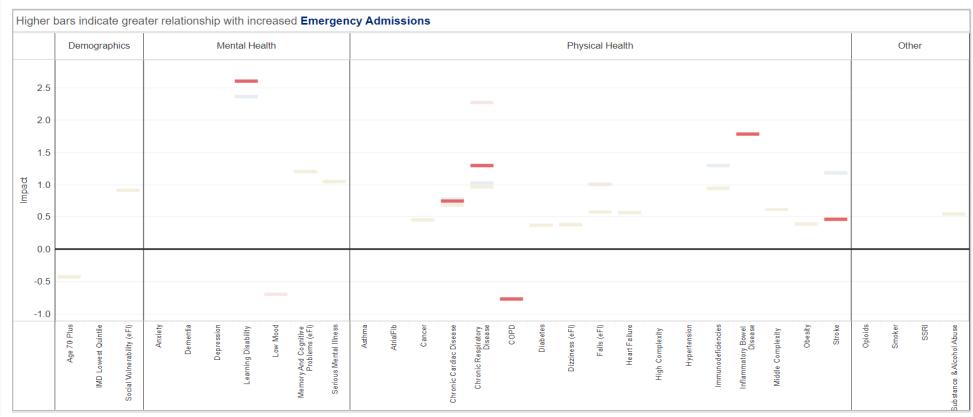
The Model - A statistical regression model is used to decide which Risk Factors correlate with a significant impact on the selected targets as presented in these charts, the height of the bar for each PCN relates to the correlation of a Risk Factor and an increase in impact on the selected target condition.

The impact for the PCN is given and will vary for each characteristic; a wide variance may indicate differences in care or good practice which could be shared; some impacts are positive. Higher bars indicate greater relationship with increased A&E attendances

Here we can see for the A&E activity specific to the PCN's population, the data shows Chronic respiratory disease has a greater relationship with increased A&E attendances.

PCN Benchmarking - Emergency Admissions





This uses the same principles as the previous slide but looks at Emergency Admission.

Learning Disability admissions shows the most variance across all PCNs, meaning that characteristic has a high impact on emergency admissions.

As with A&E attendances the data points to Chronic Respiratory Disease but also Inflammatory Bowel Disease.

Urgent and Emergency Care



As part of the ICB Urgent and Emergency Care Programme a needs analysis was undertaken.

Overall aim

* To understand what and where the need is for access to urgent and emergency care in Hertfordshire and West Essex

Objectives

- * To build a comprehensive picture of **who** needs to access UEC in HWE and who could be better cared for in alternative settings.
- * To understand the root causes of **why** people are accessing UEC when there could have been more appropriate alternative pathways
- * To build consensus among stakeholders around what the key issues in UEC are
- * To draw conclusions based on public health intelligence and triangulation of data to inform a successful and achievable UEC strategy

Some of the initial outputs from this work have been included within the next few pages, providing the PCN benchmarking.



A&E Overview



Hertfordshire & West Essex ICB – West Essex A&E Summary – Who are attending and why?

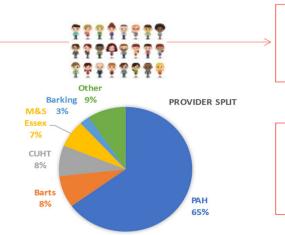
Children 0 -18 Adults 19 -64 Older People 65+

111,881 A&E Attendances in 2021/22

Children = 29,930 (26.8%) Adults = 57,019 (51.0%) Older People = 24,932 (22.3%)

29,408 (26.3%) of attendances resulted in no investigation and no treatment (includes Uncoded Activity)

> Children = 9,684 (32.4%) Adults = 16,142 (28.3%) Older People = (14.4%)



69,360 people attended A&E in 2021/22

Children 18,773 = (27.1%) Adults = 36,252 (52.3%) Older People = 14,461 (20.8%)

This translates to 1 in 4 people registered with West Essex attending A&E

Children = 1 in 4 children Adults = 1 in 5 adults Older People = 1 in 4 older people

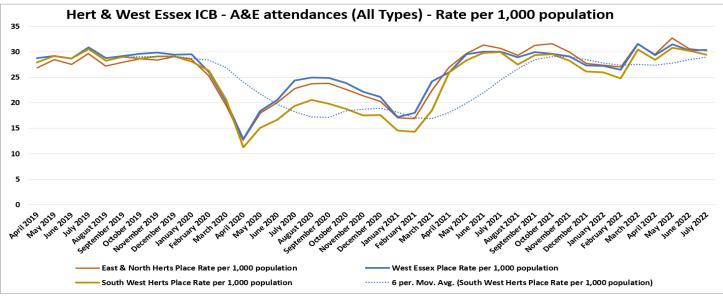


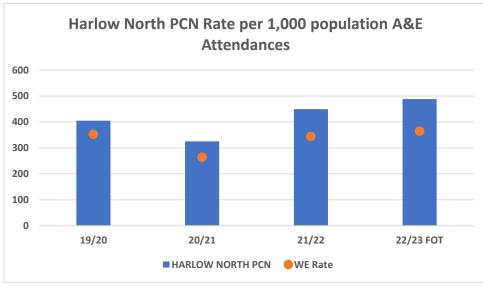


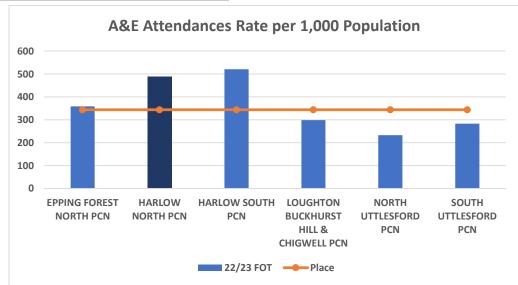
Source: SUS

UEC









Rates of A&E attendances across the ICB have returned to pre covid levels and above.

The impact of covid can clearly be seen in the top left chart.

2022/23 have seen the highest Harlow North rates per 1,000 population, and of which is currently above the WE average rate.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions



This analysis looks at Unplanned hospitalisation for chronic ambulatory care sensitive conditions NHS Outcomes Framework Methodology.

Between April 2021 and September 2022 there have been 11,953 people admitted 15,563 times for chronic ambulatory care sensitive conditions across the ICB.

Costed at tariff the value was approximately £42 million.

The table here shows the breakdown for Harlow North PCN.

Chronic ACS admissions April 2021 - September 2022 Herts & West Essex ICB

Chronic ACS	Admissions	People	Average cost of admission	Tariff Total Payment National
CVD: AF and Flutter	94	80	£2,313	£217,400
CVD: Angina	40	36	£1,469	£58,769
CVD: Congestive Heart Failure	94	76	£4,283	£402,633
CVD: Hypertension	61	48	£1,176	£71,743
Diseases of the blood	56	45	£1,796	£100,553
Mental and Behavioural Disorders	11	11	£28	£312
Neurological Disorders	44	29	£2,277	£100,179
Nutritional, endocrine and metabolic	91	74	£2,354	£214,204
Respiratory: Asthma	44	38	£1,334	£58,696
Respiratory: COPD	112	83	£2,586	£289,586
Grand Total	647	503	£2,340	£1,514,075

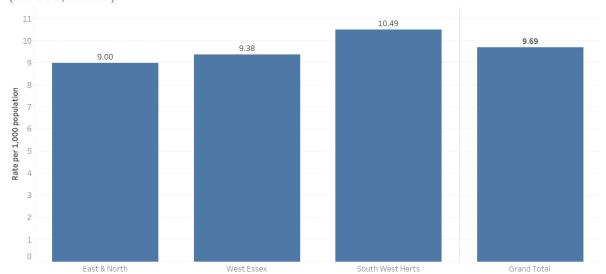
Source: HWE PHM Team, SUS UEC data-sets

^{*} Average cost for Mental and Behavioural is not representative as non-PbR

ACS Admission Rates per 1,000 Population by Place



Chronic Ambulatory Care Sensitive Conditions by Place Rate per 1,000 Population (Total Population)

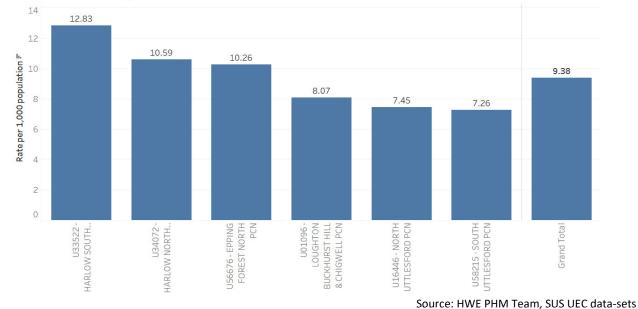


When comparing the rates per 1,000 population between places, the West Essex place has a slightly lower rate than the ICB.

Within West Essex Place, Harlow North has the second highest rates per 1,000 population.

The following slides look at how this is broken down by the different ACSs and how the patients fall within the different segments.

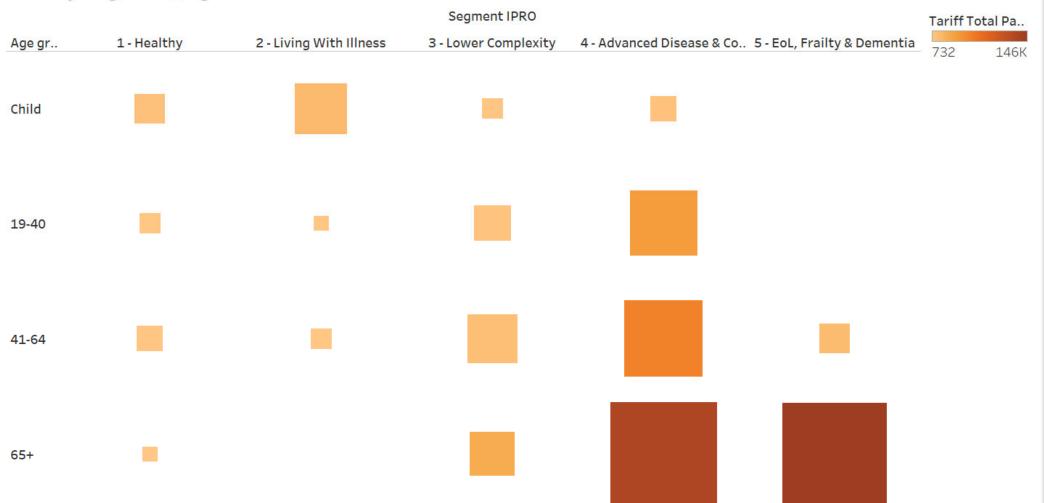
Chronic Ambulatory Care Sensitive Conditions by Place Rate per 1,000 Population (Total Population)



Chronic ACS by Segment



ACS by segment_age



The above chart looks at the ACS admissions by age and segment. The size reflects volume and the depth of colour reflects cost.

For this Harlow North the highest volume and cost is within the End of Life, Severe Frailty and Dementia in the over 65 age group and the highest volume is within the same age in the Advanced Disease and Complexity segment.

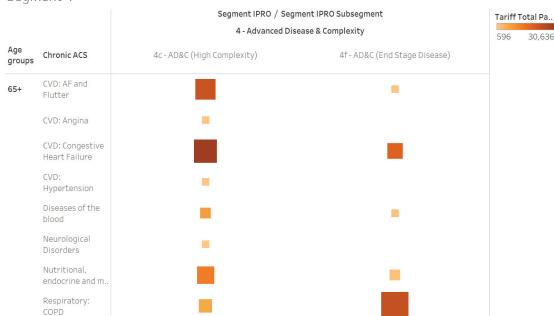
The following pages look at which ACSs contribute to this.

Source: HWE PHM Team, SUS UEC data-sets

UEC by Advanced Disease & Complexity, and EOL, Frailty & Dementia



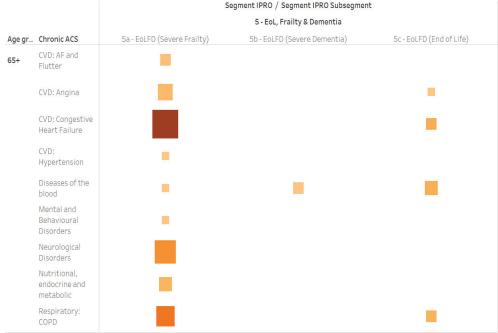




ACSs of note for people aged over 65 with advanced disease and complexity within this analysis are Heart Failure, AF & Flutter and COPD.

For those within the End of Life, Frailty & Dementia Heart Failure is the ACS with the highest volume and cost.

Segment 5



Source: HWE PHM Team, SUS UEC data-sets

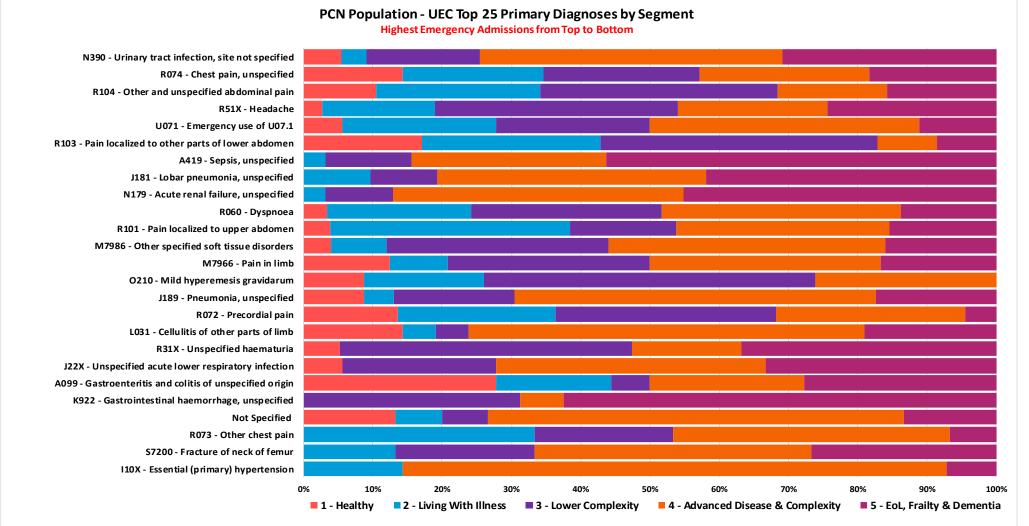
Tariff Total Pa..

797 54,270

30,636

UEC Diagnoses by Segment





Here we have identified the top 25 primary diagnoses for the PCN's population, for all UEC admissions - and then these diagnoses split these by the health segments that each patient falls into to see where outliers are for the PCN.

Source: HWE PHM Team, SUS UEC data-sets

UEC & Segmentation + Deprivation by Ward



UEC Patients Seen by Segment & Ward	1 - Healthy	2 - Living With Illness	3 - Lower Complexity		5 - EoL, Frailty & Dementia	Grand Total
Bishop's Stortford Meads			2	2		4
Broad Oak & the Hallingburys			2			2
Broxbourne and Hoddesdon South				1		1
Bush Fair	8	12	10	20	7	57
Cheshunt North		1				1
Church Langley	10	8	13	14	5	50
Cunningham			1			1
Epping Hemnall			1			1
Epping Lindsey and Thornwood Comm	ion			1		1
Gade Valley		1				1
Goffs Oak		1				1
Great Parndon	2	4	5	17	4	32
Harlow Common	7	6	17	24	14	68
Hastingwood, Matching and Sheering	1	7	8	11	25	52
Hunsdon			2			2
Little Hadham		1				1
Little Parndon and Hare Street	5	18	25	42	9	99
Loughton Fairmead	1					1
Loughton Roding		2				2
Loughton St Mary's				1		1
Lower Sheering		3	1	3	5	12
Mark Hall	36	63	102	155	121	477
Moreton and Fyfield		1	4	2	4	11
Much Hadham					1	1
Netteswell	30	49	92	151	66	388
Old Harlow	44	86	150	174	161	615
Park				1		1
Roydon		1				1
Sawbridgeworth	1			11	4	24
Staple Tye	1	4	3	5	7	20
Sumners and Kingsmoor	2	3	10		3	27
Toddbrook	5	11	13	23	11	63
Waltham Abbey Honey Lane	1					1
Waltham Abbey Paternoster			1			1
Waltham Cross				2		2
Ware Trinity					1	1
Wormley and Turnford		2				2
Unknown Ward	18	16		11	2	68
Grand Total	172	301	490	680	450	2093

It is also useful to note under which Wards that the PCNs population are linked to, and specifically here, where the admissions are highest. The indication then for these patients split by health segments also adds a layer of importance when considering how the District Councils may help you investigate your population and where the wider determinants and health inequalities may be present.

Here we can see that

UEC Patients Seen by Deprivation							
Quintile & Ward	1	2	3	4	5	(blank	Grand
1 = Most Deprived, 5 = Least Deprived)	Total
Bishop's Stortford Meads			2		2		4
Broad Oak & the Hallingburys			2				2
Broxbourne and Hoddesdon South				1			1
Bush Fair	41	16					57
Cheshunt North	1						1
Church Langley			10	40			50
Cunningham				1			1
Epping Hemnall				1			1
Epping Lindsey and Thornwood Comm	non		1				1
Gade Valley				1			1
Goffs Oak			1				1
Great Parndon	23		9				32
Harlow Common	65	3					68
Hastingwood, Matching and Sheering	Village	52					52
Hunsdon			2				2
Little Hadham				1			1
Little Parndon and Hare Street	52	47					99
Loughton Fairmead	1						1
Loughton Roding		2					2
Loughton St Mary's			1				1
Lower Sheering				12			12
Mark Hall	477						477
Moreton and Fyfield		11					11
Much Hadham	1						1
Netteswell	388						388
Old Harlow		264	351				615
Park			1				1
Roydon			1				1
Sawbridgeworth		2		10	12		24
Staple Tye	20						20
Sumners and Kingsmoor	17	2	8				27
Toddbrook	46	17					63
Waltham Abbey Honey Lane		1					1
Waltham Abbey Paternoster		1					1
Waltham Cross	2						2
Ware Trinity			1				1
Wormley and Turnford	2						2
Unknown Ward						68	68
Grand Total	1136	418	390	67	14	68	2093

It is also important to know that a Ward may be made up of different LSOAs, and therefore have different levels of deprivation as found in the Indices of Multiple Deprivation scoring given to us be the Government; in the graph quintile 1 is the Highest or Most deprived, and quintile 5 is the Least deprived.

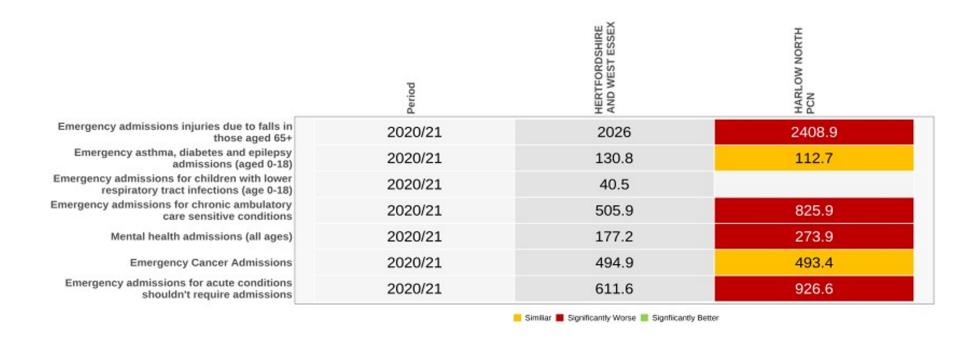
As a correlation with the the segmentation graph on the left, we can see that $% \left(1\right) =\left(1\right) \left(1\right) \left($

Source: Public Health Team

Public Health - Nationally Reported Admissions







PH.Intelligence@hertfordshire.gov.uk





The above table produced by the Hertfordshire Public Health Evidence and Intelligence team shows the emergency admissions data within fingertips.

Harlow North PCN show a significantly higher rate of admissions for those over 65, chronic ambulatory care sensitive conditions, mental health and acute conditions that shouldn't require admission (as per NHSE definition).

Source: Public Health Team

Frailty Segment - Detailed PCN Breakdown

	NHS
NHS	Hertfordshire and West Essex
	Integrated Care Board

	Most de	orived							Most affluent			
Index of Multiple Deprivation Decile	1	2	3	4	5	6	7	8	9	10	PCN	ICS
Overall Population Measures												
Population		1	46	118	117	81	50	81	13	6	513	3772
% of population in cohort		0.2%	9.0%	23.0%	22.8%	15.8%	9.7%	15.8%	2.5%	1.2%	100.0%	100.0
Avg. Age		77.0	73.7	75.9	76.6	76.0	75.3	78.3	76.8	65.8	76.1	75.
% BAME Where recorded		0%	2%	3%	1%	7%	2%	1%	0%	0%	3%	8%
Avg. number of Acute and Chronic Conditions		6.0	6.1	5.9	6.4	6.3	6.2	6.5	5.8	5.3	6.2	5.5
Activity Measure		•										
Emergency Admissions		0.0	1.1	1.2	0.8	0.7	0.6	0.7	0.8	0.7	0.8	0.6
A&E Attendances		2.0	1.7	1.6	1.2	1.1	1.1	1.3	1.0	1.2	1.3	0.9
GP Encounters		86.0	139.9	168.8	143.1	158.6	151.5	182.0	126.4	197.7	158.2	103
Admitted Bed Days		0.0	5.0	6.7	4.5	3.4	3.2	2.9	1.3	4.2	4.4	4.:
Physical Health												
Asthma		0.0%	15.2%	32.2%	35.9%	25.9%	26.0%	33.3%	30.8%	33.3%	30.0%	25.2
Cancer		0.0%	26.1%	31.4%	47.0%	58.0%	46.0%	48.1%	53.8%	50.0%	43.5%	32.8
Chronic Cardiac Disease		100.0%	60.9%	55.9%	56.4%	46.9%	48.0%	51.9%	30.8%	66.7%	53.2%	47.5
Chronic Respiratory Disease		0.0%	34.8%	28.8%	34.2%	29.6%	22.0%	33.3%	15.4%	0.0%	30.0%	22.2
CKD		0.0%	10.9%	15.3%	25.6%	40.7%	36.0%	25.9%	23.1%	0.0%	25.0%	20.
Heart Disease		100.0%	47.8%	47.5%	48.7%	42.0%	44.0%	50.6%	30.8%	33.3%	46.6%	39.1
Hypertension		100.0%	82.6%	82.2%	77.8%	77.8%	84.0%	74.1%	84.6%	83.3%	79.5%	74.
Diabetes		0.0%	50.0%	42.4%	47.9%	43.2%	50.0%	44.4%	46.2%	33.3%	45.4%	42.8
Obesity		0.0%	30.4%	27.1%	24.8%	27.2%	28.0%	30.9%	23.1%	33.3%	27.5%	32.8
Rheumatoid Arthritis		100.0%	8.7%	5.9%	6.8%	8.6%	6.0%	3.7%	0.0%	0.0%	6.4%	5.3
Stroke		100.0%	32.6%	39.8%	40.2%	35.8%	32.0%	38.3%	30.8%	50.0%	37.6%	34.
Mental Health		100.070	32.070	33.070	40.270	33.070	32.070	30.370	30.070	30.070	37.070	34
Anxiety		0.0%	26.1%	25.4%	31.6%	30.9%	44.0%	33.3%	38.5%	50.0%	31.4%	29.0
Depression		100.0%	39.1%	28.8%	47.9%	42.0%	58.0%	40.7%	23.1%	16.7%	40.7%	33.6
Dementia		0.0%	21.7%	22.0%	10.3%	9.9%	16.0%	9.9%	23.1%	0.0%	14.6%	18.0
Serious Mental Illness		0.0%	0.0%	5.9%	3.4%	3.7%	2.0%	2.5%	0.0%	0.0%	3.3%	6.5
Low Mood		0.0%	28.3%	36.4%	41.9%	48.1%	64.0%	42.0%	46.2%	33.3%	42.5%	18.5
Suicide		0.0%	0.0%	0.0%	0.9%	1.2%	4.0%	1.2%	7.7%	0.0%	1.2%	1.5
Mental Health Flag		100.0%	60.9%	54.2%	64.1%	70.4%	80.0%	59.3%	61.5%	50.0%	63.2%	48.8
Screening and Verification Refusal		100.070	00.370	34.2/0	04.1/0	70.470	80.070	39.370	01.5/0	30.070	03.270	40.0
Bowel Screening Refused		0.0%	13.0%	16.9%	22.2%	17.3%	26.0%	18.5%	23.1%	0.0%	18.9%	25.5
Cervical Screening Refused		0.0%	2.2%	1.7%	4.3%	1.2%	4.0%	1.2%	0.0%	0.0%	2.3%	3.6
Flu Vaccine Refused		0.0%	8.7%	14.4%	15.4%	17.3%	18.0%	16.0%	7.7%	16.7%	15.0%	26.4
Wider Indicators		0.070	0.770	14.4/0	13.470	17.5/0	10.070	10.070	7.770	10.770	13.070	20
Has A Carer		0.0%	13.0%	12.7%	3.4%	3.7%	2.0%	4.9%	7.7%	0.0%	6.6%	19.0
Is A Carer		0.0%	4.3%	2.5%	4.3%	7.4%	8.0%	7.4%	0.0%	0.0%	5.1%	11.9
MED3 Not Fit For Work (ever)		0.0%	13.0%	13.6%	11.1%	16.0%	28.0%	14.8%	7.7%	33.3%	15.0%	13.4
· ,		0.0%	6.5%	7.6%	4.3%	3.7%	10.0%	3.7%	0.0%	33.3%	5.8%	3.5
MED3 Not Fit For Work (in Last Year) MED3 Not Fit For Work (in Last Six Months)		0.0%	6.5%	5.9%	3.4%	4.9%	12.0%	i	0.0%	0.0%	5.1%	2.8
Avg. number of eFI Deficits		17.0	12.4	12.9	14.1	14.4	14.8	2.5% 15.0	14.0	11.5	13.9	13
<u> </u>		0.0%	6.5%	22.9%	12.8%	14.4	8.0%	14.8%	15.4%	0.0%	14.6%	10.9
eFI_Housebound		i .	i		1	i		i	i			
eFI_SocialVulnerability		100.0%	19.6%	17.8%	11.1%	9.9%	12.0%	24.7%	23.1%	16.7%	16.0%	27.3
People_ChildrenInPoverty		15.0	155	16.0	12.0	15.0	10.2	l 00	6.0	 0F	12.0	15.
Housing_FuelPoverty		15.0	15.5	16.0	12.9	15.0	10.3	8.9	6.0	8.5	13.0	11
Housing_OnePersonHousehold		41.0	33.8	33.0	29.6	30.5	29.2	29.2	25.5	29.0	30.7	28

14.8% of the general population in HWE ICB live within the 4 most deprived deciles, whilst 16.1% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles.

In Harlow North 32% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles.

The average age of a person within the Frail and End of life segment increases with affluence, ranging from 69 in the most deprived decile to 77 within the most affluent decile within the ICB. This is not observed in the Harlow North Data.

As we would expect the average number of acute and chronic conditions is significantly higher within this segment that the general population as are all activity measures. The average number of Chronic Conditions for people within Harlow North PCN is higher than the ICB,

The data shows Harlow North PCN with higher utilisation of services with the data showing higher numbers within the Activity measure.

Within this segment we can see the presence of Chronic Cardiac Disease being highlighted which chimes with the reason for admission within previous analysis for ACS conditions.

Source: HWE PHM Team, SUS UEC data-sets

Applying Machine Learning factors without our data platform



Why Machine Learning?

With limited capacity available across the ICB available to review lists of patients it is important that the data available is used to its maximum to refine our process and target our resources where they will have the most impact. The aim is to build the features identified from the machine learning in to system searches for EMIS and SystmOne.

Approach

- Trained several machine learning models on ~1 million linked patient records across ~200 features from the ICS segmentation dataset, for binary A&E risk prediction (will this patient use A&E within the next year?).
- Selected a final twin ensemble model with a binary classification accuracy of 81.3%.
- Extracted output probabilities for each class to estimate a risk score for each patient, and generated risk scores for all of the patients in the segmentation data. We can think of the risk score as the model's confidence in a patient requiring A&E.
- Partitioned the patient population into 3 distinct grades, Low, Medium and High risk, based on the machine learning predictions:

Risk grade	Range of predicted risk scores	Number of patients in grade	% of population in grade
High	0.8 to 1.0	22603	1.8
Medium	0.6 to 0.8	100446	8.1
Low	0.0 to 0.6	1115544	90.1

Creating search logic from significant features

- Features input to the predictive model include demographic features, diagnosis codes, prescribed medication, waitlist information and environmental factors such as housing and proximity to healthcare.
- Used feature rankings learned by the model to reduce the set of ~200 features to the 30 most significant features that best explain the variance in the predicted class (requiring A&E or not).
- Trained secondary machine learning models, 5-split decision trees, to classify patients into each of the three risk grades based on these 30 significant features.
- Extracted decision tree logic to create search filters for patients by risk grade. 5 splits
- → 2^5 = 32 unique rules. These rules have been merged and prioritised (by considering individual accuracies and sample sizes) to maximise precision and recall in the final search filters.

 | Relative significance (%) |

Feature	Relative significance (%)
Age	15.03
Drug: Pain Management	10.22
Substance Abuse	4.19
Med3 Not Fit For Work	3.41
Stroke	3.03
eFI: Falls	2.23
Air Rank Quality	2.01
Waiting List Count All	1.83

	Age < 3 AND Drug: Salbutamol AND eFI: Dyspnoea
Risk Grade: High	Med3 Not Fit For Work (last six months) AND Substance Abuse AND ONE OF: Drug: Pain Management AND eFI: Peptic Ulcer Chronic Cardiac Disease
	 Drug: Pain Management AND eFI: Falls AND ONE OF:- Stroke AND eFI: Memory and Cognitive Problems Stroke AND Substance Abuse End Stage Disease
Risk Grade: Medium	Age < 3 AND ONE OF: Drug: Salbutamol AND NO eFI: Dyspnoea On any waiting list Med3 Not Fit For Work (last six months) AND Substance Abuse AND NO Chronic Cardiac Disease Age < 45 AND Med3 Not Fit For Work (last six months) AND Drug: Pain Management Drug: Pain Management AND Substance Abuse AND ONE OF: Drug: Opioids eFI: Falls AND NO Stroke AND NO End Stage Disease
Risk Grade: Low	All others

Source: HWE PHM Team, SUS UEC data-sets

Quality & Outcomes Framework



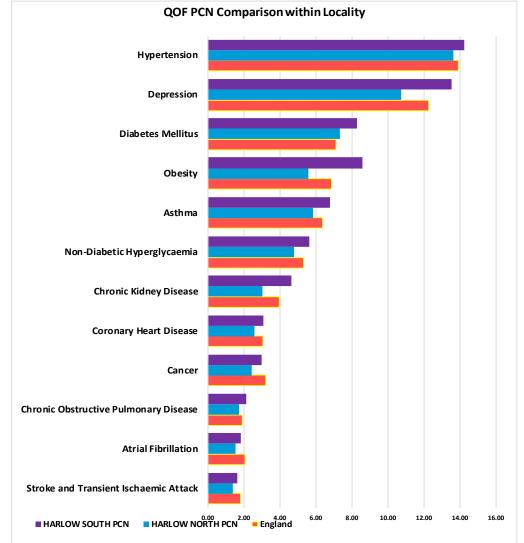
Contents:

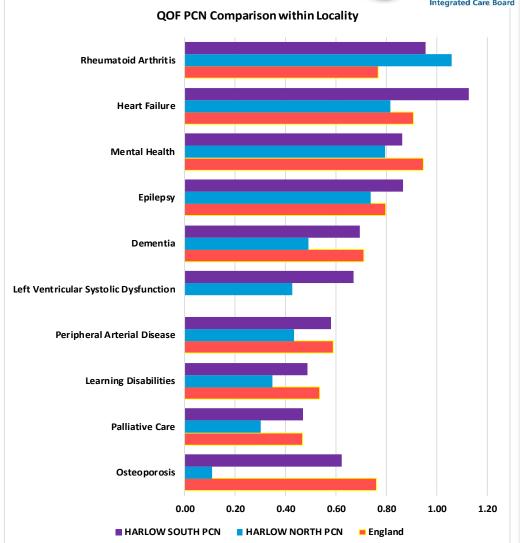
- QOF Local, Regional, & National Comparison
- QOF Locality & PCN Comparison
- QOF Missed Diagnoses & Admission Rates
- Admission Rates Benchmarking against ICB/Place



QOF - Locality & PCN Prevalence Comparison







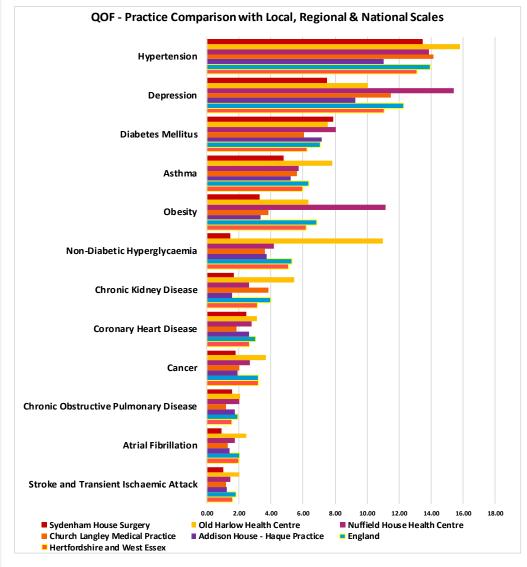
The Quality and Outcome Framework national data provides valuable benchmarking information across England.

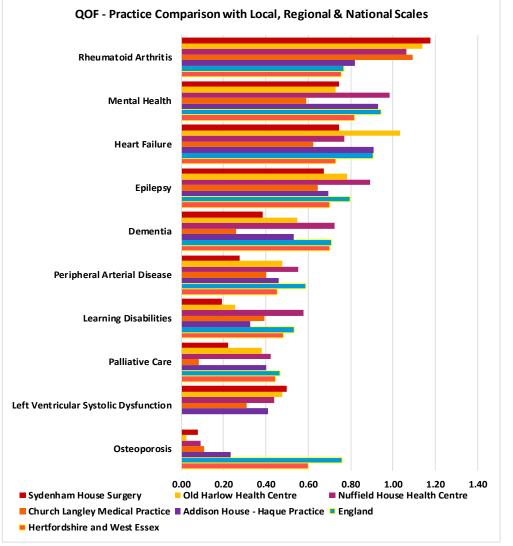
The charts above show Harlow North PCNs prevalence by condition compared with Harlow South and England.

Source: QOF National Figures, HWE PHM Team

QOF - Local, Regional, & National Comparison







The charts here are similar to the previous slide but provides the comparison between practices within the PCN.

Source: QOF National Figures, HWE PHM Team

QOF - Missed Diagnoses & Admission Rates



Disease	QOF List size 21-22	QOF Register 21- 22	QOF Prevalence 21/22	Place prevalence	ICB prevalence	Modelled prevalence	New diagnoses to meet Place average	new diagnoses to meet ICB average	New diagnoses to meet estimated prevalence
Asthma	25441	1634	6.4%	5.89%	6.17%		-136	-65	
COPD	27146	349	1.3%	1.38%	1.49%	1.80%	26	54	140
Diabetes	21624	1249	5.8%	6.26%	6.39%	7.77%	104	132	432
Non-diabetic hyperglyaemia	21340	895	4.2%	6.73%	5.87%	11.28%	540	358	1513
Hypertension	27146	2801	10.3%	12.66%	13.21%		637	786	
Atrial Fibrillation	27146	420	1.5%	1.98%	2.02%	2.05%	118	129	136
Stroke and TIA	27146	354	1.3%	1.53%	1.61%		61	83	
Coronary Heart Disease	27146	540	2.0%	2.60%	2.65%		167	180	
Heart failure	27146	154	0.6%	0.69%	0.75%	1.08%	34	51	140
Left Ventricular Systolic Dysfunction	27146	44	0.2%	0.29%	0.30%		34	37	
Chronic Kidney Disease	21340	543	2.5%	3.75%	3.21%		256	141	
Peripheral Arterial Disease	27146	90	0.3%	0.42%	0.44%		23	30	
Cancer	27146	765	2.8%	3.38%	3.35%		154	143	
Palliative care	27146	65	0.2%	0.33%	0.43%	_	25	51	

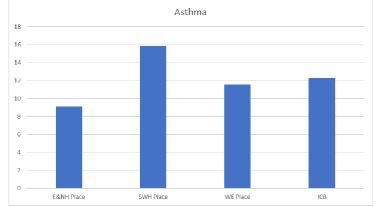
The table above shows the latest prevalence (2021/22 published August 20222) for the PCN alongside the place prevalence, ICB prevalence and the modelled prevalence for the PCN.

This table shows opportunities for further identification. It outlines the diagnoses to meet the place, ICB and estimated prevalence.

Within Ardens Manager there are case finding searches that can support PCN with identification.

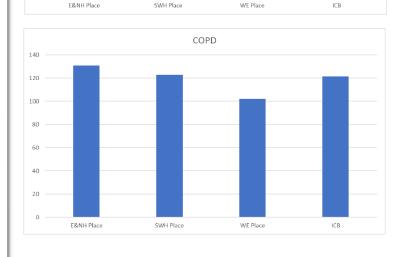
Emergency Admission Rates per 1,000 population on the Disease Register

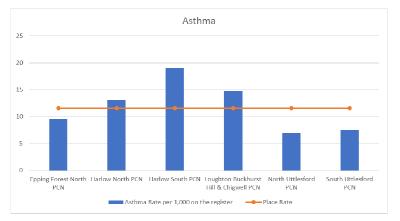


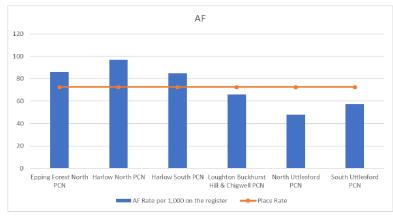


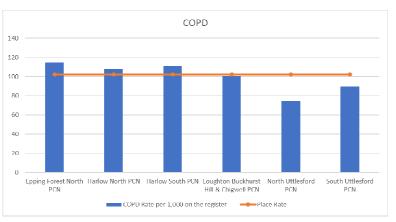
Atrial Fibrillation











The charts on the left shows the Emergency Admissions Rates per 1,000 population on the disease register.

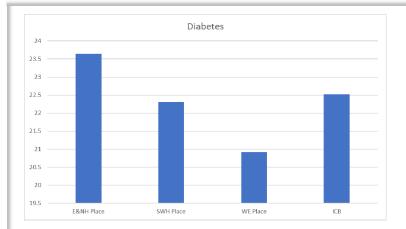
It shows the places compared with the ICB on the left and on the right it show the PCNs within a Place.

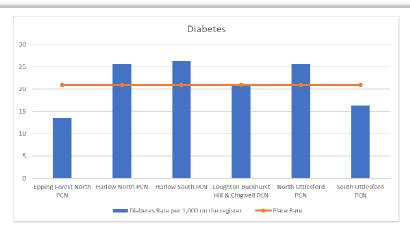
These are continued on the following place.

Rates may be high due to a number of factors which may include low identification.

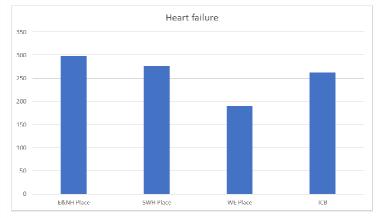
For Harlow North the data shows higher rates for AF and Diabetes. AF was also identified as a theme within the ACS analysis.

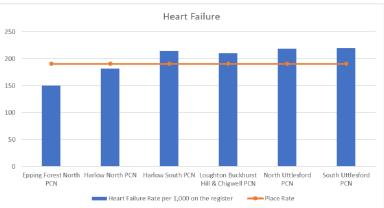
Source: Source: HWE PHM Team, SUS data











Appendices



The following pages provide additional information breakdowns relating to the segmentation and population data

Contents:

- Matrix by Ethnicity
- Matrix by Health Segment & Subsegment
- Matrix by GP Activity
- Matrix by Health Segment & Deprivation
- Matrix by Practice & Deprivation
- Bubble Matrix on Conditions
- Bio-Psycho-Social Example
- Risk Factors by Prevalence against GP Activity & A&E
- Public Health Cancer Screening
- Public Health Mortality
- Public Health Life Expectancy
- Public Health Projection on Populations



Matrix Data - Ethnicity



Ethnicity Group 🔻	Other	r Ethnic G	roups		Asian		Asian	or Asian	British		Black			Mixed			Other			White			Unknowr	l	
Practice •	Nuffield House Hea		Sydenha House	Nuffield House Hea	Old Harlow Healt	Sydenha House	Gran Tota																		
Overall Population Measures	\$																								
Population	29	121	135	160	185	192	20	59	30	164	238	111	99	148	56	61	109	61	3,088	7,759	1,923	685	570	721	16,72
Age	34	33	35	28	32	34	27	29	29	28	31	38	18	26	23	34	40	34	40	43	42	31	46	40	
Male %	51.7%	53.7%	54.1%	46.3%	50.8%	51.0%	75.0%	47.5%	43.3%	47.6%	47.9%	53.2%	50.5%	45.3%	44.6%	42.6%	50.5%	50.8%	42.9%	47.2%	50.8%	48.5%	63.7%	59.5%	48.2
IMD	4.8	6.5	4.2	4.4	6.7	3.9	5.3	6.6	4.2	4.0	6.4	3.9	4.3	6.4	4.5	4.2	7.1	4.3	4.4	6.5	4.3	4.5	6.4	4.3	:
% BAME (where recorded)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%				1
Multimorbidity (acute & chronic)	0.2	0.3	0.3	8.0	0.6	0.8	0.4	0.2	0.3	0.5	0.5	0.6	0.5	0.6	0.5	1.0	1.1	0.8	1.4	1.5	1.3	0.3	0.7	0.5	,
Finance and Activity Measu	res																								
Spend ▼ Total	£0.0M	£0.0M	£0.0M	£0.2M	£0.2M	£0.1M	£0.0M	£0.0M	£0.0M	£0.1M	£0.1M	£0.1M	£0.1M	£0.1M	£0.0M	£0.1M	£0.1M	£0.1M	£5.4M	£6.4M	£1.8M	£0.3M	£0.1M	£0.1M	###
PPPY - Total	£344	£162	£132	£1,027	£835	£730	£466	£281	£64	£877	£538	£773	£1,006	£423	£537	£1,538	£984	£2,100	£1,737	£828	£936	£383	£129	£106	£9
Acute Elective	£60	£16	£38	£328	£307	£224	£60	£157	£8	£262	£192	£412	£305	£118	£198	£389	£416	£1,498	£565	£359	£335	£128	£38	£14	£3
Acute Non-Elective	£22	£58	£47	£364	£413	£379	£17	£14	£0	£279	£239	£270	£371	£201	£229	£770	£421	£486	£737	£333	£451	£67	£39	£26	£3
GP Encounters	£262	£89	£47	£335	£115	£127	£389	£110	£56	£336	£107	£91	£330	£104	£110	£380	£147	£116	£434	£136	£150	£188	£53	£66	£1
Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
Mental Health	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
Social Care	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
GP PPPY	29	36	12	40	46	32	39	44	15	37	43		41	42	27	46	59	30	51	55	38	22	21	17	
Beddays PPPY - Acute EM	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2	0	1	1	0	1	0	0	0	<u> </u>
Physical Health																									
Diabetes •	0.0%	1.7%	3.0%	14.4%	8.6%	14.6%	10.0%	3.4%	3.3%	7.9%	5.5%	11.7%	5.1%	3.4%	3.6%	13.1%	8.3%	9.8%	13.3%	11.4%	9.9%	6.3%	5.1%	3.9%	10.4
COPD v	0.0%	0.0%	0.0%	3.1%	0.0%	1.6%	5.0%	0.0%	0.0%	0.0%	0.0%	0.9%	1.0%	0.0%	0.0%	1.6%	1.8%	1.6%	5.8%	3.2%	4.0%	0.6%	0.9%	1.0%	3.
Chronic Respiratory Dis ▼	0.0%	0.0%	0.0%	3.8%	0.5%	3.1%	5.0%	1.7%	0.0%	0.6%	1.3%	0.9%	2.0%	0.0%	0.0%	3.3%	2.8%	3.3%	7.2%	4.4%	4.8%	0.7%	1.2%	1.0%	4.
Hypertension ▼	3.4%	3.3%	4.4%	10.6%	8.1%	12.0%	5.0%	3.4%	3.3%	11.0%	9.2%	21.6%	6.1%	8.8%	1.8%	16.4%	16.5%	6.6%	22.0%	20.9%	21.0%	8.3%	12.5%	11.4%	18.5
Obesity •	3.4%	2.5%	0.7%	5.6%	4.3%	2.1%	5.0%	1.7%		6.1%	6.7%	3.6%	6.1%	3.4%	1.8%	6.6%	13.8%	6.6%	15.4%	13.1%	11.0%	5.0%	6.1%	3.2%	11.3
Mental Health																									
Anxiety/Phobias ▼	6.9%	6.6%	2.2%	5.0%	7.6%	8.3%	0.0%	0.0%	3.3%	5.5%	2.9%	1.8%	3.0%	10.1%	7.1%	11.5%	11.9%	8.2%	9.0%	17.4%	15.5%	1.6%	11.2%	7.4%	13.0
Depression ▼	3.4%	4.1%	2.2%	5.6%	9.2%	10.4%	0.0%	0.0%	0.0%	4.3%	5.5%	1.8%	5.1%	8.1%	7.1%	14.8%	17.4%	8.2%	12.9%	20.0%	18.0%	2.6%	11.1%	6.9%	-
Learning Disability	0.0%	0.0%	0.7%	0.6%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	1.1%	0.5%	0.8%	0.3%	0.0%	0.6%	-
Dementia ▼	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	2.8%	0.7%		0.6%		0.3%	-
Other Characteristics	0.070	5.570	5.570	1.570	5.570	5.570	5.570	0.070	5.570	5.570	0.070	5.570	0.070	5.570	5.570	0.070	5.570	1.570	2.070	5 70	0.070	0.070	5.270	5.570	1
Housebound (eFI) ▼	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	2.5%	0.7%	0.9%	1.2%	0.5%	0.7%	1.0
Social Vulnerability (eFI) •	0.0%	0.8%	0.7%	0.6%	1.1%	0.5%	0.0%	0.0%	0.0%	1.2%	0.8%	0.0%	0.0%	0.0%	0.0%	3.3%	0.9%	6.6%	2.2%	1.9%	1.8%	0.4%	0.5%	0.7%	1.
History of Smoking (Tw ▼	24.1%	7.4%	6.7%	3.1%	5.9%	5.2%	0.0%	1.7%	3.3%	5.5%	2.9%	3.6%	6.1%	4.7%	7.1%	6.6%	6.4%	13.1%	10.0%	8.7%	16.0%	4.4%	4.0%	7.5%	9.
Not Fit for Work (In Year)							_																		
	10.3%	2.5%	3.7%	3.1%	2.2%	4.7%	0.0%	5.1%	0.0%	8.5%	5.9%	8.1%	4.0%	2.7%	5.4%	8.2%	7.3%	8.2%	7.6%	5.4%	8.0%	5.5%	1.9%	2.8%	5.
On a Waiting List	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0

PHM is underpinned by good linked data, with an appropriate method of extracting segmented or patients under key metrics; this matrix is showing the complexity of ethnic groups is broadly categorised across the PCN.

Matrix Data - Segment & Sub-Segment



																integrated
Life Course Segment	•	1 - Healthy		2 -	Living With Illn	ess	3 -	Lower Comple	exity	4 - Advan	ced Disease &	Complexity	5 - Ed	L, Frailty & De	ementia	
Life Course Subsegment	▼ 1a - H (Low Risk)	1b - H (Maternity & Child)	1c - H (Acute Episodic)	2a - Lwl (At Risk)	2b - Lwl (LTCs)	2c - Lwl (MH)	3a - LC (Mod. Social Co	3b - LC (Multimorbidity	3c - LC (Mild Frailty)	4a - AD&C (High Complexity)	4b - AD&C - High Social Complexity	4e - AD&C (End Stage Disease)	5a - EoLFD (Severe Frailty)	5b - EoLFD (Severe Dementia)	5c - EoLFD (End of Life)	Grand Total
Overall Population Measu	res															
Population	5,935	284	600	1,327	2,019	775	90	2,029	1,512	1,075	211	354	393	12	108	16,724
Age	27	19	20	41	42	39	49	49	55	60	72	70	77	83	72	40
Male %	54.9%	22.9%	49.5%	45.3%	52.2%	43.1%	47.8%	45.2%	40.3%	39.6%	39.8%	50.3%	40.5%	25.0%	36.1%	48.2%
IMD	5.5	5.4	5.3	5.5	5.5	5.7	5.3	5.5	5.9	5.7	5.1	5.0	5.7	4.3	5.1	5.
% BAME (where recorded)	20%	22%	21%	15%	14%	7%	9%	8%	7%	7%	5%	4%	2%	0%	8%	139
Multimorbidity (acute & chronic	0.0	0.0	0.0	0.0	1.0	1.0	0.5	2.4	1.9	3.9	3.5	5.2	6.5	5.9	5.2	1.3
Finance and Activity Mea	sures															
Spend ▼ Total	£0.8M	£0.4M	£0.9M	£1.0M	£1.3M	£0.4M	£0.1M	£2.1M	£1.7M	£2.4M	£0.5M	£1.3M	£1.6M	£0.1M	£1.0M	£15.4N
PPPY - Total	£141	£1,260	£1,421	£718	£659	£510	£732	£1,019	£1,117	£2,221	£2,294	£3,727	£4,191	£5,068	£8,953	£922
Acute Elective	£29	£406	£519	£219	£264	£164	£333	£458	£514	£978	£559	£1,279	£1,259	£166	£3,872	£348
Acute Non-Elective	£18	£631	£668	£328	£226	£202	£229	£335	£384	£919	£1,091	£1,966	£2,409	£2,801	£4,223	£38′
GP Encounters	£94	£224	£234	£171	£169	£144	£170	£226	£219	£324	£644	£482	£523	£2,102	£857	£19
Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£
Mental Health	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£
Social Care	£0		£0	10.00	£0	£0			£0	£0		13.5.7		7.50	1	£
GP PPPY	22		48		39	36	40	52	64	84			157	183		4
Beddays PPPY - Acute EM	0	1	1	0	0	0	0	1	0	2	3	4	4	4	10	1
Physical Health																
Diabetes ▼	0.0%	0.0%	0.0%	0.0%	10.3%	0.0%	4.4%	19.3%	20.5%	35.3%	36.5%	39.0%	48.6%	50.0%	33.3%	10.4%
COPD ▼	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	1.3%	9.4%	7.6%	61.0%	25.2%	8.3%	20.4%	3.2%
Chronic Respiratory Dis ▼	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	4.6%	2.2%	12.7%	10.0%	66.9%	30.3%	16.7%	30.6%	4.2%
Hypertension ▼	0.0%	0.0%	0.0%	0.0%	21.5%	0.0%	12.2%	31.5%	40.5%	56.8%	61.6%	71.8%	81.7%	66.7%	73.1%	18.5%
Obesity •	0.0%		0.0%		12.1%	9.3%			21.9%	27.6%		28.8%				11.3%
Mental Health																
Anxiety/Phobias ▼	0.0%	0.0%	0.0%	0.0%	0.0%	42.3%	5.6%	44.7%	21.2%	31.5%	13.7%	22.9%	34.9%	8.3%	21.3%	13.0%
Depression ▼	0.0%		0.0%		0.0%	49.7%		48.2%	25.6%	41.0%		28.2%	45.3%			15.39
Learning Disability •	0.0%		0.0%		0.0%	1.9%		1.8%	0.2%	1.3%		0.3%		8.3%	_	0.6%
Dementia •	0.0%				0.0%					3.6%					14.8%	1.0%
Other Characteristics	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	14.2%	4.8%	12.0%	100.0%	14.6%	1.09
		0.55	0.000	0.55	0.000	0.000	1	0.000	0.55		00.111		40.70		44.55.	
Housebound (eFI) ▼	0.0%		0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%			13.7%	41.7%		1.09
Social Vulnerability (eFI) •	0.0%		0.0%	0.0%	0.0%	0.0%	53.3%	1.4%	2.0%	3.6%			18.3%			1.69
History of Smoking (Tw ▼	0.0%		0.0%	33.8%	9.4%	11.7%	12.2%	14.9%	10.4%	15.3%		22.6%	9.7%			9.09
Not Fit for Work (In Year) ▼	0.0%		0.0%		5.0%	12.1%	5.6%	11.9%	8.4%	10.4%				0.0%		5.8%
On a Waiting List 🔻	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

This matrix is important in defining the PCN's main segment and sub-segment health classifications, giving simple volumes but also linking how many as a percentage of each subsegment, have defined and diagnosed conditions.

Matrix Data - GP Activity



GP Activity	*	0		-	1		2-3		- 4	1-5		6-9			10+		
Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Grand Total
Overall Population Measur	es					Lii								- C	12		
Population	282	55		102	16	423	67		400	98	1,168	284		6,223	6,451	1,149	16,72
Age	34	42	76	31	32	31	41	65	24	33	26	36	56	29	51	72	4
Male %	66.3%	65.5%	33.3%	60.8%	68.8%	74.2%	79.1%	100.0%	58.5%	72.4%	59.4%	68.3%	50.0%	46.7%	43.0%	45.8%	48.29
IMD	4.1	4.6	6.3	4.3	3.9	5.1	5.5	5.0	5.0	5.1	5.3	5.4	2.5	5.7	5.6	5.4	5.
% BAME (where recorded)	42%	43%	0%	35%	50%	26%	19%	0%	23%	21%	18%	13%	50%	18%	8%	4%	139
Multimorbidity (acute & chronic	0.0	1.3	6.3	0.0	1.3	0.0	1.3	5.0	0.0	1.3	0.0	1.3	5.0	0.0	1.9	6.6	1.
Finance and Activity Meas	ures																
Spend - Total	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.1M	£0.0M	£0.0M	£3.1M	£7.3M	£4.8M	£15.4N
PPPY - Total	£29	£278	£10,995	£19	£16	£27	£19	£14	£50	£66	£93	£79	£130	£502	£1,125	£4,179	£92
Acute Elective	£16	£41	£8,581	£4	£0	£5	£4	£0	£4	£12	£19	£32	£0	£151	£490	£1,440	£34
Acute Non-Elective	£13	£237	£2,415	£9	£12	£10	£6	£0	£25	£35	£36	£17			£398	£2,206	£38
GP Encounters	£0	£0	£0	£6	£4	£11	£9	£14	£21	£18	£38	£31	£37	£162	£237	£533	£19:
Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0			£0	£0	£
Mental Health	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£
Social Care	£0		£0	£0	£0	£0			£0	£0		£0					£
GP PPPY	0		0		1	3			4	4	ı	8			58	127	40
Beddays PPPY - Acute EM	0	1	3	0	0	0	0	0	0	0	0	0	0	0	1	4	
Physical Health																	
Diabetes ▼	0.0%	7.3%	0.0%	0.0%	0.0%	0.0%	3.0%	100.0%	0.0%	2.0%	0.0%	2.8%	0.0%	0.0%	17.4%	52.0%	10.4%
COPD ▼	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.7%	0.0%	0.0%	2.5%	32.2%	3.2%
Chronic Respiratory Dis ▼	0.0%	3.6%	66.7%	0.0%	6.3%	0.0%	1.5%	0.0%	0.0%	2.0%	0.0%	1.8%	0.0%	0.0%	3.9%	38.3%	4.2%
Hypertension ▼	0.0%	12.7%	100.0%	0.0%	12.5%	0.0%	13.4%	100.0%	0.0%	6.1%	0.0%	8.8%	50.0%	0.0%	32.5%	82.7%	18.5%
Obesity •	0.0%		33.3%	0.0%	0.0%	0.2%			1.0%	2.0%		5.3%			18.4%		11.39
Mental Health																	
Anxiety/Phobias ▼	0.0%	9.1%	33.3%	0.0%	12.5%	0.0%	29.9%	100.0%	0.0%	24.5%	0.0%	23.6%	50.0%	0.0%	25.2%	36.8%	13.0%
Depression ▼	0.0%	12.7%	33.3%	0.0%	25.0%	0.0%	34.3%	0.0%	0.0%	28.6%	0.0%	24.3%	100.0%	0.0%	28.9%	48.6%	15.3%
Learning Disability •	0.0%		0.0%	0.0%	0.0%	0.0%	3.0%		0.0%	1.0%		0.7%			1.0%	1.9%	0.69
Dementia ▼	0.0%		0.0%	0.0%	0.0%	0.0%		0.0%		0.0%		0.4%			0.9%		1.09
Other Characteristics	0.070	0.070	0.070	0.070	0.070	0.070	0.070	0.070	0.070	0.070	0.070	0.170	0.070	0.070	0.070	0.170	1107
Housebound (eFI) ▼	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.1%	1.2%	7.7%	1.0%
Social Vulnerability (eFI) ▼	0.0%		0.0%	0.0%	0.0%	0.0%			0.0%	0.0%		1.4%				9.7%	1.69
History of Smoking (Tw •	1.1%		0.0%	2.9%	12.5%	1.7%			3.5%	3.1%		6.0%			12.6%		9.0%
Not Fit for Work (In Year)			0.0%						0.0%								
On a Waiting List	0.0%			0.0%	0.0%	0.0%				1.0%		1.1%			9.8%	6.6%	5.89
On a waiting LISt ▼	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Whilst the previous GP activity matrix was to investigate HIUs, this matrix has split out the GP activity by order of complexity; another method of looking at distinct patient volumes coming into the PCN which may be managed in a different way.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Matrix Data - Health Segment & Deprivation



																				ntegrated
Life Course Segment	*	1 - He	ealthy			2 - Living V	Vith Illness			3 - Lower	Complexity		4 - Ad	anced Dise	ase & Com	olexity	5 - EoL,	Frailty & D	ementia	0
Deprivation	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Grand Total												
Overall Population Measur	es																			
Population	1,534	4,063	1,050	172	961	2,508	607	45	844	2,280	473	34	335	1,061	241		100	366	47	16,72
Age	26	26	24	24	41	42	39	37	50	53	51	35	63	64	64	46	77	76	74	4
Male %	52.4%	53.4%	54.7%	42.4%	48.4%	48.8%	46.5%	37.8%	44.1%	42.7%	44.6%	44.1%	45.4%	41.2%	40.7%	33.3%	38.0%	38.5%	46.8%	48.2
IMD	8.3	5.0	2.9		8.3	5.1	2.9		8.3	5.3	2.9		8.4	5.1	3.0		8.3	5.2	3.0	5
% BAME (where recorded)	17%	19%	26%	41%	12%	12%	20%	19%	7%	6%	12%	24%	6%	6%	8%	0%	1%	3%	2%	13
Multimorbidity (acute & chronic	0.0	0.0	0.0	0.0	0.7	0.7	0.7	0.5	2.1	2.2	2.3	1.4	4.0	4.1	4.4	3.3	6.4	6.2	6.1	1
Finance and Activity Meas	ures																			
Spend - Total	£0.4M	£1.2M	£0.4M	£0.1M	£0.6M	£1.5M	£0.5M	£0.0M	£0.8M	£2.4M	£0.6M	£0.0M	£0.7M	£2.7M	£0.8M	£0.0M	£0.4M	£1.9M	£0.4M	£15.4
PPPY - Total	£286	£292	£344	£358	£601	£617	£859	£664	£901	£1,063	£1,290	£834	£2,175	£2,510	£3,309	£702	£3,672	£5,125	£9,189	£92
Acute Elective	£84	£85	£100	£106	£224	£222	£285	£138	£469	£489	£463	£136	£957	£979	£1,090	£0	£1,351	£1,592	£4,199	£34
Acute Non-Elective	£113	£93	£110	£125	£247	£230	£362	£337	£259	£345	£548	£494	£926	£1,123	£1,709	£237	£1,856	£2,907	£3,974	£38
GP Encounters	£89	£113	£134	£126	£130	£166	£213	£188	£173	£228	£279	£205	£292	£408	£510	£465	£465	£626	£1,016	£19
Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	1
Mental Health	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	1
Social Care	£0		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0		£0	£0	£0	£0	£0	£0	1
GP PPPY	29		22	45		37	37	53		56	52	71	10,48,5000	89	88	113		156	139	
Beddays PPPY - Acute EM	0	0	0	0	0	0	0	0	0	0	1	0	2	2	4	0	3	6	7	
Physical Health																				
Diabetes •	0.0%	0.0%	0.0%	0.0%	4.9%	4.9%	5.6%	4.4%	16.9%	20.0%	21.8%	11.8%	33.4%	37.4%	35.3%	0.0%	44.0%	45.4%	48.9%	10.49
COPD •	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	2.7%	2.7%	0.0%	12.5%	21.1%	27.0%	66.7%	22.0%	24.0%	25.5%	3.2
Chronic Respiratory Dis •	0.0%	0.0%	0.0%	0.0%	0.4%	0.8%	0.7%	2.2%	2.7%	3.8%	3.8%	2.9%	17.3%	24.4%	31.1%	66.7%	29.0%	29.8%	34.0%	4.2
Hypertension •	0.0%	0.0%	0.0%	0.0%	9.4%	11.3%	9.7%	4.4%	30.0%	36.1%	38.3%	17.6%	58.5%	61.0%	63.1%	0.0%	76.0%	80.1%	83.0%	18.5
Obesity •	0.0%	0.0%	0.0%	0.0%	12.4%	14.8%	14.0%	15.6%	20.7%	19.6%	21.6%	2.9%	26.9%	27.2%	25.3%	0.0%	30.0%	26.5%	29.8%	11.39
Mental Health	0.010	0.070	0.0.0		114.111	71.070	1,110,10	10.070	.2011.70	10.070	211070	2.070	20.0.0	27.12.70	20.070				20.070	
Anxiety/Phobias ▼	0.0%	0.0%	0.0%	0.0%	8.8%	8.2%	5.9%	2.2%	35.2%	33.2%	36.2%	23.5%	32.5%	26.9%	22.4%	33.3%	35.0%	31.1%	25.5%	13.0
Depression •	0.0%	0.0%	0.0%	0.0%	8.7%	9.9%	8.1%	6.7%	36.1%	37.8%	42.1%	20.6%	40.3%	35.0%	34.4%	100.0%	37.0%	41.8%	40.4%	15.3
Learning Disability •	0.0%	0.0%	0.0%	0.0%	0.7%	0.4%	0.1%	2.2%	0.4%	1.3%	1.5%	0.0%	1.2%	2.4%	2.5%	0.0%	1.0%	0.8%	6.4%	0.6
Dementia •						0.4%	0.0%				0.0%			5.7%	5.4%					
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.9%	5.7%	5.4%	0.0%	11.0%	14.8%	21.3%	1.0
Other Characteristics			0.05:			0.00	0.05:				0.05		1	0.451	0.05:		1	45.00		
Housebound (eFI) ▼	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	6.4%	6.2%	0.0%	14.0%	15.8%	6.4%	1.0
Social Vulnerability (eFI)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	3.1%	3.8%	5.9%	4.8%	5.4%	5.4%	33.3%	24.0%	13.1%	21.3%	1.6
History of Smoking (Tw ▼	0.0%	0.0%	0.0%	0.0%	12.6%	17.8%	23.7%	35.6%	7.8%	13.6%	18.6%	23.5%	13.4%	15.6%	19.1%	66.7%	2.0%	10.4%	14.9%	9.0
Not Fit for Work (In Year) ▼	0.0%	0.0%	0.0%	0.0%	7.6%	10.4%	14.8%	4.4%	7.7%	9.7%	17.3%	17.6%	9.3%	8.1%	10.8%	0.0%	5.0%	6.0%	6.4%	5.8
On a Waiting List	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.09

Deprivation is an important marker for a variety of issues and not just in health, and this matrix has taken the PCN's population split them by health segment, and then further by high, middle, or low deprivation groupings - this may further allows the PCNs to target that selected cohort of individuals to find where the determinants may be, and where a targeted approach from local partners, could be directed.

Matrix Data - Practice & Deprivation



Practice	•	Nuffield House	Health Centre			Old Harlow H	ealth Centre		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sydenham Ho	ouse Surgery		
Deprivation	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Grand Total
Overall Population Mea	sures												
Population	321	2,946	1,016	23	3,234	5,404	334	217	219	1,928	1,068	14	16,72
Age	35	38	35	21	40	44	42	28	36	41	40	28	4
Male %	46.4%	44.6%	43.7%	39.1%	48.5%	48.4%	50.9%	42.9%	51.6%	52.6%	53.7%	28.6%	48.29
IMD	8.4	4.5	2.9		8.3	5.7	2.8		8.4	4.5	2.9		5.
% BAME (where recorded)	15%	14%	17%	12%	11%	8%	11%	36%	16%	23%	25%	22%	139
Multimorbidity (acute & chro	onic) 0.8	1.2	1.2	0.5	1.2	1.5	1.4	0.3	0.9	1.0	1.1	0.3	1.
Finance and Activity M	leasures	77		*	324				85				
Spend - Total	£0.4M	£4.1M	£1.7M	£0.0M	£2.4M	£4.2M	£0.2M	£0.1M	£0.1M	£1.4M	£0.8M	£0.0M	£15.4N
PPPY - To	otal £1,153	£1,385	£1,660	£469	£746	£785	£675	£481	£410	£712	£758	£484	£92
Acute Elective	£398	£432	£576	£36	£320	£339	£282	£108	£147	£278	£260	£344	£34
Acute Non-Elective	£420	£567	£694	£66	£297	£318	£265	£238	£135	£315	£374	£76	£38
GP Encounters	£334	£386	£390	£367	£129	£128	£128	£134	£128	£119	£125	£63	£19
Community	£0	£0	£0	£0	£0	£0	£0	£0		£0	£0	£0	£
Mental Health	£0	£0	£0	£0	£0	£0	£0	£0		£0	£0	£0	£
Social Care	£0	£0	£0	£0	£0	£0	£0	£0		£0	£0	£0	£
GP PPPY	40	45	46	37	52	52	51	54		30	32	16	4
Beddays PPPY - Acute EM	1 1	1	1	0	0	0	0	0	0	1	1	0	
Physical Health													
Diabetes	▼ 9.0%	12.4%	10.7%	8.7%	9.3%	11.5%	10.2%	1.8%	7.8%	7.9%	9.6%	0.0%	10.49
COPD	▼ 0.9%	4.8%	4.5%	4.3%	2.0%	3.4%	2.7%	0.5%	2.7%	2.4%	3.3%	0.0%	3.29
Chronic Respiratory Dis	▼ 1.9%	6.0%	5.6%	4.3%	3.1%	4.4%	4.5%	1.4%	3.7%	3.1%	3.8%	0.0%	4.29
Hypertension	▼ 13.7%	19.2%	17.8%	0.0%	16.9%	21.2%	19.8%	3.7%	11.9%	17.3%	17.2%	0.0%	18.5%
Obesity	▼ 10.0%	13.0%	12.3%	0.0%	11.3%	12.6%	13.8%	3.7%	8.2%	7.3%	8.5%	0.0%	11.3%
Mental Health													
Anxiety/Phobias	▼ 4.7%	7.5%	7.9%	4.3%	15.0%	17.1%	15.6%	3.7%	12.3%	11.0%	13.2%	7.1%	13.09
Depression	▼ 7.2%	10.4%	11.4%	8.7%	15.8%	20.1%	21.9%	4.6%		12.5%	15.1%	7.1%	15.39
Learning Disability	▼ 0.0%	0.9%	1.0%	0.0%	0.3%	0.5%	0.6%	0.5%		0.8%	0.6%	0.0%	0.69
Dementia	▼ 1.2%	2.5%	1.5%	0.0%	0.5%	0.6%	0.3%	0.0%		0.4%	0.7%	0.0%	1.09
Other Characteristics	1.270	2.576	1.570	0.070	0.076	0.076	0.576	0.070	0.076	0.470	0.770	0.076	1.0
Housebound (eFI)	▼ 1.6%	2.3%	1.5%	0.0%	0.6%	0.7%	0.3%	0.0%	0.0%	1.1%	0.2%	0.0%	1.09
Social Vulnerability (eFI)	▼ 1.2%	1.9%	1.7%	0.0%	1.5%	1.8%	2.1%	1.4%	0.5%	1.1%	1.6%	0.0%	1.69
									8.2%				
	5.3%	8.2%	10.3%	17.4%	6.2%	8.9%	11.4%	9.7%		12.2%	13.3%	7.1%	9.09
Not Fit for Work (In Year)	▼ 6.2%	6.4%	9.2%	4.3%	4.4%	5.3%	9.0%	3.2%	5.0%	6.0%	7.3%	0.0%	5.89
On a Waiting List	▼ 0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.09

This detailed table is offering actionable insight across the PCN's population for each Practice and where their populations are in terms of a High, Medium, or Low deprivation ranking; deprivation is levied from the IMD 2019 scoring per LSOA, and is applied for every individual registered within the PCN's borders.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Bubble Matrix - Conditions

people with this

condition

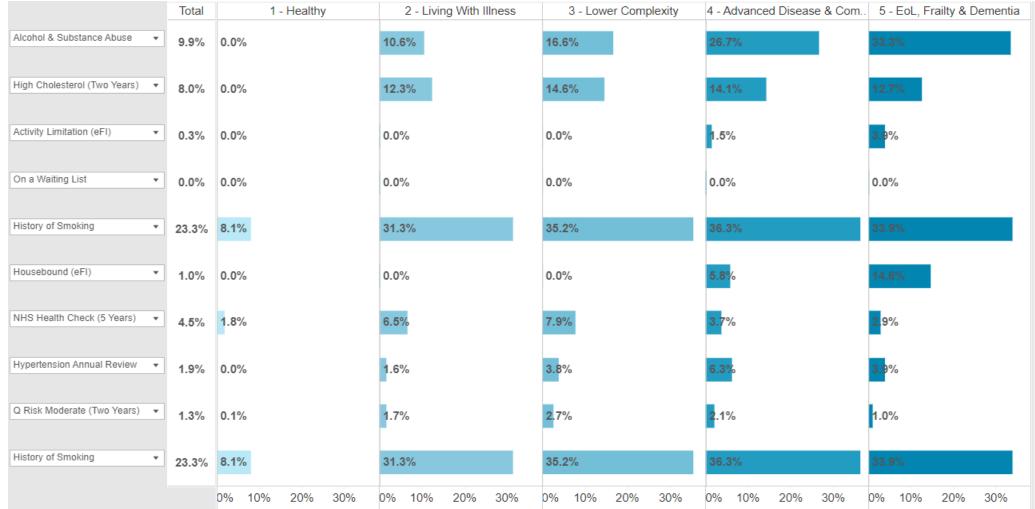


x% also h	have	1											
		•				Othe	r Condit	ions				_	
Initial Condition	Alzheimers Disease	Asthma	COPD	Heart Failure	Anxiety	Autism Spectrum Disorder	Dementia	Alcohol Abuse	ABCD Prescription	Anti- Depressive Prescription	Activity Limitation (eFI)	Housebound (eFI)	No Other Condition
Alzheimers Disease		15%	10%	16%	19%	1%	90%	4%	65%	34%	0%	24%	1%
Asthma	0%		10%	3%	22%	1%	1%	4%	23%	24%	0%	1%	42%
COPD	1%	48%		15%	26%	0%	4%	11%	63%	35%	2%	6%	0%
Heart Failure	4%	27%	27%		20%	0%	9%	6%	91%	31%	1%	14%	0%
Anxiety	1%	28%	7%	3%		1%	2%	8%	26%	50%	1%	1%	18%
Autism Spectrum Disorder	1%	23%	2%	1%	22%		2%	2%	13%	24%	0%	2%	33%
Dementia	45%	16%	15%	17%	21%	1%		5%	68%	38%	1%	26%	6%
Alcohol Abuse	1%	24%	12%	4%	33%	0%	2%		44%	37%	0%	1%	19%
ABCD Prescription	2%	21%	12%	9%	19%	1%	4%	7%		26%	1%	4%	17%
Anti-Depressive Prescription	1%	26%	7%	4%	43%	1%	2%	7%	31%		1%	2%	18%
Activity Limitation (eFI)	0%	27%	22%	7%	24%	0%	2%	2%	60%	33%		13%	7%
Housebound (eFI)	11%	12%	19%	24%	16%	1%	25%	2%	76%	35%	4%		7%

When targeting specific conditions to look into, a simple Bubble matrix helps us understand that a single condition will rarely be occurring by itself; this chart then highlights the PCN's linked conditions and breaks down the common diseases linked together in the PCN.

Bio-Psycho-Social Indicators - Example



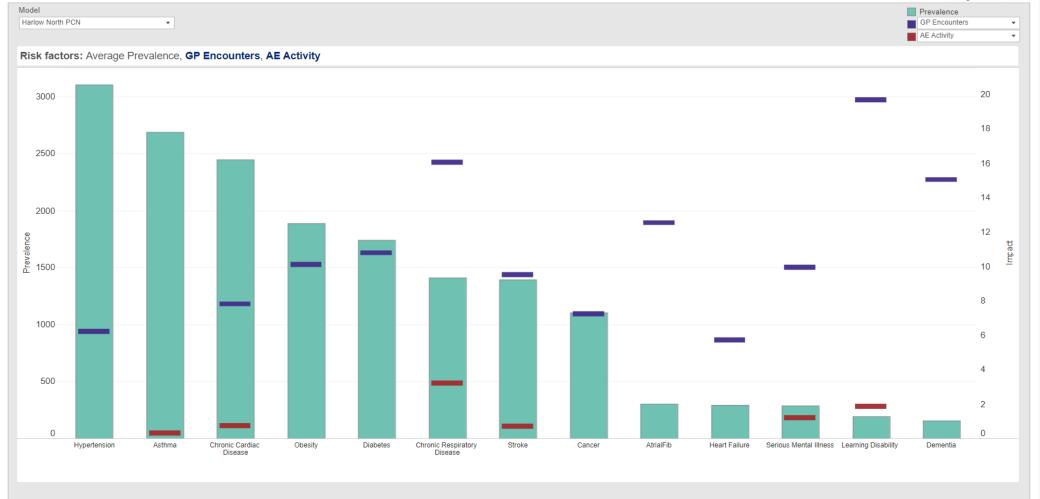


This chart gives a comparison across various selected risk conditions or characteristics, within the health segments of the PCN's population.

Here we have selected a few characteristics within the PCN's data as an example, within each segment the percentage with that risk condition is highlighted proportionately by the shaded bars in the chart.

Risk Modelling - Prevalence against GP Activity & A&E





This Risk Model looks at the PCN's prevalence for major conditions, and this chart illustrates the number of people with certain risk factors, and also shows the impact on service utilisation, that these factors have.

The height of each bar for each risk factor, shows the number of people who meet that criteria, as shown on the left hand axis; the horizontal lines relate to the correlation of a risk factor and an increase in impact on the selected target, shown on the right hand axis.

Public Health - Cancer Screening





Cancer Screening

	Period	HERTFORDSHIRE AND WEST ESSEX	HARLOW NORTH PCN	OLD HARLOW HEALTH CENTRE	CHURCH LANGLEY MEDICAL PRACTICE	NUFFIELD HOUSE HEALTH CENTRE	ADDISON HOUSE - HAQUE PRACTICE	SYDENHAM HOUSE SURGERY
Women, aged 25-49, with a record of cervical screening in the last 3.5 yrs (denominator includes PCAs)	2020/21	73.3	68.4	77.3	70.3	79.9	58.7	66.5
Women, aged 50-64, with a record of cervical screening in the last 5.5 yrs (denominator includes PCAs)	2020/21	78.2	73.8	78.2	71.6	78.9	69.9	69.3
Persons, 25-49, attending cervical screening within target period (3.5 year coverage, %)	2020/21	73	69	78.3	70.7	80.4	59.5	66
Persons, 50-64, attending cervical screening within target period (5.5 year coverage, %)	2020/21	77	73.7	77.5	72.1	80.6	68.8	69.1
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2020/21	63.9	28.5	31.1	30.5	27.7	26.3	27.8
Persons, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2020/21	61.3	63.4	67.6	67.8	64.6	57.2	63.9
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2020/21	72.1	68.6	75.1	66.3	70.4	65.4	63.6
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2020/21	68.8	63.4	70.3	63.4	65.4	58.8	57.1
			Sir	niliar II Significantly	Worse Significant	y Better		

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Public Health - Mortality





	Period	WEST ESSEX CCG	HARLOW NORTH PCN
Percentage of deaths that occur at home (All	2021	26.4	
PYLL - Neoplasms	2021	471.2	634.3
PYLL - Diseases of the circulatory system	2021	802.8	990.9
PYLL - All Cause	2021	1447.9	1899.5
Premature Mortality - Respiratory Disease	2021	10	
Premature Mortality - Liver Disease	2021	12	
Premature Mortality - Cardiovasular Disease	2021	57.2	77.2
Premature Mortality - Cancer	2021	93.5	95.7
Premature Mortality - All Cause	2021	270.1	321.7

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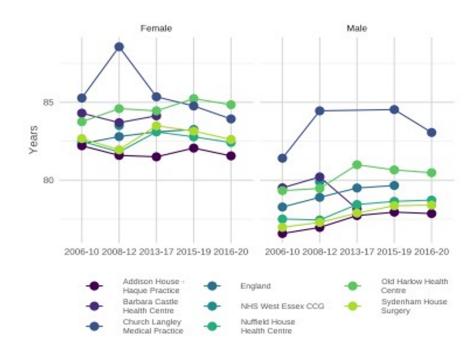


Public Health - Life Expectancy

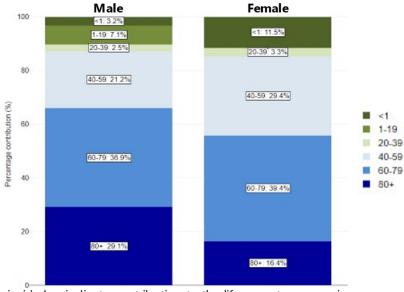




Life Expectancy



Contribution of different age bands between the most and least deprived areas within Harlow



Labels inside bar indicate contribution to the life expectancy gap in years for each age group. This can be used to target interventions at age groups with the biggest inequality in life expectancy. The gap in the life expectancy at birth for females is 3.5 years and for 5.9 males is years.

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Working together for a healthier future