Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Primary Care Networks
Overview Pack

HARLOW SOUTH 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

NHS Hertfordshire and West Essex Integrated Care Board

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.

Source: HWE PHM Team, Cerner, England.nhs.uk

Key Messages

Hertfordshire and West Essex Integrated Care Board

Harlow South has a younger population profile than England. The majority of people live within areas categorised as the 5 most deprived.

26.9% of the population have at least 1 Long Term Condition. 7.5% 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 South PCN.

Wider determinants data show Harlow South as the most deprived PCN within the ICB for income, employment, overall deprivation, child poverty and Education, Skills & Training.

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 between 2022 and 2024.

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

2022/23 has seen the highest Harlow South rates per 1,000 population for A&E attendances 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 South has the highest rates per 1,000 population.

When looking chronic ambulatory care sensitive conditions for Harlow South the highest volume and cost is within the End of Life, Severe Frailty and Dementia in the over 65 age group. ACSs of note for people aged over 65 with within the End of Life, Frailty & Dementia are COPD and Heart Failure.

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 South 52% 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 South 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.

Estimated prevalance for Heart Failure, AF and COPD is higher than that currently recorded within Harlow South. Within Ardens Manager there are case finding searches that can support PCNs with identification.

Source: HWE PHM Team, Cerner, England.nhs.uk

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

NHS Hertfordshire and West Essex Integrated Care Board

Total Population

HARLOW SOUTH PCN

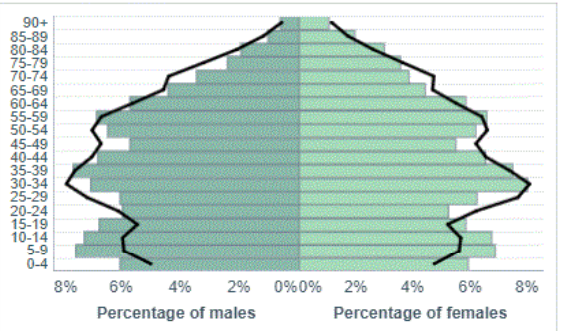
Snapshot as at: 30/06/2021

Registered population		Demographics				Prevalence		Acute utilisation		Covid	
% of total	100.0%	% White	75.6%	% IMD top	1.4%	% with 1+ conditions	31.2%	% of annual activity (total 121,042)	100.0%	% one or more at risk conditions	20.0%
% of annual change	1.2%	% BAME	12.2%	% IMD bottom	1.4%	% with 5+ conditions	4.2%	% of annual cost (total £23M)	100.0%	% two or more at risk conditions	8.4%

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

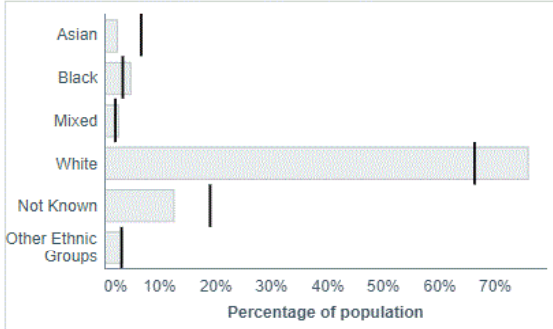
Choose benchmark: England

Population pyramid



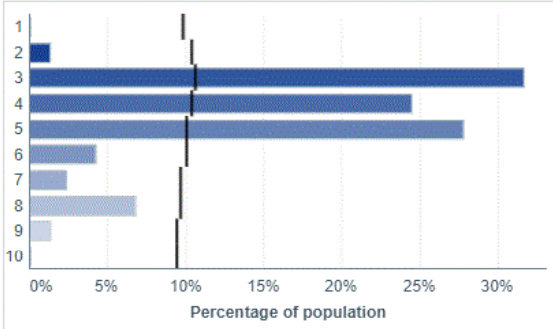
Black line represents the **England** average

Population proportion by ethnic category



Black line represents the **England** average

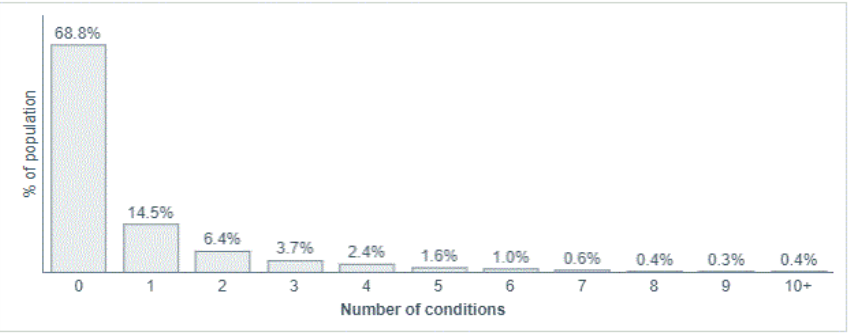
Population proportion by IM Deprivation decile



1 = most deprived 10%, 10 = least deprived 10%

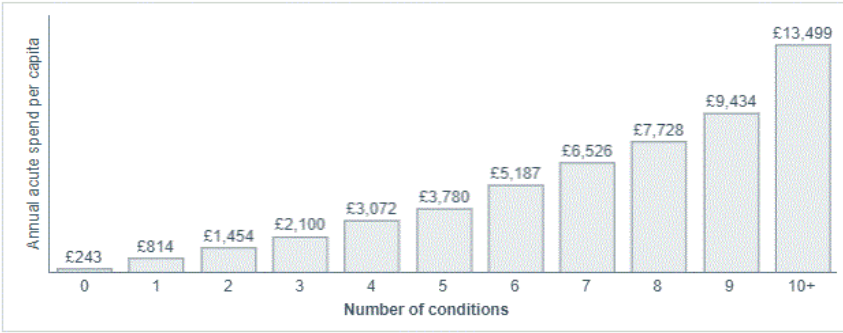
Prevalence - Snapshot as at: 30/06/2021

Population proportion by number of conditions



Annual spend per capita by number of conditions

Financial Year: 2020/21



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 South 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

NHS Hertfordshire and West Essex Integrated Care Board

LTC
HARLOW SOUTH PCN

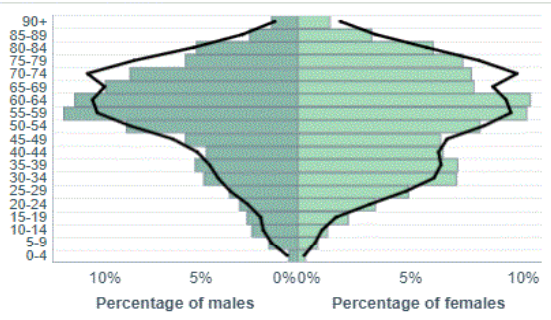
Snapshot as at: 30/06/2021

Registered population		Demographics				Prevalence		Acute utilisation		Covid	
% of total	26.9%	% White	88.1%	% IMD top	1.4%	% with 1+ conditions	100.0%	% of annual activity (total 59,905)	49.5%	% one or more at risk conditions	55.8%
% of annual change	4.6%	% BAME	9.4%	% IMD bottom	1.1%	% with 5+ conditions	7.5%	% of annual cost (total £11M)	48.8%	% two or more at risk conditions	19.9%

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

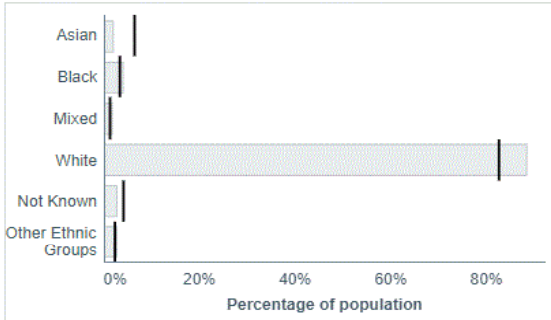
Choose benchmark: England

Population pyramid



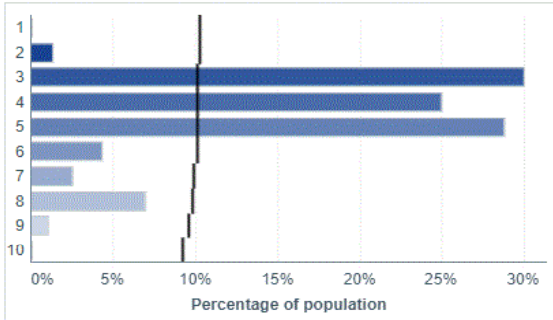
Black line represents the **England** average

Population proportion by ethnic category



Black line represents the **England** average

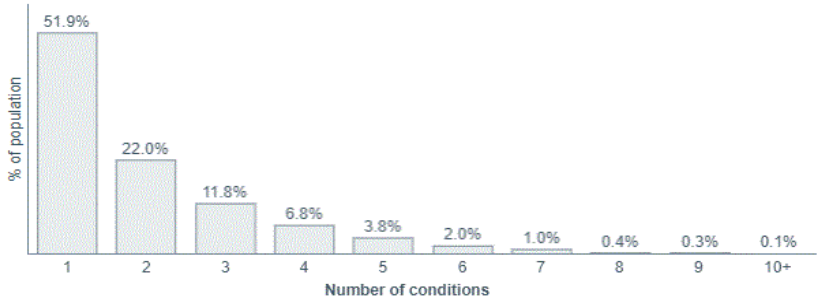
Population proportion by IM Deprivation decile



1 = most deprived 10%, 10 = least deprived 10%

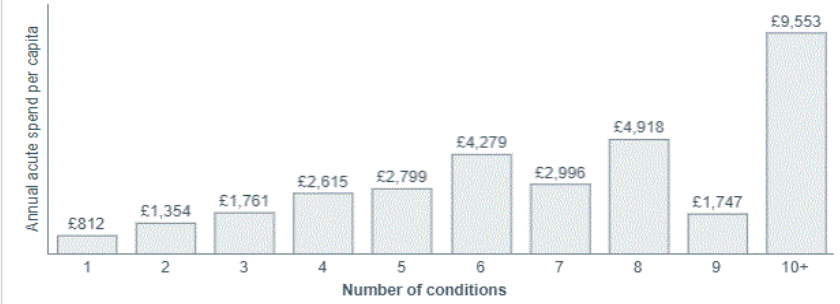
Prevalence - Snapshot as at: 30/06/2021

Population proportion by number of conditions



Annual spend per capita by number of conditions

Financial Year: 2020/21



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 26.9% of the population have at least 1 Long Term Condition. 7.5% 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.

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

Practice Indicators - Triggers and Levels

NHS Hertfordshire and West Essex Integrated Care Board

Practice Indicators for HARLOW SOUTH PCN		LISTER MEDICAL CENTRE			THE HAMILTON PRACTICE			THE ROSS PRACTICE		
Clinical Domain	Indicator Name	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level
Clinical Diagnosis	Detection rate Cancer	0.394	2020/21	Level 1	0.673	2020/21	No Trigger	0.389	2020/21	No Trigger
Coronary heart disease	% AF anticoagulation therapy CHADS2-VASc score >1	99.2	2020/21	Positive	97.5	2020/21	Positive	87.2	2020/21	Positive
	% CHD aged <=79 BP reading 140/90mmHg or less	57.5	2020/21	Level 1	69.4	2020/21	Level 1	35.5	2020/21	Level 2
	% CHD cholesterol 5 mmol/l or less	76.3	2021/22	No Trigger	56.7	2021/22	No Trigger	48	2021/22	No Trigger
	% hypertension aged <=79 BP reading 140/90mmHg or less	51.9	2020/21	Level 1	59.9	2020/21	Level 1	38.6	2020/21	Level 2
Diabetes	% Diabetes aged >=40 years no CVD history without moderate or severe frailty treated with statin	76.8	2020/21	Level 1	85.4	2020/21	Level 1	67.6	2020/21	Level 1
	% Diabetes without moderate or severe frailty BP 140/80 mmHg or less	48.3	2020/21	Level 1	57.6	2020/21	Level 1	35.2	2020/21	Level 2
	% diabetes without moderate or severe frailty IFCC-HbA1c is 58 mmol/mol or less	62	2020/21	Level 1	52.1	2020/21	Level 1	33.5	2020/21	Level 2
Exception Rating	Overall Personalised Care Adjustment Rate	0.09	2020/21	No Trigger	0.034	2020/21	No Trigger	0.023	2020/21	No Trigger
Medicines Management	% antibiotics Co-amoxiclav, Cephalosporins, Quinolones	9.6	2021/22 Q4	No Trigger	8.2	2021/22 Q4	No Trigger	9.7	2021/22 Q4	No Trigger
	% Naproxen and Ibuprofen	84	2021/22 Q4	No Trigger	82.5	2021/22 Q4	No Trigger	82.9	2021/22 Q4	No Trigger
	Antibacterial Items/Star Pu	0.954	2021/22 Q4	Positive	1.015	2021/22 Q4	Positive	1.216	2021/22 Q4	No Trigger
	Hypnotics ADQ/Star Pu	0.466	2021/22 Q4	No Trigger	0.358	2021/22 Q4	No Trigger	0.914	2021/22 Q4	No Trigger
	Oral NSAIDS ADQs/STAR-PU	3.234	2021/22 Q4	No Trigger	4.273	2021/22 Q4	No Trigger	5.696	2021/22 Q4	No Trigger
Mental Health	% first choice generic SSRIs	74.5	2021/22 Q4	No Trigger	76.6	2021/22 Q4	Positive	74.1	2021/22 Q4	No Trigger
	% MH comprehensive care plan	59.7	2020/21	Level 1	45.3	2020/21	Level 1	4	2020/21	Level 2
	% SMI alcohol record	53	2019/20	Level 1	30.4	2020/21	Level 2	36.8	2020/21	Level 2
	% SMI BP record	79	2020/21	Level 1	64.2	2020/21	Level 1	58.8	2020/21	Level 1
	Dementia Face to Face review	43.5	2020/21	Level 1	37.7	2020/21	Level 1	5.6	2020/21	Level 1
	Select antidepressants ADQs/STARPU	1.644	2021/22 Q4	No Trigger	2.206	2021/22 Q4	No Trigger	2.18	2021/22 Q4	No Trigger
Patient Experience	Confidence and trust in healthcare professional	94.5	2020/21	No Trigger	96.7	2020/21	No Trigger	98.2	2020/21	No Trigger
	Frequency seeing preferred GP	13.9	2020/21	Level 1	52.1	2020/21	No Trigger	32.5	2020/21	No Trigger
	Healthcare professional treating with care and concern	84.1	2020/21	No Trigger	87.2	2020/21	No Trigger	90.8	2020/21	No Trigger
	Overall experience of your GP practice	68.2	2020/21	No Trigger	76.4	2020/21	No Trigger	84.5	2020/21	No Trigger
	Satisfaction with appointment times	54.6	2020/21	No Trigger	68	2020/21	No Trigger	53.9	2020/21	No Trigger
Public Health	% Child Imms DTaP/IPV/Hib/HepB (age 1 year)	87.3	2020/21	Level 1	92.8	2020/21	Level 1	93.4	2020/21	Level 1
	% Child Imms Hib/MenC booster	90.7	2020/21	Level 1	92.6	2020/21	Level 1	92	2020/21	Level 1
	% Child Imms MMR (Age 2 yrs)	92.5	2020/21	Level 1	94.2	2020/21	Level 1	92	2020/21	Level 1
	% Child Imms PCV Booster	91.2	2020/21	Level 1	94.2	2020/21	Level 1	92	2020/21	Level 1
	Cervical Screening	70.3	2021/22 Q4	Level 1	69.5	2021/22 Q4	Level 1	75.8	2021/22 Q4	Level 1
Respiratory	% Asthma review in last 6 mths	30.9	2020/21	Level 1	34.5	2020/21	Level 1	22.3	2020/21	Level 1
	% Asthma spirometry and one other objective test	0	2020/21	Level 2	0	2020/21	Level 1	11.1	2020/21	Level 2
	% COPD with review in last 12 mths	95.5	2020/21	No Trigger	45.7	2020/21	Level 1	27.7	2020/21	Level 1
	% LTC patients who smoke	18.3	2020/21	No Trigger	17.1	2020/21	No Trigger	18.9	2020/21	No Trigger
	% LTC Smoker offer support	62.3	2020/21	Level 1	66.3	2020/21	Level 1	49.2	2020/21	Level 1
	% Smoking patients over 15 recorded	65.6	2021/22	No Trigger	71.1	2021/22	No Trigger	71.1	2021/22	No Trigger
	% Smoking status recorded	89.3	2020/21	Level 1	90.8	2020/21	No Trigger	82.2	2020/21	Level 1
	% w. MRC dyspnoea score >=3 w. offer of referral to pulm. rehab. Clinic	91.2	2020/21	No Trigger	48	2020/21	Level 1	100	2020/21	No Trigger

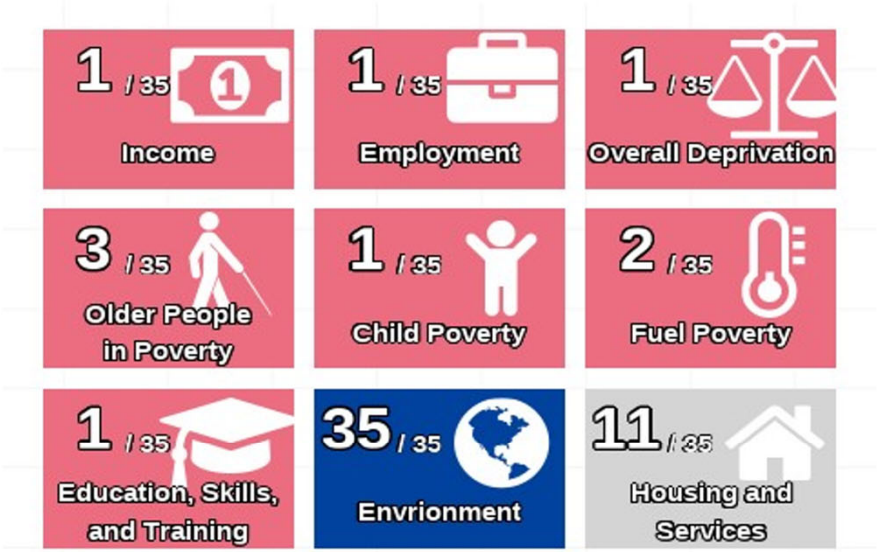
The above shows Primary Care clinical domain indicators produced by NHS England. This is a consolidation of data sets with Trigger Levels against each indicator. It has been designed to provide an overview of areas of opportunity to support quality assurance and improvement.
The Practices have opportunities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

NHS Hertfordshire and West Essex Integrated Care Board

Wider Determinants



Where 1 is the most deprived in HWE ICB and 35 the least

In Harlow South PCN an estimated:

- 20% of children live in poverty.
- 15.2% of older people live in poverty.
- 15.2% of households live in fuel poverty.
- 10.1% of households are overcrowded.
- 33.8% of people aged 65 and over live alone.
- 1.2% of people cannot speak English well.
- 6.7% of working age people are claiming out of work benefits.
- 23% of children aged 4-5 and 39.7% of children aged 10-11 are overweight.

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Hertfordshire Public Health Evidence & Intelligence Epidemiology

Hertfordshire

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

The data shows Harlow South as the most deprived PCN within the ICB for income, employment, overall deprivation, child poverty and Education, Skills & Training.

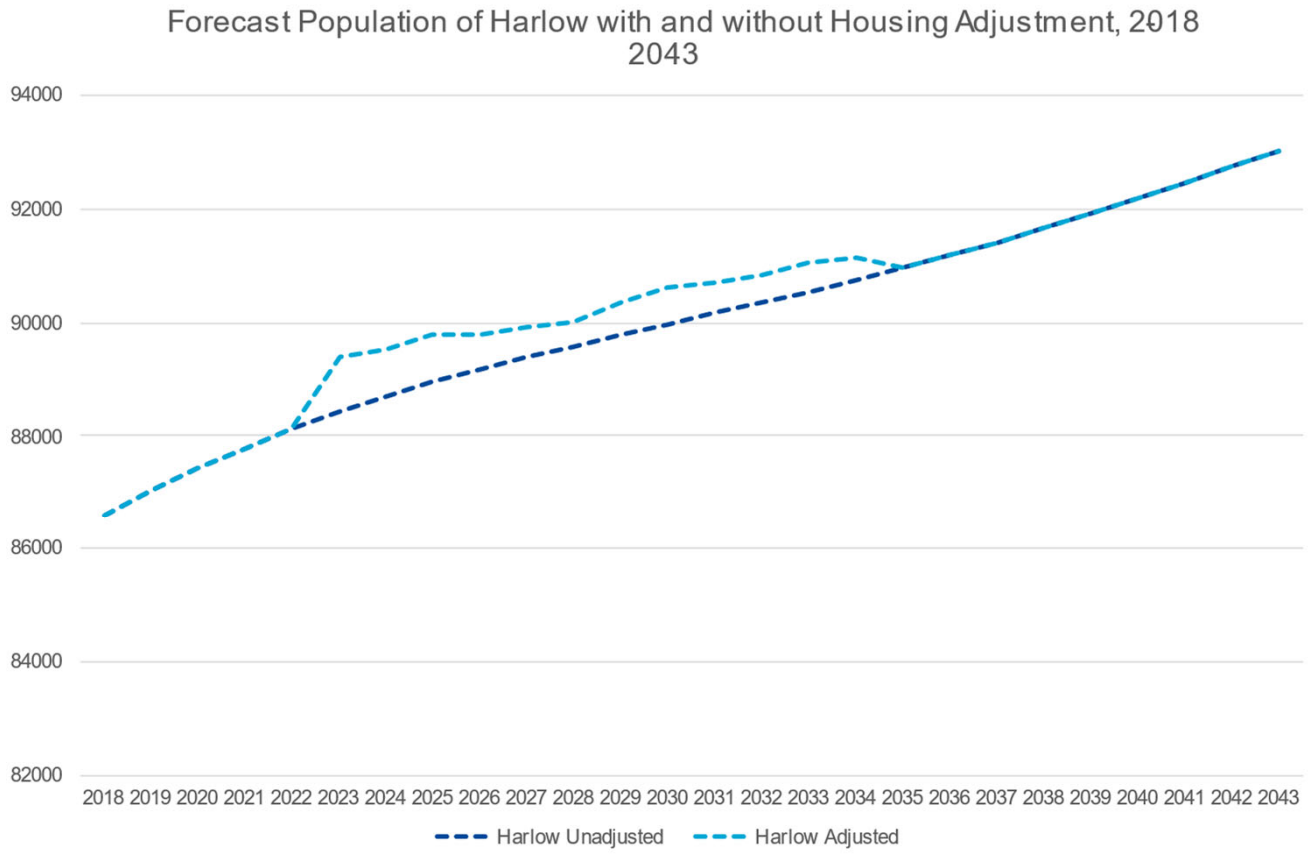
Source: Public Health Team

Population Adjustments

NHS Hertfordshire and West Essex Integrated Care Board

HARLOW POPULATION ADJUSTMENTS

HARLOW IS LIKELY TO SEE A RAPID POPULATION INCREASE IN 2022/2023 WITH MORE MODEST GROWTH AFTER



Year	Harlow Unadjusted	Harlow Adjusted	Harlow Net 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	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
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)

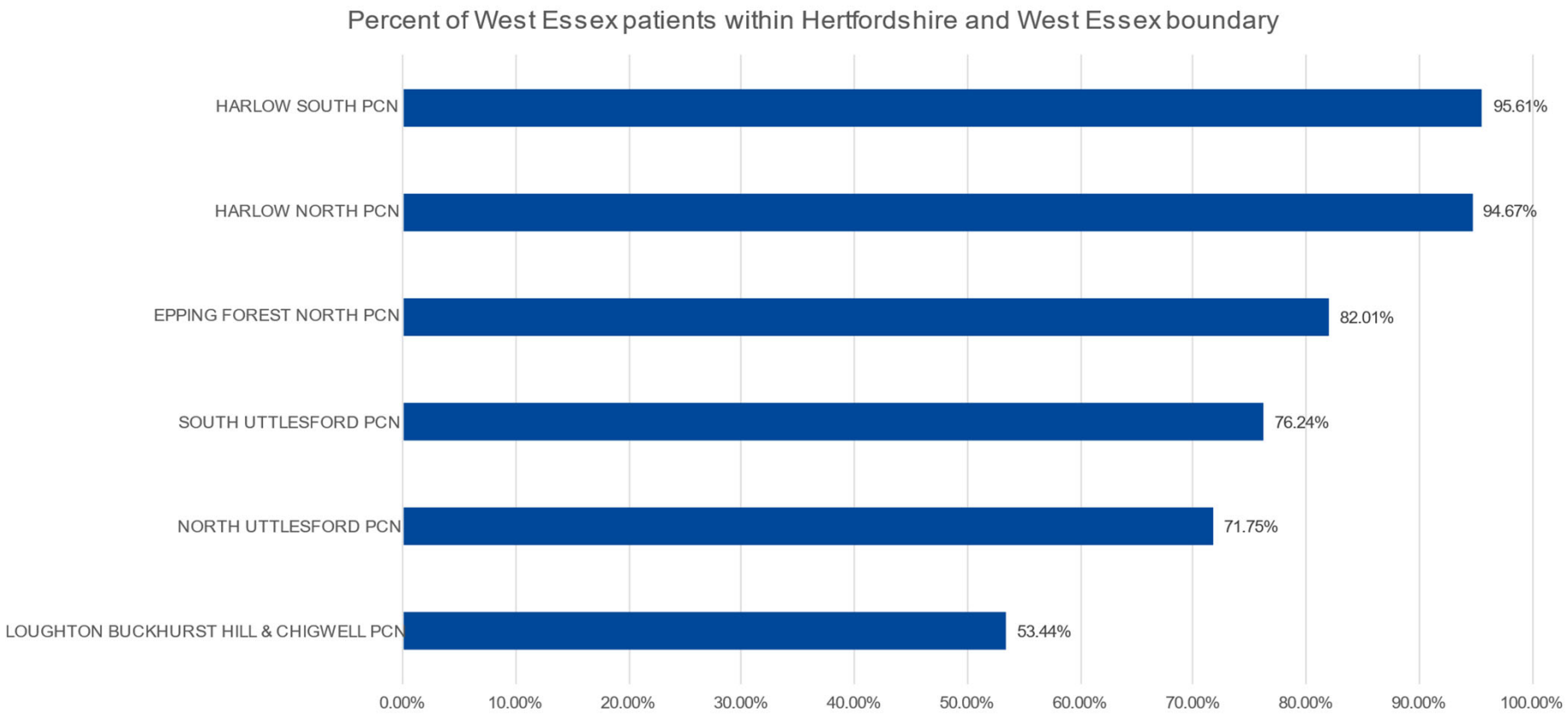
Spread of Patients

NHS Hertfordshire and West Essex Integrated Care Board

Correct as of July 2022

Source: NHS Digital (2022)

SPREAD OF PATIENTS ACROSS ENGLAND CONT.



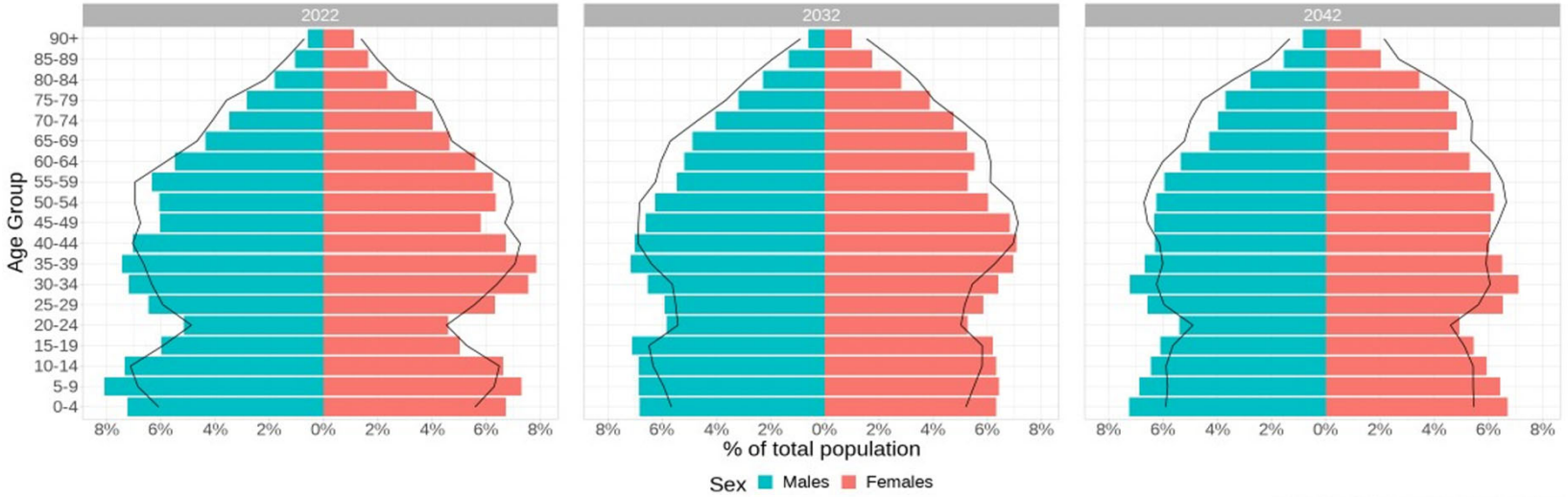
96% of the Harlow South registered population live within the ICB boundaries and are accessing local services within.

Source:

Public Health - Population Projections

NHS Hertfordshire and West Essex Integrated Care Board

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

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Hertfordshire Public Health Evidence & Intelligence Epidemiology

Hertfordshire

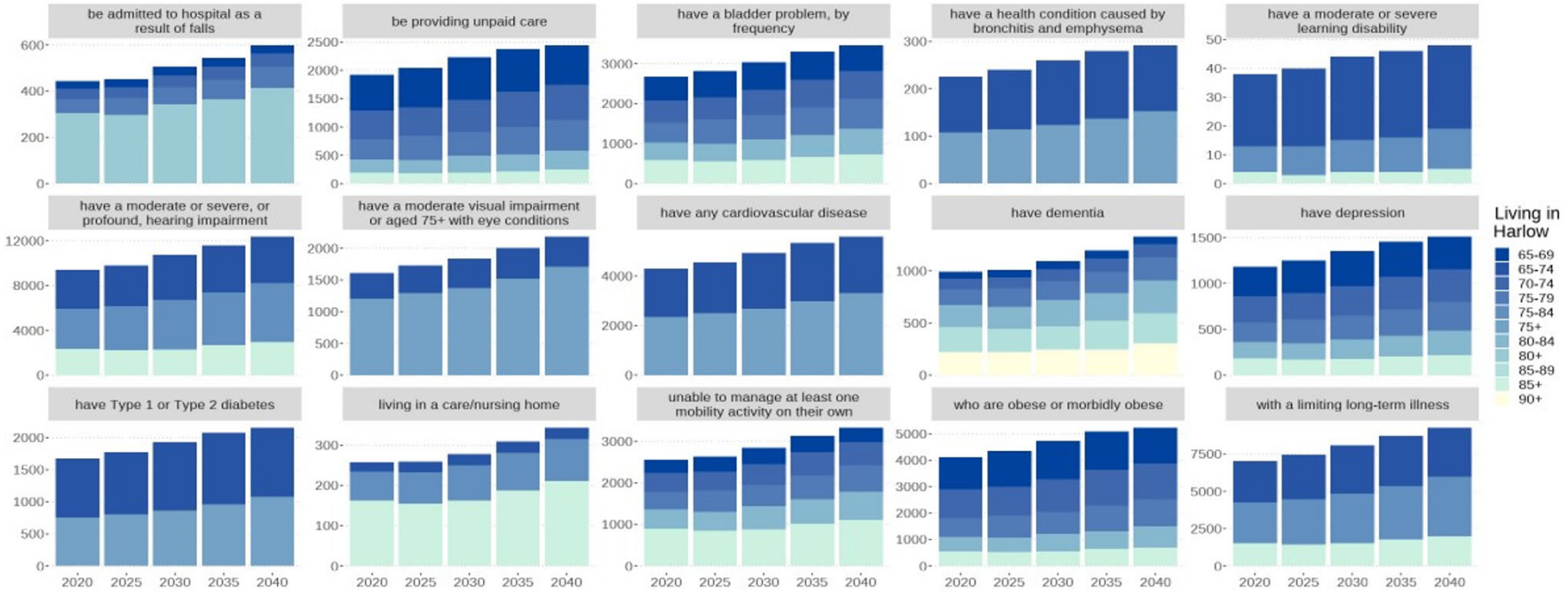
The above projection pyramids show the growth in population expected for Harlow. These projections show an expected increase in the number of people over 65 from ~16k to ~20k.

Source: Public Health Team

Public Health - Projections on Conditions

NHS Hertfordshire and West Essex Integrated Care Board

People aged 65+ projected to...



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Hertfordshire Public Health Evidence & Intelligence Epidemiology

Hertfordshire

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

PHM Segment Model - Overview

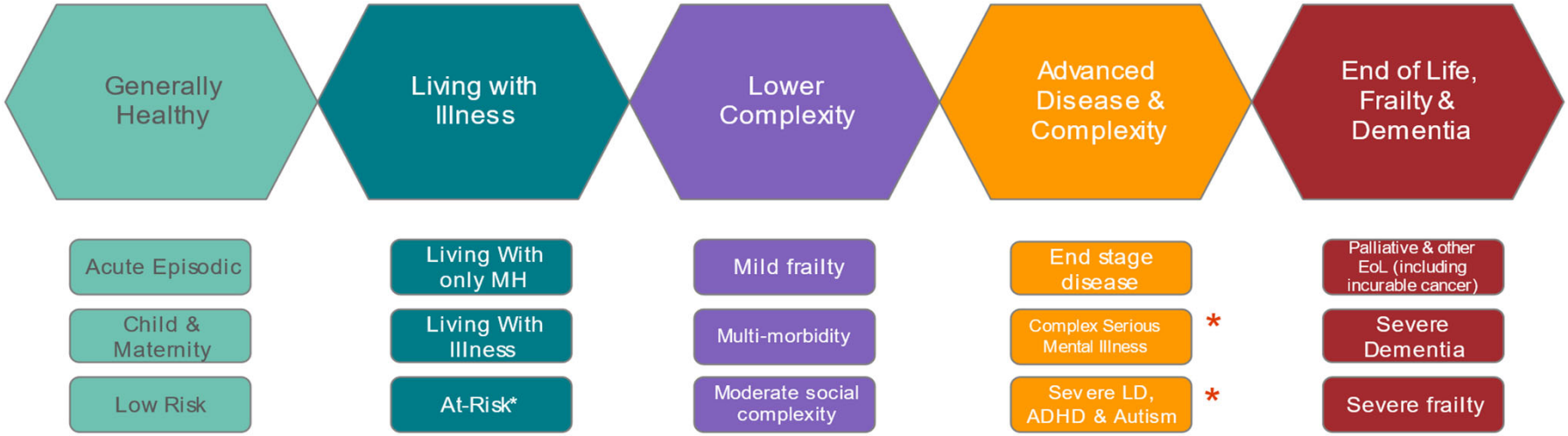
NHS Hertfordshire and West Essex Integrated Care Board

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



Based on 5 SME sessions, plus two with the MH team, we have designed the HWE ICS Segmentation Model. This model provides greater alignment to ways of working across services within the HWE.

It follows a MECE model, assigned in orderfrom right to left in segment, and top to bottom in subsegment.

* awaiting finalisation of methodology

Optum

2

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

PHM Segment Model - Overview

NHS Hertfordshire and West Essex Integrated Care Board

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.

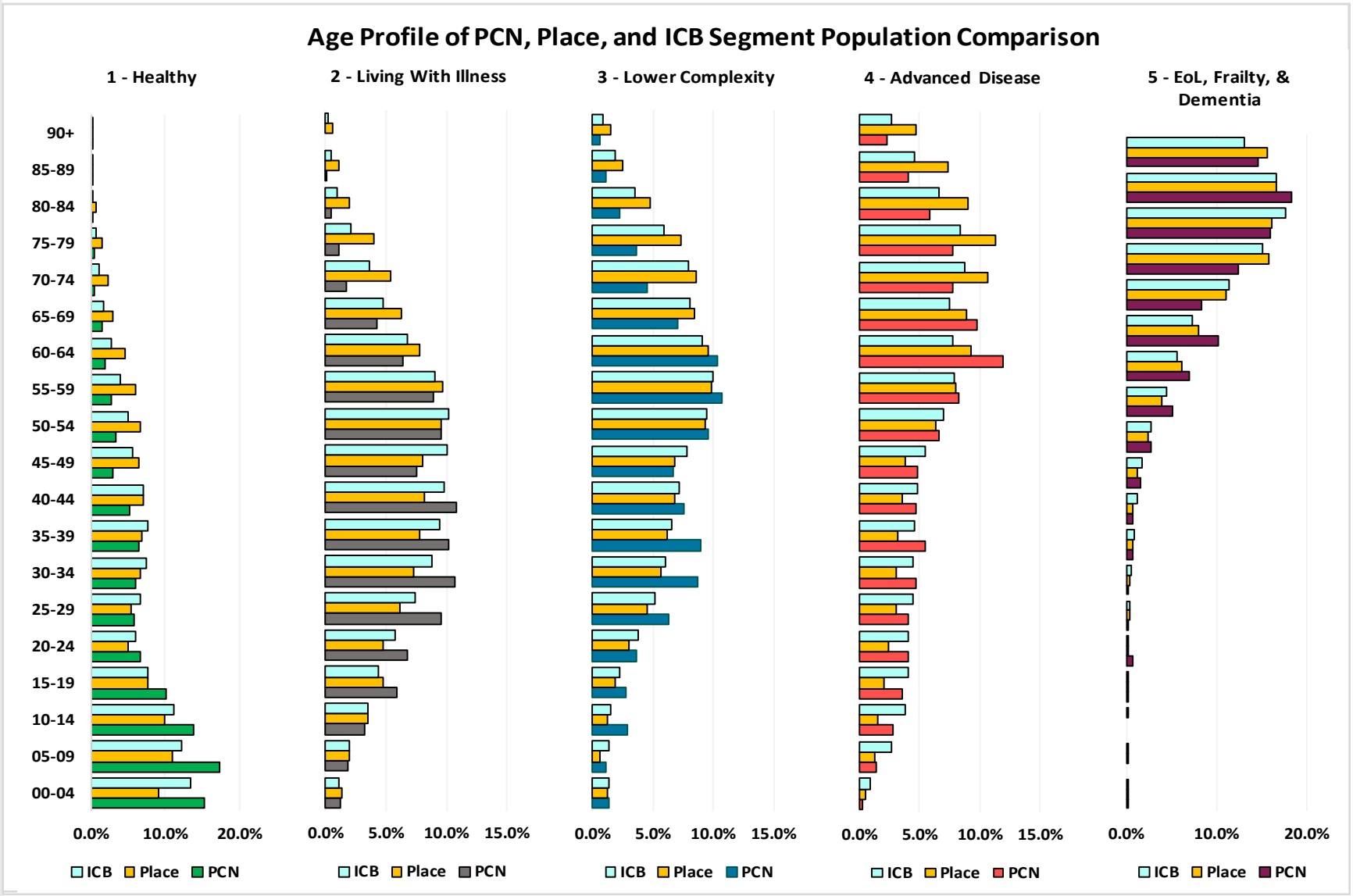
Whole Population Outcomes

- 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 confidence to be able to access clinical services.

"Generally healthy"	Living with Illness	Lower Complexity	Advanced Disease & Complexity	End of Life, Frailty & Dementia
Who is in this group? • Children and adults in the general population who are not otherwise captured in other segments. • Most likely receive episodic care due to accidents and injuries or linked to maternity and CYP routine services. • No diagnosed conditions.	**Who is in this group?** • Includes people with single illnesses (including MH), that are currently controlled or able to self-manage and will receive most of their care in a planned way through primary care. • Includes people with social or behavioural risk factors for more advanced disease.	**Who is in this group?** • Includes people with moderate levels of morbidity and complexity. This is either as a result of: Multi-morbidity (2-4 long term conditions), Mild frailty and/or Social complexity.	**Who is in this group?** • Advanced disease and complexity represents a cohort of people with one or more significant illnesses that impact on their day to do functioning as well as people with significant risk from social complexity	**Who is in this group?** • End of Life, frailty and dementia is the first segment in the logic and is the first set of criteria on which people are assessed. The segment includes: people who are identified as being in their last year of life, or on the palliative disease register as well as people with incurable cancer. This segment also includes those with severe frailty and/or severe dementia.
Social & Clinical Outcomes • INCREASE screening. • IMPROVE experience of Maternity services. • REDUCE rates of childhood obesity in reception and year 6. • REDUCE rate of infant mortality. • REDUCTION in proportion of people diagnosed with low mood and/or depression.	**Social & Clinical Outcomes** • INCREASE proportion of patients who feel able to self-manage their condition. • REDUCE prevalence of behavioural risk factors for more advanced diseases, including: obesity, smoking status and drug abuse. • REDUCE episodes of ill -health requiring emergency admissions for long term condition. • INCREASE percentage of people with mental health problems in employment. • INCREASE proportion of people who are able to maintain life routines considered important to the individual, e.g work, .. • REDUCE emergency attendances due to alcohol -related harm.	**Social & Clinical Outcomes** • INCREASE proportion of patients who feel able to self-manage their condition. • REDUCE rate of emergency admissions for people with lower complexity. • INCREASE proportion of patients offered personalised care and support planning. • REDUCE prevalence of behavioural risk factors for more advanced diseases, including: obesity, smoking status and drug abuse.	**Social & Clinical Outcomes** • INCREASE five year survival from cancer. • REDUCE rate of emergency admissions in people with advanced disease or complexity. • REDUCE the difference in average age of death between people with learning disability/SMI compared to general population. • REDUCE proportion of whole population who are living with advanced disease and/or complexity.	**Social & Clinical Outcomes** • REDUCE dependency for emergency care services e.g A&E attendances and emergency admissions. • INCREASE proportion of people who die in their preferred place of death. • INCREASE identification of frail and complex patients, including those with dementia or at end of life. • REDUCE proportion of days disrupted by emergency care in last year of life. • INCREASE number of days spent at home in last year of life. • INCREASE proportion of people supported at home instead of in residential care.

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

Age Profile and Health Segment



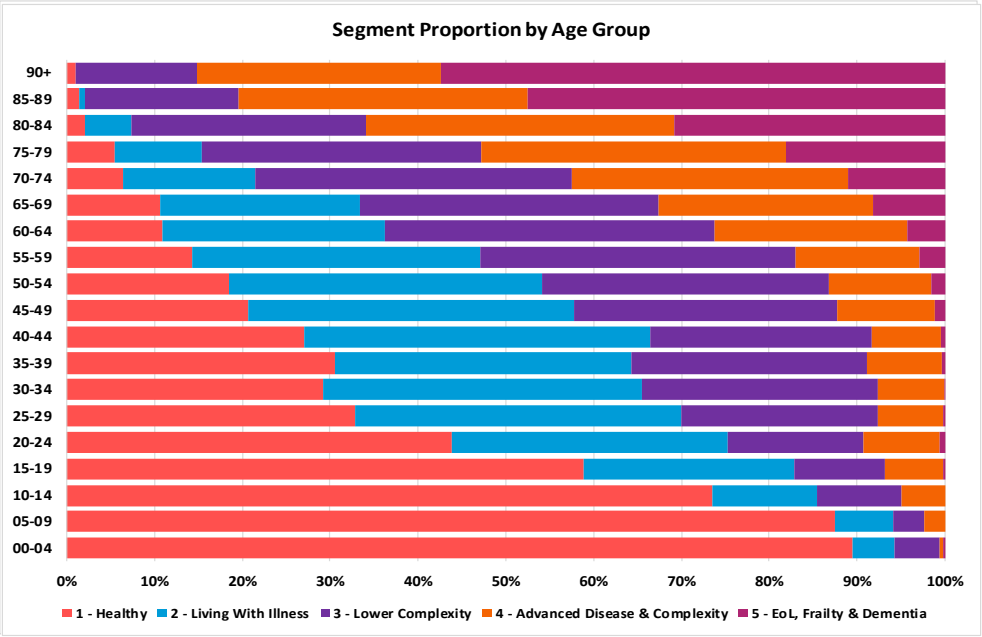
Each registered person is assigned to a segment and this can be cut by age group and also geographically by Place or PCN. The above looks at the breakdown by age of people within each segment. It provides the PCN value against the Place and ICB value.

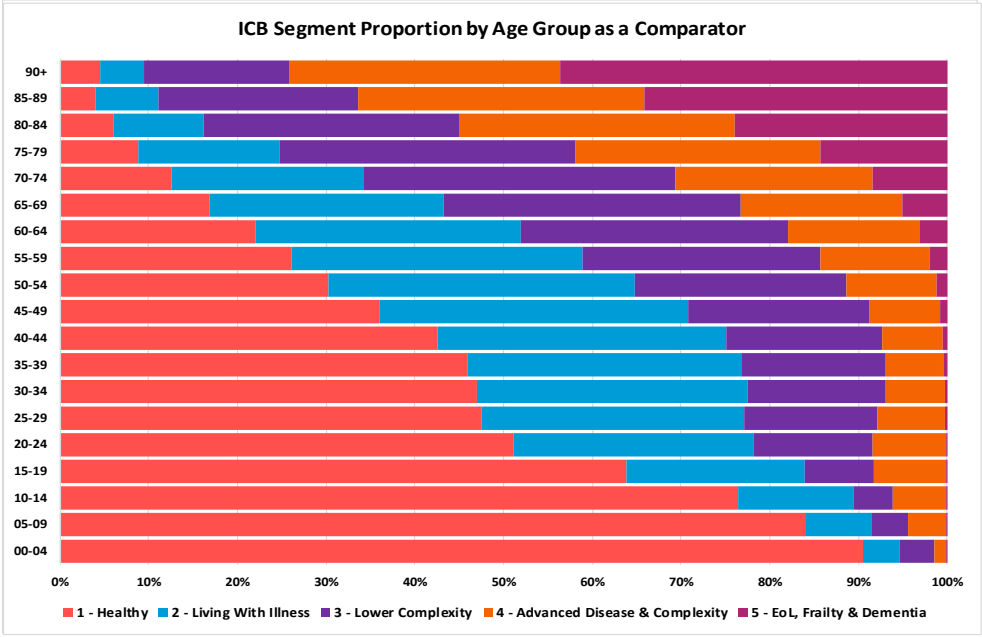
For Harlow South we can see the profile within segments reconciles with the national data that showed the younger profile of Harlow South and the earlier onset of living with illness.

Source: HWE PHM Team, Combined population data re-extract via Optum

Demographic Breakdowns - Segment & Deprivation Quintiles

Hertfordshire and West Essex Integrated Care Board



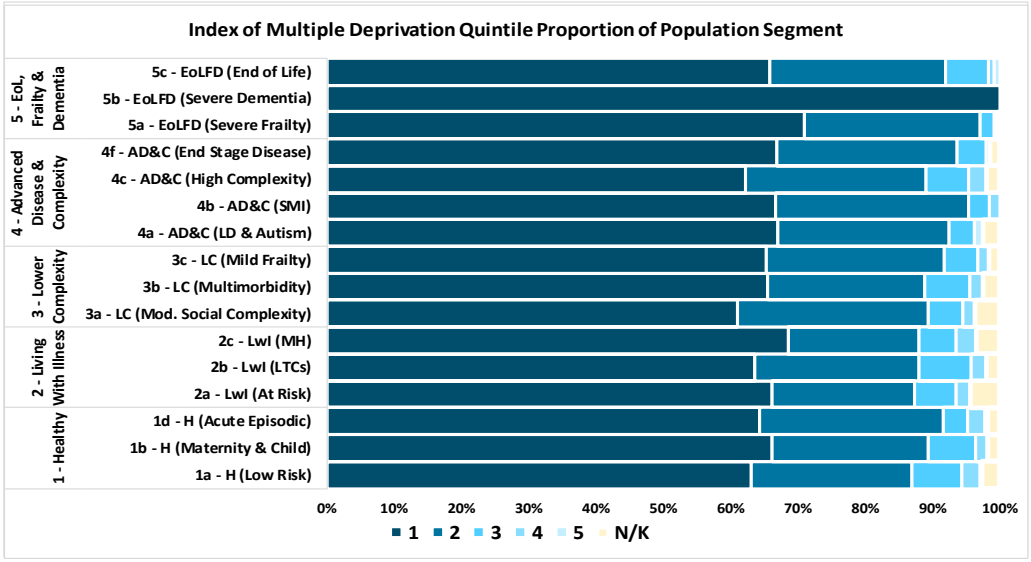


The ICB Health Segments here are broken down by total population and 5 year age groups; as expected with age the proportion of people within the healthy segment decreases.

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

In general Harlow South 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.



Source: HWE PHM Team, Combined population data re-extract via Optum

Major Conditions Comparison - Per 1,000 Registered

NHS Hertfordshire and West Essex Integrated Care Board

PCN NAME	COPD	Obesity	Asthma	Diabetes	Dementia	Cancer	Learning Disabilities	Hypertension	Stroke	Chronic Kidney Disease	Heart Disease	Heart Failure	AtrialFib	Chronic Cardiac Disease	Depression	MH	Anxiety	Serious Mental Illness	Alzheimers
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 South are COPD and Asthma, Heart Disease and Heart Failure. The presence of Mental Health recorded in Harlow South is thesecond Highest within the ICB.

Source: HWE PHM Team, Combined population data re-extract via Optum

Continued

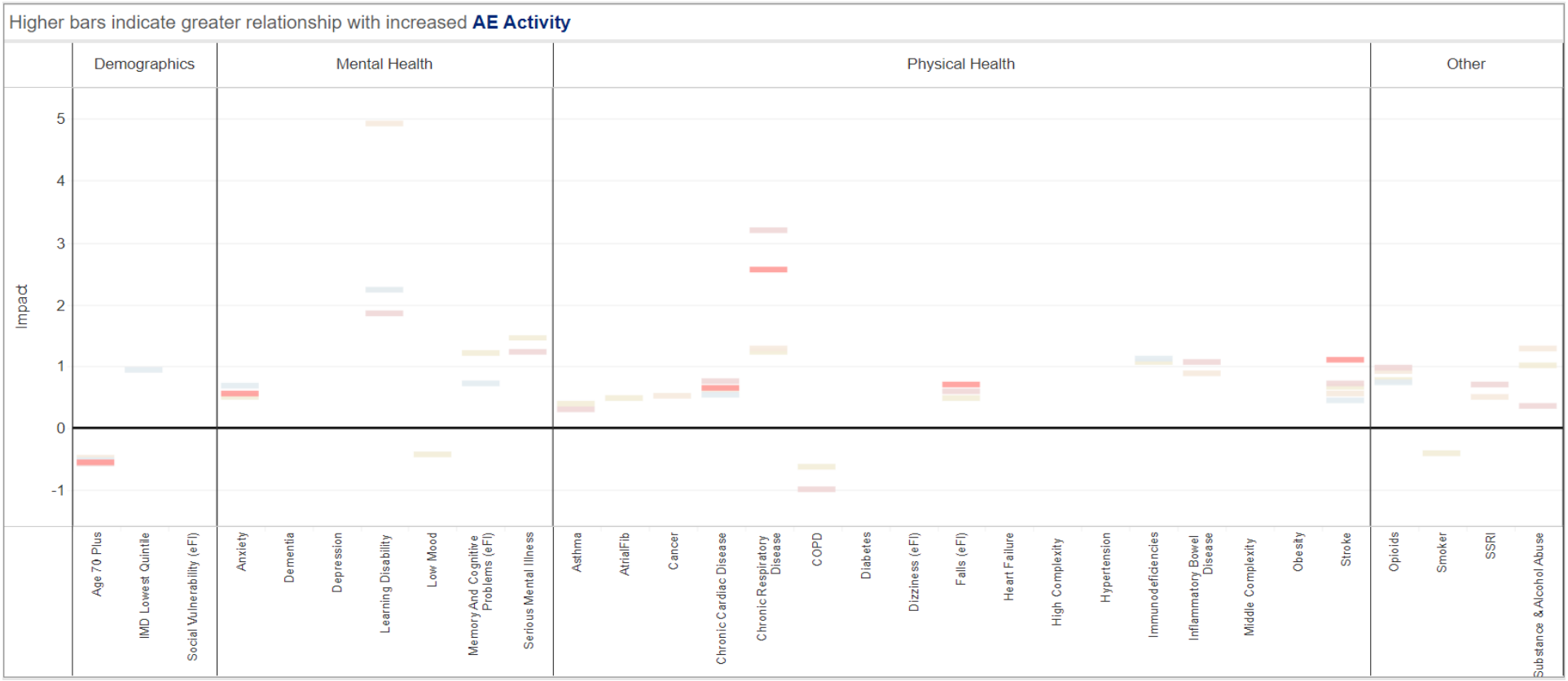
NHS Hertfordshire and West Essex Integrated Care Board

PCN NAME	ASD	Cerebral Palsy	Chronic Respiratory Disea	Cystic Fibrosis	Huntingtons Disease	Inflammatory Bowel Dise	Kidney Transplant	Metastatic Cancer	Multiple Sclerosis	Muscular Dystrophy	Myasthenia Gravis	Osteoporosis	Other Neurological Condi	Parkinsons Disease	Rheumatoid Arthritis	Lupus (SLE)	Sickle Cell Disease	Solid Organ Transplant	High BP
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	22.10	0.77	0.23	11.13	2.30	3.02	1.73	0.30	0.33	24.28	1.10	2.77	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	10.97	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	11.11	0.96	22.70	1.41	0.13	10.43	2.57	2.70	1.80	0.42	0.29	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	0.34	24.44	1.56	1.95	9.86	1.43	0.78	1.45	87.88
CENTRAL WATFORD	10.69	1.11	20.87	0.87	0.15	7.62	2.32	2.65	1.20	0.27	0.21	11.29	1.30	2.44	7.53	1.17	0.54	1.14	29.37
DACORUM BETA	17.95	1.28	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	42.10	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, Cerebral Palsy, Myasthenia Gravis, Osteoporosis, Rheumatoid Arthritis, Lupus, and High BP.

Source: HWE PHM Team, Combined population data re-extract via Optum

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.

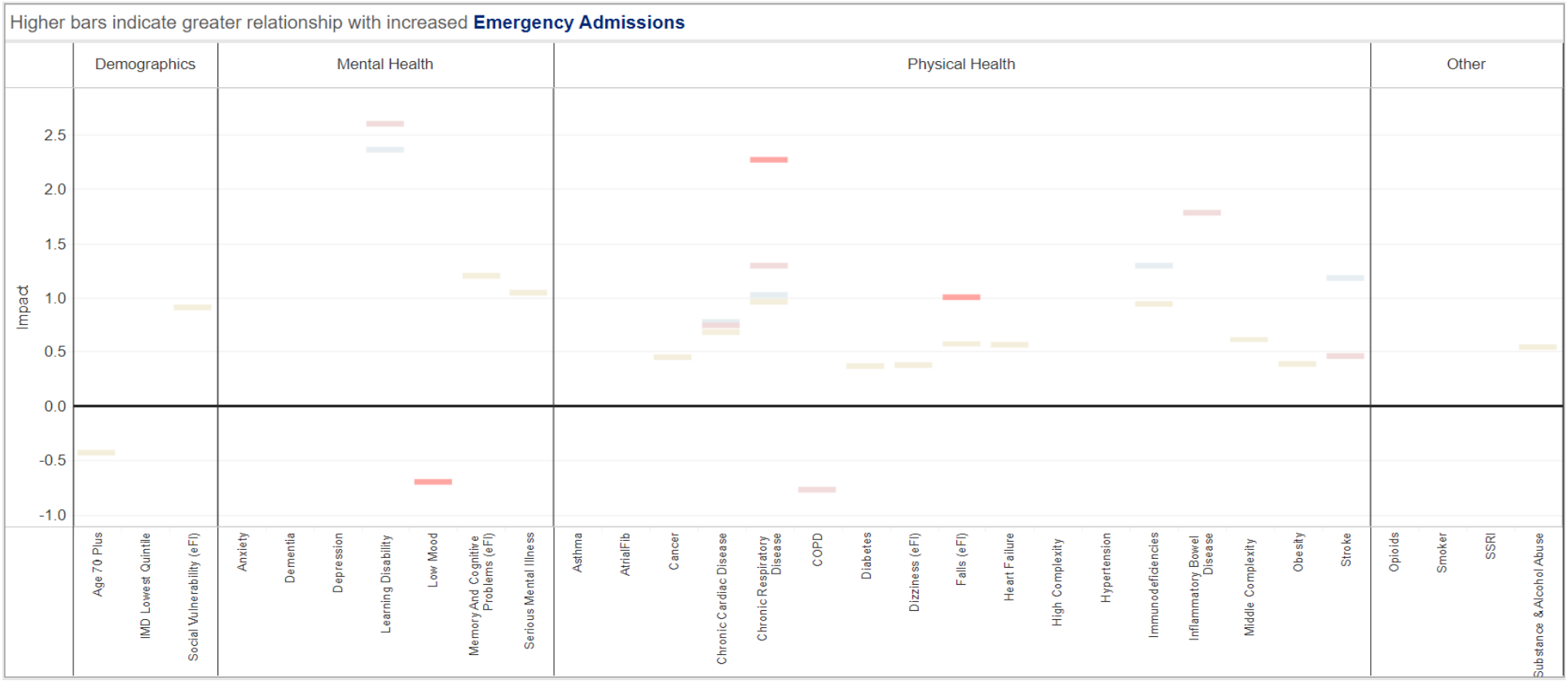
The impact for the PCN is given and will vary for each characteristic; a wide variance may indicate differences in care or good practice which could be shared; some impacts are positive. Higher bars indicate greater relationship with increased A&E attendances.

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.

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

PCN Benchmarking - Emergency Admissions

Hertfordshire and West Essex Integrated Care Board



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 and falls.

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

Urgent and Emergency Care

Hertfordshire and West Essex Integrated Care Board

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.

UEC 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

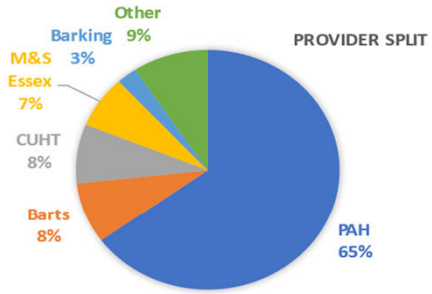
Children = 29,930 (26.8%)
Adults = 57,019 (51.0%)
Older People = 24,932 (22.3%)

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%)

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%)



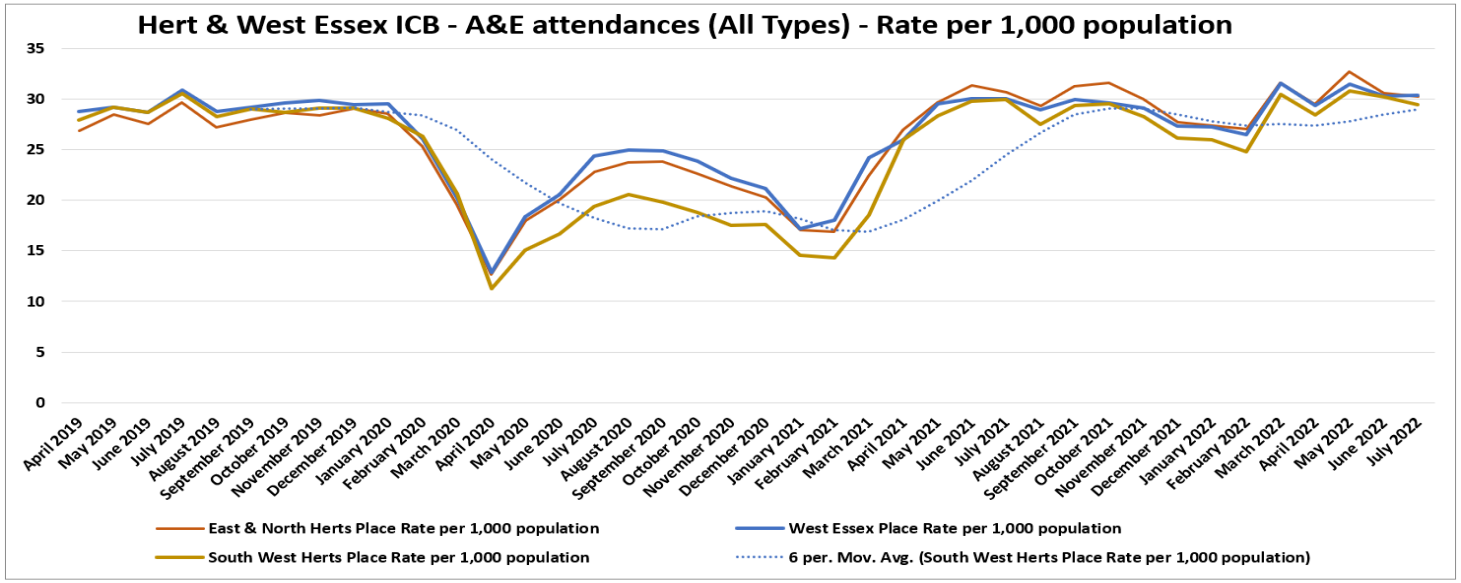
This translates to 1 in 4 people registered with West Essex attending A&E

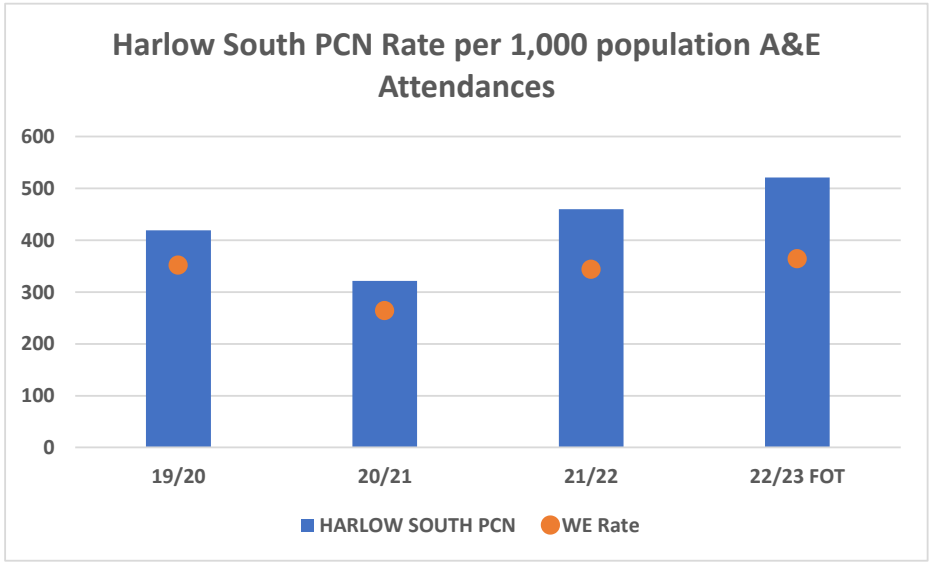
Children = 1 in 4 children
Adults = 1 in 5 adults
Older People = 1 in 4 older people

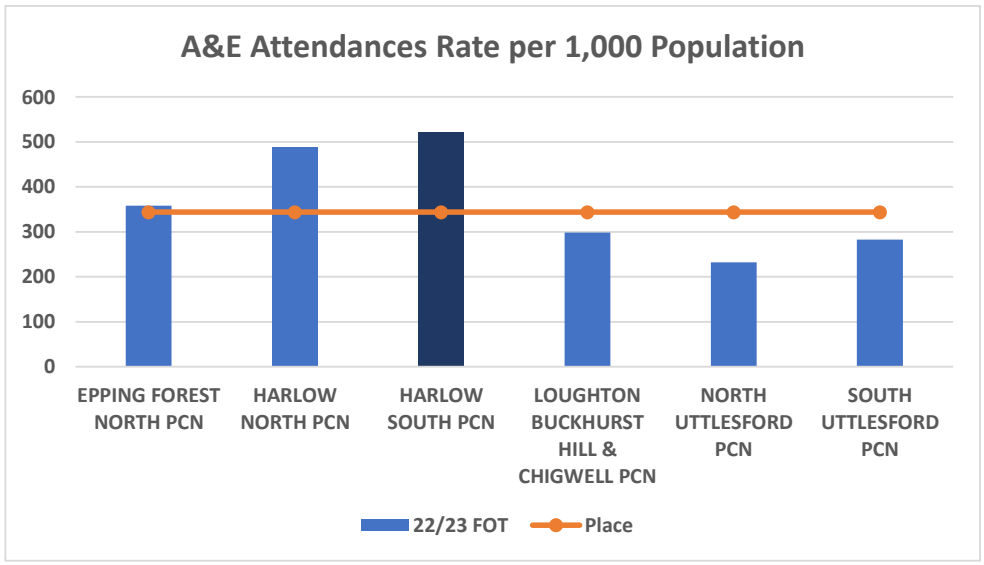
Source: SUS

Source: HWE PHm Team, SUS Data Sets

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 South rates per 1,000 population which is the highest in West Essex Place.

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

Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions

Hertfordshire and West Essex Integrated Care Board

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 South PCN.

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

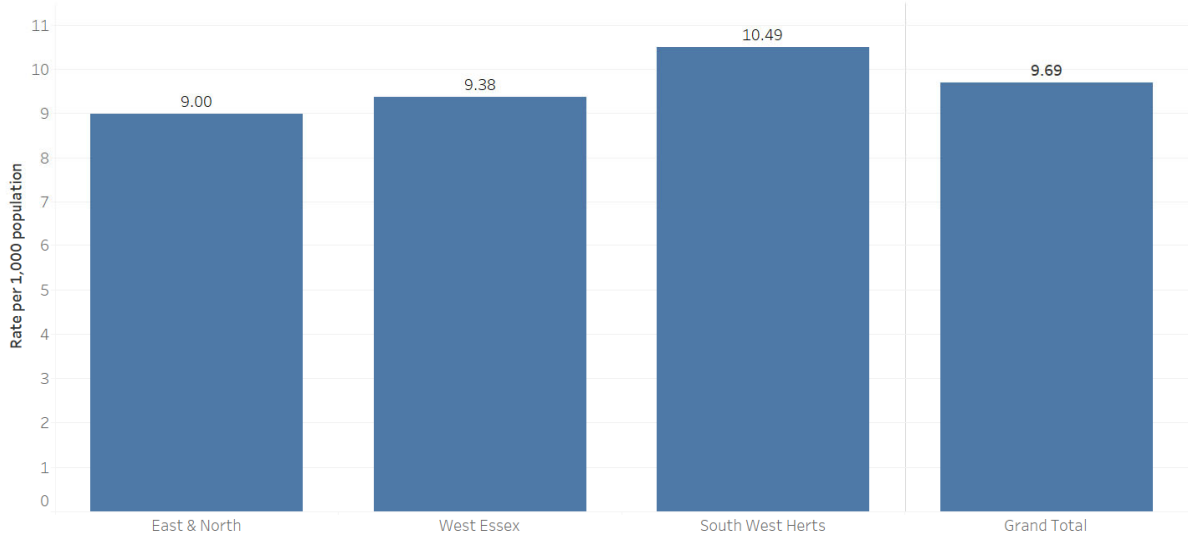
Chronic ACS admissions
April 2021 - September 2022
Herts & West Essex ICB

Chronic ACS	Admissions	People	Average cost of admission	Tariff Total Payment National
CVD: AF and Flutter	66	57	£2,302	£151,953
CVD: Angina	25	23	£1,783	£44,583
CVD: Congestive Heart Failure	102	75	£4,722	£481,629
CVD: Hypertension	31	30	£1,106	£34,297
Diseases of the blood	40	37	£1,964	£78,551
Mental and Behavioural Disorders	17	16		
Neurological Disorders	34	26	£2,119	£72,043
Nutritional, endocrine and metabolic	73	57	£2,817	£205,636
Respiratory: Asthma	51	48	£1,478	£75,365
Respiratory: COPD	95	75	£3,035	£288,314
Grand Total	**534**	**424**	**£2,682**	**£1,432,371**

Source: HWE PHM Team, SUS UEC data-sets

ACS Admission Rates per 1,000 Population by Place

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

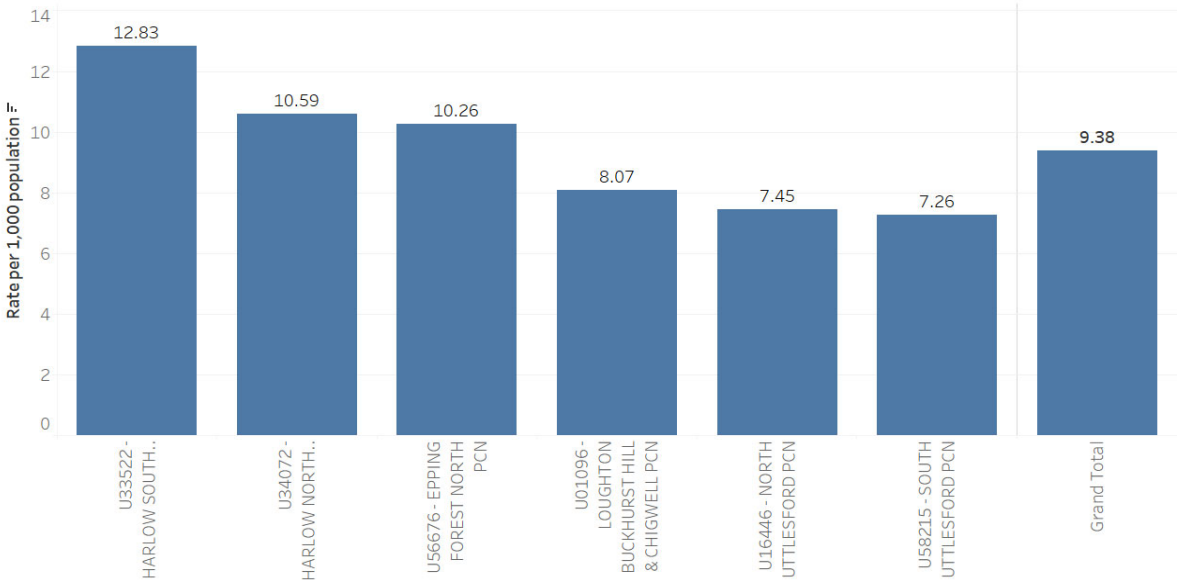


When comparing the rates per 1,000 population between places, the West Essex place has a slightly lower rate than the ICB.

Within West Essex Place, the data shows that Harlow South has the 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)



Source: HWE PHM Team, SUS UEC data-sets

Chronic ACS by Segment

Hertfordshire and West Essex Integrated Care Board

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 South the highest volume and cost is within the End of Life, Severe Frailty and Dementia in the over 65 age group.

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

Hertfordshire and West Essex Integrated Care Board

Segment 5

ACSs of note for people aged over 65 with within the End of Life, Frailty & Dementia are COPD and Heart Failure.

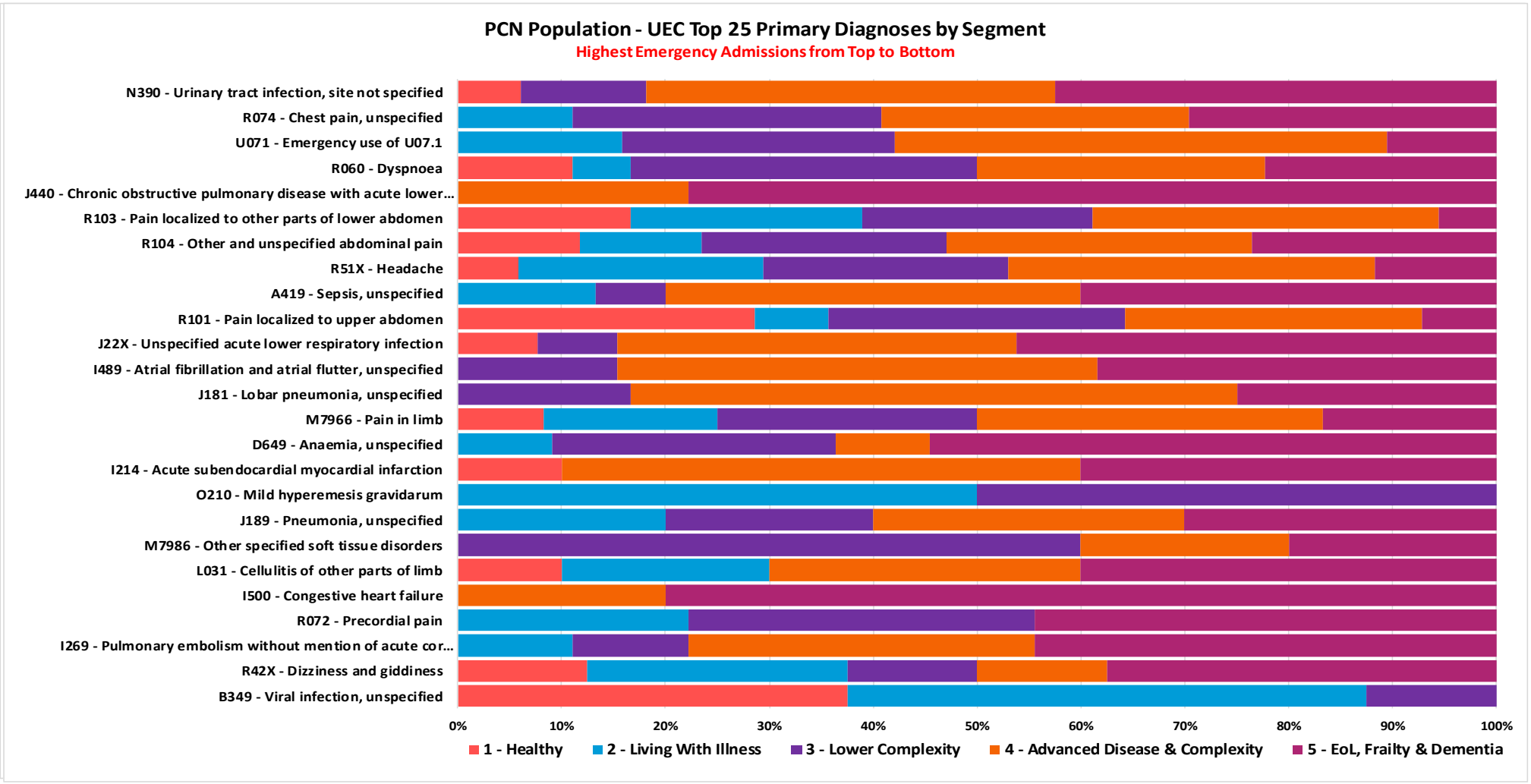
For those people over 65 within Advanced Disease and Complexity, we can see multiple areas, but notiably Nutritional, Endocrine & metabolic, AF & Flutter, Heart Failure, and COPD.

Segment 4

Source: HWE PHM Team, SUS UEC data-sets

UEC Diagnoses by Segment

NHS Hertfordshire and West Essex Integrated Care Board



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

Hertfordshire and West Essex Integrated Care Board

UEC Patients Seen by Segment & Ward	1 - Healthy	2 - Living With Illness	3 - Lower Complexity	4 - Advanced Disease & Complexity	5 - EoL, Frailty & Dementia	Grand Total
Bishop's Stortford Central					1	1
Broadley Common, Epping Upland and Nazeing			1			1
Bush Fair	27	33	62	89	107	318
Church Langley	3	2	1	7		13
Great Parndon	2	11	7	9	30	59
Harlow Common	13	13	24	60	70	180
Hastingwood, Matching and Sheering Village		1	1		2	4
Hunsdon	1		2			3
Little Parndon and Hare Street	3	4	8	5	3	23
Loughton Alderton					1	1
Mark Hall	7	10	10	9	16	52
Martins Wood			1			1
Much Hadham				1		1
Netteswell	1	5	5	4	10	25
Old Harlow		5	5	3	2	15
Sawbridgeworth			1			1
Shelley				4		4
Stansted South & Birchanger			3			3
Staple Tye	10	19	36	31	50	146
Sumners and Kingsmoor	5	4	11	12	13	45
Toddbrook	13	20	27	56	21	137
Unknown Ward	3	5	10	9		27
Grand Total	**88**	**132**	**215**	**299**	**326**	**1060**

UEC Patients Seen by Deprivation Quintile & Ward 1 = Most Deprived, 5 = Least Deprived	1	2	3	4	5	(blank)	Grand Total
Bishop's Stortford Central					1		1
Broadley Common, Epping Upland and	1						1
Bush Fair	259	59					318
Church Langley			1	12			13
Great Parndon	32		27				59
Harlow Common	74	106					180
Hastingwood, Matching and Sheering Village		4					4
Hunsdon			3				3
Little Parndon and Hare Street	11	12					23
Loughton Alderton	1						1
Mark Hall	52						52
Martins Wood	1						1
Much Hadham	1						1
Netteswell	25						25
Old Harlow		7	8				15
Sawbridgeworth				1			1
Shelley		4					4
Stansted South & Birchanger		3					3
Staple Tye	146						146
Sumners and Kingsmoor	25	6	14				45
Toddbrook	99	38					137
Unknown Ward						27	27
Grand Total	**727**	**239**	**53**	**13**	**1**	**27**	**1060**

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

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

Source: Public Health Team

Public Health - Nationally Reported Admissions

Hertfordshire and West Essex Integrated Care Board

Hospital Admissions

	Period	HERTFORDSHIRE AND WEST ESSEX	HARLOW SOUTH PCN
Emergency admissions injuries due to falls in those aged 65+	2020/21	2026	2602.5
Emergency asthma, diabetes and epilepsy admissions (aged 0-18)	2020/21	130.8	230
Emergency admissions for children with lower respiratory tract infections (age 0-18)	2020/21	40.5	
Emergency admissions for chronic ambulatory care sensitive conditions	2020/21	505.9	905.6
Mental health admissions (all ages)	2020/21	177.2	237.7
Emergency Cancer Admissions	2020/21	494.9	551.5
Emergency admissions for acute conditions shouldn't require admissions	2020/21	611.6	1013.1

Similar | Significantly Worse | Significantly Better

PH.Intelligence@hertfordshire.gov.uk

Hertfordshire Public Health Evidence & Intelligence Epidemiology

Hertfordshire

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

Harlow South PCN show a significantly higher rate of admissions for those over 65, epilepsy, children, 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

Hertfordshire and West Essex Integrated Care Board

	Most deprived									Most affluent			
Index of Multiple Deprivation Decile	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**NULL**	**PCN**	**ICS**
Overall Population Measures													
Population		5	121	65	140	22	5	9	1	1	1	370	37725
% of population in cohort		1.4%	32.7%	17.6%	37.8%	5.9%	1.4%	2.4%	0.3%	0.3%	0.3%	100.0%	100.0%
Avg. Age		68.8	75.1	72.4	77.5	79.0	69.8	76.4	79.0	80.0	65.0	75.6	75.6
% BAME Where recorded		20%	2%	2%	4%	5%	0%	11%	0%	0%	0%	3%	8%
Avg. number of Acute and Chronic Conditions		7.8	6.4	6.2	6.6	6.0	6.2	5.1	5.0	12.0	0.0	6.4	5.5
Activity Measure													
Emergency Admissions		0.6	0.9	1.1	0.8	0.5	1.2	0.8	0.0	1.0	0.0	0.9	0.6
A&E Attendances		0.8	1.2	1.4	1.2	0.8	1.2	0.9	0.0	1.0	0.0	1.2	0.9
GP Encounters		303.6	208.8	237.7	223.6	214.3	197.2	260.3	81.0	270.0	171.0	221.9	103.4
Admitted Bed Days		0.6	4.4	5.5	4.6	2.3	5.4	1.7	0.0	0.0	0.0	4.4	4.2
Physical Health													
Asthma		40.0%	41.3%	26.2%	35.7%	27.3%	40.0%	22.2%	0.0%	0.0%	0.0%	34.9%	25.2%
Cancer		20.0%	30.6%	30.8%	35.7%	45.5%	40.0%	22.2%	0.0%	0.0%	0.0%	33.0%	32.8%
Chronic Cardiac Disease		100.0%	52.9%	61.5%	62.9%	72.7%	60.0%	44.4%	0.0%	100.0%	0.0%	59.7%	47.5%
Chronic Respiratory Disease		40.0%	40.5%	26.2%	27.9%	22.7%	40.0%	33.3%	0.0%	100.0%	0.0%	31.9%	22.2%
CKD		40.0%	37.2%	35.4%	29.3%	36.4%	20.0%	22.2%	100.0%	0.0%	0.0%	33.2%	20.7%
Heart Disease		100.0%	43.8%	50.8%	55.0%	50.0%	40.0%	33.3%	0.0%	100.0%	0.0%	50.0%	39.1%
Hypertension		100.0%	81.0%	75.4%	82.1%	81.8%	100.0%	77.8%	100.0%	100.0%	0.0%	80.8%	74.5%
Diabetes		60.0%	52.1%	44.6%	52.9%	40.9%	60.0%	55.6%	100.0%	100.0%	0.0%	50.8%	42.8%
Obesity		60.0%	33.9%	32.3%	38.6%	18.2%	40.0%	11.1%	0.0%	0.0%	100.0%	34.3%	32.8%
Rheumatoid Arthritis		0.0%	7.4%	13.8%	8.6%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	8.6%	5.3%
Stroke		20.0%	37.2%	43.1%	41.4%	36.4%	40.0%	22.2%	100.0%	100.0%	0.0%	39.5%	34.5%
Mental Health													
Anxiety		40.0%	24.0%	20.0%	28.6%	9.1%	20.0%	22.2%	0.0%	0.0%	0.0%	24.1%	29.0%
Depression		60.0%	38.8%	26.2%	35.0%	18.2%	40.0%	22.2%	0.0%	0.0%	0.0%	33.5%	33.6%
Dementia		0.0%	17.4%	15.4%	13.6%	9.1%	0.0%	11.1%	0.0%	100.0%	0.0%	14.6%	18.6%
Serious Mental Illness		0.0%	5.0%	3.1%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%	6.5%
Low Mood		40.0%	28.9%	18.5%	18.6%	9.1%	0.0%	11.1%	0.0%	100.0%	0.0%	21.4%	18.5%
Suicide		0.0%	4.1%	3.1%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	1.5%
Mental Health Flag		60.0%	57.0%	40.0%	46.4%	27.3%	40.0%	33.3%	0.0%	100.0%	0.0%	47.3%	48.8%
Screening and Verification Refusal													
Bowel Screening Refused		60.0%	31.4%	26.2%	28.6%	18.2%	40.0%	22.2%	0.0%	0.0%	0.0%	28.6%	25.5%
Cervical Screening Refused		0.0%	4.1%	7.7%	2.9%	4.5%	20.0%	0.0%	0.0%	0.0%	0.0%	4.3%	3.6%
Flu Vaccine Refused		0.0%	24.8%	13.8%	18.6%	22.7%	60.0%	11.1%	0.0%	0.0%	0.0%	20.0%	26.4%
Wider Indicators													
Has A Carer		20.0%	18.2%	13.8%	15.0%	13.6%	0.0%	22.2%	0.0%	100.0%	0.0%	15.9%	19.0%
Is A Carer		0.0%	5.8%	10.8%	6.4%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	6.8%	11.9%
MED3 Not Fit For Work (ever)		40.0%	15.7%	26.2%	10.7%	0.0%	20.0%	22.2%	0.0%	0.0%	100.0%	15.4%	13.4%
MED3 Not Fit For Work (in Last Year)		0.0%	5.8%	7.7%	2.9%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	4.6%	3.5%
MED3 Not Fit For Work (in Last Six Months)		0.0%	1.7%	6.2%	3.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	2.8%
Avg. number of eFI Deficits		15.6	14.1	14.5	15.1	13.8	11.2	10.4	13.0	16.0	15.0	14.4	13.4
eFI_Housebound		40.0%	24.0%	13.8%	15.0%	13.6%	0.0%	11.1%	0.0%	0.0%	0.0%	17.6%	10.9%
eFI_SocialVulnerability		40.0%	34.7%	36.9%	35.0%	54.5%	0.0%	44.4%	0.0%	0.0%	0.0%	35.9%	27.3%
People_ChildrenInPoverty													15.5
Housing_FuelPoverty		15.2	17.0	15.2	14.3	12.3	9.0	9.7	5.0	13.0		15.0	11.1
Housing_OnePersonHousehold		40.9	33.1	32.8	28.9	24.0	26.7	25.7	20.0	27.6		30.7	28.3

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 South 52% 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.

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 South PCN is higher than the ICB,

The data shows Harlow South 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, Heart Disease, Diabetes, and Stroke 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 within our data platform

NHS Hertfordshire and West Essex Integrated Care Board

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:

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.

Risk Grade: High	**Age < 3** AND **Drug: Salbutamol** AND **eFI: Dyspnoea**
	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

Hertfordshire and West Essex Integrated Care Board

Contents:

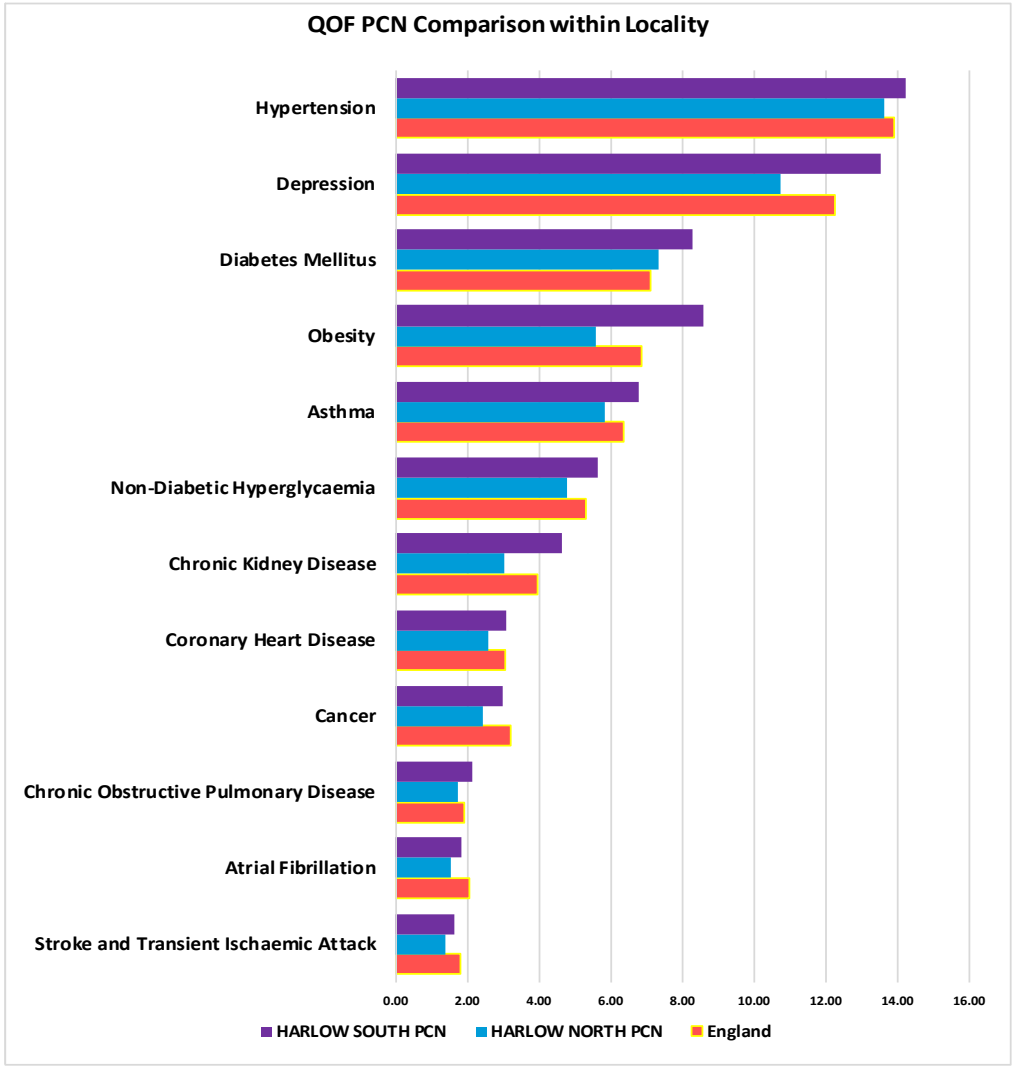
- **QOF Local, Regional, & National Comparison**

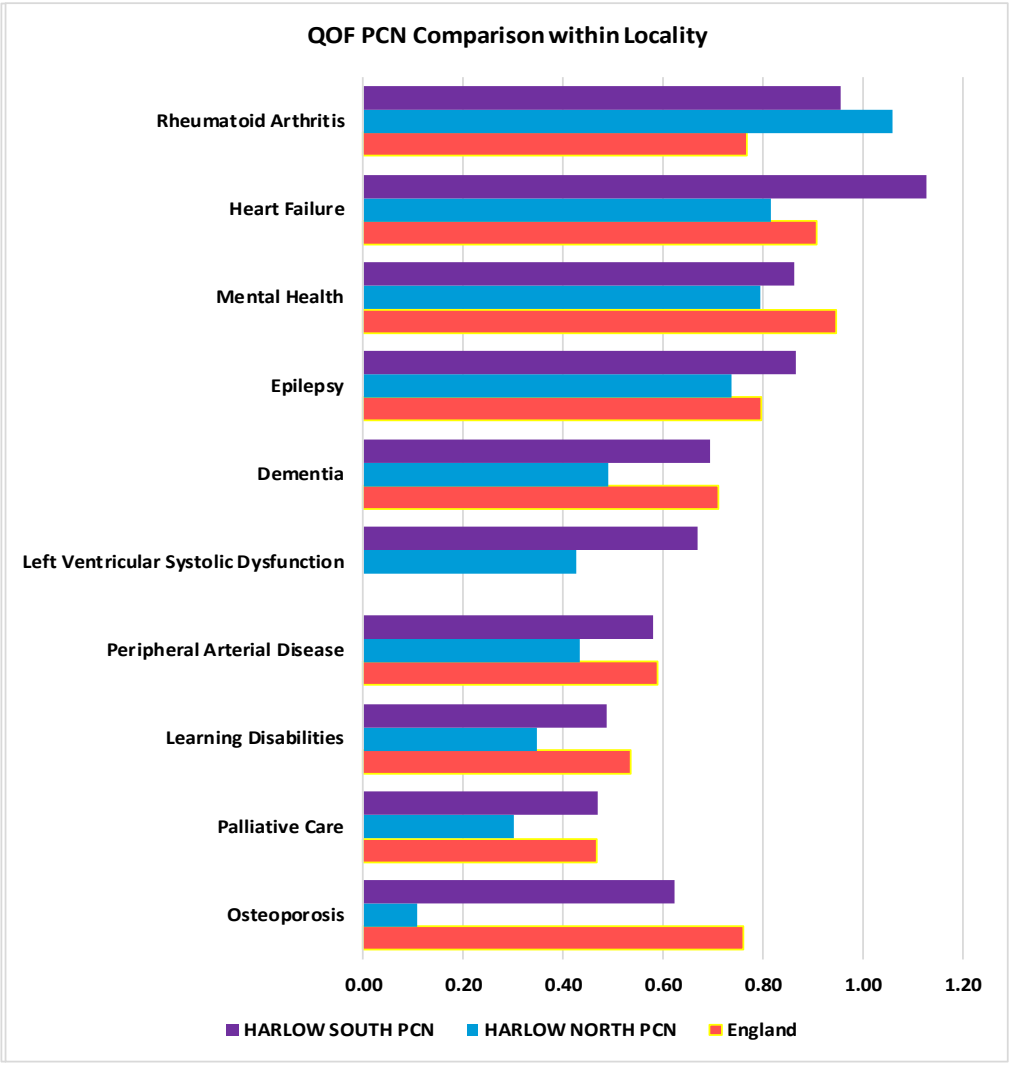
- **QOF Locality & PCN Comparison**

- **QOF Missed Diagnoses & Admission Rates**

- **Admission Rates Benchmarking against ICB/Place**

QOF - Locality & PCN Comparison





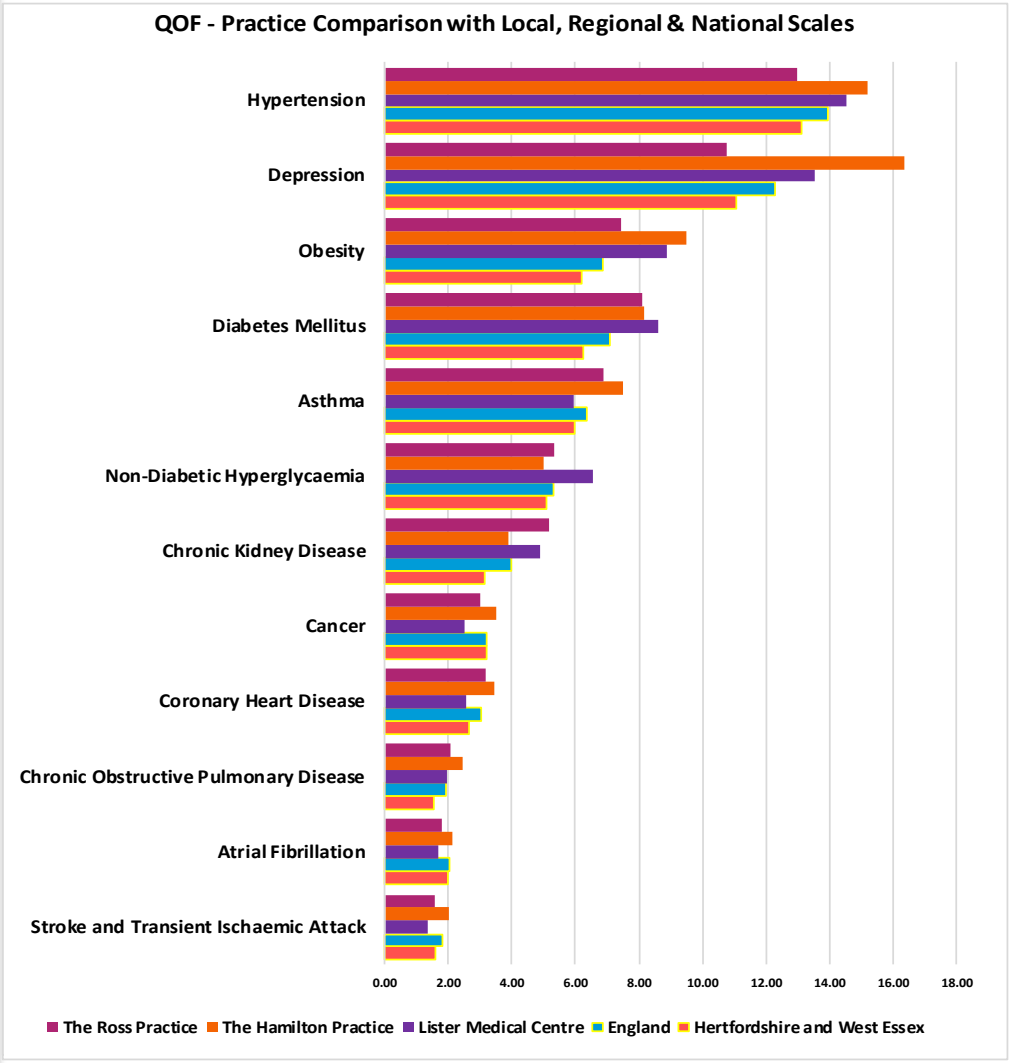
The Quality and Outcome Framework national data provides valuable benchmarking information across England.

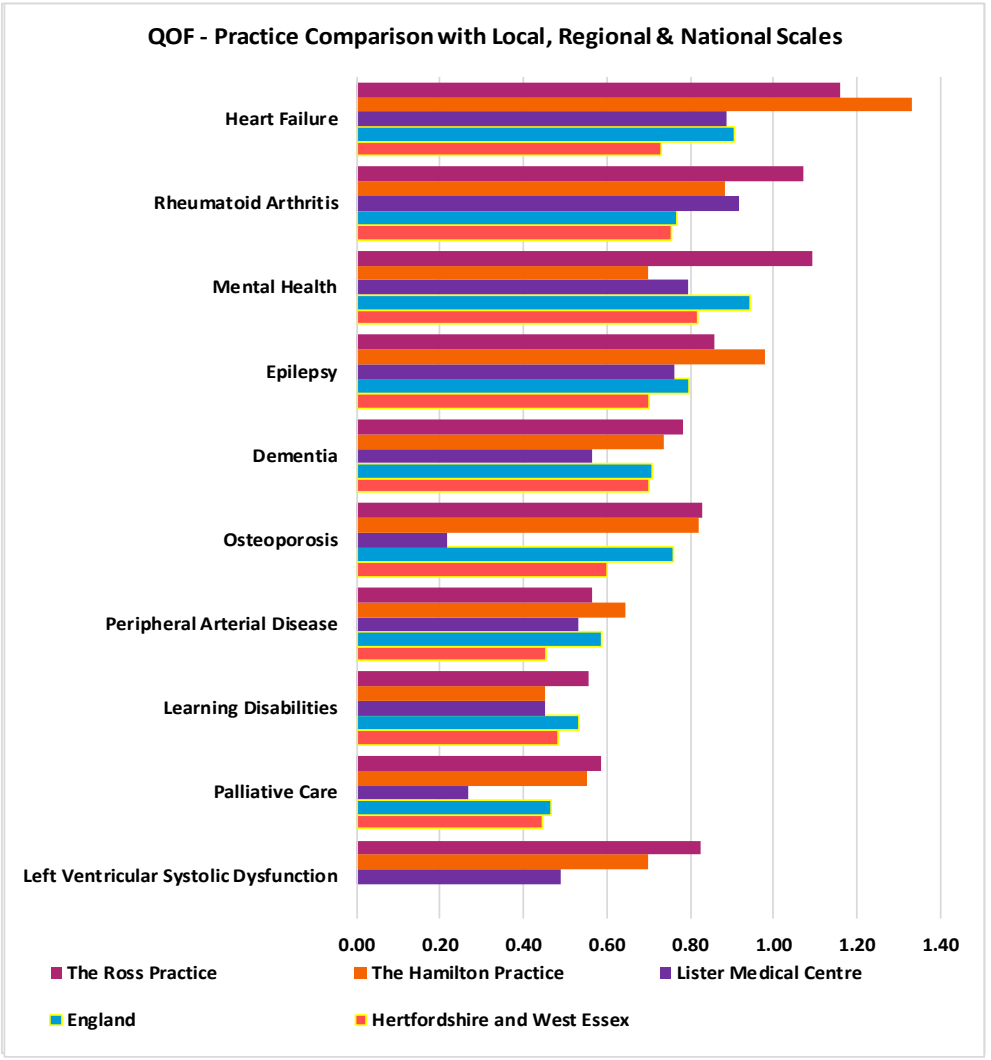
The charts above show Harlow South PCNs prevalence by condition compared with Harlow South and England.

Source: QOF National Figures, HWE PHM Team

QOF - Local, Regional, & National Comparison

Hertfordshire and West Essex Integrated Care Board





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

NHS Hertfordshire and West Essex Integrated Care Board

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	38556	2676	6.94%	6.33%	6.17%		-236	-298	
COPD	41550	856	2.06%	1.61%	1.49%	2.39%	-187	-239	139
Diabetes	32442	2786	8.59%	6.84%	6.39%	8.13%	-567	-714	-148
Non-diabetic hyperglyaemia	31905	2113	6.62%	6.49%	5.87%	11.59%	-44	-240	1584
Hypertension	41550	6015	14.48%	14.27%	13.21%		-87	-525	
Atrial Fibrillation	41550	779	1.87%	2.12%	2.02%	2.27%	100	61	163
Stroke and TIA	41550	653	1.57%	1.60%	1.61%		12	16	
Coronary Heart Disease	41550	1240	2.98%	2.81%	2.65%		-71	-138	
Heart failure	41550	475	1.14%	0.97%	0.75%	1.35%	-72	-161	85
Left Ventricular Systolic Dysfunction	41550	269	0.65%	0.51%	0.30%		-56	-145	
Chronic Kidney Disease	31905	1476	4.63%	3.40%	3.21%		-392	-453	
Peripheral Arterial Disease	41550	238	0.57%	0.47%	0.44%		-44	-54	
Cancer	41550	1256	3.02%	3.30%	3.35%		115	134	
Palliative care	41550	175	0.42%	0.49%	0.43%		27	3	

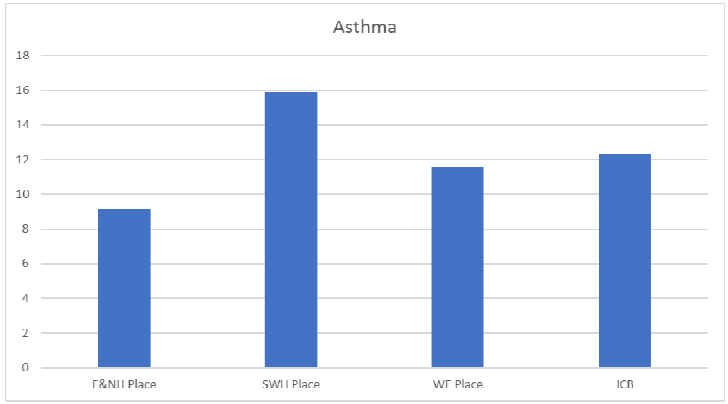
The table above shows the latest prevalence (2021/22 published August 20222) for the PCN alongside the place prevalence, ICB prevalence and the modelled prevalence for the PCN.

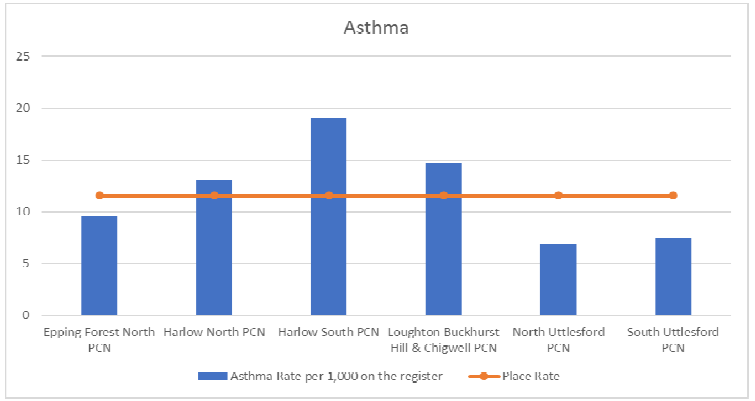
This table shows opportunities for further identification. It outlines the diagnoses to meet the place, ICB and estimated prevalence.

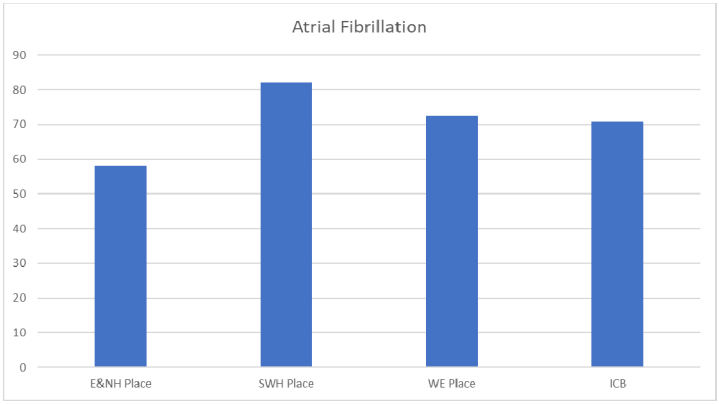
Within Ardens Manager there are case finding searches that can support PCN with identification.

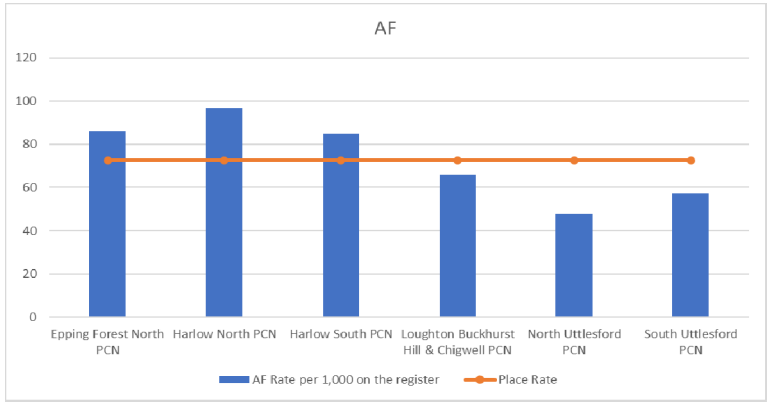
Source: QOF National Figures, HWE PHM Team

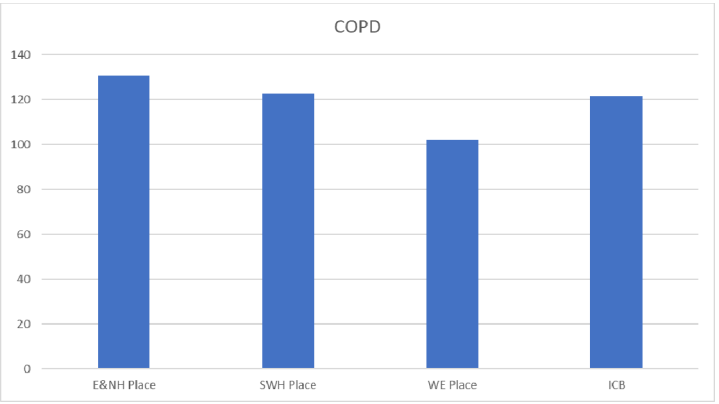
Emergency Admissions Rate per 1,000 population on the Disease Register

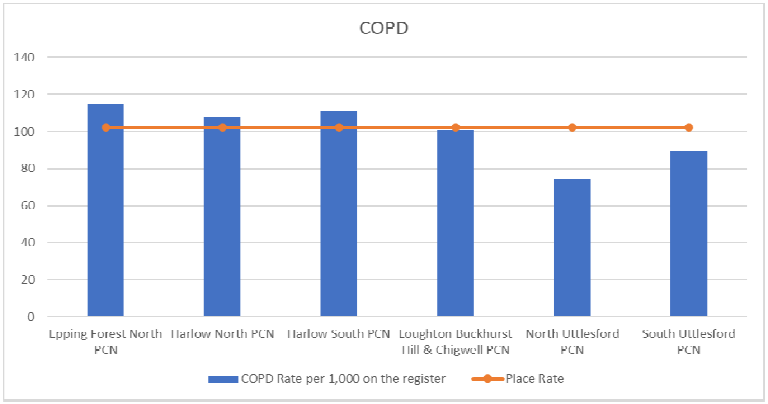












The charts on the left shows the Emergency Admissions Rates per 1,000 population on the disease register.

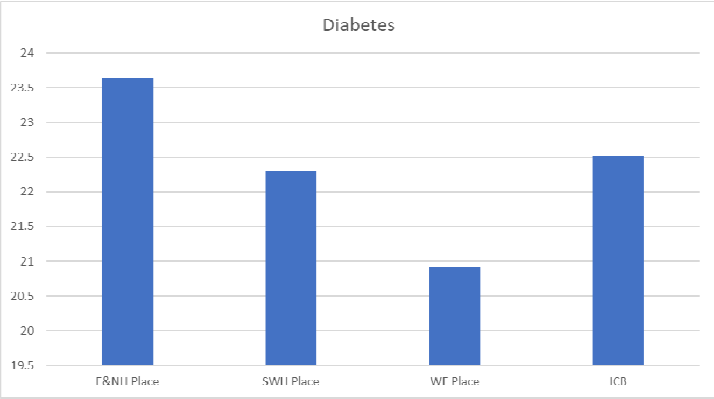
It shows the places compared with the ICB on the left and on the right it show the PCNs within a Place.

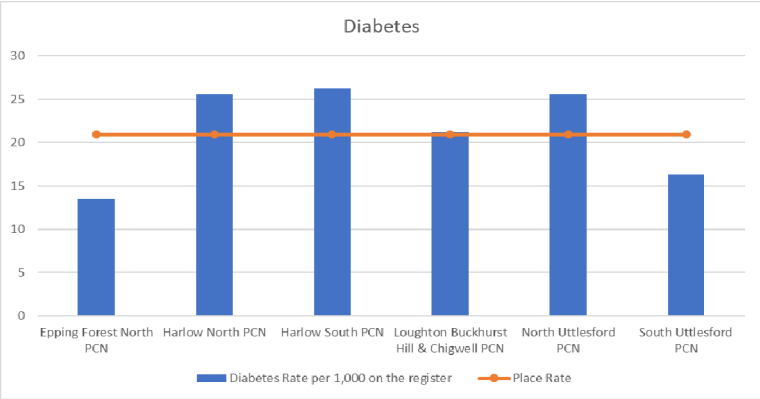
These are continued on the following place.

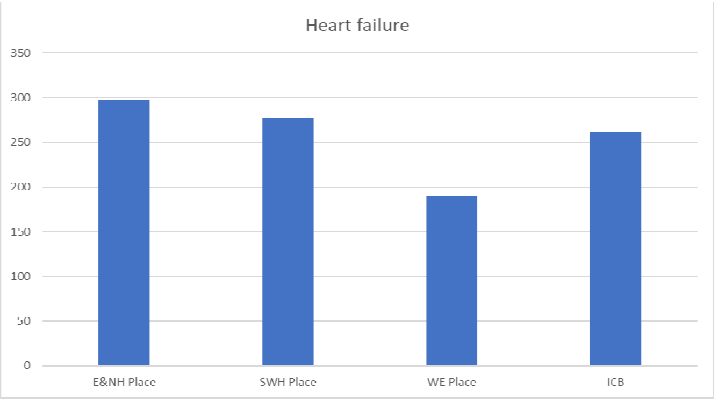
Rates may be high due to a number of factors which may include low identification.

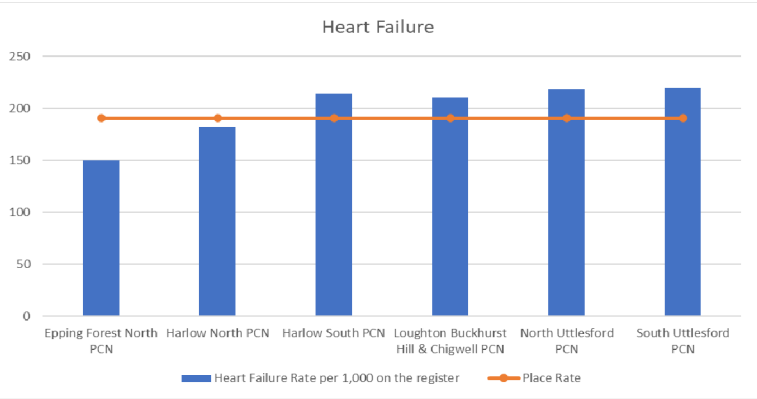
For Harlow South the data shows higher rates for Asthma and Diabetes as the highest. Respiratory was highlighted as a theme within the ACS analysis.

Source: HWE PHM Team, SUS data









Source: HWE PHM Team, SUS data

Appendicies

NHS Hertfordshire and West Essex Integrated Care Board

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

Contents:

Matrix Data - Ethnicity

NHS Hertfordshire and West Essex Integrated Care Board

Ethnicity Group	Other Ethnic Groups			Asian			Asian or Asian British		Black			Mixed			Other			White			Unknown			Grand Total
Complexity	Low Complexi	Middle Complexi	High Complexi	Low Complexi	Middle Complexi	High Complexi	Low Complexi	Middle Complexi	Low Complexi	Middle Complexi	High Complexi	Low Complexi	Middle Complexi	High Complexi	Low Complexi	Middle Complexi	High Complexi	Low Complexi	Middle Complexi	High Complexi	Low Complexi	Middle Complexi	High Complexi	
Overall Population Measures																								
Population	102	23		99	67	11	10		144	81		107	48		103	56	8	3,648	3,589	684	721	156		9,671
Age	35	45	62	28	45	71	42	44	26	48	49	13	36	64	28	45	70	27	47	71	29	42	64	38
Male %	41.2%	47.8%	0.0%	51.5%	55.2%	54.5%	70.0%	75.0%	47.2%	46.9%	33.3%	56.1%	50.0%	66.7%	52.4%	57.1%	75.0%	51.7%	43.7%	41.5%	59.6%	65.4%	#####	48.8%
IMD	4.2	4.2	5.0	4.4	4.4	5.0	5.4	4.0	4.3	4.3	4.7	4.3	4.3	3.7	4.0	4.6	4.0	4.5	4.5	4.5	4.3	4.5	3.7	4.5
% BAME (where recorded)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%				10%
Multimorbidity (acute & chronic)	0.0	1.6	6.0	0.0	1.8	6.0	0.0	1.5	0.0	1.8	6.3	0.0	1.6	5.3	0.0	1.5	7.4	0.0	1.9	6.8	0.0	1.5	5.0	1.3
Finance and Activity Measures																								
Spend - Total	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.1M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£1.3M	£3.3M	£2.6M	£0.1M	£0.0M	£0.0M	£7.6M
PPPY - Total	£76	£341	£1,047	£381	£433	£1,892	£200	£234	£235	£891	£5,939	£433	£548	£1,631	£375	£631	£629	£353	£914	£3,812	£72	£153	£208	£790
Acute Elective	£21	£63	£0	£98	£138	£622	£118	£84	£102	£336	£1,848	£239	£112	£441	£148	£342	£239	£120	£406	£1,272	£13	£38	£0	£303
Acute Non-Elective	£8	£160	£901	£201	£160	£912	£18	£46	£63	£385	£3,732	£104	£294	£924	£154	£137	£143	£156	£347	£2,174	£7	£30	£0	£358
GP Encounters	£46	£118	£146	£82	£134	£358	£63	£105	£69	£170	£360	£90	£142	£267	£73	£153	£246	£76	£161	£366	£51	£85	£208	£129
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	24	61	76	42	69	184	32	54	36	87	187	46	73	137	37	78	127	39	82	187	26	44	109	66
Beddays PPPY - Acute EM	0	0	2	0	0	0	0	0	0	0	4	0	0	0	0	1	0	0	1	4	0	0	0	1
Physical Health																								
Diabetes	0.0%	30.4%	0.0%	0.0%	28.4%	90.9%	0.0%	0.0%	0.0%	42.0%	66.7%	0.0%	18.8%	33.3%	0.0%	16.1%	87.5%	0.0%	17.6%	59.5%	0.0%	15.4%	100.0%	12.0%
COPD	0.0%	0.0%	100.0%	0.0%	1.5%	18.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	2.0%	30.6%	0.0%	0.6%	66.7%	3.0%
Chronic Respiratory Dis...	0.0%	0.0%	100.0%	0.0%	3.0%	27.3%	0.0%	25.0%	0.0%	2.5%	33.3%	0.0%	0.0%	33.3%	0.0%	1.8%	37.5%	0.0%	3.9%	36.8%	0.0%	0.6%	66.7%	4.2%
Hypertension	0.0%	26.1%	0.0%	0.0%	29.9%	81.8%	0.0%	25.0%	0.0%	53.1%	66.7%	0.0%	12.5%	66.7%	0.0%	28.6%	100.0%	0.0%	24.6%	80.4%	0.0%	17.9%	66.7%	16.3%
Obesity	6.9%	4.3%	0.0%	6.1%	11.9%	36.4%	0.0%	0.0%	9.7%	34.6%	66.7%	5.6%	25.0%	33.3%	11.7%	14.3%	37.5%	9.8%	29.2%	41.7%	10.3%	18.6%	100.0%	19.7%
Mental Health																								
Anxiety/Phobias	0.0%	30.4%	100.0%	0.0%	14.9%	18.2%	0.0%	0.0%	0.0%	7.4%	0.0%	0.0%	20.8%	66.7%	0.0%	8.9%	25.0%	0.0%	23.5%	33.2%	0.0%	20.5%	0.0%	11.9%
Depression	0.0%	21.7%	100.0%	0.0%	17.9%	36.4%	0.0%	0.0%	0.0%	12.3%	33.3%	0.0%	27.1%	33.3%	0.0%	16.1%	37.5%	0.0%	34.9%	48.0%	0.0%	28.2%	0.0%	17.4%
Learning Disability	0.0%	0.0%	0.0%	0.0%	3.0%	9.1%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	3.1%	0.0%	1.3%	0.0%	0.8%
Dementia	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	0.0%	0.5%	9.8%	0.0%	0.0%	0.0%	0.9%
Other Characteristics																								
Housebound (eFI)	0.0%	0.0%	0.0%	0.0%	1.5%	18.2%	0.0%	0.0%	0.0%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.8%	10.5%	0.0%	0.6%	0.0%	1.1%
Social Vulnerability (eFI)	39.2%	21.7%	0.0%	8.1%	9.0%	27.3%	10.0%	0.0%	4.2%	8.6%	0.0%	4.7%	6.3%	33.3%	6.8%	7.1%	37.5%	5.1%	8.6%	27.9%	0.7%	1.3%	0.0%	8.2%
History of Smoking (Tw...	6.9%	4.3%	100.0%	2.0%	10.4%	9.1%	0.0%	0.0%	1.4%	7.4%	0.0%	0.9%	14.6%	0.0%	9.7%	7.1%	0.0%	5.5%	15.6%	19.4%	7.5%	7.7%	0.0%	10.4%
Not Fit for Work (In Year)	4.9%	4.3%	100.0%	2.0%	10.4%	9.1%	0.0%	0.0%	5.6%	24.7%	0.0%	1.9%	18.8%	0.0%	5.8%	19.6%	0.0%	4.2%	12.2%	8.3%	2.1%	7.7%	0.0%	7.7%
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%

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.

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

Matrix Data - Segment & Sub-Segment

Hertfordshire and West Essex Integrated Care Board

Life Course Segment	1 - Healthy			2 - Living With Illness			3 - Lower Complexity			4 - Advanced Disease & Complexity			5 - EoL, Frailty & Dementia			Grand Total
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)	
Overall Population Measures																
Population	3,114	113	272	933	1,043	507	349	1,216	756	754	102	142	241	6	123	9,671
Age	23	12	17	42	38	40	35	48	52	57	54	65	75	83	76	38
Male %	56.8%	33.6%	57.4%	46.9%	57.7%	42.8%	49.6%	42.8%	36.4%	36.5%	52.9%	39.4%	40.2%	16.7%	39.0%	48.8%
IMD	4.5	4.3	4.4	4.4	4.5	4.4	4.5	4.5	4.4	4.6	4.5	4.4	4.2	4.0	4.6	4.5
% BAME (where recorded)	13%	23%	12%	11%	11%	5%	22%	6%	6%	5%	8%	5%	3%	0%	2%	10%
Multimorbidity (acute & chronic)	0.0	0.0	0.0	0.0	1.0	1.0	0.3	2.5	2.0	3.7	3.1	5.6	6.3	4.7	6.7	1.3
Finance and Activity Measures																
Spend - Total	£0.3M	£0.1M	£0.4M	£0.4M	£0.6M	£0.2M	£0.2M	£1.0M	£0.8M	£1.3M	£0.2M	£0.5M	£0.9M	£0.0M	£0.7M	£7.6M
PPPY - Total	£103	£1,007	£1,366	£482	£606	£468	£469	£806	£1,103	£1,664	£1,527	£3,300	£3,839	£1,449	£5,872	£790
Acute Elective	£31	£397	£436	£181	£258	£164	£139	£387	£455	£709	£694	£1,162	£1,059	£272	£2,101	£303
Acute Non-Elective	£21	£450	£807	£199	£245	£188	£244	£262	£457	£718	£592	£1,822	£2,377	£706	£3,281	£358
GP Encounters	£51	£160	£123	£103	£104	£116	£87	£157	£191	£236	£240	£315	£403	£472	£489	£129
Community	£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
Social Care	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
GP PPPY	26	83	63	53	53	59	44	81	98	121	124	162	207	239	251	66
Beddays PPPY - Acute EM	0	2	1	1	0	0	0	1	1	2	2	3	4	2	7	1
Physical Health																
Diabetes	0.0%	0.0%	0.0%	0.0%	9.9%	0.0%	3.7%	23.0%	25.4%	40.5%	26.5%	38.0%	55.2%	16.7%	43.9%	12.0%
COPD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	1.3%	9.2%	2.0%	57.0%	22.4%	0.0%	34.1%	3.0%
Chronic Respiratory Dis...	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	5.2%	2.2%	12.6%	2.9%	65.5%	27.8%	16.7%	40.7%	4.2%
Hypertension	0.0%	0.0%	0.0%	0.0%	16.4%	0.0%	1.7%	28.5%	34.8%	48.3%	38.2%	62.0%	84.6%	83.3%	73.2%	16.3%
Obesity	0.0%	0.0%	0.0%	44.1%	19.6%	19.5%	11.7%	31.3%	33.7%	40.5%	34.3%	35.2%	35.7%	33.3%	31.7%	19.7%
Mental Health																
Anxiety/Phobias	0.0%	0.0%	0.0%	0.0%	0.0%	29.6%	4.3%	40.3%	19.0%	26.7%	22.5%	24.6%	22.4%	33.3%	26.8%	11.9%
Depression	0.0%	0.0%	0.0%	0.0%	0.0%	61.9%	4.0%	53.5%	27.5%	37.7%	24.5%	44.4%	34.9%	16.7%	31.7%	17.4%
Learning Disability	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.6%	1.1%	0.8%	1.3%	34.3%	2.8%	3.3%	0.0%	0.0%	0.8%
Dementia	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	2.0%	4.9%	10.4%	100.0%	18.7%	0.9%
Other Characteristics																
Housebound (eFI)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	32.4%	8.5%	15.8%	16.7%	21.1%	1.1%
Social Vulnerability (eFI)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	90.5%	7.3%	10.4%	15.1%	33.3%	19.7%	33.2%	0.0%	43.1%	8.2%
History of Smoking (Tw...	0.0%	0.0%	0.0%	25.6%	9.1%	13.2%	5.7%	19.8%	14.4%	17.4%	13.7%	26.8%	15.4%	0.0%	13.8%	10.4%
Not Fit for Work (In Year)	0.0%	0.0%	0.0%	16.7%	8.4%	13.4%	6.6%	13.3%	13.9%	14.9%	2.9%	9.9%	5.0%	0.0%	4.1%	7.7%
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.

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

Matrix Data - GP Activity

NHS Hertfordshire and West Essex Integrated Care Board

GP Activity	0		1		2-3		4-5		6-9		10+			Grand Total
Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	High Complexity	
Overall Population Measures														
Population	138	25	70	17	177	21	204	37	505	98	3,840	3,826	713	**9,671**
Age	23	31	18	28	18	28	19	30	23	31	29	47	71	**38**
Male %	60.9%	84.0%	54.3%	70.6%	61.0%	76.2%	61.3%	83.8%	62.4%	77.6%	50.2%	43.4%	42.4%	**48.8%**
IMD	4.3	4.7	4.5	3.7	4.3	4.3	4.1	4.2	4.4	4.4	4.5	4.5	4.4	**4.5**
% BAME (where recorded)	17%	5%	17%	17%	16%	24%	10%	13%	15%	13%	13%	7%	4%	**10%**
Multimorbidity (acute & chronic)	0.0	1.5	0.0	1.1	0.0	1.5	0.0	1.1	0.0	1.2	0.0	1.9	6.8	**1.3**
Finance and Activity Measures														
Spend: Total	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£1.5M	£3.5M	£2.7M	**£7.6M**
PPPY - Total	£2	£8	£8	£7	£11	£21	£25	£14	£45	£73	£384	£906	£3,728	**£790**
Acute Elective	£2	£8	£6	£0	£2	£16	£3	£0	£13	£37	£132	£398	£1,242	**£303**
Acute Non-Elective	£0	£0	£0	£5	£4	£0	£13	£5	£16	£20	£162	£344	£2,122	**£358**
GP Encounters	£0	£0	£2	£2	£5	£5	£9	£9	£16	£17	£90	£164	£363	**£129**
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**
Social Care	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	**£0**
GP PPPY	0	0	1	1	3	2	4	4	8	8	46	84	186	**66**
Beddays PPPY - Acute EM	0	0	0	0	0	0	0	0	0	0	0	1	4	**1**
Physical Health														
Diabetes	0.0%	0.0%	0.0%	11.8%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	19.0%	60.3%	**12.0%**
COPD	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	30.3%	**3.0%**
Chronic Respiratory Dis...	0.0%	4.0%	0.0%	0.0%	0.0%	4.8%	0.0%	0.0%	0.0%	2.0%	0.0%	3.7%	36.9%	**4.2%**
Hypertension	0.0%	0.0%	0.0%	5.9%	0.0%	14.3%	0.0%	2.7%	0.0%	3.1%	0.0%	26.0%	80.4%	**16.3%**
Obesity	0.0%	4.0%	0.0%	5.9%	1.7%	0.0%	3.4%	5.4%	3.2%	5.1%	11.7%	29.4%	41.8%	**19.7%**
Mental Health														
Anxiety/Phobias	0.0%	20.0%	0.0%	11.8%	0.0%	9.5%	0.0%	16.2%	0.0%	16.3%	0.0%	23.1%	32.8%	**11.9%**
Depression	0.0%	40.0%	0.0%	0.0%	0.0%	9.5%	0.0%	13.5%	0.0%	17.3%	0.0%	34.3%	47.4%	**17.4%**
Learning Disability	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	0.0%	1.0%	0.0%	1.4%	3.2%	**0.8%**
Dementia	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	9.7%	**0.9%**
Other Characteristics														
Housebound (eFI)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.9%	10.4%	**1.1%**
Social Vulnerability (eFI)	3.6%	0.0%	8.6%	11.8%	4.5%	9.5%	2.5%	8.1%	5.3%	5.1%	5.4%	8.5%	27.8%	**8.2%**
History of Smoking (Tw...	0.7%	4.0%	0.0%	0.0%	1.1%	0.0%	0.0%	2.7%	1.0%	1.0%	7.0%	15.5%	18.9%	**10.4%**
Not Fit for Work (In Year)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.9%	13.0%	8.3%	**7.7%**
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%**

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

Hertfordshire and West Essex Integrated Care Board

Life Course Segment	1 - Healthy				2 - Living With Illness				3 - Lower Complexity				4 - Advanced Disease & Complexity				5 - EoL, Frailty & Dementia				Grand Total
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	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	
Overall Population Measures																					
Population	255	2,052	1,179	13	178	1,474	823	8	125	1,426	753	17	69	630	293	6	11	232	126		9,671
Age	23	23	21	19	38	40	39	36	46	48	46	43	55	59	57	33	77	76	75	65	38
Male %	52.5%	57.3%	54.5%	76.9%	55.6%	50.1%	50.4%	62.5%	42.4%	41.9%	41.3%	41.2%	27.5%	39.8%	38.9%	16.7%	45.5%	37.9%	42.1%	0.0%	48.8%
IMD	8.3	4.9	3.0		8.3	4.9	2.9		8.3	4.9	3.0		8.3	4.9	2.9		8.3	4.9	3.0		4.5
% BAME (where recorded)	11%	12%	16%	44%	6%	9%	13%	0%	8%	8%	9%	0%	3%	6%	4%	17%	9%	3%	2%	0%	10%
Multimorbidity (acute & chronic)	0.0	0.0	0.0	0.0	0.6	0.6	0.6	0.5	2.0	2.0	1.9	1.9	3.7	3.9	3.8	2.0	5.7	6.4	6.5	0.0	1.3
Finance and Activity Measures																					
Spend - Total	£0.1M	£0.5M	£0.3M	£0.0M	£0.1M	£0.8M	£0.5M	£0.0M	£0.1M	£1.2M	£0.6M	£0.0M	£0.2M	£1.1M	£0.6M	£0.0M	£0.0M	£1.1M	£0.5M	£0.0M	£7.6M
PPPY - Total	£235	£226	£236	£215	£538	£512	£569	£169	£1,063	£844	£838	£632	£2,684	£1,802	£1,886	£947	£2,257	£4,685	£4,314	£876	£790
Acute Elective	£57	£72	£81	£136	£192	£210	£215	£36	£595	£360	£359	£261	£766	£806	£706	£498	£759	£1,506	£1,246	£544	£303
Acute Non-Elective	£115	£95	£95	£16	£237	£196	£250	£11	£313	£327	£319	£222	£1,653	£752	£926	£242	£1,023	£2,738	£2,653	£0	£358
GP Encounters	£64	£59	£61	£62	£109	£106	£105	£122	£155	£157	£161	£148	£265	£243	£253	£207	£475	£441	£415	£332	£129
Community	£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
Social Care	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
GP PPPY	33	30	31	32	56	54	54	63	80	80	82	76	136	125	130	107	245	226	213	171	66
Beddays PPPY - Acute EM	0	0	0	0	0	0	0	0	0	1	0	0	4	1	3	0	1	5	5	0	1
Physical Health																					
Diabetes	0.0%	0.0%	0.0%	0.0%	3.9%	4.1%	4.3%	0.0%	19.2%	21.9%	19.1%	29.4%	33.3%	40.3%	37.2%	0.0%	63.6%	49.6%	52.4%	0.0%	12.0%
COPD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	1.6%	2.5%	0.0%	7.2%	14.8%	18.4%	0.0%	27.3%	22.4%	32.5%	0.0%	3.0%
Chronic Respiratory Dis...	0.0%	0.0%	0.0%	0.0%	0.6%	1.0%	0.5%	0.0%	3.2%	3.3%	3.9%	0.0%	10.1%	18.7%	22.5%	0.0%	36.4%	27.2%	40.5%	0.0%	4.2%
Hypertension	0.0%	0.0%	0.0%	0.0%	6.7%	7.4%	6.1%	0.0%	25.6%	27.3%	25.1%	23.5%	49.3%	50.6%	47.1%	0.0%	81.8%	80.6%	81.7%	0.0%	16.3%
Obesity	0.0%	0.0%	0.0%	0.0%	31.5%	28.0%	29.6%	25.0%	29.6%	29.1%	29.3%	23.5%	34.8%	40.0%	38.2%	33.3%	9.1%	34.9%	34.9%	100.0%	19.7%
Mental Health																					
Anxiety/Phobias	0.0%	0.0%	0.0%	0.0%	6.7%	6.2%	5.6%	12.5%	27.2%	27.8%	28.4%	29.4%	30.4%	24.6%	27.6%	33.3%	18.2%	24.1%	24.6%	0.0%	11.9%
Depression	0.0%	0.0%	0.0%	0.0%	12.9%	12.3%	13.1%	25.0%	37.6%	36.3%	40.1%	41.2%	34.8%	35.4%	41.3%	66.7%	18.2%	31.0%	39.7%	0.0%	17.4%
Learning Disability	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.8%	0.8%	1.1%	5.9%	2.9%	4.8%	5.5%	16.7%	0.0%	3.0%	0.8%	0.0%	0.8%
Dementia	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	3.5%	3.8%	0.0%	18.2%	13.4%	16.7%	0.0%	0.9%
Other Characteristics																					
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%	1.4%	4.6%	5.1%	0.0%	9.1%	14.2%	24.6%	0.0%	1.1%
Social Vulnerability (eFI)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	19.4%	23.4%	41.2%	13.0%	17.9%	18.1%	16.7%	36.4%	36.6%	34.9%	0.0%	8.2%
History of Smoking (Tw...	0.0%	0.0%	0.0%	0.0%	15.7%	16.1%	16.4%	12.5%	7.2%	14.9%	19.4%	11.8%	17.4%	17.5%	19.8%	50.0%	18.2%	11.2%	20.6%	0.0%	10.4%
Not Fit for Work (In Year)	0.0%	0.0%	0.0%	0.0%	7.9%	12.0%	14.5%	25.0%	11.2%	11.9%	14.1%	5.9%	14.5%	12.5%	13.0%	33.3%	9.1%	3.9%	5.6%	0.0%	7.7%
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%

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.

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

Matrix Data - Practice & Deprivation

Hertfordshire and West Essex Integrated Care Board

Practice / Deprivation	The Ross Practice				Grand Total
	Low Deprivation	Middle Deprivation	High Deprivation	Not known	
Overall Population Measures					
Population	638	5,814	3,174	45	9,671
Age	36	39	37	34	38
Male %	48.6%	49.0%	48.4%	51.1%	48.8%
IMD	8.3	4.9	3.0		4.5
% BAME (where recorded)	8%	9%	12%	13%	10%
Multimorbidity (acute & chronic)	1.1	1.3	1.2	1.1	1.3
Finance and Activity Measures					
Spend - Total	£0.5M	£4.6M	£2.5M	£0.0M	£7.6M
PPPY - Total	£782	£799	£780	£477	£790
Acute Elective	£289	£315	£285	£223	£303
Acute Non-Elective	£370	£354	£366	£123	£358
GP Encounters	£123	£130	£128	£131	£129
Community	£0	£0	£0	£0	£0
Mental Health	£0	£0	£0	£0	£0
Social Care	£0	£0	£0	£0	£0
GP PPPY	63	67	65	67	66
Beddays PPPY - Acute EM	1	1	1	0	1
Physical Health					
Diabetes	9.6%	12.8%	11.2%	11.1%	12.0%
COPD	1.4%	2.9%	3.6%	0.0%	3.0%
Chronic Respiratory Dis...	2.5%	4.2%	4.7%	0.0%	4.2%
Hypertension	13.6%	17.3%	15.1%	8.9%	16.3%
Obesity	18.5%	20.0%	19.6%	20.0%	19.7%
Mental Health					
Anxiety/Phobias	10.8%	12.0%	11.7%	17.8%	11.9%
Depression	15.0%	17.1%	18.3%	28.9%	17.4%
Learning Disability	0.5%	0.8%	0.8%	4.4%	0.8%
Dementia	0.6%	0.9%	1.0%	0.0%	0.9%
Other Characteristics					
Housebound (eFI)	0.3%	1.1%	1.4%	0.0%	1.1%
Social Vulnerability (eFI)	6.0%	8.2%	8.6%	17.8%	8.2%
History of Smoking (Tw...	8.0%	10.1%	11.5%	13.3%	10.4%
Not Fit for Work (In Year)	6.1%	7.5%	8.5%	11.1%	7.7%
On a Waiting List	0.0%	0.0%	0.0%	0.0%	0.0%

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

Hertfordshire and West Essex Integrated Care Board

x% also have

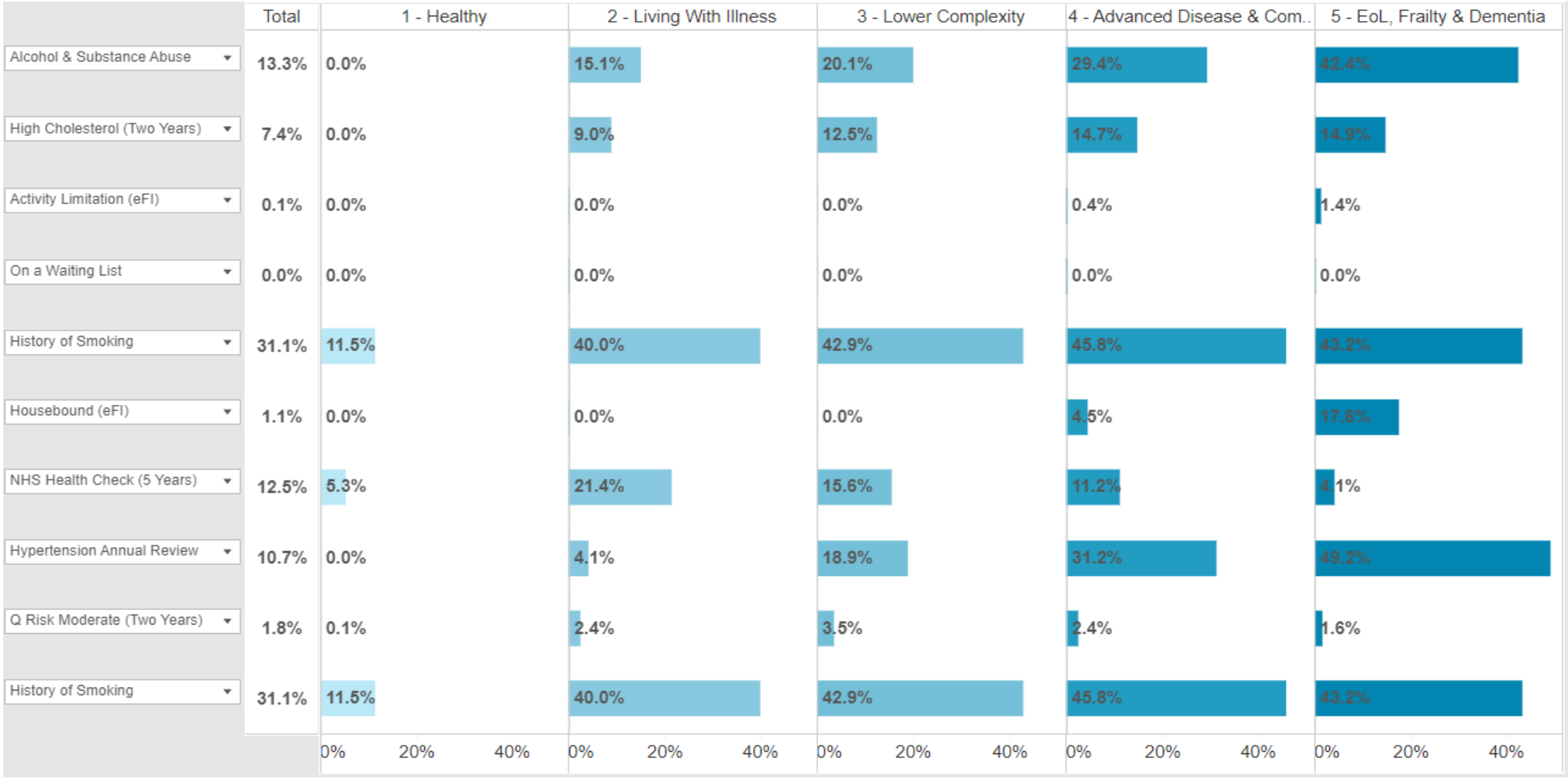
For people with this condition

Initial Condition	Other Conditions												
	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		25%	19%	21%	23%	0%	88%	6%	63%	50%	0%	10%	4%
Asthma	1%		10%	3%	20%	1%	2%	5%	21%	31%	0%	2%	41%
COPD	3%	57%		16%	26%	0%	8%	13%	58%	42%	0%	11%	0%
Heart Failure	5%	28%	25%		20%	0%	9%	11%	93%	34%	0%	14%	0%
Anxiety	1%	29%	7%	3%		2%	2%	8%	23%	52%	0%	2%	17%
Autism Spectrum Disorder	0%	21%	1%	0%	25%		1%	2%	14%	24%	0%	1%	37%
Dementia	47%	33%	25%	19%	25%	1%		10%	62%	49%	0%	18%	1%
Alcohol Abuse	1%	20%	9%	5%	23%	0%	2%		39%	33%	0%	2%	18%
ABCD Prescription	2%	22%	11%	11%	17%	1%	4%	11%		29%	0%	5%	14%
Anti-Depressive Prescription	1%	30%	7%	4%	35%	2%	3%	8%	26%		0%	2%	21%
Activity Limitation (eFI)	0%	33%	11%	0%	33%	0%	0%	11%	33%	44%		33%	33%
Housebound (eFI)	5%	29%	28%	24%	25%	1%	15%	7%	71%	35%	3%		2%

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

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

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 charactersitcs 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.

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

Risk Modelling - Prevalence against GP Activity & A&E

Hertfordshire and West Essex Integrated Care Board

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 shouws 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.

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

Hertfordshire and West Essex Integrated Care Board

Cancer Screening

	Period	HERTFORDSHIRE AND WEST ESSEX	HARLOW SOUTH PCN	LISTER MEDICAL CENTRE	THE HAMILTON PRACTICE	THE ROSS PRACTICE
Women, aged 25-49, with a record of cervical screening in the last 3.5 yrs (denominator includes PCAs)	2020/21	73.3	69	65.7	68.6	76.2
Women, aged 50-64, with a record of cervical screening in the last 5.5 yrs (denominator includes PCAs)	2020/21	78.2	74.5	73.6	74.3	76.1
Persons, 25-49, attending cervical screening within target period (3.5 year coverage, %)	2020/21	73	69.6	67	68.7	75.8
Persons, 50-64, attending cervical screening within target period (5.5 year coverage, %)	2020/21	77	73.5	72.9	72.7	75.4
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2020/21	63.9	27.7	27.6	27.1	28.4
Persons, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2020/21	61.3	63.7	64.3	61.6	65.2
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2020/21	72.1	65.9	65.5	66.6	66
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2020/21	68.8	62.4	61.6	63.6	62.4

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Hertfordshire Public Health Evidence & Intelligence Epidemiology

Hertfordshire

Source: Public Health Team

Hertfordshire and West Essex Integrated Care Board

Mortality

	Period	WEST ESSEX CCG	HARLOW SOUTH PCN
Percentage of deaths that occur at home (All age)	2021	26.4	
PYLL - Neoplasms	2021	471.2	705.4
PYLL - Diseases of the circulatory system	2021	802.8	1290.3
PYLL - All Cause	2021	1447.9	2051
Premature Mortality - Respiratory Disease	2021	10	
Premature Mortality - Liver Disease	2021	12	
Premature Mortality - Cardiovasular Disease	2021	57.2	79.3
Premature Mortality - Cancer	2021	93.5	124
Premature Mortality - All Cause	2021	270.1	352

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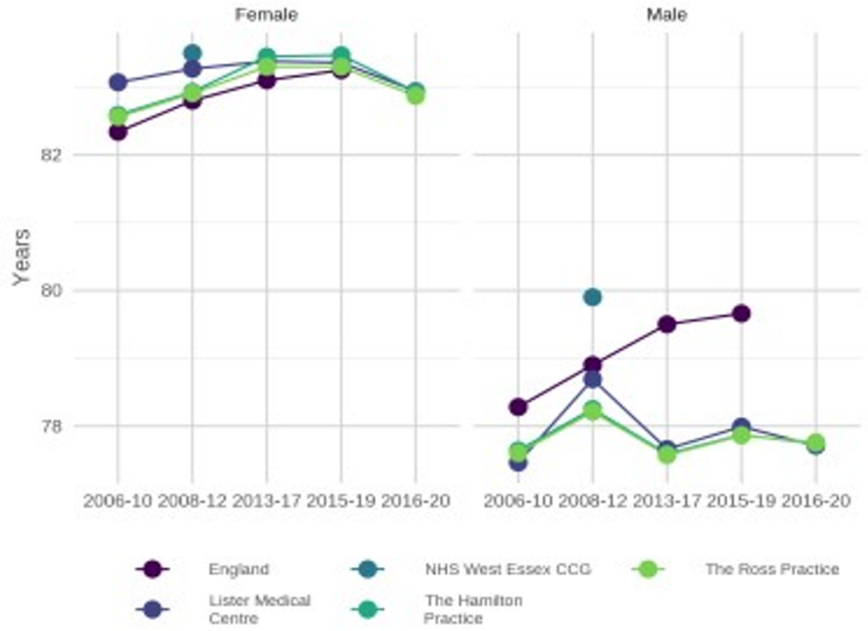
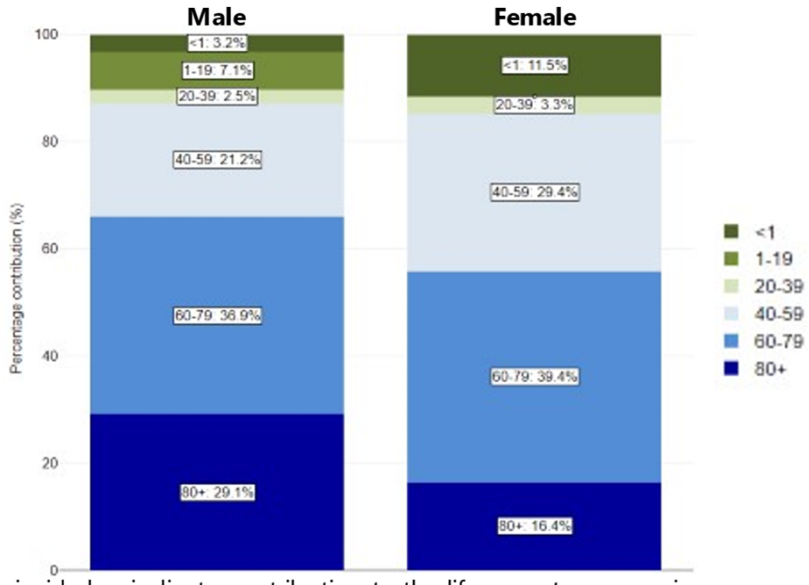
Source: Public Health Team

Hertfordshire and West Essex Integrated Care Board

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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Hertfordshire Public Health Evidence & Intelligence Epidemiology

Hertfordshire

Source: Public Health Team

Hertfordshire and
West Essex Integrated
Care System

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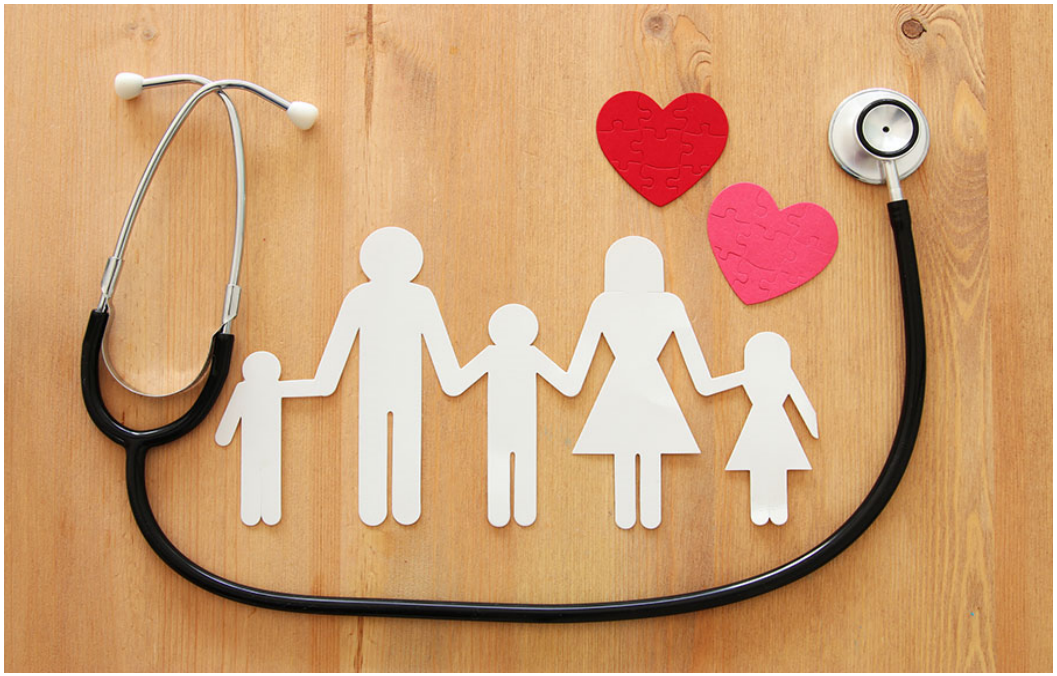

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