Hertfordshire and West Essex Neighbourhood Pack – Epping Forest North PCN

2025-2026
PHM Team

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Key messages

Epping Forest North population has a lower proportion aged under 18 but a higher proportion aged 65+ compared to population profile of West Essex and the ICB. However, a higher proportion of the population live in the 3rd most deprived, and 2nd least deprived quintiles compared to the WE.

There is inequality between and within the locality, in particular here are areas of higher deprivation in Waltham Abbey North (Ninefields) that are associated with poorer outcomes. People in these areas are more likely to live with long term conditions, require emergency care and die before the age of 75 years. Inequality of life expectancy for males is in the 2nd best quintile and female is in the middle quintile, for 2021-23 period. This illustrates that for males in the most deprived quintiles will live nearly 6.7 years less than the least deprived quintiles, in Epping Forest. For females, the gap is 5.8 years. More information can be found at a District level in the; Overview of the Population

Epping Forest North data shows a lower prevalence of behavioural risk factors, including alcohol abuse and obesity compared to WE. Alcohol abuse as a proportion in older adults (65+) is particular low (3.3%) compared to WE (9.2%) but similar for individuals in the most deprived quintile and BAME populations. 12% of children in Epping Forest live in poverty compared with 13% for WE and 17% for England. The areas within Epping Forest with the highest child poverty are Loughton Roding (31%), Waltham Abbey North (26%) and Grange Hill (26%).

The population of Epping Forest North is growing alongside demographic shifts, with an ageing population that will grow more rapidly compared to the overall population.

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Demographics, wider determinants and prevention

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Population profile

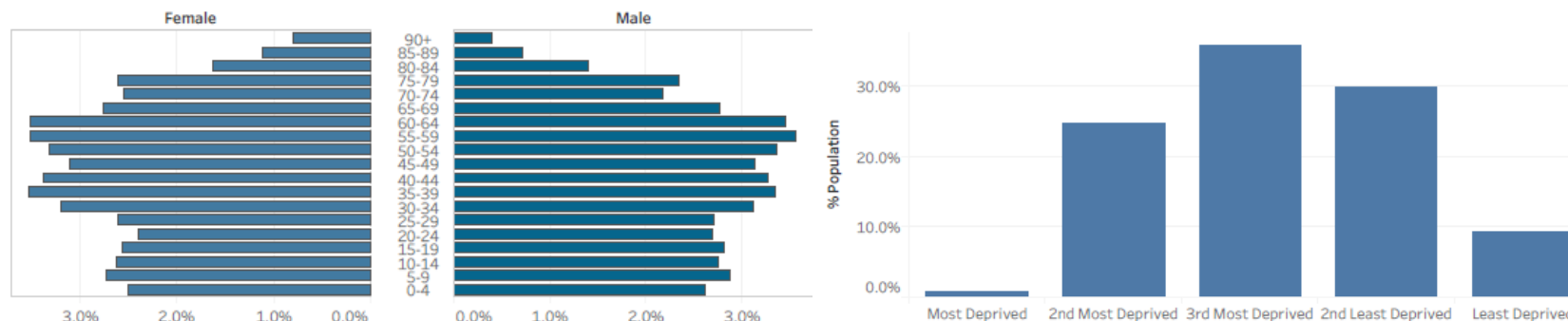| Total Population	Proportion of Population Aged 0-18	Proportion of Population Aged 65+	Proportion of Population Most Deprived Quintile	Proportion of BAME Population
65,619	20.5% 13,422	21.3% 13,975	0.9% 588	7.3% 4,770

- Epping Forest North population has a lower proportion aged under 18 but a higher proportion aged 65+ compared to WE, and lower proportion lives in the most deprived quintile.

- Additional information is available on DELPPHI for age, deprivation, ethnicity, gender and main language at HCP, Locality, PCN, GP practice and Local authority lower tier population.
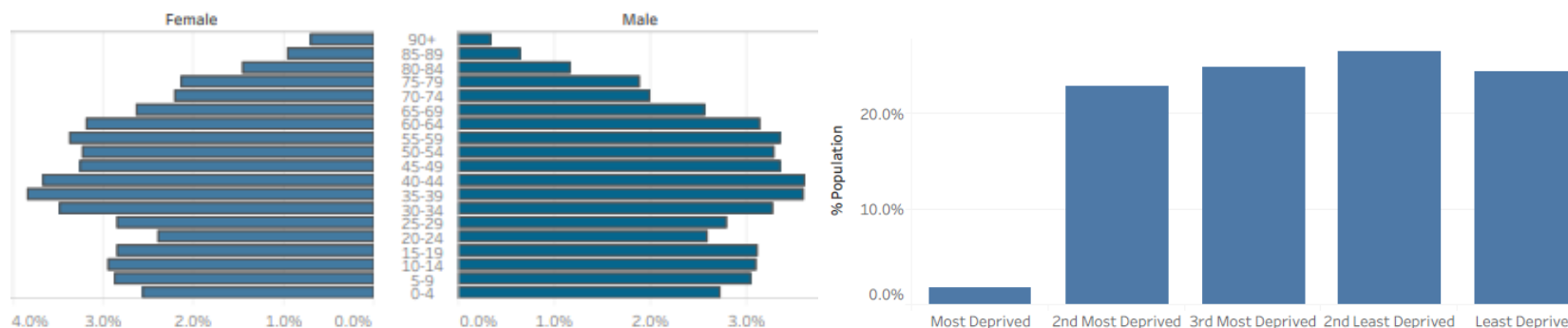
Epping Forest

Total Population	Proportion of Population Aged 0-18	Proportion of Population Aged 65+	Proportion of Population Most Deprived Quintile	Proportion of BAME Population
329,666	22.1% 72,860	18.6% 61,418	1.8% 5,797	9.9% 32,712

WE
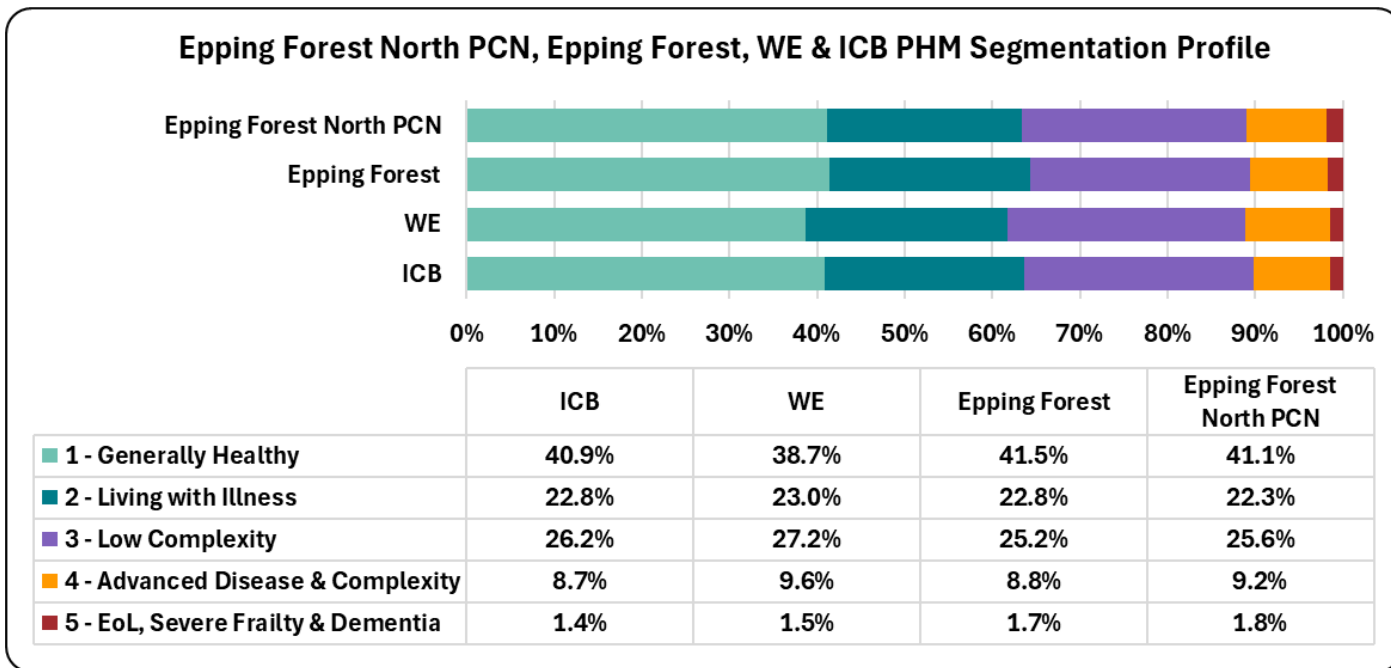
Source: DELPPHI - Population Profile

Segmentation profile   Provisional Data

- The illustrations on the right shows the segmentation model for Epping Forest North PCN, Locality, WE and ICB. This is a snapshot from June 2025.

- Epping Forest North's has a higher proportion of the population in the 'Generally Healthy' segment, when compared to WE and similar to the ICB. This is linked to lower/ similar prevalence of Long-Term Conditions. Higher prevalence of long-term conditions can be driven by higher rates of risk factors (behavioural risk factors and deprivation), improved disease detection, or better coding and recording.

- Further detail on the segmentation model can be found in the glossary.

Epping Forest North PCN, Epping Forest, WE & ICB PHM Segmentation Profile

	ICB	WE	Epping Forest	Epping Forest North PCN
1 - Generally Healthy	40.9%	38.7%	41.5%	41.1%
2 - Living with Illness	22.8%	23.0%	22.8%	22.3%
3 - Low Complexity	26.2%	27.2%	25.2%	25.6%
4 - Advanced Disease & Complexity	8.7%	9.6%	8.8%	9.2%
5 - EoL, Severe Frailty & Dementia	1.4%	1.5%	1.7%	1.8%

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Source: DELPPHI: HWE Segmentation model

Children and older people living in poverty

- Income Deprivation Affecting Children Index (IDACI) and Older people index (IDAOPI) measures the proportion of all children aged 0 to 15 and adults aged 60 or over, respectively who experience living in income deprived families or income deprivation.

- The IDACI and IDAOPI are illustrated on the maps. The darker the colour, the higher the level of deprivation.

Income Deprivation affecting children
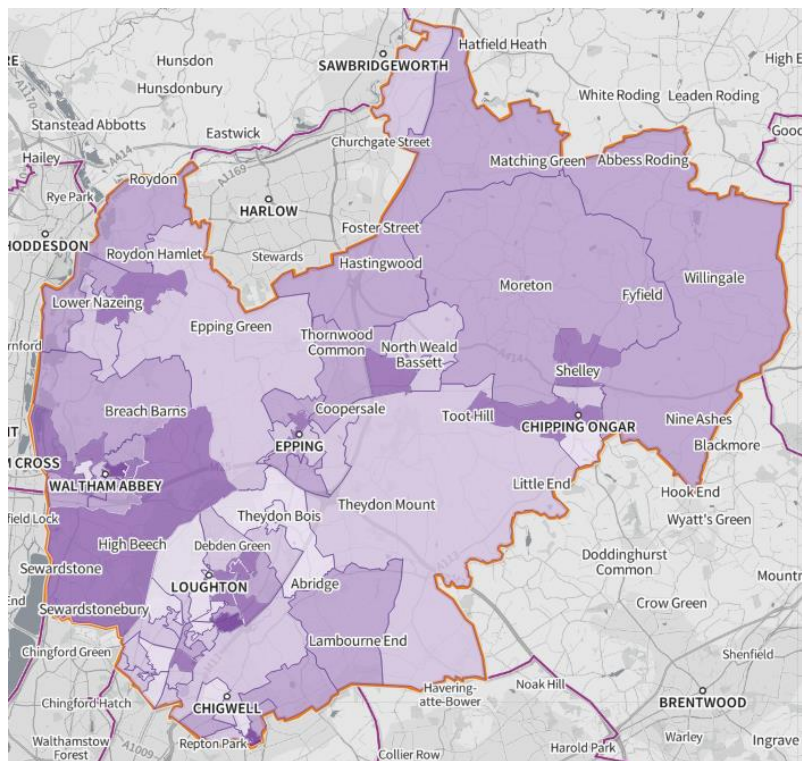
- Income deprivation affecting children index (IDACI) 2019, shows Epping Forest at 12.4%, WE at 12.6% and England at 17.1%. The areas within Epping Forest North with the highest index are Loughton Roding (31%), Waltham Abbey North (26%) and Grange Hill (26%).

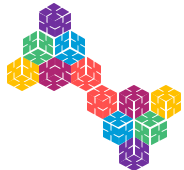**Income deprivation affecting older people**
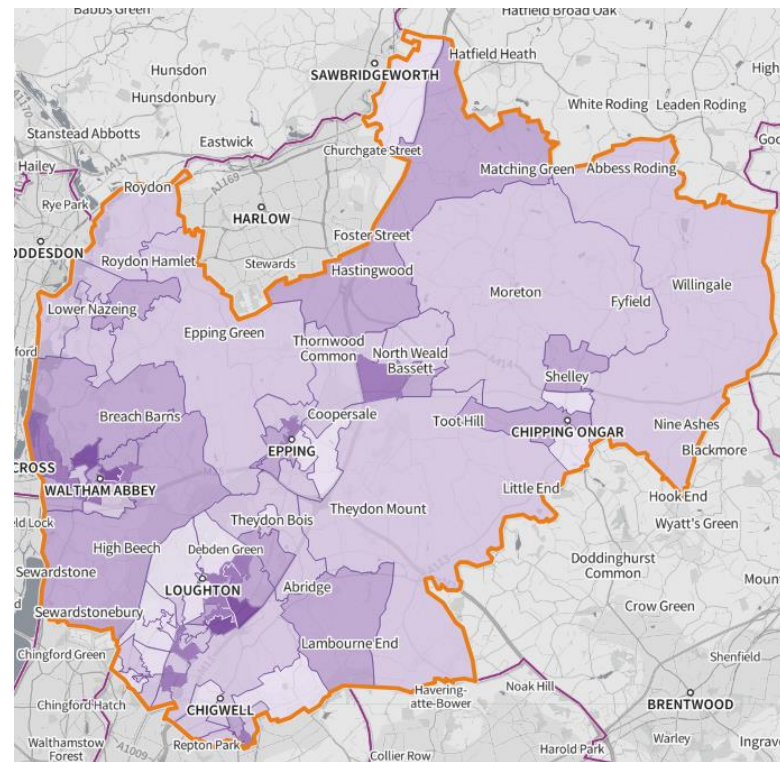
- Income deprivation affecting older people index (IDAOPI) 2019, shows Epping Forest at 11.2%, WE at 11.1% and England at 14.2%.

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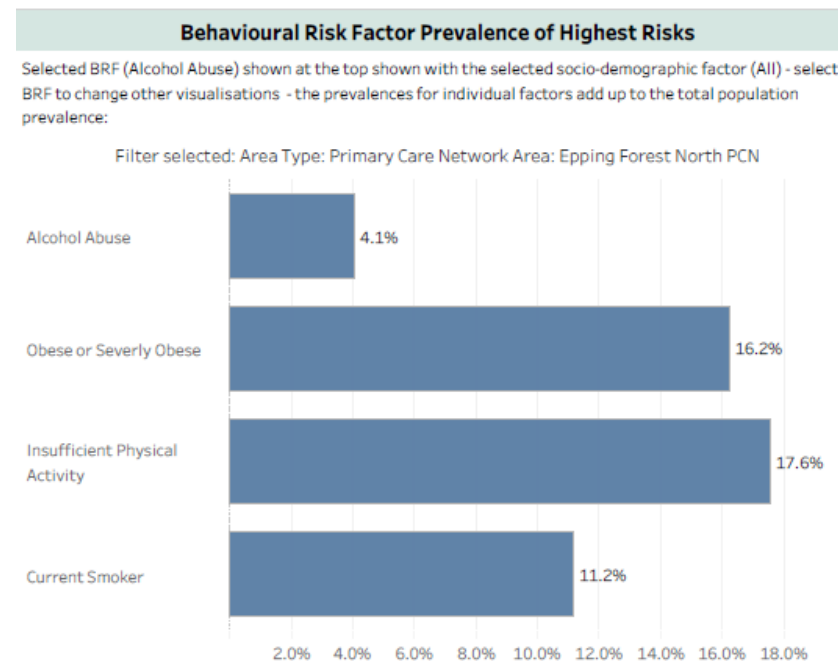
Behavioural risk factors

- Epping Forest North data shows a lower proportion of alcohol abuse and obesity compared to WE. Alcohol abuse as a proportion in older adults (65+) is low (3.3%) compared to WE (9.2%) but similar for individuals in the most deprived quintile and BAME populations.

- These lower behavioural risk factors are likely contributing to a higher proportion of the population being classified as 'generally healthy' in the segmentation model compared to WE, as these behaviours could lead to adverse health outcomes.

- Please use the following link for DELPPHI to review HWE, WE, Locality, PCN, GP practice and Local authority lower tier population demographic profiles by age, deprivation, ethnicity, gender and main language, in greater detail.

- For additional information on childhood obesity please review the CYP insights (Feb 2025) and for smoking and pregnancy review Fingertips | Department of Health and Social Care.
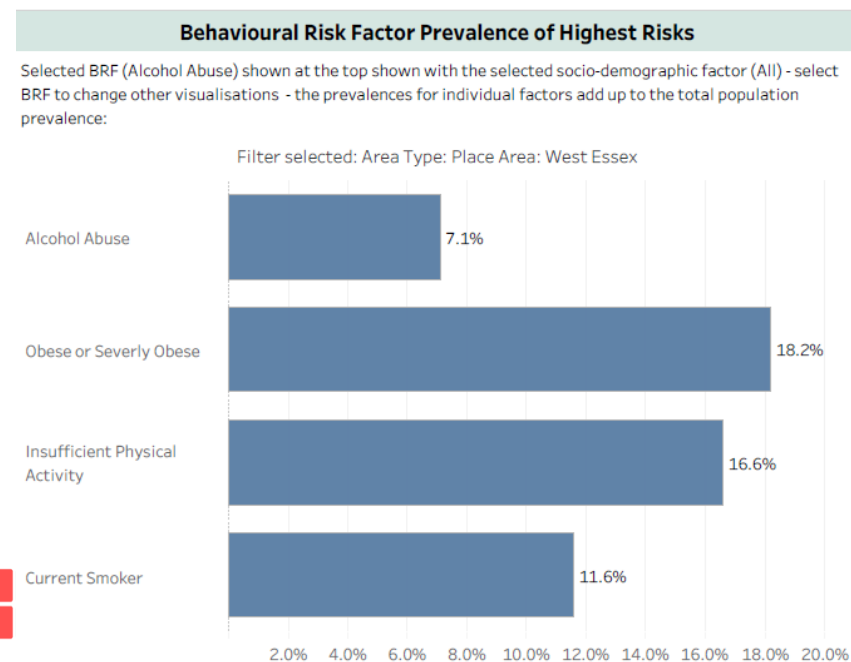
Epping Forest North

Behavioural Risk Factor Prevalence of Highest Risks

Selected BRF (Alcohol Abuse) shown at the top shown with the selected socio-demographic factor (All) - select BRF to change other visualisations - the prevalences for individual factors add up to the total population prevalence:

Filter selected: Area Type: Primary Care Network Area: Epping Forest North PCN

Risk Factor	Prevalence
Alcohol Abuse	4.1%
Obese or Severly Obese	16.2%
Insufficient Physical Activity	17.6%
Current Smoker	11.2%

WE

Behavioural Risk Factor Prevalence of Highest Risks

Selected BRF (Alcohol Abuse) shown at the top shown with the selected socio-demographic factor (All) - select BRF to change other visualisations - the prevalences for individual factors add up to the total population prevalence:

Filter selected: Area Type: Place Area: West Essex

Risk Factor	Prevalence
Alcohol Abuse	7.1%
Obese or Severly Obese	18.2%
Insufficient Physical Activity	16.6%
Current Smoker	11.6%

Source: DELPPHI - Population Profile

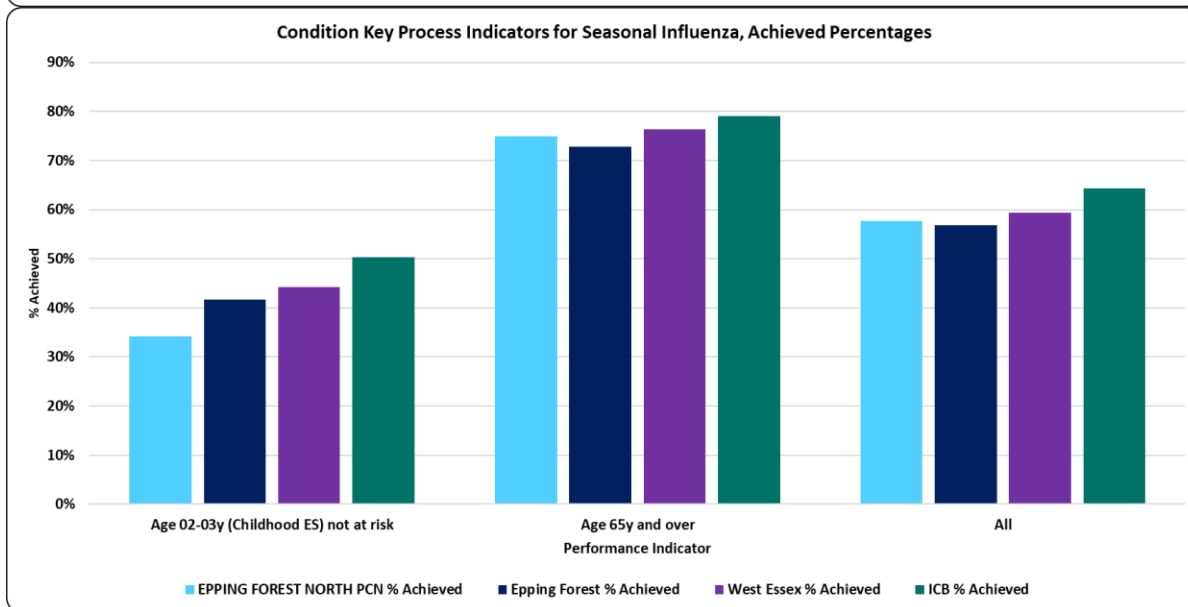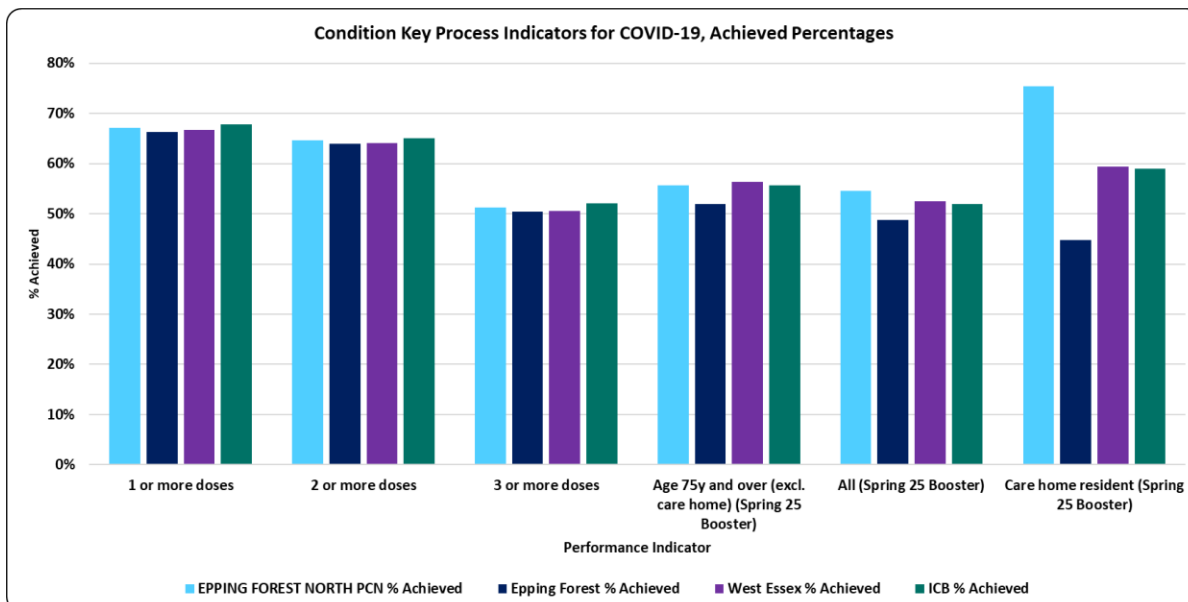Hertfordshire and West Essex Integrated Care System

Immunisation

- Epping Forest North's percentage of people immunised against Covid-19 is above or equal to WE and the ICB.

- Seasonal influenza percentage achieved for most is similar to WE but lower for all indicators compared to the ICB.

Condition Key Process Indicators for COVID-19, Achieved Percentages

Condition Key Process Indicators for Seasonal Influenza, Achieved Percentages

Source: Ardens Manager

Screening

- Better outcomes are achieved through earlier diagnosis of cancer. The national target is for 75% of cancer diagnosis to be at early stage (stage 1 or 2). Uptake of cancer screening programmes are a core enabler for early detection of cancer.

- The chart on the right shows the percentage of people screened by cancer type.

- Epping Forest North's percentage screening for most areas is similar or higher than WE and the ICB.

Condition Key Process Indicators for Screening, Achieved Percentages
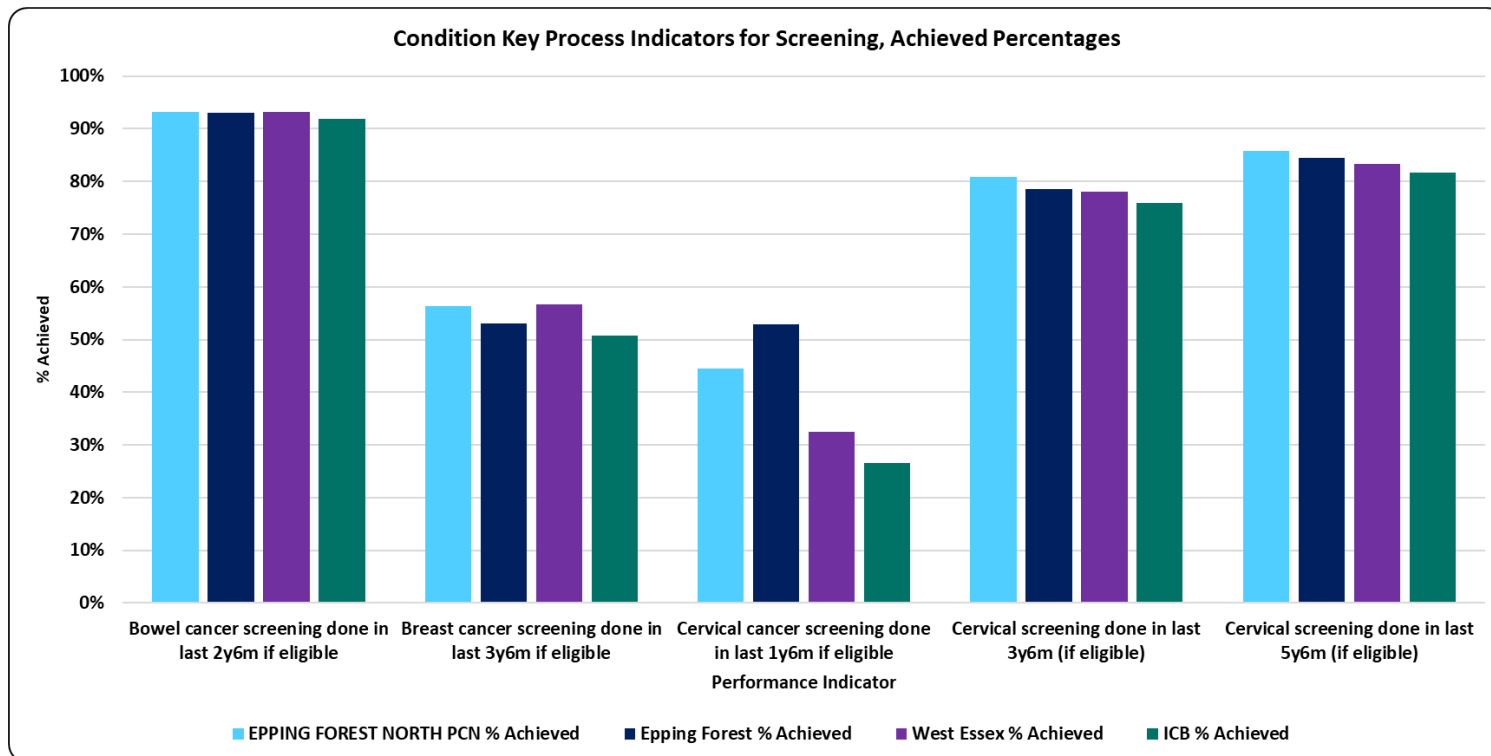
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Source: Ardens Manager

Prevalence of Disease Registers

Epping Forest North

Long Term Condition Prevalence

Selected LTC (Asthma) shown at the top shown with the selected socio-demographic factor (All) - select LTC to change other visualisations - the prevalences for indvidual factors add up to the total population prevalence:

Filter selected: Area Type: Primary Care Network Area: Epping Forest North PCN

Condition	Prevalence
Asthma	5.5%
Atrial Fibrillation	2.4%
Cancer	4.3%
Chronic Kidney Disease	4.0%
COPD	1.9%
Coronary Heart Disease	2.8%
Dementia	0.9%
Diabetes	6.0%
Epilepsy	0.4%
Heart Failure	1.6%
History of Depression	10.2%
Hypertension	14.2%
Learning Disability	0.3%
Osteoporosis	0.2%
Palliative Care	1.0%
Peripheral Arterial Disease	0.4%
Rheumatoid Arthritis	0.7%
Serious Mental Illness	0.8%
Stroke & TIA	1.8%

WE

Long Term Condition Prevalence

Selected LTC (Asthma) shown at the top shown with the selected socio-demographic factor (All) - select LTC to change other visualisations - the prevalences for indvidual factors add up to the total population prevalence:

Filter selected: Area Type: Place Area: West Essex

Condition	Prevalence
Asthma	5.7%
Atrial Fibrillation	2.3%
Cancer	4.2%
Chronic Kidney Disease	3.3%
COPD	1.6%
Coronary Heart Disease	2.7%
Dementia	0.8%
Diabetes	5.5%
Epilepsy	0.5%
Heart Failure	1.1%
History of Depression	11.6%
Hypertension	14.1%
Learning Disability	0.3%
Osteoporosis	0.3%
Palliative Care	0.8%
Peripheral Arterial Disease	0.4%
Rheumatoid Arthritis	0.7%
Serious Mental Illness	0.7%
Stroke & TIA	1.6%

- The above charts show that Epping Forest North has similar recording for most LTC compared to WE. Please note these charts will not reconcile to QOF as a wider set of codes looking at all settings data is used.

- Additional information is available in DELPPHI to review inequalities age, deprivation, ethnicity, gender and main language and compared to HCP, Locality, PCN, GP practice and Local authority lower tier.

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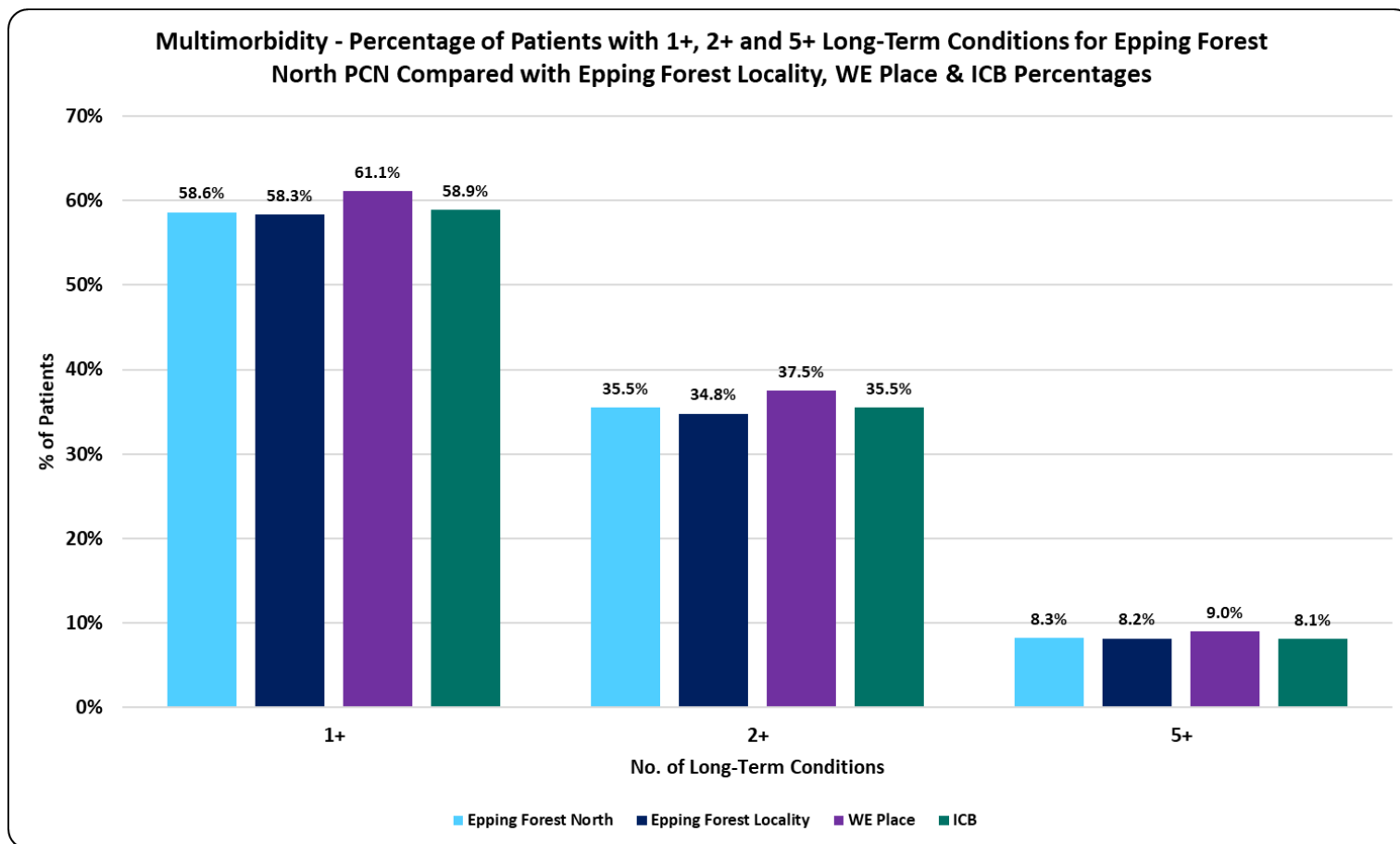
Source: DELPPHI - Population Profile

Prevalence of Multimorbidity   Provisional Data

The Long-Term Condition (LTC) count data for this page is based on the ICB Segmentation model.

For the Multimorbidity prevalence we can see:

- That in Epping Forest North, the prevalence for those with 2 or more LTCs is lower than WE and equal to the ICB.

- For those Patients with 5+ LTCs, Epping Forest North is slightly lower than WE and similar to the ICB.

- Epping Forest North's segmentation profile, is characterised by a higher proportion of the population in the 'Generally Healthy' segment compared to WE and this is reflected in the multimorbidity %.

Multimorbidity - Percentage of Patients with 1+, 2+ and 5+ Long-Term Conditions for Epping Forest North PCN Compared with Epping Forest Locality, WE Place & ICB Percentages

Legend: Epping Forest North, Epping Forest Locality, WE Place, ICB

No. of Long-Term Conditions	Epping Forest North	Epping Forest Locality	WE Place	ICB
1+	58.6%	58.3%	61.1%	58.9%
2+	35.5%	34.8%	37.5%	35.5%
5+	8.3%	8.2%	9.0%	8.1%

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Children & Young People

Management and outcomes
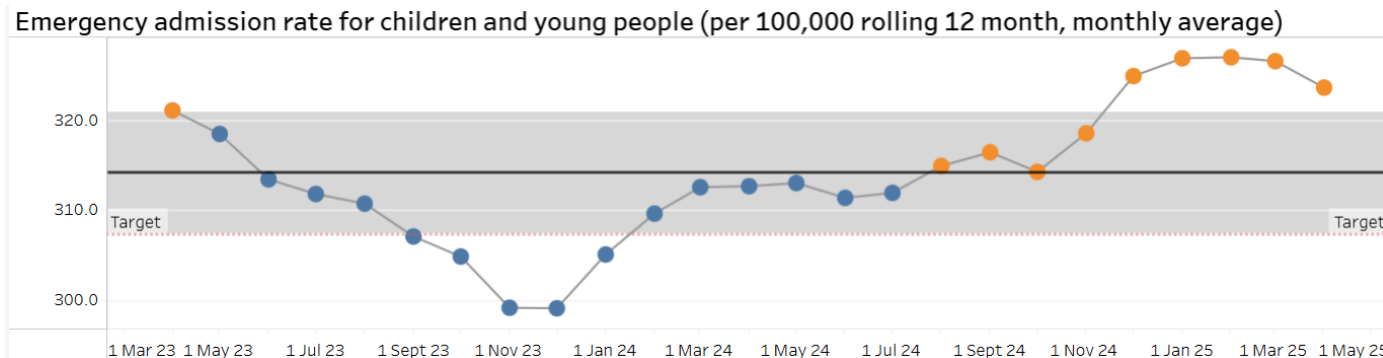
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Children's Care: Medium Term Plan Indicators

WE

- The Medium Term Plan dashboard on DELPPHI tracks key indicators for children and young people under 18, using data from SUS and community providers. It focuses on three main measures:

  - Community paediatric waits over 65 weeks (not reported for WE)
  - Emergency admission rates
  - A&E attendance rates

- Recent data shows a slight decrease in emergency admissions to 323.7, down from 326.6 the previous month, while A&E attendances have also slightly decreased to 3229.7 from 3239.3.

- Note: Recent data shows emergency admission rates higher than previous years for children in West Essex, whilst A&E attendance rates have remained steady in the last year.
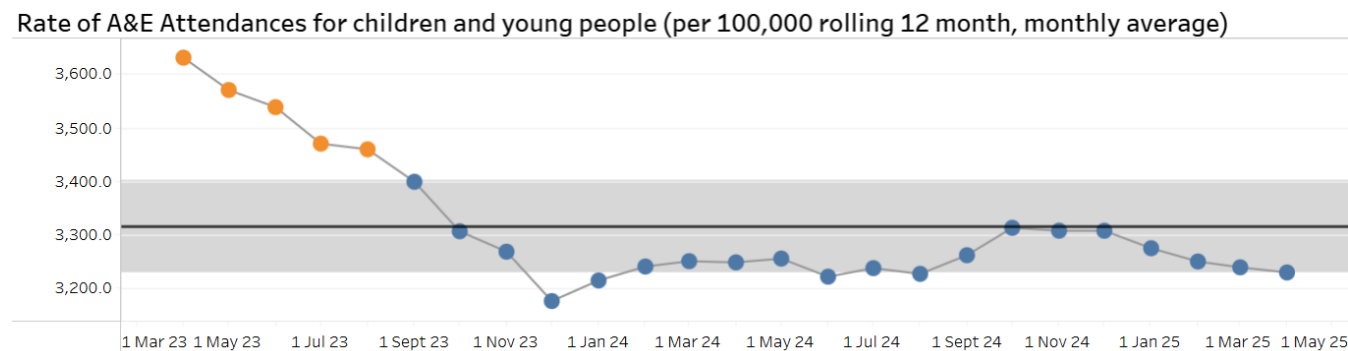
Emergency admission rate for children and young people (per 100,000 rolling 12 month, monthly average)

Rate of A&E Attendances for children and young people (per 100,000 rolling 12 month, monthly average)

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Source: DELPPHI - HWE Mid Term Plan Dashboard

Children and Young People: Programme outcomes

- HWE programme outcomes provide an opportunity for our ICS to focus on the end point health outcomes that best practice and evidenced interventions will deliver to improve the health of our population.

- The table on the right shows CYP outcomes for Epping Forest North PCN from the Outcomes Framework

- There has been an increase in overall emergency admissions for 0–17-year-olds

- However, there has been a decrease in emergency admissions for 0–4-year-olds, and for admissions related to asthma, diabetes, and epilepsy among 0–18-year-olds.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			
	Total Cost of Emergency Hospital Care, Crude Rate per 100,000, aged between 0-18	£1,022k £149k / 14,627	£992k £145k / 14,625	£29,529	3.0%
Programme	Mortality, Crude Rate per 100,000, aged between 1-17	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 10-24				
	Emergency Admissions LoS >0, Crude Rate per 100,000, aged between 0-17	230.6 32 / 13,876	201.5 28 / 13,896	29.1	14.5%
Workstream	Emergency Admissions, DSR per 100,000, aged between 0-4	664.9 23 / 3,459	699.5 25 / 3,574	-34.6	-4.9%
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			

HWE ICS
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Children and Young People: Key process indicators (0-19 years)

- Data provided by Ardens Manager highlights key process indicators for children and young people with Asthma, Diabetes and Epilepsy over the 13 months leading up to June 24, 2025.

- The graph compares these indicators between Epping Forest North PCN and WE for children and young people aged 0-19.

- Asthma medication reviews completed in Epping Forest North PCN were higher to those in WE during this period.

- Epping Forest North PCN has more medication reviews recorded for Diabetes, and Epilepsy compared to WE as well as diabetes reviews carried out in the last 13 months.
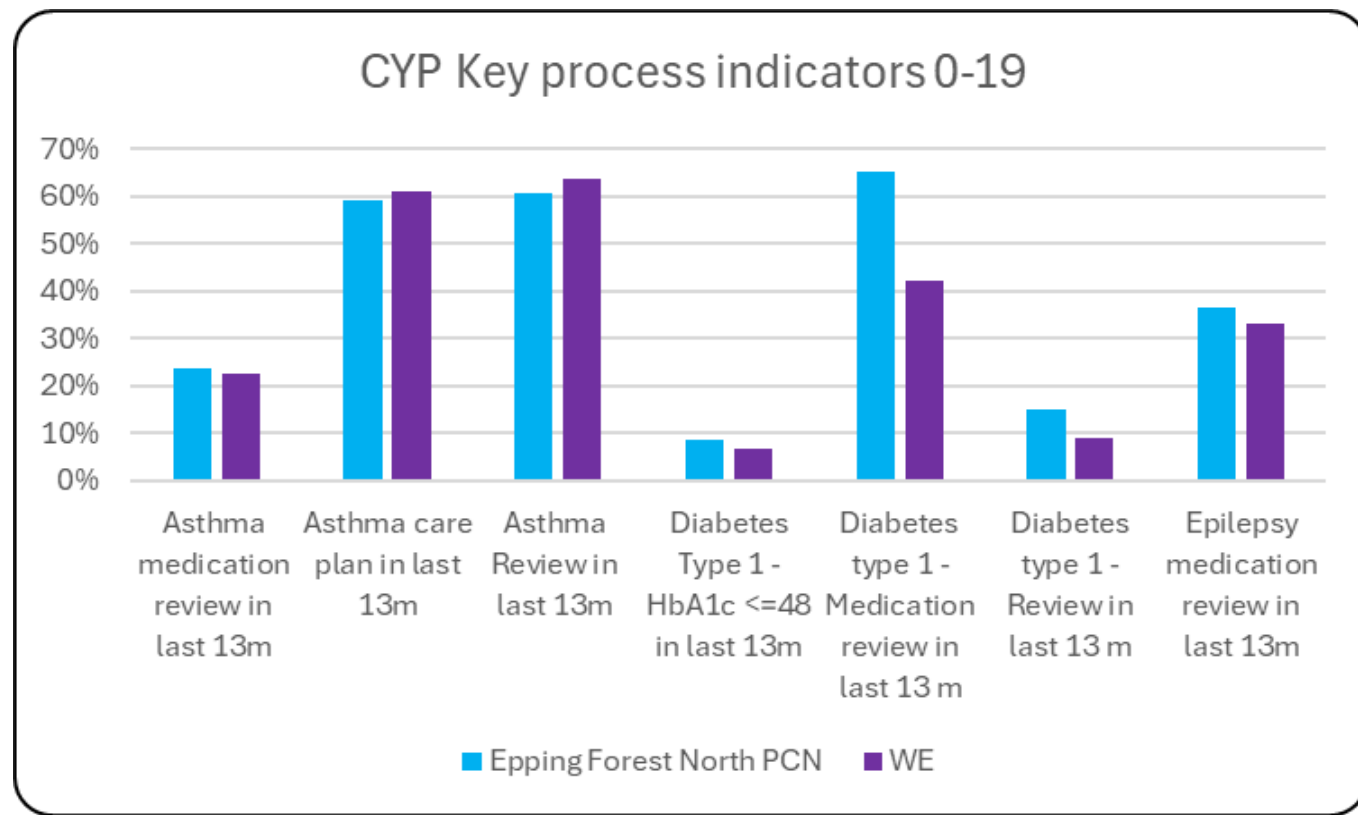
CYP Key process indicators 0-19

Legend: ■ Epping Forest North PCN ■ WE

Categories: Asthma medication review in last 13m; Asthma care plan in last 13m; Asthma Review in last 13m; Diabetes Type 1 - HbA1c <=48 in last 13m; Diabetes type 1 - Medication review in last 13 m; Diabetes type 1 - Review in last 13 m; Epilepsy medication review in last 13m

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Hypertension: Medium Term Plan Indicators

Medium Term Plan indicators on DELPPHI highlight key priorities related to Hypertension diagnosis and management within the ICB. Information are currently reported at HCP/WE level.

For Hypertension Medium Term Plan indicators, for the WE we can see:

- Compared to the ICB, WE Hypertension QOF prevalence continues to rise indicating improved identification of people living with hypertension

- For Patients with GP recorded hypertension whose last blood pressure was in target, we can see that the data shows a higher proportion for West Essex compared to the ICB's rate. In the most recent month, the trend shows a decrease for the area which follows that of the ICB's trend.

To review these indicators in more detail, please go the CVD & Hypertension page of the DELPPHI Medium Term Plan dashboard found here.

WE
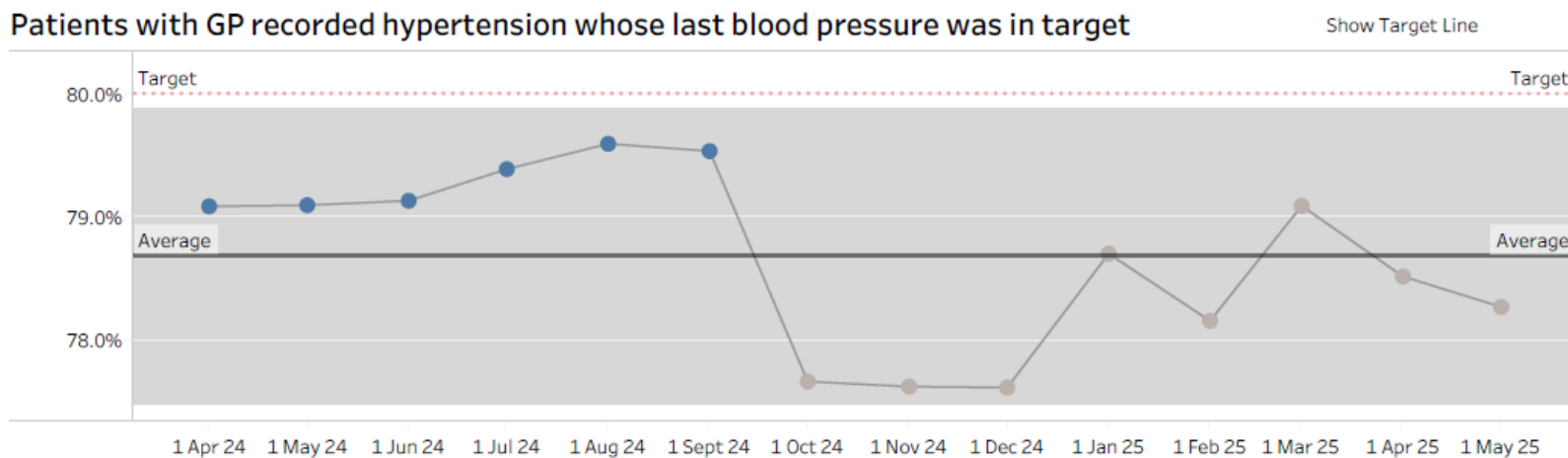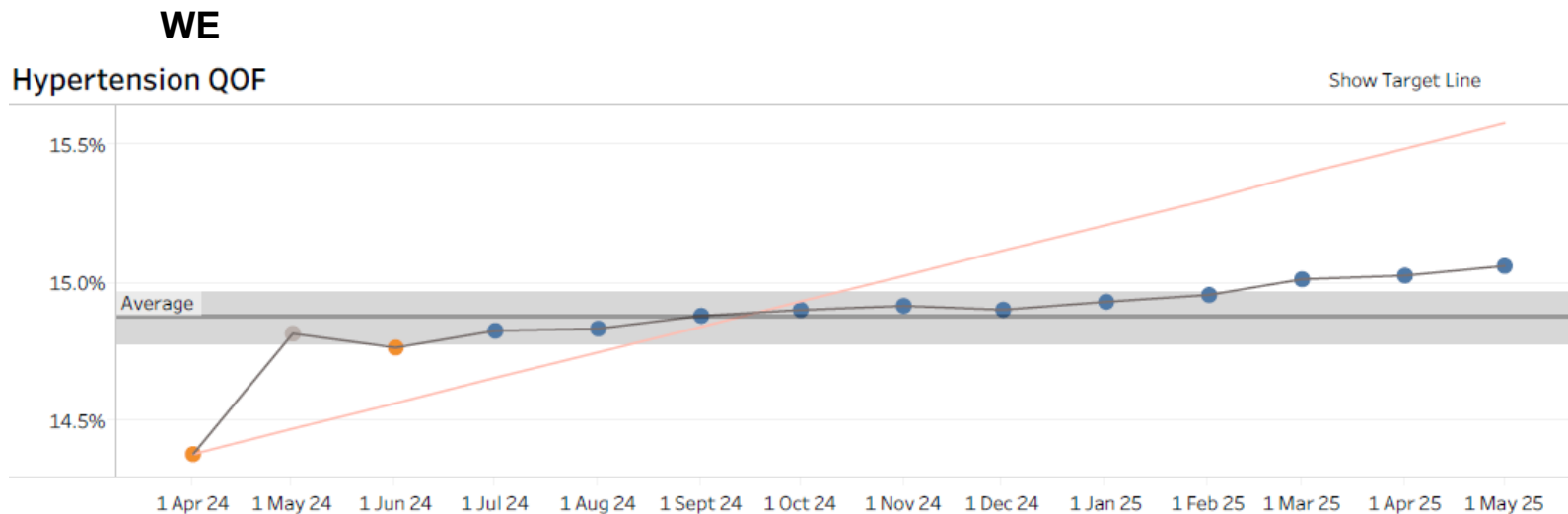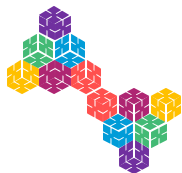
Hypertension: QOF Indicators

- Reviewing the PCN on their percentage achieved from the 2024/25 QOF, we can see that:

  - Epping Forest North PCN is showing below the WE and ICB value for both Hypertension review indicators.

  - In the ICB as of April 2025, 87% of people aged 45+ have had a BP done in the last 5 years.

- For a further detailed review of all the QOF indicators for 2024/25, please visit the Ardens Manager pages here.

Hypertension		
Review		
	HYP008: Latest BP 140/90 or less (or equivalent home value) in last 12m if 79y or under	**HYP009: Latest BP 150/90 or less in last 12m if 80y or over**
ICB	**77.0%**	**85.0%**
West Essex Place	**77.0%**	**85.0%**
Epping Forest Locality	**76.3%**	**84.1%**
EPPING FOREST NORTH PCN	**75.1%**	**82.8%**
LOUGHTON BUCKHURST HILL &	**78.0%**	**85.8%**

Source: Ardens Manager

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Hypertension: Key Care Process Indicators

For the Hypertension key process review indicators, we can see that for the PCN:

- Epping Forest North PCN achieves higher percentages than WE and ICB levels, in 8 out of the 14 process indicators shown.
- To review these, and other indicators in detail, please go to the Hypertension pages in Ardens Manager here.

Areas of opportunity for the PCN are:
- BP Targets Set
- Care Plans
- Patient Reviews
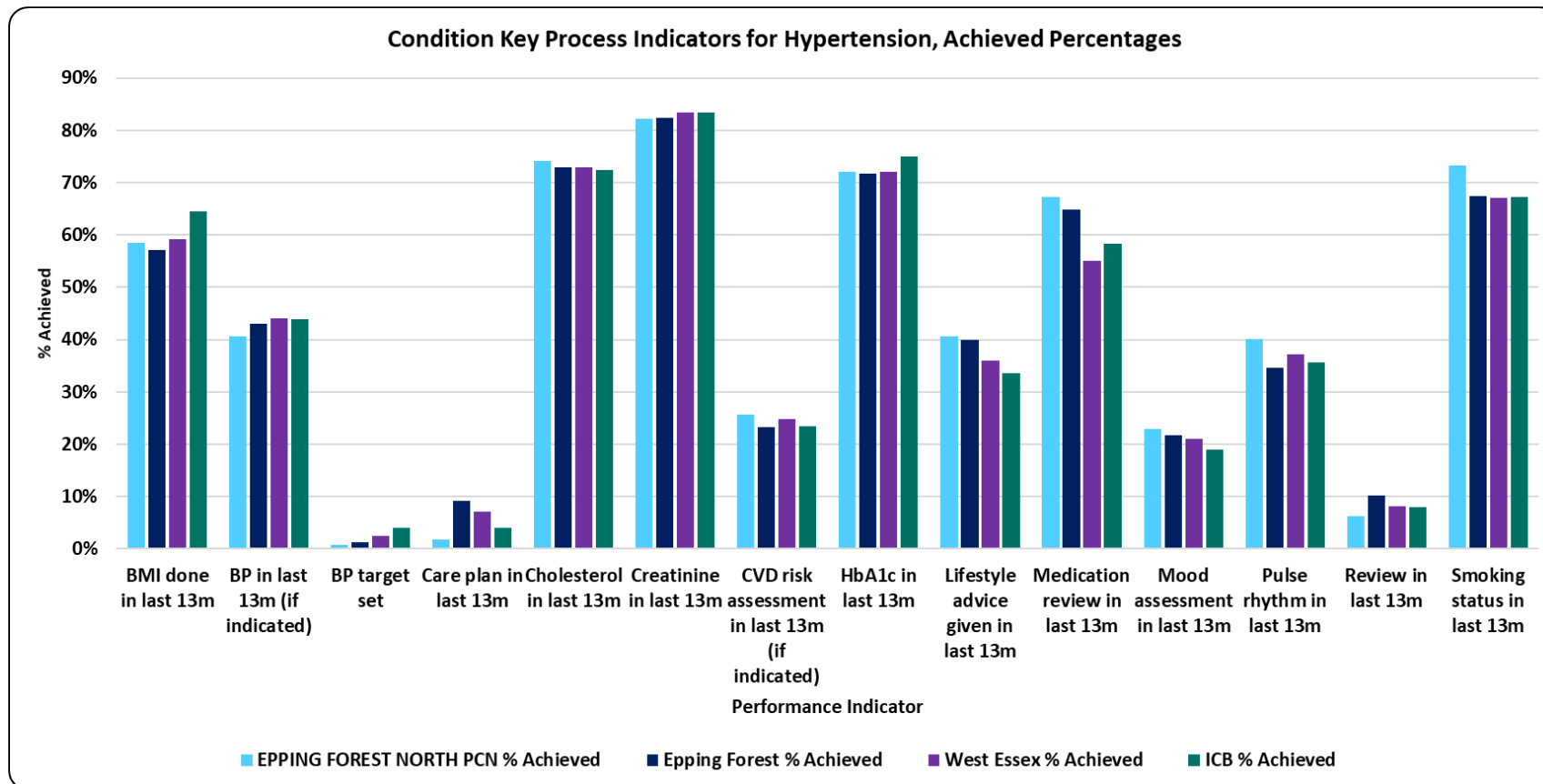
Condition Key Process Indicators for Hypertension, Achieved Percentages

Legend: ■ EPPING FOREST NORTH PCN % Achieved ■ Epping Forest % Achieved ■ West Essex % Achieved ■ ICB % Achieved

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Cardiovascular Disease (CVD) & Other Long-Term Conditions (LTC): ECF & QOF Indicators

- The 2024/25 QOF CVD indicators are shown on this page; other QOF LTC indicators can be viewed via Ardens Manager here.

- Reviewing Epping Forest North PCN on their percentage achieved from the 2024/25 QOF, we can see that:
  - There is a varied mix of achievements across the indicators
  - There is opportunity to increase the percentage achieved for Coronary Heart Disease and AF indicators across the indicators
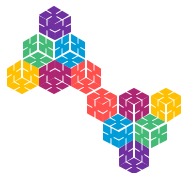
| | Atrial Fibrillation | | | | Atrial Fibrillation | | CVD Secondary Prevention | | | Coronary Heart Disease | | |
| | ECF | | | | QOF | | ECF | | | QOF | | |
	BP done	Chest pain assessment done	ORBIT score done	Review done	AF006: CHA2DS2-VASc recorded in last 12m	AF008: On DOAC or Vitamin K antagonist if CHA2DS2-VASc >= 2	On high-intensity statin, ezetemibe or LLT max tol/ci/dec	All (CHD, CVA/TIA or PAD)	Target met (LDL-cholesterol <=2.0 or Non-HDL cholesterol <=2.6)	CHD005: Anti-platelet or anti-coagulant in last 12m	CHD015: Latest BP 140/90 or less in last 12m if 79y or under	CHD016: Latest BP 150/90 or less in last 12m if 80y or over
ICB	90.2%	20.1%	39.9%	34.3%	97.0%	96.3%	75.3%	100.0%	12.8%	96.5%	83.5%	89.5%
West Essex Place	89.1%	26.1%	38.3%	33.7%	97.3%	95.8%	75.5%	100.0%	10.4%	96.6%	83.9%	89.9%
Epping Forest Locality	89.0%	30.0%	37.0%	32.5%	97.0%	95.8%	75.4%	100.0%	10.6%	95.9%	83.8%	90.9%
EPPING FOREST NORTH PCN	90.4%	29.8%	36.5%	30.0%	98.0%	96.1%	76.5%	100.0%	10.6%	96.0%	82.8%	89.6%
LOUGHTON BUCKHURST HILL & CHIGWELL PCN	87.2%	30.4%	37.8%	35.7%	95.5%	95.3%	74.0%	100.0%	10.5%	95.7%	85.2%	92.5%

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Source: Ardens Manager

CVD & Other Long-Term Conditions: ECF & QOF Indicators

- The 2024/25 ECF CVD indicators are shown on this page; however, all the other ECF LTC indicators can be viewed via the Ardens Manager 2024/25 QOF pages here.

- Reviewing Epping Forest North PCN on percentage achieved from the 2024/25 ECF, we can see that:
    - The PCN is achieving lower achievement rates for Heart failure indicators compared to WE and ICB
    - There is opportunity to increase the percentage achieved for Heart Failure indicators across the PCN

	Heart Failure					Heart Failure		
	ECF					QOF		
	Ejection fraction recorded (ever)	NYHA classification done	On SGL2i or issued in last 3m (if preserved ejection fraction)	Palliative care referral (or declined) (if NYHA Stage III or IV)	Social prescribing/IAPT referral done (or declined)	HF003: LVD + on ACEi/ARB	HF006: LVD + on beta-blocker	HF007: Review + assessment of functional capacity
ICB	80.1%	46.4%	31.5%	1.4%	13.4%	95.6%	97.0%	91.9%
West Essex Place	78.9%	48.3%	27.3%	0.6%	14.1%	96.3%	97.2%	91.8%
Epping Forest Locality	78.3%	48.0%	24.3%	0.2%	14.5%	96.5%	97.4%	91.8%
EPPING FOREST NORTH PCN	76.1%	48.1%	22.6%	0.0%	13.6%	96.3%	97.0%	90.2%
LOUGHTON BUCKHURST HILL & CHIGWELL PCN	82.0%	47.8%	27.1%	0.5%	15.9%	96.9%	98.0%	94.7%

Source: Ardens Manager

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CVD & Other Long-Term Conditions: Key Heart Failure Care Processes
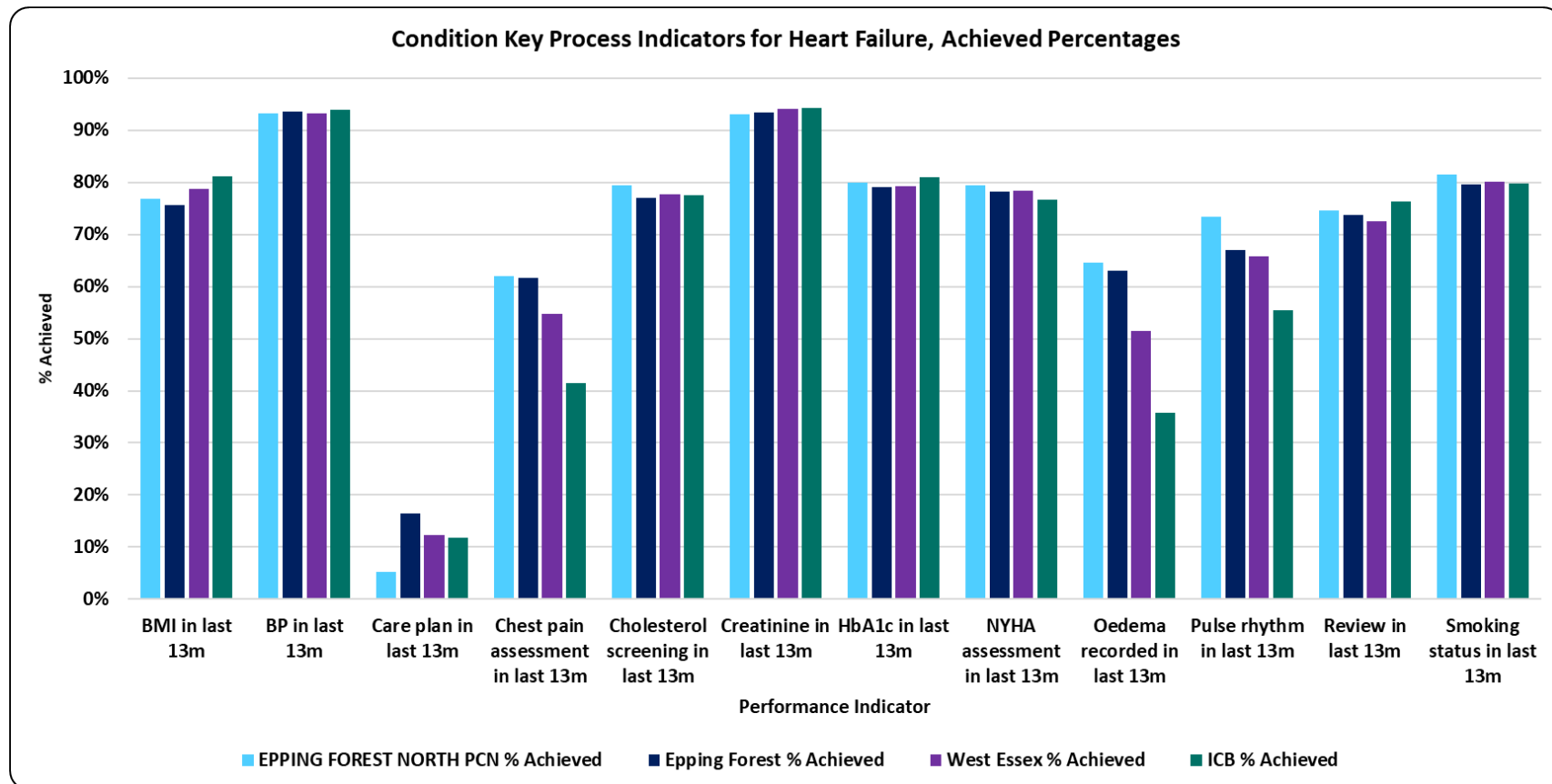
Current CVD key care review process indicators are shown on this page for Heart Failure only due to limitations of space; however, all the other many CVD and other Long-Term Condition indicators can be viewed in detail via the Ardens Manager pages here.

For the Heart Failure key process indicators, we can see for Epping Forest North PCN:

- Higher levels of achievement than WE and ICB levels, in 8 out of the 12 process indicators shown

Areas of opportunity for the PCN are:
- Care Plans

Condition Key Process Indicators for Heart Failure, Achieved Percentages

Legend: EPPING FOREST NORTH PCN % Achieved | Epping Forest % Achieved | West Essex % Achieved | ICB % Achieved

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Source: Ardens Manager
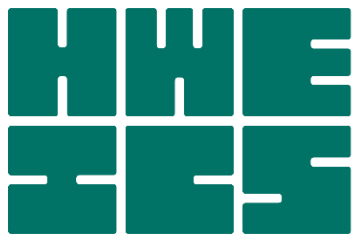
Mental Health and Learning Disabilities

Management and Outcomes

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Better care for Mental Health Crisis: Medium Term Plan Indicators

- MH measures developed within the MTP dashboard for Out of Area placement and Community Crisis Service are currently only available on an ICB footprint.

- The graph on the right shows the proportion of mental health attendances at A&E spending over 12 hours in A&E. Recent months data shows a slight decrease in the proportion of MH attendances spending over 12 hours in A&E.

- Note:PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from November '24 onwards.
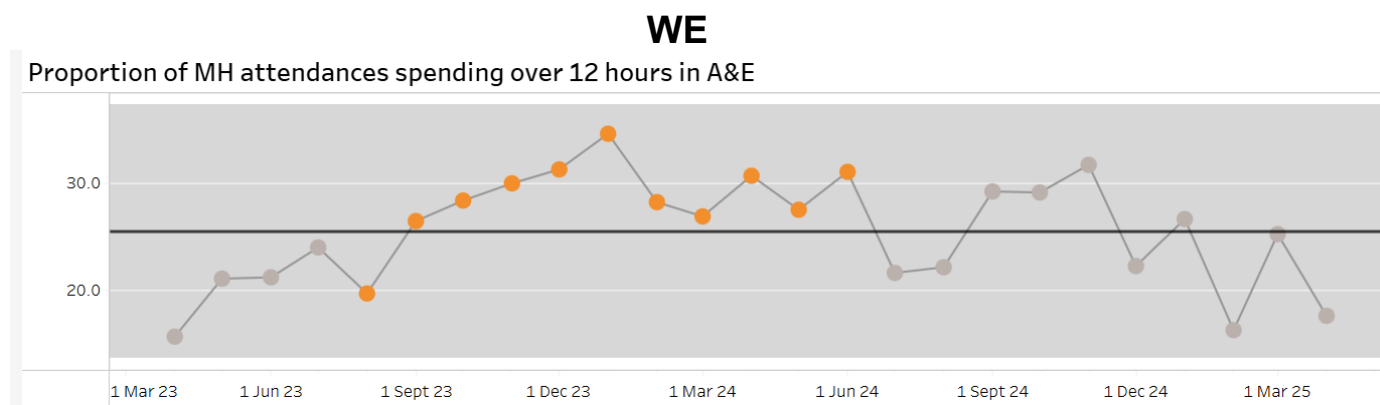
WE

Proportion of MH attendances spending over 12 hours in A&E

Mental health: Programme outcomes

- HWE programme outcomes provide an opportunity for our ICS to focus on the end point health outcomes that best practice and evidenced interventions will deliver to improve the health of our population.

- The graph below illustrates a core set of population health indicators from DELPPHI which have been broken down at PCN level to provide assurance that activities are delivering the required impact.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	48.9 39 / 69,533	64.9 49 / 68,684	-16.0	-24.6%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,358k £1,830k / 69,533	£2,371k £1,780k / 68,684	-£12,958	-0.5%
Programme	Mortality, Suicide, DSR per 100,000, aged between 10-120	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 0-120	Supressed due to small numbers			
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	13.3 12 / 69,533	10.1 8 / 68,684	3.2	31.6%

- Emergency admissions for preventable ACSC conditions have decreased compared to the previous period, with a corresponding drop in associated costs.

- Suicide mortality figures have been suppressed due to small numbers.

HWE ICS
Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard

Depression and SMI: QOF indicators

- Mental Health QOF metrics for 2024-25 show that Epping Forest North PCN has a higher percentage of achievement for QOF depression indicators when compared with ICB, WE and locality.

- Epping Forest North PCN has a higher percentage of achievement for several SMI indicators such as a care plan carried out in the last 12 months, BP done in the last 12 months and all 6 core physical health checks complete.

- The individual practices can be viewed within the QOF data.

- Ardens searches are available to practices to identify those people with SMI without a care plan or recording of monitoring.

| | Depression | | Mental Health | | | | | | | |
| | Review | | Review | | | | | | | |
	DEP004 CURRENT: Reviewed 10-56d after diagnosis if >18y (2024-25)	DEP004 PROTECTED: Reviewed 10-56d after diagnosis if >18y (2023-24)	MH002: Care plan done in last 12m	MH003: BP done in last 12m	MH006: BMI done in last 12m	MH007: Alcohol consumption done in last 12m	MH011: Lipid profile in last 24m or 12m if antipsychotics/CVD/smoker/overweight	MH012: HbA1c or blood glucose done in last 12m	MH021 CURRENT: All 6 core physical health checks complete (2024-25)	MH021 PROTECTED: All 6 core physical health checks complete (2023-24)
ICB	79.6%	85.4%	89.8%	95.4%	95.4%	95.2%	93.0%	92.8%	74.7%	75.9%
West Essex WE	82.3%	85.4%	90.7%	96.9%	96.6%	97.1%	93.8%	93.8%	76.9%	75.1%
Epping Forest Locality	83.3%	83.3%	89.5%	96.8%	96.5%	96.9%	92.1%	92.6%	78.4%	74.6%
EPPING FOREST NORTH PCN	84.1%	85.9%	93.2%	97.1%	95.4%	96.7%	91.9%	92.6%	83.8%	81.3%
LOUGHTON BUCKHURST HILL & CHIGWELL PCN	82.3%	80.2%	84.7%	96.3%	97.9%	97.1%	92.4%	92.6%	71.4%	66.7%

Source: Ardens Manager

Hertfordshire and West Essex Integrated Care System

SMI: ECF indicators

- The data shows that Epping Forest North PCN has a lower percentage for most SMI ECF indicators when compared against WE and the ICB.

- The data in the table below covers the period from April 2024 to March 2025. The most current information is available at Ardens Manager.

	Severe Mental Illness							
	Extra			Local		Review		
	7. Nutrition/diet + level of physical activity done or exception in L12M	8. Use of illicit substance/non prescribed done or exception in L12M	9. Medication reconciliation/ review	1. Waist circumference done or exception in L12M	Oral health recorded in last 12m	>=3 PHC items done or exception in L12M	>=4 PHC items done (in last 12m)	Care plan in L12M
ICB	8.4%	8.2%	17.1%	3.4%	8.9%	6.8%	61.0%	8.4%
West Essex WE	8.6%	7.5%	13.0%	2.4%	7.0%	6.1%	54.4%	9.0%
Epping Forest Locality	5.6%	4.9%	14.8%	1.4%	4.2%	3.7%	49.3%	5.6%
EPPING FOREST NORTH PCN	8.3%	6.7%	12.9%	1.9%	5.6%	5.0%	57.6%	7.3%
LOUGHTON BUCKHURST HILL & CHIGWELL PCN	2.9%	3.1%	16.7%	0.8%	2.7%	2.5%	40.7%	4.0%

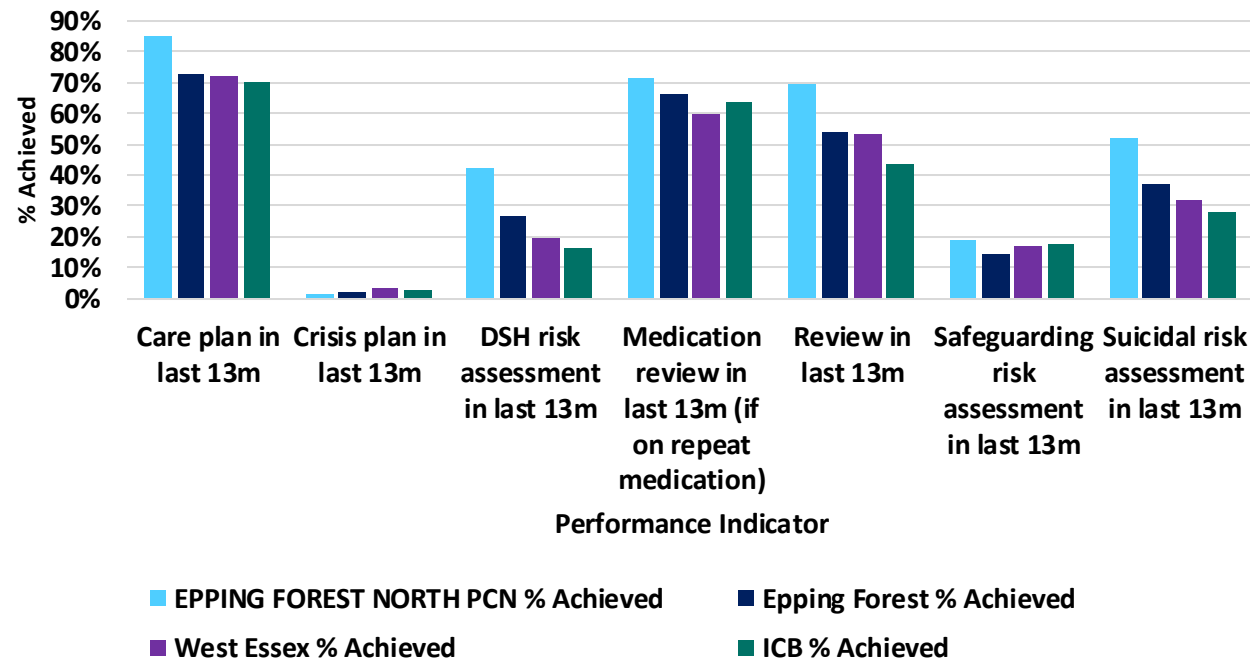**Hertfordshire and West Essex Integrated Care System**

SMI and Depression: Key process indicators

- In the past year, Epping Forest North PCN recorded the highest rate of medication reviews completed in the last 13 months, compared to Epping forest locality, WE and the ICB.

- Epping Forest North PCN is achieving slightly higher with the number of key process indicators for SMI patients in comparison to Epping Forest locality, WE and the ICB. All other reviews can be found in Ardens Manager.

Condition Key Process Indicators for Depression, Achieved Percentages
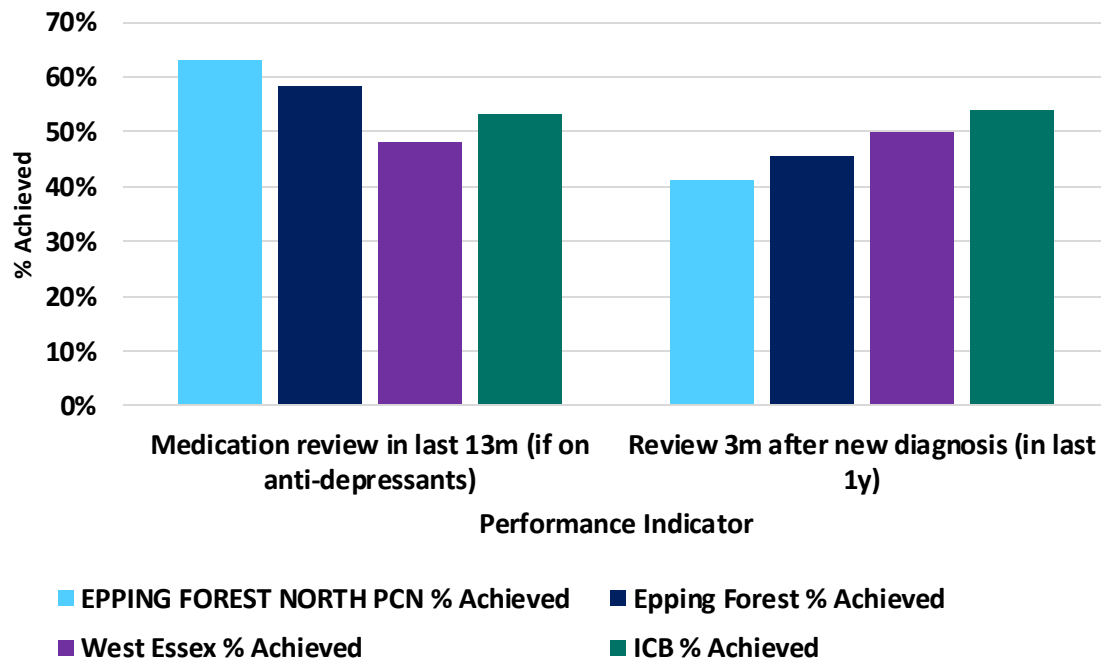
Condition Key Process Indicators for Severe Mental Illness, Achieved Percentages

Legend:
- EPPING FOREST NORTH PCN % Achieved
- Epping Forest % Achieved
- West Essex % Achieved
- ICB % Achieved

Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

Learning Disability: ECF indicators

- The data shows that Epping Forest North PCN has a higher percentage for most of the learning disability ECF indicators when compared against WE and the ICB.

- However, the PCN percentage for the proportion of people with a learning disability who have had reasonable adjustments recorded or reviewed is lower than both WE and the ICB.

- The data in the table below covers the period from April 2024 to March 2025. The most current information is available at Ardens Manager.

	Learning Disability						
	Review			Local		Review	
	Action plan done or declined (if LD + >=14y)	Annual health check done or declined (if LD + >=14y)	BP done or exception + >=14y	Communication needs + reasonable adjustments recorded (if LD or Autism + >=14y)	Communication status + reasonable adjustments recorded (if LD + >=14y)	Health check done (or declined) + action plan done (or declined) (if LD + >=14y)	Reasonable Adjustments: recorded or reviewed
ICB	47.9%	48.8%	18.9%	11.8%	13.8%	47.6%	4.5%
West Essex WE	48.4%	49.1%	18.7%	8.4%	11.4%	47.7%	3.4%
Epping Forest Locality	49.4%	50.3%	21.7%	7.6%	11.6%	49.1%	4.9%
EPPING FOREST NORTH PCN	49.0%	49.9%	20.3%	8.3%	13.5%	48.5%	4.5%
LOUGHTON BUCKHURST HILL & CHIGWELL PCN	50.0%	50.8%	23.4%	6.8%	9.5%	49.7%	5.3%

Hertfordshire and West Essex Integrated Care System
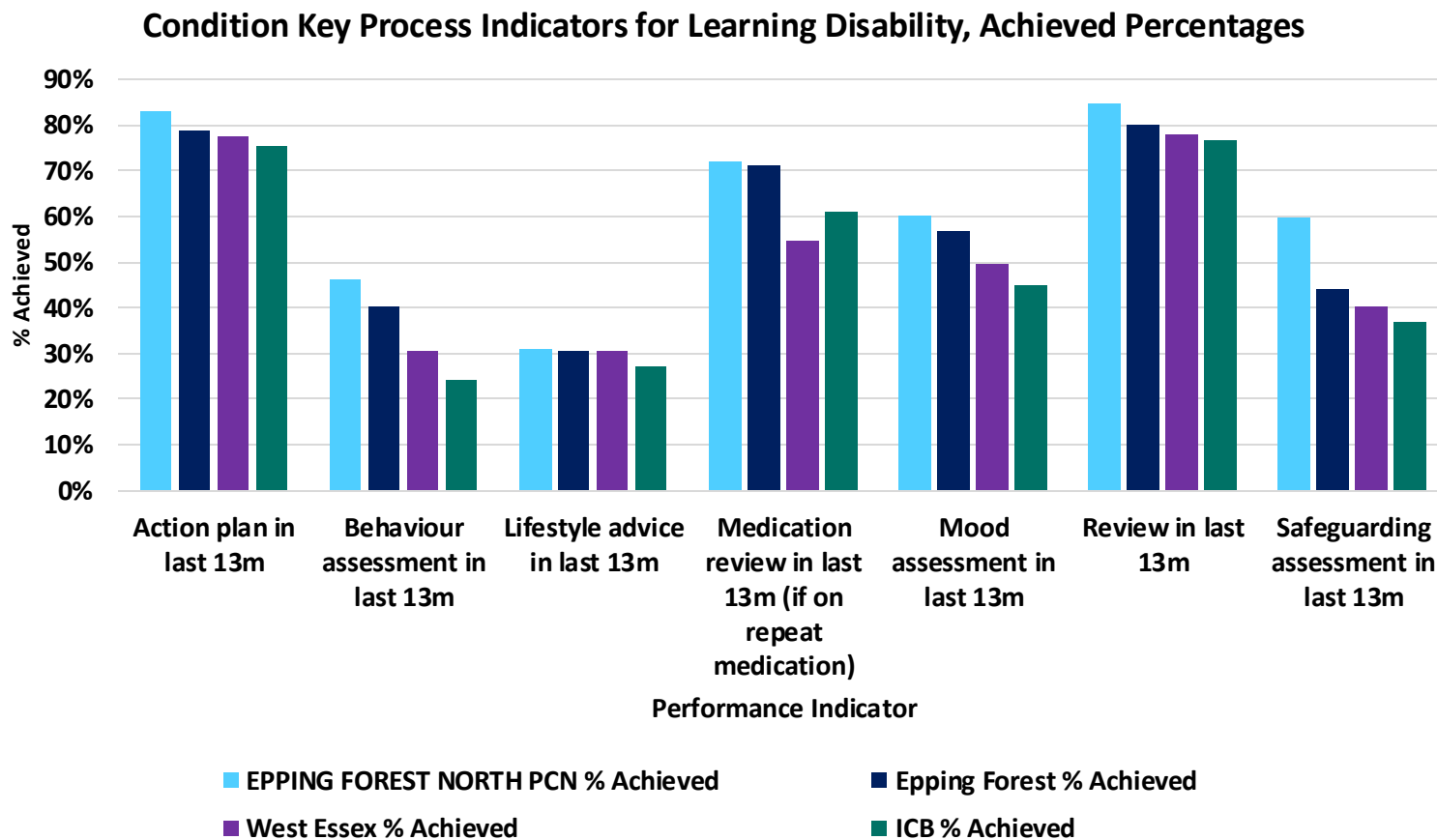
Source: Ardens Manager

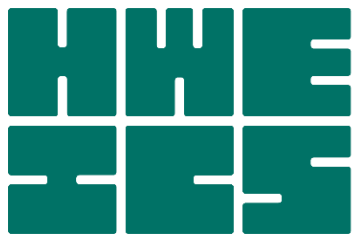# Learning Disability: Key process indicators

- Epping Forest North PCN is achieving slightly higher percentage completeness against Epping Forest locality, WE and the ICB in several key learning disability processes.

- Further details by practice and indicators can be found in Ardens Manager.

Condition Key Process Indicators for Learning Disability, Achieved Percentages

Legend:
- EPPING FOREST NORTH PCN % Achieved
- Epping Forest % Achieved
- West Essex % Achieved
- ICB % Achieved

Hertfordshire and West Essex Integrated Care System

Cancer and Planned Care

Management and outcomes

Working together
for a healthier future
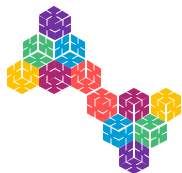
Cancer: QOF and Key processes indicators

- The QOF data shows that Epping Forest North has a lower percentage when compared to the WE for most reviews for 2024/25.

- Epping Forest North's cancer care processes are similar to WE and lower than the ICB, which was found to be the opposite for screening of cancer against the ICB.

- The latest position for this table below, can be found at Ardens Manager.

Condition Key Process Indicators for Cancer Care, Achieved Percentages

	Cancer			
	Review			
	CAN004 CURRENT: Cancer care review within 12m of diagnosis (2024-25)	**CAN004 PROTECTED:** Cancer care review within 12m of diagnosis (2023-24)	**CAN005 CURRENT:** Support information given within 3m of diagnosis (2024-25)	**CAN005 PROTECTED:** Support information given within 3m of diagnosis (2023-24)
ICB	92.1%	94.9%	84.9%	87.8%
West Essex Place	88.2%	91.0%	78.7%	80.0%
Epping Forest Locality	83.8%	86.1%	70.0%	66.6%
EPPING FOREST NORTH PCN	88.5%	89.7%	76.6%	73.8%
LOUGHTON BUCKHURST HILL &	79.4%	81.6%	62.2%	58.3%

Source: Ardens Manager

Frailty and End of Life care

Management and outcomes

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Frailty and EOL: Medium Term Plan Indicators

- The trend charts indicates the WE targets and what their current trajectory is for the relevant measure.

- PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from Nov-24 onwards. Measures which reference emergency admissions will show lower due to this coding change. This affects West Essex and East and North Herts and the ICB as a whole. Emergency admission data should be treated with caution

WE

Deaths with 3 or more emergency admissions in the last 90 days of life (all ages)(Rolling 12 months)
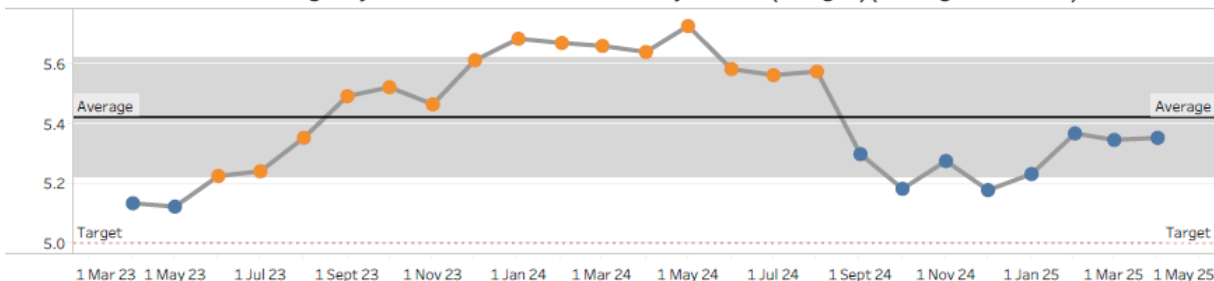
Rate of non-elective admissions for falls within the community for people aged 65+ (LoS > 0) (per 100,000 Rolli..
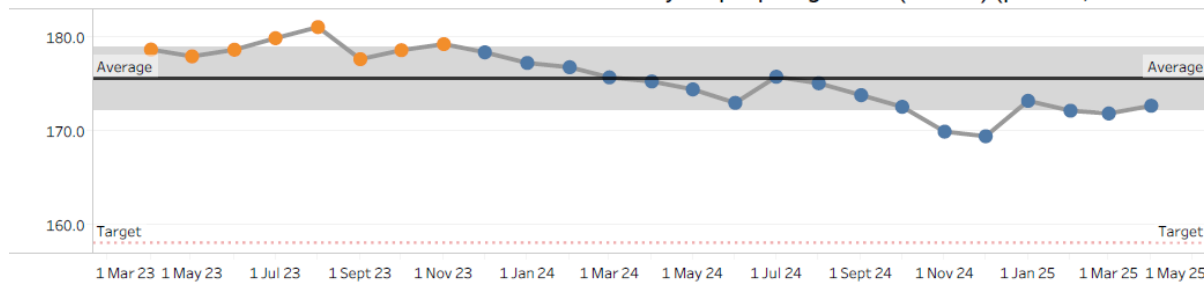
Rate of non-elective admissions in people aged 65+ (LoS >0) (per 100,000 rolling 12 month, monthly average)(C..
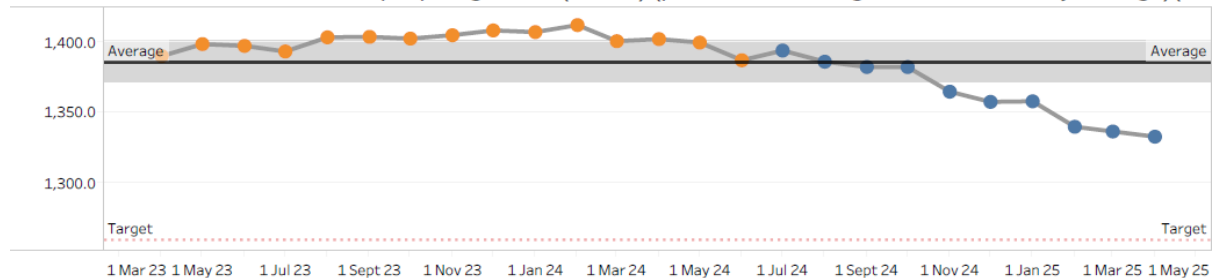
Source: DELPPHI - HWE Mid Term Plan Dashboard

Frailty and EOL: Programme outcomes

Epping Forest North

- This data is for a rolling 12 months, and the percentage difference in red indicates that the current period, has deteriorated against the previous period.

- The 7 interventions dashboards has further detail of underlying metrics for community falls and FRAT scores completed. 7 interventions.

- Please use the following link for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT.

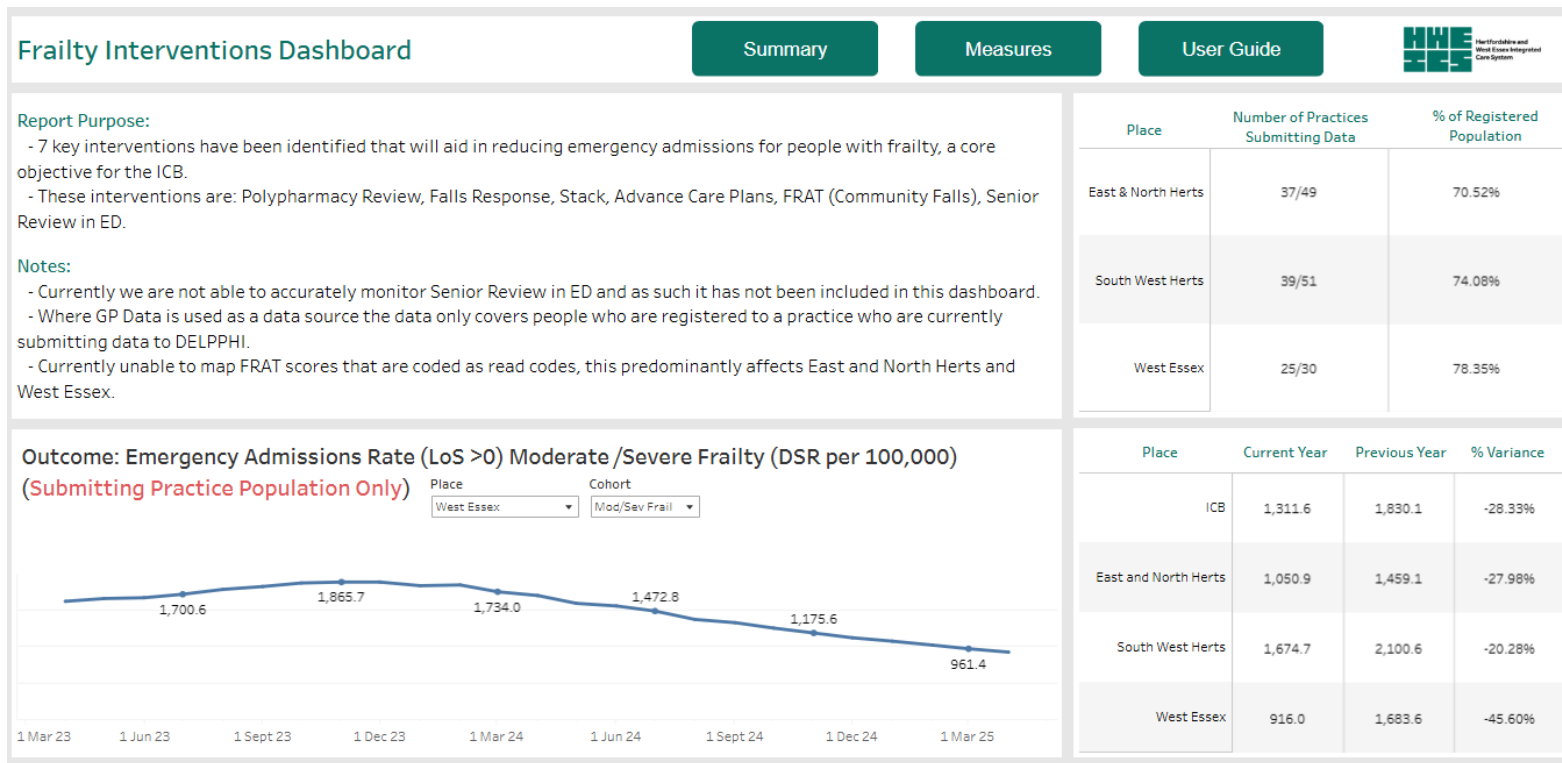| Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 65-120	185.5 30 / 14,690	181.1 28 / 14,390	4.4	2.4%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£7,385k £1,191k / 14,690	£7,557k £1,166k / 14,390	-£171,829	-2.3%
Programme	Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	329.3 53 / 14,690	439.9 64 / 14,390	-110.5	-25.1%
	Emergency Admissions LoS >0, Moderate/ Severe Frail at Admission (GP SUBMITTING PRACTICES ONLY), DSR per 100,000, aged between 65-120	Supressed due to small numbers			
	Emergency Admissions LoS >0, DSR per 100,000, aged between 65-120	1,274.8 204 / 14,690	1,279.5 196 / 14,390	-4.8	-0.4%
	Emergency Admissions LoS >0, Falls Within the Community, DSR per 100,000, aged between 65-120	190.0 32 / 14,690	145.5 23 / 14,390	44.5	30.5%
	Percentage of Mortality, 3 or More Emergency Admissions in Last 90 Days Of Life, Percentage of All Deaths Over 28 Days, aged between 65-120	Supressed due to small numbers			
Workstream	Emergency Admissions LoS >0, Hip Fractures, DSR per 100,000, aged between 65-120	Supressed due to small numbers			
	Percentage of Emergency Admissions LoS >0, Falls Within the Community, Discharge to Usual Place of Residence, aged between 70-120	78.1% 25 / 32	91.3% 21 / 23	-13.2%	-14.4%
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 7 Days, aged between 65-120	Supressed due to small numbers			
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 30 Days, aged between 65-120	17.0% 24 / 141	15.0% 22 / 147	2.1%	13.7%

Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard

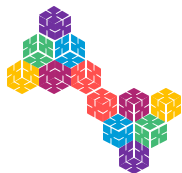# Frailty and EOL: Indicators from the 7 interventions dashboard

- This dashboard has been designed in DELPPHI to support 7 interventions that have been identified in aiding in the reduction of Emergency admissions for people with frailty.

- The dashboard is currently available by ICB and Place.

- Emergency Admission rate for people identified with moderate/ severe frailty (from the primary care record) has seen a decrease over the last 2 years

- To gain maximum benefit from this dashboard, please click on this link.

Frailty Interventions Dashboard

| | Summary | Measures | User Guide |

Report Purpose:
  - 7 key interventions have been identified that will aid in reducing emergency admissions for people with frailty, a core objective for the ICB.
  - These interventions are: Polypharmacy Review, Falls Response, Stack, Advance Care Plans, FRAT (Community Falls), Senior Review in ED.

Notes:
  - Currently we are not able to accurately monitor Senior Review in ED and as such it has not been included in this dashboard.
  - Where GP Data is used as a data source the data only covers people who are registered to a practice who are currently submitting data to DELPPHI.
  - Currently unable to map FRAT scores that are coded as read codes, this predominantly affects East and North Herts and West Essex.

Place	Number of Practices Submitting Data	% of Registered Population
East & North Herts	37/49	70.52%
South West Herts	39/51	74.08%
West Essex	25/30	78.35%

Outcome: Emergency Admissions Rate (LoS >0) Moderate /Severe Frailty (DSR per 100,000)
(Submitting Practice Population Only)

Place: West Essex   Cohort: Mod/Sev Frail

1,700.6   1,865.7   1,734.0   1,472.8   1,175.6   961.4

1 Mar 23 1 Jun 23 1 Sept 23 1 Dec 23 1 Mar 24 1 Jun 24 1 Sept 24 1 Dec 24 1 Mar 25

Place	Current Year	Previous Year	% Variance
ICB	1,311.6	1,830.1	-28.33%
East and North Herts	1,050.9	1,459.1	-27.98%
South West Herts	1,674.7	2,100.6	-20.28%
West Essex	916.0	1,683.6	-45.60%

Hertfordshire and West Essex Integrated Care System

Frailty and EOL: ECF indicators

- The data shows that Epping Forest North has a lower percentage for most EOL and Frailty indicators, when compared to the WE and the ICB for 2024/25.

- The latest position for this table below, can be found at Ardens Manager.

| | End of Life | | | | | | | | Frailty | | | | | | |
| | Review | | | | | | | | Review | | | | | | |
	ACP shared	ACP, ReSPECT or EOL care plan done or declined	Anticipatory medicines issued (or exception) (if GSF red/yellow)	GSF prognostic indicator recorded	Preferred place of care recorded	Preferred place of care, death and resus stated recorded	Preferred place of death recorded	Resus status recorded (or currently DNACPR)	Carer status recorded (if moderate/severe frailty)	Depression screening done (if moderate/severe frailty)	Frailty status recorded (if moderate/severe frailty)	Loneliness assessment done (if moderate/severe frailty)	Mod/Sev + carer status recorded (excl care home + GSF red)	Mod/Sev + falls FRAT score done	Mod/Sev + falls FRAT score done (excl care home + GSF red)
ICB	1.5%	40.1%	61.3%	49.0%	69.4%	14.1%	67.4%	74.1%	67.8%	33.8%	77.0%	61.5%	13.9%	64.8%	12.2%
West Essex Place	2.7%	33.4%	62.1%	49.3%	68.1%	12.9%	66.4%	70.9%	68.7%	48.1%	72.6%	61.8%	10.5%	64.5%	10.8%
Epping Forest Locality	0.0%	32.0%	58.0%	53.9%	65.7%	11.2%	63.0%	70.3%	69.5%	51.0%	77.3%	63.1%	8.4%	65.4%	8.2%
EPPING FOREST NORTH PCN	0.0%	25.9%	48.1%	56.0%	55.5%	12.2%	54.1%	61.3%	64.9%	53.9%	73.9%	58.0%	8.4%	61.2%	8.1%
LOUGHTON BUCKHURST HILL &	0.0%	36.7%	67.9%	52.4%	73.8%	10.5%	70.1%	77.5%	78.5%	45.3%	83.8%	72.9%	8.3%	73.4%	8.3%

Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

Frailty and EOL: Key processes indicators

- Epping Forest North has opportunities to increase the number of recorded care plan reviews for both Frailty and EoL, as well as other areas.

- Ardens searches are available to practices to identify those people on frailty and EOL register and what processes have and still need to be completed.
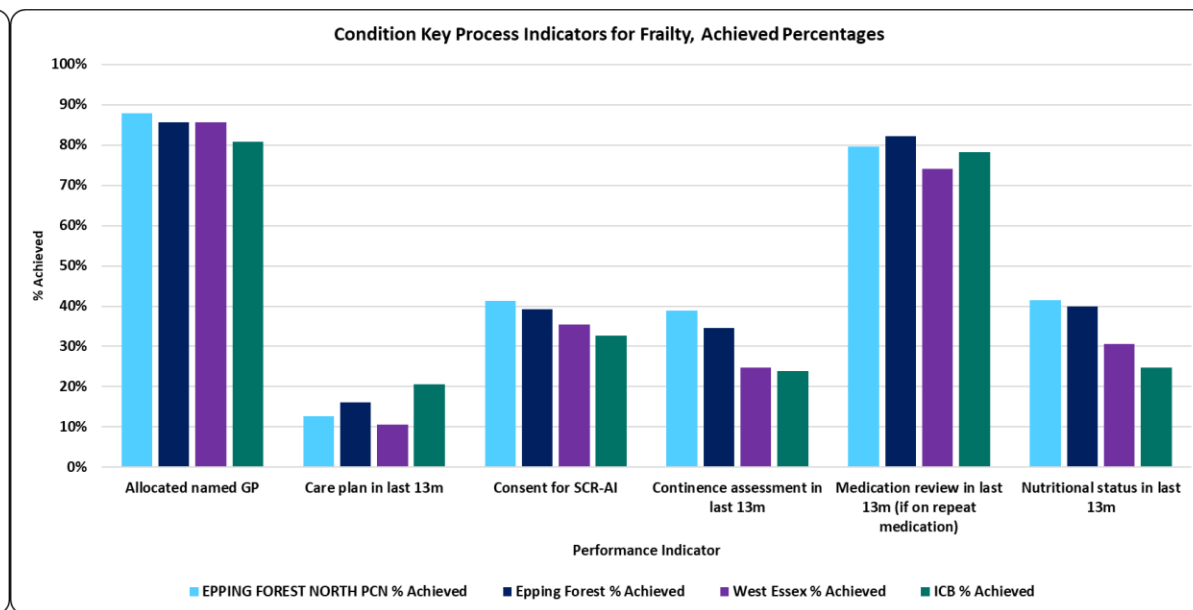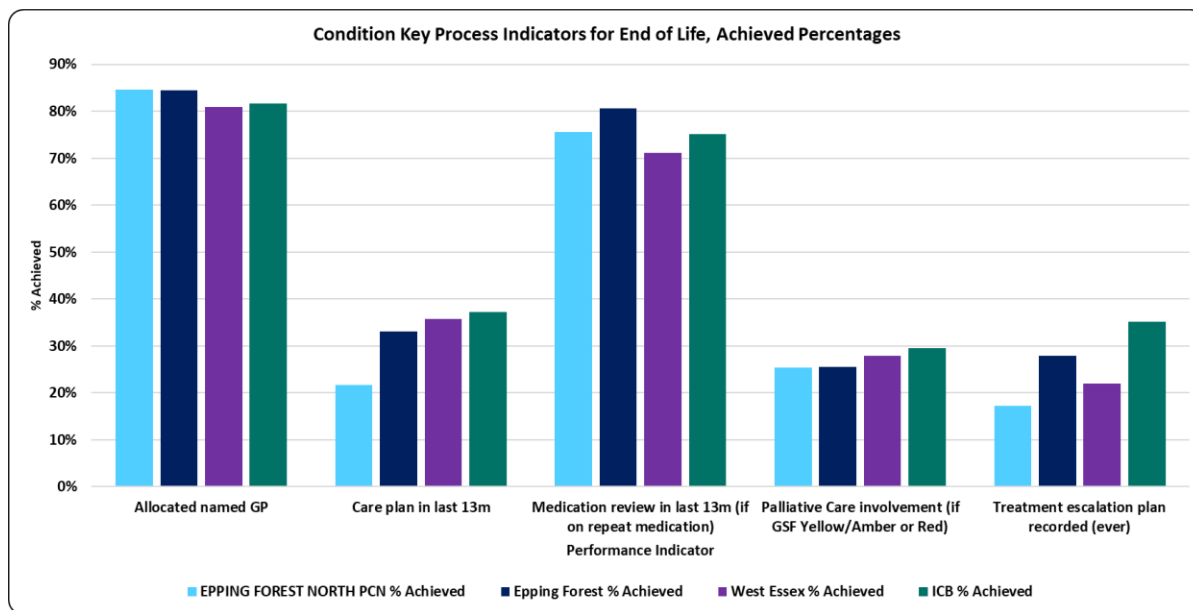
Dementia: Programme outcomes

- HWE programme outcomes provide an opportunity for our ICB to focus on the end point health outcomes that best practice and evidenced interventions will deliver to improve the health of our population.

- The graph below illustrates a core set of population health indicators from DELPPHI which have been broken down at PCN level to provide assurance that activities are delivering the required impact.

- Mortality from dementia and Alzheimer's disease has increased compared to the previous period.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	48.9 39 / 69,533	64.9 49 / 68,684	-16.0	-24.6%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,358k £1,830k / 69,533	£2,371k £1,780k / 68,684	-£12,958	-0.5%
Programme	Mortality, Suicide, DSR per 100,000, aged between 10-120	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 0-120	Supressed due to small numbers			
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	13.3 12 / 69,533	10.1 8 / 68,684	3.2	31.6%

Hertfordshire and West Essex Integrated Care System

Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that Epping Forest North PCN has a lower percentage of achievement levels for Care plans reviewed in the last 12 months when compared with ICB, WE and Epping Forest Locality.

- Within this there is variation between the PCNs. The individual practices can be viewed within the QOF data. Arden's searches are available to practices to identify those people with dementia without a care plan.

	Dementia Review
	DEM004: Care plan reviewed in last 12m
ICB	80.8%
West Essex WE	78.5%
Epping Forest Locality	77.1%
EPPING FOREST NORTH PCN	73.0%
LOUGHTON BUCKHURST HILL & CHIGWELL PCN	82.3%
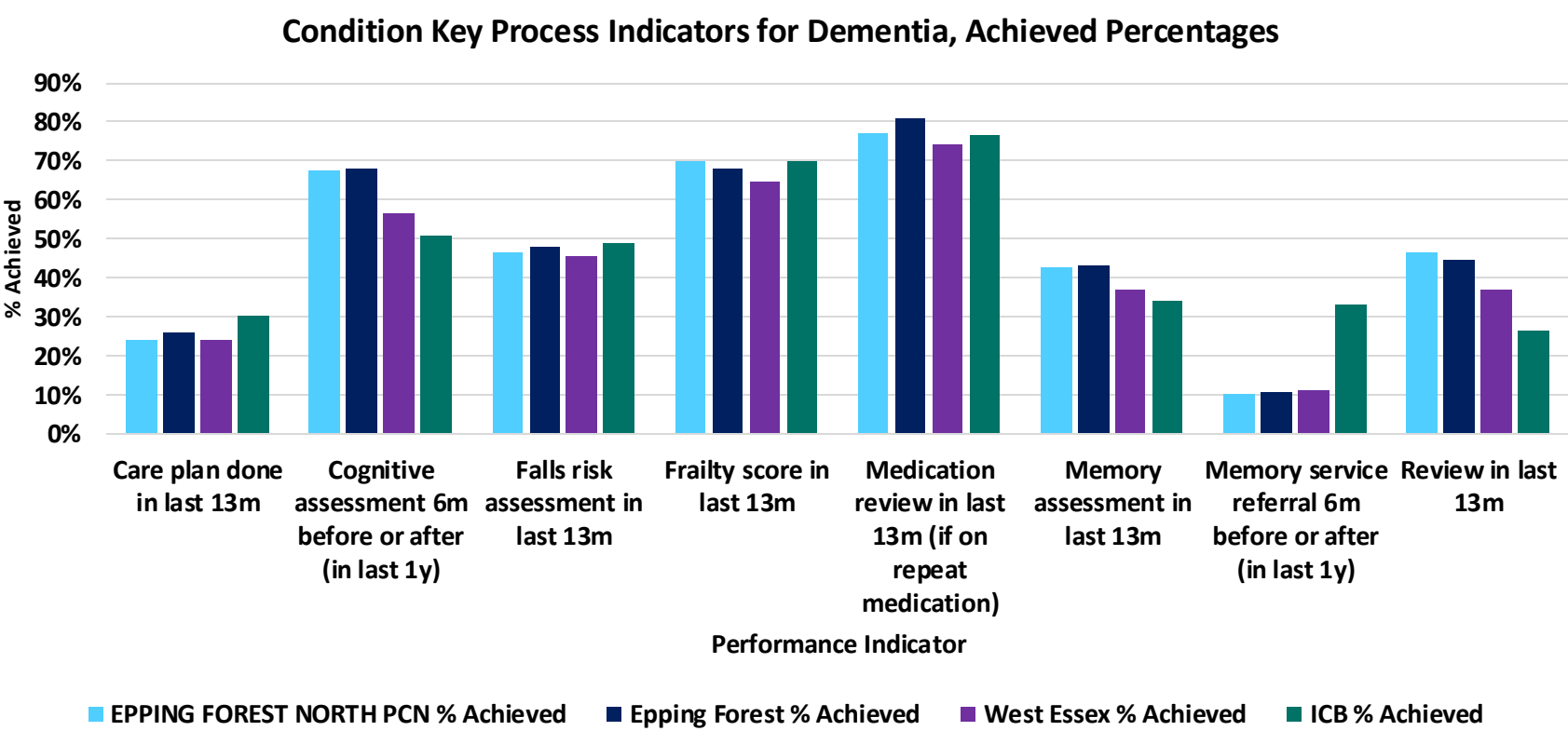
Condition Key Process Indicators for Dementia, Achieved Percentages

Legend: EPPING FOREST NORTH PCN % Achieved, Epping Forest % Achieved, West Essex % Achieved, ICB % Achieved

Hertfordshire and West Essex Integrated Care System

Other key outcomes

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for a healthier future

Life Expectancy and Inequality in Life Expectancy at Birth

- Epping Forest life expectancy for both male and female has remained consistently above EoE and England.

- Inequality of life expectancy for males is in the 2nd best quintile and female is in the middle quintile, for 2021-23 period. This illustrates that for males in the most deprived quintiles will live nearly 6.7 years less than the least deprived quintiles, in Epping Forest. For females, the gap is 5.8 years.

Better 95% Similar Worse 95%

Quintiles: Best ○ ● ● ● Worst

Life expectancy at birth (Male, 3 year range)

Inequality in life expectancy at birth (Male)

Life expectancy at birth (Female, 3 year range)

Inequality in life expectancy at birth (Female)
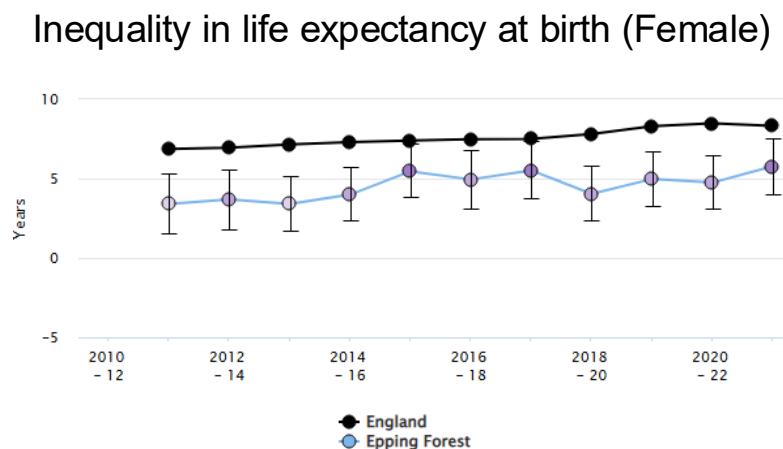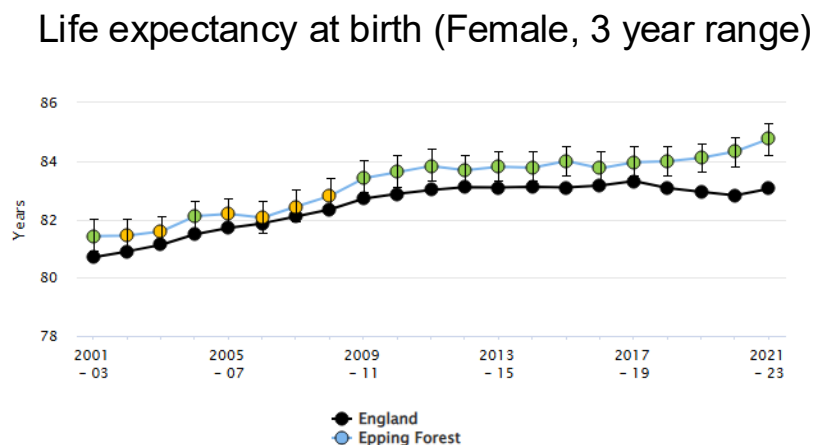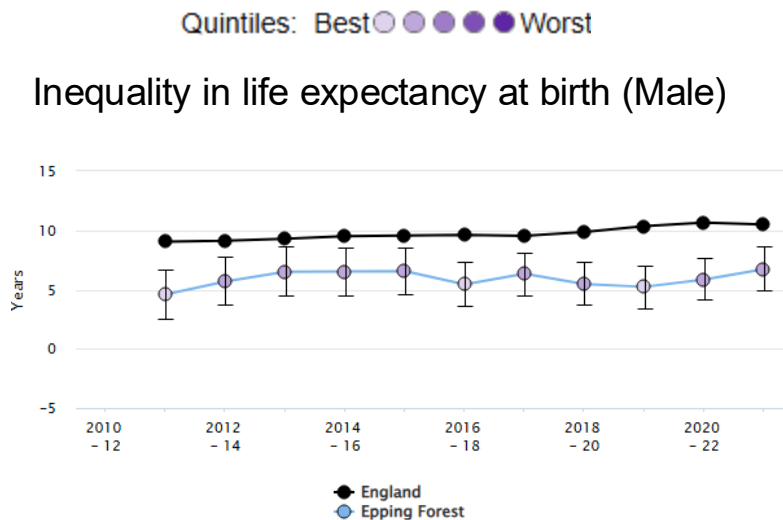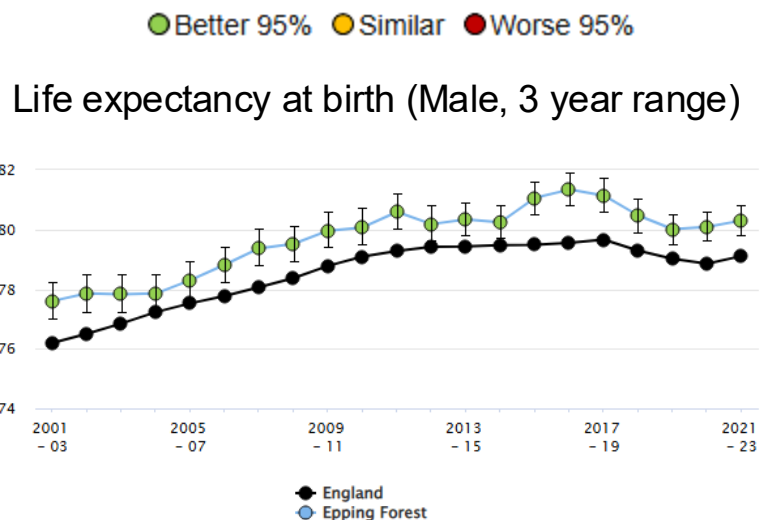
Hertfordshire and West Essex Integrated Care System

Source: Fingertips | Department of Health and Social Care

Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

Epping Forest North

- For ACSC condition emergency admissions, the rate has not reached pre-Covid levels, and has been steadily decreasing over the last 3 years.

- The list of Chronic Ambulatory Care Sensitive Conditions can be found via the NHS Outcomes Framework Indicators and Indicator Specification as found through the link here.

- Please use the following link for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	48.9 39 / 69,533	64.9 49 / 68,684	-16.0	-24.6%

Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120

Monthly Analysis — Selected | Same Period Last Year — 24

Annual Analysis — Year
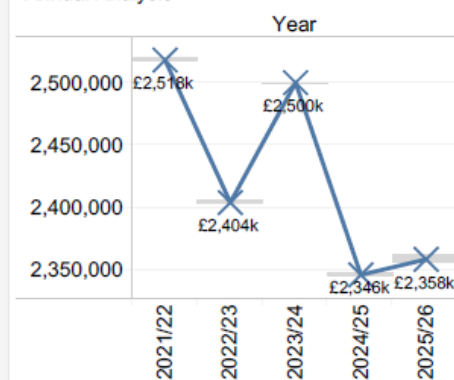
Place Summary
YTD | Same Period Last Year | 95% Confidence Interval

Place Description	
East and North Herts	40.1
South and West Herts	66.4
West Essex	49.4

Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard

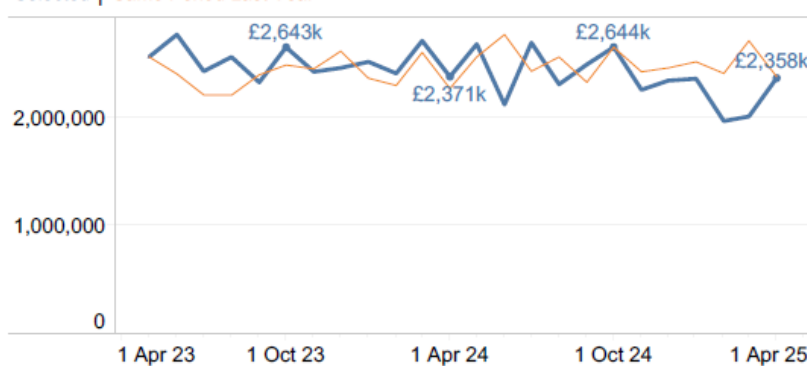# Total cost of Emergency hospital care for Epping Forest North

- The PCN continues to see year on year fluctuations over the past 4 years but is lower than WE for the current period.

- Please use the following link for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT.

- PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from Nov-24 onwards. Measures which reference emergency admissions will show lower due to this coding change. This affects West Essex and East and North Herts and the ICB as a whole. Emergency admission data should be treated with caution

Glossary

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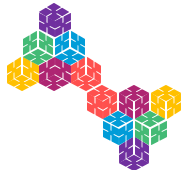
Glossary

Segmentation Model

- Our segmentation model combines primary and acute care data with wider determinants and community, mental health and social care data where available. The segmentation model provides the foundations for advanced population health management analytics that goes beyond patient level risk stratification.

- The ICB Segmentation model is based on patient data flowing from GP practices that have agreed to share their data with the ICB, at the time of this Pack production currently 72.8% of total ICB GP data is available, therefore any Segmentation data shown is likely to possibly change the percentages in all segments. Coding is also an important factor to ensure data quality and consistency.

Coding

- As with all information reported in this pack, the quality of the reports is determined by the completeness and quality of data recording for example if codes are not completed then less patients will be identified with a particular condition.

- Long Term Conditions (LTC)

- Behavioural Risk Factors (BRF)

Practices currently flowing data to DELPPHI as at 8th July 25

PCN	Practice Name	Flowing data
Epping Forest North	Abridge Surgery	✓
	High Street Surgery, Epping	✓
	Market Square Surgery	✓
	Maynard Court Surgery	✓
	Ongar Health Centre	✓
	The Limes Medical Centre	✗

Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard