



Hertfordshire and  
West Essex Integrated  
Care System



Hertfordshire and  
West Essex  
Integrated Care Board

# Hertfordshire and West Essex Neighbourhood Pack

## Harlow North PCN

2025-2026  
PHM Team

Working together  
for a healthier future





# Key messages

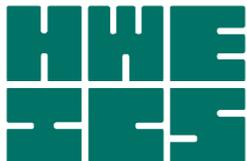
The Harlow North population profile shows a higher proportion of the population aged between 0 and 18 years alongside a lower proportion who are aged over 65 compared to West Essex and the ICB. A higher proportion of the population live in the two most deprived quintiles compared to the West Essex and the ICB.

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

There is inequality between and within the locality. There are areas of deprivation in Harlow 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. Harlow has the poorest health outcomes within the ICB [Overview of the Population](#)

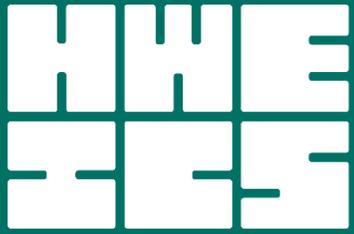
Harlow North data shows a higher prevalence of behavioural risk factors, including obesity, insufficient physical activity and smoking compared to WE.

19% of children in Harlow live in poverty compared with 13% for West Essex and 17% for England. The areas within Harlow with the highest child poverty are Little Parndon & Town Centre (35%), Mark Hall (30%), Bush Fair (29%), Latton Bush & Stewards (29%) and Passmores (27%).



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**Demographics, wider determinants  
and prevention**

**Working together  
for a healthier future**

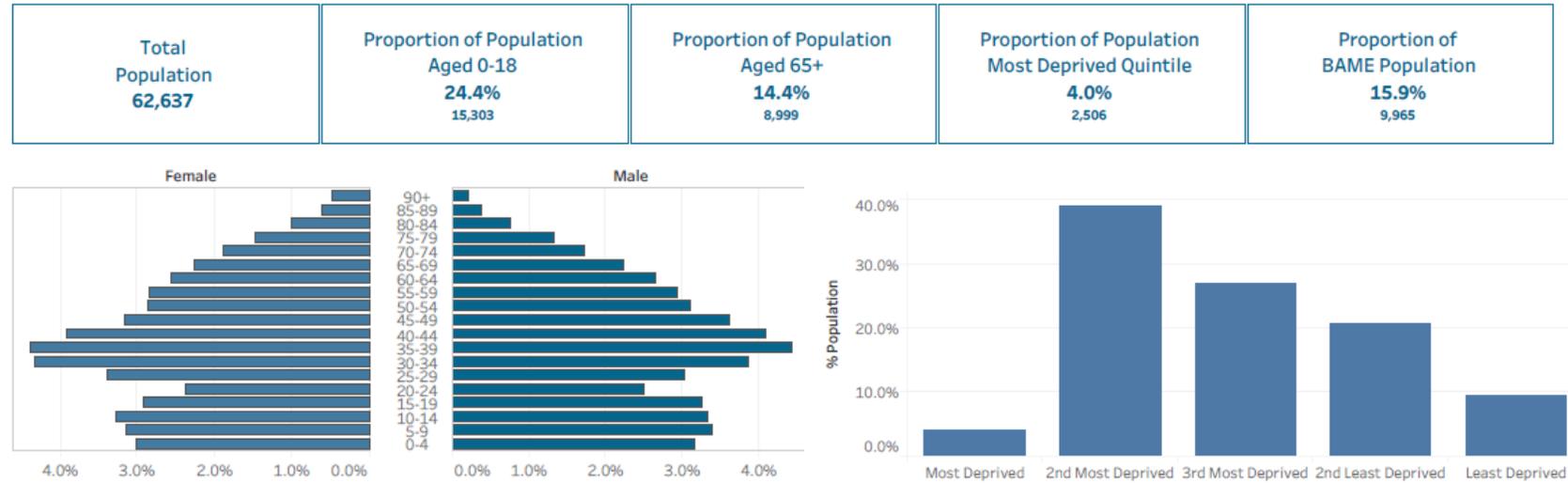




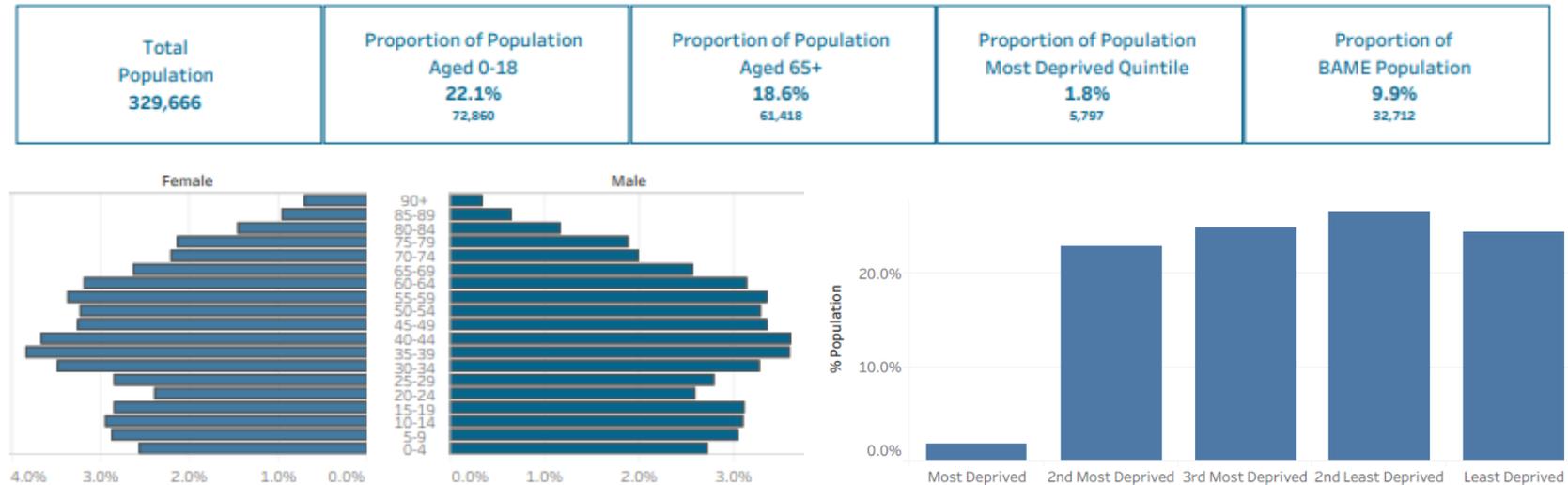
# Population profile

- A higher proportion of the population living in Harlow North are aged 0-18 years and a lower proportion are aged over 65 compared to WE.
- When compared with West Essex Place a higher proportion of people live in more deprived quintiles.
- 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.

Harlow North



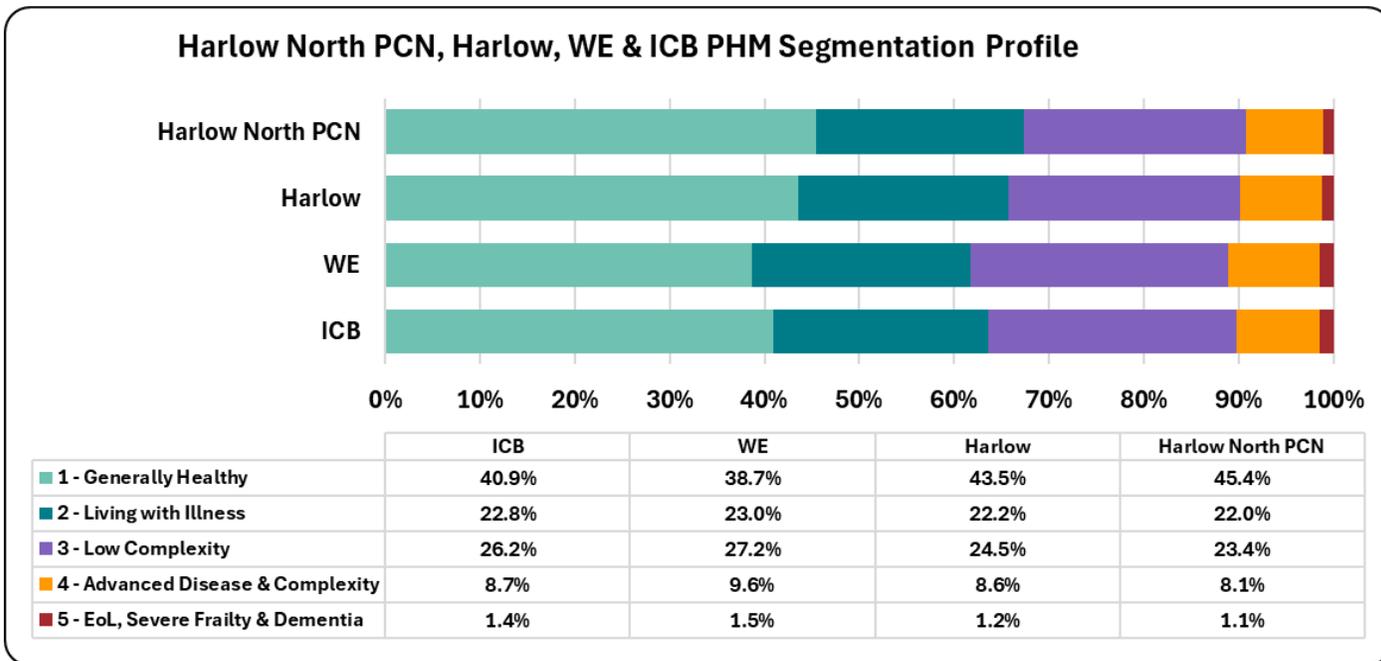
WE





# Segmentation profile Provisional Data

- The illustrations on the right shows the segmentation model for Harlow North PCN, Harlow Locality, WE and the ICB. This is a snapshot from June 2025.
- Harlow North has a higher number of the population in the 'Generally Healthy' segment. This is linked to lower 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](#)

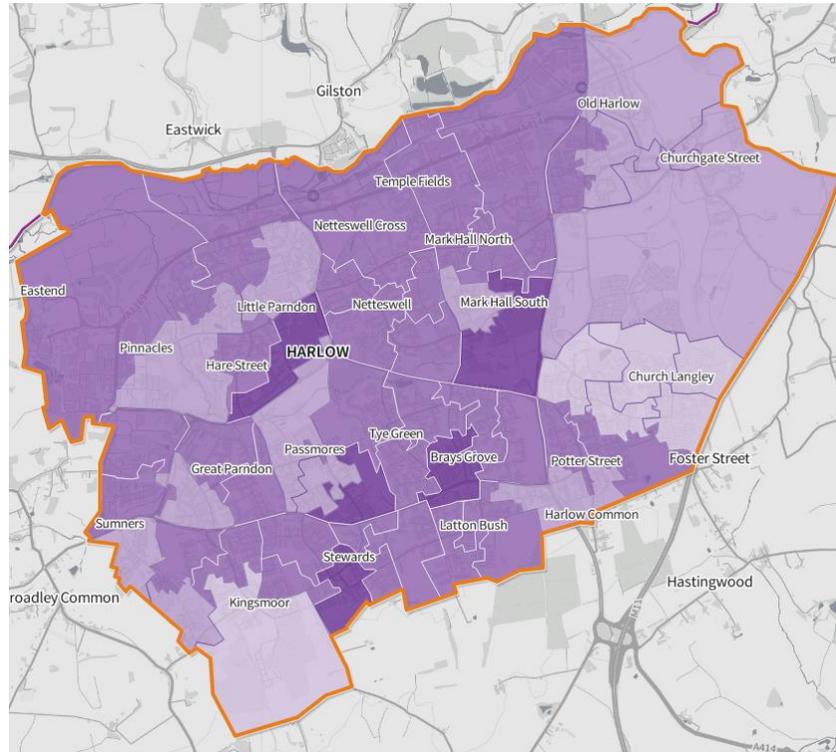




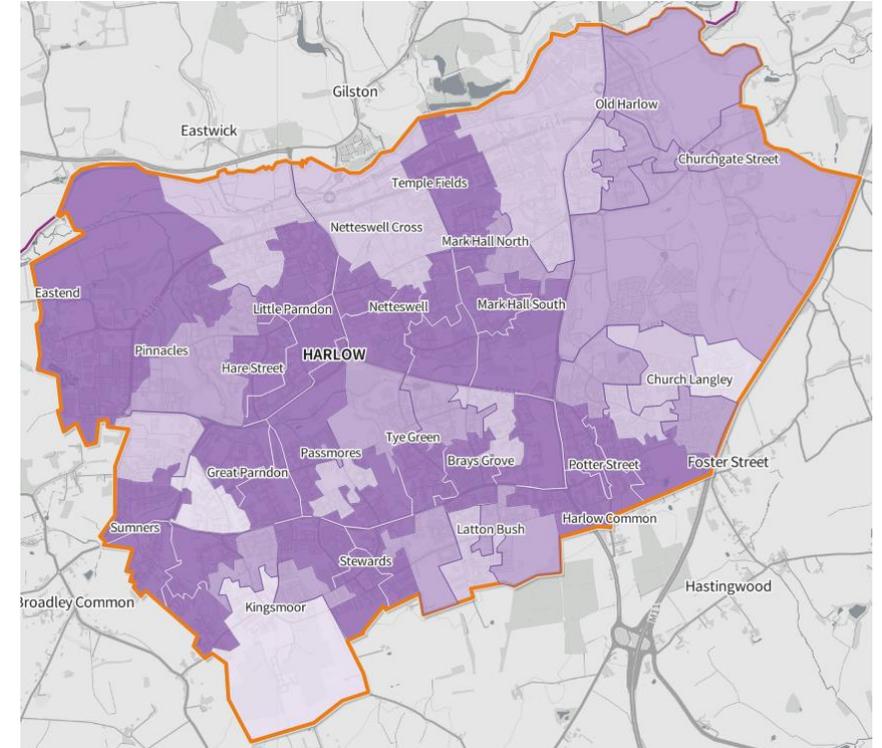
# Children and older people living in poverty

- 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.

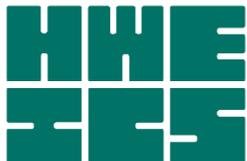
Income Deprivation affecting children



Income deprivation affecting older people

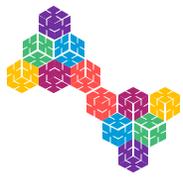


- Income deprivation affecting children index (IDACI) 2019, shows Harlow at 18.6%, WE at 12.6% and England at 17.1%. The areas within Harlow with the highest index are Little Parndon & Town Centre (35%), Mark Hall (30%), Bush Fair (29%), Latton Bush & Stewards (29%) and Passmores (27%).
- Income deprivation affecting older people index (IDAOPi) 2019, shows Harlow at 15%, WE at 11.1% and England at 14.2%.



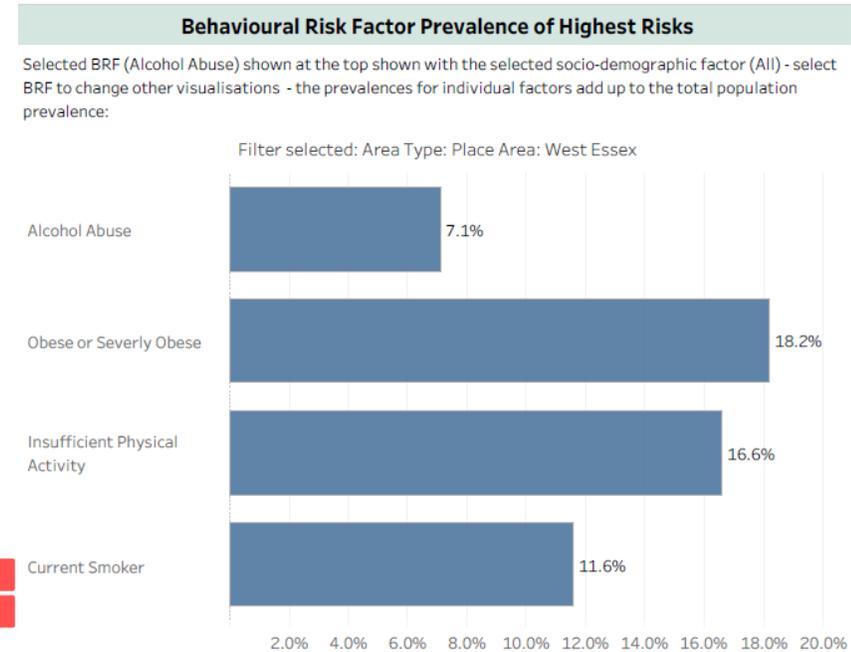
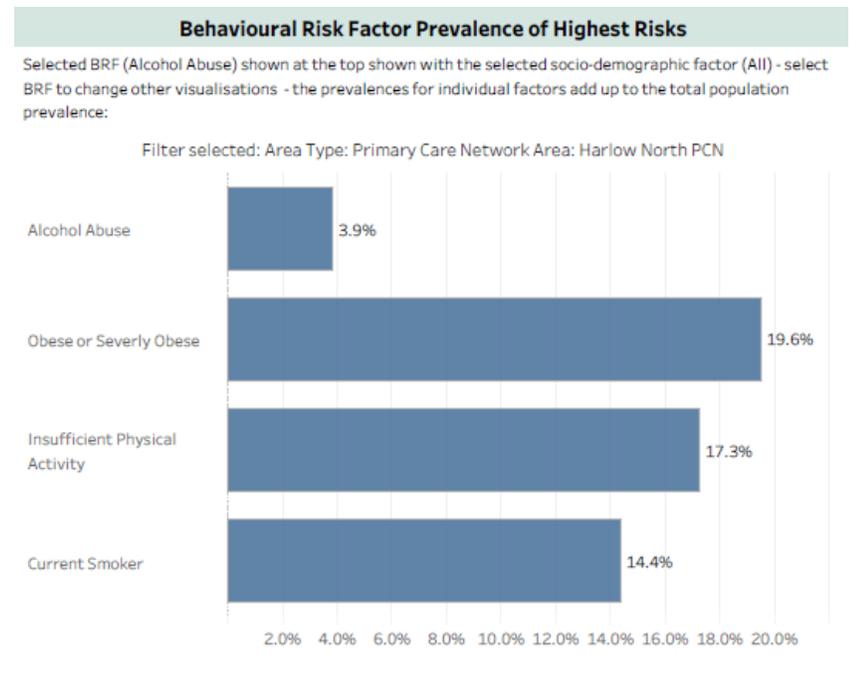
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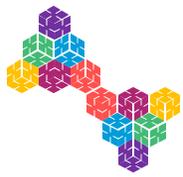


# Behavioural risk factors

- Harlow North data shows a higher proportion of obesity, insufficient physical activity and smoking compared to WE. These trends vary in terms of demographics for each behavioural risk factor.
- These behavioural risk factors can 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](#).

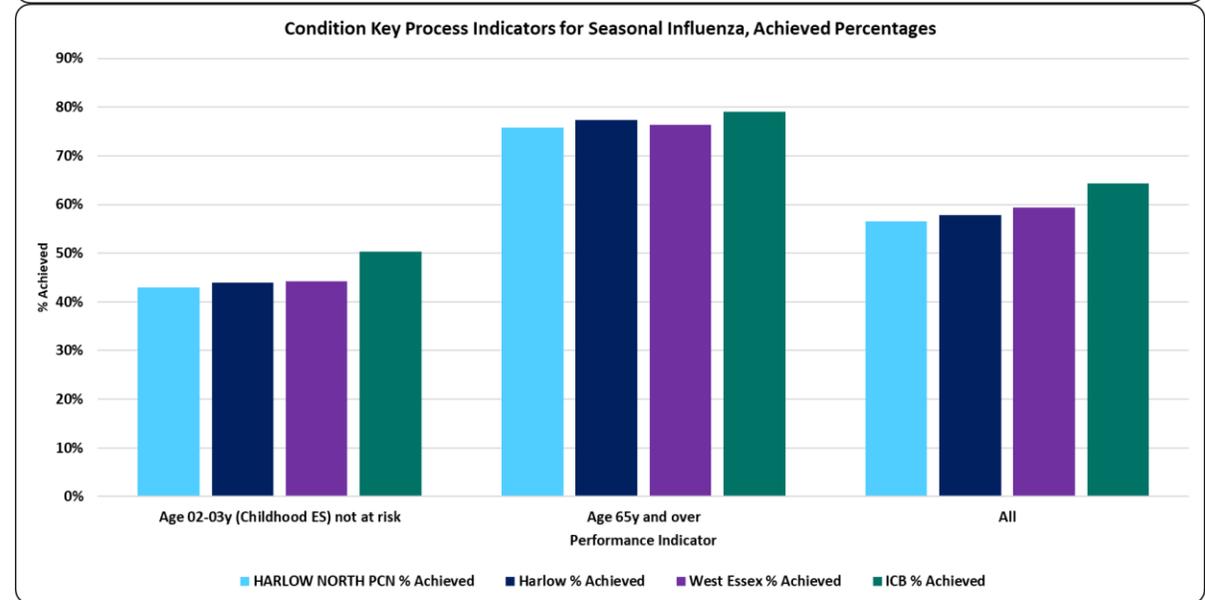
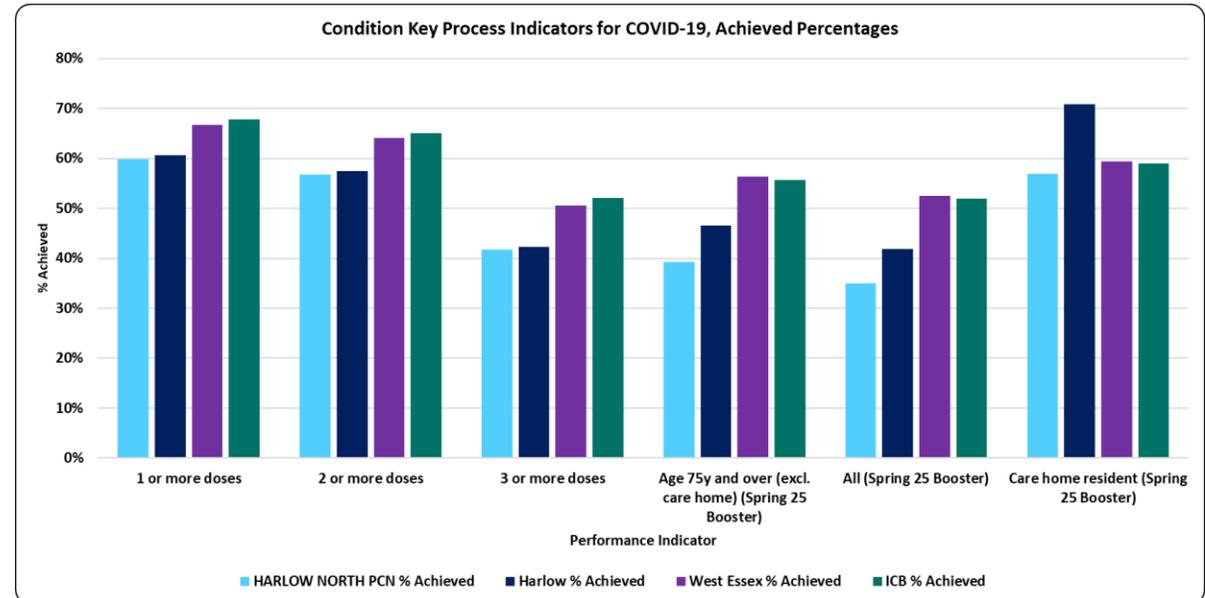


Source: [DELPPHI - Population Profile](#)

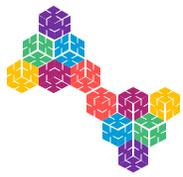


# Immunisation

- Harlow North’s percentage of people immunised against Covid-19 is below WE and the ICB.
- Seasonal influenza percentage achieved for all areas is similar to WE and below the ICB.
- Harlow North’s segmentation profile shows a higher proportion of the population with behavioural risk factors and increased levels of deprivation.

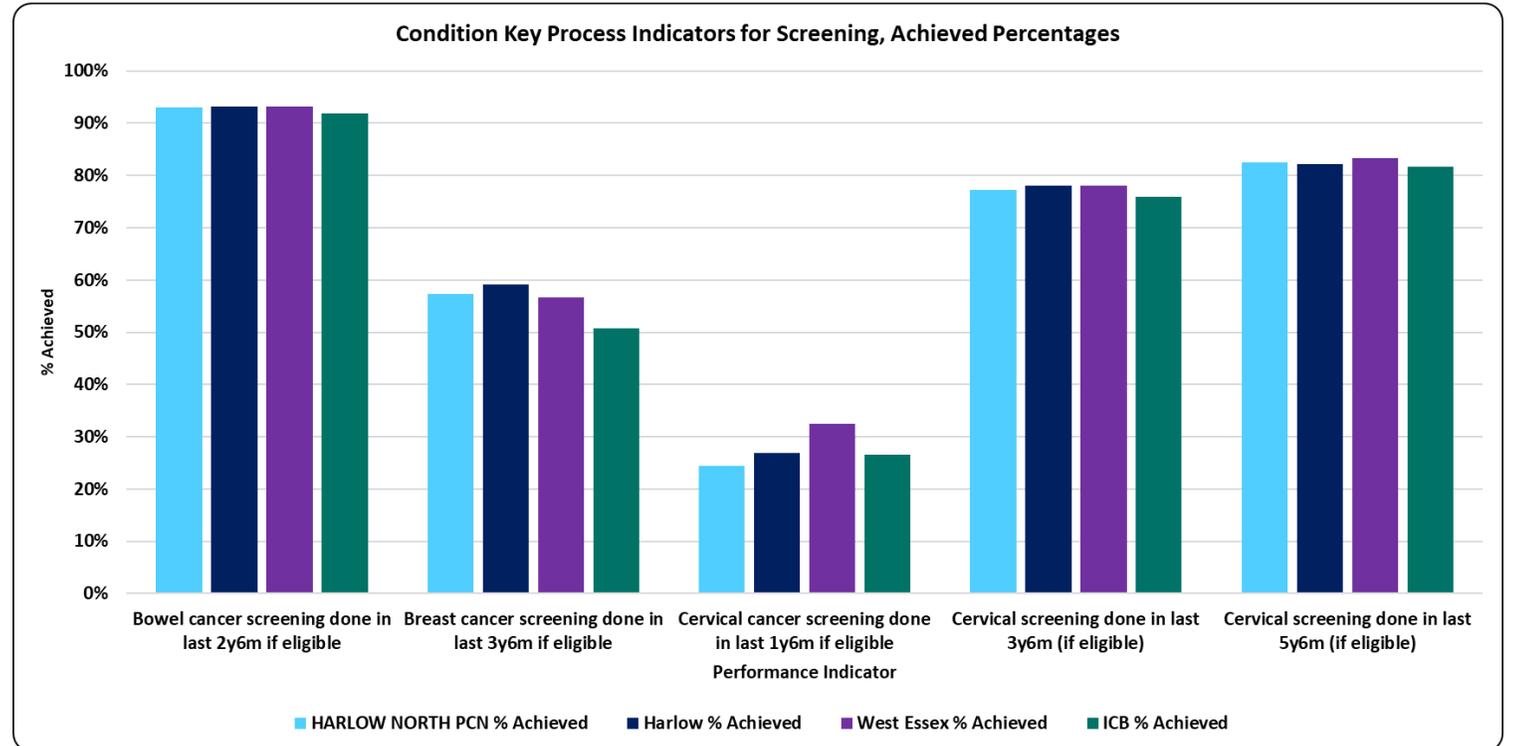


Source: [Ardens Manager](#)



# Screening

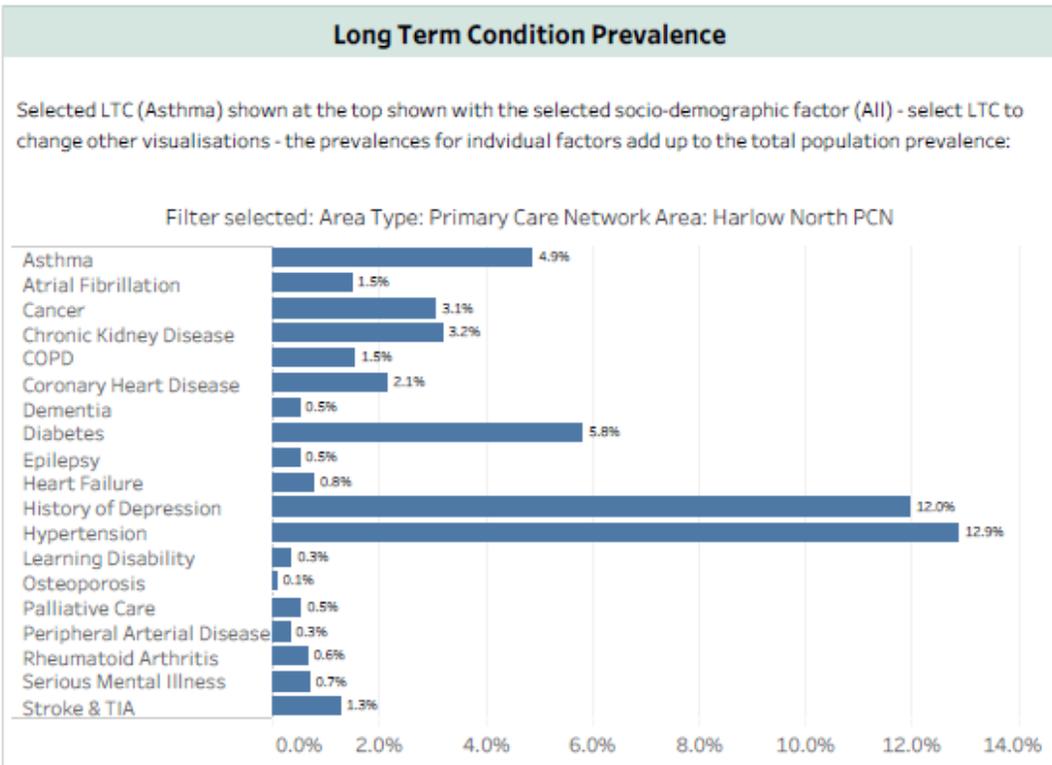
- Better outcomes are achieved through earlier diagnosis of cancer. The national target is for 75% of cancer diagnosis to be at early stage (stage 1 or 2). Uptake of cancer screening programmes are a core enabler for early detection of cancer.
- The chart on the right shows the percentage of people screened by cancer type.
- Harlow North's percentage screening for most areas is similar to WE and the ICB.



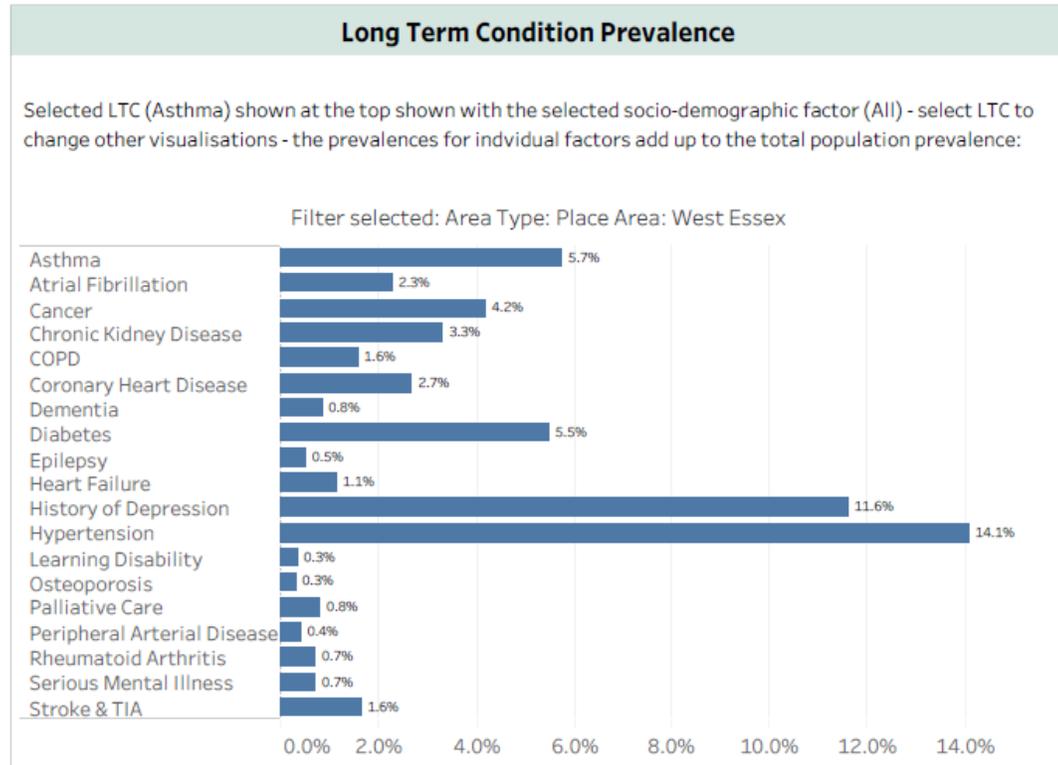


# Prevalence of Disease Registers

Harlow North



WE



- The above charts show that Harlow North has lower recording for most LTC compared to WE. This may indicate an opportunity for further identification. 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 compare to HCP, Locality, PCN, GP practice and Local authority lower tier.





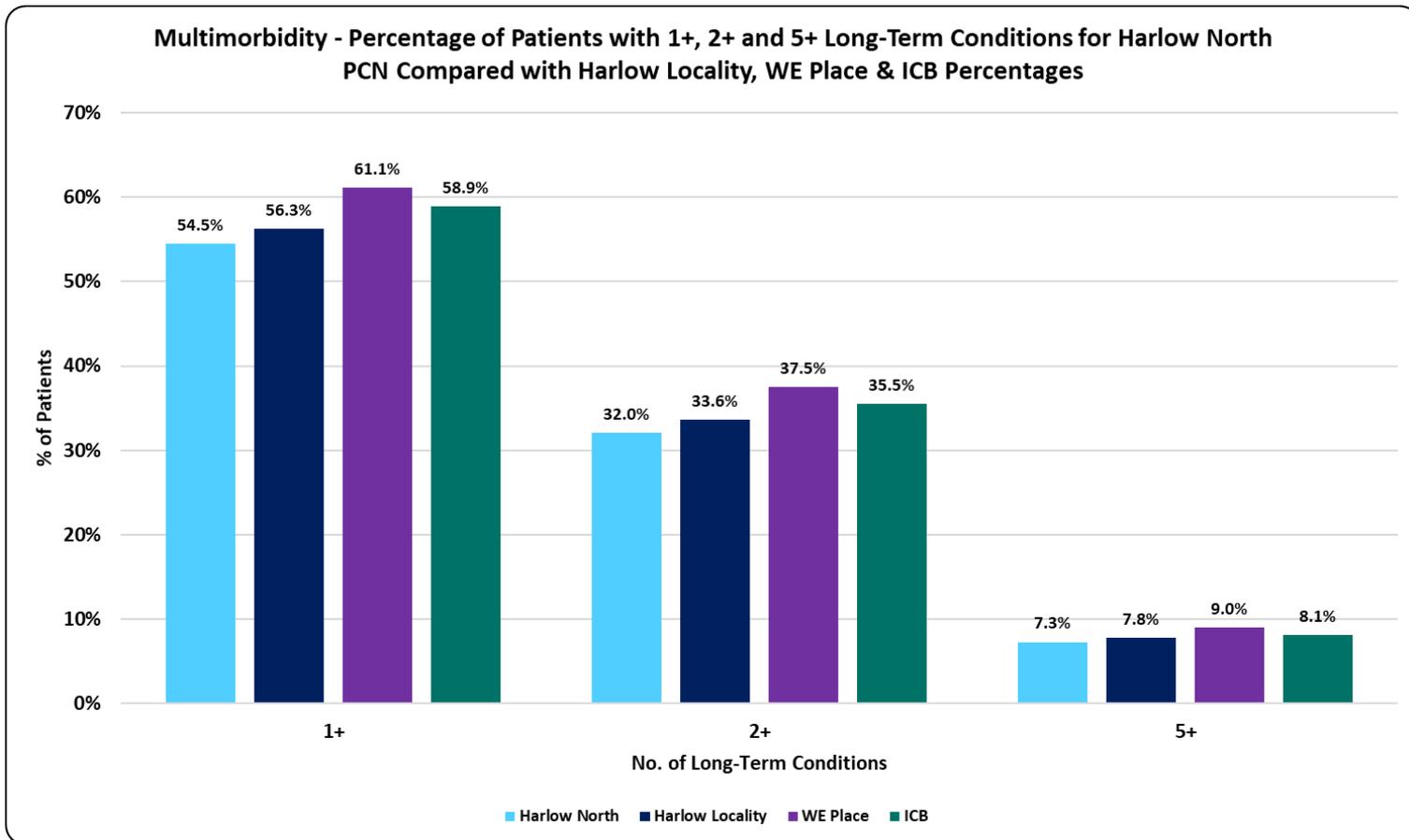
# Prevalence of Multimorbidity

# 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 Harlow North, the prevalence for those with 2 or more LTCs is 5.5% lower than WE and 3.5% lower than the ICB.
- For those Patients with 5+ LTCs, Harlow North is 1.7% lower than the WE and 0.8% lower than the ICB.
- Harlow North's segmentation profile, characterised by a higher proportion of the population with behavioural risk factors and greater levels of deprivation, may be contributing to the higher proportions observed compared to WE and the ICB.





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# Children & Young People Management and outcomes

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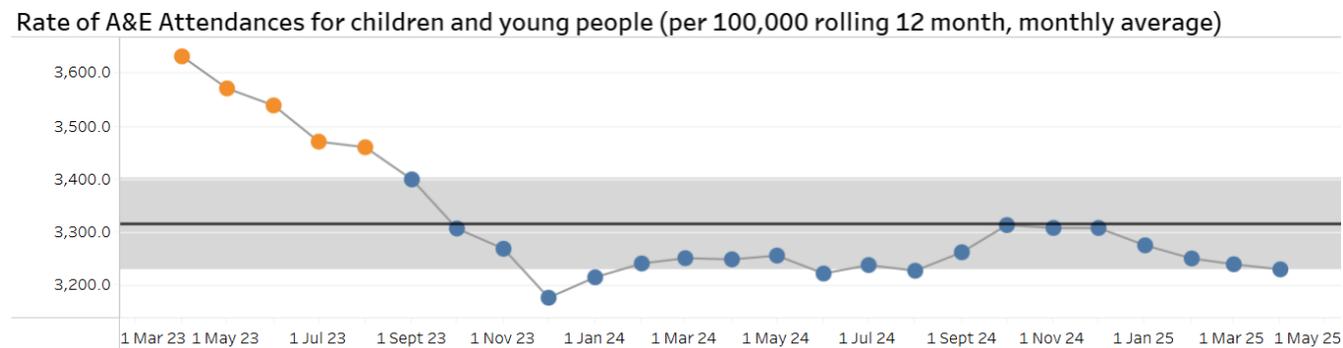
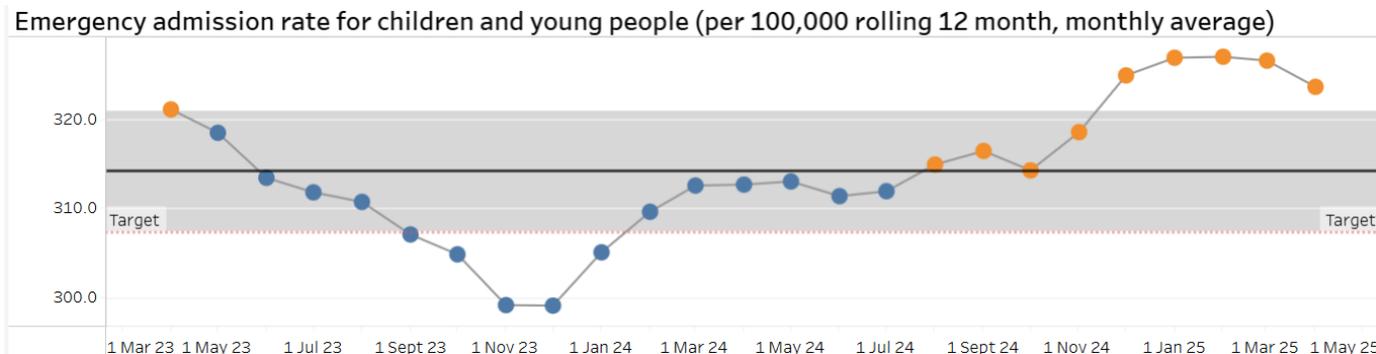




# Children's Care: Medium Term Plan Indicators

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:
  - Emergency admission rates
  - A&E attendance rates
  - Community paediatric waits over 65 weeks (not reported for WE)
- Recent data shows emergency admissions rates higher than previous years for children in West Essex, whilst A&E attendance rates have remained steady in the last year.
- Note: From November '24, PAH and ENHT changed how SDEC is coded, significantly reducing emergency admission counts. This affects West Essex, East and North Herts, and the ICB overall. Measures referencing emergency admissions will appear lower and should be interpreted with caution.





# Children and Young People: Programme outcomes

- HWE programme outcomes shows the end point health outcomes that we aim to improve for our population through delivering best practice and evidenced interventions.
- The table on the right shows CYP outcomes for Harlow North PCN from the Outcomes Framework
- Mortality and emergency admission rates for self-harm in Harlow North PCN have been suppressed due to small numbers.
- There has been a decrease in overall emergency admissions for 0–17-year-olds, however within this there has been an increase in admission for children aged 0–4-year-olds.

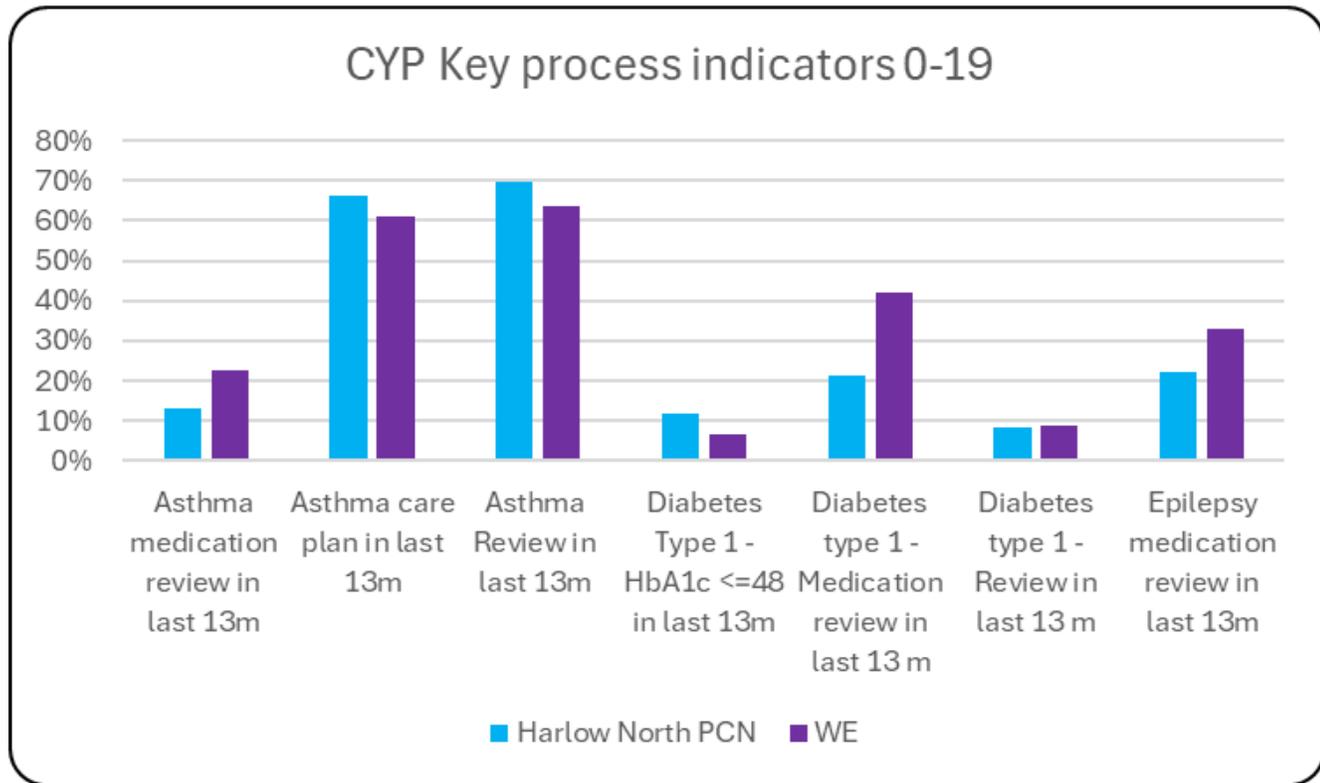
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			
	Total Cost of Emergency Hospital Care, Crude Rate per 100,000, aged between 0-18	£685k £109k / 16,035	£1,224k £195k / 15,971	-£539,150	-44.0%
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	Supressed due to small numbers			
	Emergency Admissions LoS >0, Crude Rate per 100,000, aged between 0-17	209.8 32 / 15,254	314.4 48 / 15,269	-104.6	-33.3%
Workstream	Emergency Admissions, DSR per 100,000, aged between 0-4	879.4 35 / 3,980	792.1 32 / 4,040	87.3	11.0%
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			

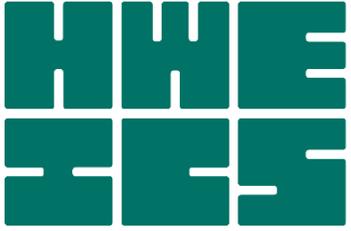




# Children and Young People: Key process indicators (0-19 years)

- 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 Harlow North PCN and WE for children and young people aged 0-19.
- A higher percentage of asthma reviews and care plans were completed in Harlow North PCN compared with WE during this period.
- Harlow North PCN has fewer medication reviews recorded for Asthma, Diabetes, and Epilepsy compared to WE.





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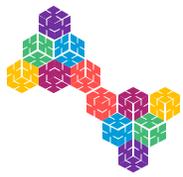
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# Hypertension, Cardiovascular Disease and Long-Term Conditions

## Management and Outcomes



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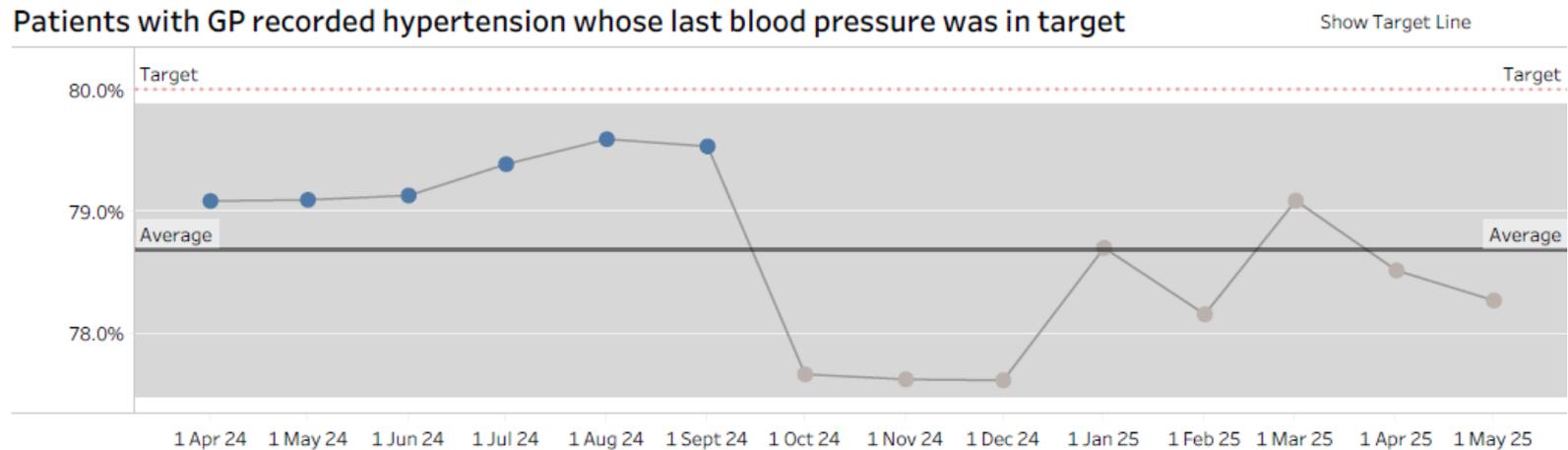
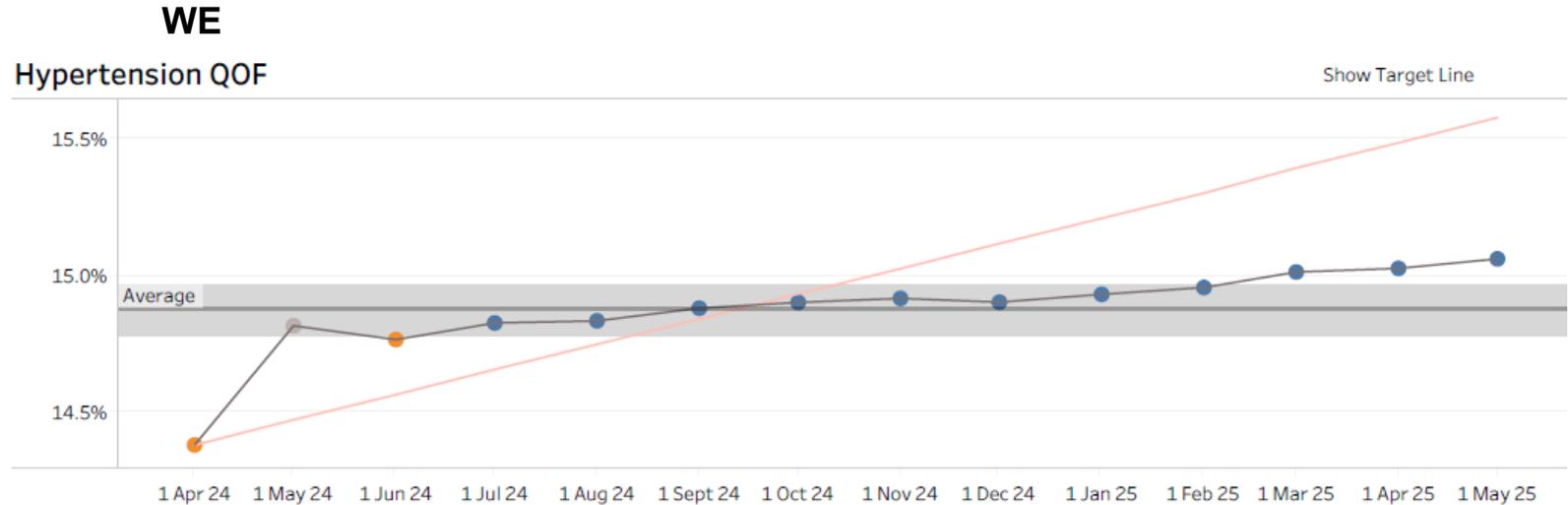
# Hypertension: Medium Term Plan Indicators

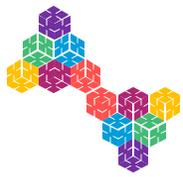
Medium Term Plan indicators on DELPPHI highlight key priorities related to Hypertension diagnosis and management. Information is currently reported at HCP/WE level.

For Hypertension Medium Term Plan indicators, the WE data shows:

- 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](#).



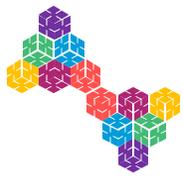


# Hypertension: QOF Indicators

- Reviewing the PCN on their percentage achieved from the 2024/25 QOF, we can see that:
  - Whilst Harlow North PCN data shows a higher percentage of people over 80 years with a BP within target, achievement for those below 80 years is slightly lower than West Essex place and the ICB.
  - 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%
Harlow Locality	77.2%	86.4%
HARLOW NORTH PCN	76.1%	86.1%
HARLOW SOUTH PCN	78.7%	86.8%





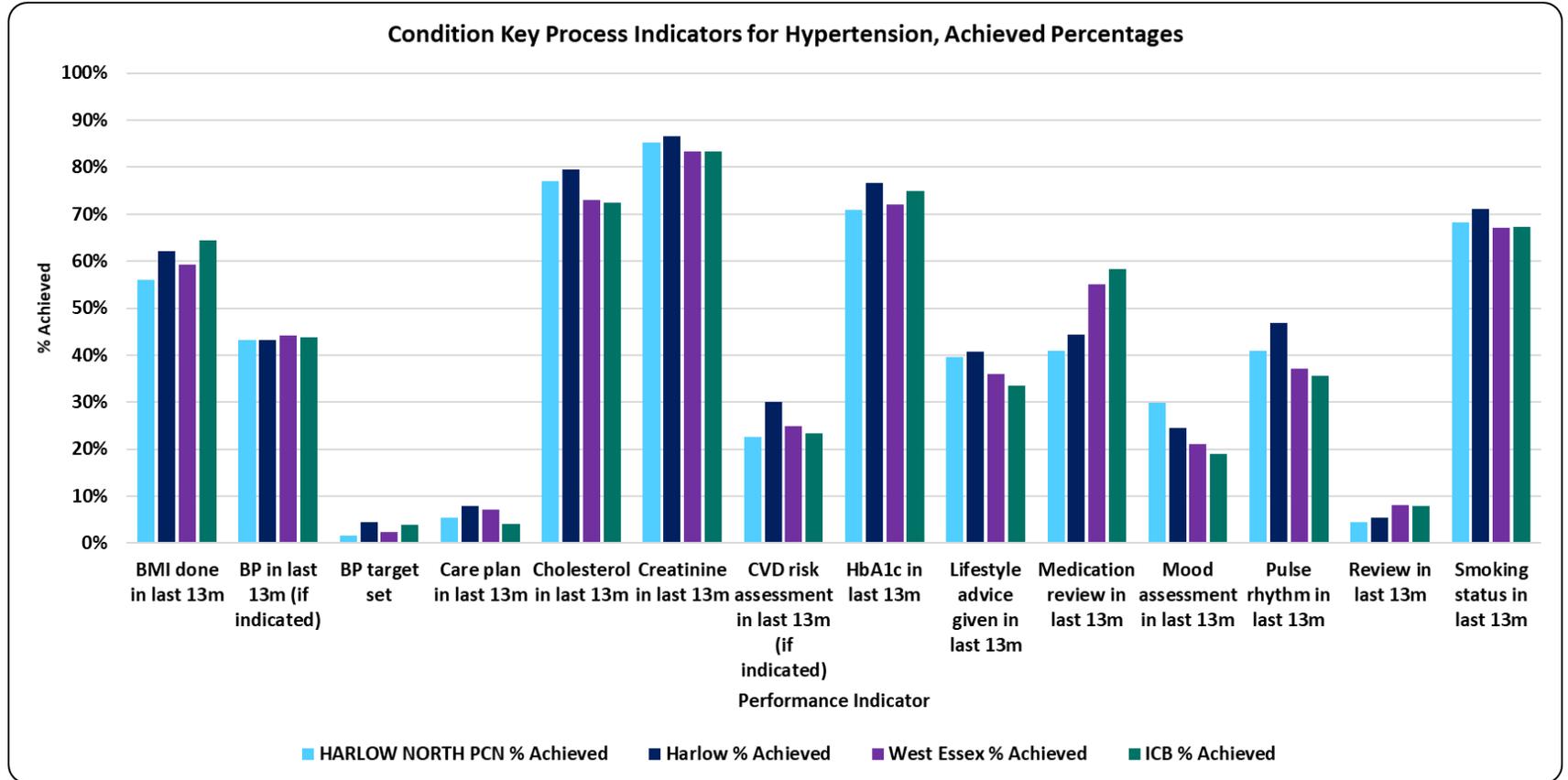
# Hypertension: Key Care Process Indicators

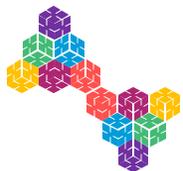
For the Hypertension key process review indicators, we can see that for the locality:

- Harlow North PCN achieves higher percentages than WE and ICB levels, in 6 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
- BMI checks
- BP check in the last 13 months
- Care Plans
- CVD Risk Assessments
- HbA1c check
- Medication Reviews
- Patient Reviews





# 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 Harlow 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, CVD and AF indicators across the PCN

	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, ezetimibe 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%
Harlow Locality	91.7%	25.3%	34.6%	31.4%	98.3%	95.7%	77.5%	100.0%	10.9%	96.5%	84.0%	87.4%
HARLOW NORTH PCN	91.6%	26.3%	31.8%	26.7%	98.5%	95.0%	74.3%	100.0%	9.4%	95.1%	85.4%	83.5%
HARLOW SOUTH PCN	91.9%	24.0%	37.8%	36.9%	98.1%	96.4%	81.8%	100.0%	12.9%	98.4%	82.0%	91.8%





# 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 Harlow North PCN on percentage achieved from the 2024/25 ECF, we can see that:
  - There is a varied mix of achievements across the indicators
  - 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%
Harlow Locality	78.4%	50.8%	29.3%	0.3%	17.7%	95.0%	96.5%	88.0%
HARLOW NORTH PCN	80.8%	53.6%	31.5%	0.0%	22.3%	92.8%	95.4%	82.7%
HARLOW SOUTH PCN	75.8%	47.7%	27.1%	0.6%	12.6%	97.8%	97.9%	95.4%



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Source: [Ardens Manager](#)



# CVD & Other Long-Term Conditions: Key Heart Failure Care Processes

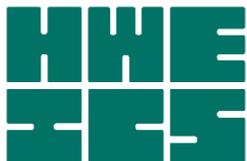
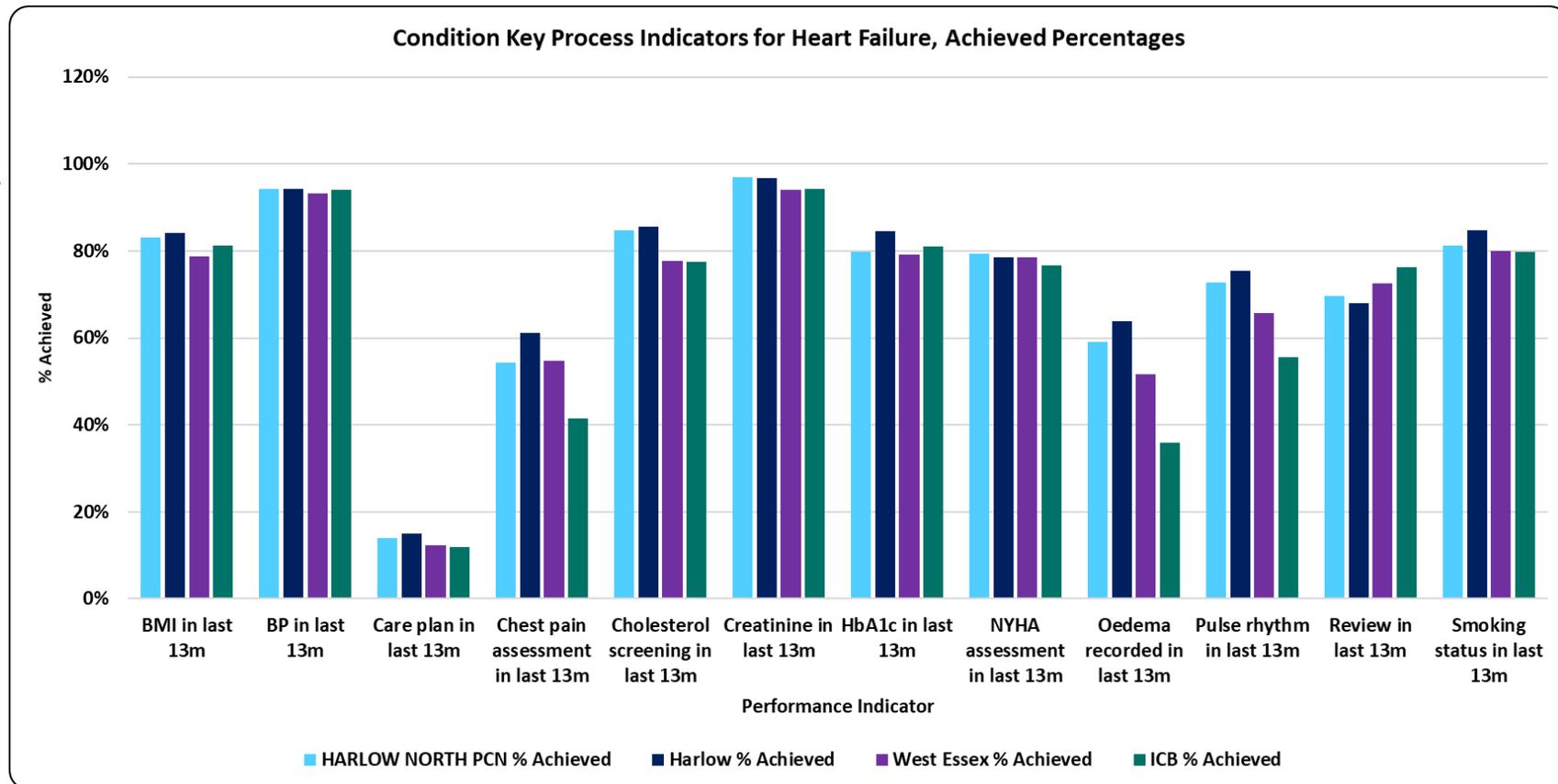
Current CVD key care review process indicators are shown on this page for Heart Failure only due to limitations of space; however, other CVD and Long-Term Condition indicators can be viewed in detail via the Ardens Manager pages [here](#).

For the Heart Failure key process indicators, we can see that for Harlow North PCN:

- Higher levels of achievement than WE and ICB levels, in 10 out of the 12 process indicators shown

Areas of opportunity for the PCN are:

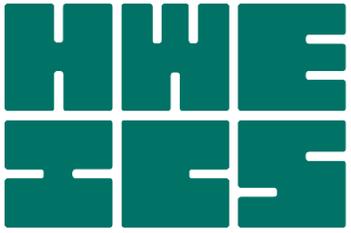
- Chest Pain assessment



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Source: [Ardens Manager](#)



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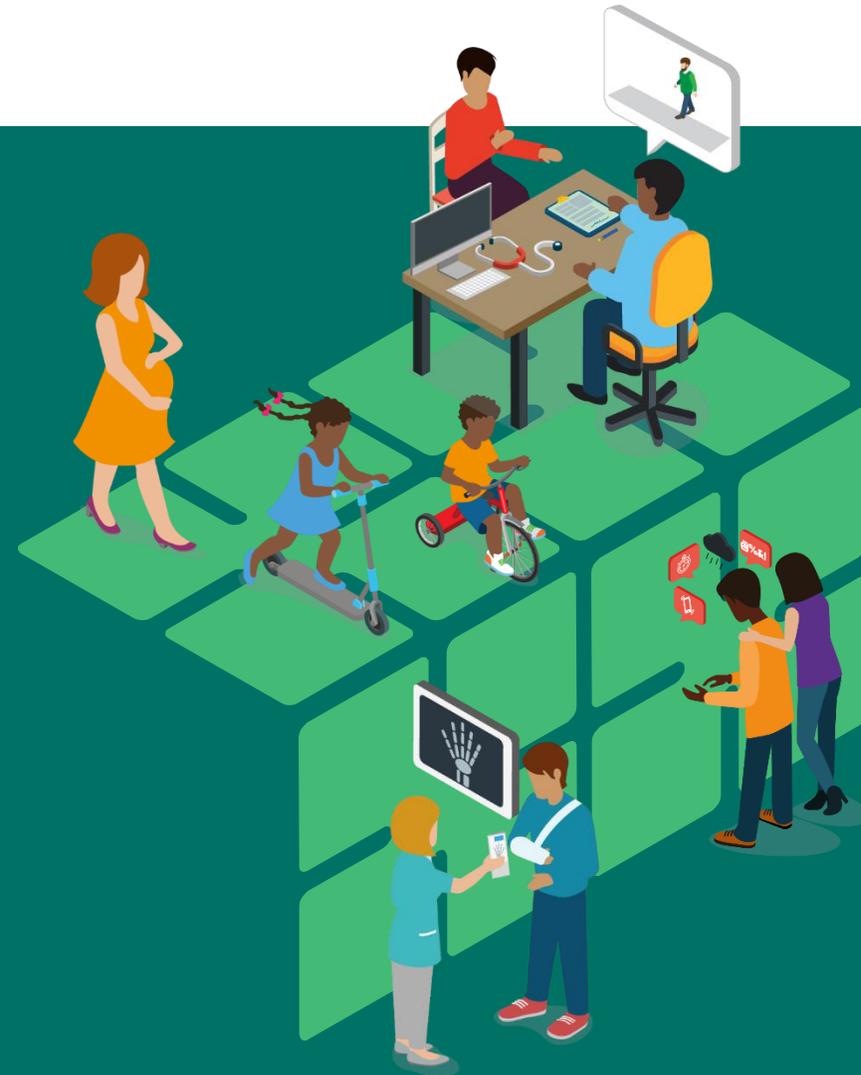


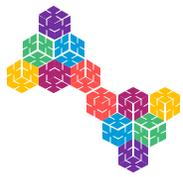
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## Mental Health and Learning Disabilities

## Management and Outcomes

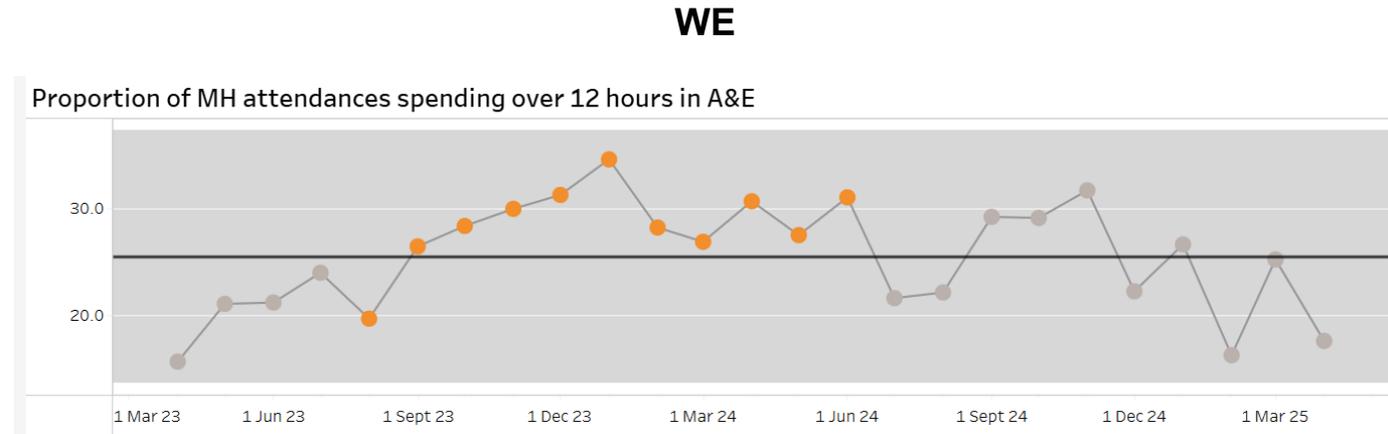
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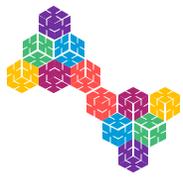




# Better care for Mental Health Crisis: Medium Term Plan Indicators

- 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.





# 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 table 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	62.1 32 / 66,558	79.6 43 / 65,633	-17.4	-21.9%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,789k £1,486k / 66,558	£3,205k £1,735k / 65,633	-£415,842	-13.0%
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				
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120				

- 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.

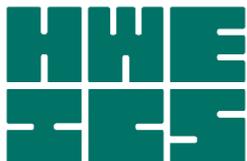




# Depression and SMI: QOF indicators

- Mental Health QOF indicators for 2024-25 show that Harlow North PCN has a lower percentage of achievement levels for all SMI indicators when compared with ICB and WE.
- However, data shows that Harlow North PCN has a higher percentage of achievement levels for depressions compared to both ICB and WE.
- The individual practices can be viewed within the QOF data using the link in the bottom right.
- Arden's 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%
Harlow Locality	79.6%	87.0%	90.1%	96.0%	96.4%	96.5%	94.6%	94.1%	70.8%	69.6%
HARLOW NORTH PCN	89.7%	86.9%	88.7%	94.7%	96.0%	95.6%	93.4%	92.7%	72.9%	63.6%
HARLOW SOUTH PCN	67.8%	87.3%	92.6%	98.1%	96.9%	98.0%	96.4%	96.1%	67.9%	79.6%



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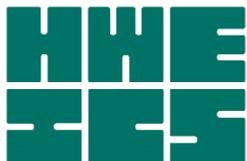
Source: [Ardens Manager](#)



# SMI: ECF indicators

- The data shows Harlow North PCN has a higher percentage for most SMI ECF indicators when compared against WE and the ICB.
- However, the percentage for the proportion of people with SMI who have had a medication reconciliation and had their waist circumference checked is below 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%
Harlow Locality	14.5%	12.4%	10.3%	2.8%	12.7%	10.8%	56.7%	14.7%
HARLOW NORTH PCN	20.0%	16.4%	8.4%	1.1%	17.3%	14.8%	56.6%	20.5%
HARLOW SOUTH PCN	6.5%	6.8%	13.0%	5.2%	6.2%	5.2%	56.8%	6.5%



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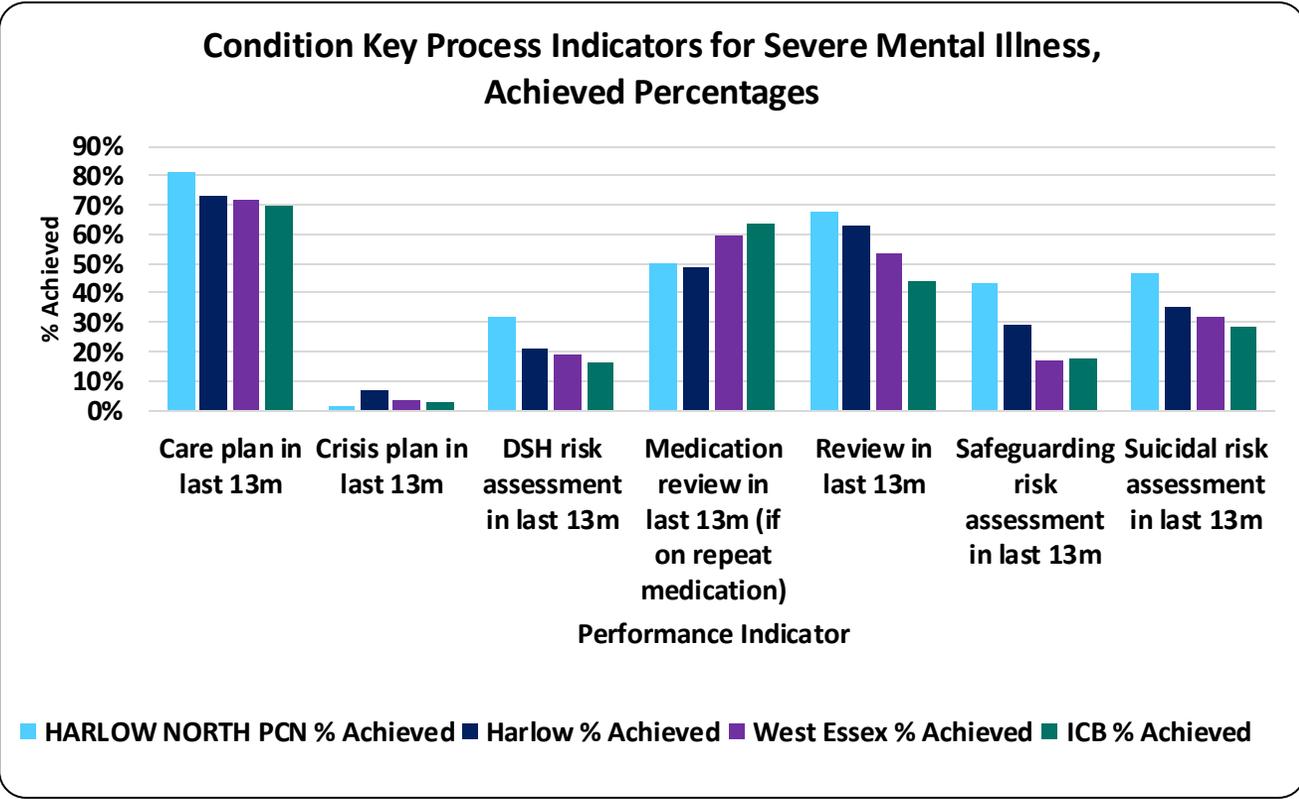
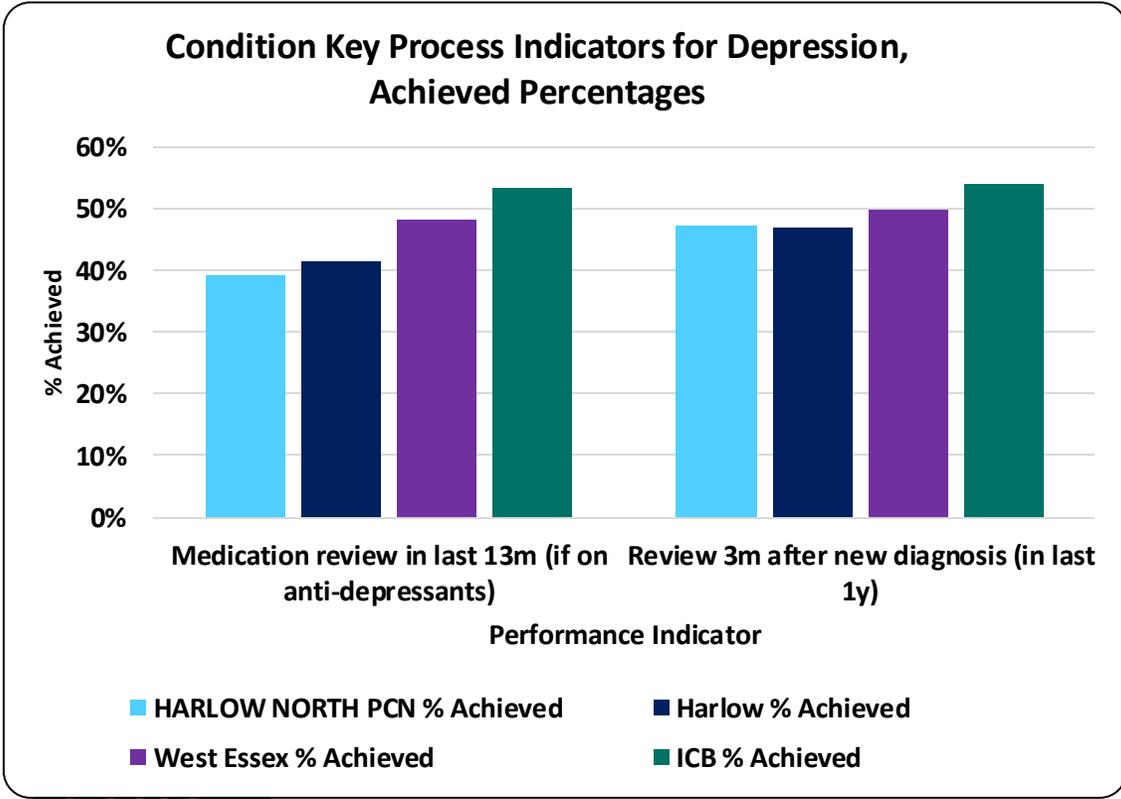


Source: [Ardens Manager](#)



# SMI and Depression: Key process indicators

- Depression data shows a lower proportion of patients receiving a medication review in Harlow North PCN compared to Harlow locality, WE and the ICB.
- Harlow North PCN is achieving slightly higher for key process indicators for SMI patients in comparison to Harlow locality, WE and the ICB apart from crisis plan completed in the last 13 months. All other reviews can be found in [Ardens Manager](#).



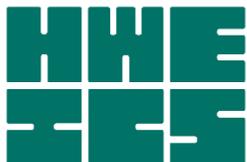
Source: [Ardens Manager](#)



# Learning Disability: ECF indicators

- The data shows that Harlow 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 below 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%
Harlow Locality	50.2%	50.5%	20.2%	10.3%	12.0%	49.0%	3.0%
HARLOW NORTH PCN	50.7%	51.2%	19.0%	9.0%	10.3%	49.3%	1.5%
HARLOW SOUTH PCN	49.6%	49.6%	21.6%	11.8%	14.0%	48.7%	4.8%



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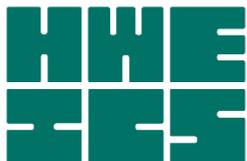
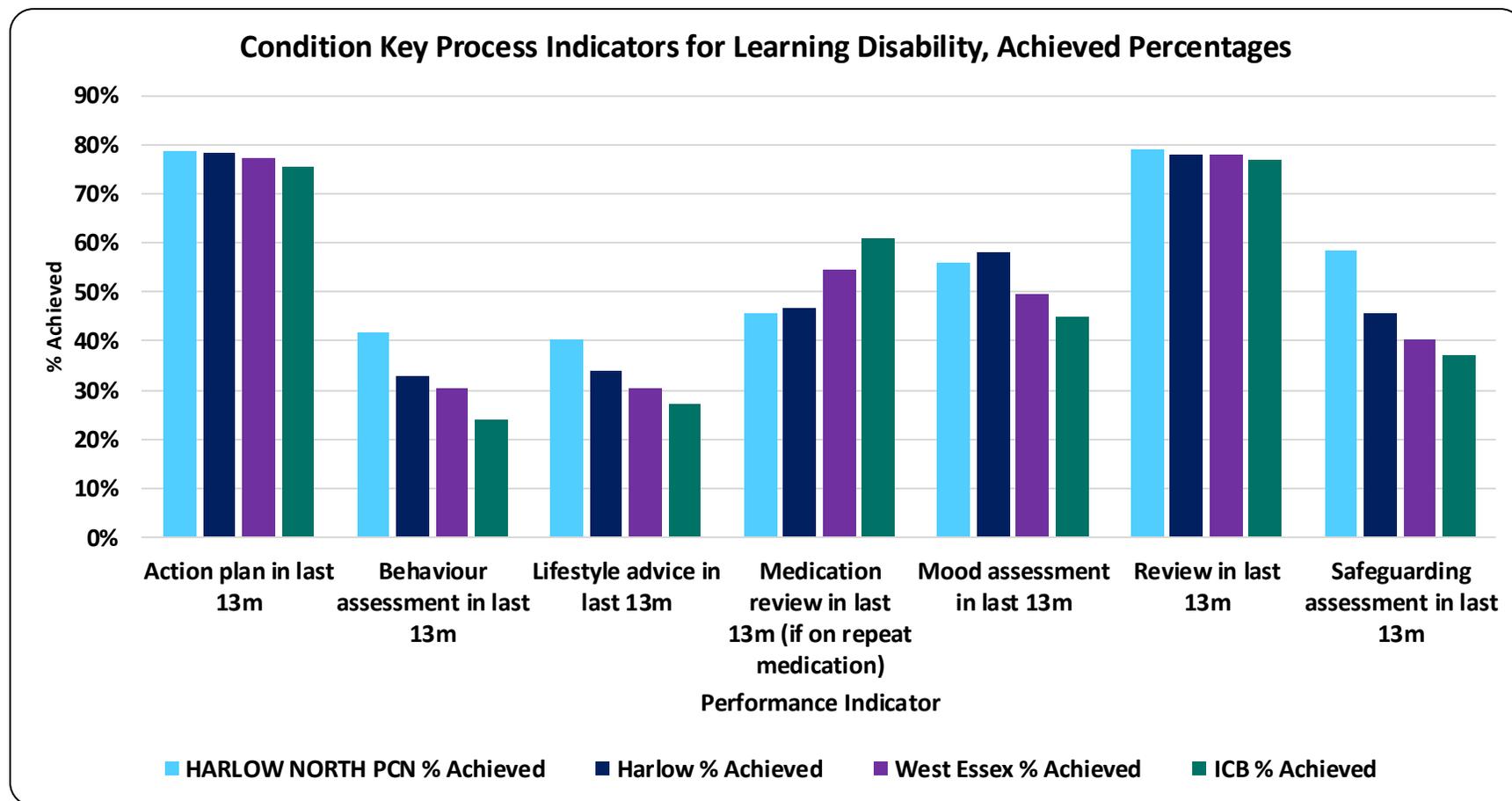


Source: [Ardens Manager](#)



# Learning Disability: Key process indicators

- Harlow North PCN is achieving higher percentage completeness across indicators compared with WE and the ICB in several key learning disability processes. However, a lower proportion of people with learning disabilities have a recorded medication review when comparing with WE and the ICB.
- Further detail by practice and more detailed indicators can be found in [Ardens Manager](#).



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Source: [Ardens Manager](#)



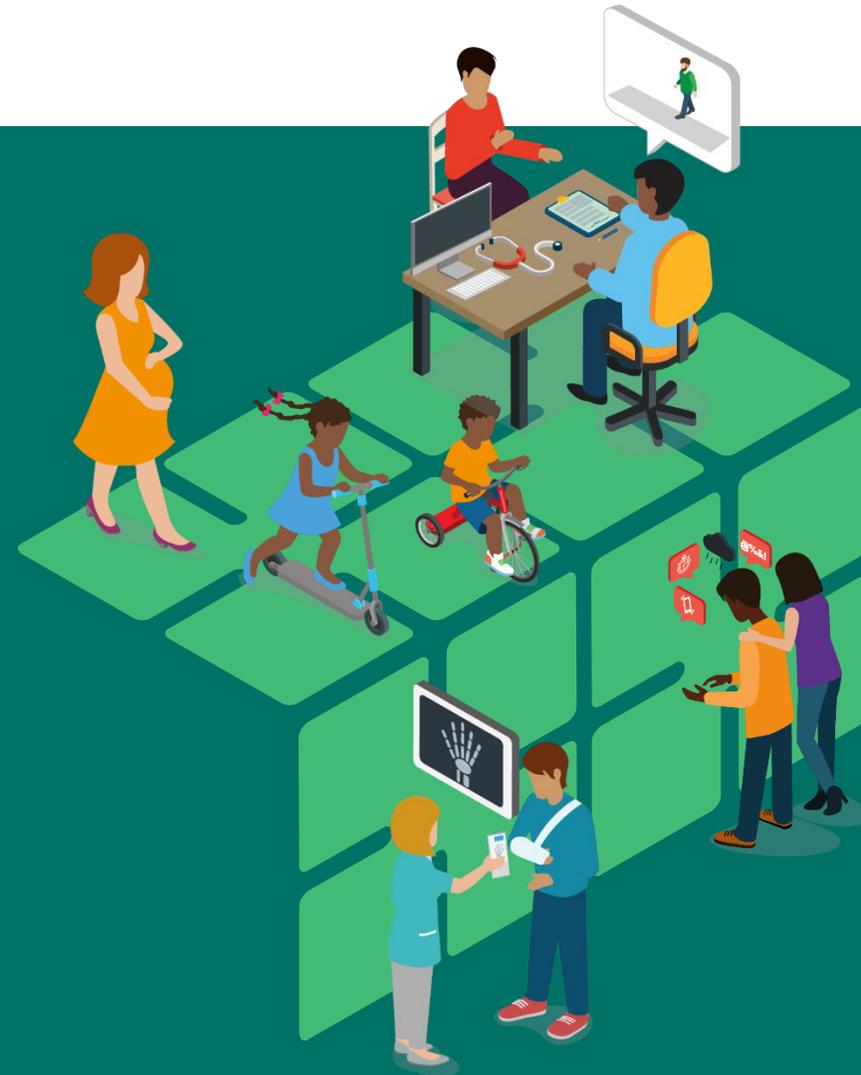
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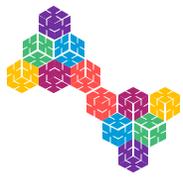


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# Cancer and Planned Care Management and outcomes

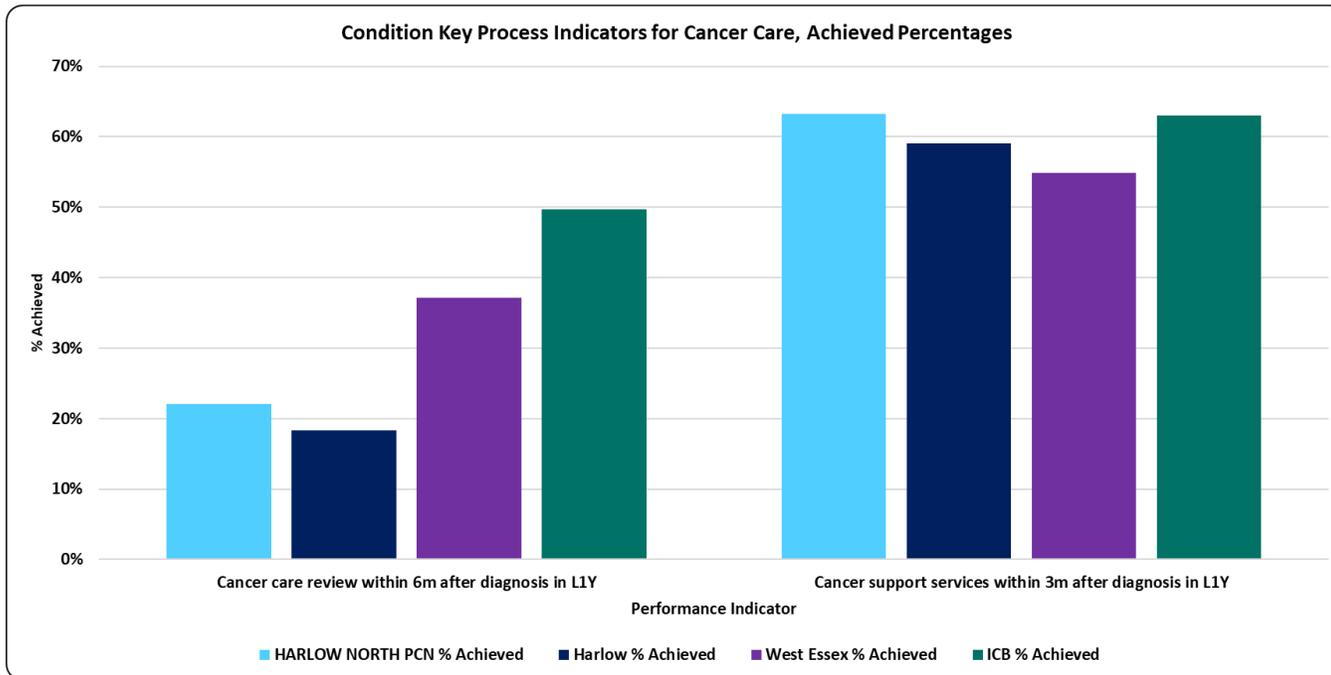
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for a healthier future





# Cancer: QOF and Key processes indicators

- The PCN shows a higher proportion of people offered cancer support services within 3 months after diagnosis compared with WE and the ICB.
- The data shows that Harlow North has a higher percentage when compared to the WE and the ICB for 2024/25 (table below).
- The latest position for this table below, can be found at [Ardens Manager](#).



	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%
Harlow Locality	84.7%	94.8%	83.8%	88.6%
HARLOW NORTH PCN	96.7%	93.4%	90.0%	92.6%
HARLOW SOUTH PCN	69.4%	97.1%	76.0%	80.6%



Source: [Ardens Manager](#)



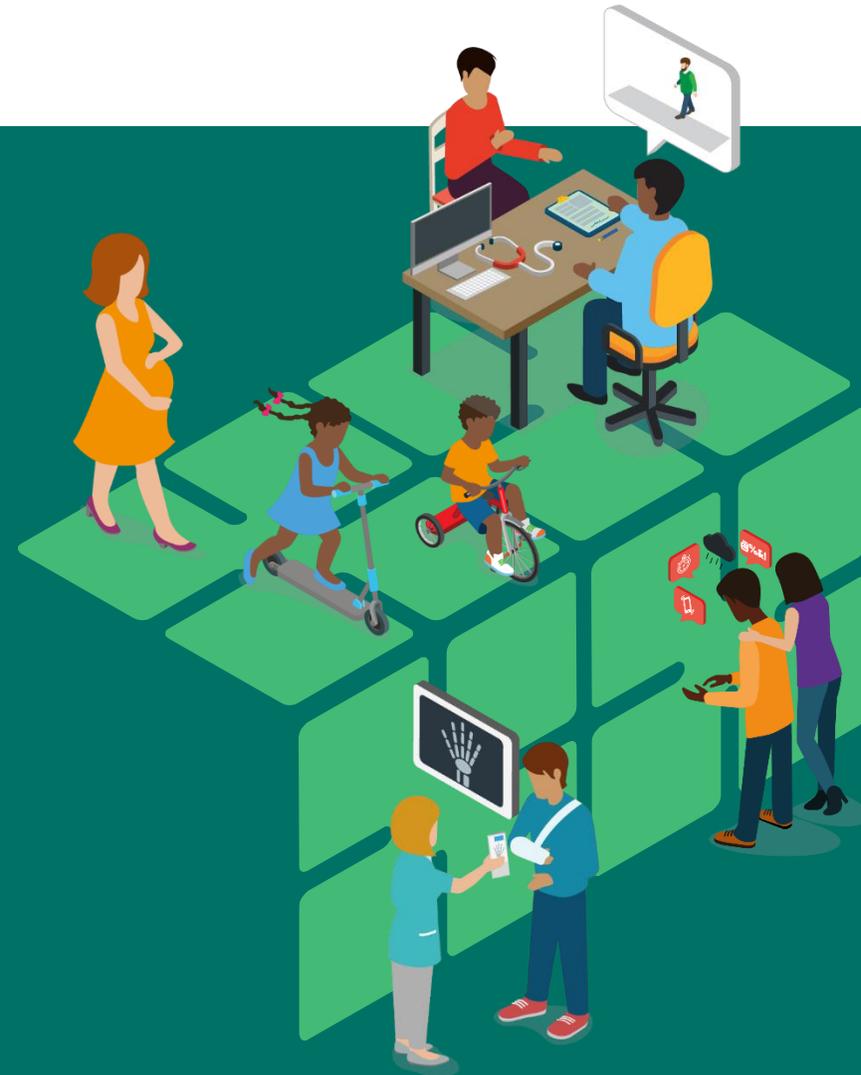
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# Frailty and End of Life care Management and outcomes

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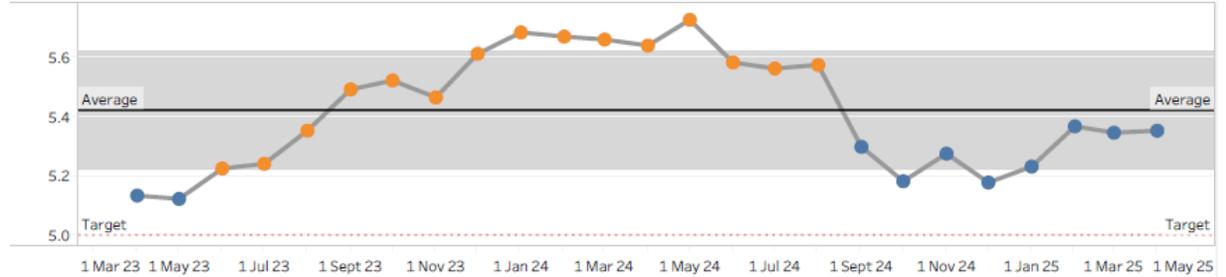


# Frailty and EOL: Medium Term Plan Indicators

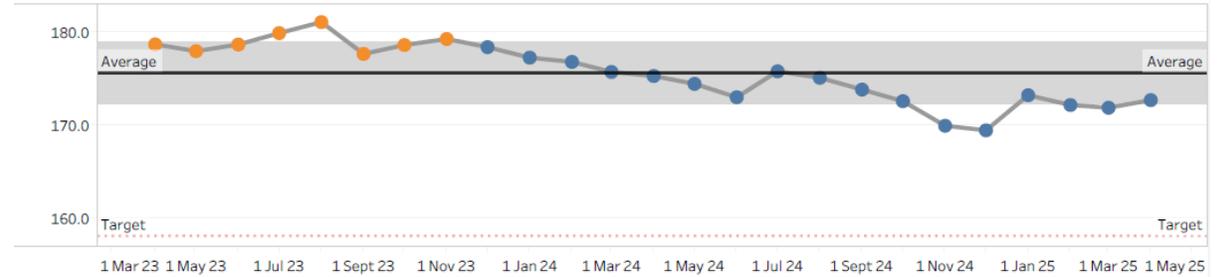
- The trend charts indicates the WE targets and what their current trajectory is for the relevant measure.
- PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from Nov-24 onwards. Measures which reference emergency admissions will show lower 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

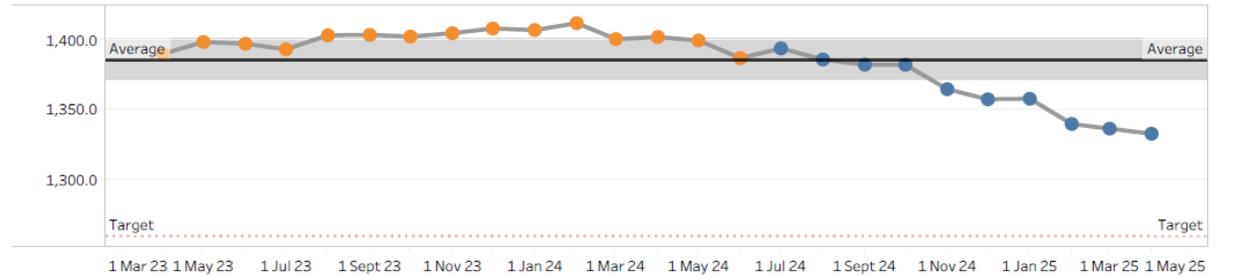
Deaths with 3 or more emergency admissions in the last 90 days of life (all ages)(Rolling 12 months)

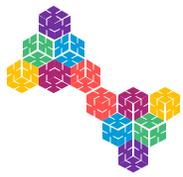


Rate of non-elective admissions for falls within the community for people aged 65+ (LoS > 0) (per 100,000 Rolli..



Rate of non-elective admissions in people aged 65+ (LoS > 0) (per 100,000 rolling 12 month, monthly average)(C..





# Frailty and EOL: Programme outcomes

- 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.
- This data shows that Harlow North have fewer people discharged to their usual place of residence following a fall.
- The [7 interventions](#) dashboards has further detail of underlying metrics for community falls and FRAT scores completed.
- Please use the following [link](#) for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT.

## Harlow North

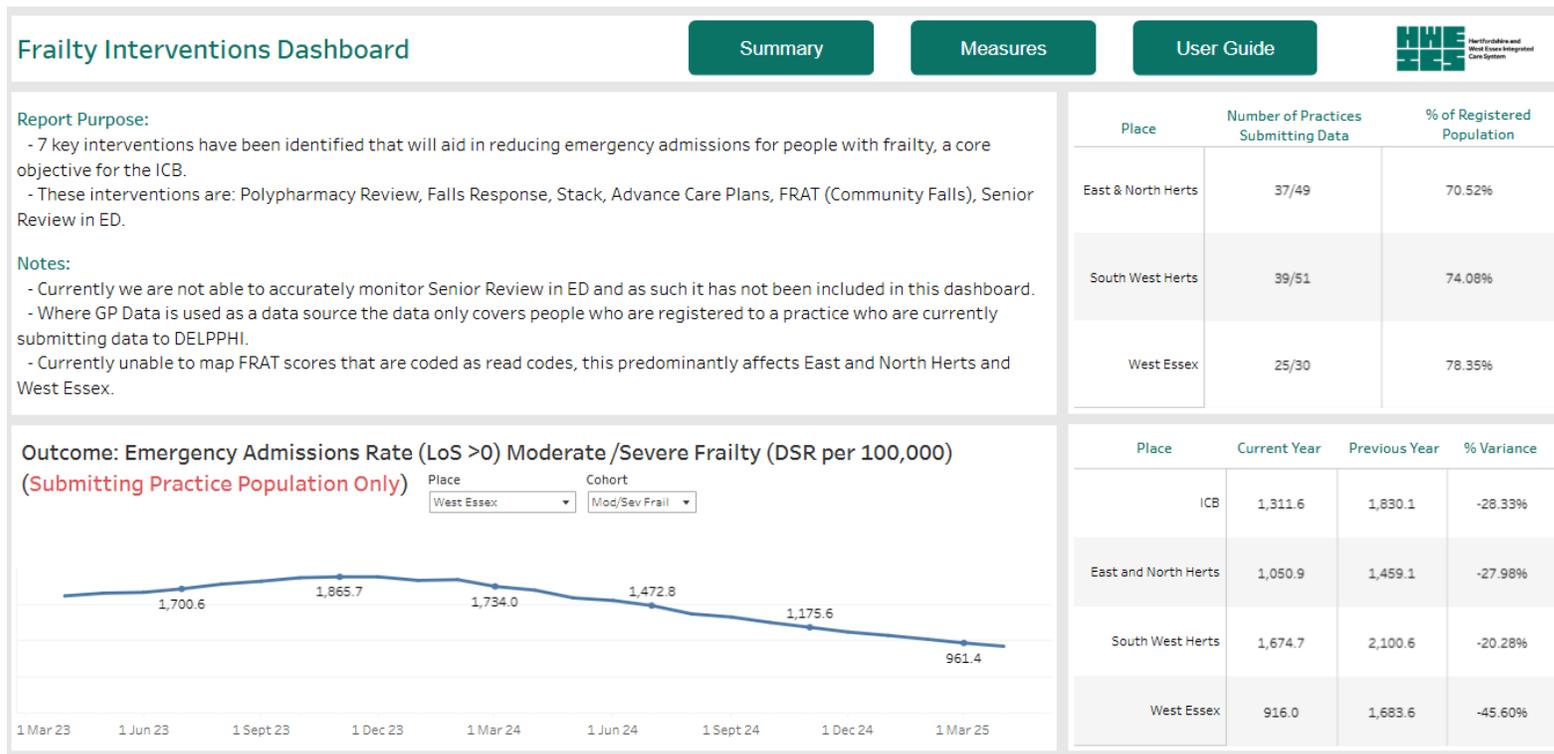
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 65-120	234.5 21 / 9,513	238.5 21 / 9,171	-4.1	-1.7%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£9,343k £857k / 9,513	£9,733k £857k / 9,171	-£389,617	-4.0%
Programme	Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	407.1 37 / 9,513	620.4 56 / 9,171	-213.3	-34.4%
	Emergency Admissions LoS >0, Moderate/ Severe Frail at Admission (GP SUBMITTING PRACTICES ONLY), DSR per 100,000, aged between 65-120	Suppressed due to small numbers			
	Emergency Admissions LoS >0, DSR per 100,000, aged between 65-120	1,571.1 144 / 9,513	1,614.6 142 / 9,171	-43.5	-2.7%
	Emergency Admissions LoS >0, Falls Within the Community, DSR per 100,000, aged between 65-120	209.2 19 / 9,513	226.0 20 / 9,171	-16.8	-7.4%
	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	Suppressed due to small numbers			
Workstream	Emergency Admissions LoS >0, Hip Fractures, DSR per 100,000, aged between 65-120	Suppressed due to small numbers			
	Percentage of Emergency Admissions LoS >0, Falls Within the Community, Discharge to Usual Place of Residence, aged between 65-120	84.2% 16 / 19	50.0% 10 / 20	34.2%	68.4%
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 7 Days, aged between 65-120	Suppressed due to small numbers			
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 30 Days, aged between 65-120	15.5% 17 / 110	11.2% 12 / 107	4.2%	37.8%





# 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](#).

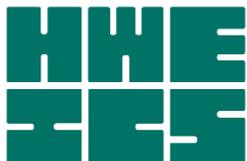




# Frailty and EOL: ECF indicators

- The data indicates that Harlow North has lower percentages across most EOL and Frailty indicators, when compared to WE and the ICB for 2024/25.
- The latest position for this table below, can be found at [Ardens Manager](#).

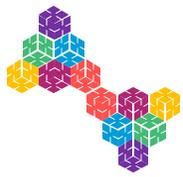
	End of Life								Frailty						
	Review								Review						
	ACP shared	ACP, ReSPECT or EOL care plan done or declined	Anticipatory medicines issued (or exception) (if GSF red/yellow)	GSF prognostic indicator recorded	Preferred place of care recorded	Preferred place of care, death and resus stated recorded	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%
Harlow Locality	0.0%	36.2%	64.0%	44.8%	66.7%	12.6%	64.9%	71.3%	68.1%	58.9%	71.5%	61.3%	12.3%	63.4%	14.7%
HARLOW NORTH PCN	0.0%	32.9%	73.8%	38.9%	60.5%	9.3%	58.8%	67.4%	70.0%	67.3%	70.6%	60.0%	10.1%	62.2%	12.9%
HARLOW SOUTH PCN	0.0%	42.5%	55.3%	56.1%	79.0%	18.6%	77.1%	79.0%	64.4%	43.2%	73.1%	63.7%	16.5%	65.7%	18.0%



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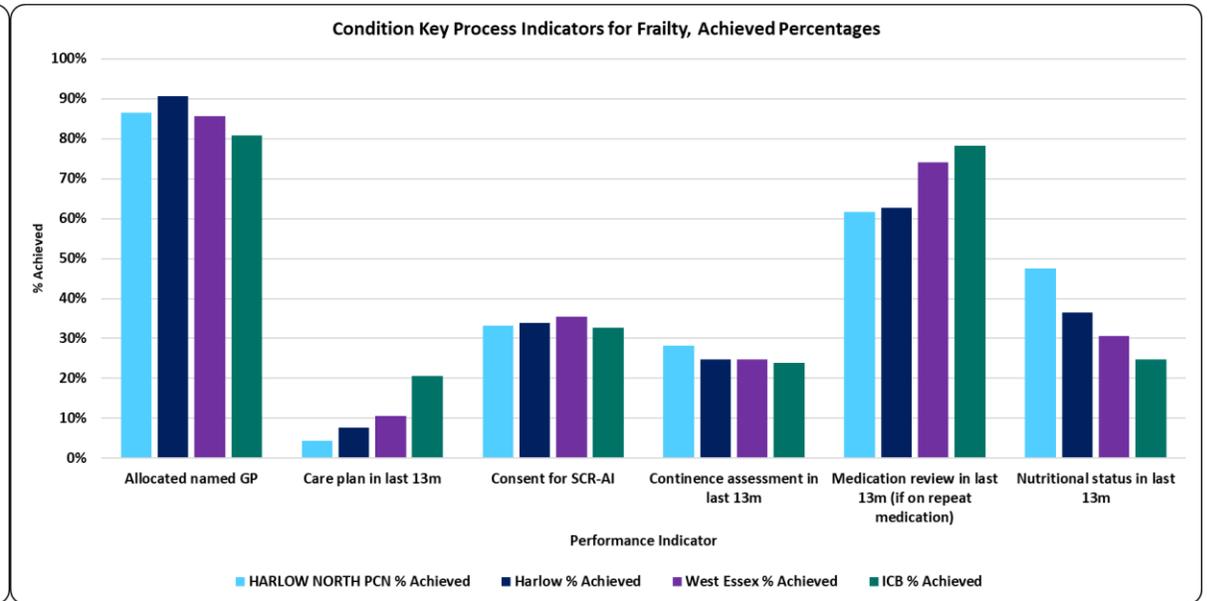
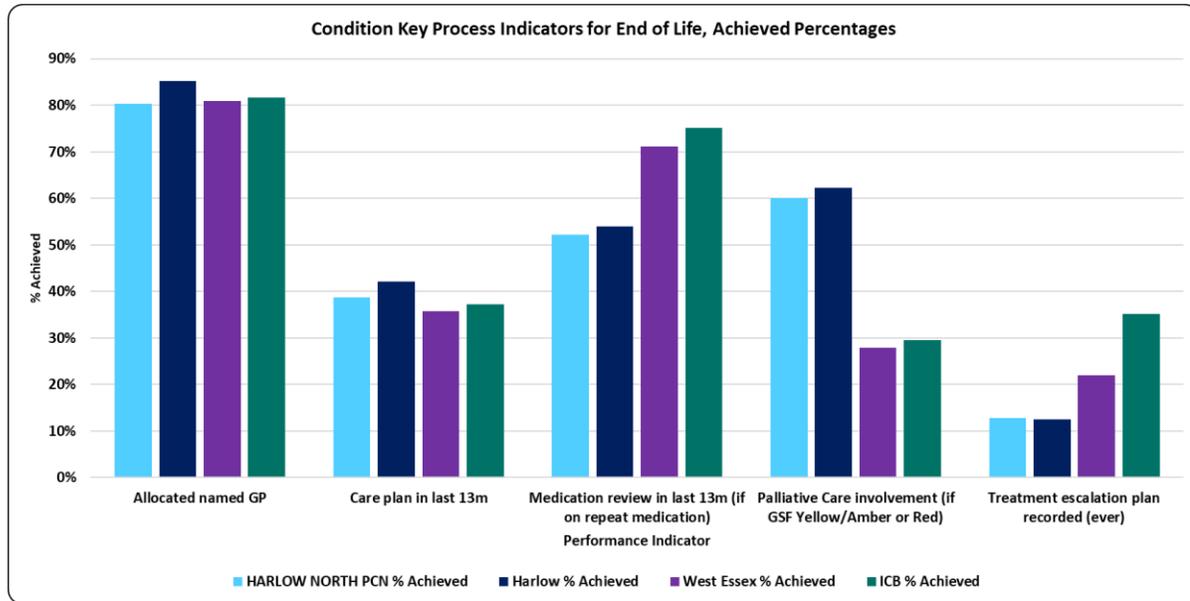


Source: [Ardens Manager](#)



# Frailty and EOL: Key processes indicators

- Harlow North has opportunities to increase the number of recorded care plan reviews for Frailty.
- Arden's searches are available to practices to identify those people on frailty and EOL register and what processes have and still need to be completed.

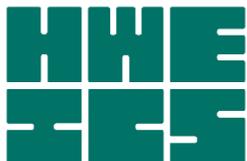




# Dementia: Programme outcomes

- 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 table 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 been suppressed due to small numbers. The link below can be followed to access the data where permitted.

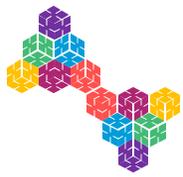
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	62.1 32 / 66,558	79.6 43 / 65,633	-17.4	-21.9%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,789k £1,486k / 66,558	£3,205k £1,735k / 65,633	-£415,842	-13.0%
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	Supressed due to small numbers			



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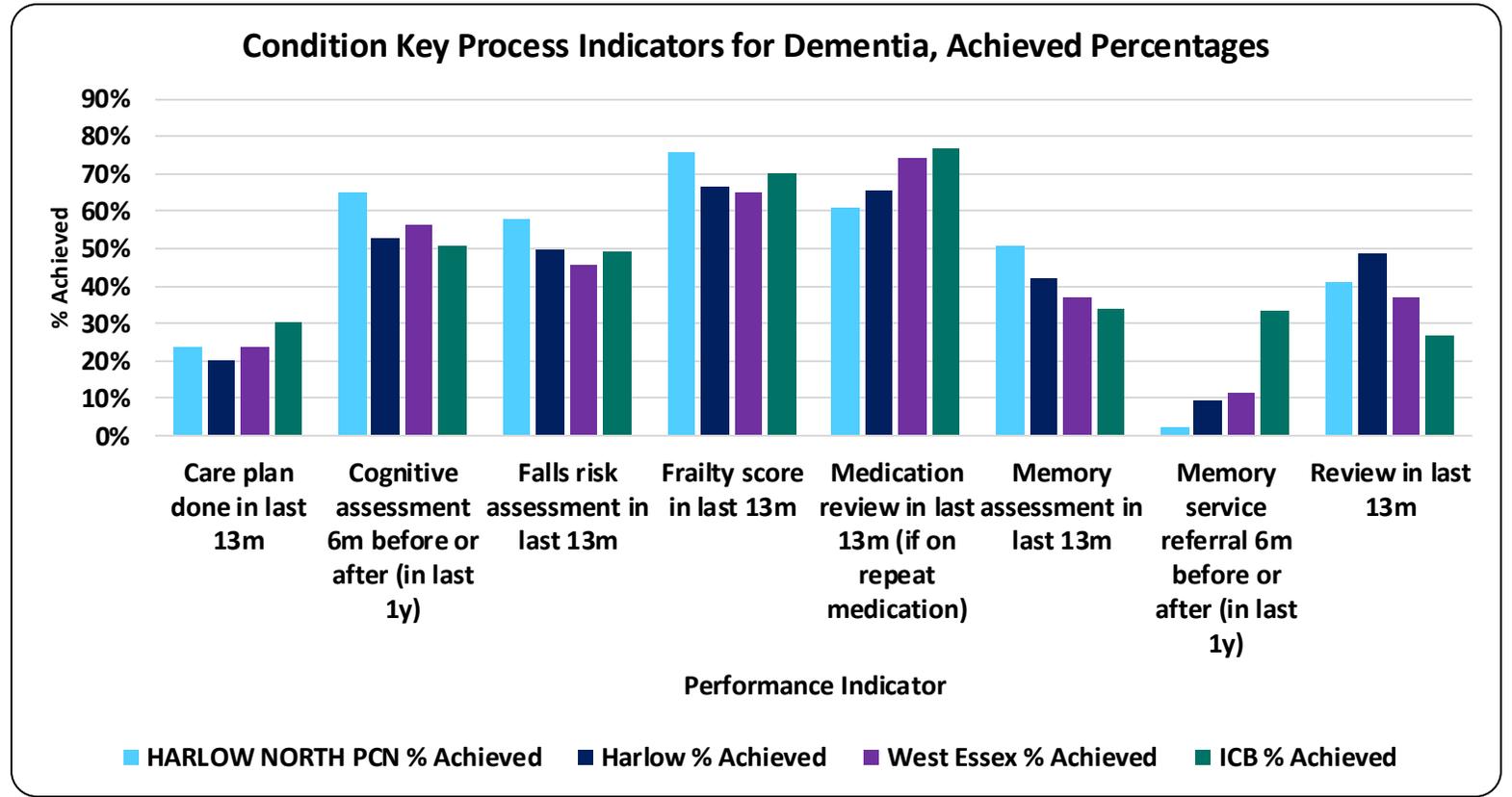
Source: [DELPPHI - HWE Outcomes Dashboard](#)

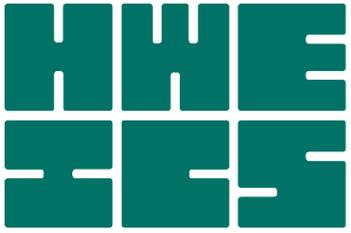


# Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that Harlow North PCN has a higher percentage of achievement levels for Care plans reviewed in the last 12 months when compared with ICB, WE and Harlow locality.
- 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%
Harlow Locality	80.3%
HARLOW NORTH PCN	81.9%
HARLOW SOUTH PCN	78.3%





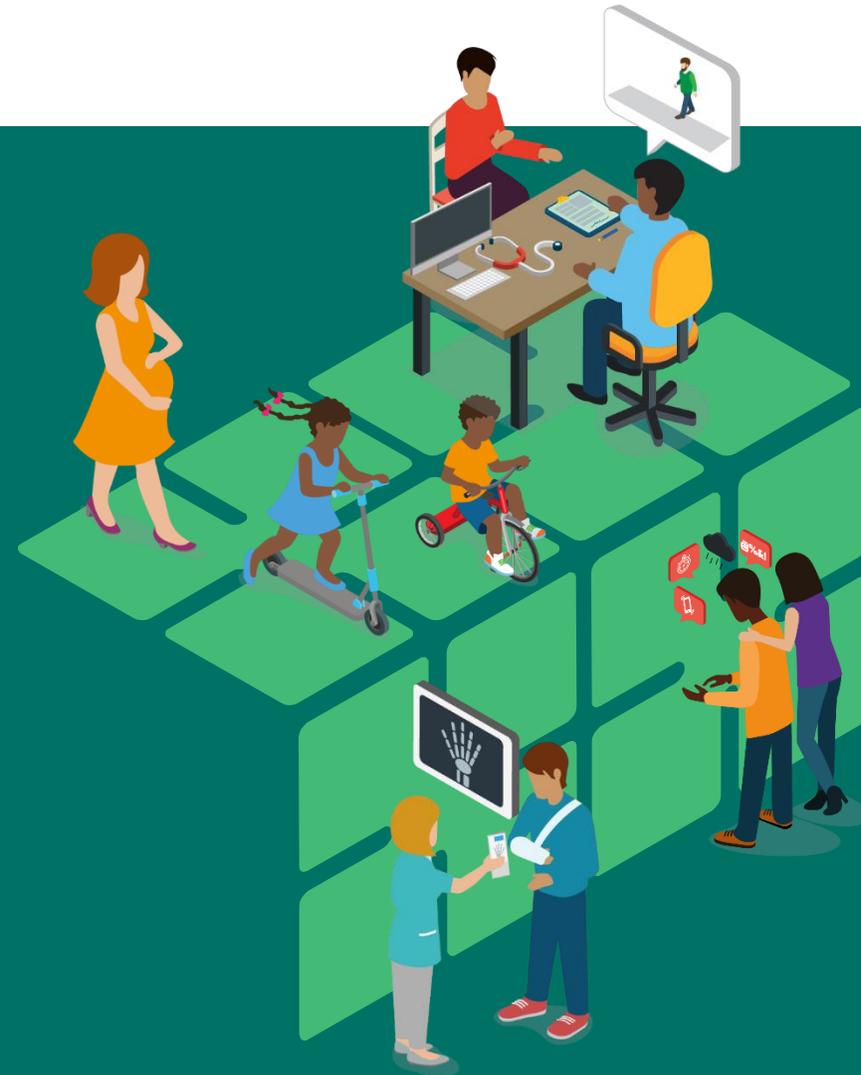
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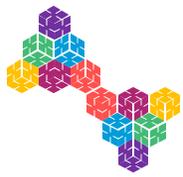


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## Other key outcomes

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for a healthier future



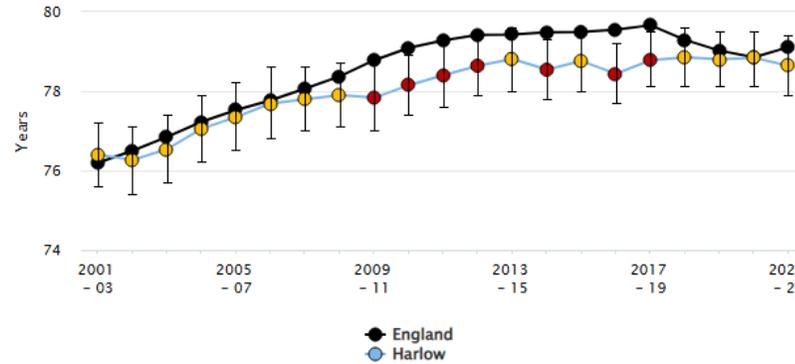


# Life Expectancy and Inequality in Life Expectancy at Birth

- Harlow's life expectancy for both male and female has remained consistently below EoE and England.
- Inequality of life expectancy for male is the 2<sup>nd</sup> best quintile and for 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 Harlow. For females, the gap is 6.6 years.

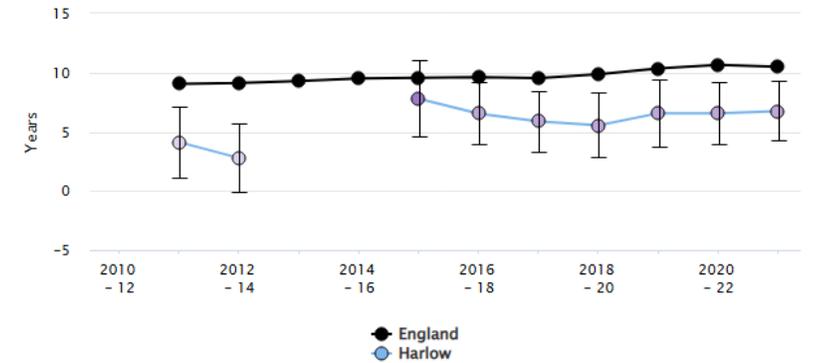
● Better 95% ● Similar ● Worse 95%

Life expectancy at birth (Male, 3 year range)

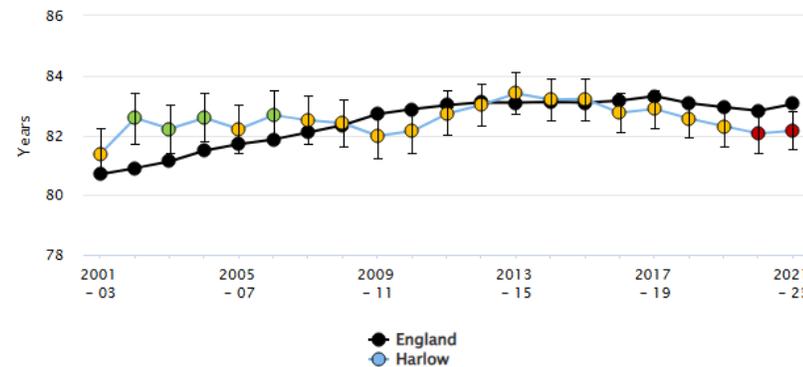


Quintiles: Best Worst

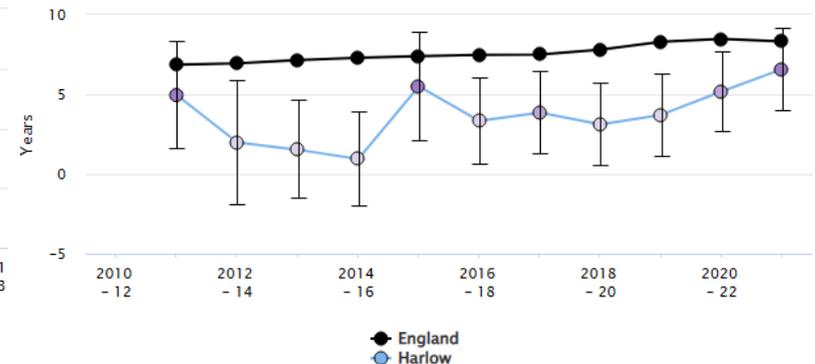
Inequality in life expectancy at birth (Male)



Life expectancy at birth (Female, 3 year range)



Inequality in life expectancy at birth (Female)





# Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

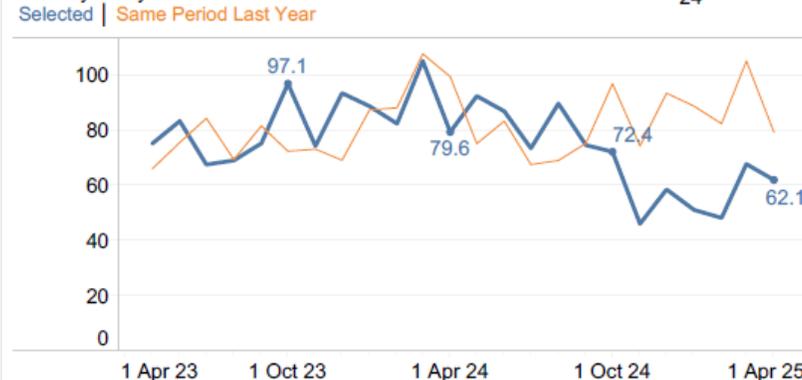
## Harlow North

- The rate of emergency admissions for ACSC conditions has not yet returned to pre-Covid levels and has been decreasing.
- Although these rates have fluctuated within a similar range over the past two years, the overall trend shows a gradual decline.
- 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.

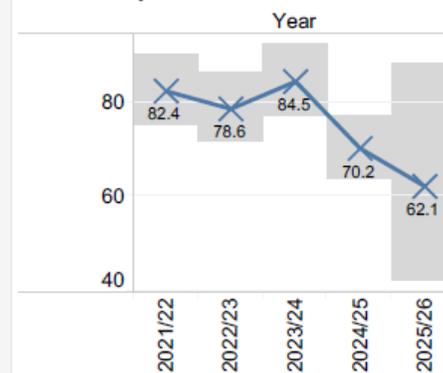
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	62.1 32 / 66,558	79.6 43 / 65,633	-17.4	-21.9%

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

### Monthly Analysis

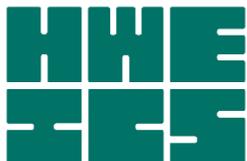
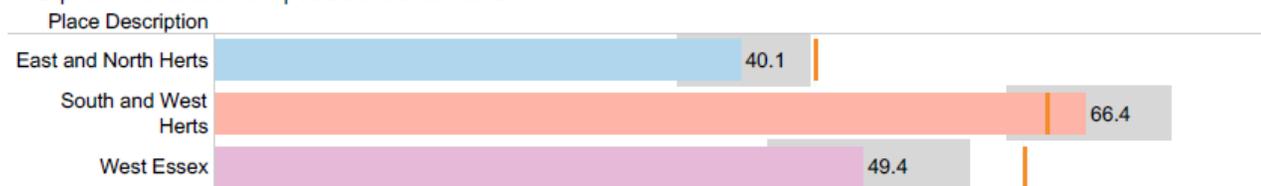


### Annual Analysis



### Place Summary

YTD | Same Period Last Year | 95% Confidence Interval



Hertfordshire and West Essex Integrated Care System



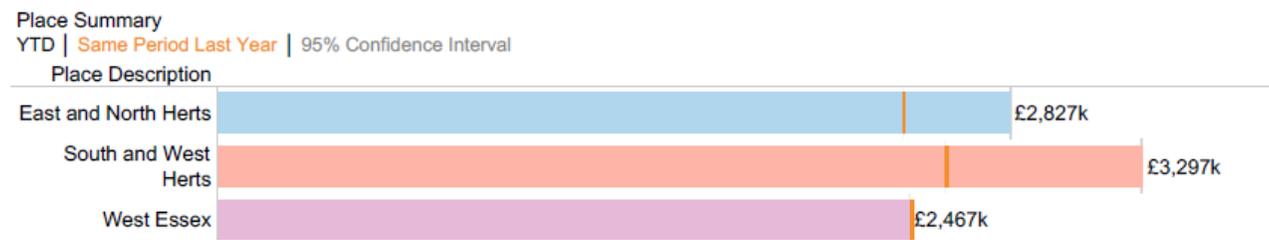
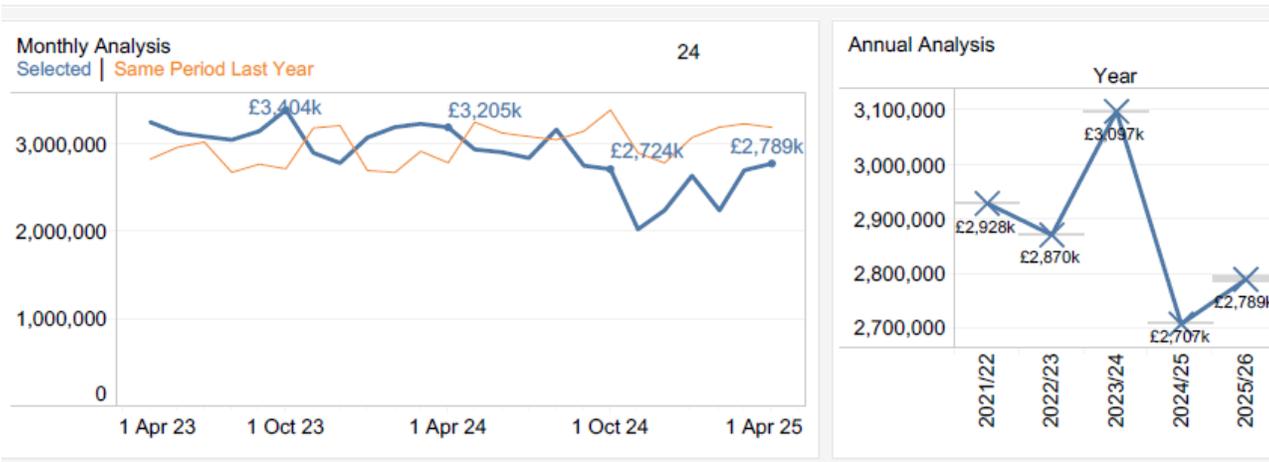


# Total cost of Emergency hospital care for Harlow North

- The data shows the PCN population spend has decreased for emergency hospital care. This needs to be monitored over a longer period to understand the impact of Alex Health implementation.
- 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.

Measure..	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,789k £1,486k / 66,558	£3,205k £1,735k / 65,633	-£415,842	-13.0%

Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120





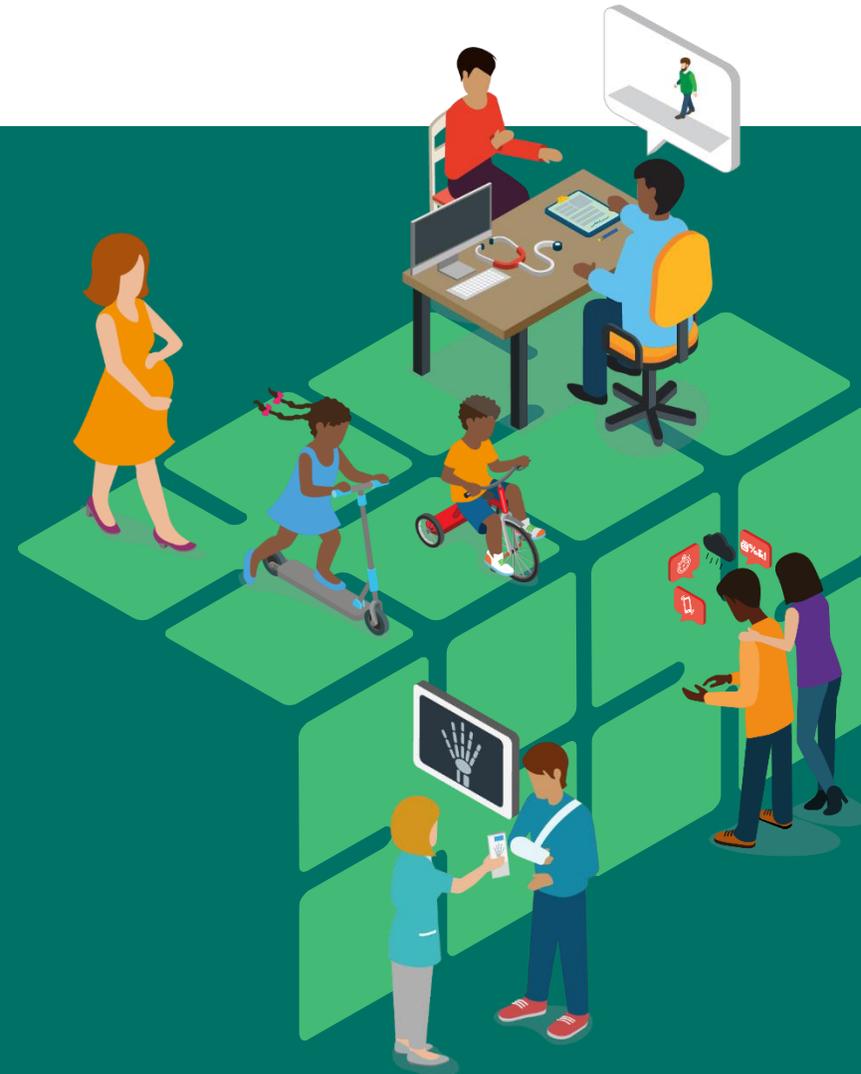
Hertfordshire and  
West Essex Integrated  
Care System



Hertfordshire and  
West Essex  
Integrated Care Board

## Glossary

Working together  
for a healthier future





# 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 8<sup>th</sup> July 25

PCN	Practice Name	Flowing data
Harlow North	Addison House - Haque Practice	✓
	Church Langley Medical Practice	✓
	Old Harlow Health Centre	✓
	Sydenham House Surgery	✓
	Nuffield House Health Centre	✗