

Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Hertfordshire and West Essex Neighbourhood Pack – Harlow South PCN

2025-2026
PHM Team

Working together
for a healthier future





Key messages

The Harlow South 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.

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%).

The population of Harlow South 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 South data shows a higher proportion of insufficient physical activity and smoking compared to West Essex. These trends are particularly pronounced among younger adults (25-49) and individuals in the 2nd most deprived quintile.



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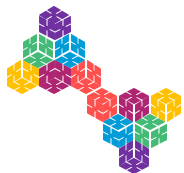


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**Demographics, wider determinants
and prevention**

**Working together
for a healthier future**

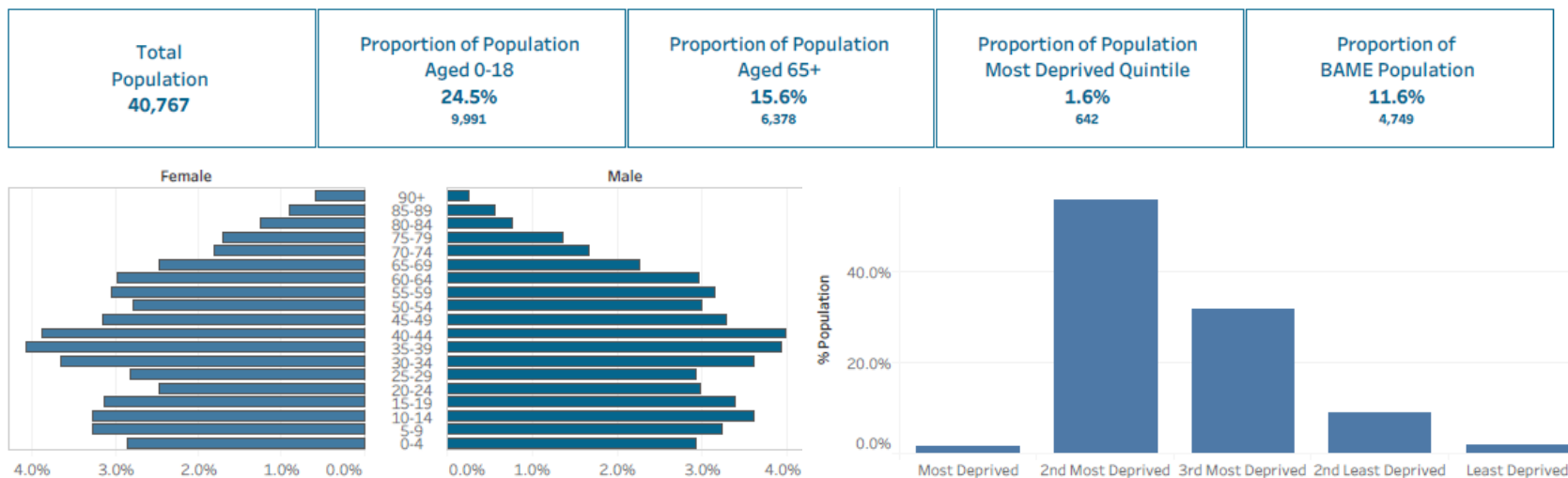




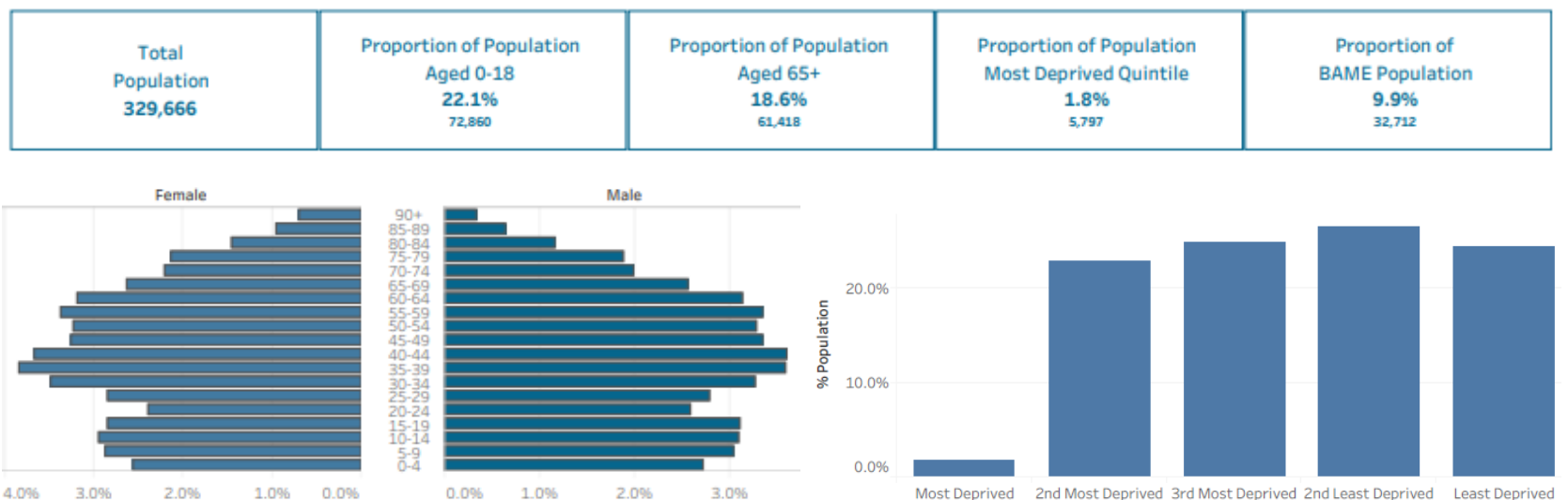
Population profile

- A higher proportion of the population living in Harlow South 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 South



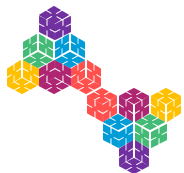
WE



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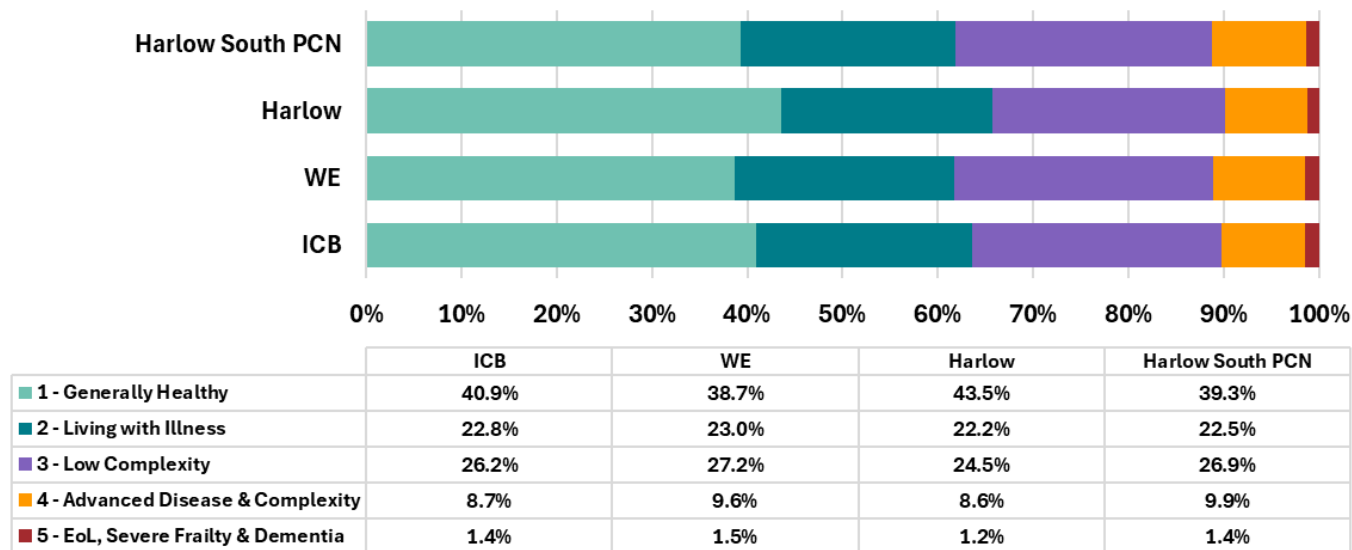
Source: [DELPPHI - Population Profile](#)



Segmentation profile Provisional Data

- The illustrations on the right shows the segmentation model for Harlow South PCN, Locality, WE and ICB. This is a snapshot from June 2025.
- Harlow South has a slightly higher number of the population in the 'Generally Healthy' segment, compared to WE. This can be linked to lower prevalence of [Long-Term Conditions](#) and also a younger population. 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](#)
- Please note, only 50% of the registered population in Harlow South has GP data flowing into DELPPHI.

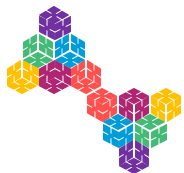
Harlow South PCN, Harlow, WE & ICB PHM Segmentation Profile



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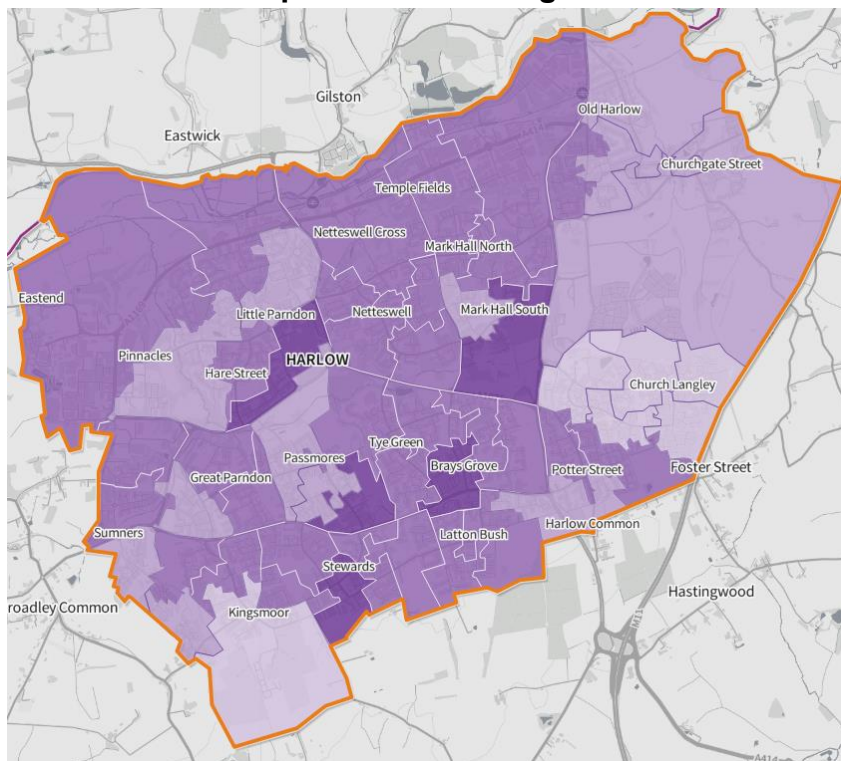
Source: DELPPHI: HWE Segmentation model



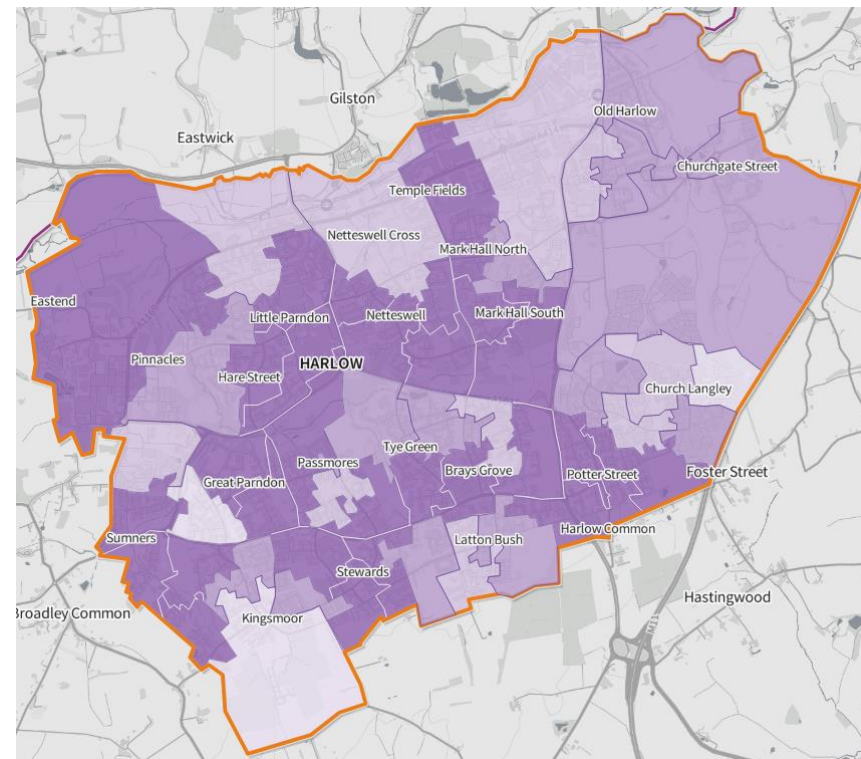
Children and older people living in poverty

- 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 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%).

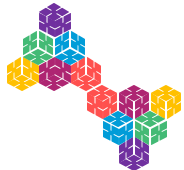
- Income deprivation affecting older people index (IDAOPi) 2019, shows Harlow at 15%, WE at 11.1% and England at 14.2%.



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Source: [Fingertips](#) | [Department of Health and Social Care](#) and [SHAPE](#)



Behavioural risk factors

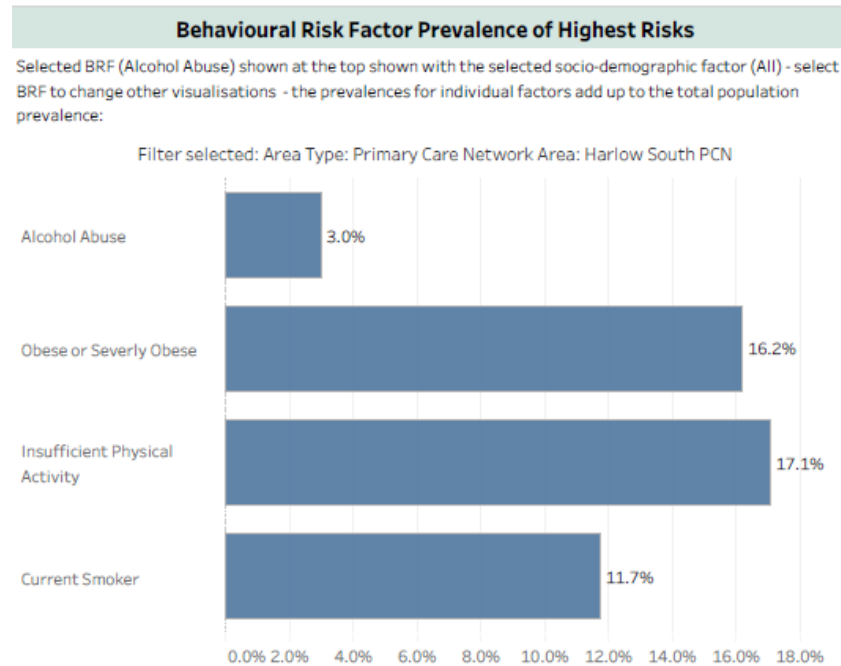
- Harlow South data shows a higher proportion of insufficient physical activity and smoking compared to WE. These trends are particularly pronounced among younger adults (25-49) and individuals in the 2nd most deprived quintile.
- These behavioural risk factors can lead to adverse health outcomes.
- 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](#).



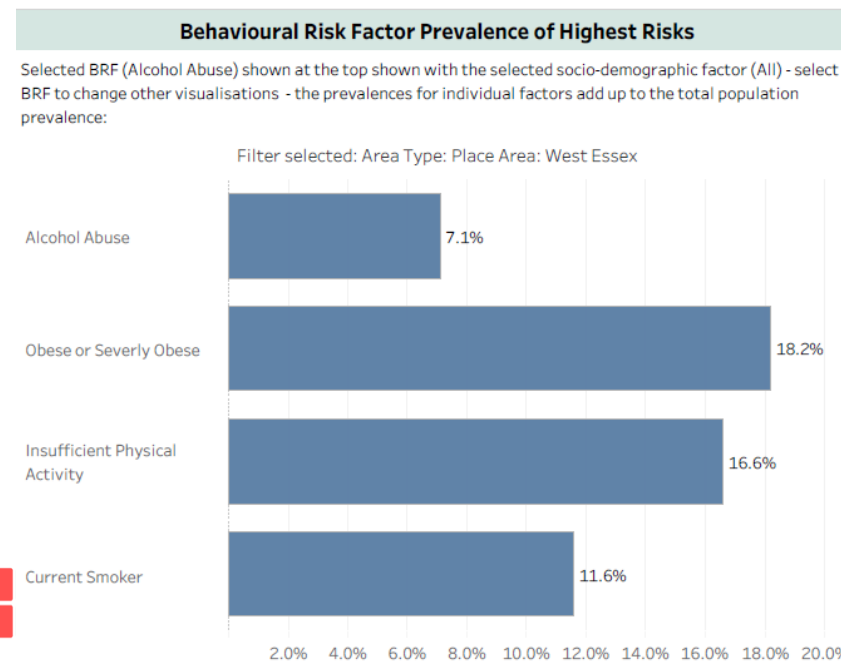
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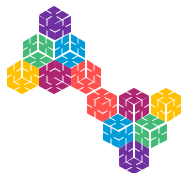
Harlow South



WE



Source: [DELPPHI - Population Profile](#)

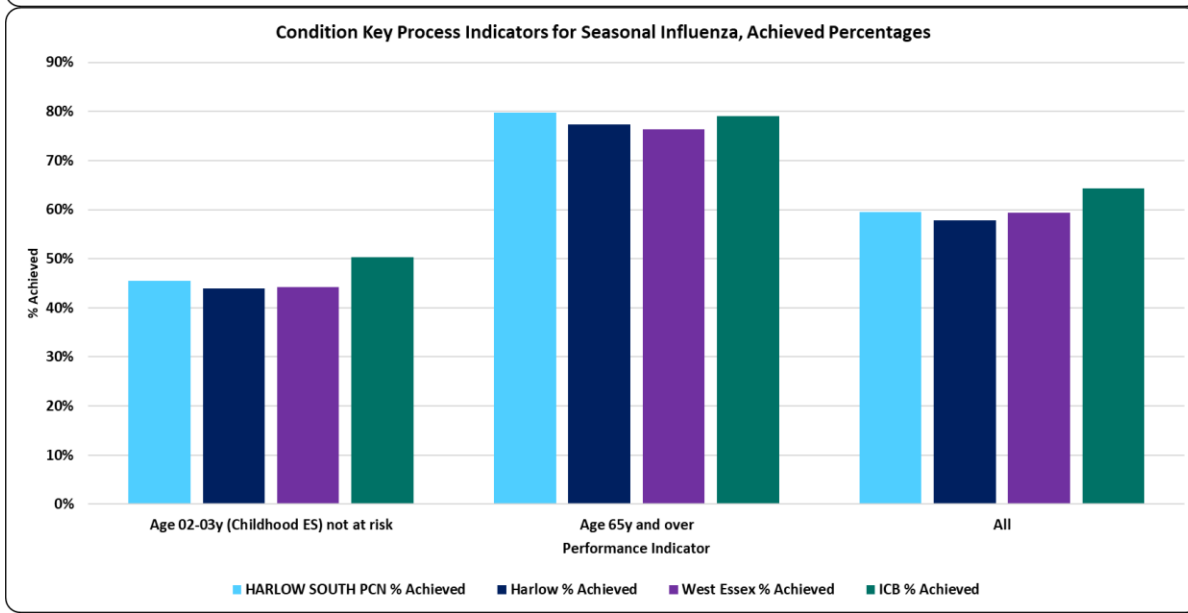
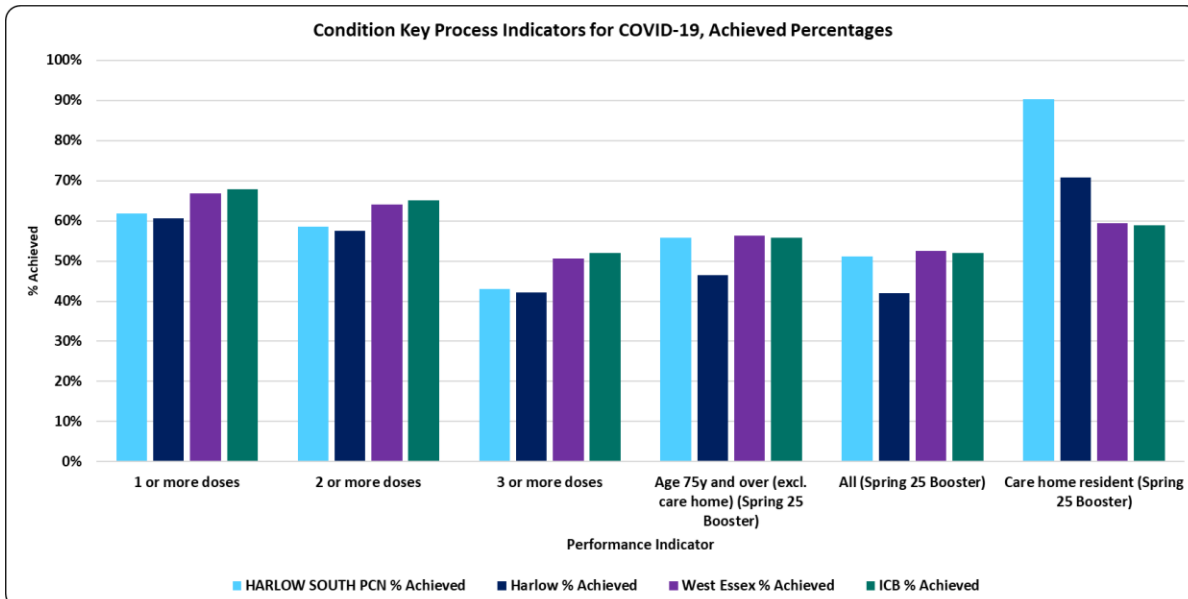


Immunisation

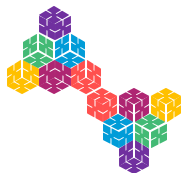
- Harlow South percentage of people immunised against Covid-19 is below or similar to WE and the ICB, for most indicators apart from care home residents where a significantly higher proportion are immunised.
- Seasonal influenza percentage achieved for most areas is similar to WE and below the ICB.



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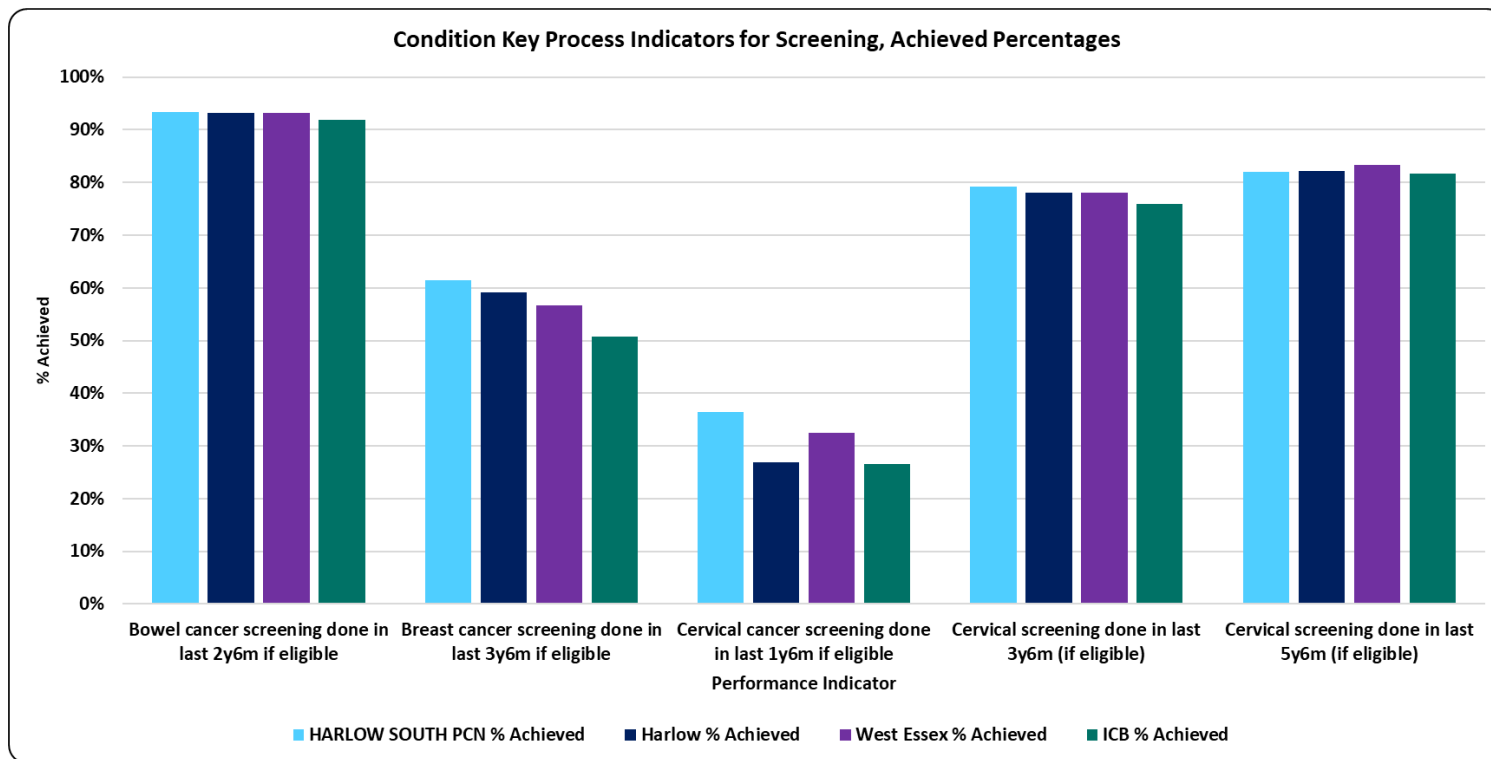


Source: [Ardens Manager](#)



Screening

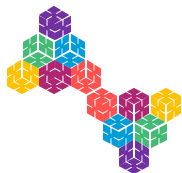
- Better outcomes are achieved through earlier diagnosis of cancer. The national target is for 75% of cancer diagnosis to be at early stage (stage 1 or 2). Uptake of cancer screening programmes are a core enabler for early detection of cancer.
- The chart on the right shows the percentage of people screened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



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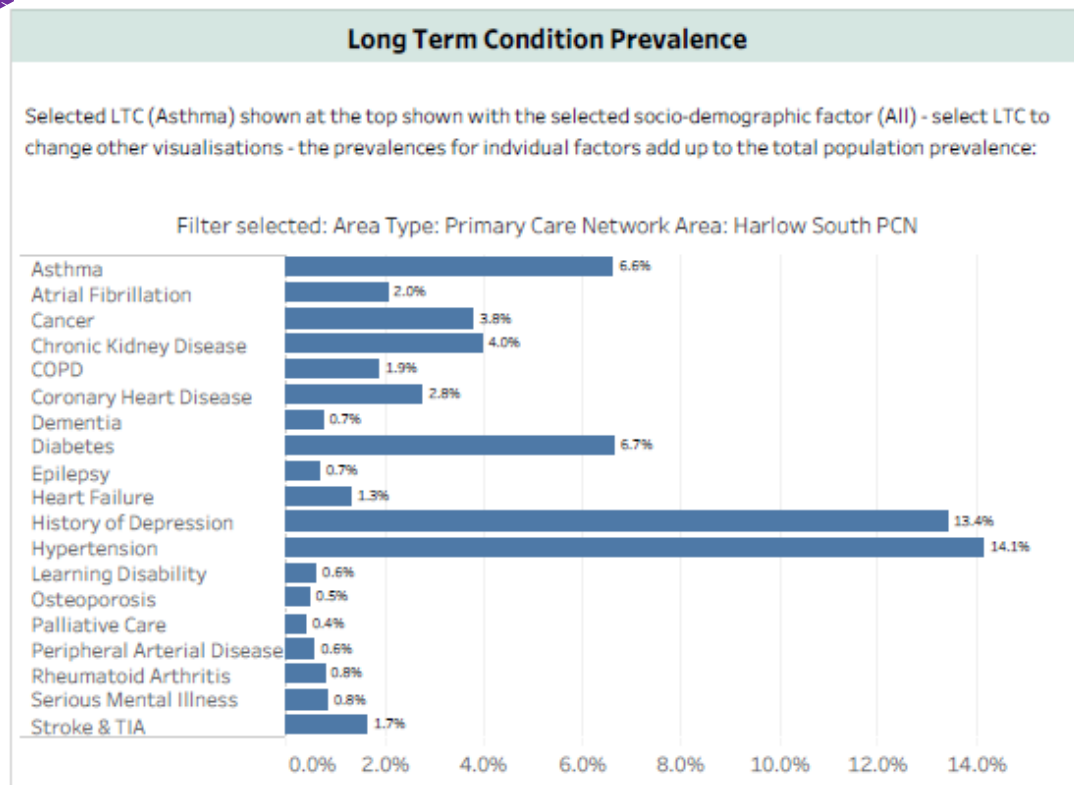


Source: [Ardens Manager](#)

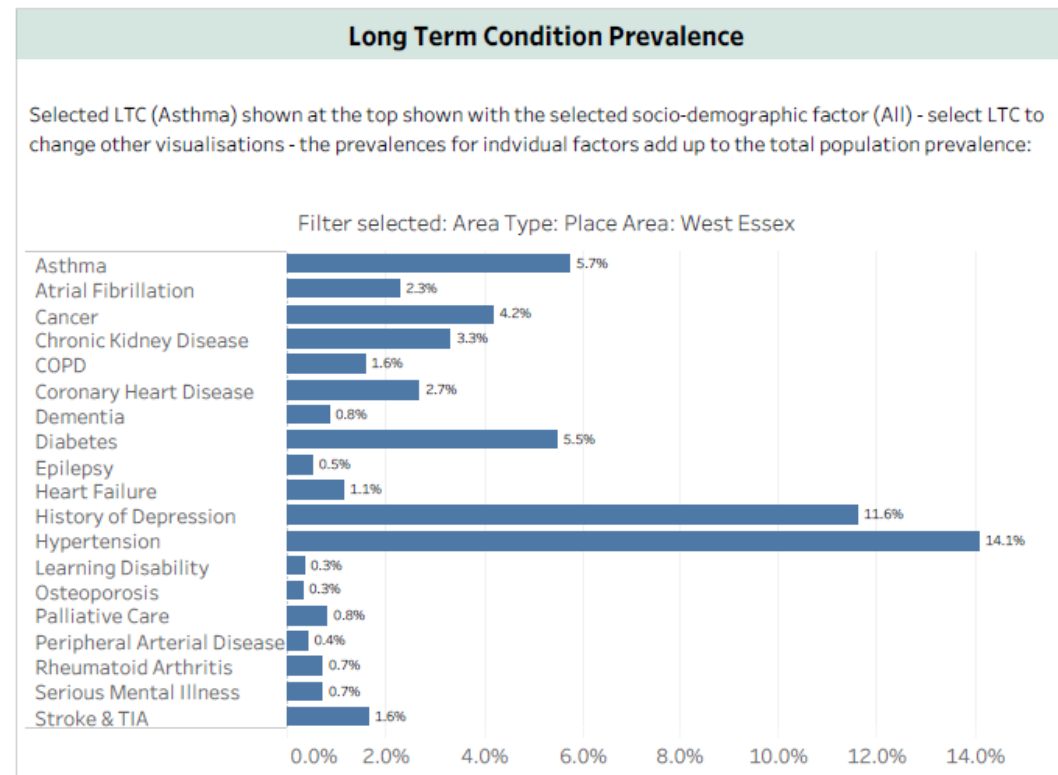


Prevalence of Disease Registers

Harlow South



WE



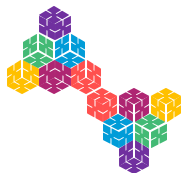
- The above charts show that Harlow South PCN has in most cases higher recording for some LTC compared to West Essex. Please note these charts will not reconcile to QOF as a wider set of codes looking at all settings data is used.
- Additional information is available in [DELPPHI](#) to review inequalities age, deprivation, ethnicity, gender and main language and compare to HCP, Locality, PCN, GP practice and Local authority lower tier.



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Source: [DELPPHI - Population Profile](#)



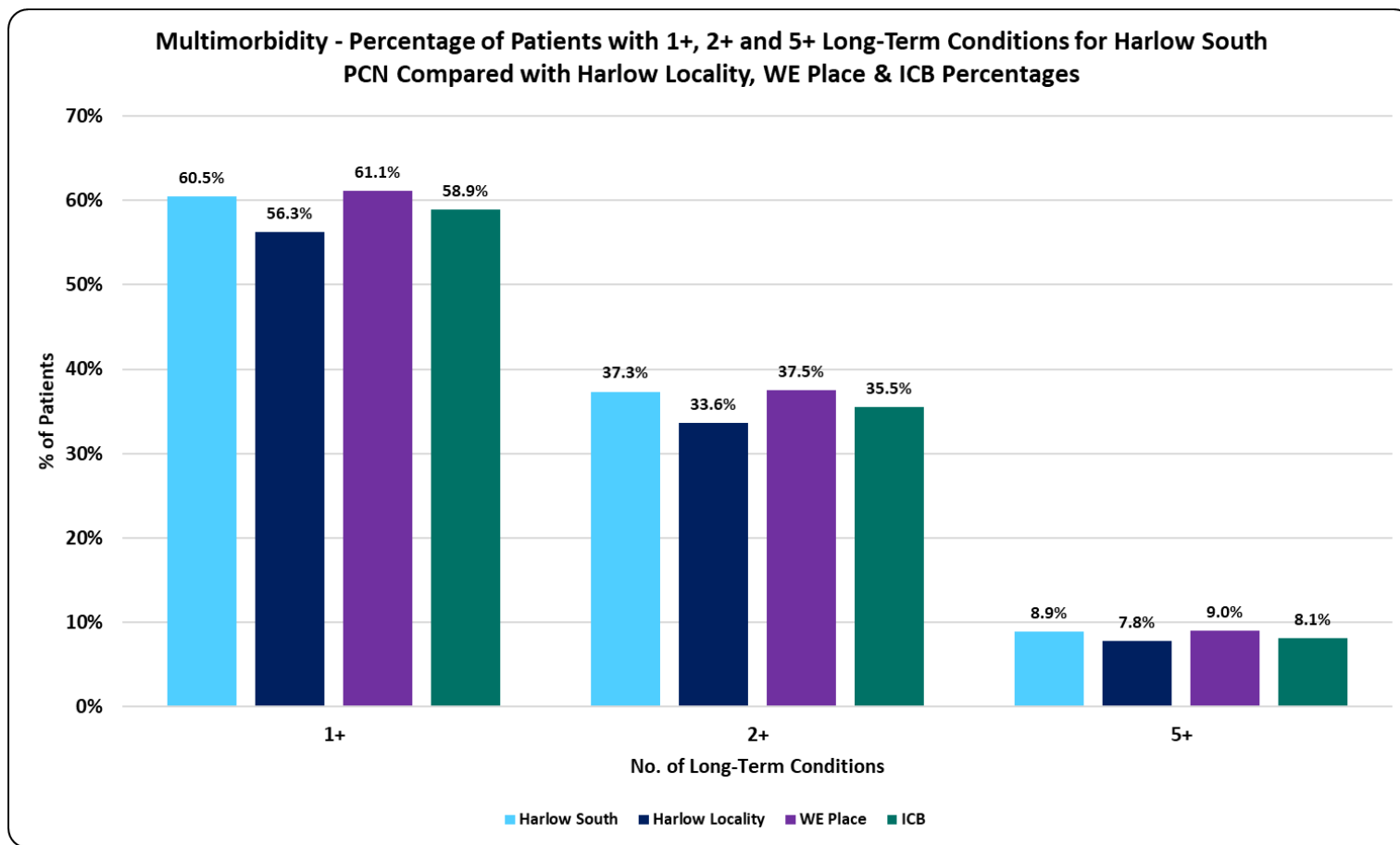
Prevalence of Multimorbidity

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 Harlow South, the prevalence for those with 2 or more LTCs is slightly lower than WE which may reflect the younger population.
- For those Patients with 5+ LTCs, Harlow South is similar to WE.
- This is provisional data using the currently flowing primary care data. These figures may change as further data flows.



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Source : DELPPHI: HWE Segmentation model



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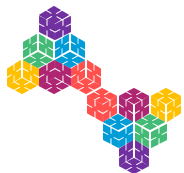


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Children & Young People Management and outcomes

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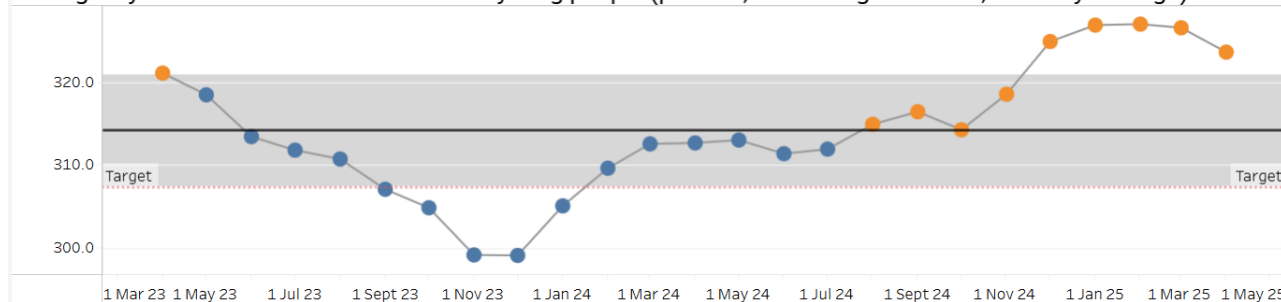


Children's Care: Medium Term Plan Indicators

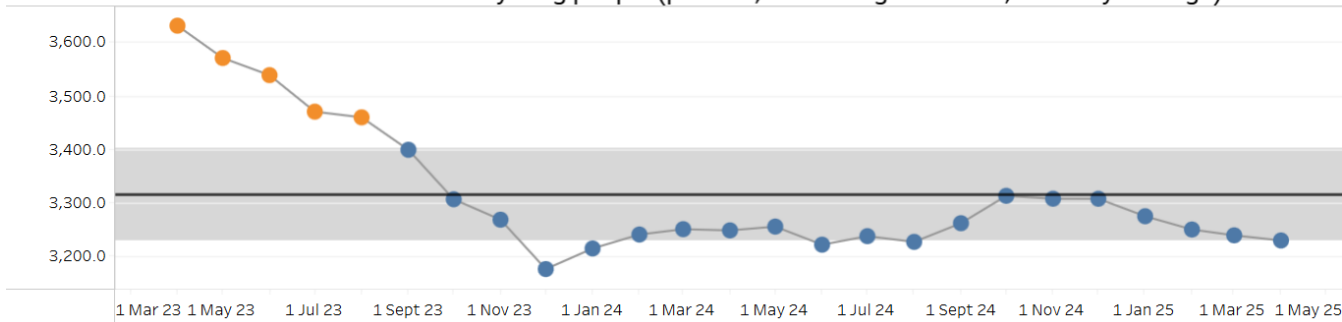
WE

- 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 emergency admission 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.

Emergency admission rate for children and young people (per 100,000 rolling 12 month, monthly average)



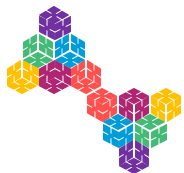
Rate of A&E Attendances for children and young people (per 100,000 rolling 12 month, monthly average)



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Source: [DELPPHI - HWE Mid Term Plan Dashboard](#)



Children and Young People: Programme outcomes

- HWE programme outcomes 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 South PCN from the [Outcomes Framework](#)
- There has been a decrease in overall emergency admissions for 0–17-year-olds, which is also observed for the 0–4-year-olds.

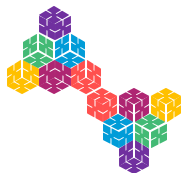
		Current Period	Previous Period	Difference	% Difference
Measure Cat	Measure				
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			
	Total Cost of Emergency Hospital Care, Crude Rate per 100,000, aged between 0-18	£862k £92k / 10,763	£983k £10k / 10,723	-£120,816	-12.3%
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	205.5 21 / 10,218	206.3 21 / 10,178	-0.8	-0.4%
Workstream	Emergency Admissions, DSR per 100,000, aged between 0-4	485.6 12 / 2,471	920.7 23 / 2,498	-435.1	-47.3%
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			



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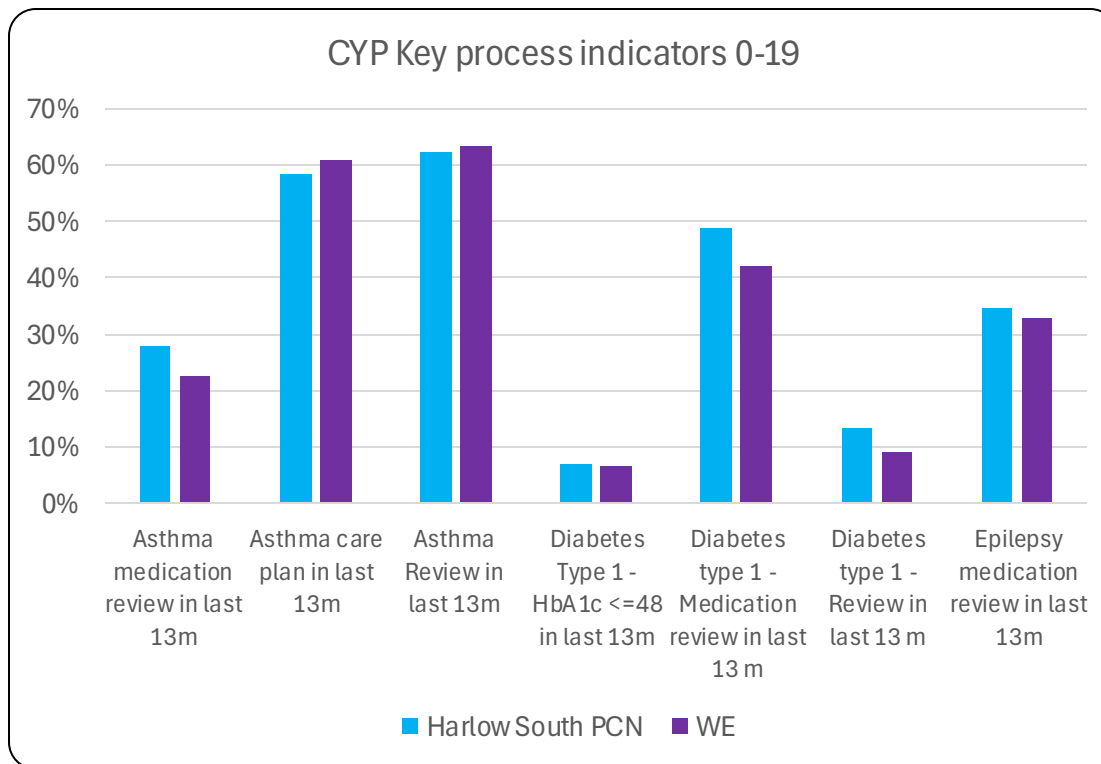


Source: [DELPPHI - HWE Outcomes Dashboard](#)



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

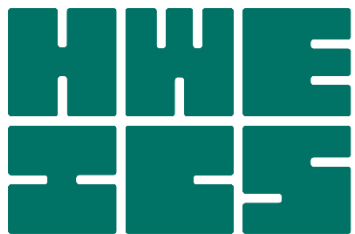
- Data provided by Ardens Manager highlights key process indicators for children and young people with Asthma, Diabetes and Epilepsy over the 13 months leading up to July 15, 2025.
- The graph compares these indicators between Harlow South PCN and WE for children and young people aged 0-19.
- Harlow South PCN has more medication reviews recorded for Asthma, Diabetes, and Epilepsy compared to WE.



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Source: [Ardens Manager](#)



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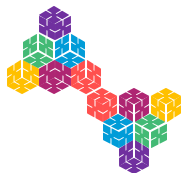
Hertfordshire and
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Hypertension, Cardiovascular Disease and Long-Term Conditions

Management and Outcomes

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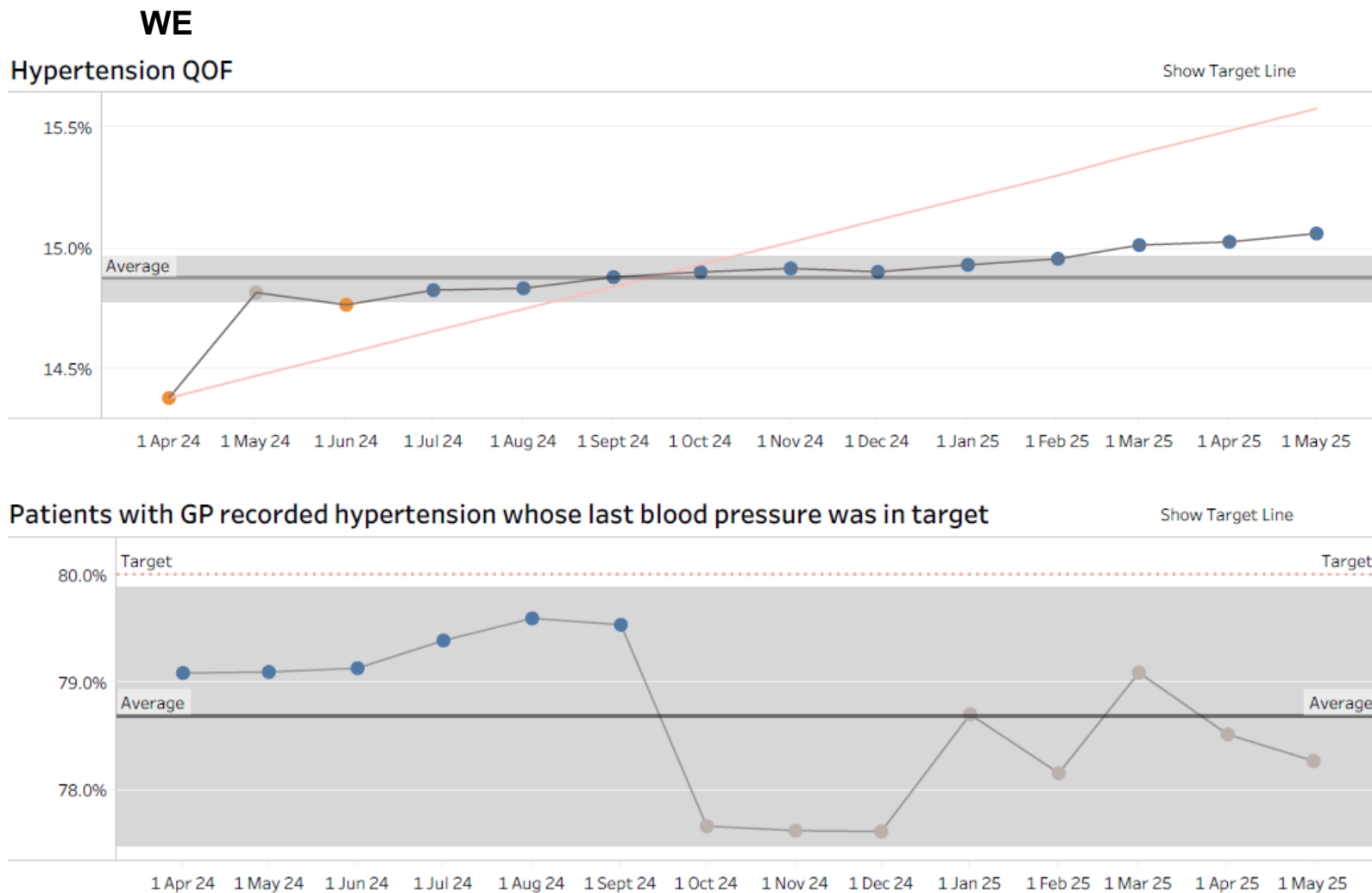
Hypertension: Medium Term Plan Indicators

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.

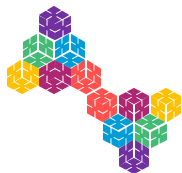
To review these indicators in more detail, please go the CVD & Hypertension page of the DELPPHI Medium Term Plan dashboard found [here](#).



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Source: [DELPPHI - HWE Mid Term Plan Dashboard](#)



Hypertension: QOF Indicators

- Reviewing the PCN on their percentage achieved from the 2024/25 QOF, we can see that:
 - Harlow South PCN is showing above the WE value for both Hypertension indicators looking at BP within target range.
 - 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](#).

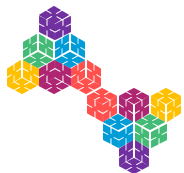
	Hypertension	
	Review	
	HYP008: Latest BP 140/90 or less (or equivalent home value) in last 12m if 79y or under	HYP009: Latest BP 150/90 or less in last 12m if 80y or over
ICB	77.0%	85.0%
West Essex Place	77.0%	85.0%
Harlow Locality	77.2%	86.4%
HARLOW NORTH PCN	76.1%	86.1%
HARLOW SOUTH PCN	78.7%	86.8%



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Source: [Ardens Manager](#)



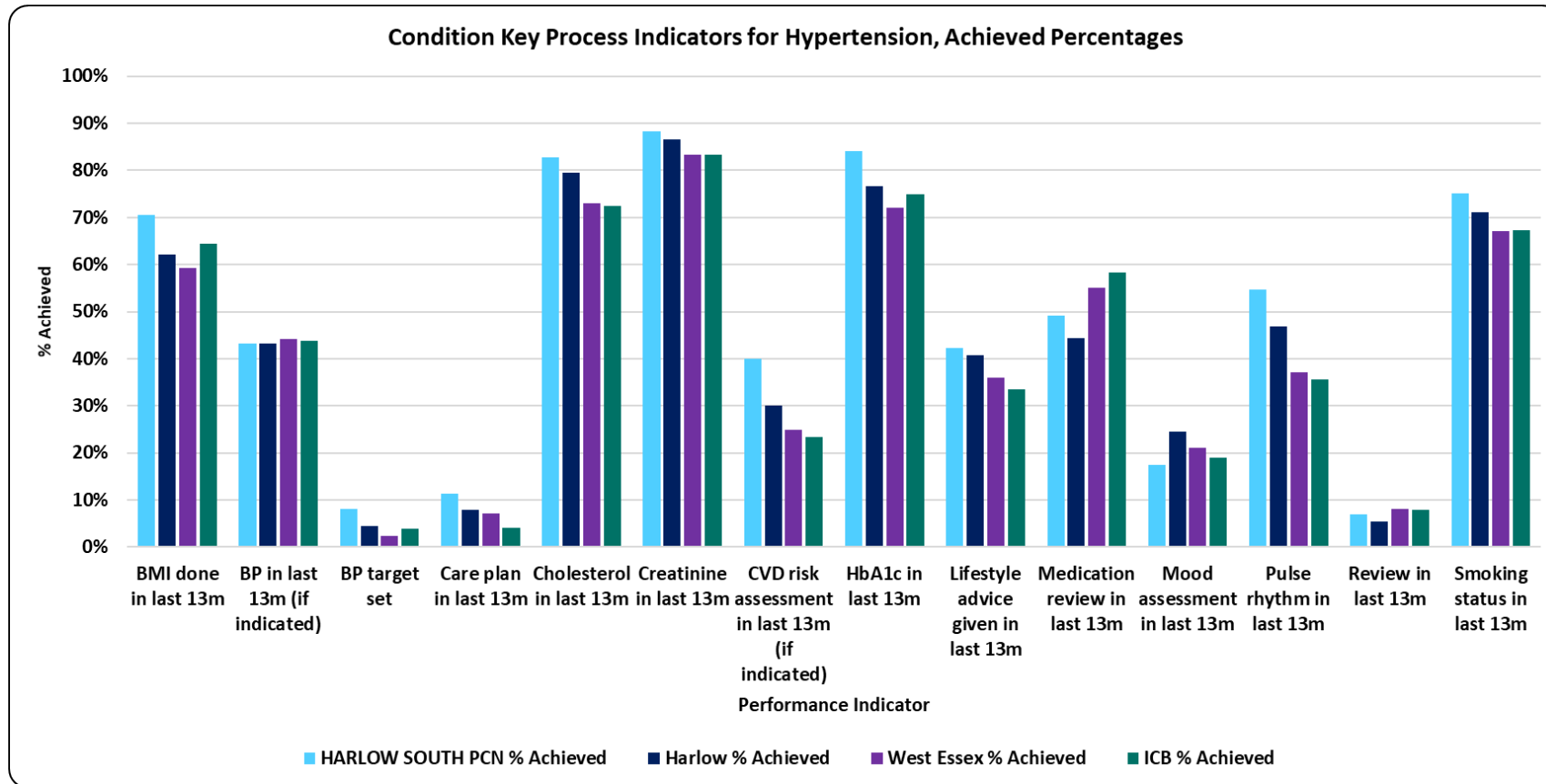
Hypertension: Key Care Process Indicators

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

- Harlow South 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 Harlow South PCN are:

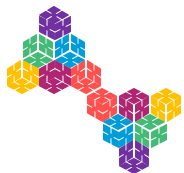
- Mood Assessments



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Source: [Ardens Manager](#)



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 South 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 AF indicators.

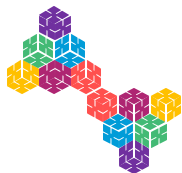
	Atrial Fibrillation				Atrial Fibrillation		CVD Secondary Prevention			Coronary Heart Disease		
	ECF				QOF		ECF			QOF		
	BP done	Chest pain assessment done	ORBIT score done	Review done	AF006: CHA2DS2-VASc recorded in last 12m	AF008: On DOAC or Vitamin K antagonist if CHA2DS2-VASc >= 2	On high-intensity statin, 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%



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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 Harlow South PCN on percentage achieved from the 2024/25 ECF, we can see that:
 - There are several indicators with lower achievement rates compared to both the WE and the ICB.

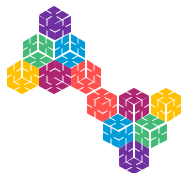
	Heart Failure					Heart Failure		
	ECF					QOF		
	Ejection fraction recorded (ever)	NYHA classification done	On SGL2i or issued in last 3m (if preserved ejection fraction)	Palliative care referral (or declined) (if NYHA Stage III or IV)	Social prescribing/IAPT referral done (or declined)	HF003: LVD + 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

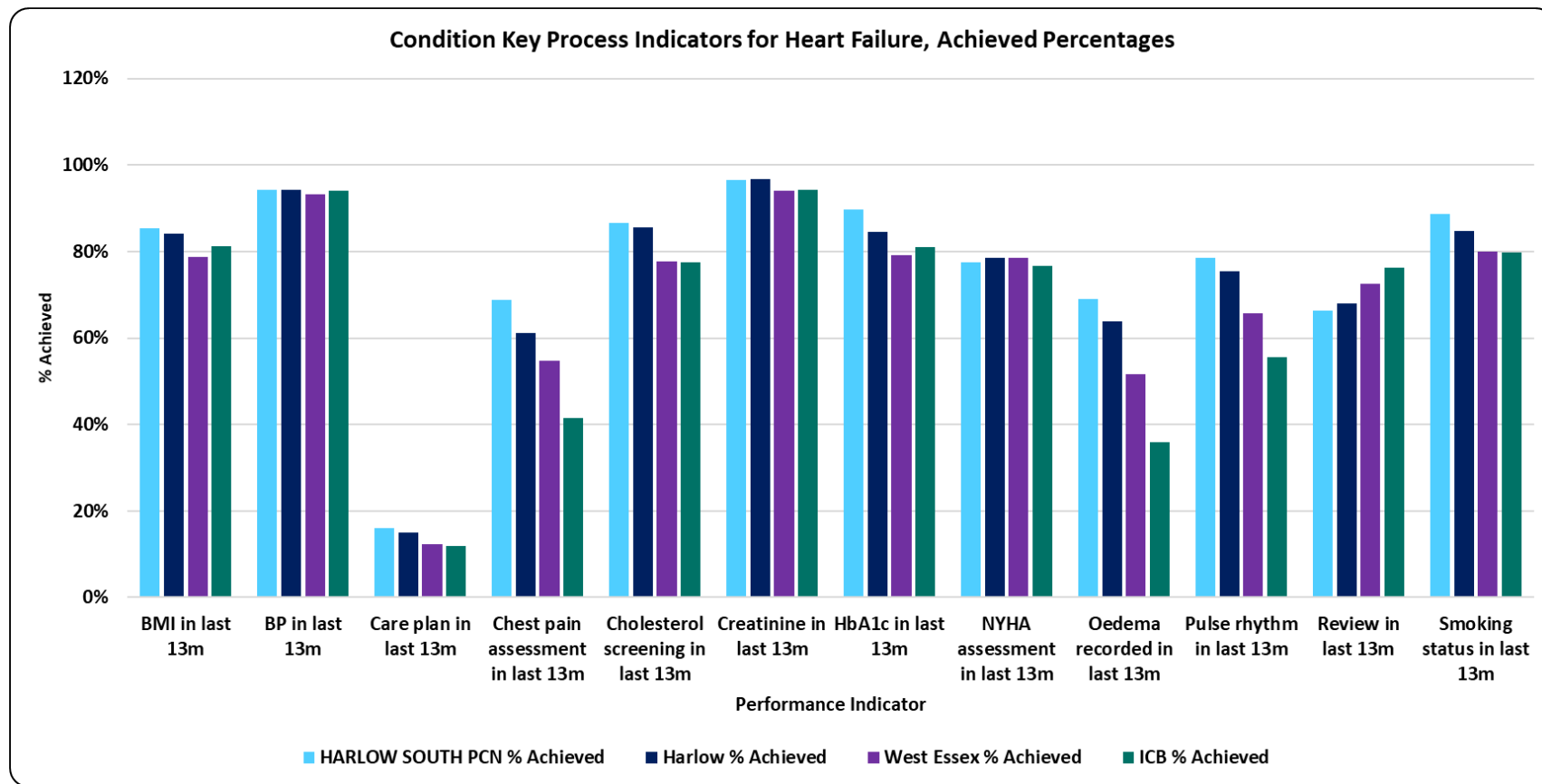
Current CVD key care review process indicators are shown on this page for Heart Failure only due to limitations of space; however, other CVD and Long-Term Condition indicators can be viewed in detail via the Ardens Manager pages [here](#).

For the Heart Failure key process indicators, we can see for Harlow South 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:

- Patient Reviews



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Source: [Ardens Manager](#)



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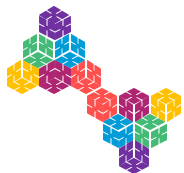
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Mental Health and Learning Disabilities

Management and Outcomes

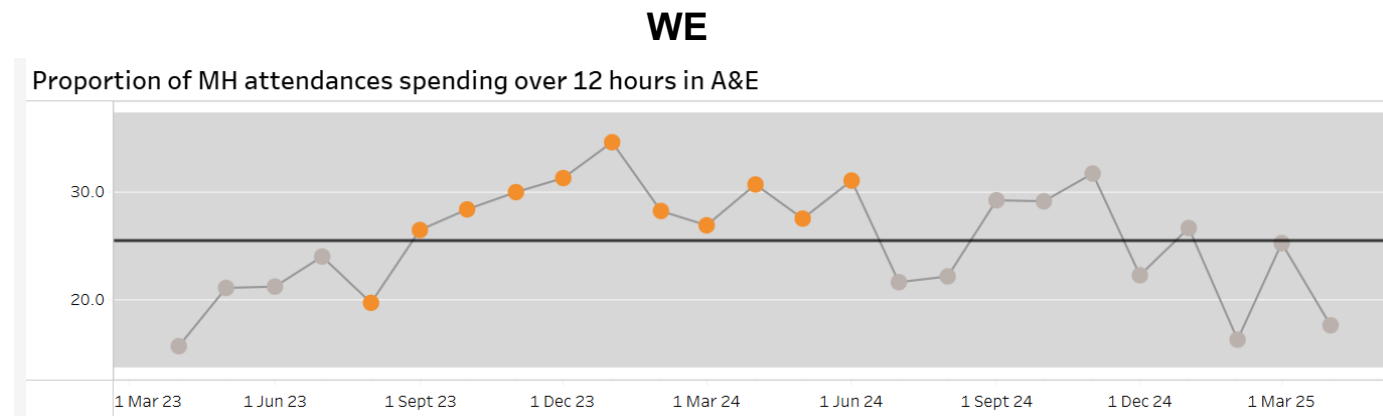
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Better care for Mental Health Crisis: Medium Term Plan Indicators

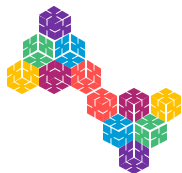
- MH measures developed within the MTP dashboard for Out of Area placement and Community Crisis Service are currently only available on an ICB footprint.
- The graph on the right shows the proportion of mental health attendances at A&E spending over 12 hours in A&E. Recent months data shows a slight 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.



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Source: [DELPPHI - HWE Mid Term Plan Dashboard](#)



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.
- Emergency admissions for preventable ACSC conditions have decreased compared to the previous period, although the associated costs have increased.
- Suicide mortality figures have been suppressed due to small numbers.

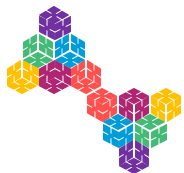
		Current Period	Previous Period	Difference	% Difference
Measure Cat	Measure				
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	83.1 33 / 44,160	100.4 37 / 43,840	-17.3	-17.3%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,286k £1,268k / 44,160	£3,141k £1,222k / 43,840	£145,132	4.6%
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](#)



Depression and SMI: QOF indicators

- Mental Health QOF metrics for 2024-25 show that Harlow South PCN has a higher percentage of achievement for QOF for most SMI indicators when compared with ICB and WE.
- However, Harlow South PCN has a lower percentage of achievement levels for the QOF depression reviews compared with 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.

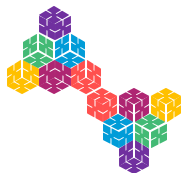
	Depression		Mental Health							
	Review		Review							
	DEP004 CURRENT: Reviewed 10-56d after diagnosis if >18y (2024- 25)	DEP004 PROTECTED: Reviewed 10-56d after diagnosis if >18y (2023- 24)	MH002: Care plan done in last 12m	MH003: BP done in last 12m	MH006: BMI done in last 12m	MH007: Alcohol consumptio n done in last 12m	MH011: Lipid profile in last 24m or 12m if antipsychoti cs/CVD/smo ker/overwei ght	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 that Harlow South PCN has a lower percentage for some 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](#).

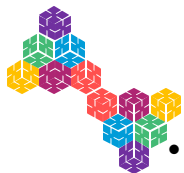
	Severe Mental Illness							
	Extra			Local		Review		
	7. Nutrition/diet + level of physical activity done or exception in L12M	8. Use of illicit substance/non prescribed done or exception in L12M	9. Medication reconciliation/review	1. Waist circumference done or exception in L12M	Oral health recorded 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%
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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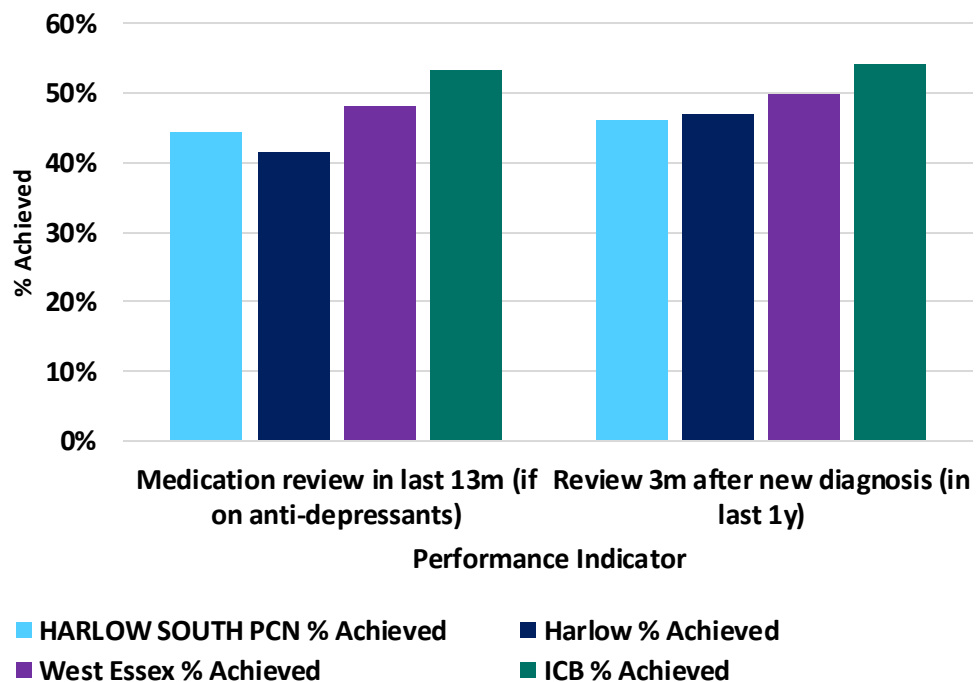
Source: [Ardens Manager](#)



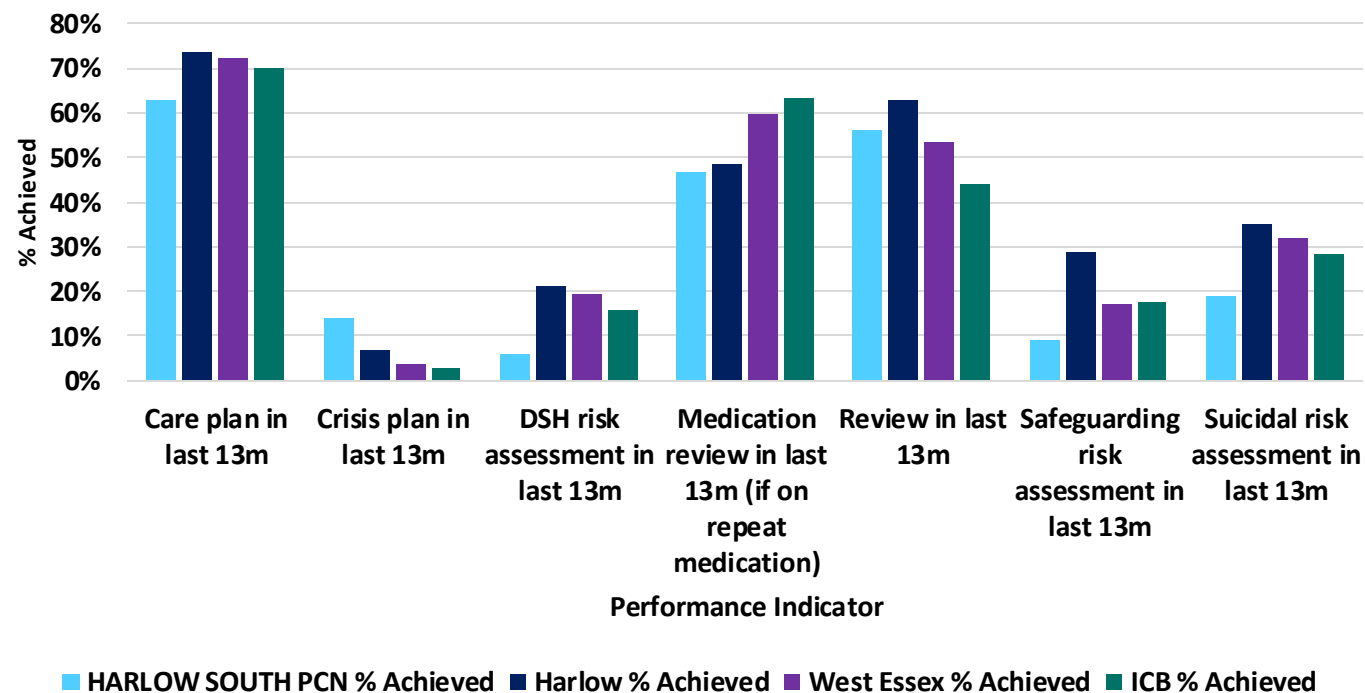
SMI and Depression: Key process indicators

- In the past year, Harlow South PCN recorded lower rates of depression reviews conducted three months after diagnosis and medication reviews in the last 13 months, compared to WE and the ICB.
- Harlow South PCN is achieving lower achievement in comparison to WE and the ICB for many SMI indicators. All other reviews can be found in [Ardens Manager](#).

Condition Key Process Indicators for Depression, Achieved Percentages



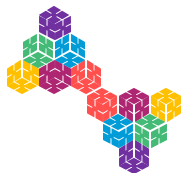
Condition Key Process Indicators for Severe Mental Illness, Achieved Percentages



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Source: [Ardens Manager](#)



Learning Disability: ECF indicators

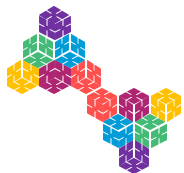
- The data shows that Harlow South PCN has a higher percentage for all learning disability ECF indicators when compared against WE and the ICB.
- The data in the table below covers the period from April 2024 to March 2025. The most current information is available at [Ardens Manager](#).

	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%



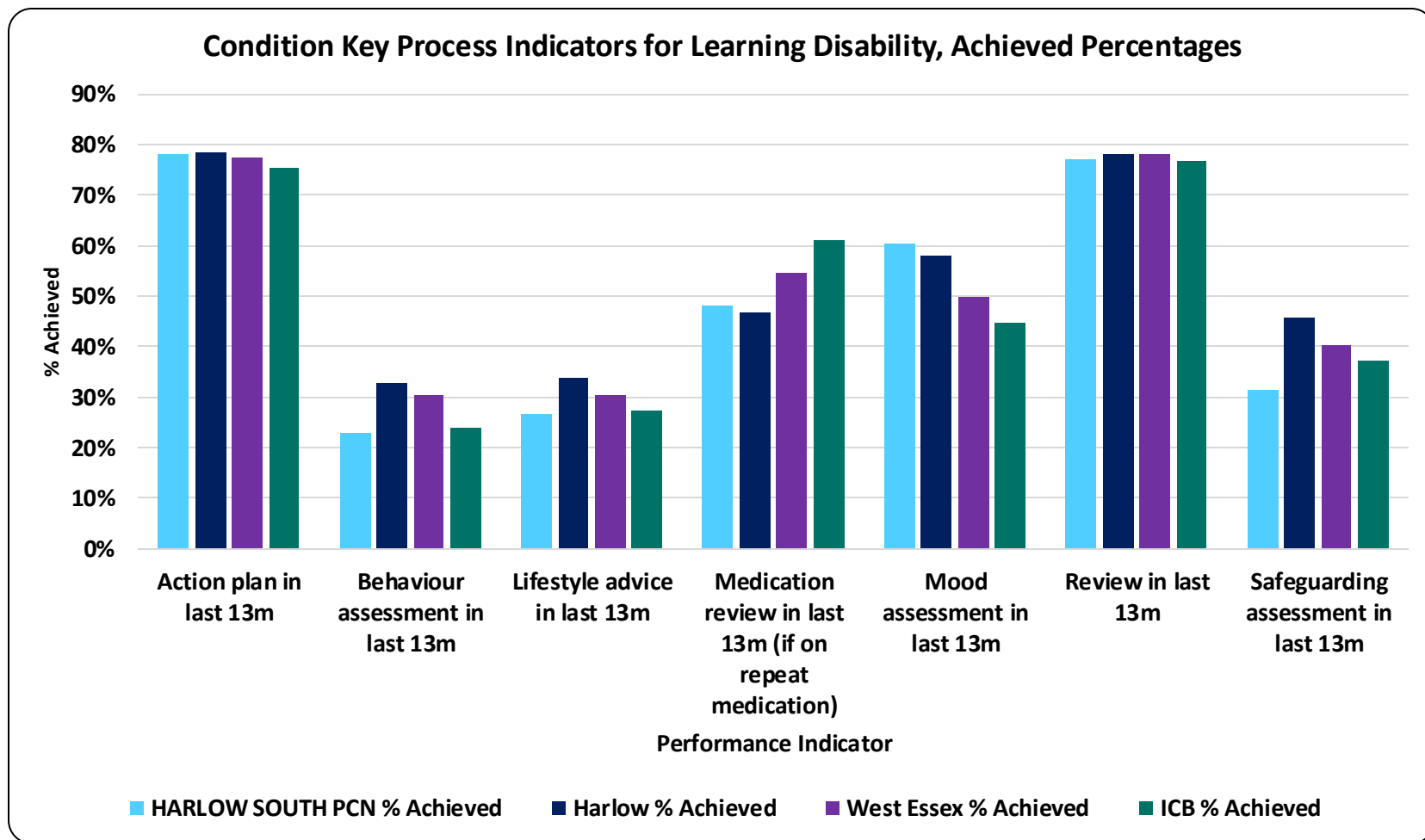
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Learning Disability: Key process indicators

- Harlow South PCN has varying achievement against indicator when compared with both 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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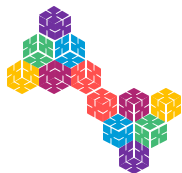


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Cancer and Planned Care Management and outcomes

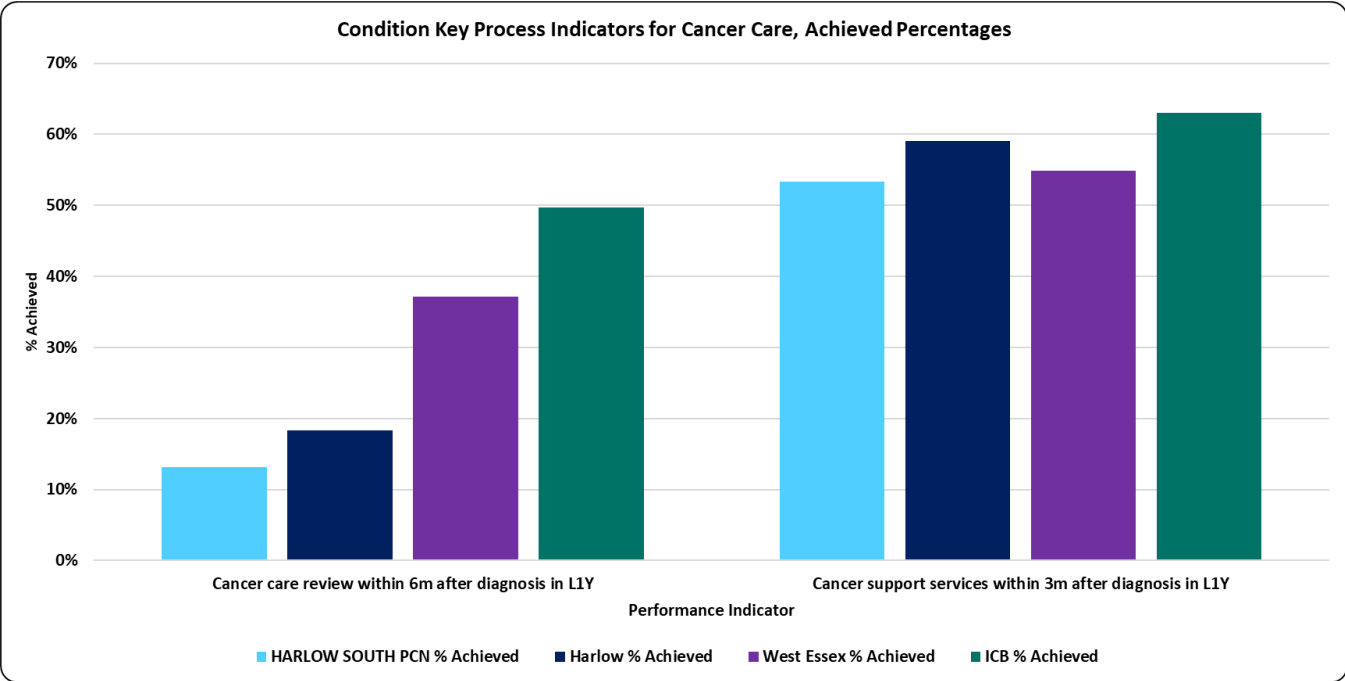
Working together
for a healthier future





Cancer: QOF and Key processes indicators

- The data shows the PCN has a similar proportion of people offered cancer support services within 3 months after diagnosis compared with WE and the ICB.
- A lower proportion of people living with cancer in Harlow South have received a review within 6 months of diagnosis.
- The latest position for this table below, can be found at [Ardens Manager](#).



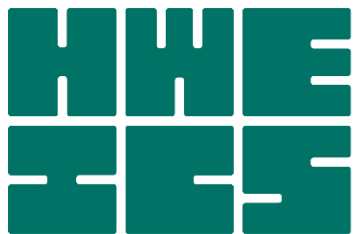
	Cancer			
	Review			
	CAN004 CURRENT: Cancer care review within 12m of diagnosis (2024- 25)	CAN004 PROTECTED: Cancer care review within 12m of diagnosis (2023- 24)	CAN005 CURRENT: Support information given within 3m of diagnosis (2024-25)	CAN005 PROTECTED: Support information given within 3m of diagnosis (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%



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Source: [Ardens Manager](#)



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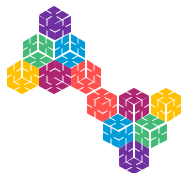


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Frailty and End of Life care Management and outcomes

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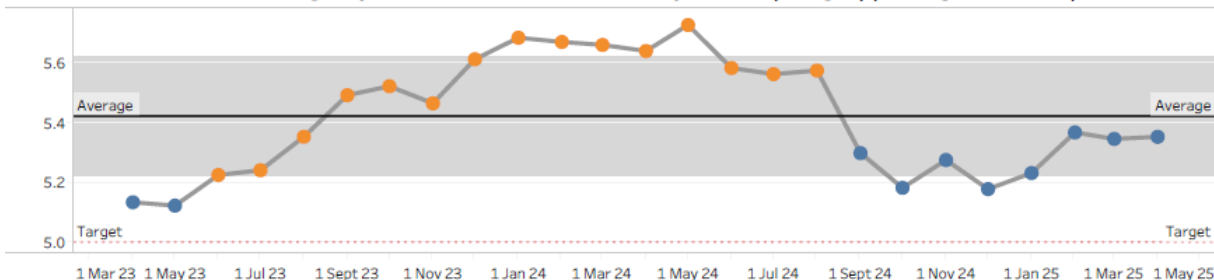


Frailty and EOL: Medium Term Plan Indicators

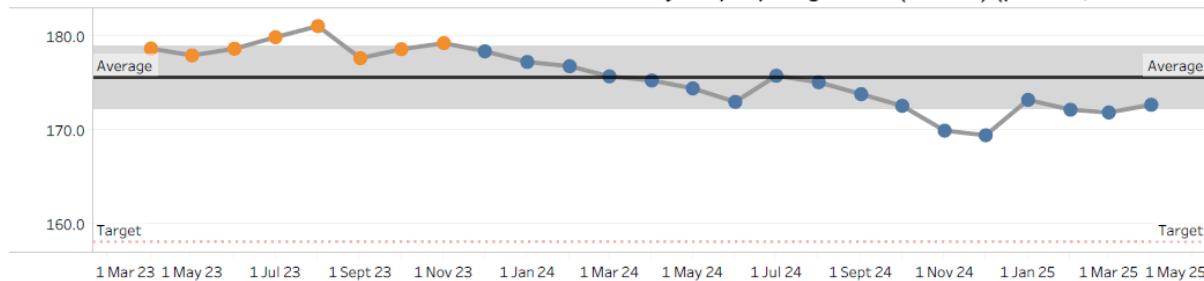
- The trend charts indicates the WE targets and what their current trajectory is for the relevant measure.
- PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from Nov-24 onwards. Measures which reference emergency admissions will show lower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

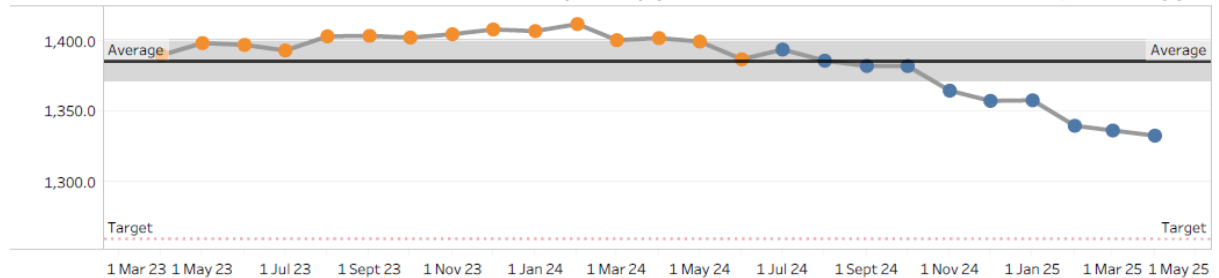
Deaths with 3 or more emergency admissions in the last 90 days of life (all ages)(Rolling 12 months)



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..



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Source: [DELPPHI - HWE Mid Term Plan Dashboard](#)



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 South have fewer people discharged to their usual place of residence following a fall. This is also observed in Harlow North.
- 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 South

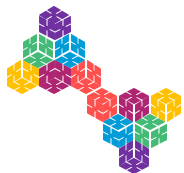
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 65-120	206.0 14 / 6,702	343.4 23 / 6,564	-137.4	-40.0%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£10,936k £756k / 6,702	£10,064k £691k / 6,564	£871,816	8.7%
Programme	Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	332.2 24 / 6,702	659.2 45 / 6,564	-327.1	-49.6%
	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	1,785.5 124 / 6,702	1,795.6 123 / 6,564	-10.1	-0.6%
	Emergency Admissions LoS >0, Falls Within the Community, DSR per 100,000, aged between 65-120	151.3 11 / 6,702	186.0 13 / 6,564	-34.8	-18.7%
	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			
	Emergency Admissions LoS >0, Hip Fractures, DSR per 100,000, aged between 65-120	Suppressed due to small numbers			
Workstream	Percentage of Emergency Admissions LoS >0, Falls Within the Community, Discharge to Usual Place of Residence, aged between 65-120	90.9% 10 / 11	76.9% 10 / 13	14.0%	18.2%
	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	Suppressed due to small numbers			



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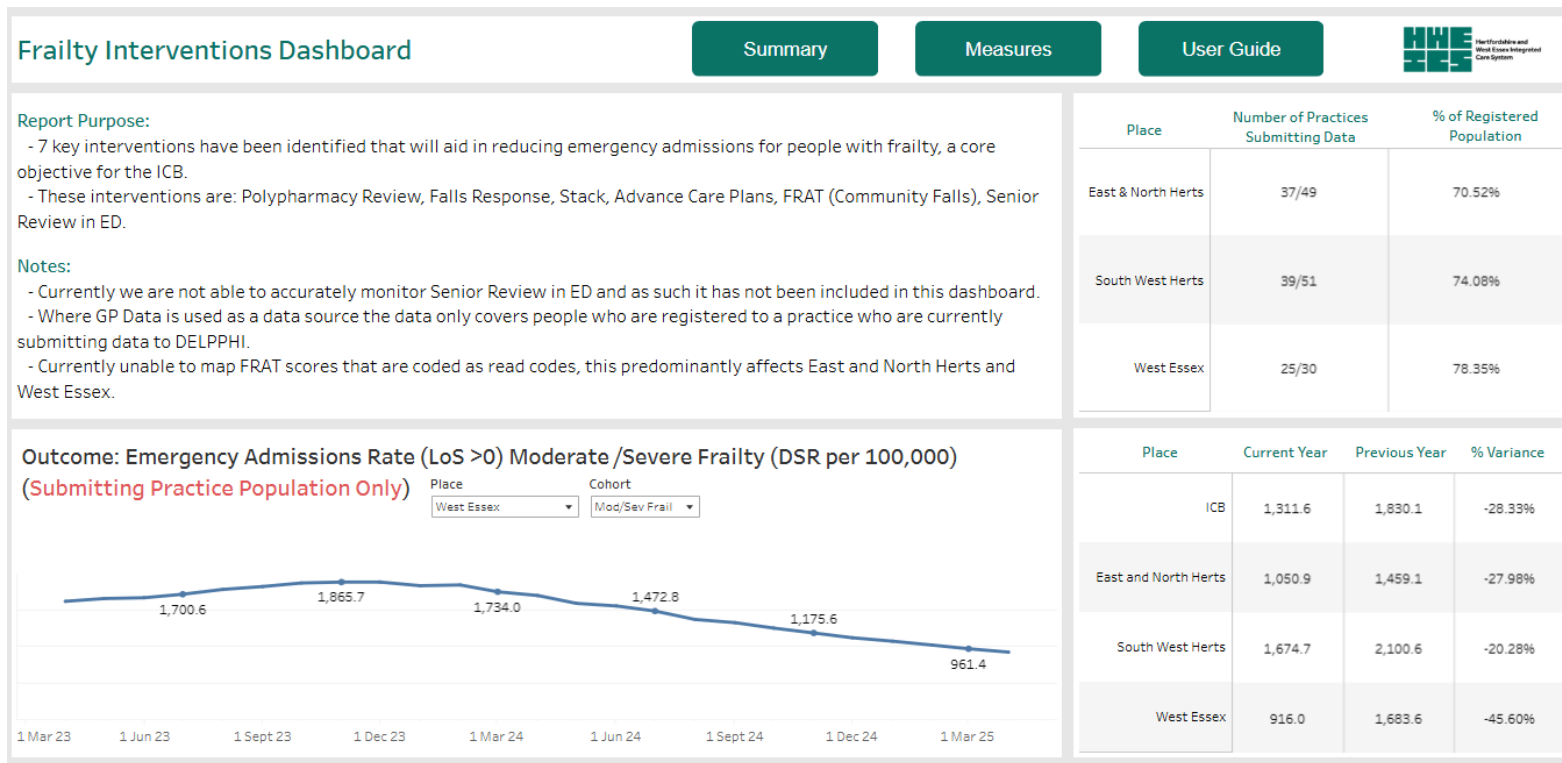


Source: [DELPPHI - HWE Outcomes Dashboard](#)



Frailty and EOL: Indicators from the 7 interventions dashboard

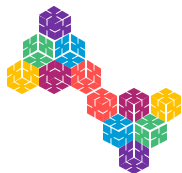
- This dashboard has been designed in DELPPHI to support 7 interventions that have been identified in aiding in the reduction of Emergency admissions for people with frailty.
- The dashboard is currently available by ICB and Place.
- Emergency Admission rate for people identified with moderate/ severe 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](#).



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Source: [DELPPHI - Frailty Intervention Dashboard](#)



Frailty and EOL: ECF indicators

- The data shows that Harlow South has a higher percentage for most indicators for the 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](#).

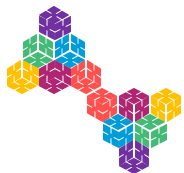
	End of Life								Frailty						
	Review								Review						
	ACP shared	ACP, ReSPECT or EOL care plan done or declined	Anticipatory medicines issued (or exception) (if GSF red/yellow)	GSF prognostic indicator recorded	Preferred place of care recorded	Preferred place of care, death and resus stated recorded	Preferred place of death recorded	Resus status recorded (or currently DNACPR)	Carer status recorded (if moderate/se vere frailty)	Depression screening done (if moderate/se vere frailty)	Frailty status recorded (if moderate/se vere frailty)	Loneliness assessment done (if moderate/se vere 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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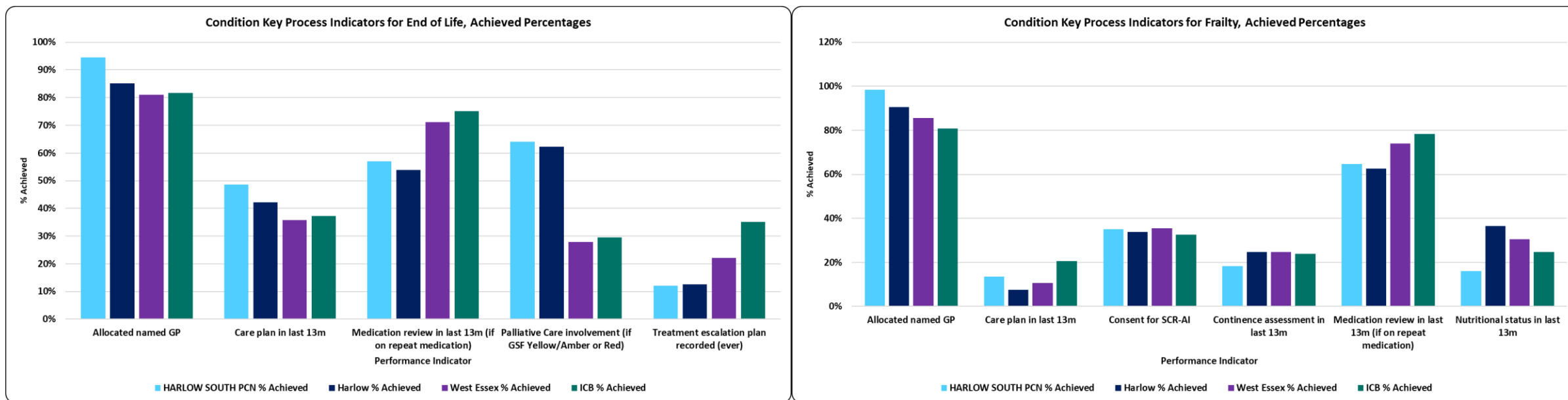


Source: [Ardens Manager](#)



Frailty and EOL: Key processes indicators

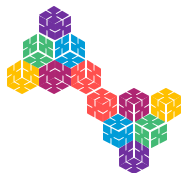
- End of Life indicators data showing opportunity when comparing Harlow South with WE and the ICB are medication reviews and treatment escalation plans. For frailty and indicator of opportunity is nutritional status recorded.
- Ardens searches are available to practices to identify those people on frailty and EOL register and what processes have and still need to be completed.



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Source: [Ardens Manager](#)



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.

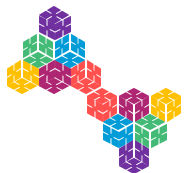
		Current Period	Previous Period	Difference	% Difference
Measure Cat	Measure				
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	83.1 33 / 44,160	100.4 37 / 43,840	-17.3	-17.3%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,286k £1,268k / 44,160	£3,141k £1,222k / 43,840	£145,132	4.6%
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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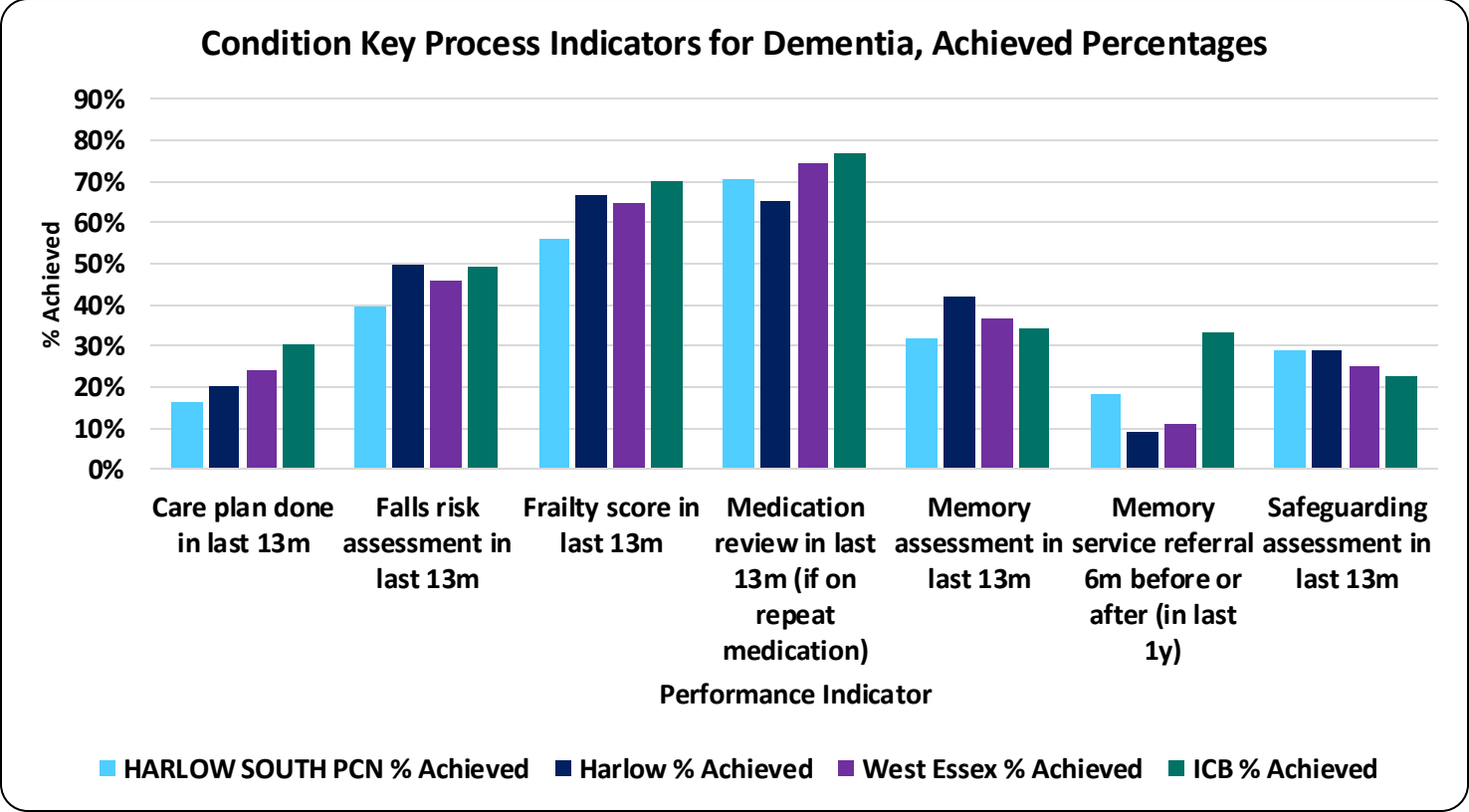
Source: [DELPPHI - HWE Outcomes Dashboard](#)



Dementia: QOF and key process indicators

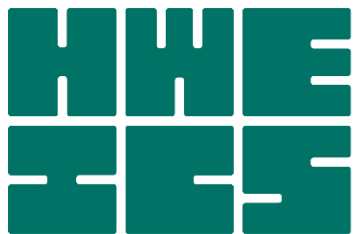
- Dementia QOF metrics for 2024-25 show that Harlow South PCN has a lower percentage of achievement levels for Care plans reviewed in the last 12 months when compared with ICB and WE.
- Within this there is variation between the PCNs. The individual practices can be viewed within the QOF data.Arden's 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%
Harlow Locality	80.3%
HARLOW NORTH PCN	81.9%
HARLOW SOUTH PCN	78.3%



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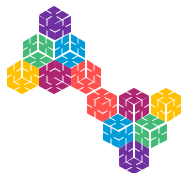


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Other key outcomes

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for a healthier future



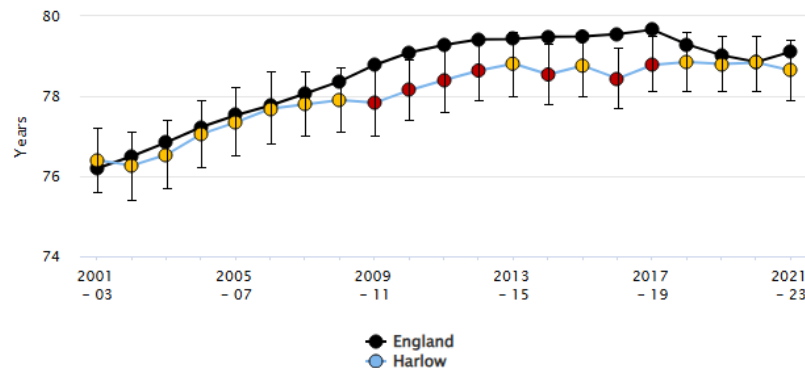


Life Expectancy and Inequality in Life Expectancy at Birth

- Harlow's life expectancy for both male and female has remained consistently below EoE and England.
- Inequality of life expectancy for male is the 2nd 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.

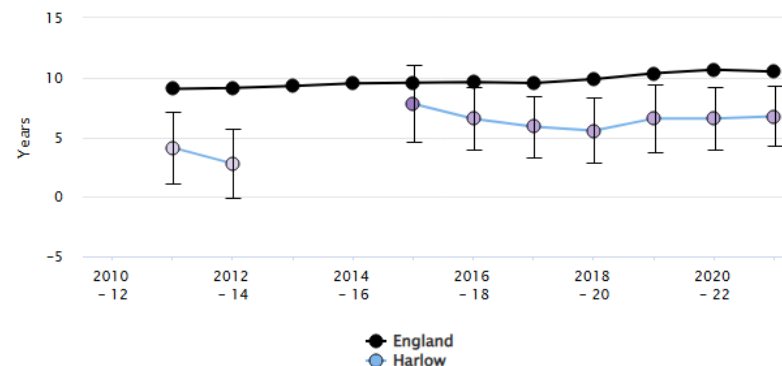
● Better 95% ● Similar ● Worse 95%

Life expectancy at birth (Male, 3 year range)

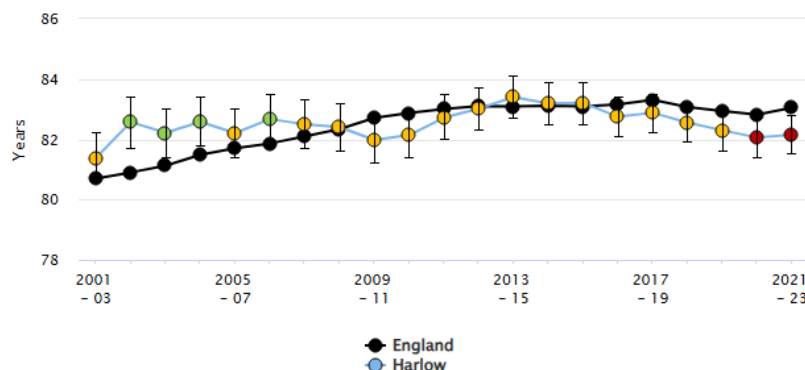


Quintiles: Best Worst

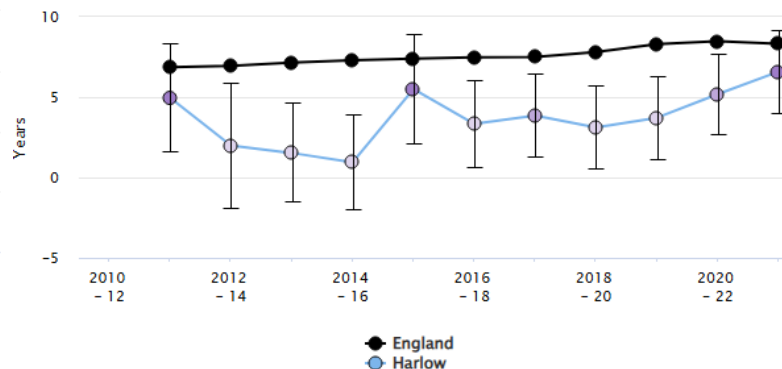
Inequality in life expectancy at birth (Male)



Life expectancy at birth (Female, 3 year range)



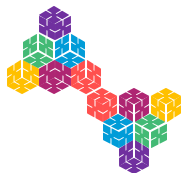
Inequality in life expectancy at birth (Female)



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Source: [Fingertips | Department of Health and Social Care](#)



Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

- For ACSC condition emergency admissions, the rate has not reached pre-Covid levels and has been decreasing.
- Although these rates have fluctuated over the past two years, the overall trend is downward.
- 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.

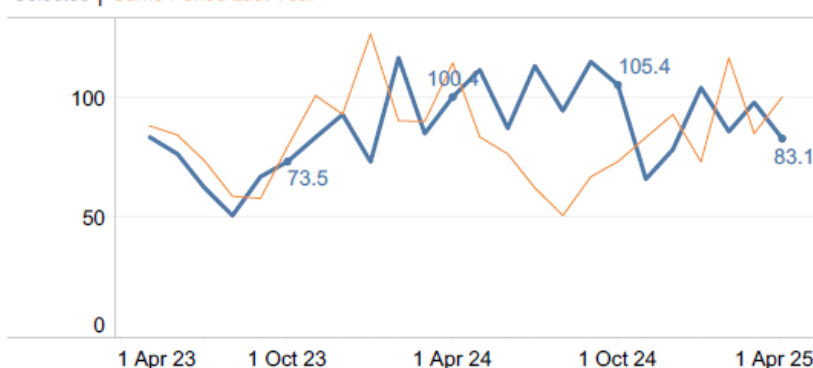
Harlow South

		Current Period	Previous Period	Difference	% Difference
Measure Cat	Measure				
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	83.1 33 / 44,160	100.4 37 / 43,840	-17.3	-17.3%

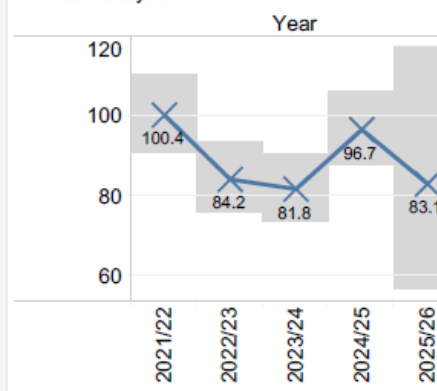
Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120

Monthly Analysis

Selected | Same Period Last Year



Annual Analysis



Place Summary

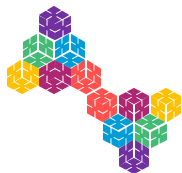
YTD | Same Period Last Year | 95% Confidence Interval



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



Total cost of Emergency hospital care for Harlow South

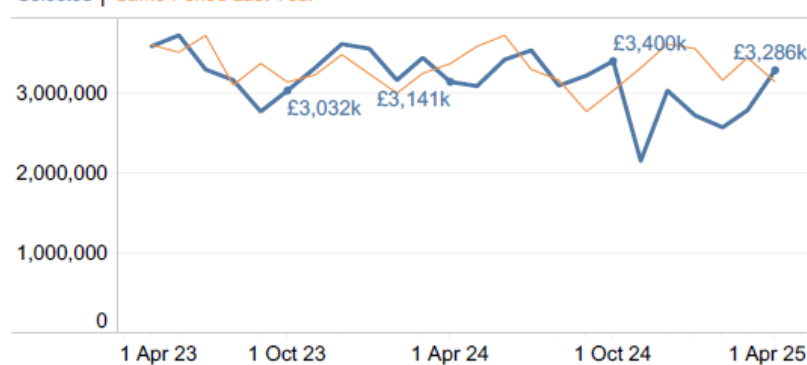
- There has been and increase in acute spend for emergency hospital care for Harlow South.
- Please use the following [link](#) for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT.
- PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency 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	£3,286k £1,268k / 44,160	£3,141k £1,222k / 43,840	£145,132	4.6%

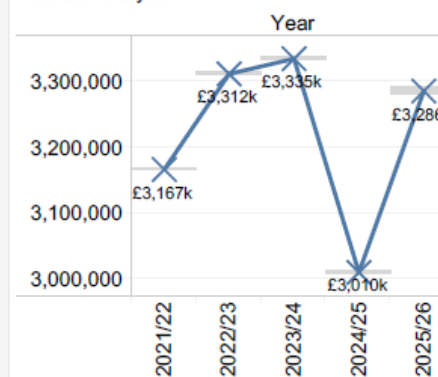
Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120

Monthly Analysis

Selected | Same Period Last Year

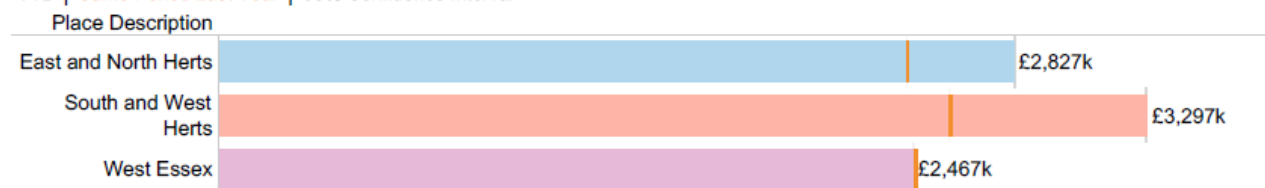


Annual Analysis



Place Summary

YTD | Same Period Last Year | 95% Confidence Interval



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



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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.

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

PCN	Practice Name	Flowing data
Harlow South	The Hamilton Practice	✓
	The Ross Practice	✓
	Lister Medical Centre	✗

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)



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