Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care Board

Hertfordshire and West Essex Neighbourhood Pack

Lower Lea Valley

2025-2026
PHM Team

Working together
for a healthier future

Key messages

The Lower Lea Valley population profile is similar to East & North Hertfordshire and the ICB. However, a higher proportion of the population live in the most deprived quintiles compared to the place and ICB.

The population of Lower Lea Valley 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, in particular there are areas of higher deprivation that are associated with poorer outcomes. People in these areas are more likely to live with long term conditions, require emergency care and have shorter life expectancy. Waltham Cross Town have the lowest disease-free life expectancy within Broxbourne, where men on average can expect to live for 62.6 years and women 65.2 years, disease free Overview of the Population

Income deprivation affecting children index (IDACI) 2019, shows ENH at 12.4% and England at 17.1%. The Fingertips localities within ENH, are Broxbourne (15,5%), East Hertfordshire (7.5%), Stevenage (17.3%), North Hertfordshire (10.6%) and Welwyn & Hatfield (13.3%). Areas with high level of IDACI in Broxbourne are Waltham Cross, Churchgate and Turnford.

Lower Lea Valley data shows a lower prevalence of behavioural risk factors, including alcohol abuse, obesity, insufficient physical activity and smoking compared to ENH, however this can be impacted by coding.

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Demographics, wider determinants and prevention

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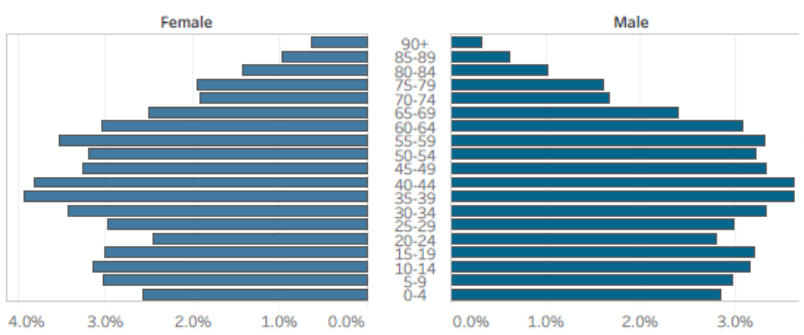
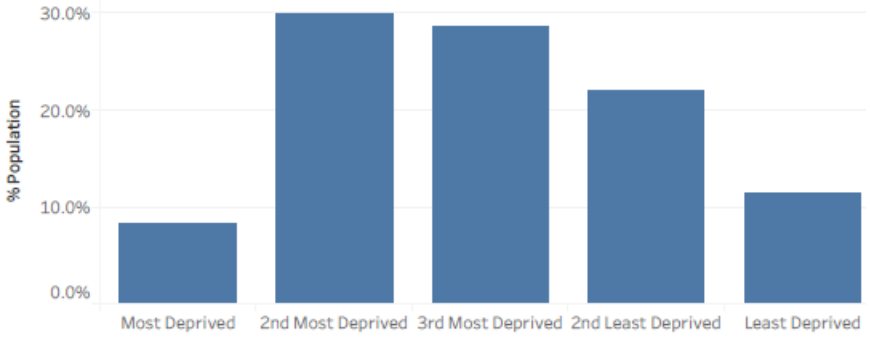
Population profile

- The Lower Lea Valley population profile is similar to the ENH Place profile.
- A higher proportion of the population live in the most 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.

Lower Lea Valley

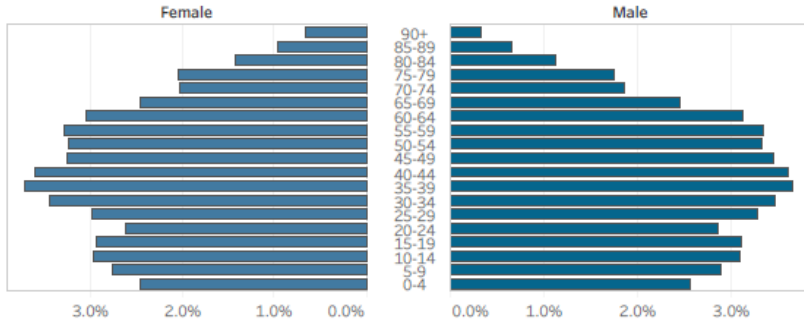
Total Population	Proportion of Population Aged 0-18	Proportion of Population Aged 65+	Proportion of Population Most Deprived Quintile	Proportion of BAME Population
80,628	22.9% (18,442)	16.9% (13,649)	8.4% (6,807)	8.3% (6,690)

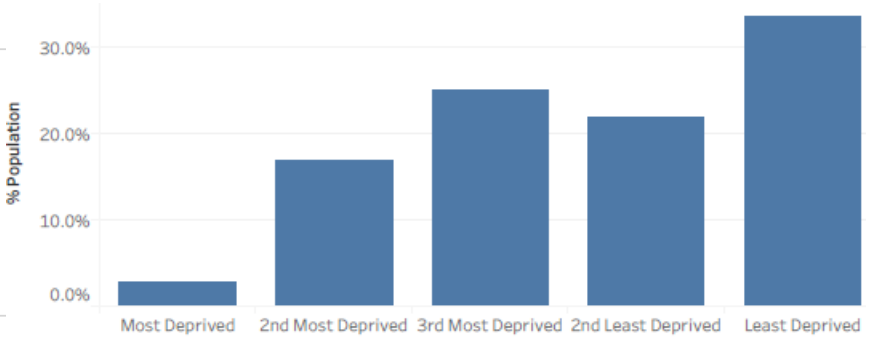




ENH

Total Population	Proportion of Population Aged 0-18	Proportion of Population Aged 65+	Proportion of Population Most Deprived Quintile	Proportion of BAME Population
621,278	21.7% (134,994)	17.7% (109,975)	2.8% (17,195)	11.2% (69,737)





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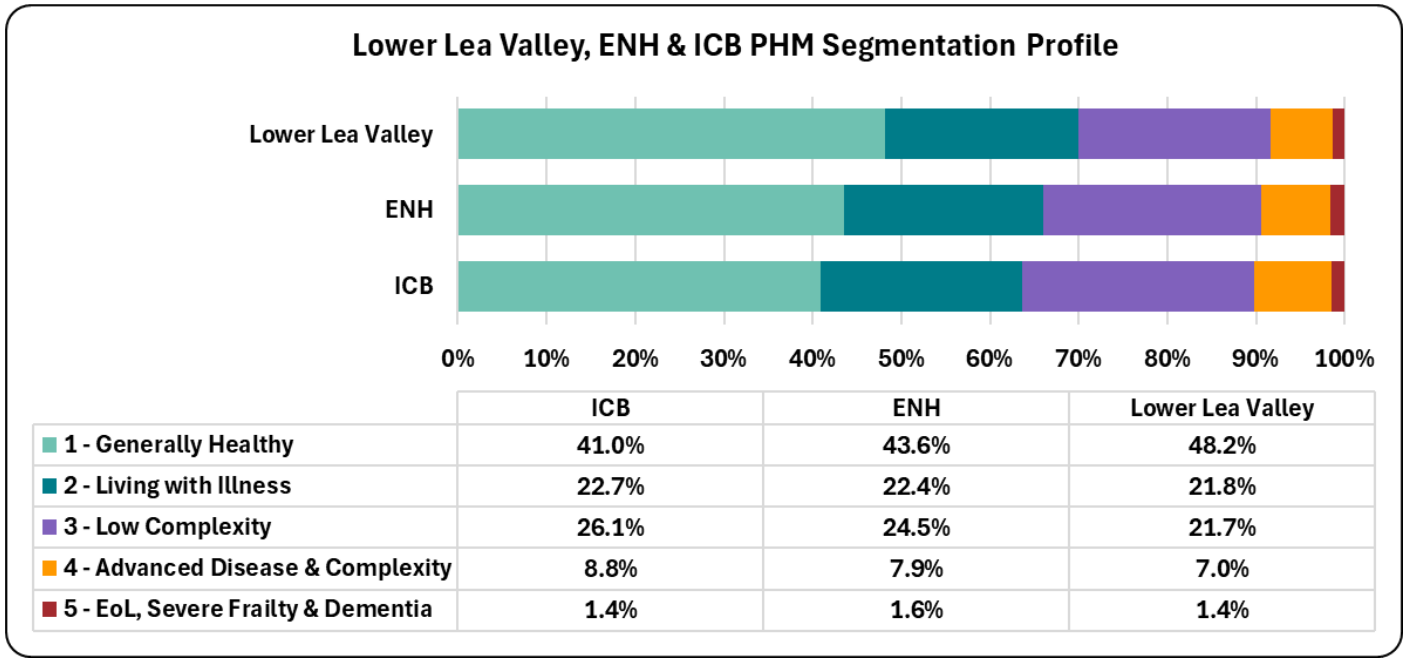
Source: DELPPHI - Population Profile

Segmentation profile Provisional Data

- The illustrations on the right shows the segmentation model for Lower Lea Valley Locality, ENH and ICB. This is a snapshot from July 2025.
- Lower Lea Valley's has a higher number of the population in the 'Generally Healthy' segment. Factors that can influence this is lower/ higher 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.
- This data should be viewed with caution as only 28% of the locality's GP data was flowing when this segmentation profile was produced. This will be updated when further data flows.
- Further detail on the segmentation model can be found in the glossary



	ICB	ENH	Lower Lea Valley
1 - Generally Healthy	41.0%	43.6%	48.2%
2 - Living with Illness	22.7%	22.4%	21.8%
3 - Low Complexity	26.1%	24.5%	21.7%
4 - Advanced Disease & Complexity	8.8%	7.9%	7.0%
5 - EoL, Severe Frailty & Dementia	1.4%	1.6%	1.4%

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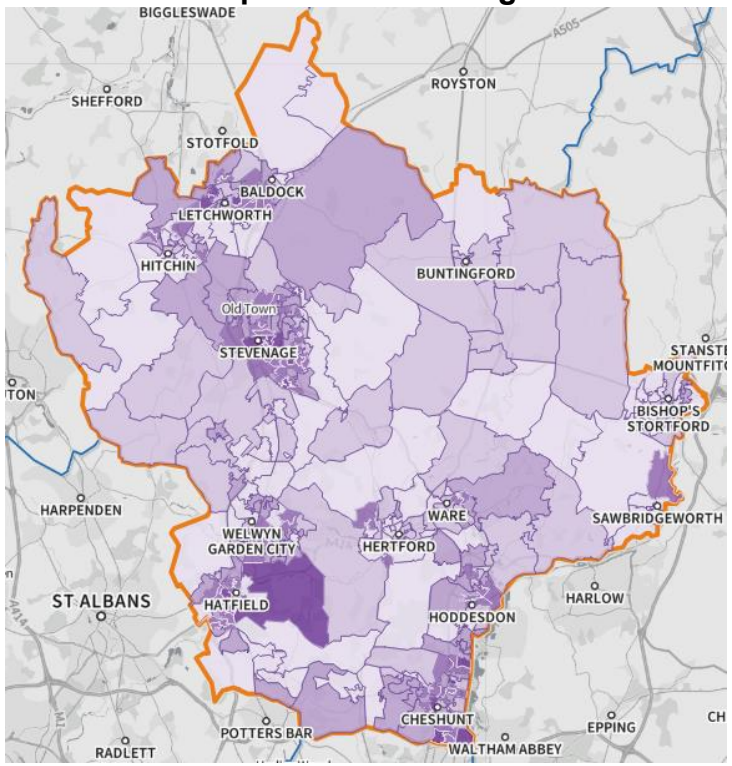
Source: DELPPHI: HWE Segmentation model

Children and older people living in poverty

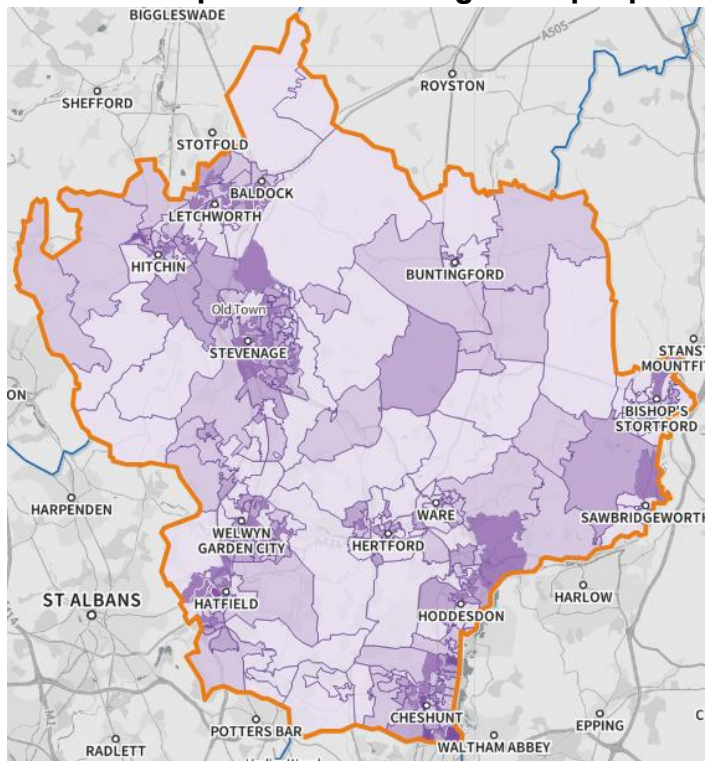
- Income Deprivation Affecting Children Index (IDACI) and Older people index (IDAOPI) measures the proportion of all children aged 0 to 15 and adults aged 60 or over, respectively who experience living in income deprived families or income deprivation.
- The IDACI and IDAOPI are illustrated on the maps.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

Income Deprivation affecting children



Income deprivation affecting children index (IDACI) 2019, shows ENH at 12.4% and England at 17.1%. The Fingertips localities within ENH, are Broxbourne (15.5%), East Hertfordshire (7.5%), Stevenage (17.3%), North Hertfordshire (10.6%) and Welwyn & Hatfield (13.3%). There are areas within these that have substantial deprivation, and can be identified using SHAPE.

Income deprivation affecting older people



Income deprivation affecting older people index (IDAOPI) 2019, shows ENH at 10.4% and England at 14.2%. The Fingertips localities within ENH, are Broxbourne (12.3%), East Hertfordshire (8%), Stevenage (13.5%), North Hertfordshire (9.2%) and Welwyn & Hatfield (10.3%).

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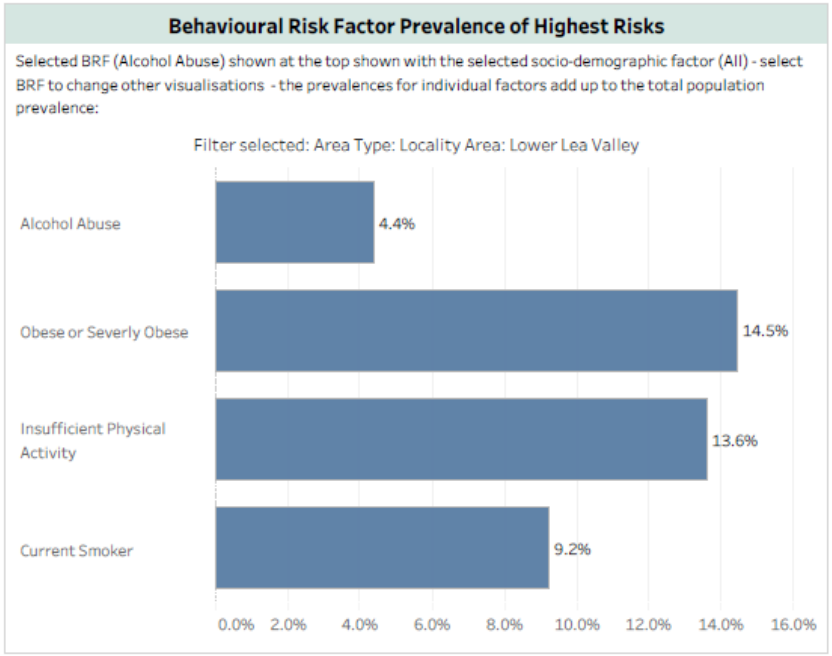
Source: Fingertips | Department of Health and Social Care and SHAPE

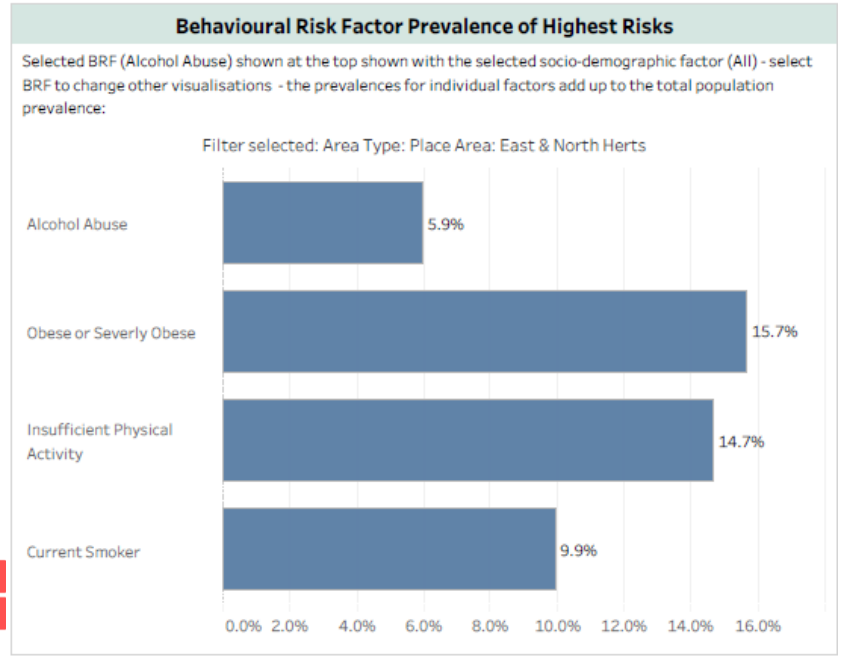
Behavioural risk factors

- Lower Lea Valley data shows a lower proportion of alcohol abuse, obesity, insufficient physical activity and smoking compared to ENH.
- These lower behavioural risk factors proportions are likely contributing to a higher proportion of the population being classified as ‘generally healthy’ in the segmentation model compared to ENH, as these behaviours could lead to adverse health outcomes. However, the reporting is dependent on the coding of these behaviours.
- Please use the following link for DELPPHI to review HWE, Place, 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.

Lower Lea Valley



ENH



Source: DELPPHI - Population Profile

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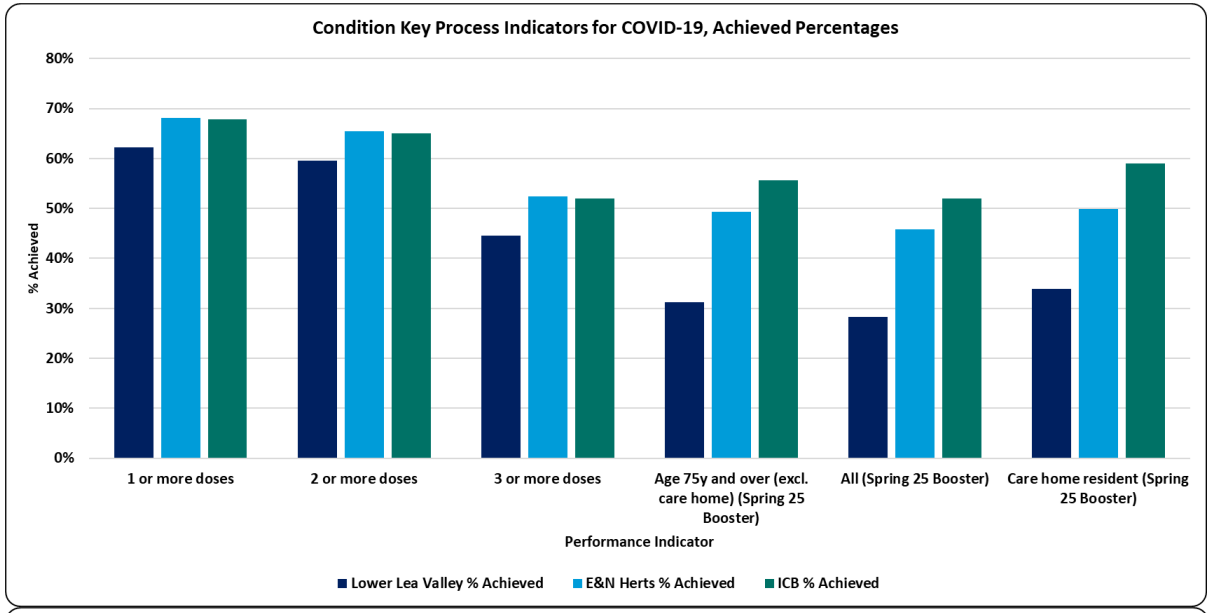
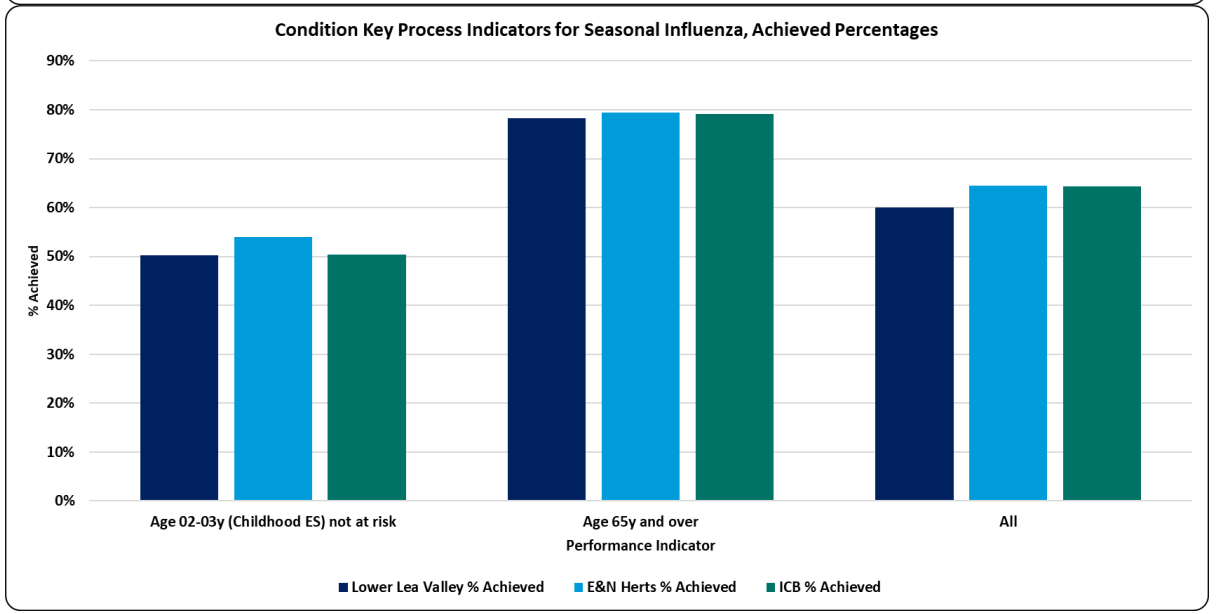
Immunisation

- Lower Lea Valley's percentage of people immunised against Covid-19 is below both ENH place and the ICB.
- Seasonal influenza percentage achieved for all areas is similar to ENH and the ICB.





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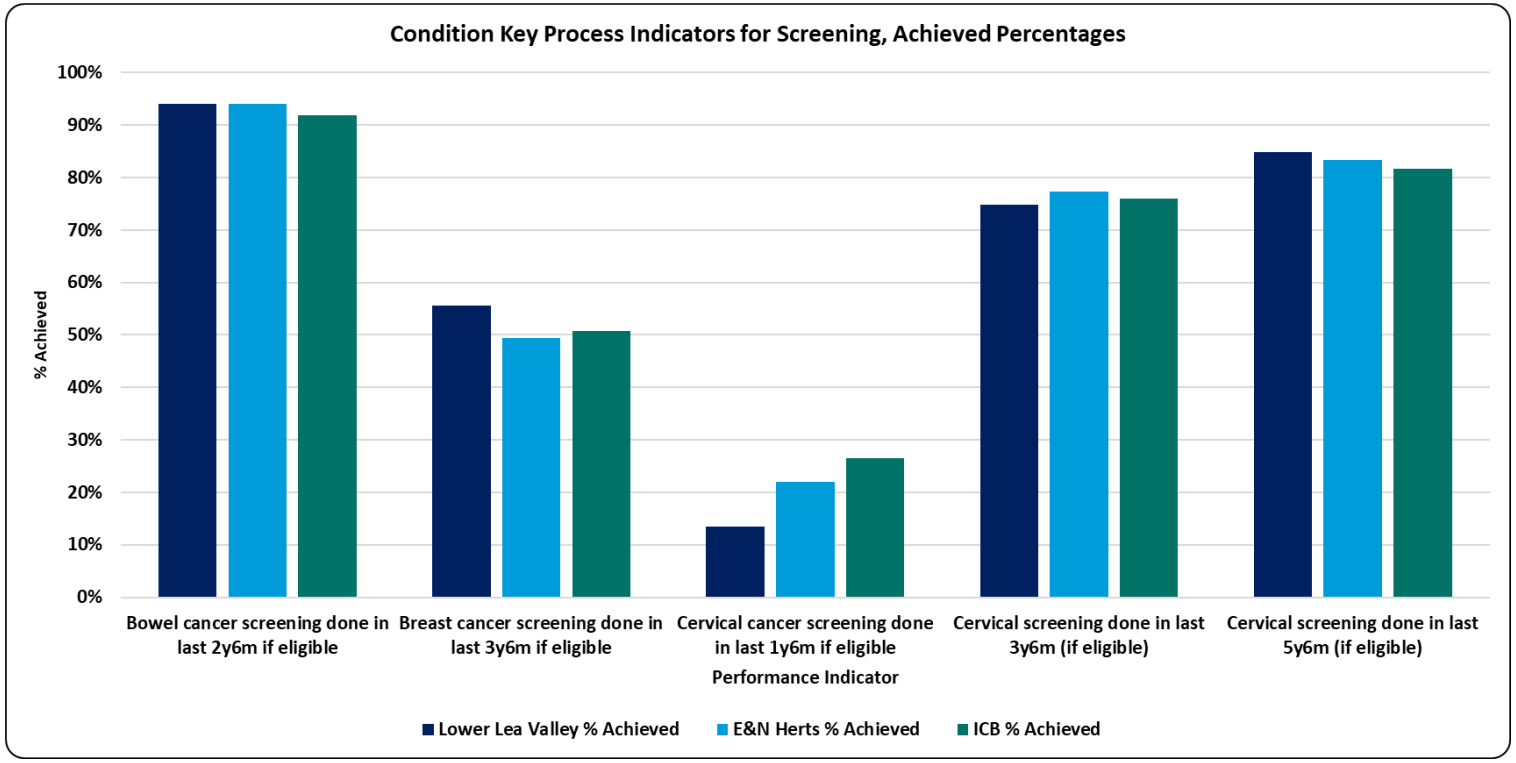
Source: Ardens Manager

Screening

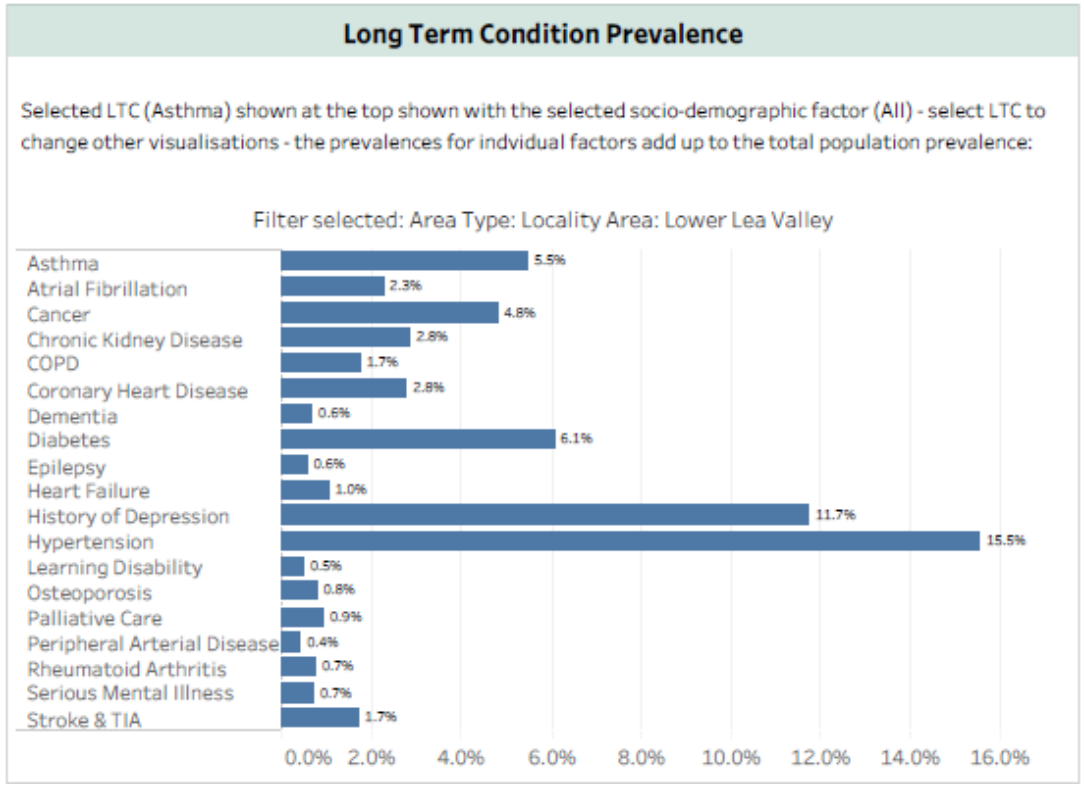
- Better outcomes are achieved through earlier diagnosis of cancer. The national target is for 75% of cancer diagnosis to be at early stage (stage 1 or 2). Uptake of cancer screening programmes are a core enabler for early detection of cancer.
- The chart on the right shows the percentage of people screened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



Source: Ardens Manager

Prevalence of Disease Registers

Lower Lea Valley



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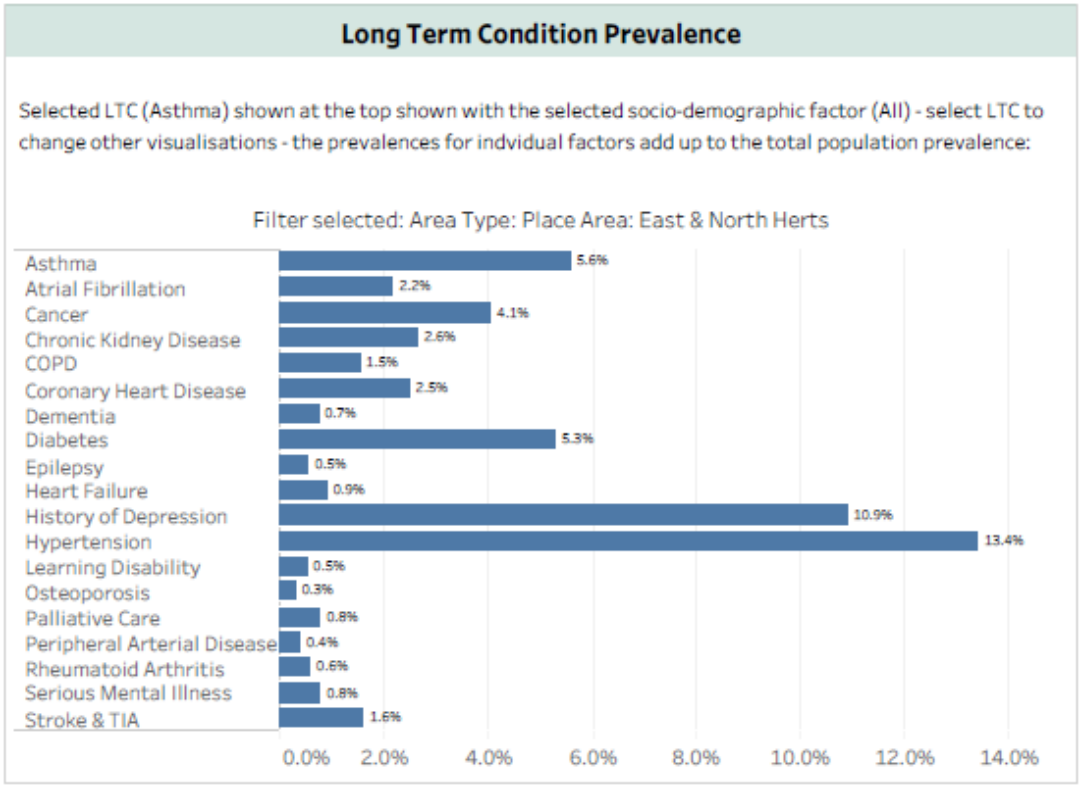


- The above charts show that Lower Lea Valley has higher recorded prevalence across many LTC compared to ENH. Please note these charts will not reconcile to QOF as a wider set of codes looking at all settings data is used.

- 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.

Source: DELPPHI - Population Profile

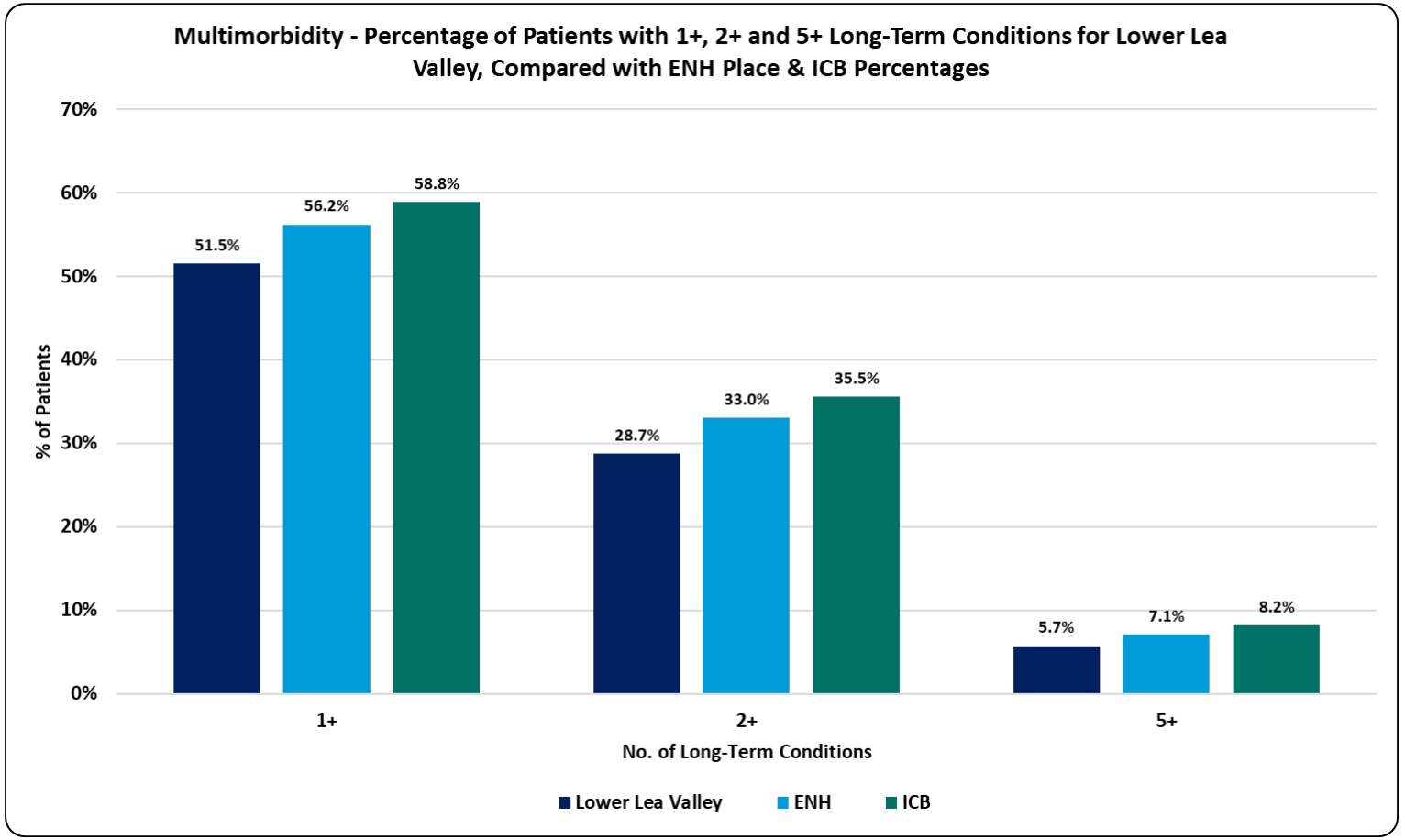
Prevalence of Multimorbidity

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 Lower Lea Valley Locality, the prevalence for those with 2 or more LTCs is lower than Place and the ICB.
- For those Patients with 5+ LTCs, Lower Lea Valley is lower than the ENH the ICB.



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Source: : DELPPHI: HWE Segmentation model

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Children & Young People

Management and outcomes

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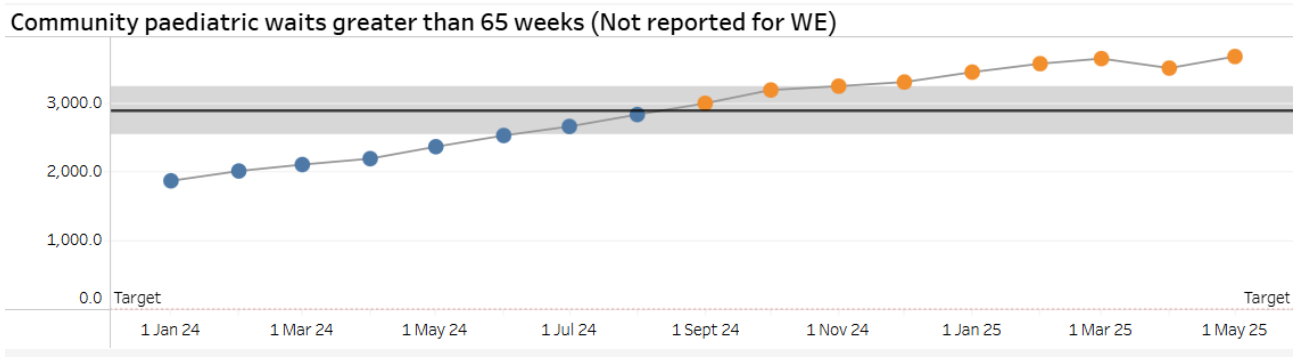
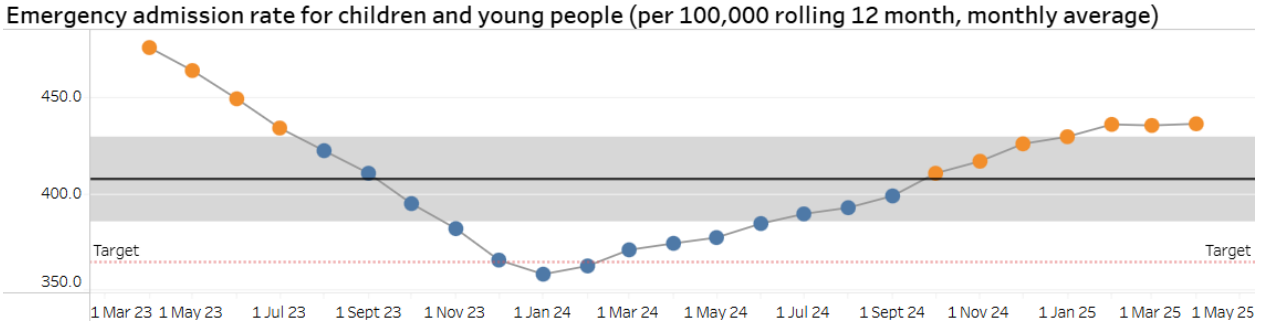
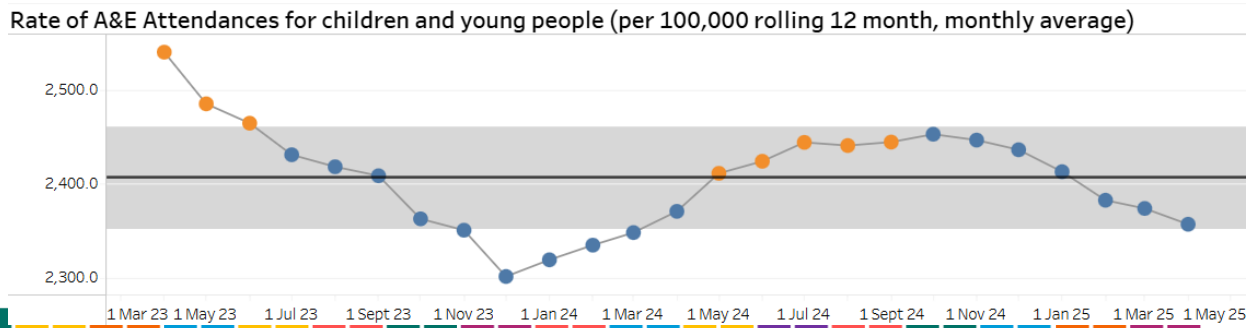
Children's Care: Medium Term Plan Indicators

- 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
    - Emergency admission rates
    - A&E attendance rates
- Recent data shows a slightly increasing trend in emergency admissions, whilst the A&E attendances trend is slightly decreasing.
- 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.

ENH







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Source: DELPPHI - HWE Mid Term Plan Dashboard

Children and Young People: Programme outcomes

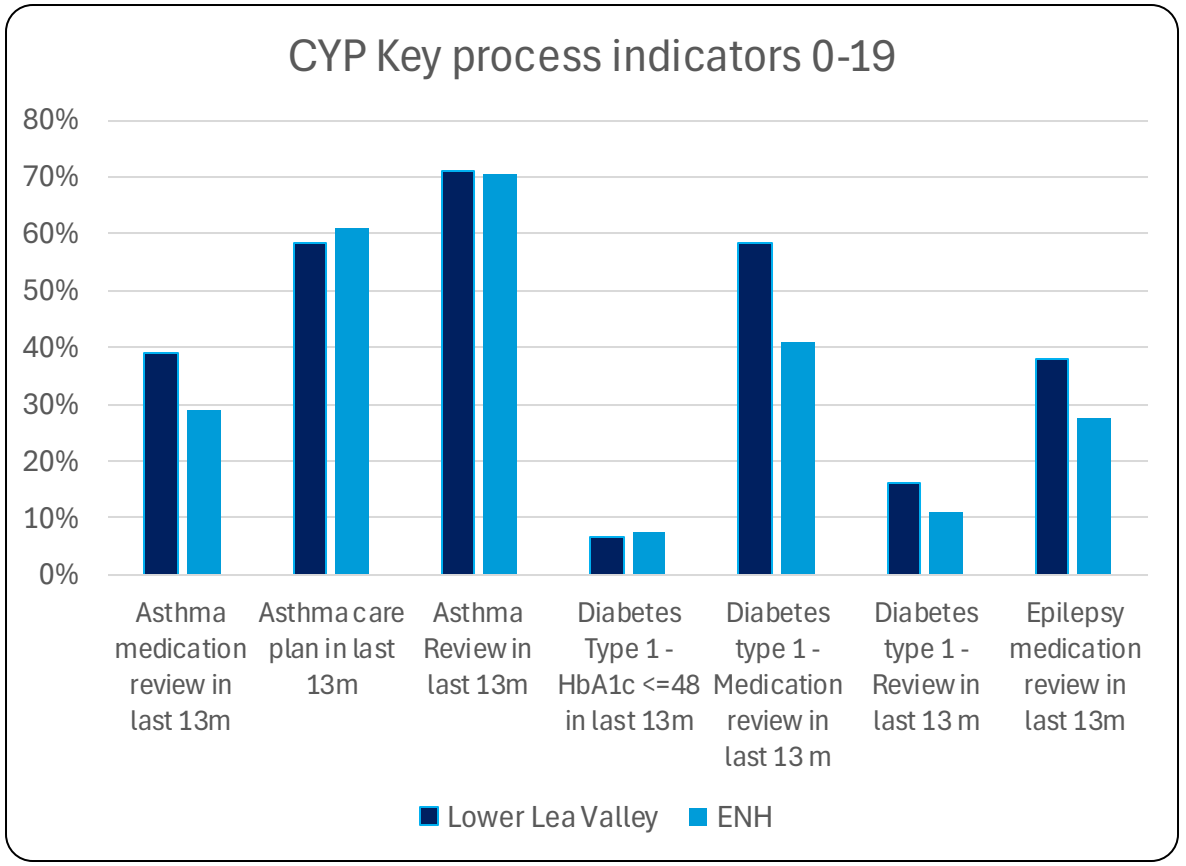
- HWE programme outcomes shows the end point health outcomes that we aim to improve for our population through delivering best practice and evidenced interventions.
- The table on the right shows CYP outcomes for Lower Lea Valley Locality from the Outcomes Framework
- Rates of emergency admissions for children remain similar to previous years.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			
	Total Cost of Emergency Hospital Care, Crude Rate per 100,000, aged between 0-18	£1,030k £192k / 18,703	£1,220k £226k / 18,578	-£189,968	-15.6%
Programme	Mortality, Crude Rate per 100,000, aged between 1-17	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 10-24				
	Emergency Admissions LoS >0, Crude Rate per 100,000, aged between 0-17	231.7 41 / 17,698	232.7 41 / 17,619	-1.0	-0.4%
Workstream	Emergency Admissions, DSR per 100,000, aged between 0-4	756.7 33 / 4,361	731.1 32 / 4,377	25.6	3.5%
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			

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 June 24, 2025.
- The graph compares these indicators between Lower Lea Valley and ENH for children and young people aged 0-19.
- Medication revies recorded across the long term conditions are higher in Lower Lea Valley than in ENH during this period.



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Source: Ardens Manager

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Hypertension, Cardiovascular Disease and Long-Term Conditions

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Hypertension: Medium Term Plan Indicators

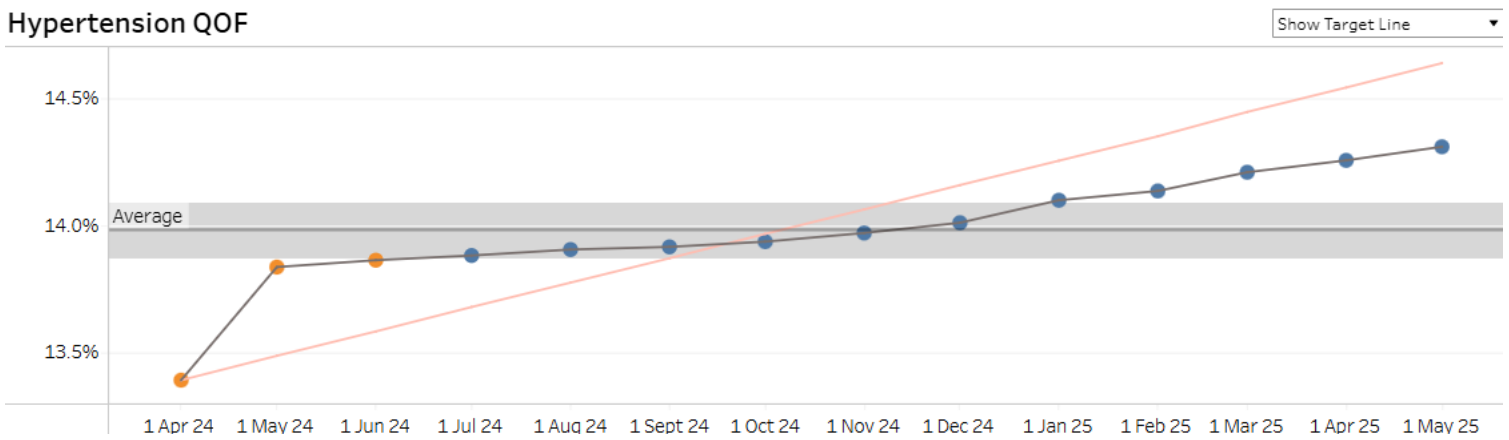
Medium Term Plan indicators on DELPPHI highlight key priorities related to Hypertension diagnosis and management within the ICB. Information are currently reported at HCP/Place level.

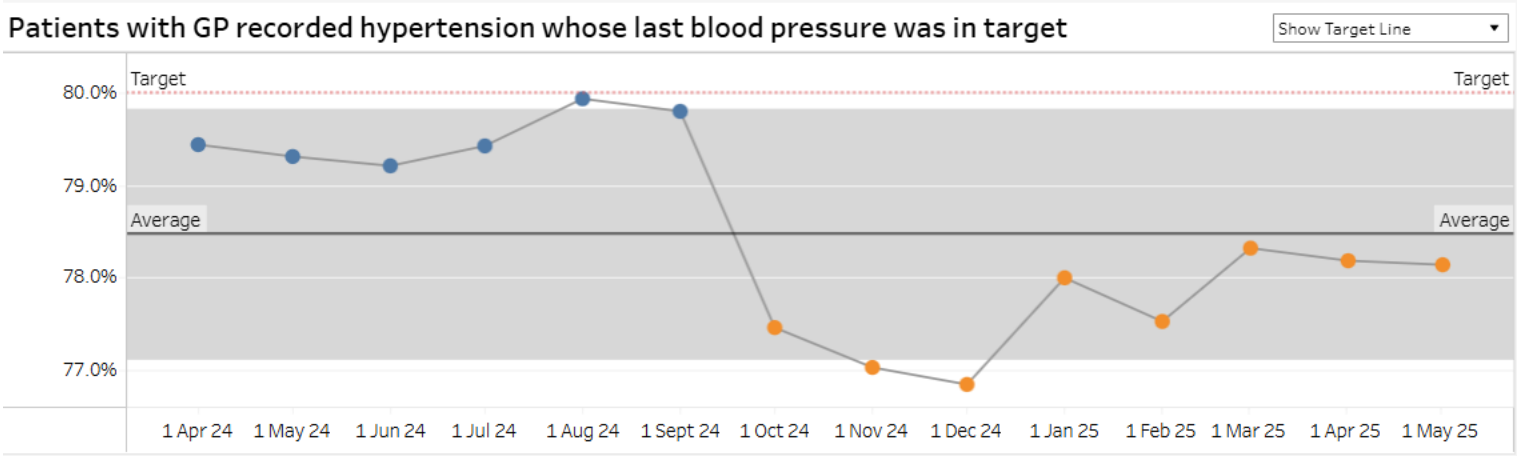
For Hypertension Medium Term Plan indicators, for the Place we can see:

- ENH 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 the latest data shows an increasing trend since December with the ENH recorded value comparable to the ICB rate.

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

ENH





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Source: DELPPHI - HWE Mid Term Plan Dashboard

Hypertension: QOF Indicators

- Reviewing the percentage achieved for the locality from the 2024/25 QOF, we can see that:
    - Lower Lea Valley locality is showing below the place value for blood pressure recordings in the last 12 months for those aged 80 years and over and similar for those under 80.
    - 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%
E&N Herts Place	75.6%	83.7%
Lower Lea Valley Locality	76.7%	82.8%
BROXBOURNE ALLIANCE PCN	80.1%	81.5%
LEA VALLEY HEALTH PCN	72.2%	85.0%

Source: Ardens Manager

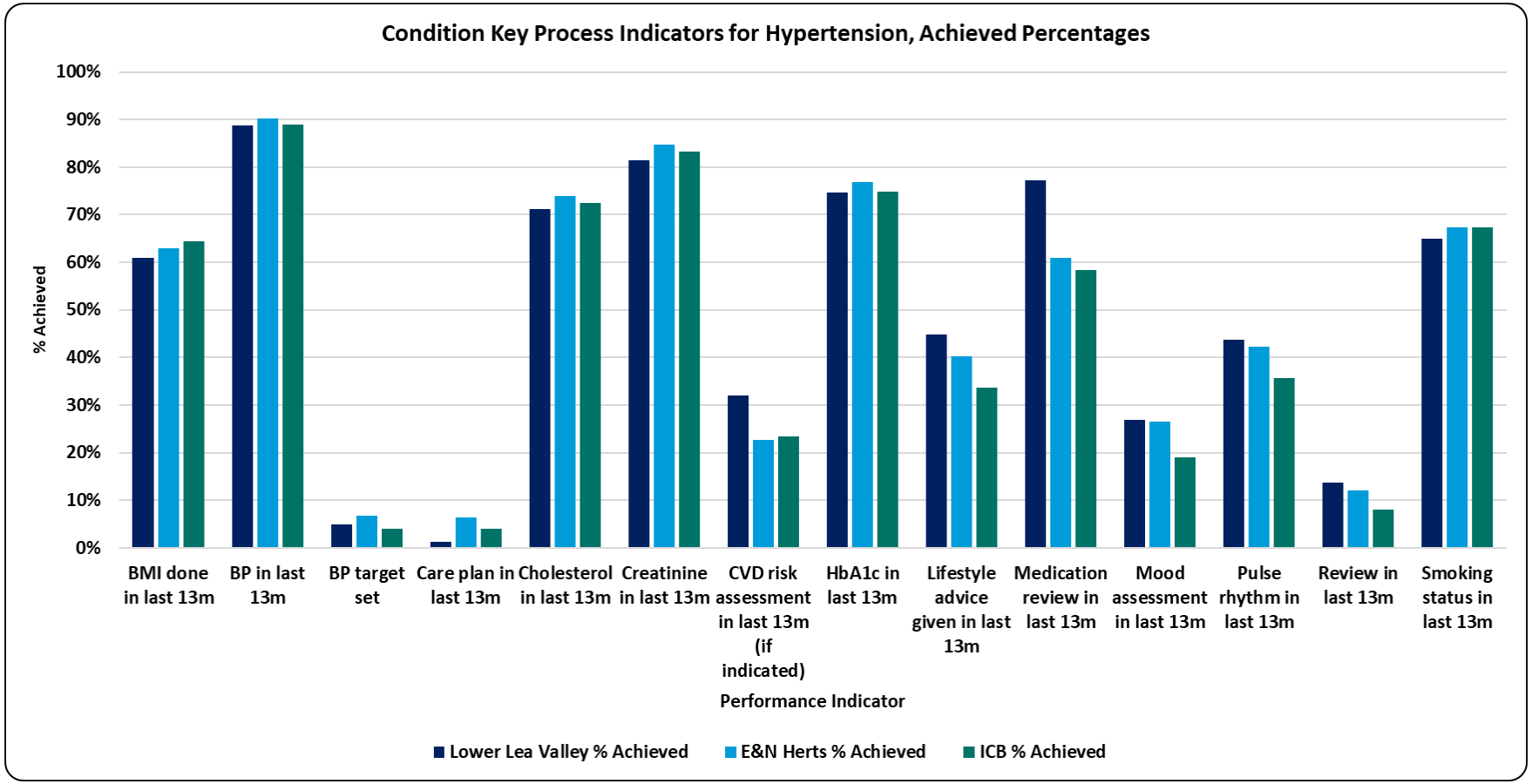
Hypertension: Key Care Process Indicators

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

- Lower Lea Valley achieves higher percentages than Place and ICB levels, in 5 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 locality are:

- BMI checks
- BP Targets Set
- Care Plans
- Creatine in last 13m
- HbA1c in last 13m



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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 the locality on their percentage achieved from the 2024/25 QOF, we can see that:
  - There is a varied mix of achievements across the indicators and locality.
  - There is opportunity to increase the percentage achieved for Atrial Fibrilation indicators.

	Atrial Fibrillation				Atrial Fibrillation		CVD Secondary Prevention			Coronary Heart Disease		
	ECF				QOF		ECF			QOF		
	BP done	Chest pain assessment done	ORBIT score done	Review done	AF006: CHA2DS2-VASc recorded in last 12m	AF008: On DOAC or Vitamin K antagonist if CHA2DS2-VASc >= 2	On high-intensity statin, ezetemibe or LLT max tol/ci/dec	All (CHD, CVA/TIA or PAD)	Target met (LDL-cholesterol <=2.0 or Non-HDL cholesterol <=2.6)	CHD005: Anti-platelet or anti-coagulant in last 12m	CHD015: Latest BP 140/90 or less in last 12m if 79y or under	CHD016: Latest BP 150/90 or less in last 12m if 80y or over
ICB	90.2%	20.1%	39.9%	34.3%	97.0%	96.3%	75.3%	100.0%	12.8%	96.5%	83.5%	89.5%
E&N Herts Place	91.1%	24.0%	40.6%	32.9%	96.6%	96.4%	74.6%	100.0%	13.5%	95.7%	82.8%	88.6%
Lower Lea Valley Locality	90.8%	21.9%	38.6%	31.9%	98.9%	96.9%	73.1%	100.0%	13.7%	96.2%	84.3%	89.7%
BROXBOURNE ALLIANCE PCN	89.8%	17.7%	33.1%	32.9%	98.9%	96.5%	71.4%	100.0%	14.0%	96.6%	84.3%	91.1%
LEA VALLEY HEALTH PCN	92.4%	28.6%	47.0%	30.4%	99.0%	97.6%	75.4%	100.0%	13.4%	95.6%	84.3%	87.3%

Source: Ardens Manager

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

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

	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%
E&N Herts Place	77.2%	46.1%	36.9%	1.2%	17.1%	95.6%	96.9%	91.1%
Lower Lea Valley Locality	80.1%	49.3%	33.0%	0.8%	34.2%	96.8%	98.7%	94.1%
BROXBOURNE ALLIANCE PCN	75.1%	49.3%	35.4%	1.1%	35.4%	97.4%	97.9%	93.5%
LEA VALLEY HEALTH PCN	88.7%	49.3%	30.1%	0.6%	32.1%	95.5%	100.0%	95.1%

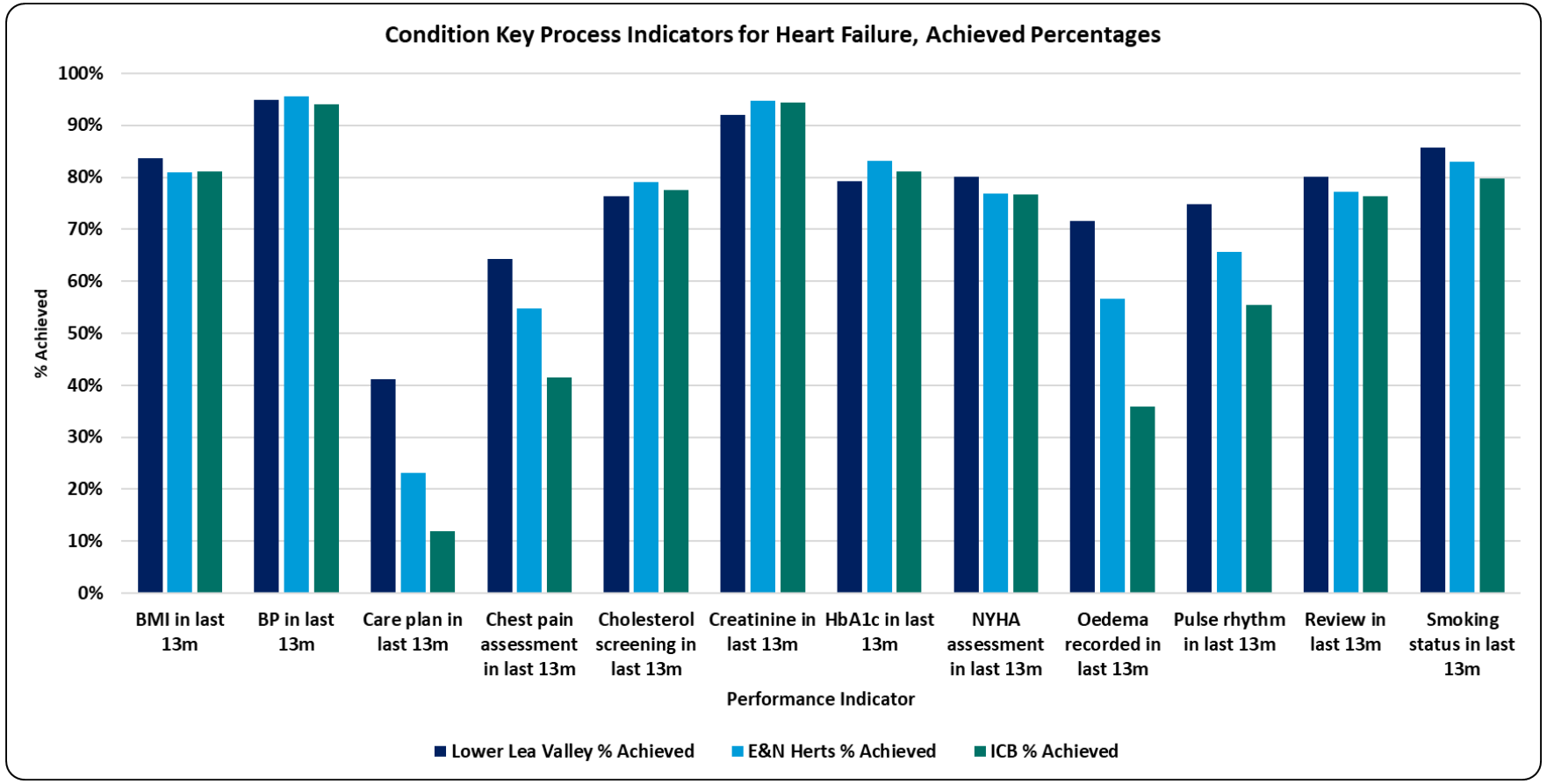
Source: Ardens Manager

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, all the other many CVD and other Long-Term Condition indicators can be viewed in detail via the Ardens Manager pages here.

The Heart Failure key process indicators, where the data shows opportunity for the Locality are:

- HbA1c checks



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Source: Ardens Manager

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Mental Health and Learning Disabilities

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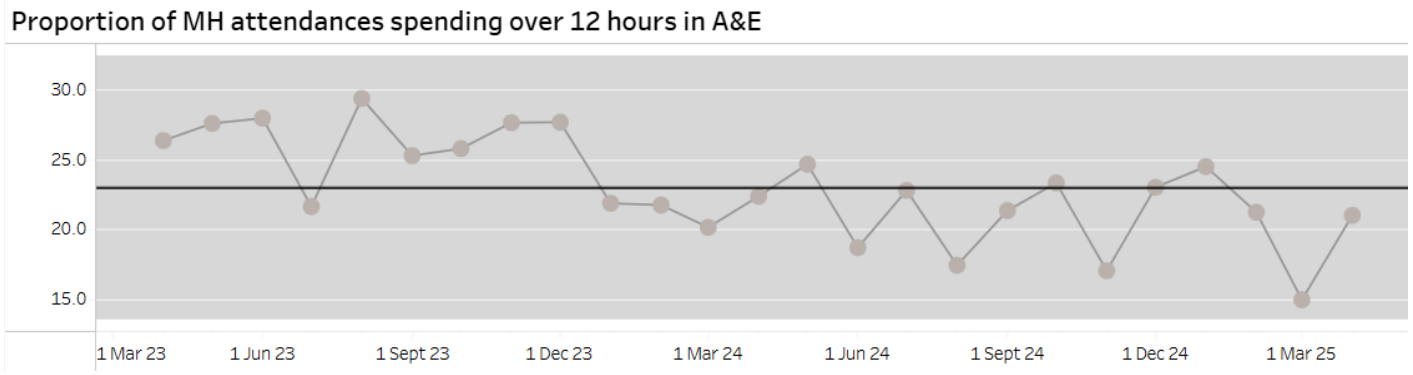
Better care for Mental Health Crisis: Medium Term Plan Indicators

- 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.

ENH



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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 reports on population health indicators from DELPPHI for Lower Lea Valley locality 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	42.4 34 / 82,312	52.4 40 / 81,160	-10.1	-19.2%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,062k £2,442k / 82,312	£2,781k £2,181k / 81,160	£280,913	10.1%
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			

- Emergency admissions for preventable ACSC conditions have decreased to the previous period, however there has been a rise in associated costs.

Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard

Depression and SMI: QOF indicators

- Mental Health QOF metrics for 2024-25 show that Lower Lea Valley has a higher percentage of achievement levels for QOF for most indicators when compared with ICB and place.
- Within this there is variation between the PCNs. The individual practices can be viewed within the QOF data using the link in the bottom right.
- Ardens searches are available to practices to identify those people with SMI without a care plan or recording of monitoring.

	Depression		Mental Health							
	Review		Review							
	DEP004 CURRENT: Reviewed 10-56d after diagnosis if >18y (2024-25)	DEP004 PROTECTED: Reviewed 10-56d after diagnosis if >18y (2023-24)	MH002: Care plan done in last 12m	MH003: BP done in last 12m	MH006: BMI done in last 12m	MH007: Alcohol consumption done in last 12m	MH011: Lipid profile in last 24m or 12m if antipsychotics/CVD/smoker/overweight	MH012: HbA1c or blood glucose done in last 12m	MH021 CURRENT: All 6 core physical health checks complete (2024-25)	MH021 PROTECTED: All 6 core physical health checks complete (2023-24)
ICB	79.6%	85.4%	89.8%	95.4%	95.4%	95.2%	93.0%	92.8%	74.7%	75.9%
E&N Herts Place	76.6%	82.6%	87.7%	94.8%	94.7%	94.2%	91.1%	91.4%	72.9%	71.6%
Lower Lea Valley Locality	88.1%	66.5%	91.0%	97.3%	96.6%	97.2%	93.8%	93.8%	79.1%	72.0%
BROXBOURNE ALLIANCE PCN	89.1%	85.6%	99.4%	99.1%	99.0%	99.0%	96.8%	98.1%	82.1%	82.5%
LEA VALLEY HEALTH PCN	87.0%	50.9%	85.2%	96.0%	95.0%	96.0%	91.6%	90.9%	77.2%	65.3%

Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

SMI: ECF indicators

- The data shows that Lower Lea Valley has a lower percentage for most SMI ECF indicators when compared against place and the ICB.

- The data in the table on the right 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%
E&N Herts Place	10.2%	9.5%	19.7%	4.0%	9.0%	8.1%	59.1%	9.2%
Lower Lea Valley Locality	8.1%	5.8%	20.7%	2.4%	5.6%	4.8%	69.5%	6.5%
BROXBOURNE ALLIANCE PCN	9.5%	6.1%	27.8%	0.0%	4.2%	3.4%	63.3%	4.6%
LEA VALLEY HEALTH PCN	7.1%	5.5%	15.0%	4.3%	6.7%	5.8%	74.6%	8.0%

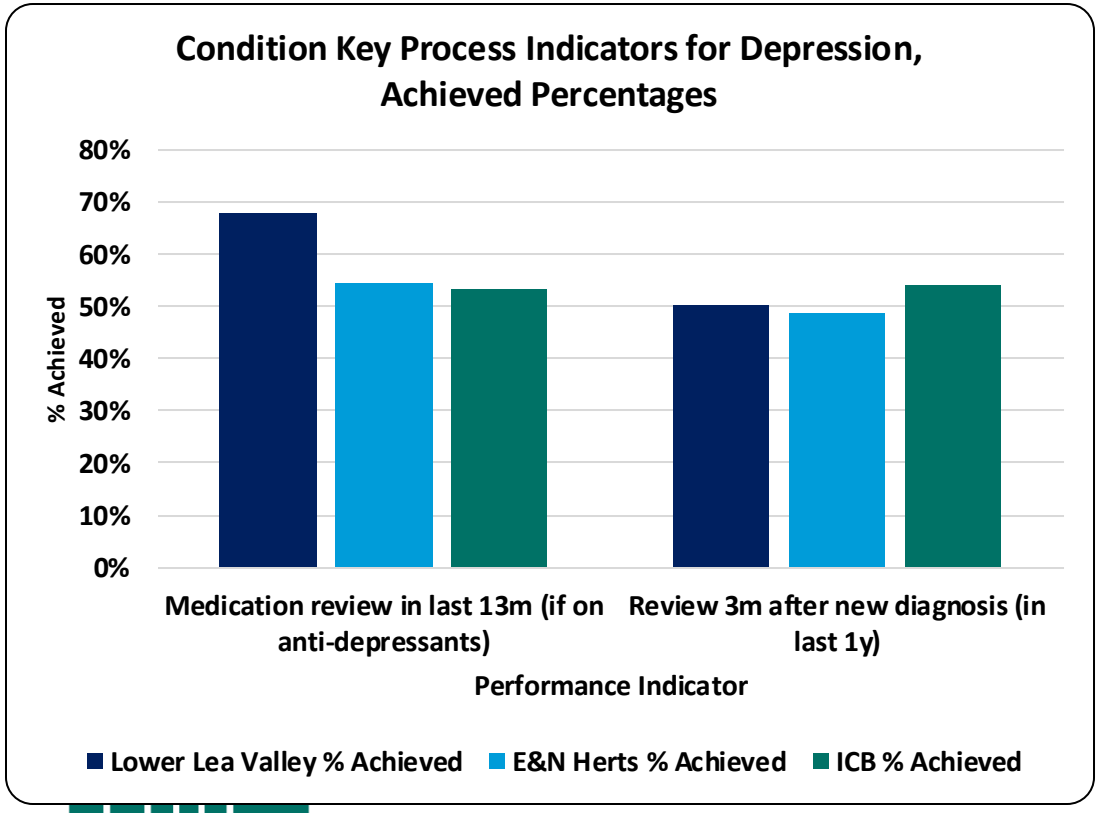
Hertfordshire and West Essex Integrated Care System

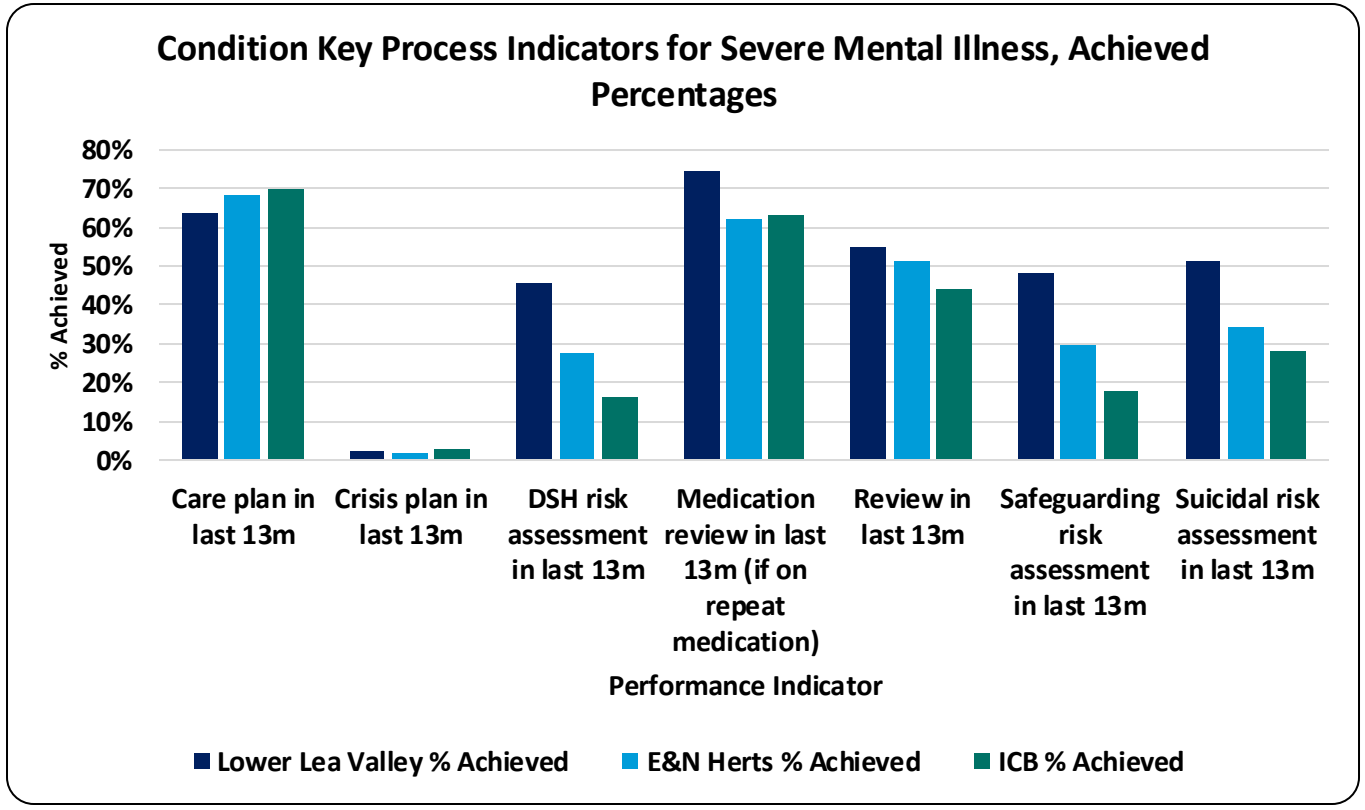
Source: Ardens Manager

SMI and Depression: Key process indicators

- In the past year, Lower Lea Valley recorded the highest rate of depression reviews conducted three months after diagnosis as well as medication reviews, compared to ENH and the ICB.

- Lower Lea Valley is achieving slightly higher in several key process indicators for SMI patients in comparison to ENH and the ICB. Further detail can be found in Ardens Manager.





Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

Learning Disability: ECF indicators

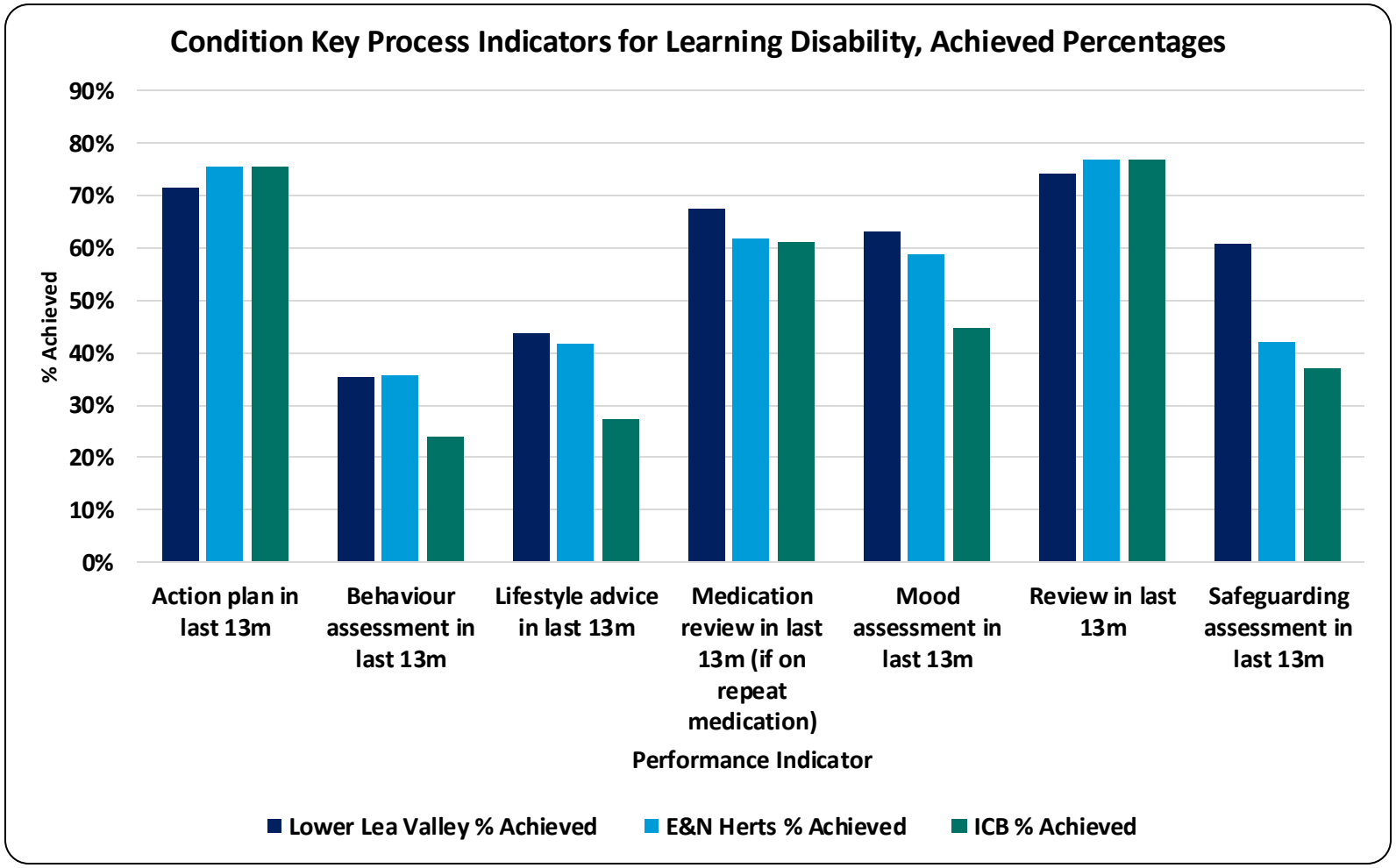
- The data shows that Lower Lea Valley has a higher percentage across all learning disability ECF indicators when compared with place and the ICB.
- The data in the table covers the period from April 2024 to March 2025. The most current information is available at Ardens Manager.

	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%
E&N Herts Place	49.0%	49.8%	21.5%	7.2%	6.0%	48.7%	4.8%
Lower Lea Valley Locality	56.1%	57.7%	34.6%	8.5%	9.1%	55.5%	19.6%
BROXBOURNE ALLIANCE PCN	60.8%	63.9%	37.9%	1.2%	1.6%	60.5%	33.8%
LEA VALLEY HEALTH PCN	50.7%	50.7%	30.9%	17.7%	17.6%	49.9%	3.4%

Source: Ardens Manager

Learning Disability: Key process indicators

- Lower Lea Valley is achieving higher percentage completeness when compared with ENH place and the ICB across most learning disability processes.
- All other reviews can be found in Ardens Manager.



Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care Board

Cancer and Planned Care

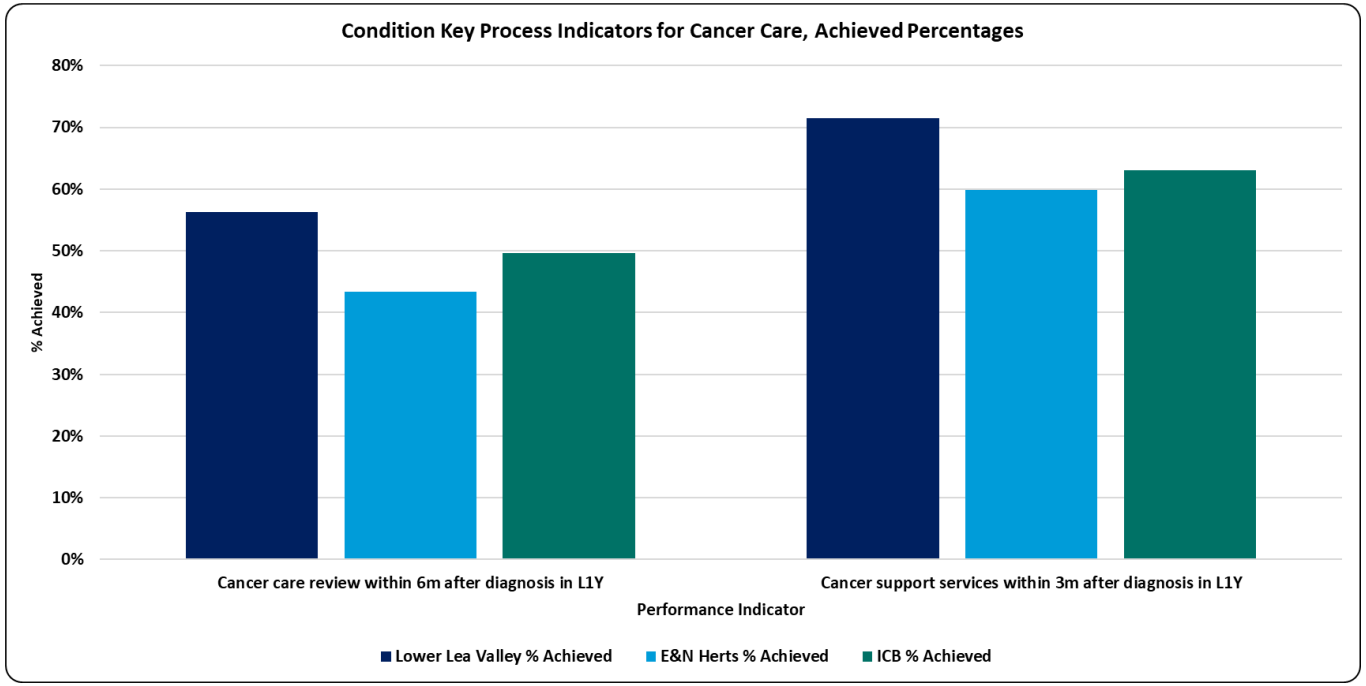
Management and outcomes

Working together
for a healthier future

Cancer: QOF and Key processes indicators

- The data shows Lower Lea Valley PCN has a higher percentage of people being reviewed and offered cancer support when compared to the Place and higher than the ICB for 2024/25.

- 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%
E&N Herts Place	89.1%	94.3%	80.9%	86.4%
Lower Lea Valley Locality	95.6%	97.1%	89.8%	88.3%
BROXBOURNE ALLIANCE PCN	95.3%	95.3%	90.6%	92.4%
LEA VALLEY HEALTH PCN	96.1%	99.3%	88.9%	83.6%

Source: Ardens Manager

Hertfordshire and West Essex Integrated Care System

XPHMX

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Integrated Care Board

Frailty and End of Life care

Management and outcomes

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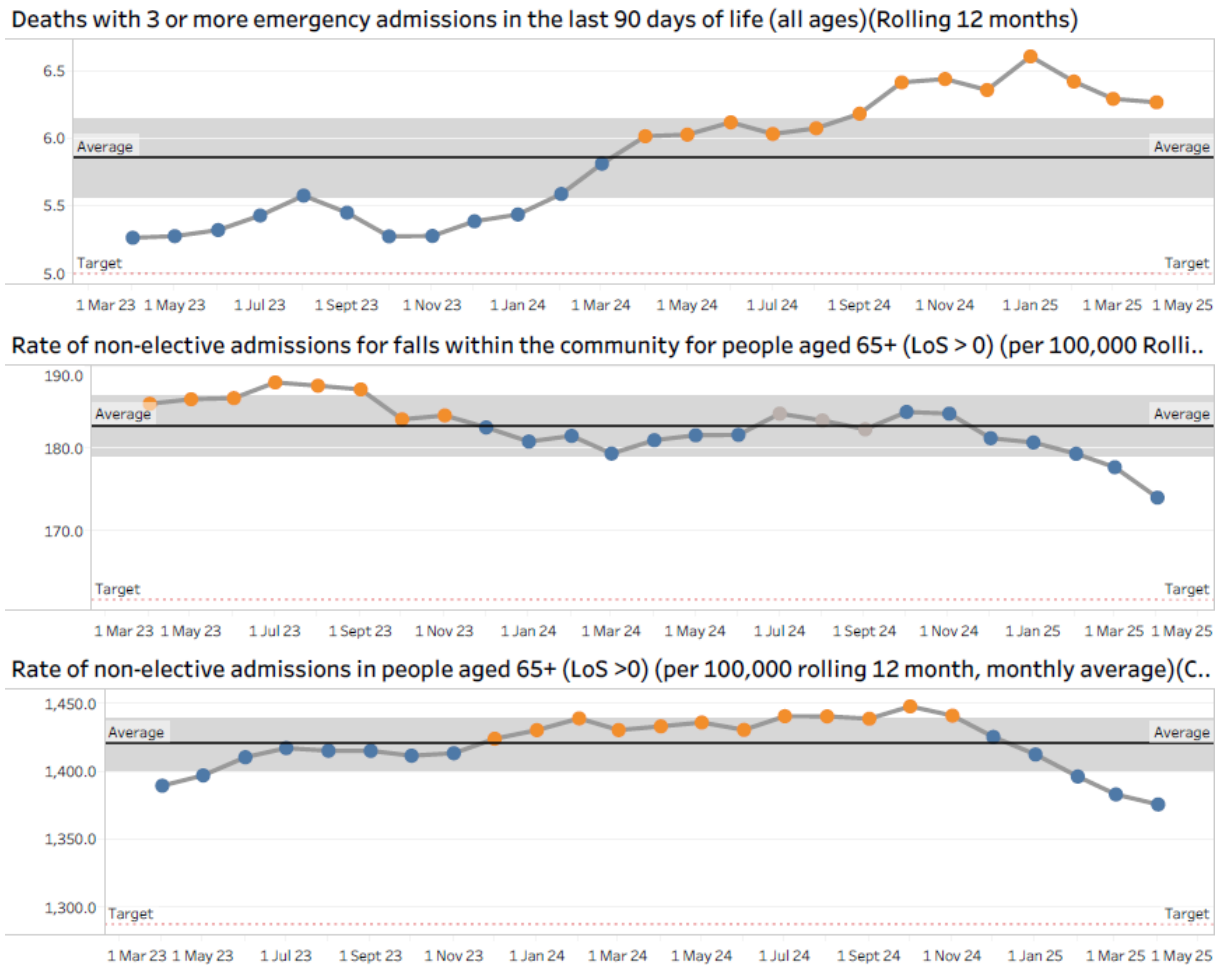
Frailty and EOL: Medium Term Plan Indicators

- The trend charts indicates the ENH 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.

ENH



Hertfordshire and West Essex Integrated Care System

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 for locality shows an increase in total spend for emergency hospital care. Increasing activity can be seen for readmissions.
- 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, Place, PCN and GP practice measures, demographics and INT.

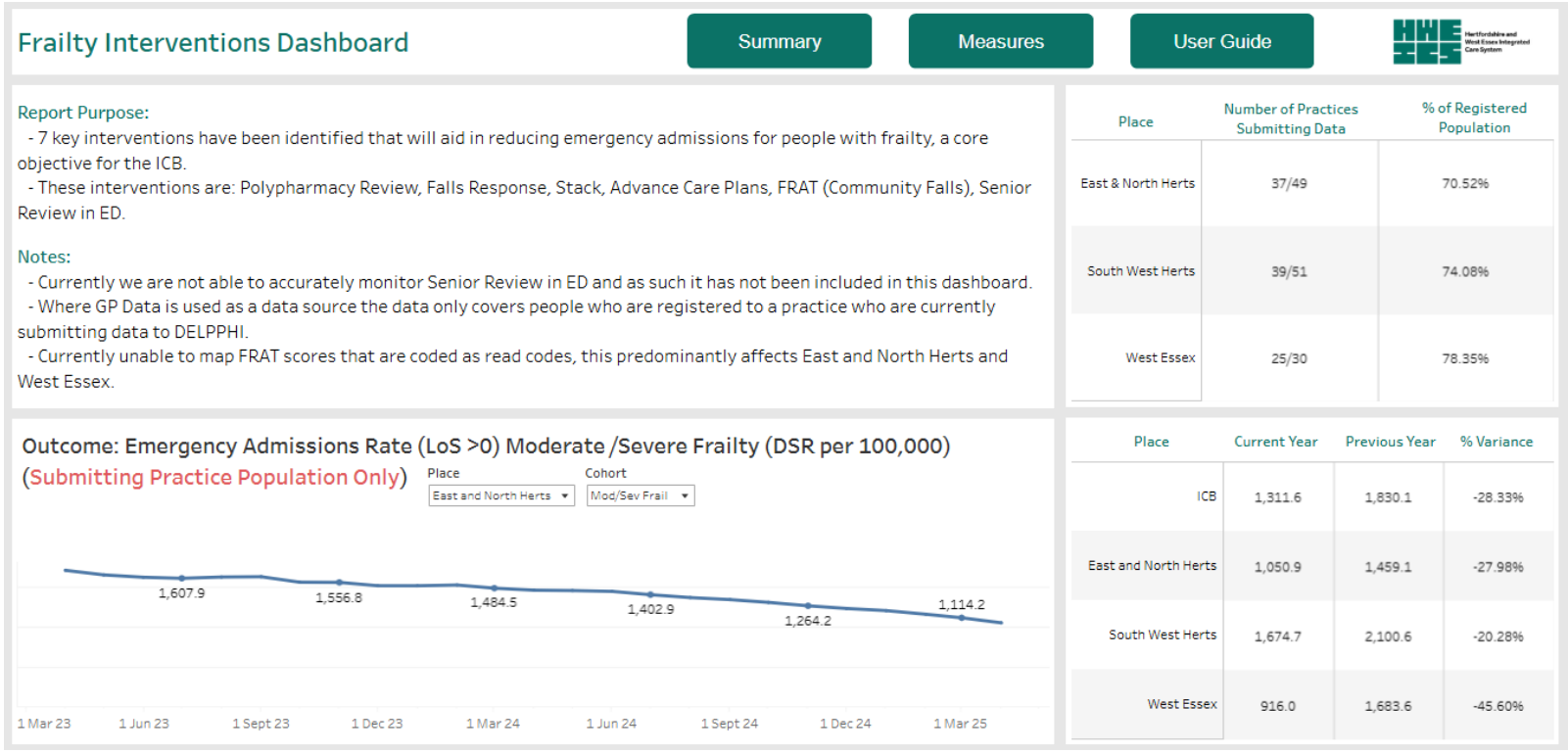
Lower Lea Valley

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	127.0 19 / 14,044	170.2 24 / 13,644	-43.2	-25.4%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£9,384k £1,394k / 14,044	£9,305k £1,367k / 13,644	£78,937	0.8%
Programme	Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	210.9 31 / 14,044	362.9 52 / 13,644	-152.1	-41.9%
	Emergency Admissions LoS >0, Moderate/ Severe Frail at Admission (GP SUBMITTING PRACTICES ONLY), DSR per 100,000, aged between 65-120	406.1 4 / 825	103.8 3 / 795	302.3	291.1%
	Emergency Admissions LoS >0, DSR per 100,000, aged between 65-120	1,152.0 172 / 14,044	1,424.9 208 / 13,644	-272.9	-19.2%
	Emergency Admissions LoS >0, Falls Within the Community, DSR per 100,000, aged between 65-120	123.8 19 / 14,044	204.2 30 / 13,644	-80.4	-39.4%
	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	Supressed due to small numbers			
Workstream	Emergency Admissions LoS >0, Hip Fractures, DSR per 100,000, aged between 65-120	Supressed due to small numbers			
	Percentage of Emergency Admissions LoS >0, Falls Within the Community, Discharge to Usual Place of Residence, aged between 65-120	78.9% 15 / 19	86.7% 26 / 30	-7.7%	-8.9%
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 7 Days, aged between 65-120	9.1% 10 / 110	3.4% 4 / 116	5.6%	163.6%
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 30 Days, aged between 65-120	17.3% 19 / 110	8.6% 10 / 116	8.7%	100.4%

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.



Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - Frailty Intervention Dashboard

Frailty and EOL: ECF indicators

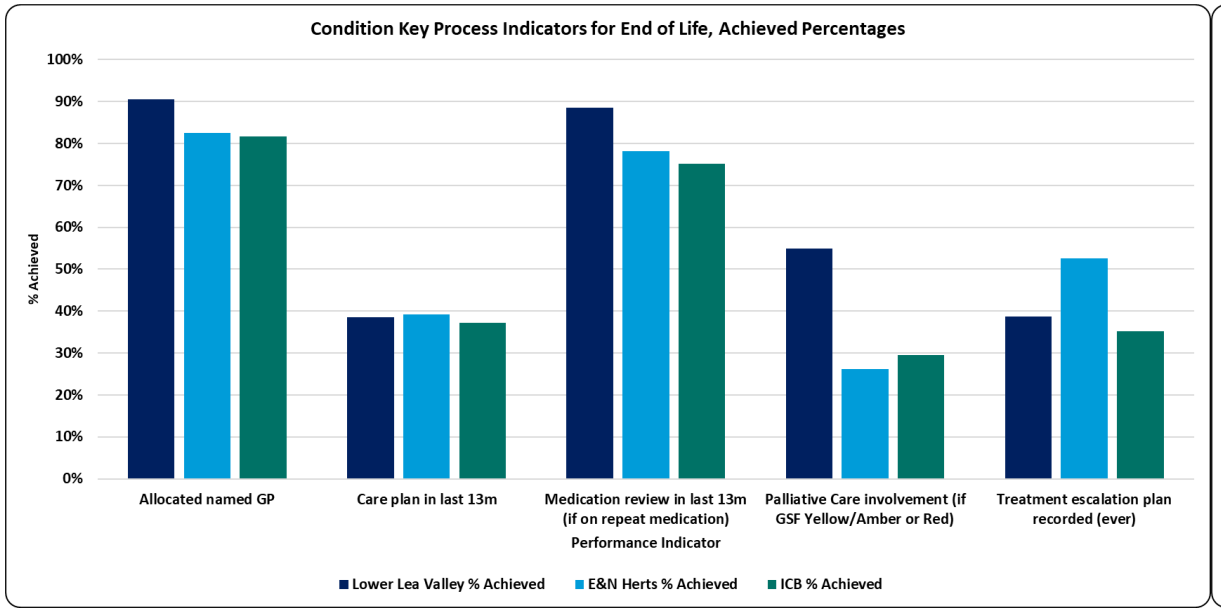
- The data shows that Lower Lea Valley has a Lower percentage for most EOL indicators, but for Frailty the percentages are higher, when compared to the Place and the ICB for 2024/25.
- The latest position for this table below, can be found at Ardens Manager.

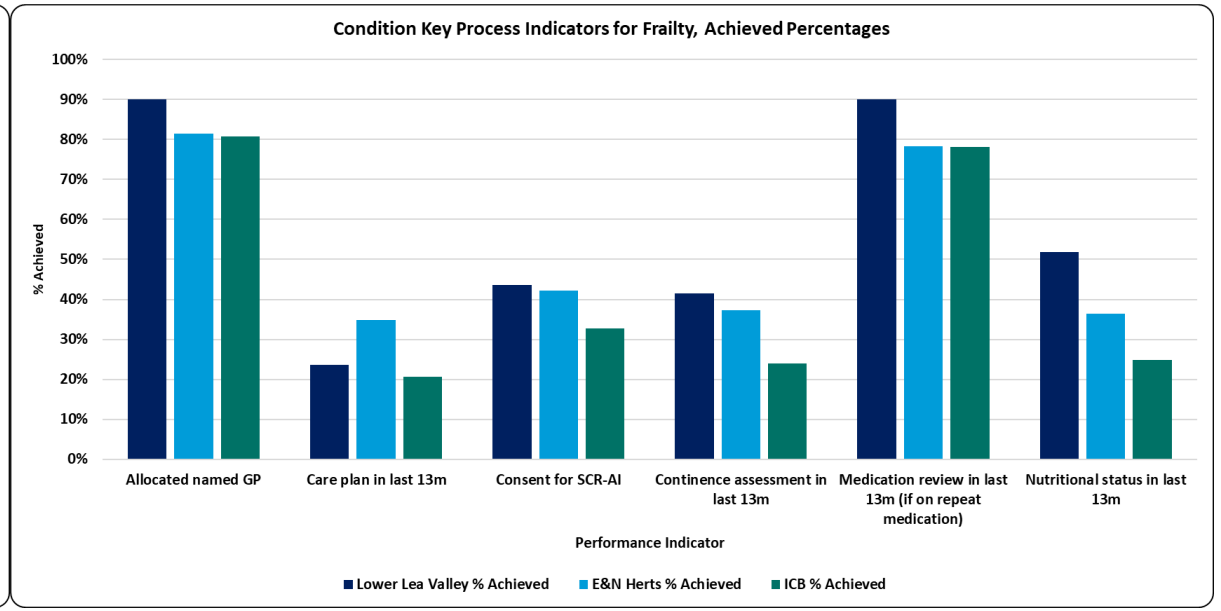
	End of Life								Frailty						
	Review								Review						
	ACP shared	ACP, ReSPECT or EOL care plan done or declined	Anticipatory medicines issued (or exception) (if GSF red/yellow)	GSF prognostic indicator recorded	Preferred place of care recorded	Preferred place of care, death and resus stated recorded	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%
E&N Herts Place	0.4%	40.0%	64.4%	48.1%	70.2%	17.9%	67.4%	75.2%	68.1%	45.1%	78.2%	58.5%	17.4%	65.1%	14.1%
Lower Lea Valley Locality	0.3%	35.7%	69.4%	42.9%	68.8%	13.8%	60.6%	66.9%	76.0%	63.1%	84.4%	65.7%	27.2%	68.2%	21.5%
BROXBOURNE ALLIANCE PCN	0.0%	31.2%	66.7%	41.7%	66.2%	13.3%	53.6%	66.4%	75.6%	61.5%	83.1%	62.2%	25.5%	69.1%	22.0%
LEA VALLEY HEALTH PCN	0.8%	45.1%	75.0%	45.5%	74.4%	15.0%	75.2%	68.1%	76.5%	65.1%	86.2%	70.4%	29.9%	67.1%	20.7%

Source: Ardens Manager

Frailty and EOL: Key processes indicators

- Lower Lea Valley has opportunities to increase the number of recorded care plans for Frailty and treatment escalation plans for EOL.
- 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.





Hertfordshire and West Essex Integrated Care System

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 shows a core set of population health indicators from DELPPHI which have been broken down at GP practice level to reflect the Lower Lea Valley locality to provide assurance that activities are delivering the required impact.
- Mortality from dementia and Alzheimer's disease has been supressed 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	42.4 34 / 82,312	52.4 40 / 81,160	-10.1	-19.2%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,062k £2,442k / 82,312	£2,781k £2,181k / 81,160	£280,913	10.1%
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			

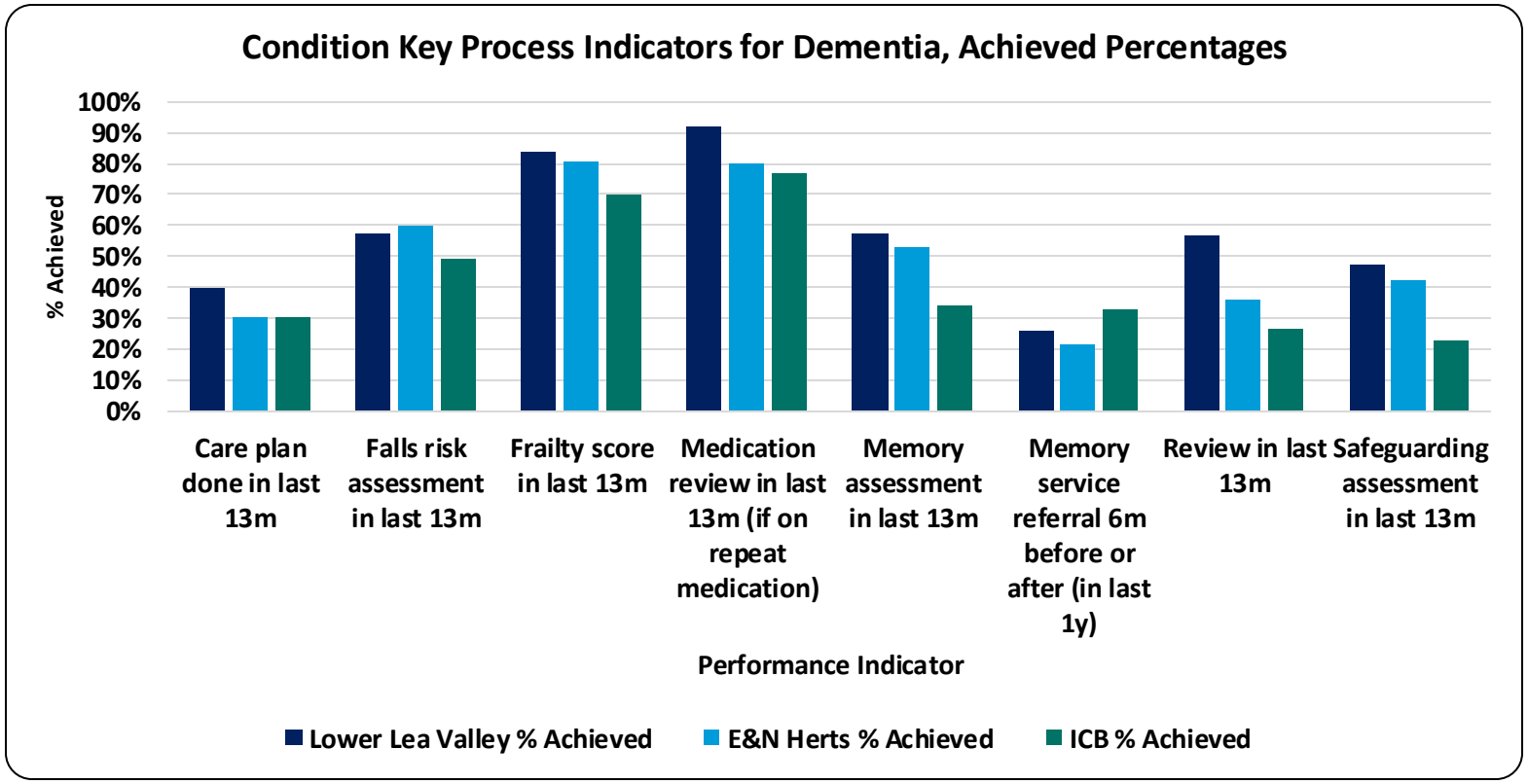
Source: DELPPHI - HWE Outcomes Dashboard

Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that Lower Lea Valley has a lower percentage of achievement levels for Care plans reviewed in the last 12 months when compared with ICB and place.

- Within this there is variation between the PCNs. The individual practices can be viewed within the QOF data. Ardens 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%
E&N Herts Place	82.3%
Lower Lea Valley Locality	80.7%
BROXBOURNE ALLIANCE PCN	80.6%
LEA VALLEY HEALTH PCN	80.8%



Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care Board

Other key outcomes

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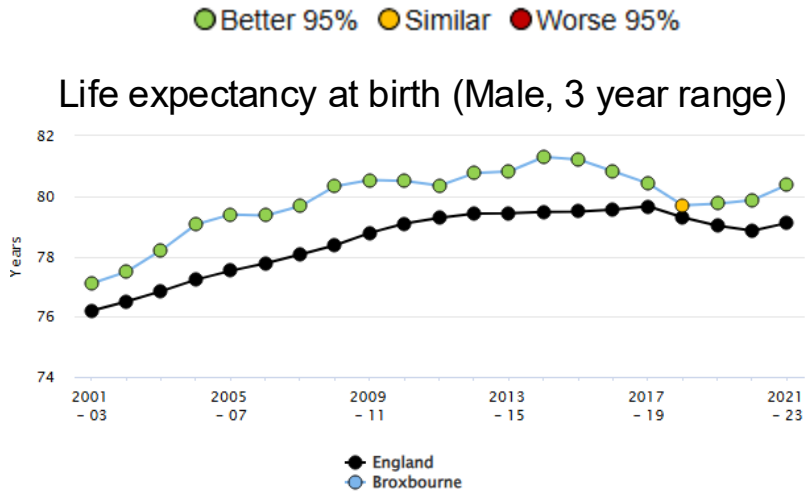
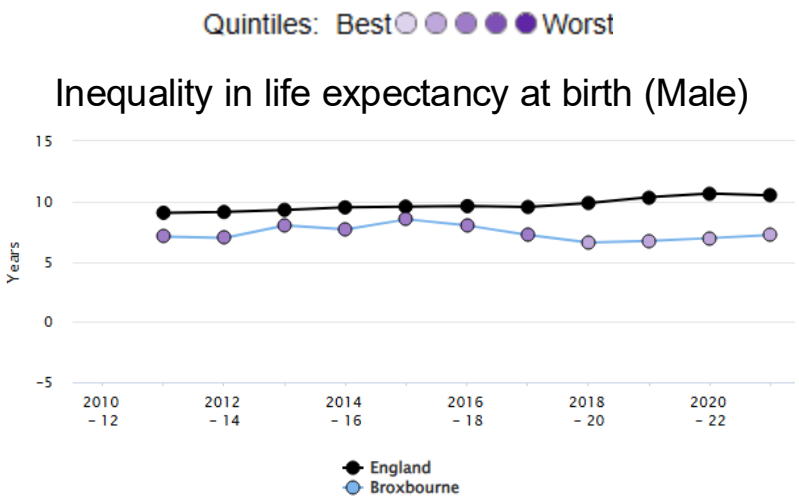
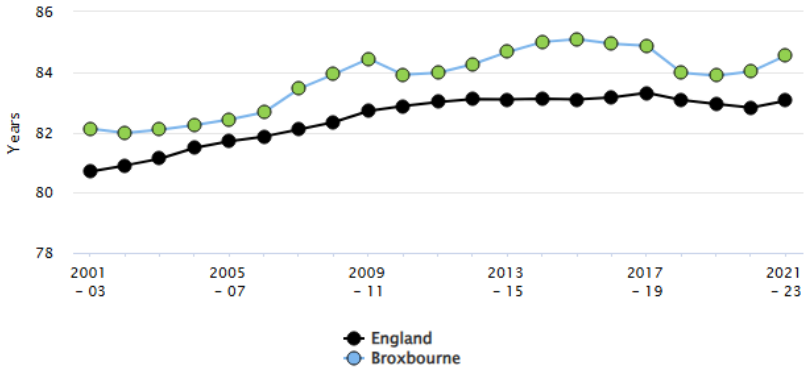
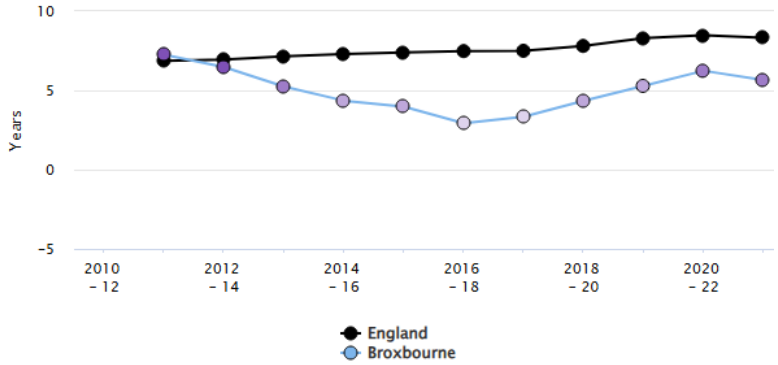
Life Expectancy and Inequality in Life Expectancy at Birth

- Lower Lea Valley's (falls under Broxbourne, which also includes Hoddesdon & Broxbourne PCN, in Fingertips) life expectancy for both male and female has remained consistently above EoE and England.
- There is a 7 year age gap between males in the most deprived quintile and those living in the least deprived quintiles, in Lower Lea Valley. For females, the gap is 5.7 years.









Hertfordshire and West Essex Integrated Care System

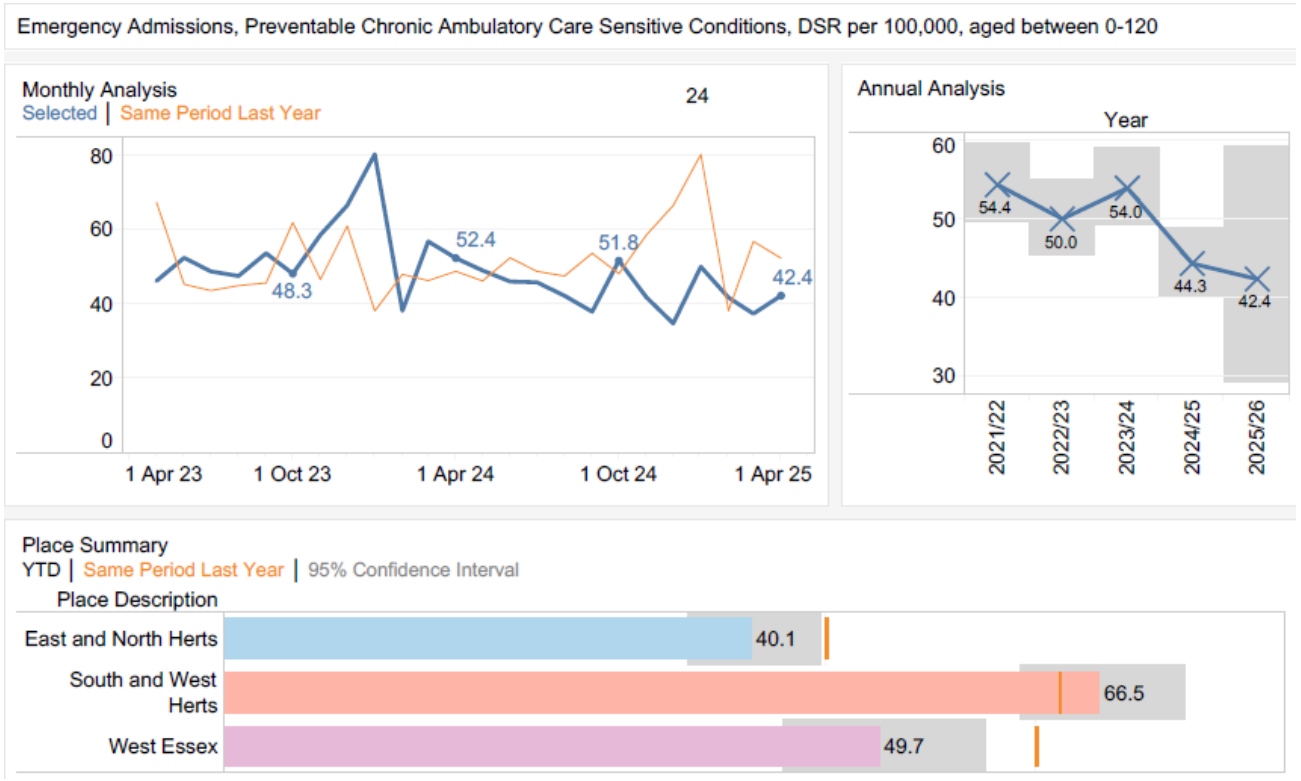
Source: Fingertips | Department of Health and Social Care

Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

- For ACSC condition emergency admissions, the rate has been steadily decreasing for the last two years.
- The list of Chronic Ambulatory Care Sensitive Conditions can be found via the NHS Outcomes Framework Indicators and Indicator Specification as found through the link here.
- Please use the following link for DELPPHI to review HWE, Place, PCN and GP practice measures, demographics and INT; the relevant GP Practices have been selected to find the overall Locality metrics.

Lower Lea Valley

Measure..	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	42.4 34 / 82,312	52.4 40 / 81,160	-10.1	-19.2%



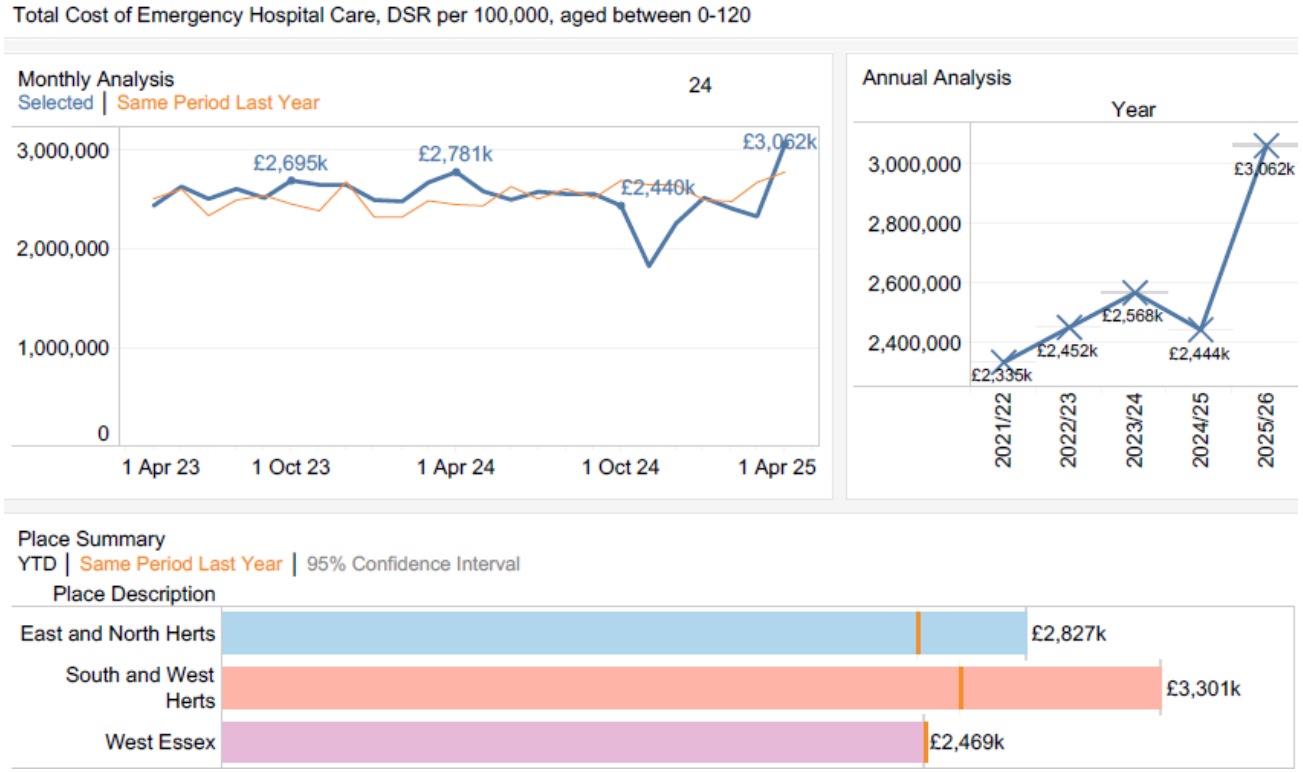
Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard

Total cost of Emergency hospital care for Lower Lea Valley

- The locality continues to see an increase in cost for emergency hospital care in recent years.
- Please use the following link for DELPPHI to review HWE, Place, PCN and GP practice measures, demographics and INT; the relevant GP Practices have been selected to find the overall Locality metrics.

Measure..	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,062k £2,442k / 82,312	£2,781k £2,181k / 81,160	£280,913	10.1%



Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard

Hertfordshire and West Essex Integrated Care System

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Glossary

Working together
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Glossary

Segmentation Model

- Our segmentation model combines primary and acute care data with wider determinants and community, mental health and social care data where available. The segmentation model provides the foundations for advanced population health management analytics that goes beyond patient level risk stratification.
- The ICB Segmentation model is based on patient data flowing from GP practices that have agreed to share their data with the ICB, at the time of this Pack production currently 72.8% of total ICB GP data is available, therefore any Segmentation data shown is likely to possibly change the percentages in all segments. Coding is also an important factor to ensure data quality and consistency.

Coding

- As with all information reported in this pack, the quality of the reports is determined by the completeness and quality of data recording for example if codes are not completed then less patients will be identified with a particular condition.
- Long Term Conditions (LTC)
- Behavioural Risk Factors (BRF)

Practices currently flowing data to DELPPHI as at 4th August 25

Locality	Practice Name	Flowing data
Lower Lea Valley	Cuffley And Goffs Oak Medical Practice	✓
	Stockwell Lodge Med.Ctr.	✓
	The Maples	✓
	Warden Lodge Medical Practice	✓
	Abbey Road Surgery	×
	Cromwell Medical Centre	×
	High Street Surgery	×
	Stanhope Surgery	×

Source: DELPPHI - HWE Outcomes Dashboard