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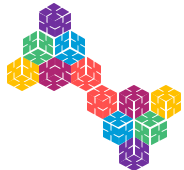
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# Hertfordshire and West Essex Neighbourhood Pack – Stevenage

2025-2026  
PHM Team

Working together  
for a healthier future





## Key messages

The Stevenage population profile has a larger proportion of people below 65 years of age compared to ENH and the ICB. However, a higher proportion of the population live in the two most deprived quintiles compared to the place.

There is inequality between and within the locality, in particular there are areas of higher deprivation in Stevenage that are associated with poorer outcomes. People in these areas are more likely to live with long term conditions, require emergency care and have a shorter life expectancy. Bedwell have the lowest disease-free life expectancy within Stevenage, where men on average can expect to live for 64.5 years and women 63.3 years, disease free. [Overview of the Population](#)

Stevenage data shows a higher prevalence of behavioural risk factors, including smoking compared to ENH. 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%). The data shows Bedwell in Stevenage is amongst the highest IDACI in Hertfordshire.

The population of Stevenage is growing alongside demographic shifts, with an ageing population that will grow more rapidly compared to the overall population. Changes in the older population and number of people living with long term conditions are driving increased demands for care and services in both planned and urgent and emergency care and across all care providers.



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**Demographics, wider determinants  
and prevention**

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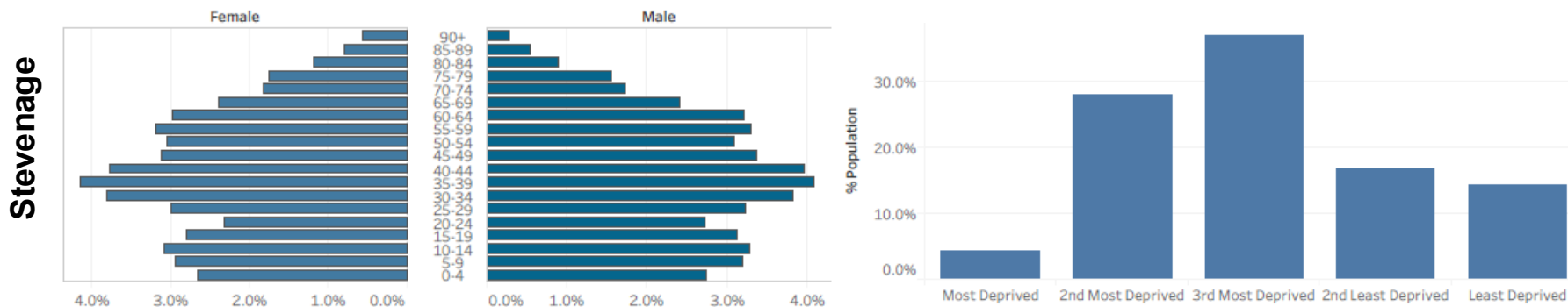




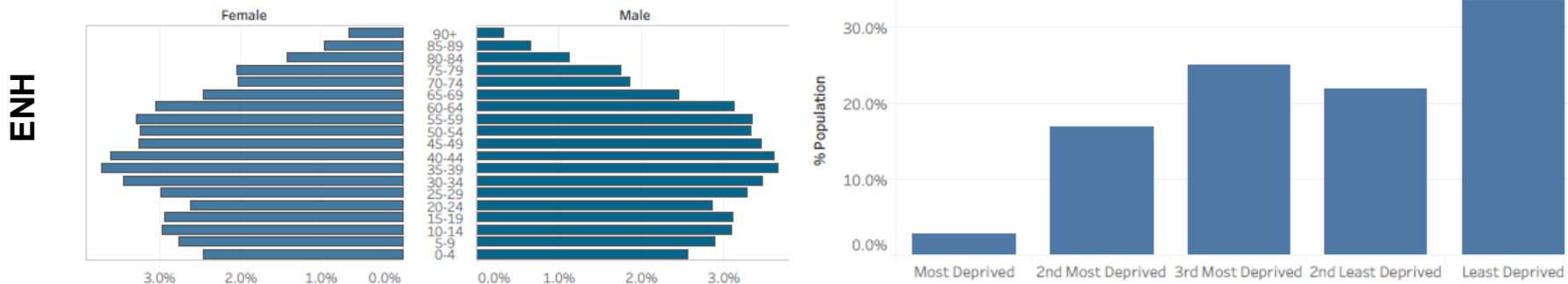
# Population profile

- Stevenage population shows a younger population compared to ENH, particularly among the working age adults.
- A higher proportion of people 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.

Total Population	Proportion of Population Aged 0-18	Proportion of Population Aged 65+	Proportion of Population Most Deprived Quintile	Proportion of BAME Population
112,381	22.8% 25,635	15.9% 17,906	4.2% 4,773	13.4% 15,031



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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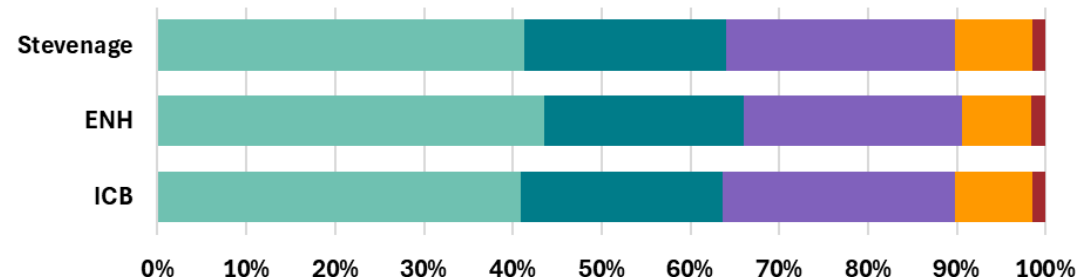
Source: [DELPPHI - Population Profile](#)



# Segmentation profile    Provisional Data

- The illustrations on the right shows the segmentation model for Stevenage, ENH and the ICB. This is a snapshot from July 2025.
- Stevenage has a similar number of the population in the ‘Generally Healthy’ segment when compared to the ICB. This is linked to the prevalence of [Long-Term Conditions](#). Higher prevalence of long-term conditions can be driven by higher rates of risk factors ([behavioural risk factors](#) and deprivation), improved disease detection, or better coding and recording.
- Further detail on the segmentation model can be found in the [glossary](#)

Stevenage, ENH & ICB PHM Segmentation Profile



	ICB	ENH	Stevenage
1 - Generally Healthy	41.0%	43.6%	41.4%
2 - Living with Illness	22.7%	22.4%	22.6%
3 - Low Complexity	26.1%	24.5%	25.9%
4 - Advanced Disease & Complexity	8.8%	7.9%	8.7%
5 - EoL, Severe Frailty & Dementia	1.4%	1.6%	1.5%



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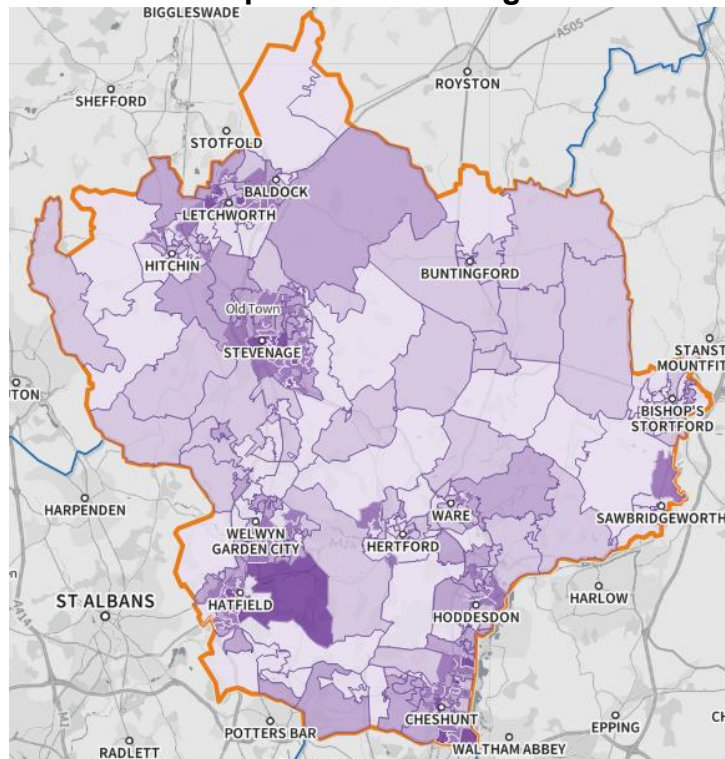
Source: DELPPHI: HWE Segmentation model



# Children and older people living in poverty

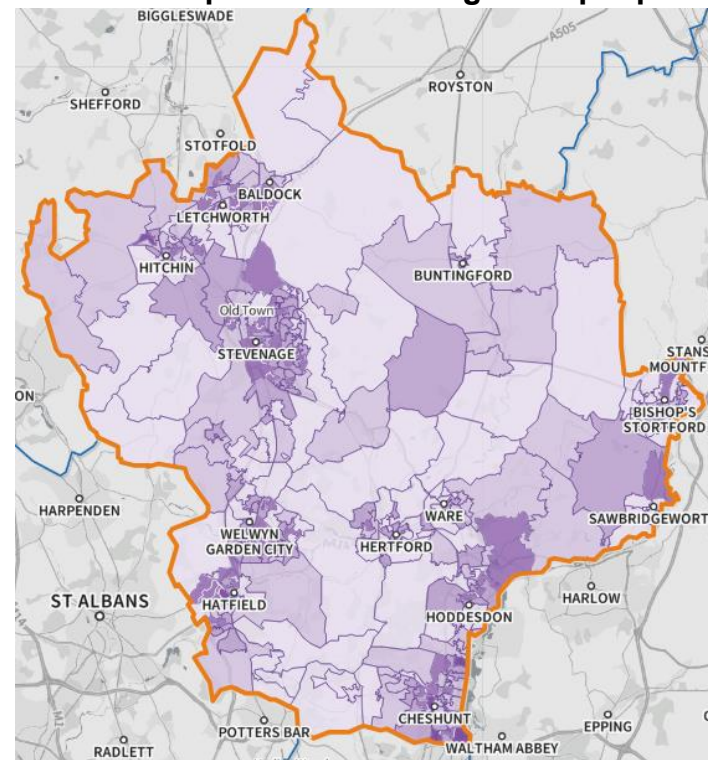
- Income Deprivation Affecting Children Index (IDACI) and Older people index (IDAOPi) measures the proportion of all children aged 0 to 15 and adults aged 60 or over, respectively who experience living in income deprived families or income deprivation.
- The IDACI and IDAOPi are illustrated on the maps.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

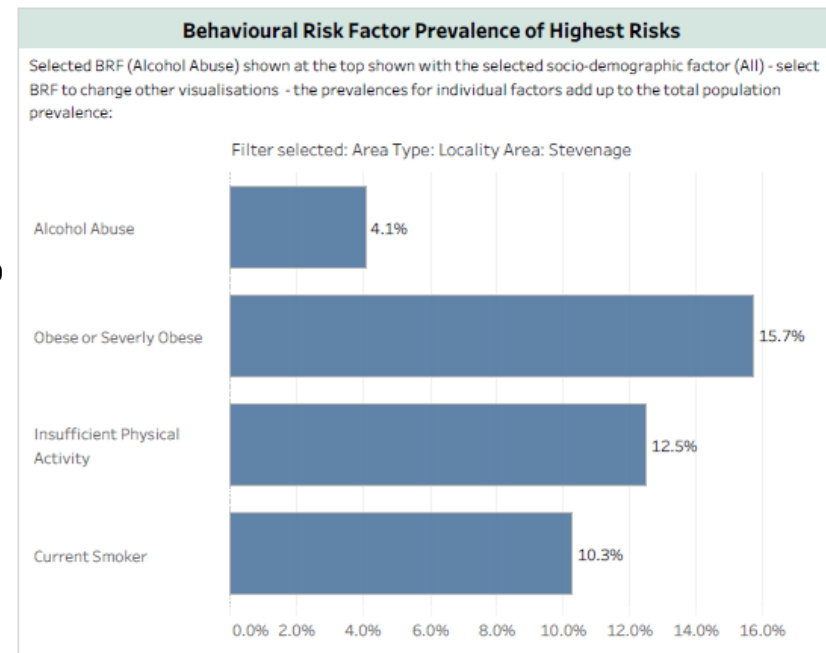
- Stevenage data shows a higher proportion of smoking compared to ENH.
- These behavioural risk factors contribute to a lower or higher proportion of the population being classified as 'generally healthy' in the segmentation model, as these behaviours could lead to adverse health outcomes. Percentage prevalence is impacted by level of recording.
- 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](#).



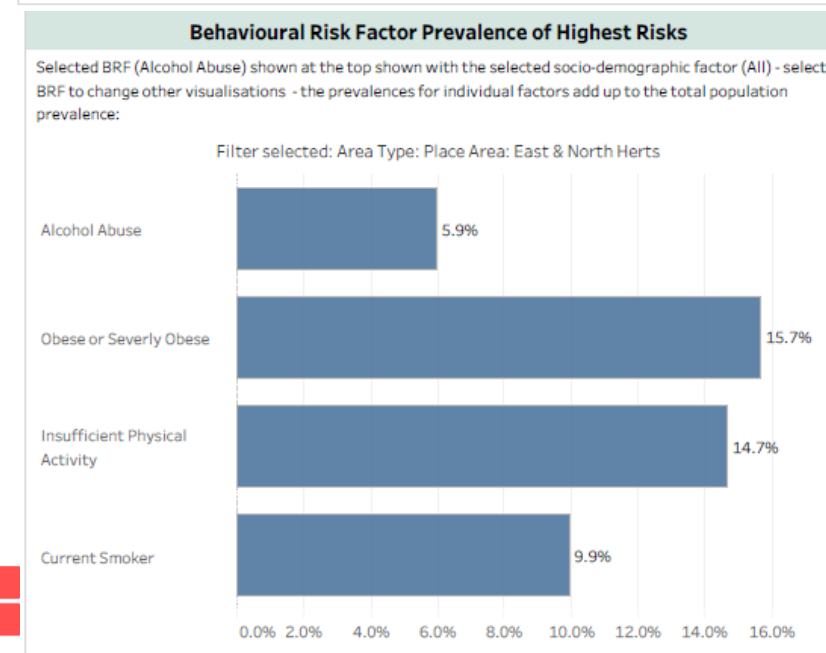
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Stevenage



ENH



Source: [DELPPHI - Population Profile](#)

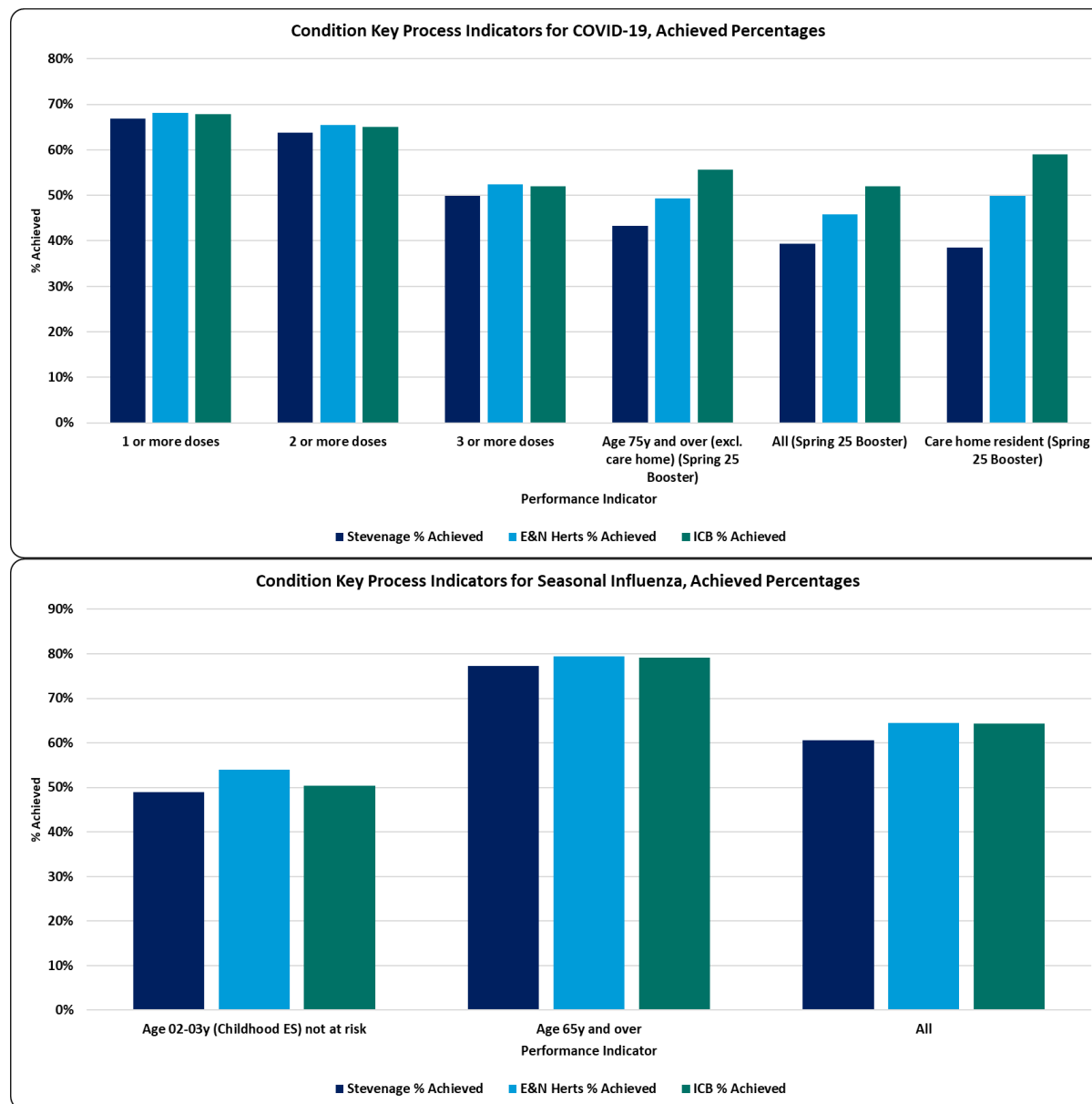


# Immunisation

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



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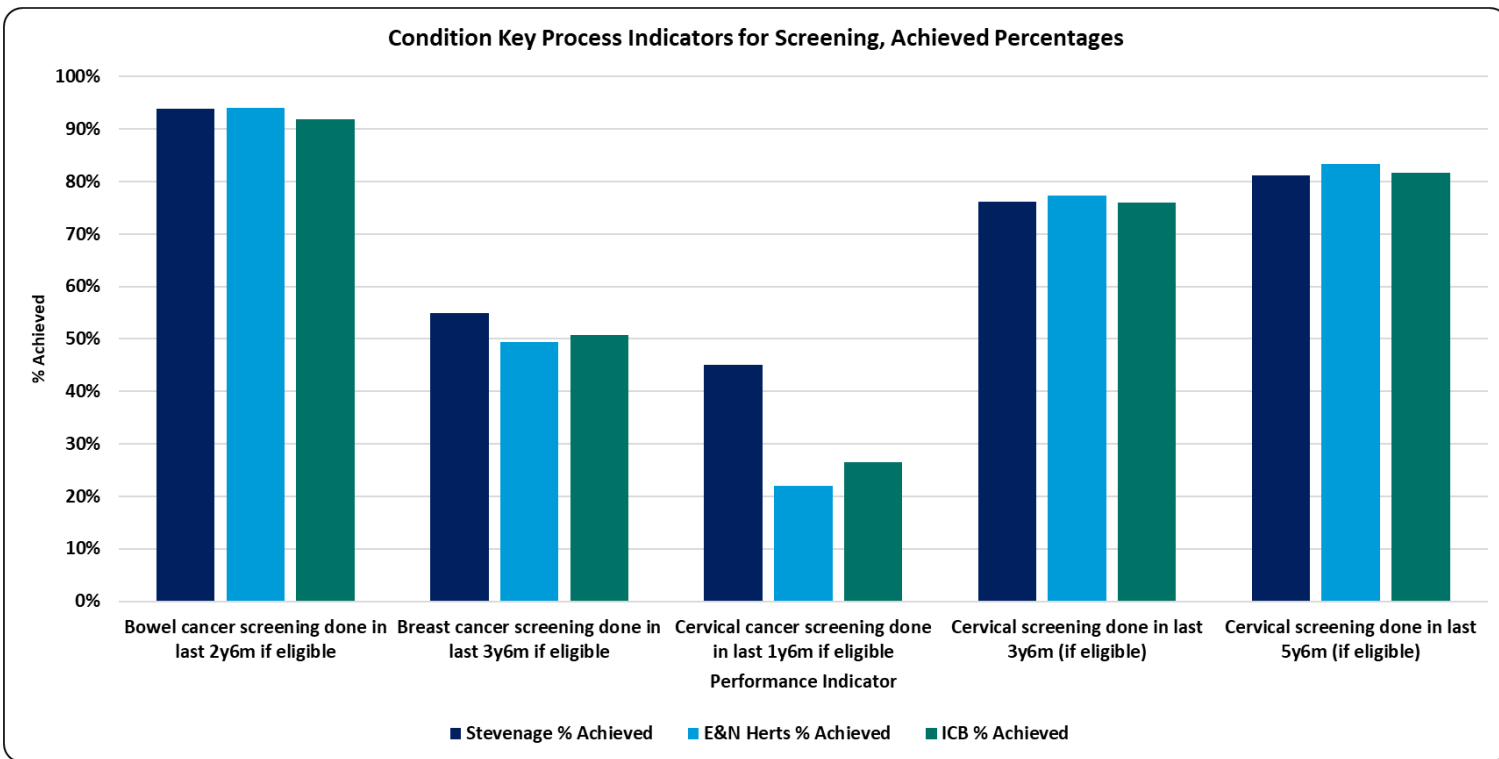
Source: [Ardens Manager](#)





# Screening

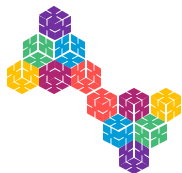
- Better outcomes are achieved through earlier diagnosis of cancer. The national target is for 75% of cancer diagnosis to be at early stage (stage 1 or 2). Uptake of cancer screening programmes are a core enabler for early detection of cancer.
- The chart on the right shows the percentage of people screened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



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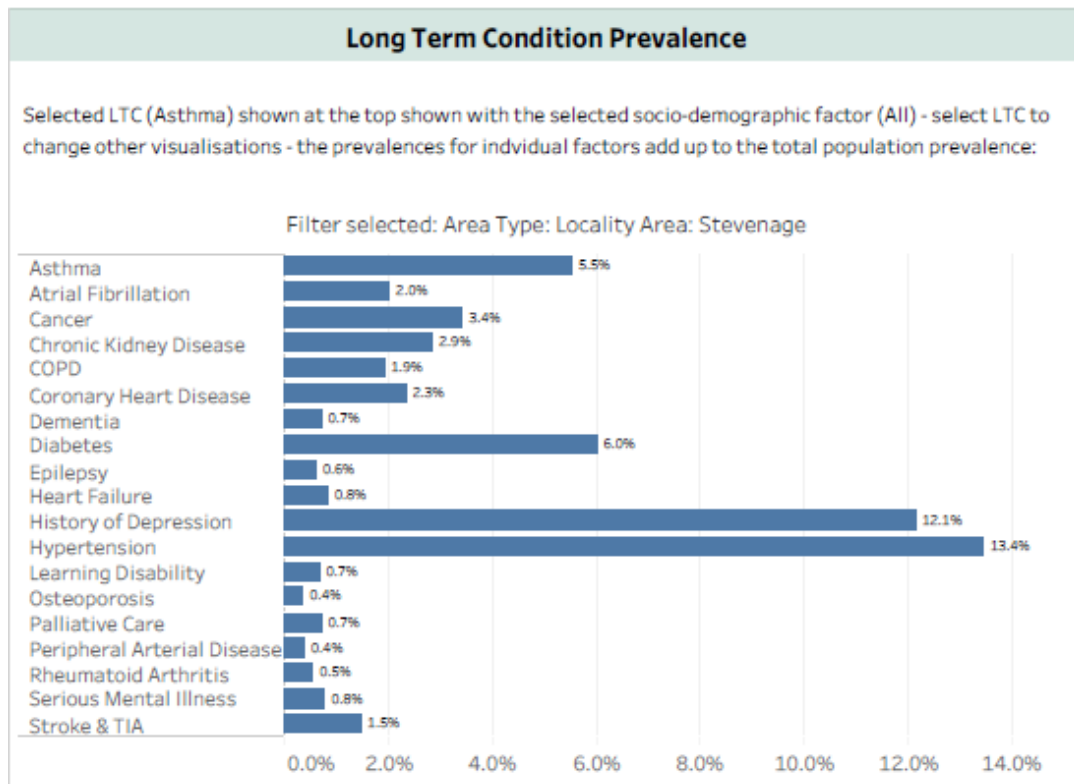


Source: [Ardens Manager](#)

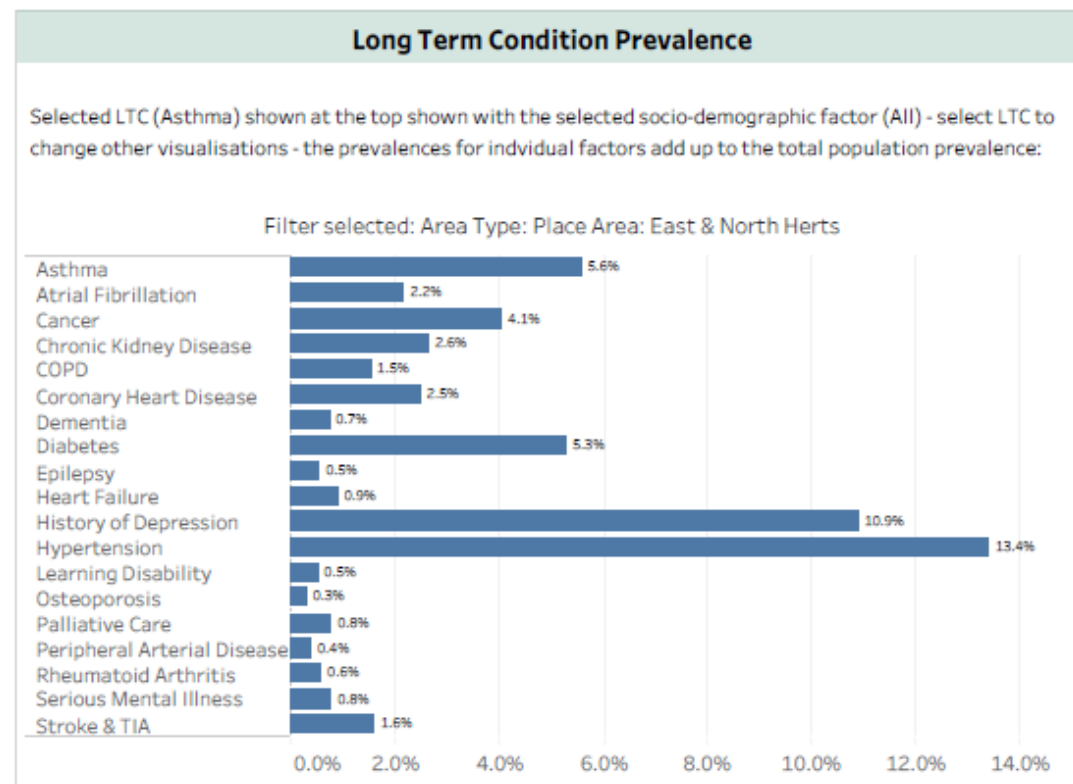


# Prevalence of Disease Registers

Stevenage



ENH



- The above charts show that Stevenage has similar recordings for most 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.



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Source: [DELPPHI - Population Profile](#)



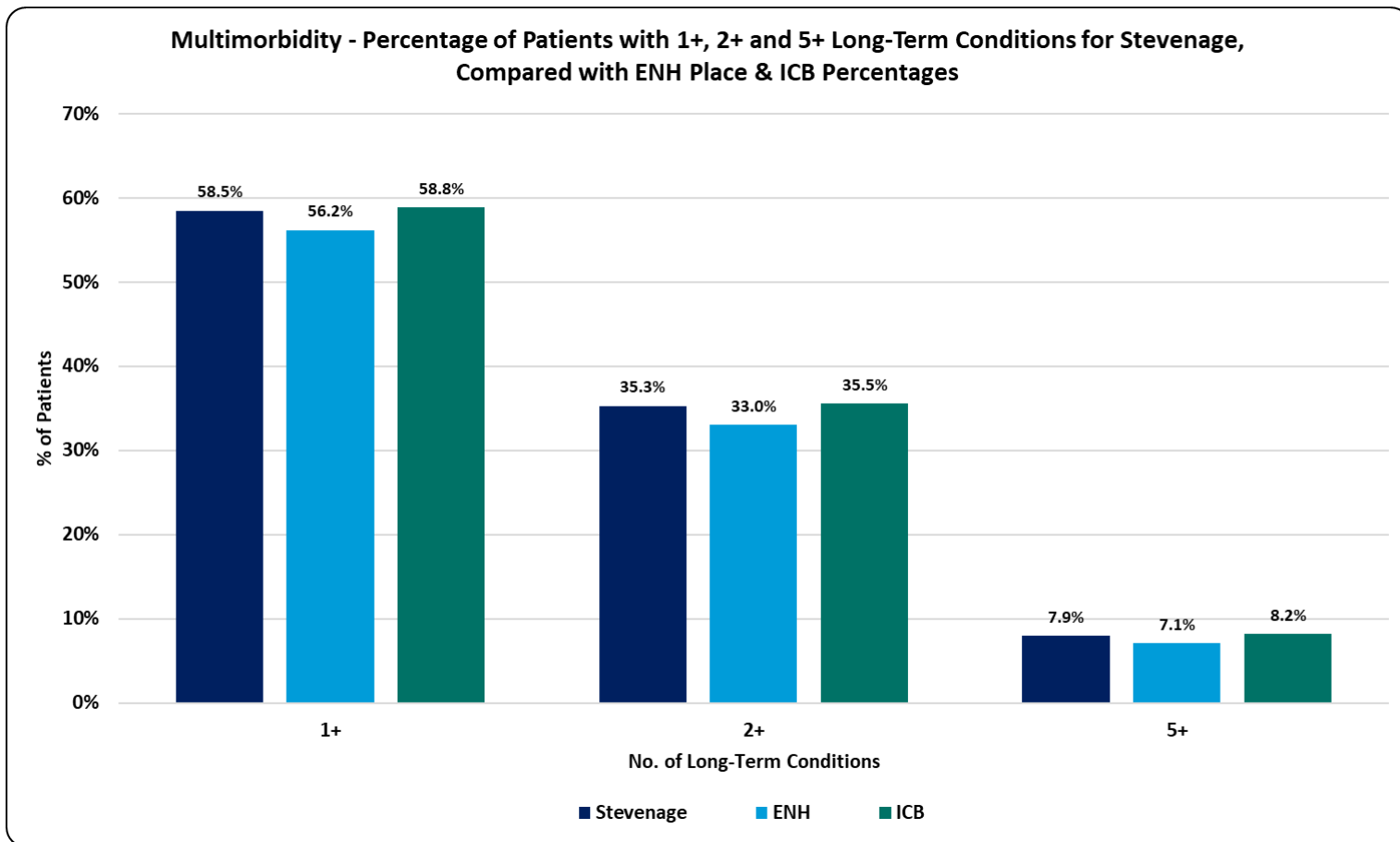
# Prevalence of Multimorbidity

## 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 Stevenage Locality, the prevalence for those with 2 or more LTCs is higher than Place and equal to the ICB.
- For those Patients with 5+ LTCs, Stevenage is higher than the ENH and similar to 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.

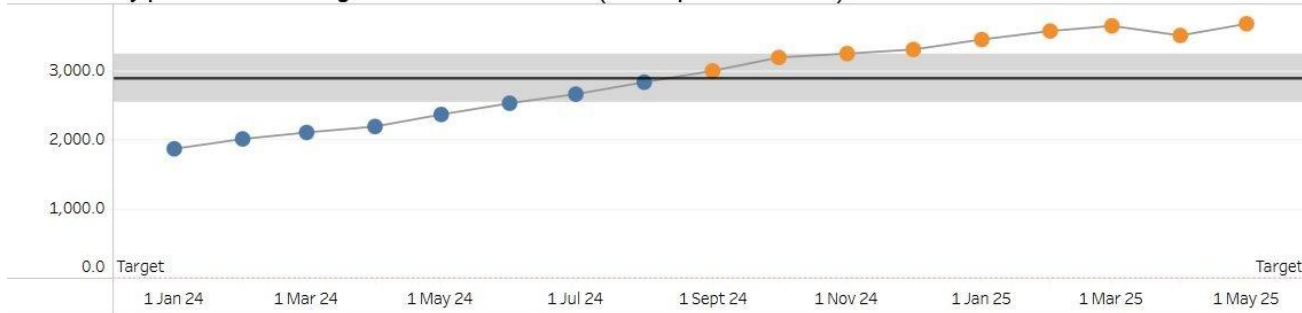


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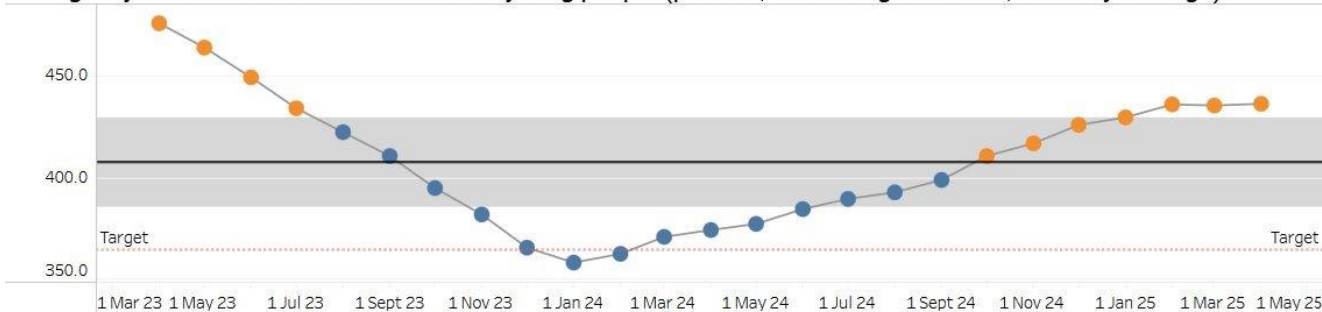


ENH

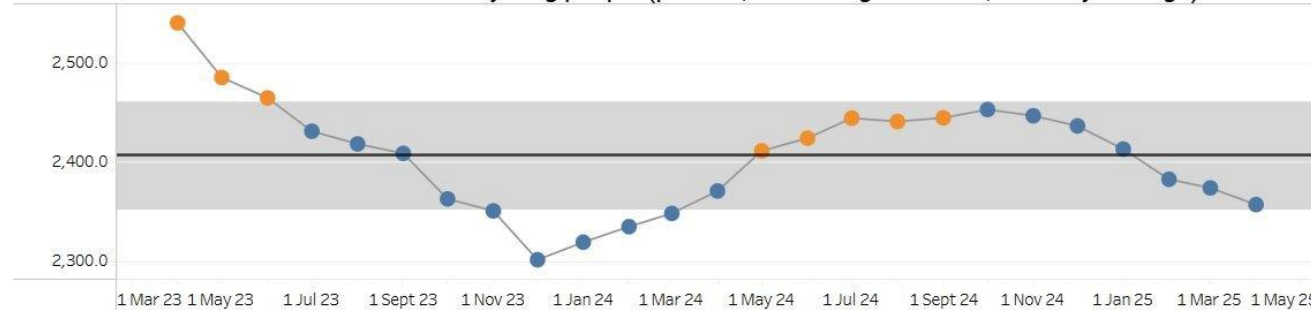
Community paediatric waits greater than 65 weeks (Not reported for WE)



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)



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



# Children and Young People: Programme outcomes

- HWE programme outcomes provide an opportunity for our ICS to focus on the end point health outcomes that best practice and evidenced interventions will deliver to improve the health of our population.
- The table on the right shows CYP outcomes for Stevenage Locality from the [Outcomes Framework](#)
- There has been an increase in overall emergency admissions for children of all ages which is also reflect in the total cost.

		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	£1,575k £425k / 26,988	£1,294k £347k / 26,833	£281,404	21.7%
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	332.0 85 / 25,602	273.8 70 / 25,568	58.2	21.3%
Workstream	Emergency Admissions, DSR per 100,000, aged between 0-4	1,254.8 78 / 6,216	1,033.1 65 / 6,292	221.8	21.5%
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			



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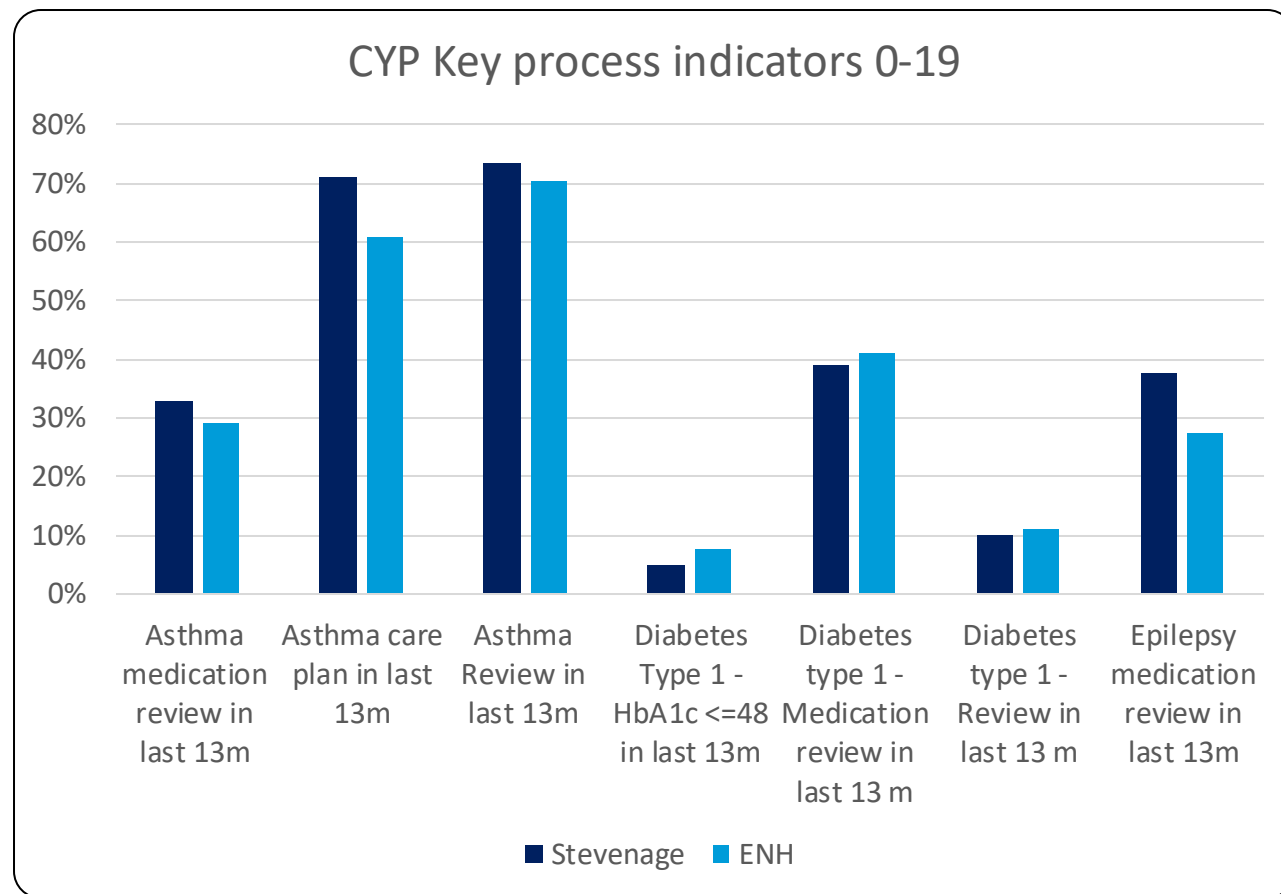
Source: [DELPPHI - HWE Outcomes Dashboard](#)





# 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 June 24, 2025.
- The graph compares these indicators between Stevenage and ENH for children and young people aged 0-19.
- The data shows a higher proportion of children in Stevenage have recorded key processes for Asthma when compared with place and ICB.



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Source: [Ardens Manager](#)



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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 within the ICB. Information are currently reported at HCP/Place level.

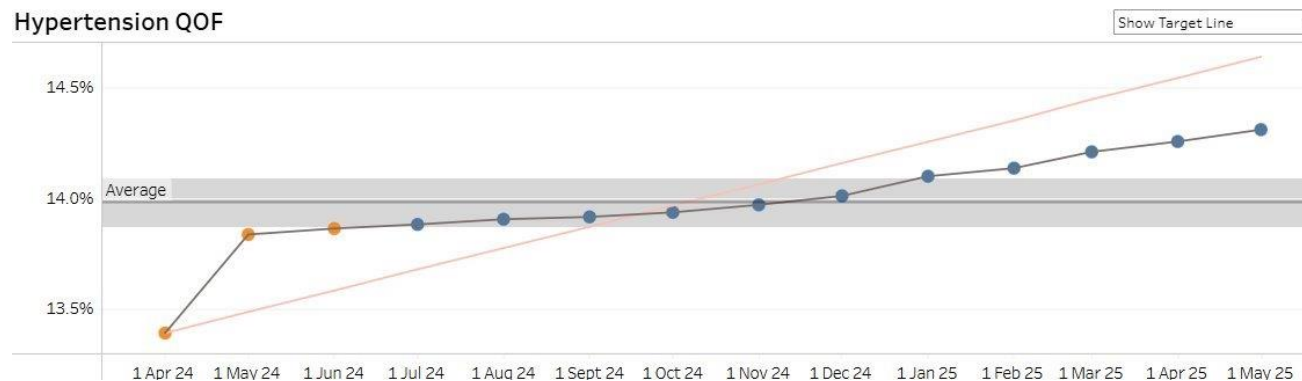
For Hypertension Medium Term Plan indicators, for the Place we can see:

- 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.

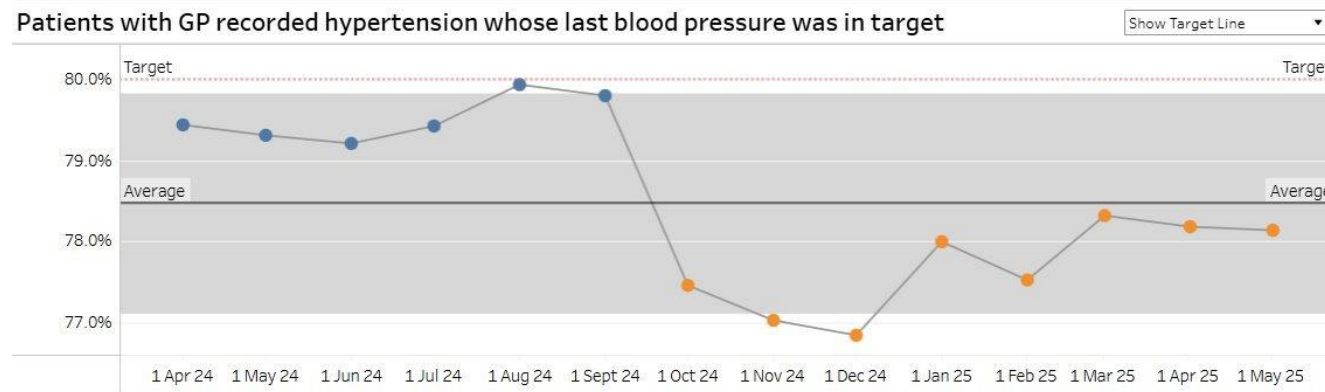
To review these indicators in more detail, please go the CVD & Hypertension page of the DELPPHI Medium Term Plan dashboard found [here](#).

ENH

Hypertension QOF



Patients with GP recorded hypertension whose last blood pressure was in target



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



# Hypertension: QOF Indicators

- Reviewing the locality on their percentage achieved from the 2024/25 QOF, we can see that:
  - Stevenage locality is showing below the place value for both Hypertension review indicators when compared with Place and ICB. There is however, variation between the PCNs.
  - 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%
Stevenage Locality	72.7%	83.7%
STEVENAGE NORTH PCN	77.8%	88.5%
STEVENAGE SOUTH PCN	69.1%	80.5%



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Source: [Ardens Manager](#)



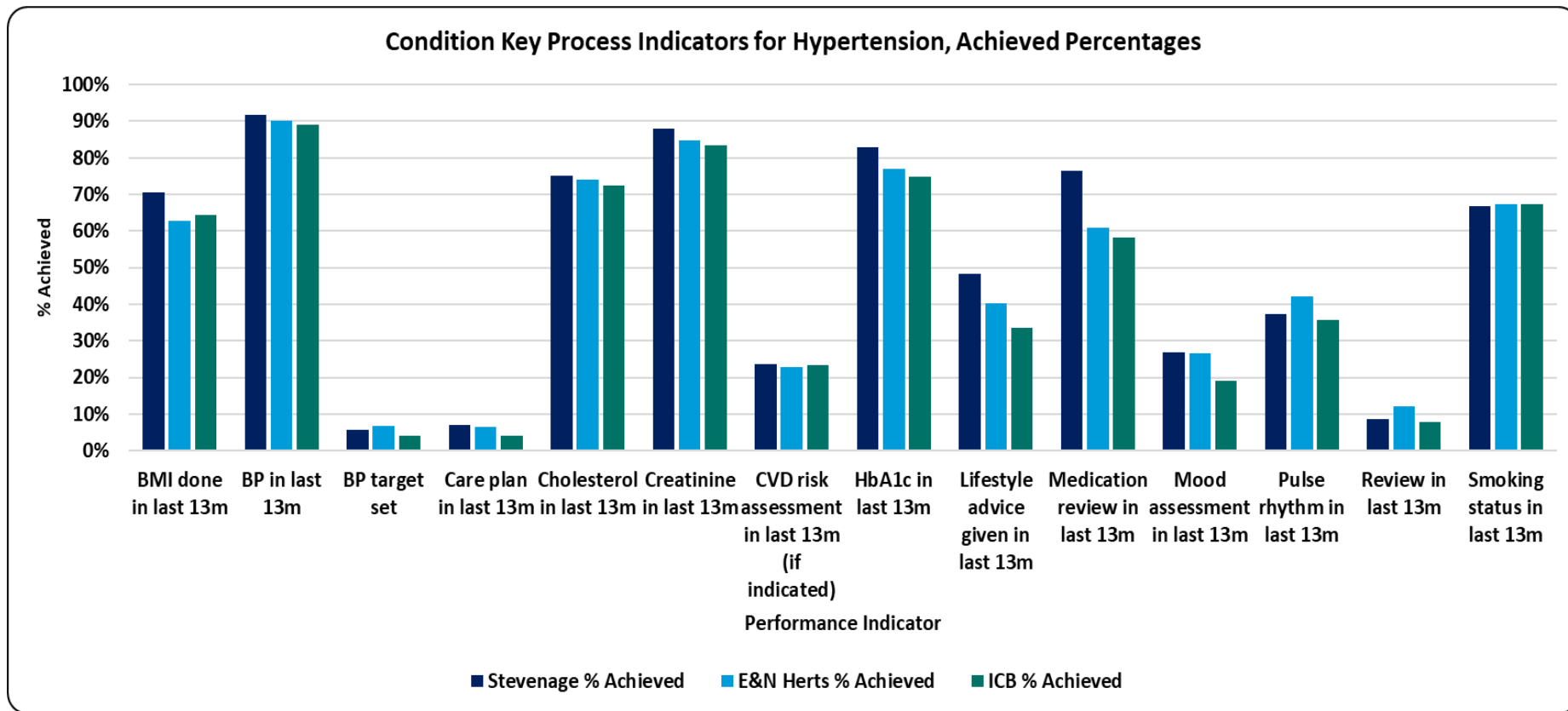
# Hypertension: Key Care Process Indicators

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

- Stevenage achieves higher percentages than Place and ICB levels, in 11 out of the 14 process indicators shown.
- To review these, and other indicators, please go to the Hypertension pages in Ardens Manager [here](#).

Areas of opportunity for the locality are:

- BP Targets Set
- Pulse Rhythm Assessments
- Patient Reviews



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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.
  - There is opportunity to increase the percentage achieved for Coronary Heart Disease and AF indicators across the locality

	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%
Stevenage Locality	91.0%	19.8%	45.2%	39.9%	97.4%	96.6%	77.5%	100.0%	13.4%	96.4%	82.0%	88.8%
STEVENAGE NORTH PCN	94.2%	10.8%	59.4%	55.2%	98.7%	95.9%	77.1%	100.0%	14.7%	96.7%	82.9%	92.3%
STEVENAGE SOUTH PCN	89.0%	25.6%	36.0%	30.1%	96.7%	97.1%	77.8%	100.0%	12.4%	96.3%	81.3%	86.2%

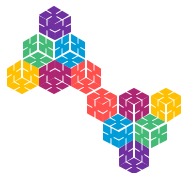


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Source: [Ardens Manager](#)





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

- The 2024/25 ECF CVD indicators are shown on this page; 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 opportunity to increase the percentage achieved for social prescribing 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%
Stevenage Locality	76.7%	44.5%	43.9%	1.3%	9.7%	94.0%	97.1%	93.2%
STEVENAGE NORTH PCN	75.5%	42.1%	43.7%	1.2%	12.6%	94.4%	97.1%	93.9%
STEVENAGE SOUTH PCN	77.7%	46.4%	44.3%	1.5%	7.3%	93.8%	97.1%	92.6%



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Source: [Ardens Manager](#)

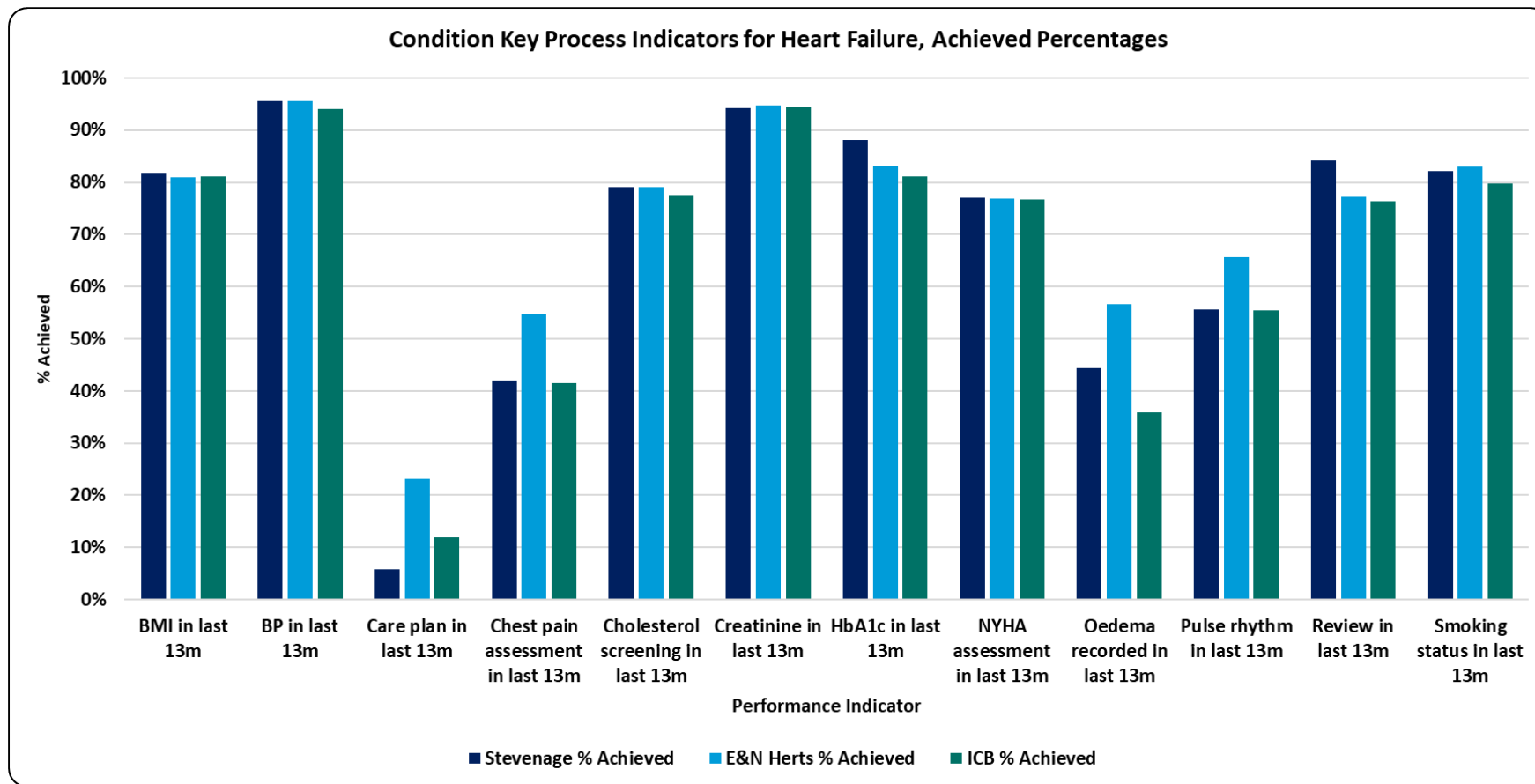


# CVD & Other Long-Term Conditions: Key Heart Failure Care Processes

Current CVD key care review process indicators are shown on this page for Heart Failure only due to limitations of space; however, 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:

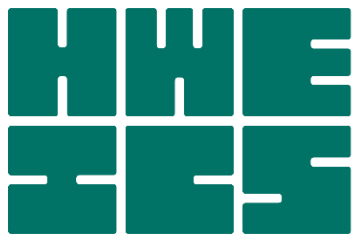
- Care Plans
- Chest pain assessment
- Oedema Recordings
- Pulse Rhythms Tests



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Source: [Ardens Manager](#)



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# Mental Health and Learning Disabilities

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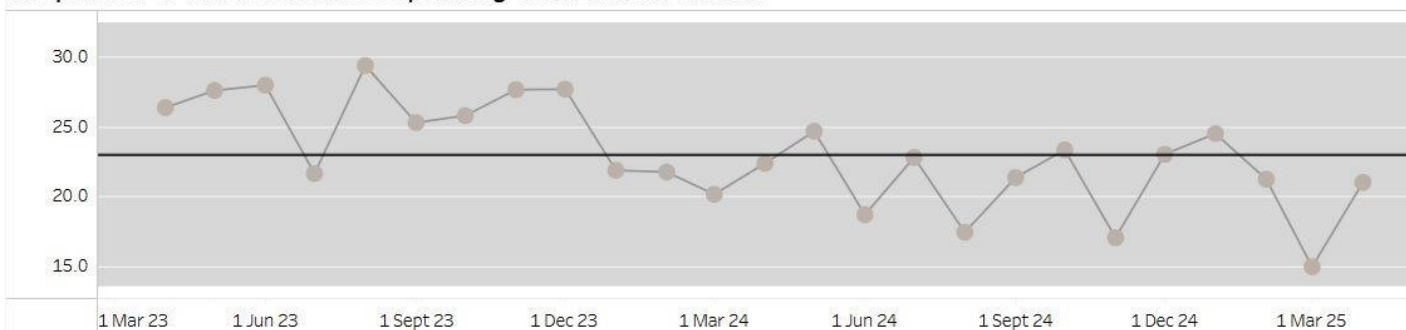


# Better care for Mental Health Crisis: Medium Term Plan Indicators

- 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

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



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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 Stevenage locality to provide assurance that activities are delivering the required impact.
- Emergency admissions for preventable ACSC conditions have increased compared to the previous period, with a corresponding rise in associated costs.

		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	52.7 55 / 119,957	39.3 42 / 118,342	13.4	34.2%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,394k £3,718k / 119,957	£2,678k £2,885k / 118,342	£715,865	26.7%
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	5.3 6 / 119,957	7.8 9 / 118,342	-2.6	-33.1%
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	9.9 10 / 119,957	11.7 12 / 118,342	-1.8	-15.3%



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



# Depression and SMI: QOF indicators

- Mental Health QOF metrics for 2024-25 show that Stevenage has a lower percentage of achievement levels for QOF for most SMI and depression 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 in Ardens using the link on 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%
Stevenage Locality	83.8%	81.9%	87.0%	92.2%	92.9%	92.3%	89.8%	90.5%	75.5%	69.1%
STEVENAGE NORTH PCN	87.3%	86.5%	92.5%	97.0%	96.7%	96.5%	95.3%	95.2%	81.2%	80.6%
STEVENAGE SOUTH PCN	80.7%	77.6%	82.0%	87.9%	89.6%	88.6%	85.0%	86.4%	70.4%	60.6%

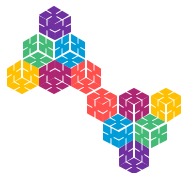


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Source: [Ardens Manager](#)





# SMI: ECF indicators

- The data shows that although Stevenage locality achieves higher percentage completion when comparing with ICB and Place. However, Stevenage South PCN 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%
Stevenage Locality	14.4%	14.8%	24.4%	8.7%	14.9%	13.3%	67.5%	13.8%
STEVENAGE NORTH PCN	22.0%	22.7%	25.5%	15.0%	22.2%	20.6%	78.5%	22.5%
STEVENAGE SOUTH PCN	7.3%	7.3%	23.3%	2.9%	7.9%	6.4%	57.1%	5.7%



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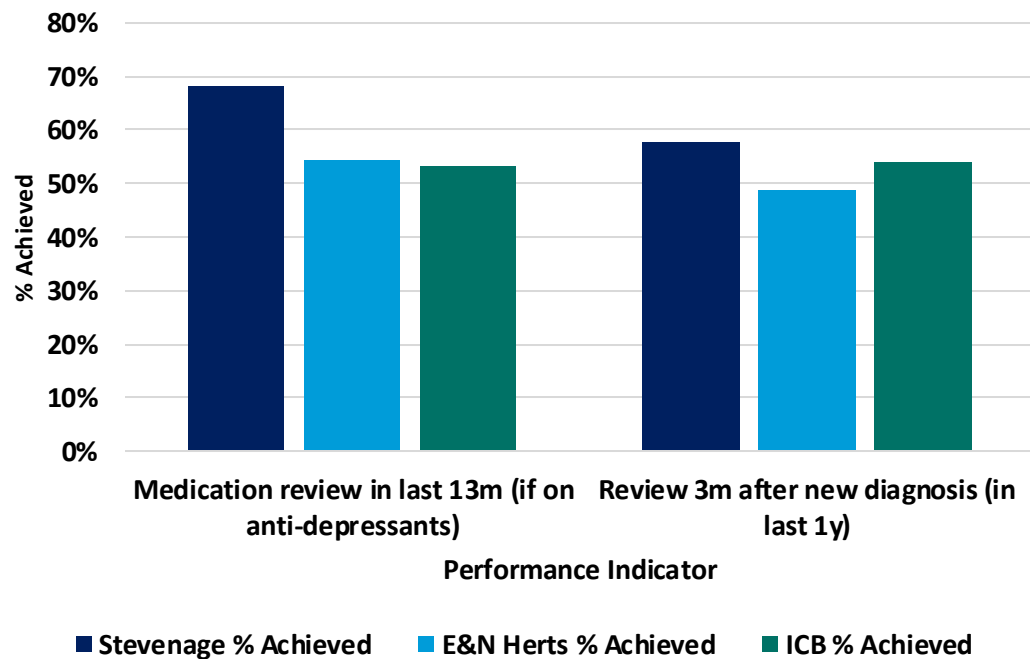
Source: [Ardens Manager](#)



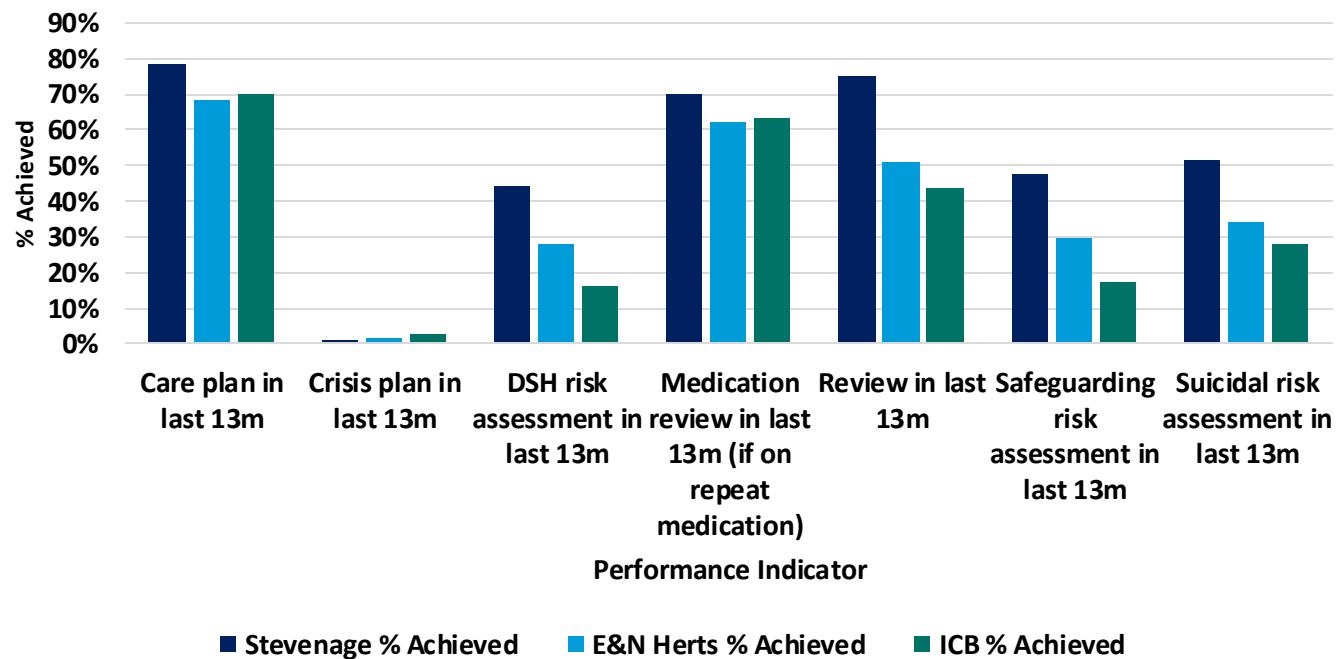
# SMI and Depression: Key process indicators

- In the past year, Stevenage recorded the higher rates of depression reviews conducted three months after diagnosis, compared to ENH and the ICB.
- Stevenage is achieving higher with key process indicators produced for SMI patients in comparison to ENH and the ICB. All other reviews can be found in [Ardens Manager](#).

Condition Key Process Indicators for Depression, Achieved Percentages



Condition Key Process Indicators for Severe Mental Illness, Achieved Percentages



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Source: [Ardens Manager](#)



# Learning Disability: ECF indicators

- The data shows that Stevenage has a higher percentage for most of the learning disability ECF indicators when compared against place and the ICB.
- However, there is variation between the PCNs.
- 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](#).

	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%
Stevenage Locality	50.1%	50.7%	20.1%	11.7%	1.7%	50.0%	5.3%
STEVENAGE NORTH PCN	53.9%	54.1%	23.5%	24.2%	1.6%	53.9%	5.6%
STEVENAGE SOUTH PCN	47.3%	48.2%	17.7%	1.6%	1.8%	47.1%	5.0%



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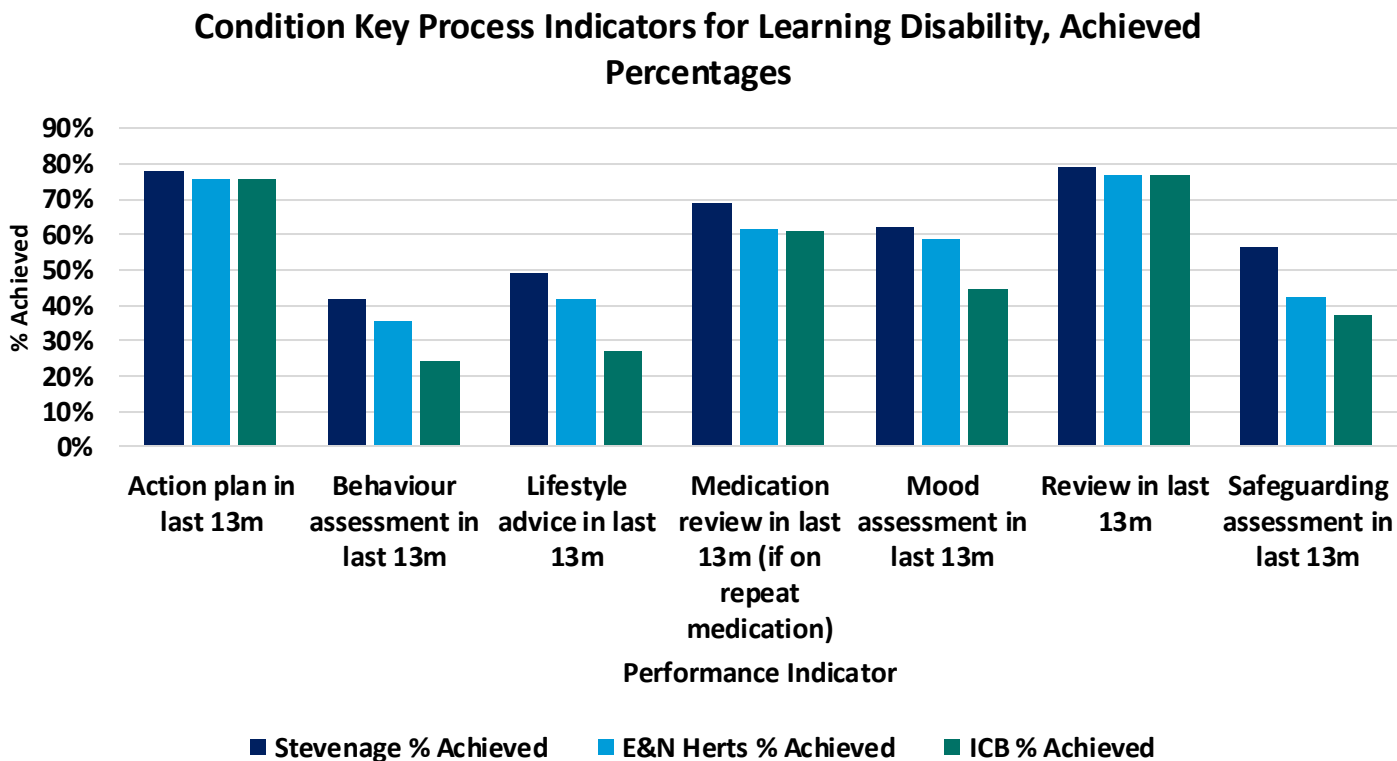


Source: [Ardens Manager](#)



# Learning Disability: Key process indicators

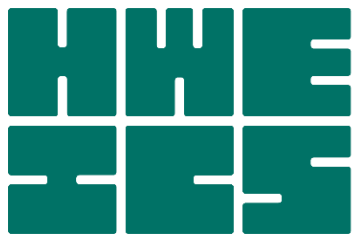
- Stevenage is achieving higher percentage completeness against ENH and the ICB across all key learning disability processes.
- All other reviews can be found in [Ardens Manager](#).



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Source: [Ardens Manager](#)



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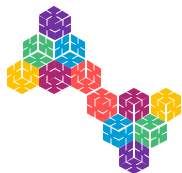


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# Cancer and Planned Care Management and outcomes

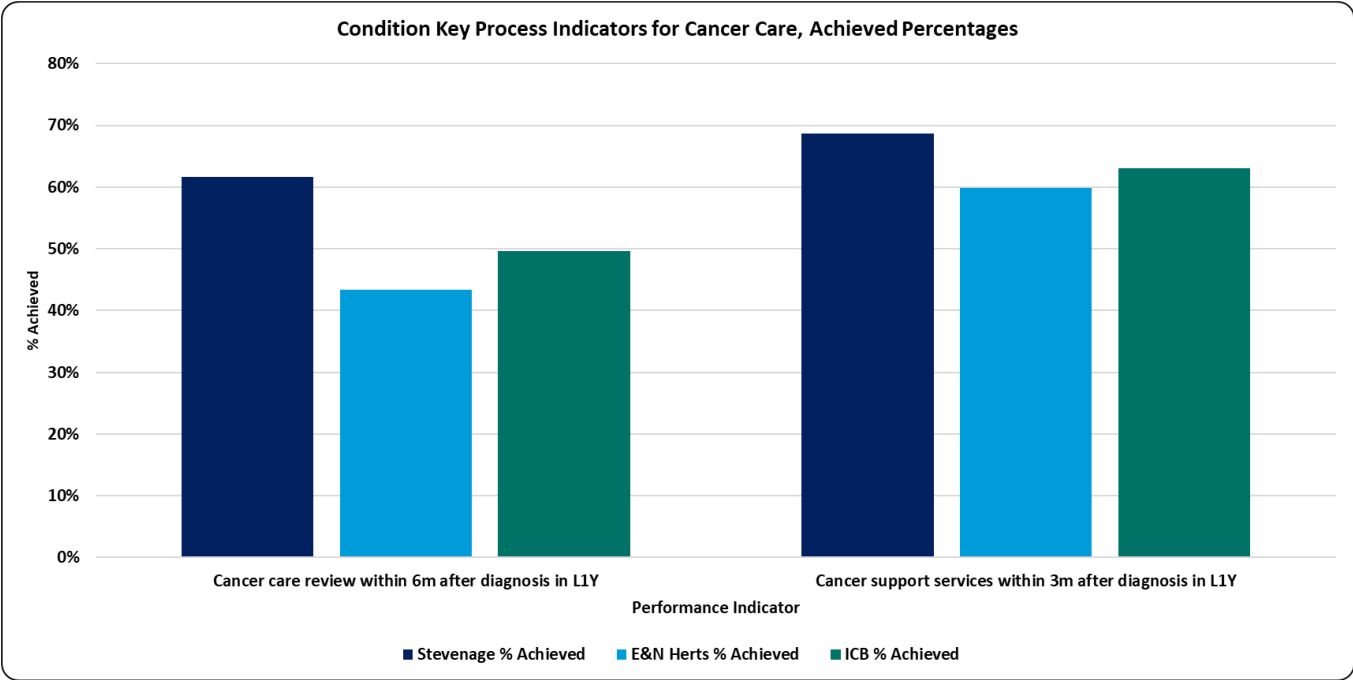
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# Cancer: QOF and Key processes indicators

- The data shows that Stevenage has a higher percentage of people receiving a cancer care review and offered cancer support services when compared to the Place and 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%
Stevenage Locality	94.5%	88.3%	92.0%	86.1%
STEVENAGE NORTH PCN	100.0%	98.1%	97.6%	100.0%
STEVENAGE SOUTH PCN	89.3%	78.9%	86.5%	75.7%



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Source: [Ardens Manager](#)





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# Frailty and End of Life care Management and outcomes

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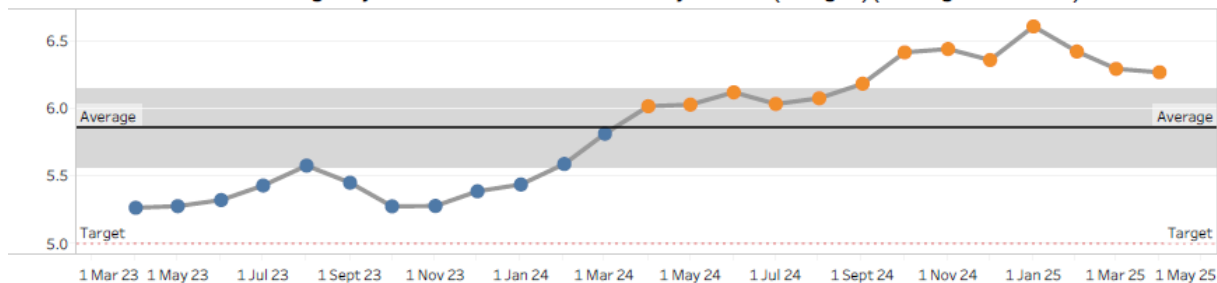


# Frailty and EOL: Medium Term Plan Indicators

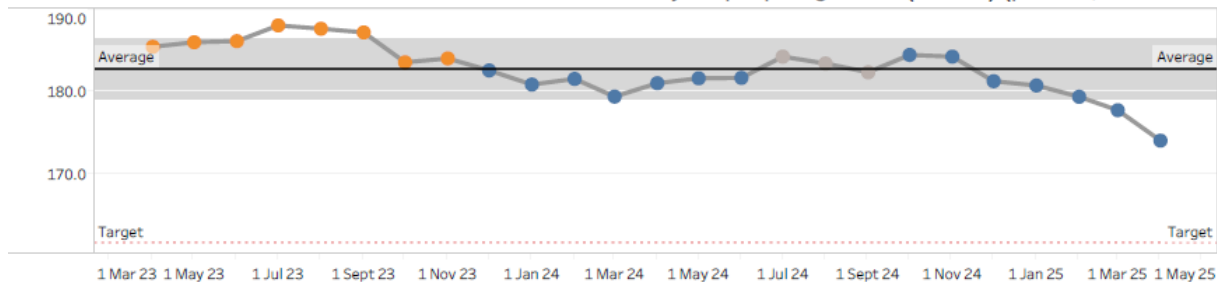
- The trend charts indicates the ENH targets and what their current trajectory is for the relevant measure.
- PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from Nov-24 onwards. Measures which reference emergency admissions will show lower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

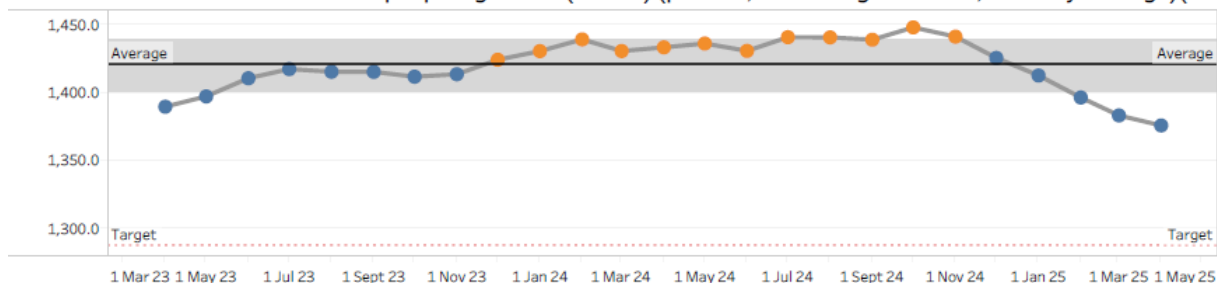
Deaths with 3 or more emergency admissions in the last 90 days of life (all ages)(Rolling 12 months)



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.
- The data for locality shows a decrease in admissions lasting less than 24 hours for those over the age of 65.
- 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.

## Stevenage

		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 65-120	205.2 39 / 18,879	115.9 22 / 18,442	89.3	77.1%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£9,841k £1,896k / 18,879	£8,239k £1,563k / 18,442	£1,602,763	19.5%
Programme	Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	371.2 71 / 18,879	520.9 100 / 18,442	-149.8	-28.7%
	Emergency Admissions LoS >0, Moderate/ Severe Frail at Admission (GP SUBMITTING PRACTICES ONLY), DSR per 100,000, aged between 65-120	Supressed due to small numbers			
	Emergency Admissions LoS >0, DSR per 100,000, aged between 65-120	1,581.9 304 / 18,879	1,550.1 294 / 18,442	31.8	2.1%
	Emergency Admissions LoS >0, Falls Within the Community, DSR per 100,000, aged between 65-120	160.7 31 / 18,879	136.5 26 / 18,442	24.2	17.8%
	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	93.5% 29 / 31	92.3% 24 / 26	1.2%	1.3%
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 7 Days, aged between 65-120	Supressed due to small numbers			
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 30 Days, aged between 65-120	10.4% 19 / 183	16.5% 34 / 206	-6.1%	-37.1%



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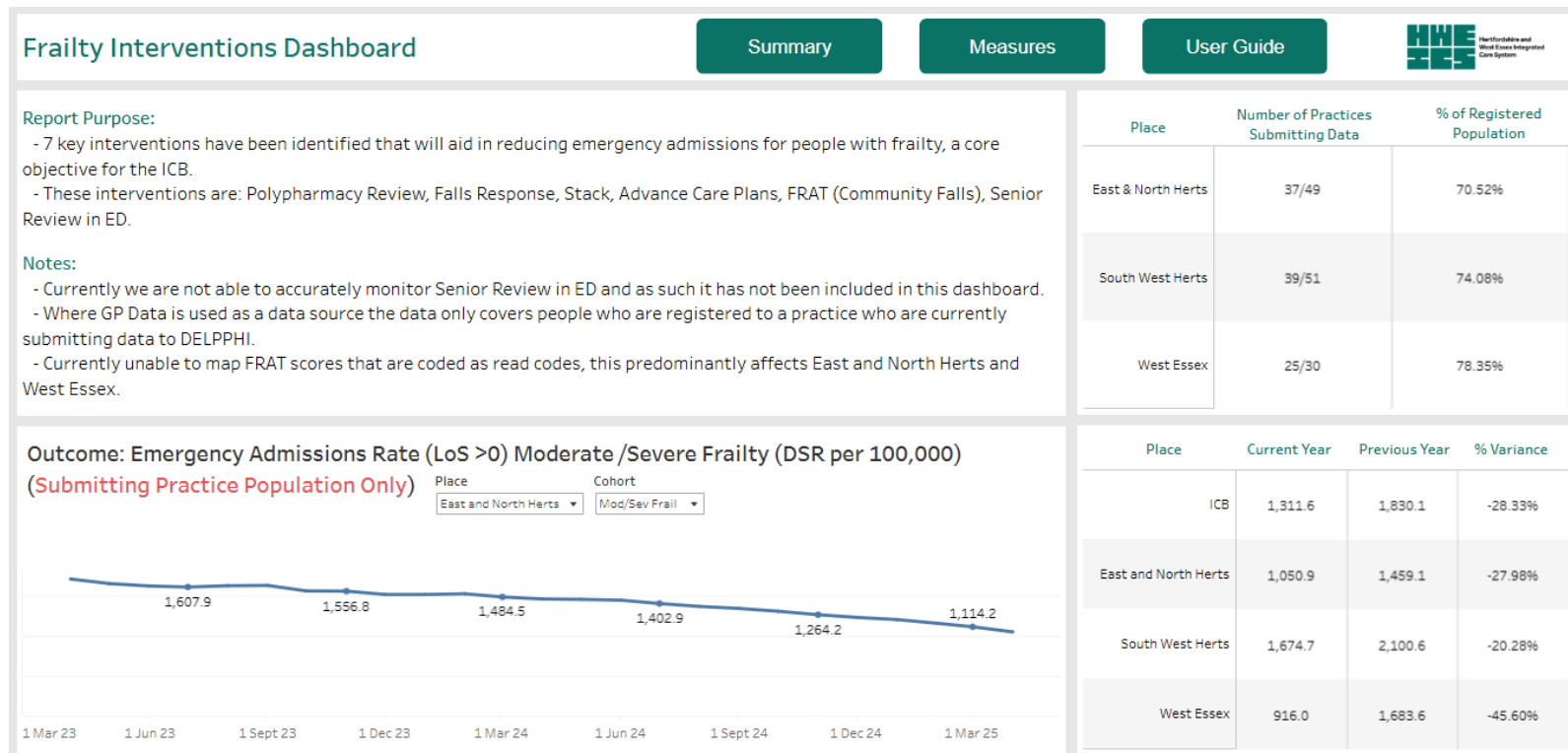


Source: [DELPPHI - HWE Outcomes Dashboard](#)



# Frailty and EOL: Indicators from the 7 interventions dashboard

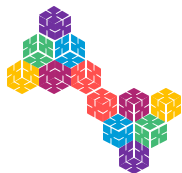
- This dashboard has been designed in DELPPHI to support 7 interventions that have been identified in aiding in the reduction of Emergency admissions for people with frailty.
- The dashboard is currently available by ICB and Place.
- Emergency Admission rate for people identified with moderate/ severe 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 Stevenage has a higher percentage for most EOL indicators, but for Frailty the percentages are varied, 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/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%
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%
Stevenage Locality	0.0%	41.6%	67.5%	62.5%	71.1%	31.3%	71.7%	89.0%	70.6%	40.7%	78.4%	62.9%	16.1%	66.0%	13.8%
STEVENAGE NORTH PCN	0.0%	38.7%	83.3%	74.4%	75.3%	37.7%	76.9%	99.3%	64.4%	54.1%	72.9%	64.2%	19.0%	60.3%	14.3%
STEVENAGE SOUTH PCN	0.0%	45.4%	54.5%	47.2%	65.6%	23.2%	65.0%	75.7%	74.9%	31.3%	82.3%	62.0%	13.9%	70.0%	13.4%



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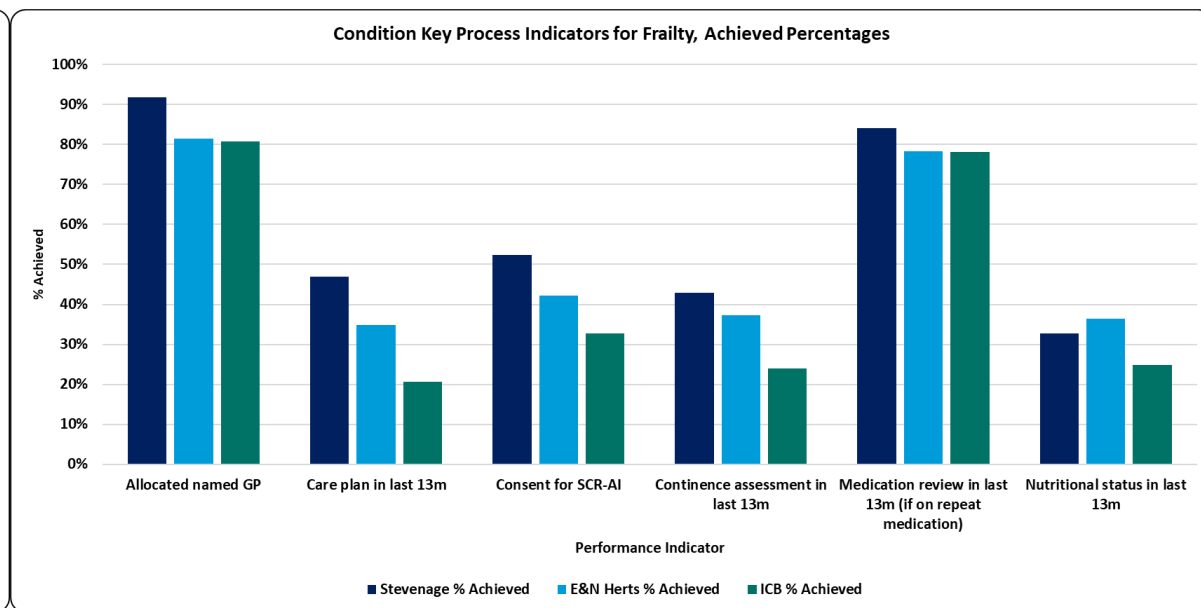
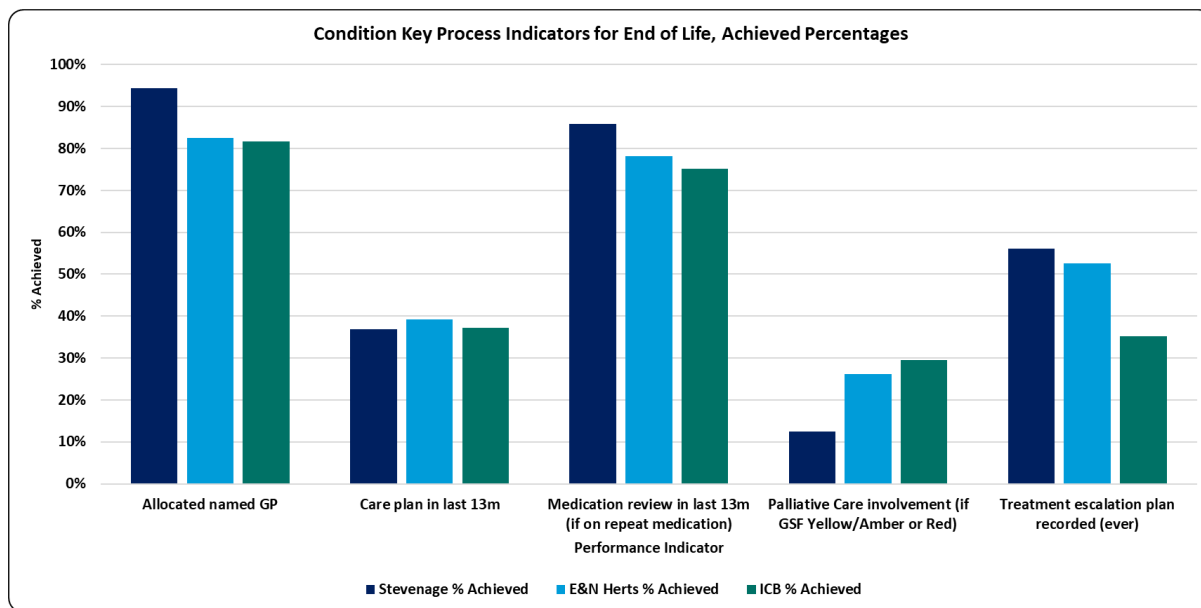


Source: [Ardens Manager](#)



# Frailty and EOL: Key processes indicators

- Stevenage has opportunities to increase palliative care involvement when compared with Place and ICB..
- 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 shows a core set of population health indicators from DELPPHI which have been broken down at GP practice level to reflect the Stevenage locality to provide assurance that activities are delivering the required impact.

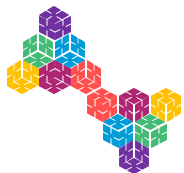
		Current Period	Previous Period	Difference	% Difference
Measure Cat	Measure				
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	52.7 55 / 119,957	39.3 42 / 118,342	13.4	34.2%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,394k £3,718k / 119,957	£2,678k £2,885k / 118,342	£715,865	26.7%
Programme	Mortality, Suicide, DSR per 100,000, aged between 10-120	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 0-120				
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	9.9 10 / 119,957	11.7 12 / 118,342	-1.8	-15.3%



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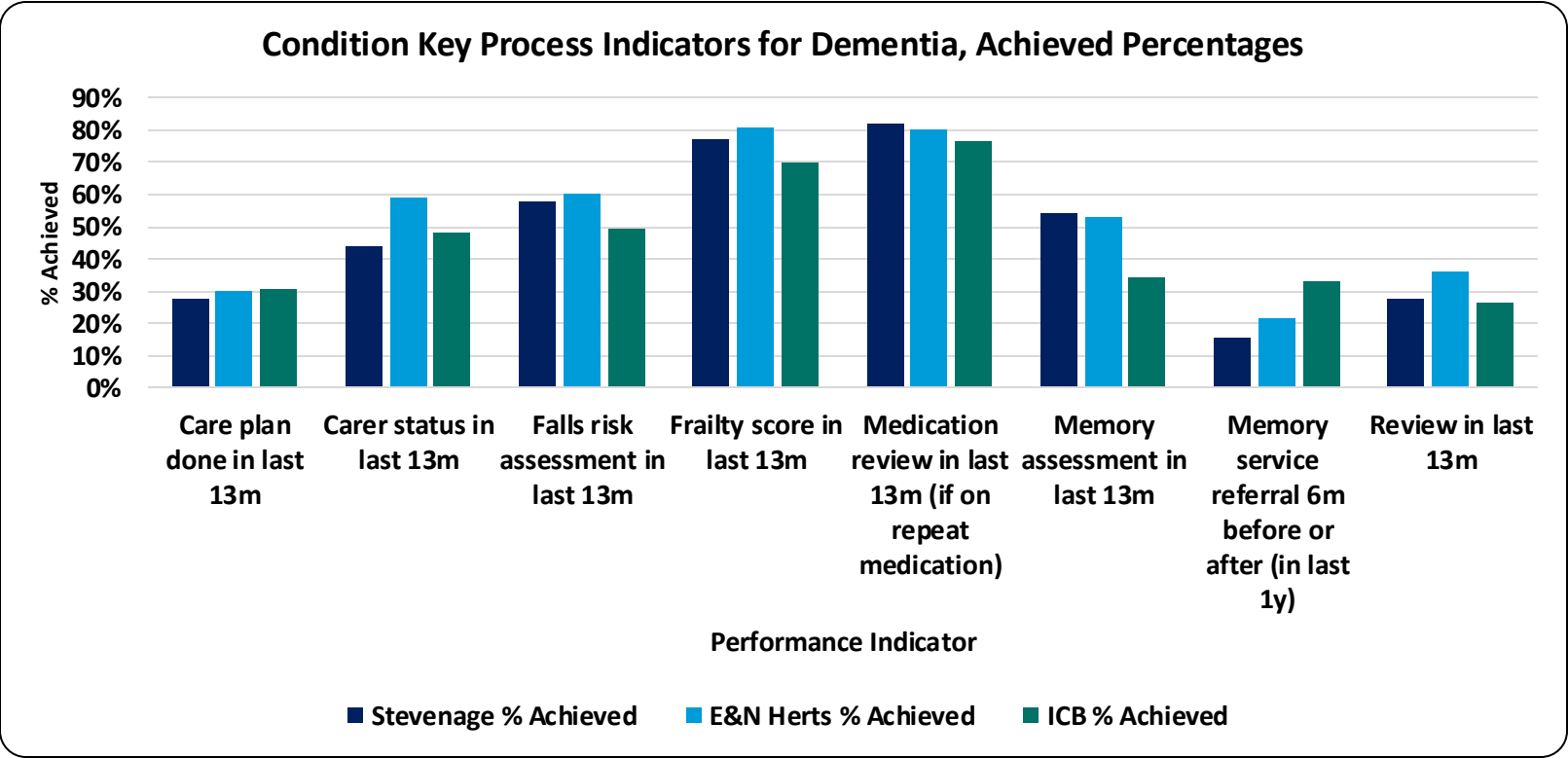
Source: [DELPPHI - HWE Outcomes Dashboard](#)



# Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that Stevenage has a higher percentage of achievement 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%
Stevenage Locality	85.3%
STEVENAGE NORTH PCN	85.8%
STEVENAGE SOUTH PCN	85.0%



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## Other key outcomes

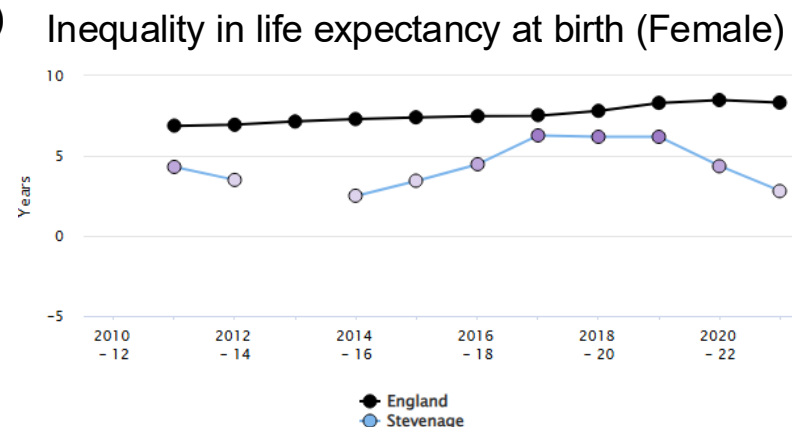
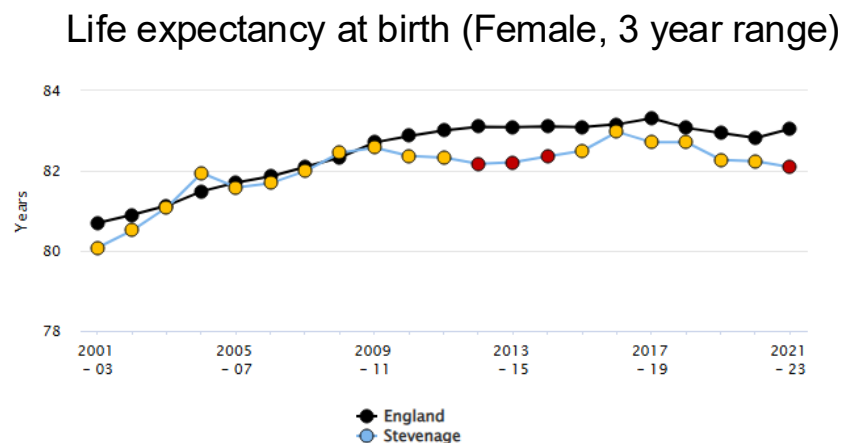
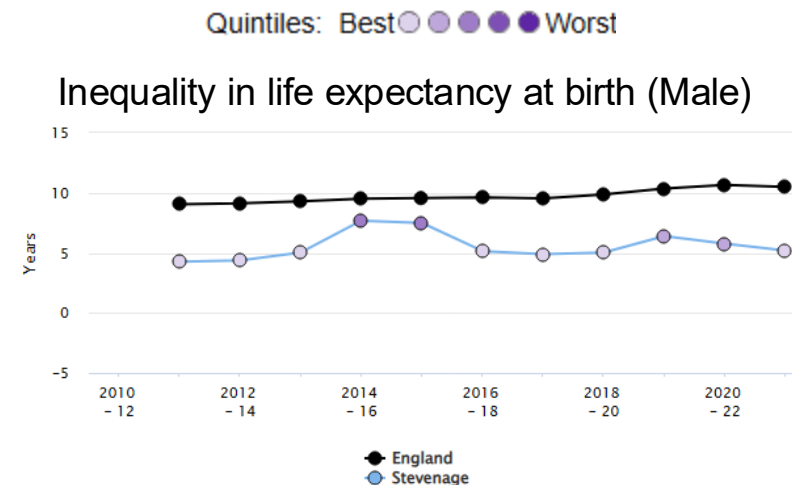
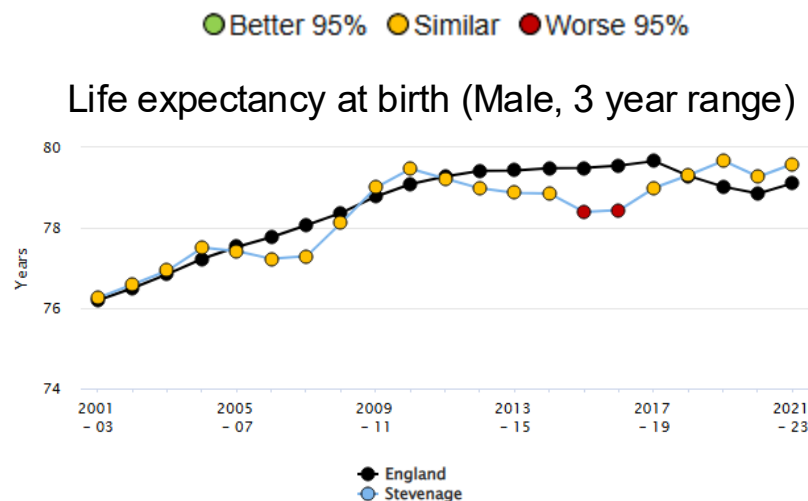
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# Life Expectancy and Inequality in Life Expectancy at Birth

- Stevenage's life expectancy for male's has moved above England over the last 7 years whereas females has remained consistently below England with the gap widening.
- Inequality of life expectancy illustrates that males living in the most deprived quintiles will live 5 years less than the most affluent in Stevenage. For females, the gap is 2.8 years.



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



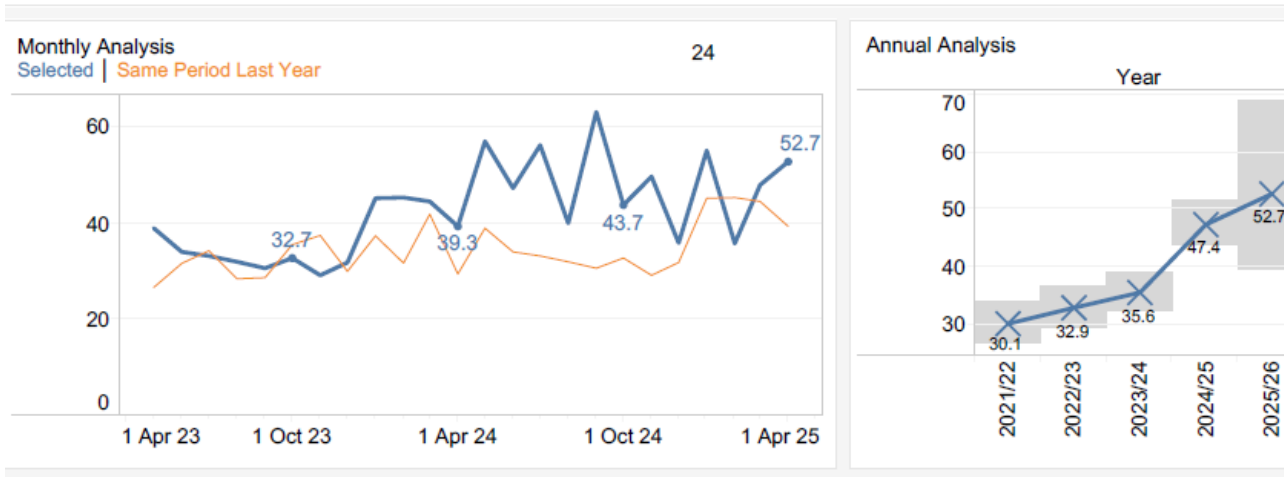
# Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

## Stevenage

- For ACSC condition emergency admissions, the rate has been steadily increasing since the end of the official Covid period in March 2021.
- Whilst these rates have fluctuated month to month in the last two years, we can see the overall movement of the rate is an upward increase towards those pre-Covid levels.
- 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.

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	52.7 55 / 119,957	39.3 42 / 118,342	13.4	34.2%

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



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

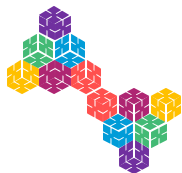
Place Description	Rate (DSR/100k)
East and North Herts	40.1
South and West Herts	66.5
West Essex	49.7



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



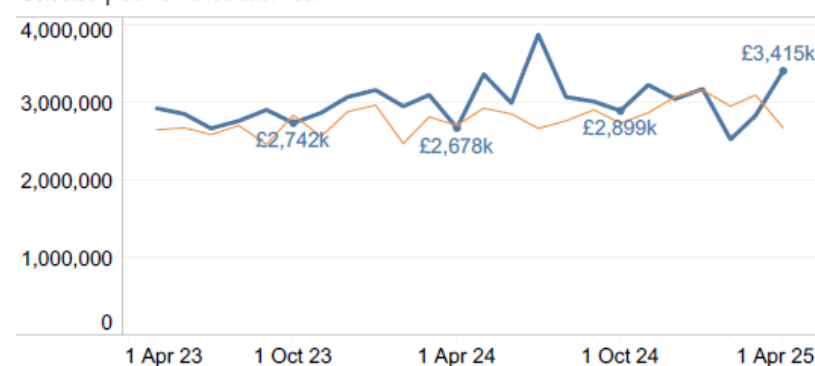
# Total cost of Emergency hospital care for Stevenage

- The locality continues to see an increase in demand for emergency hospital care since Covid.
- 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.

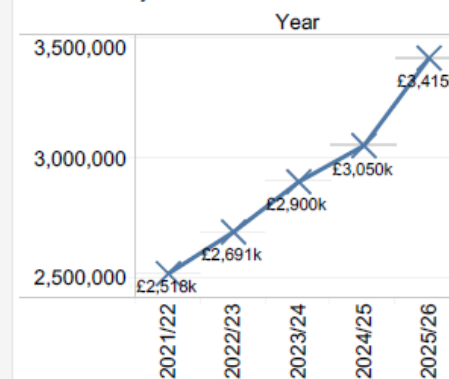
Measure..	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,415k £3,739k / 119,957	£2,678k £2,885k / 118,342	£736,615	27.5%

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

Monthly Analysis  
Selected | Same Period Last Year

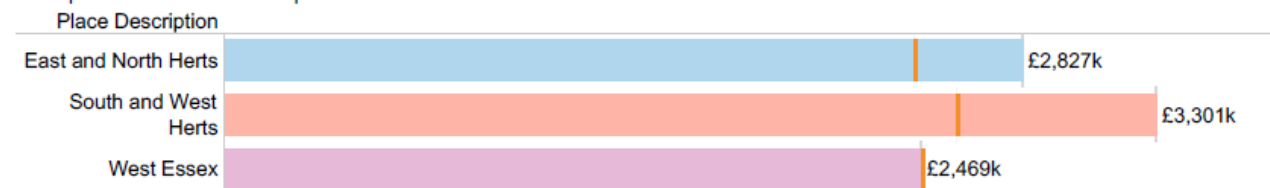


Annual Analysis



Place Summary

YTD | Same Period Last Year | 95% Confidence Interval



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



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## Glossary

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# Glossary

## Segmentation Model

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

## Coding

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



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## Practices currently flowing data to DELPPHI as at 4<sup>th</sup> August 25

Locality	Practice Name	Flowing data
Stevenage	Bedwell Medical Centre	✓
	King George & Manor House Surgeries	✓
	Knebworth & Marymead Practice	✓
	Shephall Health Centre	✓
	The Symonds Green Health Centre	✓
	Stanmore Medical Group*	✗

\* Stanmore Group have enabled sharing; however, the data was still in the process of being loaded when this report was produced

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