Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care Board

Hertfordshire and West Essex Neighbourhood Pack

Stort Valley

2025-2026
PHM Team

Working together
for a healthier future

Key messages

The Stort Valley population profile is similar to East & North Hertfordshire and the ICB. However, a higher proportion of the population live in the least deprived quintile compared to the place.

There is inequality between and within the locality which will be masked by the aggregate view of the data. People in these less affluent areas may not achieve similar outcomes to the wider population. Please see the Overview of the Population for more information.

Stort Valley data shows a higher proportion of alcohol abuse, obesity, insufficient physical activity and smoking compared to ENH. These trends are particularly pronounced among older adults (65+) for alcohol abuse.

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%). Stort Valley and the Villages have significantly fewer children living in areas of IDACI.

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

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Demographics, wider determinants and prevention

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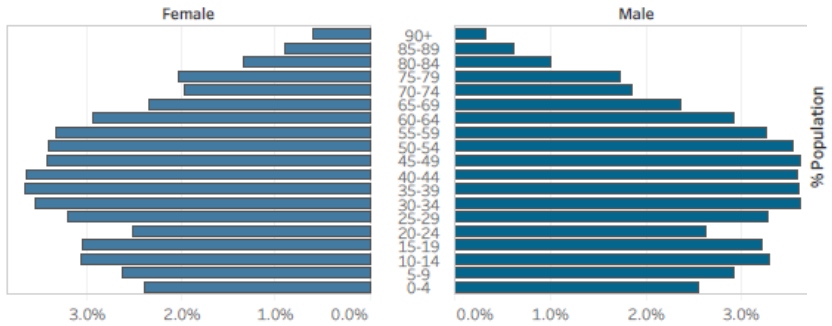
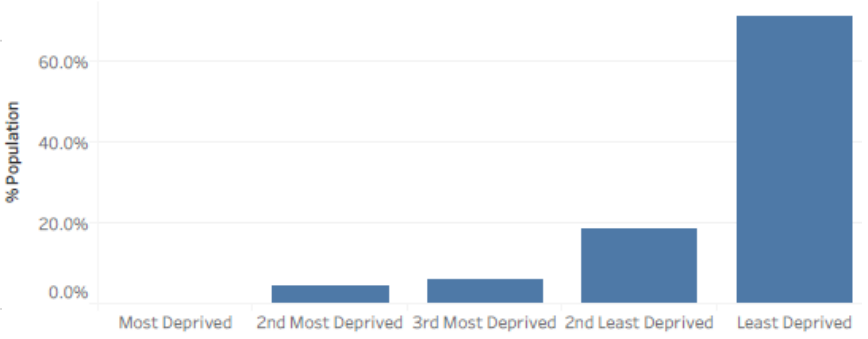
Population profile

- Stort Valley population age groups in most cases mirrors ENH, but a higher proportion lives in the least deprived quintile.
- Additional information is available on DELPPHI for age, deprivation, ethnicity, gender and main language at HCP, Locality, PCN, GP practice and Local authority lower tier population.

Stort Valley

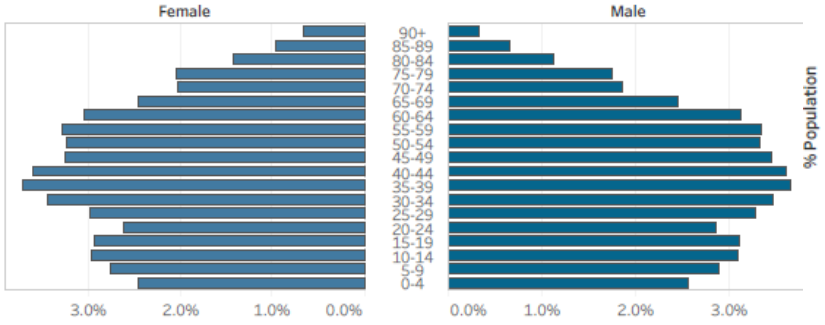
Total Population	Proportion of Population Aged 0-18	Proportion of Population Aged 65+	Proportion of Population Most Deprived Quintile	Proportion of BAME Population
68,566	22.1% (15,165)	17.1% (11,738)	0.1% (85)	10.7% (7,307)

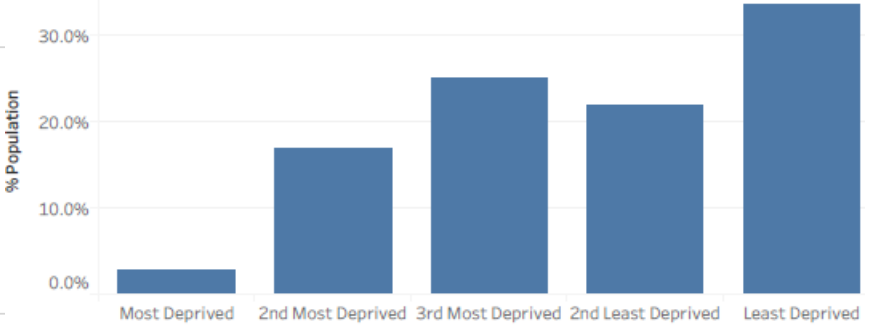




ENH

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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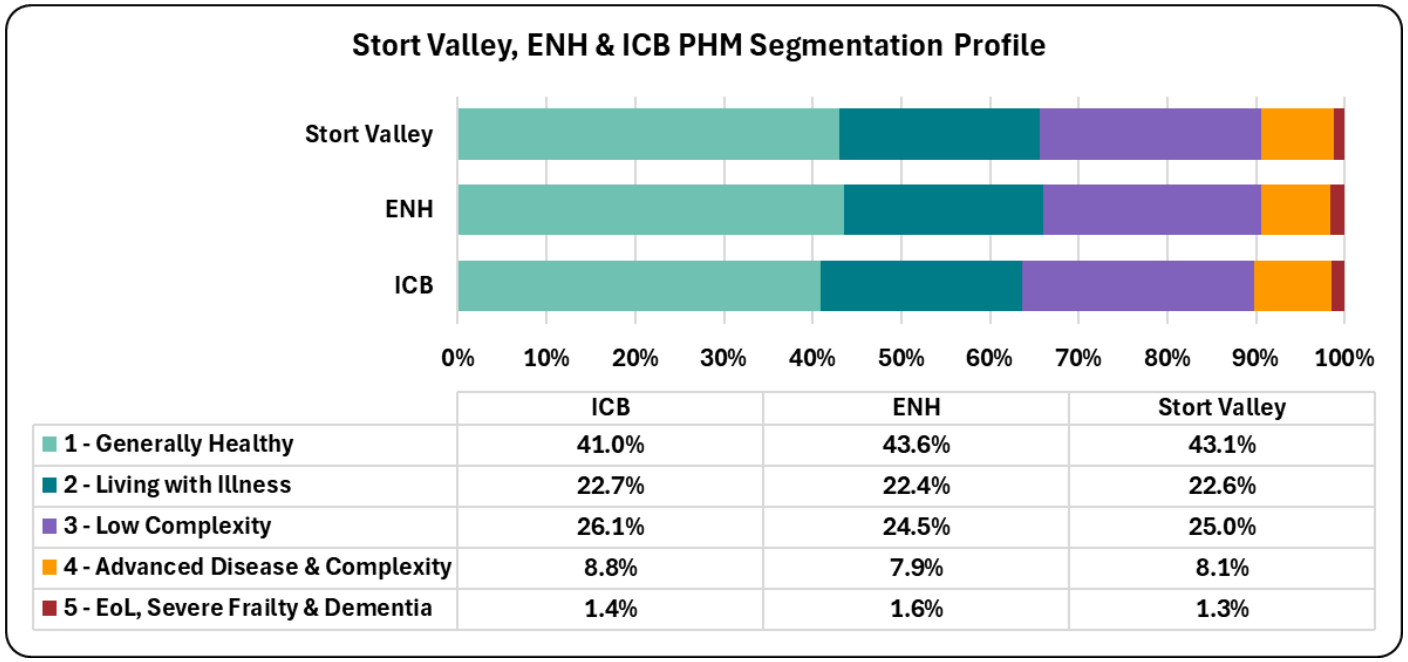
Source: DELPPHI - Population Profile

Segmentation profile Provisional Data

- The illustrations on the right shows the segmentation model for Stort Valley, ENH and the ICB. This is a snapshot from July 2025.
- Stort Valley has a similar number of the population in the ‘Generally Healthy’ segment. This is linked to 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.
- Further detail on the segmentation model can be found in the glossary



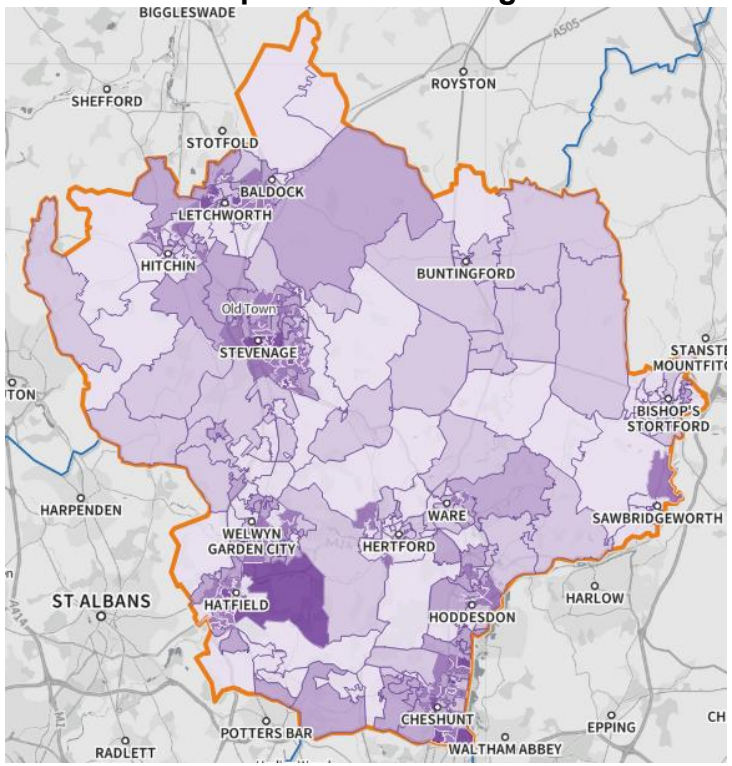
	ICB	ENH	Stort Valley
1 - Generally Healthy	41.0%	43.6%	43.1%
2 - Living with Illness	22.7%	22.4%	22.6%
3 - Low Complexity	26.1%	24.5%	25.0%
4 - Advanced Disease & Complexity	8.8%	7.9%	8.1%
5 - EoL, Severe Frailty & Dementia	1.4%	1.6%	1.3%

Source: DELPPHI: HWE Segmentation model

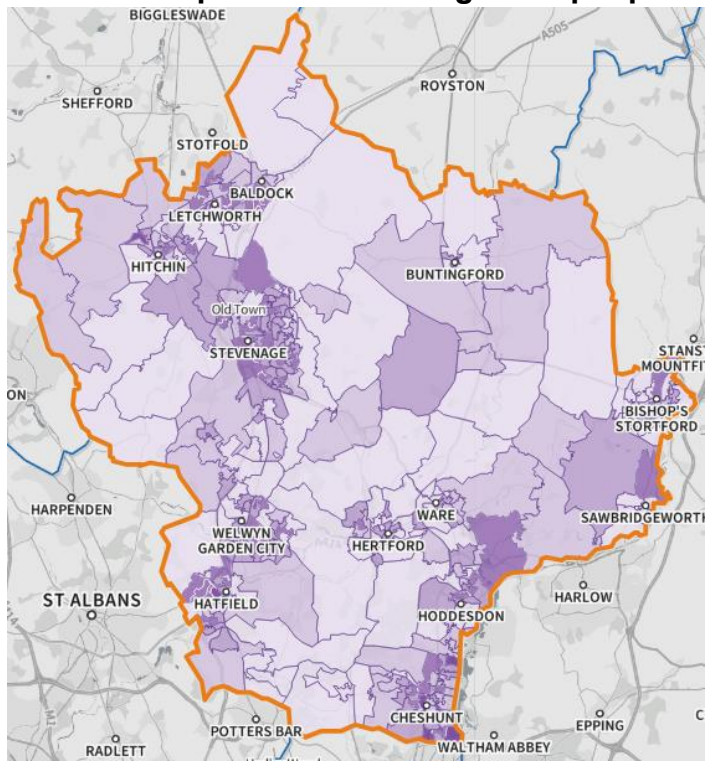
Children and older people living in poverty

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

Income Deprivation affecting children



Income deprivation affecting older people



Income deprivation affecting children index (IDACI) 2019, shows 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 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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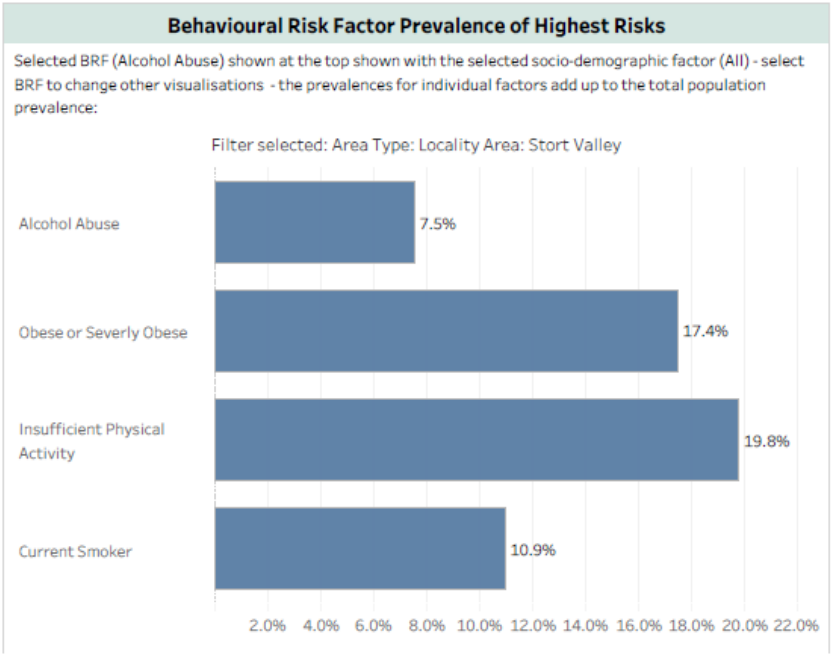
Source: Fingertips | Department of Health and Social Care and SHAPE

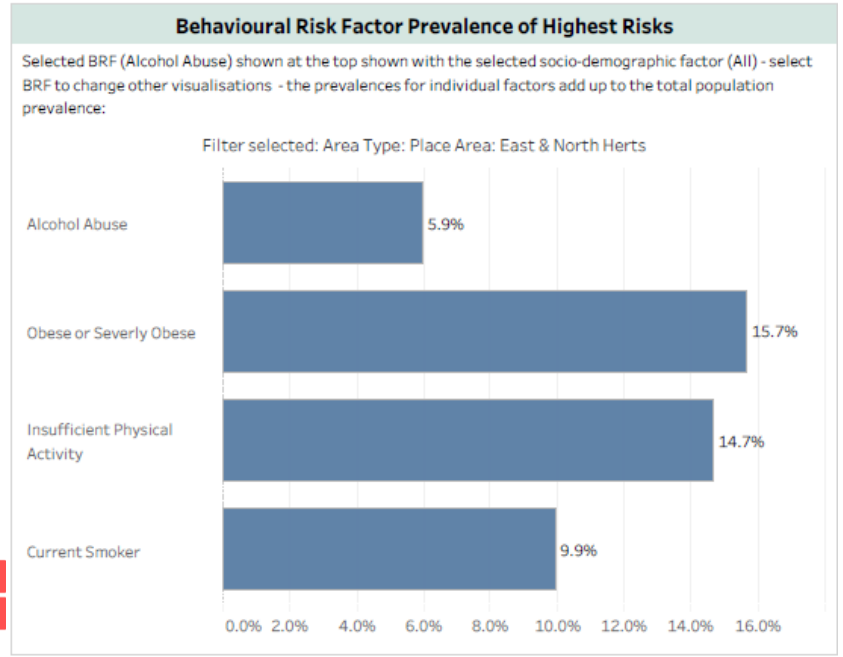
Behavioural risk factors

- Stort Valley data shows a higher recorded prevalence of alcohol abuse, obesity, insufficient physical activity and smoking compared to ENH. These trends are particularly pronounced among older adults (65+) for alcohol abuse.
- 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.

Stort Valley



ENH



Source: DELPPHI - Population Profile

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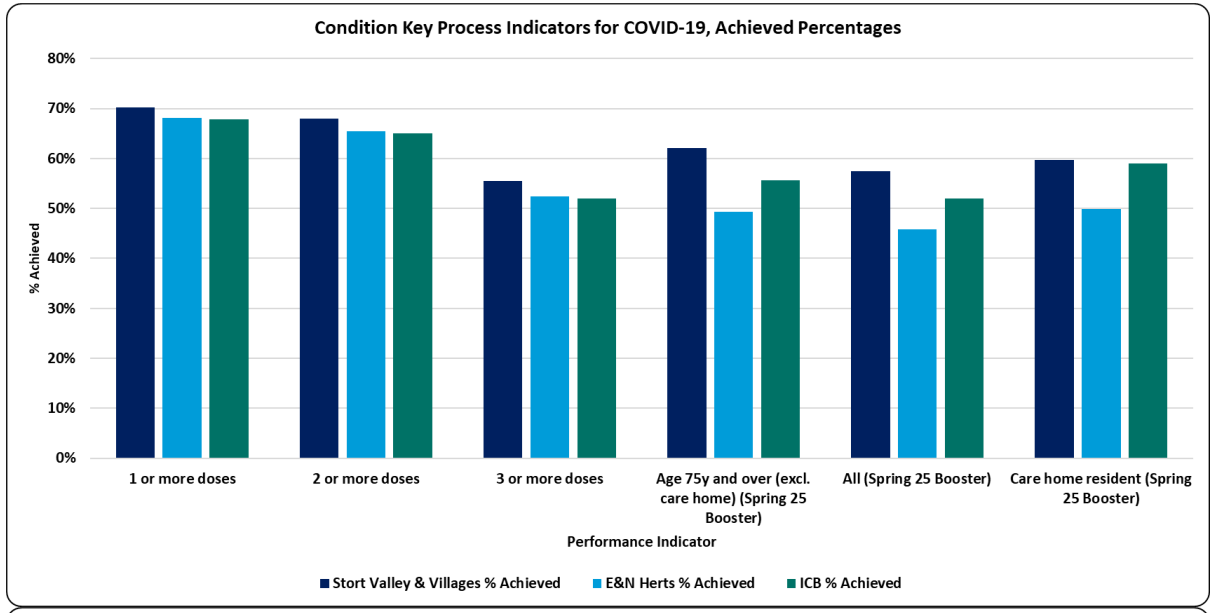
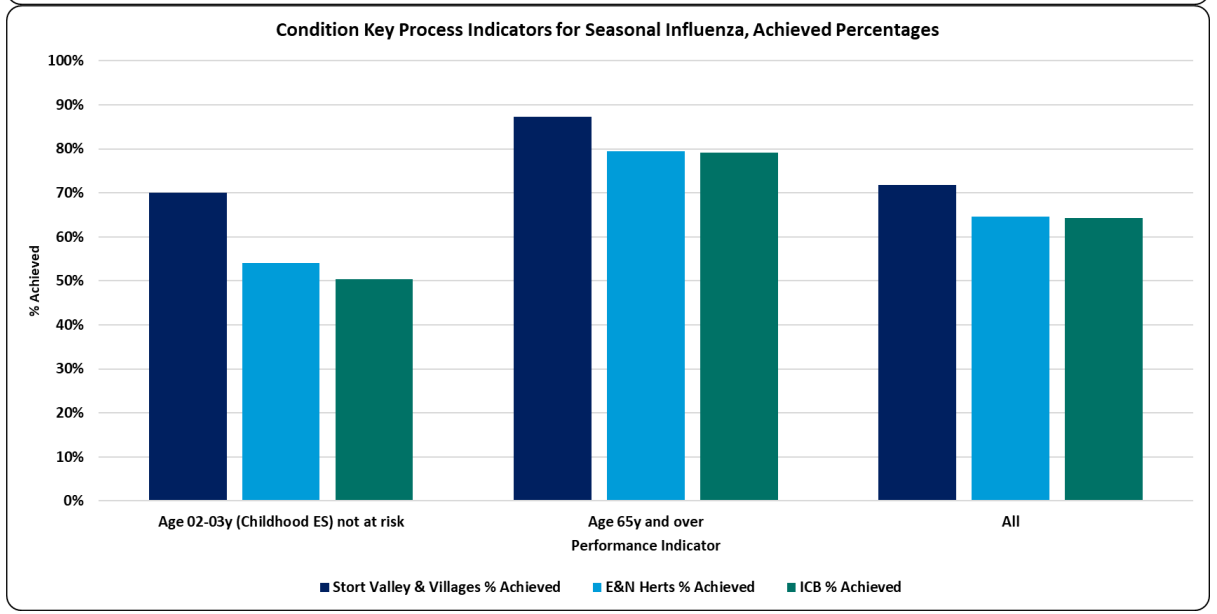
Immunisation

- Stort Valley's percentage of people immunised against Covid-19 is above ENH and the ICB.
- Seasonal influenza percentage achieved for all areas is above ENH and the ICB.





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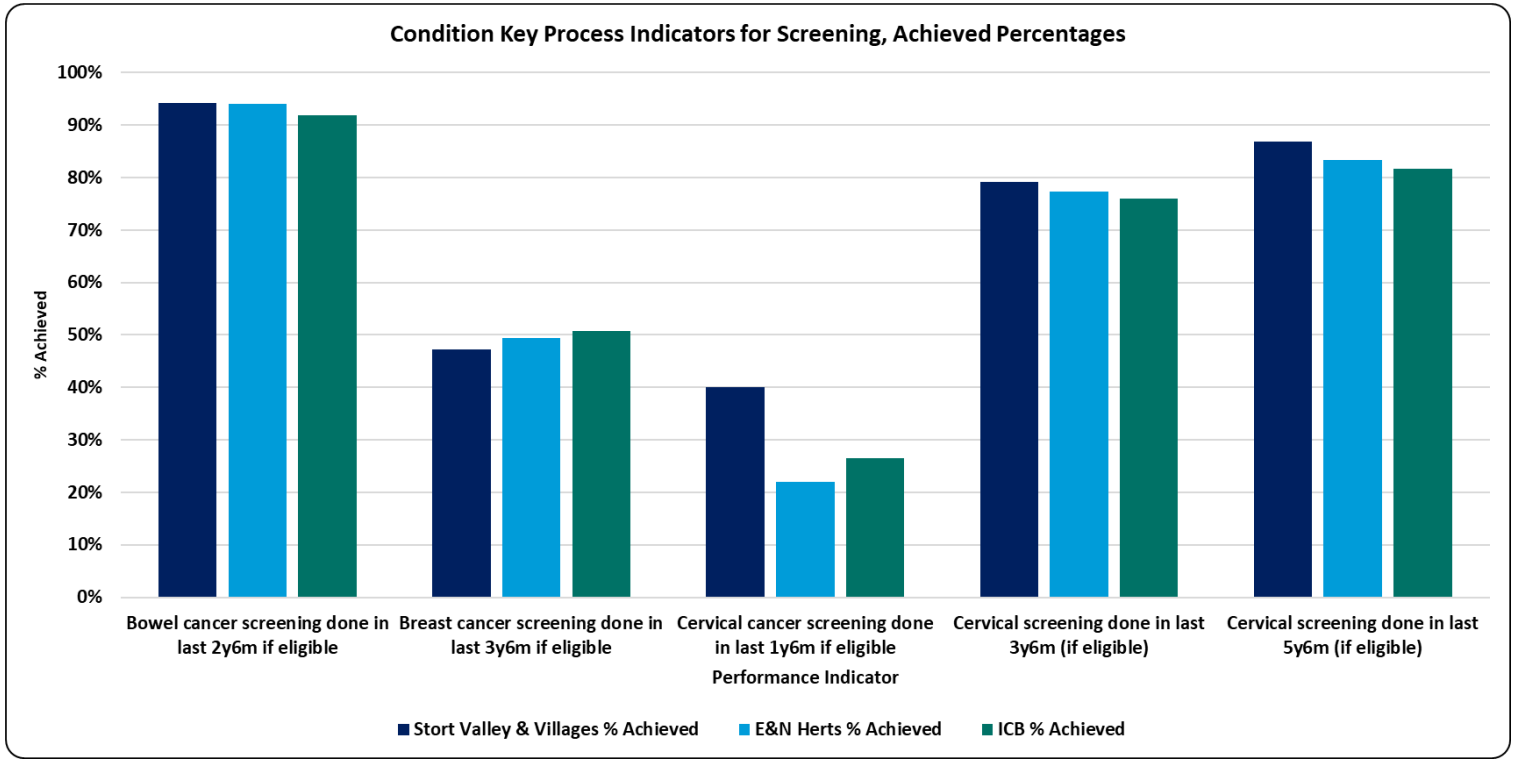
Source: Ardens Manager

Screening

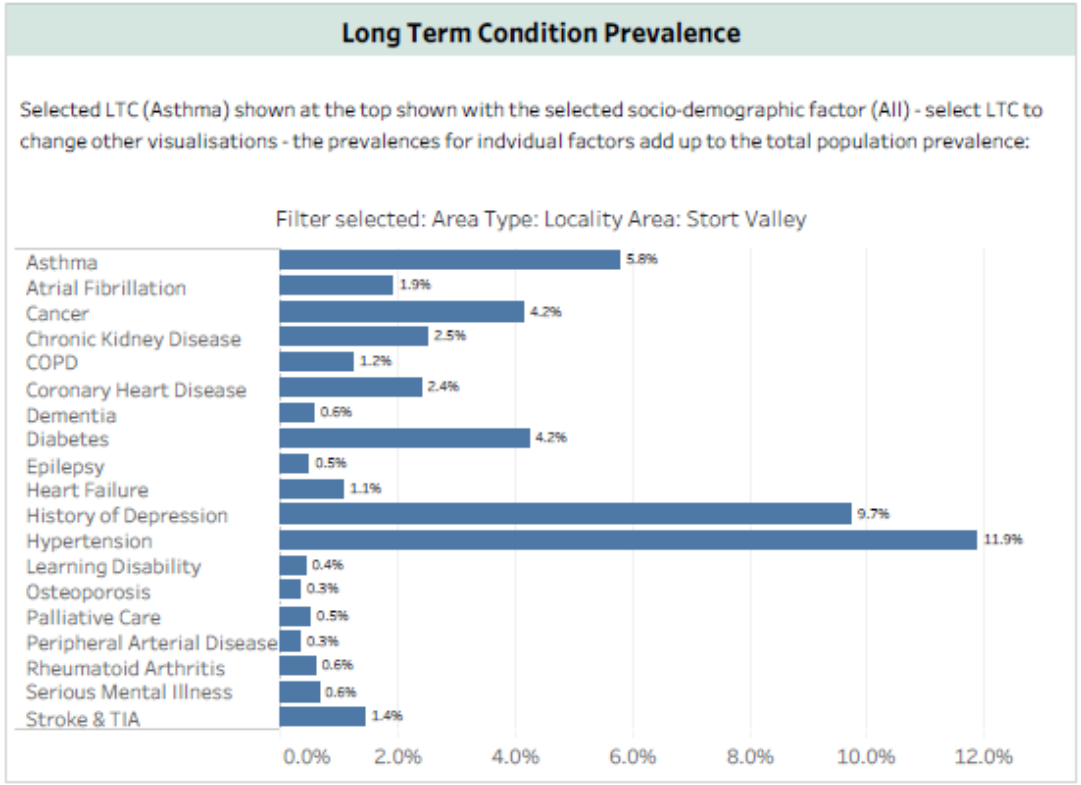
- Better outcomes are achieved through earlier diagnosis of cancer. The national target is for 75% of cancer diagnosis to be at early stage (stage 1 or 2). Uptake of cancer screening programmes are a core enabler for early detection of cancer.
- The chart on the right shows the percentage of people screened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



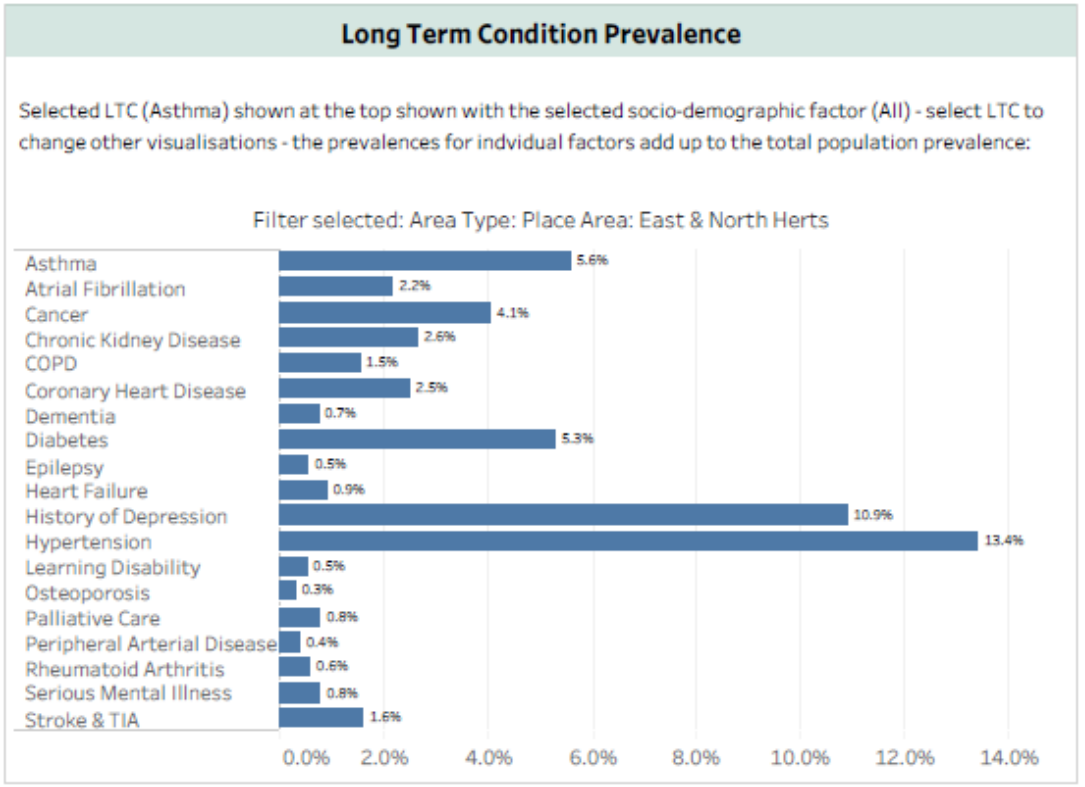
Source: Ardens Manager

Prevalence of Disease Registers

Stort Valley



ENH



- The above charts show that Stort Valley 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.

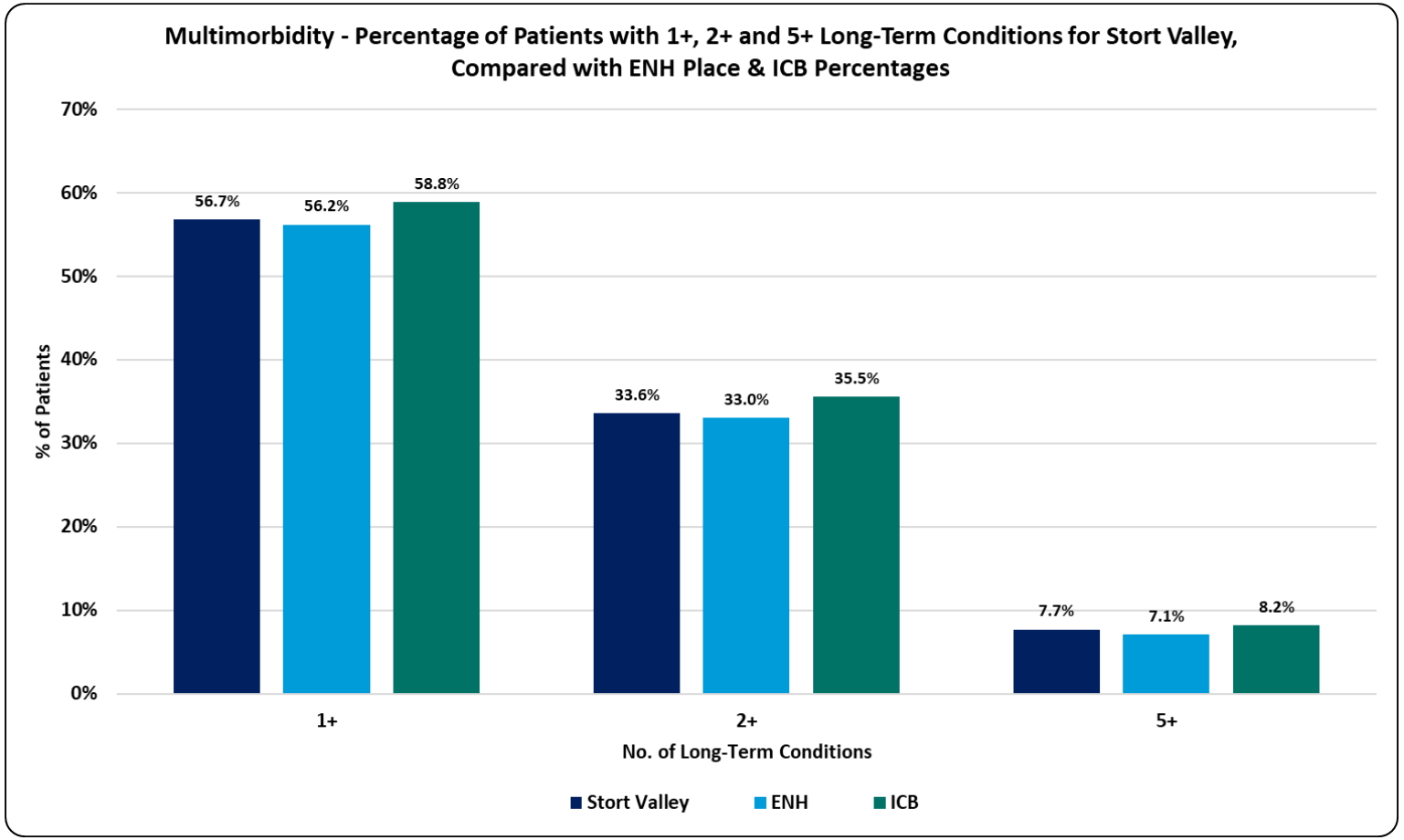
Prevalence of Multimorbidity

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 Stort Valley Locality, the prevalence for those with 2 or more LTCs is similar to Place and below the ICB.
- For those Patients with 5+ LTCs, Stort Valley is similar to ENH and the ICB.
- Stort Valley's segmentation profile, characterised by a higher proportion of the population with BRFs, may be contributing to the higher proportions observed compared to ENH.



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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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Source: DELPPHI - HWE Mid Term Plan Dashboard

Children and Young People: Programme outcomes

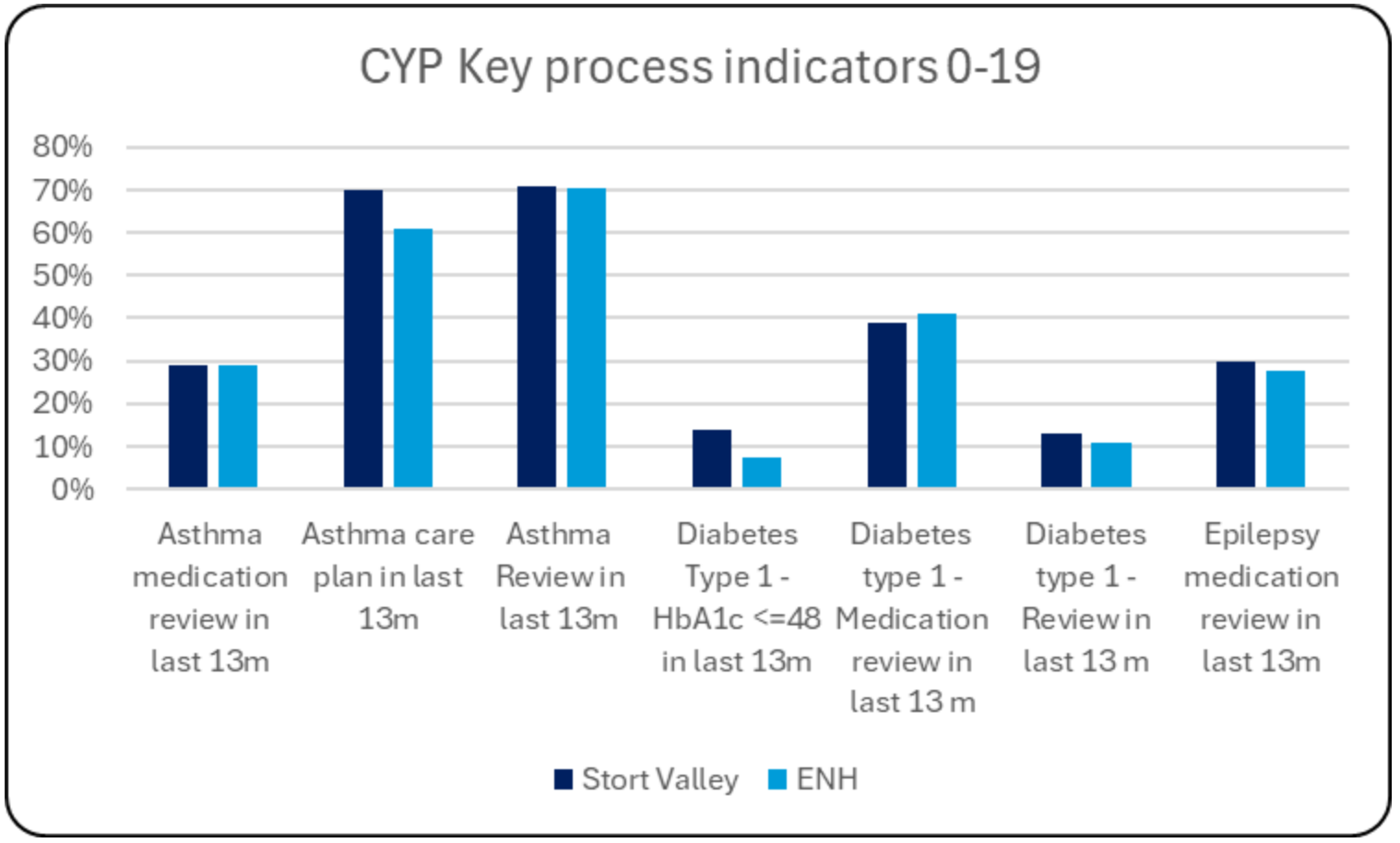
- HWE programme outcomes provide an opportunity for our ICS to focus on the end point health outcomes that best practice and evidenced interventions will deliver to improve the health of our population.
- The table on the right shows CYP outcomes for Stort Valley Locality from the Outcomes Framework
- There has been an increase in overall emergency admissions for 0–17-year-olds, whilst emergency admissions for 0–4-year-old have slightly decreased.

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	£516k £81k / 15,819	£835k £12k / 15,495	-£319,483	-38.2%
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	193.9 29 / 14,958	183.6 27 / 14,704	10.3	5.6%
Workstream	Emergency Admissions, DSR per 100,000, aged between 0-4	463.9 16 / 3,449	497.7 17 / 3,416	-33.8	-6.8%
	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 Stort Valley and ENH for children and young people aged 0-19.
- Asthma care plans completed in Stort Valley were higher to those 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

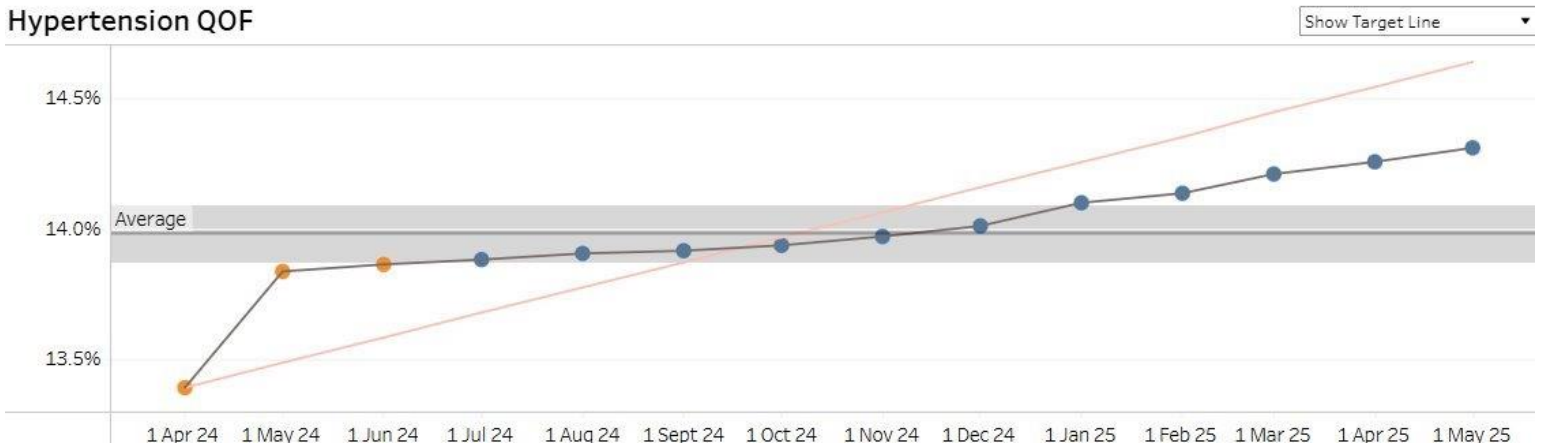
Medium Term Plan indicators on DELPPHI highlight key priorities related to Hypertension diagnosis and management within the ICB. Information are currently reported at HCP/Place level.

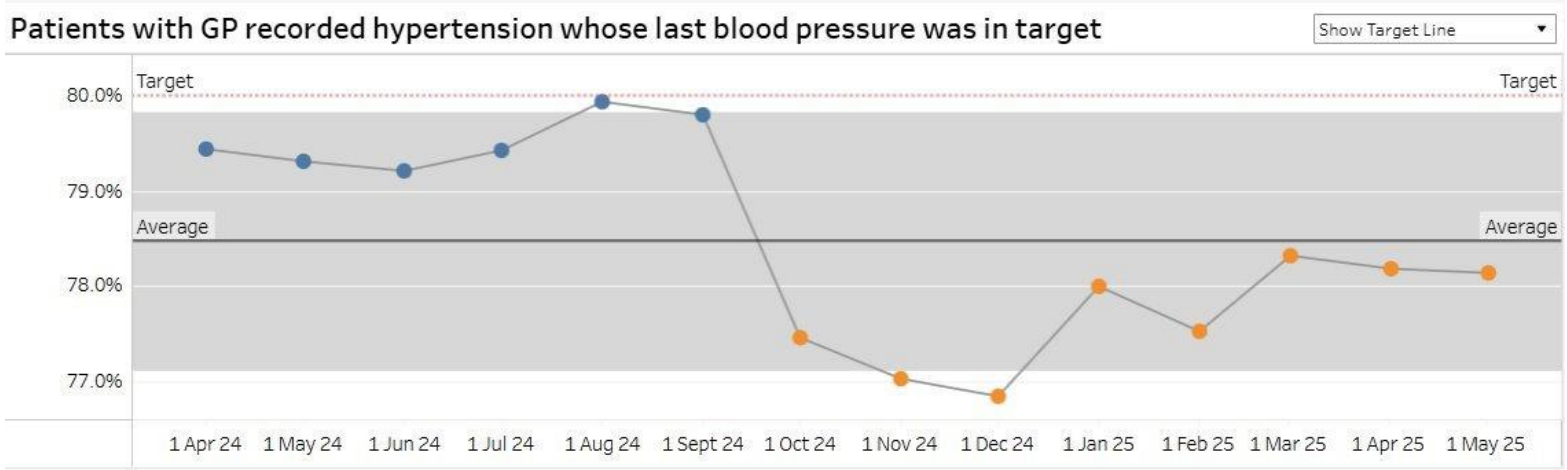
For Hypertension Medium Term Plan indicators, for the Place we can see:

- 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 locality on their percentage achieved from the 2024/25 QOF, we can see that:
    - Stort Valley locality is showing above the place value for one of the Hypertension review indicators.
    - Stort Valley & villages PCN is showing their percentage achieved as below average in one of the Hypertension review indicators.
    - In the ICB as of April 2025, 87% of people aged 45+ have had a BP done in the last 5 years.
- For a further detailed review of all the QOF indicators for 2024/25, please visit the Ardens Manager pages here.

	Hypertension	
	Review	
	HYP008: Latest BP 140/90 or less (or equivalent home value) in last 12m if 79y or under	HYP009: Latest BP 150/90 or less in last 12m if 80y or over
ICB	77.0%	85.0%
E&N Herts Place	75.6%	83.7%
Stort Valley & Villages Locality	79.8%	83.2%
STORT VALLEY & VILLAGES PCN	79.8%	83.2%

Source: Ardens Manager

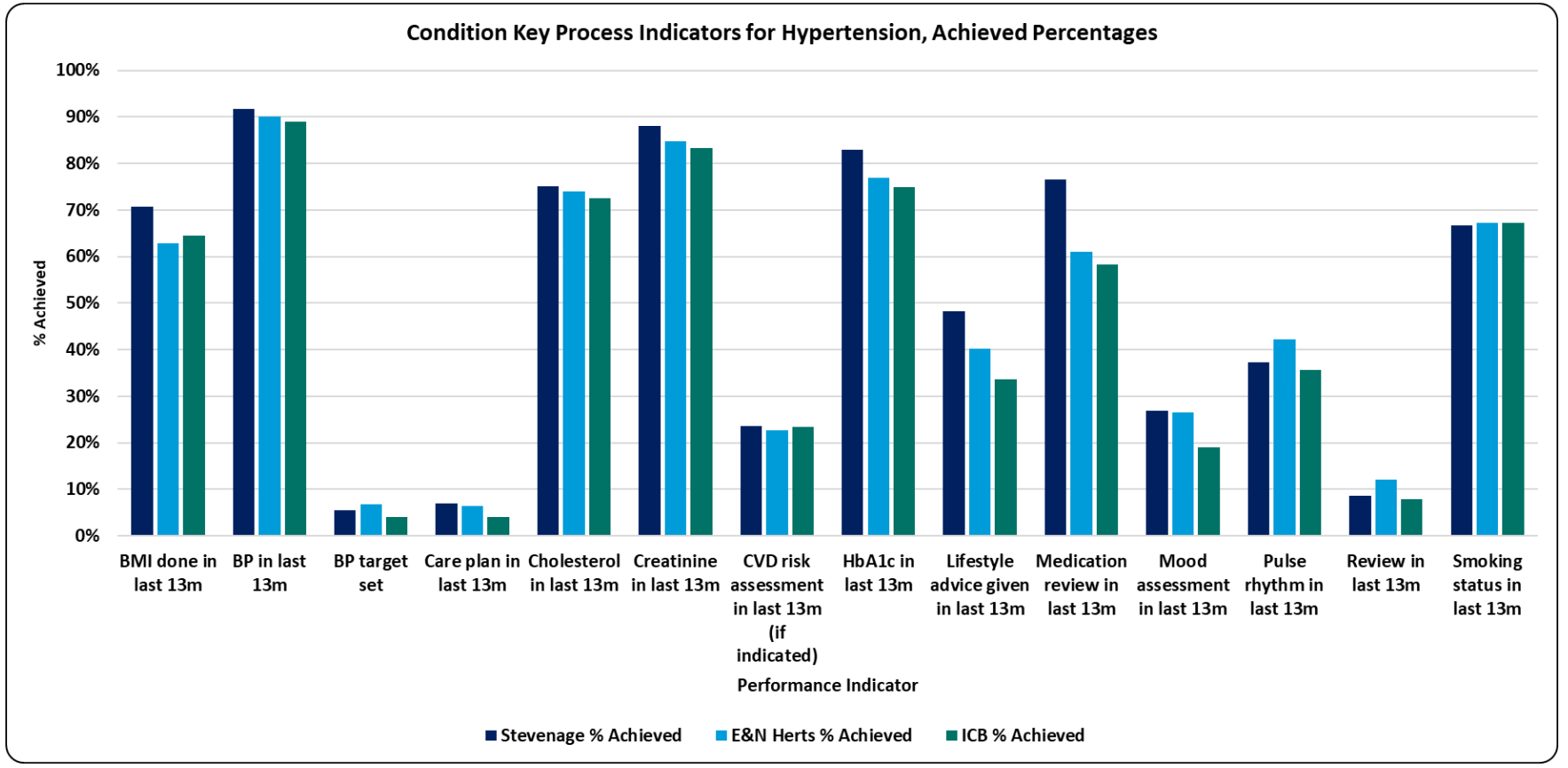
Hypertension: Key Care Process Indicators

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

- Stort Valley achieves higher percentages than Place and ICB levels, in 6 out of the 11 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:

- 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, CVD and AF indicators

	Atrial Fibrillation				Atrial Fibrillation		CVD Secondary Prevention			Coronary Heart Disease		
	ECF				QOF		ECF			QOF		
	BP done	Chest pain assessment done	ORBIT score done	Review done	AF006: CHA2DS2-VASc recorded in last 12m	AF008: On DOAC or Vitamin K antagonist if CHA2DS2-VASc >= 2	On high-intensity statin, 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%
Stort Valley & Villages Locality	91.6%	36.5%	42.2%	32.0%	93.6%	96.1%	71.9%	100.0%	10.5%	93.7%	86.3%	87.6%
STORT VALLEY & VILLAGES PCN	91.6%	36.5%	42.2%	32.0%	93.6%	96.1%	71.9%	100.0%	10.5%	93.7%	86.3%	87.6%

Source: Ardens Manager

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

- The 2024/25 ECF CVD indicators are shown on this page; however, all the other ECF LTC indicators can be viewed via the Ardens Manager 2024/25 QOF pages here.
- Reviewing the locality on percentage achieved from the 2024/25 ECF, we can see:
  - Higher percentage achievement rates for QOF indicators
  - There is opportunity to increase the percentage achieved for ECF Heart Failure indicators

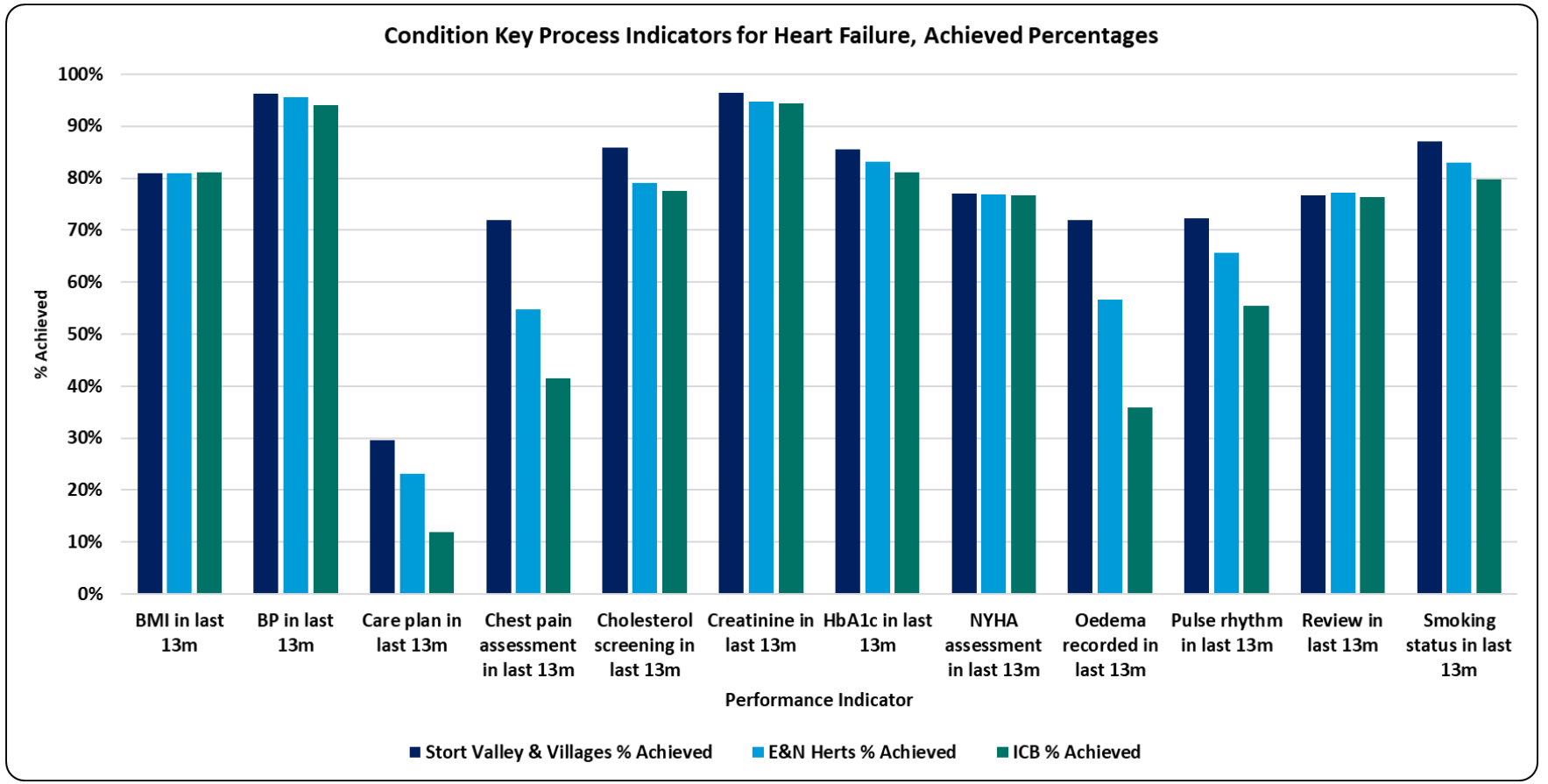
	Heart Failure					Heart Failure		
	ECF					QOF		
	Ejection fraction recorded (ever)	NYHA classification done	On SGL2i or issued in last 3m (if preserved ejection fraction)	Palliative care referral (or declined) (if NYHA Stage III or IV)	Social prescribing/IAPT referral done (or declined)	HF003: LVD + 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%
Stort Valley & Villages Locality	75.4%	45.5%	29.8%	2.7%	19.4%	96.5%	97.6%	94.1%
STORT VALLEY & VILLAGES PCN	75.4%	45.5%	29.8%	2.7%	19.4%	96.5%	97.6%	94.1%

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 Locality achieves higher percentage completion across all indicators when compared with place and ICB.



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Source: Ardens Manager

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Mental Health and Learning Disabilities

Management and Outcomes

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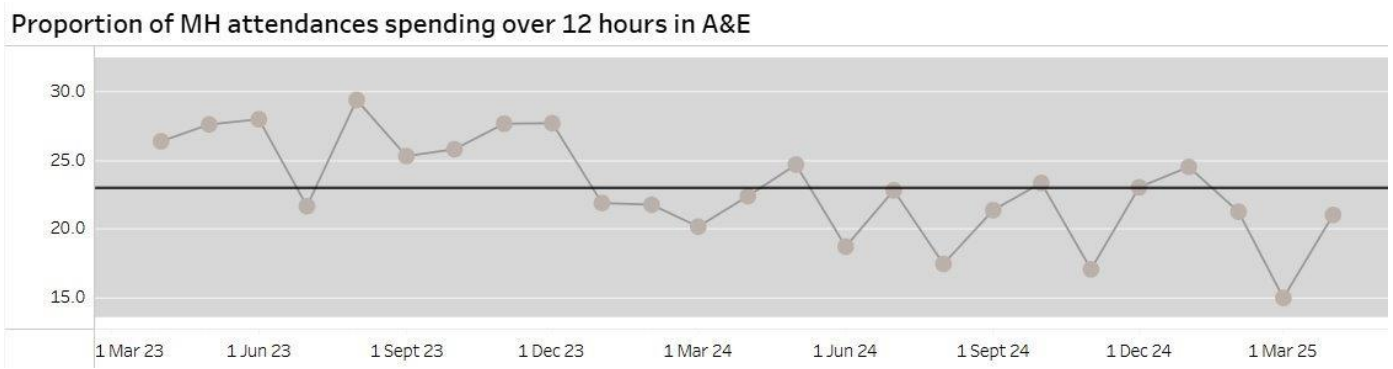
Better care for Mental Health Crisis: Medium Term Plan Indicators

- MH measures developed within the MTP dashboard for Out of Area placement and Community Crisis Service are currently only available on an ICB footprint.
- The graph on the right shows the proportion of mental health attendances at A&E spending over 12 hours in A&E. Recent months data shows a slight decrease in the proportion of MH attendances spending over 12 hours in A&E.
- Note: PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from November '24 onwards.

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 Stort 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	36.3 25 / 72,845	58.0 39 / 71,193	-21.7	-37.4%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£1,784k £1,234k / 72,845	£2,169k £1,440k / 71,193	-£384,775	-17.7%
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				

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

Source: DELPPHI - HWE Outcomes Dashboard

Depression and SMI: QOF indicators

- Mental Health QOF metrics for 2024-25 show that Stort Valley has a higher percentage of achievement levels for QOF for all SMI and depression indicators when compared with ICB and place.
- The individual practices can be viewed within the QOF data.
- Ardens searches are available to practices to identify those people with SMI without a care plan or recording of monitoring.

	Depression		Mental Health							
	Review		Review							
	DEP004 CURRENT: Reviewed 10-56d after diagnosis if >18y (2024-25)	DEP004 PROTECTED: Reviewed 10-56d after diagnosis if >18y (2023-24)	MH002: Care plan done in last 12m	MH003: BP done in last 12m	MH006: BMI done in last 12m	MH007: Alcohol consumption done in last 12m	MH011: Lipid profile in last 24m or 12m if antipsychotics/CVD/smoker/overweight	MH012: HbA1c or blood glucose done in last 12m	MH021 CURRENT: All 6 core physical health checks complete (2024-25)	MH021 PROTECTED: All 6 core physical health checks complete (2023-24)
ICB	79.6%	85.4%	89.8%	95.4%	95.4%	95.2%	93.0%	92.8%	74.7%	75.9%
E&N Herts Place	76.6%	82.6%	87.7%	94.8%	94.7%	94.2%	91.1%	91.4%	72.9%	71.6%
Stort Valley & Villages Locality	83.5%	86.7%	96.3%	98.3%	97.6%	97.4%	96.8%	96.9%	75.9%	79.6%
STORT VALLEY & VILLAGES PCN	83.5%	86.7%	96.3%	98.3%	97.6%	97.4%	96.8%	96.9%	75.9%	79.6%

Source: Ardens Manager

SMI: ECF indicators

- The data shows that Stort Valley has a higher percentage for all SMI ECF indicators when compared against place and the ICB.
- However, the Locality percentage for the proportion of people with SMI who have had a medication review completed in the last 12 months is below 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.

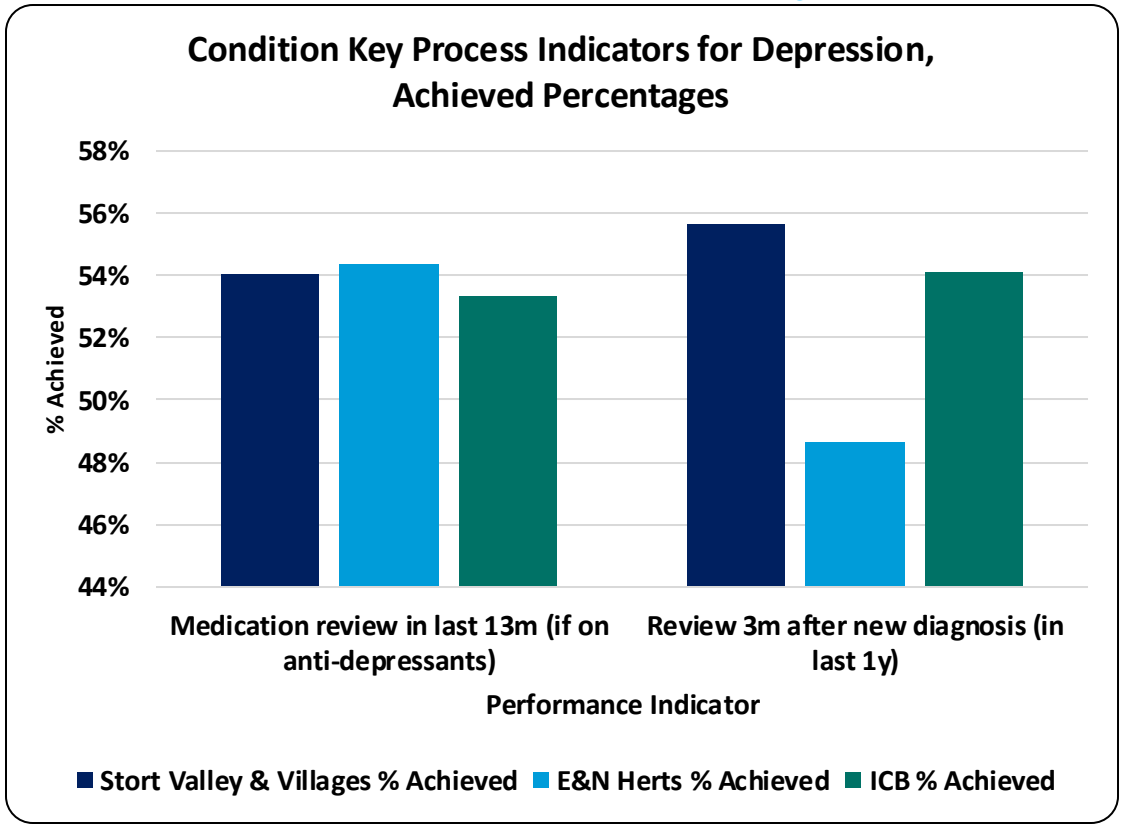
	Severe Mental Illness							
	Extra			Local		Review		
	7. Nutrition/diet + level of physical activity done or exception in L12M	8. Use of illicit substance/non prescribed done or exception in L12M	9. Medication reconciliation/ review	1. Waist circumference done or exception in L12M	Oral health recorded 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%
Stort Valley & Villages Locality	11.1%	11.7%	16.8%	9.4%	11.4%	11.1%	65.4%	11.4%
STORT VALLEY & VILLAGES PCN	11.1%	11.7%	16.8%	9.4%	11.4%	11.1%	65.4%	11.4%

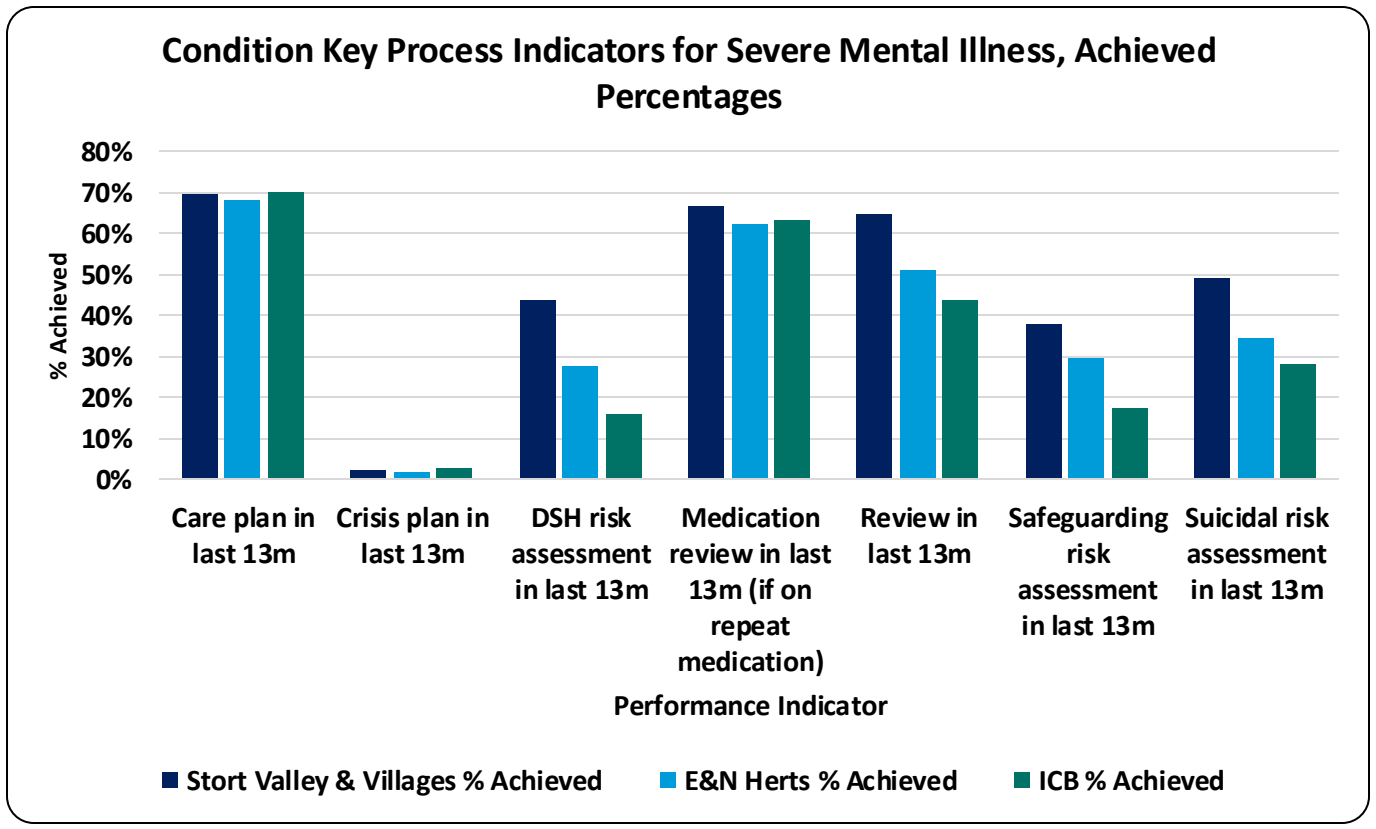
Source: Ardens Manager

SMI and Depression: Key process indicators

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

- Stort Valley is achieving slightly higher with most Key process indicators for SMI patients in comparison to ENH and the ICB. All other reviews can be found in Ardens Manager.





Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

Learning Disability: ECF indicators

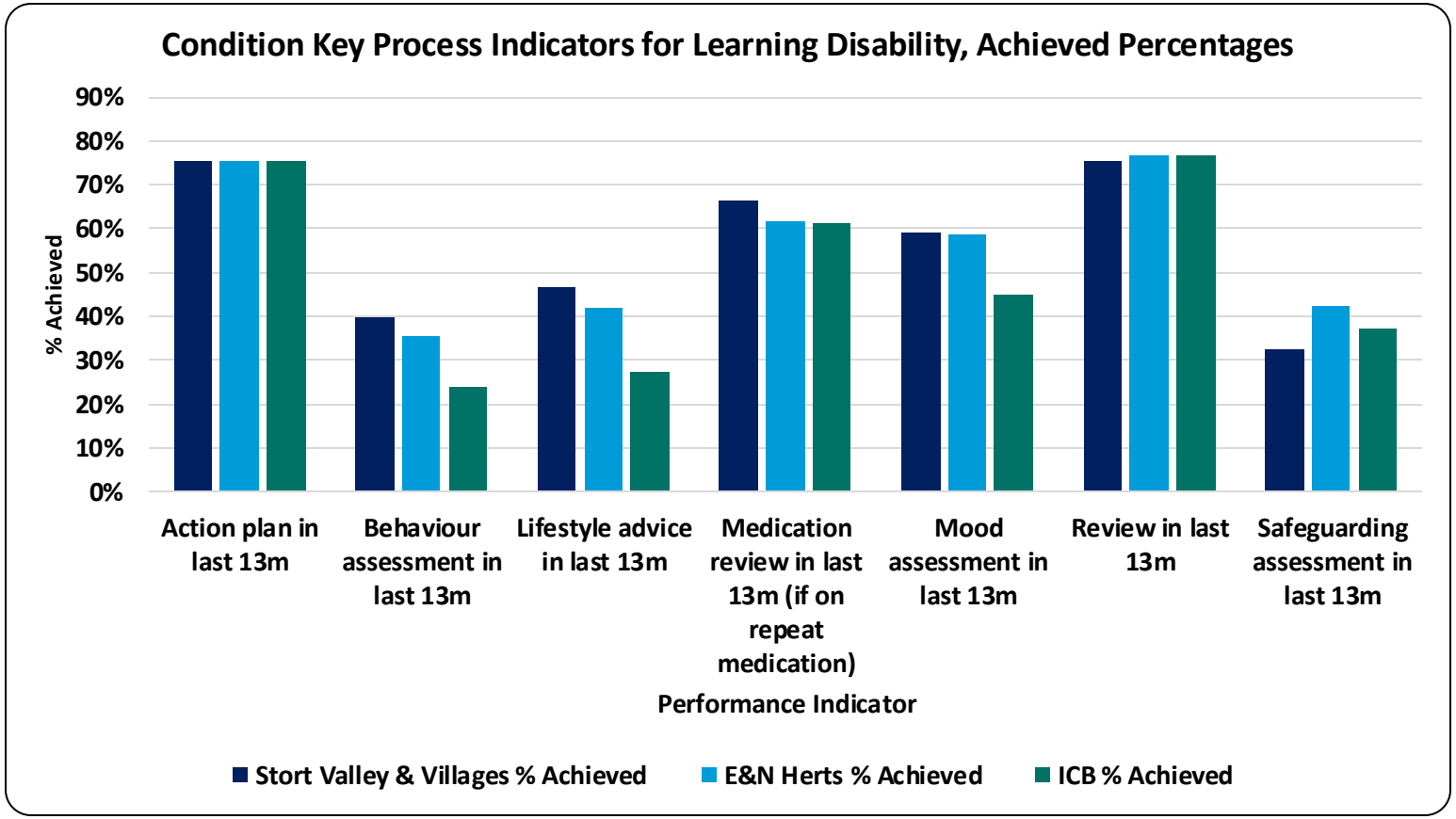
- The data shows that Stort Valley has a lower percentage for all learning disability ECF indicators when compared against place and the ICB.
- The data in the table on the right covers the period from April 2024 to March 2025. The most current information is available at Ardens Manager.

	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%
Stort Valley & Villages Locality	48.7%	48.9%	17.9%	1.2%	1.5%	48.7%	1.9%
STORT VALLEY & VILLAGES PCN	48.7%	48.9%	17.9%	1.2%	1.5%	48.7%	1.9%

Source: Ardens Manager

Learning Disability: Key process indicators

- Stort Valley is achieving higher percentage completeness in several learning disability key process indicators compared to ENH and the ICB.
- 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

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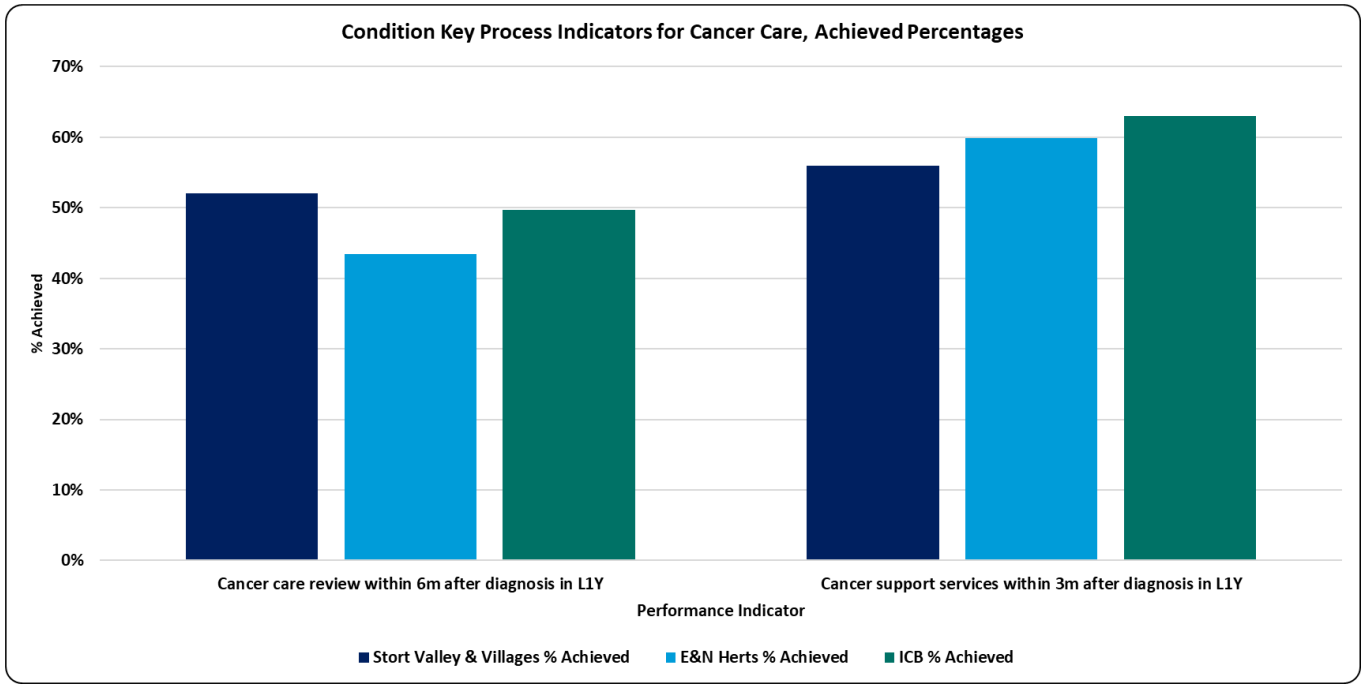
for a healthier future

Cancer: QOF and Key processes indicators

- The data shows that Stort Valley is 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.



	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%
Stort Valley & Villages Locality	92.8%	96.9%	69.4%	94.9%
STORT VALLEY & VILLAGES PCN	92.8%	96.9%	69.4%	94.9%

Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

Hertfordshire and West Essex Integrated Care System

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Frailty and End of Life care

Management and outcomes

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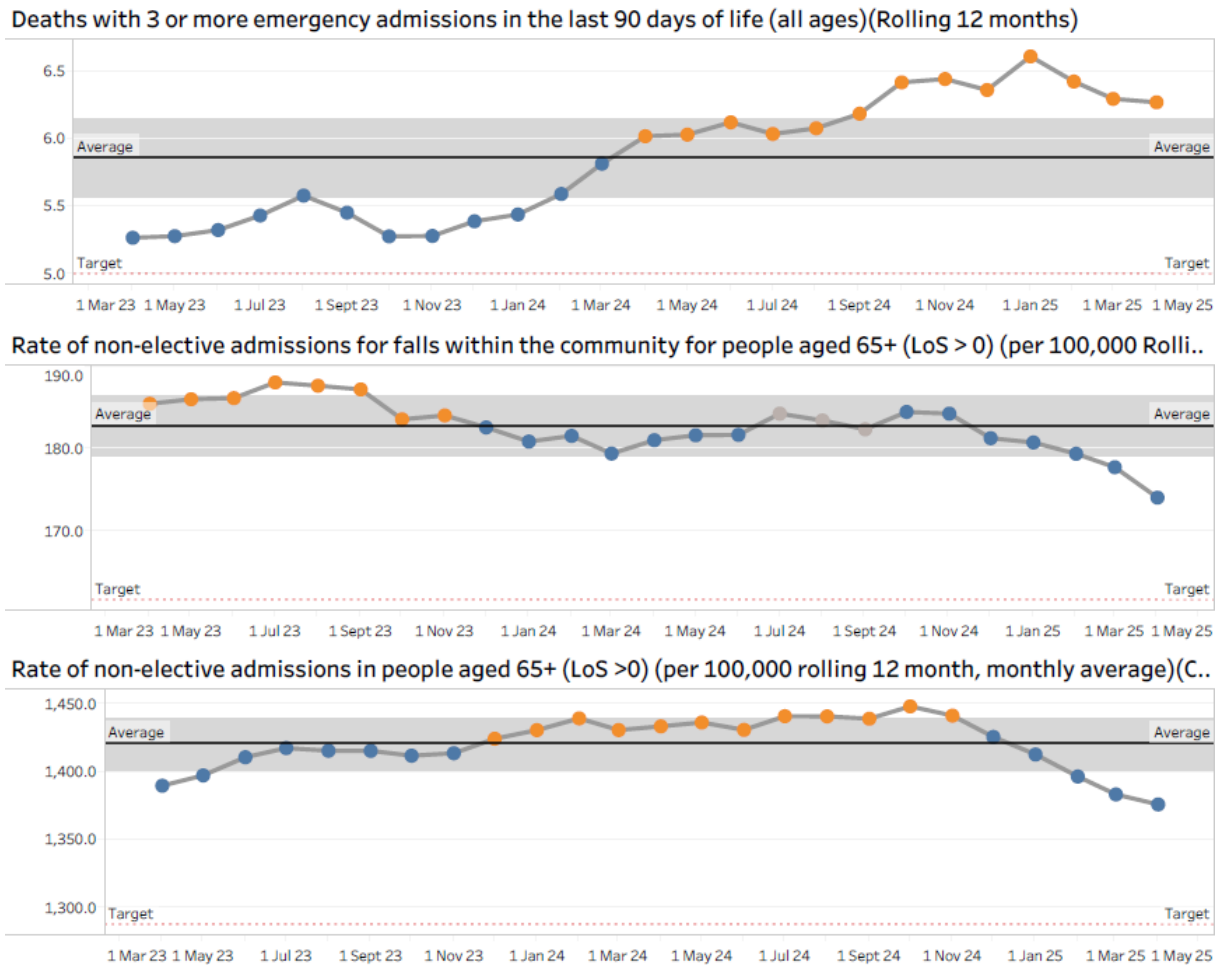
Frailty and EOL: Medium Term Plan Indicators

- 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



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.
- The 7 interventions dashboards has further detail of underlying metrics for community falls and FRAT scores completed. 7 interventions.
- Please use the following link for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT

Stort Valley

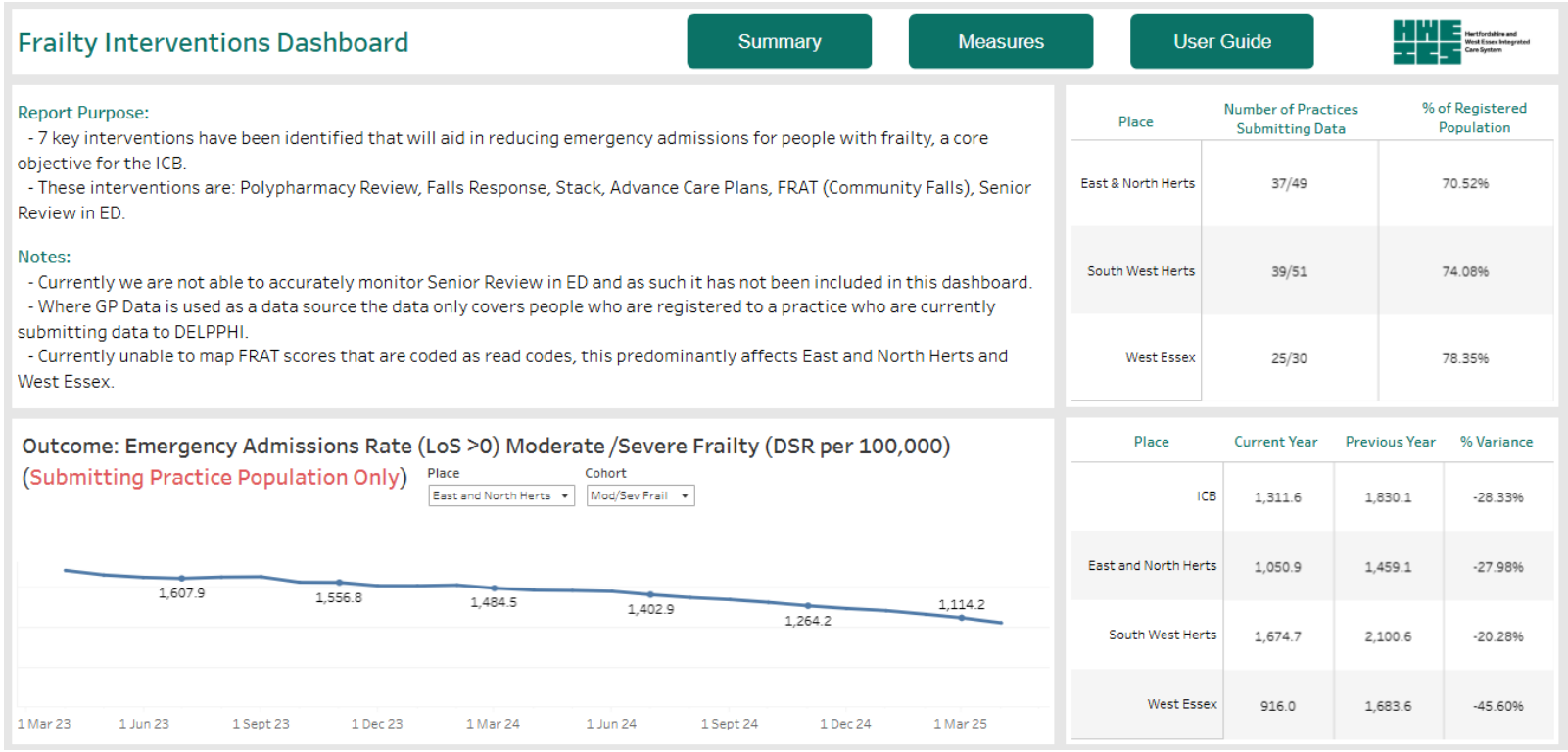
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 65-120	115.5 15 / 12,319	187.1 23 / 11,955	-71.6	-38.3%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£6,088k £786k / 12,319	£7,311k £897k / 11,955	-£1,223,156	-16.7%
Programme	Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	192.1 25 / 12,319	411.6 49 / 11,955	-219.5	-53.3%
	Emergency Admissions LoS >0, Moderate/ Severe Frail at Admission (GP SUBMITTING PRACTICES ONLY), DSR per 100,000, aged between 65-120	1,171.4 13 / 835	906.2 13 / 747	265.2	29.3%
	Emergency Admissions LoS >0, DSR per 100,000, aged between 65-120	1,082.5 139 / 12,319	1,239.3 152 / 11,955	-156.7	-12.6%
	Emergency Admissions LoS >0, Falls Within the Community, DSR per 100,000, aged between 65-120	139.6 18 / 12,319	175.6 22 / 11,955	-36.0	-20.5%
	Percentage of Mortality, 3 or More Emergency Admissions in Last 90 Days Of Life, Percentage of All Deaths Over 28 Days, aged between 65-120	Supressed due to small numbers			
Workstream	Emergency Admissions LoS >0, Hip Fractures, DSR per 100,000, aged between 65-120	Supressed due to small numbers			
	Percentage of Emergency Admissions LoS >0, Falls Within the Community, Discharge to Usual Place of Residence, aged between 65-120	77.8% 14 / 18	63.6% 14 / 22	14.1%	22.2%
	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	16.5% 16 / 97	14.0% 12 / 86	2.5%	18.2%

Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard

Frailty and EOL: Indicators from the 7 interventions dashboard

- This data is for a rolling 12 months, and the percentage difference in red indicates that the current period, has deteriorated against the previous period.
- The 7 interventions dashboards has further detail of underlying metrics for community falls and FRAT scores completed. 7 interventions.
- Please use the following link for DELPPHI to review HWE, ENH, PCN and GP practice measures, demographics and INT.



Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - Frailty Intervention Dashboard

Frailty and EOL: ECF indicators

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

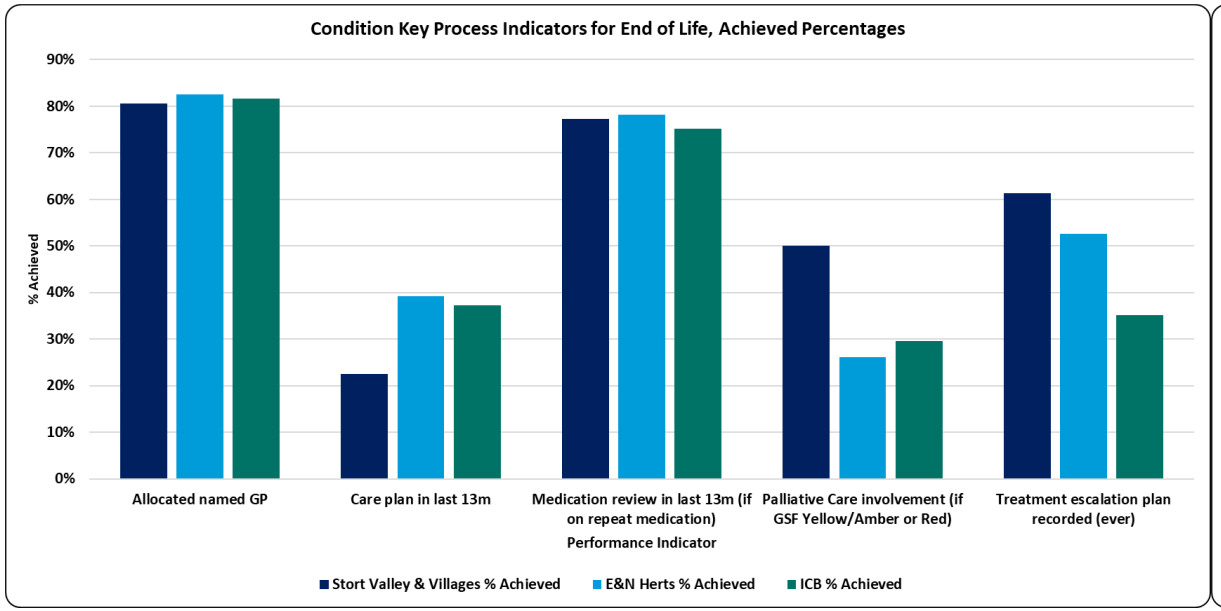
	End of Life								Frailty						
	Review								Review						
	ACP shared	ACP, ReSPECT or EOL care plan done or declined	Anticipatory medicines issued (or exception) (if GSF red/yellow)	GSF prognostic indicator recorded	Preferred place of care recorded	Preferred place of care, death and resus stated recorded	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%
Stort Valley & Villages Locality	0.3%	43.5%	71.4%	39.8%	71.3%	16.1%	67.8%	78.9%	68.7%	54.2%	75.2%	74.3%	15.9%	76.6%	11.9%
STORT VALLEY & VILLAGES PCN	0.3%	43.5%	71.4%	39.8%	71.3%	16.1%	67.8%	78.9%	68.7%	54.2%	75.2%	74.3%	15.9%	76.6%	11.9%

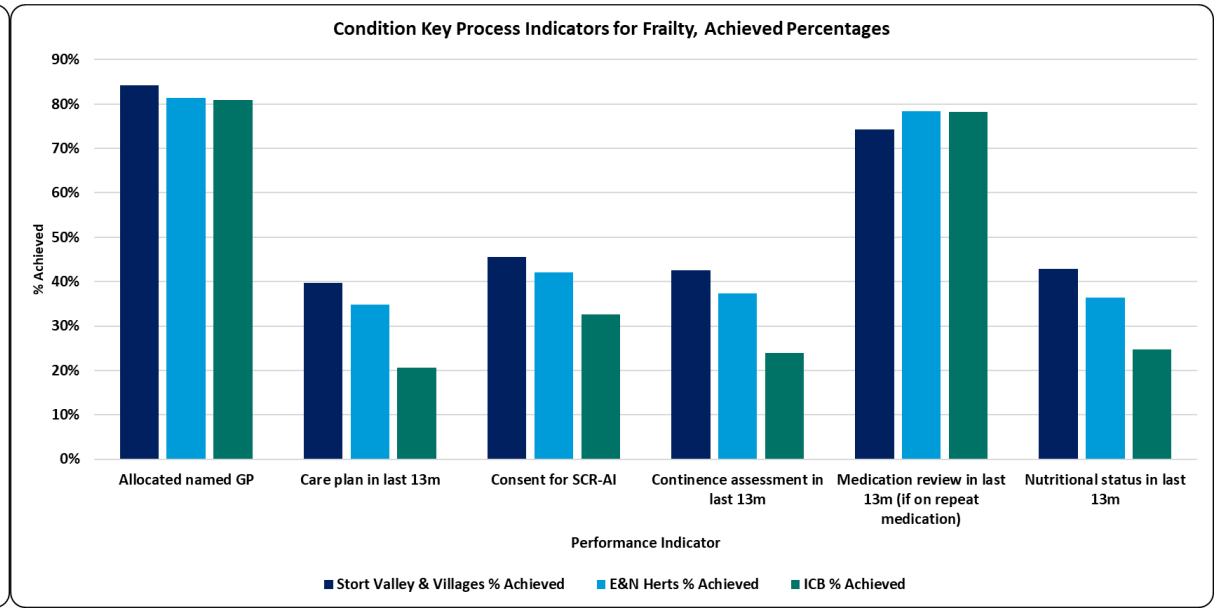
Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

Frailty and EOL: Key processes indicators

- Stort Valley has opportunities to increase the number of recorded care plans for both Frailty and EoL, as well as other areas.
- Ardens searches are available to practices to identify those people on frailty and EOL register and what processes have and still need to be completed.





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 Stort 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	36.3 25 / 72,845	58.0 39 / 71,193	-21.7	-37.4%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£1,784k £1,234k / 72,845	£2,169k £1,440k / 71,193	-£384,775	-17.7%
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	Supressed due to small numbers			
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	Supressed due to small numbers			

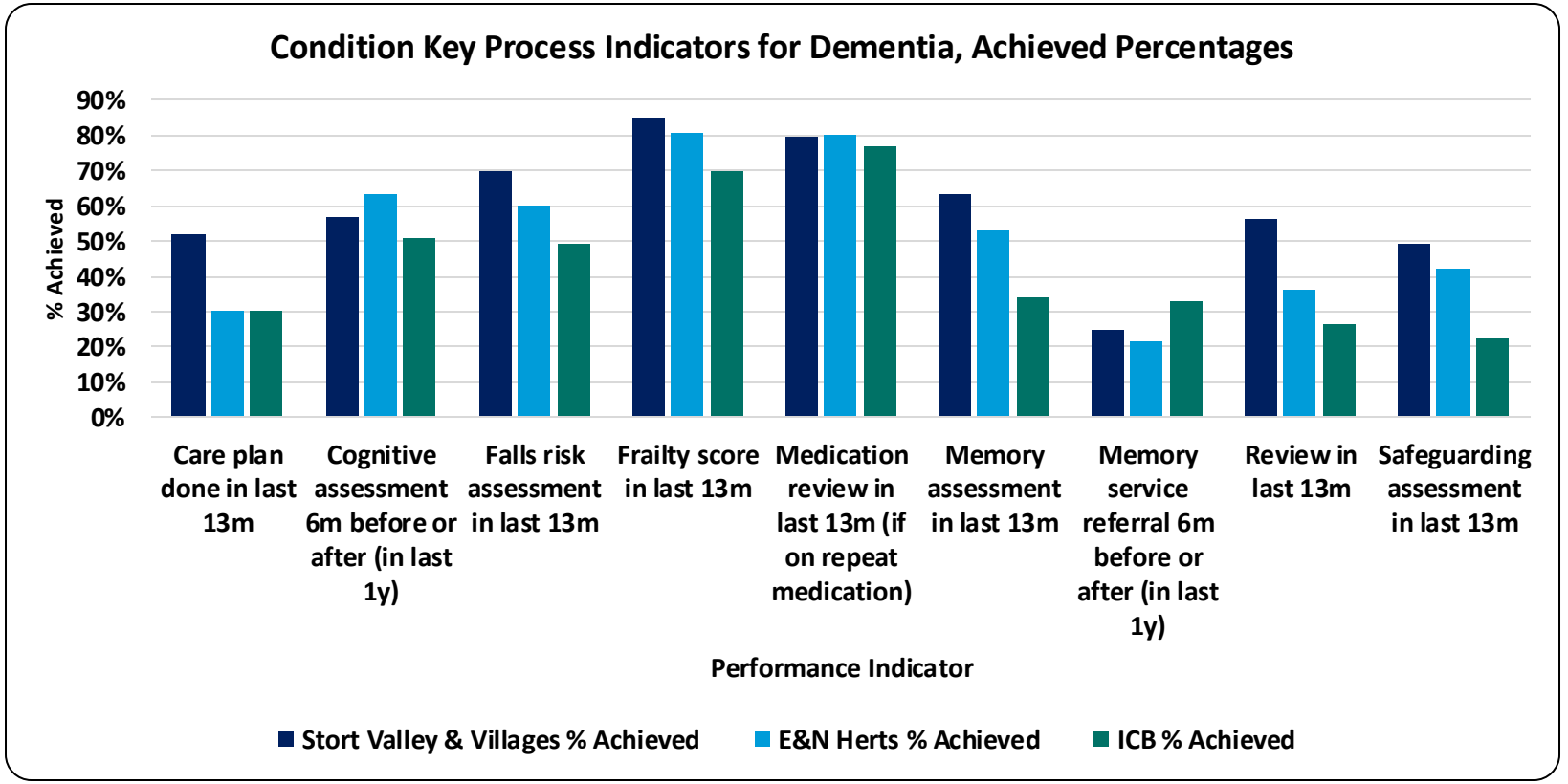
Source: DELPPHI - HWE Outcomes Dashboard

Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that Stort 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%
Stort Valley & Villages Locality	79.0%
STORT VALLEY & VILLAGES PCN	79.0%



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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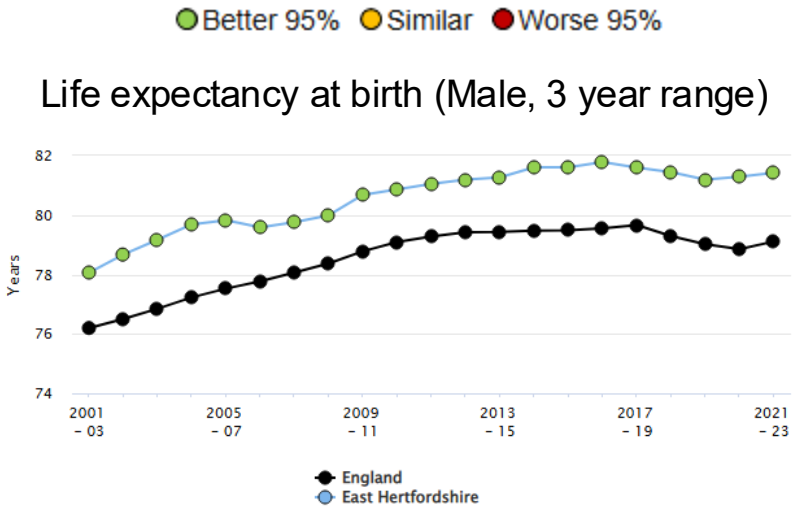
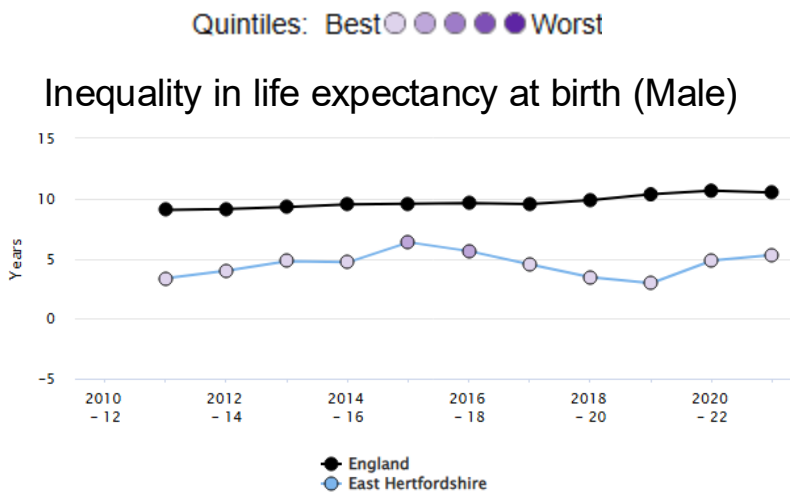
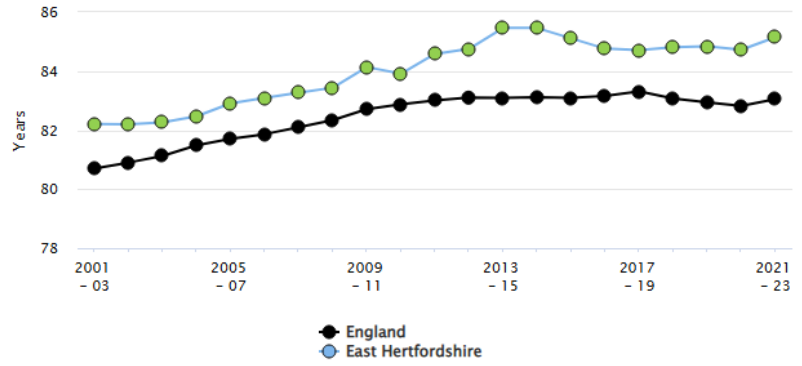
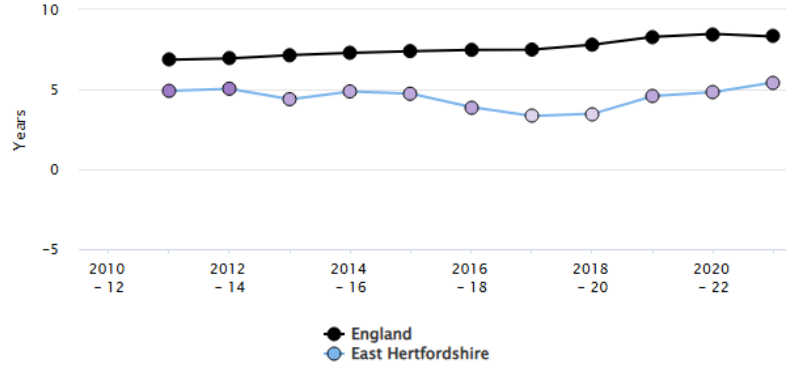
Life Expectancy and Inequality in Life Expectancy at Birth

- Stort Valley's (falls into East Hertfordshire, which also includes Hertford & Rurals and Ware & Rurals PCNs, in Fingertips) life expectancy for both male and female has remained consistently above EoE and England.
- Inequality of life expectancy for male is in the best quintile and female is in the 2nd best quintile, for 2021-23 period. The data shows that males in the most deprived quintiles will live nearly 5 years less than the least deprived quintiles, in Stort Valley similarly for females..









Hertfordshire and West Essex Integrated Care System

Source: Fingertips | Department of Health and Social Care

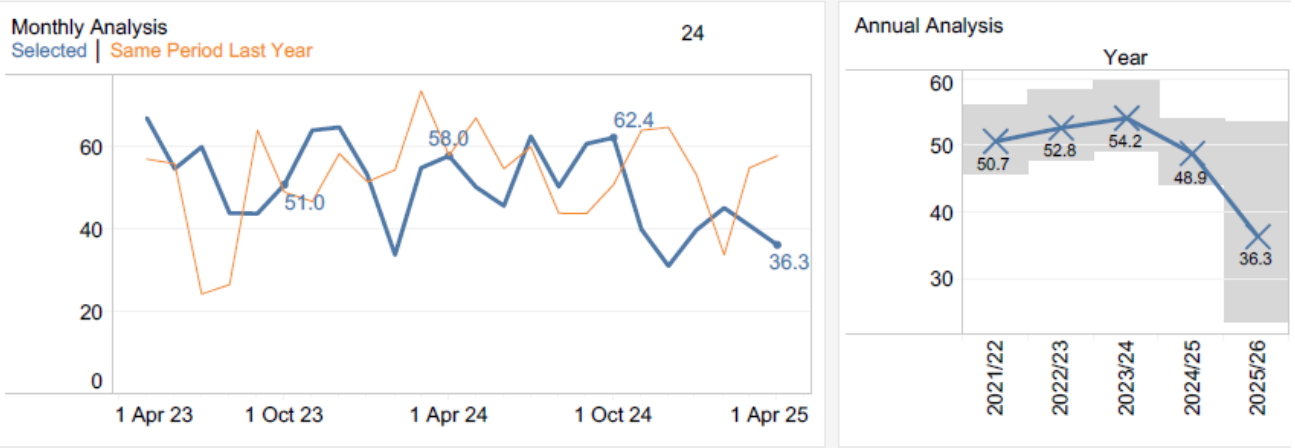
Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

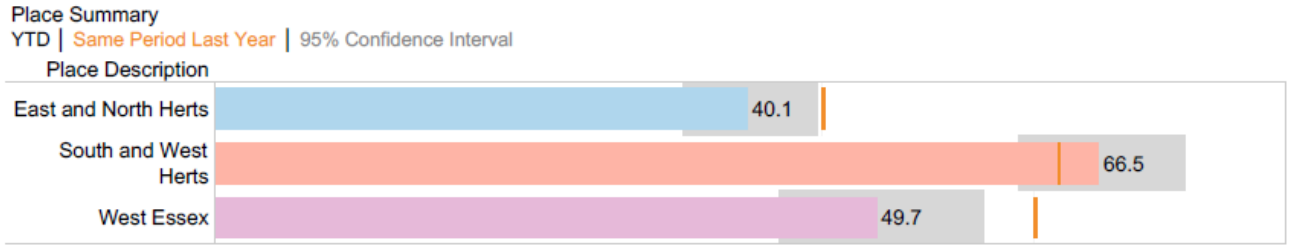
- For ACSC condition emergency admissions, the rate has been decreasing for the last three years.
- Whilst these rates have fluctuated over the last two years, the overall movement of the rate is downwards.
- The list of Chronic Ambulatory Care Sensitive Conditions can be found via the NHS Outcomes Framework 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.

Stort 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	36.3 25 / 72,845	58.0 39 / 71,193	-21.7	-37.4%

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





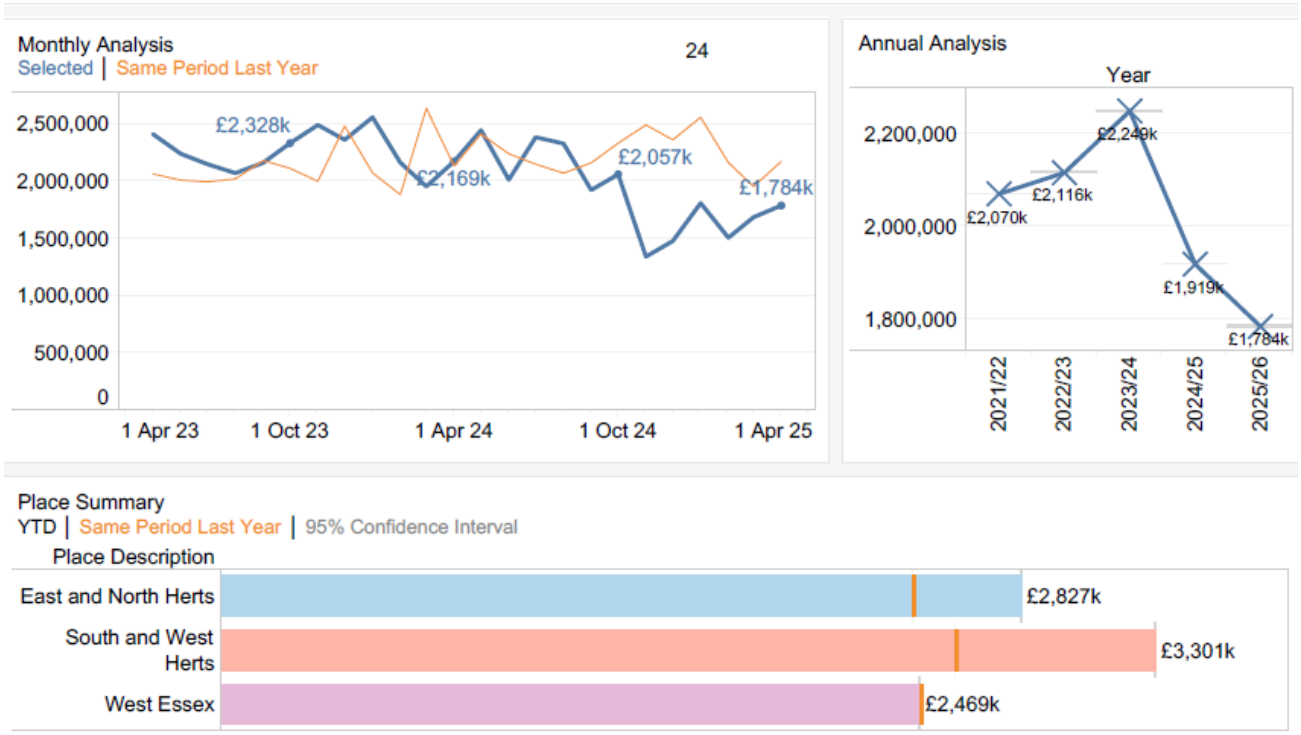
Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard

Total cost of Emergency hospital care for Stort Valley

- The locality continues to see a decrease in demand for emergency hospital care in the last three 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	£1,784k £1,234k / 72,845	£2,169k £1,440k / 71,193	-£384,775	-17.7%



Source: DELPPHI - HWE Outcomes Dashboard

Hertfordshire and West Essex Integrated Care System

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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)

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

Locality	Practice Name	Flowing data
Stort Valley & Villages	Helix Medical Centre	✓
	Central Surgery	✓
	Church Street Partnership	✓
	South Street Surgery	✓
	Much Hadham Health Centre	×

Source: DELPPHI - HWE Outcomes Dashboard