



Hertfordshire and
West Essex Integrated
Care System



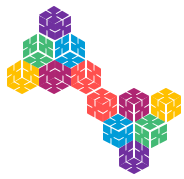
Hertfordshire and
West Essex
Integrated Care Board

Hertfordshire and West Essex Neighbourhood Pack – Upper Lea Valley

2025-2026
PHM Team

Working together
for a healthier future





Key messages

The Upper Lea Valley population profile has a higher proportion of people aged 65+ years compared to East & North Hertfordshire and the ICB. However, a lower proportion of the population live in the two most deprived quintiles compared to the place.

Upper Lea Valley data shows a higher proportion of recording of alcohol abuse, obesity and insufficient physical activity compared to ENH. These trends are higher among older adults (65+), individuals in the most deprived quintile and BAME populations, 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%). There are areas within these that have substantial deprivation and can be identified using [SHAPE](#).

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



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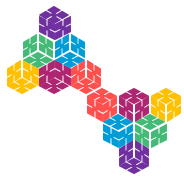


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**Demographics, wider determinants
and prevention**

**Working together
for a healthier future**

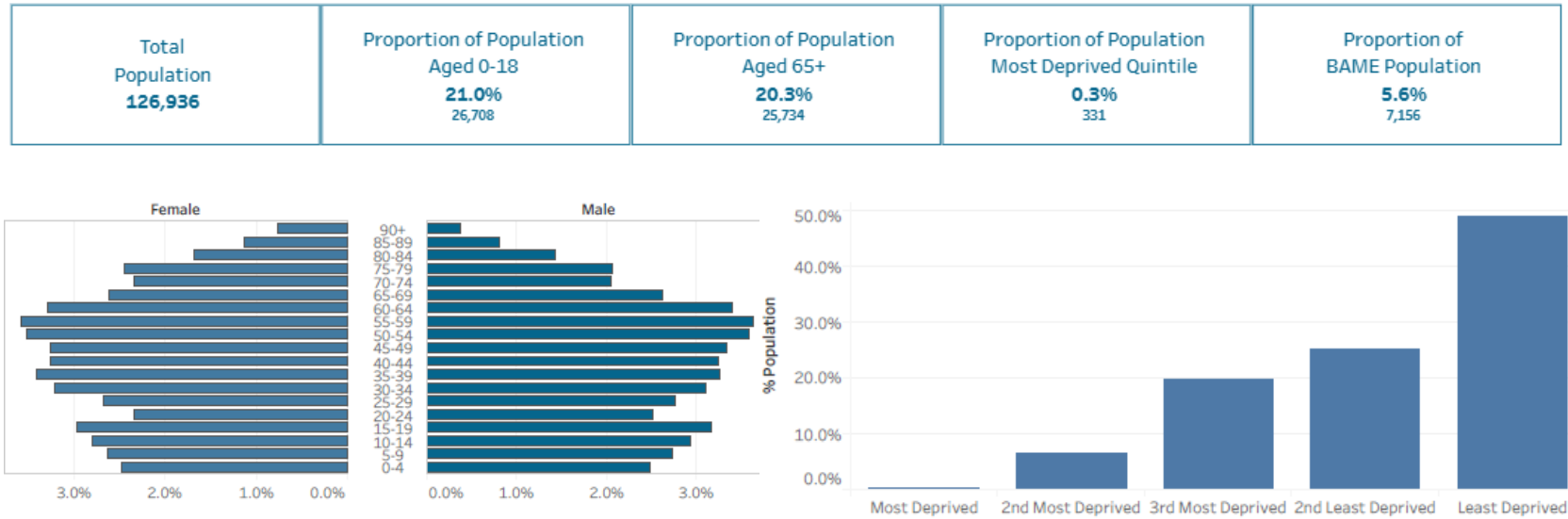




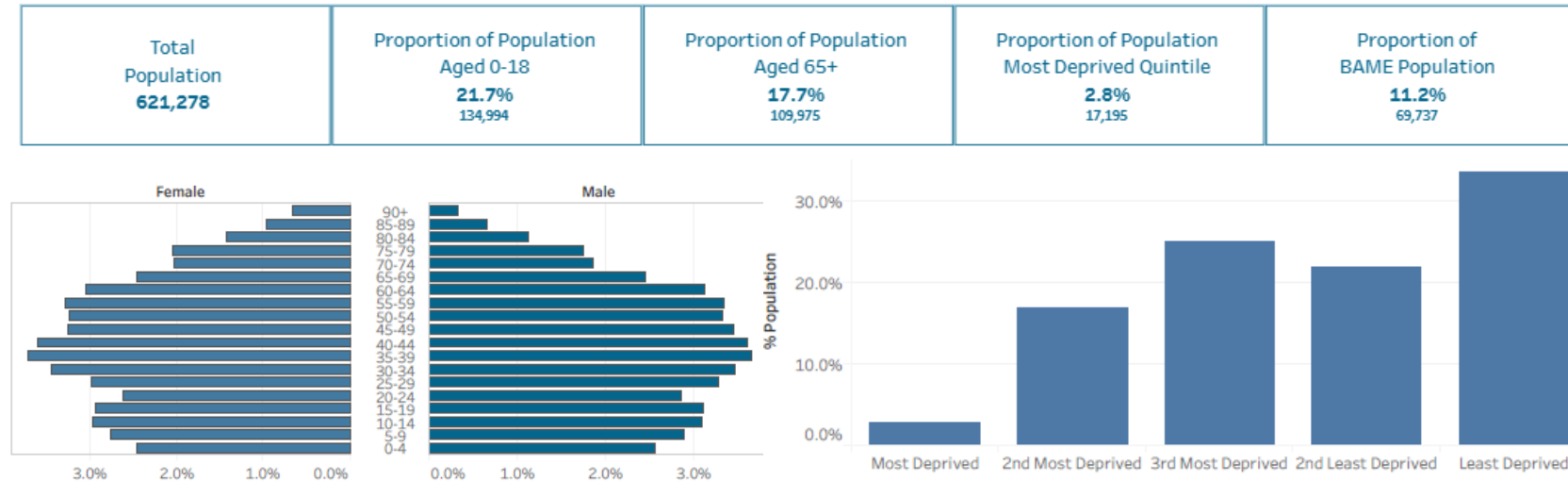
Population profile

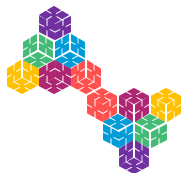
- Upper Lea Valley has a higher proportion of the population aged 65+ compared to ENH
- A lower proportion live in the most deprived quintiles.
- Additional information is available on [DELPPHI](#) for age, deprivation, ethnicity, gender and main language at HCP, Locality, PCN, GP practice and Local authority lower tier population.

Upper Lea Valley



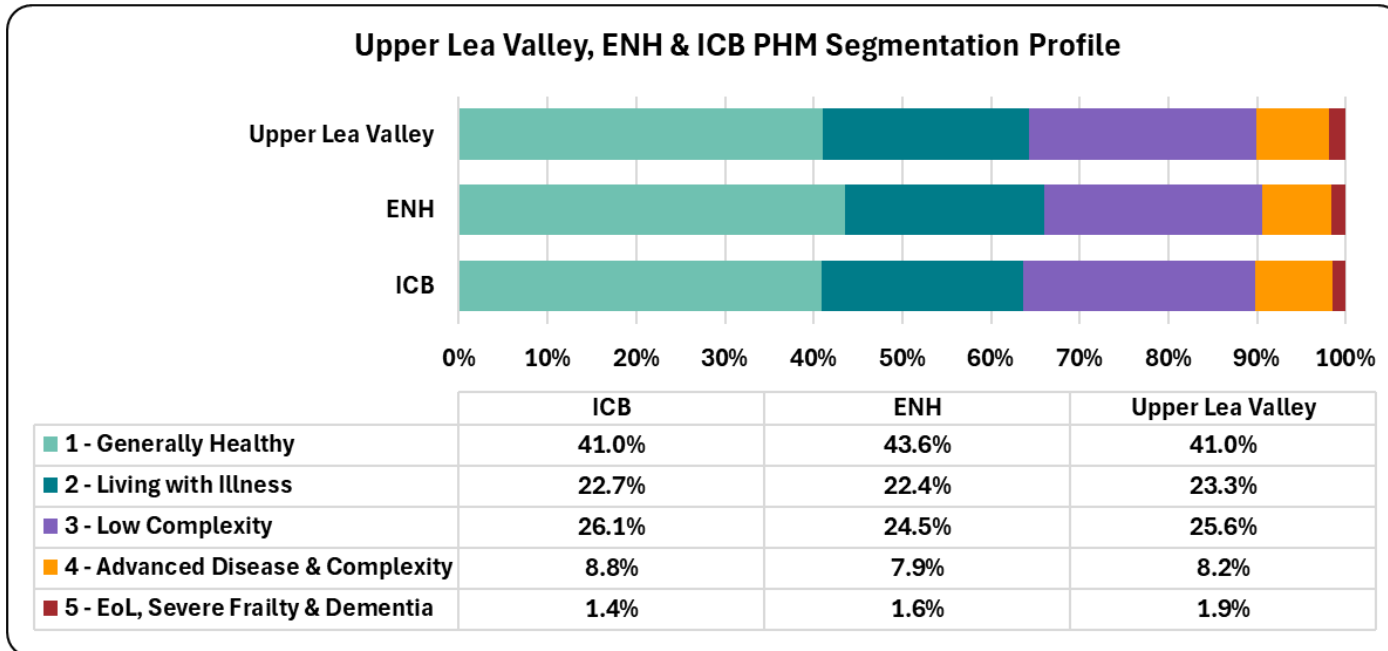
ENH

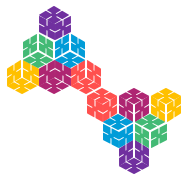




Segmentation profile Provisional Data

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

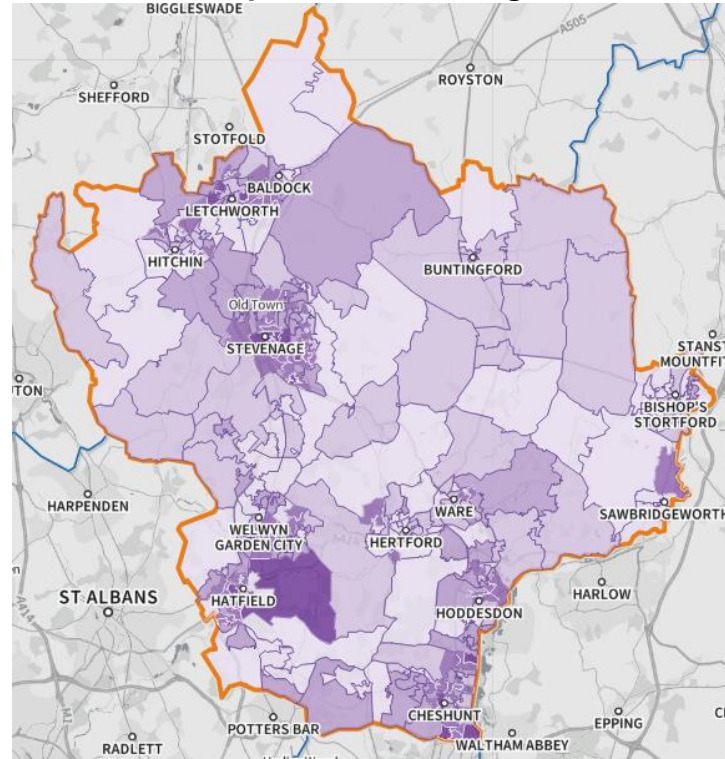




Children and older people living in poverty

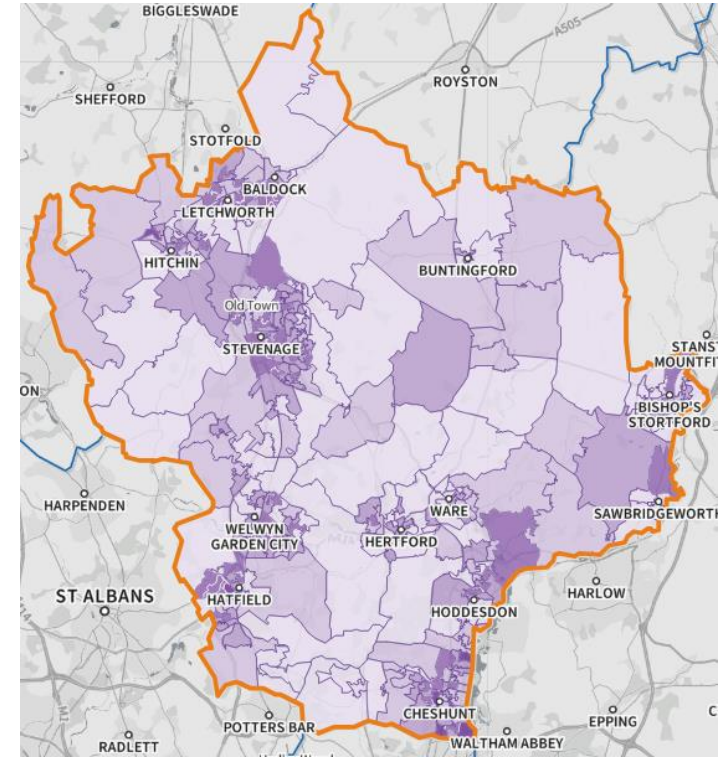
- Income Deprivation Affecting Children Index (IDACI) and Older people index (IDAOPi) measures the proportion of all children aged 0 to 15 and adults aged 60 or over, respectively who experience living in income deprived families or income deprivation.
- The IDACI and IDAOPi are illustrated on the maps.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

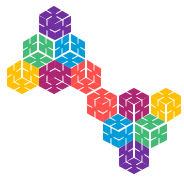


Income deprivation affecting older people index (IDAOPi) 2019, shows ENH at 10.4% and England at 14.2%. The [Fingertips](#) localities within ENH, are Broxbourne (12.3%), East Hertfordshire (8%), Stevenage (13.5%), North Hertfordshire (9.2%) and Welwyn & Hatfield (10.3%).



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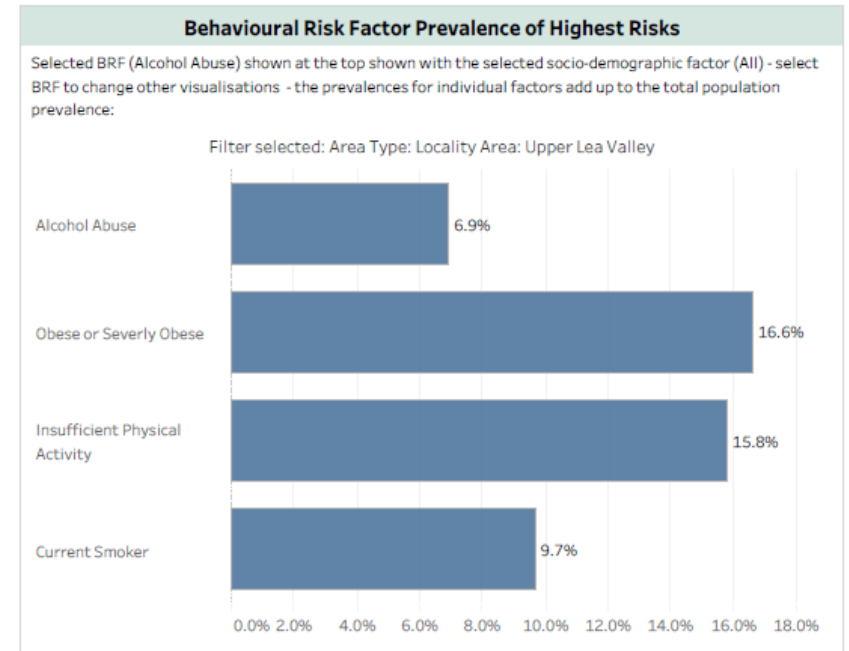


Behavioural risk factors

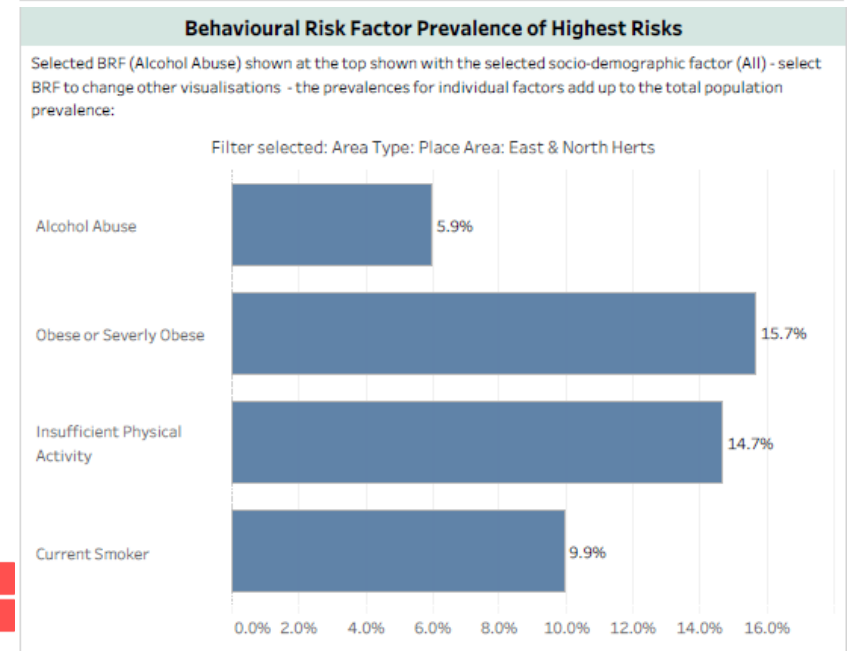
- Upper Lea Valley data shows a higher recorded prevalence of alcohol abuse, obesity and insufficient physical activity compared to ENH. These trends are higher among older adults (65+), individuals in the most deprived quintile and BAME populations, for alcohol abuse.
- These behavioural risk factors are likely contributing to a lower proportion of the population being classified as ‘generally healthy’ in the segmentation model compared to ENH, as these behaviours could lead to adverse health outcomes.
- 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](#).



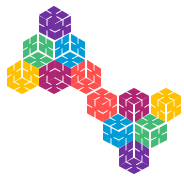
Upper Lea Valley



ENH

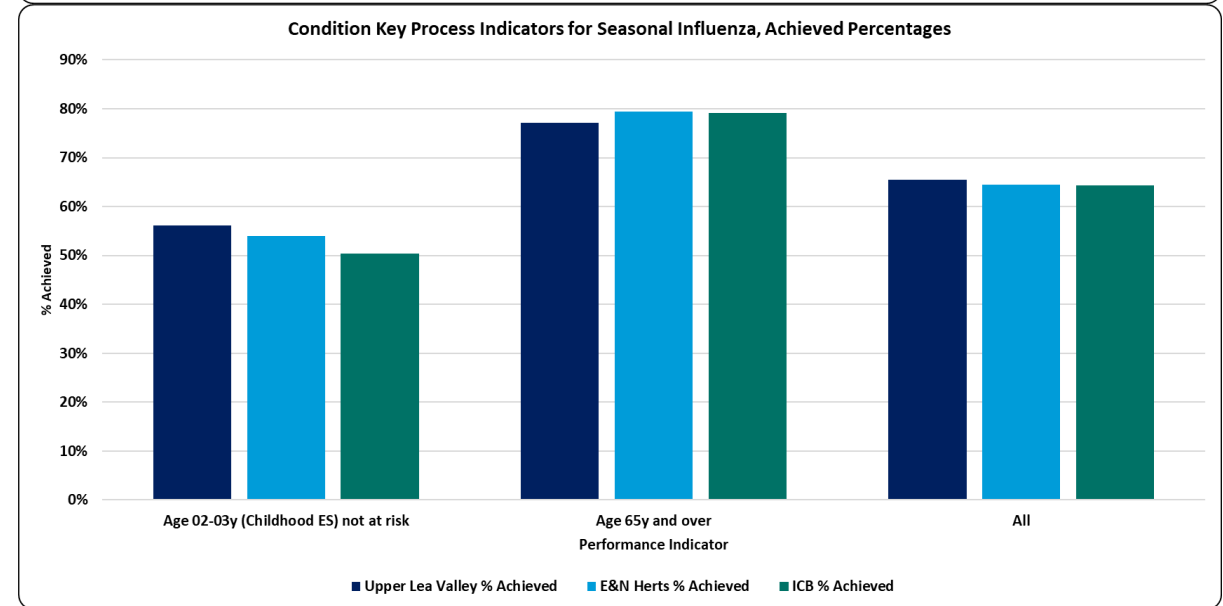
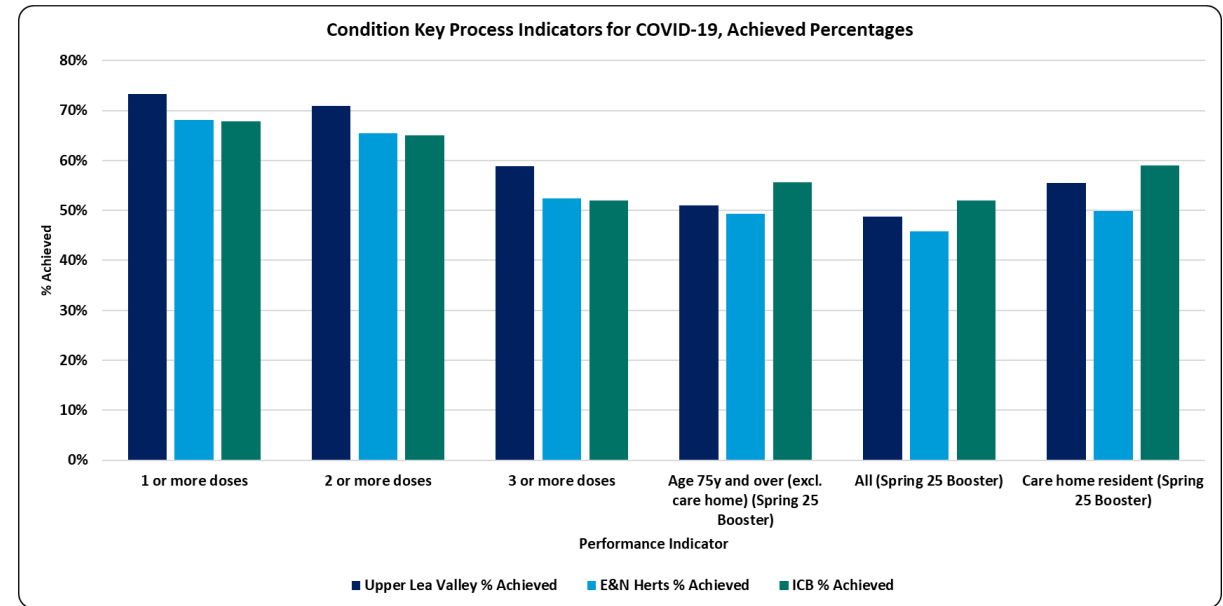


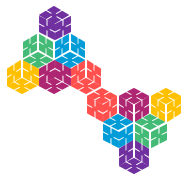
Source: [DELPPHI - Population Profile](#)



Immunisation

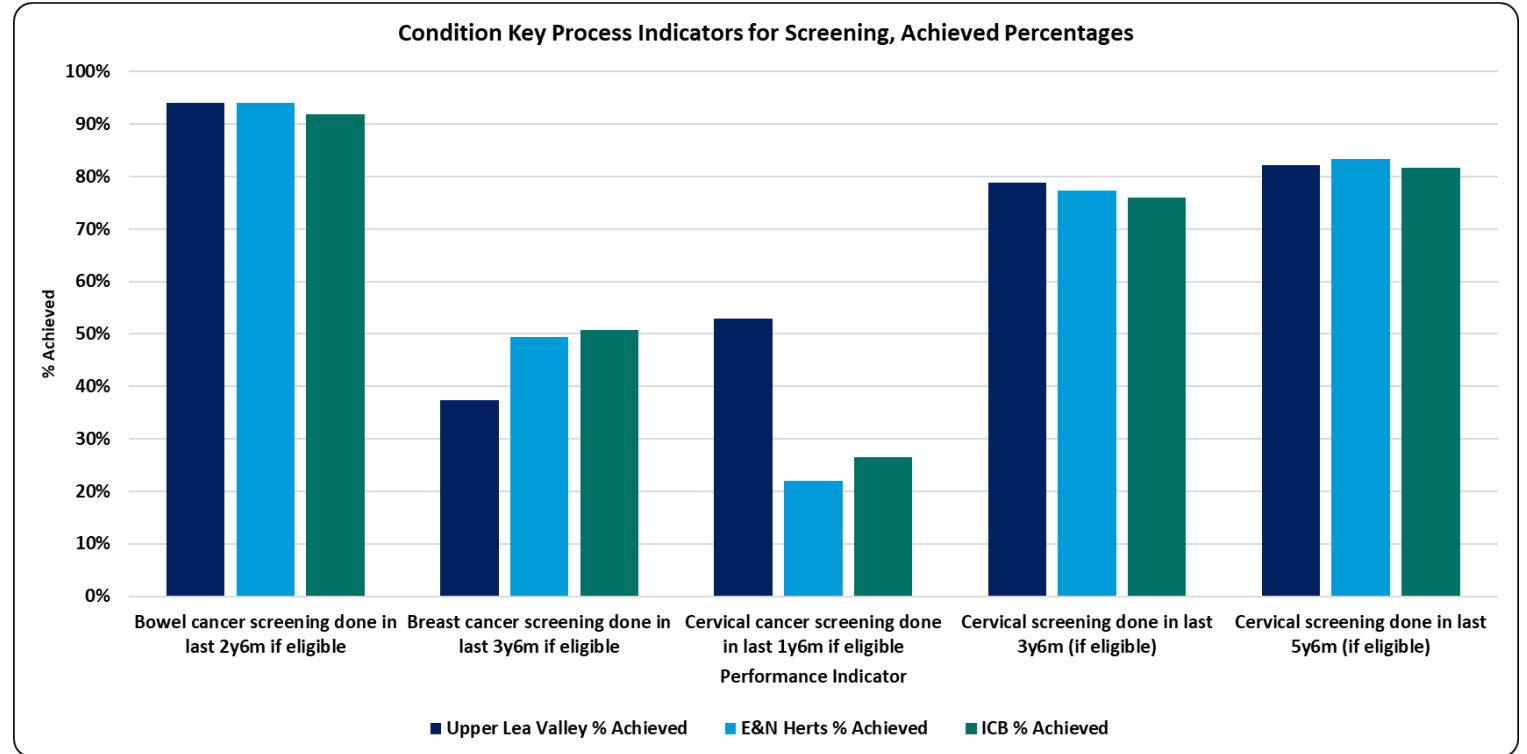
- Upper Lea Valley’s percentage of people immunised for Covid-19 is higher when compared with ENH.
- Seasonal influenza percentage achieved for all areas is similar to ENH and the ICB.
- Upper Lea Valley’s segmentation profile shows a higher proportion of the population with LTCs and BRFs.





Screening

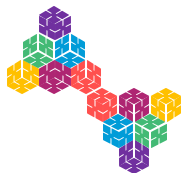
- Better outcomes are achieved through earlier diagnosis of cancer. The national target is for 75% of cancer diagnosis to be at early stage (stage 1 or 2). Uptake of cancer screening programmes are a core enabler for early detection of cancer.
- The chart on the right shows the percentage of people screened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



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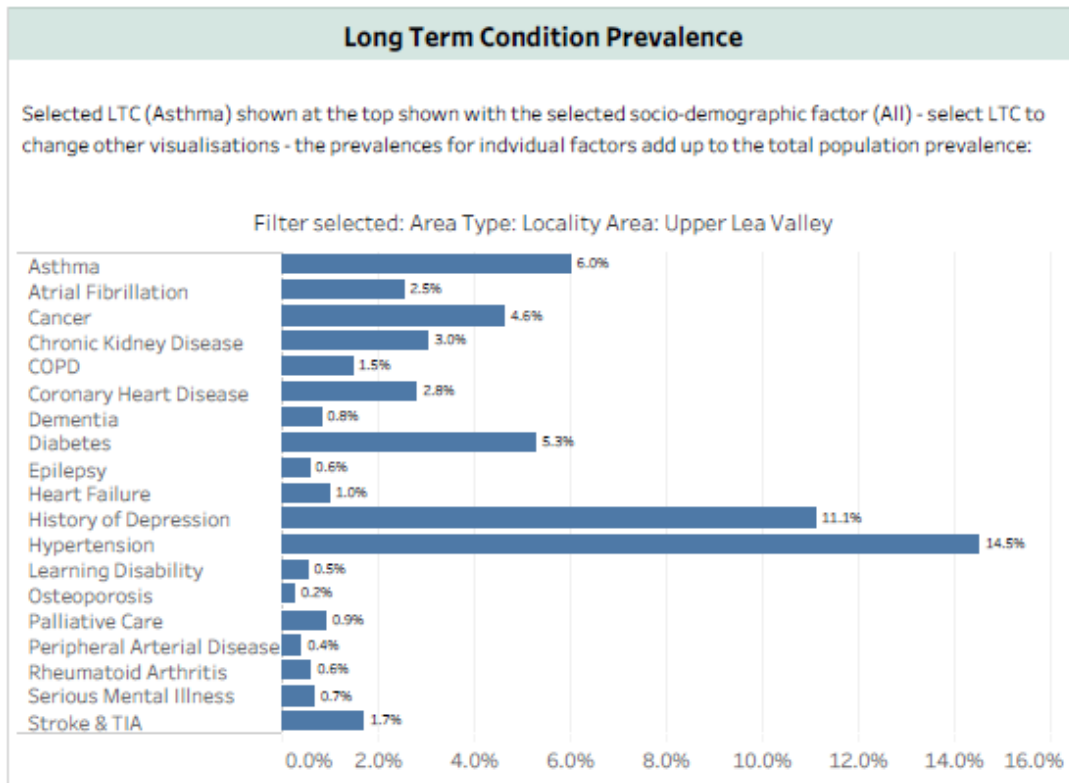


Source: [Ardens Manager](#)

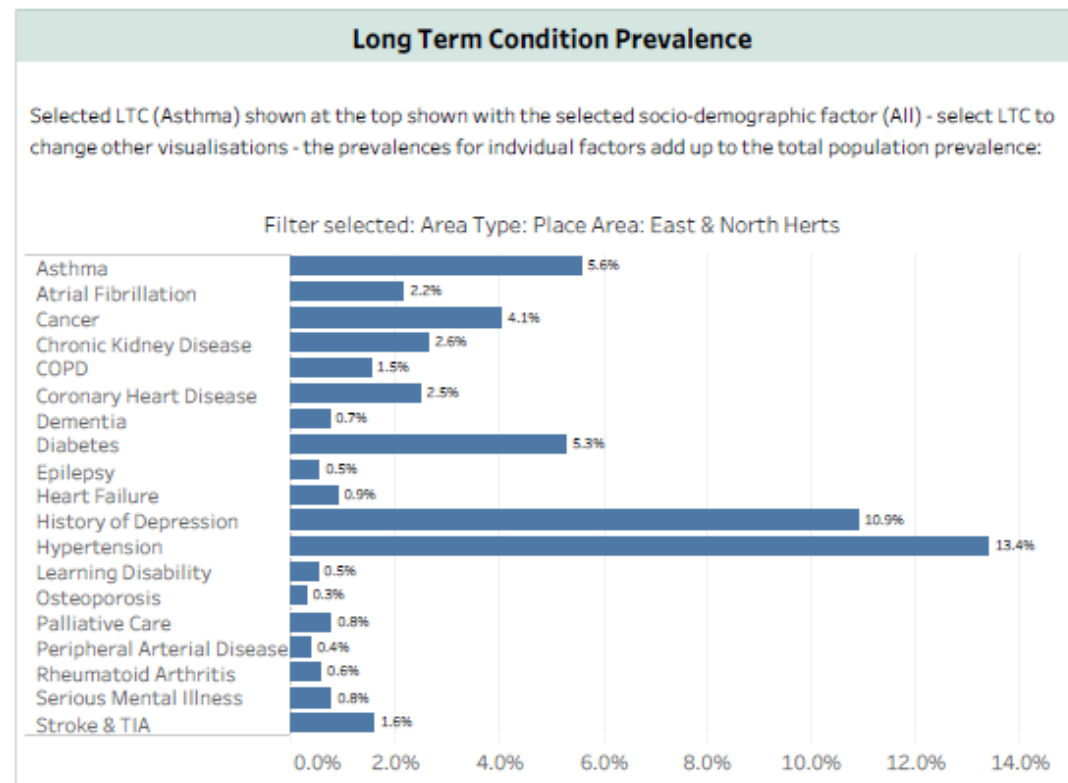


Prevalence of Disease Registers

Upper Lea Valley

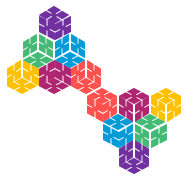


ENH



- The above charts show that Upper Lea Valley has higher 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.





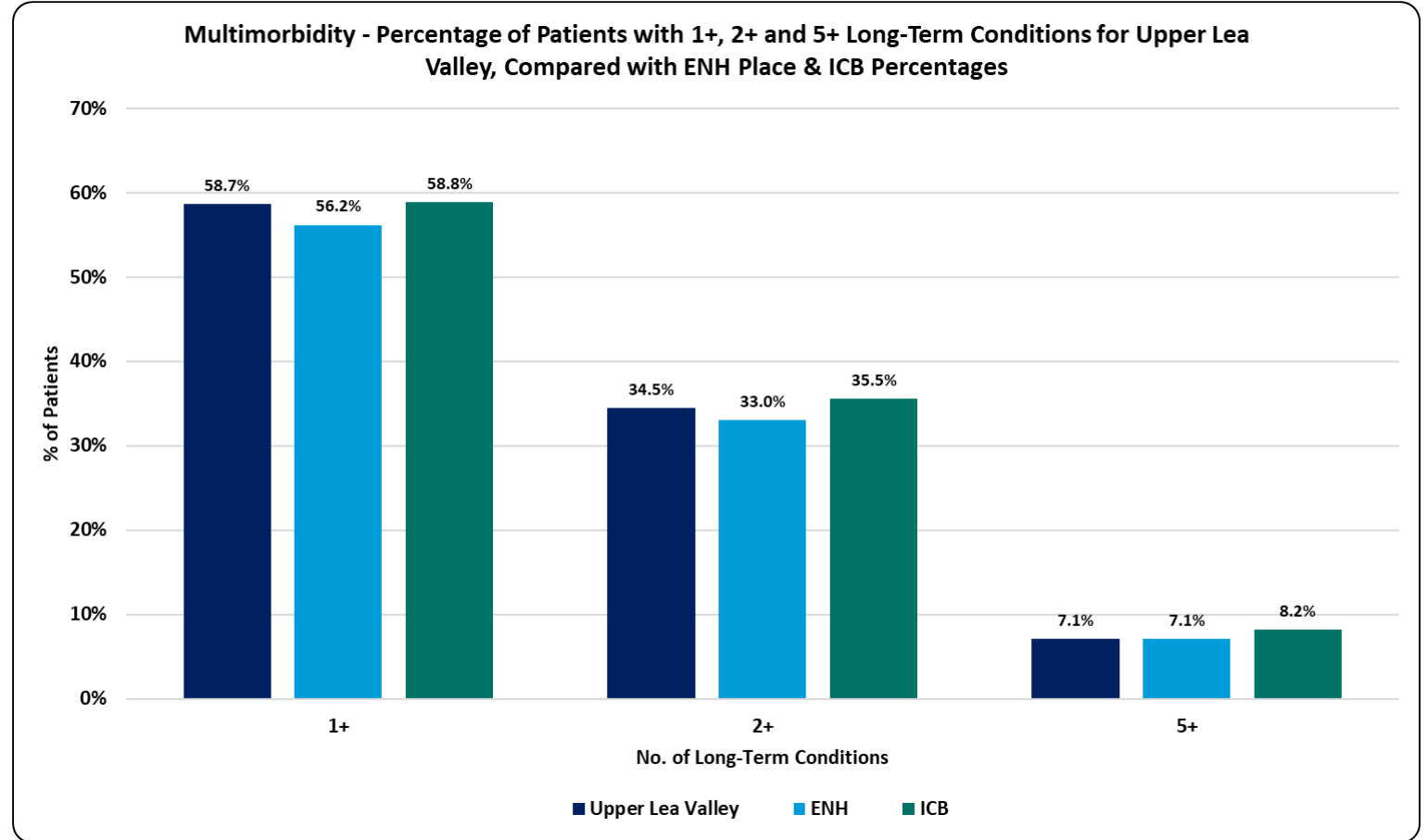
Prevalence of Multimorbidity

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





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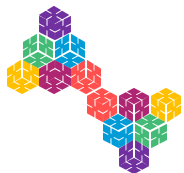


Hertfordshire and
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Integrated Care Board

Children & Young People Management and outcomes

Working together
for a healthier future



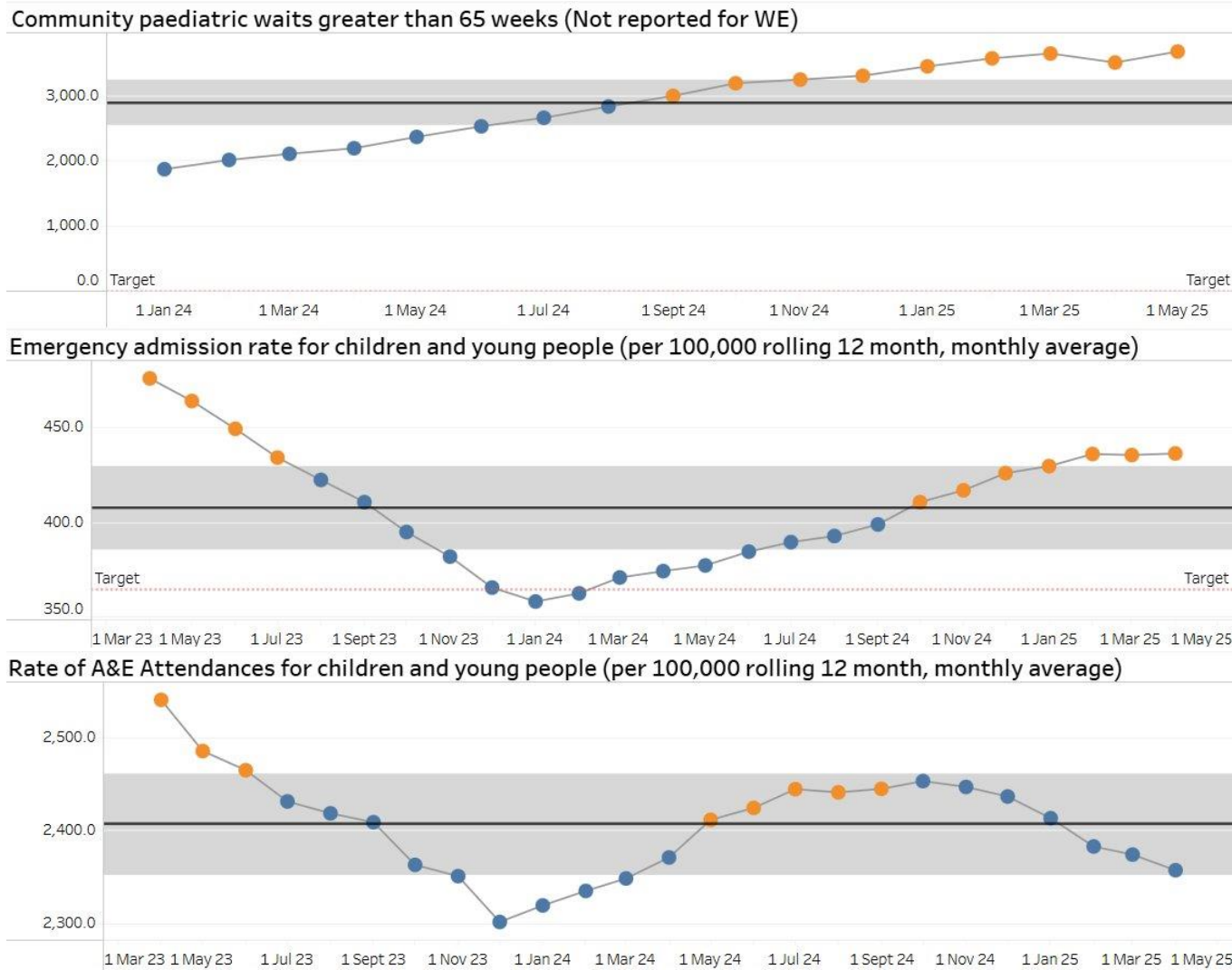


Children's Care: Medium Term Plan Indicators

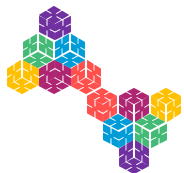
- The Medium-Term Plan dashboard on DELPPHI tracks key indicators for children and young people under 18, using data from SUS and community providers. It focuses on three main measures:
 - Community paediatric waits over 65 weeks
 - Emergency admission rates
 - A&E attendance rates
- Recent data shows a slightly increasing trend in emergency admissions, whilst the A&E attendances trend is slightly decreasing.
- Note: From November '24, PAH and ENHT changed how SDEC is coded, significantly reducing emergency admission counts. This affects West Essex, East and North Herts, and the ICB overall. Measures referencing emergency admissions will appear lower and should be interpreted with caution.



ENH



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



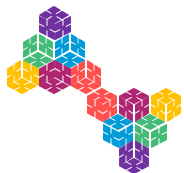
Children and Young People: Programme outcomes

- 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 Upper Lea Valley Locality from the [Outcomes Framework](#)
- There has been an increase in overall emergency admissions for 0–17-year-olds, as well as for 0–4-year-olds.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, Crude Rate per 100,000, aged between 0-18	9.6 3 / 31,307	6.4 2 / 31,355	3.2	50.2%
	Total Cost of Emergency Hospital Care, Crude Rate per 100,000, aged between 0-18	£996k £311k / 31,307	£768k £240k / 31,355	£228,047	29.7%
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				
	Emergency Admissions LoS >0, Crude Rate per 100,000, aged between 0-17	210.2 62 / 29,501	178.9 53 / 29,628	31.3	17.5%
Workstream	Emergency Admissions, DSR per 100,000, aged between 0-4	708.8 49 / 6,913	606.6 42 / 6,924	102.2	16.9%
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			

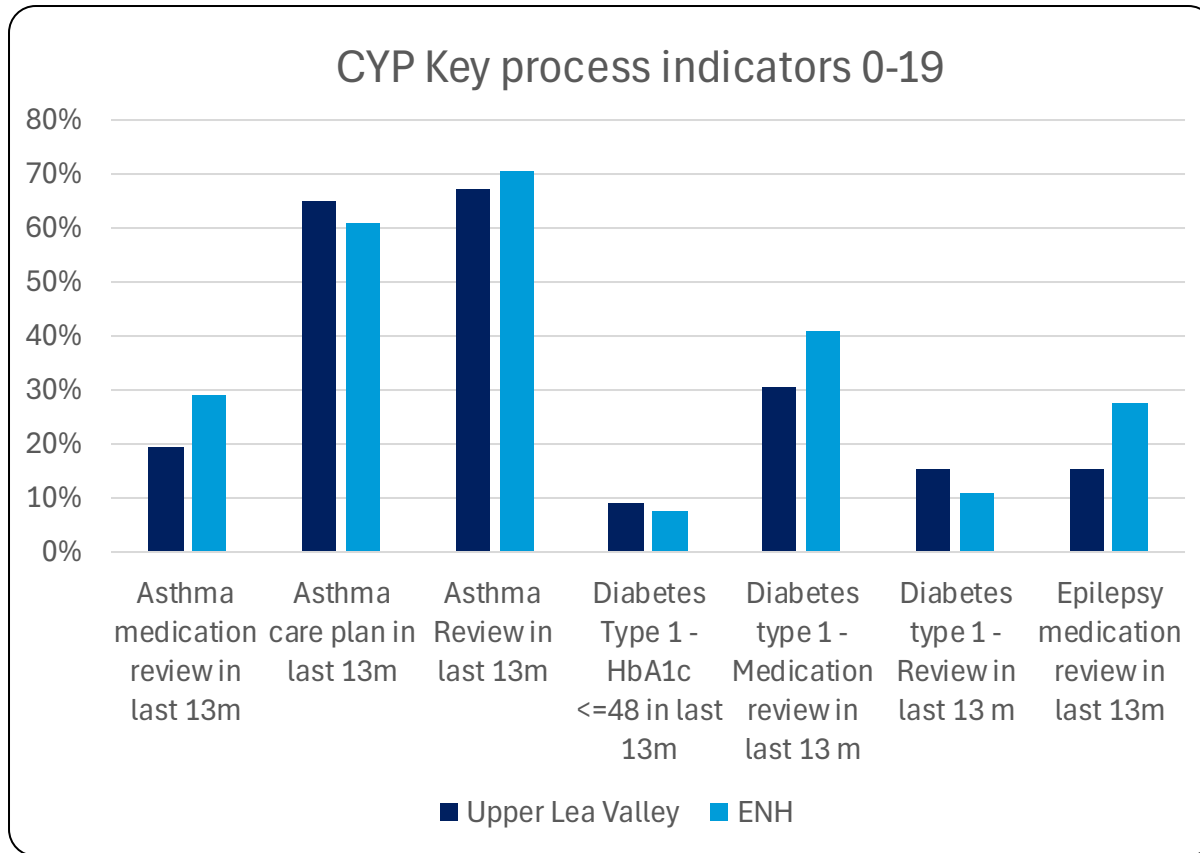


Supressed due to small numbers



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

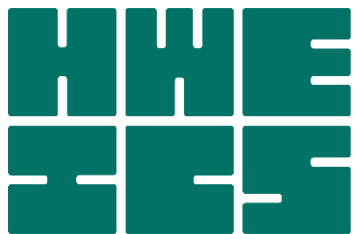
- Data provided by Ardens Manager highlights key process indicators for children and young people with Asthma, Diabetes and Epilepsy over the 13 months leading up to June 24, 2025.
- The graph compares these indicators between Upper Lea Valley and ENH for children and young people aged 0-19.
- Upper Lea Valley has fewer medication reviews recorded for Asthma, Diabetes, and Epilepsy compared to ENH.



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Source: [Ardens Manager](#)



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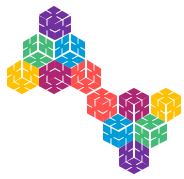
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Hypertension, Cardiovascular Disease and Long-Term Conditions

Management and Outcomes

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Hypertension: Medium Term Plan Indicators

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

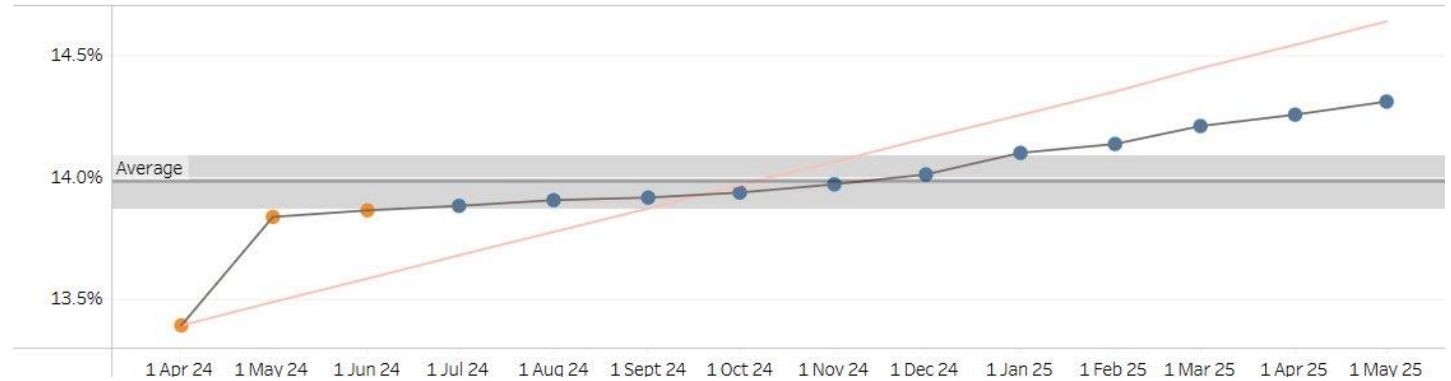
For Hypertension Medium Term Plan indicators, for the Place we can see:

- 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](#).

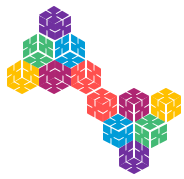
ENH

Hypertension QOF



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





Hypertension: QOF Indicators

- Reviewing the locality on their percentage achieved from the 2024/25 QOF, we can see that:
 - Upper Lea Valley locality is showing above the place value for both 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](#).

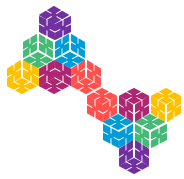
	Hypertension	
	Review	
	HYP008: Latest BP 140/90 or less (or equivalent home value) in last 12m if 79y or under	HYP009: Latest BP 150/90 or less in last 12m if 80y or over
ICB	77.0%	85.0%
E&N Herts Place	75.6%	83.7%
Upper Lea Valley Locality	79.3%	86.6%
HERTFORD AND RURALS PCN	78.7%	84.2%
HODDESDON & BROXBOURNE PCN	78.1%	87.5%
WARE AND RURALS PCN	81.8%	90.0%



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Source: [Ardens Manager](#)



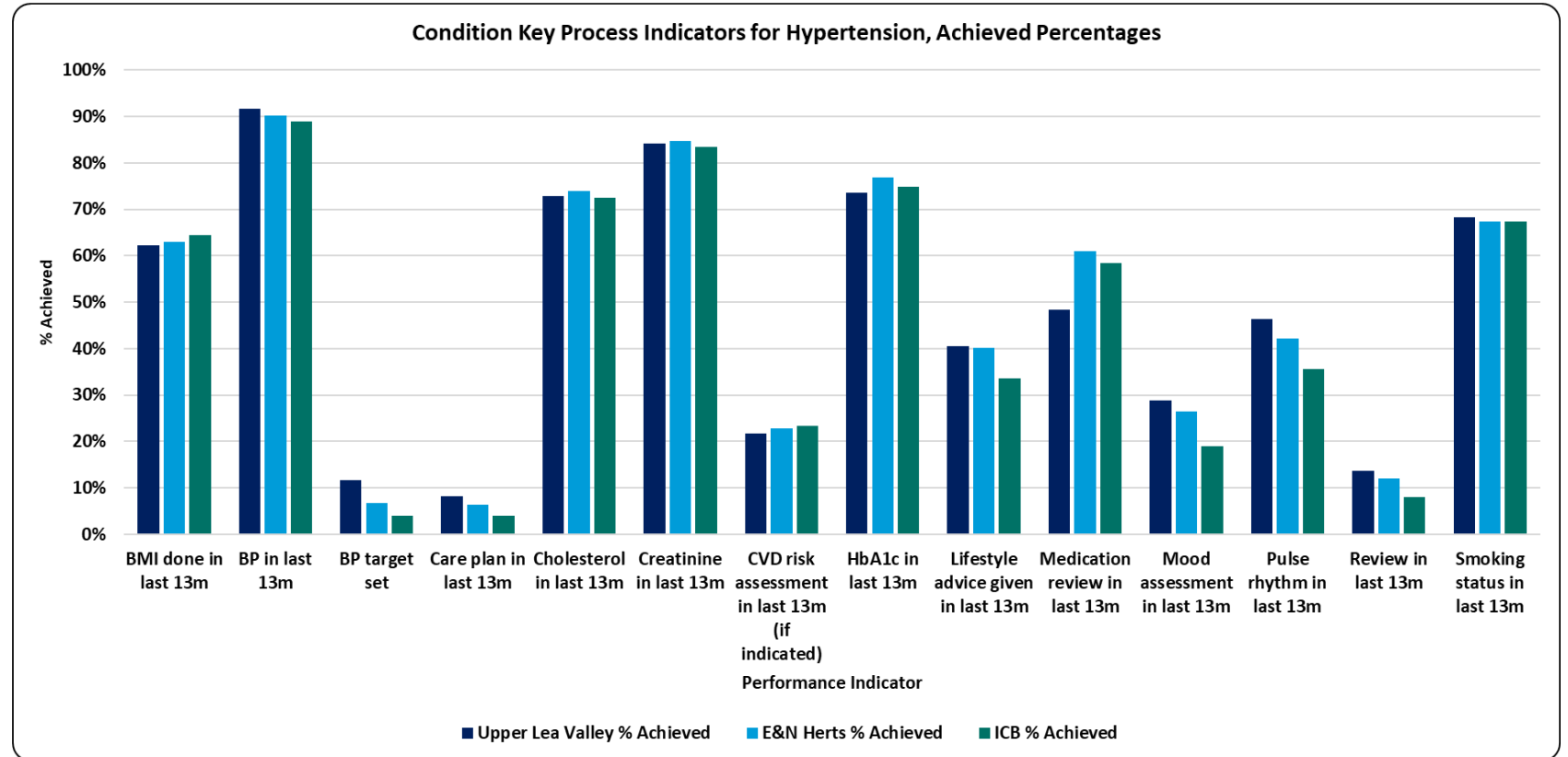
Hypertension: Key Care Process Indicators

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

- Upper Lea Valley achieves higher percentages than Place and ICB levels, in many of the 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:

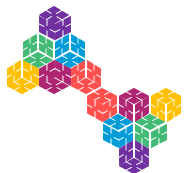
- Medication Reviews



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Source: [Ardens Manager](#)



Cardiovascular Disease (CVD) & Other Long-Term Conditions (LTC): ECF & QOF Indicators

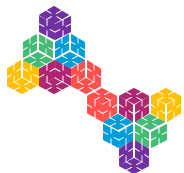
- The 2024/25 QOF CVD indicators are shown on this page; other QOF LTC indicators can be viewed via Ardens Manager [here](#).
- Reviewing the locality on their percentage achieved from the 2024/25 QOF, we can see that:
 - There is lower achievement levels for Atrial Fibrillation QOF indicators where there is opportunity to increase the percentage achieved 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%
Upper Lea Valley Locality	92.3%	25.3%	39.7%	34.4%	96.5%	96.2%	74.2%	100.0%	14.4%	97.0%	84.8%	89.7%
HERTFORD AND RURALS PCN	90.3%	21.9%	31.6%	32.5%	97.7%	96.6%	73.9%	100.0%	14.5%	97.5%	83.8%	87.7%
HODDESDON & BROXBORNE PCN	94.0%	23.8%	59.7%	44.5%	95.8%	96.6%	71.7%	100.0%	14.2%	96.7%	86.7%	90.8%
WARE AND RURALS PCN	93.9%	32.8%	31.0%	26.1%	95.7%	95.2%	77.8%	100.0%	14.5%	96.5%	84.0%	91.7%



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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 that:
 - There is a lower achievement levels for the LVD + on beta blocker indicator across the Locality

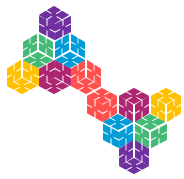
	Heart Failure					Heart Failure		
	ECF					QOF		
	Ejection fraction recorded (ever)	NYHA classification done	On SGL2i or issued in last 3m (if preserved ejection fraction)	Palliative care referral (or declined) (if NYHA Stage III or IV)	Social prescribing/IAPT referral done (or declined)	HF003: LVD + 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%
Upper Lea Valley Locality	77.4%	46.6%	30.8%	0.6%	20.3%	96.1%	95.9%	92.5%
HERTFORD AND RURALS PCN	72.4%	38.2%	30.4%	0.5%	11.4%	96.9%	96.2%	92.7%
HODDESDON & BROXBOURNE PCN	82.2%	48.2%	28.4%	1.2%	21.5%	95.6%	95.2%	91.5%
WARE AND RURALS PCN	79.8%	58.5%	38.2%	0.0%	33.3%	95.9%	96.2%	93.5%



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Source: [Ardens Manager](#)

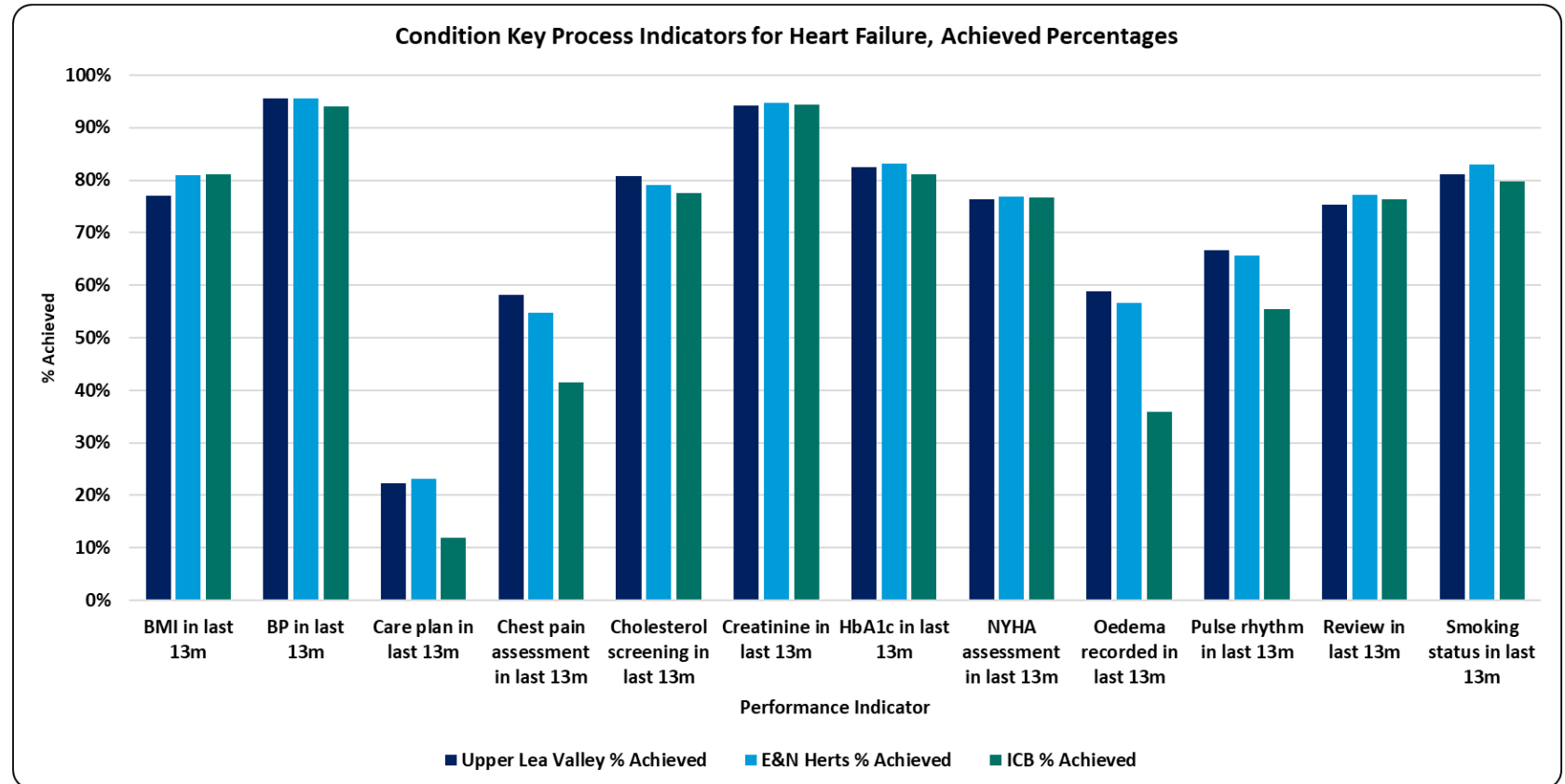


CVD & Other Long-Term Conditions: Key Heart Failure Care Processes

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:

- BMI recordings
- Smoking status checks





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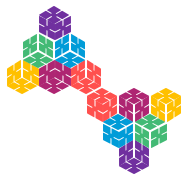
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Mental Health and Learning Disabilities

Management and Outcomes

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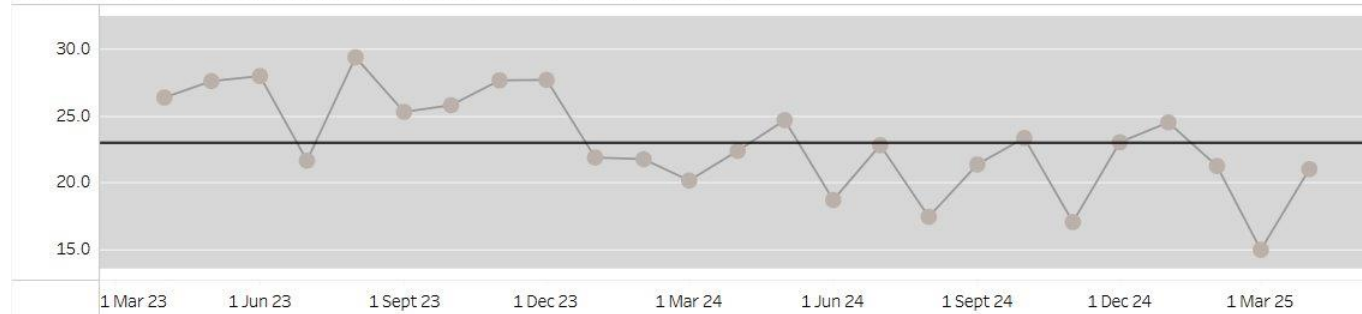


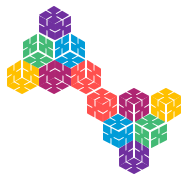
Better care for Mental Health Crisis: Medium Term Plan Indicators

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

ENH

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





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 Upper Lea Valley locality to provide assurance that activities are delivering the required impact.
- Emergency admissions for preventable ACSC conditions have decreased compared to the previous period, however there was a rise in associated costs.

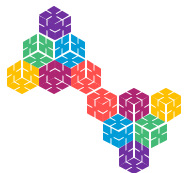
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	34.6 56 / 151,240	42.8 70 / 149,377	-8.2	-19.2%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,517k £4,114k / 151,240	£2,112k £3,388k / 149,377	£405,164	19.2%
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	9.4 17 / 151,240	5.7 10 / 149,377	3.8	66.8%



Hertfordshire and West Essex Integrated Care System



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



Depression and SMI: QOF indicators

- Mental Health QOF metrics for 2024-25 show that Upper Lea Valley has a higher percentage of achievement levels for QOF for all SMI indicators when compared with ICB and place.
- Achievement levels for patients with depression who are reviewed 10 to 56 days after diagnosis are lower compared to both the place and the ICB average.
- 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 SMI without a care plan or recording of monitoring.

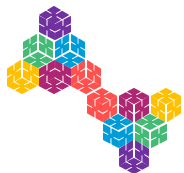
	Depression		Mental Health							
	Review		Review							
	DEP004 CURRENT: Reviewed 10-56d after diagnosis if >18y (2024-25)	DEP004 PROTECTED: Reviewed 10-56d after diagnosis if >18y (2023-24)	MH002: Care plan done in last 12m	MH003: BP done in last 12m	MH006: BMI done in last 12m	MH007: Alcohol consumption 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%
Upper Lea Valley Locality	70.5%	89.3%	92.3%	96.0%	95.7%	96.4%	92.7%	92.0%	78.2%	74.5%
HERTFORD AND RURALS PCN	88.6%	94.4%	95.5%	96.8%	97.5%	98.2%	93.8%	93.0%	78.1%	72.7%
HODDESDON & BROXBORNE PCN	83.3%	89.4%	84.5%	92.5%	91.7%	92.3%	89.0%	86.8%	77.4%	69.2%
WARE AND RURALS PCN	41.7%	83.1%	94.6%	98.0%	96.4%	96.9%	94.5%	95.5%	79.3%	83.1%



Hertfordshire and West Essex Integrated Care System



Source: [Ardens Manager](#)



SMI: ECF indicators

- The data shows that Upper Lea Valley has a lower percentage for all 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](#).

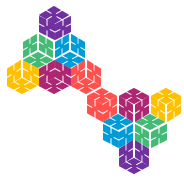
	Severe Mental Illness							
	Extra			Local		Review		
	7. Nutrition/diet + level of physical activity done or exception in L12M	8. Use of illicit substance/non prescribed done or exception in L12M	9. Medication reconciliation/review	1. Waist circumference done or exception in L12M	Oral health recorded 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%
Upper Lea Valley Locality	5.7%	2.8%	10.9%	0.6%	2.8%	2.4%	57.8%	4.7%
HERTFORD AND RURALS PCN	4.3%	4.1%	16.4%	0.0%	3.1%	3.1%	50.7%	7.5%
HODDESDON & BROXBOURNE PCN	5.8%	2.9%	5.8%	1.4%	4.8%	2.9%	72.3%	2.9%
WARE AND RURALS PCN	8.2%	0.5%	5.5%	0.9%	0.5%	0.5%	57.7%	1.4%



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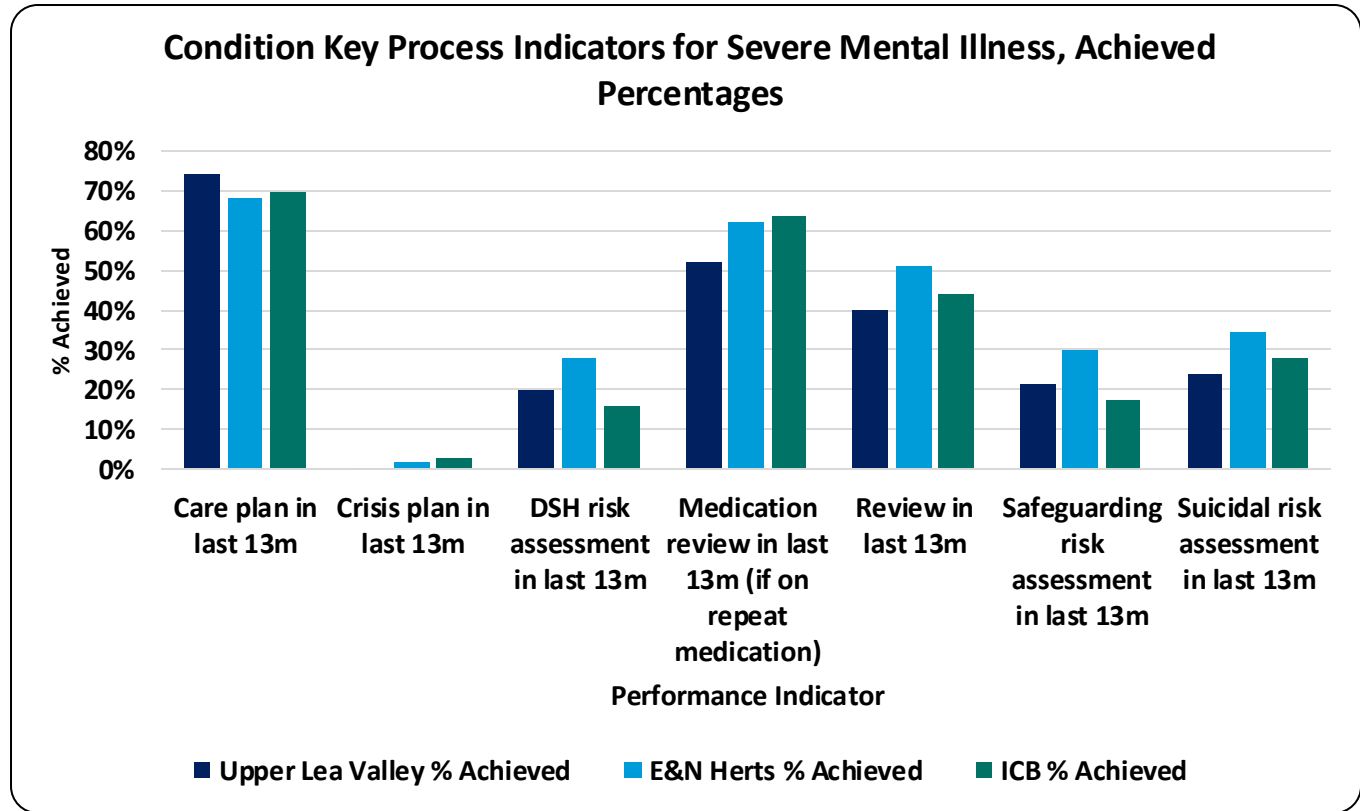
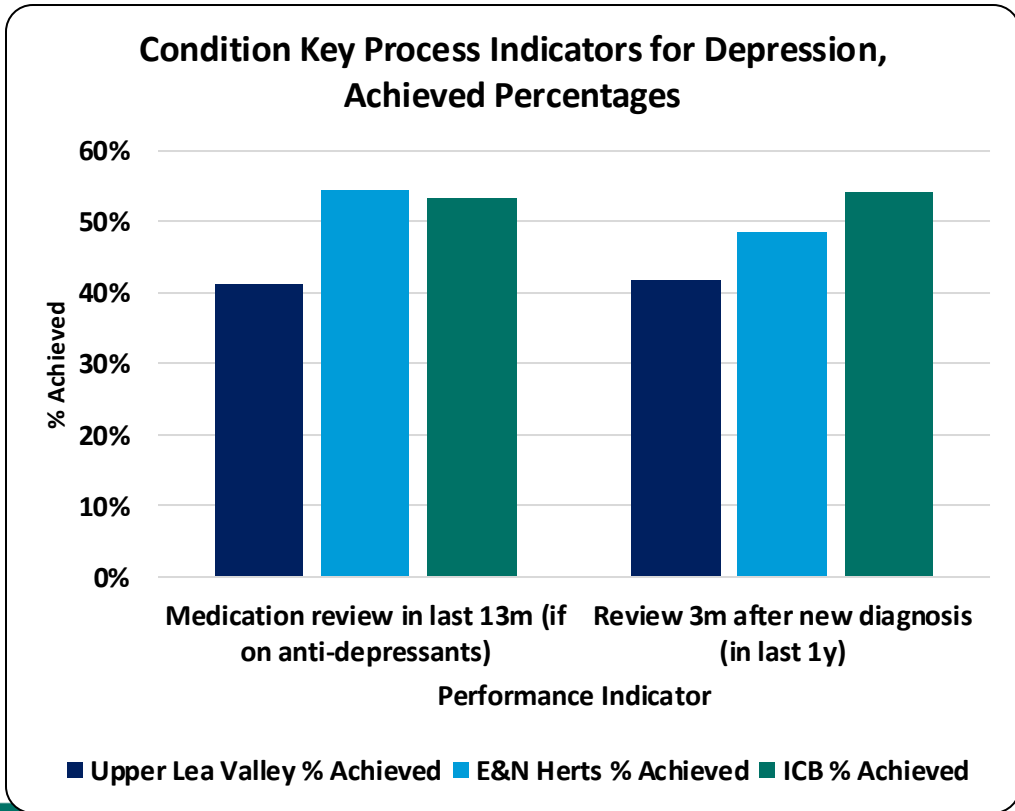


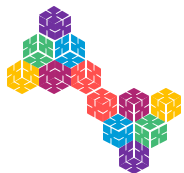
Source: [Ardens Manager](#)



SMI and Depression: Key process indicators

- In the past year, Upper Lea Valley recorded the lowest rate of depression reviews conducted three months after diagnosis, compared to ENH and the ICB.
- Upper Lea Valley percentage achieved is lower in comparison to ENH and the ICB for most indicators. All other reviews can be found in [Ardens Manager](#).





Learning Disability: ECF indicators

- The data shows that Upper Lea Valley has a lower percentage achieved for all learning disability ECF indicators when compared against place and the ICB.
- The data in the table to 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%
Upper Lea Valley Locality	48.7%	49.7%	20.1%	4.3%	5.2%	48.4%	2.5%
HERTFORD AND RURALS PCN	49.8%	51.4%	22.2%	2.4%	3.7%	49.3%	4.1%
HODDESDON & BROXBOURNE PCN	49.4%	49.4%	18.0%	2.9%	2.7%	49.4%	2.5%
WARE AND RURALS PCN	45.6%	47.4%	19.5%	9.2%	11.2%	45.3%	0.0%



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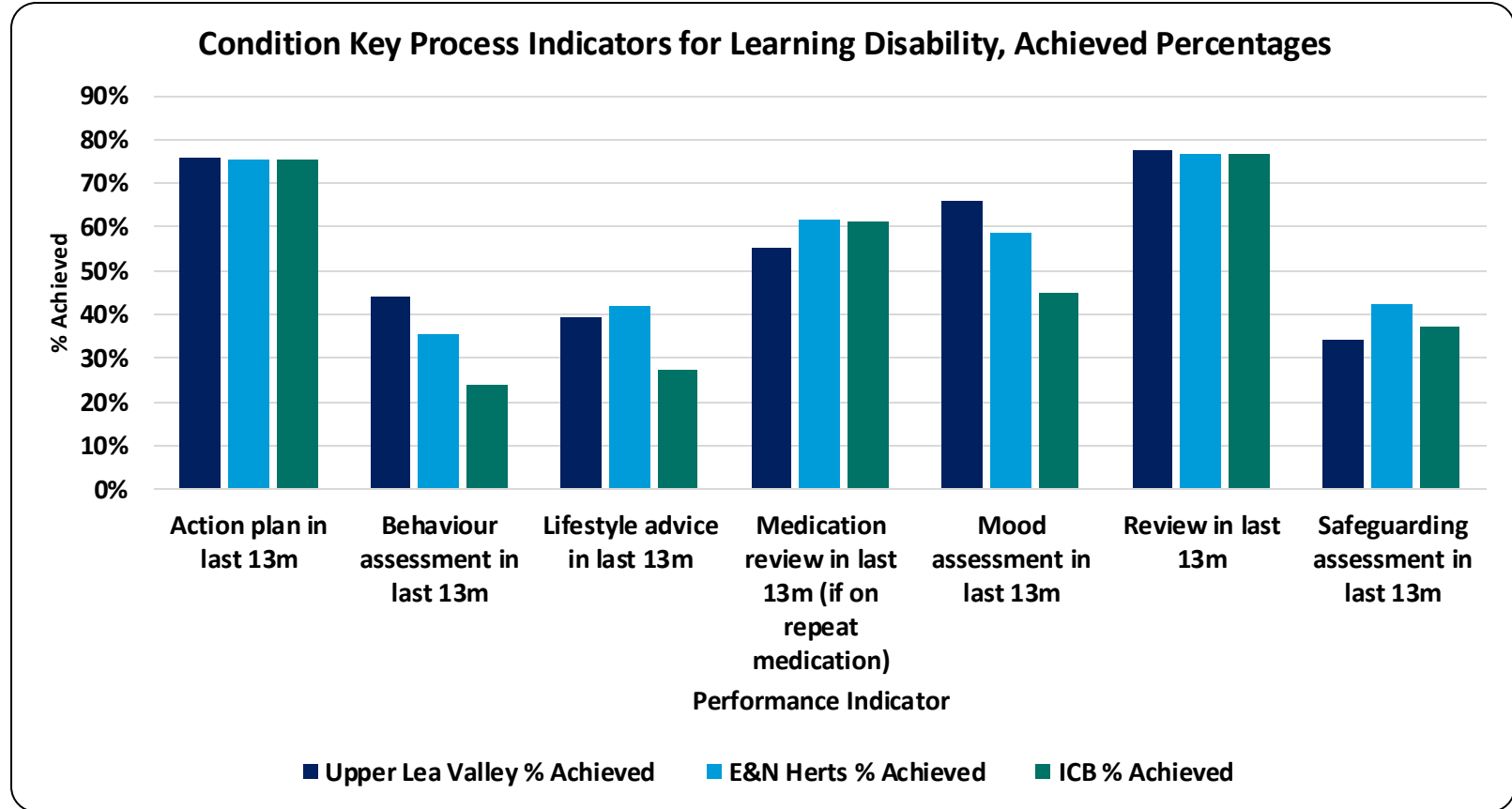


Source: [Ardens Manager](#)



Learning Disability: Key process indicators

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



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Source: [Ardens Manager](#)



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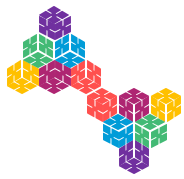


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Cancer and Planned Care Management and outcomes

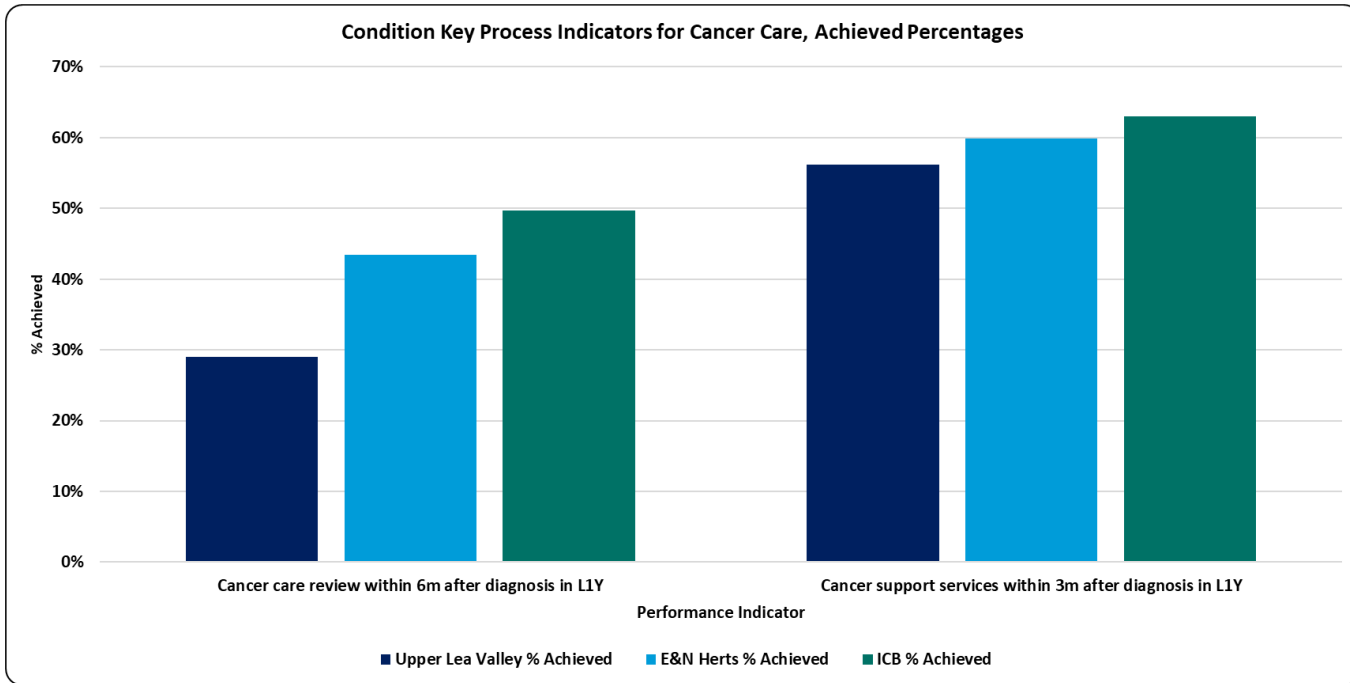
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for a healthier future





Cancer: QOF and Key processes indicators

- Fewer people in Upper Lea Valley have received a care review within 6 months of diagnosis or offered support services when compared with place and ICB.
- The data shows that Upper Lea Valley has a higher or similar percentage when compared to the Place and higher than the ICB for 2024/25.
- The latest position for this table below, can be found at [Ardens Manager](#).



	Cancer Review			
	CAN004 CURRENT: Cancer care review within 12m of diagnosis (2024-25)	CAN004 PROTECTED: Cancer care review within 12m of diagnosis (2023-24)	CAN005 CURRENT: Support information given within 3m of diagnosis (2024-25)	CAN005 PROTECTED: Support information given within 3m of diagnosis (2023-24)
ICB	92.1%	94.9%	84.9%	87.8%
E&N Herts Place	89.1%	94.3%	80.9%	86.4%
Upper Lea Valley Locality	89.8%	98.2%	82.5%	86.8%
HERTFORD AND RURALS PCN	98.6%	98.8%	90.7%	92.8%
HODDESDON & BROXBOURNE PCN	96.3%	98.4%	96.7%	96.9%
WARE AND RURALS PCN	65.6%	96.8%	40.1%	53.6%



Source: [Ardens Manager](#)



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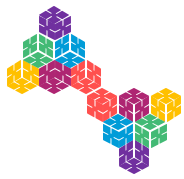


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Frailty and End of Life care Management and outcomes

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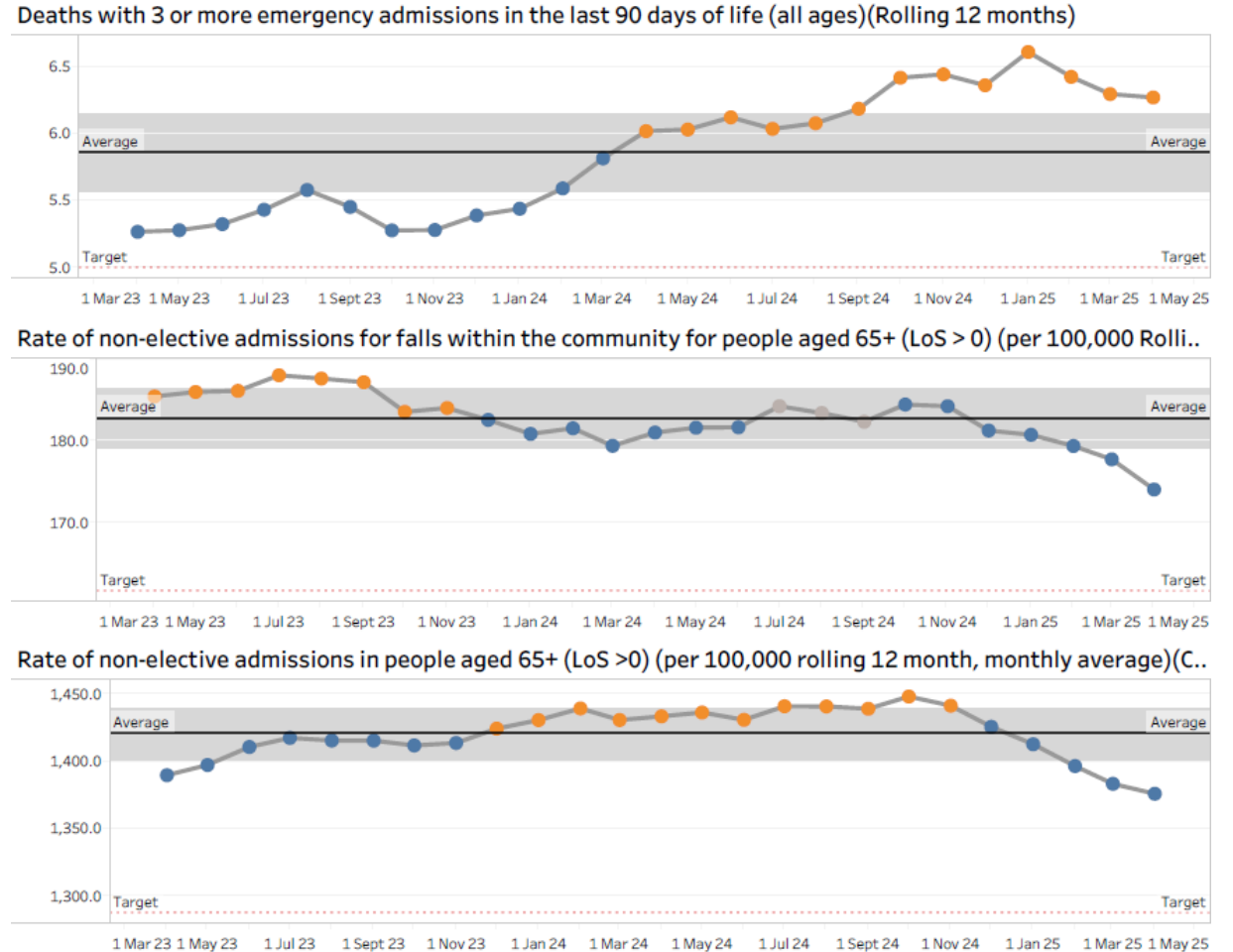


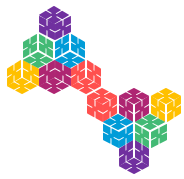


Frailty and EOL: Medium Term Plan Indicators

- The trend charts indicates the 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





Frailty and EOL: Programme outcomes

Upper Lea Valley

- 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 IN

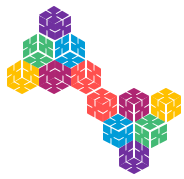
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 65-120	119.7 39 / 31,230	163.4 53 / 30,451	-43.7	-26.8%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£7,709k £2,581k / 31,230	£6,300k £2,060k / 30,451	£1,409,354	22.4%
Programme	Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	283.7 94 / 31,230	320.0 101 / 30,451	-36.3	-11.4%
	Emergency Admissions LoS >0, Moderate/ Severe Frail at Admission (GP SUBMITTING PRACTICES ONLY), DSR per 100,000, aged between 65-120	579.2 17 / 2,374	1,115.7 29 / 2,499	-536.5	-48.1%
	Emergency Admissions LoS >0, DSR per 100,000, aged between 65-120	1,211.2 403 / 31,230	1,179.6 382 / 30,451	31.6	2.7%
	Emergency Admissions LoS >0, Falls Within the Community, DSR per 100,000, aged between 65-120	167.3 58 / 31,230	152.6 50 / 30,451	14.8	9.7%
	Percentage of Mortality, 3 or More Emergency Admissions in Last 90 Days Of Life, Percentage of All Deaths Over 28 Days, aged between 65-120	Supressed due to small numbers			
Workstream	Emergency Admissions LoS >0, Hip Fractures, DSR per 100,000, aged between 65-120	41.2 15 / 31,230	30.3 10 / 30,451	10.9	36.0%
	Percentage of Emergency Admissions LoS >0, Falls Within the Community, Discharge to Usual Place of Residence, aged between 65-120	86.2% 50 / 58	70.0% 35 / 50	16.2%	23.2%
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 7 Days, aged between 65-120	5.0% 12 / 239	5.7% 14 / 245	-0.7%	-12.1%
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 30 Days, aged between 65-120	13.0% 31 / 239	13.9% 34 / 245	-0.9%	-6.5%



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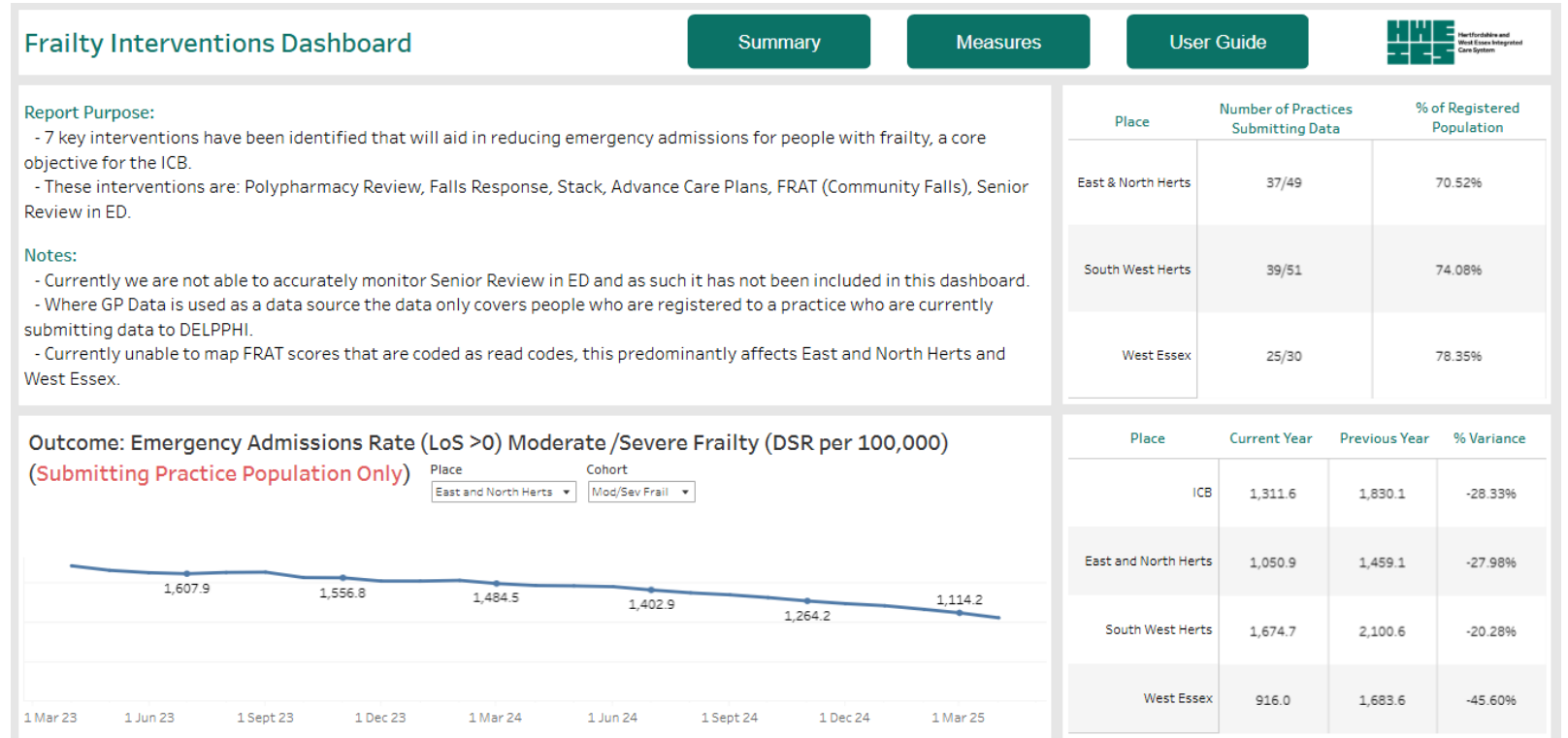


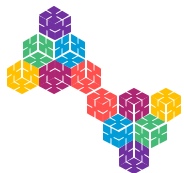
Source: [DELPPHI - HWE Outcomes Dashboard](#)



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](#).



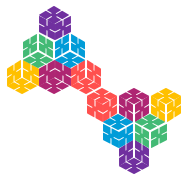


Frailty and EOL: ECF indicators

- The data shows that Upper Lea Valley has a varied achievement for EOL and Frailty indicators, when compared to the Place and the ICB for 2024/25.
- The latest position for this table below, can be found at [Ardens Manager](#).

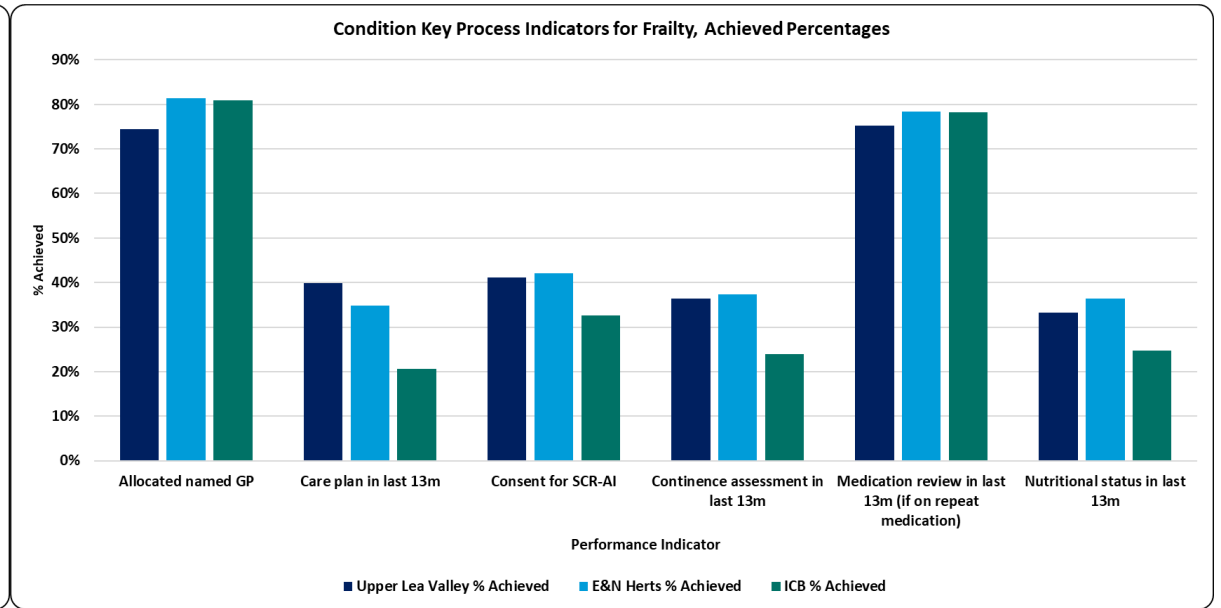
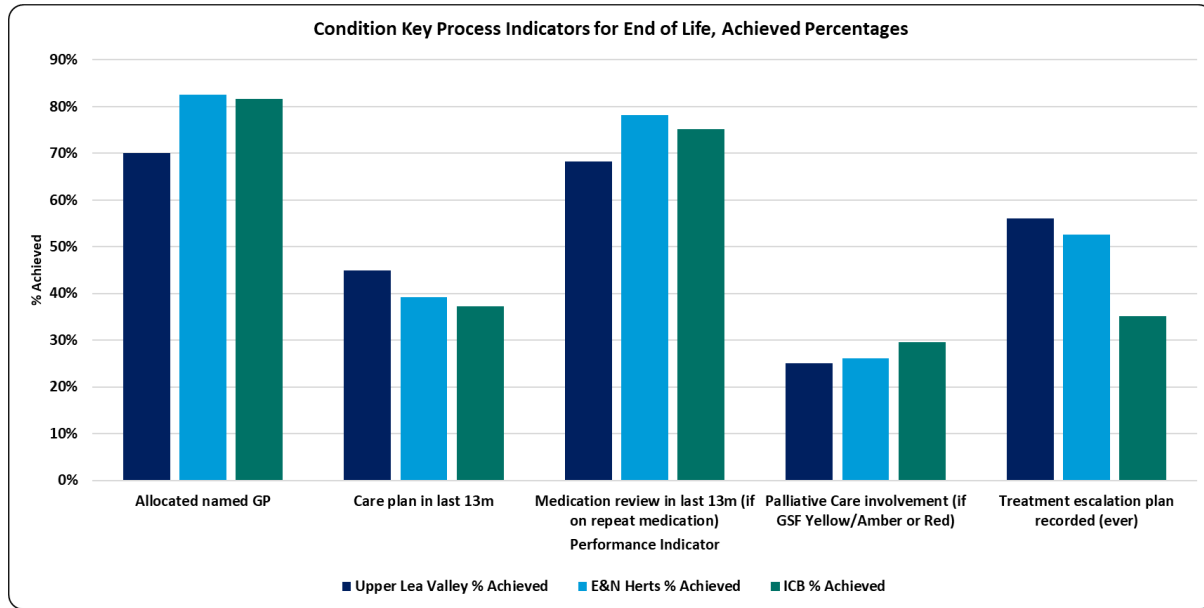
	End of Life								Frailty						
	Review								Review						
	ACP shared	ACP, ReSPECT or EOL care plan done or declined	Anticipatory medicines issued (or exception) (if GSF red/yellow)	GSF prognostic indicator recorded	Preferred place of care recorded	Preferred place of care, death and resus stated recorded	Preferred place of death recorded	Resus status recorded (or currently DNACPR)	Carer status recorded (if moderate/severe frailty)	Depression screening done (if moderate/severe frailty)	Frailty status recorded (if moderate/severe frailty)	Loneliness assessment done (if moderate/severe frailty)	Mod/Sev + carer status recorded (excl care home + GSF red)	Mod/Sev + falls FRAT score done	Mod/Sev + falls FRAT score done (excl care home + GSF red)
ICB	1.5%	40.1%	61.3%	49.0%	69.4%	14.1%	67.4%	74.1%	67.8%	33.8%	77.0%	61.5%	13.9%	64.8%	12.2%
E&N Herts Place	0.4%	40.0%	64.4%	48.1%	70.2%	17.9%	67.4%	75.2%	68.1%	45.1%	78.2%	58.5%	17.4%	65.1%	14.1%
Upper Lea Valley Locality	0.0%	41.8%	62.7%	46.1%	73.9%	14.3%	71.3%	76.9%	65.4%	42.6%	76.9%	55.0%	13.3%	60.6%	12.3%
HERTFORD AND RURALS PCN	0.0%	44.1%	63.3%	46.0%	82.6%	19.6%	74.9%	84.5%	69.5%	26.4%	72.0%	54.1%	9.9%	60.1%	9.3%
HODDESDON & BROXBOURNE PCN	0.0%	43.9%	61.1%	44.3%	77.9%	9.8%	79.7%	82.9%	67.2%	65.2%	77.3%	61.6%	18.3%	66.9%	15.6%
WARE AND RURALS PCN	0.0%	36.8%	62.5%	47.9%	59.4%	12.6%	58.4%	61.8%	51.0%	49.5%	90.2%	46.6%	13.6%	51.7%	14.3%

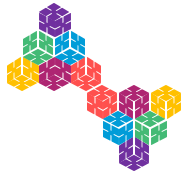




Frailty and EOL: Key processes indicators

- Upper Lea Valley has opportunities to increase the number of completed medication reviews 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.



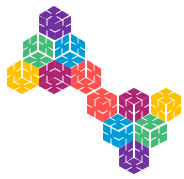


Dementia: Programme outcomes

- 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 Upper Lea Valley locality to provide assurance that activities are delivering the required impact.
- Mortality from dementia and Alzheimer’s disease has been suppressed due to small numbers. The link below can be followed to access the data where permitted.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	34.6 56 / 151,240	42.8 70 / 149,377	-8.2	-19.2%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,517k £4,114k / 151,240	£2,112k £3,388k / 149,377	£405,164	19.2%
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	9.4 17 / 151,240	5.7 10 / 149,377	3.8	66.8%

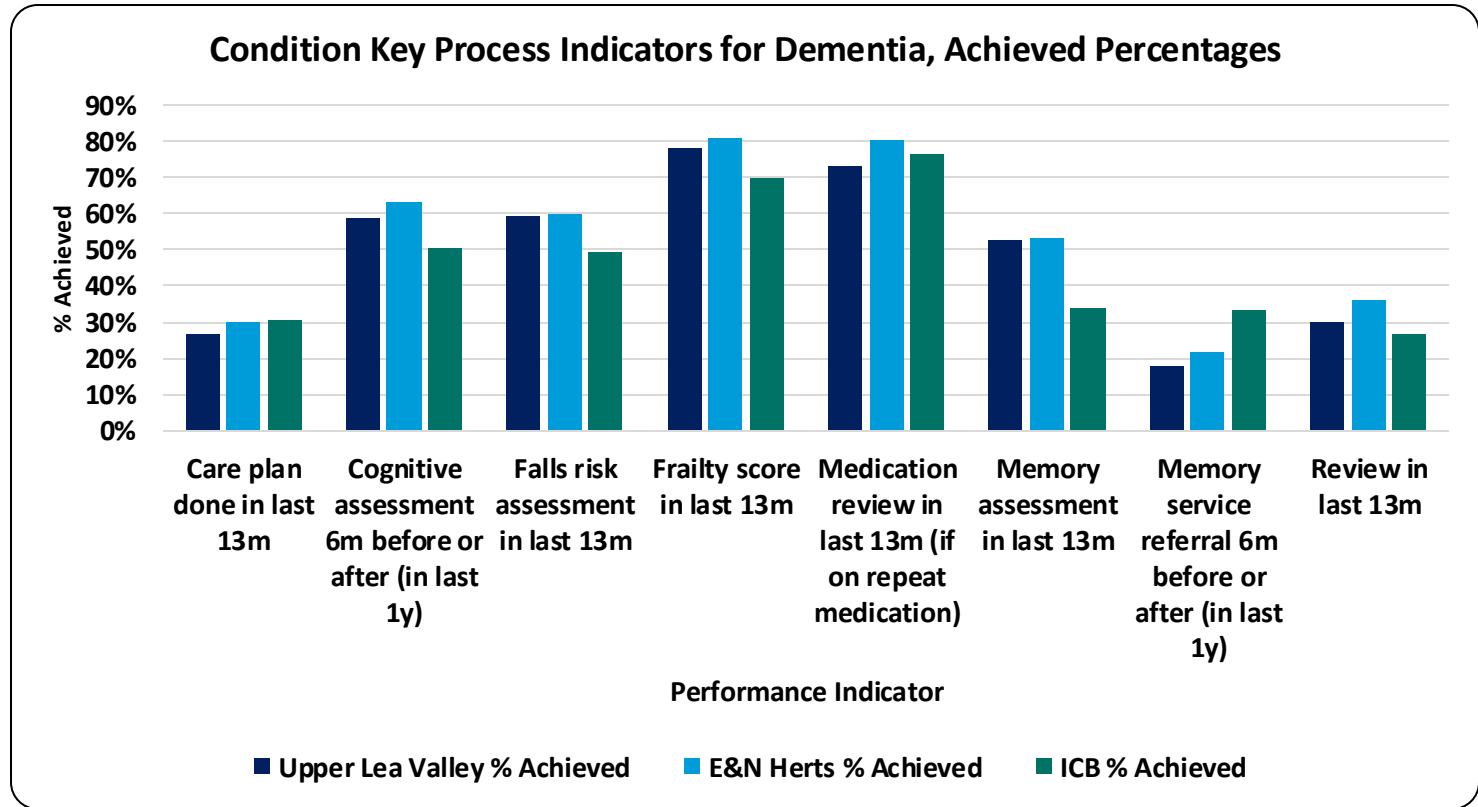




Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that Upper Lea Valley has a lower percentage of achievement levels for Care plans reviewed in the last 12 months when compared with ICB and place.
- Within this there is variation between the PCNs. The individual practices can be viewed within the QOF data. Ardens searches are available to practices to identify those people with dementia without a care plan.

	Dementia Review
	DEM004: Care plan reviewed in last 12m
ICB	80.8%
E&N Herts Place	82.3%
Upper Lea Valley Locality	81.3%
HERTFORD AND RURALS PCN	77.6%
HODDESDON & BROXBORNE PCN	85.5%
WARE AND RURALS PCN	81.9%





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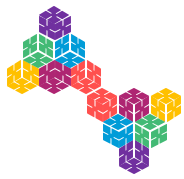


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Other key outcomes

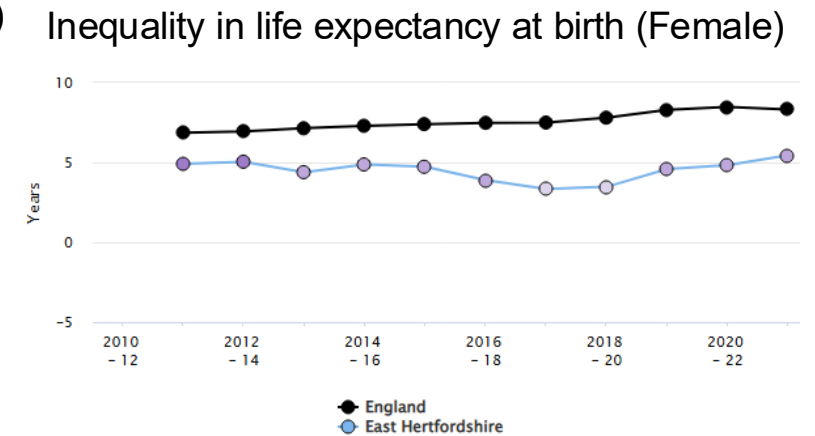
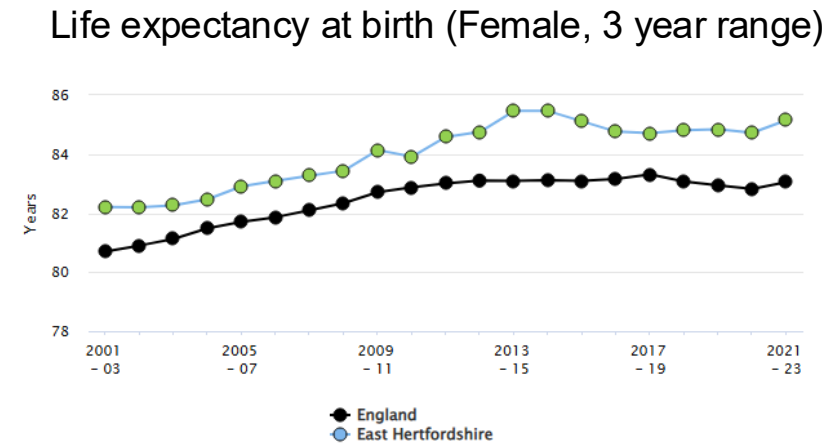
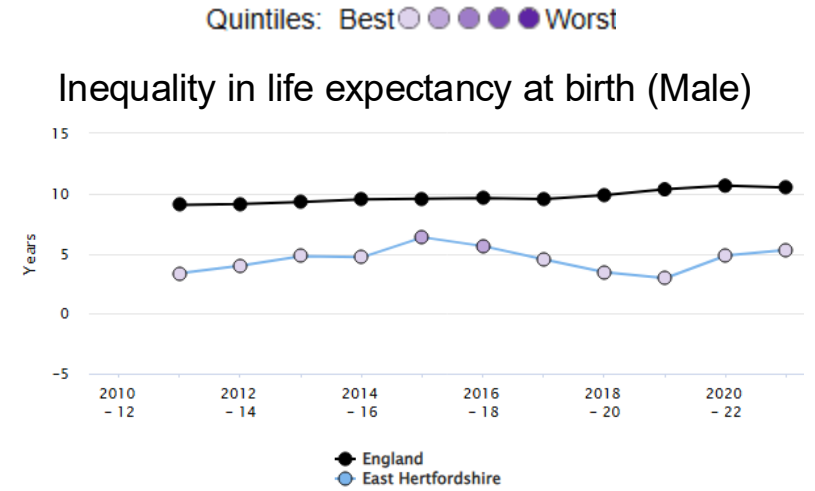
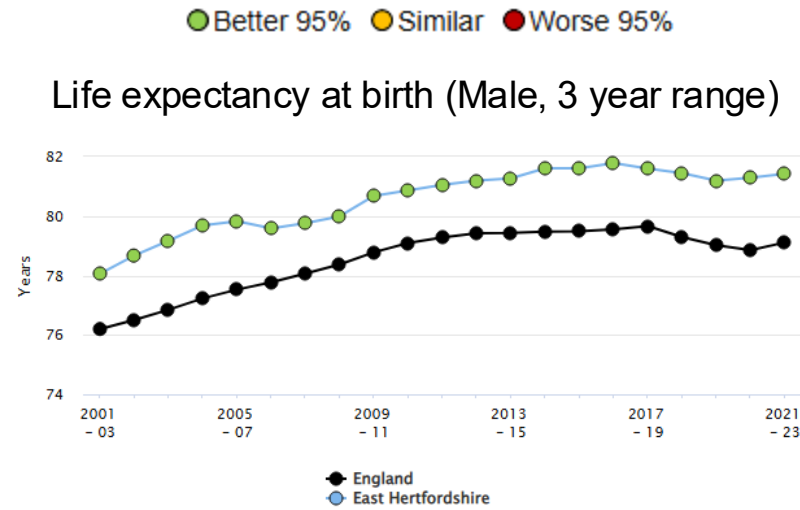
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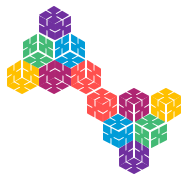




Life Expectancy and Inequality in Life Expectancy at Birth

- Upper Lea Valley data on Fingertips is not available at a geographical level hence why East Hertfordshire has been included here.
- 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 and females in the most deprived quintiles will live nearly 5 years less than the most affluent quintiles, in East Hertfordshire.





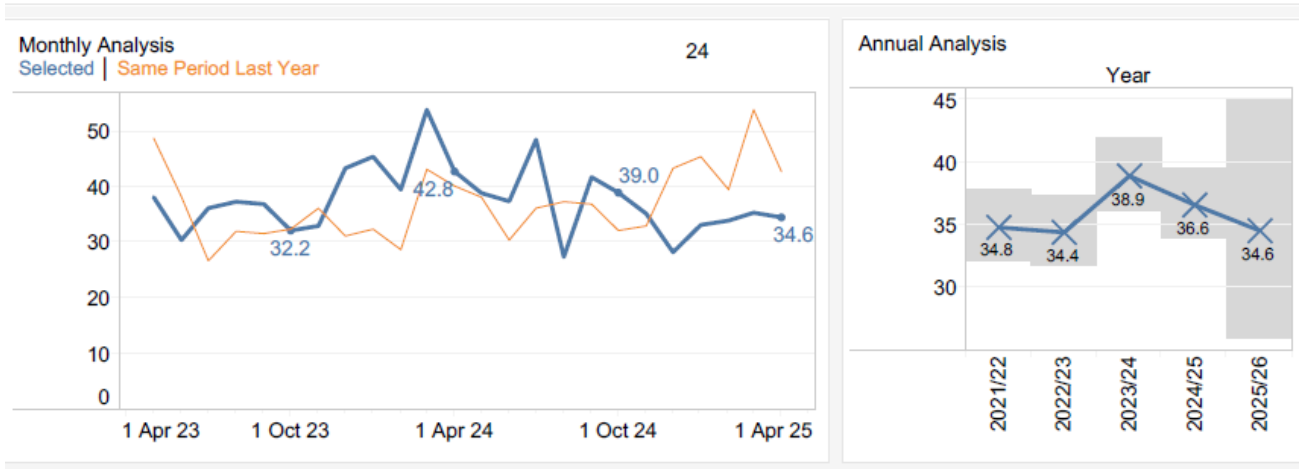
Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

Upper Lea Valley

- For ACSC condition emergency admissions, the rate has decreased in the last three years.
- Whilst these rates have fluctuated in the last two years, the overall movement of the rate is downward.
- The list of Chronic Ambulatory Care Sensitive Conditions can be found via the [NHS Outcomes Framework Indicators](#) and Indicator Specification as found through the link [here](#).
- Please use the following [link](#) for DELPPHI to review HWE, 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	34.6 56 / 151,240	42.8 70 / 149,377	-8.2	-19.2%

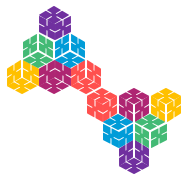
Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120



Place Summary

YTD | Same Period Last Year | 95% Confidence Interval





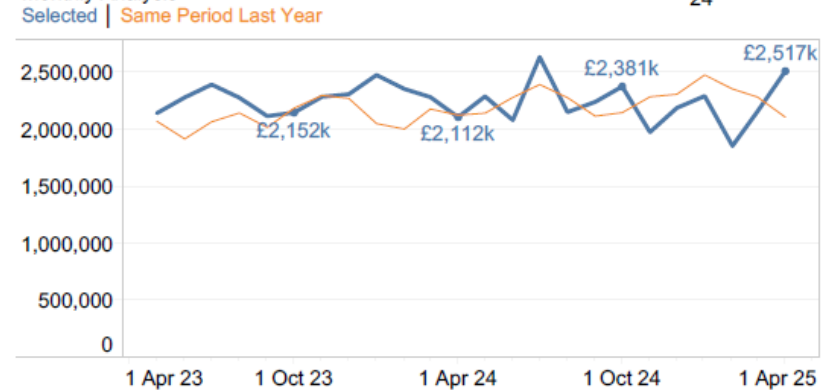
Total cost of Emergency hospital care for Upper Lea Valley

- 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.

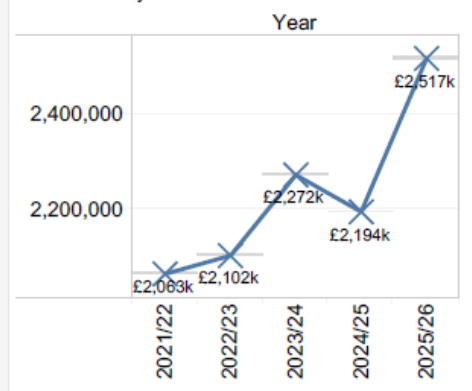
Measure..	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,517k £4,114k / 151,240	£2,112k £3,388k / 149,377	£405,164	19.2%

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

Monthly Analysis

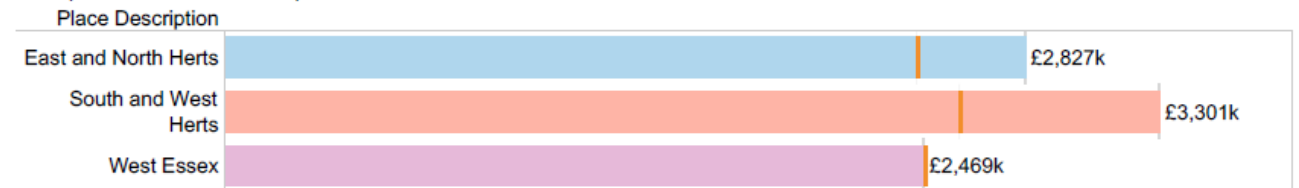


Annual Analysis



Place Summary

YTD | Same Period Last Year | 95% Confidence Interval



Hertfordshire and West Essex Integrated Care System





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Glossary

Working together
for a healthier future





Glossary

Segmentation Model

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

Coding

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

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

Locality	Practice Name	Flowing data
Upper Lea Valley	Dolphin House Surgery	✓
	Hailey View Surgery	✓
	Hanscombe House Surgery	✓
	The Limes Surgery	✓
	Amwell Surgery	✓
	Lea Wharf Medical	✓
	Park Lane Surgery	✓
	Watton Place Clinic	✓
	The Buntingford & Puckeridge Med Prac.	✗
	New River Health	✗



Hertfordshire and West Essex Integrated Care System



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