

Hertfordshire and  
West Essex Integrated  
Care System



## Hertfordshire and West Essex Neighbourhood Pack - Dacorum

2025-2026  
PHM Team

**Working together**  
for a healthier future



**NHS**  
Hertfordshire and  
West Essex  
Integrated Care Board



## Key messages

The Dacorum population profile is similar to South West Hertfordshire and the ICB. However, a higher proportion of the population live in the two most deprived quintiles compared to the place.

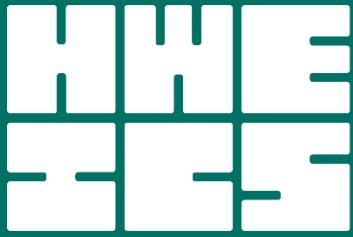
There is inequality between and within the locality, in particular here are areas of higher deprivation in Hemel Hempstead that are associated with poorer outcomes. People in these areas are more likely to live with long term conditions, require emergency care and die before the age of 75 years. Areas in Highfield ward in Hemel Hempstead have the lowest disease-free life expectancy within the ICB, where men on average can expect to live for 59.7 years without disease and women on average can expect to live for 61.3 years. [Overview of the Population](#)

Dacorum data shows a higher prevalence of behavioural risk factors, including alcohol abuse, obesity, insufficient physical activity and smoking compared to SWH. These trends are particularly pronounced among older adults (65+), individuals in the most deprived quintile and BAME populations. 12% of children in Dacorum live in poverty compared with 10% for SWH and 17% for England. The three areas within Dacorum with the highest child poverty are Adeyfield East (24%), Grovehill (23%) and Highfield (24%).

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

Despite areas of inequalities, behavioural risk factors and disease prevalence, people in Dacorum experience good quality care, and comparable outcomes to the ICB in general. However, changes in the older population and number of people living with long term conditions are driving increased demands for care and services in both planned and proactive as well as urgent and emergency services and across all care providers.



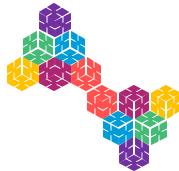


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## Demographics, wider determinants and prevention

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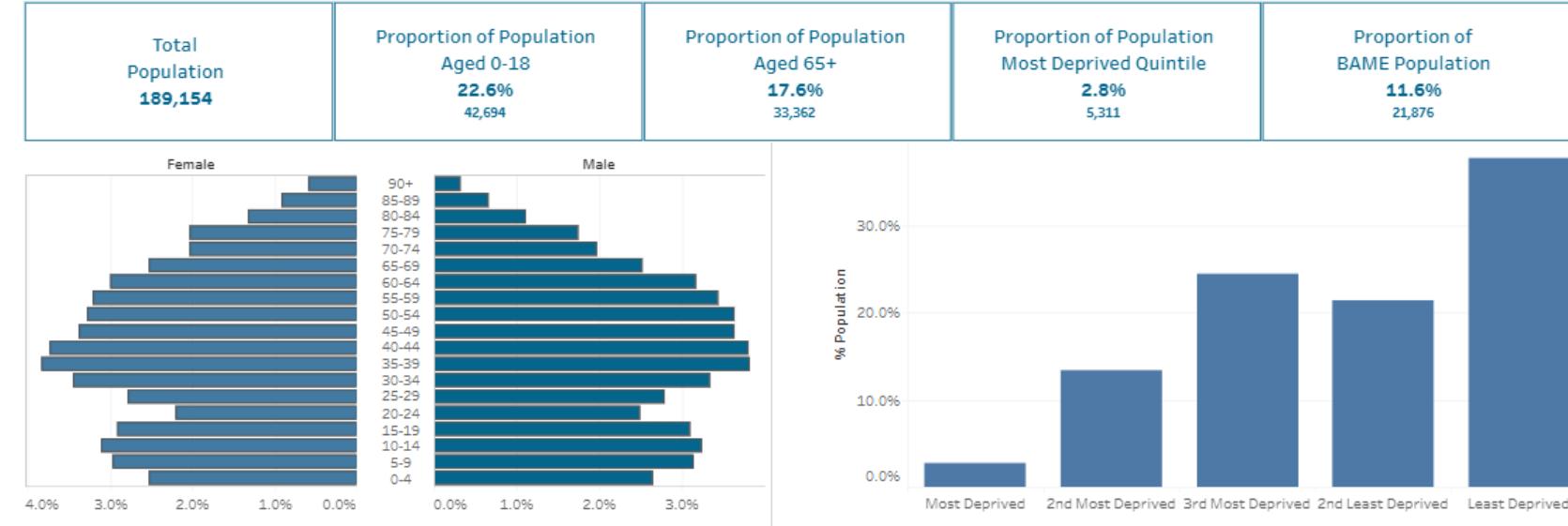




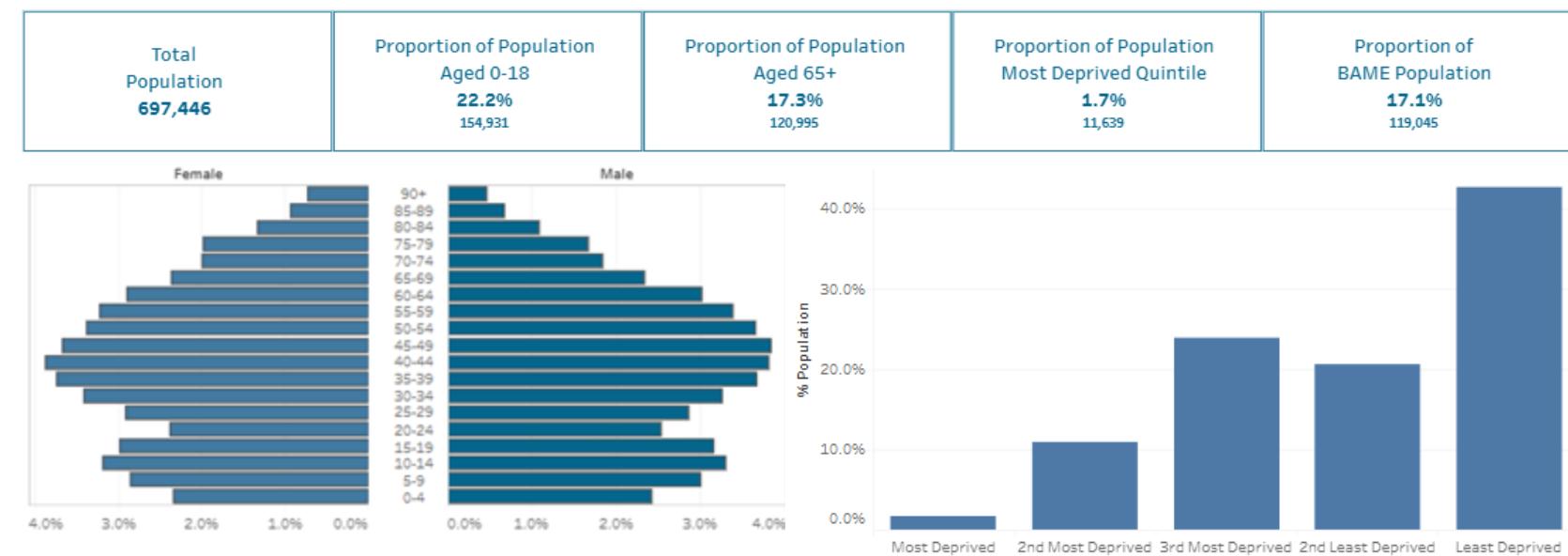
# Population profile

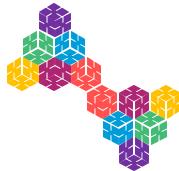
- Dacorum population age groups in most cases mirrors SWH, but a higher proportion lives in the most deprived quintile.
- Additional information is available on [DELPHI](#) for age, deprivation, ethnicity, gender and main language at HCP, Locality, PCN, GP practice and Local authority lower tier population.

Dacorum



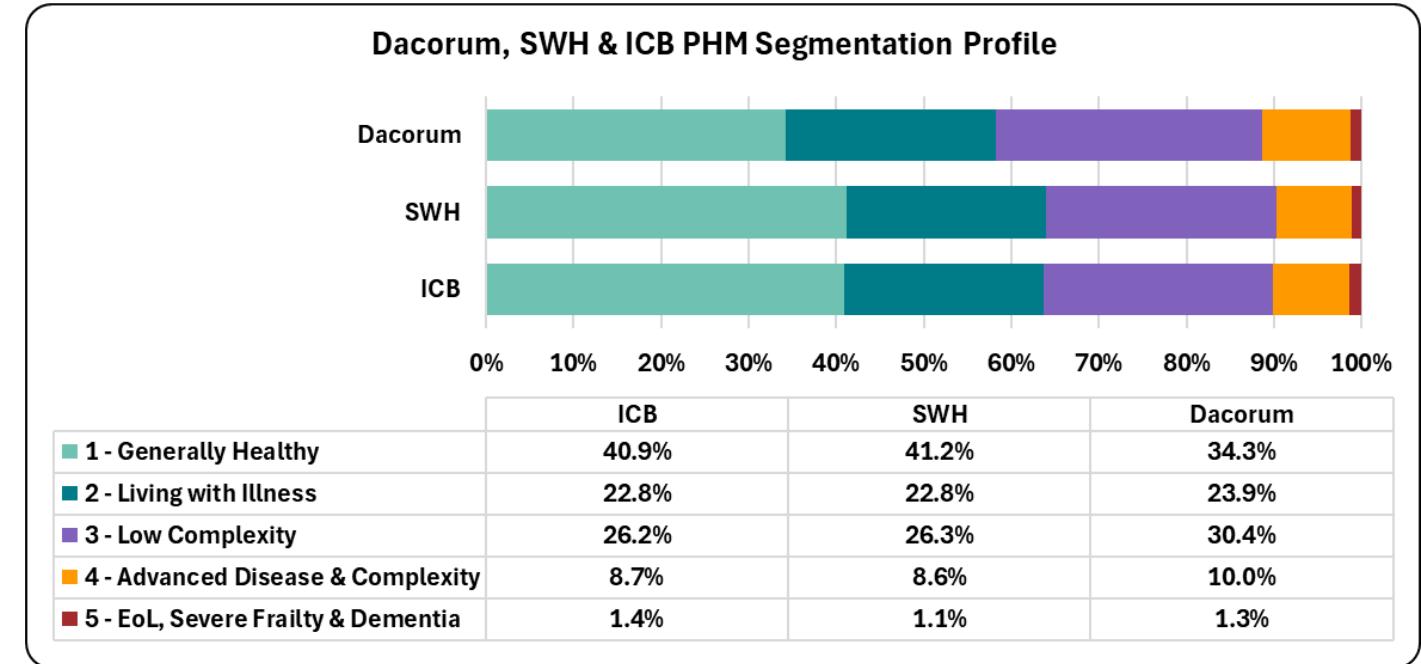
SWH

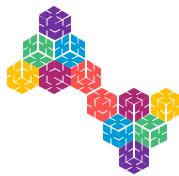




# Segmentation profile Provisional Data

- The illustrations on the right shows the segmentation model for Dacorum Locality and SWH. This is a snapshot from June 2025.
- Dacorum's has a significantly lower 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](#)

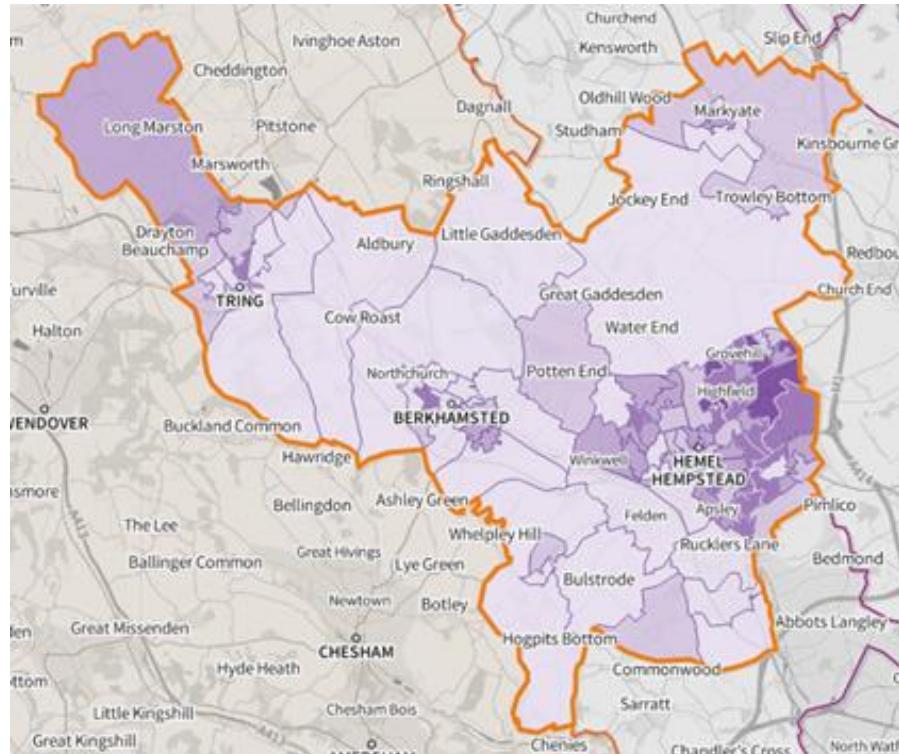




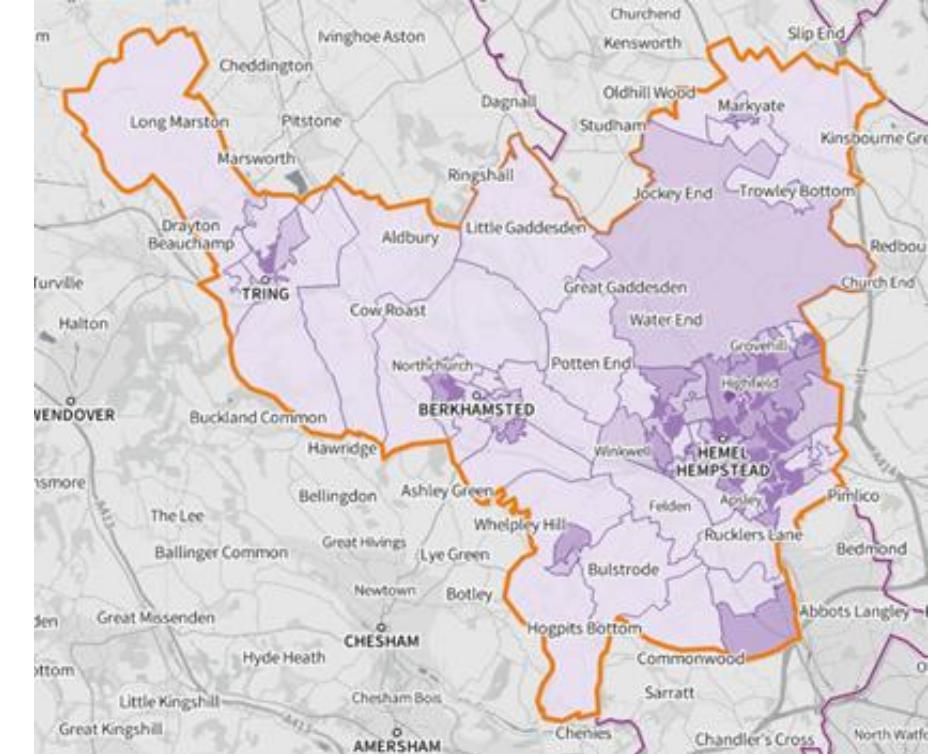
# Children and older people living in poverty

- 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



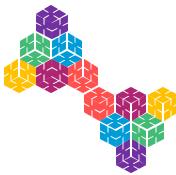
Income deprivation affecting older people



- Income deprivation affecting children index (IDACI) 2019, shows Dacorum at 11.9%, SWH at 10% and England at 17.1%. The 3 areas within Dacorum with the highest index are Adeyfield East (24%), Grovehill (23%) and Highfield (24%).

- Income deprivation affecting older people index (IDAOPi) 2019, shows Dacorum at 9.4%, SWH at 9.6% and England at 14.2%.





# Behavioural risk factors

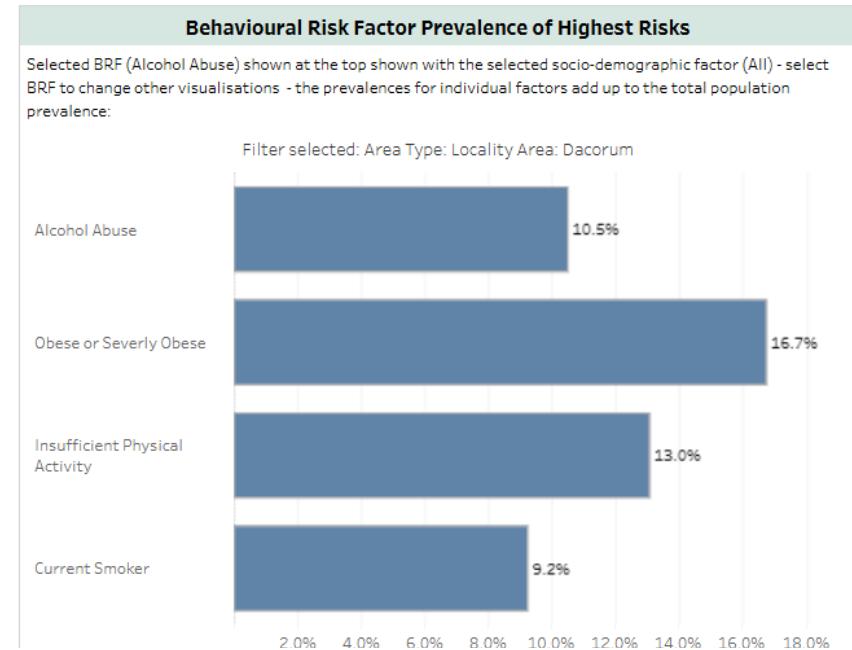
- Dacorum data shows a higher proportion of alcohol abuse, obesity, insufficient physical activity and smoking compared to SWH. These trends are particularly pronounced among older adults (65+), individuals in the most deprived quintile and BAME populations.
- These behavioural risk factors are likely contributing to a lower proportion of the population being classified as 'generally healthy' in the segmentation model compared to SWH, 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](#).



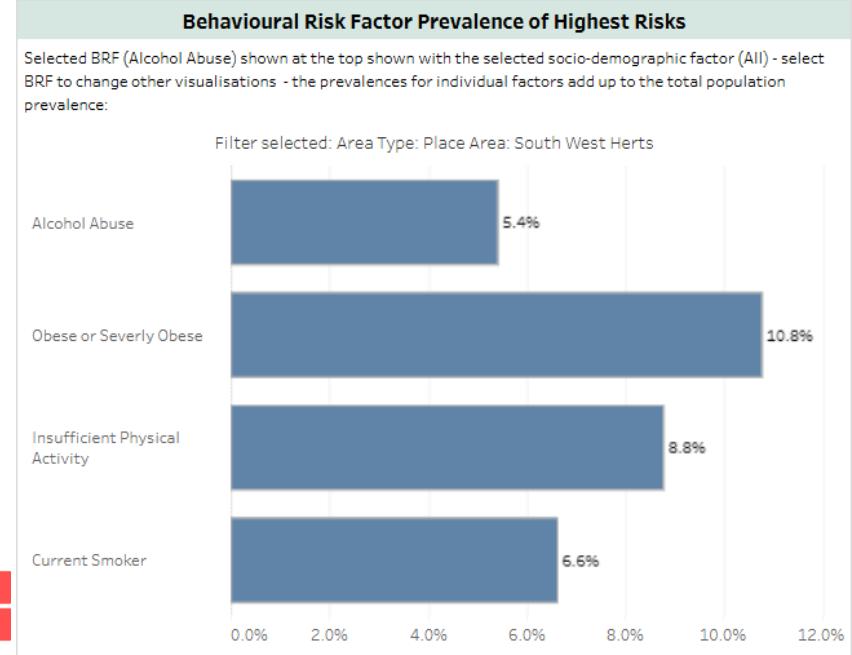
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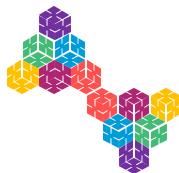
Dacorum



SWH

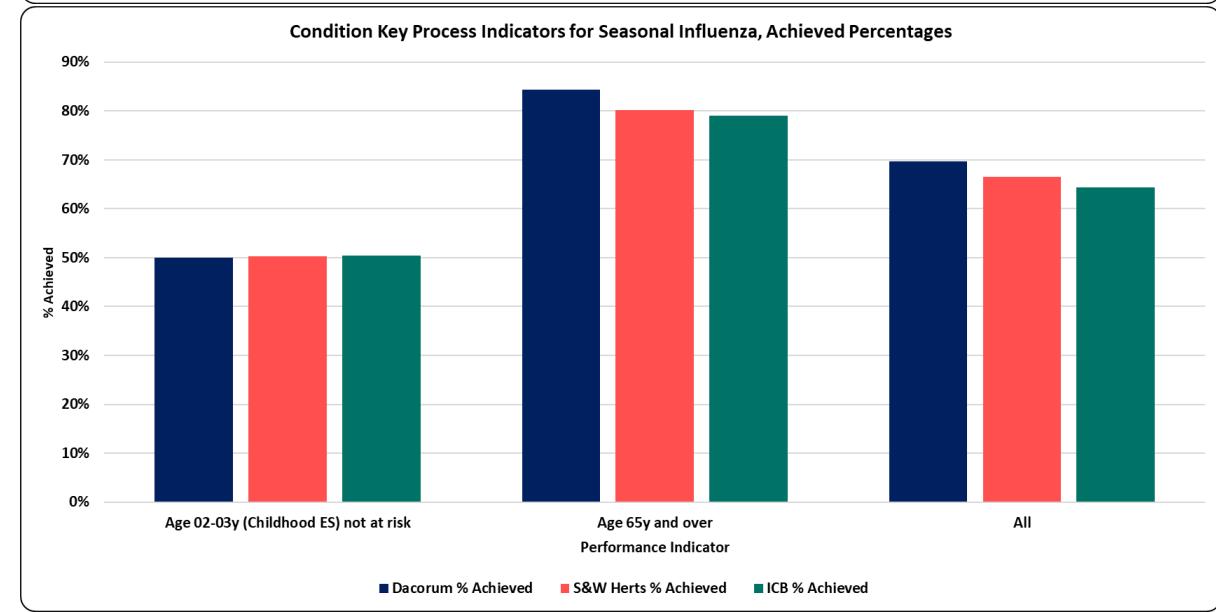
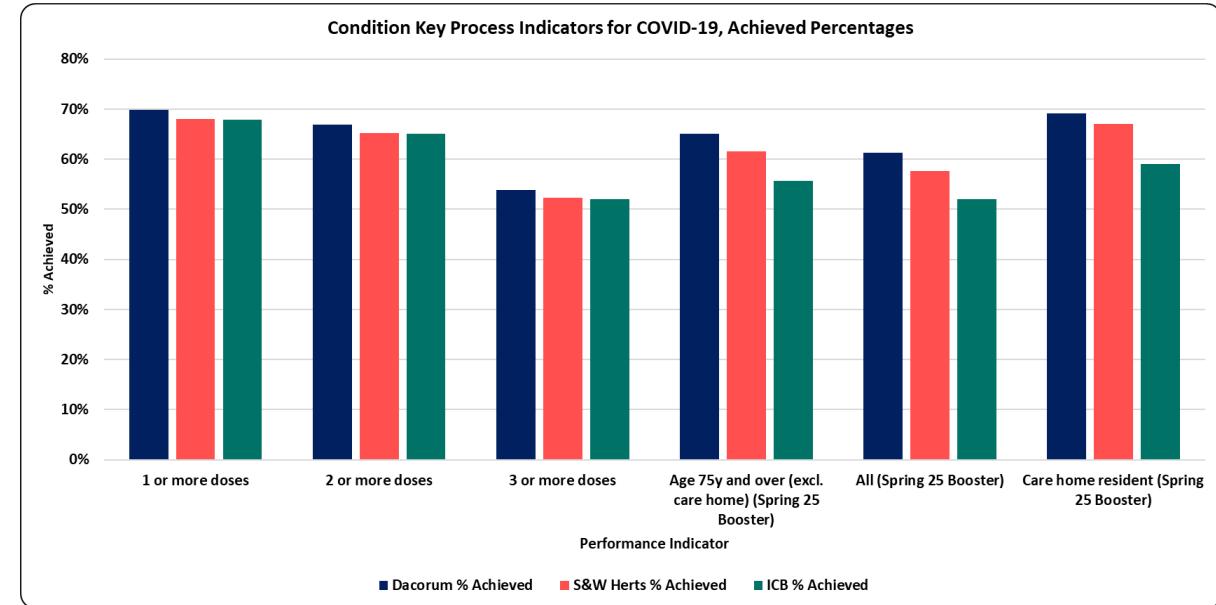


Source: [DELPPHI - Population Profile](#)



# Immunisation

- Dacorum's percentage of people immunised against Covid-19 is above or equal to SWH and the ICB.
- Seasonal influenza percentage achieved for all areas is again above or equal to SWH and the ICB.
- Dacorum's segmentation profile shows a higher proportion of the population with LTCs, BRFs and increased levels of deprivation



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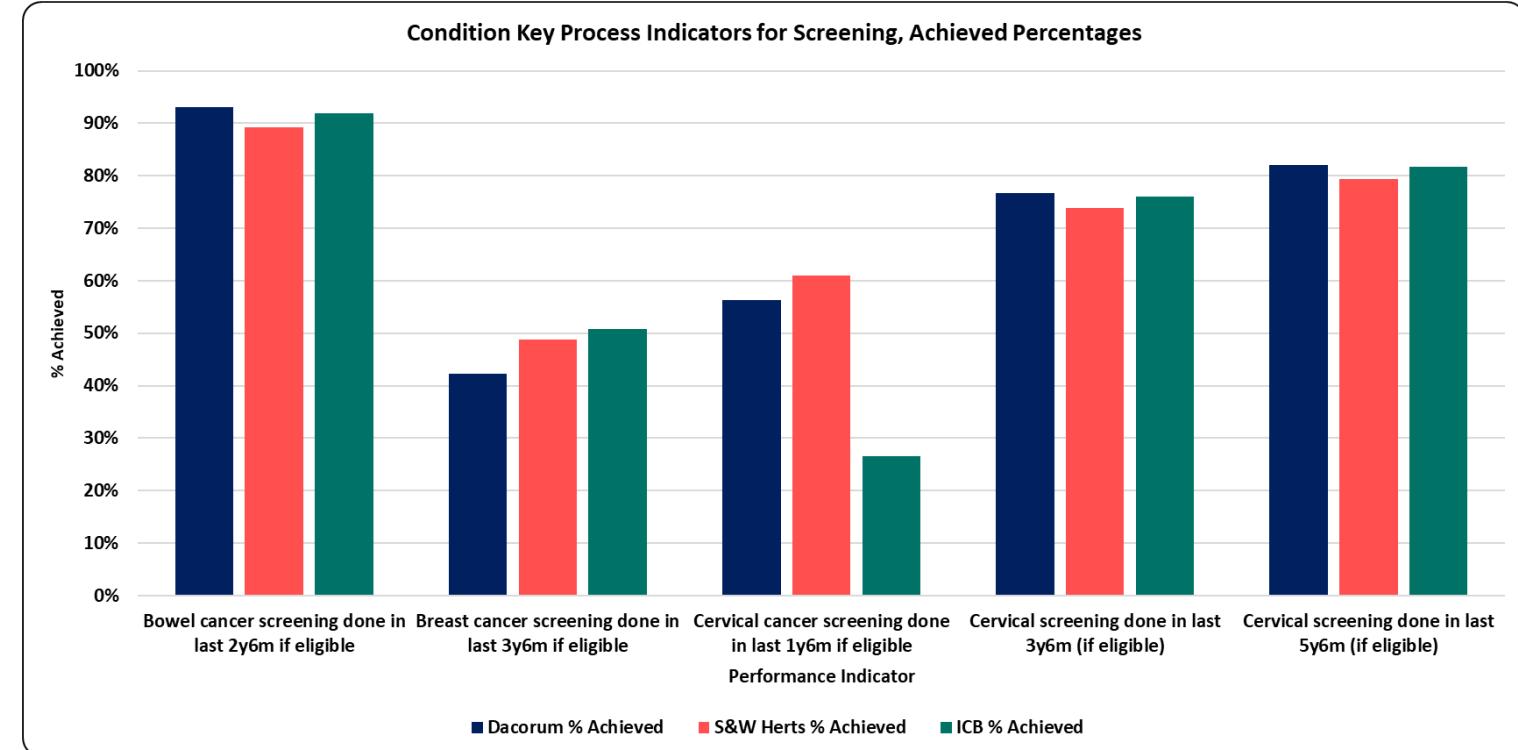


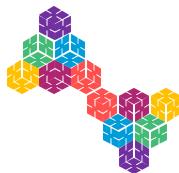
Source: [Ardens Manager](#)



# 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.
- Dacorum's percentage screening for most areas is higher than SWH and the ICB.





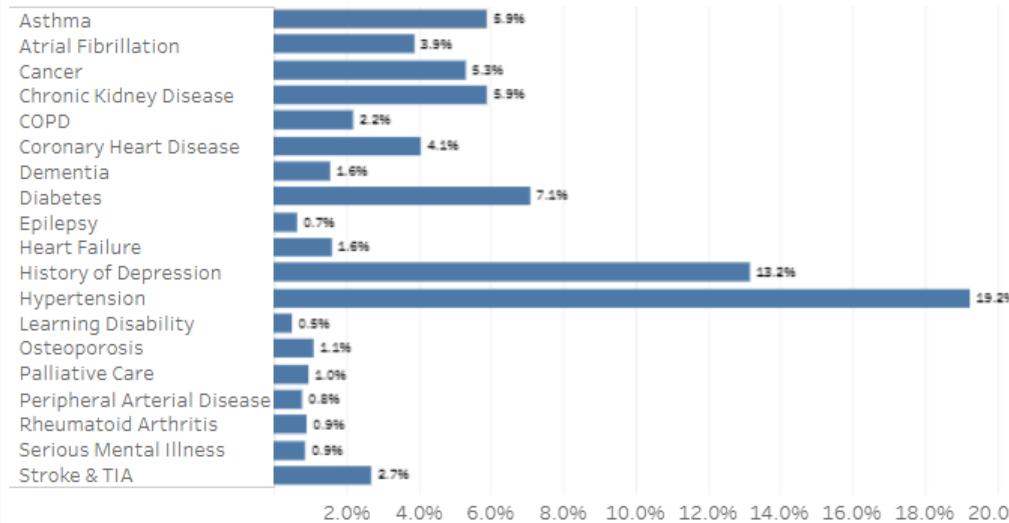
# Prevalence of Disease Registers

Dacorum

## Long Term Condition Prevalence

Selected LTC (Asthma) shown at the top shown with the selected socio-demographic factor (All) - select LTC to change other visualisations - the prevalences for individual factors add up to the total population prevalence:

Filter selected: Area Type: Locality Area: Dacorum

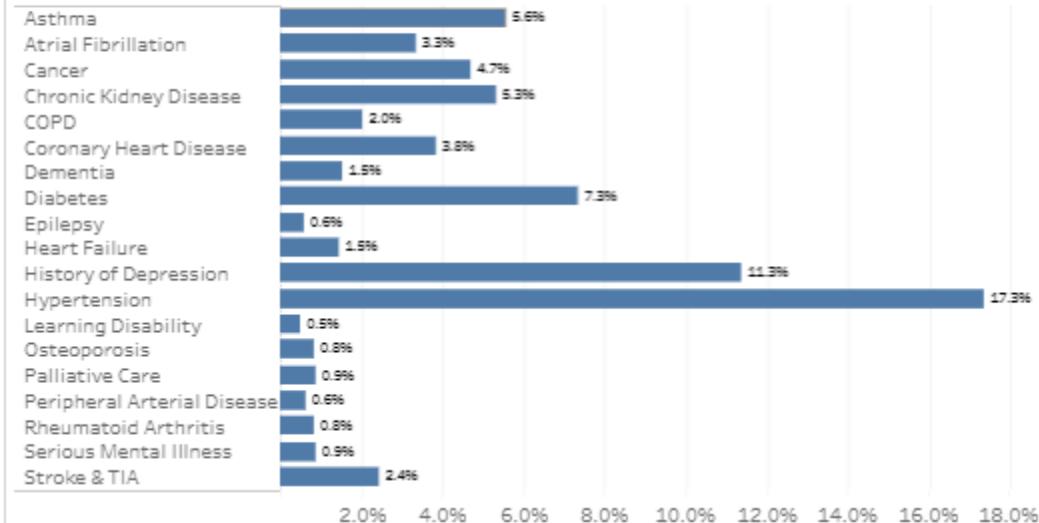


SWH

## Long Term Condition Prevalence

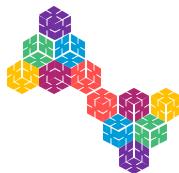
Selected LTC (Asthma) shown at the top shown with the selected socio-demographic factor (All) - select LTC to change other visualisations - the prevalences for individual factors add up to the total population prevalence:

Filter selected: Area Type: Place Area: South West Herts



- The above charts show that Dacorum has higher recording for most LTC compared to SWH. 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 [DELPHI](#) to review inequalities age, deprivation, ethnicity, gender and main language and compare to HCP, Locality, PCN, GP practice and Local authority lower tier.



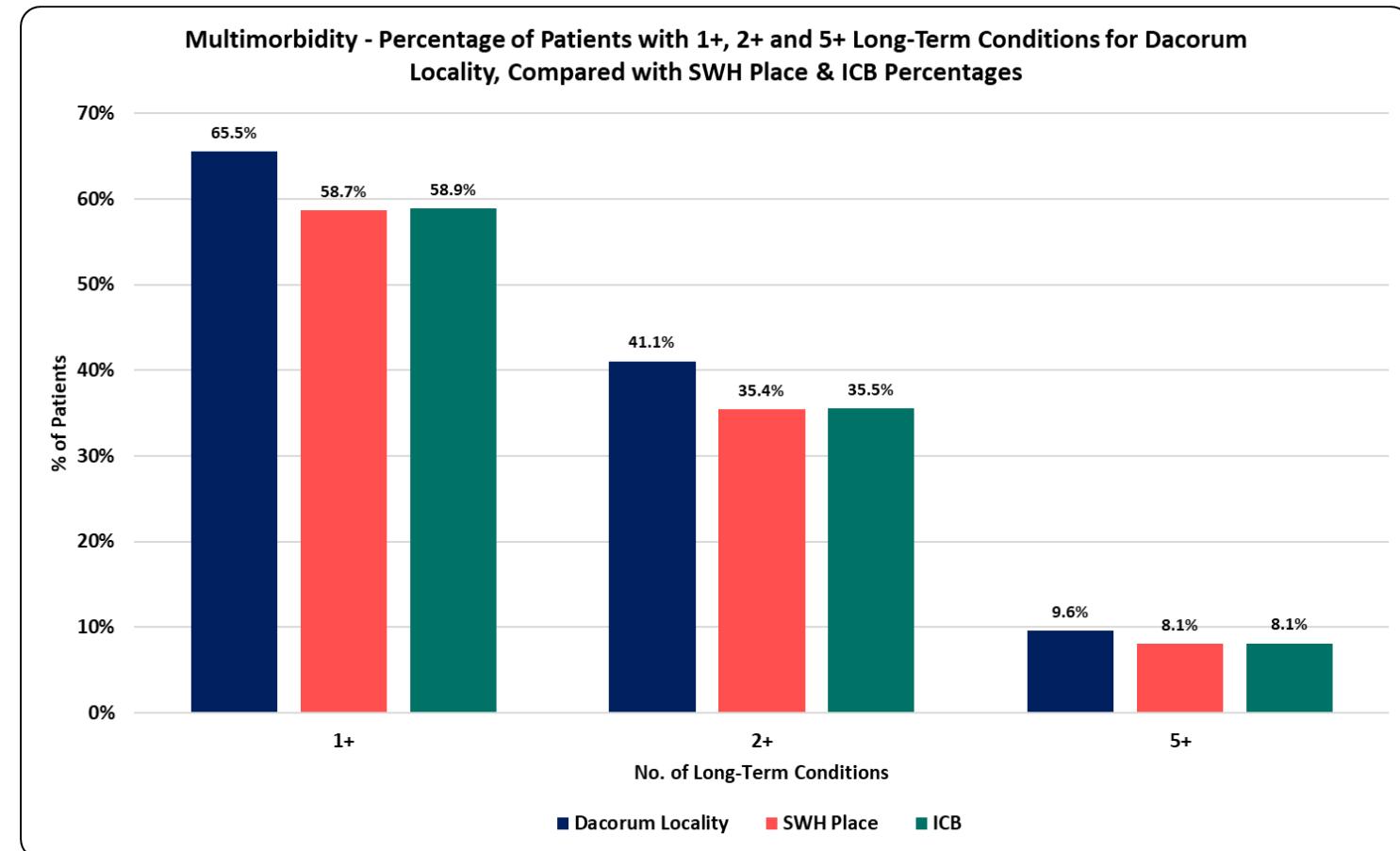


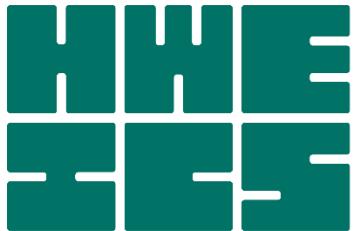
# Prevalence of Multimorbidity Provisional Data

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 Dacorum Locality, the prevalence for those with 2 or more LTCs is 5.6% higher than Place and the ICB overall average.
- For those Patients with 5+ LTCs, we note that the Locality is 1.5% higher than the SWH and ICB overall average percentages.
- Dacorum's segmentation profile, characterised by a higher proportion of the population with LTCs, BRFs, and greater levels of deprivation, may be contributing to the higher proportions observed compared to SWH and the ICB.





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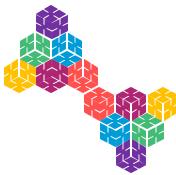
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## Children & Young People

### Management and outcomes

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# Children's Care: Medium Term Plan Indicators

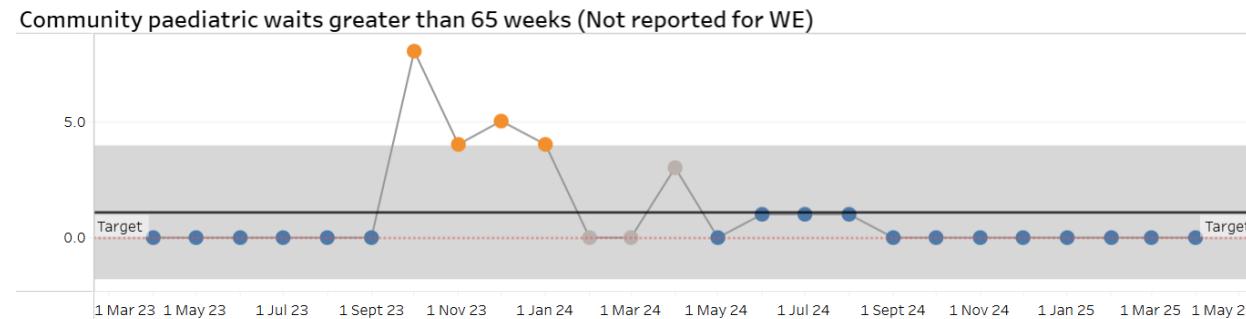
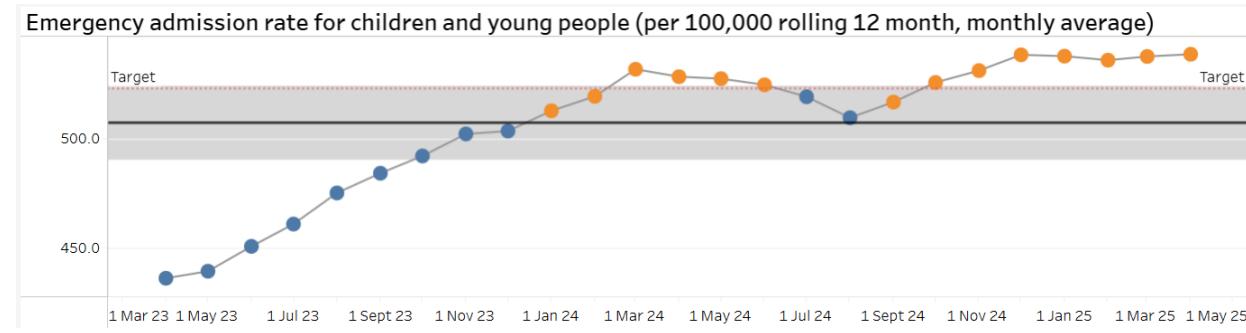
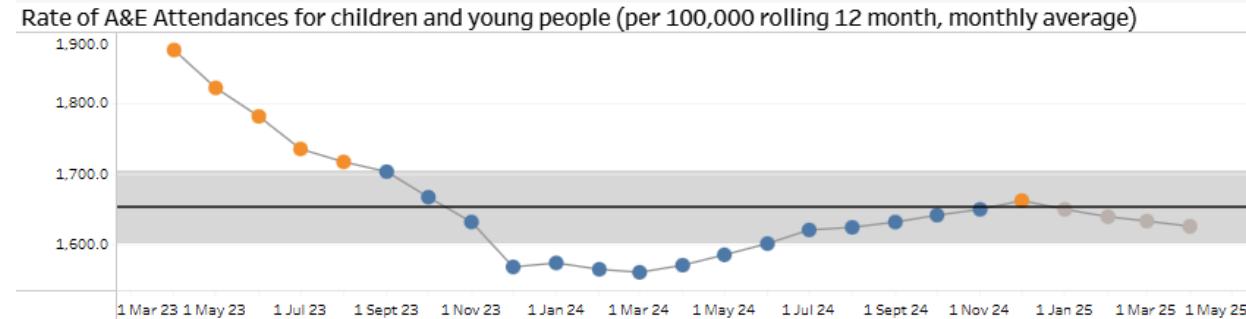
- The Medium Term Plan dashboard on DELPPI tracks key indicators for children and young people under 18, using data from SUS and community providers. It focuses on three main measures:
  - Community paediatric waits over 65 weeks
  - Emergency admission rates
  - A&E attendance rates
- As of May 25, SWH has reduced community paediatric wait times, with no child or young person waiting more than 65 weeks.
- Recent data shows a slight increase in emergency admissions to 538.4, up from 537.4 the previous month, while A&E attendances have slightly decreased to 1,626.1 from 1,633.5.
- 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.



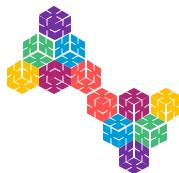
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## SWH



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

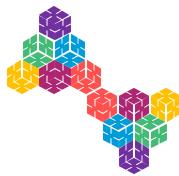


# Children and Young People: Programme outcomes

- 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 Dacorum Locality from the [Outcomes Framework](#)
- Mortality and emergency admission rates for self-harm in Dacorum have decreased.
- There has been an increase in overall emergency admissions for 0–17-year-olds, as well as for 0–4-year-olds, and for admissions related to asthma, diabetes, and epilepsy among 0–18-year-olds.

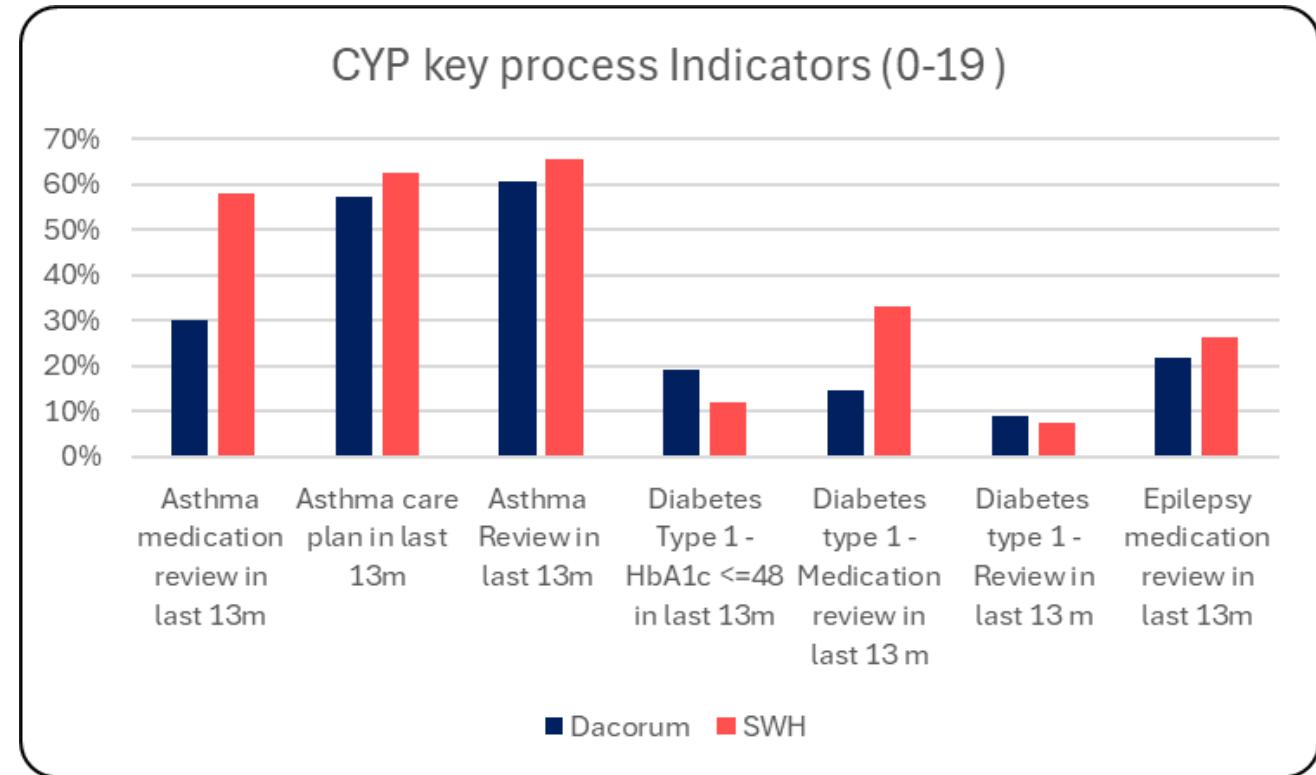
			Current Period	Previous Period	Difference	% Difference
Measure Cat	Measure					
	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, Crude Rate per 100,000, aged between 0-18	21.0 8 / 39,677	22.0 8 / 37,955	-1.0	-4.3%	
Whole System	Total Cost of Emergency Hospital Care, Crude Rate per 100,000, aged between 0-18	£1,377k £546k / 39,677	£924k £3508k / 37,955	£453,287	49.0%	
Programme	Mortality, Crude Rate per 100,000, aged between 1-17					Suppressed due to small numbers
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 10-24	23.6 7 / 29,733	27.7 8 / 27,838	-4.1	-14.9%	
Workstream	Emergency Admissions,, Crude Rate per 100,000, aged between 0-17	586.2 221 / 37,712	552.5 200 / 36,181	33.7	6.1%	
	Emergency Admissions, DSR per 100,000, aged between 0-4	1,388.1 127 / 9,138	1,354.6 122 / 9,025	33.4	2.5%	
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18	20.6 8 / 39,677	20.4 8 / 37,955	0.2	0.8%	

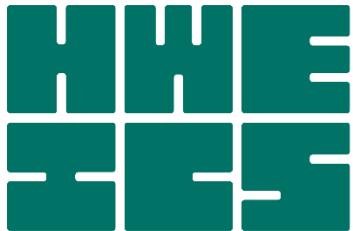




# Children and Young People: Key process indicators (0-19 years)

- 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 Dacorum and SWH for children and young people aged 0-19.
- Asthma reviews completed in Dacorum were comparable to those in SWH during this period.
- Dacorum has fewer medication reviews recorded for Asthma, Diabetes, and Epilepsy compared to SWH.





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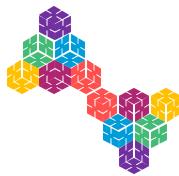


# Hypertension, Cardiovascular Disease and Long-Term Conditions

## 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.

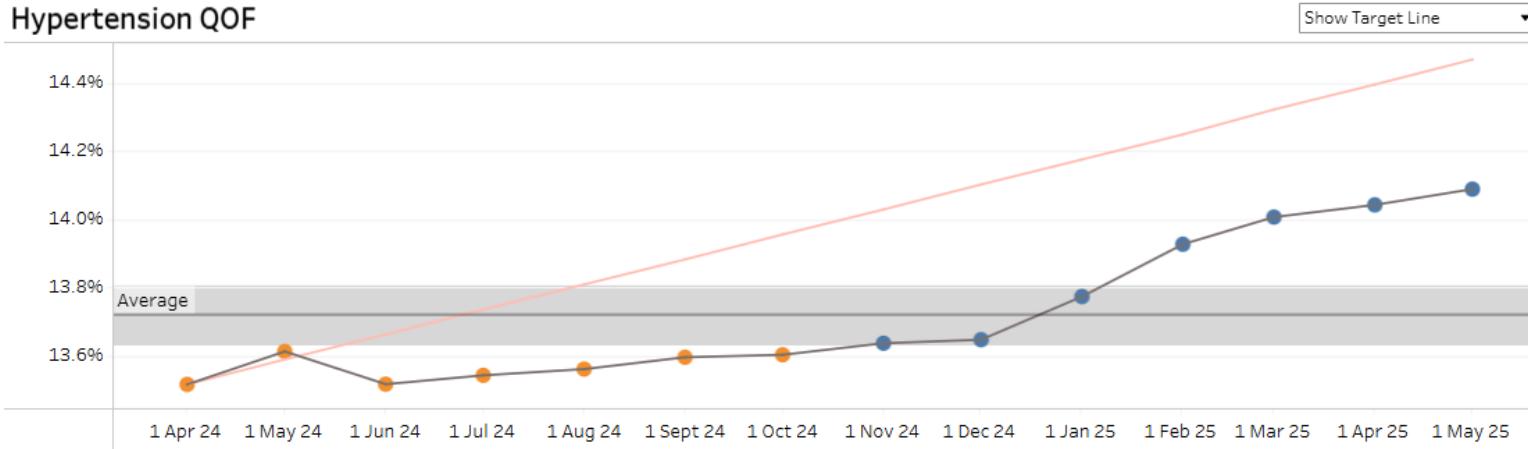
For Hypertension Medium Term Plan indicators, for the Place we can see:

- Compared to the ICB, SWH Hypertension QOF is 0.3% lower in the most recent month at 14.1%, and is rising at a faster rate since December 2024
- For Patients with GP recorded hypertension whose last blood pressure was in target, we can see that the SWH rate shows a 0.9% lower recorded value compared to the ICB's rate of 77.5% in the most recent month, the trend in decrease for the area follows that of the ICB's trend

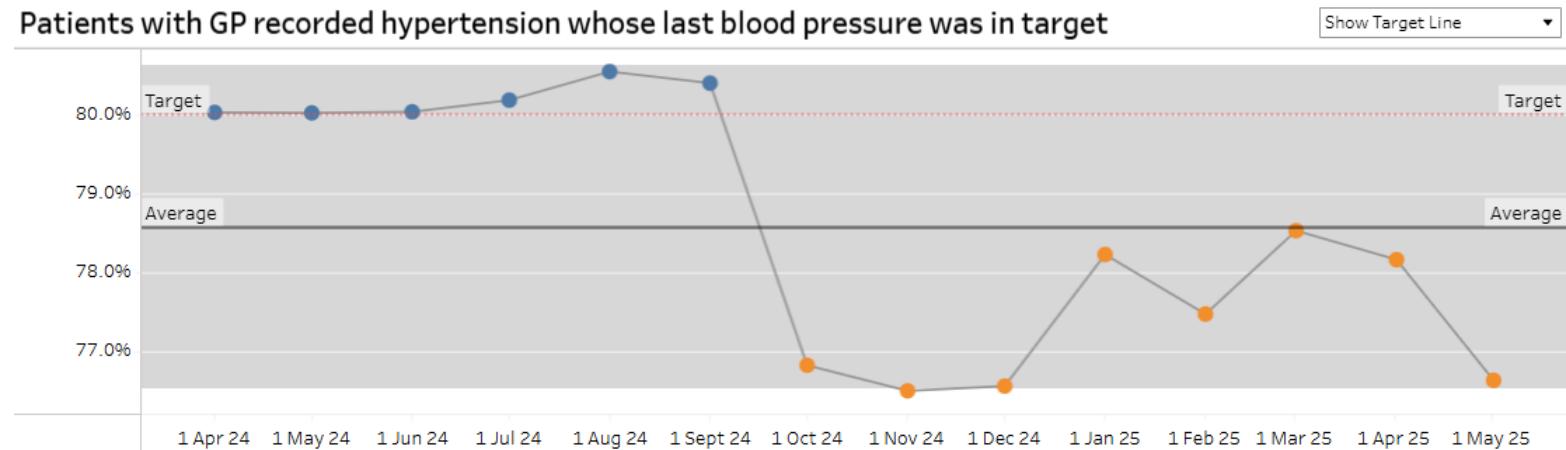
To review these indicators in more detail, please go the CVD & Hypertension page of the DELPPHI Medium Term Plan dashboard found [here](#).

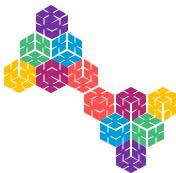
## SWH

### Hypertension QOF



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



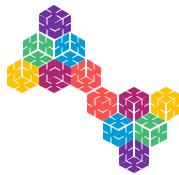


# Hypertension: QOF Indicators

- Reviewing the locality on their percentage achieved from the 2024/25 QOF, we can see that:
  - Dacorum locality is showing below the place value for both Hypertension review indicators.
  - Delta PCN is showing their percentage achieved as above the average in both indicators.
  - Whilst Dacorum Beta is showing their percentage achieved rate as the lowest overall in the 2024/25 QOF.
  - 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%
S&W Herts Place	78.3%	86.1%
Dacorum Locality	77.7%	84.7%
ALLIANCE PCN	74.8%	95.2%
ALPHA PCN	83.4%	84.7%
DACORUM BETA PCN	70.3%	78.5%
DELTA PCN	79.7%	89.7%





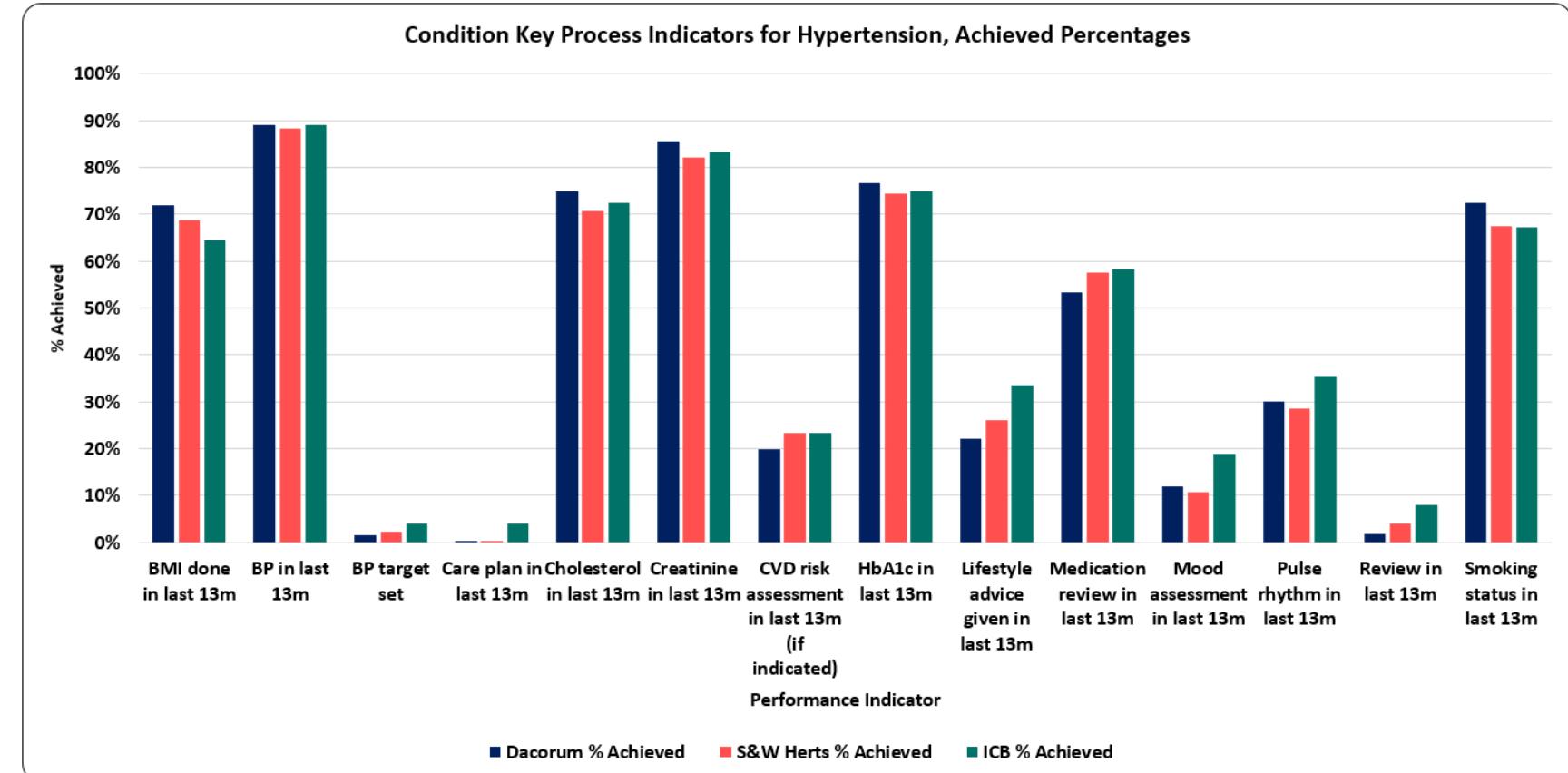
# Hypertension: Key Care Process Indicators

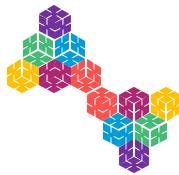
For the Hypertension key process review indicators, we can see that for the locality:

- Dacorum achieves higher percentages than Place and ICB levels, in 6 out of the 14 process indicators shown.
- To review these, and other indicators in detail, please go to the Hypertension pages in Ardens Manager [here](#).

Areas of opportunity for the locality are:

- BP Targets Set
- Care Plans
- CVD Risk Assessments
- Lifestyle Advice Given
- Medication Reviews
- Mood Assessments
- Pulse Rhythm Assessments
- Patient Reviews



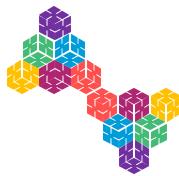


# Cardiovascular Disease (CVD) & Other Long-Term Conditions (LTC): ECF & QOF Indicators

- 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 Locality
  - There is opportunity to increase the percentage achieved for CVD and AF indicators across the locality

	Atrial Fibrillation				Atrial Fibrillation		CVD Secondary Prevention			Coronary Heart Disease		
	ECF				QOF		ECF			QOF		
	BP done	Chest pain assessment done	ORBIT score done	Review done	AF006: CHA2DS2-VASc recorded in last 12m	AF008: On DOAC or Vitamin K antagonist if CHA2DS2-VASc $\geq 2$	On high-intensity statin, ezetimibe or LLT max tol/ci/dec	All (CHD, CVA/TIA or PAD)	Target met (LDL-cholesterol $\leq 2.0$ or Non-HDL cholesterol $\leq 2.6$ )	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%
S&W Herts Place	89.9%	13.1%	40.2%	35.9%	97.3%	96.5%	76.0%	100.0%	13.3%	97.1%	83.9%	90.4%
Dacorum Locality	90.6%	13.2%	41.1%	34.3%	97.6%	96.4%	74.8%	100.0%	12.3%	95.6%	83.8%	88.4%
ALLIANCE PCN	90.3%	3.9%	45.0%	42.4%	98.9%	97.8%	76.6%	100.0%	12.6%	94.1%	87.6%	100.0%
ALPHA PCN	91.8%	11.0%	42.8%	32.8%	97.4%	96.9%	74.7%	100.0%	11.9%	96.9%	85.2%	91.3%
DACORUM BETA PCN	88.3%	15.0%	37.7%	32.9%	97.9%	94.7%	71.3%	100.0%	11.6%	92.3%	79.2%	78.9%
DELTA PCN	91.0%	15.2%	41.5%	36.6%	97.2%	97.1%	77.9%	100.0%	13.3%	97.6%	86.3%	90.8%



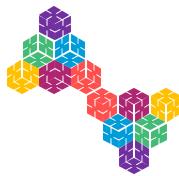


# CVD & Other Long-Term Conditions: ECF & QOF Indicators

- 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 varied mix of achievements across the Locality
  - There is opportunity to increase the percentage achieved for Heart Failure indicators across the locality

	Heart Failure					Heart Failure		
	ECF					QOF		
	Ejection fraction recorded (ever)	NYHA classification done	On SGL2i or issued in last 3m (if preserved ejection fraction)	Palliative care referral (or declined) (if NYHA Stage III or IV)	Social prescribing/ IAPT referral done (or declined)	HF003: LVD + on ACEi/ARB	HF006: LVD + on beta-blocker	HF007: Review + assessment of functional capacity
ICB	80.1%	46.4%	31.5%	1.4%	13.4%	95.6%	97.0%	91.9%
S&W Herts Place	83.7%	45.5%	29.1%	2.2%	9.4%	95.1%	96.9%	92.8%
Dacorum Locality	82.4%	42.2%	30.1%	3.4%	3.9%	94.4%	97.7%	90.7%
ALLIANCE PCN	90.1%	36.0%	50.0%	0.0%	0.0%	86.8%	91.4%	77.1%
ALPHA PCN	81.0%	44.1%	38.6%	2.4%	5.2%	97.1%	98.6%	94.1%
DACORUM BETA PCN	80.0%	37.5%	24.3%	4.8%	4.3%	92.3%	97.9%	85.7%
DELTA PCN	85.5%	46.2%	25.0%	3.9%	2.5%	95.3%	97.7%	94.7%





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

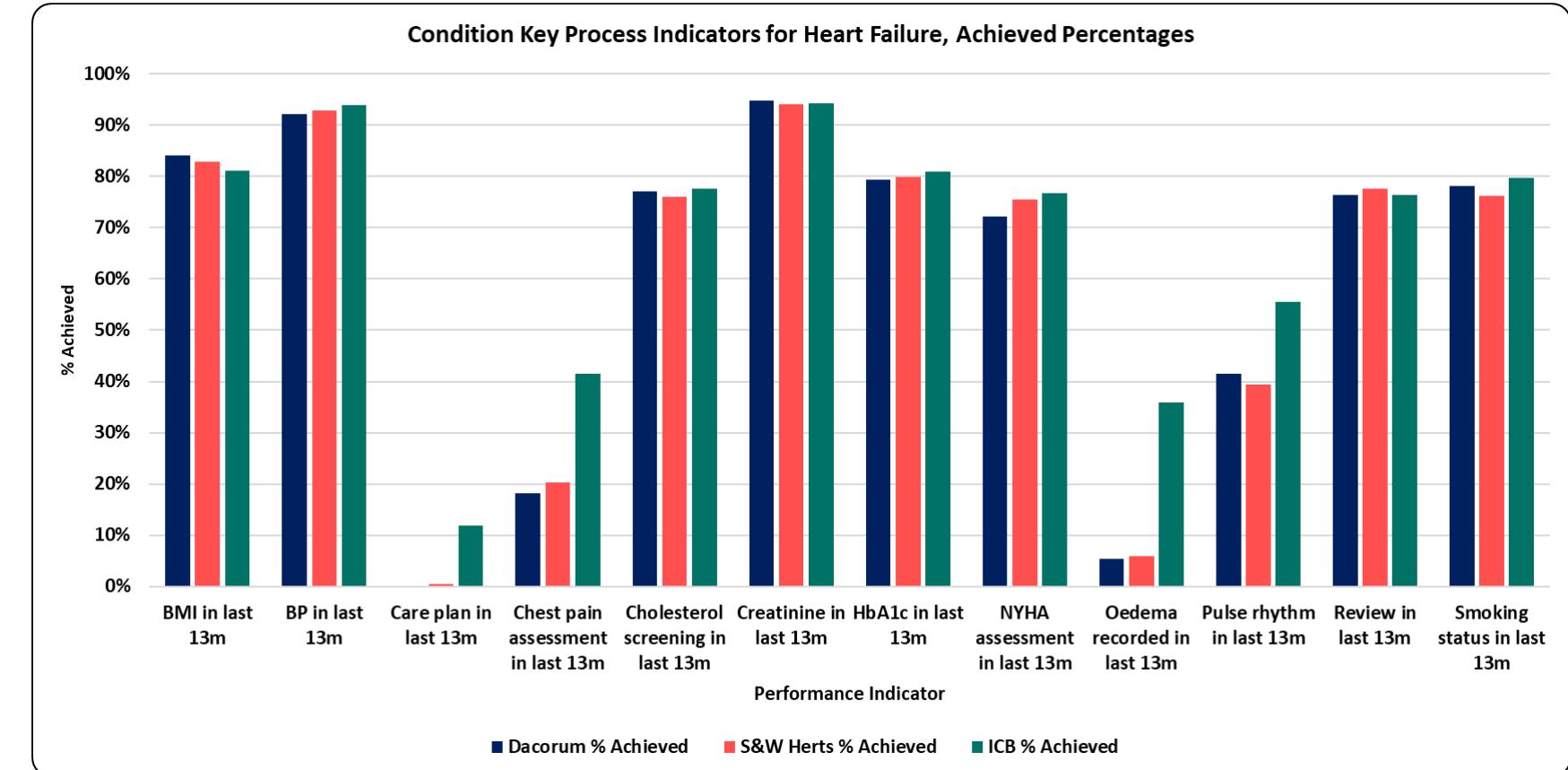
Current CVD key care review process indicators are shown on this page for Heart Failure only due to limitations of space; however, all the other many CVD and other Long-Term Condition indicators can be viewed in detail via the Ardens Manager pages [here](#).

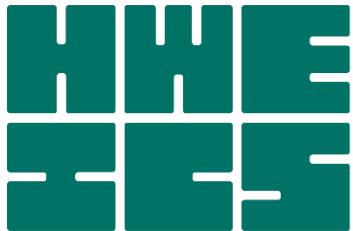
For the Heart Failure key process indicators, we can see that for the locality:

- Dacorum has higher levels of achievement than Place and ICB levels, in 5 out of the 12 process indicators shown

Areas of opportunity for the Locality are:

- Blood Pressure recordings
- Care Plans
- Chest Pain
- HbA1c checks
- NYHA Assessments
- Oedema Recordings
- Pulse Rhythms Tests
- Patient Reviews





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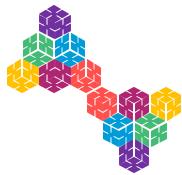
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## Mental Health and Learning Disabilities

## Management and Outcomes

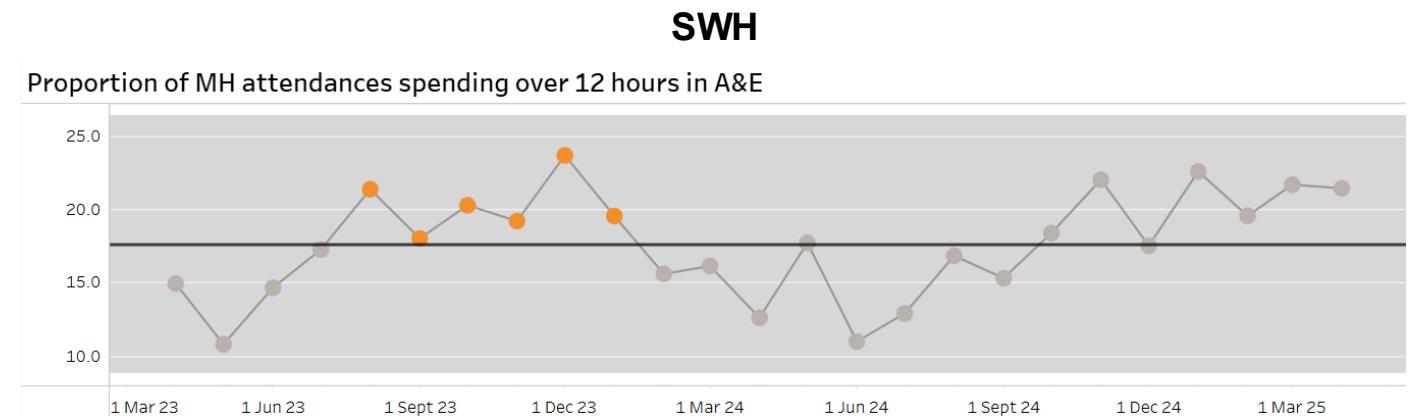
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# Better care for Mental Health Crisis: Medium Term Plan Indicators

- 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. Emergency admission data should be treated with caution.
- MH measures are drawn from mental health datasets such as HPFT and can only be filtered down by place level.
- The graph on the right shows a slight decrease in the proportion of MH attendances spending over 12 hours in A&E at 21.4% in comparison to 21.6% the previous month.
- Note: PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from November '24 onwards.





# 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 DELPPI for Dacorum locality to provide assurance that activities are delivering the required impact.
- Emergency admissions for preventable ACSC conditions have increased compared to the previous period, with a corresponding rise in associated costs.
- In contrast, emergency admissions for intentional self-harm have decreased.
- Suicide mortality figures remain consistent with the previous period.

			Current Period	Previous Period	Difference	% Difference
Measure	Cat	Measure				
Whole System		Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	68.0 117 / 178,077	61.6 101 / 168,624	6.3	10.3%
		Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,999k £5,220k / 178,077	£2,590k £42,413k / 168,624	£408,290	15.8%
Programme		Mortality, Suicide, DSR per 100,000, aged between 10-120	Suppressed due to small numbers			
		Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 0-120	7.0 12 / 178,077	11.2 19 / 168,624	-4.2	-37.1%
Workstream		Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	7.2 13 / 178,077	9.0 15 / 168,624	-1.8	-20.2%



# Depression and SMI: QOF indicators

- Mental Health QOF metrics for 2024-25 show that Dacorum has a lower percentage of achievement levels for QOF for all SMI and depression indicators when compared with ICB and place.
- Within this there is variation between the PCNs. The individual practices can be viewed within the QOF data.
- Arden's searches are available to practices to identify those people with SMI without a care plan or recording of monitoring.

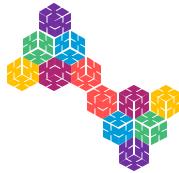
Depression		Mental Health									
Review		Review									
DEP004 CURRENT: Reviewed 10-56d after diagnosis if >18y (2024-25)	DEP004 PROTECTED: Reviewed 10-56d after diagnosis if >18y (2023-24)	MH002: Care plan done in last 12m	MH003: BP done in last 12m	MH006: BMI done in last 12m	MH007: Alcohol consumption 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%	89.9%	95.4%	95.4%	95.2%	93.0%	92.8%	74.7%	75.9%	
S&W Herts Place	80.6%	87.8%	91.4%	95.3%	95.5%	95.3%	94.4%	93.8%	75.3%	80.5%	
Dacorum Locality	80.2%	84.1%	83.3%	90.5%	89.9%	89.0%	90.4%	88.8%	70.9%	76.3%	
ALLIANCE PCN	82.9%	100%	80.5%	95.5%	97.7%	93.3%	97.4%	97.1%	72.3%	86.0%	
ALPHA PCN	81.3%	82.3%	92.8%	93.3%	94.5%	93.7%	95.2%	98.5%	76.3%	77.7%	
DACORUM BETA PCN	73.5%	80.4%	67.3%	82.8%	79.8%	77.3%	81.8%	75.0%	53.8%	68.3%	
DELTA PCN	84.3%	88.3%	95.4%	96.9%	97.23%	98.3%	96.4%	96.3%	90.9%	85.3%	



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Source: [Arden's Manager](#)

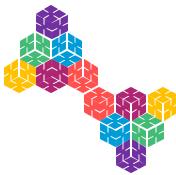


# SMI: ECF indicators

- The data shows that Dacorum has a lower percentage for the majority of 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 care plan completed in the last 12 months is above place and the ICB.
- The data in the table below covers the period from April 2024 to March 2025. The most current information is available at [Ardens Manager](#).

	Severe Mental Illness							
	Extra			Local		Review		
	7. Nutrition/diet + level of physical activity done or exception in L12M	8. Use of illicit substance/non prescribed done or exception in L12M	9. Medication reconciliation/review	1. Waist circumference done or exception in L12M	Oral health recorded in last 12m	>=3 PHC items done or exception in L12M	>=4 PHC items done (in last 12m)	Care plan in L12M
ICB	8.4%	8.2%	17.1%	3.4%	8.9%	6.9%	61.0%	8.4%
S&W Herts Place	6.6%	7.4%	16.6%	3.3%	9.6%	5.9%	65.5%	7.5%
Dacorum Locality	5.1%	6.6%	14.3%	2.1%	4.5%	4.3%	54.7%	7.7%
ALLIANCE PCN	0.0%	1.8%	7.0%	0.0%	0.0%	0.0%	61.8%	7.0%
ALPHA PCN	5.8%	6.5%	20.1%	2.1%	4.1%	4.1%	60.6%	8.2%
DACORUM BETA PCN	5.2%	6.8%	10.1%	3.2%	4.7%	4.7%	43.2%	7.4%
DELTA PCN	5.2%	7.1%	15.7%	1.2%	5.2%	4.5%	61.9%	7.6%

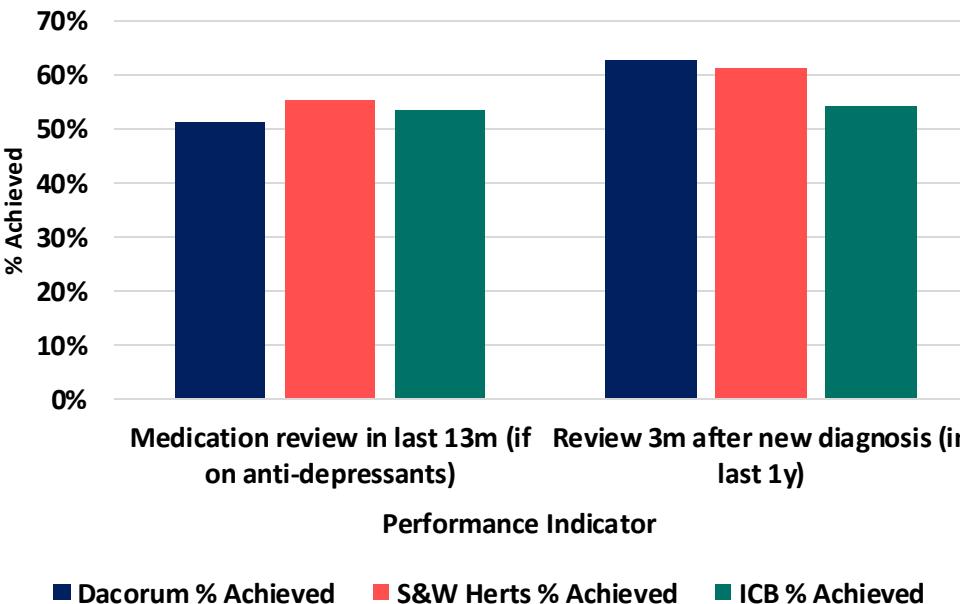




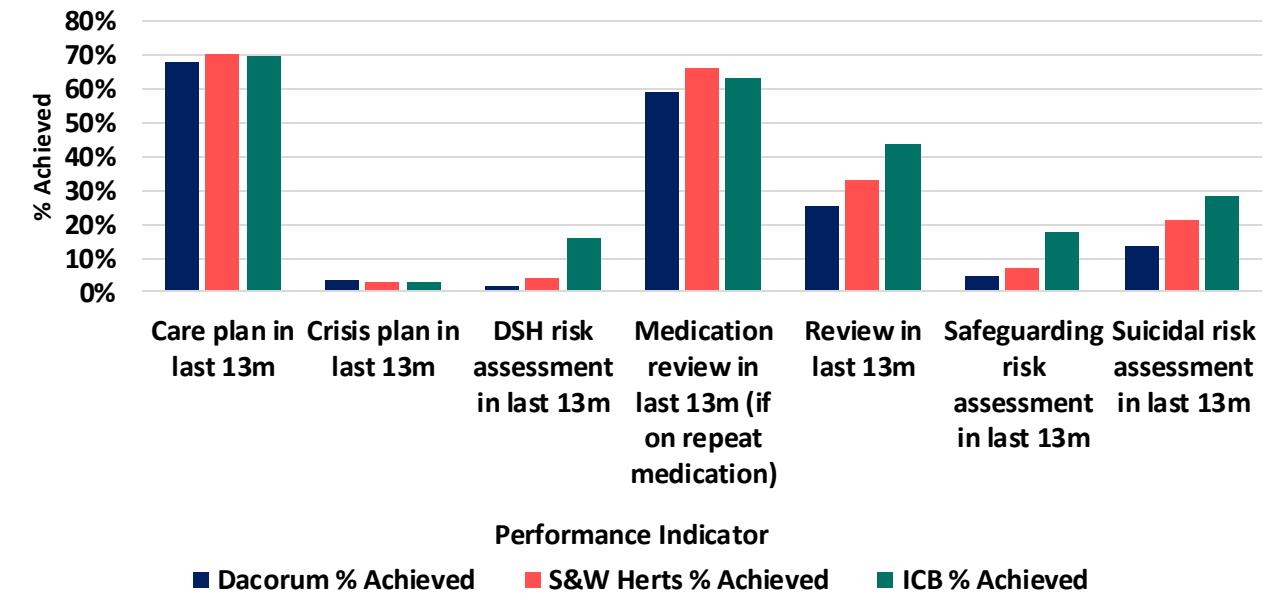
# SMI and Depression: Key process indicators

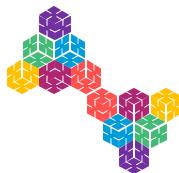
- In the past year, Dacorum recorded the highest rate of depression reviews conducted three months after diagnosis, compared to SWH and the ICB.
- Dacorum is achieving slightly higher with the number of crisis plans produced for SMI patients in comparison to SWH and the ICB. All other reviews can be found in [Ardens Manager](#).

Condition Key Process Indicators for Depression,  
Achieved Percentages



Condition Key Process Indicators for Severe Mental Illness,  
Achieved Percentages



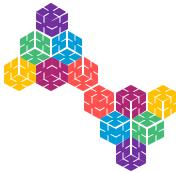


# Learning Disability: ECF indicators

- The data shows that Dacorum has a lower percentage for the majority of learning disability ECF indicators when compared against place and the ICB.
- However, the Locality percentage for the proportion of people with a learning disability who have had reasonable adjustments recorded or reviewed is above place and the ICB.
- The data in the table below covers the period from April 2024 to March 2025. The most current information is available at [Ardens Manager](#).

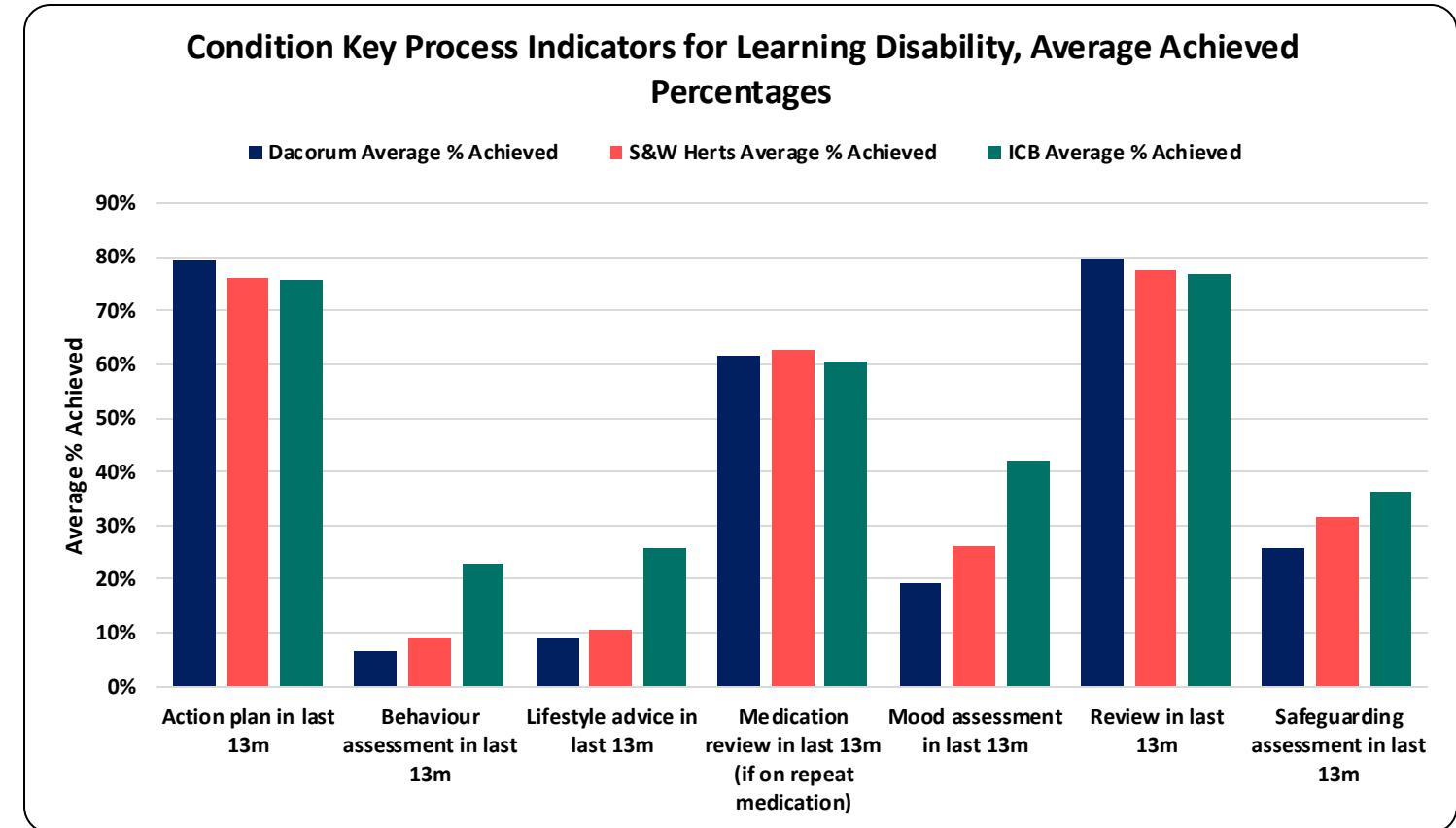
	Learning Disability						
	Review						
Action plan done or declined (if LD + >=14y)	Annual health check done or declined (if LD + >=14y)	BP done or exception + >=14y	Communication needs + reasonable adjustments recorded (if LD or Autism + >=14y)	Communication status + reasonable adjustments recorded (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%
S&W Herts Place	46.7%	47.6%	16.5%	17.7%	22.1%	46.4%	4.7%
Dacorum Locality	45.3%	46.0%	13.3%	14.7%	20.1%	45.3%	4.9%
ALLIANCE PCN	44.6%	45.8%	4.9%	9.7%	12.1%	44.6%	2.4%
ALPHA PCN	44.5%	45.2%	9.1%	9.2%	13.9%	44.6%	3.2%
DACORUM BETA PCN	43.4%	43.7%	10.7%	16.1%	21.0%	43.1%	3.9%
DELTA PCN	48.2%	48.7%	19.9%	18.9%	24.6%	48.0%	7.4%

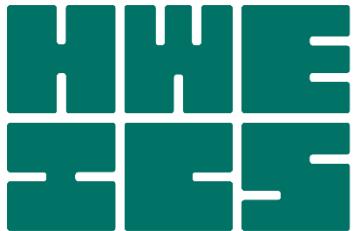




# Learning Disability: Key process indicators

- Dacorum is achieving higher percentage completeness against SWH and the ICB in several key learning disability processes, including the production of action plans and reviews over the past 13 months.
- All other reviews can be found in [Ardens Manager](#).





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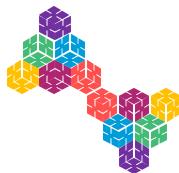


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## Cancer and Planned Care Management and outcomes

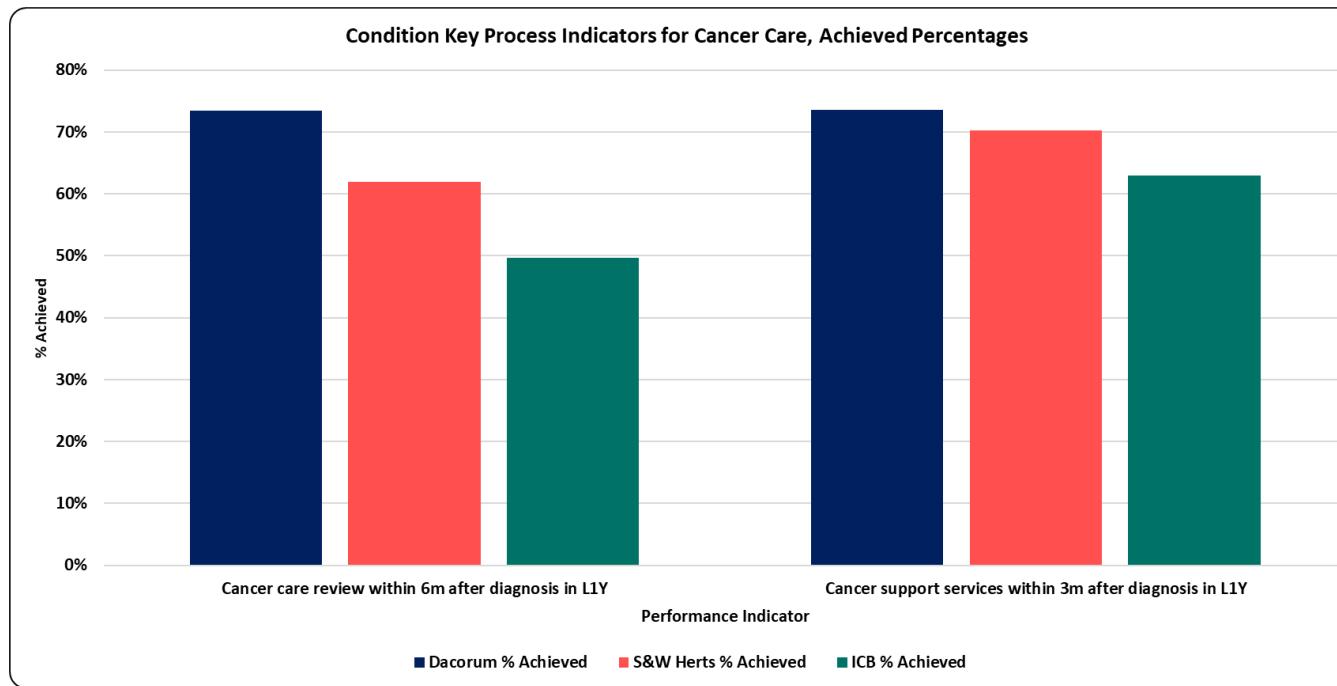
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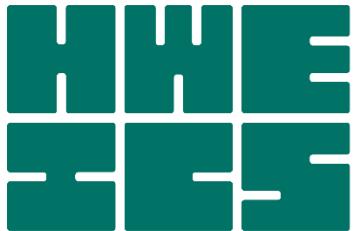
# Cancer: QOF and Key processes indicators

- The data shows that Dacorum has a higher or similar percentage when compared to the Place and higher than the ICB for 2024/25.
- Dacorum's cancer care processes are again higher than the Place and ICB, which was found to be the same in screening of cancer.
- 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%
S&W Herts Place	96.0%	96.9%	91.5%	92.3%
Dacorum Locality	97.1%	97.0%	91.3%	90.3%
ALLIANCE PCN	100.0%	100.0%	92.9%	100.0%
ALPHA PCN	98.2%	96.4%	95.0%	90.9%
DACORUM BETA PCN	94.4%	98.3%	81.2%	86.5%
DELTA PCN	97.5%	96.2%	94.2%	92.2%





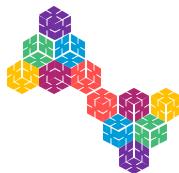
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## Frailty and End of Life care Management and outcomes

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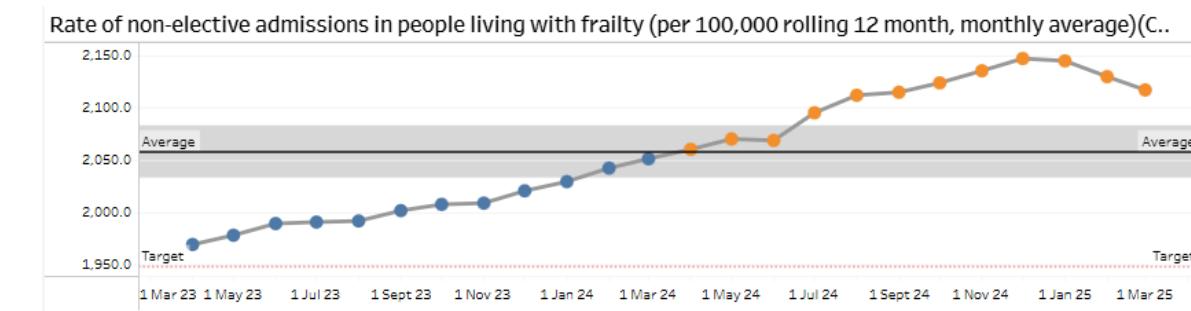
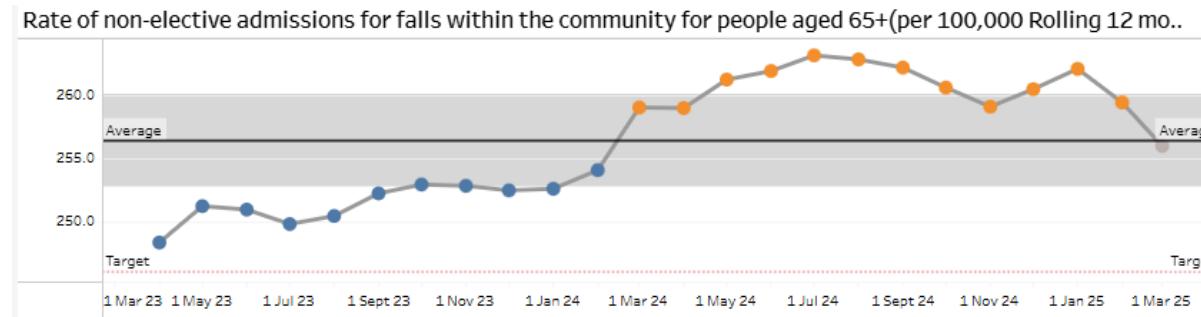
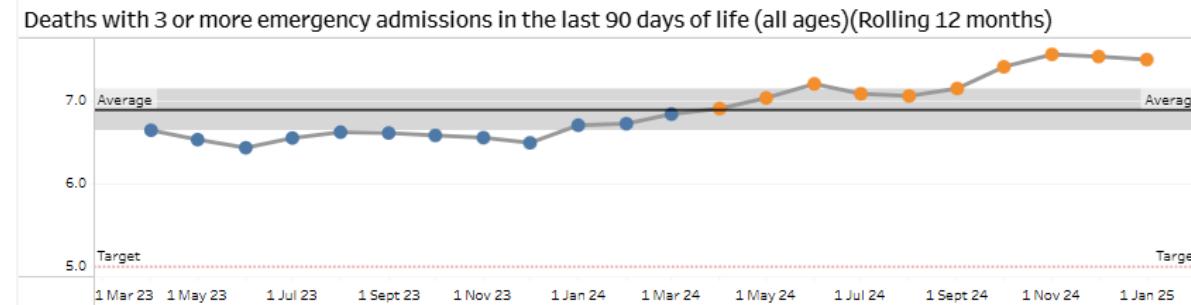


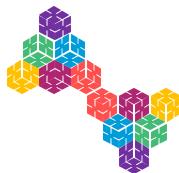


# Frailty and EOL: Medium Term Plan Indicators

- 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.
- The trend charts indicates the SWH targets and what their current trajectory is for the relevant measure.
- SWH have consistently found it challenging to meet their set targets for the last 10 months which mirrors the ICB except that the ICB has met or exceeded targets for the last two months. See [link](#) for ICB figures and trends.
- A positive development, for all three measures, is that the previously negative trend has either stabilised or begun to decline over the past three months.

## SWH





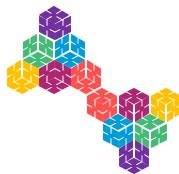
# Frailty and EOL: Programme outcomes

- 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.
- It illustrates that Dacorum is facing severe challenges in these programmes and the use of the [7 interventions](#) can aid in meeting the challenges these programmes face.
- This data in DELPPHI has been built up from the relevant GP practice filter that make up the Dacorum locality.
- Please use the following [link](#) for DELPPHI to review HWE, Place, PCN and GP practice measures, demographics and INT.

## Dacorum

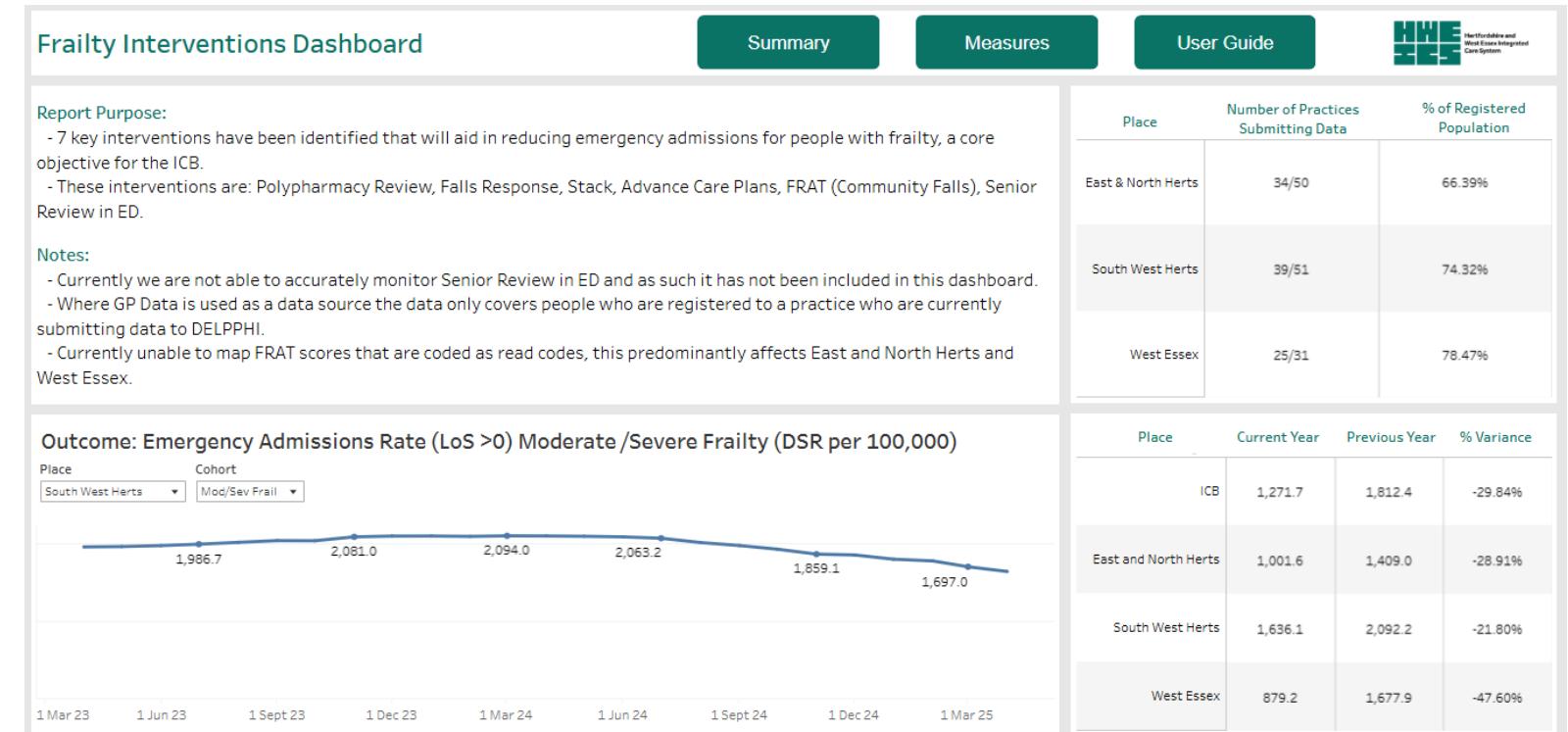
Measure	Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System		Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 65-120	208.4 68 / 31,923	197.1 61 / 30,114	11.2	5.7%
		Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£8,760k £2,886k / 31,923	£8,300k £25,719k / 30,114	£459,277	5.5%
Programme		Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	881.0 286 / 31,923	701.0 216 / 30,114	180.0	25.7%
		Emergency Admissions, DSR per 100,000, aged between 65-120	2,126.6 696 / 31,923	2,013.2 622 / 30,114	113.3	5.6%
Workstream		Emergency Admissions, Falls Within the Community, DSR per 100,000, aged between 65-120	261.7 88 / 31,923	249.9 79 / 30,114	11.8	4.7%
		Percentage of Mortality, 3 or More Emergency Admissions in Last 90 Days Of Life, Percentage of All Deaths Over 28 Days, aged between 65-120	Suppressed due to small numbers			
Workstream		Emergency Admissions, Hip Fractures, DSR per 100,000, aged between 65-120	44.2 15 / 31,923	43.6 14 / 30,114	0.6	1.4%
		Percentage of Emergency admissions, Falls Within the Community, Discharge to Usual Place of Residence, aged between 65-120	81.8% 72 / 88	79.1% 62 / 79	2.7%	3.4%
Workstream		Percentage of Emergency admissions, EM Pathways, Readmissions within 7 Days, aged between 65-120	4.9% 19 / 396	6.0% 21 / 354	-1.2%	-19.6%
		Percentage of Emergency admissions, EM Pathways, Readmissions within 30 Days, aged between 65-120	11.7% 46 / 396	13.9% 49 / 354	-2.2%	-15.8%

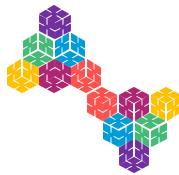




# Frailty and EOL: Indicators from the 7 interventions dashboard

- This dashboard has been designed in DELPPI to support 7 interventions that have been identified in aiding in the reduction of Emergency admissions for people with frailty.
- Currently, it is only by 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 Dacorum has a higher percentage for all EOL indicators, but for Frailty the percentages are lower, when compared to the Place and the ICB for 2024/25.
- The latest position for this table below, can be found at [Ardens Manager](#).

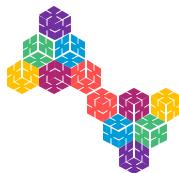
	End of Life								Frailty							
	Review								Review							
	ACP shared	ACP, ReSPECT or EOL care plan done or declined	Anticipatory medicines issued (or exception) (if GSF red/yellow)	GSF prognostic indicator recorded	Preferred place of care recorded	Preferred place of care, death and resus stated	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%	
S&W Herts Place	2.4%	45.3%	56.8%	50.4%	69.0%	8.7%	68.1%	74.5%	66.9%	14.5%	78.8%	64.0%	12.4%	64.8%	11.2%	
Dacorum Locality	4.0%	57.2%	65.8%	64.3%	75.9%	8.8%	75.5%	80.1%	58.3%	11.9%	73.7%	56.8%	7.2%	57.3%	6.7%	
ALLIANCE PCN	0.0%	40.9%	0.0%	22.7%	54.5%	0.0%	54.5%	72.7%	74.0%	5.6%	81.4%	74.7%	0.3%	73.7%	0.3%	
ALPHA PCN	0.2%	78.8%	77.3%	85.9%	97.3%	3.1%	97.1%	97.1%	70.9%	7.4%	96.9%	67.3%	7.7%	70.6%	6.3%	
DACORUM BETA PCN	7.2%	33.1%	64.7%	43.3%	47.0%	16.4%	45.7%	58.5%	40.3%	15.0%	50.4%	39.8%	5.8%	38.8%	5.6%	
DELTA PCN	8.5%	38.5%	61.1%	42.4%	62.3%	11.7%	62.3%	66.4%	65.5%	13.7%	81.9%	63.7%	10.8%	64.5%	10.8%	



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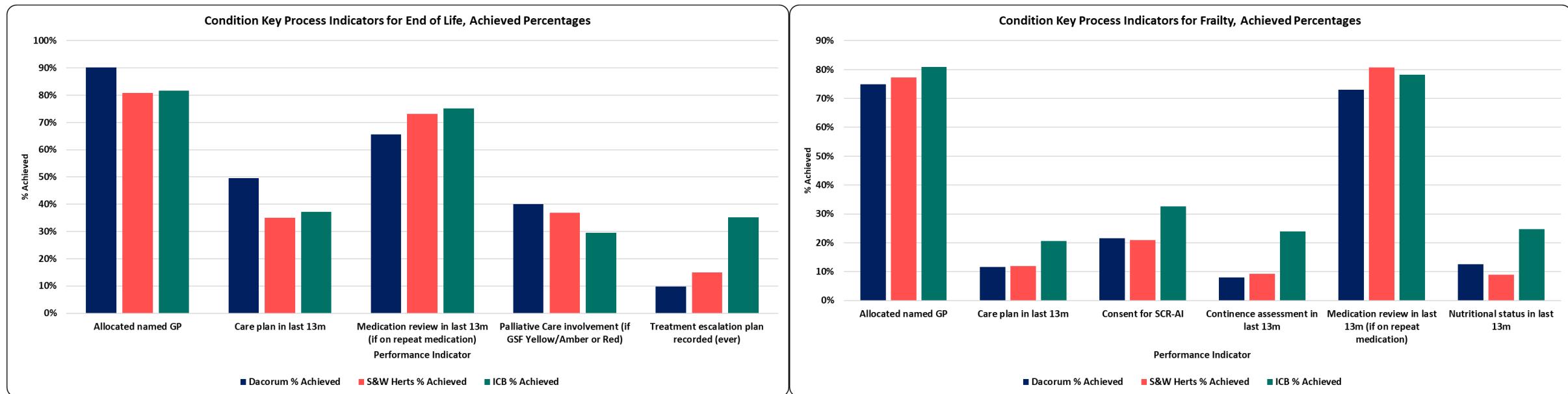


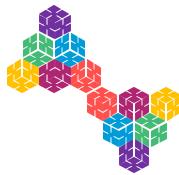
Source: [Ardens Manager](#)



# Frailty and EOL: Key processes indicators

- Dacorum has opportunities to increase the number of recorded medication reviews for both Frailty and EoL, as well as other areas.
- Arden's searches are available to practices to identify those people on frailty and EOL register and what processes have and still need to be completed.

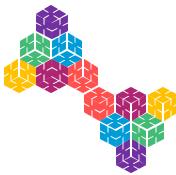




# Dementia: Programme outcomes

- 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 graph below illustrates a core set of population health indicators from DELPPI which have been broken down at GP practice level to reflect the Dacorum locality to provide assurance that activities are delivering the required impact.
- Mortality from dementia and Alzheimer's disease has decreased compared to the previous period.

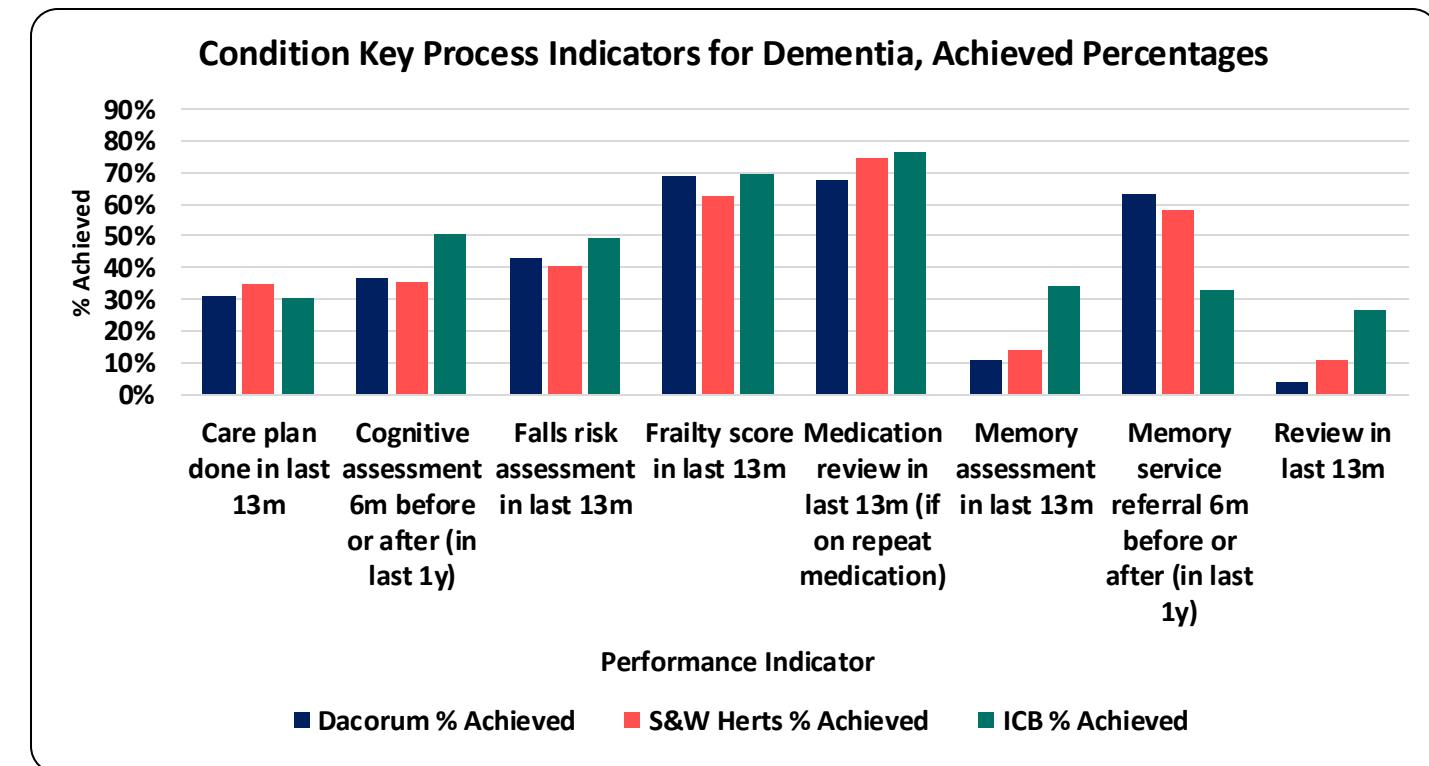
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	68.0 117 / 178,077	61.6 101 / 168,624	6.3	10.3%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,999k £5,220k / 178,077	£2,590k £42,413k / 168,624	£408,290	15.8%
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	7.0 12 / 178,077	11.2 19 / 168,624	-4.2	-37.1%
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	7.2 13 / 178,077	9.0 15 / 168,624	-1.8	-20.2%

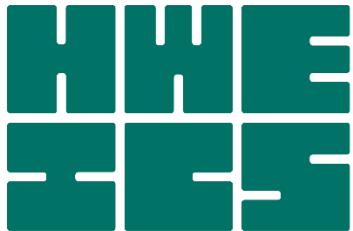


# Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that Dacorum 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. Arden's searches are available to practices to identify those people with dementia without a care plan.

Dementia Review	
DEM004: Care plan reviewed in last 12m	
ICB	80.8%
S&W Herts Place	80.9%
Dacorum Locality	73.1%
ALLIANCE PCN	80.6%
ALPHA PCN	82.9%
DACORUM BETA PCN	57.6%
DELTA PCN	78.5%





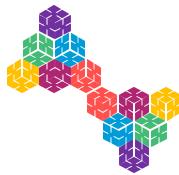
# Hertfordshire and West Essex Integrated Care System



## Other key outcomes



# Working together for a healthier future



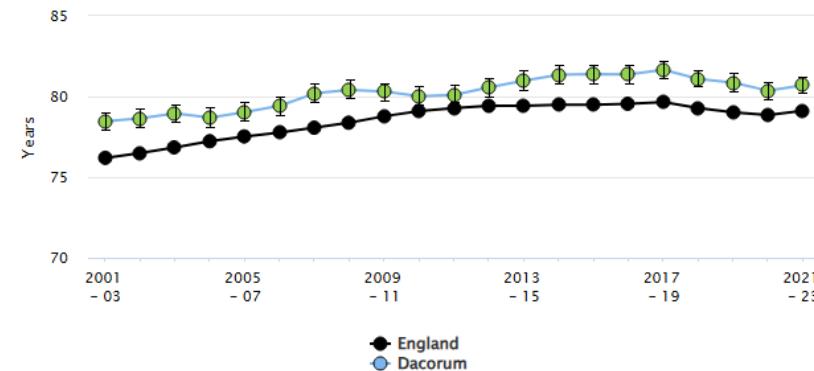
# Life Expectancy and Inequality in Life Expectancy at Birth

- Dacorum's life expectancy for both male and female has remained consistently above EoE and England.
- Inequality of life expectancy for both male and female is in the 2<sup>nd</sup> worst quintile, for 2021-23 period. This illustrates that for males in the most deprived quintiles will live nearly 10 years less than the least deprived quintiles, in Dacorum. For females, the gap is 8 years.

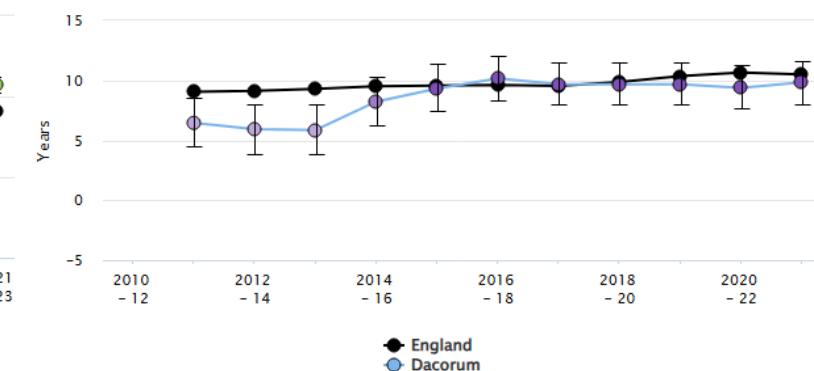
● Better 95% ● Similar ● Worse 95%

Quintiles: Best ● ● ● ● Worst

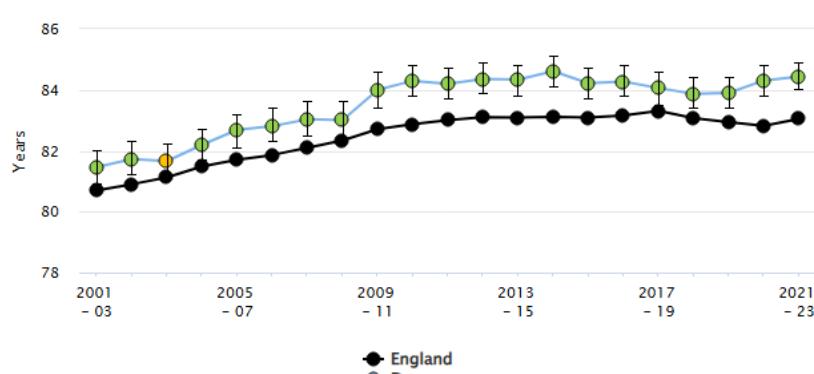
Life expectancy at birth (Male, 3 year range)



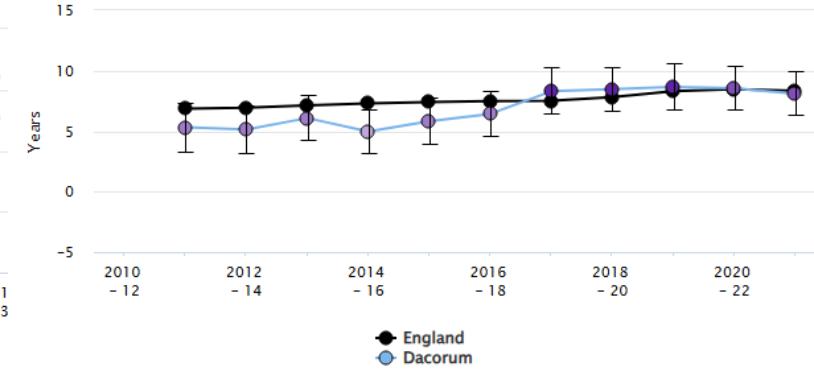
Inequality in life expectancy at birth (Male)



Life expectancy at birth (Female, 3 year range)



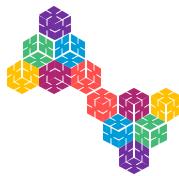
Inequality in life expectancy at birth (Female)



Hertfordshire and West Essex Integrated Care System

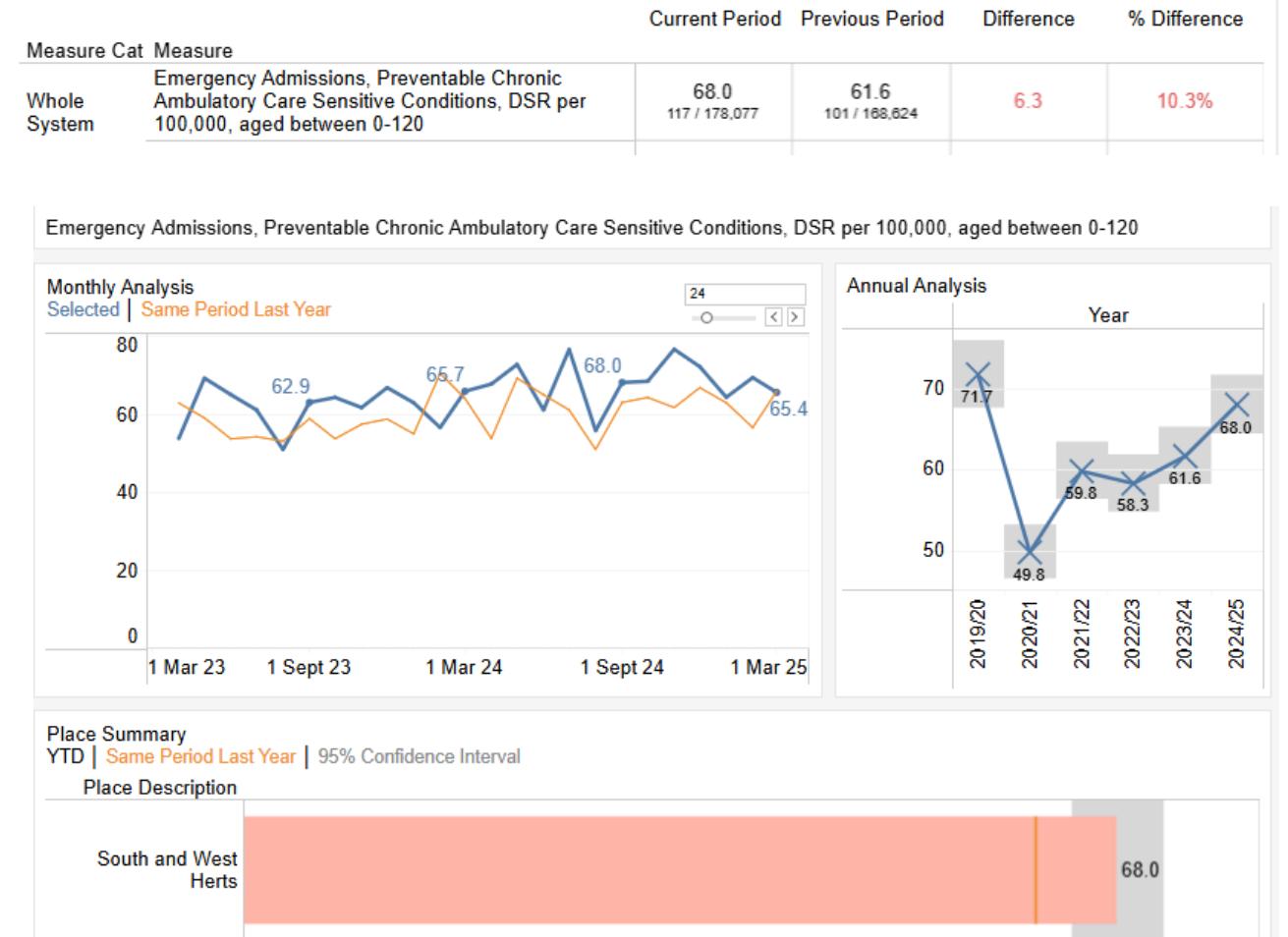


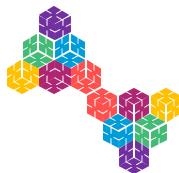
Source: [Fingertips | Department of Health and Social Care](#)



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

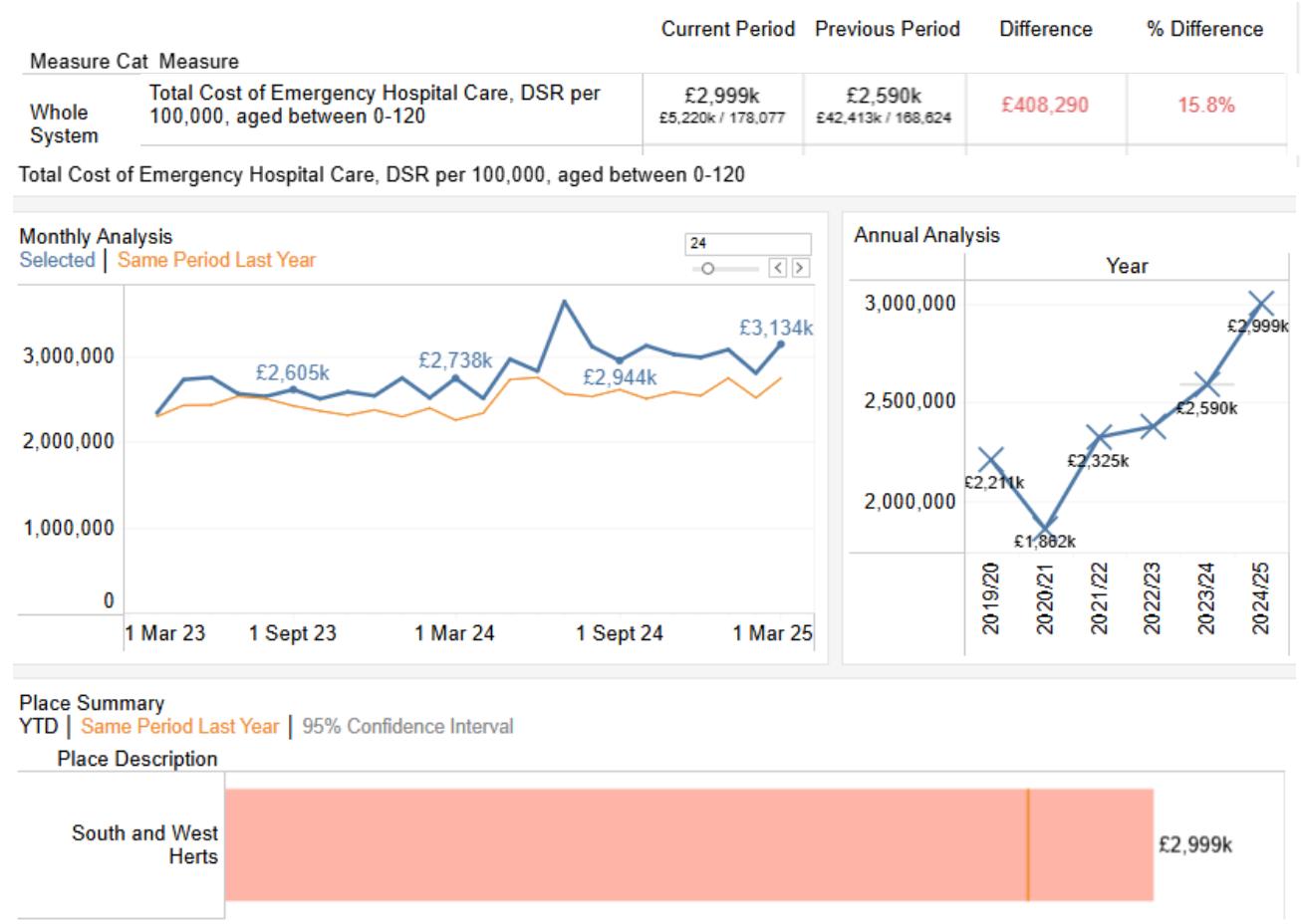
- For ACSC condition emergency admissions, the rate has not reached pre-Covid levels, but they have been steadily increasing since the end of the official Covid period in March 2021
- Whilst these rates have fluctuated in a similar range in the last two years, we can see the overall movement of the rate is an upward increase towards those pre-Covid levels.
- The list of Chronic Ambulatory Care Sensitive Conditions can be found via the [NHS Outcomes Framework Indicators](#) and Indicator Specification as found through the link [here](#).
- Please use the following [link](#) for DELPPHI to review HWE, Place, PCN and GP practice measures, demographics and INT; the relevant GP Practices have been selected to find the overall Locality metrics.

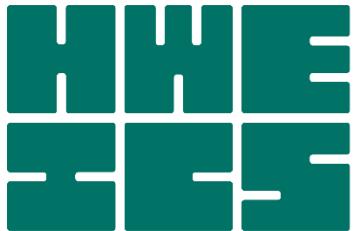




# Total cost of Emergency hospital care for Dacorum

- The locality continues to see an increase in demand for emergency hospital care since Covid.
- Please use the following [link](#) for DELPPI 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.





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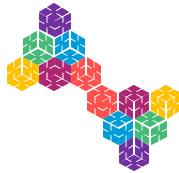
HPHMX

NHS  
Hertfordshire and  
West Essex  
Integrated Care Board

## Glossary

**Working together**  
for a healthier future





# Glossary

## Segmentation Model

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

## 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 DELPPII as at 8<sup>th</sup> July 25

Locality	Practice Name	Flowing data
Dacorum	Archway Surgery	✓
	Bennetts End Surgery	✓
	Everest House Surgery	✓
	Fernville Surgery	✓
	Gossoms End Surgery	✓
	Grove Hill Medical Centre	✓
	Haverfield Surgery	✓
	Kings Langley Surgery	✓
	Lincoln House Surgery	✓
	Parkwood Surgery	✓
	Rothschild House Group	✓
	The Manor Street Surgery	✓
	Woodhall Farm Medical Ctr	✗

