



Hertfordshire and
West Essex Integrated
Care System



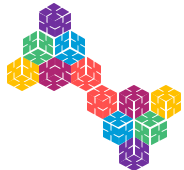
Hertfordshire and
West Essex
Integrated Care Board

Hertfordshire and West Essex Neighbourhood Pack - Hertsmere

2025-2026
PHM Team

Working together
for a healthier future





Key messages

The Hertsmere population profile in most cases mirrors SWH, but a lower proportion live in the deprived quintiles compared to the place.

There is inequality between and within the locality. Hertsmere data shows a lower proportion of alcohol abuse, obesity, insufficient physical activity and smoking compared to SWH. Hertsmere has the lowest rate of under 75 mortality for causes considered preventable. A rate of 113 compared with an England rate of 153, [Overview of the Population](#)

Hertsmere has a significantly higher number of the population in the 'Generally Healthy' segment. This is linked to lower 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.

Income deprivation affecting children index (IDACI) 2019, shows Hertsmere at 10.8%, SWH at 10% and England at 17.1%. Areas with higher deprivation within Hertsmere are Borehamwood Cowley Hill (20.7%), Bentley Heath & The Royds (15.8%) and Borehamwood Kenilworth (15.2%).



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**Demographics, wider determinants
and prevention**

**Working together
for a healthier future**

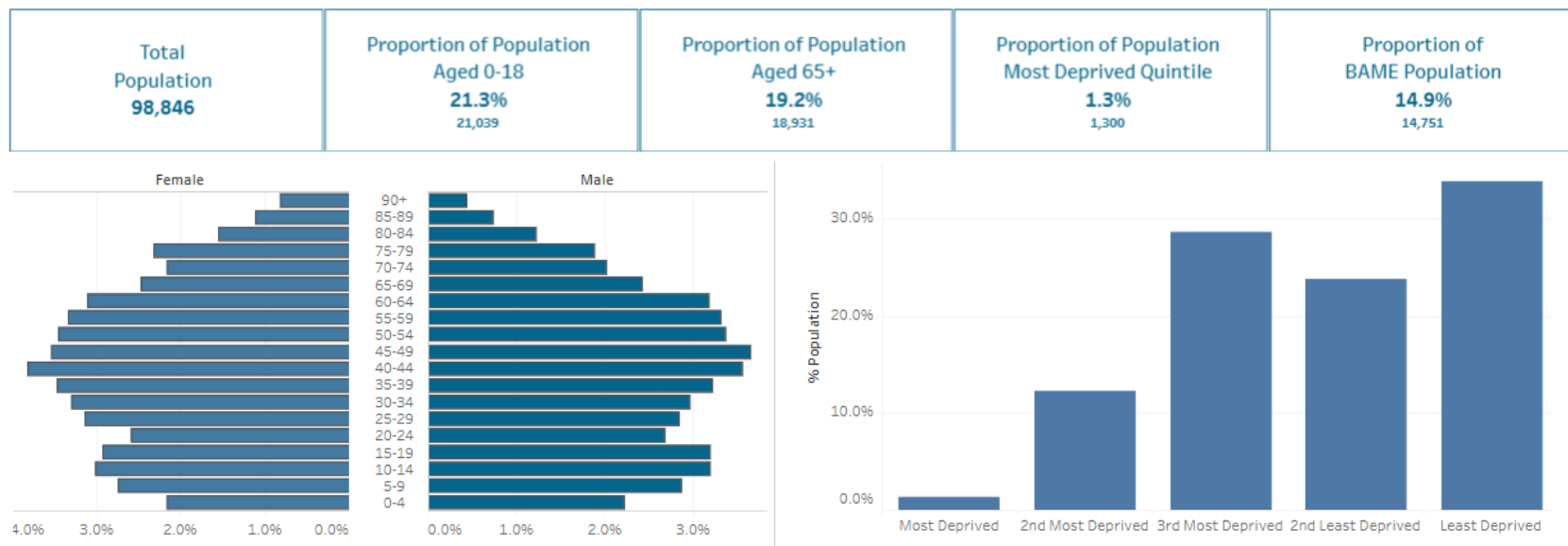




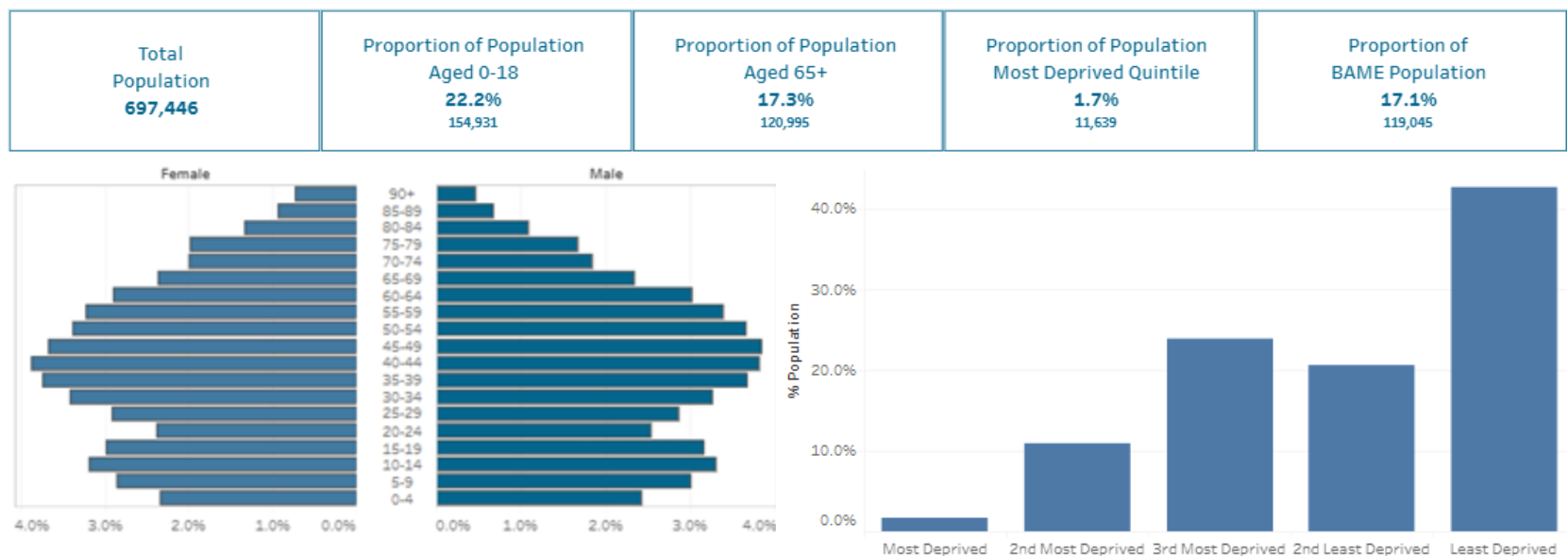
Population profile

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

Hertsmere



SWH



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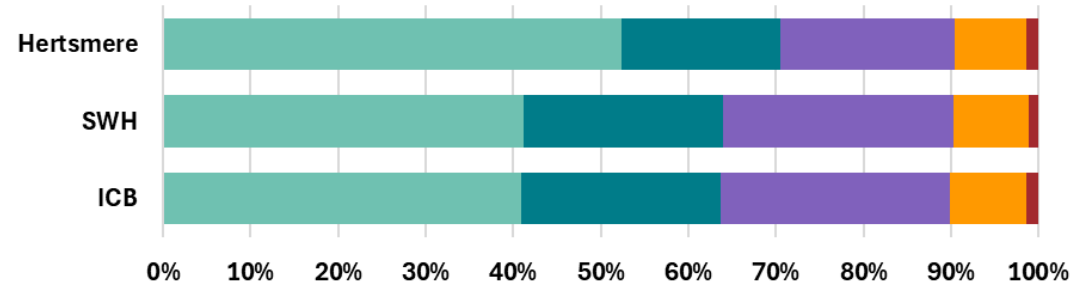
Source: [DELPPHI - Population Profile](#)



Segmentation profile Provisional Data

- The illustrations on the right shows the segmentation model for Hertsmere Locality and SWH. This is a snapshot from June 2025.
- Hertsmere has a significantly higher number of the population in the ‘Generally Healthy’ segment. This is linked to lower 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](#)

Hertsmere, SWH & ICB PHM Segmentation Profile



	ICB	SWH	Hertsmere
1 - Generally Healthy	40.9%	41.2%	52.4%
2 - Living with Illness	22.8%	22.8%	18.1%
3 - Low Complexity	26.2%	26.3%	19.9%
4 - Advanced Disease & Complexity	8.7%	8.6%	8.1%
5 - EoL, Severe Frailty & Dementia	1.4%	1.1%	1.5%



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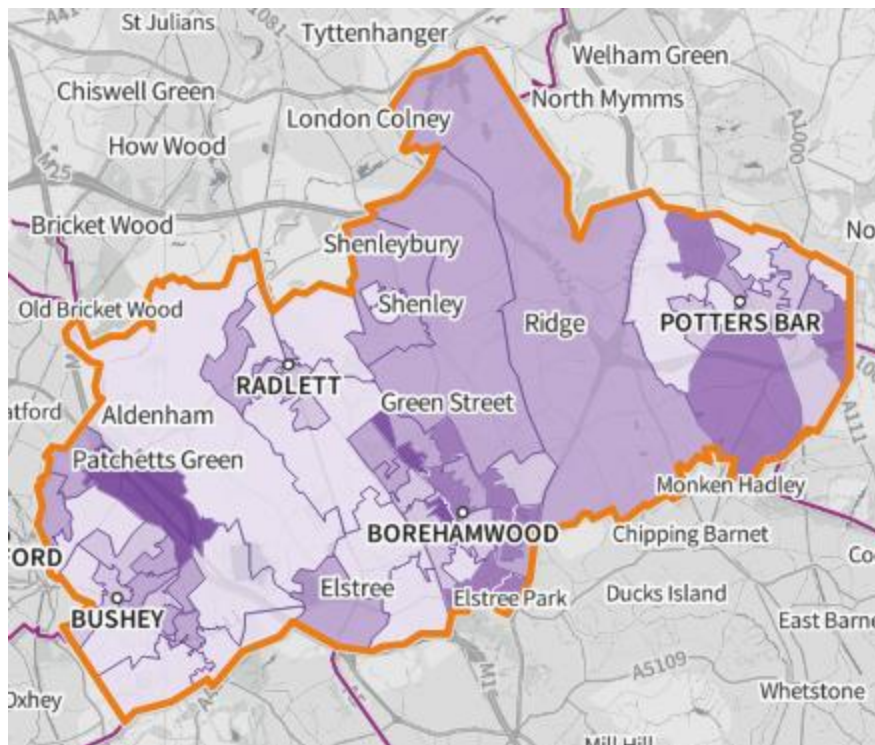
Source: DELPPHI: HWE Segmentation model



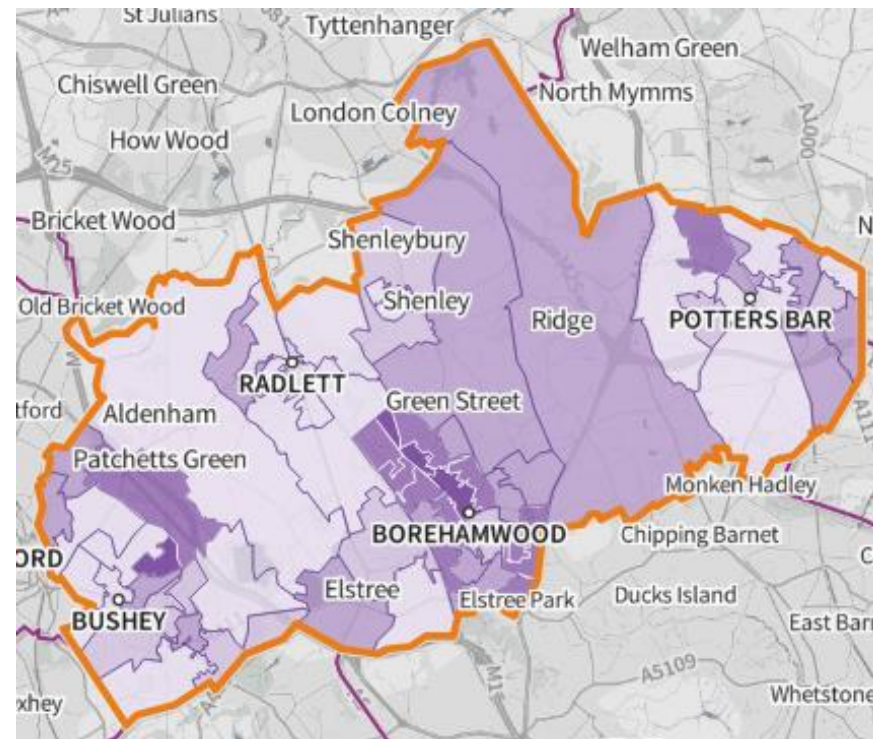
Children and older people living in poverty

- Income Deprivation Affecting Children Index (IDACI) and Older people index (IDAOP) 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 IDAOP 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 Hertsmere at 10.8%, SWH at 10% and England at 17.1%. Areas with higher deprivation within Hertsmere are Borehamwood Cowley Hill (20.7%), Bentley Heath & The Royds (15.8%) and Borehamwood Kenilworth (15.2%).

- Income deprivation affecting older people index (IDAOP) 2019, shows Hertsmere at 11.3%, SWH at 9.6% and England at 14.2%.



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



Behavioural risk factors

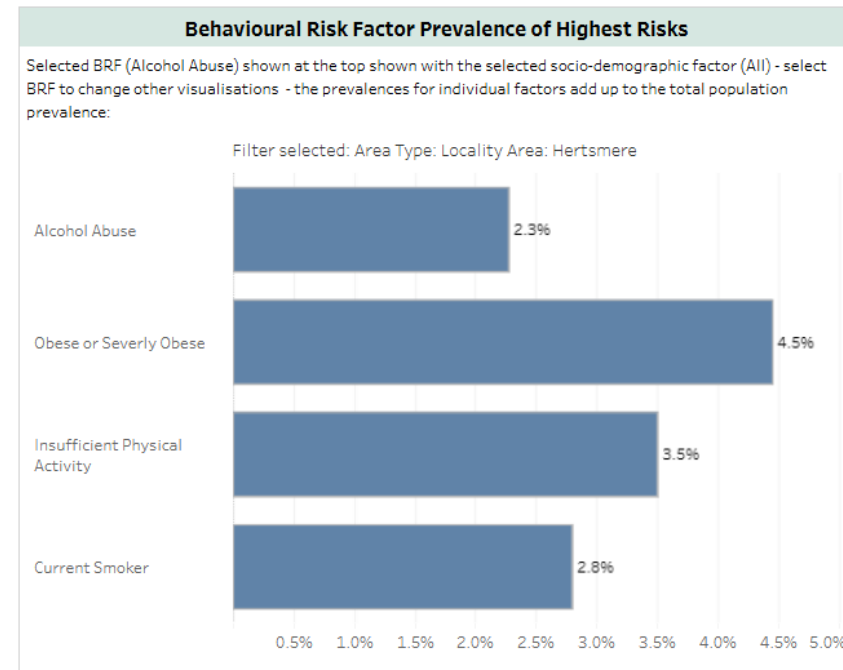
- Hertsmere data shows a lower proportion of alcohol abuse, obesity, insufficient physical activity and smoking compared to SWH.
- Fewer behavioural risk factors are likely contributing to a higher proportion of the population being classified as 'generally healthy' in the segmentation model compared to SWH, as when presents these behaviours 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](#).



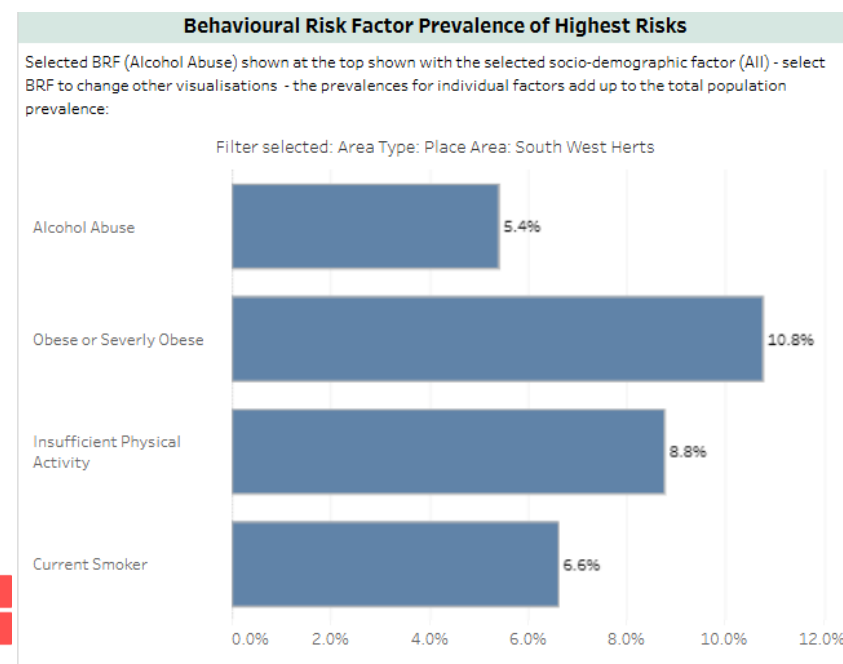
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Hertsmere



SWH



Source: [DELPPHI - Population Profile](#)



Immunisation

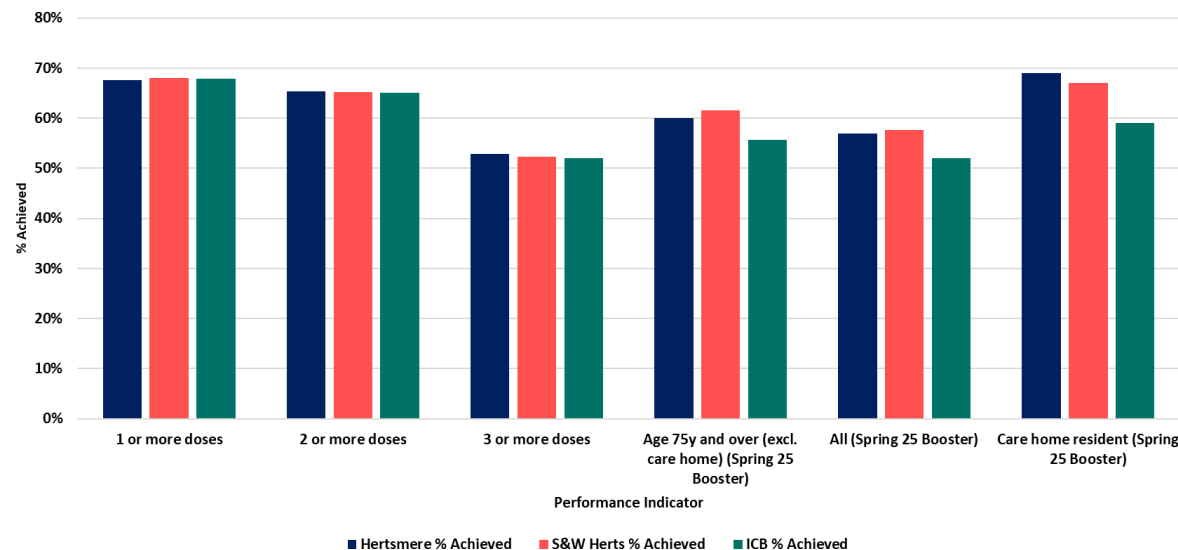
- Hertsmere's percentage of people immunised against Covid-19 is above or equal to SWH and the ICB.
- Seasonal influenza percentage achieved for all areas is again above or equal to SWH and the ICB.
- Hertsmere's segmentation profile shows a lower proportion of the population with LTCs, BRFs and decreased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



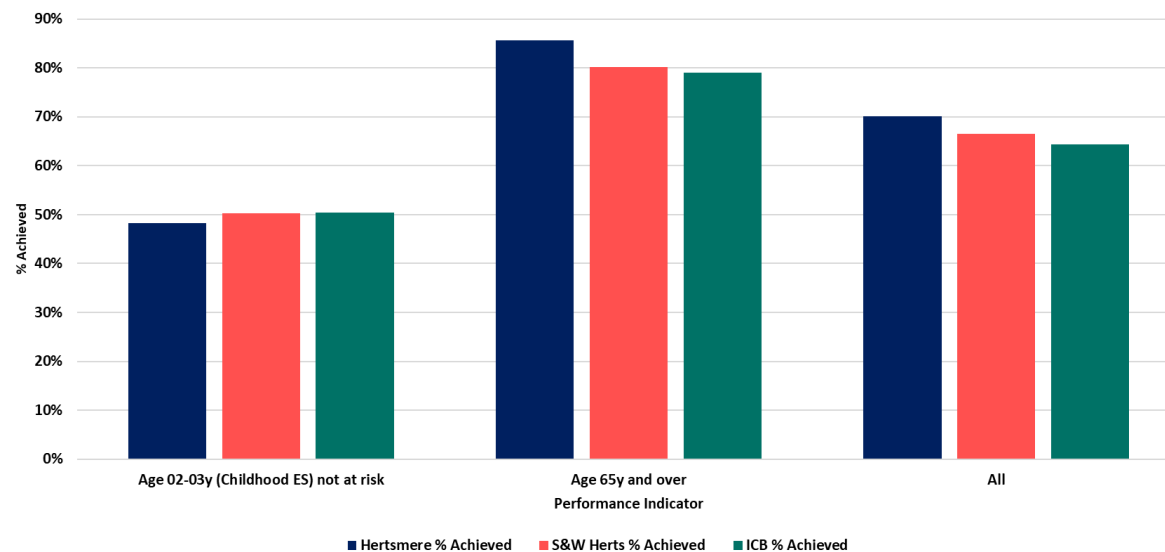
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Condition Key Process Indicators for COVID-19, Achieved Percentages



Condition Key Process Indicators for Seasonal Influenza, Achieved Percentages

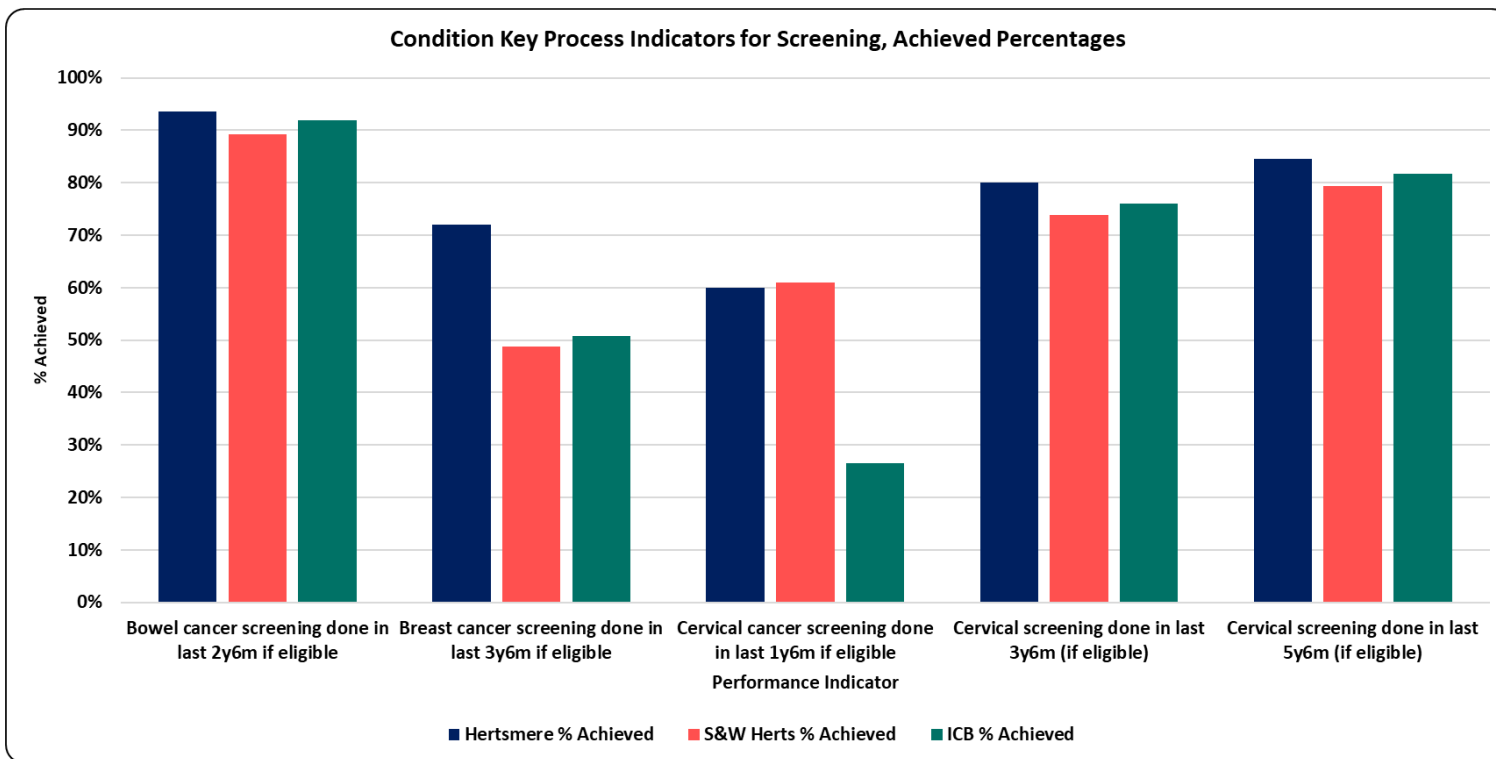


Source: [Ardens Manager](#)



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



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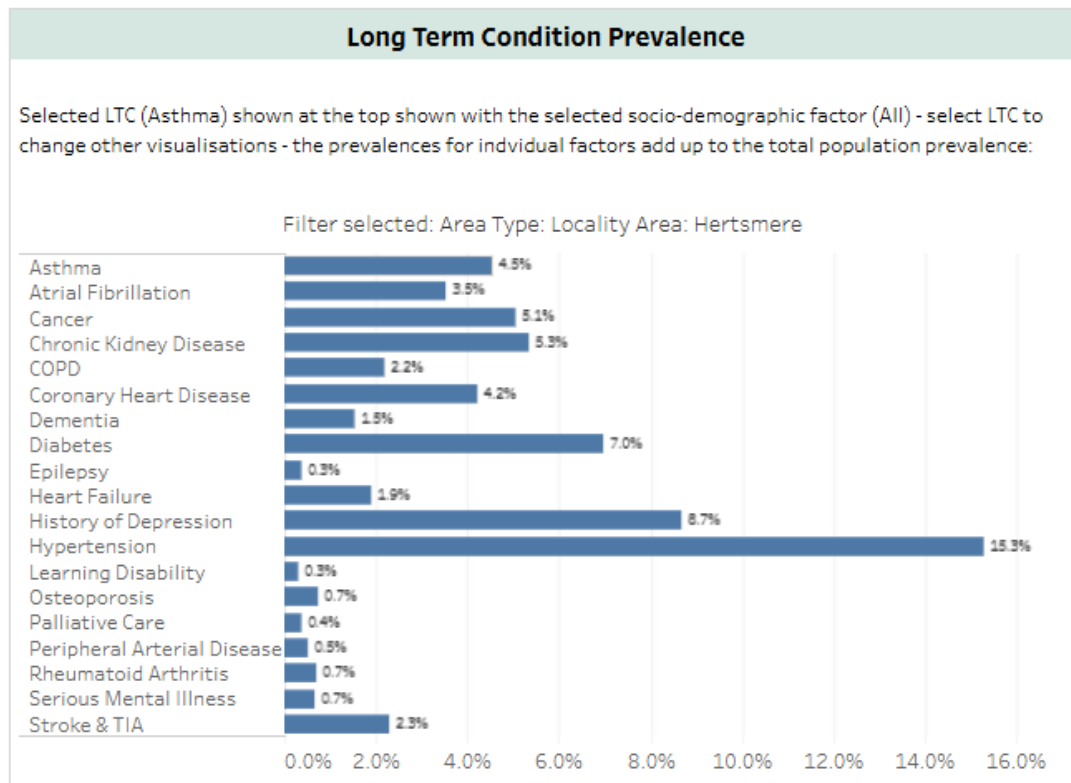


Source: [Ardens Manager](#)

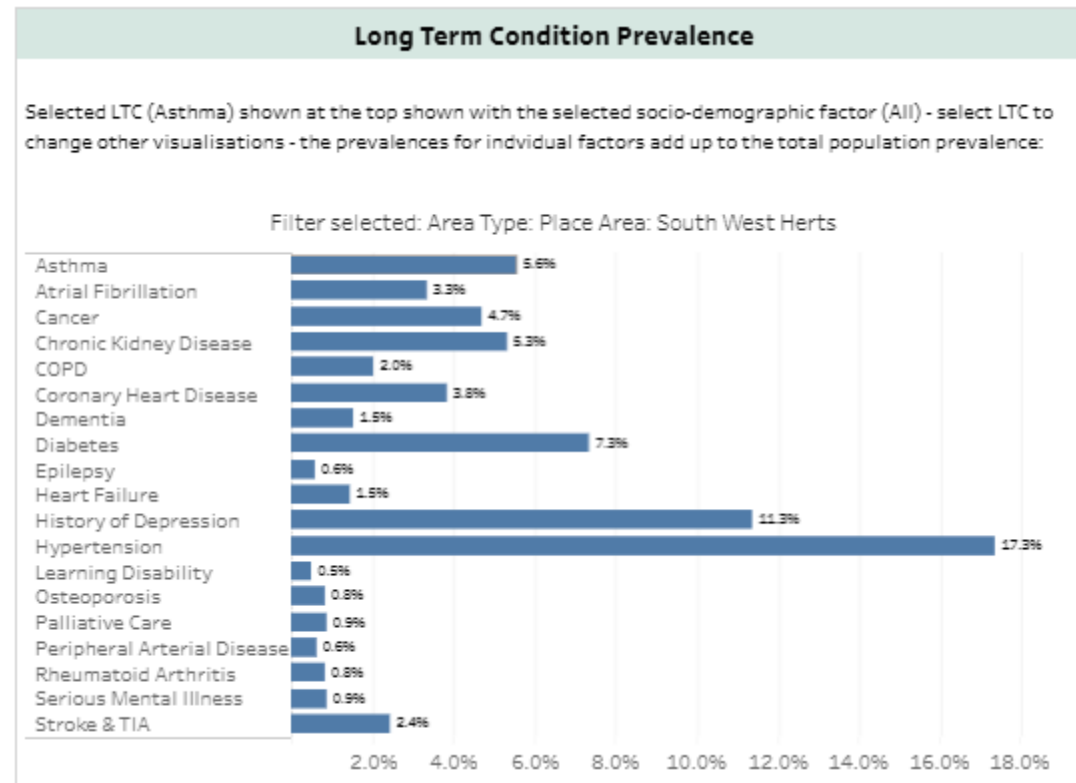


Prevalence of Disease Registers

Hertsmere



SWH



- The above charts show that Hertsmere has lower 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 [DELPPHI](#) to review inequalities age, deprivation, ethnicity, gender and main language and compare to HCP, Locality, PCN, GP practice and Local authority lower tier.



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Source: [DELPPHI - Population Profile](#)



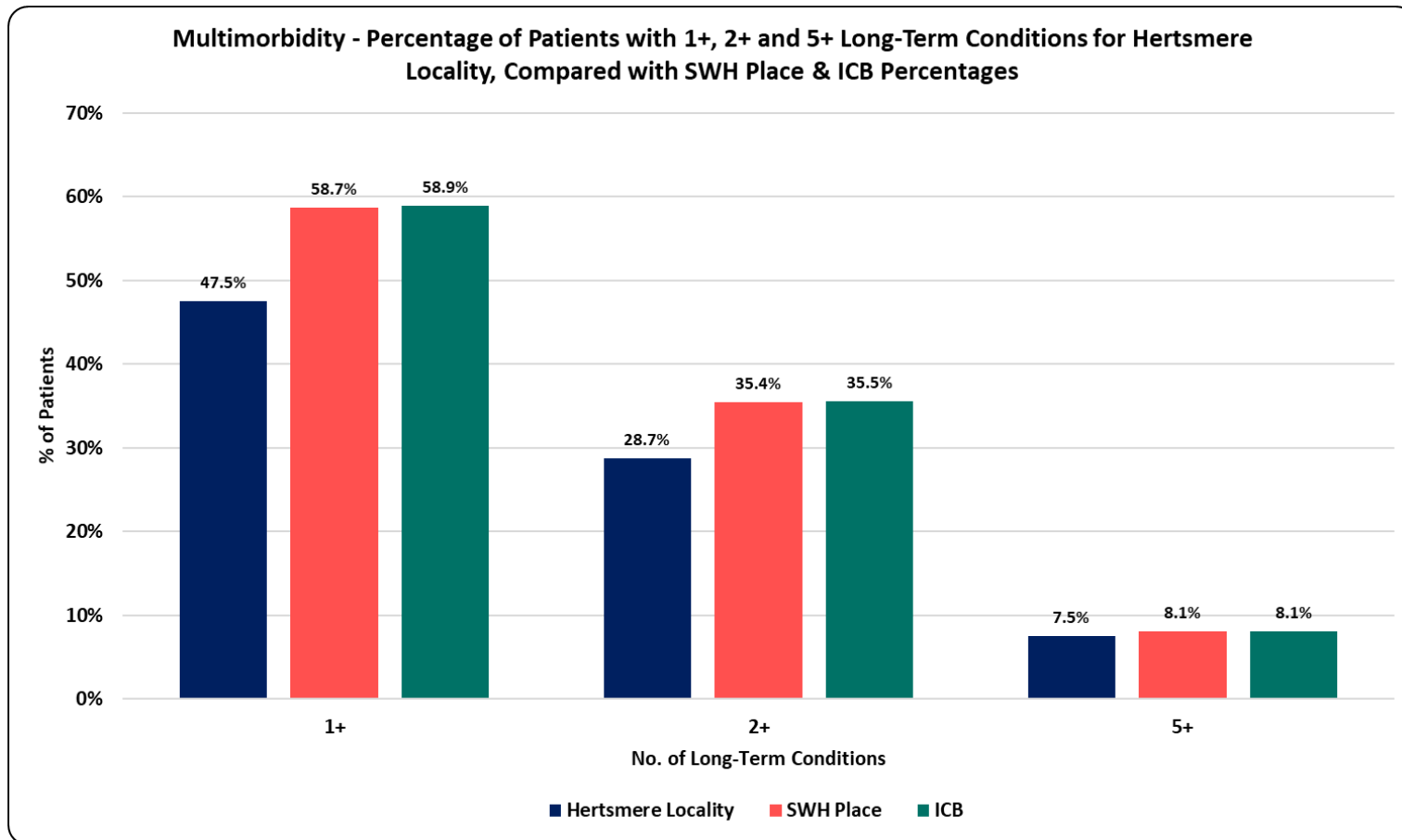
Prevalence of Multimorbidity

Provisional Data

The Long-Term Condition (LTC) count data for this page is based on the ICB Segmentation model.

For the Multimorbidity prevalence we can see:

- That in Hertsmere Locality, the prevalence for those with 2 or more LTCs is nearly 10% lower than Place and the ICB overall average.
- For those Patients with 5+ LTCs, we note that the Locality is very slightly lower than the SWH and ICB overall average percentages.
- Hertsmere's segmentation profile is, characterised by a lower proportion of the population with LTCs, BRFs, and lower levels of deprivation, contributing to the lower proportions observed compared to SWH and the ICB.



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Source : DELPPHI: HWE Segmentation model



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Children & Young People Management and outcomes

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Children's Care: Medium Term Plan Indicators

- The Medium Term Plan dashboard on DELPPHI tracks key indicators for children and young people under 18, using data from SUS and community providers. It focuses on three main measures:
 - Community paediatric waits over 65 weeks
 - Emergency admission rates
 - A&E attendance rates
- 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.

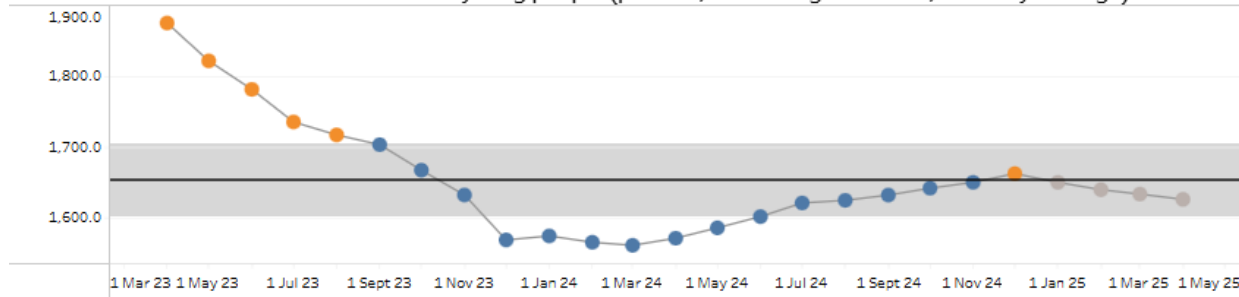


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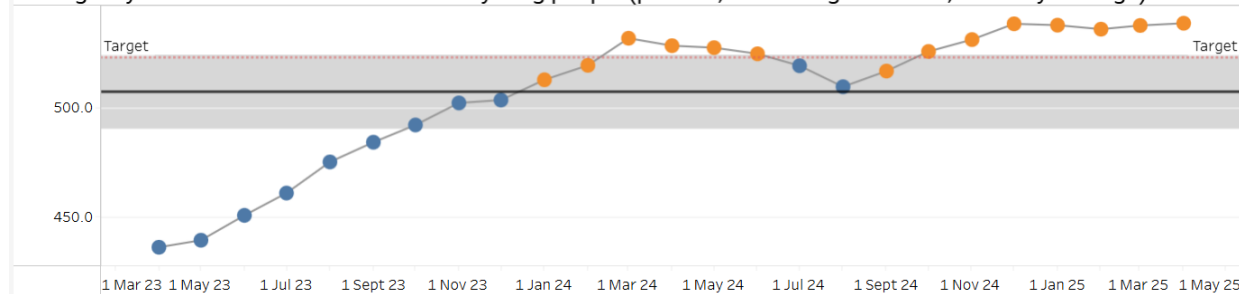


SWH

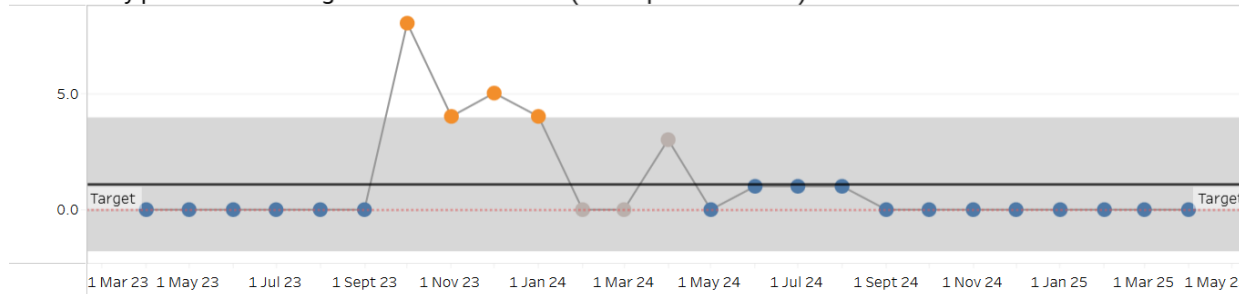
Rate of A&E Attendances for children and young people (per 100,000 rolling 12 month, monthly average)



Emergency admission rate for children and young people (per 100,000 rolling 12 month, monthly average)



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



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 Hertsmere Locality from the Outcomes Framework.
- Emergency admission rates for self-harm in Hertsmere 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				
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, Crude Rate per 100,000, aged between 0-18	22.9 5 / 21,850	4.6 1 / 21,972	18.3	402.8%
	Total Cost of Emergency Hospital Care, Crude Rate per 100,000, aged between 0-18	£1,704k £372k / 21,850	£1,121k £246k / 21,972	£582,955	52.0%
Programme	Mortality, Crude Rate per 100,000, aged between 1-17	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 10-24	Supressed due to small numbers			
	Emergency Admissions,, Crude Rate per 100,000, aged between 0-17	421.4 87 / 20,645	350.9 73 / 20,804	70.5	20.1%
Workstream	Emergency Admissions, DSR per 100,000, aged between 0-4	920.6 42 / 4,562	569.9 27 / 4,738	350.8	61.6%
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			



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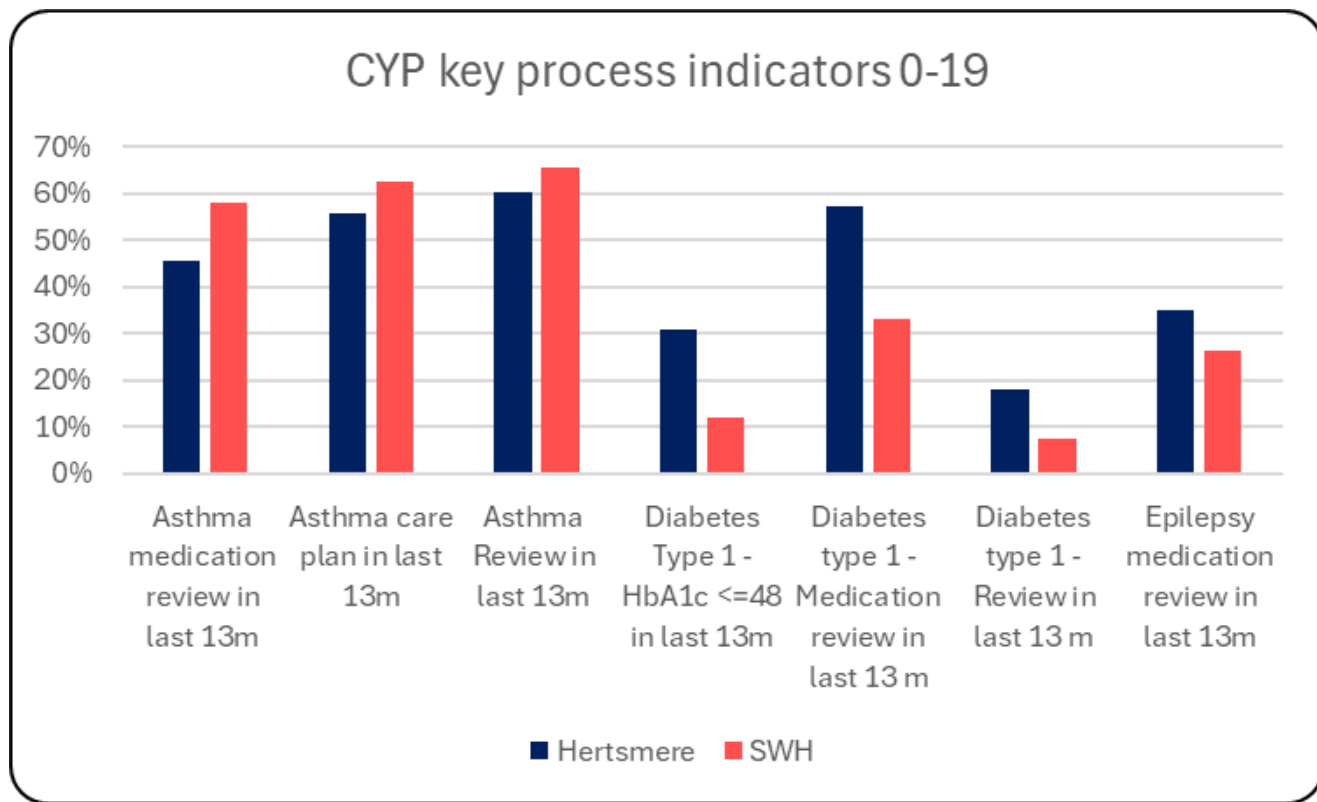


Source: [DELPPHI - HWE Outcomes Dashboard](#)



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

- Data provided by Ardens Manager highlights key process indicators for children and young people with Asthma, Diabetes and Epilepsy over the 13 months leading up to June 24, 2025.
- The graph compares these indicators between Hertsmere and SWH for children and young people aged 0-19.
- Asthma reviews completed in Hertsmere were comparable to those in SWH during this period.
- Hertsmere has fewer medication reviews recorded for Asthma, compared to SWH. However, more medication reviews have been carried out for Diabetes and Epilepsy.



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Source: [Ardens Manager](#)



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Hypertension, Cardiovascular Disease and Long Term Conditions

Management and Outcomes

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Hypertension: Medium Term Plan Indicators

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

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

- 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](#).

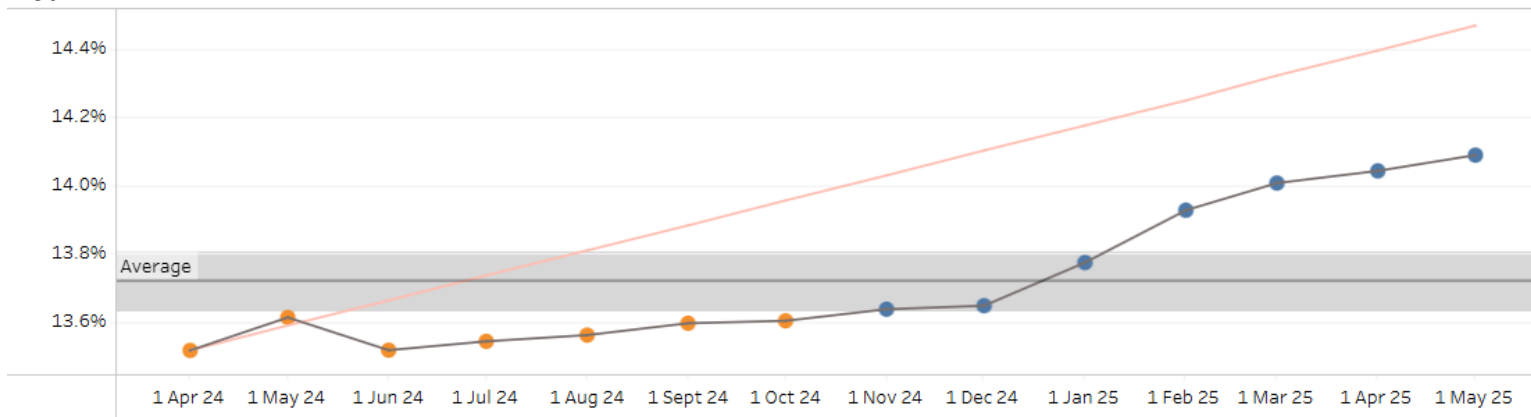


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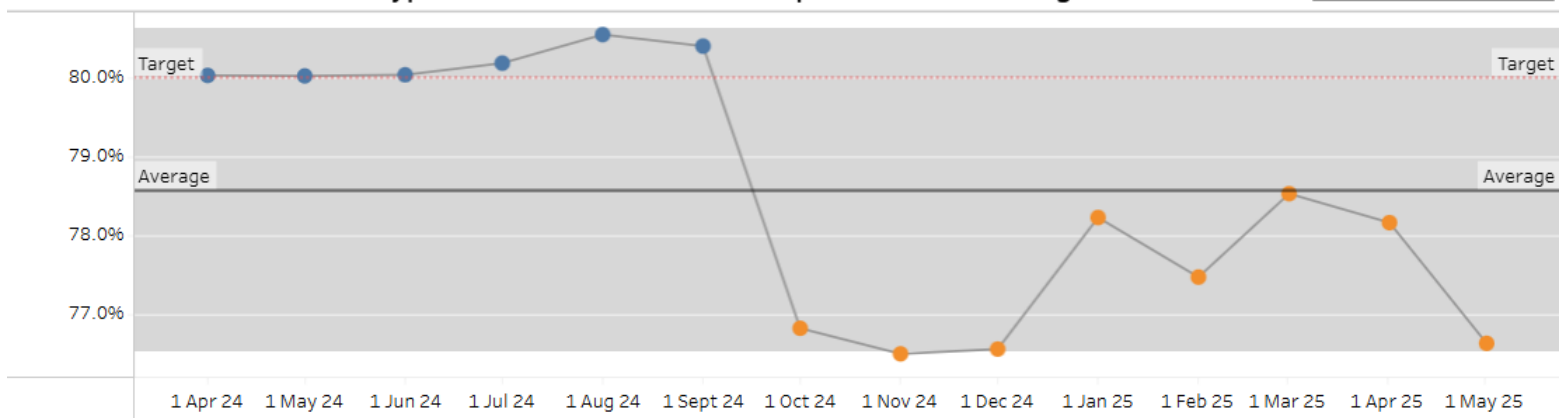


SWH

Hypertension QOF



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



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



Hypertension: QOF Indicators

- Reviewing the locality on their percentage achieved from the 2024/25 QOF, we can see that:
 - Hertsmere locality is showing slightly above the place value for both Hypertension review indicators.
 - Potters Bar PCN is showing their percentage achieved as above the average in both indicators.
 - Herts Five PCN is showing their percentage achieved rate overall slightly lower in both 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%
S&W Herts Place	78.3%	86.1%
Hertsmere Locality	78.5%	86.3%
HERTS FIVE PCN	78.0%	85.8%
POTTERS BAR PCN	79.5%	87.1%



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Source: [Ardens Manager](#)



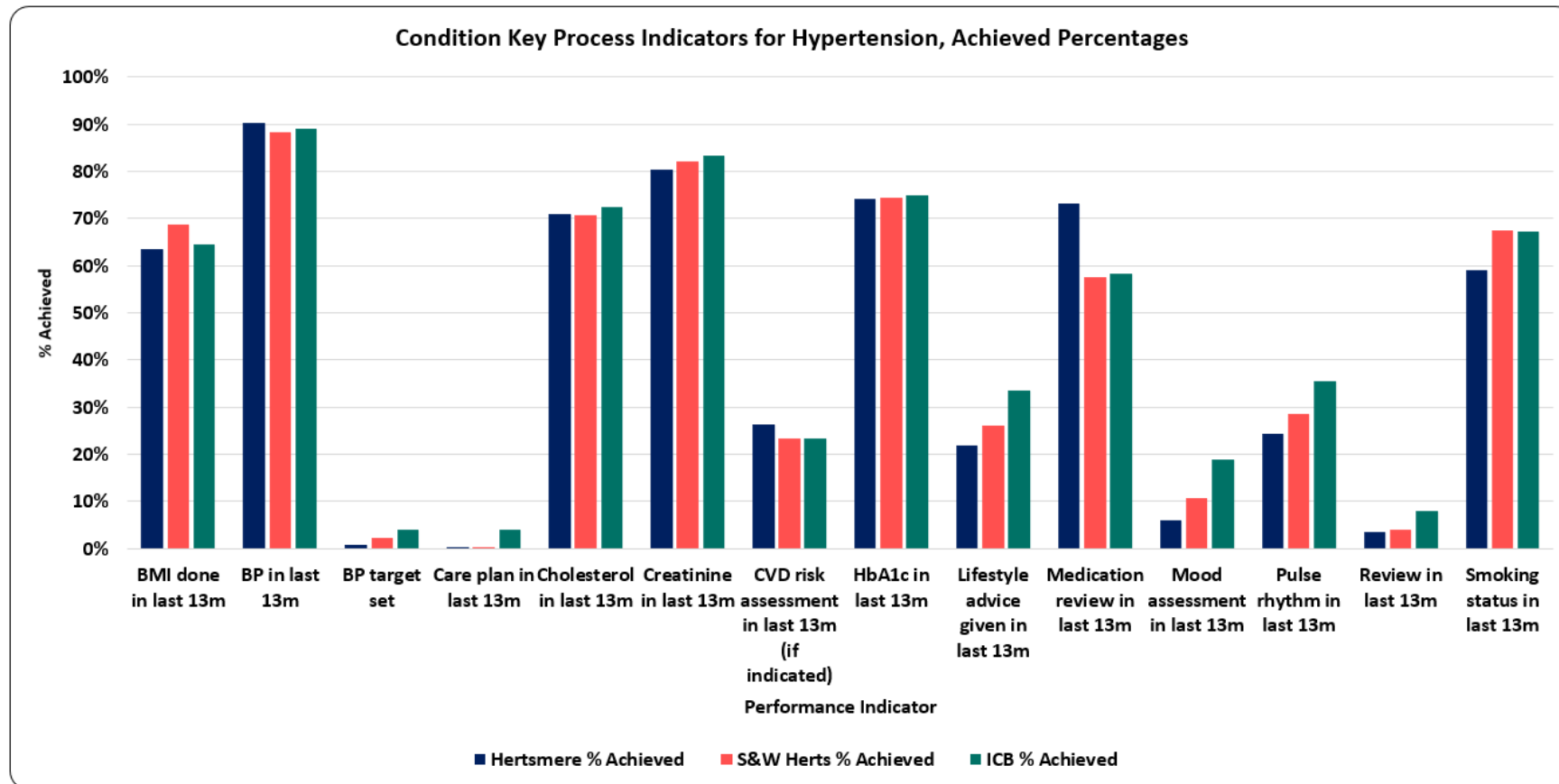
Hypertension: Key Care Process Indicators

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

- Hertsmere has achieved higher percentages than Place and ICB levels, in 3 out of the 14 process indicators shown.
- To review these, and other indicators in detail, please go to the Hypertension pages in Ardens Manager [here](#).

Areas of opportunity for the locality are:

- BMI Done in last 13 months
- BP Targets Set
- Care Plans
- Creatinine Tests
- HbA1c Tests
- Lifestyle Advice Given
- Mood Assessments
- Pulse Rhythm Assessments
- Patient Reviews, and
- Smoking Status



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Source: [Ardens Manager](#)



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

- The 2024/25 QOF CVD indicators are shown on this page; other QOF LTC indicators can be viewed via Ardens Manager [here](#).
- Reviewing the locality on their percentage achieved from the 2024/25 QOF, we can see that:
 - There is a varied mix of achievements across the Locality, with the majority of indicators shown as being above the Place percentage
 - There is opportunity to increase the percentage achieved for CVD and AF indicators across the locality

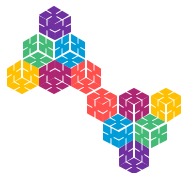
	Atrial Fibrillation				Atrial Fibrillation		CVD Secondary Prevention			Coronary Heart Disease		
	ECF				QOF		ECF			QOF		
	BP done	Chest pain assessment done	ORBIT score done	Review done	AF006: CHA2DS2-VASc recorded in last 12m	AF008: On DOAC or Vitamin K antagonist if CHA2DS2-VASc >= 2	On high-intensity statin, ezetimibe 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%
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%
Hertsmere Locality	90.1%	15.7%	41.9%	43.1%	97.7%	97.4%	75.3%	100.0%	13.6%	98.0%	82.9%	90.9%
HERTS FIVE PCN	89.1%	13.0%	35.0%	40.8%	97.9%	97.4%	74.8%	100.0%	14.0%	98.1%	81.3%	91.1%
POTTERS BAR PCN	91.7%	20.7%	54.2%	47.1%	97.4%	97.5%	76.2%	100.0%	12.8%	97.9%	86.9%	90.7%



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Source: [Ardens Manager](#)



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

- The 2024/25 ECF CVD indicators are shown on this page; 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%
Hertsmere Locality	87.7%	47.4%	28.5%	1.7%	8.4%	94.9%	97.1%	94.6%
HERTS FIVE PCN	87.0%	44.8%	27.1%	2.2%	9.8%	95.0%	97.4%	94.6%
POTTERS BAR PCN	88.8%	51.4%	30.6%	1.1%	6.2%	94.7%	96.6%	94.6%



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Source: [Ardens Manager](#)



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

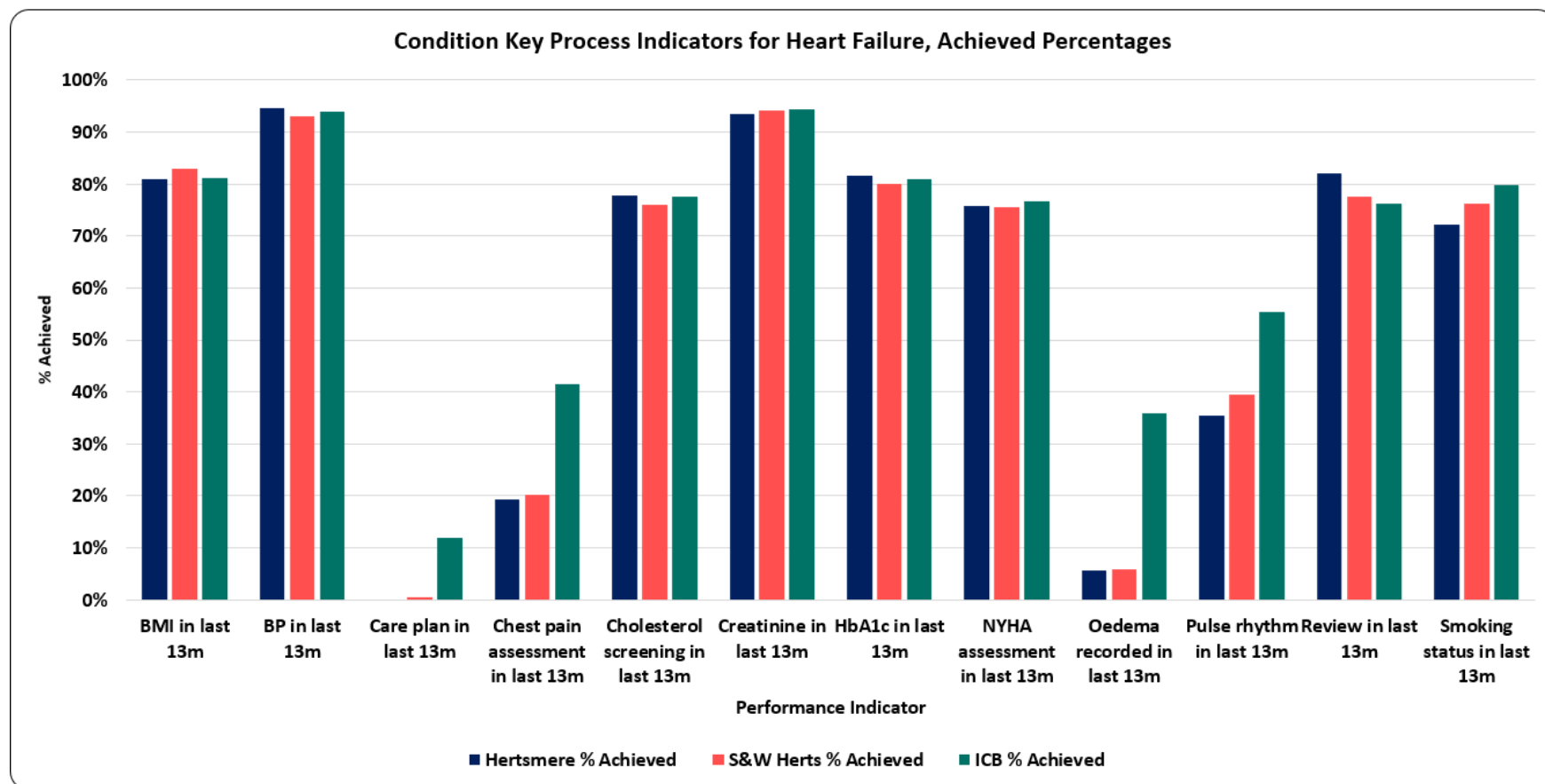
Current CVD key care review process indicators are shown on this page for Heart Failure only due to limitations of space; however, all the other many CVD and other Long-Term Condition indicators can be viewed in detail via the Ardens Manager pages [here](#).

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

- Hertsmere has higher levels of achievement than Place and ICB levels, in 4 out of the 12 process indicators shown

Areas of opportunity for the Locality are:

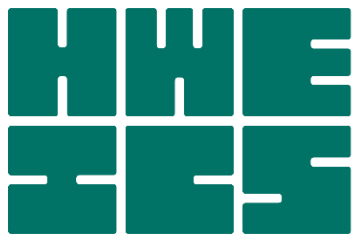
- BMI Tests
- Care Plans
- Chest Pain
- Creatinine Tests
- Oedema Recordings
- Pulse Rhythm
- Smoking Status



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Source: [Ardens Manager](#)



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Mental Health and Learning Disabilities

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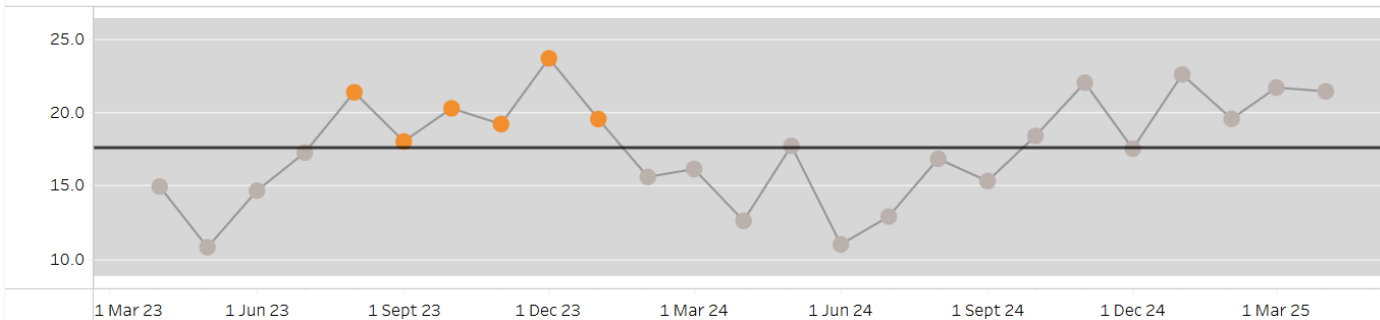


Better care for Mental Health Crisis: Medium Term Plan Indicators

- 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.

SWH

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



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



Mental health: Programme outcomes

- HWE programme outcomes provide an opportunity for our ICS to focus on the end point health outcomes that best practice and evidenced interventions will deliver to improve the health of our population.
- The table reports on population health indicators from DELPPHI for Hertsmere locality to provide assurance that activities are delivering the required impact.
- Emergency admissions for preventable ACSC conditions have decreased compared to the previous period, with a corresponding rise in associated costs.
- Emergency admissions for intentional self-harm and suicide mortality figures have decreased.

		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	46.4 46 / 92,542	48.2 50 / 99,053	-1.9	-3.8%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,281k £3,212k / 92,542	£2,702k £2,717k / 99,053	£579,271	21.4%
Programme	Mortality, Suicide, DSR per 100,000, aged between 10-120	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 0-120	Supressed due to small numbers			
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	Supressed due to small numbers			



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



Depression and SMI: QOF indicators

- Mental Health QOF metrics for 2024-25 show that Hertsmere has a higher 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%	89.8%	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%
Hertsmere Locality	85.5%	89.7%	94.2%	97.7%	98.1%	97.7%	95.7%	95.1%	77.9%	85.3%
HERTS FIVE PCN	85.3%	92.1%	92.7%	98.0%	98.4%	97.8%	96.3%	95.9%	77.8%	85.4%
POTTERS BAR PCN	86.0%	84.7%	97.6%	96.9%	97.5%	97.5%	94.3%	93.1%	78.1%	85.1%



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Source: [Ardens Manager](#)



SMI: ECF indicators

- The data shows that Hertsmere has a higher percentage for most 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 oral health check in the last 12 months is below 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%	6.8%	61.0%	8.4%
S&W Herts Place	6.6%	7.3%	16.6%	3.3%	9.6%	5.9%	65.5%	7.5%
Hertsmere Locality	8.2%	9.5%	18.1%	6.4%	8.9%	8.1%	70.6%	7.9%
HERTS FIVE PCN	7.8%	8.3%	19.6%	5.8%	8.0%	7.2%	70.5%	5.1%
POTTERS BAR PCN	9.1%	12.6%	14.3%	7.8%	11.3%	10.4%	70.8%	15.2%

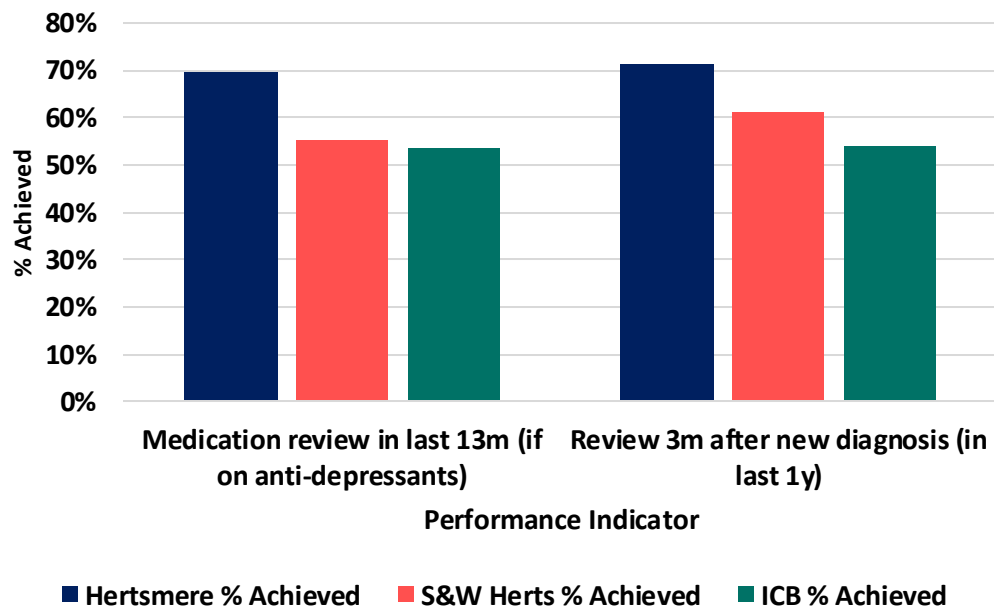




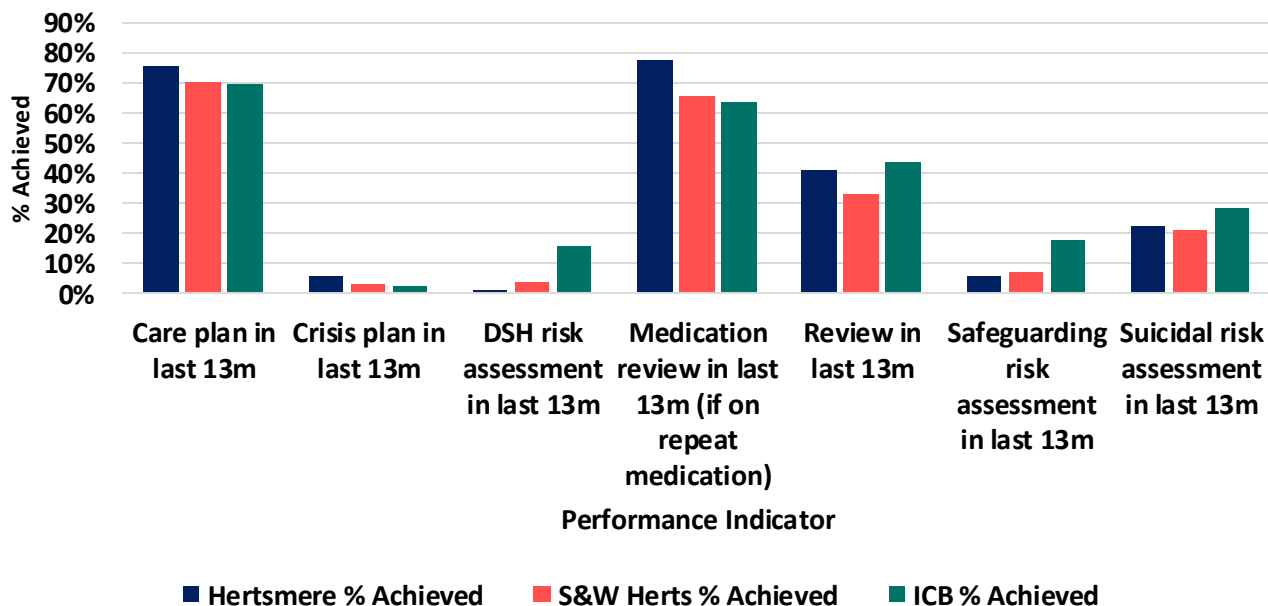
SMI and Depression: Key process indicators

- In the past year, Hertsmere recorded the highest rate of both depression reviews conducted three months after diagnosis and medication reviews in the last 13 months, compared 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



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Source: [Ardens Manager](#)



Learning Disability: ECF indicators

- The data shows that Hertsmere has a higher percentage for most of the 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 below 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%
Hertsmere Locality	47.5%	49.9%	17.6%	28.1%	34.9%	47.3%	4.6%
HERTS FIVE PCN	46.2%	49.5%	17.7%	31.3%	37.8%	45.9%	6.4%
POTTERS BAR PCN	50.9%	50.9%	17.3%	20.8%	27.4%	50.9%	0.0%



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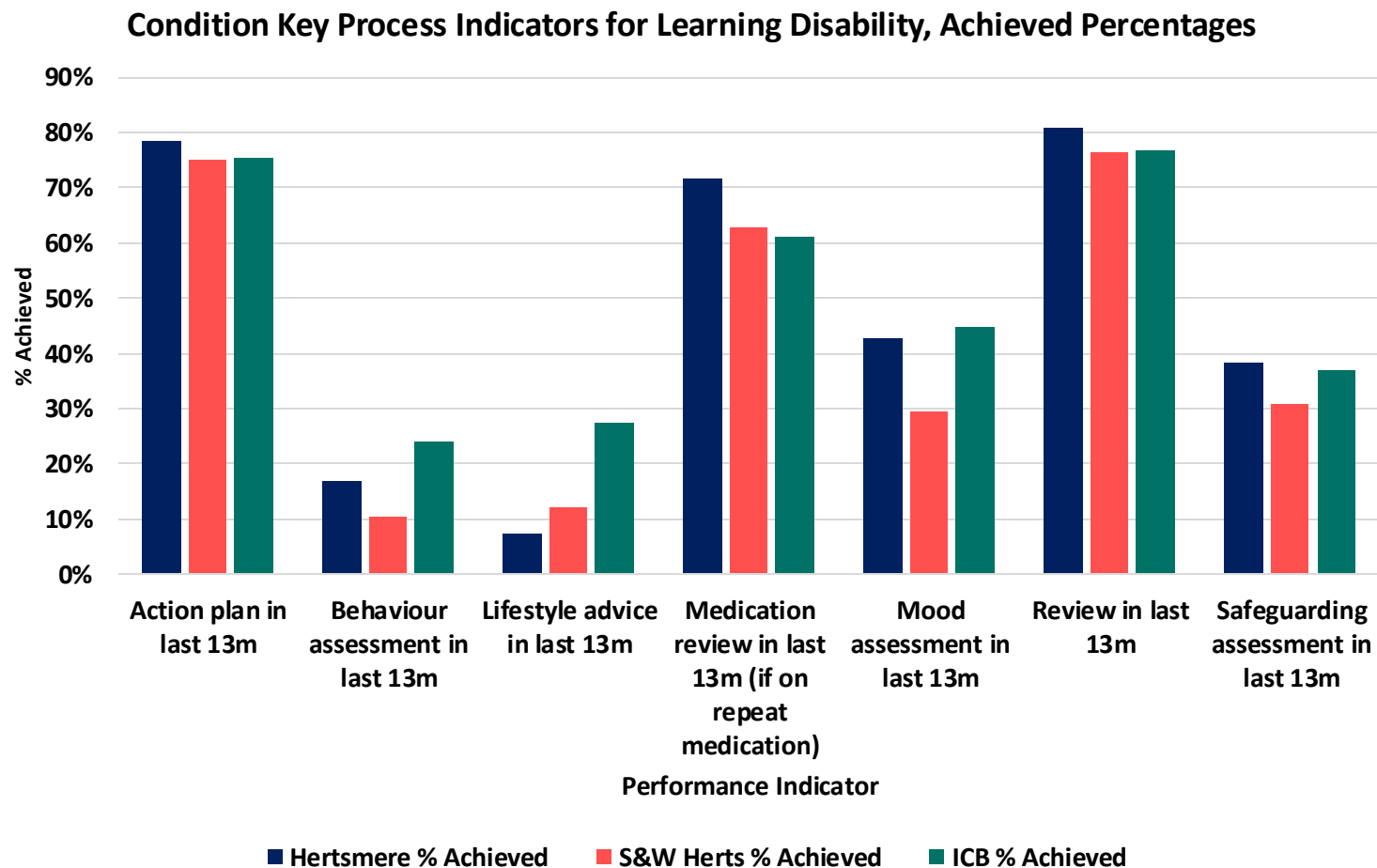


Source: [Ardens Manager](#)



Learning Disability: Key process indicators

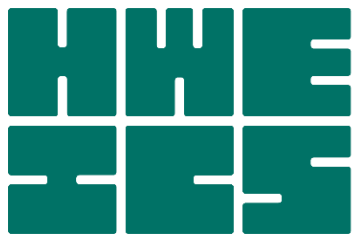
- Hertsmere is achieving a higher percentage completeness against SWH and the ICB in several key learning disability processes, including the production of action plans and reviews over the past 13 months, medication reviews in the last 13m and reviews in the last 13m.
- All other reviews can be found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



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Source: [Ardens Manager](#)



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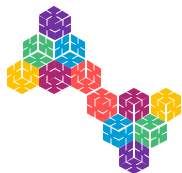


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Cancer and Planned Care Management and outcomes

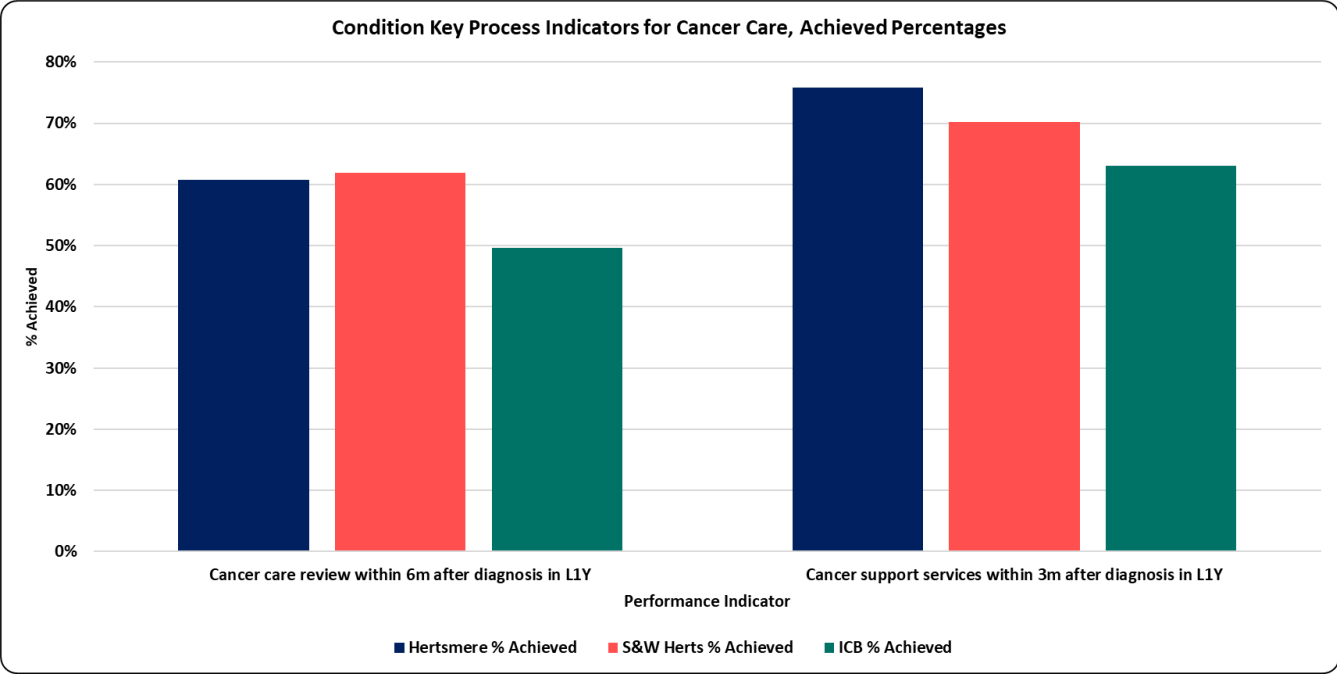
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Cancer: QOF and Key processes indicators

- The data shows that Hertsmere has a higher or similar percentage when compared to the Place and higher than the ICB for 2024/25.
- Hertsmere’s cancer care processes are in line with or 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%
Hertsmere Locality	98.2%	97.5%	92.5%	95.4%
HERTS FIVE PCN	97.3%	96.8%	93.8%	95.9%
POTTERS BAR PCN	99.5%	98.6%	90.0%	94.6%



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Source: [Ardens Manager](#)



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Frailty and End of Life care Management and outcomes

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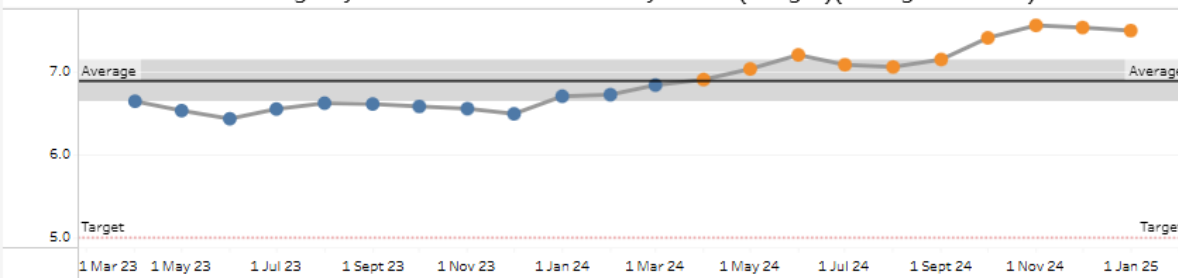


Frailty and EOL: Medium Term Plan Indicators

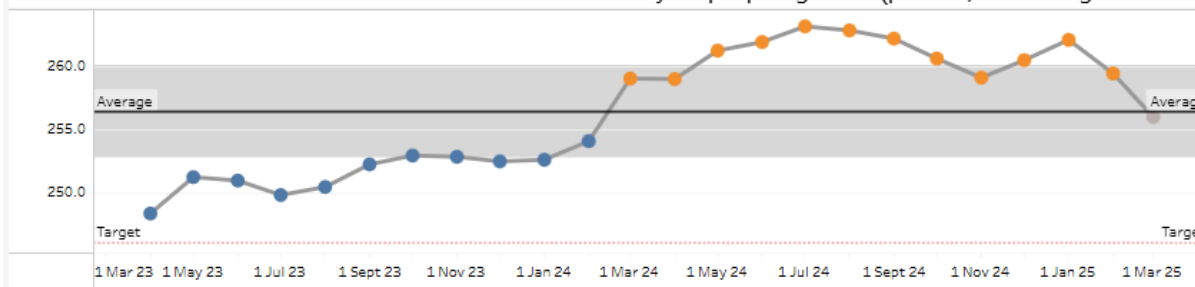
- PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from Nov-24 onwards. Measures which reference emergency admissions will show lower due to this coding change. This affects West Essex and East and North Herts and the ICB as a whole. Emergency 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

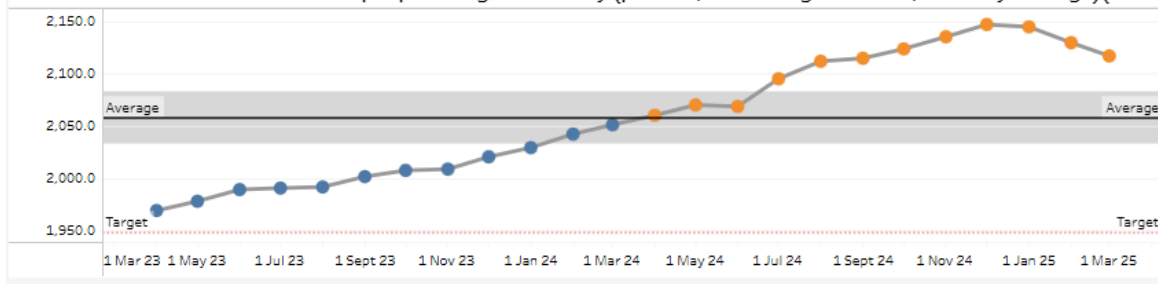
Deaths with 3 or more emergency admissions in the last 90 days of life (all ages)(Rolling 12 months)



Rate of non-elective admissions for falls within the community for people aged 65+(per 100,000 Rolling 12 mo..)



Rate of non-elective admissions in people living with frailty (per 100,000 rolling 12 month, monthly average)(C..)



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



Frailty and EOL: Programme outcomes

- This data is for a rolling 12 months, and the percentage difference in red indicates that the current period, has deteriorated against the previous period.
- It illustrates that Hertsmere still has opportunities 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 Hertsmere locality.
- Please use the following [link](#) for DELPPHI to review HWE, Place, PCN and GP practice measures, demographics and INT.

Hertsmere

		Current Period	Previous Period	Difference	% Difference
Measure Cat	Measure				
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 65-120	161.0 35 / 19,469	163.2 35 / 19,110	-2.1	-1.3%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£10,387k £2,279k / 19,469	£8,151k £1,700k / 19,110	£2,235,344	27.4%
Programme	Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	428.4 89 / 19,469	622.3 129 / 19,110	-193.9	-31.2%
	Emergency Admissions,, DSR per 100,000, aged between 65-120	1,653.4 353 / 19,469	1,768.0 367 / 19,110	-114.6	-6.5%
	Emergency Admissions, Falls Within the Community, DSR per 100,000, aged between 65-120	242.5 56 / 19,469	261.6 57 / 19,110	-19.2	-7.3%
	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, Hip Fractures, DSR per 100,000, aged between 65-120	46.4 11 / 19,469	28.7 6 / 19,110	17.7	61.7%
	Percentage of Emergency admissions, Falls Within the Community, Discharge to Usual Place of Residence, aged between 65-120	67.9% 38 / 56	82.5% 47 / 57	-14.6%	-17.7%
	Percentage of Emergency admissions, EM Pathways, Readmissions within 7 Days, aged between 65-120	5.5% 11 / 199	9.0% 23 / 256	-3.5%	-38.5%
	Percentage of Emergency admissions, EM Pathways, Readmissions within 30 Days, aged between 65-120	14.1% 28 / 199	15.6% 40 / 256	-1.6%	-9.9%



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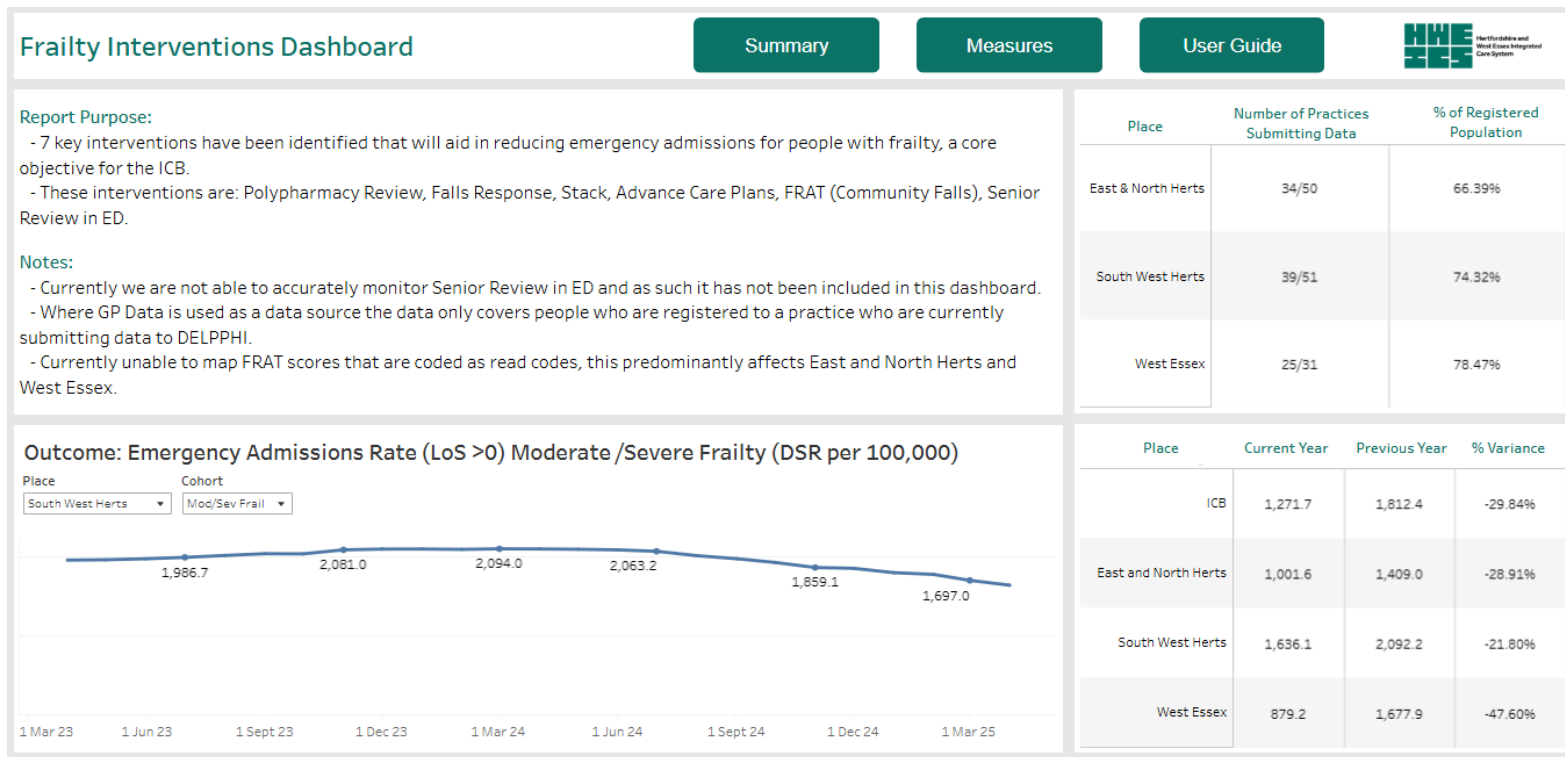


Source: [DELPPHI - HWE Outcomes Dashboard](#)



Frailty and EOL: Indicators from the 7 indicators dashboard

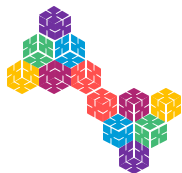
- This dashboard has been designed in DELPPHI to support 7 interventions that have been identified in aiding in the reduction of Emergency admissions for people with frailty.
- Currently, it is only by Place.
- Emergency Admission rate for people identified with moderate/ severe frailty (from the primary care record) has seen a decrease over the last 2 years
- To gain maximum benefit from this dashboard, please click on this [link](#).



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Source: [DELPPHI - Frailty Intervention Dashboard](#)



Frailty and EOL: ECF indicators

- The data shows that Hertsmere has a lower percentage for most EOL indicators than SWH, but for Frailty the percentages are higher, when compared to the Place and the ICB for 2024/25, with the exception of Depression screening.
- The latest position for this table below, can be found at [Ardens Manager](#).

	End of Life								Frailty						
	Review								Review						
	ACP shared	ACP, ReSPECT or EOL care plan done or declined	Anticipatory medicines issued (or exception) (if GSF red/yellow)	GSF prognostic indicator recorded	Preferred place of care recorded	Preferred place of care, death and resus stated recorded	Preferred place of death recorded	Resus status recorded (or currently DNACPR)	Carer status recorded (if moderate/se vere frailty)	Depression screening done (if moderate/se vere frailty)	Frailty status recorded (if moderate/se vere frailty)	Loneliness assessment done (if moderate/se vere frailty)	Mod/Sev + carer status recorded (excl care home + GSF red)	Mod/Sev + falls FRAT score done	Mod/Sev + falls FRAT score done (excl care home + GSF red)
ICB	1.5%	40.1%	61.3%	49.0%	69.4%	14.1%	67.4%	74.1%	67.8%	33.8%	77.0%	61.5%	13.9%	64.8%	12.2%
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%
Hertsmere Locality	2.0%	46.0%	56.9%	47.5%	68.2%	12.2%	66.8%	69.4%	71.2%	8.4%	83.6%	67.6%	19.6%	70.4%	18.1%
HERTS FIVE PCN	2.3%	46.0%	55.9%	48.9%	68.6%	14.2%	66.1%	68.3%	72.7%	11.7%	86.9%	69.9%	24.2%	71.5%	22.8%
POTTERS BAR PCN	0.9%	45.9%	61.5%	42.0%	66.7%	4.7%	69.7%	73.7%	69.1%	3.9%	79.0%	64.5%	12.3%	68.9%	10.6%



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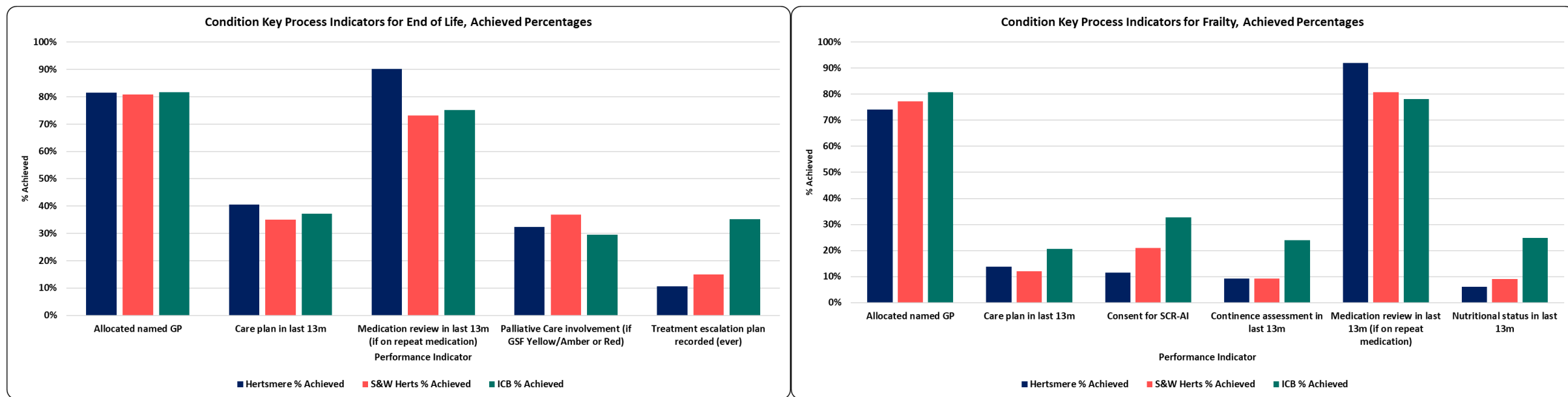


Source: [Ardens Manager](#)



Frailty and EOL: Key processes indicators

- Hertsmere has opportunities to increase the number of Palliative Care involvement and treatment escalation plans for EoL. For Frailty there are opportunities for most of the indicators except for Medication reviews.
- 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.



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Source: [Ardens Manager](#)



Dementia: Programme outcomes

- HWE programme outcomes provide an opportunity for our ICB to focus on the end point health outcomes that best practice and evidenced interventions will deliver to improve the health of our population.
- The graph below illustrates a core set of population health indicators from DELPPHI which have been broken down at GP practice level to reflect the Hertsmere 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.

		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	46.4 46 / 92,542	48.2 50 / 99,053	-1.9	-3.8%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£3,281k £3,212k / 92,542	£2,702k £2,717k / 99,053	£579,271	21.4%
Programme	Mortality, Suicide, DSR per 100,000, aged between 10-120	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 0-120	Supressed due to small numbers			
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	Supressed due to small numbers			



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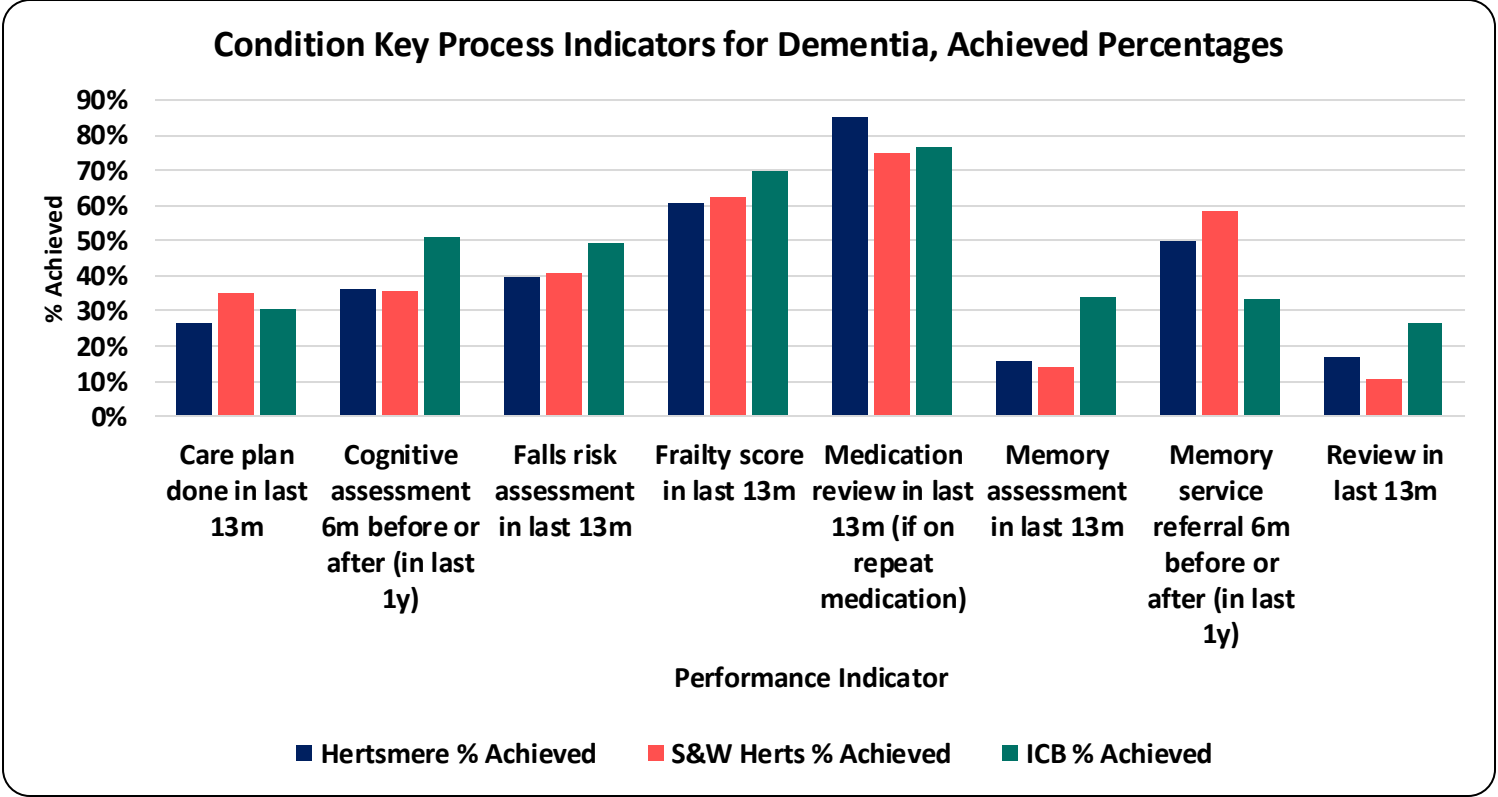
Source: [DELPPHI - HWE Outcomes Dashboard](#)



Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that Hertsmere has a lower percentage of achievement levels for Care plans reviewed in the last 12 months when compared with ICB and place. However, Hertsmere has higher percentage of achievement levels for medication reviews within the last 13m 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	80.8%
Hertsmere Locality	80.1%
HERTS FIVE PCN	79.3%
POTTERS BAR PCN	81.4%



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Source: [Ardens Manager](#)



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Other key outcomes

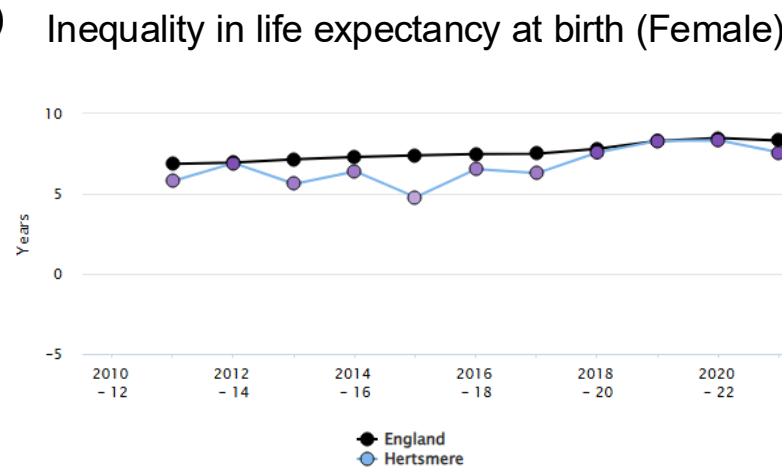
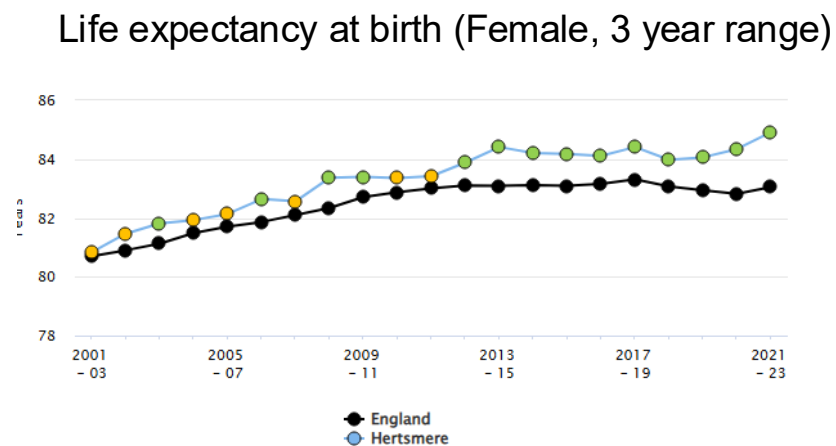
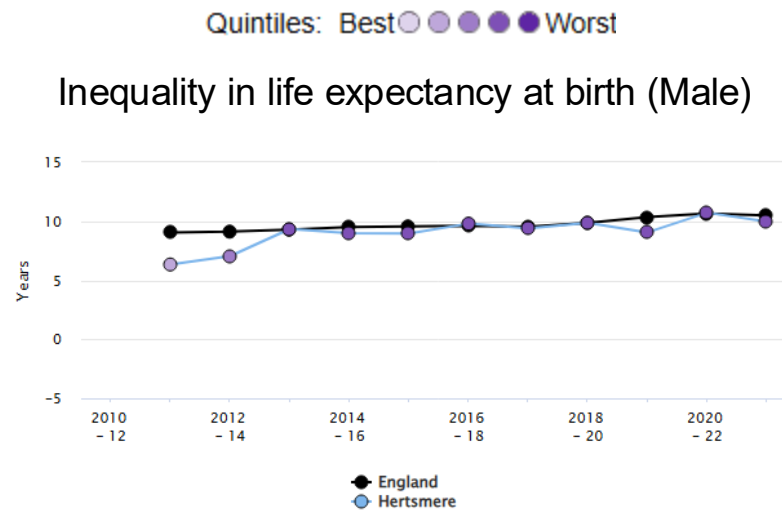
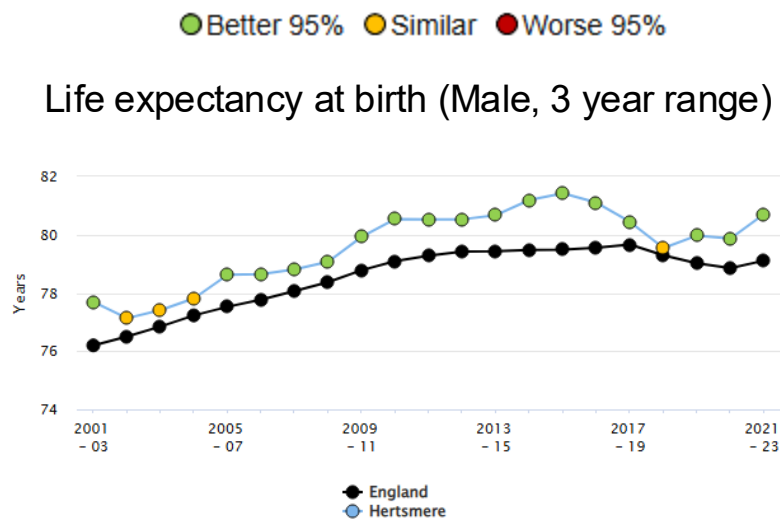
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Life Expectancy and Inequality in Life Expectancy at Birth

- Hertsmere'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 2nd worst quintile, for 2021-23 period. This illustrates that for males in the most deprived quintiles will live 10 years less than the least deprived quintiles, in Hertsmere. For females, the gap is 7.6 years.



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



Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

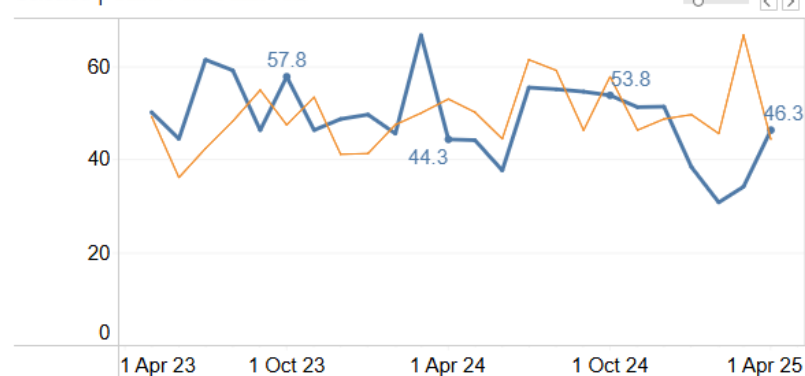
- For ACSC emergency admissions, the rate has not reached pre-Covid levels, but they have been decreasing 2023/24 since the end of the official Covid period in March 2021
- The list of Chronic Ambulatory Care Sensitive Conditions can be found via the [NHS Outcomes Framework Indicators](#) and Indicator 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.

		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	46.3 51 / 102,899	44.3 48 / 101,920	2.0	4.5%

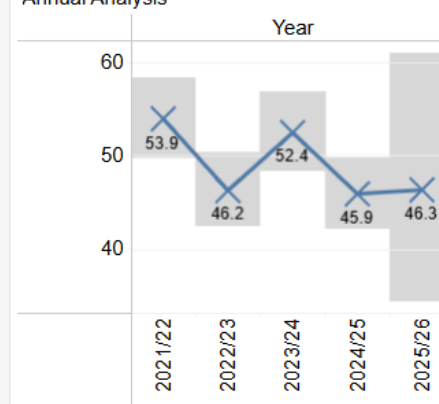
Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120

Monthly Analysis

Selected | Same Period Last Year



Annual Analysis



Place Summary

YTD | Same Period Last Year | 95% Confidence Interval



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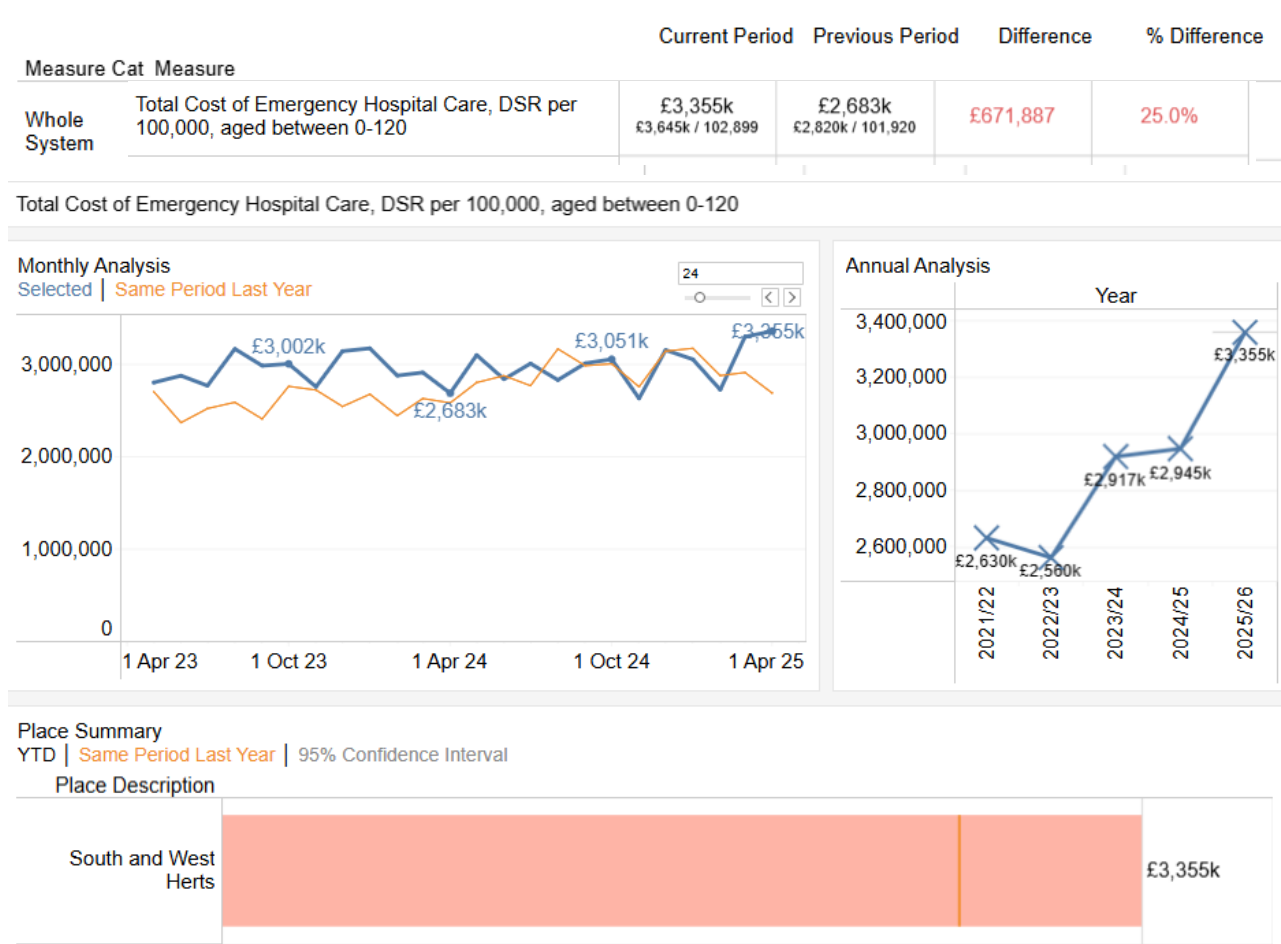


Source: [DELPPHI - HWE Outcomes Dashboard](#)



Total cost of Emergency hospital care for Hertsmere

- The data shows the locality with 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.



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



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Glossary

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Glossary

Segmentation Model

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

Coding

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

Practices that have ticked the box to flow data into DELPPHI as at 8th July 2025

Locality	Practice Name	Flowing data
Hertsmere	Annandale Medical Centre	✓
	Fairbrook Medical Centre	✓
	Highview Medical Centre	✓
	Little Bushey Surgery	✓
	Schopwick Surgery	✓
	Parkfield Medical Centre	✗
	The Grove Medical Centre	✗
	The Red House Group	✗



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