

Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and West Essex Neighbourhood Pack – North Uttlesford PCN

2025-2026
PHM Team

Working together
for a healthier future





Key messages

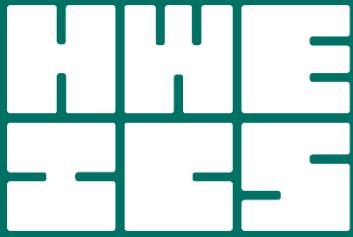
North Uttlesford has a higher proportion of the population aged 65+ compared to West Essex, and a higher proportion live in the 2 least deprived quintiles.

There is inequality between and within the locality. Uttlesford's life expectancy for both male and female has remained consistently above EoE and England. Life expectancy for both male and female is in the best quintile, for 2021-23 period. This illustrates that for males in the most deprived quintiles will live nearly 2.7 years less than the least deprived quintiles, in Uttlesford. For females, the gap is 2.6 years. [Overview of the Population](#)

North Uttlesford data shows a higher prevalence of behavioural risk factors, including alcohol abuse and obesity compared to WE. These trends are particularly pronounced among older adults (65+), individuals in the most deprived quintile and BAME populations. 6% of children in Uttlesford live in poverty compared with 13% for WE and 17% for England. The areas within Uttlesford with the highest child poverty are Stansted South & Birchanger (12.4%) and High Easter & the Rodings (9.6%).

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



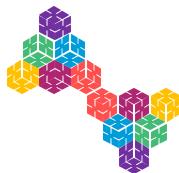


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Demographics, wider determinants and prevention

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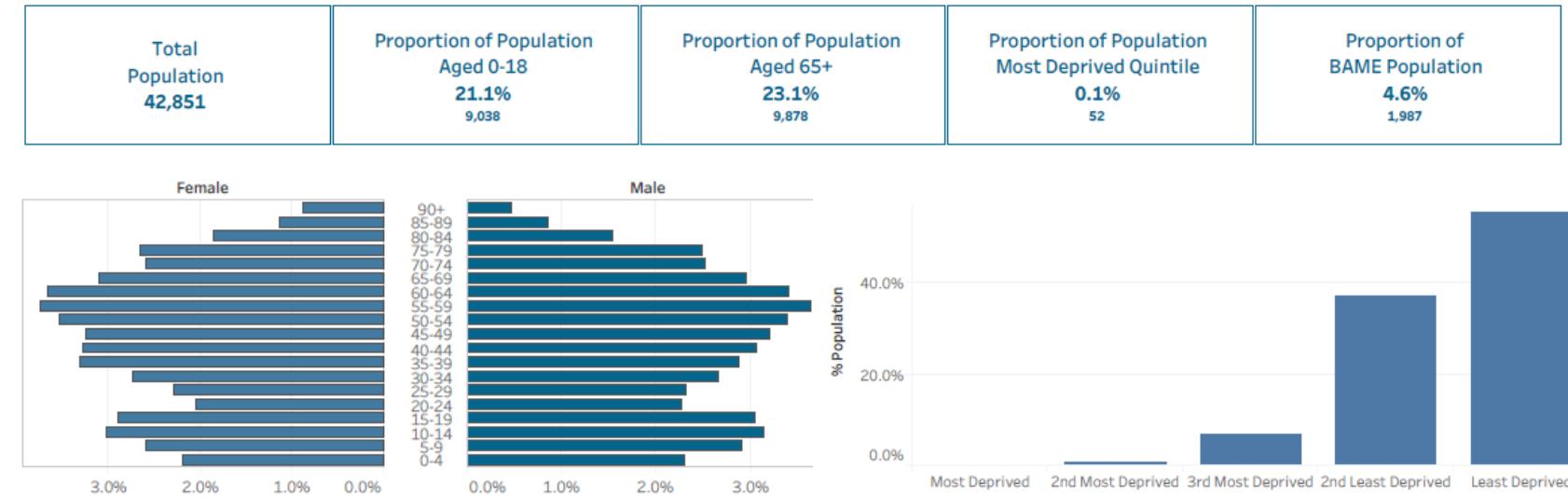




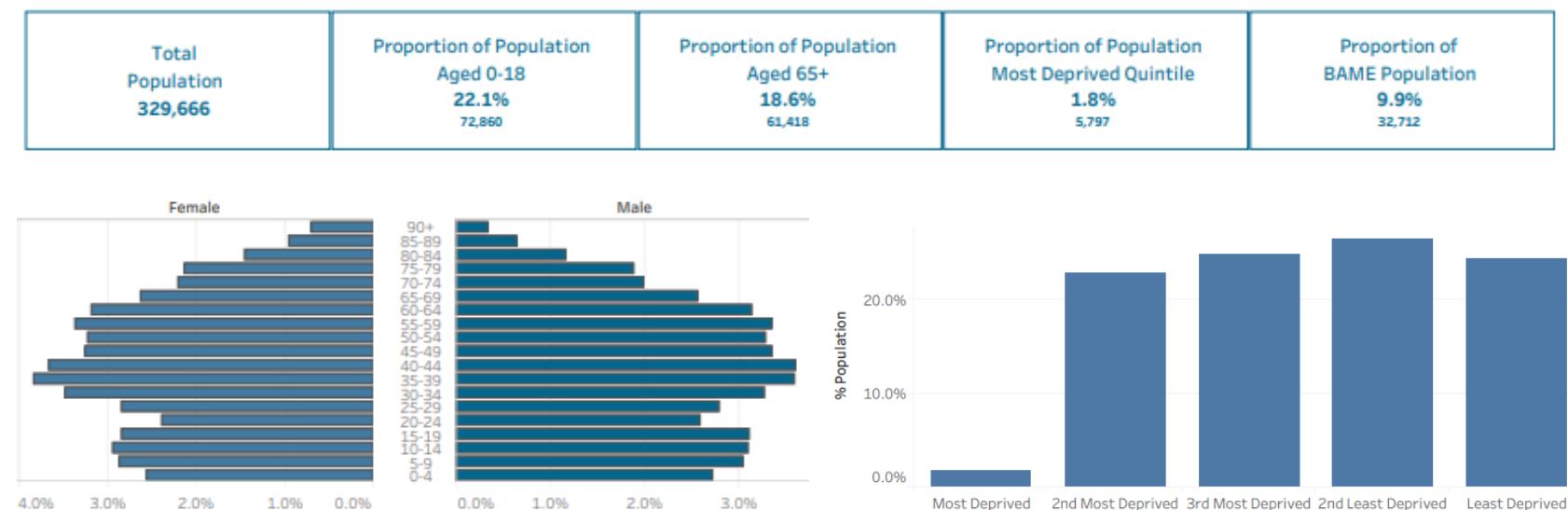
Population profile

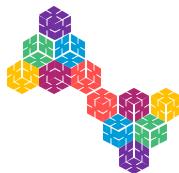
- North Uttlesford has a higher proportion of the population aged 65+ compared to WE, and lower proportion lives in the most deprived quintile.
- Additional information is available on [DELPHI](#) for age, deprivation, ethnicity, gender and main language at HCP, Locality, PCN, GP practice and Local authority lower tier population.

North Uttlesford



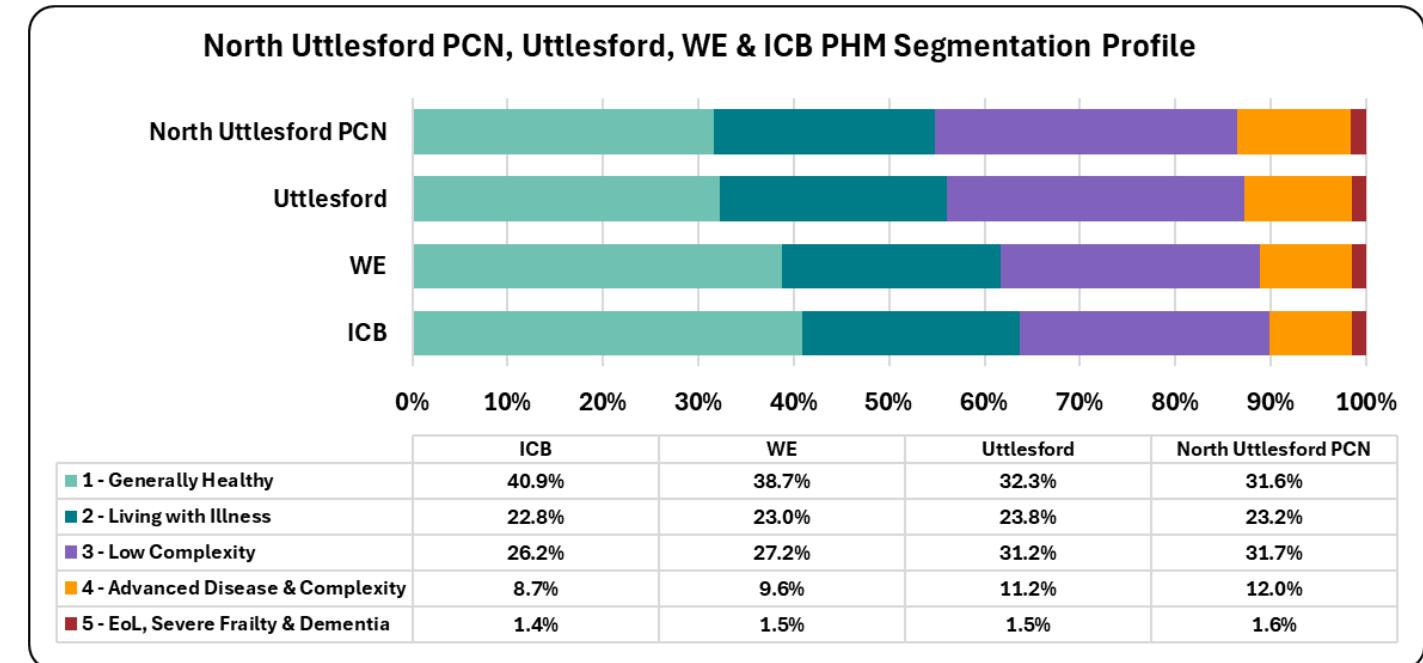
WE

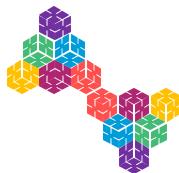




Segmentation profile Provisional Data

- The illustrations on the right shows the segmentation model for North Uttlesford PCN, Locality, WE and ICB. This is a snapshot from June 2025.
- North Uttlesford's has a 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](#).

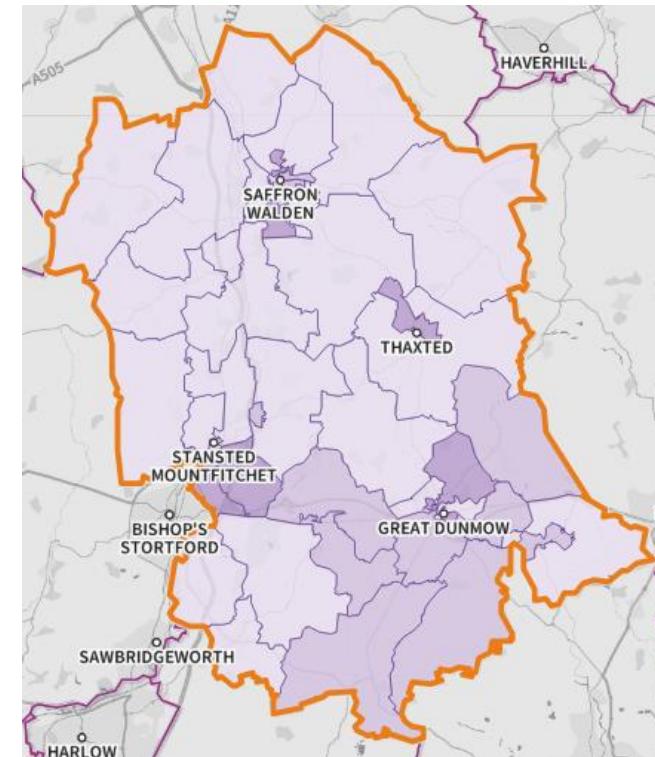




Children and older people living in poverty

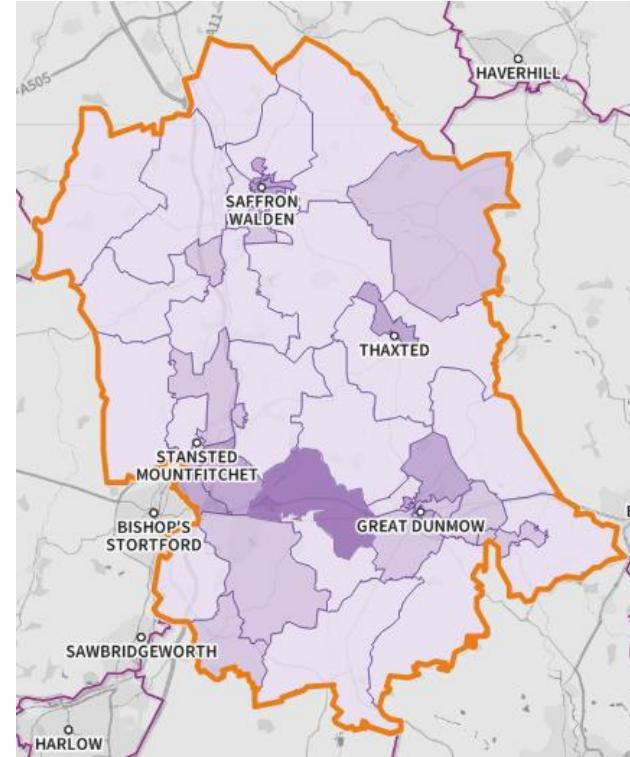
- Income Deprivation Affecting Children Index (IDACI) and Older people index (IDAOP) measures the proportion of all children aged 0 to 15 and adults aged 60 or over, respectively who experience living in income deprived families or income deprivation.
- The IDACI and IDAOP are illustrated on the maps.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

Income Deprivation affecting children



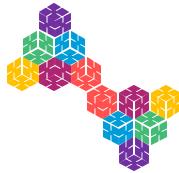
- Income deprivation affecting children index (IDACI) 2019, shows North Uttlesford at 6.3%, WE at 12.6% and England at 17.1%. The areas within Uttlesford with the highest index are Stansted South & Birchanger (12.4%) and High Easter & the Rodings (9.6%).

Income deprivation affecting older people



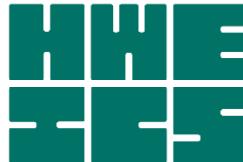
- Income deprivation affecting older people index (IDAOP) 2019, shows Uttlesford at 7.7%, WE at 11.1% and England at 14.2%.



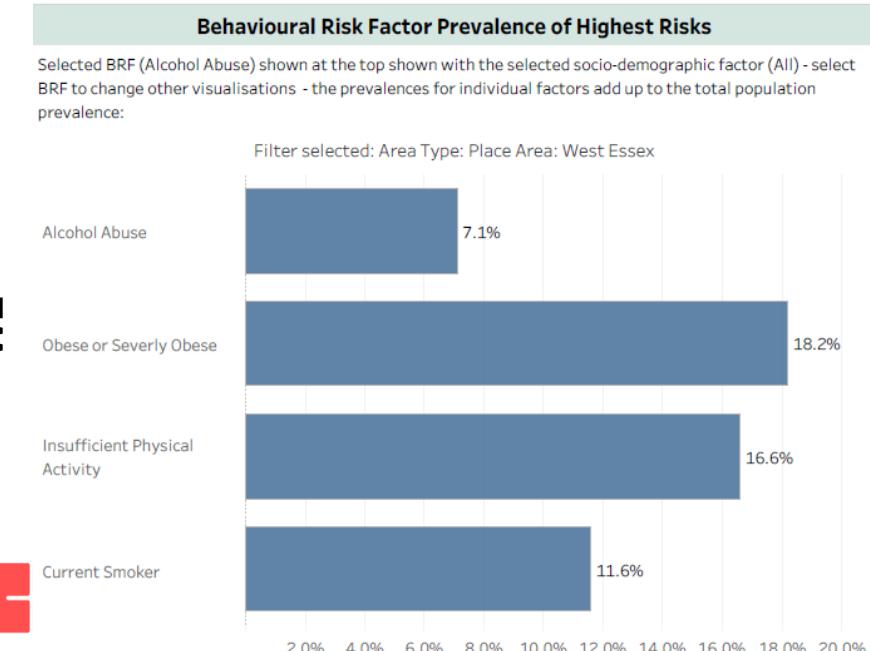
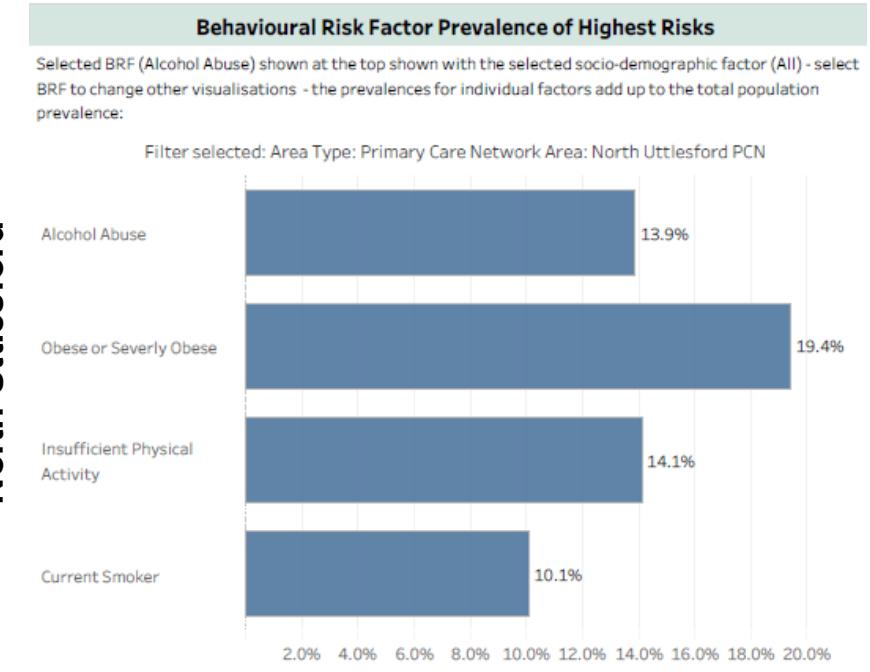


Behavioural risk factors

- North Uttlesford data shows a significantly higher proportion of alcohol abuse and obesity, but lower for insufficient physical activity and smoking compared to WE. These trends are particularly pronounced among older adults (65+), individuals in the most deprived quintile and BAME populations, for alcohol abuse.
- These behavioural risk factors are likely contributing to a lower proportion of the population being classified as 'generally healthy' in the segmentation model compared to WE, as these behaviours could lead to adverse health outcomes.
- Please use the following [link](#) for DELPPHI to review HWE, WE, 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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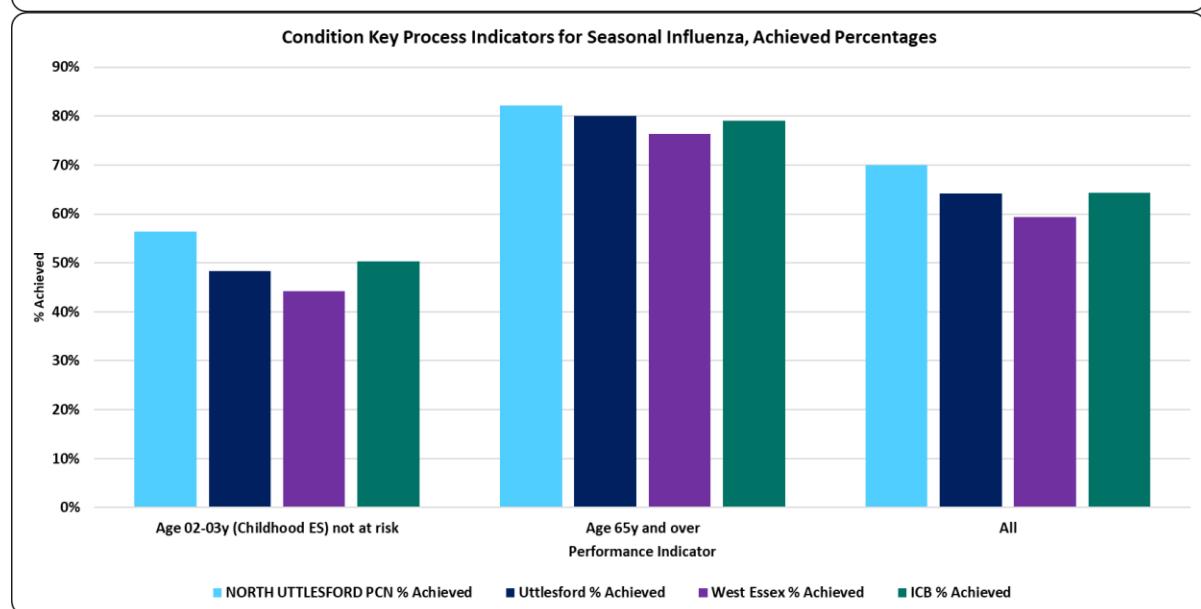
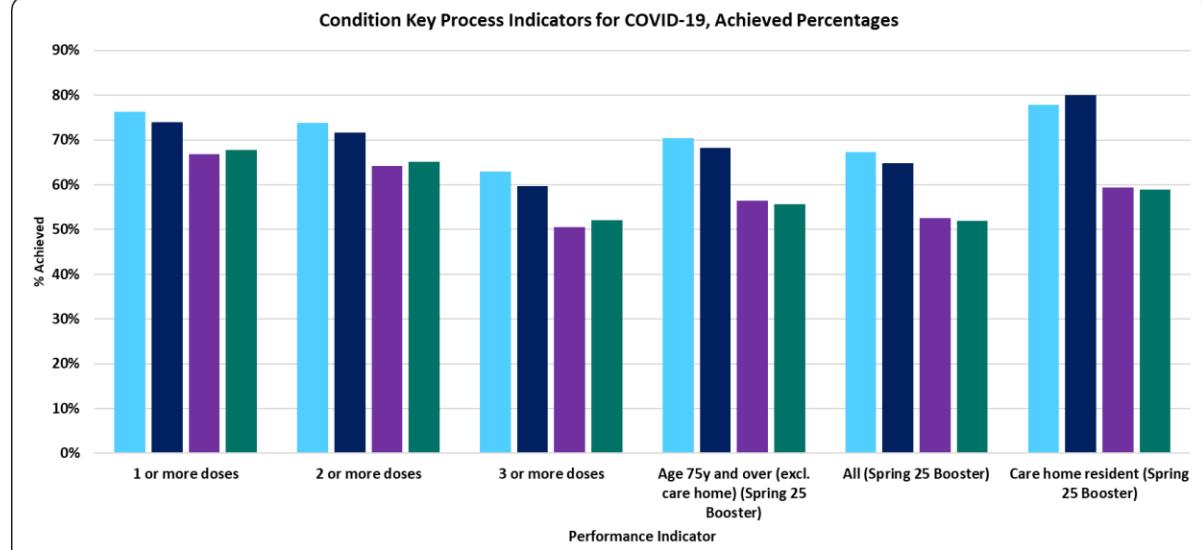


Source: [DELPPHI - Population Profile](#)



Immunisation

- North Uttlesford's percentage of people immunised against Covid-19 is above WE and the ICB.
- Seasonal influenza percentage achieved for all areas is above WE and the ICB.



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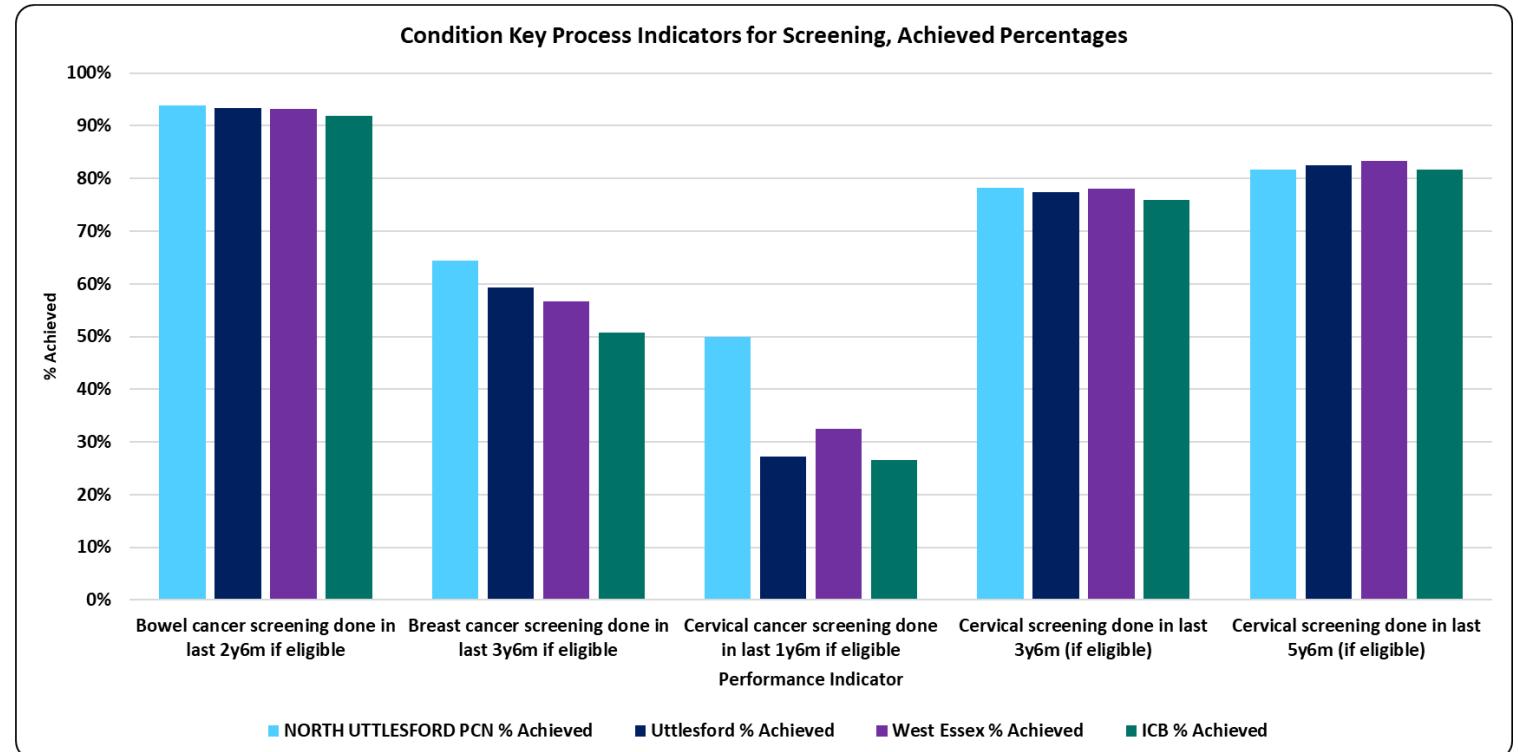


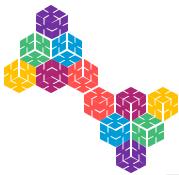
Source: [Ardens Manager](#)



Screening

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





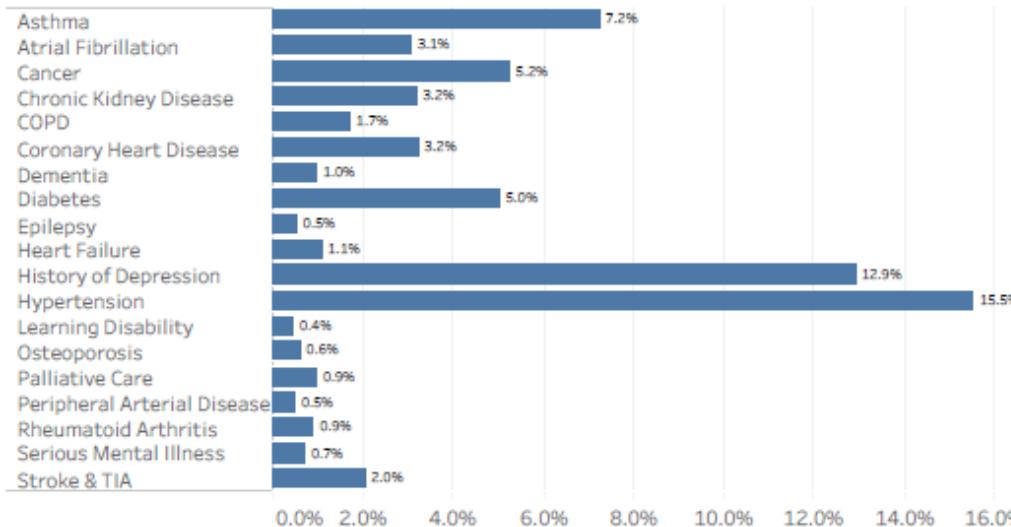
Prevalence of Disease Registers

North Uttlesford

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: Primary Care Network Area: North Uttlesford PCN

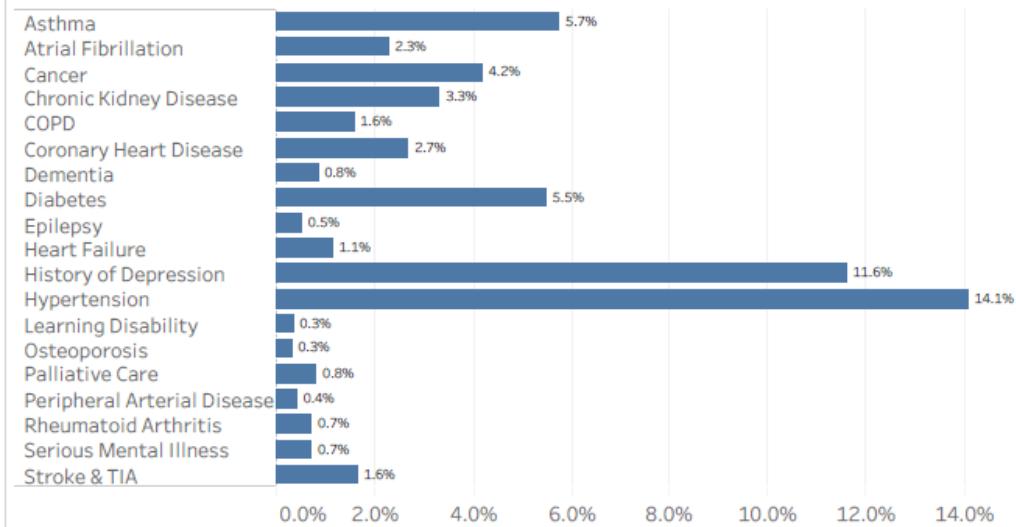


WE

Long Term Condition Prevalence

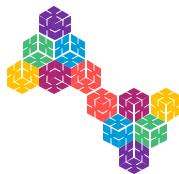
Selected LTC (Asthma) shown at the top shown with the selected socio-demographic factor (All) - select LTC to change other visualisations - the prevalences for individual factors add up to the total population prevalence:

Filter selected: Area Type: Place Area: West Essex



- The above charts show that North Uttlesford has higher recording for most LTC compared to WE. 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.



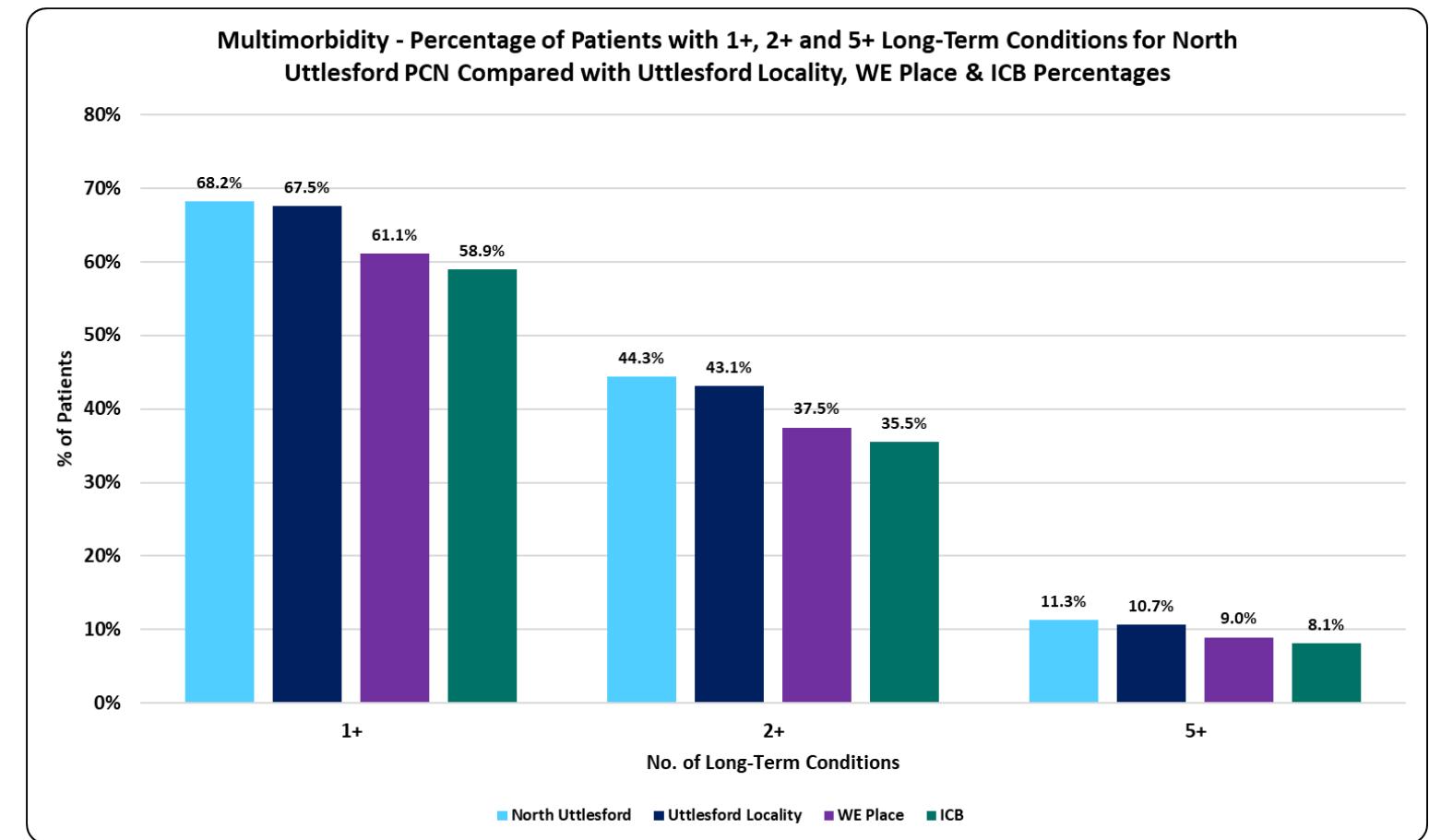


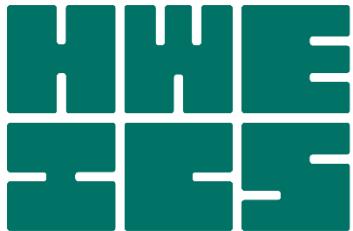
Prevalence of Multimorbidity Provisional Data

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 North Uttlesford, the prevalence for those with 2 or more LTCs is higher than WE and the ICB.
- For those Patients with 5+ LTCs, North Uttlesford is higher than WE and the ICB.
- North Uttlesford's segmentation profile, characterised by a higher proportion of the population with LTCs and BRFs, may be contributing to the higher proportions observed compared to WE and the ICB.





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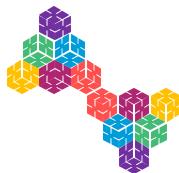
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Integrated Care Board

Children & Young People

Management and outcomes

Working together
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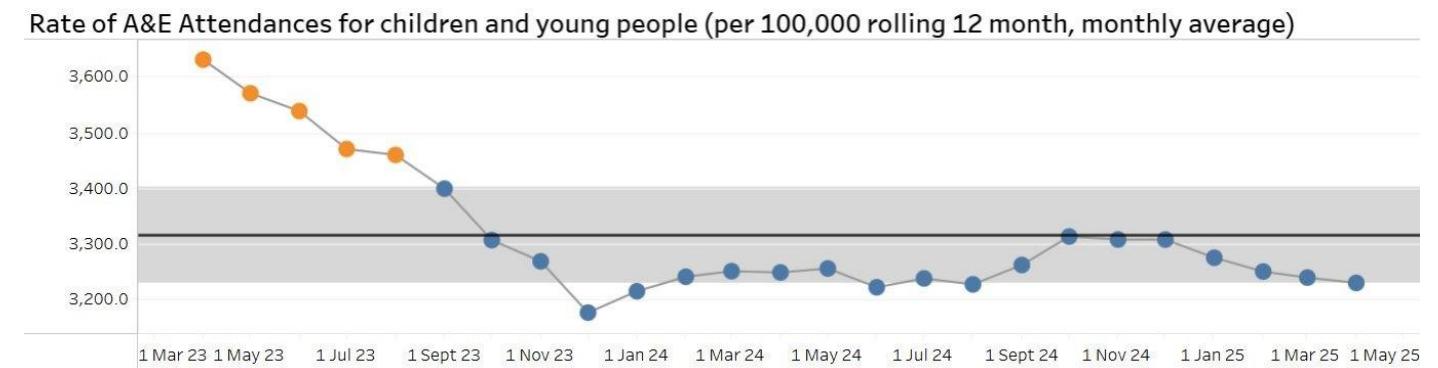
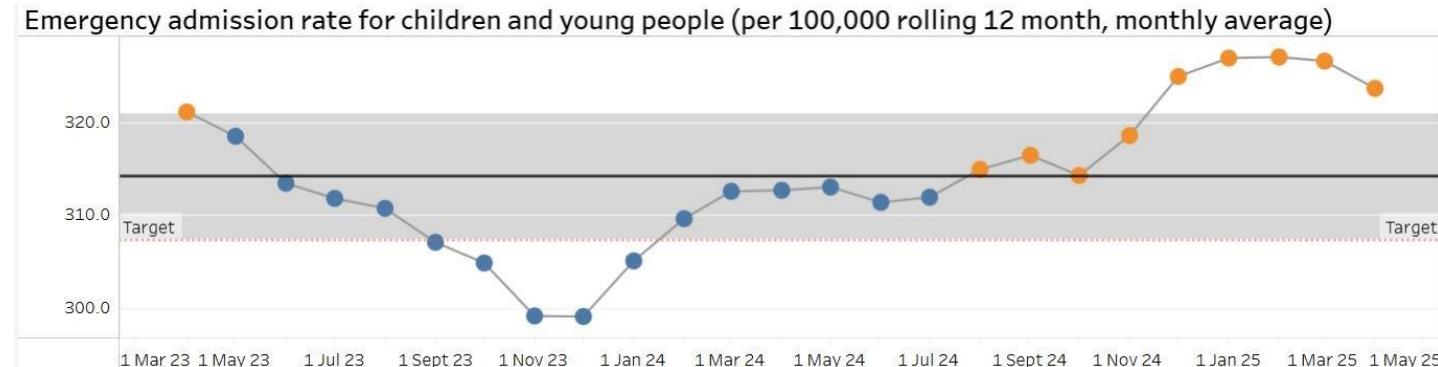


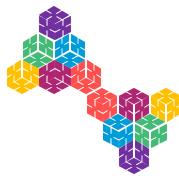


Children's Care: Medium Term Plan Indicators

- 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 (not reported for WE)
 - Emergency admission rates
 - A&E attendance rates
- Recent data shows a slight decrease in emergency admissions to 323.7, down from 326.6 the previous month, while A&E attendances have also slightly decreased to 3229.7 from 3239.3.
- 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.

WE



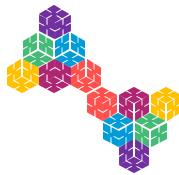


Children and Young People: Programme outcomes

- 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 North Uttlesford PCN from the [Outcomes Framework](#)
- Emergency admission rates for self-harm in North Uttlesford PCN have increased.
- There has been a decrease in overall emergency admissions for 0–17-year-olds, as well as for 0–4-year-olds.

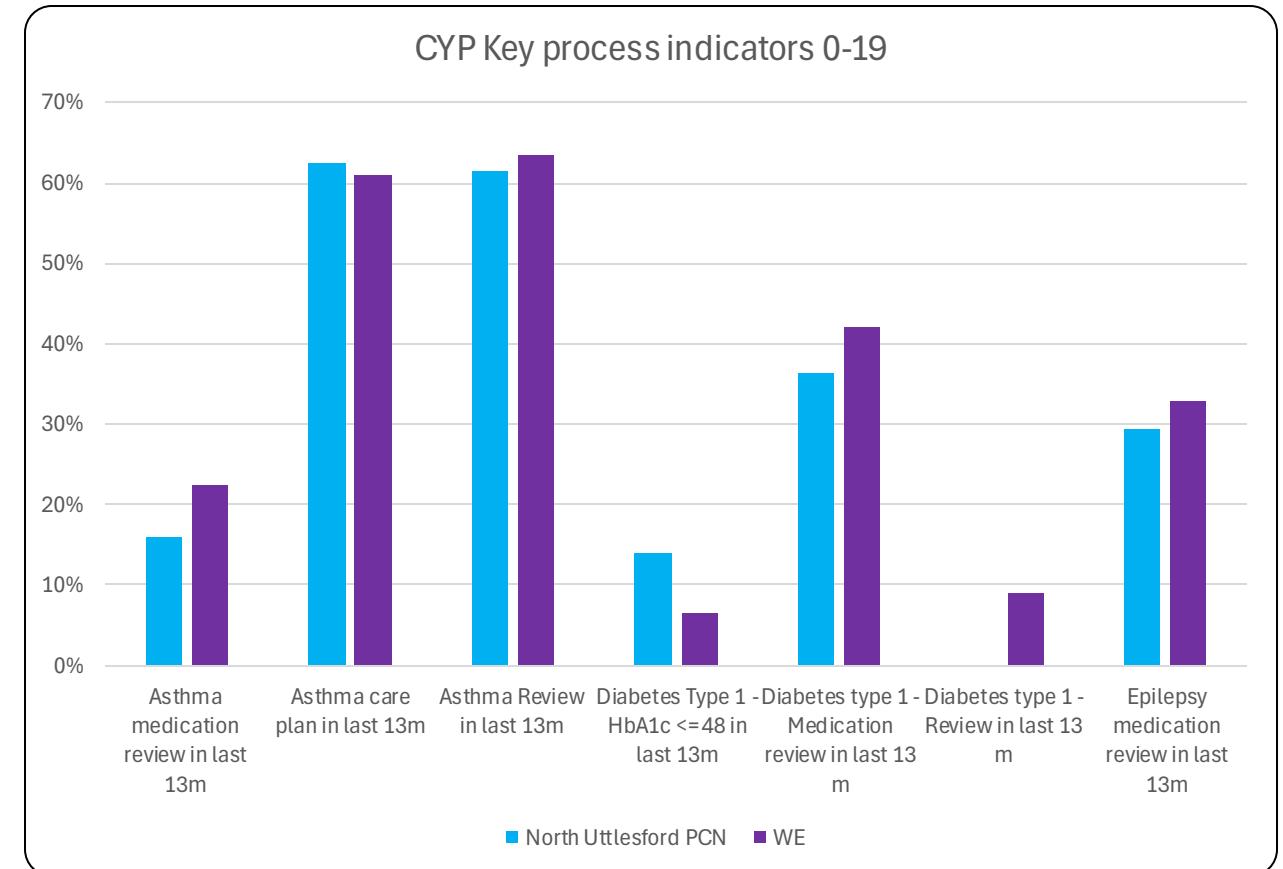
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, Crude Rate per 100,000, aged between 0-18			Suppressed due to small numbers	
	Total Cost of Emergency Hospital Care, Crude Rate per 100,000, aged between 0-18	£697k £63k / 9,082	£685k £62k / 9,114	£12,281	1.8%
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			Suppressed due to small numbers	
Workstream	Emergency Admissions LoS >0, Crude Rate per 100,000, aged between 0-17	175.2 15 / 8,564	185.9 16 / 8,605	-10.8	-5.8%
	Emergency Admissions, DSR per 100,000, aged between 0-4			Suppressed due to small numbers	
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18			Suppressed due to small numbers	

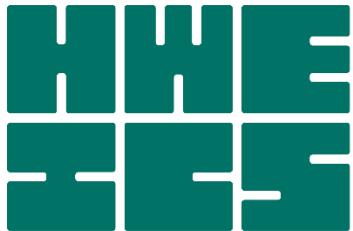




Children and Young People: Key process indicators (0-19 years)

- Data provided by Ardens Manager highlights key process indicators for children and young people with Asthma, Diabetes and Epilepsy over the 13 months leading up to July 15, 2025.
- The graph compares these indicators between North Uttlesford PCN and WE for children and young people aged 0-19.
- Asthma care plans completed in North Uttlesford PCN were higher than those completed in WE during this period.
- North Uttlesford PCN has fewer medication reviews recorded for Asthma, Diabetes, and Epilepsy compared to WE.





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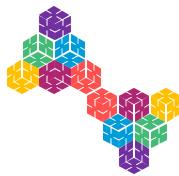


Hypertension, Cardiovascular Disease and Long-Term Conditions

Management and Outcomes

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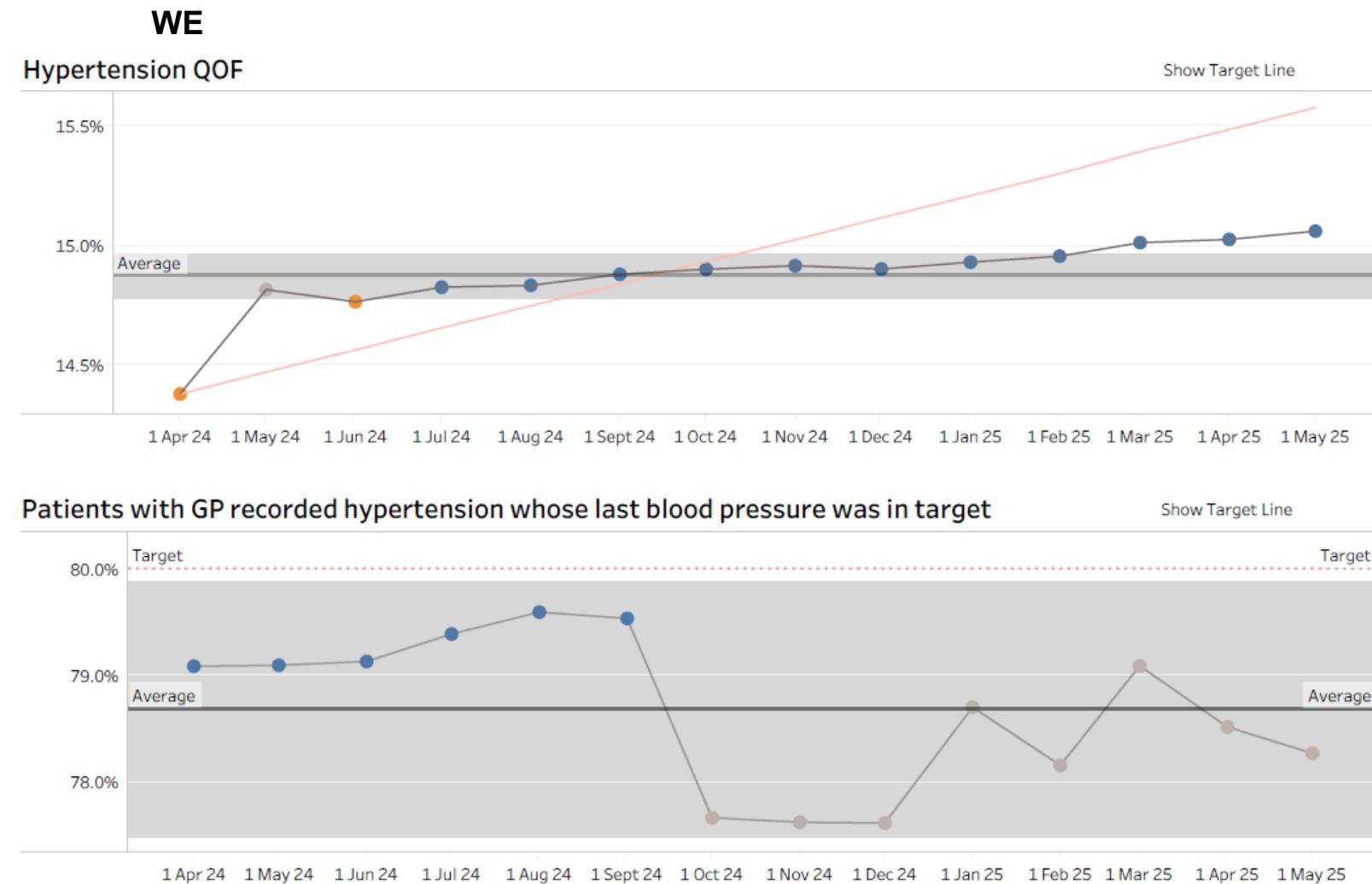
Hypertension: Medium Term Plan Indicators

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

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

- Compared to the ICB, WE Hypertension QOF prevalence continues to rise indicating improved identification of people living with hypertension
- For Patients with GP recorded hypertension whose last blood pressure was in target, we can see that the data shows a higher proportion for West Essex compared to the ICB's rate. In the most recent month, the trend shows a decrease for the area which follows that of the ICB's trend.

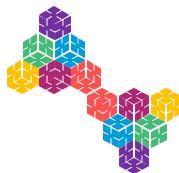
To review these indicators in more detail, please go the CVD & Hypertension page of the DELPPHI Medium Term Plan dashboard found [here](#).



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

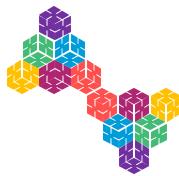


Hypertension: QOF Indicators

- Reviewing the PCN on their percentage achieved from the 2024/25 QOF, we can see that:
 - North Uttlesford PCN is showing below the WE value for both Hypertension review indicators.
 - In the ICB as of April 2025, 87% of people aged 45+ have had a BP done in the last 5 years.
- For a further detailed review of all the QOF indicators for 2024/25, please visit the Ardens Manager pages [here](#).

Hypertension Review		
	HYP008: Latest BP 140/90 or less (or equivalent home value) in last 12m if 79y or under	HYP009: Latest BP 150/90 or less in last 12m if 80y or over
ICB	77.0%	85.0%
West Essex Place	77.0%	85.0%
Uttlesford Locality	77.9%	85.2%
NORTH UTTLESFORD PCN	76.0%	85.0%
SOUTH UTTLESFORD PCN	79.6%	85.4%





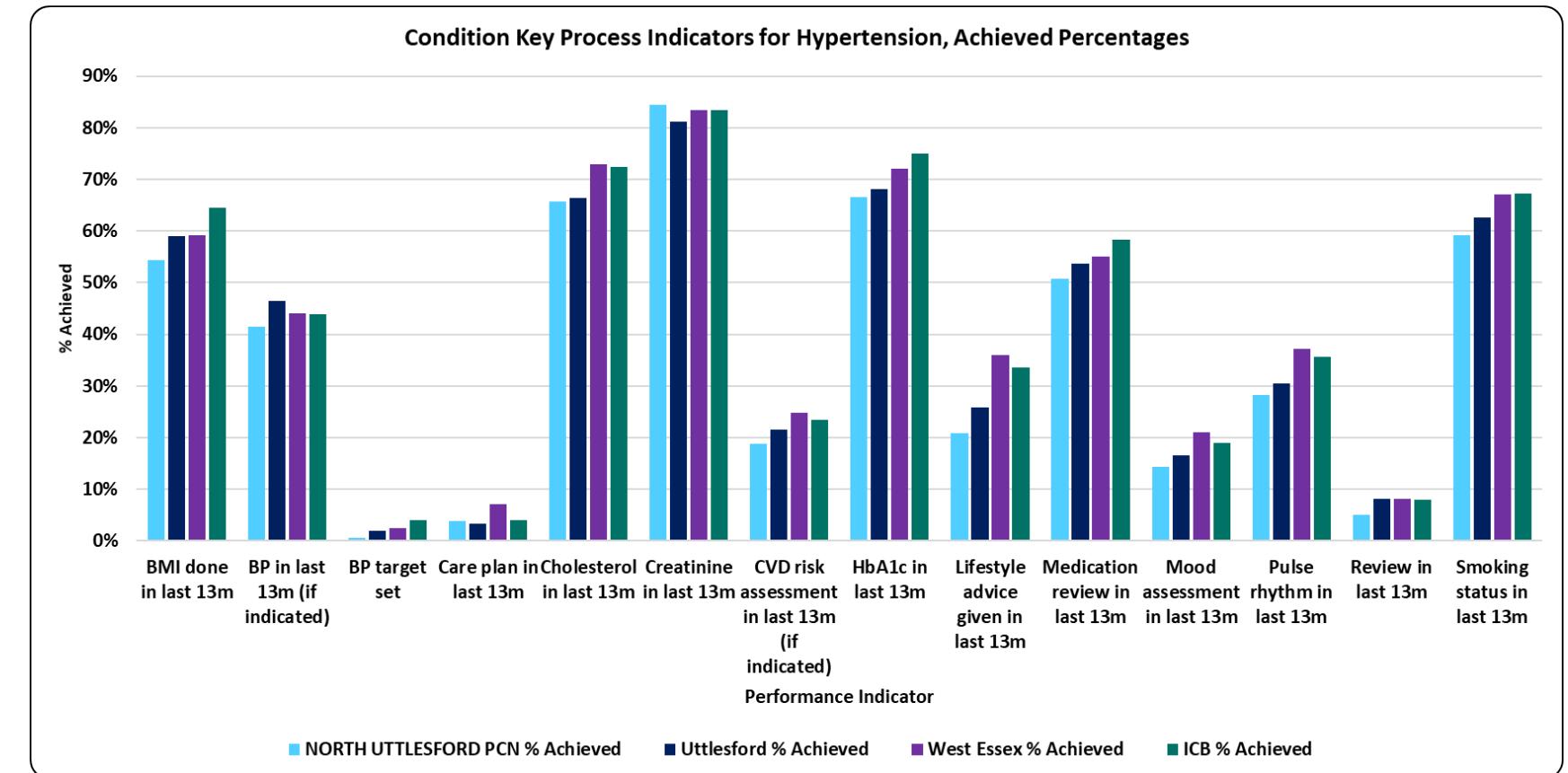
Hypertension: Key Care Process Indicators

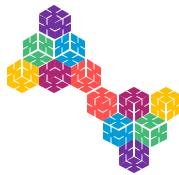
For the Hypertension key process review indicators, we can see that for the locality:

- North Uttlesford PCN achieves higher percentages than WE and ICB levels, in 1 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 PCN are:

- BMI checks
- BP Targets Set
- BP checks
- Cholesterol checks
- CVD Risk Assessments
- HbA1c checks
- Lifestyle Advice Given
- Medication Reviews
- Mood Assessments
- Pulse Rhythm Assessments
- Patient Reviews
- Smoking status checks

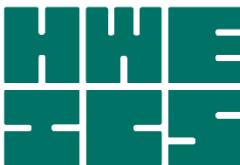




Cardiovascular Disease (CVD) & Other Long-Term Conditions (LTC): ECF & QOF Indicators

- The 2024/25 QOF CVD indicators are shown on this page; other QOF LTC indicators can be viewed via Ardens Manager [here](#).
- Reviewing North Uttlesford PCN on their percentage achieved from the 2024/25 QOF, we can see that:
 - There is a varied mix of achievements across the indicators
 - There is opportunity to increase the percentage achieved for Coronary Heart disease, CVD and AF indicators across the indicators

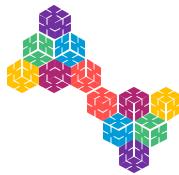
	Atrial Fibrillation				Atrial Fibrillation		CVD Secondary Prevention			Coronary Heart Disease		
	ECF				QOF		ECF			QOF		
	BP done	Chest pain assessment done	ORBIT score done	Review done	AF006: CHA2DS2-VASc recorded in last 12m	AF008: On DOAC or Vitamin K antagonist if CHA2DS2-VASc >= 2	On high-intensity statin, 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%
West Essex Place	89.1%	26.1%	38.3%	33.7%	97.3%	95.8%	75.5%	100.0%	10.4%	96.6%	83.9%	89.9%
Uttlesford Locality	87.3%	22.0%	42.3%	36.9%	97.0%	96.0%	73.9%	100.0%	9.7%	97.6%	83.8%	90.3%
NORTH UTTLESFORD PCN	89.9%	21.4%	37.8%	33.6%	96.9%	96.1%	74.6%	100.0%	11.3%	97.7%	83.5%	90.6%
SOUTH UTTLESFORD PCN	84.8%	22.6%	46.6%	40.0%	97.2%	95.9%	73.3%	100.0%	8.3%	97.5%	84.1%	90.0%



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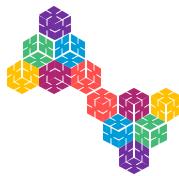
Source: [Ardens Manager](#)



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 North Uttlesford PCN on percentage achieved from the 2024/25 ECF, we can see that:
 - The PCN is achieving a higher percentage of achievement levels for Heart failure indicators
 - There is opportunity to increase the percentage achieved for NYHA classification checks

	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/I APT 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%
West Essex Place	78.9%	48.3%	27.3%	0.6%	14.1%	96.3%	97.2%	91.8%
Uttlesford Locality	80.0%	46.5%	30.0%	2.0%	10.4%	97.1%	97.6%	95.3%
NORTH UTTLESFORD PCN	82.5%	43.8%	39.0%	1.3%	15.8%	96.8%	97.7%	95.5%
SOUTH UTTLESFORD PCN	78.0%	48.6%	21.9%	2.7%	6.1%	97.3%	97.6%	95.1%



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

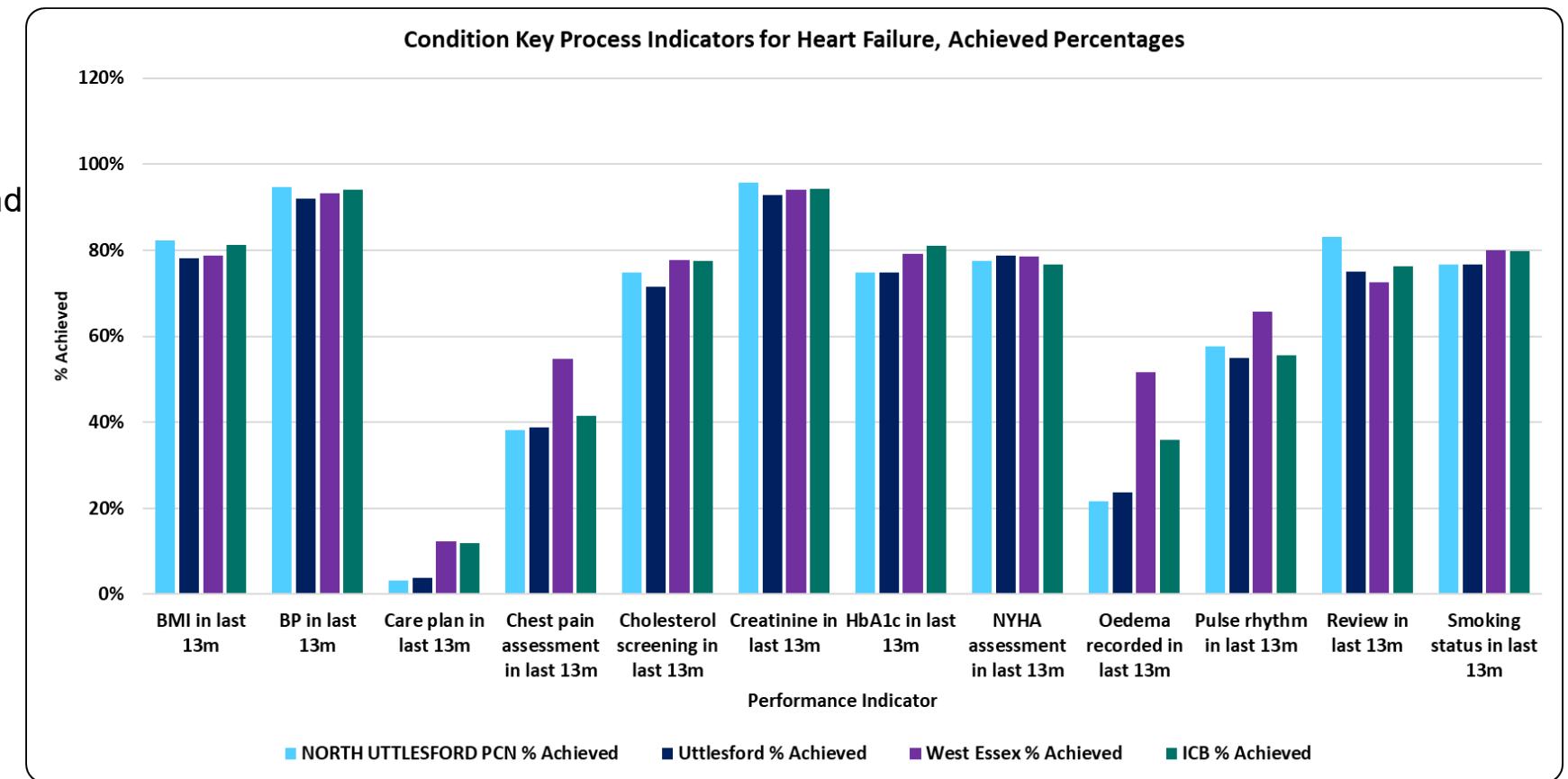
Current CVD key care review process indicators are shown on this page for Heart Failure only due to limitations of space; however, all the other many CVD and other Long-Term Condition indicators can be viewed in detail via the Ardens Manager pages [here](#).

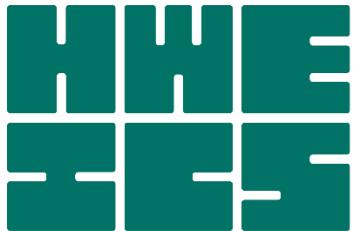
For the Heart Failure key process indicators, we can see that for the locality:

- North Uttlesford PCN has higher levels of achievement than WE and ICB levels, in 5 out of the 12 process indicators shown

Areas of opportunity for the PCN are:

- Care Plans
- Chest Pain
- HbA1c checks
- Oedema Recordings





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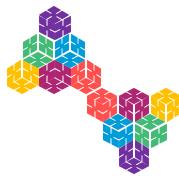


Mental Health and Learning Disabilities

Management and Outcomes

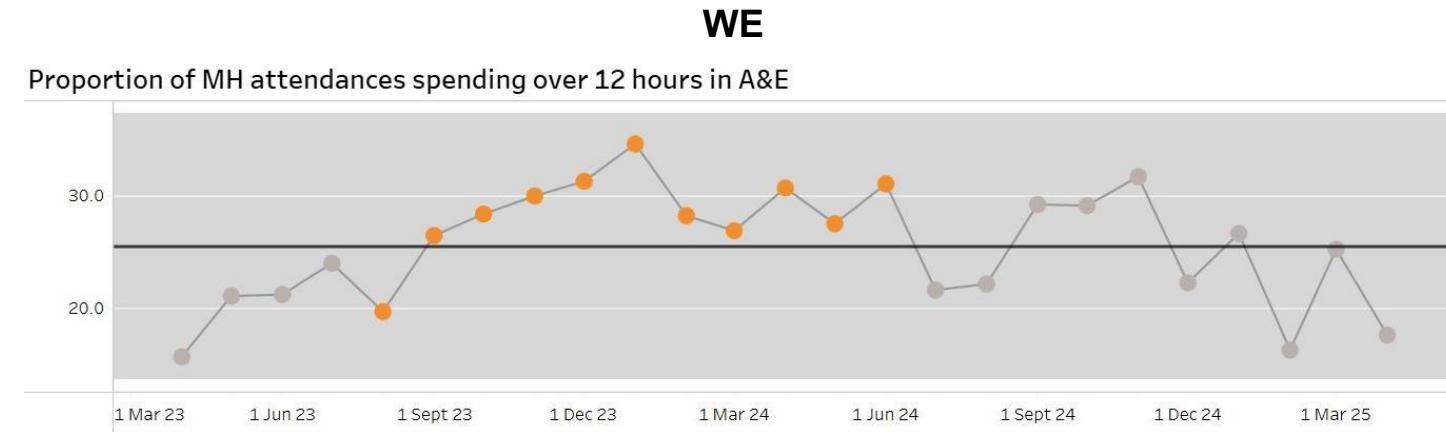
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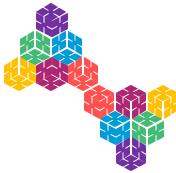




Better care for Mental Health Crisis: Medium Term Plan Indicators

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





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 North Uttlesford PCN 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.
- Emergency admissions for intentional self-harm have also.
- Suicide mortality figures have been suppressed due to small numbers.

Measure	Category	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	39.4 21 / 43,532	38.5 20 / 42,922	0.9	2.4%
		Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,032k £1,009k / 43,532	£1,695k £8517k / 42,922	£337,500	19.9%
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	Suppressed due to small numbers			
Workstream		Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	Suppressed due to small numbers			

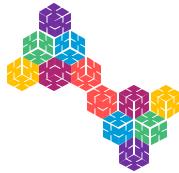


Depression and SMI: QOF indicators

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

	Depression		Mental Health								
	Review		Review								
	DEP004 CURRENT: Reviewed 10-56d after diagnosis if >18y (2024- 25)	DEP004 PROTECTED: Reviewed 10-56d after diagnosis if >18y (2023- 24)	MH002: Care plan done in last 12m	MH003: BP done in last 12m	MH006: BMI done in last 12m	MH007: Alcohol consumptio n done in last 12m	MH011: Lipid profile in last 24m or 12m if antipsychoti cs/CVD/smo ker/overwei ght	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%	
West Essex WE	82.3%	85.4%	90.7%	96.9%	96.6%	97.1%	93.8%	93.8%	76.9%	75.1%	
Uttlesford Locality	84.3%	85.7%	94.2%	98.6%	97.2%	98.4%	95.6%	95.7%	84.6%	86.8%	
NORTH UTTLESFORD PCN	87.9%	89.4%	94.3%	98.3%	97.5%	98.4%	95.2%	95.5%	87.0%	87.3%	
SOUTH UTTLESFORD PCN	81.9%	83.5%	94.2%	98.9%	96.9%	98.4%	96.0%	96.0%	81.4%	85.9%	



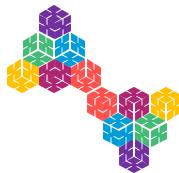


SMI: ECF indicators

- The data shows that North Uttlesford PCN has a lower percentage for most SMI ECF indicators when compared against WE and the ICB.
- However, the PCN percentage for the proportion of people with SMI who have had a waist circumference completed and PHC items done in the last 12 months is above WE 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](#).

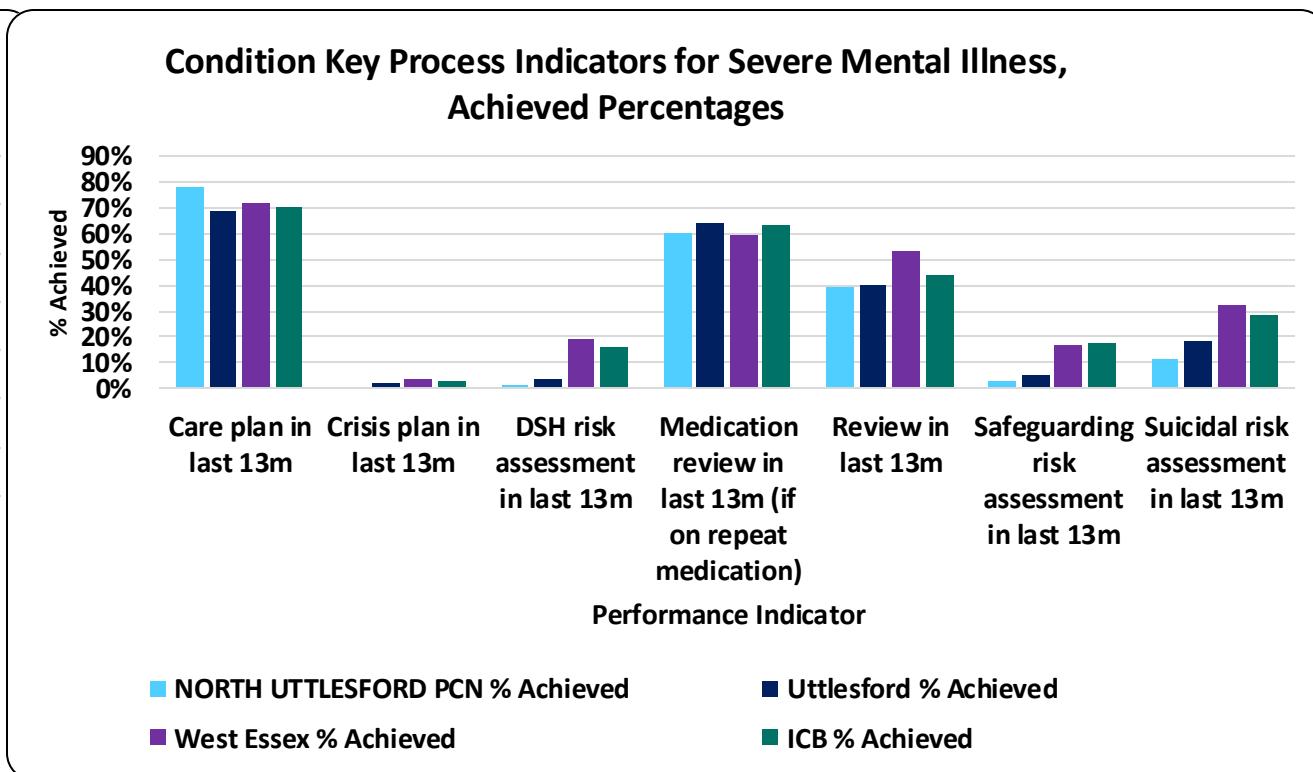
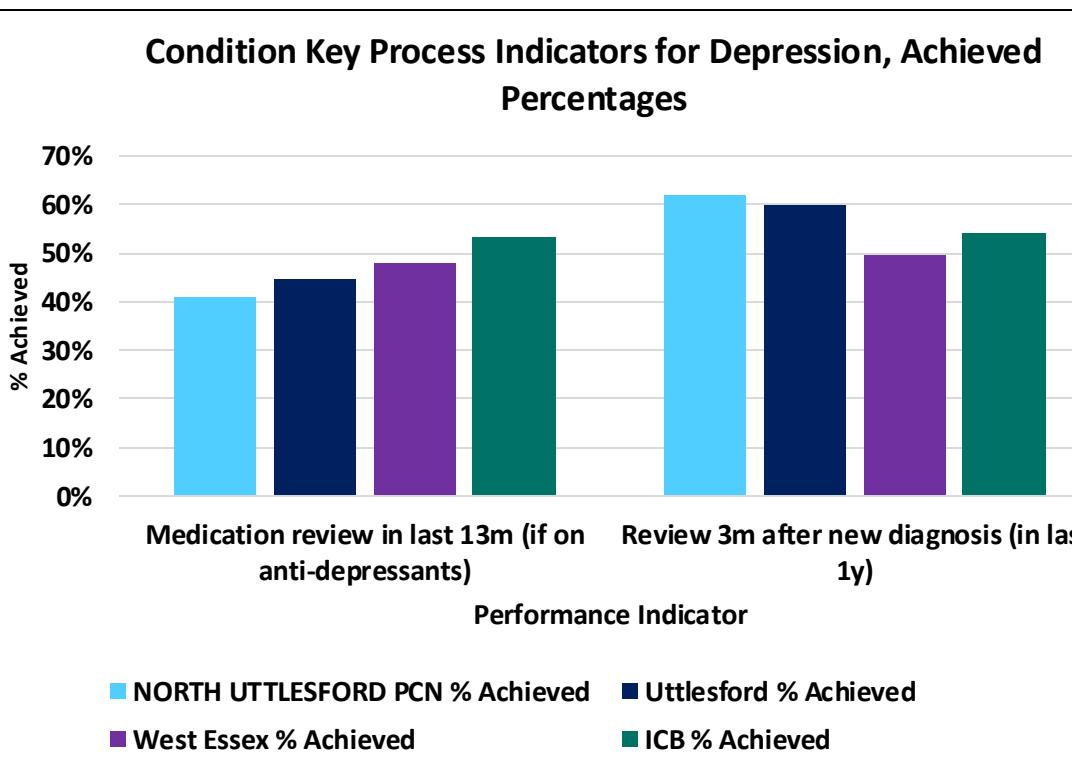
Severe Mental Illness								
	Extra			Local		Review		
	7. Nutrition/diet + level of physical activity done or exception in L12M	8. Use of illicit substance/non prescribed done or exception in L12M	9. Medication reconciliation / review	1. Waist circumference done or exception in L12M	Oral health recorded 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%
West Essex WE	8.6%	7.5%	13.0%	2.4%	7.0%	6.1%	54.4%	9.0%
Uttlesford Locality	5.9%	5.5%	13.4%	3.8%	4.0%	3.8%	60.3%	7.0%
NORTH UTTLESFORD PCN	6.8%	6.1%	11.1%	5.4%	3.9%	3.9%	67.3%	8.6%
SOUTH UTTLESFORD PCN	4.9%	4.9%	15.8%	2.3%	4.1%	3.8%	52.6%	5.3%





SMI and Depression: Key process indicators

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





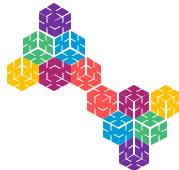
Learning Disability: ECF indicators

- The data shows that North Uttlesford PCN has a lower percentage for all the learning disability ECF indicators when compared against WE 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			Local		Review		
Action plan done or declined (if LD + >=14y)	Annual health check done or declined (if LD + >=14y)	BP done or exception + >=14y	Communication needs + reasonable adjustments recorded (if LD or Autism + >=14y)	Communication status + reasonable adjustments recorded (if LD + >=14y)	Health check done (or declined) + action plan done (or declined) (if LD + >=14y)	Reasonable Adjustments: recorded or reviewed	
ICB	47.9%	48.8%	18.9%	11.8%	13.8%	47.6%	4.5%

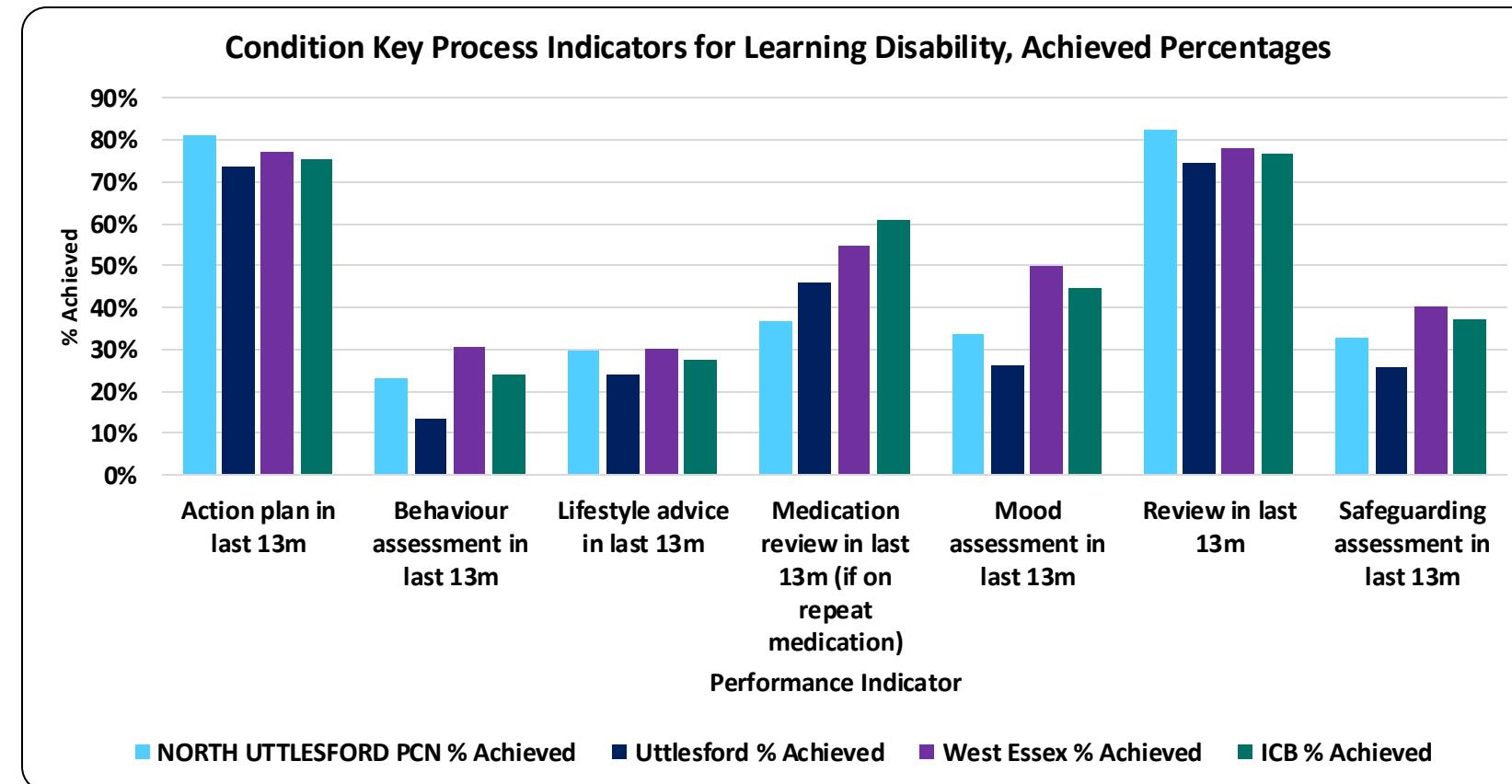
West Essex WE	48.4%	49.1%	18.7%	8.4%	11.4%	47.7%	3.4%
Uttlesford Locality	44.0%	45.2%	12.3%	6.9%	10.1%	43.7%	2.0%
NORTH UTTLESFORD PCN	47.3%	48.3%	13.7%	7.5%	10.3%	46.7%	3.1%
SOUTH UTTLESFORD PCN	40.2%	41.7%	10.6%	6.4%	9.8%	40.2%	0.7%

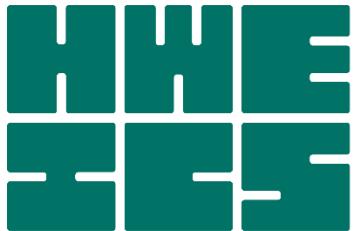




Learning Disability: Key process indicators

- North Uttlesford PCN is achieving higher percentage completeness against WE and the ICB in several key learning disability processes, such as the production of action plans and reviews over the past 13 months. However opportunity remains for other indicators.
- All other reviews can be found in [Ardens Manager](#).





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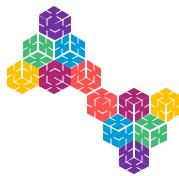


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Cancer and Planned Care Management and outcomes

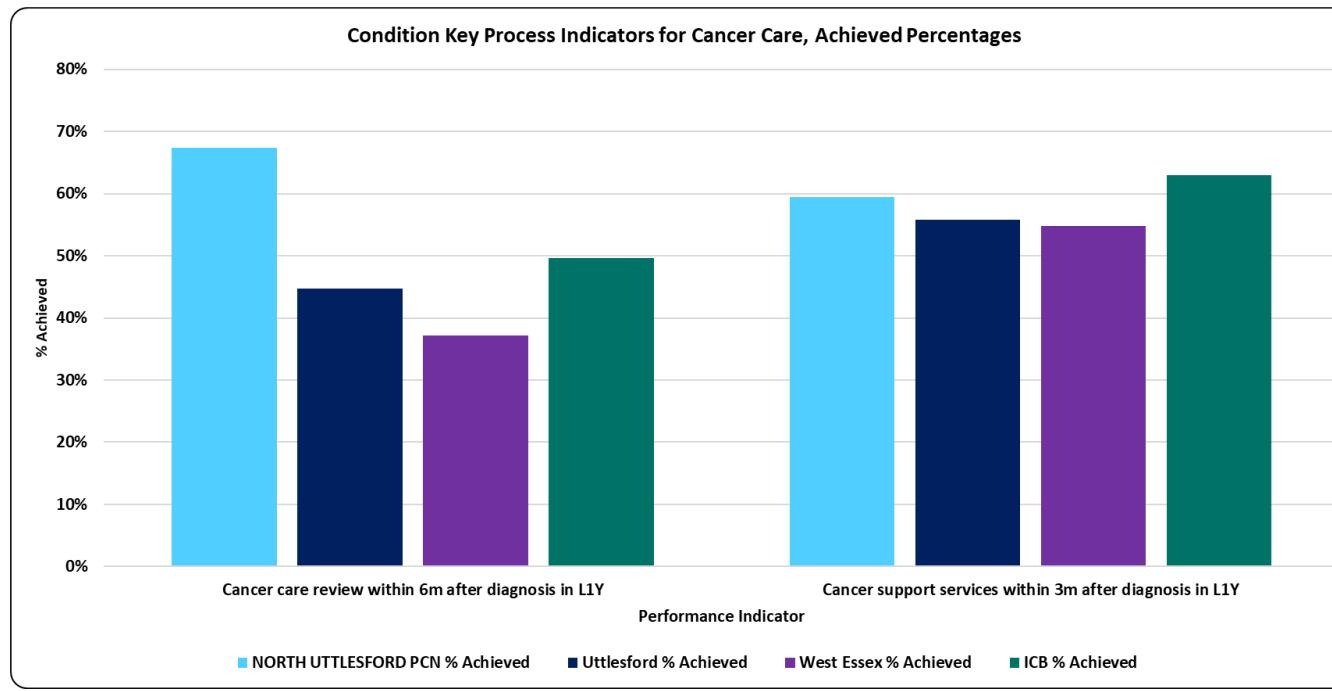
Working together
for a healthier future





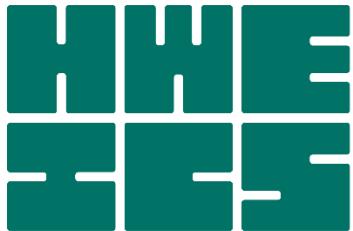
Cancer: QOF and Key processes indicators

- The data shows that North Uttlesford has a higher percentage when compared to the WE and the ICB for 2024/25.
- North Uttlesford's cancer care processes are higher than the WE and higher or similar to the ICB.
- 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%
West Essex Place	88.2%	91.0%	78.7%	80.0%
Uttlesford Locality	96.9%	93.8%	84.4%	91.4%
NORTH UTTLESFORD PCN	97.9%	95.2%	88.1%	91.7%
SOUTH UTTLESFORD PCN	95.4%	92.0%	81.2%	91.2%





Hertfordshire and
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Care System

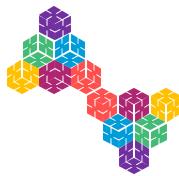


NHS
Hertfordshire and
West Essex
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Frailty and End of Life care Management and outcomes

Working together
for a healthier future



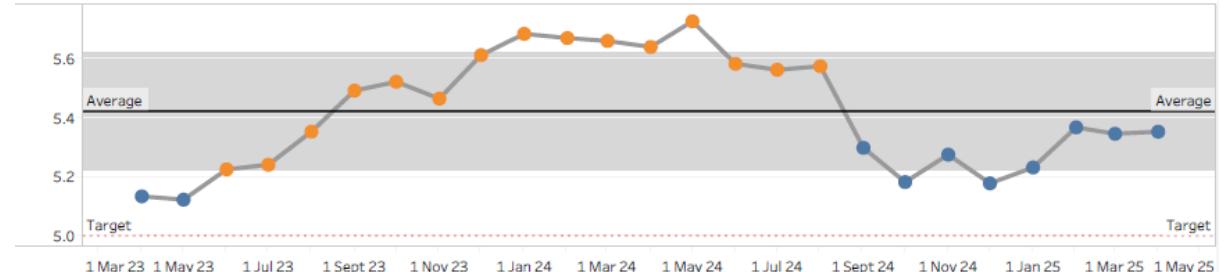


Frailty and EOL: Medium Term Plan Indicators

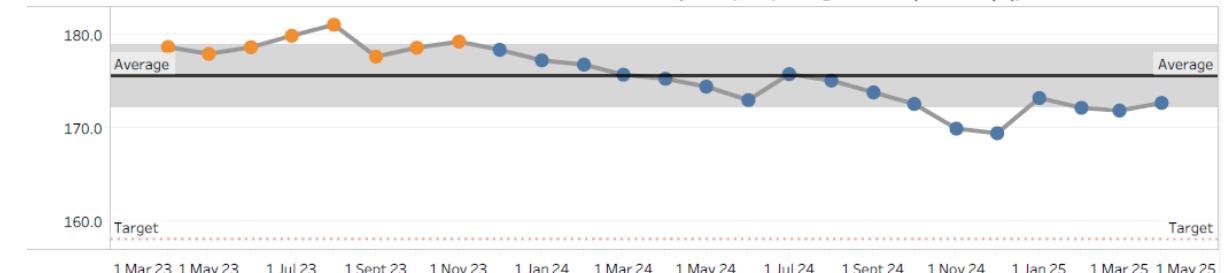
- The trend charts indicates the WE targets and what their current trajectory is for the relevant measure.
- PAH & ENHT have changed the way in which SDEC is being coded resulting in much lower emergency admissions counts from Nov-24 onwards. Measures which reference emergency admissions will show lower due to this coding change. This affects West Essex and East and North Herts and the ICB as a whole. Emergency admission data should be treated with caution

WE

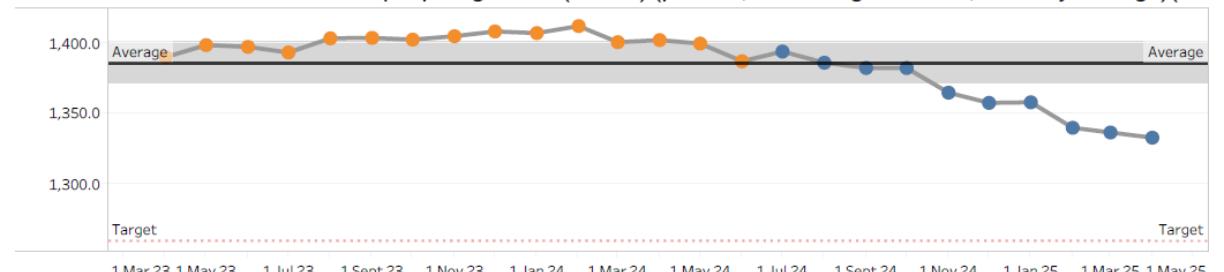
Deaths with 3 or more emergency admissions in the last 90 days of life (all ages)(Rolling 12 months)

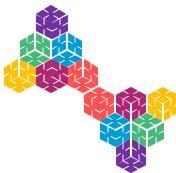


Rate of non-elective admissions for falls within the community for people aged 65+ (LoS > 0) (per 100,000 Rolling 12 months, monthly average)



Rate of non-elective admissions in people aged 65+ (LoS > 0) (per 100,000 rolling 12 month, monthly average)(C..)





Frailty and EOL: Programme outcomes

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

North Uttlesford

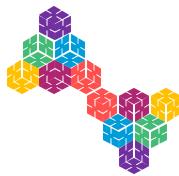
Measure	Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System		Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 65-120	155.7 17 / 10,018	143.4 15 / 9,668	12.3	8.6%
		Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£6,202k £655k / 10,018	£6,269k £652k / 9,668	-£66,979	-1.1%
Programme		Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	192.3 20 / 10,018	108.3 11 / 9,668	84.0	77.5%
		Emergency Admissions LoS >0, Moderate/ Severe Frail at Admission (GP SUBMITTING PRACTICES ONLY), DSR per 100,000, aged between 65-120			Suppressed due to small numbers	
Workstream		Emergency Admissions LoS >0, DSR per 100,000, aged between 65-120	1,057.0 113 / 10,018	1,231.5 127 / 9,668	-174.4	-14.2%
		Emergency Admissions LoS >0, Falls Within the Community, DSR per 100,000, aged between 65-120	179.3 20 / 10,018	134.7 14 / 9,668	44.7	33.2%
Workstream		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	
		Emergency Admissions LoS >0, Hip Fractures, DSR per 100,000, aged between 65-120			Suppressed due to small numbers	
Workstream		Percentage of Emergency Admissions LoS >0, Falls Within the Community, Discharge to Usual Place of Residence, aged between 65-120	85.0% 17 / 20	92.9% 13 / 14	-7.9%	-8.5%
		Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 7 Days, aged between 65-120			Suppressed due to small numbers	
Workstream		Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 30 Days, aged between 65-120			Suppressed due to small numbers	



Hertfordshire and West Essex Integrated Care System

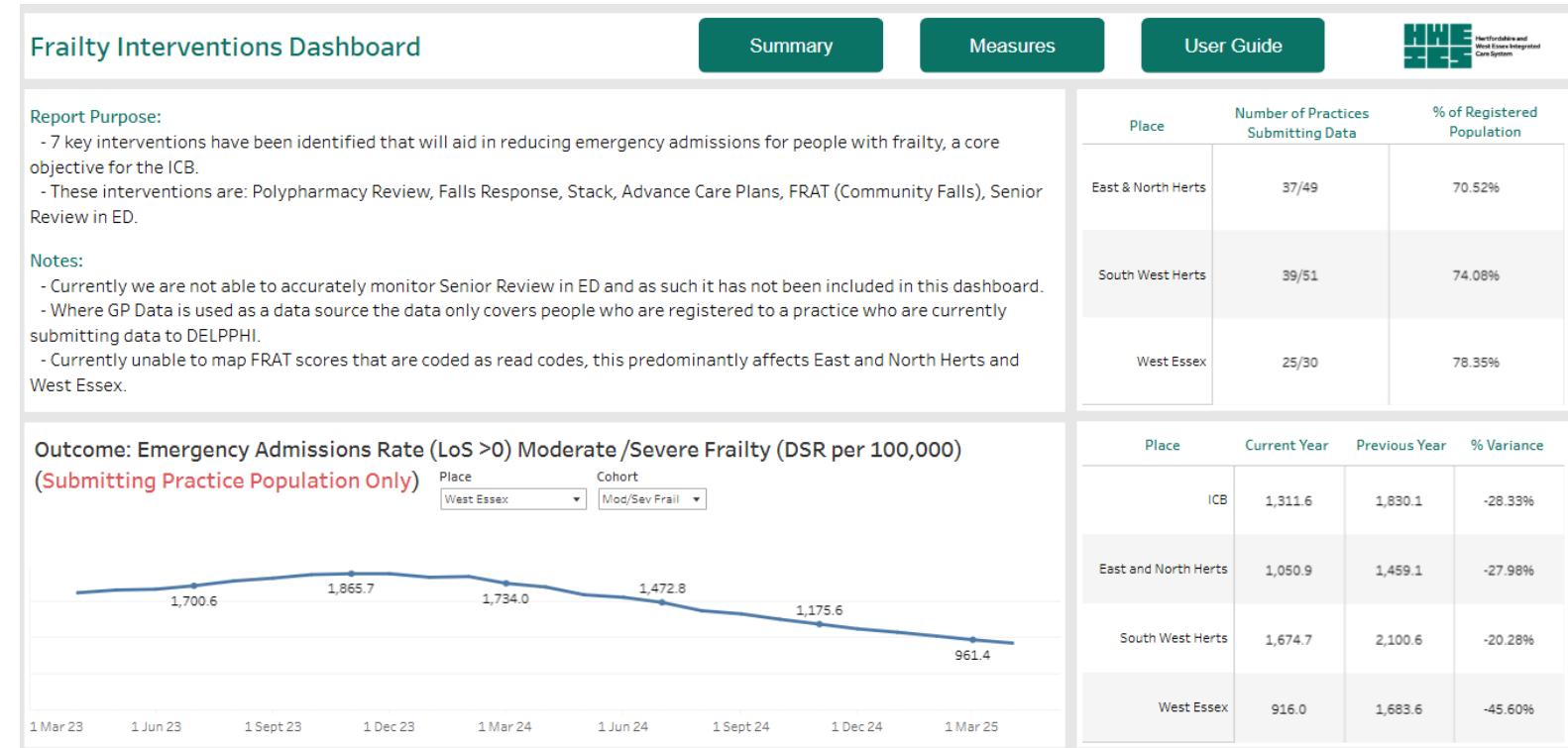


Source: [DELPPHI - HWE Outcomes Dashboard](#)



Frailty and EOL: Indicators from the 7 interventions dashboard

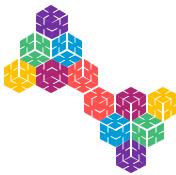
- This dashboard has been designed in DELPPI to support 7 interventions that have been identified in aiding in the reduction of Emergency admissions for people with frailty.
- The dashboard is currently available by ICB and Place.
- Emergency Admission rate for people identified with moderate/ severe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



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



Frailty and EOL: ECF indicators

- The data shows that North Uttlesford has a higher percentage for most EOL and Frailty indicators, when compared to the WE and the ICB for 2024/25.
- The latest position for this table below, can be found at [Ardens Manager](#).

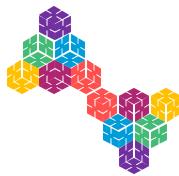
	End of Life								Frailty							
	Review								Review							
	ACP shared	ACP, ReSPECT or EOL care plan done or declined	Anticipatory medicines issued (or exception) (if GSF red/yellow)	GSF prognostic indicator recorded	Preferred place of care recorded	Preferred place of care, death and resus stated recorded	Preferred place of death recorded	Resus status recorded (or currently DNACPR)	Carer status recorded (if moderate/severe frailty)	Depression screening done (if moderate/severe frailty)	Frailty status recorded (if moderate/severe frailty)	Loneliness assessment done (if moderate/severe frailty)	Mod/Sev + carer status recorded (excl care home + GSF red)	Mod/Sev + falls FRAT score done	Mod/Sev + falls FRAT score done (excl care home + GSF red)	
ICB	1.5%	40.1%	61.3%	49.0%	69.4%	14.1%	67.4%	74.1%	67.8%	33.8%	77.0%	61.5%	13.9%	64.8%	12.2%	
West Essex Place	2.7%	33.4%	62.1%	49.3%	68.1%	12.9%	66.4%	70.9%	68.7%	48.1%	72.6%	61.8%	10.5%	64.5%	10.8%	
Uttlesford Locality	9.4%	33.6%	68.2%	45.0%	73.0%	16.0%	73.1%	71.5%	68.6%	34.1%	69.4%	61.1%	10.8%	64.7%	9.5%	
NORTH UTTLESFORD PCN	15.5%	44.2%	74.4%	50.1%	67.4%	22.1%	67.4%	73.9%	70.9%	24.0%	79.2%	64.8%	13.1%	68.1%	11.6%	
SOUTH UTTLESFORD PCN	2.4%	21.4%	59.4%	39.1%	79.5%	8.9%	79.7%	68.6%	67.3%	39.8%	63.8%	59.1%	9.3%	62.7%	8.1%	



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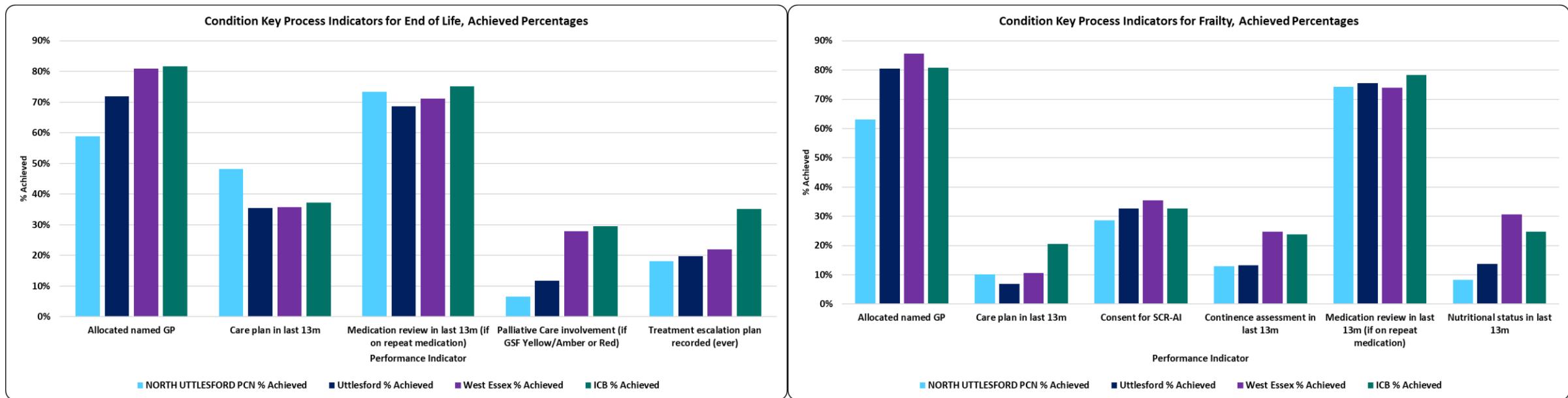


Source: [Ardens Manager](#)



Frailty and EOL: Key processes indicators

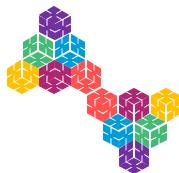
- North Uttlesford has opportunities to increase the number of recorded care plan reviews for both Frailty and EoL, as well as other areas.
- Arden's searches are available to practices to identify those people on frailty and EOL register and what processes have and still need to be completed.



Hertfordshire and West Essex Integrated Care System



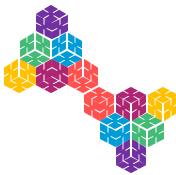
Source: [Arden's Manager](#)



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 DELPPI which have been broken down at PCN level to provide assurance that activities are delivering the required impact.
- Mortality from dementia and Alzheimer's disease has increased compared to the previous period.

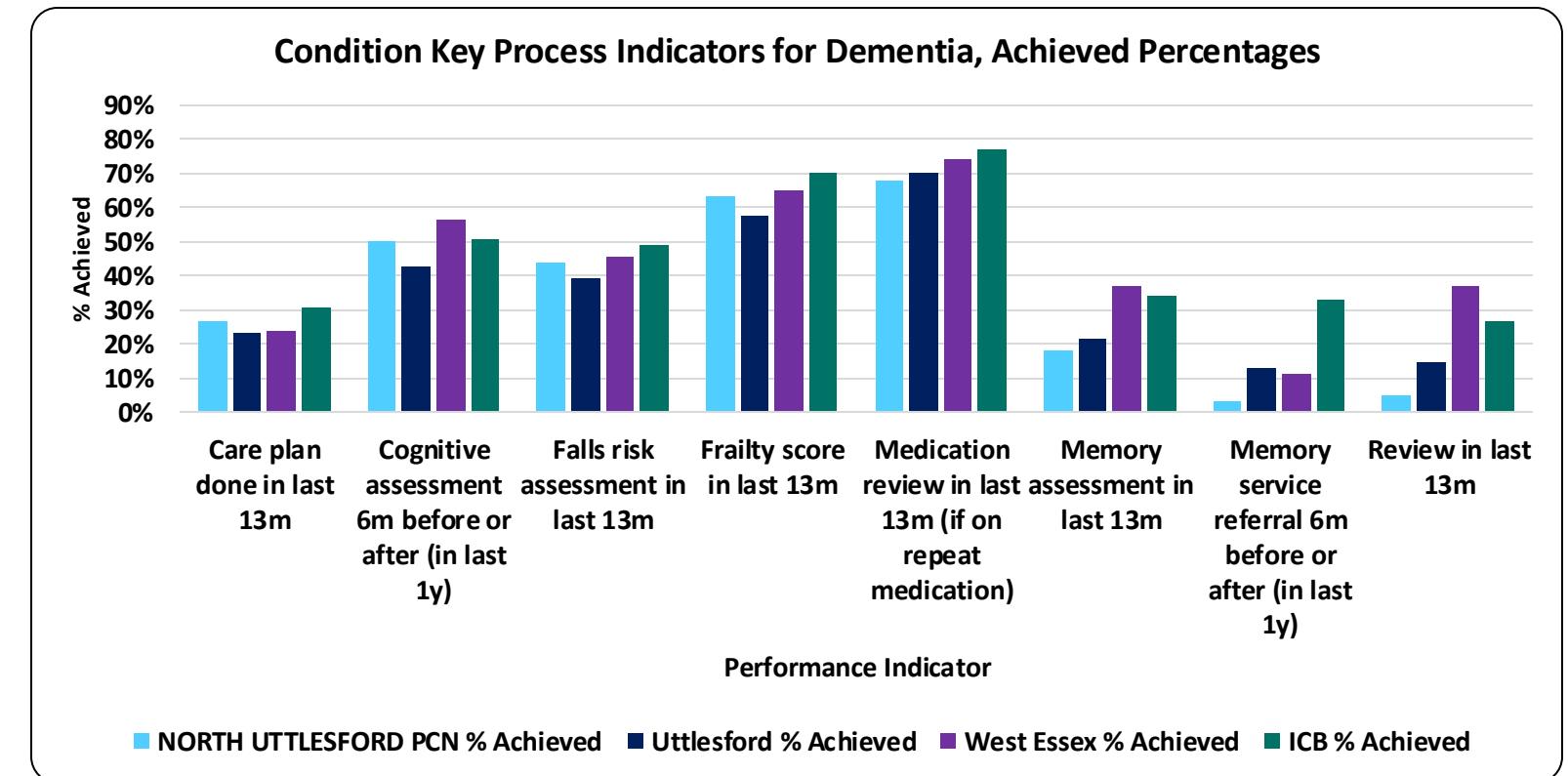
Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	39.4 21 / 43,532	38.5 20 / 42,922	0.9	2.4%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,032k £1,009k / 43,532	£1,695k £8517k / 42,922	£337,500	19.9%
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	Suppressed due to small numbers			
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	Suppressed due to small numbers			

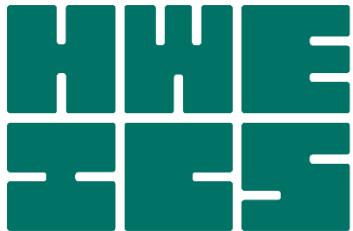


Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that North Uttlesford PCN has a higher percentage of achievement levels for Care plans reviewed in the last 12 months when compared with ICB and WE.
- 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%
West Essex WE	78.5%
Uttlesford Locality	79.5%
NORTH UTTLESFORD PCN	82.6%
SOUTH UTTLESFORD PCN	76.7%





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Other key outcomes

Working together
for a healthier future



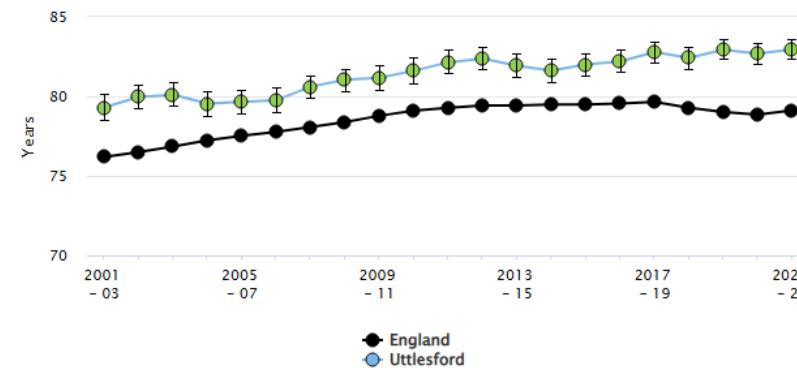


Life Expectancy and Inequality in Life Expectancy at Birth

- Uttlesford'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 best quintile, for 2021-23 period. This illustrates that for males in the most deprived quintiles will live nearly 2.7 years less than the least deprived quintiles, in Uttlesford. For females, the gap is 2.6 years.

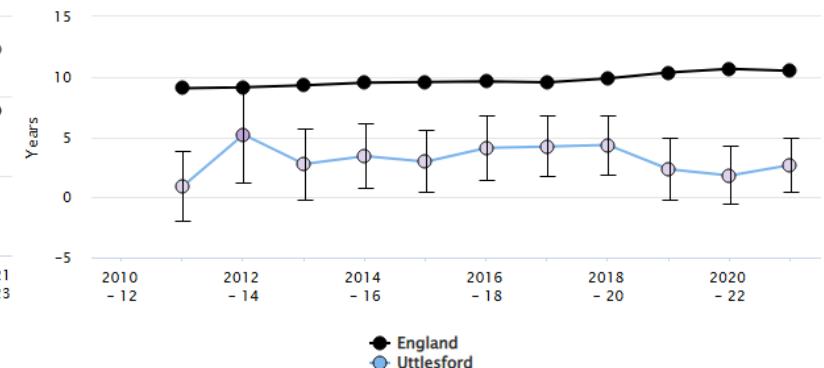
● Better 95% ● Similar ● Worse 95%

Life expectancy at birth (Male, 3 year range)

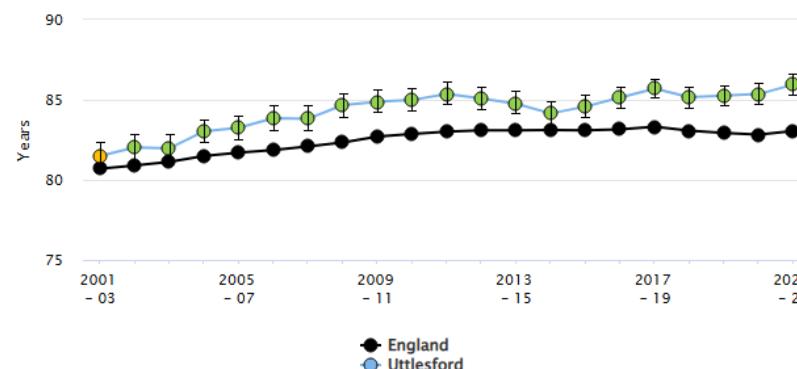


Quintiles: Best ● Worst

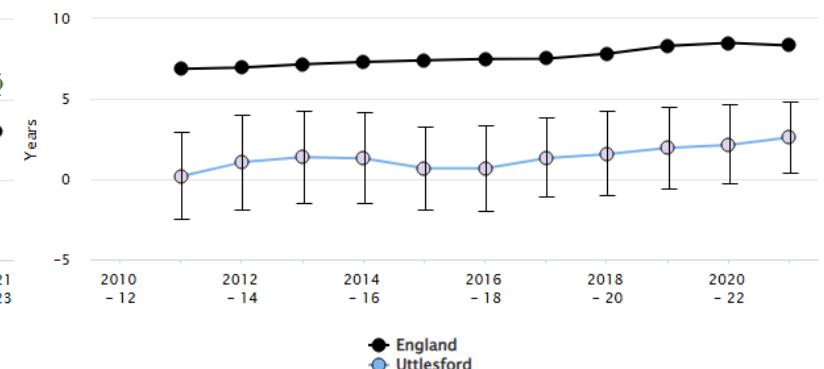
Inequality in life expectancy at birth (Male)

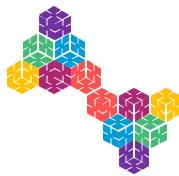


Life expectancy at birth (Female, 3 year range)



Inequality in life expectancy at birth (Female)

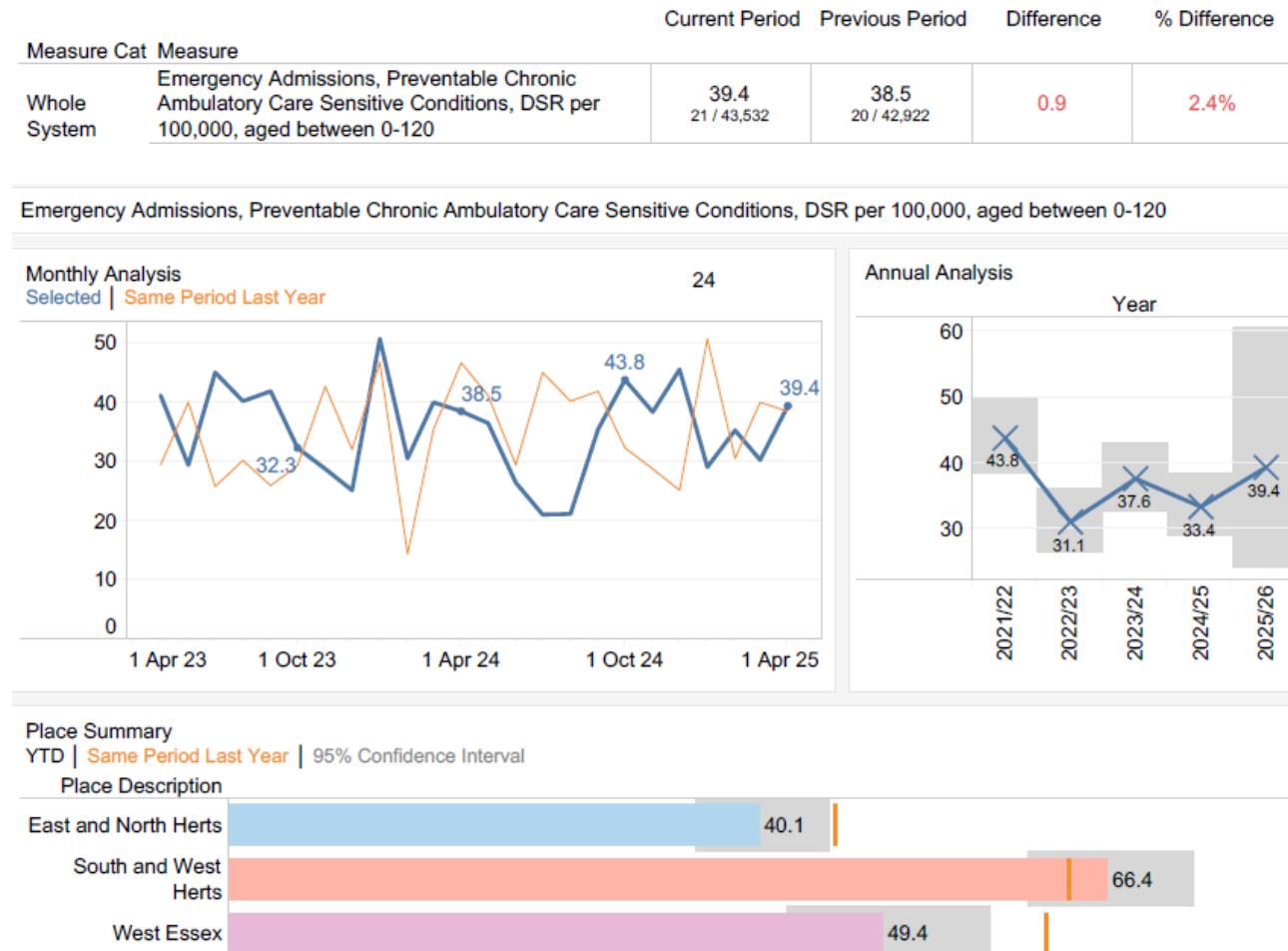


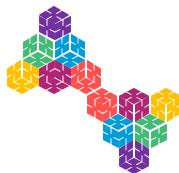


Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

North Uttlesford

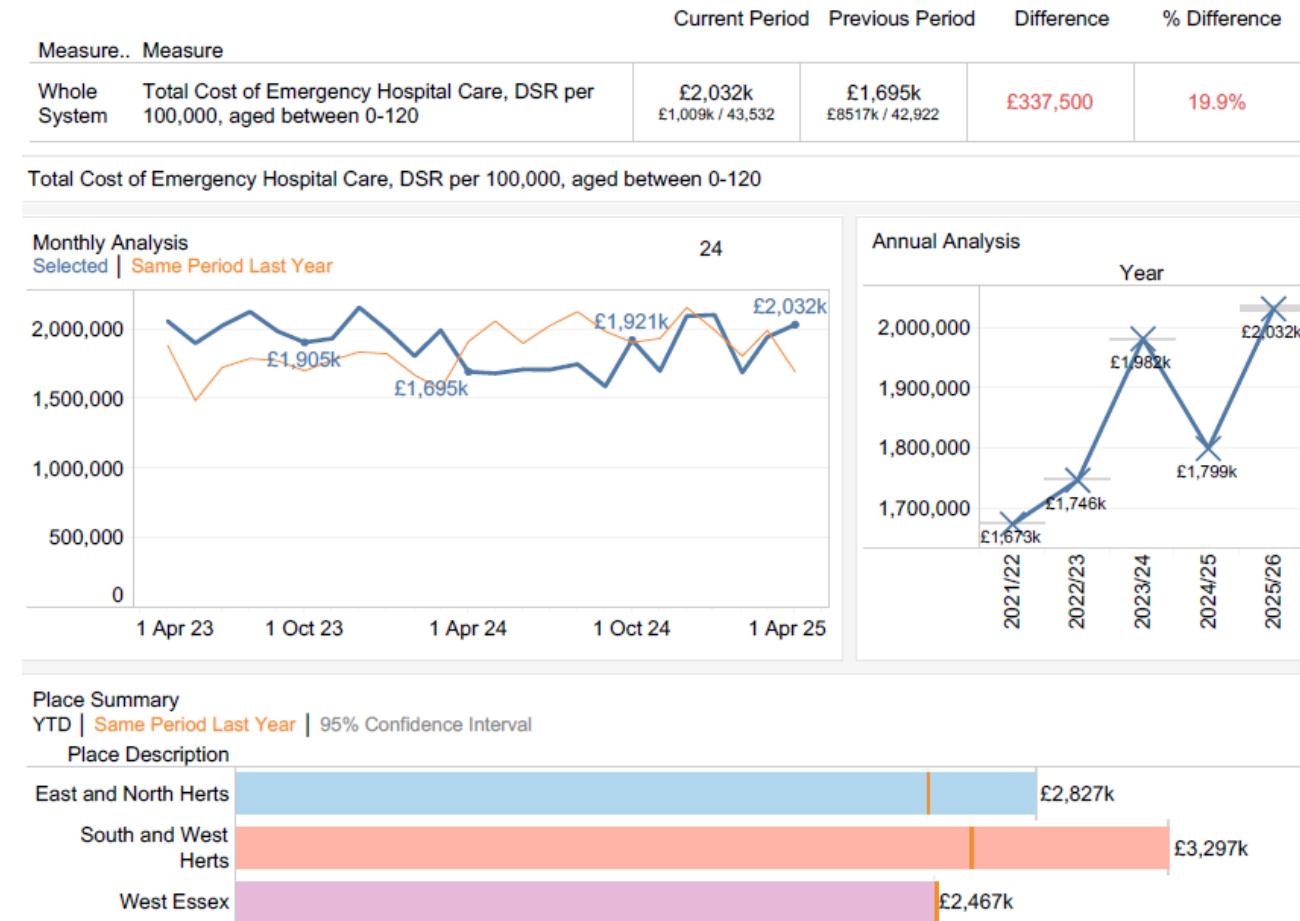
- For ACSC condition emergency admissions, the rate has not reached pre-Covid levels, but the annual trend fluctuates with this year increasing.
- The list of Chronic Ambulatory Care Sensitive Conditions can be found via the [NHS Outcomes Framework Indicators](#) and Indicator Specification as found through the link [here](#).
- Please use the following [link](#) for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT.

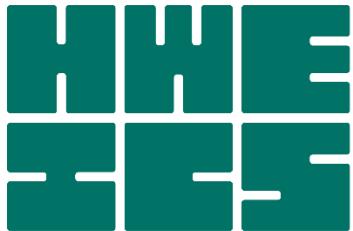




Total cost of Emergency hospital care for North Uttlesford

- The PCN continues to see an increase in demand for emergency hospital care since Covid.
- Please use the following [link](#) for DELPPI to review HWE, WE, PCN and GP practice measures, demographics and INT.





Hertfordshire and
West Essex Integrated
Care System

HPHMX

NHS
Hertfordshire and
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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)



Hertfordshire and
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Practices currently flowing data to DELPHI as at 8th July 25

PCN	Practice Name	Flowing data
North Uttlesford	Crocus Medical Practice	✓
	Newport Surgery	✓
	Thaxted Surgery	✓
	The Gold Street Surgery	✓

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