Hertfordshire and West Essex Neighbourhood Pack – South Uttlesford PCN

2025-2026
PHM Team

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for a healthier future

Key messages

The South Uttlesford population profile is similar to West Essex and the ICB. However, a higher proportion of the population live in the two least deprived quintiles compared to the WE.

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

Although Uttlesford has significantly lower proportions of children living in poverty compared with West Essex and England, 6% of children in Uttlesford live in poverty. The areas within Uttlesford with the highest child poverty are Stansted South & Birchanger (12.4%) and High Easter & the Rodings (9.6%).

Although Uttlesford is an affluent district there is inequality within the locality, South Uttlesford data shows a higher proportion of alcohol abuse, obesity and insufficient physical activity compared to WE. These trends are particularly pronounced among older adults (65+), individuals in the most deprived quintile and BAME populations, for alcohol abuse and will contribute to a lower proportion of the population categorised as generally healthy in the segmentation model.
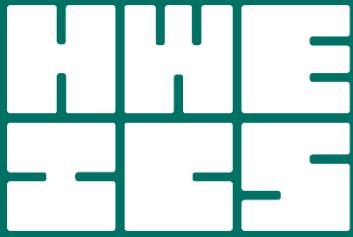
Demographics, wider determinants and prevention

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Hertfordshire and West Essex Integrated Care System

Population profile

Total Population	Proportion of Population Aged 0-18	Proportion of Population Aged 65+	Proportion of Population Most Deprived Quintile	Proportion of BAME Population
55,696	21.5% 11,980	20.0% 11,153	0.2% 111	4.8% 2,695
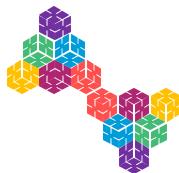
South Uttlesford


- South Uttlesford has a higher proportion of the population aged 65+ compared to WE.

- A higher proportion of people live within the most affluent quintiles.

- Additional information is available on DELPPHI for age, deprivation, ethnicity, gender and main language at HCP, Locality, PCN, GP practice and Local authority lower tier population.

Total Population	Proportion of Population Aged 0-18	Proportion of Population Aged 65+	Proportion of Population Most Deprived Quintile	Proportion of BAME Population
329,666	22.1% 72,860	18.6% 61,418	1.8% 5,797	9.9% 32,712

WE

Source: DELPPHI - Population Profile

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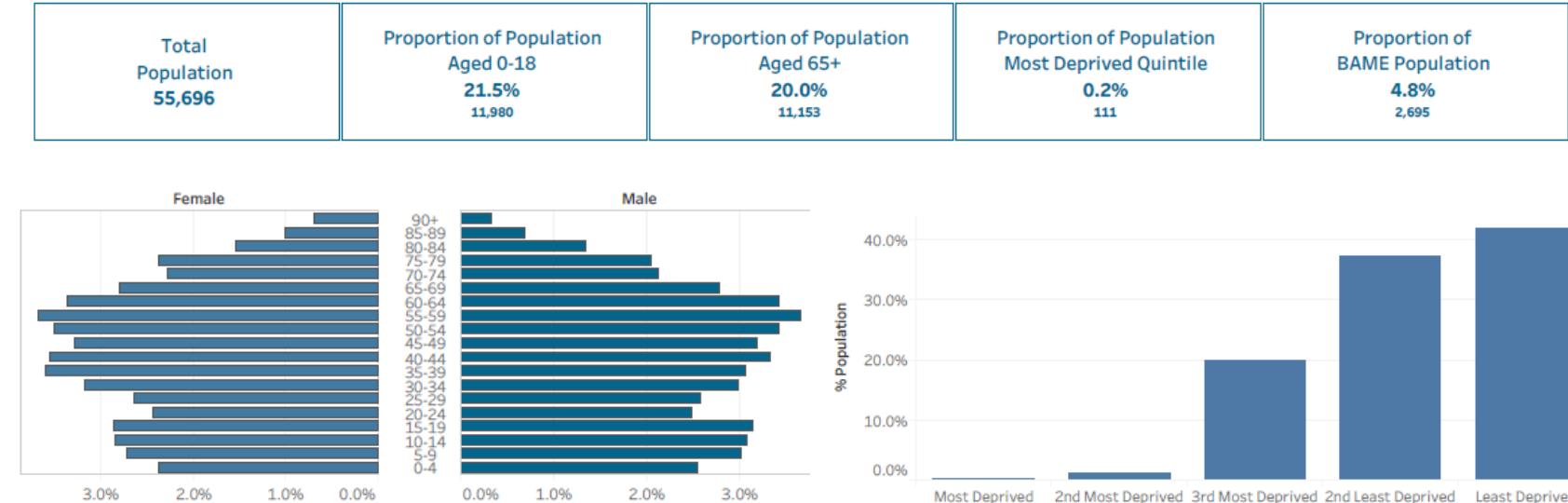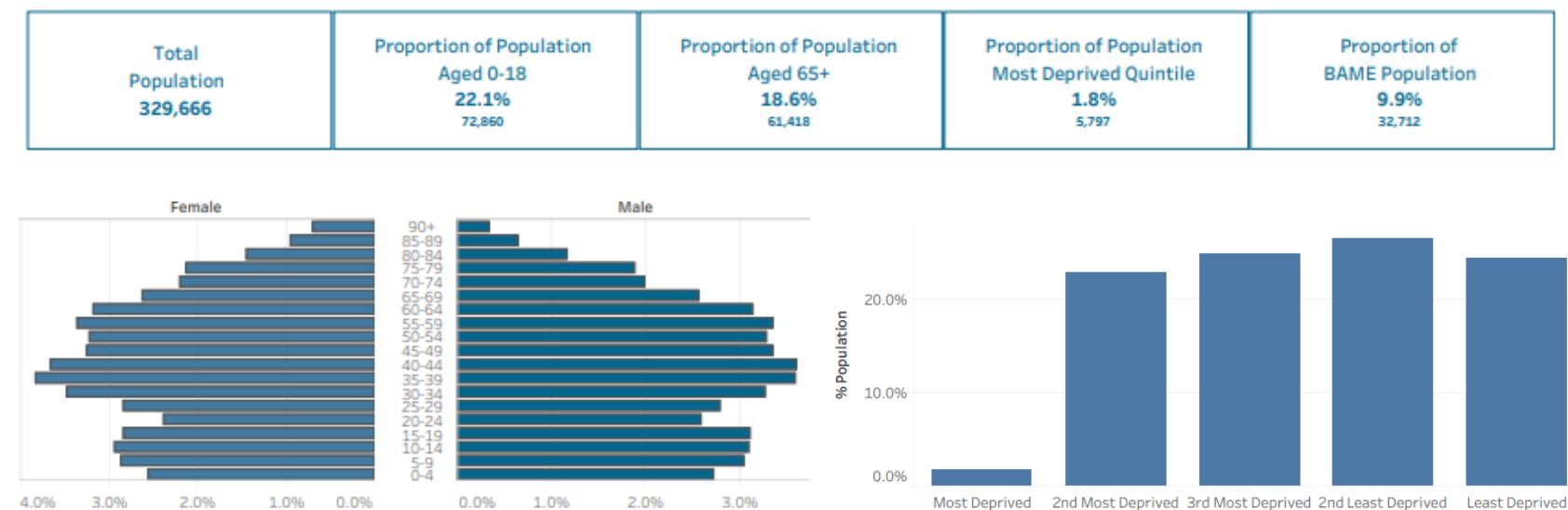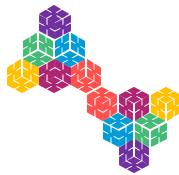
Segmentation profile   Provisional Data

- The illustrations on the right shows the segmentation model for South Uttlesford PCN, Locality, WE and ICB. This is a snapshot from June 2025.

- South 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

South Uttlesford PCN, Uttlesford, WE & ICB PHM Segmentation Profile

	ICB	WE	Uttlesford	South Uttlesford PCN
1 - Generally Healthy	40.9%	38.7%	32.3%	32.8%
2 - Living with Illness	22.8%	23.0%	23.8%	24.2%
3 - Low Complexity	26.2%	27.2%	31.2%	30.9%
4 - Advanced Disease & Complexity	8.7%	9.6%	11.2%	10.7%
5 - EoL, Severe Frailty & Dementia	1.4%	1.5%	1.5%	1.4%

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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 (IDAOPI) measures the proportion of all children aged 0 to 15 and adults aged 60 or over, respectively who experience living in income deprived families or income deprivation.

- The IDACI and IDAOPI are illustrated on the maps. The darker the colour, the higher the level of deprivation.

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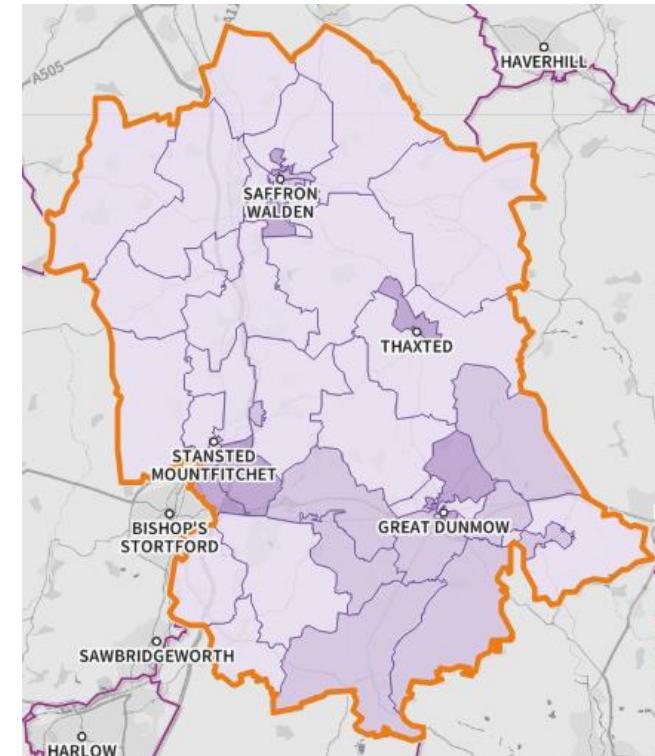
Income deprivation affecting older people
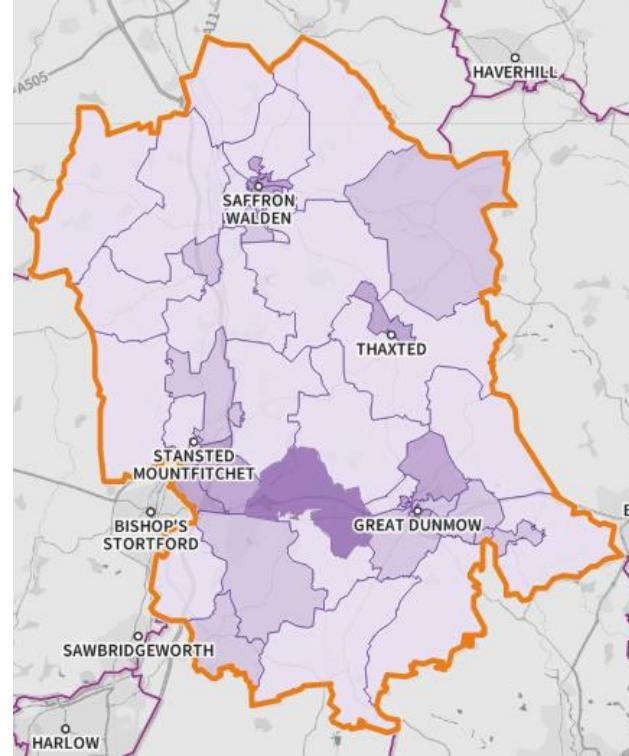
- Income deprivation affecting children index (IDACI) 2019, shows North Uttlesford at 6.3%, WE at 12.6% and England at 17.1%. The areas within Uttlesford with the highest index are Stansted South & Birchanger (12.4%) and High Easter & the Rodings (9.6%).

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

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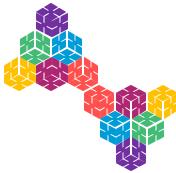
Behavioural risk factors

- South Uttlesford data shows a higher proportion of alcohol abuse, obesity and insufficient physical activity 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.

Hertfordshire and West Essex Integrated Care System

South Uttlesford

Behavioural Risk Factor Prevalence of Highest Risks

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

Filter selected: Area Type: Primary Care Network Area: South Uttlesford PCN

Risk Factor	Prevalence
Alcohol Abuse	11.2%
Obese or Severly Obese	21.5%
Insufficient Physical Activity	17.1%
Current Smoker	11.5%

(axis: 0.0%, 5.0%, 10.0%, 15.0%, 20.0%)

WE

Behavioural Risk Factor Prevalence of Highest Risks

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

Filter selected: Area Type: Place Area: West Essex

Risk Factor	Prevalence
Alcohol Abuse	7.1%
Obese or Severly Obese	18.2%
Insufficient Physical Activity	16.6%
Current Smoker	11.6%

(axis: 2.0%, 4.0%, 6.0%, 8.0%, 10.0%, 12.0%, 14.0%, 16.0%, 18.0%, 20.0%)

Source: DELPPHI - Population Profile

Immunisation

- South Uttlesford's percentage of people immunised against Covid-19 is above WE and the ICB across all indicators.

- Seasonal influenza percentage achieved for all areas is above or similar to the place coverage.
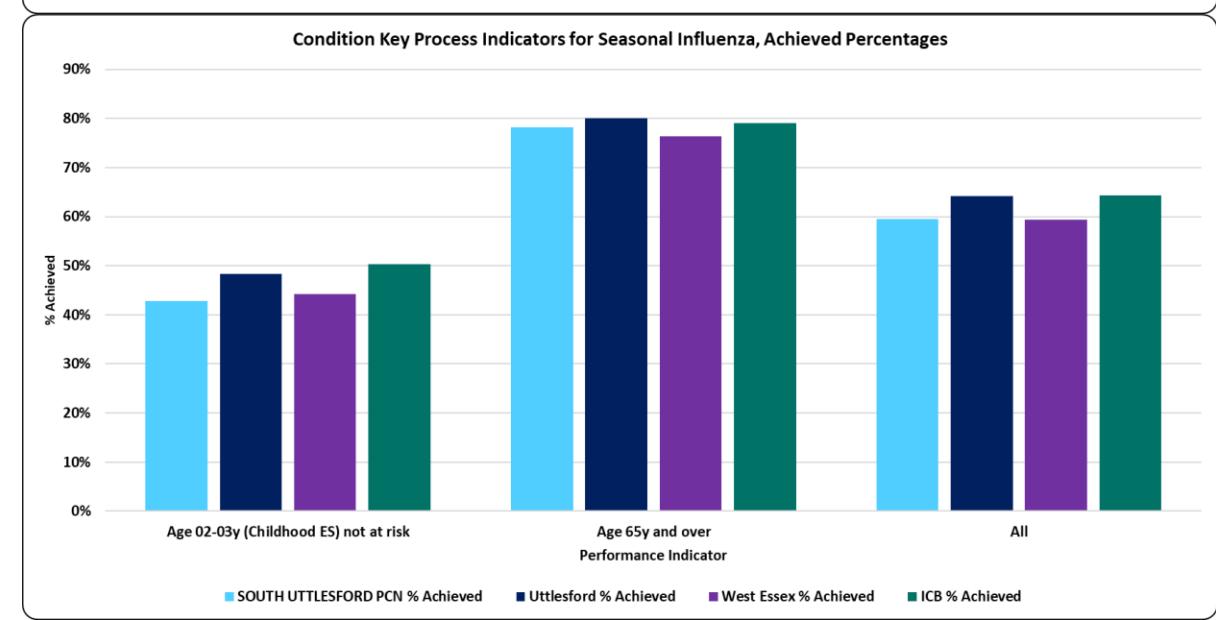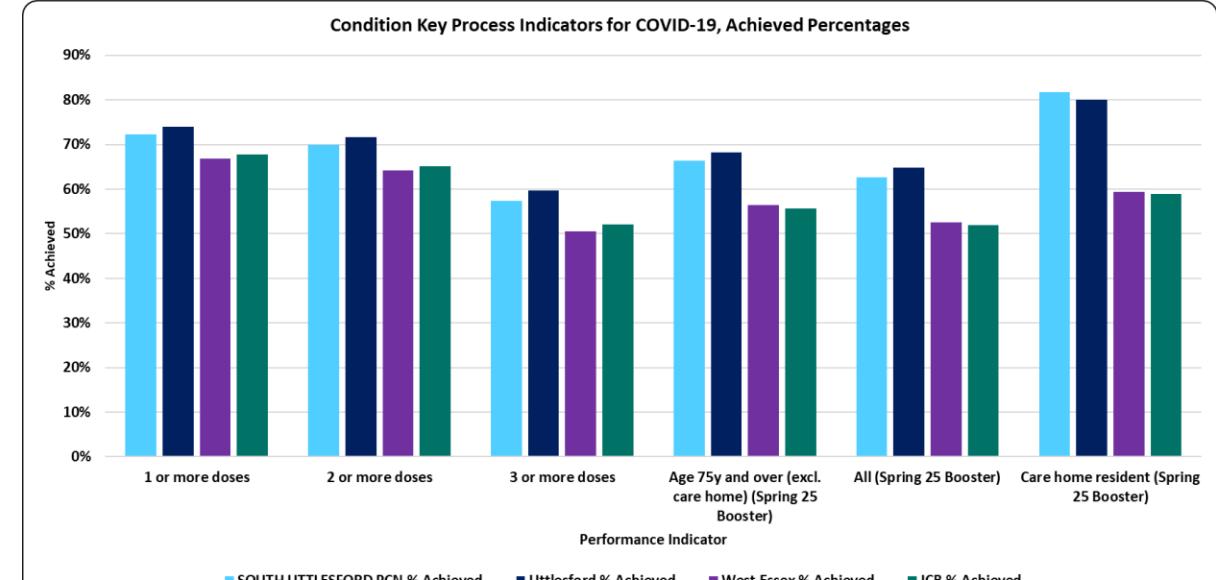

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Source: Ardens Manager

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.

- South Uttlesford's percentage screening for most areas is similar to WE and the ICB.

Condition Key Process Indicators for Screening, Achieved Percentages

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Source: Ardens Manager
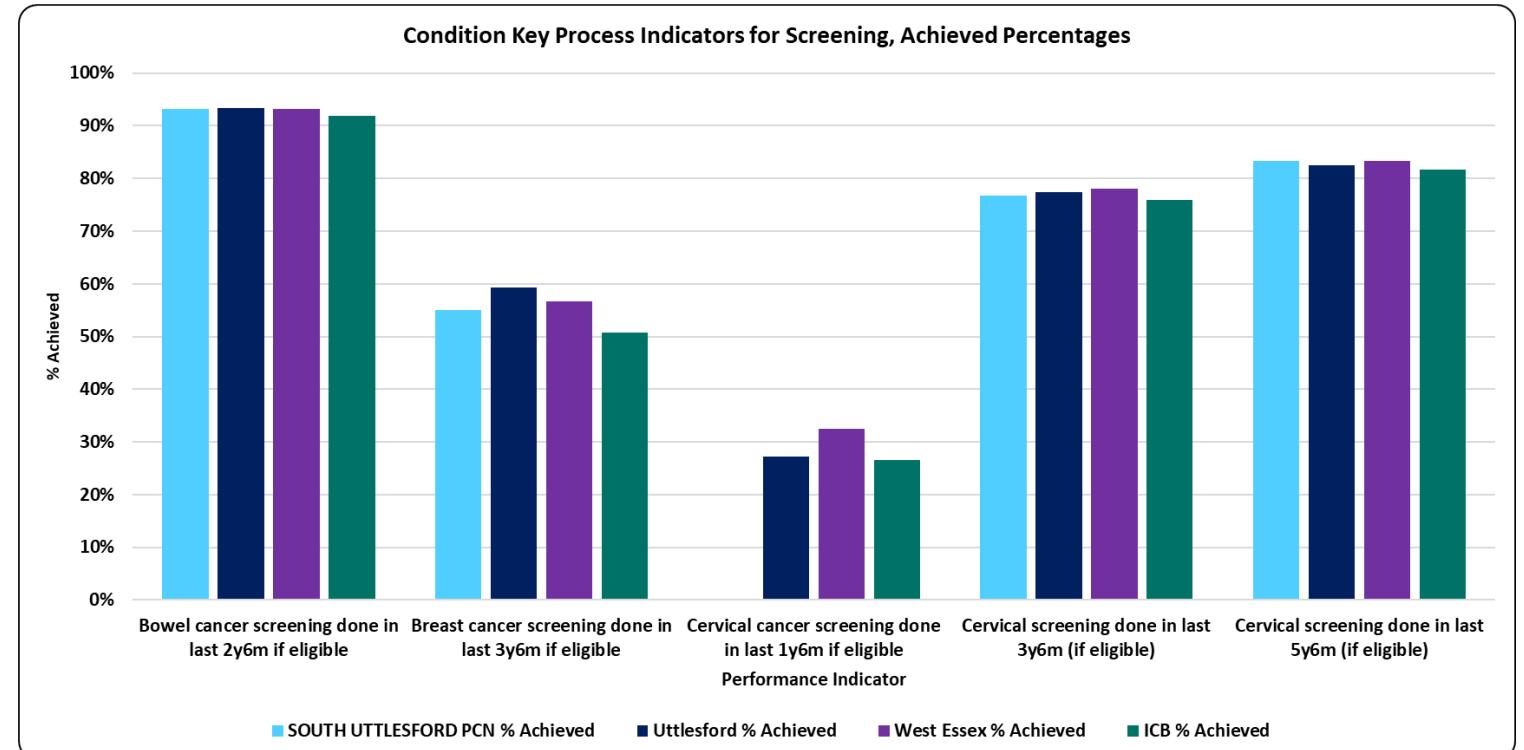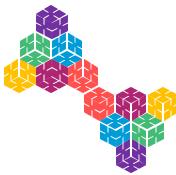
Prevalence of Disease Registers

South 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 indvidual factors add up to the total population prevalence:

Filter selected: Area Type: Primary Care Network Area: South Uttlesford PCN

Condition	Prevalence
Asthma	6.2%
Atrial Fibrillation	2.4%
Cancer	4.6%
Chronic Kidney Disease	3.0%
COPD	1.3%
Coronary Heart Disease	2.8%
Dementia	0.9%
Diabetes	5.1%
Epilepsy	0.5%
Heart Failure	1.1%
History of Depression	12.3%
Hypertension	15.1%
Learning Disability	0.3%
Osteoporosis	0.4%
Palliative Care	0.6%
Peripheral Arterial Disease	0.4%
Rheumatoid Arthritis	0.7%
Serious Mental Illness	0.6%
Stroke & TIA	1.7%

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 indvidual factors add up to the total population prevalence:

Filter selected: Area Type: Place Area: West Essex

Condition	Prevalence
Asthma	5.7%
Atrial Fibrillation	2.3%
Cancer	4.2%
Chronic Kidney Disease	3.3%
COPD	1.6%
Coronary Heart Disease	2.7%
Dementia	0.8%
Diabetes	5.5%
Epilepsy	0.5%
Heart Failure	1.1%
History of Depression	11.6%
Hypertension	14.1%
Learning Disability	0.3%
Osteoporosis	0.3%
Palliative Care	0.8%
Peripheral Arterial Disease	0.4%
Rheumatoid Arthritis	0.7%
Serious Mental Illness	0.7%
Stroke & TIA	1.6%

- The above charts show that South 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 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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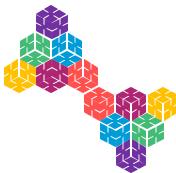
# Prevalence of Multimorbidity   Provisional Data

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 South Uttlesford, the prevalence for those with 2 or more LTCs is higher than WE and the ICB which may in part reflect the older population of the PCN.

- The proportion of patients living with 5+ LTCs in South Uttlesford is higher than WE and the ICB.

- South Uttlesford's segmentation profile, characterised by a higher proportion of the population with LTCs and behavioural risk factors, may be contributing to the higher proportions observed compared to WE and the ICB.
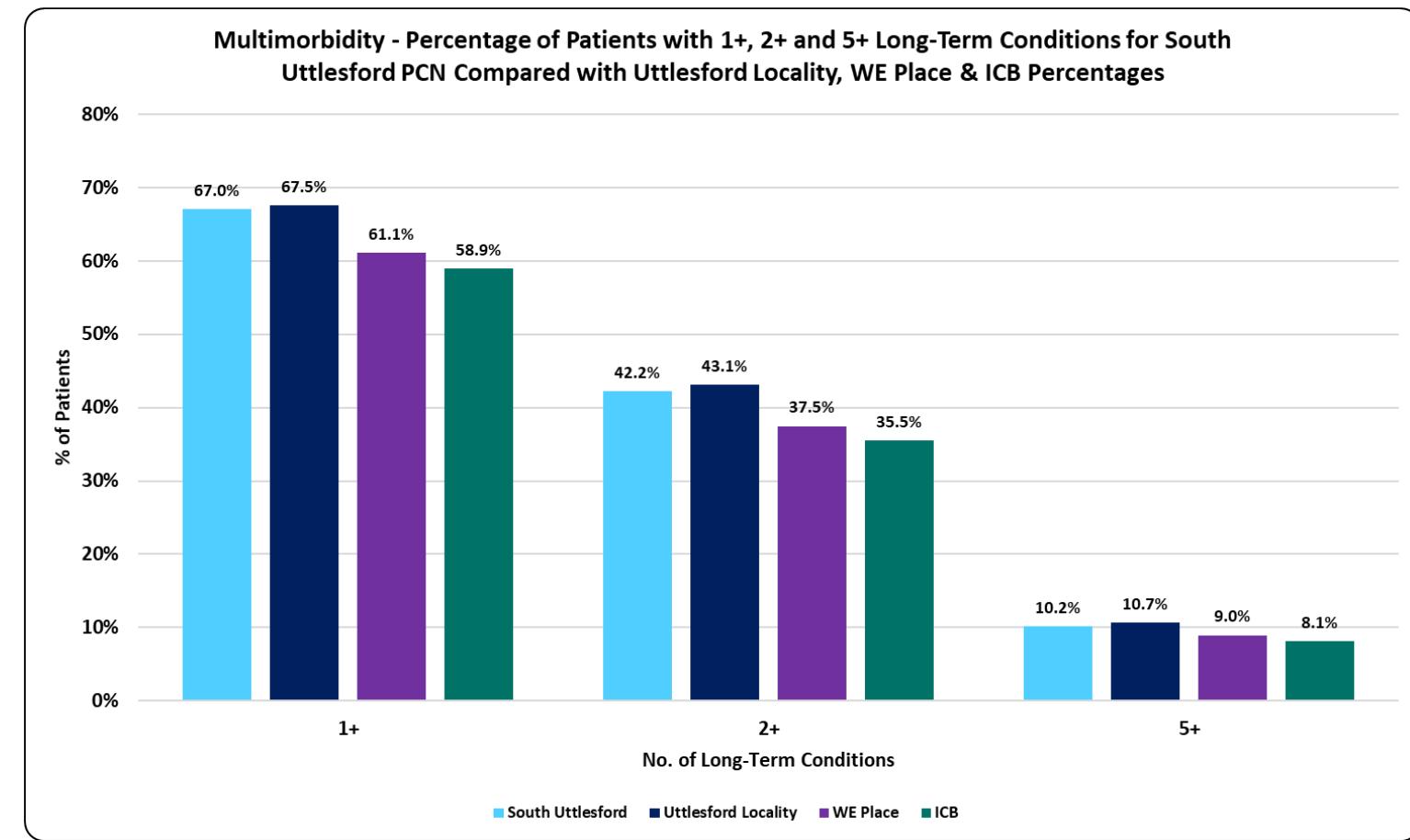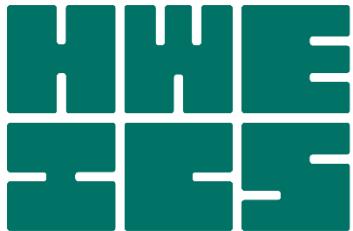
Multimorbidity - Percentage of Patients with 1+, 2+ and 5+ Long-Term Conditions for South Uttlesford PCN Compared with Uttlesford Locality, WE Place & ICB Percentages

No. of Long-Term Conditions	South Uttlesford	Uttlesford Locality	WE Place	ICB
1+	67.0%	67.5%	61.1%	58.9%
2+	42.2%	43.1%	37.5%	35.5%
5+	10.2%	10.7%	9.0%	8.1%

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Children & Young People

Management and outcomes

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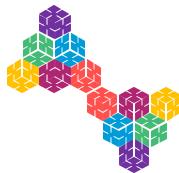
Children's Care: Medium Term Plan Indicators

- 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 (not reported for WE
  - Emergency admission rates
  - A&E attendance rates

- Recent data shows emergency admission rates higher than previous years for children in West Essex, whilst A&E attendance rates have remained steady in the last year.

- 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

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

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

Source: DELPPHI - HWE Mid Term Plan Dashboard
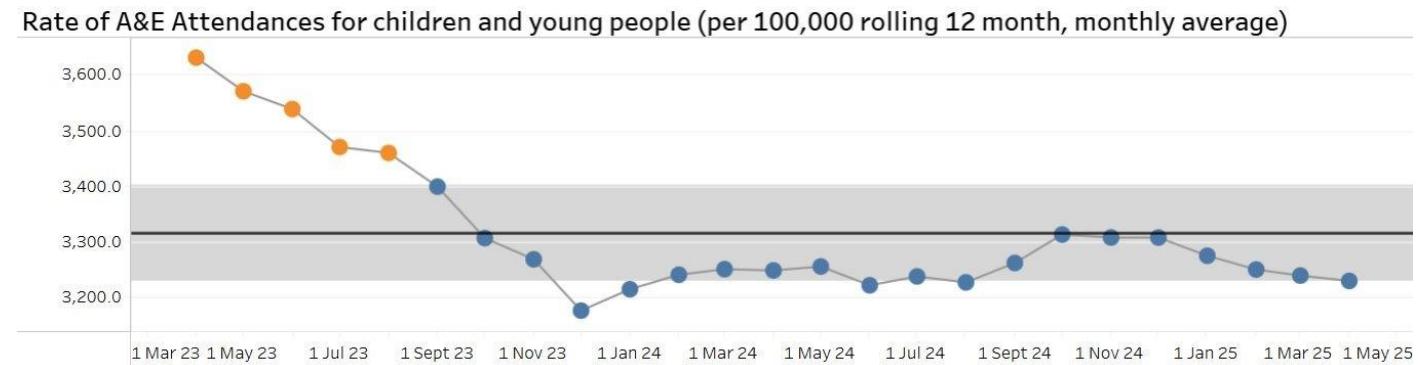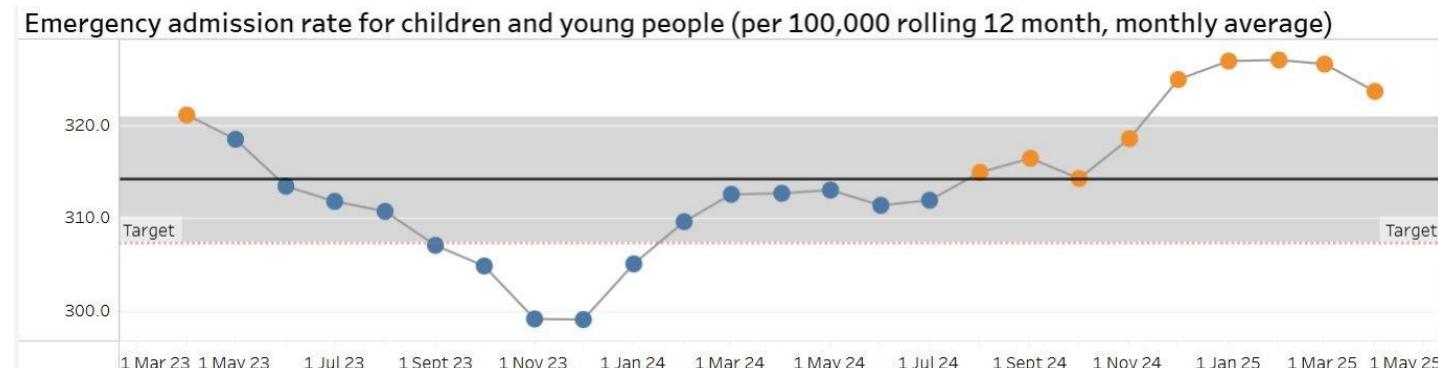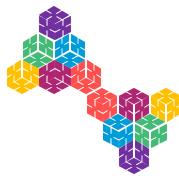
Children and Young People: Programme outcomes

- HWE programme outcomes shows the end point health outcomes that we aim to improve for our population through delivering best practice and evidenced interventions.

- The table on the right shows CYP outcomes for South Uttlesford PCN from the Outcomes Framework

- There has been a decrease in the overall cost of emergency admissions for 0–17-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	Supressed due to small numbers			
	Total Cost of Emergency Hospital Care, Crude Rate per 100,000, aged between 0-18	£714k £90k / 12,691	£875k £94k / 10,817	-£160,538	-18.3%
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 LoS >0, Crude Rate per 100,000, aged between 0-17	158.5 19 / 11,987	224.3 23 / 10,253	-65.8	-29.3%
Workstream	Emergency Admissions, DSR per 100,000, aged between 0-4	482.4 13 / 2,695	823.6 19 / 2,307	-341.2	-41.4%
	Emergency Admissions, Asthma Diabetes and Epilepsy, Crude Rate per 100,000, aged between 0-18	Supressed due to small numbers			

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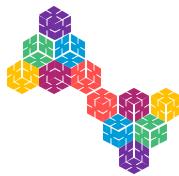
Children and Young People: Key process indicators (0-19 years)

- 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 South Uttlesford PCN and WE for children and young people aged 0-19.

- South Uttlesford PCN has fewer medication reviews recorded for Asthma, Diabetes, and Epilepsy compared to WE.

CYP Key process indicators 0-19

■ South Uttlesford PCN ■ WE
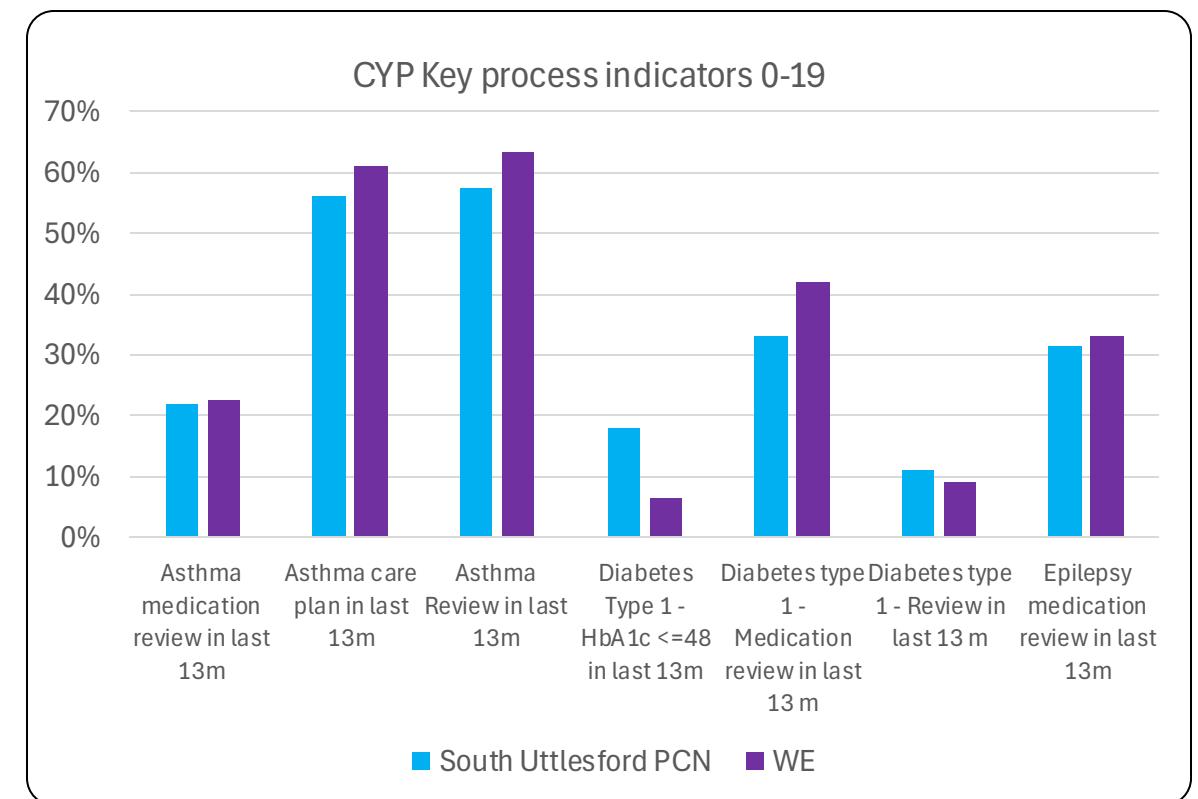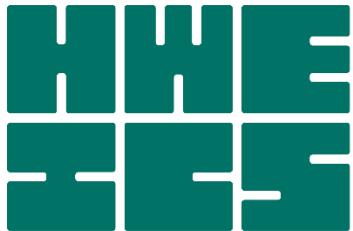
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Hypertension, Cardiovascular Disease and Long-Term Conditions

Management and Outcomes

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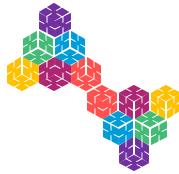
Hypertension: Medium Term Plan Indicators

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

For Hypertension Medium Term Plan indicators, the WE data shows:
- 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.

WE

Hypertension QOF — Show Target Line

Patients with GP recorded hypertension whose last blood pressure was in target — Show Target Line

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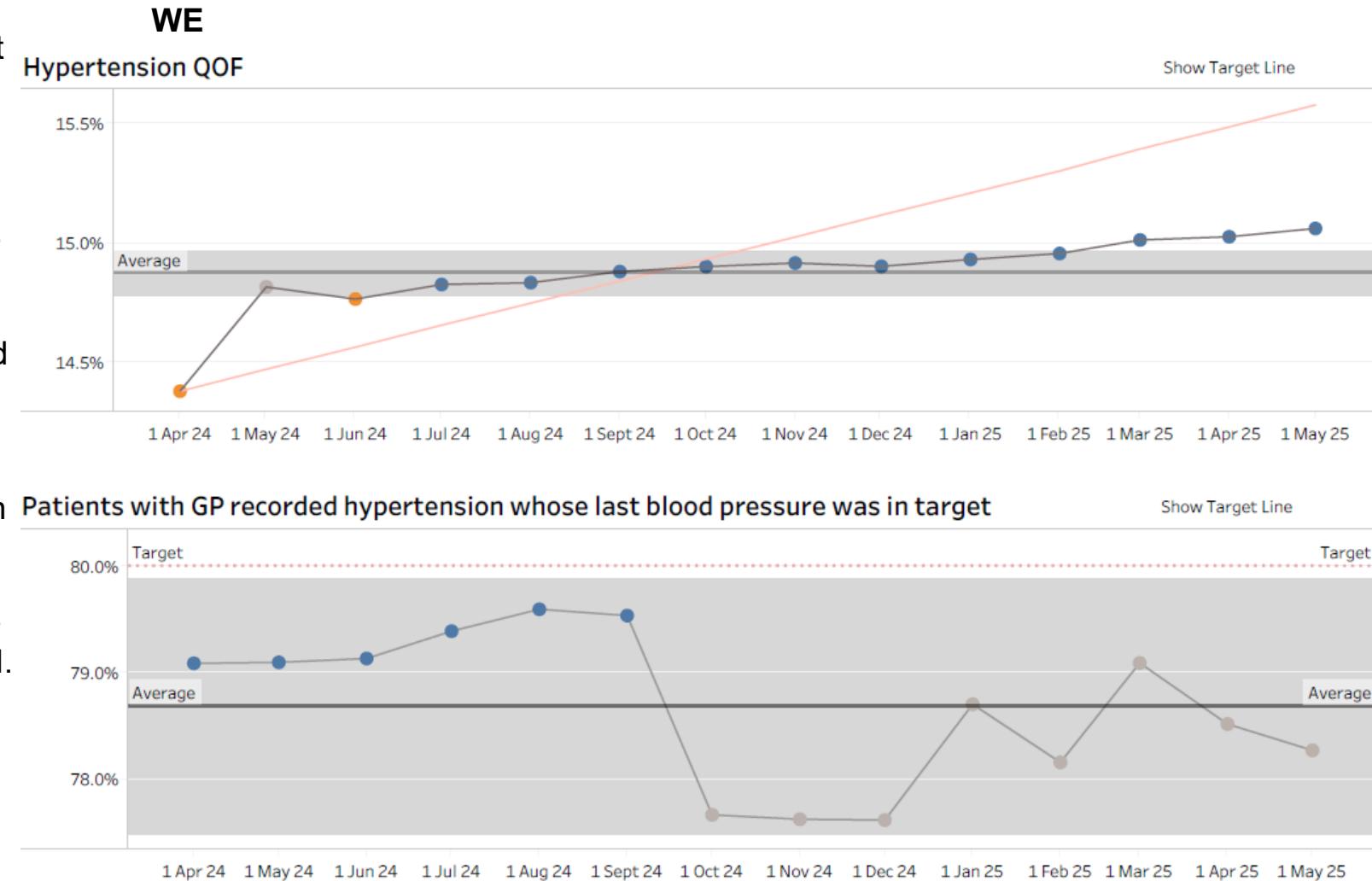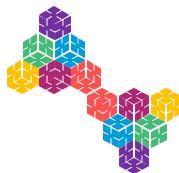
Hypertension: QOF Indicators

- Reviewing the PCN on their percentage achieved from the 2024/25 QOF, we can see that:

  - South Uttlesford PCN is showing above the WE value for both Hypertension indicators looking at BP within target range.

  - 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%

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Source: Ardens Manager
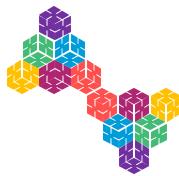
Hypertension: Key Care Process Indicators

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

- South Uttlesford PCN achieves higher percentages than WE and ICB levels, in 4 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:
- Care Plans
- Cholesterol checks
- Creatine checks
- HbA1c checks
- Lifestyle Advice Given
- Pulse Rhythm Assessments

Condition Key Process Indicators for Hypertension, Achieved Percentages

Legend: SOUTH UTTLESFORD PCN % Achieved, Uttlesford % Achieved, West Essex % Achieved, ICB % Achieved

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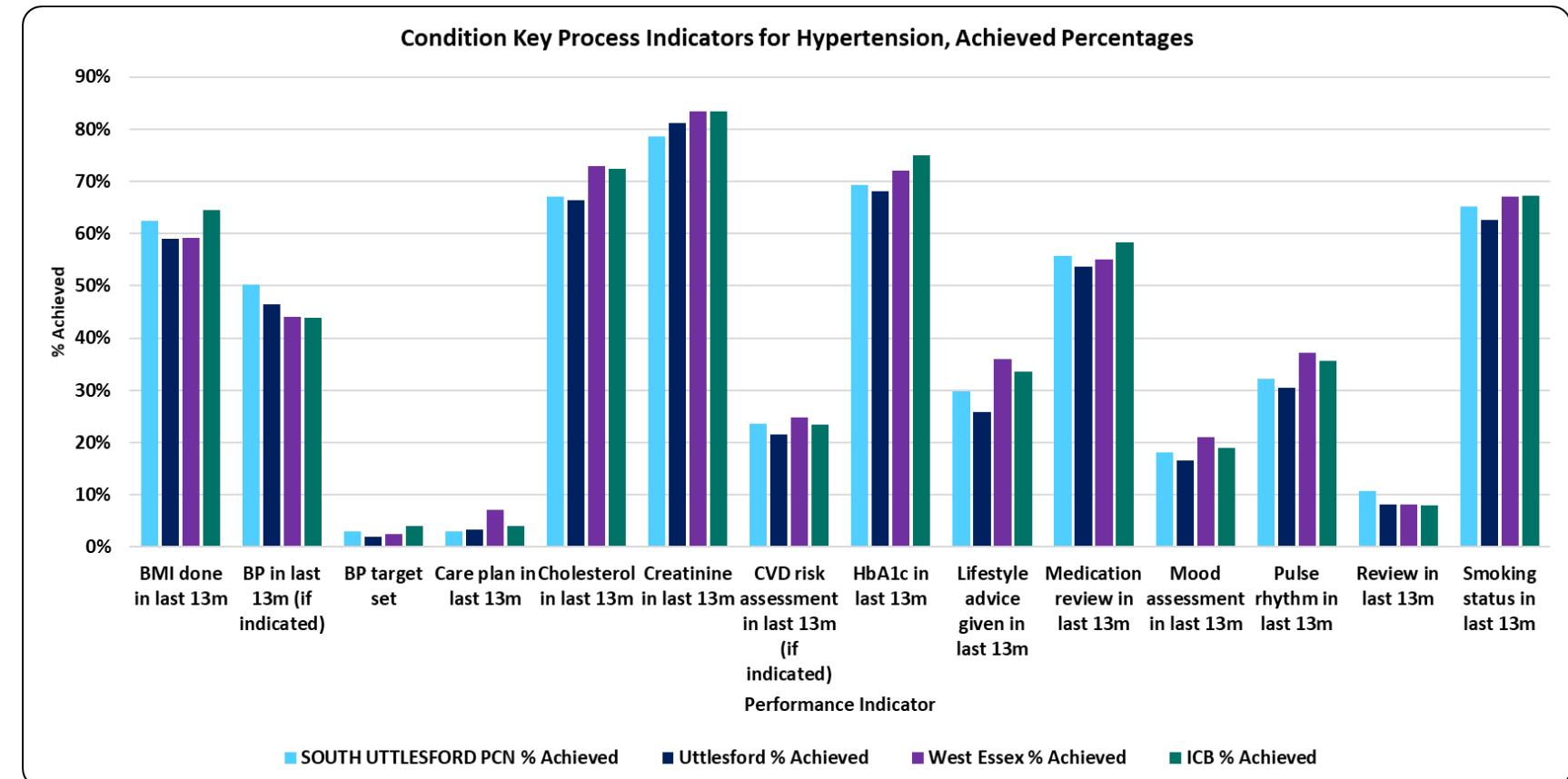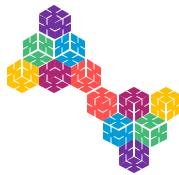
Cardiovascular Disease (CVD) & Other Long-Term Conditions (LTC): ECF & QOF Indicators

- The 2024/25 QOF CVD indicators are shown on this page; other QOF LTC indicators can be viewed via Ardens Manager here.

- Reviewing South 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 CVD and AF indicators.

| | Atrial Fibrillation | | | | Atrial Fibrillation | | CVD Secondary Prevention | | | Coronary Heart Disease | | |
| | ECF | | | | QOF | | ECF | | | QOF | | |
	BP done	Chest pain assessment done	ORBIT score done	Review done	AF006: CHA2DS2-VASc recorded in last 12m	AF008: On DOAC or Vitamin K antagonist if CHA2DS2-VASc >= 2	On high-intensity statin, ezetemibe or LLT max tol/ci/dec	All (CHD, CVA/TIA or PAD)	Target met (LDL-cholesterol <=2.0 or Non-HDL cholesterol <=2.6)	CHD005: Anti-platelet or anti-coagulant in last 12m	CHD015: Latest BP 140/90 or less in last 12m if 79y or under	CHD016: Latest BP 150/90 or less in last 12m if 80y or over
ICB	90.2%	20.1%	39.9%	34.3%	97.0%	96.3%	75.3%	100.0%	12.8%	96.5%	83.5%	89.5%
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
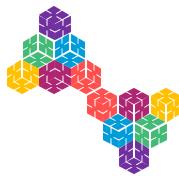
CVD & Other Long-Term Conditions: ECF & QOF Indicators

- 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 South Uttlesford PCN on percentage achieved from the 2024/25 ECF, we can see that:
  - There is opportunity to increase the percentage achieved for Heart Failure ECF Indicators

	Heart Failure					Heart Failure		
	ECF					QOF		
	Ejection fraction recorded (ever)	NYHA classification done	On SGL2i or issued in last 3m (if preserved ejection fraction)	Palliative care referral (or declined) (if NYHA Stage III or IV)	Social prescribing/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%

Hertfordshire and West Essex Integrated Care System
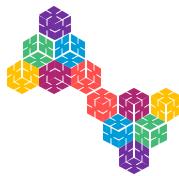
CVD & Other Long-Term Conditions: Key Heart Failure Care Processes

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

The Heart Failure key process indicators, shows opportunity for South Uttlesford PCN:

- BMI checks
- Blood Pressure recordings
- Care Plans
- Chest Pain
- Cholesterol checks
- Oedema Recordings
- Pulse Rhythms Tests
- Patient Reviews
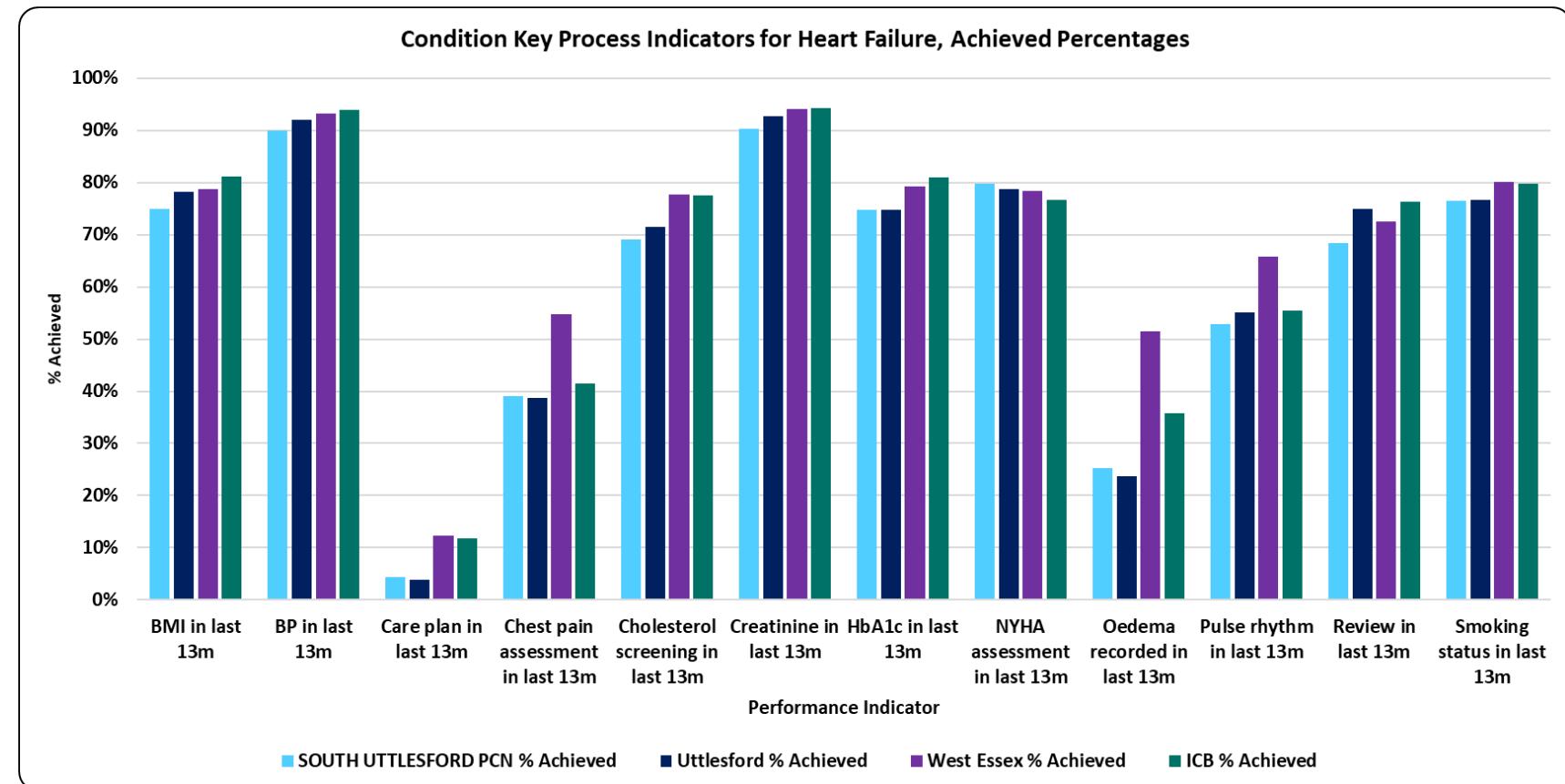
Condition Key Process Indicators for Heart Failure, Achieved Percentages

Legend: SOUTH UTTLESFORD PCN % Achieved, Uttlesford % Achieved, West Essex % Achieved, ICB % Achieved

Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager
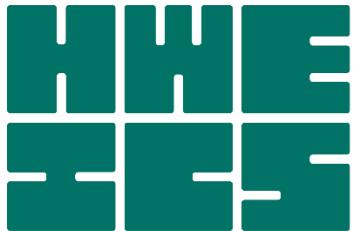
Mental Health and Learning Disabilities

Management and Outcomes

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for a healthier future
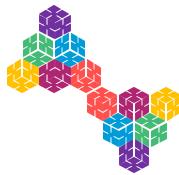
Better care for Mental Health Crisis: Medium Term Plan Indicators

- 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.

WE

Proportion of MH attendances spending over 12 hours in A&E
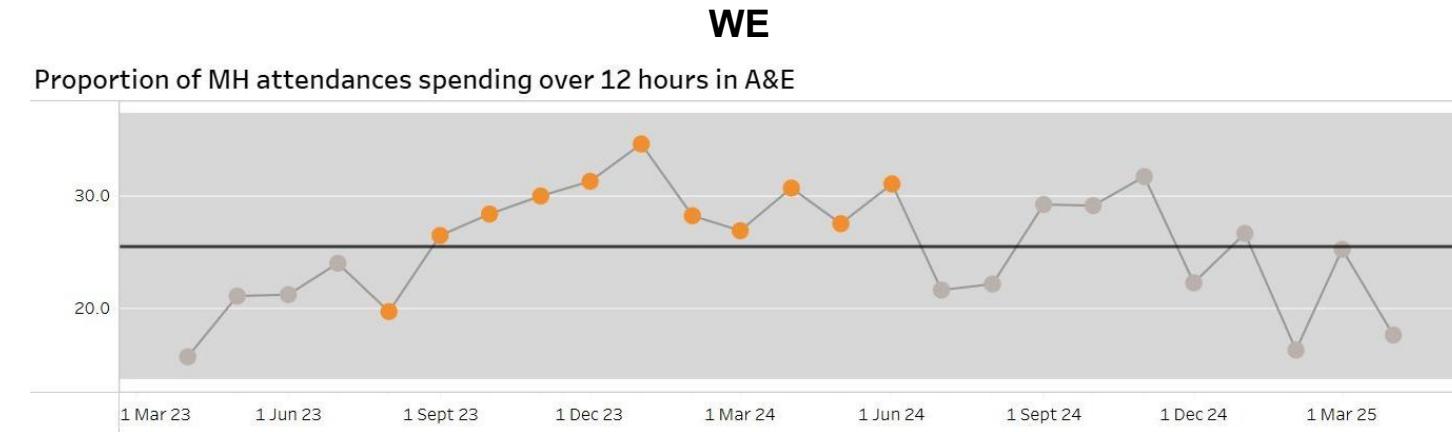
Mental health: Programme outcomes

- HWE programme outcomes provide an opportunity for our ICS to focus on the end point health outcomes that best practice and evidenced interventions will deliver to improve the health of our population.

- The graph below illustrates a core set of population health indicators from DELPPHI which have been broken down at PCN level to provide assurance that activities are delivering the required impact.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	34.6 20 / 57,084	51.1 26 / 48,537	-16.5	-32.3%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,297k £1,352k / 57,084	£2,113k £1,072k / 48,537	£183,464	8.7%
Programme	Mortality, Suicide, DSR per 100,000, aged between 10-120	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 0-120	Supressed due to small numbers			%
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	Supressed due to small numbers			

- Emergency admissions for preventable ACSC conditions have decreased compared to the previous period, although associated costs have risen.

- Suicide mortality figures remain consistent with the previous period.

HWE ICS — Hertfordshire and West Essex Integrated Care System

Depression and SMI: QOF indicators

- Mental Health QOF metrics for 2024-25 show that South Uttlesford PCN achievement for depression is lower compared with ICB and WE.

- For SMI (QOF Mental Health) indicators higher proportions of people in South Uttlesford PCN receive the interventions compared with WE and the ICB.

- The individual practices can be viewed within the QOF data using the link in the bottom right.

- 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%
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%

Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager
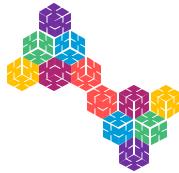
SMI: ECF indicators

- The data shows that South 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 medication review completed 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%

Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager
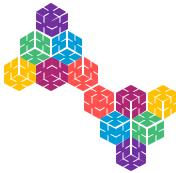
SMI and Depression: Key process indicators

- In the past year, South Uttlesford PCN recorded a higher rate of depression reviews conducted three months after diagnosis, compared to WE and the ICB.

- The PCN is achieving slightly higher with the number of medication reviews completed for SMI patients in comparison to WE and the ICB. All other reviews can be found in Ardens Manager.

Condition Key Process Indicators for Depression, Achieved Percentages

Legend:
- SOUTH UTTLESFORD PCN % Achieved
- Uttlesford % Achieved
- West Essex % Achieved
- ICB % Achieved
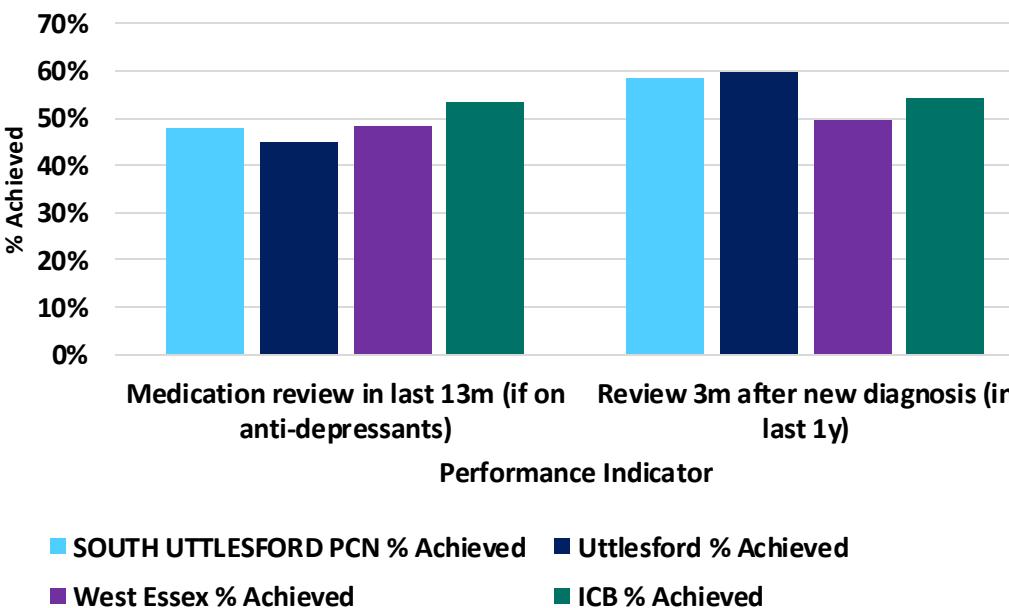
Condition Key Process Indicators for Severe Mental Illness, Achieved Percentages

Legend:
- SOUTH UTTLESFORD PCN % Achieved
- Uttlesford % Achieved
- West Essex % Achieved
- ICB % Achieved

Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager
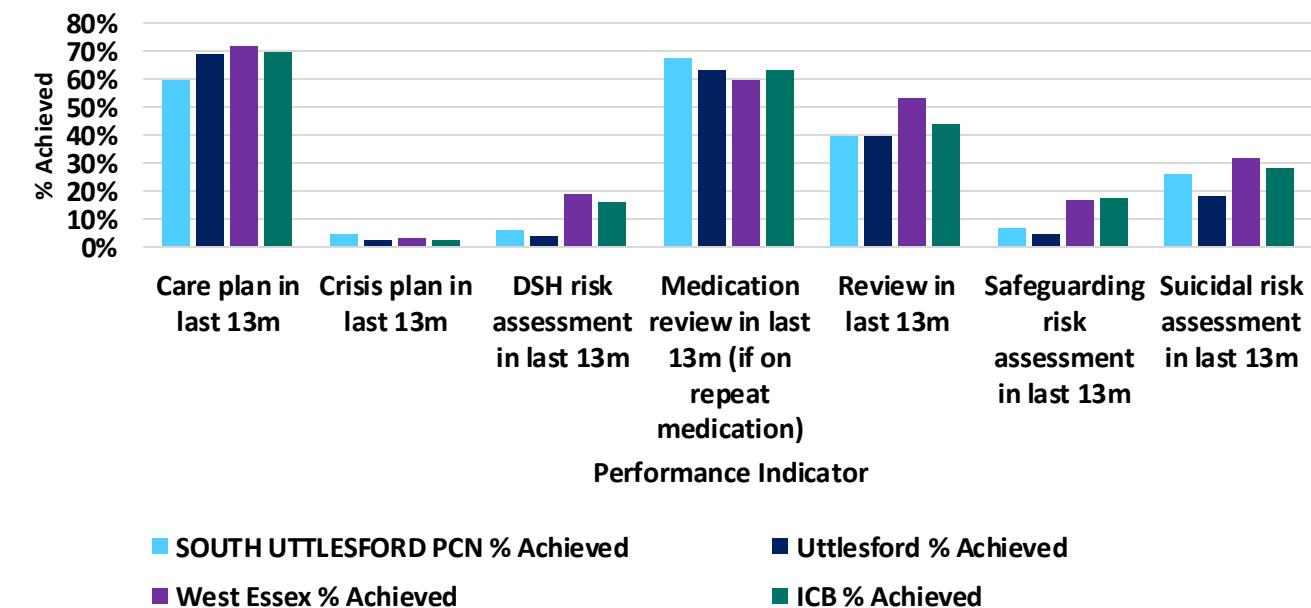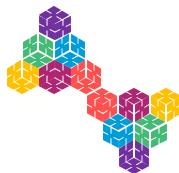
Learning Disability: ECF indicators

- The data shows a lower percentage of people with learning disability in South Uttlesford PCN with ECF indicators recorded 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%

Source: Ardens Manager

Hertfordshire and West Essex Integrated Care System
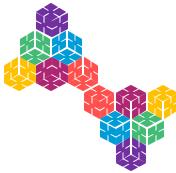
Learning Disability: Key process indicators

- South Uttlesford PCN is achieving a lower percentage completeness against WE and the ICB in several key learning disability processes.

- Further detail by practice and more detailed indicators can be found in Ardens Manager.
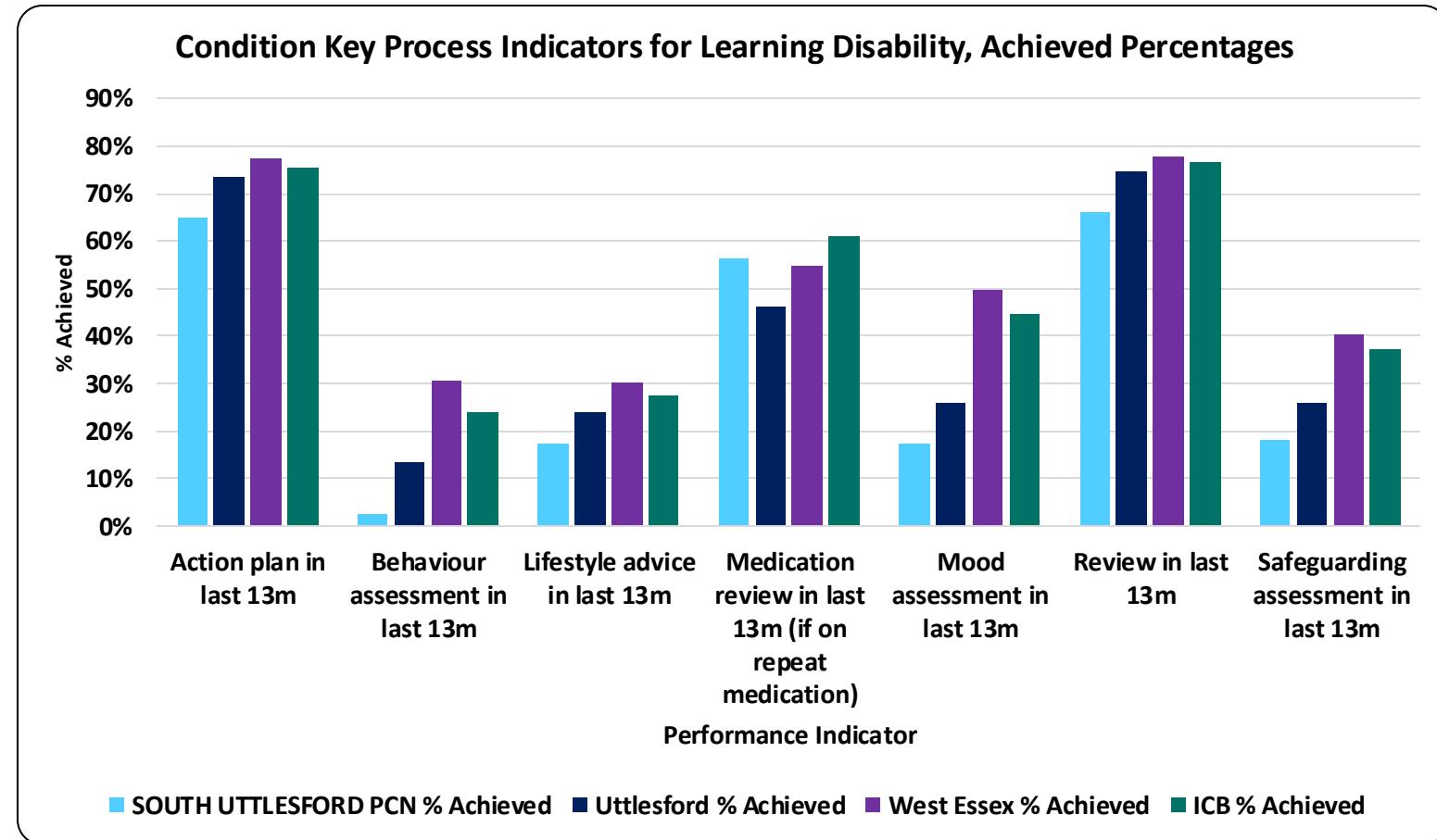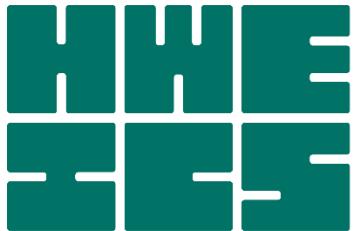
Condition Key Process Indicators for Learning Disability, Achieved Percentages

Performance Indicator

■ SOUTH UTTLESFORD PCN % Achieved   ■ Uttlesford % Achieved   ■ West Essex % Achieved   ■ ICB % Achieved

Hertfordshire and West Essex Integrated Care System

Source: Ardens Manager

Cancer and Planned Care

Management and outcomes

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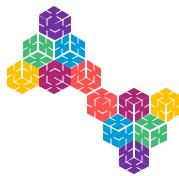
Cancer: QOF and Key processes indicators

- The data shows the PCN has a similar proportion of people offered cancer support services within 3 months after diagnosis compared with WE.

- A lower proportion of people living with cancer in South Uttlesford have received a review within 6 months of diagnosis.

- The latest position for this table below, can be found at Ardens Manager.

Condition Key Process Indicators for Cancer Care, Achieved Percentages
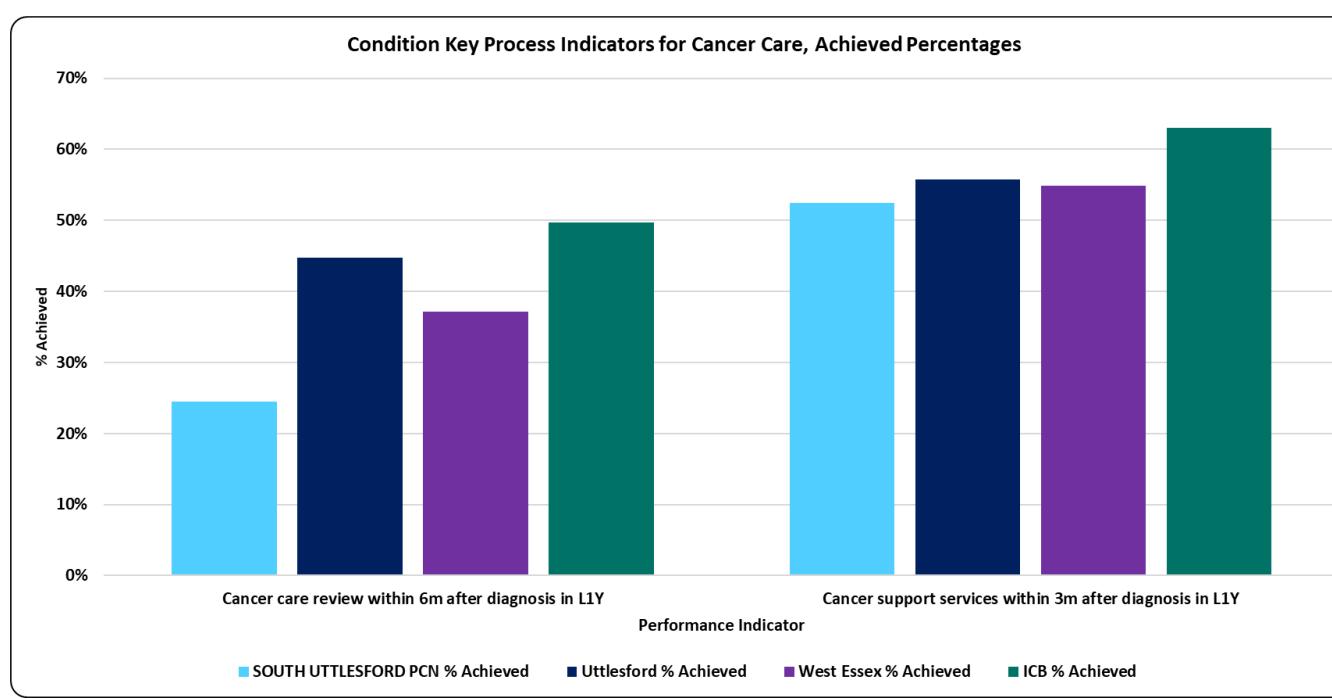
	Cancer Review			
	CAN004 CURRENT: Cancer care review within 12m of diagnosis (2024-25)	CAN004 PROTECTED: Cancer care review within 12m of diagnosis (2023-24)	CAN005 CURRENT: Support information given within 3m of diagnosis (2024-25)	CAN005 PROTECTED: Support information given within 3m of diagnosis (2023-24)
ICB	92.1%	94.9%	84.9%	87.8%
West Essex WE	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 West Essex Integrated Care System

Source: Ardens Manager
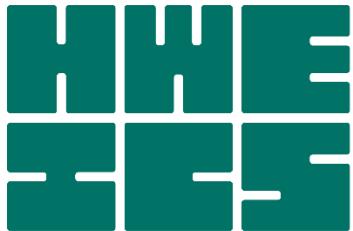
Frailty and End of Life care

Management and outcomes

Working together
for a healthier future
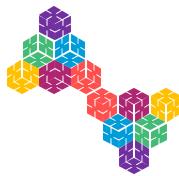
Frailty and EOL: Medium Term Plan Indicators

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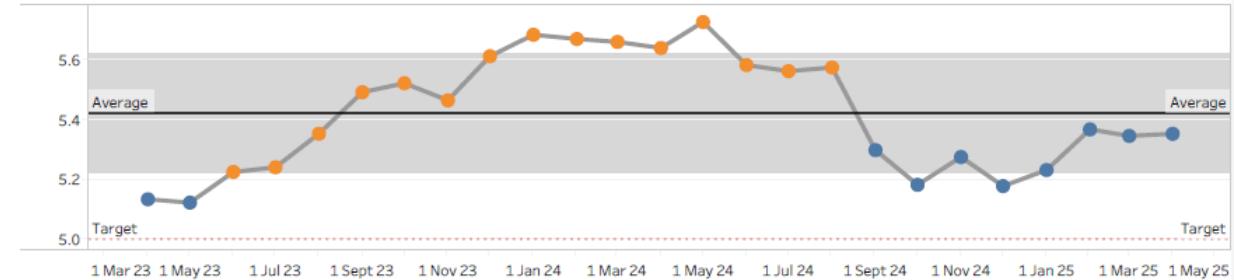
Rate of non-elective admissions for falls within the community for people aged 65+ (LoS > 0) (per 100,000 Rolli..
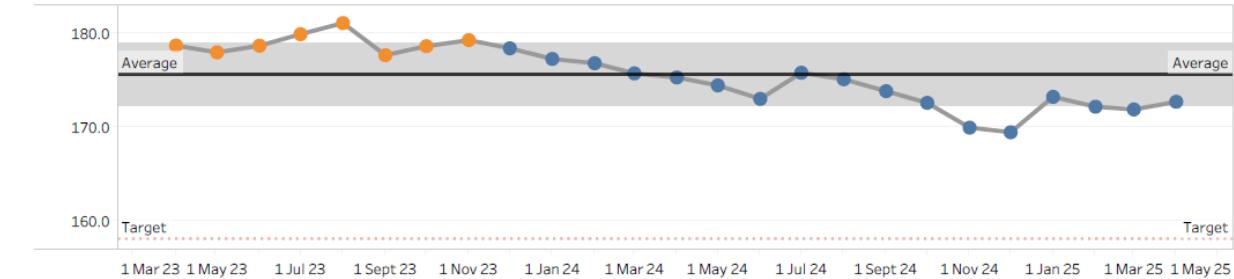
Rate of non-elective admissions in people aged 65+ (LoS >0) (per 100,000 rolling 12 month, monthly average)(C..

Source: DELPPHI - HWE Mid Term Plan Dashboard
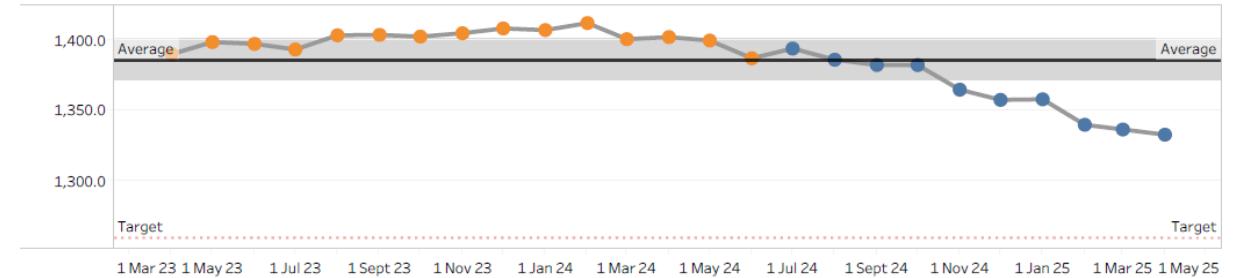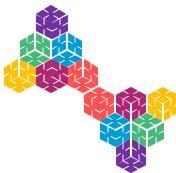
Frailty and EOL: Programme outcomes

South Uttlesford

- 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.

- This data for South Uttlesford shows an increase in total spend for emergency hospital care. Increasing activity can be seen for length of stay greater than 0 and readmissions.

- The 7 interventions dashboards has further detail of underlying metrics for community falls and FRAT scores completed.

- Please use the following link for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT.

| 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	166.8 19 / 11,341	180.4 18 / 9,637	-13.6	-7.5%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 65-120	£7,422k £864k / 11,341	£6,145k £621k / 9,637	£1,277,117	20.8%
Programme	Emergency Admissions, Stay Under 24 hours, DSR per 100,000, aged between 65-120	387.9 45 / 11,341	650.1 64 / 9,637	-262.2	-40.3%
	Emergency Admissions LoS >0, Moderate/ Severe Frail at Admission (GP SUBMITTING PRACTICES ONLY), DSR per 100,000, aged between 65-120	Supressed due to small numbers			
	Emergency Admissions LoS >0, DSR per 100,000, aged between 65-120	1,274.1 149 / 11,341	1,196.7 121 / 9,637	77.4	6.5%
	Emergency Admissions LoS >0, Falls Within the Community, DSR per 100,000, aged between 65-120	159.3 19 / 11,341	157.4 16 / 9,637	1.9	1.2%
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	Supressed due to small numbers			
	Emergency Admissions LoS >0, Hip Fractures, DSR per 100,000, aged between 65-120	Supressed due to small numbers			
	Percentage of Emergency Admissions LoS >0, Falls Within the Community, Discharge to Usual Place of Residence, aged between 65-120	68.4% 13 / 19	68.8% 11 / 16	-0.3%	-0.5%
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 7 Days, aged between 65-120	Supressed due to small numbers			
	Percentage of Emergency Admissions LoS >0, EM Pathways, Readmissions within 30 Days, aged between 65-120	13.7% 13 / 95	10.1% 9 / 89	3.6%	35.3%

Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard
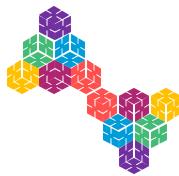
Frailty and EOL: Indicators from the 7 interventions dashboard

- This dashboard has been designed in DELPPHI to support 7 interventions that have been identified in aiding in the reduction of Emergency admissions for people with frailty.

- The dashboard is currently available by ICB and Place.

- Emergency Admission rate for people identified with moderate/ severe frailty (from the primary care record) has seen a decrease over the last 2 years

- To gain maximum benefit from this dashboard, please click on this link.

Frailty Interventions Dashboard | Summary | | Measures | | User Guide | HWE ICS Hertfordshire and West Essex Integrated Care System

Report Purpose:
  - 7 key interventions have been identified that will aid in reducing emergency admissions for people with frailty, a core objective for the ICB.
  - These interventions are: Polypharmacy Review, Falls Response, Stack, Advance Care Plans, FRAT (Community Falls), Senior Review in ED.

Notes:
  - Currently we are not able to accurately monitor Senior Review in ED and as such it has not been included in this dashboard.
  - Where GP Data is used as a data source the data only covers people who are registered to a practice who are currently submitting data to DELPPHI.
  - Currently unable to map FRAT scores that are coded as read codes, this predominantly affects East and North Herts and West Essex.

Place	Number of Practices Submitting Data	% of Registered Population
East & North Herts	37/49	70.52%
South West Herts	39/51	74.08%
West Essex	25/30	78.35%

Outcome: Emergency Admissions Rate (LoS >0) Moderate /Severe Frailty (DSR per 100,000) (Submitting Practice Population Only)

Place: West Essex   Cohort: Mod/Sev Frail

1,700.6   1,865.7   1,734.0   1,472.8   1,175.6   961.4

1 Mar 23   1 Jun 23   1 Sept 23   1 Dec 23   1 Mar 24   1 Jun 24   1 Sept 24   1 Dec 24   1 Mar 25

Place	Current Year	Previous Year	% Variance
ICB	1,311.6	1,830.1	-28.33%
East and North Herts	1,050.9	1,459.1	-27.98%
South West Herts	1,674.7	2,100.6	-20.28%
West Essex	916.0	1,683.6	-45.60%

Hertfordshire and West Essex Integrated Care System

Frailty and EOL: ECF indicators

- The data shows that South Uttlesford has a lower percentage recording 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%

Hertfordshire and West Essex Integrated Care System
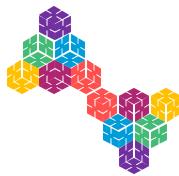
Frailty and EOL: Key processes indicators

- South Uttlesford has opportunities to increase the number of recorded care plans and medication reviews for EoL.

- Ardens searches are available for practices to identify those people on frailty and EOL register and what processes have and still need to be completed. The latest reported data can be accessed via the link on the bottom right.

Condition Key Process Indicators for End of Life, Achieved Percentages

Condition Key Process Indicators for Frailty, Achieved Percentages

Source: Ardens Manager
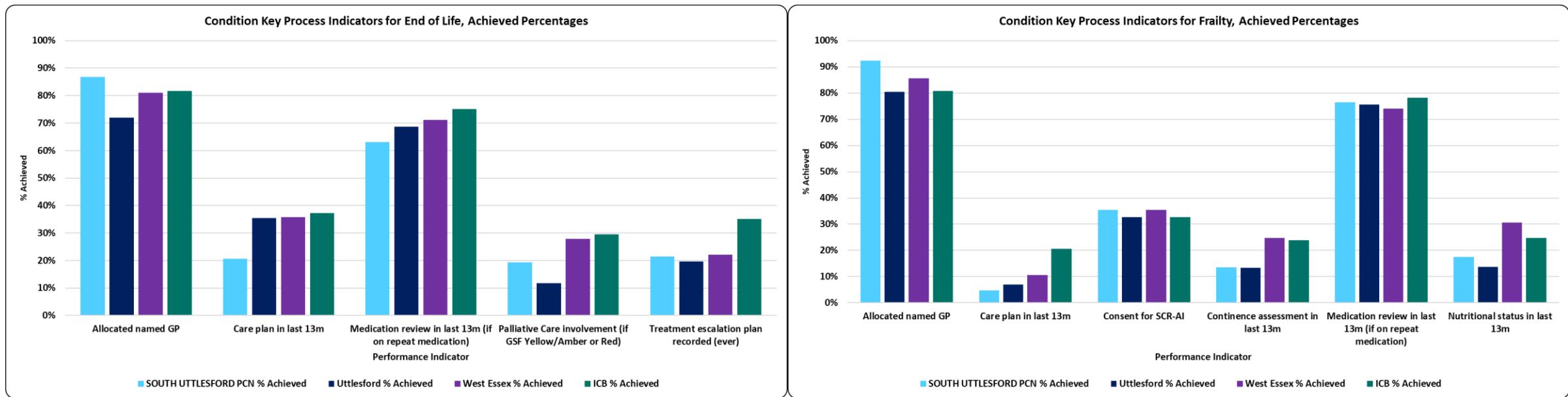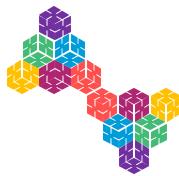
Dementia: Programme outcomes

- HWE programme outcomes provide an opportunity for our ICB to focus on the end point health outcomes that best practice and evidenced interventions will deliver to improve the health of our population.

- The table below illustrates a core set of population health indicators from DELPPHI 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 been supressed due to small numbers. The link below can be followed to access the data where permitted.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	34.6 20 / 57,084	51.1 26 / 48,537	-16.5	-32.3%
	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,297k £1,352k / 57,084	£2,113k £1,072k / 48,537	£183,464	8.7%
Programme	Mortality, Suicide, DSR per 100,000, aged between 10-120	Supressed due to small numbers			
	Emergency Admissions, Intentional Self-Harm, DSR per 100,000, aged between 0-120	Supressed due to small numbers			
Workstream	Mortality, Dementia / Alzheimer'S Disease, DSR per 100,000, aged between 0-120	Supressed due to small numbers			

Source: DELPPHI - HWE Outcomes Dashboard

Dementia: QOF and key process indicators

- Dementia QOF metrics for 2024-25 show that South Uttlesford PCN has a lower percentage of achievement levels for Care plans reviewed and other indictaors 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%
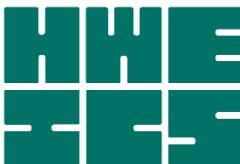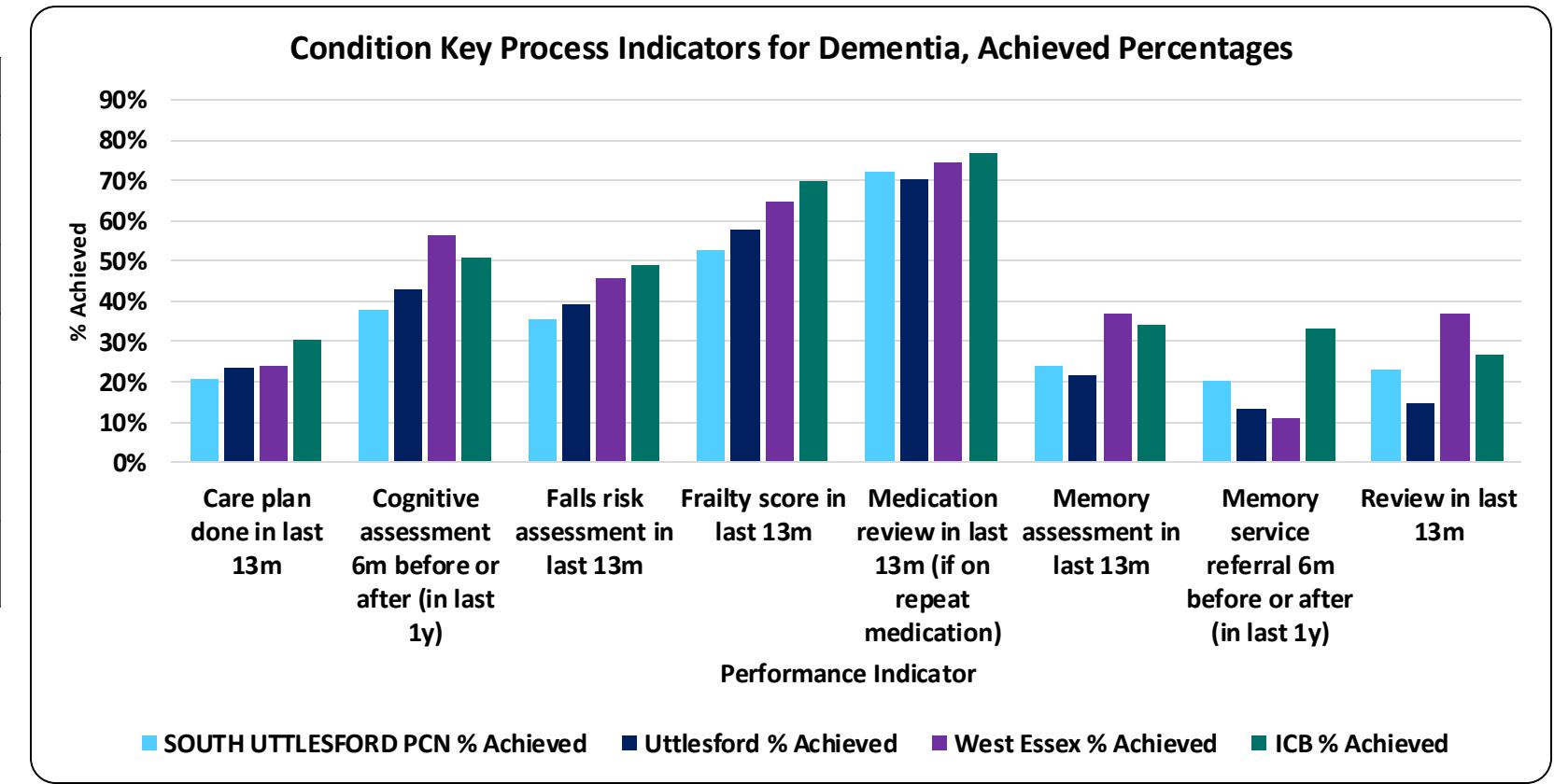
Condition Key Process Indicators for Dementia, Achieved Percentages

Legend: SOUTH UTTLESFORD PCN % Achieved, Uttlesford % Achieved, West Essex % Achieved, ICB % Achieved

Source: Ardens Manager
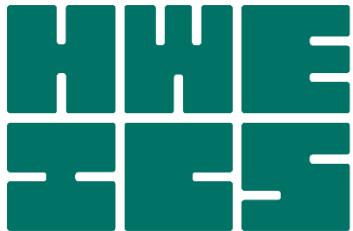
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Other key outcomes

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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%

Quintiles: Best ○ ○ ● ● Worst

Life expectancy at birth (Male, 3 year range)

Inequality in life expectancy at birth (Male)
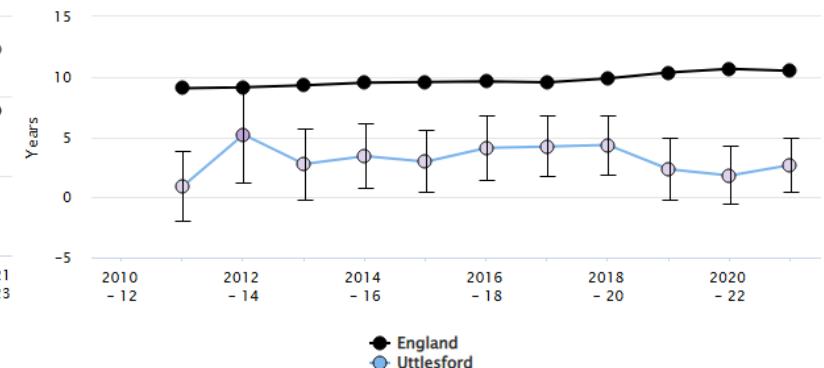
Life expectancy at birth (Female, 3 year range)
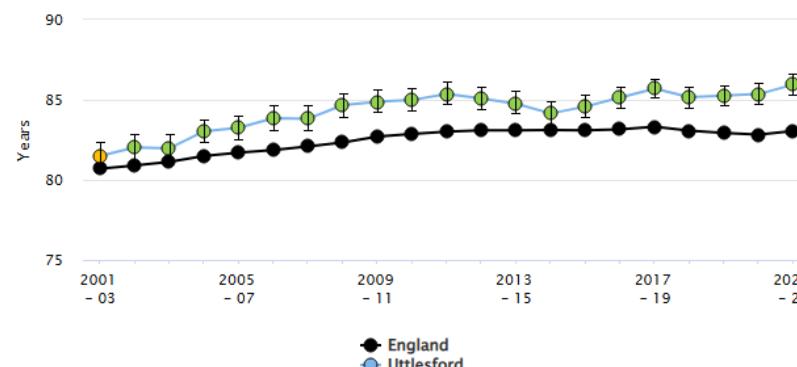
Inequality in life expectancy at birth (Female)
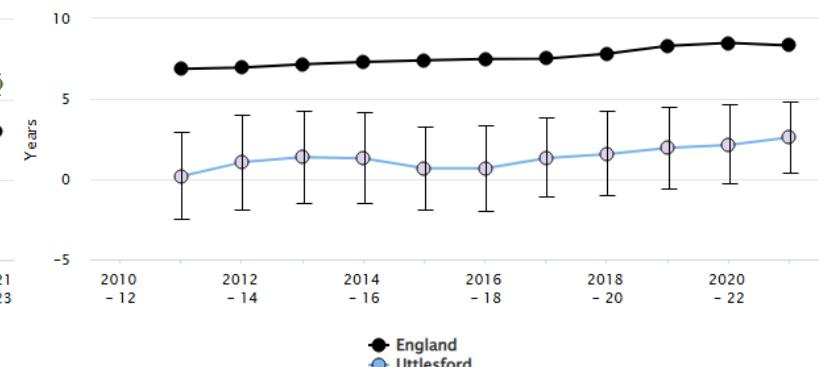
England
Uttlesford

Hertfordshire and West Essex Integrated Care System
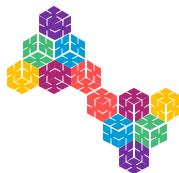
Emergency Admission Rates for Ambulatory Care Sensitive Conditions (ACSC)

South Uttlesford

- For ACSC condition emergency admissions, the rate has not reached pre-Covid levels and are decreasing.

- Although these rates have fluctuated over the past two years, the overall trend is downward.

- The list of Chronic Ambulatory Care Sensitive Conditions can be found via the NHS Outcomes Framework Indicators and Indicator Specification as found through the link here.

- Please use the following link for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT.

Measure Cat	Measure	Current Period	Previous Period	Difference	% Difference
Whole System	Emergency Admissions, Preventable Chronic Ambulatory Care Sensitive Conditions, DSR per 100,000, aged between 0-120	34.6 20 / 57,084	51.1 26 / 48,537	-16.5	-32.3%

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**
Year

Place Summary
YTD | Same Period Last Year | 95% Confidence Interval
Place Description

Place Description	
East and North Herts	40.1
South and West Herts	66.4
West Essex	49.4

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Total cost of Emergency hospital care for South Uttlesford

- There has been and increase in acute spend for emergency hospital care for South Uttlesford.

- Please use the following link for DELPPHI to review HWE, WE, PCN and GP practice measures, demographics and INT.

- 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.

| Measure.. Measure		Current Period	Previous Period	Difference	% Difference
Whole System	Total Cost of Emergency Hospital Care, DSR per 100,000, aged between 0-120	£2,295k 1,351k / 57,084	£2,113k 1,072k / 48,537	£181,817	8.6%

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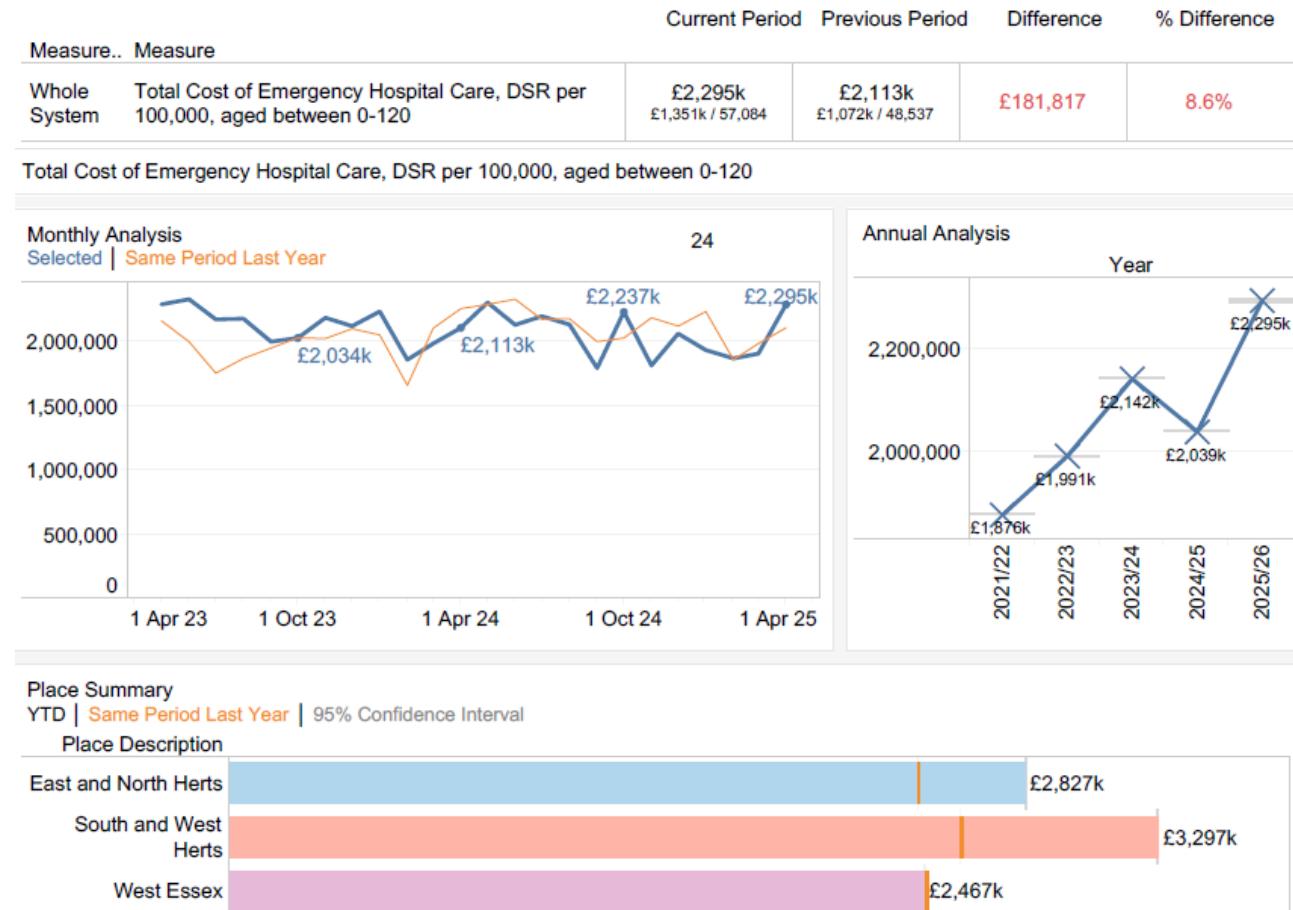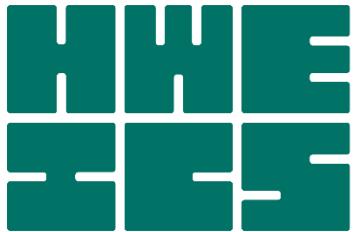
Glossary

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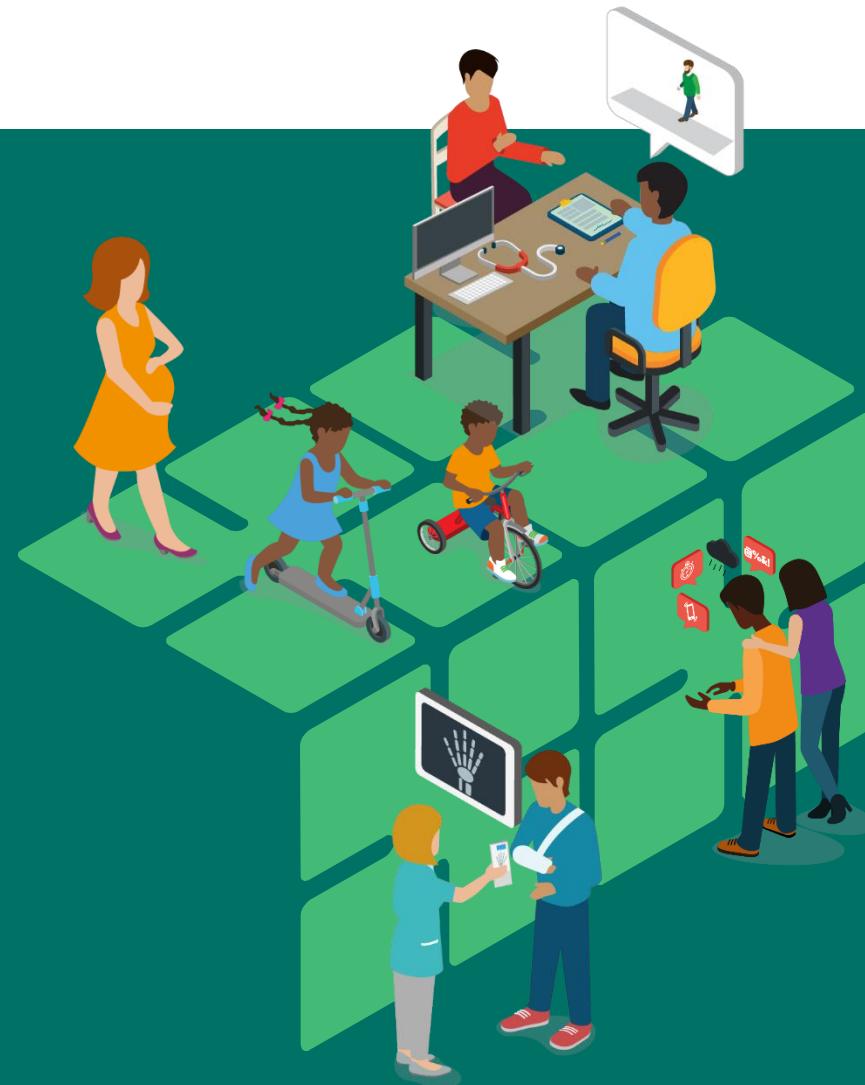
Glossary

Segmentation Model

- Our segmentation model combines primary and acute care data with wider determinants and community, mental health and social care data where available. The segmentation model provides the foundations for advanced population health management analytics that goes beyond patient level risk stratification.

- The ICB Segmentation model is based on patient data flowing from GP practices that have agreed to share their data with the ICB, at the time of this Pack production currently 72.8% of total ICB GP data is available, therefore any Segmentation data shown is likely to possibly change the percentages in all segments. Coding is also an important factor to ensure data quality and consistency.

Coding

- As with all information reported in this pack, the quality of the reports is determined by the completeness and quality of data recording for example if codes are not completed then less patients will be identified with a particular condition.

- Long Term Conditions (LTC)

- Behavioural Risk Factors (BRF)

Practices currently flowing data to DELPPHI as at 8th July 25

PCN	Practice Name	Flowing data
South Uttlesford	Angel Lane Surgery	✓
	John Tasker House Surgery	✓
	Stansted Surgery (Now Peacock)	✓
	The Eden Surgeries	✓

Hertfordshire and West Essex Integrated Care System

Source: DELPPHI - HWE Outcomes Dashboard