



Issue 5, August 2024

Dear colleague,

Welcome to this issue of the Population Health Management (PHM) Newsletter where we will share updates regarding the work taking place across our emerging Hertfordshire and West Essex (HWE) PHM community, in partnership with the health and care partners across the footprint, University of Hertfordshire and the voluntary sector.

1. Frailty and End of Life Dashboard goes live on DELPPHI

On 15th August a beta version of the Frailty and End of Life Outcomes dashboard went live on DELPPHI (the new ICB data platform).

The dashboard has been developed to report on outcomes developed with the Frailty and End of Life programme which were agreed at their board. It is shaped around whole system outcomes, programme outcomes and work stream specific outcomes. The outcomes included are those that are able to be built with the current data flows within DELPPHI. Some indicators are dependent on primary care data and these outcomes will be developed in future releases.

In the dashboard you can navigate from an overview page showing all indicators current values against previous years through to a measure page which allows you to drill down further by geography and look at longer trends. There is also a health inequalities tab that allows a view by IMD, age and ethnicity. Future developments include a drill down to patient level data that GPs will be able to re-id.

The dashboard has been demoed with the frailty team and place representatives and we look forward to collating feedback and sharing the dashboard further.

2. Insights packs:

Cardiovascular disease and hypertension are key priorities for Hertfordshire and West Essex ICS. The ICB Medical Directorate and PHM team have created insights packs that will provide an overview for our population, describe their health needs and support evidence-based planning and decision-making.

A. Hypertension

Our hypertension insights packs aim to support practices and PCNs to improve performance on hypertension detection and management, and to offer key data and metrics in relation to these. The packs contain a toolkit with useful links to resources and tools and provide support for practices on actions that might be undertaken. It is important to note that Practices have access to up to date hypertension information through [Ardens Manager](#).

As hypertension is a clinical priority, practices with lower than average prevalence can use the disease detection component of the Enhanced Commissioning Framework to support their practice plans. The details of this can be found in the packs.

All of the individual PCN packs can be found on our webpage using the links below:

[East and North Hertfordshire - 2023/24 Hypertension PCN insights packs](#)

[South and West Hertfordshire - 2023/24 Hypertension PCN insights packs](#)

[West Essex - 2023/24 Hypertension PCN insights packs](#)

B. Cardiovascular Disease (CVD)

Did you know that CVD is the second most common cause of death and disability in the UK and it is largely preventable? Although CVD prevalence in HWE is lower than national and regional prevalence, it varies by deprivation. Our insights packs on CVD ([heart failure](#) and [coronary heart disease](#)) present data across the care pathway, encompassing detection, monitoring, routine management and management of a more serious disease, supporting teams with planning and informed decision making using the latest evidence.

Thank you for taking the time to read our PHM Newsletter. Our next issue will be available in October. You can access previous newsletters [here](#).

Should you have any questions, you are welcome to contact the PHM team via hweicbhv.phm@nhs.net